## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## **NICE** guidelines

## **Equality impact assessment**

## Urinary incontinence and pelvic organ prolapse in women: management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

- 3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)
- 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

During scoping it was noted that additional recommendations may be needed for some groups such as older women or women considering future pregnancy when, for example, some interventions may be contraindicated. The following recommendations reflect the additional adjustments that have been made to address the above equality issues:

- 1.4.44 Offer a review in primary care to women who remain on long-term medicine for OAB or UI every 12 months, or every 6 months if they are aged over 75.
- 1.4.31 Do not offer oxybutynin (immediate release) to **older women who are at higher risk of a sudden deterioration in their physical and mental health**.
- 1.7.1 Discuss management options with women who have pelvic organ prolapse, including no treatment, conservative treatment and all surgical options, taking into account:
  - the woman's preferences
  - site of prolapse
  - benefits and risks of individual procedures
  - comorbidities, including cognitive or physical impairments

- 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
  - age
  - · desire for childbearing
  - previous abdominal or pelvic floor surgery
  - lifestyle factors.
- 1.7.22 Consider colpocleisis for women with vault or uterine prolapse who do not intend to have penetrative vaginal sex and who have a physical condition that may put them at increased risk of operative and postoperative complications.

In addition, the committee ensured that 'a member of the care of the elderly team' was added to both recommendations 1.1.2 and 1.1.4 on local, regional and supraregional MDTs.

3.2 Have any other potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

During the development of the guideline, the committee agreed that adjustments would need to be made to the recommendations on management of prolapse for women with cognitive or physical impairments. The following recommendations reflect those considerations:

- 1.7.4 Consider an oestrogen-releasing ring for women with pelvic organ prolapse and signs of vaginal atrophy who have **cognitive or physical impairments** that might make vaginal pessaries or creams difficult to use.
- 1.7.1 Discuss management options with women who have pelvic organ prolapse, including no treatment, conservative treatment and all surgical options, taking into account:
  - the woman's preferences

- 3.2 Have any other potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
  - site of prolapse
  - benefits and risks of individual procedures
  - comorbidities, including cognitive or physical impairments
  - age
  - · desire for childbearing
  - previous abdominal or pelvic floor surgery
  - lifestyle factors.

Further information on the committee's deliberations and equality considerations regarding these recommendations can be found in evidence report H.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Further information on the committee's deliberations and equality considerations regarding these recommendations can be found in evidence report C and H.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the recommendations do not make it more difficult for any specific group to access services, compared to other groups.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, the recommendations should not have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The recommendations and explanations provided by the committee are aimed to alleviate barriers to access for the groups that were identified and therefore help to advance equality.

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Approved by NICE quality assurance lead: Nichole Taske

Date: 04 October 2018