

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.

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

The British Geriatrics Society commented that given the increased risk of the “forgotten pessary” in older women, particularly those with cognitive impairment, they would welcome guidance in this regard.

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?

Generally, the recommendations do not make it more difficult in practice for a specific group to access services compared with other groups. However, the committee agreed that for women using pessaries who have a cognitive or physical impairment, an appointment should be booked every 6 months:

1.7.9 Offer women using pessaries an appointment in a pessary clinic every 6 months if they are at risk of complications, for example because of a physical or cognitive impairment that might make it difficult for them to manage their ongoing pessary care. **[2019]**

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The recommendations should not have an adverse impact on people with disabilities. However, the committee agreed that for women using pessaries who have a cognitive or physical impairment, an appointment should be booked every 6 months:

1.7.9 Offer women using pessaries an appointment in a pessary clinic every 6 months if they are at risk of complications, for example because of a physical or cognitive impairment that might make it difficult for them to manage their ongoing pessary care. **[2019]**

4.4 If the recommendations have changed after consultation, 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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No further recommendations required.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The above considerations of equality issues have been described in evidence report H.

Updated by Developer: Vanessa Delgado Nunes

Date: 14 February 2019

Approved by NICE quality assurance lead: Nichole Taske

Date: 15 March 2019