

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Faecal incontinence

Output: Equality analysis form – meeting 1

Introduction

As outlined in the [Quality Standards process guide](#) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 1

Topic: Faecal incontinence

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Faecal incontinence is associated with many protected characteristics that are covered by the Equality Act 2010, including age, disability, sex and pregnancy and maternity and the consequences may affect others including religion or belief. People at high risk of faecal incontinence include frail older people, women following childbirth (especially following third- and fourth-degree obstetric injury), people with neurological or spinal disease/injury, people with severe cognitive impairment and people with learning disabilities.

If people at risk are not asked about faecal incontinence, and if effective assessment and management are not provided, this could adversely affect people covered by the Act who may have one or more protected characteristic(s) or are affected by socio economic factors. Faecal incontinence may itself be counted as a disability if long term and has a substantial effect on day to day activities.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

This is the second stage of the process which will look to elicit comments from stakeholders.

In addition, the Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. To gain a range of perspectives, the views of specialist committee members (colorectal surgery, nursing, gastroenterology and patient/carer member) have also been considered.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

This quality standard is for all adults with faecal incontinence, in line with the published NICE clinical guideline 49. The issues for children and young people (aged under 18 years) are likely to be different so are excluded from this standard.

The quality standard covers all settings: in the community (at home and in care homes) and in hospital (all departments) so no settings are excluded.

Surgery for faecal incontinence was not prioritised as an improvement area by the

committee and is covered by NICE clinical guideline 49 and various NICE Interventional Procedures guidance. Surgery may form part of management options if people are referred for specialised management, which is covered by draft statement 5.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The quality statements make clear that, where assessment or interventions are clinically appropriate, that these should be made accessible to all. Statement specific considerations can be found in the 'Equality and diversity considerations' sections and the 'Diversity, equality and language' section of the draft quality standard.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

The draft quality standard will advance equality of opportunity by ensuring that people with faecal incontinence have access to proper assessment and individually-tailored management without assumptions being made about their suitability for treatment based on a pre-existing condition or disability. Sensitively asking people in high-risk groups about faecal incontinence promotes dignity and respect and is an important first step in removing any unequal access to care where this exists.

People with faecal incontinence may be unable to work. Providing access to assessment followed by effective management and treatment is likely to allow an increased participation in society and public life promoting equality of opportunity. People with faecal incontinence may be under represented in public life. Effective management and treatment could promote equality of opportunity. For some people with faecal incontinence (such as those with neurological injury, severe cognitive impairment or frail older people) better management may also eliminate or delay the need for residential care.