NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG582 Infracoccygeal sacropexy using mesh to repair uterine prolapse

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

Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Gender: This procedure is only relevant to women.

Ethnicity: Studies have shown that White and Hispanic women have the highest rate of prolapse.

High parity is associated with greater incidence of prolapse; some ethnic groups in the UK such as Bangladeshi and Pakistani women are known to have higher fertility rates.

Disability: Women with uterine prolapse are likely to be covered by the Equality Act 2010 if their condition has had a substantial adverse impact on normal day to day activities for over 12 months or is likely to do so.

Age: Pelvic organ prolapse is more prevalent as age increases.

Religion: Some types of mesh may have an element that is derived from animal or human sources and may not be acceptable to some religious beliefs or strict vegetarians.

Socioeconomic status: High parity is associated with higher incidence of uterine prolapse; historically lower social class women have kept higher fertility rates than higher socio-economic classes.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)

This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?'

No

Approved by Programme Director and Clinical Advisor

Date: 28/03/2017

Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?

Gender: 100% (2,286/2,286) of patients included in the overview were female.

Age: Mean 64 years for patients included in the overview (for whom data on age were reported).

No specific data relating to ethnicity, religion and socioeconomic status was identified in the literature presented in the overview.

2.	Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?
No	
3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
No	
4.	Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No	
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?
Not applicable	
6.	Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?
Not applicable	

7.	Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?	
No		
Аррі	oved by Programme Director and Clinical Advisor	
Date: 28/03/2017		
Fina	Il interventional procedures document	
1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?	
No		
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 a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?	
Not applicable		
3.	If the recommendations have changed after consultation, 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	Not applicable	

If the recommendations have changed after consultation, are there

any recommendations or explanations that the committee could

4.

make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Not applicable

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

No

Approved by Programme Director

Date: 15 May 2017