NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Urinary tract infections in adults (update)

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

No equality issues have been identified at this stage.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The quality standard does not include children and young people aged under 16.

There is already a published quality standard on [urinary tract infection in children and young people](https://www.nice.org.uk/guidance/qs36) (QS36).

Completed by lead technical analyst: Paul Daly

Date: 05/05/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 17/05/2022

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The quality standards advisory committee (QSAC) discussed a potential issue relating to the use of ‘men’ and ‘women’ in quality statements as some people will not identify with either of these terms. They decided that what is important in the context of the statements is the underlying anatomy. Sex specific language is therefore considered appropriate for the quality statements.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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?

Draft statement 2 is about diagnosing lower urinary tract infection in non-pregnant women aged under 65. It involves a dipstick test of a urine sample. People who are incontinent and wear incontinence pads may find it difficult to provide a urine sample for a dipstick test.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

See 2.1 above.

In relation to 2.2., the draft quality statement explains that urine collection packs can be used to obtain a sample of urine for people who wear incontinence pads and that a GP or continence service should be able to arrange this.

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Date: 16/08/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 30/08/2022

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

QSAC raised a potential equality issue suggesting that diagnosing a urinary tract infection may be more difficult for people with a learning disability. Statement 1 aims to improve diagnosing of urinary tract infection for all women aged under 65. An equality and diversity consideration has been added to the statement to raise awareness of the potential difficulty in diagnosing for people with a learning disability. It also suggests how support needs should be considered, for example through discussion and involving family members, carers or an advocate as appropriate.

Some stakeholder comments queried if the draft statements excluded some specific population groups. In response, QSAC asked the NICE team to consider extending the scope of some statements subject to being supported by the development sources. Following investigation, post consultation changes have extended the scope of some statements: statement 1 has been extended to cover all women aged under 65, statement 3 has been extended to include men and statement 5 has been extended to include men with a recurrent UTI.

Post consultation, internal quality control checks queried how the quality standard applies to trans people as it uses the terms 'women' and 'men' to reflect the anatomical differences that are important for the topic. Additional text has been added to the quality standard to clarify it is anatomy which is important, and that management of trans people will need to take account of any gender reassignment surgery and whether there has been structural alteration of the person’s urethra. Statement 4 also clarifies that course length of antibiotics is based on anatomy and there are no guideline recommendations which specify course lengths for trans people.

Internal quality assurance also led to an equality and diversity consideration being added to statement 3. The statement recognises that incidence of asymptomatic bacteriuria is high in older people, and that symptoms for older people can include non-specific signs of infection such as delirium. Text has been added which recognises that assessing symptoms for some older people who are experiencing difficulties making decisions due to their health condition may be difficult. It also suggests adjustments that can be made to help them take an active part in an assessment of their symptoms.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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?

No changes to statements after consultation make it more difficult in practice for a specific group to access services compared with other groups.

However, an equality and diversity consideration for draft statement 1 has now been removed from the quality standard. This is because it no longer applies to the updated statement. At consultation, draft statement 1 required a dipstick test of a urine sample but recognised that people who are incontinent and wear incontinence pads may find it difficult to provide a urine sample for a dipstick test. The draft statement explained how urine collection pads could be used to address this issue. Following consultation, statement 1 has been changed and no longer requires a dipstick test.

### 3.3 If the quality statements 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?

No.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

No.

Completed by lead technical analyst: Paul Daly

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