

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT –
RECOMMENDATIONS
Clinical guideline updates

Clinical guideline: The management of lower urinary tract symptoms in men

As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected 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 form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the update by anybody involved **since referral of the update**, including NICE, the Clinical guidelines update team (CGUT), committee members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the update should advance equality of opportunity or foster good relations

- ensure that the update will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation • Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none"> • Socio-economic status <p>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 (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"> • Other <p>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 can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"> • refugees and asylum seekers • migrant workers • looked-after children • homeless people.

1. Have the equality areas identified since referral as needing attention been addressed in the update?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified since referral as needing specific attention with regard to equality issues
- the Standing Committee has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
CG97 included a subgroup of men of African family origin, as published literature suggests there is a higher prevalence of LUTS in this population. This subgroup was included in the update as there is no reason to believe this has changed.	No evidence was found on the use of PDEIs in this population, therefore there was no evidence to inform different recommendations for this specific group.
The prevalence of LUTS increases with increasing age, therefore the burden of LUTS is higher in the older male population. It was recognised that older people also have associated complexities of co-morbidities and polypharmacy.	The evidence was assessed for any details on the age, co-morbidities and polypharmacy of the participants to help inform the recommendations with regards to this group of people. No information was identified from the evidence to help inform the recommendations.
Other comments	

2. Have any equality areas been identified during development? If so, have they have been addressed in the update?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified during development as needing specific attention with regard to equality issues
- the Standing Committee has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
Only those points covered in the section above.	
Other comments	

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Not applicable.

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

Not applicable.