

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **DIAGNOSTICS ASSESSMENT PROGRAMME**

### **Equality impact assessment – Early value guidance development**

#### **Point of care tests for urinary tract infections to improve antimicrobial prescribing**

##### **Consultation**

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

Potential equality issues were discussed both in the scoping workshop and in the assessment subgroup meeting on 28 November 2022. The following were identified as potential equality issues relating to the condition:

- Women, pregnant women, older people, and people who are catheterised are more likely to develop a UTI. In adults, people with neurogenic bladder, diabetes, polycystic kidney disease or people who are immunocompromised have a higher risk of complicated UTIs. Comorbidities such as neurogenic bladder, diabetes, and multiple sclerosis are also related to an increased risk of catheter associated UTI. Sex, pregnancy, age and disability are protected characteristics under the Equality Act (2010).

The following were identified as potential equality issues relating to the tests:

- Dipstick tests that can be used to rule out UTIs are not recommended for men, adults older than 65 and adults who are catheterised. Tests that can more accurately rule out a UTI diagnosis for these groups could have a particular benefit in reducing unnecessary use of antibiotics and side effects resulting from these.
- Autistic people, people with neurological disorders (for example dementia) and people who are frail may present with atypical symptoms or struggle to communicate their symptoms with

healthcare professionals. Tests that can more accurately assess for UTIs may particularly benefit these groups.

- People from minority ethnic family backgrounds may experience cultural barriers that may stop them accessing healthcare for UTIs. Non-English speakers may also have trouble communicating their symptoms which may lead to delays in diagnosis and receiving effective treatment. Tests that can more accurately assess for UTIs may particularly benefit these groups.
- Tests that are more accurate may reduce the need for people to provide repeat urine samples, which may benefit groups who find this difficult, such as people who are pregnant, older people, people who are incontinent or people with dementia. Any reduction in the need to travel to see a doctor, drop off samples and pick up prescriptions may benefit people with a lower socioeconomic status or people with a disability.

The committee considered the impact of new point of care tests on different populations and subgroups (see section 3.2 of the guidance document). Limited data was identified in some subgroups specified in the scope. It agreed that the accuracy of tests and how they impact prescribing choices may vary in different populations and data is unlikely to be generalisable across groups (see section 3.6 of the guidance document). The committee concluded that further research should be done in populations that fully represent people who the test could be used for in the NHS (see section 3.17 of the guidance document). The guidance also highlights that it is important to assess the use of new tests in groups that have limited options available in current standard care. For example, dipstick tests are not currently recommended for use in certain groups (people over 65 or have a catheter).

2. Have any other potential equality issues been raised in the diagnostics assessment report, and, if so, how has the committee addressed these?

No additional potential equality issues were raised in the diagnostics assessment report.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

The committee noted that ongoing studies are predominantly done in women over 18 years with acute UTI. It encouraged further research to

be done in other populations. Clinical and patient experts also highlighted that it is important to assess the use of new tests in groups that have limited options available in current standard care; for example, dipstick tests are not currently recommended for use in certain groups. People with recurrent or chronic UTI were highlighted as a group that may particularly benefit from improvements in testing. The committee concluded that it is important to evaluate tests in groups where current testing methods are known to be less accurate.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology 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?

No

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 obligations to promote equality?

N/A

7. Have the committee's considerations of equality issues been described in the early value guidance consultation document, and, if so, where?

The committee's considerations of the impact of UTIs and new point of care tests in different populations are described in section 3.1 and 3.2 of the early value draft guidance document. The committee's considerations about the generalisability of the data between populations and subgroups is in section 3.7. The committee's considerations and recommendations for future research across different populations and subgroups is in section 3.17.

Approved by Associate Director: Rebecca Albrow

Date: 15/03/2023

## Early value guidance document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

No additional equality issues have been raised during consultation.

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 the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

N/A

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?

N/A

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 identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

N/A

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

The committee's considerations of the impact of UTIs and new point of care tests in different populations are described in section 3.1 and 3.2 of the early value assessment guidance document. The committee's considerations about the generalisability of the data between populations and subgroups is in section 3.7. The committee's considerations and recommendations for future research across different groups of people is in section 3.17.

Approved by Associate Director (name): Rebecca Albrow

Date: 19/04/2023