

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG584 Uterine suspension using mesh (including sacrohysteropexy) to repair uterine prolapse

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

Scoping

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

Pelvic organ prolapse is more prevalent as age increases. The incidence of pelvic organ prolapse is difficult to determine as many women do not seek medical advice. In a Scottish cohort, the lifetime risk for women by age 80 years undergoing any form of pelvic floor surgery was 12%.

Prolapse is the most common reason for hysterectomy in women aged over 50. In the UK, around 48,500 women have a hysterectomy each year, of which 15,000 are vaginal procedures.

Studies suggest that pelvic organ prolapse may occur more often in women of Northern European descent, and less frequently in women of African-American descent.

Women with pelvic organ prolapse may be covered under the Equality Act 2010 if their symptoms have a substantial adverse effect on day to day activities for longer than 12 months.

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

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 scope (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 scope (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: 03/05/2017

Consultation

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

Women included in the overview had an average age between 43 to 65 years. Only one study included women with an average age between 26 to 28 years.

No specific data relating to ethnicity, religion, disability were 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

Approved by Programme Director and Clinical Advisor

Date: 03/05/2017

Final 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?

Not applicable

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?

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