1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Pelvic floor dysfunction: prevention and non-surgical management

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)
The draft scope includes a question about raising awareness about pelvic floor failure using public information strategies. The committee will need to make sure that any resulting recommendations address the needs of populations who have difficulties accessing information (for example people with communication or cognitive impairments – see also box 1.2 below). The committee need to ensure that any public information strategies are accessible to all and therefore fulfil NICE's obligations to advance equality.

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they? (Please specify if the issue has been highlighted by a stakeholder)
• Age o Women aged 65 and over are at a higher risk of pelvic floor failure and

may not be aware that they could access services aimed to prevent pelvic floor failure occurring.

- Disability
    - Women with physical disabilities, because some physiotherapies may either be difficult or not possible for them as well as access to them may be more difficult.
    - Women with cognitive impairments, because there may be some preventative strategies or managements options for which they may require extra support.
- Gender reassignment
    - The guideline focusses on women's pelvic floor failure and any complications associated with this. This would therefore be applicable to transgender men with female pelvic organs who may feel that this guideline may not apply to them or conversely would not be applicable to transgender women without female pelvic organs who may assume that the guideline would apply to them.
- Pregnancy and maternity
    - There are likely to be some obstetric factors that put women at higher risk of pelvic floor failure and the identification of these is one of the topics of this guideline.
    - Furthermore, public information strategies will also be aimed at raising awareness about risk factors (including obstetric factors) for pelvic floor failure and preventative strategies.
- Race
    - Some symptoms of pelvic floor failure are more common in some ethnic groups (Caucasian women are more at risk of pelvic floor dysfunction) than others and identifying and targeting groups at higher risk is part of this guideline.
- Religion or belief
    - No issue identified.
- Sex
    - It was decided that the guideline would focus on female pelvic floor failure, because:
        - mechanisms and reasons why men may develop pelvic floor failure and the complications may differ.
        - one of the reasons for the referral of this guideline is the avoidance of surgical treatment for women who had urinary incontinence or pelvic organ prolapse which are two of the main complications of pelvic floor failure.

- Sexual orientation
    - No issue identified
- Socio-economic factors
    - No issue identified
- Other definable characteristics (these are examples):
    - Women who have difficulties reading, speaking or understanding English, because they may find accessing services and understanding instructions difficult without support (for example support from an interpreter).

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

For groups where equality issues have been identified (box 1.2) the committee will consider whether data should be analysed separately and whether separate recommendations are required on a case-by-case basis to promote equality of access.

Completed by Developer ____Katharina Dworzynski _____

Date_____29.05.2019_____

Approved by NICE quality assurance lead _____Nichole Taske_____

Date_____29.09.19_____

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Stakeholders queried issues related to the following groups:

- trans people or people who have undergone gender reassignment

- exclusion of men
- how and why young women over the age of 12 are included

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

Yes, in relation to issues about women and inclusivity related to trans people we have made the following addition to the 'who is the focus' section:

For simplicity of language, this guideline uses the term 'women' throughout, but this should be taken to include those who do not identify as women but who have female pelvic organs.

This is to highlight the importance of this guideline to anyone with female pelvic organs regardless of which gender they may identify with.

Why men were excluded was explained to the stakeholder (this was captured in the pre-consultation version of this form):

- mechanisms and reasons why men may develop pelvic floor dysfunction and the associated complications differ.
- one of the reasons for the referral of this guideline is the avoidance of surgical treatment for women who had urinary incontinence or pelvic organ prolapse which are two of the main complications of pelvic floor dysfunction.

Why young women over the age of 12 are included was explained to the stakeholder. This relates to prevention of pelvic floor failure as well as treatment of pelvic floor failure if it does occur at an early age.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

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No they have not led to such a change.

Updated by Developer _____Katharina Dworzynski _____

Date_____1st August 2019_____

Approved by NICE quality assurance lead ___Nichole Taske_____

Date____06/09/19_____

1.0.7 DOC EIA (2019)

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
Yes, all potential equality issues identified during the scoping process have been addressed by the committee. To fulfil NICE obligation to advance equality the committee took protected characteristics into account in many sections of the guideline: To address inclusivity issues related to gender identity we have reiterated at the beginning of the consultation version of the guideline: *This guideline uses the term 'women' throughout, but this should be taken to include those who do not identify as women but who have female pelvic organs.* In section *1.1 Raising awareness of pelvic floor dysfunction for all women* we have made recommendations to address inequalities generally and some specifically focusing on age (younger and older age) or specifically related to pregnancy, to make information accessible to all whilst also taking into account specific risk factors, for example: 1.1.3 Tailor information about pelvic floor dysfunction for different age groups and characteristics (for example pregnancy). 1.1.4 Local authority groups should consider designing pelvic floor dysfunction information programmes for specific communities when there is evidence of healthcare inequalities for example access to services. This can be done by: • finding more effective ways to provide information (for example by attending community meetings) • involving members of the community as champions • using webinars to reach women who are unable to attend meetings in person. 1.1.5 For women using maternity services, include information on pelvic floor dysfunction symptoms and how to access local services: • in the booking information pack or patient portal • at all midwife consultations and reviews. 1.1.6 Health visitors, midwives and GPs should discuss pelvic floor dysfunction with

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

women at each postnatal contact.

1.1.7 Teach young women (between 12 and 17 years) in school about pelvic floor anatomy, pelvic floor muscle exercises and how to prevent pelvic floor dysfunction.

1.1.8 Provide information on pelvic floor dysfunction for older women within primary and intermediate care services, and within care homes and supported living communities. This could be done:

- when women ask for advice about menopause
- as part of general health assessments
- as part of comprehensive geriatric health assessments.

1.1.9 For guidance on tailoring communication, information and shared decision making for people using health and social care services as well as how to make information accessible see the NICE guideline on patient experience in adult NHS services and the NICE guideline on people's experience in adult social care services as well as the NHS Accessibility Information Standard.

In section *1.3 Preventing pelvic floor dysfunction* we have made the following recommendations relevant to pregnancy and also relevant to tailoring programmes to individual needs:

1.3.11 Offer a 3 month programme of supervised pelvic floor muscle training:

- from week 20 of pregnancy, for pregnant women who have a first-degree relative with pelvic floor dysfunction
- during postnatal care, for women who have developed the following risk factors during birth
  - assisted vaginal birth (forceps or vacuum),
  - a vaginal birth when the baby is lying face up (occipito posterior)
  - injury to the anal sphincter

1.3.13 Before discharging women from maternity services, and during routine postnatal care, encourage them to do pelvic floor muscle training.

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
1.3.16 Supervision should involve: • assessing the woman's ability to perform a pelvic floor contraction • tailoring the pelvic floor muscle training programme to the woman's ability to perform a pelvic floor contraction, any discomfort felt, and her individual needs • encouraging the woman to complete the course, because continuing to train helps to prevent and manage symptoms. In section *1.4 Communicating and providing information to women with pelvic floor dysfunction* we have made the following recommendations relevant to tailoring communication to the individual (including for women with cognitive impairments or when English is not the first language and for different age groups): 1.4.1 Agree consultation formats (for example, in person, video or telephone) with each woman with pelvic floor dysfunction, taking into account the need for physical examinations. 1.4.3 For general guidance on communicating with patients, see the communication section in the NICE guideline on patient experience of adult NHS services. 1.4.5 When providing information to women with pelvic floor dysfunction and cognitive impairment, ask them if they want their family, carers and other people involved to support them (as appropriate), to help reinforce and support management plans. 1.4.6 Tailor information to each woman's age, level of understanding and circumstances, because pelvic floor dysfunction can affect women differently at different stages of life. For example: • young women • women who are pregnant or who have given birth • women who have gone through menopause • women with comorbidities or frailty. In section *1.5 Assessment in primary care* we have made the following recommendations relevant to pregnancy and maternity:

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
1.5.3 Ask women who have recently given birth about symptoms of pelvic floor dysfunction during routine postnatal care, in hospital and in the community. In the same section there is also a recommendation related to a medication review which some committee members noted as being particularly relevant for older women: 1.5.4 For woman who are taking multiple medications, conduct a medication review. For guidance on how to do this, see the NICE guideline on medicines optimisation. In section *1.6 Management of pelvic floor dysfunction: Non-surgical treatment options* we have made the following recommendations relevant to tailoring the pelvic floor muscle training programme to the individual women (by cross referencing to recommendation 1.3.16 above) other recommendations related to equality considerations are: 1.6.27 For guidance on reviewing pessaries for women who are at risk of complications for example because of a physical or cognitive impairment, see recommendation 1.7.9 in the NICE guideline on urinary incontinence and pelvic organ prolapse. 1.6.32 When choosing a behavioural intervention, take into account that prompted toileting and habit training may be particularly suitable for women with cognitive impairment.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
It is recognised throughout that this condition has not only a physical but also a psychological impact (including feelings of embarrassment): 1.4.2 When discussing pelvic floor dysfunction: • be aware that women may feel embarrassed discussing their symptoms, and

they may believe that healthcare professionals will also be embarrassed

- take particular care around terminology:
  - for example, avoid using ‘faeces’ if a woman better understands ‘poo’
  - be aware that women may not know the precise technical terms for parts of their pelvic anatomy, so may use incorrect terms
- tailor information to each woman’s level of understanding of anatomy and of the causes of pelvic floor dysfunction.

1.6.28 Discuss the psychological impact of their symptoms with women who have pelvic floor dysfunction. Take account of this impact when developing a management plan.

The committee also felt that women of any size should be given management options:

1.6.8 Do not wait for women to lose weight before starting other pelvic floor dysfunction management options.

3.3 Have the Committee’s considerations of equality issues been described in the guideline for consultation, and, if so, where?
Some of these have been explicitly discussed in the guideline’s rationale sections but more detail is provided in the ‘committee’s discussion of the evidence’ sections in the relevant evidence reviews.

3.4 Do the preliminary recommendations 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, they do not.

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3.5 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 there is not.

3.6 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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?
No, these recommendations were drafted with the aim to fulfil NICE's obligation to advance equality.

Completed by Developer __Katharina Dworzynski _____

Date_____4th June 2021_____

Approved by NICE quality assurance lead _____Nichole Taske _____

Date____15.06.21_____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
• Age Stakeholders raised: o That not all of the recommendations may apply equally to 12 to 17 year olds as they do to adult women. o It was suggested to divide the whole guideline by age. o There was also some confusion about the wording of children, girls, young women and women. o That some sections contained cross references to NICE guidelines that were restricted to adults. How the committee addressed this: o They decided that sections on raising awareness would mostly apply to all ages (apart from those recommendations that specifically refer to a particular age) and that most if not all preventative options would apply equally across age groups because these are aimed at non-symptomatic women. However, they recognised that in the assessment and management section it could be the case that young women in some circumstances may better be served by specialist services and may need referral. So the committee added to recommendation 1.6.2 that one of the competencies of the community-based multidisciplinary team should be (the underlined text is the new addition since consultation) 'identifying which women need referral to specialist care or other services (<u>for young women aged 12 to 17, this may include referral to paediatric services or adolescent gynaecology services</u>)'. o The committee decided against an age division of the guideline because there are some characteristics such as pregnancy which can happen in teenage years so there would be some overlap in age. Also, they noted that a division by age would lead to a lot of repetition since many of the recommendations are aimed at all women regardless of age. The committee also discussed that the range of symptoms and circumstances was more important in how the recommendations are divided than by age. o The committee noted that in NICE terminology related to age, children are up to the age of 12, young people (in the guideline context 'young women') from 12 to 17 and adults above 18 years. To clarify this point the committee added a preamble to the guideline stating: 'This guideline covers young women aged 12 to 17 and women aged 18 and over. When recommendations refer to 'women' without specifying an age range, that

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

means they cover this entire population.' Also, reference to children (which were made in some research recommendations) were removed since we did not look for evidence in this age group.

- A number of cross references applied to general information and it was added to the cross reference that 'the recommendations in this guideline may also be relevant for women under 18'. Now that the NICE guideline on babies, children and young people's experience of healthcare has been published, cross references to this have been added to the guideline to cover general issues around communication, information and shared decision making.

- Disability

Stakeholders raised:

- A stakeholder raised that one recommendation in the 'raising awareness' section of the guideline focussed on visual information.

How the committee addressed this:

- The committee changed the recommendation to include some non-visual formats. However, they did not add details of how to communicate with patients because this is not a problem that is specific to pelvic floor dysfunction and they already had cross referenced other NICE guidelines that cover this topic in greater detail.

- Gender reassignment

Stakeholders did not comment on this.

- Pregnancy and maternity

A stakeholder commented that the balance of recommendations was now too focused on pregnancy with insufficient advice for non-pregnant women. The committee disagreed with this since most of the guideline is divided by symptom rather than by pregnancy.

- Race

Some stakeholders queried whether race was a particular risk factor. The committee noted that race was a factor that came up in the risk factor review (evidence report b) but the evidence on the whole did not support this.

- Religion or belief

Some stakeholders queried whether it is culture rather than embarrassment that stops women talking about pelvic floor dysfunction. The committee decided that both factors are important, particularly because embarrassment was supported by the evidence review. They added 'be aware of potential cultural sensitivities' to

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
recommendation 1.4.2 to make sure that clinicians take this into account when communicating with women. We have also added 'depending on the woman's preferences and circumstances' to a recommendation about a clinical examinations to allow the women to raise any concerns that she may have whether or not that may be related to her religion, culture or belief. • Sex This was not mentioned by stakeholders. • Sexual orientation This was not mentioned by stakeholders. • Socio-economic factors This was not mentioned by stakeholders. • Other definable characteristics: Stakeholders raised: o That post Covid-19 services are stretched and that this has led to a postcode lottery with regards to access to specialist physiotherapists. How the committee addressed this: o The committee noted that the aim of their recommendations is to advance equality of access to services but recognised that implementation post COVID may be challenging.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
Changes to recommendations are not perceived to make it more difficult for specific groups to access services.

4.3 If the recommendations 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?

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Changes to recommendations are not perceived to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

4.4 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 to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?
No, we do not perceive there to be such barriers.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?
Some of these have been explicitly discussed in the guideline's rationale sections when there was a particular focus on an equality group in a recommendation but more detail is provided in the 'committee's discussion of the evidence' sections in the relevant evidence reviews.

Updated by Developer ___Katharina Dworzynski _____

Date_____19 October 2021_____

Approved by NICE quality assurance lead _____Nichole Taske
_____

Date_____19.10.21_____

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5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:
The amendment at Guidance Executive did not impact on any equality considerations.

Approved by Developer ____Katharina Dworzynski _____

Date_____18th November 2021_____

Approved by NICE quality assurance lead _____
Date_____

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