

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Lower urinary tract symptoms in men

Output: Equality analysis form – Topic Expert Group two

Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality 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 is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic Expert Group meeting one - Scoping

- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
<p>Socio-economic status</p> <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 (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories</p> <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 are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people.

Quality standards equality analysis

Stage: Topic Expert Group two

Topic: Lower urinary tract symptoms in men

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

The following were identified by the TEG as being relevant for this quality standard.

The TEG noted that LUTS is of higher risk in older men.

Communication- Issues may arise if the patient and/or their parent/ carer have difficulty speaking or understanding English. Men being provided with information should have access to an interpreter or advocate if needed.

Men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.

The quality standard will be inclusive and ensure statements are relevant for all groups.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

To gain multiple perspectives from all stages of lower urinary tract symptoms in men, representation within the Topic Expert Group was sought from a variety of audiences including a consultant urological surgeon, a GP, lay members and a nurse. Membership will be expanded following TEG one to include a nurse and additional consultant urological surgeon.

Stakeholder consultation will follow later in the process.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

The quality standard will not cover men with chronic pelvic pain or infection, men younger than 18 years or women. These exclusions are consistent with the scope.

Urinary tract issues are also prevalent in women however this quality standard will not cover women. A separate quality standard on 'Urinary incontinence in women' is to be developed.

There are no other exclusions at this stage.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific group from accessing services.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

All information should be accessible to men with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men receiving information should have access to an interpreter or advocate if needed.

In draft statement 2, men who have physical or cognitive impairment may need help to complete the 3-day urinary frequency and volume chart. If possible, carers should be instructed in how they can help to complete the chart.

In draft statement 3, men who have learning disabilities, or difficulties in communication or reading, should be offered written advice in a way that they can understand.

Overall, men should be provided with information that reflects any religious, ethnic, transgender or cultural needs.