

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Nocturnal enuresis (bedwetting) in children and young people

Output: Equality analysis form – Meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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 overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status 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).
Marital status (including civil partnership)

Other categories

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:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Topic overview

Topic: Nocturnal enuresis in children and young people

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 QSAC highlighted that the socio-economic status of some families is likely to mean that bedwetting may have bigger impact, for example, if the family does not have a washing machine or if they cannot afford to buy disposable pants. The cost impact on some families will be highlighted in the statement on access to treatment to ensure equal access to alarm treatment regardless of whether a family is able to buy their own alarm.

The QSAC were concerned that treatment is not always available to children aged 5 to 7 years despite the NICE clinical guideline which has specific recommendations for this group. This quality standard makes it clear that treatment should not be withheld from children aged 5 to 7 years on the basis of age alone.

The QSAC highlighted that all statements should include children and young people with developmental and learning difficulties and physical disabilities such as cerebral palsy. It was felt that in some cases, these children were being excluded from assessment and treatment as bedwetting was incorrectly thought of as expected and not treatable. Specific considerations have been included in each statement.

The QSAC also highlighted the need to take into consideration the cultural and communication needs of children and young people and their parents or carers both when carrying out assessments of bedwetting but also in developing a plan for managing bedwetting.

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?

The QSACs have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. The QSACs include representation from a number of people in order to gain a range of perspectives. Representation was sought from a variety of specialist committee members.

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 does not cover adults aged over 18 years. This mirrors the population covered by the key development source. It is considered that incontinence in adults would be best addressed separately due to the requirement for different approaches in the assessment and management of incontinence in adults and children.

It is noted that a quality standard on lower urinary tract symptoms in men has been published, and a quality standard on urinary incontinence in women is due to be published in early 2015.

The quality standard (and associated guideline) does have a remit for children under 5 years. However no recommendations specific to those under 5 years were highlighted as areas for quality improvement. The statements make it clear that children under 5 years are excluded from the specific areas of quality improvement.

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 quality statements do not include children under 5 years. Necessity of formal management of bedwetting in children under 5 would be a clinical judgement, it would not be appropriate in all cases.

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?

Yes we believe the quality standard advances equality by highlighting special consideration of children and young people with learning or developmental difficulties and physical disabilities. It also confirms that children aged 5 to 7 years should have access to assessment and treatment for bedwetting, where evidence suggests they may currently be excluded.