NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG672 Selective internal radiation therapy for unresectable colorectal metastases in the liver

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

Briefing

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

Gender: 55% of colorectal cancer cases in the UK are in males, and 45% are in females

Age: Colorectal cancer incidence is strongly related to age, with the highest incidence rates being in older people.

Disability: All people with cancer are covered by the disability provision of the Equality Act 2010 from the point of diagnosis.

Ethnicity: Age-standardised rates for White males with colorectal cancer are higher than those for Asian and Black males. For females there is a similar pattern - the age-standardised rates for White females are higher than rates for Asian and Black females.

Socioeconomic status: There is evidence for a small association between bowel cancer incidence and deprivation for males in England, while there is no evidence for an association for females. England-wide data for 2006-2010 show European age-standardised incidence rates are 13% higher for males living in the most deprived areas compared with the least deprived, while for females the rates are similar for those living in the least and most deprived areas.

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 brief (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 brief (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

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 17/12/2019

Consultation

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

About 66% of the patients included in the studies summarised in the overview were male. The mean or median age ranged from 61 to 67 years in all the studies 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	
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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

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 17/12/2019

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

Mirella Marlow

Programme Director

Date: 20 January 2020