

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between particular population groups. The purpose of this form is to document the consideration of equality issues at each stage of the guideline development process. This equality impact assessment is designed to support NICE's compliance with the Equality Act 2010 and the Human Rights Act 1998, and to provide the Guidance Executive of NICE with assurance of compliance.

The table below lists the characteristics and other equality factors NICE needs to consider. It covers not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities and inequities in access to health, public health and care services associated with socioeconomic factors and with other forms of disadvantage. Although listed separately, these categories often overlap.

The form is used to:

- record equality issues raised in connection with the guideline by anybody involved
- demonstrate that these issues have been given due consideration – by explaining what impact they have had on the guideline's recommendations, or why there was no impact
- give assurance that the recommendations will not discriminate against any equality group
- Highlight recommendations aimed at advancing equality of opportunity or fostering good relations.

The equality impact assessment should be completed by the Developer and Committee Chair. NICE quality assurance staff must sign off the completed equality impact assessment before the form is published on NICE's website.

1.0.7 DOC EIA

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation <p>Note:</p> <ol style="list-style-type: none">1) The characteristic of marriage and civil partnership is protected only from unlawful discrimination. There is no legal requirement to consider the need to advance equality and foster good relations.2) The definition of direct discrimination covers less favourable treatment of someone associated with a person with a protected characteristic, such as the carer of a disabled person.
Socioeconomic factors
<p>The relevance and nature of socioeconomic factors will vary according to the guideline topic. They may include deprivation and disadvantage associated with particular geographical areas or other geographical distinctions (for example, urban versus rural).</p>
Other definable characteristics
<p>Certain groups in the population experience poor health because of circumstances distinct from – though often affected by – sharing a protected characteristic or socioeconomic factors. The defining characteristics of groups of this sort will emerge from the evidence (although, on occasions, a guideline topic will explicitly cover such a group). Examples of groups identified in recent NICE guidelines are:</p> <ul style="list-style-type: none">• refugees• asylum seekers• migrant workers• looked-after children• people who are homeless• Prisoners and young offenders.

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over

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 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?
N/A

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
N/A

1.0.7 DOC EIA

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?

N/A

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

N/A

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, do the key messages for the public need to be produced in an alternative version?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

Does an alternative version(s) of the consultation documents also need to be produced?

N/A

1.0.7 DOC EIA

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?

Not applicable. This update did not include a scoping process.

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?

The committee agreed that it is unusual for people >70 years to be offered chemotherapy for head and neck cancer, but age was not an exclusion criterion in the PET-NECK trial. Age subgroup analyses were reported by the PET-NECK trial, but no significant differences were found between FDG PET-CT and planned neck dissection for any subgroup. The committee also noted that whilst choices of treatment may differ by age, this does not mean the follow-up strategies would be different for those people who have had chemoradiotherapy. The PET-NECK trial also reported subgroup analyses by sex showing significantly fewer deaths in women allocated to FDG PET-CT compared with planned neck dissection. The total number of deaths in women was 18, which was considered to be insufficient to draw strong conclusions, but the committee noted this as a relevant finding for future research. The committee agreed that since a positive recommendation for FDG PET-CT was made, this would be equally applicable for both men and women.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes – in the “other factors the committee took into account” section of the committee's discussion of the evidence.

1.0.7 DOC EIA

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

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

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No equality issues have been identified that would be affected by the new recommendation made.

1.0.7 DOC EIA

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?

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?

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?

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 questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

1.0.7 DOC EIA

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?