

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Oesophago-gastric cancer: assessment and management in adults

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? **No**

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.)

N/A – no specific communication or engagement needs for this population

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?

This EIA document is an addendum to the existing EIA for NG83 and will only cover potential equality issues related to the scope this update. It should be read in conjunction with the document for equality issues identified in the 2018 update. Please see published [Equality impact assessment 2018 update](#).

- Age – no equality issues identified

- Disability – no equality issues identified
- Gender reassignment – no equality issues identified
- Pregnancy and maternity – no equality issues identified
- Race

The previous update of the guideline identified that people from South East Asian populations are at higher risk of developing oesophago-gastric cancer. Although this may increase a person's risk of developing oesophago-gastric cancer, once cancer has developed the treatment would not be any different for this group. Therefore they do not need specific consideration during development of this update.

- Religion or belief – no equality issues identified
- Sex – no equality issues identified
- Sexual orientation – no equality issues identified
- Socio-economic factors – no equality issues identified

The previous update of the guideline identified that treatment of oesophago-gastric cancer (particularly radical treatment) will require attendance at a specialist unit and people from a low income or disadvantaged background (for example, homeless people or Gypsy, Roma and Traveller groups) may find this travel more difficult than those from a higher income background. This will be discussed with the committee when making recommendations to identify if this could be a barrier to treatment for some people, and if there are ways to overcome this.

During the scoping meeting committee members highlighted the difficulties carers of people with oesophago-gastric cancer may have when travelling multiple times to specialist units as part of their responsibilities.

- Other definable characteristics

The previous update of the guideline identified that people with Barrett's Oesophagus are at higher risk of developing oesophago-gastric cancer. Although this may increase a person's risk of developing oesophago-gastric cancer, once cancer has developed the treatment would not be any different for this group. Therefore they do not need specific consideration during development of this update.

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

Although people from South East Asian populations and people with Barrett's

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

Oesophagus were identified as being at higher risk of developing oesophago-gastric cancer, the treatment would not be any different once cancer has developed. Equality issues for these groups are therefore unlikely to need addressing for this question.

The difficulties with attending services are common to many conditions that require outpatient treatment and depend on issues such as socio-economic status, rurality and spread of services. The committee will need to bear in mind how they can maximise the accessibility of these services when they make their recommendations.

Completed by Developer: Chris Carmona

Date: 25/01/2023

Approved by NICE quality assurance lead _____ Chris Carson

Date _____ 25/01/23 _____

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?

Not applicable – no scope consultation

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

Not applicable – no scope consultation

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)

Not applicable – no scope consultation

Completed by Developer: Chris Carmona

Date: 25/01/2023

Approved by NICE quality assurance lead _____ Chris Carson

Date _____ 25/01/23 _____

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?

The committee discussed the changes in the recommendations and agreed that making the recommendation for external beam radiotherapy (EBRT) more targeted would mean that many people being cared for outside of hospital would not have to travel to as many appointments.

No other issues were identified during scoping that needed to be addressed.

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 discussed the impact of their recommendations on people using services and agreed that the new recommendation to not routinely give people EBRT would mean that this scarce resource was more likely to be available to people who would really benefit from it, for example people who were at high risk of bleeding.

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

The committees discussions about equalities are described in the committee discussion of the evidence section of evidence review A: management of luminal obstruction in adults with oesophageal cancer not amenable to treatment with curative intent. Brief discussion of the same issues is contained in the rationale and impact section of the guideline.

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?

The preliminary recommendations make it easier in practice for people to access services by reducing the number of appointments they need.

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?

The committee did not think that the recommendations might have an adverse impact on people with disabilities, but might have a positive impact by reducing the number of treatments they had.

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?

None were identified by the committee.

Completed by Developer: Chris Carmona

Date: 27/02/2023

Approved by NICE quality assurance lead _____ Chris Carson

Date _____ 14/04/23 _____