

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<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 (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Familial breast cancer: classification and care of women at risk of familial breast cancer in primary, secondary and tertiary care (update) and management of breast cancer and other risks in people with a family history of breast cancer

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

For both the update and the short clinical guideline, specific consideration will be given to populations with a particularly high prevalence of BRCA1 or BRCA2 mutations, such as people of Jewish origin.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The following patient population was not covered by the remit for Clinical Guideline 14: Familial Breast Cancer & Clinical Guideline 41: Familial Breast Cancer (update) due to the risks being minimal and therefore will also be excluded from the scope of this Familial Breast Cancer update:

- Men who do not have breast cancer but who may be at risk of developing it because of a family history of breast/ovarian or related cancer (Except for key clinical issue relating to risk threshold (4.3.1 (a) and 4.3.1 (b)).

The risk of breast cancer in children is extremely low, and there are no proven therapeutic preventative options applicable to children. Genetic testing is not carried out for ethical reasons, as testing minors for an adult onset genetic disorder removes their autonomy to choose for themselves. Therefore children (younger than 18) will be excluded from both the update and short clinical guideline.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

All relevant bodies have had the opportunity to register as stakeholders. All stakeholders were invited to the

stakeholder scoping workshop and to consult on the draft scope. A provisional list of all topics was discussed at the scoping workshop held on 14th March 2011. The list of topics was then revised based on feedback from the workshop and went out for consultation between 31st March 2011 and 28th April 2011. Comments from stakeholders relating to equality issues were relating to why an age limit of over 18 had been set. We have previously considered this issue of excluding children (younger than 18). This is covered in section 2.