NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

Quantitative faecal immunochemical tests to guide colorectal cancer pathway referral in primary care

Consultation

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

- During scoping it was noted that older people and Jewish people of central and eastern European family origin are at increased risk of colorectal cancer.

  The EAG did scenario analyses examining the effect of increased prevalence of colorectal cancer (see table 12 in the EAR addendum 1), and found that FIT remained cost-effective at 50% increased prevalence, although cost-effectiveness was reduced. No evidence was identified in the clinical review on how the use of FIT might impact different ethnic groups (see section 3.4 in the draft guidance).

- It was identified that the test may not be suitable for people using medicines or with conditions that increase the risk of gastrointestinal bleeding and people with blood disorders, for example sickle beta thalassaemia, in whom faecal haemoglobin may be difficult to detect. Faecal haemoglobin concentrations may be greater in men than women and may also increase with age. Test thresholds may therefore vary according to age and sex.

  The committee noted that there was not enough evidence on how the performance of FIT would be affected by the various different characteristics identified during scoping. So, it concluded that clinicians should not use FIT differently according to these characteristics. A research recommendation was not made as there are already ongoing studies such as COLOFIT which are examining how factors such as age and sex can be incorporated with FIT to better predict risk of colorectal cancer (see section 3.4 in the draft guidance).

- People with physical or cognitive disabilities may need support to obtain and submit a stool sample using the collection devices, or to understand the purpose of the test and the implications of the test results. Cultural or demographic preferences may influence the acceptability of tests that require collection of a stool sample. Experience from the bowel cancer screening programme indicates that socioeconomic factors can also act as barriers to engaging with FIT programmes.

  The committee recognised that sociodemographic factors can affect uptake and return of FIT and made a research recommendation to find methods that could improve this, especially in groups where engagement is less likely (see recommendation 4.3). The committee also decided against recommending dual FIT (requesting 2 samples rather than 1 to inform a referral decision) as this could further impact test uptake and return in groups which are already less likely to return a test (see sections 3.5, 3.7 and 3.11 in the draft guidance).
  A recommendation was also made that referral to secondary care should not be delayed for people who do not return a faecal sample, and that clinicians should consider if additional help or support is needed to enable people to return samples, in part because some people may not be able to due to physical or cognitive disability (see sections 1.3 and 1.5 in the draft guidance)

- People with cancer are protected under the Equality Act 2010 from the point of diagnosis.

2. Have any other potential equality issues been raised in the external assessment report, and, if so, how has the committee addressed these?

   No other potential equality issues were raised in the EAR.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

   No additional equality issues were raised by committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The committee acknowledged that there are differences in test uptake and return between certain groups (lower in men than women, people from ethnic minorities compared to people with a white family background, and people of lower socioeconomic status compared to higher socioeconomic status). The barriers to access are not clear. So, research was recommended to find the best ways to improve uptake and return of FIT in these groups (see section 3.5 and 4.3 in the draft guidance).

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 acknowledged that some people may not be able to return a FIT sample due to disability, so the recommendation includes a statement that referral to secondary care should not be delayed in the absence of a FIT result. This should allow GPs to bypass FIT where difficulty completing the test due to disability is a concern (see section 1.3 and 3.15 in the draft guidance). A recommendation was also made that clinicians should consider if additional help or support is needed to enable people to return samples (see section 1.5).

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 obligations to promote equality?

   See answers to questions 4 and 5.

7. Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?

   See notes in answers to questions 1 to 5

Approved by Associate Director (name): Rebecca Albrow

Date: 04/07/2023

Final diagnostics guidance

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

Stakeholders highlighted groups that may have difficulty using FIT sample collection kits, including people with physical disabilities such as impaired vision or reduced dexterity and people who cannot understand the instructions. Some also highlighted that young people and people with learning disabilities are also less likely to complete a FIT kit in addition to the groups discussed in the first DAC meeting.

Committee amended recommendation 1.4 to specify that people might need additional information as well as help or support to return their sample, to reflect educational needs. People may also need information in different languages (see section 3.8 in the guidance). The research recommendation in 1.5 and 4.4 was updated to include access as well as uptake and return of FIT to reflect difficulty in accessing testing for certain groups. The groups specified were expanded to include people under 40 and neurodivergent people. Visual impairment and reduced dexterity were added as examples of physical disabilities.

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 the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The recommendations have not changed substantially after consultation. The signs and symptoms of colorectal cancer that would indicate the need for a FIT test to guide referral are now listed in recommendation 1.1 and have been taken from NICE's updated guideline on suspected cancer. The research recommendation on barriers to test uptake and return has been expanded to include access to testing and the groups specified have also been expanded (see previous response and research recommendation 4.4)

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?

The recommendations have not changed substantially after consultation. Recommendation 1.3 has been edited for clarity and covers referral if FIT kits cannot be returned, for example if this is due to disability. Recommendation 1.4 has only changed to add that additional information may also be needed as well as help or support.

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?

See response to 2 and 3.

5. Have the committee's considerations of equality issues been described in the final diagnostics guidance document, and, if so, where?

In sections 3.1, 3.7, 3.8, 3.9, 3.11 and 3.20.

Approved by Associate Director (name): Rebecca Albrow

Date:21/08/2023