

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Scoping

PillCam COLON 2 for investigation of the colon through direct visualisation

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

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?
 - PillCam COLON 2 is not suitable for people with known or suspected gastrointestinal obstruction, strictures or fistulas or swallowing disorders.
 - It is contraindicated for people with cardiac pacemakers but clinical experts noted there are studies showing it does not interfere with the pacemaker and is safe for use.
 - It may not be suitable for people who are pregnant, have Crohn's disease, with small bowel resection, with abdominopelvic irradiation, are frail or who use non-steroidal anti-inflammatory drugs long term.
 - Colorectal polyps are more common in older people, men, people with conditions that affect the gut such as colitis or Crohn's disease, people with a family history of colorectal polyps or colon cancer, people from Black African or Caribbean family backgrounds, Jewish people of central and eastern European family origin, people who are overweight or people who smoke.
 - People from low socioeconomic backgrounds may have difficulties or be less likely to access health services because they may not or cannot go to hospital and may be disproportionately affected by colon cancer.

- People who do not speak English or people from ethnic minority family backgrounds may be harder to reach and have lower uptake of diagnostic screening tests for bowel cancer.
- Completion rates with the technology may be lower in people with learning disabilities, people who are less mobile due to physical disability or frailty, and women. People with learning disabilities also have a higher rate of death from colon cancer compared to the general population.
- Invasive procedures such as colonoscopy may be less acceptable in some cultures.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

Colon capsule endoscopy (CCE) could potentially be delivered in primary care or in the community and therefore could provide an alternative option to colonoscopy which could allow for greater accessibility. Different models of delivery will be explored in the assessment and the committee should consider whether this could improve access or encourage uptake for particular groups such as those from low socioeconomic backgrounds or people who are unable to travel and factor this into their decision making.

Colon capsule endoscopy is less invasive than colonoscopy and the committee should consider whether this may make it more acceptable and encourage uptake in some cultures or groups. Evidence on uptake will be extracted as part of the assessment where available.

Completion rates may differ in people with learning disabilities, people who are less mobile and women. Completion rates will be explored as part of the assessment and the committee should consider whether some people may be more likely to need follow-up procedures or investigations where evidence is available.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

Following the scoping workshop and ASG meeting the following potential equality issues were added to section 7 of the final scope:

- PillCam COLON 2 is not suitable for people who have had small bowel resection.

- Colorectal polyps are more common in people from Black African or Caribbean family backgrounds, Jewish people of central and eastern European family origin.
- People with a learning disability have a lower completion rate for CCE and also have a higher rate of death from colon cancer compared with the general population.
- People who are less mobile, for example due to physical disability or frailty, have lower completion rates for CCE than those who are more mobile. Completion rates may also be better in men.
- Colorectal cancer disproportionately affects people from low socioeconomic backgrounds.
- People who do not speak or understand English or people from ethnic minority family backgrounds may be harder to reach and have lower uptakes of diagnostic screening tests for bowel cancer.
- Invasive procedures, such as colonoscopy, may be less acceptable in some cultures.

It was also noted in section 3.3 of the final scope that people with reduced dexterity or other disabilities such as visual impairment may need extra support to swallow the capsule and set up the sensor belt or leads.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders were identified.

Approved by Associate Director: Rebecca Albrow

Date: 05/09/2023