NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequality impact assessment

GID-HTG10176 Clinical decision support technologies for identifying possible cancer during primary care consultations: early-use assessment

Scoping

1 Have any potential equality issues been identified during the scoping process? If so, what are they?

Some technologies are indicated for use in an older age group in adults. This may limit their benefit for people outside those age ranges, including younger people with cancers that occur at earlier ages, such as some blood cancers or testicular cancers. Age restrictions may also disproportionately affect people from more deprived backgrounds if specific risk factors mean they experience cancer at younger ages.

2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?

People with disabilities, including people who are blind or visually impaired, deaf, have learning disabilities, or have serious mental health conditions, may experience additional barriers to accessing primary care services and cancer pathways. These barriers may include difficulties recognising, communicating or describing symptoms, which may contribute to delays in referral for possible cancer.

Cancer burden and outcomes vary across the UK population, and health inequalities may influence how people present to primary care and whether symptoms are recognised, coded and escalated. People

experiencing health inequalities, for example people with learning disabilities or who live in deprived areas may be less likely to have symptoms recognised, fully documented or consistently coded during consultations. Technologies that rely only on coded data may therefore miss relevant symptoms recorded in free text or not coded at all, reducing the likelihood that these people are flagged for further investigation or referral.

Technologies that support only a limited range of cancer types may improve earlier detection for those cancers but offer less benefit for cancers outside their scope. This could contribute to delayed recognition or referral for some cancers and create inequities in outcomes depending on cancer type.

People who attend primary care less frequently, or who have barriers to accessing healthcare, may be less likely to benefit from these technologies.

3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?

The Committee would need to consider whether age thresholds, limited cancer-type coverage or restrictions in a technology's intended use could affect who benefits from the technologies. This includes considering whether people outside the intended age range, or people with cancers not covered by a technology, could experience delayed recognition or referral.

The committee would need to consider how technologies may impact when used for people with disabilities (including people who are blind or visually impaired, people with deafness, people with learning disabilities, and people with serious mental health conditions) with their cancer symptoms being less likely to be recognised. The Committee would also need to consider how technologies that solely rely on

clinician-coded data may increase health inequalities in populations that are less likely to have symptoms recognised and coded appropriately. This includes considering whether symptoms recorded in free text, or not coded at all, may be missed and whether this could reduce the likelihood of people being flagged for further investigation or referral.

The committee would also need to consider whether people who attend primary care less frequently, or who experience barriers to accessing healthcare, may be less likely to benefit from these technologies and whether any implementation considerations are needed to avoid widening existing inequalities.

4 **Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following the scoping workshop?**

All equality considerations have been noted in the scope and will be considered at the committee meetings.

5 **Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?**

At the scoping workshop, experts suggested inviting the Health Equity Evidence Centre at Queen Mary University of London as a professional stakeholder. This stakeholder has been invited to participate.

Approved by senior responsible officer: Lizzy Latimer

Date: 22/07/2026

Draft guidance (if issued)

6 Have the potential equality issues identified during the scoping process been addressed by the committee? If so, how?

[add answer]

7 Have the potential health inequality issues identified during the scoping process been addressed by the committee? If so, how?

[add answer]

8 Have any other potential equality or health inequality issues been raised in information submitted by stakeholders or in the external assessment report? If so, how has the committee addressed these?

[add answer]

9 Have any other potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?

[add answer]

10 Do the preliminary recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?

[add answer]

11 Has the committee made any reasonable adjustments within its recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove or alleviate barriers to, or difficulties with, access to the

technology needed to fulfil NICE's obligations to promote equality.

[add answer]

12 **Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?**

[add answer]

13 **Have the committee's considerations of equality and health inequality issues been described in the draft guidance? If so, where?**

[add answer]

Approved by senior responsible officer: [name]

Date: XX/XX/20XX

Final draft guidance (when issued)

14 **Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance? If so, how has the committee addressed these?**

[add answer]

15 **Have any additional potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

[add answer]

16 **If the recommendations have changed after consultation, do the updated recommendations make it more difficult for a specific**

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

[add answer]

17 **If the recommendations have changed after consultation, has the committee made any other reasonable adjustments in the recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove or alleviate barriers to, or difficulties with, access to the technology needed to fulfil NICE's obligations to promote equality.**

[add answer]

18 **Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?**

[add answer]

19 **Have the committee's considerations of equality and health inequality issues been described in the final draft guidance? If so, where?**

[add answer]

Approved by senior responsible officer: [name]

Date: XX/XX/20XX