

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE quality standards

### Equality impact assessment

#### Lung cancer in adults

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

#### 1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?
--

No specific equality issues have been identified at this stage.
---

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
--

The quality standard will not cover children and young people (younger than 18) with lung cancer because it is rare and requires different treatment and management. Lung metastases arising from primary cancers originating from outside the lung are also excluded because the focus of treatment and management should be on the primary cancer.
--

Completed by lead technical analyst Melanie Carr \_\_\_\_\_

Date \_\_\_\_ 7/3/19 \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_ Mark Minchin \_\_\_\_\_

Date \_\_\_\_ 7/3/19 \_\_\_\_\_

## 1.0.7 DOC EIA

### 2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The committee highlighted the importance of raising awareness of the signs and symptoms of lung cancer among high risk groups living in socioeconomically deprived areas. They suggested that it is important that awareness campaigns include approaches that will engage people who are at high risk. Statement 1 therefore highlights that local authorities should ensure that awareness campaigns include approaches that engage people living in socioeconomically deprived areas.

The committee highlighted the importance of providing accessible information to adults with lung cancer. Statements 2 and 3 therefore highlight that people should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health and care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. People should have access to an interpreter or advocate if needed. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

The committee also highlighted the importance of ensuring that adults with lung cancer who are disabled or live in socioeconomically deprived and rural areas can easily access services that provide diagnostic testing. It was agreed, however, that as this applies to all health and care services it was not necessary to add any specific considerations to the quality standard.

The committee discussed current practice evidence that suggested that older people may be less likely to be offered treatment with curative intent and may choose not to have treatment. Statement 6 therefore highlights that healthcare professionals should ensure that people are not excluded from treatment with curative intent because of their age. They should support older people to consider all the treatment options carefully before deciding which option suits them best.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

## 1.0.7 DOC EIA

2.3 Do the draft quality statements 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 draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The draft quality statements do not have an adverse impact on people with disabilities.

2.5 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 questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

There are no additional explanations that the committee could make at this stage.

Completed by lead technical analyst Melanie Carr \_\_\_\_\_

Date \_\_\_ 30/5/19 \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_ Nick Baillie \_\_\_\_\_

Date \_\_\_ 9/7/19 \_\_\_\_\_

© NICE 2019. All rights reserved. Subject to [Notice of rights](#)