

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

Capsule sponge tests for detection of Barrett's oesophagus and early-stage oesophageal cancer and surveillance of Barrett's oesophagus

Scoping

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

Barrett's oesophagus is more common in older people, men and in White people. Men are also at an increased risk of developing oesophageal adenocarcinoma. In England and Wales, oesophageal cancer mortality rates are generally lower in non-White compared with White people. Sex and ethnicity are protected characteristics under the Equality Act 2010. People with cancer are also protected under the Equality Act 2010 from the point of diagnosis.

The capsule sponge test can be administered in the primary and community care settings. This could improve access to care for people living in rural or remote areas, or those for whom travel is a limiting factor. Moving care closer to a person's home is among the priorities of the 10 Year Health Plan for England.

The EndoSign and Cytosponge technologies are contraindicated for use in women who are or may be pregnant. Pregnancy is a protected characteristic under the Equality Act 2010. They are also contraindicated for use in people with symptoms of dysphagia or other swallowing disorders, people with a known or suspected anatomic abnormality of the oesophagus or stomach, those with known or

suspected portal hypertension, gastric or oesophageal varices, people on anti-thrombotic drugs which cannot be temporarily discontinued and people with previous endoscopic therapy for oesophageal dysplasia or cancer. In addition, some people may not be able to swallow the capsule even if they have no diagnosis of dysphagia or another swallowing disorder. Some of those people may be covered by the Equality Act 2010 if they are considered to have a disability.

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

Incidence and mortality rates of oesophageal cancer are higher among people who live in the most deprived areas. This may reflect increased exposure to risk factors in this group, such as smoking, alcohol consumption and obesity. This group may also have reduced access to healthcare and lower rates of health literacy. People who live in deprived areas are more likely to have their oesophageal cancer diagnosed after an emergency presentation.

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?

Capsule sponge tests can be delivered in primary care or in the community and therefore can provide an alternative option to upper gastrointestinal (GI) endoscopy which could allow for greater accessibility. The committee should consider whether this could improve access or encourage uptake for particular groups and factor this into its decision making.

Capsule sponge tests are less invasive than endoscopy and the committee should consider whether this may make them more acceptable and encourage uptake in some cultures or groups. Evidence on uptake will be extracted as part of the assessment where available.

There are several contraindications and other factors which may affect the suitability or acceptability of capsule sponge tests for certain groups. The committee may need to consider whether any reasonable adjustments should be made to the guidance to ensure equity.

4 Has any change to the draft scope been agreed to highlight the potential issues set out in questions 1 and 2?

All equality considerations are described in the decision problem table.

Following consultation, the draft scope was updated to clarify that people who live in deprived areas may have reduced access to healthcare and lower rates of health literacy.

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

No additional stakeholders related to potential equality issues have been identified during the scoping process.

Approved by associate director: Rebecca Albrow

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