

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HealthTech Programme

Equality impact assessment: Topic selection and scoping

HTE40 Robot-assisted surgery for soft-tissue procedures

The impact on equality has been assessed during this evaluation according to the principles of the [NICE Equality scheme](#).

1. Have any potential equality issues been identified during the development of the topic briefing note or during selection, and, if so, what are they?

Several potential equality issues have been identified in line with equality considerations for the included technologies. Key issues include:

- There may be some inequalities in access to MIS that may be worsened by RAS. A [UK analysis of routinely collected data](#), linked to hospital episode statistics, found access to MIS for colorectal surgery is related to socioeconomic and geographical factors. Robotic platforms are expensive and if the placement of robotic systems is limited to larger hospitals with more resources to procure and maintain the system and staff needed to use the system, access to RAS may exacerbate existing regional inequalities.
- One of the proposed benefits of RAS is increased access to MIS because some procedures may not have been offered as MIS before RAS. This could be because the indication, or characteristics of the patient, or both meant that the procedure was high-risk. It could also be because of surgeon experience or physical constraints of the anatomy and laparoscopic tools. Some indications, procedures and patient characteristics that may mean that other minimally invasive surgical techniques would not be a suitable approach to do the surgery include:
 - Tumours requiring multiple organ resection
 - People with high BMI or obesity
 - People with frailties or older adults (aged 65 and over)
 - Procedures deep within the pelvic region
 - Transoral procedures
 - Indication or patient-specific anatomical characteristics (e.g. large uterus)

- Age is a protected characteristic, and many people may be covered by the Equality Act 2010 if their condition has had a substantial adverse impact on normal day to day activities for over 12 months or is likely to do so. In the absence of RAS, open surgery would be used for people that meet one or more of these criteria. RAS may enable MIS to be done in these groups.
- RAS can be used to treat many types of cancer. All people with cancer are covered by the disability provision of the Equality Act 2010 from the point of diagnosis.

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

The committee should consider all the equality issues when making recommendations.

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

An equality considerations section was included the scope to highlight the potential equality issues described in this document.

The potential equality issues were discussed at the scoping workshop. Stakeholders agreed with the potential issues that were raised and 2 additional equality considerations were discussed:

- RAS may have equal or more benefit in surgery for benign disease than surgery for cancer. Laparoscopic surgery in young people with benign disease has lagged so if RAS provision focuses on cancer only, it may exacerbate issues with access to MIS in these groups.
- RAS may increase access for surgeons to train to do minimally invasive surgery. Because surgery is physically demanding it may mean that surgeons who were not physically able, can now do it.

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 related to potential equality issues were identified during the scoping process.

Approved by Associate Director: Anastasia Chalkidou

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