NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG432 Laparoscopic gastric plication for the treatment of severe obesity

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

Scoping

1. Have any potential equality issues been identified during the scoping process (development of the scope or discussion at the Committee meeting), and, if so, what are they?

The prevalence of morbid obesity is higher in women (2.6% vs 1.3% for men).

Among ethnic groups, Black Caribbean and Irish men have the highest prevalence of obesity (25% each). For women, obesity prevalence is higher for Black African (38%), Black Caribbean (32%) and Pakistani ethnic groups (28%) and lower for Chinese women (8%). (NB. There is some debate about the use of BMI for defining obesity in non-European ethnic groups).

Morbid obesity is associated with an increased risk of co-morbidities including cardiovascular disease, diabetes and some cancers.

The age groups with the highest number of hospital admissions with a primary diagnosis of obesity were those aged 35 to 44 (3,132) and those aged 45 to 54 (3,076).

Morbid obesity is associated with lower educational attainment, reduced employment prospects and lower socioeconomic status, although the directionality of this association is not known.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee? If there are exclusions listed in the scope (for example, populations, treatments or settings), are these justified?

This w	vas not thought to have an impact on the assessment of the procedure.
3.	Has any change to the scope (such as additional issues raised during the Committee meeting) been agreed to highlight potential equality issues?
No	
Cons	ultation
1.	Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
•	ecific data relating to the potential equality issues were identified in the ure presented in the overview.
2.	Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the Committee addressed these?
No	
3.	Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?
No	
4.	Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to access for the specific group?
No	
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5.	Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligation to promote equality?					
Not a	applicable					
6.	Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?					
No						
Final	I interventional procedures document					
1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?					
No						
2.	If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to access for the specific group?					
Not a	pplicable					
3.	If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?					
Not a	applicable					
4.	Have the Committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?					

No			

Approved by Associate Director:

Date: 20/11/2012