NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG493 Arthroscopic radiofrequency chondroplasty for discrete chondral defects of the knee

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?
 - Articular chondral and osteochondral injuries of the knee are common in people aged under 35 years, but a second peak occurs in patients older than 60 years.
 - People whose knee condition is chronic and severe, has lasted longer than 12 months and has a substantial impact on day to day living may to be covered under disability legislation in the Equality Act 2010.

NB - The Committee originally intended to evaluate the use of arthroscopic radiofrequency chondroplasty of the knee for a variety of indications. However, most of the published evidence was for discrete chondral defects (mainly caused by trauma) in younger patients. There was insufficient evidence about the use of arthroscopic radiofrequency chondroplasty in older patients with osteoarthritis for the Committee to comment on its use for that indication.

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 was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3.	Has any change to the scope (such as additional issues raised during the Committee meeting) been agreed to highlight potential equality issues?
No	
Consultation	
1.	Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
The Committee made the following comment in section 6:	
"The Committee originally intended to evaluate the use of arthroscopic radiofrequency chondroplasty of the knee for a variety of indications. However, most of the published evidence was for discrete chondral defects (mainly caused by trauma) in younger patients. There was insufficient evidence about the use of arthroscopic radiofrequency chondroplasty in older patients with osteoarthritis for the Committee to comment on its use for that indication"	
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, or difficulties with, access for the specific group?

No

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Not applicable

6. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?

Not applicable

7. Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?

The Committee made the following comment in section 6:

"The Committee originally intended to evaluate the use of arthroscopic radiofrequency chondroplasty of the knee for a variety of indications. However, most of the published evidence was for discrete chondral defects (mainly caused by trauma) in younger patients. There was insufficient evidence about the use of arthroscopic radiofrequency chondroplasty in older patients with osteoarthritis for the Committee to comment on its use for that indication"

Final 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, or difficulties with, access for the specific group?

Not applicable

3. If the recommendations have changed after consultation, is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Not applicable

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Not applicable

5. Have the Committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

The Committee made the following comment in section 6:

"The Committee originally intended to evaluate the use of arthroscopic radiofrequency chondroplasty of the knee for a variety of indications.

However, most of the published evidence was for discrete chondral defects (mainly caused by trauma) in younger patients. There was insufficient evidence about the use of arthroscopic radiofrequency chondroplasty in older patients with osteoarthritis for the Committee to comment on its use for that indication"

Approved by Associate Director

Date: 09/04/2014