

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG588 Liposuction for chronic lymphoedema

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?

Gender: Secondary lymphoedema occurs more frequently in women, as it can be a side effect of breast cancer treatment.

Disability: all people with lymphoedema as a result of cancer treatment will be covered under the disability in the Equality Act 2010 as a result of their cancer diagnosis. Other individuals with lymphoedema may meet the criteria for disability in the Equality Act if it has a substantial adverse impact on normal day-to-day activities and has lasted or is likely to last at least 12 months.

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 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.

Approved by Programme Director

Date: 28 June 2017

Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Most of the studies considered for this guidance reported results from women who had been treated as a result of developing lymphoedema secondary to breast cancer treatment. There was also some evidence on patients with primary lymphoedema.

Patients included in the studies were over 16 years of age, and predominately 40 to 60 years. This reflects the typical age of patients who are affected by lymphoedema.

The literature reports that lymphoedema, particularly primary lymphoedema, is frequently underdiagnosed.

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. The guidance may lead to an increased use of liposuction for patients with lymphoedema in the NHS supporting access to the treatment by patients who may benefit from it. Patients with primary lymphoedema (in contrast to patients with lymphoedema secondary to treatment for cancer) currently have no established pathway for the treatment of this condition.

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?

No.

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?

The committee has recommended that consideration be given to creating a clinical guideline for the management patients with chronic primary lymphoedema.

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

Yes.
The committee commented that "6.2 The evidence came from both patients with primary lymphoedema and patients with secondary lymphoedema."

The committee stated that “1.2 Patient selection should only be done by a multidisciplinary team as part of a lymphoedema service.”

Approved by Programme Director

Date: 28 June 2017

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?

Yes. Patients' comments highlighted the difficulty in accessing treatment in the NHS if they had primary lymphoedema. The committee was told that patients with lymphoedema secondary to breast cancer have easier access to care as this is part of the breast cancer pathway.

Some patients' comments also reported on the burden of lymphoedema on their quality-of-life.

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?

Yes.

The committee commented that "6.2 The evidence came from both patients with primary lymphoedema and patients with secondary lymphoedema."

The committee stated that "1.2 Patient selection should only be done by a multidisciplinary team as part of a lymphoedema service."

Approved by Programme Director

Date: 28 June 2017