NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG597 Processed nerve allograft to repair peripheral nerve discontinuities

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?

Disability: Patients with peripheral nerve injuries may be covered under disability under the Equality Act 2010 if the condition has a substantial adverse impact on day-to-day activities and has lasted longer than 12 months or is likely to do so. Patients with cancer are classed as disabled from point of diagnosis.

Religion: Patients should be consented to the use of allograft.

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 and Clinical Advisor Date: 04/10/2017 Consultation			
Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?			
The majority of the literature included in table 2 is for peripheral nerve discontinuities of the hand. Only 1 paper (Zuniga 2015) provided evidence on the use of processed nerve allograft to repair discontinuities secondary to maxilla-facial cancer.			
A recommendation was made to encourage further research into processed nerve allografts to repair peripheral nerve discontinuities. The should include information on the type of nerve repaired, the anatomical site, the size of the defect, patient reported outcome measures, function outcomes, time to recovery and long-term outcomes (12–18 months).			
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?	
A suggestion could be made to encourage further research in the use of processed nerve allogfraft to repair peripheral nerve discontinuities in locations other than the hand.		
7.	Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?	
No		

Approved by Programme Director and Clinical Advisor

Date: 04/10/17

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?
No	
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?
No	
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?
No	
5.	Have the Committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

No

Approved by Programme Director

Date: