NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG619 Superior capsular augmentation for massive rotator cuff tears

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

Briefing

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

Age: Rotator cuff disorders are most often present in patients aged 35-75 years. The incidence of rotator cuff tears increases with age. Full-thickness rotator cuff tears are rare before the age of 60 years (less than 6 %), but are present in up to 50 % of 70-year olds.

Gender: Most studies suggest a male-to-female ratio of 1:1.

Disability: Some patients with rotator cuff tears are likely to 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.

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 brief (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 brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

The religious issue was raised by the committee during the IPAC 0 meeting.

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?'

No

Approved by Programme Director and Clinical Advisor

Date: 12/06/2018

Consultation

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

Age: Mean 62 years for patients included in the overview.

Gender: 66% (111/169) of patients included in the overview (for whom data on gender was reported) were male.

No specific data relating to religion was identified in the literature 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, 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		

No		
Approved by Programme Director and Clinical Advisor Date: 12/06/2018		
1. 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?

No

Approved by Acting Programme Director

Date: 21/06/2018