

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

| EQUALITY CHARACTERISTICS |
|---|
| <p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men |
| <p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed |
| <p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment |
| <p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p> |
| <p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people |
| <p>Religion and belief</p> |
| <p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p> |
| <p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p> |

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Referral for suspected cancer

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

Subgroups that are identified from the evidence as needing specific consideration will be considered during development of the guideline. These may include:

- older people
- people with cognitive impairment
- people with multiple morbidities
- people from lower socioeconomic groups.

Specific recommendations will be made for relevant subgroups if the evidence supports making a specific recommendation.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

This guideline is a partial update of clinical guideline CG27 (Referral for suspected cancer).

The following patient populations are specifically excluded from this update:

- People who have been referred to secondary care for specialist management.
- People who present for the first time outside of the primary care setting.

The following clinical issues are specifically excluded from the scope:

- The organisation or effectiveness of screening schemes for cancer.
- Referral for suspected recurrence or metastases in previously diagnosed cancer, or referral for palliative care.

The exclusions made under the clinical issues have been based on clinical judgement, number of patients affected and existence of other national guidelines in these areas. No specific sub-group will be discriminated against due to these exclusions.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

All relevant bodies have had the opportunity to register as stakeholders. All stakeholders were invited to the stakeholder scoping workshop and to consult on the draft scope. A provisional list of topics was discussed at the scoping workshop held on 19th March 2012. The list of topics was

then revised based on feedback from the workshop and went out for a formal consultation with stakeholders between 3rd and 30th April 2012.

Stakeholders queried whether the guideline should explicitly cover patients with a family history of cancer. It is acknowledged that cancer is more common in certain groups and this will be clarified in the introduction to the guideline. However the focus of the guideline is on identifying cancer in any patient with a suspicious symptom. If the evidence suggests that certain symptoms are more common in particular subgroups this will be reflected in the guideline.

Signed:

John Graham

Orest Mulka

Centre Director

GDG Chair

Date: 16 May 2012

Date: 16 May 2012

Approved and signed off:

Nicole Elliott

CCP Lead

Date: 19 June 2012