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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Lung cancer: diagnosis and management (update)

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?
During scoping, socioeconomic status and age were identified as equality issues which specifically needed to be addressed.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
There is a higher prevalence of lung cancer in these groups due to related issues including poorer living conditions and increased tobacco smoke exposure. In England (2006-2010) age standardised rates were 166% higher in men and 175% higher in women who live in the most deprived areas (compared with the least deprived areas).

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Positive outcomes are known to be more difficult to achieve in these population groups, and therefore specific recommendations in these groups may need to be made to address this. There are no exclusions listed in the guideline.

Completed by Developer ____________________________

Date___________31.05.2017___________________________

Approved by NICE quality assurance lead __________________________________

Date___________31.05.2017____

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
One stakeholder identified smoking status and mental health as equalities issues for consideration during guideline development. Another stakeholder identified that people with lung cancer and HIV should not be excluded from treatment and that people with lung cancer should have routine HIV testing.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
No changes to the scope have been made as a result of equalities issues identified during scope consultation, the reasons for this are: With regards smoking and mental health, these comments were mainly in relation to the 'treatment- smoking cessation' section of the lung cancer guideline (CG121) which is not being updated at this time. People who smoke and have mental ill-

health would not receive different treatment for lung cancer, and therefore do not need specific consideration during the development of this guideline update. Smoking cessation guidance (gid-PHG94) is due to be published in March 2018 and identifies people with disabilities relating to mental health as a group requiring specific consideration in that guideline.

With regards people with lung cancer and HIV, NICE has guidance on increasing the update of HIV testing in people who may have undiagnosed HIV (NG60). With regards exclusion from treatment, Equality of treatment is covered by the NHS constitution for England, which should be followed by all healthcare providers and commissioners alongside NICE guidance. In addition people with lung cancer and HIV are not excluded from the scope of this guideline.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, do the key messages for the public need to be produced in an alternative version?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The primary focus of the guideline is not a population with a specific disability-related communication need, therefore there is not a need for an alternative version of the guideline.

Updated by Developer ______________________

Date_____04.09.2017_________________________________

Approved by NICE quality assurance lead __________________________________

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Date_____________05.09.2017____

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3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
The committee were aware that the key equality issues for this condition are socioeconomic status and age. The committee considered these issues when making recommendations however they felt that both socioeconomic status and age were important causal factors rather than equality issues which would impact on access to services and treatment options. The committee did raise that there may be access issues in relation to recommendation 1.4.24 and 1.4.25 on the use of stereotactic ablative radiotherapy (SABR). SABR is available in a smaller number of hospitals and people who are older or have low socioeconomic status may have greater difficulty travelling to access this treatment. However SABR treatment involves fewer appointments, an average of 5 compared to 20-30 with conventional radiotherapy which is likely to reduce the overall impact of any additional access requirements associated with SABR to an acceptable level. The committee therefore did not make any specific recommendations in relation to inequalities and were keen to promote and ensure equal access to effective and cost effective treatments for all.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
None.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence reviews.

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3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No

3.5 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

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?
No. The Committee considered equality issues at each meeting and are satisfied that recommendations drafted are in line with the available evidence and best practice.

Completed by Developer ___________________________________

Date__________ 11.09.2018________________________________

Approved by NICE quality assurance lead ___________________________________

Date____________11.09.2018____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
One equality issue was raised by stakeholders during draft guideline consultation. Some stakeholders referenced narrative reviews or publications based on audit/ activity data showing that tri-modality therapy for people with NSCLC stage IIIA-N2 is used infrequently in this patient group. This could potentially create an inequalities issue based on geographical location and access to this treatment. The committee were aware of this but concluded based on the analyses conducted for this guideline that it is likely to represent an effective and cost-effective use of NHS resources compared with bi-modality alternatives in people who are fit for surgery and hoped that these recommendations would encourage in increase in uptake. In recognition of the complexity of delivering tri-modality therapy and the lack of expertise at some centres, they also made a recommendation that MDTs offering CRS should have expertise in combined therapy and all of its components.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
Amendments made to the recommendations post consultation have not resulted in any difficulties in accessing services. The committee were keen to promote and ensure equal access to effective and cost effective treatments for all.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No, we do not envisage any adverse impact on people with disabilities.

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4.4 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 to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?
There are no recommendations or explanations that could be made to remove or alleviate barriers to or access to services.

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4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?
The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence reviews and in the why the committee made the recommendations sections in the final guideline.

Updated by Developer ______________________________

Date_______04.02.2019____________________

Approved by NICE quality assurance lead __________________________________

Date____________05.02.2019__________________________________

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