

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Myeloma: diagnosis and management

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

1.0 Scope: before 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 development of the draft scope, before consultation, and, if so, what are they?

Myeloma is almost twice as common in Afro-Caribbean people compared with people of other family origins (for both men and women).

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?

The treatment options are no different for people of Afro-Caribbean origin and therefore it is not necessary to distinguish between this group and other patients in the recommendations.

Children and young people (under 16 years) with suspected newly diagnosed or relapsed myeloma have been excluded from the scope. This is because it is extremely rare that myeloma is diagnosed in children and young people (anecdotally, the youngest case known is generally thought to be in their 20s).

Management of MGUS, solitary plasmacytoma, amyloid light-chain amyloidosis and paraproteins secondary to other conditions have also been excluded from the scope. This is because, although these conditions are related to myeloma, their management does not form part of the treatment regimens for myeloma.

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Stakeholder consultation took place between 10 December 2013 and 21 January 2014. One stakeholder queried whether the GDG would fairly represent the Afro-Caribbean population. In response, we noted that while the incidence of myeloma is higher in the Afro-Caribbean population, the management of their disease is not different and we therefore do not feel that they need to be specified as a sub-group. In addition, GDG members are recruited via an open advert and people from all communities and ethnic groups are welcome to apply.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No changes were necessary.

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

If so, is an alternative version of the 'Information for the Public' document recommended?

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 who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

No

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

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

No equalities issues that would need to be specifically addressed were identified.

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?

No new equality issues have been identified.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Consideration of equality issues would have been documented in the Linking Evidence to Recommendations table that accompanies the recommendations for each clinical question. However, the GC did not identify any potential issues.

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?

We do not believe that the recommendations in this guideline should cause any difficulties with accessing services on the grounds of equality.

Completed by Developer

Dr John Graham

Date

10.8.15

Approved by NICE quality assurance lead

Sarah Willett

Date

11.8.15

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?

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?

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?

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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Updated by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

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Approved by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____