

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Oesophago-gastric cancer: assessment and management in adults

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?

During the scoping workshop, stakeholders identified people with Barratt's Oesophagus and South East Asian populations were identified as being at higher risk of developing oesophago-gastric cancer.

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?

Whilst having Barratt's Oesophagus or being from a South East Asian population may increase a person's risk of developing oesophago-gastric cancer, once cancer has developed the treatment would not be any different for these groups. Therefore they do not need specific consideration during development of the guideline.

1.0.7 DOC EIA

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?
No

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
No – no equality issues were raised

<p>2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?</p> <p>If so, is an alternative version of the 'Information for the Public' document recommended?</p> <p>If so, which alternative version is recommended?</p> <p>The alternative versions available are:</p> <ul style="list-style-type: none">• 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

1.0.7 DOC EIA

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 equality issues were identified during the scoping process.

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?

For the sections of the guideline that covered the provision of information and support the committee recognised that this would need to address individual needs in terms of language, readability and applicability to different ethnic origins, religions or dietary requirements. In order to address this the committee cross-referenced these recommendations to the NICE guideline on patient experience.

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

This consideration was included in the 'linking evidence to recommendations' section of the full guideline for both the information and support recommendations relating to radical treatment and palliative management.

1.0.7 DOC EIA

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, the recommendations do not make it more difficult for any specific group to access services, compared to other groups. However, treatment of oesophago-gastric cancer (particularly radical treatment) will require attendance at a specialist unit and people from a low income or disadvantaged background may find this travel more difficult than those from a higher income background.

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, the recommendations should not have an adverse impact on people with disabilities.

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?

The committee were aware that written information may need to be available in alternative languages, as well as English. Some dietary recommendations may need to be tailored to individual needs to reflect religious or other dietary restrictions. In order to address this the committee cross-referenced these recommendations to the NICE guideline on patient experience.

1.0.7 DOC EIA

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?

Yes, the issue of people with learning disabilities experiencing difficulties in accessing both diagnosis and treatment, and possibly presenting later due to difficulty appreciating or expressing symptoms was raised. The Committee recognised that this could be a problem and accepted that reasonable adjustments have to be made, such as the provision of chaperones and advocates for this group. The recommendation on the provision of information was amended to state that information must be provided in a format that is suitable for the person. The Committee were also aware of a NICE guideline on 'Care and support of older people with learning disabilities' due to be published in April 2018 which will provide recommendations on the provision of information and support for this group of people. However, the Committee did not think that any of the recommendations disadvantaged people with learning disabilities and that they would receive the same treatment as all other people with oesophago-gastric cancer.

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?

The changes to the recommendations were all very minor and will not make it any more difficult for a specific group to access services compared to another 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?

The changes to the recommendations were all very minor and will not have an adverse effect on people with disabilities.

1.0.7 DOC EIA

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?

The changes to the recommendations were all very minor and so this is not required.

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

Yes, learning disabilities discussion has been discussed in the information and support for radical treatment section (see 5.1 7.5).

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:

GE asked us to:

- ensure that the population in each recommendation was correct
- amend the wording in recommendation 1.1.6 to make clear that information on life expectancy should only be provided if the person has said they wish to know this information