NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Skin cancer (update)

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

There is a higher incidence of skin cancer in older people. The highest rates of incidence of melanoma skin cancer are in people aged 85 to 89 (2016 to 2018) and the incidence rates for non-melanoma skin cancer are highest in people aged 90 and over (2016 to 2018). (Cancer Research UK, [statistics by cancer type](https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type) [online; accessed 17 February 2023])

Incidence rates for melanoma skin cancer are lower in Asian and Black ethnic groups compared to the White ethnic group in England (2013 to 2017) (Cancer Research UK, [statistics by cancer type](https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type) [online; accessed 17 February 2023]), but evidence suggests that people with darker skin are often diagnosed with skin cancer at a more advanced stage compared to people with lighter skin.

The equality impact assessment for NG14 notes that:

* People who are frail, have existing comorbidities or some people with a disability may not be able to tolerate the toxicities in systemic treatment for melanoma. Older people and some people with a disability may benefit from localised treatment as an alternative to systemic treatment for melanoma.
* There are some additional considerations for sentinel lymph node biopsy during staging of melanoma in pregnancy, and decisions on use of this technique should be made on an individual basis.

Some people may need additional support to communicate effectively with healthcare services. This can be because they do not speak or read English, or because of additional needs related to a disability, impairment or sensory loss.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

No population, treatments or settings have been excluded from coverage by the quality standard at this time.

Completed by lead technical analyst: Charlotte Fairclough

Date: 01 / 03 / 2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 06 / 03 / 2023

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The QSAC noted the disparity in incidence of skin cancer in different age groups and specifically noted the higher incidence in older people. The statements in the quality standard do not exclude any populations based on age and so older people will benefit from the quality statements. Each quality statement highlights where the outcomes can be assessed for different age groups.

Comments from stakeholders at topic engagement highlighted that skin cancer may be diagnosed later in people with darker skin. Quality statement 1 aims to increase awareness of skin cancer in at-risk groups and the audience descriptors suggest healthcare professionals and commissioners assess local need for awareness campaigns; this could include people with darker skin as determined by the local population, although [NICE’s guideline on sunlight exposure](https://www.nice.org.uk/guidance/ng34) does not include people with darker skin as a group at risk of skin cancer. [NHS England’s Faster diagnostic pathways: implementing a timed skin cancer diagnostic pathway, guidance for local health and care systems; 28-day best practice timed pathway](https://www.england.nhs.uk/publication/rapid-cancer-diagnostic-and-assessment-pathways/) notes that teledermatology is not always helpful in identification of skin cancers in darker skin tones. Quality statement 2 refers to face to face assessment as an option for referral for assessment and quality statement 3 details the use of dermoscopy in specialist assessment of pigmented skin lesions.

Stakeholders and QSAC discussed availability of treatments at centres close to home, as some people with skin cancer may have to travel significant distances to be treated at specialist centres. This could impact on people with a disability, older people and people at socioeconomic disadvantage. Treatment was not prioritised as an area for quality improvement by the QSAC.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

No.

Completed by lead technical analyst: Charlotte Fairclough

Date: 22 / 05 / 2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 27 / 06 / 2023

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

At the post-consultation meeting, the QSAC discussed each statement separately and considered if each statement would create or reduce inequalities for any group. Stakeholders noted the need to make reasonable adjustments to help individual diagnostic and treatment decisions, as stated in the Equality Act 2010. They noted the importance of tailored communication, the role of My Healthcare Passports and also the need for awareness of diagnostic overshadowing and understanding individual’s response to pain. Quality statements 1 and 4 include equality and diversity considerations around the provision of information and communication tailored to individuals. The [NICE quality standard on patient experience in adult NHS services](https://www.nice.org.uk/guidance/qs15) includes a quality statement on provision of tailored care and treatment.

The committee noted that skin cancer may be diagnosed at a later stage in people with darker skin. The definition of raise awareness of skin cancer used to support statement 1 was amended to include darker skin when advising according to skin type.

The committee were concerned that quality statements on BRAF testing and imaging do not include people with stage IIB melanoma. The issue was highlighted to the guideline team at NICE for exploration and the recommendations on BRAF testing in NG14 were updated. Quality statement 5 was updated to align with the recommendations and include people with stage IIB to IV primary melanoma.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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?

Quality statement 4 now has a focus on people with a high-risk squamous cell carcinoma rather than people with all types of cutaneous squamous cell carcinoma. This was amended following consultation and committee discussion as not all types of squamous cell carcinoma would be discussed at a local or specialist multidisciplinary team meeting.

### 3.3 If the quality statements 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.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

Not applicable.

Completed by lead technical analyst: Charlotte Fairclough

Date: 28 / 09 / 2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 22 / 01 / 2024

### 4. After NICE Guidance Executive amendments – if applicable

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No changes.

Completed by lead technical analyst: Charlotte Fairclough

Date: 18 / 01 / 2024

Approved by NICE quality assurance lead: Mark Minchin

Date: 22 / 01 / 2024

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