

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Haematological cancers

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? How have they been addressed?

No equality issues were identified at this stage. The quality statements apply equally to all adults and young people with suspected or diagnosed haematological cancers irrespective of their protected characteristics.

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?

This quality standard will cover:

- diagnosing and managing haematological cancers in adults and young people (aged 16 years and over)
- diagnostic reporting for haematological cancers in children, young people and adults (all ages)
- the organisation of haematological cancer services for children, adults and young people (all ages).

Children under 16 years are excluded from the scope of diagnosing and managing haematological cancers in adults and young people (aged 16 years and over) however there is already a published quality standard on the care of children and young people with cancer ([QS55](#))

Completed by lead technical analyst **SABINA KEANE**

Date **5/9/16**

Approved by NICE quality assurance lead **NICK BAILLIE**

Date **5/9/16**

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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?

Higher incidence of haematological cancers within certain ethnic groups was raised as a consideration during the quality standard advisory committee (QSAC) prioritisation meeting. The draft statements developed as a result of the meeting however do not either negatively or positively discriminate against any ethnic groups. This impact on these groups will however continue to be reviewed during development.

Statement 5 on central nervous system-directed prophylactic therapy entails patients being exposed to an increase in toxicity, resulting in an increase rate of morbidity. The increased risk of CNS disease in older patients specifically with the toxicity involved in repeat lumbar punctures should be considered and if offered these patients should be involved in these difficult treatment decisions.

Statement 6 on the provision of the end-of-treatment summary plan should be discussed or explained to the young people and adults with non-Hodgkin's lymphoma (NHL) by a member of the treating clinical team such as a clinical nurse specialist. Communication with the young person or adult and their family members, carers or care workers (as appropriate) needs to be in a clear format and in a language suited to the person's needs and preferences.

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?

Access to a clinical nurse specialist was raised in the QSAC prioritisation meeting as these are often only available in the larger centres. Travel time was also discussed to reach these centres.

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

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Post-consultation stage

3. Final quality standard

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

N/A

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?

The QSAC agreed to add young people and adults with myeloma to statement 4 (please see above) and remove 2 draft statements. However these changes do not affect access for specific groups.

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?

No

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Date **3/5/17**

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Date **3/5/17**