

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Prostate Cancer

**Output:** Equality analysis form – Meeting 2

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
<b>Marital status (including civil partnership)</b>

**Other categories**

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

# Quality standards equality analysis

## Stage: Meeting 2

### Topic: Prostate cancer

#### 1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

The QSAC highlighted that prostate cancer is more common in older men. Older men are traditionally less likely to continue to engage with health services and may need encouragement to do so. Age may also have an effect on the impact that various adverse effects can have on the man.

The QSAC highlighted that men from a black African and black Caribbean ethnic background are more likely to be affected by prostate cancer and yet they have low awareness of the condition. To address this, the quality standard states that men from a black African and black Caribbean background have low awareness of prostate cancer and healthcare professionals should be aware of that and highlight the importance of active surveillance as a treatment option.

The QSAC highlighted that gay and bisexual men, and transgender women have a risk of developing prostate cancer. Gay and bisexual men, and transgender women may have different psychosexual needs than other men and healthcare staff need to be aware of these and the impact of treatment choices. The quality standard states that healthcare professionals need to be aware of this.

The QSAC highlighted that men from a low socioeconomic status may have difficulty in attending frequent outpatient consultations, blood tests, biopsies, etc. The quality standard states that healthcare professionals need to be aware of this

#### 2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, representation was sought from a variety of specialist committee members including consultants and a nurse in clinical oncology, urology and radiology, a GP and lay representation.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

<p><b>3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?</b></p> <ul style="list-style-type: none"><li>• Are the reasons for justifying any exclusion legitimate?</li></ul>
<p>This quality standard will not cover asymptomatic men with an abnormal prostate-specific antigen (PSA) level detected in primary care who have no symptoms and are not referred for subsequent investigation. This area will be covered by the quality standard on referral for suspected cancer.</p> <p>Prostate cancer is a condition that affects men and transgender women.</p> <p>There are no other exclusions at this stage.</p>

<p><b>4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?</b></p> <ul style="list-style-type: none"><li>• Does access to a service or element of a service depend on membership of a specific group?</li><li>• Does a service or element of the service discriminate unlawfully against a group?</li><li>• Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?</li></ul>
<p>The statements do not prevent any specific groups from accessing services (including tests and other interventions which are part of services).</p>

<p><b>5. If applicable, does the quality standard advance equality?</b></p> <ul style="list-style-type: none"><li>• Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?</li></ul>
<p>A positive impact is expected. We believe these statements promote equality. The quality standard will be inclusive and ensure statements are relevant for all groups within the scope of the quality standard.</p>