NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG702 Magnetic resonance therapy for knee osteoarthritis

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

Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

A 2012 study highlighted that the lifetime risk of developing knee osteoarthritis was estimated to be 45%. According to Arthritis Research UK, 18.2% of people aged over 45 years in England have osteoarthritis of the knee. There were 72, 855 finished consultant episodes for primary total knee replacements in 2011/12.

<u>Age & gender:</u> The prevalence of osteoarthritis increases with age: 20% of people aged between 50 and 59 suffer from symptomatic osteoarthritis whereas 50% of people aged over 80 years suffer from the condition. Osteoarthritis is more common and more severe in women than in men. <u>Ethnicity:</u> There are higher rates of osteoarthritis of the knee in black and Chinese ethnic groups compared to white people.

<u>Disability:</u> People with osteoarthritis in whom it has led to a substantial adverse effect on their ability to carry out normal day to day activities for at least 12 months, are likely to be considered disabled under the Equality Act 2010.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)

This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?'

No

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 30/06/2021

Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?

No specific data relating to [potential issues mentioned earlier was identified in the literature presented in the overview.

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?

No

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

No

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

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?

Not applicable

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?

Not applicable

7. Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?

No

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 30/06/2021

Final interventional procedures document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

No

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 a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Not applicable

3. If the recommendations have changed after consultation, 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?

Not applicable

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 identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Not applicable

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

No

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 30/06/2021