NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Colorectal cancer

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?

The choice of adjuvant chemotherapy duration for people with stage III colon or rectal cancer determined based on age as well as histopathology, performance status, comorbidities and personal preference.

Some treatment options are only available at specialist centres and people with colorectal cancer suitable for these treatments may have to travel outside of their immediate geographical area. Some people may therefore have difficulty in accessing these due to the distance and the cost associated with transport, for example those with a disability, older people and some socio-economic factors.

### 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?

It is anticipated that the quality standard for colorectal cancer will not cover the care of children and young people (younger than 18 years). This is because colorectal cancer incidence is strongly related to age, with the highest incidence rates being in older people ([Cancer Research UK](https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence#ref-1)) [online; accessed 22 April 2021]. There is a published quality standard on the care of children and young people with cancer ([QS55](https://www.nice.org.uk/guidance/qs55)).

Completed by lead technical analyst: Charlotte Fairclough

Date: 22 / 04 / 2021

Approved by NICE quality assurance lead: Julie Kennedy

Date: 22 / 04 / 2021

### 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?

Members of the quality standard advisory committee 2 (QSAC) noted variation in the use of neo-adjuvant and adjuvant treatment in people with colorectal cancer – both whether the treatment was received and what the treatment was. The QSAC noted regional variation as well as variation based on age. Statement 3 in this quality standard is on the use of neo-adjuvant treatment and a paragraph about equality and diversity considerations has been added to highlight this issue. The statement stratifies on stage of cancer only.

### 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 barriers or difficulties have been identified at this stage.

### 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 potential for adverse impact has been identified at this stage.

### 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?

N/A

Completed by lead technical analyst: Charlotte Fairclough

Date: 26 / 07 / 2021

Approved by NICE quality assurance lead: Mark Minchin

Date: 01 / 09 / 2021

### 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?

Stakeholders highlighted the importance of patient literature that can be easily read and understood so adults with early rectal cancer can communicate effectively with health and social care services. An equality and diversity consideration on provision of information has been included with statement 2.

Stakeholders noted that not all adults with rectal cancer are fit for surgery, due to advanced age or multiple comorbidities. The rationale for statement 2 has been amended to include reference to discussion including implications on quality of life, personal preferences and practical factors. The rationale refers to the discussion as an opportunity to discuss non-surgical treatments.

### 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?

Statement 3 in the draft quality standard on preoperative treatment of rectal cancer has been removed from the final quality standard but no other changes have been made.

### 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?

Statement 3 in the draft quality standard on preoperative treatment of rectal cancer has been removed from the final standard, but no other changes have been made.

### 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?

Statement 3 in the draft quality standard on preoperative treatment of rectal cancer has been removed from the final standard, but no other changes have been made.

Completed by lead technical analyst: Charlotte Fairclough

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