

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG379 Thoracoscopic repair of congenital diaphragmatic hernia in neonates

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

Scoping

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| 1. Have any potential equality issues been identified during the scoping process (development of the scope or discussion at the Committee meeting), and, if so, what are they? |
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No potential equality issues were identified
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| 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 scope (for example, populations, treatments or settings), are these justified? |
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Not applicable

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| 3. Has any change to the scope (such as additional issues raised during the Committee meeting) been agreed to highlight potential equality issues? |
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No

Consultation

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| 1. Have the potential equality issues identified during the scoping |
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process been addressed by the Committee, and, if so, how?

While no issues were raised during scoping, the overview was restricted to only include data on patients who were aged 12 months or under at the time of the procedure. This was decided by the IP team after the literature search was completed and it was noted that a small number of patients were identified and treated later in childhood.

Overview amended to state, "Although diaphragmatic hernia repair can be performed later in life, depending on the clinical presentation, this overview is only concerned with the repair of symptomatic congenital diaphragmatic hernias in neonates".

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 access for the specific group?

Because of the evidence considered by the Committee the recommendations may be deemed not to apply to children over 12 months.

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

It will be for the NHS to determine how to apply these recommendations in the light of clinical need and individual patient circumstances.

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

The following was included in the consultation document:

2.5.1 The Committee considered evidence that included some infants over 30 days but less than 12 months.

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?

Type of hernia

One consultee stated that "Thoracoscopic CDH repair should be used for posterolateral Bochdalek defects rather than the anterior Morgagni ones (where laparoscopic repair - or failing that laparotomy should be used)".

Section 2.2.1 of the guidance has been amended to read "The aim of this procedure is to reduce the herniated abdominal organs and repair the diaphragmatic defect. It is normally carried out for posterolateral Bochdalek defects".

Age

The same consultee stated "care has to be taken in mixing data from neonatal and non-neonatal cases: the highly labile cardiopulmonary physiology responsible for the high death rates in CDH are a feature of the neonatal rather than the non-neonatal (30 d) cases. Hence analysis of non-neonatal cases may give a spuriously positive view of outcomes in thoracoscopic CDH repair (this could be compared to mixing data from emergency and elective AAA repairs). A discussion of the many sources of similar bias in the available literature is included in the referenced meta-analysis (including the reasons for excluding / including studies)".

The following response was given: Thank you for your comment. All studies included in Table 2 of the overview report data for neonates only, except Liem 2006 (case series of 45 patients) and Shalby 2008 (case series of 18 patients). The majority of patients included in table 2 (81%

[271/334]) relate to neonates only.

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 access for the specific group?

Not applicable

3. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?

Not applicable

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

The final guidance includes the following:

- 2.5.1 The Committee considered evidence that included infants over 30 days but less than 12 months.

Approved by Programme Director: Mirella Marlow

Date: 21 December 2010