

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG446 Electrochemotherapy for metastases in the skin from tumours of non-skin origin and melanoma

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

Scoping

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?

Cutaneous metastases from breast, colon, and melanoma are the most frequent in women and lung, colon, and melanoma are the most common in men. Rates are higher in the 50 to 65 age group.

People with fair coloured skin are more likely to develop skin cancer than dark pigmented persons. Studies have shown that people from lower socioeconomic backgrounds are more likely to be diagnosed with metastatic cancer.

A study reported that rates at which different malignant tumours metastasize to cutaneous sites differed between Taiwanese and Caucasian populations.

All people with cancer are covered under equalities legislation.

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?

Potential questions of equalities relating to disability were thought to have an impact on the assessment of the procedure.

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

Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
The Committee included a comment at in 2.5.1 of the guidance acknowledging that this may be the only treatment for patients with disease unsuitable for, or resistant to, other treatments.

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?
No

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?
Not applicable

6. Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?
The Committee included a comment at in 2.5.1 of the guidance acknowledging that this may be the only treatment for patients with disease unsuitable for, or resistant to, other treatments.

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 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?
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Not applicable

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

The Committee included a comment at in 2.5.1 of the guidance acknowledging that this may be the only treatment for patients with disease unsuitable for, or resistant to, other treatments.

Approved by Associate Director:

Date: 05.02.13