

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG455 Corneal inlay implantation for correction of presbyopia

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?

Age: Presbyopia is an age related deterioration of the eye lens and usually begins around the age of 40 years.

Gender: Presbyopia occurs earlier in females than men.

Ethnicity: Studies conducted in Africa showed a younger onset of presbyopia and more severe presbyopia in African populations than studies conducted among white populations in Europe and America. This might be due to geographic and climate variations. Hotter climates are associated with earlier onset of presbyopia.

Disability: People whose presbyopia is corrected through wearing spectacles or contact lenses are unlikely to be classified as disabled under the Equality Act 2010 unless either already covered by a pre-existing condition or impairment. People whose presbyopia cannot be corrected by lenses may be covered if activities of daily living have been severely affected for over 12 months. In these and other disabled people who have difficulty putting on spectacles or contact lenses due to limited dexterity or other impairment e.g. Parkinson's Disease, if corneal inlay implantation allows them to cope better with normal life activities there may be a case to promote equality of opportunity.

Globally an estimated 410 million people without vision correction have some level of disability in performing near tasks.

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?)

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

The committee discussed the medical indications to justify the use of this procedure in the NHS. The only reason identified to justify its use is in patients with an inability to wear glasses due to disability.

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?

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?

The Committee included a comment in section 2.5 of the guidance acknowledging that

- 'although this procedure is usually undertaken for cosmetic reasons, some patients with presbyopia might be unable to use spectacles or contact lenses'.

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?

The Committee included a comment in section 2.5 of the guidance.

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?

The Committee included a comment at in 2.5.1 of the guidance acknowledging that 'although this procedure is usually undertaken for cosmetic reasons, some

patients with presbyopia might be unable to use spectacles or contact lenses'.

Approved by Associate Director

Date: 27/02/13