

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG466 Photochemical corneal collagen cross-linkage using riboflavin and ultraviolet A for keratoconus and keratectasia

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?

Keratoconus is more common in certain ethnic groups, particularly in people with Asian origin (a UK study published in 2000 suggested that Asians were younger at the time of diagnosis and are 4.4 times more likely to suffer from keratoconus than whites) and is diagnosed in young people in their late teens or early twenties although it can occur later. Males are at higher risk than females.

People with severe keratoconus whose vision cannot be corrected by wearing normal spectacles or contact lenses or who cannot wear them because of another long term condition are likely to be covered under disability in the Equality Act 2010.

The Committee felt that there may be an opening to promote Equality of Opportunity under NICE's Equality Duty under the Equality Act.

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.

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 the potential equality issues were identified in the literature presented in the systematic review.

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?

Yes, The Committee thought that this procedure may be of additional benefit in halting the progression of keratoconus and for those people with co-existing impairments/ long term conditions which limit the use of normal spectacles or contact lenses. It also thought that if the procedure offers benefits balanced against reasonable risk it may offer people with keratoconus a greater chance of participating in normal society and taking up public office as well as improving quality of life.

Therefore. a Committee comment was added in 6.1 of the consultation document as follows:

6.1 'The Committee noted that these procedures may be useful for people

who are unable to wear contact lenses, which may include people with disabilities’.

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?

Yes, in 6.1 of the consultation document as follows:

6.1 ‘The Committee noted that these procedures may be useful for people who are unable to wear contact lenses, which may include people with disabilities’.

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?

Yes, in response to commentary from a patient group, the Committee added a comment regarding the social impact of the condition in 6.4 of the FIPD as follows:

6.4 The Committee noted commentary from a patient group describing the serious impact that can have on employment and quality of life. It recognised the potential benefits that these procedures might offer, if further evidence supports their efficacy.

Also in 6.1 of the FIPD, 'The Committee noted that these procedures may be useful for people who are unable to wear contact lenses, which may include people with disabilities'.

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?

Yes, in section 6 of the FIPD (see 6.1 and 6.4).

The recommendation in the final guidance states that 'standard epithelial off CXL' procedure should be used under 'normal arrangements'. This should enable people with keratoconus to receive it more easily on the NHS and promotes Equality of Opportunity.

Approved by Associate Director

Date:02/09/2013