

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG507 Insertion of a collagen plug to close an abdominal wall enterocutaneous fistula

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?

Enterocutaneous fistula can occur in people with a variety of conditions. Colon cancer is associated with 0.5% incidence of spontaneous fistulas. Up to 12% of patients with Crohn's disease develop an enterocutaneous fistula sometime during the course of their disease

Religion: The device uses animal intestine such as that derived from pig and so may not be acceptable to some patients on the basis of religious or other strongly held beliefs such as strict vegetarians.

Disability: people with enterocutaneous fistula are likely to be covered by the disability provision of the Equality Act 2010 if their symptoms affect their ability to cope with activities of daily living for longer than 12 months. All people with cancer are classed as disabled under the Equality Act 2010.

Age: The onset of Crohn's disease has 2 age peaks: the first and largest peak occurs between the ages of 15-30 years; the second much smaller peak is between 60-80 years.

Gender: The female:male ratio in adults is 1.8:1. In children, the ratio is reversed; the ratio of boys to girls is 1.6:1.

Ethnicity: Crohn's disease is more common in white Caucasian populations.

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.

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?
	Gender: 58% (11/19) of patients included in the overview were female. Age: mean age of 51.5 years for patients included in the overview. Ethnicity and religion of patients included in the overview were not reported in the studies.

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?
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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, 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?

No

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?
No

Approved by Programme Director

Date: 28.10.14