NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG534 Implantation of a corneal graft–keratoprosthesis for severe corneal opacity in wet blinking eyes

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?

Corneal disease covers a range of conditions that affect the shape and clarity of the cornea. The major corneal diseases that cause severe problems with vision are corneal dystrophies (0.5% of all those registered blind), advanced keratoconus, keratitis and corneal neovascularisation.

In older people (above 50 years of age), age-related conditions (such as Fuchs' endothelial dystrophy) or inherited conditions (known as corneal dystrophies) may cause severe corneal opacity that can be painful, disfiguring and blinding. A transplant may be needed to restore vision. In 10 to 20 percent younger people, advanced keratoconus (severe and rapidly progressive disease) may cause vision problems and a corneal transplant is also needed.

Males may be at higher risk than females and 59% of corneal transplant recipients are male (more men donate eyes than women).

Keratoconus is more frequent in certain ethnic groups, particularly in people with Asian heritage (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).

A person who is certified as blind, severely sight impaired, sight impaired or partially sighted by a consultant ophthalmologist is deemed to have a disability

according to the Equality Act 2010.

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?
No specific data relating to the potential equality issues were 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 comments in section 6 of the guidance acknowledging	

that:

- ‘The Committee noted the high level of complications documented in the literature, including permanent loss of sight’. However, the Committee was aware that for patients with severe corneal disease causing blindness, who have few alternative options, this procedure could mean regaining some vision for a period of time. The Committee also noted that this procedure is only normally offered after a failed standard corneal graft’.
- The Committee noted it was advised that ‘the procedure should not be done in patients who have adequate vision in 1 eye’.

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?
No	

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?
Section 1.2 if the guidance states that ‘During the consent process, clinicians should ensure that patients do understand the balance of risks and benefits of this procedure, including: the need for long-term follow-up, which some patients find burdensome; the possibility that sight may not improve and may deteriorate; and the risk of serious complications. Patients should be provided with clear information in an appropriate format. In addition, the use of NICE’s information for	

the public [[URL to be added at publication]] is recommended'.

7.	Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?
The Committee included 2 comments in section 6 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 2 comments in 6 of the guidance acknowledging that:

- The Committee noted the high level of complications documented in the literature, including permanent loss of sight. However, the Committee was aware that for patients with severe corneal disease causing blindness, who have few alternative options, this procedure could mean regaining some vision for a period of time. The Committee also noted that this procedure is only normally offered after a failed standard corneal graft.
- The Committee was advised that the procedure should not be done in patients who have adequate vision in 1 eye.

Approved by Programme Director

Date: 29 September 2015