

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG550 Endoscopic carbon dioxide laser cricopharyngeal myotomy for relief of oropharyngeal dysphagia

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?

A number of disorders cause dysphagia. The prevalence of dysphagia varies depending on the disorder. More than 90% of those with motor neurone disease, 81% with Parkinson's disease and up to 78% of people following a stroke develop dysphagia. In cancer patients, local chemoradiation frequently cause swallowing difficulties due to scarring of the aerodigestive tract. The prevalence of all these conditions increases with age and the risk of having stroke is higher amongst people in certain ethnic groups, including South Asian, African and Caribbean. South Asian women are 3.7 times more likely to have oral cancer and 2.1 times more likely to have pharyngeal cancer compared with other women.

Dysphagia is more prevalent among the elderly (affecting as many as 20-40% of people between 50-80 years of age) and is more common among men and those from lower socioeconomic backgrounds.

Some patients with dysphagia may be covered under disability by the Equality Act 2010 if their symptoms have a substantial and adverse impact on normal day-to-day activities for 12 months or is likely to do so. People with long term conditions such as multiple sclerosis and cancer are covered under disability in the Equality Act 2010 from the point of diagnosis.

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 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?

Evidence on the use of this procedure for patients with a number of different underlying causes has been included but its use in patients with only Zenker's diverticulum had been excluded. This has been justified in section 4 of the guidance as follows:

'This evidence review included studies on patients with cricopharyngeal muscle dysfunction, it did not include studies that only reported the use of this procedure for Zenker's diverticulum. However, it does include mixed-case series that included some patients with Zenker's diverticulum.'

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

Section 6.1 of the guidance also states that

The Committee noted that the available studies included patients with oropharyngeal dysphagia with a number of different underlying causes. It noted that

the procedure could have different safety profiles for patients with and without associated pharyngeal diverticula, and that it could have relatively poor efficacy in patients with dysphagia after radiotherapy.

In 1.4 of the guidance it states that further research should report ‘*separate outcomes for different groups of patients; in particular for patients with primary neuromuscular dysfunction alone, those with associated pharyngeal diverticula and those with dysphagia caused by radiotherapy*’.

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, section 6.1 in the guidance states that

The Committee noted that the available studies included patients with oropharyngeal dysphagia with a number of different underlying causes. It noted that the procedure could have different safety profiles for patients with and without associated pharyngeal diverticula, and that it could have relatively poor efficacy in patients with dysphagia after radiotherapy.

In 1.4 of the guidance it states that further research should report ‘*separate outcomes for different groups of patients; in particular for patients with primary neuromuscular dysfunction alone, those with associated pharyngeal diverticula and those with dysphagia caused by radiotherapy*’.

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?

Not applicable

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

yes, section 6.1 in the guidance states that

The Committee noted that the available studies included patients with oropharyngeal dysphagia with a number of different underlying causes. It noted that the procedure could have different safety profiles for patients with and without associated pharyngeal diverticula, and that it could have relatively poor efficacy in patients with dysphagia after radiotherapy.

In 1.4 of the guidance it states that further research should report 'separate outcomes for different groups of patients; in particular for patients with primary neuromuscular dysfunction alone, those with associated pharyngeal diverticula and those with dysphagia caused by radiotherapy'.

Approved by Programme Director

Date: 9 February 2016