

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## INTERVENTIONAL PROCEDURES PROGRAMME

### Equality impact assessment

#### IPG664 Irreversible electroporation for primary liver cancer

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

#### Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Age: The incidence rate of primary liver cancer is strongly related to age with the highest incidence rates in older people. The peak of cases between 2013-2015 were in 85-89 year olds.

Sex: In the UK, 64% of cases are in males and 36% in females

Ethnicity: Rates in Asian and Black people are significantly higher than in White people.

Deprivation: There is a strong association between incidence of liver cancer and deprivation for males in England but not for females

Disability: All people with cancer are covered by the disability provision of 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 brief (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 brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?

No

**Kevin Harris**

**Approved by Programme Director and Consultant Clinical Advisor**

**Date:** 02/09/2019

## **Consultation**

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?

The evidence presented to the committee reflected the fact that primary liver cancer is more common in men than women. In 3 studies, the median age of the patients ranged from 61 to 65 years and in 5 studies the mean age ranged from 53 to 65 years.

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?

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

**Kevin Harris**

**Approved by Programme Director and Consultant Clinical Advisor**

**Date:** 02/09/2019

### **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

**Mirella Marlow**

**Programme Director**

**Date:** 8 October 2019