

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## INTERVENTIONAL PROCEDURES PROGRAMME

### Equality impact assessment

#### IPG684 Swallowable gastric balloon capsule for weight loss

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?

The prevalence of obesity is similar among men and women, but women are more likely than men to have extremely high BMI values. Prevalence of obesity is lowest in the 16-24 year age group, and generally higher in the older age groups among both men and women. There is a decline in prevalence in the oldest age group, which is particularly apparent in men.

Obesity may be covered by the Equality Act 2010 if it results in long-term (lasts at least 12 months) substantial adverse effects on normal day-to-day activities. Obesity is directly linked to a number of different illnesses including type 2 diabetes, fatty liver disease, hypertension, stroke, gallstones and gastro-oesophageal reflux disease, as well as psychological and psychiatric morbidities.

Ethnic differences exist in the prevalence of obesity and the related risk of ill health. For example, compared with the general population, the prevalence of obesity is lower in men of Bangladeshi and Chinese family origin, whereas it is higher for women of African, Caribbean and Pakistani family origin.

Overall, for women, obesity prevalence increases with increasing levels of all measures of deprivation, For men, differences in obesity rates are only seen with occupation-based and qualification-based measures of deprivation. Children living in the most deprived areas are more likely to be obese than those living in less deprived neighbourhoods.

No data available from standard IP sources on religion, sexual orientation and gender reassignment.

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 Clinical Advisor**

**Date:** 08/09/2020

## **Consultation**

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

No specific data relating to [potential issues mentioned earlier] was 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?

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 Clinical Advisor**

**Date:** 08/09/2020

### **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

**Kevin Harris**

**Approved by Programme Director and Clinical Advisor**

**Date: 10/11/2020**