

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## INTERVENTIONAL PROCEDURES PROGRAMME

### Equality impact assessment

#### IPG686 Minimally invasive radical hysterectomy for early stage cervical 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?

Incidence is higher in younger adults, with more than half of the cervical cancer cases in the UK diagnosed in women under the age of 45 and of those, most cases are diagnosed between the ages of 25 and 29 years. Mortality rates however increase with increasing age; mortality was highest for females aged 75-79 (85 deaths a year on average in this age group between 2014-2016).

Cervical cancer is more common among females living in more socio-economically deprived areas and among females of white ethnicity compared with those of Asian ethnicity, although similar to females of black ethnicity. Mortality is also higher in females living in the most socio-economically deprived areas.

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 Clinical Advisor**

**Date: 08/12/2020**

## **Consultation**

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

Where reported, the mean age ranged from 42 years to 51 years. The median age was 40 and 44 years in 2 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?

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: 08/12/2020**

### **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?

No

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?

No

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?
No

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: 08/12/2020**