

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG691 Melphalan chemosaturation with percutaneous hepatic artery perfusion and hepatic vein isolation for primary or metastatic cancer in the liver

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: Incidence rates for primary liver cancer in the UK are highest in people aged 85 to 89 (2014-2016).

Gender: In the UK, primary liver cancer is more common in males than in females.

Ethnicity: Primary liver cancer is more common in people from black and Asian ethnic groups.

Disability: All people with cancer and therefore patients with primary or metastatic liver cancers are covered by the disability provision of the Equality Act 2010 from the point of diagnosis.

Socioeconomic status: Primary liver cancer in England is more common in males living in the most deprived areas. There is no association for females.

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: 02/03/2021

Consultation

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

No, most of the evidence presented to the committee was on metastatic rather than primary liver cancer.

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: 02/03/2021

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?

The recommendations state that for patients with primary liver cancer or metastases in the liver that are not from ocular melanoma, this procedure should only be used in the context of research. For patients with metastases in the liver from ocular melanoma, the procedure should only be used with special arrangements for clinical governance, consent, and audit or research.

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: 02/03/2021