

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG692 Repetitive short-pulse transscleral cyclophotocoagulation for glaucoma

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 and gender: The incidence of primary open angle glaucoma (POAG) increases with age, most commonly presenting after the age of 65 (and rarely before the age of 40). Angle closure glaucoma (ACG) also increases with age and occurs more commonly after the age of 60. Females are affected more commonly than males.

Ethnicity: POAG is three to four times more common in people of African ancestry, in whom it tends to present earlier and be more severe. ACG is more common among the southeast Asian population, Chinese and Inuits. It is rare among black people.

Disability: People with glaucoma are likely to be covered by the Equality Act 2010 if their condition has had a substantial adverse impact on normal day to day activities for over 12 months or is likely to do so. POAG is responsible for 10-12% of all cases of registrations for severe visual impairment in the UK.

People with diabetes and a high degree of short sightedness have an increased risk of glaucoma.

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: 12/01/2021

Consultation

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

The mean age of patients in the case series ranged from 55 to 74 years (excluding 1 study that only included children). The proportion of males across the studies was about 50%.

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: 12/01/2021

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?
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: 12/01/2021