

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG721 Liposuction for chronic lipoedema

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?

- Gender: Lipoedema almost exclusively occurs in women. It may affect up to 11% of women and often runs in families.
- Age: Lipoedema tends to develop when hormone levels are fluctuating (puberty, pregnancy, menopause). Changes usually begin around 10 to 30 years of age.
- Disability: People with lipoedema may be covered by the Equality Act if their condition has had a substantial adverse effect on day-to-day activities for over 12 months or is likely to do so.

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: 31/01/2022

Consultation

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

- Gender: all of the studies included in the key evidence section of the overview solely included women.
- Age: the average age of people with lipoedema included in the studies described in the key evidence section of the overview ranged from 35 to 45 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 Clinical Advisor

Date: 31/01/22

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?

Yes. It was raised in consultation that as the condition almost exclusively affects women there is evidence of a gender health gap when it comes to its management. Withholding this treatment, when few options are available, may potentially result in further inequality to women's health.

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. Although the condition mostly affects women the current research recommendation is not specific to women only.

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?

In section 2.1 the committee states that lipoedema is considerably more prevalent in women and very rarely affects men. In section 3.7 the committee recognised that there were currently limited treatment options for this condition and that there was a need to define the most safe and effective treatment for it. This underpinned the recommendation for further research.

Anastasia Chalkidou

Associate Director

Date: 02/02/2022