

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG761 Endoscopic ultrasound-guided biliary drainage for biliary obstruction

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 most common cause of biliary obstruction is gallstones, but it can also have a malignant cause, including liver and pancreatic cancer.

Age: Gallstones become more common with increasing age. The incidence of liver and pancreatic cancer also increases with age.

Gender: Gallstones are more common in women than men. Liver cancer is more common in men than women.

Ethnicity: Gallstones are relatively high prevalence in Native American and Hispanic populations, and are less common in people from Africa and Asia. Liver cancer is more common in Asian and Black people than White people. Pancreatic cancer is more common in White and Black people than in Asian people.

Disability: Patients with difficult-to-treat bile duct stones may meet the criteria for disability in the Equality Act 2010 if their symptoms have a substantial adverse effect on day-to-day activities for longer than 12 months or are likely to do so. All people with cancer and therefore patients with liver, bile duct and pancreatic cancers are covered by the disability provision of the Equality Act 2010 from the point of diagnosis.

Socioeconomic status: Liver and pancreatic cancer in England are more common in the most deprived areas compared with the least deprived.

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

Consultation

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

Most of the evidence considered by the committee was on malignant biliary obstruction.

The mean age of patients in the key evidence considered by the committee ranged from 62.9 years to 73.4 years. In the studies that reported it, there was a higher proportion of males than females.

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?

The guidance recommends that biliary obstruction caused by malignant hilar or benign disease should only be done in research because the evidence was considered to be inadequate in quality and quantity for this group. For biliary obstruction caused by distal malignant disease, the recommendation is that the procedure can be done provided that standard arrangements are in place for clinical governance, consent and audit.

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

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Approved by Consultant Clinical Advisor

Date: 13/02/2023

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

Anastasia Chalkidou

Associate Director

Date: 28/02/2023