

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG784 Epidermal radiotherapy with rhenium-188 paste for non-melanoma skin 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?

Age: Incidence rates for non-melanoma skin cancer in the UK are highest in people aged 90+ and 48% are diagnosed in people aged 75 and over (2016-2018; CRUK). Non melanoma skin cancers are most frequently observed in photoexposed skin.

Gender: Males have a higher incidence of SCC than females.

Disability: All people with cancer are covered by the disability provision of the Equality Act 2010 from the point of diagnosis. SCC is the most common skin cancer in organ transplant recipients taking immunosuppressive drugs (especially those with white skin and a history of significant sun exposure)

Ethnicity: BCC occurs in all ethnicities, and it may be missed in Asian and black skin. People with Fitzpatrick skin type I and II (white) are at increased risk of SCC, but it is the most common skin cancer in patients with Fitzpatrick skin type V and VI (brown and black) skin types.

Socioeconomic status: Non-melanoma skin cancer incidence rates in England in females are 40% lower in the most deprived quintile compared with the least, and in males are 42% lower in the most deprived quintile compared with the least (2013-2017) (CRUK, accessed 17/2/23)

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?

The age of participants in studies found were reflective of the age profile mentioned above. No specific data relating to any other considerations listed was identified in the literature.

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?
No.

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.

Helen Gallo

Senior health technology assessment analyst

Date: 10/11/2023

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: 8/1/2024