NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG795 Direct skeletal fixation of limb prostheses using an intraosseous transcutaneous implant

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: limb amputations can happen in any age group and lower limb amputation is the most common indication for a prosthesis. A small proportion of patients require a prosthesis for a congenital deficiency. Other causes include trauma or tumour or peripheral arterial disease in adults

DSF is mainly done in adults to avoid disruption of growth plates in younger patients who are not skeletally mature. So, radiographs confirming skeletal age may be appropriate to reduce health inequality if the patient is particularly small for age or has late development.

Disability: People with prosthetic limbs or digits are likely to be covered by the disability provision of the Equality Act 2010.

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?	
No specific data relating to the issues was identified in the literature presented in the overview.		
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?	
Patient selection is key for this procedure and this has been addressed in section 3.12 of the guidance.		

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?
No	
7.	Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?
	ent selection is key for this procedure and this has been addressed in on 3.12 of the guidance.

Helen Gallo

Senior analyst

Date: 02/10/2024

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?

Consultees have raised the issue about offering the procedure in young people because the implant life expectancy is unlikely to be more than 20 years. So, a committee comment has been added to section 3.9 of the guidance in response to this.

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?

Patient selection is key for this procedure and this has been addressed in section 3.11 of the guidance.

Anastasia Chalkidou

Programme Director

Date: 7/10/2024