

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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NICE guidelines

Equality impact assessment

Colorectal cancer (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

During the scoping process, it was recognised that particular consideration may be given to recommendations relating to older people with long term conditions/co-morbidities. It was recognised that older people with long term conditions/co-morbidities often receive fewer investigations and have lower rates of surgical and non-surgical treatment.

The Committee discussed that rather than age, it is performance status and comorbidities which should influence decision making for surgery and for non-surgical treatment (for example chemotherapy or radiotherapy). However, the committee noted that these are clinical considerations. The Committee discussed this issue throughout the development of the guideline and included performance status, comorbidities, and sometimes age, as subgroups in some of the review protocols. Age was of particular interest for review C8 on the duration of adjuvant chemotherapy as previous chemotherapy studies comparing fluorouracil therapy with or without oxaliplatin have shown reduced or no benefit of oxaliplatin in patients over 70 years of age. No evidence was available for particular age groups, therefore, no recommendation was made based on age. However, the committee agreed to adjust

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Recommendation 1.3.14 on adjuvant chemotherapy for colorectal cancer to indicate that the choice of treatment should be based on “the person’s histopathology (for example T1-3 and N1, and T4 and/or N2), performance status, any comorbidities, age and personal preferences.”

Investigations were not covered by this guideline update.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The Committee recognised that shared decision making may be more difficult for people with dementia and people with learning difficulties. However, this concern is not specific to colorectal cancer care. The guideline refers to the NICE guideline on patient experience in adult NHS services (CG138) and to the NICE guideline on decision-making and mental capacity (NG108) which highlight the importance of taking into consideration the needs and circumstances, and possible coexisting conditions of the individual when providing information and making decisions about care. The Committee has addressed this issue in the “The Committee’s discussion of the evidence” section in the evidence review E3 Information needs of people prior, during and after treatment for colorectal cancer.

The Committee also recognised that where recommendations refer to a treatment being offered in a specialist centre, some people living far away may have difficulty accessing these centres due to the distance and difficulty or cost of transport. The Committee has addressed this issue in the “the Committee’s discussion of the evidence” sections in evidence reviews C5 Effectiveness of exenterative surgery for locally advanced or recurrent rectal cancer and D4 Local and systemic treatments for metastatic colorectal cancer isolated in the peritoneum.

3.3 Have the Committee’s considerations of equality issues been described in the guideline for consultation, and, if so, where?

The equality considerations are addressed under the “The Committee’s discussion of the evidence” section of evidence reviews:

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

- C5 Effectiveness of exenterative surgery for locally advanced or recurrent rectal cancer
- D4 Local and systemic treatments for metastatic colorectal cancer isolated in the peritoneum
- E3 Information needs of people prior, during and after treatment for colorectal cancer.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) for people with metastatic colorectal cancer in the peritoneum and pelvic exenteration for people with locally advanced or recurrent rectal cancer are only available in specialist centres and access to these services might be difficult for those who live far away from these centres because of the distance and difficulty or cost of transport. Having to be far away from home and family may influence patients' decisions about their treatment.

3.5 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, the recommendations should not have an adverse impact on people with disabilities. However, the Committee recognised that people with learning disabilities may need special consideration when providing information to them and when making shared decisions about their care, therefore, the guideline refers to the NICE guideline on decision-making and mental capacity (NG108) and the NICE guideline on patient experience in adult NHS services (CG138).

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

Barriers to care in specialist centres for those living far away from these centres could be alleviated by ensuring transport is available to those who require assistance and suitable hostel type accommodation for relatives and carers is made available at major referral sites when daily visiting is not realistic because of the distance. This has been discussed under the "The Committee's discussion of the evidence" section of evidence reviews C5 Effectiveness of exenterative surgery for locally advanced or recurrent rectal cancer and D4 Local and systemic treatments for metastatic colorectal cancer isolated in the peritoneum. No recommendations were made on this should be a local consideration.

Completed by Developer: Maija Kallioinen

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Approved by NICE quality assurance lead: Simon Ellis

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