

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: Bladder Cancer: diagnosis and management

As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
Age, gender, ethnicity	No evidence was found to support making different recommendations on the basis of age, gender or ethnicity.
Other comments	

Insert more rows as necessary.

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>The impact of bladder cancer and its treatment on sexual function may differ in men and women. The GDG was concerned that information and support may be offered less well to women at present</p>	<p>The GDG recommended that the clinical specialist should discuss gender relevant sexual health and body image</p>
<p>The GDG recognised that people from BAME groups may be less likely to access advice on palliative care.</p>	<p>There was no impact on the wording of the recommendation but the GDG felt their strong recommendations would help to address these inequalities by improving access to palliative care for all that may benefit from it</p>
<p>The GDG recognised that the prevalence of smoking is higher in more deprived groups and smoking may be a risk factor for recurrence of bladder cancer.</p>	<p>The GDG felt that offering smokers cessation advice would have a particular impact in reducing the risk of recurrence in people from deprived groups, due to their higher rates of smoking. But individual smokers of all socio-economic groups stand to benefit from this recommendation, so the wording of the recommendation did not need to target more deprived groups.</p>
<p>The GDG considered that cystectomy may not be an option for patients with poor manual dexterity, visual impairment or diminished mental capacity. However, the recommendations main aim is to promote equal access for all patients to specialist care.</p>	<p>Recommended that cognitive impairment may be a contraindication to continent urinary diversion.</p>

The GDG recognised that elderly patients or those with significant co-morbidity may not be offered cystectomy or any alternative radical treatment	The recommendation to offer a choice between cystectomy and chemoradiotherapy helps to address the situation where certain groups may not currently be offered any radical treatment
The GDG recognised that currently people with (disability) performance status 2 or greater, or significant comorbidity, would be less likely to receive chemotherapy	The GDG recommended that a specific chemotherapy regimen be considered for people with (disability) performance status 2 or greater, renal failure or significant comorbidity.
The GDG recognised that patients unsuitable for cisplatin based chemotherapy would currently not be offered any second line chemotherapy. These people will primarily have (disability) poor renal function, poor performance status and/or other comorbidities.	The GDG considered that the recommendations promote access to treatment for a group of patients who are currently not offered second line. Patients who are both suitable and unsuitable for cisplatin-based chemotherapy are accounted for in recommendations.
The GDG considered that currently older adults are less likely to be offered radiotherapy	The GDG considered that their positive recommendations for radiotherapy should promote equality of access for older patients.
The GDG noted some concern that younger patients may currently get better access to nerve blocks.	The recommendation aims to reduce this inequality by including nerve block in the list of treatment options for pelvic pain in patients with incurable bladder cancer
Other comments	

Insert more rows as necessary.

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Yes

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

Yes – between patient and treating teams, including family members and carers.