

1.0.7 DOC EIA (2019)

NICE guidelines

Equality impact assessment

[Barrett's oesophagus and stage 1 oesophageal adenocarcinoma: monitoring and management]

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

The proposed focus of the guideline is not a population with specific communication or engagement need.

No requirement for specific adjustment to processes has been identified.

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- Age
- Disability
- Gender reassignment

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- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic factors
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders
 - any others identified

Barrett's oesophagus is more common in older people particularly men and management may be influenced by frailty and presence of other morbidities.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

No population groups are excluded from the guideline.

The older age group affected by Barrett's may influence recommendations on risks and benefits of treatment options. Separate evidence reviews for this population are not planned.

Completed by Developer _____ Norma O'flynn

Date_21st October
2020_____

Approved by NICE quality assurance lead ____ Nichole Taske

Date _____ 19/01/23 _____

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2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

No potential equality issues have been identified during scope consultation.

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic factors
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders
 - any others identified

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No

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2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

No

Updated by Developer ____ Norma O'flynn

Date __ 18.01.2021 _____

Approved by NICE quality assurance lead _____ Nichole Taske

Date __ 19/01/23 _____

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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?

The committee addressed the risks of treatment options for older age groups who may be frail or have other comorbidities in the recommendations for endoscopic surveillance.

The committee made the following recommendations:

Discuss the benefits and risks of endoscopic surveillance with the person with newly diagnosed Barrett's oesophagus.

When offering endoscopic surveillance, take into account the health of the person and ensure the benefits of surveillance outweigh the risks.

Assess a person's risk of cancer based on their age, sex, family history of oesophageal cancer and smoking history and tailor the frequency of endoscopic surveillance accordingly.

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?

No other equality issues were identified.

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

The committee discussion within the review 2.1 what is the clinical and cost effectiveness of endoscopic surveillance using white light endoscopy describes the possible complications associated with endoscopic procedures and that these should be taken into consideration when offering endoscopic surveillance. The frequency and consequences of complications vary depending on a number of factors including age, sex and co-morbidities. It was agreed that a discussion about possible adverse events should be included in the consultation with the patient and the

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

committee agreed to make a consensus recommendation.

The committee discussion within review 2.3 What is the optimal frequency and duration of endoscopic surveillance describes how the frequency and duration of surveillance would be determined according to a person's individual risk factors, including age and gender. Whilst some guidelines recommend an age cut-off of 75 and over, the committee agreed surveillance should continue for as long as it was in the patient's interests, and the benefits of surveillance outweighed any potential risks. Decisions around endoscopic surveillance should be part of the ongoing discussion between the clinician and the patient.

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?

No barriers to access services were identified.

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

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?

N/a

Completed by Developer _____ Gill Ritchie

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Date _____ 17/6/22 _____

Approved by NICE quality assurance lead ___ Nichole Taske

Date ___ 19/01/23 _____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic factors
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders
 - any others identified

No potential equality issues were identified by stakeholders during consultation for any of the headings above.

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4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The committee were of the view that changes would be unlikely to impact on access to services for any specific groups.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No. The committee were of the view that changes would be unlikely to have an adverse impact on people with disabilities.

4.4 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 to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

No barriers to accessing services were identified

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The evidence for endoscopic surveillance using white light endoscopy showed there was a 30% reduction in mortality for people who received endoscopic surveillance compared to those that did not. No evidence was found for adverse events of endoscopic surveillance, but the committee discussed how the frequency and consequences of complications from endoscopic procedures will vary depending on a number of factors including age and co-morbidities. The recommendations 1.3.1

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4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

and 1.3.2 include discussing the benefits and risks with the person and consideration of the health of the person when offering surveillance. This is described in evidence review B and the rationale and impact section of the guideline.

No evidence was found on the optimal frequency and duration of endoscopic surveillance. The committee based recommendation 1.3.4 on their clinical experience of assessing an individual's risk of cancer, which would include consideration of a person's age and gender. This is described within evidence review E and the rationale and impact section of the guideline.

Updated by Developer _____ Gill Ritchie

Date _____ 3/1/23 _____

Approved by NICE quality assurance lead _____ Nichole Taske

Date _____ 19/01/23 _____

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