

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Spinal metastases and metastatic spinal cord compression

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 primary focus of the guideline is not on a population with a specific communication or engagement need.

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?

According to statistics reported by [Cancer Research UK](#), the following equality issues have been identified:

- Age
 - Mortality rates for all cancers combined in the UK are highest in people aged 90+ (2016-2018).
 - Each year more than half (54%) of all cancer deaths in the UK are in people aged 75 and over (2016-2018).

- Race
 - Cancer is more common in white and black males than in Asian males.
 - Cancer is more common in white females than in Black or Asian females.
- Sex

Cancer mortality is higher in males than in females:

 - In females in the UK, there were around 77,800 cancer deaths in 2018.
 - In males in the UK, there were around 89,000 cancer deaths in 2018
- Socio-economic factors
 - For most cancer types, incidence rates in females and males in England are higher in the most deprived quintile compared with the least (2013-2017). There are some exceptions where incidence rates are higher in the least deprived quintile, including female breast, prostate, and melanoma skin cancers.
 - Cancer deaths in England are more common in people living in the most deprived areas

Other equality considerations

- Age (exclusion of children and young people)

Children and young people under the age of 18 years are not included in the scope of the guideline. This is because of the very low incidence of metastatic neoplastic disease affecting the spine in children and young people. Therefore, healthcare for this age group is highly individualised. This means that it is unlikely that general guidance applicable to the whole of this age group can be provided.

- Disability

People with cognitive impairments find it harder to access services and will need support.

- Gender reassignment

None identified

Pregnancy and maternity None identified

- Sexual orientation

None identified

- Religion or belief

None identified

- Other definable characteristics: :

- People for whom English is not their first language or people with

language impairment.

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

The committee will have to be mindful that their recommendations promote equality of access (for example in the topic related to service configuration) address inequality in outcomes (for example in the topic related to management) and that communication and support are tailored to all (for example in the topic related to information and support).

For groups where equality issues have been identified (box 1.2) the committee will consider whether data should be analysed separately and whether separate recommendations are required on a case-by-case basis to promote equality.

Completed by Developer: Katharina Dworzynski

Date: 10 June 2021

Approved by NICE quality assurance lead: Nichole Taske

Date: 18 June 2021

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?

Stakeholders have raised potential equality issues related to gender reassignment and transgender. Stakeholders pointed out that the pre-consultation version of the form referred to sex differences in mortality rates for cancer. Stakeholders pointed out that this would have implications on transgender people or people with gender reassignment. They have also highlighted known poorer outcomes for transgender people compared to cisgender people.

<https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2819%2930129->

[X/fulltext#back-bib1](#)

It was also raised by a stakeholder that there are geographical inequalities related to access to CT and MRI.

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

With regard to inequalities related to transgender people, no change to the scope was made because it is unclear what the impact of the known sex differences in cancer mortality may be on this group. Given that transgender people face general health inequalities (as the [link](#) provided by the stakeholder suggests) we will look for evidence related to this group and the committee can consider making separate recommendations where possible and appropriate.

In relation to geographical inequalities we have added to the 'Equality considerations' section of the scope:

'[NHS statistics \(2019/2020\)](#) have also shown that there are geographical inequalities related to access to CT and MRI scans.'

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, this amendment has not led to a change in primary focus.

Updated by Developer: Katharina Dworzynski

Date: 13 August 2021

Approved by NICE quality assurance lead: Nichole Taske

Date: 27 August 2021

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 discussed the equality issues that were raised during scoping. They acknowledged that there were inequalities about the rate of cancer and cancer deaths that vary by age, race, sex, gender and socioeconomic status. They noted that there are limits in what can be achieved to address these differences within the scope of this particular topic and agreed that some of these issues are public health rather than condition specific inequalities as they are not specifically related to MSCC but rather to cancer in general. They considered that better coordinated care would lead to some improvements for everyone needing MSCC services. They also discussed an analysis of an audit of all people referred to an MSCC service between January 2018 until end of May 2022 in the UK Clatterbridge Cancer Centre (covering a population of 2.4 million people across Cheshire, Merseyside, and the surrounding areas). This covers geographical regions which include some of the most deprived areas in the UK. There was some evidence that the more deprived areas benefitted less from the service improvements than less deprived areas. The committee discussed these findings and thought that there were potential barriers that may lead to people from deprived areas not presenting to services. These barriers would vary by locality (due to the specific demographics of different areas). Therefore they recommended that healthcare professionals are made aware of the impact of health inequalities (for example deprivation), on outcomes for people with spinal metastases or MSCC and information is collected and analysed by local services to identify inequalities, education is provided within local services to reduce health inequalities and that reasonable adjustments are being made to address them (see recommendation 1.1.13).

The committee also considered evidence of what information and support were valued by people with the condition (as well as their family or carers). This evidence highlighted that people regardless of their backgrounds reported similar themes related to physical and emotional needs that may not always be met in current practice. They therefore recommending person centred care by carrying out a holistic needs assessment which includes health as well as personal needs (such as emotional or spiritual) – see recommendation 1.2.5. There was no evidence related to gender reassignment or transgender people, but the committee noted that a holistic needs assessment could include any specific needs people may have if they would want to disclose them.

It was also acknowledged that people are not routinely asked about their experience of the service. The committee decided to rectify this by recommending that this

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

should be done routinely to explore whether changes can be made to services to better meet people's needs. This includes asking about potential concerns that could be barriers to accessing services, investigations and treatments. In these discussions people can also raise issues related to social and practical circumstances or disabilities that may make it difficult for them to get the support and care they need (see recommendation 1.2.8).

To address the needs of people for whom English is not their first language or people with language impairment, the committee cross-referred to the [NICE's guidelines on shared decision making](#) and [patient experience in adult NHS services](#) which include recommendations on how to provide information and communicate with people, including in different formats. They also recommended that people should have opportunities to discuss their concerns and ask questions. This will allow people to make sure they are not overwhelmed by the information they receive and that they have fully understood what they were told.

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 additional potential equality issues were identified during development.

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

Equality issues have been discussed in the 'rationale' sections in the guideline and the 'committee's discussion of the evidence' sections of the evidence reports.

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?

The committee agreed that their recommendations would ensure that once someone presents with suspected or confirmed spinal metastases, direct malignant infiltration of the spine or MSCC, they should get the support, investigations, treatment they need regardless of what their background is.

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?

The committee did not think that their recommendations would have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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?

No barriers to access were identified in box 3.4.

Completed by Developer: Katharina Dworzynski

Date: 10 February 2023

Approved by NICE quality assurance lead: Nichole Taske

Date: 22 February 2023

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?

- Disability

(1) The previous guideline contained the following recommendation:

Patients with suspected MSCC who have been completely paraplegic or tetraplegic for more than 24 hours should wherever possible be discussed urgently with their primary tumour site clinician and spinal senior clinical adviser before any imaging or hospital transfer.

The committee decided to advise against using a time limit after complete paralysis to decide whether to offer surgical intervention to restore neurological function.

Some stakeholders raised that this would mean that many more surgical interventions are carried out on people with complete paralysis and that this may not always be in the best interest of the person.

The committee discussed this but noted that this was not evidence based and that it is not impossible for some paralysis to be reversed even if some time has already passed. They recommended an individualised approach using a personalised care plan developed with input from all relevant expertise and together with the person to take account of their circumstances and preferences. So, rather than surgery being offered to people for whom it might not be in their best interests, the committee thought the recommendation would result in surgery not being withheld from people who could potentially benefit from it (i.e. those people who could potentially regain function even if 24 hours have elapsed).

They clarified in the recommendation that a time limit should not be ‘the only factor’ to decide whether to offer surgical intervention. This would make it explicit that there are many other factors to consider.

(2) There were some stakeholders that mentioned that communication needs of people with learning difficulties or people with other language difficulties should be addressed.

The committee agreed that this was an important consideration and they added to the recommendation on key information that should be recorded ‘individual needs, preferences and circumstances (for example, language and communication needs)’. They had also already cross referred to the NICE guideline on [Patient experience in](#)

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

[adult NHS services](#) which extensively covers communication needs. It is already recommended that it should be ensured that 'reasonable adjustments are made by local services to address any health inequalities' and this was revised to include that this should be done 'in line with the [Equality Act 2010](#)'. This would strengthen the need to make reasonable adjustments for any disabilities including learning difficulties and language disorders.

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 agreed that their recommendations would ensure that once someone presents with suspected or confirmed spinal metastases, direct malignant infiltration of the spine or MSCC, they should get the support, investigations, treatment they need regardless of what their background is.

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?

The committee did not think that their recommendations would have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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 access were identified in box 4.2.

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

Where applicable equality issues have been discussed in the 'rationale' sections in the guideline and the 'committee's discussion of the evidence' sections of the evidence reports.

Updated by Developer: Katharina Dworzynski

Date: 29 June 2023

Approved by NICE quality assurance lead: Nichole Taske

Date: 08 August 2023