

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE quality standards

Equality impact assessment

Pancreatic cancer

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?
No equality issues have been identified at this stage.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
No population groups, treatments or settings have been excluded at this stage.

Completed by lead technical analyst _____Anna Wasielewska_____

Date_____13/02/2018_____

Approved by NICE quality assurance lead _____Mark Minchin_____

Date_____13/02/2018_____

2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Draft statement 5 on nutritional management recommends prescribing enteric coated pancreatin. Pancreatic enzyme supplements are made from pork products which may be unacceptable for some people due to their religion or beliefs. People with pancreatic cancer need to be made aware of the ingredients and make an informed decisions about taking or refusing the supplements.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements 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?

Draft statements 4 and 6 require adults with pancreatic cancer to be able to understand the messages and information given to them. Equality and diversity section highlights what support should be provided to people who do not speak English and who may have difficulties understanding healthcare professionals. Draft statement 5 recommends treatment which may not be acceptable for some people due to their religion or beliefs. Equality and diversity section highlights the issue and makes all practitioners aware that the decision should be made by an individual.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No specific equality issues or health inequalities were identified.

2.5 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 questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

Equality and diversity sections for draft statements 4 and 6 highlight what support should be provided to people who do not speak English and who may have difficulties understanding healthcare professionals.

Completed by lead technical analyst ____Anna Wasielewska_____

Date __ 15/06/2018 _____

Approved by NICE quality assurance lead _____ Mark Minchin _____

Date _____ 17/07/2018 _____

3. POST CONSULTATION STAGE

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

No additional equality issues were raised. The QSAC acknowledged the issue previously raised regarding pancreatic enzyme supplements being made from pork based products. The Equality and diversity section under statement 4 highlights the need to make people aware of the ingredients to allow them to make an informed decision about using the supplements.

3.2 If the quality statements have changed after the consultation stage, are there any 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?

No changes have been made after consultation that affect access for different groups.

3.3 If the quality statements 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 potential impact has been identified.

3.4 If the quality statements 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 questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

No further barriers were identified.

Completed by lead technical analyst _____ Anna Wasielewska _____

Date _____ 24/09/2018 _____

Approved by NICE quality assurance lead _____ Mark Minchin _____

Date _____ 14/11/2018 _____

© NICE [2018]. All rights reserved. Subject to [Notice of right](#)