

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Ovarian cancer

Output: Equality impact assessment form – Topic Expert Group three

Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from www.nice.org.uk), NICE has a duty to take reasonable action to avoid unlawful discrimination and advance equality of opportunity. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This assessment is also designed to achieve compliance with NICE's obligations under the Human Rights Act 1998.

Taking into account each of the equality characteristics in table 1, the form should be used to:

- confirm that equality issues have been considered
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Selection of Topic Expert Group and Chair
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

Table 1

Equality characteristics^a
Sex/gender <ul style="list-style-type: none">• Women• Men
Ethnicity <ul style="list-style-type: none">• Asian or Asian British• Black or Black British• Mixed/multiple ethnic groups• Irish• White British• Chinese• Other minority ethnic groups not listed• Gypsy or Irish Travellers
Disability <ul style="list-style-type: none">• Sensory• Learning• Mental health• Cognitive• Mobility• Other impairment
Age^b <ul style="list-style-type: none">• Children and young people• Young adults• Older people
Sexual orientation <ul style="list-style-type: none">• Lesbians• Gay men• Bisexual people
Gender reassignment
Religion and belief
Marriage and civil partnership
Pregnancy and maternity

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).

Other categories

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people

^a This list is illustrative rather than comprehensive

^b Definitions of age groups may vary according to policy or other context

Quality standards equality impact assessment

Stage: Topic Expert Group three

Topic: Ovarian cancer

1. Have any equality issues impacting upon equality target groups been identified during this stage of the development process?

- Please state briefly any relevant issues identified and the plans to tackle them during development.

Issues identified at TEG 3 were in relation to quality statement 1 on symptoms and CA125 testing only. The statement was changed to target women aged 50 and over as these women have a higher risk of developing ovarian cancer. As stipulated in the statement this also means women under the age of 50 can be offered testing if appropriate.

No other issues were identified in addition to the considerations noted in the preamble to all quality standards (detailed below).

2. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or advancing equality been considered?

To gain multiple perspectives from all stages of ovarian cancer, representation within the Topic Expert Group was sought from a variety of audiences including medical directors, consultant gynaecologists, radiologists, gynaecological and medical oncologists, histopathologists, academics, GPs, lay members, commissioners and representatives from the Information centre, NCAT, NCIN and NPSA.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the developers and the TEG and have been responded to on a line by line basis (see NICE website).

3. If exclusions exist at this stage in the process (for example, populations, treatments or settings) are these legal and justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The quality standard will not cover children and young people (younger than 18 years) or women with pseudomyxoma peritonei, germ cell tumours of the ovary, sex cord stromal tumours of the ovary, secondary cancers metastasising to the ovary or peritoneum.

4. Do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

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

The quality standard clearly states that good communication between health and social care professionals and women with ovarian cancer is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to women with additional needs such as physical, sensory or learning disabilities, and to women who do not speak or read English. Women with ovarian cancer should have access to an interpreter or advocate if needed.

Statement 1 on symptoms and CA125 testing is targeted at women aged 50 and over as they have a higher risk of developing ovarian cancer. However all women should be aware of the symptoms and offered CA125 testing if appropriate.

5. Does the quality standard advance equality?

- Please state if the indicator as described will advance equalities of opportunity, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

The quality standard is intended to promote equality by ensuring all women have access to these markers of a high quality service.

Approved and signed off:

Mr Sean Duffy, Topic Expert Group Chair

Date:

Nick Baillie, Associate Director – Quality Systems

NICE

Date:

Mark Baker, Consultant Clinical Adviser – Short Clinical Guidelines

NICE

Date: