

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM
SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>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 etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Prostate Cancer

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

Specific consideration will be given to men of African-Caribbean family origin due to the incidence and mortality of prostate cancer being higher for these men compared to white Caucasian men.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

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

This guideline is an update of clinical guideline CG58 (Prostate cancer: diagnosis and treatment).

The following patient populations were specifically excluded from CG58 and were therefore not included in the prostate cancer update scope:

- Asymptomatic men with an abnormal PSA level detected in primary care who are not referred for subsequent investigation.
- Men with metastatic disease of different primary origin involving the prostate.
- Men with rare malignant tumours of the prostate, such as small cell carcinoma and rhabdomyosarcoma.

The following area was specifically excluded from the remit submitted to NICE by the Department of Health for the original guideline (CG58) and therefore not included in the prostate cancer update scope:

- Screening for prostate cancer

Cabazitaxel and abiraterone for castrate-resistant metastatic prostate cancer are excluded from the prostate cancer update scope because these are the subject of ongoing NICE technology appraisals.

Referral from primary care with suspected cancer is excluded from the prostate cancer update scope because this issue is covered by the 'Referral guidelines for suspected cancer' guideline (CG27).

The exclusions made under the clinical issues have been based on clinical judgement, number of patients affected and existence of other national guidelines in these areas. No specific sub-group will be discriminated against due to these exclusions.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

All relevant bodies have had the opportunity to register as stakeholders. All stakeholders were invited to the stakeholder scoping workshop and to consult on the draft scope. A provisional list of topics was discussed at the scoping workshop held on 11th November 2011. The list of topics was then revised based on feedback from the workshop and went out for a formal consultation with stakeholders between 28 November and 16 December 2011.