

Indicator development programme

Equality impact assessment

IND267 Cancer: Faecal immunochemical testing

1. Have any potential equality issues been identified during the development process?

People with physical or cognitive disabilities may need support to obtain and submit a stool sample using the collection devices, or to understand the purpose of the test and the implications of the test results. Cultural or demographic preferences may influence the acceptability of tests that require collection of a stool sample. Experience from the bowel cancer screening programme indicates that socioeconomic factors can also act as barriers to engaging with FIT programmes.

2. Have any population groups, treatments or settings been excluded from coverage by the indicator? Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Yes, people with anal ulceration, anal mass or rectal mass do not require faecal immunochemical testing prior to referral in line with NICE guideline DG56.

3. Does the indicator 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.

4. Is there potential for the indicator to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Some people may not be able to return a FIT sample due to disability.
Personalised care adjustments should be considered for situations where
a FIT is declined but further investigation is still required.

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