

NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)¹:

Clinical Commissioning Policy: External beam radiotherapy of the prostate for newly diagnosed patients with hormone sensitive prostate cancer presenting with low volume metastatic disease [NHS England URN: 1901].

2. Brief summary of the proposal in a few sentences

Metastatic prostate cancer, sometimes referred to as advanced prostate cancer, is cancer that has spread beyond the prostate gland to other parts of the body (most commonly to the bones and lymph nodes). Treatment for metastatic prostate cancer does not cure the disease but aims to manage symptoms and includes chemotherapy and/or hormone therapy. In addition, some people with metastatic prostate cancer may receive radiotherapy targeting the metastases with an aim to alleviate symptoms.

The policy recommends that external beam radiotherapy (EBRT) to the prostate be added to the current standard of care (i.e. given in addition to chemotherapy and/or hormone therapy) for people with hormone sensitive, low burden, metastatic prostate cancer (a specific cohort of people with metastatic prostate cancer). The policy is specifically for low burden, metastatic prostate cancer because the number of metastases is limited in this patient population (i.e. the disease is not too widespread) and therefore radiation treatment directly to the prostate is considered to help prevent further spread of the disease and improve overall survival.

The policy has been developed in line with the findings of an evidence review and in accordance with NHS England's standard Methods for clinical commissioning policies.

¹ Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<p>Age: older people; middle years; early years; children and young people.</p>	<p>Prostate cancer is strongly related to age with the highest incidence rates being in older men. On average over a third of cases are diagnosed in people over the age of 75 years (Cancer Research UK, 2019). Age-specific incidence rates rise steeply from around age 50-54, peak in the 75-79 age group, and subsequently drop in the 80-84 age group, before increasing steadily again (Cancer Research UK, 2019).</p> <p>A review of available clinical evidence demonstrates that the addition of radiotherapy to the prostate to the current standard of care results in a statistically significant (7%) improvement in survival over 3 years. For this reason, implementation of the policy is considered to have a potential positive impact on older people.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the proposal clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored through the radiotherapy treatment dataset (RTDS).</p> <p>Patient convenience is a key consideration and particularly important for patients with metastatic disease. Given the survival benefit for patients, the proposal will be mandating that patients be offered additional treatment with radiotherapy. To mitigate the possible adverse impact of the proposal, the proposal recommends the shorter schedule of visits to minimise patient travel and hospital visits.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p>However, despite the improvement in survival, it is important to note that as this is a new and additional treatment (to the existing treatment pathway), for some patients the policy could result in an additional travel burden with increased numbers of hospital visits. This could have a potential adverse impact on patients.</p>	
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Being diagnosed with cancer is defined as a disability under the Equality Act 2010. A review of available clinical evidence demonstrates that the addition of radiotherapy to the prostate to the current standard of care results in a statistically significant (7%) improvement in survival over 3 years. For this reason, implementation of the policy is considered to have a potential positive impact.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored through the radiotherapy treatment dataset (RTDS).</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>The policy is applicable to anyone with a prostate and therefore all patients who meet the eligibility criteria as outlined in the proposal would be considered for treatment. The policy is not considered to have an adverse impact on this protected characteristic group.</p>	<p>Not applicable.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Marriage & Civil Partnership: people married or in a civil partnership.	Not applicable - no impact on this protected characteristic group is anticipated	Not applicable.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Not applicable - no impact on this protected characteristic group is anticipated	Not applicable.
Race and ethnicity²	<p>Prostate cancer is most common in black males and least common in Asian males. The rates for black males range from 120.8 to 247.9 per 100,000 in comparison to the rates for white males ranging from 96.0 to 99.9 per 100,000 (Cancer Research UK, 2017).</p> <p>A review of available clinical evidence demonstrates that the addition of radiotherapy to the prostate to the current standard of care results in a statistically significant (7%) improvement in survival over 3 years, and therefore implementation of the policy is considered to have a potential positive impact.</p>	The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored through the radiotherapy treatment dataset (RTDS).

² Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable - no impact on this protected characteristic group is anticipated.	Not applicable.
Sex: men; women	<p>Prostate cancer is the most common cancer in males in the UK accounting for 26% of all new cancer cases in males (Cancer Research UK, 2019).</p> <p>Review of available clinical evidence demonstrates that the addition of radiotherapy to the prostate to the current standard of care results in a statistically significant (7%) improvement in survival over 3 years, and therefore implementation of the policy is considered to have a potential positive impact.</p>	The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored through the radiotherapy treatment dataset (RTDS).
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Not applicable - no impact on this protected characteristic group is anticipated.	Not applicable.

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	Prostate cancer is not clearly linked to any preventable risk factors and is primarily dependent on age and genetics (Cancer Research UK, 2018). For this reason, the policy is not expected to impact this group.	Not applicable.
Carers of patients: unpaid, family members.	As this is a new and additional treatment (to the existing treatment pathway), for some patients the policy could result in an additional travel burden with increased numbers of hospital visits. This could have a potential adverse impact on carers and family members. However, conversely, a review of available clinical evidence demonstrates that the addition of radiotherapy to the prostate to the current standard of care results in a	Patient convenience is a key consideration and particularly important for patients with metastatic disease. Given the survival benefit for patients, the proposal will be mandating that patients be offered additional treatment with radiotherapy. To mitigate the possible adverse impact of the policy, the policy recommends the shorter schedule of visits to minimize patient travel and hospital visits.

³ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	statistically significant (7%) improvement in survival over 3 years and therefore is likely to offer an improvement in quality of care. This could potentially have a positive impact on carers and family members.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People experiencing homelessness are more likely to suffer from a physical health problem and access to healthcare is known to be a problem for this group (Crisis, 2011). However, this policy is only for people diagnosed with disease and therefore no additional impact on this group is anticipated.	Not applicable.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	People involved in the criminal justice system would be able to access treatment through prison healthcare services. No specific impact is expected on this group as a result of implementation of the policy.	Not applicable.
People with addictions and/or substance misuse issues	Prostate cancer is not clearly linked to any preventable risk factors and is primarily dependent on age and genetics (Cancer Research UK, 2018). For this reason, the proposal is not expected to impact this group. The policy is applicable to anyone with a prostate.	Not applicable.

Groups who face health inequalities³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
People or families on a low income	Cancer treatment is known to have a financial impact on patients with cancer with 4 in 5 people are affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). Despite the improvement in survival it is noted that this policy could increase the number of hospital visits. This could have an adverse impact on patients.	Patient convenience is a key consideration and particularly important for patients with metastatic disease. Given the survival benefit for patients, the policy will be mandating that patients be offered additional treatment with radiotherapy. To mitigate the possible adverse impact of the policy, the policy recommends the shorter schedule of visits to minimise patient travel and hospital visits.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	The policy is specifically for people with a confirmed cancer diagnosis and already accessing healthcare. For this reason, there is no specific impact for people in this group.	Not applicable.
People living in deprived areas	There is evidence of a small association between cancer incidence and deprivation in England, with prostate cancer being one of the few cancers incidence being lower in more deprived males (Cancer Research UK, 2016). Incidence rates are 17% lower for males living in the most deprived areas as compared with those living in the least deprived areas (Cancer Research UK, 2016). For this reason, this policy is not considered to impact on people living in deprived areas.	Not applicable.

Groups who face health inequalities³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
People living in remote, rural and island locations	This policy, if approved, will be delivered at all radiotherapy centres in England of which there are currently 52. Although the policy does not impact the configuration of radiotherapy services, it is possible that some patients are not currently attending one of these centres for their standard of care. The addition of this treatment could therefore potentially represent an additional travel burden for people living in remote rural areas.	Patient convenience is a key consideration and particularly important for patients with metastatic disease. Given the survival benefit for patients, the proposal will be mandating that patients be offered additional treatment with radiotherapy. To mitigate the possible adverse impact of the policy, the policy recommends the shorter schedule of visits to minimise patient travel and hospital visits.
Refugees, asylum seekers or those experiencing modern slavery	The policy is not considered to impact on this group.	Not applicable.
Other groups experiencing health inequalities (please describe)	Not applicable.	Not applicable.

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No	X	Do Not Know
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b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Stakeholder engagement	Two week stakeholder engagement with key stakeholders as per usual process. 14 stakeholder responses were received with no specific comments on equalities impact. See specific stakeholder engagement report for details.	Sept 2019
2	Public consultation	A 30-day public consultation was held with the policy available on NHS England and NHS Improvement's Engage Portal. As part of consultation, stakeholders were asked to provide comments on the potential impact of the policy on equality and health inequalities. Of the ten responses received, one stakeholder commented that the proposed treatment schedule included in the policy would be advantageous to patients from more deprived backgrounds or those with difficulty travelling; no other specific comments relating to equality and health inequalities were raised. See consultation report for details.	March – April 2020

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
<p>Published evidence</p>	<p>Cancer Research UK Statistics, 2019. Available at:- https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/incidence#heading-One</p> <p>Cancer Research UK Statistics, 2018 Available at:- https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/risk-factors#heading-Zero</p> <p>Cancer Research UK Statistics, 2017 Available at:- https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/incidence#heading-Six</p> <p>Crisis, 2011 Available at:- https://www.crisis.org.uk/media/237321/crisis_homelessness_a_silent_killer_2011.pdf https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/</p> <p>Macmillan Cancer Support, 2017 https://www.macmillan.org.uk/images/MAC16493%20Money%20and%20Cancer%20policy%20report_tcm9-314796.pdf</p>	<p>Not applicable.</p>

Evidence Type	Key sources of available evidence	Key gaps in evidence
Consultation and involvement findings	The policy underwent a 30 day public consultation and a total of 10 responses were received. The policy was supported by all stakeholders and no specific comments regarding equality and health inequalities were raised. See public consultation report and appendix for further information.	None identified through public consultation.
Research	Not applicable.	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	The National Cancer Programme of Care, through its Clinical Reference Group structures and the support Policy Working Group for this specific group, has expert knowledge regarding the incidence and treatment of metastatic prostate cancer.	

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	Not applicable.	✓	Not applicable.
The proposal may support?			
Uncertain whether the proposal will support?			

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	✓	✓
The proposal may support?		
Uncertain if the proposal will support?		

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1 Not applicable.	

10. Summary assessment of this EHIA findings

Prostate cancer is more common in older males, with over a third of cases occurring in people aged over 75 years. Furthermore, the cancer is more common in black males. People with metastatic cancer cannot be cured from their cancer and treatment aims to manage symptoms and extend life.

The policy recommends that external beam radiotherapy (EBRT) should be added to the current standard of care for a particular sub-group of people with metastatic prostate cancer (people with hormone naïve, low burden, metastatic disease). This particular cohort of patients have been identified due to the biology of their disease which means that the number of metastases is limited in this patient population (i.e. the disease is not too widespread) and therefore radiation treatment directly to the prostate is considered to help prevent further spread of the disease and improve overall survival.

The policy and clinical criteria defined in the proposal are based on the findings of an evidence review which demonstrated that the addition of radiotherapy to the current standard of care resulted in a 7% improvement in overall survival. For this reason, adoption of the proposal is considered to improve health outcomes for people with protected characteristics (based on age, disability, sex and race/ethnicity). The proposal may also potentially impact groups who face health inequalities (carers of patients) due to possible improvements in quality of life.

Given the incidence of prostate cancer (i.e. older males) the proposal could potentially have a negative impact on people with protected characteristics as result of the increased travel burden for the additional treatment. Furthermore, the proposal could potentially impact groups who face health inequalities (carers of patients). However, the potential impact of this has been mitigated in the proposal by recommending that service providers use the shortest treatment schedule to minimise hospital visits but enable patients to achieve the gains in survival.