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

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

Clinical Commissioning Policy: Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) to the surgical cavity following resection of cerebral metastases (all ages) [URN: 1857].

2. Brief summary of the proposal in a few sentences

Cerebral metastasis is the formation of a secondary tumour in the brain. Multiple tumours are called 'metastases'. Cerebral metastases most commonly arise from primary cancers of the lung, breast and skin but can arise from other cancers.

The primary treatment options vary depending on a number of factors and include SRS, SRT, surgery, and drug treatments. Sometimes surgery is required to remove the metastases because the cerebral metastases are too large for SRS or SRT to be offered as the primary treatment, or a tissue diagnosis is required, or for patient preference.

Following surgery, metastases will have been either completely or incompletely resected. If metastases have been completely resected then it is standard practice to closely monitor patients (observation), which involves an MRI every three months. If metastases have been **incompletely** resected then patients may be offered post-operative SRS / SRT to the tumour in the surgical cavity; this is already commissioned under clinical commissioning policy (Reference NHSCB/D05/P/d): SRS / SRT for Cerebral Metastases (NHS England, 2013).

The policy recommends that SRS and SRT should not be made routinely available for the treatment to the surgical cavity of one or more **completely resected** cerebral metastases in patients of all ages. The policy has been developed in line with the findings of an evidence review. There was no clinical evidence identified that supported the use of SRS/SRT in this indication.

The policy has been developed 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.

As the policy covers a range of different tumours that have spread to the brain, the EHIA has been completed using data and information covering all cancers combined.

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
Age: older people; middle years; early years; children and young people.	Incidence rates for all cancers combined are strongly related to age, with the highest incidence rates being in older people. In the UK in 2015-2017, on average each year more than a third (36%) of new cases were in people aged 75 and over (Cancer Research UK, 2020). Despite the relationship with age and the risk of developing cancer, the policy is not considered to impact on this protected characteristic group. This is because the policy has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of SRS/SRT in this group of patients.	Not applicable.

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
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Being diagnosed with cancer is defined as a disability under the Equality Act 2010. However, the policy is not considered to impact on this protected characteristic group. This is because the policy has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of SRS/SRT in this group of patients.	Not applicable.
Gender Reassignment and/or people who identify as Transgender	Not applicable.	Not applicable.
Marriage & Civil Partnership: people married or in a civil partnership.	Not applicable.	Not applicable.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Not applicable.	Not applicable.
Race and ethnicity[2]	Data on cerebral metastases is limited. However, in general, cancer is more common in white and black males compared to Asian males, and in females	Not applicable.

[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
	is more common in white females compared to other populations (Cancer Research UK, 2020). The policy is not considered to impact on this protected characteristic group. This is because the policy has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of SRS/SRT in this group of patients.	
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable.	Not applicable.
Sex: men; women	Not applicable.	Not applicable.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Not applicable.	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 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
Looked after children and young people	Not applicable.	Not applicable.
Carers of patients: unpaid, family members.	Not applicable.	Not applicable.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Not applicable.	Not applicable.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Not applicable.	Not applicable.
People with addictions and/or substance misuse issues	Not applicable.	Not applicable.
People or families on a low income	Not applicable.	Not applicable.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Not applicable.	Not applicable.
People living in deprived areas	Generally, cancer in England is more common in people living in the most deprived areas. There are around 15,000	Not applicable.

[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
	extra cases of cancer, per year, in England, because of socio-economic variation (Cancer Research UK, 2020). However, despite this association, the policy is not considered to impact on this protected characteristic group. This is because the policy has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of SRS/SRT in this group of patients.	
People living in remote, rural and island locations	Not applicable.	Not applicable.
Refugees, asylum seekers or those experiencing modern slavery	Not applicable.	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 x	No	Do Not Know

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	Consultation	At consultation respondents were asked to consider the impact of the policy proposition on equality issues and health inequalities. No issues were raised.	January 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
Published evidence	Cancer Research UK, 2020 https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk#heading-One	There is limited evidence on the incidence of cerebral metastases and associated risk factors. This is because these cancers have a disperse range of origin and occur as a result of cancer spreading from other areas of the body. As a result, general information and data relating to cancer has been used to complete this EHIA.
Consultation and involvement findings	The policy proposition was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 30 days from 23rd January 2020 till 22nd February 2020. Consultation comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the policy might be recommended.	None identified.
Research	Not applicable.	

Evidence Type	Key sources of available evidence	Key gaps in evidence
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 treatment of cerebral metastases.	See comments above re: incidence and risk factors.

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?			
The proposal may support?			
Uncertain whether the proposal will support?	x	x	x

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?	X	
Uncertain if the proposal will support?		X

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	None considered outstanding	Not applicable.

10. Summary assessment of this EHIA findings

Cerebral metastasis is the formation of a secondary tumour in the brain. Multiple tumours are called 'metastases'. Cerebral metastases most commonly arise from primary cancers of the lung, breast and skin but can arise from other cancers. Information on the incidence and risk factors associated with these cancers is therefore limited. The policy recommends that stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) should not be made routinely available for the treatment to the surgical cavity of one or more **completely resected** cerebral metastases in patients of all ages. The proposal has been developed in line with the findings of an evidence review. There was no clinical evidence identified that supported the use of SRS/SRT in this indication. As the treatment is not currently available in this indication and the policy is based on a review of the clinical evidence, the policy is not considered to impact people with protected characteristics or groups who face health inequalities in either a positive or adverse way.

11. Contact details re this EHIA

Team/Unit name:	National Cancer Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Finance, Planning and Performance
Date EHIA agreed:	September 2020
Date EHIA published if appropriate:	September 2020