

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 ablative radiotherapy (SABR) for patients with previously irradiated, locally recurrent primary pelvic tumours (All ages) [NHS England URN: 1909].

2. Brief summary of the proposal in a few sentences

The pelvis is the lower part of the torso, located between the abdomen and the legs. This area contains a number of different organs including the reproductive organs, the bladder and the last part of the large intestine (sometimes referred to as the colon or bowel, rectum and anal canal make the last part of the large intestine). Cancerous tumours can occur in any of these organs in the pelvis, however, they most commonly occur in the prostate, gynaecological organs and the rectum. Radiotherapy is one possible treatment option for people with tumours in the pelvis, and although it is curative for many cancers, sometimes the cancer can come back (recur). When tumours re-occur in the pelvis, further treatment options can be limited.

The policy recommends that stereotactic ablative radiotherapy (SABR), a form of radiotherapy, should be made routinely available for the treatment of locally recurrent, previously irradiated pelvic tumours (i.e. tumours in the pelvic region that come back, having been previously treated with radiotherapy). It is thought that the use of this treatment in this indication can stop further growth of the tumour and relieve any symptoms associated with the disease.

The policy has been developed following the completion of a Commissioning through Evaluation (CtE) programme relating to SABR to treat pelvic, spinal and para-aortic tumours previously treated with radiotherapy. While the scope of the CtE was broader and included indications that are anatomically close, this policy relates solely to the pelvic tumour group.

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, 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
<p>Age: older people; middle years; early years; children and young people.</p>	<p>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).</p> <p>A review of the available clinical evidence demonstrates that for people with locally recurrent, previously irradiated pelvic tumours, the use of SABR controlled tumour growth and relieved symptoms associated with the disease, thereby improving an individual's quality of life. For this reason, 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 policy clearly define the eligible patient population to maximise access to treatment.</p> <p>Treatment protocols are based on clinical evidence in order to ensure hospital visits are limited as much as possible but that treatment schedules secure the best outcomes for patients. SABR is delivered in a small number (5) of treatments (fractions), therefore minimizing the number of visits to the hospital.</p> <p>Improving access to modern radiotherapy techniques is a key focus of the NHS Long Term Plan and NHS England and NHS Improvement is currently working with the Radiotherapy Operational Delivery Networks to expand this access where it is clinically safe and appropriate to do so.</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>It is important to note for some patients, this will be a new and additional treatment and could result in an additional travel burden with increased numbers of hospital visits. Furthermore, as SABR is a specialist treatment, it is currently only available from a select number of designated centres. This could have a potential adverse impact on older people, however, given the potential benefits to quality of life (as described above), any adverse impacts are expected to be minimal.</p>	<p>Treatment numbers, including tumour specific information, will be monitored through the radiotherapy treatment dataset (RTDS).</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 the available clinical evidence demonstrates that for people with locally recurrent, previously irradiated primary pelvic tumours, the use of SABR controlled tumour growth and relieved symptoms associated with the disease, thereby improving an individual's quality of life. For this reason, the policy is considered to have a potential positive impact on this protected characteristic group.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.</p> <p>Treatment numbers, including tumour specific information, will be monitored through the RTDS.</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>The policy is applicable to all patients who have recurrent tumours in their pelvis and therefore all patients who</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
	meet the eligibility criteria as outlined in the policy would be considered for treatment. The policy is not considered to have an adverse on this protected characteristic group.	
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	<p>Generally, cancer is more common in white and black males compared to Asian males, and in females is more common in white females compared to other populations (Cancer Research UK, 2020).</p> <p>A review of the available clinical evidence demonstrates that for people with locally recurrent, previously irradiated pelvic tumours, the use of SABR controlled tumour growth and relieved symptoms</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.</p> <p>Treatment numbers, including tumour specific information, will be monitored through the RTDS.</p>

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
	associated with the disease, thereby improving an individual's quality of life. For this reason, the policy is considered to have a potential positive impact on this protected characteristic group.	
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable.	Not applicable.
Sex: men; women	In the UK, 49% of cancer cases are in females, and 51% are in males (Cancer Research UK, 2020). With this almost even split of cases between sexes, the policy is not considered to impact on this protected characteristic group.	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 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	Although the policy covers all ages, the type of tumours that occur in the pelvic region do not usually affect children and young people. For this reason, the policy is not considered to impact this group.	Not applicable.
Carers of patients: unpaid, family members.	<p>For some patients, this will be a new and additional treatment and could result in an additional travel burden with increased numbers of hospital visits. Furthermore, as SABR is a specialist treatment, it is currently only available from a select number of designated centres. This could have a potential adverse impact on carers and family members.</p> <p>However, a review of the available clinical evidence demonstrates that for people with locally recurrent, previously irradiated pelvic tumours, the use of SABR controlled tumour growth and relieved symptoms associated with the</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.</p> <p>Treatment protocols are based on clinical evidence in order to ensure hospitals visits are limited as much as possible but that treatment schedules secure the best outcomes for patients. SABR is delivered in a small number (5) of treatments (fractions), therefore minimizing the number of visits to the hospital.</p> <p>Improving access to modern radiotherapy techniques is a key focus of the NHS Long Term Plan and NHS England and NHS Improvement is currently working with the Radiotherapy Operational</p>

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
	disease, thereby improving an individual's quality of life. As result, the policy is considered to have a positive benefit on carers of patients.	Delivery Networks to expand this access where it is clinically safe and appropriate to do so.
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	<p>A person's risk of developing cancer depends on many factors, including age, genetics, and exposure to risk factors. These risk factors vary depending on the tumour type.</p> <p>For example, prostate cancer is not clearly linked to any preventable risk factors and is primarily dependent on age and genetics (Cancer Research UK, 2018a). Conversely, over half of all bowel</p>	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
	<p>cancer cases are linked to preventable risk factors including alcohol consumption (Cancer Research UK, 2018b).</p> <p>Given the range of cancers covered under the policy and the differences in risk factors, the policy is not considered to specifically impact people falling into this group.</p>	
People or families on a low income	<p>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 potential improvements in quality of life as a result of introducing this treatment, it is noted that this policy could increase the number of hospital visits for some patients. This could have an adverse impact on patients.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.</p> <p>Treatment protocols are based on clinical evidence in order to ensure hospitals visits are limited as much as possible but that treatment schedules secure the best outcomes for patients.</p>
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	<p>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.</p>	<p>Not applicable.</p>

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 deprived areas	<p>Generally, cancer in England is more common in people living in the most deprived areas. There are around 15,000 extra cases of cancer, per year, in England, because of socio-economic variation (Cancer Research UK, 2020).</p> <p>A review of the available clinical evidence demonstrates that for people with locally recurrent, previously irradiated pelvic tumours, the use of SABR controlled tumour growth and relieved symptoms associated with the disease, thereby improving an individual's quality of life. For this reason, the policy is considered to have a potential positive impact on people living in deprived areas.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the proposal clearly define the eligible patient population to maximise access to treatment.</p>
People living in remote, rural and island locations	<p>The policy, if approved, will be delivered through designated centres. It is possible that some patients are not currently attending 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.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.</p> <p>Treatment protocols are based on clinical evidence in order to ensure hospital visits are limited as much as possible but that treatment schedules secure the best outcomes for patients. SABR is delivered in a small number (5) of treatments (fractions), therefore minimizing the number of visits to the hospital.</p>

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
		Improving access to modern radiotherapy techniques is a key focus of the NHS Long Term Plan and NHS England and NHS Improvement is currently working with the Radiotherapy Operational Delivery Networks to expand this access where it is clinically safe and appropriate to do so.
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	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 N/A Stakeholder testing on the draft policy	The policy proposition was recommended for routine commissioning and underwent stakeholder testing for 2 weeks. There were three responses to stakeholder testing, and all respondents fully supported the draft Equality Health Impact	From 8 July 2020 to 27 July 2020

		Assessment and agreed that the Patient Impact Form represented a true reflection of the patient and carers lived experience of this condition.	
2	PPVAG	The Programme of Care considered that further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.	August 2020
3			

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	<p>Cancer Research UK, 2018a https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/risk-factors#heading-Zero</p> <p>Cancer Research UK, 2018b https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/risk-factors#heading-Zero</p> <p>Cancer Research UK, 2020 https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk#heading-One</p>	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	<p>Crisis, 2011 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>	
Consultation and involvement findings	The policy has undergone stakeholder engagement between June – July 2020.	
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 pelvic tumours.	

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.	X	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?		X
The proposal may support?	X	
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

The policy covers the treatment of a number of different cancers that can arise in the pelvic region including cancers of the prostate, gynaecological cancers and bowel cancer. Generally, an individual's risk of developing cancer increases with age with over a third of cases occurring in people aged 75 years and above. Cancer generally affects men and women equally, however, it is more common in white and black populations in comparison to Asian populations.

The policy recommends that SABR, a form of radiotherapy, be made available for the treatment of people with locally recurrent, previously irradiated pelvic tumours. Treatment options for these patients are generally limited. The introduction of this treatment is considered to control the growth of the tumour and relieve the symptoms associated with the disease; as a result, the treatment is considered to improve an individual's quality of life.

Adoption of the policy is considered to improve health outcomes for people with protected characteristics (based on age, disability, and race/ethnicity). The policy may also potentially positively impact groups who face health inequalities (carers of patients and people living in deprived areas) due to possible improvements in quality of life.

It is important to note that for some patients, the policy may result in an increase in the number of hospital visits, thereby having an adverse impact of the people with protected characteristics (in particular older people) and people who face health inequalities (carers of patients and people living in rural/remote areas). However, given the benefits on quality of life, the overall adverse impact is expected to be minimal.

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:	07 October 2020
Date EHIA published if appropriate:	October 2020