

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: Proton beam therapy for breast cancer (all ages) [URN: 1787]

2. Brief summary of the proposal in a few sentences

Breast cancer is when abnormal cells in the breast begin to grow and divide in an uncontrolled way and eventually form a growth (tumour). It is the most common cancer in the United Kingdom (UK) with 55,000 people diagnosed with the disease in 2016. Breast cancer mainly affects women and occurs rarely in men.

When it has not spread to other parts of the body, breast cancer is usually treated with surgery followed by radiotherapy. Other treatments such as hormone therapy, chemotherapy and targeted therapies are often given before and/ or after surgery to reduce risk of the disease returning (referred to as disease recurrence) and improve chance of long-term survival.

The policy recommends that Proton Beam Therapy (PBT), a form of radiotherapy, should not be made routinely available for the treatment of Breast Cancer.

The policy has been developed in line with the findings of an evidence review. There was not enough clinical evidence to make the treatment available at this time.

The policy has been developed in accordance with NHS England's standard Methods for clinical commissioning policies.



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>Almost half of breast cancer cases diagnosed in the UK each year are in people aged 65 and over. (Cancer Research UK, 2020).</p> <p>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 PBT in this group of patients.</p>	<p>Not applicable.</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. 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 PBT in this group of patients.</p>	<p>Not applicable.</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>Not applicable.</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.	Not applicable.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Not applicable.	Not applicable.
Race and ethnicity²	<p>The proportion of incidence cases in White females within situ breast carcinoma is significantly higher than for Asian or Black females. A similar ethnic profile is also reported for invasive breast cancer (Cancer Research UK www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/incidence-in-situ).</p> <p>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 PBT in this group of patients.</p>	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
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable.	Not applicable.
Sex: men; women	<p>Breast cancer is the most common cancer in women in the UK affecting 1 in 8 women and made makes up 31% of all female cancer diagnoses in the UK in 2016. It also occurs more rarely in men. Around 54,500 cases of female breast cancer were diagnosed in the UK in 2016, together with 360 male cases.</p> <p>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 PBT in this group of patients.</p>	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	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	The deprivation status and ethnicity profiles of non-invasive breast cancer patients were similar to the profiles of	Not applicable.

³ Please note many groups who share protected characteristics have also been identified as facing 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
	<p>breast cancer patients as a whole. 25% of women with non-invasive breast cancer were in the least deprived quintile while only 13% were in the most deprived quintile.</p> <p>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 PBT in this group of patients.</p>	
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
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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 testing	Stakeholder testing as per NHS England process with registered CRG stakeholders including specific telephone conference with Breast Cancer Now. - No changes needed to policy proposition.	July/August 2020
2	Public Consultation	Public Consultation as per NHS England process. - No changes needed to the policy proposition.	January/February 2021
3	Not applicable.		

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 (www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/).	

Evidence Type	Key sources of available evidence	Key gaps in evidence
Consultation and involvement findings	<p>The policy proposition underwent stakeholder engagement.</p> <p>The policy proposition underwent public consultation.</p> <p>- No changes needed to policy proposition as a result of either.</p>	
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 treatment of para-aortic 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?			
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?		
Uncertain if the proposal will support?	X	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 Not applicable.	

10. Summary assessment of this EHIA findings

The policy recommends that PBT, a form of radiotherapy, should not be made available for the treatment of Breast Cancer. This recommendation is based on the findings of an evidence review which found no evidence to recommend the use of this treatment in this particular group of patients.

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:	24/03/2021
Date EHIA published if appropriate:	