

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):** Brachytherapy dose escalation with external beam radiotherapy for intermediate- and high-risk localised prostate cancer (Adults) [URN: 1831]
2. **Brief summary of the proposal in a few sentences**

Localised prostate cancer is when the cancer is contained within the prostate and has not spread anywhere else in the body. As well as being staged, localised prostate cancer is also risk assessed into three groups (low-, intermediate- and high-risk) depending on how likely the cancer is to spread or return.

The policy recommends that brachytherapy dose escalation with external beam radiotherapy is considered as a treatment option for **intermediate- and high-risk** localised prostate cancer within the criteria set out in the policy document. This policy is specifically for people with intermediate- or high-risk localised prostate cancer because these groups of patients are at higher risk of their cancer spreading (compared to patients with low-risk localised prostate cancer) and therefore targeted radiotherapy treatment, such as brachytherapy, may result in a longer time period after treatment without signs their cancer has returned.

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.



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 years, peak in the 75-79 year age group, and subsequently drop in the 80-84 year age group, before increasing steadily again (Cancer Research UK, 2019).</p> <p>A review of the available evidence shows that both low dose rate (LDR) and high dose rate (HDR) brachytherapy with external beam radiotherapy (EBRT) improve biochemical relapse free survival. Based on clinical opinion, the benefit of prolonging biochemical progression free survival includes people having a longer time-period without having to undergo hormone ablatives</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>All patients must be fully informed of all radiotherapy treatment options including the risks and benefits of LDR/HDR to be able to make an informed choice. A decision making tool to help inform patients of the risks and benefits with their clinician has been developed.</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>treatments for recurrent prostate cancer and its associated side effects.</p> <p>However, the risk of side effects is higher in people undergoing LDR and HDR (full details in policy).</p> <p>Overall, implementation of the policy is considered to have a potential positive impact on older people. This is because it provides an additional treatment option that may result in a longer time period after treatment without signs their cancer has returned which predominantly affects older people.</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 brachytherapy prolongs biochemical progression free survival meaning patients are more likely to benefit from a treatment that may result in a longer time period after treatment without signs their cancer has returned.</p> <p>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>All patients must be fully informed of all radiotherapy treatment options including the risks and benefits of LDR/HDR to be able to make an informed choice. A decision-making tool to help inform patients of the risks and benefits with their clinician has been developed.</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
Gender Reassignment and/or people who identify as Transgender	The policy is applicable to any person with a prostate, diagnosed with intermediate or high risk localised prostate cancer. The policy is not considered to have an adverse impact on this protected characteristic group.	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 ethnicity¹	<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 the available evidence shows that both LDR and HDR brachytherapy with EBRT improve biochemical relapse</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>All patients must be fully informed of all radiotherapy treatment options including the risks</p>

¹ 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
	<p>free survival. Based on clinical opinion, the benefit of prolonging biochemical progression free survival includes people having a longer time-period without having to undergo hormone ablative treatments for recurrent prostate cancer and its associated side effects. However, there is an increased side effect profile associated with LDR and HDR brachytherapy.</p> <p>Overall, implementation of the policy is considered to have a potential positive impact on groups who are more susceptible to prostate cancer, in this case black males. This is because it provides an additional treatment option that may result in a longer time period after treatment without signs their cancer has returned.</p>	<p>and benefits of LDR/HDR to be able to make an informed choice. A decision-making tool to help inform patients of the risks and benefits with their clinician has been developed.</p>
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable.	Not applicable.
Sex: men; women	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).	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).

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>A review of the available evidence shows that both LDR and HDR brachytherapy with EBRT improve biochemical relapse free survival. Based on clinical opinion, the benefit of prolonging biochemical progression free survival includes people having a longer time-period without having to undergo hormone ablative treatments for recurrent prostate cancer and its associated side effects. However, there is an increased side effect profile associated with LDR and HDR brachytherapy.</p> <p>Overall, implementation of the policy is considered to have a potential positive impact on groups who are more susceptible to prostate cancer, in this case black males. This is because it provides an additional treatment option that may result in a longer time period after treatment without signs their cancer has returned.</p>	<p>All patients must be fully informed of all radiotherapy treatment options including the risks and benefits of LDR/HDR to be able to make an informed choice. A decision making tool to help inform patients of the risks and benefits with their clinician has been developed.</p>
<p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>

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 ²	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.	<p>The treatment could have a potential adverse impact on carers and family members.</p> <p>If patients suffer from the known increased risk of side effects from brachytherapy, morbidity may increase and more assistance with care may be needed.</p> <p>However, this should be balanced against the findings of the review of available clinical evidence, which demonstrated that for some patients with prostate cancer the inclusion of brachytherapy may result in a longer time</p>	<p>All patients must be fully informed of all radiotherapy treatment options including the risks and benefits of LDR/HDR to be able to make an informed choice.</p> <p>A decision-making tool to help inform patients of the risks and benefits with their clinician has been developed.</p>

² Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities ²	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
	period after treatment without signs their cancer has returned and therefore spend more disease free time with family.	
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, the policy is not anticipated to have an additional impact on this group.	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 policy is not expected to impact this group. The policy is applicable to anyone with a prostate.	Not applicable.
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 affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). This policy could	Given the biochemical free survival benefit for patients, the policy will be mandating that patients be offered additional treatment with brachytherapy.

Groups who face health inequalities ²	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>increase the number of hospital visits. This could have an adverse impact on patients.</p> <p>This should be balanced against the benefits associated with effective treatment delaying the cancer returning – which could mean less overall hospital visits over a longer time period.</p>	<p>A decision-making tool to help inform patients of the risks and benefits with their clinician has been developed.</p>
<p>People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).</p>	<p>LDR/HDR brachytherapy is one of many treatment options for people with localised prostate cancer. People with poor literacy or health understanding may find it more difficult to understand their condition and the benefits and risks associated with different treatment options.</p>	<p>Shared decision making (SDM) is mandated within this policy and so clinicians will need to ensure that patients are well informed, this will be through various mediums including verbal as well as written SDM tools.</p>
<p>People living in deprived areas</p>	<p>There is evidence of a small association between cancer incidence and deprivation in England, with prostate cancer being one of the few types where incidence is 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</p>	

Groups who face health inequalities²	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
	considered to impact on people living in deprived areas.	
People living in remote, rural and island locations	Patients may find it more difficult to access treatment because not every radiotherapy provider offers brachytherapy. Furthermore, those that do, typically tend to specialise in either LDR or HDR. Providing an option to choose between LDR and HDR (or neither), underpinned by a requirement that providers put in place effective referral arrangements, will ensure patients have access to the right treatment for them.	The policy, and associated shared decision making tool and commissioning plan, will enable an expansion of access across England and the establishment of effective referral arrangements to enable patient choice. It is also considered that the policy will help to ensure consistent clinical practice.
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	Engagement with Prostate Cancer UK	Testing Shared Decision-Making tool with patients	July 2020
2	Stakeholder Testing	The policy proposition was sent for stakeholder testing for 2 weeks	January 2021
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 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</p>	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	<p>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>	
Consultation and involvement findings	The policy proposition was sent for stakeholder testing for 2 weeks from 11th January 2021 to 25th January 2021.	
Research		Trials directly comparing high dose brachytherapy with low dose brachytherapy
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 Policy Working Group for this specific topic, has expert knowledge regarding the incidence and treatment of metastatic prostate cancer. Contributions were made by the Policy Working Group which consists of clinicians, a patient and a public health specialist.	

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?		X	
The proposal may support?	X		X
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	X
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	Ensuring that the SDM tool adopted is patient friendly, clinically accurate and acceptable to the prostate cancer community.	Developed with the involvement of Prostate Cancer UK. Testing the SDM tool during the stakeholder response phase.
2	N/A	

3	N/A	
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10. Summary assessment of this EHIA findings

The EHIA has highlighted that Prostate cancer is more common in older males and black males.

The policy provides an additional treatment option which may result in a longer time period after treatment without signs their cancer has returned. This will have a positive impact on groups in which prostate cancer is more common (male and black ethnicity).

For this reason, adoption of the policy is considered to improve health outcomes for people with protected characteristics (based on age, disability, sex and race/ethnicity). The policy 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 policy could potentially have a negative impact on people with protected characteristics as result of the increased travel burden for the additional treatment or the increased side-effect profile of the proposed treatment.

Furthermore, the policy could potentially impact groups who face health inequalities (carers of patients). However, a national commissioning policy for brachytherapy will reduce variation in clinical practice promoting equity of care nationally for those in whom this procedure is indicated.

The policy is aimed at all adults irrespective of race and ethnicity and any protected characteristics within section 149 of the Equality Act (2010).

11. Contact details re this EHIA

Team/Unit name:	Cancer Programme of Care
Division name:	Clinical Programmes, Specialised Commissioning
Directorate name:	Finance, Planning and Performance
Date EHIA agreed:	10/02/2021
Date EHIA published if appropriate:	07/2021