

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):
Systemic Anti-Cancer Therapy Treatment Breaks

2. Brief summary of the proposal in a few sentences

The policy is to confirm the ongoing management of the systemic anti-cancer therapies (SACT) treatment break policy and will supersede the previous NHS England approach to treatment breaks which was suspended during the COVID19 pandemic and replaced by the NICE COVID-19 rapid guideline for the delivery of SACT, (NG161). The scope of the policy includes all types of SACT, including traditional cytotoxic drugs, targeted therapies, monoclonal antibodies, antibody drug conjugates, cancer immunotherapy and enzyme/hormonal treatments with anti-cancer actions.

The proposed policy applies to patients having a planned treatment break of greater than 6 weeks (or 12 weeks for immunotherapy) beyond the cycle length of their SACT regimen. This is in-keeping with NG161, and the previous NHS England circular, *Requests relating to continuation of funding for systemic anti-cancer therapy ('chemotherapy') following a break in treatment* (SSC 1918) which increased the period of the treatment break from four to six weeks.

The aspects of the proposed policy which are different from the previous NHS England approach are the inclusion of the treatment break for cetuximab and panitumumab regimen for solid tumours, including metastatic large bowel cancer within the policy, and being more explicit about the inclusion and exclusion criteria, and removal of the interim COVID position of allowing treatment to restart even if there is evidence of disease progression if the break was due to COVID related reasons.

The proposed policy is in keeping with the previous NHS England specialised circular SSC 1918, to support unplanned SACT treatment breaks to occur enabling SACT drug toxicity related side effects to resolve or improve. The current proposed policy and previous circular also support elective, planned treatment breaks for patients to undergo and recover from surgery or radiotherapy treatments. Resumption of the same SACT regimens will not be approved if the patient's disease has progressed, or if the treatment break has been greater than 6 weeks (or 12 weeks for immunotherapy).

NICE NG161 states where treatment breaks would be approved for the same SACT regimen, even if the patient's disease has progressed, providing the clinician indicates there is a reasonable chance that disease control can be regained on restarting treatment. This is different from the proposed policy which states the use of an elective, planned intermittent treatment strategy which is beyond the Summaries of Product Characteristics (SmPCs) for the medicines and scenarios where NICE or NHS England have received any evidence to support such a strategy would not be approved.

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.	<p>The policy proposition applies to individuals of all ages who are taking SACT, including all protected characteristics groups.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	The policy proposition outlines that any patient on SACT is eligible for a treatment break of greater than six weeks (12 weeks for immunological therapeutic agents) to allow drug related toxicities to improve.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	<p>Following a diagnosis of cancer, the individual is defined as having a disability under the Equality Act 2010. The policy will apply to any patient who meets the inclusion criteria.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
Gender Reassignment and/or people who identify as Transgender	<p>Although people who are or have undergone gender reassignment are at greater risk of some cancers, the policy will apply to anyone who meets the inclusion criteria.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	It is not expected that the policy will adversely impact on protected characteristics groups.	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	It is not expected that the policy will adversely impact on protected characteristics groups.	N/A

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
Race and ethnicity ¹	<p>Although ethnicity and race do affect the incidence of some cancers, the application of the treatment break policy is not affected by ethnicity or race as anyone is able to access treatment breaks in line with the SACT inclusion criteria detailed in the policy.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
Religion and belief: people with different religions/faiths or beliefs, or none.	It is not expected that the policy will adversely impact on protected characteristics groups.	N/A
Sex: men; women	<p>The incidence of some cancers is affected by gender. However, implementation of the policy will apply to any person who fulfils the inclusion criteria and is medically advised to commence SACT related treatment breaks.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Lesbian, gay, bisexual or transgender people are more likely to smoke tobacco and consume larger amounts of alcohol compared to the heterosexual community, which increases their risks of some cancers (MacMillan 2014). As the treatment break policy will apply to anyone who meets the inclusion criteria, it is not expected that the policy will adversely impact on protected characteristics groups.	N/A

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.

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	<p>The policy applies to patients of all ages who are receiving SACT following a cancer diagnosis.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
Carers of patients: unpaid, family members.	<p>Carers of patients on SACT may benefit from the treatment break policy to allow drug toxicities to improve. It will also allow treatment of other cancer treatment modalities and potentially reduce hospital appointments.</p> <p>The policy should have a positive impact on any patients who provide caring responsibilities, as it will enable symptoms associated with drug related toxicities to improve, leading to improvements in patient's quality of life.</p>	Common drug toxicities include nausea, vomiting and gastric intestinal impacts. Allowing these to improve should allow carers to be less impacted by these side effects on the person they are caring for or enable patients who are carers to continue or resume caring responsibilities.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>People experiencing homelessness are more likely to face a range of barriers in accessing health and care and are more likely to suffer from a physical health problem (The King's Fund, Feb 2020).</p> <p>Homeless people will need to be receiving secondary NHS Care to receive SACT. Homeless people may struggle to cope with the side effects associated with SACT drug related toxicity. The treatment break policy may prevent homeless people struggling with their drug toxicities in alternative accommodation; and it may prevent the need to care for homeless people in hospital settings to allow SACT related drug toxicities to improve.</p> <p>The policy, by supporting a break in treatment to allow SACT related toxicities improve, should have a positive impact on patients in these protected characteristics group.</p>	N/A

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

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
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	<p>Offenders in prison will have access to prison health services and if met the inclusion criteria are able to access the policy. Offenders and ex-offenders in the community can access the treatment break policy with the remainder of their cancer care.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
People with addictions and/or substance misuse issues	<p>People with additions or substance mis-use issues are more susceptible to some cancers than the remainder of the population. However, the policy will apply to any patient with a cancer diagnosis who meets the inclusion criteria and is medically recommended to utilise the treatment break policy by their cancer care specialists.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
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 affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017).</p> <p>People on low incomes may benefit from the reduction in the number of hospital visits which can be associated with administration of SACT, or treatment of SACT related drug toxicities.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	<p>The policy is for patients with a confirmed cancer diagnosis and are already receiving SACT, although providers may need to ensure additional support is available to support patient in this protected characteristic group to understand the parameters of the treatment break.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A

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
People living in deprived areas	<p>Approximately 40% of all cancers in the United Kingdom are considered preventable by modification in lifestyle factors (e.g. smoking, obesity, alcohol use) (Cancer Research UK 2022). People living in deprived areas may benefit from the reduction in the number of hospital visits associated with administration of SACT, or in responding to the side effects of SACT related drug toxicities.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
People living in remote, rural and island locations	<p>People in rural or remote/island locations may benefit from the reduction in the number of hospital visits associated with administration of SACT, or in responding to the side effects of SACT related drug toxicities.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
Refugees, asylum seekers or those experiencing modern slavery	<p>The policy is for patients who are receiving SACT following a confirmed cancer diagnosis. Providers may need to ensure additional support is available to support patients in this protected characteristic group to understand the parameters of the treatment break policy.</p> <p>It is not expected that the policy will adversely impact on protected characteristics groups.</p>	N/A
Other groups experiencing health inequalities (please describe)	N/A	N/A

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	Separate report of engagement results is available.	March 2022
2	Bowel Cancer UK	Following earlier engagement with BCUK, it was agreed the policy would specifically be shared with them during the engagement process.	March 2022

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	Individual SACT Summary of Product Characteristics (SPC) available at https://www.medicines.org.uk/emc/ and https://products.mhra.gov.uk , NICE guidance and NHS England and Improvement treatment criteria available at https://www.england.nhs.uk/cancer/cdf/	N/A
Consultation and involvement findings	Existing guidelines (as circular not policy format) updated by consultation involving NHS England and Improvement Chemotherapy Clinical Reference Group, Cancer Programme of Care and Cancer Drugs Fund Team.	N/A
Research	N/A	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Through the Cancer Programme of Care and its Clinical Reference Group structures supporting the policy working group with its expert knowledge	N/A

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	X
The proposal may support?	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 None noted	N/A
2	
3	

10. Summary assessment of this EHIA findings

The policy proposition is likely to provide an overall positive impact on people who require treatment breaks for treatment related toxicities to improve or to allow treatment with other treatment modalities such as surgery or radiotherapy. Implementation of the policy should allow for symptom relief and improved quality of life for people with treatment related toxicities.

11. Contact details re this EHIA

Team/Unit name:	Cancer Programme of Care and Commercial Medicine
Division name:	Specialised Commissioning
Directorate name:	Finance
Date EHIA agreed:	08 December 2022
Date EHIA published if appropriate:	XXXX

Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

Yes:	No: x	Uncertain:
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13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:	Colette Scrace, Programme of Care Manager, Specialised Commissioning	
Contact officer e: mail address:	Colette.scrace@nhs.net	
Contact officer mobile number:	07900 713008	
Team/Unit name: cancer programme of care,	Division name: Specialised Commissioning	Directorate name: CFO
Name of senior manager/responsible Director: Nicola McCulloch	Post title: Head of Cancer Programme	E-mail address: nicola.mcculloch@nhs.net

15. Considered by NHS England or NHS Improvement Panel, Board or Committee³

Yes:	No: X	N/A	
Name of the proposal (policy, proposition, programme, proposal or initiative):			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities
Proposal gave due regard to the requirements of the PSED?	Yes:	No:	N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?	Yes:	No:	N/A:
Summary comments:			

³ Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

16. Key dates

Date draft EHIA completed:	December 2021
Date draft EHIA circulated to EHIU: ⁴	N/A
Date draft EHIA cleared by EHIU: ⁵	N/A
Date final EHIA produced:	08 December 2022
Date signed off by Senior Manager/Director: ⁶	08 December 2022
Date considered by Panel, Board or Committee:	N/A
Date EHIA published, if applicable:	XXX
EHIA review date if applicable ⁷ :	N/A

⁴ If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.

⁵ If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

⁶ The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

⁷ This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.