

NHS England 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):** Prostate-Specific Membrane Antigen (PSMA) radiotracers in Positron Emission Tomography – Computed Tomography (PET-CT) Imaging for individuals with high-risk primary or recurrent prostate cancer [2307]
- 2. Brief summary of the proposal in a few sentences**

Prostate cancer is the most common cancer in men¹, and the second most common cancer in the UK. About 1 in 8 men will get prostate cancer at some point in their life. Patients with high-risk prostate cancer have poorer outcomes. The five-year survival for patients with stage IV cancer at diagnosis is 52%, compared to 97.2% for those with stage III at diagnosis (Early Diagnosis, 2022).

PET-CT is a unique imaging tool which utilises radiotracers in order to identify abnormal metabolic activity, allowing early identification of disease spread. Under certain criteria, PET-CT is more specific and sensitive in identifying early metastatic disease than conventional imaging.

Previously, only radiotracers derived from Choline were commissioned for use in prostate cancer imaging. Evidence has demonstrated that Prostate-specific membrane antigen (PSMA) binding radiotracers are superior to choline-binding radiotracers in their detection of prostate cancer and may allow early identification of metastatic foci, enabling optimal treatment decisions to be made.

This commissioning policy proposes that PSMA PET-CT is made available for patients with high-risk of recurrent prostate cancer as defined within the criteria in the commissioning policy.

¹ In this policy the term 'men' is used, based on the source evidence used in its development. This policy is also relevant to people with male anatomy who do not identify as men.

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>The incidence of prostate cancer increases with age. In 2017-2019, on average each year 75% of deaths from prostate cancer were in males aged 75 years and over (Cancer Research UK).</p> <p>The availability of PSMA PET-CT will allow earlier identification of metastatic disease. This may alter treatment plans and enable a tailored approach to each patient, subsequently reducing the mortality rate.</p>	<p>Prostate cancer does not affect children and therefore there is no anticipated adverse impact of restricting this commissioning policy to adults only.</p> <p>All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy.</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Following a diagnosis of cancer, the individual is defined as having a disability under the Equality Act 2010.</p> <p>PSMA PET-CT is delivered by specialist centres and may require patients to travel to receive the investigation. Current standard imaging also requires travel to specialist centres. PSMA PET-CT may allow early identification of metastatic disease, allowing earlier effective treatment which may reduce hospital visits in the future.</p>	<p>All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy.</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>The commissioning policy proposition is not expected to have any adverse impact on this protected characteristic group.</p> <p>Having a disability is not a risk factor for developing prostate cancer, and this is not expected to have any negative impact on access to PSMA PET-CT.</p>	
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>Gender reassignment and being transgender are not known to be risk factors for prostate cancer. However, prostate cancer can also affect trans females, as the prostate is usually conserved after gender-confirming surgery, but it is not clear how common prostate cancer is in this population.</p> <p>This commissioning policy is expected to have a positive effect on the overall survival and overall outcomes of all eligible patients, regardless of gender reassignment and being transgender. However, these patients may face barriers to getting a diagnosis.</p>	<p>All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy proposition. The policy is therefore not considered to have an adverse impact on this protected characteristic group.</p>
<p>Marriage & Civil Partnership: people married or in a civil partnership.</p>	<p>Marriage status is not known to be a risk factor for prostate cancer. This commissioning policy will promote access to PSMA PET-CT regardless of marriage status.</p>	<p>Not applicable (no impact).</p> <p>All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy. The policy is therefore not considered to have an</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
		adverse impact on this protected characteristic group.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Prostate cancer only affects men. There is therefore no anticipated impact on this protected characteristic group.	Not applicable (no impact).
Race and ethnicity ²	<p>Incidence rates for prostate cancer are lower in the Asian ethnic group and in people of mixed or multiple ethnicities, but higher in the Black ethnic group, compared with the White ethnic group, in males in England 2013-2017 (Cancer Incidence by Broad Ethnic Group(link is external)).</p> <p>This commissioning policy offers patients with prostate cancer an alternative imaging modality with superior sensitivity, regardless of race or ethnicity, and therefore is anticipated to have a positive impact.</p>	All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
Religion and belief: people with different religions/faiths or beliefs, or none.	Religion is not known to be associated with prostate cancer. This commissioning policy will promote access to PSMA PET-CT regardless of religion.	All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy. The policy is therefore not considered to have an

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
		adverse impact on this protected characteristic group.
Sex: men; women	Prostate cancer is the most common cancer in men. About 1 in 8 men will get prostate cancer at some point in their life. This commissioning policy will promote access to PSMA PET-CT regardless of sex.	All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Sexual orientation is not known to be associated with prostate cancer. This commissioning policy will promote access to PSMA PET-CT regardless of sexual orientation.	All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy. The policy is therefore not considered to have an adverse impact on this protected characteristic group.

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	Prostate cancer is a disease that occurs in older adults and is extremely rare in children. There is therefore no anticipated impact on this protected characteristic group.	Not applicable (no impact).
Carers of patients: unpaid, family members.	<p>PSMA PET-CT has the potential to improve an individual's morbidity by tailoring treatment options. This in turn may reduce the care needs of patients, allowing them to participate more in activities of daily living.</p> <p>PSMA PET-CT is an additional scan for some patients which may impact on carers who have to accompany patients to hospital but might improve the overall treatment plan of patients in the long-term. This policy is not anticipated to have much impact on this group.</p>	All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>This group may be less likely to enter the patient pathway or enter at a later disease stage due to access issues e.g., not registered with a General Practitioner.</p> <p>PSMA PET-CT can help tailor treatment options for patients but requires close monitoring and engagement of the patient. This group may struggle to maintain engagement and therefore may not meet the</p>	<p>All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy.</p> <p>Commissioned providers and their specialised cancer teams should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to mitigate risk for homeless patients and facilitate access to clinical monitoring and follow-up appointments.</p>

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
	inclusion criteria of this commissioning policy.	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	<p>Being in the criminal justice system is not known to be associated with prostate cancer.</p> <p>PSMA PET-CT can help tailor treatment options for patients but requires close monitoring and engagement of the patient.</p> <p>This commissioning policy will promote access to PSMA PET-CT regardless of criminal status.</p>	<p>All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment.</p> <p>Commissioned providers and their specialised cancer teams should work with the patient and other relevant agencies (e.g., GP, Local Authority) to mitigate risk for patients in the criminal justice system and facilitate access to clinical monitoring and follow-up appointments.</p>
People with addictions and/or substance misuse issues	<p>Addiction and substance misuse is an increased risk in patients with prostate cancer who often experience a high level of chronic pain.</p> <p>People with addiction/and or substance misuse issues might find it harder to maintain engagement with care.</p> <p>PSMA PET-CT can help tailor treatment options for patients but requires close monitoring and engagement of the patient.</p> <p>This group may struggle to maintain engagement and therefore may not meet the inclusion criteria of this commissioning policy.</p>	<p>All adult patients with a prostate who meet the inclusion criteria will be eligible for PSMA PET-CT scanning under this commissioning policy.</p> <p>Commissioned providers and their specialised cancer teams should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to mitigate risk of lack of compliance and identify any need for carer and inter-agency support and assistance.</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
	This commissioning policy will promote access to PSMA PET-CT regardless of addiction issues.	
People or families on a low income	<p>PSMA PET-CT can help tailor treatment options for patients but requires close monitoring and engagement of the patient. This commissioning policy will promote access to PSMA PET-CT regardless of economic status.</p> <p>However, those from disadvantaged socio-economic groups may experience more barriers in accessing treatment. Travel to hospital for scans, time out of work and arrangements for childcare can be more difficult and may represent a disproportionate expenditure.</p>	<p>Commissioned providers should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to ensure adequate referral, access and attendance support for people or families on a low income.</p> <p>Patients' economic circumstance should be considered by the treating clinicians. This will help to ensure diagnostics is provided as close to the home location of the patient as possible. Access to travel arrangements provided by Integrated Care Boards (ICBs) needs to be part of this.</p> <p>This policy may also confer additional benefit to patients on top of available support schemes that help towards the cost of travel for treatment, including the NHS Low Income Scheme (LIS) NHS Low Income Scheme (LIS) - NHS and the Healthcare Travel Costs Scheme (HTCS) Healthcare Travel Costs Scheme (HTCS) - NHS.</p>
People with poor literacy or health Literacy: (e.g. poor understanding	This group may find it hard to understand their condition and the benefits and risks associated with different treatment options. This might impact on their ability to	Commissioned providers should foster shared decision making using appropriate mediums including verbal, written shared decision-

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
of health services poor language skills).	consent to imaging and diagnostic procedures.	<p>making tools, translated and Easy Read materials.</p> <p>The provision of diagnostics should be provided in a way to assist those with poor health or literacy skills. A holistic assessment of an individual should be undertaken by the treating physician to assess their suitability and understanding of compliance barriers for PSMA PET-CT.</p>
People living in deprived areas	<p>Prostate cancer incidence rates in males in England are 17% lower in the most deprived quintile compared with the least (2013-2017).</p> <p>Around 3,100 cases of prostate cancer each year in England are linked with lower deprivation.</p> <p>This may indicate barriers to diagnosis or lack of awareness and education for men in deprived areas, rather than actual reduced incidence.</p> <p>PSMA PET-CT can help tailor treatment options for patients but requires close monitoring and engagement of the patient. This commissioning policy will promote access to PSMA PET-CT regardless of socioeconomic status.</p>	<p>Patients' socio-economic circumstance should be considered by the treating clinicians. This will help to ensure diagnostics is provided as close to the home location of the patient as possible. Access to travel arrangements provided by ICBs needs to be part of this.</p> <p>This policy may also confer additional benefit to patients on top of available support schemes that help towards the cost of travel for treatment, including the NHS Low Income Scheme (LIS) NHS Low Income Scheme (LIS) - NHS and the Healthcare Travel Costs Scheme (HTCS) Healthcare Travel Costs Scheme (HTCS) - NHS.</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
People living in remote, rural and island locations	PSMA PET-CT can help tailor treatment options for patients but requires close monitoring and engagement of the patient. This group may struggle to attend commissioned PET-CT centres due to travel restrictions.	If adopted, a commissioning plan will provide guidance for local service arrangements, which may include specialist oversight, to improve travel access for patients but with the necessary arrangements in place for reimbursement. This policy may also confer additional benefit to patients on top of available support schemes that help towards the cost of travel for treatment, including the NHS Low Income Scheme (LIS) NHS Low Income Scheme (LIS) - NHS and the Healthcare Travel Costs Scheme (HTCS) Healthcare Travel Costs Scheme (HTCS) - NHS .
Refugees, asylum seekers or those experiencing modern slavery	Being a refugee, asylum seeker or experiencing modern slavery are not known to be associated with prostate cancer in any way. This commissioning policy will promote access to PSMA PET-CT regardless of refugee status.	Commissioned providers should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to ensure adequate referral, access and attendance support for refugees, asylum seeker or experiencing modern slavery.
Other groups experiencing health inequalities (please describe)	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	The policy proposition underwent two week's stakeholder testing between 30 th October to 14 th November 2023.	October/November 2023
2	Policy working group	The policy working group that has developed the commissioning policy is made up of specialist clinicians, a public health consultant and a commissioner to offer a wide range of opinions and backgrounds.	Throughout the commissioning policy development process
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	Two three paper summaries of supporting evidence were carried out.	
Consultation and involvement findings	Stakeholder feedback from stakeholder testing that took place during October/November 2023.	
Research	No pending research is known.	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	Through the policy working group with its expert knowledge regarding PSMA PET-CT.	

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?			
Uncertain whether the proposal will support?	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?	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

Prostate cancer is the most common cancer affecting men. This commissioning policy offers an additional diagnostic option and is anticipated to have a positive impact on service users. Service users would require good engagement with treatment and clinical monitoring and there are some patients with protected characteristics who may struggle to maintain this level of engagement, and therefore inadvertently may not meet the eligibility criteria. Commissioned providers, integrated care boards and treating clinicians need to ensure adequate support is given and travel arrangements are made for those who may struggle to maintain engagement.

11. Contact details re this EHIA

Team/Unit name:	Cancer Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Finance
Date EHIA agreed:	
Date EHIA published if appropriate:	