

NHS England: Equality and Health Inequalities Impact Assessment (EHIA) template

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)¹: Neo-adjuvant followed by adjuvant pembrolizumab for stage III macroscopic resectable melanoma (> 12 years) [2426]

2. Brief summary of the proposal in a few sentences

Melanoma is the 5th most common cancer in the UK and while incidence increases with age, it affects a significant proportion of young patients. Stage III melanoma, where the cancer cells have spread to the regional lymph nodes, is largely curable with 5-year survival being 75%. However, if the melanoma progresses to stage IV, survival drastically drops to 20% and metastatic disease commonly affects the brain, lungs and bones leading to distressing symptoms, such as seizures, breathing difficulties and severe pain.

Patients diagnosed with stage III melanoma are usually referred to a multidisciplinary meeting, where a decision is made about whether the cancer and lymph node disease can be removed surgically. Following surgery, some patients receive 54 weeks of adjuvant immunotherapy (most commonly pembrolizumab) to reduce the risk of relapse. This policy is to shift the timeline for pembrolizumab, so that 9 weeks of pembrolizumab is given before surgery (neoadjuvant) and the remaining 45 weeks is given after surgery (adjuvant). Patients would complete the same number of cycles, scans and appointments, however neoadjuvant therapy generates more anti-tumour T cells, and the independent evidence review noted neoadjuvant pembrolizumab improves overall survival, event-free survival and disease recurrence.

¹ Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

3. Main potential positive or adverse impact(s) of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact(s) (positive or negative) on people with the nine protected characteristics (as listed below). Central resources to help make these assessments can be found on the [Equality and Health Inequalities Network hosted on FutureNHS](#), but it may be appropriate to undertake further analysis/draw on your own data and information. Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below.**

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your proposal	Main recommendation(s) from/in 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 age range of the policy has been restricted to 12 years and above in line with the licensing of adjuvant pembrolizumab. Whilst the single paper summary only provided evidence for adults (18 years and above), clinical colleagues suggested that there should not be differential efficacy in the 12-17 year age group and its licensing for adjuvant use confirms the safety in this younger cohort.</p>	<p>The age range of the policy has been set in line with the license for adjuvant pembrolizumab. Patients who are not eligible due to their age should be managed with surveillance.</p>
<p>Disability: any long-term physical or mental impairment; substantially effecting day-to-day activities</p>	<p>As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this</p>	<p>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 children living with disabilities.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your proposal	Main recommendation(s) from/in your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	policy will have on this protected characteristic group.	Prescribing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme .
Gender Reassignment and/or people who identify as Trans	As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this protected characteristic group.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.
Marriage & Civil Partnership²: people married or in a civil partnership.	As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this protected characteristic group.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.

² In relation to this protected characteristic a public authority subject to the PSED need only comply with the duty to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EqA 2010, but not advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your proposal	Main recommendation(s) from/in your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<p>Pregnancy and Maternity: women while pregnant and during maternity leave</p>	<p>Melanoma frequently affects young people, and therefore a significant number of patients are likely to be of child-bearing age. However, pembrolizumab is contraindicated in pregnancy. The Summary of product characteristics (SmPC) advises that women should use effective contraception during treatment and for at least 4 months after the last dose of pembrolizumab.</p> <p>For breastfeeding, it is unknown whether pembrolizumab is secreted into human milk and the SmPC advises that a decision whether to stop breastfeeding or pembrolizumab should be made taking into the account the benefits of breastfeeding and the benefits of pembrolizumab.</p> <p>There is no clinical data on the effects of pembrolizumab on both female and male fertility.</p> <p>All systemic anticancer treatments are contraindicated in pregnancy and breastfeeding, and therefore there is no</p>	<p>Neoadjuvant followed by adjuvant pembrolizumab should not be used in pregnancy and in those planning pregnancy. As a significant number of melanoma patients are young and will be of childbearing potential, clinicians should advise that adequate contraception is used during treatment and for at least 4 months after the last dose of pembrolizumab as advised by the SmPC.</p> <p>Any pregnant women with melanoma will continue to receive best standard of care in line with current clinical practice.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your proposal	Main recommendation(s) from/in your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	change in the impact this policy will have on this group.	
Race and ethnicity ³ : including nationality language where intrinsically linked to nationality.	As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this protected characteristic group.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab regardless of race or ethnicity. Patient information including the risks and benefits of this regime should be provided to patients in different languages and easy-to-read formats.
Religion and belief: people with different religions/faiths or beliefs, or none.	As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this protected characteristic group.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.
Sex: men; women	As patients will continue to have the same number of cycles of	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by

³ 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(s) of your proposal	Main recommendation(s) from/in your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this protected characteristic group.	adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this protected characteristic group.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.

What adjustments have been made, or can be made, within the proposal to meet the particular needs of people with access needs?

Providers of the service should ensure that patient communication is delivered in a way that meets the patient's needs, in line with the NHS Accessible Information Standard.

Geographic access is ensured by the provision of the service at relevant centres. The centres will support patients with their accommodation and transport requirements as necessary.

The commissioned service should work with the patient, any carers and other relevant agencies (e.g. GP, Local Authority, charities) to understand the need for support to access services for people living with disabilities or additional access needs.

4. Main potential positive or adverse impact for people who experience health inequalities

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Central resources to help make these assessments can be found on the [Equality and Health Inequalities Network hosted on FutureNHS](#), but it may be appropriate to undertake further analysis/draw on your own data and information. Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Key groups who face health inequalities ⁴	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	As is the case with adjuvant pembrolizumab as well, children aged 12 years and older are eligible for treatment with neoadjuvant followed by adjuvant pembrolizumab. Therefore, there is no expected change in the impact of this policy on this group.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.
Carers of patients: unpaid, family members.	As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this group of people who face health inequalities.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.

⁴ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Key groups who face health inequalities ⁴	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>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this group who face health inequalities.</p>	<p>All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.</p> <p>Prescribing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p>
<p>People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</p>	<p>As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this group who face health inequalities.</p>	<p>All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.</p>
<p>People with addictions and/or substance misuse issues</p>	<p>As patients will continue to have the same number of cycles of pembrolizumab, the same number of scans and appointments, and the treatment setting will be the same, there is no change in the impact this policy will have on this group who face health inequalities.</p>	<p>All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.</p>

Key groups who face health inequalities ⁴	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>People or families on a low income</p>	<p>The location that pembrolizumab will be initiated, monitored and administered will be the same regardless of whether it is given as adjuvant or neoadjuvant treatment. Patients would also continue to have the same number of cycles, appointments and scans, therefore there is unlikely to be any additional travel or costs associated with attending appointments/infusions.</p>	<p>All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.</p> <p>Prescribing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p>
<p>People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).</p>	<p>Individuals and their families with poor literacy/health literacy may not have access to the same information and resources as those more literate. This may limit their agency and ability to access neoadjuvant pembrolizumab.</p>	<p>All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.</p>
<p>People living in deprived areas</p>	<p>The location that pembrolizumab will be initiated, monitored and administered will be the same regardless of whether it is given as adjuvant or neoadjuvant treatment. Patients would also continue to have the same number of cycles, appointments and scans, therefore there is unlikely to be any additional travel or costs associated with attending appointments/infusions.</p>	<p>A national commissioning policy attempts to ensure there is equal access to treatment regardless of location, it will reduce variation in practice.</p> <p>Consideration needs to be given to groups that face inequalities, including people living in deprived areas, to ensure that access to the service is enabled/supported.</p>

Key groups who face health inequalities ⁴	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
		Prescribing centres need to ensure eligible patients and carers are aware of the NHS Low Income Scheme and NHS Healthcare Travel Costs Scheme.
People living in remote, rural and island locations	The location that pembrolizumab will be initiated, monitored and administered will be the same regardless of whether it is given as adjuvant or neoadjuvant treatment. Patients would also continue to have the same number of cycles, appointments and scans, therefore there is unlikely to be any additional travel.	<p>A national commissioning policy attempts to ensure there is equal access to treatment regardless of location, it will reduce variation in practice.</p> <p>Consideration needs to be given to groups that face inequalities, including people living in deprived areas, to ensure that access to the service is enabled/supported.</p> <p>Prescribing centres need to ensure eligible patients and carers are aware of the NHS Low Income Scheme and NHS Healthcare Travel Costs Scheme.</p>
Refugees, asylum seekers or those experiencing modern slavery	Being a refugee, asylum seeker or experiencing modern slavery are not known to be risk factors for melanoma. This policy will promote access to pembrolizumab regardless of economic/migration status.	All patients who meet the inclusion criteria would be considered for neoadjuvant followed by adjuvant pembrolizumab. There should not be any adverse impact on this protected characteristic group through creating this policy.

Key groups who face health inequalities ⁴	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>People who are digitally excluded, or digitally illiterate:</p> <p>People who have little or no access to digital devices or internet connection, or who lack the skills and knowledge to use digital devices, processes and systems</p>	<p>People within these groups may face challenges in accessing NHS services in general.</p> <p>However, there is no evidence to expect that these population groups will be disproportionately impacted by the implementation of this policy.</p>	<p>All patients who meet the inclusion criteria should be offered inclusive treatment in adherence to mandatory NHS Standards.</p> <p>Providers should ensure a high level of cultural competence among staff, through high quality Equality, Diversity and Inclusion programmes, to help to ensure that staff are aware of the specific needs of patients or families who are part of these groups</p> <p>Other guidance relevant to providing equitable care for people within these inclusion groups includes:</p> <p>Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (NG138)</p> <p>Overview Integrated health and social care for people experiencing homelessness Guidance NICE</p>

Key groups who face health inequalities ⁴	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
		Accessible Information Standard Digital inclusion for health and social care - NHS England Digital
Other groups experiencing health inequalities (please describe)	N/A	N/A

Are there risks of unequal outcomes for different patients from these proposals?

The policy outlines how neo-adjuvant pembrolizumab would be provided to the eligible population on the basis of their clinical need, regardless of whether or not they have one or more protected characteristics. There is no reason to expect that there would be unwarranted differences in access, quality of care or outcomes of care between different patient groups, as a result of the implementation of this policy.

Are there any ways that the proposal could be improved to reduce these potential unequal outcomes, how have these fed into the proposals, and what other steps could be taken?

Based on the response to the question above, and the recommendations for mitigation made in the above table, there is no further adjustment to the policy that would further enable the needs of particular groups to be met.

Are there any ways in which accessibility can be improved to help reduce inequalities?

In implementing the policy, centres can support equitable access through ensuring that certain policies, procedures or programmes are in place. For example, high quality Equality, Diversity and Inclusion programmes, data collection systems to allow for equity audit, or supporting patients to access financial reimbursement schemes

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
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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 and what was learned from it/how that has informed the final proposals	Month/Year
1	Stakeholder testing	The policy has undergone a 3-week stakeholder testing involving clinical staff, professional groups, patients, patient groups, and industry groups who have expressed an interest in this topic area.	12/08/25-03/09/25
2	PPV Representation	A PPV representative from Melanoma Focus is on the working group of this policy.	N/A
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, and any steps that may reasonably be taken to address these gaps
Published evidence	A single-paper evidence summary was commissioned.	
Consultation and involvement findings		
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	A Policy Working Group is assembled which included oncologists specialising in melanoma, a public health specialist, a pharmacist and a patient and public voice representative.	

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 and include any explanation of your assessment.

	The proposal will support?	The proposal may support?	Uncertain if the proposal will support?	The proposal will not support?
Tackling discrimination	X			
Advancing equality of opportunity		X		

Fostering good relations			X	
Explanation:				

8. Is your assessment that your proposal will support reducing health inequalities? Please add an x to the relevant box below and include any explanation of your assessment.

	The proposal will support?	The proposal may support?	Uncertain if the proposal will support?	The proposal will not support?
Reducing inequalities people face in access to health care	X			
Reducing inequalities in the effectiveness of services and the health outcomes achieved for patients	X			
Reducing inequalities in the safety of the services and health outcomes achieved for patients	X			
Reducing inequalities in the quality of the experience undergone by patients and the health outcomes achieved for patients.	X			
Explanation:				

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		N/A
2		
3		

10. Summary assessment of this EHIA findings

This policy allows adults with melanoma to be treated with neoadjuvant followed by adjuvant pembrolizumab. The current standard of care is adjuvant pembrolizumab, and therefore patients will continue to have the same number of immunotherapy cycles, scans and appointments however the treatment will start earlier. The treatment setting will also be the same. As the only change is moving the start date of pembrolizumab before surgery, there will be no change in the impact of the policy on patient groups with protected characteristics and the policy is not thought to adversely impact any groups. The policy is informed by the evidence base and clinical expertise of the policy working group.

A national commissioned policy will reduce variation in clinical practice promoting equity of care nationally for those in which this intervention is indicated.

11. Contact details re this EHIA

Lead Officer name and email:	
Team/Unit name:	Cancer Programme of Care
Division name:	Specialised Commissioning
Directorate name:	System Development Group
Date EHIA agreed:	
Date EHIA published if appropriate:	