

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:

Stereotactic ablative radiotherapy (SABR) for the treatment of localised prostate cancer (adults) [2106]

2. Brief summary of the proposal in a few sentences

Prostate cancer is the most common cancer affecting men in the UK, with 50,702 new cases diagnosed in England in 2022 (NPCA, 2023). In 2020, 15,468 men were diagnosed with low risk or intermediate risk prostate cancer (Cancer Data, 2023). Where prostate cancer is diagnosed at an early stage, which means that it is completely contained (or 'localised') within the prostate and has not spread anywhere else in the body, the chances of survival are generally good, with almost all people surviving 5 years or more after diagnosis.

The primary purpose of treating localised prostate cancer is to eradicate prostate cancer and hence improve the morbidity and mortality associated. Current treatment options for localised prostate cancer include different types of radiotherapy (external beam radiotherapy (EBRT), brachytherapy or brachytherapy dose escalation in combination with EBRT), surgery (called radical prostatectomy (RP)), active surveillance or watchful waiting (for those unsuitable for radical curative treatment) (NICE, 2019). For low risk prostate cancer, active surveillance should be the preferred strategy. For intermediate risk prostate cancer active surveillance, RP, EBRT, brachytherapy or brachytherapy dose escalation in combination with EBRT are options (NICE, 2019). EBRT is sometimes combined with a period of ADT (NICE, 2019).

Stereotactic ablative body radiotherapy (SABR) is a form of radiotherapy delivered in a fewer number of treatments (hypofractionation) than conventional radiotherapy. SABR targets the tumour with higher daily doses of radiation whilst sparing the surrounding healthy normal tissues and reducing the risk of side effects.

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

The clinical commissioning policy recommends the use of SABR as a treatment option for adults with low and favourable intermediate risk localised prostate cancer. The policy has been developed following completion of an independent three paper summary of papers related to the treatment of adult patients with low and favourable intermediate risk localised prostate cancer.

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>Prostate cancer primarily occurs later in adulthood with the highest incidence occurring between ages 75 to 79 years old. The risk increases with age (Cancer Research UK).</p> <p>This policy offers SABR as an alternative treatment to EBRT for patients with low and favourable intermediate risk localised prostate cancer. SABR will result in fewer hospital appointments, which older people might find particularly beneficial. It is anticipated to have a positive</p>	<p>Prostate cancer does not affect children and therefore there is no anticipated adverse impact of restricting this policy to adults only.</p> <p>The clinical criteria, based on reliable clinical evidence, clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</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
	impact for all eligible patients regardless of age.	
<p>Disability: any long-term physical or mental impairment; substantially effecting day-to-day activities</p>	<p>Following a diagnosis of cancer, the individual is defined as having a disability under the Equality Act 2010.</p> <p>This policy offers SABR as an alternative treatment to EBRT for patients with low and favourable intermediate risk localised prostate cancer. SABR will result in fewer hospital appointments, which people living with a disability might find particularly beneficial. It is anticipated to have a positive impact for all eligible patients, reducing the impact of disability.</p>	<p>The clinical criteria, based on reliable clinical evidence, clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p>
<p>Gender Reassignment and/or people who identify as Trans</p>	<p>Gender reassignment and being transgender are not known to be associated with 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. These patients may</p>	<p>Clinicians should be aware of the potential risk of prostate cancer in transgender women. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.</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
	<p>face barriers to getting a diagnosis because medical professionals may not always consider the patients assigned gender at birth when considering disease specific risk factors for trans women.</p> <p>Transgender women are often taking ADT as part of their gender reassignment. Therefore, if they develop prostate cancer it may present as castration resistant disease and therefore be unlikely to be localised.</p> <p>However, this policy offers SABR as an alternative treatment to EBRT for all patients with low and favourable intermediate risk localised prostate cancer. It is anticipated to have a positive impact for all eligible patients regardless of gender reassignment and being transgender.</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
Marriage & Civil Partnership²: people married or in a civil partnership.	Not applicable.	Not applicable.
Pregnancy and Maternity: women while pregnant and during maternity leave	Prostate cancer only affects men. There is therefore no anticipated impact on this protected characteristic group.	Not applicable.
Race and ethnicity³: including nationality language where intrinsically linked to nationality.	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). Black men are statistically more likely to live in the most deprived 10% of neighbourhoods in the UK and are also more likely to develop prostate cancer. Hence Black men may be	The clinical criteria, based on reliable clinical evidence, clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.

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.

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
	<p>disproportionately affected by the high monetary/time costs of attending multiple radiotherapy appointments, if they are unsuitable or unwilling to consider active surveillance after consultation with their clinician.</p> <p>This policy offers SABR as an alternative treatment to EBRT for patients with low and favourable intermediate risk localised prostate cancer. It is anticipated to have a positive impact on the protected characteristic, by reducing the economic and time burden of multiple hospital appointments for patients who are unsuitable or unwilling to consider active surveillance.</p>	
<p>Religion and belief: people with different religions/faiths or beliefs, or none.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>
<p>Sex: men; women</p>	<p>Prostate cancer is the most common cancer in biological men. About 1 in 8 men will develop prostate cancer at some point in their life.</p>	<p>The clinical criteria, based on reliable clinical evidence, clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</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
	<p>This policy offers SABR as an alternative treatment to EBRT for patients with low and favourable intermediate risk localised prostate cancer who are unsuitable or unwilling to consider active surveillance. Therefore, this policy is anticipated to have a positive impact.</p>	
<p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>

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 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	Prostate cancer is a disease that occurs in older adults and does not occur in children. There is therefore no anticipated impact on this protected characteristic group.	Not Applicable
Carers of patients: unpaid, family members.	<p>SABR provides radiotherapy in a shorter treatment time requiring fewer sessions of radiotherapy compared to EBRT and fewer visits to hospital compared with EBRT, for patients with low or favourable intermediate prostate cancer who are unsuitable or unwilling to consider active surveillance after consultation with their clinician.</p> <p>This policy is very likely to benefit carers who support patients with prostate cancer, by reducing the</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 via RTDS.</p> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p>

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
	assistance required to attend radiotherapy treatment sessions.	
<p>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>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). They may also find it more difficult to maintain engagement with a course of treatment.</p> <p>SABR provides radiotherapy in a shorter treatment time requiring fewer sessions of radiotherapy and fewer visits to hospital compared to EBRT.</p> <p>This policy may support service users to complete their course of treatment if they have difficulties in travelling to radiotherapy departments for treatment and is likely to increase uptake and completion of treatment in this group.</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 via RTDS.</p>
<p>People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</p>	<p>People in prison would be able to access treatment through prison healthcare services. However, it is typically very challenging for prison staff to support attendance at hospital</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>appointments and the DNA rate among people in custody is high.</p> <p>People who are not in prison, but are involved in the criminal justice system, will typically face very significant barriers to accessing health services, which will be intensified for access to specialist treatment and for multiple appointments.</p> <p>SABR provides radiotherapy in a shorter treatment time requiring fewer sessions of radiotherapy and fewer visits to hospital compared to EBRT.</p> <p>This policy may support service users to complete their course of treatment if it is difficult for them to be brought to/ attend radiotherapy departments for multiple appointments. It is likely to increase uptake and completion of treatment in this group.</p>	
<p>People with addictions and/or substance misuse issues</p>	<p>This policy offers SABR as an alternative treatment to EBRT for patients with low and favourable intermediate risk localised prostate cancer. It is anticipated to have a positive impact for all eligible patients</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 via RTDS.</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
	regardless of addiction and/or substance misuse issues.	
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>SABR provides radiotherapy in a shorter treatment time requiring fewer sessions of radiotherapy and fewer visits to hospital compared to EBRT.</p> <p>This policy may support service users to complete their course of treatment if they have difficulties in travelling to radiotherapy departments for treatment and is likely to increase uptake and completion of treatment in this group. This policy is expected to have a positive impact on this group of patients.</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 via RTDS.</p> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p>
People with poor literacy or health Literacy: (e.g. poor	People with poor literacy or health understanding may find it more difficult to understand their condition and the	The clinical criteria, based on reliable clinical evidence, clearly define the eligible patient

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>understanding of health services poor language skills).</p>	<p>benefits and risks associated with different treatment options.</p> <p>This can be particularly complex as patients, with low and favourable intermediate risk localised prostate cancer who are unsuitable or unwilling to consider active surveillance, will need to decide between a range of possible alternative treatment options including radiotherapy, after consultation with their treating clinician.</p> <p>SABR is an alternative to EBRT, which may make the process of deciding between treatment options even more challenging for people with poor health literacy.</p> <p>However, the reduced number of treatments associated with SABR may make the process more manageable for people who have difficulty understanding or processing information about appointment times, for example.</p> <p>The policy is anticipated to have either a neutral or positive impact on people in this group.</p>	<p>population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</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 living in deprived areas</p>	<p>Age-standardised prostate cancer incidence rates in men in England in 2021 were 16% higher in the least deprived quintile of the population compared to the most deprived. (Cancer Registration Statistics, England, 2021 - Full release - NHS England Digital)</p> <p>It is unusual to see lower incidence of a cancer in more deprived quintiles of the population. These figures are likely to reflect greater awareness of symptoms and a higher likelihood of seeking diagnosis/treatment in the less deprived quintiles, especially for localised and slow-progressing prostate cancers in older men. The difference between the least and most deprived quintiles is smallest for cancer diagnoses with the highest Gleason grading.</p> <p>Men in more deprived areas may also face barriers to diagnosis, or be reluctant to seek treatment, and hence may be diagnosed at a later stage.</p> <p>This policy is likely to be of greater benefit to people in less deprived</p>	<p>The clinical criteria, based on reliable clinical evidence, clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</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>quintiles, who have higher rates of lower-grade cancers more likely to be localised.</p> <p>However, for those patients in more deprived quintiles of the population who have low or favourable intermediate risk localised prostate cancer, and who are unsuitable or unwilling to consider active surveillance after consultation with their clinician, SABR provides radiotherapy in a shorter treatment time requiring fewer sessions of radiotherapy and fewer visits to hospital compared to EBRT. Patients living in deprived communities are likely to find it more difficult to make multiple trips to hospital whether because of transport, finances, work or caring responsibilities.</p> <p>This policy may support service users to complete their course of treatment if they have difficulties in travelling to radiotherapy departments for treatment and is likely to increase uptake and completion of treatment in this group.</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
	This policy is therefore expected to have a neutral or positive impact on this group.	
People living in remote, rural and island locations	<p>People living in remote, rural and island locations would be able to access treatment but this would require travel, requiring 1 or 2 pre-treatment visits to hospitals, and 5 visits to hospital for treatment.</p> <p>SABR provides radiotherapy in a shorter treatment time requiring fewer sessions of radiotherapy and fewer visits to hospital compared to EBRT.</p> <p>This policy may support service users to complete their course of treatment if they have difficulties in travelling to radiotherapy departments for treatment and is likely to increase uptake and completion of treatment in this group. This policy is expected to have a positive impact on this group.</p>	<p>The clinical criteria, based on reliable clinical evidence, clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p>
Refugees, asylum seekers or those experiencing modern slavery	This group may be less likely to enter the patient pathway due to access issues e.g., not registered with a General Practitioner.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to ensure adequate

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>Patients who are refugees or asylum seekers may face language barriers when receiving information on the benefits and risks of SABR as part of pre-treatment counselling. This may limit their ability to access or maintain treatment.</p>	<p>referral access and attendance support for people who are refugees or asylum seekers.</p> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p> <p>Shared decision making should be used using appropriate mediums including verbal, written shared decision-making tools, translated, and Easy Read materials. The NHS has produced a Health Literacy Toolkit (2nd Edition, 2023) that providers should use to ensure that all patients are able to participate in their care and get the best out of the treatments offered to them equitably.</p> <p>Treatment should be provided in a way to assist those where English may not be their first language. A holistic assessment of an individual should be undertaken by the prescribing physician to assess their suitability and understanding in relation to any compliance barriers for treatment.</p> <p>Service providers may need to link patients to specific advice on eligibility for secondary care services for people who have migrated to this country (including those who are refugees and asylum seekers)</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>NHS entitlements: migrant health guide - GOV.UK (www.gov.uk)</p> <p>Visitors who do not need to pay for NHS treatment - NHS (www.nhs.uk)</p>
<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> <p>Accessible Information Standard</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
		Digital inclusion for health and social care - NHS England Digital
Other groups experiencing health inequalities (please describe)	Not applicable.	Not applicable.

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

The policy outlines how SABR 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 this policy, commissioned centres can support equitable access through ensuring that appropriate 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
--------------	-----------

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	Policy Working Group	Expert input from Consultants in Clinical Oncology, Public Health and Urology.	December 2024 – June 2025
2	Stakeholder Testing	Complete and involved a wide range of stakeholders.	March 2025
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	X	
Consultation and involvement findings	X	
Research	X	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	X	

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			
<p>Explanation: The introduction of SABR as an alternative to conventional radiotherapy offers greater access to radiotherapy as the number of visits to hospital is reduced from 20 daily visits to 5.</p>				

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			
<p>Explanation: The introduction of SABR as an alternative to conventional radiotherapy offers greater access to radiotherapy as the number of visits to hospital is reduced from 20 daily visits to 5.</p>				

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Not Applicable	
2		
3		

10. Summary assessment of this EHIA finding

Prostate cancer is the most common cancer affecting people men. This policy offers SABR as an alternative treatment compared to EBRT and is anticipated to have a positive impact on service users. SABR provides radiotherapy in a shorter treatment time requiring fewer sessions of radiotherapy compared to EBRT and fewer visits to hospital compared with EBRT, which is considered to result in a positive impact on all protected characteristics. There are no anticipated negative impacts on any protected characteristics.