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 body radiotherapy for patients with localised, non-metastatic renal cancer who are medically unfit for surgery (adults) URN 2332

2. Brief summary of the proposal in a few sentences

Renal cancer, which is also called renal cell carcinoma (RCC) or primary kidney cancer, is a malignancy that originates in the lining of the proximal convoluted tubule of the kidney. It is the most frequent malignant disorder of the kidney in adults, but is uncommon, accounting for 4% of all new cancer cases in the UK (CRUK, 2023) with an incidence in 2020 of approximately 10,500 cases (CancerData, 2023).

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.

The policy has been developed following completion of an independent review of papers related to the treatment of adult patients with stage I (T1a (≤4cm) and T1b (>4cm but ≤7cm), N0, M0 cancers) RCC who are medically unfit for surgery using SABR. Patients medically unfit for surgery include patients medically unfit for a general anaesthetic and patients with inoperable tumours due to technical reasons, e.g. position of tumour.

Active surveillance (observation) is commonly utilised in patients with T1a, N0, M0 renal cancers as these are generally slow growing with a low risk of progression to metastatic disease. Standard care options for patients with T1a, N0, M0 renal cancers requiring active treatment who are medically unfit for surgery include NICE-approved invasive ablative procedures; cryotherapy (NICE, 2011) or radio-frequency ablation (NICE, 2010).

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

T1b, N0, M0 renal cancers, compared with T1a, N0, M0 renal cancers, are faster growing and more aggressive, with a higher risk of complications from local disease progression, such as bleeding and pain, and a higher risk of progression to metastatic disease. Active surveillance is not recommended in patients with T1b, N0, M0 renal cancers, and these patients should be assessed for suitability for active treatments. NICE-approved invasive ablative procedures are not active treatment options for these patients as eligibility is for T1a, N0, M0 tumours only. Therefore, there are currently no treatment options available for patients with T1b, N0, M0 renal cancers who are medically unfit for surgery until the development of metastatic disease, for which there is no curative treatment.

The policy has been developed in accordance with NHS England's standard Methods for clinical commissioning policy development.

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
Age: older people; middle years; early years; children and young people.	Primary kidney cancer is strongly associated with age, with the highest incidence rates in patients between 85-89 years (CRUK, 2023). Each year around a third (34%) of all new kidney cancer cases in the UK are diagnosed in people aged 75 years and over (CRUK, 2023). The policy is restricted to adults (people 18 years or over) as there is insufficient evidence to confirm clinical effectiveness and safety in those patients who are not adults.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is not considered to have either a positive or negative impact for people in this protected characteristic group.
Disability: any long-term physical or mental impairment; substantially effecting day-to-day activities	Following a diagnosis of cancer, the individual is defined as having a disability under the Equality Act 2010. Currently adults with T1b, N0, M0 RCC who are medically unfit for surgery have no active treatment options. These patients may be medically unfit for a variety of reasons and, for these	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is likely to have a major and significant impact on reducing existing health inequalities for people with T1b, N0, M0 RCC who are medically unfit for surgery.

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
	same reasons, are also likely to be members of this group e.g. multi comorbidity or frailty. Currently, active treatment options for this group only become available when the cancer has progressed and the outcomes are far worse and it is very unlikely to be curative. The treatment options are also more intensive, with more side effects. In contrast, patients with T1a, N0, M0, who are medically unfit for surgery currently have a number of active and potentially curative treatment options, including NICE-approved invasive ablative procedures; cryotherapy (NICE, 2011) or radio-frequency ablation (NICE, 2010). It is important to note that T1a, N0, M0 renal cancers, compared with T1b, N0, M0 RCC (i.e. the focus of this policy), are slower growing and less aggressive, with a lower risk of complications from local disease progression, such as bleeding and pain, and a lower risk of progression to metastatic disease.	

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
	This policy will offer people with T1b, N0, M0 RCC who are medically unfit for surgery an active treatment option at an earlier course of their disease journey. Importantly this new treatment option may be curative. For these patients, this will bring treatment options in line with those patients with lower risk disease who are also unfit for surgery (i.e. T1a, N0, M0). For this reason, implementation of the policy is considered to have a major and significant positive impact for people in this protected characteristic group.	
Gender Reassignment and/or people who identify as Trans	Gender reassignment and being transgender are not known to be risk factors for primary kidney cancer. The policy is therefore not considered to have either a positive or negative impact for people in this protected characteristic group.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is not considered to have either a positive or negative impact for people in this protected characteristic group.

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 Partnership[2]: people married or in a civil partnership.	Marriage status is not known to be risk factors for primary kidney cancer. The policy is therefore not considered to have either a positive or negative impact for people in this protected characteristic group.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is not considered to have either a positive or negative impact for people in this protected characteristic group.
Pregnancy and Maternity: women while pregnant and during maternity leave	SABR is contraindicated for people who are pregnant. The restriction on the use of SABR in pregnancy also applies for other indications.	SABR should not be used in pregnancy. Clinicians should work with patients of childbearing potential to ensure adequate contraception is used during treatment, if needed. Any pregnant person will continue to receive best standard of care in line with current clinical practice.
Race and ethnicity[3]: including nationality language where intrinsically linked to nationality.	Primary kidney cancer is higher in the White ethnic group compared with the Asian and Black ethnic groups, and in people of mixed or multiple ethnicities.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is not considered to have either a positive or negative impact for people in this protected characteristic group.

[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
	The policy intends equitable access to this treatment for all racial and ethnic groups. The policy is therefore not considered to have either a positive or negative impact for people in this protected characteristic group.	
Religion and belief: people with different religions/faiths or beliefs, or none.	Religion and belief is not a known risk factor for primary renal cancer. The policy intends equitable access to this treatment for all religious and belief groups. The policy is therefore not considered to have either a positive or negative impact for people in this protected characteristic group.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is not considered to have either a positive or negative impact for people in this protected characteristic group.
Sex: men; women	Primary kidney cancer is more common in men than women, with the cause of this unknown. Males also tend to have a higher mortality rate. The policy intends equitable access to this treatment for all genders. The policy is therefore not considered to have either a positive or negative	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is not considered to have either a positive or negative impact for people in this protected characteristic group.

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 people in this protected characteristic group.	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Sexual orientation is not a known risk factor for primary renal cancer. The policy intends equitable access to this treatment for all racial and ethnic groups. The policy is therefore not considered to have either a positive or negative impact for people in this protected characteristic group.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is not considered to have either a positive or negative impact for people in this protected characteristic group.

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 a relevant centre as near to the patient's home as possible. The centre will support patients with their accommodation and transport requirements as necessary.

In implementing the policy, commissioned 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, completing and implementing the findings of a holistic needs assessment, and supporting patients to access financial reimbursement schemes.

The service should work with the patient, any carers and other relevant agencies (e.g. GP, Local Authority, charities) to understand if any additional support is needed by the patient, and any carer(s), to access the service and their treatments. For example, by completing and then implementing the findings of a holistic needs assessment.

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	The policy is restricted to adults (people 18 years or over) as there is insufficient evidence to confirm clinical effectiveness and safety in those patients who are not adults.	Not applicable.
Carers of patients: unpaid, family members.	Currently adults with T1b, N0, M0 RCC who are medically unfit for surgery have no active treatment options. These only become available when the cancer has progressed and the outcomes are far worse and it is very unlikely to be curative. The treatment options are also more intensive, with more side effects. The increased morbidity and mortality for these patients could necessitate the	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. This policy is likely to have a positive impact on carers.

[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
	need for more assistance with care and hospital visits. SABR has the potential to improve an individual's health status and reduce morbidity, which may reduce the care needs of patients, allowing them to participate more in activities of daily living. The implementation of the policy is considered to have a positive impact on carers.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	This policy is not considered to have either a positive or negative impact for people in this protected characteristic group. 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. Homelessness is not a known risk factor for primary kidney cancer.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. 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 the drug, as well as clinical monitoring and follow-up appointments. Commissioned providers should refer to social workers or Citizens Advice for advice on assessing eligibility for and claiming benefits.

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
	All people within this group who meet the clinical inclusion criteria would be eligible for treatment with SABR. However, homeless people may find it more difficult to maintain engagement with the treatment course and attending appointments (e.g. due to financial costs of travel).	Consider referral to food banks, clothing banks or other local support if needed.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Being involved with the criminal justice system is not a known risk factor for primary kidney cancer. All people within this group who meet the clinical inclusion criteria would be eligible for treatment with SABR. People involved with the criminal justice should receive the same standard of healthcare as the wider community, including the identification and treatment of cancer.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. Commissioned treatment centres should work closely with prison healthcare services to enable people in the criminal justice system have the same access to treatment as people in the wider community.
People with addictions and/or substance misuse issues	Addiction and substance misuse is not known to be a risk factor for primary kidney cancer.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR.

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
	People with addiction/and or substance misuse issues might find it harder to access and maintain engagement with their course of treatment. All people who meet the clinical inclusion criteria within this group would be eligible for treatment with SABR.	Commissioned treatment centres should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to ensure access and ongoing attendance for people with substance misuse issues.
People or families on a low income	Cancer treatment is known to have a financial impact on patients with cancer, with 4 in 5 people affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). Living on a low income is not a known risk factor for primary kidney cancer. All people who meet the clinical inclusion criteria within this group would be eligible for treatment with SABR.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. Commissioned treatment centres should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to ensure access and ongoing attendance for people or families on a low income. Commissioned providers should refer to social workers or Citizens Advice for advice on assessing eligibility for and claiming benefits. Consider referral to food banks, clothing banks or other local support if needed. Commissioned treatment centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme: Healthcare Travel Costs Scheme (HTCS) – Healthcare

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
		Travel Costs Scheme (HTCS) - NHS (www.nhs.uk).
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	People with poor literacy or health understanding may find it more difficult to understand their condition and the benefits and risks associated with different treatment options. This may limit their agency and ability to access SABR.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. Shared decision making should be used using appropriate mediums including verbal, written shared decision-making tools, translated, and Easy Read materials. The provision of treatment 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 prescribing physician to assess their suitability and understanding of compliance barriers for this treatment.
People living in deprived areas	Primary kidney cancer is more common in people from deprived backgrounds. In England, incidence rates are 40% higher in the most deprived quintile compared with the least, and in males are 17% higher (CRUK, 2023). It is acknowledged that people or families from deprived areas may face	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. Patients' socio-economic circumstances should be considered by the treating clinicians. This will help to ensure treatment 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

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
	increased travel costs to attend hospitals for follow up. All people who meet the clinical inclusion criteria within this group would be eligible for treatment with SABR.	this including information on the NHS Low Income Scheme (LIS) and the Healthcare Travel Costs Scheme (HTCS) – NHS
People living in remote, rural and island locations	All people who meet the clinical inclusion criteria within this group would be eligible for treatment with SABR. SABR is typically offered by specialist cancer centers that are usually located in larger, urban areas. This may limit access to people living in remote, rural and island locations as they will have to travel regularly for treatment and monitoring.	All people who meet the clinical inclusion criteria would be eligible for treatment with SABR. 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. Access to travel arrangements provided by Integrated Care Boards (ICBs) needs to be part of this including information on the NHS Low Income Scheme (LIS) and the Healthcare Travel Costs Scheme (HTCS) - NHS
Refugees, asylum seekers or those experiencing modern slavery	Being a refugee, asylum seeker or experiencing modern slavery is not a known risk factor for primary kidney cancer.	Commissioned treatment centres 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 seekers or those experiencing modern slavery.

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
	All people who meet the clinical inclusion criteria within this group would be eligible for treatment with SABR.	Commissioned providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme: Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk).
People who are digitally excluded, or digitally illiterate: 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	Being digitally excluded or illiterate is not a known risk factor for primary kidney cancer. All people who meet the clinical inclusion criteria within this group would be eligible for treatment with SABR People within these groups may face challenges in accessing NHS services in general.	All patients who meet the inclusion criteria should be offered inclusive treatment in adherence to mandatory NHS Standards. Commissioned providers should ensure a high level of cultural competence among staff, through high quality Treatment centres should ensure they have 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 Other guidance relevant to providing equitable care for people within these inclusion groups includes: • Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (NG138) • Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE

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)	Not applicable.	Not applicable.

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

The policy outlines how SABR is to 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 propsition, commissioned 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, completing and implementing the findings of a holistic needs assessment, and 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 Urolo-oncology	**2023-2025**
2	**Stakeholder testing**	Complete following involvement from a wide range of stakeholders.	**November 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	

Evidence Type	Key sources of available evidence	Key gaps in evidence, and any steps that may reasonably be taken to address these gaps
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			
Explanation: The introduction of SABR provides a treatment option for adults with T1b, N0, M0 RCC who are medically unfit for surgery. Currently in these cohorts of patients there is currently no standard treatment until the development of metastatic disease; for which there is no curative treatment.				

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: The introduction of SABR provides a treatment option for adults with T1b, N0, M0 RCC who are medically unfit for surgery. Currently in these cohorts of patients there is currently no standard treatment until the development of metastatic disease; for which there is no curative treatment.				

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	Critical and important outcomes of SABR versus standard of care (no treatment)	Registry and Research. The policy requires that providers collect the audit and clinical outcome data through their own collection process for all SABR and submit this to a national registry. Providers should participate in national audits and National Quality Improvement Toolkits including ProKnow.
2		
3		

10. Summary assessment of this EHIA findings

The EHIA has highlighted that primary kidney cancer is more common with increasing age, with 34% of patients being above 75 years at diagnosis. It is more common in men than in women. It is more common in the White ethnic group compared with in the Asian and Black ethnic groups. It is more common in deprived areas.

The implementation of the policy is considered to have a positive impact for people with disabilities.

- Patients with T1b, N0, M0 RCC who are medically unfit for surgery, may be medically unfit for a variety of reasons and, for these same reasons, are also likely to be members of this protected characteristic group e.g. multimorbidity or frailty. They currently have no active treatment options, until they progress to a later stage, where treatment is more intensive, has more side effects and is unlikely to be curative.

- This policy will bring their treatment options in line with patients with T1a, N0, M0, who are medically unfit for surgery who currently have a number of active and potentially curative treatment options, including NICE-approved invasive ablative procedures; cryotherapy (NICE, 2011) or radio-frequency ablation (NICE, 2010).

- It is important to note that T1a, N0, M0 renal cancers are slower growing and less aggressive, with a lower risk of complications from local disease progression, such as bleeding and pain, and a lower risk of progression to metastatic disease than T1b, N0, M0 RCC (i.e. the focus of this policy).

The implementation of the policy is considered to have a positive impact on carers.

- Treatment options for people with with T1b, N0, M0 RCC who are medically unfit for surgery, only become available when the cancer has progressed and the outcomes are far worse and it is very unlikely to be curative. The treatment options are also more intensive, with more side effects. The increased morbidity and mortality for these patients could necessitate the need for more assistance with care and hospital visits.

- SABR has the potential to improve an individual’s health status and reduce morbidity, which may reduce the care needs of patients, allowing them to participate more in activities of daily living.

There are also likely to be benefits to people in other protected characteristic groups and other groups that face inequalities. This is because people with disabilities are likely to be members of more than one group. For example, multi comorbidities

increase with age and are more common in people who live in deprived areas, are homeless or have addiction or substance misuse problems i.e. intersectionality. The policy is aimed at all adults irrespective of race and ethnicity and any protected characteristics within section 149 of the Equality Act (2010).

THESE DETAILS ARE ONLY FOR INTERNAL USE

11. Contact details re this EHIA

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