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

1. Name of the proposal (policy, proposition, programme, proposal or initiative): Gemcitabine-Nab-Paclitaxel combination chemotherapy for the treatment of locally advanced non-metastatic pancreatic cancer [2423]

2. Brief summary of the proposal in a few sentences

Pancreatic cancer is the 10th most common cancer in the UK, with approximately 10,800 new cases in the UK every year. Most commonly, pancreatic cancer arises from the cells that produce digestive enzymes (pancreatic adenocarcinoma). The onset of symptoms (jaundice, weight loss, abdominal pain) is usually insidious as symptoms are only evident once the tumour is of significant size. This means at presentation, 30-40% of all pancreatic adenocarcinomas are locally advanced, inoperable and non-metastatic (abbreviated as LANPC). Currently, palliative chemotherapy is the mainstay of treatment for LANPC. For patients with a WHO performance status of 0 or 1 (i.e. the fittest patients), the modified FOLFIRINOX regime is the most common chemotherapy combination used. This combination, however, is intensive for patients as they require central venous access (i.e. a medical line into their neck), they must visit hospital frequently and there is a high toxicity.

The intervention is for another chemotherapy regime, gemcitabine and nab-paclitaxel, to be used for patients with LANPC and an ECOG status of 0 or 1 as an alternative to the modified FOLFIRINOX regime. This chemotherapy combination is associated with a lower toxicity, can be given in a short outpatient visit at local chemotherapy day units close to the patient's home and does not require central venous access or admission to hospital. Moreover, the independent three paper summary reported that patients who had gemcitabine and nab-paclitaxel had comparable progression-free survival, overall survival and response to treatment to those who had modified FOLFIRINOX.

The ability for specialised services to prescribe this intervention to a targeted group of patients who are most likely to derive benefit compared to other treatments will enhance equity of access amongst this small group.

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

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	Pancreatic cancer can develop in patients of any age. However, it is significantly more common in older populations, with 47% of new cases being diagnosed in people aged 75 years and over (Cancer Research UK, 2024). Moreover, mortality rates from pancreatic cancer are higher in older populations with half of all deaths in people aged 75 years and over. The policy is expected to have a positive effect for patients of different ages. The policy has been restricted to adults only in line with the available evidence on clinical effectiveness and safety from the independent three paper summary. The Policy Working Group (PWG) have advised it is very rare to have pancreatic cancer in children.	Pancreatic cancer does not affect paediatric populations. All adult patients who meet the inclusion criteria would be considered for gemcitabine-nab-paclitaxel treatment. There should not be any adverse impact on this protected characteristic group through creating this policy.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Having a disability is not a risk factor for developing pancreatic cancer. However, those with pancreatic cancer may be considered to have a disability as it can have an adverse effect on a person's	Commissioned providers should work with the patient and other relevant agencies (e.g. social work team, GP, Local Authority, charities) to ensure adequate referral access and attendance support for people living with disabilities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	ability to carry out normal day-to-day activities. People with disabilities may be disproportionately impacted by the need to travel to specialist cancer centers to access treatment and by the physical and mental toll of the intensive nature of the modified FOLFIRINOX treatment. As gemcitabine-nab-paclitaxel can be given in day units at a local hospital close to home rather than an inpatient stay, and is more tolerable, this policy is expected to have a positive effect on those with disabilities.	Providing 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 Transgender	Gender reassignment and being transgender are not known risk factors for pancreatic cancer. This policy will promote access to gemcitabine-nab-paclitaxel regardless of gender identity.	All patients who meet the inclusion criteria would be considered for gemcitabine-nab-paclitaxel treatment. There should not be any adverse impact on this protected characteristic group through creating this policy.
Marriage & Civil Partnership: people married or in a civil partnership.	Marriage or civil partnership status is not known to be a risk factor for pancreatic cancer.	All patients who meet the inclusion criteria would be considered for gemcitabine-nab-paclitaxel treatment. There should not be any adverse impact on this protected characteristic group through creating this policy.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Pancreatic cancer can occur in individuals of childbearing age, however this is not common as this type of cancer commonly affects those aged 75 years or	Gemcitabine-nab-paclitaxel must not be used in women who are pregnant, in those planning pregnancy or patients breastfeeding. Moreover, men should not father children during and up to 6

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	older, and therefore most female patients will be post-menopausal. The impact on pregnancy and maternity is significant and gemcitabine-nab-paclitaxel should not be offered to those at risk or, or who are pregnant as paclitaxel is suspected to cause birth defects. Women should be advised to not become pregnant during treatment. It is not known whether gemcitabine or nab-paclitaxel is excreted in human milk and breastfeeding should be stopped if on gemcitabine-nab-paclitaxel. Gemcitabine and nab-paclitaxel has led to infertility in animal studies. Men being treated with gemcitabine and nab-paclitaxel should not father a child during and up to 6 months after treatment and should seek advice on storing sperm prior to treatment due to the risk of infertility.	months after treatment and should be aware that gemcitabine-nab-paclitaxel may affect their fertility. Male patients should work with their clinicians to ensure they are able to access fertility treatment (i.e. sperm freezing) prior to treatment if they wish to. Any pregnant or breastfeeding woman will continue to receive best standard of care in line with clinical practice.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Race and ethnicity[1]	Pancreatic cancer is more common in Black patients (Cancer Research 2024). Mortality rates in non-White patients is comparable to White ethnic groups.	All patients who meet the inclusion criteria would be considered for gemcitabine-nab-paclitaxel treatment. There should not be any adverse impact on this protected characteristic group through creating this policy.
Religion and belief: people with different religions/faiths or beliefs, or none.	Religion is not known to be a risk factor for pancreatic cancer. This policy will promote access to gemcitabine-nab-paclitaxel regardless of religion or belief.	All patients who meet the inclusion criteria would be considered for gemcitabine-nab-paclitaxel treatment. There should not be any adverse impact on this protected characteristic group through creating this policy.
Sex: men; women	Pancreatic cancer is slightly more common in males compared to women. This policy will promote access to gemcitabine-nab-paclitaxel regardless of sex/gender.	All patients who meet the inclusion criteria would be considered for gemcitabine-nab-paclitaxel treatment. There should not be any adverse impact on this protected characteristic group through creating this policy.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Sexual orientation is not known to be a risk factor for pancreatic cancer. This policy will promote access to gemcitabine-nab-paclitaxel regardless of sexual orientation.	All patients who meet the inclusion criteria would be considered for gemcitabine-nab-paclitaxel treatment. There should not be any adverse impact on this protected characteristic group through creating this policy.

[1] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

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

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	This policy has been restricted to adults in line with the available safety data. This policy will not affect looked after children and young people.	Not applicable.
Carers of patients: unpaid, family members.	Gemcitabine-nab-paclitaxel will continue to be prescribed and monitored at specialist cancer centers, as is the case with modified FOLFIRINOX. It is expected however patients may have less travel as they can receive treatment in a local chemotherapy day unit close to home rather than a hospital stay, they will not require central venous access and there is lower toxicity. Therefore, it is expected that carers may face decreased travel and time costs, reducing carer burden.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to ensure adequate referral access and attendance support for people who are carers of patients. Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People experiencing homelessness are more likely to suffer from physical health problems and access to healthcare is difficult for this group (Crisis, 2011).	All patients who meet the inclusion criteria would be considered for this treatment. Commissioned providers and their specialised cancer teams should work with the patient and

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

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	This group may be less likely to enter the patient pathway due to access issues e.g., not registered with a General Practitioner. They may also find it more difficult to maintain engagement with a course of treatment. People who are homeless may have difficulty accessing adequate washing facilities. The modified FOLFIRINOX regime requires maintenance of a central venous line which may be difficult for homeless patients and increase their risk of infection. Therefore, gemcitabine-nab-paclitaxel may be more tolerable for these patients. This policy will promote access to gemcitabine-nab-paclitaxel regardless of living status.	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.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Being in the criminal justice system is not known to be a risk factor for pancreatic cancer. People in the criminal justice system are known to have poorer access to health services (in custody and in the community). Access to healthcare for those in prison can be difficult for this	Providing centres should work closely with prison healthcare services to ensure that custodial staff understand the importance of attendance for assessment and monitoring of treatment for pancreatic cancer.

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	group due to the need for escorts to attend appointments. NHS England Health and Justice teams commission to the 'principle of equivalence' which means that the health needs of a population constrained by their circumstances are not compromised and that they receive an equal level of service as that offered to the rest of the population.	
People with addictions and/or substance misuse issues	Addiction and substance misuse is not a known risk factor for pancreatic cancer. Gemcitabine-nab-paclitaxel provides a less intensive treatment option with reduced hospital admissions and daily maintenance of medical devices (i.e. central venous line). Obtaining venous access for gemcitabine-nab-paclitaxel administration may be difficult in patients who are using or have previously used intravenous substances.	The policy will facilitate access to gemcitabine-nab-paclitaxel if approved. These issues of addiction and substance misuse and any impact on drug interactions, compliance and need for carer and inter-agency support and assistance will be considered by the clinical team responsible for managing the care of patients. Reimbursement for travel costs is covered in the Healthcare Travel Costs Scheme. A useful tool to consider this for any group of patients is the Health Equity Assessment Tool (HEAT).
People or families on a low income	Pancreatic cancer is approximately 20% more common in patients from the most deprived quintile compared to the least.	This policy will potentially have a positive impact on this patient group, as gemcitabine-nab-paclitaxel

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	Moreover, cancer is known to have a financial impact on patients and carers. Patients may be adversely impacted by loss of earnings due to admission or attendance at hospital. The gemcitabine-nab-paclitaxel regime reduces the need for travel to specialist centres as the treatment can be administered in the outpatient setting (rather than being admitted to hospital) and can be given in local chemotherapy day units in the community rather than in hospital. Moreover, the treatment is associated with lower toxicity which will likely result in reduced admissions, and patients do not need to travel to hospital for central venous catheter care. Therefore, the intervention will likely improve access to treatment.	may lead to a reduced need for hospital admissions and care can be delivered more locally. Reimbursement for travel costs is covered in the Healthcare Travel Costs Scheme. A useful tool to consider this for any group of patients is the Health Equity Assessment Tool (HEAT).
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	This group may find it hard to understand their condition and the benefits and risks associated with different chemotherapy options. This might impact on their ability to access treatment or maintain involvement in a treatment regime.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to ensure adequate referral access and attendance support for people living poor literacy or health literacy. Shared decision making should be used using appropriate mediums including verbal, written shared decision-making tools, translated, and Easy

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	Principle 4 of the NHS Constitution states that 'Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment'. NICE acknowledge that health literacy is a fundamental component of shared decision making. People with lower levels of literacy may not derive the same benefit from treatment as others.	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. 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 in relation to any compliance barriers for treatment.
People living in deprived areas	Pancreatic cancer is approximately 20% more common in patients from the most deprived quintile compared to the least (Cancer Research UK 2024). The gemcitabine-nab-paclitaxel regime reduces the need for travel to specialist centres as the treatment can be administered in the outpatient setting (rather than being admitted to hospital) and can be given in local chemotherapy day units in the community rather than in hospital. Moreover, the treatment is associated with lower toxicity which will likely result in reduced admissions, and patients do not need to travel to hospital for central venous catheter care. This	Patients adverse socio-economic circumstance and impact on treatment delivery, monitoring and follow-up will be considered by the MDT. This will help to ensure, where practicable, treatment is proved as close to the home location of the patient as possible, with priority given to those in deprived areas who may find it challenging to arrange travel, or that travel arrangements are provided by ICBs. Reimbursement for travel costs is covered in the Healthcare Travel Costs Scheme. A useful tool to consider this for any group of patients is the Health Equity Assessment Tool (HEAT).

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	may positively improve access for those living in deprived are as there is less of a financial impact due to hospital admissions.	
People living in remote, rural and island locations	People living in remote, rural and island locations may have greater difficulty accessing secondary care services for treatment due to more limited transport options. Gemcitabine-nab-paclitaxel will require travel to hospitals with an upper GI team for reviews, however the treatment itself can be administered at more local chemotherapy day units in the community. Moreover, the treatment is associated with lower toxicity which will likely result in reduced admissions, and patients do not need to travel to hospital for central venous catheter care. This may have a positive impact on those living in remote, rural and island locations who have difficulty travelling to hospital.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to ensure adequate referral access and attendance support for people living in remote, rural and island locations. Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.
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. Patients who are refugees or asylum seekers may face language barriers	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to ensure adequate referral access and attendance support for people who are refugees or asylum seekers.

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	when receiving information on the benefits and risks of gemcitabine-nab-paclitaxel as part of pre-treatment counselling. This may limit their ability to access or maintain treatment.	Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme. 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. 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. 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) NHS entitlements: migrant health guide - GOV.UK (www.gov.uk) Visitors who do not need to pay for NHS treatment - NHS (www.nhs.uk)

Groups who face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Other groups experiencing health inequalities (please describe)	None known	Not applicable

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes X	No	Do Not Know

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Stakeholder testing	The policy has been subject to a two week period of stakeholder testing.	20th June-4th July 2025.
2			
3			

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	An external review of available clinical evidence was undertaken to inform this policy	None
Consultation and involvement findings		N/A
Research	No pending research known	None
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	A Policy Working Group was assembled which included clinicians with specialist knowledge of pancreatic cancer, a public health specialist, a pharmacist and a patient and public voice representative.	None

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?	X	X	
Uncertain whether the proposal will support?			X

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	X	X
The proposal may support?		

Uncertain if the proposal will support?		

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

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1		
2		
3		

10. Summary assessment of this EHIA findings

This policy will make gemcitabine-nab-paclitaxel available for all patients with locally advanced, non-metastatic pancreatic adenocarcinoma and an ECOG performance status of 0 or 1. It will provide an alternative treatment option to the modified FOLFIRINOX regime. It is thought this policy will have a positive impact on individuals from protected characteristic groups and on those experiencing health inequalities. Gemcitabine-nab-paclitaxel has a kinder toxicity profile than modified FOLFIRINOX. It can also be given at a short outpatient visit at a local chemotherapy unit. It does not require an inpatient stay or central venous access like modified FOLFIRINOX. This policy is informed by the evidence base and the clinical expertise of the policy working group. A national commissioned policy will reduce variation in clinical practice promoting an equity of care nationally for those in which this intervention is indicated.

11. Contact details re this EHIA

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