

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

1. Name of the proposal (policy, proposition, programme, proposal or initiative)¹:

Clinical Commissioning Policy: Proton beam therapy for breast cancer (all ages) [URN: 1787]

2. Brief summary of the proposal in a few sentences

Breast cancer is when abnormal cells in the breast begin to grow and divide in an uncontrolled way and eventually form a growth (tumour). It is the most common cancer in the United Kingdom (UK) with 55,000 people diagnosed with the disease in 2016. Breast cancer mainly affects women and occurs rarely in men.

When it has not spread to other parts of the body, breast cancer is usually treated with surgery followed by radiotherapy. Other treatments such as hormone therapy, chemotherapy and targeted therapies are often given before and/ or after surgery to reduce risk of the disease returning (referred to as disease recurrence) and improve chance of long-term survival.

The proposal recommends that Proton Beam Therapy (PBT), a form of radiotherapy, should not be made routinely available for the treatment of Breast Cancer.

The proposal has been developed in line with the findings of an evidence review. There was not enough clinical evidence to make the treatment available at this time.

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

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



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

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

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<p>Age: older people; middle years; early years; children and young people.</p>	<p>Almost half of breast cancer cases diagnosed in the UK each year are in people aged 65 and over. (Cancer Research UK, 2020).</p> <p>Despite the relationship with age and the risk of developing cancer, the proposal is not considered to impact on this protected characteristic group. This is because the proposal has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of PBT in this group of patients.</p>	<p>Not applicable.</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Being diagnosed with cancer is defined as a disability under the Equality Act 2010. However, the proposal is not considered to impact on this protected characteristic group. This is because the proposal has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of PBT in this group of patients.</p>	<p>Not applicable.</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>No impact on this protected characteristic group is anticipated.</p>	<p>Not applicable.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Marriage & Civil Partnership: people married or in a civil partnership.	No impact on this protected characteristic group is anticipated.	Not applicable.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	No impact on this protected characteristic group is anticipated.	Not applicable.
Race and ethnicity²	<p>The proportion of incidence cases in White females with in situ breast carcinoma is significantly higher than for Asian or Black females. A similar ethnic profile is also reported for invasive breast cancer (Cancer Research UK www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/incidence-in-situ).</p> <p>The proposal is not considered to impact on this protected characteristic group. This is because the proposal has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of PBT in this group of patients.</p>	Not applicable.

² Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Religion and belief: people with different religions/faiths or beliefs, or none.	No impact on this protected characteristic group is anticipated.	Not applicable.
Sex: men; women	<p>Breast cancer is the most common cancer in women in the UK affecting 1 in 8 women and made makes up 31% of all female cancer diagnoses in the UK in 2016. It also occurs more rarely in men. Around 54,500 cases of female breast cancer were diagnosed in the UK in 2016, together with 360 male cases.</p> <p>The proposal is not considered to impact on this protected characteristic group. This is because the proposal has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of PBT in this group of patients.</p>	Not applicable.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	No impact on this protected characteristic group is anticipated.	Not applicable.

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 inequalities³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	The proposal is not considered to impact on this group.	Not applicable.
Carers of patients: unpaid, family members.	The proposal is not considered to impact on this group.	Not applicable.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	The proposal is not considered to impact on this group.	Not applicable.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	The proposal is not considered to impact on this group.	Not applicable.
People with addictions and/or substance misuse issues	The proposal is not considered to impact on this group.	Not applicable.
People or families on a low income	The proposal is not considered to impact on this group.	Not applicable.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	The proposal is not considered to impact on this group.	Not applicable.
People living in deprived areas	The deprivation status and ethnicity profiles of non-invasive breast cancer patients were similar to the profiles of	Not applicable.

³ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p>breast cancer patients as a whole. 25% of women with non-invasive breast cancer were in the least deprived quintile while only 13% were in the most deprived quintile.</p> <p>The proposal is not considered to impact on this protected characteristic group. This is because the proposal has been developed based on a review of the latest available clinical evidence which found no evidence to support the use of PBT in this group of patients.</p>	
People living in remote, rural and island locations	The proposal is not considered to impact on this group.	Not applicable.
Refugees, asylum seekers or those experiencing modern slavery	The proposal is not considered to impact on this group.	Not applicable.
Other groups experiencing health inequalities (please describe)	Not applicable.	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	No X	Do Not Know
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b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

	Name of engagement and consultative activities undertaken	Summary note of the engagement or consultative activity undertaken	Month/Year
1	Not applicable.		

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	Cancer Research UK (www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/).	
Consultation and involvement findings	The proposal has not yet undergone stakeholder engagement. This is planned to take place between July and August 2020.	
Research	Not applicable.	
Participant or expert knowledge	The National Cancer Programme of Care, through its Clinical Reference Group structures and the support Policy Working	

Evidence Type	Key sources of available evidence	Key gaps in evidence
For example, expertise within the team or expertise drawn on external to your team	Group for this specific group, has expert knowledge regarding the treatment of para-aortic tumours.	

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?	Not applicable.	Not applicable.	Not applicable.
The proposal may support?			
Uncertain whether the proposal will support?			

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?		
The proposal may support?		
Uncertain if the proposal will support?	X	X

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.	

10. Summary assessment of this EHIA findings

The proposal recommends that PBT, a form of radiotherapy, should not be made available for the treatment of Breast Cancer. This recommendation is based on the findings of an evidence review which found no evidence to recommend the use of this treatment in this particular group of patients.

As the treatment is not currently available in this indication and the proposal is based on a review of the clinical evidence, the proposal is not considered to impact people with protected characteristics or groups who face health inequalities in either a positive or adverse way.

11. Contact details re this EHIA

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

Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

Yes:	No: X	Uncertain:
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13. Assistance sought re the completion of this EHIA:

Not applicable.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:	Iain Mellis	
Contact officer e: mail address:		
Contact officer mobile number:		
Team/Unit name: National Cancer Programme of Care	Division name: Specialised Commissioning	Directorate name: Finance
Name of senior manager/ responsible Director: Nicola McCulloch	Post title: Head of the Cancer Programme	E-mail address:

15. Considered by NHS England or NHS Improvement Panel, Board or Committee⁴

Yes:	No:	Name of the Panel, Board or Committee:	
Name of the proposal (policy, proposition, programme, proposal or initiative):			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities
Proposal gave due regard to the requirements of the PSED?		Yes:	No: N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?		Yes:	No: N/A:
Summary comments:			

16. Key dates

⁴ Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

Date draft EHIA completed:	6 th July 2020	
Date draft EHIA circulated to EHIU: ⁵	Not applicable.	
Date draft EHIA cleared by EHIU: ⁶	Not applicable.	
Date final EHIA produced:	TBC	
Date signed off by Senior Manager/Director: ⁷	TBC	
Date considered by Panel, Board or Committee:	TBC	
Date EHIA published, if applicable:	TBC	
EHIA review date if applicable ⁸ :	TBC	

⁵ If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.

⁶ If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

⁷ The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

⁸ This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.