

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 Statement: Proton Beam Therapy for Lung Cancer [URN:1923]

2. Brief summary of the proposal in a few sentences

Lung cancer is cancer that starts in the windpipe (trachea), the main airway (bronchus) or the lung tissue. Lung cancer is the third most common cancer in the UK. 47,235 new lung cancer cases were diagnosed annually in 2014-2016. Lung cancer incidence is highest in people aged 85-89. Lung cancer is more common in people living in the most deprived areas of England.

Lung cancer is the leading cause of cancer death in the UK, accounting for 21% of all cancer deaths in 2016. In 2016, there were 35,620 deaths from lung cancer in the UK. Only around 5% of lung cancer patients survive for 10 years or more.

Radiotherapy plays an important role in the treatment of all lung cancer subtypes (Non-small-cell lung cancer (NSCLC) and Small-cell lung cancer (SCLC)) and stages (stage I-IV). For curative treatments (stage I-III), the introduction of newer radiotherapy techniques including stereotactic ablative radiotherapy (SABR), intensity modulated radiotherapy (IMRT) and 4-dimensional radiotherapy has led to reduction in toxicity and the ability to safely treat patients with bulky tumours and/or near organs at risk, who were historically offered palliative radiotherapy.

The policy recommends that Proton Beam Therapy (PBT), should not be made routinely available for the treatment of Lung Cancer.

The policy has been developed in line with the findings of a review of evidence which demonstrated that there was not enough clinical evidence to make the treatment available at this time.

Further research into the use of PBT in the treatment of lung cancer is in development.

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



The policy has been developed in accordance with NHS England’s standard Methods for clinical commissioning policies

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>Incidence rates for lung cancer in the UK are highest in people aged 85 to 89 (2015-2017). Each year more than 4 in 10 (44%) of all new lung cancer cases in the UK are diagnosed in people aged 75 and over (2015-2017). (CRUK)</p> <p>Despite the relationship with age and the risk of developing cancer, the policy is not considered to impact on this protected characteristic group. This is because the policy has been developed based on a review of the latest available clinical evidence which demonstrated that there was not enough clinical evidence to support the use of PBT in this group of patients.</p>	<p>Further research into the use of PBT in the treatment of lung cancer is in development. It is too early to speculate as to the impact any research will have.</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 policy is not considered to impact on this protected characteristic group. This is because</p>	<p>Further research into the use of PBT in the treatment of lung cancer is in development. It is too early to speculate as to the impact any research will have.</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
	the policy 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.	
Gender Reassignment and/or people who identify as Transgender	Not applicable.	Not applicable.
Marriage & Civil Partnership: people married or in a civil partnership.	Not applicable.	Not applicable.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Not applicable.	Not applicable.
Race and ethnicity²	<p>Lung cancer is more common in White people than in Black or Asian people (https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer#heading-Zero)</p> <p>The policy is not considered to impact on this protected characteristic group. This is because</p>	Not applicable. Further research into the use of PBT in the treatment of lung cancer is in development. It is too early to speculate as to the impact any research will have.

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
	the policy has been developed based on a review of the latest available clinical evidence which demonstrated that there was not enough clinical evidence to support the use of PBT in this group of patients.	
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable.	Not applicable.
Sex: men; women	<p>In males and females in the UK, lung cancer is the 2nd most common cancer.</p> <p>The policy is not considered to impact on this protected characteristic group. This is because the policy has been developed based on a review of the latest available clinical evidence which demonstrated that there was not enough clinical evidence to support the use of PBT in this group of patients.</p>	Not applicable.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Not applicable.	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	Not applicable.	Not applicable.
Carers of patients: unpaid, family members.	Not applicable.	Not applicable.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Not applicable.	Not applicable.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Not applicable.	Not applicable.
People with addictions and/or substance misuse issues	Not applicable.	Not applicable.
People or families on a low income	Not applicable.	Not applicable.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Not applicable.	Not applicable.

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

Groups who face health inequalities ³	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 living in deprived areas	<p>Lung cancer in England is more common in people living in the most deprived areas (https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer/incidence#heading-Five).</p> <p>The policy is not considered to impact on this protected characteristic group. This is because the policy has been developed based on a review of the latest available clinical evidence which demonstrated that there was not enough clinical evidence to support the use of PBT in this group of patients.</p>	Not applicable.
People living in remote, rural and island locations	Not applicable.	Not applicable.
Refugees, asylum seekers or those experiencing modern slavery	Not applicable.	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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Do Not Know <input type="checkbox"/>
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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	Stakeholder engagement	Two week stakeholder engagement with key stakeholders as per usual process. 6 stakeholder responses were received with no specific comments on equalities impact. See specific stakeholder engagement report for details.	July – Aug 2020
2	Clinical Priorities Advisory Group (CPAG)	CPAG members reviewed the EHIA alongside policy proposition documentation. CPAG supported the EHIA.	December 2020

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 (https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer#heading-Zero).	
Consultation and involvement findings	The policy underwent stakeholder testing for a period of 2 weeks from 24 th July 2020 to 7 th August 2020 and a total of 6 responses we received. The policy was supported by all	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	stakeholders and no specific comments regarding equality and health inequalities were raised.	
Research	Not applicable.	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	The National Cancer Programme of Care, through its Clinical Reference Group structures and the support Policy Working Group for this specific group, has expert knowledge regarding the treatment of lung cancer.	

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?			
Uncertain whether the proposal will support?	x	x	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?		
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 policy recommends that PBT, a form of radiotherapy, should not be made available for the treatment of Lung 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 policy is based on a review of the clinical evidence, the policy 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:	30.11.2020
Date EHIA published if appropriate:	