

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

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

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

Stereotactic ablative body radiotherapy for patients with locally advanced, inoperable, non-metastatic pancreatic carcinoma (adults) URN 2011

2. Brief summary of the proposal in a few sentences

Pancreatic cancer is a type of cancer that starts in the pancreas, an organ near the stomach and is relatively rare. The different types of pancreatic cancer are divided into two main groups, based on the different types of cells found in the pancreas. Exocrine tumours start in the exocrine cells, where enzymes that help to digest food are made. Ninety-six out of a hundred (96%) pancreatic cancers are exocrine tumours. The most common type of pancreatic cancer, pancreatic ductal adenocarcinoma (PDAC), is an exocrine tumour.

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 clinical commissioning policy statement recommends the use of stereotactic ablative body radiotherapy (SABR) as a treatment option for adults with locally advanced, inoperable, non-metastatic pancreatic carcinoma (LANPC) where the disease remains localised following ≥ 3 months of systemic chemotherapy. The use of SABR as an alternative treatment option to chemoradiotherapy means that patients will require fewer daily hospital visits for their radiotherapy and, as concurrent daily oral chemotherapy is not required, are also spared the side effects of the chemotherapy.

The policy statement has been developed following completion of an independent review of three papers related to the treatment of locally advanced, inoperable, non-metastatic pancreatic carcinoma (adults) using SABR.

The policy statement 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 of pancreatic cancer in the UK are highest in people aged 85-89 years, with 47% of all new pancreatic cancer cases being diagnosed in people aged 75 years and over. (Cancer Research UK, 2017).</p> <p>A review of the available evidence shows that SABR as an alternative to chemoradiotherapy offers another treatment option, which requires fewer treatments of radiation (5 compared to 28-30) resulting in few journeys to hospital and, as concurrent daily oral chemotherapy is not required, are also spared the side effects of the chemotherapy. Therefore, it is expected to have a positive impact.</p> <p>However, the NHS is part-way through an expansion programme which aims to ensure that every NHS radiotherapy provider is able to deliver SABR. At the</p>	<p>The policy statement offers a further treatment option for a subgroup of patients with pancreatic cancer.</p> <p>Reduced number of hospital visits from 28-30 visits to just 5 visits.</p> <p>NHS England is currently in the process of rolling out SABR to all providers in the England by December 2021 for all clinical indications.</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
	<p>present time, only 32 of 50 providers are able to deliver SABR – however, this will be completed in 2021. In the short-term, this means that some patients may not wish to access SABR, if travel is an issue, which may be more of an issue for the elderly population.</p> <p>Overall, implementation of the policy statement is considered to have a potential positive impact on older people. This is because it provides an additional treatment option that may result in a reduction in the number of visits to hospital and concurrent daily oral chemotherapy is not required.</p>	<p>Treatment numbers will be monitored via the Radiotherapy Dataset (RTDS).</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. A review of available clinical publications demonstrates that SABR is an effective alternative to chemoradiotherapy which requires fewer treatments of radiation (5 compared to 28-30) resulting in few journeys to hospital and concurrent daily oral chemotherapy is not required.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	For this reason, implementation of the policy statement is considered to have a potential positive impact.	
Gender Reassignment and/or people who identify as Transgender	The policy statement is applicable to anyone with a pancreas and therefore all patients who meet the eligibility criteria as outlined in the proposal would be considered for treatment. The policy statement is not considered to have an adverse impact on this protected characteristic group.	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.	SABR is contraindicated for women who are pregnant due to the radiation exposure, however pancreatic cancer is much less common in younger age groups.	Not applicable.
Race and ethnicity¹	Pancreatic cancer is more common in White and Black people than it is in Asian people. Black people also tend to have	The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to

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.

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>higher morbidity and mortality rates than other ethnic groups.</p> <p>A review of the available evidence shows that SABR as an alternative to chemoradiotherapy offers another treatment option, which requires fewer treatments of radiation (5 compared to 28-30) resulting in few journeys to hospital and concurrent daily oral chemotherapy is not required.</p> <p>The implementation of the policy statement is considered to have a potential positive impact on groups who are more susceptible to pancreatic cancer, in this case Black males. This is because it provides an additional treatment option that will result in a reduction in the number of visits to hospital.</p>	<p>treatment. Treatment numbers will be monitored via RTDS.</p>
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable.	Not applicable.
Sex: men; women	Pancreatic cancer is more common in men than women, with the cause unknown. Males also tend to have a higher mortality rate.	The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to

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>A review of the available evidence shows that SABR as an alternative to chemoradiotherapy offers another treatment option, which requires fewer treatments of radiation (5 compared to 28-30) resulting in few journeys to hospital and concurrent daily oral chemotherapy is not required thus reducing the risk of side effects.</p> <p>The implementation of the policy statement is considered to have a potential positive impact on groups who are more susceptible to pancreatic cancer, in this case black males.</p>	<p>treatment. Treatment numbers will be monitored via RTDS.</p> <p>NHS England is currently in the process of rolling out SABR to all providers in the England by December 2021 for all clinical indications.</p>
<p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>

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 inequalities²	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	Incidence rates of pancreatic cancer in the UK are highest in people aged 85-89 years, with 47% of all new pancreatic cancer cases being diagnosed in people aged 75 years and over (Cancer Research UK, 2017). For this reason, the policy statement is not expected to impact this group.	Not applicable.
Carers of patients: unpaid, family members.	Chemoradiotherapy as the standard of care could have a potential adverse impact on carers and family members as more assistance with care may be needed. The implementation of the policy statement is considered to have a potential positive impact on carers. This is because it provides an additional treatment option that will result in a reduction in the number of visits to hospital and concurrent daily oral	The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.

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
	chemotherapy is not required thus reducing the risk of side effects.	
<p>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>People experiencing homelessness are more likely to suffer from a physical health problem and access to healthcare is known to be a problem for this group (Crisis, 2011).</p> <p>Pancreatic cancer is more common in people from deprived backgrounds. In England, incidence rates are 19% higher in the most deprived quintile compared to the least and in males are 20% higher.</p> <p>The implementation of the policy statement is considered to have a potential positive impact on groups who are more susceptible to pancreatic cancer. This is because it provides an additional treatment option that will result in a reduction in the number of visits to hospital and concurrent daily oral chemotherapy is not required thus reducing the risk of side effects.</p> <p>However, the potential negative impact is that SABR is not as widely available in all areas as conventional radiotherapy,</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p> <p>NHS England is currently in the process of rolling out SABR to all providers in the England by December 2021 for all clinical indications.</p>

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
	therefore people who may not be able to travel may not be able to access this treatment.	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	People involved in the criminal justice system would be able to access treatment through prison healthcare services. No specific impact is expected on this group as a result of implementation of the policy statement.	Not applicable.
People with addictions and/or substance misuse issues	<p>Pancreatic cancer is more common in people with poor diet, smoking, alcohol and vitamin D insufficiency (Cancer Research UK, 2017)</p> <p>The implementation of the policy statement is considered to have a potential positive impact on groups who are more susceptible to pancreatic cancer. This is because it provides an additional treatment option that will result in a reduction in the number of visits to hospital and concurrent daily oral chemotherapy is not required thus reducing the risk of side effects.</p>	The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.
People or families on a low income	Pancreatic cancer is more common in people from deprived backgrounds. In England, incidence rates are 19% higher	The policy statement offers a further treatment option for a subgroup of patients with 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
	<p>in the most deprived quintile compared to the least and in males are 20% higher (Cancer Research UK 2017).</p> <p>The implementation of the policy statement is considered to have a potential positive impact on groups who are more susceptible to pancreatic cancer. This is because it provides an additional treatment option that will result in a reduction in the number of visits to hospital and concurrent daily oral chemotherapy is not required thus reducing the risk of side effects.</p> <p>However, the potential negative impact is that SABR is not as widely available in all areas as conventional radiotherapy, therefore people who may not be able to travel may not be able to access this treatment.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p> <p>NHS England is currently in the process of rolling out SABR to all providers in the England by December 2021 for all clinical indications.</p>
<p>People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).</p>	<p>Pancreatic cancer is more common in people from deprived backgrounds. In England, incidence rates are 19% higher in the most deprived quintile compared to the least and in males are 20% higher (Cancer Research UK 2017).</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p>

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
	<p>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.</p>	
<p>People living in deprived areas</p>	<p>Cancer treatment is known to have a financial impact on patients with cancer with 4 in 5 people affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). Pancreatic cancer is more common in people from deprived backgrounds. In England, incidence rates are 19% higher in the most deprived quintile compared to the least and in males are 20% higher (Cancer Research UK, 2017).</p> <p>The implementation of the policy statement is considered to have a potential positive impact on groups who are more susceptible to pancreatic cancer. This is because it provides an additional treatment option that will result in a reduction in the number of visits to hospital and concurrent daily oral chemotherapy is not required thus reducing the risk of side effects.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p>

Groups who face health inequalities²	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>However, the potential negative impact is that SABR is not as widely available in all areas as conventional radiotherapy, therefore people who may not be able to travel may not be able to access this treatment.</p>	<p>NHS England is currently in the process of rolling out SABR to all providers in the England by December 2021 for all clinical indications.</p>
People living in remote, rural and island locations	<p>The policy statement proposes treatment using SABR as one treatment option, which may be further away, but only requires 5 visits to hospital for treatment and concurrent daily oral chemotherapy is not required thus reducing the risk of side effects.</p> <p>Patients may find it more difficult to access SABR depending on whether their local radiotherapy centre provides SABR for this indication.</p>	<p>The clinical criteria, based on reliable clinical evidence, in the policy statement clearly define the eligible patient population to maximise access to treatment. Treatment numbers will be monitored via RTDS.</p> <p>NHS England is currently in the process of rolling out SABR to all providers in the England by December 2021 for all clinical indications.</p>
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	X	No	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	Stakeholder engagement	2-week stakeholder engagement period with key stakeholders was undertaken as per NHS England's standard methods.	25 May 2021 - 8 June 2021
2	Policy working group	The policy working group that is developing the policy statement is made up of specialist clinicians, a public health consultant, a patient public voice representative, a commissioner and a clinical policy fellow to offer a range of opinions and backgrounds.	Throughout the policy development process
3	Clinical Panel	The policy statement and EHIA have been discussed at Clinical Panel	March 2021

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	<p>Cancer Research UK, https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/pancreatic-cancer#heading-Six Accessed January 2021.</p> <p>Rawla P, Sunkara T, Gaduputi V. Epidemiology of pancreatic cancer: global trends, etiology and risk factors. World Journal of Oncology. 2019; 10(1): 10-27.</p> <p>Wu W, He X, Yang L, Wang Q, Bian X, Ye J, Li Y, Li L. Rising trends in pancreatic cancer incidence and mortality in 2000-2014. Clinical Epidemiology. 2018; 10: 789-797.</p>	
Consultation and involvement findings	Not applicable.	
Research	Not applicable.	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Through the Cancer Programme of Care and its Clinical Reference Group structures supporting the policy working group, with its expert knowledge regarding the incidence and treatment of pancreatic 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?	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?		
The proposal may support?	X	X
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	N/A	
2	N/A	
3	N/A	

10. Summary assessment of this EHIA findings

The EHIA has highlighted that pancreatic cancer is more common with increasing age, with nearly 50% of patients being above 75 years at diagnosis. It is more common in men than in women. It is more common in White and Black people than in Asian people. Incidence is higher in deprived areas, which could correspond to the risk factors for pancreatic cancer of smoking, alcohol, poor diet and vitamin D insufficiency.

The policy statement provides an additional treatment option, may result in fewer visits to hospital and, as concurrent daily oral chemotherapy is not required, reduces the risk of side effects as compared to current standard of care. This will have a positive impact on groups in which pancreatic cancer is more common (aged over 75 years at diagnosis and white and black males).

For this reason, adoption of the policy statement is considered to improve health outcomes for people with protected characteristics (based on age, disability, sex and race/ethnicity). The proposal may also potentially impact groups who face health inequalities (carers of patients) due to possible improvements in quality of life.

The policy statement is aimed at all adults irrespective of race and ethnicity and any protected characteristics within section 149 of the Equality Act (2010).

11. Contact details re this EHIA

Team/Unit name:	Cancer Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Finance, Performance and Planning
Date EHIA agreed:	1 st July 2021
Date EHIA published if appropriate:	September 2021