

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Ruxolitinib for treating non-segmental vitiligo in people 12 years and over [ID3998]

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

At scoping consultation, the following comments were made:

- The condition is more noticeable in brown and black skin tones, but the psychological impact is apparent for all skin tones, along with the risk of sunburn for all skin tones.
- There is a risk of depression and anxiety which may be greatest in the Black and minority ethnic populations.
- Some quality-of-life measures may discriminate against non-native English speakers.

The committee was mindful of its obligations in relation to the Equality Act 2010. It understood that the impact of vitiligo patches varies individually and does not necessarily depend on a person's skin colour or Fitzpatrick scale skin type.

The committee noted that some quality-of-life measures may discriminate against people with English as a second language but that it was unclear whether this was relevant to the measures used in the key clinical trials.

2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the committee addressed these?

Other potential equality issues raised in submissions/expert statements included:

- There may be an additional cultural burden in people with brown and black skin tones, which may lead them to experience more discrimination.
- If ruxolitinib is recommended, it should be offered to all people with vitiligo irrespective of their ethnicity or any other protected characteristic.
- Vitiligo is more common in younger people, and that if ruxolitinib was recommended it should be available to people 12 years and over.
- Access to phototherapy may vary depending on where a person lives.

The committee was mindful of its obligations in relation to the Equality Act 2010. It considered that it could only recommend ruxolitinib within its marketing authorisation.

The committee considered that issues around healthcare implementation could not be addressed in a technology appraisal. It understood that there was a personal and financial burden associated with a course of phototherapy, which may mean that it is not suitable for some people who are eligible for treatment. It considered that if ruxolitinib was recommended it may provide another option that does not have the associated barriers to access that phototherapy has.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

No other potential equality issues have been identified by the committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other

groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?
N/A.

7. Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
Yes, see section 3.15 of the draft guidance.

Approved by Associate Director (name): ...Linda Landells

Date: 23 January 2024