NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Tirzepatide for managing overweight and obesity [ID6179]

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?
During the scoping process, the following potential equality issues were raised: • The committee should consider whether changes to body mass index (BMI) thresholds for members of particular ethnic minority groups are appropriate within the recommendations, to align with CG 189. • That socioeconomic status influences the incidence and impact of obesity. • That there is inequality in the access to treatment due to the availability of obesity services being varied throughout England. • That there is inequality in access to treatments which could alleviate disability such as hip or knee replacements due to the presence of obesity.

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?
Further potential equality issues raised throughout the evaluation are:

- For people who cannot access specialist weight management services, pharmacological treatments for obesity can only be accessed privately. This is more likely to affect access for people of lower socioeconomic status.
- People with mental health disorders (especially those receiving atypical antipsychotic medication) may have increased risks of developing obesity. Access to specialist services may be restricted for some people with mental health disorders, meaning there may be inequitable access to pharmacological treatments for obesity for these people.

3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
No.	

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. The preliminary recommendations do not specify in which treatment setting tirzepatide can be accessed. Access across primary and secondary care is expected. This may improve access for people in areas where access to specialist obesity services is limited. Implementation of tirzepatide into primary care services should consider how access to these services can be achieved equitably.	

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.	

The preliminary recommendations recommend tirzepatide for some people with obesity and at least 1 weight-related comorbidity as a treatment option. Some people within this population will have a disability, but access to treatment is not anticipated to have an adverse impact for these people. It is not anticipated that there will be an adverse impact for people with disabilities who are not covered by the preliminary recommendation.

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?
Not applicable.	

7.	Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Yes. Section 3.29 of the draft guidance.	

Approved by Programme Director (name): Jacoline Bouvy

Date: 22/05/2024

Final draft guidance

(when draft guidance issued)

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
	Stakeholders commented that there are health inequalities associated with inequitable access to food with high nutritional value in areas of high deprivation or relating to socioeconomic status. There were also concerns that recommendations for a restricted calorie diet did not take into account the nutritional adequacy of people's diets. The committee noted that it was expected that tirzepatide would be used alongside a diet and exercise intervention

	including healthcare professionals who could advise on healthy diet, in line with the recommendations in NICE's guideline on overweight and obesity management. But, the implementation of this could not be covered by a technology appraisal.

2.	If the recommendations have changed after consultation, are there any recommendations that 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?
N/A as the recommendations have not changed after consultation.	

3.	If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
N/A as the recommendations have not changed after consultation.	

4.	If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?
N/A as the recommendations have not changed after consultation.	

5.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Yes, please refer to section 3.30 of the final draft guidance.	

6.	Have any potential equality issues been identified in the variation to the funding period that was submitted, and have these been considered by NICE's Guidance Executive?

Yes.

Annex F of NHS England's (NHSE) variation to the funding period submission sets out the potential impact of the funding variation proposals on the following protected characteristics: age, disability, race and ethnicity, sex, people or families on a low income, people living in deprived areas, and other groups experiencing health inequalities. They consider the impact of the funding variation proposal as compared to a scenario where no variation to the funding period would exist.

Age: NHSE don't consider that certain age groups would be disadvantaged as a result of the proposals as prioritisation will be based on clinical need, not age.

Disability: prevalence of excess weight is higher in people with physical and mental health conditions. As the proposals will provide the earliest access to people with multiple weight-related comorbidities, they consider the funding variation proposals should support reducing disability-related inequalities.

Race and ethnicity: The prevalence of obesity varies by ethnicity. The prioritisation based on BMI and clinical need will accept the same adjustment of lowering BMI thresholds of each cohort by 2.5kg/m2 for the relevant group of patients.

Sex: the funding variation proposal presents figures that state that being overweight is more common in men, but obesity is more common in women. However, there is no description given how the proposal might exacerbate or reduce any sex-related inequalities, or whether men or women are disproportionately impacted by the proposals.

People or families on a low income: The income of a household should not determine access to tirzepatide, and obesity is associated with social and economic deprivation across all age ranges. For adults, prevalence of excess weight is 11% higher in the most deprived areas compared with the least deprived. NHSE consider that people from less deprived backgrounds might be more motivated and able to gain access to tirzepatide under the implementation proposals. However, they do not consider that the

prioritisation as set out in their proposals will exacerbate or lower such differences.

People living in deprived areas: NHSE considers there is a higher likelihood of geographically equitable access to tirzepatide between and within ICBs with a centrally designed implementation plan in place. NHSE therefore considers that their plans are likely to reduce inequitable access across the country, as compared to a scenario where no variation to the funding variation proposals would be agreed.

Other groups (those in care homes, those in the justice system, mental health): NHSE considers that a centrally coordinated phased rollout will avoid disadvantaging these groups. Care homes fall under the remit of primary care services and therefore access would be equitable to other patients. For health services in the justice system there is a need to commission a new treatment pathway equivalent to that for the general population. The submission does not comment on how that might impact inequalities that potentially could be experienced by this group as a result. For those with severe mental illness rates of obesity are higher than those in the general population, and they have a low uptake of interventions related to obesity. Here, the submission also does not comment on how that might impact inequalities experienced by this group.

Annex E gives a list of other protected characteristics that it does not believe will experience any specific additional negative health effects.

NHSE concludes that their proposal is blind to all considerations other than clinical need. Therefore, it considers that its approach to variation of the funding period offers the best chance of consistent and equitable access to tirzepatide.

NICE considers that NHSE's Annex E does not sufficiently consider the intersectional nature of inequalities, and that its proposal still could exacerbate inequalities for people with certain protected characteristics, especially those who might have more than 1 protected characteristic. Of key concern is the fact that some weight-related comorbidities might be more prevalent in people with other protected characteristics and NHSE have not appeared to consider this in how they have identified the 'qualifying comorbidities'. For example, people from certain ethnic backgrounds or living with higher levels of deprivation might be at higher risk of certain weight-related comorbidities and might receive less optimal care than those without these characteristics. Therefore NICE does not consider the selected 'qualifying comorbidities' sufficiently motivated and instead, has

recommended that clinical prioritisation needs to be aligned with the comorbidities considered in the TA and based on expert clinical consensus.

NICE also questions NHSE's assumption that people from less deprived backgrounds might be more motivated to gain access to tirzepatide under the implementation proposals. However, it agrees that the prioritisation set out in the proposals is unlikely to exacerbate or lower such differences. NICE agrees with NHSE that on balance, a nationally coordinated approach to implementation that minimises regional variability in access and based on clinical need alone is the most equitable approach to varying the funding variation period. NICE also agrees with NHSE in its assessment that a scenario in which no variation to the funding regulation would likely have much more negative impacts on most of the groups they discuss in Annex E.

Given NHSE's conclusion that their proposed implementation is blind to all considerations other than clinical need, it is unclear how the proposals will address known health inequalities, such as unequal access to services for some people with protected characteristics.

NICE considers that NHSE will need to collect data as part of the first 3 years of the implementation period on the potential impact of the funding variation implementation on health inequalities. At the 3 year review, specific consideration will be required, if evidence demonstrates that the implementation has increased inequalities, what change to the implementation is required to address any inequalities that may have arisen.

Approved by Programme Director (name): Jacoline Bouvy

Date: 22/11/2024