

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis (review of TA289)

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 consultation on the draft scope some consultees commented that myelofibrosis often affects older patients and this is a potential equalities issue. NICE responded that issues related to differences in prevalence or incidence of a disease between different age groups cannot be addressed in a technology appraisal.

Differences in prevalence between groups of people are a characteristic of the disease and not considered an equality issue.

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?

The company submission stated that patients with MF may be less likely to receive extensive cancer treatment because of their age, and may also be at risk of receiving poorer treatment because of the rarity of their disease. Equality of access may be achieved by ensuring that the benefits of newer treatments reach these patients.

Differences in prevalence between groups of people are a characteristic of the disease and cannot be addressed within a NICE technology appraisal. This issue was not considered as a potential equality issue which could be

addressed by the Committee.

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 were 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?

No

7. Have the Committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?

Not applicable

Approved by Associate Director (name): Frances Sutcliffe.....

Date: 12 October 2015

Final appraisal determination

(when an ACD issued)

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

During consultation the following issues were raised

1. The preliminary recommendation was discriminating against people with intermediate-2 myelofibrosis, because it did not recommend ruxolitinib for this subgroup.

Age is one of the five contributing factors to the risk score in the IPSS scoring system, NICE could be criticised here for discriminating against patients below 65 years of age.

2. Myelofibrosis is a rare orphan disease (with less investment and options).
3. Ruxolitinib is available in Scotland and not recommending it in England would potentially lead to inequality in access.

NICE Response:

Issues related to differences in prevalence or incidence of a disease between different age groups cannot be addressed in a technology appraisal, therefore not recommending ruxolitinib for people with intermediate-2 risk myelofibrosis was not considered as a potential equality issue which could be addressed by the Committee.

Any NICE recommendation will be applied consistently across England, thereby reducing any variation in practice (such as age, orphan status).

The potential equality issues identified during the ACD consultation have been noted by the Committee. None of these issues related to protected characteristics, as defined by the Equalities Act, there was no unfairness or unlawful discrimination, and so these issues were not considered equality

issues.

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?

None. The recommendation now includes both people with intermediate-2 and high-risk myelofibrosis.

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?

Not applicable.

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?

The Committee considered there was no unfairness or unlawful discrimination, and as a result there were no equality issues.

5. Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

At the end of the Summary table on page 47.

Approved by Centre or Programme Director (name): Meindert Boysen

Date: 03022016