

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

MTA Immunosuppressive therapy for kidney transplant in adults (review of technology appraisal guidance 85)

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?

The Committee noted the potential equality issue raised during scoping and in the submissions, that some Jehovah's Witnesses are unwilling to have human blood products. It noted that none of the recommended technologies are based on human blood products.

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 Committee understood that effective immunosuppression may be particularly beneficial for people from black, Asian and minority ethnic groups, and noted that a number of effective treatment options are available. The Committee also heard that mycophenolate mofetil cannot be taken by women who are pregnant and noted that alternative treatment options are available. The Committee concluded that no changes to the recommendations were needed to take account of equality issues.

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

Technology appraisals: Guidance development
Equality impact assessment for the multiple technology appraisal of Immunosuppressive therapy for kidney transplant in adults (review of technology appraisal guidance 85)

No additional equality issues identified.

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?

Not applicable

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

Yes – paragraph 4.78.

Approved by Associate Director (name): Helen Knight

Date: 29/07/2015

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?

The preliminary guidance recommends two medicines that are taken orally: immediate-release tacrolimus and mycophenolate mofetil. The Committee heard from clinical experts that the groups of people who cannot swallow tablets include adults with disabilities.

The Committee noted that oral suspensions are available for immediate-release tacrolimus (Modigraf) and mycophenolate mofetil (CellCept), and that these products have a marketing authorisation in the UK. The suspensions are more expensive than capsules. The Committee agreed that it would be unfair if people who cannot swallow capsules were not able to have immediate-release tacrolimus and mycophenolate mofetil because these treatments were clinically effective in adults. It noted that restricting access in this way might discriminate against adults with disabilities. The Committee concluded that, when prescribing immediate-release tacrolimus or mycophenolate mofetil, treatment should normally be started with the product with the lowest acquisition cost. However, an alternative product could be prescribed if the adult is not able to swallow capsules and needs an oral suspension due to a disability.

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?

No

3. If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on

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| people with disabilities because of something that is a consequence of the disability? |
| No |

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| 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? |
| Not applicable |

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| 5. Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where? |
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Approved by Centre or Programme Director (name): Meindert Boysen

Date: 18 January 2016

Consultation 2 (post-appeal)

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

No other potential equality issues have been raised.

7. 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?

No other potential equality issues have been raised.

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

No additional equality issues were identified.

9. 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?

The changes to the wording of the recommendations are for clarity only, that is the recommendations themselves have not been altered. The changes to the wording do not make it more difficult in practice for a specific group to access the technology compared with other groups.

10. 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?

The changes to the wording of the recommendations are for clarity only, that is the recommendations themselves have not been altered. The changes to the wording will not have an adverse impact on people with disabilities because of something that is a consequence of the disability.

11. 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.

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

Yes – paragraph 4.24.

Approved by Associate Director (name): Helen Knight

Date: 20/04/2017

Final appraisal determination 2 (post appeal)

(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 the consultation, it was raised that people may not be able to have immediate-release tacrolimus capsules if they do not wish to ingest gelatine of animal origin for religious or cultural reasons. NICE noted that mycophenolate mofetil capsules also contain gelatine. The committee recognised that it might be unfair if people who were unable to have a particular excipient because of religious reasons, as well as those who

cannot swallow capsules, were not able to have immediate-release tacrolimus or mycophenolate mofetil because these treatments were clinically effective. It noted that restricting access in this way might discriminate against people with protected characteristics. The committee concluded that, when prescribing immediate-release tacrolimus or mycophenolate mofetil, treatment should normally be started with the product with the lowest acquisition cost. However, an alternative product could be prescribed if the least expensive product is not suitable.

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?

No.

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?

No.

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?

No.

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

Yes, in paragraphs 1.2, 1.3 and 4.23, and in the summary table.

Approved by Associate Director (name): Helen Knight

Date: 31/08/2017