NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Sofosbuvir-velpatasvir-voxilaprevir for treating chronic hepatitis C [ID1055]

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

Final appraisal determination

(when no ACD was issued)

1.	Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
During the scoping process, it was noted that chronic hepatitis C disproportionately affects certain populations such as certain immigrant populations, prison populations, and drug users, in terms of accessing the healthcare system and having access to innovative new treatments. The committee has discussed these issues in previous hepatitis C appraisals and concluded that its recommendations were fair for these groups of people. Having decided that sofosbuvir–velpatasvir–voxilaprevir should be recommended for all the groups for whom there was evidence presented, the committee agreed that its recommendations were fair. It concluded that no further consideration of potential equality issues was needed to meet NICE's obligation to promote equality of access to treatment.	

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?

Clinical expert noted that sofosbuvir-velpatasvir-voxilaprevir would not be recommended for patients with severe renal impairment (as sofosbuvir is contra-indicated in such patients) or those with decompensated liver disease (as NS3/4 protease inhibitors which as a class are contra-indicated in such patients even though there is no specific data for voxilaprevir in this scenario).

This was not considered to be a potential equality issue because the marketing authorisation for sofosbuvir-velpatasvir-voxilaprevir does not include patients with decompensated cirrhosis, and patients with severe liver impairment (SPC). The committee can only give recommendations within the marketing authorisation.

In addition, the Haemophilia Society suggested that due to the nature of the infection route for people with bleeding disorders (via NHS treatment) with potentially multiple genotypes, people with a bleeding disorder should be seen as priority for this treatment.

Having decided that sofosbuvir–velpatasvir–voxilaprevir should be recommended for all the groups for whom there was evidence presented, the committee agreed that its recommendations were fair. It concluded that no further consideration of potential equality issues was needed to meet NICE's obligation to promote equality of access to treatment.

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.	

4.	Do the 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 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 final appraisal determination, and, if so, where?
Yes, in section 3.14 of the final appraisal determination.	

Approved by Associate Director (name): Helen Knight

Date: 20/12/2017