NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

MTA beta interferon and glatiramer acetate for treating multiple sclerosis (review of TA32)

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 a consultee noted that there may be regional differences in access to medical assessment, specialist health professionals and rehabilitation care. In general, regional differences in general care are not considered an equality issue, and the purpose of NICE technology appraisal guidance is to remove regional differences for the appraised technologies. As the recommendations are not based on care being provided in a specialist centre, the committee did not need to discuss this issue further.	

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?
Healthcare Improvement Scotland stated that glatiramer acetate is the safest drug to be used in women who want to become pregnant in the future. Although glatiramer acetate is not contraindicated during pregnancy, its marketing authorisation suggests that it is preferable to avoid use during pregnancy. Based on this, the committee concluded that it could not apply special considerations with respect to pregnancy to glatiramer acetate.	

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 raised.	

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, in section 3.26	

Approved by Associate Director (name): Elisabeth George

Date: 17/01/2018

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 several consultees noted that glatiramer acetate is the safest drug to be used in anyone who is planning to become pregnant and that it was preferable to avoid the use of the beta interferons during the pre-conception period. Based on these comments the committee understood that glatiramer acetate is considered the safest drug in the pre-conception period.

During consultation several consultees noted that Extavia and Betaferon are supplied as a solvent and powder which patients (or carers) must mix each time they administer the treatment. Therefore some people may have difficulty using Extavia or Betaferon, particularly people with manual dexterity, visual or cognitive difficulties, which are common in people with multiple sclerosis. Based on this the committee concluded that it could apply special considerations to this group of people with respect to the ease of preparation and administration of beta interferons.

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?
Not applicable.	

5.	Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes, in sections 3.27, 3.28, 3.29 and 3.30.	

Approved by Centre or Programme Director (name): Elisabeth George

Date: 05/04/2018