

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Dapagliflozin for treating heart failure with reduced ejection fraction [ID1656]

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)

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| 1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how? |
| No equality issues identified at scoping |

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| 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 noted concerns from a patient expert statement which highlighted that if dapagliflozin was limited to specialist care for heart failure, people with type 2 diabetes would have access to it in primary care, but people who had HFrEF without diabetes would not. The committee considered that the population who had HFrEF were likely to be older and have worse kidney function than people with diabetes alone. The committee recalled standard clinical practice is for a heart failure specialist and a multidisciplinary team to determine the most appropriate second-line treatment to offer. It noted that specialist advice could be given to a primary care healthcare professional, so people would not need to visit a hospital to start dapagliflozin. The committee noted its recommendation applied to all people included in the dapagliflozin for HFrEF marketing authorisation and not only those with comorbid diabetes. It therefore did not consider this an equalities issue. |

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

None

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. The committee noted that national variation in specialist care referrals can be an access barrier for technologies limited to initiation and monitoring in specialist care. However, because it recommended that dapagliflozin is started on specialist advice which could be given to a primary care healthcare professional, there are no anticipated barriers to access.

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?

No

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

Yes, please see FAD section 3.25.

Approved by Associate Director (name): Nicole Elliott

Date: 22/02/2021