

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Semaglutide for managing overweight and obesity

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 the scoping process it was highlighted that the committee would consider whether changes to body mass index (BMI) thresholds for members of particular minority ethnic groups are appropriate within the recommendations. This equality issue has been addressed by specifying in the draft recommendation that lower BMI thresholds (usually reduced by 2.5 kg/m²) should be used for people from south Asian, Chinese, and Black African or Caribbean family backgrounds. The committee discussion on this issue is described in section 3.21 in the appraisal consultation document (ACD).

Further issues raised during the scoping process were:

- that socioeconomic status influences the incidence and impact of obesity
- that there is inequality in the access to treatment due to the availability of obesity services being varied throughout England.

However, these issues were not addressed by the committee as issues related to incidence of a disease and implementation regarding access to services cannot be addressed in a technology appraisal.

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?

No.

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

No.

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?

The preliminary recommendations state that semaglutide should be prescribed as part of a specialist weight management service with multidisciplinary input (such as a tier 3 or 4 service). As noted in section 1, availability of obesity services varies throughout England. Therefore, it may be that some groups of people according to geographical location will find it more difficult in practice to access semaglutide.

As noted in section 1, issues related to access to services cannot be addressed in a technology appraisal.

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?

The considerations described in section 4 may also apply to people with disabilities who cannot easily travel to access specialist weight management services.

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?

Section 3.3 of the ACD describes why the committee recommended semaglutide as part of a specialist weight management service with multidisciplinary input.

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

As noted in section 6, section 3.3 of the ACD describes why the committee recommended semaglutide as part of a specialist weight management service with multidisciplinary input.

Final appraisal determination

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

An additional equality issue was raised concerning the lack of accessibility of specialist weight management services for some people with severe mental illness. This is discussed in section 3.32 of the Final Appraisal Document. The committee discussed this issue and whether because of this semaglutide should be offered in different settings outside specialist weight management services, such as mental health services. However, it considered that specialist weight management services are the only appropriate setting for semaglutide treatment as these can provide the necessary multidisciplinary specialist weight management interventions needed to provide semaglutide as a package of care, in line with its marketing authorisation. The committee also noted that the evidence for semaglutide shows that it is effective when given alongside a programme of lifestyle interventions which are provided in specialist weight management services. The committee was not aware of any evidence to show that without these lifestyle interventions semaglutide would be effective. It noted that some secondary mental health services do provide advice and management

of physical health. However, the committee agreed that this was not equivalent to the setting in the trial which included weight-loss orientated multidisciplinary treatment and there was no evidence that semaglutide would be effective in this setting. The committee concluded that the current tiered system for obesity management is not ideal and that specialist weight management services should be accessible to anyone who is eligible and able to engage with the interventions provided in these services, despite any comorbidities. It suggested that this system, including referral criteria for people with severe mental illness should be reconsidered.

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. Section 3.22 describes the equality issue related to people from some minority ethnic family backgrounds who are at an equivalent risk of the consequences of obesity at a lower BMI than people from a White ethnic family background.

Section 3.23 describes the equality issues related to provision of specialist weight management services, which are not available throughout the country and that have inequitable access for people with severe mental illness.

Approved by Associate Director (name):Janet Robertson...

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