

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### STA Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes (review of TA613)

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

#### Final draft guidance

(when no draft guidance was issued)

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

It was noted during scoping that restricting treatment only for people with central macular thickness 400 micrometres is discriminatory as early treatment allows rapid resolution of oedema and for suboptimal responders to anti-VEGF treatment, the switch to steroids can be done early before chronic oedema causes irreversible visual loss.

NICE also noted that if a person is registered as blind or partially sighted, they are considered disabled, as stated in the Equality Act 2010. Therefore, the patient population addressed in this appraisal is a protected group under this act.

The lead team for this cost comparison recommended fluocinolone acetonide for the whole population being covered by this evaluation, for use in accordance with its marketing authorisation.

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?

Several additional potential equality considerations were highlighted:

- Pregnancy is a major risk factor for the progression of retinopathy and diabetic macular oedema and is associated with increased prevalence and severity of retinopathy.
- Ethnicity is considered a complex risk factor of diabetes:
  - o Minority ethnic groups (both South Asians and African/Afro-Caribbeans) found to have increased odds of having retinopathy compared to their white counterparts.
- People from lower socio-economic backgrounds tend to have worse DMO outcomes.
- Diabetes is more common in people with learning disabilities, and they are 10x more likely to experience serious sight loss than other people in the general population.

The lead team for this cost comparison recommended fluocinolone acetonide for the whole population being covered by this evaluation, for use in accordance with its marketing authorisation.

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 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. The recommendations allow 2 corticosteroid intravitreal implants to be available to people with diabetic macular oedema, which are administered either at 6 month or 3 year intervals.

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 draft guidance, and, if so, where?

No

**Approved by Associate Director (name):** Ross Dent

**Date:** 24/01/2024