NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Acalabrutinib and venetoclax with or without obinutuzumab for untreated chronic lymphocytic leukaemia [ID6232]

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?
No equality issues were identified during the scoping process.	

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?
In the clinical expert submission, the expert raised differences in NHS infrastructure between tertiary centres and district general hospitals. The smaller hospitals may may lack the monitoring capacity or day-unit space needed for obinutuzumab infusions and tumour lysis syndrome monitoring. This may reduce access to venetoclax plus obinutuzumab which is current treatment. The technology for this appraisal does not require this capacity. The patient expert highlighted that additional barriers to treatment for chronic lymphocytic leukaemia (CLL), include travel and parking costs, lost income, childcare responsibilities and limited digital access. The committee recognised that access to treatment options in the NHS is not an equality issue within its remit, but noted that acalabrutinib plus venetoclax	

is an oral regimen, which may be easier for people with CLL to use than some alternative treatments.

3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
The committee noted that the company did not include people who have high-risk untreated CLL in its submission. This appraisal focused on non-high-risk CLL but the marketing authorisation for acalabrutinib plus venetoclax applied to both high- and non-high-risk subgroups of CLL. It also recognised that other fixed duration treatments are recommended for untreated CLL in adults irrespective of risk status. The committee requested that the company provide evidence on acalabrutinib plus venetoclax in the high-risk untreated CLL for its consideration.	

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?
N/a	

7.	Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
Yes, in section 4.23.	

Approved by Associate Director (name): …Richard Diaz……

Date: 3 March 2026