

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – implementation of changes to NICE's cost-effectiveness thresholds

#### Consultation

1. What equalities issues has NICE identified during the development of its approach to implementation of the anticipated change to its cost-effectiveness threshold?

NICE considered that an anticipated increase to its cost-effectiveness threshold would provide an incentive for companies currently undergoing a technology appraisal of their product to delay or terminate their appraisals if NICE would follow the standard approach for changes to its manual. That is, under the standard approach, that the changes would only apply to topics that start after the date the change comes into force (anticipated to be April 2026). This would mean that any technology appraisal that would be initiated before April 2026 would be evaluated using NICE's current cost-effectiveness thresholds even if the majority of the appraisal would take place after April 2026.

Because, for medicines undergoing technology appraisals, the threshold directly impacts the price a company can charge for its product, this would have created an incentive to delay or terminate technology appraisals currently underway, with a view to restarting them once the new threshold applies. NICE considered that this could cause significant delay to patient access across a range of conditions, potentially disadvantaging people with disabilities as defined under the Equality Act 2010. Although NICE does not exactly know which particular appraisals would be affected (as this relates to private company decision making), NICE has identified that up to 60 appraisals could be affected.

Therefore, it considered that the potential negative impact on delays to patient access to new medicines was substantial enough that it had to consider taking a different approach to implementation, specifically taking measures that would minimise delays to patient access to new medicines.

Under the proposed implementation approach, some ongoing evaluations which would be impacted by a change of thresholds will be paused until the

new threshold is applied. This means that even under this proposed approach, some delays to patient access may still occur, which could include delays for patients with disabilities as defined under the Equality Act 2010. However, a smaller volume of delays and terminations is expected under the NICE proposal, overall reducing this impact.

2. Have any other potential equality issues been identified by NICE?

NICE has not identified any other potential equalities issues.

3. Does the implementation of the anticipated increase in the cost-effectiveness threshold make it more difficult in practice for a specific group to access a technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

If delays in completing appraisals and thus, publishing positive recommendations for new medicines occur as a result of the proposed implementation plans, this could make it more difficult for a specific group to access a technology compared with other groups for whom NICE recommendations are available or not delayed. This is because it would delay recommendations for specific technologies. However, it is not known which specific groups will be impacted.

4. Is there potential for the implementation plans to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

NICE is not aware of any such adverse impacts.

5. Are there any adjustments to the implementation plan that NICE 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?

NICE considers that the risk of substantial delays to patient access that would occur if it followed its standard approach to implementing changes to its manuals warrants the implementation approach it has set out in the accompanying document.

NICE expects that applying the new thresholds to ongoing topics as outlined via the statement of intent, as compared to new topics only, will result in minimising delays in patient access resulting from the change.

**Approved by Programme Director: Jacoline Bouvy, 23/12/2025**