

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Equality impact assessment – Scoping

Health Technology Evaluation

Mepolizumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils ID1237

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

1. Have any potential equality issues been identified during the scoping process (draft scope consultation and scoping workshop discussion), and, if so, what are they?

At consultation on the scope, stakeholders noted the following:

Socioeconomic status

- People from socioeconomically disadvantaged backgrounds with multiple comorbidities are disproportionately affected by COPD, so at higher risk of exacerbations and hospitalisations. The evaluation process should take into account the impact of a well-tolerated and effective treatment in reducing exacerbations on these people, and its potential to reduce inequalities.
- Significant health inequalities are associated with COPD; people from the poorest 10% of households are 4.7 times more likely to die from COPD compared with the most affluent 10% of households. It is important to ensure that those who need additional treatments, like mepolizumab, can receive them.

Access to COPD care

- Because eligibility for mepolizumab depends on basic COPD care (inhaled therapy) being optimised, access to mepolizumab will depend on optimised basic care being available. Basic care is very poorly delivered in COPD (to less than 20% of patients). The availability of a quality assured spirometry test (essential to

diagnose COPD) and CT scanning (for assessing comorbidities) may be a limiting factor in access to the drug.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

The committee will consider whether its recommendations could have a different impact on people protected by the equality legislation than on the wider population. Socioeconomic status itself is not a protected characteristic under Equality ACT 2010. If recommended, the technology would be available for all regardless of people's socioeconomic status. But, where relevant and appropriate, the committee may consider if its recommendations disadvantage certain socioeconomic groups.

The committee's consideration on the health inequality impacts of technology under appraisal is separate from NICE's legal obligations on equality and human rights under Equality Act 2010. If robust evidence shows that the technology under appraisal substantially affects health inequalities and where appropriate, the committee may consider how this impacts its decision on the clinical- and cost-effectiveness of the technology in the NHS.

Where relevant and appropriate, access to basic COPD care may be considered by the committee during the appraisal, but access itself is not an equality issue that could be addressed in a technology appraisal.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

No

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No

Approved by Principal Technical Adviser: Lizzie Walker

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