

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

Semaglutide for treating moderate to advanced liver fibrosis (without cirrhosis) caused by metabolic dysfunction-associated steatohepatitis [ID6458]

The impact on equality has been assessed during this appraisal 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?

Yes, in the draft scope consultation. The following equality and health inequality considerations were raised:

- It was suggested that there are differences in the likelihood of developing metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH) between ethnic groups (Reference: Office for Health Improvement & Disparities. Liver disease profile, December 2024 update).
 - Comment from the NICE technical team: The Office for Health Improvement & Disparities report cited above noted that rates of premature death from MASLD are higher for people living in more deprived areas of England.
- It was also noted that liver fibrosis is linked to body mass index (BMI) and that the criteria for diagnosing obesity through BMI should be take account of ethnic differences. It was proposed that lower BMI thresholds (usually reduced by 2.5 kg/m²) should be applied for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African Caribbean family backgrounds as a treatment threshold for patients living with MASLD or MASH and obesity.

Comments on the setting of care for MASLD and how this could influence access were made as follows:

- It is not yet clear how patients would be clinically prioritised if demand for the technology is greater than the NHS capacity to deliver treatment. However, consideration is likely to be focused on disease state and setting of care. It should also be noted that existing local variation in primary care practice and diagnostic capacity is likely to impact the number of patients identified and could lead to potential geographical inequity in access to treatment.
- The factors already identified under scoping for MASLD: assessment and management (NG49) apply equally to this technology appraisal and should be aligned:
 - the prevalence of MASLD is higher in people of Latin American and South Asian family origin (because of higher insulin resistance and metabolic syndrome than in the general population)
 - people who are homeless may not access healthcare services and therefore may not receive the support they need if they develop liver disease
 - MASLD is closely linked to type 2 diabetes, obesity and other cardiometabolic risk factors, so health inequalities issues for these comorbid conditions may also be relevant to people with MASLD
- An additional factor includes the current use of specialised centres within the Operational Delivery Network (ODN) for delivery of advanced therapies for other liver diseases, including direct acting antivirals for hepatitis C and obeticholic acid/elafibranor for Primary Biliary Cholangitis and bulevirtide for hepatitis D.
- Restriction to the ODN 'hubs' for obeticholic acid/elafibranor and bulevirtide sometimes reduces access to these therapies if a patient needs to travel over a wide geographical area. This disproportionately affects those with advanced age or disability, as well as those of lower socioeconomic status, which is therefore more likely to disadvantage ethnic minorities. ODN hub and spoke network model (as per direct acting antivirals) would therefore be the preferred model for improving access to these technologies. If this is not more widely commissioned, then approval of these technologies is likely to result in worse outcomes for those with protected characteristics compared to the wider population with MASLD.

--

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

If the evidence allows, the committee could consider potential health inequalities associated with socio-economic status, geographical location or ethnicity and the impact these have on outcomes in moderate to advanced liver fibrosis caused by MASLD.
--

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

Yes. It has been noted that rates of premature death from MASLD are higher for people living in more deprived areas of England (Reference: Office for Health Improvement & Disparities. Liver disease profile, December 2024 update).
--

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

No.

Approved by Associate Director: Emily Crowe

Date: 04/11/2025.