NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Dupilumab for treating severe chronic rhinosinusitis with nasal polyps (ID6480)

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?
During the scoping process, it was noted that there are differences in the quality of surgery across centres in the UK, which increases inequality in access to optimal healthcare. Additionally, follow-up post-operative pathway for people also varies with geographical location, which means underserved people become more reliant on already overstretched local primary care services. It was suggested that the introduction of a biologic in the NHS as an alternative option to current standard care for patients failing after surgery will help reduce the significant timelines for patients waiting for revision surgery. The NICE recommendation applies to the whole patient group covered by the marketing authorisation and there is no less favourable treatment for reasons related to any protected characteristic. The committee had due regard for the impact of the guidance on patients and considered many factors, including the impact of the condition and technology on quality of life, and uncaptured benefits. Despite this, the cost-effectiveness estimates for dupilumab are higher than the range normally considered acceptable. In fulfilling NICE's function to evaluate the clinical and cost effectiveness of healthcare technologies and ensure effective use of healthcare resources, the committee was not able to recommend dupilumab. It was also noted during scoping that patients with multiple comorbidities may be less likely to be able to safely take steroids in any formulation or undergo surgery and would therefore not be covered under the population description as previously treated severe chronic rhinosinusitis with nasal polyps.

The committee can only appraise the technology within its marketing authorisation and based on the evidence available. Therefore no change was made to the guidance as a result of this point, however, it considered that people with comorbidities that prevented them from having corticosteroids or surgery could be interpreted as still being eligible for dupilumab within its marketing authorisation, as those treatments would not, strictly speaking, adequately control the disease.

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?
The company and one of the charities said they expected that introducing dupilumab would reduce existing inequalities by providing access to targeted biological treatment for people with chronic rhinosinusitis with nasal polyps, which has already been approved by NICE for people with other chronic type 2 inflammatory conditions such as asthma and atopic dermatitis. Again, the NICE recommendation applies to the whole patient group covered by the marketing authorisation and there is no less favourable treatment for reasons related to any protected characteristic. The committee had due regard for the impact of the guidance on patients and considered many factors, including the impact of the condition and technology on quality of life, and uncaptured benefits. Despite this, the cost-effectiveness estimates for dupilumab are higher than the range normally considered acceptable. In fulfilling NICE's function to evaluate the clinical and cost effectiveness of healthcare technologies and ensure effective use of healthcare resources, the committee was not able to recommend dupilumab.	

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 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, the NICE recommendation applies to the whole patient group covered by the marketing authorisation and there is no less favourable treatment for reasons related to a person's disability.	

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 draft guidance, and, if so, where?
Yes, in section 3.13	

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

Date: 17 July 2025