NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease

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

Final draft guidance

1.	Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
No. It was raised during scoping that vadadustat will be the only recommended hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI) for people with anaemia in dialysis-dependent chronic kidney disease (DD-CKD). The argument stated that access to an oral option at home could reduce inequalities in access to care for people with DD-CKD, given the severity and multi-comorbid nature of the disease, which may limit their ability to access outpatient anaemia care required for erythropoiesis-stimulating agent administration. Whilst the committee acknowledged there may be a difficulty with some patients in accessing treatment, it heard that most people would be specifically having outpatient care for haemodialysis, and that ESAs would be given alongside this. It heard from clinical experts that the proportion of people with peritoneal dialysis that require assistance to administer ESAs is small, and that some of these patients would be able to have assistance at home. The potential benefit of an oral option for people on peritoneal dialysis at home was acknowledged by committee however an additional oral option would not be addressing inequity in access to care as those on peritoneal dialysis at home have the option of ESA; therefore, this was not an equality issue.	

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?

Yes. Additional issues raised included:

- Vadadustat is an important option for people whose disease is resistant to ESA and in whom blood transfusions are more likely to be done which can reduce suitability for a transplant. ESA resistance is not likely to be classified within specific protected characteristics under the Equality Act 2010.

- Kidney disease disproportionally impacts people from deprived communities and ethnic minority groups who are more likely to develop kidney disease, progress faster to renal failure and require dialysis or a transplant. People from deprived communities are more likely to be diagnosed at a later stage of disease progression and die earlier than other socio-economic groups. People from ethnic minority groups wait on average longer for a kidney transplant due to a shortage of kidneys with suitable tissue and blood match. The committee acknowledged that people from deprived communities and ethnic minorities may be more likely to have kidney disease and have poorer outcomes. Race is a protected characteristic under the Equality Act 2010. However, because its recommendation does not restrict access to treatment for some people over others, the committee agreed this was not a potential equality issue.

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 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 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?
Not applicable	

7.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Yes, in sections 3.16.	

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

Date: 30 Oct 2024