NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Efanesoctocog alfa for treating and preventing bleeding episodes in haemophilia A in people 2 years and over

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?
Stakeholders at scoping raised the following concerns: • People who carry the haemophilia gene may have mild or, rarely, moderate to severe symptoms of bleeding. All carriers of haemophilia A have XX chromosomes, so carrier status is affected by biological sex. The committee recalled that it had not been presented with any evidence for the mild or moderate haemophilia A populations, in which there were differences in the treatment pathway and potential treatment effect. So, it could not make a recommendation for this population. • Stakeholders also highlighted that some haemophilia A treatments are derived from human blood or human or animal cells. Some people are unable to have these products because of their religious faith or beliefs. The committee was aware that there are several treatment options from different sources that people may choose, including emicizumab, which is not derived from human blood products. The committee did not identify this as an equalities issue that would affect its recommendations.	

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?
Stakeholders noted that some groups would benefit more from weekly dosing as are currently disadvantaged by frequency of factor VIII injections. For example, people with haemophilia related joint disease and children in single-parent households. The committee considered the benefits of different dosing frequencies for people with Haemophilia A in its deliberations.	

3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
N/A	

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	

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, section 3.25 of the draft guidance	

Approved by Associate Director (name): Ian Watson

Date: 06/05/2024

Final draft guidance

(when draft guidance issued)

8.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
At consultation, clinical experts highlighted that children would be disproportionately affected by a negative recommendation in this population. This is because they are typically the most active subgroup of the haemophilia A population so are the most at risk of trauma-induced bleeding. The committee acknowledged the impact of the condition and treatment on children. It noted that its recommendation would include all people with severe haemophilia A aged 2 years and over. The only restriction based on age, to ages 2 years and over, is required by the marketing authorisation.	

9.	If the recommendations have changed after consultation, are there any recommendations that 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?

Efanesoctocog alfa is recommended for people aged 2 years and over with severe haemophilia A. The restriction to people aged 2 years and over is in line with the marketing authorisation for efanesoctocog alfa.

10.	If the recommendations have changed after consultation, 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, efanesoctocog alfa is recommended for all people aged 2 years and over with severe haemophilia A.	

11.	If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?
No.	

12.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Yes, section 3.27	

Approved by Associate Director (name): Ian Watson

Date: 19 February 2025