NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

Cost Comparison - Vanzacaftor–tezacaftor–deutivacaftor for treating cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people aged 6 years and over

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Final draft guidance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?
It was noted during scoping that Black, Asian and minority ethnic people with cystic fibrosis are less likely to be eligible for current CFTR modulators as they are more likely to have rare mutations. The impact of the recommendation for people with protected characteristics (including race) was considered. The positioning of Vanzacaftor-tezacaftor-deutivacaftor and evidence presented for the appraisal only included CFRT mutations. The recommendation includes all people with this mutation and does not discriminate against any protected groups. No specific adjustments were required to the NICE methods in this circumstance.

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?
At the submission stage, stakeholders raised other potential equality issues:

- Subgrouping the F-any population under review according to CFTR genotype or baseline lung function would raise equality concerns.
- Although vanzacaftor–tezacaftor–deutivacaftor may be applicable for a wider CFTR gene variant, there are still likely to be a minority of individuals unable to benefit from vanzacaftor–tezacaftor–deutivacaftor.
- Socioeconomic and family/patient specific factors need to be considered to ensure equitable access to the new technologies, given the impact of low socioeconomic status on clinical outcomes and the use of treatments in the UK cystic fibrosis population.

The impact the recommendation may have for people from socioeconomically deprived backgrounds and for people who may be outside of the eligible population for vanzacaftor–tezacaftor–deutivacaftor was considered.

It was noted that the recommendation did not restrict the population considered within this evaluation. NHS England had agreed to make treatment available to people with non-F vanzacaftor–tezacaftor–deutivacaftor responsive mutations via a commissioning statement, so that people with rarer mutations will not be disadvantaged by the scope of this appraisal.

It was concluded that no specific adjustments were required to the NICE methods in this circumstance.

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?
No. The appraisal is a cost comparison, so the final draft guidance includes only a brief overview of why these recommendations were made.

Approved by Associate Director (name): …Lorna Dunning ……

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