NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Delgocitinib for treating moderate to severe chronic hand eczema

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?

At scoping consultation, stakeholders identified the following issues.

1. Diagnosis and assessment of symptoms of chronic hand eczema may be more difficult in people with darker skin tones.

2. Alitretinoin is associated with a teratogenicity risk – provision of delgocitinib could provide women of childbearing age with an alternative option for chronic hand eczema treatment.

3. Chronic hand eczema may disproportionately affect patients who have co-morbidities requiring antiviral drugs since existing treatments for chronic hand eczema (i.e. immunosuppressants) are limited and may affect the efficacy of antivirals.

4. An intrinsically thinner stratum corneum and higher density of eccrine glands means that Asian people may have skin that is more sensitive to exogenous chemicals.

5. There is regional variation in diagnostic and assessment tools or specialist services within the UK.

6. Chronic hand eczema disproportionately impacts people involved in “wet work” – this may include trade workers and people who work in the service industry, healthcare industry or education

The committee agreed that these issues could not be addressed in a technology appraisal.

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 submission highlighted the following issues:

1. Chronic hand eczema is more common in women than men because of differences in exposure patterns.
2. Alitretinoin is contraindicated in people with hypersensitivity to peanuts and soya.

The committee agreed that these issues could not be addressed in a technology appraisal.

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.

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 draft guidance, and, if so, where?
A summary of the committee's considerations is described in section 3.18 of the draft guidance.	

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

Date: 30 June 2025

Final draft guidance

(when draft guidance issued)

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
At consultation, a stakeholder highlighted the following issues: 1. Alitretinoin can cause significant adverse effects. Using alitretinoin requires monitoring including a pregnancy prevention programme for women of childbearing potential. 2. Phototherapy can be impractical for people who work and those with caring responsibilities. The committee discussed equality issues, and agreed that its recommendations do not have a different impact on people protected by the equality legislation than on the wider population.

2. 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?
The committee reconsidered comments raised previously about how chronic hand eczema can present differently on different skin tones. It recognised that this could affect the assessment of severity, which could lead to undertreatment in people with darker skin tones but acknowledged that this applies across all available eczema treatments.

3. 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.

4.	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?
The committee recommended that healthcare professionals should take skin colour into account when assessing disease severity and make any adjustments needed.	

5.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
A summary of the committee's considerations is described in section 3.17 of the final draft guidance.	

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

Date: 08 October 2025