

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Botulinum toxin type A for the prophylaxis of headaches associated with chronic migraine

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 identified three potential equality issues during the scoping process. Stakeholders raised the issue of inequity of access to care for people with mental health issues who experience migraine. People with mental health issues in general are not a protected group as defined by equalities legislation. Therefore inequity of care for people with mental health issues who experience migraine is outside the remit of this health technology appraisal. Stakeholders also indicated that there is discrimination in the work place relating to migraine and NICE guidance will help encourage increased recognition of migraine. Although greater recognition of chronic migraine as a significant clinical problem may help eliminate discrimination, this issue is not an equalities issue as defined by equalities legislation. The issue of inequity of access due to the diagnosis of migraine and access to treatment for people from ethnic minorities for whom English is not their first language who experience migraine (for example questionnaires such as the Migraine Disability Assessment require communication with the patient in English) was also raised as a potential equality issue during the scoping process. The potential equality issues identified during the scoping process were not discussed by the Committee. Given that the recommendation is a minded no, requesting an updated model, further analyses and clarification, the potential equality issues will be raised at the next Committee meeting for this 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?

One stakeholder raised the issue of a higher prevalence of chronic migraine in women than men. The potential equality issues were discussed by the Committee, and are described in section 4.20 and the summary table in the ACD.

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

No additional potential equalities issues were identified by the Committee.

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 access for the specific group?

The preliminary recommendations do not cause any barriers to access for specific groups. Given that the recommendations do not differentiate between any groups of people, the Committee concluded that its recommendations did not limit access to the technology for any specific group compared with other groups.

5. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligations to promote equality?

No barriers to access were identified.

6. Have the Committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?

Yes. Section 4.20 of the ACD states that 'The Committee discussed whether Technology Appraisals: Guidance development Equality impact assessment for the Single Technology Appraisal of Botulinum toxin type A for the prevention of headaches associated with chronic migraine Issue date: June 2012

NICE's duties under the equalities legislation required it to alter or add to its preliminary recommendations in any way. It heard from the patient expert that chronic migraine is more prevalent in women than men. However, given that the recommendation did not differentiate between any groups of people, the Committee concluded that its recommendations did not limit access to the technology for any specific group compared with other groups.

Approved by Associate Director: Helen Knight

Date: 20/02/2012

Final appraisal determination

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

Stakeholders raised the issue during consultation on the ACD that botulinum toxin type A can be purchased in the private sector, and that a no recommendation would disproportionately affect people on low income. Stakeholders also raised the issue that because botulinum toxin type A can be purchased in the private sector, a no recommendation would disproportionately affect women because women earn on average less than men and chronic migraine has the higher prevalence in women than men.

The Committee discussed the potential equality issues raised during consultation, and those raised during the scoping process. The Committee discussions on the issues are described in section 4.17 and the summary table in the FAD. Given that the recommendations do not differentiate between any groups of people, the Committee concluded that its recommendations did not limit access to the technology for any specific group compared with other groups.

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 access for the specific group?

The recommendations have changed after consultation, however given the recommendations do not specify a particular English language based test for

the diagnosis of chronic migraine, and the recommendations do not differentiate between any groups of people, the Committee concluded that its recommendations did not limit access to the technology for any specific group compared with other groups.

3. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?

No barriers to access were identified.

4. Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

Yes Section 4.19 of the FAD states that: 'The Committee discussed whether NICE's duties under the equalities legislation required it to alter or add to its preliminary recommendations in any way. The Committee was aware that during scoping consultees and commentators suggested that there is inequity in access to diagnosis and treatment of migraine for people for whose first language is not English. It also noted that comments suggested that there is unequal access to treatment for chronic migraine for people with mental health issues and that greater recognition of chronic migraine as a significant clinical problem will help eliminate discrimination in the workplace. It heard from the patient expert and from consultation comments that chronic migraine is more prevalent in women than men. The Committee was also aware that consultation comments suggested that there is inequity in access to treatment with botulinum toxin type A for people on low income. The Committee did not consider access to treatment for people whose first language is not English to be relevant because the recommendations do not specify a particular English language based test for the diagnosis of chronic migraine. Further, because the recommendations do not differentiate between any groups of people, the Committee concluded that its recommendations did not limit access to the technology for any specific group compared with other groups.'

Approved by Programme Director: Meindert Boysen

Date: 27 June 2012

Technology Appraisals: Guidance development

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