NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Tolvaptan for treating autosomal dominant polycystic kidney disease [ID652]

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?
No equality issues were identified during scoping.	

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?
No equality issues were identified.	

3.	Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?
No equality issues were identified.	

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 appraisal consultation document, and, if so, where?
In the ACD summary table on page 39.	

Approved by Associate Director (name): Helen Knight

Date: 28/05/2015

Final appraisal determination

(when an ACD issued)

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?
During consultation, the company submitted additional evidence for a subgroup of patients with chronic kidney disease (CKD) stages 2 and 3. The	

Committee considered whether there were any equality issues associated with recommending tolvaptan for people with CKD stage 2 and 3, considering that people with CKD stage 1 would not get access to treatment, and whether this could be considered unfair. The Committee considered that people with CKD stage 1 did not differ from people with CKD stage 2 and 3 as far as any protected characteristics are concerned.

The Committee based its recommendation for tolvaptan on the clinical and cost-effectiveness evidence presented to it; in line with its role and the application of the cost-effectiveness criteria. The Committee concluded that that it could not recommend tolvaptan for people with CKD stages 1 to 3 as it was not considered to be a cost-effective use of resource. It concluded that tolvaptan represented a cost-effective use of NHS resources only in adults who have CKD stages 2 or 3.

It concluded that there was no unfairness or unlawful discrimination, and as a result there were no equality issues associated with recommending tolvaptan for use in patients with CKD stages 2 and 3 with evidence of rapidly progressing disease.

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 change to the recommendations after consultation has resulted in tolvaptan being recommended as an option for a particular subgroup (CKD stage 2 and 3), while people not covered by this subgroup (with CKD stage 1) will not be eligible for treatment until they have progressed to CKD stage 2 and 3.

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?
See response to question 1 above. The Committee concluded that there was no unfairness or unlawful discrimination, and as a result there were no equality issues associated with recommending tolvaptan for use in patients with CKD stages 2 and 3 with high risk of progression.	

5.	Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes, in section 4.19 and in the summary of appraisal Committee's key conclusions.	

Approved by Centre or Programme Director (name): Meindert Boysen

Date: 26/10/2015