NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development STA Elbasvir-grazoprevir for treating chronic hepatitis C

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

Final appraisal determination

(when no ACD was issued)

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

During the draft scope consultation, a consultee stated that it was important to consider people with sickle cell disease (more prevalent in those with African ethnicity) and thalassaemia (southern Mediterranean and Asian ancestry). The committee recommended elbasvir-grazoprevir for all groups specified in the marketing authorisation, therefore the committee concluded that no further consideration of the potential equality issues raised by consultees was needed to meet NICE's obligation to promote equality of access to treatment.

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 and a professional organisation noted that minority ethnic groups and people with HIV co-infection are more highly represented in the genotype 4 infected population than in the genotype 1 infected population. The committee also noted from the company that there was stigma associated with people who have hepatitis C and chronic kidney disease because they are made to receive dialysis treatment in a separate 'special' room. The company also commented that people with HIV co-infection are more likely to disclose their HIV status than their hepatitis C status because

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of the perceived stigma around hepatitis C due to lack of hepatitis C awareness. However, having decided that elbasvir-grazoprevir should be recommended for genotype 1 and 4, the committee concluded that no further consideration of these potential equality issues was necessary to meet NICE's obligation to promote equality of access to treatment.

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?
N/A	
7.	Have the committee's considerations of equality issues been

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chronic hepatitis C

described in the final appraisal determination, and, if so, where?

Please see section 4.16 of the final appraisal determination and the summary table.

Approved by Programme Director (name): Meindert Boysen

Date: 19/10/2016

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