NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Nirmatrelvir plus ritonavir for treating COVID-19 (Partial Rapid Review of TA878)

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?
N/A, this is a rapid review	

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?
Equality issues were raised in the original appraisal and the committee's consideration of these is in section 3.30 of the FAD.	

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?
The recommendation for nirmatrelvir plus ritonavir uses a definition of high-risk from the McInnes report that may exclude some people in the marketing authorisation from certain risk groups which may include people with disability which is a protected characteristic. The committee considered this could indirectly discriminate but would be a proportionate means of achieving the legitimate aim of maximising public health - because it did not consider it would be cost-effective in lower-risk populations.	

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	Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Yes, section 3.30	

Approved by Associate Director (name): Ross Dent

Date: 25/04/2023

Final draft guidance 1 – recommendations in section 1

(when draft guidance issued)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?
No.	

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?
Following consultation the recommendations have been broadened to include additional groups: age 70 years and over, BMI of 35 kg/m^2 or more, diabetes, and heart failure.	

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?
Although the recommendation is broader than previously, it is still narrower than the marketing authorisation. However, the committee considers that there is less chance of excluding people with disabilities from this broader population. The committee was aware that age is a protected characteristic and noted that it would not normally make a recommendation based on age. Age can interact with other protected characteristics such as ethnicity and disability, meaning recommendations based on age can inadvertently make it harder for people with protected characteristics to access treatment. However, the committee considered that the chance of this would be lower because of the large range of high-risk groups specified in the recommendation. Also, because of the partial review, the recommendation is expanded to a much wider population than the original recommendation based on the McInnes	

report. The committee had not seen evidence of clinical and cost effectiveness of nirmatrelvir plus ritonavir in age groups under 70 years. So, the committee considered that including age 70 years and over in the recommendation was a proportionate means of achieving the legitimate aim of only committing NHS resources to cost-effective treatments.

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?
No.	

5.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Section 3.33	

Approved by Associate Director (name): Ross Dent

Date: 26/07/2023

Final draft guidance 2 – funding variation (section 4)

1.	Does the funding variation 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 funding variation request makes the technology available to people who meet the criteria in the recommendations in section 1 of the final draft guidance if they are resident in a care home or already hospitalised. In addition, the technology will be made available to people aged 85 years or over and people with end-stage heart failure who have a long-term ventricular assistance device or who are on the organ transplant waiting list. These groups have been prioritised for access during the funding variation period because they have the highest risk of adverse outcomes.

That means people aged 70-84 years old, or people who have a BMI of 35 kg/m^2 or more, or diabetes or heart failure who are not in hospital or a care home will not be able to access treatment for the period of the funding variation (that is until June 2025).

Consultees highlighted that diabetes disproportionately affects people who are from Asian (including Indian, Pakistani, Bangladeshi), Chinese, Black African and Black Caribbean ethnicities. They also noted that people with a BMI of 35 kg/m2 or more are typically from socioeconomically deprived populations.

The criteria specified in the funding variation do not make it harder for people from a particular ethnic group or socioeconomic background who meet the criteria to access the treatment compared to other groups that also meet the criteria.

2.	Is there potential for the funding variation to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

People with diabetes, heart failure or who have a BMI of 35 kg/m2 or more could be considered to have a disability under equalities legislation if the condition has a substantial and long-term negative effect on their ability to do normal daily activities. The criteria in the funding variation means that they will not be able to access treatment for the period of the funding variation unless they are in hospital or a care home (or if they meet the other criteria for access during the funding variation that is, are aged 85 years or over, have end-stage heart failure and are on the organ transplant list or use a long-term ventricular assistance device).

The criteria specified in the funding variation do not make it harder for people that meet the criteria and have a disability to access treatment compared to people meeting the criteria who do not have a disability.

3.	Are there any recommendations or explanations that NICE could make to remove or alleviate barriers to, or difficulties with, access identified in questions 1 and 2, or otherwise fulfil NICE's obligations to promote equality?

In accepting the funding variation request NICE's Guidance Executive gave full consideration to the equalities issues raised by the consultees.

NICE's Guidance Executive did not consider that there were any alternative options that could be pursued to promote equality. This is because part of the reason for the funding variation request is to allow more time to implement changes in COVID-19 testing to facilitate access to the technology for a population of 15 million compared with the current eligible population of 3.9 million.

In the short term, NHS England has confirmed that the current testing arrangements can be extended to include the people meeting the criteria in section 4.2 of the final draft guidance and in the settings where COVID-19 testing infrastructure is established (hospitals and care homes). The additional time outlined in the funding variation request is required by the NHS to establish new testing arrangements for a much larger population. As the number of people with diabetes, heart failure or BMI of 35 kg/m^2 or more amounts to several million, including any of these groups in the cohort prioritised during the period of the funding variation would not necessarily

promote equality, as many people would not be able to access testing and therefore treatment.

Approved by Associate Director (name): Ross Dent

Date: 21/12/2023