

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Tixagevimab plus cilgavimab for preventing COVID-19

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

Consultation

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

- People eligible for tix–cil are likely to be covered under the Equality Act (2010) because of long-term health problems and disabilities.
- It is more likely that those with long-term health problems and/or multiple morbidities will also be more likely to be experiencing socioeconomic deprivation. Travel to treatment centres or hospitals may present additional cost barriers to treatment.
- Those eligible for tix-cil are also more likely to experience mobility difficulties or be resident in health and social care settings.

The issues were addressed within the recommendations and discussed in section 3.20 of the draft guidance.

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| 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? |
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Yes. In addition to the issues raised during scoping, patient experts raised the following specific issues:

- Some minority ethnic groups are less likely to opt-in for vaccination or post-exposure treatments and are more likely to have health conditions that put them at greater risk of severe COVID-19.
- Most of the population are protected through vaccination, people with immunosuppression are still leading restricted lives and are disadvantaged in the workplace, educationally and socially.
- Many other countries have approved tix-cil, people in the UK feel disadvantaged compared to people in these countries.
- Tix-cil is now available privately, so there is disparity between those who can afford it and those who cannot.

The committee noted comments around Black Asian and minority ethnic groups (see in section 3.20 of the draft guidance). The committee considered that the other points raised would not fall within the Equalities Act 2010.

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

Yes – the committee further noted that it may also be harder for people with learning disabilities to implement and maintain protective measures against COVID-19 infection. This is discussed in section 3.20 of the draft guidance.

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?

N/A

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

Yes, section 3.20. The committee considered that the issues raised were important. But its decision was not based on cost effectiveness, but rather a lack of clinical effectiveness, which it did not expect to be different in these groups.

Approved by Associate Director (name): Ross Dent

Date: 06/02/2023

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?
Yes – Stakeholders highlighted that a disproportionate number of people unable to shield are from minority ethnic groups because of the higher likelihood that they are in employment without remote working options. In addition, patient groups emphasised that people who are immunocompromised should be able to have the same level of protection from COVID 19 as the general population has through vaccines. They added that immunocompromised people still cannot to return to a more normal life, and that addressing the risk of COVID 19 in people who are immunocompromised must be prioritised. These issues have been addressed in the final draft guidance, section 3.24.

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?
N/A

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?
N/A

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?

N/A

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

The committee's considerations of the potential equality issues raised are discussed in section 3.24 of the final draft guidance.

Approved by Associate Director (name): Ross Dent

Date: 27/04/2023