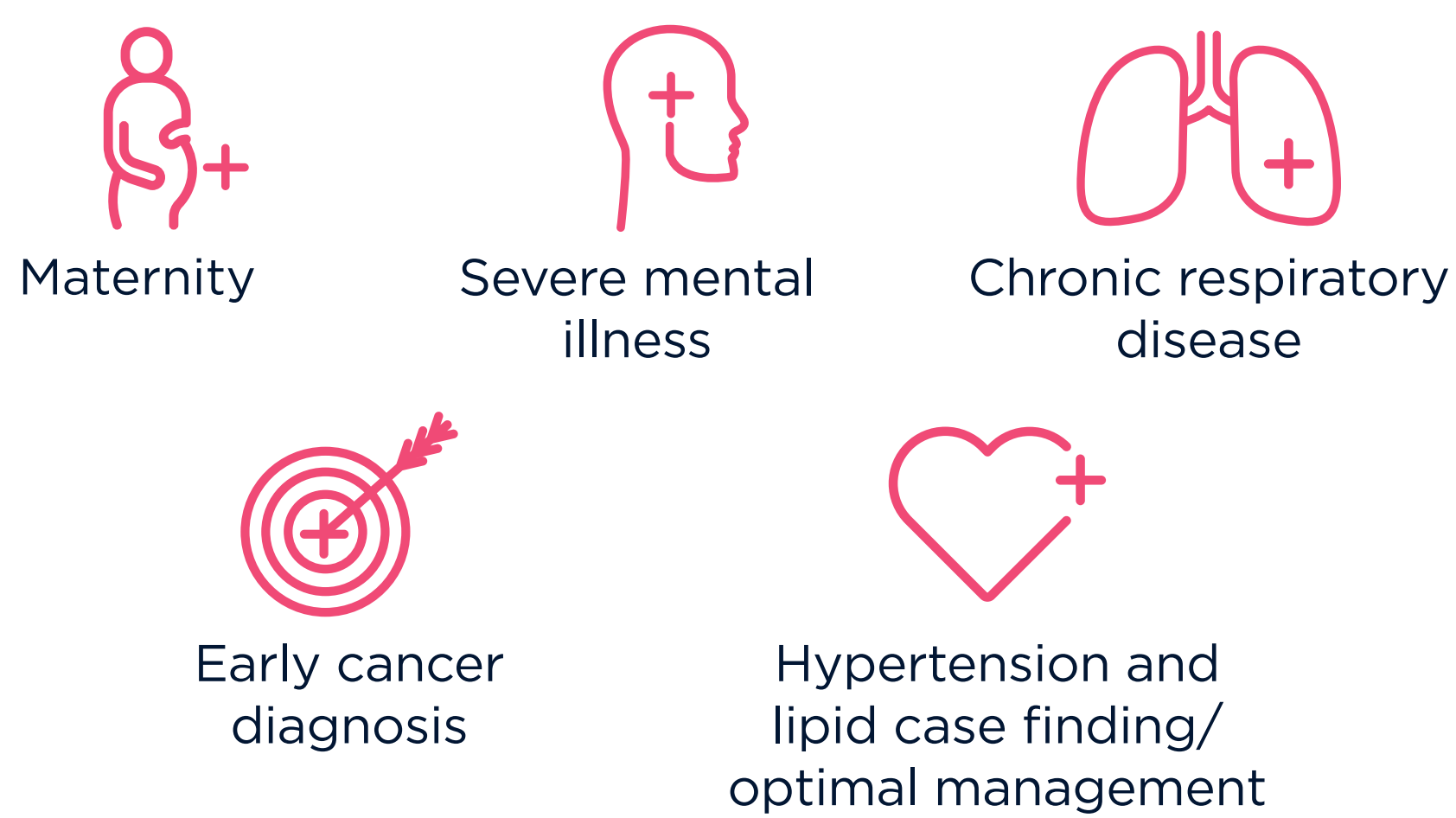


DISCUSSION OF HEALTH INEQUALITIES IN THE NICE SINGLE TECHNOLOGY APPRAISAL PROCESS: A REVIEW OF RECENT SUBMISSIONS IN NHS ENGLAND'S CORE20PLUS5 FOCUS CLINICAL AREAS

Treharne C¹, Beattie A¹, Mitchell G¹, Chan M S¹
 Health Analytics, Lane Clark & Peacock LLP, London, UK

Introduction

- Health inequalities are unfair and avoidable differences in health across the population and between groups within society.¹
- There is a difference of **19.7 years** in healthy life expectancy (HLE) between women living in the most and least deprived areas of the UK.²
- Core20PLUS5 is an NHS England approach to support the reduction of health inequalities, focusing on the most deprived 20% of the population as well as population groups identified at local level.³
- Five clinical areas have been identified as ones requiring accelerated improvement:



- NICE lists reducing health inequalities as a core principle⁴ and publishes an Equality Impact Assessment (EIA) for each appraisal conducted as part of its single technology appraisal (STA) process.

Results

Table 1: Overview of appraisals in Core20PLUS5 focus clinical areas

TA	Treatment	Therapy area	Inequalities raised	Commentary and resolution
TA886	Olaparib	Breast cancer	• PC: age, ethnicity	• Recommendations would not affect identified populations differently.
TA854	Esketamine	Depression	• PC: age, religion or belief • Geography • V/IHG: offenders, physical health conditions	• Variation in access to clinics, and religious or cultural objections are not equality issues. • Issues relating to geographic access cannot be addressed in a technology appraisal. • Recommendations would not affect identified populations differently (>65 years, offenders, people with physical health conditions).
TA851	Pembrolizumab	Breast cancer	• None	• N/A
TA805	Icosapent ethyl	Lipid disorders	• PC: age, ethnicity, religion or belief • Deprivation • V/IHG: people with severe mental illness or learning difficulties	• Treatment not cost-effective and could not be recommended. Potential adverse impact on identified groups recognised. • Issues related to differences in prevalence or incidence of a disease cannot be addressed in a single technology appraisal.
TA761	Osimertinib	Lung cancer	• PC: sex, ethnicity	• Issues of different disease prevalence cannot be addressed in a technology appraisal.
TA733	Inclisiran	Lipid disorders	• Deprivation	• Recommendations would not affect identified populations differently. • Strong encouragement to collect data to assess the impact of the recommendation on health inequalities.
TA720	Chlormethine gel	Lymphoma	• Geography*	• Availability of phototherapy is not considered to be an equality issue.
TA694	Bempedoic acid with ezetimibe	Lipid disorders	• None	• N/A
TA632	Trastuzumab emtansine	Breast cancer	• None	• N/A
TA612	Neratinib	Breast cancer	• None	• N/A
TA569	Pertuzumab	Breast cancer	• None	• N/A
TA546	Padeliporfin	Prostate cancer	• PC: age, gender reassignment	• Recommendations would not affect identified populations differently.


Abbreviations: N/A, not applicable; PC, protected characteristic; TA, technology appraisal; V/IHG, vulnerable or inclusion health group.
*The EIA references "inequality of access to phototherapy" without further detail. This is assumed to mean inequalities in access due to geography.


Objectives


- To understand how often inequalities have been discussed in NICE STA appraisals in the five focus clinical areas of Core20PLUS5.
- To understand the nature of the inequalities discussed, and how these have been considered by the NICE committee.

Methods

NICE Website review for STAs in 5 focus areas from May 2018 to May 2023

 EIAs were reviewed and data extracted

 Early cancer STAs included were those with specific mentions of early or localised cancer, or where treatment was determined to be indicated in early cancer. STAs where cancer stage was unclear were excluded

 Chronic respiratory disease was limited to chronic obstructive pulmonary disease, in line with Core20PLUS5

- 12** Appraisals meeting the **search criteria** with an EIA available on the NICE website (Table 1)
- 7** Appraisals (58%) including discussion of **potential inequalities**
- 3** Appraisals where NICE said issues raised **could not be addressed** in a TA
- 4** Appraisals where NICE concluded recommendations would not **affect the highlighted populations differently**
- 1** Appraisal (TA733) where the committee **recommended data collection** to assess impact of the treatment on inequalities
- 0** Examples of **inequalities being quantified** during the appraisal process

Clinical areas covered:

Breast cancer, lung cancer, lymphoma, prostate cancer, depression, lipid disorders.

Inequalities raised were most often related to **protected characteristics** (Figure 1).

Inequalities were least likely to be raised in **early cancer TAs** (Figure 2).

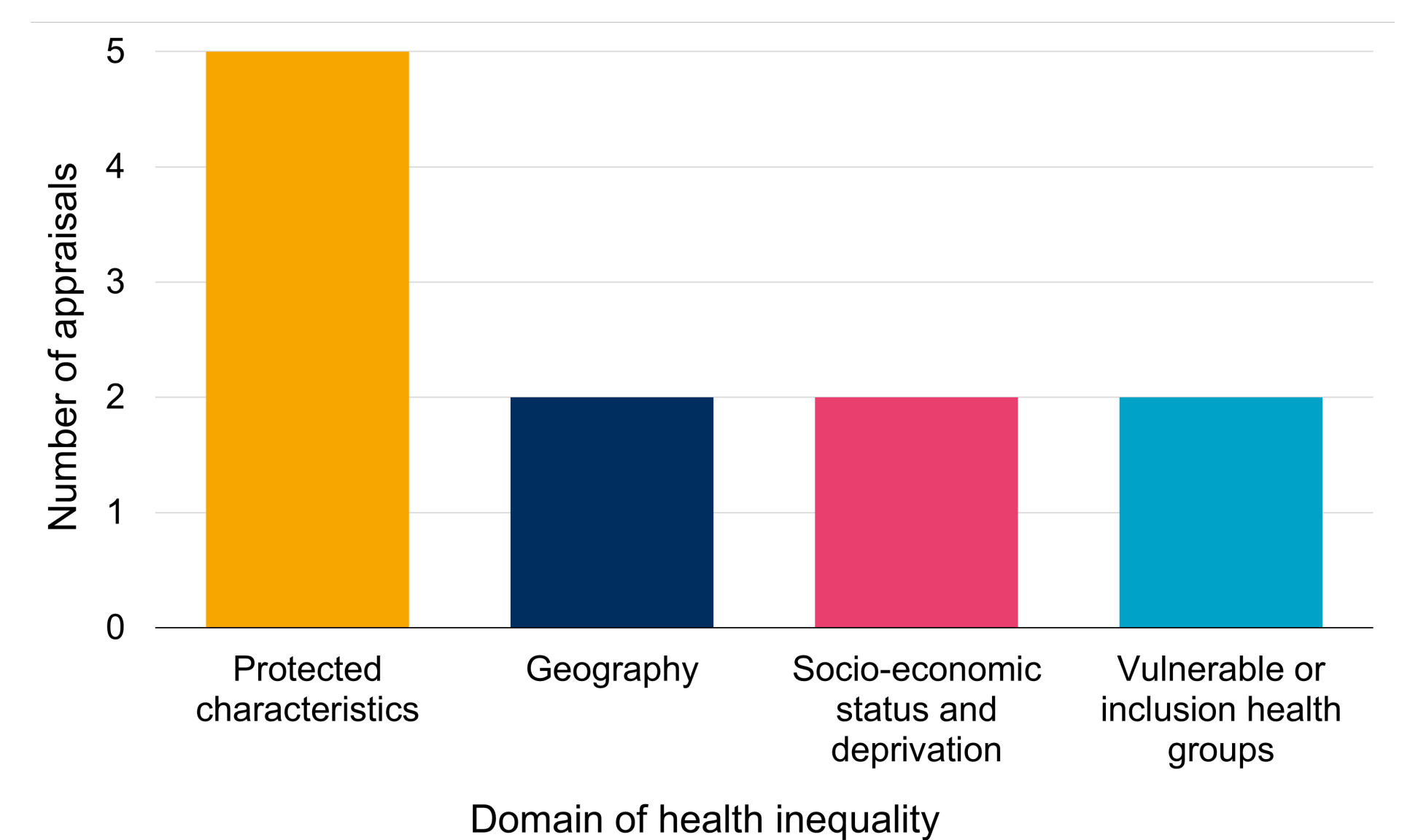


Figure 1: Domains of health inequality raised during technology appraisals

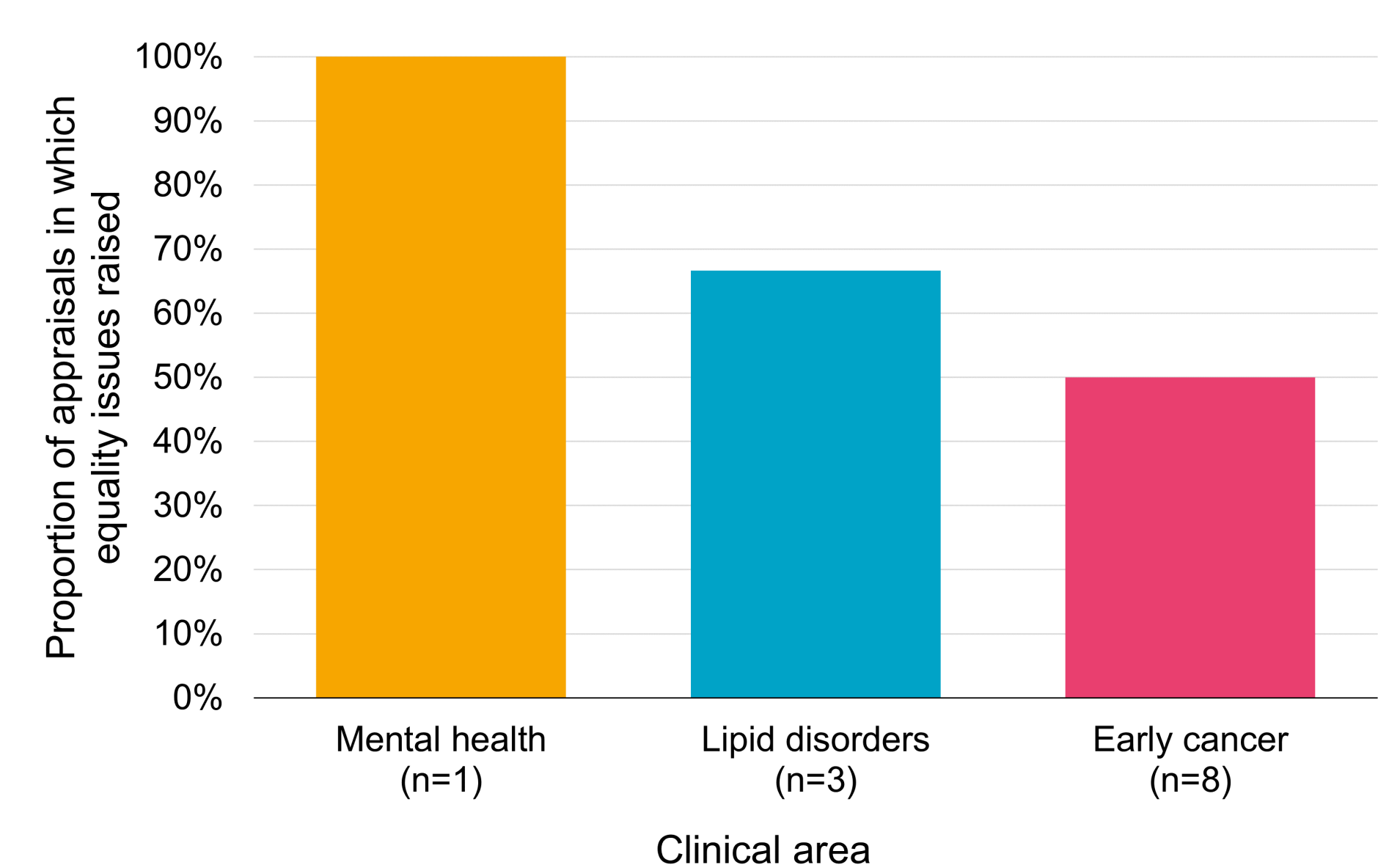


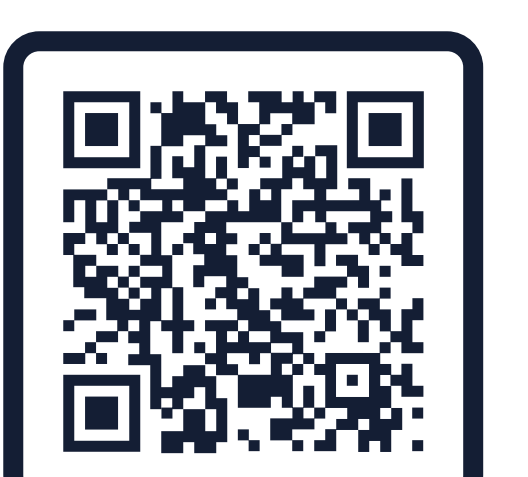
Figure 2: Discussion of inequalities by clinical area

Conclusions

- Only 42% of recent NICE STAs in Core20PLUS5 focus clinical areas include any discussion of inequalities.
- When inequalities are raised, they are not consistently addressed, with NICE frequently taking the position that inequalities either cannot be addressed in a technology appraisal, or that recommendations would not affect highlighted populations differently. This fails to recognise the potential for NICE recommendations to either improve or exacerbate existing inequalities.
- Approaches that could be adopted to better embed consideration of inequalities within the NICE decision-making process include distributional cost-effectiveness analysis methods and mandatory collection of real-world evidence on inequalities in access post-guidance publication.

References

- Office for Health Improvement & Disparities. Health disparities and health inequalities: applying All Our Health. October 2022. Available at: [https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health#:~:text=In%20England%2C%20there%20is%20a,minority%20and%20inclusion%20health%20groups](https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health#:~:text=In%20England%2C%20there%20is%20a,minority%20and%20inclusion%20health%20groups.). Accessed September 2023.
- The Health Foundation. Evidence hub: What drives health inequalities? Available at: <https://www.health.org.uk/evidence-hub>. Accessed September 2023.
- NHS England. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>. Accessed September 2023.
- NICE. Our principles. Available at: <https://www.nice.org.uk/about/who-we-are/our-principles>. Accessed September 2023.



SCAN ME