

Compliance with equality / inequalities legislation in the formation of clinical commissioning policy propositions

Bendamustine for relapsed multiple myeloma (all ages) [URN: 1608]

05/02/2019

Advice from the National Programme of Care to Clinical Priorities Advisory Group

Summarise the responses to consultation that addressed the promotion of equality and reduction of health inequalities.

There were seven responses to public consultation, of which five respondents did not raise any specific issues relating to the promotion of equality and reduction of health inequalities. The remaining two respondents, raised the following:

- People with this disease undergo multiple periods of relapse and remission, and therefore a number of different treatment options should be made available. Bendamustine would be alternative treatment option for younger patients who would be able to tolerate the treatment.
- Cost effectiveness did not appear to be considered. Bendamustine was raised to be a relatively cheap drug in comparison to other treatment lines for this disease.

These comments have been reviewed by the Policy Working Group (PWG) and the Cancer Programme of Care (PoC) Board. Bendamustine, when used in this setting, is usually the last line of treatment and the alternative is best supportive care. A review of clinical evidence found a lack of evidence of net benefit for patients and the evidence did not identify whether there was a group of patients who would gain benefit of treatment over other groups. Cost effectiveness is an important factor, however, in order to be cost effective, the treatment must first be clinically effective, this was not demonstrated within the Evidence Review.

Would adoption of the policy proposition advance or hinder the promotion of equality for people with protected characteristics – if so, describe how.

The policy proposition was considered to neither advance nor hinder the promotion of equality for people with protected characteristics because it is based on the findings of an Evidence Review. This indicate that there is a lack of evidence of net benefit for patients to enable bendamustine to be made routinely available.

Do the clinical criteria described in the policy proposition prejudice any particular group with protected characteristics? If so, is the criteria supported by reliable clinical evidence?

The policy proposition recommends that the treatment should not be made available, as such, there are no clinical criteria.

Would adoption of the policy proposition increase or reduce inequalities between patients (general population) in access to health services and the outcomes achieved – if so, describe how. For example, would the policy make it more difficult in practice for a specific group to access services compared with other groups?

The policy proposition neither increases nor reduces inequalities between different patient groups.