

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

Clinical Commissioning Policy Statement: Bendamustine for relapsed/refractory classical Hodgkin lymphoma (all ages) [URN: 1828]

05 March 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.

The policy statement proposition underwent stakeholder testing in November 2018 for a period of two weeks. There were thirteen responses to stakeholder testing of which five respondents raised issues with regards to the promotion of equality and reduction of health inequalities. These respondents commented that:

- the policy statement would deny access to an effective treatment for a young patient population.
- because bendamustine is a relatively inexpensive drug, it is possible that hospitals in some areas of the country will continue to provide the treatment, absorbing any of the associated costs. This could lead to a post-code lottery with patients being able to access the treatment in some parts of the country but not all.

These comments have been reviewed the National Programme of Care (NPoC). The policy position is based on a review of the evidence submitted as part of the Preliminary Policy Proposition which concluded that it was insufficient to support a routine commissioning position and, in some circumstances, could be considered to be experimental.

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

Classical Hodgkin's lymphoma can occur at any age but is more common in people aged between 15 and 30 years and those over 55 years; the condition is also more common in males than females.

The policy statement proposition is based on a review of evidence, therefore, it is not considered to prejudice any particular group with protected characteristics.

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 statement proposition is based on a review of evidence, therefore, it is not considered to prejudice any particular group with protected characteristics. As the policy recommends that the treatment should not be made available, there are no

clinical criteria described in the policy statement proposition.

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 statement proposition neither increases nor reduces inequalities between different patient groups. The treatment is not currently available for this indication and the policy statement proposition is based on a review of the available evidence.