

# NHS England: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. **Name of the proposal (policy, proposition, programme, proposal or initiative):** Tocilizumab in neuromyelitis optica spectrum disorder (NMOSD) and myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) resistant to previous lines of therapy (adults) [2334]
2. **Brief summary of the proposal in a few sentences**

Neuromyelitis optica spectrum disorder (NMOSD) and myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) are a collection of very rare, severe disabling inflammatory autoimmune disorders of the central nervous system that preferentially affects the spinal cord and optic nerve. The conditions are all distinct from multiple sclerosis. Tocilizumab is a humanized monoclonal antibody that targets the IL- 6 receptor. Tocilizumab is not licensed in NMOSD or MOGAD. Tocilizumab is proposed as a treatment for adult patients with NMOSD or MOGAD who have failed to respond to previous lines of commissioned therapy and continue to relapse despite treatment. It is proposed as an alternative treatment option to IVIg for those eligible.

3. **Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**  
Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Age:</b> older people; middle years; early years; children and young people.	Whilst NMOSD can affect all ages, it is more common in adults and very rare in children. MOGAD, however, has a higher incidence in children than adults.	The policy is restricted to adults only based on the findings of the evidence review. However, the commissioning medicines for children policy can be applied to the policy for children aged 2 years and

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		older in line with licensed indications for tocilizumab.
<b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.	<p>Patients usually present with significant mobility issues which may impact on clinic attendance.</p> <p>Tocilizumab can be administered subcutaneously, meaning that patients can self-administer at home rather than attending hospital for repeated infusions, which may be useful in terms of accessing treatment for those with access needs due to disability.</p>	This policy aims to make tocilizumab available for all patients with NMOSD and MOGAD if clinically eligible. Provision of tocilizumab would prevent the severe complications of the disease leading to worsening disability.
<b>Gender Reassignment and/or people who identify as Transgender</b>	There is no identified impact of this policy on this protected characteristic.	There are no adverse impacts.
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	There is no identified impact of this policy on this protected characteristic.	There are no adverse impacts.
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	NMOSD is up to 9 times more common in women compared to men and as it can affect all ages is likely to affect women of childbearing age.	This policy aims to make tocilizumab available for all patients with NMOSD and MOGAD if clinically eligible. Patients of reproductive age should be appropriately counselled regarding current best practice around potential need for contraception and drug wash out.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Race and ethnicity</b> <sup>1</sup>	NMOSD is associated with a much higher prevalence in people of Afro-Caribbean and East Asian ethnicity compared to White. Meanwhile, for MOGAD, there is no significant racial split in incidence and prevalence.	This policy aims to make tocilizumab available for all patients with NMOSD and MOGAD if clinically eligible, regardless of ethnic background or race.
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	There is no identified impact of this policy on this protected characteristic.	There are no adverse impacts.
<b>Sex:</b> men; women	NMOSD is up to 9 times more common in women compared to men whilst MOGAD has a more even split between men and women.	This policy aims to make tocilizumab available for all patients with NMOSD and MOGAD if clinically eligible regardless of sex.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	There is no identified impact of this policy on this protected characteristic.	There are no adverse impacts.

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<sup>1</sup> Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

#### 4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities <sup>2</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Looked after children and young people</b>	<p>People from these groups often experience difficulties accessing services and accessing follow up.</p> <p>Tocilizumab can be administered subcutaneously so may be advantageous in this setting as it allows administration outside secondary care.</p>	<p>Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate the risks for this group.</p>
<b>Carers of patients:</b> unpaid, family members.	<p>This policy should have a positive impact for carers as it aims to reduce the severity of symptoms and access to emergency care.</p> <p>Tocilizumab can be administered subcutaneously so may be advantageous in this setting as it allows administration outside secondary care.</p>	N/A
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>People from these groups often experience difficulties accessing services and accessing follow up.</p> <p>Tocilizumab can be administered subcutaneously so may be advantageous in this setting as it allows administration outside secondary care.</p>	<p>Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate the risks for this group.</p>

<sup>2</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

<b>Groups who face health inequalities<sup>2</sup></b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	There is no identified impact of this policy on this group who face health inequalities.	N/A
<b>People with addictions and/or substance misuse issues</b>	There is no identified impact of this policy on this group who face health inequalities.	N/A
<b>People or families on a low income</b>	<p>This policy will likely reduce the financial burden on families from frequent trips to hospital.</p> <p>Tocilizumab can be administered subcutaneously so may be advantageous in this setting as it allows administration outside secondary care. Therefore, this may negate some of the travel costs associated with travelling to secondary care services.</p>	<p>Arrangements can be made to support access to assessment and treatment in hospital, especially where travel is required. Reimbursement for travel costs is covered in the <a href="#">Healthcare Travel Costs Scheme</a>.</p>
<b>People with poor literacy or health literacy:</b> (e.g. poor understanding of health services poor language skills).	There is no identified impact of this policy on this group who face health inequalities.	N/A
<b>People living in deprived areas</b>	<p>This policy is expected to have a positive impact on people living in deprived areas.</p> <p>Tocilizumab can be administered subcutaneously so may be advantageous in this setting as it allows administration outside secondary care. Therefore, this may negate some of the travel costs associated with travelling to secondary care services.</p>	<p>Arrangements can be made to support access to assessment and treatment in hospital, especially where travel is required. Reimbursement for travel costs is covered in the <a href="#">Healthcare Travel Costs Scheme</a>.</p>
<b>People living in remote, rural and island locations</b>	This policy should have a positive impact for people living in remote, rural and island	Arrangements can be made to support access to assessment and treatment in hospital, especially

<b>Groups who face health inequalities<sup>2</sup></b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
	<p>locations as it will reduce the severity of symptoms and access to emergency care.</p> <p>Tocilizumab can be administered subcutaneously so may be advantageous in this setting as it allows administration outside secondary care. Therefore, this may negate some of the travel costs associated with travelling to secondary care services.</p>	<p>where travel is required. Reimbursement for travel costs is covered in the <a href="#">Healthcare Travel Costs Scheme</a>.</p>
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	<p>People from these groups often experience difficulties accessing services and accessing follow up.</p> <p>Tocilizumab can be administered subcutaneously so may be advantageous in this setting as it allows administration outside secondary care. Therefore, this may negate some of the travel costs associated with travelling to secondary care services.</p>	<p>Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate the risks for this group.</p>
<b>Other groups experiencing health inequalities (please describe)</b>	<p>There are no further direct negative or positive impacts of this policy on any other groups experiencing health inequalities.</p>	N/A

## 5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

<b>Yes X</b>	<b>No</b>	<b>Do Not Know</b>
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b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Stakeholder testing	This involved clinical staff, professional groups, patients, patient groups and industry groups who have expressed an interest in this topic area.	10 <sup>th</sup> October 2024
2	Policy working group	This involved input from a range of clinical staff and a patient and public voice partner who have experience in treating adult patients with NMOSD and MOGAD.	
3			

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
<b>Published evidence</b>	Please see the evidence review undertaken by NICE.	Cost effectiveness Evidence for quality of life, hospitalisation and corticosteroid reduction.
<b>Consultation and involvement findings</b>	10th to 24th October 2024.	
<b>Research</b>	No pending research is known.	
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Through the Trauma Programme of Care and its Clinical Reference Group structures supporting the policy working group with its expert knowledge regarding the epidemiology and treatment of NMOSD and MOGAD.	

**7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?** Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	X	X	X
The proposal may support?			
Uncertain whether the proposal will support?			

**8. Is your assessment that your proposal will support reducing health inequalities faced by patients?** Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	X	X
The proposal may support?		
Uncertain if the proposal will support?		

**9. Outstanding key issues/questions that may require further consultation, research or additional evidence.** Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Cost effectiveness	Further research.
2	Evidence for quality of life, hospitalisation and corticosteroid reduction.	Further research and auditing of tocilizumab use in England for NMOSD and MOGAD.
3		

**10. Summary assessment of this EHIA findings**

This policy aims to make tocilizumab available for all patients with NMOSD and MOGAD if clinically eligible. Routine approval as an intervention with appropriate oversight from the Highly Specialised Commissioned Centres for NMO would allow both adults and children with a rare disorder access to treatment that can prevent the debilitating impacts of recurrent relapses.

Tocilizumab is available subcutaneously, as well as intravenously, so offers the option of self-administration at home / out of hospital, improving access to treatment for groups who may otherwise face inequalities.

No adverse impacts of this policy have been identified.

#### **11. Contact details re this EHIA**

Team/Unit name:	Trauma Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Chief Finance Officer
Date EHIA agreed:	
Date EHIA published if appropriate:	