

Equality Questionnaire Northern Ireland Arrangements for Assessing Applicability of NICE Guidance to the HSC Sector

Adalimumab and dexamethasone for treating non-infectious uveitis

Is the NICE guidance likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If so, please describe any such impact.

Potentially

1.1 Systemic disease or both eyes are affected (or 1 eye affected if the second eye has poor visual acuity)

Comment- this unfairly discriminates against patients who have unilateral disease and have an inadequate response or intolerance to immunosuppressants- with good vision in the fellow eye or suffer side effects increased IOP from unilateral treatment. Patients with inflammatory eye disease are often young and no one knows what could happen to the fellow eye in years to come-vein occlusion, trauma, and eventual involvement of fellow eye with inflammation. A similar ruling was made initially in patients with age related macular degeneration that only the better seeing eye would be treated and this was reversed. In NHS Scotland and in Northern Ireland adalimumab use is currently not restricted to bilateral inflammatory disease.

1.1 Worsening vision with high risk of blindness (for example, risk of blindness that is similar to that seen in people with macular oedema.

Comment- again this unfairly discriminates against patients with good vision by waiting until vision starts to drop or patients get irreversible field damage from glaucoma before starting treatment suggest changing wording to “at risk of worsening vision and a high risk of blindness.”

1.1 Stop adalimumab for non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids if there is 1 of the following...

Comment- adalimumab often reduces the number of relapses of inflammation a patient has so it does not make sense to stop it if patients natural tendency is to flare once every 8 weeks and with adalimumab is quiet for 6 months and then they have flare. Suggestion add onto end of that statement “and if in the opinion of the Consultant adalimumab is not preventing frequent flares of the uveitis”.

Are you aware of any indication or evidence, qualitative or quantitative, that the NICE guidance may have an adverse impact on equality of opportunity or good relations? If so please give details of any such evidence.

1.2 Stop adalimumab if there is worsening of best corrected visual acuity by 3 or more lines or 15 letters

Comment- patients may develop worsening of vision due to cataract which would be treatable in a quiet eye. Suggest wording changed to “worsening of best corrected visual acuity due to inflammatory causes”.

1.3 Dexamethasone intravitreal implant recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults, only if there is:

- Active disease
- Worsening vision

Comment- again this unfairly discriminates against patients with good vision by waiting until vision starts to drop suggest changing wording to “at risk of worsening vision and a high risk of blindness.”

Does the NICE guidance afford an opportunity to better promote equality of opportunity or good relations? If so, how?

Are there any aspects of the NICE guidance where potential human rights violations may occur?

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This Information will be used to inform the Equality Screening.