

Part 1. Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

NICE Technology Appraisal TA508 - Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee

1.1.2 Is this an existing, revised or a new policy / decision?

New

1.1.3 What is it trying to achieve? (intended aims/outcomes)

This guidance provides evidence-based recommendations on autologous chondrocyte implantation using chondrosphere (Spherox) for treating symptomatic articular cartilage defects of the knee in adults.

Autologous chondrocyte implantation (ACI) using chondrosphere is recommended as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults, only if:

- the person has not had previous surgery to repair articular cartilage defects
- there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) and
- the defect is over 2 cm².

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

This guidance should benefit adult patients as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults, only if: the person has not had previous surgery to repair articular cartilage defects, there is minimal osteoarthritic damage to the knee (as assessed by clinicians

experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) and the defect is over 2 cm².

1.1.5 Who initiated or wrote the policy?

National Institute for Health and Care Excellence (NICE)

1.1.6 Who owns and who implements the policy?

NICE owns the policy. The Department determines whether the policy should be endorsed for Northern Ireland, and, if endorsed, the HSCB / HSC Trusts implement it.

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

Financial

Legislative

Other

Please explain:

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

Staff

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

Families/Carers

1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy
	NICE/DoH

1.5 Available evidence

What evidence/information (both qualitative and quantitative*) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

In developing this guidance, NICE have assessed its equality impact in scoping, consulting and before issuing the final guideline. This process is designed to mitigate the impact on equality. In addition, DoH locally consult on equality and human rights issues.

Section 75 category	Details of evidence/information
Religious belief	During scoping, it was highlighted that comparator ACI procedures may include the use of porcine or bovine derived collagen membrane. This may be an issue for people with particular religious and cultural beliefs who have objections to the use of certain animal products, however this is not an issue because chondrosphere has been recommended.
Political opinion	Political opinion will have no bearing on the guidance
Racial group	Ethnicity will have no bearing on the guidance
Age	<p>This guidance is aimed at adult patients as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults, only if: the person has not had previous surgery to repair articular cartilage defects, there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) and the defect is over 2 cm².</p> <p>In this appraisal, the committee made a recommendation similar to TA477 that restricts the technology to people with minimal osteoarthritis in the</p>

	<p>knee, which therefore excludes people with advanced osteoarthritis that may be disabling.</p> <p>The following paragraph was included in the final appraisal determination “The committee considered its recommendation in the context of the equality legislation. It was aware that 1 of its criteria for treatment (that is, minimal osteoarthritic damage to the knee) excludes people with advanced or severe osteoarthritis, which can be disabling. However, one of the contraindications in the marketing authorisation for the technology is advanced osteoarthritis.</p> <p>The committee did not stipulate any specific threshold for the level of osteoarthritis, but instead states in the recommendations that it is appropriate for clinicians experienced in investigating knee cartilage damage to assess suitability for chondrosphere using a validated measure for osteoarthritis of the knee. The committee was therefore satisfied that it has mitigated, as far as it can, any potential unfairness.”</p>
Marital status	Marital status will have no bearing on the guidance
Sexual orientation	Sexual orientation will have no bearing on the guidance
Gender (Men and women generally)	Gender will have no bearing on the guidance
Disability (with or without)	Disability will have no bearing on the guidance
Dependants (with or without)	Dependant status will have no bearing on the guidance

* Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

Section 75 category	Details of needs/experiences/priorities
Religious belief	There is no evidence that different religions will have any different needs, experiences, priorities or issues in relation to the guidance.
Political opinion	There is no evidence that different political opinions will have any different needs, experiences, priorities or issues in relation to the guidance.
Racial group	There is no evidence that different racial groups will have any different needs, experiences, priorities or issues in relation to the guidance.
Age	This guidance relates to adult patients as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults, only if: the person has not had previous surgery to repair articular cartilage defects, there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) and the defect is over 2 cm ² .
Marital status	There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the guidance.

Section 75 category	Details of needs/experiences/priorities
Sexual orientation	There is no evidence that different sexual orientation will have any different needs, experiences, priorities or issues in relation to the guidance.
Gender (Men and women generally)	There is no evidence that different genders will have any different needs, experiences, priorities or issues in relation to the guidance.
Disability (with or without)	There is no evidence that people with disabilities will have any different needs, experiences, priorities or issues in relation to the guidance.
Dependants (with or without)	There is no evidence that those of different dependant status will have any different needs, experiences, priorities or issues in relation to the guidance.

Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	No impact on equality of opportunity	None
Political opinion	No impact on equality of opportunity	None
Racial group	No impact on equality of opportunity	None
Age	No impact on equality of opportunity	None
Marital status	No impact on equality of opportunity	None
Sexual orientation	No impact on equality of opportunity	None
Gender (Men and women generally)	No impact on equality of opportunity	None
Disability (with or without)	No impact on equality of opportunity	None
Dependants (with or without)	No impact on equality of opportunity	None

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?

Section 75 category	If Yes , provide details	If No , provide reasons
Religious belief		No evidence to support this
Political opinion		No evidence to support this
Racial group		No evidence to support this
Age		No evidence to support this
Marital status		No evidence to support this
Sexual orientation		No evidence to support this
Gender (Men and women generally)		No evidence to support this
Disability (with or without)		No evidence to support this
Dependants (with or without)		No evidence to support this

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief	The policy will not impact on good relations	None
Political opinion	The policy will not impact on good relations	None
Racial group	The policy will not impact on good relations	None

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If Yes , provide details	If No , provide reasons
Religious belief		No evidence to support this
Political opinion		No evidence to support this
Racial group		No evidence to support this

2.5 Additional considerations

Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

There will no impact on multiple identity

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact
Minor impact
Major impact

X

Consider mitigation (3.4 – 3.5)

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in
No - screened out

X

3.3 Please explain your reason for making your decision at 3.2.

This guidance will impact on all sections of the community equally.

Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Yes

No

3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

To provide further assurance regarding implementation, the Regulation Quality Improvement Authority (RQIA) will extend its support of regional audits to cover some clinically based NICE guidance and will look at a sample of the technology appraisals each year.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

See above.

Please note: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

No

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No

Part 6.Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

Part 7 - Approval and authorisation

	Name	Grade	Date
Screening completed by	Jonathan Adair	Acting EO2	26/03/2018
Approved by ¹	Steven White	DP	26/03/2018
Forwarded to E&HR Unit ²			

Notes:

¹ The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

² When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.