

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

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. **Percutaneous Left Atrial Ablation for Paroxysmal or Persistent Atrial Fibrillation.**
2. **Brief summary of the proposal in a few sentences**

The policy is aimed at providing a clinical protocol for the management of Atrial Fibrillation by ablation when conventional therapies have not relieved the patient's symptoms. The policy also prevents harm by limiting the risks associated with repeat procedures that may have no clinical benefit.

The policy also promotes better engagement between the patient and the clinician by mandating shared decision making.

It is hoped the policy will also help further development of the rational for such treatments by building an evidence base as to the relief of patient's symptoms following treatment. This in turn will further benefit all patients.

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.

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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
<p><b>Age:</b> older people; middle years; early years; children and young people.</p>	<p>This policy is aimed at early, middle years and older Adults who have symptoms affecting their physical health caused by Atrial Fibrillation (AF). AF is more likely to affect the elderly.</p>	<p>Atrial Fibrillation is rare in children and so the policy does not relate to that age group. Where abnormal cardiac rhythm is present in children the policy makes clear that children are treated as per the congenital heart disease policy</p> <p>The policy details inclusion and exclusion criteria to guide clinical management in symptomatic patients.</p> <p>The policy ensures that elderly patients are not discriminated against due to their age by utilising a frailty index as opposed to an age cut off. A holistic assessment including an MDT meeting where appropriate is mandated to ensure the decision to proceed with an ablation is appropriately considered for all adults.</p>
<p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Create improved dialogue and shared decision making with patients, and their carers/advocates.</p> <p>Prevents potential harm by giving guidance to clinicians on reducing unnecessary procedures.</p>	<p>Shared decision making and patient related outcome measures are mandated in the policy. This will allow all patients, or their advocate, the opportunity to discuss in detail the benefits and risks of the procedure in relieving their symptoms.</p> <p>Where patients are not able to represent themselves, advocacy will be required to complete the decision making.</p> <p>Inclusion and exclusion criteria are detailed within the policy which will be available online. This is</p>

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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
		the first time such criteria have been published for this procedure.
<b>Gender Reassignment and/or people who identify as Transgender</b>	The policy is aimed at adults irrespective of any protected characteristics within section 149 of the Equality Act (2010)	<p>Shared decision making and patient related outcome measures are mandated in the policy that will see all patients able to understand the rational and benefits and risks associated with the procedure. All patients can then agree or not to interventional care, empowering patients in the process.</p> <p>Inclusion and exclusion criteria are detailed within the policy which will be available on line. This is the first time such criteria have been published for this procedure.</p>
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	The policy is aimed at adults irrespective of any protected characteristics within section 149 of the Equality Act (2010)	
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	The policy prescribes the use of shared decision making and so any specific risks to the mother and child will be discussed prior to procedure. This will be particular to each patient	The policy mandates shared decision making and therefore more detailed risk/benefit analysis to mother and child will be completed.

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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>	The policy is aimed at all adults irrespective of race and ethnicity and any protected characteristics within section 149 of the Equality Act (2010). The policy is based upon available clinical evidence.	A key component of the policy is mandating shared decision making in the policy and so involvement in all decisions in all patients/clients should be improved
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	The policy is aimed at all adults irrespective of any protected characteristics within section 149 of the Equality Act (2010).  The policy is based upon available clinical evidence.	Inclusion and exclusion criteria are detailed within the policy which will be available on line. This is the first time such criteria have been published for this procedure.  The policy mandates shared decision making hence there should be better dialogue between patient and clinician so that patients understand the benefit and risks of the procedure. The policy also limits the number of repeat procedures, further protecting all patients from potential harm.
<b>Sex:</b> men; women	The policy is aimed at all adults irrespective of any protected characteristics within section 149 of the Equality Act (2010)  The policy is based upon available clinical evidence.	Inclusion and exclusion criteria are detailed within the policy which will be available on line. This is the first time such criteria have been published for this procedure.  The policy mandates shared decision making hence there should be better dialogue between

<sup>1</sup> Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity include 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.

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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
		<p>patient and clinician so that patients understand the benefit and risks of the procedure. The policy also limits the number of repeat procedures which is intended to protect patients from diminishing benefit and procedural harm.</p>
<p><b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>The policy is aimed at all adults irrespective of any protected characteristics within section 149 of the Equality Act (2010)</p> <p>The policy is based upon available clinical evidence.</p>	<p>Shared decision making and patient related outcome measures are mandated in the policy that will see all patients able to understand and agree to interventional care. Where patients are not able to represent themselves, advocacy will be required to complete the decision making.</p> <p>Inclusion and exclusion criteria are detailed within the policy which will be available on line. This is the first time such criteria have been published for this procedure.</p>

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**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.

<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>Looked after children and young people</b>	Atrial Fibrillation is not a disease / condition commonly associated with children and so the policy does not relate to that age group.	Where abnormal cardiac rhythm is present in children the policy makes clear that children are treated as per the congenital heart disease policy.
<b>Carers of patients:</b> unpaid, family members.		The policy mandates shared decision making hence there should be better dialogue between patient and clinician so that all patients understand the benefit and risks of the procedure.  The policy also limits the number of repeat procedures which is intended to protect patients from diminishing benefit from repeat procedures and procedural harm
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.		
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.		
<b>People with addictions and/or substance misuse issues</b>		
<b>People or families on a low income</b>		
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).	This group may find it hard to understand their condition and the	Shared decision making is mandated within this policy and so clinicians will need to ensure that patients are well informed, this will be through

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

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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
	benefits and risks associated with different treatment options.	various mediums including verbal as well as written shared decision-making tools.
<b>People living in deprived areas</b>	The service is already delivered in 34 regional centres that have been designated as specialised centres.	The policy will provide guidance on the efficacy of repeat procedures. This could reduce waiting lists for cardiac procedures, as well as ensuring patients avoid potential harm from unnecessary procedures.
<b>People living in remote, rural and island locations</b>	This procedure is only available at one of 34 providers designated as specialist providers.	By restricting access to specialist providers, patients are afforded the optimal level of support  The policy will provide guidance on the efficacy of repeat procedures. This could reduce waiting lists for cardiac procedures.
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	N/A	
<b>Other groups experiencing health inequalities (please describe)</b>	Patients who have a BMI >40 are not eligible for an ablation.	Obese patients are less likely to benefit from an ablation, more likely to have recurrence of their arrhythmia and have a higher procedural risk. Excluding them ensures that we are not causing undue harm by performing inappropriate procedures. There is also evidence to suggest that if an obese person undergoes an intensive weight management program, they are more likely to benefit from an ablation procedure. This is encouraged in the policy proposal.

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**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
<b>1</b>	<b>Stakeholder Testing</b>	<b>NHS E has a list of stakeholders who have declared an interest in policy development. The list was checked to ensure key forums were not missing and then the policy was sent out. A lot of of comments were returned and this has led to refining of the policy.</b>	
<b>2</b>	Public Consultation planned for March 2020 which will further guide development of the policy.	A full report will be available following the next pages of consultation.	
<b>3</b>			



## 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>	An external review of available clinical evidence was undertaken	A consensus exercise using a peer reviewed process was adopted where clinical evidence for inclusion criteria was not 'gold standard'
<b>Consultation and involvement findings</b>	Stakeholder engagement has been completed.	Some minor amendments to the policy have been made as a result of the engagement exercise.  It is now the intention to proceed to more formal consultation.
<b>Research</b>	No additional research has been done to support this policy.  An external review of evidence was undertaken	A consensus exercise using a peer reviewed process was adopted where clinical evidence for inclusion criteria was not 'gold standard'
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Policy Working Group was set up which included charitable organizations representing patients.	

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**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
The proposal may support?	X		
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 Ensuring that whatever shared decision-making tool is adopted that it has undergone an equality impact assessment, either internal to NHS E or external.	Expert review.

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

The assessment should promote equality and equity of access to this procedure for all adults by mandating improved patient involvement in shared decision making.

The policy may also promote equity in avoiding harm by reducing repeat procedures for patients, which may have no clinical benefit in terms of relieving symptoms from persistent Atrial Fibrillation.

Lastly, having a national commissioning policy proposal for AF ablation will reduce variation in clinical practice promoting equity of care nationally for those in which this procedure is indicated.

**11. Contact details re this EHIA**

Team/Unit name:	Internal Medicine Programme of Care
Division name:	
Directorate name:	Acute Care Programme
Date EHIA agreed:	
Date EHIA published if appropriate:	

## Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance, please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

Yes:	No: X	Uncertain:
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13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.
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14. Responsibility for EHIA and decision-making

Contact officer name and post title:		
Contact officer e: mail address:		
Contact officer mobile number:		
Team/Unit name:	Division name:	Directorate name:
Name of senior manager/ responsible Director:	Post title: Senior PoC Manager Ursula People	E-mail address:

15. Considered by NHS England or NHS Improvement Panel, Board or Committee<sup>3</sup>

Yes: X	No:	Internal Medicine Programme of Care

<sup>3</sup> Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

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<b>Name of the proposal (policy, proposition, programme, proposal or initiative):</b>			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities
Proposal gave due regard to the requirements of the PSED?		Yes:	No: N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?		Yes:	No: N/A:
Summary comments:			

**16. Key dates**

Date draft EHIA completed:	28 <sup>th</sup> May 2020
Date draft EHIA circulated to EHIU: <sup>4</sup>	
Date draft EHIA cleared by EHIU: <sup>5</sup>	
Date final EHIA produced:	
Date signed off by Senior Manager/Director: <sup>6</sup>	
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable <sup>7</sup> :	

<sup>4</sup> If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.

<sup>5</sup> If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

<sup>6</sup> The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

<sup>7</sup> This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.