

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. Name of the proposal (policy, proposition, programme, proposal or initiative)¹: Use of defibrotide in severe veno-occlusive disease following stem cell transplant

2. Brief summary of the proposal in a few sentences

Severe veno-occlusive disease (VOD) of the liver is a rare complication of haemopoietic stem cell transplantation (HSCT) caused by the chemotherapy and / or radiotherapy that patients receive as part of preparation for transplant. It is most likely to affect patients with certain risk factors or underlying conditions. Severe VOD is associated with a high risk of death and can cause multi-organ failure requiring long stays in hospital, often in Intensive Care. A drug called defibrotide can be given to adults or children with severe VOD to treat the condition.

It is indicated in adults and in adolescents, children and infants over 1 month of age. The current NHS England policy on the use of defibrotide in severe VOD following HSCT limits the use of defibrotide to patients who experience VOD up to 21 days post HSCT. There are however no restriction within the license on the number of days after HSCT and the onset of VOD when defibrotide can be used, so this proposal is to update the NHS England commissioning policy on the use of defibrotide for the treatment of VOD to remove the 21 day restriction and improve access to this medication.

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.

¹ Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

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
Age: older people; middle years; early years; children and young people.	The policy is already an all ages policy from the age of 1 month old.	This update proposition does not add further benefits to those already within the existing policy on the basis of age.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	This policy does not positively or negatively impact on people with this characteristic.	
Gender Reassignment and/or people who identify as Transgender	This policy does not positively or negatively impact on people with this characteristic.	
Marriage & Civil Partnership: people married or in a civil partnership.	This policy does not positively or negatively impact on people with this characteristic.	
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.		
Race and ethnicity²	This policy does not positively or negatively impact on people with this characteristic.	
Religion and belief: people with different religions/faiths or beliefs, or none.	This policy does not positively or negatively impact on people with this characteristic.	

² 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.

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
Sex: men; women	This policy does not positively or negatively impact on people with this characteristic.	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	This policy does not positively or negatively impact on people with this characteristic.	

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 ³	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
Looked after children and young people	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
Carers of patients: unpaid, family members.	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A

³ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities³	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
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
People with addictions and/or substance misuse issues	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
People or families on a low income	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
People living in deprived areas	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
People living in remote, rural and island locations	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A

Groups who face health inequalities ³	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
Refugees, asylum seekers or those experiencing modern slavery	This policy does not positively or negatively impact on people who experience health inequalities on these grounds.	N/A
Other groups experiencing health inequalities (please describe)	N/A	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.

Yes	No	Do Not Know
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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		
2		
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
Published evidence	References as included in the policy proposition.	
Consultation and involvement findings		
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	BCSH/BSBMT Guideline: Diagnosis and Management of Veno-occlusive Disease (Sinusoidal Obstruction Syndrome) following Haematopoietic Stem Cell Transplantation (submitted to British Journal of Haematology)	

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	
The proposal may support?	X		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?		

The proposal may support?	X	X
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	
2	
3	

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below.

This policy amendment proposition seeks to remove a barrier to accessing treatment for a rare but serious complication linked to HSCT, by ensuring that patients can access this treatment whenever they experience VOD. The policy continues to be all ages and have no other exclusions that impact on people with protected characteristics or groups that experience health inequalities.

11. Contact details re this EHIA

Team/Unit name:	BMT CRG/ Blood & Infection Programme of Care
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Division name:	Specialised Commissioning
Directorate name:	Finance
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:	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:	E-mail address:

15. Considered by NHS England or NHS Improvement Panel, Board or Committee⁴

Yes:	No:	Name of the Panel, Board or Committee:			
Name of the proposal (policy, proposition, programme, proposal or initiative):					
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:	
Date draft EHIA circulated to EHIU: ⁵	
Date draft EHIA cleared by EHIU: ⁶	
Date final EHIA produced:	

⁴ 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.

⁵ 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.

⁶ If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

NHS England and NHS Improvement: Equality and Health Inequalities Assessment (EHIA) Template [EHIU: March 2020]

Date signed off by Senior Manager/Director: ⁷	
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable ⁸ :	

⁷ The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

⁸ This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.