

NHS England and NHS Improvement: 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)¹:
1803 Extracorporeal membrane oxygenation (ECMO) for bridge to lung transplant (all ages)**
- 2. Brief summary of the proposal in a few sentences**

For carefully selected patients, lung transplant offers both prognostic and quality of life benefits across all disease groups. There have been recent increases in lung transplant numbers, with 214 transplants performed during 2017/18. However, in 2018/19 it is likely to be approximately 20% lower than the preceding year with 156 transplants in the period up to 14th March 2019. On 31st March 2018 the national lung transplant list was 6% lower than on 31st March 2017 with 357 patients on the list. However this total is 56% higher than 10 years ago. There is an unmet need for organs, three years after listing 57% of adult patients on the lung only list had been transplanted and 26% had died (1st April 2014 – 31st March 2015).

To address that some patients die whilst waiting this proposal would use ECMO in a group of critically ill patients with the aim of bridging them to a lung transplant. Developments in ECMO technology combined with improvements in patient selection have made it possible to successfully bridge to transplant a group of carefully selected critically ill patients who are refractory to maximal respiratory support that will allow them a chance to survive to transplant. Without ECMO these patients will inevitably die within hours.

Traditionally, mechanical ventilation has provided this bridging support, but it is associated with complications and poor post-transplant outcomes which means that lung transplants are rarely performed in mechanically ventilated patients.

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

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.

The criteria set out in the policy do not prejudice any particular group with protected characteristics. There is no absolute age limit for prospective lung transplant candidates or patients that may be bridged to transplant with ECMO. Comorbidity becomes more common with advancing age and limits the prospects for long term survival in the geriatric population.

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 proposal is an all ages proposal. Patient selection for lung transplantation is in line with agreed national policies. All patients must be biologically fit, regardless of age. In practice, most recipients are less than 65 years of age as there is an increase in co-morbidity with the ageing process. Patient selection is also related to the ability to physically accommodate the lungs offered. As more adult lungs are offered this means organs are more likely to be offered to adults and not children.	No identified adverse impact
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Patients with associated lung disease awaiting lung transplant may be defined as disabled as they may be unable to undertake activities of daily living as part their long-term conditions.	No identified adverse impact

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
Gender Reassignment and/or people who identify as Transgender	NA	No identified adverse impact
Marriage & Civil Partnership: people married or in a civil partnership.	NA	No identified adverse impact
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	NA	No identified adverse impact
Race and ethnicity²	There is no potential adverse impact in the policy proposal. Ethnicity data is captured for organ recipients. Age, gender, ethnicity are factors used in risk-adjusted models for patient survival from listing.	No identified adverse impact
Religion and belief: people with different religions/faiths or beliefs, or none.	A very small number of religions object to organ donation and transplantation. Adoption of the policy will not impact on relations between people who share this protected characteristic and those who do not.	No identified adverse impact

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	NA	No identified adverse impact
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	NA	No identified adverse impact

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	No impact identified	
Carers of patients: unpaid, family members.	No impact identified	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	No impact identified	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	No impact identified	

³ Please note many groups who share protected characteristics have also been identified as facing 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
People with addictions and/or substance misuse issues	No impact identified	
People or families on a low income	No impact identified	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	No impact identified	
People living in deprived areas	No impact identified	
People living in remote, rural and island locations	No impact identified	
Refugees, asylum seekers or those experiencing modern slavery	No impact identified	
Other groups experiencing health inequalities (please describe)	No impact identified	

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 X	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	Clinical Panel sub group	Clinical Panel asked for a sub group to consider additional information on which patients may be eligible for ECMO and how this impacted on selection of patients from the waiting list. A summary report has been produced.	
2	Stakeholder Engagement	Request for clinical, professional and patient groups to respond on the proposal particularly on the potential differential impact of offering ECMO on access to lung transplant across the cohorts within the waiting list.	
3	Planned Public Consultation	It was agreed the Clinical Panel summary report on impact on the cohorts within the waiting list and specific questions would be included in the Public Consultation to obtain additional views on this issue.	March 2020

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	NHS England undertook an evidence review according to its published Method to inform the policy proposal. This considers the peer reviewed published evidence primarily on the effectiveness of ECMO as a therapy pre transplant.	
Consultation and involvement findings	Stakeholder Engagement	
Research	None	

Evidence Type	Key sources of available evidence	Key gaps in evidence
<p>Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team</p>	<p>Data on eligible patients from NHS Blood and Transplant. The policy will impact different groups of patients on the waiting list. Cystic Fibrosis and Idiopathic Pulmonary Fibrosis patients have benefitted most from bridging to lung transplant. CF is generally comprised of a younger group, IPF an older group. It appears patients with Chronic Obstructive Pulmonary Disease (COPD) appear to be the group of patients who may wait longer if organ demand continues to outstrip availability. The impact therefore seems to be disease related than age (COPD age and IPF ages were similar).</p>	

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?			
The proposal may support?		Yes	
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?	Yes	Yes
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	Views on the potential differential impact of the proposal between the different subgroups waiting for a lung transplant	
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 proposal is for a very small group of patients and the impact is therefore limited. No specific impact on protected characteristics has been identified. The evidence we have suggests the impact to be disease related rather than age related.

11. Contact details re this EHIA

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

Team/Unit name:	Highly Specialised Commissioning team
Division name:	Specialised Commissioning
Directorate name:	Finance
Date EHIA agreed:	
Date EHIA published if appropriate:	