

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

- 1. Name of the proposal (policy, proposition, programme, proposal or initiative)¹:
Lung volume reduction by surgery or endobronchial valve for severe emphysema in adults**
- 2. Brief summary of the proposal in a few sentences**

Chronic obstructive pulmonary disease (COPD) is a progressive chronic lung disease that is characterised by varying degrees of chronic bronchitis (chronic inflammation of the central airways) and emphysema (van Agteren et al 2016). Emphysema is characterised by damaged lung parenchyma with loss of its elasticity, resulting in hyperinflation of the lung, reduced airflow, reduced capacity for efficient gas exchange between the alveoli and the blood, and breathlessness (van Agteren 2016). Lung volume reduction (LVR) is an approach which removes the worst affected areas of the diseased lung so that the healthier parts can work better. By removing the enlarged lung air spaces that occur in emphysema less air is trapped so that breathing is more efficient and comfortable. There are two National Institute for Health and Care Excellence (NICE) guidance documents on procedures for LVR. One involves surgery to cut out part of the diseased lung; the other is to insert a valve or valves into the airways to stop air from getting into the diseased parts of the lungs.

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

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 chronic nature of emphysema and that it is often related to smoking means that it is more common in middle years and particularly older people.	The policy proposal is for use in all adult patients.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Emphysema is one of a group of long-term lung diseases that form Chronic Obstructive Pulmonary Disease, or COPD. Symptoms include breathlessness, coughing, tiredness and weight loss. The proposal is a palliative treatment as COPD is progressive and at this stage it would be expected the patient would be experiencing a significant impact on activities of daily living.	The policy proposal is focused on severe emphysema which is a severe form of COPD.
Gender Reassignment and/or people who identify as Transgender	Not applicable	
Marriage & Civil Partnership: people married or in a civil partnership.	Not applicable	
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Not usually applicable	The proposal would allow treatment of any adult patient although emphysema is less likely to be present in women of child bearing age.

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
Race and ethnicity ²	Not applicable	
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable	
Sex: men; women	COPD and emphysema are more common in men than women	Access proposed for any adult
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Not applicable	

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.

4. Main potential positive or adverse impact for people who experience health inequalities summarised

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	Not applicable	
Carers of patients: unpaid, family members.	Could have some positive impact as patients with emphysema are likely to need carer support.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Could have some positive impact as rates of smoking and hence risk of COPD/emphysema is greater in the homeless community.	Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Could have some positive impact as rates of smoking and hence risk of COPD/emphysema is greater within these groups.	
People with addictions and/or substance misuse issues	Could have some positive impact as rates of smoking and hence risk of COPD/emphysema may be greater within these groups.	
People or families on a low income	Could have some positive impact as rates of smoking and hence risk of COPD/emphysema is greater within low income groups.	

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
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Could have some positive impact as rates of smoking and hence risk of COPD/emphysema is greater within these groups.	Proposal would streamline pathways for referral.
People living in deprived areas	Could have some positive impact as rates of smoking and hence risk of COPD/emphysema is greater within these groups.	
People living in remote, rural and island locations		
Refugees, asylum seekers or those experiencing modern slavery	Could have some positive impact where smoking rates are higher within these groups.	
Other groups experiencing health inequalities (please describe)	Not applicable	

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		
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	3 evidence reviews were undertaken on surgery and interventional approaches and use of specific devices to support the proposal.	There is evidence but the studies were in some cases with relatively small cohorts or non randomised which affects confidence in the reported outcomes.
Consultation and involvement findings	The policy proposal was considered through stakeholder testing for 2 weeks in 2018 and for a	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	One month public consultation in March 2019. The responses were used to amend the proposal.	
Research	Included in evidence reviews where published evidence.	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	The relevant expert national Clinical Reference Groups, patient groups and professional bodies responded to the engagement activities.	

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?		X	
The proposal may support?			
Uncertain whether the proposal will support?	X		X

8. Is your assessment that your proposal will support reducing health inequalities faced by patients?

	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	There is an open randomised control trial comparing patients who have surgery as opposed to implantation of devices	When published it is anticipated it will provide additional better quality evidence on outcomes and possibly benefits / disbenefits of one technique over another.
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.

The proposal has the potential to increase equality of access to these interventions for patients across England by addressing unequal access in different geographies. It also has the potential to improve quality of life for a number of groups that face health inequalities as they are more likely to have severe emphysema often due to higher rates of smoking in these populations.

11. Contact details re this EHIA

Team/Unit name:	Internal Medicine Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Finance Directorate
Date EHIA agreed:	09/03/2020
Date EHIA published if appropriate:	