NHS England: 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]:

NHS England Specialised Commissioning, service specification for: specialist services for haemophilia and related bleeding disorders (adults and children) (April 2024)

2. Brief summary of the proposal in a few sentences

Specialist services for haemophilia and related bleeding disorders (adults and children) service specification, refresh of 2013/14 version.

[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 9 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.**

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.	All ages covered by specification. This update includes the new standard text regarding the transition between child and adult services.	No adverse impact
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	All commissioned providers will manage patients with a range of disabilities; patient needs would be assessed on an individual basis to ensure best fit. Note that musculoskeletal disability is common in older patients with an inherited bleeding disorder as a feature of the condition.	
Gender reassignment and/or people who identify as transgender	Not applicable	
Marriage and civil partnership: people married or in a civil partnership.	Not applicable	

Pregnancy and maternity: women before and after childbirth and who are breastfeeding.	Some of the major bleeding disorders impact almost exclusively male patients in the severe presentations (due to sex-linked chromosomal nature). Many bleeding disorders are inherited therefore impact on pregnancy planning and psychological impact on pregnant patients or those seeking pregnancy. In addition, pregnancy is complicated in patients with any degree (including mild presentation) of a bleeding disorder *and* further complicated where the neonate is known or suspected to have a bleeding disorder.	There are some inherent equality issues across the gender paradigm. As these aspects are specific management issues for the overall patient population and pathway these are addressed in the specification.
Race and ethnicity[2]	We have added monitoring through outcome indicators to measure equality of access. The National Haemophilia Database is seeking to improve data collection in respect of self-declared racial and ethnic patient identity. Due to the inherited nature of some conditions covered by the specification, some specific diagnoses are more common in groups which may be defined by race or ethnicity, however access to treatment and care is not defined thus	Issues identified and being monitored
Religion and belief: people with different religions/faiths or beliefs, or none.	Some patients may decline the service based on their beliefs and/or cultural issues. Due to the inherited nature of some conditions covered by the specification, specific diagnoses are more common in groups which may be defined by religion, however access to treatment and care is not defined thus.	Issue identified and being monitored.
Sex: men; women	Haemophilia is an inherited disease that, in its severe presentation, most commonly affects males, or those with at least one Y chromosome. Other bleeding disorders will often present when patients commence menarche so that there is a resulting gender imbalance in the diagnosed population. However all sexes are fully included within the service specification.	Issues identified; increasing clinical focus on the wider patient population and this is reflected in the service spec and associated treatment guidelines.
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

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	Not applicable	
Carers of patients: unpaid, family members.	Included in consultations, education and training offers. Often key role in managing paediatric patients. Changes provide greater flexibility and potentially reduced demand for face-to-face meetings/consultations.	Recognised carers, irrespective of relationship to patient, are included in service offerings. Widely available technology provides fewer demands on carers.
Homeless people. People on the street; staying temporarily with friends/family; in hostels or B&Bs.	No impact. Note that many treatments used require refrigerated storage and regular intravenous administration, which may be compromised for this patient group.	Clinicians will consider patient social aspects in selecting the most appropriate treatment for them.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Positive impact as increased flexibility from face-to-face routine clinical reviews to virtual reviews; supports reduced transport needs	Greater flexibility in management of patients is afforded by the revised specification.
People with addictions and/or substance misuse issues	No impact	

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

People or families on a low income	All income groups are covered within the service	Increased flexibility from face-to-face routine clinical reviews to virtual reviews (telephone or video) and potential for patient initiated follow-up; supports reduced transport costs/time off-work.
People with poor literacy or health literacy: (eg poor understanding of health services poor language skills).	No barrier, translation services are available.	As part of routine clinical practice, clinical teams will adjust communications to achieve balance between provision and understanding.
People living in deprived areas	All areas of the country have equitable access to the service irrespective of deprivation	Specification does recommend role of social workers, who can help all patients, including deprived patients, access additional support where available.
People living in remote, rural and island locations	All areas of the country have equitable access to the service, with outreach a key component of the specification including remote access and consultation where appropriate.	Changes in specification provide wider range of consultation options and reduce burden of face-to-face meetings.
Refugees, asylum seekers or those experiencing modern slavery	No barrier, translation services available.	
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	No X	Do Not Know

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		
Consultation and involvement findings	SWG and CRG representation from Clinicians including AHP, service users public health, PPV reps	
Research	National Haemophilia Database	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Public health National specialty advisor Various clinical specialities via SWG	

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	X
The proposal may support?			
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?		
Uncertain if the proposal will support?	X	X

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	More accurate information on racial and ethnic profile of patient group	Improve data collection in the National Haemophilia Database
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. Overall the revised service specification will reduce inequalities by ensuring that the same high-quality service is delivered for all patient across all providers.

11. Contact details re this EHIA

Team/unit name:	
Division name:	
Directorate name:	
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 the Patient Equalities team (england.eandhi@nhs.net).

Yes:	**No:**	**Uncertain:**

13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.

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, Board or Committee[4]

Yes:	No:	Name of the panel, board or committee:	

[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.

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 PE team:[5]	
Date draft EHIA cleared by PE team: [6]	
Date final EHIA produced:	
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]:	

[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 PE team 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's publishing approvals process.
[6] If the PE team raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.
[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.