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, [1], proposal or initiative)[2]: Evidence Based Interventions: List 3

2. Summary of the proposal in a few sentences

Evidence based interventions Programme aims to reduce the number of inappropriate interventions carried out by clinicians in the healthcare system and to improve the quality of care patients receive, reduce unwarranted variation, and prevent patient harm by developing clinical guidance. The EBI Programme provides guidance on when it is and is not appropriate to carry out specific interventions, by ensuring an efficient and sustainable use of NHS resources.

The proposal is to include 10 (List 3) additional interventions which focus on pathway redesign across a range of medical and surgical interventions in the EBI Programme. The interventions covered in the new proposed guidance are diagnostics, surgical procedures which are based on recommendations made by the independent Expert Advisory Committee (EAC) to the EBI Programme board, which is chaired by Professor Dame Helen Stokes-Lampard.

List 3 takes a more holistic approach and proposes that some interventions should be increased in certain circumstances when specific clinical criteria are met. Each intervention has been selected for inclusion in this proposed guidance by an independent Expert Advisory Committee comprising medical experts, commissioners, and patients.

The specific recommendations have been drafted in close collaboration with specialist societies, medical royal colleges, and experts. groups. List 3 has been approved by the EBI Programme Board, which includes clinical and non-clinical leaders from the Academy of Medical Royal Colleges (the Academy), NHS England, the National Institute for Health and Care Excellence (NICE), NHS Confederation and The Patients Association

[2] 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.**

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 recommendation penile circumcision is for children under the age of 18 years. Whilst the rationale is likely to be that a child is defined as being under 18 yrs., most boys have reached puberty before this age and therefore genitalia is as for an adult. The use of conservative measures may also differ considerably between a young child and a 17 yrs. for example use of steroid creams. • Penile circumcision - EBI 3 rationale highlights a variation in access to this procedure in children under 5 years old, however, does not define whether the procedures were conducted for clinical or religious purposes. This evidence is	• Most children and young people presenting with penile problems require no intervention other than reassurance. This guidance applies to children and young people under 18 years. This guidance excludes children and young people with congenital penile conditions such as hypospadias. Penile circumcision should only be performed for: — *Prevention of urinary tract infection in patients with recurrent urinary tract infections or at high risk of UTI (Urinary Tract Infection) OR

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	misleading and should not be considered.	—Pathological phimosis (balanitis xerotica obliterans /lichen sclerosis) OR — for persistent phimosis in children approaching puberty, following an attempted trial of non-operative interventions e.g., a six-week course of high-dose topical steroid. A prescription of this would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. A topical steroid such as Betamethasone (0.025-0.1%) is commonly prescribed. OR Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis. ALL patients must have: AND

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
		— A formally documented discussion of the risks and benefits of foreskin preserving surgery versus penile circumcision using a shared decision-making framework. • The GIRFT (Getting It Right First Time) Paediatric General Surgery and Urology National Report reviewed medical penile circumcisions performed in hospital trusts in England and found variation in volumes and activity: — 17.5% of penile circumcisions are in children aged under five years old. — In some trusts, as many as 50% of children are under the age of five years at the time of their procedure. It is important to note that young children, especially those aged under five years are unable to give informed consent or assent and therefore it is especially important that surgeons and parents consider the evidence base and consider less radical options when making the decision to perform penile circumcision, which cannot be reversed once performed.

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
		• Consider using the Core20Plus5 approach in systems to inform access to services and outcomes NHS England » Core20PLUS5 – An approach to reducing health inequalities • To require commissioners and providers to collate equality data of patients capturing protected characteristics and analysing and reporting to Boards by these categories. -
Disability: physical, sensory, and learning impairment; mental health condition; long-term conditions.	• One respondent requested to have the experiences of those with learning disabilities and autistic spectrum disorders be included as a group of individuals who experience health inequalities. It has been demonstrated throughout the Covid pandemic that people living with these disabilities and disorders are vulnerable groups and should be given consideration.	• Referrals should not be accepted unless a formally documented shared decision-making process has been performed with the patient (and their family members or carers, as appropriate) as part of a referral. • There is an accessible patient resource with simple language that has been developed in partnership with NHS England and the Patients Association. Using the shared decision-making principles of Choosing Wisely UK, looking at the **Benefits**, **Risks**, **Alternatives** and what if you do **Nothing (BRAN)**. These materials will be key tools to involving patients in decisions about their care here.

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
		• This may support informed patient decision making amongst all patients, including those who struggle with poor understanding of the health service and who would benefit from simple communication. • Consider using the Core20Plus5 approach in systems to inform access and outcomes NHS England » Core20PLUS5 – An approach to reducing health inequalities • To require commissioners and providers to collate equality data of patients capturing protected characteristics and analysing and reporting to Boards by these categories.
Gender Reassignment and/or people who identify as Transgender	• There is no routinely collected data on gender reassignment or people who identify as transgender available to us to include in our analysis. Thus, it is impossible to definitively assess the impact of EBI on gender reassigned or transgender individuals.	**Increasing Positive Impacts:** • The EBI Programme explicitly recommends that any savings from the Programme are reinvested back into the system which delivered them. Using this resource, systems may be better placed to redesign, transform, and invest in services which address the specific needs for

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 guidance has no specific reference to or known impact on gender reassignment or transgender individuals or issues. Throughout the engagement, we did not receive any submissions which referenced gender reassignment or transgender people, nor questions raised in the engagement events which we ran.	gender reassigned or transgender individuals. • To require commissioners and providers to collate equality data of patients capturing protected characteristics, analyzing, and reporting to Boards by these categories.
Marriage & Civil Partnership: people married or in a civil partnership.	• While data is unavailable with respect to this characteristic, we do not expect there to be any adverse impact associated with marital status from the implementation of this guidance	
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	• While data is unavailable with respect to this characteristic, we expect that there are no adverse impacts associated with pregnancy or maternity status arising from the implementation of this guidance.	**Increasing Positive Impacts:** • The EBI Programme explicitly recommends that any savings are reinvested back into the system which delivered them. Using this resource, systems may be better placed to redesign, transform, and invest in services which address the needs of women at any stage

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
	• We received zero submissions to the engagement relating to pregnancy or maternity issues.	in the maternity process. Given the presence of the well-established, national Maternity Transformation Programme, the additional resources generated from EBI could be used to support tangible transformation projects which will positively impact on quality and safety outcomes in pregnancy and maternity services. • To require commissioners and providers to collate equality data of patients capturing protected characteristics, analyzing, and reporting to Boards by these categories.
Race and ethnicity[3]	• A respondent mentioned that it has been observed that people who do not have English as a first language may also suffer from worse health inequalities due to language and interpretation barriers. • Another respondent agreed with the principles of the proposed guidance but are unsure about	• There is an accessible patient resource with simple language that has been developed in partnership with NHS England and the Patients Association. Using the shared decision-making principles of Choosing Wisely UK, looking at the **Benefits**, **Risks**, **Alternatives** and what if you do **Nothing (BRAN)**. These materials will be key tools to involving patients in decisions about their care here.

[3] 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
	how it will help to reduce or remove the health inequalities some groups face accessing bariatric surgery. For example, we have insight to suggest that people who are not white and in lower socio-economic groups are under-represented in tier 3 and 4 weight management services compared to those who are white and in higher socio-economic groups. This contrasts with recent NHS England data showing that over 1 in 3 adults in the most deprived areas live with obesity compared to around 1 in 5 adults in the least deprived areas, and Public Health England 2021 survey showing that black adults are more likely to be living with obesity or overweight than other ethnic groups. We recommend that all services are encouraged to respond fully to the forthcoming National Obesity Audit to monitor access, highlight key areas for improvement and over time	This may support informed patient decision making amongst all patients, including those who struggle with poor understanding of the health service and who would benefit from simple communication. • Patients with a BMI (Body Mass Index) less than 50 should be referred for consideration of bariatric surgery if they meet the following criteria: — The patient has a BMI of 40 kg/m2 or more, or between 35 kg/m2 and 40 kg/m with significant obesity-related complications likely to improve with weight loss (for example, type 2 diabetes, sleep apnoea or hypertension) **OR** — The patient has a BMI of 30 kg/m2 or more with type 2 diabetes of less than 10 years duration. **OR** The patients of Asian family origin that has recent-onset type 2 diabetics (their diagnosis has been made within a 10-year timeframe). Due to the significantly increased risk of diabetes Asian patients

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	identify the most effective to address health inequalities. Clearer guidance for clinicians is beneficial but more needs to be done to consider the interplay of wider societal factors such as ethnicity, affluence, and stigma - that are driving obesity rates and presenting barriers to surgery for many who would benefit from this intervention.	can be considered at a lower BMI than other population if they are also receiving of will receive assessment in a tier 3 service (or equivalent) **AND** — Appropriate non-surgical measures have been tried but the patient has not achieved or maintained adequate, clinically beneficial weight loss. **AND** — The patient has been receiving or will receive intensive management in a tier 3 service or equivalent (for more information on tier 3 services, see NHS England's report on joined up clinical pathways for obesity, 2014) • Consider using the Core20Plus5 approach in systems to inform access and outcomes NHS England » Core20PLUS5 – An approach to reducing health inequalities **Recommendation:** • To require commissioners and providers to collate equality data of patients capturing protected characteristics and analyzing

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
		and reporting to Boards by these categories.
Religion and belief: people with different religions/faiths or beliefs, or none.	• Penile circumcision guidelines: Penile circumcision may be undertaken for religious, cultural, or medical reasons. The focus of the guideline only covers medical indications for penile circumcision. • Given the lack of quality data related to religion and belief and healthcare usage, we have not quantitatively examined this issue. We are therefore not able to definitively assess whether any disadvantageous impacts will occur. t None of the interventions relate to specific religions or religious practices, we do not anticipate any direct adverse impacts from their implementation.	**Recommendation:** • To require commissioners and providers to collate equality data of patients capturing protected characteristics and analyzing and reporting to Boards by these categories.

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
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	• Given the absence of data related to sexual orientation and healthcare covered in these clinical guidelines we have not quantitatively examined this issue. We are therefore not able to definitively assess whether any disadvantageous impacts will occur. The guidelines apply to all patients irrespective of sexual orientation. • No engagement responses relating to LGB issues were raised.	**Recommendation:** • To require commissioners and providers to collate equality data of patients capturing protected characteristics and analyzing and reporting to Boards by these categories.

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[4]	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	• There is no routinely collected data by intervention on looked	

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

Groups who face health inequalities[4]	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
	after children and young people, so we cannot definitively assess, at a national level, if there will be any adverse or positive impacts. However, as only one of the interventions applies exclusively to children, the potential for an adverse impact is low. However, Penile circumcision applies exclusively to children and the potential for an adverse impact is low. • We received no engagement responses related to looking after children and young people.	
Carers of patients: unpaid, family members.	• There is no routinely collected data by intervention on carers, so we cannot definitively assess, at a national level, if there will be any adverse or positive impacts	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	• There is no routinely collected data by intervention on homeless people, so we cannot definitively assess, at a national level, if there will be any direct adverse or positive impacts on this population.	• We received no engagement submissions related specifically to homeless people.

Groups who face health inequalities[4]	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 involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	• There is no routinely collected data by intervention on people involved in the criminal justice system, so we cannot definitively assess, at a national level, if there will be any direct adverse or positive impacts on this population. • We received no responses to the engagement referencing the impact on people involved in the criminal justice system.	
People with addictions and/or substance misuse issues	• There is no routinely collected data by intervention on people with addictions and/or substance abuse issues, so we cannot definitively assess, at a national level, if there will be any direct adverse or positive impacts on this population. • We received no responses to the engagement referencing the impact on people with substance abuse issues.	
People or families on a low income	• We received no responses to the engagement referencing the impact on people or families on a low income.	

Groups who face health inequalities[4]	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).	• These challenges are compounded by varying levels of health literacy, thus poor knowledge, and information about how the healthcare system works and people's rights within the system. Healthwatch Birmingham therefore believes that there needs to be clarity around the criteria for access and communication with patients, so they do not face unnecessary hurdles. [evidenced by issues accessing IFR (Individual Funding Request), which should now be resolved via amends to the guidance]	• There is an accessible patient resource with simple language that has been developed in partnership with NHS England and the Patients Association. Using the shared decision-making principles of Choosing Wisely UK, looking at the **Benefits**, **Risks**, **Alternatives** and what if you do **Nothing (BRAN)**. These materials will be key tools to involving patients in decisions about their care here • This may support informed patient decision making amongst all patients, including those who struggle with poor understanding of the health service and who would benefit from simple communication.
People living in deprived areas	• The EBI programme works to address unwarranted variations in access to treatment and health outcomes which tend to be greater for those people living in the most deprived areas of the country. • No case was considered by the EBI Clinical Lead to be of	• Consider using the Core20Plus5 approach in systems to inform access to these services and outcomes NHS England » Core20PLUS5 – An approach to reducing health inequalities

Groups who face health inequalities[4]	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
	disadvantageous impacts by deprivation group or area. • We received no engagement submissions related specifically to people in deprived areas; those which related to deprivation by income have been addressed in the 'people on a low income' section above	
People living in remote, rural and island locations	• Expert-by-experience focused on groups (Patient Association Rep) sits on the EAC and has been involved at every step of the way in developing the guidance. She did not identify any specific impact on people living in rural areas.	
Refugees, asylum seekers or those experiencing modern slavery	• We received no engagement responses which identified an issue with refugees, asylum seekers, or those experiencing modern slavery	• Consider using the Core20Plus5 approach in systems to inform access to services and outcomes NHS England » Core20PLUS5 – An approach to reducing health inequalities
Other groups experiencing health inequalities (please describe)	• There is no routinely collected data by intervention on other groups experiencing health inequalities, so we cannot definitively assess, at a national level, if there will be any direct	

Groups who face health inequalities[4]	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
	adverse or positive impacts on this population. • We received no engagement responses which identified an issue with other groups experiencing health inequalities.	

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

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	Eight online engagement sessions	The online sessions formed part of the EBI consultation and were divided by medical specialty, which allowed participants to raise any issues, including technical issues, with the guidance in relation to specific interventions. We were joined by experts who helped to develop the proposed guidance to explain the process, evidence, and rationale behind each piece of guidance.	**Jan - Mar 2022**

2	Online survey	We conducted online survey for those that were unable to attend the virtual engagement sessions	**Jan – Mar 2022**
3	Two virtual events organized by Patients Association	The first engagement focused on those from diverse backgrounds and with protected characteristics and the other for those patients/ relatives/ friends who have experience of the conditions or interventions being consulted on. This allowed us to explicitly ensure that in-depth patient perspectives were considered. An external stakeholder, the Patients Association, NHS England, and Academy of Medical Royal Colleges lead these sessions. The Patient Association drew the audience from their own network of patients, which ensured objectivity, committed participation, and knowledge of the EBI Programme.	**March 2022**

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	• NICE Equality Impact Assessments	• N/A
Consultation and involvement findings	• Responses to the EAC/EBI consultation exercise.	• N/A
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	• EAC members. • EAC/EBI Clinical Lead. • Patient Association (informed patients). • Various national and local voluntary sector organizations.	• N/A

Evidence Type	Key sources of available evidence	Key gaps in evidence
	• Various specialist societies and royal colleges.	

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?	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	N/A	

2	N/A	
3	N/A	

10. Summary assessment of this EHIA findings

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

The EAC's consultative approach – considering a wide range of information sources and stakeholder views – has allowed us to identify and provide mitigations for the small number of equality suggestions raised by the proposal. We have also sought to specifically clarify respondents' points, identifying inaccuracies or areas where the guidance and/or the Programme directly mitigates the problem raised.

In summary, in addition to the wide-ranging evidence we have deployed to mitigate against potential impacts, the Programme also positively enhances relations between protected groups and contributes to health inequality reductions by:

- Providing clear and transparent decision-making guidelines, with the aim of reducing unwarranted variation. This is intended to create consistency in policies across England, replacing the variation caused by individual clinicians and system discretion.

While the result of this proposal will be to create national policy, ICSs (Integrated Care Systems) will be responsible for local implementation. They will need to assess the impact on their local population from an equality perspective, using this EHIA to support their efforts.

11. Contact details re this EHIA

Team/Unit name:	Elective Care Recovery Programme

Division name:	National Elective Care Recovery & Transformation Programme
Directorate name:	Emergency and Elective Care Directorate
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:**

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 Panel, Board or Committee[5]

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 (Public Sector Equality Duty)?	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:[6]	
Date draft EHIA cleared by EHIU: [7]	
Date final EHIA produced:	

[5] 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.
[6] 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 Gateway process.
[7] If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

Date signed off by Senior Manager/Director:[8]	
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable [9]:	

[8] The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.
[9] This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.