

## 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)<sup>1</sup>: update to the national service specification for hyperbaric oxygen therapy
2. Brief summary of the proposal in a few sentences

The service specification for hyperbaric oxygen therapy has been updated to:

- reflect changes to the service specification template since its original publication
- clarify the patient pathway and provider responsibilities in relation to treatment, follow up and service delivery.
- address variation in service models
- ensure timely access to treatment for the most acutely unwell patients
- provide qualitative outcome data on the long-term impact of the 2 clinical indications and treatment

The revised service specification includes key changes to:

- the patient pathway
  - a. all patients should be referred to the centre closest to the presenting location
  - b. all patients should be followed up within 3 months of completing treatment using a standardised qualitative assessment
- the service model and location
  - a. all providers must be able to provide treatment to critically ill patients
  - b. providers should be co-located or adjacent to NHS secondary care services

Hyperbaric oxygen therapy is provided for 2 clinical indications:

### **Decompression illness**

Decompression illness arises from exposure to an altered pressure environment, most often from diving. The geographical distribution of cases of decompression illness is determined by the local level of diving activity, and is concentrated around coastal areas, inland expanses of water and the locations of residence of the divers. Airports provide a significant minority of patients usually returning from a diving trip overseas. There is a total of approximately 150 - 200 cases in England per year.

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<sup>1</sup> Proposal: we use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

### Gas embolism

Cases of gas embolism arise from introduction of gas into a patient's circulation, most often inadvertently during a medical procedure (iatrogenic gas embolism). There are currently approximately 10 cases in England per year. However, this may be an underestimate of the number of actual cases.

### 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
<b>Age:</b> older people; middle years; early years; children and young people.	<p>Hyperbaric oxygen therapy treatment is commissioned for decompression illness, usually associated with scuba or deep-sea diving and cases of gas embolism arise from introduction of gas into a patient's circulation, most often inadvertently during a medical procedure.</p> <p>Adults are the population most likely to undertake diving activities, however, this can occur in children and young people.</p> <p>The updated service specification includes specific reference to standards of care for children and young people, which may have a slight positive effect on this group.</p>	This treatment would benefit patients of all ages, but the degree of benefit is likely to be greater for adults due to the nature of decompression illness resulting from diving activities.
<b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.	Hyperbaric oxygen therapy treatment is commissioned for decompression illness, usually associated with scuba or deep-sea	This treatment will reduce the likelihood of disability resulting from this condition.

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
	<p>diving and cases of gas embolism arise from introduction of gas into a patient's circulation, most often inadvertently during a medical procedure.</p> <p>The gas emboli can cause clinical manifestations ranging from lethargy and pain to severe neurological impairment, multi-organ failure and death.</p>	<p>This treatment may have a positive impact by reducing long-term health problems.</p>
<b>Gender reassignment and/or people who identify as transgender</b>	<p>Gender reassignment and being transgender are not considered to be risk factors for this condition.</p> <p>This service specification proposition is expected to have a positive impact on overall outcomes for all eligible patients, regardless of gender reassignment and being transgender.</p>	<p>All patients who meet the inclusion criteria would be considered for this treatment. There should not be any adverse impact on this protected characteristic group through updating this service specification.</p>
<b>Marriage an civil partnership:</b> people married or in a civil partnership.	<p>Marriage status is not a risk factor for this condition. This service specification proposition will promote access to this treatment regardless of marriage status.</p>	<p>All patients who meet the inclusion criteria would be considered for this treatment. There should not be any adverse impact on this protected characteristic group through updating this service specification.</p>
<b>Pregnancy and maternity:</b> women before and after childbirth and who are breastfeeding.	<p>This condition can affect individuals of childbearing age.</p> <p>There is no impact on breastfeeding.</p>	<p>All patients who meet the inclusion criteria would be considered for this treatment. There should not be any adverse impact on this protected characteristic group through updating this service specification.</p>

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
<b>Race and ethnicity</b> <sup>2</sup>	<p>Race and ethnicity are not considered to be risk factors for this condition.</p> <p>This service specification proposition is expected to have a positive impact on overall outcomes for all eligible patients, regardless of race and ethnicity</p>	All patients who meet the inclusion criteria would be considered for this treatment. There should not be any adverse impact on this protected characteristic group through updating this service specification.
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	Religion and belief are not considered to be a risk factor for this condition. This service specification proposition will promote access to this treatment regardless of religion and belief.	All patients who meet the inclusion criteria would be considered for this treatment. There should not be any adverse impact on this protected characteristic group through updating this service specification.
<b>Sex:</b> men; women	Sex is not a risk factor for this condition. This service specification proposition will promote access to this treatment regardless of sex.	All patients who meet the inclusion criteria would be considered for this treatment. There should not be any adverse impact on this protected characteristic group through updating this service specification.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.	Sexual orientation is not a risk factor for this condition. This service specification proposition will promote access to this treatment regardless of sexual orientation.	All patients who meet the inclusion criteria would be considered for this treatment. There should not be any adverse impact on this protected characteristic group through updating this service specification.

<sup>2</sup> Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group, including 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 <sup>3</sup>	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
<b>Looked after children and young people</b>	The updated service specification would not differentially impact looked after children and young people.	The updated service specification includes specific reference to standards of care for children and young people, which may have a slight positive effect on this group
<b>Carers of patients:</b> unpaid, family members.	The updated service specification may differentially impact carers of patients due to a reduction in centres (8 to 6) which may result in slightly longer travel to access treatment.	This is a time limited treatment (initial treatment and average 3 follow-up). A reduction in centres (8 to 6) may result in slightly longer travel to access treatment.  Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme: <a href="https://www.nhs.uk/healthcare-travel-costs-scheme/">Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)</a>
<b>Homeless people:</b> people on the street; staying temporarily with friends /family; in hostels or B&Bs.	Being homeless is not a risk factor for this condition.  The updated service specification would not differentially impact homeless people.	The new text states that patients will be given copies of a discharge letter, as appropriate. This may be beneficial for homeless individuals and those involved in the criminal justice system, as they are less likely to be registered at a GP. A copy of the discharge letter would be beneficial.
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	Being in the criminal justice system is not a risk factor for this condition.	The updated service specification will enable access for anyone who meets the inclusion criteria to benefit from treatment.

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

Groups who face health inequalities <sup>3</sup>	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
<b>People with addictions and/or substance misuse issues</b>	The updated service specification would not differentially impact people with addictions and/or substance misuse issues.	The updated service specification will enable access for anyone who meets the inclusion criteria to benefit from treatment.
<b>People or families on a low income</b>	The updated service specification would not differentially impact people or families on low income.	<p>The updated service specification will enable access for anyone who meets the inclusion criteria to benefit from treatment.</p> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme: <a href="https://www.nhs.uk/healthcare-travel-costs-scheme/">Healthcare Travel Costs Scheme (HTCS)</a> - NHS (<a href="https://www.nhs.uk">www.nhs.uk</a>)</p>
<b>People with poor literacy or health Literacy:</b> (eg poor understanding of health services poor language skills).	The updated service specification would not differentially impact people with poor literacy or health literacy.	Discharge advice will be 'tailored to the individual' and this would include those with poor literacy or language skills, or those whose first language is not English.
<b>People living in deprived areas</b>	The updated service specification would not differentially impact people living in deprived areas.	<p>The updated service specification will enable access for anyone who meets the inclusion criteria to benefit from treatment.</p> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme: <a href="https://www.nhs.uk/healthcare-travel-costs-scheme/">Healthcare Travel Costs Scheme (HTCS)</a> - NHS (<a href="https://www.nhs.uk">www.nhs.uk</a>)</p>
<b>People living in remote, rural and island locations</b>	The updated service specification ensures access to service taking particular account of coastal accessibility to service provision associated with diving locations.	The updated service specification will enable access for anyone who meets the inclusion criteria to benefit from treatment.

Groups who face health inequalities <sup>3</sup>	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
		Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme: <a href="https://www.nhs.uk">Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)</a>
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	The updated service specification would not differentially impact refugees, asylum seekers or those experiencing modern slavery.	The updated service specification will enable access for anyone who meets the inclusion criteria to benefit from treatment.
<b>Other groups experiencing health inequalities (please describe)</b>	No change	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		
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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 Stakeholder engagement from across relevant providers, patient groups and the broader community	Stakeholder engagement was conducted for 20 days from 5 June to 25 June 2024. The engagement invitation was shared with all registered stakeholders for the HBOT CRG and other partner organisations	June 2024

		including HM Coastguard and commissioners of HBOT services in Wales and Scotland.	
<b>2</b>	Market engagement as part of procurement	Market engagement took place over a four-week period via the Atamis platform from 5 September to 4 October 2024. Potential prospective bidders including existing commissioned providers and new market entrants were invited to respond to the proposed service specification, the proposed financial model and the proposed contract framework with a view of seeking feedback to inform final decisions on each element. As a result, the finance model was updated, and the contract term was adjusted. Neither of these changes represented a material change to the overall financial envelope.	September 2024
<b>3</b>	Full public consultation	Public consultation took place for 30 days from 12 September to 12 October 2024. A total of 923 responses were received. Further information on the feedback received is available in the engagement report.	September 2024.

**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
<b>Published evidence</b>	<a href="#">Early hyperbaric oxygen therapy is associated with favorable outcome in patients with iatrogenic cerebral arterial gas embolism: systematic review and individual patient data meta-analysis of observational studies - PMC (nih.gov)</a>  <a href="#">RR550 Time to treatment for decompression illness (hse.gov.uk)</a>	
<b>Consultation and involvement findings</b>		
<b>Research</b>		



**NHS England: equality and health inequalities assessment (EHIA) template [PE team: November 2022]**

<b>Participant or expert knowledge</b> for example, expertise within the team or expertise drawn on external to your team	Hyperbaric Oxygen Therapy Clinical Reference Group.	None
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**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	Yes
Uncertain whether the proposal will support?	X		

**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?	Yes	Yes
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
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1	N/A	
2		
3		

## **10. Summary assessment of this EHIA findings**

There is likely to be a greater degree of benefit to individuals living in coastal locations due to the nature of the service being mainly related to diving activity.

The updated service specification will also ensure equitable service at all centres, ensuring all are able to provide care to the most acutely unwell.

## **11. Contact details re this EHIA**

Team/unit name:	Acute Programmes of Care
Division name:	Trauma Programme of Care
Directorate name:	Chief Finance Office
Date EHIA agreed:	
Date EHIA published if appropriate:	