

## 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):
2. Brief summary of the proposal in a few sentences

Adult Critical Care underpins all secondary and specialist adult services. Critical Care incorporates both intensive and high dependency care (ICU/HDU) stand alone or combined. Specifically, this service specification is for adults whose care incorporates the need for or availability of level 2 or 3 Adult Critical Care as defined within the Intensive Care Society, Levels of Care Consensus statement, March 2021) as a component of their pathway of care, and recognise the continuum of levels of care throughout the pathway.

This is a routine and planned update of the Adult Critical Care service specification published in 2019 to reflect changes in referenced documents, to add new or updated interdependent services and to review and update the quality indicators to reflect changes to the Quality Surveillance Team process and the annual assessment process.

The draft service specification retains the following statements pertaining to equity:

- Within the quality statement: “To ensure equity of access, equitable care and timely admission and discharge to and from adult critical care for all clinically appropriate patients”
- Within the section describing the role of Critical Care ODNs “Their role is also increasingly relevant to supporting the very small number of geographically remote critical care units (there are 16 providers with an average distance of 80 KM from a neighbouring unit) to develop a service model that maintains equity of access and breadth of service for their population and provides sustainable solutions for these rural units”

The service specification developed in 2019 underwent consultation and concludes that “Responses received during the consultation did not identify any issues or concerns in relation to promotion of equality and reduction of health inequalities.”

The 2019 Compliance with Equality exercise also concluded that “Access to the service is based on clinical criteria and therefore adoption of this service specification would not advance or hinder the promotion of equality for people with protected characteristics”

Within this 2021 update, there is no change to access or egress pathways, to the eligibility criteria or to the number or location of services. Access to the service is based on clinical criteria and therefore adoption of this updated service specification would not advance or hinder the promotion of equality for people with protected characteristics. The clinical criteria remain unchanged and do not prejudice any group with protected characteristics.

Adult Critical Care services are part of NHS organisations that are subject to the Public Sector Equality Duty (PSED) and the health inequalities duties within the Health and Social Care Act 2012. As a result, these organisations must work to:

- To eliminate (the prohibited conduct of) discrimination, harassment and victimisation
- To advance equality of opportunity
- To foster good relations

between people who share a relevant protected characteristic and those who do not.

They must also have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access services
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

This EHIA systematically assesses the potential differential impacts of the updated service specification on those with protected characteristics or other vulnerable groups. These differential impacts may arise either because the group has a higher risk of requiring critical care or because the group experiences barriers to accessing or experiencing good outcomes of healthcare services generally. The EHIA can also be used to identify actions that can be taken to help mitigate any negative impact, enhance any positive impact, and ultimately reduce health inequalities. These potential actions are the responsibility of the wider Trust, rather than a specific responsibility of the Adult Critical Care service and include (but not limited to) provision of:

- Advocacy for vulnerable groups
- Language translation services
- Reasonable adjustments for those with physical or learning disability
- Travel/parking re-imburement or other financial advice polices
- A high quality Equality and Diversity Strategy, with regular monitoring and evaluation
- Best practice workforce E&D training
- Best practice workforce recruitment policies
- Best practice patient involvement policies

**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
<p><b>Age:</b> older people; middle years; early years; children and young people.</p>	<p>This updated service specification covers the adult population only. Older adults are at greater risk of requiring critical care. Access to the service is based on clinical criteria and therefore adoption of this service specification would not advance or hinder the promotion of equality for older people.</p> <p>The service specification recognises that there is a changing demographic of the adult population with more people living</p>	<p>Quality metrics reported by ICNARC (via the SSQD) will be used to monitor patient access and outcomes including variation related to this protected characteristic. This will support quality improvement including improving equity.</p> <p>Ongoing work alongside this service specification to model the required capacity to meet changes in demand due to increasing age of population.</p> <p>Actions to address any barriers to access or good outcomes this group may face due to discrimination</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
	<p>into old age (see section 3.2 and 3.3 page 6) and recognises the need to increase service capacity to meet the changes in demand in terms of volume and complexity of need.</p>	<p>or socio-economic factors are described in section 2 above.</p>
<p><b>Disability:</b> physical, sensory, and learning impairment; mental health condition; long-term conditions.</p>	<p>Increasing numbers of comorbidities are a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on patients with disabilities or long-term conditions.</p> <p>There will be sufficient care pathways implemented to with the Critical Care team and other relevant MDT's to ensure individual patient needs are met where clinically appropriate.</p>	<p>The quality metrics monitored via SSQD include NICE Quality Standard 158 which measures rehabilitation and long-term outcomes for all patients who receive critical care. This will support quality improvement including improving equity.</p> <p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>
<p><b>Gender Reassignment and/or people who identify as Transgender</b></p>	<p>Having undergone gender reassignment and/or identifying as transgender has not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</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
	updated service specification will not adversely impact on this group.	
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	Marital/Civil Partnership status has not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.	N/A
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	<p>Pregnancy carries an increased risk of requiring Critical Care.</p> <p>This updated specification specifically includes reference to Royal College of Anaesthetists guidance on <a href="#">Care of the Critically Ill Woman in Childbirth: enhanced maternal care</a> and as a result, should have a positive impact on the access to/quality of the service for this group.</p>	As part of quality monitoring services, the proposal will be required to report any incidents or negative occurrences. This will support quality improvement through effective audits and through agreed service specification requirements.

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>1</sup>	<p>Evidence on the relationship of ethnicity and risk of requiring critical care is mixed and complicated by the presence of co-morbidities that may themselves increase risk. However, access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.</p> <p>There is evidence to demonstrate that people from ethnic minority groups experience additional barriers when accessing healthcare in general due to discrimination or socio-economic factors.</p>	<p>Quality metrics reported by ICNARC (via the SSQD) will be used to monitor patient access and outcomes including variation related to this protected characteristic. This will support quality improvement including improving equity.</p> <p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	Religion has not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.	Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.

<sup>1</sup> 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
<b>Sex:</b> men; women	Evidence on the relationship of sex and risk of requiring critical care is mixed and complicated by the presence of co-morbidities that may themselves increase risk. However, access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.	Quality metrics reported by ICNARC (via the SSQD) will be used to monitor patient access and outcomes including variation related to this protected characteristic. This will support quality improvement including improving equity.  Actions to address any barriers to access or good outcomes men or women may face due to discrimination or socio-economic factors are described in section 2 above.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	Sexual orientation has not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.	Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.

#### 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>2</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>	This proposal is for patients aged 18 years and over. Patients aged 16 to 18 years are also included in this specification. Being a Looked After Young Person has not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.	Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.
<b>Carers of patients:</b> unpaid, family members.	The service specification is explicit in the requirement to engage and communicate with families and carers (section 2.3 page2) <i>“All staff will work with patients, families, and carers to ensure a holistic team approach to patient treatment and care.”</i> And section 2.4 page 3 <i>“able to evidence effective engagement with patients and their families and carers.”</i>	The Critical Care team will monitor of patient feedback via the Family and Friends test. Services to actively seek feedback. The service will use the feedback actively to share within the department and to make changes/recommendations to the service specification. This will also be shared with relevant depts.
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Being homeless has not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.	Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.

<sup>2</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.



Groups who face health inequalities <sup>2</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
	<p>This group may experience barriers to access and good outcomes of healthcare services generally.</p>	
<p><b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.</p>	<p>Being involved in the criminal justice system has not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.</p> <p>This group may experience barriers to access and good outcomes of healthcare services generally.</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>
<p><b>People with addictions and/or substance misuse issues</b></p>	<p>Addictions or substance misuse issues have not been identified as a risk factor for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.</p> <p>This group may experience barriers to access and good outcomes of healthcare services generally.</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>

Groups who face health inequalities <sup>2</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 or families on a low income</b>	<p>Low income has not been identified as a risk for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.</p> <p>This group may experience barriers to access and good outcomes of healthcare services generally.</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).	<p>Poor literacy or health literacy as they have not been identified as a risk for requiring critical care services. Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.</p> <p>This group may experience barriers to access and good outcomes of healthcare services generally.</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>
<b>People living in deprived areas</b>	<p>Evidence on the relationship of deprivation and risk of requiring critical care is mixed and complicated by the</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination</p>

<b>Groups who face health inequalities<sup>2</sup></b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
	<p>presence of co-morbidities that may themselves increase risk. However, access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.</p> <p>This group may experience barriers to access and good outcomes of healthcare services generally.</p>	<p>or socio-economic factors are described in section 2 above.</p>
<b>People living in remote, rural and island locations</b>	<p>As the service specification refers to the co-ordination with transfer services this may have a positive impact on this group as they are less likely to live close to critical care services and may therefore benefit more from critical care transfer</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	<p>Being a refugee, asylum seeker or experiencing modern slavery has not been identified as risk factors for requiring critical care services.</p> <p>Access to the service is based on clinical criteria and adoption of this updated service specification will not adversely impact on this group.</p>	<p>Actions to address any barriers to access or good outcomes this group may face due to discrimination or socio-economic factors are described in section 2 above.</p>

Groups who face health inequalities <sup>2</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
	This group may experience barriers to access and good outcomes of healthcare services generally.	
<b>Other groups experiencing health inequalities (please describe)</b>	There should be no further direct positive or negative impacts on any other groups not previously described.	Ongoing monitoring of outcome data and changes in demographics of patient population will be used to inform service developments

## 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Do Not Know <input type="checkbox"/>
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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	Two PPV representatives were key to the working group membership updating this service specification	The two PPV representatives offered extensive feedback on the service specification to ensure that patients, their families and carers needs were reflected in the document and to ensure a patient centred approach to care and that the language used was plain English and understandable by a lay-person	November 2021
2			

<b>3</b>			

**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>		
<b>Consultation and involvement findings</b>		
<b>Research</b>		
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Adult Critical Care CRG including PPV reps, Public Health representative and NHSE Comms and engagement team	

**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?	Y	Y	Y
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?	Y	Y

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	
2	
3	

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

Within this 2021 update, there is no change to access or egress pathways, to the eligibility criteria or to the number or location of services. Access to the service is based on clinical criteria and therefore adoption of this updated service specification would not advance or hinder the promotion of equality for people with protected characteristics. The clinical criteria remain unchanged and do not prejudice any group with protected characteristics