

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):** Severe Intestinal Failure (Adults) Service Specification
- 2. Brief summary of the proposal in a few sentences**

170077S Severe Intestinal Failure (Adults) Service Specification

This service specification covers the provision of Specialised Severe Intestinal Failure (IF) Service for adults. The service specification is a revision of the version published in July 2019. The service specification was published in draft whilst the related procurement of IF Integrated centres and Home Parenteral (PN) centres was conducted but has now been formally adopted and re-published. Very little amendment to the content of the specification has been made since the draft was released in 2019 – but the content has been transferred into the new template format for national Service Specifications, the self-declaration metrics removed, and the list of commissioned providers added.

Intestinal failure is not a condition which affects any particular group of people disproportionately, including taking all protected characteristics into consideration. This proposal does not adversely impact on any sub-groups positively or negatively, so there are no specific equality issues to address. People with type 3 IF have a permanent, potentially life limiting condition and some may consider that they have a disability. However, this service specification does not propose any material changes to the care that patients receive.

The services included within the 170077S Severe Intestinal Failure (Adults) Service Specification will ensure fair and equitable national coverage for patients with IF and for those requiring home PN. There are 12 centres providing Integrated Surgical and Medical services and 10 Medical Management Services, with at least one of both types of centre available in each Region. For some patients, this may reduce choice, increase travel or mean that they may need to attend a different hospital if they require complex surgery,

which may be a disadvantage. However, the benefit to all patients is that every adult patient will have access to specialist teams meeting the same standards in terms of care, quality and outcomes. In addition, the proposal ensures that nationally, the service model will be more sustainable and able to support patients 24/7.

The centres should have robust plans for patient transport to access services.

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.	This proposal relates to adults. Severe IF does not disproportionately impact any age group positively or negatively.	N/A
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Severe IF does not disproportionately impact those with other disabilities, although patients with severe IF may consider the condition a disability in itself.	N/A
Gender Reassignment and/or people who identify as Transgender	Severe IF is not known to have a higher prevalence in individuals who identify as transgender or gender reassigned.	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	Severe IF does not disproportionately impact people who are married or in a civil partnership positively or negatively.	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Severe IF does not disproportionately impact positively or negatively people before and after childbirth and who are	N/A

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
	breastfeeding, although they may have additional clinical needs that any surgical or medical team would be aware of regardless of this proposal.	
Race and ethnicity ¹	Severe IF does not disproportionately impact people from different racial and ethnic backgrounds positively or negatively.	N/A
Religion and belief: people with different religions/faiths or beliefs, or none.	Severe IF does not disproportionately impact people with different religious/faiths or beliefs positively or negatively although they may express preferences that any surgical or medical team would need to consider regardless of this proposal.	N/A
Sex: men; women	Severe IF does not disproportionately impact men or women positively or negatively.	N/A
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Severe IF does not disproportionately impact people depending on their sexual orientation positively or negatively.	N/A

¹ 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 inequalities²	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	Severe IF does not disproportionately impact looked after children and young people positively or negatively.	N/A
Carers of patients: unpaid, family members.	Severe IF does not disproportionately impact carers of patients positively or negatively.	N/A
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Severe IF does not disproportionately impact homeless people positively or negatively.	N/A
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Severe IF does not disproportionately impact people involved in the criminal justice system positively or negatively.	N/A
People with addictions and/or substance misuse issues	Severe IF does not disproportionately impact people with addictions and/or substance misuse issues positively or negatively.	N/A
People or families on a low income	Severe IF does not disproportionately impact people or families on a low income positively or negatively.	N/A
People with poor literacy or health Literacy: (e.g. poor understanding	Severe IF does not disproportionately impact people with poor literacy or health Literacy positively or negatively.	N/A

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

Groups who face health inequalities²	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
of health services poor language skills).		
People living in deprived areas	Severe IF does not disproportionately impact people living in deprived areas positively or negatively.	N/A
People living in remote, rural and island locations	Severe IF does not disproportionately impact people living in remote, rural and island locations positively or negatively.	N/A
Refugees, asylum seekers or those experiencing modern slavery	Severe IF does not disproportionately impact Refugees, asylum seekers or those experiencing modern slavery positively or negatively.	N/A
Other groups experiencing health inequalities (please describe)	Not applicable	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		
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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
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1	Regional Workshops	Four regional workshops were undertaken in North, Midlands and East, London and the South. Engaged with just over 200 colleagues from both clinical and managerial backgrounds on the proposed changes to the service specification.	June 2017
2	Public Consultation	<p>NHS England's website and was open to consultation feedback for a period of 30 days. The purpose of the consultation was to obtain feedback on the proposed changes to the 2013 Service Specification.</p> <p>There were a total of 22 responses from different organisations or individuals to the consultation: coming from 8 providers, 8 clinicians, 3 patients, 2 from industry and 1 commissioner.</p>	11th August 2017 to 11th September 2017
3	Public Consultation	<p>NHS England's website and were open to consultation feedback for a period of 60 days. The purpose of the consultation was to obtain feedback from stakeholders on the proposal to reduce the number of centres nationally from 45 to a minimum of 22 centres in total, composed of 11 Integrated IF centres for type 2 and type 3 IF patients and 11 Home PN centres that look after type 3 IF patients on HPN.</p> <p>There were 69 responses to the consultation. The majority (51%) were from current or former patients of intestinal failure services.</p>	24 August 2018 to 29 October 2018
4	Webinars	Four webinars were held for patients, providers and clinicians to explain and answer questions on the proposals.	

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	<p>British Intestinal Failure Association (BIFA) Position Paper 2016</p> <p>Based on data from European Society for Clinical Nutrition and Metabolism. Clin Nutr 2012; 31: 831-845</p> <p>Dibb M et al. Survival and nutritional dependence on home parenteral nutrition: Three decades of experience from a single referral centre. Clin Nutr 2017; 36:570-576</p> <p>Lloyd D, et al. Survival and dependence on home parenteral nutrition: Experience over a 25-year period in a UK referral centre. Aliment Pharmacol Ther 2006; 24:1231–1240</p>	
Consultation and involvement findings	The responses from the consultation outlined in section 5b	
Research	Not applicable	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	The clinical working group was made up of leading severe intestinal failure clinicians including doctors, nurses, dietician, public health and pharmacists. It included representation from the British Association for Parenteral and Enteral Nutrition (BAPEN), British Intestinal Failure Alliance	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	(BIFA), Parenteral & Enteral Nutrition Group (PENG), National Nurses Nutrition Group (NNG) and Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT)	

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?	Yes	Yes	Yes
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?	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
1 None	

2		
3		

10. Summary assessment of this EHIA findings

Whilst the new specification has reduced the choice of hospitals where patients can go as new patients and where they can have IF surgical procedures, importantly this will ensure that all adult patients have access to specialist teams able to offer the highest quality care and the best outcomes for recovery.
The amendment to the specification to move to a new specification template and to refresh wording in certain sections will not further impact on the patient pathway.

11. Contact details re this EHIA

Team/Unit name:	Specialised Colorectal Clinical Reference Group
Division name:	Internal Medicine
Directorate name:	Specialised Commissioning
Date EHIA agreed:	19/06/2023
Date EHIA published if appropriate:	