

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)¹: Lung volume reduction by surgery or endobronchial valve for severe emphysema in adults.

2. Brief summary of the proposal in a few sentences

Chronic obstructive pulmonary disease (COPD) is a progressive chronic lung disease that is characterised by varying degrees of chronic bronchitis (chronic inflammation of the central airways) and emphysema (break down of lung tissue causing the lung to become baggy and trap air) (van Agteren et al 2016). COPD is associated with smoking history, early life disadvantage and work in occupations which involve inhaling dust fumes and chemicals. Some people are genetically susceptible (e.g. alpha-one antitrypsin deficiency)

Lung volume reduction (LVR) is an approach which removes the worst affected areas of the diseased lung so that the healthier parts can work better. LVR reduces breathlessness, improves exercise capacity and patient reported quality of life. Studies show reductions in exacerbations, hospital admissions and anxiety and depression as well as a significant improvement in mortality out to at least 8 years after the procedure.

By removing the enlarged lung air spaces that occur in emphysema less air is trapped so that breathing is more efficient and comfortable. There are two National Institute for Health and Care Excellence (NICE) guidance documents on procedures for LVR. One involves surgery to cut out part the worst part of the diseased lung; the other is to insert a valve or valves into the airways to stop air from getting into the diseased parts of the lungs causing the target area to shrink.

¹ Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

Lung Volume Reduction is a long-established procedure which has been carried out for many years, funded through the tariff. The Policy Working Group (PWG) proposed development of a policy for LVR in order to reduce the inequity of access to these procedures across the country and ensure that patients suitable for treatment are considered by a LVR Multi-Disciplinary Team.

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 chronic nature of emphysema and that it is often related to smoking means that it is more common in middle years and particularly older people. The policy is likely to have a positive impact on this group.	Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions. The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Emphysema is one of a group of long-term lung diseases that form Chronic Obstructive Pulmonary Disease, or COPD. Symptoms include breathlessness, coughing, tiredness and weight loss. The policy is an intervention that will improve mortality and morbidity including length of life, reduction of breathlessness and	Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions. The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups

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
	improvement in quality of life. There is also evidence of reduction in exacerbations and hospitalisation as well as reductions in anxiety and depression.	affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.
Gender Reassignment and/or people who identify as Transgender	N/A	
Marriage & Civil Partnership: people married or in a civil partnership.	N/A	
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	N/A	
Race and ethnicity²	COPD and severe emphysema are more common in people from a BAME, Roma and Traveller background, so this policy is likely to have a positive impact	Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions. The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.

² Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travellers, 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
<p>Religion and belief: people with different religions/faiths or beliefs, or none.</p>	<p>N/A</p>	
<p>Sex: men; women</p>	<p>COPD and severe emphysema are more common in men than women, so this policy is likely to have a positive impact.</p>	<p>Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.</p> <p>The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.</p>
<p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>COPD and severe emphysema are more common in LGBT people, so this policy is likely to have a positive impact https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4651159/</p>	<p>Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.</p> <p>The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.</p>

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	N/A	
Carers of patients: unpaid, family members.	N/A	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	COPD and severe emphysema are very common in homeless people, so this policy is likely to have a positive impact https://bmjopen.bmj.com/content/9/4/e025192	Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions. The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	COPD and severe emphysema are common in people involved in the criminal justice system, so this policy is likely to have a positive impact https://www.atsjournals.org/doi/pdf/10.1513/AnnalsATS.201711-895IP	Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions. The Respiratory programme within the NHS Long Term Plan is developing a specific programme of

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

Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.
People with addictions and/or substance misuse issues	COPD and severe emphysema are common in people with addictions and/or substance misuse issues, so this policy is likely to have a positive impact	<p>Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.</p> <p>The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.</p>
People or families on a low income	COPD and severe emphysema are more prevalent in people on a low income, so this policy is likely to have a positive impact https://academic.oup.com/eurpub/article/18/4/399/476619	<p>Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.</p> <p>The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.</p>
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	COPD and severe emphysema are more prevalent in people with poor literacy or health literacy, so this policy is likely to have a positive impact https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2650589/	<p>Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.</p> <p>The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups</p>

Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	https://journals.sagepub.com/doi/10.1177/1479972314528959	affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.
People living in deprived areas	<p>COPD and severe emphysema are more prevalent in people on a low income, so this policy is likely to have a positive impact.</p> <p>COPD has a significant occupational element, being particularly associated with occupations associated with exposure to dust, fumes and chemicals and is therefore concentrated in former mining and industrial areas.</p> <p>https://academic.oup.com/eurpub/article/18/4/399/476619</p> <p>https://www.ncbi.nlm.nih.gov/pubmed/19729360 https://erj.ersjournals.com/content/36/3/488</p>	<p>Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.</p> <p>The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.</p>
People living in remote, rural and island locations	COPD and severe emphysema are more prevalent in people in these locations, so this policy is likely to have a positive impact.	<p>Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.</p> <p>The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.</p>
Refugees, asylum seekers or those	COPD and severe emphysema are more prevalent in people in these groups, so this policy is likely to have a positive impact.	Implementation plan would need to consider how these groups would be aware of how to be referred for the available health interventions.

Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
experiencing modern slavery		The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.
Other groups experiencing health inequalities (please describe)		

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
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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	British Lung Foundation representation on PWG	Have been fully involved with the policy development.	Since policy initiation in 2018

<p>2</p>	<p>Stakeholder engagement was carried out with Royal College of Physicians (CRG member) British Thoracic Society (CRG member) British Lung Foundation Manufacturer (company information assisted with Impact Assessment development) Specialised Cancer Surgery CRG Society of Cardiothoracic Surgery in GB and Ireland Registered Specialised Respiratory CRG stakeholders</p>	<p>Formal stakeholder engagement with these stakeholders was undertaken in May 2019 and reported to the Internal Medicine Programme of Care Board.</p>	<p>May 2019</p>
<p>3</p>	<p>Public consultation</p>	<p>Formal public consultation was undertaken for 30 days during March 2019 and reported to the Internal Medicine Programme of Care Board. This included the former Equalities Impact Assessment questions. The updated EHIA was also consulted on and the consultation report updated to inform the NPOC of the updated EHIA and the responses.</p>	<p>March 2019, May 2020</p>

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
<p>Published evidence</p>	<p>N/A</p>	<p>The PWG has identified that the clinical evidence relating to Lung Volume Reduction does not address the issues of health inequalities. However, there is</p>

Evidence Type	Key sources of available evidence	Key gaps in evidence
	https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health	significant evidence relating to COPD and emphysema.
Consultation and involvement findings	Engagement with both registered stakeholders of the Specialised Respiratory CRG and other identified stakeholders as listed above.	
Research	N/A	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Expertise of members of the Lung Volume Reduction Policy Working which includes British Lung Foundation. The Respiratory programme within the NHS Long Term Plan is developing a specific programme of activities to address health inequalities in groups affected by lung disease, so LVR services will need to ensure that this work is used to guide local activities.	

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	
The proposal may support?	X		
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?	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		
3		

10. Summary assessment of this EHIA findings

The findings of this EHIA are that this policy will make a contribution to reducing health inequalities as it will improve access to a treatment that is beneficial to a number of groups of people who are both affected by severe emphysema and face health inequalities currently.

Advice from centres with a service is that groups of patients who may face health inequalities have improved access to this treatment, so adoption of this policy will reduce health inequalities.