

## 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)**<sup>1</sup>: Use of defibrotide in severe veno-occlusive disease following stem cell transplant (all ages)
- 2. Brief summary of the proposal in a few sentences**

Severe veno-occlusive disease (VOD) of the liver is a rare complication of haemopoietic stem cell transplantation (HSCT) caused by the chemotherapy and / or radiotherapy that patients receive as part of preparation for transplant. It is most likely to affect patients with certain risk factors or underlying conditions. Severe VOD is associated with a high risk of death and can cause multi-organ failure requiring long stays in hospital, often in Intensive Care. A drug called defibrotide can be given to adults or children with severe VOD to treat the condition.

It is indicated in adults, adolescents, children and infants over 1 month of age. The current NHS England policy on the use of defibrotide in severe VOD following HSCT limits the use of defibrotide to patients who experience VOD up to 21 days post HSCT. This policy is to update the NHS England commissioning policy on the use of defibrotide for the treatment of VOD to extend the criteria beyond 21 days and improve access to this medication. The licence does not specify the number of days after HSCT and the onset of VOD when defibrotide can be used.

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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.

**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.	The policy is already an all ages policy from the age of 1 month old.	This updated policy does not add further benefits to those already within the existing policy on the basis of age.
<b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A
<b>Gender Reassignment and/or people who identify as Transgender</b>	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A
<b>Race and ethnicity<sup>2</sup></b>	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A

<sup>2</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>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A
<b>Sex:</b> men; women	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	This policy is not considered to positively or negatively impact on people with this characteristic.	N/A

#### 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>	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
<b>Carers of patients:</b> unpaid, family members.	This policy is not considered to positively or negatively impact on	N/A

<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
	people who experience health inequalities on these grounds.	
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
<b>People with addictions and/or substance misuse issues</b>	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
<b>People or families on a low income</b>	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
<b>People living in deprived areas</b>	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
<b>People living in remote, rural and island locations</b>	This policy is not considered to positively or negatively impact on	N/A

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
	people who experience health inequalities on these grounds.	
Refugees, asylum seekers or those experiencing modern slavery	This policy is not considered to positively or negatively impact on people who experience health inequalities on these grounds.	N/A
Other groups experiencing health inequalities (please describe)	N/A	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	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	Stakeholder Testing	The policy was not sent to stakeholder testing as it is a revision of a current policy.	
2	Patient and Public Voice (PPV) and professional body involvement in the Policy Working Group (PWG), with the	PPV members have been involved in the development of the policy revision via representation on the PWG, the CRG and PoC that oversee workstreams linked to the PoC. This	2019

	Clinical Reference Group (CRG) and Programme of Care (PoC) Assurance Group oversight.	provides opportunities for any concerns linked to equalities duties or health inequalities to be considered prior to the policy progressing to the next stage of development.	
3	Public Consultation	As this revised policy was to be presented at CPAG for prioritisation (as a service development requiring investment) it was decided it would be sent for public consultation for 4 weeks from 20th March to 18th April 2020. This consultation provided further opportunity for equalities and health inequalities within the revised policy to be raised. All eight respondents actively supported the policy.	March/April 2020

**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>	References as included in the policy.	None.
<b>Consultation and involvement findings</b>	Feedback from stakeholder testing and consultation have informed the impact assessment.	None.
<b>Research</b>	N/A	N/A
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Information from the PWG and CRG to inform the EHIA	None.

**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		X
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?		
The proposal may support?	X	X
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	None
2		
3		

## 10. Summary assessment of this EHIA findings

This policy amendment seeks to extend the scope of the policy to increase access to treatment for a rare but serious complication linked to HSCT, by ensuring that patients can access this treatment whenever they experience VOD. The policy continues to be all ages and have no other exclusions that impact on people with protected characteristics or groups that experience health inequalities.