Compliance with Equality / Inequalities Legislation in the Formation of Service Specifications

Service Specification: Penile Prosthesis Surgery (For end stage erectile dysfunction) [URN: 1731]

Advice from the National Programme of Care to Clinical Priorities Advisory Group (report 1 of 3)

Summarise the responses to consultation that addressed the promotion of equality and reduction of health inequalities.
There were 97 responses to public consultation of which 40 provided comments that addressed the promotion of equality and reduction of health inequalities. Specifically, respondents raised that: • The draft proposals suggested that service provision would be concentrated initially into a minimum of four centres. Respondents commented that this could result in an increased need to travel and this in turn impact access to the procedure with some people choosing not to have the procedure as a result of the travel distances involved. Some respondents felt this would have a detrimental impact to patients, especially as existing data shows that not enough men access the treatment currently. • Respondents commented that with only four centres, there would be an increase in waiting times and less resilience across the system to offer appropriate access to care if one service was unable to deliver. These comments have been reviewed by the Service Specification Working Group (SWG) and the National Programme of Care (NPoC). The requirement for four centres was driven by the current activity volumes coupled with the need to drive a reduction in the high rates of infection and revision surgery. However, following feedback from public consultation these proposals have been revised and the expected centre number removed from the service specification. It is now anticipated that regional commissioning teams will be expected to carry out a local provider selection process specific for their local geography and expertise. Designated providers will be expected to compliant with the standards set out in the service specification and comply with the minimum surgeon and unit activity numbers.

Would adoption of the service specification advance or hinder the promotion of equality for people with protected characteristics – if so, describe how.
Penile prosthesis surgery is a complex urological surgical procedure carried out for men with end stage erectile dysfunction, a condition which is most common in men aged between 40-70 years of age. In 2018/19, 464 patients underwent penile prosthesis surgery for end stage erectile dysfunction, across 26 different providers across England. However, there are currently no formally designated providers of penile prosthesis surgery and

there are known issues with men accessing treatment in this indication due to historic commissioning arrangements. Furthermore, infection rates post-surgery are variable between providers and there are high revision rates within five years of primary implantation (22%).

The service specification aims drive improvements in infection rates post-surgery and revision surgery (through minimum surgeon numbers, multi-disciplinary team working and minimum activity numbers). whilst enabling local commissioning teams to formally designate providers to perform this surgery. It is anticipated that as a result of the service specification and through developing established referral and care pathways via the designation of centres, the numbers of patients accessing treatment will increase. It is therefore considered that adoption of the service specification will promote equality for people with protected characteristics (age and sex).

Do the acceptance and exclusion criteria (or any other clinical criteria) described in the service specification prejudice any particular group with protected characteristics? If so, is the criteria supported by reliable clinical evidence?

The NPoC do not consider that adoption of the service specification will prejudice any particular group with protected characteristics. This is because the service specification has been developed to support implementation of a clinical commissioning policy. The service specification covers the same patient population as this clinical commissioning policy, which was developed based on the findings of an evidence review which concluded that there was sufficient evidence to routinely commission the surgery for people with end stage erective dysfunction.

Would adoption of the service specification increase or reduce inequalities between patients (general population) in access to health services and the outcomes achieved – if so, describe how. For example, would the service specification make it more difficult in practice for a specific group to access services compared with other groups?

Adoption of the service specification is considered to increase access to health services and outcomes achieved for people requiring penile prosthesis surgery for end stage erectile dysfunction. This is because the service specification aims drive improvements in infection rates post-surgery and revision surgery (through minimum surgeon numbers, multi-disciplinary team working and minimum activity numbers). whilst enabling local commissioning teams to formally designate providers to perform this surgery. It is anticipated that as a result of the service specification and through developing established referral and care pathways via the designation of centres, the numbers of patients accessing treatment will increase and there will be improvements in both infection rates post-surgery and revision rates.

[SERVICE SPECIFICATION TITLE]

Recommendation from Clinical Priorities Advisory Group to NHS England (report 2 of 3)

(Process): Is there satisfactory evidence that in the development of the service specification NHS England has given due regard to the duties to promote equality and reduce health inequalities?

If no to the above question, what are the considerations for NHS England?

(For service specifications subject to process of prioritisation): Did CPAG agree a higher prioritisation of the proposed service specification due to a consideration of how adoption of the service specification may promote equality or reduce health inequalities, and if so, why?

(Impact): Is CPAG assured that where adoption of the service may negatively impact on specific groups, that this is justified with reference to the available clinical evidence?

(Impact): Do you have any advice to NHS England on implementation or operational issues that will help to promote equality and reduce health inequalities?

[SERVICE SPECIFICATION TITLE]

National Programme of Care advice to Specialised Commissioning Oversight Group / Specialised Commissioning Committee (report 3 of 3)

Has the service specification been amended to reflect advice from CPAG? If so, how?

How will the advice from CPAG on implementation and operational issues (if relevant) be taken forward?