

NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA) template

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:

Service specification proposition: Complex spinal surgery (all ages)

2. Brief summary of the proposal in a few sentences

The circumstances that lead to the need for spinal surgery are varied. In some instances, surgical intervention is necessary to prevent irreversible loss of a patient's function. This might be due to traumatic spinal injury or dislocation/fracture of the spine; cancer, pain, infection, or spinal cord compression. In other circumstances, complex spinal surgery is needed to correct deformity. In adults this will most likely relate to a degenerative condition. In children, corrective surgery is necessary to ensure the spine can continue to develop as normally as possible. The proposition has been developed to update and replace the current version of the service specification for complex spinal surgery (all ages) published in 2013. It provides a clearer model of care, incorporates current guidance/best practice and clarifies referral pathways with the aim of improving patient experience. Indicators for measuring the quality of the service have also been added to the revised version of the specification.

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.**

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

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>Age: older people; middle years; early years; children and young people.</p>	<p>This proposition covers complex spinal surgery for all ages and is aimed at clarifying the procedures (in adults & children) that should be undertaken in Specialist Spinal Surgery Centres. Implementation of this proposition is considered to have a potential positive impact for this protected characteristic group – in particular for older people who will drive increased demand in the future.</p>	<p>Complex spinal services are delivered in England by 40 Specialist Spinal Surgery Centres. The number will remain the same under this proposition which will not affect service configuration or reduce access</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Spinal surgery is often necessary to treat physical disability or pain associated with mental health or long-term conditions. Implementation of this proposition is considered to have a potential positive impact for patients whose disability is being treated by spinal surgery.</p>	<p>The proposition provides a clearer model of care, incorporates current guidance/best practice and clarifies referral pathways with the aim of improving patient experience.</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>All patients who require access to the spinal surgery services outlined in the proposal would be considered for treatment. The proposition is therefore not considered to have an adverse impact on this protected characteristic group as gender reassignment and/or people who identify as transgender</p>	<p>Not applicable.</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
	have not been identified as a high-risk group.	
Marriage & Civil Partnership: people married or in a civil partnership.	Not applicable	Not applicable.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Not applicable	Not applicable.
Race and ethnicity²	Not applicable	Not applicable.
Religion and belief: people with different religions/faiths or beliefs, or none.	Not applicable	Not applicable.
Sex: men; women	Not applicable	Not applicable.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Not applicable	Not applicable.

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

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 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.

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	All patients of all ages who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Not applicable.
Carers of patients: unpaid, family members.	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Complex spinal services are delivered in England by 44 Specialist Spinal Surgery Centres. The number will remain the same under this proposition which will not affect service configuration or reduce access.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Not applicable.

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

Groups who face health inequalities³	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 involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Not applicable.
People with addictions and/or substance misuse issues	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Not applicable.
People or families on a low income	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Not applicable.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Not applicable.

Groups who face health inequalities³	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 living in deprived areas	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	The number of centres providing complex spinal surgery will remain unchanged and this proposal will not affect service configuration or reduce access.
People living in remote, rural and island locations	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group.	The number of centres providing complex spinal surgery will remain unchanged and this proposal will not affect the way in which the service is delivered or reduce patient access.
Refugees, asylum seekers or those experiencing modern slavery	All patients who require access to the spinal surgery services outlined in the proposition would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.	Not applicable.
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	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 service specification proposition underwent a 14-day period of informal testing with stakeholders to seek views on the work that has been completed by the Specification Working Group (SWG). An Engagement Report has been completed by the SWG summarising the feedback from stakeholders and any actions taken to amend the proposition.	October 2020
2	Public consultation	A 13Q assessment was submitted to PPVAG and the Chair provided assurance that public consultation is not required, on the basis that service provision will remain unchanged.	
3			

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	The proposition has been developed to update and replace the current version of the service specification for complex spinal surgery (all ages) published in 2013. It relates to an existing service to	Not applicable.

Evidence Type	Key sources of available evidence	Key gaps in evidence
	which there will be no change and therefore an evidence review to support this proposition is not required.	
Consultation and involvement findings	The Specification Working Group (SWG) reviewed and gave due consideration to all of the feedback received as a result of stakeholder testing. Some minor changes to the wording of the proposition were made in order to provide greater clarity where stakeholder feedback suggested this was necessary. PPVAG has confirmed that formal public consultation is not required.	Not applicable.
Research	Not applicable.	Not applicable.
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Through the National Trauma Programme of Care and its Clinical Reference Group structures, supporting the specification working group, with its expert knowledge regarding complex spinal surgery and its treatment.	Not applicable.

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?	Not applicable	X	Not applicable
The proposal may support?			

Uncertain whether the proposal will support?			
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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	Not applicable	
2		
3		

10. Summary assessment of this EHIA findings

The proposition has been developed to update and replace the current version of the service specification for complex spinal surgery (all ages) published in 2013. It provides a clearer model of care, incorporates current guidance/best practice and clarifies referral pathways with the aim of improving patient experience. Indicators for measuring the quality of the service have also been added to the revised version of the specification.

For these reasons, it is proposed that the revised service specification (the proposition) will make a contribution to advancing equality of opportunity and/or reducing health inequalities.

11. Contact details re this EHIA

Team/Unit name:	National Trauma Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Finance
Date EHIA agreed:	06/01/2021
Date EHIA published if appropriate:	