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]: Specialised services for service users with complications of mesh inserted for urinary incontinence, vaginal or internal and external rectal prolapse (16 years and above)

2. Brief summary of the proposal in a few sentences

1) Specialised services for service users with complications of mesh inserted for urinary incontinence, vaginal or internal and external rectal prolapse (16 years and above)

2) To update the existing 1758 specification Specialised services for women with complications of mesh inserted for urinary incontinence and vaginal prolapse (16 years and above), to include rectal prolapse for men and women.

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
Age: older people; middle years; early years; children and young people.	There is no known correlation between rectal prolapse mesh removal and age. It is possible that older people will have more complications because they have had the mesh insertion for longer than younger people but access will be equally available to all age groups 16 years old and over.	This service will be available in people 16 years old and over.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	After removal of rectal mesh some patients may rely on help from their carers to do their everyday activities in the short term. It is unclear what the long-term disabilities may be. Some patients will end up with a permanent stoma, some continued pain and mobility problems.	A physiotherapist and a stoma therapist have been included in the list of MDT members.
Gender Reassignment and/or people who identify as Transgender	There is no known correlation between rectal mesh removal and gender reassignment or between rectal mesh removal and people who identify as transgender.	n/a
Marriage & Civil Partnership: people married or in a civil partnership.	There is no known correlation between rectal mesh removal and marriage and civil partnership.	n/a
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	There is a known correlation between organ prolapse and childbirth leading to higher number of cases in women who	The service is offered to all patients and a consultant sub-specialist in urogynaecology is included as a member of the MDT.

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 had children, which increases the risk of prolapse.	
Race and ethnicity[2]	Rectal mesh removal affects people of all ethnicities.	n/a
Religion and belief: people with different religions/faiths or beliefs, or none.	There is no known correlation between rectal mesh removal and religion and belief.	n/a
Sex: men; women	As mesh rectopexy has been performed more frequently in women compared to men, removal is more likely to be performed in women. Vaginal mesh erosion is only seen in women. Men are likely to have similar occurrence in complications such as infection, fistulation and rectal erosion compared to women.	The service is offered to all patients.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There is no known correlation between rectal mesh removal and sexual orientation.	n/a

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	There is no known correlation between rectal mesh removal and looked after children and young people.	n/a
Carers of patients: unpaid, family members.	As patients with rectal mesh removal may have difficulties with everyday activities in the short term the burden on family members who care for them might be variable. It is unclear what the long-term disabilities may be. Some patients will end up with a permanent stoma, some continued pain and mobility problems.	A physiotherapist and a stoma therapist have been included in the list of MDT members.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	There is no known correlation between rectal mesh removal and homeless people.	n/a
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	There is no known correlation between rectal mesh removal and people involved in the criminal justice system.	n/a
People with addictions and/or substance misuse issues	There is no known correlation between rectal mesh removal and people with addictions and/or substance misuse issues.	n/a

[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
People or families on a low income	People or families on a low income have few resources and, compared to families on higher incomes, may struggle to a greater degree regarding travel time and distance, transport costs and whether local after-care would be compromised.	Access to designated hospitals and skilled and experienced clinicians is a central part of the aim for this service. Providers will ensure the delivery of care is as close as possible to the patient in line with the service specification criteria. Commissioning plan will include a statement about hospitals needing to signpost patients to the Healthcare Travel Costs Scheme (HTCS).
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	People with poor literacy may struggle to access services generally.	Patients with poor language skills will be able to consult with clinicians via interpreters provided by the NHS to discuss the intervention and follow-up care.
People living in deprived areas	People living in deprived areas may be more adversely impacted than those living in less deprived areas in their ability to cope with rectal mesh complications. The additional burden of mesh complications on their day to day activities, their ability to work and their financial stability may exacerbate existing health inequalities they experience. Rectal mesh removal provides a solution to this.	Rectal mesh removal aims to help to reduce the impact of complications following rectal mesh insertion and help patients re-establish daily routine and activities.
People living in remote, rural and island locations	Rectal mesh removal is offered in a specific number of providers only.	Whilst accepting that some patients may need to travel further, given the low number of procedures that will be taking place, access to designated hospitals and skilled and experienced clinicians is a central part of the aim for this service.

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
Refugees, asylum seekers or those experiencing modern slavery	There is no known correlation between rectal mesh removal and refugees, asylum seekers those experiencing modern slavery.	n/a
Other groups experiencing health inequalities (please describe)	People from travelling communities may experience inequalities in access to health care. One of the reasons is that they move location frequently which means that they must register from scratch in the health and care system in a new area[4]. This increases the risk that they are unable to access the care that they need.	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.

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.

[4] Friends, families and travelers. How to tackle health inequalities in gypsy, roma and traveler communities, https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Discussion with the clinical lead for the policy proposition.	The clinical lead for the policy proposition and Colorectal CRG chair reviewed the EHIA and agreed with its content.	**November 2021**
2	Discussion with the Chair of the Pelvic Floor Society	The Chair of the Pelvic Floor Society provided information about the impact of the policy on addressing equality and health inequalities issues on women who have given birth, long-term impact of mesh removal and difference in complications between genders.	**November 2021**
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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		
Consultation and involvement findings		
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team		

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?			

The proposal may support?		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	n/a	n/a

10. Summary assessment of this EHIA findings

This proposal will not impact adversely or positively on the protected characteristic groups documented above. It is recognized that restricting practice to a small number of specialist centres may adversely impact people on low incomes living distant from those centres, or from more rural communities, but this needs to be balanced with the need to concentrate expertise for safe and effective care.

11. Contact details re this EHIA

Team/Unit name:	National Programme of Care for Internal Medicine
Division name:	Specialised Commissioning
Directorate name:	Finance Directorate
Date EHIA agreed:	
Date EHIA published if appropriate:	