

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 service specification**¹: Provision of NHS termination of pregnancy centres for patients presenting with medical complexity and / or significant co-morbidities requiring NHS treatment
2. **Brief summary of the proposal in a few sentences**

This interim service specification aims to address a deficiency in the commissioning and provision of termination services identified by the Royal College of Obstetrics and Gynaecology (RCOG).

PSSAG recommended to Ministers that (for a period of time) specialised commissioning become the responsible commissioner of terminations for women with significant co-morbidities and / or who require medical support or access to critical care. The Independent Sector – who provide the vast majority of terminations and will continue to do so – are not equipped to meet the needs of clinically complex pregnant women.

Therefore, this interim specification is needed to reduce and prevent avoidable morbidity and mortality associated with surgical or medical terminations by nationally planning for the skills and capacity needed to address the identified patient need.

¹ 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
Age: older people; middle years; early years; children and young people.	For those patients of child bearing age that cannot access ISP termination services, because of their clinical condition, access to treatment will be available through locally based NHS hospitals. The treatment will include medical, surgical and late gestational terminations and the introduction of the service specification will ensure that NHS Hospitals can develop and sustain these services for all ages.	NHS hospital termination services will be available locally and patients of all ages will be able to access medical, surgical and late gestational terminations.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Disability is extremely diverse, and some health conditions associated with disability result in poor health and co-morbidities. For those patients that cannot access ISP termination services, because of co-morbidities associated with their disability, access to treatment will be available through NHS hospitals	NHS hospital termination services will be available locally and patients with a co-morbidity associated with their disability will be able to access medical, surgical and late gestational terminations.
Gender Reassignment and/or people who identify as Transgender	Transgender, non-binary, and gender non-conforming people who cannot be treated by the ISP because of a clinical	NHS hospital termination services will be available locally and transgender, non-binary and gender non-conforming patients will be able to

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
	co-morbidity can access NHS hospital termination services.	access medical, surgical and late gestational terminations.
Marriage & Civil Partnership: people married or in a civil partnership.	N/A	
Pregnancy and Maternity:	N/A	
Race and ethnicity²	All people regardless of racial or ethnic background, who cannot be treated by the ISP because of a clinical co-morbidity can access NHS termination services.	NHS hospital termination services will be available locally and patients from all racial and ethnic backgrounds will be able to access medical, surgical and late gestational terminations.
Religion and belief: people with different religions/faiths or beliefs, or none.	<p>There are many arguments for and against abortion. People with different beliefs or none, may agree or disagree with many of these arguments.</p> <p>People with different beliefs or none who cannot be treated by the ISP because of a clinical co-morbidity can access NHS hospital termination services.</p>	NHS hospital termination services will be available locally and patients with different beliefs or none will be able to access medical, surgical and late gestational terminations.

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.

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
Sex: men; women	N/A	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	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 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	Groups who are more vulnerable to becoming teenage parents include young people who are in or leaving care. Looked after children and young people who cannot be treated by the ISP because of a clinical co-morbidity can access NHS hospital termination services.	NHS hospital termination services will be available locally and patients looked after will be able to access medical, surgical and late gestational terminations.
Carers of patients: unpaid, family members.	Carers often ignore their own health and are 40% more likely to suffer from a chronic health condition. Some health	NHS hospital termination services will be available locally and carers of patients will be able

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
	<p>problems, like back problems, anxiety and depression, can be directly linked to caring.</p> <p>Patients (who are cared for by carers) who cannot be treated by the ISP because of a clinical co-morbidity can access NHS hospital termination services locally and this will have a positive impact on carers linked to services being available locally.</p>	to support access to medical, surgical and late gestational terminations.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Patients with complex co-morbidities without a fixed abode or staying in temporary housing may experience travel/ access issues to termination services. This service specification will increase the range of NHS hospitals that can deliver medical, surgical and late gestational terminations locally.	NHS hospital termination services will be available locally and patients without a fixed abode will be able to access medical, surgical and late gestational terminations.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	People in detained settings with a complex co-morbidity who cannot be treated by the ISP will be able to access medical, surgical and late gestational terminations.	NHS hospital termination services will be available locally and patients in detained settings will be able to access medical, surgical and late gestational terminations.
People with addictions and/or substance misuse issues	N/A	
People or families on a low income	People on low incomes may face difficulties in accessing termination services that require travel. The	NHS hospital termination services will be available locally and patients on a low income will

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
	introduction of this service specification will increase the availability of locally based termination services for people with complex co-morbidities, including late gestational services, that the ISP cannot treat.	be able to access medical, surgical and late gestational terminations.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	N/A	
People living in deprived areas	People living in deprived areas may face difficulties in accessing termination services that require travel. The introduction of this service specification will increase the availability of locally based termination services for people with complex co-morbidities, including late gestational services, that the ISP cannot treat.	NHS hospital termination services will be available locally and patients living in deprived areas will be able to access medical, surgical and late gestational terminations.
People living in remote, rural and island locations	While people in remote, rural or island locations may face difficulties in accessing health care services, the availability of termination services for people with co-morbidities that the ISP cannot treat on a NHS England regional footprint may mitigate the negative impacts of poor access.	NHS hospital termination services will be available locally and patients living in deprived areas will be able to access medical, surgical and late gestational terminations.

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
Refugees, asylum seekers or those experiencing modern slavery	While refugees, asylum seekers and those experiencing modern slavery may face difficulties in respect of access to termination services, the availability of termination services for people with co-morbidities that the ISP cannot treat on a NHS England regional footprint may mitigate the negative impacts of poor access.	NHS hospital termination services will be available locally and refugees, asylum seekers or those experiencing modern slavery will be able to access medical, surgical and late gestational terminations.
Other groups experiencing health inequalities (please describe)	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	See stakeholder engagement report	November 2018

2	Presentation to Patient and Public Voice Assurance Group to determine consultation requirements	PPVAG confirmed that no consultation was required but that the RCOG Women's Group be asked to comment on the service specification as part of an extended stakeholder testing exercise. This was carried out and the comments are in the stakeholder engagement report	June 2019
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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 with the team or expertise drawn on external to your team	Expertise from members of the Service Specification Working Group and the Royal College of Obstetrics and Gynaecology Abortion Task Force	

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	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 whether the proposal will support?		

9. Outstanding key issues/questions that may require further research/additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of research or other evidence that would address the issue and/or answer the question
1	There is limited data available that describes the number of patients with complex co-morbidities who require a termination of their pregnancy.	NHS hospitals that are selected to deliver this interim service specification must participate in national data collection with NHS England and the referring ISPs
2		
3		

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this proposal may or may not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below.

Patients with complex co-morbidities requiring a termination that the ISP cannot treat and the lack of locally based NHS services to treat such people, impacts disproportionately on people with protected characteristics.

Subject to approval, this interim service specification would provide and improve access to treatment for patients and will support meeting the PSED and reducing health inequalities.