

NHS England: 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):**

Complex Spinal Surgery (all Ages) service specification

2. **Brief summary of the proposal in a few sentences**

The Complex Spinal Surgery (all ages) specification has been updated to replace the current version of the service specification published in 2021. The revised service specification provides a clearer model of care, incorporating up to date guidance and best practice, as well as new quality outcomes focusing on improving patient outcomes and experience.

GIRFT considered that a good spinal service is '*not just about the provision of spinal procedures but about looking at a patient's journey from first presentation with a spinal problem, to exploring how to achieve the best possible outcome for a patient in the most cost-effective way*'. The revised specification states that all providers are expected to participate in a networked model of care to enable services to be delivered as part of a coordinated, combined whole system approach. The Spinal Services Clinical Network Specification has also been revised and updated in 2023 emphasising as outlined in the GIRFT report the importance of '*...a robust governance structure with clinicians meeting regularly locally and within a wider geographical network to discuss difficult clinical problems.*' **Spinal Services GIRFT Programme National Specialty Report, 2019.**

Currently, 150 NHS trusts and 79 Independent Sector providers undertake spinal services in England. Of these, 44 are designated as specialist providers of adult spinal surgery and 24 are designated to undertake paediatric spinal surgery. 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.

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. | The Complex Spinal Surgery specification is for all ages (adults and children) and aims to clarify the procedures and pathways (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 continue to drive increased demand. | 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 |
| Disability: physical, sensory and learning impairment; mental health condition; long-term conditions. | Complex Spinal Surgery is often necessary to treat physical disability or pain associated with mental health or long term conditions. This specification is considered to have a potential positive impact for patients whose disability is being treated by spinal surgery. | The specification provides a clearer model of care, incorporating current guidance/best practice and clarifies referral pathways with the aim of improving patient experience |
| Gender Reassignment and/or people who identify as Transgender | All patients who require access to Complex Spinal Surgery outlined in the specification would be considered for treatment. The proposition is therefore not considered to have an adverse impact on this protected characteristic | N/A |

| 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 |
|--|--|--|
| | group. Gender reassignment and/or people who identify as transgender have not been identified as a high risk group | |
| Marriage & Civil Partnership: people married or in a civil partnership. | There is no identified impact of this service specification on this protected characteristic. | N/A |
| Pregnancy and Maternity: women before and after childbirth and who are breastfeeding. | There is no identified impact of this service specification on this protected characteristic. | N/A |
| Race and ethnicity ¹ | There is no identified impact of this service specification on this protected characteristic. | N/A |
| Religion and belief: people with different religions/faiths or beliefs, or none. | There is no identified impact of this service specification on this protected characteristic. | N/A |
| Sex: men; women | There is no identified impact of this service specification on this protected characteristic. | N/A |
| Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual. | There is no identified impact of this service specification on this protected characteristic. | N/A |

¹ 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.

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 inequalities² | 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 Complex Spinal Surgery outlined in the specification 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. | N/A |
| Carers of patients: unpaid, family members. | All patients of all ages who require access to Complex Spinal Surgery outlined in the specification 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. | N/A |
| Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs. | All patients of all ages who require access to Complex Spinal Surgery outlined in the specification 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. | N/A |

² Please note many groups who share protected characteristics have also been identified as facing health inequalities.

| Groups who face health inequalities ² | 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 of all ages who require access to Complex Spinal Surgery outlined in the specification 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. | N/A |
| People with addictions and/or substance misuse issues | All patients of all ages who require access to Complex Spinal Surgery outlined in the specification 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. | N/A |
| People or families on a low income | All patients of all ages who require access to Complex Spinal Surgery outlined in the specification 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. | N/A |
| People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills). | People from this group often experience difficulties accessing services and accessing follow up. | Commissioned providers should work with patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate the risks for this group. The specification is clear that a full range of condition-specific information in appropriate formats suited to the communication needs of the patient. |
| People living in deprived areas | All patients of all ages who require access to Complex Spinal Surgery | N/A |

| Groups who face health inequalities ² | 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 |
|--|---|--|
| | outlined in the specification 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. | |
| People living in remote, rural and island locations | Patients who are long distances away from specialist centres may face difficulties accessing services. | The revised specification states that all providers are expected to participate in a networked model of care to enable services to be delivered as part of a coordinated, combined whole system approach. Access to healthcare travel cost scheme attached for those eligible: https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/ |
| Refugees, asylum seekers or those experiencing modern slavery | People from this group often experience difficulties accessing services and accessing follow up. | Commissioned providers should work with patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate the risks for this group. The specification is clear that a full range of condition-specific information in appropriate formats suited to the communication needs of the patient. |
| 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 |
|-------|----|-------------|

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 | Informal Stakeholder testing | Specification issued to CRG members for comment, Spinal and Neurosurgery Network leads (adults and Surgery in Childrens leads) and Regional Specialised Commissioners. Wording incorporated with regards to strengthening the relationship between Spinal and Neurosurgery Networks. | 04/24 |
| 2 | Development of the Specification via Specification Working Group (SWG) and consultation with CRG | The specification was developed over a period of 15 months via the SWG which included Clinical members, professional society representation and PPV representation. GIRFT colleagues also provided significant input into the development of the specification. | 04/24 |
| 3 | Engagement with CRG PPV representatives | PPV representatives were asked to comment on the 13Q assessment form and change form, confirming that the proposed changes did not have a detrimental experience on patient / carer experience and access. NICE transition guidelines link inserted into the document and language strengthened with regards to discharge and support form hospital to community provision | 06/24 |

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 specification has been developed to update and replace the current version of the service specification for Complex Spinal Surgery (all ages) published in 2019. It relates existing services to which there will be no change therefore an evidence review is not required. | |
| Consultation and involvement findings | Planned | |
| Research | No pending research is known | |
| Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team | Through the Trauma Programme of Care and its Clinical Reference Group structures supporting the Specification Working Group (SWG) with its expert knowledge regarding Complex Spinal Surgery as well as PPV Representatives | |

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 | 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? | X | X |
| The proposal may support? | | |
| 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 | |
| 2 | |
| 3 | |

10. Summary assessment of this EHIA findings

The specification has been developed to update and replace the current version of the service specification for complex spinal surgery (all ages) published in 2019. It provides a clearer model of care, incorporates current guidance/best practice and clarifies referral pathways with the aim of improving patient experience. New quality outcomes 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 will contribute to advancing equality of opportunity and/or reducing health inequalities.

11. Contact details re this EHIA

| | |
|-------------------------------------|--|
| Team/Unit name: | |
| Division name: | |
| Directorate name: | |
| Date EHIA agreed: | |
| Date EHIA published if appropriate: | |