NHS England and NHS Improvement: 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):

1803 Extracorporeal membrane oxygenation (ECMO) as a bridge to lung transplant (all ages)

2. Brief summary of the proposal in a few sentences

For carefully selected patients, lung transplant offers both prognostic and quality of life benefits across all disease groups[1]. On 31st March 2020 there were 358 patients waiting for a lung or heart-lung transplant. This is 2% higher than on 31st March 2019 and 59% higher than ten years ago. Three years after listing, 47% of adult patients on the lung only list had been transplanted and 21% had died (patients listed for transplant 1st April 2016 - 31st March 2017).

This policy will use ECMO in a group of critically ill patients with the aim of providing short term bridging support until a lung transplant is available. Developments in ECMO technology combined with improvements in patient selection have made it possible to successfully bridge to transplant a group of carefully selected critically ill patients who are refractory to maximal respiratory support that will allow them a chance to survive to transplant. Without ECMO these patients will inevitably die within hours.

NHS Blood and Transplant determine policy on organ allocation. A super urgent list (SULAS) was created in 2017 which means that some patients who deteriorate quickly now get prioritised for transplant due to higher clinical need. Due to the "SULAS" list patients who were less likely to receive a transplant offer are more likely to do so now. NHS England is responsible for commissioning transplant services and ECMO. The policy will facilitate access to ECMO where this is needed until a suitable organ is identified in patients who are rapidly deteriorating.

[1] Titman A et al. Disease-specific survival benefit of lung transplantation in adults: a national cohort study. Am J Transplant 2009 Jul; 9 (7): 1640-9

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.**

The criteria set out in the policy do not prejudice any particular group with protected characteristics. For clinical reasons the SULAS approach may mean that younger patients are more likely to meet the criteria for ECMO support. There is no absolute age limit for prospective lung transplant candidates or patients that may be bridged to transplant with ECMO. Comorbidity becomes more common with advancing age and limits the prospects for long term survival in this population.

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 policy is an all ages policy. Patient selection for lung transplantation is in line with agreed national policies. All patients must be biologically fit, regardless of age. In practice, most recipients are less than 65 years of age as there is an increase in co-morbidity with the ageing process. Patient selection is also related to the ability to physically accommodate the size of the lungs offered. As more adult lungs are offered this means organs are more likely to be suitable for adults and not children. As noted in section 1 the introduction of the "super urgent list" by NHSBT means that some patients who deteriorate quickly get prioritised for transplant due to higher clinical need. This tends to be younger patients due to the course of the disease they have which is primarily	The creation of the "SULAS" means that patients of higher clinical need are selected. Prior to the SULAS patients with Chronic Obstructive Pulmonary Disease who tend to be older were more likely to have an offer as they are less likely to have an acute deterioration. The numbers of lung transplants are relatively small and allocation trends will be monitored so there can be a review of the impact on access if the ECMO policy is implemented.

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
	pulmonary fibrosis or cystic fibrosis where acute deterioration is more likely.	
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Patients with associated lung disease awaiting lung transplant may be defined as disabled as they may be unable to undertake activities of daily living as part their long-term conditions.	Monitoring of access under the allocation scheme and policy.
Gender Reassignment and/or people who identify as Transgender	N/A	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	N/A	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	N/A	N/A
Race and ethnicity[2]	There is no potential adverse impact in the policy. Ethnicity data is captured for organ recipients. Age, gender, ethnicity are factors used in risk-adjusted models for patient survival from listing.	N/A

[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
Religion and belief: people with different religions/faiths or beliefs, or none.	A very small number of religions object to organ donation and transplantation. Adoption of the policy will not impact on relations between people who share this protected characteristic and those who do not.	No identified adverse impact.
Sex: men; women	N/A	N/A
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	N/A	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	Any eligible person will have access to the intervention.	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
Carers of patients: unpaid, family members.	The policy could positively reduce the burden on carers as lung disease can be significantly disabling for the person affected.	N/A
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	No impact identified.	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	No impact identified.	
People with addictions and/or substance misuse issues	No impact identified.	
People or families on a low income	No impact identified.	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	No impact identified.	
People living in deprived areas	No impact identified.	
People living in remote, rural and island locations	Lung Transplant services are only offered in a few centres due to the low volume undertaken, need for expert teams and the high complexity of the service provided.	N/A
Refugees, asylum seekers or those experiencing modern slavery	No impact identified.	

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
Other groups experiencing health inequalities (please describe)	No impact identified.	

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	**Specialised Commissioning Clinical Panel subgroup**	Clinical Panel asked for a sub-group to consider additional information on which patients may be eligible for ECMO and how this impacted on selection of patients from the waiting list. A summary report has been produced.	**December 2018**
2	**Stakeholder Engagement**	Request for clinical, professional and patient groups to respond on the policy particularly on the potential differential impact of offering ECMO on access to lung transplant across the cohorts within the waiting list.	**August 2019**

3	**Public Consultation completed**	It was agreed the summary report requested by Clinical Panel on impact on the cohorts within the waiting list and specific questions would be included in the Public Consultation to obtain additional views on this issue.	**March 2020**

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	NHS England undertook an evidence review according to its published Method to inform the policy. This considers the peer reviewed published evidence primarily on the effectiveness of ECMO as a therapy pre-transplant.	Evidence is affected by the small numbers of patients but over time more data will be captured through existing processes which can inform future audit and research studies.
Consultation and involvement findings	Stakeholder engagement and consultation.	
Research	Considered in the evidence review.	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Data on eligible patients from NHS Blood and Transplant. The policy will impact different groups of patients on the waiting list. Cystic Fibrosis (CF) and Idiopathic Pulmonary Fibrosis (IPF) patients have benefitted most from bridging to lung transplant. CF is generally comprised of a younger group, IPF an older group. It appears patients with Chronic Obstructive Pulmonary Disease (COPD) appear to be the group of patients who may wait longer if organ demand continues to outstrip availability. The impact therefore seems	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	to be disease related than age (COPD age and IPF ages were similar).	

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 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	Views on the potential differential impact of the policy between the different subgroups waiting for a lung transplant	Monitoring of organ allocation and outcomes which are already undertaken as part of the Lung Transplant Programme.
2		
3		

10. Summary assessment of this EHIA findings

This policy is for a small group of patients c. 22 a year and the impact is therefore limited. No specific impact on protected characteristics has been identified. The evidence we have suggests the impact to be disease related rather than age related.

11. Contact details re this EHIA

Team/Unit name:	Highly Specialised Commissioning team
Division name:	Specialised Commissioning
Directorate name:	Finance, Planning and Performance
Date EHIA agreed:	08/10/2020
Date EHIA published if appropriate:	07/2021