

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)¹:

Clinical Commissioning Policy Proposition: **Commissioning Criteria Policy for the use of therapeutic immunoglobulin (Ig) England, 2021.**

2. Brief summary of the proposal in a few sentences

The updated commissioning criteria policy for the use of therapeutic immunoglobulin(Ig) 2021 describes all conditions for which Ig is commissioned and provides the detail around the role, dose and place of Ig in the treatment pathway for individual indications alongside possible alternative treatment options for use of Ig in both adults and children. Recommendations on Ig dose and outcomes are based on a combination of available evidence and expert opinion.

The colour coding scheme, which had been previously devised for demand management but was often utilised as a commissioning tool, has now been replaced by categorisation of Ig use; to routinely commissioned or not commissioned categories. This will provide great equity and provision across a broader range of conditions.

These commissioning criteria are for all indications previously categorised as red (conditions for which Ig treatment is considered the highest priority because of a risk to life without treatment) and blue (conditions for which there is a reasonable evidence base for the use of Ig but other treatment options are available) and those grey indications (immune-mediated disorders with limited or little/no evidence) that have moved into routine commissioning.

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.	The clinical criteria in the policy has been expanded to include more indications that will improve and widen equity in access across all age ranges.	The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to support access to treatment.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	The clinical criteria in the policy will support those patients who require therapeutic immunoglobulin for long term conditions. It is not believed to detrimentally impact on any other patient groups.	The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.
Gender Reassignment and/or people who identify as Transgender	Gender reassignment and gender identity are not known to be risk factors. The policy should not impact on this group.	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	Marital status is not known to be a risk factor for therapeutic immunoglobulin and so the policy should not impact on this protected characteristic.	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	The treatment is not contraindicated in pregnancy and so the policy should not impact on this protected	Pregnant patients would be monitored closely by centres and their eligibility for treatment through pregnancy would be evaluated.

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
	characteristic.	
Race and ethnicity ²	Race and ethnicity are not known to be risk factors for the majority of conditions. For those populations with a higher burden of inherited immunodeficiencies, this policy will enhance access.	Medical Data Solutions and Services (MDSAS) data will be reviewed and findings reported to the Ig Clinical expert working group and CRG with any recommendations on changes in policy will be updated in line with recommendations. MDSAS data will be analysed for ethnic groups to ensure any possible inequality in access is identified.
Religion and belief: people with different religions/faiths or beliefs, or none.	There are no religious beliefs/practices that have been identified as being a risk factor and so the policy should have no impact. However, it should be noted that whilst the religious beliefs of Jehovah's Witnesses prohibit the use of whole blood, many are able to accept blood derivatives – see Jehovah's Witnesses and bloodtransfusion (transfusionguidelines.org)	N/A
Sex: men; women	There are not known to be any risk factors identified in relation to sex and so the	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
	policy should have no impact.	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Sexual orientation is not known to be a risk factor and so the policy should have no impact.	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	Looked after children will have access to therapeutic immunoglobulin treatment in a paediatric setting. The policy is not considered to have an impact on this population.	N/A
Carers of patients: unpaid, family members.	By providing treatment which could have a potential positive effect on patients and carers. The policy is not considered to have an impact on this population.	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
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People experiencing homelessness are more likely to suffer issues relating to access to treatment from a physical health problem and access to healthcare is known to be a problem for this group (Crisis, 2011). However, this policy is only for people diagnosed with one of the indicated conditions and therefore no additional impact on this group is anticipated.	N/A
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	People involved in the criminal justice system would be able to access treatment through prison healthcare services. No specific impact is expected on this group as a result of implementation of the policy.	N/A
People with addictions and/or substance misuse issues	The policy is applicable to all patients who meet the eligibility criteria as outlined in the policy would be considered for treatment. The policy is not expected to have a negative impact on this group of people.	The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.
People or families on a low income	The policy should not have an impact on this group as having a low income is not a known risk factor for therapeutic immunoglobulin treatment.	N/A

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 with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	The policy is specifically for people with a confirmed diagnosis and already accessing healthcare. For this reason, there is no specific impact for people in this group.	N/A
People living in deprived areas	The policy should not have an impact on this group as living in a deprived area has not been identified as a risk factor for requiring Immunoglobulin.	N/A
People living in remote, rural and island locations	Treatment is provided in secondary care settings across the country with specialists treating specific patients (Neurology/Immunology etc.). The benefit of the treatment is seen as having an overall positive impact on these patients.	The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.
Refugees, asylum seekers or those experiencing modern slavery	Refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care (British Medical Association, 2020). Refused asylum seekers are not necessarily entitled to secondary NHS care free of charge. Their ability to access care depends on whether the care is immediately necessary/urgent or non-urgent and whether specific exemptions apply. Refused asylum seekers must always receive immediately necessary and urgent treatment regardless of their chargeable status or ability to pay	N/A

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
	(BMA, 2020). The policy will not impact on this group as it does not change their eligibility for care.	
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	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	Review of Ig guidance criteria in 2018 based on the 2011. The criteria applied to the use of Ig for adults and children.	Expert opinion was sought alongside the stakeholder consultation with specialty experts, relevant scientific societies and relevant NHSE Clinical Reference Groups (covering immunology, haematology, neurology and infectious diseases).	2018
2	Ig guidance and Immunoglobulin management plan – stakeholder	Stakeholder engagement for the Ig clinical guidance – an update of the 2018 guidance. Update of the Immunoglobulin Management Plan (IMP)	June – July 2021

	engagement	which supersedes the DHSC demand management plan. Greys - not for routinely commissioned – to also be part of the wider engagement. All information to be reviewed by PPVAG following the engagement period.	
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	Cochrane review and clinical expert working group	N/A
Consultation and involvement findings		
Research	N/A	N/A
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	The National Blood and Infection Programme of Care, through its Clinical Reference Group structures and the support Expert Working Group for this specific group. MDSAS provide expert guidance on delivery through the database and e-referral system.	

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?	X	X	X
The proposal may support?			
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 use of therapeutic immunoglobulin is widely used in a range of conditions and across all ages. The policy guidance recommends the expansion of the indications from the previous update in (2011) [dh_131107.pdf \(publishing.service.gov.uk\)](#). This is following a detailed scoping review from Cochrane to provide evidence to update the list of grey and new indications.

These were reviewed by the expert clinical working group and the policy provides an update, evidence based, equitable policy guidance of indications across a range of conditions, that will reduce health inequalities

11. Contact details re this EHIA

Team/Unit name:	Immunology and Allergy CRG
Division name:	Blood & Infection Programme of Care, Specialised Commissioning
Directorate name:	Finance, Performance and Planning
Date EHIA agreed:	
Date EHIA published if appropriate:	