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]: Clinical Commissioning Policy Proposal: Multi-grip Hands for Upper Limb Amputations or Congenital Limb Loss (all ages). URN 2009.

2. Brief summary of the proposal in a few sentences

This clinical commissioning policy outlines the commissioning criteria for the use of the multi-grip myoelectric control prosthetic hand in patients with upper limb loss as a consequence of congenital upper limb deficiency or upper limb amputation. A multi-grip hand prosthetic is a device which emulates a missing body part and provides more than a single grip pattern. A myoelectric prosthetic is powered through an external power source and controlled by co-ordinated muscular movements in the remaining limb. The aim of a prosthetic is to promote active participation, inclusion and enablement.

The clinical policy was developed through conducting an externally conducted evidence review and by a Policy Working Group (PWG) consisting of rehabilitation and prosthetic experts, a public health specialist and specialist commissioner for NHS England. This policy recommends that multi-grip myoelectric control prosthetics are made available as an option for individuals of all ages if they demonstrate functional and subjective improvements using the device, after a process of assessment and evaluation in which the user's amputation and functional need have been considered.

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 proposalin the remainder of this templateto cover theterms initiative, policy, proposition, proposalor 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.	Age is linked to the different prosthetic needs of an individual as well as the ability to functionality operate the prosthetic. Age is also linked to the population groups who experience upper limb loss as a consequence of trauma. In 2012, upper limb amputations accounted for 8% of the total amputations and the commonest cause was trauma (an increase compared to 4% in 2007). Referrals with congenital limb deficiency accounted for just over 2% of all referrals. Upper limb referrals tend to be in the younger age group reflecting the traumatic aetiology of the condition. Almost 68% of all upper limb referrals were younger than 55 years. 53% of all upper limb referrals were transhumeral or transradial amputations. Partial hand and digit amputations account for 37% of all upper limb referrals.[2]	Children have different needs from prosthetic services to meet with their developmental stage, growth and also changing functional needs. Children also have different cognitive understanding and the ability to train and functionally operate prosthetic devices. To reduce the impact of these factors, it is proposed within the policy that children should be managed by individuals who are specifically trained in the rehabilitation and development needs of children in centres which are developed and designed to be child focused. Technology developments in prosthetics have limited the size and also the weight of the upper limb prosthetics. This can have a consequence for children as the weight and size may be mismatched to the child. Within the policy, there is suggestion that the provision of the prosthetic should be after a period of assessment and training. This allows the child, family and MDT to determine the benefits and challenges the prosthetic holds for the individual. The patient pathway recommends regular review every 6 months, to ensure that the prosthetic still

[2] BSRM Working Party Report. 2018. Amputee and Prosthetic Rehabilitation – Standards and Guidelines (3rd Edition) [online]. Available at: Template for BSRM Reports

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
	This proposal is for all ages.	meets the needs of the individual. This allows for adaptions and new approaches if the health circumstances of an individual change. This policy, if agreed and published, will be reviewed at a future specified date to consider the results of longer-term outcomes from ongoing clinical trials to ensure the commissioning criteria reflect the most up to date evidence base. There is also provision within the policy for consideration of newer technology when this becomes available through an annual update to the CRG which may suggest a further policy proposal or policy revision (through the policy revision pathway). This may assist with the size, weight and challenges of adapting the prosthesis for children or matching the policy to individuals of different ages. If agreed implementation of the policy could be monitored to review access by age group.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Upper limb loss could be as a consequence of congenital upper limb deficiency or as a consequence of upper limb amputation, which includes trauma or other acquired amputation reasons (e.g., infection, systemic conditions such as vascular	This policy outlines that multi-grip myoelectric control prosthetic provision should be initiated and reviewed by a specialist multi- disciplinary team of professionals who are responsible for ongoing patient care. The decision for prosthetic provision is dependent on shared decision making with the patient and 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
	complications). This could mean that individuals with upper limb loss may have other complex or long-term health conditions including more widespread limb loss or other physical, sensory or learning needs. The decision for receiving multi-grip myoelectric control prosthetic as an intervention should be holistic, and patient focused, considering the impact it may have upon concurrent health needs.	assessment of suitability, which considers an individual's long-term health conditions and their unique circumstance and concurrent health needs.
Gender Reassignment and/or people who identify as Transgender	All patients who met the inclusion criteria would be considered for treatment. The proposal is therefore not considered to have an adverse impact on this protected characteristic group as gender reassignment and/or people who identify as transgender have not been identified as a high risk group.	Not applicable
Marriage & Civil Partnership: people married or in a civil partnership.	There should be no direct negative or positive impact on this group as marriage/civil partnership has not been identified as a high risk group.	Not applicable
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Acquired upper limb loss, is not known to have an increased occurrence in	MDT and rehabilitation specialists identify patients' suitability for multi-grip myoelectric prosthetic hand devices and it is recommended

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
	pregnancy or in those who are breastfeeding. The functional requirements of individuals who are caring for children may change, requiring a reassessment of the prosthetic choice and/or new training needs. Pregnancy may also require revision and maintenance changes to the prosthetic socket.	that the MDT work with the patient to achieve meaningful goals, which consider the unique functional needs, clinical and anatomical factors of the patient. Within the policy it is suggested that each patient has ongoing support, training and maintenance as part of the patient pathway. This will allow revisions and adaptions to be made to the prosthetic to promote use.
Race and ethnicity[3]	Upper limb loss resulting from congenital deficiency or amputation is not known to significantly affect any race or ethnicity. There should be no direct negative or positive impact on this group as race and ethnicity have not been identified as high risk groups.	Not applicable.
Religion and belief: people with different religions/faiths or beliefs, or none.	There should be no direct negative or positive impact on this group as religion and belief have not been identified as high risk groups.	Not applicable.

[3] Addressing racial inequalities is about identifying anyethnic groupthatexperiences inequalities. Raceandethnicityincludes people from anyethnic groupincl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities so includes addressingthe needs of BME communities but is not limited to addressingtheir needs, it is equa lly important to recognise the needs of White groups that experienceinequalities. The Equality Act 2010 also prohibits discrimina tion on thebasis of nationality and ethnic or na tional origins, issues rela tedto 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	A higher proportion of males have upper limb amputations at all levels but especially at the transradial and transhumeral level. This is explained by trauma being the main cause for upper limb amputation.[4]	The policy is inclusive of all individuals irrespective of cause of amputation loss for an assessment of a multi-grip myoelectric control prosthetic, if they meet the inclusion criteria.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There should be no direct negative or positive impact on this group as sexual orientation has not been identified as a high-risk group.	Not applicable.

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[5]	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 should be no direct negative or positive impact on this group as looked after children and young have not been	Children aged < 18 years with upper limb loss should be managed by specialist child-focused MDT rehabilitation service. This is outlined within the policy. It is proposed that the

[4] BSRM Working Party Report. 2018. Amputee and Prosthetic Rehabilitation – Standards and Guidelines (3rd Edition) [online]. Available at: Template for BSRM Reports
[5] Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities[5]	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
	identified as high-risk group for an increased risk of upper limb loss.	individual health, emotional and developmental needs of the child are taken into consideration when a prosthetic trial is proposed.
Carers of patients: unpaid, family members.	Carers may be indirectly affected by this policy. It could positively reduce the burden on carers as individuals may be able to complete a greater number of tasks independently. If the multi-grip myoelectric control prosthetic trial is successful, it has the potential to improve an individual's active participation, which may reduce their care needs allowing them to participate more in activities of daily living. This policy may benefit carers who support patients with upper limb loss by reducing the assistance required to complete work, family and personal tasks. The prosthetic trial is a series of appointments, which may require ongoing carer support to facilitate these sessions.	The policy recommends that the suitability of a multi-grip myoelectric control prosthetic as an intervention which assessed by the MDT team. This includes considering the support and care mechanisms a patient would require undergoing the intervention. If this policy is adopted, a commissioning plan will set out the pathway of provision for the multi-grip myoelectric control prosthetic hand which will include access at appropriately staffed centres.

Groups who face health inequalities[5]	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.	This group may be less likely to enter the patient pathway, due to access issues (e.g., not registered with a General Practitioner). The lack of a permanent base for which follow-up and/or prosthetic fitting appointments could be co-ordinated may be challenging in this cohort of patients. If identified, those who are homeless could be at risk of adverse outcomes, due to lack of access to services, incomplete follow-up as well as environmental conditions which may exposure individuals to infection or potentially exacerbate underlying health issues which may have been the consequence of limb loss.	NHS England is producing the multi-grip myoelectric control pathway to increase access for anyone who may benefit from the prosthetic intervention. Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate risk for homeless patients.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	All patients who met the inclusion criteria would be considered for treatment. This group is not identified at high risk.	Not applicable.

Groups who face health inequalities[5]	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
	Prosthetic users undergo an individual risk assessment for prosthetic device use whilst in custody.	
People with addictions and/or substance misuse issues	All patients who met the inclusion criteria would be considered for treatment. This group is not identified at high risk	Not applicable
People or families on a low income	This policy will promote access to a multi-grip myoelectric control prosthetic regardless of economic status.	The policy will increase the number of individuals would can access the myoelectric control multi-grip prosthetic (as it is not currently available in the NHS).
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	This group may find it hard to understand their condition and the benefits and risks associated with different treatment options. It may also be harder for these individuals to understand and follow the prosthetic instructions.	Shared decision making is mandated within this policy and so clinicians will need to ensure that patients are well informed, this can be through various mediums including verbal as well as written shared decision-making tools, translated and Easy Read materials. The provision of a prosthetic involves face-to-face assessment and verbal instruction, this can assist those with poor health or literacy skills. It is proposed that the developmental stage and a holistic assessment of an individual is undertaken to assess their suitability for a prosthetic device.
People living in deprived areas	A national commissioning policy attempts to ensure there is equal access to treatment regardless of	The policy will increase the number of centres providing myoelectric control multi-grip hands, which is not currently available.

Groups who face health inequalities[5]	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
	location, it will reduce variation in practice.	
People living in remote, rural and island locations	A national commissioning policy attempts to ensure there is equal access to treatment regardless of location. It is noted that prosthetic provision requires a significant patient commitment of training sessions initially, reducing in frequency dependent on clinical response. The low incidence of upper limb amputation and congenital limb deficiency means that if all Centres in the UK were to have equal numbers of upper limb patients then each of the 44 Prosthetic and Rehabilitation Centres (PARCs) would only see nine new patients a year which would not reach a 'critical mass' to ensure standards, expertise and satisfactory overall service delivery. However, the geographic area of the UK requires a significant number of Centres to allow for realistic access for patients. This allows for ongoing support and supervision of centres, if the	If adopted, a commissioning plan will determine the local arrangements, which may include specialist oversight, to improve access for patients.

Groups who face health inequalities[5]	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
	appropriate expertise is available and remote technology can facilitate this.	
Refugees, asylum seekers or those experiencing modern slavery	This group may be less likely to enter the transplant pathway, due to access issues (e.g. not registered with a General Practitioner). The lack of a permanent base for which prosthetic training and follow-up and/or review appointments could be co-ordinated may be challenging in this cohort of patients. If identified, those who are refugees, asylum seekers or those experiencing modern slavery could be at significant risk of adverse outcomes due to lack of access to services, incomplete follow-up as well as environmental conditions which may exposure individuals to be more vulnerable due to their limb loss.	NHS England is producing the multi-grip myoelectric control pathway to increase access for anyone who may benefit from the intervention. Commissioned providers should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to mitigate risk for refugees, asylum seekers and those experiencing modern slavery.
Other groups experiencing health inequalities (please describe)	Veteran populations may have multiple amputation or disability needs and can access to additional services, including prosthetic devices which are not routinely available in the NHS. This was determined after a review, which	The proposed policy does not impact on the provision for Veteran populations.

Groups who face health inequalities[5]	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
	highlighted this population had specific needs. The access to these services is via 8 specialist centres and includes a Veterans Prosthetic Panel (VPP) which determines appropriate access to specific interventions.	

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 X	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	Stakeholder testing	This will involve clinical staff, professional groups, patients, patient groups and industry groups who have expressed an interest in this topic area	Mar 2022
2	Public consultation	Not required	
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	An external review of available clinical evidence was undertaken to inform this policy.	Quality of life, cost and refitting and abandonment rates in patients who receive a multi-grip myoelectric control prosthetic hand. Factors to identify subgroups of patients who may benefit more than others.
Consultation and involvement findings	Planned	
Research	A pending trial is evaluating the use of a hero-arm (a myoelectric device) in NHS populations.	This trial is currently closed to recruitment. It may provide some answers as to the use of myoelectric control multi-grip devices in NHS cohorts (rather than the specialist veteran cohorts, seen in the published evidence).
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	A Policy Working Group was assembled which included respiratory specialists from key rehabilitation centres.	

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	
The proposal may support?	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	Consensus on the eligibility criteria within the wider rehabilitative specialist community	Stakeholder testing and public consultation
2		
3		

10. Summary assessment of this EHIA findings

This policy does not unfairly discriminate those with a protected characteristic. The proposed policy could provide a treatment option for patients who upper limb loss as a result from congenital upper limb deficiency or upper limb trauma. These patients have a large unmet need for an effective intervention. This policy is informed by the evidence base and the clinical expertise of the policy working group.

A national commission policy will reduce variation in clinical practice promoting an equity of care nationally for those in which this intervention is indicated.

11. Contact details re this EHIA

Team/Unit name:	Highly Specialised Commissioning team
Division name:	Specialised Commissioning
Directorate name:	Finance
Date EHIA agreed:	
Date EHIA published if appropriate:	