

## 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):

Clinical Commissioning Policy Proposition: MR-guided laser interstitial thermal therapy for treatment of epileptogenic zones children and adults with refractory focal epilepsy [URN: 2006]

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

Refractory focal epilepsy refers to epileptic seizure activity which originates from one area of the brain, which is resistant to at least two appropriate anti-seizure medication (ASM) at optimal doses. Approximately one third of patients with epilepsy are refractory to medical management; these patients are at risk of recurrent physical and cerebral injury, status epilepticus (prolonged seizures), sudden death in epilepsy, other causes of fatality and psychological, psychiatric, financial and social comorbidities. Open neurosurgical treatment can be effective if performed in centres with appropriately experienced clinicians. However, some patients are at risk of neurological deficits if they undergo open neurosurgical access due to the location of the lesion and pre-existing co-morbidities, and in certain patients the risks of the procedure can result in it being contraindicated. The severity and likelihood of these risks make neurosurgery an unfeasible or a high-risk<sup>1</sup> option in this population.

The policy proposition recommends that MR-guided laser interstitial thermal therapy (MRgLITT) should be added to the current standard of care (as first line management) in adults and children with refractory focal epilepsy and a well-defined epileptogenic zone. The policy proposition is designed for this population as evidence demonstrates that MRgLITT can improve seizure outcomes in these patients.

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<sup>1</sup> 'High-risk' pertains to surgery that would risk damage to anatomical structures in the path to resection that would cause unacceptable sequelae to that patient AND/OR the patient has co-morbidities which would preclude resective surgery



### 3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

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
<p><b>Age:</b> older people; middle years; early years; children and young people.</p>	<p>Epilepsy can start at any age but is most commonly diagnosed in people under 20 and people over 65 years. This is because some causes are more common in young people (such as difficulties at their birth, childhood infections or accidents) and in older people (such as strokes that lead to epilepsy)<sup>2</sup>.</p>	<p>MRgLITT to be made available as a treatment option for patients in all ages fulfilling the clinical criteria.</p>
<p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Being diagnosed with epilepsy is defined as a disability under the Equality Act 2010. A review of available clinical evidence demonstrates that the addition of MRgLITT to the current standard of care could result in an improvement in seizure outcomes in patients. For this reason, implementation of the policy proposition is considered to have a potential positive impact.</p>	<p>All patients who meet the inclusion criteria would be considered for MRgLITT treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.</p> <p>This proposition outlines that MRgLITT provision should be decided by a multi-centre specialist multi-disciplinary team of professionals alongside the patient. This involves considering an individual's long-term health conditions and their unique circumstances and concurrent health needs.</p>

<sup>2</sup> Epilepsy Society. 2021. Facts about epilepsy. Available at: [https://epilepsysociety.org.uk/sites/default/files/2021-01/Facts%20about%20epilepsy%20Jan%202021\\_0.pdf](https://epilepsysociety.org.uk/sites/default/files/2021-01/Facts%20about%20epilepsy%20Jan%202021_0.pdf). Accessed on 21/09/2021

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
	It should also be noted that there is an increased risk of epilepsy amongst those with learning disabilities. Having another available treatment option for this group of patients will have a positive impact on them.	
<b>Gender Reassignment and/or people who identify as Transgender</b>	N/A	All patients who meet the inclusion criteria would be considered for MRgLITT treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	N/A	All patients who meet the inclusion criteria would be considered for MRgLITT treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	<p>Pregnancy has variable effects on seizure control – for some women seizure frequency will improve and for others it will worsen. There is no evidence to inform the safety, or not, of MRgLITT in pregnancy or shortly thereafter.</p> <p>Evidence suggests that women with refractory epilepsy have a significant risk of obstetric and neurological</p>	<p>The policy proposition suggests that individuals' suitability is assessed and discussed by a multi-centre specialist MDT. This could assist with the clinical challenges of considering MRgLITT use in pregnancy for this complex cohort of pregnant patients with refractory epilepsy.</p> <p>There are risks to both the pregnant woman and the unborn child in the context of uncontrolled seizures. Given these factors, the policy proposition is not thought to exclude this patient cohort after appropriate discussion regarding the risks and potential benefits.</p>

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
	<p>complications during pregnancy<sup>3</sup>. Through provision of MRgLITT for eligible individuals this policy proposition will have a positive impact on these women as it may reduce their risk of complications during pregnancy by reducing or stopping their seizures.</p>	
<b>Race and ethnicity</b> <sup>4</sup>	<p>Some differences in how often epilepsy occurs has been seen in a few studies. A review of research about the racial differences in epilepsy suggests that epilepsy is more common in people of Hispanic background than in non-Hispanics. Active epilepsy is more common in caucasian populations, but lifetime prevalence of epilepsy is higher in the black population<sup>5</sup>.</p>	<p>All patients who meet the inclusion criteria would be considered for MRgLITT treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.</p>
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	<p>No specific impact on this group</p>	<p>All patients who meet the inclusion criteria would be considered for MRgLITT treatment. The policy is</p>

<sup>3</sup> Kuszniur Vitturi B, Barreto Cabral F, Mella Cukiert C. Outcomes of pregnant women with refractory epilepsy. *Seizure*. 2019 Jul;69:251-257. doi: 10.1016/j.seizure.2019.05.009. Epub 2019 May 13. PMID: 31128468.

<sup>4</sup> 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.

<sup>5</sup> Epilepsy Foundation. 2013. Who gets epilepsy?. Available at: <https://www.epilepsy.com/learn/about-epilepsy-basics/who-gets-epilepsy#:~:text=Some%20differences%20in%20how%20often,background%20than%20in%20non%2DHispanics>. Accessed on 21/09/2021

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
		therefore not considered to have an adverse impact on this protected characteristic group.
<b>Sex:</b> men; women	Whilst the sex of a patient may inform or restrict certain medication choices (due to potential effects on fertility, and teratogenic effects), MRgLITT, a surgical procedure would not have a similar impact.	All patients who meet the inclusion criteria would be considered for MRgLITT treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	No specific impact on this group	All patients who meet the inclusion criteria would be considered for MRgLITT treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.

#### 4. Main potential positive or adverse impact for people who experience health inequalities summarised

Groups who face health inequalities <sup>6</sup>	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
<b>Looked after children and young people</b>	Epilepsy can start at any age but is most commonly diagnosed in people under 20 years (and people over 65 years). A small proportion of these people will have drug resistant epilepsy which means they will experience regular seizures despite	It is important to recognise and acknowledge the barriers looked after children and young people may face in accessing healthcare services, particularly with regards to continuity of care. MRgLITT may reduce the need for medication and improve seizure control in this population, benefiting them. This is

<sup>6</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities <sup>6</sup>	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>trialling two anti-seizure medications at full dose. Secondary to this, they may experience cerebral injuries, long-term disabilities, and psychological, psychiatric, financial and social comorbidities. These factors coupled with the limitations in physical activity can have a profoundly negative effect. Having another treatment option available, such as MRgLITT, which has the potential to stop or significantly reduce their seizure activity could reduce their risk of experiencing the sequelae of epilepsy and the limitations that frequent seizure activity imposes on their lives.</p>	<p>because the procedure could render these patients seizure free, meaning they may not have to take anti-seizure medication and have such frequent access to healthcare services. The policy also requires set follow-up after the procedure which may also help these patients to access care.</p>
<p><b>Carers of patients:</b> unpaid, family members.</p>	<p>MRgLITT may have a lower risk of neuropsychiatric adverse effects compared to open surgery, and recovery time as an inpatient for the minimally invasive procedure is expected to be shorter than that for open surgery. This is seen as having a positive impact upon carers of patients as the patient's recovery from this procedure will be less onerous and they are likely to require less support from carers.</p>	<p>Effective pre-procedure counselling of patients and their carers can help reassure and inform them.</p> <p>This policy outlines that MRgLITT provision should be decided by a multi-centre specialist multi-disciplinary team of professionals alongside the patient. This involves considering an individual's long-term health conditions and their unique circumstances and concurrent health needs.</p>

Groups who face health inequalities <sup>6</sup>	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
	Reduced seizure frequency, and the potential positive impact on the patient's independence would also positively impact carers by reducing the level of care and support the patients needs.	
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>Homeless people are up to eight times more likely to have epilepsy than the national average. Factors such as being alone, additional stress, poor sleep and alcohol risk mean people who are homeless are at higher risk of having unmanaged epilepsy, seizures in risky situations and sudden unexpected death in epilepsy<sup>7</sup>.</p> <p>The positive impact of MRgLITT in potentially improving seizure outcomes in this patient population could improve their safety and reduce incidence of adverse secondary events of epilepsy.</p>	<p>NHS England is producing the policy to increase access for anyone who may benefit from the intervention.</p> <p>Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate risk for homeless patients.</p>
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	People involved in the criminal justice system would be able to access treatment through prison healthcare services. A positive impact is expected on this group as a result of implementation of the policy.	<p>NHS England is producing the policy to increase access for anyone who may benefit from the intervention.</p> <p>Commissioned providers should work with the patient and other relevant agencies (e.g. prisons) to</p>

<sup>7</sup> Parker-Radford D. 2017. Homeless people eight times more likely to be affected by epilepsy. *Primary Health Care*, 31(2)

Groups who face health inequalities <sup>6</sup>	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
		mitigate risk for people involved in the criminal justice system.
<b>People with addictions and/or substance misuse issues</b>	<p>Chronic increased alcohol intake, or withdrawal from alcohol can result in seizures and status epilepticus (prolonged seizures). Seizure medication can lower tolerance for alcohol too. Cocaine and amphetamine use can increase seizure activity too<sup>8</sup>.</p> <p>The positive impact of MRgLITT in potentially improving seizure outcomes in this patient population could improve their safety and reduce incidence of adverse secondary events of epilepsy.</p>	<p>NHS England is producing the policy to increase access for anyone who may benefit from the intervention.</p> <p>Commissioned providers should work with the patient and other relevant agencies (e.g. GP, charities) to mitigate risk for people with addiction.</p>
<b>People or families on a low income</b>	<p>Low socioeconomic status is correlated to increased uncontrolled seizure frequency, hospitalisations and A and E attendances. This policy could have a positive impact on this group of patients by giving them improved seizure outcomes, reducing their subsequent hospitalisations.</p>	<p>NHS England is producing the policy to increase access for anyone who may benefit from the intervention.</p>
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding	<p>The policy is specifically for people with a confirmed diagnosis of refractory focal epilepsy and already accessing</p>	<p>Effective pre-procedure counselling of patients and their carers can help appropriately inform them.</p>

<sup>8</sup> Epilepsy Foundation. 2014. Drugs of Abuse. Available at: <https://www.epilepsy.com/learn/triggers-seizures/drug-abuse>. Accessed on 21/09/2021



<b>Groups who face health inequalities<sup>6</sup></b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
of health services poor language skills).	healthcare. For this reason, there is no specific impact for people in this group.	This policy outlines that MRgLITT provision should be decided by a multi-centre specialist multi-disciplinary team of professionals alongside the patient; this includes specific support from a neuropsychologist. This MDT will consider an individual's long-term health conditions and their unique circumstances and concurrent health needs.
<b>People living in deprived areas</b>	Epilepsy prevalence and incidence are strongly associated with social deprivation <sup>9</sup> ; this policy is believed to have a potential positive impact on this group of patients by introducing a new line of treatment available to them.	NHS England is producing the policy to increase access for anyone who may benefit from the intervention, including those living in deprived areas.
<b>People living in remote, rural and island locations</b>	This policy could have a positive impact on this group of patients by giving them improved seizure outcomes, reducing their subsequent hospitalisations. The commissioned centres will be epilepsy surgery centres which could be a long distance from people living in remote locations making access for these patients difficult.	NHS England is producing the policy to increase access for anyone who may benefit from the intervention.  Although patients will need to attend for the procedure and will have appointments for follow-up, overall, the positive impact of reducing seizure burden and overall hospitalisation because of this is thought to outweigh the need to travel for the procedure itself. Some centres may consider using virtual follow up methods.

<sup>9</sup> Pickrell W, Lacey A, Bodger O, Demmler J, Thomas R, Lyons R, Smith P, Rees M and Kerr M. 2015. Epilepsy and deprivation, a data linkage study. *Epilepsia*, 56(4), pp.585-591.

Groups who face health inequalities <sup>6</sup>	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	Refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care. 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 <sup>10</sup> .	NHS England is producing the policy to increase access for anyone who may benefit from the intervention.
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	No <input checked="" type="checkbox"/>	Do Not Know
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<sup>10</sup> British Medical Association. 2020. Refugees' and asylum seekers' entitlement to NHS care. Available at: <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/refugees-and-asylum-seekers-entitlement-to-nhs-care>. Accessed on 21/09/2021

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 (planned)	This will involve clinical staff, professional groups, patients, patient groups and industry groups who have expressed an interest in this topic area	
2	Public consultation (planned)		
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
<b>Published evidence</b>	An external review of available clinical evidence was undertaken to inform this policy.	Cost analysis of the intervention.
<b>Consultation and involvement findings</b>	Planned	
<b>Research</b>	There is research pending from the SLATE trial but is not expected to publish until after 2022.	
<b>Participant or expert knowledge</b> For example, expertise	The National Trauma Programme of Care, through its Clinical Reference Group structures and the support Policy Working Group for this specific group, has expert knowledge regarding the incidence and treatment of refractory focal epilepsy.	

Evidence Type	Key sources of available evidence	Key gaps in evidence
within the team or expertise drawn on external to your team		

**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?		
The proposal may support?	x	x
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	N/A	
2		
3		

## 10. Summary assessment of this EHIA findings

Epilepsy is more commonly diagnosed in people under 20 or above 65 years old. It has a higher incidence and impact amongst vulnerable patients who face social deprivation, homelessness and substance misuse problems.

The policy proposition and clinical criteria defined in the policy are based on the findings of an evidence review which potentially demonstrate that the addition of MRgLITT to the current standard of care could result in an improvement in seizure outcomes in patients with refractory focal epilepsy. For this reason, adoption of the policy is considered to improve health outcomes for people with protected characteristics (based on age, disability, sex and race/ethnicity). The policy may also potentially impact groups who face health inequalities (carers of patients, people living in deprived areas, patients on a low income) due to possible improvements in quality of life.

## 11. Contact details re this EHIA

Team/Unit name:	Trauma Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Finance, Performance and Planning
Date EHIA agreed:	
Date EHIA published if appropriate:	

