

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):** Fresh osteochondral allograft transplantation for osteochondral defects of the knee in adults and post-pubescent children [NHS England URN: 2007]

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

This policy proposes the use of fresh osteochondral allograft (OCA) surgery to be made available as a primary treatment option to people aged 50 years and under who have osteochondral lesions greater than 2cm² in size. The potential exists for significant cost savings because without treatment, osteochondral lesions may deteriorate over time and progress to osteoarthritis causing physical and psychological impairment. In cases where cartilage repair is no longer feasible, the only other main treatment option is joint replacement, a costly procedure with satisfaction rates of 60-70%.

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 policy will benefit adults aged 50 years or less and post-pubescent children. It is not possible to undertake this procedure for children whose growth plates have not yet fused.	Osteochondral lesions cause significant disability. This policy aims to improve the quality of life of people with the condition by introducing osteochondral allograft as a treatment option to



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	<p>In general cartilage repair is performed in people aged under 50 years old. However, there is no evidence that specifically precludes people aged over the age of 50 years from having OCA surgery.</p>	<p>alleviate pain, swelling, locking and instability of the affect joint and prevent further deterioration. Children whose growth plates have not yet fused would be offered standard alternative care, for example, physiotherapy.</p> <p>People over the age of 50 years would generally be offered standard alternative care, for example, physiotherapy or joint replacement surgery. However, individuals over the age of 50 years can be considered for OCA surgery on case by case basis.</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>People who have cognitive impairment may have difficulty achieving the necessary post-surgery rehabilitation which involves wearing a brace, not moving the limb and movements restricted to within a prescribed range.</p> <p>People who are wheelchair bound are less likely to be offered OCA surgery unless they have become wheelchair bound as a consequence of acquiring a cartilage defect.</p>	<p>Osteochondral lesions cause significant disability. This policy aims to improve the quality of life of people with the condition by introducing osteochondral allograft as a treatment option to reduce pain, improve mobility and to prevent further deterioration in mobility.</p> <p>People with cognitive impairment would be considered for OCA surgery on a case by case basis.</p> <p>People who are wheelchair bound because of osteoarthritis may be offered a joint replacement. If they are wheelchair bound because of a cartilage defect they would be considered for OCA surgery.</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
Gender Reassignment and/or people who identify as Transgender	There is no known correlation between osteochondral lesions and gender reassignment or between osteochondral lesions and people who identify as transgender.	n/a
Marriage & Civil Partnership: people married or in a civil partnership.	There is no known correlation between osteochondral lesions and marriage and civil partnerships.	n/a
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	There is no known correlation between osteochondral lesions and women who are pregnant or breastfeeding.	Women who are pregnant who have osteochondral lesions would not be considered for OCA surgery. They would be offered standard alternative care, for example physiotherapy.
Race and ethnicity	Osteochondral lesions affect people of all ethnicities. However, osteochondritis dissecans (OCD) is comparatively more prevalent in people of Black ethnicity than other ethnicities. People of Black ethnicity are twice as likely to have OCD as white Hispanics and 2.1 times the risk of people of Asian ethnicity and Pacific Islanders ¹ .	OCA surgery may enable this group to benefit from reduced pain and improved mobility resulting in greater participation in society and the workforce.
Religion and belief: people with different religions/faiths or beliefs, or none.	There is no known correlation between osteochondral lesions and religions/faiths or beliefs.	n/a

¹Kessler et al. 2013. The Demographics and Epidemiology of Osteochondritis Dissecans of the Knee in Children and Adolescents. The American Journal of Sports Medicine. Vol. 42, No. 2

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	There is no significant difference in the prevalence of osteochondral lesions or outcomes of OCA surgery between men and women.	n/a
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There is no known correlation between osteochondral lesions and sexual orientation.	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 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
Looked after children and young people	There is no known correlation between osteochondral lesions and between looked after children and young people.	n/a
Carers of patients: unpaid, family members.	As patients with osteochondral lesions may have severe reductions in their mobility and quality of life, the burden on family members who care for them is considerable.	The use of osteochondral allograft will enable more people with the condition to benefit from a greater improvement in their symptoms compared to current treatments, thereby reducing the burden on family members of caring for patients.

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
	The policy proposition aims to improve the quality of life of and reduce the level of disability of people with osteochondral lesions by introducing osteochondral allograft as a treatment option.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>There is no known correlation between osteochondral lesions and people who are homeless.</p> <p>Patients who are homeless and of no fixed abode and people who live on the street may have difficulty accessing post-surgical physiotherapy. It may not be possible to discharge patients who live on the street safely post-surgery and there is a higher chance of post-surgical complications compared to people who do not live on the street.</p>	Patients who are homeless and of no fixed abode and people who live on the street would be considered on a case by case basis. If there is care available post discharge and they can attend rehabilitation, they would be considered for OCA surgery.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	There is no known correlation between osteochondral lesions with people who are involved in the criminal justice system.	n/a
People with addictions and/or substance misuse issues	There is no known correlation between osteochondral lesions and people with addictions and/or substance misuse issues. Osteochondral defects may occur secondary to avascular necrosis, one of	The policy proposition would benefit people who have developed an osteochondral defect secondary to alcohol misuse. Patients with a history of alcohol misuse would be required to be alcohol abstinent in order to be eligible for OCA surgery.

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
	the major causes of which is alcohol misuse.	
People or families on a low income	People or families on a low income have few resources and, compared to families on higher incomes, may struggle to a greater degree to cope with the negative impact of osteochondral lesions on their day to day activities, their ability to work and their financial stability. People or families on low incomes tends to work in manual low-skilled occupations.	Osteochondral lesions cause significant disability. This policy aims to improve the quality of life of people with the condition by introducing osteochondral allograft as a primary treatment option to stabilise the condition and prevent further deterioration in disability. This may contribute towards improving the ability of those who are on low incomes to seek employment.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	People with poor literacy may struggle to access services generally.	Patients who are considering OCA surgery need to be seen at least once before surgery. However, the initial discussion with the surgeon and the post-surgery follow-up appointments could take place remotely. The increasing use of telemedicine may benefit people with poor literacy because it could enable them to avoid the logistical difficulties of arranging transport to hospital. However, whilst virtual appointments may be appropriate for some patients, inequalities may exist in the ability and capacity of people with poor literacy to utilise telephone or video consultations. The needs and preferences of people with osteochondral lesions should be taken into consideration when considering the wider use of telemedicine and digital tools, to ensure no patient is unable to access appropriate care as a result of the wider adoption of digital technology. Face to face

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
		appointments should continue to be offered where appropriate.
People living in deprived areas	People living in deprived areas may struggle to a greater degree to cope with the negative impact of osteochondral lesions on their day to day activities, their ability to work and their financial stability. Osteochondral allograft surgery expands the range of treatment options for people with osteochondral lesions and may be a more effective treatment for some people than the current alternatives. It is anticipated that more people will benefit from a greater reduction in disability.	Osteochondral lesions cause significant disability. For people living in deprived areas this may mean that they are unable to work. This policy aims to improve the quality of life of people with osteochondral lesions by offering osteochondral allograft surgery as a primary treatment option to improve mobility and prevent further deterioration in disability. People living in deprived areas may benefit from an improved ability to seek work and participate in society.
People living in remote, rural and island locations	Treatment with OCA surgery requires fewer hospital visits compared to standard care.	<p>Compared to standard care, treatment with OCA surgery may require fewer hospital visits over the long term. This will benefit patients who live in remote, rural and island locations.</p> <p>Following discharge and following osteochondral allograft surgery, patients will be offered physiotherapy over 6-12 months and outpatient follow-up.</p> <p>Virtual reviews may benefit people living in remote, rural and island locations to access their appointments and avoid the logistical challenges of arranging travel to hospital. However, whilst virtual</p>

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		appointments may be appropriate for some patients, inequalities may exist in the ability and capacity of people with osteochondral lesions to utilise telephone or video consultations. The needs and preferences of people with osteochondral lesions should be taken into consideration when considering the wider use of telemedicine and digital tools, to ensure no patient is unable to access appropriate care as a result of the wider adoption of digital technology. Face to face appointments should continue to be offered where appropriate.
Refugees, asylum seekers or those experiencing modern slavery	There is no known correlation between osteochondral lesions and refugees, asylum seekers and those experiencing modern slavery.	n/a.
Other groups experiencing health inequalities (please describe)	Obesity is a relative contra-indication for OCA surgery. The outcomes for patients with a high BMI are less favourable than those for patients who do not have a high BMI.	Patients who are obese would be considered for OCA surgery on a case by case basis and would be encouraged to lose weight before OCA surgery.

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	Discussion with the clinical lead for the policy.	The impact of the policy on addressing equality and health inequalities issues was discussed with the clinical lead on 07/04/2021. The clinical lead highlighted the importance of OCA surgery for adolescents and young adults who have avascular necrosis caused iatrogenically by steroid treatment for cancer, the association between ethnicity and OCD and the association between alcohol misuse and AVN.	
2	Discussion with the patient representative.	The patient representative has experience of being an orthopaedic patient and a service manager for orthopaedics, including developing service business plans in conjunction with commissioners. Discussion took place with the patient representative on 08/04/2021. The patient representative raised questions about eligibility of patients with a high BMI for OCA surgery and the accessibility of post-surgery physiotherapy for patients who are homeless.	
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 independent evidence review was undertaken by Solutions for Public Health.	No comparative studies were identified by the reviewers. This is due to the paucity of alternative joint preserving treatments for osteochondral lesions. Also, the logistics of the OCA surgery make randomisation and completion of a study within a reasonable time frame difficult.
Consultation and involvement findings		
Research	The section on Race and Ethnicity refers to a study by Kettler et al. on the prevalence of OCD by ethnicity.	None identified.
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Discussion took place with the lead clinician	There are gaps in the evidence because of the lack of comparative studies available. Blinding study participants is difficult because of the nature of the procedure and treatment may be delayed because there is no suitable graft available.

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?			

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	n/a	
3	n/a	

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this policy will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below.

Patients with osteochondral lesions have severe reductions in their mobility and quality of life and the burden on family members who care for these patients is considerable. The use osteochondral allograft surgery as a treatment option may enable more people with the condition to benefit from a greater improvement in their symptoms compared to current alternative treatments. This may also benefit unpaid family carers by reducing the burden of caring for people with this condition.

Post-surgery patients have the option to have physiotherapy consultations delivered virtually as opposed to face to face. This may benefit people who live in remote locations, people on lower incomes, people from deprived areas, and people with poor literacy.

Although cartilage surgery is not generally offered to people over the age of 50 years, people over the age of 50 years can be considered for surgery on a case by case basis. People who are obese tend to have worse outcomes and would generally be encouraged to lose weight before surgery. Patients who are homeless would be considered for OCA surgery, taking into consideration the availability of care post discharge and their ability to attend rehabilitation.

11. Contact details re this EHIA

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