

## 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)<sup>1</sup>:**

Paediatric Medicine: Renal service specification (E03/S/a)

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

The Paediatric Medicine: Renal service specification (E03/S/a) was published in 2013 and covers specialised paediatric renal services, including the management of the complications of common renal conditions, rare conditions benefiting from specialist expertise and specialist diagnostic and therapeutic procedures, including renal dialysis and transplantation. A minor revision has been made to the specification to include a statement to clarify the need for providers to ensure that households are reimbursed for their direct utility costs arising from children and young people having dialysis in the home (either home haemodialysis or peritoneal dialysis). No other revisions have been made.

The focus of this EHIA is on assessing the impact of this minor revision included as part of the amendment in July 2022. A full EHIA will be produced on revision of the published service specification via the full NHS England: Service Specification Methods process.

**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.

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<sup>1</sup> Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or 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 |
|---|--|--|
| <p><b>Age:</b> older people; middle years; early years; children and young people.</p>                              | <p>The service specification and reimbursement proposal relates to children and young people only. However, providers are asked to reimburse children and young people for direct utility costs in line with existing policies for adults, therefore the proposal will have a positive impact on increasing equity between people of different ages.</p> | <p>None.</p>   |
| <p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p> | <p>The service specification is not expected to have a negative impact on this group as it applies to all CYP, however patients and their families may have particular needs which providers will need to take account of when providing the service.</p>  | <p>None.</p>   |
| <p><b>Gender Reassignment and/or people who identify as Transgender</b></p>   | <p>The need for specialised renal care including renal dialysis does not disproportionately impact those undergoing gender reassignment and/or people who identify as transgender positively or negatively although there may be particular needs which providers may need to provide</p>  | <p>None.</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 |
|---|--|--|
|   | support on if parents are in this category.  |  |
| <b>Marriage &amp; Civil Partnership:</b><br>people married or in a civil partnership.           | The need for specialised renal care including renal dialysis does not disproportionately impact people who are married or in a civil partnership positively or negatively  | None.  |
| <b>Pregnancy and Maternity:</b><br>women before and after childbirth and who are breastfeeding. | Not applicable. The proposal relates to children and young people only.  | None.  |
| <b>Race and ethnicity<sup>2</sup></b>   | The service specification is not expected to have a negative impact on this group as it applies to all CYP. However, there is evidence that some conditions which may result in a need for specialised renal care including renal dialysis are more prevalent in some ethnic groups and that health seeking behaviours can vary by race and ethnicity <sup>3</sup> . | None.  |

<sup>2</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>3</sup> NHS Race Observatory: Ethnic Inequalities in Healthcare- A Rapid Evidence Review Feb 2022

| 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 |
|---|--|--|
| <b>Religion and belief:</b> people with different religions/faiths or beliefs, or none. | The need for specialised renal care including renal dialysis does not disproportionately impact people with different religious/faiths or beliefs positively or negatively although they may express preferences that any surgical or medical team would need to consider regardless of this proposal. | None.  |
| <b>Sex:</b> men; women  | The need for specialised renal care including renal dialysis does not disproportionately impact men or women positively or negatively'   | None.  |
| <b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.                        | The need for specialised renal care including renal dialysis does not disproportionately impact people depending on their sexual orientation positively or negatively  | None.  |

#### 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 <sup>4</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>   | There should be no direct negative or positive impact on this group although there may be particular needs which providers may need to provide support on if parents are in this category. | N/A   |
| <b>Carers of patients:</b> unpaid, family members.  | There should be no direct negative or positive impact on this group although there may be particular needs which providers may need to provide support on if parents are in this category. | N/A   |
| <b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs. | The service specification itself is not expected to have a negative impact on this group however in general access to dialysis provided in the home may be an issue.                       | The service provider will need to ensure that policies are in place to enable households where children and young people receive dialysis in the home are reimbursed for their direct utility costs, as per the provider's policy for adults. |
| <b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.      | The service specification itself is not expected to have a negative impact on this group however in general access to dialysis provided in the home may be an issue.                       | The service provider will need to ensure that policies are in place to enable households where children and young people receive dialysis in the home are reimbursed for their direct utility costs, as per the provider's policy for adults. |
| <b>People with addictions and/or substance misuse issues</b>  | There should be no direct negative or positive impact on this group, however there may be particular needs which providers may need to provide support on if parents are in this category. | N/A   |

<sup>4</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

| Groups who face health inequalities <sup>4</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>People or families on a low income</b>   | There is a potential positive impact on this group. The direct utility costs of receiving dialysis in the home may be a barrier to accessing services for children and their families on low incomes.                               | The service provider will need to ensure that policies are in place to enable households where children and young people receive dialysis in the home are reimbursed for their direct utility costs, as per the provider's policy for adults. |
| <b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills). | There should be no direct negative or positive impact on this group however there may be particular needs which providers may need to provide support on if parents are in this category.   | N/A   |
| <b>People living in deprived areas</b>  | There is a potential positive impact on this group. The direct utility costs of receiving dialysis in the home may be a barrier to accessing services for children and their families in deprived areas, if linked to a low income. | The service provider will need to ensure that policies are in place to enable households where children and young people receive dialysis in the home are reimbursed for their direct utility costs, as per the provider's policy for adults. |
| <b>People living in remote, rural and island locations</b>  | There should be no direct negative or positive impact on this group. However there may be particular needs that parents may need support on such as the option of some contacts being virtual if possible.                          | N/A   |
| <b>Refugees, asylum seekers or those experiencing modern slavery</b>  | There should be no direct negative or positive impact on this group although there may be particular needs which  | N/A   |

| Groups who face health inequalities <sup>4</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 |
|---|---|--|
|   | providers may need to provide support on if parents are in this category.             |  |
| 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.

|  |           |  |
|--|-----------|--|
|  | <b>No</b> |  |
|--|-----------|--|

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 | N/A   |  |            |
| 2 | N/A   |  |            |
| 3 | N/A   |  |            |

**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  |                                   |                      |
| Consultation and involvement findings   |                                   |                      |
| Research  |                                   |                      |
| Participant or expert knowledge<br>For example, expertise 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?                   | 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                                    | None. |  |
| 2                                    |       |  |
| 3                                    |       |  |

**10. Summary assessment of this EHIA findings**

This change will help to ensure that households where children or young people receive dialysis in the home are reimbursed for their direct utility costs resulting from treatment in line with adult patients receiving dialysis at home. This will advance equality of opportunity between these groups of patients.

**11. Contact details re this EHIA**

|                                     |   |
|-------------------------------------|---|
| Team/Unit name:                     | Paediatric Medicine Clinical Reference Group                    |
| Division name:                      | Women & Children's Programme of Care, Specialised Commissioning |
| Directorate name:                   | Finance Directorate   |
| Date EHIA agreed:                   |   |
| Date EHIA published if appropriate: |   |

## Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

|      |     |            |
|------|-----|------------|
| Yes: | No: | Uncertain: |
|------|-----|------------|

13. Assistance sought re the completion of this EHIA:

|  |
|--|
| If you do need assistance to complete this EHIA, please summarise the assistance required below. |
|--|

14. Responsibility for EHIA and decision-making

|   |                |                   |
|---|----------------|-------------------|
| Contact officer name and post title:          |                |                   |
| Contact officer e: mail address:              |                |                   |
| Contact officer mobile number:                |                |                   |
| Team/Unit name:                               | Division name: | Directorate name: |
| Name of senior manager/ responsible Director: | Post title:    | E-mail address:   |

15. Considered by NHS England or NHS Improvement Panel, Board or Committee<sup>5</sup>

|      |     |  |
|------|-----|--|
| Yes: | No: | Name of the Panel, Board or Committee: |
|      |     |  |

<sup>5</sup> Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

|   |                   |                             |  |
|---|-------------------|-----------------------------|--|
| <b>Name of the proposal (policy, proposition, programme, proposal or initiative):</b> |                   |                             |  |
| Decision of the Panel, Board or Committee   | Rejected proposal | Approved proposal unamended | Approved proposal with amendments in relation to equality and/or health inequalities |
|   |                   |                             |  |
| Proposal gave due regard to the requirements of the PSED?                             | Yes:              | No:                         | N/A:   |
| Summary comments:   |                   |                             |  |
| Proposal gave regard to reducing health inequalities?                                 | Yes:              | No:                         | N/A:   |
| Summary comments:   |                   |                             |  |

## 16. Key dates

|  |  |
|--|--|
| Date draft EHIA completed:                               |  |
| Date draft EHIA circulated to EHIU: <sup>6</sup>         |  |
| Date draft EHIA cleared by EHIU: <sup>7</sup>            |  |
| Date final EHIA produced:                                |  |
| Date signed off by Senior Manager/Director: <sup>8</sup> |  |
| Date considered by Panel, Board or Committee:            |  |
| Date EHIA published, if applicable:                      |  |
| EHIA review date if applicable <sup>9</sup> :            |  |

<sup>6</sup> If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.

<sup>7</sup> If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

<sup>8</sup> The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

<sup>9</sup> This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.