

NHS England: 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, proposition, programme, proposal or initiative):

1903: Catheter ablation for paroxysmal and persistent atrial fibrillation (adults)

2. Brief summary of the proposal in a few sentences

The clinical commissioning policy is to improve management of Atrial Fibrillation (AF) by ablation when conventional therapies have not relieved the patient's symptoms. The policy also prevents harm by limiting the risks associated with repeat procedures that may have no clinical benefit.

The policy also promotes better engagement between the patient and the clinician by mandating shared decision making within the patient pathway.

The intention is the policy will help further development of the rationale for such treatments by building an evidence base as to the relief of patient's symptoms following treatment. This in turn will further benefit all patients.

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
<p>Age: older people; middle years; early years; children and young people.</p>	<p>This policy is aimed at early, middle years and older adults who have symptoms affecting their physical health caused by AF. AF is more likely to affect the elderly.</p>	<p>AF is rare in children and so the policy does not relate to that age group. Where abnormal cardiac rhythm is present in children the policy makes clear that children are treated by congenital heart disease services.</p> <p>The policy details inclusion and exclusion criteria to guide clinical management in symptomatic patients.</p> <p>The policy ensures that elderly patients are not discriminated against due to their age by using a frailty index as opposed to an age cut off. A holistic assessment including a multi-disciplinary team (MDT) meeting is mandated to ensure the decision to proceed with an ablation considers a range of factors in all adults.</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>This policy may create improved dialogue and shared decision making with patients, and their carers/advocates.</p>	<p>Shared decision making (SDM) and patient related outcome measures (PROMs) are mandated in the policy. This will allow all patients, or their advocate, the opportunity to discuss in</p>

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	This policy will prevent potential harm by giving guidance to clinicians on reducing unnecessary procedures.	<p>detail the benefits and risks of the procedure for symptom relief.</p> <p>Where patients are not able to represent themselves, advocacy will be included in the shared decision making process.</p> <p>Inclusion and exclusion criteria are detailed within the policy. This is the first time such criteria have been published for this procedure.</p>
Gender Reassignment and/or people who identify as Transgender	The policy is aimed at adults irrespective of any protected characteristics within section 149 of the Equality Act (2010).	Shared decision making and patient related outcome measures are mandated in the policy that will see all patients able to understand the benefits and risks associated with the procedure. All patients can then agree or not to interventional care, empowering patients in the process.
Marriage & Civil Partnership: people married or in a civil partnership.	The policy is aimed at adults irrespective of any protected characteristics within section 149 of the Equality Act (2010).	The policy mandates shared decision making and therefore more detailed risk/benefit analysis will be completed.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	The policy prescribes the use of shared decision making and so any specific risks to the mother and child will be discussed prior to procedure. This will be particular to each patient.	The policy mandates shared decision making and therefore more detailed risk/benefit analysis mother and child will be completed.

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
Race and ethnicity ¹	The policy is aimed at all adults irrespective of race and ethnicity and any protected characteristics within section 149 of the Equality Act (2010). The policy is based upon available clinical evidence.	The policy mandates shared decision making and therefore more detailed risk/benefit analysis will be completed.
Religion and belief: people with different religions/faiths or beliefs, or none.	The policy is aimed at all adults irrespective of any protected characteristics within section 149 of the Equality Act (2010). The policy is based upon available clinical evidence.	The policy mandates shared decision making and therefore more detailed risk/benefit analysis will be completed.
Sex: men; women	The policy is aimed at all adults irrespective of any protected characteristics within section 149 of the Equality Act (2010). The policy is based upon available clinical evidence.	The policy mandates shared decision making and therefore more detailed risk/benefit analysis will be completed.

¹ Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity include 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
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	The policy is aimed at all adults irrespective of any protected characteristics within section 149 of the Equality Act (2010). The policy is based upon available clinical evidence.	The policy mandates shared decision making and therefore more detailed risk/benefit analysis will be completed.

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 inequalities²	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	Atrial fibrillation is not a disease / condition commonly associated with children and so the policy does not relate to that age group.	Where abnormal cardiac rhythm is present in children the policy makes clear that children are treated as per the congenital heart disease pathways.
Carers of patients: unpaid, family members. Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.		The policy mandates shared decision making hence there should be better dialogue between patient and clinician so that all patients understand the benefit and risks of the procedure.

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
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.		The policy also limits the number of repeat procedures which is intended to protect patients from diminishing benefit from repeat procedures and procedural harm
People with addictions and/or substance misuse issues		
People or families on a low income		
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.	Shared decision making is mandated within this policy and so clinicians will need to ensure that patients are well informed, this will be through various mediums including verbal as well as written shared decision-making tools.
People living in deprived areas	The service is already delivered in 34 regional centres that have been designated as specialised centres.	The policy will provide guidance on the efficacy of repeat procedures and could avoid potential harm from unnecessary procedures.
People living in remote, rural and island locations	This procedure is available at any one of 34 providers designated as specialist cardiac providers.	Patient selection may be supported locally through an MDT but to optimise outcomes attendance for treatment at a commissioned service is a requirement. The policy will provide guidance on the efficacy of repeat procedures. This could reduce the need to attend hospital.
Refugees, asylum seekers or those experiencing modern slavery	N/A	
Other groups experiencing health inequalities (please describe)	Patients who have a BMI >40 are not eligible for an ablation.	Obese patients have been referenced for clinical reasons; they are less likely to benefit from an ablation procedure, more likely to have

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		recurrence of their arrhythmia and have a higher procedural risk. Excluding specific patients within this group avoids undue harm from performing inappropriate procedures. There is also evidence to suggest that if an obese person undergoes an intensive weight management programme they are more likely to benefit from the ablation procedure. This is encouraged in the policy.

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 X	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	Stakeholder Engagement	NHS England has shared the draft policy with stakeholders who had declared an interest in this policy development. The list was checked to ensure key groups were included. The comments received were reviewed and this has led to further refinement of the policy.
		March 2020

2	Public Consultation	A one-month public consultation was undertaken via the NHS England consultation hub. Stakeholders were encouraged to respond. A report on the responses to the public consultation has been produced and the actions taken.	September 2020
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 published clinical evidence was undertaken.	A consensus exercise using a peer reviewed process was adopted where clinical evidence for inclusion criteria was not conclusive. There was very limited evidence available comparing medical ablation with surgical ablation.
Consultation and involvement findings	Stakeholder engagement has been completed. The public consultation primarily identified new published evidence on efficacy of cardiac ablation. The new evidence was reviewed and found to be consistent with the existing evidence base.	
Research	No additional research has been done to support this policy.	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	A Policy Working Group was set up which included charitable organisations representing patients.	

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	Ensuring that the SDM tool is adopted and that it has undergone an equality impact assessment by the developer.	In dialogue with developer and national SDM team.

10. Summary assessment of this EHIA findings

The assessment should promote equality and equity of access to this procedure for all adults by mandating improved patient involvement in shared decision making.

The policy may also promote equity in avoiding harm by reducing repeat procedures for patients, which may have no clinical benefit in terms of relieving symptoms from persistent AF.

Lastly, having a national commissioning policy for AF ablation will reduce variation in clinical practice promoting equity of care nationally for those in which this procedure is indicated.

11. Contact details re this EHIA

Team/Unit name:	Internal Medicine National Programme of Care
Division name:	Acute Care Programme, Specialised Commissioning
Directorate name:	Finance, Planning and Performance
Date EHIA agreed:	250321
Date EHIA published if appropriate:	