

NHS England: Equality and Health Inequalities Impact Assessment (EHIA) - Specialised Burn Care (Children)

- 1. Name of the proposal (policy, proposition, programme, proposal or initiative)¹: Specialised Burn Care (Children) Service Specification**
- 2. Brief summary of the proposal in a few sentences**

The service specification is used to clearly define the standards of care expected from hospitals funded by NHS England to provide specialised care. The standards are those that all funded providers should be able to demonstrate, with developmental standards being those which may require further changes in practice over time to provide excellence in the field.

Specialised burn care is provided to any patient who requires specialist burn care and treatment for an acute burn injury and includes appropriate specialist burns follow-up care and burns rehabilitation.

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

This proposal will not impact adversely or positively on the protected characteristic groups listed below.

Specialised burn care is provided to any patient who requires specialist burn care and treatment for an acute burn injury and includes appropriate follow-up care and rehabilitation.

¹ 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>Age: older people; middle years; early years; children and young people.</p>	<p>The service specification is age specific, to children aged under 16 years. Children aged between 16-18 years may be treated in a specialised paediatric burn service and are considered on a case-by-case basis.</p> <p>The specification includes the requirement for improved collaboration between burn care clinicians involved with both children and adults, and to develop a specific national multi-disciplinary (MDT) forum for the paediatric burn centres, who care for children with the most complex and severe injuries.</p> <p>This is aimed at achieving improved outcomes and should have a positive impact on this group.</p>	<p>The clinical standards and requirements, which are based on clinical evidence, clearly define the service requirement to deliver safer levels of care by collaboration of experts across the wider burns community. This should lead to improved outcomes for this patient group.</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.</p>	<p>The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.</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	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
Marriage & Civil Partnership: people married or in a civil partnership.	Not applicable.	Not applicable.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Not applicable.	Not applicable.
Race and ethnicity²	According to the World Health Organisation, burn injuries occur disproportionately among racial and ethnic minorities as their often low socio-economic status increases the likelihood of people in these groups sustaining a burn injury.	The specification requires burns professionals to engage in burns prevention initiatives. Burn Prevention in the UK is led by the British Burn Association, assisted by the Children's Burn Trust. A national burn prevention day is held annually, and all acute burn services are supportive of this initiative. Secondary prevention occurs for all children and their families involved in a preventable accident prior to discharge.

² 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.

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
Religion and belief: people with different religions/faiths or beliefs, or none.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
Sex: men; women	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

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

This proposal will not impact adversely or positively on the protected characteristic groups listed below.

Specialised burn care is provided to any patient who requires specialist burn care and treatment for an acute burn injury and includes appropriate follow-up care and rehabilitation.

Groups who face health inequalities³	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	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
Carers of patients: unpaid, family members.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

³ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities³	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 with addictions and/or substance misuse issues	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.
People or families on a low income	Burns and scalds are much more common in children who live in deprived areas than those who live in wealthy areas. Burns and scalds are a contributor to health inequalities in children.	The specification requires burns professionals to engage in burns prevention initiatives. Burn Prevention in the UK is led by the British Burn Association, assisted by the Children's Burn Trust. A national burn prevention day is held annually, and all acute burn services are supportive of this initiative. Secondary prevention occurs for all children and their families involved in a preventable accident prior to discharge.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

Groups who face health inequalities³	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 living in deprived areas	There is evidence that for people living in deprived areas, there is a higher incidence of minor/moderate scald and burn injuries, with families living in multi-occupancy housing. The specification will not have any positive or adverse impact on this protected characteristic group.	Whilst burn services cannot impact on the socioeconomic status of these families, burn services work with a range of support agencies e.g. Dan's Fund for Burns. These support agencies provide financial and practical support for families with lower income.
People living in remote, rural and island locations	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers. Specialised outpatients burn care is provided post discharge and may be required on an ongoing basis or at a future point dependent on individual service user needs. The service model also includes delivery of specialised burn care remotely from the recognised acute burn care setting. This is delivered as part of an outreach service.
Refugees, asylum seekers or those experiencing modern slavery	Specialised burn care is an acute hospital / trauma service for treating burn injuries. The specification will not have any positive or adverse impact on this protected characteristic group.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

Groups who face health inequalities³	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
Other groups experiencing health inequalities (please describe)	There should be no further direct negative or positive impacts on any other groups experiencing health inequalities not described here.	The specification is aligned to existing professional standards of care, considered to be essential for high quality care and outcomes for patients, their families and carers.

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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Do Not Know <input type="checkbox"/>
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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	Two week stakeholder engagement with key stakeholders as per NHS England's methods November 2021.	
2 Collaborative work between the specialist burns and paediatric intensive care, Major Trauma CRG and NHS England (national) commissioning teams. PPV representative on the T&F Group (Major Trauma CRG member).	Specification design	

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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	Most recent professional standards for burn care (2018) and paediatric critical care published October 2021	Not applicable
Consultation and involvement findings	Not applicable	Not applicable
Research	Not applicable	Not applicable
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Task and Finish group established, with senior clinical expertise. Membership drawn from the whole burns multi-disciplinary team and representative of all recognised specialised paediatric burn centres in England.	Not applicable

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?	Not applicable	X	Not applicable
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?		
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 Not applicable	
2	
3	

10. Summary assessment of this EHIA findings

To be completed post stakeholder feedback.
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11. Contact details re this EHIA

Team/Unit name:	Trauma Programme of Care
Division name:	
Directorate name:	Specialised Commissioning
Date EHIA agreed:	8 th December 2021
Date EHIA published if appropriate:	