

## NHS England: 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>: Cochlear implantation services (adults and 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.

The updated **Cochlear implantation services (adults and children)** Service Specification describes the Cochlear implantation services commissioned for children and adults with severe to profound deafness in England in line with [NICE technology appraisal guidance \(TA566\)](#).

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>This is an all ages service specification.</p> <p>Approximately 370 children in England are born with permanent severe to profound deafness each year. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1,000 children aged 9 to 16 years.</p> <p>There are approximately 613,000 people older than 16 years with severe to profound deafness in England and Wales.</p> <p>In the UK around 3% of people older than 50 and 8% of those older than 70 years have severe to profound hearing loss.</p>	<p>The specification requires the provider to undertake an age-appropriate behavioural hearing assessment.</p>
<p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Deafness is a sensory disability. In addition, approximately 40% of children who are deaf and 45% of people younger than 60 years who are deaf have additional difficulties, such as other physical disabilities.</p> <p>Cochlear implantation is for people with severe to profound deafness.</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
	<p>Overall, this service has a positive impact on this protected characteristic (sensory – deafness).</p> <p>The specification states that the service will provide support to all patients, including those with complex and special needs, and ensure access to further appropriate services and care for these patients as necessary.</p>	
<b>Gender Reassignment and/or people who identify as Transgender</b>	Cochlear implantation is for people with severe to profound deafness. The specification will not have any positive or adverse impact on this protected characteristic group.	None
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	Cochlear implantation is for people with severe to profound deafness. The specification will not have any positive or adverse impact on this protected characteristic group.	None
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	Cochlear implantation is for people with severe to profound deafness. The specification will not have any positive or adverse impact on this protected characteristic group.	None

<p><b>Race and ethnicity</b><sup>2</sup></p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The revised wording in the assessment section of the service specification identifies that if it is not possible to administer tests in a language in which a person is sufficiently fluent for the tests to be appropriate, other methods of assessment will be considered.</p> <p>This will have a positive impact on individuals in whom English is not the first language, and who may otherwise be disadvantaged during audiological assessment.</p>	<p>The specification requires the multi-disciplinary team members conducting the assessment (usually audiologists and speech and language therapists) to consider alternative methods of assessment for individuals in whom English is not the first language.</p>
<p><b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.</p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The specification will not have any positive or adverse impact on this protected characteristic group.</p>	<p>None</p>
<p><b>Sex:</b> men; women</p>	<p>Cochlear implantation is for people with severe to profound deafness.</p>	<p>None</p>

<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.

	The specification will not have any positive or adverse impact on this protected characteristic group.	
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The specification will not have any positive or adverse impact on this protected characteristic group.</p>	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>3</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>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The specification will not have any positive or adverse impact on this protected characteristic group.</p>	None
<b>Carers of patients:</b> unpaid, family members.	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The revised specification includes additional flexibilities in the provision of long-term follow-up care to include:</p> <ul style="list-style-type: none"> <li>• patient-initiated follow-up.</li> <li>• Remote consultation and programming</li> </ul> <p>This has the potential to reduce the travel/time burden on carers to attend specialised centres for routine follow-up. This will reduce the long term</p>	Multidisciplinary team members should consider using flexibilities in follow-up care described in the specification to reduce burden on carers.

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

Groups who face health inequalities <sup>3</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>impact for families, children in education and adults in employment.</p> <p>This has the potential to have a positive impact in this area.</p>	
<p><b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&amp;Bs.</p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>It is recognised this group may face challenges accessing care, including on-going follow-up.</p> <p>The revised specification includes additional flexibilities in the provision of long-term follow-up care to include:</p> <ul style="list-style-type: none"> <li>• patient-initiated follow-up.</li> <li>• Remote consultation and programming</li> </ul> <p>This has the potential to reduce non-attendance at regular follow-up appointments if letters were not received due to frequent changes of address/no fixed address. This approach enables the individual to contact the service as required.</p>	<p>Multidisciplinary team members should ensure individuals are aware of the flexibilities in follow-up care described in the specification to improve accessibility and responsiveness for individuals who find it challenging to engage regularly.</p>

<b>Groups who face health inequalities<sup>3</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>
	This has the potential to have a positive impact in this area.	



<p><b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.</p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>It is recognised this group may face particular challenges accessing care, including on-going follow-up.</p> <p>The revised specification includes additional flexibilities in the provision of long-term follow-up care to include:</p> <ul style="list-style-type: none"> <li>• patient-initiated follow-up.</li> <li>• Remote consultation and programming</li> </ul> <p>This has the potential to improve follow-up in this group as this approach enables the individual to contact the service as required.</p> <p>This has the potential to have a positive impact in this area.</p>	<p>Multidisciplinary team members should ensure individuals are aware of the flexibilities in follow-up care described in the specification to improve accessibility and responsiveness for individuals who find it challenging to engage regularly</p>
<p><b>People with addictions and/or substance misuse issues</b></p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>It is recognised this group may face particular challenges accessing care, including on-going follow-up.</p> <p>The revised specification includes additional flexibilities in the provision of long-term follow-up care to include:</p>	<p>Multidisciplinary team members should ensure individuals are aware of the flexibilities in follow-up care described in the specification to improve accessibility and responsiveness for individuals who find it challenging to engage regularly.</p>

	<ul style="list-style-type: none"> <li>• patient-initiated follow-up.</li> <li>• Remote consultation and programming</li> </ul> <p>This has the potential to improve follow-up in this group as this approach enables the individual to contact the service as required.</p> <p>This has the potential to have a positive impact in this area.</p>	
<p><b>People or families on a low income</b></p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The revised specification includes additional flexibilities in the provision of long-term follow-up care to include:</p> <ul style="list-style-type: none"> <li>• patient-initiated follow-up.</li> <li>• Remote consultation and programming</li> </ul> <p>This has the potential to reduce the travel/time burden to attend specialised centers for routine follow-up. This will reduce the long term impact for families, children in education and adults in employment.</p>	<p>Multidisciplinary team members should consider using flexibilities in follow-up care described in the specification, but the service should ensure that the option of face to face consultation is retained where access to equipment to support digital consultation may be challenging.</p>

<p><b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).</p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The revised wording in the assessment section of the service specification identifies that testing may need to be adapted to take account of a person's disabilities (such as physical and cognitive impairments), or linguistic or other communication difficulties, to ensure equality of access.</p> <p>If it is not possible to administer tests in a language in which a person is sufficiently fluent for the tests to be appropriate, other methods of assessment will be considered.</p> <p>This will have a positive impact on individuals in whom English is not the first language, and who may otherwise be disadvantaged during audiological assessment.</p>	<p>The specification requires the multi-disciplinary team members conducting the assessment (usually audiologists and speech and language therapists) to consider alternative methods of assessment for individuals with linguistic or other communication difficulties.</p>
<p><b>People living in deprived areas</b></p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The specification will not have any positive or adverse impact on this protected characteristic group.</p>	<p>None</p>
<p><b>People living in remote, rural and island locations</b></p>	<p>Cochlear implantation is for people with severe to profound deafness.</p>	<p>Multidisciplinary team members should ensure individuals are aware of the flexibilities in</p>

	<p>The revised specification includes additional flexibilities in the provision of long-term follow-up care to include:</p> <ul style="list-style-type: none"> <li>• patient-initiated follow-up.</li> <li>• Remote consultation and programming</li> </ul> <p>This has the potential to reduce the travel/time burden to attend specialised centres for routine follow-up. This will have the potential to improve access for people living in remote/rural locations.</p>	<p>follow-up care described in the specification to improve accessibility for individuals living in remote/rural locations who find it challenging to travel to specialised centres regularly.</p>
<p><b>Refugees, asylum seekers or those experiencing modern slavery</b></p>	<p>Cochlear implantation is for people with severe to profound deafness.</p> <p>The revised wording in the assessment section of the service specification identifies that testing may need to be adapted to take into account a person’s disabilities (such as physical and cognitive impairments), or linguistic or other communication difficulties, to ensure equality of access.</p> <p>If it is not possible to administer tests in a language in which a person is sufficiently fluent for the tests to be appropriate, other methods of assessment will be considered.</p>	<p>The specification requires the multi-disciplinary team members conducting the assessment (usually audiologists and speech and language therapists) to consider alternative methods of assessment for individuals with linguistic or other communication difficulties.</p>

	<p>This will have a positive impact on individuals in whom English is not the first language, and who may otherwise be disadvantaged during audiological assessment.</p> <p>Cochlear Implantation will only be provided to patients who are entitled to receive NHS care in line with national guidance.</p>	
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<b>Other groups experiencing health inequalities (please describe)</b>	There should be no further direct negative or positive impacts on any other groups experiencing health inequalities not described here.	None
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## 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>Yes</b>	<b>No</b>	<b>Do Not Know</b>
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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.

<b>Name of engagement and consultative activities undertaken</b>	<b>Summary note of the engagement or consultative activity undertaken</b>	<b>Month/Year</b>
<p><b>1</b> Collaborative work between the specification working group and NHS England (national) commissioning teams (NPoC Trauma).</p> <p>PPV representative on the specification working group and NPoC Trauma</p>	Specification design	<b>November 2022-April 2023</b>
<p><b>2</b> Informal stakeholder consultation with cochlear implant centres.</p>	Informal stakeholder testing was completed with the commissioned providers of the service between 23/2/23 and 10/3/23. Respondents were asked to confirm that the document reflected the current patient pathway and that it would not result in any financial implications for the delivery of care.	<b>March-April 2023</b>

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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	Not applicable	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 multi-disciplinary team.	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**

The service specification is intended to help to improve equality of opportunity for patients with severe or profound deafness. Specific requirements are included in the specification in relation to adjustments within the assessment process for patients with specific protected characteristics and/or inequalities including age and race and ethnicity. Flexibilities relating to follow-up care should be considered by services to reduce inequalities of access for some groups.

**11. Contact details re this EHIA**

Team/Unit name:	Trauma Programme of Care
Division name:	
Directorate name:	Specialised Commissioning
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 the Patient Equalities Team (england.eandhi@nhs.net).**

<b>Yes:</b>	<b>No: X</b>	<b>Uncertain:</b>
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**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:	Nicola Symes		
Contact officer e: mail address:	nicola.symes@nhs.net		
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, Board or Committee<sup>4</sup>

Yes:	No:	Name of the Panel, Board or Committee:		
<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:				

<sup>4</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.

## 16. Key dates

Date draft EHIA completed:	
Date draft EHIA circulated to PE Team: <sup>5</sup>	
Date draft EHIA cleared by PE Team: <sup>6</sup>	
Date final EHIA produced:	
Date signed off by Senior Manager/Director: <sup>7</sup>	
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable <sup>8</sup> :	

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<sup>5</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 PE Team 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's Gateway process.

<sup>6</sup> If the PE Team raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

<sup>7</sup> The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

<sup>8</sup> This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.