

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 service specification ¹: Fertility preservation for service users with ovarian tissue who are at high/very high risk of infertility and cannot store mature eggs.**
2. **Brief summary of the proposal in a few sentences**

The service is for service users who cannot store mature eggs and whose treatment places them at high or very high risk of reproductive and endocrine failure. Access to the service is based on a risk of infertility and not on any specific patient groups or diagnoses.

This service covers the collection, processing, testing and cryopreservation storage of ovarian tissue through a hub and spoke model of service provision and delivery.

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.

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>There are no identifiable potential positive or adverse impacts of age in this service specification.</p>	<p>There are no lower and upper age criteria limits contained in the service specification. Eligibility is based on physiological potential of the ovarian tissue</p> <p>Providers will need to ensure that people with this protected characteristic have timely access to this service</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>There are no identified potential positive or adverse impacts of this proposition on this group.</p>	<p>Patients eligible for treatment within this service specification will be treated in NHS Childrens and Young Adult Facilities, all which are designed to be able to support access to all available treatments for all children and young adults irrespective of disability</p> <p>Staff must ensure that information is available in ways that meet the needs of patients and carers, particularly those with learning disabilities.</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>There are no identified potential positive or adverse impacts of this service on this group.</p>	<p>Staff will need to be culturally competent to meet the needs of people who identify as transgender. This can be addressed by equality and diversity training which is part of statutory and mandatory training for all staff involved with children and young adult services.</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
Marriage & Civil Partnership: people married or in a civil partnership.	There are no identified potential positive or adverse impacts of this service on this group	
Pregnancy and Maternity:.	Fertility preservation treatment would not be required in pregnancy and maternity settings.	
Race and ethnicity²	There are no identified potential positive or adverse impacts of this service on this group.	<p>Staff will need to be culturally competent. This can be addressed by equality and diversity training which is part of statutory and mandatory training for all staff involved with children and young adult services.</p> <p>Staff will need to be able to communicate effectively with people and must have access to interpreters and /or information in easy read formats and in different languages</p>
Religion and belief: people with different religions/faiths or beliefs, or none.	There are many arguments for and against the preservation of fertility/storage of fertility tissue. People with different beliefs or none, may agree or disagree with these arguments. People with different beliefs or none are eligible for the service.	Staff will need to be culturally competent. This can be addressed by equality and diversity training which is part of statutory and mandatory training for all staff involved with children and young adult services.

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
Sex: men; women	Ovarian tissue storage is available to all patients who have ovarian tissue and meet the eligibility criteria for the service	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There are no identified potential positive or adverse impacts of this service on this group.	Staff will need to be culturally competent. This can be addressed by equality and diversity training which is part of statutory and mandatory training for all staff involved with children and young adult services.

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 ³	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	This service is for all children and young adults at risk of infertility who cannot store mature eggs, irrespective of whether they are looked after or not	Staff will need to ensure that they are clear about who is supporting the child and who has parental responsibility and able to consent if the child is not Fraser competent

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

Groups who face health inequalities ³	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
Carers of patients: unpaid, family members.	There are no identified potential positive or adverse impacts of this service on this group.	Staff will need to ensure that the needs of people requiring care from this patient group have been discussed with the relevant agencies as part of the overall treatment and care planning process.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	All people who are eligible for ovarian tissue cryopreservation will be able to access the service irrespective of their living arrangements	Staff should be familiar with the NICE guideline https://www.nice.org.uk/guidance/NG214 that covers providing integrated health and social care services for people. It aims to improve access to and engagement with health and social care, and ensure care is coordinated across different services.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	All people who are eligible for ovarian tissue cryopreservation will be able to access the service irrespective of their personal situation with regards to the criminal justice system	Staff should be familiar with the ‘principle of equivalence’ which means that the health needs of a population constrained by their circumstances are not compromised and that they receive an equal level of service as that offered to the rest of the population.
People with addictions and/or substance misuse issues	The NHS advises that tobacco, alcohol and recreational drugs can negatively impact on fertility and thus impact the success of fertility preservation treatment. However, all people who are eligible for ovarian tissue cryopreservation will be able to access the service if they are medically fit to undergo treatment.	

Groups who face health inequalities ³	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 or families on a low income	There are no identified potential positive or adverse impacts of this service on this group.	Surgical removal of reproductive tissue will occur as close to home as possible. Patients and their families can access financial assistance to support their treatment. Staff should be familiar with the travel costs under the Healthcare Travel Costs Scheme (HTCS) and be able to advise families about accommodation in or near the hospital.
People with poor literacy or health Literacy: (e.g., poor understanding of health services poor language skills).	There are no identified potential positive or adverse impacts of this service on this group.	Staff should take into account the needs of people with poor literacy or health literacy when providing information about treatment, options and consent.
People living in deprived areas	All people who are eligible for ovarian tissue cryopreservation will be able to access the service irrespective of their deprivation status.	Staff should be familiar with the travel costs under the Healthcare Travel Costs Scheme (HTCS) and be able to advise families about accommodation in or near the hospital.
People living in remote, rural and island locations	All people who are eligible for this service will be able to receive treatment in at least a regionally based hospital which may benefit people living in remote areas.	Staff should be familiar with the travel costs under the Healthcare Travel Costs Scheme (HTCS) and be able to advise families about accommodation in or near the hospital
Refugees, asylum seekers or those experiencing modern slavery	All people who are eligible for ovarian tissue cryopreservation will be able to access the service irrespective of their status	Staff should be familiar with the guidance on providing NHS treatment to asylum seekers https://www.gov.uk/government/news/guidance-on-providing-nhs-treatment-for-asylum-seekers-and-refugees

Groups who face health inequalities ³	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)	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.

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.

NA

	Name of engagement and consultative activities undertaken	Summary note of the engagement or consultative activity undertaken	Month/Year
1	Stakeholder testing	Standard stakeholder testing (service specification methods and guidance) took place between 31 October and 14 December 2022	October 2022
2			
3			

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?
NA

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	NHS Race Observatory: Ethnic Inequalities in Healthcare – A Rapid Evidence Review February 2022	
Consultation and involvement findings		
Research		
Participant or expert knowledge For example, expertise with 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 whether the proposal will support?		

9. Outstanding key issues/questions that may require further research/additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of research or other evidence that would address the issue and/or answer the question
1	N/A	
2		
3		

10. Summary assessment of this EHIA findings

The service is for service users who cannot store mature eggs and whose treatment places them at high or very high risk of reproductive and endocrine failure. Access to the service is based on a risk of infertility and not on any specific patient groups or diagnoses. This is expected to have a positive impact on the equity of access to fertility preservation.

Internal decision-making not for external circulation

11. Contact details re this EHIA

Team/Unit name:	Women and Children's Specialised Services		
Contact officer name and post title:	Anthony Prudhoe National Senior Programme of Care Manager for Women and Children's Specialised Services		
Contact officer e: mail address:	a.prudhoe@nhs.net		
Contact officer mobile number:	079 007 15413		
Division name: Specialised commissioning	Directorate name: Finance		

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	N/A
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13. Assistance sought re the completion of this EHIA:

Yes	No

14. Responsibility for EHIA and decision-making

Name of senior manager/ responsible Director: Anthony Prudhoe	Post title: National Senior Programme of Care Manager	E-mail address: a.prudhoe@nhs.net
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Division name: Specialised commissioning	Directorate name: Finance	
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15. Considered by NHS England or NHS Improvement Board or Committee ⁴

NA

Yes	No	Name of the Board or Committee:		
Decision of the Board or Committee	Rejected proposal		Approved proposal unamended	Approved proposal with amendments in relation to equality and 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: ⁵	

⁴ This section should only be completed if the proposal is considered by a Board or Committee. If it will not be considered by a Board or Committee please respond N/A.

⁵ 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.

Date draft EHIA cleared by EHIU: ⁶	
Date final EHIA produced:	
Date signed off by Senior Manager/Director: ⁷	
Date considered by Board or Committee:	
Date EHIA published if applicable:	
Review date if applicable ⁸ :	

⁶ If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

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

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