

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)¹:** Adult Specialised Services for people living with HIV 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 providers commissioned by NHS England to deliver specialised HIV care.

The adult HIV service specification (2013) is being reviewed and updated to bring it in line with current practice, support the delegation of adult specialist HIV services from April 2024 and to use the most up to date service specification template (published in 2022). The main changes are:

- Reduction in content duplication and to ensure specification is more concise and easier to read
- Updating and futureproofing of references
- Updating of language used throughout the service specification in line with <https://peoplefirstcharter.org/> to promote people first language and reduce stigma
- Strengthening of children/adult transition services
- Update section on HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to say that NHS England fund the medicines but do not commission HIV prevention services.

This service specification is being updated in line with NHS England Service Specification [Methods](#) process, specifically the Expanded Change process.

¹ Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

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>The service specification is for adults aged 18 years and older.</p> <p>Children aged between 16-18 years may also be treated in specialised adult services in collaboration with paediatric HIV services depending on individual needs. The service specification includes a clear requirement for services to support young people who are transitioning from children to adult services. This will have a positive impact on the care of adolescents and young adults.</p> <p>People over the age of 65 years had an especially low median CD4 count at diagnosis in 2022, and those who were first diagnosed late in England in 2020 were 13 times more likely to die within a year of their diagnosis compared to those who were diagnosed promptly.</p>	<p>Adult services are required to work closely with paediatric HIV services to ensure that children and young people transition safely and effectively into adult services.</p> <p>Services are required to work in collaboration with non-HIV clinical specialities and to signpost to community-based non-specialist services, both of which aim to help manage co-morbidities likely to develop in an ageing cohort of people living with HIV. Other work is underway outside of the scope of the Clinical Reference Group (CRG), to improve timely diagnosis and reduce missed opportunities to diagnose people living with HIV as part of the national “Towards Zero: The HIV Action Plan for England 2022-25”. The Chair and other members of the CRG are linked into this work.</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>The service specification clearly outlines the service requirements to manage long-term conditions in people living with HIV, ensuring high quality care in the ageing HIV population who are receiving suppressive antiretroviral therapy.</p>	
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>There is no evidence that patients in this group are at a higher risk of acquiring HIV.</p> <p>Most individuals on suppressive antiretroviral therapy live a near normal life expectancy and may develop disabilities and additional needs related to an increased risk of other long-term conditions. Additionally, HIV can interact with other aspects of physical and mental health. The proposed new service specification includes the requirement for services to provide care for people living with HIV who have complex long-term conditions, and to refer to non-HIV services where appropriate.</p>	<p>The service specification clearly outlines the service requirements to help people live healthily as HIV is now seen as a long-term condition with those who are receiving suppressive antiretroviral therapy able to live to near normal life expectancy.</p> <p>Service providers should ensure that agreed referral pathways are in place for non-HIV care, and should work to address stigma and behaviours amongst health professionals so that people living with HIV are confident in seeking care in non-HIV settings.</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>Gender Reassignment and/or people who identify as Transgender</p>	<p>The prevalence of trans and gender diverse people living with HIV is 170, with fewer than 5 new diagnoses in this group in 2021. The small cohort number means that services may not see many trans and gender diverse individuals, especially outside of London.</p> <p>Trans and gender-diverse people with HIV report poorer mental health and higher levels of discrimination compared with cisgender people.</p> <p>Transgender people living with HIV may face high levels of stigma in the healthcare system leading to barriers in and resistance to accessing HIV care.</p> <p>Transgender people may also be impacted disproportionately by some of the key considerations around choice of antiretroviral therapy choice, for example due to drug interactions and mental health concerns.</p>	<p>The service specification aims to promote positive, inclusive language by embedding the consistent use of appropriate terminology.</p> <p>Additionally, services are required to ensure the retention of patients to care; this will support all people living with HIV, including transgender people.</p> <p>Service providers should ensure that agreed referral pathways are in place for non-HIV care, and should work to address stigma and behaviours amongst health professionals so that people living with HIV are confident in seeking care in HIV clinics that may not have a lot of experience with this group, and in non-HIV settings.</p>
<p>Marriage & Civil Partnership: people married or in a civil partnership.</p>	<p>Marriage and civil partnership is not known to be a risk factor for the acquisition of HIV.</p>	<p>The service specification is not anticipated to positively or negatively impact people who are married or in a civil partnership.</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>Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.</p>	<p>Women who are pregnant or breastfeeding are not at increased risk of acquiring HIV. However, there is a risk of vertical HIV transmission to the foetus or the infant which can be minimized through the effective use of antiretroviral therapy.</p>	<p>Specialised HIV services are required to have agreed referral pathways in place with antenatal and maternity services, with access to specialist management of pregnant women with HIV.</p>
<p>Race and ethnicity²</p>	<p>In 2021, there were around 91,400 people seen for HIV treatment and care in England. Of those, 51.5% identified as White; 29.8% as Black African; 3.1% as Black Caribbean; 2.3% as Black Other; 4.4% as Asian; 6.3% as an Other ethnicity and ethnicity was missing for 2.6% of people.</p>	<p>The service specification outlines the requirements for service providers to collect and submit data to UKHSA; this includes ethnicity data. Commissioners should be able to use the specification to monitor their treatment data by ethnicity and discuss with providers to ensure it is complete and that they are assured that there are no differences in outcomes and retention between different ethnic populations.</p> <p>In addition, service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.</p>

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
<p>Religion and belief: people with different religions/faiths or beliefs, or none.</p>	<p>Religion and belief are not known to be risk factors for the acquisition of HIV.</p>	<p>The Service specification is not anticipated to positively or negatively impact people who belong to religions, faiths, belief groups or who have none. Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.</p>
<p>Sex: men; women</p>	<p>Sex (as distinct from sexual orientation) is not determined to be a risk factor for the acquisition of HIV.</p>	<p>The service specification is not anticipated to impact people who identify as male, female or non-binary either positively or negatively. Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.</p> <p>Service providers are likely to already have strong links with local third sector organisations that ensure engagement with gender-specific and non-binary communities.</p>
<p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>The proportion of new diagnoses in men exposed through sex with men accounted for 36% of new diagnoses in England in 2021.</p> <p>This group may face higher levels of stigma in the healthcare stigma in relation to a HIV diagnosis.</p>	<p>The service specification is not anticipated to impact people who identify lesbian, gay, bisexual or heterosexual either positively or negatively. Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.</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>Service providers are likely to already have strong links with local third sector organisations that ensure engagement with LGBT communities.</p> <p>The service specification sets a requirement for providers to consider personal experience of stigma in the design and delivery of services. Focusing on this element of care will have a positive impact on this protected characteristic group.</p>

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	<p>The service specification is for adults aged 18 years and older. However, people aged 16 and 17 may also be seen in adult services, as long as a paediatric HIV service is involved in their care and supports that decision.</p> <p>There should be no direct negative or positive impact on looked after children and young people as this group is not known to be a high-risk group for HIV.</p>	<p>Services should work with other services including social care, and signpost to community-based non-specialist services.</p>
Carers of patients: unpaid, family members.	<p>There should be no direct negative or positive impact on carers of patients as this group is not known to be a high-risk group for HIV.</p>	<p>Services are required to work with third sector / voluntary organisations which may offer additional support and peer support to carers of people living with HIV.</p>
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>People in this group may face additional barriers to accessing HIV specialist care and health care in general, for a variety of reasons</p>	<p>The identified positive impact can be enhanced by services ensuring that people living with HIV can continue to access care in any location of their choice.</p>

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
	<p>including impermanency of residence and stigma.</p> <p>The service specification requires services to support the retention of people living with HIV in care; this will have a positive impact on this group who may have barriers to accessing care.</p> <p>Additionally, people living with HIV can access services in any location regardless of where they live.</p>	
<p>People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</p>	<p>People involved in the criminal justice system are not known to be a group at higher than usual risk of HIV acquisition.</p> <p>All outpatient HIV services must meet the required standards for health and justice settings, and the relevant specifications for offender health should be followed.</p>	<p>The identified positive impact can be enhanced through ensuring that people living with HIV can continue to access care in any service they wish to, and through services taking any required action to retain people in care.</p>
<p>People with addictions and/or substance misuse issues</p>	<p>Drug use, particularly through injectables, is a known risk factor for HIV acquisition as well as co-infection with hepatitis and other health concerns.</p>	<p>Services are required to work in collaboration with, and have agreed referral pathways to, addiction services.</p>

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
	<p>Individuals with HIV and who are intravenous drug users are at a higher rate of mortality.</p> <p>People in this group may face additional barriers to accessing HIV specialist care and health care in general, for a variety of reasons including lack of permanent residence and stigma.</p>	
<p>People or families on a low income</p>	<p>People or families on a low income have are not known to be a high-risk group for HIV acquisition.</p> <p>People living with HIV receive lifelong care meaning that there will always be the need to attend clinic appointments on a regular basis. The service specification requires services to offer HIV care in a variety of settings, including virtual clinics, and will have a potential positive impact on this group of individuals.</p>	<p>The service specification indicates that services can be delivered in a variety of settings, including virtual clinics. Offering the option of virtual clinics to service users can reduce the need to travel to clinic appointments, removing travel costs and reducing the need to take time off work.</p>
<p>People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).</p>	<p>People with poor literacy or health Literacy are not known to be a high-risk group for HIV acquisition.</p>	<p>Services are required to ensure that their patients have access to treatment support and education, which may be provided by community or third</p>

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
	Viral suppression is reliant upon a good level of adherence to treatment, and this requires an adequate level of health literacy; this group may be at higher risk of poor treatment adherence and low retention in care.	sector providers. This will enhance the positive impact on this group.
People living in deprived areas	The UKHSA HIV data suggests that some local authorities have a higher number of people living with HIV. The PHE data also suggests that areas outside London may have a greater proportion of patients who are currently undiagnosed with HIV.	A national service specification sets out the minimum standards for the delivery of equitable HIV care across England, regardless of location.
People living in remote, rural and island locations	The service specification requires specialist HIV services to provide flexible, accessible care through face-to-face or virtual clinics using appropriate technology. This will have a positive impact for people living in remote, rural and island locations because it can reduce the need to travel in order to receive HIV care, and alleviate from the costs associated with it.	The service specification indicates that services can be delivered in a variety of settings, including virtual clinics. Offering the option of virtual clinics to service users can reduce the need to travel to clinic appointments, removing travel costs and reducing the need to take time off work.

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
	In addition, service users are provided the flexibility to access care in any location they prefer.	
Refugees, asylum seekers or those experiencing modern slavery	In England in 2021, 25% (669 out of 2,692) of new diagnoses were in individuals who were previously diagnosed abroad.	<p>The identified positive impact can be enhanced through ensuring that people living with HIV can continue to access care in any service they wish to, and through services taking any required action to retain people in care.</p> <p>Services are required to ensure that their patients have access to treatment support and education, which may be provided by community or third sector providers. This will enhance the positive impact on this group.</p>
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.

Yes	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	Service specification working group and clinical reference group	Review of current service specification done with oversight by clinical reference group	March 2023
2	Informal stakeholder testing (planned)	To circulate draft to core stakeholders for comment/review	May 2023
3	To take to PPVAG	PPV Assurance Group	May 2023

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?		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	N/A	N/A
2		
3		

10. Summary assessment of this EHIA findings

The adult HIV service specification will make a contribution to advancing equality of opportunity and to reducing health inequalities.

11. Contact details re this EHIA

Team/Unit name:	Blood and Infection Programme of Care
Division name:	Acute Programmes of Care
Directorate name:	SCHJAF
Date EHIA agreed:	
Date EHIA published if appropriate:	