

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: Bone Conduction Hearing Implant and Middle Ear Implant Service (all ages) 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 Bone Conduction Hearing Implants (BCHI) and Middle Ear Implants (MEI) service specification describes the services commissioned for adults and children with permanent hearing loss in England in line with clinical commissioning policy and professional standards of care considered to be essential for high quality care and outcomes for patients, their families, and carers.

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
Age: older people; middle years; early years; children and young people.	This is an all-ages service specification.	There is no change to the revised service specification.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>Overall, this service has a positive impact on this protected characteristic (sensory – deafness).</p>	The specification is aligned to existing clinical commissioning policy and professional standards of care, considered to be essential for high quality care and outcomes for patients, their families, and carers.
Gender Reassignment and/or people who identify as Transgender	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>. The specification is not considered to have any positive or adverse impact on this protected characteristic group.</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.
Marriage & Civil Partnership: people married or in a civil partnership.	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>. The specification will not have any positive or adverse impact on this protected characteristic group.</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.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.	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.

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
	The specification is not considered to have any positive or adverse impact on this protected characteristic group.	
Race and ethnicity ²	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</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>	The specification requires the commissioned service to consider and utilise alternative methods of assessment.
Religion and belief: people with different religions/faiths or beliefs, or none.	This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.	The specification is aligned to existing professional standards of care, considered to be

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>The specification will not have any positive or adverse impact on this protected characteristic group.</p>	<p>essential for high quality care and outcomes for patients, their families, and carers.</p>
<p>Sex: men; women</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>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>
<p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>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>

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
<p>Looked after children and young people</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>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>
<p>Carers of patients: unpaid, family members.</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>This has the potential to have a positive impact in this area.</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"> • patient-initiated follow-up • remote consultation and programming 	<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>

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>This has the potential to reduce the travel/time burden to attend specialised centres for routine follow-up.</p> <p>This will reduce the long term impact for families, children in education and adults in employment.</p>	
<p>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>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>

<p>People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>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>
<p>People with addictions and/or substance misuse issues</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>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>
<p>People or families on a low income</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</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"> • patient-initiated follow-up • remote consultation and programming <p>This has the potential to reduce the travel costs and financial burden to attend specialised centers for routine follow-up and reduce the burden on the NHS travel</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> <p>This has the potential to have a positive impact in this area, but the service will maintain the option of face to face consultation is retained where this is preferred or where access to digital consultation may be prohibitive.</p>

	<p>scheme: Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)</p> <p>This will reduce the long term negative impact for families, where taking time to attend appoints impacts on children in education and adults in employment.</p>	
<p>People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</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>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 commissioned service to ensure appropriate or adapted methods of testing are used to take into account a person’s disabilities (such as physical and cognitive impairments), or linguistic or other communication difficulties.</p> <p>This is expected to have a positive impact as the assessment and testing will take in to account the specific needs of the individual.</p>

<p>People living in deprived areas</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</p> <p>The specification will not have any positive or adverse impact on this protected characteristic group.</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"> • patient-initiated follow-up • remote consultation and programming <p>This has the potential to reduce the travel costs and financial burden to attend specialised centers for routine follow-up Some patient reduce the burden on the NHS travel scheme: Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)</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>
<p>People living in remote, rural and island locations</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</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"> • patient-initiated follow-up. 	<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> <p>This has the potential to have a positive impact in this area.</p>

	<ul style="list-style-type: none"> • remote consultation and programming <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>Refugees, asylum seekers or those experiencing modern slavery</p>	<p>This specification includes BCHI and MEI services for both adults and children with permanent hearing loss.</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>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 service to consider alternative methods of assessment.</p>

	<p>BCHI and MEI for adults and children with permanent hearing loss will only be provided to patients who are entitled to receive NHS care in line with national guidance.</p>	
<p>Other groups experiencing health inequalities (please describe)</p>	<p>There should be no further direct negative or positive impacts on any other groups experiencing health inequalities not described here.</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>

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	Collaborative work between the specification working group and NHS England (national) commissioning teams (NPoC Trauma). PPV representative on the specification working group and NPoC Trauma	Specification design	July 2023- January 2024
2	Informal Stakeholder testing with BCHI and MEI providers and regional commissioners.	Informal stakeholder testing was completed with the commissioned providers of the service and regional commissioners between 12th December 2023 and 5th January 2024. Respondents agreed that the document reflected the current patient pathway and would not result in financial implications for the delivery of care. Respondents noted a couple of minor edits to the documentation which have been incorporated.	December 2023-January 2024
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	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	Specification working group established, including clinical expertise. drawn from the multi-disciplinary team (surgeons, audiologists, clinical scientists) as well as patient representation.	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

This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below.

The updated service specification should make a contribution to advancing equality of opportunity and support reduction of health inequality as outlined above. The main benefits of the updates relate to specifying that assessments should 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. This may include administering tests in a language in which a person is sufficiently

fluent for the tests to be appropriate. This is considered to have a positive impact on individuals in whom English is not the first language, and who may otherwise be disadvantaged during audiological assessment.

In addition, the revised specification includes additional flexibilities in the provision of long-term follow-up care to including patient-initiated follow-up and remote consultation and programming.

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:	