

NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA)

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): Specialised Dermatology Services (adult and children)**
- 2. Brief summary of the proposal in a few sentences**

A12/S/a Specialist Dermatology Services (Adult and Children)

This service specification covers the provision of Specialised Dermatology Services for adults and children. The service specification is a revision of the version published in October 2013. The service specification was published in draft and has never been formally adopted. The focus of the amendments to the specification is to:

- amend the current specialised pathway which has changed in some sections since 2013.
- Improve equity of access for children and young people by potentially expanding the number of services where children can be referred.
- Agree outcomes and specific quality improvement metrics to enable services to be measured as part of NHS England's quality improvement programme.
- emphasise the importance to all dermatology providers of the need to work within a framework with clear pathways for all the many diseases within their remit.

The content has been transferred into the new template format for national Service Specifications

Adult and Children's specialised dermatology services include services provided by Adult and Children's specialised dermatology centres for patients requiring complex investigation, diagnosis or management of rare and severe diseases that are not suitable

for or not responding to conventional treatment. These patients usually require multi-disciplinary input with access to specialised dermatology facilities.

The specification is less common within NHS England specialised services in that it combines adult and children's services where defined training and competence (detailed in the specification) are met.

The service has the following sub specialities all of which are part of the specialised dermatology specification.:

National Definition of Subspecialty Conditions (applies to adult and children / young people)	
Severe or complex psoriasis	Psychodermatological disorder that is difficult to diagnose or manage
Severe or complex eczema	Hidradenitis suppurativa that is difficult to diagnose or manage
Severe or complex connective tissue disease	Stoma dermatoses that are difficult to diagnose or manage.
Severe or complex immunobullous disease	Specialised dermatopathology
Severe or complex autoinflammatory skin disease including urticaria spectrum and Mast cell related disorders and Vitiligo	Non-malignant lymphoedema
Life threatening cutaneous vasculitis	Laser treatment for birthmarks in children and for patients with rare or complex abnormalities complex abnormalities
Severe pyoderma gangrenosum	Photo-investigation and specialised photo-dermatology including porphyria
Severe or complex Graft Versus Host Disease	Complex vascular anomalies involving skin
Difficult genital dermatology: male (excluding cancer)	Hair disease that is difficult to diagnose or manage
Difficult genital dermatology: female (excluding cancer)	Nail disease that is difficult to diagnose or manage
Non-malignant lymphoedema	Rare or complex inherited skin disease including Ichthyosis
Severe or Complex occupational dermatoses and contact dermatoses	

Separate from this specification and not dependent on this work is a parallel workstream aimed at improving access to specialist drugs and treatments for children through refreshing aspects of the Medicines for Children policy .

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
Age: older people; middle years; early years; children and young people.	This proposition relates to adults and children and is intended to positively impact upon access to specialised services for children by enabling an increase in the number of centres children and young people could be referred to.	Specify that Consultant Dermatologists with the nationally prescribed competencies can see and treat both adult and children. The specification includes references to use of the NHS England Medicines for Children policy which may support access to specialised medication in this service.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Specialised dermatology conditions do not disproportionately impact those with other disabilities, although some specialised dermatology conditions may cause disability.	The revised specification aims to give clear guidelines on when to refer patients and where to refer them to improve access to specialised services. Specification supports Patient Initiated Follow up for those patients living with a chronic condition that may flare and remit over time.
Gender Reassignment and/or people who identify as Transgender	Specialised dermatology conditions, are not known to have a higher prevalence in individuals who identify as transgender, or gender reassigned.	N/A

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.	Specialised dermatology conditions do not disproportionately impact people who are married or in a civil partnership positively or negatively	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Specialised dermatology conditions are not known to disproportionately impact positively or negatively on women before and after childbirth and who are breastfeeding, although they may have additional clinical needs that any specialised dermatology team would be aware of regardless of this proposition.	N/A
Race and ethnicity ¹	Specialised dermatology conditions may disproportionately impact people from different racial and ethnic backgrounds positively or negatively depending on the condition. Anatomical differences, genetics, differences in skin tone, type and colour may mask or enhance appearance of certain conditions which may affect the time taken for a patient to present with the disease, or the time taken to correctly diagnose.	Clear referral pathways to support access to specialised services is clear and consistent.

¹ 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 dermatology conditions do not disproportionately impact people with different religious/faiths or beliefs positively or negatively.	N/A
Sex: men; women	Specialised dermatology conditions may disproportionately impact men or women positively or negatively depending on the condition.	Some specialised dermatology centres specialise in women's specialised conditions and the same for men. These centres are recorded on a database managed by the British Association of Dermatology, which will support referring centres to know who to refer.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Specialised dermatology conditions do not disproportionately impact people depending on their sexual orientation positively or negatively.	N/A

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 inequalities²	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 dermatology conditions do not disproportionately impact looked after children and young people positively or	Specify that Consultant Dermatologists with the relevant clinical specialist training may see and treat both adult and children.

² Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities ²	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
	negatively. However, the specification may positively impact upon more local and timely access for referrals for vulnerable children and young people.	The specification includes references to use of the NHS England Medicines for Children policy which may support access to specialised medication in this service.
Carers of patients: unpaid, family members.	<p>Specialised dermatology conditions do not disproportionately impact carers of patients positively or negatively.</p> <p>However, in the case of children and young people, carers may benefit from improved and more local access to services .</p>	<p>Specify that Consultant Dermatologists with the relevant clinical specialist training may see and treat both adult and children.</p> <p>The specification includes references to use of the NHS England Medicines for Children policy which may support access to specialised medication in this service.</p>
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>Specialised dermatology conditions do not disproportionately impact homeless people positively or negatively. However, access to treatment and personal circumstances could exacerbate disease symptoms.</p> <p>While specialised dermatology conditions may not be disproportionately prevalent among homeless people it is possible that their circumstances will exacerbate their condition and impact them in ways that other groups will not be.</p>	Clinicians may need to consider personal circumstances when determining best treatment options and care plans.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Specialised dermatology conditions do not disproportionately impact people involved in the criminal justice system positively or negatively.	N/A

Groups who face health inequalities²	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 dermatology conditions do not disproportionately impact people with addictions and/or substance misuse issues positively or negatively. While specialised dermatology conditions may not be disproportionately prevalent among people with addictions of substance misuse issues it is possible that their circumstances will exacerbate their condition and impact them in ways that other groups will not be.	Clinicians may need to consider personal circumstances when determining best treatment options and care plans.
People or families on a low income	Specialised dermatology conditions do not disproportionately impact people or families on a low income positively or negatively. However, access to specialised services may mean longer and more costly journeys.	Patients and families should be directed to the Healthcare Travel Costs Scheme for support with costs for attending specialised centres where eligible.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Specialised dermatology conditions do not disproportionately impact people with poor literacy or health literacy positively or negatively.	N/A Services will have written communications to support different conditions, in a variety of formats
People living in deprived areas	Specialised dermatology conditions do not disproportionately impact people living in deprived areas positively or negatively. However, in the case of children and young people access may be improved	Specify that Consultant Dermatologists with the relevant clinical specialist training may see and treat both adult and children. The specification includes references to use of the NHS England Medicines for Children policy which may support access to specialised medication in this service.

Groups who face health inequalities²	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
	by increasing the number of centres available for referral.	
People living in remote, rural and island locations	Specialised dermatology conditions do not disproportionately impact people living in remote, rural and island locations positively or negatively. However, access to specialised services may mean longer and more costly journeys.	Patients and families should be directed to the Healthcare Travel Costs Scheme for support with costs for attending specialised centres where eligible.
Refugees, asylum seekers or those experiencing modern slavery	Specialised dermatology conditions do not disproportionately impact refugees, asylum seekers or those experiencing modern slavery positively or negatively.	N/A
Other groups experiencing health inequalities (please describe)	Not applicable	Not applicable

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		
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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 Convened a specification working group whose membership included patient and	Through workshops reviewed the specification and made amendments.	Nov 23

	public voice members and also representatives from the British Association of Dermatologists.	It is intended to now undergo stakeholder testing to a wider stakeholder group.	
2.	Formal Stakeholder Testing	A 2 week period of Stakeholder Testing was undertaken. The Stakeholder Report summarises feedback received and subsequent actions taken.	Dec 23

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
Consultation and involvement findings		
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Patient experience from PPVAG and Charitable organisations. Clinicians caring for patients part of the specification working group.	

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?		Yes	
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?	Yes	
The proposal may support?		Yes
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 None	
2	
3	

10. Summary assessment of this EHIA findings

In relation to the EHIA, the specification attempts to improve access for all dermatology patients requiring specialised services by updating the list of services available for patients and the referral pathway. A key change is and the intent to increase access to specialised services for children and young people.

11. Contact details re this EHIA

Team/Unit name:	Internal Medicine Programme of Care
Division name:	Specialised Commissioning
Directorate name:	CFO
Date EHIA agreed:	
Date EHIA published if appropriate:	