

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: Specialist Cancer Services (adults) - Sub-heading: Specialist Gynaecological Cancer [URN:1729]**
2. **Brief summary of the proposal**

The proposal is a revision of an existing published service specification relating to 'Complex Gynaecology – Specialist Gynaecological Cancers', which include ovarian, uterine, cervical vulval and vaginal cancers.

It is important to recognise that service specifications form part of the NHS Standard Contract – the aim of a service specification is to set out service-specific requirements; in doing so, duplication with other aspects of the NHS Standard Contract must be avoided to ensure consistency and prevent unwieldy contract documentation. For this reason, the updated Service Specification does not touch deeply on things like shared decision making and consent, including personal health budgets, and patient information requirements. Any references to audit and research are also kept to a minimum, as these feature elsewhere in the Standard Contract.

The main purpose of the revision is to:

- Reference up to date professional standards and guidance, ensuring that service and infrastructure requirements reflect evidence-based best practice and clarify the role of Cancer Alliances;
- Include meaningful and measurable quality outcomes; and
- Use the new service specification template which is shorter and avoids duplication with other components of the NHS Standard Contract.

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>Incidence rates for gynaecological cancers are strongly associated with age, with the highest incidence rates being in older people.</p> <p>Whilst ensuring that the needs of older people are met through the proposed changes it is also important to ensure that a focus is kept on issues for younger people such as fertility and surgically induced menopause.</p> <p>Emergency presentation is associated with poorer outcomes. Research shows that 28% of women in their 70s are diagnosed through emergency presentation, meaning over 70s are being diagnosed late. (Ovarian Cancer Action Equality Spotlight Report: Age, March 2021).</p> <p>Therefore, the revised specification does relate to this group and is expected to have a positive impact.</p>	<p>The main recommendations are:</p> <ul style="list-style-type: none"> • Undertaking multidisciplinary assessments for each Service User, including holistic needs assessments and clinical frailty scores, at multiple points along the care pathway, including fertility-sparing surgery and the possibility surgical menopause where appropriate. • The inclusion of participation in clinical trials offered to eligible patients, which give access to innovative and potentially more effective treatments before they become widely available. • With regard to younger people, Teenagers & Young Adults (TYA) Multidisciplinary teams help address psychological and reproductive needs.

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>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>The service is accessed by people with a diagnosis of cancer – which, under the Equality Act 2010, is defined as a disability. This group is more likely to have risk factors associated with cancer and typically have poorer outcomes than non-disabled people. The specification is expected to have a positive impact on this group.</p> <p>Potential challenges facing people with disabilities accessing good quality healthcare include managing the complexities of the healthcare system, transport issues and patients whose disabilities aren't necessarily apparent to the NHS, such as those with mental health and learning disabilities.</p> <p>For disabled people with reduced or no physical sensation in areas of their body, there must be clear guidelines and advice given on how to recognise adverse outcomes following cancer treatment.</p> <p>The potential impact on mental health of gynaecological cancer surgery as mutilative is also needs consideration, ensuring post-surgical care includes mental health rehabilitation aspects. Psychosexual healthcare should also be taken</p>	<p>The main positive recommendation is the incorporation of national best practice into the specification, underpinned by the development of quality outcome metrics.</p> <p>The specification states that part of the extended MDT team includes a Psychologist/Psychiatrist/Counsellor with experience in cancer and psychosexual problems</p> <p>The specification also aims to improve access to care and equity of clinical outcomes for all people with gynaecological cancer by ensuring expert management of those with confirmed gynaecological cancer, through the use of the most up-to-date commissioned clinical protocols and surgical management. These include organ preservation approaches and morbidity-sparing sentinel node surgery, to minimise disabilities and clinically appropriate consideration of all treatment modalities within the gynaecological cancer pathway.</p> <p>The provision of a holistic needs assessment to allow Service Users to highlight the most important issues to them, thereby informing</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>into consideration in line with mental health rehabilitation.</p> <p>For those with physical disabilities, extra provision and clear guidelines should be put in place for all centres to ensure that patients are supported, financially where need be, with any costs associated with accessing treatment.</p>	<p>the development of a suitable care and support plan.</p> <p>Personal Healthcare Budgets, as detailed in the NHS Standard contract, are in place to ensure people of all ages are offered greater choice and flexibility over how their assessed health and wellbeing needs are met.</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>The service will be accessed by people who have undergone gender reassignment or who identify as transgender and so the specification does relate to this group, specifically those who have undergone gender reassignment from female to male. Individuals who are born female and have female reproductive organs can undergo hormonal therapy, usually involving testosterone, which can increase the likelihood of hormone-sensitive malignancies. Therefore, this group may be at increased risk of developing gynaecological cancers. There is little evidence that they this group is more likely to experience worse outcomes and experiences of care, but there the potential possibility of discrimination may discourage them from seeking medical help. This specification is expected to have neither a positive nor negative impact on this group.</p>	<p>The main recommendations are to ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users, regardless of their gender, sex or identity.</p> <p>The recommendation of completing a Holistic Needs Assessment allows Service Users to highlight the most important issues to them, thereby informing the development of a suitable care and support plan.</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>Marriage & Civil Partnership: people married or in a civil partnership.</p>	<p>This group will access the service and so the specification does relate to this group – however, there is no specific correlation or relationship between this group and the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.</p>	<p>There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.</p>
<p>Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.</p>	<p>This group will access the service and so the specification does relate to this group. Gynaecological cancers can develop during pregnancy and/or after childbirth. It is expected that service providers will take in to account their individual needs when developing and delivering treatment plans based within the framework of personalised care and shared decision making. As a result, the specification is expected to have a positive impact on the group.</p>	<p>The main recommendation is that the specialist gynaecological cancer service providers will form a relationship with local health and social care providers to help optimise any care for gynaecological cancer provided locally for the patient. Links with specialist maternity services will be in place provide care to pregnant women diagnosed with gynaecological cancers, whilst specialist support services can be recommended for peer support and access to information on benefits.</p>
<p>Race and ethnicity¹</p>	<p>This group will access the service and so the specification does relate to this group. Research has shown that Black and Asian people are less</p>	<p>There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.</p>

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

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>likely to recognise cancer warning signs, and this lack of knowledge of cancer symptoms potentially may cause delayed diagnosis (Cancer and black/minority ethnic communities), July 2018. Consideration should be given to make resources available in multiple languages for ethnic minority groups facing language barriers. It is expected that any patient, regardless of race or ethnicity, will receive the equity of access and standard of care to the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.</p>	
<p>Religion and belief: People with different religions/faiths or beliefs, or none.</p>	<p>Certain religious groups are more likely to be at risk for ovarian cancer. BRCA genetic faults are higher amongst people from certain backgrounds including people with Ashkenazi and Sephardi Jewish heritage. In the general population, around 1 in every 200 people are BRCA1 or BRCA2 gene fault carriers. 1 in 40 Ashkenazi Jews and 1 in 140 Sephardi Jews heritage carry the faulty BRCA gene. It is expected that any patient, regardless of ethnicity or religious background, will receive the equity of access and</p>	<p>There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.</p>

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
	standard of care to the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.	
Sex: men; women	This group will access the service and so the specification does relate to this group – however, there is no specific correlation or relationship between this group and the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.	There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	This group will access the service and so the specification does relate to this group – however, there is no specific correlation or relationship between this group and the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.	There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.

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 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
Looked after children and young people	Not applicable – the specification relates to services for adults.	There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.
Carers of patients: unpaid, family members.	It is possible that people with gynaecological cancer will either be carers or will have carers and so the specification does relate to this group. The impact of treatment on the carer and their role could also be of significance, particularly if it is the carers themselves require treatment. They may have to consider their role as carers prior to commencing treatment. Support may also be required for those carers caring for children, particularly single parents who have difficulty accessing childcare. The specification is expected to have a positive impact on this group.	The main positive recommendations are: <ul style="list-style-type: none"> • Introduction of multi-disciplinary outpatient clinics, reducing the need for multiple outpatient appointments. • A requirement to provide information and support about travel and other welfare/support schemes that may be available. • The provision of a holistic needs assessment to allow Service Users to highlight the most important issues to them, thereby informing the development of a suitable care and support plan.

² 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>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>There are a number of environmental factors which increase the risk of developing gynaecological cancers including human papilloma virus (HPV). Homeless people are more likely to be affected by some of these risk factors. Where prehabilitation service is required prior to surgery this can be particularly difficult for those who are homeless, as are follow-up appointments. The specification aims to address this by requiring providers to take pro-active steps to ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all service users; including working with the inequalities leads across local systems.</p>	<p>The main positive recommendation is to ensure arrangements are in place to support groups within the population that are at increased risk of developing gynaecological cancers to access and benefit from the Service equitably.</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 able to access healthcare through established arrangements with the custody service. No specific impact is expected on this group as a result of the specification.</p>	<p>There are no relevant recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.</p>
<p>People with addictions and/or substance misuse issues</p>	<p>Excessive alcohol consumption and tobacco use are known to increase the risk of developing some gynaecological cancers and so the specification does relate to this group. The specification is expected to have a positive impact on this group by requiring that</p>	<p>The main positive recommendation is the requirement to work with system partners and their inequalities leads to proactively take steps to ensure equity or access, provision and outcomes for all groups.</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
	the service provider works with system partners and inequalities leads.	
People or families on a low income	Cancer treatment is known to have a monetary impact on patients with cancer with 4 in 5 people are affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). Costs incurred are unlikely to be met through existing financial systems. The specification includes requirements that either ensure no negative impact or indirectly have a positive impact on this group.	<p>The main positive recommendations are:</p> <ul style="list-style-type: none"> • The requirement to provide information about travel and other welfare/support schemes that may be available. • To ensure arrangements are in place to support groups within the population that are at increased risk of developing gynaecological cancers.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	People with poor literacy or health literacy will access this service – however, there is no correlation or specific relationship between this group and the service. The specification sets out clear requirements for holistic needs assessments and membership of the multi-disciplinary team – ensuring that informed consent is secured. The specification is not expected to have adverse impact on this group.	There are no relevant recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.
People living in deprived areas	There are a number of environmental factors which increase the risk of developing gynaecological cancers. These are likely to be more prevalent for people living in deprived areas. The specification proposal aims to address this by stating that the provider should ensure there is equity in accessing all	The main positive recommendation is to ensure arrangements are in place to support groups within the population that are at increased risk of developing gynaecological cancers to access and benefit from the Service equitably.

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
	elements of the service and comparable clinical outcomes for all people.	
People living in remote, rural and island locations	The service will be accessed by people living in remote, rural and island locations and so the specification does relate to this group. The specification is not expected to have a direct impact on this group, though some requirements in the specification may help to indirectly support this group to access services.	The main positive recommendation is to support and advise all professional groups within the system to offer Service Users care closer to home whenever it is clinically appropriate to do so, and the establishment of robust links between the MDTs, if/when further treatment or follow up is to be undertaken closer to home.
Refugees, asylum seekers or those experiencing modern slavery	Refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care (British Medical Association, 2020). Refused asylum seekers are not necessarily entitled to secondary NHS care free of charge. Their ability to access care depends on whether the care is immediately necessary/urgent or non-urgent and whether specific exemptions apply. Refused asylum seekers must always receive immediately necessary and urgent treatment regardless of their chargeable status or ability to pay (BMA, 2020).	There are no relevant recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.
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 <input checked="" type="checkbox"/>	No	Do Not Know
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b. If yes, please briefly list up the top three 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	Developed the Service Specification prior to wider stakeholder testing	Dec 2022
2	Cancer Surgical Clinical Reference Group (CRG)	Reviewed the draft Service Specification prior to wider stakeholder testing.	Feb 2023
3	Regional Directors of Specialised Commissioning and Regional Medical Directors of Commissioning	Opportunity to comment on the draft specification prior to stakeholder testing.	March 2023
4			

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		
Consultation and involvement findings		
Research		
Participant or expert knowledge For example, expertise within 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	
The proposal may support?			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?		
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9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top three 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.	

10. Summary assessment of this EHIA findings

The Service Specification proposition does not require any amendment to the provider landscape, nor does it change the role of the specialist Gynaecological Cancer MDT. Compliance against the requirements outlined in the Service Specification are not expected to pose a challenge to service delivery.

The changes to the revised Service Specification are intended to enhance the care patients receive and ensure equity of service provision. One of the key changes focusing on ensuring Gynaecological cancer services are reporting against quality outcome metrics, with the aim to ensure equity of access and in clinical outcomes for all people.

The Service Specification builds on recommendations included in the Getting It Right First-Time (GIRFT) and British Gynaecological Cancer Society (BGCS) standards and is considered to have a positive impact people on some protected characteristics groups and those who may face health inequalities.

11. Contact details re this EHIA

Team/Unit name:	National Cancer Programme of Care
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Division name:	Specialised Commissioning
Directorate name:	CFO
Date EHIA agreed:	6 th September 2023
Date EHIA published if appropriate:	