

NHS England: 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)¹:** Stereotactic Radiosurgery and Stereotactic Radiotherapy (Intracranial) (All Ages)
2. **Brief summary of the proposal in a few sentences**

Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) are methods of delivering doses of precisely targeted radiotherapy treatment to a wide range of malignant and benign brain conditions.

The current Stereotactic Radiosurgery and Stereotactic Radiotherapy (SRS/SRT) SRS/SRT service specification covers all indications and groups these into a tiered service model, based on clinical indication prevalence and complexity. Under the tiered model, indications which are more common and less complex are grouped together into a single tier (called Tier 1 & 2); and indications which are less common and more complex are grouped together into a single tier (called Tier 3 & 4). It also sets out the requirements for paediatric indications, as these are rare and complex.

In revising the current published specification, it has been agreed to retain the current tiered model but separate this into two service specifications, covering: (i) Tier 1 & 2 indications; (Intracranial) (Teenage, Young Adults and Adults) and (ii) All tiers, all ages. As this better reflects service provision and pathways. The proposed Specifications detail the standards of care expected to be provided to users requiring SRS/SRT underpinned by a new Specialised Services Quality Dashboard. Together, these will support improved outcomes and experience of care for these patients.

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 service specification does not touch deeply on things like

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

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 to the service specification is to:

- Reference up to date professional standards and guidance, ensuring that service and infrastructure requirements reflect evidence-based best practice.
- Reflect the current care pathway.
- 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.

Published data confirms that children, TYA, and adults under the age of 40 years have the greatest lifetime risk from radiation induced cancers. Whole body dose standards for children, irrespective of the indication being treated, and also teenagers, young adults (TYA) were included in the current specification. However, whole body dose standards have also been included for adults under the age of 40 years with benign disease. Activity modelling suggests that this change will impact less than 100 cases per year.

For these reasons, the impact of the proposed changes on protected characteristics groups and groups who face health inequalities is expected to be minimal.

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.	The two revised specifications cover: (i) Tier 1 & 2 indications; (Intracranial) (Teenage, Young Adults and Adults)	The proposed specifications set clear service standards and put in place a mechanism to monitor delivery of key outcome and quality

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	<p>and (ii) All tiers, all ages. so do relate to this protected characteristic group. The treatment is used for a wide range of intracranial conditions, as set-out within NHS England clinical commissioning policy, including arteriovenous malformations, acoustic neuroma, meningioma, pituitary adenoma, trigeminal neuralgia and selected sub-groups of patients with cerebral metastases. The prevalence of these conditions varies from less than one per 100,000 population to up to 30 per 100,000.</p> <p>Children account for less than 1% of cases whilst adults aged 50+ account for circa 80% of cases each year. The most common indication for SRS/SRT is cerebral metastases which accounts for 70% of cases over aged 50.</p> <p>Children, TYA and adults under the age of 40 have the greatest lifetime risk from radiation induced cancers. In addition, provider data indicates that there is some geographical variation in access to SRS for patients with more complex benign conditions who may not be able or willing to travel for this treatment services.</p>	<p>standards to support improved outcomes and experience of care for all ages.</p> <p>The main positive recommendations are:</p> <ul style="list-style-type: none"> • the incorporation of additional whole body dose standards for the treatment of adults under the age of 40 with benign disease. • Preserve access for patients as close to home as possible. • In developing the All Tiers, All Ages Service Specification, the minimum volumes required to provide Tier 3 & 4 and Paediatric Services have been clarified based on an assessment of expected and actual activity and offers opportunities for additional access.

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
	Therefore, the revised specifications do relate to this group and is expected to have a positive impact.	
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Following a diagnosis of cancer, the individual is defined as having a disability under the Equality Act 2010.</p> <p>SRS/SRT in England is used for the treatment of cancer as well as for benign disease with the majority receiving this treatment for cancer. 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 those with physical disabilities, extra provision and clear guidelines</p>	<p>The main positive recommendation is the incorporation of national best practice into the specification, underpinned by the development of quality metrics.</p> <p>The proposed specifications maintain the tiered service model enabling these conditions to be treated in more locations where the appropriate experience and infrastructure is in place. This will continue to preserve access for patients as close to home as possible.</p> <p>Personal Healthcare Budgets, as detailed in the NHS Standard contract,</p>

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	<p>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>Gender Reassignment and/or people who identify as Transgender</p>	<p>The service will be accessed by people who identify as transgender and so does relate to this group. The proposed Service Specifications aims to improve clinical outcomes and experience of care for Service Users treated with SRS/SRT.</p> <p>The Service Specifications will not have any differential positive or adverse impact on this (+/-protected characteristic) group.</p>	<p>The main recommendation is to ensure that there is equity of access for all elements of the service and comparable clinical outcomes and experience of care for all Service Users, regardless of their age, race, gender, sex or identity.</p>
<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>

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
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	In line with existing RCR guidance and IR(ME)R regulations, SRS /SRT is not usually given to pregnant women. unless life threatening and so the specification does not relate to this group.	There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.
Race and ethnicity ²	<p>This group will access the service and so the specification does relate to this group.</p> <p>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>	The main recommendation is to ensure that there is equity of access for all elements of the service and comparable clinical outcomes and experience of care for all Service Users, regardless of their age, race, gender, sex, or identity.
Religion and belief: people with different religions/faiths or beliefs, or none.	It is expected that any patient, regardless of ethnicity or religious background, 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	The main recommendation is to ensure that there is equity of access for all elements of the service and comparable clinical outcomes and experience of care for all Service Users, regardless of their age, race, gender, sex, or identity.

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
	positive or adverse impact on the group.	
Sex: men; women	<p>The service will be accessed by men and women. The proposed Service Specifications aim to improve clinical outcomes and experience of care for Service Users treated with SRS/SRT.</p> <p>The All-Tiers Service Specification will have a positive impact on this protected characteristic) group.</p>	<p>The main recommendation is to ensure that there is equity of access for all elements of the service and comparable clinical outcomes and experience of care for all Service Users, regardless of their age, race, gender, sex or identity.</p> <p>In developing the All Tiers, All Ages Service Specification, the minimum volumes required to provide Tier 3 & 4 and Paediatric Services have been clarified based on an assessment of expected and actual activity and offers opportunities for additional access.</p>
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	<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>

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>It is possible that people will either be looked after children and young people or looking after children and young people, so the specification does relate to this group.</p> <p>The specification is expected to have a positive impact on this group.</p>	<p>The specification requires that age-appropriate facilities, care, and expertise are provided for children.</p> <p>Stereotactic Radiosurgery or Stereotactic Radiotherapy offers a short course of treatment to patients requiring fewer visits to hospital</p>
Carers of patients: unpaid, family members.	<p>It is possible that people 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. The specification is expected to have a positive impact on this group.</p>	<p>The main recommendation is to retain a tiered service model enabling the more common conditions to be treated in more locations with the appropriate experience and infrastructure preserving access for patients with less complex conditions, as close to home as possible and within the timeframe indicated by the referrer. Stereotactic Radiosurgery or Stereotactic Radiotherapy offers a short course of treatment to patients requiring fewer visits to hospital.</p>

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

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
<p>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>It is possible that people could be homeless, so the specification does relate to this group.</p> <p>The specification is expected to have a positive impact on this group.</p>	<p>The main recommendation is to retain a tiered service model enabling the more common conditions to be treated in more locations with the appropriate experience and infrastructure preserving access for patients with less complex conditions, as close to home as possible and within the timeframe indicated by the referrer.</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>It is possible that Service Users may have and/or be experiencing addictions and/or substance misuse issues. People with addictions and/or substance misuse issues are not known to have a greater or lesser representation within the SRS/SRT Service than the general population and are able to access healthcare through established arrangements. No specific impact is expected on this group as a result of the specification.</p>	<p>Whilst there are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group, the aim of the Service Specifications is to improve life expectancy and quality of life for patients requiring SRS/SRT by delivering best practice treatments, using appropriate technologies and providing holistic support in a culturally appropriate way enabling the diverse needs of service users to be met.</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
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>People requiring SRS/SRT will already be under the care of a secondary or tertiary centre and have agreed care plans in place for accessing treatment when needed.</p> <p>A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users.</p> <p>Stereotactic Radiosurgery or Stereotactic Radiotherapy offers a short course of treatment to patients requiring fewer visits to hospital.</p>
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	<p>The specifications are specifically for people with a confirmed diagnosis and that are already accessing healthcare. It is important to ensure that service users are aware of all treatment options available to them and to obtain informed consent for treatment. If additional resources are required for this purpose- e.g., use of an interpreter, then this should be made available.</p> <p>It is not considered that the specifications impact on this group.</p>	<p>A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users including ensuring the provision of clear information about the treatment and aftercare.</p> <p>All providers must comply with the Accessible Information Standard.</p>
People living in deprived areas	There are a number of environmental factors which increase the risk of	A stated aim of the service is to ensure that there is equity of access for all elements of the service

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>developing cancer. These are likely to be more prevalent for people living in deprived areas. The specification proposition aims to address this by stating that the provider should ensure there is equity in accessing all elements of the service and comparable clinical outcomes for all people.</p>	<p>and comparable experience for all service users including waiting times.</p>
<p>People living in remote, rural and island locations</p>	<p>The service will be accessed by people living in remote, rural and island locations and so the specification does relate to this group.</p> <p>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.</p>	<p>People requiring SRS/SRT will already be under the care of a secondary or tertiary centre and have agreed care plans in place for accessing treatment when needed.</p> <p>A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users and preserving access for patients with less complex conditions, as close to home as possible.</p>
<p>Refugees, asylum seekers or those experiencing modern slavery</p>	<p>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</p>	<p>There are no relevant recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.</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
	apply. Refused asylum seekers must always receive immediately necessary and urgent treatment regardless of their chargeable status or ability to pay (BMA, 2020).	
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 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	Patient and Public Voice, Public Health and clinical representation on the Specification Working Group (SWG)	Developed the Service Specification prior to wider stakeholder testing	May – August 2023
2	Internal stakeholder feedback from NHS England's regional specialised commissioning, contracting and diagnostic policy colleagues.	One-week stakeholder engagement with NHS England's regional teams via the Regional Directors of Commissioning	June 2023

3	Stakeholder Engagement	Two-week stakeholder engagement with key stakeholders as per NHS England’s standard Methods for Service Specifications.	Sept / Oct 2023
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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	As per service specification	Not applicable
Consultation and involvement findings	There was a two-week stakeholder engagement period with key/relevant stakeholders, as per NHS England’s standard methods. Stakeholders registered their broad support for the service specification requirements, standards, and outcomes proposed. Broad support was also registered for the EHIA.	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	Service Specification Working Group established comprising representation from senior clinicians, physicists, clinical experts and patient and public voice representatives.	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
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The proposal will support?		X	X
The proposal may support?			
Uncertain whether the proposal will support?	X		

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	None noted	
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 Service Specification proposition does not require any amendment to the provider landscape, nor does it change the service or clinical model nor role of the specialist Neurosurgical / Neuro-oncology MDTs. 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 SRS/SRT services are reporting against quality outcome metrics, with the aim to ensure equity of access and in clinical outcomes for all people.

The service specifications have been revised in line with recently published evidence relating to levels of whole-body dose to reduce the life time risk from radiation induced cancers and is considered to positively impact people in 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
Division name:	Specialised Commissioning
Directorate name:	CFO
Date EHIA agreed:	6 th September 2023
Date EHIA published if appropriate:	