**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]](#footnote-1)**:**

**Update to the national service specification for Hyperbaric Oxygen Therapy**

**2. Brief summary of the proposal in a few sentences**

|  |
| --- |
| The service specification has been updated to reflect changes to the template and to clarify the patient pathway, the patient eligibility criteria and provider responsibilities in relation to treatment, follow up and service delivery.  There are no significant changes to the pathway, access criteria, quality or delivery of the service.  Hyperbaric Oxygen Therapy is provided for two clinical indications:  **Decompression Illness**  Decompression illness arises from exposure to an altered pressure environment, most often from diving. The geographical distribution of cases of decompression illness is determined by the local level of diving activity, and is concentrated around coastal areas, inland expanses of water and the locations of residence of the divers. Airports provide a significant minority of patients usually returning from a diving trip overseas. There is a total of approximately 150 - 200 cases in England per year.  **Gas embolism**  Cases of gas embolism arise from introduction of gas into a patient’s circulation, most often inadvertently during a medical procedure (iatrogenic gas embolism).There are currently approximately 10 cases in England per year. However, this may be an underestimate of the number of actual cases. |

**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. | As the detail of standards of care for children and young people has been clarified there may be a slight positive effect on this group | Support the content in relation to this group |
| **Disability:** physical, sensory and learning impairment; mental health condition; long-term conditions. | No change | N/A |
| **Gender Reassignment and/or people who identify as Transgender** | No change | N/A |
| **Marriage & Civil Partnership:** people married or in a civil partnership. | No change | N/A |
| **Pregnancy and Maternity:** women before and after childbirth and who are breastfeeding. | No change | N/A |
| **Race and ethnicity**[[2]](#footnote-2) | No change | N/A |
| **Religion and belief:** people with different religions/faiths or beliefs, or none. | No change | N/A |
| **Sex:** men; women | No Change | N/A |
| **Sexual orientation:** Lesbian; Gay; Bisexual; Heterosexual. | No change | 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 inequalities[[3]](#footnote-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** | No change | N/A |
| **Carers of patients:** unpaid, family members. | No change | N/A |
| **Homeless people.** People on the street; staying temporarily with friends /family; in hostels or B&Bs. | No change | The new text states that patients will be given copies of a discharge letter, as appropriate. This may be beneficial for homeless individuals and those involved in the criminal justice system, as they are less likely to be registered at a GP. A copy of the letter via email might be most beneficial. |
| **People involved in the criminal justice system:** offenders in prison/on probation, ex-offenders. | No change | It may be more difficult to perform the proposed 3 month follow up in this group, however it is very unlikely that offenders in prison will require hyperbaric oxygen therapy. |
| **People with addictions and/or substance misuse issues** | No change | N/A |
| **People or families on a**  **low income** | No change | N/A |
| **People with poor literacy or health Literacy:** (e.g. poor understanding of health services poor language skills). | No change | Discharge advice will be “tailored to the individual” and this would include those with poor literacy or language skills, or those whose first language is not English. |
| **People living in deprived areas** | No change | N/A |
| **People living in remote, rural and island locations** | No change | N/A |
| **Refugees, asylum seekers or those experiencing modern slavery** | No change | N/A |
| **Other groups experiencing health inequalities (please describe)** | No change | N/A |

**5. Engagement and consultation**

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

|  |  |  |
| --- | --- | --- |
| **Yes** |  |  |

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** | **Stakeholder engagement from across relevant providers, patient groups and the broader community** | **To take place over a two-week period** | **June 2024** |
|  |  |  |  |
| **2** | **Market engagement as part of procurement** | **To take place over a two-week period** | **May**  **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** | [Early hyperbaric oxygen therapy is associated with favorable outcome in patients with iatrogenic cerebral arterial gas embolism: systematic review and individual patient data meta-analysis of observational studies - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10337083/)  [RR550 Time to treatment for decompression illness (hse.gov.uk)](https://www.hse.gov.uk/Research/rrhtm/rr550.htm) |  |
| **Consultation and involvement findings** |  |  |
| **Research** |  |  |
| **Participant or expert knowledge**  For example, expertise within the team or expertise drawn on external to your team | Hyperbaric Oxygen Therapy Clinical Reference Group. | None |

**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? |  |  |  |
|  |  |  |  |
| The proposal may support? |  | Yes | Yes |
|  |  |  |  |
| 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? | Yes | Yes |
|  |  |  |
| 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 |  |  |
| 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. |

**11. Contact details re this EHIA**

|  |  |
| --- | --- |
| Team/Unit name: | Acute Programmes of Care |
| Division name: | Trauma Programme of Care |
| Directorate name: | Chief Finance Office |
| Date EHIA agreed: |  |
| Date EHIA published if appropriate: |  |

**Internal decision-making not for external circulation**

**12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to the Patient Equalities Team (england.eandhi@nhs.net).**

|  |  |  |
| --- | --- | --- |
| **Yes:** | **No:** | **Uncertain:** |

**13. Assistance sought re the completion of this EHIA:**

|  |
| --- |
| If you do need assistance to complete this EHIA, please summarise the assistance required below. |

**14. Responsibility for EHIA and decision-making**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact officer name and post title: |  | | | |
| Contact officer e: mail address: |  | | | |
| Contact officer mobile number: |  | | | |
|  | | | | |
| Team/Unit name: | | Division name: | | Directorate name: |
|  | | |  | |
| Name of senior manager/ responsible Director: | | Post title: | | E-mail address: |

**15. Considered by NHS England, Board or Committee[[4]](#footnote-4)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes: | No: | Name of the Panel, Board or Committee: | | | | | |
|  | | | | | | | |
|  | |  |  | |  | | | |
| **Name of the proposal (policy, proposition, programme, proposal or initiative):** | | | | | | | | |
|  | | | | | | | | |
| Decision of the Panel, Board or Committee | | Rejected proposal | Approved proposal unamended | | Approved proposal with amendments in relation to equality and/or health inequalities | | | |
|  |  | |  | | | |
|  | | | | | | | |
| Proposal gave due regard to the requirements of the PSED? | | | | Yes: | | No: | N/A: |
| Summary comments: | |  | | | | | |
|  | | | |  | |  |  |
| Proposal gave regard to reducing health inequalities? | | | | Yes: | | No: | N/A: |
| Summary comments: | |  | | | | | |

**16. Key dates**

|  |  |
| --- | --- |
| Date draft EHIA completed: |  |
|  |  |
| Date draft EHIA circulated to PE Team:[[5]](#footnote-5) |  |
|  |  |
| Date draft EHIA cleared by PE Team: [[6]](#footnote-6) |  |
|  |  |
| Date final EHIA produced: |  |
|  |  |
| Date signed off by Senior Manager/Director:[[7]](#footnote-7) |  |
|  |  |
| Date considered by Panel, Board or Committee: |  |
|  |  |
| Date EHIA published, if applicable: |  |
|  |  |
| EHIA review date if applicable [[8]](#footnote-8): |  |

1. Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme. [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)
3. Please note many groups who share protected characteristics have also been identified as facing health inequalities. [↑](#footnote-ref-3)
4. Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A. [↑](#footnote-ref-4)
5. If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the PE Team should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England’s Gateway process. [↑](#footnote-ref-5)
6. If the PE Team raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal. [↑](#footnote-ref-6)
7. The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA. [↑](#footnote-ref-7)
8. This will normally be the review date for the proposal unless a decision has been made to have an earlier review date. [↑](#footnote-ref-8)