

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):** Pain-related Complex Cancer Late Effects Rehabilitation Service (CCLERS)
- 2. Brief summary of the proposal in a few sentences**

CCLERS is for a discrete group of service-users who have severe, chronic and complex conditions resulting from their cancer treatment. CCLERS provides assessment and rehabilitation for service-users with reduced function caused by complex pain-related late effects from cancer treatment. CCLERS will enable the service-users affected to minimise the impact of late effects cancer pain on their lives and improve their function and quality of life.

This service has transitioned over the past 10 years from managing a narrower cohort of patients with breast radiotherapy injury to accepting referrals related to any tumour site. Although the number of patients in the original cohort had reduced as treatments became more targeted, it was evident that complex treatment-related pain was affecting people with tumours at other sites.

The service aims to:

- Optimise clinical outcomes and deliver appropriate bespoke highly-specialist care for this population equitably across England
- Bring together a highly-specialist multi-disciplinary team who understands the healthcare needs associated with pain-related late effects.
- Act as a direct source of advice and support both to other healthcare professionals and service-users when they contact or refer into the service.
- Provide education within the wider NHS to raise and maintain awareness of pain-related cancer late effects and their management.
- Participate in networking and continuous professional development.
- Expand clinical expertise that will generate new knowledge of the course, cause, and treatment of these effects in order to inform future cancer care.

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;	The service provides highly specialised rehabilitation to adults (over 18 years).	CCLERS provides highly-specialist individualised, inter-disciplinary assessment and rehabilitation tailored to each service-user's needs. Children and young people with pain-related late effects are managed by specialist children's late effects services.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	The service provides highly specialist physical rehabilitation.	Specialist rehabilitation programme tailored to a patient's specific needs.
Gender Reassignment and/or people who identify as Transgender	There should be no direct negative or positive impact on this group as it has not been identified as a high-risk group.	The service is inclusive of all individuals if they meet the inclusion criteria.
Marriage & Civil Partnership: people married or in a civil partnership.	There should be no direct negative or positive impact on this group as it has not been identified as a high-risk group.	The service is inclusive of all individuals if they meet the inclusion criteria.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	There should be no direct negative or positive impact on this group as it has not been identified as a high-risk group.	The service is inclusive of all individuals if they meet the inclusion criteria.

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
Race and ethnicity ¹	There should be no direct negative or positive impact on this group as it has not been identified as a high-risk group.	The service is inclusive of all individuals if they meet the inclusion criteria.
Religion and belief: people with different religions/faiths or beliefs, or none.	There should be no direct negative or positive impact on this group as it has not been identified as a high-risk group.	The service is inclusive of all individuals if they meet the inclusion criteria.
Sex: men; women	There should be no direct negative or positive impact on this group as it has not been identified as a high-risk group.	The service is inclusive of all individuals if they meet the inclusion criteria.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There should be no direct negative or positive impact on this group as it has not been identified as a high-risk group.	The service is inclusive of all individuals if they meet the inclusion criteria.

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.**

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.

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	The service provides highly specialist rehabilitation to adults (over 18 years).	Children and young people with pain-related late effects are managed by specialist children's late effects services.
Carers of patients: unpaid, family members.	Carers may be indirectly positively impacted by this policy proposition. It could positively reduce the burden on carers as individuals may be able to complete a greater number of tasks independently including activities of daily living.	Patients follow a rehabilitation programme to improve functional ability. The MDT will consider the individual patient and carers needs.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People experiencing homelessness are more likely to suffer from physical health problems and access to healthcare is difficult for this group.	The MDT will consider the individual patient and carers needs. The commissioned provider should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to mitigate risk for homeless patients and facilitate access to the service.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	There is no identified service impact on this population.	The MDT will consider the individual patient and carers needs.
People with addictions and/or substance misuse issues	Smoking is a risk factor for a number of cancers. This service provides a treatment option which would positively impact on this patient group. Additionally, regular contact with healthcare professionals during the course of treatment may provide a good	This service could positively impact on this patient group.

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
	opportunity to promote smoking cessation and provide ongoing support with this.	
People or families on a low income	Cancer treatment is known to have a financial impact on patients with cancer and this may be compounded by the late effects reducing an individual's ability to work.	The MDT will consider the individual patient and carers needs. The commissioned provider should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to ensure adequate referral, access and attendance support for people or families on a low income. Access to healthcare travel cost scheme for those eligible: https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/ Virtual consultations may be agreed if patients cannot travel to the unit.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	This group may find it hard to understand their condition and the benefits, risks, engagement and commitment associated with the service offered.	The MDT will consider the individual patient and carers needs. It is important to ensure that patients are aware of the requirements of a course of therapy/treatment and to obtain informed consent. If additional resources are required for this purpose - e.g., use of an interpreter, EasyRead and translated documents this should be made available to patients.
People living in deprived areas	Cancer rates are higher in lower socioeconomic groups.	This service will provide a therapeutic option which would positively impact on this patient group. Patients' adverse socio-economic circumstances will be considered by the MDT. The commissioned provider should work with the patient and other relevant agencies (e.g., GP,

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
		<p>Local Authority, charities) to ensure adequate referral, access and attendance support for people or families on a low income.</p> <p>Access to healthcare travel cost scheme for those eligible: https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-hctcs/</p>
People living in remote, rural and island locations	As there is only one commissioned centre there may be a negative impact on this group.	<p>The MDT will consider the individual patient and carers needs. If required the commissioned provider should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to ensure adequate support for people living in remote, rural and island locations.</p> <p>Virtual consultations may be agreed if patients cannot travel to the unit. The commissioned provider should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to ensure adequate referral, access and attendance support for people or families on a low income.</p> <p>The commissioning team will monitor the geographic spread of patients accessing the service.</p>
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. Refused asylum seekers are not necessarily entitled to	The MDT will consider the individual patient and carers needs. The adverse impact and limitations of this service on this group and certain sub-groups of this cohort are acknowledged.

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
	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.	The commissioned provider should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to mitigate risk for refugees, asylum seekers or those experience modern slavery to facilitate access to the service.
Other groups experiencing health inequalities (please describe)		

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	Discussions with national cancer team	Discussion was focused on how this national service should continue to operate and work with regional cancer late effects services as they continue to develop and expand.	09/2023
2	Meetings with national service	Focus on the model of care provided and how this should develop in future working with regional teams to offer expertise and equity of access.	Ongoing [09/23]

3	Patient Focus Groups	Discussion about the content and feasibility of the virtual programme.	2020
4	Patient Feedback	Obtained after every programme and at every contact with patients (i.e. at MDT Assessment Clinic and after Follow Up appointments)	Annually, most recently 05/23

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
<p>Published evidence</p>	<ul style="list-style-type: none"> • Exercise and Chronic Disease, An Evidence-based Approach. Saxton J (ed). Routledge 2011. • Morgan MA (2009) Cancer Survivorship: History, Quality of Life Issues and Evolving Multi-Disciplinary Approach to Implementation of Cancer Survivorship Care Plans. Oncology Nurse Forum doi: 10.1188/09.ONF.429-436 • Raphael J et al. Cancer Pain: Parts 1&2. Journal of Pain Medicine. doi: 10.1111/j.1526-4637.2010.00840.x doi: 10.1111/j.1526-4637.2010.00841.x • Glare et al (2014) Pain in Cancer Survivors. Journal of Clinical Oncology. https://dx.doi.org/10.1200%2FJCO.2013.52.4629 • Chronic pain (primary and secondary) in over 16's: assessment of all chronic pain and management of chronic primary pain (2021) NICE guideline NG193. https://www.nice.org.uk/guidance/ng193 • Neuropathic pain in adults; pharmacological management in non-specialist settings (2013; Last updated 2020) NICE Guideline CG173. https://www.nice.org.uk/guidance/cg173 • Medicine adherence (2009) NICE Guideline CG76. https://www.nice.org.uk/guidance/cg76 • Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (2022) NICE Guideline NG215. https://www.nice.org.uk/guidance/ng215 • Patient experience in adult NHS services (2012) NICE guideline CG138 https://www.nice.org.uk/guidance/cg138 • Core Standards for Pain Management Services in the UK: (2nd Edition) Cancer-related Pain (2021) Bennet and Sharma – p. 88 https://www.britishpainsociety.org/static/uploads/resources/files/FPM-Core-Standards-2021.pdf 	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	<ul style="list-style-type: none"> Living With and Beyond Cancer: Taking Action to Improve Outcomes (2013) National Cancer Survivorship Initiative https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181054/9333-TSO-2900664-NCSI_Report_FINAL.pdf 	
Consultation and involvement findings	Patient consultation and feedback presented to NHSE Commissioners at the Annual Review Meeting attended by CCLERS patients.	
Research	<p>CCLERS patients offered opportunities to participate in research on patient experience of living with late effects pain, resulting in the following publication.</p> <ul style="list-style-type: none"> Armoogum J, Foster C, Llewellyn A, Harcourt D, McCabe C (2023) "I think that it affects every aspect of my life, really" Cancer Survivors Experience of Living with Chronic Pain after Curative Cancer Treatment in England, UK. PLoS One 19(9) e0290967. Available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0290967 	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	CCLERS is delivered by clinicians with backgrounds in specialist pain and cancer rehabilitation. The majority of the team are Macmillan professionals. Training is regularly accessed for maintaining a high level of expertise in the combined specialisms.	

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?		

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	It will be important to assess geographic equity of access to the service	Review of caseload to assess geographic spread of referrals
2		
3		

10. Summary assessment of this EHIA findings

This proposal should enable the CCLERS to continue to provide a highly specialised service for a wider population and improve geographic access to rehabilitation.

11. Contact details re this EHIA

Team/Unit name:	Highly Specialised Team
Division name:	Specialised Commissioning
Directorate name:	Chief Finance Officer
Date EHIA agreed:	2024
Date EHIA published if appropriate:	2024