

## NHS England and NHS Improvement: 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)<sup>1</sup>:** Specialised Services for Infectious Diseases (Adult) Service Specification

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

Specialised Regional Infectious Disease Centres (SRIDCs) aim to optimise clinical outcomes for patients with infectious diseases, including community-acquired, hospital-acquired and imported conditions. The service is arranged across a national network, which aims to ensure high-quality, specialist clinical care at the most local level and maximise outbreak preparedness/disease containment.

There are 24 Adult Infectious Diseases (ID) services in England, including a small number commissioned to provide narrow-spectrum, highly-specialist national services e.g., 'Tropical Medicine & Parasitology' or 'High Consequence Infectious Diseases' (HCID).

The Specialised Services for Infectious Diseases (Adult) service specification (2013) has been updated with two main aims: improving access and preparedness for the next pandemic. The main changes to the proposed new service specification are:

- Definition of the minimum or core requirements of a SRIDC
- Responsibilities in regard to pandemic preparedness
- Reduce content duplication and be more concise and easier to read
- Update and futureproofing of references

The proposed changes are not expected to impact on the way that patients access or experience care or have unallocated financial implications. Therefore the level of change is covered by the Expanded Change process as defined in the NHS England Service Specification [Methods](#). This EHIA covers the full service as there was no previous EHIA in place.

3. **Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**

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

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><b>Age:</b> older people; middle years; early years; children and young people.</p>	<p>A systematic overview of reviews examining health inequalities in infectious diseases (<a href="#">Ayorinde et al., 2023</a>) found varied association of infectious diseases with age. Infectious diseases such as HIV, STIs and TB were reported to be associated with younger age, while HCV and hepatitis E virus were associated with older age. Patterns of less common infections may also vary.</p> <p>Young children and older adults are at higher risk of some infections due to their developing or weakening immune systems. This service specification covers adult populations only. There is a service specification for ID services for children.</p>	<p>Providers should collect data routinely on age, sex and ethnicity of service users and consider by means of health equity audit (<a href="#">HEAT</a>) whether there are any underserved populations.</p> <p>Services for children are not covered within this specification, however services should consider the relationship of service users to other age groups in the population, additional risks and the need for other health protection measures.</p> <p>Adult SRIDC services are required to work closely with paediatric ID services to ensure that older children and young people are cared for in the most appropriate setting and if necessary, transition effectively into adult services.</p>
<p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Some disabilities, long term conditions and associated treatments may place some people at additional risk of infection.</p>	<p>Commissioned providers should work with the patient, any carers and other relevant agencies (e.g. GP, Local Authority, charities) to understand the need for support to access for people living with disabilities.</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>Individuals with compromised immune systems, such as those undergoing cancer treatments, living with HIV/AIDS, or taking immunosuppressants are more susceptible to infectious disease.</p> <p>People with a disability may be impacted by the need to travel to specialist centres to access treatment.</p>	<p>Providing centres need to ensure eligible patients and carers are aware of the <a href="#">NHS Healthcare Travel Costs Scheme</a>.</p>
<p><b>Gender Reassignment and/or people who identify as Transgender</b></p>	<p>Gender reassignment and being transgender are not known to be risk factors for infection. However, help seeking can be affected by experience of care: 40% of trans respondents who had accessed or tried to access public healthcare services reported having experienced at least one of a range of negative experiences because of their gender identity in the 12 months preceding the survey. 21% of trans respondents reported that their specific needs had been ignored or not taken into account, 18% had avoided treatment for fear of a negative reaction, and 18% had received inappropriate curiosity (<a href="#">National LGBT Survey</a>).</p> <p>This service is expected to have a positive effect on the overall survival and overall outcomes of all patients who</p>	<p>All patients who meet the inclusion criteria should be offered inclusive treatment. The BMA offers guidance on <a href="#">Inclusive care of trans and non-binary patients</a>.</p> <p>Providers should be aware that patients in this group may face barriers to getting a diagnosis.</p> <p>Providers should collect routine data on this protected characteristic to ensure there is no inequity of access.</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
	need this service, regardless of gender reassignment and being transgender.	
<p><b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.</p>	<p>Marriage or civil partnership status is not known to be risk factor for infection.</p> <p>In studies, those who were married had higher vaccination uptake although some found no association or higher uptake among those who were never married. No included review examined inequalities in infectious disease prevalence or AMR based on marital status (<a href="#">Ayorinde et al., 2023</a>).</p>	<p>The service specification is not anticipated to positively or negatively impact people who are married or in a civil partnership.</p> <p>Providers should collect routine data on this protected characteristic to ensure there is no inequity of access.</p>
<p><b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.</p>	<p>A systematic review (<a href="#">Ayorinde et al., 2023</a>) found mixed evidence on prevalence of infectious diseases (HBV, HCV, latent or acute toxoplasma infection) in pregnant women compared with the general population.</p> <p>Pregnancy does not increase the risk of acquiring infection but any febrile illness, including those that can present with a rash, may be associated with an increased risk of fetal loss in the first trimester (<a href="#">UKHSA, 2024</a>).</p>	<p>Women with who need SRIDC services are required to have agreed referral/shared care pathways in place with specialist antenatal and maternity services with experience of managing infectious diseases in pregnancy.</p> <p>Assessment and/or management from highly specialist tertiary maternity care delivered within a dedicated multidisciplinary service staffed by a maternal medicine specialist, a physician, and supporting multidisciplinary team with extensive experience of managing the condition in pregnancy.</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><b>Race and ethnicity</b><sup>2</sup></p>	<p>A systematic overview of world-wide reviews examining health inequalities in infectious diseases (<a href="#">Ayorinde et al., 2023</a>) found some evidence for higher rates of TB, HIV and STIs and under-vaccination in people who belong to an ethnic minority group. It is not known whether this pattern extends to less common infections.</p> <p>The 'hub and spoke' service model is intended to distribute expertise and facilitate high-quality care in local settings. The SRIDC network should help to address inequality of patient access by enabling expert advice on rare and/or complex conditions wherever the patient presents.</p>	<p>Providers should collect data routinely on age, sex and ethnicity of service users and consider by means of health equity audit (<a href="#">HEAT</a>) whether there are any underserved populations.</p> <p>Commissioners should be able to monitor treatment data by ethnicity and discuss with providers to ensure it is complete and that they are assured that there are no differences in outcomes and retention between different ethnic populations.</p> <p>In addition, service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness. In addition, cultural competency training for staff may be considered</p>
<p><b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.</p>	<p>Some religious practices and rites are known risk factors for infectious disease, including travel to undertake pilgrimages (<a href="#">Gajurel, 2021</a>).</p> <p>Specialists working within SRIDC services are likely to have an enhanced</p>	<p>The SRIDC model will promote access to infectious disease services regardless of religion. Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.</p>

<sup>2</sup> 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
	awareness of how practices and rites associated with different faiths can affect risk of infections and be able to share knowledge with local services.	Providers should consider whether there are any population groups within the hospital catchment area that may be at increased risk. In addition, cultural competency training for staff may be considered
<b>Sex:</b> men; women	In England during 2021, the total number of years lived with disability (YLD) due to infectious diseases (excluding TB and COVID-19) was 21,053 for males over the age of 20 years and 26,014 for females over the age of 20 years. This accounted for 0.66% and 0.64% of all YLDs respectively ( <a href="#">Global Burden of Disease Study 2021 (GBD 2021) Results</a> ).	The service specification is not anticipated to impact people whose birth assigned sex is male or female.  Females appear to have a slightly higher rate of infection than males across enteric, respiratory (excluding TB and COVID-19), tropical diseases and malaria, and other infectious diseases. It is unknown whether this is related to reporting or health care seeking behaviour.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	A review of systematic reviews ( <a href="#">Blondeel et al., 2016</a> ) found that HIV and STIs are the most researched topics to explore disease burden in sexual and gender minorities (SGM). Findings showed a high burden of HIV and STIs for certain subpopulations of SGM. No evidence was found to describe burden of other communicable diseases in this group.	The service specification is not anticipated to impact people who identify lesbian, gay, bisexual or heterosexual either positively or negatively.  Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.  Service providers work with and provide specialist expertise to local services where novel infections or patterns of disease within groups are seen.

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>Adult specialised services for people living with HIV is covered by a separate NHS England service specification.</p> <p>Comprehensive Sexual Health Services covering testing and treatments are commissioned by Local Authorities.</p>	<p>HIV treatment is not covered by the ID CRG. Please refer to the HIV CRG <a href="https://www.nhs.uk/commissioning/sexual-health-services/hiv-treatment/">NHS commissioning » HIV (england.nhs.uk)</a></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 <sup>3</sup>	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
<b>Looked after children and young people</b>	<p>This service specification is for adults only. There should be no direct negative or positive impact on young people in care or care leavers who may be better cared for in adult services. They may however need additional support to access the right services.</p> <p>The 'hub and spoke' service model is intended to distribute expertise and facilitate high-quality care in local settings. The SRIDC network should</p>	<p>Adult SRIDC services are required to work closely with paediatric ID services to ensure that older children and young people are cared for in the most appropriate setting and if necessary, transition effectively into adult services.</p>

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

Groups who face health inequalities <sup>3</sup>	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
	help to address inequality of patient access by enabling expert advice on rare and/or complex conditions wherever the patient presents.	
<b>Carers of patients:</b> unpaid, family members.	<p>Being a carer is not known to be a risk factor for infectious disease. The service specification is not anticipated to positively or negatively impact people who are carers.</p> <p>It is acknowledged that carers may face increased travel and time costs to attend hospital for appointments or visits.</p>	Providing centres need to ensure eligible patients and carers are aware of the <a href="#">NHS Healthcare Travel Costs Scheme</a> .
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>Those who are homeless are at increased risk of common and rare infectious diseases (<a href="#">Mosites et al., 2022</a>). Not being vaccinated against common infectious diseases can leave individuals more exposed. Inadequate handwashing, food storage and lack of sanitation can contribute to the spread of infectious agents.</p> <p>The 'hub and spoke' service model is intended to distribute expertise and facilitate high-quality care in local settings. The SRIDC network should help to address inequality of patient access by enabling expert advice on rare</p>	Urgent care for diseases of public health importance are exempt from charging for those who do not have an NHS number.



Groups who face health inequalities <sup>3</sup>	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
	and/or complex conditions wherever the patient presents.	
<p><b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.</p>	<p>Many people within the justice system experience greater health problems than the rest of the population but have difficulty accessing care (<a href="#">WEPHREN</a>).</p> <p>People in prison and detention often come from populations or groups at higher risk of certain infectious diseases e.g. blood-borne viruses, HIV and sexually transmitted infections, tuberculosis and respiratory infections and poorer vaccination coverage.</p> <p>The nature of the environment within prisons and places of detention can place people at additional risk of infection.</p> <p><a href="#">NHS England » Health and justice framework for integration 2022-2025: Improving lives – reducing inequality.</a></p>	<p>Providers should work with health protection specialists to enhance <a href="#">guidance</a> and with local specialists and custodial settings to improve access in the right setting.</p> <p>By means of a ‘hub and spoke’ configuration to distribute expertise, the SRIDC network will help to address inequality of patient access by facilitating high-quality local treatment of rare and/or complex conditions.</p> <p>Where a patient needs the facilities within a High Secure Infectious Disease unit the SRIDC should provide advice and support to navigate the patient pathway.</p>
<p><b>People with addictions and/or substance misuse issues</b></p>	<p>People who inject drugs (PWID) are vulnerable to a wide range of viral and bacterial infections. They can also face</p>	<p>Details on guidance and monitoring is available at: <a href="#">People who inject drugs: infection risks, guidance and data - GOV.UK (www.gov.uk)</a></p>

Groups who face health inequalities <sup>3</sup>	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>challenges using services due to their substance misuse.</p> <p>The 'hub and spoke' service model is intended to distribute expertise and facilitate high-quality care in local settings. The SRIDC network should help to address inequalities arising from patient access by enabling expert advice on rare and/or complex conditions where the patient is being cared for.</p>	
<p><b>People or families on a low income</b></p>	<p>Patients and families may be adversely affected financially by the need to travel to specialist centres to access treatment.</p> <p>Patients may be adversely impacted by loss of earnings due to admission, attendance at hospital or exclusion periods.</p>	<p>Providing centres need to ensure eligible patients and carers are aware of the <a href="#">NHS Healthcare Travel Costs Scheme</a>.</p> <p>Refer to social worker or Citizens Advice for advice on assessing eligibility for and claiming benefits. Consider referral to food banks or other local support if needed.</p>
<p><b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).</p>	<p>This group may find it harder to understand their condition and the benefits and risks associated with different treatment options. This might impact on their ability to access treatment or maintain involvement in a treatment regime.</p>	<p>Commissioned providers 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 living poor literacy or health literacy.</p>

Groups who face health inequalities <sup>3</sup>	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>Principle 4 of the NHS Constitution states that 'Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment'. NICE acknowledge that health literacy is a fundamental component of shared decision making. People with lower levels of literacy may not derive the same benefit from treatment as others.</p>	<p>Shared decision making should be used using appropriate mediums including verbal, written shared decision-making tools, translated, and Easy Read materials. The NHS has produced a <a href="#">Health Literacy Toolkit</a> (2nd Edition, 2023) that providers should use to ensure that all patients are able to participate in their care and get the best out of the treatments offered to them equitably.</p> <p>Treatment should be provided in a way to assist those with poor health or literacy skills. A holistic assessment of an individual should be undertaken to assess their suitability and understanding in relation to any barriers for treatment.</p>
<p><b>People living in deprived areas</b></p>	<p>Quality of housing and environment can impact infection risk, as well as overcrowding.</p>	<p>A national service specification sets out the minimum standards for the delivery of equitable care across England, regardless of location.</p> <p>Providers should refer to social workers or Citizens Advice for advice on assessing eligibility for and claiming benefits. Consider referral to food banks, clothing banks or other local support if needed</p>
<p><b>People living in remote, rural and island locations</b></p>	<p>In general, the burden of infection is greater in urban areas. However, the relatively small number of ID services and their geographic distribution (most are in hospital locations in major cities) makes equitable patient access challenging to deliver.</p>	<p>Providing centres should ensure eligible patients and carers are aware of the <a href="#">NHS Healthcare Travel Costs Scheme</a>.</p> <p>Outpatient parenteral antimicrobial therapy (OPAT) teams should manage the delivery of intravenous (into the vein or IV) antibiotics to patients who are</p>

Groups who face health inequalities <sup>3</sup>	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>The 'hub and spoke' service model is intended to distribute expertise and facilitate high-quality care in local settings. The SRIDC network should help to address rural inequalities by enabling expert advice on rare and/or complex conditions closer to patients' homes wherever possible.</p>	<p>medically stable, within their own homes which will improve access for eligible patients.</p>
<p><b>Refugees, asylum seekers or those experiencing modern slavery</b></p>	<p>Incidence of infectious diseases are heavily influenced by migration, dispersal, human demographics and behaviour (<a href="#">UKHSA</a>).</p> <p>Transmission and incidence of infection is typically higher in densely populated conditions. There have been several infectious disease notifications associated with asylum seeker accommodation across the country including diphtheria, shigella, skin infections and infestations (<a href="#">UKHSA</a>).</p>	<p>Common health challenges for refugees and asylum seekers include poorly controlled chronic conditions, mental health problems and maternity needs as well as untreated communicable diseases. Guidance on addressing the health needs of migrants is available at: <a href="#">Migrant health guide - GOV.UK (www.gov.uk)</a>.</p> <p>Urgent care for diseases of public health importance are exempt from charging for those who do not have an NHS number.</p> <p>Providers should refer to social workers or Citizens Advice for advice on assessing eligibility for and claiming benefits. Consider referral to food banks, clothing banks or other local support if needed</p>
<p><b>Other groups experiencing health inequalities (please describe)</b></p>		

**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.

<b>Yes X</b>	<b>No</b>	<b>Do Not Know</b>
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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.

<b>Name of engagement and consultative activities undertaken</b>		<b>Summary note of the engagement or consultative activity undertaken</b>	<b>Month/Year</b>
<b>1</b>	Infectious Diseases Clinical Reference Group	Review of draft service specification	April – September 2024
<b>2</b>	Informal stakeholder testing	British Infection Association, Specialised Services Circular sent out to regions to work with potential providers to assess competence and capability to deliver pandemic preparedness elements of specification.	March 2024
<b>3</b>			

**6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?**

<b>Evidence Type</b>	<b>Key sources of available evidence</b>	<b>Key gaps in evidence</b>
<b>Published evidence</b>	Not applicable	Not applicable
<b>Consultation and involvement findings</b>	Informal stakeholder testing with professional network and regional commissioners.	Not applicable
<b>Research</b>	Not applicable	Not applicable
<b>Participant or expert knowledge</b>	Clinical expertise and patient input through the service specification development process with CRG.	Not applicable

Evidence Type	Key sources of available evidence	Key gaps in evidence
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	
The proposal may support?			
Uncertain whether the proposal will support?	x		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	
The proposal may support?		x
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 N/A	

2	N/A	
3	N/A	

**10. Summary assessment of this EHIA findings**

The updated service specification will make a contribution to reducing health inequalities by setting clear standards for all specialized regional infectious diseases centres.

**11. Contact details re this EHIA**

Team/Unit name:	Blood and Infection Programme of Care
Division name:	Specialised Commissioning
Directorate name:	CFO
Date EHIA agreed:	2024
Date EHIA published if appropriate:	2024