

# NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA)

## 1. Name of the proposal (policy, proposition, programme, proposal or initiative)<sup>1</sup>:

Amputee Rehabilitation and Prosthetics Services for People of All Ages with Limb Loss and Limb Difference - D01/S/d - 250502

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

Prosthetic services offer lifelong care to people with either acquired amputations or who are born with limb deficiency with the aim of maximizing function, allowing greater independence and improving the quality of life for the individual. The service specification improves the quality of services, addresses any inequalities in access to services and ensures that all patients have access to the full range of prosthetic limbs appropriate to their age and ethnicity. The service specification will also require services to ensure patients are seen in an appropriate environment that meets their age and cultural needs.

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

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
<b>Age:</b> older people; middle years; early years; children and young people.	There are approximately 2500 children and young people with limb loss in England. The proposed service specification will require children and young people to be seen within services appropriate to their age. The service specification supports prosthetic centres	Centres treating children and young people will require a waiting area and clinical rooms separate to adult areas. These can either be separate rooms or designated days when adaptations can be made to the waiting area and clinical rooms and appointments will only be offered to children and young people.

<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.

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>that can offer a full range of services including access to paediatric mental health and psychological support services.in addition they will offer local peer support services to children and their families and carers. All children and young people will be treated in an age-appropriate environment. Where services are unable to meet the required standards they will need to agree shared care collaborative arrangements with a neighbouring service to support routine maintenance and reviews. The requirements of the service specification might require a small number of children to transfer their care to a centre further distance from their home, but the shared care arrangements will allow for emergency repairs and reviews to be undertaken in their local centre.</p> <p>All prosthetic services will be assessed as to whether they meet the standards required to be considered a supra regional paediatric service.</p>	<p>Centres must have a full MTD with access to other specialist clinicians when required. This will include prosthetists and therapists with expertise in paediatric prosthetics and access to paediatric mental health and psychological support.</p> <p>Prosthetic services should develop provider collaborative arrangements to share care between services to support local access, for routine maintenance, reviews and input, for those children and their families who wish to access their local centre.</p> <p>Informed patient choice needs to be given significant consideration in determining which centre a patient attends.</p>
<b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.	There are approximately 60,000 people in England with limb loss however not all people with limb loss are prosthetic users.	All necessary resources must be available to allow for the assessment, investigation, treatment, on-going care and rehabilitation of patients

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	<p>People with limb loss require lifelong care. The aims of a prosthetic service is to maximise function, retain independence and improve the quality of life for the individual. This requires that all necessary resources are available to allow for the assessment, investigation, treatment, on-going care and rehabilitation of patients with limb loss and limb difference in line with agreed national standards and within timescales appropriate to the clinical needs of patients. The service specification will require all services to meet the standards required to meet these aims.</p> <p>Prosthetic services treating patients with complex prosthetic rehabilitation needs such as complex traumatic amputations or multi-limb loss will need to offer joint reviews with relevant surgical teams and provide increased intensity rehabilitation where appropriate. They should also offer access to trials for new developments and technologies.</p>	<p>with limb loss and limb difference in line with agreed national standards and within timescales appropriate to the clinical needs of patients</p> <p>All patients will have access to a MDT with access to a consultant in rehabilitation. All patients will be offered mental health/psychological support. This will also include non-limb users where it is appropriate to their needs.</p> <p>For people undergoing an elective amputation a pre-amputation consultation will be offered to educate patients as to their future care needs and the services available.</p> <p>Prosthetic services will be required to offer flexibility in appointments times to accommodate those working, studying or at school.</p> <p>Prosthetic services will be delivered at locations that meet all onsite access standards. Patient information should be provided in a range of formats (including written and verbal) that take into account any physical, sensory or learning impairments.</p> <p>Patients can access a second limb where agreed by the MDT and for when it is for a purpose that the primary limb would be unable to meet.</p>

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		<p>Through an annual review services can offer support and advice to patients with links to services to maintain the health of remaining limbs.</p> <p>Informed patient choice needs to be given significant consideration in determining which centre a patient attends.</p>
<b>Gender Reassignment and/or people who identify as Transgender</b>	There should be no direct negative or positive impact on this group.	Not applicable but prosthetic services should ensure a high level of cultural competence among staff, through high quality Equality, Diversity and Inclusion programmes, to help to ensure that staff are aware of the specific needs of patients or families who are part of these groups.
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	There should be no direct negative or positive impact on this group.	Not applicable but prosthetic services should ensure a high level of cultural competence among staff, through high quality Equality, Diversity and Inclusion programmes, to help to ensure that staff are aware of the specific needs of patients or families who are part of these groups.
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	Where limb deficiency is detected in pregnancy a pre-natal appointment will be offered. This will allow for parents to meet the team caring for their child going forward and to offer support and advice and signposting to local peer support.	All services will offer pre-natal advice and support.

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
<b>Race and ethnicity</b> <sup>2</sup>	<p>Limb loss is not known to significantly affect any race or ethnicity.</p> <p>The service specification will ensure all prosthetists will be able to prescribe a full range of prosthesis which will ensure patients will receive a prosthesis appropriate to their ethnicity.</p> <p>All information must be made available in an appropriate language and format .to appropriate accessible to all patients.</p>	<p>Greater access to a wider selection of prosthesis should ensure appropriate limb provision.</p> <p>The provision of information in an appropriate format will ensure patients, their families and carers can access and understand the information given to them.</p>
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	There should be no direct negative or positive impact on this group.	Not applicable
<b>Sex:</b> men; women	There should be no direct negative or positive impact on this group.	Not applicable
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	There should be no direct negative or positive impact on this group.	Not applicable

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<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.

#### 4. Main potential positive or adverse impact for people who experience health inequalities summarised

Delete this text once drafted: 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>	There should be no direct negative or positive impact on this group.	All children and young people will have their care overseen by a paediatric MDT. Good communication between the prosthetic service and external services such as children's social care can help to ensure that these teams can also support children and families to access care. The provider's own safeguarding teams would also be a key part of this communication stream.
<b>Carers of patients:</b> unpaid, family members.	The service specification emphasises the need to support families and carers through education, support and engagement.	The service specification requires services to demonstrate that patients and carers have information about the centre, contact details of the named clinician, education material in written, video or other format and details of patient user groups, patient support groups or systems, national charities and organisations in relation to limb difference or limb loss, links to local and national activity or sports groups and information on benefits, welfare advice and support.

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<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
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>This group may be less likely to enter the patient pathway, due to access issues (e.g., not registered with a General Practitioner).</p> <p>The lack of a permanent base for which follow-up and/or prosthetic fitting appointments could be co-ordinated may be challenging in this cohort of patients.</p>	Prosthetic providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, Health Inclusion teams or charities) to mitigate risk for homeless patients.
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	The Service specification improves access to care through flexibility and type of appointment e.g. video appointments.	The service specification requires patients to have wider access and greater flexibility to appointments.
<b>People with addictions and/or substance misuse issues</b>	There will be no direct negative or positive impact on this group.	Not applicable.
<b>People or families on a low income</b>	The Service specification improves access to care through flexibility and type of appointment e.g. video appointments.	The service specification requires patients to have wider access and greater flexibility to appointments.
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).	The Service specification improves access to care through flexibility and type of appointment e.g. video appointments.	The Service specification improves access to care through flexibility and type of appointment e.g. video appointments.
<b>People living in deprived areas</b>	The Service specification improves access to care through flexibility and type of appointment e.g. video appointments.	The service specification requires patients to have wider access and greater flexibility to appointments.

<b>Groups who face health inequalities<sup>3</sup></b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
<b>People living in remote, rural and island locations</b>	The Service specification improves access to care through flexibility and type of appointment e.g. video appointments.	The service specification requires patients to have wider access and greater flexibility to appointments.
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	There will be no direct negative or positive impact on this group.	Not applicable.
<b>Other groups experiencing health inequalities (please describe)</b>	There will be no direct negative or positive impact on this group.	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.

<b>Yes</b>	<b>No</b> <b>x</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>	Prosthetics Review Steering Group	Meetings with steering group membership of which includes Limb Loss association, Limb Power and Blesma, the three leading national charities.	Ongoing since 2020
<b>2</b>	Prosthetics Centre Managers Group	Meeting with the 35 prosthetic centre managers	Quarterly since 2021
<b>3</b>		All stakeholders invited to national workshop	Jan 2020



	National prosthetics review workshop		
4.	International Society of Prosthetists & Orthotists (ISPO)	Presentation at Conference	Oct 2022
5.	Various national patient forums e.g. Steel Bones, OPUS, AUGA	Meeting with patients	Ongoing

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
<b>Published evidence</b>	British Society of Rehabilitation Medicine – Standards & Guidelines 2018.  NCEPOD report “Lower Limb Amputation Working Together 2014”.  NHS England Prosthetic Patient Survey 2018.	None identified
<b>Consultation and involvement findings</b>	Consulting across all stakeholders	None identified
<b>Research</b>	There is very little published research	None identified
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Prosthetics steering group with input from rehabilitation consultants, prosthetists AHPs and patient support groups.	None identified

**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?		X	X
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	N/A	
2		

## 10. Summary assessment of this EHIA findings

The proposal should contribute to advancing opportunities for people living with a disability through access to appropriately trained staff with expertise in a particular area of limb loss or limb deficiency. This will improve outcomes for patients which will in turn improve independence and quality of life. Patients will be seen in appropriate settings with greater access to a range of prosthesis. The service specification mandates that provision of all patient information should adhere to the NHS England Accessible Information Standard which aims to ensure that service users and service users, their carers and parents can access and understand the information given to them. This includes making sure that people get information in accessible formats and get support from a communication professional if needed. Lifelong support will be offered to patients and their carers including pre-natally where limb deficiency is diagnosed in pregnancy.

## 11. Contact details re this EHIA

Team/Unit name:	Trauma Programme of Care Team
Division name:	Specialised Commissioning
Directorate name:	Finance Directorate
Date EHIA agreed:	2024
Date EHIA published if appropriate:	2025