

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)**¹: Tropical Medicine and Parasitology (all ages).

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

Tropical Medicine and Parasitology hub services aim to work with the Specialised Regional Infectious Diseases Centres (SRIDCs) and Paediatric Infectious Diseases (PID) networks to provide efficient access to high-quality highly specialist care for patients of all ages with suspected or proven imported infections and parasitological conditions. The scope includes specialist diagnostics, treatment and disease prevention. It involves working to address inequalities in access to specialist diagnostics and clinical services, plus wide variation in clinical management approaches and corresponding patient outcomes (e.g., severe malaria, echinococcosis etc.).

In addition to improving the management of well-established conditions, the service aims to improve early recognition and surveillance of new and emerging infectious diseases resulting from habitat destruction, climate change and global travel. This involves working particularly closely with UKHSA reference laboratories and their specialist clinical teams.

With a shared focus on non-endemic pathogens, the service aims to work closely with providers of the High Consequence Infectious Diseases (HCID)

The highly specialist, national service comprises 2 centres:

- Liverpool Tropical and Infectious Disease Unit, Royal Liverpool University Hospital, in conjunction with the Liverpool School of Tropical Medicine (LSTM).

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

- Hospital for Tropical Diseases (HTD), University College Hospital London (UCLH)

The Tropical Medicine and Parasitology service specification (2013) has been updated with two overarching aims that are aligned with the overall Specialised Commissioning Infectious Diseases strategic aims of improving access and ensuring that the overall ID network is adequately prepared for the next pandemic.

The primary aim of the updated Tropical Medicine and Parasitology service specification is to clarify how these services work with the SRIDC and PID networks to provide efficient access to high-quality highly specialist care for patients of all ages with suspected or proven imported infections and parasitological conditions.

The proposed changes do not impact on the provider configuration 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

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. | Young children and older adults are at higher risk of some infections due to increased exposure or their developing or weakening immune systems. This service specification covers all ages. Care is provided via a shared care (hub and spoke) model. This | Providers should collect data routinely on age, sex and ethnicity of service users and consider by means of health equity audit (HEAT) whether there are any underserved populations. Adult services are required to work closely with paediatric ID services to ensure that older |

| 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 |
|--|---|--|
| | enables patients to receive expert led care, closer to home, in the most clinically appropriate setting. | children and young people are cared for in the most appropriate setting and if necessary, transition effectively into adult services. |
| Disability: physical, sensory and learning impairment; mental health condition; long-term conditions. | <p>Some disabilities, long term conditions and associated treatments may place some people at additional risk of infection.</p> <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>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> <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p> |
| Gender Reassignment and/or people who identify as Transgender | 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 | <p>All patients who meet the inclusion criteria should be offered inclusive treatment. The BMA offers guidance on Inclusive care of trans and non-binary patients.</p> <p>Providers should be aware that patients in this group may face barriers to getting a diagnosis.</p> <p>Consider, by means of health equity audit (HEAT) whether there are any underserved populations,</p> |

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|---|--|--|
| | <p>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. (National LGBT Survey).</p> <p>This service is expected to have a positive effect on the overall survival and overall outcomes of all patients who need this service, regardless of gender reassignment and being transgender.</p> | <p>particularly from groups with protected characteristics.</p> |
| <p>Marriage & Civil Partnership: 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 (Ayorinde et al., 2023).</p> | <p>The service specification is not anticipated to positively or negatively impact people who are married or in a civil partnership.</p> <p>Consider, by means of health equity audit (HEAT) whether there are any underserved populations, particularly from groups with protected characteristics.</p> |
| <p>Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.</p> | <p>Pregnancy does not increase the risk of acquiring infection but any febrile illness, including those that can present</p> | <p>SRIDC services are required to have agreed referral/shared care pathways in place with specialist antenatal and maternity services with</p> |

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|---------------------------------------|--|--|
| | <p>with a rash, may be associated with an increased risk of fetal loss (UKHSA, 2024). There may be clinical risks to treating tropical diseases in pregnancy. The shared care (hub and spoke) model allows access to expert infectious disease and obstetric care in the right setting. The hubs include commissioned pre-travel medicine services for patients with complex underlying conditions including pregnancy. This includes highly specialised advice for pregnant women about the risks associated with travel.</p> | <p>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> |
| Race and ethnicity² | <p>Ethnic background is known to affect risk of malarial disease in Sickle Cell trait carriers (mostly originating from Central Africa Republic, Benin, Cameroon, Senegal, India, Saudi Arabia and Mediterranean areas).</p> <p>Tropical infection may be related to national or ethnic origin due to increased likelihood of international</p> | <p>Providers should collect data routinely on age, sex and ethnicity of service users and consider by means of health equity audit (HEAT) 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</p> |

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 |
|--|---|--|
| | <p>travel. Cultural and other factors that influence health-seeking behaviour pre- and post-travel may also affect risk of infection.</p> <p>The 'hub and spoke' service model allows access to highly specialist knowledge of tropical and parasitic infection, which may benefit patients from some ethnic backgrounds.</p> | <p>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>Religion and belief: 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 (Gajurel, 2021).</p> <p>Specialists working within SRIDC and Tropical medicine services are likely to have an enhanced awareness of how practices and rites associated with different faiths can affect risk of infections and be able to share knowledge with local services.</p> | <p>The tropical medicine shared care 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> |
| <p>Sex: men; women</p> | <p>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</p> | <p>The service specification is not anticipated to impact people whose birth assigned sex is male or female.</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>diseases. It is unknown whether this is related to activities, reporting or health care seeking behaviour. (Global Burden of Disease Study 2021 (GBD 2021) Results). The model of care is not anticipated to impact people differentially whether their birth assigned sex is male or female.</p> | |
| <p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p> | <p>The model of care is not anticipated to impact people differentially on the basis of their sexual orientation.</p> | <p>The service specification is not anticipated to impact people who identify lesbian, gay, bisexual or heterosexual either positively or negatively.</p> <p>Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.</p> <p>Service providers work with and provide specialist expertise to local services where novel infections or patterns of disease within groups are seen.</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>Young people in care or care leavers may need additional support to access the right services.</p> <p>The 'hub and spoke' model of care is intended to facilitate the right care in local settings and promote equity of access wherever the patient presents.</p> | <p>Adult services are required to work closely with paediatric 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> |
| Carers of patients: 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> | <p>Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</p> |
| Homeless people. 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 (Mosites et al., 2022). Not being vaccinated against</p> | <p>Urgent care for diseases of public health importance are exempt from charging for those who do not have an NHS number.</p> |

³ Please note many groups who share protected characteristics have also been identified as facing 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 |
|---|---|---|
| | <p>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' model of care is intended to facilitate the right care in local settings and promote equity of access wherever the patient presents.</p> | |
| <p>People involved in the criminal justice system: 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 (WEPHREN).</p> <p>People in the criminal justice system often come from populations or groups at higher risk of certain infectious diseases e.g. blood-borne viruses, sexually transmitted infections, respiratory infections and poorer vaccination coverage.</p> <p>The 'hub and spoke' model of care is intended to facilitate the right care in local settings and promote equity of access wherever the patient presents.</p> | <p>Providers should work with health protection specialists to enhance guidance and with local specialists and custodial settings to improve access in the right setting.</p> <p>Where a patient needs the facilities within a specialist regional infectious disease unit, a tropical centre or a High Consequence Infectious Disease unit, the SRIDC should provide advice and support to navigate the patient pathway.</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 with addictions and/or substance misuse issues | <p>People who inject drugs (PWID) are vulnerable to a wide range of viral and bacterial infections. They can also face challenges using services due to their substance misuse.</p> <p>The 'hub and spoke' model of care is intended to facilitate the right care in local settings and promote equity of access wherever the patient presents.</p> | <p>The service specification is not anticipated to negatively impact people with addictions and/or substance misuse issues.</p> |
| People or families on a low income | <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 NHS Healthcare Travel Costs Scheme.</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> |
| People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills). | <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> <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</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 |
|--|---|---|
| | <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>Health Literacy Toolkit (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> |
| People living in deprived areas | <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> |
| People living in remote, rural and island locations | <p>The service specification is not anticipated to positively or negatively impact people living in remote, rural and island locations.</p> <p>The ‘hub and spoke’ model of care is intended to facilitate the right care in</p> | <p>Providing centres should ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme.</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 |
|--|---|--|
| | local settings and promote equity of access wherever the patient presents. | |
| Refugees, asylum seekers or those experiencing modern slavery | <p>Incidence of infectious diseases are heavily influenced by migration, dispersal, human demographics and behaviour (UKHSA).</p> <p>The 'hub and spoke' model of care is intended to facilitate the right care in local settings and promote equity of access wherever the patient presents.</p> | <p>Guidance on addressing the health needs of migrants is available at: Migrant health guide - GOV.UK (www.gov.uk).</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> |
| 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 |
|--------------|-----------|--------------------|

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 | Infectious Diseases Clinical Reference Group (CRG) | Review of draft service specification | June – October 2024 |
| 2 | Tropical Medicine Specification Working Group (SWG) | Review and updating of the content of the 2013 service specification | June – October 2024 |
| 3 | Informal stakeholder testing | Teams meeting with SRIDC network to discuss specification update. | December 2024 |

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 | <p>Houweling TA, Karim-Kos HE, Kulik MC, Stolk WA, Haagsma JA, Lenk EJ, Richardus JH, de Vlas SJ. Socioeconomic Inequalities in Neglected Tropical Diseases: A Systematic Review. <i>PLoS Negl Trop Dis</i>. 2016 May 12;10(5).</p> <p>Hedrick, P. Population genetics of malaria resistance in humans. <i>Heredity</i> 107, 283–304 (2011). https://doi.org/10.1038/hdy.2011.16</p> <p>NHS England » Health and justice framework for integration 2022-2025: Improving lives – reducing inequality.</p> | Not applicable |

| Evidence Type | Key sources of available evidence | Key gaps in evidence |
|--|--|----------------------|
| Consultation and involvement findings | Informal stakeholder testing with professional network | 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 | Clinical expertise and patient input through the service specification development process with CRG and SWG. | 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 |
|--|-------------------------|-----------------------------------|--------------------------|
| 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

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| The updated service specification will make a contribution to reducing health inequalities by setting clear standards for both of the Tropical Medicine hub services and ensuring access to expert care in a local setting where clinically appropriate. |
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11. Contact details re this EHIA

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|-------------------------------------|---------------------------------------|
| 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: | 2025 |