

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):

Neurosciences: Specialised Neurology Services (Adults) service specification - D04/S/a - 250801

2. Brief summary of the proposal in a few sentences

The new Specialised Commissioning Service Specification Template was introduced in April 2022 to coincide with and support the move towards increased collaboration and formal delegation between NHS England and ICBs in relation to the commissioning of specialised services. The Neurosciences: Specialised Neurology (Adult) service specification has been reviewed to replace the current version of the service specification published in 2013. The revised service specification provides a more comprehensive model of care, detailing the requirements for specialised neurology services but also outlining the expectations of a system wide approach. It articulates how patients should move into and out of specialised neurology services, incorporating end to end pathways within an Integrated Neurology System.

The specification includes reference to specialised services for Functional Neurological Conditions (FND) and Complex Headache which were previously omitted from the current published version. Most neurology subspecialty pathways include specialised and non-specialised components. There is greater clarity provided sub-specialty services in Annex 1. The specification should be reviewed alongside the NHSE ICB Neurology Toolkit, which provides additional guidance on commissioning and delivery non-specialised aspects of the care pathway and emphasises a collaborative approach across the entire system to deliver seamless care.

The Neurology Getting it Right First Time (GIRFT) Programme National Specialty Report September 2021 states:

There are an estimated 16.5 million cases of neurological disorder in England, which equates to one in six people having a neurological condition www.neural.org.uk/assets/pdfs/neuro-numbers-2019.pdf. The NHS spends £4.4bn per year on neurological conditions: Department of Health Programme budgeting data 2012/13. Neurological disorders are common and varied, and they affect all levels of the nervous system. Neurological conditions carry a significant burden to individuals, their families and carers, the NHS, and society as a whole. Some are life-threatening, and many severely affect quality of life. There are over 600 types of neurological condition, broadly categorized

into sudden-onset conditions (such as encephalitis, meningitis and Guillain-Barré syndrome); intermittent and unpredictable conditions (such as epilepsy, migraine and the early stages of multiple sclerosis); progressive conditions (such as motor neurone disease, Parkinson's disease and later stages of multiple sclerosis); and stable conditions with changing need (such as cerebral palsy in adults or spina bifida).

Neurology services are delivered through specialised neurology centres and regional neuroscience centres commissioned by NHS England Specialised Commissioning, but also through general neurology services based at district general hospitals (DGHs) and community neurology and neurotherapy services. These services are currently planned and commissioned independently, with little to no whole system planning at a local level. Currently, neurology activity at any of the 27 adult specialised neurology services in England (24 regional neuroscience centres and 3 specialised neurology centres) is considered specialised. By contrast, specialist activity occurring elsewhere within 126 non-specialised providers is not, with delivery and reimbursement being the responsibility of local ICBs.

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.	The revised Neurosciences: Specialised Neurology (Adult) service specification is for adults only. The specification outlines a networked approach and articulates more clearly the pathways and aspirations of an Integrated Neurology System. It is hoped that through this model patients will have access to care and treatment closer to home. Implementation of this proposition is considered to have a potential positive impact for this protected characteristic group.	Transition from paediatric to adult services is articulated more clearly, emphasising the importance of good transition planning in line with guidance NG42 Transition from children's to adults' services for young people using health or social care services. The benefits of joint working with geriatric medicine services included, including around frailty.

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
	Transition from paediatric to adult services is often problematic with poor transition planning and coordination.	
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>There are an estimated 16.5 million cases of neurological disorder in the UK, which equates to one in six people having a neurological condition, and neurological conditions collectively are the leading cause of disability globally.</p> <ul style="list-style-type: none"> • The Neurological Alliance. Neuro Numbers 2019. • Economist Impact Report: 2022, Mitigating the global impact of neurological disorders <p>There is strong evidence of inequalities in neurological health outcomes in England. The life expectancy, quality of life, and access to quality care experienced by people living with neurological conditions varies significantly according to level of deprivation and place of residency.</p> <p>This specification is considered to have a potential positive impact for patients whose disability is being managed by neurology services.</p>	<p>The specification provides a clearer model of care within an Integrated Neurology System, incorporating current guidance/best practice and clarifies referral pathways with the aim of improving patient experience and outcomes. It also articulates the required interaction between specialised and non-specialised neurology services and community services responsible for managing disability resulting from these conditions.</p>

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	<p>Some forms of learning impairment, and learning disabilities are in themselves a neurological condition, and therefore people with impairment and LD are more likely to be represented within the neurology patient cohort than is true for the average population.</p> <p>People with a learning disability experience very high health inequalities and are more likely to have considerable and often multiple, physical and mental health conditions. Data gathered via the LeDeR programme and other sources evidence that: 49% of the deaths of people with a learning disability in 2021 were avoidable compared to 22% in the general population and the median age of death for people with a learning disability was 61 compared to 82 in the general population.</p> <p>The same is true for adult-onset disorders such as Dementia. And therefore there will be patients under a neurologist who incidentally have a disability that needs consideration, and also patient for whom the disability is the reason for presenting to neurology.</p>	<p>The Inequalities paragraph in the specification that highlights providers should understand their patient populations including those with protected characteristics, identify barriers to access and implement appropriate measures to ensure equity of service. The revised specification has therefore strengthened the approach to reducing inequalities for these groups and will have a positive impact.</p> <p>The specification reminds that Clear signage, and adequate wheelchair-accessible space is required throughout. This includes access to disabled toilets and dedicated Changing Places toilet facilities. Interpreter services should also be provided where appropriate.</p> <p>Learning disability services are included as key linked services. The specification also makes reference to neurodevelopmental conditions and their overlap.</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><i>Parity of Esteem for People affected by Neurological Conditions Meeting the emotional, cognitive and mental health needs of neurology patients 2017</i> https://www.neural.org.uk/assets/pdfs/2017-07-parity-of-esteem.pdf found that:</p> <ul style="list-style-type: none"> - Emotional, cognitive and mental health needs of neurological patients have tended to be invisible, even within policy on neurological conditions. - The likelihood of having a comorbid mental health condition may be even higher for neurology patients than for the long-term conditions patient population overall. - There is often a complex interplay between neurological conditions and comorbid mental health conditions. - Current services are characterised by disjointed pathways, poorly coordinated care and variation across the country. <p>Specially designed services that bring together neurology and mental health are required to achieve the best outcomes for patients.</p>	<p>The specification has a greater emphasis on mental health and the importance of integrated physical and mental health pathways.</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
Gender Reassignment and/or people who identify as Transgender	All patients who require access to specialised neurology services as outlined in the specification would be considered for treatment. The proposition is therefore not considered to have an adverse impact on this protected characteristic group. Gender reassignment and/or people who identify as transgender have not been identified as a high-risk group	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	There is no identified impact of this service specification on this protected characteristic.	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	There are known challenges in accessing certain treatment pathways, particularly with regards to MS DMTs for women.	The specification outlines Pathways for pre-pregnancy and perinatal care and emphasizes the importance of close working relationship between neurology and maternity services, developed in conjunction with NHSE maternal medicine programme.
Race and ethnicity¹	A retrospective analysis of the ethnicity of individuals referred to a tertiary neuropsychology service in the United Kingdom - PubMed found that in the UK ethnic minorities were not referred to a neuropsychology service relative to	Within the specification services are encouraged to work to: <ul style="list-style-type: none"> identify which populations currently experience inequitable access with particular reference to patients with protected characteristics (including ethnicity).

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.

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>regional population prevalence. This contradicts their increased susceptibility for risk of neurological conditions but may also indicate the inaccessibility of neuroscience services for ethnic minorities.</p> <p>Research also suggests patients from ethnic minorities are under-represented in neuroscience research. Addressing ethnic disparities in neurological research in the United Kingdom: an example from the prospective multicentre COVID-19 Clinical Neuroscience Study — King's College London</p>	<ul style="list-style-type: none"> • identify barriers to access at service level for these populations, • implement inclusion measures to improve equity.
Religion and belief: people with different religions/faiths or beliefs, or none.	There is no identified impact of this service specification on this protected characteristic.	N/A
Sex: men; women	<p>There is a > 2-3 fold increased prevalence of multiple sclerosis, migraine, myasthenia gravis and a number of other neurological conditions in women.</p> <p>Men aged 50 to 89 are 1.4 times more likely to be diagnosed with Parkinson's than women.</p>	<p>Within the specification services are encouraged to work to:</p> <ul style="list-style-type: none"> • identify which populations currently experience inequitable access with particular reference to patients with protected characteristics (including ethnicity). • identify barriers to access at service level for these populations, • implement inclusion measures to improve equity <p>The specification also states: To support inclusion of seldom heard groups, services should work to:</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
		<ul style="list-style-type: none"> identify which populations currently experience inequitable access with particular reference to patients with protected characteristics (including learning difficulties and disability) deprivation, ethnicity, pregnancy and maternity and patients within the Justice system.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There is no identified impact of this service specification on this protected characteristic.	N/A

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

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities 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	N/A	N/A
Carers of patients: unpaid, family members.	All patients of all ages who require access to Neurology outlined in the specification would be considered for treatment. Therefore, there should be no direct negative or positive impact	The specification identifies the need for whole pathway management including working effectively with community providers to support for people living with disabling neurological conditions, potentially reducing carer burden.

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
	on this group in their capacity as users of healthcare, but indirect reduced burden in their role as carers.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<p>Epilepsy is more prevalent amongst the homeless population (Laporte, 2006) and there is a higher rate of seizure-related deaths amongst this group (Doran, 2021). It is likely that there is a bidirectional relationship between homelessness and some neurological conditions with homeless people more likely to experience violence resulting in brain injury, and people who suffer from neurological conditions more likely to experience homelessness due to challenges associated with finding and maintaining employment and stable living conditions.</p> <p>All patients of all ages who require access to Neurology outlined in the specification would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group.</p>	The specification reminds providers of the need to understand equity in treatment and outcomes including for patients with protected characteristics.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	<p>Neurodivergent people are more likely to be in prison and more likely to reoffend.</p> <p><u>Studies have shown</u> UK prison populations are disproportionately made up of people who have neurological conditions including <u>brain</u></p>	The specification now specifically references the justice system and understanding inequalities of access and barriers for inclusion health groups such as those in the justice system.

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
	<p>injury, ADHD, autism and learning disabilities https://www.justiceinspectorates.gov.uk/cji/wp-content/uploads/sites/2/2021/07/Neurodiversity-evidence-review-web-2021.pdf</p> <p>https://cji.justiceinspectorates.gov.uk/inspection-report/neurodiversity-in-the-criminal-justice-system-a-reivew-of-evidence/</p> <p><u>The Disabilities Trust Foundation's research</u> estimates nearly half of all male prisoners (47%) have a history of traumatic brain injury (TBI).</p> <p>All patients of all ages who require access to Neurology outlined in the specification would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.</p>	
People with addictions and/or substance misuse issues	<p>All patients of all ages who require access to Neurology outlined in the specification would be considered for treatment. Therefore, there should be no direct negative or positive impact on this group. This group is not identified as high risk.</p>	N/A

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
People or families on a low income	<p>All patients of all ages who require access to Neurology outlined in the specification would be considered for treatment. Therefore, there should be no direct negative impact on this group.</p> <p>The specification emphasises the need and methods for delivering specialised care closer to home, reducing travel times and costs for patients on low incomes, and reducing the barriers to accessing care.</p>	<p>The specification describes the need for Specialised Neurology Centres to work collaboratively with other units to deliver care closer to home and reduce patient travel through subspecialty networks, virtual complex case meetings, and specialised treatment delivery outside specialised centres, with appropriate governance. This is anticipated to reduce costs for people or families on low incomes which represent barriers to accessing care.</p>
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	<p>People from this group often experience difficulties accessing services and accessing follow up.</p>	<p>Commissioned providers should work with patient and other relevant agencies (e.g. ICBs GP, Local Authority, charities) to mitigate the risks for this group. The specification is clear that a full range of condition-specific information in appropriate formats suited to the communication needs of the patient.</p>
People living in deprived areas	<p>Neurology patients living in the most deprived areas of England in 2023 had Missed Appointment rates that were almost double those in the least deprived area (7.5% vs 14.5%) (NHS/E). Missed Appointments occur for many reasons – which are often outside of the patient’s control and are more likely to affect people living in poverty. e.g. difficulty taking time off work or caring duties to attend appointments;</p>	<p>The specification reminds providers of the need to understand equity in treatment and outcomes including for patients with protected characteristics, inclusions groups and including patients from areas of higher deprivation.</p> <p>Some deprived areas, particularly those which are rural and coastal, are physically remote from Specialised Neurology Centres. The focus in the</p>

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>transport issues; challenges accessing digital platforms to manage appointments.</p> <p>The rate of deaths associated with epilepsy in areas ranked as the most deprived in England were more than double those in the least deprived areas between 2012-14, (13 versus 5 deaths per 100,000 population respectively) (PHE, 2018). There is also evidence of different incidence and prevalence rates of epilepsy by region (Wigglesworth, et al., 2023)</p> <p>All patients who require access to Neurosciences: Specialised Neurology (Adult) services as outlined in the specification would be considered for treatment.</p>	<p>new specification on pathways into and out of specialised care, and the description of co-working with non-specialised units that are more easily accessed in these deprived areas, should help improve access for these populations. The specification also reminds the need to work closely with social care services, particularly in arranging packages of care prior to discharge.</p>
People living in remote, rural and island locations	<p>Patients who are long distances away from specialist centres may face difficulties accessing services. For example. Multiple Sclerosis patients who live closer to specialist centres in 2023 were more likely to access disease-modifying therapies than those who have to travel from further away</p>	<p>The revised specification states that all providers are expected to participate in a networked model of care to enable services to be delivered as part of a coordinated, combined whole system approach (Integrated Neurology System).</p> <p>Access to healthcare travel cost scheme attached for those eligible: https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/</p>

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
Refugees, asylum seekers or those experiencing modern slavery	People from this group often experience difficulties accessing services and accessing follow up.	Commissioned providers should work with patient and other relevant agencies (e.g. ICBs GP, Local Authority, charities) to mitigate the risks for this group. The specification is clear that a full range of condition-specific information in appropriate formats suited to the communication needs of the patient.
Other groups experiencing health inequalities (please describe)	N/A	N/A

5. Engagement and consultation

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

Yes	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	Neurological Alliance engagement	Co-design with Neurological Alliance Chief Executive, who is part of the specification working group. The neurological alliance is the umbrella organization for > 80 neurology VCSE organisations.
		2024

2	Co-design with patients	CRG PPV representation review and feedback sought and incorporated where appropriate.	2024
3	Stakeholder Testing took place from 3rd January to 3rd February 2024	<p>Stakeholder testing took place from 3rd January to 3rd February 2025. The Lead Commissioner for Neurology and Neurosurgery and Spinal Surgery CRGs and the National Clinical Director for Neurology held an engagement session for patients / charity Group on 10th January 2025.</p> <p>The session was well attended with in the region of 40 participants attending. Participants included patients, carers and patient / charity groups. Some of the key points that were raised that were also echoed in the consultation feedback were:</p> <p>The majority of queries / questions raised at the engagement session concerned funding and implementation, however a key area that was also highlighted was the lack of detail in relation to maternity services and neurological conditions. This has now been addressed with much more detail included in the revised specification.</p>	Jan / Feb 2025

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>The specification has been developed to replace the current version of the service specification for Neurosciences: Specialised Neurology (Adult) service specification published in 2013.</p> <p>Data collated as part of development of an ICS Health Equity Toolkit through NHSE Neurology Transformation Programme.</p>	
Consultation and involvement findings	Planned	
Research	No pending research is known	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	<p>Through the Trauma Programme of Care and its Clinical Reference Group structures supporting the Specification Working Group (SWG) with its expert knowledge regarding Neurology.</p> <p>PPV Representatives have also been key contributors to this development</p>	

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?	X	X	X

Uncertain whether the proposal will support?			
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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	
2	
3	

10. Summary assessment of this EHIA findings

- Overall, the proposed changes will advance equality of opportunity or reduce health inequalities. The revised specification states that all providers are expected to participate in a networked model of care to enable services to be delivered as part of a coordinated, combined whole system approach (Integrated Neurology System).
- The changes to the service specification do not impact on marginalised or hard to engage groups or those with protected characteristics.

- Areas strengthened in the EHIA following consultation include learning disabilities, people involved in the criminal justice system and pathways for pre-pregnancy and perinatal care.
- However, it is noted that patients who may live in remote, rural or coastal locations and those in deprived areas may be difficult to support. The focus in the new specification on pathways into and out of specialised care, and the description of co-working with non-specialised units that are more easily accessed in these deprived areas, should help improve access for these populations. The specification also reminds the need to work closely with social care services, particularly in arranging packages of care prior to discharge.

11. Contact details re this EHIA

Team/Unit name:	Trauma Programme of Care england.npoc-trauma@nhs.net
Division name:	Specialised Commissioning
Directorate name:	Finance Directorate
Date EHIA agreed:	2025
Date EHIA published if appropriate:	2025