

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:** Specialist Allergy Services (Adults)
2. **Brief summary of the proposal in a few sentences**

Service specifications are intended to clearly define the standards of care expected from organisations funded by NHS England to provide specialised care.

Specialist allergy services provide services for people with severe allergic conditions or those who have common allergic conditions for which conventional management has failed and for whom specified specialist investigations and treatments are required.

The Specialised Allergy Services (All Ages) service specification (2013) has been reviewed and updated to reflect the <https://www.england.nhs.uk/wp-content/uploads/2017/10/PRN00115-prescribed-specialised-services-manual-v6.pdf>, bring it in line with current practice and use the most up to date service specification template (published in 2022). The main changes are:

- A focus on adults only, to avoid confusion with the published <https://www.england.nhs.uk/wp-content/uploads/2013/06/e03-paedi-medi-allergy.pdf> service specification
- Reduction in content duplication and wording that is 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

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

Specification <https://www.england.nhs.uk/publication/methods-national-service-specifications/>. 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.	The prevalence of severe allergic conditions tends to be highest in children and young adults, and to decline in older adults. This service specification covers adult populations only. There is a separate service specification for paediatric allergy services. The service specification includes a clear requirement for services to support young people who are transitioning from children to adult services. This will have a positive impact on the care of adolescents and young adults.	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. 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. Adult specialist allergy services are required to work closely with paediatric allergy 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.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Some severe allergic conditions would meet the definition of disability for adult patients, placing substantial restrictions	Providers should ensure patients are aware of the social and economic support (e.g. claiming disability-related benefits, reasonable

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
	on their ability to undertake day to day activities. Patients may have additional physical, sensory or other impairments alongside their allergic condition. This may create barriers to physically attending treatment services, especially if long journeys are required to attend specialist centres.	adjustments at work) that may be available to them if their condition is defined as a disability. Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme. Commissioned providers must ensure that the services provided are accessible for patients who have physical, sensory or other impairments alongside their allergic condition. Reasonable adjustments should be made for patients who require them to access services.
Gender Reassignment and/or people who identify as Transgender	Gender reassignment and being transgender are not known to be risk factors for allergic conditions. 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	All patients seen by the service should be offered inclusive treatment. The BMA offers guidance on Inclusive care of trans and non-binary patients. Providers should be aware that patients in this group may face barriers to engaging with healthcare services and/or may have had negative experiences with accessing healthcare services in the past.

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
	reaction, and 18% had received inappropriate curiosity (National LGBT Survey). 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.	
Marriage & Civil Partnership: people married or in a civil partnership.	Marriage or civil partnership status is not known to be a risk factor for allergic conditions.	The service specification is not anticipated to positively or negatively impact people who are married or in a civil partnership.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Pregnancy or maternity are not known to be risk factors for developing allergic conditions. However, a patient who has a severe allergic condition may be in particular need of expert support to manage their maternity care and delivery safely. This is particularly the case if pregnancy affects their symptoms or the treatment they can have.	The service specification is not anticipated to positively or negatively impact people during pregnancy or breastfeeding. Where a patient under the care of specialist allergy services is pregnant, providers should liaise with their maternity service provider to give advice and support during the pregnancy and birth. Providers should be able to offer pre-conception advice and support if a patient requests this.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Race and ethnicity²	There is considerable evidence that in high-income countries including the UK, severe allergic conditions are more prevalent in ethnic minorities than in the white British population (Jones et al, 2020). For example, Buka et al (2015) reviewed emergency department records and estimated differential age-standardised incidence rates of anaphylaxis for South Asian patients (58.3/100,000) and white British patients (20.4/100,000). It is not clear whether intrinsic factors cause allergic conditions to be more prevalent or more severe in some populations. At least some of the high disease burden may be attributable to a complex interaction of environmental, behavioural or cultural factors. In broad terms, ethnic minority people in the UK are more likely to live in areas of deprivation and thus to be subject to increased risk factors associated with deprivation and low income.	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. Commissioners should be able to monitor treatment data by ethnicity and discuss with providers to ensure it is complete. Providers and commissioners should expect BAME patients to be over-represented in services compared to the proportion in the service's catchment population. If BAME patients are under-represented or only represented in proportion to their share of the population, providers and commissioners should work with local services to explore whether there are barriers to presentation or onward referral to specialist services. All service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.

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
	Peckover et al (2021) noted that South Asian children in a Yorkshire study tended to be referred later to specialist allergy clinics than white children. As good clinical outcomes in severe allergic conditions generally depend on the implementation of an effective self-management plan, barriers to communication which may be experienced by some BAME patients (e.g. English not being a first language) may lead to worse outcomes.	In particular, service providers should ensure that support materials are accessible in a range of languages, that interpretation support for consultations is readily available and that services are culturally competent.
Religion and belief: people with different religions/faiths or beliefs, or none.	Religion and belief are not known to be risk factors for allergic conditions. However, noting the higher prevalence of severe allergic conditions in BAME patients, it is particularly important that services are culturally competent and able to meet the needs of patients with a range of different religions and beliefs.	The service specification is not anticipated to positively or negatively impact people who belong to religions, faiths, belief groups or who have none. Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.
Sex: men; women	Severe allergic conditions tend to be more common in males before puberty, a trend which reverses after puberty.	The service specification is not anticipated to impact people whose birth assigned sex is male or female either positively or negatively.

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	As this specialist service is for adults, service providers may have slightly more female than male patients.	Service providers are expected to have mandatory training requirements in place for all staff to ensure compliance with Equality, Diversity and Inclusion awareness.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Sexual orientation is not known to be a risk factor for severe allergic conditions. However, help seeking and the outcomes of care can be affected by experience of care and conscious or unconscious bias or discrimination by healthcare providers on the basis of sexual orientation.	The service specification is not anticipated to impact people who identify as 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.

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	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. Young adults who are care-experienced are likely to have low trust in health services and limited confidence in communicating with professionals. This may make it difficult for young adults not previously diagnosed to seek or receive a diagnosis and subsequent treatment. The NHS Long Term Plan identifies care leavers as a group at high risk of health inequalities and exclusion.	Adult allergy services are required to work closely with paediatric allergy 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. Service providers should consider how they can work sensitively with young adults who are care-experienced, to support their engagement in diagnosis or treatment.
Carers of patients: unpaid, family members.	Being a carer is not known to be a risk factor for allergic conditions. The service specification is not anticipated to positively or negatively impact people who are carers.	Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme. Service providers should ask about unpaid care and be able to signpost family and other unpaid carers to sources of support (e.g. local carers'

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

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	However, dependent on the exact nature and severity of their condition, some patients may receive substantial support from unpaid carers and family members on a long-term basis. Carers tend to be at particular risk of poor health outcomes because they may have little time to attend to their own physical health (e.g. by attending screening appointments, or seeking healthcare), and their mental wellbeing may suffer from the stress of caring. The service specification is not anticipated to positively or negatively impact people who are carers, although an effective service which improves patients' health and quality of life will also reduce the burden on unpaid carers. Unpaid caring reduces the resources available to a family, so the economic burden of attending appointments at a specialist service will be greater and may present barriers to diagnosis or treatment.	support organisation, guidance about claiming Carers' Allowance, carers' assessment through their local authority). Service providers should be able to signpost families to relevant patient support organisations where these exist.

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
	It is acknowledged that carers may face increased travel and time costs to attend hospital for appointments or visits.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Being homeless is not known to be a risk factor for allergic conditions. The service specification is not anticipated to positively or negatively impact people who are homeless. However, someone who is homeless and has a severe allergic condition will face very significant barriers to accessing and engaging in specialist treatment. It is likely to be very challenging for a patient who is homeless or vulnerably housed to manage their condition appropriately, including avoiding allergens and managing reactions.	Providers should take account of people's personal circumstances when determining the best treatment options and care plans. Service providers should liaise with adult social care, supported housing providers, VCSE organisations or any other service involved with a homeless patient, to help the patient develop and manage a care plan suitable to their circumstances. Service providers should be willing to liaise with local authorities to provide evidence and support where the patient's condition may give rise to a case for higher priority in re-housing.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Allergic conditions do not disproportionately impact people involved in the criminal justice system positively or negatively. However, particularly where a patient is in prison, there are likely to be additional challenges/arrangements	Service providers should liaise with the justice system for incarcerated patients, and with other supporting agencies where the patient is in the community, to help the patient develop and manage a care plan suitable to their circumstances.

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
	required to enable them to access specialist care and to manage their condition appropriately.	Service providers may need to liaise with prison health services to develop a plan to manage patients' condition while they are in prison.
People with addictions and/or substance misuse issues	Allergic conditions do not disproportionately impact people with addictions and/or substance misuse issues positively or negatively. However, people with addictions and substance misuse issues typically face very significant barriers to accessing health services, which will be intensified for access to specialist treatment. They may well also find it much more difficult to adhere to plans for managing their condition appropriately.	Service providers should liaise with any specialist substance misuse agencies that are supporting the patient, to ensure that they are helped to attend treatment and to develop a self-management plan for their condition.
People or families on a low income	Patients and families may be adversely affected financially by the need to travel to specialist centres to access treatment. Patients may be adversely impacted by loss of earnings due to admission or attendance at hospital. Patients on a low income may struggle with paying for childcare or may depend on unpaid care. This may be particularly the case for specialist allergy services which are likely to have	Providing centres need to ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme. Providing centres should consider the potential to offer appointments in different modalities where viable (e.g. phone, virtual or outreach locations) to limit travel costs. Providers should consider how the booking of appointments or treatment times may disadvantage patients on a low income e.g. if patients have to make long journeys on public

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	a higher proportion of younger women attending (see comments above on age and sex distribution). If patients' self-management plan involves the avoidance of particular food or environmental allergens, this may involve expense which the patient cannot readily meet. For example, buying food that is free from allergens may well be more expensive. Patients on a low income may have less choice about living in houses or areas where levels of air pollution and environmental allergens are higher.	transport, travel at peak times or take time off work. Where possible, providers should work with patients to agree appointment times that limit financial hardship and take childcare and work commitments into account. Providers should refer/signpost to social workers, Citizens Advice Bureau and local support organisations in their area for advice on assessing eligibility for and claiming benefits. Consider referral to food banks or other local support if needed. Providers should consider how they can provide information about more affordable options as part of developing a self-management plan with the patient, where this is relevant.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	A 2015 OECD survey estimated that 1 in 6 adults in the UK have 'very poor' literacy skills, limited to reading very simple texts. This will vary by region across the UK (PIAAC OECD). People with lower levels of literacy are likely to also have a lower degree of 'health literacy' (understanding of health services in general and their condition in particular).	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 who have poor literacy or health literacy. 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 Health Literacy Toolkit (2nd Edition, 2023) that

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	Good outcomes for patients with severe allergic conditions depend on a well-understood self-management plan. Patients with poor literacy or health literacy are likely to find it more difficult to develop and adhere to a self-management plan. Specific tasks relevant to the avoidance of allergens (e.g. checking food labels) may present a greater challenge. 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.	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. Treatment should be tailored to the needs of 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. If individuals have poor literacy or health literacy, they should have the option to be supported by a family member, friend or advocate at their consultation where possible. Providers should review material used to support patients' self-management and ensure that it can be easily understood by patients with lower reading ages. Various 'readability checker' tools are available to support this. Providers should consider how patients with poor literacy or health literacy can be supported to understand and adhere to self-management plans.
People living in deprived areas	As described above, severe allergic conditions are more prevalent in people living in deprived areas (Jones et al, 2020). This may be due to a complex	A national service specification sets out the minimum standards for the delivery of equitable care across England, regardless of location.

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
	range of factors, including higher levels of air and environmental pollution. Severe allergic conditions are also more prevalent in BAME patients, who are in broad terms more likely to live in deprived areas of the UK. People living in more deprived areas are also proportionately much more likely to experience all the health inequalities described above in relation to low income, poor literacy and health literacy, caring responsibilities, homelessness and housing insecurity. All of the above are strongly related to overall deprivation.	As specialist services serve a large catchment population, they will normally see patients from a wide geographical area, rather than serving specific communities living in more deprived areas. However, providers should be mindful that patients living in areas of greater deprivation are likely to experience a number of the disadvantages and barriers described and should consider ways of addressing these as discussed above.
People living in remote, rural and island locations	Allergic conditions do not disproportionately impact people living in remote, rural and island locations positively or negatively. The service specification includes the requirement for both face to face and remote outpatient clinics for assessment and follow-up, which may reduce the need to travel for hospital appointments.	Providing centres should ensure eligible patients and carers are aware of the NHS Healthcare Travel Costs Scheme. Providing centres should consider the potential to offer appointments in different modalities where viable (e.g. phone, virtual or outreach locations) to limit travel costs and make it as easy as possible for people living in remote locations to receive treatment.

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
Refugees, asylum seekers or those experiencing modern slavery	Allergic conditions do not disproportionately impact refugees, asylum seekers or those experiencing modern slavery positively or negatively. However, someone who is a refugee, asylum seeker or has experienced modern slavery and has a severe allergic condition will face very significant barriers to accessing specialist treatment and to managing their condition appropriately.	Service providers should consider how they can liaise with organisations supporting refugees and asylum seekers, to create a care plan which gives the patient the best opportunity to receive care and treatment. In particular, service providers should consider the translation of materials into the patients' first language and/or the availability of translation support for appointments and treatment. Providers should consider the recommendations for patients on a low income.
Other groups experiencing health inequalities (please describe)	Not applicable	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.

Yes x	No	Do Not Know
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b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Service specification working group and Specialised Immunology & Allergy Clinical Reference Group	Review of draft service specification	July 2024
2	Informal stakeholder testing	Draft service specification shared widely for informal stakeholder feedback	Aug-Oct 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	Not applicable	Not applicable
Consultation and involvement findings	Informal stakeholder testing with patient organisations, professional network and regional commissioners.	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 working group.	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	
2	

10. Summary assessment of this EHIA findings

The updated service specification will make a contribution to reducing health inequalities by setting clear standards of patient care for all specialist allergy 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:	2025