

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

A complete 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) [Obj]:

Service specification for the delivery of Chimeric Antigen Receptor T Cell (CAR-T) Therapy (all indications, all ages)

2. Summary of the proposal in a few sentences

This Equality and Health Inequalities Impact Assessment (EHIA) relates to the updated Service specification for delivering Chimeric Antigen Receptor T Cell (CAR-T) Therapy (all indications, all ages).

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.	Positive – The service specification outlines more effective management of co-morbidities which increase with age. Positive – The service specification outlines Children and Young People	With a greater understanding of the management of co-morbidities which increase with age, older patients will be placed on CAR-T treatment where before, due to the co-morbidities, the risk was too high.

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
	(CYP) should be treated in designated providers with full access to age-appropriate care as defined in the model of care for Teenage and Young Adults with cancer and the service specifications for cancer services for Children and for Teenagers and Young Adults and with CAR-T therapies for which they are eligible within the license.	
Disability: physical, sensory, and learning impairment; mental health conditions; long-term conditions.	Positive - The service specification outlines the needs of services to align to the needs of people who are disabled by the medical environment and how people with reduce capacity will have their best interested acted upon in line with the wishes of their career(s)/legal guardian(s).	Staff must ensure that information is available in ways that meet the needs of patients and carers, particularly those with learning disabilities.
Gender Reassignment and/or people who identify as Transgender	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Staff need to be culturally competent to meet the needs of people who identify as transgender. This can be addressed by equality and diversity training, which is part of statutory and mandatory training for all staff.
Marriage & Civil Partnership: married or in a civil partnership.	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Not required

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
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Negative – CAR-T can affect fertility.	CAR-T providers must have plans in place implemented aligned with guidance found in fertility preservation and restoration service specifications available on NHS England website. https://www.england.nhs.uk/publication/service-specifications-fertility-preservation-and-restoration/
Race and ethnicity ¹	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	
Religion and belief: people with different religions/faiths or beliefs, or none.	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Staff need to be culturally competent. This can be addressed by equality and diversity training, which is part of statutory and mandatory training for all staff.
Sex: men; women	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Staff need to be culturally competent. This can be addressed by equality and diversity training, which is part of statutory and mandatory training for all staff.

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.

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	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Staff need to ensure that they are clear about who is supporting the child and who has parental responsibility and able to consent if the child is not competent.
Carers of patients: unpaid, family members.	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Staff need to ensure that the needs of people requiring care from this patient group have been discussed with the relevant agencies as part of the overall treatment and care planning process.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Negative – there is a requirement to have accommodation with 2 hours of the CART treatment centre and to have a carer looking after the patient for four weeks post infusion to assess for ICANS. Temporarily / sheltered accommodation may not be a suitable environment for the recovery, nor would it be able to provide the level of support required.	CAR-T providers will have plans in place, potentially including working with local 3rd sector organisations, to assist homeless people to mitigate this potential negative effect as part of their plans to accommodate people living more than 2 hours from the hospital.

² Please note many groups who share protected characteristics have also been identified as facing health inequalities.

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 involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Staff must be familiar with the 'principle of equivalence' which means that the health needs of a population constrained by their circumstances are not compromised and that they receive an equal level of service as that offered to the rest of the population.
People with addictions and/or substance misuse issues	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Not required
People or families on a low income	<p>Positive - The geographical spread of CAR-T centres in England, with more units becoming commissioned providers reduces the potential for increased travel time and increase the potential for better public transport links.</p> <p>Negative - families or people on low incomes may not have access to their own transport. This means that the geographical 2-hour travel circumference may be reduced when factoring in the use public transport. These factors may also affect access to centres for pre infusion consent and counselling or routine post infusion care and monitoring.</p>	<p>NHS England to continue to evaluate the geographical spread of CAR-T centres in England and access the health needs of the population.</p> <p>CAR-T providers must have a plan in place, potentially including working with local 3rd sector organisations to assist people or families on a low income and to mitigate this potential negative effect.</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>People with poor literacy or health Literacy: (e.g., poor understanding of health services poor language skills).</p>	<p>Negative - Patient / carer are required to recognise the onset of encephalopathy on their own, and report to CAR-T sites if they display signs. People with poor health literacy may confuse symptoms of ICANS for cold or flu and may not present to the correct service and may not correctly articulate their situation due to a lack of understanding of the lack of interconnectivity of services.</p>	<p>CAR-T providers must have a plan in place, potentially including working with local 3rd sector organisations to assist people with poor literacy or health literacy to mitigate this potential negative effect.</p>
<p>People living in deprived areas</p>	<p>Positive - The geographical spread of CAR-T centres in England, with more units becoming commissioned providers reduces the potential for increased travel time and increase the potential for better public transport links.</p> <p>Negative - People living in deprived areas may not have access to their own transport. This means that the geographical 2-hour travel circumference may be reduced when factoring in the use public transport. These factors may also affect access to centres for pre infusion consent and counselling or routine post infusion care and monitoring.</p>	<p>Staff must be familiar with the travel costs under the Healthcare Travel Costs Scheme (HTCS) and be able to advise families about accommodation in or near the hospital.</p> <p>NHS England to continue to evaluate the geographical spread of CAR-T centres in England and access the health needs of the population.</p> <p>CAR-T providers must have a plan in place, including working with local 3rd sector organisations to assist people living in deprived areas and to mitigate this potential negative effect.</p>

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>Negative – People living in deprived areas may not have the financial stability to cover out of pocket expenses required to engage in CAR-T treatment. The potential lack of income reserves and lack of ability to work during treatment has the potential to negatively affect the person / family ability to meet the mandate of living close to a CAR-T centre for 4 weeks: hotels, food etc.</p> <p>Negative – A cancer diagnoses are only protected under the Equality Act 2010 after one year and one day post diagnosis. As counselling service are only available in working hours, this has the potential that patients and / or carers will, may be required to take time off work which could affect their financial stability as they may not be entitled to disability leave.</p>	
<p>People living in remote, rural and island locations</p>	<p>Positive - The geographical spread of CAR-T centres in England, with more</p>	<p>Staff must be familiar with the travel costs under the Healthcare Travel Costs Scheme (HTCS) and</p>

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>units becoming commissioned providers reduces the potential for increased travel time and increase the potential for better public transport links.</p> <p>Negative – People living in remote, rural and island locations may not have the financial stability to cover out of pocket expenses required to engage in CAR-T treatment. The potential lack of income reserves and lack of ability to work during treatment has the potential to negatively affect the person / family ability to meet the mandate of living close to a CAR-T centre for 4 weeks: hotels, food etc</p>	<p>be able to advise families about accommodation in or near the hospital</p> <p>NHS England to continue to evaluate the geographical spread of CAR-T centres in England and the health needs of the population.</p> <p>CAR-T providers must have a plan in place, including working with local 3rd sector organisations to assist people living in remote, rural and island locations and to mitigate this potential negative effect.</p>
Refugees, asylum seekers or those experiencing modern slavery	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Staff must be familiar with the guidance on providing NHS treatment to asylum seekers https://www.gov.uk/government/news/guidance-on-providing-nhs-treatment-for-asylum-seekers-and-refugees
Other groups experiencing health inequalities (please describe)	It is not anticipated that the changes to the service specification will have any positive or negative effects on this protected characteristic group.	Not required

5. Engagement and consultation

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

Yes	No X	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			
2			
3			

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	<ol style="list-style-type: none"> https://www.england.nhs.uk/publication/service-specifications-fertility-preservation-and-restoration/ https://www.gov.uk/government/news/guidanceon-providing-nhs-treatment-for-asylum-seekersand-refugees 	
Consultation and involvement findings		
Research	<ol style="list-style-type: none"> Socioeconomic and Racial Disparity in Chimeric Antigen Receptor T Cell Therapy Access - https://doi.org/10.1016/j.jtct.2022.04.008. 	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team		

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

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	x	x	x
The proposal may support?			
I am uncertain whether the proposal will be supported.			

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?		
I am uncertain if the proposal will support it.		

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

This assessment should summarise whether the findings are that this proposal will or will not contribute to advancing equality of opportunity and/or reducing health inequalities. If no impact is identified, please summarise why below.

Overall, the revised service specification will reduce inequalities by ensuring that the same high-quality service is delivered for all patients across all providers in a variety of geographical locations.

11. Contact details re this EHIA

Team/Unit name:	Innovative Treatments Team within Highly Specialised Services Commissioning
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NHS England: Equality and Health Inequalities Assessment (EHIA) Template [PE Team: November 2022]

Division name:	Chief Financial Officer
Directorate name: <input type="text"/>	Specialised Commissioning
Date EHIA agreed:	
Date EHIA published if appropriate:	