# NHS England: 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 this assessment when they make their decision about your proposal.**

**1. Name of the proposal (policy, proposition, programme, proposal or initiative)[1]:** Neonatal Infant and Pediatric Extracorporeal Membrane Oxygenation Service Specification

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

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| A service specification proposition regarding provision of ECMO for neonates and children nationally. This proposition has combined respiratory and cardiac specifications together with the aim of improving access to ECMO across the country, particularly for neonates with respiratory failure. This new combined service specification proposition enables patients to be managed within their region where possible and aims to improve the speed with which children receive ECMO. |

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

**3. Main potential positive or adverse impact(s) of the proposal for protected characteristic groups summarised**

Please briefly summarise the main potential impact(s) (positive or negative) on people with the nine protected characteristics (as listed below). Central resources to help make these assessments can be found on the Equality and Health Inequalities Network hosted on FutureNHS, but it may be appropriate to undertake further analysis/draw on your own data and information. Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below.**

| Protected characteristic groups | Summary explanation of the main potential positive or adverse impact(s) of your proposal | Main recommendation(s) from/in 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 proposition covers all age groups of children and young people from birth (not premature babies) to 16 years. The new service specification recognises that adolescents may be better served by being jointly managed with adult ECMO service.<br><br>The service specification proposition advocates collaboration between paediatric and adult services and should improve management of this group who may benefit from both services. | No specific mitigating actions identified for this specialised service, mitigations are included in national policies and guidance to all NHS providers. |
| **Disability:** any long-term physical or mental impairment; substantially effecting day-to-day activities | The proposition covers all children, irrespective of disability or not.<br>This draft specification advises that decision making is prompt and considers futility and prognosis. It requires collaboration between referral services and ECMO providers and | No specific mitigating actions identified for this specialised service, mitigations are included in national policies and guidance to all NHS providers. |

| Protected characteristic groups | Summary explanation of the main potential positive or adverse impact(s) of your proposal | Main recommendation(s) from/in your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|---|---|---|
| | improves working within networks and regionally.<br><br>All NHS services and providers are expected to provide care in an inclusive and accessible manner, without discrimination and with respect and dignity, aligning with the expectations outlined in the NHS Constitution and SC12 and SC13 of the NHS Standard Contract.<br><br>This specification will have a positive impact on CYP with this protected characteristic. | |
| **Gender Reassignment and/or people who identify as Trans** | The proposition covers all children, irrespective of gender. | Providers need to ensure that they have culturally competent staff who can address the needs of people with this protected characteristic. |
| **Marriage & Civil Partnership[2]:** people married or in a civil partnership. | The proposition applies to children. | |
| **Pregnancy and Maternity:** women while pregnant and during maternity leave | Most children will not be pregnant and those young people who are under 16 | |

[2] In relation to this protected characteristic a public authority subject to the PSED need only comply with the duty to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EqA 2010, but not advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

| Protected characteristic groups | Summary explanation of the main potential positive or adverse impact(s) of your proposal | Main recommendation(s) from/in your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|---|---|---|
| | years and are pregnant are looked after in adult obstetric services. | |
| **Race and ethnicity**[3]: including nationality language where intrinsically linked to nationality. | There is no evidence that conditions requiring this specialised service disproportionately affect children and young people with this protected characteristic.<br><br>All NHS services and providers are expected to provide care without discrimination and with respect and dignity, aligning with the expectations outlined in the NHS Constitution. | Service providers need to ensure that they have culturally competent staff and that can deliver a service that feels inclusive to people accessing the service. |
| **Religion and belief:** people with different religions/faiths or beliefs, or none. | The proposition covers all children, irrespective of religion and belief. | Service providers need to ensure that they have culturally competent staff that can deliver a service that feels inclusive to people accessing the service. |
| **Sex:** men; women | The proposition covers all children, irrespective of sex. | |

[3] 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(s) of your proposal | Main recommendation(s) from/in your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|---|---|---|
| **Sexual orientation:** Lesbian; Gay; Bisexual; Heterosexual. | The proposition covers all children, irrespective of sexual orientation. | |

**What adjustments have been made, or can be made, within the proposal to meet the particular needs of people with access needs?**

All NHS services and providers are expected to provide care in an inclusive and accessible manner, without discrimination and with respect and dignity, aligning with the expectations outlined in the NHS Constitution and SC12 and SC13 of the NHS Standard Contract. This includes an expectation that staff demonstrate cultural awareness and sensitivity in engaging with people from different communities. In addition, patient communications should be shared in a way that meets the patient's needs, in line with the NHS Accessible Information Standard, which includes provision of health information in easy read formats, non-digital formats and plain language.

Families with poor understanding of health services may be disadvantaged in accessing and attending long term follow up. The aim of the service specification proposition is to improve access through the proposed future model, hence reducing some of these impacts further. ECMO providers provide support for patients through enhanced care coordination and signposting, including through robust networking arrangements**.** The aim of the proposition is to improve access through the proposed future model, hence reducing some of these impacts further.

As ECMO is delivered nationally, patients and their families travel long distances to receive care. There is a potential for inequity to receiving ECMO for children who live long distances from ECMO centres. This proposition is likely to reduce distances family travel and make it more likely that ECMO and further follow up will be closer to home reducing distances families in remote locations will travel.

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| The aim of the service specification proposition is to improve access through the proposed future model, hence reducing some of these impacts further. ECMO providers need to ensure parents/families have suitable accommodation if required and access to payment/reimbursement of travel costs if eligible. |

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

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Central resources to help make these assessments can be found on the Equality and Health Inequalities Network hosted on FutureNHS, but it may be appropriate to undertake further analysis/draw on your own data and information. Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

| Key groups who face health inequalities[4] | 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** | The proposition covers all children, irrespective of whether they are looked after or not. | The aim of the proposition is to improve access through the proposed future model, hence reducing some of these impacts further. |
| **Carers of patients:** unpaid, family members. | As ECMO is delivered nationally, patients and their families travel long distances to receive care. Currently, ECMO centres do provide accommodation for families while their children are admitted but long distances still impact on carers with regards to finances and travel times. | ECMO providers need to support carers with suitable accommodation if required and access to payment/reimbursement of travel costs, if eligible. |

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

| Key groups who face health inequalities[4] | 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 |
|---|---|---|
| | The aim of the service specification proposition is to improve access through the proposed future model, hence reducing some of these impacts further. | |
| **Homeless people.** People on the street; staying temporarily with friends /family; in hostels or B&Bs. | No evidence that conditions requiring this service disproportionately affect children and young people who fall into this health inequalities group. | |
| **People involved in the criminal justice system:** offenders in prison/on probation, ex-offenders. | No evidence that conditions requiring this service disproportionately affect children and young people who fall into this health inequalities group. | |
| **People with addictions and/or substance misuse issues** | No evidence that conditions requiring this service disproportionately affect children and young people who fall into this health inequalities group. | |
| **People or families on a low income** | As ECMO is delivered nationally, patients and their families travel long distances to receive care. Currently, ECMO centres do provide accommodation for families while their children are admitted but long distances still impact on families on a low income with regards to finances, food and travel times.<br><br>The aim of the service specification proposition is to improve access | ECMO providers need to support carers with suitable accommodation if required and access to payment/reimbursement of travel costs, if eligible. |

| Key groups who face health inequalities[4] | 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 |
|---|---|---|
| | through the proposed future model, hence reducing some of these impacts further. | |
| **People with poor literacy or health Literacy:** (e.g. poor understanding of health services poor language skills). | All NHS services and providers are expected to provide care in an inclusive and accessible manner, without discrimination and with respect and dignity, aligning with the expectations outlined in the NHS Constitution and SC12 and SC13 of the NHS Standard Contract. This includes an expectation that staff demonstrate cultural awareness and sensitivity in engaging with people from different communities. In addition, patient communications should be shared in a way that meets the patient's needs, in line with the NHS Accessible Information Standard, which includes provision of health information in easy read formats, non-digital formats and plain language.<br><br>Although not specific to our proposals, families with poor understanding of health services may be disadvantaged in accessing and attending long term follow up. | ECMO providers provide support for patients through enhanced care coordination and signposting, including through robust networking arrangements**.** The aim of the service specification proposition is to improve access through the proposed future model, hence reducing some of these impacts further. |

| Key groups who face health inequalities[4] | 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 |
|---|---|---|
| | The aim of the service specification proposition is to improve access through the proposed future model, hence reducing some of these impacts further. | |
| **People living in deprived areas** | As ECMO is delivered nationally, patients and their families travel long distances to receive care. Currently, ECMO centres do provide accommodation for families while their children are admitted but long distances still impact on families on a low income with regards to finances, food and travel times.<br><br>The aim of the service specification proposition is to improve access through the proposed future model, hence reducing some of these impacts further. | ECMO providers need to ensure parents/families have suitable accommodation if required and access to payment/reimbursement of travel costs if eligible. |
| **People living in remote, rural and island locations** | As ECMO is delivered nationally, patients and their families travel long distances to receive care. There is a potential for inequity to receiving ECMO for children who live long distances from ECMO centres. | ECMO providers need to ensure parents/families have suitable accommodation if required and access to payment/reimbursement of travel costs if eligible. |

| Key groups who face health inequalities[4] | 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 |
|---|---|---|
| | This proposition is likely to reduce distances family travel and make it more likely that ECMO and further follow up will be closer to home reducing distances families in remote locations will travel.<br><br>The aim of the service specification proposition is to improve access through the proposed future model, hence reducing some of these impacts further. | |
| **Refugees, asylum seekers or those experiencing modern slavery** | No evidence that conditions requiring this service disproportionately affect children and young people who fall into this health inequalities group | |
| **People who are digitally excluded, or digitally illiterate:** People who have little or no access to digital devices or internet connection, or who lack the skills and knowledge to use digital devices, processes and systems | No evidence that conditions requiring this service disproportionately affect children and young people who fall into this health inequalities group | |
| **Other groups experiencing health inequalities (please describe)** | None identified | |

**Are there risks of unequal outcomes for different patients from these proposals?**

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| The assessment of this proposition and its risks is that it will support reducing both inequity in access to health care and inequalities in health outcomes for all patients by formalising the national network model. |

**Are there any ways that the proposal could be improved to reduce these potential unequal outcomes, how have these fed into the proposals, and what other steps could be taken?**

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| A peer review process will support staff training, education and monitoring of all outcomes |

**Are there any ways in which accessibility can be improved to help reduce inequalities?**

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| Given the national nature of this service ECMO providers need to ensure parents/families have suitable accommodation if required and access to payment/reimbursement of travel costs if eligible. |

## 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** |

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 and what was learned from it/how that has informed the final proposals | Month/Year |
|---|---|---|---|
| **1** | NHSE scoping exercise from 2017 | All UK paediatric ECMO centres involved with representation from neonatal services, paediatric intensive care and transport. | 2017 2+ meetings per year |
| | | | |
| **2** | NHSE Stakeholder Testing 2024 | All UK paediatric ECMO centres involved with representation from neonatal services, paediatric intensive care and transport | January 2024 |
| | | | |
| **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, and any steps that may reasonably be taken to address these gaps |
|---|---|---|
| **Published evidence** | | |
| **Consultation and involvement findings** | | Review limited to ECMO providers and critical care services. As highly specialised service with <300 cases per year, other services have little experience of ECMO. |
| **Research** | | |
| **Participant or expert knowledge** For example, expertise within the team or expertise drawn on external to your team | | See above |

**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 and include any explanation of your assessment.

| | The proposal will support? | The proposal may support? | Uncertain if the proposal will support? | The proposal will not support? |
|---|---|---|---|---|
| Tackling discrimination | X | | | |
| Advancing equality of opportunity | | | | |
| Fostering good relations | | | | |
| **Explanation**: | | | | |

**8. Is your assessment that your proposal will support reducing health inequalities?** Please add an x to the relevant box below and include any explanation of your assessment.

| | The proposal will support? | The proposal may support? | Uncertain if the proposal will support? | The proposal will not support? |
|---|---|---|---|---|
| Reducing inequalities people face in access to health care | X | | | |
| Reducing inequalities in the effectiveness of services and the health outcomes achieved for patients | X | | | |
| Reducing inequalities in the safety of the services and health outcomes achieved for patients | X | | | |
| Reducing inequalities in the quality of the experience undergone by patients and the health outcomes achieved for patients. | X | | | |
| **Explanation**:<br>Service specification proposition has combined respiratory and cardiac specifications together with the aim to improve access to ECMO across the country, particularly for neonates with respiratory failure. | | | | |

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| This proposition improves collaboration between all services involved in the referral process for ECMO which aims to improve timeliness to ECMO which should improve access to ECMO across the country and potentially improve neurological and survival outcomes.<br><br>The new service specification proposition enables patients to be managed within their region where possible and aims to improve the speed with which children receive ECMO. This aims to improve survival and neurological outcomes.<br><br>The proposition mandates improved neurodevelopment follow up across the country which will improve access to services for those patients who suffer morbidity during their illness. |

**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 | | |
| 3 | | |

**10. Summary assessment of this EHIA findings**

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| This service specification proposition has expanded and revised the existing specification with the aim of improving access to ECMO across the country.<br><br>This proposition supports collaboration between all services involved in the referral process for ECMO. Collaboration will improve timeliness of ECMO access which will have a positive impact on neurological and survival outcomes. |

This proposition mandates improved neurodevelopment follow up across the country which will improve access to services for those patients who suffer morbidity during their illness.

The new ECMO specification should improve access to ECMO for all children with the move towards network and regionalisation of ECMO provision particularly benefiting children disadvantaged by financial/social deprivation or living in more remote locations.

**5**