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

Please read NHS England's internal guidance on the development of EHIAs before completing this document. **Please note a copy of the draft policy must be provided together with the EHIA to whoever is being asked to review your policy and the EHIA**. Key resources are available if you join the Equality and Health Inequalities Network (EHIN) on the NHS Futures site.

A completed copy of this form, together with the policy, **must** be provided to the decision makers. The decision makers must consider this assessment when they make their decision about the policy.

1. Name of the policy

The term 'policy' refers to **any** activity carried out by NHS England. This covers decisions, policies, programmes, provisions, proposals, initiatives, criteria, practices and activities across NHS England's commissioning, regulatory, oversight, employment or other functions.

Prolonged-release (PR) fampridine as a treatment for adults with multiple sclerosis (MS) and associated walking impairment.

2. Brief summary and purpose of the policy in a few sentences:

In your summary, please also confirm who the policy will affect (e.g. patients and/or staff)

Multiple sclerosis (MS) is an acquired disabling neurological disease of young adults that comprises of inflammation and neurodegeneration. The condition manifests as episodes of inflammation in the brain and / or spinal cord damaging the nerves and leading to a variety of symptoms. These may include weakness, pins and needles or sensory loss, loss of vision, impaired balance and coordination, difficulty walking, stiffness / spasms, bladder/bowel dysfunction and fatigue amongst others. People can have recurrent episodes/relapses, leading to disability, or may experience progression without relapses and accrue disability slowly over years. In recent years, there has been a significant increase in the effective treatments to reduce the number of relapses people experience, thus reducing associated disability, however none of these treatments are curative. Progression of

MS results in increased level of disability and most patients will eventually experience some degree of functional impairment and impaired mobility. Fifty percent of people with MS need a walking aid and 25 percent are wheelchair users after 15 years of the illness.

Updated NICE guidelines for MS (June 2022) acknowledges that fampridine is clinically effective, however recommended against its use based on cost effectiveness.

The population of this policy is people with MS associated walking impairment as defined by Expanded disability status Scale (EDSS) score of 4 to 7, where 4 is defined as ambulatory without rest for >500 meters and 7 is defined as unable to walk 5 meters even with aid, essentially restricted to wheelchair for around 12 hours a day.

All management strategies for MS-related walking impairment are currently physical. Access to physical therapy and rehabilitation specialists is reported to be inconsistent nationally.

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

Please briefly summarise the main potential impact(s) (positive or adverse) 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 (please request access to this network, as it is for members only).

If after careful consideration, you conclude that your policy will not impact adversely or positively on the protected characteristic groups listed below, please state '**neutral**.' Information on mitigation of adverse impacts is included in the Developing EHIAs Guidance.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Age: older people; middle years; early years; children and young people.	Typically, people are diagnosed with MS between the ages of 20 and 40 years, but	Provision of fampridine will be available to adults subject to eligibility criteria.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	late-onset MS (LOMS) affects people age 50 years and older. Progression of MS results in increased levels of disability and most patients will eventually experience some degree of functional impairment and impaired mobility. Fifty percent of people with MS need a walking aid and 25 percent are wheelchair users after 15 years of the illness. This policy is for adults only.	*Post-pubescent children can access under the Commissioning Medicines for Children Policy [LINK]. Pre-pubescent children are not covered by this policy given the unavailability of safety data in this age group and children not being included in the drug's marketing authorisation*.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Progression of MS results in increased levels of disability and most patients will eventually experience some degree of functional impairment and impaired mobility. Fifty percent of people with MS need a walking aid and 25 percent are wheelchair users after 15 years of the illness, so many patients with MS have some degree of disability. Fampridine has been shown to be effective in improving walking ability and will have a positive impact with those living with mobility issues due to MS.	Provision of fampridine will be available subject to the eligibility criteria outlined. Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to maximise the positive impacts for this group.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Gender Reassignment and/or people who identify as Transgender	There is no identified impact of this policy on this protected characteristic.	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	There is no identified impact of this policy on this protected characteristic.	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	There is limited data from the use of fampridine in pregnant women. As a precautionary measure it is preferable to avoid the use of fampridine in pregnancy. It is unknown whether fampridine is excreted in human or animal milk. Fampridine is not recommended during breast-feeding.	The prescribing clinician should be aware of the special warnings and precautions, including pregnancy and breast-feeding, for use of fampridine as detailed in the Summary of Product Characteristics.
Race and ethnicity[1]	This policy will promote access to fampridine regardless of ethnicity. Ethnicity is not known to be a risk factor for MS.	Provision of fampridine will be available subject to the eligibility criteria outlined irrespective of ethnicity.
Religion and belief: people with different religions/faiths or beliefs, or none.	There is no identified impact of this policy on this protected characteristic.	N/A
Sex: men; women	MS is 2-3 times more common in women than men.	Provision of fampridine will be available subject to the eligibility

[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(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	This policy is therefore expected to have a positive impact on this characteristic as a new treatment option to improve mobility.	criteria outlined irrespective of sex. Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to maximise the positive impacts for this group.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There is no identified impact of this policy on this protected characteristic.	N/A

4. Information and communication support needs

Have you considered whether steps are necessary to meet the information and communication support needs of patients, service users, carers and patients? Please place an 'x' in the appropriate box below.

Yes	X	No

The Accessible Information Standard (AIS): Where those needs relate to a disability, impairment or sensory loss or wider disability related translation or interpretation needs please see the Accessible Information Standard.

Community languages and translation: Where English is not the first language please see the 'Improvement framework: community language translation and interpreting services'

Please complete the box below.

Is this standard or guidance relevant?	**Yes**	**No**
The Accessible Information Standard	X	
The Improvement Framework: community language translation and interpreting services	X	

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

Please briefly summarise the main potential impact (positive or adverse) on people at particular risk of health inequalities (as listed below). In particular, you must consider outcomes in terms of the **effectiveness** of health services, the **safety** of the services, and the **quality of the experience** undergone by patients.

If after careful consideration, you conclude that your policy will not impact on patients who experience health inequalities adversely or positively, please state '**neutral**.' Information on mitigation of adverse impacts is included in the Developing EHIAs Guidance.

Groups who commonly face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Looked after children and young people	This policy is for adults only.	Post-pubescent children can access under the Commissioning Medicines for Children Policy [LINK]. Pre-pubescent children are not covered by this policy given the unavailability of safety data in this age group and children not being included in the drug's marketing authorisation.
Carers of patients: unpaid, family members.	This policy should have a positive impact for carers as the impact of walking ability and increased independence and well-being, including mental health, should have a positive impact on caring responsibilities.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to maximise the benefits for this group
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People from this group often experience difficulties accessing services and accessing follow up. The proposed route of self-administration (oral) may be advantageous in this setting.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to maximise the benefits for this group
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	There is no identified impact of this policy on this group who face health inequalities.	N/A
People with addictions and/or substance misuse issues	There is no identified impact of this policy on this group who face health inequalities.	N/A
People or families on a low income	This policy will likely reduce the financial burden on families from frequent trips to hospital. Increased mobility may also lead to increased independence/ less reliant on	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to maximise the benefits for this group

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

Groups who commonly face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	care, potential to work and improved quality of life	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	People from this group often experience difficulties accessing services and accessing follow up. Training for self-administration may be difficult for patients and carers with poor literacy or understanding of the health service.	Provision of training and support regarding self-administration to patients and carers is essential, including verbal and written mediums of training tools, translated and Easy Read materials.
People living in deprived areas	This policy will likely reduce the financial burden on families from frequent trips to hospital. Increased mobility may also lead to increased independence/ less reliant on care, potential to work and improved quality of life, in areas where resources are more difficult to access.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to maximise the benefits for this group
People living in remote, rural and island locations	This policy should have a positive impact for people living in remote, rural and island locations as it will be reducing the severity of symptoms and is likely to reduce the need for access to emergency care. Furthermore, the use of oral administration as proposed in the policy may be advantageous in this setting.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to maximise the benefits for this group
Refugees, asylum seekers or those experiencing modern slavery	People from this group often experience difficulties accessing services and accessing follow up. The proposed use of fampridine via oral administration may be advantageous in this setting.	Commissioned providers should work with the patient and other relevant agencies (e.g. GP, Local Authority, charities) to mitigate the risks for this group. Provision of training and support regarding self-administration to patients and carers is essential, including

Groups who commonly face health inequalities[2]	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
		verbal and written mediums of training tools, translated and Easy Read materials.
Other groups experiencing health inequalities (please describe)	There are no further direct negative or positive impacts of this policy on any other groups experiencing health inequalities.	N/A

Other groups experiencing health inequalities. Please name:	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Not applicable	No other groups experiencing health inequalities have been identified as being specifically impacted by this policy beyond those already listed above.	Not applicable

6. Engagement and consultation

a. Has **your team** undertaken any engagement or consultative activities in relation to the policy 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 list up to 5 of the most important engagement or consultation activities by completing the table below.

Name of engagement and consultative activities undertaken		Summary of engagement or consultative activity undertaken and what was learned from it in relation to addressing equalities issues and/or reducing health inequalities. How that has informed the final policy?	Date of activity (Month/Year)
1	**Stakeholder Testing took place from 25th October 2024 to 21st November 2024**	The policy underwent a four-week stakeholder testing period with registered stakeholders from the Neurology Clinical Reference Group (CRG).	Oct–Nov 2024
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7. What other key sources of evidence have informed your impact assessment?

Evidence Type	Key sources of available evidence	Date of evidence (Year)
Published evidence	Papers submitted to Clinical Panel alongside the Preliminary Policy Proposal.	
Consultation and involvement findings		
Research	No pending research is known	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Through the Trauma Programme of Care and its Clinical Reference Group structures supporting the policy working group with its expert knowledge regarding the epidemiology and treatment of MS.	

8. Were there any important gaps in the identified evidence, in relation to equalities and /or health inequalities, and are there any steps that may reasonably be taken to address these gaps?

No significant gaps in the evidence relating specifically to equality or health inequality impacts have been identified. The impact assessment has been informed by published clinical evidence, stakeholder engagement through established Clinical Reference Group structures, and expert clinical and commissioning knowledge.
Any emerging equality or health inequality considerations will continue to be monitored through routine policy review, clinical governance arrangements, and service evaluation processes. No additional steps are considered necessary at this stage.

9. Is your assessment that your policy will support compliance with the Public Sector Equality Duty? Please add an 'x' to the relevant box below and include an explanation of your assessment. You might find the guidance helpful when answering this question.

	The policy will support	**The policy may support**	**Uncertain if the policy will support**	**The policy will not support**
Tackling discrimination, harassment and victimisation		X		
Advancing equality of opportunity		X		
Fostering good relations		X		

Assessment

This policy has been assessed as *may supporting* the Public Sector Equality Duty. The policy establishes nationally consistent eligibility criteria and access arrangements for adults with multiple sclerosis and associated walking impairment, supporting equitable access to care based on clinical need. No adverse impacts on protected characteristic groups or people experiencing health inequalities have been identified. The policy does not introduce differential treatment between groups and is supported by existing clinical governance and monitoring arrangements.

10. How confident are you that the actions outlined above will support reducing health inequalities? Please add an 'x' to the relevant box below and include any explanation of your assessment. You might find the guidance helpful when answering this question.

	Very confident	Somewhat confident	Not very confident	Not at all confident
Reducing inequalities people face in access to health care		X		
Reducing inequalities in health outcomes for patients		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		
Assessment The assessment is that the actions outlined above are *somewhat confident* in supporting a reduction in health inequalities. The policy introduces nationally consistent eligibility criteria and access arrangements based on clinical need, which supports equitable access to treatment for eligible adults with multiple sclerosis. However, as wider system and population-level factors also influence health inequalities, the impact of this policy alone on reducing inequalities is necessarily limited. Ongoing monitoring through existing governance and review mechanisms will support identification of any emerging inequality issues.				

11. Summary assessment of this EHIA's findings

Please summarise whether the findings are that this policy will or will not contribute to eliminating prohibited conduct (including discrimination, harassment, and victimisation), advancing equality of opportunity, fostering good relations, and/or reducing health inequalities. If no impact is identified, please summarise why below.

This policy aims to make fampridine available for a specific proposed population, specifically people with MS associated walking impairment as defined by Expanded disability status Scale (EDSS) score of 4 to 7, where 4 is defined as ambulatory without rest for >500 meters and 7 is defined as unable to walk 5 meters even with aid, essentially restricted to wheelchair for around 12 hours a day.

MS affects women 2-3 times than men and therefore will have a greater benefit for this characteristic.

Research suggests that the provision fampridine can improve walking ability, quality of life and associated indicators such as independence and improvement in daily activities. There are also wider benefits including increased access to employment as well as benefits to carers and the wider family network. Patients can self-administer the oral treatment, which is one tablet two times daily.

No adverse impacts have been identified.

Contact details re this EHIA

Team/Unit name:	Trauma Programme of Care
Division name:	Specialised Commissioning
Directorate name:	System Development Group