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

1. Name of the proposal (policy, proposition, programme, proposal or initiative)[1]:

NHS England Specialised Commissioning, Service Specification for: Specialist services for haemophilia and related bleeding disorders (adults and children)

2. Brief summary of the proposal in a few sentences

Specialist services for haemophilia and related bleeding disorders (adults and children) service specification,

This specification replaces a previous 'Haemophilia (all ages)' specification and has been updated to reflect advances in the management of bleeding disorders enabling focus on other important aspects such as physical health and psychological support which may be accessed via the new co-hosted Infected Blood Psychological Service.

[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 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.	All ages are covered by the specification. This update includes the new standard text regarding the transition between child and adult services.	No adverse impact anticipated.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	All commissioned providers will manage patients with a range of disabilities; patient needs would be assessed on an individual basis to ensure best fit. Note that musculoskeletal disability is common in older patients with an inherited bleeding disorder as a feature of the condition.	No adverse impact anticipated.
Gender Reassignment and/or people who identify as Transgender	Not applicable	
Marriage & Civil Partnership: people married or in a civil partnership.	Not applicable	

Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Some of the major bleeding disorders impact almost exclusively male patients in the severe presentations (due to sex-linked chromosomal nature). Many bleeding disorders are inherited therefore this is an impact on pregnancy planning and psychological impact on pregnant patients or those seeking pregnancy. In addition, pregnancy is complicated in patients with any degree (including mild presentation) of a bleeding disorder *and* further complicated where the neonate is known or suspected to have a bleeding disorder.	There are some inherent equality issues across the gender paradigm. As these aspects are specific management issues for the overall patient population and pathway these are addressed in the service specification proposition.
Race and ethnicity[2]	Monitoring through outcome indicators has been added to measure equality of access. The National Haemophilia Database is seeking to improve data collection in respect of self-declared racial and ethnic patient identity. Due to the inherited nature of some conditions covered by the service specification proposition, some specific diagnoses are more common in groups which may be defined by race or ethnicity, however access to treatment and care is not defined thus	Issues identified and being monitored. Once the ethnicity/race data is sufficient for analytical purposes, it will be probed and investigated to identify any inequalities, from which remedial action plans can be initiated (if necessary).
Religion and belief: people with different religions/faiths or beliefs, or none.	Some patients may decline the service based on their beliefs and/or cultural issues. Due to the inherited nature of some conditions covered by the specification, specific diagnoses are more common in groups which may be defined by religion, however access to treatment and care is not defined thus.	No adverse or positive impact anticipated. However, services monitor trends in data analysis and take action accordingly.
Sex: men; women	Haemophilia is an inherited disease that, in its severe presentation, most commonly affects males, or those with at least one Y chromosome. Other bleeding disorders will often present when patients commence menarche so that there is a resulting gender imbalance in the diagnosed population. However, all sexes are fully included within the service specification proposition.	Issues identified; increasing clinical focus on the wider patient population and this is reflected in the service specification proposition and associated treatment guidelines. For example there is a focus in the specification on women and girls with bleeding disorders

[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.

		especially around co-working with gynae services as many of these patients first present with excessive menstrual bleeding in their teens.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Not applicable	

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	Not applicable.	
Carers of patients: unpaid, family members.	Included in consultations, education & training offers. Often hold a key role in managing paediatric patients. Changes provide greater flexibility and potentially reduced demand for face-to-face meetings/consultations.	Recognised carers, irrespective of relationship to patient, are offered a wide range of options for engaging with the service including telephone consultations, virtual consultations and utilizing the HaemTrack app.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	No impact anticipated. Note that many treatments used require refrigerated storage and regular intravenous administration,	Clinicians will consider patient social aspects in selecting the most appropriate treatment for them.

[3] Please note many groups who share protected characteristics have also been identified as facing 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
	which may be compromised for this patient group.	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Positive impact as there will be increased flexibility from face-to-face routine clinical reviews to virtual reviews; supports reduced transport needs.	Greater flexibility in management of patients is afforded by the proposed revised specification.
People with addictions and/or substance misuse issues	No impact considered.	

People or families on a low income	All income groups are covered within the service.	Increased flexibility from face-to-face routine clinical reviews to virtual reviews (telephone or video) and potential for patient-initiated follow-up; supports reduced transport costs/time off-work. Providing centres should ensure eligible patients and carers are aware of the travel costs scheme: https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Translation services are available.	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.

		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. As part of routine clinical practice, clinical teams will adjust communications to achieve balance between provision and understanding.
People living in deprived areas	People living in more deprived areas are proportionately much more likely to experience health inequalities described 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.	A national service specification sets out the minimum standards for the delivery of equitable care across England, regardless of location. 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. The service specification proposition includes the role of social workers, who can assist with access to additional support where available.

		Providing centres should ensure eligible patients and carers are aware of the https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/.
People living in remote, rural and island locations	These conditions do not disproportionately impact people living in remote, rural and island locations positively or negatively. However, all areas of the country will have access to the service, with outreach a key component of the specification proposition including remote access and consultation where appropriate, which is an important aspect of access for remote areas.	Changes in proposed service specification provide wider range of consultation options and reduce burden of face-to-face meetings. Providing centres should ensure eligible patients and carers are aware of the https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/.
Refugees, asylum seekers or those experiencing modern slavery	These 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 haemophilia 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.
Other groups experiencing health inequalities (please describe)	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

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	Stakeholder testing	Formal stakeholder testing via established NHS England process	Feb 2024
2	Public Consultation	Formal stakeholder testing via established NHS England process	July 2025

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence		
Consultation and involvement findings	SSWG and Clinical Reference Group representation from Clinicians including AHP, service users public health, PPV reps.	Not applicable.
Research	National Haemophilia Database.	Not applicable.
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Public Health National Specialty Advisor Various clinical specialties via SSWG.	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?	X		
Uncertain whether the proposal will support?			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	More accurate information on racial and ethnic profile of patient group	Improve data collection in the National Haemophilia Database
2		
3		

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this proposal will or will not make a contribution 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 patient across all providers.

11. Contact details re this EHIA

Team/Unit name:	Blood and Infection Programme of Care
Division name:	Specialised Commissioning
Directorate name:	System Development
Date EHIA agreed:	25/02/2026
Date EHIA published if appropriate:	September 2026