NHS

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

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]:** Emergency Aortic Dissection Pathway Toolkit

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

Care pathways for aortic dissection vary greatly across the NHS in England and evidence shows this can impact on patient outcomes.

This toolkit sets out the issues seen within current pathways and supports regional stakeholders to improve their pathway. Providing Clinicians, Services and Commissioners with recommendations to improve care and outcomes for the future.

The toolkit focusses on the emergency aortic dissection pathway from the patients' presentation through diagnosis, clinical decision making and treatment. The toolkit excludes the elective pathway and long-term management of patients with established aortic dissection.

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.	Most aortic dissections occur in older adults. The pathway however would apply to patients of all ages. Expected impact would be an increased survival rate.	To increase the positive impact the following would be introduced: • staff training • clear pathways of care • unified regional rota • multidisciplinary working between cardiac and vascular colleagues.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Potential adverse impact where patients need transferring between centers in terms of patient understanding and carers ability to move with the patient.	Regional pathways will be expected to consider this group's needs within their pathways. This may include additional training for staff, access to additional support and pathways to transfer patients back to local care as a priority once medically safe to do so.
Gender Reassignment and/or people who identify as Transgender	No specific impacts other than increased survival rate.	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	No specific impacts other than increased survival rate.	N/A
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	It would be very rare for a patient to fall within this category. Change in service should improve outcome.	N/A

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 ethnicity[2]	No specific impacts other than increased survival rate	Training will ensure staff are aware of any specific patient groups who are more prone to aortic dissections. However, as they can occur in all adults training will also ensure they do not exclude the potential diagnosis from any ethnic groups.
Religion and belief: people with different religions/faiths or beliefs, or none.	No specific impacts except where patients refuse care on religious /belief grounds, in which case prognosis for the patient is extremely poor.	Pathways will need to ensure patients and their family's views are clearly sought and acted upon as part of the consent processes. Pathways must allow for open dialogue where a patient refuses treatment and information must be readily available explaining the potential outcomes. Decisions made must be clearly documented in the patients notes.
Sex: men; women	No specific impacts other than increased survival rate.	N/A
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	No specific impacts other than increased survival rate.	N/A

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.

[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.

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	N/A	
Carers of patients: unpaid, family members.	Carers of patients may be adversely affected where care is transferred further away from the home environment, temporarily increasing travel to visit and support patients	Carers should be offered access to transport services and support available within the hospital system. Repatriation of patients once medically stable should consider the acers needs.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	N/A	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	N/A	
People with addictions and/or substance misuse issues	N/A	
People or families on a low income	Patients may be adversely affected where care is transferred further away from the home environment, temporarily increasing travel to visit and support patients	Patients should be offered access to transport services and support available within the hospital system.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	The emergency nature of an aortic dissection may mean that patients are not given time to understand the situation / treatment options and potential outcomes if these are not explained clearly.	Clear explanations must be offered to patients of the condition, treatments and outcomes. This should be available for patients and their families in verbal and written mechanisms to ensure informed consent. Systems should have access to emergency interpretation services as required.

[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
People living in deprived areas	N/A	
People living in remote, rural and island locations	This patient group may benefit due to quicker diagnosis and transfer for treatment improving outcomes.	The training provided to Ambulance staff should improve identification and may mean some patients are transferred more quickly to the correct center.
Refugees, asylum seekers or those experiencing modern slavery	N/A	
Other groups experiencing health inequalities (please describe)	N/A	

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

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 involvement in toolkit drafting and roll out.	Working group members deliberately chosen to come with a wide and varied viewpoint including in service and patient representatives.	Ongoing

		PHE colleagues included within the working group with a view to informing these issues.	
2	Data analysis	National data reviewed to identify issues of inequality	Q3 2020/21
3	Wider engagement	Once the toolkit is drafted it will be shared with wider colleagues, within this engagement key questions on inequality will be included.	TBC

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

There is very little evidence published linking inequalities, to type A or B acute aortic dissections and outcomes specifically.

As such in developing the toolkit evidence is based on overall best practice. All key evidence suggests that as an emergency procedure, outcomes for all groups of patients are best managed within a coherent and organised aortic dissection rota with clear training for all staff involved.

Within the toolkit regions will be explicitly asked to consider their own local inequalities and undertake local impact assessments.

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?			
The proposal may support?	X	X	X
Uncertain whether the proposal will support?			

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?		
The proposal may support?	X	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	Coding for Type b patients to enable appropriate monitoring, reporting and recording of outcomes	Discussion with CRG and National work to agree a preferred way forward required.
2		
3		

10. Summary assessment of this EHIA findings

Overall, this proposal may contribute to advancing equality of opportunity and/or reducing health inequalities by ensuring an even provision of care, better training and a coherent and consistent service to patients. This will be monitored at a regional level during implementation.

11. Contact details re this EHIA

Team/Unit name:	Service Transformation Team
Division name:	Specialised commissioning
Directorate name:	
Date EHIA agreed:	
Date EHIA published if appropriate:	

Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

Uncertain:

13. Assistance sought re the completion of this EHIA:

Assistance sought regarding wider stakeholder testing.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:		
Contact officer e: mail address:		
Contact officer mobile number:		
Team/Unit name:	Division name:	Directorate name:
Name of senior manager/ responsible Director:	Post title:	E-mail address:

15. Considered by NHS England or NHS Improvement Panel, Board or Committee[4]

Yes:	No:	Name of the Panel, Board or Committee:		
Name of the proposal (policy, proposition, programme, proposal or initiative):				
Decision of the Panel, Board or Committee		Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities

Proposal gave due regard to the requirements of the PSED?	Yes:	No:	N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?	Yes:	No:	N/A:
Summary comments:			

16. Key dates

Date draft EHIA completed:	10/04/2021
Date draft EHIA circulated to EHIU:[5]	
Date draft EHIA cleared by EHIU:[6]	
Date final EHIA produced:	
Date signed off by Senior Manager/Director:[7]	
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable[8]:	

[4] Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.
[5] If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.
[6] If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.
[7] The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.
[8] This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.