

Aligning commissioning policies across north east London

Equality impact assessment

May 2019

Is this a new or existing policy/function?

[Please check appropriate box]

New

Existing

Name of policy/function

Alignment of commissioning policies

Please give a brief description of policy/function

CCGs have existing policies on procedures of limited clinical effectiveness. This programme aims to update existing policies in order to agree one policy across North East London. The function of the policy is to provide clarity as to which interventions or treatments the CCG will either not routinely fund unless exceptionality is proven or will be funded provided certain criteria are met.

Scope of the Equality Analysis

The equality analysis focusses on reviewing those interventions or treatments that are new or those where the criteria has changed. Please see accompanying full quality impact assessment for details of this.

Consultation, engagement and contribution/outcomes

[Please list who you have consulted with on this EA and what contribution they have made, if any. If the policy/function is customer facing then please mention which protected group from the potential beneficiary groups has been involved]

Engaged with the following clinicians as part of the development of the new NEL spending money wisely policies. The contribution of GP clinical leads was to form a clinical review group (CRG) that was the decision making group in terms of agreeing a consensus as to preferred policies for each intervention or treatment. GP colleagues advised as to the appropriateness of policies and the clinical criteria contained within. The clinical review group would report in to the Joint Commissioning Committee (JCC) and the Clinical Senate with its recommendations.

GP clinical leads:

GP Name	CCG
Dr. Anju Gupta	Barking & Dagenham CCG
Dr. Maurice Sanomi	Havering CCG
Dr. Sarah Heyes	Redbridge CCG
Dr. Anita Bhatia	Redbridge CCG
Dr. Mohammad Tahir	Redbridge CCG
Dr. Dinesh Kapoor	Waltham Forest CCG
Dr. George Sowemimo	Waltham Forest CCG
Dr. Victoria Tzortziou-Brown	Tower Hamlets CCG
Dr. Shah Ali	Tower Hamlets CCG
Dr. Catherine Gaynor	Newham CCG
Dr. Bapu Sathyajith	Newham CCG
Dr. Suresh Tibrewal	City & Hackney CCG
Dr. Gary Marlowe	City & Hackney CCG

For treatments or interventions where GP clinical leads expressed the need for input from consultants on specialist areas in order to allow the CRG to form a consensus, Chief Medical Officers were contacted to request they provide appropriate consultants to help review and provide advice. Chief Medical Officers of the following Trusts were contacted: BHRUT, Barts Health, Homerton, NELFT and ELFT. The Chief Medical Officers contacted were:

Barts Health: Dr. Alistair Chesser
 BHRUT: Dr. Magda Smith
 Homerton: Dr. Deblina Dasgupta
 NELFT: Dr. Caroline Allum
 ELFT: Dr. Paul Gilluley

The following consultants were then contacted to provide their advice and input as to the appropriateness of clinical criteria for the CRG to consider in forming their consensus regarding policy preference for the NEL spending money wisely policy.

Trust	Specialism/Role	Name
Barts	ENT surgeon	Abir Bhattacharyya
Barts	ENT surgeon	Khalid Ghufloor
Barts	ENT surgeon	Nitesh Patel
Barts	Ophthalmology	Sudeshna Patra
BHRuT	Ophthalmology	Bobby Paul
Moorfields	Ophthalmology	Alex Stamp
Moorfields	Ophthalmology	Farhana Sultana-Miah
Moorfields	Ophthalmology	Jonathan Clarke
Moorfields	Ophthalmology	Parul Desai
Barts	Rheumatology	Dev Pyne
Barts	Pain Medicine	Jayne Gallagher
BHRuT	Pain Medicine and Anaesthesia	Ben Huntley
BHRuT	Pain Medicine and Anaesthesia	Daniel Oshodi
Homerton	Orthopaedic Surgeon	Toby Baring
Barts	Obstetrician and Gynaecologist	Alpa Shah

Barts	Obstetrician and Gynaecologist	Chris Barnick
Barts	Obstetrician and Gynaecologist	Joe Aquilina
Barts	Obstetrician and Gynaecologist	Manjula Raajkumar
Barts	Obstetrician and Gynaecologist	Oluseye Oyawoye
Barts	Obstetrician and Gynaecologist	Sanjula Sharma
Homerton	Obstetrician and Gynaecologist	Ed Dorman
Homerton	Breast Surgeon	Laila Parvanta
NELFT	Podiatry	Chris Lewis
NELFT	Podiatry	Karen Wise
Barts	General Surgery/Hernias	Frances Hughes
Homerton	Bariatric Surgery	Yashwant Koak
Barts	Physiotherapy	Dylan Morrissey
Barts	Physiotherapy	Matthew Field
Barts	Hand therapist	Niall Fitzpatrick
Barts	Trauma & Orthopaedics	Ang SweeChai
Barts	Trauma & Orthopaedics	Alexander Montgomery
Barts	Trauma & Orthopaedics	Lee Joshua

Following feedback from a number of consultants and specialists, the CRG considered the advice provided and formed a consensus view as to the preferred policies for each intervention.

Impact assessment and actions

Protected Group	Relevance YES/NO	Evidence of impact (describe how the policy will impact on each protected group)	Nature of potential impact (positive/negative/unknown)	Recommendations/mitigating actions (what actions the CCG should implement to tackle inequality and advance equality of opportunity)
Age	Yes	Exclusions are based on age but for good clinical reasons. I.e. children excluded from procedures listed in policy. Knee/Hip arthroplasty and cataracts would impact more on older people however criteria is based on latest clinical guidance and can still be accessed via prior approval and IFR.	Positive	Children are excluded from majority for good clinical reason. IFR acts as safety net.
Disability (including mental health and learning disability)	Yes	Down syndrome excluded in cleft palate. Equally applied.	Positive	IFR acts as safety net.
Race/ethnicity	No			
Sex/gender	Yes	Some of these procedures will only impact on women for example gynaecology	Positive	Only clinical evidence based procedures will be undertaken reducing risk of harm through over intervention.

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Gender reassignment	Yes	An equality statement has been added at the start of the NEL Spending Money Wisely policy that states NEL CCGs have committed to ensuring equality of access to procedures for gender reassigned patients.	Positive	By adding the equality statement to the policy this ensures patients who have had their gender reassigned will be treated in accordance with their assigned gender.
Sexual orientation	No			
Religion/belief	No	Non medical circumcision not routinely funded (no change)		
Pregnancy and maternity	No			

Protected Group	Relevance YES/NO	Evidence of impact (describe how the policy will impact on each protected group)	Nature of potential impact (positive/negative/unknown)	Recommendations/mitigating actions (what actions the CCG should implement to tackle inequality and advance equality of opportunity)
Marriage and Civil Partnership	No			
Human Rights	No			
Socio-economic groups	Yes			Based on clinical need and clinical effectiveness. IFR acts as safety net.
Social inclusion	No			
Community cohesion	No			

Final outcomes:

[Please check appropriate box]

- A. Continue with the policy/proposal as it is
- B. Continue with the policy with adjustment or further analysis
- C. Stop/remove the policy/proposal
- D. Carry out a further analysis of new data

Signature of the SRO/Director:

Date:

Date of Next Review:

[Statutory requirement at least 3 years unless there is any change in existing policy/function]