NHS England

Equality and Health Inequalities – Full Analysis Form

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To be read in conjunction with the Equalities and Health Inequalities Analysis Guidance, Equality and Health Inequalities Unit, NHS England, July 2016

Prepared by: Equality and Health Inequalities Unit

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PART A: General Information

Wessex Cancer Alliance – Wessex Cancer Surgical Hub (WCH)

2. What are the intended outcomes?

The Covid pandemic has placed an **unprecedented amount of pressure on NHS systems**, including a loss of surgical capacity. In response, NHSE has issued guidance that all Cancer Alliances set-up **cancer surgery hubs** with the aim to **maximise the number of patients receiving curative surgery.**

In line with NHSE guidance, we are now setting up the **Wessex Cancer Surgical Hub** to:

- **Maintain urgent elective cancer surgery during the Covidcrisis** for patients with life-threatening cancer in a Covid-free environment
- **Manage the backlog of patients awaiting treatment**, as referrals are likely to increase once the acute phase passes.

Any hospital from this list below will be able to send patients to the Hub.

- Dorset County Hospital NHS Foundation Trust
- Hampshire Hospitals NHS Foundation Trust
- Isle of Wight NHS Trust
- Poole Hospital NHS Foundation Trust
- Portsmouth Hospitals NHS Trust
- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Salisbury Hospital Foundation Trust
- University Hospital Southampton NHS Foundation Trust

Any services offered by the Cancer Hub will be additional to what they would otherwise receive. Patients will be given an option to receive treatment through the Cancer Hub, or may choose to remain on the waiting list of their local provider.

3. Who will be affected by this project, programme or work? Please summarise in a few sentences which of the groups below are very likely to be affected by this work.

Staff
Patients and carers
Partner organisations
Others

Staff – introduction of a new cancer surgery pathway with referrals to, and the clinical prioritisation of patients, undertaken via a virtual Cancer Prioritisation Panel comprising of a newly formed clinical team. Staff at existing institutions may therefore come in contact with and treat and/or manage new patients from across Wessex. Potential impact for staff groups located within secondary care who will manage referrals and cancer care. The employing organisations will be expected to meet their statutory duties towards employees, including the Equality Act 2010.

Patients and carers – aim is to improve people's experience by enabling faster access for cancer treatment during the Covid pandemic and recovery period, as normal cancer care has been disrupted. As part of the Cancer Hub model, patients for whom there is no capacity for treatment locally may be treated through the Cancer Hub. While travel times may in some instances be longer than for their local trusts, overall this service aims to improve waiting times and better access to cancer treatment

Should any feedback highlight any in-equality this will be investigated and recommendations to mitigate introduced.

Partner organisations – partnership arrangements are in place to:

1. Provide theatre capacity for treatment
2. Treating providers will be expected to provide the service in line with statutory requirements including the Equality Act 2010 and the Accessible Information Standard.

4. Which groups protected by the Equality Act 2010 and/ or groups that face health inequalities are very likely to be affected by this work?

Most groups will be positively impacted but there are specific issues relating to the groups listed below which are addressed below.

- Age
- Disability

PART B: Equalities Groups and Health Inequalities Groups

5. Impact of this work for the equality groups listed below.

Focusing on each equality group listed below (sections 5.1. to 5.9), please answer the following questions:

a) Does the equality group face discrimination in this work area?
b) Could the work tackle this discrimination and/or advance equality or good relations?
c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
e) If you cannot answer these questions what action will be taken and when?

5.1. Age – below is the consideration and actions that need to be taken by the service to ensure there is no potential for age discrimination and to address people's needs according to their age.

Access into the physical Cancer Hub

Main impact on need to travel a greater distance than their previous local provider. Patient wishes will be taken into account prior to referral, and patients may express a wish to join waitlist for treatment at local provider instead.

Prioritisation

Age is one of a number of variables that the Cancer Prioritisation Panel will consider when prioritising patients for the Cancer Hub. There will be an Ethics representative on the Prioritisation Panel to ensure fair and unbiased evaluation.

5.2. Disability

Access into the physical Cancer Hub
Main impact on need to travel a greater distance than their previous local provider. Patient wishes will be taken into account prior to referral, and patients may express a wish to join waitlist for treatment at local provider instead.

As we are using existing providers and treatment facilities, there will be pre-existing adaptive measures in place to cater for patients with different needs.

5.3. Gender reassignment

No additional impact compared to normal service

5.4. Marriage and civil partnership

No/ NA

5.5. Pregnancy and maternity

Pregnant or maternity patients would on separate pathway under maternity unit and therefore not part of the patient pool for the Cancer Hub

5.6. Race
Access to information

The only anticipated additional information required is that in relation to physically accessing the Cancer Hub, which is available in a variety of formats already existing as part of the regular pathways.

5.7. Religion or belief

Clinical decisions will be taken in conjunction with patient wishes and contact by the Cancer Hub will be mindful and considerate of religious commitments.

5.8. Sex or gender

No additional impact compared to normal service

5.9. Sexual orientation

No additional impact compared to normal service

6. Implications of our work for the health inclusion groups listed below.

Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below (Sections 6.1. To 6.12), and any others relevant to your work[1], please answer the following questions:

f) Does the health inclusion group experience inequalities in access to healthcare?
g) Does the health inclusion group experience inequalities in health outcomes?
h) Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?
i) Could the work assist or undermine compliance with the duties to reduce health inequalities?
j) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
k) As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 5.1 to 5.9. That is fine; please just say below if that is what you have done.
l) If you cannot answer these questions what action will be taken and when?

6.1. Alcohol and / or drug misusers

No additional impact compared to normal service

6.2. Asylum seekers and /or refugees

No additional impact compared to normal service

Also see response under Race above.

6.3. Carers

Only anticipated impact would be on greater traveling distances to access the Cancer Hub. Patient wishes will be taken into account prior to referral into the Cancer Hub.

[1] Our guidance document explains the meaning of these terms if you are not familiar with the language.

6.4. Ex-service personnel / veterans

No additional impact compared to normal service

6.5. Those who have experienced Female Genital Mutilation (FGM)

No additional impact compared to normal service

6.6. Gypsies, Roma and travellers

No additional impact compared to normal service

6.7. Homeless people and rough sleepers

No additional impact compared to normal service

6.8. Those who have experienced human trafficking or modern slavery

No additional impact compared to normal service

6.9. Those living with mental health issues

No additional impact compared to normal service

6.10. Sex workers

No additional impact compared to normal service

6.11. Trans people or other members of the non-binary community

No additional impact compared to normal service

6.12. The overlapping impact on different groups who face health inequalities

As above. The service will recognise that people are multi-dimensional and provide personalised care and support.

7. Other groups that face health inequalities that we have identified.

Have you have identified other groups that face inequalities in access to healthcare?

Does the group experience inequalities in access to healthcare and/or inequalities in health outcomes?

Short explanatory notes - other groups that face health exclusion.

As we research and gather more data, we learn more about which groups are facing health inequalities. If your work has identified more groups that face important health inequalities, please answer questions 7 and 8. Please circle as appropriate.

If you have not identified additional groups, that face health inequalities, just say not applicable or N/A in the box below.

~~Yes~~ ~~Complete section 8~~	**No** **Go to section 9**	~~N/A~~

8. Other groups that face health inequalities that we have identified.

Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes in relation to these other groups that face health inequalities?
Could the work undermine compliance with the duties to reduce health inequalities and, if so, what action should be taken to reduce any adverse impact?
Is the work going to help NHS England to comply with the duties to reduce health inequalities?
If you have identified other groups that face health inequalities please answer the questions below. You will only answer this question if you have identified additional groups facing important health inequalities.

None identified

PART C: Promoting integrated services and working with partners

Short explanatory notes: Integrated services and reducing health inequalities.

Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below.

9. Opportunities to reduce health inequalities through integrated services.

Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.

~~Yes~~ ~~Go to section 10~~	**No** **Go to section 11**	~~Do not know~~

10. How can this work increase integrated services and reduce health inequalities?

Please explain below, in a few short sentences, how the work will encourage more integrated services that reduce health inequalities and which partners we will be working with.

N/A

PART D: Engagement and involvement
11. Engagement and involvement activities already undertaken. How were stakeholders, who could comment on equalities and health inequalities engaged, or involved with this work? For example, in gathering evidence, commenting on evidence, commenting on proposals or in other ways? And what were the key outputs.
Acute providers have been actively involved in the development of this service and invited for feedback to ensure equitable access of patients across all of Wessex. Key partners have been communicated to about its progress
12. Which stakeholders and equalities and health inclusion groups were involved?
All acute providers in Wessex were given the opportunity to input into the development of this service.
13. Key information from the engagement and involvement activities undertaken. Were key issues, concerns or questions expressed by stakeholders and if so, what were these and how were they addressed? Were stakeholders broadly supportive of this work?
Secondary care – broadly supportive of this work; key concerns were around equal evaluation of patients across all of Wessex. This has been addressed by ensuring that Cancer Prioritisation Panel has representation from all Wessex trusts.
14. Stakeholders were not broadly supportive, but we need to go ahead. If stakeholders were not broadly supportive of the work but you are recommending progressing with the work anyway, why are you making this recommendation?
All stakeholders were broadly supportive
15. Further engagement and involvement activities planned. Are further engagement and involvement activities planned? If so what is planned, when and why?
GPs and PCNs will be kept informed on the progress

We are developing a public-facing website with key information available about the Cancer Hub

Ongoing evaluation and improvement of the service after initial roll-out.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

We will monitor the following metrics to ensure that the Cancer Hub provides best outcomes for patients as would otherwise be possible

- 30-day mortality
- Morbidity
- 90-day mortality
- Readmission rates
- COVID-19 infection rates
- Pathology/ R0 resection

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

NHS guidance on Cancer Surgery Hubs

Wessex Cancer Alliance – PTL dashboard

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation.

In relation to this work have you identified any:

- important equalities or health inequalities data gaps or
- gaps in relation to monitoring and evaluation?

~~Yes~~	**No**

19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation.

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

N/A

PART F: Summary analysis and recommended action		
20. Contributing to the first PSED equality aim. Can this work contribute to eliminating discrimination, harassment or victimisation?		
~~Yes~~	**No**	~~Do not know~~
If yes please explain how, in a few short sentences		
21. Contributing to the second PSED equality aim. Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.		
~~Yes~~	**No**	~~Do not know~~
If yes please explain how, in a few short sentences		
22. Contributing to the third PSED equality aim. Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.		
~~Yes~~	**No**	~~Do not know~~
If yes please explain how, in a few short sentences		
23. Contributing to reducing inequalities in access to health services. Can this policy or piece of work contribute to reducing inequalities in access to health services?		
Yes	~~No~~	~~Do not know~~
If yes which groups should benefit and how and/or might any group lose out?		
The Cancer Hub ensures equality of access across Wessex regardless of local providers capacity		
24. Contributing to reducing inequalities in health outcomes. Can this work contribute to reducing inequalities in health outcomes?		
Yes	~~No~~	~~Do not know~~
If yes which groups should benefit and how and/or might any group lose out?		

See above

25. Contributing to the PSED and reducing health inequalities.
How will the policy or piece of work contribute to the achieving the PSED and reducing health inequalities in access and outcomes? Please describe below in a few short sentences.

N/A

26. Agreed or recommended actions.
What actions are proposed to address any key concerns identified in this Equality and Health Inequalities Analysis (EHIA) and / or to ensure that the work contributes to the reducing unlawful discrimination / acts, advancing equality of opportunity, fostering good relations and / or reducing health inequalities? Is there a need to review the EHI analysis at a later stage?

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
All actions have been identified above and / or will be picked up as part of ongoing monitoring and evaluation strategies.			Ongoing	Wessex Cancer Surgical Hub Team

PART G: Record keeping	
27.1. Date draft circulated to E&HIU:	
27.1. Date draft EHIA completed:	
27.2: Date final EHIA produced:	
27.3. Date signed off by Director:	
27.4: Date EHIA published:	
27.5. Review date:	

28. Details of the person completing this EHIA		
Name	Post held	E-mail address

29: Name of the responsible Director	
Name	Directorate