Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Changes to Selected Phase 2 Birmingham and Solihull Harmonised Treatment Policies

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

NHS Birmingham CrossCity Clinical Commissioning Group
NHS Birmingham South Central Clinical Commissioning Group
NHS Solihull Clinical Commissioning Group

1. Background

EA Title	Further amendments required in light of NHSE EBI Policy 2018 publication re: Dupuytren's contracture. Changes to Selected Phase 2 Birmingham and Solihull Harmonised Treatment Policies: • Carpal Tunnel Surgery • Dupuytren's Contracture • Knee Arthroscopy • Hip Arthroscopy		
EA Author	Neil Walker	**Team**	STP Planned Care Programme Lead
Date Started	November 2018	**Date Completed**	March 2019
EA Version	1.3	**Reviewed by E&D**	2/2/18

What are the intended outcomes of this work? Include outline of objectives and function aims

NHSE EBI Policy 2018 Publication

Policy for Dupuytren's Contracture

Amendments made:

- In line with NHSE EBI criteria Birmingham and Solihull CCG criteria has been amended to define proximal inter-phalangeal joint contracture as needing to be at least 20 degrees before surgical intervention.

Following this NHSE EBI 17 review it has been determined by Birmingham & Solihull CCG that the minor change listed above will have no material impact on equality with regard to the policy amendments.

Solihull, Birmingham Cross City and Birmingham South Central CCGs are collaborating to develop a second phase of (mostly) new Treatment Policies to support in partnership with Sandwell and West Birmingham CCG who adopted fully the phase 1 treatment policies. Wolverhampton and Walsall CCGs are associate members and attendees.

The program aim is to:

- ensure policies incorporate the most up-to-date published clinical evidence so that we prioritise funded treatments that are proven to have clinical benefit for patients.
- stop variation in access to NHS funded services across Birmingham, Solihull and the Black Country (sometimes called the 'postcode lottery' in the media) and allow fair and equitable treatment for all local patients.
- ensure access to NHS funded treatment is equal and fair, whilst considering the needs of the overall population and evidence of clinical and cost effectiveness.

This supports a standardised and uniform treatment policy development, engagement and implementation process for the new CCG from April 2018.

A target of September 2018 has been set for sign-off by the Birmingham and Solihull Health Commissioning Board of the updated policies with an anticipated launch and implementation by autumn 2018.

Since the launch of the new treatment policies BSOL CCGs have received a limited amount of feedback from secondary and primary care locally concerning specific issues concerning the

following treatment policy statements:

This equality analysis covers the 4 Orthopaedic policies below:

- Carpal Tunnel Surgery
- Dupuytren's Contracture
- Knee Arthroscopy
- Hip Arthroscopy

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

- Patients
- Service Users
- Local NHS and Independent Sector providers
- General practice across Birmingham and Solihull (and Sandwell)

Service activity data has been identified for the procedures affected. This is only available for patient numbers and does not include details on the individual patient's profile. As these procedures are undertaken potentially by a number of providers it is not possible to collate this data. There is evidence on the impact on patients however from national research and NICE reporting.

Number of procedures undertaken overall and by CCG

	BSOL	BCC	BSC	Solihull
Carpal Tunnel	2944	1685	645	614
Dupuytren's Contracture	588	310	104	174
Knee Arthroscopy	434	306	54	74
Hip Arthroscopy	106	52	25	29

Dupuytren's Contracture

Dupuytren's contracture is a fairly common condition that causes one or more fingers to bend into the palm of the hand. The condition often occurs in later life, and is most common in men who are aged over 40. Around one in six men over the age of 65 are affected in the UK.

The symptoms of Dupuytren's contracture are often mild and painless and do not require treatment. The condition most often starts with a firm nodule in the skin of the palm and may stay the same for months or years. In some patients, however, it may progress to the next stage in which cords of fibrous tissue form in the palm and run into the fingers or thumb, eventually, pulling them into a permanently flexed position, making it difficult to perform

activities of daily living. In about 50% of cases the condition affects both hands, and in rare cases it can also affect the soles and toes of the feet.

Although there is great variation in the rate of progress, it is usually possible to distinguish the more aggressive form of the disease early on. However, patients should be advised that probably 40% of people will have a recurrence following surgery: Dupuytren's contracture can return to the same spot on the hand or may reappear somewhere else. Recurrence is more likely in younger patients; if the original contracture was severe; or if there is a strong family history of the condition.

Femoral-Acetabular Impingement (FAI)

Hip or femoro–acetabular impingement (FAI) (mismatch between the hip ball and socket) results from abnormalities of the femoral head or the acetabulum (mismatch between the hip ball and socket). There are two main types of hip impingement depending on whether the anatomical abnormality lies in the femur (cam impingement) or the acetabulum (pincer impingement). The presence of both types is referred to as mixed impingement. Not all radiologic deformities are symptomatic. It is unknown what proportion of people with asymptomatic cam or pincer deformity develop FAI symptoms.

Symptoms of FAI include restriction of movement, 'clicking' of the hip joint, and pain. Symptoms may occur or be exacerbated during hip flexion activities resulting from sporting activity, although many patients experience pain whilst sitting.

Cam impingement typically occurs in young, athletic males whilst symptomatic pincer impingement is more commonly seen in middle aged females.

Management of hip impingement usually includes a trial of conservative measures, including activity modification to reduce excessive motion and loading on the hip.

In patients who are refractory to conservative treatment, surgical management to improve range of movement and reduce pain may be required. Tears to the acetabular labrum may be debrided and/or re-fixed. The three surgical approaches commonly used are:

- open dislocation surgery involving dislocation of the hip joint;
- arthroscopy or;
- arthroscopy with a limited open approach (mini-open).

Degenerative Knee Disease

The most common cause of generalised knee pain is osteoarthritis (OA). OA is the result of progressive degeneration of the cartilage of the joint surface. Meniscal tears and other structural changes including osteophytes, cartilage and bone marrow lesions are common characteristics of knee osteoarthritis. The condition is also known as degenerative knee disease.
The relationship between degradation of the joint surfaces and knee osteoarthritis is unclear. Imaging abnormalities of the knee surfaces are common and are known to exist in pain-free knees as well as symptomatic patients.
Symptoms include pain and stiffness, and may include mechanical giving way, clicking or locking. These may impair a patient's ability to perform activities of daily living and recreational activities.
Conservative treatments aimed at reducing the symptoms include patient information (https://www.arthritisresearchuk.org/arthritis-information.aspx), weight loss and physical therapy. NICE advises that pain relief medication, physiotherapy, arthrocentesis and intra-articular corticosteroid injections may also be beneficial if the pain is moderate to severe.

Arthroscopic Knee Surgery
Arthroscopic knee surgery is an established and common treatment option and may include arthroscopic lavage (also called 'arthroscopic washout'), arthroscopic debridement (in combination with lavage) and arthroscopic partial meniscectomy (APM) which may be performed singly or in combination with debridement and lavage. An arthroscopic knee washout involves flushing the joint with fluid, which is introduced through small incisions in the knee. The procedure is often done with debridement, which is the removal of loose debris around the joint.
The meniscus is a piece of cartilage that provides a cushion between your femur (thighbone) and tibia (shinbone). There are two menisci in each knee joint. They can be damaged or torn during activities that put pressure on or rotate the knee joint. Meniscectomy is the surgical removal of all (total menisectomy) or part (partial menisectomy) of a torn meniscus.
NICE recommends that arthroscopic lavage and debridement should not be used in knee OA without a 'clear history of mechanical locking'.
APM is the most common knee procedure performed in the UK (151.2 procedures per 100,000 population).

Carpal tunnel syndrome (CTS):

Is a condition where the median nerve is compressed as it passes through a short tunnel at the wrist. The main symptoms are pain and altered feeling (often tingling and/or numbness) in the hand, affecting the thumb, index, middle and ring fingers; it is unusual for the little finger to be involved. Symptoms are often worse at night but can also be present in the daytime. Symptoms are often worse with driving or holding a book, newspaper, or telephone. In the early stages symptoms occur intermittently. As the condition worsens, the altered feeling may become continuous, with numbness in the fingers and thumb together with weakness and wasting of the muscles at the base of the thumb. Sufferers often describe a feeling of clumsiness and drop objects easily. CTS may also be associated with pain in the wrist and forearm.

The reported prevalence of CTS is between 1% and 7% in European population studies, and most studies cite a figure of around 5%. It has been found to be three times more common in women than in men and commonly affects women in middle age but can occur at any age in either sex. CTS is more likely among people with conditions such as pregnancy, diabetes, thyroid problems and rheumatoid arthritis, but most CTS sufferers have none of these. CTS may be associated with swelling in the tunnel which may be caused, for example, by inflammation of the tendons, a fracture of the wrist or wrist arthritis, although in most cases, the cause is not identifiable.

Treatments are directed at both the relief of symptoms and the prevention of future deterioration. Non-surgical (conservative) treatments include lifestyle modification, the use of splints, especially at night, and corticosteroid injection into the carpal tunnel or - a combination of any of these. CTS occurring in pregnancy often resolves after the baby is born.

Surgery is frequently performed. The operation involves opening the roof of the tunnel to reduce the pressure on the nerve. The most common method involves an incision over the tunnel at the wrist, opening the roof under direct vision. In an alternative keyhole method (endoscopic release) the roof is opened with instruments inserted through one or two small incisions. The outcomes of the two techniques are similar. The surgery may be performed under local anaesthesia, regional anaesthesia (injected at the shoulder to numb the entire arm) or general anaesthesia.

Note:
Sandwell and West Birmingham CCG have fully implemented phase 1 treatment policies and have been an active partner in the new Clinical Policy Review Group since it was reconstituted in July 2017.

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
Knee Arthroscopy: Evidence Summary Report – Solutions for Public Health PubMed, Embase, Cochrane Library, TRIP and NICE Evidence limited to 2016 onwards (pre-2016 covered in a published SR and MA in the BMJ and by a previous SPH evidence review) and English language only. Out of scope arthroscopic knee procedures and indications such as trauma, ligament reconstructions were excluded.	BSOL Treatment Policies Clinical Development Group	Specialty leads from local NHS acute Trusts
Hip Arthroscopy: Evidence Summary Report – Solutions for Public Health PubMed, Embase and Cochrane Library – limiting to last 10years and English language. Conducted a search of TRIP database and NICE Evidence search with similar limits and restricting to Evidence Reviews.	BSOL Treatment Policies Clinical Development Group	Specialty leads from local NHS acute Trusts
Dupuytrens Contracture: National Institute for Health and Care Excellence (NICE) 2017 - Collagenase clostridium histolyticum for treating Dupuytren's contracture. Technology appraisal guidance # 459. http://www. nice.org.uk/guidance/ta459 The British Society for the Surgery of the Hand. 2016 - Dupuytren's Disease. http://www.bssh.ac.uk /patients/conditions/25/dupuytrens_disease	BSOL Treatment Policies Clinical Development Group	
Carpal Tunnel: National Institute for Health and Care Excellence. 2016. *Carpal Tunnel Syndrome*. https://cks.nice.org.uk/carpal-tunnel-syndrome#!scenario British Orthopaedic Association, British Society for Surgery of the Hand, Royal College of Surgeons. Commissioning Guide: Treatment of Carpal Tunnel Syndrome. BOA, BSSH, RCS, 2016. https://www.boa.ac.uk/wp-content/uploads/2017/08/BOA-Carpal-Tunnel-Syndrome-Guide-2017.pdf The British Society of Surgery for the Hands (BSSH). Carpal Tunnel Syndrome 2016 http://www.bssh.ac.uk/patients/conditions/21/carpal_tunnel_syndrome (last accessed 04/10/2017)	BSOL Treatment Policies Clinical Development Group	

3. Impact and Evidence:

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In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age:

There are no changes to age threshold for the respective treatment polices. It is noted that these conditions are degenerative so a partial link can be made to age. As a result, the policy change will impact on older people but not in a negative impact as there are more effective alternatives for patients.

Dupuytren's Contracture

While the issue arising is more prevalent in older patients, there are also cases amongst younger patients. As treatment has been shown to not prevent reoccurrence the impact is limited.

Disability:

The change will have a positive impact in clarifying more clearly the definition of functional impairment. Changing these policies will have an impact around disability since those affected are suffering from degenerative conditions and in many cases have long term chronic pain. As with age the impact is mitigated through the provision of more appropriate alternatives.

Gender reassignment (including transgender):

There are no changes to the treatment policies that impact on Gender reassignment (including transgender). There is no evidence to suggest that negative impacts will be experienced by this group.

Marriage and civil partnership:

There are no changes to the treatment policies that impact on Marriage and civil partnership. There is no evidence to suggest that negative impacts will be experienced by this group.

Pregnancy and maternity:

There are no changes to the treatment policies that impact on Pregnancy and maternity. There is no evidence to suggest that negative impacts will be experienced by this group.

Race:

There are no changes to the treatment policies that impact on race. There is no evidence to suggest that negative impacts will be experienced by this group.

Religion or belief:

There are no changes to the treatment policies that impact on religion or belief. There is no evidence to suggest that negative impacts will be experienced by this group.

Sex:

3. Impact and Evidence:
There are no changes to the treatment policies that impact on this group and since service activity is not collected for gender it is not possible to identify whether either men or women have made more use of the procedures historically.
Sexual orientation: There are no changes to the treatment policies that impact on sexual orientation. There is no evidence to suggest that negative impacts will be experienced by this group.
Carers: There are no changes to the treatment policies that impact on carers. There is no evidence to suggest that negative impacts will be experienced by this group.
Other disadvantaged groups: There are no changes to the treatment policies that impact on Other disadvantaged groups There is no evidence to suggest that negative impacts will be experienced by this group.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	The aim of the treatment policies continues to be that all sections of the BSOL population should have the same treatment access standards. As there are more effective alternatives there is no negative impact in this area.
Is there any impact for groups or communities living in particular geographical areas?	No	As above
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	As above
How will you ensure the proposals reduce health inequalities? The aim of the treatment policies continues to be that all sections of the BSOL population should have the same consistent treatment access standards. Where this represents a change from the current provision, every effort has been made to ensure equitability.		

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The aim of the treatment policies continues to be that all sections of the BSOL population should have the same treatment access standards.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	The treatment policies and proposed changes are neutral in regard to right to have private and family life respected
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	Adhering to the NHS founding principles of equality and access and equality of treatment.
	How will this affect a person's right to freedom of thought, conscience and religion?	Neutral impact
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Patient's dignity will be maintained through ensuring that any surgery required will deliver the best long term outcome.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	As these policies relate to Elective Care they are supported by the national Patient Choice Framework
Right to **Life**	Will or could it affect someone's right to life? How?	No affect, quality of life is maintained through alternative options.
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	If necessary important procedural safeguards, e.g review mechanisms, time limits etc., will be followed., as stated in DOLS and MCA.

6. Social Value	
Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.	
Marmot Policy Objective	**What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?**

Enable all people to have control over their lives and maximise their capabilities	Neutral impact
Create fair employment and good work for all	Neutral impact
Create and develop health and sustainable places and communities	Neutral impact
Strengthen the role and impact of ill-health prevention	Neutral impact

7. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
Full public/professional engagement – phase 2 policy development		May/June 2018

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us …. So we will …..):

As part of the process further targeted engagement is planned with representative groups from among Birmingham and Solihull Patients. In addition it has been identified that patient and clinician information is key in ensuring that the harmonised treatment policies rather than review delivers effective outcomes. To this end an information briefing sheets on each procedure will be developed to give more information on the procedure, eligibility criteria and signposting to further information sources, such as NHS Choices. These information sheets are also designed to help facilitate discussions between GPs and patients. Information briefing sheets have already been tested and uploaded onto the GP systems for the first 45 harmonised treatment policies for Birmingham and Solihull. . Due regard will be given to both the accessible information standard and the potential need to translate such leaflets into relevant local languages.
Due to the planned intention to expedite the implementation of the policies engagement with clinicians and the public will happen in parallel with this approach.
An indication of Birmingham and Solihull CCGs approach can be found in our 2016 full engagement report which can be downloaded at:

http://solihullccg.nhs.uk/publications/2078-plcv-engagement-report-final-1

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

Overall there is no negative impact for patients since the restrictions are placed on less effective procedures, where more suitable and effective alternatives are available. A key recommendation is that clear information is provided to help patients understand the change.

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.
Where a patient has a particular situation that requires an exception to be made this can be managed through an IFR route. The key risk identified is around communication to patients to ensure that the changes are communicated effectively and the alternative options explained.

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):
The changes to these treatment policies will be CVO varied into existing NHS and Independent Sector acute contracts. Their activity impact will be monitored by monthly SUS benchmarking reports published on the BSOL CCGs' treatment policies web pages, e.g. http://solihullccg.nhs.uk/publications/our-policies-and-procedures-1/treatment-policies-reference-library/2157-plcv1-trends-1718-m05-29-9-17-xlsb

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):
These treatment policy changes are not related to any service procurement but apply to all relevant commissioned services from local NHS and Independent Sector providers.

12. Publication

How will you share the findings of the Equality Analysis?
• BSOL Strategic Programme Board • Reports into Contract Review Meetings and continued dialogue • STP Planned Care Programme chapter and reports to STP Demand Delivery Group • GP Primary Care bulletins. • Updates to Birmingham City Council - JHOSC