

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Collaborative Commissioning Policy

On-going access to treatment following the completion of industry sponsored clinical trials or funding

Version 2.1 – July 2018

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

1. Background			
EA Title	On-going access to treatment following the completion of industry sponsored clinical trials or funding Version 2.10 – July 2018		
EA Author	AGEM CSU	Team	IFR Team
Date Started	March 2019	Date Completed	April 2019
EA Version	V 2.0	Reviewed by E&D	29.04.2019
What are the intended outcomes of this work? Include outline of objectives and function aims			
<p>This Policy sets out the Clinical Commissioning Group's approach to the situation when a patient has been in an Industry sponsored clinical trial and the trial has ended and on-going treatment is required.</p> <p>It also deals with the withdrawal of free treatment that has been provided to a patient by Industry.</p>			
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.			
Patients, staff, service users, partner organisations, healthcare professionals			

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
<p>Section 2, page 3, Documents which have informed this Policy:</p> <ul style="list-style-type: none"> • Collaborative Commissioning Policy: Ethical Framework for priority setting and resource allocation • Collaborative Commissioning Policy: Individual Funding Requests • Collaborative Commissioning Policy: Patients changing responsible commissioner • Collaborative Commissioning Policy: In-Year Service Developments and the Clinical 	<ul style="list-style-type: none"> • IFR Team • CCG IFR Leads/Authorised Officers • IFR Panel Members including Medicines, GP and Local Authority Public Health Consultant 	

<p>Commissioning Group's approach to treatments not yet assessed and prioritised</p> <ul style="list-style-type: none"> • Collaborative Commissioning Policy: On-going access to treatment following the completion of industry sponsored clinical trials or funding. <p>The Medicines for Human Use (Clinical Trials) and Blood Safety and Quality (Amendment) http://www.legislation.gov.uk/ukxi/2008/941/contents/made</p>	<ul style="list-style-type: none"> • Mills & Reeve Solicitors • Clinical Policies Sub-Group Committee 	
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<h3>3. Impact and Evidence:</h3>
<p>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.</p>
<p>Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:</p> <p>No impact</p>
<p>Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:</p> <p>No impact</p>
<p>Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:</p> <p>No impact</p>
<p>Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:</p> <p>No impact</p>
<p>Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:</p> <p>No impact</p>

3. Impact and Evidence:

Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

No impact

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

No impact

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

No impact

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

No impact

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

No impact

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

The Human Rights Act, which came into force in October 2000, incorporates into domestic law the European Convention on Human Rights to which the UK has been committed since 1951. Section 6 of the Human Rights Act makes it unlawful for a public authority to act in a way, which is incompatible with a Convention right. The underlying intention of the Act is to create a Human Rights culture in public services.

We do not consider that this policy infringes a person's human rights, legal advice has been sought in the context of updating this policy version.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
Is there any impact for groups or communities living in particular geographical areas?	No	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	
How will you ensure the proposals reduce health inequalities? The policy is applicable to all patients to whom the CCG is the responsible commissioner and is designed to reduce inequity of access for individuals with the same clinical need and circumstances.		

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?	
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?	
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?	
	How will this affect a person's right to freedom of thought, conscience and religion?	
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?	
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?	
Right to Life	Will or could it affect someone's right to life? How?	
Right to Liberty	Will or could someone be deprived of their liberty? How?	

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	
Create fair employment and good work for all	
Create and develop health and sustainable places and communities	
Strengthen the role and impact of ill-health prevention	

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
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):		
<p>Engagement has been undertaken with the following groups and committees:</p> <ul style="list-style-type: none"> • IFR Team • CCG IFR Leads/Authorised Officers • IFR Panel Members including Medicines, GP and Local Authority Public Health Consultant • Mills & Reeve Solicitors • Clinical Policies Sub-Group Committee <p>Further engagement with patients is not required at this stage as no adverse impact for any protected characteristic has been identified.</p>		

8. Summary of Analysis
Considering the evidence and engagement activity you listed above, please summarise the impact of your work:
This document is part of a series of commissioning policies which set out the Clinical Commissioning Group's approach dealing with funding decisions. Its aim is to ensure that decision making is consistent, logical, transparent, and defensible and promotes consistency both internally and, where appropriate, across the cluster of Clinical Commissioning Groups.

The commissioning policies aim to identify the key principles which should apply, the conditions for agreeing funding, and the considerations which the Clinical Commissioning Groups will take into account to inform the decision. Most are closely linked with the Ethical Framework which will underpin priority setting. The proper strategic application of resources will ensure that scarce healthcare resources are distributed fairly across the population for which the Clinical Commissioning Groups is responsible.

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.

No mitigations required.

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):

KPI would be monitored through Provider Contracts.

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):

No applicable

12. Publication
<p>How will you share the findings of the Equality Analysis?</p> <p>This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.</p>
<p>Clinical Policies Sub-Group Committee Governing Body CCG website</p>
<p>Following approval all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net</p>

13. Sign Off		
<p>The Equality Analysis will need to go through a process of quality assurance by the Senior Manager for Equality Diversity and Inclusion or the Manager for Equality Diversity and Inclusion prior to approval from the delegated committee</p>		
	Name	Date
Quality Assured By:	Balvinder Everitt – Senior Manager Equality Inclusion	29-04-19
Which Committee will be considering the findings and signing off the EA?	Clinical Policies Sub-Group Committee and Quality and Safety Committee	03 May 2019
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net