

# Equality Analysis

*(Health Inequalities, Human Rights, Social Value)*

Collaborative Commissioning Policy

**On-going access to treatment following the completion of non-commercially funded clinical trials covered by Department of Health Guidance HSG (97) 32**

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

<b>EA Title</b>	Collaborative Commissioning Policy On-going access to treatment following the completion of non-commercially funded clinical trials covered by Department of Health Guidance HSG (97) 32 Version 2.1 – July 2018		
<b>EA Author</b>	AGEM CSU	<b>Team</b>	IFR Team
<b>Date Started</b>	March 2019	<b>Date Completed</b>	April 2019
<b>EA Version</b>	V 2.0	<b>Reviewed by E&amp;D</b>	29.04.2019
<b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims			
This Policy sets out the Clinical Commissioning Group's approach to the situation when a patient has been in a trial conducted by a defined set of non-commercial organisations (as set out in HSG(97)32 and related subsequent guidance and on-going treatment is required.			
<b>Who will be affected by this work?</b> 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

- The Clinical Commissioning Group's Commissioning Policy: Ethical Framework for priority setting and resource allocation
- The National Specialised Commissioning Group: Funding of treatments for patients leaving clinical trials (March 2008).
- The Medicines for Human Use (Clinical Trials) Regulations 2004. (Statutory Instrument 2004 Number 1031. *The regulations for clinical trials are set out in the Medicines for Human Use (Clinical Trials) Regulations 2004. The regulations, as originally passed, have been subsequently amended by the Medicines for Human Use (Clinical Trials) Amendment Regulations 2006 and may be further amended. CCGs are advised to seek advice to ensure that they are consulting the current version of the Regulations.*

Original: <http://www.legislation.gov.uk/uksi/2004/1031/contents/made>

Amendment:

<http://www.opsi.gov.uk/si/si2006/20061928.htm>

- Letter from the National Patient Safety Agency, National Research Ethics Service to all UK NHS Research Ethics Committees March 2008.

- World Medical Association Declaration of Helsinki, Ethical Principles for Medical Research Involving Human Subjects. Latest revision: 59th WMA General Assembly, Seoul, October 2008.  
<http://www.wma.net/en/30publications/10policies/b3/>

<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

- Department of Health: HSG(97)32: Responsibilities for meeting Patient Care Costs associated with Research and Development in the NHS.

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH\\_4018353?IdcService=GET\\_FILE&dID=14533&Rendition=Web](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4018353?IdcService=GET_FILE&dID=14533&Rendition=Web)

- Department of Health, The National Health Service Act 2006, The National Health Service Act 2006.

<http://www.legislation.gov.uk/ukpga/2006/41/contents>

- Department of Health, The NHS Constitution for England, 2015,

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

- Guidance on Excess Treatment Costs – November 2015 :

<https://www.england.nhs.uk/wp-content/uploads/2015/11/etc-guidance.pdf>

- NHS Confederation Priority Setting Series, 2008

- Priority setting: an overview
- Priority setting: legal consideration
- Priority setting: strategic planning
- Priority setting: managing new treatments
- Priority setting: managing individual funding requests

<http://www.nhsconfed.org/resources/2008/12/priority-setting-an-overview>

## Working Groups

- 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

## 3. Impact and Evidence:

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:** Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

<b>3. Impact and Evidence:</b>
No impact
<p><b>Disability:</b> 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><b>Gender reassignment (including transgender):</b> 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><b>Marriage and civil partnership:</b> 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><b>Pregnancy and maternity:</b> 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>
<p><b>Race:</b> Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:</p> <p>No impact</p>
<p><b>Religion or belief:</b> Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:</p> <p>No impact</p>
<p><b>Sex:</b> Describe any impact and evidence on men and women. This could include access to services and employment:</p> <p>No impact</p>
<p><b>Sexual orientation:</b> 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:</p> <p>No impact</p>

3. Impact and Evidence:
<p><b>Carers:</b> Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>No impact</p>
<p><b>Other disadvantaged groups:</b> 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)</p> <p>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.</p> <p>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.</p> <p><b>We do not consider that infringes a person’s human rights, however, legal advice has been sought in updating this policy document</b></p>

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	
<b>How will you ensure the proposals reduce health inequalities?</b>		

5. FREDA Principles/ Human Rights	Question	Response
<b>Fairness</b> – Fair and equal access to services	How will this respect a person’s entitlement to access this service?	No impact
<b>Respect</b> – 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?	No impact
	How will this process ensure that people are not	No impact

<b>Equality</b> – right not to be discriminated against based on your protected characteristics	discriminated against and have their needs met and identified?	
	How will this affect a person's right to freedom of thought, conscience and religion?	No impact
<b>Dignity</b> – 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?	No impact
<b>Autonomy</b> – 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?	No impact
Right to <b>Life</b>	Will or could it affect someone's right to life? How?	No impact
Right to <b>Liberty</b>	Will or could someone be deprived of their liberty? How?	No impact

<b>6. Social Value</b>	
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.	
<b>Marmot Policy Objective</b>	<b>What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?</b>
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	

<b>7. Engagement, Involvement and Consultation</b>		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
<b>Engagement Activity</b>	<b>Protected Characteristic/ Group/ Community</b>	<b>Date</b>
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 .....):		
Engagement has been undertaken with the following groups and committees:		

- 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

Further engagement with patients is not required at this stage as no adverse impact for any protected characteristic has been identified.

## 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):
Not applicable

12. Publication
<b>How will you share the findings of the Equality Analysis?</b>
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.
Clinical Policies Sub-Group Committee Governing Body CCG website
<b>Following approval all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: <a href="mailto:bsol.comms@nhs.net">bsol.comms@nhs.net</a></b>

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