NHS
Birmingham and Solihull
Clinical Commissioning Group

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Deep Vein Thrombosis (DVT) Service

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	Deep Vein Thrombosis (DVT) Service		
EA Author	Steve Nicholls	**Team**	Urgent Care
Date Started	29 January 2019	**Date Completed**	21 Feb. 19
EA Version	V0.3	**Reviewed by E&D**	21 Feb. 19

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

This DVT Service Specification has been developed working with Birmingham and Solihull CCG's Clinical Leads, Quality Lead, Medicines Management Lead and in line with NICE guidance. It includes the clinical pathway for a patient with suspected DVT and information around specific treatments.

A blood clot in a vein is known as a venous thrombosis and the most common type of venous thrombosis is a deep-vein thrombosis (DVT) in the leg.
If the DVT block all the blood vessels, all the tissues drained by the vein can become swollen and painful due to the blood being unable to escape.

A major concern is that someone with venous thrombosis may develop a pulmonary embolism. When this happens part of the clot (an embolus) may break off, travel up the body and through the heart to the lungs, blocking an artery. This is a potentially life-threatening condition and up to one in 10 people who suffer a serious pulmonary embolism will die if it is not treated.

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

The service is for residents of Solihull only with a suspected DVT. Birmingham residents currently receive this service via DVT Service run by Birmingham Community Services or within Acute Emergency Departments.

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
NICE Venous thromboembolic diseases: diagnosis, management and thrombophilia testing Clinical guideline [CG144] Published date: June 2012	CCG DVT Working group (attended by CCG Clinical, Quality and Meds Management Leads as well as Acute Trust Clinical attendees	Local review with UHB FT Clinicians: Dr Catherine Hulley Dr Charalampos Kartsios Dr Neil Smith
DVT Wells score - Wells PS et al. (2000)		

www.medicines.org.uk/emc/product/2878/smpc#EXCIPIENTS		
Thrombosis UK		

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:

Exclusion criteria includes those under the age of 18 – exclusion criteria have been set to ensure the most appropriate patients are recruited into this clinical care pathway, considering its outpatient/ambulatory care based setting. The criteria have been selected such to identify patients either at higher risk of complication or where there are other complexities within their management, where it is deemed that they would be better served through the hospital-based clinical care pathway. Deep vein thrombosis in a paediatric population is relatively rare and would require the expertise of a paediatric consultant due to the lack of clinical exposure and familiarity with such cases in primary care. Furthermore, DVT is unlikely to occur in isolation in children and in such cases there would be an underlying pathological cause that would need to be identified.

According to Thrombosis UK the following relevant risk factors for developing a DVT are:

- A recent stay in hospital for surgery, especially on hips or knees
- Getting older (but it can and does affect younger people); not being able to move around much.

Solihull Age Profile

Age	Birmingham	**Solihull**	BSol	England
Age 0 to 17	25.54%	**21.77%**	24.94%	21.39%
Age 18 to 64	61.57%	**59.06%**	61.17%	60.59%
Age 65+	12.88%	**19.16%**	13.90%	16.33%
Total Popln	1073045	**206674**	1279719	53012456

Solihull has a larger older population 19.16% (age 65+) than neighbouring Birmingham and also England.

No age profile data on current service users is available.

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:

The risk factors for venous thrombosis include:

- A recent stay in hospital for surgery, especially on hips or knees;

3. Impact and Evidence:

- Getting older (but it can and does affect younger people); not being able to move around much;
- Obesity;
- Having a deep-vein thrombosis or pulmonary embolism in the past;
- Someone in your family having a thrombosis;
- Having cancer and its treatment;
- Being pregnant;
- Using the combined oral contraceptive pill and hormone replacement therapy;
- Having thrombophilia; and
- Long-distance travel.

Source for above: Thrombosis UK.

Solihull Disability Profile

Solihull %	All	Age 0 to 15	Age 16 to 49	Age 50 to 64	Age 65+
Very good or good health	81.71%	97.47%	90.77%	76.20%	51.69%
Fair health	13.09%	1.97%	6.81%	17.00%	34.00%
Bad or very bad health	**5.20%**	**0.56%**	**2.41%**	**6.80%**	**14.30%**

No disability profile data on current service users is available.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

No specific impact identified. Trans people with a suspected DVT would be treated as per the service pathway.

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:

No specific impact identified. People who are married/in a civil partnership and have a suspected DVT would be treated as per the service pathway.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

The risk of venous thrombosis is significantly higher for pregnant women. About one in every 1000 women develops thrombosis during pregnancy, which about five times greater than the risk for non-pregnant women of the same age. In the UK venous thrombosis and pulmonary embolism are still a cause of death during pregnancy. (Source: Thrombosis UK).

3. Impact and Evidence:

Residents who are pregnant, breast feeding or post-partum are excluded from this pathway – they would be diverted to AMU (which is current/existing pathway so would be no change to current process)

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

Solihull Profile

Aggregated Data - %	Solihull		
Race	Male	Female	**Total**
White	43.12%	46.02%	**89.15%**
Asian	3.24%	3.32%	**6.56%**
Black	0.81%	0.76%	**1.57%**
Mixed	2.13%	1.07%	**2.13%**
Other	0.31%	0.29%	**0.59%**

Language Profile

Proficiency in English %	Solihull		
	Male	**Female**	**Total**
Main language is English	97.32%	96.88%	97.09%
Main language is not English	2.68%	3.12%	2.90%
Can speak English very well	57.00%	49.78%	53.00%
Can speak English well	30.97%	31.72%	31.39%
Cannot speak English well	**10.53%**	**15.50%**	**13.28%**
Cannot speak English	**1.50%**	**2.99%**	**2.33%**

Research into race and the prevalence of DVT is lacking; no conclusive evidence found that required a targeted approach to this work/service.

No race profile data on current service users is available.

No negative impact has been identified in terms of race and the DVT service specification.

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 specific impact identified in terms of religion or belief. All Solihull residents who have a suspected DVT would be treated as per the service pathway. There is no known reason that the ingredients will be incompatible with patients' religious, cultural or ethical beliefs.

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

3. Impact and Evidence:

Solihull Profile

%	Male	Female
B'ham	49.19%	50.81%
Solihull	**48.56%**	**51.44%**
BSOL	49.09%	50.91%
England	49.18%	50.82%

There is some research in terms of prevalence and gender which suggests that males may be more prone to DVT's.

No sex profile data on current service users is available.

No negative impact has been identified in terms of gender and the DVT service specification.

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 specific impact identified in terms of sexual orientation. All Solihull residents who have a suspected DVT would be treated as per the service pathway

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

Carers are likely to benefit as a community service will deliver care closer to home and at least some of the appointments would be pre-booked offering a scheduled appointment time.

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)

No impact identified.

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?		

This service pathway addresses a gap in service provision within the Solihull area; the service will run within Solihull area with the intention of a further review to ensure service delivering required outcomes. Following this next steps will be standardisation of approach across Solihull and Birmingham.

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?	Patients with a suspected DVT but are on the service exclusion list will be managed through existing pathways via AMU.
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?	Service will be provided by a suitable primary care provider adhering to respect needs
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?	Service does not discriminate and is based on medical needs
	How will this affect a person's right to freedom of thought, conscience and religion?	Service does not impact this
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?	Service will be provided by a suitable primary care provider with specification to ensure dignity adhered to
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?	Service provider will carry out suitable discussions with patients based on providing all relevant information to allow patient to make informed choice
Right to **Life**	Will or could it affect someone's right to life? How?	No
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	No

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	No procurement activity involved in the introduction of this service.

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 …..):

No patient engagement activity has been undertaken in the development of this service.

8. Summary of Analysis

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

Information taken from NICE: https://cks.nice.org.uk/deep-vein-thrombosis#!backgroundSub:2

What are the risk factors?

- Deep vein thrombosis (DVT) is more likely to occur in people with continuing or intrinsic risk factors, such as:
- Previous venous thromboembolism.
- Cancer (known or undiagnosed).
- Age over 60 years.
- Being overweight or obese.
- Male sex.
- Heart failure.
- Severe infection.
- Acquired or familial thrombophilia.
- Chronic low-grade injury to the vascular wall (for example from vasculitis, hypoxia from venous stasis, or chemotherapy).
- Varicose veins [Muller-Buhl et al, 2012].
- Smoking [Sweetland et al, 2013].

Risk factors that temporarily raise the likelihood of DVT include:

- Immobility (for example following a stroke, operation, plaster cast, hospitalization, or during long-distance travel).
- Significant trauma or direct trauma to a vein (for example intravenous catheter).
- Hormone treatment (for example oestrogen-containing contraception or hormone replacement therapy).
- Pregnancy and the postpartum period.

- Dehydration.

Analysis in terms of the service specification and protected characteristics:

This service pathway addresses a gap in service provision within the Solihull area; the service will run within Solihull area with the intention of a further review to ensure service delivering required outcomes. Following this next steps will be standardisation of approach across Solihull and Birmingham.

Given the risk factors of DVT it is likely that older people, those with some long-term conditions/disabilities and males are likely to benefit from the service pathway.

Residents of Solihull with DVT will benefit from care closer to home.

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.

Understanding who is accessing the service is key to future service development and implementing targeted actions (ensuring that scarce resources are targeted at the greatest need); it is therefore recommended that the service provider is asked to submit a report annually which details the relevant protected characteristics of patients.

Additionally, it is recommended that the current service provider's contract is reviewed to ensure that they are compliant with the NHS Accessible Information Standard and are able to meet the language needs of patients.

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):

Provider to submit annual data to the CCG on the protected characteristics of patients seen (by age band, gender, race and disability), to be reviewed in conjunction with the Equality, Diversity and Inclusion team.

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 procurement activity anticipated.

12. Publication

How will you share the findings of the Equality Analysis?

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.

Following approval by Clinical Policies Sub Group on 1 March 2019 the equality analysis will be published on the CCG webpages.

Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

13. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	Date
Quality Assured By:	M K Dunne	21 Feb. 19
Which Committee will be considering the findings and signing off the EA?	Clinical Policies Sub Group	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