Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Policy for Adenoidectomy

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 and Solihull Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group

1. Background

EA Title	Adenoidectomy		
EA Author	David King	**Team**	Equality and Diversity Team
Date Started	13/08/2019	**Date Completed**	
EA Version	2	**Reviewed by E&D**	

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

Adenoids

Adenoids are small lumps of tissue at the back of the nose, above the roof of the mouth. You can't see a person's adenoids by looking in their mouth.
Adenoids are part of the immune system, which helps fight infection and protects the body from bacteria and viruses.

In most cases only children have adenoids. They start to grow from birth and are at their largest when a child is around three to five years of age.
By age seven to eight, the adenoids start to shrink and by the late teens, they're barely visible. By adulthood, in most people they will have disappeared completely.
Adenoids can be helpful in young children, but they're not an essential part of an adult's immune system.

Adenoids can sometimes become swollen or enlarged. This can happen after a bacterial or viral infection, or after a substance triggers an allergic reaction.
In most cases, swollen adenoids only cause mild discomfort and treatment isn't needed. However, for some, it can cause severe discomfort and interfere with their daily life.

Adenoidectomy

The adenoids can be removed during an adenoidectomy. The operation is usually carried out by an ear, nose and throat (ENT) surgeon and takes around 30 minutes. Afterwards, the patient will need to stay in the recovery ward for up to an hour until the anaesthetic has worn off.

Adenoidectomies are sometimes day cases if carried out in the morning, in which case you / your child may be able to go home on the same day. However, if the procedure is carried out in the afternoon, you / your child may need to stay in hospital overnight.

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

Eligibility Criteria: Restricted

<u>Adenoids may only be removed in the following clinical circumstances:</u>

- Documented medical problems caused by obstruction of the airway by enlarged adenoids **AND** all conservative treatments have been exhausted.

For the purposes of this eligibility criteria, a medical problem is defined as a medical problem that continually impairs sleep and/or breathing, e.g.

- difficulty sleeping – the patient has problems sleeping and may start to snore; in severe cases, some patients may develop sleep apnoea (irregular breathing during sleep and excessive sleepiness during the day) due to enlarged adenoids
- recurrent or persistent problems with the ears – such as middle ear infections (otitis media) or glue ear (where the middle ear becomes filled with fluid)
- recurrent or persistent sinusitis – leading to symptoms such as a constantly runny nose, facial pain and nasal-sounding speech
- All clinical circumstances which meet the above eligibility criteria, must have failed conservative medical treatment, before being eligible for surgical intervention.

Investigations for suspected or proven malignancy are outside the scope of this policy and should be treated in line with the relevant cancer pathway.

Activity data 2018/19

Number of Procedures	BSOL	Sandwell

This means (for patients who DO NOT meet the above criteria) the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

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
Guidance 1. NHS. Adenoids & Adenoidectomy 29.12.2016. https://www.nhs.uk/conditions/adenoids-and-adenoidectomy/		

2. Kamel RH[1], Ishak EA. 1990 Enlarged adenoid and adenoidectomy in adults: endoscopic approach and histopathological study. J Laryngol Otol. 1990 Dec;104(12):965-7.

3. Torretta S[1,2], Guastella C[3], Ibba T[4], Gaffuri M[5], Pignataro L[6] Prevalence of adenoid hypertrophy: A systematic review and meta-analysis. Clin Med. 2019 May 15;8(5). pii: E684. doi: 10.3390/jcm8050684.

4. Torretta S[1,2], Guastella C[3], Ibba T[4], Gaffuri M[5], Pignataro L[6] Surgical Treatment of Paediatric Chronic Rhinosinusitis. https://www.ncbi.nlm.nih.gov/pubmed/31096610

5. Vanneste P[1], Page C[1]. Otitis media with effusion in children: Pathophysiology, diagnosis, and treatment. A review. J Otol. 2019 Jun;14(2):33-39. doi: 10.1016/j.joto.2019.01.005. Epub 2019 Jan 31. https://www.ncbi.nlm.nih.gov/pubmed/31223299

6. Kugelman N[1,2], Ronen O[1,2], Stein N[3,2], Huberfeld O[1,2], Cohen-Kerem R[1,4,2]. Adenoid Obstruction Assessment in Children: Clinical Evaluation Versus Endoscopy and Radiography. Isr Med Assoc J. 2019 Jun;21(6):376-380. https://www.ncbi.nlm.nih.gov/pubmed/31280504

7. Durgut O[1], Dikici O[2]. The effect of adenoid hypertrophy on hearing thresholds in children with otitis media with effusion. Int J Pediatr Otorhinolaryngol. 2019 Jun 1;124:116-119. doi: 10.1016/j.ijporl.2019.05.046. https://www.ncbi.nlm.nih.gov/pubmed/31176025

8. Pereira L[1], Monyror J[2], Almeida FT[3], Almeida FR[4], Guerra E[5], Flores-Mir C[6], Pachêco-Pereira CPrevalence of adenoid hypertrophy: A systematic review and meta-analysis. Sleep Med Rev. 2018 Apr;38:101-112. doi: 10.1016/j.smrv.2017.06.001. Epub 2017 Jun 14. https://www.ncbi.nlm.nih.gov/pubmed/29153763

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:

There is an increased normal prevalence of adenoids in those who are under the age of adolescence. In most cases, by adulthood they will have disappeared completely.

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:

No impact identified

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

No impact identified

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 impact identified

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

No impact identified on the basis of available data.

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 identified

3. Impact and Evidence:
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 identified
Sex: Describe any impact and evidence on men and women. This could include access to services and employment: No impact identified
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 identified
Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities: No impact identified
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	This condition is not linked to a health inequality.
Is there any impact for groups or communities living in particular geographical areas?	No	No impact identified
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	No impact identified
How will you ensure the proposals reduce health inequalities? No impact identified		

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?	Yes, this decision has been made in line with clinical recommendation and NICE guidance.
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?	No evidence of impact from this policy
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?	No discrimination identified
	How will this affect a person's right to freedom of thought, conscience and religion?	N/A
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?	Policy will be applied with due regard to this consideration.
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?	An individual can discuss the impact with their GP and has the option for an IFR request to be made
Right to **Life**	Will or could it affect someone's right to life? How?	No evidence of impact from this policy
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	No evidence of impact on this policy

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	None
Create fair employment and good work for all	None

Create and develop health and sustainable places and communities	None
Strengthen the role and impact of ill-health prevention	None

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 …..):

As part of the process further targeted engagement is planned with representative groups from among Sandwell, Birmingham and Solihull Patients. In addition, it has been identified that patient and clinician information is key in ensuring that the harmonised treatment policies 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.

8. Summary of Analysis

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

The restriction of this policy will have limited impact on those who would wish to receive the treatments. This must be balanced against the need to adhere to the clinical effectiveness evidence and when all other conservative treatments have been exhausted.

Only when documented medical problems caused by obstruction of the airway which continually impairs sleep and/or breathing by the enlarged adenoids will intervention be necessary.

It is noted that investigations for suspected or proven malignancy are outside the scope of this policy and should be treated in line with the relevant cancer pathway.

The opportunity for any exceptional cases to be considered via IFR remains and will ensure treatment is available.

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.
None identified

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):
This policy is not linked to a contract however, prospective providers remain bound by their contracts with the CCG.

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):
N/A

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.
Publication on the CCG's website.

Following approval 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:		
Which Committee will be considering the findings and signing off the EA?		
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