NHS England: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)[1]: Cardiac Surgery (Adults)

2. Brief summary of the proposal in a few sentences

Cardiac surgery is a surgical sub-specialty within the specialism of cardiothoracic surgery and includes provision of:

- Surgical interventions for coronary artery disease requiring surgical revascularisation
- Valve disease requiring surgical valve repair or replacement
- Surgery of the aorta in the thorax, both emergency and elective
- Surgery to deal with trauma involving the heart and a group of miscellaneous conditions such as primary surgery for cardiac arrhythmias and resections of muscular obstruction within the heart.

This service is provided by commissioned Cardiac Surgery centres in England.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

[1] Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	The risk of cardiovascular disease increases with age, with people aged over 50 years being at higher risk and people aged over 85 years being at highest risk, where age alone is a risk factor. As co-morbidities increase with age (e.g. diabetes and kidney disease) there will be a cumulative effect, particularly impacting on older people. This is also likely to mean that there will be older people with co-morbidities who are therefore not good candidates for cardiac surgery.	The proposal sets a standard for cardiac surgery for all patients, irrespective of age.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	There is a bidirectional relationship between cardiovascular disease and disability. People who have cardiovascular disease may be at risk of physical disability and may benefit from cardiac rehabilitation as part of their care pathway to aid their recovery, exercise tolerance, mobility and functional ability. Equally, people with a disability may be at increased risk of cardiovascular disease if they are physically inactive or have a high BMI.	The proposal sets a standard for cardiac surgery for all patients, irrespective of disability status.
Gender Reassignment and/or people who identify as Transgender	The specification is not considered to have any positive or adverse impact on this protected characteristic group.	Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Marriage & Civil Partnership: people married or in a civil partnership.	The specification will not have any positive or adverse impact on this protected characteristic group.	None
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	The specification is not considered to have any positive or adverse impact on this protected characteristic group.	None
Race and ethnicity[2]	In the UK, people of south Asian and Black African or African Caribbean background are known to have an increased risk of cardiovascular disease. This is because the prevalence of some risk factors (e.g. high blood pressure and type 2 diabetes) disproportionately impacts on these ethnic groups. Type 2 diabetes is more common in Asian ethnicities (17·9%), followed by the Black (11·7%) and White (5·5%) ethnic groups. Conversely, there are also differences in smoking status by ethnicity, with smoking rates lowest in Chinese populations (6%), Asian (8.3%) and Black (9.7%) ethnic groups compared to 13.9% across the whole population.	The proposal sets a standard for cardiac surgery for all patients, irrespective of race and ethnicity. Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.

[2] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Religion and belief: people with different religions/faiths or beliefs, or none.	The specification is not considered to have any positive or adverse impact on this protected characteristic group.	Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.
Sex: men; women	Although cardiovascular disease is known to impact males more than females, there is a growing body of evidence that women experience inequalities in being identified with cardiovascular disease. Difficulties in obtaining a diagnosis and accessing timely treatment contribute to significant avoidable morbidity and mortality for women.	The proposal sets a standard for cardiac surgery for all patients, irrespective of gender. The Cardiac CRG is committed to implementing evidence-based policies that address the inequalities experienced by women with cardiovascular disease.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	The specification will not have any positive or adverse impact on this protected characteristic group.	Commissioned providers will require all their staff to have completed their mandatory Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation.

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	Not applicable – the service specification is for adults only.	
Carers of patients: unpaid, family members.	Carers may be indirectly positively impacted by improved outcomes in morbidity and mortality resulting from the updated cardiac surgery service specification.	None. Any changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People experiencing homelessness who require cardiac surgery are likely to find accessing the care pathway challenging if they are not registered with a GP. Also, if they are not registered with a GP they will not be invited for a health check when their risk will be assessed. Rates alcohol consumption are also higher in some groups experiencing homelessness which is a risk factor for cardiovascular disease. People experiencing homelessness may also face additional challenges in arranging and attending	The changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice. Commissioned providers will need to ensure that their services are provided in a way that enables people experiencing homelessness to access all elements of the clinical pathway.

[3] Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	follow-up and/or rehabilitation appointments.	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	The specification will not have any positive or adverse impact on this group who face health inequalities.	None. The changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice.
People with addictions and/or substance misuse issues	People with addictions (including nicotine dependence) and/or substance misuse issues are more likely to be smokers, and therefore have risk factors for cardiac surgery.	The changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice. Commissioned providers will need to ensure that their services are provided in a way that enables people with addictions and/or substance misuse issues to access all elements of the clinical pathway.
People or families on a low income	People or families on a low income who require cardiac surgery may experience challenges in prioritising their health needs if they are not entitled to paid leave to attend healthcare appointments.	The changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice. Commissioned providers will need to ensure that their services are provided in a way that enables people or families on a low income to access all elements of the clinical pathway. Services should signpost to support services and information, as applicable, to support patient access. This includes information about relevant public transport links, and the healthcare travel costs scheme: Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	People with poor literacy or health literacy can be negatively impacted in terms of access if poor literacy or health literacy impedes their ability to access non-emergency elements of the pathway and recover from cardiac surgery. Such elements include rehabilitation and follow-up which may adversely impact on morbidity and mortality.	The changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice. Commissioned providers will need to ensure that their services are provided in a way that enables people with poor literacy or health literacy to access all elements of the clinical pathway.
People living in deprived areas	People living in deprived areas are more likely to require cardiac surgery due to the higher prevalence of cardiovascular risk factors (smoking, physical inactivity, obesity, high cholesterol and high blood pressure) in deprived communities.	The changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice. Commissioned providers will need to ensure that their services are provided in a way that enables people living in deprived areas to access all elements of the clinical pathway.
People living in remote, rural and island locations	People living in remote, rural and island locations may have longer travel times to access cardiac surgery.	. The changes to cardiac surgery in the service specification will reflect the evidence base and current clinical practice. The service specification applies to all providers commissioned nationally and should ensure a consistently high standard of services available to all patients regardless of population density where they live and the travel time to providers. Services should signpost to support services and information, as applicable, to support patient access. This includes information about relevant

Groups who face health inequalities[3]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		public transport links, and the healthcare travel costs scheme: Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)
Refugees, asylum seekers or those experiencing modern slavery	People who are refugees, asylum seekers or experiencing modern slavery may be adversely affected if they require cardiac surgery due to language and other cultural barriers which could be exacerbated by any additional vulnerabilities including safeguarding issues. The impact on people experiencing modern slavery will likely be further compounded by their inability to prioritise their healthcare needs and a lack of autonomy.	Commissioned providers will require all their staff to have completed their mandatory Safeguarding and Equality, Diversity & Inclusion training to ensure they are fully compliant with all relevant legislation and able to appropriately identify and refer any patients who they suspect to be victims of modern slavery.
Other groups experiencing health inequalities (please describe)		

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No X	Do Not Know

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		**Summary note of the engagement or consultative activity undertaken**	**Month/Year**
1			
2			
3			

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf https://cks.nice.org.uk/topics/mi-secondary-prevention/background-information/risk-factors/#:~:text=Advancing%20age%20%E2%80%94%20the%20prevalence%20of,of%20risk%20across%20social%20groups. https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#lifestyle-changes-for-the-primary-and-secondary-prevention-of-cardiovascular-disease https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00240-6/fulltext https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/adult-smokers/latest https://www.nhs.uk/conditions/cardiovascular-disease/	
Consultation and involvement findings	N/A	
Research	N/A	
Participant or expert knowledge	N/A	

Evidence Type	Key sources of available evidence	Key gaps in evidence
For example, expertise within the team or expertise drawn on external to your team		

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?	X	X	X
Uncertain whether the proposal will support?			

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	X	X
The proposal may support?		
Uncertain if the proposal will support?		

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1		
2		
3		

10. Summary assessment of this EHIA findings

No impact is identified, as the change to this specification simply updates the current specification, links to the latest clinical approaches, and encompasses the new format for specifications. No changes are planned to the provider landscape, to the patient pathway, or to eligibility for care.

11. Contact details re this EHIA

Team/Unit name:	Internal Medicine Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Chief Finance Office
Date EHIA agreed:	
Date EHIA published if appropriate:	