

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

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: **Specialist Cancer Services (adults) - Sub-heading: Specialist Hepato-Pancreatic Biliary (HPB) – Primary liver, secondary liver, perihilar biliary tract and gallbladder cancers [URN: 2260]**
2. Brief summary of the proposal in a few sentences

The proposed service specification relates to primary liver, secondary liver, perihilar biliary trace and gallbladder cancers and covers the provision of care for adults who have a suspected or confirmed diagnosis of Hepato-Pancreatic Biliary (HPB) cancer and who require assessment, management and specialist interventions delivered by the Specialist Hepato-Pancreatic Biliary (HPB) Cancer Service.

The proposal is a revision of the current [HPB Service Specification](#) (2013), which covers both benign and malignant disease. There will also be a new service specification covering HPB pancreatic cancer. On approval and publication, the current HPB service specification will be amended to focus solely on benign disease.

It is important to recognise that service specifications form part of the NHS Standard Contract – the aim of a service specification is to set out service-specific requirements; in doing so, duplication with other aspects of the NHS Standard Contract must be avoided to ensure consistency and prevent unwieldy contract documentation. For this reason, the service specification does not touch deeply on things like shared decision making and consent, including personal health budgets, and patient information requirements. Any references to audit and research are also kept to a minimum, as these feature elsewhere in the Standard Contract.

The service specification has been developed to set out the must-do requirements for providers and:

- Reflect current care pathways;

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

- Reference up to date national guidance and guidelines, as well as appropriate national policy, for example Faster Diagnosis and elective recovery;
- Incorporate meaningful quality outcome measures which will support improved outcomes and experiences of care; and
- Avoid duplication with other schedules within the [NHS Standard Contract](#).

The requirements in relation to Interventional Radiology (IR) have been clarified within the proposed service specification and 24 hours a day/7days a week access to IR services which are co-located has been recommended. Based on the advice to date and feedback received from a specific question around this within our formal stakeholder engagement, we do not consider this will have an impact on the provision of activity or current provider landscape as IR services are part of routine clinical care for this tumour type.

For these reasons, the impact of the proposed changes on protected characteristics groups and groups who face health inequalities is expected to be minimal.

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.

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
<p>Age: older people; middle years; early years; children and young people.</p>	<p>Although liver cancers can present in individuals of any age, the incidence of liver cancer is strongly associated with increasing age. The highest incidence rates occur in people aged 85 to 89 and each year more than 4 in 10 (43%) of all new liver cancer cases in the UK are diagnosed in people aged 75 and over (2016-2018) (CRUK, 2022).</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p>

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
	<p>The proposed Service Specification sets the standards of care for Service Users who have a suspected or confirmed diagnosis of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers and together with the updated SSQD is expected to support improved outcomes and experience of care for all eligible Service Users, including those with the protected characteristic of age.</p> <p>Liver cancer can occur in younger patients less than 25 years. For these individuals, it is expected services will take into consideration and provide care that also meets the requirements of NHS cancer services for Teenagers and Young Adults (TYA).</p>	<p>The service model requires the Level 3 Specialist HPB Cancer Service to work closely with Level 1 and 2 services within the local cancer system to ensure a seamless care pathway for Service Users. This may include formal agreements for treatments, such as SACT, to be delivered by other providers (where appropriate and agreed by the specialist multi-disciplinary team) which may improve access for Service Users and their families and offer delivery of some care as close to home as possible.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway. There is an expectation that all decisions are taken within the context of personalised care and shared decision making, supported by personalised information and support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment, therefore the specific needs of individual patients will be taken into consideration during the development and delivery of treatment plans.</p>
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Following a diagnosis of cancer, an individual is defined as having a disability under the Equality Act (2010).</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary</p>

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	<p>The proposed Service Specification sets the standards of care for Service Users who have a suspected or confirmed diagnosis of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers and together with the updated SSQD is expected to support improved outcomes and experience of care for all Service Users, including those with the protected characteristic of disability.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	<p>liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p> <p>The service model requires the Level 3 Specialist HPB Cancer Service to work closely with Level 1 and 2 services within the local cancer system to ensure a seamless care pathway for Service Users. This may include formal agreements for treatments, such as SACT, to be delivered by other providers (where appropriate and agreed by the specialist multi-disciplinary team) which may improve access for Service Users and their families and offer delivery of some care as close to home as possible.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway. There is an expectation that all decisions are taken within the context of personalised care and shared decision making, supported by personalised information and support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment, therefore</p>

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		<p>the specific needs of individual patients will be taken into consideration during the development and delivery of treatment plans.</p> <p>The NHS Standard contract states that Providers must comply with the Accessible Information Standard.</p>
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users, irrespective of any protected characteristics within section 149 of the Equality Act (2010), who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway.</p>
<p>Marriage & Civil Partnership: people married or in a civil partnership.</p>	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users, irrespective of any protected characteristics within section 149 of the Equality Act (2010), who require specialist treatment for primary liver,</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved</p>

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
	<p>secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	<p>outcomes and experience of care for adult Service Users.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway.</p>
<p>Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.</p>	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users, irrespective of any protected characteristics within section 149 of the Equality Act (2010), who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p> <p>The service model requires the Level 3 Specialist HPB Cancer Service to work closely with Level 1 and 2 services within the local cancer system to ensure a seamless care pathway for Service Users. This may include formal agreements for treatments, such as SACT, to be delivered by other providers (where appropriate and agreed by the specialist multi-disciplinary team) which may improve access for Service Users and their families and offer delivery of some care as close to home as possible.</p>

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
		<p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway.</p>
<p>Race and ethnicity²</p>	<p>Although liver cancer can present in individuals of any race and ethnicity, the incidence rates of liver cancer in England are higher in the Asian and Black ethnic groups, but lower in people of mixed or multiple ethnicity, compared with the White ethnic group, in England (2013-2017) (CRUK, 2022). In England, people from minority ethnic groups overall report a poorer experience of cancer services than White British people (Macmillan Cancer Support, 2022).</p> <p>The proposed Service Specification sets the standards of care for Service Users who have a suspected or confirmed diagnosis of primary liver, secondary liver, perihilar biliary tract</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway.</p>

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
	<p>and gallbladder cancers and together with the updated SSQD is expected to support improved outcomes and experience of care for all Service Users, including those with the protected characteristic of race and ethnicity.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	
<p>Religion and belief: people with different religions/faiths or beliefs, or none.</p>	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users, irrespective of any protected characteristics within section 149 of the Equality Act (2010), who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway.</p>
<p>Sex: men; women</p>	<p>Liver cancer can present in individuals of any sex. Higher incidence rates of</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and</p>

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	<p>liver cancer are recorded among men in the UK:</p> <ul style="list-style-type: none"> • Women: liver cancer is the 20th most common cancer, with around 2,100 new cases every year (2016-2018) (CRUK, 2022). • Men: liver cancer is the 15th most common cancer, with around 4,100 new cases every year (2016-2018) (CRUK, 2022). <p>The proposed Service Specification sets the standards of care for Service Users who have a suspected or confirmed diagnosis of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers and together with the updated SSQD is expected to support improved outcomes and experience of care for all Service Users, including those with the protected characteristic of sex.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	<p>specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway.</p>

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
<p>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users, irrespective of any protected characteristics within section 149 of the Equality Act (2010), who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this protected characteristic group.</p>	<p>The proposed Service Specification sets clear standards for the assessment, management and specialist treatment of primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The delivery of key outcome and quality standards are monitored through the SSQD which have been designed to support improved outcomes and experience of care for adult Service Users.</p> <p>The Service Specification standards include a requirement for multidisciplinary assessments to be completed for each Service User, including holistic needs assessment, at multiple points along the care pathway.</p>

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	<p>Not applicable – the proposed Service Specification relates to services for adults.</p> <p>Services for people aged 18-25 will be covered by the Teenage and Young Adult (TYA) Service Specification.</p>	Not applicable.
Carers of patients: unpaid, family members.	<p>It is possible that Service Users may be cared for by a friend or relative or be carers themselves.</p> <p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so.

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
		<p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads. • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>It is possible that Service Users may have and/or be experiencing homelessness. The service can be accessed by both primary and secondary care referral which may improve access for individuals who are not registered with a General Practice.</p> <p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to

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
	<p>primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>home whenever it is clinically appropriate to do so.</p> <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads. • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</p>	<p>It is possible that Service Users may have previously and/or currently be involved in the criminal justice system. People involved in the criminal justice system will be able to access treatment through established prison healthcare services.</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way.

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
	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<ul style="list-style-type: none"> • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so. <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads. • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>People with addictions and/or substance misuse issues</p>	<p>It is possible that Service Users may have and/or be experiencing addictions and/or substance misuse issues.</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p>

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	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so. <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads. • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.

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<p>People or families on a low income</p>	<p>It is possible that Service Users and their families may be on a low income. The financial burden faced by people living with cancer is well documented. Research shows that 83% of people are, on average, £570 a month worse off as a result of their cancer diagnosis (Macmillan Cancer Care, 2017).</p> <p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers, however it is acknowledged that the assessment and management of the condition would require hospital attendance for medical appointments and may require time away from paid employment.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so. <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads. • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following

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
		completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).</p>	<p>It is possible the Service Users may have poor literacy or health literacy, however there is no known correlation or specific relationship between this group who are at increased risk of health inequalities and primary liver, secondary liver, perihilar biliary tract and gallbladder cancers. The service can be accessed by both primary and secondary care referral which may improve access for individuals with poor health literacy.</p> <p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so. <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads.

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		<ul style="list-style-type: none"> Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>People living in deprived areas</p>	<p>People from socio-economically deprived areas in England report a worse experience of their cancer care than people from the least deprived areas (Macmillan Cancer Support, 2022).</p> <p>It is known that liver cancer incidence in females in England are 78% higher in the most deprived quintile compared with the least, and in males are 89% higher in the most deprived quintile compared with the least (2013-2017). In addition, around 1200 cases of liver cancer each year in England are linked with deprivation (around 390 in females and around 810 in males) (CRUK, 2022)</p> <p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so. <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may

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	<p>who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>require the Service to work collaboratively with system partners and inequalities leads.</p> <ul style="list-style-type: none"> Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>People living in remote, rural and island locations</p>	<p>Although this Service Specification review does not impact the configuration of HPB specialist cancer services, Service Users may need to travel to a specialist centre for care which could represent an additional travel burden for those living in remote, rural and island locations.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so. <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> Has arrangements in place to support groups within the population that are at

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		<p>increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads.</p> <ul style="list-style-type: none"> • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>Refugees, asylum seekers or those experiencing modern slavery</p>	<p>It is possible that Service Users may be refugees, asylum seekers or experiencing modern slavery. The service can be accessed by both primary and secondary care referral which may improve access for individuals who are not registered with a General Practice or who are not familiar with the English healthcare system.</p> <p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to home whenever it is clinically appropriate to do so.

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
	<p>primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads. • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.
<p>Other groups experiencing health inequalities (please describe)</p>	<p>The proposed Service Specification aims to improve clinical outcomes and experience of care for Service Users who require specialist treatment for primary liver, secondary liver, perihilar biliary tract and gallbladder cancers.</p> <p>The proposed Service Specification is not expected to have a differential positive or adverse impact on this group who face health inequalities.</p>	<p>Stated aims of the commissioned service which seek to address potential impact (positive or negative) on people at particular risk of health inequalities include the requirement to:</p> <ul style="list-style-type: none"> • Deliver high quality clinical care and holistic support to Service Users in a culturally appropriate way. • Ensure that there is equity of access for all elements of the service and comparable clinical outcomes for all Service Users. • Support and advise all professional groups within the system to offer care closer to

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
		<p>home whenever it is clinically appropriate to do so.</p> <p>The proposed Service Specification also states that the provider must ensure that the service:</p> <ul style="list-style-type: none"> • Has arrangements in place to support groups within the population that are at increased risk of developing HPB cancers to access and benefit from the Service equitably. Such support arrangements may require the Service to work collaboratively with system partners and inequalities leads. • Provides personalised information and appropriate support to enable Service Users to make informed choices about their treatment and to live well following completion of treatment. This must also include information about travel and other welfare schemes that may be available.

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	X	No	Do Not Know
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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	Patient and Public Voice, Public Health and clinical representation on the Specification Working Group (SWG)	The specification working group have reviewed and agreed the EHIA prior to stakeholder testing.	May 2023
2	Initial stakeholder feedback from NHSE Regional Directors of Specialised Commissioning and Regional Medical Directors of Commissioning	Opportunity to comment on the draft specification prior to stakeholder testing.	June 2023
3	Stakeholder engagement	Two-week stakeholder engagement with key stakeholders as per NHS England's standard Methods for Service Specifications.	July 2023

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	As per service specification.	Not applicable.
Consultation and involvement findings	There was a two-week stakeholder engagement period with key/relevant stakeholders, as per NHS England's standard methods. Stakeholders registered their broad support for the service specification requirements, standards, and outcomes proposed. Support was also registered for the EHIA.	Not applicable.
Research	Not applicable.	Not applicable.
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Service Specification Working Group established with senior clinicians from existing HPB providers in England. Membership was representative of the disciplines across the HPB Specialist Multi-Disciplinary Team.	Not applicable.

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?		X	X
The proposal may support?			
Uncertain whether the proposal will support?	X		

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?		
The proposal may support?	X	X
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	None noted.	
2		
3		

10. Summary assessment of this EHIA findings

The updated service specification covers specialised care relating to malignant HPB disease and contains minor changes designed to better describe the current care pathway and incorporate up to date professional standards and guidance, ensuring that service and infrastructure requirements reflect evidence-based best practice. In accordance with usual NHSE processes, this service specification was developed with the support and input of a Specification Working Group (SWG), comprising representation from HPB cancer clinical experts and patient and public voice representatives, including the British Liver Trust.

The findings of this assessment are that the impact of this proposal on protected characteristics groups and groups who face health inequalities is expected to be minimal. This is because implementation of the revised service specification review is not expected to change the provider landscape or overall service delivery.

11. Contact details re this EHIA

Team/Unit name:	National Cancer Programme of Care
Division name:	Specialised Commissioning
Directorate name:	CFO
Date EHIA agreed:	6 th September 2023
Date EHIA published if appropriate:	