

## 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. Radiotherapy services (adults and children) - Subspecialisation - Molecular Radiotherapy (all ages):**
- 2. Brief summary of the proposal in a few sentences**

The current molecular radiotherapy (MRT) service specification is contained within a service specification that also covers Brachytherapy. Under this proposal, MRT and brachytherapy will be separated into two distinct services specifications – one for each treatment modality. This specification covers MRT which is the treatment of disease with unsealed radioactive substances. This specification does not include the use of ‘solid’ radiotherapy sources (such as seeds or wires) or external beam radiotherapy. The Service Specification covers the provision of molecular radiotherapy (MRT) to people of all ages who are within the commissioning responsibility of NHS England and who require MRT Services.

The Service Specification describes a clinical model based on different levels of service:

- Level 1 – single administration MRT in pill or capsule for benign disease in an outpatient setting.
- Level 2 - intravenous administration for cancer.
- Level 3 – selective internal radiation therapy (SIRT) which is used to treat some cases of metastatic colorectal cancer and primary liver cancer.
- Paediatric – where MRT is administered to children.

The model reflects the arrangements already in place across different MRT providers, however, this is the first time that it has been documented within a Service Specification. Providers will have to meet the requirements of the service level appropriate to the treatments that they deliver – looking ahead, this will help manage any expansion of provision that may be required as new treatments are approved for use in the NHS in England.

The inclusion of SIRT within the clinical model reflects clinical advice that it better fits within MRT rather than brachytherapy because of the need for nuclear medicine and interventional radiology support.

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 main purpose of the revision to the Service Specification is to:

- Reference up to date professional standards and guidance, ensuring that service and infrastructure requirements reflect evidence-based best practice;
- Reflect the current care pathway and relevant local organisations, such as Cancer Alliances;
- Reference up to date national guidance and guidelines, as well as appropriate national policy, for example Faster Diagnosis and elective recovery; and
- Use the new service specification template which is shorter and avoids duplication with other components of the NHS Standard Contract.

For these reasons, the impact of the proposed changes on protected characteristics groups and groups who face health inequalities is expected to be minimal, as the proposed Service Specification only describes what is currently available / in place

### 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
<b>Age:</b> older people; middle years; early years; children and young people.	The specification covers all ages so does relate to this protected characteristic group. The new service	The main positive recommendations are:

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>specification includes separate and additional requirements for the administration of MRT to Children to ensure that age-appropriate care, facilities and expertise are available to children.</p>	<ul style="list-style-type: none"> <li>• the incorporation of additional requirements for the treatment of children.</li> <li>• to ensure that there is equity of access for all elements of the service and comparable experience of care for all Service Users, regardless of their age, race, gender, sex or identity.</li> </ul>
<p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>The service is accessed by people with a diagnosis of cancer – which, under the Equality Act 2010, is defined as a disability. This group is more likely to have risk factors associated with cancer and typically have poorer outcomes than non-disabled people. The specification is expected to have a positive impact on this group.</p> <p>Potential challenges facing people with disabilities accessing good quality healthcare include managing the complexities of the healthcare system, transport issues and service users whose disabilities aren't necessarily apparent to the NHS, such as those</p>	<p>The main positive recommendation is the incorporation of national best practice into the specification, underpinned by the development of quality metrics.</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>with mental health and learning disabilities.</p> <p>For those with physical disabilities, extra provision and clear guidelines should be put in place for all centres to ensure that service users are supported, financially where need be, with any costs associated with accessing treatment.</p>	
<p><b>Gender Reassignment and/or people who identify as Transgender</b></p>	<p>This group will access the service and so the specification does relate to this group – however, there is no specific correlation or relationship between this group and the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.</p>	<p>The main recommendations are to ensure that there is equity of access for all elements of the service and comparable experience of care for all Service Users, regardless of their age, race, gender, sex or identity.</p>
<p><b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.</p>	<p>This group will access the service and so the specification does relate to this group – however, there is no specific correlation or relationship between this group and the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.</p>	<p>There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.</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><b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.</p>	<p>In line with existing RCR guidance and IR(ME)R regulations, MRT is not usually given to pregnant women. Service Users may have to distance themselves from nursing mothers, pregnant women and young children for a period of time after a procedure. This may impact new mothers and people who care for young children. MRT is sometimes used to treat thyrotoxicosis, a condition which is significantly more prevalent in women.</p>	<p>A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users. The Clinical Model sets out distinct levels of service provision which enable providers to opt to deliver less complex MRTs (e.g. for thyrotoxicosis) without having to meet the requirements for the more complicated MRT procedures. This will ensure that there is no disruption to the current provider landscape.</p>
<p><b>Race and ethnicity</b><sup>1</sup></p>	<p>This group will access the service and so the specification does relate to this group however, there is no specific correlation or relationship between this group and the service.</p>	<p>The main recommendation is to ensure that there is equity of access for all elements of the service and comparable experience of care for all Service Users, regardless of their race, gender, sex or identity.</p>
<p><b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.</p>	<p>This group will access the service and so the specification does relate to this group however, there is no specific correlation or relationship between this group and the service.</p>	<p>The main recommendation is to ensure that there is equity of access for all elements of the service and comparable experience of care for all Service Users, regardless of their race, gender, sex or identity.</p>

<sup>1</sup> 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
<b>Sex:</b> men; women	The service will be accessed by men and women and, while there are some specific relationships between sex and different types of cancer (gynaecological, prostate etc), this is not expected to impact on MRT provision.	The main recommendation is to ensure that there is equity of access for all elements of the service and comparable experience of care for all Service Users, regardless of their race, gender, sex or identity.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	This group will access the service and so the specification does relate to this group – however, there is no specific correlation or relationship between this group and the service. As a result, the specification is not expected to have a differential positive or adverse impact on the group.	There are no specific recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.

#### 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 <sup>2</sup>	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
<b>Looked after children and young people</b>	The specification provides for age-appropriate care for children. The proposed specification is not expected to impact this group.	The specification requires that age-appropriate facilities care, and expertise are provided for children.
<b>Carers of patients:</b> unpaid, family members.	It is possible that people requiring MRT will either be carers or will have carers and so the specification does relate to this group. Carers may have to consider the impact of their treatment when arranging care.	The main positive recommendation is that the service is required to offer Service Users a choice of appointment date, time and location (if available), within the timeframe indicated by the referrer.
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	People experiencing homelessness are more likely to suffer from a physical health problem and access to healthcare is known to be a problem for this group (Crisis, 2011). Imparting information about the required preparation for the MRT may be challenging for this group.	The main positive recommendation is that the service is required to offer Service Users a choice of appointment date, time and location (if available), within the timeframe indicated by the referrer.
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	People involved in the criminal justice system are able to access healthcare through established arrangements with the custody service. No specific impact	There are no relevant recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.

<sup>2</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities <sup>2</sup>	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
	is expected on this group as a result of the specification.	
<b>People with addictions and/or substance misuse issues</b>	People with addictions and/or substance misuse issues system are able to access healthcare through established arrangements. No specific impact is expected on this group as a result of the specification.	There are no relevant recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.
<b>People or families on a low income</b>	Cancer treatment is known to have a monetary impact on service users with cancer with 4 in 5 people are affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). Costs incurred are unlikely to be met through existing financial systems. The specification includes requirements that either ensure no negative impact or indirectly have a positive impact on this group.	<p>People requiring MRT will already be under the care of a secondary or tertiary centre and have agreed care plans in place for accessing treatment when needed.</p> <p>A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users. The specification also requires that Providers meet the needs of the network population.</p>
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).	People with poor literacy or health literacy will access this service – however, there is no correlation or specific relationship between this group and the service. The specification sets out clear requirements for holistic needs assessments and membership of the multi-disciplinary team – ensuring	A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users including ensuring the provision of clear information about the treatment process and how to prepare. All providers must comply with the Accessible Information Standard.



Groups who face health inequalities <sup>2</sup>	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
	that informed consent is secured. The specification is not expected to have adverse impact on this group.	
<b>People living in deprived areas</b>	Regions are expected to take into account local population needs and geography when considering service models.	A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users.
<b>People living in remote, rural and island locations</b>	No impact on this protected characteristic group is anticipated. MRT centres may not be located in rural or remote areas so people will have to travel to their nearest facility. The updated service specification does not present any additional impact on this group.	People requiring MRT will already be under the care of a secondary or tertiary centre and have agreed care plans in place for accessing treatment when needed. A stated aim of the service is to ensure that there is equity of access for all elements of the service and comparable experience for all service users.
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	Refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care (British Medical Association, 2020). Refused asylum seekers are not necessarily entitled to secondary NHS care free of charge. Their ability to access care depends on whether the care is immediately necessary/urgent or non-urgent and whether specific exemptions apply. Refused asylum seekers must always receive immediately necessary and urgent treatment regardless of their	There are no relevant recommendations from the proposal to reduce the adverse impact or increase positive impact on this group.

Groups who face health inequalities <sup>2</sup>	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
	chargeable status or ability to pay (BMA, 2020).	
<b>Other groups experiencing health inequalities (please describe)</b>	Not applicable.	Not applicable.

## 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.

<b>Yes</b>	<b>X</b>	<b>No</b>	<b>Do Not Know</b>
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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
<b>1</b>	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 – June 2023
<b>2</b>	Internal stakeholder feedback from NHS England’s regional specialised commissioning, contracting and diagnostic policy colleagues.	One-week stakeholder engagement with NHS England’s regional teams via the Directors of Commissioning	June 2023
<b>3</b>	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
<b>Published evidence</b>	As per service specification.	Not applicable.
<b>Consultation and involvement findings</b>	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.
<b>Research</b>	Not applicable.	Not applicable.
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	Service Specification Working Group established comprising representation from senior clinicians, physicists, clinical experts and patient and public voice representatives.	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		
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**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 molecular radiotherapy for the treatment of a number of diseases. It 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
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accordance with usual NHSE processes, this service specification was developed with the support and input of a Specification Working Group (SWG), comprising representation from clinical experts and patient and public voice representatives.

The findings of this assessment are that the impact of this proposition 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 <sup>th</sup> September 2023
Date EHIA published if appropriate:	

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