Appendix 2
NHS England and NHS Improvement: 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]: Cambridgeshire and Peterborough Integrated Care System - Elective Recovery Programme (high level assessment)

2. Brief summary of the proposal in a few sentences

Post the COVID Pandemic elective waiting lists have grown to unprecedented levels across the country. Patients are currently waiting for up to 2 years across Cambridgeshire and Peterborough for treatment, although these long waits have been reduced during 2021/22. Cambridgeshire and Peterborough Integrated Care System has an ambition to reduce the waiting list back to September 2021 levels (112,512), in addition to eliminating 104 week waits and reducing the number of patients waiting over 1 year for treatment. Currently the waiting list is 124,172 (end of April 2022) therefore we need to reduce this by approx. 10.5% in 2022/23 to meet our ambition and improve patient access to elective services. To support this an elective recovery programme has been compiled with input from partners across the system. This is built up of key transformational schemes across elective and outpatients as well as ongoing service improvement at Provider level.

Outpatient Transformation:
The overarching aims of the outpatient transformation programme are:

- Clear the backlog waiting list for outpatients (RTT and non-RTT pathways)
- Improve access to outpatient and specialist advice
- Reduce outpatient follow-ups by a minimum of 25% against 19/20 activity levels

3 key workstreams will form the initial outpatient transformation element of the elective recovery programme:

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

- Patient Initiated Follow Up (PIFU)
- Virtual Consultations
- Pathway redesign in specialties
    - MSK
    - Eyecare
    - Dermatology

PIFU are part of the outpatient transformation requirements laid out in the 2022/23 Operational Planning Guidance. PIFU, Virtual consultations and pathway redesign are all key areas of focus in the Delivery plan for tackling the COVID-19 backlog of elective care Feb 2022

Patient Initiated Follow Ups (PIFU)
Introduction of PIFU pathways across specialties within secondary care allows patients the option to access a further follow up within secondary care without having to go via primary care. Patients are discharged on this pathway with an option to access services if required. The aim is to reduce unnecessary follow ups but allowing patients an easier route back into secondary care. It will also support improved shared decision making and improved self-management.

Virtual Consultations
To increase the number of first and follow up outpatient appointments that are offered via telephone, or a virtual platform. The aim of this is to improve access to outpatient services, reducing the number of patients accessing hospital sites. This should reduce time spent in clinic; improving productivity and improving the patient experience by making it more accessible, reducing the time spent in attending services whilst still accessing clinical support.

Pathway redesign
A number of pathways require redesign to support outpatient pathways. Two pathways have been agreed at a regional level for focus – MSK and Eyecare. Dermatology has also been identified within the system as requiring review and redesign. Work is in its infancy for some of these areas so will need to be assessed as the plans develop further.

MSK – Initial focus within the delivery group is assessing the front door of the pathway into MSK services. Scoping of this has begun building on historic work that was done pre-pandemic. The benefits expected from this redesign are:

- Easier access to services

- Reduced referrals into secondary care with patients being seen in community services closer to home

Eyecare – The initial focus is the delivery of an electronic referral management and image sharing into secondary ophthalmology services. This is allowing Optometrists to refer electronically directly into secondary care instead of referring via the GP or via a paper referral system. The benefits expected from this are:

- Improved quality and speed of triaging; reducing serious patient harm
- Real time advice and guidance to support care closer to home
- Access to the same patient health record which supports more appropriate allocation to specific specialist clinics reducing unnecessary outpatient and diagnostic appointments
- Supporting a user-journey led service
- Reduce reliance on face-to-face appointments

Dermatology – This is in initial scoping stage with plans to be produced following scoping.

Elective Recovery:

Overall, we want to:

- Reduce waiting lists
    - Eliminate 104+ week waits by July 2022 and maintain performance
    - Eliminate 78 week waits by March 2023
    - Reduce 52 week waits
    - Reduce total system waiting list to September 2021 levels
- Increase capacity through being more productive and efficient
- Improve patient outcomes and experience

The following areas are the proposed Elective Transformation System priorities that we think will deliver a more effective and efficient elective service and support delivery of the aims set out above.

- High Volume Low Complexity procedures
- Day case optimisation
- Theatres utilisation
- Perioperative Pathway transformation
- Waiting Well

High Volume Low Complexity (HVLC) Procedures

This programme will deliver the recommended *Getting it Right First Time* (GIRFT) HVLC programme across Orthopaedics, Gynaecology, ENT, Ophthalmology, Urology and General Surgery. This programme provides clear guidance for HVLC procedures stating expected numbers that should be achieved within theatre sessions etc. This will ensure a greater volume of patients receive their surgery for procedures that may otherwise continue to have long waits. The key benefits are that a higher volume of patients will receive their procedures within our current capacity and within a reduced waiting time.

Day case Optimisation

By converting all clinically suitable elective inpatient procedures into day cases there will be a reduction in the reliance on inpatient beds. This will reduce the risk of cancellations on the day or day before due to the impact Urgent Emergency Care (UEC) pressures can have on surgical beds across secondary care providers. Long term this will also reduce elective Length of Stay (LOS) and the number of inpatient elective beds required. It will improve patient experience by supporting patients to return home as soon as possible post procedure and potentially improve outcomes. It will support elective winter programmes. This programme builds on the day case elements within the HVLC programme and the British Association of Day Surgery (BADS) recommendations.

Theatre Utilisation

There are opportunities at all providers to improve processes and pathways within theatre departments to improve efficiencies and gain productivity opportunities, again building on the recommendations from GIRFT. The key benefits from this will be an increase in procedures within current resources and a reduction in procedure cancellations; ultimately reducing the overall waiting list. This will also improve patient experience.

Perioperative Pathway transformation

Good perioperative care can optimise pathways, improve patient experience of care and improve outcomes from surgical treatment. The perioperative pathway starts from the moment surgery is contemplated until full recovery. Parts of this pathway sit within the workstreams described above. Other projects that will sit within this workstream but are still being scoped at provider level are:

- Review of Pre-operative assessments and optimisation
- Supporting patients to Drink, Eat and Mobilise after surgery
- Shared decision making

- Enhanced care

The benefits from the above are varied but include: reduction in face to face assessments where digital options can replace, reduced complications for patients and improved outcomes, supporting patients to make the right decision for them about treatment plans, and reducing cancellations due to limited availability of critical care beds.

Waiting Well

Patients are waiting longer for treatment post-pandemic which can mean conditions deteriorate and can impact on wider aspects of their health or life. It is important that we provide information on waiting times, how to access services if deteriorating but also to support them whilst waiting by providing holistic support. This can be, for example, weight management, smoking cessation or accessing community or voluntary sector groups/services or social prescribing to improve their overall wellbeing. This area of focus has been highlighted within the Delivery plan for tackling the COVID-19 backlog of elective care Feb 2022

A pilot has been running by Meridian Primary Care Network called Worthwhile Wait. This workstream will work with system partners to build on this work and look at how we can roll this out to more patients on our system waiting lists. Expected benefits from this work are improved patient experience, outcomes, reduced complications, and informed decision making about accessing surgical procedures.

This programme is interdependent on the diagnostic recovery programme.

Monitoring is in place of the waiting lists through a joint system PTL in line with NHS E/I recommendations. This is continually reviewed and data sets behind it being developed.

Further work across all these areas is continuing and this is an initial assessment against the currently defined plans. For each area highlighted above a specific EHIA will be undertaken to ensure that we are addressing the needs of our population as we develop and progress each area.

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
Age: older people; middle years; early years; children and young people.	**Overall impact:** likely mixed impact. • The elective recovery programme covers all age groups to ensure reduced waits across the whole waiting list. • Digital innovations within workstreams may be less accessible to older people • Some population may benefit from not having to travel into services on site where others may find this increases isolation	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	**Overall impact:** likely mixed impact • Alternative pathways being introduced including PIFU, virtual appointments may not be easily accessible for all people with a disability. • Some population may benefit from not having to access services on site.	Individual clinical judgement needs to be maintained regarding appropriateness of pathway or type of appointment for individual patients.

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
Gender Reassignment and/or people who identify as Transgender	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Marriage & Civil Partnership: people married or in a civil partnership.	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	**Overall impact:** likely mixed impact • Some population may benefit from not having to access services on site.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Race and ethnicity[2]	**Overall impact:** likely mixed impact • Minority ethnic communities are disproportionately likely to experience serious illness or mortality. Input from projects like waiting well would support prehabilitation and potentially improve outcomes post-surgery. • They may not have access to the right information in their own languages on accessing services or on their wait times.	Ensure information is available in multiple languages Link into community groups to promote initiatives across the programme

[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.	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available. Ensure programmes consider cultural needs are addressed during assessments i.e. waiting well
Sex: men; women	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	**Overall impact:** likely no impact or positive impact.	Need to monitor for any adverse impacts on this group, using qualitative and quantitative data where available.

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	**Overall impact:** likely mixed impact. • Some population may benefit from not having to access services on site.	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

[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
	• Digital innovations within workstreams may be less accessible	
Carers of patients: unpaid, family members.	**Overall impact:** likely positive impact. • Some population may benefit from not having to access services on site with reduced travel time and wait times. • Access to waiting well service may support access into wider support networks	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	**Overall impact:** Likely mixed impact • Digital innovations within workstreams may be less accessible • Access to waiting well service may support access into wider support networks	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	**Overall impact:** Likely mixed impact • Digital innovations within workstreams may be less accessible	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology. Link with prisons regarding digital options

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
	• Pathway changes like PIFU may make access back into secondary care easier when required	
People with addictions and/or substance misuse issues	**Overall impact:** Likely mixed impact • People who are vulnerable and in marginalised groups are more susceptible to infection, serious illness, and mortality, so would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks • People from this group may not know how to access the services	Recognise that a different approach to engagement is required utilising existing trusted relationships through the Health Outreach Service and other VCSE groups to promote services
People or families on a low income	**Overall impact:** Likely mixed impact • Deprived communities and marginalised groups are likely to be more susceptible to infection, serious illness, and mortality, so would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

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
	• Alternative pathways or type of appointment may reduce travel costs and time out of work/education • Digital innovations within workstreams may be less accessible	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	**Overall impact:** Likely mixed impact • Access to waiting well service may support access into wider support networks • People from this group may not know how to access the services • Alternative pathways or type of appointment may cause confusion regarding access and limit access • Digital innovations within workstreams may be less accessible	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology. Alternative methods of communicating new services to be considered that are clear, graphical and accessible.
People living in deprived areas	**Overall impact:** Likely mixed impact • Deprived communities and marginalised groups are likely to be more susceptible to infection, serious illness, and mortality, so	To work with wider system groups and place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

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
	would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks • Alternative pathways or type of appointment may reduce travel costs and time out of work/education • Digital innovations within workstreams may be less accessible	
People living in remote, rural and island locations	**Overall impact:** Likely mixed impact • Access to waiting well service may support access into wider support networks • Alternative pathways or type of appointment may reduce travel costs and time and make services more accessible • Digital innovations within workstreams may be less accessible dependent on access to internet etc	To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.

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
Refugees, asylum seekers or those experiencing modern slavery	**Overall impact:** Likely mixed impact • People who are vulnerable and in marginalised groups are likely to be more susceptible to infection, serious illness, and mortality, so would benefit from the waiting well programme. • Access to waiting well service may support access into wider support networks • People in these groups may not understand how to access services or understand changes in new pathways • They may not have access to the right information in their own languages on accessing services or on their wait times • Digital innovations within workstreams may be less accessible	Alternative methods of communicating new services to be considered that are clear, graphical and accessible, offering alternative languages. Link to other services that can promote services To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology.
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	NHS England and NHS Improvement, Delivery plan for tackling the COVID-19 backlog of elective care, February 2022 NHS England and NHS Improvement, 2022/23 priorities and operational planning guidance, V3, February 2022 NHS GIRFT, 2nd edition Elective Recovery High Volume Low Complexity	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	(HVLC) guide for systems, November 2021	
Consultation and involvement findings		
Research		
Participant or expert knowledge 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?			x
The proposal may support?	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?		
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	Individual assessments need to be made of each scheme within the programme to ensure that we are addressing health inequalities as we progress them.	
2		
3		

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below. This programme will be able to contribute to advancing equality of opportunity and reducing health inequalities but for each scheme within the programme more detailed work needs to be undertaken as these plans progress.

11. Contact details re this EHIA

Team/Unit name:	Cambridgeshire and Peterborough ICS Planned Care Team
Division name:	

Directorate name:	
Date EHIA agreed:	
Date EHIA published if appropriate:	

Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

Yes:	**No:**	**Uncertain:**

13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:		
Contact officer e: mail address:		
Contact officer mobile number:		
Team/Unit name:	Division name:	Directorate name:
Name of senior manager/ responsible Director:	Post title:	E-mail address:

15. Considered by NHS England or NHS Improvement Panel, Board or Committee[4]

Yes:	No:	Name of the Panel, Board or Committee:	
Name of the proposal (policy, proposition, programme, proposal or initiative):			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities

Proposal gave due regard to the requirements of the PSED?	Yes:	No:	N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?	Yes:	No:	N/A:
Summary comments:			

16. Key dates

Date draft EHIA completed:	
Date draft EHIA circulated to EHIU:[5]	
Date draft EHIA cleared by EHIU: [6]	
Date final EHIA produced:	
Date signed off by Senior Manager/Director:[7]	

[4] Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

[5] If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.

[6] If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

[7] The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable [8]:	

[8] This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.

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