

Equality Impact Assessment (EIA) - Evidence Form

The PCT strives to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. This form is designed to help you to consider the needs and assess the positive, adverse or neutral impact of your policy, protocol, proposal or service on all groups within our local communities, and to record the evidence that you have done so. Any proposal or policy submitted to the Board must have undergone EIA.

This form will be used as evidence of the assessment you have undertaken. It will need to be made available to the Board and PCT's Equality and Diversity Steering Group.

Policy/Proposal/Service Title Individual Funding Request Policy

Name of EIA Lead: Jeremy Servian, Healthcare Priorities Principal

Others involved in assessment Dr Ljuba Stirzaker, Frances Fairman

Date EIA commenced: 7 July 2010, 29 March 2011

EIA Completed and Approved

Signature (Lead Director): _____

Name (print) _____

Job Title: _____

Date: _____


ONCE COMPLETED, PLEASE SUBMIT TO EQUALITY AND DIVERSITY LEAD FOR EVIDENCE AND PUBLICATION.

STAGE 1: Standard Screening

EIA questions	EIA Narrative	Sources of Evidence
<p>1. What is purpose and objectives of the policy, proposal or service?</p>	<p>To ensure that:</p> <ul style="list-style-type: none"> ▪ There is a clear process to consider requests for the provision of treatments which are not commissioned, or not normally funded, by NHS Oxfordshire • Requests are considered fairly, rationally and consistently, in line with the South Central Ethical Framework <p>The Individual Funding Request (IFR) Policy reflects changes in national guidance and legislation, specifically, the NHS Constitution (2009). The following statutory rights set out in the NHS Constitution are relevant to NHS Oxfordshire's IFR policy:</p> <p><i>Patients have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence.</i> Further, if NHS Oxfordshire decides not to fund a drug or treatment that a patient and their doctor feel would be right for the patient, then NHS Oxfordshire has to explain their decision to the patient.</p> <p><i>Patients have the right to drugs and treatments that have been recommended in NICE Technology Appraisals for use in the NHS, if the patient's doctor says they are clinically appropriate for them.</i></p> <p>In addition, the NHS Constitution makes the following commitment (pledge): to share with the patient any letters sent between clinicians about the patient's care</p>	<p>South Central Ethical Framework can be read here: www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/default.aspx</p> <p>Link to the NHS Constitution: www.eoe.nhs.uk/nhs_constitution/downloads/nhs_constitution_document.pdf</p>
<p>2. Who is the policy, proposal or service aimed</p>	<p>Clinicians (GPs, hospital doctors, consultants and tertiary care specialists, allied health care professionals, practice nurses, NHS community-based clinicians, etc) who are providing NHS-funded care (elective and emergency) to</p>	<p>Link to the IFR policy here: www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/individual-patient-requests.aspx</p>

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at?	<p>Oxfordshire residents and who would like to provide a treatment that is not normally funded by NHS Oxfordshire.</p> <p>Patients, their families and carers. <i>NB Treatment funding requests may be instigated by individual patients but need the support of their managing NHS clinician and/or GP.</i></p>	<p>Link to overarching local commissioning policy here: <i>Guidance for considering 'exceptions' in Individual Funding Requests (IFRs)</i> http://www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/lavender-statements/documents/LS80c_Exceptions.pdf</p>
<p>3. Does it affect one group less or more favourably than another (see groups below)?</p>	<p>This policy aims to ensure that each funding request is</p> <p>(a) managed and (b) decided</p> <p>in a way that ensures no group or individual is affected more favourably than another.</p> <p>However, there are two situations where management or decision-making processes are necessarily different.</p> <p>1. When an urgent request for potentially life-saving treatment is requested, the request is managed according to a specified 'rapid response' process. This process is described in the Policy under paragraphs 4a.5.1 and 4b.4</p> <p>2. When a request is made for a treatment for a rare health problem, or for a novel treatment, it is likely that published evidence of clinical and cost effectiveness will be lacking. However, the "Hierarchy of Evidence" in the Exceptions Guidance, appendix 2, does not preclude the possibility of exceptional funding in these circumstances.</p>	<p>See the IFR policy here: www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/individual-patient-requests.aspx</p> <p>Link to policy statement: <i>Guidance for considering 'exceptions' in Individual Funding Requests (IFRs)</i> http://www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/lavender-statements/documents/LS80c_Exceptions.pdf</p> <p>See the South Central Ethical Framework here: www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/default.aspx</p>
Male or Females	<p>As regards</p> <p>(a) the management of the request (b) the decision-making process</p> <p>IFRs for males and females are dealt with in the same way. However, where there is evidence that capacity to benefit from a treatment is related to gender, this may affect the decision of the IFR Panel.</p>	

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People of different ages	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way, regardless of the age of the patient. However, where there is evidence that capacity to benefit from a treatment is related to age, this may affect the decision of the IFR Panel.</p>	
People of different ethnic groups	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way, regardless of the ethnic group of the patient. However, where there is evidence that capacity to benefit from a treatment is related to ethnicity, this may affect the decision of the IFR Panel.</p>	
People of different religious beliefs	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way, regardless of the religious beliefs of the patient.</p> <p>In managing IFRs, NHS Oxfordshire does not request information about a patient's religious belief. If an IFR relates to a treatment preference associated with religious belief or doctrine (for example, blood transfusion and Jehovah's Witnesses; childhood circumcision) the IFR decision will be made in the context of the South Central Ethical Framework and the PCT's Exceptions Guidance (Appendix b). I.e. Decisions are made on the basis of the clinical circumstances, capacity to benefit and evidence of effectiveness.</p>	<p>Department of Health UK Blood Transfusion Guidelines www.transfusionguidelines.org.uk/index.aspx?Publication=BBT&Section=22&pageid=1298</p>
People who do not speak English as a first language	<p>As regards the decision-making process IFRs are dealt with in the same way, regardless of the ability of the patient or their family/carer to speak English.</p> <p>In advising a non-English speaking patient about the IFR process, and in any communication with them, NHS</p>	<p>www.gmc-uk.org/about/valuing_diversity_effective_communication.asp</p>

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	<p>health care providers are expected to follow GMS guidance.</p> <p>NHS Oxfordshire has access to professional interpreter services for people who do not speak English. Interpreting services for people who are deaf are also available.</p> <p>The job descriptions of the NHS Oxfordshire staff who manage the IFR process require them “To use appropriate mechanisms to ensure that patients (and their families/carers) who do not have English as their first language, or have to overcome other communication barriers, are not disadvantaged in their case management”.</p>	<p>Information on NHS Oxfordshire's interpreting services is available here: http://opct.oxnet.nhs.uk/EqualityAndDiversity/Pages/EthnicityandL.aspx</p> <p> Interpreting Services protocol.</p>
<p>People who have a physical disability</p>	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way, regardless of a patient's physical disability. However, a patient's physical disability will be taken into account by the IFR panel if it impacts on their capacity to benefit from the treatment requested (eg, if surgery required active rehabilitation programmes that a patient would be unable to comply with).</p>	
<p>People who have a mental disability</p>	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way, regardless of a patient's mental disability. However, a patient's mental disability will be taken into account by the IFR panel if it impacts on their capacity to benefit from the treatment requested (eg, if essential medication to manage a mental</p>	

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	health problem contraindicates the treatment requested).	
People with learning disabilities	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way, regardless of whether a patient has learning disabilities. It is highly unlikely that the presence of a learning disability would impact on a patient's capacity to benefit from a treatment. However, if this was presented as an issue, NHS Oxfordshire would work with appropriate agencies to enable the patient to be treated, if the IFR panel agreed to fund the treatment, and the treatment was requested by the patient and their clinician.</p>	
Women who are pregnant or on maternity absence	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>an IFR would be dealt with in the same way, regardless of whether the patient was pregnant. However, a patient's pregnancy would be taken into account by the IFR panel if it was likely to impact on their capacity to benefit from the treatment requested. Where a treatment might be contraindicated in a pregnant woman, arrangements would be made to provide that treatment at an appropriate time, if the IFR panel agreed the funding request, and the treatment was requested by the patient and their clinician.</p>	
Single parent families	<p>The IFR process does not require disclosure of a patient's marital status. If the patient's managing clinician and the patient provide this information because it is pertinent to the treatment request, the IFR panel will consider it in the context of the patient's capacity to benefit.</p>	
People with different sexual orientations	<p>The IFR process does not require disclosure of a patient's sexual orientation. If the patient's managing clinician and the patient provide this information because it is pertinent</p>	

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	to the treatment request, the IFR panel will consider it in the context of the patient's capacity to benefit.	
People with different work patterns (part-time, full-time, job-share, short-term contractors, employed, unemployed)	<p>The IFR process does not require disclosure of a patient's work patterns.</p> <p>If the patient's managing clinician and the patient provide this information because it is pertinent to the treatment request, the IFR panel will consider it in the context of the patient's capacity to benefit.</p> <p>If the IFR panel agrees to fund a treatment, then the patient, with the support of their GP and/or consultant, should arrange the best time and place for treatment.</p>	
People in deprived areas and people from different socio/economic groups	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way, regardless of deprivation or socio-economic group. However, NHS Oxfordshire is aware that people who live in deprived areas and from lower socio-economic groups do not access NHS health care to the same extent as more affluent groups. Currently, audit of the IFR process does not include an assessment of the equality of access to treatments not normally funded, but it is likely that the same inequalities exist. NHS Oxfordshire attempts to mitigate against likely inequality of access by keeping Oxfordshire GPs informed of the application process. Information about IFRs is publically available on the PCT's website.</p>	
Asylum seekers and refugees	<p>Asylum seekers and refugees need to be registered with GP/primary care services in order to access NHS treatments.</p> <p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way for all patients registered with an Oxfordshire GP.</p>	<p>NHS Oxfordshire's Health advocates service: http://opct.oxnet.nhs.uk/EqualityAndDiversity/Pages/EthnicityandL.aspx</p>

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	GPs are expected to utilise the PCT's <i>Health Advocate service</i> to support asylum seekers and refugees' access to NHS treatments.	
Prisoners and people confined to closed institutions, community offenders	<p>Prisoners and those in closed institutions have access to primary care clinicians and, through these clinicians, have access to secondary and tertiary NHS services.</p> <p>Therefore, as regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs are dealt with in the same way for prisoners and people confined to closed institutions. If an IFR is agreed, the organisation of the treatment will be the responsibility of the patient's GP and managing clinician, in consultation with the patient and their host Institution.</p>	
Carers	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs for patients who are also carers are dealt with in the same way as any other application. Where a patient's caring responsibilities might impact on their ability to access a treatment which has been agreed for funding by the IFR panel, the patient's GP is expected to utilise the services to support carers that are commissioned by NHS Oxfordshire.</p> <p>If the patient's status as a carer is likely to impact on their capacity to benefit from a treatment that is agreed for funding under the IFR process (eg, treatment requires extended rehabilitation) then the IFR panel may need to take this account in making its decision.</p>	<p>NHS Oxfordshire's support for carers: http://opct.oxnet.nhs.uk/GeneralPractice/Pages/SupportforCarers.aspx</p>
Rural and/or isolated communities	<p>As regards</p> <ul style="list-style-type: none"> (a) the management of the request (b) the decision-making process <p>IFRs for patients who live in rural or isolated communities</p>	

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	<p>are considered in the same way as other requests. Access to treatments agreed by the IFR panel will not present difficulties/barriers over and above the limitations already imposed by their home location.</p>	
<p>4. Have you identified any potential discrimination or adverse impact that cannot be legally justified? If unsure, consult with the PCT Equality and Diversity Lead.</p>	<p>The IFR process has been written to provide a framework to enable decisions to be made in a way which can be justified legally and does not discriminate inappropriately.</p> <p>However, care must always be taken to ensure that IFRs are handled, and decisions made, in a way which is legally justified and is not discriminatory. The use of the <i>Ethical Framework</i> alongside the IFR policy assists in this respect.</p>	<ul style="list-style-type: none"> • PCT Ethical Framework www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/default.aspx • PCT Exceptions in Individual Circumstances Guidance (appendix b) www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/individual-patient-requests.aspx