

Equality Impact and Risk Assessment Stage 2 for Policies

Title of Policy / Strategy:

**Policy for Prostatism / Lower Urinary Tract
Symptoms in men updated 31/7/19**



EQUALITY IMPACT AND RISK ASSESSMENT STAGE 2

ALL SECTIONS MUST BE COMPLETED

Guidance is provided in appendix 3

SECTION 1 – DETAILS OF POLICY

<p>Organisation: CCG's that are part of this review:</p> <p>NHS Halton Clinical Commissioning Group NHS Liverpool Clinical Commissioning Group NHS St Helens Clinical Commissioning Group NHS South Sefton Clinical Commissioning Group NHS Southport and Formby Clinical Commissioning Group NHS Warrington Clinical Commissioning Group</p>			
<p>Policy Assessment Lead and Contact Details:</p> <p>Michael O'Brien – Project Manager</p>			
<p>Directorate/Team:</p> <p>Commissioning</p>			
<p>Responsible Director / CCG Board Member for the assessment:</p> <p>Various as policy will be ratified within each CCG.</p>			
<p>Policy implementation Date: 2019</p>			
<p>Who is involved in undertaking this assessment?</p> <p>Jennifer Mulloy – Equality and Inclusion Business Partner MLCSU Clinical Policy Development and Implementation Group (CPDIG) Virtual Clinical Forum Communications and Engagement team</p>			
<p>Date of commencing the assessment: 17/04/19</p>			
<p>Date for completing the assessment: 31/7/19</p>			
<p>EQUALITY IMPACT ASSESSMENT</p> <p>Section 1</p>			
<p>Please tick which group(s) this policy will or may</p>	<p>Yes</p>	<p>No</p>	<p>Indirectly</p>

impact upon?			
Patients, Service Users	X		
Carers or Family			X
General Public		X	
Staff			X
Partner Organisations			X
<p>How was the need for the policy identified? (is it part of a workstream / strategy?)</p> <p>This policy is part of a suite of policies are being reviewed collaboratively across Merseyside CCGs and Warrington CCG as part of the Clinical Policy Development and Implementation Group (CPDIG). This policy has been identified as low clinical priority. The CCGs have a limited funding resource and therefore has to prioritise services that are commissioned. The CCGs currently give greater priority to life threatening and chronic ill health. The CPDIG are working to identify areas of impact through the changes they make balanced with the need to align eligibility for treatments with best clinical evidence and balancing health resources for the whole population.</p> <p>The policy is for Prostatism / Lower Urinary Tract Symptoms in men.</p> <p>Prostate problems are common, particularly in men aged over 50. The prostate is a small gland found only in men. It surrounds the tube that carries urine out of the body (urethra). The prostate gland produces a thick, white fluid that gets mixed with sperm to create semen.</p> <p>The prostate gland is about the size and shape of a walnut but tends to get bigger with age. It can sometimes become swollen or enlarged by conditions such as:</p> <ul style="list-style-type: none"> • prostate enlargement • prostatitis (inflammation of the prostate) • prostate cancer <p>The revised policy has not made any changes to access criteria. The revised policy provides further detail of clinical pathways and is aligned to recent NICE clinical guideline CG97.</p>			
<p>What are the aims and objectives of the policy?</p> <p>To provide clinicians and the public with updated policies in line with clinical guidance. To provide consistency across the Merseyside and Warrington area.</p> <p>To provide clear eligibility criteria across all policies of low clinical priority.</p>			

The current policy from 2014/15:

Minimum eligibility criteria: Surgery for Prostatism Only commissioned where there are sound clinical reasons and after failure of conservative treatments and in any of the following circumstances:

- International prostate symptom score >7; dysuria;
 - Post voided residual volume >150ml;
 - Recurrent proven Urinary Tract Infections (UTI);
 - Deranged renal function;
- Prostate-specific antigen (PSA) > age adjusted normal values.

The revised policy contains the proposed changes:

Minimum eligibility criteria: Refer men for **specialist assessment** if they have one or more of the following symptoms:

- lower urinary tract symptoms complicated by recurrent or persistent urinary tract infections
- retention
- renal impairment you suspect is caused by lower urinary tract dysfunction
- suspected urological cancer
- stress urinary incontinence
- Failed a trial of the appropriate drug therapies or conservative management options.

Surgery for Prostatism will only be funded under the following circumstances:

- **For Voiding Symptoms** only if voiding symptoms are severe

AND

- conservative management options have failed or are not appropriate

For Storage Symptoms only if conservative management options have failed or are not appropriate

In both scenarios refer to <https://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men#content=view-index&path=view%3A/pathways/lower-urinary-tract-symptoms-in-men/lower-urinary-tract-symptoms-in-men-overview.xml>

for guidance on conservative management options and Appendix A [attached]



Policy%20for%20Pr
ostatism%20LUTs%2

What evidence have you considered as part of the Equality Impact Assessment?

- Demographic profile information on the areas
- <https://www.nhs.uk/conditions/prostate-problems/>
- <https://www.nhs.uk/conditions/prostate-enlargement/>
- <https://www.nhs.uk/conditions/prostatitis/>
- <https://www.nhs.uk/conditions/prostate-cancer/>
- <https://prostatecanceruk.org/prostate-information/are-you-at-risk/trans-women-and-prostate-cancer>

Clinical guidance:

- NICE guidance on lower urinary tract symptoms in men:
<https://www.nice.org.uk/guidance/cg97/chapter/Introduction>
- NICE pathway regarding lower urinary tract symptoms in men:
<https://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men>
- NICE clinical knowledge summary – lower urinary tract symptoms:
<https://cks.nice.org.uk/luts-in-men#!topicSummary>

Are there any identified health inequalities relating to this decision? If so, please summarise these:

No health inequalities identified within this assessment specific to this policy.

SECTION 2

In this section you will need to consider:

What activities you currently do that help you to comply with the Public-Sector Equality Duty (three aims).

Will your policy affect your ability to meet the Public-Sector Equality Duty?

How you will mitigate any adverse impact?

- Eliminate, unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;

<ul style="list-style-type: none"> • Advance equality of opportunity between people who share a protected characteristic and those who do not; • Foster good relations between people who share a protected characteristic and those who do not. 		
Please answer 'Yes' or 'No' and explain your answer	Yes	No
<p>Does the policy provide an opportunity to eliminate discrimination, harassment and victimisation?</p> <p>What do we mean?</p> <p>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic.</p> <p>Harassment is unwanted conduct (including a wide range of behaviours) because of or connected to a protected characteristic.</p> <p>Victimisation is where one-person subjects another to a detriment because they have acted to protect someone under the act. (e.g. bullied for reporting discrimination / harassment for a work colleague with a protected characteristic)</p>	x	
<p>Explanation:</p> <p>The CPDIG considers any impact of change on different patient groups (considering those in protected groups).</p> <p>The policy group are aligning policies to create improved consistency across decision making within the area.</p> <p>A range of information has been used within this assessment. Engagement with the public has been carried out to help identify any potential impact on patients / staff.</p>		
Please answer 'Yes' or 'No' and explain your answer	Yes	No
<p>Does the policy provide an opportunity to advance equality of opportunity between people who share a protected group and those who don't share it?</p> <p>What do we mean?</p> <p>Equality of opportunity is about making sure that people are treated fairly and given equal access to opportunities and resources. Promoting is about:</p> <ul style="list-style-type: none"> • Encouraging people/services to make specific arrangements • Take action to widen participation • Marketing services effectively • Remove or minimise disadvantages • Take steps to meet different needs 	x	

<ul style="list-style-type: none"> Securing special resources for those who may need them 		
<p>Explanation:</p> <p>Equality of opportunity has been considered as part of the equality impact assessment process.</p> <p>Due to some changes in the criteria of this policy, it has been shared with the public and engagement feedback has been sought through a questionnaire- on line and paper version alongside focus groups. This has been carried out in order to understand any potential impact from the revised criteria.</p> <p>The policy has undergone engagement with providers and clinicians to ensure that criteria is based on best clinical advice and guidance.</p>		
<p>Please answer 'Yes' or 'No' and explain your answer</p>	<p>Yes</p>	<p>No</p>
<p>Does the policy provide an opportunity to Foster Good Relations between people who share a protected characteristic and those who don't share it?</p> <p>What do we mean?</p> <p>Foster Good Relations between people: This is about bringing people from different backgrounds together by trying to create a cohesive and inclusive environment for all. This often includes tackling prejudice and promoting understanding of difference.</p> <ul style="list-style-type: none"> Tackle prejudice Promote understanding Could the policy create any issues for Community cohesion (will it impact certain communities compared to others and how this be managed?) 	<p>x</p>	
<p>Explanation:</p> <p>The revised policy has been subject to wide engagement and the communication and communication plan has included sharing the policy with different parts of the community.</p>		
<p>Please answer 'Yes' or 'No' and explain your answer</p>	<p>Yes</p>	<p>No</p>
<p>Has engagement/involvement or consultation been carried out with people who will be affected by the policy?</p>	<p>x</p>	

<p>Explanation:</p> <p>Engagement work has been carried out for this policy alongside other current policies under view (7 policies in total). In relation to this policy, 40 responses were received. The low rate of response may reflect that the policy changes will not impact on patient access.</p>			
<p>Please answer 'Yes' or 'No' and explain your answer</p>		<p>Yes</p>	<p>No</p>
<p>Has the engagement/involvement or consultation highlighted any inequalities?</p>			<p>x</p>
<p>Explanation:</p> <p>From 15 individuals that gave a view on agreeing / disagreeing with the criteria, 6 people agreed and 9 disagreed. Some comments were made that the proposed criteria was more restrictive than the NICE guidance as surgery will only be provided where symptoms are severe and conservative management failed. The respondent notes that NICE state 'OR conservative management options have been unsuccessful'. Within suggested changes, 6 people from 9 suggest that the criteria fully aligns to NICE.</p>			
<p>Please answer 'Yes' or 'No' and explain your answer</p>		<p>Yes</p>	<p>No</p>
<p>Have you added an Equality Statement to the Policy? Example statement: Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given regard to the need to</p> <ul style="list-style-type: none"> eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities make reasonable adjustments when necessary 		<p>x</p>	
<p>Explanation:</p> <p>The policy introduction section contains reference to equality legislation.</p> <p>All the policy review meetings contain an 'equality and inclusion' agenda item where any issues can be raised and discussed.</p> <p>Ongoing EIRA content is shared and discussed with the CPDIG group.</p>			

SECTION 3

Does the 'policy' have the potential to:

- Have a positive impact (benefit) on any of the equality groups?
- Have a negative impact / exclude / discriminate against any person or equality groups?
- Have a neutral / potential indirect effect on any equality groups?
- Explain how this was identified? Evidence/Consultation?
- Who is most likely to be affected by the proposal and how (think about barriers, access, effects, outcomes etc.)

Guidance document available on Equality Groups and their issues. This document may help and support your thinking around barriers for the equality groups.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Age			x

Explanation:

NHS guidance advises that the risk of prostatism / lower urinary tract symptoms can affect men at any age, however the risk of experiencing symptoms increases with age; e.g. prostate problems are particularly common in men aged over 50, and bothersome lower urinary tract symptoms can occur in up to 30% of men over 65.

The revised policy will not have a negative impact on this characteristic group as there is no change in **current access criteria**. The revised policy provides further detail of clinical pathways and is largely aligned to recent NICE guidance / recommendations.

Engagement feedback notes that policy wording makes criteria more restrictive compared to NICE guidance. To share with CPDIG meeting.

Engagement work included a range of different ages with majority (72%) being over the age of 45 years.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Disability			x

Explanation:

The revised policy should not have a negative impact on this characteristic group as there is no change in access criteria. The revised policy provides further detail of clinical pathways and is aligned to recent NICE guidance / recommendations.

Due to the higher prevalence of this treatment being older people, patients may experience age related hearing loss and sight impairment.

For patients with communication needs, NHS organisations are required to follow the NHS Accessible Information Standard. This may require patients receiving information in large print / easy read. Patients that have physical, sensory or cognitive impairment may need additional support during initial assessments e.g. when completing a urinary frequency volume chart, and during treatment stages e.g. when prescribed containment products / collecting devices.

Engagement feedback notes issue with alignment to NICE. To query that in cases where conservative treatments have failed, patients are likely to have severe symptoms.

Engagement responses included 41.4% with a disability. A significant number (17.2%) said they have a long term condition.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Sexual Orientation			x

Explanation:

No impact has been found on this group.

Update 31/7/19: engagement work did not highlight any issues in relation to this group. A small number of people told us they were gay – 6%. This is in line with the national estimate of population.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Gender Reassignment			x

Explanation:

The revised policy will not have a negative impact on this characteristic group as there is no change in access criteria. The revised policy provides further detail of clinical pathways and is aligned to recent NICE guidance / recommendations.

Transgender female patients are at risk of prostatism / lower urinary tract symptoms, even if they have had genital reconstructive surgery. Clinical pathways should have regard for, and

<p>be mindful and reflective of, transgender female patient needs</p> <p>31/7/19: engagement work did not highlight any issues in relation to this group.</p>			
Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Sex (Gender)			x
<p>Explanation:</p> <p>The scope of the policy is for cis males / transgender females. No impacts have been identified on the basis of sex. Females do not have a prostate. No information was found regarding intersex females having a prostate gland.</p> <p>Update 31/7/19: engagement work did not highlight any issues in relation to sex. Representation within the engagement survey for male was lower than females. 65% of responses were female.</p>			
Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Race			x
<p>Explanation:</p> <p>The revised policy will not have a direct impact on this group.</p> <p>Older patients from BME backgrounds may have language needs. Implementation of the policy should have regard for language and / or cultural needs for example providing access to an interpreter or advocate if required, particularly during initial assessments e.g. physical examinations.</p> <p>Update 31/7/19: engagement work did not highlight any issues in relation to ethnic backgrounds. The majority of responses within the engagement survey were white British (86.9%). The survey was available in different language formats on request.</p>			
Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Religion or Belief			x

Explanation:			
No impact has been found on this group.			
Implementation of the policy should have regard for religious / belief needs, such as providing access to an advocate if required during physical examinations.			
Update 31/7/19: engagement work did not highlight any issues in relation to beliefs / religion. 54% of responses to the survey told us they were Christian. 31% had no religion. Other 2 people were from other religions.			
Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Pregnancy and Maternity			x
Explanation:			
No impact has been found on this group. Women do not have a prostrate.			
Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Marriage and Civil Partnership			x
Explanation:			
No impact has been found on this group.			
This group is protected in relation to employment – not service provision.			
Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Carers			x

Explanation:

The revised policy provides further detail of clinical pathways and is aligned to recent NICE guidance / recommendations. This may have a positive impact on this group as the revised policy offers more information regarding the circumstances for referral and pathways of treatment, therefore providing clarity on the process for patients and their carers.

Carers may require support during initial assessments, for example in order to assist patients complete a urinary frequency volume chart, and / or during treatment stages e.g. advice on using prescribed containment products / collecting devices.

Update 31/7/19: engagement work did not highlight any issues in relation to carers.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Deprived Communities			X

Explanation:

No impact currently identified.

Update 31/7/19: engagement work did not highlight any issues in relation to deprivation.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities			X

Explanation:

No impact currently identified.

Update 31/7/19: engagement work did not highlight any issues in relation to these groups.

SECTION 5: HUMAN RIGHTS ASSESSMENT

How does this policy affect the rights of patients set out in the NHS Constitution or their Human Rights?

No Human Rights concerns identified.

SECTION 6: RISK ASSESSMENT

See guidance and table of risks in appendix 3 section 6 for step by step guidance for this section

RISK MATRIX

Consequence level	Risk level				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	VERY LIKELY 5
1.Negligible	1	2	3	4	5
2.Minor	2	4	6	8	10
3.Moderate	3	6	9	12	15
4.Major	4	8	12	16	20
5.Catastrophic	5	10	15	20	25

Consequence Score: Likelihood Score: Risk score = consequence x likelihood	4
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):	N/A

Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN

Risk identified	Actions required to reduce / eliminate the negative impact	Resources required *(see guidance below)	Who will lead on the action?	Target date
Engagement	Pre engagement stage 2 assessment identifies that engagement work is required.		Comms and Engagement	July 2019 – working around Purdah.
Policy wording – NICE alignment	To raise with policy group regarding NICE wording		JM	July 2019

'Resources required' is asking for a summary of the costs that are needed to implement the

changes to mitigate the negative impacts identified
SECTION 7 – EQUALITY DELIVERY SYSTEM 2 (EDS2)
Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this policy relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading
SECTION 8 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN
Please describe briefly, how the equality action plans will be monitored through internal governance processes?
CPDIG processes and regular meetings to ensure equality related information has been shared and informs decision making.
Internal governance processes within each CCG will oversee the implementation of the revised policy.
Date of the next review of the Equality Impact Risk Assessment section and action plan?
Review dates to be decided by individual CCG as part of their governance processes.
SECTION 9 FINAL SECTION
Date completed: 17/04/2019
Date received for quality check: 31/7/19
Signature of person completing the assessment: <i>Gemma Aspinall</i>
Date reviewed by Equality and Inclusion Team: 31/7/19
Signature and Date quality check completed by Equality and Inclusion Team: <i>Jennifer Mulloy 31/7/19</i>
Date signed off by CCG / CSU Committee: TBA

Appendix 1: Equality Delivery System 2:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			Tick box(s) below
Objective	Narrative	Outcome	
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	x
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	x
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	x
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	x
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	x
		2.3 People report positive experiences of the NHS	
		2.4 People's complaints about services are handled respectfully and efficiently	
3. A representative	The NHS should increase the diversity	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	

and supported workforce	and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		3.6 Staff report positive experiences of their membership of the workforce	
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	x
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	x
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	