NHS
Midlands and Lancashire
Commissioning Support Unit

Equality Impact and Risk Assessment Stage 2 for Policies

Title of Policy / Strategy:

Policy for Secondary Care administered Steroid Peripheral Joint Injections 05/11/2019

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Midlands and Lancashire Commissioning Support Unit

EQUALITY IMPACT AND RISK ASSESSMENT STAGE 2 ALL SECTIONS MUST BE COMPLETED Guidance is provided in appendix 3 SECTION 1 – DETAILS OF POLICY
Organisation: CCG's that are part of this review: 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
Policy Assessment Lead and Contact Details: Michael O'Brien – Project Manager
Directorate/Team: Commissioning
Responsible Director / CCG Board Member for the assessment: Various as policy will be ratified within each CCG.
Policy implementation Date: 2019
Who is involved in undertaking this assessment? Jennifer Mulloy – Equality and Inclusion Business Partner MLCSU Clinical Policy Development and Implementation Group (CPDIG) Virtual Clinical Forum Communications and Engagement team
Date of commencing the assessment: 15/04/19
Date for completing the assessment: 09/08/19 and 5/11/2019

EQUALITY IMPACT ASSESSMENT Section 1			
Please tick which group(s) this policy will or may	**Yes**	**No**	**Indirectly**

impact upon?			
Patients, Service Users	x		
Carers or Family			x
General Public		x	
Staff			x
Partner Organisations			x

How was the need for the policy identified? (is it part of a workstream / strategy?)

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.

The policy is for Secondary Care administered steroid Peripheral Joint Injections.

Peripheral Joint Injections can be used to treat swollen or painful joints, such as after an injury or in long term conditions – for example arthritis. Peripheral Joint Injections can help to relieve pain and swelling, and make movement easier.

What are the aims and objectives of the policy?

To provide clinicians and the public with updated policies in line with clinical guidance. To provide consistency across the Merseyside and Warrington area.

To provide clear eligibility criteria across all policies of low clinical priority.

The current policy from 2014/15:

Minimum eligibility criteria: Provision of joint injections for pain should only be undertaken in a primary care setting, unless ultrasound guidance is needed or as part of another procedure being undertaken in theatre.

The revised policy contains the proposed changes:

Minimum eligibility criteria: It is expected that the steroid injection is performed in Primary Care either by the patient's own GP Practice, or another Practice able to perform the injection unless:

- The recommended number of landmark-sited injections have been undertaken in Primary Care have failed

- A single 'blind' attempt has been made and failed in those with indiscernible landmarks

Practices that are unable to provide an 'in-house' MSK steroid injection are able to refer to other Practices for the MSK steroid injections

Provision of joint injections for pain in Secondary care will only be commissioned in the following circumstances:

- Failed steroid injection in Primary Care or inappropriate to be performed in a Primary Care setting.
- Injections due to the need for image guidance. (See below)
- Only one injection will be commissioned as a diagnostic procedure if not undertaken already in Primary Care if surgery on a specific joint is likely to be indicated. Repeat injections will not be commissioned.

Injections that are provided in secondary care must only be done within an Outpatient Department clinic setting or under ultrasound control in a radiology department if clinically indicated (for example uncertain site of inflammation, previous landmark-sited injection has failed or landmarks indiscernible). These will only attract the relevant OPD tariff and day case is not commissioned.

Rationale for change:

In many cases steroid injections are being used to treat the symptoms (rather than the causes) of pain. This is inappropriate and it meant that clearer, more appropriate guidance was needed.

The aim of the policy is to ensure that steroid injections take place in primary care wherever possible. If it is not appropriate to do so in primary care they may still be given in secondary care, but only where the criteria are met.

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

- Demographic profile information on the areas is available.
- https://www.nhs.uk/conditions/steroid-injections/
- https://www.nhs.uk/medicines/hydrocortisone-injections/
- https://www.nhs.uk/conditions/joint-pain/
- https://www.nhs.uk/conditions/arthritis/
- https://www.nhs.uk/conditions/bursitis/

Clinical guidance:

- NICE guidance on Osteoarthritis: https://www.nice.org.uk/guidance/cg177
- NICE guidance on Rheumatoid Arthritis in adults: https://www.nice.org.uk/guidance/ng100

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

No health inequalities identified specific to this policy however the assessment further references change in how patients access this treatments – via GP rather than secondary care unless under certain circumstances.

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;
- 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
Does the policy provide an opportunity to eliminate discrimination, harassment and victimisation? What do we mean? Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic. Harassment is unwanted conduct (including a wide range of behaviours) because of or connected to a protected characteristic. 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)	x	

Explanation:

The CPDIG considers any impact of change on different patient groups (considering those in protected groups).

The policy group are aligning policies to create improved consistency across decision making within the area.

A range of information has been used within this assessment and engagement with the public is being conducted to help identify any potential impact on patients / staff. Within engagement work, there were 53 responses to this policy.

'The CCGs have an ongoing commitment to carry out the PSED duty up to and including the decision making process by the boards'.

Please answer 'Yes' or 'No' and explain your answer	Yes	No
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? What do we mean? Equality of opportunity is about making sure that people are treated fairly and given equal access to opportunities and resources. Promoting is about: • 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 • Securing special resources for those who may need them	x	

Explanation:

Equality of opportunity has been considered as part of the equality impact assessment process.

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.

The policy has undergone engagement with providers and clinicians to ensure that criteria is based on best clinical advice and guidance.

Engagement work highlighted some concerns around the access to this treatment. The policy makes provision where circumstances where the treatment needs to be done with secondary care.

Please answer 'Yes' or 'No' and explain your answer	Yes	No
Does the policy provide an opportunity to Foster Good Relations between people who share a protected characteristic and those who don't share it? What do we mean? 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. • 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?)	x	
Explanation: 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.		

Please answer 'Yes' or 'No' and explain your answer	Yes	No
Has engagement/involvement or consultation been carried out with people who will be affected by the policy?	x	
Explanation: Engagement work has been carried out with 53 responses including responses from primary care and a Hospital Trust. Ten (36%) respondents strongly agreed or agreed with the policy, compared to 12 (43%) respondents who disagreed or strongly disagreed. Key themes raised by survey respondents were: Needs to align with NICE guidance and agreement with proposed policy.		

Please answer 'Yes' or 'No' and explain your answer	Yes	No
Has the engagement/involvement or consultation highlighted any inequalities?	X potientially but addressed.	

Explanation:

Concern raised over the access between primary care and secondary care. The criteria provides circumstances of which treatment should be provided within secondary care which should ensure that patients requiring this treatment are treated by their GP nearer to home.

The concern over alignment to NICE for in relation to NG65 is currently not explicit but would be in place. Circumstances for referrals to secondary care are clarified to ensure that where appropriate patients are treated by their GP.

Please answer 'Yes' or 'No' and explain your answer	Yes	No
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 • 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	x	

Explanation:

The policy introduction section contains reference to equality legislation.

All the policy review meetings contain an 'equality and inclusion' agenda item where any issues can be raised and discussed.

Ongoing EIA content is shared and discussed with the CPDIG group.

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:

The criteria with in the policy does not contain any age restrictions. However, some long-term health conditions that may involve steroid peripheral joint injections as a treatment option may be age-related e.g. some types of arthritis and related conditions are age-specific, such as juvenile idiopathic arthritis in children and young people, and osteoarthritis, which is more prevalent in older people.

The policy does not restrict peripheral joint injections by age, therefore no negative impact identified.

Engagement work as part of a suite of 6 policies gained information on age. 47% were aged 45-65 – the highest group.

The engagement work did not raise any equality concerns in relation to this group.

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

Explanation:

Some long-term conditions involving joint pain e.g. rheumatoid arthritis, fibromyalgia, lupus may be classed as disabilities under the Equality Act 2010. The shift from secondary care to primary care may have a positive impact on patients in this cohort as local primary care centres / G.Ps are likely to be located nearer to home and therefore may reduce financial / travel costs involved in accessing treatment. Antidotally, some patients with long term conditions may also prefer that treatment is provided by primary care rather than secondary care as they see them regularly and feel more comfortable with them.

In situations where there are difficulties in receiving the treatment in primary care settings, the policy notes that there are situations where it can be provided within secondary care. This would also be considered for inpatients.

Engagement work as part of a suite of 6 policies gained information on disability. 51 (59%) respondents did not consider themselves to have a disability, while 15 (17%) had a long-term illness and 11 (13%) had a physical impairment.

Engagement feedback notes the policy should align with NICE. In relation to this: NG65 states “Commissioners should ensure that local arrangements are in place to coordinate care for people across primary and secondary (specialist) care. Confirmed within the policy development group that the pathway would support this. NG 65 related to managing spondyloarthritis. Section 1.4.12Consider local corticosteroid injections as monotherapy for non-progressive monoarthritis for Psoriatic arthritis and other peripheral spondyloarthritides.

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

Explanation:

No impact has been found on this group.

Engagement work as part of a suite of 6 policies gained information on sexual orientation. 69 (83%) respondents were heterosexual
Further engagement work did not highlight any impact in relation to this group.

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

Explanation:

No impact has been found on this group.

There is limited information that some gender reassignment hormone treatments may lead to risk of joint pain. During this assessment, no clinical evidence was found of this.

Further engagement work did not highlight any impact in relation to this group.

Equality Group / Protected Group	Positive effect	Negative effect	Neutral or indirect effect
Sex (Gender)			x

Explanation:

Some types of arthritis appear to be more common depending on sex – e.g. rheumatoid arthritis is more common in women, while gout is more common in men.

However, the policy does not restrict steroid peripheral joint injections on the basis of sex therefore no direct impact identified.

Engagement work as part of a suite of 6 policies gained information on sex. 57 (65%) respondents were female and 23 (26%) male

Further engagement work did not highlight any impact in relation to this group.

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

Explanation:

No impact has been found on this group.

Engagement work as part of a suite of 6 policies gained information on ethnic background. 73 (83%) respondents were White British. 17% - BME.

Further engagement work did not highlight any impact in relation to this group.

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.

Policy states that steroids are a man-made version of hormones that are made naturally in the body. Clarification has been received in terms of the ingredients of steroids not containing animal ingredients, as this may impact on patients from certain beliefs receiving the treatment on religious grounds.

Engagement work as part of a suite of 6 policies gained information on religion. 46 (54%) respondents were Christian

Further engagement work did not highlight any impact in relation to this group.

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.

Engagement work as part of a suite of 6 policies gained information on pregnancy. One (2%) respondent had recently given birth (within the last 27-52 week period).

Further engagement work did not highlight any impact in relation to this group.

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.

Engagement work as part of a suite of 6 policies gained information on

Further engagement work did not highlight any impact in relation to this group.

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

Explanation:

The revised criteria may have a positive impact on carers as local primary care settings may be more convenient to access and reduce financial and time costs required compared to accessing secondary care sites.

Further engagement work did not highlight any impact in relation to this group.

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

Explanation:

There may be some positive benefit due to treatment being carried out closer to home at patients GP practice. This would help patients on lower incomes that would have travel costs to access treatment at hospital.

Further engagement work did not highlight any impact in relation to this group.

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:

There may be an impact on military veterans, who may experience peripheral joint pain due to injury in service.

Potential positive impact on rural communities as local primary care settings may be more accessible compared to secondary care sites.

Further engagement work did not highlight any impacts.

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

	Risk level				
Consequence 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.
Age related potential disadvantage	Clarify age related query regarding steroid peripheral joint injections		E&I team	May 2019
Potential disadvantage relating to religion and belief	Clarify ingredients used in steroid injections for animal products due to potential impact linked to religion.		E&I team	May 2019
Alignment to NICE	Confirm if policy is aligned to NG65.		E&I team	August 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: 09/08/19 and 05/11/2019
Date received for quality check: 09/08/2019 and 5/11/2019
Signature of person completing the assessment: *Gemma Aspinall*
Date reviewed by Equality and Inclusion Team: 09/08/2019 and 5/11/2019
Signature and Date quality check completed by Equality and Inclusion Team: *Jennifer Mulloy* 09/08/2019 and 5/11/2019
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	