

Full Equality Impact Assessment (EIA)

<p>Service(s) under review:</p> <ul style="list-style-type: none"> In-vitro fertilisation (IVF) <p>This paper outlines the post engagement Equality Impact Assessment of BHR CCGs' proposals on In-vitro fertilisation and follows on from the initial EIA completed before public engagement.</p>
<p>Date of equality analysis: 21/06/2017</p>
<p>Timescale for proposed changes: Subject to the approval of the Barking and Dagenham, Havering and Redbridge (BHR) CCGs' governing bodies, it is anticipated any changes will come into effect in Summer 2017.</p>
<p>Equality analysis lead, job title and contact details Project Lead – Gulsen Gungor, Senior Commissioning Manager, NEL CSU (on behalf of Barking and Dagenham, Havering and Redbridge CCGs), G.Gungor@nhs.net</p>
<p>A brief description of the current service:</p> <p>IVF currently fall under the Procedures of Limited Clinical Effectiveness (POLCE) policy. At present, patients who meet the agreed criteria under the POLCE policy can access three cycles of IVF treatment for women aged 23-39 and one cycle of IVF for women 40-41. BHR CCGs consulted on four options:</p> <ol style="list-style-type: none"> 1) Do not fund IVF 2) Fund two cycles for women aged 23-39 and stopping funding for women aged 40-41 3) Fund one cycle for women aged 23-39 and stopping funding for women aged 40-41 4) Stop funding for women aged 23-39 and women aged 40-41 <p>A brief description of proposed service changes:</p> <p>In the light of the current challenging financial situation for NHS bodies locally and nationally, the CCGs for Barking and Dagenham, Havering, and Redbridge carried out a consultation, <i>Spending NHS money wisely</i>. The consultation was made available on the CCGs' websites and promoted across the three boroughs, encouraging local people to comment on their proposals. The eight week consultation closed on 18 May 2017.</p> <p>415 people responded to this question. A consultation outcome report was developed and formed part of the evidence considered by the clinical leads to make recommendations for the BHR CCGs Governing body boards.</p>

Will the proposed changes affect service users, staff or both? If the answer is “yes” detail how the changes will affect them?

Some service users will be affected by the proposed changes.

Subject to BHR CCGs governing body decision approval, deciding to no longer fund IVF or restrict the number of cycles would impact on people eligible for IVF.

1. What is/will be the impact of your service review or proposed change (s) (positive and/or negative) in relation to the following nine protected characteristics:

The following people are protected by the Equality Act 2010:	Initial EIA assessment (April 2017)	Post- engagement EIA Assessment Details of any positive/negative impact (June 2017)
1)Age	Proposed service restriction/cessation would apply to all equally. This work-stream will not discriminate or impact on age	<p>IVF success rates are innately linked to the age of the women. The different IVF proposals tighten existing accepted age restrictions for women while maintaining a large a proportion of live births that currently result from IVF as possible, as well as taking into consideration the resources available to the CCG.</p> <p>A female upper age restriction of 41 already applies in recognition of very low success at older ages, and a group with marginal success rates aged 40 to 41 already have restricted access to funding compared with those aged 23-39. The proposals are to reduce the number of cycles from 3 to either 2, 1 or zero for those aged 23-39 and to either continue with 1 cycle for those aged 40-41 or reduce this to zero. Currently, approximately 70% of the live births following IVF occur after one cycle in mainly 23-39 year olds; 92% after two cycles.</p> <p>At present, those who have unsuccessful IVF after up to three cycles have the possibility of continuing funding their own IVF. This option will be available for the additional numbers of people who fail to have a child because of further restrictions under these proposals.</p> <p>The proposals would align BHR CCG with the vast majority of other CCGs who do not fund as many cycles as BHR currently does, a position that has been supported by their own individual EIAs. At present, there are 4 CCGs who fund no IVF for those aged under 40, 125 who fund one cycle, 46 who fund two, and 34, all with either one or no cycles for those aged 40-41.</p>

2)Disability	Proposed service restriction/cessation would apply to all equally. This work-stream will not discriminate or impact on disability	There will be no differential provision of NHS services resulting from the proposals, and no differential impact from restricting the service.
3)Ethnicity	Proposed service restriction/cessation would apply to all equally .This work-stream will not discriminate or impact on ethnicity	There will be no differential provision of NHS services resulting from the proposals, and no differential impact from restricting the service.
4)Gender	Proposed service restriction/cessation would apply to all equally. This work-stream will not discriminate or impacted on gender	There will be no differential provision of NHS services resulting from the proposals, and no differential impact from restricting the service.
5)Sexual orientation	Proposed service restriction/cessation would apply to all equally. This work-stream will not discriminate or impact on by sexual orientation	There will be no differential provision of NHS services resulting from the proposals, and no differential impact from restricting the service.
6)Religion or belief	Proposed service restriction/cessation would apply to all equally. This work-stream will not discriminate or impacted on religion or belief	There will be no differential provision of NHS services resulting from the proposals, and no differential impact from restricting the service.
7)Gender re-assignment	Proposed service restriction/cessation would apply to all equally. This work-stream will not discriminate or impact on gender re-assignment	
8)Pregnancy/ maternity	Proposed service restriction/cessation would apply to all equally .This work-stream will not discriminate or impact on	There will be no differential provision of NHS services resulting from the proposals, and no differential impact from restricting the service.

	pregnancy/maternity	
9)Marriage/Civil partnership	Proposed service restriction/cessation would apply to all equally This work-stream will not discriminate or impact on marriage/civil partnership	There will be no differential provision of NHS services resulting from the proposals, and no differential impact from restricting the service.
2. Please detail below what the data and the results of consultations say about the impact of the proposed changes on any of the protected characteristics?		
<p>Please see impact detail above under age domain.</p> <p>For the remaining protected characteristics there will be no differential provision of NHS services resulting from the proposal, however BHR CCGs recognise there is an association between particular Disability/Ethnicity/Religion or Belief and poverty.</p> <p>As this service is available privately there will ultimately be differential access for those with sufficient resources as already occurs for those who wish to have more cycles than are currently funded. This applies to many potential treatments, including ones for life threatening conditions such as cancer. The NHS does not and cannot take this into account when making prioritisation decisions for its own resources.</p>		
3. What actions could be taken to minimise any negative impacts that have been identified?		
Please see above actions for the impacted characteristics.		

4. Could any of the identified negative impacts have a direct (discriminatory) effect?	No	
5. If the answer is “Yes”, can this discrimination be justified/ explained? Please provide any evidence you have to support this.		

Please identify any action required/taken, timescale and leads

Please see mitigation actions for impacted areas above.
 All proposals are subject to BHR CCGs governing body formal approval. BHR CCGs IFR policy will continue to offer the IFR route for all patients who present exceptionalality.

Form completed by:

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