



NHS Lambeth Clinical Commissioning Group
NHS Southwark Clinical Commissioning Group

EQUALITY ANALYSIS

Name of the policy being assessed:

SOUTH LONDON INDIVIDUAL FUNDING REQUESTS (IFR Policy)

Name of Organisation:

NHS Lambeth Clinical Commissioning Group

NHS Southwark Clinical Commissioning Group

South London Commissioning Support Unit for South London CCGs

Date: February 2014

Appendix G: Equality Analysis

South London Individual Funding Request Policy v1.6

Ratified: December 2014 (Integrated Governance Committee)

Date of review: December 2016



Equality Analysis Checklist

An Equality Analysis is a review of a policy, function or service which establishes whether there is a negative effect or impact on particular social groups. In turn this enables the organisation to demonstrate it does not discriminate and, where possible, it promotes equality.

This check list is a way to help staff think carefully about the likely impact of their work on equality groups and take action to improve services and projects for local people where it has a positive or negative impact.

Name of the policy / function / service development being assessed:	South London Individual Funding Requests (IFR) Policy
Briefly describe its aims and objectives:	This policy sets out the principles by which South London CCGs will make individual funding decisions. The policy should be read in conjunction with the IFR Panel Terms of Reference, Operating Procedures and Ethical Decision Making Framework.
Directorate lead:	CCG Chief Officer
Is the Equality statement situated in the first three sections of the document? If no, you may wish to use the Equality statement below	Yes

Equality Statement:

“This document demonstrates the organisation’s commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities”.

Development of the Policy

The South London Individual Funding Requests (IFR) Policy has been developed with input from representatives from each of the Clinical Commissioning Groups (CCGs) in South London and coordinated by the IFR Team in South London Commissioning Support Unit (CSU).

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
<p>Age Think about different age groups and think about the policy / function / service and the way the user would access, is it user friendly for that age?</p>	<p>Age data monitored within equality monitoring section of IFR submission.</p> <p>Anonymisation: IFRs anonymised before review by decision-makers as per policy. Age reintroduced only if central to CCG policy and/or necessary for clinical reasoning for decision-making.</p> <p>Where age is considered as part of the decision, decision-makers operate within CCG policy and apply ethical framework.</p> <p>Ethical Framework: Decision-making applies</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy (patient leaflet)</p>	<p>Negative Impact</p> <p>Policies and ethical framework applied in decision-making to reduce negative impact. However, access to some procedures in the TAP and ECI policies are restricted by age, this is both with lower age limits (for cosmetic procedures) and upper age limits e.g. for grommets whilst assisted conception procedures have lower and upper age limits for funding. These age restrictions are evidence based and supported by clinical evidence of effectiveness, but applicants may still apply</p>	<p>Monitored by including Equality Monitoring section within IFR Application form .Data analysed quarterly to ensure that there is a consistency reflected in the age profile of applications and approved funding.</p> <p>CCG Policies reviewed ensuring relevant stakeholder engagement and consultation</p>	<p>On-going.</p> <p>IFR team to monitor and report to CCGs quarterly</p>

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South London Individual Funding Request Policy v1.6
Ratified: December 2014 (Integrated Governance Committee)
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	<p>ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>		<p>for funding due to exceptionality even if age criteria are not met procedures.</p> <p>Where relevant, policies have been referenced against NICE guidance; CCGs are not obliged to comply with NICE guidance but will reason any deviation from recommendation.</p>		
<p>Disability Think outside the box, you may not be able to see the disability. It could be physical (hearing, seeing) or a learning disability (Autism).</p> <ul style="list-style-type: none"> • Accessibility – venue, location, signage, furniture, getting around • Disability awareness training for staff 	<p>Disability data monitored within equality monitoring section of IFR submission.</p> <p>Reasonable Adjustments: CCGs will make adjustments as may be required to ensure that this policy does not adversely affect any</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy</p>	<p>Positive Impact</p>	<p>Monitored by including Equality Monitoring section within IFR Application form.</p> <p>Data analysed quarterly to ensure that there is a consistency reflected in the disability profile of applications and approved funding and</p>	<p>On-going</p> <p>IFR team to monitor and report to CCGs quarterly</p>

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<ul style="list-style-type: none"> Actively involve the service user and talk it through with them 	<p>group of people.</p> <p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>	<p>(patient leaflet)</p>		<p>no negative impact.</p> <p>The CCG will make adjustments as may be required to ensure that this policy does not adversely affect any group of people</p>	
<p>Gender Reassignment</p> <p>Think about creating an environment within the service / policy or function that is user friendly and non-judgemental.</p> <p>If the policy / function / service are specifically targeting this protected characteristic, think carefully about training, confidentiality and communication skills.</p>	<p>Gender reassignment data monitored within equality monitoring section of IFR submission.</p> <p>IFR cases for cosmetic procedures for gender reassignments patients considered by IFR Panel.</p> <p>Anonymisation:</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy</p>	<p>Positive Impact</p> <p>Gender reassigned people are treated in the same way as the gender to which they have transitioned with regards to some cosmetic requests e.g. MTF for breast enlargement but are treated differently</p>	<p>Monitored by including Equality Monitoring section within IFR Application form</p> <p>Data analysed quarterly to ensure that there is a consistency reflected in the number of applications from gender reassigned</p>	<p>On-going</p> <p>IFR team to monitor and report to CCGs quarterly</p>



NHS Lambeth Clinical Commissioning Group
NHS Southwark Clinical Commissioning Group

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	<p>IFRs anonymised before review by decision-makers as per policy.</p> <p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>	(patient leaflet)	<p>(positively) with regards to other requests (for example hair removal for MTF).</p> <p>For other applications which would not be affected by gender , gender reassigned people should be treated equitably with all applicants</p>	people and the number of applications approved for funding and that there is no negative impact.	
<p>Marriage and Civil Partnership Think about access and confidentiality, the partner may not be aware of involvement or access to the service.</p> <p>Staff training.</p>	<p>Anonymisation: IFRs anonymised before review by decision-makers as per policy.</p> <p>Where relationship status is considered as part of a CCG policy decision, decision-makers operate</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement</p>	<p>Neutral Impact</p> <p>Policies and ethical framework applied in decision-making to reduce negative impact.</p> <p>All patients are asked whether correspondence</p>	CCG Policies reviewed ensuring relevant stakeholder engagement and consultation	<p>On-going</p> <p>IFR team to report to CCGs quarterly on any issues highlighted for this equality group</p>

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Ratified: December 2014 (Integrated Governance Committee)
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1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
	<p>within CCG policy and apply ethical framework and do not discriminate within a relationship as to whether a couple are married or have a Civil Partnership.</p> <p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>	<p>reviewing relevant appendices to policy (patient leaflet)</p>	<p>should be copied to them with the option to decline in order to preserve their confidentiality should a partner or other family member not be aware of their access to the service.</p> <p>There is no data collected to identify this group to enable separate monitoring</p>		
<p>Pregnancy and maternity The policy / function / service must be accessible for all e.g. opening hours. Are the chairs appropriate for</p>	<p>Anonymisation: IFRs anonymised before review by decision-makers as per policy.</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members,</p>	<p>Neutral Impact</p>	<p>The CCG will make adjustments as may be required to ensure that this policy does</p>	<p>On-going IFR team to report to CCGs quarterly on any</p>

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<p>breast feeding, is there a private area? Are there baby changing facilities and is there space for buggies?</p>	<p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>	<p>Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy (patient leaflet)</p>		<p>not adversely affect pregnant or post natal patients, but there is no data collected to identify this group to enable separate monitoring</p>	<p>issues highlighted for this equality group</p>
<p>Race You need to think carefully about the local demographics of the population who will be accessing the policy / function / service. Talk to public health.</p> <p>Think about:</p> <ul style="list-style-type: none"> • Cultural issues (gender, clothing etc) • Languages • Support to access • Staff training on cultural awareness, 	<p>Race data monitored within equality monitoring section of IFR submission.</p> <p>Social circumstances, such as race, are not normally considered as grounds for funding IFRs or ECI/TAP procedures, as per policy, in order to prevent negative and positive discrimination.</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy (patient leaflet)</p>	<p>Positive Impact</p> <p>Negative impact – due to the diverse ethnicity profile of South London and some areas of high numbers of particular ethnic groups. It is essential when looking at applications that the panel understand the local profile as exceptionality and rarity</p>	<p>Monitored by including Equality Monitoring section within IFR Application form.</p> <p>Data analysed quarterly to ensure that there is a consistency reflected in the racial / ethnic profile of applications and approved funding.</p>	<p>On-going</p> <p>IFR team to monitor and report to CCGs quarterly</p>

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interpreting	<p>Anonymisation: IFRs anonymised before review by decision-makers as per policy.</p> <p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>		<p>for some genetic conditions linked to particular ethnic groups will not be seen to be exceptional in some London Boroughs where the CCGs should have considered this with regards to their commissioning activities</p> <p>Where relevant, policies have been referenced against NICE guidance; CCGs are not obliged to comply with NICE guidance but will reason any deviation from recommendation.</p>		
<p>Religion or Belief As above, think about local population and what religion or belief they may have.</p> <p>Think about:</p> <ul style="list-style-type: none"> Staff training on respecting differences, 	<p>Religion or belief data monitored within equality monitoring section of IFR submission.</p> <p>Social circumstances, such as religion or belief,</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p>	<p>Positive Impact</p> <p>Religion and belief are not considered when making IFR decisions, however, requests which have a culturally sensitive</p>	<p>Monitored by including Equality Monitoring section within IFR Application form</p> <p>Data analysed quarterly to ensure that there is a</p>	<p>On-going</p> <p>IFR team to monitor and report to CCGs quarterly</p>

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<p>religious beliefs</p> <ul style="list-style-type: none"> • Are you trying to implement during a time of religious holidays e.g. Ramadan • Is there an area for prayer times? 	<p>are not normally considered as grounds for funding IFRs or ECI/TAP procedures, as per policy, in order to prevent negative and positive discrimination.</p> <p>Anonymisation: IFRs anonymised before review by decision-makers as per policy.</p> <p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>	<p>Patient involvement reviewing relevant appendices to policy (patient leaflet)</p>	<p>or religious aspect to them will be treated with respect and this aspect of the referral will be taken into consideration in any responses to the patient, in particular any instructions from the patient not to send correspondence to their home addresses will be adhered to.</p>	<p>consistency reflected in the religious profile of applications and approved funding.</p>	

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<p>Sex This is the impact on males / females.</p> <p>For example same sex accommodation, are their areas for privacy?</p> <p>Is it accessible for both taking into account working service users? Would it be a venue they would go to?</p>	<p>Gender monitored within equality monitoring section of IFR submission.</p> <p>Anonymisation: IFRs anonymised before review by decision-makers as per policy. Sex reintroduced only if central to CCG policy and/or necessary for clinical reasoning for decision-making.</p> <p>Where sex is considered as part of the decision, decision-makers operate within CCG policy and apply ethical framework.</p> <p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy (patient leaflet)</p>	<p>Neutral impact</p> <p>Policies and ethical framework applied in decision-making to reduce negative impact.</p> <p>Where relevant, policies have been referenced against NICE guidance; CCGs are not obliged to comply with NICE guidance but will reason any deviation from recommendation.</p>	<p>Monitored by including Equality Monitoring section within IFR Application form</p> <p>CCG Policies reviewed ensuring relevant stakeholder engagement and consultation</p> <p>Data analysed quarterly to ensure that there is a consistency reflected in the gender profile of applications and approved funding.</p>	<p>On-going</p> <p>IFR team to monitor and report to CCGs quarterly</p>

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	<p>IFR Training: Panel members attend appropriate training covering implementation of ethical decision-making framework</p>				
<p>Sexual Orientation Don't make assumptions as this protected characteristic may not be visibly obvious.</p> <p>Providing an environment that is welcoming for example visual aids, posters, leaflets.</p> <p>Using language that respects LGB&T people.</p> <p>Staff training on how to ask LGB&T people to disclose their sexual orientation without fear or prejudice.</p>	<p>Sexual orientation data monitored within equality monitoring section of IFR submission.</p> <p>Anonymisation: IFRs anonymised before review by decision-makers as per policy.</p> <p>Ethical Framework: Decision-making applies ethical framework and principles of non-discrimination, in particular the 'Inclusive' principle.</p> <p>IFR Training: Panel members attend</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy (patient leaflet)</p>	<p>Positive Impact</p> <p>Ensure policies and decisions on fertility treatments for same sex couples do not disadvantage the couple in comparison to heterosexual couples due to their sexuality</p>	<p>Monitored by including Equality Monitoring section within IFR Application form</p> <p>Data analysed quarterly to ensure that there is a consistency reflected in the sexual orientation profile of applications and approved funding.</p>	<p>On-going</p> <p>IFR team to monitor and report to CCGs quarterly</p>

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	appropriate training covering implementation of ethical decision-making framework				
<p>Carers</p> <p>Does your policy / function / service impact on carers? Ask them.</p> <p>Do you need to think about venue, timing?</p> <p>What support will you be offering?</p>	<p>Policy for patient consent for IFRs takes into account consent for minors and vulnerable adults,.</p> <p>Reasonable Adjustment: The CCG will make adjustments as may be required to ensure that this policy does not adversely affect any group of people</p>	<p>CCGs engaged and consulted including relevant stakeholders: Public Health, GPs, Lay Panel Members, Pharmacists and Commissioning.</p> <p>Patient involvement reviewing relevant appendices to policy (patient leaflet)</p>	<p>Neutral</p> <p>Carer status cannot be taken into consideration when considering applications for IFR for carers unless there is a change to policy for positive discrimination.</p> <p>Applicants should ensure that their patients are aware that decisions can only take into account clinical and not social needs.</p> <p>There is no data collected to identify this group to enable separate monitoring</p>	<p>The CCG will make adjustments as may be required to ensure that this policy does not adversely affect any group of people</p>	<p>On-going</p> <p>IFR team to report to CCGs quarterly on any issues highlighted for this equality group</p>

The existence of the IFR policy is indicative that people's human rights have been considered where an episode of healthcare that falls outside existing contracts and commissioning arrangements. From a human rights perspective, the application of the IFR policy needs to be proportionate to achieve a legitimate aim, which can use the IFR's 'exceptionality' and 'rarity' eligibility criteria to exclude people provided the eligibility criteria itself is not 'unreasonable'. In this respect, there are no foreseeable human rights risks. In addition, the IFR policy also pays 'due regard' to the public sector equality duty (PSED) and therefore compliant with the Equality Act 2010. The IFR policy is free from *discrimination as it is available to all people in South London* (subject to the IFR 'exceptionality' and 'rarity' eligibility criterion) regardless of age, disability, gender reassignment, marriage or civil partnership/marriage, race, religion or belief, sex, sexual orientation, nationality and socio-economic group. The equality analysis (EA) has highlighted those protected groups that might be affected negatively; therefore mitigation to address the gap/risks should be in place.

Equality Analysis approved electronically for Lambeth CCG & Southwark CCG by:

Harjinder Bahra, Equality and Human Rights Manager, NHS Southwark CCG **Date:** 05/06/2015
 Kathryn MacDermott, Equality and Diversity Lead, NHS Lambeth CCG **Date:** 05/06/2015

Screening overview

Screening completed by (please include everyone's name)	Organisation	Date
Amy Simpson	South London Commissioning Support Unit	
Nicola Howe	South London Commissioning Support Unit	6/03/2014