

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	Individual Funding Request Policy
Date of Analysis:	01/07/2018
Completed by: (Name and Department)	Karen Billany Commissioning
What are the aims and intended effects of this policy, project or function?	<p>The aim of the policy is to identify the reasons for making an Individual Funding Request for a treatment which is restricted:</p> <ul style="list-style-type: none"> •To explain the difficult choices faced by the CCG and how the CCG has decided to prioritise resources to ensure the best health outcomes for the community •To set the decision making process within an ethical context •To inform health professionals about the policy in operation; how to request restricted treatments; how to appeal against individual decisions to decline a request for a restricted treatment •To ensure decisions are made in a fair, open and consistent manner •To provide a firm background against which appeals can be considered •To demonstrate clear processes for decision making •To be able to defend legal challenges against decisions not to commission certain interventions or to limit the number/range of such services to be commissioned
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	No, the information within the policy review has been updated and includes evidence, definitions and IFR process and Clinical Triage with the use of an IT system
Please list any other policies that are related to or referred to as part of this analysis	NICE Guidance National EIA NHS Hull CCG Clinical Commissioning Policies HCV Clinical Commissioning Policies
Who will the policy, project or function affect?	The below are all the identified stakeholders whom this policy affects employees, service users, carers and members of the public

<p>What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?</p>	<p>Engagement has been with current panel and appeal members and wider CCG colleagues and lay members.</p> <p>The Policy has not had significant changes that will affect patients. The Policy describes the IFR process and includes the process for appeals to the decisions reached at the IFR Panel</p>
<p>Promoting Inclusivity and Hull CCG's Equality Objectives.</p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve 4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs 	<p>The NHS has a duty to spend the money it receives from the Government in a fair way taking into account the health needs of the whole community.</p> <p>The Clinical Commissioning Group (CCG) job is to get the best value for this money by spending it wisely on patient's behalf. Demand for healthcare is growing but there is only a set amount of money available to spend so difficult decisions may have to be made.</p> <p>CCGs pay for local NHS Health Services and NHS England pays for highly specialised health services. The CCGs have a legal duty to provide health services for patients in the county their resident population with the fixed amount of money they have received from the Government.</p> <p>They have a legal duty not to spend more than this. This means that some hard choices have to be made. Not all treatments can be provided by the NHS. Treatments that are limited by CCGs are shown in their Clinical Commissioning Policies.</p> <p>However, the CCGs know that there will always be times when a patient would benefit from a particular treatment not usually given by the NHS. To apply for this treatment, an Individual Funding Request (IFR) is made.</p> <p>The CCG has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. The CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out their functions, the CCG will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010.</p>

Equality Data

Is any Equality Data available relating to the use or implementation of this policy, project or function?

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as '*Equality Groups*'.

Examples of *Equality Data* include: (this list is not definitive)

- 1: Recruitment data, e.g. applications compared to the population profile, application success rates
- 2: Complaints by groups who share / represent protected characteristics
- 4: Grievances or decisions upheld and dismissed by protected characteristic group
- 5: Insight gained through engagement

Yes

No

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document). If you answered No, what information will you use to assess impact?

Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.

The CCG has a health information resource, providing demographic and health inequalities information and resources:

<https://www.hullccg.nhs.uk/health-information-and-resources-3/>

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
 (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
Gender	x			
Age	x			
Race / ethnicity / nationality	x			
Disability	x			
Religion or Belief	x			
Sexual Orientation	x			
Pregnancy and Maternity	x			
Transgender / Gender reassignment	x			
Marriage or civil partnership	x			

Action Planning:


As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

No risks identified for the review of the IFR Policy

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Equality data not	Explore best practice relating to collecting &	Mike Napier (Amanda	31 September	31 January

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)

currently collected for IFR's.	analysing data for IFRs. Make a recommendation to IFR Panel	Heenan)	2018	2019
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Sign-off	
All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs	
I agree with this assessment / action plan	
If <i>disagree</i> , state action/s required, reasons and details of who is to carry them out with timescales:	
	
Signed:	
Date: 07.08.18	