

Equality & Health Impact Assessment for
NHS WALES POLICY MAKING DECISIONS ON
INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR) Policy

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Melanie Wilkey 02921 832100 Elinor Hammond 02921 832101
3.	Objectives of strategy/ policy/ plan/ procedure/ service	As stated in the individual policies
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment 	<ul style="list-style-type: none"> • The procedure operates within the principles of the: • Cardiff and Vale University Health Board's 2015- 2025 ten year strategy, • 'Shaping Our Future Wellbeing', • 2010 Equality Act,

	<ul style="list-style-type: none"> • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<ul style="list-style-type: none"> • Human Rights Act 1998, • Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011, • Related policies such as Interventions Not Normally Undertaken, Top-Up Policy and European Economic Area funding. • Related UHB policies such as flexible working and Dignity at Work policies. • R v North West Lancashire Health Authority Ex Parte A(2000)1WLR 977CA NHS (Wales) Act 2006 • Colin Ross v West Sussex Primary Care Trust 2008 EWHC 2252 (admin) Health Commission Wales: A Review (2008), Professor Sir Mansel Aylward • Priority Setting: Managing Individual Funding Requests (2008), NHS Confederation Routledge Report 2009 • Improving the Availability of Medicines for Patients in Wales: Report of the Routledge Report Implementation Group 2011 R (on the Application of AC) v Berkshire West Primary Care Trust [2011] EWCA Civ 247. • Oxfordshire PCT Equality Impact Assessment on Individual Funding Request Policy (March 2011) <p>During the review of IPFR and development of the policy views were sought from patients, carers, relatives, patient representatives, health charities, lobbying groups, clinicians, healthcare professionals, IPFR panel members in local health boards (LHBs) and the Welsh Health Specialised Services Committee (WHSSC), Assembly Members</p>
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		<p>(drawing from their constituency correspondence), political parties and pharmaceutical industry representatives. The review group held a total of ten face-to-face engagement sessions in Wrexham, Aberystwyth and Cardiff during November 2016. In each location, there was a session specifically for patients, patient organisations, and healthcare professionals, as well as one in Cardiff for the pharmaceutical industry. The review group considered the published documents outlining the approach taken to IPFRs in England, Scotland and Northern Ireland. And looked at statistics on IPFRs in Wales and, where available, the equivalent processes elsewhere.</p>
<p>5.</p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>Clinicians submitting an IPFR request and their patients for whom the request is for, who are residents of the UHB will be affected by the Policy.</p>

EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The IPFR application form requires patients to disclose their date of birth. This is collected to help:- <ul style="list-style-type: none"> • Establish the legal status of the patient and the need for an appropriate adult (parent or guardian) to act as an advocate on behalf of the patient. • To help locate the patient's hospital or general practice records as appropriate when required. The panel provides clinical	N/A	N/A

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	<p>based decision making and therefore social factors such as age, gender, etc. are redacted prior to review at the IPFR panel. Protected characteristics are not provided to the IPFR Panel for review and consideration therefore, this information is not taken into account during the decision making process.</p> <p>Since 2011 and April 2017 the UHB has received 390 applications under the procedure. The age of applicants has been:-</p> <ul style="list-style-type: none"> • under 18 = 25 • between 18 and 65 = 275 • over 65 = 90 		

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	The Office of National Statistics, 2011 Census, Population and Household Estimates for Wales, states the median age of the population in Wales was 40 years for men and 42 years for women.		
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>The Policy would be made accessible to staff in alternative formats on request or via usual good management practice.</p> <p>The IPFR application form does not routinely require patients to disclose this information. It is at the referrers discretion to disclose this information if it is relevant to the treatment</p>	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	being sought in the IPFR request. Therefore this data is not routinely collected and cannot be measured.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	IPFRs referrals from clinicians of any gender, for patients of any gender are dealt with in the same way. All protected patient characteristics, including gender are redacted in the information provided to the IPFR Panel for review and consideration, therefore this information is not taken into account during the decision making process. However, where there is evidence that capacity to benefit from a treatment is related to gender, this may	N/A	N/A

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	<p>affect the decision of the IPFR Panel.</p> <p>The IPFR application form requires patients to disclose their gender. Since 2011 to April 2017 Cardiff & Vale UHB has received 390 applications of which 41% (n=157) were in respect of male patients and 59% (n=233) were in respect of female patients.</p> <p>The Office of National Statistics, 2011 Census, Population and Household Estimates for Wales states there were 1.50 million men and 1.56 million women in Wales.</p> <p>The IPFR application form does not routinely require patients to disclose</p>		

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	<p>information relating to gender reassignment. It is at the referrers discretion to disclose this information if it is relevant to the treatment being sought in the IPFR request. It has been noted that NHS England were legally challenged in the case of AC v Berkshire West PCT [2010] EWHC. The challenge itself related to the evidence for 'exceptional significance' for the IPFR commissioning decision rather than the collection or discrimination of the protected characteristic.</p>		
<p>6.4 People who are married or who have a civil partner.</p>	<p>The IPFR application form does not require patients to disclose their marriage or civil partnership status. Therefore this data is not collected and</p>	<p>N/A</p>	<p>N/A</p>

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	cannot be measured.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	The IPFR application form does not routinely require patients to disclose this information. It is at the referrers discretion to disclose this information if it is relevant to the eligibility or treatment being sought in the IPFR request. Therefore this data is not routinely collected and cannot be measured.	N/A	N/A
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There appears not to be any impact on patients regarding race, nationality, colour, culture or ethnic origin. The IPFR application form does not require patients to disclose this information. Therefore this data is not		

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	collected and cannot be measured.		
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	The IPFR application form does not require patients to disclose this information. It is at the referrers discretion to disclose this information if it is relevant to the eligibility or treatment being sought in the IPFR request. Therefore this data is not collected and cannot be measured.		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	The IPFR application form does not require patients to disclose this information. Therefore this data is not collected and cannot be measured.		
<p>6.9 People who communicate using the</p>	The All Wales procedure, claim forms, website		

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Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	information and patient leaflets will all be made available in Welsh. Patients have the discretion to apply through the medium of the Welsh language in line with the UHB's Welsh language policy. Receipt of applications in the Welsh language will be measured accordingly.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The IPFR application form does not require patients to disclose this information. Therefore this data is not collected and cannot be measured.	N/A	N/A
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic	The IPFR application form requests the patient's address on the application	N/A	

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and/or health indicators, people unable to access services and facilities	form to ensure that the patient is a Cardiff and Vale resident and to allow for communication regarding requests. All protected patient characteristics, including address are redacted in the information provided to the IPFR Panel for review and consideration, therefore this information is not taken into account during the decision making process.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There are no other groups or risk factors to take into account with regard to this Policy. All patient identifiable information is redacted from		

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	the request prior to being presented at the IPFR panel and is therefore not taken into account.		

6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing	The All Wales IPFR policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>health inequalities</p> <p>Well-being Goal - A more equal Wales</p>			
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p>	<p>The All Wales IPFR policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.</p>	<p>N/A</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A healthier Wales			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	The All Wales IPFR policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green</p>	The All Wales IPFR policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.		

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<p>spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity;</p>	<p>The All Wales IPFR policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.</p>		

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<p>cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>As part of the decision making process, the IPFR panel consider ethics of funding requests e.g. whether the allocation of funds for high cost drugs is a fair and equitable allocation of resource for a single patient.</p>		

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this All Wales IPFR Policy.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	All non-clinical information will be redacted from the information provided to the IPFR panel during the decision making process.	IPFR Commissioning Officer	Ongoing	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>As there has been potentially very limited impact identified it is unnecessary to undertake a more detailed assessment and formal consultation is not required.</p>	N/A	N/A	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>The Policy remains unchanged.</p> <p>It is due to consideration by the QSE Committee. When an IPFR policy is developed or reviewed, this EHIA will form part of that consultation exercise and publication. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			

