

Final Equality Impact Assessment (EIA) Spending NHS money wisely 2

December 2017

About this document

This final equality impact assessment (EIA) takes account of the activities Barking and Dagenham, Havering and Redbridge CCGs have undertaken since the original proposals for Spending Money NHS Wisely 2 was published. The CCGs have undertaken a public consultation on the proposals for Spending NHS Money Wisely 2. As part of the analysis of the feedback from the consultation, the initial published EIA is reviewed and updated here.

The initial EIA considerations for each proposal is reviewed and updated with the results of the subsequent work undertaken by the CCGs.

An equality impact assessment (EIA) is the process of assessing the impact of a proposal and its consequences for equality. There is a legal obligation to undertake EIAs to assess the impact of proposals on equality groups identified by the Equality Act 2010 (called protected characteristics):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Equality analysis is a way of considering the effect on different groups.

This is to:

- consider if there are any unintended consequences for some groups
- consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, contracts, policies or decisions.

Barking and Dagenham, Havering and Redbridge CCGs are subject to the general public sector equality duty required by Section 149 of the Equality Act 2010.

This states that the CCG must “have due regard to the need to:

1. Eliminate discrimination, harassment, victimisation, and any other conduct prohibited by the Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

This involves:

- Removing or minimising disadvantages experienced by people due to their protected characteristics

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Carrying out an equality impact assessment helps the CCG to make sure it has considered the needs of people with protected characteristics.

This means it can:

- identify unintended consequences and mitigate them as far as possible
- actively consider how the proposed change might support the advancement of equality and fostering of good relations.

Introduction

Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCG) are the NHS organisations that plan, design and buy (commission) local health services. We are required to make £55 million of savings this year, having reached a point where we are in deficit and do not have enough money to continue buying all the services in the way we do now.

We want to make sure that services for local people offer the best care possible, in the most appropriate place, at the right time. It is our responsibility to prioritise services for those most in need and make sure that we make the best use of every public penny we spend, so we are considering:

No longer funding:

- Ear wax removal
- Some injections for lower back pain - disc, facet joint and epidural
- Osteopathy

Restricting who is eligible for:

- Cataract surgery
- Podiatry

We are also considering no longer prescribing a range of medications that can be bought cheaply and easily 'over the counter' without a prescription.

They are:

- Antimalarial medicine
- Threadworm medicine
- Sleeping tablets (herbal for short-term use)
- Hay fever medicine
- Travel sickness medicine
- Vitamin D supplements (for maintenance only)
- Probiotic supplements
- Bath oils, shower gels and shampoo (creams for skin conditions would still be prescribed)
- Skin rash creams
- Sunscreens

If all implemented, these proposals could save up to **£4 million** a year.

Demographic profiles

Barking and Dagenham

The overall population of Barking and Dagenham is currently 190,560 people (based on 2012 ONS figures).

Since 2001, Barking and Dagenham has seen rapid population growth, linked to both new housing development and birth rate changes. The population structure has changed significantly with particularly large increases in the numbers of younger people living in the borough. The main component of population change across the London boroughs over the last decade has been and remains natural increase which is the result of having more births than deaths.

There has also been a rapid shift in the proportions of various ethnic groups, with a large decrease in the white British ethnic group and a large increase in the black African ethnic group.

Havering

There are 245,974 people living in Havering and 261,867 people registered with a Havering GP. The people of Havering are generally fairly healthy. Life expectancy is long and residents and visitors to the borough benefit from plenty of high quality parks and open spaces.

As well as increases in the number of births, there has been an increase in the general fertility rate from 54 (per 1,000 women aged 15-44) in 2003 to 66 in 2014. From 2009 to 2014, Havering experienced the largest net inflow of children across all London boroughs, with 4,606 children settling here from another London borough.

Havering is one of the most ethnically homogenous places in London, with 83% of its residents recorded as White British, higher than both London and England. About 90% of the population were born in the United Kingdom. It is projected that the Black African population will increase from 3.8% (2015) to 5.2% in 2030.

The borough has a rate of short-term international migrants of 77 per 100,000 population, the lowest of all London local authorities. About 83% of the traveller caravans in Havering were on unauthorised sites, as at July 2015.

Redbridge

Redbridge has a growing and mobile population. In 2014 the population was estimated to be 293,055 (ONS mid-year estimate). It is predicted that the population will grow by another 40,000 (13.5%) by 2021, with the greatest growth being in numbers of children. By 2021 it is predicted that 28% of the population will be aged under 20 years.

There was a 34% increase in births between 2004 and 2014 although the rate of increase appears to be levelling off. There is projected to be a 19% increase in the numbers of people aged over 85 years by 2021, with a consequent effect on demand for services for this age group.

The population is very ethnically diverse: a majority (63%) of the population is from black and ethnic minority backgrounds with the largest group being of South Asian origin.

Redbridge ranks 138th out of 326 local authorities on 2015 Index of Multiple Deprivation (with 1 being the most deprived), but there is wide variation across the borough with some wards predominantly in the lowest two quintiles for deprivation and some in the highest two quintiles.

Updated assessments

The following tables identify the considerations from the initial EIA and updates those by taking account of the consultation feedback and activities undertaken by the CCGs. The consultation activities reached out to residents, carers, staff and relevant stake holders over an eight week period from 20 September to 15 November 2017. Included in the consultation questionnaire were voluntary questions relating to respondents age, gender and ethnicity. The feedback demonstrated responses from across the adult age groups, proportionately from ethnic backgrounds based on the local population demographic figures, however with a higher proportion of women respondents.

The proposals have been analysed against the protected characteristics to understand any unequal impacts on particular groups. The following tables set out the findings of that analysis, the processes for developing mitigating strategies and the results of the consultation.

1. Antimalarial medication

Antimalarial medicine is used to help prevent malaria infection (a serious tropical disease spread by mosquitoes) when people are travelling in countries where the disease is present (e.g. Central and South America, Africa and Asia). We think travellers should include the cost of anti-malarials in their holiday budgeting, just like they have to include the cost of flights, accommodation and insurance. Medicines can be privately prescribed by a GP or travel clinic, who can advise how to use them.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: While figures show the main group presenting with malaria in London last year was adults, young children are at particular risk if they contract the illness. The change could mean increased costs for parents of children previously in receipt of free prescriptions.	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for families on low incomes which may therefore disproportionately affect children.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	Medium: There were 843 cases of malaria in London in 2016. 80% of cases were in people returning from visiting family in their country of origin. 76% contracted malaria in Africa, with 61% contracting malaria in West African countries ¹ . While only 189 BHR residents were provided with antimalarial medication in a year, it is likely that people of African origin will	The engagement process will explore any specific impacts on particular ethnic communities.	Analysis of the consultation feedback has noted that a higher level of opposition to this proposal was evident from non-White respondents which may be interpreted as confirmation of the initial consideration that people of African origin will be the most disadvantaged by this change. This may also link to other factors such as low income.

¹ [Public Health England \(2017\) Malaria imported into England in 2016](#)

	be the most disadvantaged by any change to prescribing.		
Gender	Low: There were more recorded cases of malaria in men in 2016, but the change to prescribing would apply to all genders equally.	Any unintended impacts will be explored through the consultation process.	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/maternity	None: There are no identified impacts specific to pregnancy/maternity.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

2. Threadworm medicine

Threadworms are tiny worms that infect the intestines of humans and are a common type of worm infection, particularly in young children. The infection is passed from person to person by swallowing the threadworms' eggs. The best way to prevent infection is to wash your hands after going to the toilet. Treatments for threadworm can be bought from a pharmacy, who can advise how to use them.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: Young children have a higher prevalence of threadworm than adults. The change could mean increased costs for parents of children previously in receipt of free prescriptions. Health inequalities may be increased for young children in more deprived households.	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for families and individuals on low incomes which may therefore disproportionately affect children.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/	None: There are no identified impacts	N/A	Feedback did not raise any specific issues

maternity	specific to pregnancy/maternity.		relating to pregnancy/maternity.
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3. Sleeping tablets

Treatments for mild/short-term sleeping problems can be bought over the counter at low cost from supermarkets, pharmacies and other retailers. Sleeping tablets are not guaranteed to work as they do not treat the underlying cause(s) of sleeping problems. By making changes to bedtime habits you can often improve sleeping problems without needing to take medicine. We intend to continue to prescribe sleeping tablets for severe sleeping problems.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: Although insomnia affects around one in three adults, it is particularly common in older people with half experiencing it ² . Pensioners in receipt of free prescriptions may experience higher costs through purchasing over the counter medication if the proposal goes forward. However, sleeping tablets are not guaranteed to work and making changes to bedtime habits may prove to be effective without the need to take medication. Severe conditions will be treated for people encountering severe problems.	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for older people on fixed/low incomes.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	Low: There is an increased likelihood of sleeping problems aligned to mental health problems. If the proposed change is agreed, higher costs could be incurred by those in receipt of free prescriptions if they purchase	Any unintended impacts will be explored through the consultation process.	Feedback did not raise any specific issues relating to disability.

² <http://www.nhs.uk/Conditions/Insomnia/Pages/Introduction.aspx>

	over the counter medication. However, sleeping tablets are not guaranteed to work and making changes to bedtime habits may prove to be effective without the need to take medication. Severe conditions will be treated for people encountering severe problems.		
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no impacts specific to pregnancy/maternity.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

4. Travel sickness medicine

This is used to treat the symptoms of travel sickness (e.g. dizziness, feeling sick and vomiting) that can occur when you are travelling (e.g. in a car, plane or boat). Mild travel sickness can usually be treated with medicine, which can be bought from a pharmacy, who can advise how to use it.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: Motion sickness is more common in children aged 3 – 12. The change could mean increased costs for parents of children previously in receipt of free prescriptions. ³	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for families and individuals on low incomes which may therefore disproportionately

			affect young children.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	Low: Women are more likely to experience motion sickness, particularly when on their period. ³	Any unintended impacts will be explored through the consultation process.	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	Low: Pregnant women are more likely to experience motion sickness. Those in receipt of free prescriptions may be subject to increased costs due to buying over the counter medicine. ³	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

³ <http://www.nhs.uk/Conditions/Motion-sickness/Pages/Introduction.aspx>

5. Hay fever treatments

These tablets, eye drops and nasal sprays are used to treat the symptoms of hay fever (an allergic reaction to pollen), including sneezing, a runny nose and itchy eyes. Hay fever treatments are widely available at low cost from supermarkets, pharmacies and other retailers.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: Although 1 in 5 people suffer from hay fever, children experience the symptoms more than adults ⁴ . The change could mean increased costs for parents of children previously in receipt of free prescriptions. Health inequalities may be increased for young children in more deprived households.	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for families and individuals on low incomes which may therefore disproportionately affect young children.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	Low: Boys are more likely to suffer from hay fever than girls; in adults, genders are equally affected.	Any unintended impacts will be explored through the consultation process.	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific	N/A	Feedback did not raise any specific issues

⁴ <http://www.nhs.uk/Conditions/Hay-fever/Pages/Introduction.aspx>

	to religion.		relating to religion.
Gender reassignment	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

6. Vitamin D for maintenance

Vitamin D is essential for strong bones and should be obtained from sunlight and through food rather than pills. Note: If someone is diagnosed with too little vitamin D (deficiency) their GP will prescribe them a course of supplement tablets. Once they've completed the course of supplements and are found to have enough vitamin D, they can choose if they want to continue taking supplements (i.e. for maintenance). We intend to continue to prescribe vitamin D for deficiency. If people want to take supplements for maintenance, they are widely available at low cost from supermarkets, pharmacies and other retailers.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: In February 2012, the Chief Medical Officers for the United Kingdom published a letter to health professionals to increase awareness of the risk of vitamin D deficiency amongst certain groups. Children under the age of 5 and adults over the age of 65 are more likely to suffer deficiencies. We would continue to provide supplements for those suffering a deficiency, but would like to promote self-help in maintenance of Vitamin D levels. The change could mean increased costs for pensioners and parents of children previously in receipt of free prescriptions. Health inequalities may be increased for young children in more deprived households.	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for families and individuals on low incomes which may therefore disproportionately affect young children.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	Low: People with darker skin are known to have an increased risk of Vitamin D deficiency as a	The engagement process will explore	While the consultation feedback does not raise any specific race/ethnicity-related

	<p>result of them having increased melanin which reduces the skin's ability to absorb and make vitamin D from sunlight. Based on the assumption that darker skins are linked to some ethnicities, this policy may have a negative impact on people of non-white ethnicity groups. People who cover their skin for cultural reasons (not linked to religious beliefs) are also at increased risk of vitamin D deficiency due to reduced sun exposure and so may also be more adversely affected by this policy change. We would continue to provide supplements for those suffering a deficiency, but would like to promote self-help in maintenance of Vitamin D levels. However, higher costs may be incurred by those currently in receipt of free prescriptions.</p>	<p>any specific impacts on particular ethnic communities.</p>	<p>issues for consideration. It does confirm the initial consideration regarding people of darker skin having increased risk of vitamin D deficiency. And to a point where dietary changes and exposure to sunlight may not be sufficient to maintain an appropriate vitamin D level. This would also link with individuals/families on low incomes with regard to affordability.</p>
Gender	<p>Low: The policy change would apply to all genders equally. There may be a higher impact where women are more likely to cover their skin for cultural or religious reasons.</p>	<p>Any unintended impacts will be explored through the consultation process.</p>	<p>Feedback did not raise any specific issues relating to gender.</p>
Sexual orientation	<p>None: There are no identified impacts specific to sexual orientation.</p>	<p>N/A</p>	<p>Feedback did not raise any specific issues relating to sexual orientation.</p>
Religion	<p>Low: People who cover their skin for religious reasons are at increased risk of vitamin D deficiency due to reduced sun exposure and so may also be more adversely affected by this policy change if they are in receipt of Vitamin D through free prescriptions.</p>	<p>Any unintended impacts will be explored through the consultation process.</p>	<p>Feedback did not raise any specific issues relating to religion.</p>
Gender reassignment	<p>None: There are no identified impacts specific to gender reassignment.</p>	<p>N/A</p>	<p>Feedback did not raise any specific issues relating to gender reassignment.</p>
Pregnancy/ maternity	<p>Low: This policy change may negatively impact pregnant women or those who are eligible for the maternity prescription charge exemption if they previously received or are currently in</p>	<p>Any unintended impacts will be explored through the consultation</p>	<p>Feedback did not raise any specific issues relating to pregnancy/maternity.</p>

	receipt of vitamin D supplements on prescription. This is because they will now have to purchase these as part of the self-care agenda, where in the past they would have received these free of charge. However vitamin D would still be prescribed for people with a deficiency.	process.	
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7. Probiotics

There is no evidence to support claims of the health benefits of probiotics (products containing live bacteria and yeasts), such as restoring the natural balance of bacteria in the gut. These are widely available at low cost from supermarkets, pharmacies and other retailers.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	None: There are no identified impacts specific to age.	N/A	Feedback did not raise any specific issues relating to age.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

8. Bath oils, shower gels and shampoos for dry skin or scalp conditions

These are used to help manage dry or scaly skin and scalp conditions. They are widely available at low cost from supermarkets, pharmacies and other retailers. For people with dry or scaly skin and scalp conditions we intend to continue to prescribe creams to treat these.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: Young children and older people are more likely to suffer from dry or scaly skin and scalp conditions. We will continue to provide creams to treat conditions. There may be higher costs incurred by those in receipt of free prescriptions who prefer to purchase over the counter oils, gels and shampoos.	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for families and individuals on low incomes which may therefore disproportionately affect young children and older people.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

9. Skin rash creams

These are used to treat the symptoms (e.g. irritated, scaly, bumpy or itchy skin and/or scalp) of mild skin rashes (e.g. nappy rash, heat rash and chickenpox rash). Treatments are widely available at low cost from supermarkets, pharmacies and other retailers.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: Young children are a key group likely to be receiving skin rash creams on prescription. The change could mean increased costs for parents of children previously in receipt of free prescriptions. Health inequalities may be increased for young children in more deprived households.	Any unintended impacts will be explored through the consultation process.	While the consultation feedback does not raise any specific age-related issues for consideration. It does confirm the initial consideration regarding affordability for families and individuals on low incomes which may therefore disproportionately affect young children.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

10. Sunscreens

Sunscreens are lotions and creams containing a sun protection factor (SPF) that help to protect your skin from burning in the sun. These are widely available at low cost from supermarkets, pharmacies and other retailers.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	None: There are no identified impacts specific to age.	N/A	Feedback did not raise any specific issues relating to age.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback did not raise any specific issues relating to disability.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

11. Ear wax removal

This is the removal of excess wax from the ear canal using a microscope and medical suction device. Wax is produced inside your ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears, causing hearing difficulties. Aural microsuction should only be used as a last resort to remove earwax.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	None: There are no identified impacts specific to age.	N/A	Consultation feedback has raised age-related issues for older people and young children as those who would predominately be affected by this proposal. And making the link to fixed/low incomes that may mean the affects for older people and young children could be disproportionate.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback raised disability-related issues in terms of a disproportionate impact towards hearing aid wearers who and those with long term conditions where over the counter alternatives are not effective. Additionally, making the link to age and older people who are more likely to be impacted disproportionately if their hearing is impaired, resulting in potentially higher level of isolation for these individuals.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific	N/A	Feedback did not raise any specific issues relating to religion.

	to religion.		
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no impacts specific to pregnancy/maternity.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

12. Osteopathy

Osteopathy is a way of detecting, treating and preventing health problems (such as joint pain, sports injuries and arthritis) by moving, stretching and massaging a person's muscles and joints. It does not use medicines or surgery. Osteopathy is considered to be a 'complementary' or 'alternative' medicine (like acupuncture, homeopathy and hypnotherapy) and although osteopaths may use some conventional medical techniques, its use is not always based on scientific evidence. If this change were to go ahead GPs would still be able to refer patients for specialist treatment, for example to see a physiotherapist or attend a pain management clinic. Osteopathy is only funded in Redbridge.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: It is possible older people are more likely to use osteopathy and may be unequally impacted by this proposal.	The consultation will explore any unintended impacts arising from this proposed change.	Feedback did not raise any specific issues relating to age.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	Low: It is possible people with disabilities are more likely to use osteopathy and may be unequally impacted by this proposal.	The consultation will explore any unintended impacts arising from this proposed change.	Feedback raised issues that should be considered under disability with multiple respondents highlighting the effectiveness of osteopathy in treating their neck/back complaints without which they may have required further medical intervention.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no	N/A	Feedback did not raise any specific issues relating to religion.

	identified impacts specific to religion.		
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no impacts specific to pregnancy/maternity.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

13. Some injections for back pain

These injections are intended to temporarily relieve pain, tingling and numbness resulting from irritation in the lower back. The injections we propose no longer funding are:

- Spinal disc injections (circular pads of connective tissue between the vertebrae)
- Facet joint injections (small joints located between and behind the vertebrae)
- Epidural injections for spinal claudication (walking difficulties or pain, discomfort, numbness, or tiredness in the legs that occurs during walking and/or standing).

If this change were to go ahead, GPs would still be able to refer patients to a musculoskeletal physiotherapist for treatment and if needed, to the specialist pain management clinics at local hospitals.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no identified impacts specific to age.	The consultation will explore any unintended impacts arising from this proposed change.	Feedback did not raise any specific issues relating to age.
Marriage/ civil partnership	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no identified impacts specific to disability.	The consultation will explore any unintended impacts arising from this proposed change.	Feedback raised issues that should be considered under disability with multiple respondents highlighting the effectiveness of injections for back pain without which they would require further medical intervention. Also, identifying that back pain can be disabling and so causing people to become more vulnerable.
Race and ethnicity	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will	N/A	Feedback did not raise any specific issues relating to race or ethnicity.

	continue to be offered, there are no identified impacts specific to race or ethnicity.		
Gender	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: As this change is proposed due to limited evidence of effectiveness, and alternative treatments will continue to be offered, there are no impacts specific to pregnancy/maternity.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

14. Podiatry

We're proposing restricting who can have NHS-funded routine podiatry such as corn and callus care and toenail cutting, so that it would only be available to people who have an underlying medical condition such as diabetes or rheumatoid arthritis.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	Low: It is possible that older people are more likely to use podiatry services and could experience an unequal impact from policy changes.	Older people's groups will be targeted through engagement to understand any unintended consequences.	Feedback raised issues relating to age for older people as the group most likely to be negatively affected by this proposal. Also, highlighting the link between older people and fixed/low income and therefore the affordability of alternatives if this proposal is implemented.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	Low: It is possible that people with some forms of disability are more likely to use podiatry services and could experience an unequal impact from policy changes.	Disability groups will be targeted through the engagements for the consultation to understand any unintended consequences.	Feedback raised issues relating to disability, highlighting the vulnerable group of people likely to be affected by this proposal include older people, which in turn gives a higher likelihood of physical restrictions prohibiting effective self-care. Also, highlighting those with disabilities, either physical or non-physical as more likely to be negatively affected depending on the criteria used to identify an underlying medical condition, as there are many conditions which could mean individuals cannot are less able to undertake self-care.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified	N/A	Feedback did not raise any specific issues

	impacts specific to gender.		relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified impacts specific to religion.	N/A	Feedback did not raise any specific issues relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no impacts specific to pregnancy/maternity.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

15. Cataracts

We're proposing restricting who can have NHS-funded cataract surgery. Full details of the proposed eligibility criteria are included in the Spending NHS Money Wisely 2 consultation document. These restrictions are designed to ensure cataract surgery continues to be available to those who would otherwise have their ability to work or participate in society curtailed.

Protected groups	Initial EIA considerations	Initial EIA recommendations/ mitigating actions	Update following consultation
Age	High: Cataracts are predominantly an age-related condition. Older people will be unequally impacted by this proposal. Those on lower incomes, who cannot afford private surgery, may be subject to increased health inequalities and a lower quality of life.	Engagement will specifically target older people's groups to understand any unintended consequences.	Feedback raised issues relating to age for older people as the group most likely to be negatively affected by this proposal. Also, highlighting the link between older people and fixed/low income and therefore the affordability of private treatments. This confirms the initial considerations of a high impact for older people and related health inequalities.
Marriage/ civil partnership	None: There are no identified impacts specific to marriage or civil partnership.	N/A	Feedback did not raise any specific issues relating to marriage/civil partnership status.
Disability	None: There are no identified impacts specific to disability.	N/A	Feedback raised issues relating to disability, highlighting the increase in vulnerability of older people with decreasing sight due to cataracts which may increase levels of slips/trips/falls, impact ability to engage in community life and live independently.
Race and ethnicity	None: There are no identified impacts specific to race or ethnicity.	N/A	Feedback did not raise any specific issues relating to race or ethnicity.
Gender	None: There are no identified impacts specific to gender.	N/A	Feedback did not raise any specific issues relating to gender.
Sexual orientation	None: There are no identified impacts specific to sexual orientation.	N/A	Feedback did not raise any specific issues relating to sexual orientation.
Religion	None: There are no identified	N/A	Feedback did not raise any specific issues

	impacts specific to religion.		relating to religion.
Gender reassignment	None: There are no identified impacts specific to gender reassignment.	N/A	Feedback did not raise any specific issues relating to gender reassignment.
Pregnancy/ maternity	None: There are no impacts specific to pregnancy/maternity.	N/A	Feedback did not raise any specific issues relating to pregnancy/maternity.

Overall recommendations

Given the number of proposals that are included within Spending NHS Money Wisely 2 and the level of feedback received during the consultation period which has either;

- Confirmed the initial EIA considerations or,
- Highlighted further issues for consideration.

It is advised that the BHR CCGs take the following overarching recommendations into consideration when making their decisions:

- **Prescribing proposals;** if implemented, to monitor the effect these changes have and assess whether low/fixed income has a disproportionately negative effect on the related health outcomes for local residents.
- **Rationale;** feedback identified possible links to socio-economic deprivation and ability for local residents to acquire alternatives to being prescribed these medications by a GP. Socio-economic deprivation is known to be linked to health inequalities amongst minority communities and therefore some protected characteristics including age, disability and race/ethnicity.

Next steps

This is the updated EIA, taking into account the feedback from the consultation activities. This will be included, along with the report on the consultation feedback, in the decision-making business case for Spending NHS Money Wisely 2 which will go to the BHR CCGs Governing Bodies for consideration.