

Equality Impact and Risk Assessments

Pan Merseyside Policy Review - Secondary Care administered steroid peripheral joint injections
Midlands and Lancashire CSU

Current Status

Stage 1 Submitted

Review Date

12/12/2017

Person Responsible

Harinder Sanghera

Service

Policy review amendment to describe when joint injections in secondary care will be commissioned.

Service Area

Individual Funding Request / Individual Patient
Activity Procedure for Lower Clinical Value

Project Lead

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Explanation

Steroids are a man-made version of hormones which when injected, can reduce inflammation (swelling). This can help relieve pain and stiffness so is often used to treat joint pain and arthritis. This document is part of the Suite 3 Policy review currently being undertaken by the Pan Merseyside and Cheshire CCG's. The aim of this policy review is to outline current activity across the region from a data perspective; outline the core criteria set across CCG's engaged in the policy review; and capture views on the current policy from an IFR panel perspective. The CCGs that are part of this review are: NHS Halton CCG NHS Liverpool CCG NHS St. Helens CCG NHS South Sefton CCG NHS Southport and Formby CCG NHS Warrington CCG This Stage 1 Assessment has been written by the MLCSU Equality and Inclusion team.

Assessment

Equality Impact

1	Does this issue plan to withdraw a service, activity or presence?	
<p>No. This assessment is based on a reviewed Pan Merseyside and Cheshire policy for the commissioning of treatments for secondary care administered steroid joint injections.</p>		
2	Does this issue plan to reduce a service, activity or presence?	
<p>No. The review work should not reduce the number of appropriate steroid injections provided to patients where appropriate.</p>		
3	Does this issue plan to introduce or increase a charge for Service?	
<p>No. There is no plan to introduce a charge for this treatment.</p>		
4	Does this issue plan to make a change to a commissioned service?	
<p>Possibly - there are currently a high number of steroid joint injections provided within secondary care. The current policy under review notes that this should only be undertaken in a primary care setting unless ultrasound guidance is needed or part of another procedure. The reviewed policy provided greater clarity for clinicians of when it is appropriate for this treatment within secondary care. This clarity is expected to shift this treatment increasingly into primary care settings that offer a MSK steroid injection service. Or as outpatient / radiology department under relevant OPD tariff.</p>		
5	Does this issue plan to introduce, review or change a policy, strategy or procedure?	

<p>Yes. It is expected that the steroid injection is performed in Primary Care either by the patient's own GP Practice, or another Practice able to perform the injection unless:</p> <ul style="list-style-type: none"> •The recommended number of landmark-sited injections have been undertaken in Primary Care have failed •A single 'blind' attempt has been made and failed in those with indiscernible landmarks <p>Practices that are unable to provide an 'in-house' MSK steroid injection are able to refer to other Practices for the MSK steroid injections. Provision of joint injections for pain in Secondary care will only be commissioned in the following circumstances:</p> <ul style="list-style-type: none"> •Failed steroid injection in Primary Care or inappropriate to be performed in a Primary Care setting. •Injections due to the need for image guidance. (See below) •Only one injection will be commissioned as a diagnostic procedure if not undertaken already in Primary Care if surgery on a specific joint is likely to be indicated. Repeat injections will not be commissioned. 		
6	Does this issue plan to introduce a new service or activity?	
<p>No. This treatment is currently available to patients in both primary and secondary care settings. This will remain unchanged.</p>		
7	Is this primarily about improving access to, or delivery of a service?	
<p>No. Access to this treatment should remain unchanged by the review work however the revised policy will result in greater consistency across clinicians providing this treatment across Primary Care settings and Secondary Care.</p>		
8	Does this affect Employees or levels of training for those who will be delivering the service?	
<p>Yes: Clinicians within primary care that do not currently offer MSK steroid injections may wish to consider providing this in the future in order to reduce referrals into secondary care. Staff within secondary care will need to be aware of the policy clarifications in order to administer the correct tariff. JM to query if this number is known.</p>		
9	Does this issue affect Service users?	

Yes: The clarification within the revised policy may impact on patients that currently are referred into secondary care for this treatment. It may also impact them through being referred to the appropriate clinic / outpatient clinic if they are receiving the treatment within secondary care. The policy group do not envisage that there will be negative impacts on patients however engagement feedback may help clarify whether there might be adverse impact for service users. The patient groups likely to be suitable for this treatment include people that experience pain and stiffness in their joints. These may include people with arthritis and auto immune conditions such as Multiple Sclerosis (MS). Source: <https://www.nhs.uk/conditions/steroid-injections/> These patients may be more likely to be older - especially for conditions of Arthritis.

10	<p>Can you foresee a negative impact on any Protected Characteristic Group(s)? If YES please state what these could be.</p>	
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No: the policy review group do not think that the revised policy should cause any negative impact on patients, however this assessment recommends that engagement work will highlight any negative impacts. The group of patients likely to be affected by this policy are those that may fall into the protected group of 'disability'.

Equality Risk

11	<p>Have you got any general intelligence (research, consultation, etc.)? If YES please list any related documents.</p>	
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NHS Choices: <https://www.nhs.uk/conditions/steroid-injections/> Patient Info: <https://patient.info/health/steroid-injections>

12	<p>Have you got any specific intelligence (research, consultation, etc.)? If YES please list any related documents.</p>	
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JM to query if there is further information on how many primary care settings do not offer a MSK steroid injection service.

13	<p>Have you taken specialist advice? (Legal, E&I Team, etc). If YES please state.</p>	
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<p>Yes: The policy has undergone review with clinicians. The policy group have access to legal advice. The group have access to advice and guidance from Midlands and Lancashire CSU Equality and Inclusion team. Review work also involves guidance from the MLCSU Communication and Engagement team who are overseeing engagement activities.</p>		
14	<p>Have you considered your Public Sector Equality Duty? <i>Please provide a rationale.</i></p>	
<p>Yes: The policy review group have considered the potential impact of this policy on staff and patients in line with people with protected characteristics. This is ongoing and engagement work is planned in order to assess any potential impacts on patients.</p>		
15	<p>Do you plan to publish your information? <i>Include any "Decision Reports"</i></p>	
<p>Yes: Policy and any equality impact assessments will be made available to the public.</p>		
16	<p>Can you minimise any negative effect? <i>Please state how.</i></p>	
<p>Yes: The policy has been subject to engagement work with G.P's. Further engagement work is recommended to gain the view of patients.</p>		
17	<p>Do you have any supporting evidence? <i>If YES please list the documents.</i></p>	
<p>No: there is limited supporting evidence - however the engagement work should supplement evidence of any impacts - whether these be positive or negative.</p>		
18	<p>Have you/will you engage with affected staff and users on these proposals?</p>	
<p>Yes: The policy group has undertaken review of proposed changes within the revised policy. This has involved engagement with G.P's, Service Providers and Clinicians. This assessment recommends further engagement with patients.</p>		

Human Rights Impact

19	Will the policy/decision or refusal to treat result in the death of a person?	
No. Refusal of this treatment should not result in the death of a person.		
20	Will the policy/decision lead to degrading or inhuman treatment?	
No. Refusal of this treatment should not result in the death of a person. In the event of primary care settings not offering this treatment, a patient would be able to access through appropriate secondary care clinic.		
21	Will the policy/decision limit a person's liberty?	
No. The policy should not limit a person's liberty.		
22	Will the policy/decision interfere with a person's right to respect for private and family life?	
No. The policy should not interfere with a person's right to respect for private and family life.		
23	Will the policy/decision result in unlawful discrimination?	
No. The policy should not lead to unlawful discrimination. Exceptional cases will be assessed through applications to the Individual Funding Request process.		
24	Will the policy/decision limit a person's right to security?	
No. The policy should not limit a person's right to security.		
25	Will the policy/decision breach the positive obligation to protect human rights?	
No. The policy should not breach human rights.		
26	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	

No. The policy should not limit a person's right to a fair trial.

27	Will the policy/decision interfere with a person's right to participate in life?
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No. The policy should not interfere with a person's right to participate in life.

Stage 2 Details

Equality Policies

No files uploaded

Equality Other

No files uploaded

Human Rights

No files uploaded

Additional Files

No files uploaded

Comments

Assessment Comment

Stage 2 EIA will be completed to fully assess any impacts on patients / carers. This assessment recommends that engagement work is carried out with patient groups that may be affected by this policy.

18/05/2018

MULLOY, JENNIFER

Approval Comment

No comment saved

Stage 2 Comment

No comment saved

Last Activation Comment

No comment saved

Last Deactivation Comment

No comment saved