

Joint Comprehensive Impact Analysis (JCIA) Draft v0.2 - (replaces the previous CC CIA and NHS Kernow Equality Impact Assessment)				
If you have more than one selection from the drop down menus below, please use the free text box alongside to include your additional information. Please also expand free text box if you wish to provide additional information. Thank you.				
Person/s responsible for the assessment			Nicky Hughes, Elective Care Programme Lead	
Lead organisation			NHS Kernow	
Name of policy/service to be assessed	Annual MRI Breast Screening (new) (criteria based access policy) Breast Asymmetry (existing) (not routinely commissioned policy) Breast Augmentation (existing) (not routinely commissioned policy) Breast Lift (Mastopexy) (existing) (not routinely commissioned policy) Breast Reduction (existing) (not routinely commissioned policy) Dilatation and Curettage for Heavy Menstrual Bleeding (existing) (criteria based access policy) Elective Caesarean Section for Non-Clinical Reasons (existing) (not routinely commissioned policy) Female Sterilisation (existing) (criteria based access policy) Hymenorrhaphy (existing) (not routinely commissioned policy) Hysterectomy for Heavy Menstrual Bleeding (existing) (criteria based access policy) Labioplasty (existing) (not routinely commissioned policy) Mirena Coils (existing) (criteria based access policy) Reversal of Female Sterilisation (existing) (not routinely commissioned policy) Revision Mammoplasty (existing) (criteria based access policy) Routine Doppler Ultrasound of Umbilical and Uterine Artery in Antenatal Care (existing) (not routinely commissioned policy) Vaginoplasty (existing) (not routinely commissioned policy)	Date of assessment	15/06/2018 Updated - 09/12/19	Is this a new or existing policy/service? New/existing
1. General Background Information:				
1.1 Reason for undertaking JCIA				
Change to policy/procedures		New commissioning policies have been developed/existing commissioning policies were due to be reviewed.		
1.2 What is the purpose of the policy/service change/development				
Change to policy/procedures		New commissioning policies have been developed/existing commissioning policies were due to be reviewed, therefore, needed to ensure that NHS Kernow fund treatment only for clinically effective interventions delivered to the right patients.		
1.3 Anticipated timetable for decision				
Less than 1 month				
1.4 What areas will this impact?				
Cornwall wide		Will also impact the Isles of Scilly.		
1.5 Which of the Strategic Objectives does this JCIA apply to?				
All three		To ensure that NHS Kernow fund treatment only for clinically effective interventions delivered to the right patients. NHS Kernow sets out the treatments deemed to be of insufficient priority to justify funding from the available fixed budget. The commissioning policies will be kept under regular review, to ensure that they reflect developments in the evidence base regarding clinical and cost effectiveness.		
1.6 What are the commissioning arrangements?				
Solo health		Commissioners, General Practitioners, service providers and clinical staff treating females of Cornwall and the Isle of Scilly will implement these commissioning policies.		
1.7 Who implements the policy/service?				
Acute health		Planned Care Programme.		
1.8 Who benefits/is intended to benefit from this policy/service? Please give age and brief description of cohort				
All female patients registered with a GP practice in Cornwall and the Isles of Scilly will be able to access treatment if they meet the commissioning policies patient eligibility criteria, policies can be found here: https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/treatment-policies/ However, if the policy is not routinely commissioned, requests for individual funding will not normally be considered, unless the circumstances fulfil the strict criteria for exceptionality as defined within the current policy for determining Individual Funding Requests (IFR), in which case they may be submitted for consideration with the framework and process outlined in the IFR policy (available here: www.kernowccg.nhs.uk/get-info/individual-funding-requests/). The following data is available:				
Annual MRI Breast Screening (new) - No appropriate codes to allow monitoring of this policy Breast Asymmetry (existing) - From 1 April 2018 to 30 September 2019 - 35 females have had the procedure Breast Augmentation (existing) - From 1 April 2018 to 30 September 2019 - 35 females have had the procedure Breast Lift (Mastopexy) (existing) - From 1 April 2018 to 30 September 2019 - 14 females have had the procedure Breast Reduction (existing) - From 1 April 2018 to 30 September 2019 - 41 females have had the procedure Dilatation and Curettage for Heavy Menstrual Bleeding (existing) - From 1 April 2018 to 30 September 2019 - 2 females have had the procedure Elective Caesarean Section for Non-Clinical Reasons (existing) - From 1 April 2018 to 30 September 2019 - 288 females have had the procedure Female Sterilisation (existing) - From 1 April 2018 to 30 September 2019 - 55 females have had the procedure Hymenorrhaphy (existing) - No appropriate codes to allow monitoring of this policy Hysterectomy for Heavy Menstrual Bleeding (existing) - From 1 April 2018 to 30 September 2019 - 437 females have had the procedure Labioplasty (existing) - From 1 April 2018 to 30 September 2019 - 2 females have had the procedure Mirena Coils (existing) - From 1 April 2018 to 30 September 2019 - 816 females have had the procedure Reversal of Female Sterilisation (existing) - From 1 April 2018 to 30 September 2019 - 3 females have had the procedure Revision Mammoplasty (existing) - From 1 April 2018 to 30 September 2019 - 59 females have had the procedure Routine Doppler Ultrasound of Umbilical and Uterine Artery in Antenatal Care (existing) - From 1 April 2018 to 30 September 2019 - 1677 females have had the procedure Vaginoplasty (existing) - From 1 April 2018 to 30 September 2019 - 0 females have had the procedure				
Where patients do not meet the exception criteria, these can be determined from secondary uses service (SUS) data, but these may still meet the permitted criteria, but an audit would need to be undertaken.				
1.9 What Health and Social Care outcomes are achieved/wanted from this policy/service?				
Support lifelong wellbeing		Supports access to treatment if females meet the patient eligibility criteria.		
1.10 How will/are the above monitored?				
Data on request		Data will be requested through NHS Kernow's business and intelligence team.		
1.11 Who are the main stakeholders in relation to the policy/service?				
Patients		Females are the main stakeholders for these commissioning policies. Other stakeholders include RCHT, PHNT and General Practices.		
1.12 Is there clinical evidence for effectiveness of the service/policy?				
Yes, national		These commissioning policies are available from other Clinical Commissioning Groups in the South West, therefore, NHS Kernow has developed these commissioning policies to align with them.		
1.13 Does this policy/service link to Health and Social Care overall strategy for the next 5 years (2015 - 2020) and current direction of travel for Integrated Communities?				
Yes, partly		Part of the Five Year forward view: "Some parts of the country will be able to continue commissioning and providing high quality and affordable health services using their current care models, and without any adaptation ...However, previous versions of local "five year plans" by provider trusts and CCGs suggest that many areas will need to consider new options if they are to square the circle between the desire to improve quality, respond to rising patient volumes, and live within the expected local funding".		
2. Engagement				
2.1 How have you engaged stakeholders in gathering or testing the evidence available?				
Other		Commissioning policies were shared through email with the Citizens Advisory Panel, Elective Care Clinical Leads, Referral Management Service GP Sifters, Public Health, GP Practices in Cornwall and the Isles of Scilly and Secondary Care Clinicians to review. Face to face meetings took place as required.		
2.2 What is the experience of individuals who access the service?				
Neutral				
2.3 How have you engaged stakeholders in testing the policy/service proposals?				
Other		Commissioning policies were shared through email with the Citizens Advisory Panel, Elective Care Clinical Leads, Referral Management Service GP Sifters, Public Health, GP Practices in Cornwall and the Isles of Scilly and Secondary Care Clinicians to review. Face to face meetings took place as required.		
2.4 For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs				
Elective Care Clinical Leads, Referral Management Service GP Sifters, Public Health, GP Practices in Cornwall and the Isles of Scilly and Secondary Care Clinicians, through email, and face to face meetings as required. Comments and feedback received were considered before final commissioning policy amended. The commissioning policies were also shared through email with the Citizens Advisory Panel who advised that they can only comment on process rather than content, as unable to provide a clinical opinion.				
3. Impact Upon Access to Services				
Aspect	+ or - impact	Details	Plans to minimise negative impact	
Eligibility of people to receive the service	Negative	Patients will need to meet the patient eligibility criteria. No previous commissioning policy in place, therefore, new policy means restrictions introduced. Other commissioning policies have been strengthened where clinically necessary.	Will continue to actively review when and why referrals are rejected, any correspondence (or complaints) received, activity levels and any unintended consequences of these policies on a regular basis. We will also continue to monitor the national situation to ensure the policies and procedures are in line with national best practice and guidance.	

Ability of people to access the service	Negative	Patients will need to meet the patient eligibility criteria. No previous commissioning policy in place, therefore, new policy means restrictions introduced. Other commissioning policies have been strengthened where clinically necessary.	Will continue to actively review when and why referrals are rejected, any correspondence (or complaints) received, activity levels and any unintended consequences of these policies on a regular basis. We will also continue to monitor the national situation to ensure the policies and procedures are in line with national best practice and guidance.
Waiting times to receive service	Neutral	New or revised commissioning policy will not directly affect the waiting time to receive the service. Target is still 18 weeks.	
Longer term sustainability of the service	Negative	Patients will need to meet the patient eligibility criteria. No previous commissioning policy in place, therefore, new policy means restrictions introduced. Other commissioning policies have been strengthened where clinically necessary.	Will continue to actively review when and why referrals are rejected, any correspondence (or complaints) received, activity levels and any unintended consequences of these policies on a regular basis. We will also continue to monitor the national situation to ensure the policies and procedures are in line with national best practice and guidance.
Reducing health inequalities	Neutral	All patients treated equally against the patient eligibility criteria.	

4. Impact upon Quality of Services

Aspect	+ or - impact	Details	Plans to minimise negative impact
Clinical performance/outcomes	Neutral	Providers are expected to undertake procedures as according to NICE guidance and national performance and outcome targets.	
Statutory NHS targets	Neutral	18 weeks target still applies. It will be expected that patients will be seen within the agreed referral to treatment timelines.	
Patient Choice	Neutral	Patients will continue to have choice of provider through the Referral Management Service.	
Cohesion with wider services	Neutral	Patients will continue to have access to ancillary services where deemed necessary.	
Operational effectiveness	Neutral	No impact identified.	

5. Impact Upon Patients and Carers

Aspect	+ or - impact	Details	Plans to minimise negative impact
Patient care standards	Neutral	Providers are expected to undertake procedures as according to NICE guidance and national performance and outcome targets.	
Patient safety	Neutral	Providers are expected to follow all clinical safety guidelines in line with NHS constitution.	
Privacy and dignity	Neutral	No impact identified.	
Patient care journey/pathway	Negative	Those that qualify will see no impact to patient care journey/pathway. For those not eligible pathway may stop.	Will continue to actively review when and why referrals are rejected, any correspondence (or complaints) received, activity levels and any unintended consequences of these policies on a regular basis. We will also continue to monitor the national situation to ensure the policies and procedures are in line with national best practice and guidance.
Patient experience	Negative	Those that qualify will see no impact to patient experience. For those not eligible patient experience will be severely impacted.	Will continue to actively review when and why referrals are rejected, any correspondence (or complaints) received, activity levels and any unintended consequences of these policies on a regular basis. We will also continue to monitor the national situation to ensure the policies and procedures are in line with national best practice and guidance.
Carer experience	Negative	Those that qualify will see no impact to carer experience. For those patients not eligible carer experience will be severely impacted.	Will continue to actively review when and why referrals are rejected, any correspondence (or complaints) received, activity levels and any unintended consequences of these policies on a regular basis. We will also continue to monitor the national situation to ensure the policies and procedures are in line with national best practice and guidance.
Psychological	Negative	Those that qualify will see no psychological impact as a result of the policy changes. For those patients not eligible there may be negative psychological effect.	Will continue to actively review when and why referrals are rejected, any correspondence (or complaints) received, activity levels and any unintended consequences of these policies on a regular basis. We will also continue to monitor the national situation to ensure the policies and procedures are in line with national best practice and guidance. Patients must also be aware of the mental health services and psychological support/counselling services that are available to them.

6. Impact Upon Wider Community

Aspect	+ or - impact	Details	Plans to minimise negative impact
Local economy	Neutral	No impact identified.	
Transport	Neutral	No impact identified.	
Community safety/crime and disorder	Neutral	No impact identified.	
Environment	Neutral	No impact identified.	
Social Care	Neutral	No impact identified.	
Cohesion with community strategy	Neutral	No impact identified.	
Technology	Neutral	No impact identified.	
Safeguarding	Neutral	No impact identified.	
Information management	Neutral	No impact identified.	
Rural isolation	Neutral	No impact identified.	

7. Impact Upon Wider System Partners - Has consideration been given to sharing proposed changes with the Systems Resilience Group and Weekly Senior Operational Group?

Aspect	+ or - impact	Details	Plans to minimise negative impact
Primary Care	Negative	By limiting the procedures some patients will need to be managed in primary care.	Clear referral guidelines in line with the policies will manage GP expectations pre-referral and therefore reduce unexpected demand.
Kernow Health CIC	Neutral	No impact identified.	
Cornwall 111 Integrated Urgent Care Service	Neutral	No impact identified.	
SWASFT 999	Neutral	No impact identified.	
EZEC Transport	Neutral	No impact identified.	
RCHT	Positive	Some procedures may see a reduction in demand. This may be a positive impact in increasing capacity for those procedures that do qualify.	
UHP	Positive	Some procedures may see a reduction in demand. This may be a positive impact in increasing capacity for those procedures that do qualify.	
Care Homes	Neutral	No impact identified.	
Domiciliary Care Providers	Neutral	No impact identified.	
Hospice Providers	Neutral	No impact identified.	
Cornwall Foundation Trust	Positive	No impact identified.	
Other System Partners - please specify and add lines as necessary	N/A	No impact identified.	

8. Impact on protected characteristics

Aspect	+ or - impact	Details	Plans to minimise negative impact
Race: Consider people's race, colour and nationality. Including Gypsy, Roma, Traveller communities, refugees, asylum seekers, ethnic minorities, language barriers	Neutral	There is no evidence requests for these procedures are linked to race; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of race.	
Sex: Consider men and women (potential to link to carers below).	Neutral	There is no evidence requests for these procedures are linked to sex; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of sex. The revision mammoplasty policy does not apply to women who have undergone breast reconstruction following surgery for cancer.	

Disability: Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.	Neutral	There is no evidence requests for these procedures are linked to disability; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of disability.	
Sexual orientation: Consider heterosexual people as well as lesbian, gay and bisexual people.	Neutral	There is no evidence requests for these procedures are linked to sexual orientation; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of sexual orientation.	
Age: Consider across age ranges, including on older and younger people. This can include safeguarding, consent and child welfare.	Neutral	There is no evidence requests for these procedures are linked to age; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of age. Annual MRI breast screening are not normally offered to patients before their 20th birthday, patients eligible are aged 20 to 29, 30 to 49, 5-69. Aged 870 above are not normally funded. In relation to the female sterilisation policy additional care must be taken when counselling people under 30 years of age or people without children who request sterilisation.	
Religion or belief: Consider people with different religions, beliefs or no belief.	Neutral	There is no evidence requests for these procedures are linked to religion or belief; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of religion or belief.	
Marriage/civil partnership: Consider people who are married, not married, in a civil partnership, not in a civil partnership.	Neutral	There is no evidence requests for these procedures are linked to marriage/civil partnership; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of marriage/civil partnership.	
Gender reassignment (including transgender): Consider transgender people. This can include issues such as privacy of data and harassment.	Neutral	There is no evidence requests for these procedures are linked to gender; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of gender.	
Pregnancy and maternity: Consider working arrangements, part-time working, infant caring responsibilities.	Neutral	There is no evidence requests for these procedures are linked to pregnancy and maternity; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of pregnancy and maternity.	
Other identified group: Carers: Consider part-time working, shift-patterns, general caring responsibilities.	Neutral	There is no evidence requests for these procedures are linked to other identified groups; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of identified group.	
Other identified groups: Consider veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.	Neutral	There is no evidence demand for these procedures is linked to any identified group; all females who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of identified group.	

8.1 Eliminate discrimination, harassment and victimisation: Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).	
All females who satisfy the patient eligibility criteria will be entitled to the procedure regardless of any protected characteristic.	
8.2 Advance equality of opportunity: Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).	
All females who satisfy the patient eligibility criteria will be entitled to the procedure regardless of any protected characteristic.	
8.3 Promote good relations between people with protected characteristics: Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).	
All females who satisfy the patient eligibility criteria will be entitled to the procedure regardless of any protected characteristic.	
8.4 Addressing the impact on equalities: Supply an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.	
No inequalities identified.	

9. Financial Aspect			
Aspect	+ or - impact	Details	Plans to minimise negative impact
Implications for NHS Commissioning organisations	Positive	By limiting the service to those with a demonstrated clinical need, we reduce unnecessary procedures and therefore unnecessary cost.	
Implications for NHS provider organisations	Positive	By limiting the service to those with a demonstrated clinical need, we reduce unnecessary procedures and therefore unnecessary cost.	
Implications for health community	Positive	By limiting the service to those with a demonstrated clinical need, we reduce unnecessary procedures and therefore unnecessary cost.	
Implications for Peninsula	Positive	By limiting the service to those with a demonstrated clinical need, we reduce unnecessary procedures and therefore unnecessary cost.	
Implications for Local authorities	Neutral	No impact identified.	
Implications for voluntary sector	Neutral	Some patients may require support where they do not qualify for a procedure.	
Implications for private sector	Positive	If patients choose to privately fund an intervention that is not normally funded by NHS Kernow, they will retain their entitlement to other elements of NHS care. For example, if they privately fund a cancer drug or cancer intervention not normally funded by NHS Kernow they will retain their entitlement to all the other elements of cancer care that other residents of Cornwall and Isle of Scilly receive free of charge. However when patients are privately funding an intervention, they are responsible for all the costs associated with that intervention, including Consultant costs and diagnostics. They are therefore unable to receive a mixture of privately funded and NHS Kernow's funded care within the same appointment or intervention - they cannot 'top-up' NHS Kernow's funded appointment or intervention by paying for an additional intervention to be provided or monitored during the same consultation.	

Implications for individual/carer	Negative	If patients choose to privately fund an intervention that is not normally funded by NHS Kernow, they will retain their entitlement to other elements of NHS care. For example, if they privately fund a cancer drug or cancer intervention not normally funded by NHS Kernow they will retain their entitlement to all the other elements of cancer care that other residents of Cornwall and Isle of Scilly receive free of charge. However when patients are privately funding an intervention, they are responsible for all the costs associated with that intervention, including Consultant costs and diagnostics. They are therefore unable to receive a mixture of privately funded and NHS Kernow's funded care within the same appointment or intervention - they cannot 'top-up' NHS Kernow's funded appointment or intervention by paying for an additional intervention to be provided or monitored during the same consultation.	Patients still have the opportunity to apply through the Individual Funding Request route if they do not meet the eligibility criteria. However, if the policy is not routinely commissioned, requests for individual funding will not normally be considered, unless the circumstances fulfil the strict criteria for exceptionality as defined within the current policy for determining Individual Funding Requests (IFR).
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10. Anticipated Climate of Opinion

Aspect	+ or - impact	Details	Plans to minimise negative impact
Clinical opinion	Mixed	The policies are supported by clinicians, however there is a need for GPs to follow the policies and manage expectations for patients.	Good communication through the Referral Management Service and publication of policies and clinical sifting.
Local community	Neutral	No impact identified.	
Political	Negative	Constituents may appeal direct to MPs. Restrictions on NHS services and current NHS finances remain a highly politicised issue.	Clear communication on changes and reasoning behind them to manage expectations and mitigate negative experience. Engagement with MPs is recommended to ensure that they are aware of situation and justifications.
Media	Negative	Some patients who do not satisfy the patient eligibility criteria may engage in contacting the media.	Clear communication on changes and reasoning behind them to manage expectations and mitigate negative experience.
Staff	Negative	Some patients who do not satisfy the patient eligibility criteria may engage in complaints and queries, leading to an increase in communication to staff.	Already have a complaints procedure in place.

11. Any Other impact not Identified Above

Aspect	+ or - impact	Details	Plans to minimise negative impact
None identified			

12. Impact on Core Human rights Values of: Fairness, Respect, Equality, Dignity, Autonomy - for Health Project consideration

Which of the Human Rights Articles does this document impact?	Yes	No	Plans to minimise negative impact
To life		✓	
Not to be tortured or treated in an inhuman or degrading way		✓	
To be free from slavery or forced labour		✓	
To liberty and security		✓	
To a fair trial		✓	
To no punishment without law		✓	
To respect for private and family life, home and correspondence		✓	
To freedom of thought, conscience and religion		✓	
To freedom of expression		✓	
To freedom of assembly and association		✓	
To marry and found a family		✓	
To an effective remedy		✓	
Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention		✓	
To peaceful enjoyment of possessions		✓	
To education		✓	
To free and fair elections		✓	