



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		Date of assessment	15-Jun-18	Is this a new or existing policy/service?	New/Existing
Abdominoplasty or Apronectomy (existing) (not routinely commissioned policy)					
Alfa Pumps for the Removal of Ascites Due to Liver Disease (new) (criteria based access policy)					
Benign Skin Lesions (existing) (not routinely commissioned policy)					
Blepharoplasty (existing) (criteria based access policy)					
Bunion Surgery (existing) (criteria based access policy)					
Carpal Tunnel Syndrome (existing) (criteria based access policy)					
Cataract Surgery (new) (criteria based access policy)					
Chronic Fatigue Syndrome (new) (criteria based access policy)					
Closure of Patent Foramen Ovale for Migraine (new) (not routinely commissioned policy)					
Complementary Medicines/Therapies (existing) (not routinely commissioned policy)					
Congenital Vascular Lesions (existing) (not routinely commissioned policy)					
Continuous Positive Airway Pressure for the Treatment of Obstructive Sleep Apnoea/Hypopnoea Syndrome (new) (criteria based access policy)					
Correction of Chest Wall Deformity for Cosmetic Purposes (new) (not routinely commissioned policy)					
Densensitizing Light Therapy in the Management of Severe Polymorphic Light Eruption (new) (criteria based access policy)					
Dermatology - Acne and Psoriasis (new) (acne - not routinely commissioned policy and psoriasis - criteria based access policy)					
Divarication of Recti (new) (criteria based access policy)					
Dupuytren's Disease (existing) (criteria based access policy)					
Excision or Acromio-Clavicular Joint or Surgical Decompression of Sub-Acromial Space (new) (criteria based access policy)					
Exogen Ultrasound Bone Healing System (new) (criteria based access policy)					
Extragenital Inguinal Hernia (existing) (not routinely commissioned policy)					
Ganglion (existing) (criteria based access policy)					
Hair Depilation (existing) (not routinely commissioned policy)					
Hyperhidrosis Treatment (existing) (not routinely commissioned policy)					
Insertion of Grommets (existing) (criteria based access policy)					
Inverted Nipple Correction (existing) (not routinely commissioned policy)					
Laparoscopic Ventral Rectopexy and STARR (existing) (criteria based access policy)					
Laser Hair Removal for Pilonidal Disease (new) (not routinely commissioned policy)					
Laser Surgery for Short Sight (Myopia) (existing) (not routinely commissioned policy)					
Liposuction (existing) (not routinely commissioned policy)					
Open Arthroscopy (existing) (criteria based access policy)					
Meibomian Cysts (Chalazia) (existing) (criteria based access policy)					
Multiple Chemical Sensitivity and Clinical Ecology/Environmental Medicine (new) (not routinely commissioned policy)					
Open Magnetic Resonance Imaging Scanning (existing) (criteria based access policy)					
Percutaneous Tibial Nerve Stimulation for Urinary Incontinence (new) (not routinely commissioned policy)					
Pinnoplasty (existing) (not routinely commissioned policy)					
Population Screening Outside of National Screening Committee Guidelines (new) (not routinely commissioned policy)					
Radiofrequency Ablation for Barrett's Oesophagus (existing) (criteria based access policy)					
Raised Intraocular Pressure (new) (criteria based access policy)					
Removal of Ear Wax (existing) (criteria based access policy)					
Removal of Tattoos (existing) (not routinely commissioned policy)					
Repair of Lobe of External Ear (existing) (not routinely commissioned policy)					
Revisonal Metabolic and Bariatric Surgery (new) (criteria based access policy)					
Rhinoplasty (existing) (not routinely commissioned policy)					
Scars and Keloids (existing) (not routinely commissioned policy)					
Shave or Surgical Rhinophyma (new) (not routinely commissioned policy)					
Skin Camouflage Services (new) (criteria based access policy)					
Skin Surface Applied Functional Electrical Stimulation for an Orthotic Effect to Correct Drop Foot of Central Neurological Origin (existing) (criteria based access policy)					
Snoring (existing) (not routinely commissioned policy)					
Spinal Fusion for Chronic Non-Specific Low Back Pain (new) (criteria based access policy)					
SpYGlass (R) Direct Visualisation Cholangioscopy in Complex Hepatopancreatobiliary Disease (new) (criteria based access policy)					
Surgery of Gallstones (Asymptomatic) (existing) (criteria based access policy)					
Uplift, Botox, Lift and Arm Lift, Excision of Radiant Skin or Fat (existing) (not routinely commissioned policy)					
Tonillectomy (existing) (criteria based access policy)					
Trigger Finger (existing) (criteria based access policy)					
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 patients of Cornwall and the Isles 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 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.kernowcrg.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.kernowcrg.nhs.uk/get-info/individual-funding-requests/). The following data is available since the policies were published:					
Abdominoplasty or Apronectomy (existing) - From 10 October 2016 to 31 May 2018 - 5 females and 2 males (4 adults and 3 children) have had the procedure					
Alfa Pumps for the Removal of Ascites Due to Liver Disease (new) - From 4 May 2018 to 31 May 2018 - 6 females and 2 males (8 adults and 2 children) have had the procedure					
Benign Skin Lesions (existing) - From 13 November 2017 to 31 May 2018 - 850 females and 1151 males (1985 adults and 16 children) have had the procedure					
Blepharoplasty (existing) - From 12 December 2016 to 31 May 2018 - 34 females and 37 males (71 adults and 0 children) have had the procedure					
Bunion Surgery (existing) - From 12 December 2016 to 31 May 2018 - 13 females and 1 male (14 adults and 0 children) have had the procedure					
Carpal Tunnel Syndrome (existing) - From 13 November 2017 to 31 May 2018 - 119 females and 69 males (188 adults and 0 children) have had the procedure					
Cataract Surgery (new) - From 13 November 2017 to 31 May 2018 - 1123 females and 794 males (1917 adults and 0 children) have had the procedure					
Chronic Fatigue Syndrome (new) - From 4 May 2018 to 31 May 2018 - No appropriate codes to allow monitoring of this policy					
Closure of Patent Foramen Ovale for Migraine (new) - From 4 May 2018 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Complementary Medicines/Therapies (existing) -					
Congenital Vascular Lesions (existing) - From 4 May 2018 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Continuous Positive Airway Pressure for the Treatment of Obstructive Sleep Apnoea/Hypopnoea Syndrome (new) - No appropriate codes to allow monitoring of this policy					
Correction of Chest Wall Deformity for Cosmetic Purposes (new) - From 4 May 2018 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Densensitizing Light Therapy in the Management of Severe Polymorphic Light Eruption (new) - From 4 May 2018 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Dermatology - Acne and Psoriasis (new) - From 4 May 2018 to 31 May 2018 - 5 females and 3 males (8 adults and 0 children) have had the procedure					
Divarication of Recti (new) - No appropriate codes to allow monitoring of this policy					
Dupuytren's Disease (existing) - From 13 November 2017 to 31 May 2018 - 120 females and 254 males (342 adults and 32 children) have had the procedure					
Excision or Acromio-Clavicular Joint or Surgical Decompression of Sub-Acromial Space (new) - From 4 May 2018 to 31 May 2018 - 20 females and 19 males (39 adults and 0 children) have had the procedure					
Exogen Ultrasound Bone Healing System (new) - No appropriate codes to allow monitoring of this policy					
Extragenital Inguinal Hernia (existing) - From 4 May 2018 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Ganglion (existing) - From 12 December 2016 to 31 May 2018 - 77 females and 49 males (119 adults and 7 children) have had the procedure					
Hair Depilation (existing) - From 13 November 2017 to 31 May 2018 - 10 females and 12 males (21 adults and 1 child) have had the procedure					
Hyperhidrosis Treatment (existing) - From 12 December 2016 to 31 May 2018 - 173 females and 98 males (270 adults and 1 child) have had the procedure					
Insertion of Grommets (existing) - From 12 December 2016 to 31 May 2018 - 35 females and 44 males (37 adults and 42 children) have had the procedure					
Inverted Nipple Correction (existing) - From 10 October 2016 to 31 May 2018 - 1 female and 0 males (1 adult and 0 children) have had the procedure					
Laparoscopic Ventral Rectopexy and STARR (existing) - No appropriate codes to allow monitoring of this policy					
Laser Hair Removal for Pilonidal Disease (new) - From 4 May 2018 to 31 May 2018 - 1 female and 2 males (3 adults and 0 children) have had the procedure					
Laser Surgery for Short Sight (Myopia) (existing) - From 10 October 2016 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Liposuction (existing) - From 10 October 2016 to 31 May 2018 - 4 females and 1 male (5 adults and 0 children) have had the procedure					
Knee Arthroscopy (existing) - From 12 December 2016 to 31 May 2018 - 539 females and 585 males (1077 adults and 47 children) have had the procedure					
Meibomian Cysts (Chalazia) (existing) - No appropriate codes to allow monitoring of this policy					
Multiple Chemical Sensitivity and Clinical Ecology/Environmental Medicine (new) - No appropriate codes to allow monitoring of this policy					
Open Magnetic Resonance Imaging Scanning (existing) - No appropriate codes to allow monitoring of this policy					
Percutaneous Tibial Nerve Stimulation for Urinary Incontinence (new) - No appropriate codes to allow monitoring of this policy					
Pinnoplasty (existing) - From 10 October 2016 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Population Screening Outside of National Screening Committee Guidelines (new) - No appropriate codes to allow monitoring of this policy					
Radiofrequency Ablation for Barrett's Oesophagus (existing) - No appropriate codes to allow monitoring of this policy					
Raised Intraocular Pressure (new) - No appropriate codes to allow monitoring of this policy					
Removal of Ear Wax (existing) - From 13 November 2017 to 31 May 2018 - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Removal of Tattoos (existing) - From 10 October 2016 to 31 May 2018 - 1 female and 0 males (0 adults and 1 child) have had the procedure					
Repair of Lobe of External Ear (existing) - 0 females and 0 males (0 adults and 0 children) have had the procedure					
Revisonal Metabolic and Bariatric Surgery (new) - From 4 May 2018 to 31 May 2018 - 7 females and 1 male (8 adults and 0 children) have had the procedure					
Rhinoplasty (existing) - From 10 October 2016 to 31 May 2018 - 21 females and 22 males (42 adults and 1 child) have had the procedure					
Scars and Keloids (existing) - From 10 October 2016 to 31 May 2018 - 695 females and 1048 males (1727 adults and 16 children) have had the procedure					
Shave or Surgical Rhinophyma (new) - No appropriate codes to allow monitoring of this policy					
Skin Camouflage Services (new) - No appropriate codes to allow monitoring of this policy					

Skin Surface Applied Functional Electrical Stimulation for an Orthotic Effect to Correct Drop Foot of Central Neurological Origin (existing) - No appropriate codes to allow monitoring of this policy			
Snoring (existing) - From 13 November 2017 to 31 May 2018 - 1 female and 1 male (2 adults and 0 children) have had the procedure			
SpyGlass (R) Direct Visualisation Cholangioscopy in Complex Hepatopancreobiliary Disease (new) - From 4 May 2018 to 31 May 2018 - 0 females and 1 male (1 adult and 0 children) have had the procedure			
Surgery of Gallstones (Asymptomatic) (existing) - From 13 November 2017 to 31 May 2018 - 354 females and 146 males (500 adults and 0 children) have had the procedure			
Thigh Lift, Buttock Lift and Arm Lift, Excision of Redundant Skin or Fat (existing) - From 10 October 2016 to 31 May 2018 - 1 female and 0 males (1 adult and 0 children) have had the procedure			
Tonsillectomy (existing) - From 12 December 2016 to 31 May 2018 - 687 females and 541 males (1191 adults and 37 children) have had the procedure			
Trigger Finger (existing) - From 13 November 2017 to 31 May 2018 - 58 females and 36 males (64 adults and 5 children) 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 the patients 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		Patients 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 so 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 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 so 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 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 so 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 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 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 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 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 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.
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.	
PHNT	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 patients 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 patients who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of sex.	
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 patients 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 patients 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 patients who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of age. For the chronic fatigue syndrome policy if under 16 must be under the care of a Paediatrician. Insertion of grommets in children is commissioned where patients meet the criteria. Insertion of grommets in adults is commissioned where patients meet the criteria. Glue ear is much more common in children, but adults with glue ear have the same symptoms. Meibomian cysts may cause astigmatism and visual development could potentially be at risk up until the age of 10, in these circumstances the removal of the cyst may be undertaken as an exception to the decision not to fund the procedure.	
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 patients 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 patients 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 patients 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 patients 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 patients 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 patients 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 patients 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 patients 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 patients 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 exceptionalism as defined within the current policy for determining Individual Funding Requests (IFR).
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	✓		