

# Policy for the Removal of adenoids for treatment of glue ear

Reference Number:	COM/43
Version:	V1
Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
Date approved by the Integrated Care Board (if applicable):	02 October 2024
Next Review Date:	April 2027
Expiry Date:	October 2027
Name of author and title:	Public Health Warwickshire & ICB Medical Directorate
Name of reviewer and title:	Dr Mike Caley, Deputy Chief Medical Director
Department:	Medical Directorate

## VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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## 1. Category: Threshold

Threshold procedures and therapies are those in which a clinical threshold has been set which needs to be met before funding will be made available for treatment.

For patients who **DO NOT** meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB.

## 2. Background

This policy is based on NHS England's Evidence-Based Interventions (EBI) recommendations see link to programme below - accurate at the point of publication: <https://ebi.aomrc.org.uk/interventions/removal-of-adenoids-for-treatment-of-glue-ear/>

Adenoids are lymphatic tissue that reside in the post nasal space and arise from the roof of the nasopharynx. Adenoids are only usually present in children and tend to grow from birth, reaching the largest size when a child is between 3 and 5 years of age, before slowly shrinking away by adulthood. When the adenoids are enlarged or inflamed they may contribute to glue ear (otitis media with effusion), which can affect hearing. They can also cause symptoms of nasal blockage, mouth breathing, obstructive sleep and other upper respiratory tract symptoms (e.g. persistent runny nose).

When children have persistent glue ear that affects hearing, one option for treatment of the hearing loss is with grommet insertions (ventilation tubes) and guidance for this intervention is already set out in the EBI guidance published in November 2018 – 'grommets for glue ear in children'. ICB policy can be found here [Document Library - Happy Healthy Lives](#)

In some circumstances, when a child is undergoing surgery to insert grommets, the adenoids may also be partially resected at the same time. This is a short procedure performed via the mouth to remove excessive adenoidal tissue (adenoidectomy) and is most commonly performed either by electrocautery (monopolar suction diathermy), cold steel dissection (curettage), or coblation. The aim of adenoidectomy is to improve eustachian tube function and therefore reduce the recurrence of glue ear after grommets fall out.

**This policy applies to children aged 18 years and under.**

## 3. Indication

NICE guidance recommends that adjuvant adenoidectomy should not be performed for the treatment of glue ear in the absence of persistent and / or frequent upper respiratory tract symptoms. A recent systemic review demonstrated that whilst adjuvant adenoidectomy resulted in an improvement in resolution of the glue ear at 6 and 12 months compared to grommets alone, the benefit in hearing compared to grommets alone was very limited.

Adjuvant adenoidectomy is considered a low risk procedure but does increase the length of surgery compared to inserting grommets alone. Risks include damage to teeth, lips or gums, bleeding (usually only minor and self-resolving), and rarely (around 1%) velopharyngeal

insufficiency (VPI). VPI can result in speech problems such as hypernasal speech or audible escape of air out of the nose when talking and in some cases can cause nasal regurgitation.

If there is a history of cleft palate or palpable palate abnormality such as submucous cleft palate or a history of speech problems before the operation; full multidisciplinary assessment should be carried out before adenoidectomy.

#### **4. Eligibility Criteria/ Commissioning position**

Adjuvant adenoidectomy should not be routinely performed in children undergoing grommet insertion for the treatment of otitis media with effusion.

Adjuvant adenoidectomy for the treatment of glue ear should only be offered when one or more of the following clinical criteria are met:

- The child has persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)

**OR**

- The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion

**OR**

- The child is undergoing grommet surgery for treatment of recurrent acute otitis media.

This policy only refers to children undergoing adenoidectomy for the treatment of glue ear and should not be applied to other conditions where adenoidectomy should continue to be routinely funded:

- As part of treatment for obstructive sleep apnoea or sleep disordered breathing in children (e.g. as part of adenotonsillectomy)
- As part of the treatment of chronic rhinosinusitis in children
- For persistent nasal obstruction in children and adults with adenoidal hypertrophy
- In preparation for speech surgery in conjunction with the cleft surgery team.

For patients who DO NOT meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB.

#### **5. Guidance/References**

<https://ebi.aomrc.org.uk/interventions/removal-of-adenoids-for-treatment-of-glue-ear/>

NICE Clinical guidance (2008) Otitis media with effusion in under 12s [CG60]  
surgery:<https://www.nice.org.uk/Guidance/CG60>.

Rosenfeld RM, Shin JJ, Schwartz SR, et al. Clinical practice guideline: Otitis media with effusion executive summary (update). *Otolaryngol Head Neck Surg.* 2016;154(2):201-214. doi: 10.1177/0194599815624407.

Schilder AG, Marom T, Bhutta MF, et al. Panel 7: Otitis media: Treatment and complications. *Otolaryngol Head Neck Surg.* 2017;156(4\_suppl):S88-S105. doi: 10.1177/0194599816633697.

Van dA, Schilder A, Herkert E, Boonacker C, Rovers MM. Adenoidectomy for otitis media in children. *Cochrane Database of Systematic Reviews.* 2010(1). doi: 10.1002/14651858.CD007810.pub2.

## 6. Diagnostic and Procedure Codes

### Estimated activity

- 2,778 episodes during 2018/19
- Age/sex std rate per 100,000 – 4.7
- Reduction opportunity: 1,426 (51%) based on 25th percentile of activity across CCGs.
- Variation (age/sex std rates):
- N-fold – 5.5
- 10th percentile – 1.6
- 25th percentile – 2.5
- 50th percentile – 4.4
- 90th percentile – 8.9

### Procedure codes

E20.1 Total adenoidectomy

E20.4 Suction diathermy adenoidectomy

E20.8 Other specified operations on adenoid

E20.9 Unspecified operations on adenoid

With:

D15.1 Myringotomy with insertion of ventilation tube through tympanic membrane

### Diagnosis codes

H65.2 Chronic serous otitis media

H65.3 Chronic mucoid otitis media

H65.4 Other chronic nonsuppurative otitis media

H65.9 Unspecified nonsuppurative otitis media

H66.1 Chronic tubotympanic suppurative otitis media

H66.3 Other chronic suppurative otitis media

H66.4 Suppurative otitis media, unspecified

H66.9 Otitis media, unspecified

H68.1 Obstruction of Eustachian tube

H69.8 Other specified disorders of Eustachian tube

H69.9 Unspecified Eustachian tube disorder

### Exclusions:

G47.3 Sleep apnoea

J32.0 Chronic maxillary sinusitis

J32.1 Chronic frontal sinusitis

J32.2 Chronic ethmoidal sinusitis

J32.3 Chronic sphenoidal sinusitis  
J32.4 Chronic pansinusitis  
J32.8 Other chronic sinusitis  
J32.9 Chronic sinusitis, unspecified  
Q35.1 Cleft hard palate  
Q35.3 Cleft soft palate  
Q35.5 Cleft hard palate with cleft soft palate  
Q35.7 Cleft uvula  
Q35.9 Cleft palate, unspecified  
Q37.0 Cleft hard palate with bilateral cleft lip  
Q37.1 Cleft hard palate with unilateral cleft lip  
Q37.2 Cleft soft palate with bilateral cleft lip  
Q37.3 Cleft soft palate with unilateral cleft lip  
Q37.4 Cleft hard and soft palate with bilateral cleft lip  
Q37.5 Cleft hard and soft palate with unilateral cleft lip  
Q37.8 Unspecified cleft palate with bilateral cleft lip  
Q37.9 Unspecified cleft palate with unilateral cleft lip  
(Note – cancer diagnoses are a global exclusion)

**Any other criteria (e.g. patient age)**

Adult (aged >=19 years)

Exclude any patients admitted as a non-elective admission

**Will the procedure be carried out in OP or as APC?**

Admitted Patient Care

**Coding logic**

Procedure codes in any position are:

E20.1 OR

E20.4 OR

E20.8 OR

E20.9

AND

D15.1

AND

Primary diagnosis code is:

H65.2

H65.3

H65.4

H65.9

H66.1

H66.3

H66.4

H66.9

H68.1

H69.8

H69.9

AND

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Diagnosis codes in any position are NOT:

G47.3 OR

J32.0 OR

J32.1 OR

J32.2 OR

J32.3 OR

J32.4 OR

J32.8 OR

J32.9 OR

Q35.1 OR

Q35.3 OR

Q35.5 OR

Q35.7 OR

Q35.9 OR

Q37.0 OR

Q37.1 OR

Q37.2 OR

Q37.3 OR

Q37.4 OR

Q37.5 OR

Q37.8 OR

Q37.9

AND

Patient age <19

AND

APCS.Admission\_Method not like ('2%')

### SQL code

WHEN apcs.der\_procedure\_all like '%E20[1489]%'

AND apcs.der\_procedure\_all like '%D151%'

AND (der.Spell\_Primary\_Diagnosis like 'H65[2349]%' OR der.Spell\_Primary\_Diagnosis like 'H66[1349]%'

OR der.Spell\_Primary\_Diagnosis like 'H681%'

OR der.Spell\_Primary\_Diagnosis like 'H69[89]%' )

AND (apcs.der\_diagnosis\_all not like '%G473%' AND apcs.der\_diagnosis\_all not like '%J32%'

AND apcs.der\_diagnosis\_all not like '%Q3[57]%' )

AND ISNULL(APCS.Age\_At\_Start\_of\_Spell\_SUS,APCS.Der\_Age\_at\_CDS\_Activity\_Date)<=18

AND APCS.Admission\_Method not like ('2%')

THEN '2D\_adenoid\_removal'

### Global cancer exclusion

APC

WHERE 1=1

-- Cancer Diagnosis Exclusion

AND (apcs.der\_diagnosis\_all not like '%C[0-9][0-9]%'

AND apcs.der\_diagnosis\_all not like '%D0%'

AND apcs.der\_diagnosis\_all not like '%D3[789]%'

AND apcs.der\_diagnosis\_all not like '%D4[012345678]%' )

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OR apcs.der\_diagnosis\_all IS NULL)

Additional Exclusions

-- Private Appointment Exclusion

AND apcs.Administrative\_Category<>'02'

## 7. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

**Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.**

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

### Quality Impact Assessment

#### Quality and Equality Impact Assessment

<b>Scheme Title:</b>	Policy for the Removal of adenoids for treatment of glue ear		
<b>Project Lead:</b>	Lucy Dyde, IFR Team Manager	<b>Senior Responsible Officer:</b>	Dr Michael Caley, Deputy CMO
		<b>Quality Sign Off:</b>	Quality Team Members
<b>Intended impact of scheme:</b>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for the Removal of adenoids for treatment of glue ear supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.</p>		
<b>How will it be achieved:</b>	Through the process detailed in this document.		

<b>Name of person completing assessment:</b>	Lucy Dyde
<b>Position:</b>	IFR Team Manager
<b>Date of Assessment:</b>	21 June 2024

<b>Quality Review by:</b>	<b>Anna Crane, Micaela Loveridge, Lee Hill, Petty Trowell, Annette Walker, Michelle Gorrell, Dawn Baker</b>
<b>Position:</b>	<b>Quality Team Members</b>
<b>Date of Review:</b>	<b>27 06 24</b>

### High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NICE CG60 and NHS England's EBI guidance.				
	Patient experience	✓			Policy to implement access for eligible patients who will be assured that they are accessing evidenced				

					based practice to receive clinically effective NHS funded treatment.				
	Patient safety	✓			The provider will follow the Patient Safety Incident Response Framework (PSIRF) national guidance on reporting incidents via the Learning from Patient Safety Events (LFPSE) system as per individual policy/procedures to protect patients and maintain safety				
	Parity of esteem	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the designated service, following best practice, NICE CG60 and NHS England's EBI guidance, where applicable.				
	Safeguarding children or adults	✓			Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.				
<b>NHS Outcomes Framework</b> Could the scheme impact positively or negatively on the	Enhancing quality of life	✓			Patients eligible for NHS funded treatment will experience an improved access to service and desired outcome .				

delivery of the five domains:	Ensuring people have a positive experience of care	✓			Increased opportunity for patients to access the service locally and nationally via patient choice.				
	Preventing people from dying prematurely			✓	Policy to implement national evidenced based guidance for eligible patients to receive NHS funded treatment of glue ear.				
	Helping people recover from episodes of ill health or following injury	✓			Patients eligible for this NHS funded treatment will help them recover from ill health related conditions such as nasal blockage, mouth breathing, obstructive sleep and other upper respiratory tract symptoms.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
<b>Patient services</b> Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			Policy to implement national evidenced based guidance for eligible patients to receive NHS funded removal of adenoids for treatment of				

					glue ear for conditions such as nasal blockage, mouth breathing, obstructive sleep and other upper respiratory tract symptoms				
	Access to the highest quality urgent and emergency care			✓	Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NICE CG60 and NHS England's EBI guidance.				
	Convenient access for everyone	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive NHS funded removal of adenoids for treatment of glue ear.				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	Nationally patient engagement and participation has been key to the policy design Patients are invited to participate in current providers National/Local staff satisfaction surveys to ensure ongoing engagement continues.				
	Patient Choice	✓			This policy applies to all patients registered at an				

					NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive clinically effective NHS funded removal of adenoids for treatment of glue ear.				
	Patients are fully empowered in their own care	✓			Eligible patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NICE CG60 and NHS England's EBI guidance.				
	Wider primary care, provided at scale			✓	Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded removal of adenoids for treatment of glue ear within the Secondary Care services under patient choice.				
<b>Access</b> Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive clinically effective NHS funded removal of adenoids for treatment of				

					glue ear.				
	Access	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive clinically effective NHS funded removal of adenoids for treatment of glue ear within the Secondary Care services under patient choice.				
	Integration	✓			There is collaboration across the pathway at system level across primary and secondary care.				
<b>Compliance with NHS Constitution</b>	Quality of care and environment	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
	Nationally approved treatment/drugs	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded removal of adenoids for treatment of				

					glue ear following NICE CG60 and NHS England's EBI guidance.				
	Respect, consent and confidentiality	✓			All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NICE CG60 and NHS England's EBI guidance.				
	Complain and redress	✓			Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply				

\*Risk score definitions are provided in the next section.

## Equality Impact Assessment

### Project / Policy Details

#### What is the aim of the project / policy?

To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.

The policy for the Removal of adenoids for treatment of glue ear supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.

#### Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Patients

#### Is a full Equality Analysis Required for this project?

Yes

Proceed to complete this form.

No

Explain why further equality analysis is not required.

If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

### Equality Analysis Form

#### 1. Evidence used

**What evidence have you identified and considered?** This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

<https://ebi.aomrc.org.uk/interventions/removal-of-adenoids-for-treatment-of-glue-ear/>

NICE Clinical guidance (2008) Otitis media with effusion in under 12s [CG60]  
surgery:<https://www.nice.org.uk/Guidance/CG60>.

Rosenfeld RM, Shin JJ, Schwartz SR, et al. Clinical practice guideline: Otitis media with effusion executive summary (update). *Otolaryngol Head Neck Surg.* 2016;154(2):201-214.  
doi: 10.1177/0194599815624407.

Schilder AG, Marom T, Bhutta MF, et al. Panel 7: Otitis media: Treatment and complications. *Otolaryngol Head Neck Surg.* 2017;156(4\_suppl):S88-S105. doi: 10.1177/0194599816633697.

Van dA, Schilder A, Herkert E, Boonacker C, Rovers MM. Adenoidectomy for otitis media in children. *Cochrane Database of Systematic Reviews.* 2010(1). doi: 10.1002/14651858.

## 2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy. However, age as a criterion for the Removal of adenoids for treatment of glue ear is applied in line with the NHS England Evidence Based Intervention Guideline which is based on a comprehensive review of available evidence which indicates that adenoids are usually only present in children.

**Disability:** A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Gender reassignment (including transgender):** Where a person has proposed, started or completed a process to change his or her sex.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Marriage and civil partnership:** A person who is married or in a civil partnership.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Pregnancy and maternity:** A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Race:** A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Religion or belief:** A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Sex:** A man or a woman

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Sexual orientation:** Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Carers:** A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

**Other disadvantaged groups:**

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

The ICB is not aware of any other vulnerable and disadvantaged groups that are not already covered by other equality groups identified within the EIA.

**3. Human Rights**

FREDA Principles / Human Rights	Question	Response
<p><b>Fairness</b> – Fair and equal access to services</p>	<p>How will this respect a person's entitlement to access this service?</p>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for the Removal of adenoids for treatment of</p>

		glue ear supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
<b>Respect</b> – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
<b>Equality</b> – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
<b>Dignity</b> – the right not to be treated in a degrading way	How will you ensure that individuals are not being	All communication, written or verbal, will be provided in a

	treated in an inhuman or degrading way?	confidential, clear, understandable, format.
<b>Autonomy</b> – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician.  If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Right to <b>Life</b>	Will or could it affect someone's right to life? How?	No
Right to <b>Liberty</b>	Will or could someone be deprived of their liberty? How?	No

#### 4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us .... So we will .....):

N/A

#### 5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

#### 6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

Acute Contracting/Business Intelligence will monitor the activity and review as appropriate.

**7. Is further work required to complete this assessment?**

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Date completed
N/A	N/A	N/A	N/A

**8. Sign off**

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Dr Michael Caley, Deputy CMO	24.06.2024
Which committee will be considering the findings and signing off the EA?	F&P	02.10.2024
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB’s Governance Team