

# Policy for the use of Biological and Synthetic Mesh/Equivalents in surgery

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Name of author and title:	NHS Coventry and Warwickshire ICB Medical Directorate & Public Health
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.
March 2023	V2	<ul style="list-style-type: none"> <li>Formatting changes</li> </ul>	Clinical Commissioning Policy Development Group – 19 December 2023 & 20 February 2024

## Contents

1.	Category: Threshold .....	3
2.	Background .....	3
3.	Commissioning position .....	4
4.	Guidance .....	4
5.	Equality and Quality Impact Assessment Tool.....	6

## 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

Surgical mesh is a loosely woven sheet which is used as either a permanent or temporary support for organs and other tissue during surgery. The meshes are available in both inorganic (synthetic) and biological materials and are used in a variety of surgeries. Composite meshes are also available with a synthetic inner and biological outer.

Biologic mesh development resulted from a search for a biomaterial that addresses the problems associated with permanent synthetic mesh, including chronic inflammation and foreign body reaction, stiffness and fibrosis, and mesh infection. Biological Mesh is made from human or animal dermis or porcine small intestinal submucosa and there are many different products available. Each product differs in composition, porosity, weave, configuration and material nature, thus making it difficult to directly compare the different products available.

The theoretical advantage of biologic mesh over synthetic mesh is appealing and over the last decade biologic mesh has been used in a variety of indications. The presence of contamination limits the applicability of permanent synthetic mesh and biological mesh is being used for this purpose or for placement in open wounds as a staged closure in complex abdominal wall reconstruction. There is limited data across all indications for use and a particular lack of comparable data between products.

Biological Mesh is currently excluded from PbR tariff. This is because of the variable and often high cost associated with its use; the product can range in cost from £750 to in excess of £8,500 per patient, depending on intended use, size of wound and product choice. All items listed as PbR exclusions are subject to locally agreed payments taking into consideration existing tariff charges.

For a device to be considered as an exclusion from PbR it must meet all 3 of the following criteria:

- I. High cost and represent a disproportionate cost relative to the relevant HRG
- II. Used in a subset of cases within an HRG and/or used in a subset of providers delivering services under a specific HRG
- III. Relatively high cost in terms of volume and cost.

University Hospital Coventry and Warwickshire (UHCW) reported use of biological mesh in the following areas and requested funding from Commissioners:

- reconstructive breast surgery
- eLAPE reconstructive surgical technique for low rectal cancer
- complex and recurrent hernia repairs
- stoma creation and closure

- complex colorectal surgical procedures.

### 3. Commissioning position

Following a review of the evidence and consideration of the local circumstances for use, the Integrated Care Board will separately fund use of biological mesh for the following indications whilst it is listed as an exclusion from Payment by Results (PbR):

1. When used as part of eLAPE (extra-Levator AbdominoPerineal Excision of the rectum) reconstructive surgical technique for low rectal cancer to achieve wound closure.
2. When used in patients with cancer of the breast, ductal carcinoma in situ and those patients identified with the high risk BRCA gene, for single stage skin sparing mastectomy/reconstruction to avoid the need for a 2 stage operation involving mastectomy and reconstruction.

The Integrated Care Board will not separately fund as an exclusion from PbR:

- Biological mesh when used for complex abdominal wall hernia repair or closure of laparostomy.
- Biological mesh when used for any other indications not listed above.
- Synthetic mesh\* for any indications.
- Synthetic equivalents\*\* to biological mesh.

Any identified new indications for use of biological mesh or synthetic equivalents requiring additional funding will require agreement with the ICB.

\*Synthetic mesh does not meet the criteria for consideration as an exclusion from PbR; the costs associated with use are therefore contained within tariff rates for given procedures.

\*\*This wording included within 2015/16 PbR exclusions is intended to allow for the possibility that there are synthetic materials in use which may represent a similar disproportionate cost as biological mesh.

### 4. Guidance

Faulkner HR, Shikowitz-Behr L, McLeod M, Wright E, Hulsen J, Austen WG Jr. The Use of Absorbable Mesh in Implant-Based Breast Reconstruction: A 7-Year Review. *Plast Reconstr Surg.* 2020 Dec;146(6):731e-736e. doi: 10.1097/PRS.0000000000007384. PMID: 33234950; PMCID: PMC7676463.

Logan Ellis, H., Asaolu, O., Nebo, V. et al. Biological and synthetic mesh use in breast reconstructive surgery: a literature review . *World J Surg Onc* 14, 121 (2016).  
<https://doi.org/10.1186/s12957-016-0874-9>

Choi YS, You HJ, Lee TY, Kim DW. Comparing Complications of Biologic and Synthetic Mesh in Breast Reconstruction: A Systematic Review and Network Meta-Analysis. *Arch Plast Surg.* 2023 Feb 6;50(1):3-9. doi: 10.1055/a-1964-8181. PMID: 36755646; PMCID: PMC9902089.

Thomas, P.W., Blackwell, J.E.M., Herrod, P.J.J. et al. Long-term outcomes of biological mesh repair following extra levator abdominoperineal excision of the rectum: an observational study of 100 patients. *Tech Coloproctol* 23, 761–767 (2019).

Buscail E, Canivet C, Ghouti L, Kirzin S, Carrere N, Molinier L, Rosillo A, Lauwers-Cances V, Costa N; French Research Group of Rectal Cancer Surgery (GRECCAR Group). Randomised clinical trial for the cost-utility evaluation of two strategies of perineal reconstruction after abdominoperineal resection in the context of anorectal carcinoma: biological mesh repair versus primary perineal wound closure, study protocol for the GRECCAR 9 Study. *BMJ Open*. 2021 Apr 1;11(4):e043333. doi: 10.1136/bmjopen-2020-043333. PMID: 33795299; PMCID: PMC8021762.

Diab, M.M. et al. (2023) 'Quality of life measures and cost analysis of biologic versus synthetic mesh for ventral hernia repair: The preventing recurrence in clean and contaminated hernias randomized clinical trial', *Surgery* [Preprint]. doi:10.1016/j.surg.2023.11.013.

Harris HW, Primus F, Young C, Carter JT, Lin M, Mukhtar RA, Yeh B, Allen IE, Freise C, Kim E, Sbitany H, Young DM, Hansen S. Preventing Recurrence in Clean and Contaminated Hernias Using Biologic Versus Synthetic Mesh in Ventral Hernia Repair: The PRICE Randomized Clinical Trial. *Ann Surg*. 2021 Apr 1;273(4):648-655. doi: 10.1097/SLA.0000000000004336. PMID: 33443907.

Bhangu, A. et al. (2020) 'Prophylactic biological mesh reinforcement versus standard closure of stoma site (ROCSS): A multicentre, randomised controlled trial', *The Lancet*, 395(10222), pp. 417–426. doi:10.1016/s0140-6736(19)32637-6.

Cornille JB, Pathak S, Daniels IR, Smart NJ. Prophylactic mesh use during primary stoma formation to prevent parastomal hernia. *Ann R Coll Surg Engl*. 2017 Jan;99(1):2-11. doi: 10.1308/rcsann.2016.0186. Epub 2016 Jun 8.

Tzivanakis A, Dayal SP, Arnold SJ, Mohamed F, Cecil TD, Venkatasubramaniam AK, Moran BJ. Biological mesh is a safe and effective method of abdominal wall reconstruction in cytoreductive surgery for peritoneal malignancy. *BJS Open*. 2018 Aug 2;2(6):464-469. doi: 10.1002/bjs5.93. PMID: 30511047; PMCID: PMC6254008.

Worcestershire ICBs' Commissioning Policy on Funding Arrangements for Use of Biological and Synthetic Mesh/Equivalents

Thames Valley Priorities Committee Commissioning Policy Statement. Policy No. 255 (TVPC 14) Biological Mesh

Thames Valley Priorities Committee policy proposal: Biological Mesh

## 5. 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 use of Biological and Synthetic Mesh/Equivalents		
<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 use of Biological and Synthetic Mesh/Equivalents 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
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<b>Position:</b>	IFR Team Manager
<b>Date of Assessment:</b>	20.06.2024

<b>Quality Review by:</b>	<b>Petty Trowell, Dawn Baker, Anna Crane, Micaela Loveridge, Michelle Gorrell, Lee Hill, Annette Walker</b>
<b>Position:</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 access for eligible patients to receive clinically effective NHS funded treatment following PubMed national evidenced based 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 access for eligible patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the designated service, where applicable following PubMed national evidenced based guidance and best practice.				
	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 delivery of the five domains:	Enhancing quality of life	✓			Patients eligible for NHS funded treatment will experience improved access to service and desired outcome.				
	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			✓	Policy to implement				

	dying prematurely				access for eligible patient to receive clinically effective treatment.				
	Helping people recover from episodes of ill health or following injury	✓			Patients eligible for this NHS funded treatment which is used as either a permanent or temporary support for organs and other tissue during surgery thus helping them recover from ill health and related conditions.				
	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	✓			Patients eligible for this NHS funded treatment which is used as either a permanent or temporary support for organs and other tissue during surgery thus helping them recover from ill health and related conditions.				
	Access to the highest quality urgent and emergency care			✓	Policy to implement access for eligible patient to receive clinically effective treatment following PubMed national evidenced based				

					guidance and best practice.				
	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 treatment.				
	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 treatment.				
	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 PubMed national evidenced based guidance.				

	Wider primary care, provided at scale			✓	Policy to implement access for eligible patients to receive clinically effective NHS funded treatment 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 treatment.				
	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 treatment 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 access for eligible patients to receive clinically effective NHS funded treatment following PubMed national evidenced based 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 PubMed national evidenced based 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 use of Biological and Synthetic Mesh/Equivalents 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.

Faulkner HR, Shikowitz-Behr L, McLeod M, Wright E, Hulsen J, Austen WG Jr. The Use of Absorbable Mesh in Implant-Based Breast Reconstruction: A 7-Year Review. *Plast Reconstr Surg.* 2020 Dec;146(6):731e-736e. doi: 10.1097/PRS.0000000000007384. PMID: 33234950; PMCID: PMC7676463.

Logan Ellis, H., Asaolu, O., Nebo, V. et al. Biological and synthetic mesh use in breast reconstructive surgery: a literature review. *World J Surg Onc* 14, 121 (2016). <https://doi.org/10.1186/s12957-016-0874-9>

Choi YS, You HJ, Lee TY, Kim DW. Comparing Complications of Biologic and Synthetic Mesh in Breast Reconstruction: A Systematic Review and Network Meta-Analysis. *Arch Plast Surg.* 2023 Feb 6;50(1):3-9. doi: 10.1055/a-1964-8181. PMID: 36755646; PMCID: PMC9902089.

Thomas, P.W., Blackwell, J.E.M., Herrod, P.J.J. et al. Long-term outcomes of biological mesh repair following extra levator abdominoperineal excision of the rectum: an observational study of 100 patients. *Tech Coloproctol* 23, 761–767 (2019).

Buscail E, Canivet C, Ghouti L, Kirzin S, Carrere N, Molinier L, Rosillo A, Lauwers-Cances V, Costa N; French Research Group of Rectal Cancer Surgery (GRECCAR Group). Randomised clinical trial for the cost-utility evaluation of two strategies of perineal reconstruction after abdominoperineal resection in the context of anorectal carcinoma: biological mesh repair versus primary perineal wound closure, study protocol for the GRECCAR 9 Study. *BMJ Open.* 2021 Apr 1;11(4):e043333. doi: 10.1136/bmjopen-2020-043333. PMID: 33795299; PMCID: PMC8021762.

Diab, M.M. et al. (2023) 'Quality of life measures and cost analysis of biologic versus synthetic mesh for ventral hernia repair: The preventing recurrence in clean and contaminated hernias randomized clinical trial', *Surgery* [Preprint]. doi:10.1016/j.surg.2023.11.013.

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Bhangu, A. et al. (2020) 'Prophylactic biological mesh reinforcement versus standard closure of stoma site (ROCSS): A multicentre, randomised controlled trial', *The Lancet*, 395(10222), pp. 417–426. doi:10.1016/s0140-6736(19)32637-6.

Cornille JB, Pathak S, Daniels IR, Smart NJ. Prophylactic mesh use during primary stoma formation to prevent parastomal hernia. *Ann R Coll Surg Engl.* 2017 Jan;99(1):2-11. doi: 10.1308/rcsann.2016.0186. Epub 2016 Jun 8.

Tzivanakis A, Dayal SP, Arnold SJ, Mohamed F, Cecil TD, Venkatasubramaniam AK, Moran BJ. Biological mesh is a safe and effective method of abdominal wall reconstruction in cytoreductive surgery for peritoneal malignancy. *BJS Open.* 2018 Aug 2;2(6):464-469. doi: 10.1002/bjs5.93. PMID: 30511047; PMCID: PMC6254008.

## 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.

**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.

**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 use of Biological and Synthetic Mesh/Equivalents 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</p>

		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.
<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 treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a 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 <b>recommendations</b> and any <b>changes</b> 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.
Activity is monitored through Acute Contracting/Business Intelligence. This is a policy where the intervention is not commissioned and therefore any activity would be investigated and challenged through the appropriate ICB channels.
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.