

**Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group**

Stage 1 Rapid Equality Impact Assessment Form –see checklist

Please use the guidance provided and give particular consideration to the needs of people with protected characteristics age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex, race, religion or belief and sexual orientation.

This Equality Impact Assessment is applicable to the populations of Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon & Torbay Clinical Commissioning Group who work together to carry out their responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

Title of work:

Commissioning policy: Bevacizumab for the first line treatment of neovascular (wet) age related macular degeneration

Who does the proposed piece of work affect?

Staff Patients Carers Public

1. What are the aims and objectives of the work being assessed?

To establish a commissioning position on the use of bevacizumab for the first line treatment of neovascular (wet) age related macular degeneration.

Clinicians with an interest in, and patients with wet age related macular degeneration should have clarity on how bevacizumab will be commissioned by the Clinical Commissioning Groups.

		Yes	No
2.	Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?		✓
3.	Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?	✓	
4.	Will there be a positive benefit to the users or workforce as a result of the proposed work?	✓	
5.	Will the users or workforce be disadvantaged as a result of the proposed work?		✓
6.	Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (except for question 4) or you are unsure of your answers to any of the above you should complete a full impact assessment.

A Full Impact Assessment is required is not required

If a full impact assessment is not required briefly explain why and provide evidence for the decision.

Job Title: Clinical Effectiveness Governance Manager

Directorate: Clinical Effectiveness and Medicines Optimisation

Date of assessment: 17th December 2013

For your records, keep one copy of this rapid impact assessment form and send an electronic copy, with the Board paper for publishing.

**SCREENING FORM ONE – to be completed for all Policies,
Strategies & Service Development**

Name of policy: Bevacizumab for the first line treatment of neovascular (wet) age related macular degeneration

Commissioning decision : Bevacizumab may be offered as an alternative to the first line use of ranibizumab for patients meeting the criteria specified in NICE Technology Appraisal TA155

Locality and service area covered:

- Employees
- Patients/clients/service users
- Partnerships/organisations
- Visitors or temporary residents
- Staff from other organisations

Name and contact details of officer completing assessment:

Name: Rebecca Heayn Job title: Clinical Effectiveness Governance Manager
Telephone no: 01392 267789 Email address: rebecca.heayn@nhs.net

1. What is the main purpose of the strategy/policy/project (or the changes you want to make to it)?

To establish a commissioning position on the use of bevacizumab for the first line treatment of neovascular (wet) age related macular degeneration.

2. What are the main activities of the strategy/policy/project?

Commissioning policy for the use of bevacizumab for the first line treatment of neovascular (wet) age related macular degeneration.

3. Who is intended to benefit from the strategy/policy/project, and how?

Clinicians with an interest in, and patients with wet age related macular degeneration should have clarity on how bevacizumab will be commissioned by the Clinical Commissioning Groups.

4. Is the policy consistent with the NEW Devon CCG's equality policies?

- e.g. Acceptable Behaviour, Whistle Blowing, Zero Tolerance, Equal Opportunities
- Yes
 - No

5. Is responsibility for the policy shared with another service, CCG or organisation?

- Yes
- No

6. If yes, what responsibility and which bodies?

Shared peninsula wide policy – NEW Devon CCG , South Devon & Torbay CCG and Kernow CCG

7. What positive and possibly negative impact is the strategy/policy/project likely to have on different sections of the community or employees? **Please use the table below**

	Impact Positive + Neutral Negative – ✓ box	Reason	Are there additional factors that could contribute to the positive or negative impact? If so, what are they?	Evidence/Consultation
Sex/Gender	+ - none			
• Women	✓ <input type="checkbox"/> <input type="checkbox"/>			
• Men	✓ <input type="checkbox"/> <input type="checkbox"/>			
Race/Ethnic Group				
• Asian or Asian British people	✓ <input type="checkbox"/> <input type="checkbox"/>			
• Black or Black British people	✓ <input type="checkbox"/> <input type="checkbox"/>			
• Chinese people	✓ <input type="checkbox"/> <input type="checkbox"/>			
• Gypsy or Roma People	✓ <input type="checkbox"/> <input type="checkbox"/>			
• Irish People	✓ <input type="checkbox"/> <input type="checkbox"/>			
• People of Mixed Heritage	✓ <input type="checkbox"/> <input type="checkbox"/>			
• White People	✓ <input type="checkbox"/> <input type="checkbox"/>			
• People of other ethnic backgrounds	✓ <input type="checkbox"/> <input type="checkbox"/>			
Asylum Seekers and Refugees	✓ <input type="checkbox"/> <input type="checkbox"/>			
People with physical disabilities	✓ <input type="checkbox"/> <input type="checkbox"/>			
People with sensory disabilities e.g. deaf or partial sight	✓ <input type="checkbox"/> <input type="checkbox"/>	This policy will be of particular relevance to those with		

Impact Positive + Neutral Negative – ✓ box	Reason	Are there additional factors that could contribute to the positive or negative impact? If so, what are they?	Evidence/Consultation
	sensory disabilities		
People with learning disabilities	✓ <input type="checkbox"/> <input type="checkbox"/>		
Deaf People who use British Sign Language	✓ <input type="checkbox"/> <input type="checkbox"/>		
People with mental health needs	✓ <input type="checkbox"/> <input type="checkbox"/>		
Lesbians, gay men and bisexual people	✓ <input type="checkbox"/> <input type="checkbox"/>		
Gender reassignment	✓ <input type="checkbox"/> <input type="checkbox"/>		
Trans people	✓ <input type="checkbox"/> <input type="checkbox"/>		
Pregnancy and maternity	✓ <input type="checkbox"/> <input type="checkbox"/>		
Age including	✓ <input type="checkbox"/> <input type="checkbox"/>		
<ul style="list-style-type: none"> Older people (60+) 	This policy may be of particular relevance to older people as the condition is most often seen in people over the age of 65		
<ul style="list-style-type: none"> Younger people (17-25) and children 	<input type="checkbox"/> <input type="checkbox"/> ✓		
People of different faith groups or beliefs including no faith	✓ <input type="checkbox"/> <input type="checkbox"/>		
Travellers	✓ <input type="checkbox"/> <input type="checkbox"/>		
Other (please specify)			

	Impact Positive + Neutral Negative – ✓ box	Reason	Are there additional factors that could contribute to the positive or negative impact? If so, what are they?	Evidence/Consultation
Careers	✓ <input type="checkbox"/> <input type="checkbox"/>			

Notes:

- Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when assessing positive and negative impacts.
- The categories relating to ethnicity include those used in the 2001 census. Consideration should be given to the needs of specific communities within the broad categories such as Bangladeshi people and to the needs of other communities such as Turkish/Turkish Cypriot, Greek/Greek Cypriot and Polish that do not appear as separate categories in the census.
- Consider the positive impact that new services redesign or service changes could make. Commissioning decisions will be to improve the experience of patients so these should be emphasised. E.g. changes to access to a service could have benefits to a group of patients who previously struggled with access. Such as tele medicine for housebound patients
- An adverse impact does not necessarily require action to be taken. Actions must remain in proportion with the benefits that could be achieved and resources available to complete them. If adverse impacts are identified and actions for improvement are not proportionate, the reasons for not taking action should be detailed and open to challenge.

9. Will this policy/service consultation be available in other formats, other languages? Braille, British Sign Language. Audio/video tape large print or statement acknowledging services are available in other formats. **Please detail formats that are available**

Available on request

10 a) Could you improve the strategy, project or policy's positive impact?

Explain how:

Review appropriately in light of new evidence and guidelines produced

10 b) Could you minimise or remove any negative impact?

Explain how:

N/A

You may wish to use the action sheet at the end of Section Two.

Rebecca Heayn
Clinical Effectiveness Governance Manager
17th December 2013

Please sign and date this form. One copy should be attached to the original policy/strategy/service change and published on the NEW Devon CCG's website and Infopoint. An electronic copy should be e-mailed to Sue Moreton, Patient Safety and Quality Manager at susan.moreton@nhs.net If you need any further assistance please call 01392 267873.

