

Equality Impact Assessment

1.	Name of the Strategy / Policy / Service / Project	QIPP – IVF alignment with Greater Manchester commissioning offer
2.	Champion / Responsible Lead	Gillian Miller
3.	What are the main aims?	To review the number of IVF cycles offered to Stockport residents in order to: <ul style="list-style-type: none"> Align with the position of other CCGs across Greater Manchester Ensure that resources available for healthcare across Stockport are spent wisely
4.	List the main activities of the project:	<ul style="list-style-type: none"> To consult on the number of IVF cycles funded by Stockport CCG (2,1 or 0) with a preferred option of 1 cycle
5.	What are the intended outcomes?	To reduce the number of IVF cycles offered to Stockport residents from 2 cycles to 1 cycle aligning with the offer across the majority of CCGs within Greater Manchester.

IMPACT ON SERVICE USERS

6.	Who currently uses this service?	In 2017/18 we funded 147 cycles of IVF treatment for Stockport registered patients. Over recent years, access to Stockport's IVF services has shown a particularly high rate of service uptake by residents of Pakistani heritage – 5.6% of all patients, despite making up just 1.04% of the local population. In line with NICE guidance, the CCG funds IVF for women aged 42 and under and women in same-sex couples.
7.	Are there any clear gaps in access to this service? (e.g. low access by ethnic minority groups)	None identified.
8.	Are there currently any barriers to certain groups accessing this service? (e.g. no disabled parking / canteen doesn't offer Kosher food / no hearing loop)	IVF services are provided by Central Manchester University Hospitals Trust and Care Fertility. Both services provide accessible locations and access to interpretation. However, neither service is located within Stockport borough. The IVF service is currently undergoing re-procurement in order to provide a standardised offer across Greater Manchester and ensure patients are able to access a consistent choice offer of Assisted Conception Services irrespective of their locality.
9.	How will this project change the service NHS Stockport offers? (is it likely to cut any services?)	The preferred outcome of this project will reduce the number of cycles offered to patients aged under 40 from 2 to 1. Other criteria for IVF treatment will remain as per the current policy: https://gmeurnhs.co.uk/Docs/CCG%20Stockport/Stockport%20Assisted%20Conception%20Policy.pdf
10.	If you are going to cut any services, who currently uses those services?	The service currently has a high rate of uptake among Pakistani women.

	(Will any equality group be more likely to lose their existing services?)		
11.	If you are creating any new services, who most likely to benefit from them? (Will any equality group be more or less likely to benefit from the changes?)	N/A	
12.	How will you communicate the changes to your service? (What communications methods will you use to ensure this message reaches all community groups?)	<p>The consultation will take the form of an online survey promoted via the CCG's website and social media channels in addition to directly targeting groups affected by this issue.</p> <p>Face-to-face focus groups will be held and presentations to other groups are available by request.</p> <p>Communications will be done via the CCG website, Twitter, via GP practices and directly by email to our distribution list of groups and individuals.</p>	
13.	What have the public and patients said about the proposed changes? (Is this project responding to local needs?)	<p>A public consultation will take place over a six week period and views will be fed into the final decision.</p> <p>The survey will be available in other formats on request.</p>	
14.	Is this plan likely to have a different impact on any protected group? (Can you justify this differential impact? If not, what actions will you add into the plan to mitigate any negative impacts on equality groups?)	IMPACT	MITIGATION
	<i>Age</i>	None – the current policy has an age criteria but this is not within the proposal to change. The change will make the number of cycles offered consistent across the age criteria i.e. 1 cycle for all women aged 42 and under.	
	<i>Carers</i>	None	
	<i>Disability</i>	There may be a differential impact for patients rendered infertile following cancer (or for any lifesaving treatment resulting in infertility).	Patients rendered infertile following cancer (or for any lifesaving treatment resulting in infertility) are not restricted in their access to assisted

		conception with the exception of IVF where they will need to meet the qualifying criteria and will be eligible for the same number of cycles as other infertile couples. However they can apply for IVF via an Individual Funding Request if there is an exceptional case.
<i>Disability</i>	For people with mental health issues, reducing the number of cycles may have a higher impact.	The IVF service does include an element of counselling before, during and following treatment. The exact nature of this will be investigated and taken into consideration.
<i>Gender Reassignment</i>	None	
<i>Marriage / Civil Partnership</i>	The service is available to women in same-sex partnerships experiencing infertility. The proposed change will make the number of cycles offered consistent across all women, with no differential impact on women in a civil partnership.	
<i>Pregnancy & Maternity</i>	By nature this service has a significant impact on the protected characteristic of pregnancy and maternity.	The proposals will align commissioning in Stockport with the offer in most other Greater Manchester areas and apply equally to all women accessing the service.
<i>Race</i>	Over recent years, access to Stockport's IVF services has shown a particularly high rate of service uptake by residents of Pakistani heritage – 5.6% of all patients, despite making up just 1.04% of the local population.	The proposals will align commissioning in Stockport with the offer in most other Greater Manchester areas and apply equally to all women accessing the service.
<i>Religion & Belief</i>	None	
<i>Sex</i>	By nature this service has a significant impact on women.	The proposals will align commissioning in Stockport with the offer in most other Greater Manchester areas and apply equally to all women accessing the service.
<i>Sexual Orientation</i>	The service is available to women in same-sex partnerships experiencing infertility. The proposed change will make the number of cycles offered consistent across all women, with no differential impact on women in a same-sex partnership.	
<i>Other</i>	Reducing the number of cycles may have a differential impact on people on	Personal situations and impacts would always be

		low incomes, who would be less able to fund IVF privately.	considered in Individual Funding Requests where there is an exceptional case.
IMPACT ON STAFF			
15.	How many staff work for the current service?	The service is currently provided by Central Manchester University Hospitals Trust and Care Fertility. Exact staffing numbers working in the service are not known, as staff work on a number of different services.	
16.	What is the potential impact on these employees? (including potential redundancies, role changes, reduced hours, changes in terms and conditions, locality moves)	Reducing the number of NHS-funded cycles may have an impact on staffing requirements at the provider organisations. Across Greater Manchester a re-procurement exercise is currently underway to refresh IVF contracts – the CCG will ensure that this process provides clarity on the number of cycles offered so that services can plan accordingly.	
17.	Is the potential impact on staff likely to be felt more by any protected group? If so, can you justify this difference? If not, what actions have you put in place to reduce the differential impact?	IMPACT	MITIGATION
	<i>Age</i>	N/A	
	<i>Carers</i>	N/A	
	<i>Disability</i>	N/A	
	<i>Gender Reassignment</i>	N/A	
	<i>Marriage / Civil Partnership</i>	N/A	
	<i>Pregnancy & Maternity</i>	N/A	
	<i>Race</i>	N/A	
	<i>Religion & Belief</i>	N/A	
	<i>Sex</i>	N/A	
	<i>Sexual Orientation</i>	N/A	
18.	What communication has been undertaken with staff?	Staff communications will be undertaken as part of the re-procurement exercise and through contract variations with service providers.	
19.	Do all affected workers have genuinely equal opportunities for retraining or redeployment?	The NHS operates clear HR policies to ensure that all affected staff have equal opportunities for retraining or redeployment.	
IMPACT ON STAKEHOLDERS			
20.	Who are the stakeholders for the	<ul style="list-style-type: none"> • GPs 	

	service?	<ul style="list-style-type: none"> Hospital clinicians within the IVF service
21.	What is the potential impact on these stakeholders?	Stakeholders will be required to communicate the policy to patients wanting to access the service. A change in the policy may make these conversations more difficult.
22.	What communication has been undertaken with stakeholders?	The consultation will be sent to stakeholders to promote to service users and wider patient groups. If the project results in a change to the policy then stakeholders will be informed via the usual communication channels.
23.	What support is being offered to frontline staff to communicate this message with service users / family / carers?	Support can be obtained directly from the project team and contact details will be included on all messages to stakeholders.
24.	How will you monitor the impact of this project on equality groups?	Providers are asked to monitor access to their services by protected groups. The impact on service access will be monitored through the CCG and providers' annual equality publications.
EIA SIGN OFF		
25.	<p><i>EIAs should be signed off by your Director and attached to policy / strategy documents sent to Governing Body.</i></p> <p><i>Your completed EIA should be sent to the corporate services team for publication:</i></p> <p>shirley.hamlett@nhs.net</p>	