

Policy for Varicose Vein Intervention

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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.
21.02.24		Policy updated to reflect NHS England's Evidence Based Guidance	Clinical Commissioning Policy Development Group – 19 December 2023

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1. Category: Prior Approval

Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

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: [Varicose vein interventions - EBI \(aomrc.org.uk\)](https://www.aomrc.org.uk/ebis/ebis-2019-2020)

There are various interventional procedures for treating varicose veins. These include endothermal ablation, ultrasound guided foam sclerotherapy and traditional surgery (this is a surgical procedure that involves ligation and stripping of varicose veins) all of which have been shown to be clinically and cost effective compared to no treatment or treatment with compression hosiery. Varicose veins are common and can markedly affect patients quality of life, can be associated with complications such as eczema, skin changes, thrombophlebitis, bleeding, leg ulceration, deep vein thrombosis and pulmonary embolism that can be life threatening.

Intervention in terms of, endovenous thermal (laser ablation, and radiofrequency ablation), ultrasound guided foam sclerotherapy, open surgery (ligation and stripping) are all cost effective treatments for managing symptomatic varicose veins compared to no treatment or the use of compression hosiery. For truncal ablation there is a treatment hierarchy based on the cost effectiveness and suitability, which is endothermal ablation then ultrasound guided foam, then conventional surgery.

3. Indication

International guidelines, NICE guidance and NICE Quality standards provide clear evidence of the clinical and cost-effectiveness that patients with symptomatic varicose veins should be referred to a vascular service for assessment including duplex ultrasound.

Open surgery is a traditional treatment that involves surgical removal by 'stripping' out the vein or ligation (tying off the vein), this is still a valuable technique, it is still a clinically and cost-effective treatment technique for some patients but has been mainly superseded by endothermal ablation and ultrasound guided foam sclerotherapy.

Recurrence of symptoms can occur due to the development of further venous disease, that will benefit from further intervention (see above). NICE guidance states that a review of the data from the trials of interventional procedures indicates that the rate of clinical recurrence of varicose veins at 3 years after treatment is likely to be between 10–30%.

For people with confirmed varicose veins and truncal reflux NICE recommends:

- Offer endothermal ablation of the truncal vein
- If endothermal ablation is unsuitable, offer ultrasound-guided foamsclerotherapy.

- If ultrasound-guided foam sclerotherapy is unsuitable, offer surgery
- Consider treatment of tributaries at the same time
- Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

Complications of intervention include recurrence of varicose veins, infection, pain, bleeding, and more rarely blood clot in the leg. Complications of non-intervention include decreasing quality of life for patients, increased symptomatology, disease progression potentially to skin changes and eventual leg ulceration, deep vein thrombosis and pulmonary embolism.

4. Eligibility Criteria/ Commissioning position

Refer people to a vascular service if they have any of the following:

- Symptomatic* primary or recurrent varicose veins
- Lower limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency.
- Superficial vein thrombophlebitis (characterised by the appearance of hard, painful veins) and suspected venous incompetence.
- A venous leg ulcer (a break in the skin below the knee that has not healed within 2 weeks).
- A healed venous leg ulcer.
- Refer people with bleeding varicose veins to a vascular service

* Symptomatic: “Veins found in association with troublesome lower limb symptoms (typically pain, aching, discomfort, swelling, heaviness and itching).”

For patients whose veins are purely cosmetic and are not associated with any symptoms do not refer for NHS treatment

Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

5. Guidance/References

[Varicose vein interventions - EBI \(aomrc.org.uk\)](https://www.aomrc.org.uk)

NICE Varicose veins in the legs [QS67] <https://www.nice.org.uk/guidance/qs67>

NICE Varicose veins: diagnosis and management [CG168]
<https://www.nice.org.uk/guidance/cg168>

NICE Guidance. referral advice varicose-veins

Editor’s Choice -Management of Chronic Venous Disease: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS). Wittens C, Davies AH, Bækgaard N, Broholm R, Cavezzi A, Chastanet S, de Wolf M, Eggen C, Giannoukas A, Gohel M, Kakkos S, Lawson J, Noppeney T, Onida S, Pittaluga P, Thomis S, Toonder I, Vuylsteke M, Esvs Guidelines Committee, Kolh P, de Borst GJ, Chakfé N, Debus S, Hinchliffe R, Koncar I, Lindholt J, de

Ceniga MV, Vermassen F, Verzini F, Document Reviewers, De Maeseneer MG, Blomgren L, Hartung O, Kalodiki E, Kortjen E, Lugli M, Naylor R, Nicolini P, Rosales A Eur J Vasc Endovasc Surg. 2015 Jun;49(6):678-737. doi: 10.1016/j.ejvs.2015.02.007. Epub 2015 Apr 25.

The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. Gloviczki P1, Comerota AJ, Dalsing MC, Eklof BG, Gillespie DL, Gloviczki ML, Lohr JM, McLafferty RB, Meissner MH, Murad MH, Padberg FT, Pappas PJ, Passman MA, Raffetto JD, Vasquez MA, Wakefield TW; Society for Vascular Surgery; American Venous Forum. J Vasc Surg. 2011 May;53(5 Suppl):2S-48S. doi: 10.1016/j.jvs.2011.01.079.

A Randomized Trial of Early Endovenous Ablation in Venous Ulceration. Gohel MS1, Heatley F1, Liu X1, Bradbury A1, Bulbulia R1, Cullum N1, Epstein DM1, Nyamekye I1, Poskitt KR1, Renton S1, Warwick J1, Davies AH1; EVRA Trial Investigators. N Engl J Med. 2018 May 31;378(22):2105-2114. doi: 10.1056/NEJMoa1801214. Epub 2018 Apr 24.

6. Diagnostic and Procedure Codes

Code script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in  
( 'L841','L842','L843','L844','L845','L846','L848','L849','L851','L852','L853','L858','L859','L861','L862','L863','L868','  
L869','L871','L872','L873','L874','L875','L876','L877','L878','L879','L881','L882','L883','L888','L889')  
AND (der.Spell_Primary_Diagnosis like '%I83[0129]%'  
OR der.Spell_Primary_Diagnosis like '%O220%'  
OR der.Spell_Primary_Diagnosis like '%O878%'  
OR der.Spell_Primary_Diagnosis like '%Q278%')  
AND APCS.Admission_Method not like ('2%')  
THEN 'Q_var_veins'
```

Code Definitions

Procedure codes (OPCS)

L841 Combined operations on primary long saphenous vein
L842 Combined operations on primary short saphenous vein
L843 Combined operations on primary long and short saphenous vein
L844 Combined operations on recurrent long saphenous vein
L845 Combined operations on recurrent short saphenous vein
L846 Combined operations on recurrent long and short saphenous vein
L848 Other specified combined operations on varicose vein of leg
L849 Unspecified combined operations on varicose vein of leg
L851 Ligation of long saphenous vein
L852 Ligation of short saphenous vein
L853 Ligation of recurrent varicose vein of leg
L858 Other specified ligation of varicose vein of leg
L859 Unspecified ligation of varicose vein of leg
L861 Injection of sclerosing substance into varicose vein of leg NEC
L862 Ultrasound guided foam sclerotherapy for varicose vein of leg
L863 Injection of glue into varicose vein of leg
L868 Other specified injection into varicose vein of leg
L869 Unspecified injection into varicose vein of leg
L871 Stripping of long saphenous vein

L872 Stripping of short saphenous vein
L873 Stripping of varicose vein of leg NEC
L874 Avulsion of varicose vein of leg
L875 Local excision of varicose vein of leg
L876 Incision of varicose vein of leg
L877 Transilluminated powered phlebectomy of varicose vein of leg
L878 Other specified other operations on varicose vein of leg
L879 Unspecified other operations on varicose vein of leg
L881 Percutaneous transluminal laser ablation of long saphenous vein
L882 Radiofrequency ablation of varicose vein of leg
L883 Percutaneous transluminal laser ablation of varicose vein of leg NEC
L888 Other specified transluminal operations on varicose vein of leg
L889 Unspecified transluminal operations on varicose vein of leg

Diagnosis codes (ICD)

I830 Varicose veins of lower extremities with ulcer
I831 Varicose veins of lower extremities with inflammation
I832 Varicose veins of lower extremities with both ulcer and inflammation
I839 Varicose veins of lower extremities without ulcer or inflammation
O220 Varicose veins of lower extremity in pregnancy
O878 Other venous complications in the puerperium (this code is used to classify conditions puerperal varicose veins, but also classifies other venous puerperal complications)
Q278 Other specified congenital malformations of peripheral vascular system (this code is used to classify congenital varicose veins, but also classifies other peripheral vascular complications)

Exclusions

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]%'

This code captures code in the ranges C00-C99, D00-D09 and D37-D48.

Age range: the codes use the following age ranges 0-18 for children and 19-120 for adults.

— 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

Scheme Title:	Policy for Varicose Vein Intervention		
Project Lead:	Lucy Dyde, IFR Team Manager	Senior Responsible Officer:	Dr Michael Caley, Deputy CMO
		Quality Sign Off:	Quality Team as below
Intended impact of scheme:	<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 Policy for Varicose Vein Intervention 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>		
How will it be achieved:	Through the process detailed in this document.		

Name of person completing assessment:	Lucy Dyde
Position:	IFR Team Manager
Date of Assessment:	20 June 2024

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

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)	
Duty of Quality 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 CG168 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 CG168 and NHS England's EBI guidance, where applicable.				
	Safeguarding children or adults	✓			Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five	Enhancing quality of life	✓			Patients eligible for NHS funded treatment will experience an improved access to service and desired outcome.				
	Ensuring people have a	✓			Increased opportunity for				

domains:	positive experience of care				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 varicose veins which can be associated with complications such pulmonary embolism that can be life threatening.				
	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 eczema, skin changes, thrombophlebitis, bleeding, leg ulceration, deep vein thrombosis and pulmonary embolism that can be life threatening.				
	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".				
Patient services	A modern model of	✓			Policy to implement				

Could the proposal impact positively or negatively on any of the following:	integrated care, with key focus on multiple long-term conditions and clinical risk factors				national evidenced based guidance for eligible patients to receive NHS funded treatment of varicose veins which can be associated with complications such as eczema, skin changes, thrombophlebitis, bleeding, leg ulceration, deep vein thrombosis and pulmonary embolism that can be life threatening.				
	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 CG168 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 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 best practice, NICE CG168 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 treatment within the Secondary Care services under patient choice.				
Access 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.				
Compliance with NHS Constitution	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 treatment following best practice, NICE CG168 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 best practice, NICE CG168 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 Varicose Vein Intervention 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.

[Varicose vein interventions - EBI \(aomrc.org.uk\)](https://www.aomrc.org.uk)

NICE Varicose veins in the legs [QS67] <https://www.nice.org.uk/guidance/qs67>

NICE Varicose veins: diagnosis and management [CG168]
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NICE Guidance. referral advice varicose-veins

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A Randomized Trial of Early Endovenous Ablation in Venous Ulceration. Gohel MS1, Heatley F1, Liu X1, Bradbury A1, Bulbulia R1, Cullum N1, Epstein DM1, Nyamekye I1, Poskitt KR1, Renton S1, Warwick J1, Davies AH1; EVRA Trial Investigators. N Engl J Med. 2018 May 31;378(22):2105-2114. doi: 10.1056/NEJMoa1801214. Epub 2018 Apr 24.

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.

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
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	<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 Varicose Vein Intervention 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.</p>
Respect – 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.
Equality – 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.
Dignity – 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.
Autonomy – 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 Life	Will or could it affect someone's right to life? How?	No
Right to Liberty	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.

Requests will be managed on a prior approval basis by the IFR team. Activity is monitored through Acute Contracting/Business Intelligence who 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	F&P	04.09.2024

signing off the EA?		
Approved by the Policy Procedure and Strategy Assurance Group.		

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