NHS RESET
FOR THE FUTURE OF HEALTH AND CARE

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Tackling health inequalities

Learning from each other to make rapid progress

Key points

- The COVID-19 pandemic has thrown the issue of health inequalities into sharp focus and created an imperative for the NHS to deliver a step-change in how it cares for diverse and marginalised communities. This briefing reflects the key messages from a joint NHS Confederation and Association of the British Pharmaceutical Industry roundtable on the tangible approaches that could be taken to tackle the greatest societal challenge of our age.
- Reducing avoidable and unfair differences in health outcomes across different groups of people will require action in four key areas: data quality, community engagement, access to services and risk identification and stratification.
- Closer working with the voluntary and community sector and groups supporting specific cohorts, such as refugees and asylum seekers, will help health and care organisations build insights on different approaches to close inequity gaps.
- Integrated care systems present an opportunity to make system-wide improvements to wider health determinants that have traditionally been out of scope for the NHS. This approach should be complemented by neighbourhood-level cross-sector multidisciplinary teams which are able to provide health and care interventions, as well as connecting individuals to the wider community asset base.
- As anchor organisations employing many thousands of people, NHS organisations can make a material difference at a local level to reduce the impacts of wider determinants of health. This includes through employment practices, green initiatives and economic growth and regeneration activity.
- The NHS Confederation and ABPI are committed to a long-term partnership to help build the right tools, techniques and capabilities to meaningfully address health inequalities. The organisations have agreed to pursue a set of actions via a collaborative work programme in 2021.

Our partnership with ABPI: This event and briefing are part of a joint ABPI-NHS Confederation partnership programme to develop understanding and collaboration across health and life sciences.

Introduction

The COVID-19 pandemic has thrown into sharp focus the issue of health inequalities in the UK and exposed the consequences of a long-standing failure to tackle this deep-rooted and multi-faceted problem. The first wave of the pandemic has had disproportionate health, economic and social impacts on people in lower socioeconomic groups and those with black, Asian and minority ethnic backgrounds.

NHS Confederation members report increasing awareness of the scale of the challenge to be addressed by the NHS in designing services to account for the diverse needs of communities. In a recent member survey, nine out of ten respondents agreed that addressing health inequalities must be at the forefront of any reset process, and that the time to act is now. Most respondents (84 per cent) agreed or strongly agreed that COVID-19 has created for an imperative for the NHS to deliver a step change in how it cares for diverse and marginalised communities. However, only 41 per cent said they had the tools, knowledge and support necessary to deliver that step change.

To explore how cross-sector collaboration can contribute to solutions, the NHS Confederation and the Association of the British Pharmaceutical Industry (APBI) held a roundtable discussion with more than 20 NHS and industry leaders in November 2020. The discussion was held under Chatham House rules and focused on identifying tangible approaches that could be actioned to tackle key elements of health inequalities, namely:

- avoidable and unfair differences in health outcomes
- differences and biases in access, care quality and experience
- negative impacts of wider determinants of health.

This briefing represents the output of the discussion and is designed to stimulate further debate and action, amplified through the NHS Reset campaign. The NHS Confederation and the ABPI encourage NHS and industry leaders to participate collaboratively in this dialogue, with the shared goal of rapidly improving equity of access and outcomes for all populations served by our health and care system.

Reducing avoidable and unfair differences in health outcomes across different groups of people

Participants in the discussion identified four broad areas of focus that would reduce avoidable and unfair differences in health outcomes.

1. Data quality

Participants heard that the health system is capturing patient ethnicity data around 65 per cent of the time. More complete – and more comprehensive – data is needed to obtain a full picture of how ethnicity affects health outcomes. When data is used, the right tools should be deployed to remove biases.

Primary care was felt to be a setting where there was also the potential to rapidly increase the volume of ethnicity data captured. Additional opportunities for recording patients' data in primary care were identified, such as during flu vaccination, when making changes to practice registration forms and during death certification.

2. Engagement

Participants saw involving and listening to local communities as crucial to addressing discrepancies in health outcomes. Potential approaches discussed included funding community champions employed by local authorities or voluntary and community sector (VCS) organisations and improving the coordination of activities to "reach out" to disadvantaged communities.

Integrated care systems, and their constituent place-based partnerships, were also viewed as potentially playing a role in this area, convening organisations outside healthcare, such as housing associations, to ensure they are enabled to play a role in discussions about the wider determinants of health.

3. Access

The COVID-19 pandemic has confirmed that stark inequalities exist in access to services across the board. Digital exclusion and digital poverty were viewed as significant problems in some areas, as was awareness of care options and treatments.

Restoring services in the aftermath of the pandemic was felt to pose particular challenges relating to equity of access. Concerns were raised that providers simply working through waiting lists using standard processes, without viewing them through the lens of inequalities, could actively exacerbate the problem. A possible way to resolve this unintended outcome would be to use a clinical prioritisation process to identify who will benefit most from intervention. A health inequality benefit framework or model could be built for this purpose.

4. Risk identification and stratification

Effective risk identification and stratification were viewed as having significant potential to make a positive impact. Approaches include proactively identifying high-risk populations by socioeconomic and clinical criteria alongside ethnicity and comorbidity data.

The impact of poverty was discussed as a factor needing to be considered more directly in the context of evaluating relative risk. For example, in some areas people had continued to work during lockdown despite being in high-risk COVID-19 localities, due to intense financial pressures and economic insecurity. Participants commented that the intersectionality between socioeconomic status, ethnicity and poverty still requires further research. There is a risk of oversimplifying or making assumptions about this issue that does not result in meaningful change in the long term.

Reducing differences and biases in access, quality and experience of care

Participants expressed concerns that lockdown strategies did not meet black, Asian and minority ethnic communities' needs during the first lockdown and that there had been insufficient time for NHS organisations to assimilate learning in order to avoid the same issues recurring during the second lockdown.

The group agreed that providing undifferentiated inputs to all people needing care will result in differential experiences, and consequently to differential outcomes. One example cited was that of black women being offered prostheses with a white skin tone following mastectomy surgery.

It was also agreed that different means of accessing care are urgently needed to increase equity. Health and care organisations need to build insights on different approaches to close inequity gaps with seldom-heard populations. Approaches suggested to achieve this goal included working with charities and groups supporting specific cohorts, such refugees and asylum seekers. The VCS sector often has a deeper reach into local communities than the NHS. Primary care networks are also essential in building relationships and understanding communities.

Research also has a vital role to play. To make sure trials are more representative, research organisations need to find novel ways to identify patients and use early engagement to avoid introducing confounders into studies. The use of patient-reported outcome measures (PROMs) and experience measures (PREMs), already used in many service and pathway designs, has an opportunity to play a greater role in clinical research.

Reducing the impacts of wider determinants of health such as housing, income and educational attainment

The evolution of integrated care systems was viewed as presenting a particular opportunity to make system-wide improvements to wider health determinants that have traditionally been out of scope for the NHS, such as air quality. However, it was also felt that this approach should be complemented by neighbourhood-level cross-sector multidisciplinary teams which are able to provide health and care interventions, as well as connecting individuals to the wider community asset base.

As anchor organisations employing many thousands of people, it was agreed that NHS organisations can make a material difference at a local level through employment practices, green initiatives and economic growth and regeneration activity. This is likely to become even more important in the immediate post-pandemic period.

From a service perspective, it was felt that personalised health budgets can be used to address social determinants over the long term, with the caveat that these schemes can take some time to generate evidence of change.

Conclusion and call to action

The NHS Confederation and the ABPI are committed to a long-term partnership to help build the right tools, techniques and capabilities to meaningfully address health inequalities.

We have agreed to pursue the actions set out below via a collaborative work programme in 2021:

- Develop datasets and different methodologies to address health inequalities, such as improving risk stratification tools to be inclusive of both clinical and non-clinical factors. This work needs to consider the balance between locally designed solutions and the need for standardisation and access to treatments to optimise care.
- Generate recommendations to improve diversity, inclusion and patient experience in clinical trials and research.
- Co-develop action plans to reverse disproportionately low levels of access to care in geographical, socioeconomic and demographic cohorts with the highest health needs.
- Develop a bank of case studies demonstrating local effectiveness in tackling inequalities to facilitate sharing across the system.

Both organisations are eager for as many NHS and industry colleagues as possible to become part of this process, contributing expertise to co-create solutions to the greatest societal challenge of our age.

To express an interest in becoming involved, please contact Nasima Hossain via nasima.hossain@nhsconfed.org or Su Jones at sujones@abpi.org.uk

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About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

Join the conversation #NHS RESET

Find out more at **www.nhsconfed.org/NHSReset**

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