

Reducing health inequalities in primary care at East London NHS Foundation Trust – early/pre-scoping discussion paper

Summary

This paper identifies three initial options for a ‘deep dive’ project to investigate and address an aspect of health inequalities in primary care, as part of wider work to strengthen ELFT’s population health approach.

They are:

- **Option 1:** investigating and addressing inequalities in patient access and experience in Bedfordshire practices
- **Option 2:** investigating and addressing inequalities for people with protected characteristics in specialist East London practices
- **Option 3:** investigating and addressing the impact of changes arising from the COVID-19 pandemic on equality of service uptake across the Primary Care Directorate

DMT is asked to:

- Discuss these high level options and identify a preferred option
- Consider how this work might help to embed an ongoing strategic approach to reducing health inequalities within the Directorate

Background

ELFT’s Primary Care Directorate is seeking to identify impactful action it can take to reduce health inequalities in the populations it serves.

Outputs of the project are to be defined by the primary care team with the support of the public health team.

The purpose of this paper is to:

- Stimulate initial discussion leading to shared understanding of the role of primary care in reducing health inequalities
- Help to reach consensus on areas of focus for a ‘deep dive’ into an aspect of health inequalities in the ELFT Primary Care Directorate
- Generate ideas from within the Directorate on which inequalities to focus on, and how they might be addressed

Policy and planning context

Reducing health inequalities is a key ambition in national, regional and organisational plans.

The NHS Long Term Plan includes specific commitments to strengthen contribution to prevention and the reduction of health inequalities and requirements on local areas to set out measurable goals and mechanisms for the reduction of health inequalities.[1] The NHS Mandate for 2021-22 also includes an expectation to reduce inequalities, with specific measures including the difference in COVID-19 vaccination uptake between different ethnic groups, and differences in primary care access by level of deprivation.[2] Tackling inequalities in outcomes and access is one of the four fundamental principles underlying the process for development of integrated care systems.[3]

Population health and reduction of health inequalities are also a core component of ELFT's organisational strategy and delivery plans.

What are health inequalities?

"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people".[4] They include inequalities in

- health outcomes (such as mortality rates, life expectancy or disease prevalence)
- healthcare quality and access (such as availability of specific treatments)
- immediate health risk factors (such as smoking, diet or alcohol use)
- wider social and environmental factors (such as deprivation or air pollution).

They may arise from differences in individual circumstances - such as income level - within a single population; from differences between geographical populations in the social, physical and economic environment; from specific characteristics protected under the Equalities Act; or from other potential sources of vulnerability such as recent migration. Intersectionality of different characteristics can also lead to poorer health outcomes for some populations.

Primary care at ELFT

The Primary Care Directorate at ELFT includes both routine and specialised primary care services.

Two practices offer routine medical care in Bedfordshire:

- Leighton Road Surgery in Leighton Buzzard (list size ~20,000)
- Cauldwell Medical Centre in Bedford (list size ~9,000)

Three practices offer specialised services in East London:

- Newham Transitional Practice in Newham (list size ~4,500), serving a transitional population including some people without access to an NHS number, some recent migrants and some homeless people
- Health E1 in Tower Hamlets (list size ~1,000) serving a homeless population, with links to an additional service provided by Pathway to support discharge planning at the Royal London Hospital
- Greenhouse Practice in Hackney (list size ~1,000), serving a homeless population

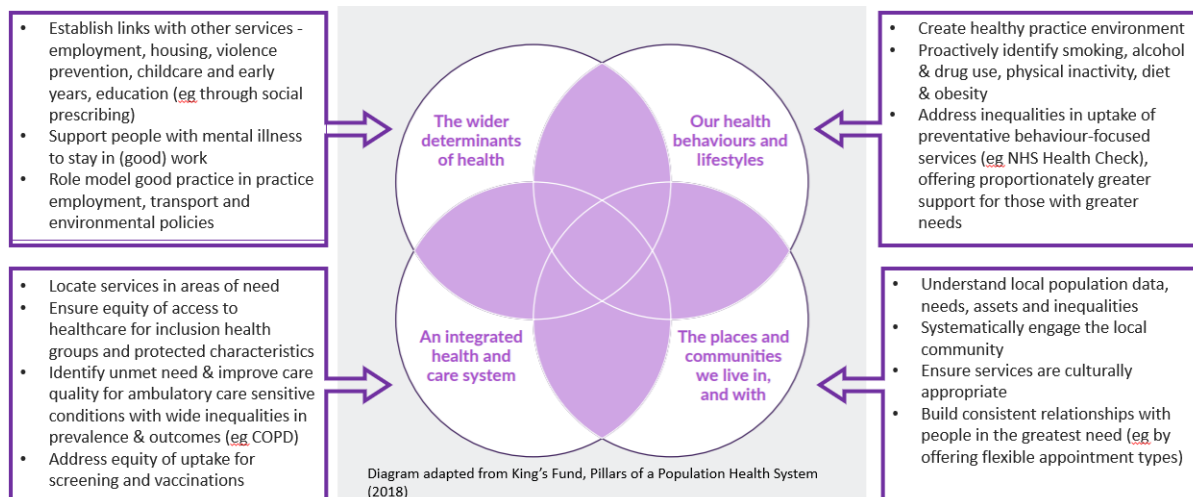
In addition, the Directorate includes a Homeless Outreach service commissioned in April 2020 to provide primary care services to former rough sleepers in temporary accommodation during the COVID-19 pandemic.

Applying national learning at ELFT

Evidence and experience from the Health Inequalities National Support Team suggests that health inequalities in primary care can best be addressed through a systematic approach to improvement for practices working with deprived or high-need populations. This includes intervening for all age groups, with the intent to have an impact over different time periods, and acting at civic level, community level, and service level within place based systems.[5]

Primary care has a direct role in addressing inequalities of access, outcomes and experiences of healthcare within its service provision, but can also influence the wider determinants of health through strong links to other services and relationships with the local community (see figure 1).

Figure 1: the potential role of primary care in reducing health inequalities



Early intervention and a focus on prevention are particularly important because inequalities accrue across the lifecourse, and because there is evidence of differences by income group in use of preventative services.[6]

Initial parameters for this project

This project will need to:

1. Align with existing ICS, PCN and ELFT plans
2. Be completed (to at least one phase) within 8 months
3. Focus on the direct role of primary care services in reducing health inequalities
4. Adopt quality improvement principles and tools
5. Develop and test an approach to Directorate-level support from the ELFT Public Health team which can be applied to future population health and health inequalities projects

Initial project options

The project will follow ELFT Quality Improvement methodology, beginning with a problem identification phase before developing an understanding of the problem, development of a strategy and change ideas, testing, and implementation.

A first step is to examine practice data to understand local population need and aspects of services where there could be scope to improve. For example, ELFT practice data drawn from National General Practice Profiles (see Appendix) suggests that ELFT practice scores and rates are lower than the national average in:

- Overall patient experience in Cauldwell Medical Centre and Leighton Road Surgery
- Uptake of cervical, breast, and bowel cancer screening at Greenhouse, Health E1, Newham Transitional Practice and Cauldwell Medical Centre
- Flu vaccination uptake for some clinical risk groups at Greenhouse Surgery, Cauldwell Medical Centre and Leighton Road Surgery
- Recording of some physical health care indicators for people with mental health problems in Cauldwell Medical Centre and Leighton Road Surgery

Differences from national rates may arise from differences in the way data are recorded; in the underlying characteristics and needs of the populations served; or in the way services are offered

and delivered. Further exploration of the reasons for these differences could help to reduce inequalities between and within practice populations.

Three high-level options for a potential area of focus in 2021-22 have been identified following a Primary Care Directorate Management Team (DMT) meeting on 24 February 2021; discussions with the Primary Care Director and Medical Director on 5 May; and review of the Directorate Handbook and annual plan.

Thematic areas arising from the DMT meeting were:

- Access inequalities
- Hidden inequalities
- Different types of inequality (digital, race, gender, LGBT, history of abuse)
- Data quality
- Service linkage and referral patterns

Thematic areas arising from the 5 May meeting were:

- Equity of access to routine primary care
- Impact of inequalities by protected characteristics within inclusion health groups in specialist practices

Aspects of services where improvement/development work is already planned in the Primary Care Directorate (2021-22 ELFT Implementation Plan) include:

- Uptake of preventative care (breast, bowel and cervical cancer screening, vaccinations)
- Integrated health and housing project (Greenhouse Practice)
- Establishing a GPSU

Option 1: investigating and addressing inequalities in patient access and experience in Bedfordshire practices

Overall patient satisfaction scores are lower than the national average at Cauldwell Medical Centre and Leighton Road Surgery (see appendix). Wider research has found evidence of differences in patient experience between different ethnic and income groups, so a project which strategically targets inequalities in patient experience could have benefits for lower income groups and some ethnic minority communities.[6] [7]

The two practices serve populations which differ in age profile, relative level of deprivation and life expectancy. A project based in these practices could compare practice list demography and access patterns with the local population to understand how well the practice is engaged with the local community.

These practices are large, and have scope to improve, so a project based here could have benefits for a big proportion of the overall population of patients registered with ELFT primary care services.

Option 2: investigating and addressing inequalities for people with protected characteristics in specialist East London practices

As specialised primary care services, Greenhouse, Health E1 and Newham Transitional Practice already directly address housing, migration status, and related needs as social determinants of access to healthcare. There may be opportunities to further strengthen this approach by examining variation in service access, patient experiences and outcomes by specific subgroups protected under

the Equalities Act. A project based in these practices could seek to understand and address how well practice lists reflect diversity within the subpopulations they support.

These practices serve specific high need populations, so a project based here could have substantial benefits for these groups.

Option 3: investigating and addressing the impact of changes arising from the COVID-19 pandemic on equality of service uptake across the Primary Care Directorate

The COVID-19 pandemic has had a widespread impact on primary care service delivery in England, particularly an increase in remote working, as well as reports of increases in demand.[8,9] A project in ELFT’s primary care directorate could investigate and seek to mitigate inequalities arising from differences in service access patterns arising from increases in the proportion of telephone consultations and/or changes in uptake of services. Feedback from patients in recent Directorate PREMs reportd suggests that access to appointments is already a concern for some people.

Identifying inequities arising from recent changes could help to mitigate inequalities across the Primary Care Directorate before new practices become firmly embedded.

FOR DISCUSSION WITH PRACTICE LEADS

- Which demographic groups, people with protected characteristics, or inclusion health groups do you think might be under-served in your practices?
- Which aspects of clinical need, access patterns, patient experience and services quality do you think need attention in your practices?
- Which inequalities do you think will have widened because of changes to patterns of primary care service use during the COVID-19 pandemic?
- What do you think would be the challenges in measuring these inequalities in your practices?
- Which option would have your support, and why?
- Is there scope for a wider strategic approach to reducing health inequalities across the Directorate?

Project governance

The project will report to the Health Inequalities Working Group, with accountability to the Board level Population Health Task & Finish Group.

Project team

Team	Name	Project role
Public Health:	Emily Humphreys, Specialty Registrar in Public Health	Scoping Specialist public health advice Analysis and reporting
	Angela Bartley, Deputy Director of Public Health	Public health oversight
Primary Care Directorate:	Liz Dawson, Medical Director	Clinical engagement and leadership
	Marina Muirhead, Primary Care Director	Managerial leadership
	Who else may need to be involved (TBC as project is scoped)	Roles needed (to be confirmed as project develops)

	<ul style="list-style-type: none"> - Louise Little (Service Manager, Newham Transitional Practice) - Nicola Hoad (Directorate Development Manager) - Joanne Alder-Pavey (Quality & Compliance Lead)? - PPI lead 	<ul style="list-style-type: none"> • Project management support • Data access • Service user engagement • Other roles to be defined
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Next steps

1. Discussion with primary care directorate to agree an area of focus (mid-late June)
2. Initial data review and further project scoping (late June-mid-July)
3. Establish project team, governance and approach (late July)

Appendix 1: potential measures of inequality

Potential outcome measures

- Access: registration; appointment waiting times; appointment type; list turnover
- Experiences/processes of care: patient satisfaction scores; offer and uptake of preventative services (smoking cessation support, screening, vaccination, NHS Health Checks); cancer late diagnosis; QOF prevalence and scores for specific priority conditions; IAPT referrals
- Short/medium term outcomes & proxies: health behaviours (eg smoking status); mental health; hypertension; diabetes; cancer; ACS emergency admissions

Potential dimensions of inequality:

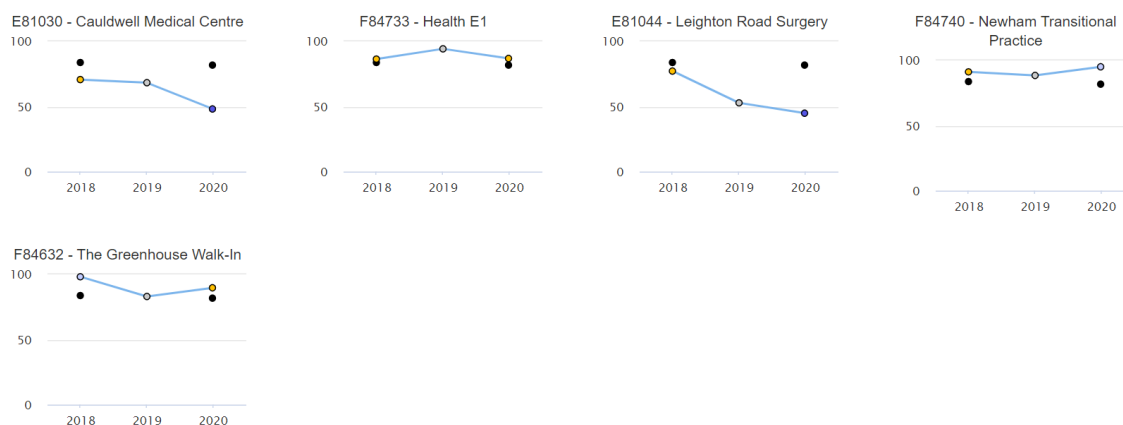
- Protected characteristics: age, race, disability, sex, gender reassignment, sexuality, marriage and civil partnership, pregnancy and maternity, and religion or belief
- Inclusion health groups: any socially excluded group with complex needs including homeless people, sex workers, people from GRT communities, people with drug or alcohol dependence, vulnerable migrants, people in contact with the criminal justice system, victims or perpetrators of domestic violence.
- ELFT inequalities workstream priority groups: people experiencing multiple disadvantage (rough sleepers, carers, people with a learning disability, people living in care homes, families with young children, people living with addiction, people with no recourse to public funds), BAME communities, staff (race, disability, LGBTQ, intergenerational, WRES), social determinants (financial insecurity, food insecurity, poor housing, employment, digital exclusion, domestic violence), different stages in the lifecourse (children, “ments health”?, older people)
- Additional factors influencing health equity: postcode-level index of multiple deprivation, occupation, income, level of education, exposure to adverse childhood experiences.

Appendix 2: selected primary care indicators, by practice

Figure 1: trends in patient satisfaction at ELFT practices, in comparison to England

% who have a positive experience of their GP practice (Persons, 16+ yrs)

Proportion - %



Disease prevalence

Lower Similar Higher Not compared

Indicator	Period	England	ELFT Primary Care	F84632 - The Greenhouse Walk-...	F84733 - Health E1	F84740 - Newham Transitional...	E81030 - Cauldwell Medical Ce...	E81044 - Leighton Road Surger...
Cancer: QOF prevalence (all ages) (Persons, All ages)	2019/20	3.1	2.2*	1.2	1.3	0.9	1.2	3.0
CHD: QOF prevalence (all ages) (Persons, All ages)	2019/20	3.1	2.3*	1.8	2.4	1.8	1.4	2.8
Stroke: QOF prevalence (all ages) (Persons, All ages)	2019/20	1.8	1.1*	1.2	0.5	0.7	0.8	1.4
Diabetes: QOF prevalence (17+) (Persons, 17+ yrs)	2019/20	7.1	6.2*	5.9	6.2	8.1	6.7	5.6
COPD: QOF prevalence (all ages) (Persons, All ages)	2019/20	1.9	1.4*	4.1	4.6	0.7	0.9	1.5
Asthma: QOF prevalence (all ages) (Persons, All ages)	2019/20	6.5	5.8*	7.1	6.6	3.2	5.0	6.7
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2019/20	0.93	1.77*	8.40	13.57	2.08	1.54	0.84
Dementia: QOF prevalence (all ages) (Persons, All ages)	2019/20	0.8	0.5*	0.1	0.1	0.2	0.2	0.8
Learning disability: QOF prevalence (Persons, All ages)	2019/20	0.5	-	1.0	0.9	0.2	0.5	0.3

Cancer screening

Lower Similar Higher Not compared

Indicator	Period	England	ELFT Primary Care	F84632 - The Greenhouse Walk...	F84733 - Health E1	F84740 - Newham Transitional...	E81030 - Cauldwell Medical Ce...	E81044 - Leighton Road Surger...
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) - retired after 2019/20 (Female, 25-64 yrs)	2019/20	72.3	63.2*	58.1	32.9	64.4	45.9	72.4
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (Female, 50-70 yrs)	2019/20	70.1	66.0*	25.7	9.3	45.4	45.0	76.7
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (Persons, 60-74 yrs)	2019/20	63.8	55.3*	17.0	20.6	49.0	39.4	61.7

Physical health risk factors

Lower Similar Higher Not compared

Indicator	Period	England	ELFT Primary Care	F84632 - The Greenhouse Walk...	F84733 - Health E1	F84740 - Newham Transitional...	E81030 - Cauldwell Medical Ce...	E81044 - Leighton Road Surger...
Estimated smoking prevalence (QOF) (Persons, 15+ yrs)	2019/20	16.5	22.9*	58.8	63.5	28.8	25.6	15.4
Hypertension: QOF prevalence (all ages) (Persons, All ages)	2019/20	14.1	11.4*	12.2	7.0	10.3	9.1	13.0
Obesity: QOF prevalence (18+) (Persons, 18+ yrs)	2019/20	10.5	9.8*	11.0	6.8	12.2	8.4	10.0

Flu vaccination

		Lower	Similar	Higher	Not compared				
Indicator	Period	England	ELFT Primary Care	F84632 - The Greenhouse Walk-...	F84733 - Health E1	F84740 - Newham Transitional...	E81030 - Caudwell Medical Ce...	E81044 - Leighton Road Surger...	
CHD007: CHD patients immunised against flu (den.incl.PCAs) (Persons, All ages)	2019/20	77.3	67.9*	61.1	57.7	80.2	64.7	67.5	
COPD007: Influenza immunisation given 1 Aug - 31 Mar (denominator includes PCAs) (Persons, All ages)	2019/20	77.4	73.8*	56.1	70.0	61.8	70.0	79.1	
DM018: Flu vaccination coverage (denominator includes PCAs) (Persons, 17+ yrs)	2019/20	72.2	66.0*	43.3	58.2	80.4	56.2	68.4	
STIA009: Influenza immunisation given 1 Aug-31 Mar (denominator includes PCAs) (Persons, All ages)	2019/20	74.2	61.9*	25.0	80.0	61.3	48.6	66.4	

Care for people with mental health conditions

		Better 95%	Similar	Worse 95%	Lower	Similar	Higher	Not compared	
Indicator	Period	England	ELFT Primary Care	F84632 - The Greenhouse Walk-...	F84733 - Health E1	F84740 - Newham Transitional...	E81030 - Caudwell Medical Ce...	E81044 - Leighton Road Surger...	
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2019/20	0.93	1.77*	8.40	13.57	2.08	1.54	0.84	
MH003: record of blood pressure check in preceding 12 months for patients on the MH register (denominator includes PCAs) (Persons, All ages)	2019/20	80.3	72.9*	80.9	84.5	83.7	54.1	68.0	
MH006: record of BMI in the last 12 months for patients on the MH register (denominator includes PCAs) (Persons, All ages)	2019/20	74.4	62.9*	73.5	80.6	77.2	44.3	49.3	
MH007: record of alcohol consumption for patients on the MH register (last 12 mnths), den. incl. exc. - retired after 2018/19 (Persons, All ages)	2018/19	81.1	76.0*	93.8	88.7	82.1	49.0	68.3	
% reporting a long-term mental health problem (Persons, 16+ yrs)	2020	10.5	15.7*	42.2	56.5	14.6	14.7	12.7	

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