

	Public Trust Board	Public Trust Board paper H			
Date of the meeting:	9 February 2023				
Title:	Health Equality at UHL - Update				
Report presented by:	Dr Ruw Abeyratne, Director of Health Equality and Inclusion				
Report written by:	Dr Ruw Abeyratne, Director of Health Equality and Inclusion				
Action – this paper is for:	Decision/Approval		Assurance		Update
Where this report has been discussed previously	Quality Committee – 17 th Jan 2023				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
<ul style="list-style-type: none"> Existing risk on BAF risk 1: failure to maintain and improve patient safety, clinical effectiveness and patient experience). (Existing risk on BAF risk 7b: Framework for health inequalities including resource requirements)

Impact assessment
<ul style="list-style-type: none"> Patients – improved equity of access to services Equality, Diversity & Inclusion – focus on inclusive delivery of services Services – improved utilisation of services, with impact on efficiency and productivity Finance – potential for cost improvement

<p>Acronyms used:</p> <p>UHL – University Hospitals of Leicester NHS Trust</p> <p>NHSE – NHS England</p> <p>NHS LTP – NHS Long Term Plan</p> <p>CNS – Clinical Nurse Specialist</p> <p>AHSN – Academic Health Sciences Network</p> <p>ED – emergency department</p> <p>IHI – Institute of Healthcare Improvement</p> <p>AI – Artificial Intelligence</p> <p>VCSE – Voluntary, Community and Social Enterprise</p>

Purpose of the Report

The report provides an overview of the work to date in health equality and inclusion since May 2022. Key points to highlight are:

- Significant progress against NHSE Core20Plus5 framework.
- Significant progress against LTP prevention aims.
- Governance

Recommendation

The Trust Board is asked to:

1. Receive the report for information.
2. Note the gap re formal governance process as a risk relating to quality and outcome measures.

- Note resourcing of workstreams as a significant risk to sustainability and progress of existing work.

Summary

Health Equality is one of seven Trust priorities for 2022-23. Significant progress has been made in disaggregating our data to identify health disparities with regards to access; there are now almost 30 workstreams at various stages of development across a range of services predominantly with a lens on improving equity of access.

The UHL non-attendance pilot has demonstrated that targeted intervention for high-risk groups is effective in significantly reducing non-attendance rates (30-50% reduced to c.8% in line with trust average), but highlights insufficient resourcing and planning as a risk to sustainability, for all projects.

The report highlights also that the governance process around health equality is currently not defined. Individual clinical workstreams will report through CMG governance structures, but there is no oversight process for all of the work currently being undertaken.

Main report detail

1. Current Priorities

UHL's current Trust priorities relating to health equality are:

Restore services inclusively

- Disaggregate waiting list data to highlight and understand inequalities within our population and enable focussed intervention
- Reduce differential DNA rates for the most deprived 20% of the population and other high risk groups

Embed and develop existing programmes addressing health inequalities

- E.g. UHL Neonatal Unit STORK programme for new parents

Collaborate with system partners to ensure a cohesive approach across the LLR system

2. What has been achieved to date?

2.1 Respiratory non-attendance pilot:

UHL's flagship health equality project, the Respiratory DNA/non-attendance pilot highlights the potential positive impact that can be had on differential access, experience and outcomes through a process of:

1. Understanding and disaggregating our data to highlight disparities and define a problem.
2. Using this data to inform targeted and specific solutions to address disparities and improve access. Longer term follow up of impact on outcomes will be needed.

A summary of pilot data (May-Sept 22) is presented in the table below (Table 1):

Table 1

RESPIRATORY	PATIENTS	DNA RATES	COSTS AVOIDED BASED ON TRUST AVERAGE OP
Intervention Group	492	37	£12, 400
Control Group	429	99	N/A
Rebooked appointments	102	N/A	£20, 400

Contacting patients by telephone prior to their appointment has resulted in a reduction in non-attendance rates, enabling patients who might otherwise not have been seen to engage with services and potential onward referral or treatment (experience and outcomes).

The potential economic benefit and improvement in productivity if we were able to scale this pilot up to outpatient services across UHL is significant (Table 2).

Table 2

Opportunity For Change	
White British 2021/22 DNA Rate (%)	8.2
Trust 2021/22 DNA Rate (%)	9.2
BAME 2021/22 DNA Rate (%)	11
Appointments Lost Due To DNA Rate Differential	15,462
Cost Opportunity (based on flat £200 per appointment)	£3,092,397

However, the current intervention and process is not scalable or sustainable. Potential solutions include, refining our data and intelligently selecting high risk patients to contact (e.g. pilot project with AI company DeepMedical) and collaboration with the VCSE sector to engage with underserved communities.

2.2 Breast Cancer Outreach Pilot

Analysis of our data reveals that patients of Black African or Black Caribbean ethnicity are up to 5 times more like to not attend Breast Cancer outpatient appointment. Funding has been secured for a CNS to deliver breast cancer outreach clinics focusing on engaging Black African and Black Caribbean patients at place through collaboration with community partners, including the African Caribbean Centre. These clinics are focused on offering support to patients to attend appointments and answer questions about the service, an approach that was supported in early engagement conversations with partners.

2.3 Cardiovascular Outpatients: underrepresentation of South Asian patients

UHL outpatient data shows that patients of Asian ethnicity have higher non-attendance and discharge after first appointment rates for cardiovascular services. Further analysis reveals that patients of Asian ethnicity are less likely to be prescribed Rivaroxaban from these clinics, contrary to NICE guidance. A project is underway to engage with South Asian communities to understand: barriers to accessing cardiovascular services, preferred methods of communication and why patients may or may not choose to follow gold standard advice. This work has been funded by a £100k grant from the AHSN and draws on cross-system collaboration.

2.4 Other work

In addition to in excess of 20 other projects focussing on improving equity of access to services at various stages of development across UHL, these are summarised below in figure 1 (see link to full programme tracker below for more details). Demonstrating improved equity of access is the initial step in improving patient (and colleague) experience and outcomes of care.

Figure 1

0	Date	Programme/Project	Owner
1	Apr-20	STORK	Professor Tilly Pillay
2	Apr-21	Maternity Language App	Professor Angie Doshani
3	Apr-21	Maternity Black African Research Programme	Professor Angie Doshani
4	May-22	Core 25 IMD & Ethnicity DNA Pilot	Ruw Abeyratne
5	Oct-22	Breast Cancer DNA Pilot	Ruw Abeyratne
6	Oct-22	InHIP AHSN Drugs Health Inequalities Programme	Mala Khuroya
7	Oct-22	Multi-modal Communications Pilot in Cardiovascular outpatients	Mala Khuroya
8	Oct-22	Health Inequalities Minimum Data Set	Professor Nigel Brunskill
9	Nov-22	General Anaesthetic Programme (LD Community)	Marianne Duffy
10	Nov-22	Patient Waiting On Ambulances	Prof Tim Coats
11	Nov-22	General Surgery Listing	Ruw Abeyratne
12	Nov-22	PCN Respiratory Pilot	Bharathy Kumaravel
13	Nov-22	Hearing Cards Programme	Donna Bentley-Carr
14	Nov-22	Cancer surgery Prehabilitation	Dr Andrew Packham
15	Nov-22	Hip and Knee surgery Prehabilitation	Dr Andrew Packham
16	Nov-22	Difficult bloods/cannulas on BAME patients/patients with darker skin tone	Dr Jeremy Lin
17	Nov-22	Bowel Cancer Screening	Alexander J Bonner
18	Nov-22	Inclusion, Homeless DNA pilot	Sarah Styles
19	Nov-22	The Centre Outreach Pilot	Ruw Abeyratne
20	Nov-22	A&E Attendances Research	Nigel Brunskill
21	Nov-22	Gynaecology Inpatient & Outpatient Access Review	Dr Habiba Marwan
22	Nov-22	Perinatal Mental Health Access Review	Rosie Clair
23	Nov-22	UHL Colleagues' health equality	Ruw Abeyratne
24	Dec-22	Radiation Information Sharing	Elizabeth M Davies
25	Dec-22	Equitable provision of diabetes technology in children	Dr Premkumar Sundaram
26	Dec-22	Breast Cancer Clinical Trials	Dr Sam Khan
27	Dec-22	Renal Transplant	Suzanne Glover & Richard Baines
28	Dec-22	Home Dialysis	Suzanne Glover & Richard Baines

[UHL Health Inequalities Programme Tracker \(1\)](#)

Each of the workstreams above is mapped to the NHSE Core20Plus5 health inequalities framework.

This work has potential to mitigate against several of the impacts relating to the risk relating to quality on the Board Assurance Framework (failure to maintain and improve patient safety, clinical effectiveness and patient experience). We have made significant progress in disaggregating waiting list data to highlight and demonstrate disparities in access to our services, in line with current trust priorities. However, resource to continue this work remains a significant risk to sustainability and scalability. Demonstrating improved patient experience and outcomes will build on this initial work. In order to sustain and scale this work, UHL will need to increase the resource for this programme. This will include dedicated corporate roles and roles within the Clinical Management Groups. This is in the process of going through annual planning.

3. Prevention

Prevention is a key feature of the NHS LTP. The UHL Prevention taskforce continues to meet monthly overseeing alcohol, tobacco and obesity services.

3.1 Tobacco

- The Acute hospital service had to delay rolling out the service to LGH in Dec 2022 due to the need to recruit tobacco dependency advisors, but they have now successfully recruited to 2 posts and plan to start in the next quarter.
- The UHL maternity service has also now successfully recruited a tobacco dependency advisor who will start in the next quarter, with one further Tobacco dependency advisor due to be interviewed in January 2023.

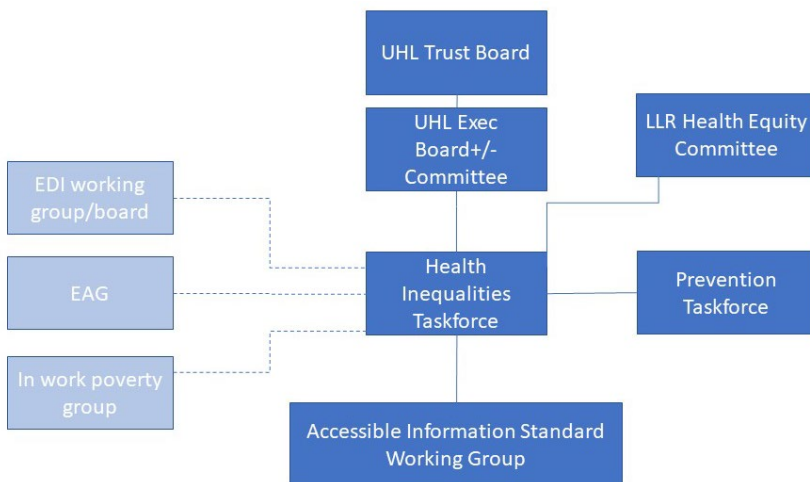
- The UHL Staff tobacco dependency offer has had over 40 referrals to date with excellent quit results. More work is being planned to incentivise referrals.
- Some patient level data was reported in November 2022, with more work being led by the Deputy Chief Information Officer to build the appropriate recording and reporting infrastructure, this is still likely to be several months away from completion
- A comprehensive evaluation of the Acute service is being undertaken by a Public Health registrar.

3.2 Alcohol

- As of Dec '22, 3 out of 4 staff were recruited to deliver the work of the Alcohol care teams at UHL with a further appointment imminent, to fulfil the needs of a 7 day service.
- The IT requirements for patient level reporting are still being explored.

4. Governance

It is clear that improving health equality is a theme that needs to run through all of the work that is undertaken at UHL and as such, the governance pathways for this are necessarily flexible. Over the past 4 months a governance framework with oversight for this work has started to evolve and will continue to do so over the short to medium term and as the UHL strategy is developed. A summary is provided in figure 2 of existing oversight and reporting mechanisms. As referenced earlier, workstreams above will also report through their CMG governance pathways.



5. Education and research

UHL will be hosting four Health Education England Fellows with a focus on Health Equality from August 2023 (advertising March 2023). Two of the fellows will be working within Emergency and Specialist Medicine, one in Obstetrics and one in Renal Medicine.

UHL was awarded an Innovation in Health Inequalities Programme £100,000 grant to improve disparities in access to cardiovascular services for non-English speaking patients and a further £30,000 grant has been awarded for work targeting improving health literacy for underserved communities.

UHL has been successful in its application to the Institute of Healthcare Improvement (IHI) Pursuing Equity Programme, an educational and learning programme focusing on addressing racial injustice in

healthcare. UHL is the only NHS organisation on the programme. A team of eight colleagues will be taking part in the programme over the next 18 months, with opportunity for more to get involved, and three colleagues will be required to attend two in-person intensive learning sessions at the IHI in Boston.

6. Partnerships

UHL is committed to co-creating solutions to address health inequalities experienced by different groups with members of the community. We are actively engaged with a variety of VCSE groups including Shama Women's Centre, Leicester's African Caribbean Centre, Leicester Women4Change, South Asian Health Action, all of whom are actively supporting a variety of the workstreams above.

Supporting documentation

NA