



# HCAC 2023

## 7<sup>TH</sup> QUALITY HEALTH CARE CONFERENCE AND EXHIBITION

Nov 13<sup>th</sup>-15<sup>th</sup> 2023

Globalization Toward Quality & Patient Safety  
A Future Perspective

الجودة من منظور عالمي - تطلعات مستقبلية

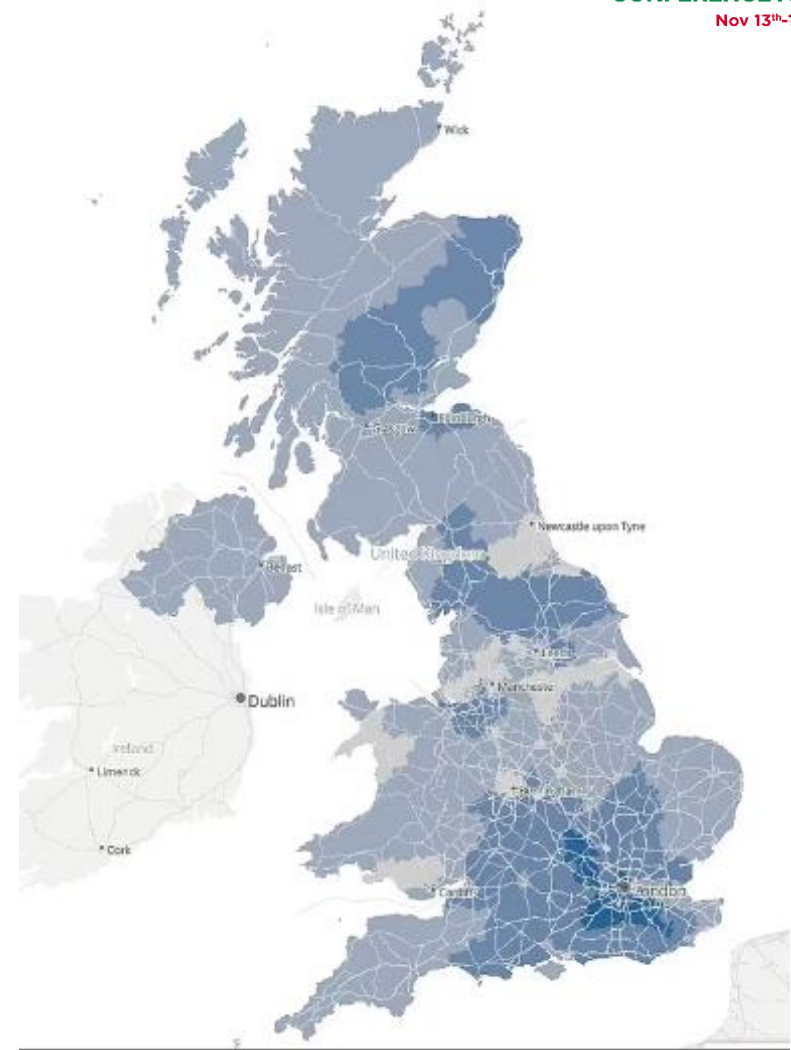
## Health Inequalities – a perspective from the UK

Helen Crisp



# The UK is a wealthy country

- Population 67 million people
- 29 million 'households'
- Population growing - but more slowly than in past
- An ageing population
- 5th richest country by overall GDP
- GDP per capita \$39,212 (ranked 21<sup>st</sup> globally)
- Unemployment around 4%

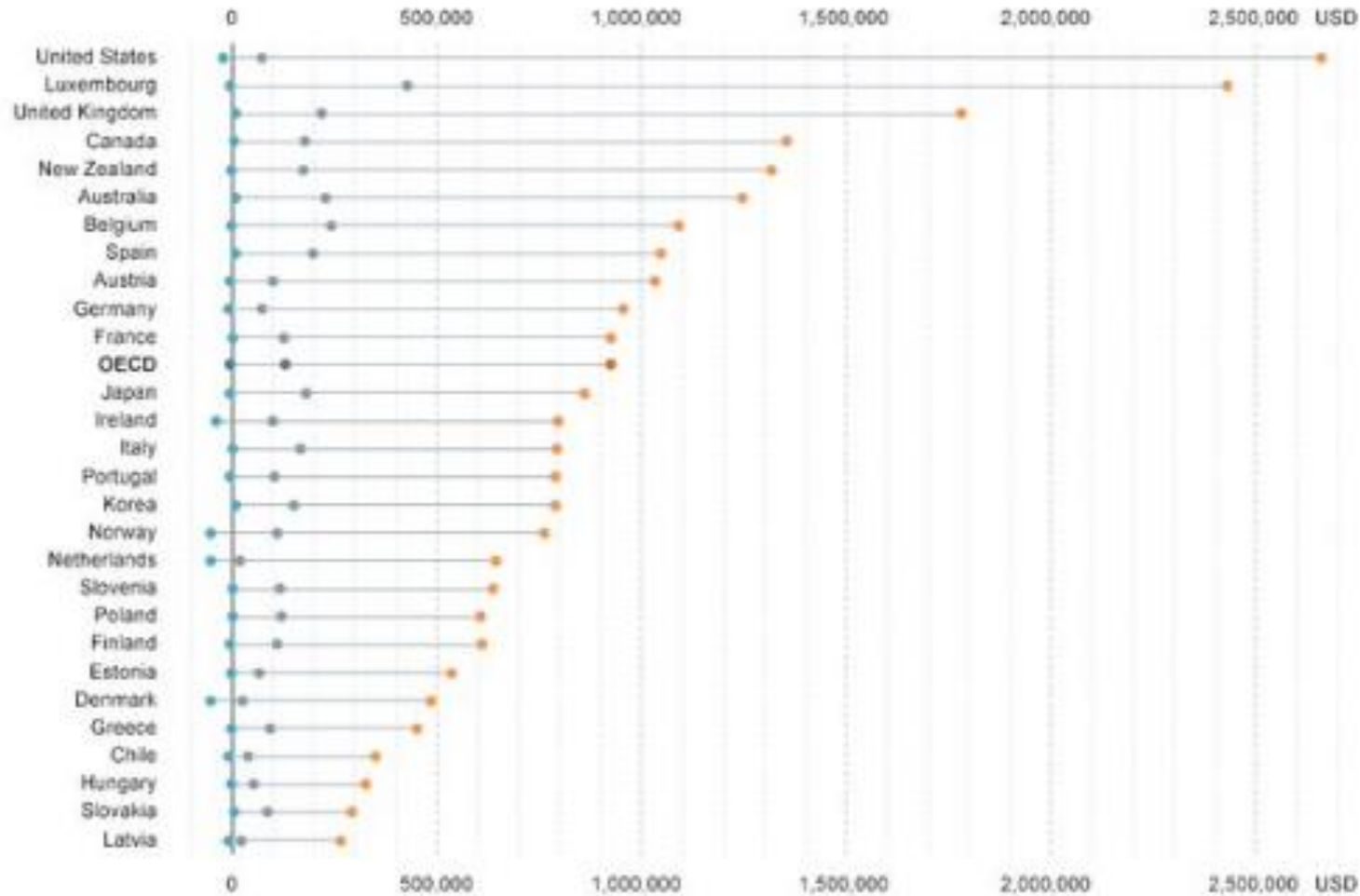


Map from Daily Mail online showing darker blue wealthy to light blue poorer areas



## Inequality in household wealth is very high in some OECD countries

Average net wealth for **poorest 20%**, **middle 20%** and **richest 20%** of households

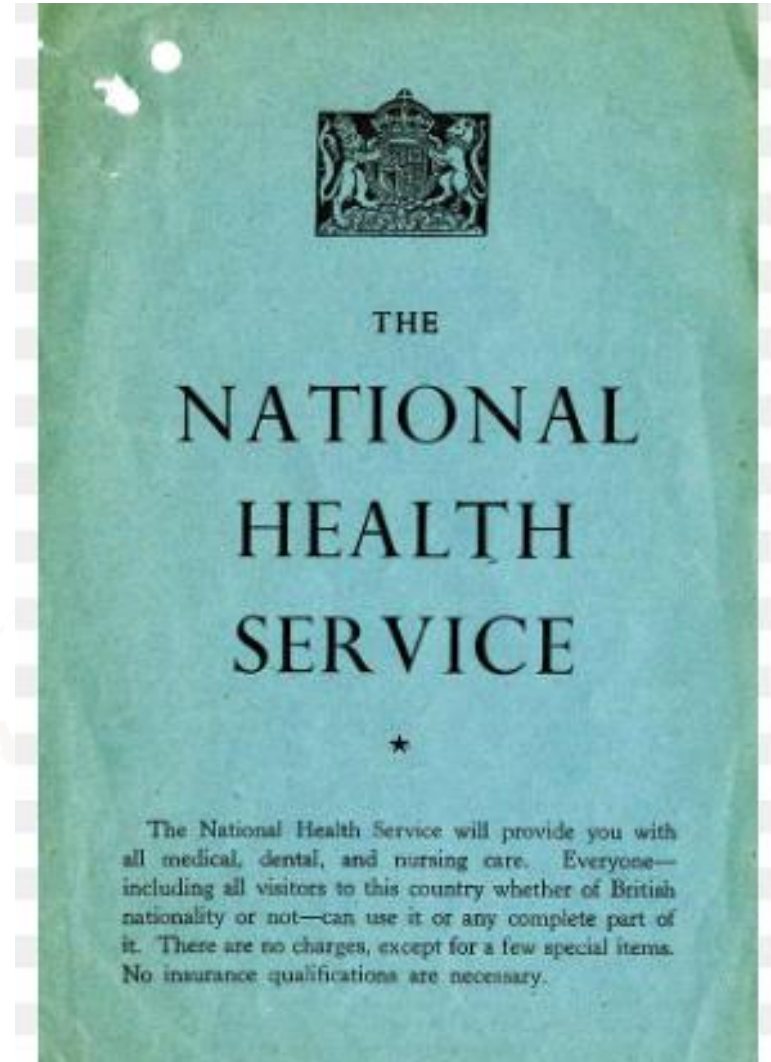


Net wealth refers to the sum of financial wealth, real-estate wealth and other non-financial wealth (includes vehicles, valuables and other consumer durables such as household appliances) minus property liabilities and other liabilities. Data for 2014 or latest available year. Wealth values are expressed in 2011 USD by, first, expressing values in prices of the same year (2011) through consumer price indices and, second, by converting national values into a common currency through the use of purchasing power parities for household consumption.

Steep gradient  
between rich  
and poor

# NHS 75<sup>th</sup> anniversary 2023

- The National Health Service (NHS) established 1948
- Universal healthcare free at the point of demand
- For ALL citizens



# BUT... UK and the NHS face major issues of inequality

A report from the Health Foundation found:

- People from all minority ethnic groups experience greater rates of poverty than white people.
- The poverty rate for people of Pakistani and Bangladeshi ethnicity is more than twice as high (47% and 55%, respectively) than the rate for white people (19%).
- Disabled people are six percentage points more likely to be in poverty than non-disabled people (27% compared with 21%).
- 48% of single-parent households live in poverty, compared with 12% of couples without children and 23% of couples with children.

The Health Foundation UK, December 2022

<https://www.health.org.uk/evidence-hub/money-and-resources/poverty/inequalities-in-who-is-in-poverty>



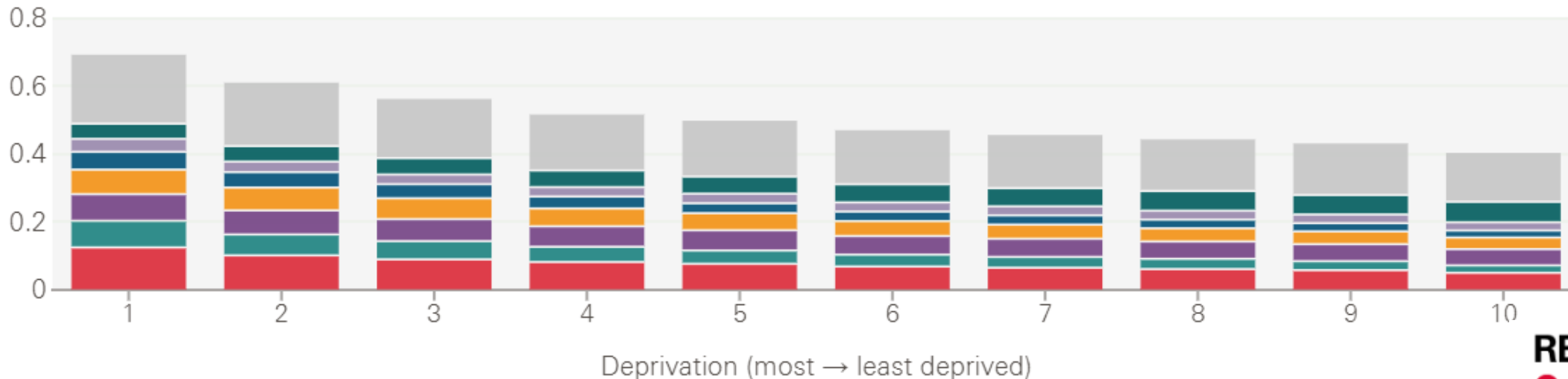
# Universal access to healthcare but large variation in health status

People living in more deprived areas experience a higher level of diagnosed illness on average

Diagnosed illness (average Cambridge Multimorbidity Score) by deprivation (IMD decile) and selected contributing conditions, age-standardised, 2019/20

Click to filter data by condition: ■ Chronic pain ■ COPD ■ Cardiovascular disease† ■ Diabetes (I & II) ■ Alcohol problems\*  
■ Anxiety or depression ■ Cancer ■ Other conditions

Average Cambridge Multimorbidity Score



# Understanding health inequalities

- Health inequalities - unfair and avoidable differences in health between different groups in the population
- Inequalities include:
  - Life expectancy
  - Health conditions experienced
  - Care available
- Inequalities are linked to the ‘wider determinants of health’:
  - Housing quality
  - Food available
  - Employment and type of work



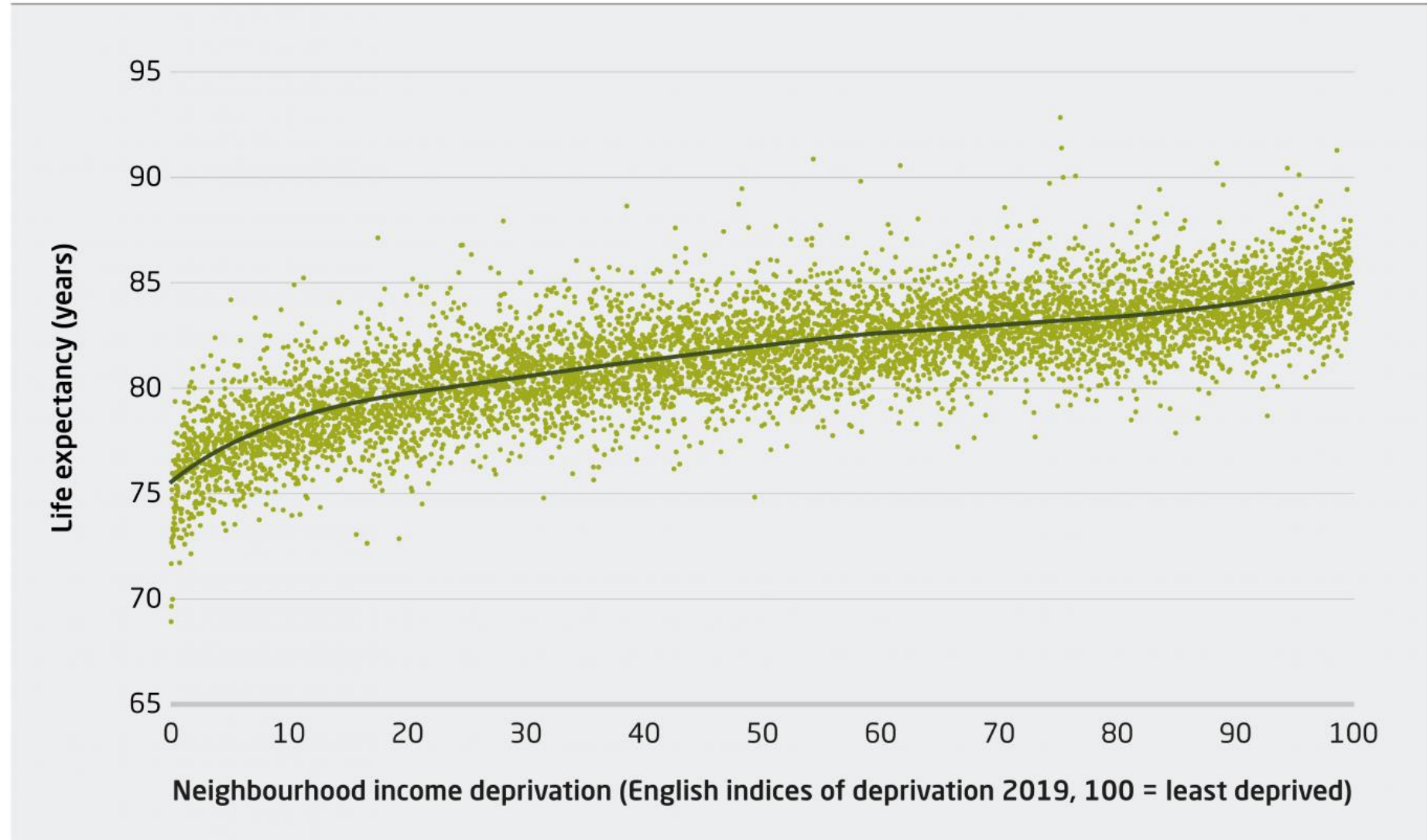
# Life expectancy closely linked to levels of deprivation

**Figure 1** Inequalities in life expectancy (persons) by neighbourhood deprivation level, England 2015–19



Chart by the  
Kings Fund,  
London

<https://www.kingsfund.org.uk/publications/what-are-health-inequalities>





# Interlinking inequalities

- Unemployed person
- Lives in low quality housing
- Poor diet – limited access to fresh healthy food
- Little access to green space

All the above impact on physical and mental health:

- Poorer communities face more challenges to access health care



# Other factors in accessing health care

Complex interlinked factors include:

- service opening times
- access to transport
- access to childcare
- language (spoken and written)
- literacy
- poor experiences in the past
- misinformation
- fear

People living in areas of [high deprivation](#), those from Black, Asian and minority ethnic communities and the homeless, are most at risk of experiencing these inequalities.



# COVID-19 & health inequalities

- COVID-19 shone a harsh light on health and wider inequalities in the UK
- Mortality from COVID-19 markedly worse among Black and Asian people than other ethnic groups
- In response, NHS England instigated the Healthcare Inequalities Improvement Programme
- We have also developed our [Core20Plus5](#) approach to support the reduction of healthcare inequalities.

# REDUCING HEALTHCARE INEQUALITIES

**CORE20**  
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

**PLUS**  
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



**Target population**

## CORE20 PLUS 5

**Key clinical areas of health inequalities**

1



**MATERNITY**  
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



**SEVERE MENTAL ILLNESS (SMI)**  
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3



**CHRONIC RESPIRATORY DISEASE**  
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



**EARLY CANCER DIAGNOSIS**  
**75%** of cases diagnosed at stage 1 or 2 by 2028

5



**HYPERTENSION CASE-FINDING**  
and optimal management and lipid optimal management



**SMOKING CESSATION**  
positively impacts all 5 key clinical areas



# REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

## CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

## PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

# CORE20 PLUS 5

Key clinical areas of health inequalities

1

## ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks



2

## DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3

## EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism



4

## ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s



5

## MENTAL HEALTH

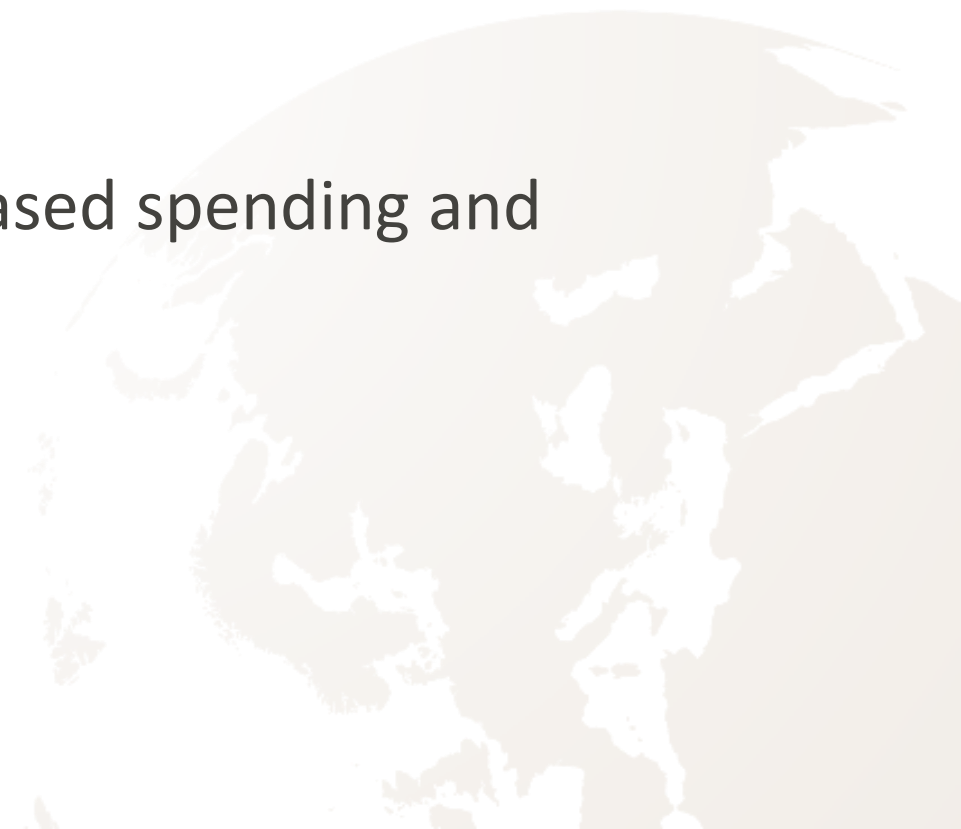
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation





# Addressing social determinants of health

- A harder issue to tackle
- Would require a national ‘re-set’ of priorities
- Government would need to commit to increased spending and reform of:
  - Education
  - Housing
  - Public health
  - Social security and other social services.





THANK YOU

