

EXECUTIVE SUMMARY

WHY

This project was set up to identify and explore the barriers to health inequality data being routinely reported within the National Clinical Audit and Patient Outcome Programme (NCAPOP). Health inequalities are known to cause unjust and preventable differences in health outcomes and research has shown that the implementation of a wide-ranging and diverse strategy to tackle these disparities can yield far-reaching outcomes on an individual and population health level. Reliable and accurate data is essential to further understand inequalities in health and adapt health services to address the needs of underserved communities.

HOW

A review of current health inequality reporting with the NCAPOP reports was conducted alongside a literature to gain insight into current practices. An online survey was then conducted of the National Clinical Audit and Patient Outcome Programme providers to identify the barriers to health inequality data collection, analysis and reporting. Free text answers contained valuable insight into the challenges and perceived barriers for the programmes alongside suggestions for improvement.

WHAT WE FOUND

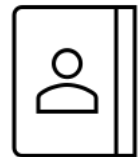
Review of current practice

found little improvement since a previous internal review conducted by HQIP in 2020. The results indicated significant variations in the reporting, analysis, and use of health inequality data among different programs.

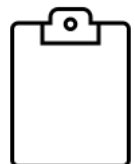


Literature review

highlighted adverse outcomes for minority ethnic groups or socially deprived areas compared to the majority ethnic group and demonstrated limited insights into barriers related to data collection, analysis, and reporting.



Survey responses



- **Linked data sets:** issues such as incomplete data, difficulties in categorising ethnicity, and challenges in obtaining accurate and complete data from linked datasets.
- **Bespoke data sets:** time pressure on clinical staff, accessibility and engagement challenges with patient/relative surveys (particularly impacting ethnic minority groups), consent issues.
- **Population data:** lack of population statistics for comparison at analysis stage.
- **Costs:** increased costs of analysts, increased resources for clinical audit leads.
- **Small numbers problem:** at data collection stage minority ethnicity data less likely to be complete, small numbers at analysis stage make data analysis statistically inaccurate, concerns that small numbers at reporting stage make data identifiable, lack of guidance on how to aggregate small numbers.
- **Social deprivation calculation:** difficulty in calculating deprivation indices if postcode data is missing, concerns about the accuracy of using postcode data as a proxy measure for social deprivation, concerns it is identifiable data, increased time and cost of analysts/data cleaning required to calculate deprivation score from postcode, and topic specific analysis issues (e.g., Conditions with higher prevalence in older populations).
- **Reporting demands:** State of the nation reports have less scope for extended analysis of HIE than monthly-quarterly reports however these can lead to not enough time or resources to analyse this volume of data to acceptable standard with difficulty benchmarking themselves.

RECOMMENDATIONS

1. Recommendations for HQIP

1. Ensure that ethnicity and deprivation are included in all NCAPOP specifications .
2. Convene a group to collaboratively address the small numbers problem within ethnicity data. This might involve work with the statistical and information governance community leading to guidance for the programme.
3. Provide guidance to audit providers, on the use of postcode to be used as a proxy for social deprivation, to ensure the reliability and anonymity of this measure.
4. Convene a working group to foster collaboration and knowledge sharing among different audit programmes:
 - A. Learning from each other's experiences in addressing barriers to obtaining health inequality data
 - B. Sharing innovative approaches to overcome challenges
 - C. Evaluating the progress made in addressing health inequality data barriers including for example health group status, gender, sex, and other inclusion factors.



2. Recommendations for Trusts and ICBs:

1. Trusts and ICBs to collaborate with hospitals and clinical centres to improve ethnicity coding, implementing lessons learned from the COVID-19 pandemic.



3. NHS England and the Welsh Government should reflect on the following:

1. The issue of incomplete data is vitally important. Strategies need developed to ensure that all relevant patient characteristics, including ethnicity and social deprivation, are consistently recorded. This could involve providing clear guidelines, training and resources to clinicians and data collectors on the importance of capturing this information accurately
2. There is an issue of inconsistent and duplicate ethnicity recording. This could be addressed through:
 - implementing digital solutions to ensure every patient has a single ethnicity recorded, linked to their NHS number.
 - Providing finalised, standardised definitions, to be implemented UK-wide. This will require collaboration with relevant stakeholders, including professional bodies and regulatory agencies
 - Establishing best practice for capturing and categorising ethnicity data in a way that is clinically appropriate and meaningful
 - Enhancing data analysis capabilities to conduct more detailed health inequality analyses.
 - Developing appropriate regression analysis techniques that consider multiple characteristics simultaneously, rather than focusing on comparisons with a majority group alone.
3. Ensure adequate resourcing of the additional analysis required for the health inequalities data.



4. UK Health Security Agency and Office for Health Improvement and Disparities should reflect on the following:

1. Making national figures relating to ethnicity and social deprivation available and accessible, to enable accurate comparison with audit data.



5. UK Health Security Agency and Office for Health Improvement and Disparities, NHS England and the Welsh Government and the clinical audit community should reflect on the following:

Working together to:

1. Develop strategies to address the small numbers problem associated with health inequality data, especially in minority ethnic groups.
2. Explore methods to aggregate data or analyse it at a broader level to ensure confidentiality while still providing valuable insights.
3. Collaborate with the wider clinical audit community to link data sources to increase sample sizes for more robust analysis.

