

Clinical Audit Awareness Week #CAAW24



# Effectively Utilising Clinical Audit To Address Inequalities In Health & Care

## NQICAN Lunch and Learn

### Wednesday 26<sup>th</sup> June 2024

#### (12.30-1.30pm)



Vicky Patel - Chair NQICAN  
Marina Otley - Gen Sec NQICAN  
Amanda Stephens - Comms Lead NQICAN  
Caroline Rogers - Associate Director HQIP  
Danny Keenan – Medical Director HQIP  
Dr Charlotte Richardson – Clinical Fellow National Healthcare Inequalities Improvement Team NHSE  
Clinical Audit Hero – Health Inequalities



Part of Clinical Audit Awareness Week 2024, featuring the Clinical Audit Heroes awards



# Clinical Audit Awareness Week #CAAW24



Monday 24 <sup>th</sup> June 2024 12.20-1.30pm	Tuesday 25 <sup>th</sup> June 2024 12.20-1.30pm	Wednesday 26 <sup>th</sup> June 2024 12.20-1.30pm	Thursday 27 <sup>th</sup> June 2024 12.20-1.30pm	Friday 28 <sup>th</sup> June 2024 12.20-1.30pm
Patient Safety - Effectively Utilising Clinical Audit To Prevent Avoidable Harm	Patient & Public Involvement - Effectively Utilising Clinical Audit To Improve Health & Care by Involving, Engaging & Informing Patients & The Public	Health Inequalities - Effectively Utilising Clinical Audit To Address Inequalities In Health & Care	Influencing Change - Effectively Utilising Clinical Audit To Influence Change At Board Level	Sustainability - Effectively Utilising Clinical Audit For Sustainability
Rachel Pool - NHSE	Kim Rezel - HQIP	Danny Keenan - HQIP & Charlotte Richardson - NHSE	Sam Riley - NHSE	Zoe Lord - NHS Horizons



Who is YOUR Audit Hero?

#CAAW24

# #CAAW24 NQICAN HI Lunch & Learn



**HQIP**  
Healthcare Quality  
Improvement Partnership



## Agenda

- Introduction NQICAN and #CAAW - what does 'Effectively Utilising Clinical Audit To Address Inequalities In Health & Care' mean to you?
- Key Speaker - Effectively utilising Clinical Audit to Address Inequalities In Health & Care
- Clinical Audit Hero Winner announced
- Winner of the Health Inequalities Clinical Audit Hero Award presents
- Opportunity for questions framed on Health Inequalities
- Interactive Evaluation
- Close and celebrate #CAAW24!



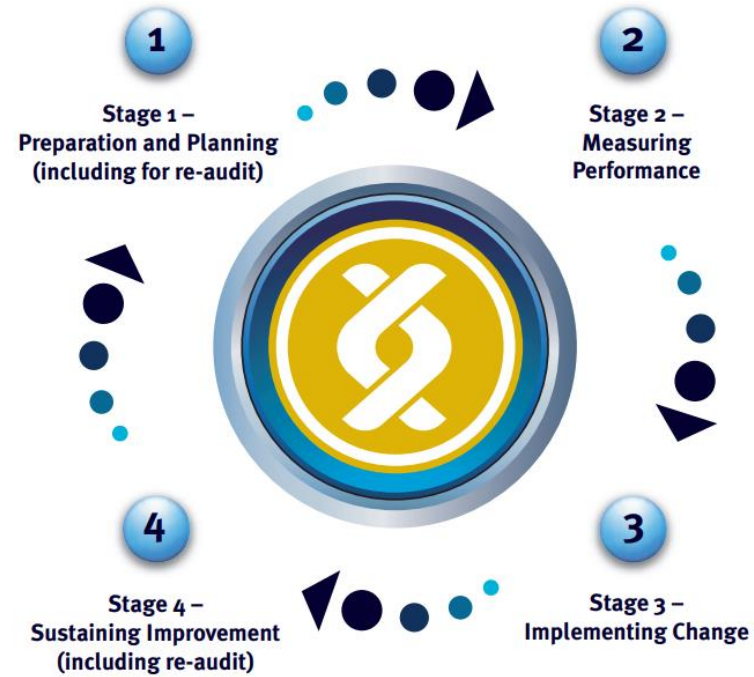
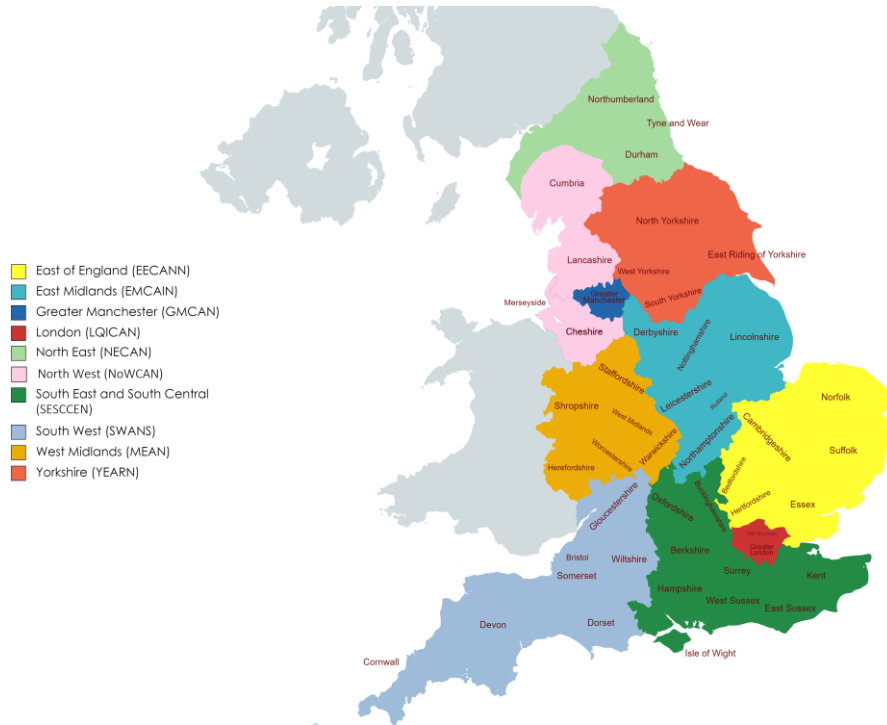
Please let us know– *what does utilising Clinical Audit to effectively address inequalities in health & care look like to you* - by typing into the chat



Who is YOUR Audit Hero?

#CAAW24

# Clinical Audit Awareness Week #CAAW24



Who is YOUR Audit Hero?

#CAAW24



**Clinical Audit – measures care against evidence based standards. #CAAW23 challenged attendees to consider Clinical Audit in their own organisation in terms of:**

- Does your clinical audit strategy have a clear objective to reduce inequalities?
- Do you include patient and public engagement to understand equity and access as part of your clinical audits?
- Is the standard of care consistent across different groups?
- Are findings and action plans taken forward with reducing health inequalities in mind?



- Incorporate demographic data in clinical audit data sets
- Identify marginalised groups and measurement of outcome
- Equity & access
- Health Population data
- Local Health Inequalities improvement plan
- Information – appropriate format
- Involvement in decision making
- Experience and feedback





## Key Speakers

Danny Keenan - HQIP  
&  
Charlotte Richardson  
NHSE





**HQIP** Healthcare Quality  
Improvement Partnership



*Part of Clinical Audit Awareness Week 2024, featuring the Clinical Audit Heroes awards*

# Healthcare Inequalities Lunch & Learn

*Danny Keenan, Medical Director, HQIP*

26 June 2024





# Health Inequalities

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## Where are we now?

- Problems accessing accurate data?

Danny Keenan, Alice Bradley, Alice Conway

- Core 20PLUS5 Update

Charlotte Richardson



# Health Inequalities

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- Problems accessing accurate data?

Danny Keenan, Alice Bradley, Alice Conway

- We conducted a survey of the NCAPOP audit providers to explore the barriers to accessing ethnic and deprivation data

The Findings:



# Health Inequalities

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- Routine data sets, problems:
  - Incomplete data
  - Difficulties in categorising and coding ethnicity
  - Multiple ethnicity in individual patients
- Bespoke data sets, problems:
  - Time pressure to enter
  - Accessibility and engagement challenges
  - Consent issues



# Health Inequalities

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- Population data:
  - Incomplete data Lack of for comparison at analytic stage
- Costs, analysts
- Small numbers problems

<https://www.hqip.org.uk/resource/health-inequalities-report-hqip/>

Hand over to Charlotte Richardson



**A focused approach to  
tackling health inequalities**

Dr Charlotte Richardson, Clinical Fellow

National Healthcare Inequalities Improvement Team

*Exceptional quality healthcare for all through equitable access, excellent  
experience and optimal outcomes*

Contact: [england.healthinequalities@nhs.net](mailto:england.healthinequalities@nhs.net)

Health inequalities are “**unfair and avoidable** differences in health status between different groups of people or communities”

Healthcare inequalities comprise differences in **access, experience** and **outcome** of healthcare

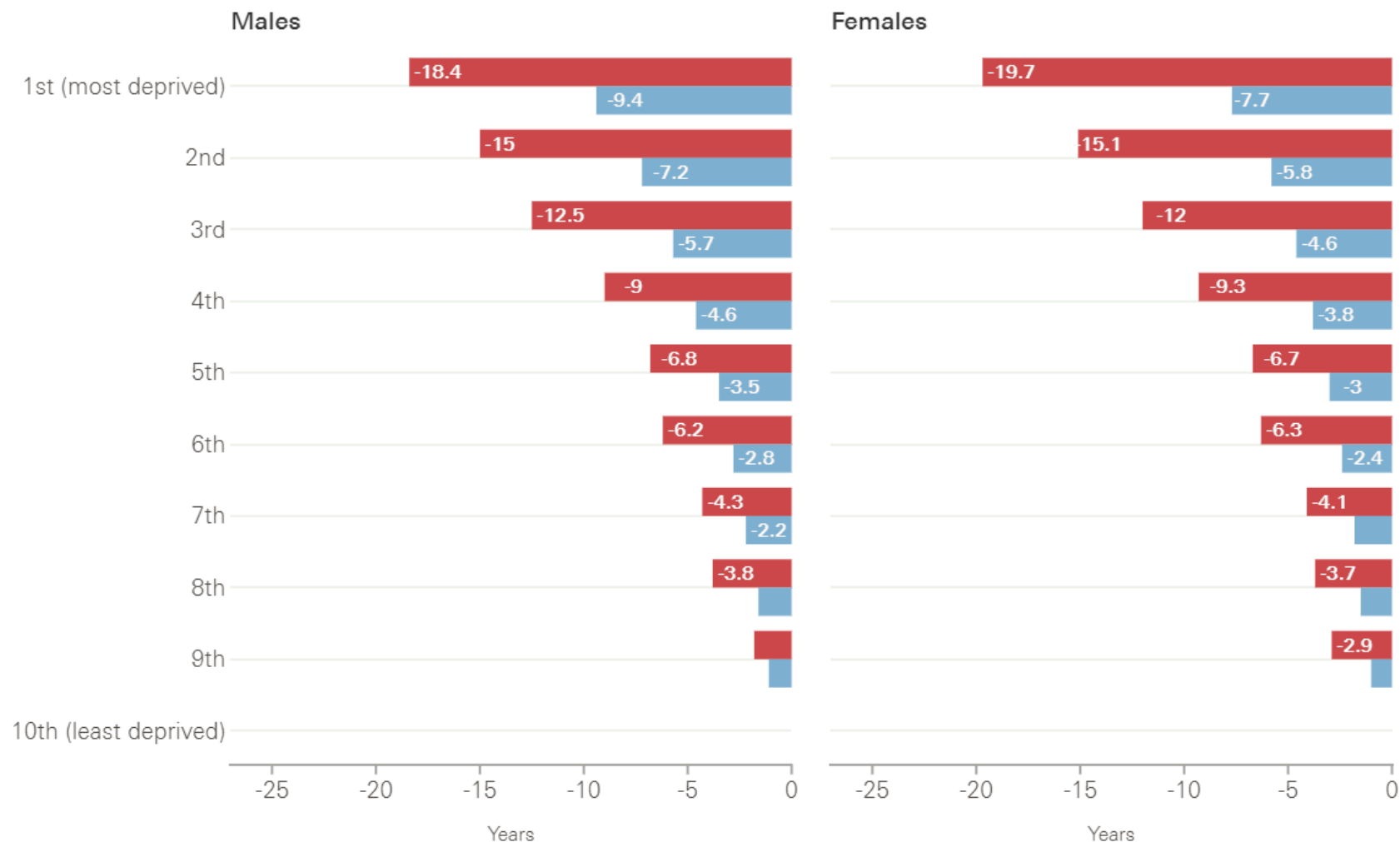


# Difference in life expectancy and healthy life expectancy at birth compared to least deprived decile, Great Britain: 2017–19



England Scotland Wales

■ Difference in healthy life expectancy at birth compared to least deprived decile  
 ■ Difference in life expectancy at birth compared to least deprived decile





**BLACK WOMEN ARE 4x MORE LIKELY THAN WHITE** women to **DIE** in **PREGNANCY** or childbirth in the UK.  
Ref: <https://bit.ly/3ihDwcN>



**SOUTH ASIAN & BLACK PEOPLE ARE 2-4x MORE LIKELY TO DEVELOP** Type 2 diabetes than white people.  
Ref: <https://bit.ly/3ulDy88>



**IN BRITAIN, SOUTH ASIANS HAVE A 40% HIGHER DEATH RATE** from **CHD** than the general population.  
Ref: <https://bit.ly/3iifo9V>



**IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO 3x** more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.  
Ref: <https://bit.ly/39KWqEs>



**ACROSS THE COUNTRY, FEWER THAN 5% OF BLOOD DONORS** are from **BLACK AND MINORITY ETHNIC** communities.  
Ref: <https://bit.ly/3ulg17r>



**BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO 2x** the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND**.  
Ref: <https://bit.ly/3EzS2Qd>



**BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER 8x** more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.  
Ref: <https://bit.ly/3zK5ijL>



**ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE 10 YEARS LOWER FOR BANGLADESHI MEN** living in England compared to their White British counterparts.  
Ref: <https://bit.ly/3urjmlt>



**24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,** were caused by **CARDIO VASCULAR DISEASE** in Black and minority ethnic groups.  
Ref: <https://bit.ly/3CYz22P>



**CONSENT RATES FOR ORGAN DONATION ARE AT 42%** for Black and minority ethnic communities and **71% FOR WHITE ELIGIBLE DONORS**.  
Ref: <https://bit.ly/3ogH3fm>

## Stark ethnic inequalities in health in the UK

The MBRRACE-UK report reveals stark ethnic and socioeconomic disparities in maternal mortality

# A Business Case for tackling Healthcare Inequalities

In the areas of England with the lowest healthy life expectancy, **more than a third of 25 to 64 year olds are economically inactive due to long-term sickness or disability**

Increased NHS treatment costs

- > £5 billion

Losses from illness associated with health inequalities:

- Productivity losses
  - £31 billion - £33 billion
- Reduced tax revenue and higher welfare payments
  - £20-£32 billion

## National Healthcare Inequalities Improvement Programme

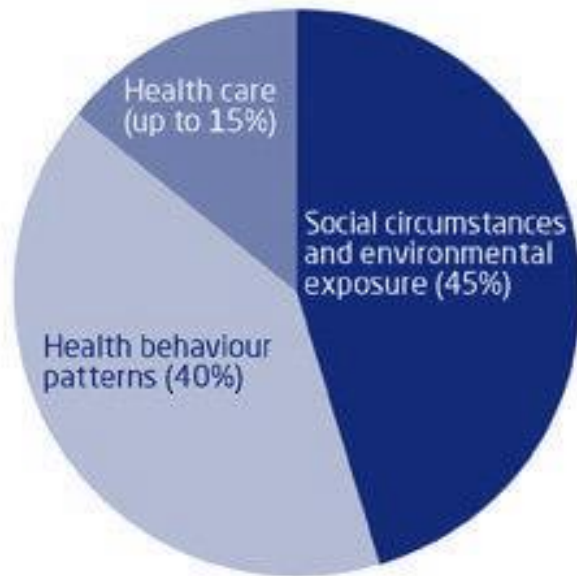
***Vision: Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes***

Our approach is to work as a super-matrix across all NHS England programmes and policy areas, and the NHS more broadly, to hardwire healthcare inequalities improvement into our strategies, policies, initiatives and programmes.

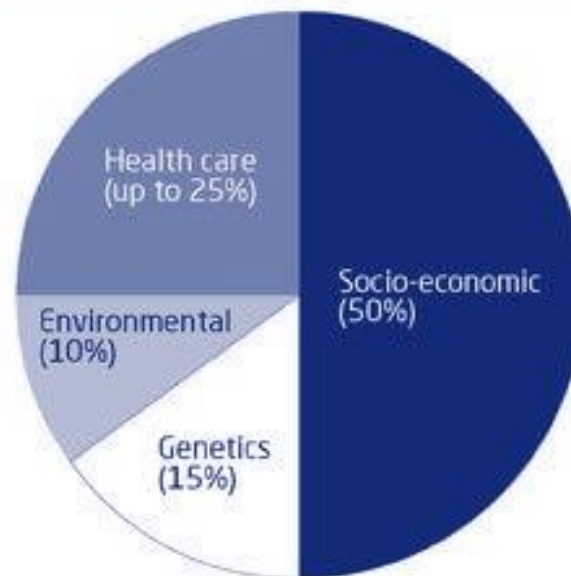
As a healthcare provider, the NHS can impact between 15% and 43% of health outcomes

## What drives health outcomes?

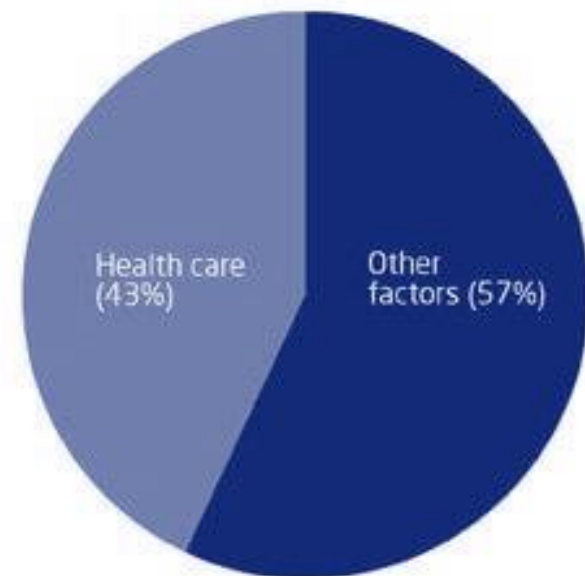
Mc Giniss et al (2002)



Canadian Institute of Advanced Research (2012)



Bunker et al (1995)



Source: The King's Fund



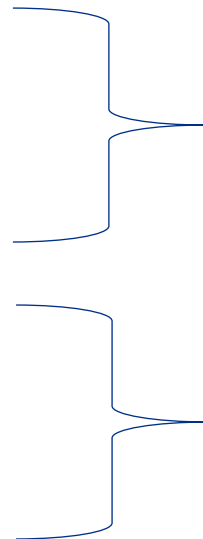
Modified RACI matrix

**Responsible**

**Accountable**

**Contribution**

**Influence**



Access, experience and outcomes of healthcare

Social determinants of health

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

**Purchasing more locally and for social benefit**  
In England alone, the NHS spends £27bn every year on goods and services.

**Using buildings and spaces to support communities**  
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

**Working more closely with local partners**  
The NHS can learn from others, spread good ideas and model civic responsibility.

**Reducing its environmental impact**  
The NHS is responsible for 40% of the public sector's carbon footprint.

**Widening access to quality work**  
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The NHS has a wider role to play working with partners, such as the Office for Health Improvement and Disparities OHID at national level, and in Integrated Care Partnerships (ICPs) with partners such as local government and the Voluntary, Community and Social Enterprise VCSE sector at system and place level.



# REDUCING HEALTHCARE INEQUALITIES

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

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



**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
- 2
- 3
- 4
- 5



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



**SEVERE MENTAL ILLNESS (SMI)**  
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



**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



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



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



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



# CORE20 PLUS 5

## CORE20PLUS CONNECTORS

Connectors are those with influence in their community who can help engage local people with health services.

## CORE20PLUS INNOVATION

Projects to improve access to innovative health technologies and medicines are being run with local communities. This work aims to identify, address and minimise healthcare inequalities for Core20PLUS groups through schemes such as the Innovation for Healthcare Inequalities Programme (InHIP).



## CORE20PLUS COLLABORATIVE

The collaborative brings together strategic partners and experts working to reduce and prevent healthcare inequalities. Members are drawn from NHS England's key stakeholders, the wider NHS and strategic system partners including arms length bodies, think tanks, charities and academic partners.

NHS England architecture to support delivery of Core20PLUS5;  
NHS England's approach to reducing healthcare inequalities



## CORE20PLUS ACCELERATORS

Accelerator sites help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICSs)

Lancashire and South Cumbria ICS

Humber and North Yorkshire ICS

Nottingham and Nottinghamshire ICS

North Central London ICS

Mid and South Essex ICS

Surrey Heartlands ICS

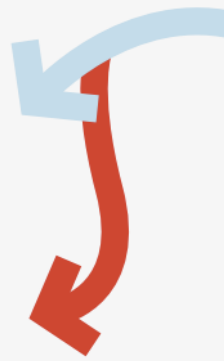
Corwall and Isles of Scilly ICS

## CORE20PLUS AMBASSADORS

The ambassadors are people working within the NHS who are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience, and optimal outcomes for all – particularly Core20PLUS populations who are more likely to experience healthcare inequalities.

# Nowhere else to turn

Exploring high intensity use of Accident and Emergency services



Share this report using #AddressingHIU

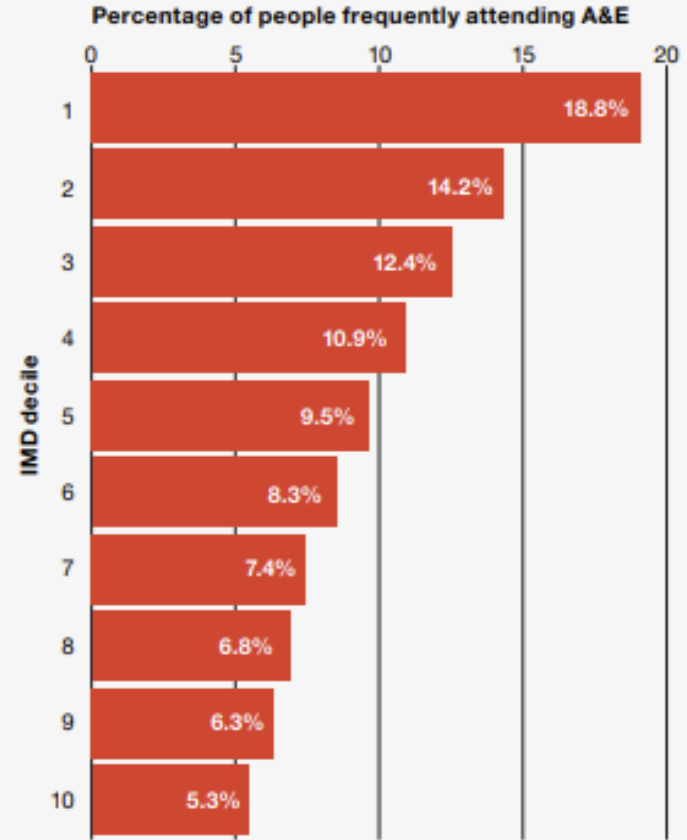


The power of kindness

## High Intensity Use (HIU) Services

- High intensity use of A&E is closely associated with deprivation and inequalities
- NHS England UEC and HI teams supporting expansion of HIU services to achieve universal coverage of A&E departments in England
- HIU services are delivered within the community
- Providing service users with intensive, tailored support with focus on the individual's issues, identifying, de-medicalising, de-criminalising and humanising their needs to uncover the 'real' reason for attending ED.
- Build awareness and confidence in service users to use non-medical support alternatives, such as voluntary and community sector services.

Figure 5: Percentage of frequently attending cohort in each IMD decile, where 1 is the most deprived decile (2012 - 2019 inclusive) (n=367,351)





# We have provided, and continue to develop a range of resources and support to inform action on our strategic priorities and the Core20PLUS5 approach

## Structured programmes

- [Core20PLUS Connectors](#)
- [Core20PLUS Ambassadors](#)
- [Health Inequalities Finance Fellows](#)
- [School4Change Agents](#)

## Facilitated networks

- Emerging leaders network
- Health inequalities forum (SROs)
- Health inequalities network (clinicians)

## Frameworks and guidance

- [Statement on information on inequalities](#)
- [Framework for NHS action on digital inclusion](#)
- [Framework for NHS action on inclusion health](#)

## Accessible E-Learning

- [Core20PLUS5 modules](#)
- [Health inequalities and inclusion health intro](#)
- [Sickle Cell Disease](#)
- [Finance eLearning](#)
- Intersectionality (2024)

## Tools and resources

- [Innovation for health inequalities \(InHIP\) toolkit](#)
- [NHS Providers support package](#)
- [NHS Confed leadership toolkit](#)
- [NHSE place based allocation tool](#)
- [ICB finance and health inequalities toolkit](#)
- [Tackling inequalities in access, experience and outcomes: actionable insights](#)
- [Healthcare Inequalities Improvement Dashboard](#) and supporting data tools
- Core20PLUS5 handbook
- Leadership resources, including [elective care case studies](#), [board performance reporting deep dive](#), [High Intensity Use HIU resources](#)
- [Health inequalities: improving accountability in the NHS](#)

# Health Inequalities Quality Improvement

1. The Health Inequalities agenda is broad and can seem overwhelming: focus on your own sphere of influence
2. Start with broad question and open mind
  - Map existing services & organisations incl. VCSE
  - Co-design and co-production as an equal partnership
  - Tolerate imperfection
3. Embed data collection:
  - Access, outcome & experience
  - Disaggregate the data
4. Take support and energy from your networks
  - Share learning, spread best practice
  - Continue to champion health inequalities improvement



**CLINICAL AUDIT AWARENESS WEEK 2024**

***Featuring the Clinical Audit Heroes Awards***



**HEALTHCARE INEQUALITIES**

**And the winners are...**



**#CAAW24**



# HEALTHCARE INEQUALITIES

Highly Commended



Health Literacy Team  
South Tyneside and  
Sunderland NHS  
Foundation Trust



Health For  
Homeless Team  
Cornwall  
Partnership NHS  
Foundation Trust



**NHS**  
South Tyneside and Sunderland  
NHS Foundation Trust

**NHS**  
Cornwall Partnership  
NHS Foundation Trust

# HEALTHCARE INEQUALITIES

## And the winners are...

Learning Disability and  
Autism Specialist Nurse

ESNEFT - East Suffolk and  
North Essex Foundation  
Trust



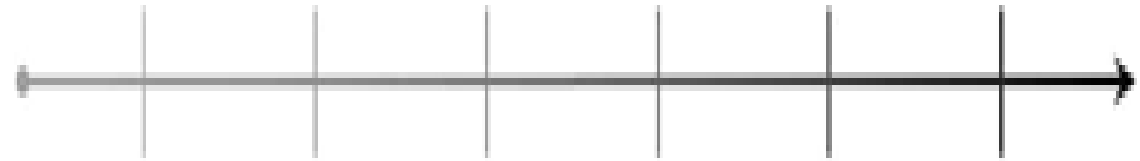
East Suffolk and North Essex  
NHS Foundation Trust



# Learning Disability Constipation Project

Roger Blake and Steph Baker  
Learning Disability And Autism specialist Nurses ESENFT  
07539323041





# S.M.A.R.T AIM

For All Patients With A Learning Disability That  
Come Into Contact With ESNEFT To Have Medical  
Input For Constipation



# Metrics



**East Suffolk and  
North Essex**  
NHS Foundation Trust

- Constipation can be a life-threatening issue for people with a learning disability who are at heightened risk from complications if it is left untreated.
- People with LD are more likely to have constipation than a person without a LD. (NHS.2023)
- Constipation is registered as a health problem for nearly 60% of people with profound learning and multiple disabilities. (Leder 2022)
- Laxative prescriptions were received by 25.7% of people with an LD compared with 0.1% of people without an LD. (Leder 2022)
- >2% of pts that Attend ED in ESNEFT have a learning disability. >5% of inpatients have a learning disability. (Esneft 2023)
- In 2022 constipation was documented as cause for admission for 11 people. In 2023 this rose to 21 as Primary cause of admission.
- 23% of people with a learning disability who died in 2019 had constipation as a long-term condition. (Leder 2019)
- 2 high profile deaths from constipation in ESNEFT.
- Rising numbers of patients with LD and increasing acuity into hospital.



# 3 Goals

- For every LD Patient to be checked for constipation when admitted to ED.
- To update the existing paperwork including the Health passport, Reasonable adjustment tool, existing training within hospital and intra/Internet.
- For all patients coming to an outpatient appointment to have a check for constipation via IT solution.







# Specific aims

- To increase the evidence of documentation of constipation in patients with a learning disability attending Emergency Departments (ED) and Outpatients at Ipswich and Colchester Hospitals from 0% to 20% by 31st Dec 2023 to optimise their care and early detection of constipation.
- To earlier identify constipation on routine hospital visits for long term management.
- To raise awareness/ training of constipation as major health and risk issue for PWLD
- To assist in Admission avoidance long term.
- Engagement with patients throughout process.



# Outcomes

- Earlier identification of Constipation
- Admission avoidance
- Less acuity long-term
- Improved patient outcomes
- Improved staff confidence in dealing with complex atypical presentation
- STOMP for long term for patients with polypharmacy
- LD pts automatically prioritised for OPAs
- Adherence to AIS
- Save money
- Save time.
- Will save lives



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Opportunity for questions



Who is YOUR Audit Hero?

#CAAW24

# Clinical Audit Awareness Week

## #CAAW24



**EVALUATION**  
Your feedback is important to us

Please take a couple of minutes to complete our evaluation form

**Evaluation**

<https://www.smartsurvey.co.uk/s/NQICAN-Inequalities/>



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Who is YOUR Audit Hero?

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# Effectively Utilising Clinical Audit To Address Inequalities In Health & Care



Clinical Audit – measures care against evidence based standards. #CAAW24 challenges attendees to consider clinical audit in their own organisation in terms of:

- Incomplete datasets
- Ethnicity data
- Health Population Data
- Local Health Inequalities Improvement Plans
- Triangulation of experience and health outcomes whilst also addressing access
- PPI in re-shaping health & care services to support addressing health inequalities
- Open & transparent conversations
- Systems working



Who is YOUR Audit Hero?

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Rachel Poole	Kim Rezel	Dr Charlotte Richardson & Danny Keenan	<b>Sam Riley</b>	Zoe Lord
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Thank you for joining us today

Please join us again tomorrow for a focus on Influencing Change