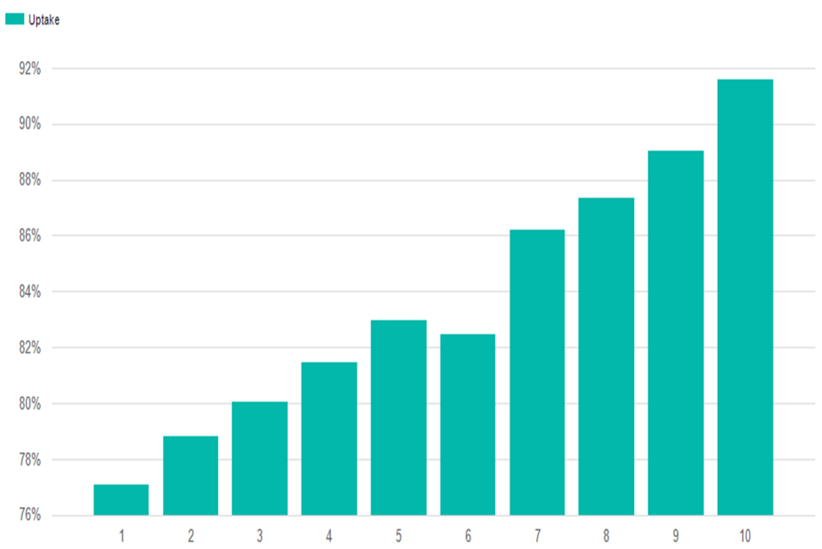
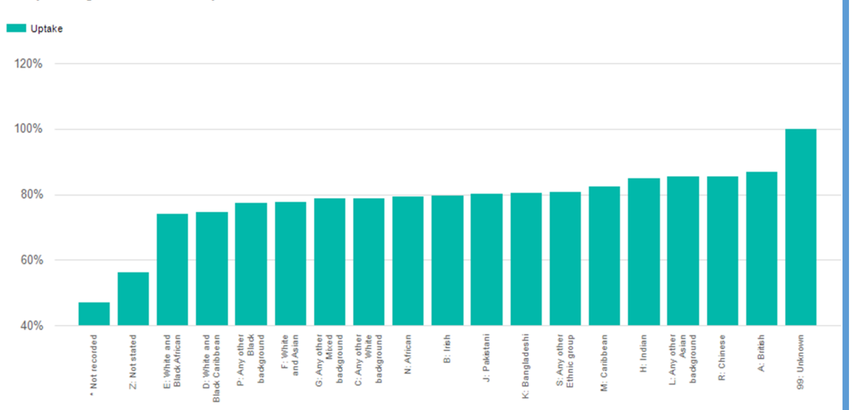
South East London DESP – at a glance.

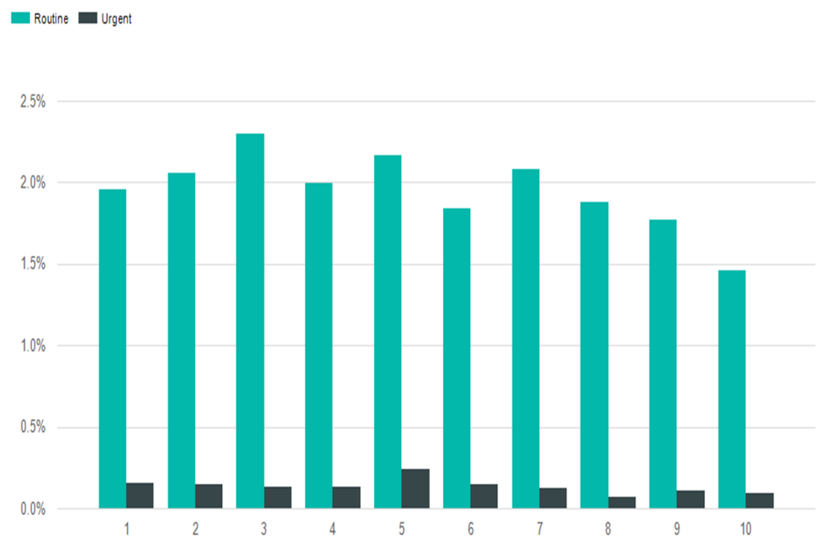
1.1 Uptake against Index of Multiple Deprivation



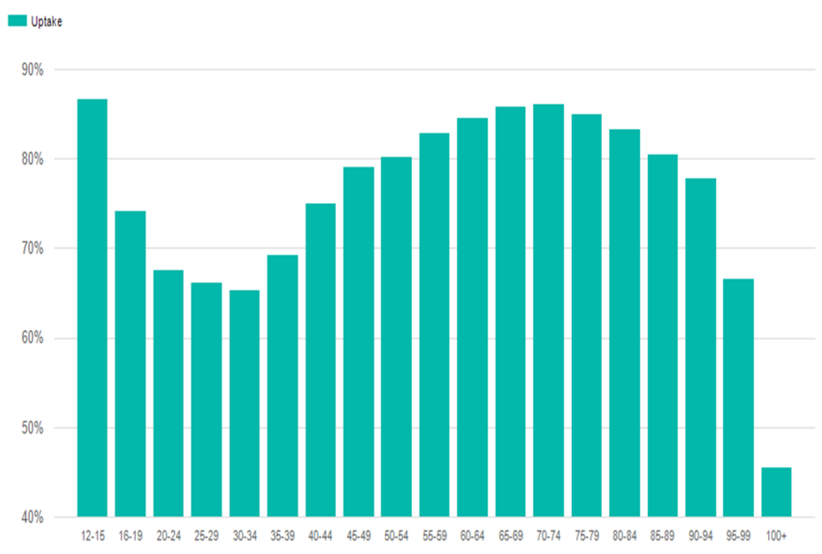
2.1 Uptake against Ethnic Group



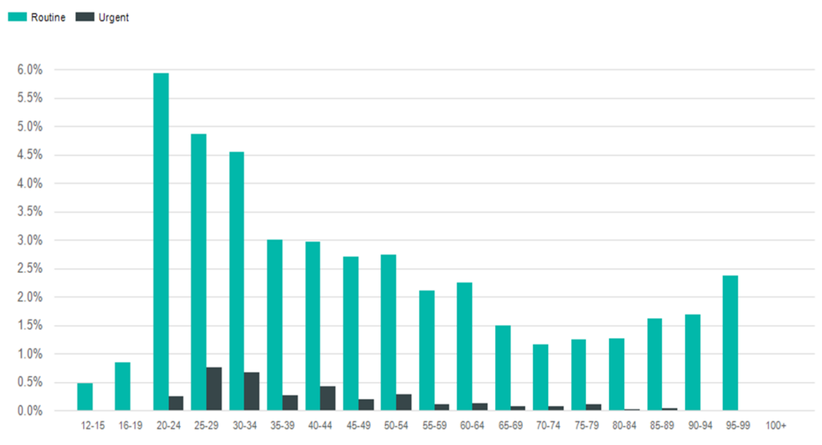
1.2 DR Referrals (routine and urgent) against Index of Multiple Deprivation



3.1 Uptake against Age Group



3.2 DR Referrals (routine and urgent) against Age Group



Health Inequalities: South East London DESP's "Change Lab" project to target non-attenders

Introduction - Health inequalities

NHS England defines Health inequalities as unfair and avoidable differences in health across the population, and between different groups within society. They arises because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

- health inequalities stem from variations in the wider determinants of health and the presence of, or access, to psycho-social mediating and protective factors – this means that people do not have the same opportunities to be healthy
- given the range of causes, a joined-up, place-based approach is necessary to tackle the complex causal pathway of health inequalities
- interventions that solely rely on individual behaviour change are likely to widen inequalities given the complex causal pathway impacting on capability, opportunity and motivation to change
- while action on behaviours and conditions is a necessary part of solution to reduce health inequalities, these need to be addressed within the context of their root causes in the wider determinants of health
- resources should be allocated proportionately to address the levels of need for specific communities or populations to achieve equitable outcomes for all

NHS England is moving to "place based working" which means working across health/social care/local authority boundaries (e.g. housing and education) to address health inequalities. A system-wide and complex approach is needed to address health inequalities.

What is the Diabetes UK Change Lab

It is an environment where the people involved in the diabetes care system come together to develop and test responses to complex challenges. The idea of the Lab is:

Social - to allow teams to engage with each other and the communities they serve to share knowledge, their learnings and build relationships.

Experimental - to allow teams to use an ongoing, iterative approach to address their challenges and prototype a portfolio of responses so that if something isn't working, the idea can be changed.

Systemic - to allow teams to take a step back and view the system they are trying to influence, the prototypes developed go beyond mitigating symptoms to address the root cause.

How it works

Teams enter the Lab with an understanding of the inequalities that exist in their local area and how these inequalities are affecting people with diabetes. Participants work with facilitators and coaches to determine whether the Lab approach will work for them.

Teams form a Lab community through which they share learnings and draw on expertise from others which is critical to the process. Workshops provide touchpoints for teams to review progress, share learnings and plan the next steps to give focus to the time between workshops.

Between workshops, teams deepen their understanding of their local context, establish the resources they need to tackle the challenge and connect with a network of people at the heart of the challenge.

Participants also work with communities to design, develop and test prototypes. Throughout the Lab process, participants continue to test, tweak and implement the prototypes and identify actions required to scale up their final response. This Lab is scheduled to run until February 2023.

SELDESP's challenge

We know anecdotally that some patients find it difficult to attend so many diabetes appointments, they are not aware of all of the tests they need, they simply forget, they struggle to get time off work or have caring duties and/or struggle with the financial cost of travelling to appointments. The challenge we have set ourselves is to increase uptake by at least 15% through targeting non-attenders with low indices of multiple deprivation scores, non-white, older and working age patient groups. We took a look at our clinics which have GP surgery's co-located with them as well as other services like health inclusion teams, diabetes community teams and renal/dialysis. We are piloting a "one stop shop" at one of these venues.

Tessa Jowell GP Surgery

This practice has 28 patients who have not attended for 3 or more years. We contacted the practice and they agreed to give access to their EMIS Web database. This allowed us to develop a better understanding of our patients as well as identify any "known" barriers to screening which were "unknown" to DESP. Of the 28 patients;

- 3 were inactive on EMIS but are still showing as active on NSCR.
- 1 has now registered elsewhere
- 4 were likely medically unfit; out of these 1 was confirmed as

'fit', subsequently 2 died and 1 attended 1 was registered with another GP surgery

- 1 was ICO for non-DR which may explain their non attendance
- 19 had no known reason, subsequently 1 attended. 9 did not answer calls. 9 answered calls; 7 agreed to appointments, 1 is abroad, 1 believes they do not need to attend.

Going forwards

One of the GP's has taken a list of all DESP patients who are registered at the practice. This has their previous attendance date and grade. They are going through this list and noting any patients who are overdue for their 8 care processes, along with any reasons they know of for non attendance. The GP are going to run a one-stop-shop clinic with these patients booked in to see nurses, HCAs and retinal screening. We are currently considering how to use the change lab grant; we have asked whether an incentive would help them to help us to improve uptake. We will also use the grant to expand the project to across South East London, and to support the one stop shop as well as advertising, refreshments and resources for patients.

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