

What can DESP teams do about health inequalities?



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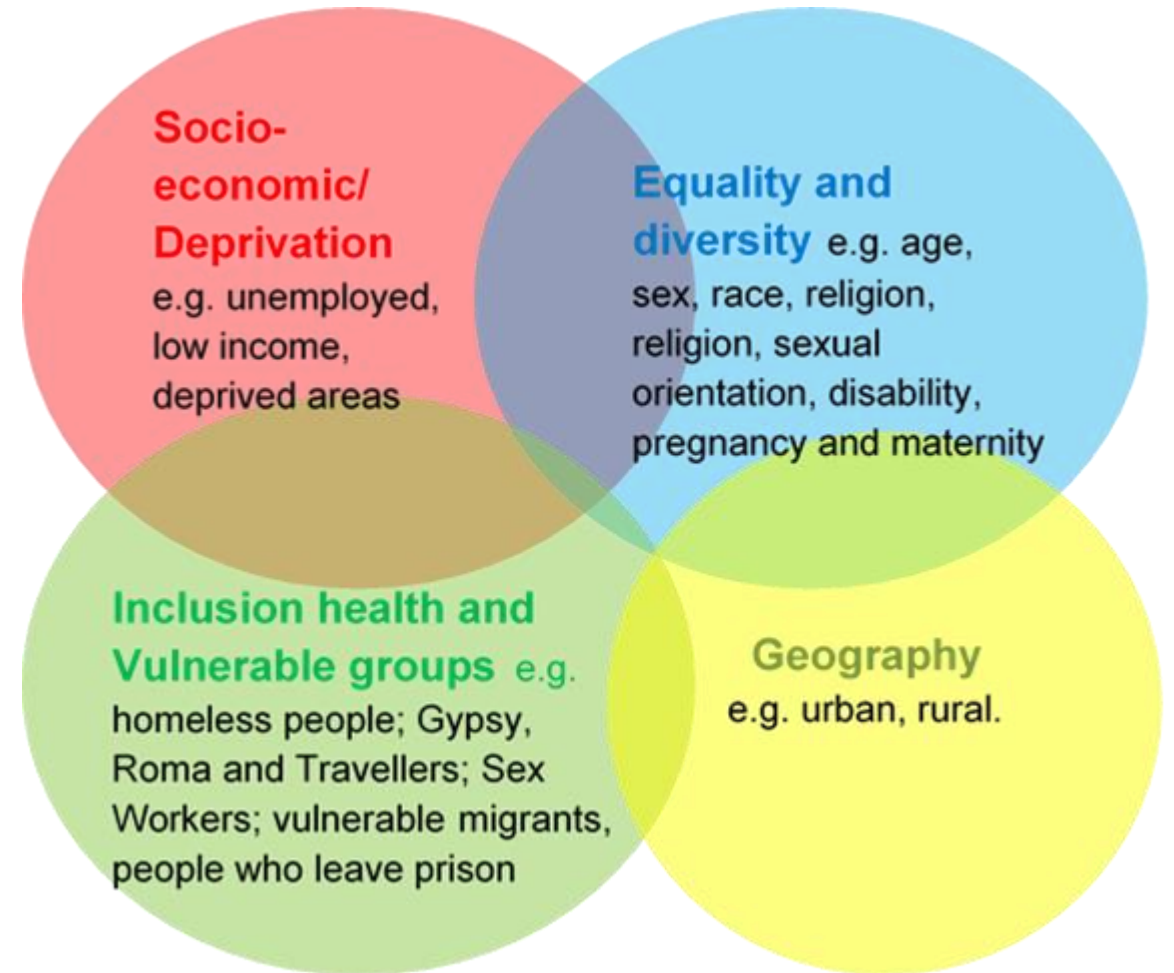
South East London Diabetic Eye Screening Programme

- What are health inequalities?
- How we measure them in diabetic eye screening
- Deprivation
- National and local pictures
- Learning and projects in South East London
- Future potential

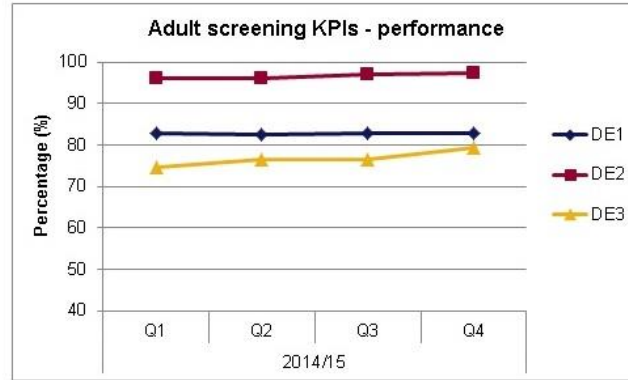


Health Inequalities

Health inequalities are **unfair and avoidable differences** in health across the population, and between different groups within society. Health inequalities arise 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.



How do we measure?



The Indices relatively rank each small area in England from most deprived to least deprived

1st most deprived area



There are 32,844 small areas (Lower-layer Super Output Areas) in England, with an average population of 1,500

32,844th least deprived area

There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD2019):

<p>Income (22.5%)</p> <p>Measures the proportion of the population experiencing deprivation relating to low income</p>	<p>Employment (22.5%)</p> <p>Measures the proportion of the working age population in an area involuntarily excluded from the labour market</p>	<p>Education (13.5%)</p> <p>Measures the lack of attainment and skills in the local population</p>	<p>Health (13.5%)</p> <p>Measures the risk of premature death and the impairment of quality of life through poor physical or mental health</p>
<p>Supplementary Indices</p> <p>Income Deprivation Affecting Children Index (IDACi) measures the proportion of all children aged 0 to 15 living in income deprived families</p> <p>Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of those aged 60+ who experience income deprivation</p>	<p>Crime (9.3%)</p> <p>Measures the risk of personal and material victimisation at local level</p>	<p>Barriers to Housing & Services (9.3%)</p> <p>Measures the physical and financial accessibility of housing and local services</p>	<p>Living Environment (9.3%)</p> <p>Measures the quality of both the 'indoor' and 'outdoor' local environment</p>

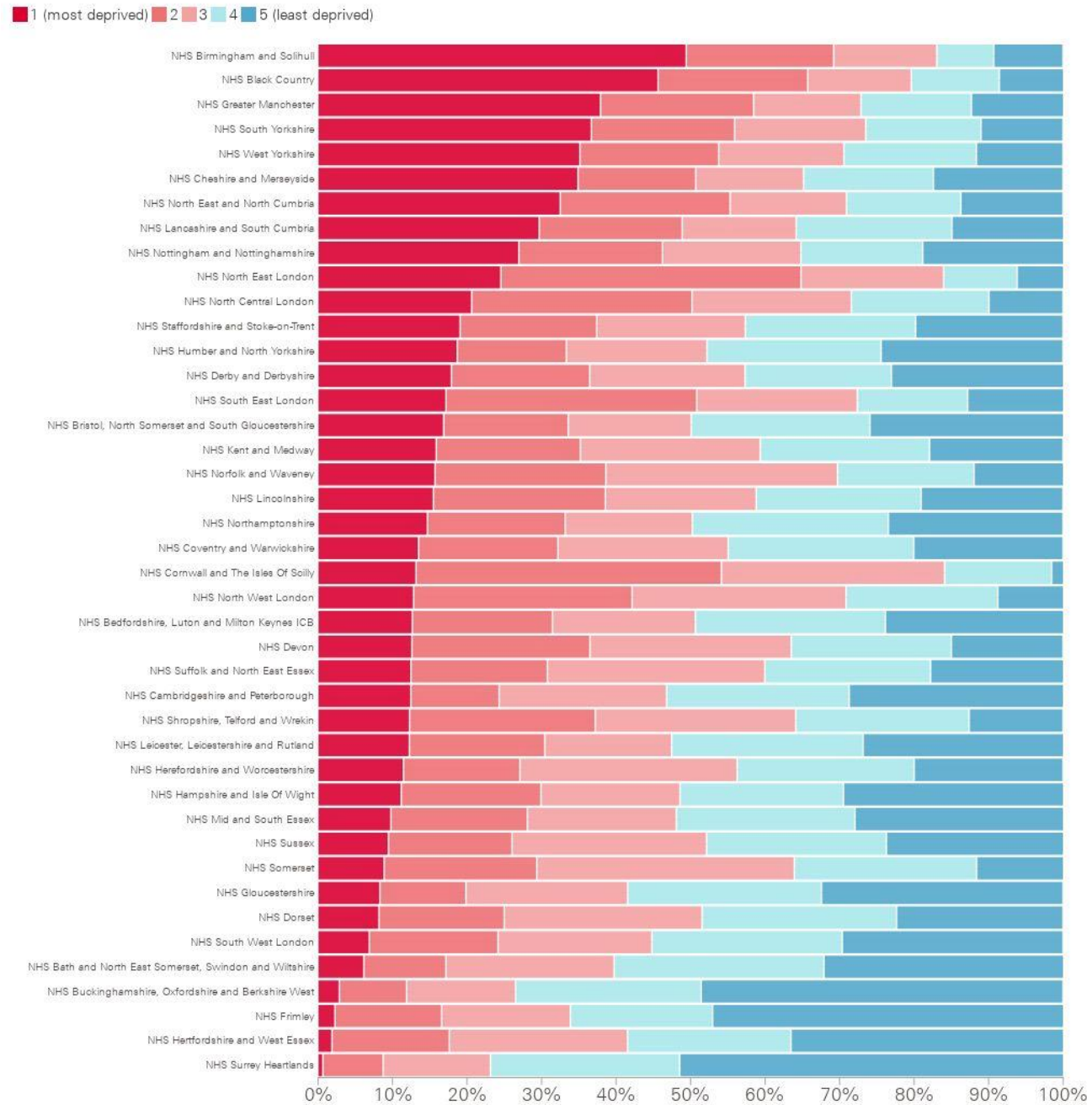


Integrated care systems



ICs cover areas with varying levels of deprivation

The percentage of neighbourhoods (LSOAs) in each deprivation quintile in each ICS



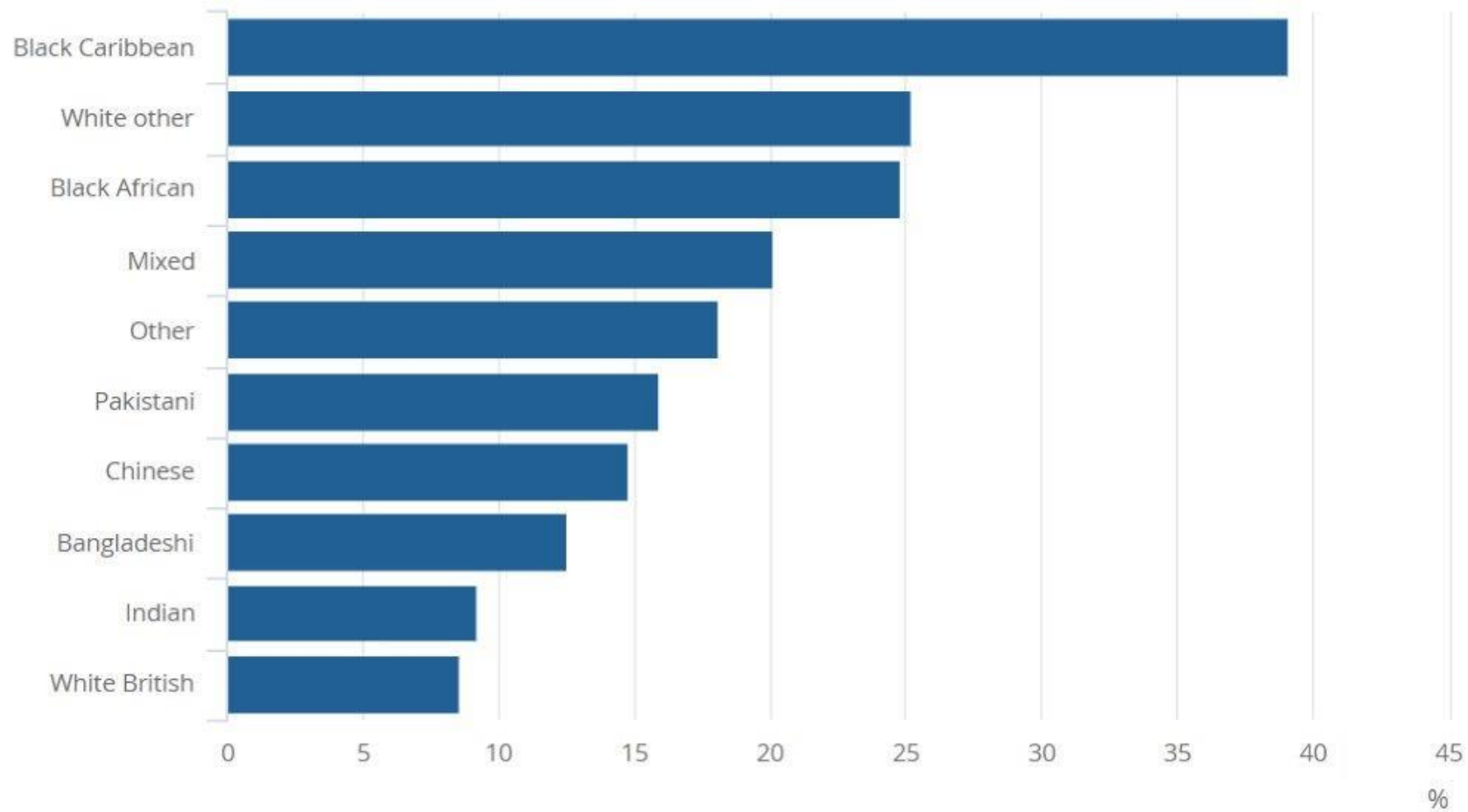


Why?



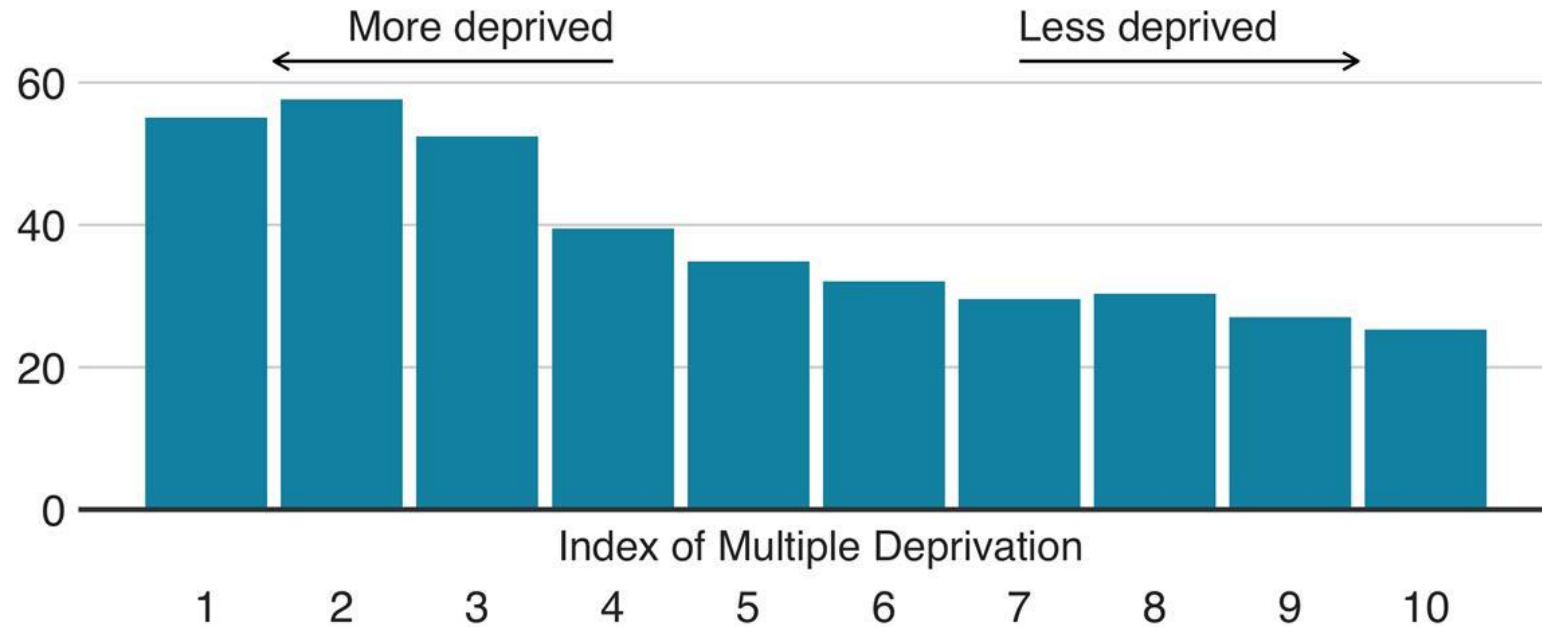
Impact of health inequalities identified around Covid-19

Age-standardised proportion of people aged 18 years and over who had not received a COVID-19 vaccination, by ethnic group, England, July 2022



Coronavirus deaths higher in England's poorest communities

Deaths per 100,000 people



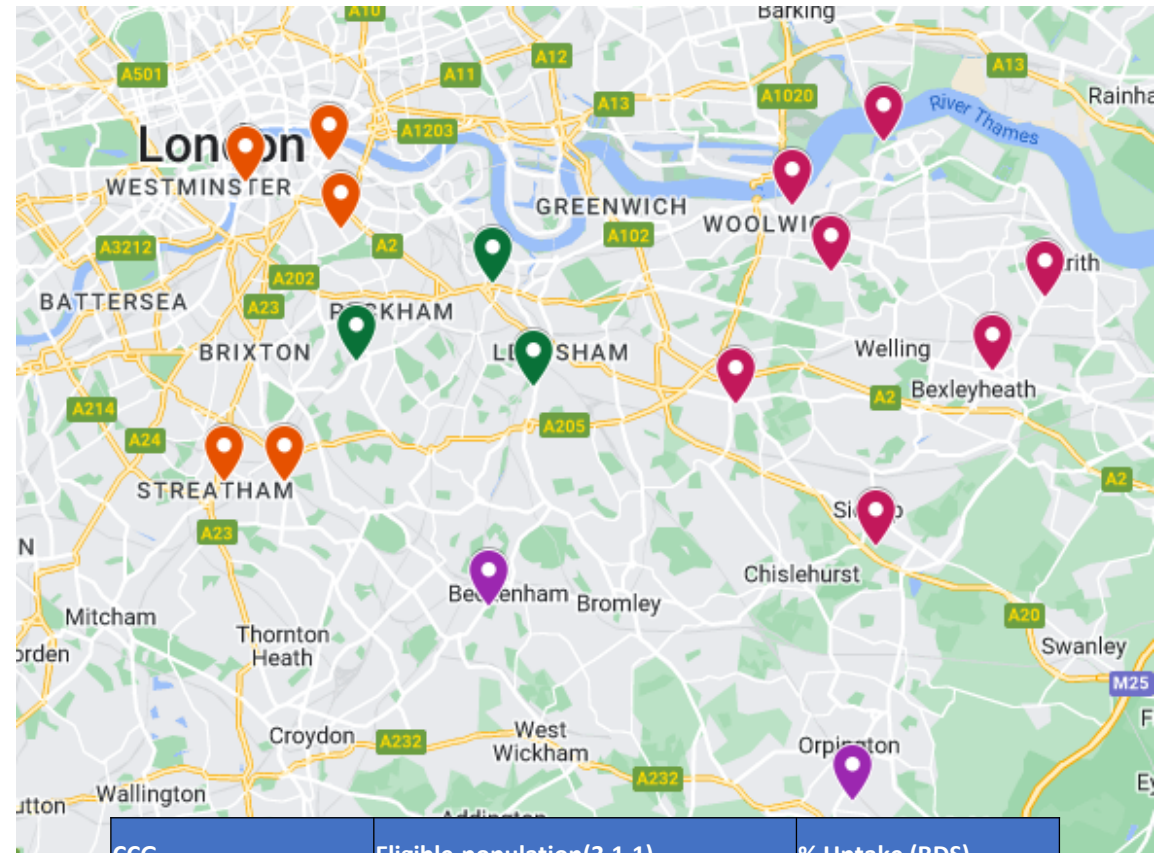
The Index of Multiple Deprivation ranks English areas from most deprived (1) to least deprived (10)

Source: ONS

BBC

The local picture

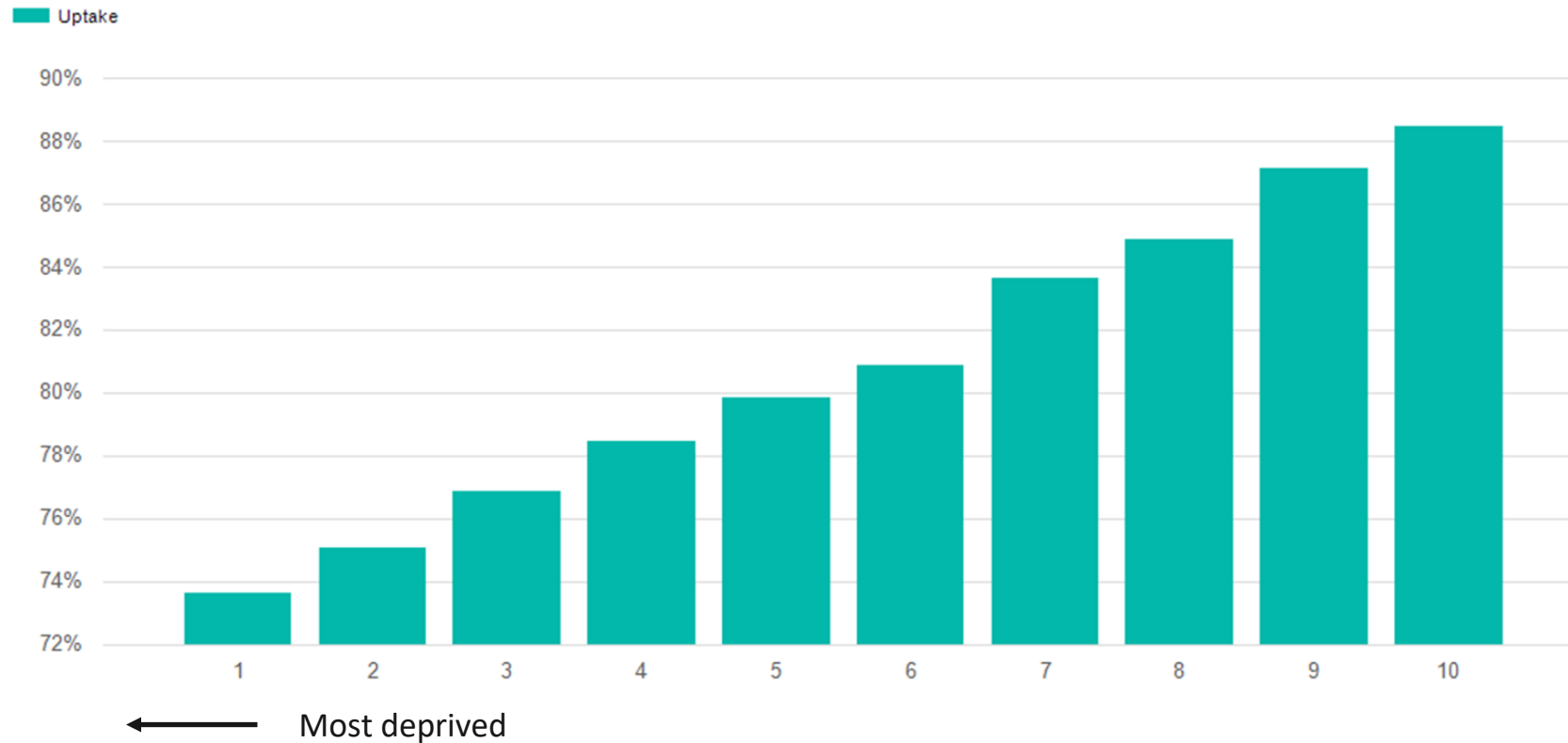
- South East London DESP
- 6 boroughs – inner and outer London
- 110,000 patients on register currently
- Fixed appointment model
- RDS, DS, SLB, and OCT
- 17 clinic sites across SEL (some acute sites, community sites (GSTT and other), GP practices, high street optoms) + 5 detained estates (3 prisons, 2 secure MHUs)



CCG	Eligible population(3.1.1)	% Uptake (RDS)
Overall	105,257	82.5%
Lambeth	20,890	81.0%
Southwark	18,271	81.9%
Lewisham	17,674	81.5%
Bexley	14,006	88.3%
Bromley	16,943	90.7%
Greenwich	16,426	81.8%

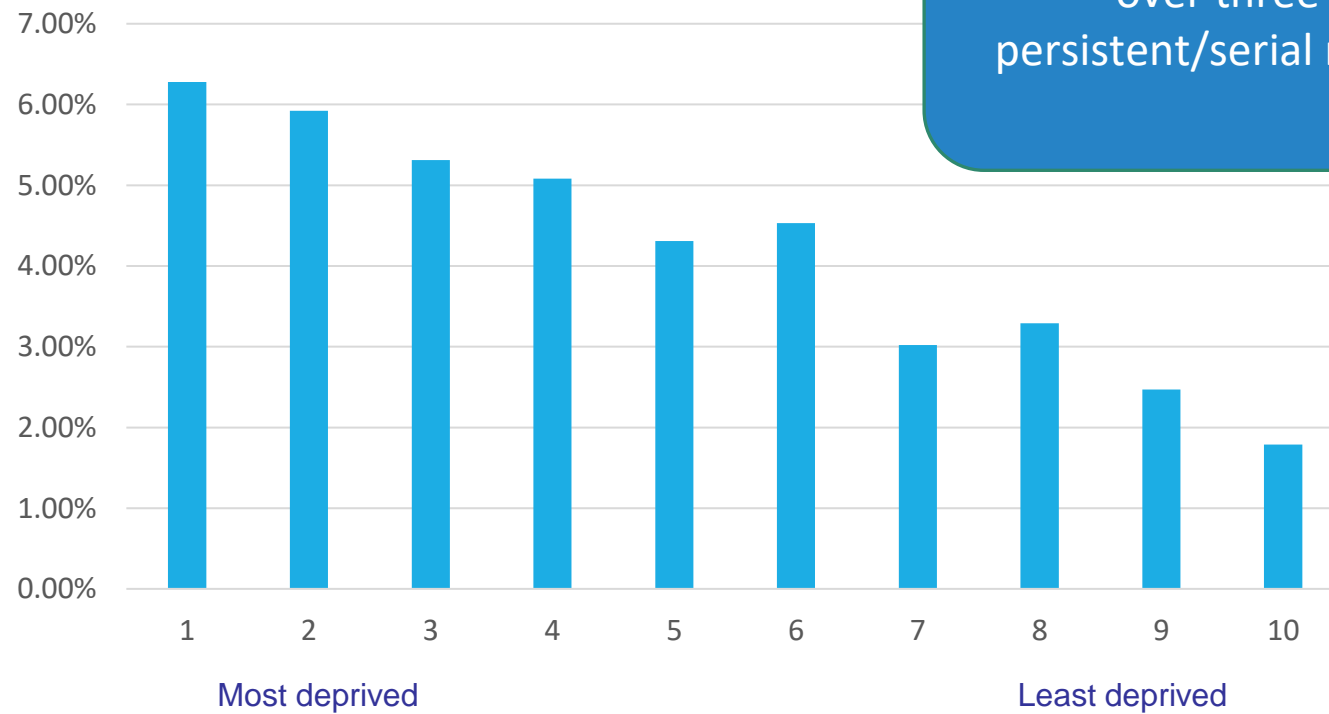
Uptake by IMD (Index of Multiple Deprivation)

1.1 Uptake against Index of Multiple Deprivation



IMD	Invited	Screened	Uptake
1	9616	7078	74%
2	15989	12003	75%
3	13700	10531	77%
4	9918	7779	78%
5	7831	6251	80%
6	5614	4540	81%
7	4441	3715	84%
8	4424	3755	85%
9	3990	3475	87%
10	3164	2798	88%

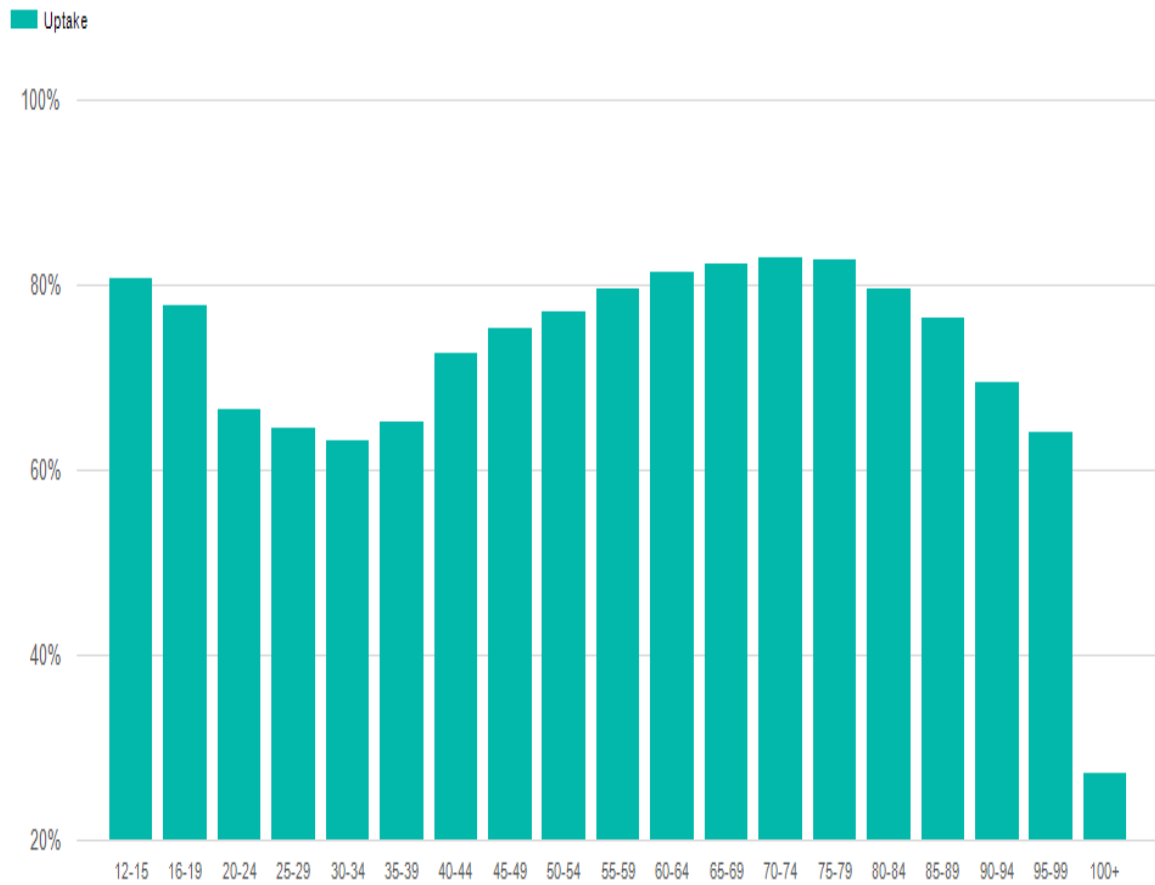
Persistent non-attenders by IMD



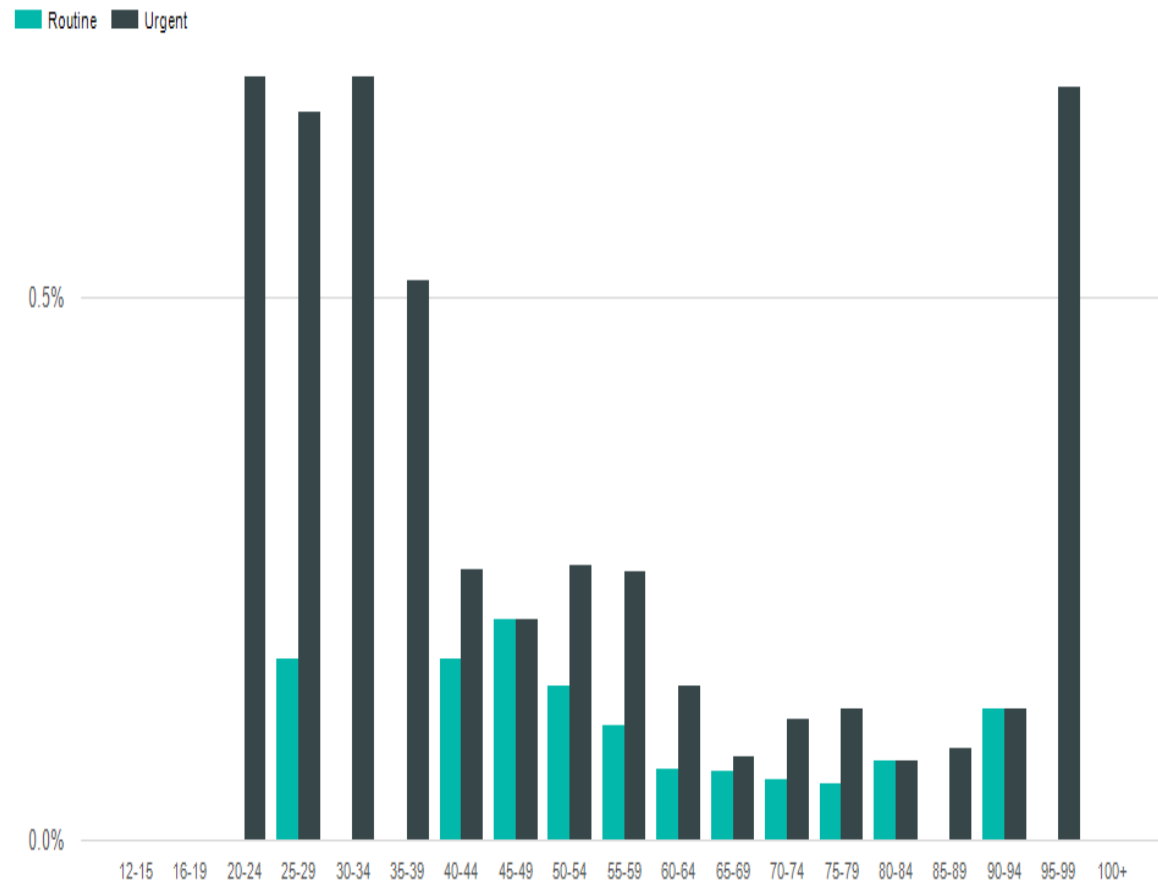
Patients living in the most deprived areas are over three times as likely to be persistent/serial non-attender to screening

Uptake by age

3.1 Uptake against Age Group

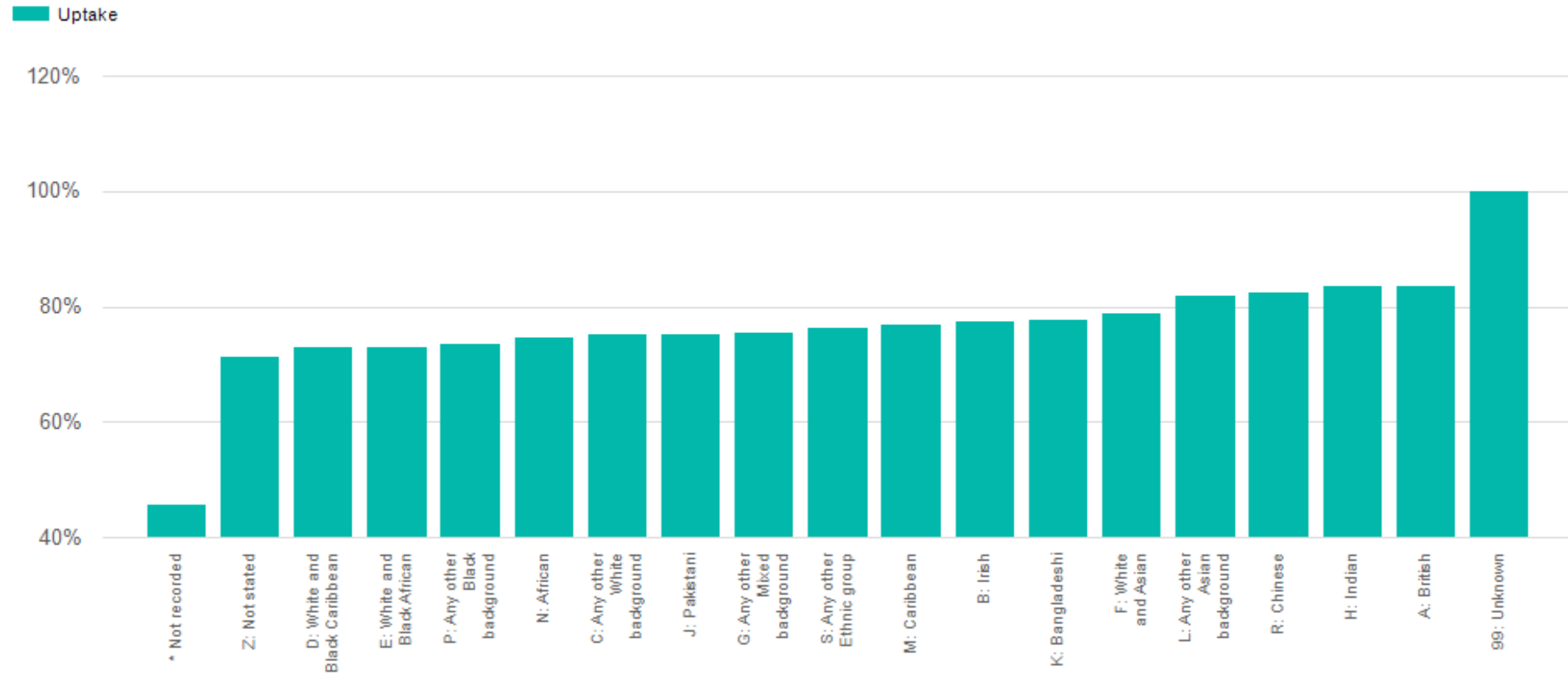


3.2 DR Referrals (routine and urgent) against Age Group



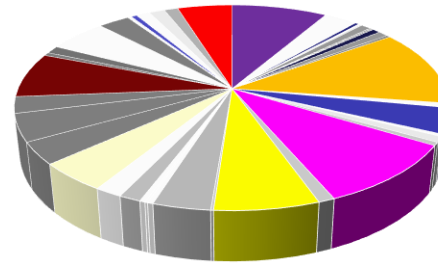
Uptake by ethnicity

2.1 Uptake against Ethnic Group



GP surgery visits

44 Reasons reported by GP practice 579 patients (excluding no known reason)



- Abroad
- Anxiety
- Bereavement
- Carer
- Deceased' (GP) but active on NSCR
- Diabetes resolved
- Does not engage
- Excluded - NPL in both eyes
- Excluded - terminal illness
- Forgot
- Hospital inpatient
- Illiterate
- In care of ophthalmology for non DR
- In prison
- Learning or mental disability
- Mental health
- Multiple reasons
- Not diabetic' (mother)
- Opt out
- Agoraphobia
- Awaiting return of opt out
- Cancer treatment
- Could not find clinic
- Denial
- Diabetes resolved (bariatric surgery)
- Excluded - Learning or mental disability
- Excluded - physical disability/housebound
- Fear of eye drops
- Frequent non attender
- Housebound
- In Care of Ophthalmology
- Incorrect address
- Language
- Left GP' but still registered with same GP on NSCR
- Moved away
- Not diabetic' (GP)
- Not diabetic (patient)
- Physical health

8 practices: 214 patients

Memory loss and arthritis pain affecting mobility and mood. Uses crutches. Misses Pakistan. Has supportive family. Might move to Shepherd's Bush

Seen Sep 2019. Issued insulin. Alcoholic

Methadone user - does not attend lots of appointments

Review with pharmacist in June. Pharmacist concerned double dosing on insulin. Borderline personality disorder, suicidal. Mental health

Seen July 2019 Chronic kidney disease stage 3. Due lots of tests

Abroad/away a lot? Non responder not at practice seen since 2010

Does not want to be diabetic

Bloods done. Diabetic review over phone in June. Psychotic. Not taking diabetes meds since Sep 2018. Possession of firearms offences

Patient is Columbian and started insulin recently. He does not answer his phone, but I'll try to speak to him

Seen recently, worried about feet. Under KCH ophthalmology Drops for glaucoma and cataracts. VA CF in both eyes. Also spends a lot of time in Jamaica

On insulin but gets medications from Ecuador. Last seen in July 2018. Surgery in Spain and had a letter from a Spanish hospital.

Travelling 2-3 months

Inactive on GP record

Spends time in West Indies. Attends surgery once a year. Not seen since 2017.

DJ travels. Attended recently. Uncontrolled. Nurse will phone for a consultation and explain eye screening

SELDESP uptake initiatives

What we have done

- Working with faith groups and organisations like Food For Purpose
- Starting a project with the Diabetes UK Health Inequalities lab programme in SEL
- Contacting care homes prior to residents' appointments
- Visiting GP surgeries to understand non attendance reasons
- More use of SMS, two way messages and phone number validation
- Setting up online booking for patients to manage their appointments
- Working with an NHS England group around improving access for homeless patients
- Used geographic mapping data to ensure patients are invited to their most convenient clinic location
- Run routine online Q&A sessions for patients

What we're working on

- Clinics in GP practices (esp. where we are already co-located) with GP support
- Working with other services to highlight non-attenders for DESP who may be in contact/attending appointments with them (starting with renal, then foot teams) – requires linking up data and informatics help
- GP incentive in Lambeth to review their list of persistent non-attenders

So, what *can* DESP teams do about Health Inequalities and what barriers do we need to overcome?



- Nature of the problem – not just healthcare
- Competing priorities with other services
- Disjointed commissioning across the diabetes pathway

