# Health Inequalities Annual Report

## Executive Summary

1. NHS England (NHSE) published a statement of information on health inequalities (duty under section 13SA of the National Health Service Act 2006) on 27th November 2023. The purpose of the statement is to help trusts and Integrated Care Boards (ICBs) identify key data and information on health inequalities and outline how they have responded to this information within their annual reports.

2. The statement set out a list of data indicators that Trusts are expected to report on and covers the period between 1st April 2023 to 31st March 2025.

3. This report includes Trust data on health inequalities and as well as action taken by the Trust to reduce inequality and improve health access, experience and outcomes.

## Background

4. Recognising the expanding remit of interlinking work, relating to health inequalities, Equality, Diversity and Inclusion, and social value, a committee restructure was undertaken during 2023/24. Our previous Strategic Black, Asian and Ethnic Minority (BAME) Advisory Committee (SBAC) has since been replaced with our Health Inequalities and Inclusion Committee (HIIC), a Board level committee in June 2023.

5. HIIC receives input and updates from numerous work streams including health inequalities data, prevention pledge, anchor institute, digital exclusion, socio-economic duty and Equality, Diversity and Inclusion.

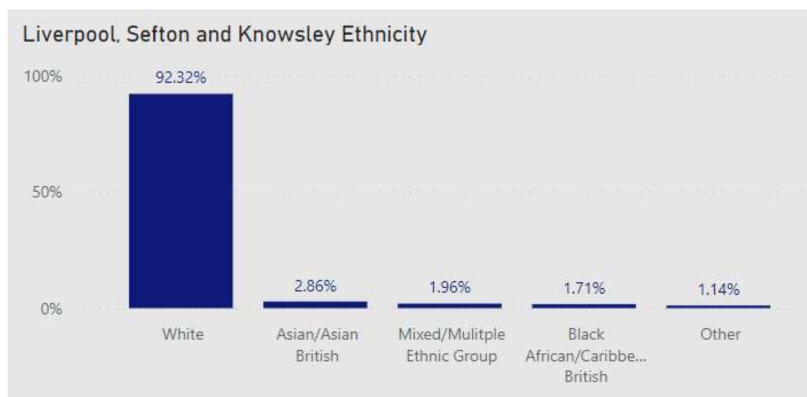
6. A Health Inequalities Dashboard was developed by the Business Intelligence team to gain a greater insight into health inequalities for patients, show data findings and provide context to drive improvements in these areas. This data is presented regularly to the HIIC.

## Data and Analysis

7. Due to the size of the patient population that the Trust serves, it has been agreed to use local data as a benchmark.

8. When considering IMD, Liverpool City Council reported in 2019 that Liverpool is considered the 3rd most deprived of 317 local authority areas when looking at the average score and 4th most deprived for average rank.

9. As shown below, the ethnic make-up of the area is predominantly white, with only 7.68% of the population identifying as part of an ethnic minority.

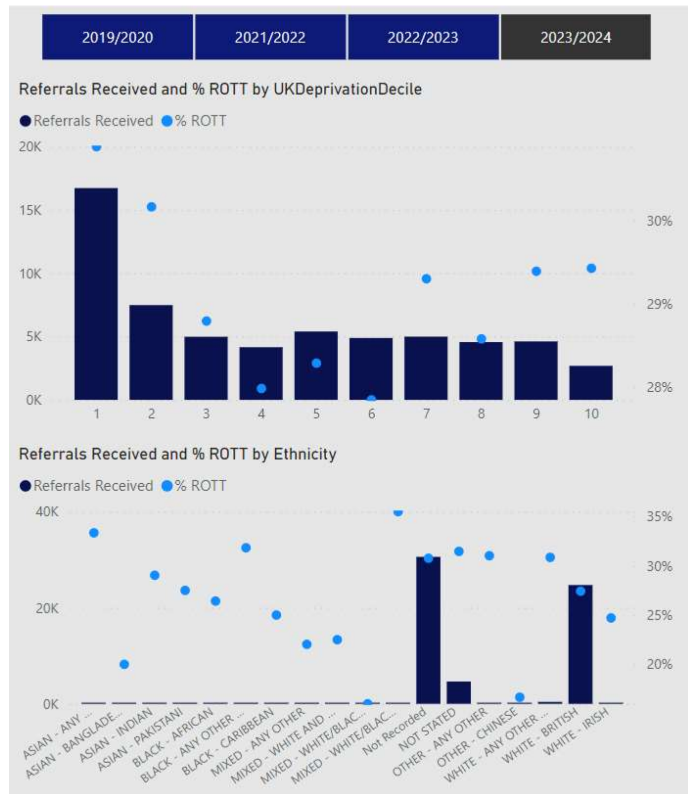


10. This is borne out in the majority of referrals being received for patients who are White British and from more deprived areas.

    It is important to note that ethnicity data is not always recorded, which is a problem across Healthcare.

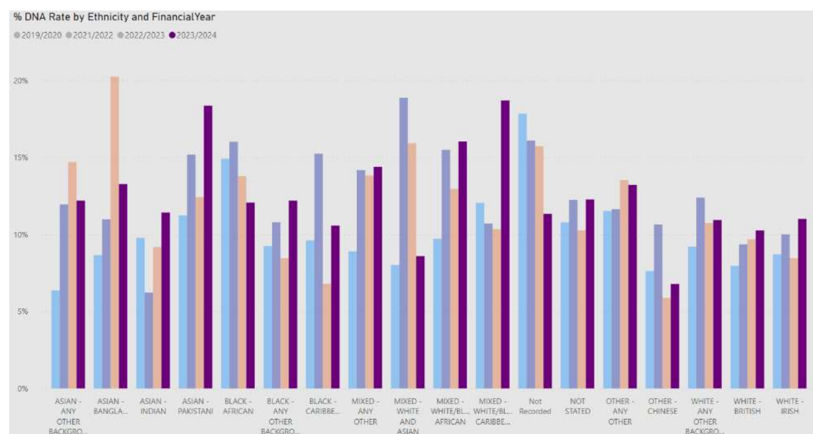
    For the Local Area, 2.86% are Asian/Asian British and 1.71% are Black African/Caribbean/Black British. This isn't reflected in our referrals.

    ROTT – Removal other than treatment



11. When considering DNA rates, direct correlation between DNA rate and IMD can be seen, which holds true for both face to face and virtual appointments.

12. DNA rates by ethnicity shows that the highest percentage rates sit within Mixed White/Black Caribbean, Pakistani and Mixed White/Black African.



13. The data above highlights the below key points
    - The ethnic make-up of the local community is not reflected in referral figures
    - Patients in areas of higher deprivation are more likely to DNA their appointments
    - Patients from ethnic minority backgrounds are more likely to DNA their appointments

## Progress

14. The Trust have undertaken numerous actions to better understand the data provided and reduce health inequalities.

15. Health Inequalities and Prevention has been recognised as one of the twelve strategic risks aligned to the Trust Strategy 2022-25. This has a designated Executive Lead and is assigned to HIIC for monitoring.

16. A review was undertaken of the Trusts waiting lists (including inpatient, outpatient, follow up, elective and day case admissions) to understand if there were any areas of concern in relation to IMD. The data provided the Trust with positive assurance that, although waiting list management continues to be a challenge for all Trusts across the UK, focus has appropriately been on clinical need and longest waiters with minimal patient variation in relation to IMD scales.

17. A similar piece of work was undertaken in relation to DNAs to understand the reasons for higher rates in patients from more deprived areas. The Trust are currently undertaking a number of initiatives to support this patient group as outlined below.
    - Clinical validation of follow up waiting lists
    - Introduction of Patient Initiated Follow Up (PIFU)
    - The purchase of Dr Doctor, a digital patient engagement platform to improve communication with patients
    - Wider system working and collaboration
        - Participation in an initiative to recycle laptops for patients who are classed as digitally excluded, allowing them to attend appointments virtually
        - Satellite clinics in local community centre/libraries in areas of deprivation to reduce transport and childcare costs
        - Working with Everton in the Community health zone hub to explore future opportunities for clinic capacity

18. The Trust have been involved in collaboration working across Liverpool City Region with multiple sectors including police, fire, housing, councils and healthcare providers in relation to the Socio-economic Duty, to develop a shared understanding of socio-economic disadvantage and share best practise in relation to ensuring this is considered in organisational decision making. Plans are in place to review the Trusts Equality Impact Assessment process to include socio-economic status.

19. Due to the location of the Trust, many of our staff also reside in areas of high deprivation. The Trust have been awarded Investors in People Gold standard for our Health & Wellbeing programme for staff which includes Health MOTs.

20. Wider system working is key to ensuring equality of access and early diagnosis rates, which tend to be significantly lower in the most deprived areas. In order to ensure quality of care at

the first point of contact and to reduce inequalities by area of residency the Trust have a number of services and pathways including the below to ensure appropriate treatment for patients at the earliest opportunity.

- Rapid Access Neurology Assessment (RANA) service - provides rapid and direct access for patients with acute neurological issues to specialist neurology service in consultant led clinics and reduce unnecessary hospitalisations and facilitate speedy diagnosis and management plans.
- Brain Tumour Optimisation Pathway – working with other providers across Cheshire and Mersey, a new pathway has been introduced in 2023 to ensure optimal and immediate diagnosis of a brain tumour.
- Headache Pathway – with advice for both District General Hospital (DGHs) and General Practitioners (GPs) in managing primary headache disorders and recognising red flags and take appropriate and timely action.
- Suspected Papilledema/Increase Intracranial Hypertension (IIH) Pathway – ensuring appropriate investigation and treatment is undertaken in a timely manner within local hospitals with advice provided as necessary from our on call teams.
- Parkinson's Disease (PD) Management Pathway – advice to Acute hospital Trusts in appropriately assessing and managing patients with PD in a local setting
- Seizure/Epilepsy Pathway – to support front-line clinicians to recognise and manage seizures and facilitate rapid referral of seizure patients to an outpatient appointment at The Walton Centre.
- 24/7 Thrombectomy service – ensuring rapid transfer, treatment and repatriation of appropriate acute stroke patients.
- Enhanced Triaging Process – providing full and appropriate advice and management plans in response to referrals from primary care, reducing the need for appointments in specialist clinics and the likelihood of a rereferral in future.

## Recommendation

To agree for publication.

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