NHS England

Challenging Health Inequalities

Support for CCGs

October 2016

“The social divide in hospital admissions – which means far more poor people end up in hospital for preventable conditions than richer people – varies dramatically across England.”

Sarah Boseley, The Guardian

See also:
CCGs ranked on success of tackling health inequality, Pulse Magazine
CCGs vary widely in how well they deliver healthcare, British Medical Journal
Health care failures in poorer areas cost NHS £4.8 billion a year, The Independent

Introduction

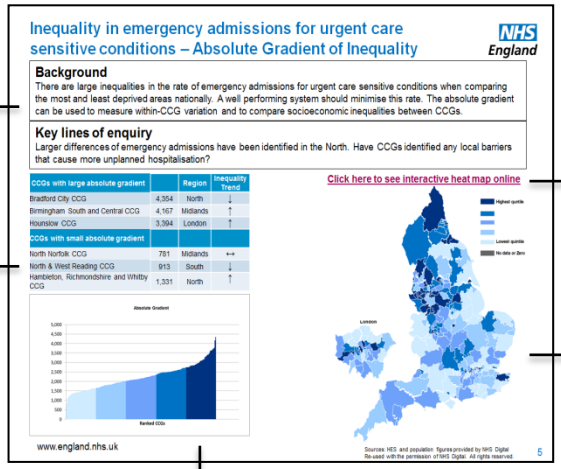
- Health inequalities are currently estimated to cost the NHS a total of at least £20 billion each year so it is imperative to harness the influence of each CCG to challenge where health inequalities can be reduced and greater equality established.
- Each CCG must, in the exercise of its functions, have regard to the need to
  a) Reduce inequalities between patients with respect to their ability to access health services, and
  b) Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

  H&SCA 2012, section 26 (14T)
- This guide aims to help identify areas of variation in emergency admissions in more and less deprived CCGs and to promote a discussion where variation occurs.
- It is designed to support the CCG Improvement and Assessment Framework (IAF) health inequalities data on the myNHS website.
- Data analyzed in these slides are from the Hospital Episode Statistics (HES) and Population Figures, both of which are provided by NHS Digital.

How to use this guide

Background to the indicator and chosen measure of inequality.

CCGs with large and small measures of inequality, selected from different regions across the country to highlight variation. A decreasing inequality trend shows that the CCG is making significant progress in reducing inequality.



Link to online heat map to look at data interactively. The hyperlinks work when showing as a slideshow. Navigate between indicators, quarters and measures using the menu on the left.

Heat map, with CCGs split into 5 quintiles of activity.

Graph showing range of difference between more and less deprived areas.

www.england.nhs.uk

Statistical Background

Indicators

The two indicators used in this report are from the CCG IAF: 106a. Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions and 106b. Inequality in emergency admissions for urgent care sensitive conditions. They are based on those developed by Richard Cookson and Miqdad Asaria from the University of York, as part of the NIHR project (HS&DR: 11/2004/39 - Developing indicators of change in NHS equity performance).

Absolute Gradient of Inequality (AGI)

For each neighbourhood in the country, the rate of avoidable emergency admissions for certain conditions per 100,000 population can be calculated. This rate is then standardised to ensure age and sex of the population do not affect the data, enabling national comparison. Computing the differences between these standardised rates in the most and least deprived neighbourhoods provides the AGI for each CCG. This is also referred to as the gradient of the line of best fit (regression line) where avoidable emergency admissions data are plotted against deprivation. The AGI describes the difference in avoidable emergency admission rates that would be observed between the richest and poorest neighbourhoods in the country if the whole country were as unequal as that CCG. As this measure uses the national range of deprivation, direct comparisons between all CCGs are possible. The greater the AGI value (or the steeper the regression line), the greater the inequality.

Mean

The number of avoidable emergency admissions for each neighbourhood within a CCG can be obtained and then standardised using the same process as above. These standardised figures can then be summed and divided by the total CCG population to obtain a mean rate for the CCG. The higher the mean, the greater the chance of having such a hospitalisation for people living in the neighbourhoods covered by that CCG.

Inequality in emergency admissions for urgent care sensitive conditions – Absolute Gradient of Inequality

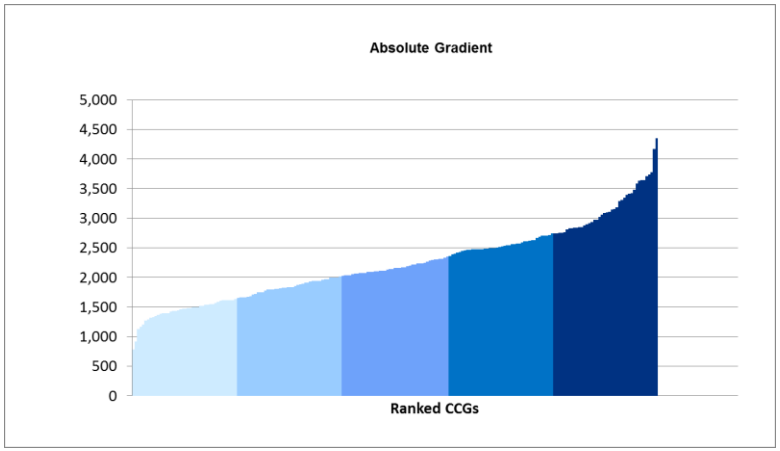
Background

There are large inequalities in the rate of emergency admissions for urgent care sensitive conditions when comparing the most and least deprived areas nationally. A well performing system should minimise this rate. The absolute gradient can be used to measure within-CCG variation and to compare socioeconomic inequalities between CCGs.

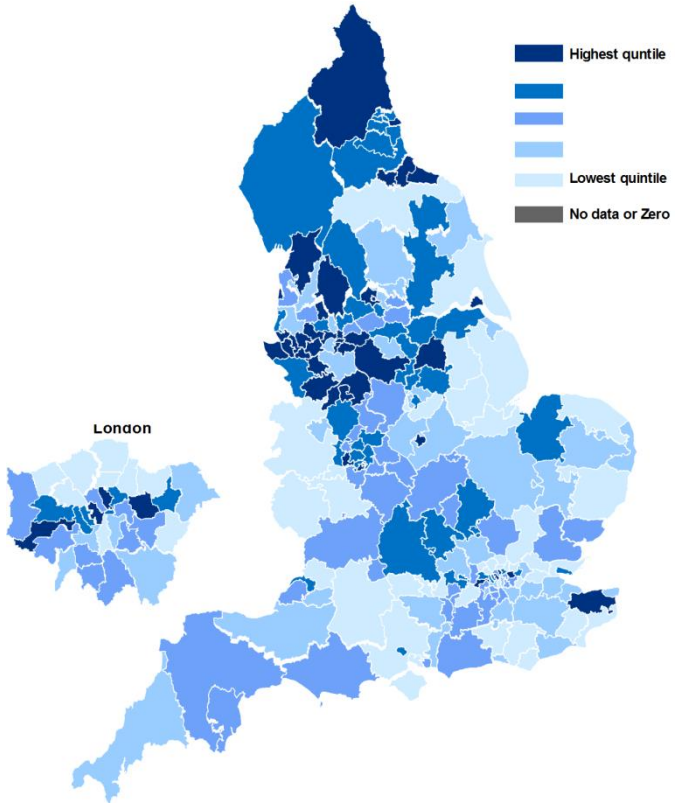
Key lines of enquiry

Larger differences of emergency admissions have been identified in the North. Have CCGs identified any local barriers that cause more unplanned hospitalisation?

CCGs with large absolute gradient		Region	Inequality Trend
Bradford City CCG	4,354	North	↓
Birmingham South and Central CCG	4,167	Midlands	↑
Hounslow CCG	3,394	London	↑
CCGs with small absolute gradient			
North Norfolk CCG	781	Midlands	↔
North & West Reading CCG	913	South	↓
Hambleton, Richmondshire and Whitby CCG	1,331	North	↑



Click here to see interactive heat map online



Sources: HES and population figures provided by NHS Digital
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Inequality in emergency admissions for urgent care sensitive conditions – Mean Rate

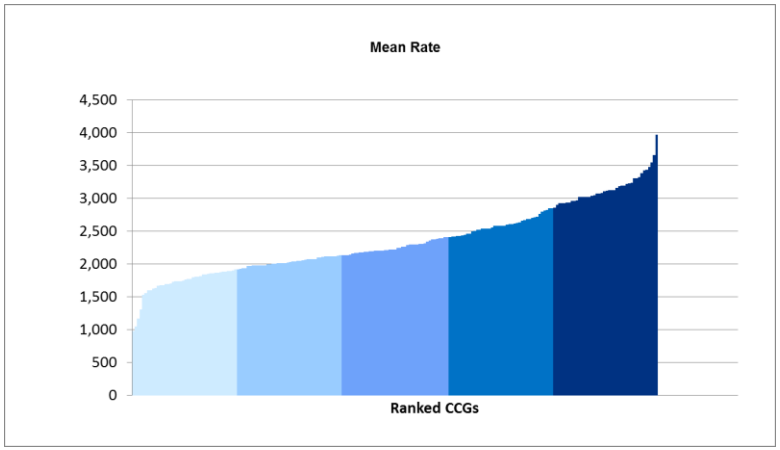
Background

There are large inequalities in the rate of emergency admissions for urgent care sensitive conditions when comparing the most and least deprived areas nationally. A well performing system should minimise this rate. The mean values show the average rate of emergency admissions for each CCG and encourage CCGs to reduce these rates.

Key lines of enquiry

The charts show large variation across the country with greater differences located in the North West. Have CCGs identified any local barriers that cause more unplanned hospitalisation?

CCGs with large mean rate		Region	Inequality Trend
Knowsley CCG	3,968	North	↓
Birmingham South and Central CCG	3,548	Midlands	↔
Slough CCG	3,159	South	↓
CCGs with small mean rate			
Wokingham CCG	976	South	↓
Wyre Forest CCG	1,533	Midlands	↓
Kingston CCG	1,706	London	↓



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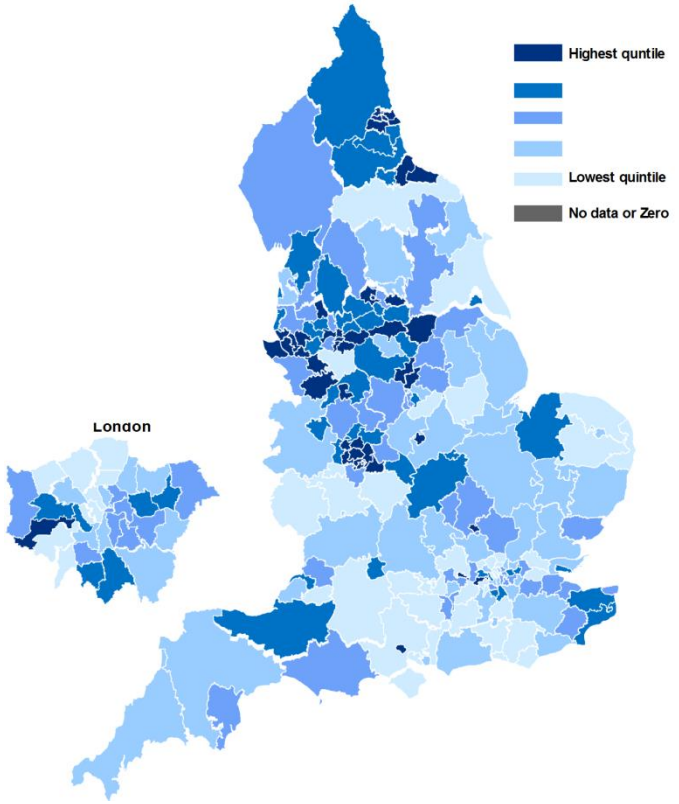

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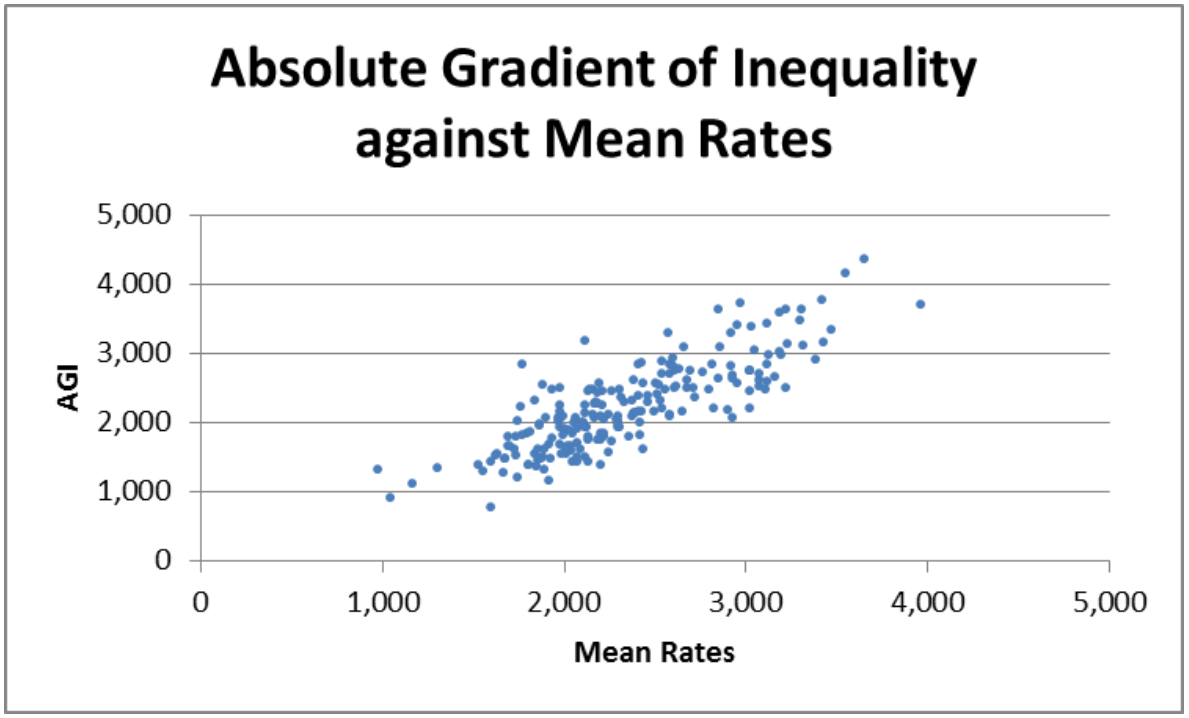
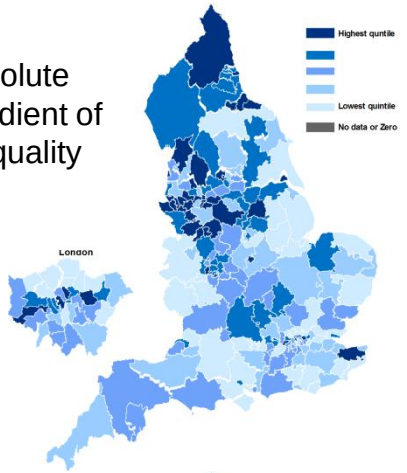
Comparison of Absolute Gradient of Inequality and Mean Rate for inequality in emergency admissions for urgent care sensitive conditions

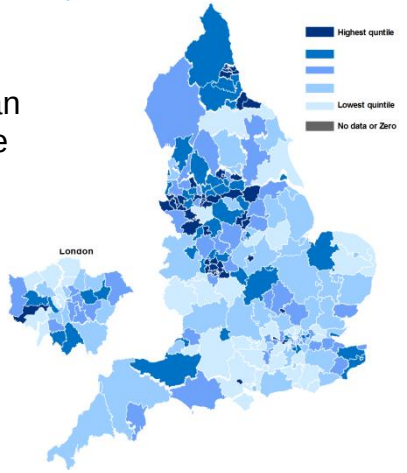
Ideally, a CCG will have both a low absolute gradient and a low mean. That is a low rate of avoidable emergency admissions for the CCG as a whole with little variation by area of deprivation. The identification of areas where this is not the case is achieved through both the comparison of heat maps and the plotting of scatter graphs; for example, a low mean but large absolute gradient suggests a low rate of avoidable emergency admissions for the CCG as a whole but large variation by area of deprivation within the CCG.



Absolute Gradient of Inequality



Mean Rate



Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions – Absolute Gradient

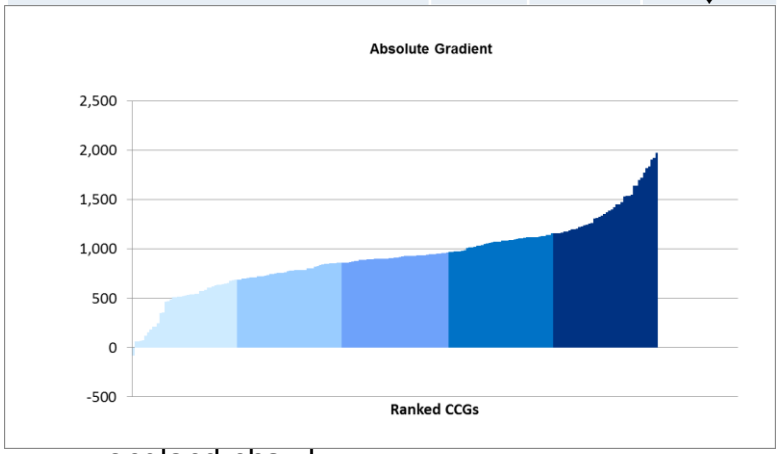
Background

There are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions when comparing the most and least deprived areas nationally. A well performing system should minimise this rate. The absolute gradient can be used to measure within-CCG variation and to compare socioeconomic inequalities between CCGs.

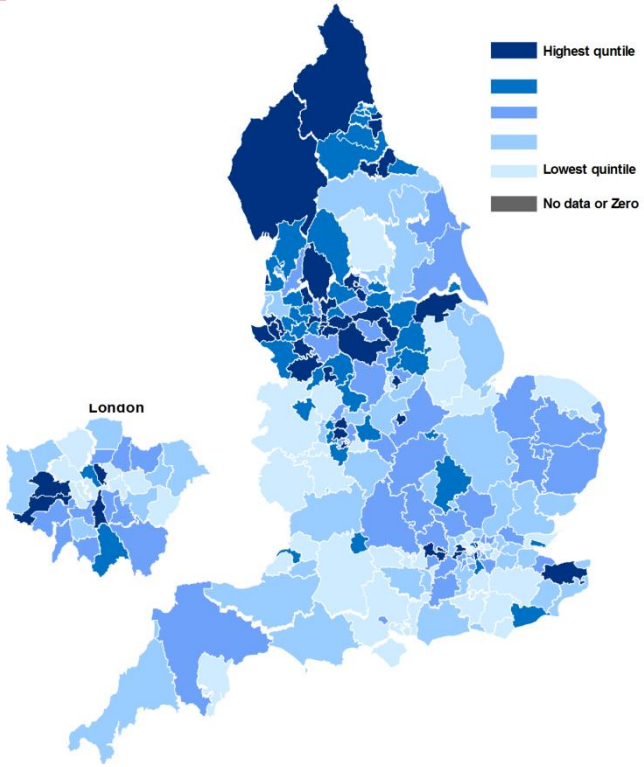
Key lines of enquiry

Larger differences of emergency admissions have been identified across the country. Have CCGs identified any local barriers that cause more unplanned hospitalisation?

CCGs with large absolute gradient		Region	Inequality Trend
Blackburn with Darwen CCG	1,975	North	↔
Birmingham South and Central CCG	1,770	Midlands	↑
Islington CCG	1,719	London	↓
CCGs with small absolute gradient			
City and Hackney CCG	-84	London	↓
South Eastern Hampshire CCG	62	South	↓
Harrogate and Rural District CCG	463	Midlands	↓



Click here to see interactive heat map online



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Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions – Mean Rate

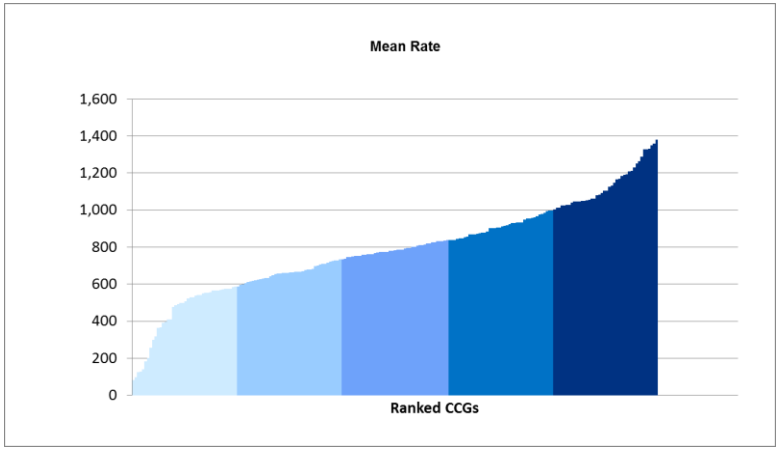
Background

There are large inequalities in the rate of emergency admissions for urgent care sensitive conditions when comparing the most and least deprived areas nationally. A well performing system should minimise this rate. The mean values show the average rate of emergency admissions for each CCG and encourage CCGs to reduce these rates.

Key lines of enquiry

Large variation has been identified in the North. Have CCGs identified any local barriers that cause more unplanned hospitalisation?

CCGs with large mean rate		Region	Inequality Trend
Bradford City CCG	1,380	North	↑
Birmingham South and Central CCG	1,264	Midlands	↔
Slough CCG	1,104	South	↔
CCGs with small mean rate			
Crawley CCG	81	South	↑
City and Hackney CCG	139	London	↑
Wyre Forest CCG	493	Midlands	↔



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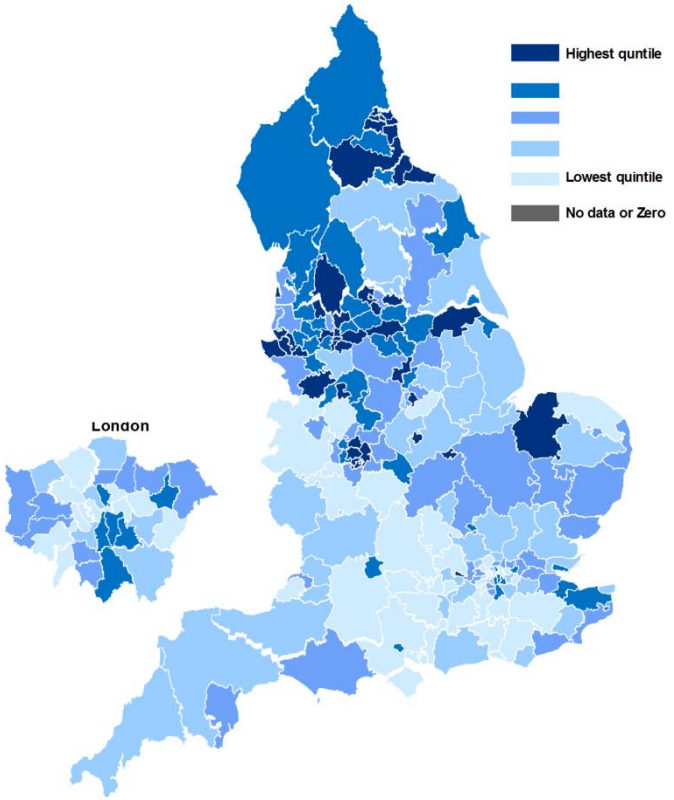

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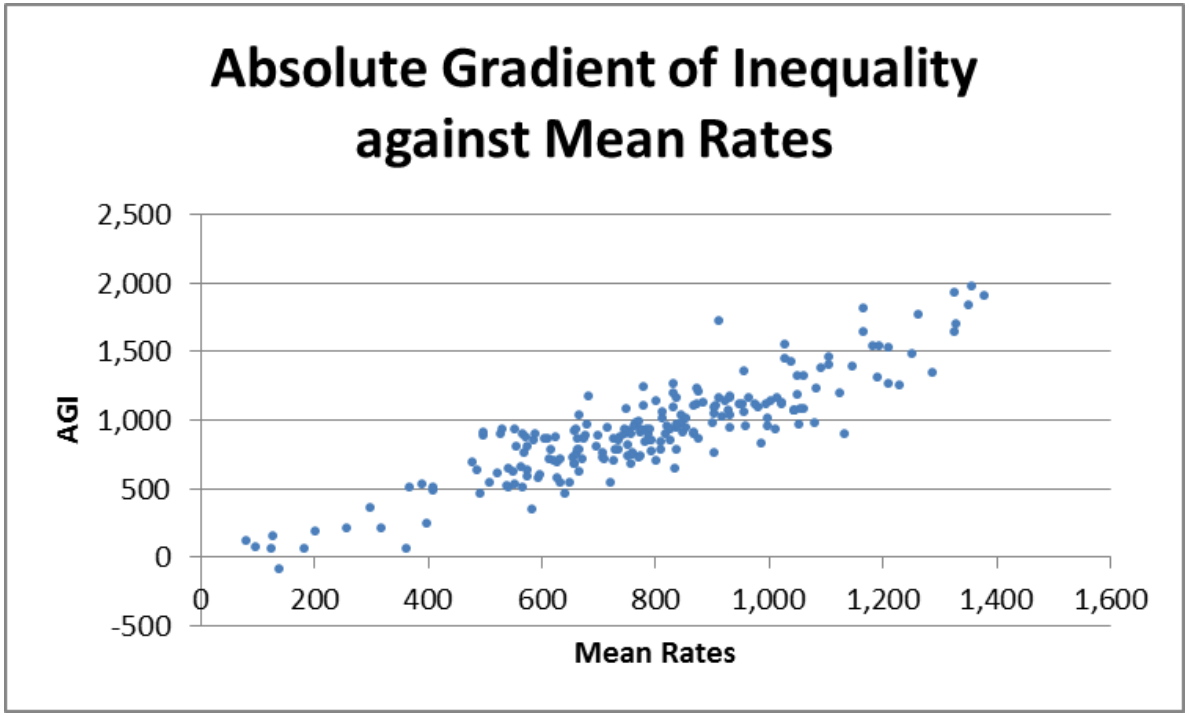
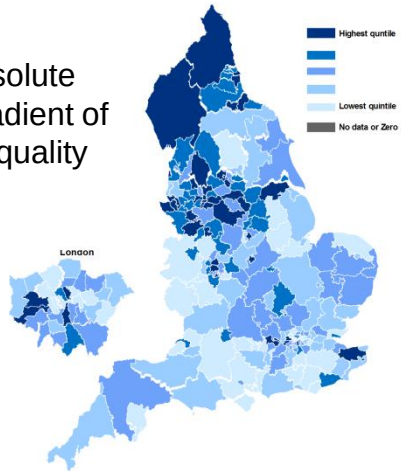
Comparison of Absolute Gradient of Inequality and Mean Rate for inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions

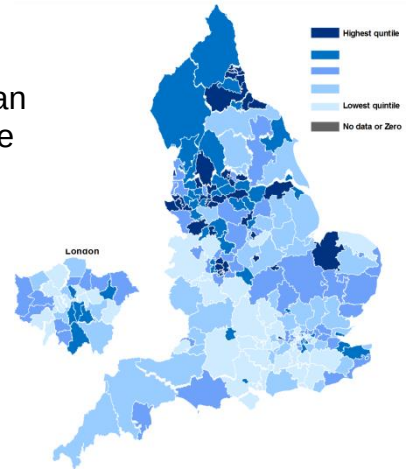
Ideally, a CCG will have both a low absolute gradient and a low mean. That is a low rate of avoidable emergency admissions for the CCG as a whole with little variation by area of deprivation. The identification of areas where this is not the case is achieved through both the comparison of heat maps and the plotting of scatter graphs; for example, a low mean but large absolute gradient suggests a low rate of avoidable emergency admissions for the CCG as a whole but large variation by area of deprivation within the CCG.



Absolute Gradient of Inequality



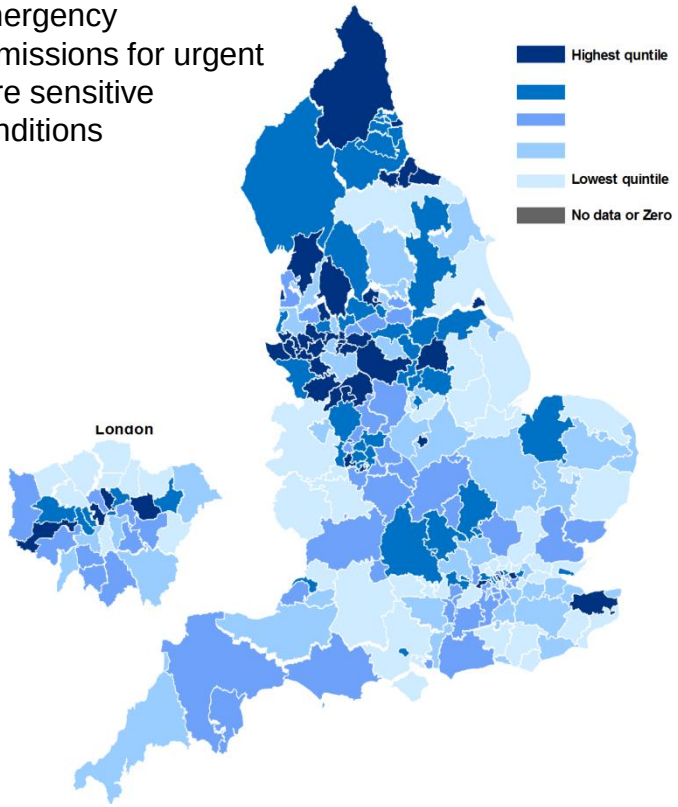
Mean Rate



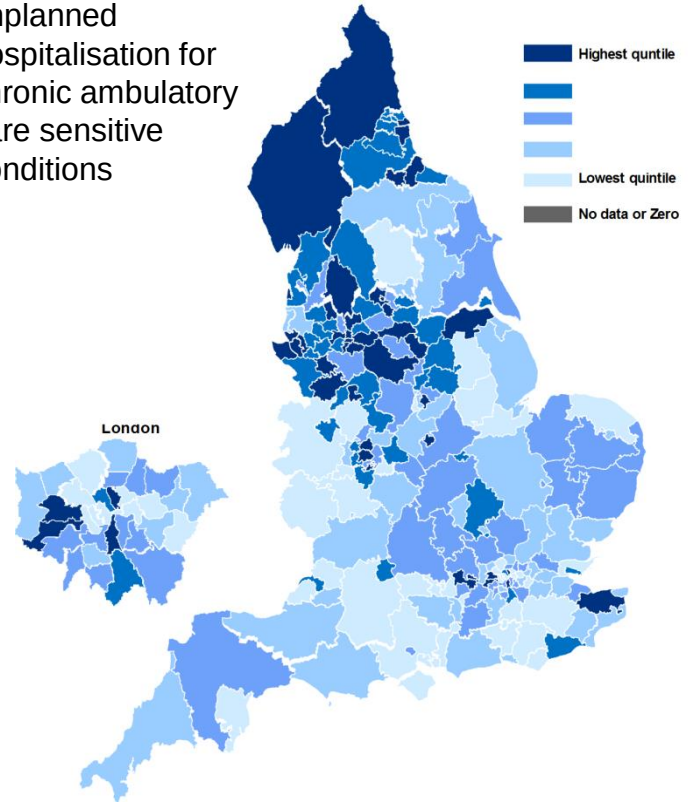
Comparison of Absolute Gradient of Inequality for both indicators

The pattern of variation across CCGs for the absolute gradient is somewhat similar for both urgent care sensitive conditions and chronic ambulatory care sensitive conditions.

Inequality in emergency admissions for urgent care sensitive conditions



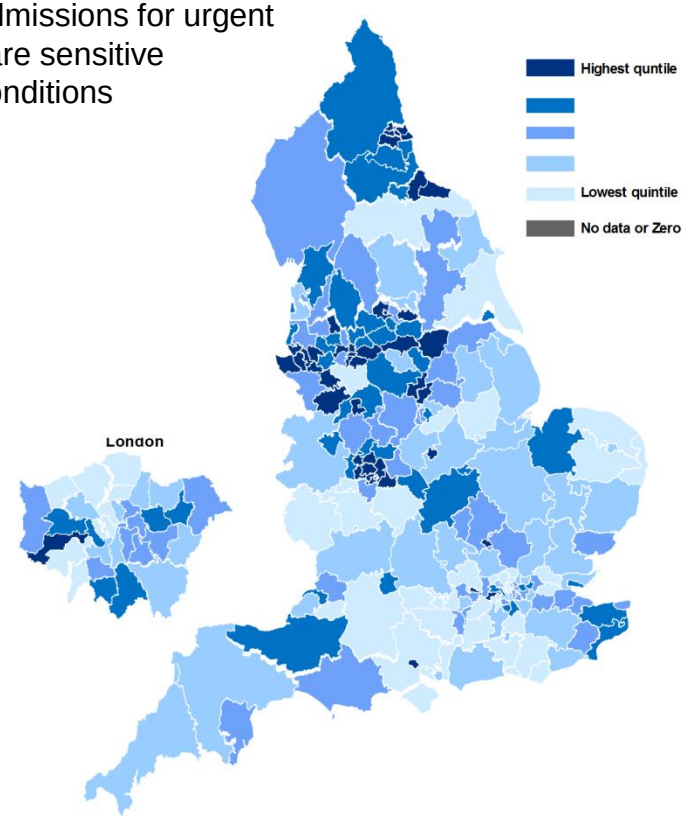
Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions



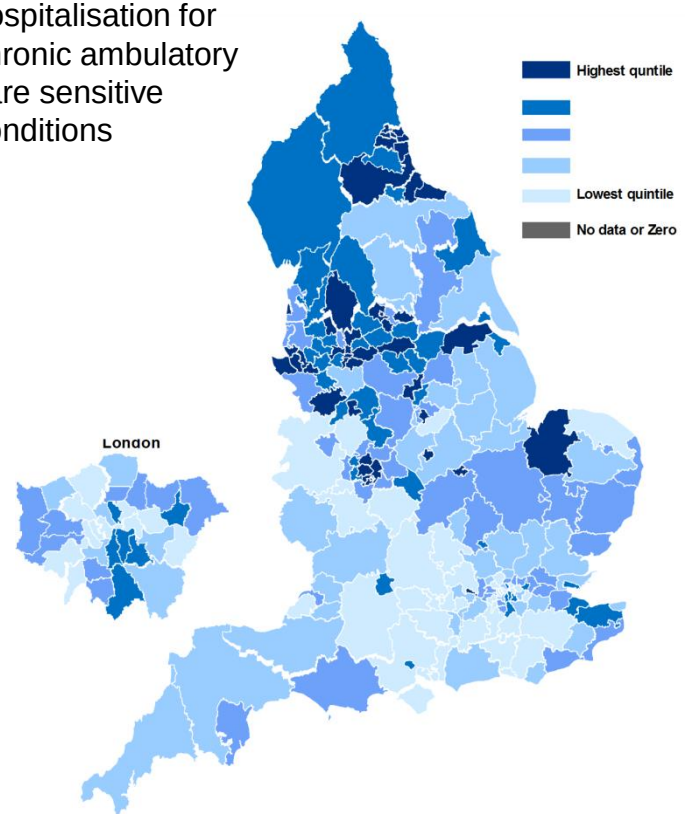
Comparison of Mean Rate for both indicators

The pattern of variation across CCGs for the mean rate is similar for both urgent care sensitive conditions and chronic ambulatory care sensitive conditions.

Inequality in emergency admissions for urgent care sensitive conditions

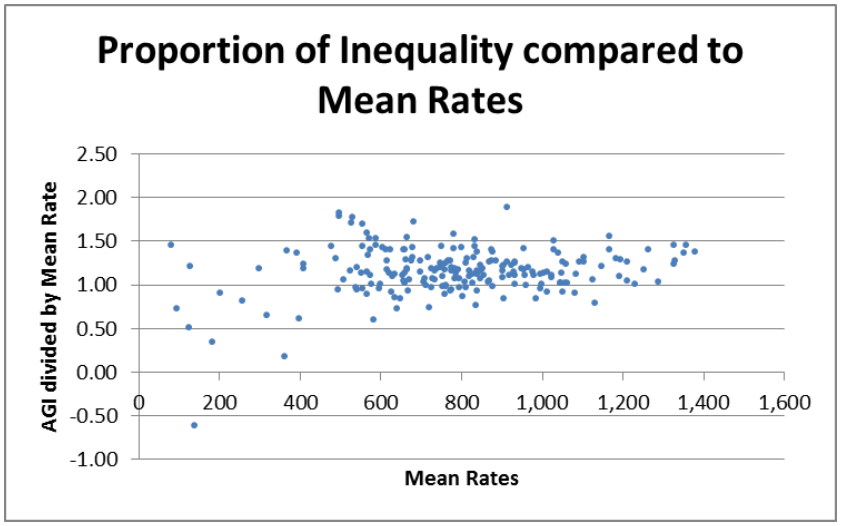


Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions

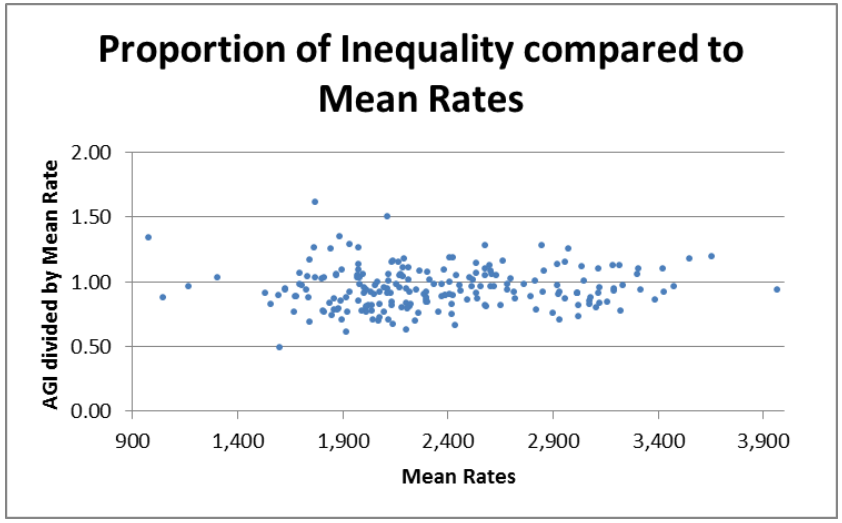


Proportion of Inequality compared to Mean Rate

Higher mean rates of avoidable emergency admissions give greater scope for inequality. Dividing the AGI by the mean rate for each CCG eliminates this issue. If a CCG has a value of more than one, then it is experiencing high levels of inequality and low rates of emergency admissions. Similarly, if the CCG has a value of less than one, this means it has low inequality but high rates of unplanned hospitalisation. A value of exactly one indicates that the AGI is proportionate to the mean rate. This can be the case where both measures are high and when both are low, so a value of one is not necessarily ideal.



Inequality in emergency admissions for urgent care sensitive conditions

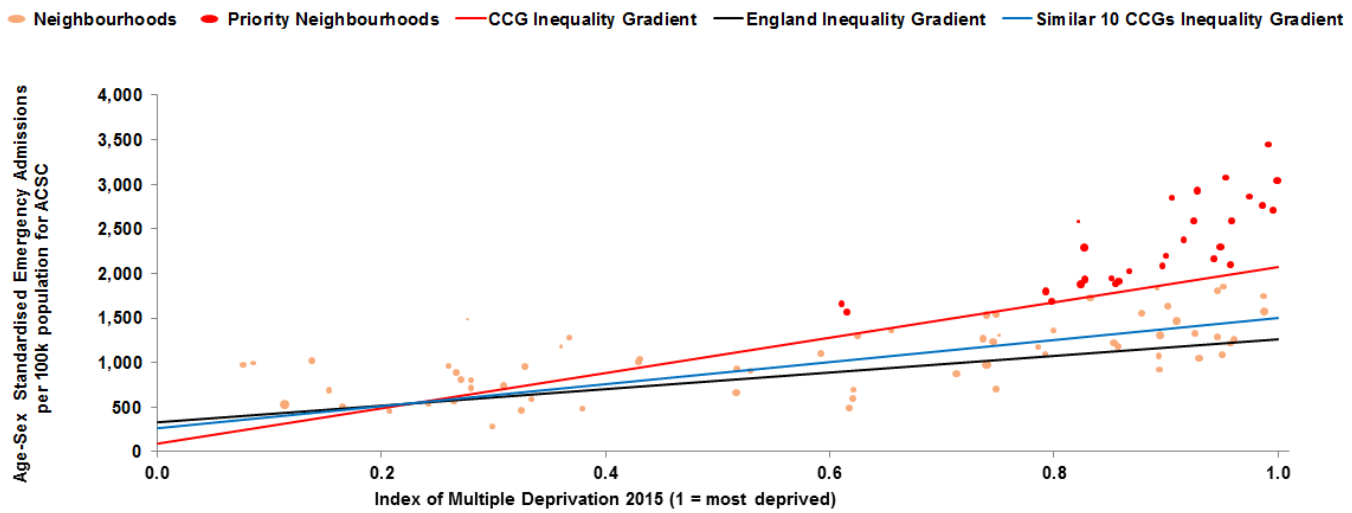


Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions

Comparison with 10 most similar CCGs

A useful indication of CCG performance is comparison with the 10 most similar CCGs across the country. The Chronic Ambulatory Care Sensitive Conditions Tool has been produced to enable such a comparison and to also highlight priority neighbourhoods in which inequality needs to be addressed.

NHS BLACKBURN WITH DARWEN CCG
Inequality in unplanned hospitalisation for chronic ACSC at neighbourhood level



The bubbles on the chart represent the neighbourhoods in the CCG. The lines show inequality gradients. The steeper a line, the greater the level of inequality in that area. If the black line is steeper than the red, the CCG has less inequality in comparison to England as a whole. Similarly, if the blue line is steeper than the red, the CCG has less inequality than its similar 10 CCGS.

Priority neighbourhoods are those ranked in the top half for both rates of emergency admissions and deprivation scores. These have been coloured red in the bubble chart and are important because they increase the overall inequality gradient for the CCG.

Note: AGI data are for Q1-Q4 2015/16. ACSC stands for Ambulatory Care Sensitive Conditions. Numbers less than five have been suppressed when producing individual data points but have been included in overall calculations.
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Soft Tools

Once priority neighbourhoods have been identified, it is important to consider actions that can be taken to address inequality. Interventions such as the ones suggested below should be considered, paying attention to the local population served by the CCG. For further information, see the Long Term Conditions Packs on the NHS RightCare website.

Case study: social prescribing

Social prescribing encompasses various non-medical interventions including self-help groups, adult learning, gym-based activities and therapy.

Social prescribing is particularly useful for those with long-term conditions, which are more common for those living in deprived areas.

Rotherham CCG's use of social prescribing reduced demand for urgent hospital care with effective collaboration from voluntary and community organisations.

Additionally the average number of A&E attendances reduced by 17%.

Read more:

- The Rotherham social prescribing service
- Bromley By Bow Centre social prescribing

Case study: integrated care

Integrated care brings together primary, secondary and community health providers to focus around individual patient needs.

Bolton CCG developed an urgent care dashboard which gives real-time information from their local Acute Trust on A&E admissions to GP practices, in a user-friendly format.

This enables better understanding of variation in primary care, and the monitoring of individual patients.

The dashboard can also be used for case management.

One of the first pilot practices in Bolton reported a reduction in A&E attendances by 16.8% while similar practices not taking part saw an increase by just under 4%.

Read more:

Developing an urgent care dashboard- Yorkshire & Humber AHSN

Barking and Dagenham, Havering and Redbridge Integrated Care Coalition

Case study: self management

Self-management is particularly useful for long-term condition i.e. asthma and COPD. Self-management enables patients to understand how they are affected by their condition, and how they can cope with symptoms.

Studies have found that the use of telehealth for COPD self-management has reduced visits to accident & emergency.

Flo telehealth is an interactive texting services for patients that gives prompts and advise to patients for managing their own health. It also collects patient readings. Currently it is in use within over 70 health and social care organisations.

Flo increases levels of compliance through education and instilling good habits in patients.

Read more:

Flo Telehealth- West Midlands Telehealthcare for COPD