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Our Healthier South East London
Integrated Care System

NHS

Ethnic Health Inequality-
Raising Awareness and Taking Action

Southwark PLT Feb 2024
sianhowell@nhs.net
josephmayhew@nhs.net

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Raising awareness

ETHNIC HEALTH INEQUALITIES IN THE UK

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

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

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

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

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

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

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/3urjmIt

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

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/3zK5ljL

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

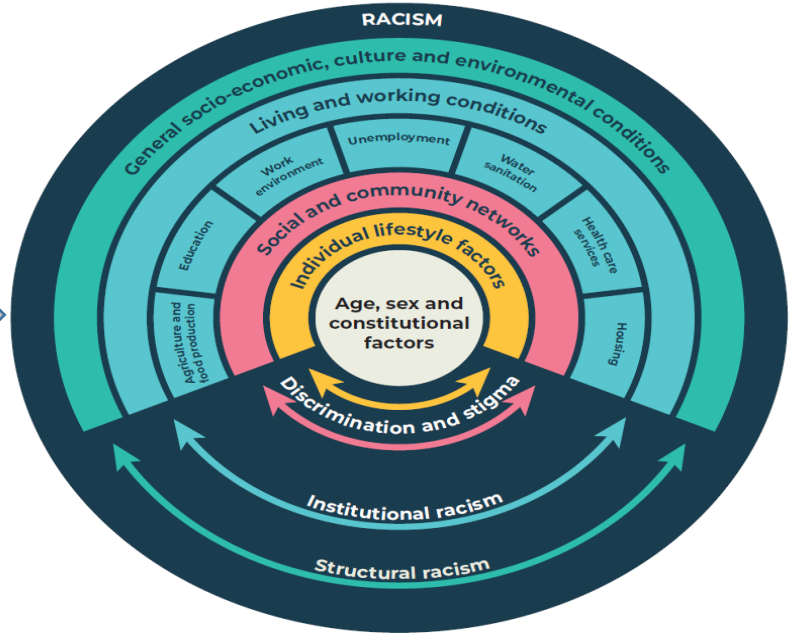
NHS RACE & HEALTH OBSERVATORY

Social Determinants of Health & Racism

Eradicating ethnic health inequity necessitates addressing determinants of health inequity including **institutionalised racism** and ensuring a health system delivering equitable and fitting care.

Curtis, E; Jones, R; Tipene-Leach, D et al, 2019.

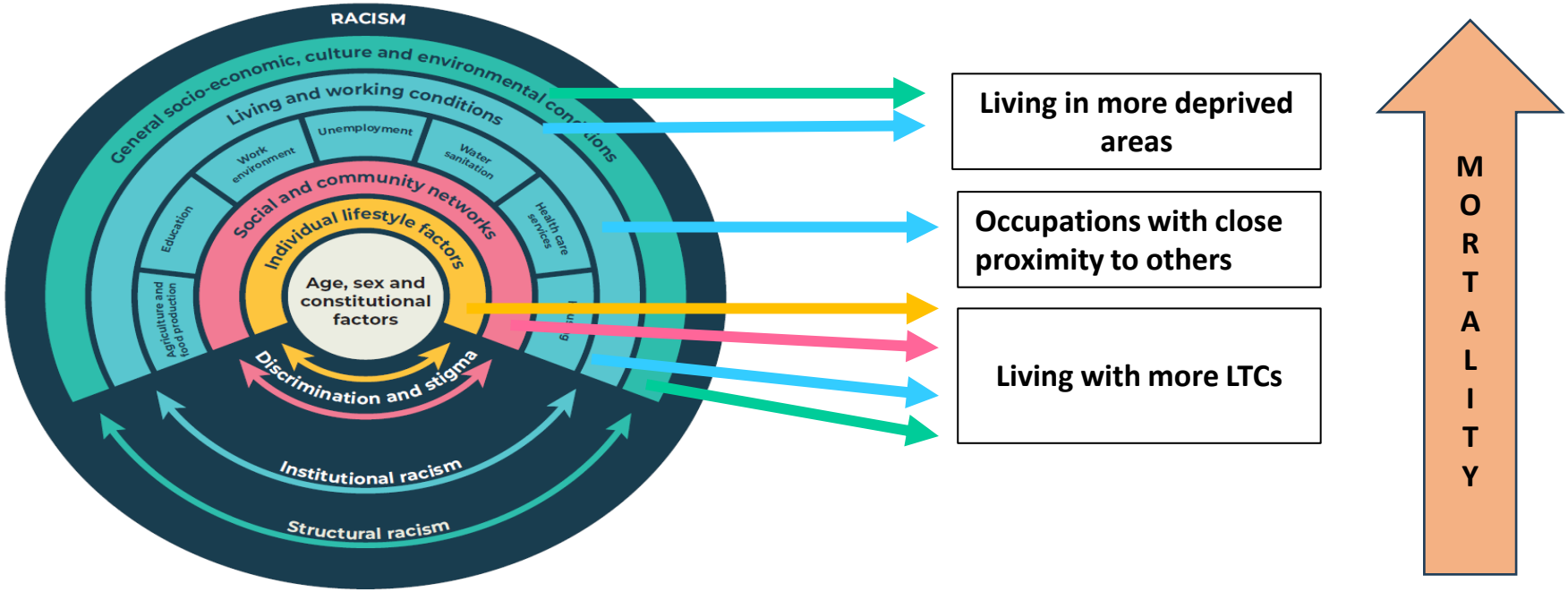
Dahlgren and Whitehead, 1991



Dahlgren and Whitehead, 2021

Thanks to Nupur Yogarajah for sharing this slide

Ethnic Health Inequity & Racism – Covid-19



Build Back Fairer: Covid-19 Marmot Review, 2020

Thanks to Nupur Yogarajah for sharing this slide

Addressing racism in healthcare

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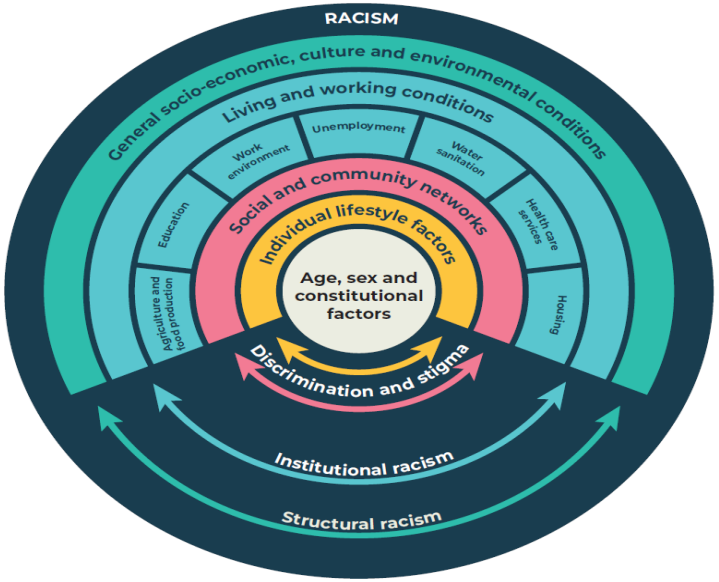

Everyone's Business

HCPs & individuals

Healthcare organisations

Healthcare systems

Systems approach

No end-point

Continuous development/training

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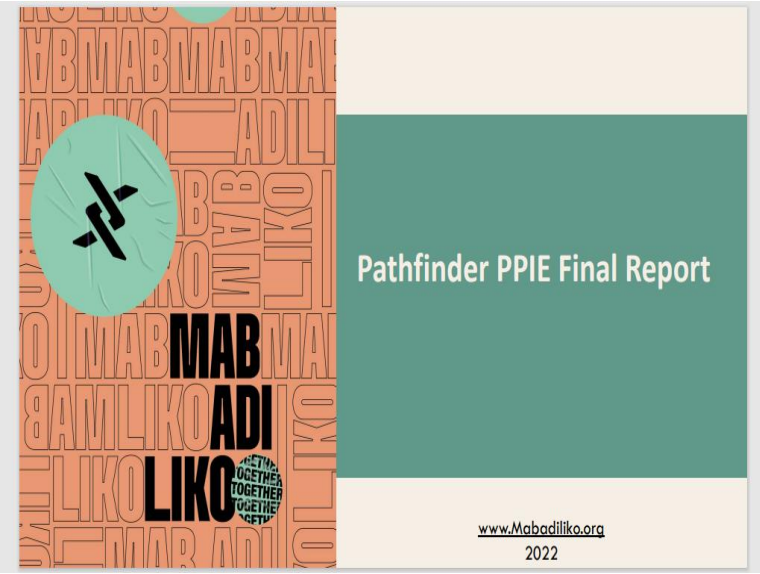

Questions

1. How can we encourage patients to better engage with hypertension care (including sharing data to enable individual and population-level care)?

2. How can we improve the clinical effectiveness tools to better support patients and reduce health inequalities?

Study of BAME groups in South East London

Survey and focus groups **targeting high risk groups**.

COM-B to understand behaviour and design behaviour change interventions/ recommendations.

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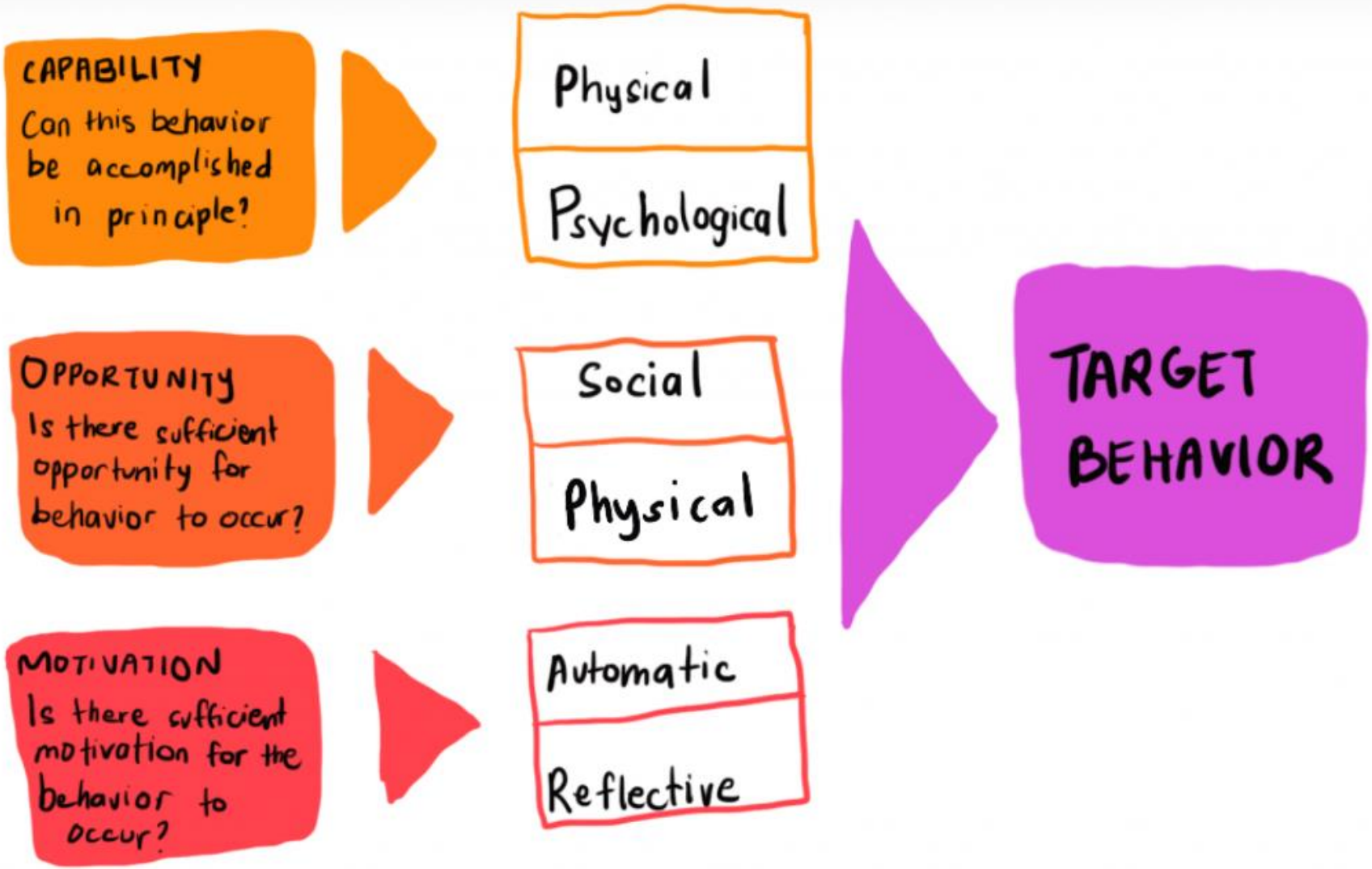
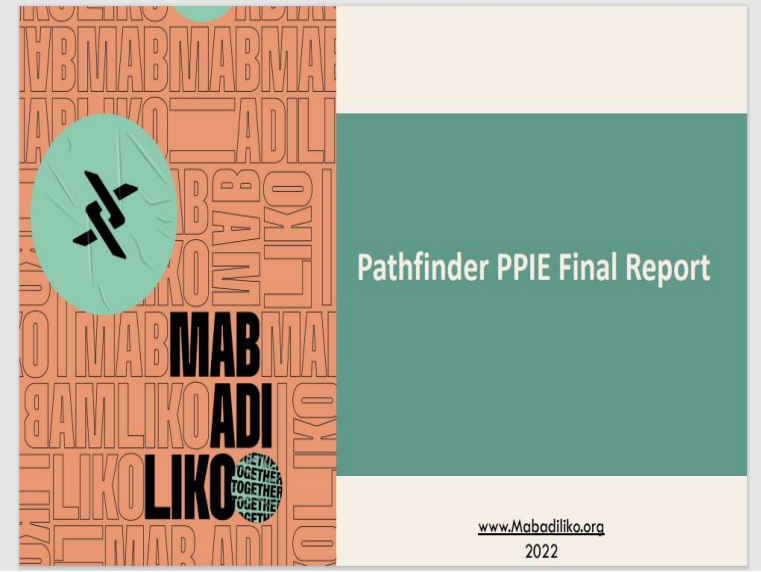
COM B is a model for behaviour change





Study found:

In our population, barriers to optimal hypertension detection and management were found to be:

Trust
Lack of trust in health services generally and not trusting individual healthcare professionals

Access
Difficulties accessing services

Relationship with wider health services

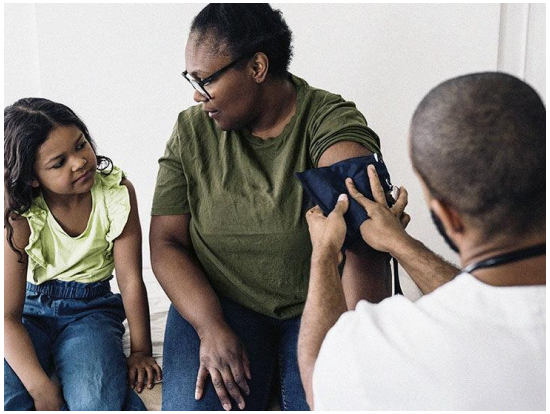
MAB ADI LIKO

Knowledge of discrimination within health system limiting engagement

"They're ***trying to do what they've always done and expect a different result****. And COVID has shown them…this is a problem that existed before COVID. Now you're forced to deal with it. Particularly the black community, or minoritised communities,* ***they're not going to participate in no survey, they rather die with all of their illness because they don't trust you.*** *They don't want to change because you ain't changing. You can't expect the community to change, and you are not changing. That don't make sense.* ***You change. They change. Yeah?".***

Individual and Community Factors

Reduction in the availability of community-based health checks



"Okay. What they can do is ***collaborate with us*** *on projects. Yeah. Because* ***there are things that they clearly can do. And there are things that are difficult for us to do****... So we need help to promote our services.* ***But we can reach people that the NHS struggle to reach.*** *They call black people hard to reach people, we reach them all the time.* ***We can't not reach them, they're all around us.***

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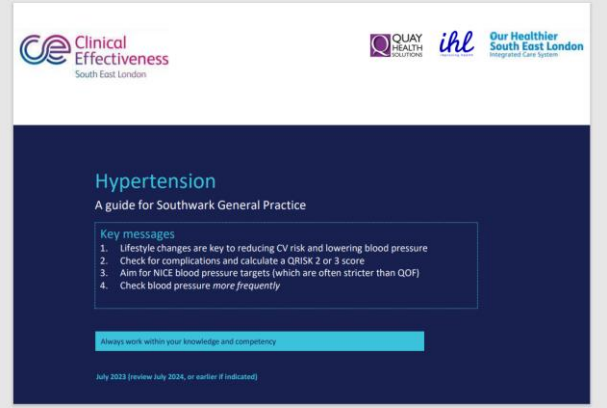
Taking Action

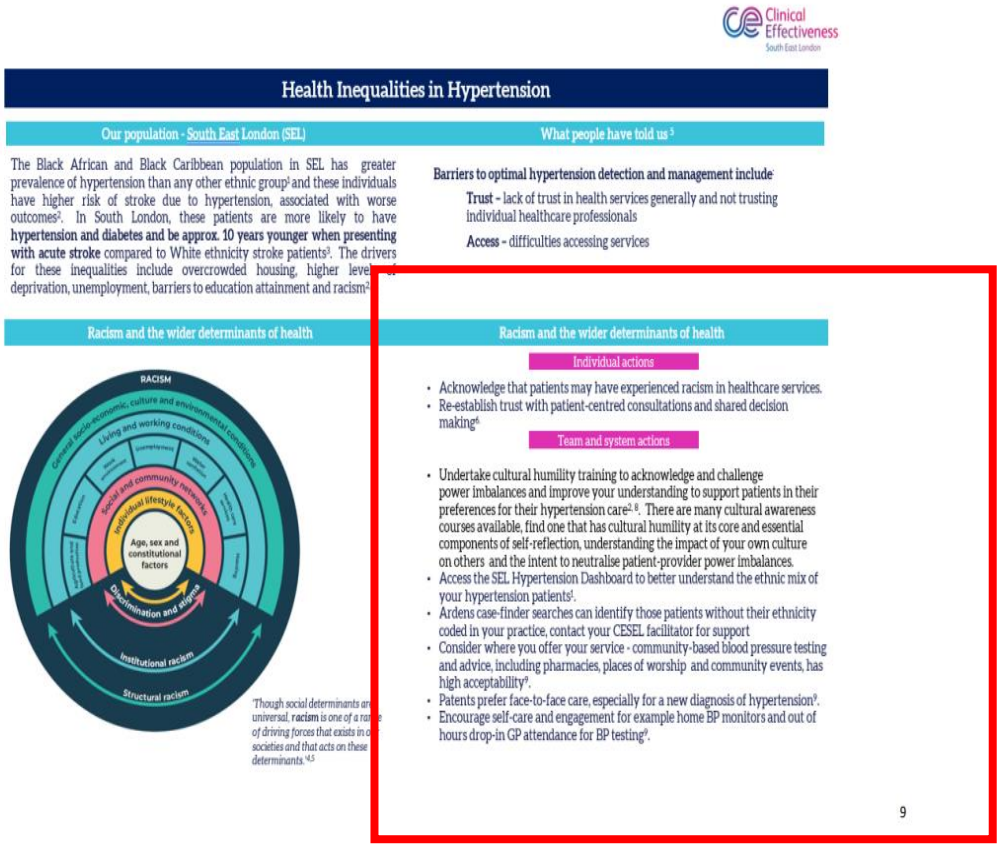
What can we actually do?

Taking action:

CESEL Hypertension Guide – addressing health inequalities



Google CESEL



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Addressing Ethnic Inequity in Hypertension Care

INDIVIDUAL **ACTION** TEAM/SYSTEM

Individual actions

- Acknowledge that patients may have experienced racism in healthcare services.
- Re-establish trust with **patient-centred consultations a**nd shared decision making.
- Undertake **cultural humility** training.

Team and system actions

- Better understand the ethnic mix of your hypertension patients
- **Ardens case-finder searches can identify those patients without their ethnicity coded** in your practice, contact your CESEL facilitator for support
- Consider where you offer your service
- Patents prefer **face-to-face care, especially for a new diagnosis of hypertension** .
- Encourage self-care.

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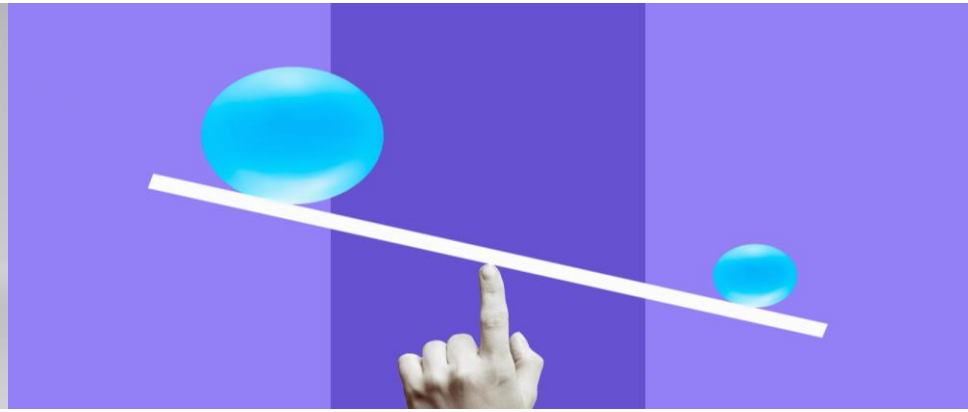


Cultural Humility

Life-long commitment – self-critique & reflection:

- Helps neutralise provider-recipient power
- Advocate for patient
- Connector not expert
- Improves safety and trust

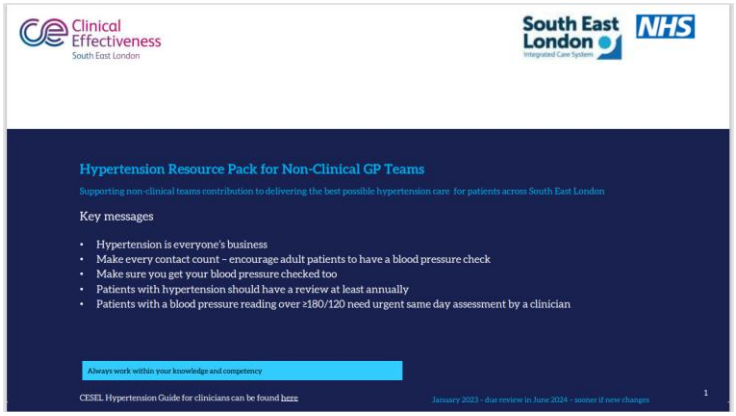
Cultural Competency

Intends to improve knowledge in another's culture:

- Emphasise provider-recipient power differential
- Acknowledges diversity of patients
- "Expert" provider
- Lacks congruency with patient centred care & fostering trust

Thanks to Nupur Yogarajah for sharing this slide

Taking action:
CESEL Resource Pack for non-clinicians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Hypertension Resource Pack for Non-Clinical GP Teams

Supporting non-clinical teams contribution to delivering the best possible hypertension care for patients across South East London

Key messages

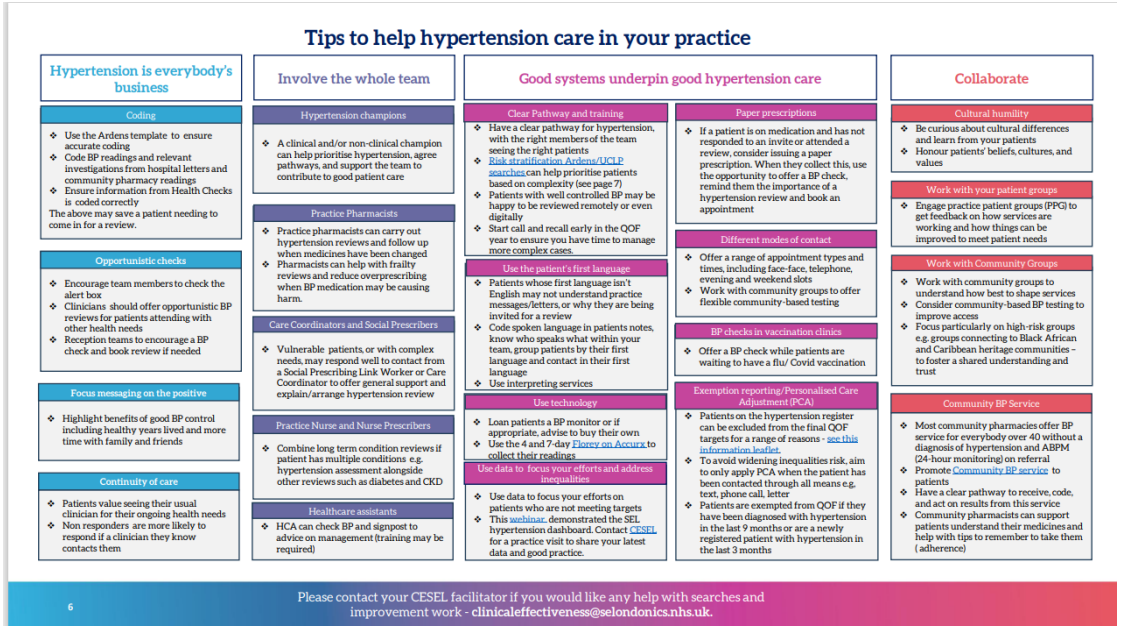
- Hypertension is everyone's business
- Make every contact count – encourage adult patients to have a blood pressure check
- Make sure you get your blood pressure checked too
- Patients with hypertension should have a review at least annually
- Patients with a blood pressure reading over ≥180/120 need urgent same day assessment by a clinician

Always work within your knowledge and competency

CESEL Hypertension Guide for clinicians can be found here

January 2023 - due review in June 2024 - sooner if new changes

1


Tips to help hypertension care in your practice

Hypertension is everybody's business

Coding
- Use the Ardens template to ensure accurate coding
- Code BP readings and relevant investigations from hospital letters and community pharmacy readings
- Ensure information from Health Checks is coded correctly

The above may save a patient needing to come in for a review.

Opportunistic checks
- Encourage team members to check the alert box
- Clinicians should offer opportunistic BP reviews for patients attending with other health needs
- Reception teams to encourage a BP check and book review if needed

Focus messaging on the positive
- Highlight benefits of good BP control including healthy years lived and more time with family and friends

Continuity of care
- Patients value seeing their usual clinician for their ongoing health needs
- Non responders are more likely to respond if a clinician they know contacts them

Involve the whole team

Hypertension champions
- A clinical and/or non-clinical champion can help prioritise hypertension, agree pathways, and support the team to contribute to good patient care

Practice Pharmacists
- Practice pharmacists can carry out hypertension reviews and follow up when medicines have been changed
- Pharmacists can help with frailty reviews and reduce overprescribing when BP medication may be causing harm.

Care Coordinators and Social Prescribers
- Vulnerable patients, or with complex needs, may respond well to contact from a Social Prescribing Link Worker or Care Coordinator to offer general support and explain/arrange hypertension review

Practice Nurse and Nurse Prescribers
- Combine long term condition reviews if patient has multiple conditions e.g. hypertension assessment alongside other reviews such as diabetes and CKD

Healthcare assistants
- HCA can check BP and signpost to advice on management (training may be required)

Good systems underpin good hypertension care

Clear Pathway and training
- Have a clear pathway for hypertension, with the right members of the team seeing the right patients
- Risk stratification Ardens/UCLP searches can help prioritise patients based on complexity (see page 7)
- Patients with well controlled BP may be happy to be reviewed remotely or even digitally
- Start call and recall early in the QOF year to ensure you have time to manage more complex cases.

Use the patient's first language
- Patients whose first language isn't English may not understand practice messages/letters, or why they are being invited for a review
- Code spoken language in patients notes, know who speaks what within your team, group patients by their first language and contact in their first language
- Use interpreting services

Use technology
- Loan patients a BP monitor or if appropriate, advise to buy their own
- Use the 4 and 7 day Florey on Accurx to collect their readings

Use data to focus your efforts and address inequalities
- Use data to focus your efforts on patients who are not meeting targets
- This webinar, demonstrated the SEL hypertension dashboard. Contact CESEL for a practice visit to share your latest data and good practice.

Paper prescriptions
- If a patient is on medication and has not responded to an invite or attended a review, consider issuing a paper prescription. When they collect this, use the opportunity to offer a BP check, remind them the importance of a hypertension review and book an appointment

Different modes of contact
- Offer a range of appointment types and times, including face-face, telephone, evening and weekend slots
- Work with community groups to offer flexible community-based testing

BP checks in vaccination clinics
- Offer a BP check while patients are waiting to have a flu/ Covid vaccination

Exemption reporting/Personalised Care Adjustment (PCA)
- Patients on the hypertension register can be excluded from the final QOF targets for a range of reasons - see this information leaflet.
- To avoid widening inequalities risk, aim to only apply PCA when the patient has been contacted through all means e.g. text, phone call, letter
- Patients are exempted from QOF if they have been diagnosed with hypertension in the last 9 months or are a newly registered patient with hypertension in the last 3 months

Collaborate

Cultural humility
- Be curious about cultural differences and learn from your patients
- Honour patients' beliefs, cultures, and values

Work with your patient groups
- Engage practice patient groups (PPG) to get feedback on how services are working and how things can be improved to meet patient needs

Work with Community Groups
- Work with community groups to understand how best to shape services
- Consider community-based BP testing to improve access
- Focus particularly on high-risk groups e.g. groups connecting to Black African and Caribbean heritage communities – to foster a shared understanding and trust

Community BP Service
- Most community pharmacies offer BP service for everybody over 40 without a diagnosis of hypertension and ABPM (24-hour monitoring) on referral
- Promote Community BP service to patients
- Have a clear pathway to receive, code, and act on results from this service
- Community pharmacists can support patients understand their medicines and help with tips to remember to take them (adherence)

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Please contact your CESEL facilitator if you would like any help with searches and improvement work - clinicaleffectiveness@selondonics.nhs.uk.

Google CESEL

CESEL Hypertension Resource Pack for Non-clinical teams

Tips to help hypertension care in your team

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Focus messaging on the positive

- Highlight benefits of good BP control including healthy years lived and more time with family and friends

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Continuity of care

- Patients value seeing their usual clinician for their ongoing health needs
- Non responders are more likely to respond if a clinician they know contacts them

Avoid exemption reporting/Personalised Care Adjustment (PCA)

- To avoid widening inequalities, look to ways to engage patients and keep PCA to a minimum.

Community BP Service

- Most community pharmacies offer BP service for Promote Community BP service which offer everybody over 40 without a diagnosis of hypertension a BP check and ABPM (24-hour monitoring) on referral

Work with Community Groups

- Work with community groups to understand how best to shape services
- Consider community-based BP testing to improve access
- Focus particularly on high-risk groups e.g. groups connecting to Black African and Caribbean heritage communities – to foster a shared understanding and trust

Data

- Use data to focus your efforts on patients who are not meeting targets

Support from CESEL for your team

Webpage: Google ‘CESEL’ or QR code

- Guides in Hypertension, Type 2 Diabetes, Chronic Kidney Disease, Asthma, Atrial Fibrillation – coming soon: Depression and Anxiety
- Education recordings
- Newsletters and updates

Contact the team for a visit:

- Share you practice/PCN data
- Support improvements in your team
- Support delivery of the CVD Inequality Project/Incentive
- Support delivery of QOF and SEL wide incentives

clinicaleffectiveness@selondonics.nhs.uk

Example of community project: Women's Health (Southwark)

Guy's and St Thomas' NHS Foundation Trust

Enhancing Women's Well-being: A Journey Through Local Mosques and Churches with the VITAL 5 Approach

Offering "Vital 5" health checks, covering BP checks, mental health conversations about isolation, healthy eating, staying active (excluding alcohol)

→ Focused efforts on creating a supportive environment for women's health issues, including gynaecological support.

→ Clinical support from local social prescribers and other VCSE partners.

↓

Breath Charity sessions facilitated by GSTT charity, encompassing diverse artistic expressions such as harp music, painting, drawing, meditation, yoga, etc.

→ Collaborating with the Domestic abuse charities to raise awareness around domestic abuse, promoting community safety and support.

→ Vaccination to the eligible cohort including covid-19 & flu vaccinations.

Empowering Women, Nurturing Health: Together, Let's Thrive!

Manpreet.Maycock@gstt.nhs.uk

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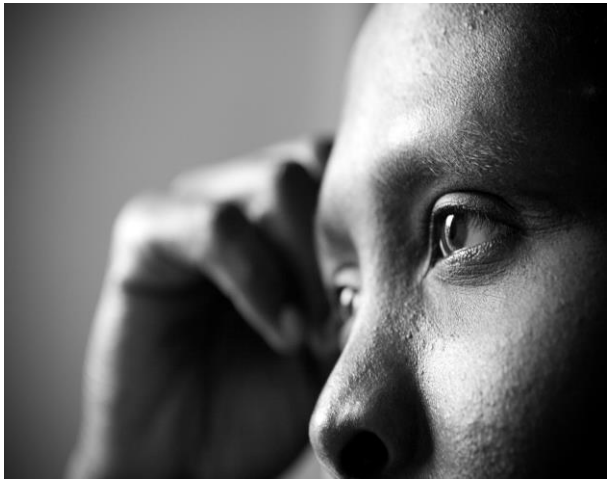
Any further thoughts on Cynthia and approaches that may help support her manage her raised blood pressure? Please share in the chat.



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Any thoughts or questions?

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Making the right thing to do the easy thing to do.