Innovation Breakfast

30th January 2025

Health Innovation Network — Local change, national impact

Office for Life Sciences

NHS

Health Innovation East

Innovation

can play a large role in reducing healthcare inequalities.

A discussion on the role of innovation in reducing health care inequalities featuring a collaboration between The Royal Papworth Hospital, NHS England's East of England Respiratory Clinical Network and the Innovation for Health Care Inequalities programme (InHIP) focussing on a new service to improve access to care and new medicines for patients with Interstitial Lung Disease (ILD) across the East of England.

Dr Jag Ahluwalia

Chair of The Royal Papworth Hospital NHS Foundation Trust and Clinical Director of Health Innovation East.

Katie Johnston

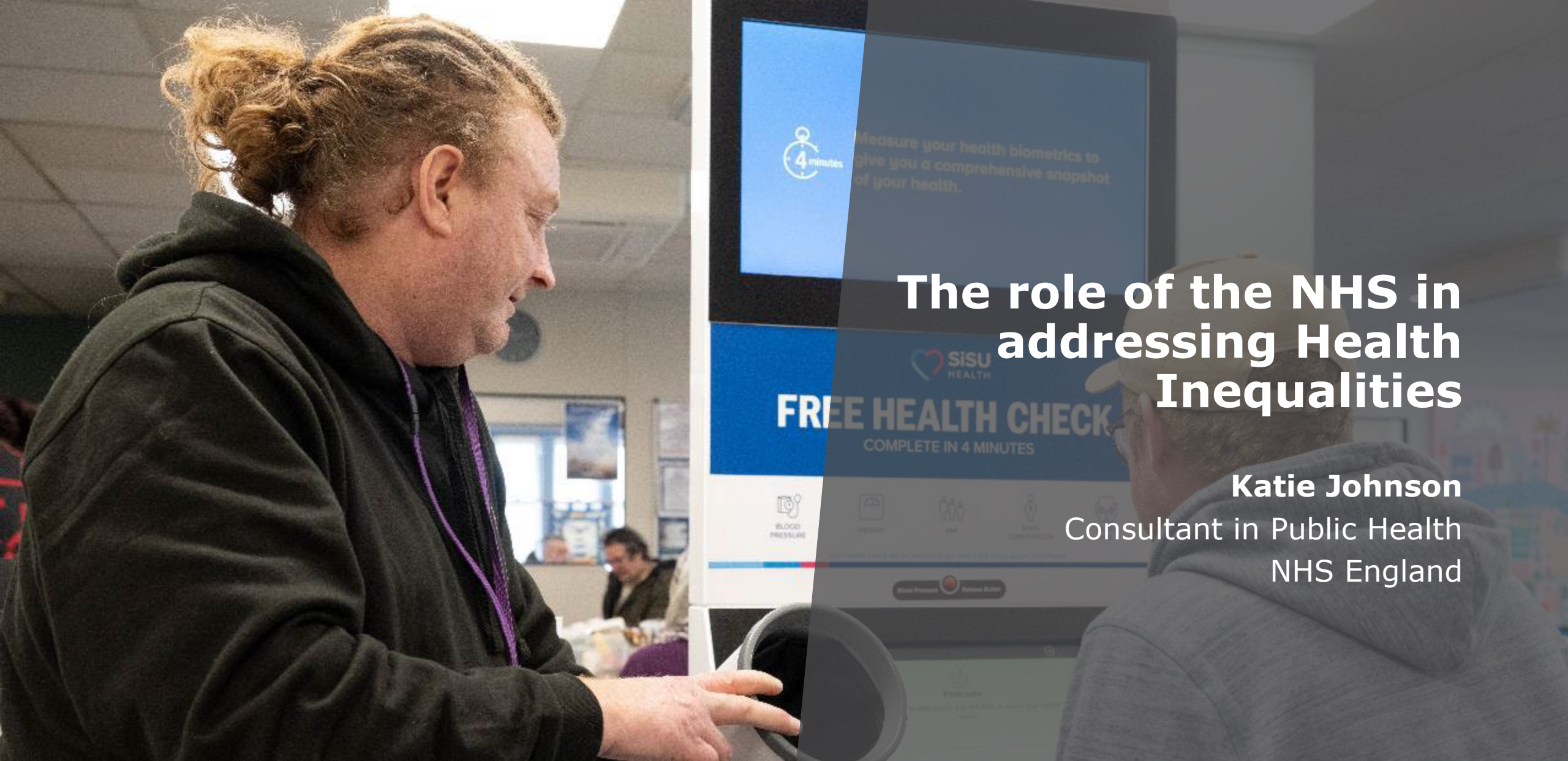Consultant in Public Health NHS England, Health Equity Team

Maxine Farmer

Senior Advisor, Health Innovation East

Sarah Claydon

Quality Improvement Lead, NHS England, East of England Respiratory Network

The role of the NHS in addressing Health Inequalities

Katie Johnson

Consultant in Public Health

NHS England

What are health inequalities?

Health inequalities are systematic, avoidable and unjust differences in health and wellbeing between groups of people.

Inequalities of **what**?

➢ Health status (disease prevalence, mortality)

➢ Behavioural risks to health

➢ Wider determinants of health

➢ Access to care

➢ Quality and experience of care

Inequalities between **who**?

➢ 4 dimensions

Population groups commonly considered for health inequalities

Protected characteristics

Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Socio-economic deprived population

Includes impact of wider determinants, for example, education, low-income, occupation, unemployment and housing.

Inclusion health and vulnerable groups

For example, Gypsy, Roma, Travellers and Boater communities, people experiencing homelessness, offenders/former offenders and sex workers.

Geography

For example, population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as urban, rural and coastal.

Examples of health inequalities

1. In the East of England, male life expectancy is 8.7 years lower in the most than the least deprived areas.

2. In the East of England, there is a deprivation gradient in emergency admissions for cardiovascular disease.

3. In the East of England, blood pressure monitoring and treating to target is lower in more deprived areas.

4. Nationally, smoking prevalence is higher in adults with a long-term mental health condition.

5. In England, healthy life expectancy is lower in coastal areas.

6. In England and Wales, the mean age of death of people experiencing homelessness is 45 for men and 43 for women.

7. Black women in the UK are 3 times more likely to die during or in the first year after pregnancy.

Life expectancy at birth by deprivation decile, East of England
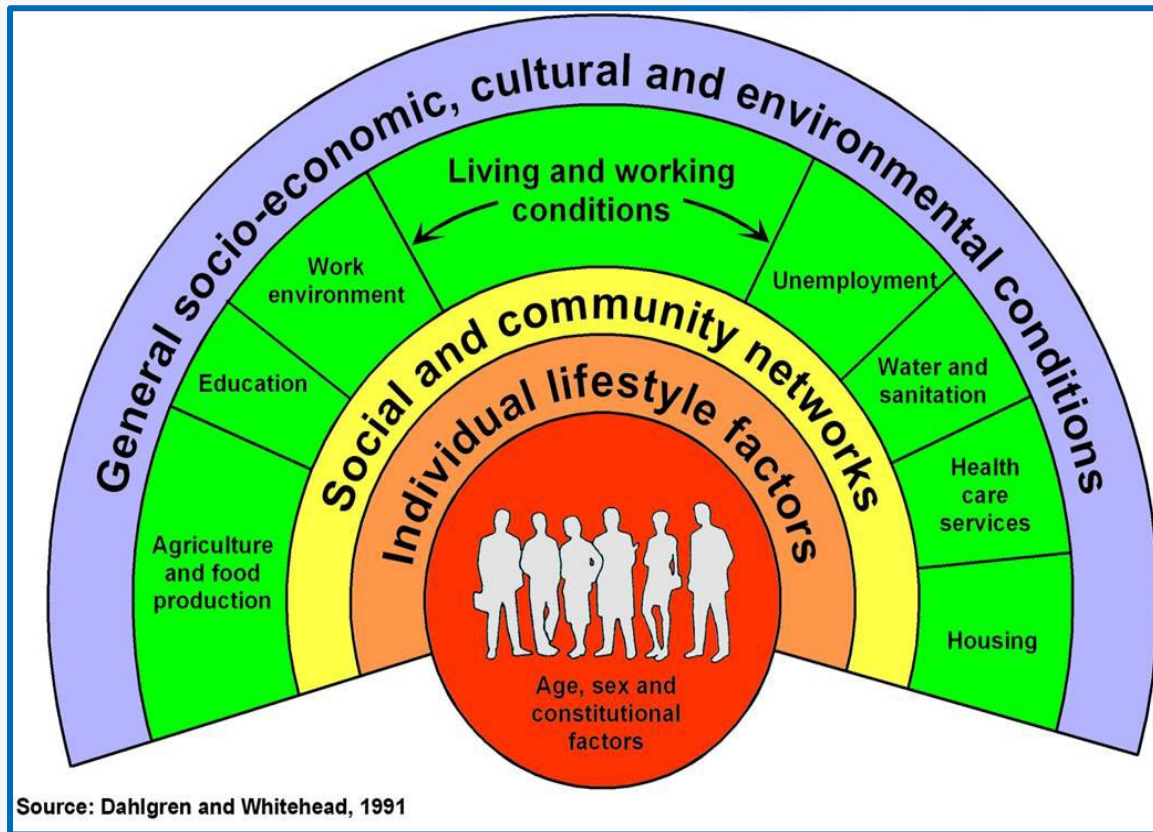
Male: Gap = 8.7 years (2018-20)

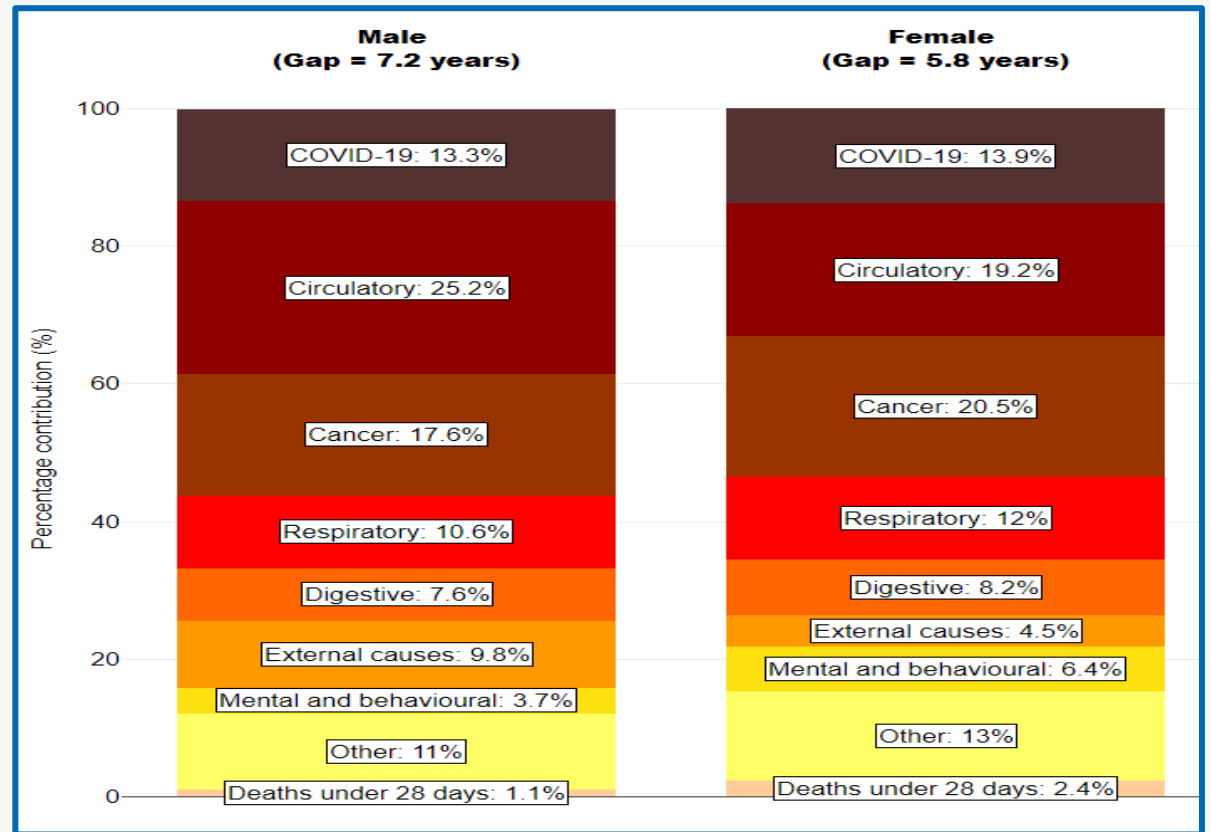Legend: 01 = most deprived, 02, 03, 04, 05, 06, 07, 08, 09, 10 = least deprived
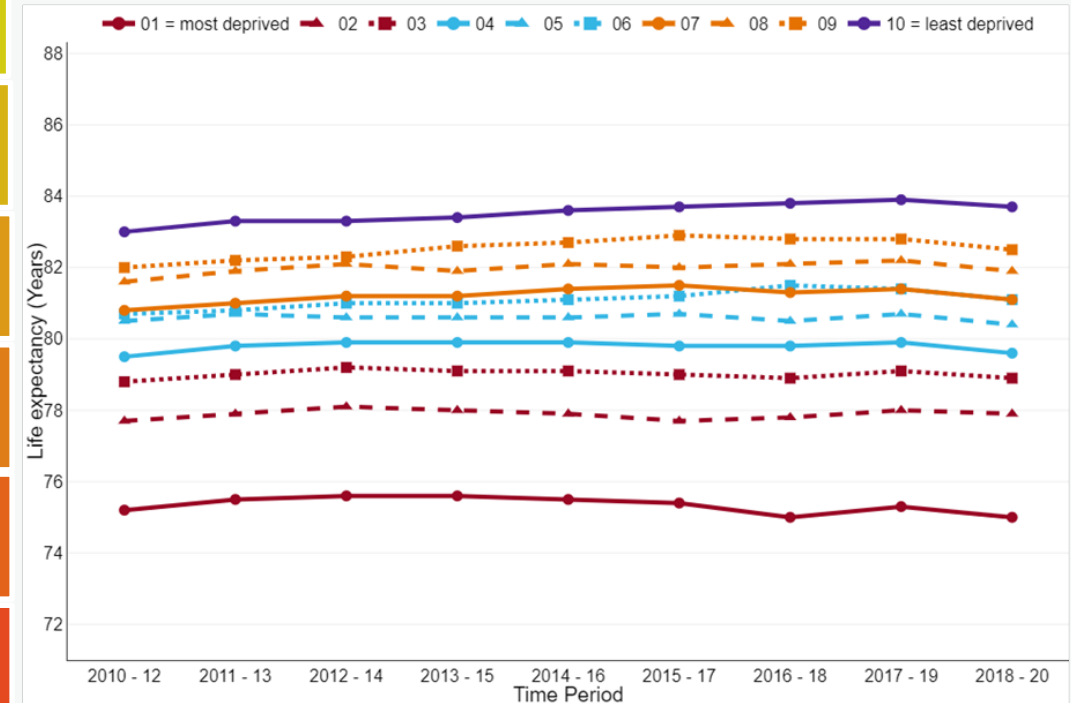
Source: Health Inequalities Dashboard (phe.gov.uk)

Sources:
1. Health Inequalities Dashboard
2. NHS Digital Secondary Uses Services, NHS England Cardiovascular and Respiratory Diseases Network.
3. CVDPREVENT, NHS England Cardiovascular and Respiratory Diseases Network.
4. GP Patient Survey (2022/23).
5. Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities
6. Deaths of homeless people in England and Wales - Office for National Statistics
7. MBRRACE-UK Maternal MAIN Report 2024 V1.0 ONLINE.pdf

# Health inequalities arise from differences in the determinants of health

Source: Dahlgren and Whitehead, 1991

Male (Gap = 7.2 years)
- COVID-19: 13.3%
- Circulatory: 25.2%
- Cancer: 17.6%
- Respiratory: 10.6%
- Digestive: 7.6%
- External causes: 9.8%
- Mental and behavioural: 3.7%
- Other: 11%
- Deaths under 28 days: 1.1%

Female (Gap = 5.8 years)
- COVID-19: 13.9%
- Circulatory: 19.2%
- Cancer: 20.5%
- Respiratory: 12%
- Digestive: 8.2%
- External causes: 4.5%
- Mental and behavioural: 6.4%
- Other: 13%
- Deaths under 28 days: 2.4%

Source: OHID Segment tool Segment Tool (phe.gov.uk)

NHS contribution to achieving health equity

- As a partner in the wider system – working with local authorities and others to address wider determinants

- As an employer, purchaser and a local 'anchor institution' Health Anchors Learning Network (haln.org.uk))

- As a provider of **equitable and accessible healthcare** – addressing disparities in access, experience and outcomes

- NHS providers and commissioners have legal duties to address inequalities inc. **Health and Social Care Act 2022** and the Public Sector Equality Duty (PSED).

ACCESS

HEALTHCARE INEQUALITIES

EXPERIENCE
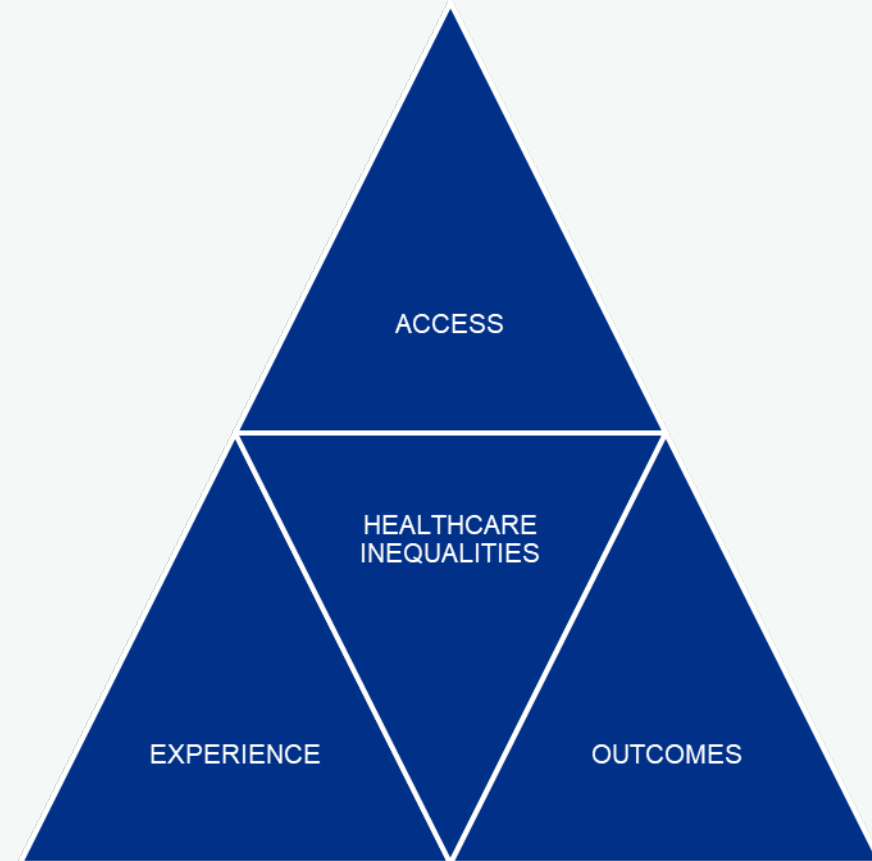
OUTCOMES

Strategic drivers

Tackling inequalities in access, experience and outcomes is one of the **4 aims of integrated care systems**

The NHS Long Term Plan sets out commitments for action that the NHS will take to improve prevention and reduce health inequalities.
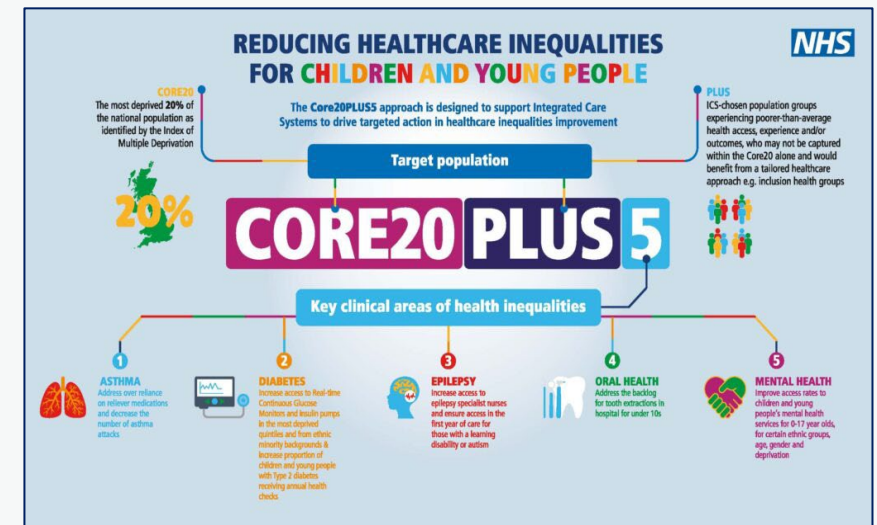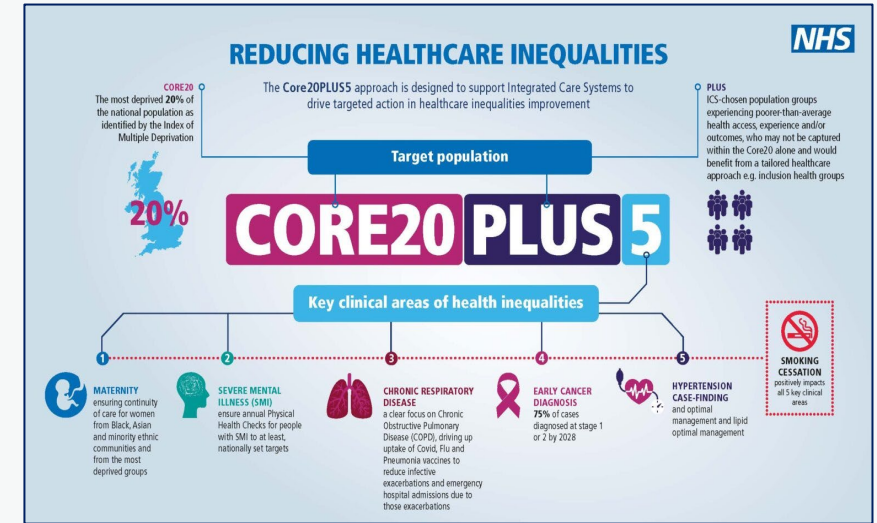
Prevention of ill-health and tackling health inequalities remains a key focus of the 2024/25 priorities and operational planning guidance.

National healthcare inequalities improvement programme vision: **exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes.**

5 strategic health inequalities priorities:
1) Inclusive restoration
2) Digital inclusion
3) Complete & timely data sets
4) Preventative programmes
5) Leadership & accountability

Core20PLUS5 frameworks for adults and children & young people support ICSs to drive targeted action

Continued focus on achieving health equity in the **Health Mission**.

Innovation and Healthcare Inequalities.

Maxine Farmer
Senior Advisor
Health Innovation East

Health Innovation *East*
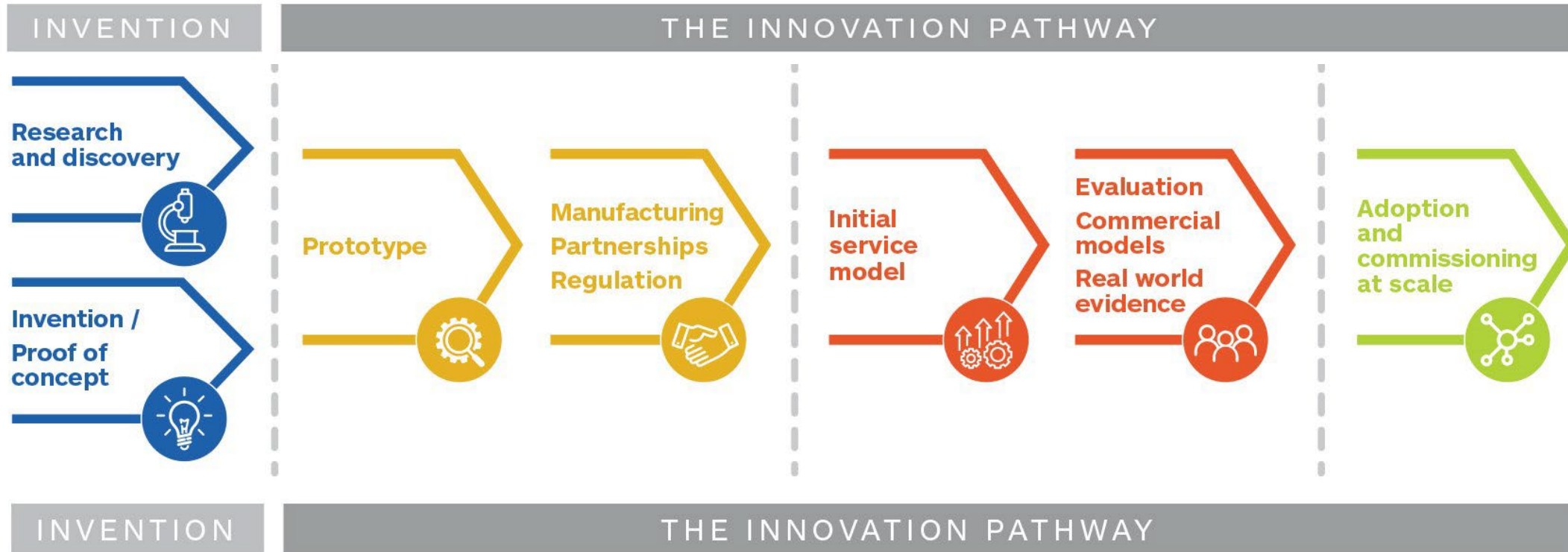
innovation

[in-uh-vey-shuhn]   *noun*

_____

implies developing an invention to the point where it catches on because it is sufficiently practical, affordable, reliable and ubiquitous to be worth using.

Matt Ridley: *How Innovation Works* (2020)

implementation

[im-pluh-muhn-tey-shuhn]

_____

Implementation is the action that must follow any preliminary thinking or decision for something to actually happen.
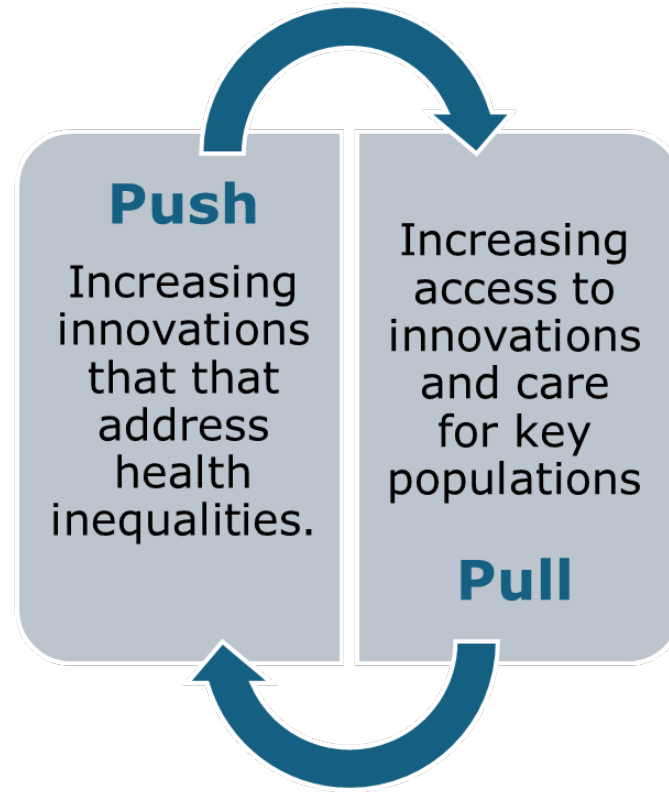
Health Innovation *East*

What is the role of innovation in reducing health inequalities?

E.g. via entrepreneurship such as National Innovation Accelerator with Written Medicine or Hearglueear

E.g. Clinical Entrepreneur Programme with Cardmedic or Blackandbrownskin

E.g. through development and design using assessment tools like Equality Impact Assessments EQIA

Push
Increasing innovations that that address health inequalities.

Pull
Increasing access to innovations and care for key populations

Scale: national and regional through to system and place

E.g. Innovation for Health Inequalities Project (InHIP).

E.g. Regional MDT here at the Royal Papworth Hospital.

E.g. addressing known inequities in access to care - blood pressure monitoring and treatment in deprived areas.

E.g. Seafit project with fisherman in Cromer, Norfolk

Innovation for Healthcare Inequalities (InHIP)

- The programme is a national collaborative between the **Accelerated Access Collaborative (AAC)** and **National Healthcare Inequalities Improvement Programme** and the **Health Innovation Network** delivered in partnership with Integrated Care Systems (ICS's).

- The aim is to enable ICS to generate evidence and pilot new approaches to accelerate access to NICE approved innovations focussed on five clinical areas that align with the **Core20PLUS5** approach to reducing healthcare inequalities in maternity, mental health, respiratory, cancer diagnosis and cardiovascular disease.

Health Innovation *East*

Impact to date

34,000 people from underserved groups of deprived areas have benefitted from wave 1 interventions.

3,301 people from underserved groups or deprived areas were directly engaged in case finding in 4 systems in the East of England.

~8,000 patients gained access to an innovative product or treatment pathway across primary and secondary care.

1,276 patients were referred, **384** treated and **109** patients gained access to an innovative product or treatment pathway.

Health Innovation *East*

The Interstitial Lung Disease Regional MDT Project

Sarah Claydon
Quality Improvement Lead
NHS England

NHS
East of England
Respiratory Network

Health Innovation *East*

Background

- One Voice ILD supported by Action for Pulmonary Fibrosis has launched a long-term vision for ILD care

  - Current ILD commissioning models are not fit for purpose and with increasing demand, they are not future proofed to ensure those eligible for treatment can receive it or tackle the growing inequalities of care

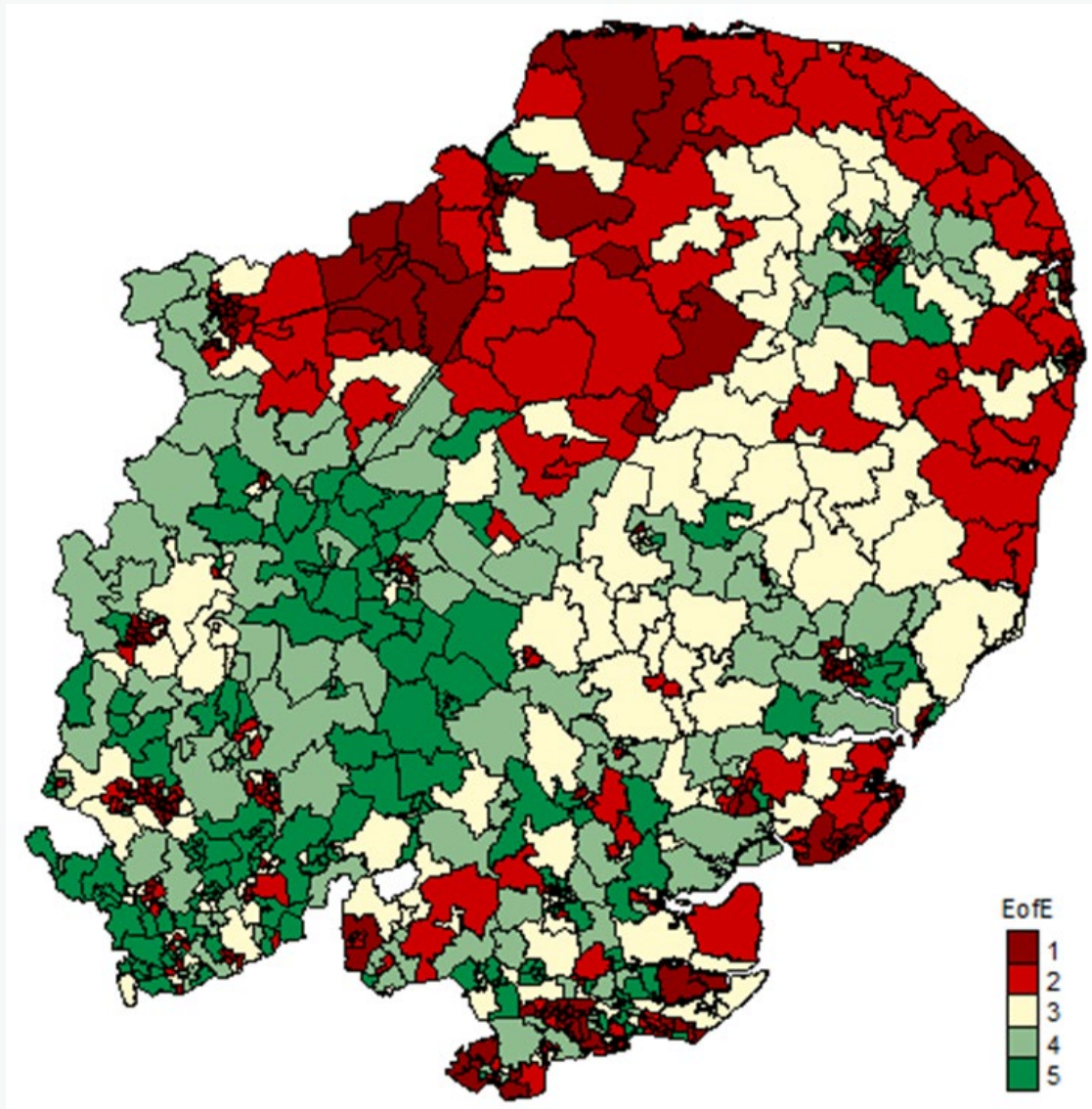 - Some quotes from patients included in the report:

"It's an awful thing to say but I wish it was cancer. There would be more support if I had cancer."

"I waited months to be seen, meanwhile my condition was deteriorating."

"The treatment and frequency of appointments, scans etc, seems to be a postcode lottery."
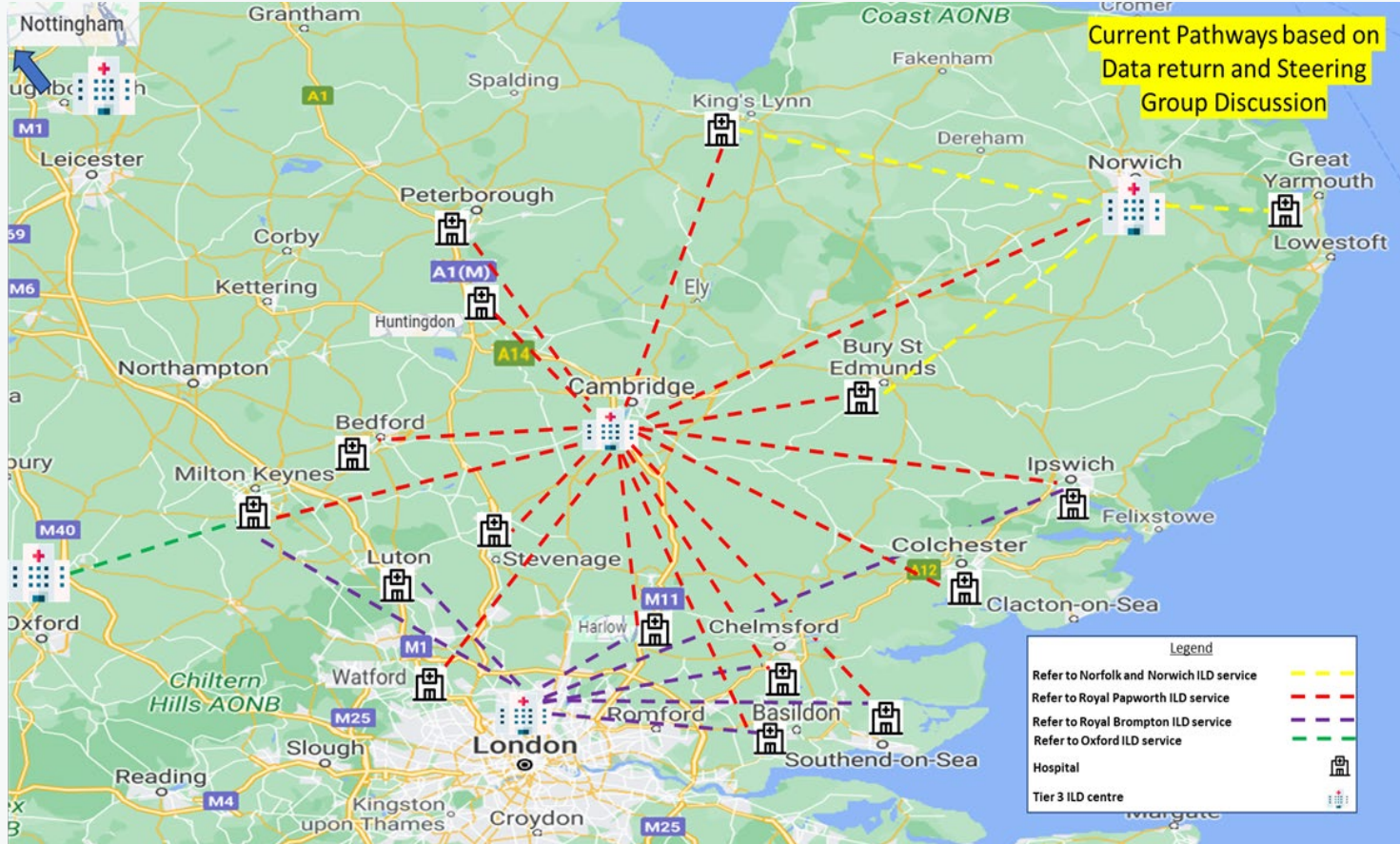
- Full development of optimal ILD integrated care pathways and tiered services will take time. (The ILD report suggests between the next 5-10 years.) **Action within the EoE needs** to be taken in the interim.

Network Mapping Exercise

This map is showing East of England deprivation if creating 5 quintiles based on East of England data only (e.g. not comparing to other parts of England, as a result roughly 20% of the East of England is in each quintile)

- The exercise identified average travel times to the Royal Papworth hospital of one hour by car and two hours by public transport.

- With people living within higher deprivation areas typically experiencing longer and therefore more costly travel times to specialist centres.

- We need to support the Core20 + 5 approach for populations to receive ILD care.

Current Pathways based on Data return and Steering Group Discussion

Legend
Refer to Norfolk and Norwich ILD service — — —
Refer to Royal Papworth ILD service — — —
Refer to Royal Brompton ILD service — — —
Refer to Oxford ILD service — — —
Hospital
Tier 3 ILD centre

- Main challenges associated with patients accessing Tier 3 centres being:
  - Travelling with oxygen
  - Needing to rely on family and friends
  - Cost of parking

- 85% say they waited over 3 months for a formal diagnosis after seeing their GP.
  - With over 40% waiting over a year
  - or it being found as an accidental finding whilst receiving care for another condition.

- With waiting for a clinic appointment being identified by patients as the main contributing factor.

Regional MDT – Proposal

- **Project objective:** Establish a virtual regional MDT meeting for clinicians to review patients with regional specialists

- Proposed roles and numbers to support a regional MDT:

Job Role	Number required for MDT	Number of PAs per MDT	Annual Total of PAs
Consultant Radiologists	2	2	24
Consultant Chest Physicians	2	1	12
Registrar	1	0.5	6
Consultant Rheumatologist	1	0.5	6
MDT Coordinator	1	1	12
Pathologist	1 per quarter	N/A	4
Total	7 + 1 per quarter	5 (+ 1 per quarter)	64

- 6-8 patients – approx. per MDT
- 72-96 additional patients can be discussed diagnosed & treated per year

- Improving time for formal diagnosis and removing unnecessary travel for patients

Project Approach

Scope

- Patients will have been referred by primary care to their local secondary care respiratory clinic and will be suspected of having or a confirmed ILD condition, which requires further discussion with regional ILD specialists

Proposed Project Timeline

- **Year 1:** Full establishment of a virtual regional MDT, identifying opportunities to improve pathways, patient engagement and clinician education
  - Proposed 6-month phased allocation of Year 1 budget:
    - Sep 2024 - September - March 2024/25
    - April 2025 - April - September 2025
- **Year 2:** (subject to funding) Further development of ILD pathways addressing health inequalities based upon findings in Yr1

Key Metrics

- Number of patients accessing the service
- Confirmed diagnosis
- Access to appropriate medical treatment i.e. PR, support services & antifibrotic drugs

Project Governance

- A regional network ILD steering group has been established with key stakeholders from across the region
- Progress reporting to regional and national Respiratory Programme Board(s), network annual report & HIE evaluation
- Collaborative project management support will be provided by HIE & the regional respiratory clinical network

Expected Project Benefits

- Reduce health inequalities by reducing the significant geographic variation in accessing ILD care

- Providing the opportunity for patients to be assessed by regional specialists without the need for them to travel to a Tier 3 centre

- Better joined-up care and services being delivered to patients closer to home, in a more integrated way

- Improvement in wait times for patients to be discussed as part of an ILD MDT

- Improved waiting times to treatments such as PR, support services & antifibrotic drugs*

- Improved clinician confidence to diagnose specific ILD conditions

- Provides an access portal of education to the wider region from a specialist centre

* Under the new scheme of delegation, responsibility for service specifications, polices and costs associated with antifibrotic drugs for ILD remain with NHSE & NICE
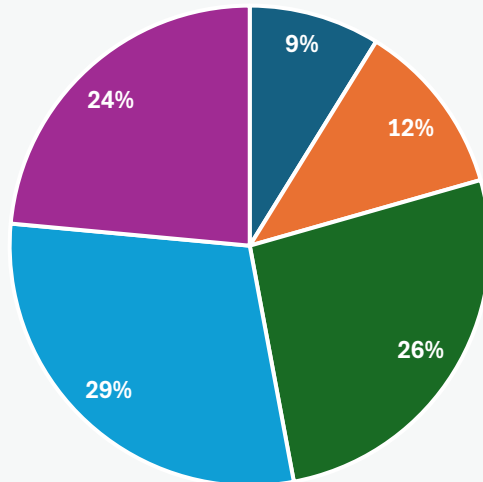
ILD Regional MDT

Initial Outcomes

Overview

- Three regional MDT's have been undertaken since November 2024

- The project is commissioned to continue until October 2025

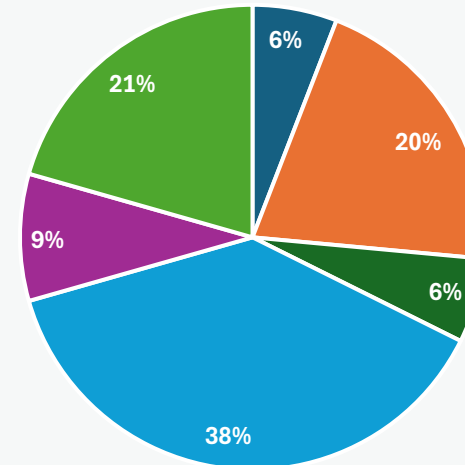- 34 patients have been discussed in the Regional MDT

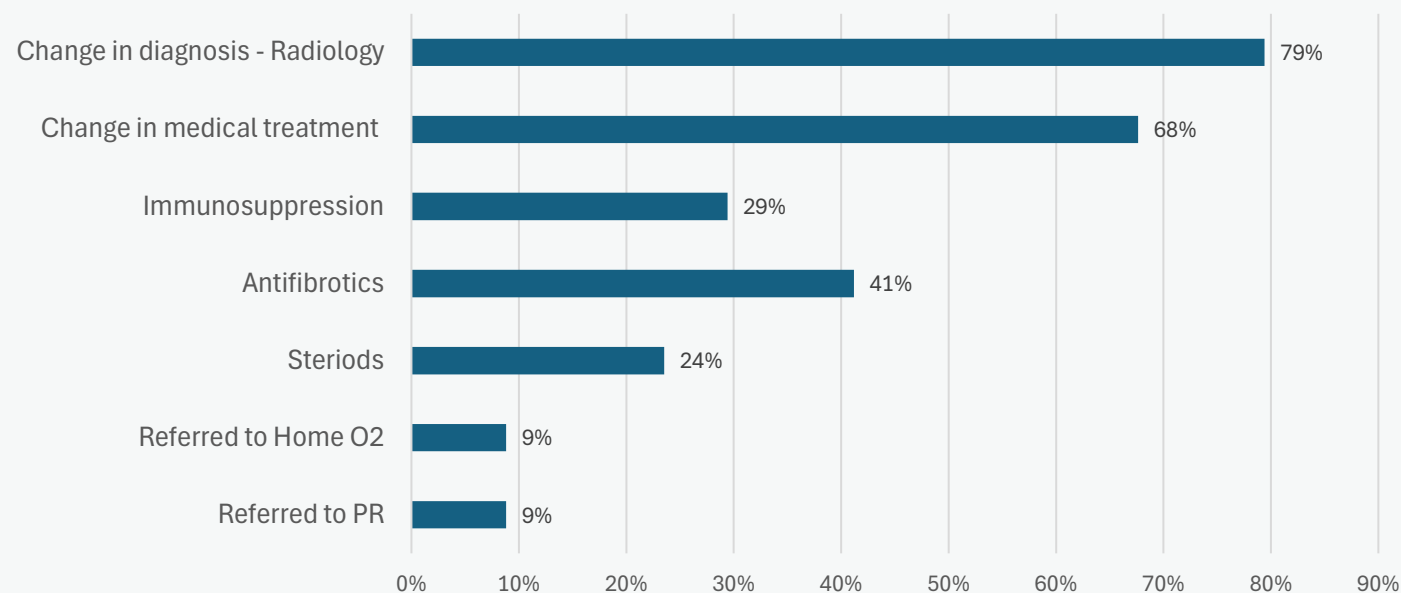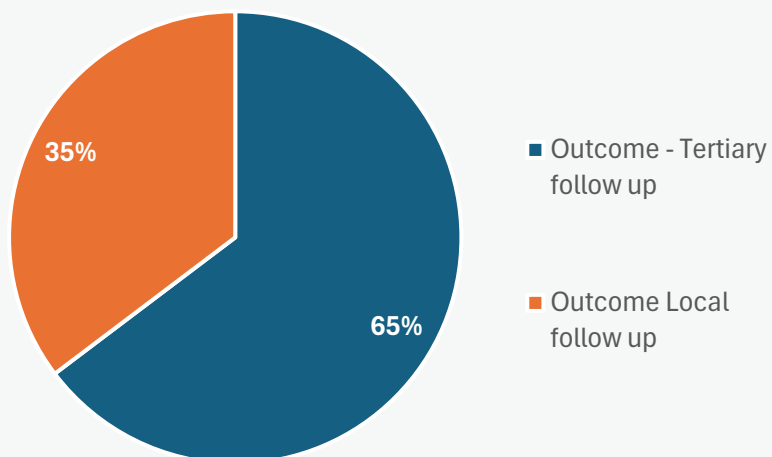**Deprevation Score - Total**

Legend: 1, 2, 3, 4, 5

- 9% (1)
- 12% (2)
- 26% (3)
- 29% (4)
- 24% (5)

MDT Referrals

Legend: BLMK, C&P, HWE, MSE, N&W, SNEE

- 6% (BLMK)
- 20% (C&P)
- 6% (HWE)
- 38% (MSE)
- 9% (N&W)
- 21% (SNEE)

Outcomes

- 79% of patients discussed have had a change or confirmed diagnosis

- 68% of patients have had alterations to their medical treatment plan

- 41% of patients have been identified as appropriate for antifibrotic therapy.

Pie chart:
- 65% Outcome - Tertiary follow up
- 35% Outcome Local follow up

Bar chart:
- Change in diagnosis - Radiology: 79%
- Change in medical treatment: 68%
- Immunosuppression: 29%
- Antifibrotics: 41%
- Steriods: 24%
- Referred to Home O2: 9%
- Referred to PR: 9%

Next Steps

- Continue to promote referral engagement across the region

- Increase consultant attendance at monthly regional MDT

- Engage with stakeholders from areas identified as experiencing health inequalities.

- Subject to funding review outcomes of regional MDT towards the end of year 1 and identify the sustainability of the model long-term.

- Incorporate the regional MDT into other East of England ILD initiatives including the road map to tiering.
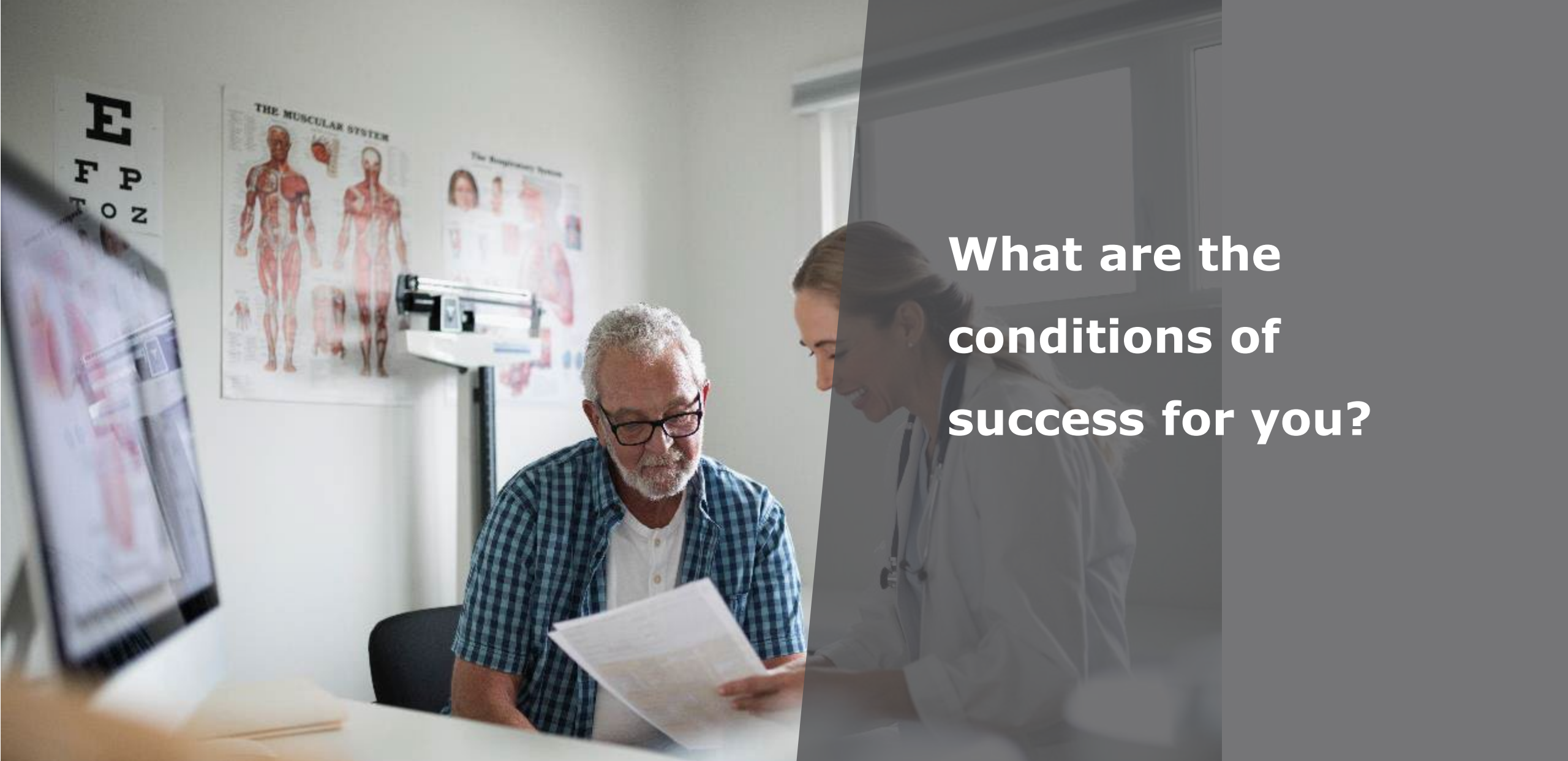
What are the conditions of success for you?

Discussion

The need

- Inequitable access
- Gap in the market
- Affordability
- Cultural fit

Resources

- Clinicians
- Money
- Patients

The idea

- New Medicine
- New Technology
- New Pathway
- Transformation

Approach

- Working in partnership
- Creativity
- Agility
- Persistence

Health Innovation *East*

Resources

Resource	Link
Future NHS East of England Health Equity pages	East of England Health Equity - Equality and Health Inequalities Network - FutureNHS Collaboration Platform
Future NHS Healthcare Inequalities Improvement Programme pages	Healthcare Inequalities Improvement Programme - FutureNHS Collaboration Platform
Health inequalities e-learning	https://future.nhs.uk/EHIME/view?objectID=18614544
National framework for NHS – action on inclusion health	NHS England » A national framework for NHS – action on inclusion health
Inclusive digital healthcare: a framework for NHS action on digital inclusion	NHS England » Inclusive digital healthcare: a framework for NHS action on digital inclusion
NHS England's statement on information on health inequalities	NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)
Health disparities and health inequalities: applying all our health	Health disparities and health inequalities: applying All Our Health - GOV.UK (www.gov.uk)
Health inequalities: place-based approaches to reduce inequalities	Health inequalities: place-based approaches to reduce inequalities - GOV.UK (www.gov.uk)
Health Equity Evidence Centre	https://www.heec.co.uk/ https://www.heec.co.uk/resource/what-works-leveraging-quality-improvement-to-address-health-and-care-inequalities/

Connect with us

🌐 www.healthinnovationeast.co.uk

✉️ maxine.farmer@healthinnovationeast.co.uk
katie.johnson3@nhs.net
cpicb.inequalities@nhs.net
sarah.claydon2@nhs.net

Health Innovation *East*