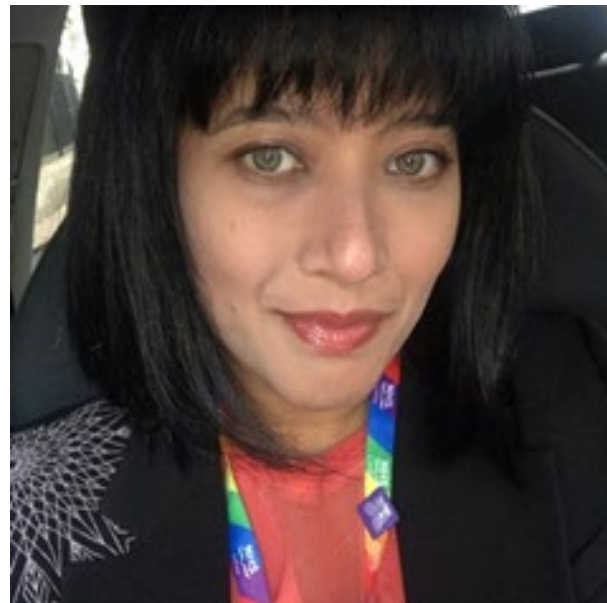# Inequalities and Patient Safety: the Quality Improvement approach

Chair's Welcome, Introduction and Context

Dr Sonia Joseph

Strategic National Clinical Lead for Child Health

Healthcare Improvement Scotland

Housekeeping – In Person

- Wi-fi name: GJCH Public Wi-Fi

- If you hear a fire alarm, please proceed to the nearest exit

- Please set mobile phones to silent

- Digital delegate bag will contain all resources and recordings from the event

- We will be using Slido throughout the day to capture real-time audience feedback

Housekeeping - Virtual

- Your cameras, mics and chat box have been disabled during the main presentation and recording

- During the group discussion, these will be enabled

- Email his.spsppp@nhs.scot with any technical difficulties

Aims of this Session

- Explore health inequalities in Scotland

- Understand the impact of inequality on patient safety

- Explore approaches to inequalities that can be incorporated into your improvement work

Inequalities: SPSP Perinatal and SPSP Paediatric

What we are trying to achieve…

Reduction in stillbirth

Reduction in Neonatal Mortality and Morbidity

Reduction in harm from deterioration

Understand variation in caesarean births across NHS Scotland

*Essentials of Safe Care

We need to ensure…

Person centred care*

Which requires…

Inclusive care pathways which provide equitable and culturally appropriate access and treatment

Change Ideas…

Co-produced person centred care plans consider ethnicity, deprivation and individual communication needs

Social determinants addressed through onward referral to appropriate services

Staff afforded flexibility to provide care proportionate to need for those experiencing severe and multiple disadvantage

Principles of Trauma Informed Practice included in local education programmes

Local education for staff to enable support for those experiencing severe and multiple disadvantage

Staff able to identify, challenge and change the values, structures and behaviours that perpetuate systemic racism

Scottish Health Inequalities from Cradle to Grave

Dr Isioma Okolo

MBChB MPH MRCOG

Consultant Obstetrician and Gynaecologist
NHS Forth Valley

OUTLINE

- Who cares about inequalities
- Structural determinants of health
- The life course in Scotland
- CORE20PLUS5

Leading quality health and care for Scotland

Inequalities cost the whole of society not just those directly impacted

Variations that are preventable, unfair and unjust

Addressing inequalities reduce variation, waste(talent potential), improves resource allocation, safety and overall quality of care, standard of living for everyone
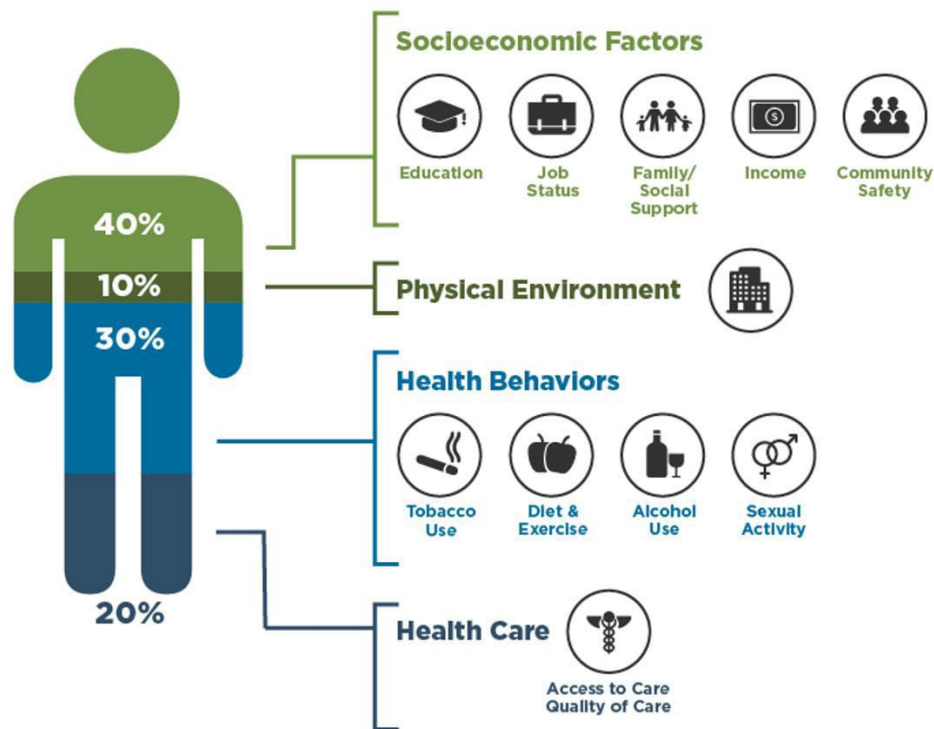
- Moral injury
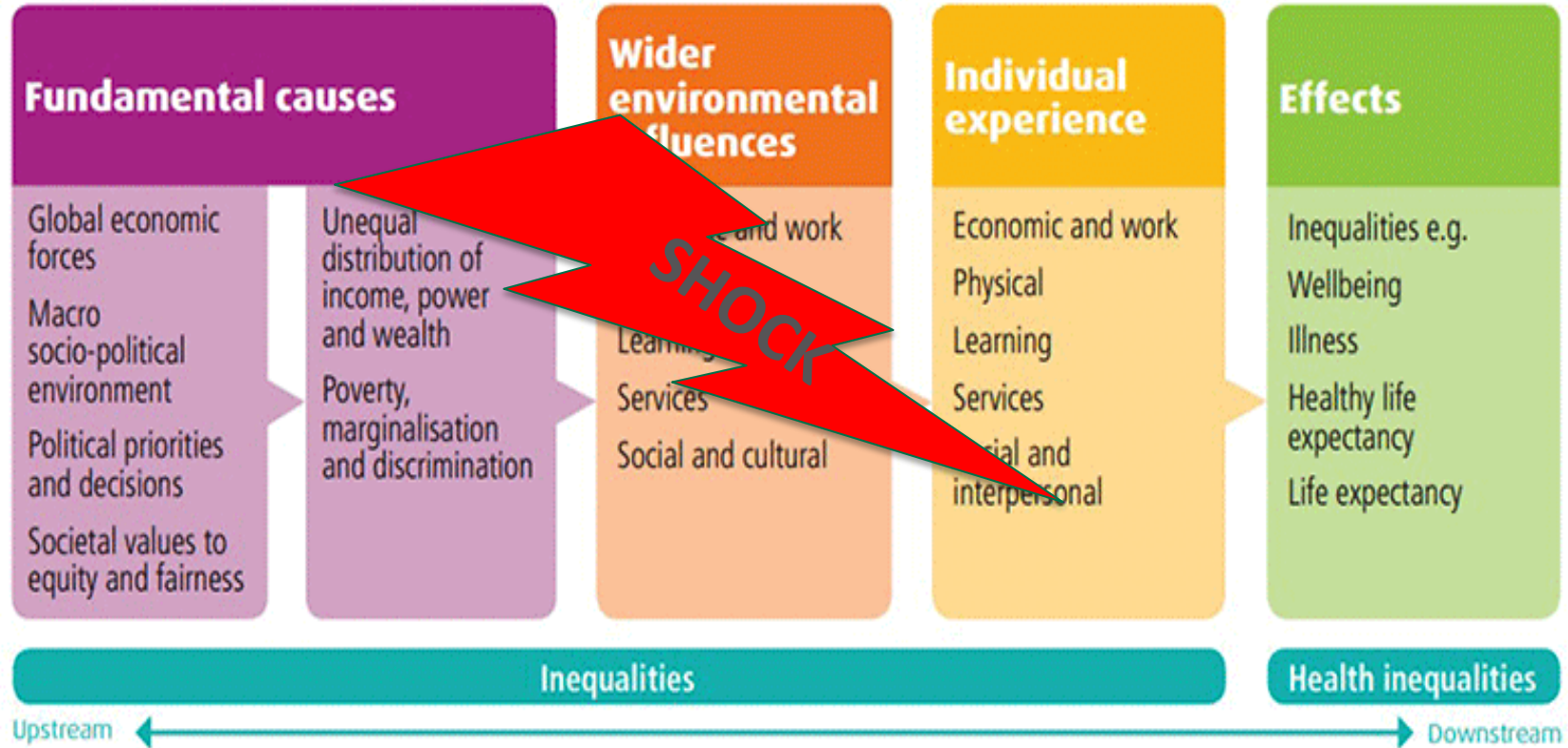

Domains of Quality of Care

Structural Determinants of Health

The most important **80%** of your life

Conditions in which you are born, grow up, are educated, work, grow old in

Differential Access, Experience, Outcomes

Fundamental causes
- Global economic forces
- Macro socio-political environment
- Political priorities and decisions
- Societal values to equity and fairness

- Unequal distribution of income, power and wealth
- Poverty, marginalisation and discrimination

Wider environmental influences
- Economic and work
- Learning
- Services
- Social and cultural

Individual experience
- Economic and work
- Physical
- Learning
- Services
- Social and interpersonal

Effects
- Inequalities e.g.
- Wellbeing
- Illness
- Healthy life expectancy
- Life expectancy

SHOCK

Inequalities

Health inequalities

Upstream ← → Downstream

Source: Public Health Scotland

The Life Course in Scotland

Early years

- Perinatal health
- Childhood poverty

Adolescence

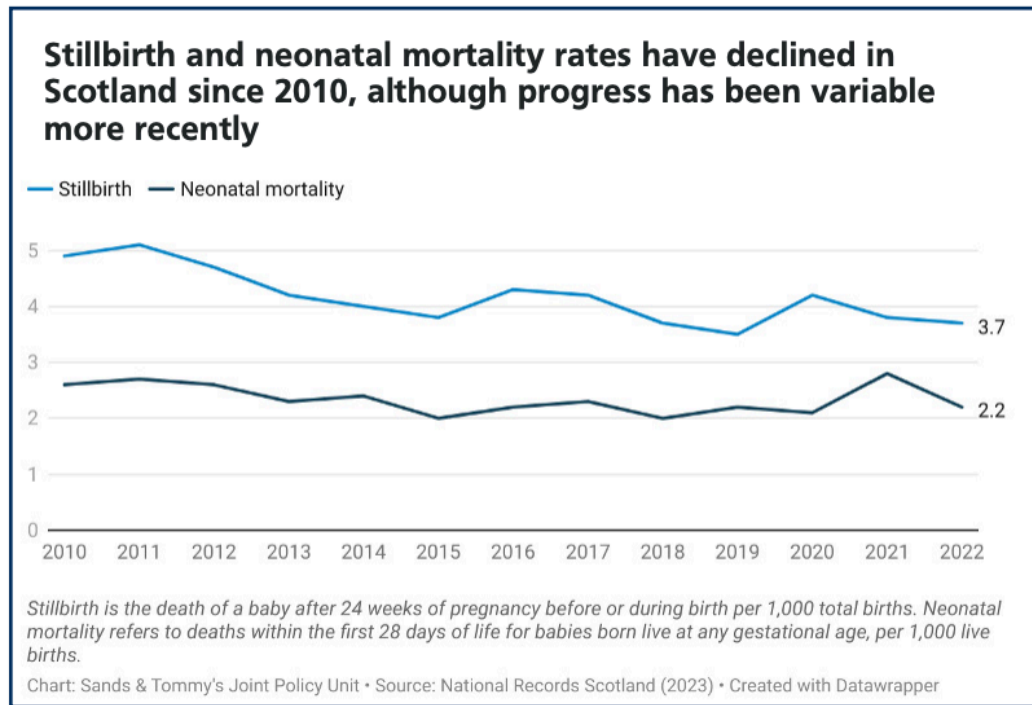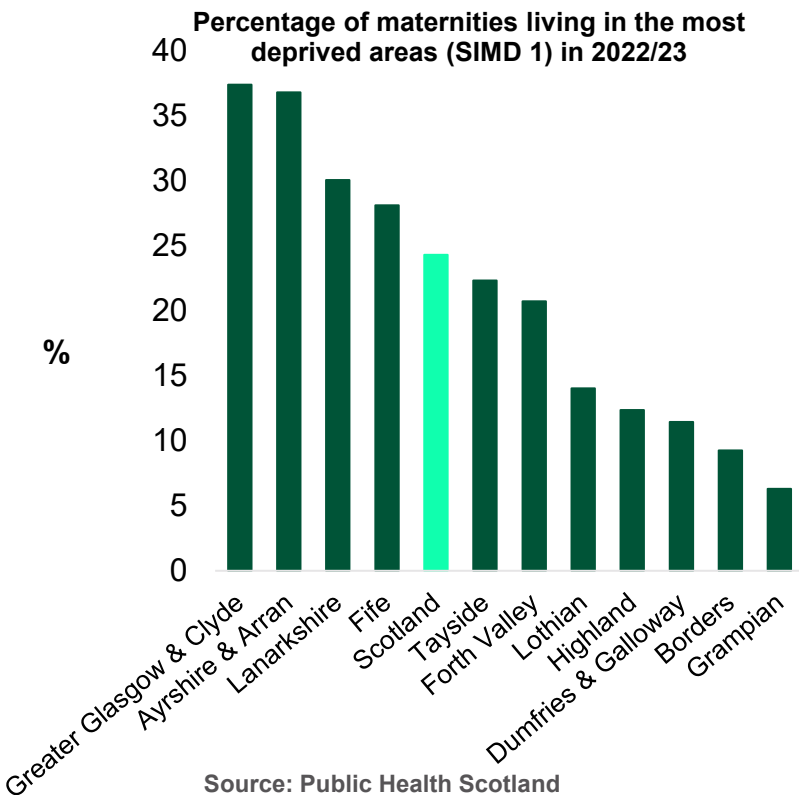- Mental wellbeing
- Substance misuse

Middle age

- Cardiovascular disease
- Employment

Aging

- Cancer
- Premature death

Early Years- 1 in 3 children in households with children <1yr live in poverty

Percentage of maternities living in the most deprived areas (SIMD 1) in 2022/23

Source: Public Health Scotland

Stillbirth and neonatal mortality rates have declined in Scotland since 2010, although progress has been variable more recently

Stillbirth is the death of a baby after 24 weeks of pregnancy before or during birth per 1,000 total births. Neonatal mortality refers to deaths within the first 28 days of life for babies born live at any gestational age, per 1,000 live births.

Chart: Sands & Tommy's Joint Policy Unit • Source: National Records Scotland (2023) • Created with Datawrapper

Inequalities in perinatal mortality

Figure 5: Stillbirth and neonatal mortality rates by babies' ethnicity: United Kingdom and Crown Dependencies, for births in 2016 to 2021
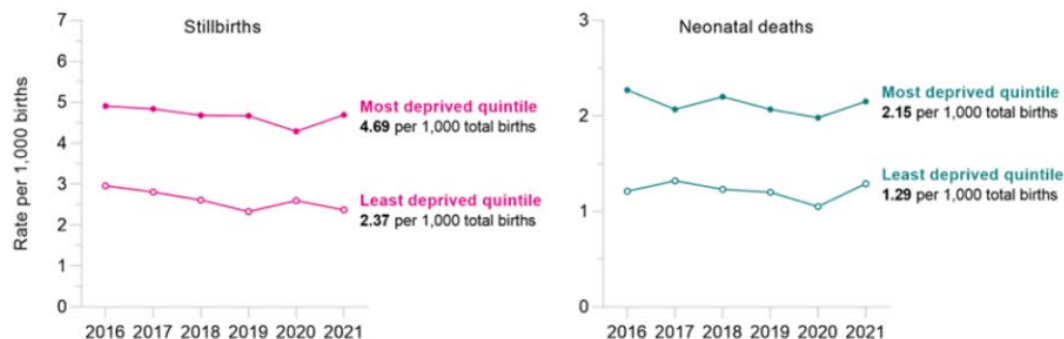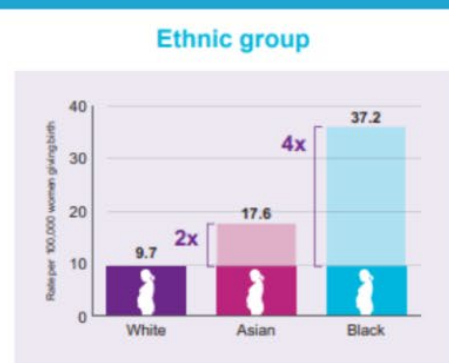

Stillbirths

- Black 7.52 per 1,000 total births
- Asian 5.15 per 1,000 total births
- White 3.30 per 1,000 total births

Neonatal deaths

- Black 2.94 per 1,000 live births
- Asian 2.22 per 1,000 live births
- White 1.68 per 1,000 live births
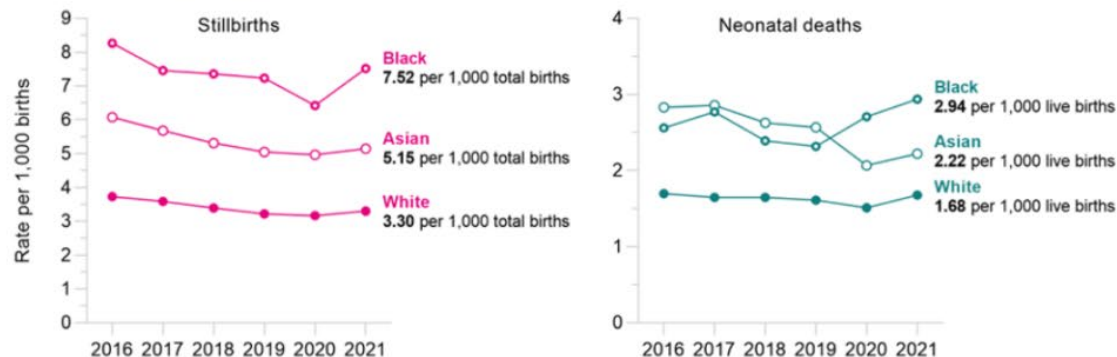
Figure 4: Stillbirth and neonatal mortality rates by mothers' socio-economic deprivation quintile of residence: United Kingdom, for births in 2016 to 2021

Stillbirths

- Most deprived quintile 4.69 per 1,000 total births
- Least deprived quintile 2.37 per 1,000 total births

Neonatal deaths

- Most deprived quintile 2.15 per 1,000 total births
- Least deprived quintile 1.29 per 1,000 total births

Inequalities in maternal mortality

Ethnic group

White 9.7 — 2x — Asian 17.6 — 4x — Black 37.2

Living in more deprived areas

Least deprived 8.7 — 2x — Most deprived 17.7

SOURCE: MBRRACE-UK Perinatal and Maternal Mortality Reports (2023)

Mental Wellbeing

1 in 3 people living in Scotland experience poor mental health

Suicide is the leading cause of maternal death in the UK

Examples of mental health inequalities
Some people are at greater risk of experiencing poor mental health.

Deprivation
People living in the most deprived areas are three times more likely to receive inpatient mental healthcare than people living in the least deprived areas.

Deprivation
39% of emergency detentions using the Mental Health Act happened to people from the 20% most deprived areas of Scotland

Long-term illness
Mental wellbeing is lower among people with a long-term illness that limits their activities than for people with no long-term illness.

Young people
Younger people are more likely to experience anxiety – 22% of people aged 25-34 years reported experiencing at least two symptoms of anxiety, compared with 6% of people aged 65-74 years.

LGBT+
54% of LGBT+ people have a self-reported mental health problem.

Learning disabilities
Mental ill health is significantly more prevalent in adults with learning/intellectual disabilities than in the general population.

Substance Misuse

Absolute Gap: Alcohol related hospital admissions <75y Scotland 1996-2021 (European Age-Standardised Rates per 100,000)
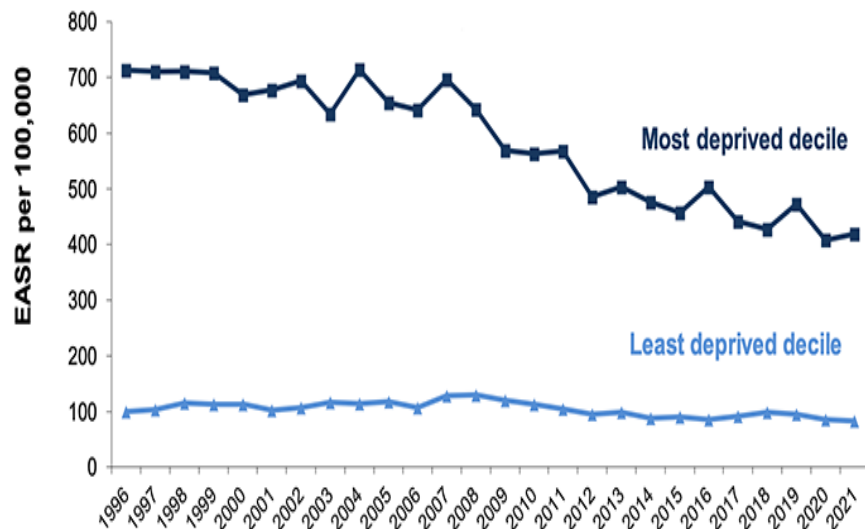
Absolute Gap: Drug-related hospital admissions <75y Scotland 1996/97-2021/22 (European Age-Standardised Rates per 100,000)

Source: Public Health Scotland
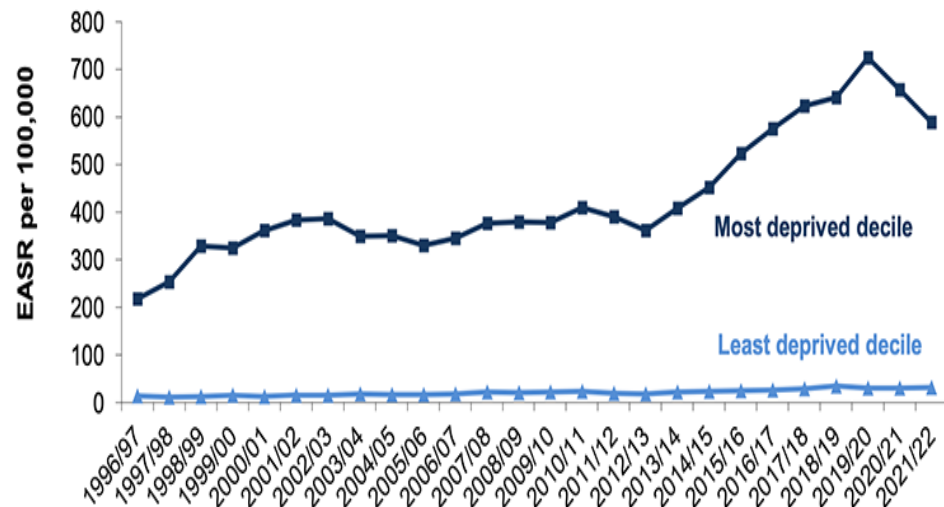
Cardiovascular Disease

People living in most deprived local authority **X2 more** likely to die from heart and circulatory disease **before the age of 75.**

Women are more likely to receive **wrong treatment** and delayed care than men

Men are more likely to **die prematurely**

Coronary heart disease is Scotland's single biggest killer

Employment

We spend 60-70% of our time at work

Workplaces can redress health inequalities by championing policies and positive cultures that level the playing field.

- **Anchor institutions(NHS)**

Aging

Healthy Life Expectancy – Males(T) and Females(B) - by Income-Employment Index, Scotland 2019-2021
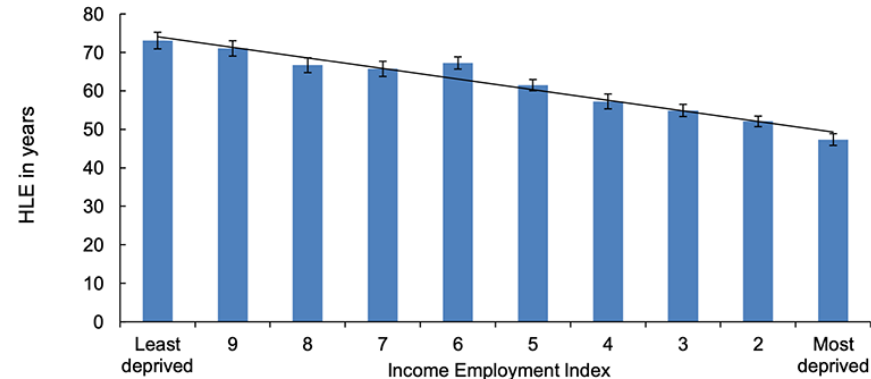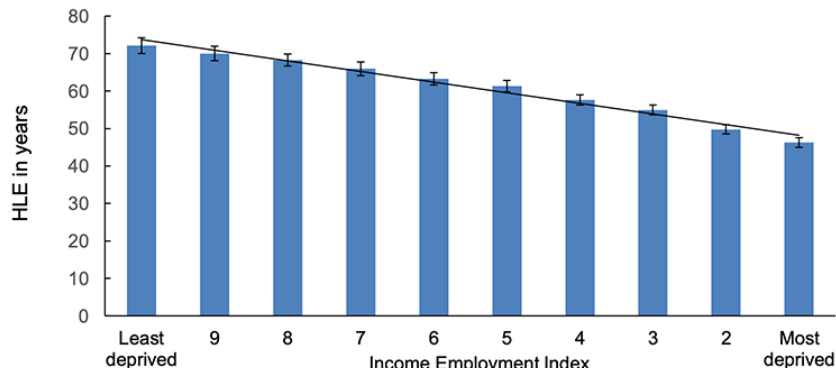
Absolute Gap: All cause mortality <75y, Scotland 1997-2021 (European Age-Standardised Rates per 100,000)
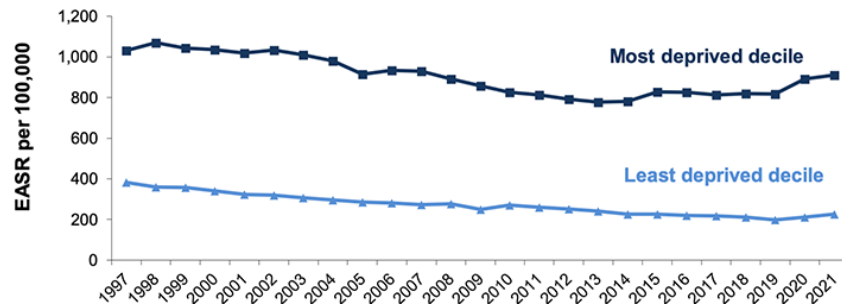
Source: Public Health Scotland

Absolute Gap: Cancer mortality 45-74y, Scotland 1996-2021 (European Age-Standardised Rates per 100,000)
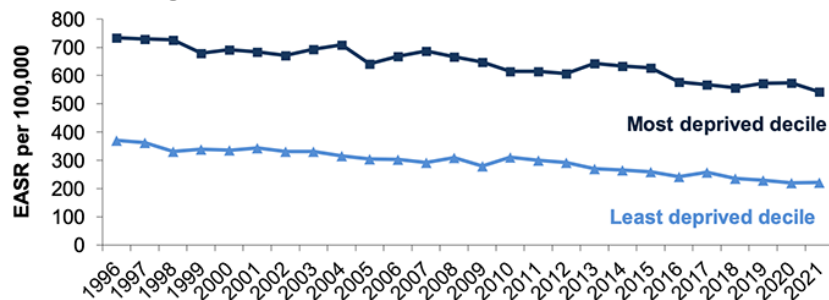
What's Going on Elsewhere?

Summary

Inequalities are driven by **power imbalances** in relation to social determinants of health

Inequalities exist and persist across **axes of intersectionality** (widening gaps).

Inequalities are **exacerbated by 'shocks'**, e.g. pandemics, economic shifts, war.

Keep in Touch

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Group Discussion

Among your group, reflect on what you have heard so far

Do you recognise the link between inequalities and patient safety?

Are there examples of good practice in your local area?

Do you have access to the information you need?

Taking an Inequalities Lens to Improvement Work

Dr Marianne McCallum

Academic GP, University of Glasgow

GP advisor Health inequalities,
Healthcare Improvement Scotland

Acknowledgements

- Dr Peter Cawston
- Dr David Blane
- Dr Carey Lunan

GPs at the Deep End
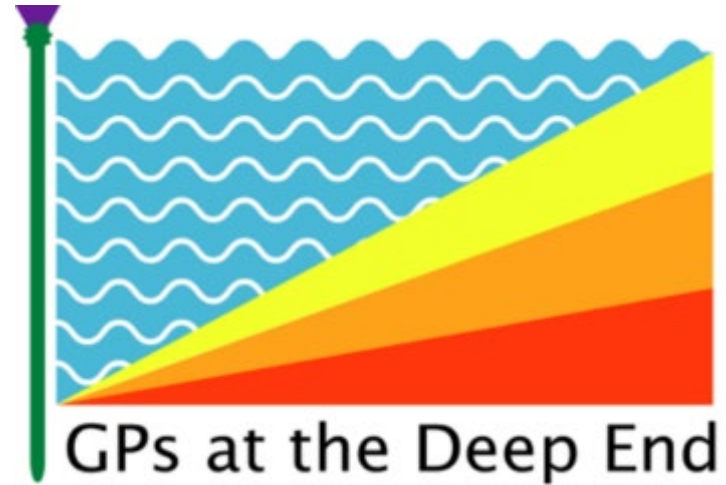
NHS SCOTLAND

Outline

- Inequalities in Scotland

- Importance social factors

- How this influences health

- How can we (often inadvertently) maintain or widen current gaps

- Example of the GPs at the Deep End

- 15% solutions to consider

Health Inequalities in Scotland: Mortality
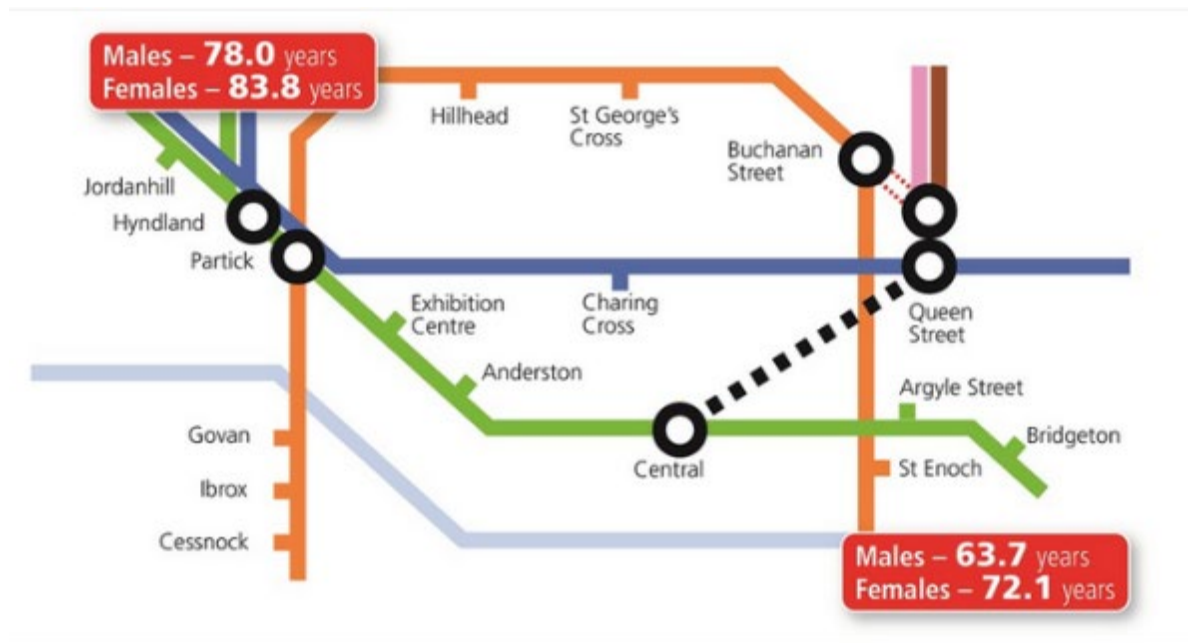
Map of Glasgow Train line demonstrating Life Expectancy Gap:
from http://www.healthscotland.scot/health-inequalities/measuring-health-inequalities

Deaths of Despair
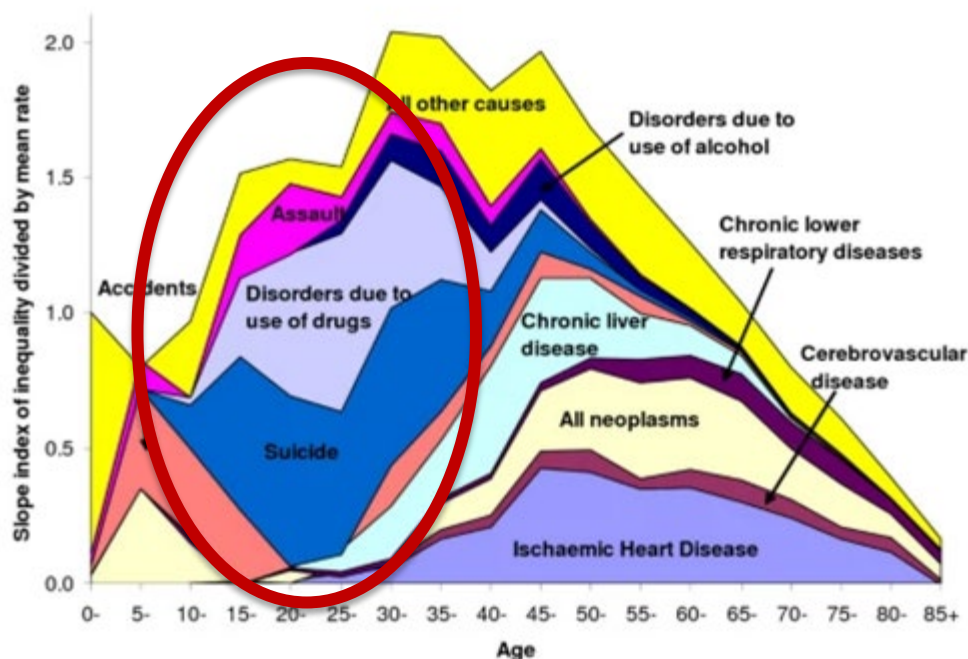
Age specific contribution to inequalities of specific causes of death across SIMD income quintiles for men, Scotland 2000-2002

Social Impact Health Evident Across the Life Course
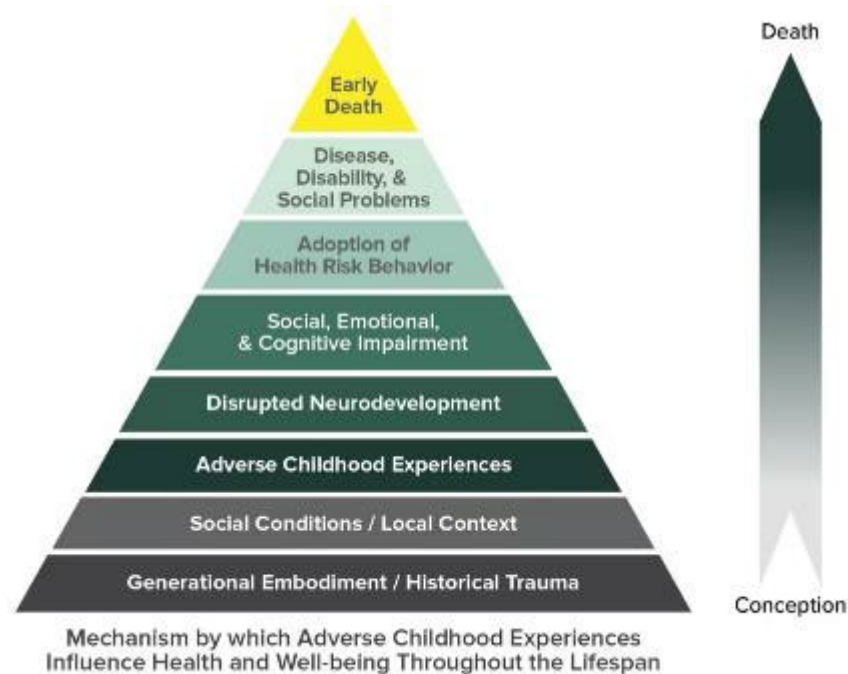
CDC-Kaiser ACE study pyramind available at https://www.cdc.gov/violenceprevention/aces/about.html

Inequalities in Multiple Childhood Outcomes
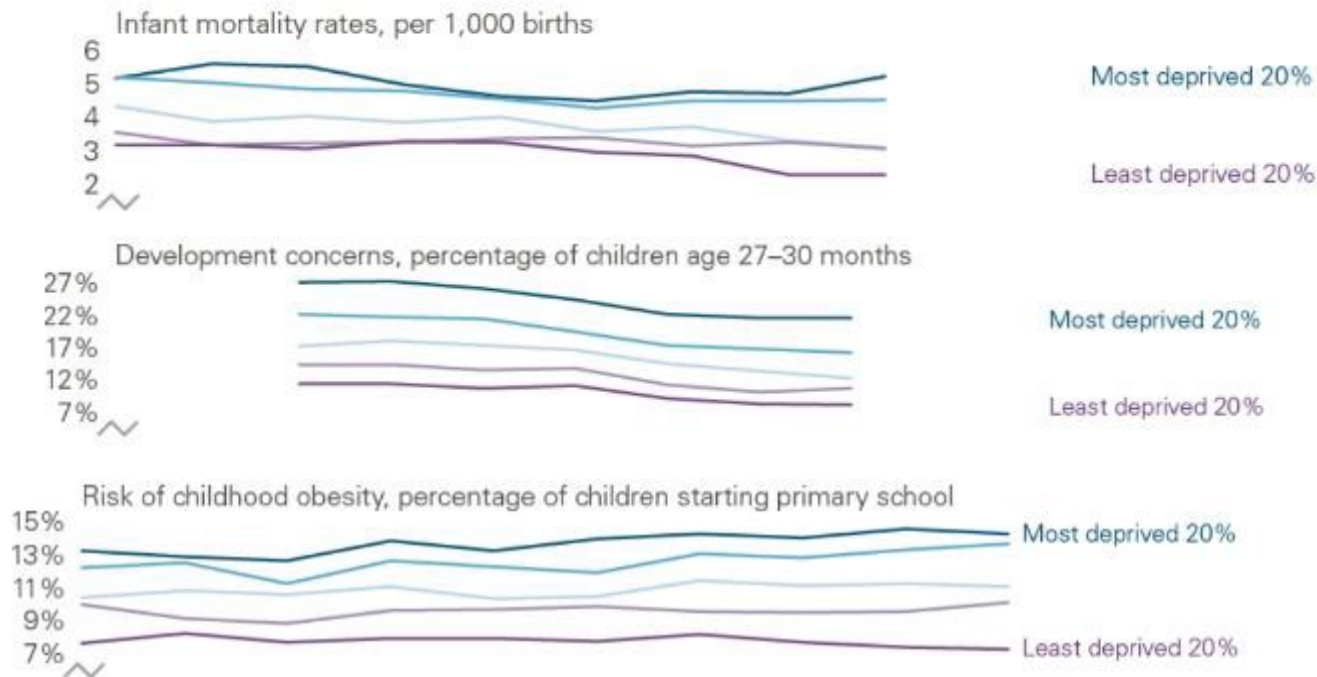
From Finch D, Willson H, Bibby J. (2023) Leave no one behind: The sate of health and health inequalities in Scotland. The Health Foundation https://www.health.org.uk/publications/leave-no-one-behind
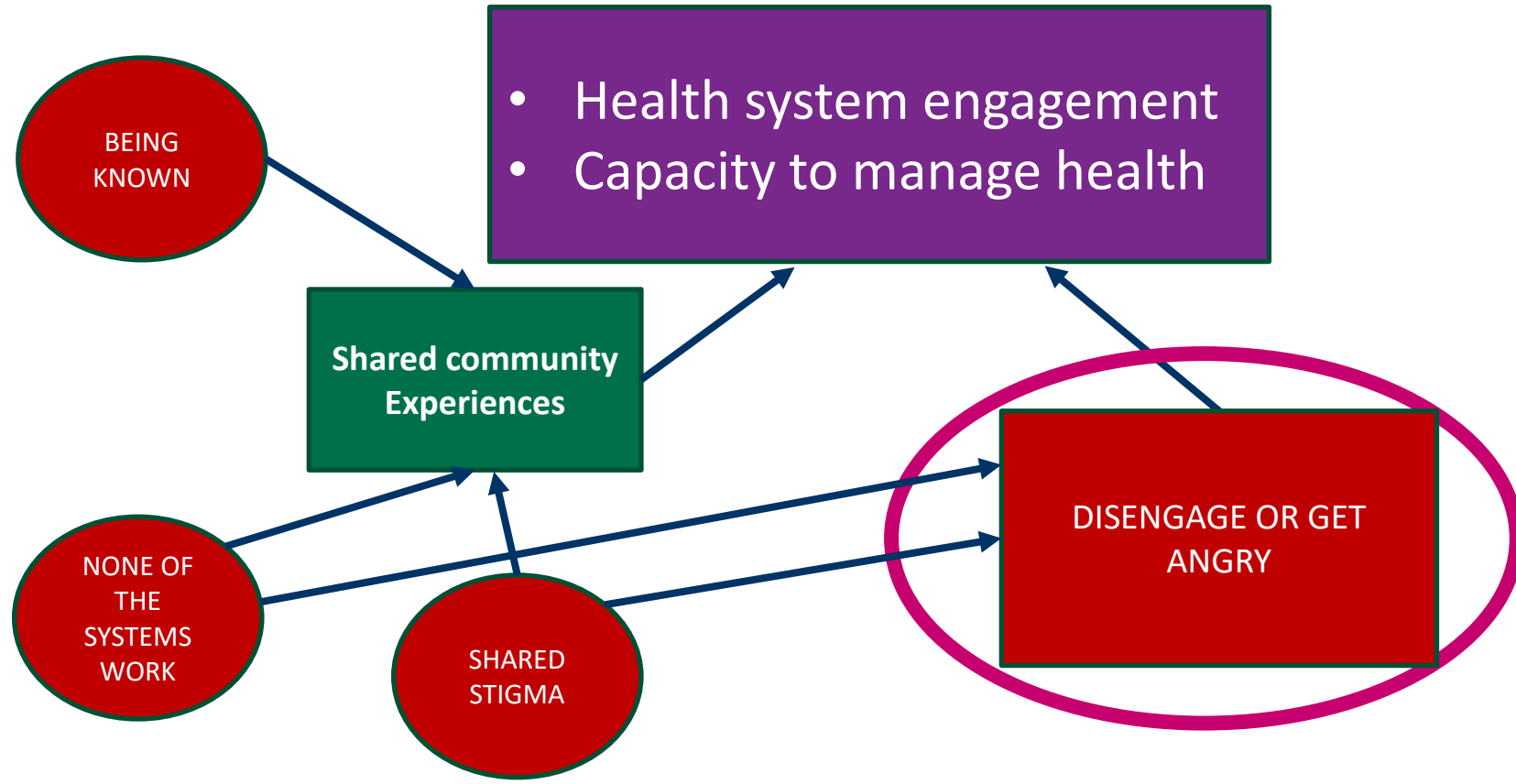
Why We Should Consider Equity in Patient Safety

Understanding Barriers: Community Matters

- Being Known

- Stigma

- None of the Systems work

Understanding Barriers: Community Matters

Understanding Barriers: Burden of Treatment Theory

Capacity
Ability to carry out that work

Treatment Burden
Work clinicians give patients

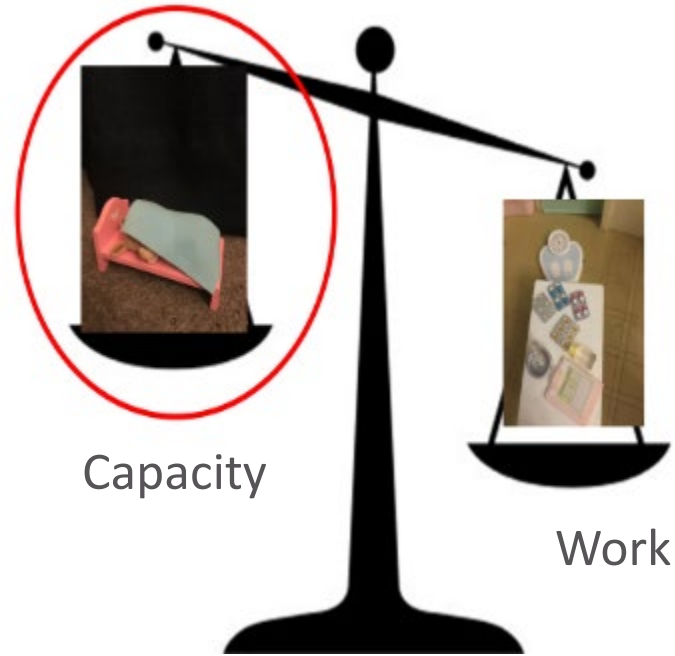# Understanding Barriers: Capacity

Mobilising

Control

Expressing

Opportunity

Capacity

Work

May, C. R., et al. (2014). "Rethinking the patient: using Burden of Treatment Theory to understand the changing dynamics of illness." BMC Health Serv Res **14**: 281.

Square Pegs in Round Holes?

"Health Systems are designed by healthy people for healthy people"

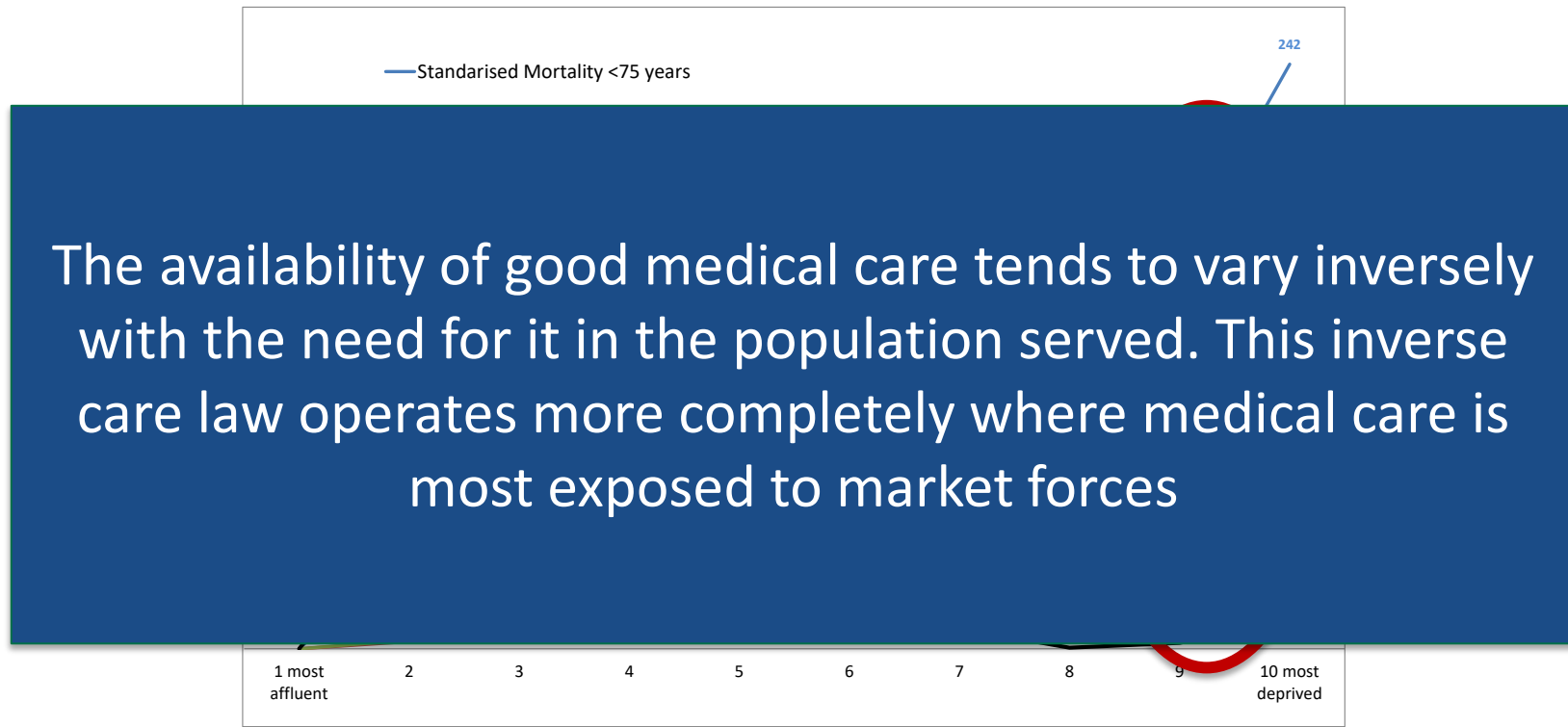Dr Adam Burley Clinical Psychologist

What can WE do?

- You are not responsible for "fixing" all health inequalities

- Most of the drivers in outcomes are outwith the health system's control

- 15% solutions

- What are the parts of the system that are maintaining or exacerbating inequalities?

- Are we willing to consider factors that are not easily visible to us?

15%

GPs at the Deep End

The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces
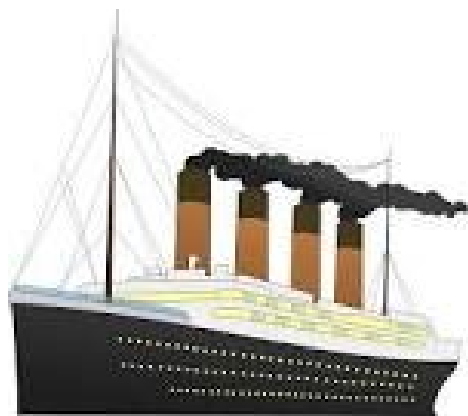
McLean G, Guthrie B, Mercer SW, Watt GC. General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland. Br J Gen Pract. 2015 Dec;65(641):e799-805. doi: 10.339

GPs at the Deep End
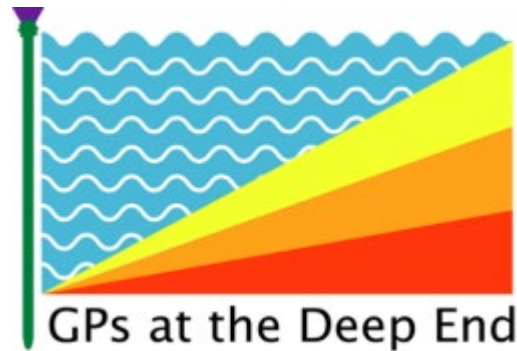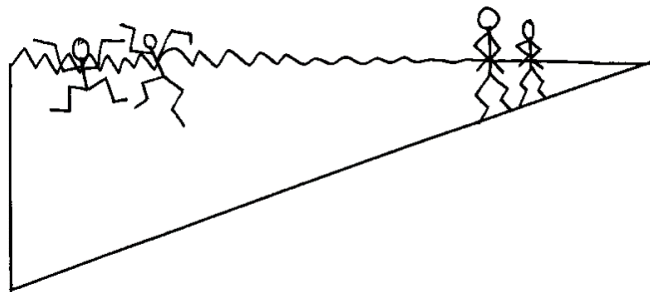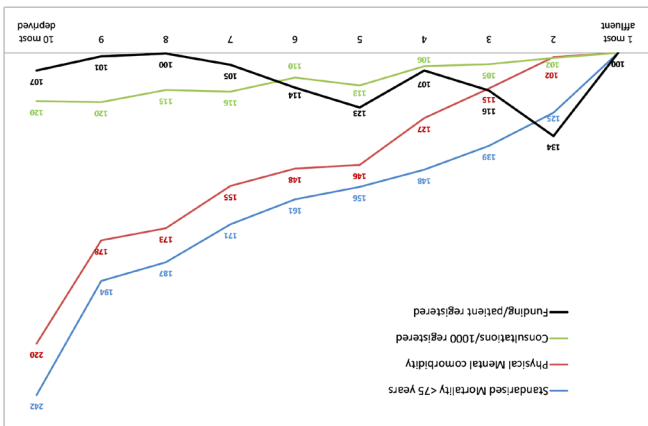
GPs at the Deep End - Success

GPs at the Deep End

Links Worker Programme

Govan SHIP

TACKLING THE INVERSE CARE LAW IN SCOTTISH GENERAL PRACTICE

Policies, interventions and the Scottish Deep End Project

University of Glasgow — THE UNIVERSITY of EDINBURGH — The Health Foundation

Report of the Primary Care Health Inequalities Short-Life Working Group

Scottish Government
Riaghaltas na h-Alba
gov.scot
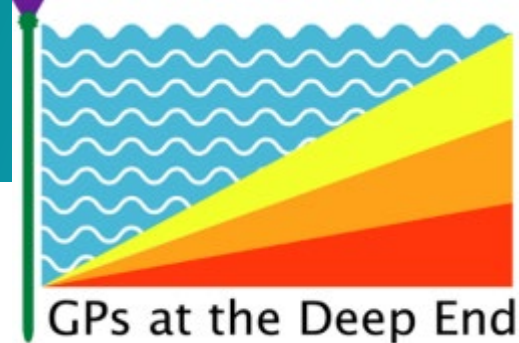
The Deep End Advice Worker Project:
embedding an advice worker in general practice settings

Jamie Sinclair

Glasgow Centre for Population Health
September 2017

What can WE do?

"Our" '15% SOLUTIONS'

- Record and monitor unmet needs and demand.
- Work out which barriers you can mitigate
- Carry out a trauma informed walk through
- Encourage a culture of personal responsibility
- Design for relational care
- Connect with your communities
- Learn how to offer care with people not to people

Keep in Touch

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Email: marianne.mccallum@glasgow.ac.uk

Web:gla.ac.uk/schools/healthwellbeing/research/generalpractice/deepend/

Group Discussion

15% Solutions
What is your 15 percent?

Where do you have discretion and freedom to act?

What can you do without more resources or authority?

What will you do after today's session?

slido

Please expand on your answer to the previous question.

ⓘ Start presenting to display the poll results on this slide.

Resources: Dr Isioma Okolo

Realistic medicine CMO report 2022-2023

https://www.gov.scot/publications/realistic-medicine-doing-right-thing-cmo-annual-report-2022-2023/pages/4/

Leave no one behind: the state of health and health inequalities in Scotland

https://www.health.org.uk/publications/leave-no-one-behind?gad_source=1&gclid=Cj0KCQjw9Km3BhDjARIsAGUb4ny8UotsLQ37Z7_U5yOhkXKPnegpeCdmWp8FwNj7-4p-Og3y1MUwM_waAnMLEALw_wcB

ONS Poverty in Scotland

https://data.gov.scot/poverty/

MBRRACE Perinatal Reports

https://www.npeu.ox.ac.uk/mbrrace-uk

PHS Births in Scotland

https://publichealthscotland.scot/publications/births-in-scotland/births-in-scotland-year-ending-31-march-2023/

British Heart Foundation Scotland Factsheets

https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-scotland-factsheet.pdf

Mental Wellbeing in Scotland

https://publichealthscotland.scot/our-areas-of-work/health-and-wellbeing/public-health-scotland-s-approach-to-mental-health/mental-health-inequalities/

Introduction to CORE 20 PLUS 5

https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

Resources: Dr Marianne McCallum

Deep End Website: https://www.gla.ac.uk/schools/healthwellbeing/research/generalpractice/deepend/

No one left behind report: https://www.health.org.uk/publications/leave-no-one-behind

Scottish Government short life working group on inequalities in primary care

https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/

Chance to change expert by experience report from above: https://www.gov.scot/publications/chance-change-scotland-report-chance-2-change-expert-reference-group-lived-experience-primary-care-health-inequalities-short-life-working-group/

Academy medical science – prioritising early childhood to promote the nations health, wellbeing and prosperity: https://www.pslhub.org/learn/patient-safety-in-health-and-care/high-risk-areas/paediatrics/the-academy-of-medical-sciences-prioritising-early-childhood-to-promote-the-nation%E2%80%99s-health-wellbeing-and-prosperity-5-february-2024-r10914/

Keep in Touch

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Keep in Touch

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Leading quality health and care for Scotland