



## **Tackling Health Inequalities in Healthcare**

**Project Title: Leading the implementation of a Pilot Respiratory Offer – A Collaborative Approach between the ICB, Primary Care and START drug and alcohol service to address health inequalities**

**Project Leader: Melissa Pinder with Russell Whitehead as Health Liaison Worker**

- **Dame Carol Black Report 2021** acknowledged how entrenched Substance use had become in deprived areas which furthermore widened health inequalities. It was suggested substance use should be seen as a chronic health condition. The report exposed the challenge faced and the harms from drug misuse costing society £19.3 billion per year, 86% of which is attributable to the health and crime-related costs of heroin and crack cocaine markets.

### **What was the issue locally?**

- **Hartlepool is in the top 10 most deprived local authorities in the country when comparing overall deprivation scores. Seven out of the North East 12 local authorities are within the 25% local authorities with highest deprivation score overall (Fingertips 2021)**
- **Within Hartlepool Local Authority the highest proportion of referrals for Hartlepool's adult's substance misuse treatment are from areas of high levels of deprivation (substance misuse needs assessment 2023).**

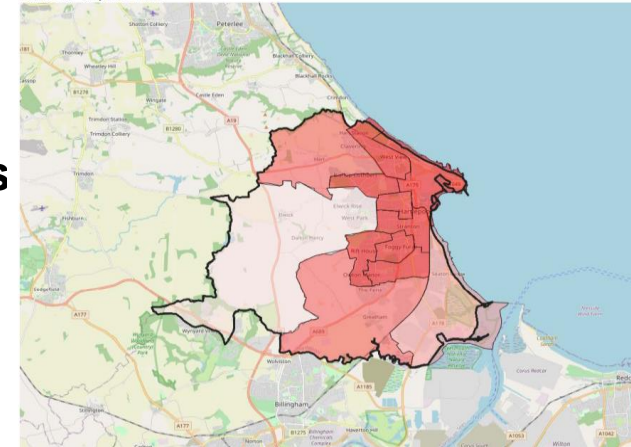
- **Individuals in Hartlepool continue to experience poorer health outcomes compared to the England average. Studies have found this is directly linked to social, economic and environmental factors such as higher rates of unemployment, poor educational attainment and poor quality housing. These factors are synonymous with substance misuse patient groups**

**Hartlepool Local Authority wanted to have an enhanced understanding of their drug and alcohol service user group and therefore commissioned a Behavioural Insights Study with Newcastle University in Hartlepool.**

**Aims of the research were to:**

- 1. Understand factors affecting an individual service user's health and wellbeing**
- 2. Examine barriers and facilitators/interventions to meeting these needs**
- 3. Develop recommendations to inform service delivery**

This map shows the IMD Income Deprivation score (2019) for wards in Hartlepool, relative to all other areas across England. A higher score (darker colour) signifies higher levels of deprivation.



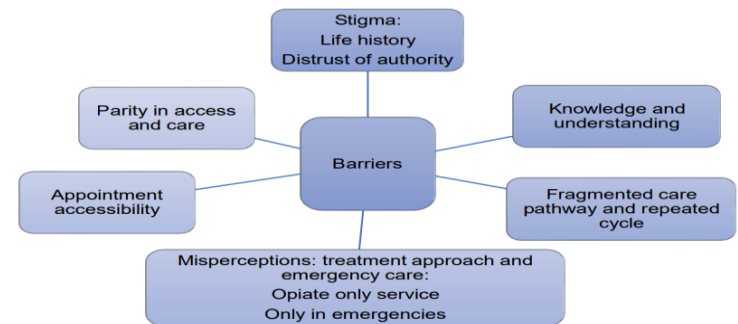
## What did the Report inform us?

Factors that promote service user engagement were often seen to be the idea of the positive environment and supportive professional relationships offered by START drug and alcohol service.

On the other hand service barriers were broadly categorised into 3 main themes: stigma, accessibility and outreach emerged as a priority

Stigma was a dominant theme identified throughout the report presenting a detrimental issue, hindering effective public health responses.

The report emphasised the requirement to align services with the service users' needs opposed to fitting the individual to the service

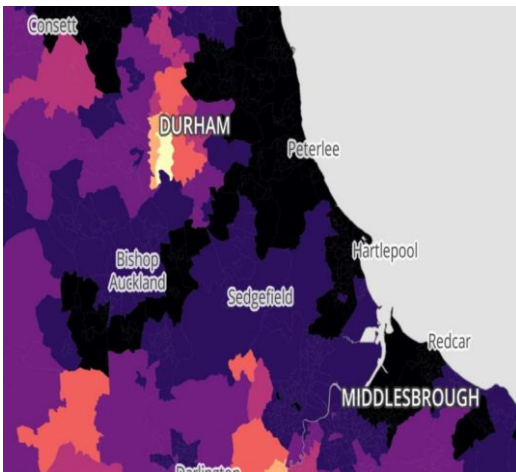


Recommendations were made following the report with one of these been to address key physical health issues such as COPD/Asthma.

# Respiratory Disease

Respiratory disease (asthma, COPD or other longstanding respiratory illnesses) can affect upto 1 in 5 people in England and is the third biggest cause of deaths (NICE)

Mortality rates are higher in disadvantaged groups and areas of social deprivation with the most deprived having higher incidence of smoking, exposure to air pollution and poorer housing. As can be seen below some of the highest levels of COPD are found in the North East along the coastal area where smoking prevalence is also high.



With substance misuse patients crack, heroin, cannabis, spice all smoked can impact on an individuals respiratory health.

The NHS Long Term Plan has incorporated respiratory as one of their main clinical focus's.

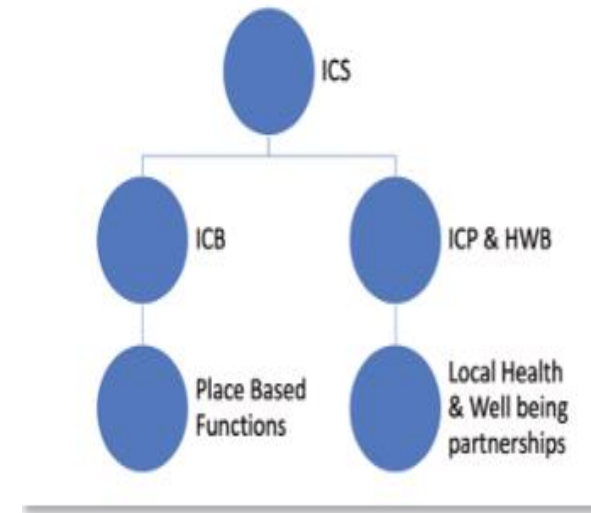
**Data from fingertips highlights that in most areas Hartlepool in 2020-22 are performing worse than the national England average when looking at respiratory disease and therefore suggests respiratory was an area of need to address. The figure below from fingertips indicates that mortality rates from COPD would be a key area to address and aligning with the respiratory long term plan would support this**

Indicator	Period	Hartlepool		England			
		Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
<b>Respiratory disease</b>							
Mortality rate from respiratory disease, all ages (3 year range)	2020 - 22	392	141.7	102.8	181.4		59.0
Mortality rate from respiratory disease, all ages (1 year range)	2022	147	156.0	106.9	198.1		56.1
Under 75 mortality rate from respiratory disease (3 year range)	2020 - 22	122	45.1	28.9	67.0		10.3
Under 75 mortality rate from respiratory disease (1 year range)	2022	46	49.7	30.7	76.4		9.4
Under 75 mortality rate from respiratory disease considered preventable	2020 - 22	72	26.1	17.0	43.1		5.1
<b>COPD</b>							
Mortality rate from chronic obstructive pulmonary disease, all ages	2020 - 22	184	65.2	42.8	90.2		20.6
COPD: QOF prevalence (all ages)	2022/23	3,318	3.4%	1.8%	0.6%		3.7%
<b>Asthma</b>							
Asthma: QOF prevalence (6+ yrs)	2022/23	7,029	7.6%	6.5%	3.3%		8.8%

## What did we do?

- **Discussions commenced with the Integrated Care Board, Public Health and the Clinical Partners of Foundations in line with the NHS Long Term plan**
  - **Aim was to improve health inequalities for a targeted population**
  - **Mirrored the front end of primary care with a respiratory offer using artificial Intelligence**
  - **Artificial intelligence (AI) allowed for the health Care assistant to complete the spirometry test and the AI supported interpretation of the result**
  - **START were responsible for baseline testing and reversibility were required.**
- The GP practices would take responsibility for Diagnostics**

**The offer would report into the place based board with regular updates**



## **Spirometry Test**

- **Contact Melissa Pinder for details**



## What is the impact so far?

- **Commenced in April 2024 therefore pilot not complete at this time.**
- **The challenge is the DNA rate with 35% spirometry's completed currently and 65% of the people not attending**
- **The study has seen 20% of those spirometry's completed diagnosed with a respiratory condition**
- **Due to covid there has been a back log with spirometry testing with the exact number caught in this backlog unknown (Primary Care Respiratory Society)**
- **The spirometry test alongside artificial intelligence is identifying individuals who would not previously of known they had a lung health concern**
- **Limitations- smaller sample size than that of general population and some have yet to follow up their results with their GP Practices however we do meet with the ICB and primary care to look at how we can improve this. Part of this falls with the Health Liaison Role to support attendance to GP Practices were this is identified.**

# References

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