

**Equity Audit 4:**

Are Stroke Services Accessed Fairly Within South of Tyne and Wear?

**Name:**

Ailsa Nokes Louise Burn

**Role:**

Head of Service Improvement and Reform  
Head of Service Improvement and Reform

**Organisation:**

NHS South of Tyne and Wear

**Aim:**

To consider whether there is any inequity in the rate of access of stroke services

**Why is this a priority?**

Primary care prevention, risk assessment, early diagnosis and condition management of Cardiovascular Disease (CVD) is a key NHS priority.

**Measure of health need:**

Prevalence of stroke by GP practice population

**Measure of service uptake:**

Emergency hospital admission rate due to stroke by GP practice population

**Results:**

It is unusual that, within this study, a high rate of service access is a negative outcome. An assumption is made that practice populations among which there is a high prevalence of stroke should show a higher rate of emergency admission due to stroke. Where prevalence is above average within a practice population but the hospital admission rate is below average, this may evidence good practice in terms of:

- primary prevention e.g. risk scoring and subsequent referral into appropriate interventions where risk is high
- secondary prevention e.g. prescription of appropriate medication

There is evidence of practice populations where prevalence is above average but hospital admission rates are below average. Similarly there are examples of below average prevalence and above average admission rates. The findings from this investigation have been presented to the local NHS Stroke Task Group, including secondary care clinicians. The group has raised questions regarding the validity of assumptions about the relationship between prevalence and admission rate.

**Next steps:**

The assumptions will be discussed with colleagues from primary care.

**How Did the Action Learning Set Work in Practice?****The aims were:**

To create opportunities for participants to find their own solutions to the challenges of doing a Health Equity Audit (HEA).

To allow participants to learn from each other's perspectives, successes and mistakes by encouraging a climate where participants both support and challenge each other.

**Principles:**

- Work on real, live problems, considering both issues and successes
- Clarify perceptions of problems (diagnosis) and explore alternative solutions
- Take action and make changes as a result of new insights gained.
- Bring accounts of action back to the group for further shared reflection.
- Focus on learning – about the situation and oneself.
- Increase awareness of group processes and working effectively together.
- Offer support and challenge to others in the group.

**Programme:**

The group was introduced to the principles of action learning on a two day workshop that also introduced Health Equity Audit. There were then half day meetings at monthly intervals for 6 months. At the end of the 6 months a review session was held and comments on the process so far and suggestions for future improvements were captured.

**What participants thought:**

*'it was an easier process than anticipated',*

*'I valued the engagement with the group'*

*'it was good to share time equally and good to not have to have consensus'*

*'the action learning process of discovery takes time'*

All participants said they would recommend the process of action learning and the use of Health Equity Audit. The group identified Performance Managers and Information Analysts as target participants.

**Suggestions for improvement:**

- Give participants the opportunity to choose their topic in advance
- Break up the introductory two day workshop. Participants can then reflect on topic options before applying the process. The first part should be kept simple – not too much theory.
- Technical language is a barrier – Health Equity Audit is better described as "How do you demonstrate that your services are being provided fairly?"
- Encourage people to keep projects simple and focused
- The action learning was most effective where participants acted individually, not in pairs.
- The commitment of time and resources should be made clear before the start
- Participants felt they didn't have 'senior buy in' to make the Action Learning Set a priority.
- The value of the technical advice sessions was acknowledged by all
- Learning from the HEA projects should be disseminated effectively to a wide audience

This Action Learning Set was facilitated by the North East Change Centre.

For further details about this initiative contact Gateshead Director of Public Health, Civic Centre, Gateshead.

## Establishing Fair Access to Health and Care Services in South of Tyne and Wear

This pamphlet describes an Action Learning Set which was run over six months in 2008. Health service and Local Authority staff from Gateshead, South Tyneside and Sunderland came together to undertake projects which considered whether local services were being accessed fairly.

### What is an Action Learning Set?

An Action Learning Set is an initiative where a group of people agree to meet while carrying out individual work projects. At meetings, supported by a specialist 'facilitator', group members discuss problems they are experiencing in carrying out their projects. These might be organisational issues or technical hurdles. The facilitator helps members to share experiences and develop solutions. See page 6 for details of the action learning approach.

There are large and enduring health inequalities between the populations of Gateshead, South Tyneside and Sunderland, and England as a whole. These include a two year gap in life expectancy. Beneath these headline figures are much larger inequalities between different sections of local communities.

The gap in local life expectancy at ward level is as much as 10 years between some areas. Ensuring that health-improving services are accessed by those most in need is one way of reducing these differences. "Health equity audit" is a tool which can be used to measure the access of services in relation to health need and answer the question "Are services being accessed fairly?".

**Equity Audit 1:**

Uptake of Screening Services among people with a Learning Disability

**Name:**

Lucy Cunningham

**Role:**

Public Health Advisor, Vulnerable Groups

**Organisation:**

NHS South of Tyne and Wear

**Aim:**

To identify if the proportion of women with a learning disability who access breast and cervical screening, within local populations, is different to the proportion of all eligible women accessing the service.

**Why is this a priority?**

Screening identifies early stage cancer and reduces the risk of further development of the disease. Breast and cervical screening should be equitably available for all women. National evidence suggests that they are used less by women with learning disabilities.

**Measure of health need:**

Incidence of breast and cervical cancer

**Measure of service uptake:**

Proportion of eligible women who have had a smear within the past five years or who have had a breast screen within the past three years

**Results:**

Significantly more women with learning disabilities did not attend breast and cervical screening services compared to non-learning disabled women

**Next Steps:**

The inequity in uptake of screening services could be interpreted as services not being accessible for women with learning disabilities. However further research into the reasons for non-attendance suggest that progress needs to be made not only to improve access, but to improve support for the learning disabled population when making choices about healthcare in general.

## Equity Audit 2

**Equity Audit 2:**

Coverage of alcohol interventions in Sunderland

**Name:**

Claire Rogers

**Role:**

Policy Officer

**Organisation:**

Sunderland City Council

**Aim:**

To consider whether local alcohol services are being accessed in proportion to the prevalence of alcohol misuse within Sunderland

**Why is this a priority?**

Binge drinking rates in Sunderland are significantly higher than the England average, and slightly higher than the North East average.  
Measure of health need: Alcohol-specific hospital admission rates by postcode sector, prevalence of binge drinking by postcode sector  
Measure of service uptake: Proportion of all adults accessing services by postcode sector across a range of services addressing alcohol misuse

**Results:**

Evidence from those services that have responded suggests that service provision is broadly in proportion to health need but there appears to be some under provision in areas further from the centre of the city. It is not possible to draw firm conclusions, as a number of service providers were not able to provide the required data. There are also some gaps in our understanding of the need for alcohol services in the city.

**Next Steps:**

All service providers need to provide data to ensure robust conclusions can be drawn. Commissioners will work with service leads to ensure the future availability of data on service usage.

## Equity Audit 3

**Equity Audit 3:**

Uptake of social care services among older people in Gateshead

**Name:**

Penny Gray Elspeth Anderson

**Role:**

Project Manager,  
Community-Based Services  
Service Commissioner

**Organisation:**

Gateshead Council

**Aim:**

To consider whether social care services are delivered fairly in Gateshead. Why is this a priority? The proportion of older people (ages 65+) is growing over time in Gateshead. Service delivery has traditionally been assessed against the total size of the older population rather than considering groups where need is greatest. Social exclusion is an important factor which influences health and wellbeing among older people.

**Measure of health need:**

For each risk factor for social isolation, wards were ranked according to the number of older people in the ward with the risk factor e.g. households occupied by single older people. Ranks were then summed across all risk factors.

**Measure of service uptake:**

Rank of ward, separately by number of social care assessments undertaken and uptake of day opportunities

**Results:**

There was a strong correlation between the number of older people at risk of isolation and in a ward and the number of social care assessments with a few outliers. The relationship between number at risk of isolation and uptake of day opportunities was less clear, with more wards showing levels of uptake higher or lower than expected.

**Next Steps:**

Findings have been discussed with service managers. Models of delivery and levels of service provision in areas where uptake is higher than and lower than expected will be reviewed.