

Health Equity Indicators for the English NHS: a longitudinal whole-population study at the small-area level

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Plain English summary

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Plain English summary

Inequalities of access to health care, and in the outcomes from health care, raise important concerns about both quality of care and justice. People living in more deprived neighbourhoods are diagnosed later, less likely to see a specialist and more likely to die from treatable conditions such as heart disease. The NHS has a legal duty to consider reducing such inequalities. However, reliable information on inequalities is scarce because monitoring currently focuses on the average patient rather than on systematic differences between patients. Local information is especially scarce because it is hard to establish reliable facts about health-care access and outcomes in every single neighbourhood within a local area.

In consultation with members of the public and NHS and public health officials, we developed eight indicators of social inequality in health-care access and health outcomes and a visual way of communicating these indicators on a single page, called 'equity dashboards'. The public were concerned about inequalities in health-care access, such as the number of patients per general practitioner and hospital waiting times, as well as inequalities in health-care outcomes. The officials told us that equity indicators are more useful if they are presented together on the same page, alongside average performance indicators, and accompanied by graphs showing the underlying inequality patterns. Our indicators look at inequality in health care between more and less deprived neighbourhoods in England of about 1500 people. Five of our indicators are suitable for local monitoring using any administrative geography comprising 100,000 people or more: number of patients per general practitioner, primary care quality, hospital waiting time, preventable emergency hospitalisation and repeat emergency hospitalisation. National equity monitoring can be done using a wider range of indicators, including disease-specific indicators.

We found that NHS health-care inequalities reduced between 2004 and 2011, during a period of substantial investment in primary care services, but that inequality reduction was larger in primary care access and quality than health-care outcomes. NHS actions can therefore have measurable impacts on socioeconomic inequality in both health-care access and health-care outcomes. However, reducing inequality in health-care outcomes is more challenging than reducing inequality in health-care access. Increasing the number of primary care doctors and paying for the quality of care they provide may have small impacts on reducing inequality in health-care outcomes, but further reductions will require new wider approaches to primary care and improved co-ordination between different service providers. Further research is needed to help managers learn quality improvement lessons from areas performing well and badly on health-care equity, to refine the methods, and to monitor other dimensions of equity such as ethnic and regional differences. These indicators can also be used to evaluate the health-care equity impacts of interventions and make international health-care equity comparisons.

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