CORE20 PLUS 5

A focused approach to tackling health inequalities

National Healthcare Inequalities Improvement Team

Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

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REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20PLUS5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

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Key clinical areas of health inequalities

1. **ASTHMA**
   Address over reliance on reliever medications and decrease the number of asthma attacks

2. **DIABETES**
   Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3. **EPILEPSY**
   Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. **ORAL HEALTH**
   Address the backlog for tooth extractions in hospital for under 10s

5. **MENTAL HEALTH**
   Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

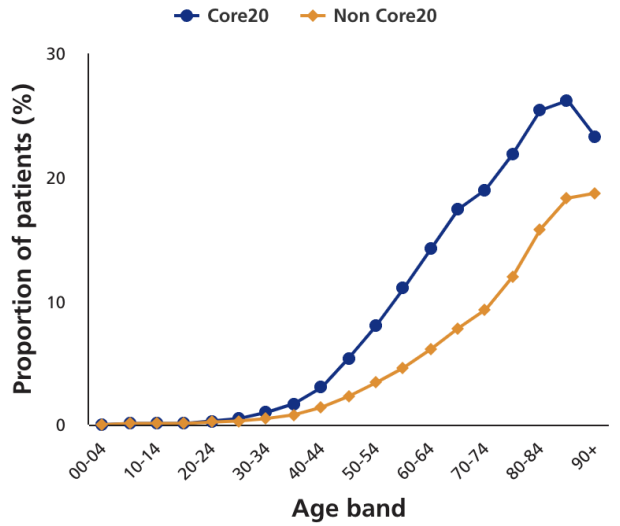
Healthcare Inequalities: Access to NHS prescribing and exemption schemes in England

NHS prescribing data metrics for Core20 and non-Core20 populations (2021/22)

Metric	Core20	Non-Core20
Prescription items per patient	33	28
Drug cost per patient	£262	£238
Percentage of prescribing with charge paid	3%	5%
Percentage of prescribing age exempt	58%	69%
Percentage of prescribing other charge exempt	38%	26%

Excluding 3% of NHS prescriptions that could not be assigned to a identifiable patient with a valid residential location.

Core20 vs Non-Core20: Proportion of patients on 10 or more unique medicines by age band (2021/22)



Prescription items: excluding 3% of prescription items where patient age and/or residential address cannot be determined.

10+ unique medicines: patients included if they received 10 or more unique medicines in at least one month during the financial year.

Highcharts.com

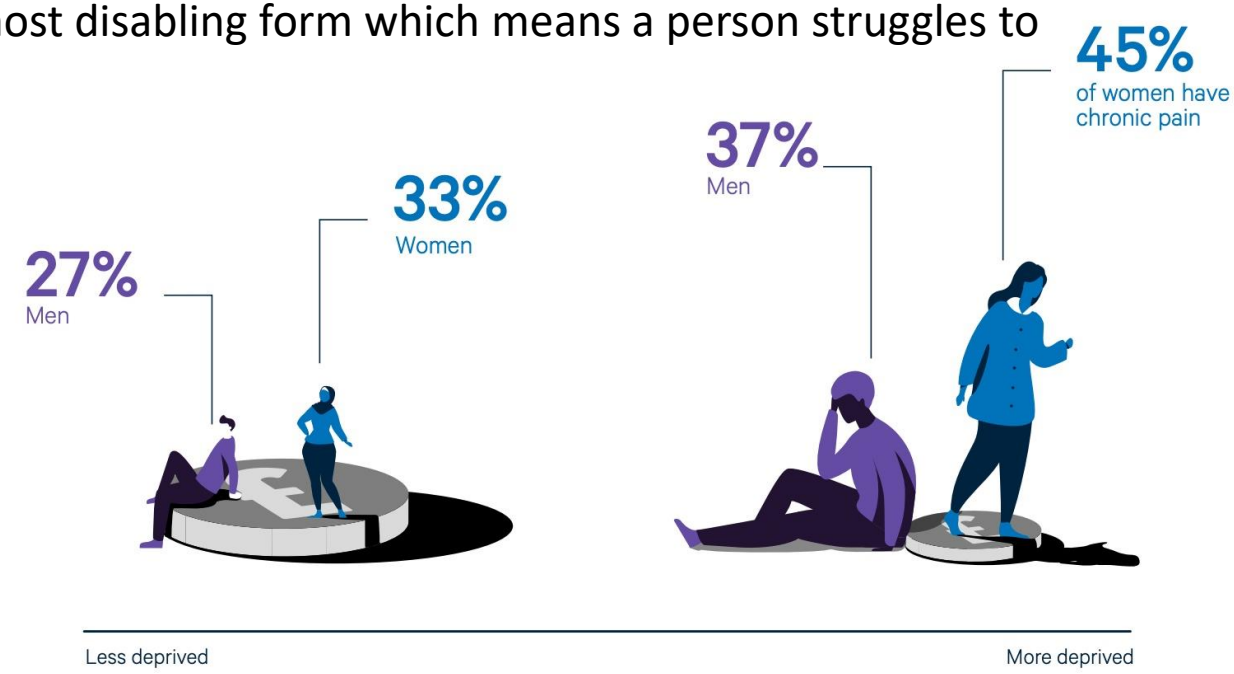
https://nhsbsa-data-analytics.shinyapps.io/healthcare-inequalities-nhs-prescribing-and-exemption-schemes/?s=09

The findings from Versus Arthritis's latest report – Unseen, Unequal and Unfair: Chronic Pain in England (PDF, 5.8 MB) – are stark and illustrate the scale of the public health crisis.

Chronic pain (defined as pain which has lasted more than 12 weeks despite treatment or medication) affects around 15.5 million people – a third of the population in England.
Of great concern is that 5.5 million people in England (12% of the population) have high-impact chronic pain, the most disabling form which means a person struggles to take part in daily activities.

Chronic pain is more common in areas of greater deprivation

Among people living in the most deprived quintile, about 4 in every 10 men (37%) and between 4 and 5 in every 10 women (45%) reported chronic pain. For those living in the least deprived quintiles, about 3 in every 10 men (27%) and about 3 in every 10 women (33%) reported chronic pain.



People's Stories: Oliver McGowan

Oliver McGowan developed mild hemiplegia, focal partial epilepsy and mild learning disability following bacterial meningitis as a baby. He was also autistic. Oliver lived a happy and inspiring life and was training to become a Paralympian. As a teen, Oliver had admissions to hospital with focal seizures. Staff did not listen to Oliver or his family. The clinicians did not make reasonable adjustments for Oliver's learning disability and autism, nor read his hospital passport or notes. They did not recognise symptoms due to diagnostic overshadowing. This led to inappropriate care and treatment, medical complications and, tragically, Oliver's avoidable death. His family set up Oliver's Campaign and developed The Oliver McGowan Mandatory Training on Learning Disability and Autism to ensure that health and social care staff receive training on learning disability and autism as required by the Health and Care Act 2022.

Oliver McGowan, Oliver's Campaign

Patient safety healthcare inequalities actions 1-4

1. To ensure that communication, information, translation and interpretation services are provided and accessible to all staff, patients, service users, families and carers as needed.

2. To demonstrate awareness and understanding of the risk of patient safety healthcare inequalities by including this within patient safety training, undergraduate education and ongoing training for all healthcare professionals and NHS staff.

3. To capture accurate and complete diversity data for protected characteristics and other healthcare inequalities groups through existing and emerging digital platforms.

4. To enable accessible diversity data for protected characteristics and other healthcare inequalities groups to drive improvements in patient safety healthcare inequalities.

Exemplar Case Study: Bilingual medication information on pharmacy dispensing labels

London North West University Healthcare NHS Trust (LNWH) has been using Written Medicine since 2016, starting from their outpatient pharmacy in Ealing Hospital. The Trust serves an ethnically and linguistically diverse demographic across North West London, which requires interpreting services in over 40 languages, mostly from South Asia, Middle East and Eastern Europe. Now pharmacies across London are benefitting from the support of Written Medicine; a service providing bilingual dispensing labels in patients' language of choice.

Digitising pharmacy – Bilingual medication information on pharmacy dispensing labels

People's Stories: No One's Listening: Sickle Cell Care Examples

Jaspreet Kaur told us that "overdue pain relief was the norm" during her friend's admissions as an inpatient. Stephanie George wrote that "90% of the time, I will receive pain relief between 45 minutes to over 60 minutes [after] attending A&E". Angela Thomas described waiting "in A&E for two to three hours while my pain got steadily worse until I was screaming out in pain." While another patient referred to an incident in which they were left in "paralysing pain" for almost 24 hours, only to discover when a new doctor came on shift that the medication which was part of their care plan, and which they had been informed was not available, had been available all along. Another patient wrote: "I have also seen some sickle cell patients wait so long for nurses to come with their pain relief, to the point where the patient was crying so much they could not breath properly because of the pain." Kye Gbangbola told us: "Every time I have been in hospital, I have constantly suffered more pain than necessary due to ward staff not responding to my medical needs", including pain relief.

No One's Listening - A Report » Sickle Cell Society

Patient safety healthcare inequalities actions 5-7

5. To improve the involvement of diverse and representative people: staff, patients, service users, carers, families, and communities, in the co-production and delivery of patient safety healthcare inequalities improvements.

6. To ensure a range of accessible resources are available to help reduce patient safety healthcare inequalities.

7. To identify areas for patient safety healthcare inequalities research to improve our understanding and drive improvement.

Innovation for Healthcare Inequalities Programme (InHIP)

Programme:

- Addressing local healthcare inequalities using the **Core20PLUS5 approach** by supporting systems to **improve access to innovations** (medicines and health technologies).
- Projects are **designed and led by ICSs**, supported by their AHSNs. Focus on
  - **Core20PLUS population,**
  - **Alignment to one of 5 clinical areas,**
  - **A NICE-approved innovation.**
- Local communities are key to the delivery of the programme through a co-design approach.
- Leverages HII and innovation, spread and adoption expertise from HIIT, AAC and AHSNN.

Progress:

- **39 projects** from 38 ICSs allocated almost **£3.9m**

Clinical area	ICS	Funding (£k)	Key innovations include
CVD	26	2,526	Lipid management, DOACs
Respiratory	8	797	Asthma biologics, FeNO
Cancer	2	200	Quantitative faecal immunochemical tests
Maternity	2	150	PlGF

- Projects are at varying stages of delivery but are mainly establishing teams and governance, planning community engagement and establishing data collection systems.
- The national team are supporting these activities through delivery guidance, measurement frameworks, HII educational content, and community of practice co-ordination.

CORE20 PLUS 5 Evidence into practice

NHS England

How NICE can help you tackle health inequalities

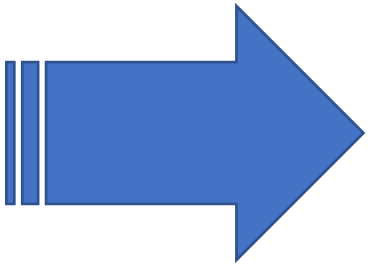
Reducing health inequalities is a core part of our DNA. In fact it's one of our core principles. So, our guidance supports strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged.

We consider the protected characteristics stated in the Equality Act 2010. We also consider inequalities arising from socioeconomic factors and the circumstances of vulnerable groups of people. These include looked-after children and people who are homeless.

By incorporating our recommendations into your work, you can ensure the care you provide is:

- effective
- consistent
- makes efficient use of resources.

And ultimately, that it minimises the impact of health inequalities on people's health.



Healthcare Inequalities Improvement Programme Vision:

Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities

CORE20 PLUS 5

NHS England

Our work on Inclusive Pharmacy Practice is a key priority. Thank you to the Improving Practice and Engagement Group members for bringing together partner organisations to collaborate, share learning and engage with frontline teams to improve equality, inclusion and patient care.

David Webb, Chief Pharmaceutical Officer for England

CORE20 PLUS 5 Pharmacy Integration Programme

NHS England

- The community pharmacy contractual framework (CPCF) agreement for 2019 – 2024 sets out the ambition for developing new clinical services for community pharmacy as part of the five-year commitment. The pharmacy integration programme will pilot and evaluate these services with the intention of incorporating them into the national framework depending on pilot evaluations.

- The GP contract for 2019 – 2024 also set out a plan to develop a "pharmacy connection scheme" for community pharmacy.

- Structured medication reviews in PCNs for people with a learning disability, autism or both, linking with the STOMP programme;

- The Hypertension Case-Finding Pilot – members of the public over 40 years can have their blood pressure checked by the community pharmacy team. For those with high blood pressure, they will be offered ambulatory blood pressure monitoring (ABPM) and then, where appropriate, referred to their GP

CORE20PLUS5

NHS England architecture to support delivery of **Core20PLUS5**; NHS England's approach to reducing healthcare inequalities

CORE20PLUS CONNECTORS

Connectors are people who are part of those communities who are often not well supported by existing services, experience health inequalities, and who can help change these services to support their community better. This will include taking practical steps locally for health improvement in excluded communities.

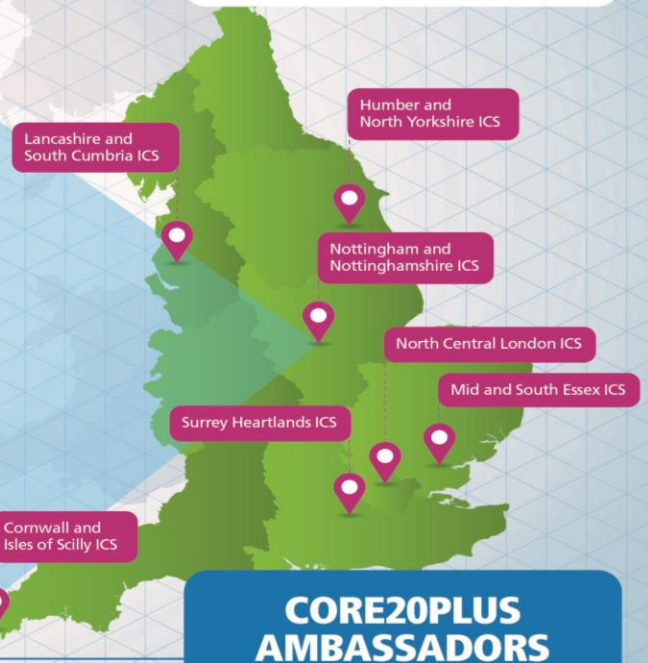
FOUNDATIONAL TOOLS AND SUPPORTS

CORE20PLUS COLLABORATIVE

The collaborative brings together strategic partners and experts working to reduce and prevent healthcare inequalities. Members are drawn from NHS England's key stakeholders, the wider NHS and strategic system partners including arms length bodies, think tanks, charities and academic partners.

CORE20PLUS ACCELERATORS

Accelerator sites are integrated care systems (ICSs) supported to accelerate progress on Core20PLUS5 priorities using a quality improvement approach. Learning and development on best practice in healthcare inequalities improvement will be shared nationally across ICSs.



CORE20PLUS AMBASSADORS

Ambassadors are people working within or across integrated care systems (ICSs) who are committed to narrowing healthcare inequalities and will use their role and influence to progress Core20PLUS5 at a local level.

Network and Sharing Learning

- Health Inequalities Futures Platform – Hosts What's New, Case studies & opportunity for people to showcase work they're doing in the HI space
- National Healthcare Inequalities Improvement Network – Going from strength to strength

https://future.nhs.uk/InequalitiesImprovement