

Health and Healthcare Equity – Closing the gap matters

Learning from the COVID Vaccination Programme

Professor Neil Watson

Director of Pharmacy



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Closing the gap matters

- What does health and healthcare inequality look like?
- Why is it so important to understand and act
- Lesson learnt from the COVID Vaccination Programme
- What does this mean for Pharmacy?

What are health inequalities?

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

They are differences in

- health status, for example, life expectancy
- access to care, for example, availability of given services
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates
- wider determinants of health, for example, quality of housing.



What are health inequalities?





The assumption is that everyone benefits from the same supports. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice

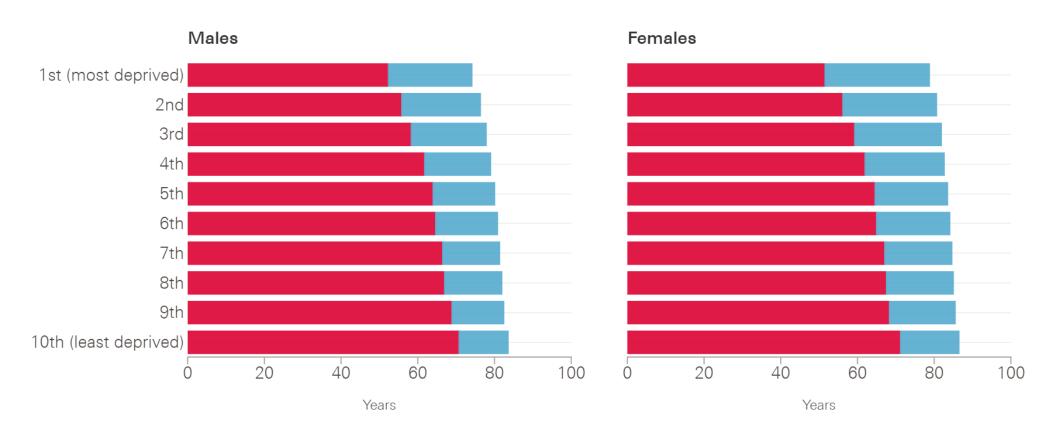


All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people **Health equity** means thinking about individual/community needs to bring everyone to the same level of health.



Health inequalities by deprivation: Life expectancy nationally



Source: Health Foundation; Jan 2022-Office for National Statistics, Health state life expectancies by national deprivation deciles, England: 2017 to 2019

Health inequalities by deprivation: Life expectancy in the region



Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There is a large body of evidence that shows wide differences in death rates and life expectancy by area deprivation (1), confirmed by the latest data for the North East:

What are "underserved communities"?

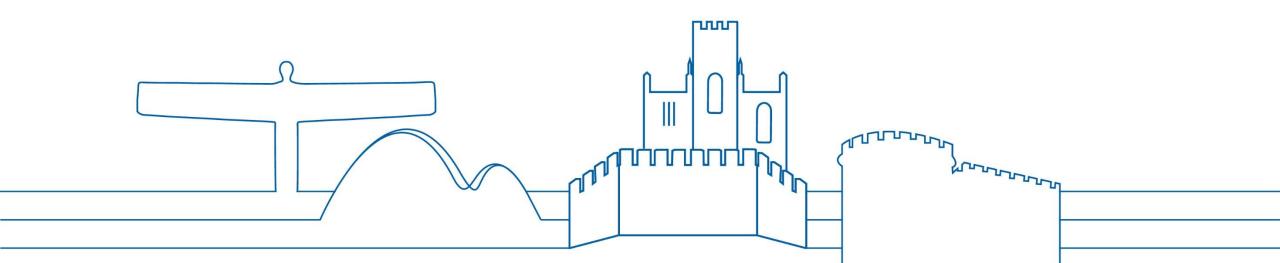
- Not "hard to reach".....we need to try harder!
- Might be invisible care using databases included GP registers
- It's about poverty
- And other communities cultural differences, minority ethnic communities, Travelling community
- Community Pharmacy impact opportunities



Provided by The Newcastle upon Tyne Hospitals NHS Foundation Trust



Covid Vaccination Programme



The challenge

Newcastle upon Tyne NHS
Foundation Trust led the Covid-19
Vaccination programme for the
North East and North Cumbria
(NENC).



Total eligible population

3,154,836

Spring boosters

308,257

Autumn Boosters Cohorts 1 - 6

1,339,145

Autumn Boosters Cohorts 1 - 9 1,679,194 Evergreen offer for Cohorts 1

3,550,551



Provided by The Newcastle upon Tyne Hospitals **NHS Foundation Trust**

NHS

Delivery points

Covid-19

\bigcirc	Schools	331
C	Community pharmacies	254
A	Primary care networks	69
	Hospital hubs	19
	Mobile services (buses and vans)	8
E STORY OF THE STO	Large vaccination centres²	3

² Hexham and Penrith stood down Sept 2021. Nightingale and Arnison stood down March 2022.

Flu only

	Community pharmacies	523
A	GP surgeries	2

Care settings

Ã	Residential Care Homes ³	580
{	Mental Health Learning Disability and Autism	224
Δ [†] Δ	Detained Estates	8

³ 16,522 registered patients

System Partners

Integrated Care System	
Local Authorities Directors of Public Health, Adult Services and Children's Services	12
Clinical Commissioning Groups North of England Commissioning Support Unit Northumberland, North Tyneside, Newcastle and Gateshead, South Tyneside, Sunderland, Tees Valley, County Durham and Darlington, North Cumbria	8
Local Medical Councils	8
Local Pharmaceutical Committees North, Centre, South, Cumbria	4
School Age Immunisation Services Multiple teams	5
Local Resilience Forum Northumbria, Cleveland, Durham, Cumbria	4
Police Forces Northumbria, Cleveland, Durham, Cumbria	4

Fire Services	4
Northumbria, Cleveland, Durham, Cumbria	
Ambulance Services	2
NEAS (North East Ambulance Service)	
NWAS (North West Ambulance Service)	
Port Authorities	3
Newcastle, Tees and Hartlepool, Tyne	
Coast Guards	2
Ministry of Defence Liaison Networks	2
Cumbria, North East	
Schools (Years 7-12)	331
NHS Provider Trusts	11
Integrated Care System Vaccination Board	
Integrated Care System Vaccination Equalities	Board
North East Equalities Board	
NHS England and Improvement North East and	
Yorkshire Flu Immunisation Service	
Integrated Covid Hub North East	
National and Regional Vaccination Operations	Centre

Business and Intelligence

North of England Commissioning Support Unit **System Vaccination Operations Centre Newcastle University**

Support and Transformation for Healthcare **UK Health Security Agency** South, Central and West Commissioning Service



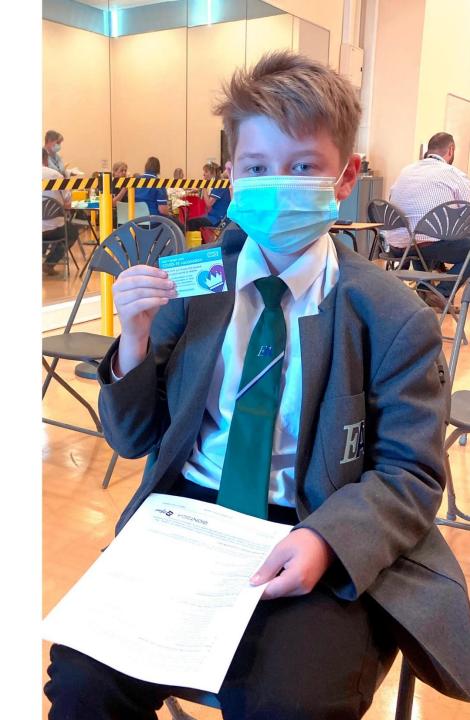
Ambition

- ✓ Vaccinate as many people as possible as quickly as possible
- Authentic system partnership listening and responding
- Stretched and add to national targets
- Created data sets
- Prioritised low up take areas



"The programme team in particular have been very responsive to the need to engage us as providers - increasing and reducing sessions as needed."

Primary Care Network respondent



Outcome

- Health inequalities at the heart
- First mobile vaccination service
- Toolkit for health inequalities
- Omicron surge 500,000 in 10 days
- Change of Heart campaign bucked national trend
- Agile response to PCN withdrawal
- Supported under pressure school teams



"At the first webinar event and I expected you would tell us what to do, but that's not what happened. You shared the most up to date information, then asked us what further help and support we needed to help us vaccinate our local population. It was a breath of fresh air." CCG lead

NHS



My midwife showed me the latest advice and now I know that getting my Covid jabs is the best choice for me and my baby. Book your Covid jabs now at NHS.uk or text CHANGE to 66777.



Vaccine Inequalities

Learning from Covid-19 & Best Practice Examples

North East and North Cumbria

Inclusion

Health

Ethnic

Introduction

Introduction to Vaccine Inequalities & the 3 Cs

- Variation in vaccine uptake is driven by multiple factors e.g. health status, environment and socio-economic deprivation
- The 2014 WHO Report on Vaccine Hesitancy provides a useful framework to describe the determinants of vaccine hesitancy
- They describe three main factors influencing vaccine hesitancy: Confidence; Convenience and Complacency

A North East North Cumbria Vaccine Equalities **Board** to cover the ICS was established to ensure no one was left behind in the Covid-19 vaccine programme. The capturing of approaches and sharing best practice was a key role for this multi-agency group.

Confidence Trust in the vaccine's effectiveness and safety and of scientists, policymakers and health professionals Convenience Complacency Barriers (physical, Low risk perception and logistical or economical) viewing the vaccine as that hinder people from not necessary getting a vaccine

Young People Further Information & Resources Get in touch with Feedback

Key Learning from COVID-19 Vaccine Programme

From collating information and examples of work happening across the North East and North Cumbria to address inequalities in the COVID-19 vaccine programme, four key learning points were identified. Click on each heading for more information and examples of practice.

Better Information for communities and professionals (based on insight)

abling people to make an informed decision via the provision of appropriate and targeted information tailored to be needs of different populations.

Increasing Accessibility – taking the vaccine to people

moving common barriers (including location, booking of appointments, transport and cost) by providing community venues enhanced by support and information to make taking up the vaccine as easy as possible.

Empowering Communities – asset based, community champion approaches

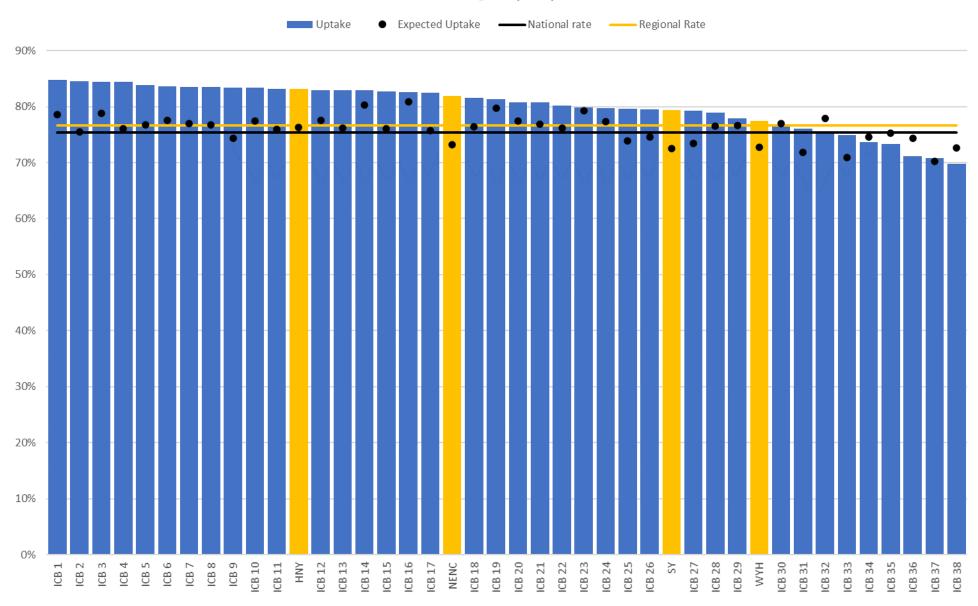
Mobilising communities to support each other to promote the importance of the vaccine using local people as a polynomial trusted voice.

Partnership Working and collaboration

Multi-agency partnership working to engage the hardest to reach using existing relationships to build trust and compared in the vaccine programme and collaboration across the NENC to share best practice and resources.



2+ Doses @13/12/2022



Inequality in action:Autumn/Winter Seasonal Covid-19 Vaccination Uptake By Ward

Rank	Ward	Local_Authority	IMD_Avg*	Eligible	Vax	%
1	Christchurch	Allerdale	7.9	2,040	1,678	82.3%
2	Hexham West	Northumberland	9.5	2,005	1,634	81.5%
3	Bamburgh	Northumberland	5.1	3,085	2,511	81.4%
4	Skelton	Eden	5.0	851	691	81.2%
5	Hartside	Eden	5.0	835	677	81.1%
6	Crummock & Derwent Valley	Allerdale	6.4	1,779	1,438	80.8%
7	Wooler	Northumberland	5.8	2,169	1,753	80.8%
8	Dalton	Allerdale	7.0	1,066	858	80.5%
9	Dacre	Eden	7.0	830	668	80.5%
10	Eamont	Eden	9.0	921	741	80.5%
11	Warnell	Allerdale	6.0	1,166	933	80.0%
12	Greystoke	Eden	5.0	864	691	80.0%
13	Amble West with Warkworth	Northumberland	7.0	2,816	2,252	80.0%
14	Langwathby	Eden	6.0	906	722	79.7%
15	Lazonby	Eden	8.0	825	656	79.5%
16	Barnard Castle West	County Durham	6.6	4,725	3,755	79.5%
17	Ullswater	Eden	5.0	745	592	79.5%
18	Hummersknott	Darlington	9.4	2,127	1,684	79.2%
19	St Mary's	North Tyneside	9.8	5,180	4,096	79.1%
20	Longhoughton	Northumberland	7.2	1,863	1,472	79.0%
21	Barnard Castle East	County Durham	5.9	5,588	4,413	79.0%
22	All Saints	Allerdale	7.5	2,734	2,156	78.9%
23	Penrith Carleton	Eden	9.0	1,173	924	78.8%
24	Morpeth North	Northumberland	6.7	3,954	3,112	78.7%
25	Warcop	Eden	4.0	786	618	78.6%
26	Alnwick	Northumberland	6.8	5,948	4,650	78.2%
27	Shilbottle	Northumberland	6.6	3,824	2,988	78.1%
28	Ponteland South with Heddon	Northumberland	9.4	1,780	1,389	78.0%
29	Kirkoswald	Eden	6.0	837	653	78.0%
30	Appleby (Bongate)	Eden	8.0	1,043	813	77.9%

392	Parkfield and Oxbridge	Stockton-on-Tees	2.7	3,702	1,930	52.1%
393	Benwell & Scotswood	Newcastle upon Tyne	2.9	5,150	2,684	52.1%
394	Longlands & Beechwood	Middlesbrough	1.3	5,221	2,718	52.1%
395	St Anne's	Sunderland	2.6	4,355	2,264	52.0%
396	Manor House	Hartlepool	1.1	4,601	2,385	51.8%
397	Redhill	Sunderland	1.5	5,089	2,622	51.5%
398	Newtown	Stockton-on-Tees	1.4	2,743	1,412	51.5%
399	Dunston and Teams	Gateshead	2.8	3,864	1,989	51.5%
400	Bridges	Gateshead	2.5	3,020	1,549	51.3%
401	Park East	Darlington	1.7	2,813	1,441	51.2%
402	Ayresome	Middlesbrough	3.5	2,881	1,473	51.1%
403	North Ormesby	Middlesbrough	1.0	1,079	540	50.0%
404	Millfield	Sunderland	2.8	4,888	2,428	49.7%
405	Hendon	Sunderland	1.1	5,149	2,515	48.8%
406	High Fell	Gateshead	1.7	4,256	2,077	48.8%
407	Northgate	Darlington	2.0	1,657	807	48.7%
408	Stockton Town Centre	Stockton-on-Tees	1.0	2,584	1,241	48.0%
409	Saltwell	Gateshead	2.8	3,379	1,582	46.8%
410	Blakelaw	Newcastle upon Tyne	1.4	5,176	2,397	46.3%
411	Ouseburn	Newcastle upon Tyne	4.8	3,394	1,571	46.3%
412	Grangetown	Redcar and Cleveland	1.0	2,301	1,064	46.2%
413	Wingrove	Newcastle upon Tyne	3.8	3,949	1,819	46.1%
414	Byker	Newcastle upon Tyne	1.0	4,604	2,119	46.0%
415	Walker	Newcastle upon Tyne	1.1	4,782	2,168	45.3%
416	Monument	Newcastle upon Tyne	3.1	3,065	1,376	44.9%
417	Berwick Hills & Pallister	Middlesbrough	1.0	3,729	1,669	44.8%
418	Newport	Middlesbrough	1.1	2,880	1,266	44.0%
419	Brambles & Thorntree	Middlesbrough	1.0	3,618	1,585	43.8%
420	Elswick	Newcastle upon Tyne	1.2	4,836	1,873	38.7%
421	Central	Middlesbrough	1.0	3,415	1,312	38.4%
422	Arthur's Hill	Newcastle upon Tyne	2.8	3,037	1,057	34.8%

Importance of research in this space....

- Ancestry
- Deprivation
- Communities
- Prevention

What does this mean for Pharmacy?

- Must be part of your thinking when caring for
 - individuals
 - populations
- Shift from focus on illness to promoting health
 - Always considering prevention
- System thinking
- Engaging communities in partnership



"Embrace our agency to act"