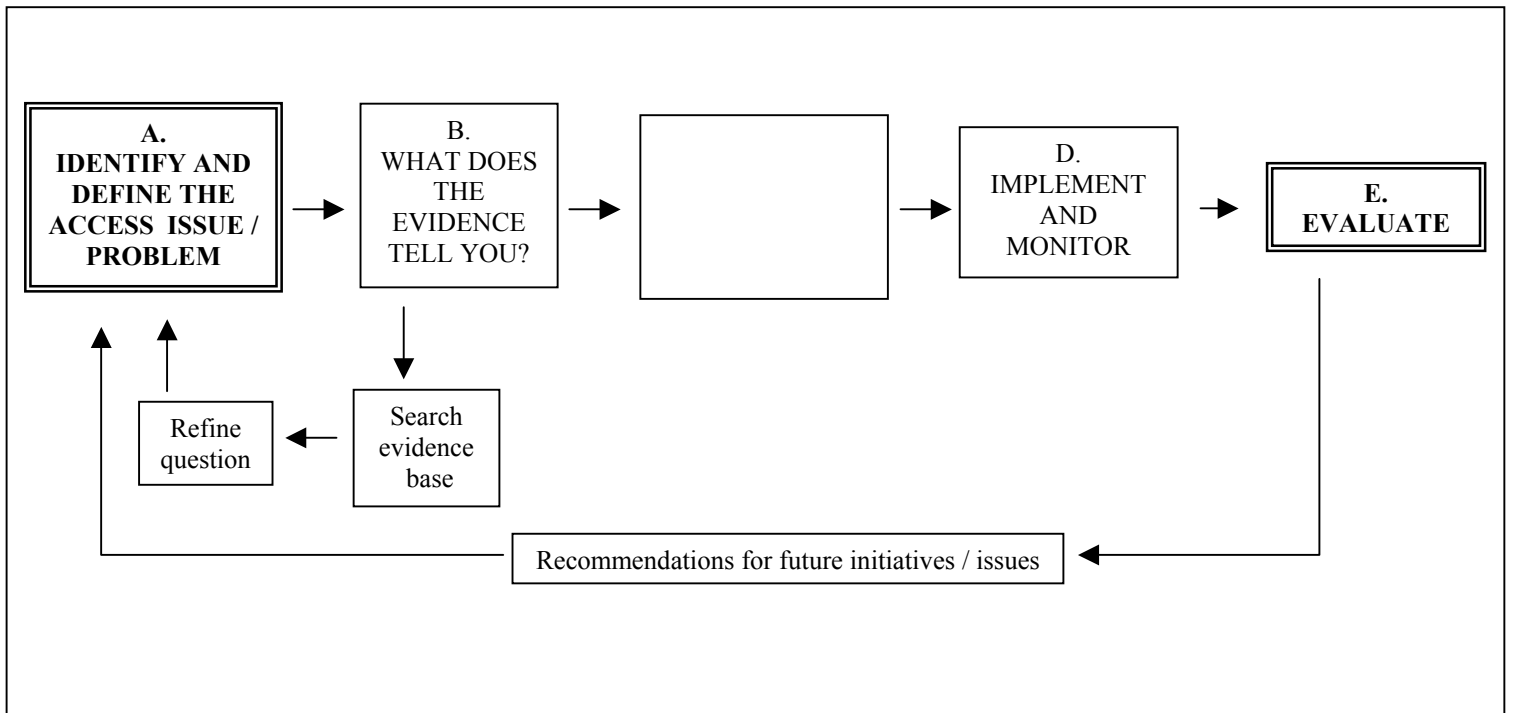


# TOOLKIT TO ADDRESS INEQUALITIES IN ACCESS TO CARE



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# **Toolkit to address inequalities in access to care**

## **WHAT DOES THIS TOOL OFFER YOU?**

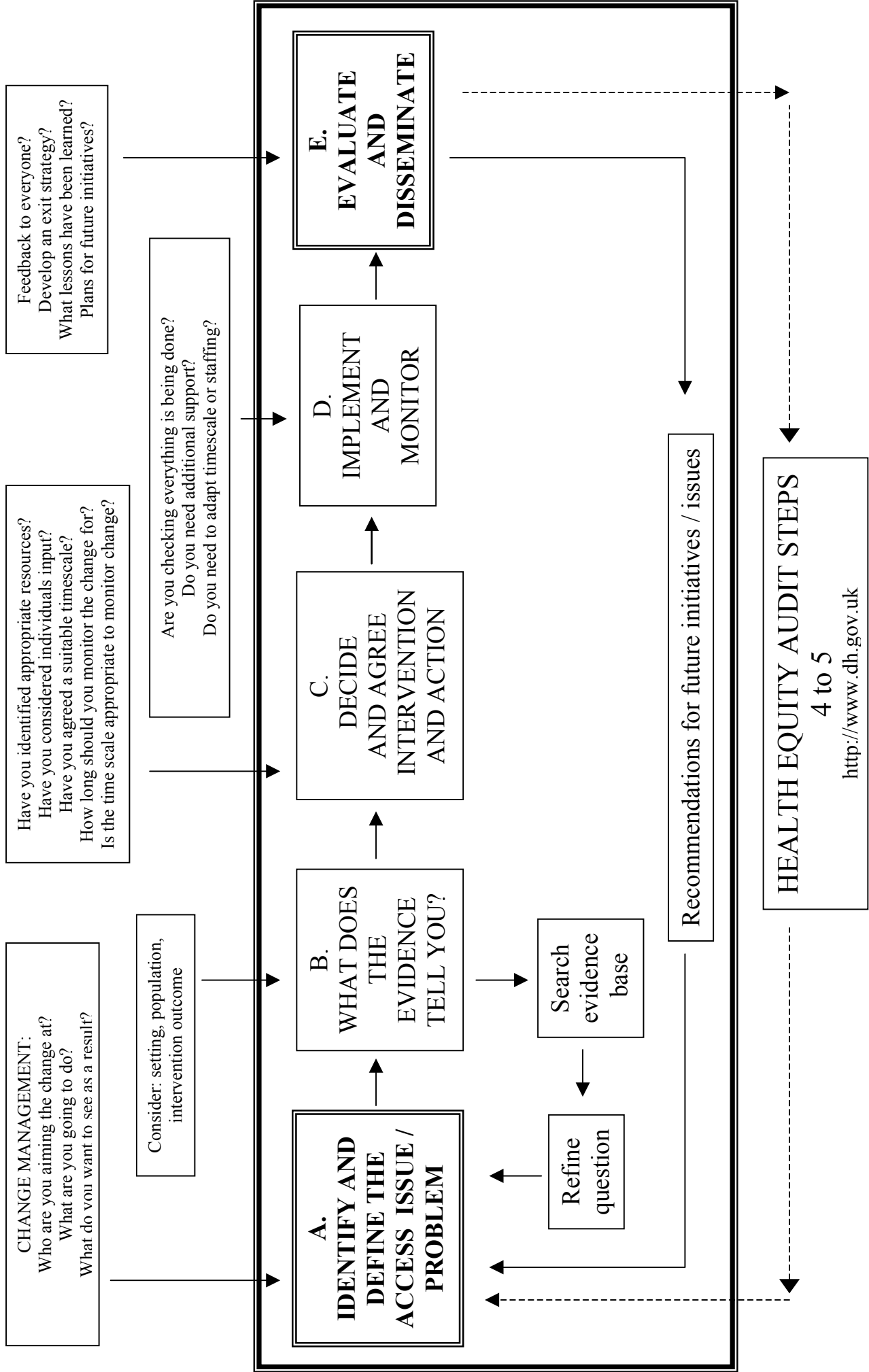
You are responsible for the delivery of health services and have concerns about inequalities in access, for whatever reason, for some of your client groups. Whether you are providing the service yourself, managing others who provide the service or responsible for commissioning health services, this toolkit can help you to address inequalities in access to health services.

### **This TOOLKIT PROVIDES**

- a step by step approach that should help to clarify your thinking, guide your actions, and provide other supporting materials, to enable you to find some evidence on which to base some decisions and actions to address your 'inequalities in access' problem.
- a structured method to bring about a change programme (see <http://www.sdo.lshtm.ac.uk/publications.htm> for published resources to support change management in the NHS.)
- information to help you respond to the modernisation agenda (see <http://www.modern.nhs.uk> for information on support available to all sectors of the health service).
- a potential next step after a local health impact or health needs assessment.

It DOES NOT give definitive answers, as each problem will be different and require different solutions.

# Toolkit to address inequalities in access to care



## **INSTRUCTIONS FOR USE**

### **A. HAVE YOU DEFINED THE ACCESS ISSUE / PROBLEM?**

In order to look at your access issue/ problem in a structured manner, you need to think about what you want to achieve and what needs to change in order to achieve it. You can consider the problem in terms of:

**P** - The population. Who are you aiming the change at? What is the local setting / situation?

**C** - Comparison. Is it possible to have a second group against which you can measure the effect of the change?

**O** - Outcome. What do you want to see as a result of the change you have made. What can you measure?

Considering these factors should allow you to develop a well defined research question.

**What is your research question?**

**P**

**C**

**O**



## 2. Where to look

### Data-bases of published literature:

Much of the evidence is available only in the grey literature and via internet resources although publication databases may also be of use.

- Ovid online <http://www.ovid.com/site/index.jsp> – this is only available at registered institutions and requires a user name and password.

Databases include:

- Medline (medical and nursing literature)
- CINAHL – Cumulative Index to Nursing and Allied Health Literature (nursing)
- AMED – Allied and Complementary Medicine
- Cochrane databases – Clinical trials, systematic reviews etc (also available at <http://www.nelh.nhs.uk/guidelinesfinder/>)
- PubMed (contains Medline and additional medical journals) – this web resource is available to everyone, simply type your search term into the white box and press go!  
<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>
- Psych Info- Psychological literature, (abstracts only) – again you will need to register to use this service.  
<http://www.apa.org/psycinfo/> (behavioural literature)

### Procedure:

On opening up a web page, e.g. PubMed, there is a place for you to type in one or more search terms – see Appendix 1 for a copy of the opening web page for PubMed. If you need help in the structuring of your search, click on the heading ‘Preview/Index’ and read the suggestions listed there. These same principles apply for searching other internet sources and databases. If you need support contact your local Trust library or the SchARR library or the SchARR information resource web page (<http://www.sheffield.ac.uk/~scharr>).

**Which databases will you search?**

## **Internet sources:**

### **General medical and disease specific guidelines and digests:**

- National Guidelines Clearinghouse: <http://www.ngc.gov/>
- National Electronic Library for Health: <http://www.nelh.nhs.uk/guidelinesfinder/>
- Scottish Intercollegiate Guidelines Network: <http://www.sign.ac.uk/>
- eGuidelines: <http://www.eguidelines.co.uk/>
- Department of Health: <http://www.doh.gov.uk/>
- NHS Centre for Review and Dissemination: <http://www.york.ac.uk/inst/crd/> or: <http://www.agtha.york.ac.uk/welcome.htm>
- Agency for Health Research and Quality: <http://www.ahrq.gov/>
- NHS Service Delivery and Organisation (SDO) National R & D Programme. <http://www.sdo.lshtm.ac.uk/publications.htm>
- Evidence Based Medicine <http://www.evidence-basedmedicine.com>
- Evidence Based Mental Health <http://ebmh.bmjournals.com>
- Evidence based Nursing <http://www.evidencebasednursing.com>
- Bandolier <http://www.jr2.ox.ac.uk:80/Bandolier>
- ACP Journal Club <http://www.acpjic.org>
- Clinical Evidence <http://www.clinicalevidence.com>
- Effective Health Care Bulletins <http://www.york.ac.uk/inst/crd/ehcb.htm>
- Effectiveness Matters <http://www.york.ac.uk/inst/crd/em.htm>
- ARIF <http://www.bham.ac.uk/arif>
- BestBets, covers psychiatry, paediatrics, medical, surgical, trauma, obstetrics and gynaecology, analgesia/anaesthesia, ophthalmology, miscellaneous <http://www.bestbets.org>
- Netting the Evidence, a gateway of evidence-based resources <http://www.nettingtheevidence.org.uk>
- Asthma Management National Research and Development Programme:
- <http://www.asthmar-d.org.uk/>

### **Community based interventions:**

- Health Development Agency: <http://www.hda-online.org.uk/>
- Health Action Zones: <http://www.haznet.org.uk/>
- Renewal Net: [www.renewal.net/](http://www.renewal.net/)

### **Ongoing research:**

- National Research Register: <http://www.update-software.com/National/>
- National Co-ordinating Centre for Health Technology Assessment: <http://www.ncchta.org/>

### **Search engines:**

- OMNI (Internet resources in health and medicine): <http://www.omni.ac.uk/>
- Google (or other major search engines): <http://www.google.co.uk>

**Which resources will you access?**

**3. Refining the search:**

a. Limiting your search

If your search returns too many results to manage, consider imposing some inclusion and exclusion criteria such as:

- Research conducted within specific dates (so as to remain relevant)
- Location – primary care, hospital, country
- Population - age groups, ethnicity
- Publication language of reported evidence

b. Expanding your search

If your search returns limited results or no results at all you may wish to consider expanding your search criteria. It is important not to do this at the expense of relevance as it may be that your ideas are novel and that no similar interventions have been documented in the literature. You may consider searching for similar interventions in:

- Different settings
- Different populations

You may also wish to seek advice from a local University or Public Health Department to get help with refining your search. There are also a number of online resources available to help with literature searching; see section F: Sources of Support for some suggestions.

**What limits or expansions will you impose?**



#### 4. What to do with the material found

- Identify all the evidence that appears to address a problem similar to yours successfully.
- Consider the quality of each piece of evidence. To help you to critically appraise the quality of the evidence you have found there are a number of web-based support materials. See:
  - Turning Research into Evidence TRIP, <http://www.tripdatabase.com>
  - TRIAGE critical appraisal <http://www.shef.ac.uk/~scharr/triage/index/critic.htm>
  - Critical appraisal and using the literature <http://www.shef.ac.uk/~scharr/ir/units/critapp/index.htm>
  - CASP, <http://www.phru.org.uk/~casp/>
- The standard grading system ranks a systematic review as the highest quality (see Appendix 2). However the only relevant evidence available may not be very robust. You will need to weigh up the quality of the study against its relevance to your work; a poor quality study, although it may be highly relevant is not good evidence of what works.
- Present the options available to the stakeholders for discussion.

### **C. MAKING THE CASE – AGREEING THE INTERVENTION AND ACTION:**

For any action to address inequalities to be a success, everyone involved must be committed and agree what must be achieved, who will lead and be responsible for any changes proposed, and how it will be funded.

In primary care this would include for example: GPs, nurse, receptionist, practice manager

In a hospital setting this would include for example: doctors, nurses, other care staff, management, trust board.

You will need a clear idea of what you want to do and who you will need to involve. You will also need agreement from all those involved in terms of the time and financial commitment they will make. You may need to contact the hospital manager or GPs for approval as appropriate.

Have you involved the patient or considered their perspective?

Have you discussed the possible evidence based options for change with your stake holders?

Has a preferred intervention been identified?

Is everyone involved signed up to a pilot of the proposed intervention?

**Who have you involved in selecting the intervention?**

In order for the project to be successful it is vital that everyone knows and agrees the time and resources they will be providing before the project commences. The time scale of the intervention should be appropriate (and generous), include defined start and end dates and allow space for unforeseen issues. It is also essential to have a contingency plan to allow for changes in time or staffing to be managed effectively.

Things to consider:

Have you identified appropriate resources to cover extra costs?

Have you considered individuals' inputs in terms of time and money?

Have you agreed a suitable time scale – consider how much time the change will take to implement and how long is needed to see an effect?

For how long should you monitor the change in order to allow the impact to be fully evaluated?

It is important that you consider what data you will need in order to measure the change you want to implement: whether the data is available routinely through internal audit or whether any new data will need to be collected.

You should think about how far back you need to audit and ensure you allow for seasonal variation.

**What data will you collect?**

#### **D. IMPLEMENTATION AND MONITORING (AUDIT)**

In order to maximise the evaluation potential of the access change all relevant data must be collected and the intervention must be monitored throughout.

Consider:

how often are you checking everything is being done?

This is necessary to ensure that everything is keeping to time and any problems can be sorted out before they escalate.

Be aware of potential problems including: people moving jobs, dropping out, other unforeseen problems

Keep everyone informed of progress – especially if everything is going well.

Is it working?

Things to consider:

Do you need to use your contingency plan or call on additional support?

Do you need to make modifications to the time-scale or staffing?

Check the required data is being collected.

Collect people's views of the change (both patients and staff).

Consider including both structured and informal feedback.

## **E. EVALUATION AND DISSEMINATION:**

At the end of the implementation phase it is essential that the lessons learned are documented and that you get as much as possible from the data you have collected.

You need to audit and assess the impact of the change in relation to the:

- Intervention (structure)
- Process
- Outcomes

It is important to feedback to those involved and all stakeholders and to allow discussion about the outcomes if possible

You should share your experience with your local Public Health Observatory and other relevant agencies.

There must be a clear exit strategy – this should include a commitment to continue or roll out if successful.

If unsuccessful consider what lessons have been learned.

Disseminate to inform others (whether successful or not).

At this point it may be useful to make recommendations for future initiatives.

Have you shared your experience

1. with other stakeholders?
2. with others working in the same health care field?
3. with others working to address health care access inequalities?

## **F. Sources of support:**

Sources of support throughout the research process will include:

- The local Public Health Observatory <http://www.pho.org>
- Departments of Public Health in Universities
- Directors of Public Health in Primary Care Trusts, Strategic Health Authorities, Government regions

Support is also available online:

- Netting the evidence: a gateway of evidence based resources. [www.nettingtheevidence.org.uk](http://www.nettingtheevidence.org.uk)
- Turning research into practice: tutorials on the health issues that affect evidence based health care. [www.tripdatabase.com](http://www.tripdatabase.com)
- TRIAGE – Critical appraisal: [www.shef.ac.uk/~scharr/triage/index/critic.htm](http://www.shef.ac.uk/~scharr/triage/index/critic.htm)
- Critical appraisal and using the literature: [www.shef.ac.uk/~scharr/ir/units/critapp/index.htm](http://www.shef.ac.uk/~scharr/ir/units/critapp/index.htm)
- The Trent Focus Guide to Literature Searching using the Web: [www.shef.ac.uk/uni/projects/wrp/weblitsg.doc](http://www.shef.ac.uk/uni/projects/wrp/weblitsg.doc)

## Case study examples:

### A. IDENTIFY AND DEFINE ACCESS / ISSUE PROBLEM

**Sexual health – Bradford**  
CHI review had highlighted that there were problems with the termination services provided to women in the area. Closer investigation revealed that the major problem was down to the referral routes and so this was chosen as the key issue for the project to improve inequalities.

**Cardiology appointments – Bradford**  
Two aims had previously been identified: decreasing Did Not Attend (DNA) rates and improving booking through the partial booking system. The project set out to look at the DNA rates in Asian communities and to go door knocking to conduct interviews.

**Local champions**  
All projects were approached for a feed back interview at the end of the action research process. In all the projects interviewed, there was a local champion and they felt that they were the driving force behind the project. The two projects which were not available for interview were less successful and this may be due in part to the lack of a local champion and a lack of support for the project by other staff. This support is vital throughout the whole process.

### C. DECIDE AND AGREE INTERVENTION AND ACTION

**Building on existing interest**  
The most effective projects were the ones where literature searches came up with ideas similar to those discussed previously which were therefore acceptable to the projects.

**Macmillan - Scarborough**  
They felt that the literature searching produced some very interesting literature. It identified that the GPs needed to be on board and pushing the drop in clinic, as well as the local newspaper to improve publicity.

**Asthma - Wakefield**  
They felt that SCHARR helped to clarify the question. The literature gave examples of where telephone contact was useful. It gave them pragmatic reasons – NHS attempts to increase their referrals to contact patients due for asthma review. The process helped them to clarify things and brought it down to earth (more do-able). They had capacity in terms of the manpower to manage/co-ordinate it. NHS Direct also had manpower as an add on.

**COPD - Wakefield:**  
The following timetable was agreed:  
October 03: Identify practices who will work with the project, identify specialist support.  
November 03: Identify who is responsible for the current COPD register, set criteria for identification.  
November 03: Identify patients and add them to a temporary register – looked at those already on asthma register, over 35 and smokers.  
January 04: Call patients in to perform spirometry  
End Jan 04: Evaluate

**Sexual health- Bradford:**  
The following timetable was agreed:  
October 03: Obtain a consensus form the PCT and GPs to permit referrals directly from family planning to termination services.  
November 03: Present paper to PCT board to obtain letters of support for family planning referral.  
December 03: Protocols put in place and practice agreed  
December 03: Family planning workshop – training for referral process  
January 04: Introduce family planning referrals for termination of pregnancy.

### D. IMPLEMENT AND MONITOR

**Sexual Health - Bradford**  
Bradford Hospitals Trust produced a business case for change in actual service. They are hoping to set up a virtual/e-booking system which is being implemented nationally in January 2005. The Family Planning Clinics are now on board – they can now refer patients directly rather than having to go through the GP.

**Cardiology appointments – Bradford**  
Due to the time scales the project was altered and telephone interviews rather than door to door visits were used to find out why people were not attending cardiology appointments.  
The project was able to undertake telephoning patients as they had good support from clerical staff.

**Practice nurse led clinic - Ampleforth**  
Patients were offered Saturday morning's when they rang to make an appointment. Posters were put up and a notice placed in prescriptions.

**Asthma management in primary care - Wakefield**  
The initial phases of the project (patient contact) was implemented through NHS Direct calling patients on the GP register who needed an asthma review.

### E. EVALUATE AND DISSEMINATE

**Macmillan - Scarborough**  
The drop in centre saw new people in each session. The heightened awareness of the drop in centre resulted in a surge of interest from other health professionals. Two other drop in services under the same name and ethos are now being developed. The increase in numbers using the clinic is insignificant but the client base is widening and the service is reaching cancer sufferers who would not previously have received any support.  
This project collected the names, diagnosis, and problems of those attending the clinic.

**Asthma - Wakefield:**  
In one practice 61 patients needed an asthma review but hadn't responded to letters. Extra contact resulted in 52 symptomatic patients being booked for a review. On assessment they found that only 4 were well controlled. This has resulted in many more patients accessing appropriate, well monitored treatment.  
The GP practice collected information on all patients over using inhalers who hadn't responded to annual review letter. NHS Direct are also monitoring numbers.

## Case study contact details:

Pilot	Location	Research Question	Contact Details
Sexual Health Services – Asylum Seekers	Leeds	Population: Asylum seekers and other newly arrived who would benefit from service. Intervention: to increase access to sexual health services. Outcome: Increased relevant uptake and use of services	Tammy Macey Email: tammy.macey@eastleeds-pct.nhs.uk
Sexual Health Services – Termination Of Pregnancy	Bradford	Population: Any pregnant female. Intervention: To speed up referral pathway. Outcome: Reduced time to referral	Christine Riddiough, Assistant Director for HIV and Sexual Health, North Bradford Primary Care Trust Tel: 01274 366107 Email: christine.riddiough@bradford.nhs.uk
Services for Looked After Children	North East Lincolnshire	Population: Children in care with drugs problem. Intervention: To create access pathways. Outcome: appropriate referrals/treatment	Pam Taylor, Northern Lincs and Goole Hospitals NHS Trust Tel: 01472 875215 Email: pam.taylor@nlg.nhs.uk
Cardiology Appointment System	Bradford	Population: Patients referred to Trust. Intervention: Ways to contact patients that embrace issues around patient non-understanding of direct booking and no-shows. Outcome: reduced returns back to GP and reduction in losses to system	Chris Durkin, Assistant Director of Hospital Services, Bradford Teaching Hospitals NHS Trust Tel: 01274 382093 Email: chris.durkin@bradfordhospitals.nhs.uk Nancy O'Neil, Tel: 01274 322976, Email: nancy.o'neil@bradford.nhs.uk
Practice Nurse-led Clinic	Scarborough, Whitby, Ryedale	Population: people with chronic disease who work. Intervention: Alternative options for monitoring condition. Outcome: Reduction in rate of deterioration	Alison Redhead, Ampleforth Surgery, Ampleforth Tel: 01439 788215 or 01439 788840
Macmillan Drop-in Clinic	Scarborough, Whitby, Ryedale	Population: Patients with cancer and carers in rural area around Pickering. Intervention: To raise awareness and increase use of a cancer support service. Outcome: More use of service	Kath Sartin, Macmillan Nurse, St Catherine's Hospice, Scarborough Tel: 01723 351421
Asthma Management in Primary Care	Wakefield	Population: Patients with asthma in primary care. Intervention: Better management systems. Outcome: To reduce asthma emergency admissions through better patient management	Andrew Furber, Eastern Wakefield NHS Primary Care Trust Tel: 0114 2220812 Email: a.furber@sheffield.ac.uk Tel: 01977 665709, Email: andrew.furber@ewpct.nhs.uk,
COPD in Primary Care	Wakefield	Population: people with COPD. Intervention: Changes in service, location of services, health care professionals involved to meet patient requirements. Outcome: Diagnoses of COPD increased and better/increased access to services	Julia Weldon, Head of Public Health Nursing and Health Improvement, Eastern Wakefield NHS Primary Care Trust Tel: 01977 665767 Email: julia.weldon@ewpct.nhs.uk Jacqui Pollington, Tel: 01977 606635



## Appendix 1:

Type search terms here (P,C,O) then click on 'go'

For further guidance click here

Entrez PubMed Nucleotide Protein Genome Structure OMM PMC Journals Books

Search PubMed for Limits Preview/Index History Clipboard Details

National Library of Medicine NLM

NCBI

Entrez PubMed

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New/Noteworthy

E-Utilities

PubMed Services

Journals Database

MeSH Database

Single Citation

Matcher

Batch Citation Matcher

Clinical Queries

LinkOut

Cubby

Related Resources

Order Documents

NLM Gateway

TOXNET

Consumer Health

Clinical Alerts

**Bookshelf Additions**

*Cancer Medicine, 6th ed.* is now available for interactive searching on the [Bookshelf](#).

**New Clinical Alert**

On March 2, 2004 the National Heart Lung and Blood Institute (NHLBI) has issued a new [clinical alert](#): NIH Asks Participants in Women's Health Initiative Estrogen-Alone Study to Stop Study Pills, Begin Follow-up Phase.

Pubmed, a service of the National Library of Medicine, includes over 14 million citations for biomedical articles back to the 1950's. These citations are from MEDLINE and additional life science journals. PubMed includes links to many sites providing full text articles and other related resources.

• Enter one or more search terms, or click [Preview/Index](#) for advanced searching.

• Enter [author names](#) as [smith jc](#). Initials are optional.

• Enter [journal titles](#) in full or as MEDLINE abbreviations. Use the [Journals Database](#) to find journal titles.

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## Appendix 2:

**Table 1: Grades of Recommendations for a Specified Level of Baseline Risk**

A1	RCTs, no heterogeneity, CIs all on one side of threshold NNT
A2	RCTs, no heterogeneity, CIs overlap threshold NNT
B1	RCTs, heterogeneity, CIs all on one side of threshold NNT
B2	RCTs, heterogeneity, CIs overlap threshold NNT
C1	Observational studies, CIs all on one side of threshold NNT
C2	Observational studies, CIs overlap threshold NNT

Source: <http://www.cche.net/usersguides/recommend.asp#Final>