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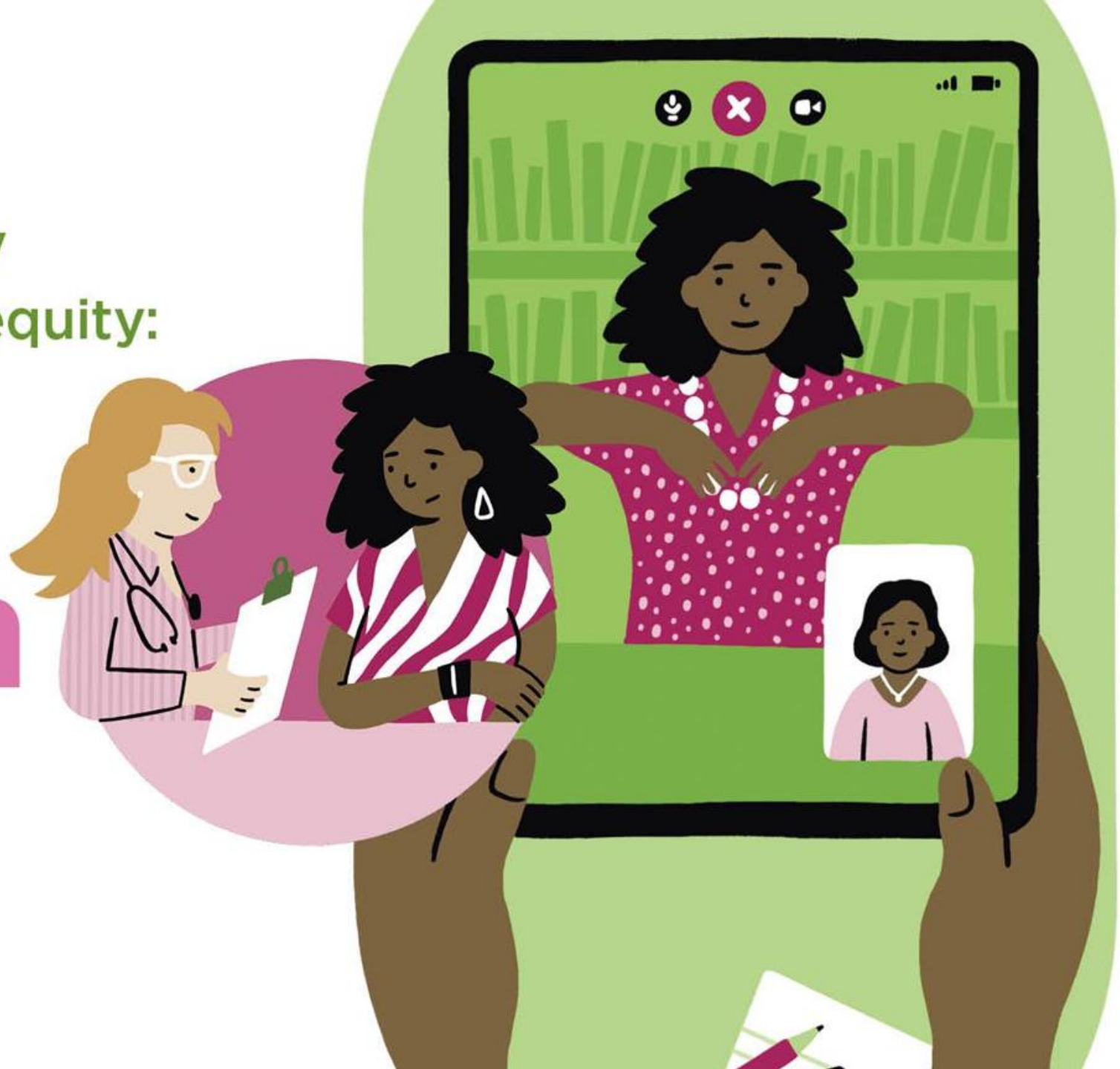
Rehabilitation, recovery and reducing health inequity:

Easing the pain



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The Chartered Society of Physiotherapy

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What is health inequity?

Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies.

World Health Organization, 2018

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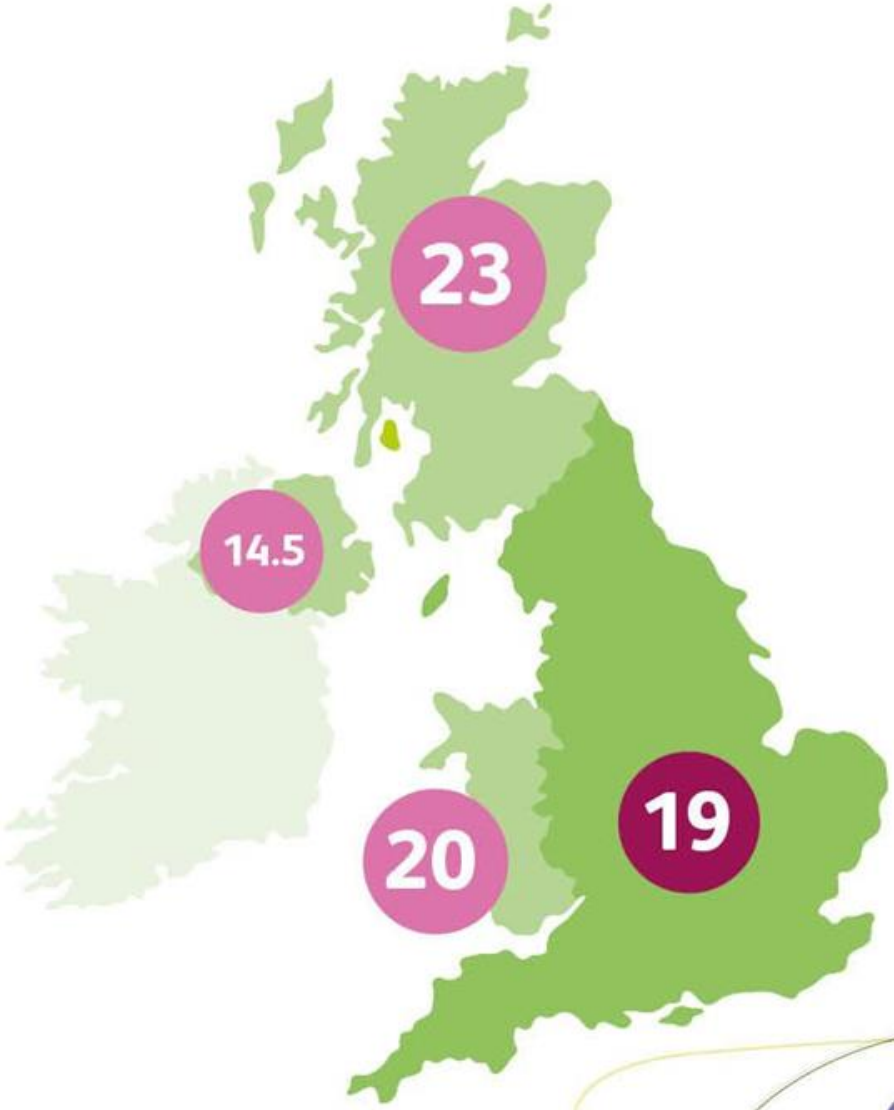
The health inequity gap

- In addition to the gap in life expectancy, there is an even greater gap with healthy and disability-free life expectancy
- Across the UK the gap between the most deprived and least deprived communities in healthy life expectancy ranges from a **14.5** to **23** year gap:

  Northern Ireland – 14.5 year gap
  England – 19 year gap
  Wales – 20 year gap
  Scotland – 23 year gap



i) Public Health England. Health Profile for England 2021 ii) Information Analysis Directorate. Life Expectancy in Northern Ireland 2017-19. 2021 iii) Office for National Statistics. Health state life expectancies by national deprivation deciles, England: 2018 to 2020 iv) Office for National Statistics. Life expectancy at birth (Wales). Health state life expectancies by national deprivation quintiles, Wales: 2018 to 2020 v) National Records of Scotland. Healthy Life Expectancy decreases. 2021.

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Long term conditions

- People in the bottom fifth of deprivation levels are nearly **twice as likely** to have musculoskeletal and/or respiratory conditions and four times as likely to have mental health issues than those in the top fifth.
- Increasingly people have multiple LTCs
- People with osteoarthritis have a **24% higher risk** of cardiovascular disease and for people with rheumatoid arthritis this risk is **50-70% greater** than for the general population

i) NHS Digital. Health Survey for England 2018. Leeds: NHS Digital; 2018 National Institute for Health and Care Research. Multiple long-term conditions (multimorbidity): making sense of the evidence. National Institute for Health and Care Research; 2021 ii) Richmond Group of Charities. You only had to ask: what people with multiple conditions say about health equity – a report from the Taskforce on Multiple Conditions. London: Richmond Group of Charities; 2021 iii) King's Fund. What are health inequalities? London: King's Fund; 2020 iv) Sarkar M, Bhardwaj R, Madabhavi I, et al. Osteoporosis in chronic obstructive pulmonary disease. Clinical medicine insights Circulatory, respiratory and pulmonary medicine. 2015;9:5-21 33 v) Arthritis Foundation. Arthritis and heart disease. Atlanta, GA: Arthritis Foundation; 2022.

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Life chances and prosperity

- People in the most deprived fifth of the population develop multiple LTCs **10 years earlier** than those in the least deprived fifth.
- In areas of high deprivation people are having strokes **7 years younger** on average than the rest of England. It's a similar picture for heart and circulatory disease
- People in the UK of South Asian origin are more likely to have heart disease at a younger age than the population as a whole
- People with LTCs unable to access rehabilitation services are less **likely to remain in or return to work**.

i) NHS Digital. Health Survey for England 2018. ii) NICE. Nice Impact Stroke. 2019 iii) Chaturvedi N. Ethnic differences in cardiovascular disease. Heart. 2003, 89(6)681-86

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Millions missing out on rehabilitation

Yet rehabilitation services are **inconsistently provided** – often too late or not at all.

For example, rehabilitation is routinely missed for people with:

- Neurological conditions
- Chronic Obstructive Pulmonary Disease
- Cardiovascular disease
- After a stroke
- This situation is even worse if you are in a marginalised group or on a low income.

i)Taskforce for Lung Health. Taskforce Pulmonary Rehabilitation Working Group: position paper on the future of pulmonary rehabilitation.2021. ii) Royal College of Physicians. Rising to the challenge: the fourth SSNAP annual report. 2018. Iii) Cavander-Attwood F, Grant R. Too much to lose: the importance of improving access to community rehabilitation for people with MS. London: MS Society; 2020. Iv) Neurological Alliance. Together for the 1 in 6: findings from My Neuro Survey. London: Neurological Alliance; 2022. vi) NICOR. National heart failure audit: 2019 summary report

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Barriers to access

discrimination

- is bad for our health
- conscious or unconscious bias
- fear of discrimination

communication

- language, accessibility of materials

systems

- siloed, fragmented pathways, by diagnosis not need
- inconsistent rehab provision and standards
- lack of data

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Barriers to access

cultural competence

- involvement of family
- single sex
- attitudes to health
- diversity of staff group

when/ where / how services are provided

- timing
- location – travel, familiarity
- hybrid options

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Barriers to access

physical health and impairment

- inclusion and exclusion criteria
- reasonable adjustments
- timeliness

mental health

- psychological support
- links with mental health services

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Modernised, inclusive rehabilitation services

- Preventative
- Personalised
- Empowers self-management
- Works in partnership with patients and carers
- Based on need not diagnosis – developing a simpler, core rehabilitation offer
- Incorporates psychological support
- More provision outside hospitals and in communities.

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Actions for England

Integrated Care Boards

- Commit to reducing the gap in healthy life expectancy by 2030 by developing their community rehabilitation offer
- Ensure rehabilitation is part of data improvement plans
- Strengthen leadership and accountability for rehabilitation and health inequity.

Place Boards

- Adopt outcome measures for access to community rehabilitation to reduce the gap in healthy life expectancy by 2030
- Support local partnerships to improve community rehabilitation between the local NHS providers, local authorities and fitness industry.

Rehabilitation/AHP leads

- Use Community Rehabilitation Best Practice Standards and audit tools
- Work with service leads to identify priorities for redesigning to improve access to under-served groups
- Work with Place Boards and Primary Care Networks to integrate provision at neighbourhood level.

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The difference rehabilitation makes

www.csp.org.uk/easingthepain

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