Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire

Waiting list inequalities analysis

Nov-22

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Notes

BNSSG ICB continues to develop our approach towards Health Inequalities, including work to improve the quality of the data and the way in which the data is presented.

The data required to analyse the waiting list by demographic characteristics is sourced from the Waiting List Minimum Dataset (WLMDS) which is a relatively new dataset and therefore subject to some of the common challenges surrounding data quality and completeness. The findings from the following slides should therefore be interpreted with caution and used to identify potential areas for further investigation, rather than to draw concrete conclusions.

Some examples of the ongoing work include:

- Project to increase the completeness of ethnicity and language data across system datasets
- Development of more robust routine and self-service inequalities reporting
- Projects looking to address difference in outpatient DNA rates
- Working collaboratively with existing organisations that address health inequalities

Data notes

Activity trends

Data source: SUS

Date range: April-19 -> September-22

Scope: All UHBW & NBT activity

Standardisation: Standardised rates per 100k population, no standardisation for age, long term conditions etc.

Waiting list

Data source: Waiting List Minimum Data Set (WLMDS)

Date range: July-21 -> July-22 (DQ issues exist post July-22, and the dataset was not available prior to July-21. This dataset is required to be able to perform inequalities analysis as the validated monthly RTT returns do not include the necessary data)

Scope: NBT and UHBW are total trust positions, BNSSG is BNSSG patients only regardless of provider. DQ issues prevent the analysis of high priority (P2) patients only, work in progress.

(1) Standardised activity rates

Elective admission rates for BNSSG patients by IMD Quintile (1 = most deprived)

Rates per 100,000 population, UHBW + NBT, April-19 to September-22

Source: SUS

Comparison of standardised activity rates for Day Cases and Elective inpatient admissions by IMD Quintile.

These visualisations are intended to identify:

(1) Pre-covid differences in admission rates

(2) The change over time, i.e. are differences increasing/decreases

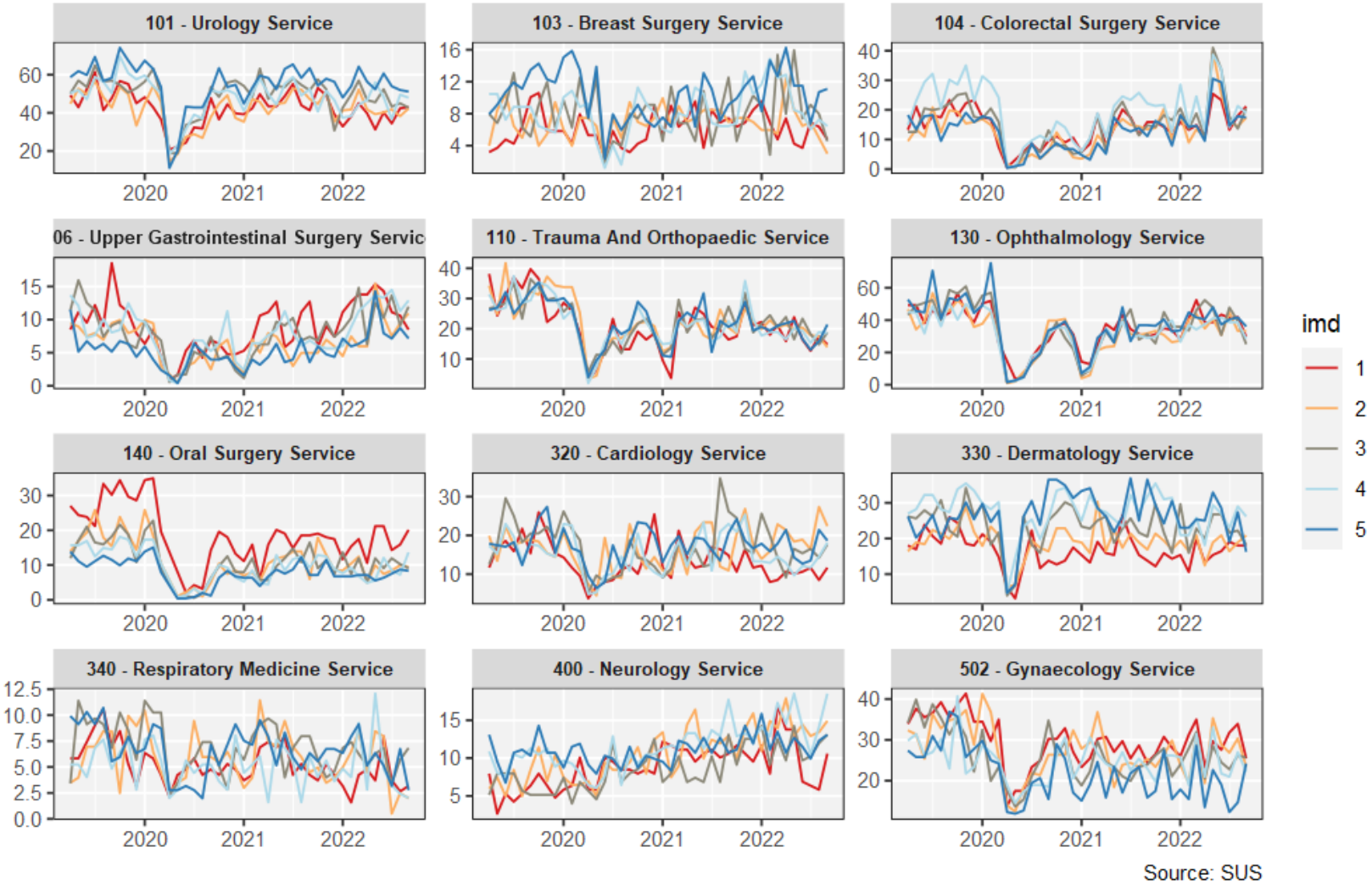
(3) The latest differences in admission rates

It is observed that **the most deprived quintile have the lowest Day Case activity rates** both pre and during Covid, and that there may have been a slight worsening in rates post-Covid.

For **Elective Inpatients**, there **does not appear to be any clear differences** between activity rates.

Daycase admission rates for BNSSG patients by IMD Quintile (1 = most deprived)

Rates per 100,000 population, UHBW + NBT, April-19 to September-22

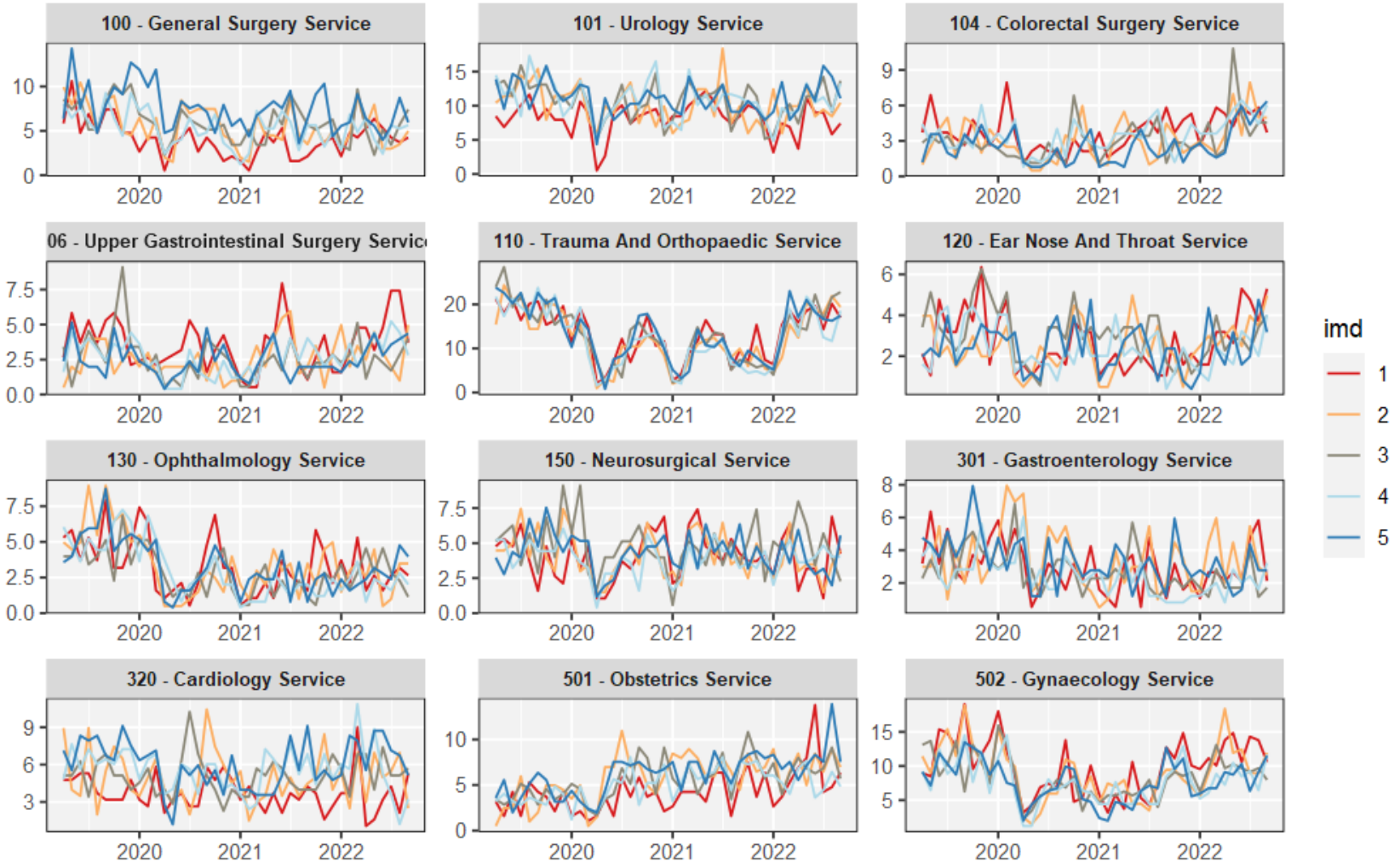


Source: SUS

There is significant variance across the specialities, with some specialities, e.g. Oral Surgery showing the highest Day Case admission rates for the most deprived quintile, whereas other specialties like T&O appearing to show no difference by quintile.

Elective Inpatient admission rates for BNSSG patients by IMD Quintile (1 = most deprived)

Rates per 100,000 population, UHBW + NBT, April-19 to September-22



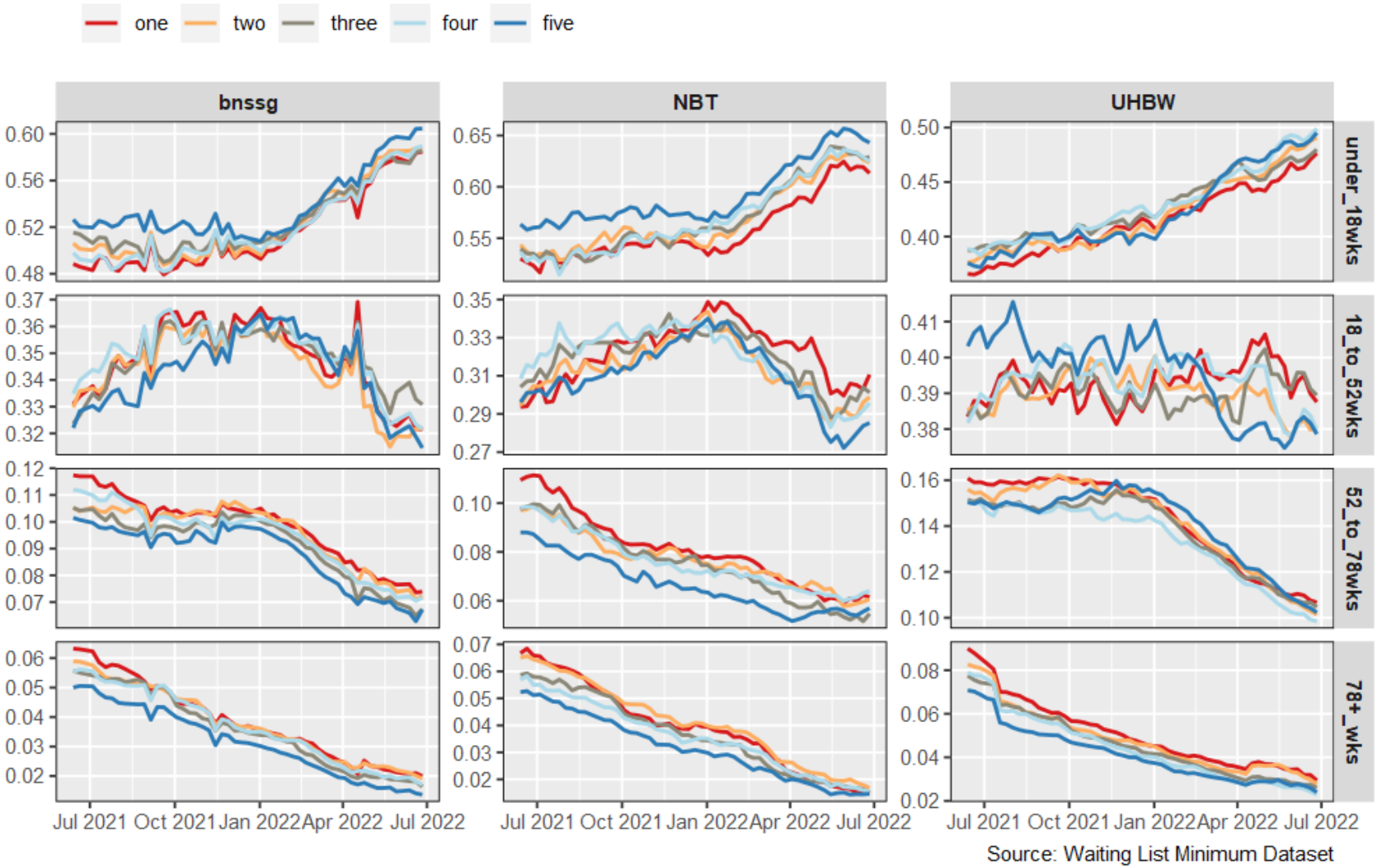
Source: SUS

As is the case for Day Cases, there is significant variance by specialty.

(2) Waiting list

Total Waiting List - How do waiting times compare by IMD Quintile? (1 = most deprived)

Percentage of total waiting list for each waiting band



Comparison of the proportion of patients within each waiting time band by IMD quintile. For example, the top left chart shows that just over 52% of BNSSG patients in IMD quintile 5 are waiting under 18 weeks for treatment.

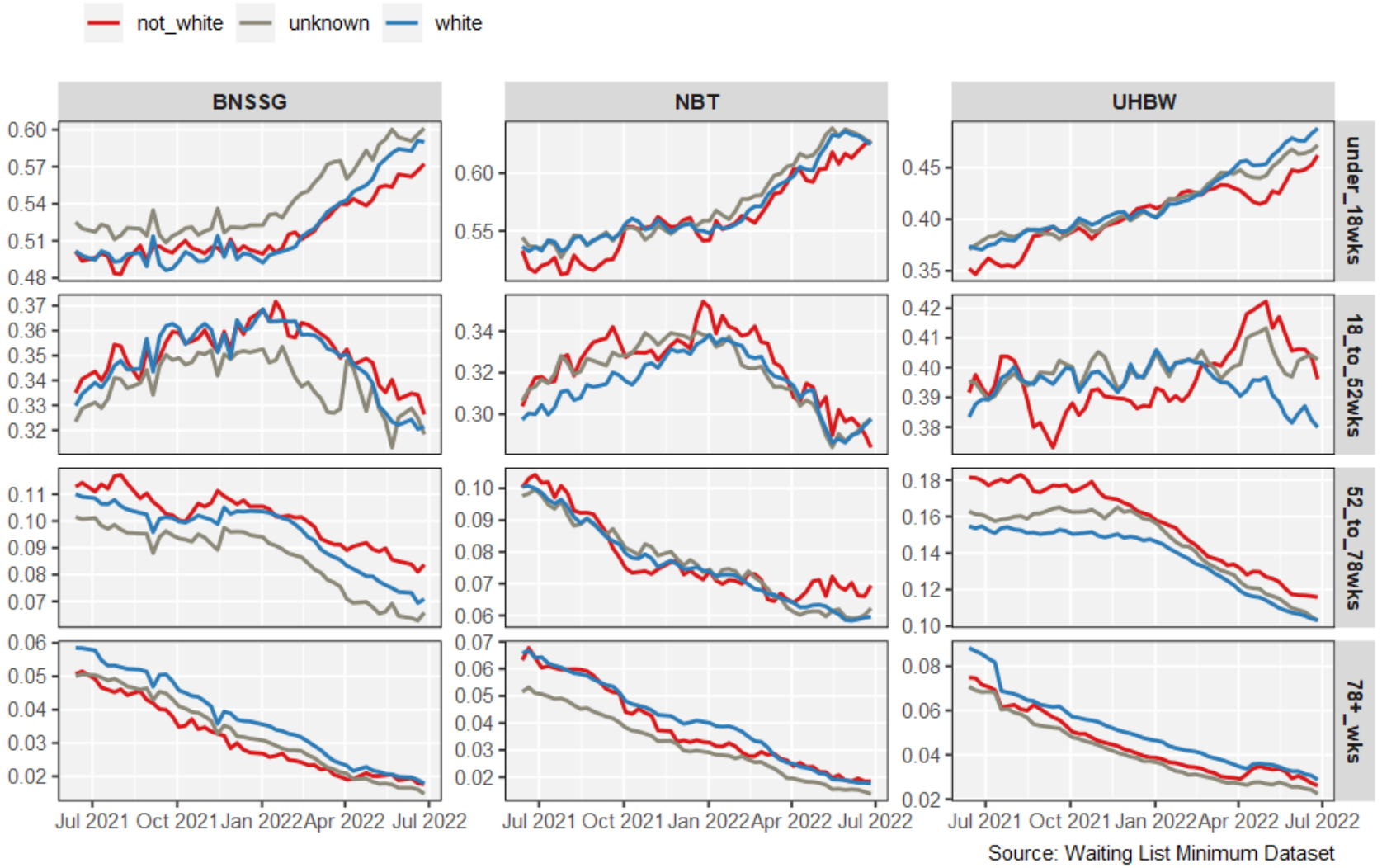
Potential inequalities may exist where it is observed that the certain IMD quintiles have a greater proportion of their population in the longer waiting bands. This can be observed in the NBT and UHBW 78+ week charts, where there appears to be a relationship between higher deprivation and more long waiting patients.

NB

- The y-axis uses relatively small increments
- Changes over time will primarily be driven by cohorts of patients shifting from one wait band group to another, e.g. as observed between NBT under 18 weeks and 18-52 weeks

Total Waiting List - How do waiting times compare by ethnicity?

Percentage of total waiting list for each waiting band



Comparison of the proportion of patients within each waiting time band by ethnicity.

NB

- The y-axis uses relatively small increments
- Changes over time will primarily be driven by cohorts of patients shifting from one wait band group to another, e.g. as observed between NBT under 18 weeks and 18-52 weeks

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