



BTS POSITION STATEMENT

HEALTH INEQUALITIES 2023

1. Context and background

- 1.1. The purpose of this position statement is to outline the Society's stance on how the impact of health inequalities can be assessed and reduced. This statement informs our strategic work to promote services that reduce the health and economic burden of lung disease.
 - 1.2. This statement is overseen by the BTS Board and draws on advice from BTS Council and the views of the main BTS Committees and Specialist Advisory Groups. The preparation of this document did not involve a specific review of evidence.
 - 1.3. The audience for this statement is all healthcare professionals working in, or interested in respiratory medicine, and those who are involved with planning and commissioning respiratory services.
 - 1.4. This statement is informed by the following:
 - Respiratory disease accounts for a significant portion of health inequalities in the UK. Respiratory health inequalities are linked to a number of key factors, including air pollution (ambient, indoor and occupational) and tobacco dependency, both of which are closely linked to social deprivation.
 - Inequalities in respiratory medicine not only relate to access to health care and health outcomes but also include protected characteristics, language, health literacy, deprivation, rurality, access to technology, cultural differences and medical research provision, amongst others.
 - Figures from the NHS England Long Term Plan indicate that taken together lung cancer, chronic lower respiratory diseases, influenza and pneumonia make up 13.7% of the life expectancy inequality gap between the most and least deprived deciles of males in England (1).
 - Data from the Respiratory Atlas of Variation (2019) highlighted premature mortality rate due to respiratory disease in those areas with higher deprivation scores is around 2-3 times higher than in those with the lowest deprivation score (2).
- We know that prevention, earlier diagnosis and ensuring respiratory patients are cared for by respiratory specialists when admitted to secondary care all improve outcomes for patients (3).
 - Reduction in health inequalities remains a national priority through work associated with the Long Term Plan and Core20PLUS5 in England (1,4). The disproportionate impact of health inequalities within respiratory medicine (both paediatric and adult) places this as a strand through all BTS work.
 - Asthma + Lung UK has reported that many areas where people experience high levels of lung disease are also areas where people experience high levels of deprivation (5).
 - Despite respiratory disease contributing to a significant burden of overall healthcare, respiratory research funding remains below that for other disease types.
 - The UK spends £47 million per year from public funds on respiratory research, which accounts for just 1.8% of the total £2.56 billion spent on health-related research (6). This translates to an inequality in access to research outcomes and trial enrolment for patients.
 - Inequalities remain within recruitment to (all aspects) of medical and allied health professional training and research posts. Addressing this will ensure that the future respiratory workforce better represents its patients.

2. Goals

- 2.1. The British Thoracic Society (BTS) is fully committed to engaging in activities and supporting initiatives aimed at reducing health inequalities.

2.2. The Society will inform, support and educate all members of the respiratory multi-professional team to seek to understand and challenge health inequalities. This will promote sustainable, inclusive healthcare that ensures equal health outcomes for all those with, and at risk from, respiratory disease.

2.3. BTS will continue to support the view that a wide-ranging approach is needed that looks more holistically at ill health, reflecting on the increasingly complex needs of communities. Chronic respiratory diseases, which are currently the third largest contributor to mortality in the UK, are in many cases linked to inequalities.

2.4. BTS believes that integrated respiratory care provides a valuable model for ensuring the right care is provided to the right patient, by the right healthcare professional at the right time, which in turn enables support to be targeted to hard-to-reach groups.

2.5. The Society aims to support access to health inequality metrics and tools to facilitate understanding of inequality within geographical location and sub-specialty groups. We also aspire to support ease of access to tools/national projects or case studies from across the four nations that have successfully impacted on health inequalities. [Respiratory Futures](#) will support this work.

2.6. BTS supports measures to drive down inequalities in access to preventative healthcare and imbalances in early diagnosis of respiratory disease as outlined in the NHS Long Term Plan in England (1).

2.7. BTS supports the use of quality improvement methodologies to ensure interventions to address health inequalities are well planned and data guided.

2.8. BTS will work with other stakeholder groups to support improvement and equality in research funding within respiratory medicine, primarily via the BTS Science and Research Committee, Winter

Meeting and membership of the Lung Research and Innovation Group.

3. Legislation, government policy and commissioning

3.1. England

Reduction in health inequality forms a central component of national policy within the Long Term Plan and Core20PLUS5 (1, 4).

This initiative targets the 20% of the population who are most deprived using the Index of Multiple Deprivation, and PLUS inclusion groups. There are five clinical areas of focus, with one being respiratory and a further measure addressing cancer:

- Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up the uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
- Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028.

In addition, the national rollout of Lung Health Checks alongside tobacco dependence programmes provides programmes to further support these aims (7).

Office for Health Improvement and Disparities (OHID)

OHID is a government department working across healthcare boundaries with the aim of reducing health inequalities through prevention and health improvement programmes. More information is available on the OHID website (8).

NHS RightCare

RightCare produces a range of resources in collaboration with clinicians and stakeholder organisations, and respiratory disease is one of the key areas where data is available. (9).

Other data systems are available such as the **Model Health System** (10, 11) and **ePACT2**. (12).

Learning disability and autism

In 2006, the Disability Rights Commission reported that people with a learning disability are four times more likely to die of something which could have been prevented than the general population (13). The NHS remains committed to improving the health outcomes for this population.

3.2. Devolved nations

The relative drivers behind inequalities (rurality, socioeconomic deprivation) might vary within the devolved nations, alongside differences in legislation and central strategy. The impact of inequality however is certainly no less significant. BTS aims to support resources and work to deliver reductions in inequalities across the four nations.

Wales

Data was published in December 2021 outlining the cost of health inequalities in Wales (14). This report is the first step in understanding the financial cost associated with inequities in hospital services in Wales, and data from primary and secondary care was analysed in terms of service category, age, sex and level of deprivation.

Scotland

Public Health Scotland has highlighted the social determinants of health that contribute to differences in health outcomes and a stall in life expectancy. The Respiratory Care Action Plan: 2021-2026 includes information about workforce and taking a holistic public health approach to improving access to diagnostic and treatment services (15), (16), (17).

Northern Ireland

A series of reports are published by the Northern Ireland Health & Social Care Inequalities Monitoring System (HSCIMS). The latest report in 2023 showed the largest gap was observed for admissions due to respiratory diseases, with the rate in the most deprived areas more than double that of the least deprived, both for all ages and for those aged under 75 years (18).

4. What we need to do - Understanding the challenge in respiratory medicine

4.1. Addressing access to healthcare and improving standards of care for respiratory patients:

Inequality permeates all respiratory care, and the intention of this statement is not to be prescriptive, nor seek to explain and appraise the available evidence.

Healthcare should be planned with the specific population in mind. Substantial health inequality data exists through a variety of resources, and BTS aims to provide direction to help colleagues find resources and data that are relevant to their localities. To this end a dedicated area will be maintained on Respiratory Futures. This will include links to relevant national resources and will share best practice across respiratory medicine. The information will be relevant to all members of the multi-professional team.

BTS aims to support the respiratory community with ease of access to these data and highlight where they can best be used in driving forward a reduction in inequalities.

Established examples are seen in tobacco dependency and lung health check work.

Respiratory Futures offers a wealth of information and tools that showcase recent developments and examples of best practice in addressing health inequalities (19). These include multi-lingual resources (20) and information to support tobacco dependency services (21).

4.2. Addressing inequity in training and levels of attainment for healthcare professionals

The respiratory workforce needs to represent the patient population it serves.

- BTS supports work to plan and deliver a respiratory multi-professional workforce that meets the needs of the patient population. The Society believes that when people feel included their diversity adds value, and that

everyone should experience the same training opportunities and career progression.

- BTS supports work by relevant organisations to collect workforce data to better understand the barriers experienced by healthcare professionals.
- BTS is working to ensure the Society is representative of its members and has published a policy on Inclusion, Diversity and Equality.
- BTS is working to develop a consistent approach to the incorporation of the patient and public voice into the activities of the Society.

5. Working in partnership

BTS was a founding member of the Inequalities in Health Alliance (IHA), a group of over 80 different organisations, convened by the Royal College of Physicians, united by a common will and commitment to eradicate health inequalities in the UK (22). The IHA is calling for support and action from government to:

- develop a cross-government strategy to reduce health inequalities
- commence the socio-economic duty, section 1 of the Equality Act 2010
- adopt a 'child health in all policies' approach.

These are activities which we, as part of the IHA, believe are crucial to kick-starting the process of ridding society of engrained inequalities.

BTS commits to working alongside other respiratory organisations (A+LUK, ARNS, PCRS, and RCP) and government agencies to support coherent messages on health inequalities.

6. Roles and responsibilities

6.1. Healthcare professionals

- All respiratory healthcare professionals should be aware of those groups who are most

vulnerable to poorer outcomes due to measures of health inequality and should consider whether this may be a factor for each of their patients. The Respiratory Futures website enables healthcare professionals to access resources and national datasets. The website will support healthcare professionals as they understand, identify and work to ameliorate health inequalities.

6.2. The Society's own activities

- BTS supports evidence-based solutions to address health inequalities in respiratory care where appropriate.
- BTS will maximise opportunities to share best practice in reducing inequalities in respiratory care using the BTS and Respiratory Futures websites.
- Through the Winter and Summer Meetings, short course programme and online tools (e.g. webinars) BTS commits to helping respiratory multi-disciplinary healthcare professional learning to deliver inequality reductions.
- BTS commits to considering how its Clinical Programmes workstreams contribute to supporting healthcare professionals to reduce health inequalities by highlighting and sharing evidence-based practice and appropriate standards of care.
- BTS will continue to voice the need for an adequate and balanced respiratory workforce that is accessible to all.
- BTS will work in partnership with other stakeholder organisations to support national initiatives to improve outcomes for patients and improve research funding.
- Our achievements and progress will be monitored by regular reporting to our Board and Council. Main Committees also have workplans against which progress is reviewed. The BTS annual report will provide an opportunity to update BTS members and the wider respiratory community.

POSITION STATEMENT HEALTH INEQUALITIES AND RESPIRATORY 2023



Related resources: Find more information on Health Inequalities on www.respiratoryfutures.org.uk

June 2023

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POSITION STATEMENT HEALTH INEQUALITIES AND RESPIRATORY 2023



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