

Health inequalities in Scotland

Issues for elected council members and
non-executive NHS board members



 AUDIT SCOTLAND

Prepared for the Auditor General for Scotland and the Accounts Commission
December 2012



Auditor General for Scotland

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- securing the external audit, including the audit of Best Value and Community Planning
- following up issues of concern identified through the audit, to ensure satisfactory resolutions
- carrying out national performance studies to improve economy, efficiency and effectiveness in local government
- issuing an annual direction to local authorities which sets out the range of performance information they are required to publish.

The Commission secures the audit of 32 councils and 45 joint boards and committees (including police and fire and rescue services).

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

Introduction

1. Audit Scotland published its national report, *Health Inequalities in Scotland*, on 13 December 2012. This paper accompanies that report and sets out some issues that elected council members and NHS board non-executive members may wish to consider in relation to how health inequalities are being addressed within their own council and NHS board areas. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local activities and progress.
2. Copies of the national report can be downloaded from our website www.audit-scotland.gov.uk

Page references to main report	Issue	Questions for elected council members and NHS board non-executive members to consider
Part 2: Spending		
Page 18	GPs make an important contribution to reducing health inequalities by providing advice and primary care services. It is important that the GP contract reflects this contribution and includes measurable outcomes to monitor progress towards reducing health inequalities.	<ul style="list-style-type: none"> Is the NHS board working with the Scottish Government to include measurable outcomes in the 2013/14 GP contract to monitor progress towards tackling health inequalities at a national and local level?
Page 16	<p>The Scottish Government's formulae for allocating money to NHS boards and councils take account of local needs but it is not clear whether the local distribution of resources is targeted on the areas of greatest need.</p> <p>NHS boards and councils report how much they spend on a range of services but there is no information about specific spending on addressing health inequalities.</p>	<ul style="list-style-type: none"> Are the NHS board and council working together to identify how much they collectively spend on reducing health inequalities? Are the NHS board and council working together to ensure that resources are targeted at those with the greatest need?
Part 3: Local health services		
Page 22	The distribution of GPs across Scotland does not fully reflect levels of deprivation, although access to other primary care services reflects	<ul style="list-style-type: none"> Is the NHS board working with the Scottish Government to review the distribution of primary care services to ensure that more deprived areas have sufficient resources to

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	higher levels of need in deprived areas.	provide appropriate access to services?
Pages 22-23	The NHS publishes information on the number of GPs (headcount) across the various levels of deprivation but the availability of GPs is more accurately measured by whole time equivalent (WTE) rather than headcount. Practice nurses provide an increasingly important role in primary care but information about the numbers of practice nurses across different areas of deprivation is not centrally available, so it is unclear whether their distribution matches levels of patient demand.	<ul style="list-style-type: none"> Is the NHS board working with the Scottish Government to regularly collect and publish information on the number of whole time equivalent GPs and practice nurses across the various levels of deprivation within the board area?
Page 22	Appropriate access to healthcare services can contribute to the prevention of poor health and better outcomes from treatment for disadvantaged groups. Primary care is the main focus of most NHS efforts to reduce health inequalities and, for most people, GPs are the initial point of contact with healthcare services.	<ul style="list-style-type: none"> Is the NHS board monitoring the use of primary care, preventative and early detection services by different groups, particularly those from more deprived areas? For example, are people from more deprived areas less likely to access cancer screening services or free eye tests? If the board identifies specific groups which are not accessing services, is it taking a targeted approach to improve uptake?
Pages 24-25	Better access to hospital services may help to improve outcomes for disadvantaged groups.	<ul style="list-style-type: none"> Is the NHS board monitoring the use of hospital services by different groups? Is the NHS board reviewing patterns of non-attendance for

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	<p>People in the most deprived areas require greater access to hospital services but tend to have poorer access and worse outcomes.</p> <p>People from deprived areas are more likely to miss hospital appointments due to a range of factors, such as a lack of access to transport.</p>	<p>hospital appointments by different groups within the population?</p> <ul style="list-style-type: none"> • Is the NHS board using this information to take specific action to help particular groups to access hospital services? • Where applicable, is the NHS board taking targeted action to improve attendance rates of patients living in deprived areas?
Page 23	Reducing health inequalities requires effective partnership working across a range of sectors and organisations but there may be difficulties in getting good engagement between GPs, Community Health Partnerships (CHPs) and councils due to a lack of shared vision and priorities.	<ul style="list-style-type: none"> • Are the NHS board and council working with CHPs to ensure that GPs are fully engaged in local approaches to reduce health inequalities?
Part 4: Effectiveness		
Pages 28-30	NHS boards and councils provide a range of services to improve the health of local populations. But these services could inadvertently exclude or discriminate against particular groups within the population.	<ul style="list-style-type: none"> • Do the council and NHS board carry out health inequalities impact assessments when designing new services or redesigning existing services?

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