

## **Evidence-Based Interventions– Draft proposals from the independent Expert Advisory Committee to the Evidence-Based Intervention programme**

Healthwatch Birmingham welcomes the opportunity to respond to Expert Advisory Committee to the Evidence-Based Interventions programme's consultation on the wave 2 draft proposals. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement.
- Whether the proposals are responsive to the needs of those accessing services, ensuring that they do not lead to health inequality.

We note that the Expert Advisory Committee are keen to understand how the proposed recommendations effect groups protected by the Equality Act 2010 and *"Those individuals who experience health inequalities such as people who are homeless or insecurely housed, former prisoners, gypsy, Roma, traveller, veterans and carers"*.

However, we know from our experience (and according to NHS England data) that avoidable inequalities in health, cuts across a range of indicators including the protected characteristics as set out in the Equality Act 2010. Therefore, a person's chance of enjoying good health and a longer life is determined by the social and economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life. In a place like Birmingham where the level of disadvantage/deprivation is higher than the national average, greater care needs to be taken to ensure that health inequalities do not increase, especially for those with protected characteristics.

The diversity of Birmingham presents challenges that need to be considered in the implementation of these recommendations.

Birmingham has one of the highest populations with more than 1 million residents. There are over a hundred different languages spoken in Birmingham. Some areas of the city are mainly (at least 80%) populated by residents from Black, Asian and Minority Ethnic groups. More than half of Birmingham's population is under the age of thirty. Forty-six percent of Birmingham's population live in the 10% of most deprived areas in England, which accounts for some very poor health outcomes. The city has a level of homelessness that is more than three times the national average, long-term unemployment two and a half times higher, and one in three children live in poverty. One in four people live with a mental health condition that started in childhood. There is a prosperity gap of 10 years between the most affluent and least affluent people living in Birmingham.

Healthwatch Birmingham are concerned that the short period of engagement on the draft recommendations have prevented any local analysis, and consideration of the local population needs at this important stage to help shape the final recommendations.



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## Patient and Public Involvement

Healthwatch Birmingham would like to commend the Expert Advisory Committee for offering different ways for professionals and the public to express their views on the draft recommendations. We note that virtual engagement events have been held on specific topics, and that responses can be made via a feedback form, and by email. In particular we welcome that there is the opportunity to request information documents in other languages and formats.

However, Healthwatch Birmingham is concerned about the timing of the engagement. Held as the NHS enters stage 3 of recovery from the novel coronavirus pandemic, there are clearly competing pressures on professional's time, and the public's focus. Whilst most areas are focussed on recovery, some locations nationally are subject to further lockdown measures and surveillance as cases increase again.

In addition to the timing of the consultations, is the timeframe given for discussions. This includes time given for meaningful clinical engagement and response as well as the time given to carry out local impact assessments. It would be important for NHS England to consider giving more time for meaningful local engagement both clinical and public. As it stands, there is the strong possibility that local buy-in might prove difficult and that these proposals might be implemented in a way that does not meet the needs of Birmingham's residents.

Healthwatch Birmingham would be interested to see in the engagement report of the draft recommendations the number and diversity of respondents. We see from the list of organisations engaged with in this process that an attempt has been made to capture feedback from all possible specialities affected by these recommendations, so it will be important to note if a particular speciality has not been able to engage and respond at this stage.

Whilst we note that patient representatives and lay members have been contacted to engage with this work, we are unclear about the level of engagement with the general public, and the steps taken to advertise engagement opportunities at this stage. Patient representative and lay members can provide key insight, however in this instance, due to the broad range of the 31 interventions discussed in the draft recommendations, it is unlikely that these individuals will have had the knowledge and personal experiences to provide insight on all areas. This can only be achieved with meaningful engagement of a large cross section of patients, the public, service users and carers.

## Draft recommendations

Healthwatch Birmingham do not have the expertise to comment on the specifics of each intervention in the draft recommendations, but we would like to make comment on areas



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of the recommendations that may lead to health inequalities, and public involvement during the implementation of the final recommendations.

We note that several of the proposed recommendations include a period of 'Watchful waiting' to see if a patients symptoms worsen over this period of time before intervening. We feel this is a concept that can lead to the greatest inequalities. We note from feedback we have received from the public, that those most financially able to will often seek private treatment when presented with these circumstances. Clearly this is an option only available to a small percentage of patients.

It is important to consider the effect on the quality of life of patients even when dealing with minimal symptoms. As these symptoms worsen, leading to an intervention, it relies on the patient and/or their carers being able to voice this and advocate for treatment. It is particularly concerning that the most vulnerable patients may not be able to clearly voice their symptoms for a clinician to make a judgement on whether these constitute minimal symptoms.

We note that for many of the interventions discussed in the draft recommendations, patients may now expect these interventions to occur when in a particular circumstance. It will be vital that clear patient education and communication is used in these situations to allay any fears a patient may have that they have been disadvantaged or discriminated against by not receiving this intervention.

We feel it is important to have a clear method of reviewing these recommendations post implementation that has feedback from patients, the public, service users and carers at the heart.

Yours Sincerely,



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