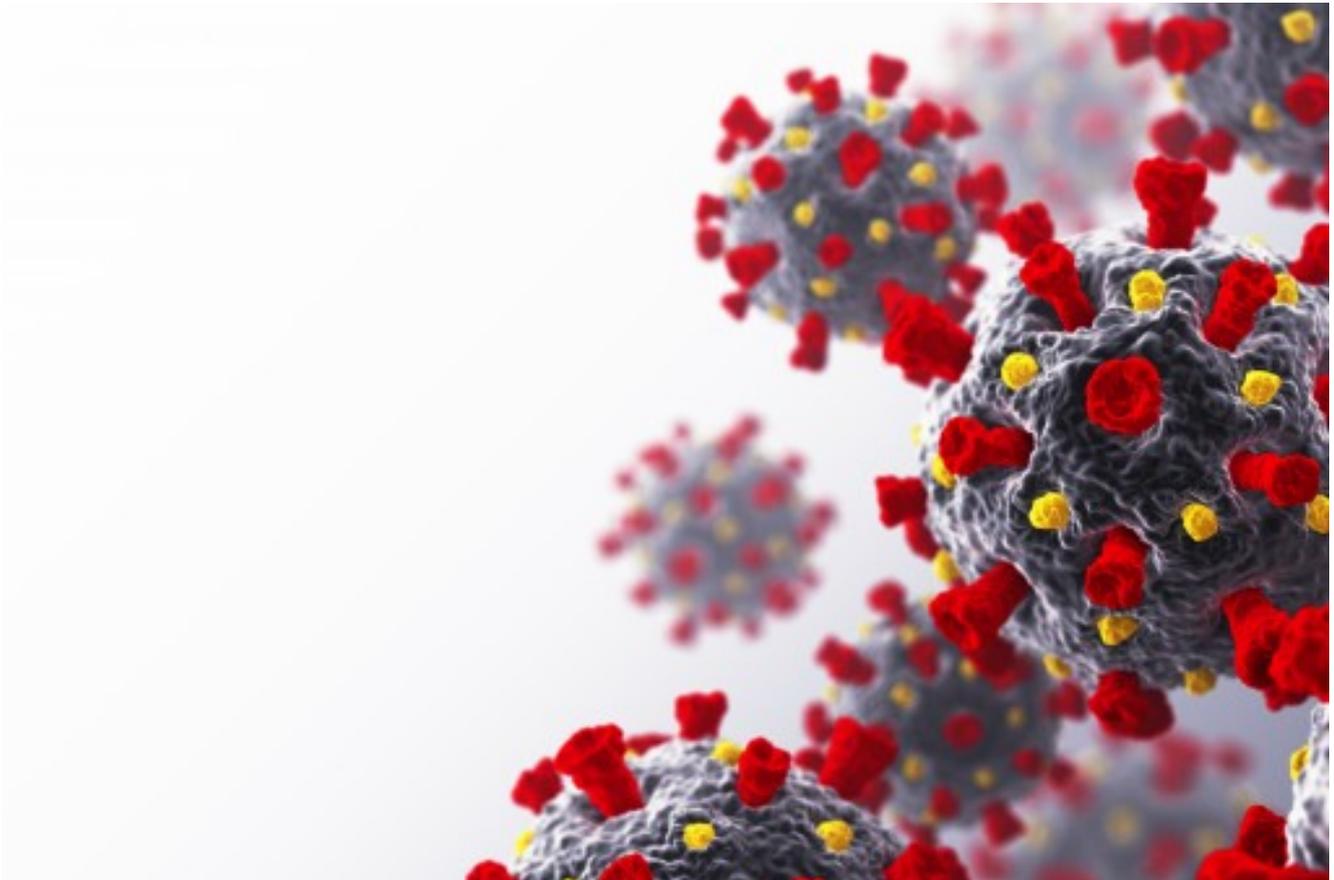


COVID-19 and mitigating impact on health inequalities

Details

Date: 3 April 2020



Policy team

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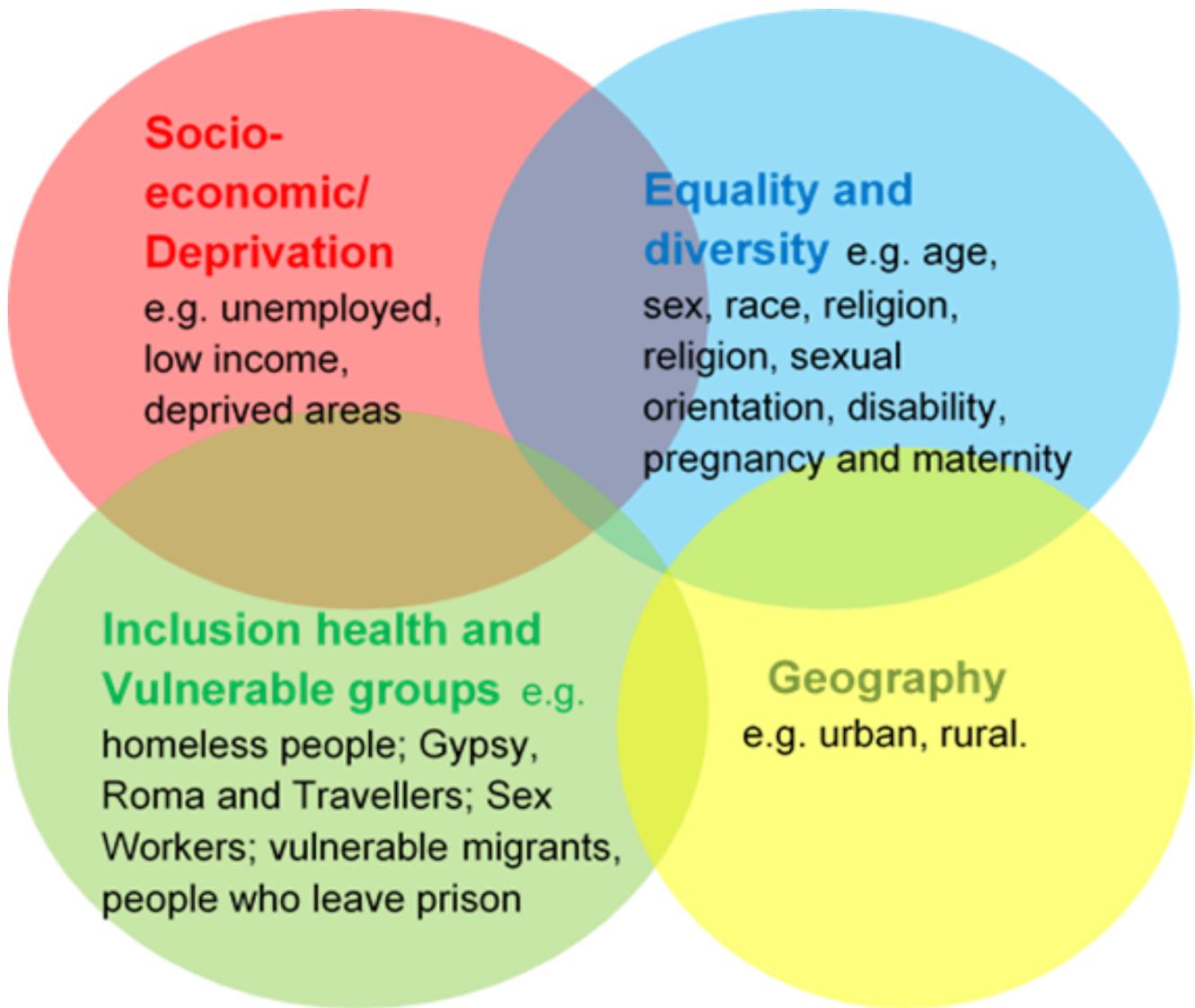
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To produce this webpage highlighting examples of how NHS providers have mitigated the impact of COVID-19 on health inequalities, RCP has worked with NHS Providers and Provider Public Health Network (<https://nhsproviders.org/population-health-framework/introduction>), a community of practice supported by Public Health England.

As highlighted by [‘Health Equity in England: the Marmot review 10 years on’ report](https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on) ([//www.health.org.uk/publications/reports/the-marmot-review-10-years-on](https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on)), health is affected by the environment and community in which we live. The more deprived the area, the shorter the life expectancy and the poorer the state of health within these shorter lives.

The diagram below illustrates how some groups within the population may be disproportionately affected by COVID-19. There are clear reasons for giving consideration and support to those groups that experience health inequalities. The economic and social response to COVID-19 has the potential to exacerbate these health inequalities. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford rent, bills and food and also struggle to access the services they need. This is likely to have a significant toll on both their physical and mental health. In due course we should assess the impact of the Coronavirus Bill on local populations, particularly for those with social care needs or subject to the Mental Health Act.



Many providers of health and care services have been quick to recognise these issues and take action considering how their work may impact on inequalities; and on groups within their local population and workforce that share protected characteristics, are socially excluded, or extremely vulnerable. Working with the Provider Public Health Network, a community of practice supported by Public Health England, and NHS Providers we have collated some examples of practical actions to illustrate how NHS providers are working to mitigate the impact of COVID-19 responses exacerbating existing health inequalities. Many trusts are also considering actions for their workforce at lower bands who supply outsourced services, who may be unduly affected.

More information on [the RCP and COVID-19 \(/projects/rcp-and-covid-19\)](/projects/rcp-and-covid-19) is available, as well as [our broader work on health inequalities \(/projects/rcp-policy-advisory-group-reducing-health-inequality\)](/projects/rcp-policy-advisory-group-reducing-health-inequality). Further government guidance (<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#guidance-for-health-professionals>) on COVID-19 may also be useful.

Supporting homeless populations

South Warwickshire Foundation Trust and Public Health Warwickshire collaborated to recruit two community nurses, who are working as part of a homelessness and health task group to take action to support people experiencing homelessness during the outbreak. These actions included:

- Risk assessed health of rough sleepers to check their health to develop advanced care plans
- Reviewed NHS guidance on shielding to identify any homeless people at higher risk not registered with a GP
- Following identification of a symptomatic homeless individual, a nurse worked with other services - including housing and the local drug and alcohol services provider – to develop an agreed plan to support the individual to remain isolated.

Improved workforce wellbeing

Recognising that staff and their partners might be facing financial challenges, Northumbria Healthcare Foundation Trust took the following actions to improve the wellbeing of their workforce:

- Free hot meal and drink every day
- Removed parking charges
- Raised awareness of where staff could have a free hot shower
- Promoted financial wellbeing offer with a local community bank, including low-cost loans
- Introduced donation stations for local food banks and considered how to support staff identified in need
- Hosted staff pop ups with information stations
- Undertaken real time staff feedback to inform and flex the workforce support offer.

Chelsea and Westminster NHS Foundation Trust also reviewed staff policies related to COVID-19 lockdown/self-isolation for critical workers, including those in lower pay bands who may not be directly employed by the trust such as housekeeping and security staff.

Using data to protect extremely vulnerable groups

Using a data dashboard tool developed by a local CCG and expert GP, Nottinghamshire Healthcare Foundation Trust worked with their local integrated care system to identify populations vulnerable to high COVID-19 risk. This meant community and mental health services could not only identify

to high COVID-19 risk. This means community and mental health services could not only identify individuals under their care, but the distribution of risk across deprivation and ethnic group categories was understood by all involved healthcare organisations. The data tool was particularly helpful in ensuring those with severe mental illnesses were identified to receive support, as this group is often difficult to capture through primary care data alone.

Improved inpatient discharge and support

Barnsley Hospital expanded the role of its Healthy Lives Team who would usually screen patients for smoking, alcohol and other inequality issues to include:

- Befriending - offering a friendly, supportive chat to any patients struggling with not seeing loved ones
- Working in partnership with the local authority to arrange basic supplies, such as bread and milk, for discharged patients without support from family or friends.

Addressing health risk factors

Chelsea and Westminster NHS Foundation Trust (encompassing Chelsea & Westminster, and West Middlesex hospitals) took proactive steps to address the risk factors associated with COVID-19, including:

- Developing an evidence review and working with local authority partners to develop and share targeted advice on the importance of quitting smoking, and to avoid smoking indoors and maintain social distancing for those continuing
- Ensuring pregnant women and their partners are still screened and advised in line with best practice including referral to smoking cessation services, despite mandatory screening of pregnant women by carbon monoxide monitors being halted.

Tell us what you're doing

The RCP, PHE and NHS Providers are interested to hear about what other trusts are doing to mitigate the impact of COVID-19 on health inequalities. If you want to share your approach, or if you want to know more about our work to reduce health inequality, please contact us via policy@rcplondon.ac.uk (<mailto:policy@rcplondon.ac.uk>).

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