

How-to: Undertake Equity-Focused Quality Improvement

JANUARY 2024 (VERSION 1)

HOW-TO GUIDE

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Aims

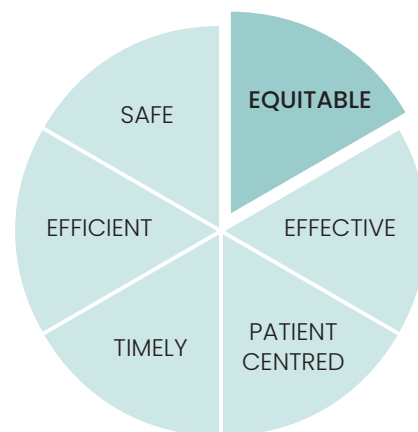
- To explain the principles of equity-focused quality improvement (EF-QI).
- To provide practical guidance for policy makers and practitioners seeking to undertake or commission EF-QI.



Summary

Equity-focused quality improvement offers a useful strategy for health care organisations to reduce inequalities and improve outcomes. Equity is a central part of quality and all QI strategies should consider equity. This may involve focusing improvement efforts on reducing the gap between different groups, and/or targeting interventions at specific disadvantaged groups. Simple strategies such as effective resource allocation, using data well, and patient involvement, are key to ensuring QI delivers benefits to everyone.

In 2001, the Institute of Medicine published “Crossing the Quality Chasm” which highlighted equity as one of the six core aspects of quality care: (3)



What is equity-focused quality improvement?

Quality improvement (QI) is a cornerstone of the NHS. It can be defined as “systematic, data-guided activities designed to bring about an immediate improvement in health care delivery in particular settings” (1).

Equity, as defined by the World Health Organisation, is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (2), and is an important part of quality.

In practice, equity is often neglected compared to the other aspects of quality. An effect of this is that QI projects can sometimes increase health inequalities, resulting in Intervention Generated Inequalities (4). There are several notable examples of QI projects that have widened gaps in outcomes or disproportionately benefited privileged groups (5). For example, a Health Information Technology (HIT) QI project undertaken in the USA had the following inequitable outcomes:

- Quality of care improved for 14 of 17 measures in White patients but only 10 of 17 measures in Black patients.
- Racial disparities existed at baseline in 7 of 17 measures, but by the end disparities had widened in one measure, and two new disparities had emerged (6).

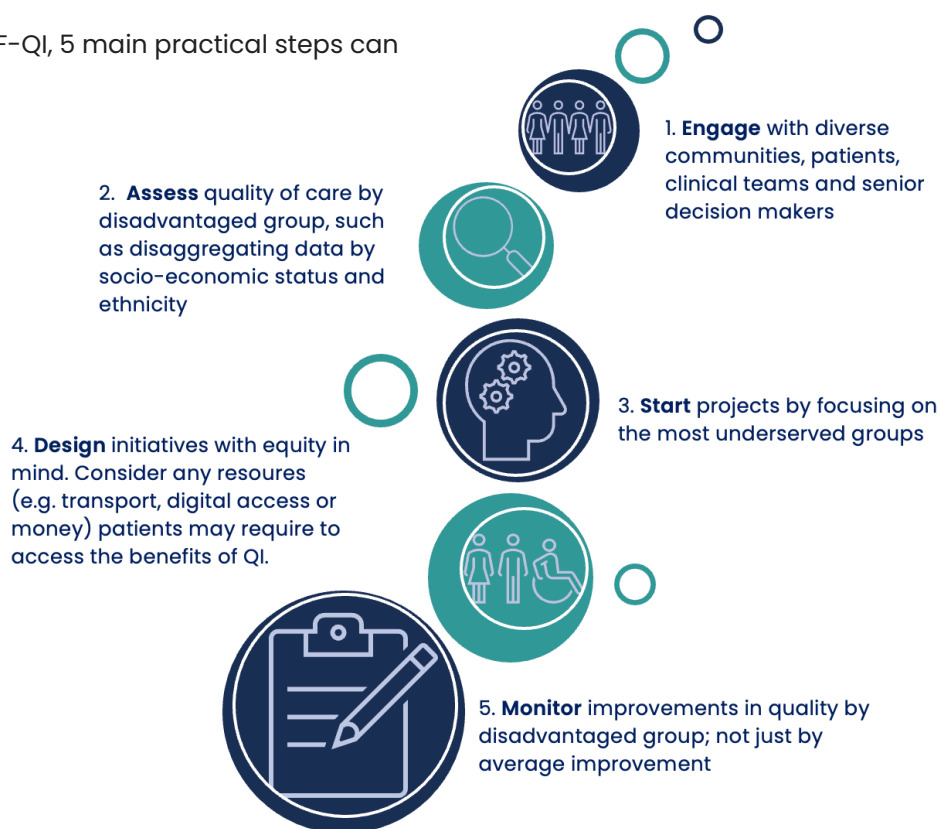
Academic literature has called for equity-focused quality improvement approaches to ensure that QI does not widen inequalities, and instead helps to reduce them (7, 8, 9). EF-QI can attempt to address inequalities in two ways:

1. By ensuring equitable distribution of the benefits of QI projects and preventing equity gaps emerging.
2. By using QI to target specific disadvantaged groups (e.g. homeless populations) or specific conditions intrinsically associated with social disadvantage (e.g. addiction, smoking, obesity).

NHS England’s new health inequalities programme, Core20PLUS5, states that it will be “driven by QI methodologies to ensure measurable and sustained improvement” for disadvantaged groups (10). However, in practice the UK lags behind other countries in using QI methods to address inequalities. It is important to begin integrating EF-QI principles into everyday QI practice to ensure the aims of Core20PLUS5 are achieved.

Moving towards equity-focused QI

When doing EF-QI, 5 main practical steps can be followed:



Strategies to consider

Various strategies can be used to help ensure that the steps outlined above are achievable. They include:

- *Promoting an organisational commitment to equity*

Doing EF-QI involves fostering a professional and organisational culture that promotes equity. This involves acknowledging that good quality improvement projects will always require a commitment to health equity (9).

- *Using resources well*

Adding an inequalities perspective to QI projects is likely to require time and support to be successful. This can be difficult in a health system under increasing strain. One way to resolve this is by providing protected time for staff to do EF-QI. Similarly, building strong QI infrastructure that facilitates easy access to different types of data, and encourages co-production, can help to make sure that time spent on QI is equity-focused.

- *Using data well*

Monitoring tools, such as Statistical Process Charts, plot average improvement over time, but do not disaggregate the data to explore who benefits most (or least). To be able to assess quality by disadvantaged group, data should be disaggregated before, during and after QI activities.

Similarly, qualitative data should be used throughout the QI project to understand the perspectives of staff and patients. This could include interviews or focus groups, or could be as simple as leaving dedicated time for staff to give verbal feedback on QI projects.

- *Promoting co-production and user involvement throughout projects*

Partnering with communities and patients who face disadvantage is important to ensure shared decision-making. By working with those who are most likely to experience the sharp end of health inequalities, QI initiatives are more likely to support those with the greatest needs.

To do co-production well, it is important to:

- Commit to inclusion from the outset
- Build a diverse mix of patient groups
- Include multidisciplinary staff members with varied professional backgrounds and experience in project planning

QI practitioners should note that community and patient engagement itself has the potential to increase inequalities. This can occur if health care organisations primarily engage with communities and patients who already experience privilege in the current system. Good co-production is not just about listening to different voices, but is about considering whose voice is magnified through user involvement.

References

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Useful resources

- Institute for health care Improvement. *Getting Started with QI and Health Equity: “Don’t Be Intimidated. Be Inspired”.*
- Centre for the Health Professionals. *Bringing Equity into QI: Practical Steps for Undertaking Improvement [Internet].* 2012.

Health Equity Evidence Centre: HEEC is dedicated to generating solid and reliable evidence about what works to address health and care inequalities.

Our How-to guides aim to provide practical guidance for policymakers and practitioners across a range of topics.

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