COVID-19: Hospital response risks worsening health inequalities

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Disadvantaged and marginalised people face worsening health inequalities as a result of the difficult choices made by NHS hospitals in response to the Covid-19 pandemic. Public health doctors, writing in the *Journal of the Royal Society of Medicine*, say that the restriction of non-urgent clinical services, such as gynaecology, sexual health and paediatrics, and the precipitous decline in emergency department attendances, will affect marginalised groups, disproportionately. Emergency departments, which in March 2020 saw a 44% decline in attendances, are often used for routine care by vulnerable people, such as homeless people and migrants, who can find it difficult to access general practice and other community services.

In their article, the authors explore the nature of health inequalities relating to the response to Covid-19 by hospital trusts and suggest approaches to reduce them. One concern highlighted is the suspension of carbon monoxide screening for pregnant women. Younger women, and those living in more deprived areas, are more likely to smoke during pregnancy. Lead author Sophie Coronini-Cronberg, consultant in public health at Chelsea and Westminster NHS Foundation Trust, said: "It remains vital that maternity services continue to ask women (and their partners) if they smoke or have recently quit, and continue to refer those who smoke for specialist cessation support." Official guidance advises postponing face-to-face smoking cessation clinics during the pandemic. Ms Coronini-Cronberg said: "We encourage providers to provide alternative remote services, to ensure these are equitable and to promote these tenaciously."

The authors also point to the problem of inaccurate baseline data for disease prevalence and progression which for many conditions can vary by ethnicity. Miss Coronini-Cronberg said: "It is imperative that we rigorously capture baseline data so that we understand the impact of key risk factors on disease prognosis, including Covid-19." The authors write that while ethnicity data are generally accurately captured for white British patients, for minority groups only 60-80% of hospital records capture ethnicity correctly. "We risk reaching incorrect conclusions based on flawed data", they say.

Other areas of concern highlighted by the authors include the inequalities faced by contracted workers who may provide critical hospital functions such as security, cleaning, portering and catering and who are more likely to be migrants.

The authors conclude: "The NHS has taken swift action to expand capacity and reorganise services to help ensure that health services can help with an influx of seriously ill Covid-19 patients. Difficult choices have been made, and some unintended consequences are inevitable. Policymakers, managers and clinicians should take pause during this phase to protect the most vulnerable groups in our society from negative unintended consequences and avoid worsening health inequalities."

More information: Health inequalities: the hidden cost of Covid-19 in NHS hospital trusts, *Journal of the Royal Society of Medicine* (2020). DOI: 10.1177/0141076820925230

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