

Reset, restore and recovery Equalities

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The Academy identified six [Principles for reintroducing healthcare services](#) to be used as an aid to promote safe and effective healthcare as we move into the next phase of the COVID-19 pandemic, that of beginning to recover and restore life in general as well as health and care services. The delivery of care will, undoubtedly, become more difficult. The concentration of medical resources to accommodate COVID-19 cases has moved to a gradual restoration of more complex planned care in an endemic situation with a backlog of people needing interventions and new ways of delivering care becoming more accepted.

As the situation evolves, it has become ever more important to maintain clear, recognisable ways to address the inequalities in the provision and outcomes of healthcare that have been evident for decades but have been highlighted by the COVID-19 pandemic.

As the NHS seeks to clear its backlog which includes both reinstating cancelled procedures and identifying the array of cases not presented during COVID-19, we must ensure that already disadvantaged groups do not fall further behind and the inequalities gap is further widened. The “collateral damage” from the pandemic of untreated conditions in children and other vulnerable groups must be prioritised.

There is an additional risk that these inequalities become worse, rather than better, as the economy is challenged as unemployment increases bringing disproportionate health problems across social groups and the effects of COVID-19 on different sections of the community and society continue to be felt.

As we look to the future we must be clear that this is opportunity to address the recognised inequalities in healthcare comes at a time when there will be increased pressure in the entire health and care system and the most able will be best positioned to access services as they are restored and least affected by the economic downturn.

To ensure that we address rather than perpetuate inequalities as we restore services we must:

- Ensure that re-institution of care is based on clinical need
- Ensure data are collected on those who refuse or defer care on the basis of endemic COVID-19 to explore the groups who may need further support
- Recognise and address sources of inequality to access of care — such as the increased use of technology and new ways of delivering care that hard to reach groups may find difficult
 - Information should be provided in several languages, based on local population
 - Lack of access to technology identified and addressed
- Highlight the effect that race has had on the risk of severe infection or poor outcome
- Prioritise health promotion and disease prevention work especially immunisation programmes
- Use this as an opportunity to highlight and address the social determinants of health



- Ensure all staff have equitable and transparent access to support, training and promotion
- Staff should be risk assessed and reasonable adjustments provided on this basis – taking into account other health conditions, age, ethnicity etc
- Support the [NHS Race and Health Observatory](#)
- Support the Inequalities in Health Alliance being established by the RCP.