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England



# **Learnings from the Tackling Inequalities Conference 2024**



# Learnings from the Tackling Inequalities Conference 2024

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# Foreword

## **Professor Bola Owolabi, Director of the National Healthcare Inequalities Improvement Programme, NHS England**

It is both instructive and inspiring that the Tackling Health Inequalities Conference, organised by NHS England in partnership with the Royal Society of Medicine (RSM), has quickly become a staple in the calendars of a wide cross-section of healthcare professionals over the course of a few short years. Awareness continues to increase of the vital importance of ensuring healthcare services are designed and delivered equitably so that everyone – including those who are most vulnerable, seldom-heard, often forgotten and less privileged – benefit optimally and are supported to live long, healthy, and productive lives.

Indeed, this ethos must continue to shape and transform all healthcare services.

Across the NHS, healthcare professionals continue to demonstrate they are keen to play their part in helping to narrow lamentable and persistent gaps in the provision of healthcare services and unequal levels of access and outcomes, which are felt most acutely by those with less and at the lower echelons of the socio-economic ladder.

This burning desire to make meaningful change is a key ingredient behind the success of the Tackling Health Inequalities Conference which offers an important opportunity for stakeholders to unite, engage in thought-provoking and solutions-driven dialogue, share skills, learning and tools, network, build relationships and collaborate across industries.

At NHS England, we are proud to continue the multi-year strategic partnership with the RSM that laid the foundation for this conference.

It supports our mission to realise the NHS Long Term Plan commitment to take stronger action to reduce health inequalities, while ensuring we remain ever mindful that we need to restore NHS services inclusively in the aftermath of the COVID-19 pandemic and strengthen leadership and accountability.

These are common goals shared with the RSM which is uniquely placed to help reach and connect with the medical sector.

As I mentioned in my speech at the 2024 conference, ‘the answer lies between us’ – a reminder of the vital importance of collaboration in the mission to reduce health inequalities. No single sector, specialty or industry has the answers. We will only get there together.

And so, it is with this same sense of purpose, partnership and zeal, that I look forward to the 2025 Tackling Health Inequalities Conference with its focus on ‘Health is Wealth’.



## Learnings from the Tackling Inequalities Conference 2024



# Background

The Royal Society of Medicine’s second annual Tackling Inequalities conference in partnership with NHS England closed with a clarion call from Professor Bola Owolabi imploring healthcare professionals to commit to collaborate to provide equitable healthcare access for all.

The inspiring and motivating day, attended by over 150 participants from across the healthcare spectrum, was summed up by Professor Owolabi. The Director of the National Healthcare Inequalities Team at NHS England’s final words “the answer lies between us” emphasised the need for individuals to work together across teams and specialties to improve impactful outcomes.

Following on from the successful inaugural conference held in January 2023, ‘Tackling Inequalities: Through innovation and entrepreneurship’ was the second event to take place as part of a five-year programme between the Royal Society of Medicine (RSM) and NHS England (NHSE) aimed at addressing the issue of health inequity.

The RSM is a multi-speciality organisation of around 19,000 members from across the full breadth of the medical sector. It is uniquely placed within the sector to bring together healthcare professionals to forge solutions to narrow the avoidable gap in healthcare outcomes that persist in



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our society. The RSM's Dean of Education and now President, Professor Gillian Leng CBE, also played a key part in the day, chairing a Q&A with two of the keynote speakers.

The day-long, in-person conference featured keynote speeches from Kaakpema "KP" Yelapaala, Senior Fellow and Lecturer, Yale School of Public Health, and Professor Kevin Fong OBE, Consultant Anaesthetist, University College London Hospitals NHS Foundation Trust and Professor, Public Engagement and Innovation, Department of Science, Technology, Education and Public Policy (STeAPP), University College London (UCL).

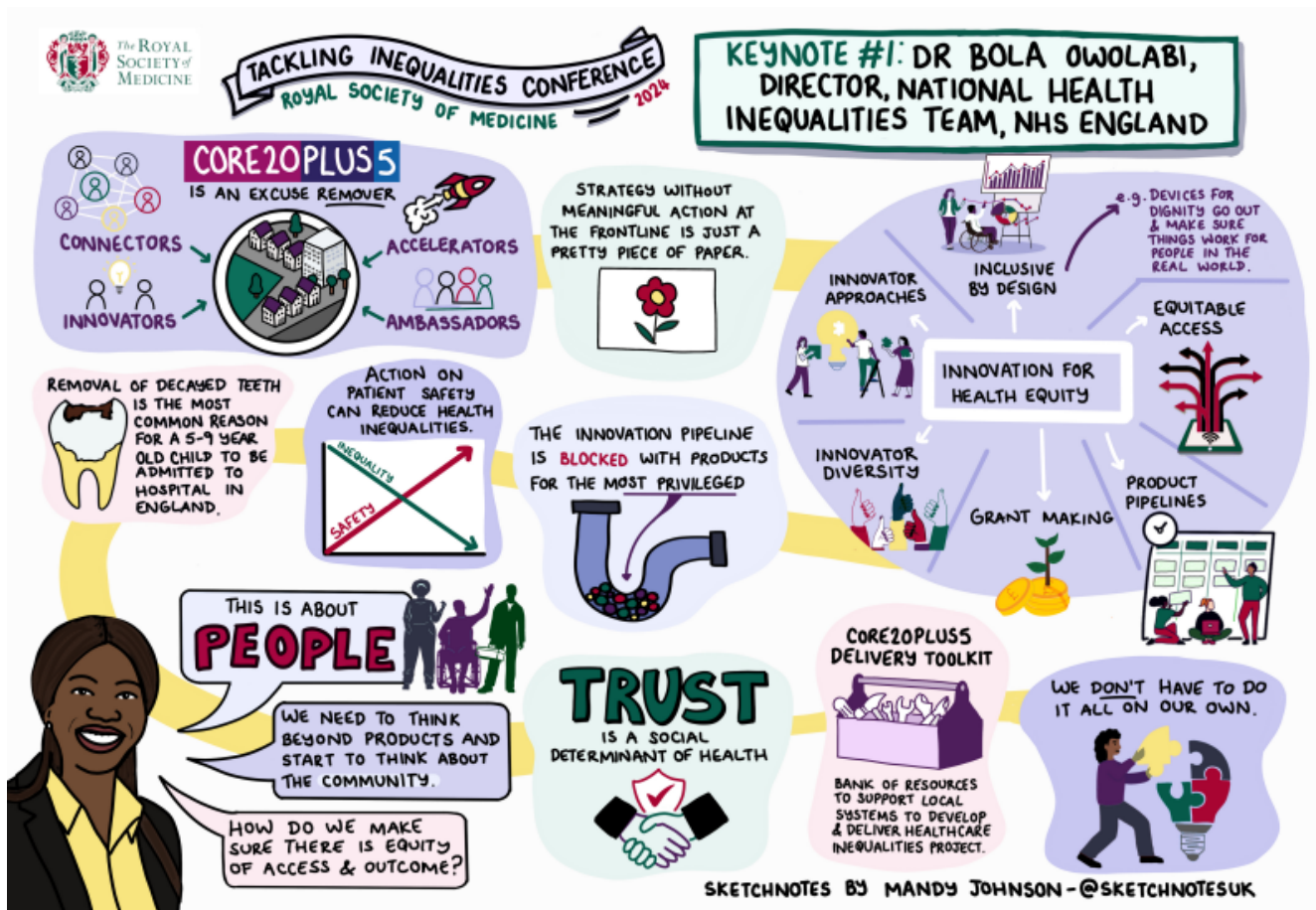


Fig 1: Sketch note summarising keynote speech delivered by Professor Bola Owolabi

Professor Owolabi's keynote set the context and tone for the day, discussing the role of innovation within NHSE's Core20PLUS5 approach, and how healthcare innovations themselves are not enough without ensuring equity of access and equity of uptake alongside them. She also emphasised the importance of trust for establishing that equity of access and uptake, with factors including representation and working with community leaders, key for reaching those who will benefit most.



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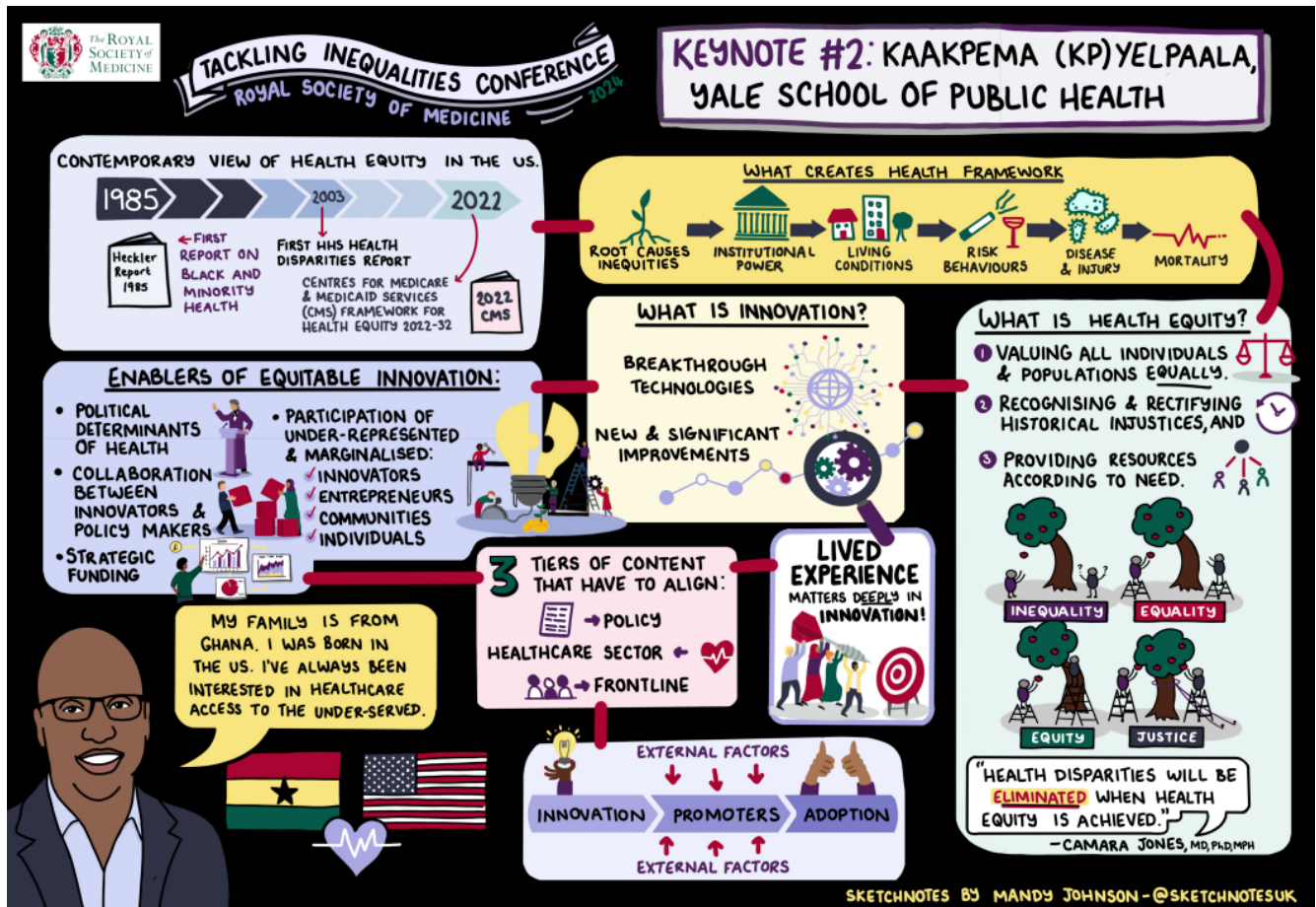


Fig 2: Sketch note summarising keynote speech delivered by Kaakpema Yelapaala

Kaakpema “KP” Yelapaala’s talk ‘From aspiration to sustained action’ drew our attention to ‘intention’. KP described equitable innovation as “a process through which solutions, products and services with transformational potential are intentionally designed and scaled to advance human welfare and reduce health inequities.” He highlighted the political determinants of health, and the importance of appropriately framing root causes of inequities to ensure we are on the same wavelength with our definitions and goals in this field. There was an emphasis on the need to collaboratively innovate to finance and scale solutions for our marginalised communities and vulnerable populations. KP shared some challenges of AI growth and the complexity of promoters. His recommendations included toolkits such as In Full Health Equitable Health Toolkit, and Mitigating Bias, to help overcome some of these barriers (Abramoff, 2023). Where do we go from here? Without intention we will not bridge equity gaps; we need to better understand generational and demographic perceptions and their use of technology; we need to build trust; we must invest in more diverse innovators.



## Learnings from the Tackling Inequalities Conference 2024

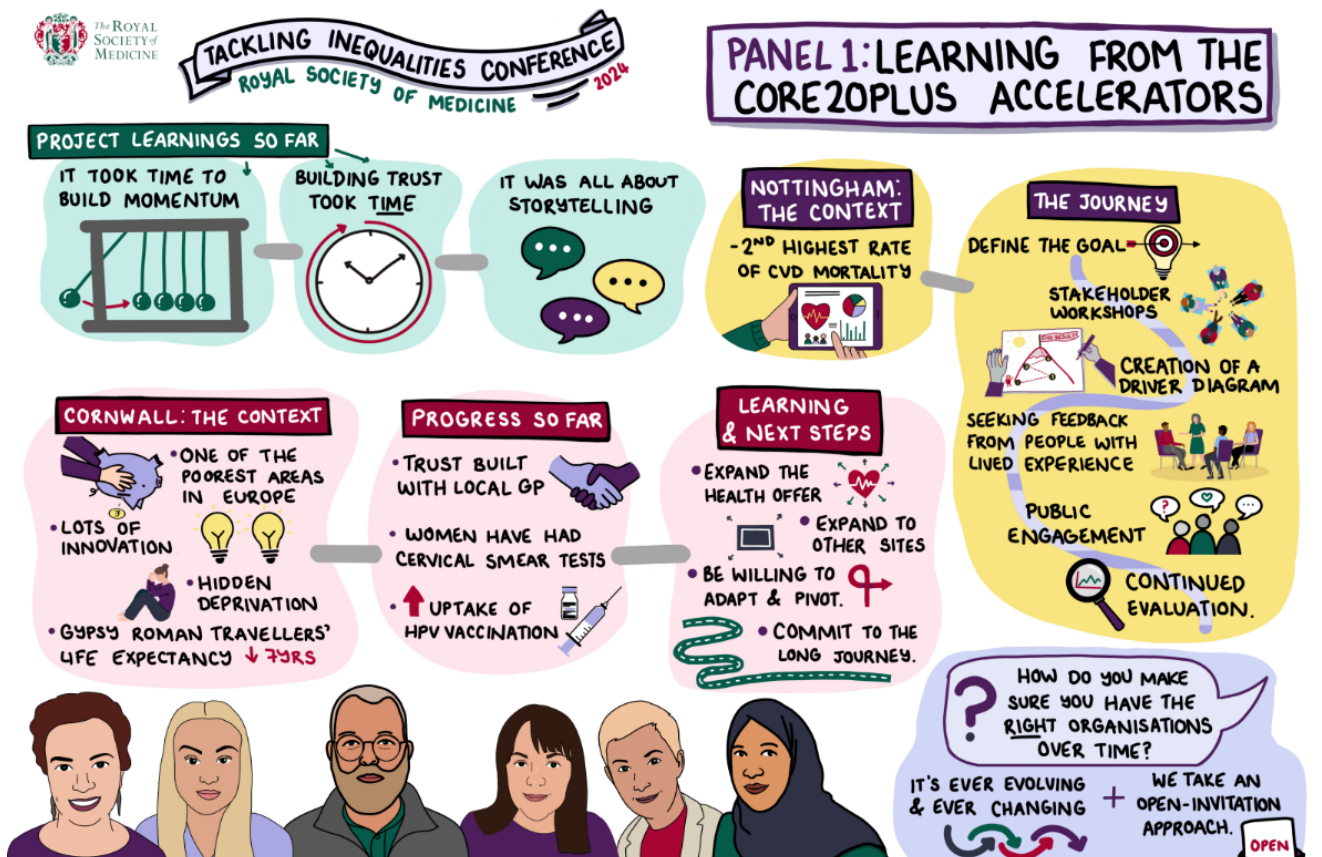


Fig 3: Main messages from Panel Discussion exploring the learnings from the CORE20PLUS Accelerator sites

### Core20PLUS Accelerator Sites

In partnership with NHSE, the Institute for Healthcare Improvement, and Health Foundation teams have invested in seven Accelerator sites across England since December 2022 (NHS England, 2024). Each site has led targeted quality improvement work using the Core20PLUS5 approach. We heard about the inspiring work of Cornwall and Isles of Scilly ICS, and Nottingham and Nottinghamshire ICS. We learned about the importance of capturing the stories of our disadvantaged communities, building trust and the need to adapt and pivot (see p22).



# How can we tackle health inequalities through innovation?



## Reflections from the InHIP team

Reflections and looking ahead to 2025

*Stuart Monk, National Programme Director (July 2024)*

### Context

The January 2024 RSM and NHSE Health Inequalities Conference provided an opportunity for health inequalities stakeholders from across the country to come together to share their learning, experience and knowledge. For the Health Innovation Network, which has two primary objectives to (1) support the development of innovation and (2) deliver the spread and adoption of





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innovation, this was an exciting opportunity to test some of our approaches to embedding health inequality improvement in our work.

### Sessions

I took part in a panel session on Digital Exclusion, bringing my own experiences from working on a variety of digital technology roll-out programmes, and the Innovation for Healthcare Inequalities Programme (InHIP). Themes that emerged from the discussion included:

- **Innovation design:** How do we ensure that digital exclusion is built into innovation design from as early in the process as possible?
- ⇒ **Implementation approach:** How do we check that our health and social care teams that implement digital innovations ensure that digital exclusion is built into the approach?
- **Health literacy:** How can we ensure that digital technology is inclusive for all, independent of health literacy level?

### Ongoing commitment

Building on the themes explored during the session, the 15 health innovation networks work nationally and locally to build health inequalities into innovation design during the discovery and development phases through the work we do with innovators from the commercial, academic and health and care sectors (The Health Innovation Network, 2024).

Our national CVD Prevention, Innovation for Healthcare Inequalities, Patient Safety Collaborative and MedTech Funding Mandate Programmes continue to focus on underserved groups through our pathway-first implementation approach, ensuring that the workforce and millions of patients in England are able to access the latest innovations and service improvements, including those recommended by NICE. Whilst our polypharmacy regional programme has translated all of its materials into multiple languages to ensure that as many patients as possible are able to be under the benefits of Structured Medication Reviews, independent of health literacy and language (The Health Innovation Network, 2024). Alongside these national initiatives, we design and deliver a range of local programmes that set out to tackle health inequalities through innovation across England.

### For next year

We look forward to supporting the 2025 conference, bringing our knowledge and expertise of tackling health inequalities through innovation and to hear from others about their key learning points that can continue to inform our work.

### Testaments from National Innovation Accelerator (NIA) fellows:

#### John James, Sickle Cell Society

'Thank you once again for the opportunity to contribute to the RSM Tackling Inequalities Conference in January 2024. My NIA presentation focused on the Sickle Cell Children and Young



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Person's Peer Mentoring Programme, which aims to support young individuals affected by sickle cell disorder through mentorship and community engagement. Since the launch of the London-wide programme, we have seen a significant increase in referrals from a wider HCC footprint and self-referrals, with over 130+ referrals into the service. Additionally, we have made notable progress by recruiting 17 mentors and creating new employment opportunities for people living with or affected by sickle cell disorder across London through this innovative initiative. The programme has facilitated numerous one-to-one and group sessions, as well as days out, which have greatly enhanced peer support and community bonding. The expansion of the programme to Manchester, Sheffield, and Liverpool, is a significant step forward and I look forward to sharing further updates at the 2025 conference and continuing our collective efforts to tackle health inequalities'.

### **Steve Barnett, Director, C2-Ai Ltd**

The C2-Ai Elective Recovery System revolutionises equitable healthcare delivery by precisely addressing health disparities and clinical risks within waiting lists through comprehensive data analysis. It provides surgeons with detailed, unbiased risk and prioritisation metrics, ensuring informed clinical decisions that cater to the specific needs of diverse patient demographics and local populations.

Since being recognised at the Royal Society of Medicines Tackling Inequalities Conference in January 2024 as a major contributor to assuring equitable access to clinical care for those on waiting lists, C2-Ai has received medical device registration of its underlying technology and expanded its capabilities to include general medicine and Maternity & Neonatal care. It now offers healthcare providers detailed health risk maps that highlight inequalities in outcomes among communities affected by societal deprivation, further supporting efforts to reduce health disparities.

## **Pledges**

*"I hope to be more considerate of the 20% in my daily life, I hope to help to improve access to, knowledge and ability to use digital access in my community."*

*"I brought one colleague with me this year, will try and make it 2 next year, to raise inequalities in every service planning meeting."*

*"Increasing multi-lingual resources in my clinical area."*



# Learnings from the Tackling Inequalities Conference 2024

**TACKLING INEQUALITIES CONFERENCE**  
ROYAL SOCIETY OF MEDICINE 2024

**PANEL 2: INNOVATION TO IMPROVE INEQUALITIES AND MITIGATE AGAINST DIGITAL EXCLUSION.**

**HOW DO WE:**

1. IDENTIFY NEED
2. DESIGN WELL
3. SPREAD & SCALE ADOPTION

**WE NEED TO FOCUS ON:**

- ACCESS
- SKILLS
- TRUST
- LEADERSHIP

**DIGITAL INCLUSION IS REALLY IMPORTANT AND IT CAN IMPACT OLDER PEOPLE.**

YEAR	Nº OF PEOPLE LIVING TO 100
1964	500
2024	1500
2064	500,000

... BUT THEY ARE LIVING IN ILL-HEALTH FOR LONGER.

**CONNECTIVITY IS OFTEN LOWER IN RURAL AREAS.**

**USER DESIGN MUST BE RELEVANT TO INDIVIDUALS & COMMUNITIES.**

**NICE'S NEW PRIORITISATION FRAMEWORK INCLUDES HEALTH INNOVATIONS.**

**FOUR YEARS AGO WE WERE THINKING ABOUT THE WHOLE POPULATION.**

**OUR OLD PROCESS:**

- IDENTIFY MEDICATION
- ASK GPs FOR PATIENT INTROS
- WRITE LETTERS TO PATIENTS.

**HOW WE REACH PEOPLE NOW:**

- LETTERS FROM GPs AREN'T THE BEST ROUTES
- ENGAGE VCS

**HELP PATIENT DECIDE IF THAT TREATMENT IS RIGHT FOR THEM.**

**OUR KEY AIM IS TO HELP HEALTHCARE INNOVATORS WITH ADOPTION OF AND INTEGRATION INTO, THE NHS.**

**I WAS FRUSTRATED WITH THE PHARMA INDUSTRY PAYING LIP SERVICE TO HEALTH INEQUALITIES.**

**THERE IS CURRENTLY A DIVIDE BETWEEN: INNOVATORS + ENTREPRENEURS**

**NICE WANTS TO DRIVE INNOVATIONS INTO THE HANDS OF HEALTHCARE PROFESSIONALS.**

**CONDITIONS FOR SUCCESS:**

- UNDERSTAND THE PEOPLE YOU'RE TRYING TO REACH
- ASSUMPTIONS ABOUT PEOPLE ARE **DANGEROUS**
- MAKE THE MOST OF THE **DATA** YOU HAVE
- PARTNER WITH THE VOLUNTARY ORGANISATIONS THAT KNOW MORE THAN THE NHS.

**OUR A.I. SYSTEMS ARE BEING TRAINED BY DATA THAT CONTAINS DECADES OF BIAS.**

**WE ARE TRYING TO INTRODUCE SOCIALISM INTO THE DATA TO COUNTERACT THIS.**

**WE NEED TO CREATE THE RIGHT INCENTIVES.**

Fig 4: Main messages from Panel Discussion 2 examining innovation to improve inequalities and mitigate against digital exclusion



# How can we tackle health inequalities through entrepreneurship

## Overview of how we can tackle healthcare inequalities through entrepreneurship from Clinical Entrepreneur programme.

Later in the day, Professor Tony Young, National Clinical Director and Lead for Innovation, NHSE, led an exciting session introducing five successful participants on The NHS Clinical Entrepreneur Programme he founded – stating how innovation must meet four conditions: it must be novel, it must have value, it must be scalable, and it must empower. Each entrepreneur was given the floor to deliver a two-minute ‘elevator pitch’, taking the audience through their innovation and showcasing how it is helping to reduce health inequalities.

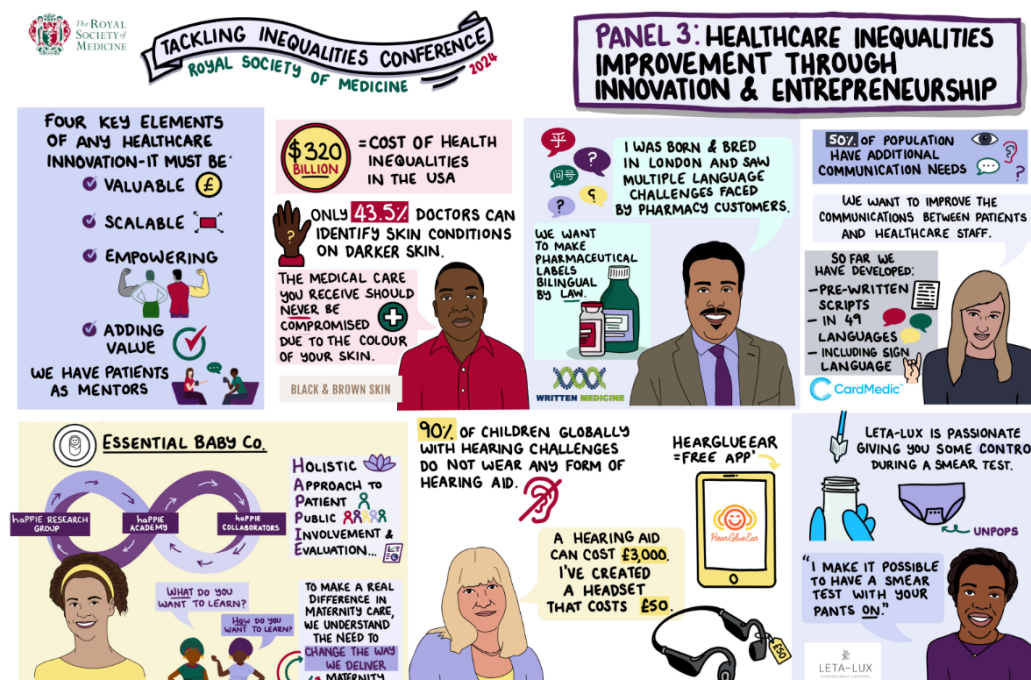


Fig 5: Two-minute pitches from the NHS Clinical Entrepreneurs



# Reflections from Innovators and Entrepreneurs



## Talent Nyandoro | Leta-lux

My journey started when I got my first smear test letter after moving to live in the UK from Africa. The unseen barriers affected my decision to accept my appointment and some of them included:

- I had never heard anyone in my community talk about cervical screening
- It is a taboo to undress to strangers as a young woman
- The location of the appointment was a place no one talks about what happens there and the list goes on. However, I eventually went for my first appointment, but I was left numb and deciding if I would ever do this again. Jade Goody's story gripped my life, and I knew I had to survive every appointment 'til I can do something about it.

After my fashion and teaching degree I decided to face my challenge and because it was covid I decided to press on till I can solve the problem of feeling over exposed, embarrassed and keep my pants on during the screening.

I designed my Leta-lux lingerie and I remember the freedom and having a voice in my first appointment wearing my pants. I started talking to my friends and soon realised I was not alone. I became the pants lady, and everyone could talk to me about screening awkwardness.



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I then became a Connect20plus ambassador and from there I was asked to come to Tackling Health Inequalities 2023. This was an amazing opportunity because I could speak for people like me, finally they could have a voice and I could also connect with Health professionals who are wondering why people like me can afford to miss a screening appointment.

I am a driven person and would do what I can to reach just one life and that passion helped me to bond with the team I was placed in. I also enjoy celebrating others and learning from others and the conference provided just that.

After the conference, my language and narrative about Health services changed and I spoke to many people in my community who were giving up on seeking medical help and I have seen them trying again and asking the right questions but not giving up.

I then went on to do an NHS peer leadership course because I couldn't apply for the programme due to being a non-medic. I have since completed stage 2 and am waiting to start stage 3.

I am also looking for opportunities to partner with organisations to promote my underwear and I have a digital story done by Macmillan Cancer Research on YouTube.

I am more driven to help my community access health services and change the outlook for the next generations. I am currently navigating neurodiverse for my teen child and what I have gone through so far has given other people in my community so much hope.

The breakout rooms were amazing because we got to hear and see people take on the entrepreneurship spirit to solve the problems presented.

I am grateful for the opportunity, and it is still making an impact in my life and many others I can reach.

Finally, I am dreaming of finally going to start my medical journey and hopefully be a doctor in my late 50s.

Thank you again for creating opportunities that transform lives and taking on people like me because I am determined to touch lives just one at a time.

Thank you again.

Talent Nyandoro | Leta-lux

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www.leta-lux.com



## Learnings from the Tackling Inequalities Conference 2024

### Pledges

*“I pledge to always consider inequality as a fundamental part of any innovation start up.”*

*“I will take the learning from this conference into my future work, embedding health inequalities in all that I do.”*

*“I pledge to deepen my understanding for all inequities; keep it human and rooted in living experience and keep gathering the many living experiences of weight stigma to connect policy change to more action.”*

*“Being more mindful about inequalities faced by different communities and encourage my colleagues to be mindful in everyday practice.”*

*“Continue to take personal responsibility for influencing decision makers and creating change.”*





# Ideas on innovative and entrepreneurial ways to tackle Core20PLUS5

Summary based on delegates' ideas via survey on how to tackle some of the key clinical areas of Core20PLUS5

Questions	Responses
<b>How could we increase blood pressure (BP) checks for people living in deprived communities?</b>	<p>Screening and pop-up events within local community-based areas, targeted to desired populations. For example, hairdressers, libraries, supermarkets, local shops.</p> <p>Automatic BP readings, which have an accompanying output which gives information on BP and who to contact for management. Options to input information to link to GPs.</p> <p>Build trusting relationships with community leaders.</p> <p>Build connections between 1ry, 2ry and voluntary sectors to raise awareness of BP monitoring.</p> <p>Proactively review records of those who are high-risk and reach out to them to organise BP checks. Offer appointments outside traditional working hours.</p>
<b>What interventions could support children/parents living in deprived areas?</b>	<p>Offer sensitive communication about individual problems.</p> <p>Provide education via social media campaigns about healthy eating and diet with representative influences.</p> <p>Food vouchers towards the purchase of health food.</p> <p>Grow your own vegetables campaigns in primary and secondary schools.</p> <p>Formal exercise programs in schools to aid regular activity.</p> <p>Better regulation of food marketing.</p>





## Learnings from the Tackling Inequalities Conference 2024

<b>How would you engage underserved and deprived communities to improve access to innovations?</b>	<p>Go to the community rather than expect them to come to you. Have drop-in clinics in communal areas within sheltered housing/assisted living schemes to engage elderly community; liaise with schools to find out more about pupil absences due to ill health.</p> <p>Understand who has the Trust influence. Involve these communities in co-design of solutions and empower them by being heard and forming long-term relationships. This takes time.</p> <p>Include entrepreneurs and HCPs in the conversation to ensure all are aligned</p> <p>We need to understand our populations without having bias, and have to speak to ordinary people and not just to leaders.</p> <p>Remember innovation is not a static thing, people shouldn't be afraid to feed back.</p> <p>External coordinators or connectors that can bring together the different parties locally to provide holistic solutions - experts in behavioural insights and change.</p> <p>Map which services have community engagement, charity services, hostels. Use community researchers (trained, local individuals), social worker teams, digital networks, and WhatsApp groups that may be functional.</p> <p>Review Emergency Department data to help collate information on those who are unregistered with a GP.</p>
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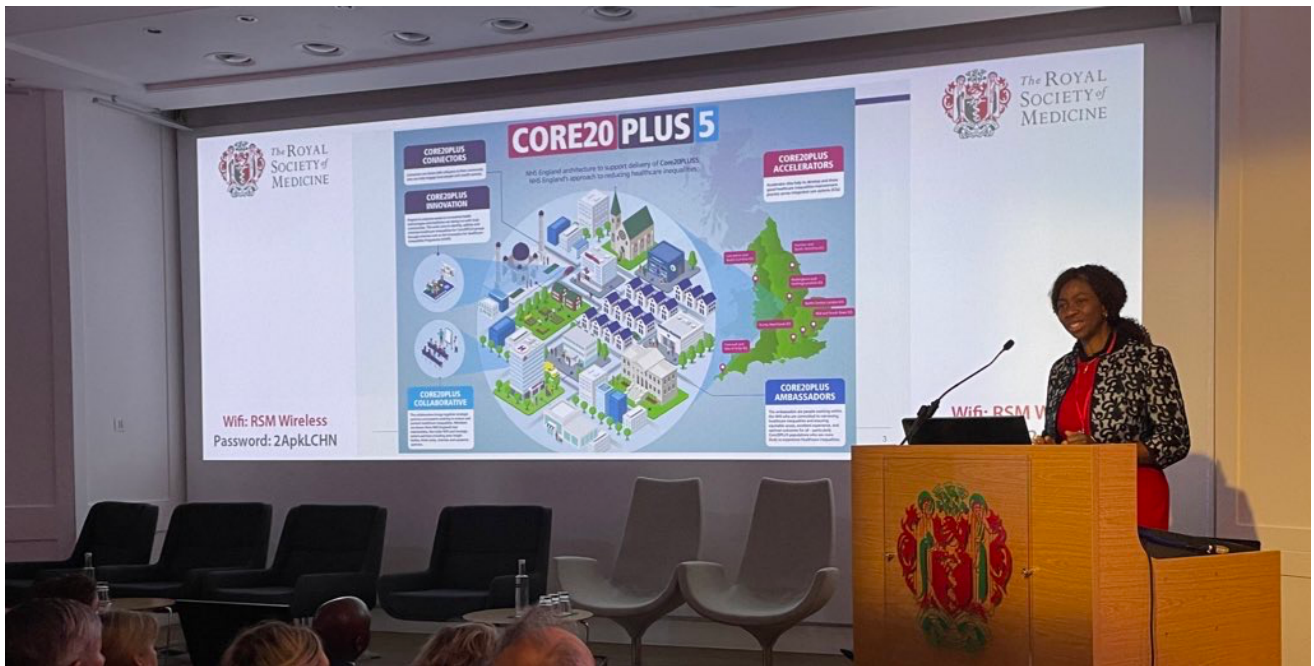


## Learnings from the Tackling Inequalities Conference 2024

Questions	Responses
<p><b>How would you measure the effectiveness of your interventions from community to clinical settings?</b></p>	<p>To inform investment in sustaining solutions ensure you have quantitative and qualitative data.</p> <p>To support collaboration and information sharing at a national level you also need to consider the cost of the non-intervention - economic cost analysis and modelling could be a key contribution by the industry sector.</p> <p>Focus on health care utilisation to build the business cases to demonstrate the benefit to the overall system and ensure the sustainability of such projects.</p> <p>There should be a mechanism to feedback/ complain. This way we can understand what we do wrong. Listening and counselling are important. As are accountability and transparency.</p> <p>We need to think about the mechanism of evaluating interventions- how do we quantify the unquantifiable?</p> <p>Well-being tools can be used for evaluation. Coproduce and codesign with the population. What do people using the services think? We need more than the Friends and Family test.</p> <p>Suggestion to use the IHI Quintuple aim framework.</p> <p>Homing in on 1 setting, and continuity of care/engagement/lived experiences being collated. Inter-operability of IT systems remains a challenge. Consider integrated IT tools that work e.g. SOLAR, putting the individual at the centre.</p> <p>Identify those who can engage with digital tools and open to longitudinal audit.</p> <p>Recommendations to measure direct increases in programme access and engagement rates, not only to a single service but to co-occurring health conditions prevention and treatment options - up to 2/3rds of higher weight people delay or withhold from services and health improvement behaviours.</p>



## Learnings from the Tackling Inequalities Conference 2024



Questions	Responses
<p><b>How would you spread successful interventions to widen their impact?</b></p>	<p>Use the health innovation network to spread and scale the most effective solutions.</p> <p>Clinical champions and third sector have a role advocating for the most effective solutions identified.</p> <p>Partner with life sciences who are incentivised to get their innovations to those who could benefit.</p> <p>Publish the data AND the attempts to replicate.</p> <p>Give cost savings “back” to further those communities/services.</p> <p>Incentivise framework for proven interventions, targeting populations - need to be around long enough to have an impact, and not go stale.</p> <p>Teach about the holistic value added of such interventions, not just the monetary value.</p> <p>Capacity building and funding could initiate a long-term self-funding social franchise network of group social prescribing hubs modelled on 'weekly weight management group' meet ups.</p>



# Impact of innovation and entrepreneurship at a local and regional level

## Local level – poster competition shortlisted posters

We received over 50 submissions covering a diverse range of topics and rich content. From addressing equity of access to health services and medical research, to anti-stigma campaigns and tackling fuel poverty - it was energising to learn about the fantastic impactful work both locally and globally.

Shortlisted posters included:

- ⇒ Addressing equity of access to culturally specific resources for asthma patients  
*L.Jones et al.*

The team developed multilingual videos in 15 languages which could be accessed via QR codes. They spread their learnings through Asthma Champion work at local mosques and community centres.

- ⇒ Use of anchor institutions to reduce smoking prevalence and smoking related inequalities  
*C.Robinson et al.*

Northeast North Cumbria ICS offered free nicotine replacement (NRT) or vaping, and behavioural support to NHS colleagues. They removed the cost of NRT in 5/13 local stop smoking services.

- ⇒ A targeted approach to identifying and reviewing patents with respiratory conditions at risk of poor health outcomes due to fuel poverty  
*R.Clarke et al.*

Through collaborative partnerships, the 'WarmHomes' lung project enabled all 159 patients in the most deprived quintile with COPD to be referred to the wellbeing team, affordable warmth team, and receive a winter warmth pack.



## Learnings from the Tackling Inequalities Conference 2024

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- ⇒ Health heart campaign for Black African, Black Caribbean and South Asian communities in Northamptonshire *T.Lloyd & C.Thickens*

This team sought early detection of atrial fibrillation and hypertension using a virtual monitoring technology and captured lifestyle feedback and perceptions of vaccinations. Increasing trust within communities, they are aiming to disseminate their work further.

- ⇒ Breaking barriers, building bridges: innovations in maternal aid in Bangladesh  
*I.Yahya et al.*

Student-led charity Maternal Aid Association helps supply medicine, resources and educational initiatives. They created bespoke wide-reaching teaching programmes for mothers-to-be and implemented hub and spoke models to deliver antenatal care across Mooulvibazaar, Bangladesh.

### Winning Poster

- ⇒ Med Lingual: improving patient-doctor communication  
*D.Panchartnam et al.*

The University of Buckingham team developed Med Lingual – a user-friendly web-based application which can be used to simplify medical letters, provide translations, and comes in an audio format. 84% of survey participants preferred simplification of their medical letter. 1 in 2 participants preferred the latter developed by this prototype.

This team beautifully demonstrated the potential of early career innovation, the importance of collaborating across different university departments, and the need for better sharing of health information.



### **Regional level – Core20PLUS Cornwall Accelerator Site**

#### **Cornwall Core20plus5 Accelerator Project, Rebecca Caves**

Cornwall is proud of its international reputation for scenic beauty and industrial heritage, attracting more than 5 million visitors each year and generating more than £2bn of annual tourism revenue (ITV News, 2021; Roscoe Communications, 2024). But beneath the surface of this idyllic destination lifestyle runs significant poverty and deprivation, a consequence of seasonal fluctuations in income for its working population and the winding down of mining and shipping industries which once placed Cornwall at the forefront of economic growth.

In Cornwall today, over 1 in 10 people live in communities considered the most deprived nationally and 17.4% of young people (aged 0-19) are growing up in households struggling to make ends meet (ICB Presentation A, 2023). Men living in our most affluent areas can expect to live 7.5 years longer than men in our poorest areas. Women living in our most affluent areas can expect to live 5.1 years longer than women in our poorest areas (ICB Presentation B, 2023).

When the chance arose to apply for the Core20plus5 Accelerator Programme, we knew that Cornwall would provide ample opportunity for interesting interventions relating to the reduction of health inequalities. Working in partnership across Public Health Cornwall and the Royal Cornwall Hospitals NHS Trust, we identified a gap in interventions relating to reducing health inequalities in cancer for the Gypsy, Roma & Traveller (GRT) Communities of Cornwall. We explored options for improving early cancer diagnosis rates for the GRT community with a GP Clinical Fellow with an interest in GRT health improvement, and we consulted with Traveller Space for guidance on how best to engage this community (Traveller Space, 2024).

We swiftly settled on a plan to target cervical screening uptake in the first instance, an intervention that our GP colleague could personally deliver and manage in a primary care setting. We invested in a training dummy and invited women from one GRT site who were eligible for screening to attend an education session led by the GP and Practice Nurse, held at a day centre on the site. This session supported the evolution of trusting relationships and most of these women have subsequently presented for cervical screening. There were 13 women eligible for screening and only 4 had ever had a smear test in the past. They have now brought 8 of the women up to date with their screening.

Moving forward, we aspire to influence the establishment of a systemwide programme of health inequalities interventions for the GRT Communities of Cornwall, spreading to further GRT sites and health priorities in a coordinated and effective manner. This project was only the beginning, and we are committed to the long-term journey ahead.



## Learnings from the Tackling Inequalities Conference 2024

### Pledges

*“My vision is to harness the power of big data to make palliative and end of life care more equitable. I pledge to drive forward this agenda, learning from Core20plus5, the accelerator sites and from innovation in the field.”*

*“I will use my voice and platform to help health information dissemination and patient empowerment.”*

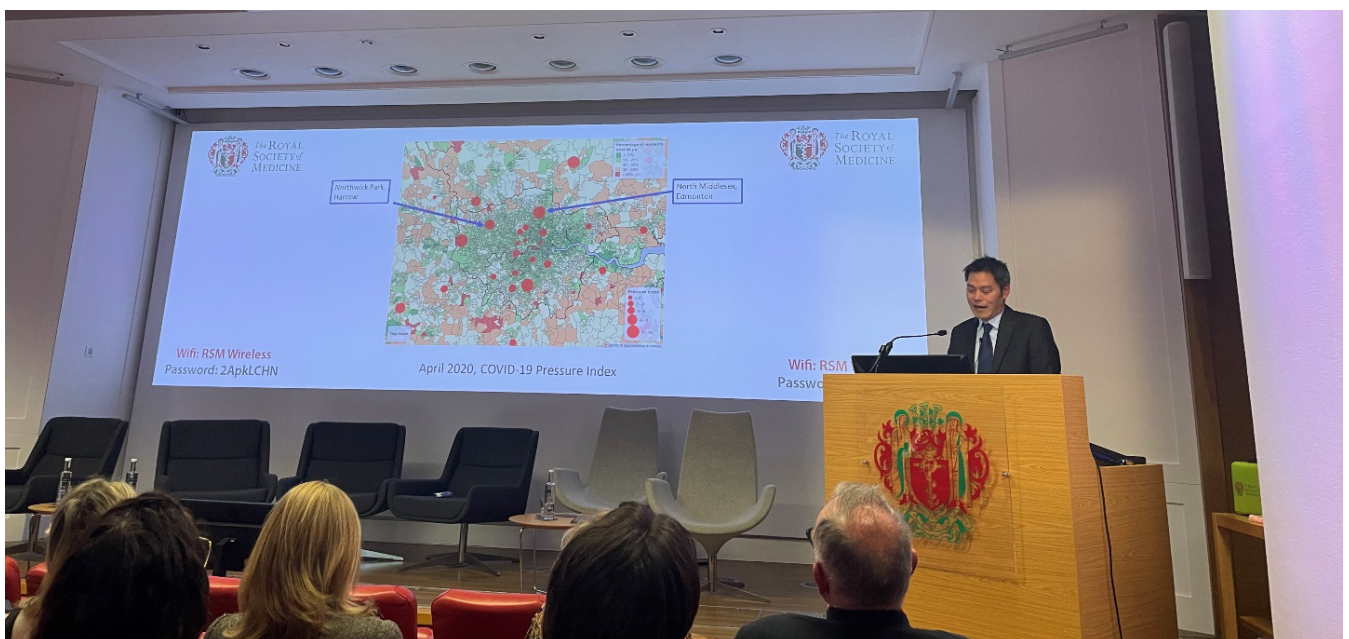
*“I will take a more proactive approach with engaging with the voluntary sector when it comes to tackling health inequalities.”*

*“In 2024 I will work towards maximising equity of care, excellence of experience and optimal out.”*

*“I will strive to tackle inequalities in health and care wherever I come across them.”*

### Conclusion

The third keynote speaker, Professor Kevin Fong, brought participants back to the auditorium after a series of expert focus breakout sessions for a dynamic final session. Professor Fong’s fascinating, and at times very funny, talk about his life and work motivated us with some powerful perspectives on leadership and change. Drawing from his love and knowledge of space exploration, he used the 40-year gap between the selection of the first African American astronaut, and the first African American NASA Administrator, to illustrate that change “takes time and it takes pressure, it’s all geology in the end – but you’ve got to keep going.”





## Learnings from the Tackling Inequalities Conference 2024

# Tackling Health Inequalities 2025 Conference: Health is Wealth

Building on the success of the two preceding conferences, the third conference will take place on Tuesday 28 January 2025, and will continue to champion the vital mission of tackling health inequalities and the programme's strategic Core20PLUS5 approach, through the theme:

### Industry, Research and Employment.

Join us for a comprehensive day of learning, where we will seek to strengthen collaborative efforts across industry, research, and employment sectors and drive the conversation with a mixture of keynote speeches, fireside chats, breakout room sessions, and guest speakers. We will conclude with a motivational speaker and networking reception. Leave the day inspired to be a catalyst for change in your community and write your pledge to support improving health inequality. Secure your spot today and be a part of the change!

Book your place [here](#)

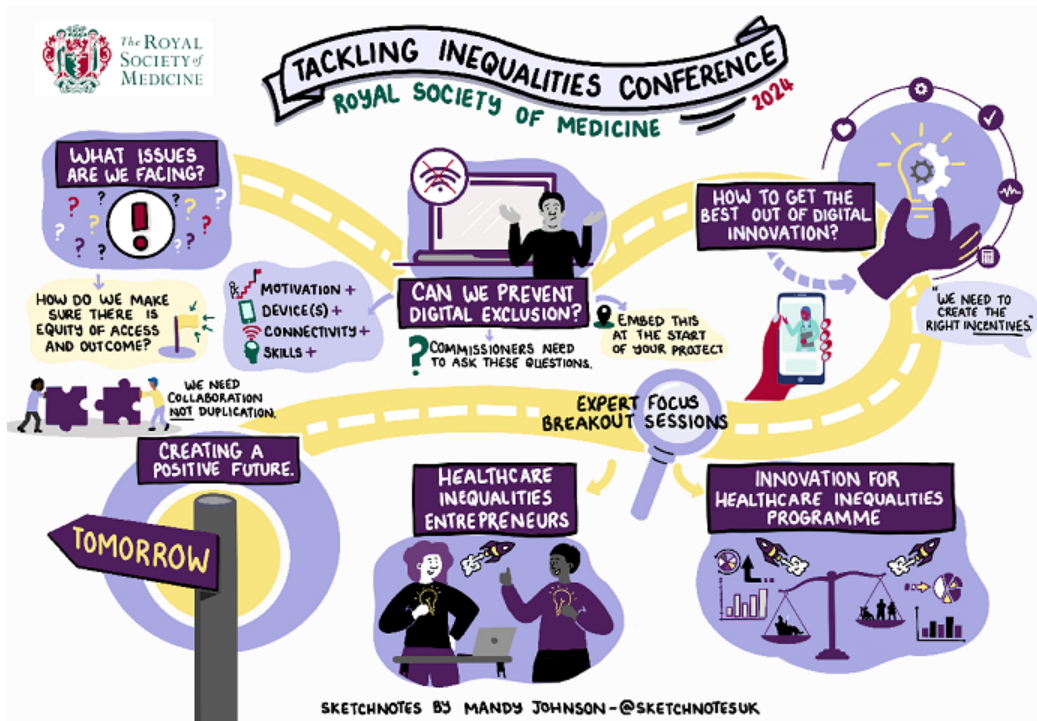


Fig 6: Summary of The Tackling Inequalities Conference 2024





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