National conversation on health inequalities for the "hard-to-reach" populations

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The NHS is working hard to improve health inequalities and the following statement may sound familiar:

> *"The crude differences in mortality rates between the various social classes are worrying...It is a major challenge for the next 10 or more years to try to narrow the gap in health standards between different social classes"*

This is not a recent statement, however. This was a speech by the then Secretary of State for Social Services in 1977, which preceded the 1980 "Black report" published to help reduce health inequalities in Britain (Department of Health, 1980). It is sad we are having the same conversation 38 years later.

Following the Health and Social Care Act (Department of Health, 2012), NHS England and the clinical commissioning groups have been tasked with reducing these inequalities. Additionally, the NHS Equality and Diversity Council was commissioned to:

> *"work to bring people and organisation together to realise a vision for a personal, fair and diverse health and care system"* (NHS Equality and Diversity Council, 2015).

There are now more resources available to us to readdress this inequality; however as diabetes specialists it still remains difficult to fit these individuals' needs into the time we have available. Recognition of these key areas will help us to consider how we can support someone with their diabetes management and care plan, potentially changing services to support better access.

Minority groups

For minority groups, we need to:

- Be able to identify the factors that make a service inaccessible to the person with diabetes.
- Meet and support specific population needs, which are not met within the existing service provision.
- Address difficulties, such as educational difficulties, sensory difficulties, or barriers to prevent access to services.
- Have a willingness to address an individual's lack of mobility to reach the diabetes clinic.
- Address the inability to access service information due to language or learning difficulties.

People "slipping through the net"

For this group of people, we need to:

- Develop new targeting strategies within our existing system of service delivery to meet the needs of the diabetes population.
- Be able to focus on groups who are unable to express their needs, not due to difficulties with language or interpretation, but because they feel their views or values have been overlooked.
- Address the lack of information provided to specific groups, or absence of strategies to inform groups currently outside service provision.

Service-resistant people

The priorities for this group are to:

- Overcome any previous negative experience of service delivery.
- Address any difference in viewpoint between the service and the person with diabetes.
- Help to re-empower them to feel more motivated or empowered in their diabetes management.

Discussion

Although we had the same issues in the 1970s and 1980s, we now have better understanding of strategies to address the diabetes management for the most vulnerable. Although someone may be in the "hard to reach" category, it does not mean they are "impossible to reach".

This supplement includes two excellent articles to help you develop diabetes management plans dependant on the needs of the individual. ■

Department of Health (1980) *Inequalities in health: Report of a research working group.* DH, London

Department of Health (2012) *Health and Social Care Act.* Department of Health, London.

NHS Equality and Diversity Council (2015) *High quality care for all, now and for future generations.* Available at: http://bit.ly/1Ozjwit (accessed 28.04.15)