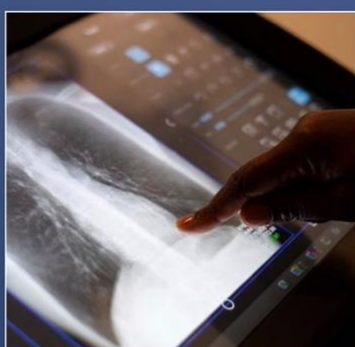


Imperial College Healthcare NHS Trust response to **NHS England's statement on information on health inequalities**

2024/2025



Background

This report forms part of the Imperial College Healthcare NHS Trust 2024/2025 response to [NHS England's statement on information on health inequalities](#) (duty under section 13SA of the National Health Service Act 2006).

This report presents analysis of activity across two financial years (2023/24 and 2024/25). We have included detailed analysis of each 'indicator' available at the level of an NHS provider. The analysis is designed to inform the 2025/26 refresh to the Trust's approach to population health and health equity.

Summary of key findings

In our 2024/25 response to the statement, we analysed the planned care waiting list and planned and emergency activity, and compared planned care activity to pre-pandemic levels. Each indicator has been compared by stated gender, age group, level of deprivation and stated ethnicity. In addition, a summary of the inpatient smoking cessation services on offer has been included.

Analysis suggests that patients from the most deprived areas make up a greater proportion of our emergency admissions than our planned care admissions. Patients that identify as Black also make up a greater proportion of our emergency admissions than our planned care admissions. As of January 2025, there was a slightly greater proportion of people that identified as female waiting longer than 18 weeks for planned care compared to those that identified as male. A slightly greater proportion of adults aged 50-69 wait longer than 65 weeks compared to younger age groups. We are taking steps to investigate these findings further in individual services.

No other statistically significant differences were identified between age groups, stated ethnicity, stated gender or deprivation quintiles for the emergency and planned care indicators requested in NHS England's statement. We continue to monitor for any changes in these trends over time.

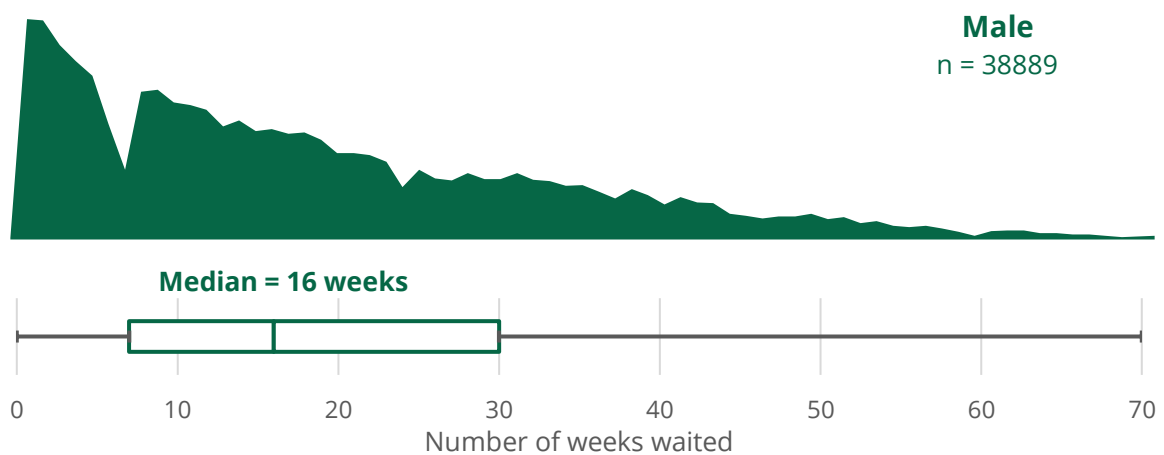
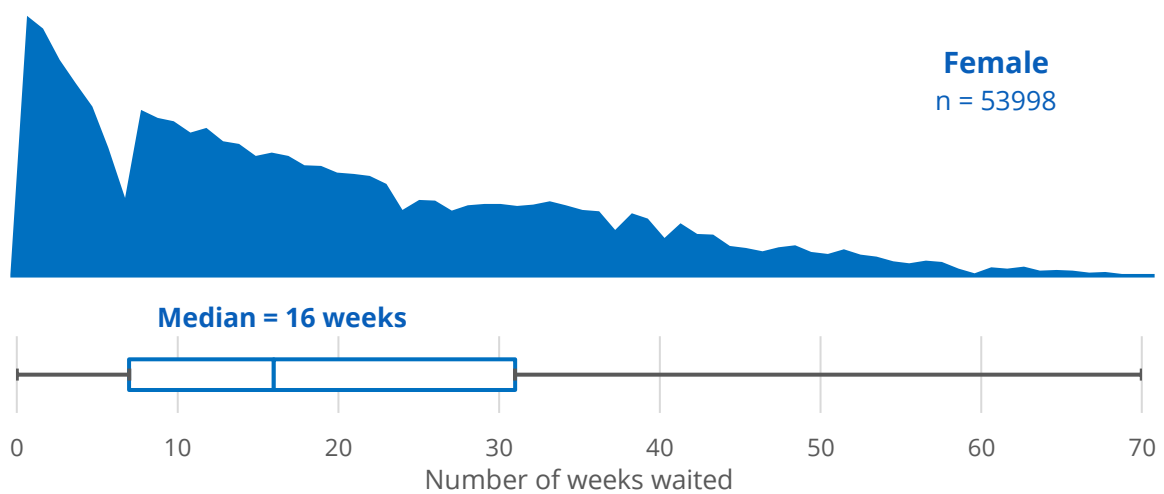
Next year, we intend to go beyond the analysis of overall Trust activity and take a deeper dive into planned, urgent and maternity care for specific population groups.

1. Elective recovery

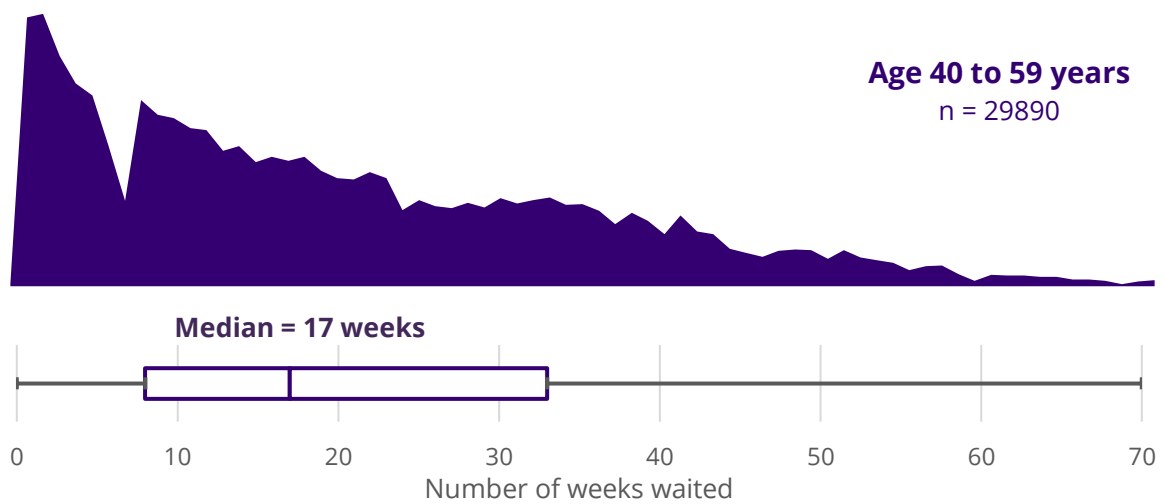
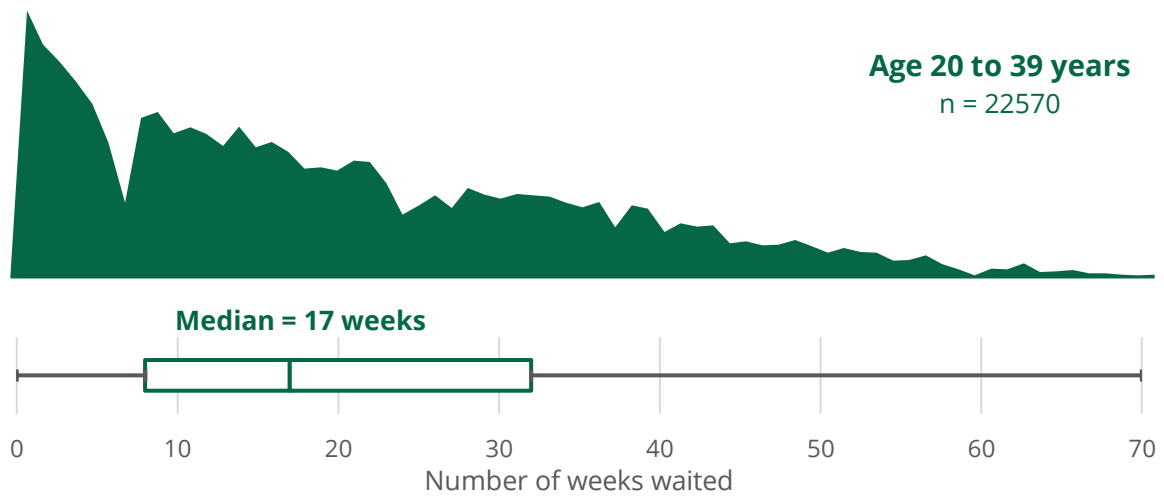
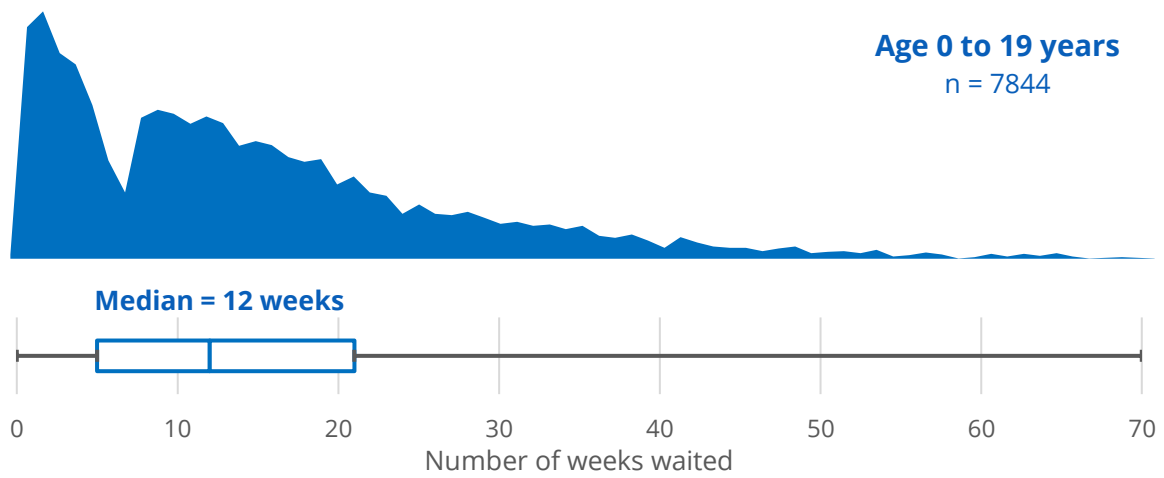
The data presented below is for all patients still awaiting treatment as of the end of January 2025. The data is for all patients across all treatment services and all referral types (urgent, two-week and routine) combined and is designed to show a high-level summary only that may be indicative of potential inequities.

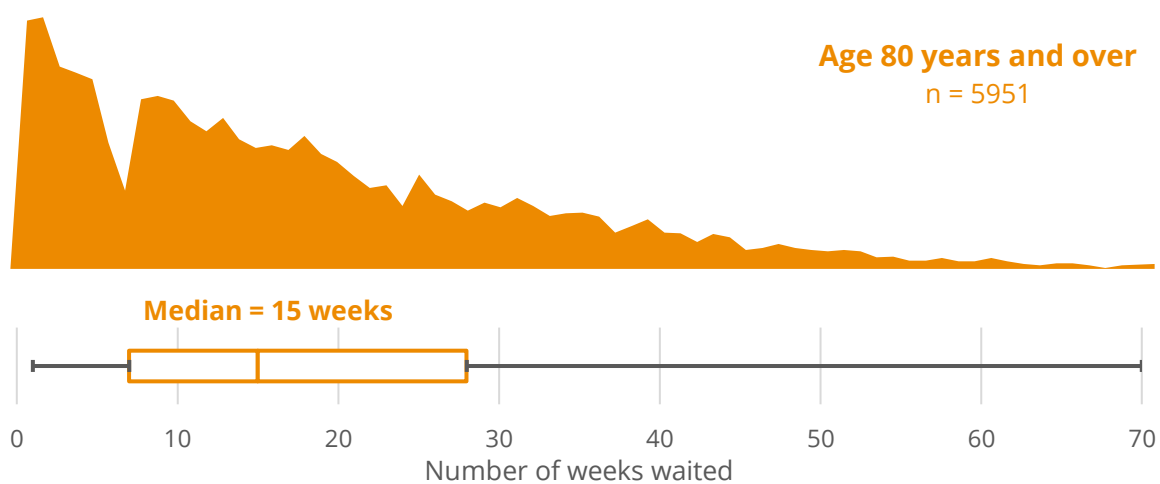
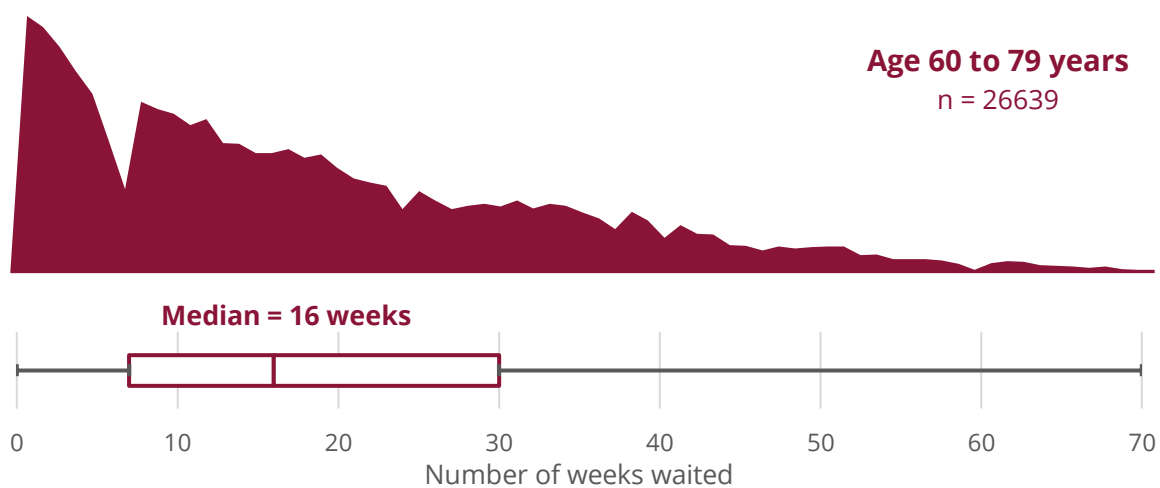
1.1 Size and shape of the waiting list

By stated gender

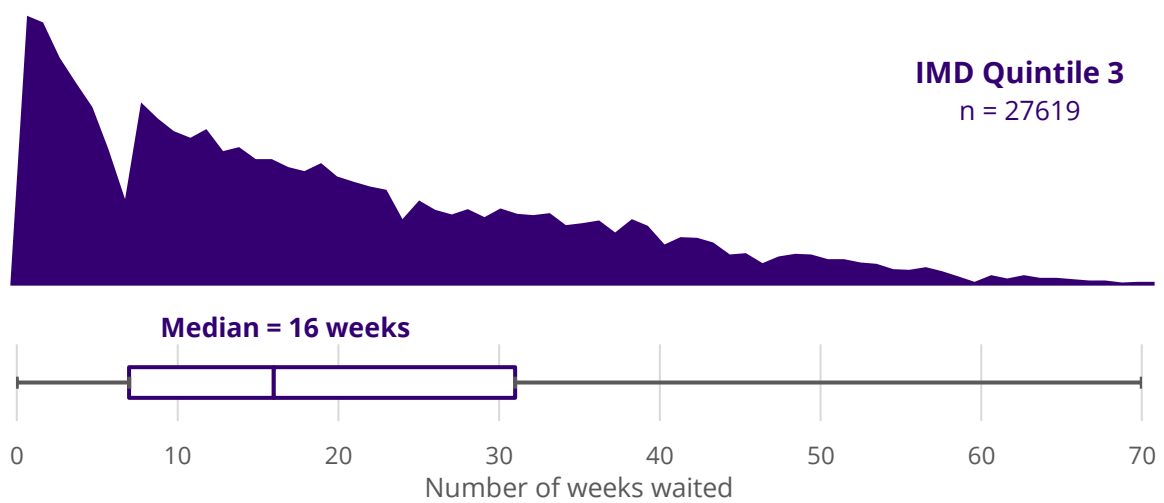
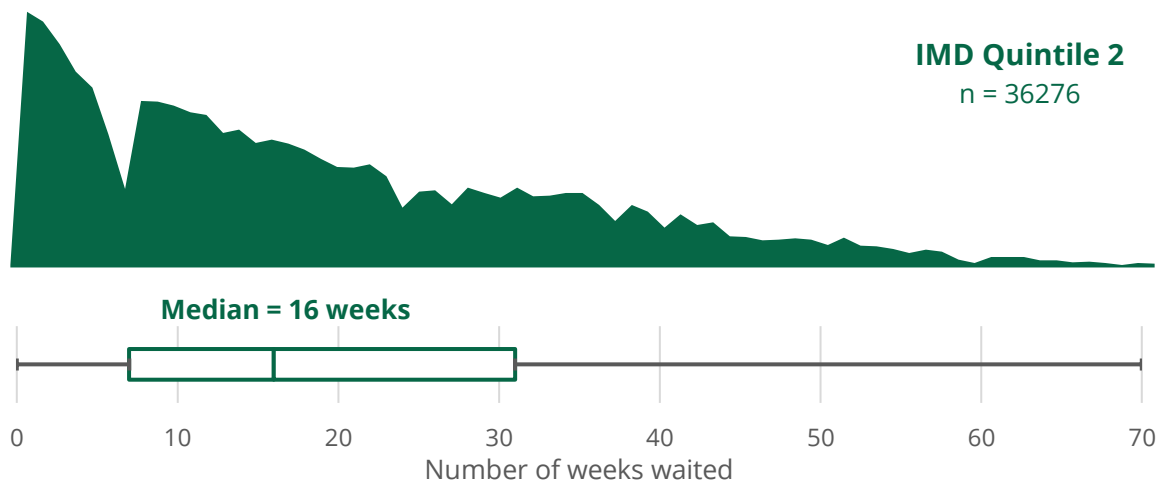
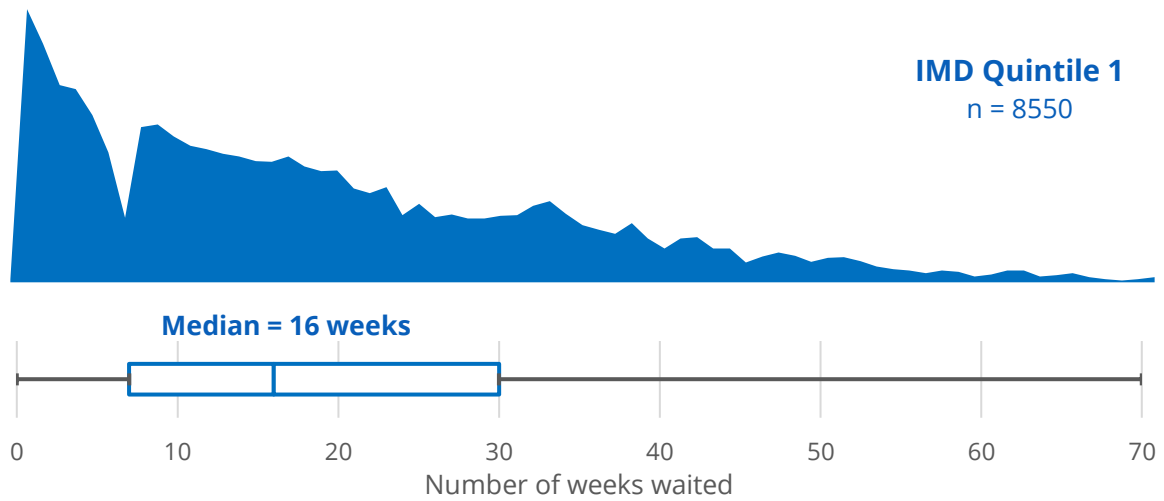


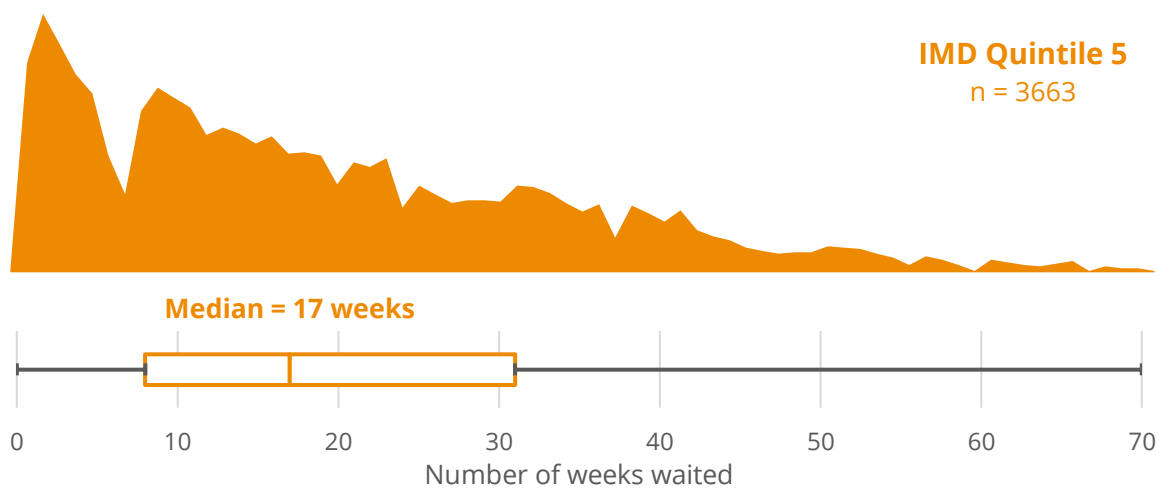
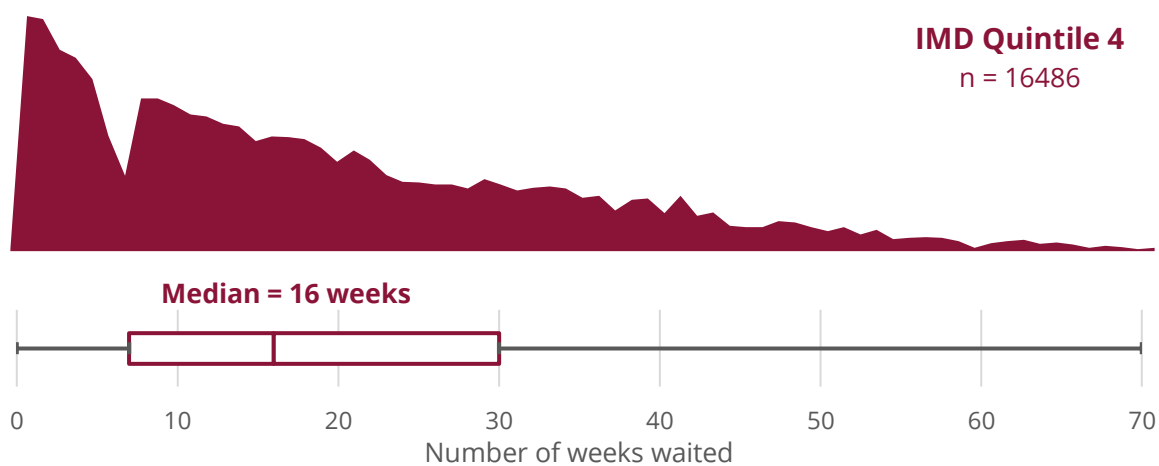
By age group



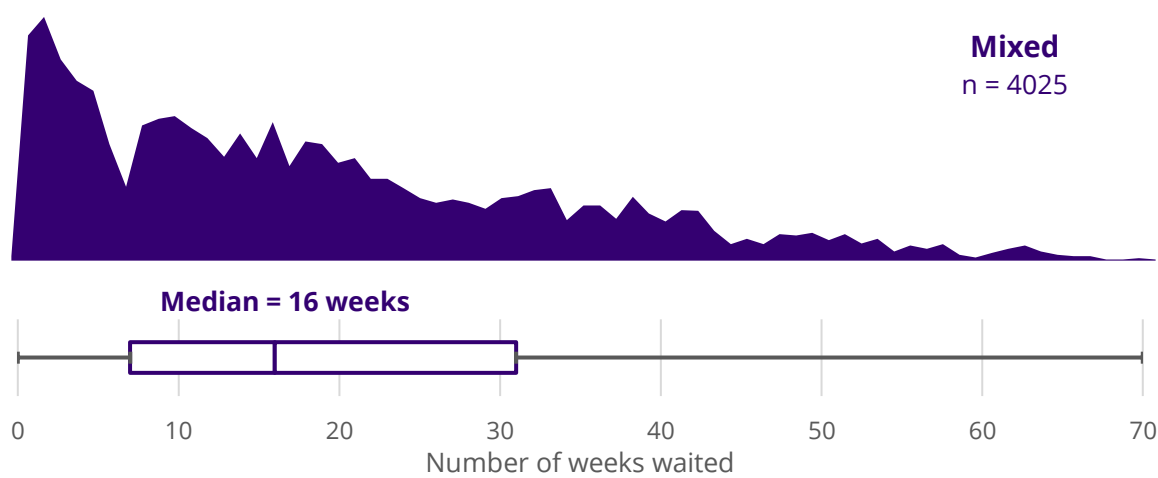
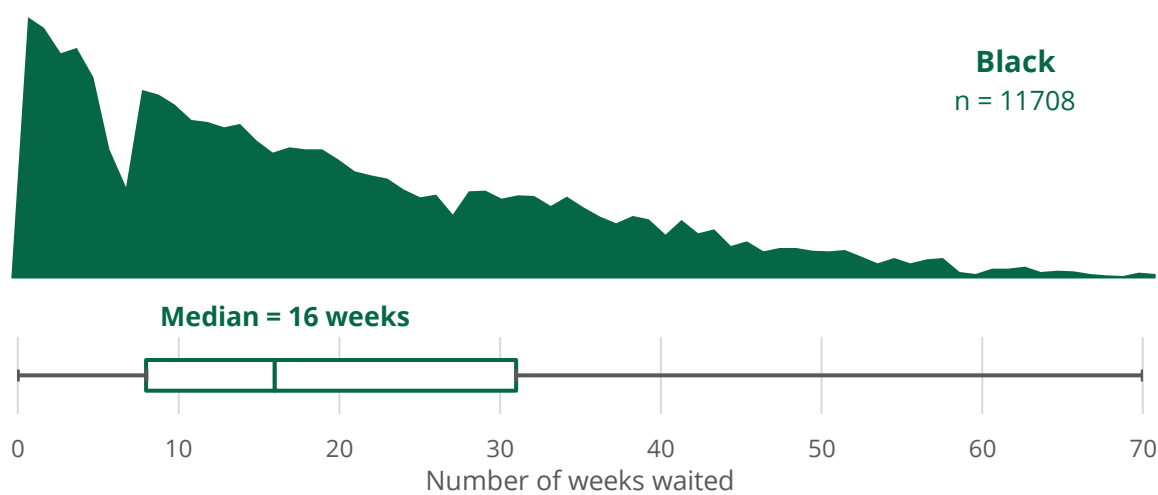
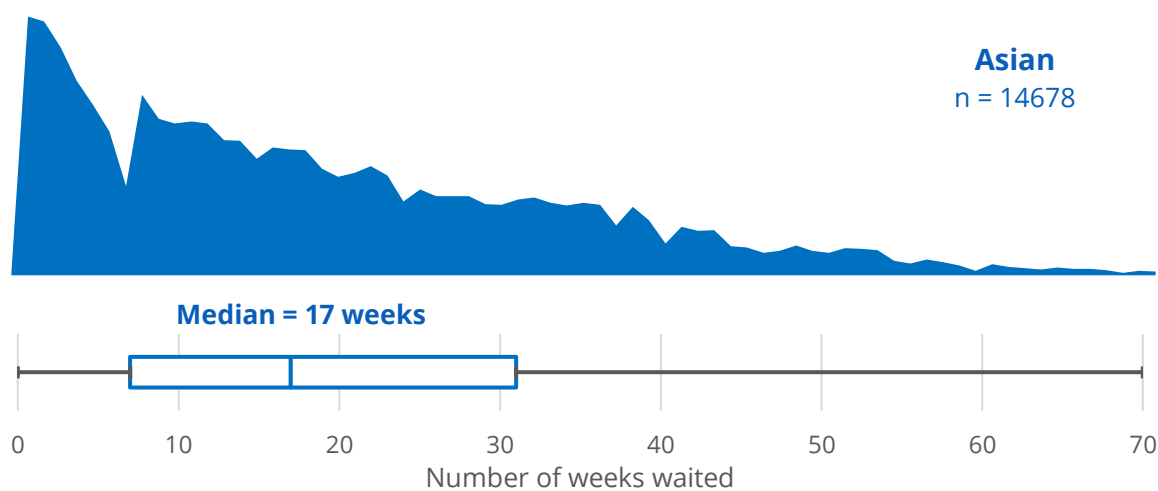


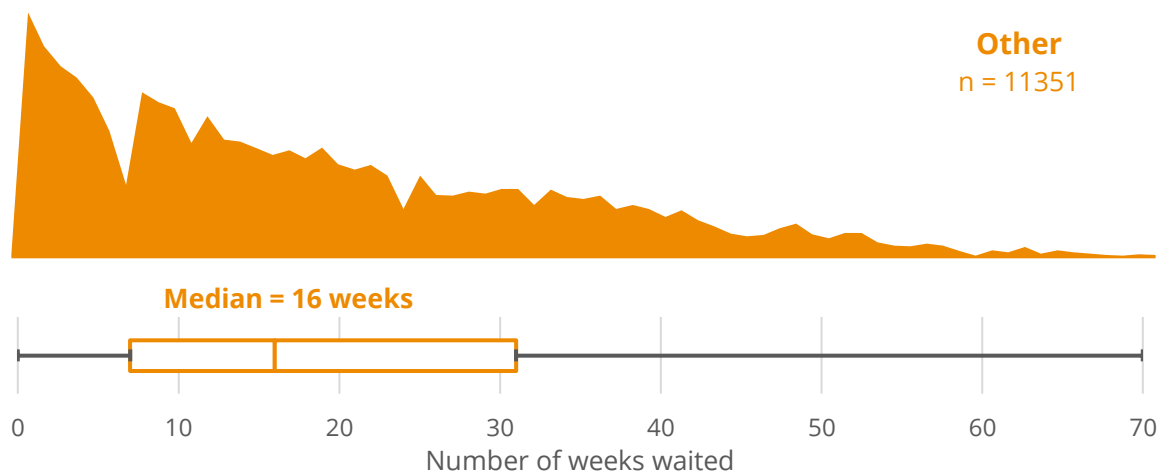
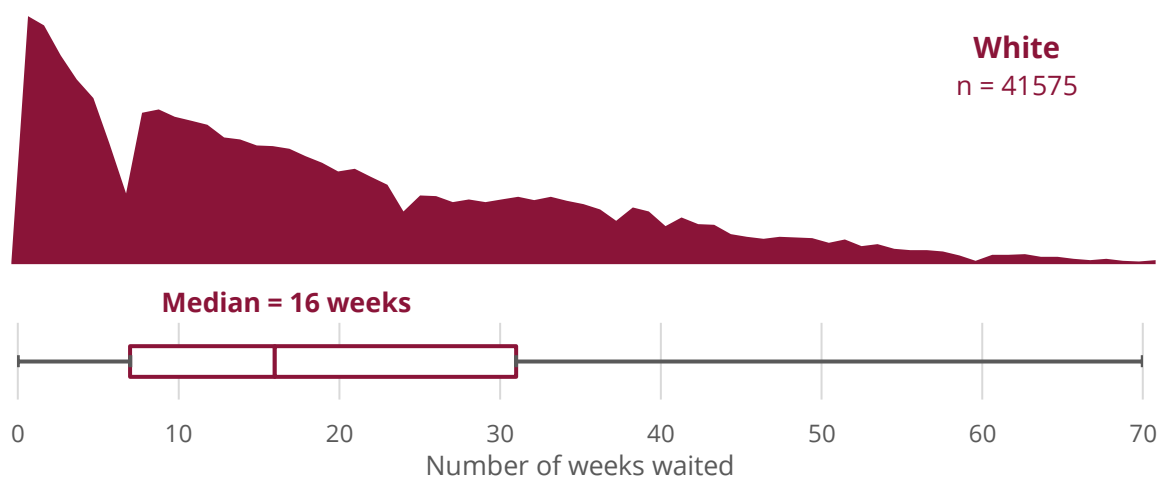
By deprivation - Index of Multiple Deprivation (IMD) quintile





By ethnicity

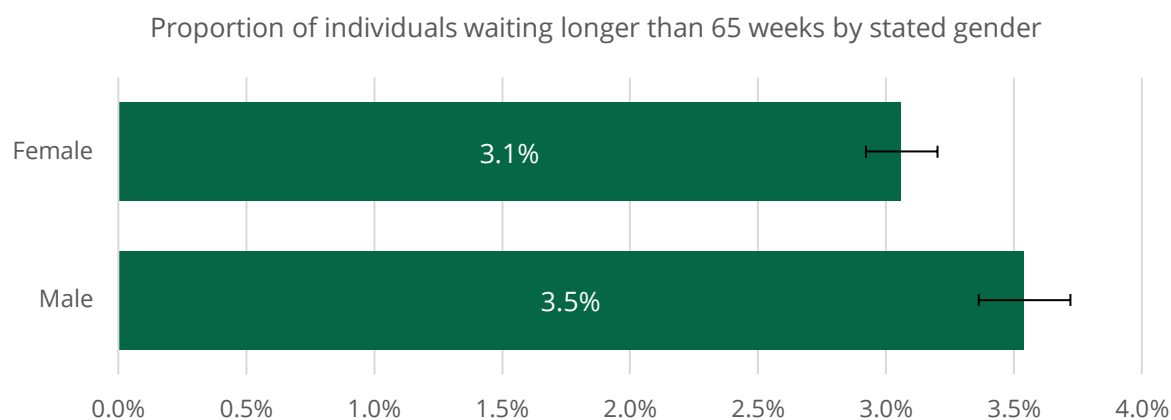
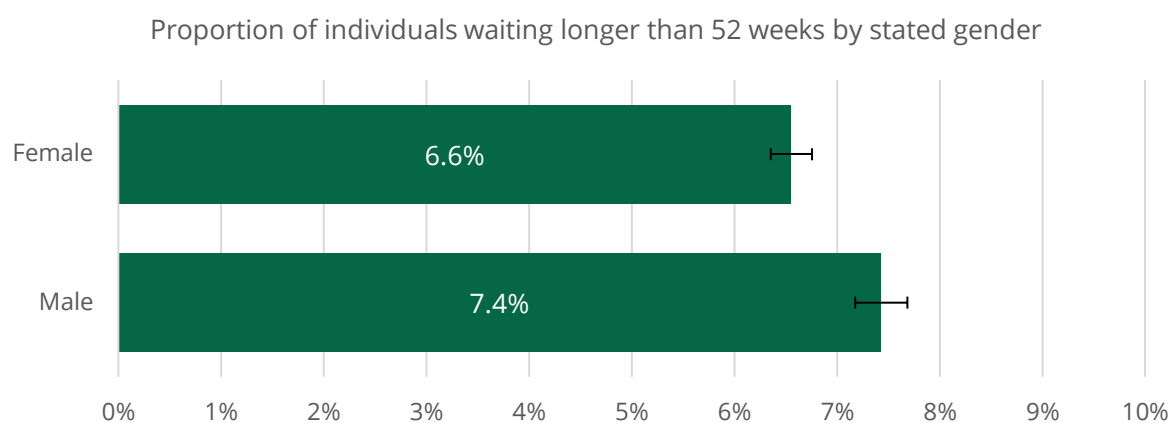
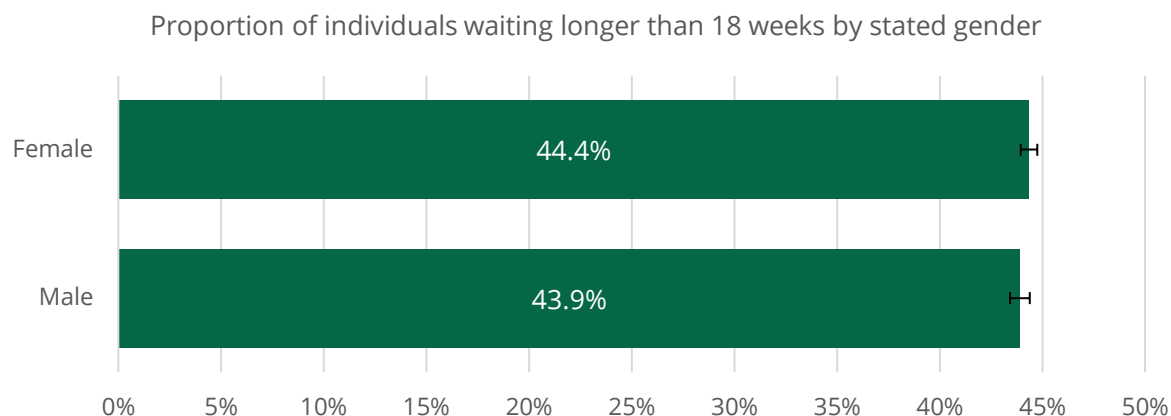




1.2 Those waiting longer than 18 weeks, 52 weeks and 65 weeks

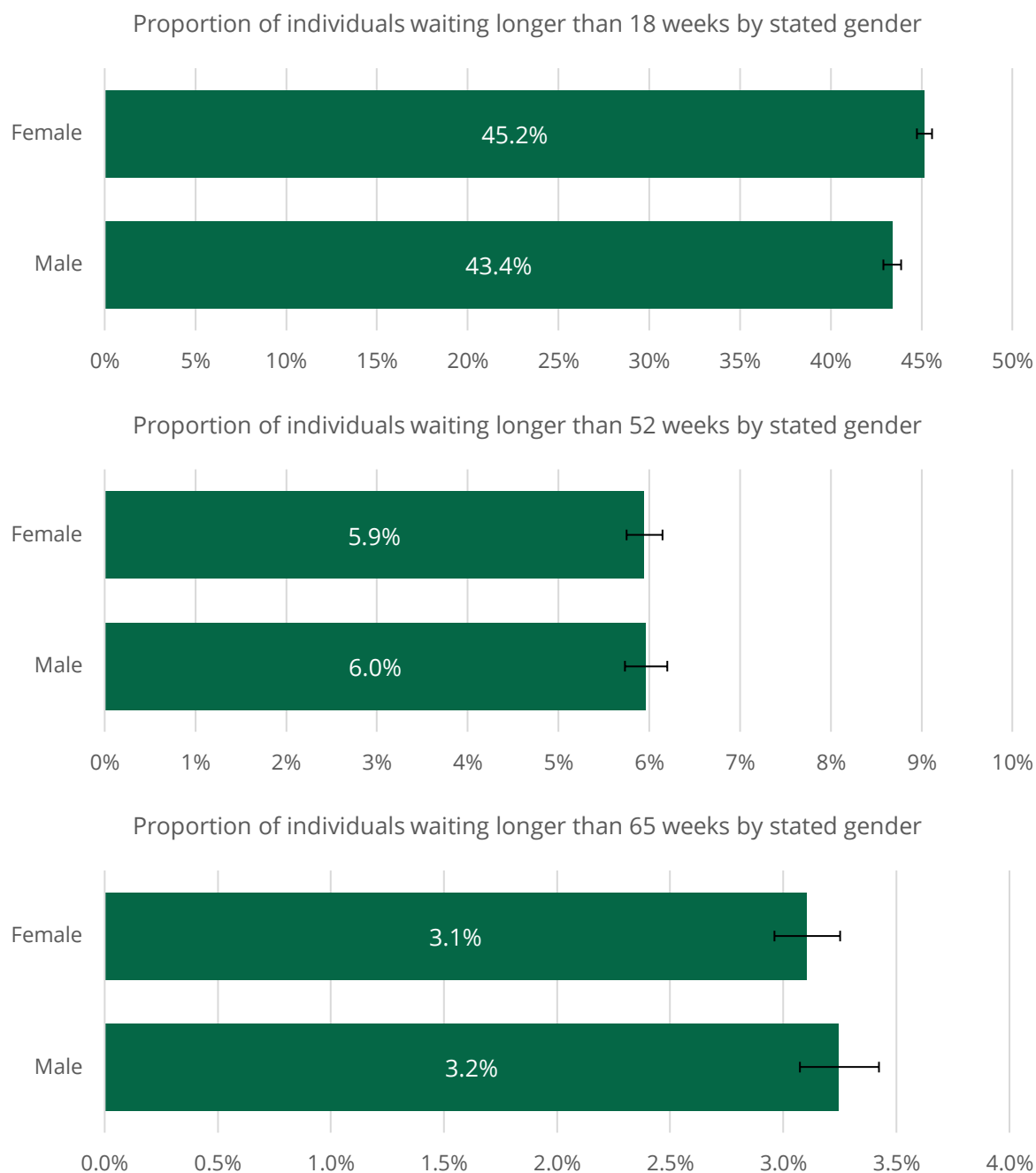
By stated gender

Waiting list as of the end of July 2024



By stated gender

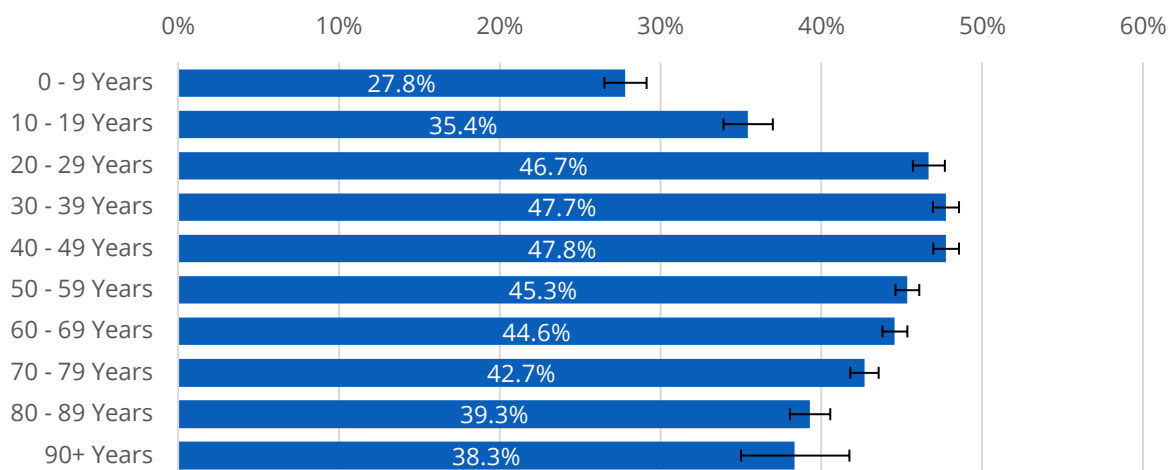
Waiting list as of the end of January 2025



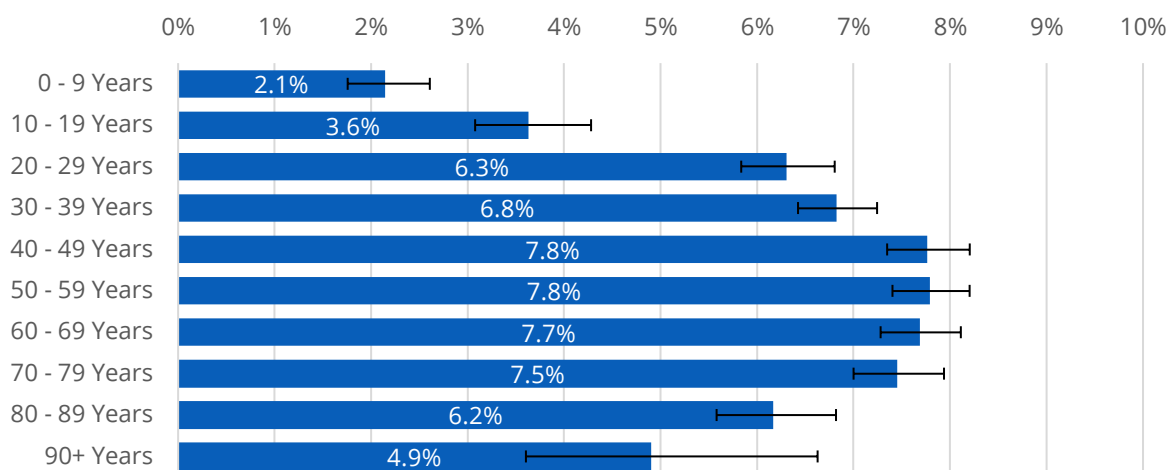
By age group

Waiting list as of the end of July 2024

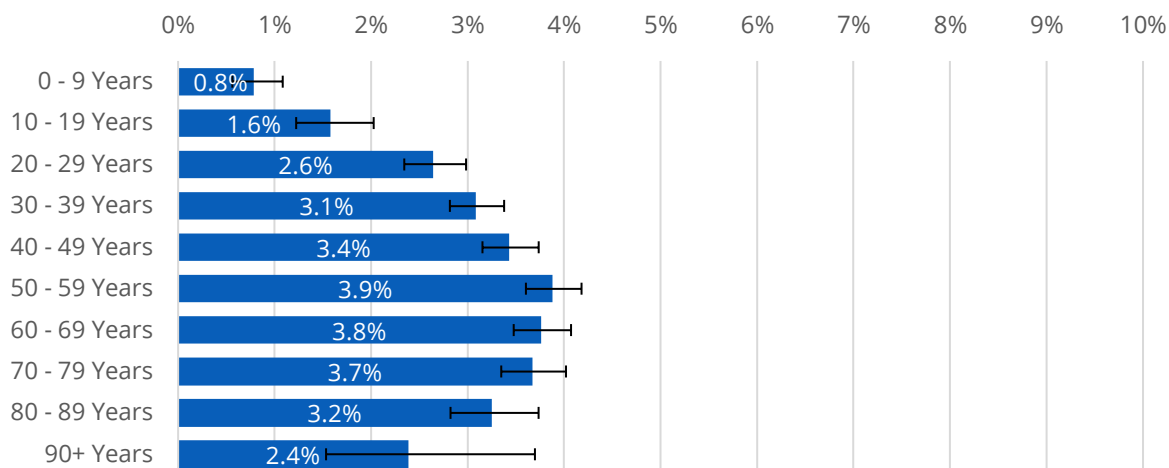
Proportion of individuals waiting longer than 18 weeks by age group



Proportion of individuals waiting longer than 52 weeks by age group

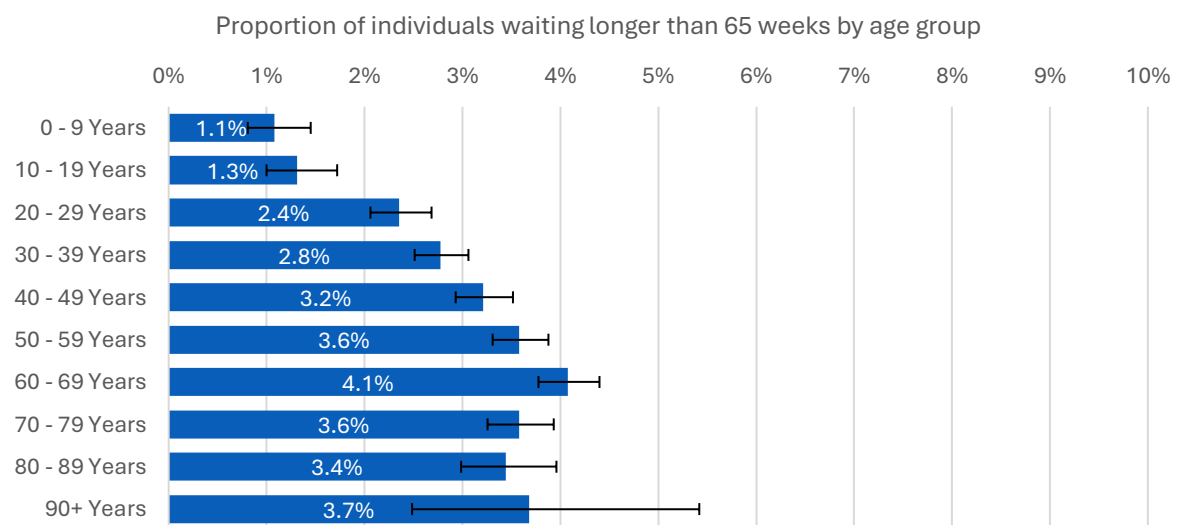
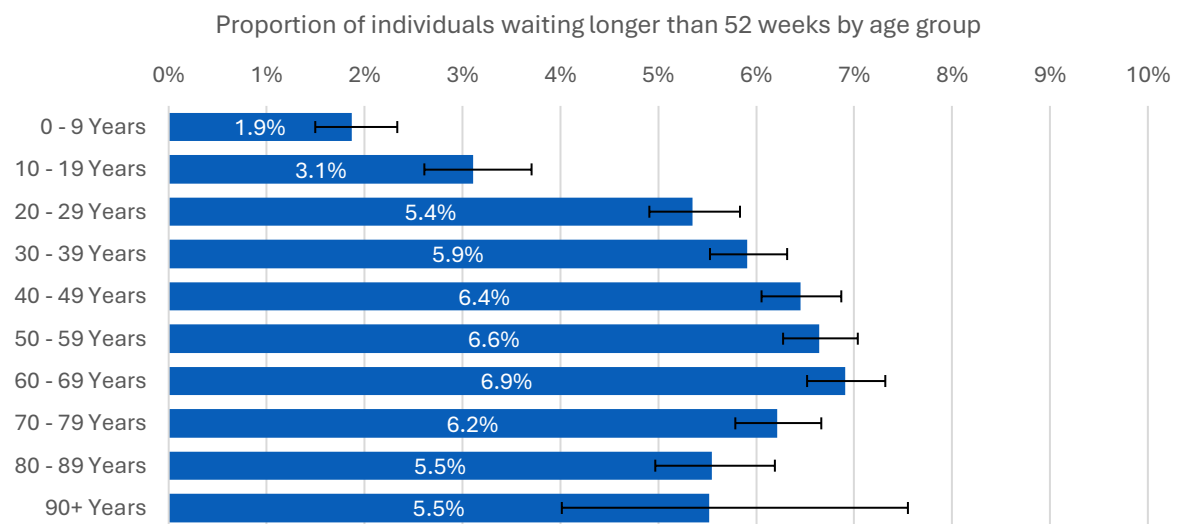
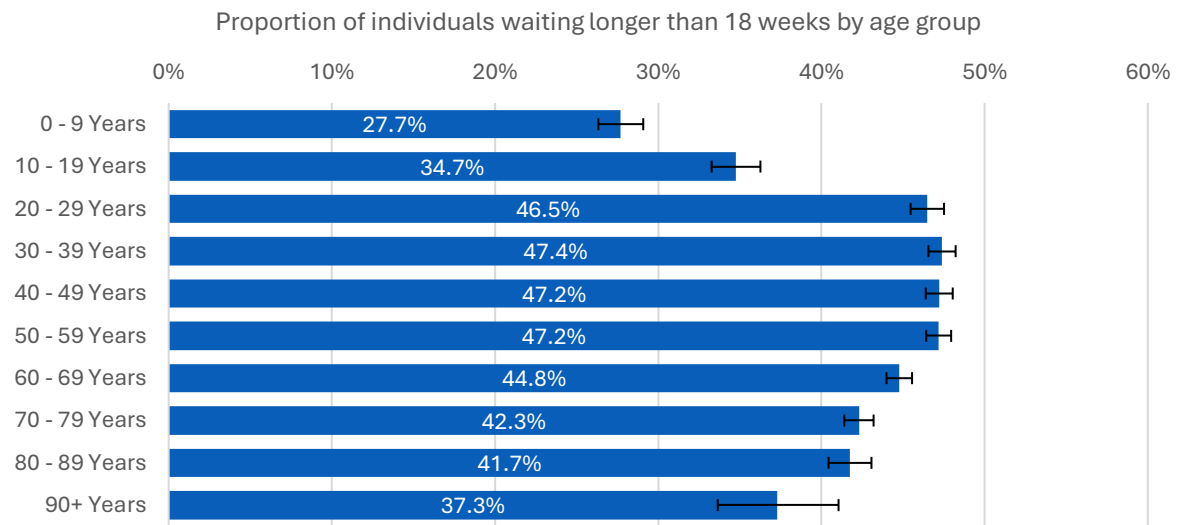


Proportion of individuals waiting longer than 65 weeks by age group



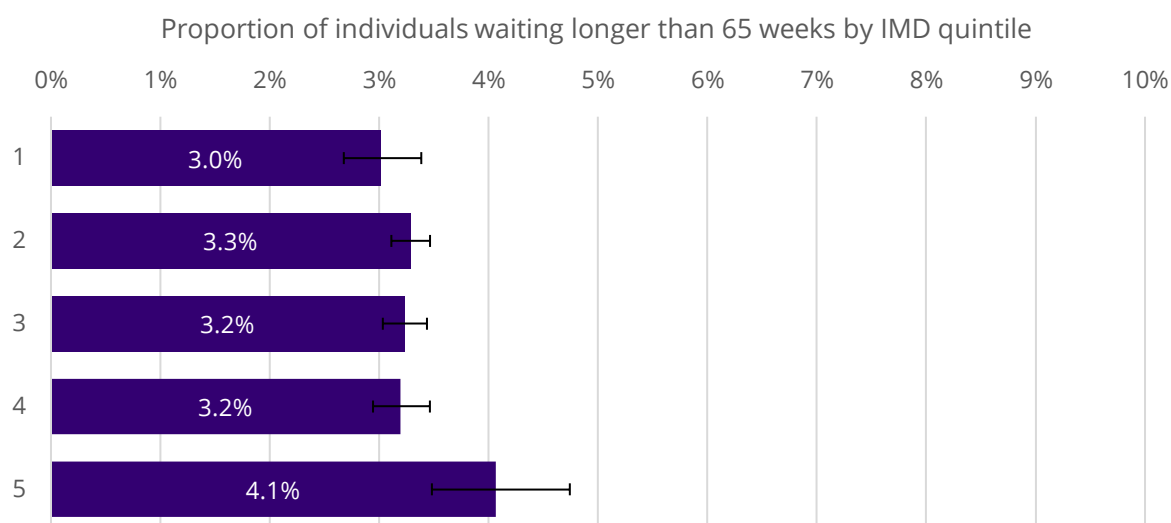
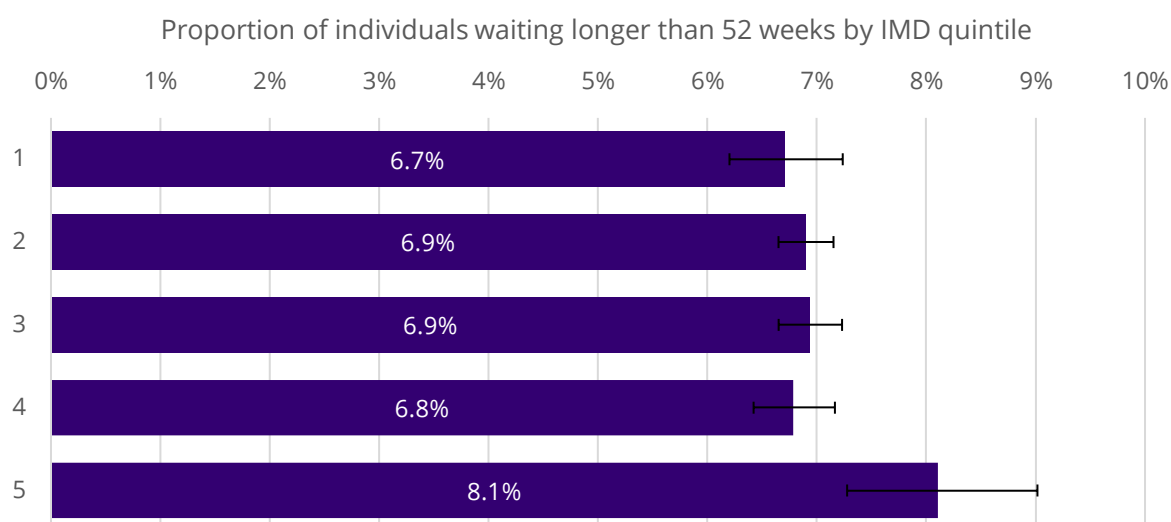
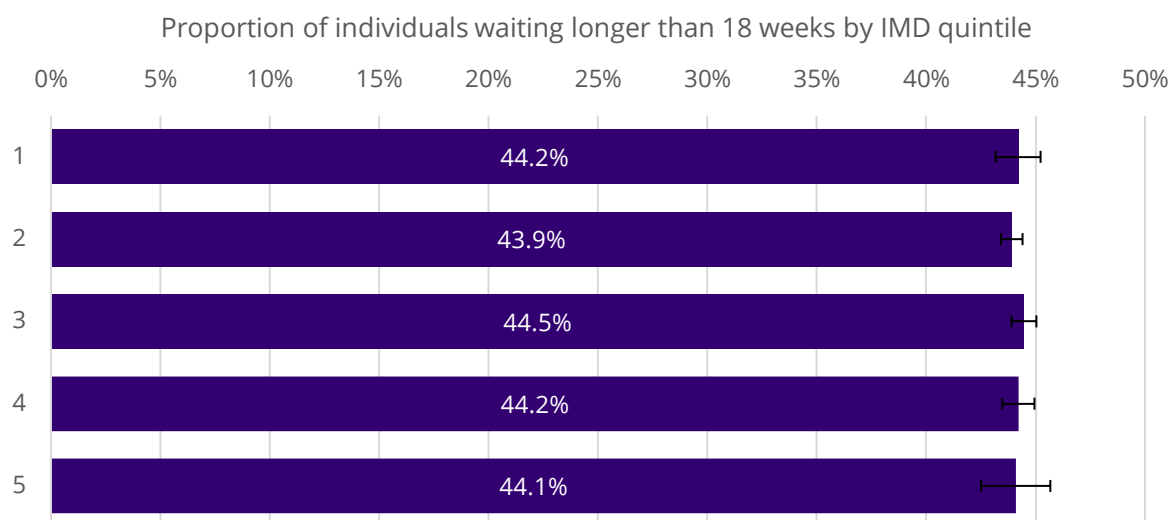
By age group

Waiting list as of the end of January 2025

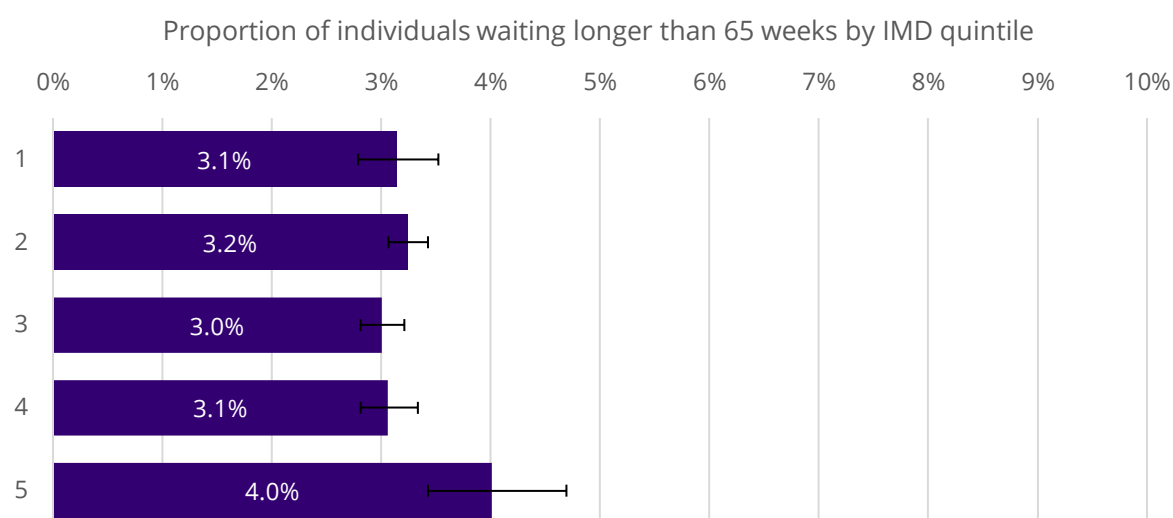
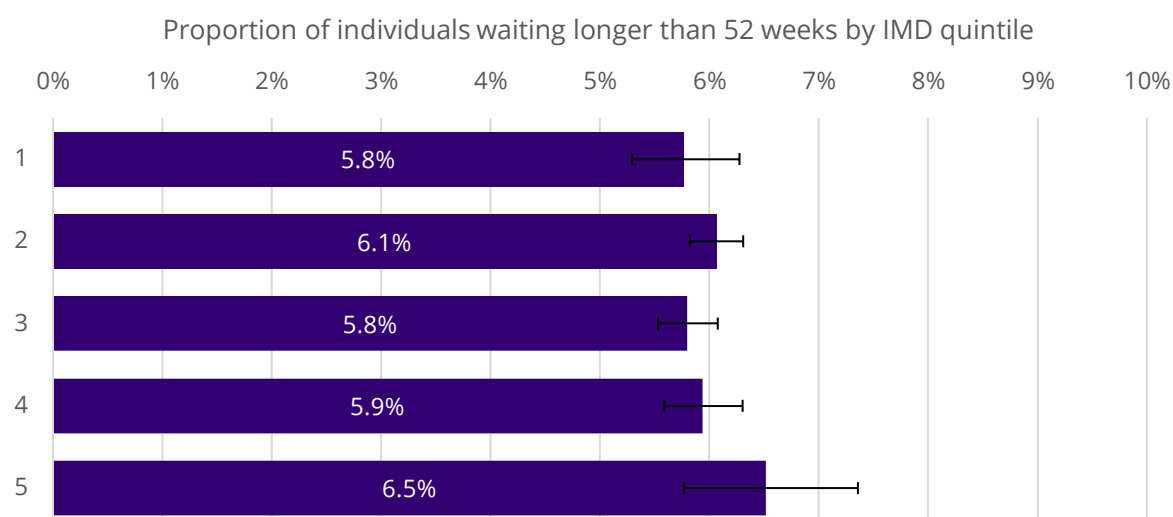
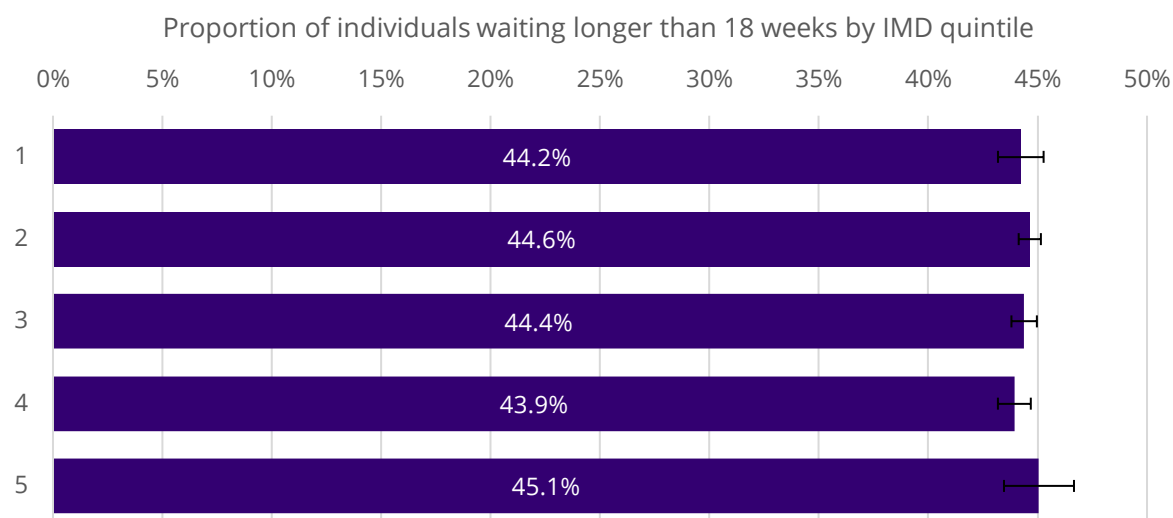


By deprivation - Index of Multiple Deprivation (IMD) quintile

Waiting list as of the end of July 2024

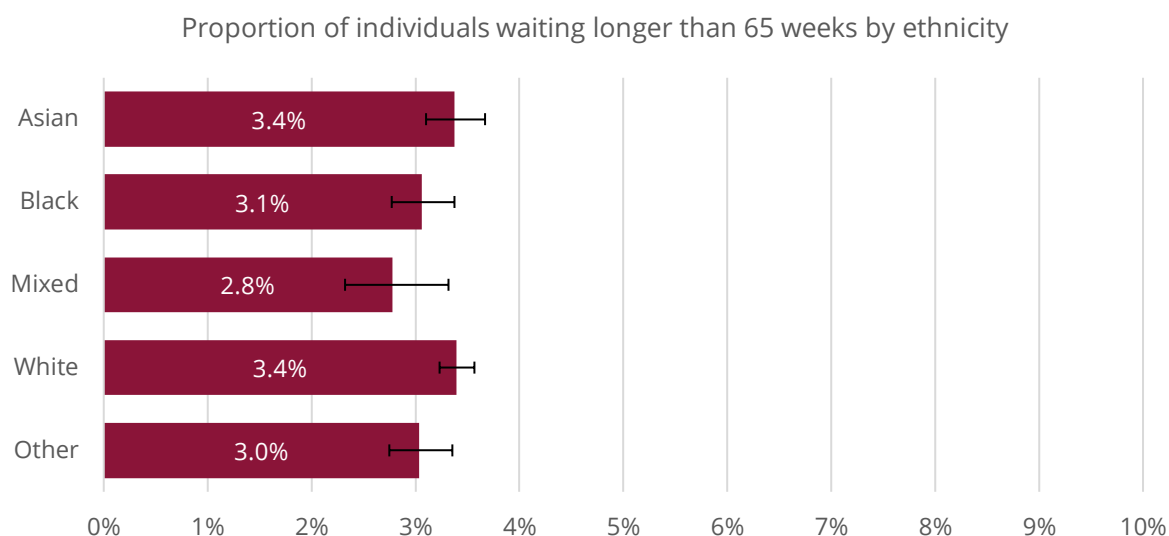
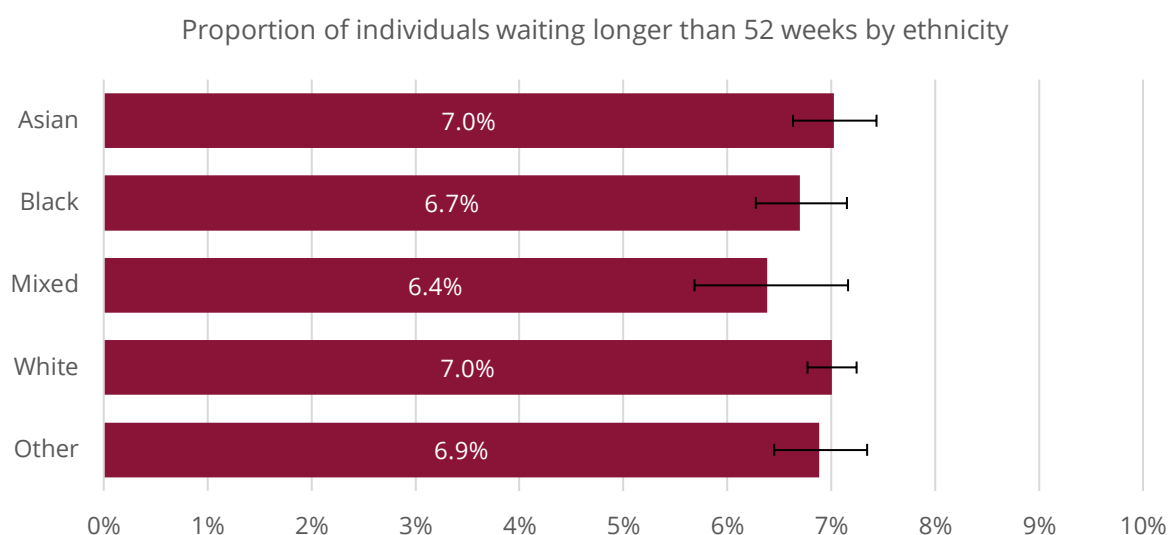
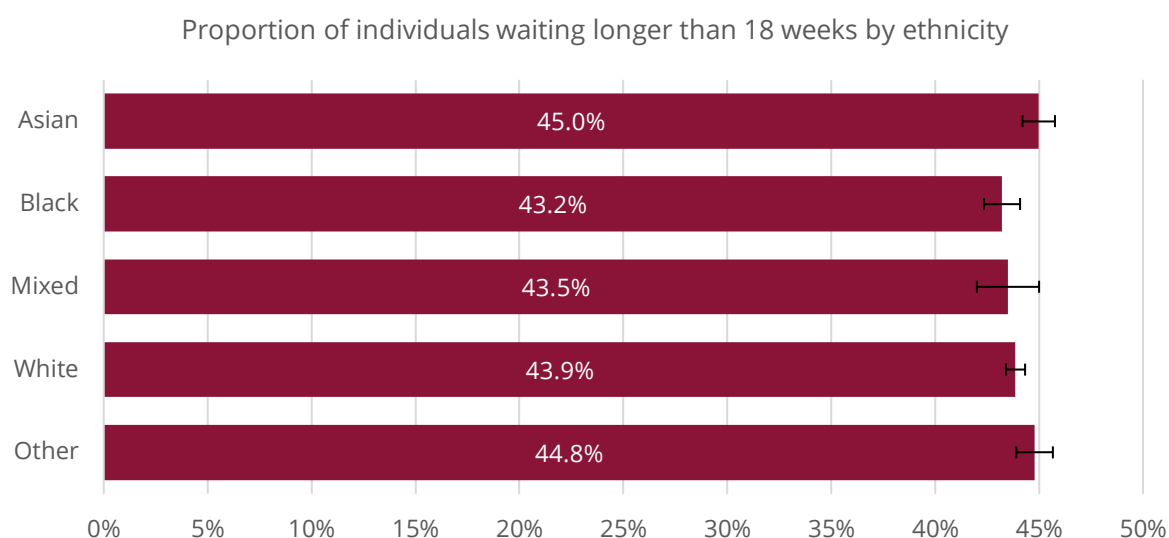


By deprivation - Index of Multiple Deprivation (IMD) quintile
Waiting list as of the end of January 2025



By ethnicity

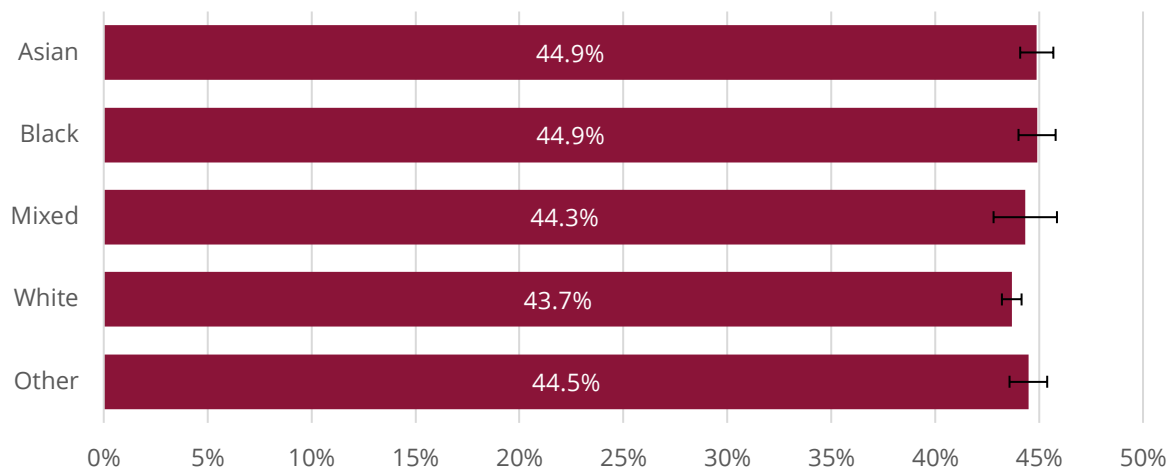
Waiting list as of the end of July 2024



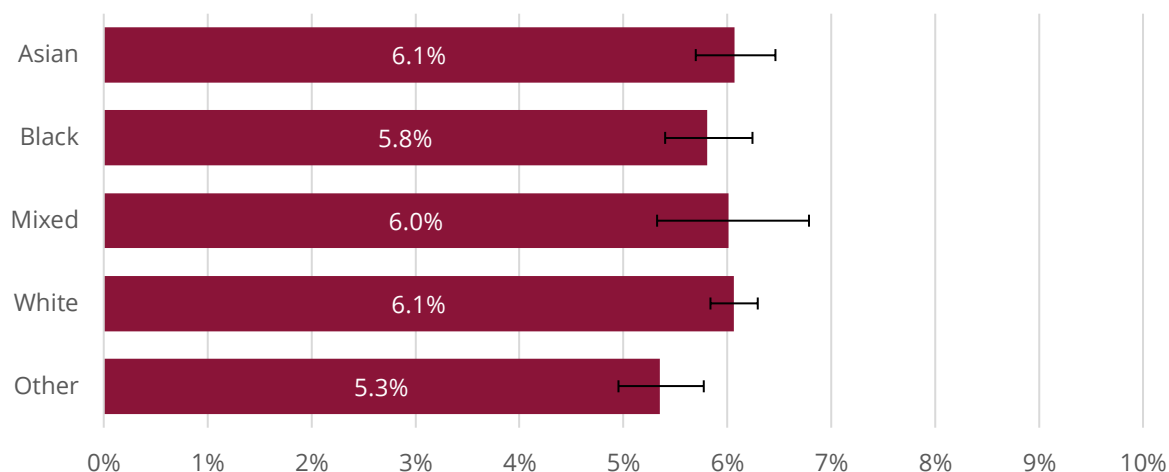
By ethnicity

Waiting list as of the end of January 2025

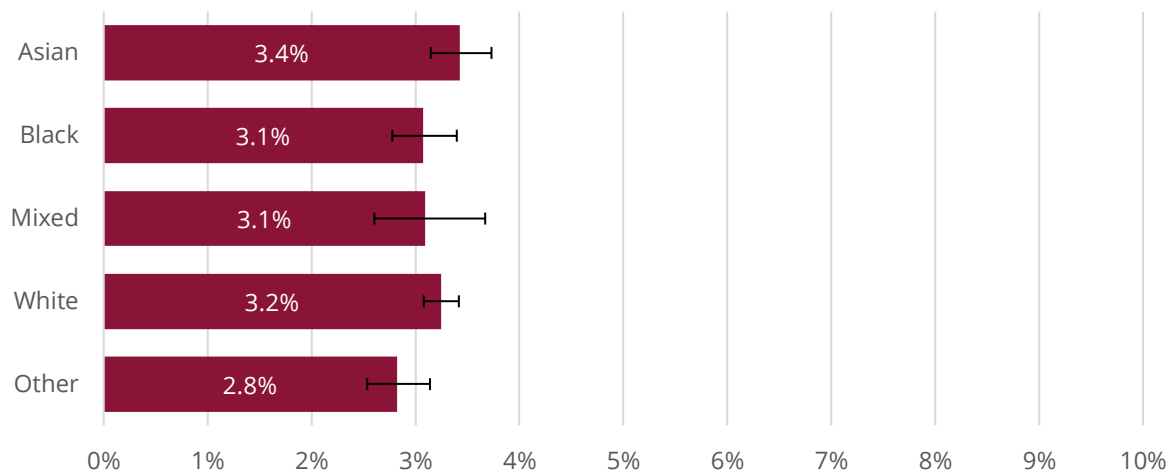
Proportion of individuals waiting longer than 18 weeks by ethnicity



Proportion of individuals waiting longer than 52 weeks by ethnicity



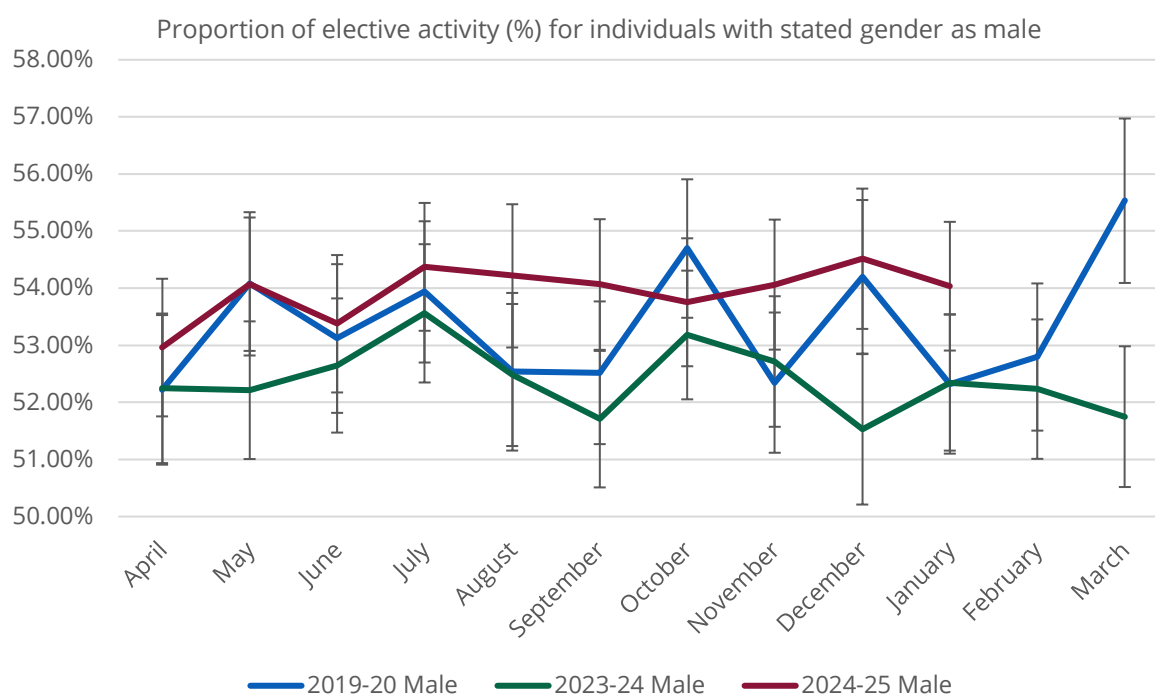
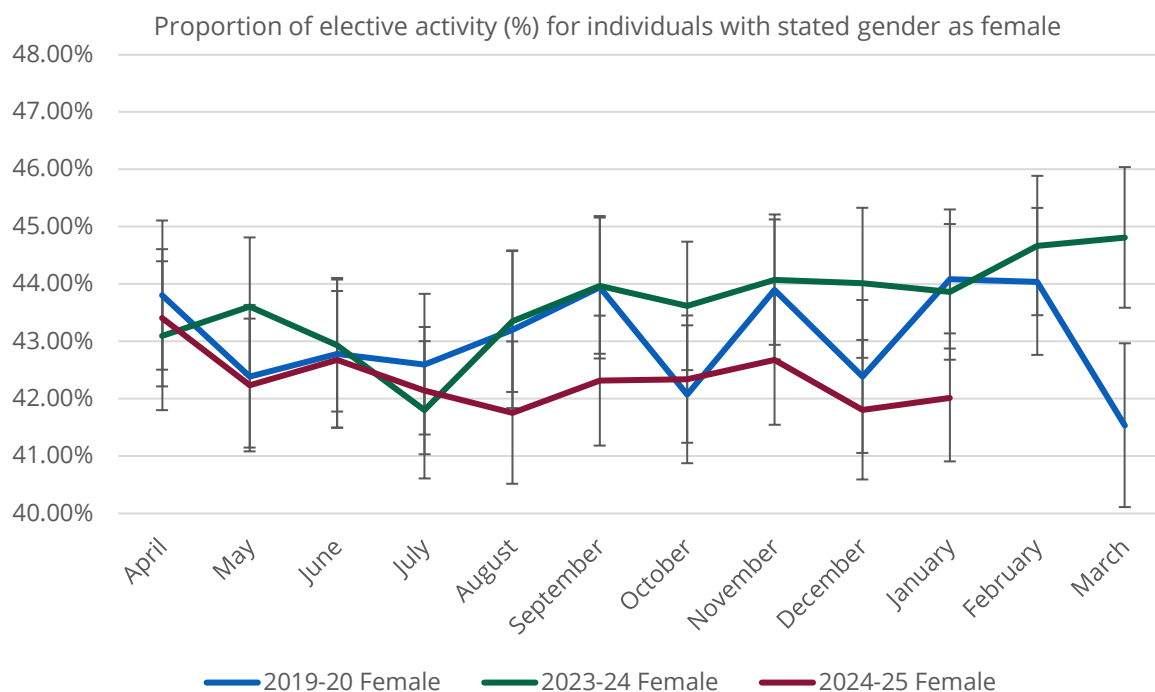
Proportion of individuals waiting longer than 65 weeks by ethnicity



1.3 Elective activity vs pre-pandemic levels for under 18s

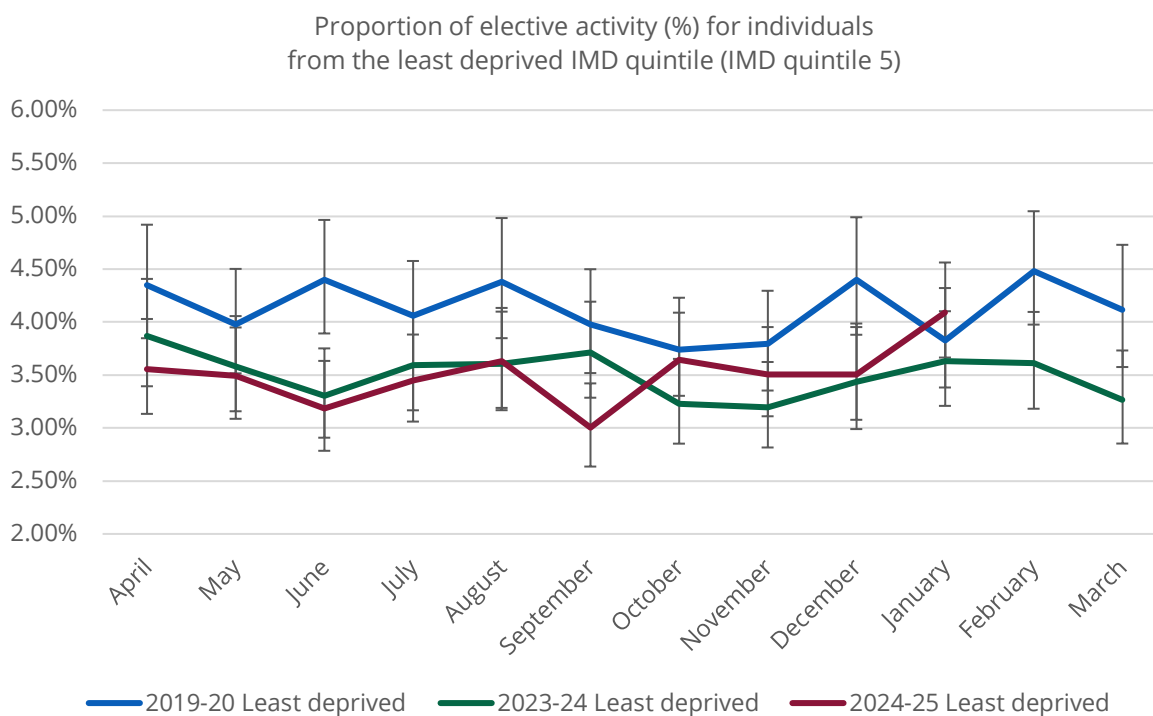
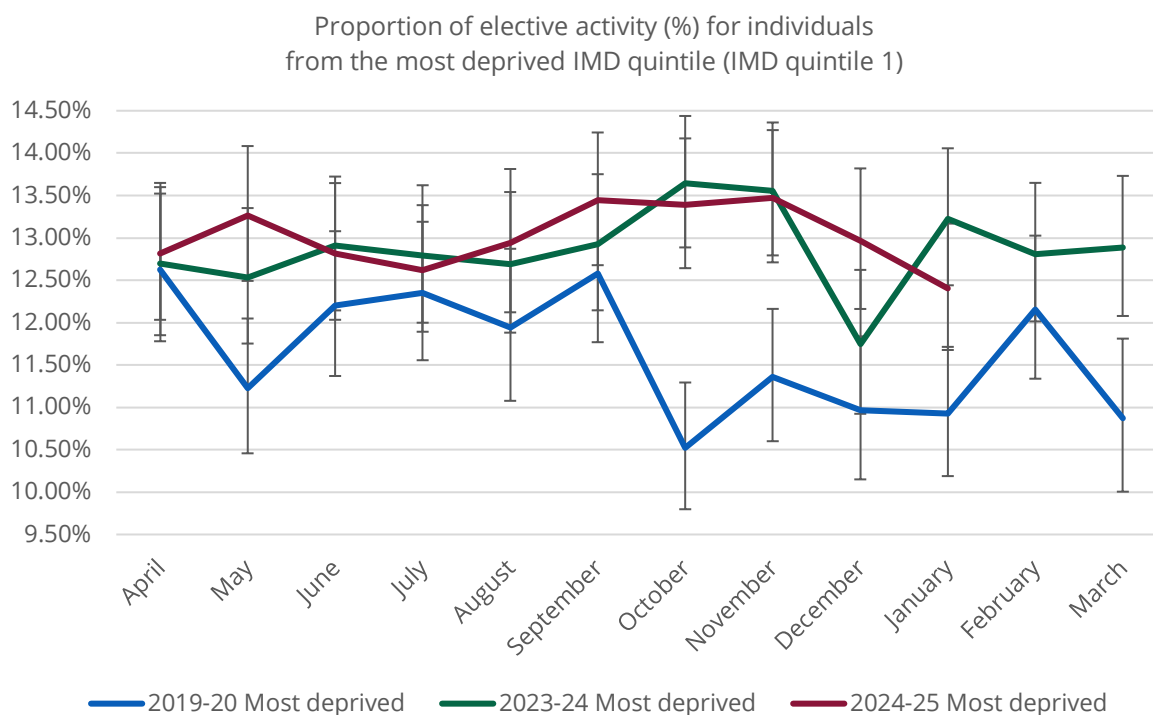
By stated gender

Proportion of elective activity for individuals under the age of 18, with a gender stated as female or male, for 2019/20, 2023/24 and the first 10 months of 2024/25.



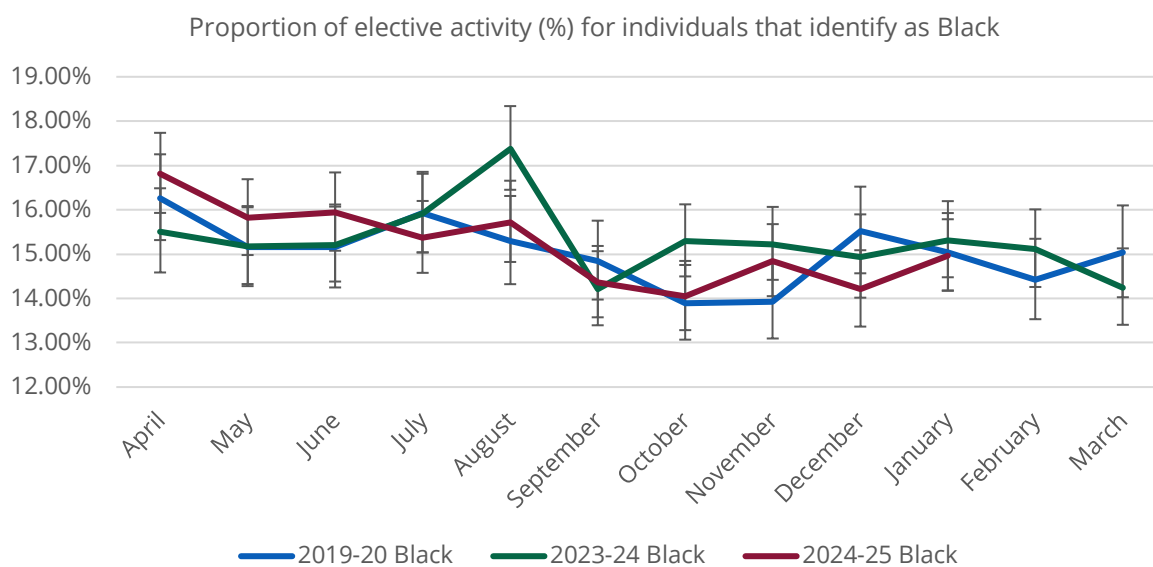
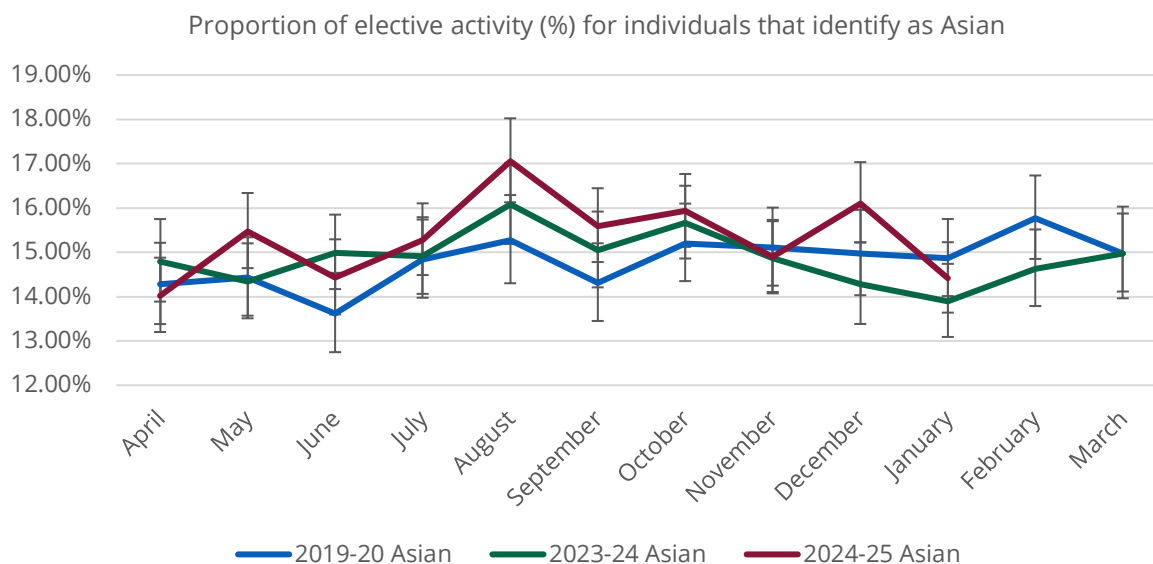
By deprivation - Index of Multiple Deprivation (IMD) quintile

Proportion of elective activity for individuals under the age of 18, from IMD quintile 1 and IMD quintile 5, for 2019/20, 2023/24 and the first 10 months of 2024/25.

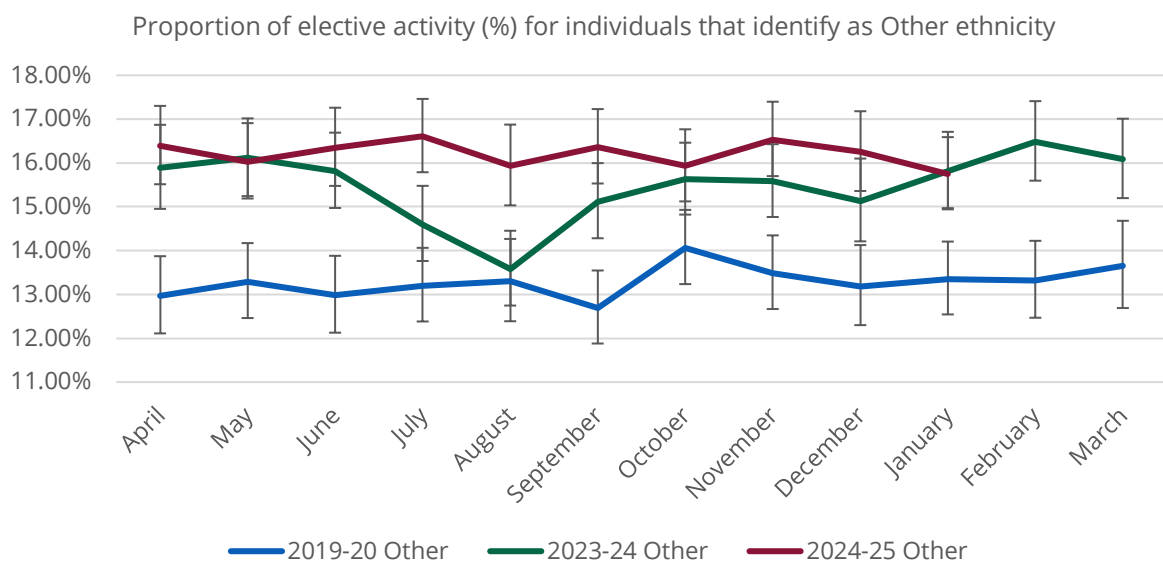
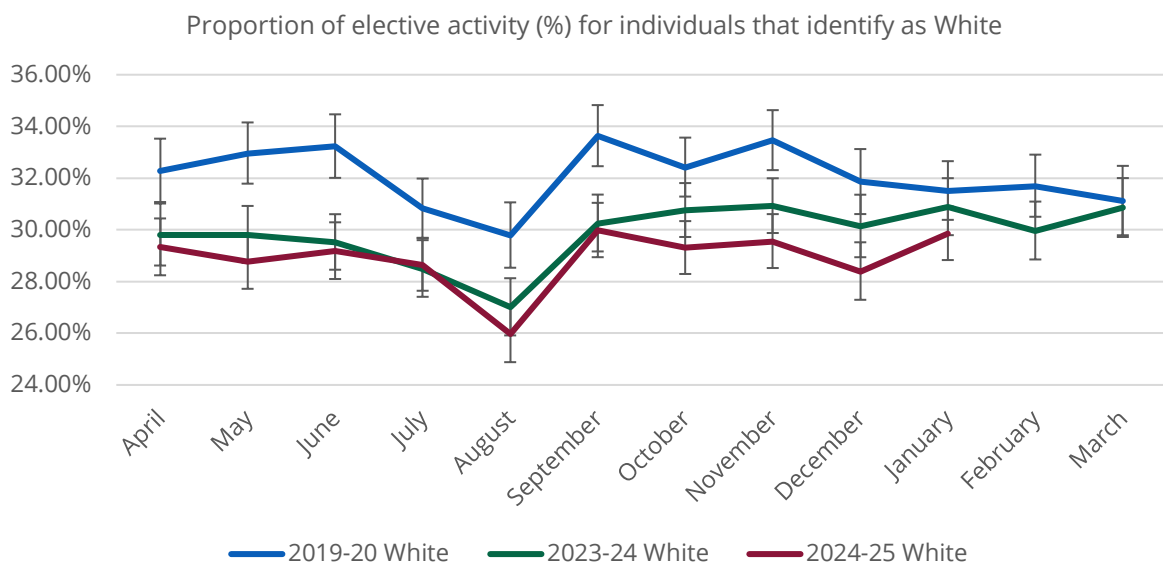
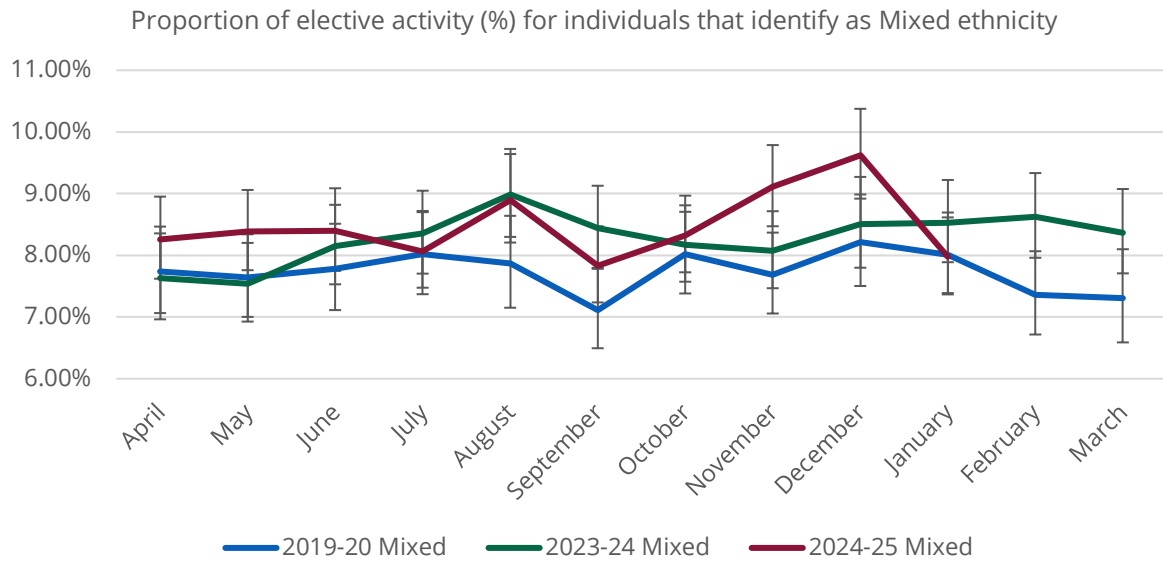


By ethnicity

Proportion of elective activity for individuals under the age of 18, from those that identify as Asian, Black, Mixed, White or Other ethnicity, for 2019/20, 2023/24 and the first 10 months of 2024/25.



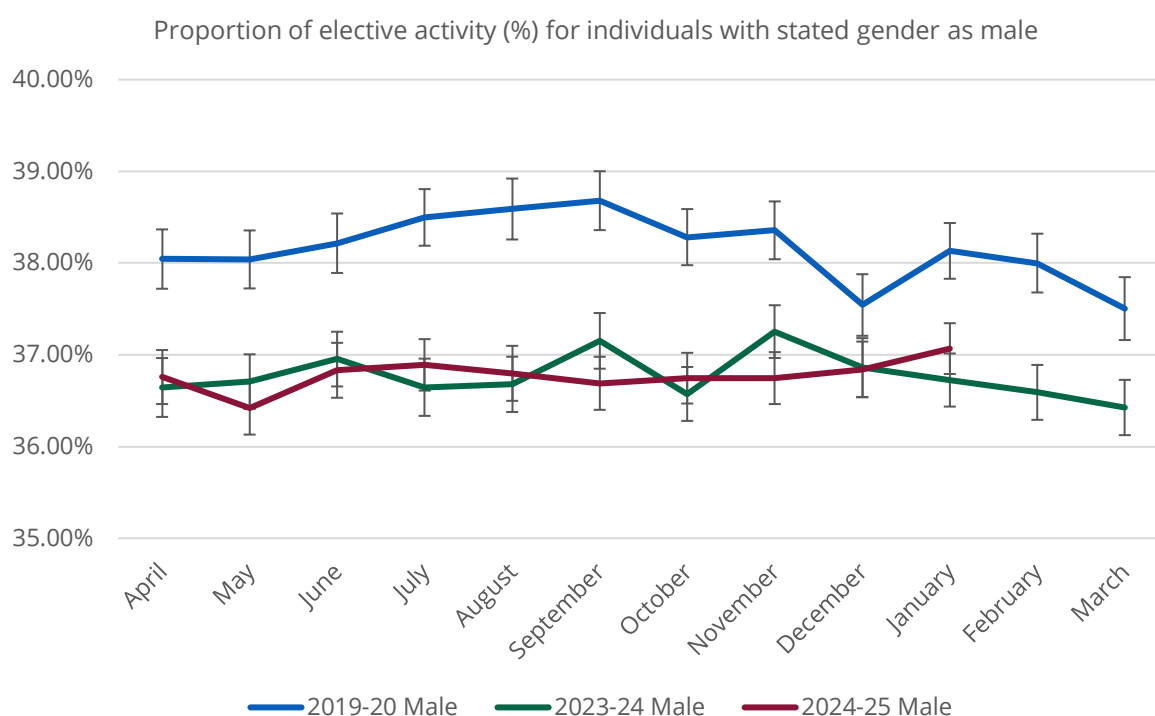
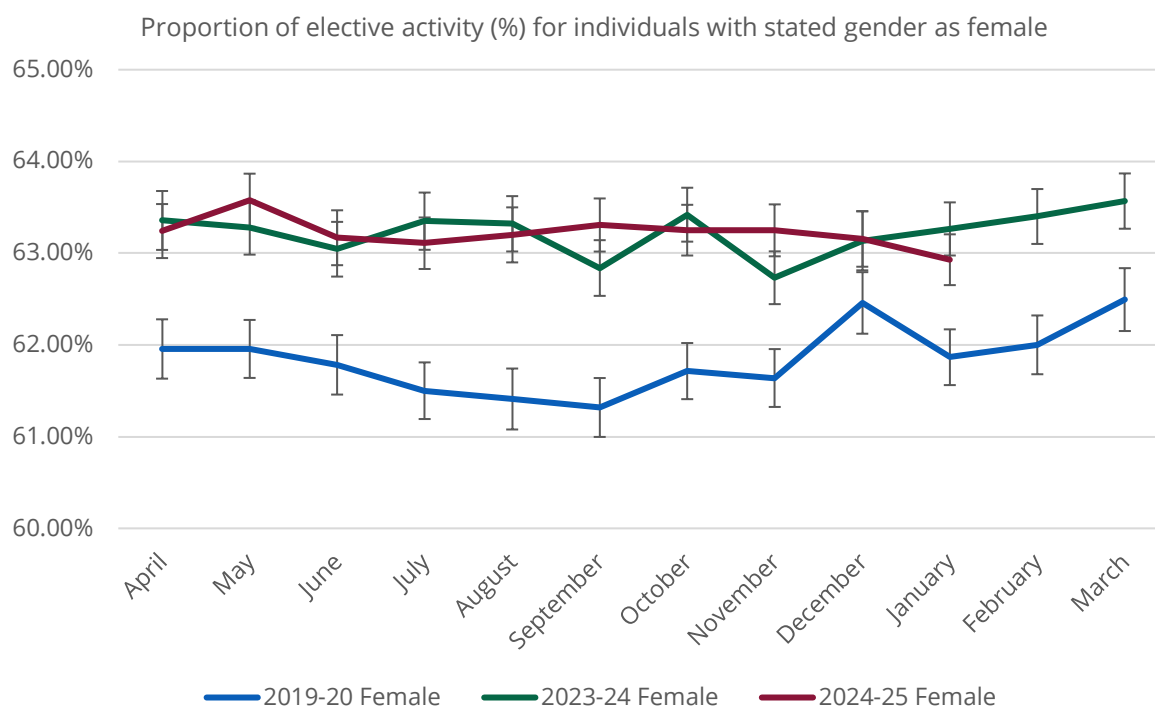
Trust response to NHS England's statement on information on health inequalities 24/25



1.4 Elective activity vs pre-pandemic levels for over 18s

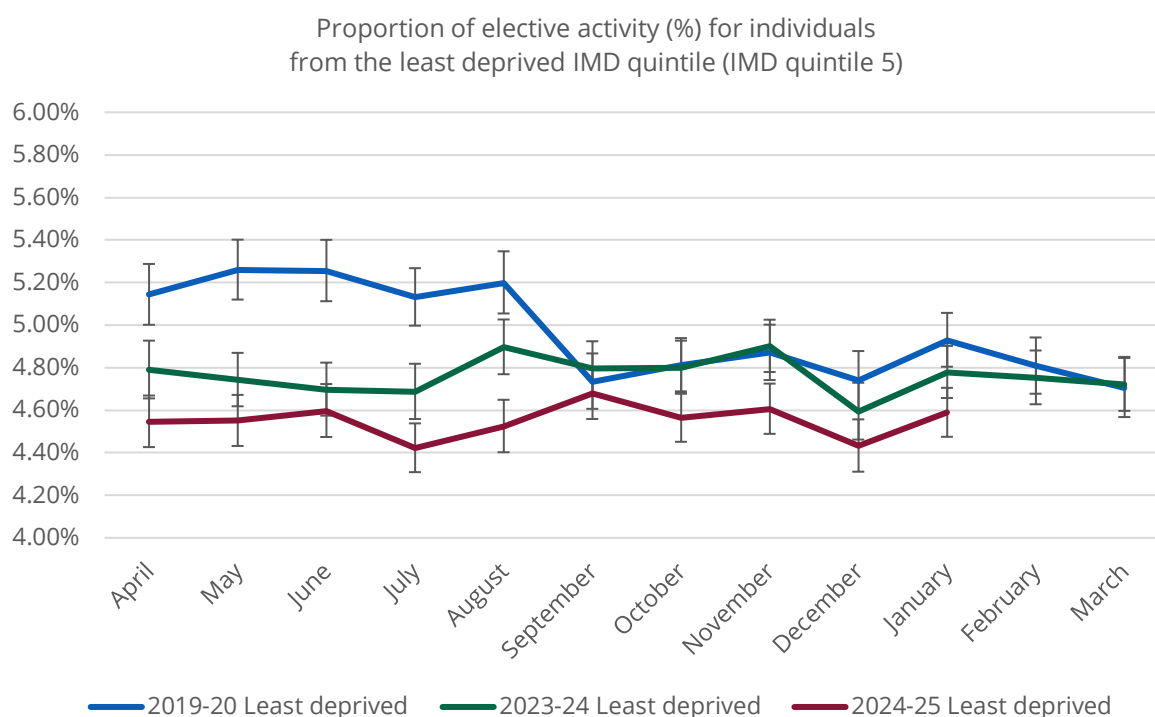
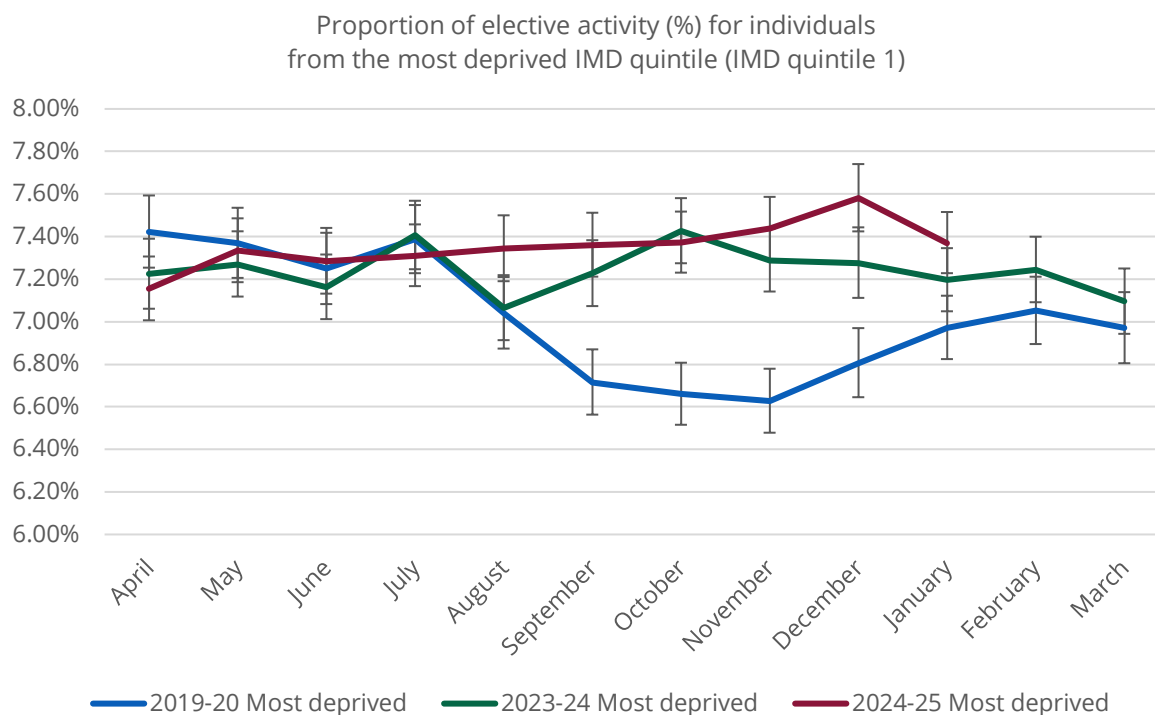
By stated gender

Proportion of elective activity for individuals over the age of 18, with a gender stated as female or male, for 2019/20, 2023/24 and the first 10 months of 2024/25.



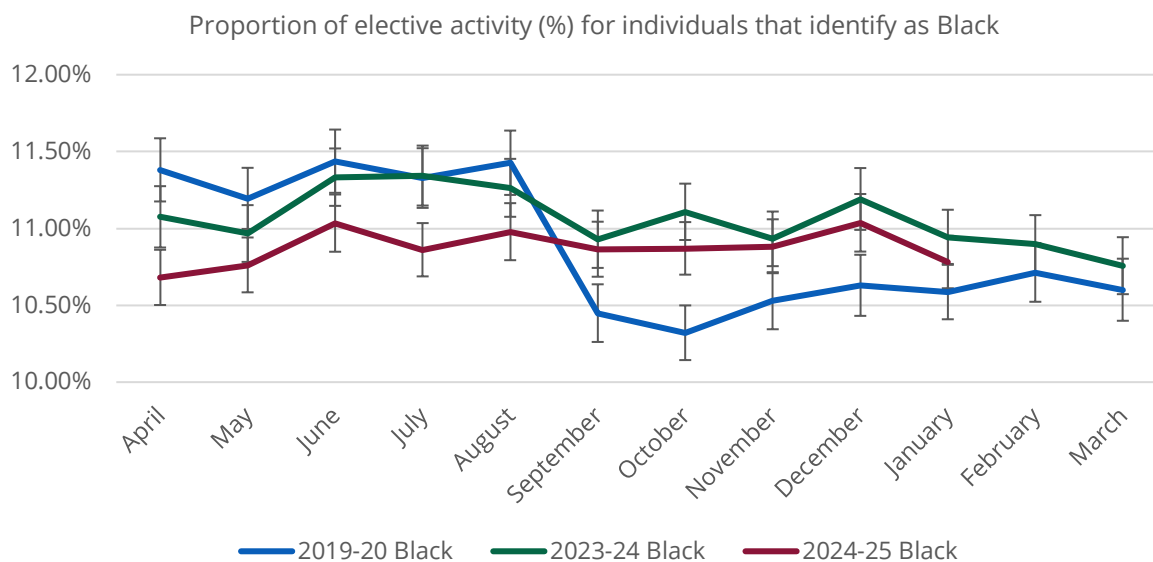
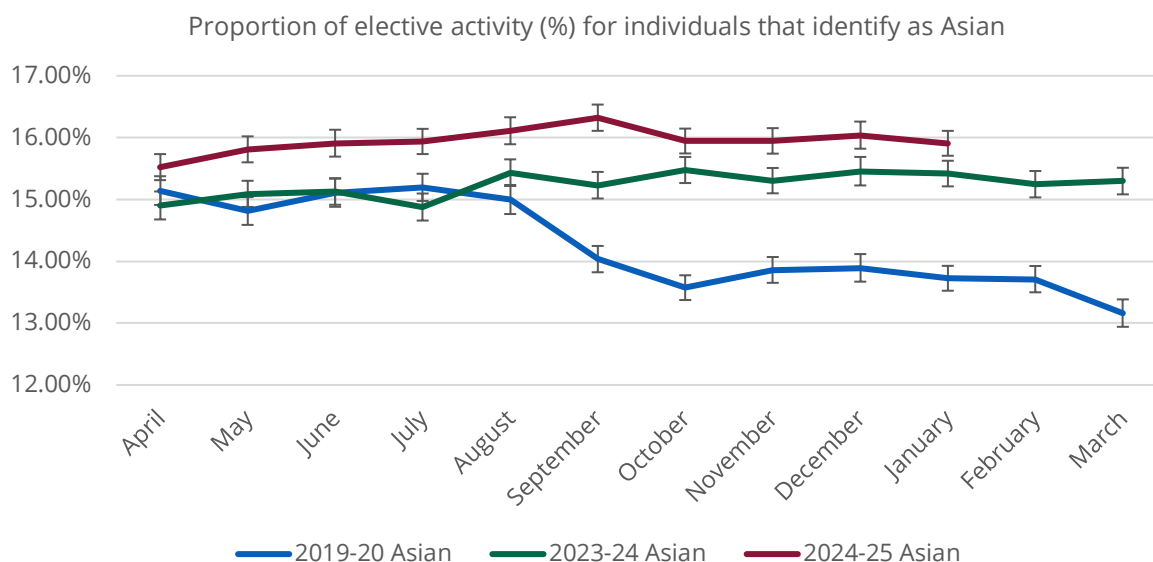
By deprivation - Index of Multiple Deprivation (IMD) quintile

Proportion of elective activity for individuals over the age of 18, from IMD quintile 1 and IMD quintile 5, for 2019/20, 2023/24 and the first 10 months of 2024/25.

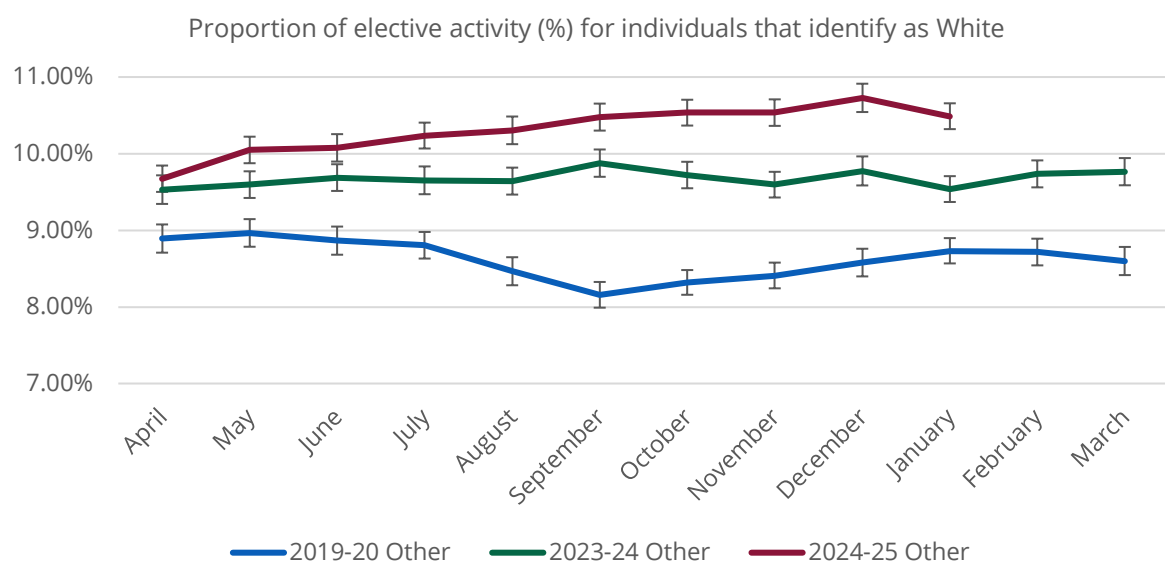
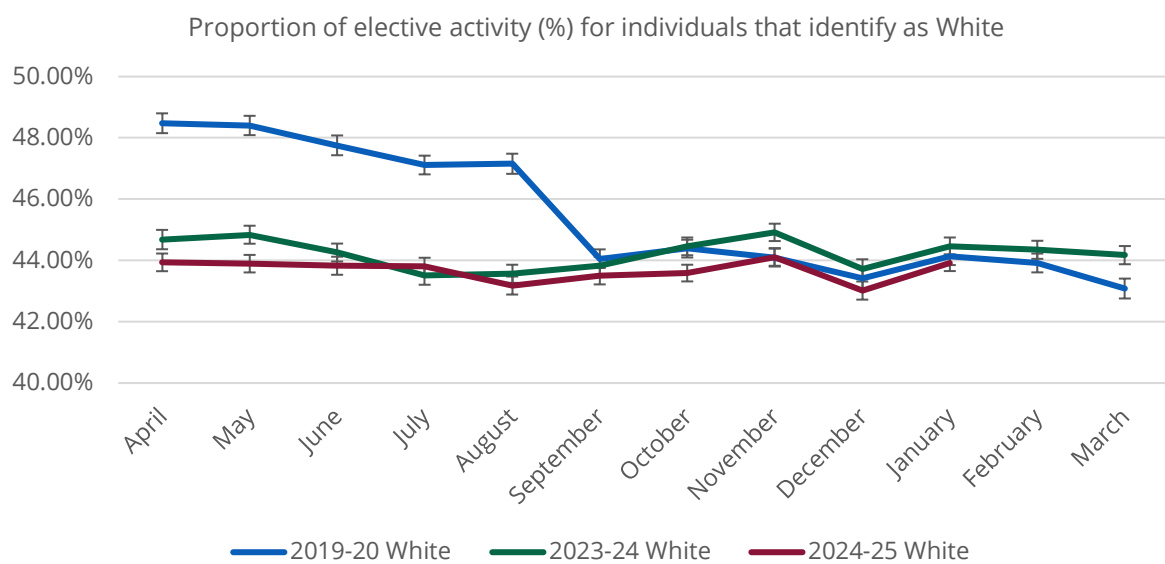
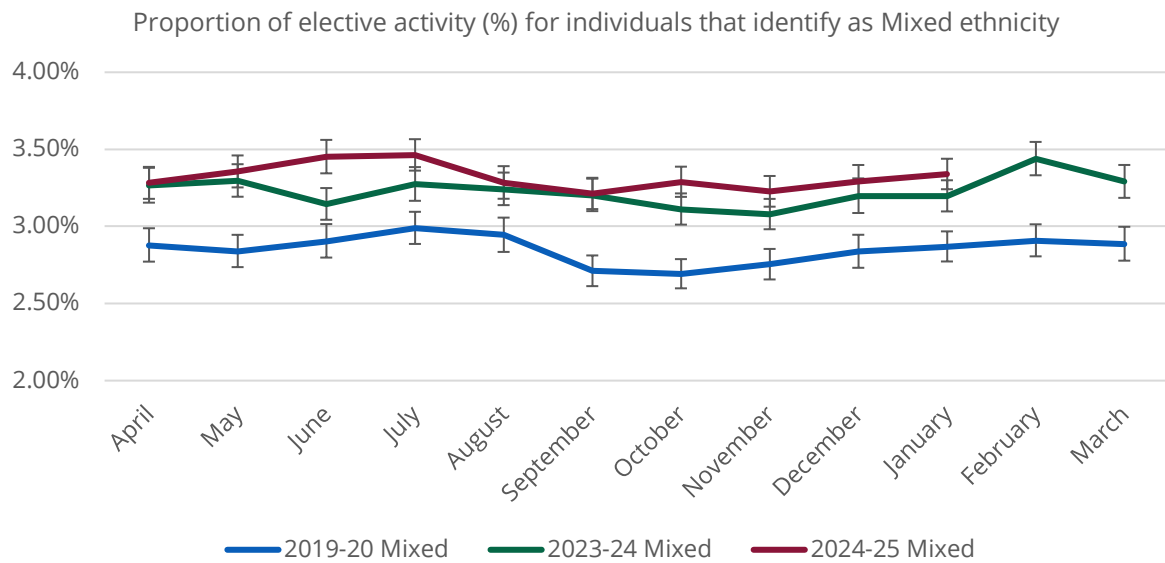


By ethnicity

Proportion of elective activity for individuals over the age of 18, that identify as Asian, Black, Mixed, White or Other ethnicity, for 2019/20, 2023/24 and the first 10 months of 2024/25.



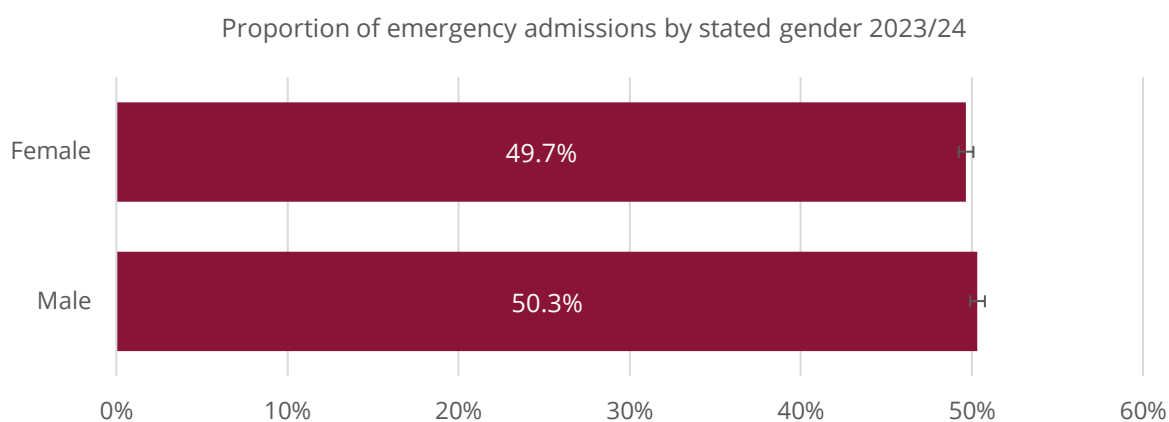
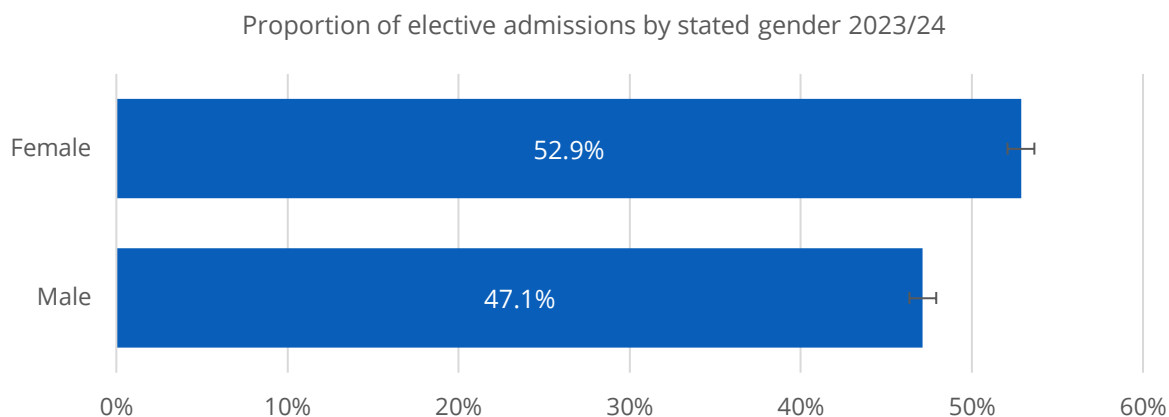
Trust response to NHS England's statement on information on health inequalities 24/25



1.5 Elective and emergency admissions

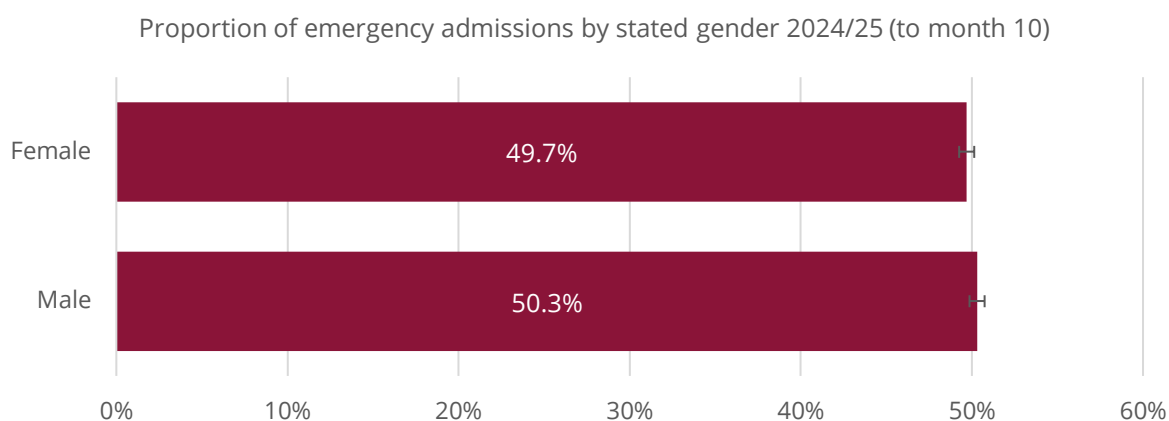
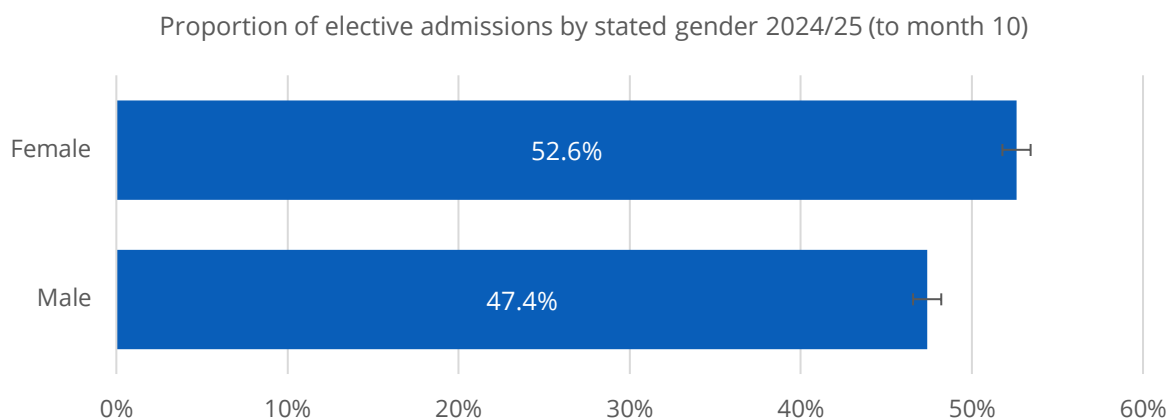
By stated gender

Proportion of elective and emergency admissions for individuals with a stated gender as female or male, for 2023/24.



By stated gender

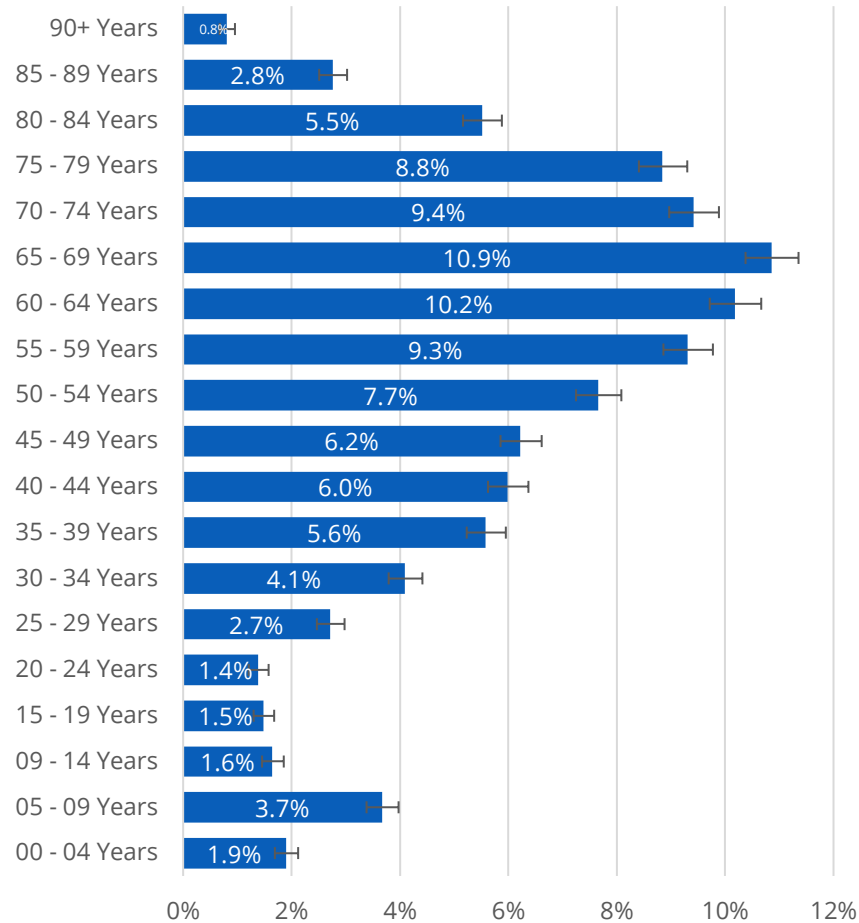
Proportion of elective and emergency admissions for individuals with a stated gender as female or male, for the first 10 months of 2024-25.



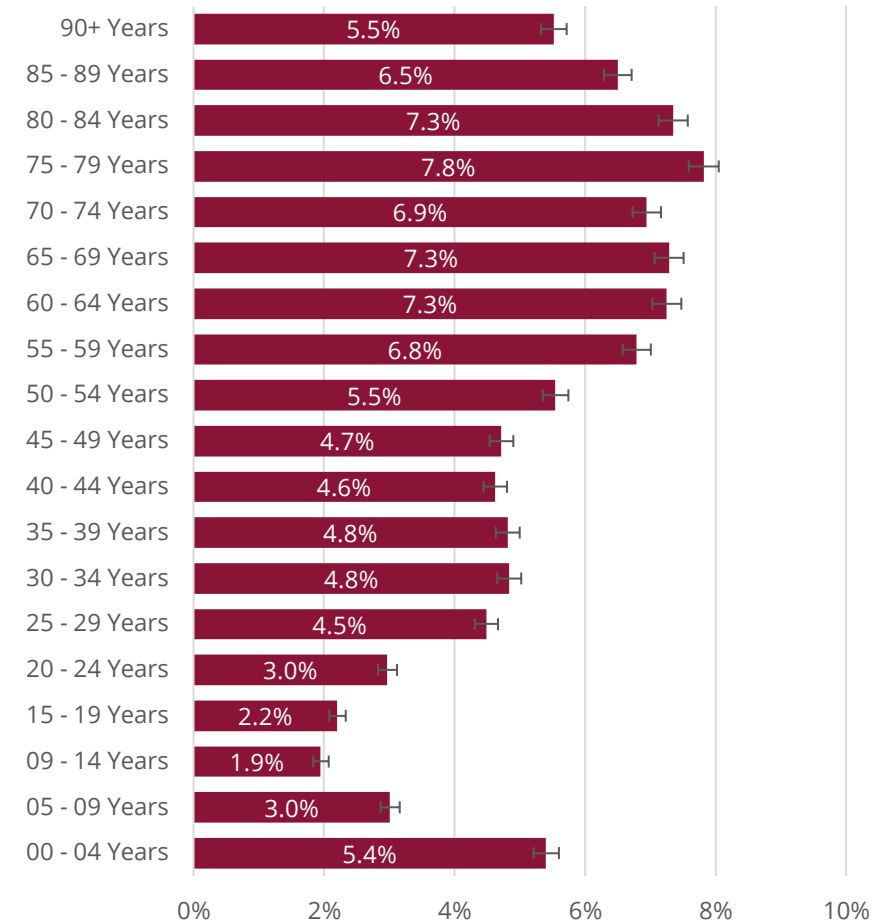
By age group

Proportion of elective and emergency admissions for each age group, for 2023/24.

Proportion of elective admissions by age group
2023/24



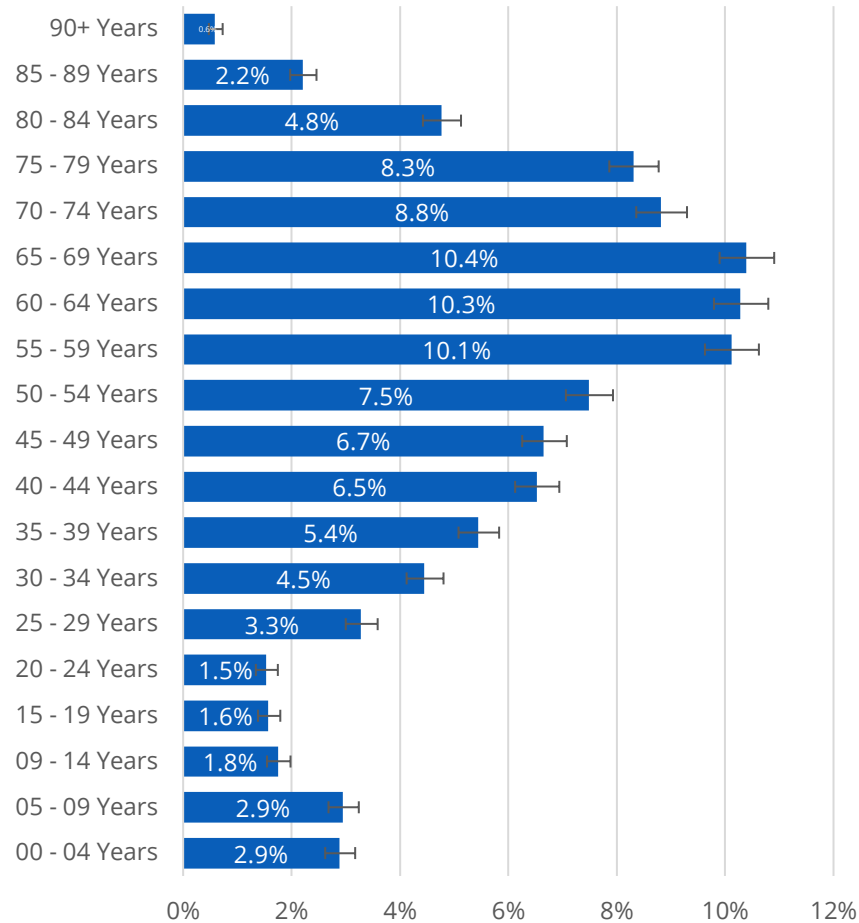
Proportion of emergency admissions by age group
2023/24



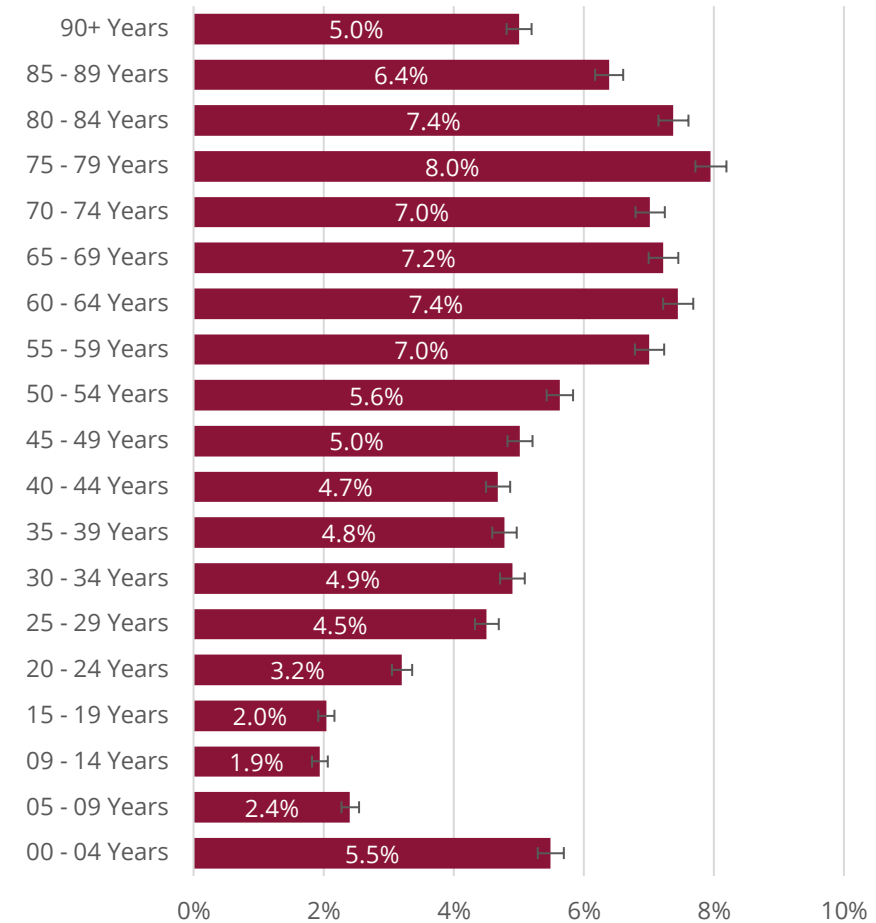
By age group

Proportion of elective and emergency admissions for each age group, for the first 10 months of 2024/25.

Proportion of elective admissions by age group
2024/25 (to month 10)

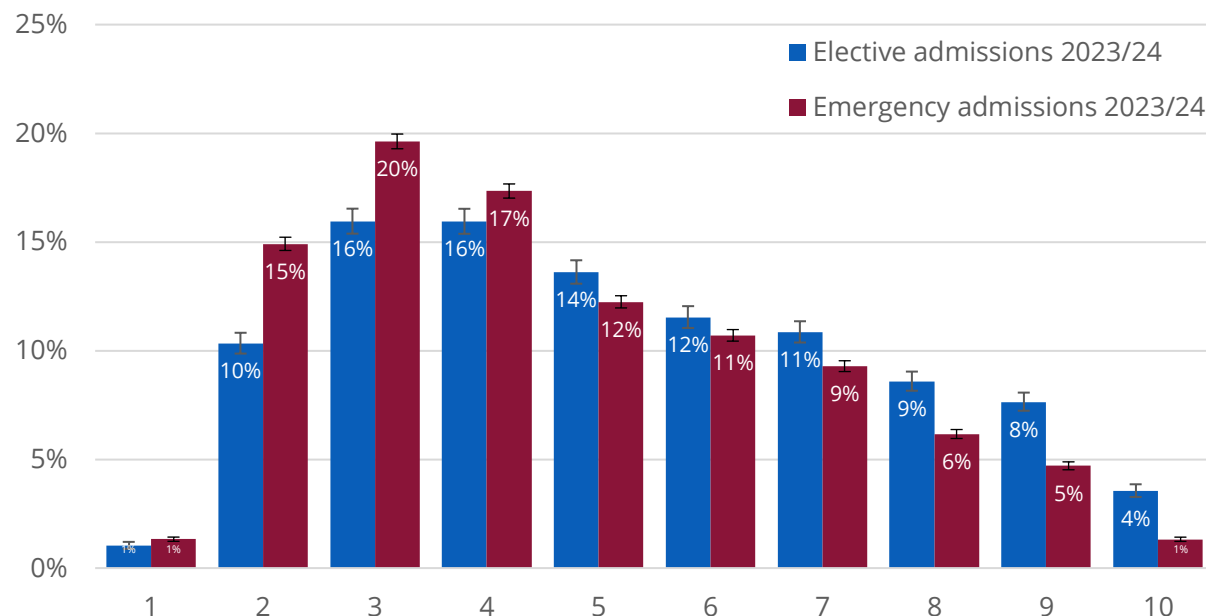


Proportion of emergency admissions by age group
2024/25 (to month 10)



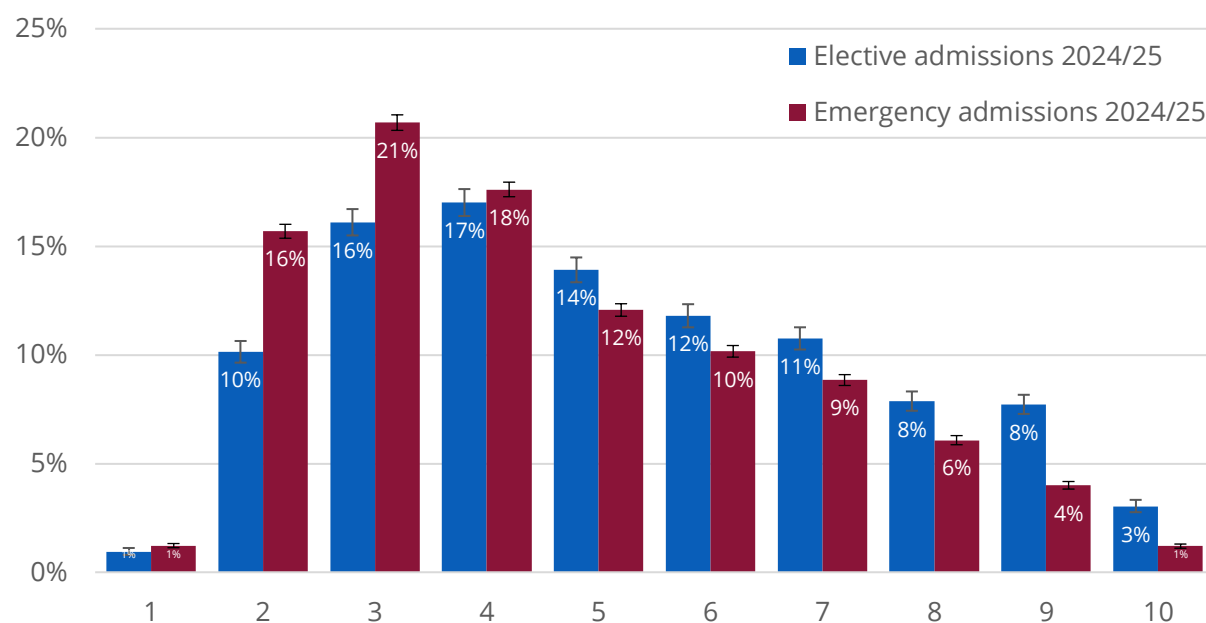
By deprivation - Index of Multiple Deprivation (IMD) decile

Proportion of elective and emergency admissions for IMD decile, for 2023/24.



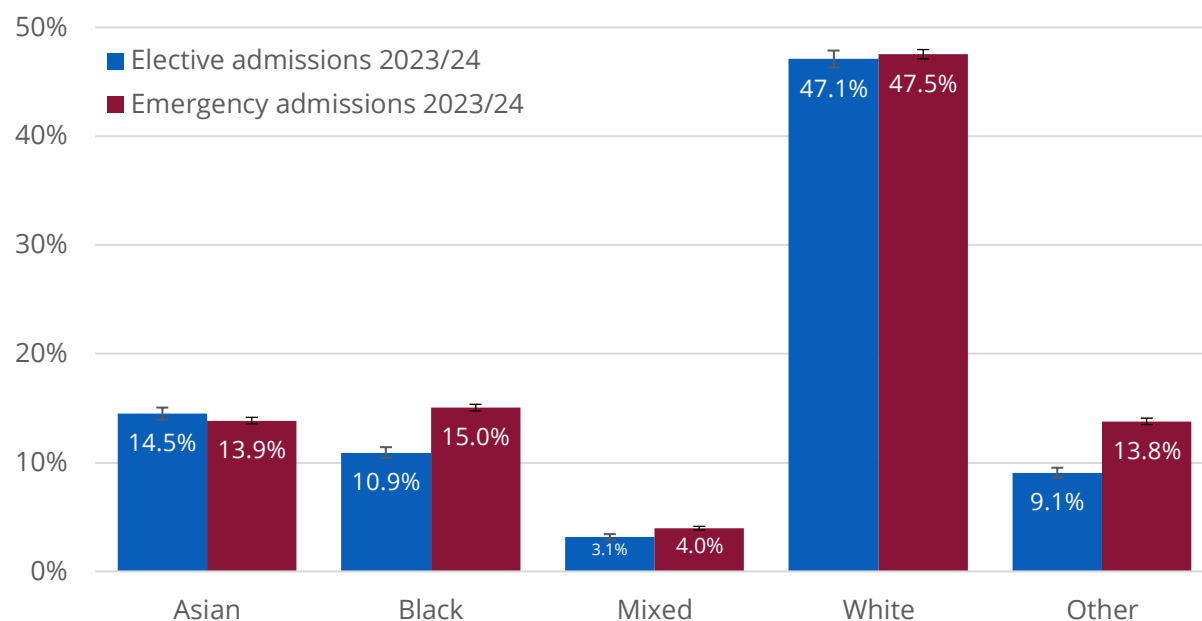
By deprivation - Index of Multiple Deprivation (IMD) decile

Proportion of elective and emergency admissions for IMD decile, for the first 10 months of 2024-25.



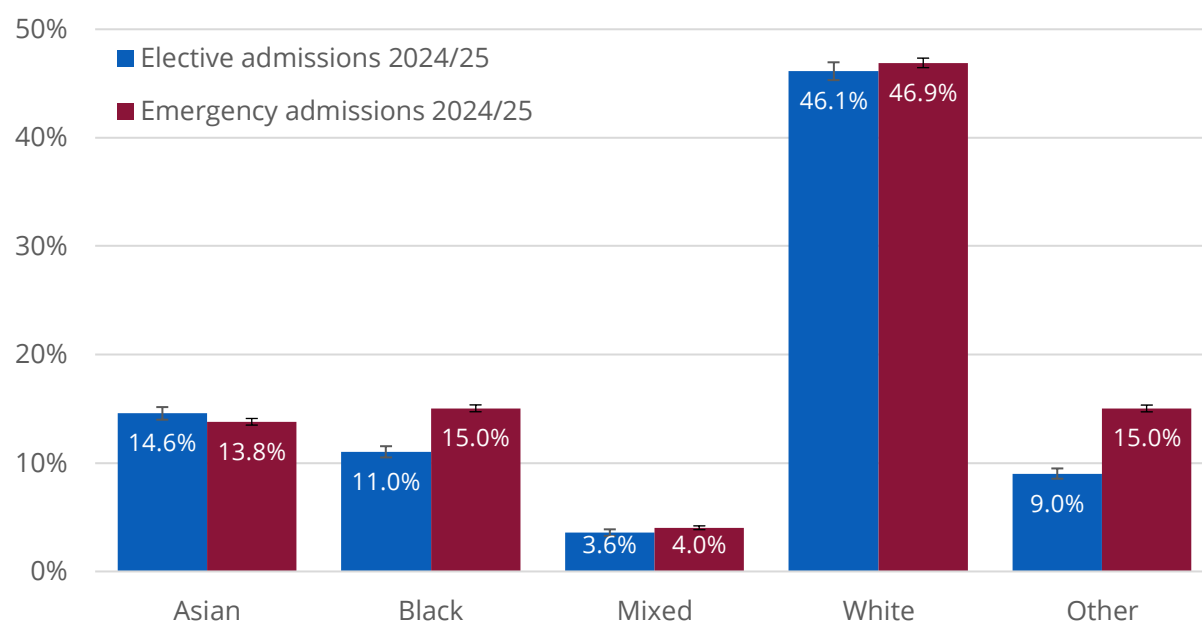
By ethnicity

Proportion of elective and emergency admissions for individuals that identify as Asian, Black, Mixed, White or Other ethnicity, for 2023/24.



By ethnicity

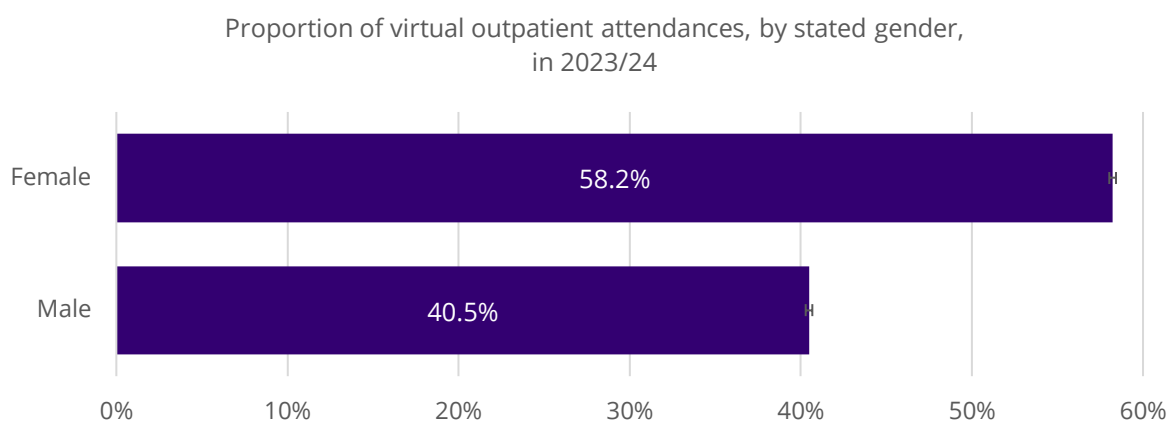
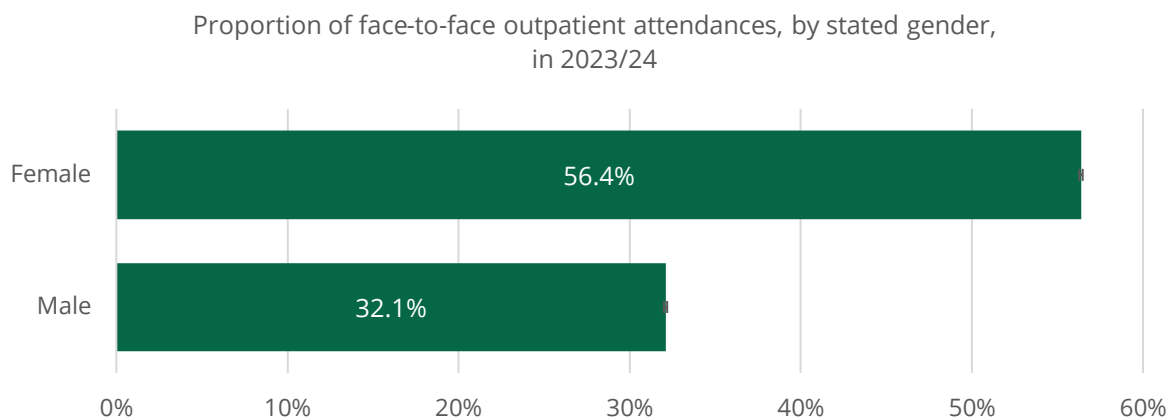
Proportion of elective and emergency admissions for individuals that identify as Asian, Black, Mixed, White or Other ethnicity, for the first 10 months of 2024/25.



1.6 Outpatient and virtual outpatient attendances

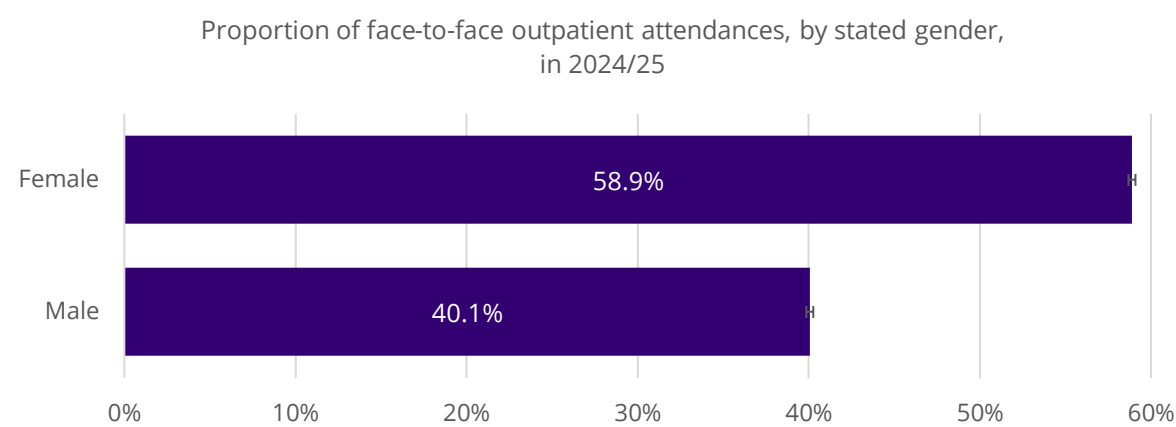
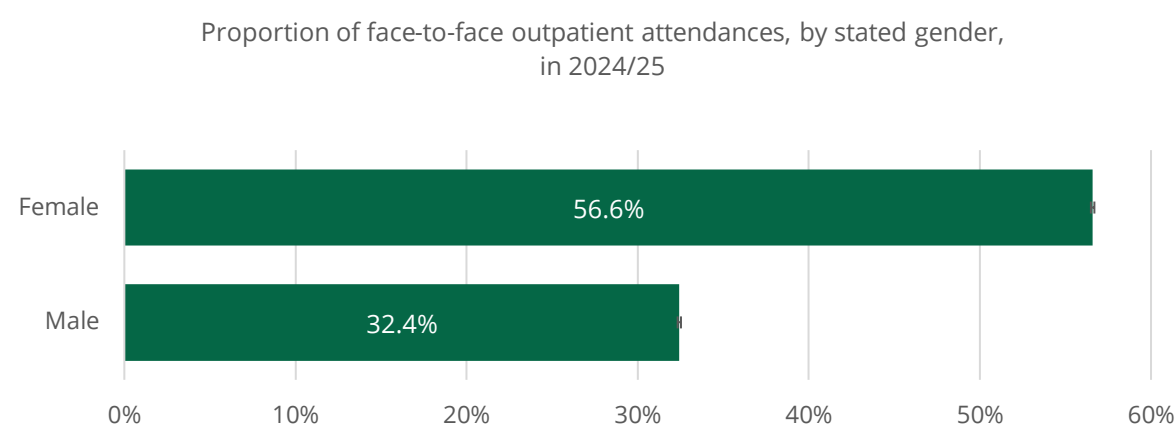
By stated gender

Proportion of face-to-face outpatient and virtual outpatient attendances for individuals with a stated gender as female or male, in 2023/24.



By stated gender

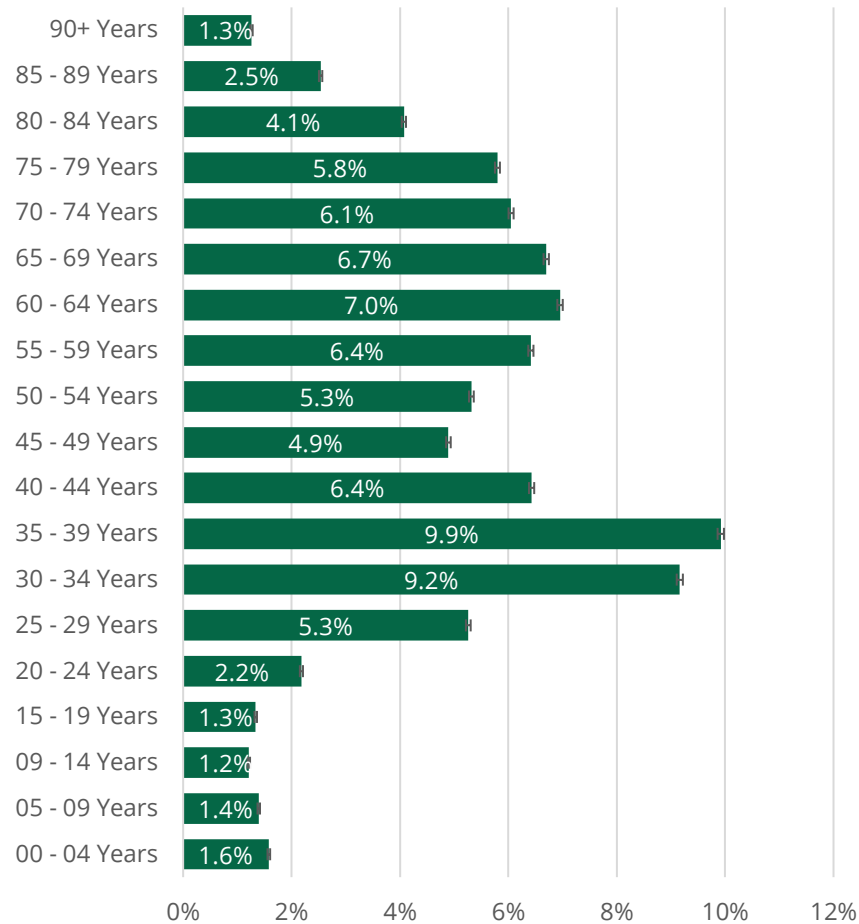
Proportion of face-to-face outpatient and virtual outpatient attendances for individuals with a stated gender as female or male, in the first 10 months of 2024-25.



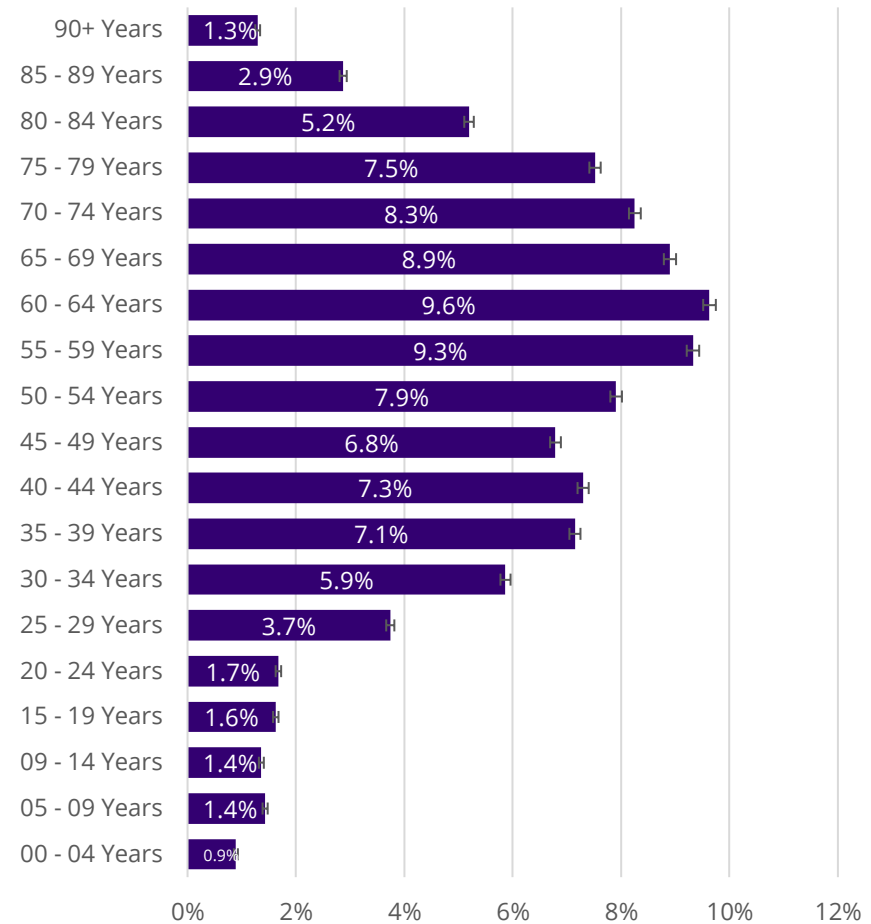
By age group

Proportion of face-to-face outpatient and virtual outpatient attendances for each age group, in 2023/24.

Proportion of face-to-face outpatient attendances,
by age group, in 2023/24



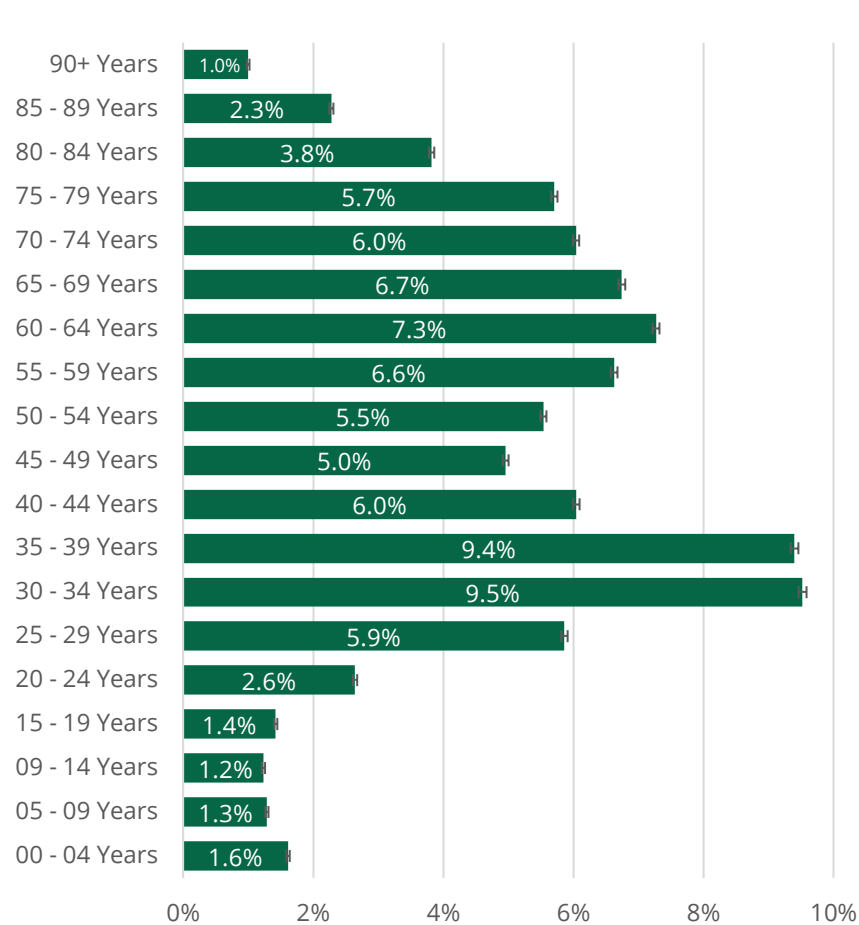
Proportion of face-to-face outpatient attendances,
by age group, in 2023/24



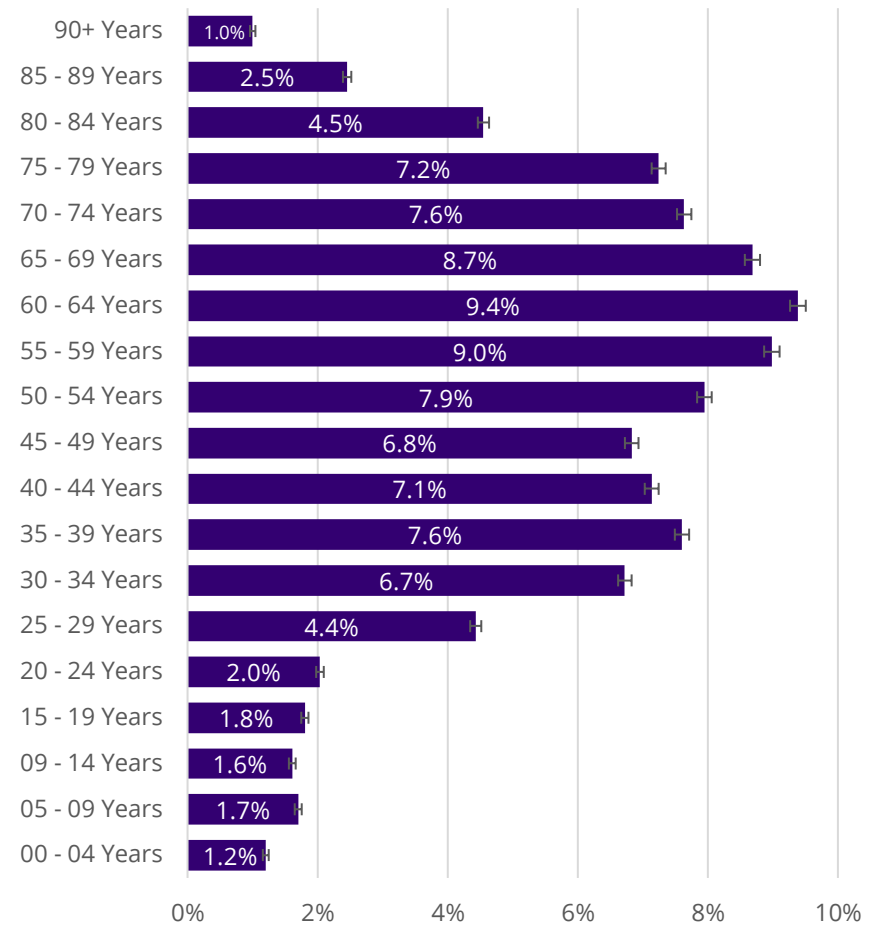
By age group

Proportion of face-to-face outpatient and virtual outpatient attendances for each age group, in the first 10 months of 2024/25.

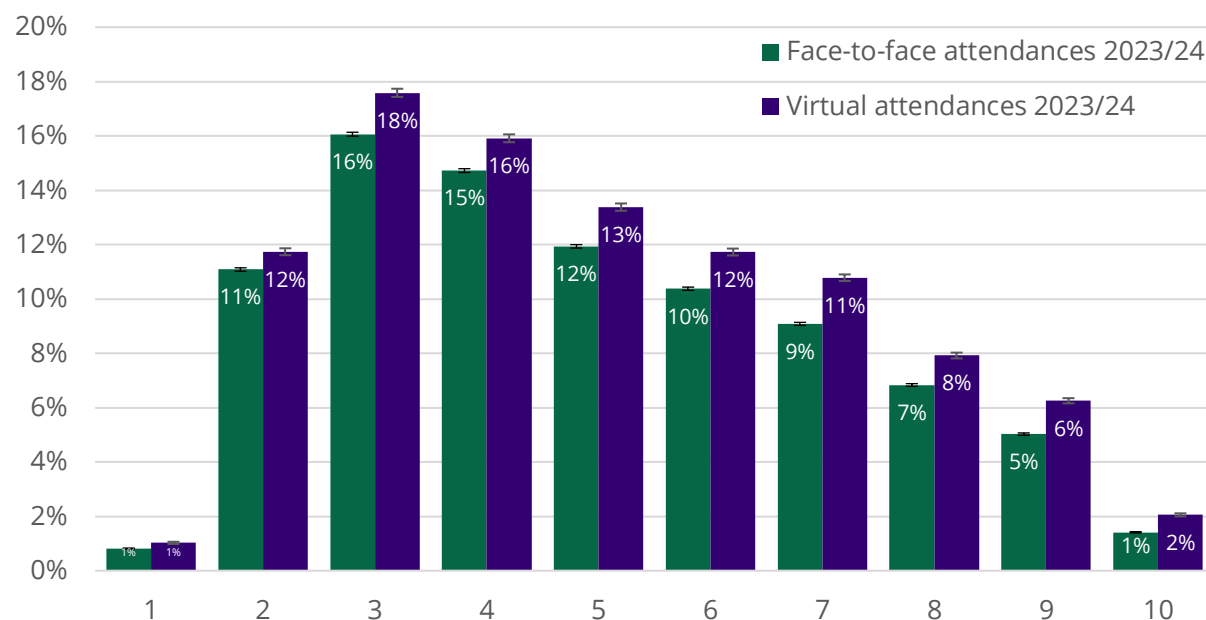
Proportion of face-to-face outpatient attendances,
by age group, in 2024/25



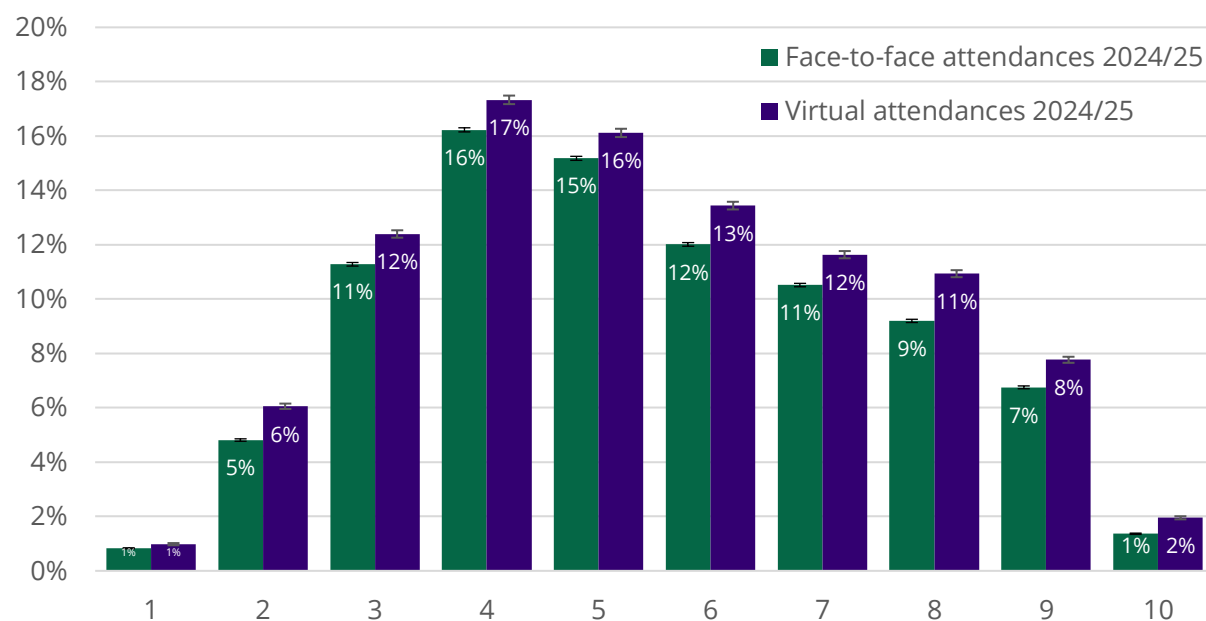
Proportion of virtual outpatient attendances,
by age group, in 2024/25



By deprivation - Index of Multiple Deprivation (IMD) decile
Proportion of face-to-face outpatient and virtual outpatient attendances
grouped by IMD decile, in 2023/24.

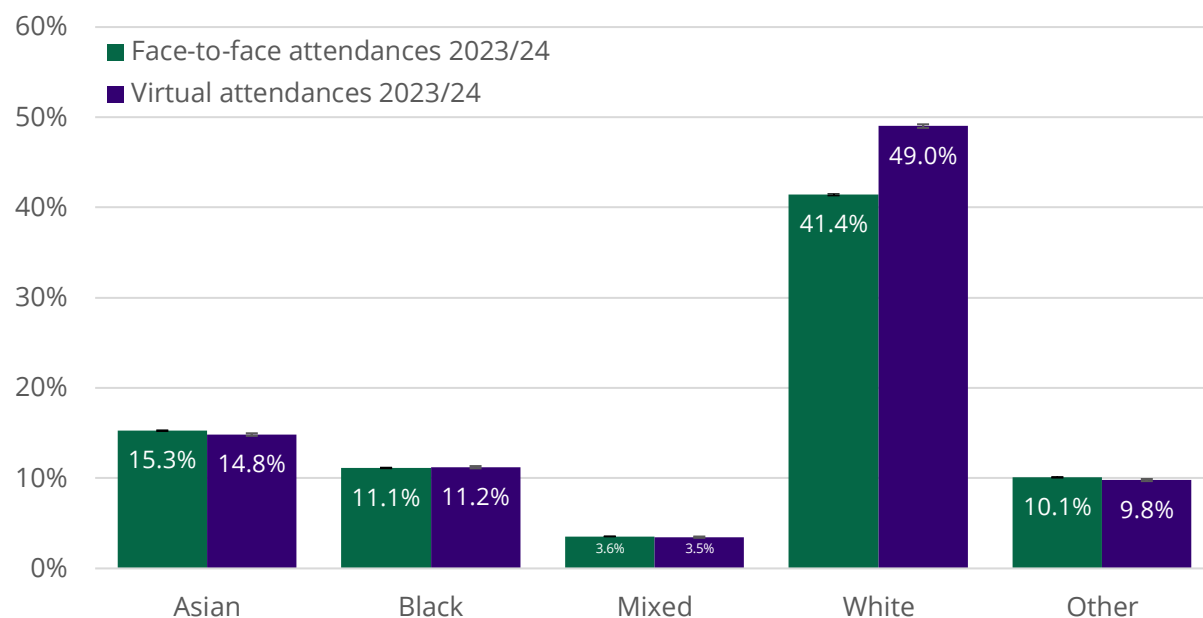


By deprivation - Index of Multiple Deprivation (IMD) decile
Proportion of face-to-face outpatient and virtual outpatient attendances
grouped by IMD decile, in the first 10 months of 2024/25.



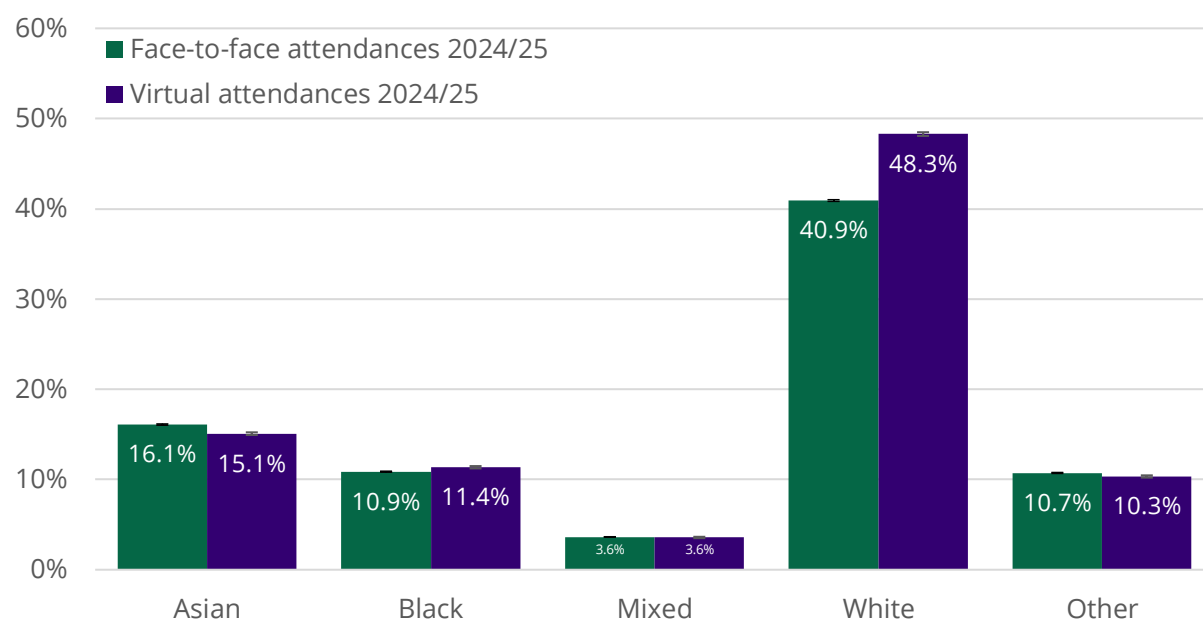
By ethnicity

Proportion of face-to-face outpatient and virtual outpatient attendances for individuals that identify as Asian, Black, Mixed, White or Other ethnicity, in 2023/24.



By ethnicity

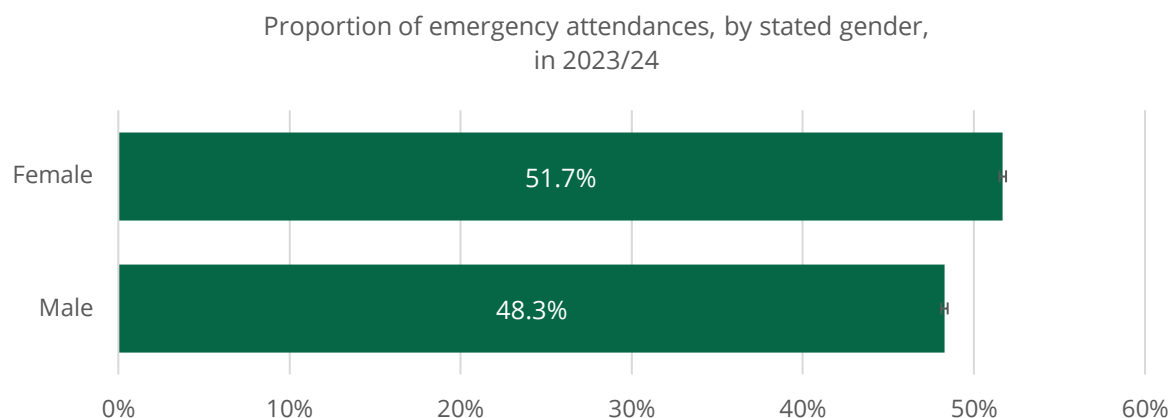
Proportion of face-to-face outpatient and virtual outpatient attendances for individuals that identify as Asian, Black, Mixed, White or Other ethnicity, in the first 10 months of 2024/25.



1.7 Emergency attendances

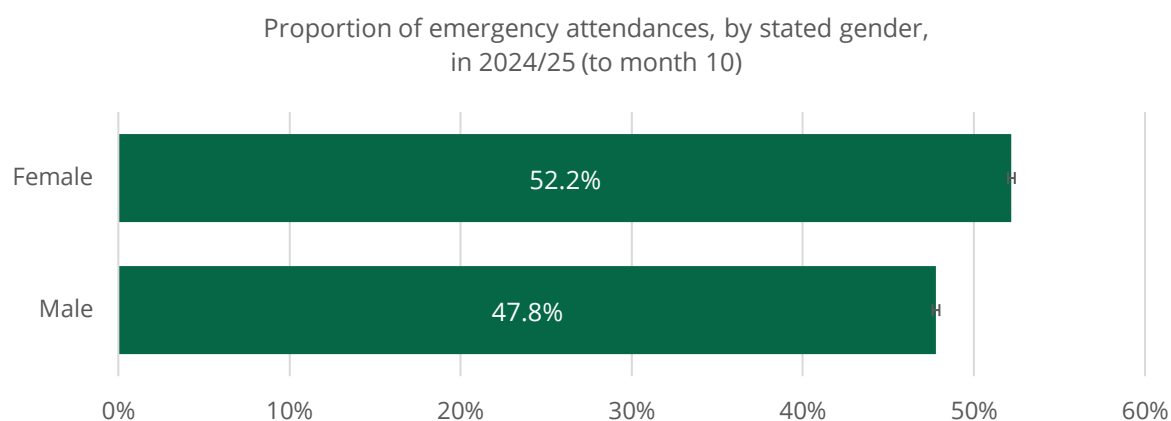
By stated gender

Proportion of emergency attendances for individuals with a stated gender as female or male, in 2023/24.



By stated gender

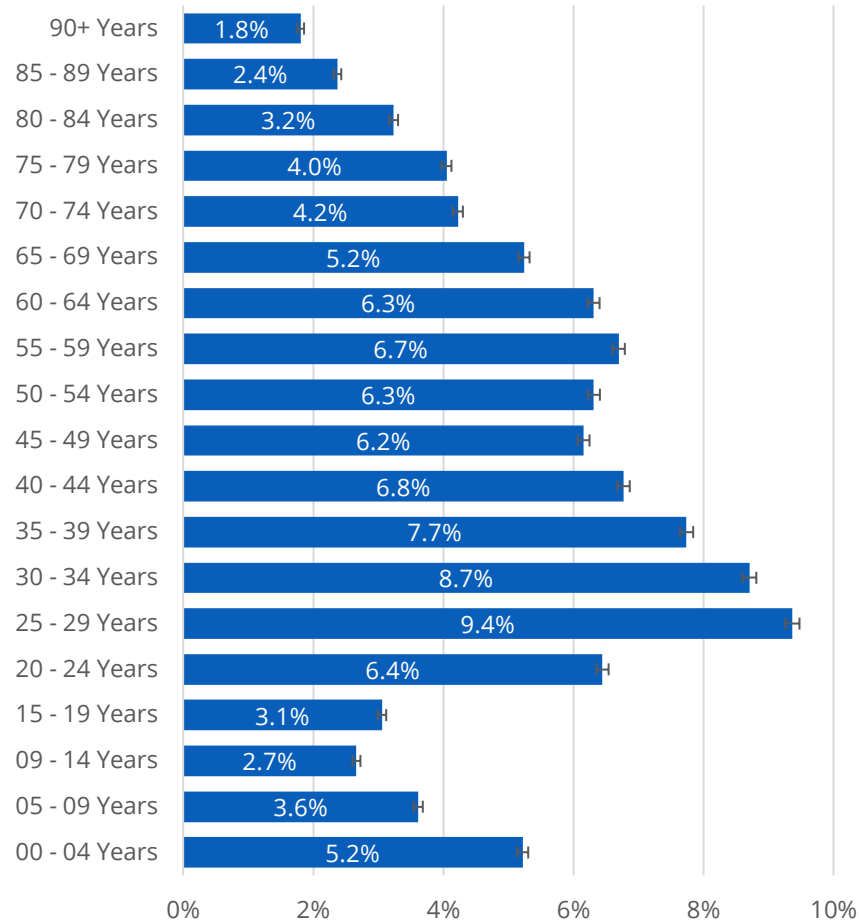
Proportion of emergency attendances for individuals with a stated gender as female or male, for the first 10 months of 2024/25.



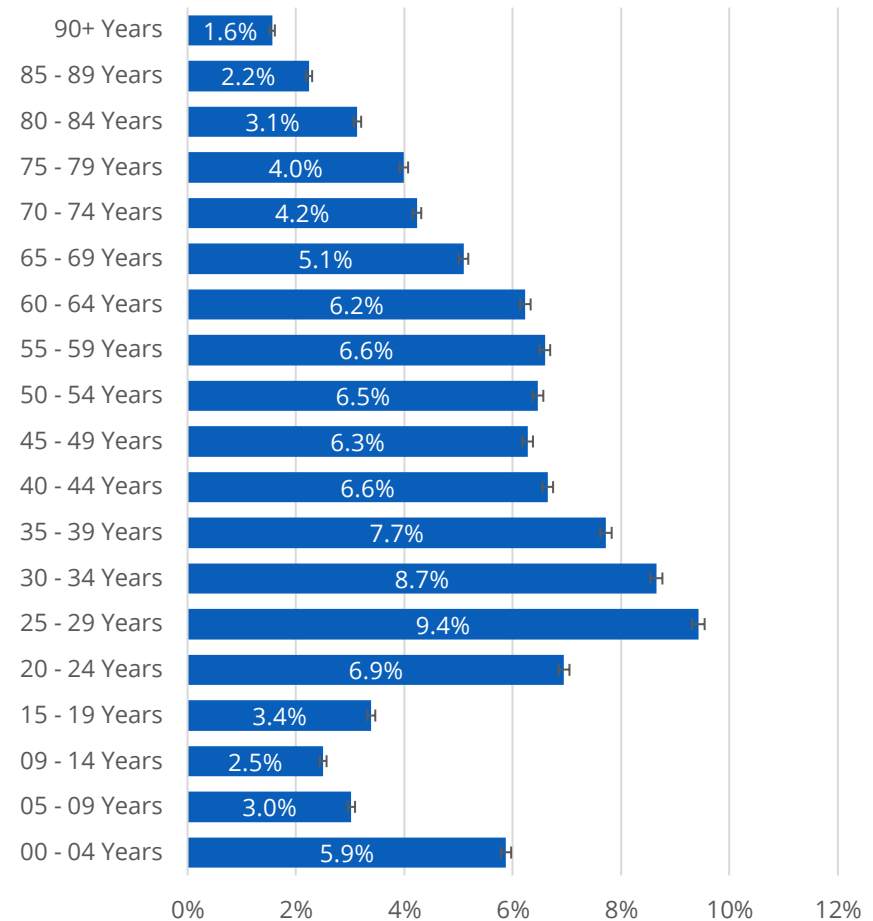
By age group

Proportion of emergency attendances for each age group, in 2023/24 and in the first 10 months of 2024/25.

Proportion of emergency attendances, by age group,
in 2023/24

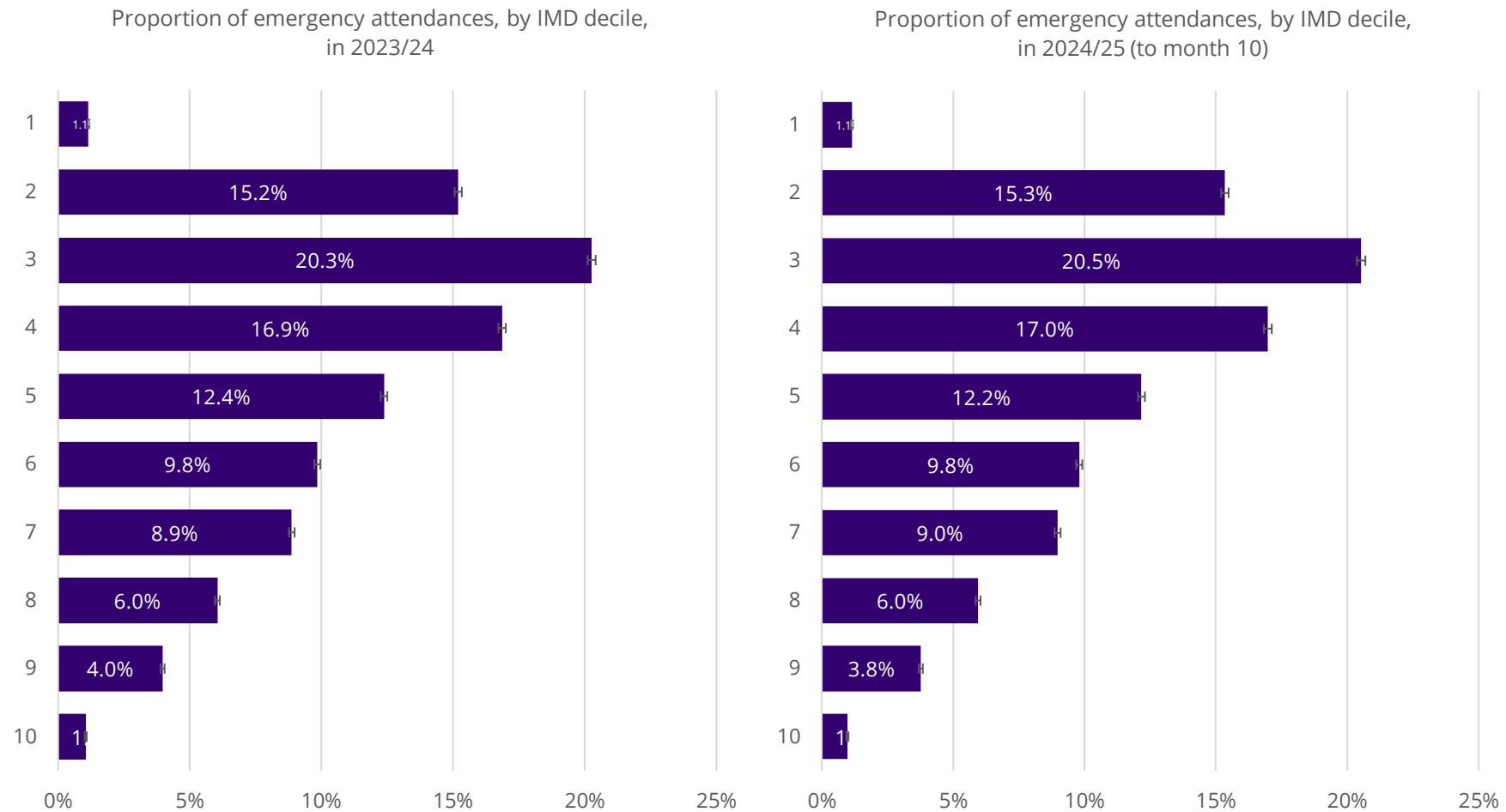


Proportion of emergency attendances, by age group,
in 2024/25 (to month 10)



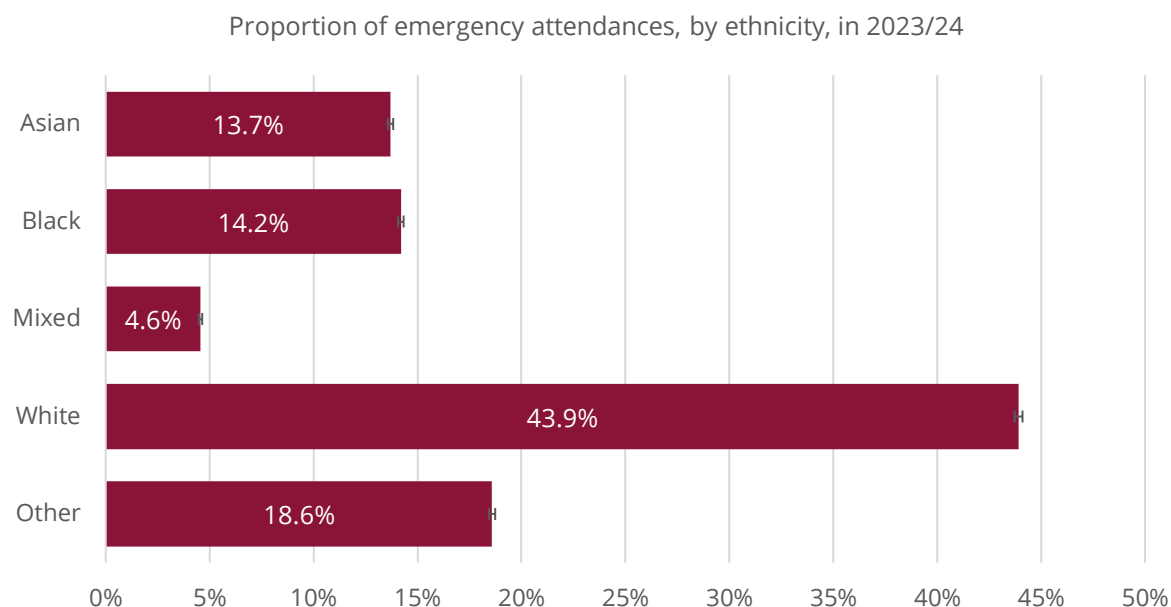
By deprivation - Index of Multiple Deprivation (IMD) decile

Proportion of emergency attendances grouped by IMD decile, in 2023/24 and in the first 10 months of 2024/25.



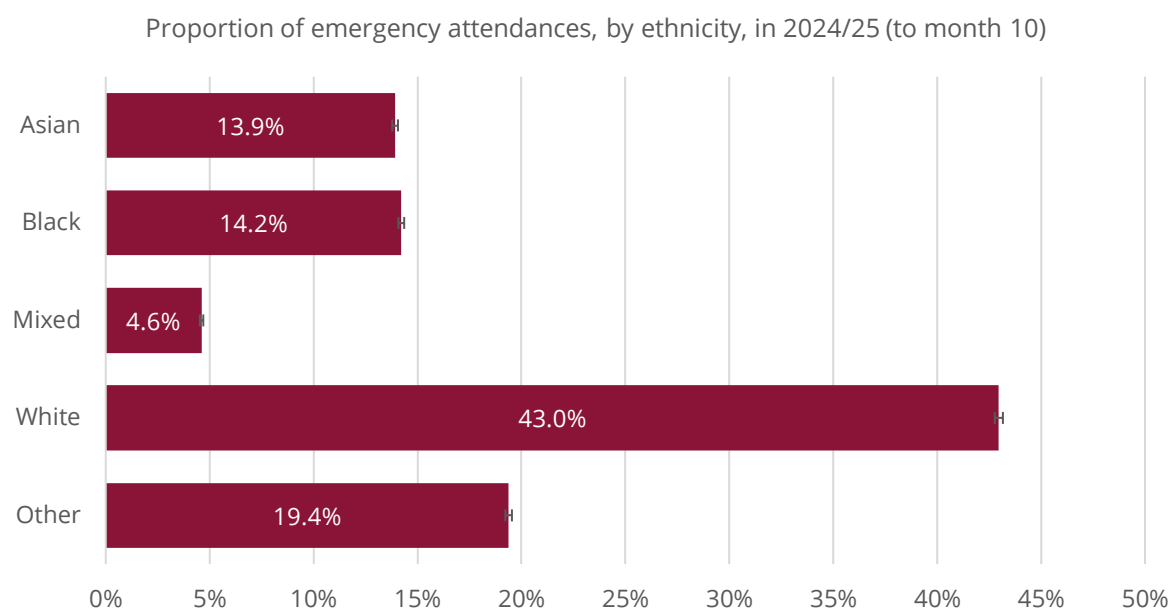
By ethnicity

Proportion of emergency attendances for individuals that identify as Asian, Black, Mixed, White or Other ethnicity, in 2023/24.



By ethnicity

Proportion of emergency attendances for individuals that identify as Asian, Black, Mixed, White or Other ethnicity, in the first 10 months of 2024/25.



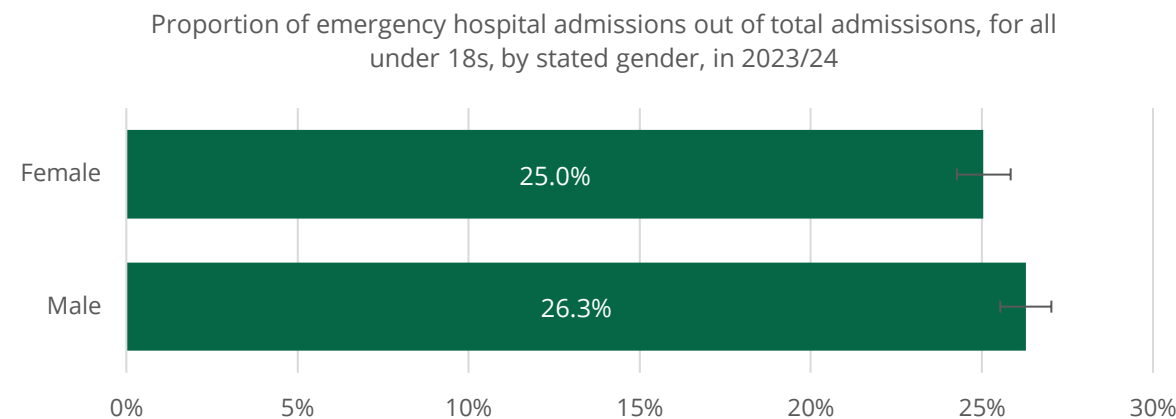
2. Urgent and emergency care

Intro paragraph

2.1 Emergency admissions for under 18s

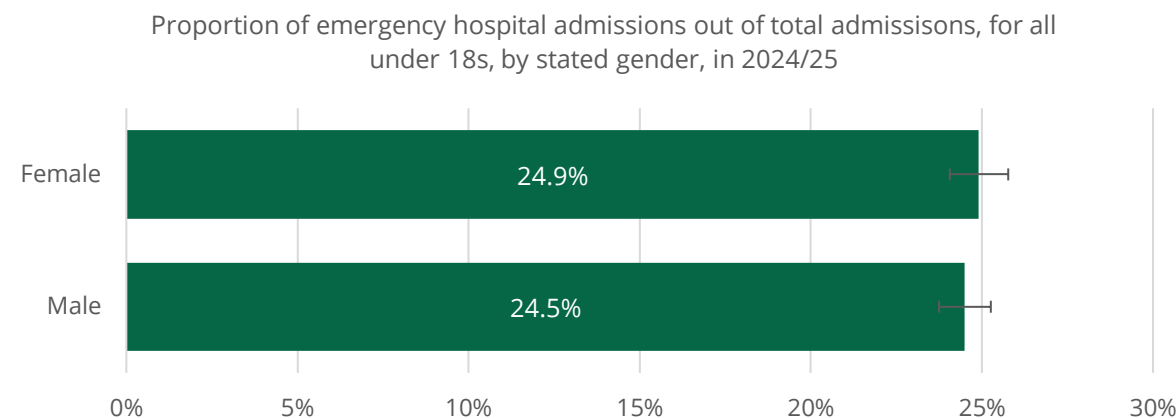
By stated gender

Proportion of emergency admissions for individuals under 18 with a stated gender as female or male, in 2023/24



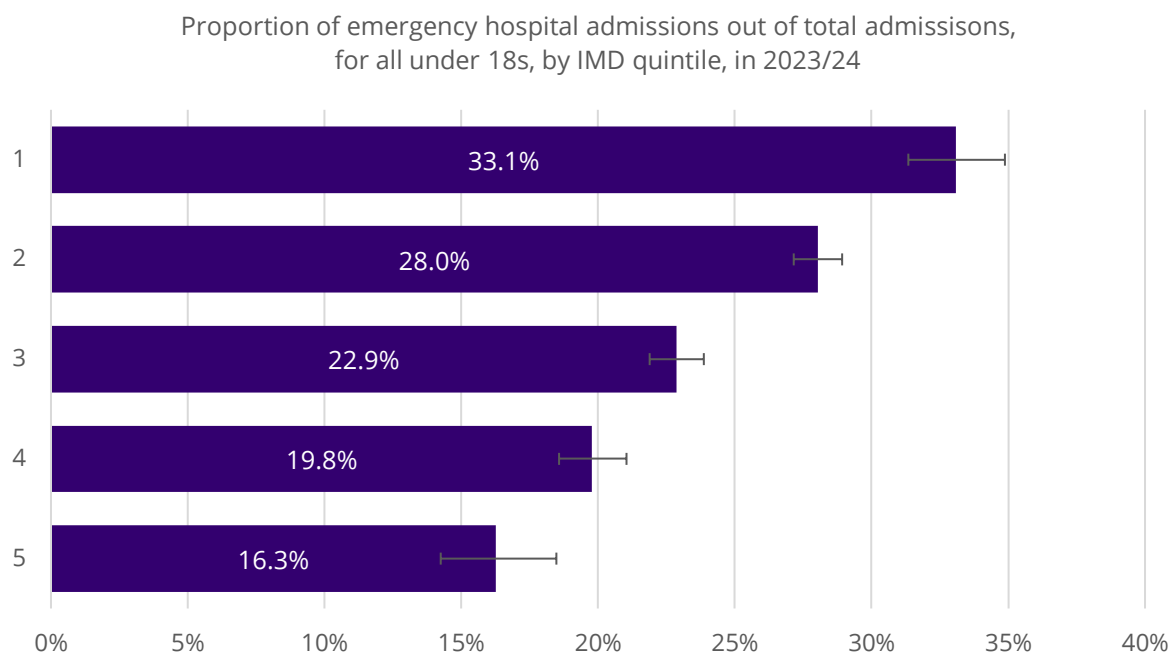
By stated gender

Proportion of emergency admissions for individuals under 18 with a stated gender as female or male, in the first 10 months of 2024/25.



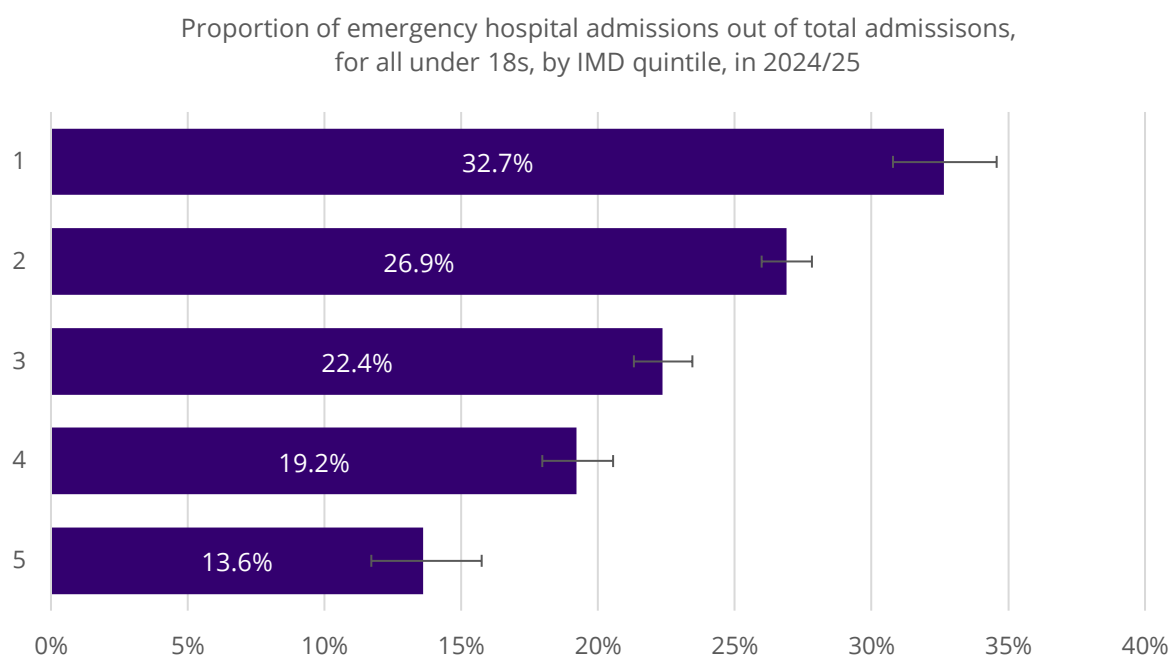
By deprivation - Index of Multiple Deprivation (IMD) quintile

Proportion of emergency admissions for individuals aged under 18, grouped by IMD quintile, in 2023/24.



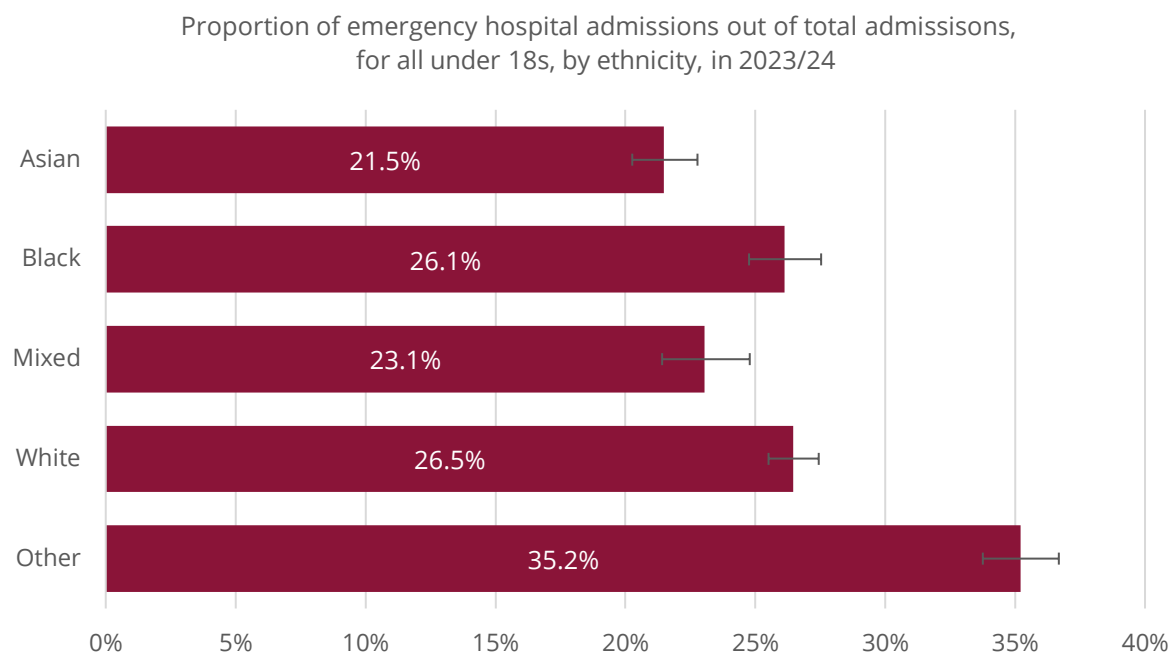
By deprivation - Index of Multiple Deprivation (IMD) quintile

Proportion of emergency admissions for individuals aged under 18, grouped by IMD quintile, in the first 10 months of 2024/25.



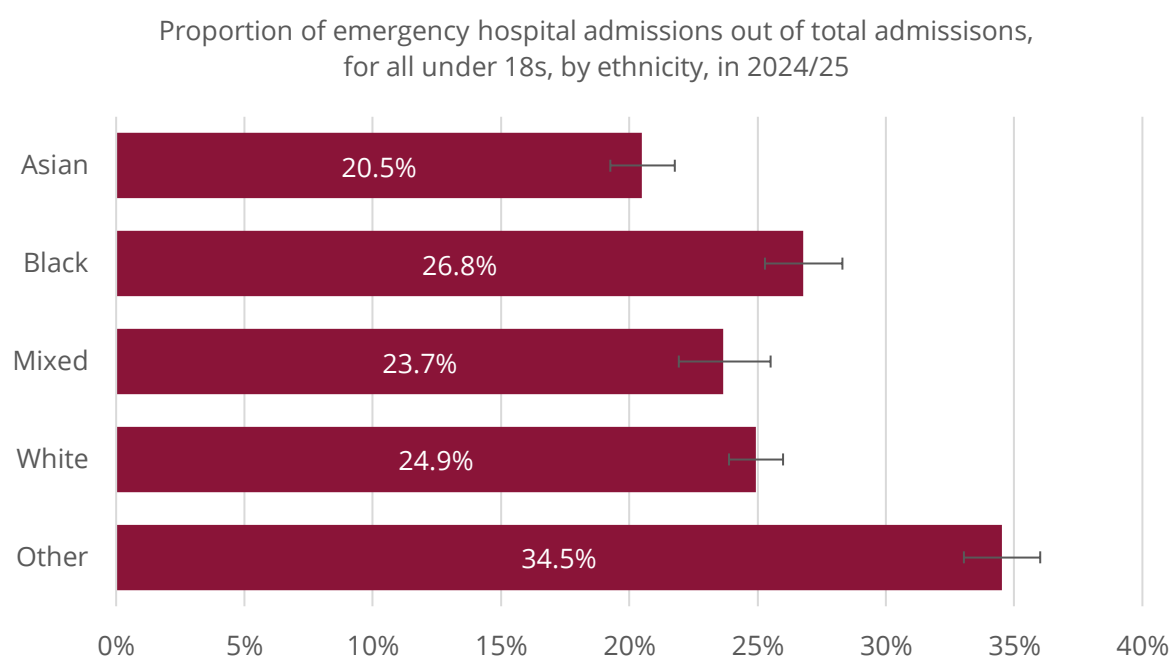
By ethnicity

Proportion of emergency admissions for individuals aged under 18 that identify as Asian, Black, Mixed, White or Other ethnicity, in 2023/24.



By ethnicity

Proportion of emergency admissions for individuals aged under 18 that identify as Asian, Black, Mixed, White or Other ethnicity, in the first 10 months of 2024/25.



3. Smoking cessation

Proportion of adult acute inpatient settings offering smoking cessation services

We offer a tobacco dependence service are offered across all our acute inpatient settings.

Since beginning in August 2024, our team of health improvement advisers have engaged with over 1,000 smokers by March 2025. Our advisers provide personalised, one-to-one specialist support to help patients be smokefree during their hospital stay, and where possible, for the longer term. Over 80 per cent of patients seen by the advisers agreed to some level of support to be smokefree and over 500 onward referrals by the team have been made to different local stop smoking services, enabling patients to receive continued support and treatment after discharge. Of these, more than 200 patients reported being smokefree 28 days after being discharged from hospital. Focus for the team in 2025-26 includes improving screening rates and the supply of nicotine replacement therapy to patients, as well as collaborating with RM Partners, our local cancer alliance, to provide specialist support to outpatients on cancer pathways.

Proportion of maternity inpatient settings offering smoking cessation services

We offer a tobacco dependence service across all our maternity inpatient settings.

Appendix 1: Methodology

The proportion p is given by:

$$p = \frac{O}{n}$$

where:

O is the numerator observed number of individuals in the sample/population having the specified characteristics;

n is the denominator total number of individuals in the sample/population.

Using the Wilson Score method^{1,2}, the 100(1- α)% confidence limits for the proportion p are given by:

$$p_{\text{lower}} = \frac{\left(2O + z^2 - z\sqrt{z^2 + 4Oq}\right)}{2(n + z^2)}$$

$$p_{\text{upper}} = \frac{\left(2O + z^2 + z\sqrt{z^2 + 4Oq}\right)}{2(n + z^2)}$$

where:

q is 1- p ;

z is the 100(1- $\alpha/2$)th percentile value from the Standard Normal distribution.

For example, for a 95% confidence interval, $\alpha = 0.05$ and $z = 1.96$ (i.e. the 97.5th percentile value from the Standard Normal distribution).

References

- 1: Wilson EB. Probable inference, the law of succession, and statistical inference. J Am Stat Assoc 1927; 22: 209-12.
- 2: Newcombe RG, Altman DG. Proportions and their differences. In Altman DG et al. (eds). Statistics with confidence (2nd edn). London: BMJ Books; 2000: 46-8.