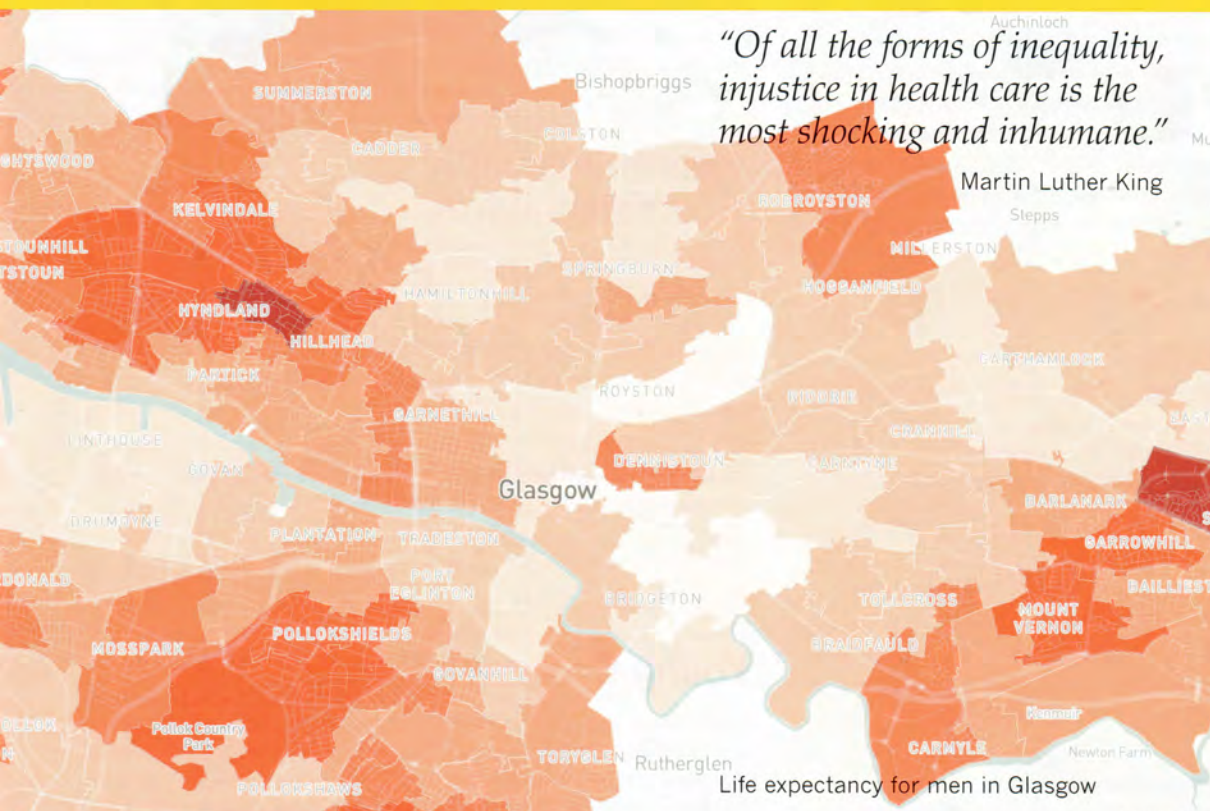


# The Geographer

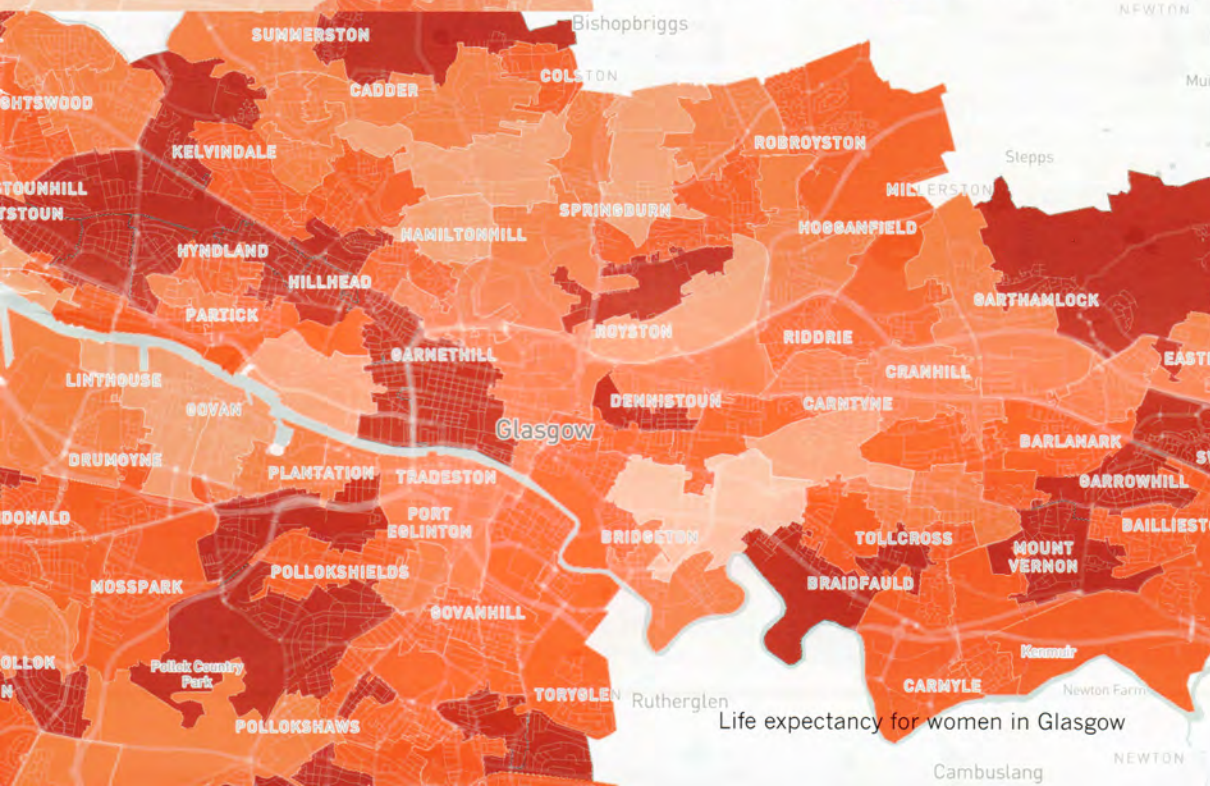
SUMMER 2016

The newsletter of the Royal Scottish Geographical Society

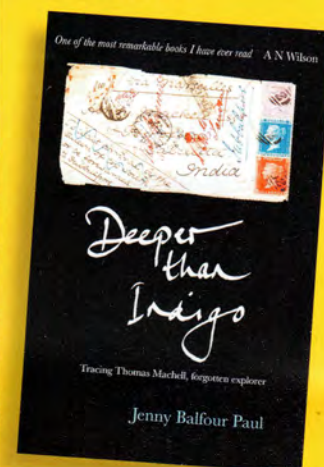
## Health Inequalities



*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."*



- **Mortality: Crisis and Contrasts**
- **Annie Lennox OBE FRSGS on HIV/AIDS**
- **Formulae and Foodbanks**
- **Women and Water**
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- **Climate: The Need and a Chance to Lead**
- **Reader Offer: *Deeper than Indigo***



plus news, books, and more...

# The Scottish mortality crisis

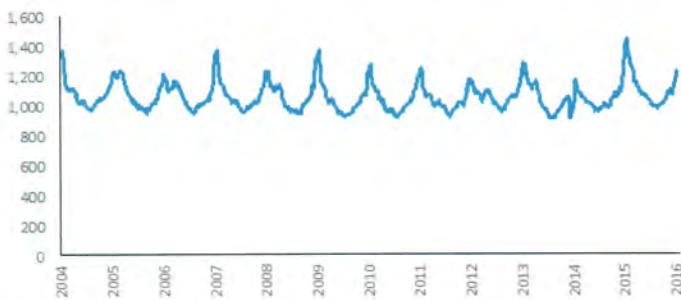
Professor Danny Dorling, Halford Mackinder Professor of Geography, University of Oxford

*"It is almost certainly the case that future analysis will show the 2015 rise in deaths in Scotland to have been unprecedented in peacetime."*

**On 16 February 2016 it became clear that a health crisis had occurred in England and Wales.** Weekly death counts for the previous year revealed that the greatest annual rise in mortality had occurred in almost 50 years: a 4.6% rise in deaths in 2015 as compared to 2014. *The Telegraph* newspaper reported that "the elderly were now bearing the brunt of a

growing crisis in the NHS and cuts to social care, with women suffering the most." In August 2015 some 26,000 patients had waited on trolleys for more than four hours to be treated, south of the border. No mention was made of what was happening in Scotland in the national or Scottish press.

When officials in Scotland were alerted to the crisis, they produced the graph shown below and sent it to me. They assumed that Scotland had simply suffered an unusually bad winter in early 2015. It is likely that Scottish public health officials read the advice of their counterparts in England, which *The Telegraph* duly reported: "We have been monitoring changes in life expectancy and mortality in England... We find the statistics for older people fluctuate quite a bit from year to year and around the country. There is often no obvious pattern to this but it is clearly important to keep a close eye on the trends and consider a range of possible explanations. In 2015, the monthly death figures suggest that cold weather and flu may have played a part in the high numbers of deaths in the early part of the year." Health officials in Scotland thought that the 2015 rise in deaths in Scotland was simply due to the flu.

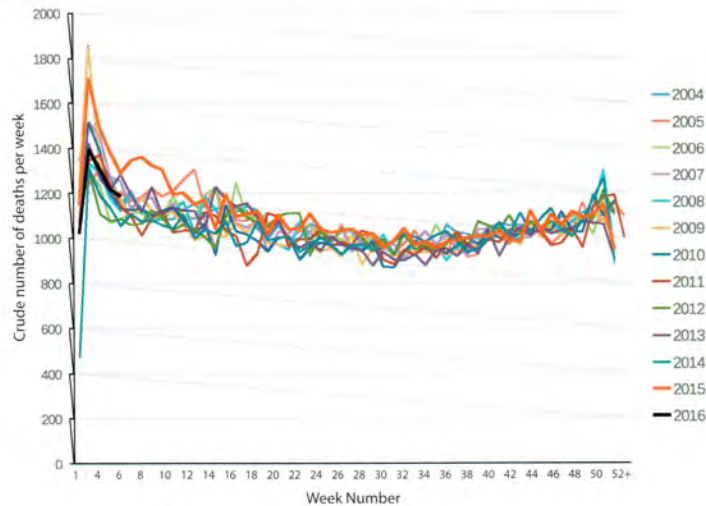


Death in Scotland by week, 2004-2016 – continuous series.

There is a long and sorry history of the flu being blamed for rises in mortality that were, in retrospect, found to have other causes. In its final report on the London smog, the British Ministry of Health reported that 5,655 London deaths from influenza had occurred in the first three months of 1953. That estimate turned out to be entirely spurious. A study of influenza in London at the time confirmed this. The reason for the rise in mortality back then was the smog, smoke from burning coal.

In early 2015 the reported rates of flu were low in Northern Ireland, low in Wales, low in North-West England, and within the normal thresholds in Scotland. I pointed this out at the time, and Scottish public health officials then produced the

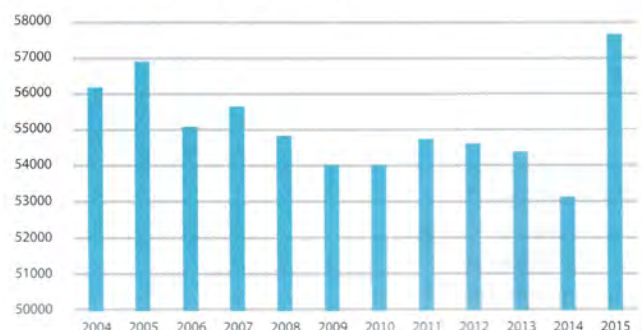
following graph and emailed it to me, suggesting – again – that it suggested little cause for concern.



Death in Scotland by week, 2004-2016 – years compared.

Death numbers tend to fall over time as death rates fall, and they also fall because there were so few births in Scotland in the two decades before 1946. If you draw a graph like that shown above, it is possible not to see how big the 2015 rise in deaths in Scotland actually was. I suggested that they look again at their data as there had been warning of what was likely to come in 2015. In June 2014 the outgoing chair of the British Medical Association in Scotland had said this: "What I have seen over the past five years is the continuing crisis management of the longest car crash in my memory – and it is time for our politicians to face up to some very hard questions. We see reports of geriatric provision coming under increasing criticism through inadequate care packages and increasing bed-blocking and, at the same time, GPs coping with a 20% increase in workload."

I suggested that a simpler graph would be more useful: one that just showed the crude number of deaths that have occurred in Scotland in recent years. That graph should show a declining number as mortality rates tend to improve and there has not been a sudden influx of elderly migrants to Scotland. The officials drew the following graph for me. It shows an 8.5% rise in mortality in Scotland in 2015. This is almost twice the size of the rise in England and Wales in that same period. It is almost certainly the case that future analysis will show the 2015 rise in deaths in Scotland to have been unprecedented in peacetime. All three graphs shown in this short paper were produced from the same set of statistics – the weekly death counts.



# Health inequalities in Scotland

## Audit Scotland

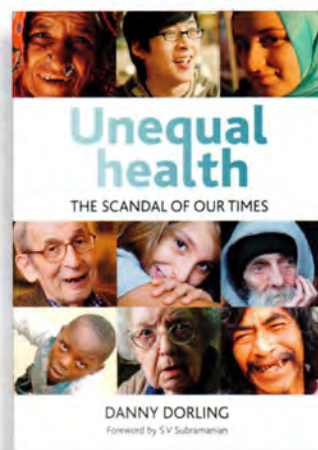
On 18 February 2016 I received the following reply from colleagues in NHS Scotland: "Hi Danny, I've just had a chat with a colleague in Health Protection Scotland. They are aware of a spike in deaths in Q1 2015 which occurred across Europe and looks likely to be flu (see [www.euromomo.eu](http://www.euromomo.eu)). I will let you know what comes of the age/cause stratified data when we get it collated." As I write, I have heard nothing more. The story appears to have gone away – for now.

But it won't go away for long. At the end of June 2016 the mid-year estimates of the Scottish population will be released and death rates for 2015 will be calculated. And then the search for the real cause of the rise in deaths will begin in earnest. There will be many candidates to look to. At older ages, death can be accelerated if care resources are overwhelmed, but we also need to know why they were overwhelmed: why was demand so high?

In December 2015 it was pointed out that in Scotland "there are currently over 2,400 vacancies for nurses and midwives, up from 615 in 2011, 500 of which have been unfilled for more than three months." Two years earlier, in 2013, it became apparent who in Scotland had been most affected by the welfare cuts. Hospitals in Scotland have been overwhelmed by less affluent elderly patients who are in poorer health, with their health having been harmed almost certainly as a result of austerity in Scotland imposed by the government that took power in Westminster in 2010. This finding has recently been reported for England in a peer-reviewed medical journal.

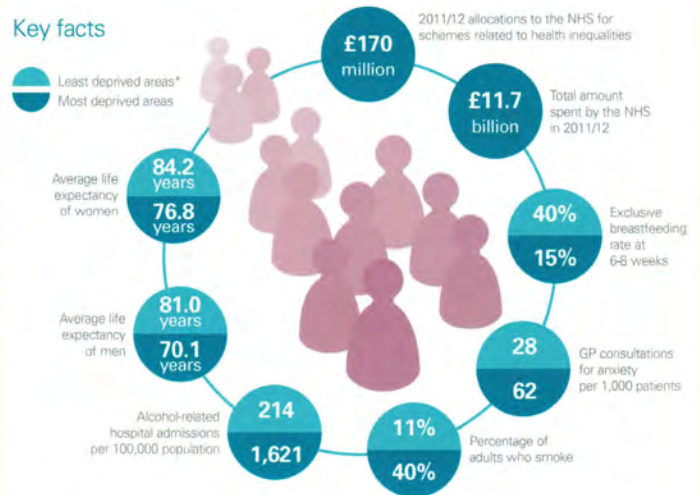
The rise in mortality in Scotland was foretold, and it could have been prevented. The crises to come this summer, when there are too few staff to cope, and in the winters to come could still be prevented, but not if those in power are not aware of the implications of their actions, or if some see the rise in early mortality as a price worth paying for the great economic good.

The Chief Medical Officer's report for Scotland was released on 20 January 2016. It made no mention of the huge rise in deaths that had occurred a year earlier. Instead it began by asking: "How can we further reduce the burden and harm that patients experience from over-investigation and over-treatment?"



Professor Dorling is the author of many books, including *Unequal Health: The Scandal of Our Times* (Policy Press, March 2013). In February 2014 he published an analysis in the *New Statesman* magazine entitled *Why are the old dying before their time? How austerity has affected mortality rates*. See [www.dannydorling.org](http://www.dannydorling.org) for more information.

### Key facts



\* These comparisons refer to people living in the one-fifth most deprived and one-fifth least deprived areas.

**Tackling health inequalities is challenging. Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.**

Given the complex and long-term nature of health inequalities, no single organisation can address health inequalities on its own. Community Planning Partnerships (CPPs) are responsible for bringing all the relevant organisations together locally and for taking the lead in tackling health inequalities. Many public sector bodies and professionals contribute to reducing health inequalities; it is not just the responsibility of health services. Councils have a major role through their social care, education, housing, leisure and regeneration services. The voluntary sector also has a role in reducing local health inequalities.

There have been long-term increases in average life expectancy in Scotland and considerable improvements in overall health. However, there are still significant differences in life expectancy and health depending on deprivations, age, gender, where people live, and ethnic group.

Reducing health inequalities will help increase life expectancy and improve the health of people in disadvantaged groups. It could also bring considerable economic benefits. For example, if the death rate in the most deprived groups in Scotland improved then the estimated average economic gains would be around £10 billion (at 2002 prices); and if the death rate across the whole population fell to the level in the least deprived areas, the estimated economic benefit for Scotland could exceed £20 billion. These are conservative estimates as they relate only to differences in life expectancy and do not include other health inequalities.

Tackling the problems most commonly associated with health inequalities would also help to reduce the direct costs to the NHS and wider societal costs. For example, the Scottish Public Health Observatory has estimated that a 1% reduction in smoking prevalence would save around 540 lives a year; reduce smoking-attributable hospital admissions by around 2,300; and reduce estimated NHS spending on smoking-related illness by between £13 million and £21 million.

This information has been extracted with permission from *Health Inequalities in Scotland* (Audit Scotland, December 2012).