

Hospitals !

What have they got to do with health inequalities?

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With thanks to Angela Bartley, Dr Alison Rodger, Dr Adrian Tookman
and others who's work informs this presentation

One view

“...not very much”

“deal with the consequences of inequalities”

“the ultimate downstream intervention”

“hospitals are acute places”

“National Sickness Service”

An alternative view

Hospitals can play an important role in the challenge to tackle health inequalities

1. A major role in prevention
2. Provide a teachable moment
3. Reach the whole population
4. Research and developing an evidence base

But first an intro to my case study



- Royal Free London NHS Foundation Trust
- Founded in 1828 as the:
London General Institution for the Gratuitous Cure
of Malignant Diseases
- Today focussed on being a world class
institution in clinical care, research and
education



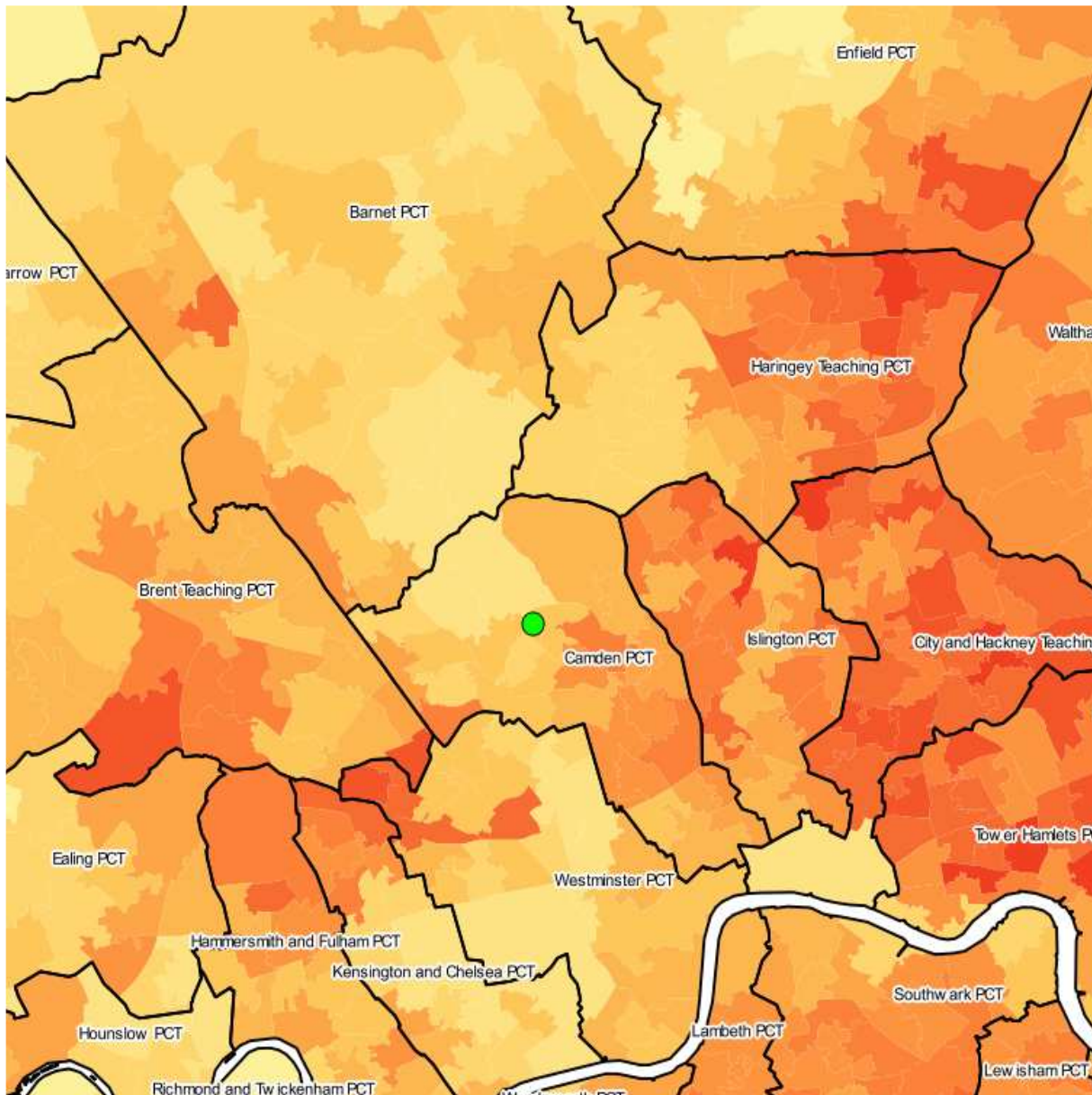
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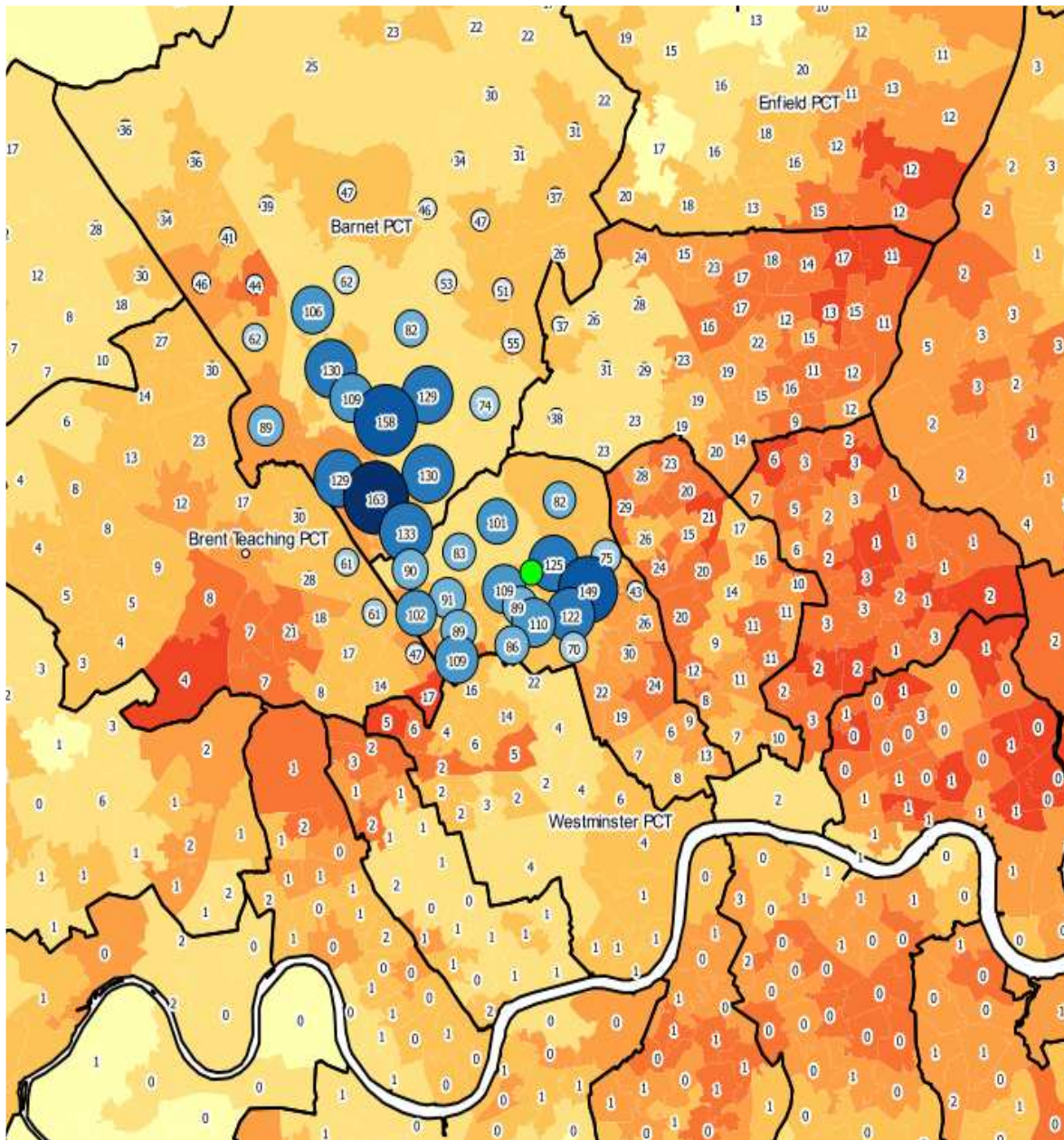
The Royal Free catchment area

(By area deprivation)

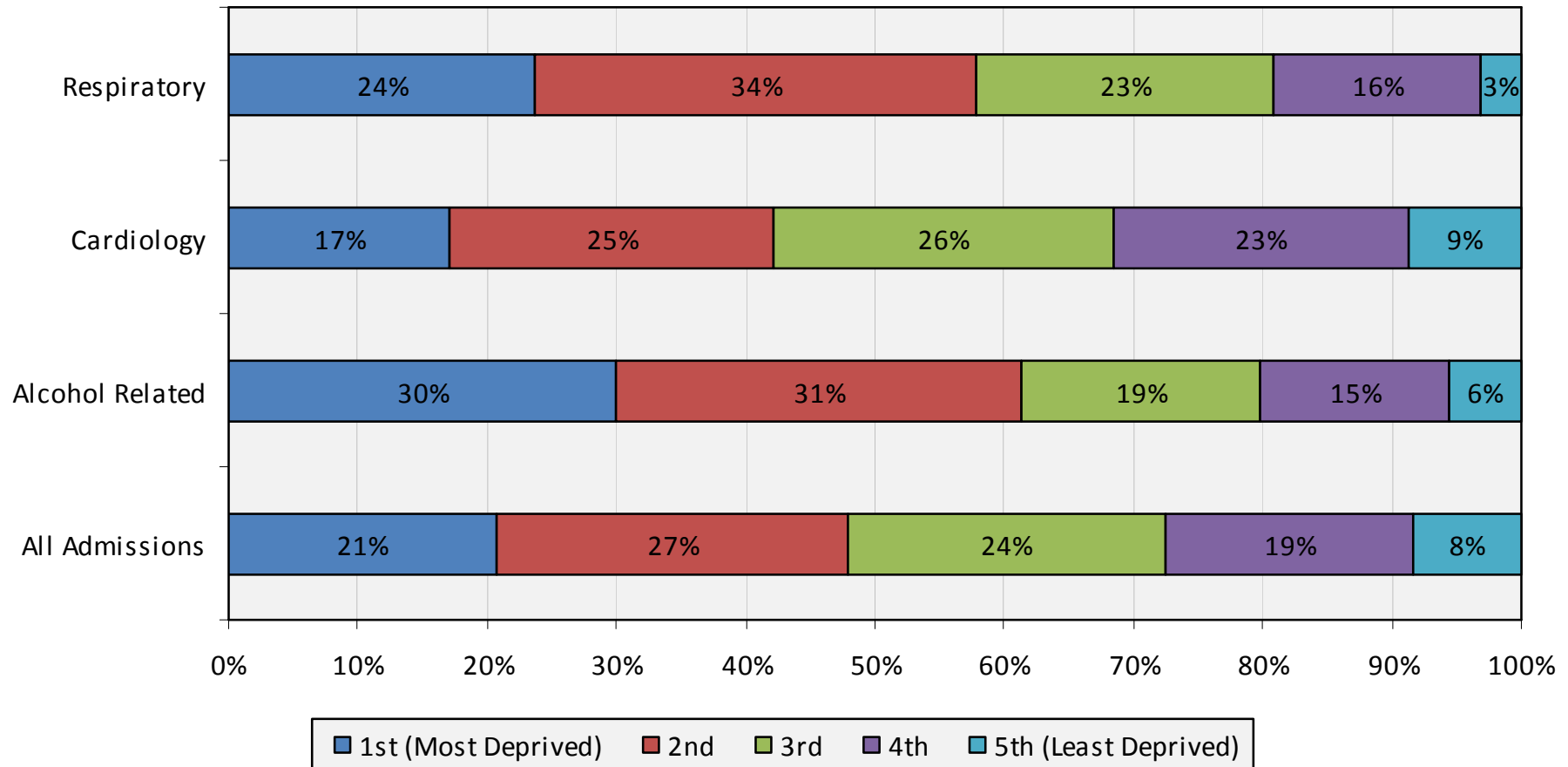


The Royal Free catchment area

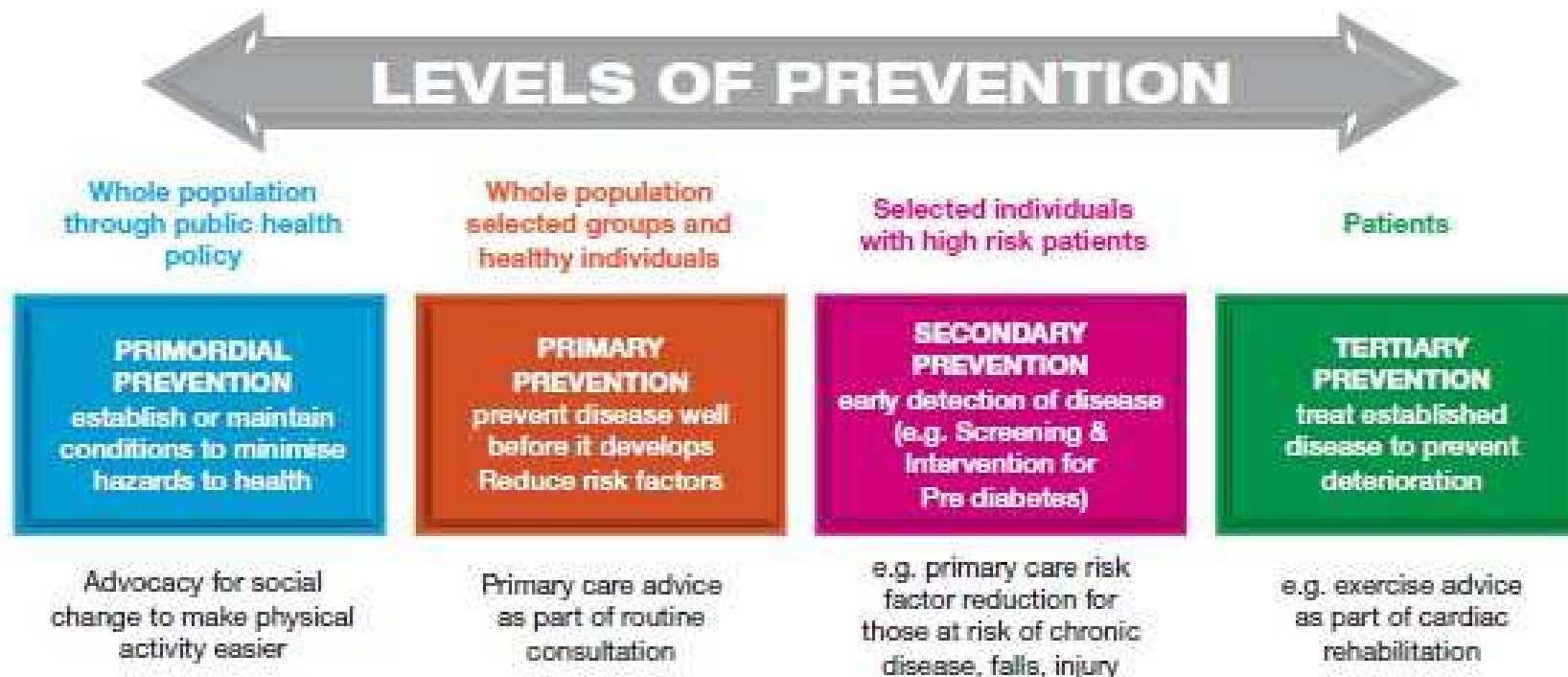
All admissions per 1000 population by area deprivation



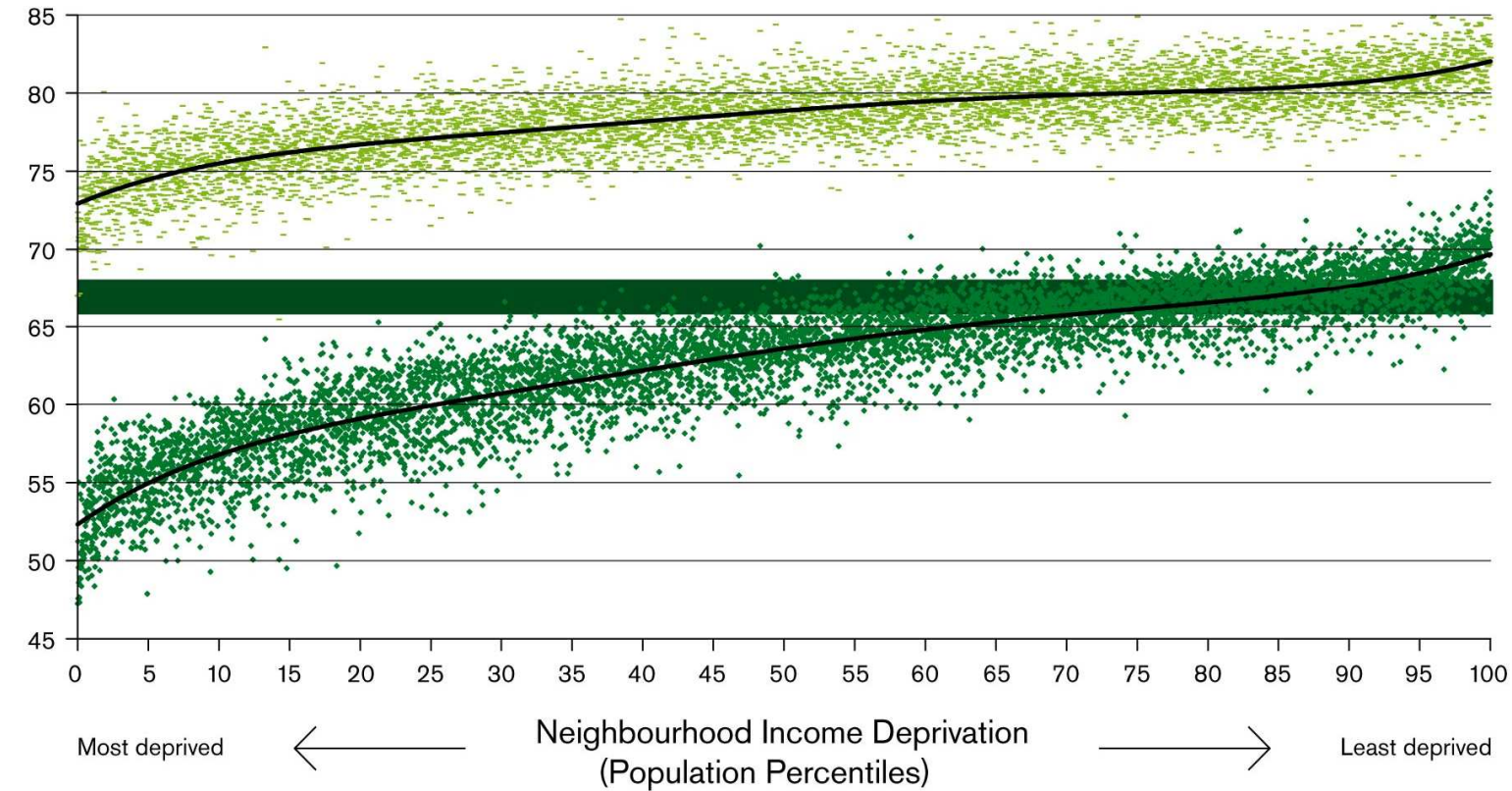
Admissions to the Royal Free Hospital by Neighbourhood Deprivation



Hospitals have a major role in prevention



*Life Expectancy and disability free life expectancy at birth, persons
by neighbourhood income level, England 1999-2009*



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics⁵

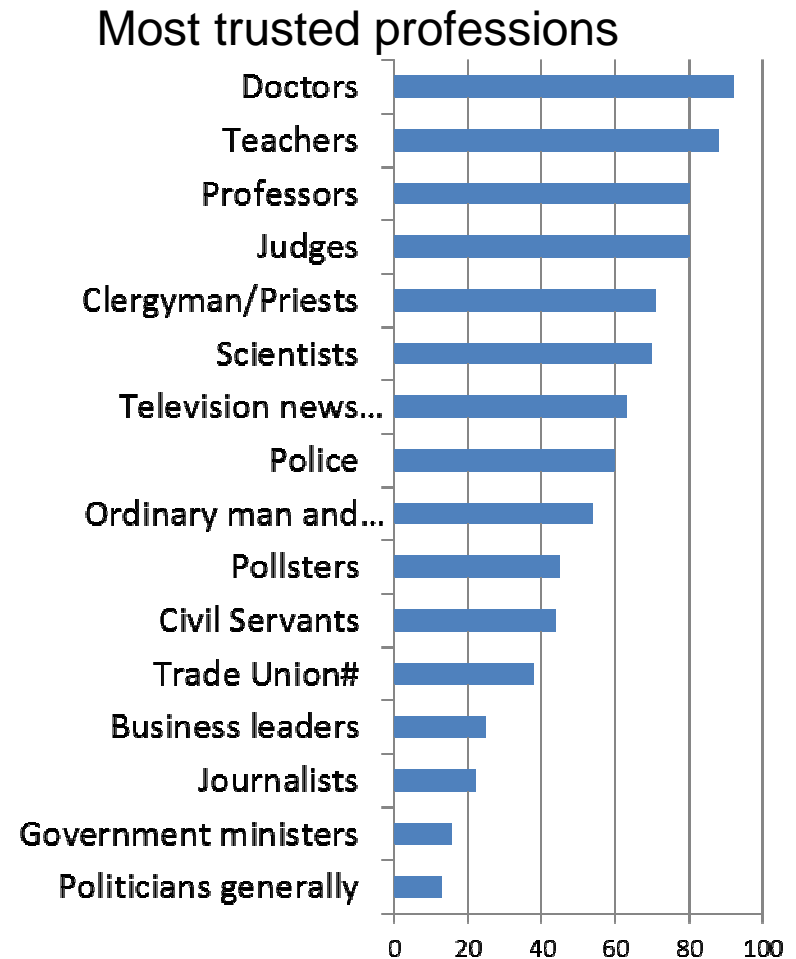
Source: Marmot review (2010) Fair Society, Healthy Lives



A hospital may provide a unique moment where people may reflect

A “teachable” moment?

- *Pregnancy: a “teachable moment” for weight control and obesity prevention*
- *The half-life of the 'teachable moment' for alcohol misusing patients in the emergency department*
- *Lung cancer screening as a teachable moment for smoking cessation_ Air bags and the teachable moment.*
- *Health beliefs and compliance with inhaled corticosteroids by asthmatic patients in primary care practices*
- *Youth violence in Accident and Emergency*



Source: Mori, 2011

Capitalising on the “teachable moment”

A new pilot - the Royal Free Wellbeing Centre

- Aiming to provide support to patients, carers, staff and others
- to understand better their health and what they can do to lead healthier lives
- with a focus on tackling health inequalities
- an exciting innovation, the first of its kind in an NHS hospital setting

Hospitals touch the lives of the whole population

- Royal Free sees 700,000 patients per year
- Many patients not registered with GPs
- For many in poorest areas A&E is the first port of call
 - Particular disadvantaged groups that may use hospital
 - Victims of domestic violence
 - homeless
 - certain minority ethnic groups

Hospitals touch the lives of the whole population

Homeless patients

- “Tri morbid” patients – physical, mental, substance abuse
- Very complex needs
- High demand on services

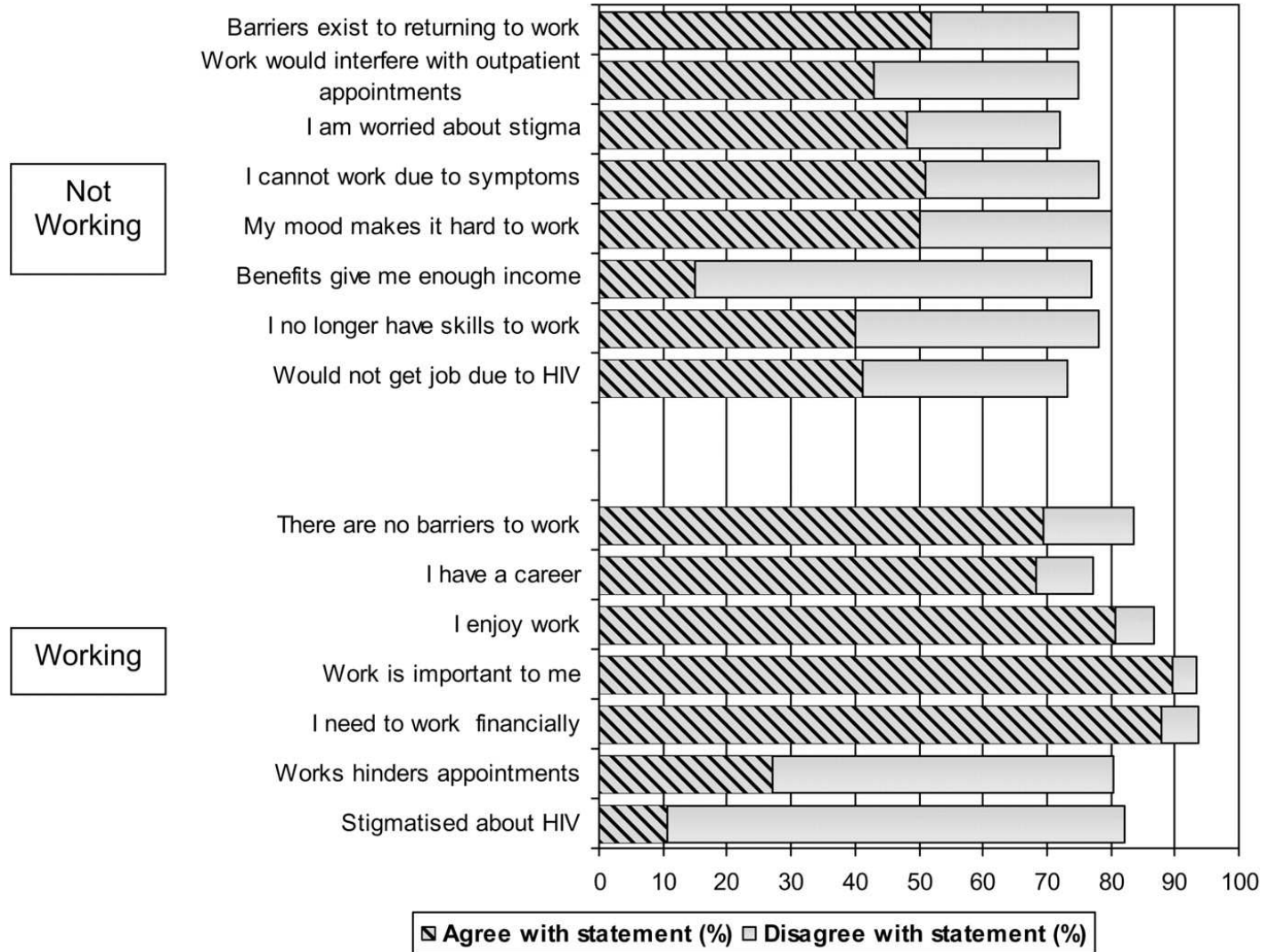
The London Pathway

- Multi-disciplinary
- Multi-agency
- Peer support
- Housing first

Research – developing and implementing evidence based practice

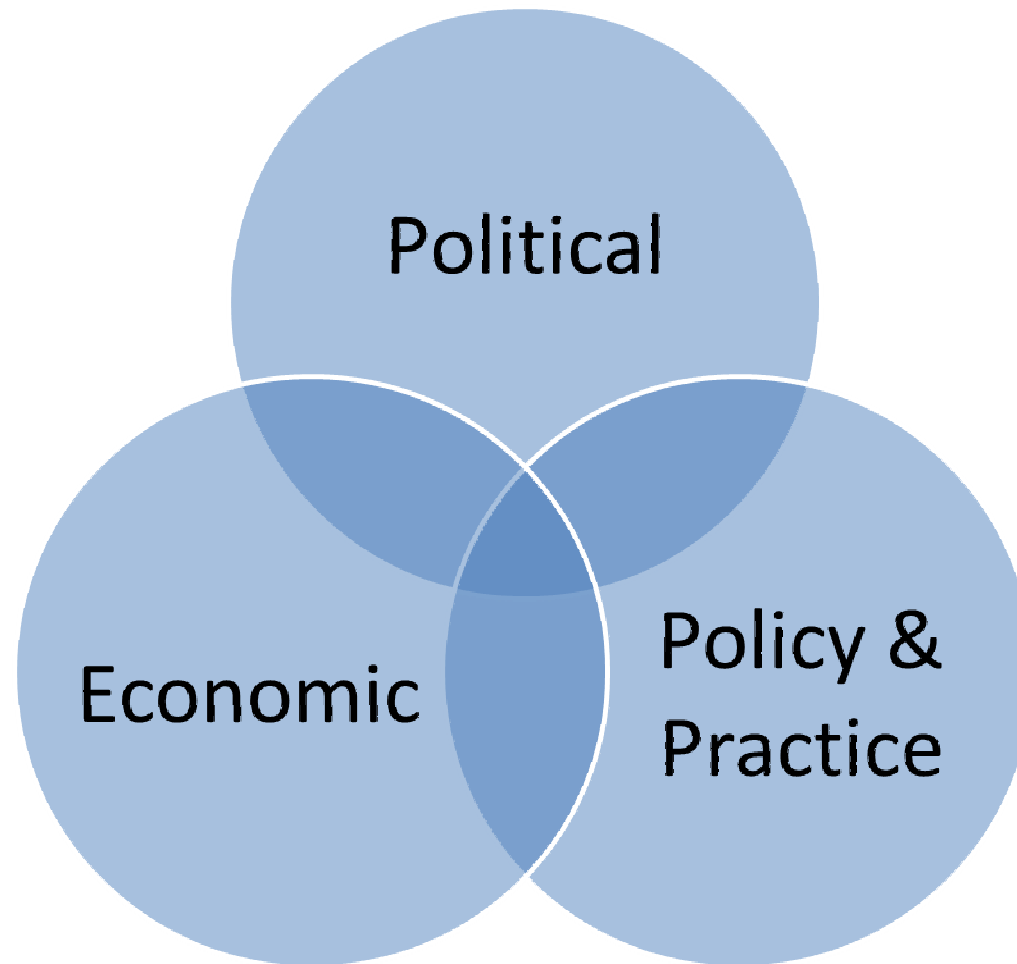
- Culture of research
- Access to patients groups
- Development of methodologies around evaluating complex interventions
- Strong commitment to evidence based practice

Attitudes and barriers to *employment* in *HIV*-positive patients



Source: Rodger et al (2010)

Challenges in tackling health inequalities





Political

Inequalities motivate some but not all!

Align Agendas

- Promoting dignity

- Quality of Care

- Patient safety

- Integrated Care

- Reducing readmissions / length of stay



Economic

Getting finance on board.....

- “Invest to Save”
- work out how to “monetise” prevention activities
- Joint budgets / joint responsibility

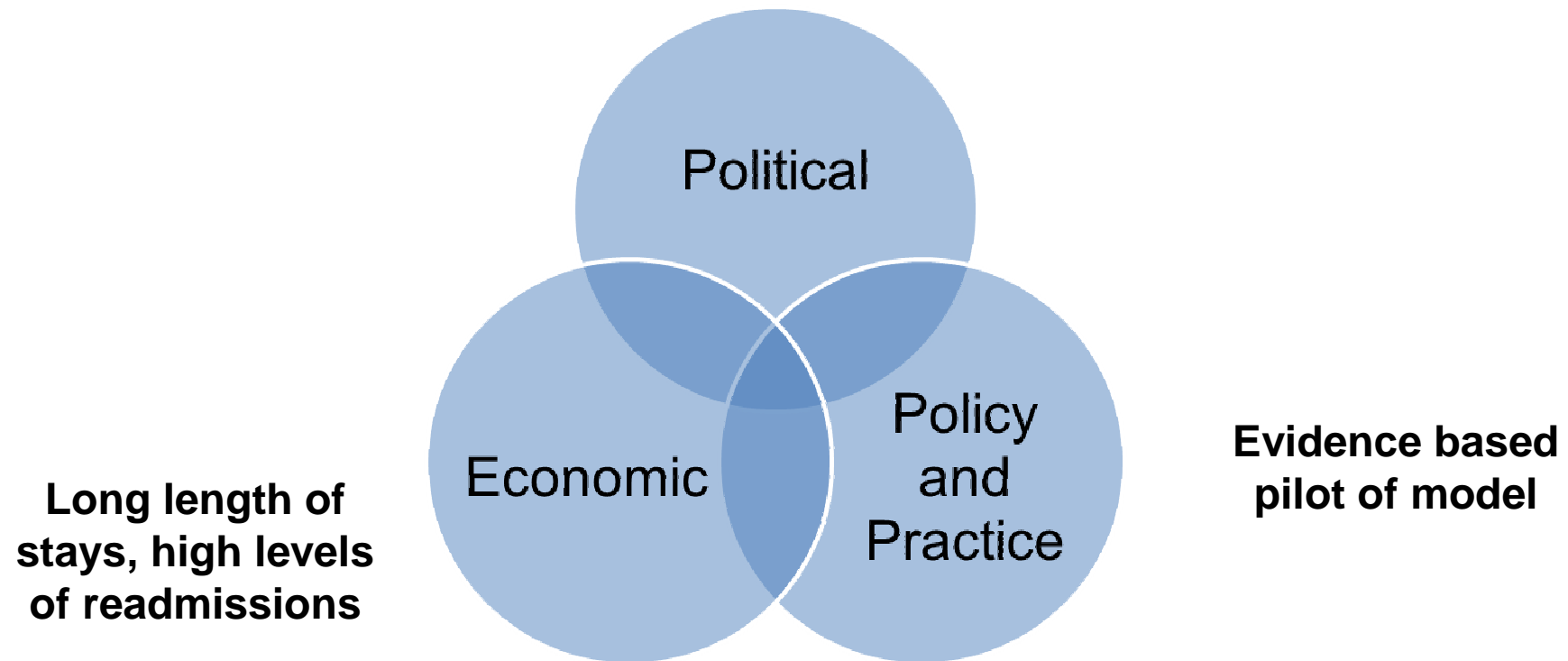


- Evidence supported
- Taking a prevention orientation
- Data driven
- Population focussed
- Taking a holistic view of patients' needs.....

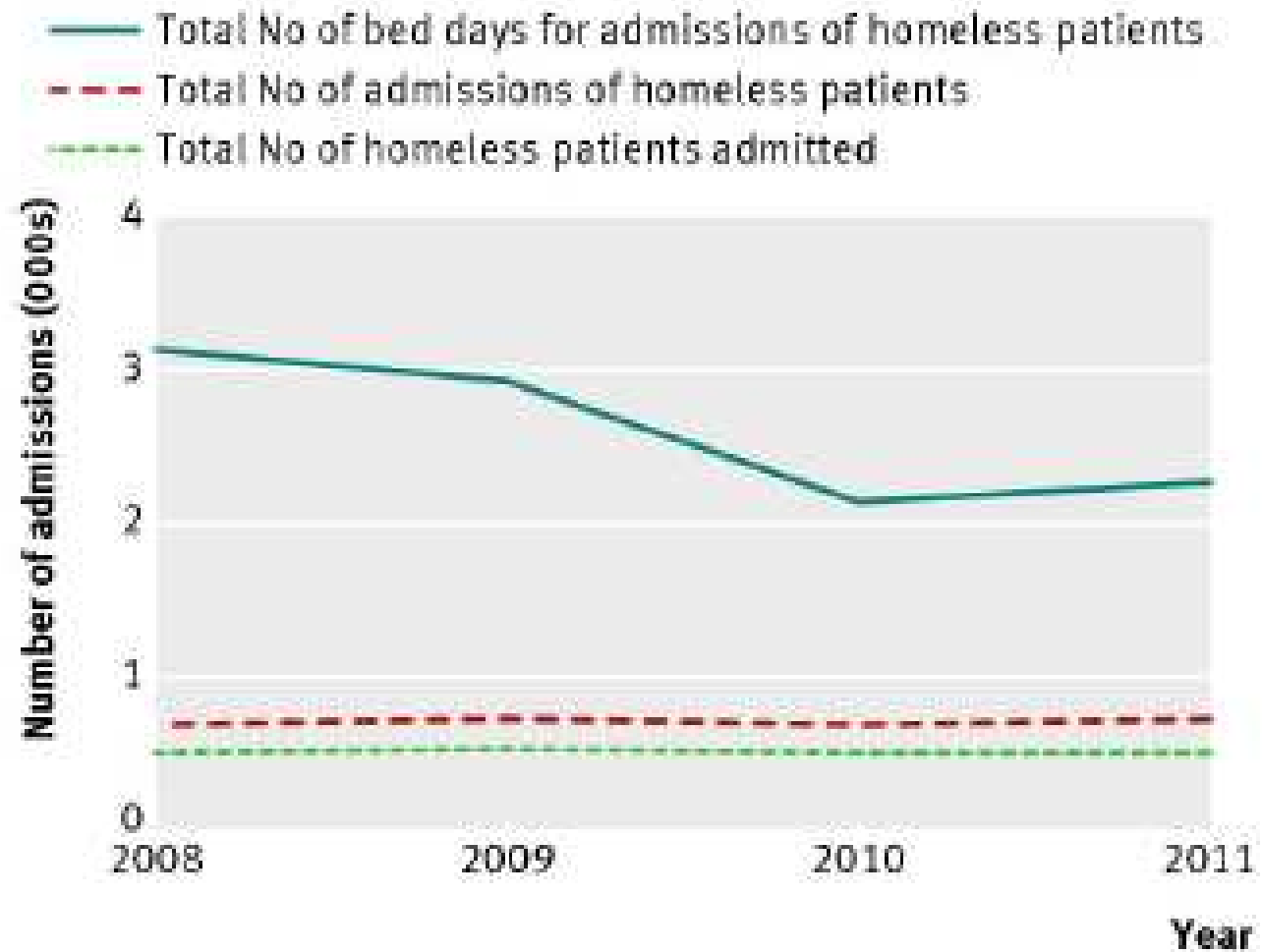
and a multidisciplinary view of interventions

Implementing London Pathway Model

**Homelessness – a moral issue for some
“this is the right thing to do”, also a care
quality issue**



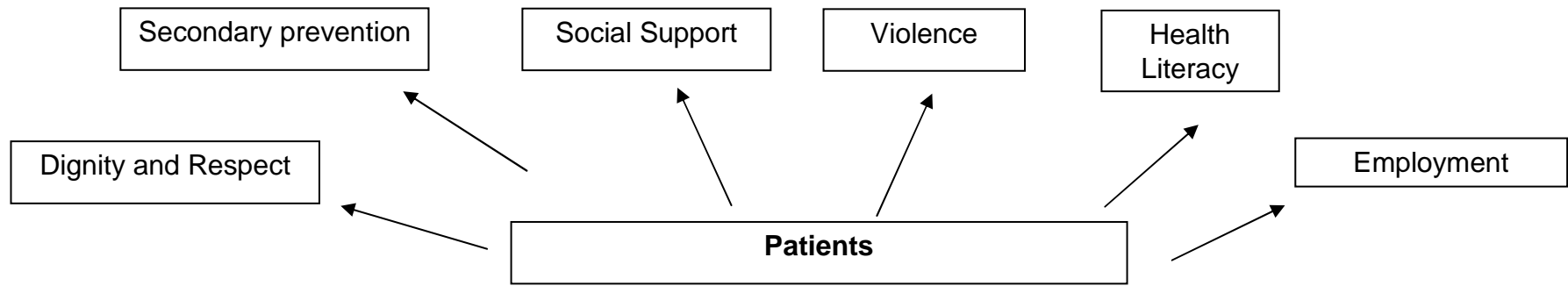
The results at population level



The results at patient level

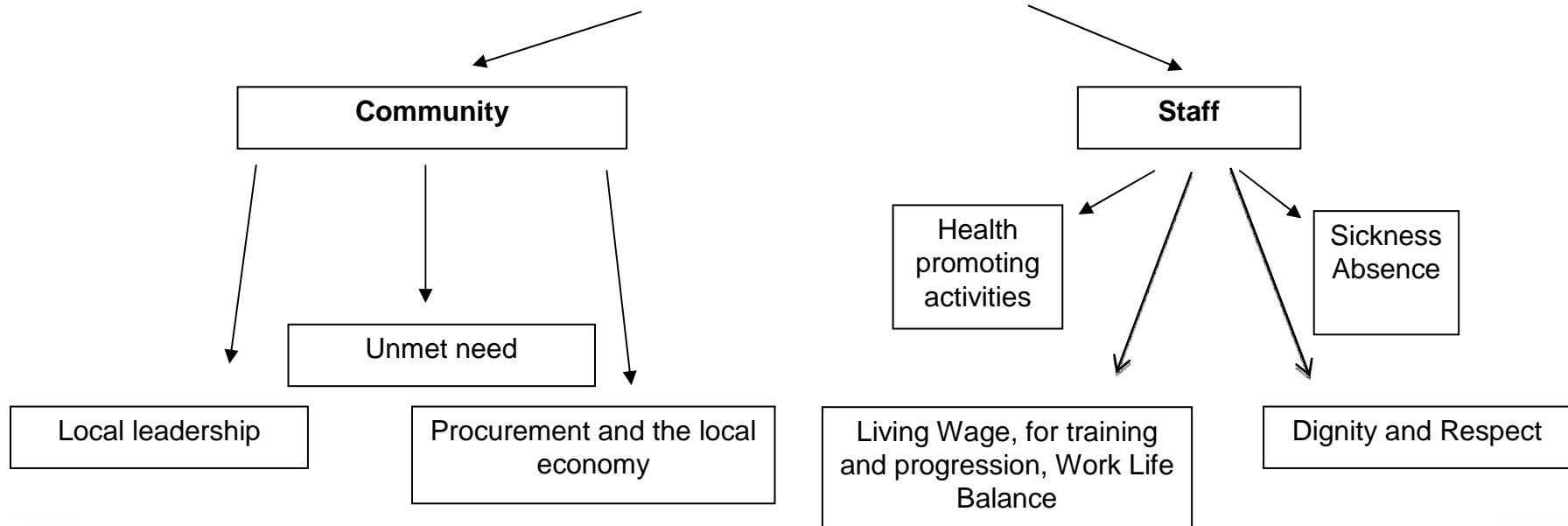
“I’ve never stayed in hospital as long as this [2 weeks] but I know you are really going to help me, I trust you, that’s why I’m staying.”

“Why do you want to help me? No one has wanted to help our kind before. You saved me, thank you so much.”



Tackling Health Inequalities

Where can the RFH make a difference?



Hospitals !

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