

***'England's approach to addressing lifestyles and health inequalities from a NHS Trust perspective, attracting the interest of commissioners and financial reward systems'***

# Promoting Public Health in an Acute Trust



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# Why an acute trust?

# Literature Review Little in literature

Medline, Cinahl, Health Business elite and HMIC

Terms: acute trusts, inpatient and outpatient groups, health promotion, lifestyle change, behaviour change, public health

367 papers, narrowed to 48 using acute trusts, English and over last 10 years

- Inpatients have time and motivation to participate in health educational programmes ...Chu 2008
- Comprehensive bedside interventions can capture under-served communities who may not attend prevention services in the community
- Acute trust patients receptive to health promotion literature or education and targeted patients more likely to set goals
- Joint ventures most effective (hospital and community)

We see a lot of e

- It is estimated that 25% of our local population walk through the doors of the Royal Free every year.... The most 'in need' communities use our services
- C
- D
- PL
- .....
- Staf
- 50

(2007/8)

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We have interested but busy clinicians

- **In summary**

Complex patients with multiple co-morbidities

Clinicians who understand the importance of promoting health but their priority is delivering a clinical service

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# .....because of the opportunities that exist to change behaviour

- People who come to the acute trust are vulnerable
  - contemplating change
- The acute trust will see a representative sample of the local population
- Seldom Heard Groups can be accessed
  - The Unable: too ill to access services
  - The reluctant: cultural, class and language barriers
  - The Unclear: poor understanding of the need to seek advice on lifestyle
- Adapted from: **The relationship between patients' experiences of continuity of cancer care and health outcomes: a mixed methods study** *British Journal of Cancer* (2008) **98**, 529-536.  
M King<sup>1</sup>, L Jones<sup>2</sup>, A Richardson<sup>3</sup>, S Murad<sup>1</sup>, A Irving<sup>1</sup>, H Aslett<sup>1</sup>, A Ramsay<sup>1</sup>, H Coelho<sup>1</sup>, P Andreou<sup>1</sup>, A Tookman<sup>2</sup>, C Mason<sup>4</sup> and I Nazareth<sup>5</sup>

What did we do and how  
did we do it?

# Transformational Change in an Acute Trust

# .....in May 2006 we set up the Health promotion group

Initial discussions were about:

- Implementing NICE Guidance
- Smoke Free Trust
- Health Promotion Data
- Alcohol services
- Lipid services
- Diet
- Exercise
- Staff Health Promotion
- Complementary Therapy services

- We found 'Cinderella' services that were nationally recognised
- Synergies and partnership working developed
- Successes attracted interest within Trust

Programme was given high profile and  
our aim was to achieve.....



Adapted from 'Essay What the NHS needs to improve: four behaviours to sort out the health system - 'The flight of the flamingo's' Hadridge, Pow (Co founders of idenk – leadership management consultancy) JRSM 2008 (Jan) 101:7-11

# How to Make change happen



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# How to Make change happen

## Top down

**Behaviour is modelled/influenced  
by senior people in organisation**

- 'Sign up' form the Chief Executive and The Chairman
- A senior committee, Chair is a Medical Director
  - to scope, understand and implement health promotion within the trust



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# How to Make change happen

## Bottom up



- To have a forum for staff
  - reference point
- Appointment of a public health lead
- Develop a simple and effective mechanism for clinicians to refer patient

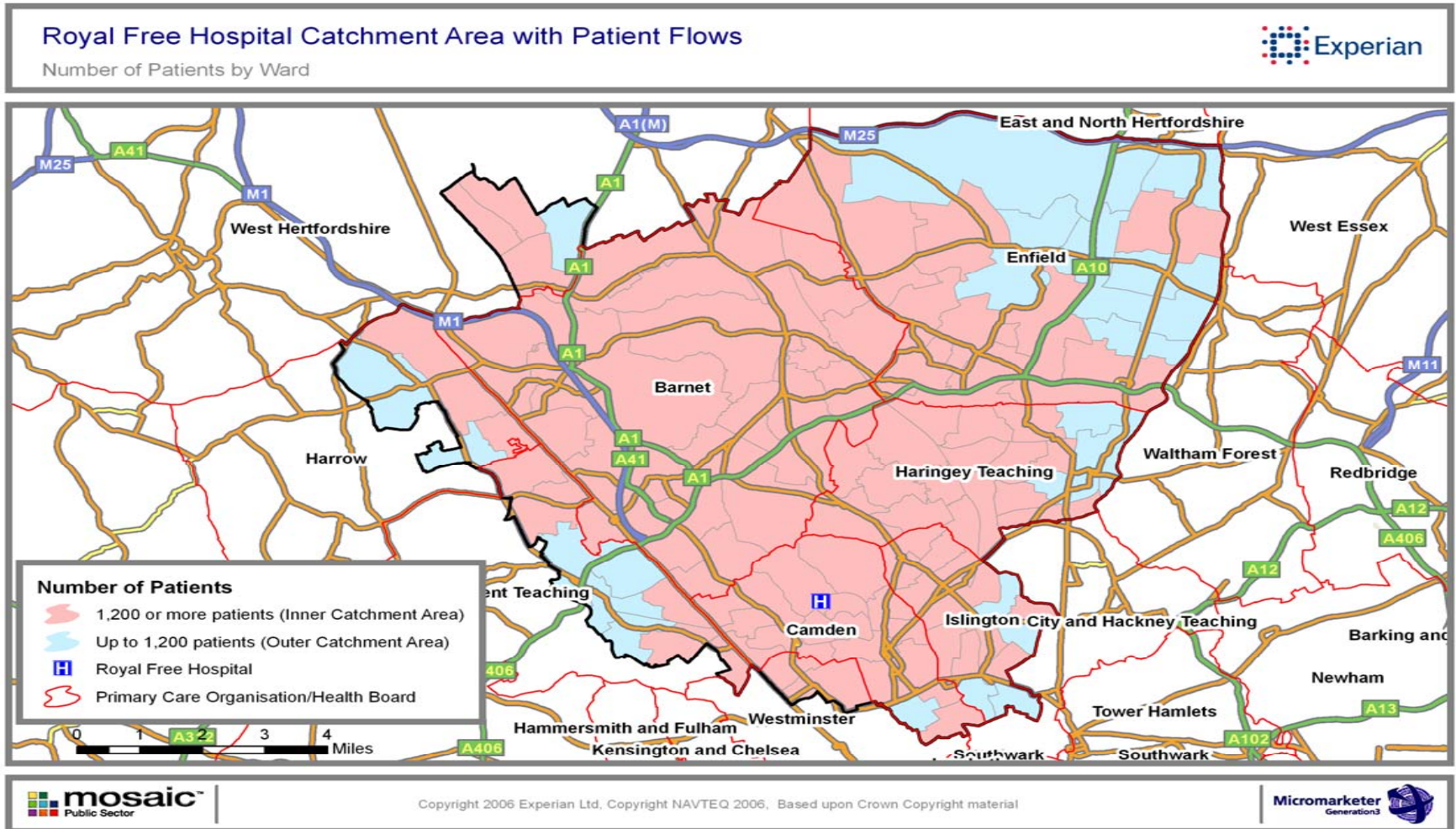
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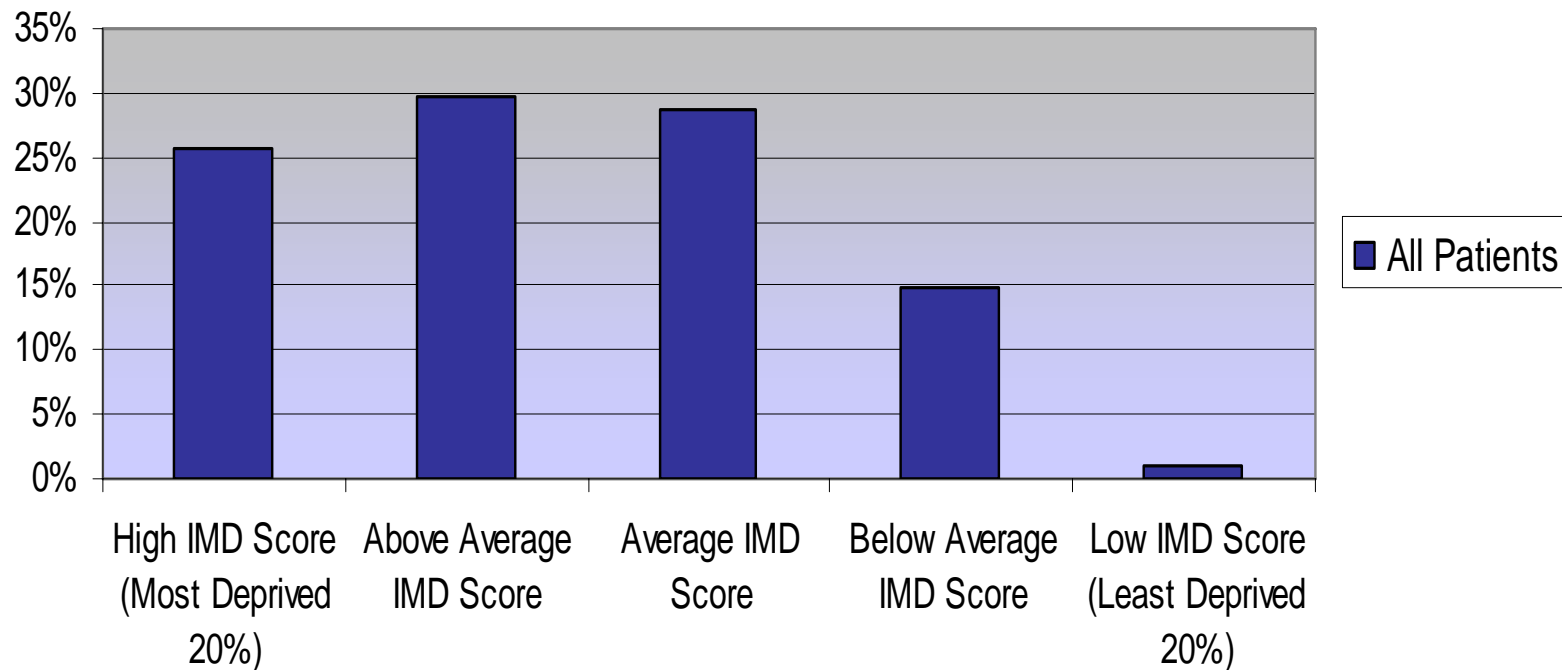
Collecting evidence -  
What do we know about our  
population?

.....we always thought that The Royal Free saw a disproportionate proportion of higher social class patients



# In and outpatients – over 50% from most deprived wards

## Deprivation Score RFH Patients



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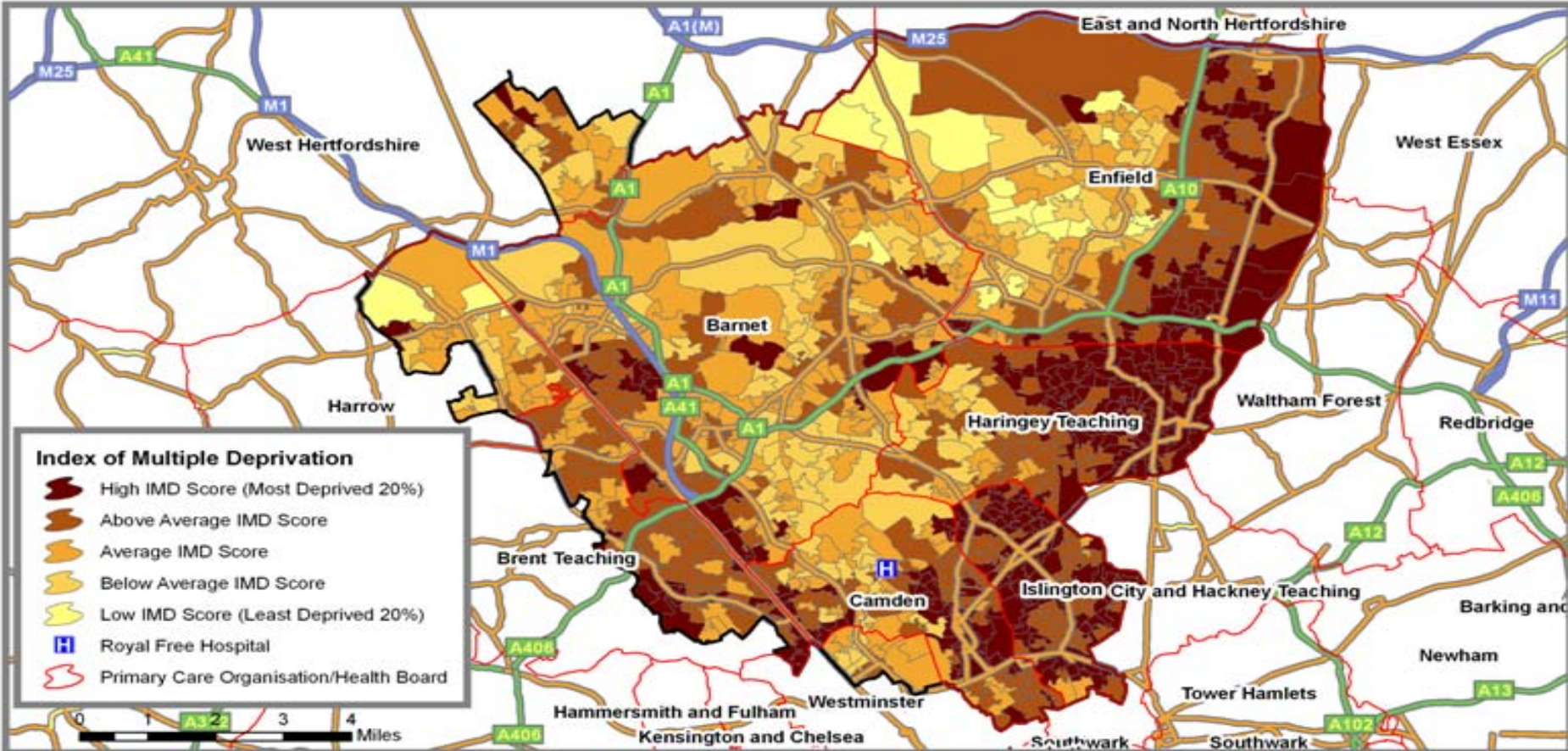


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# Deprivation

## Royal Free Hospital Catchment Area by IMD

Index of Multiple Deprivation at Super Output Area Level

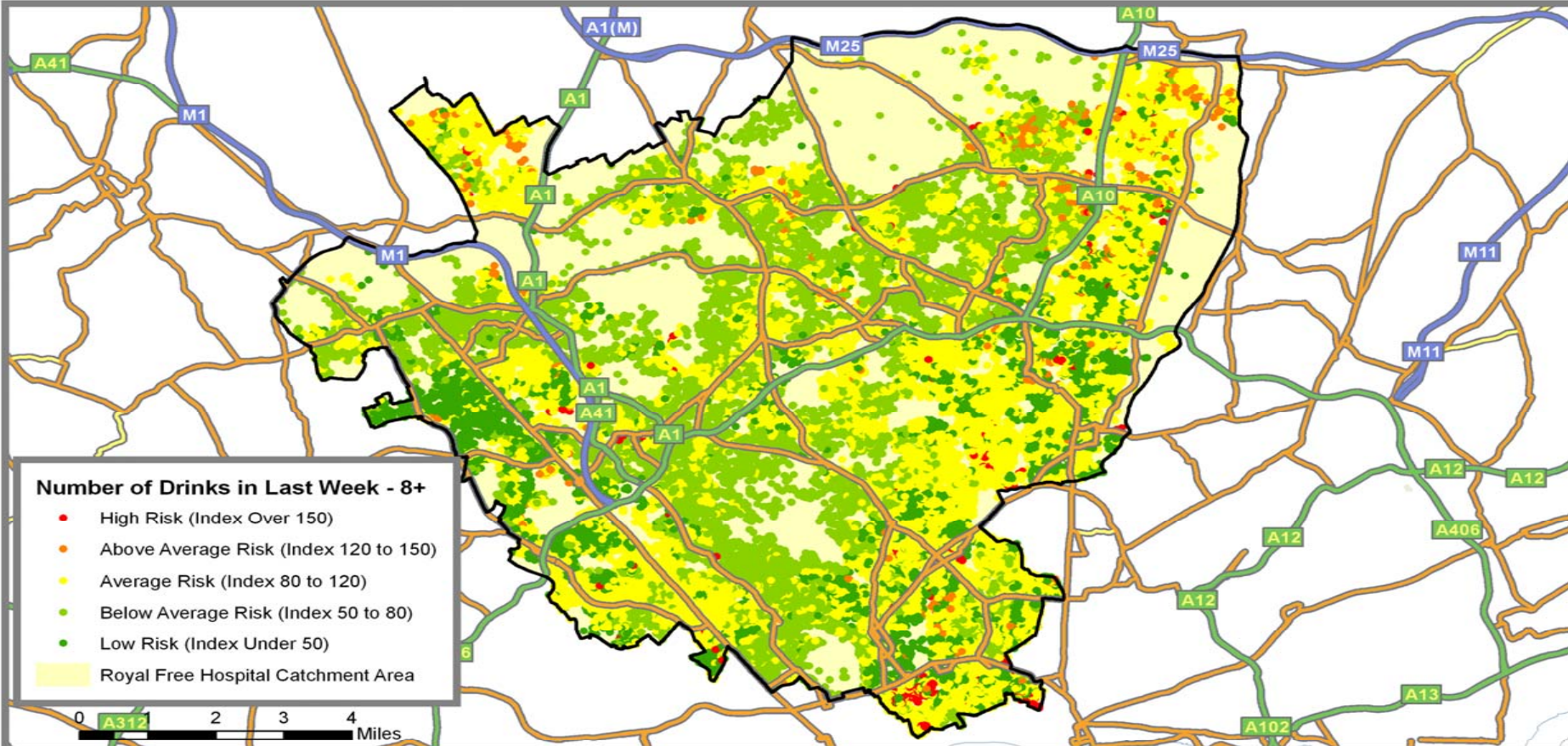


# Alcohol

Likelihood to Drink Alcohol within the Royal Free Hospital Catchment Area



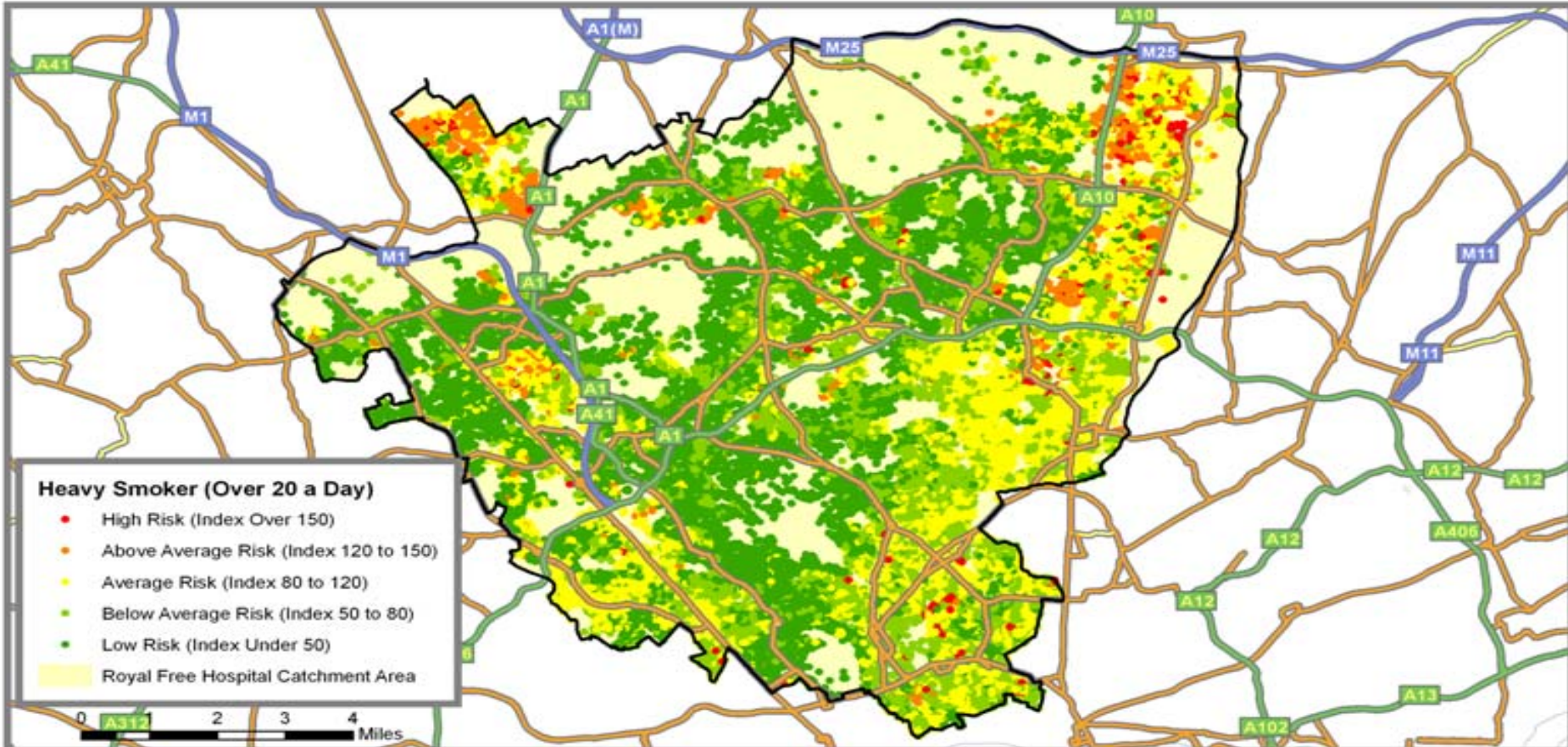
Postcode Level



# Smoking

## Likelihood to Smoke within the Royal Free Hospital Catchment Area

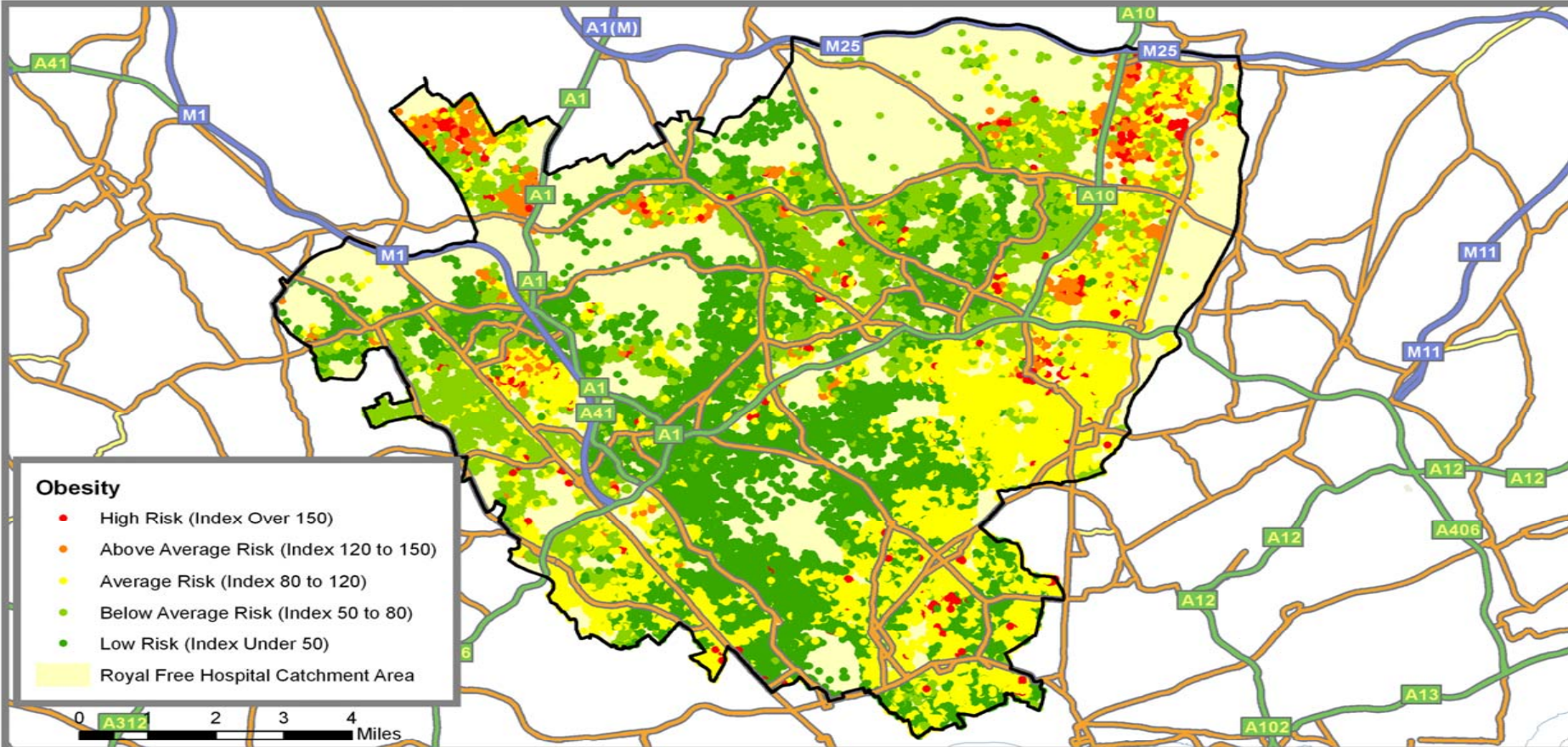
Postcode Level



# Obesity

## Likelihood of Obesity within the Royal Free Hospital Catchment Area

Postcode Level



We learnt the obvious.....  
health promotion is rarely a single issue



.....and what is needed is a 'one stop  
shop' to address all lifestyle issues in  
one setting

**This project has been a  
major ‘myth buster’ for  
our Trust**

## Population characteristics

Diversity	Our catchment population is ethnically very diverse	White British is the largest group followed by White Other
Deprivation	The highest level of deprivation (measure of poverty) is higher in all of our local PCTs except Barnet.	White Irish (Brent) South Asian and Bangladeshi (Barnet) Black/Black Caribbean (Haringey)



# A&E inpatients admissions compared to all inpatients

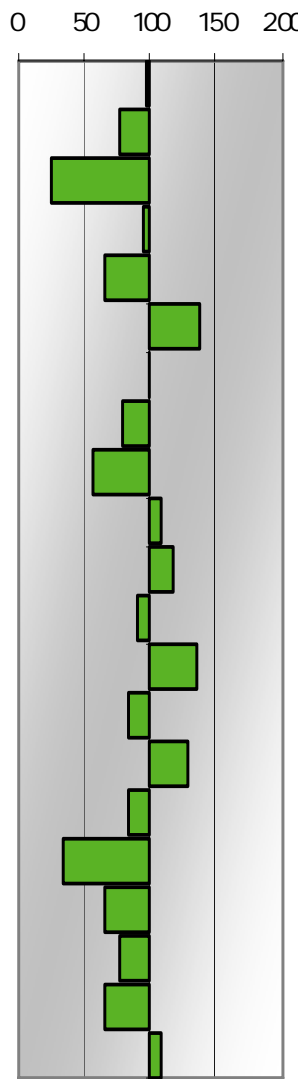
(Experian data)

Origins Group	ACCIDENT AND EMERGENCY		All Inpatients		Pen. %	Index
		%		%		
Bangladeshi	44	2.16	1,235	2.20	3.56	98
Black African	39	1.92	1,390	2.48	2.81	77
Black Caribbean	1	0.05	104	0.19	0.96	26
Celtic	161	7.91	4,677	8.35	3.44	95
Chinese	10	0.49	422	0.75	2.37	65
Eastern European	136	6.68	2,713	4.84	5.01	138
English	807	39.37	39,370	39.37	3.66	101
Greek/ Greek Cypriot	42	2.05	1,610	2.87	2.87	79
Hindu	5	0.24	190	0.34	2.09	57
Hispanic	18	0.88	680	1.23	3.98	110
Irish	18	0.88	680	1.23	4.25	117
Italian	56	2.73	2,040	3.69	3.29	91
Jewish/ Armenian	72	3.53	2,610	4.67	4.92	135
Other Eastern European	11	0.54	359	0.64	3.06	84
Other Muslim	91	4.47	1,934	3.45	4.71	129
Pakistani	78	3.83	2,574	4.60	3.03	83
Sikh	2	0.10	156	0.28	1.28	35
Somali	9	0.44	370	0.66	2.43	67
Tamil And Sri Lankan	6	0.29	211	0.38	2.84	78
Turkish	26	1.28	1,082	1.93	2.40	66
Western European	141	6.93	3,585	6.40	3.93	108
Undassified	4	0.20	45	0.08	8.89	245
<b>Total</b>	<b>2,036</b>	<b>100.00</b>	<b>56,011</b>	<b>100.00</b>	<b>3.64</b>	<b>100.00</b>

Jewish / Armenian  
35% more likely to attend A&E

Eastern European  
38% more likely to attend A&E

Other Muslim 29% more likely to attend A&E



# ENT inpatients admissions compared to all inpatients

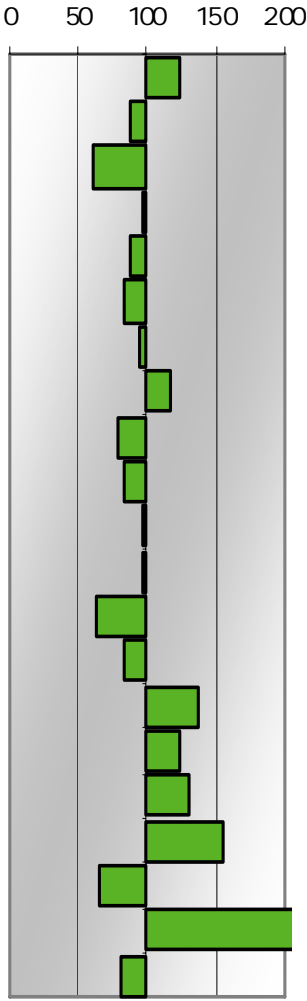
(Experian data)

Origins Group	EAR NOSE THROAT	All Inpatients	%	Pen. %	Index
Bangladeshi	1,235	2.20	11.50	123	
Black African	90	2.48	8.27	89	
Black Caribbean	4	0.19	5.77	62	
Celtic	7	8.35	9.13	98	
Chinese	422	0.75	8.29	89	
Eastern European	2,713	4.84	7.81	84	
English	1,955	22.05	8.87	95	
Greek / Greek Cypriot	161	3.08	8.87	118	
Hindu	192	3.67	8.87	80	
Hispanic	122	2.33	8.87	84	
Irish	7	7.44	9.13	96	
Italian	2	2.97	9.13	98	
Jewish	1	1.68	9.13	64	
Other East Asian	28	0.54	7.80	84	
Other Muslim	247	4.73	12.77	137	
Pakistani	300	5.74	11.66	125	
Sikh	19	0.36	12.18	131	
Somali	54	1.03	14.59	156	
Tamil And Sri Lankan	13	0.25	6.16	66	
Turkish	288	5.51	26.62	285	
Western European	276	5.28	7.70	82	
Undassified	3	0.06	6.67	71	
<b>Total</b>	<b>5,227</b>	<b>100.00</b>	<b>56,011</b>	<b>100.00</b>	<b>9.33</b>

Turkish 185% more likely to attend ENT

Somali 56% more likely to attend ENT

Pakistani, Sikh and Other Muslim over 25% more likely to attend ENT



What next?

# We planned a wellbeing prescription across the trust

Lifestyle screening and referral for patients to facilitate a change in behaviour.

The development and initial scoping of this has been funded by Camden PCT.

Supported by Patient, staff and partner engagement:

## Wellbeing prescription

A Social Marketing company ran 9 focus groups with FT members, patients, community services and staff.

## Findings

*'Our research revealed general **support** for the WP and a belief that, it could make a **valuable contribution** to **improving** patients' **wellbeing** by tackling lifestyle issues that contribute to their ill health.'*

# We are planning a Well- Being Centre

(In partnership with the hospital charity)

- Referrals from in-pt, out-pts and staff by the well being prescription
- Lifestyle assessment
  - Advice
  - Therapies
  - Signposting
  - Research, evaluation and dissemination


## Bring together

- Smoking cessation services
- CVD risk screening
- Screening for blood borne viruses e.g. HIV, hepatitis
- Diabetes centre

What has the emergent change model produced?


We now have a 'bundle of interventions'

# Summary of our public health framework




Understanding local health needs & addressing inequalities in health

Improving patients health & wellbeing



Creating a sustainable and health promoting environment to work and visit



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# Summ

Understanding local health needs  
addressing  
inequalities in health

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- **RFH patient and population health needs assessment 2007/8**
  - Analysis of our in and out patient by Mosaic type
  - Enables development of social marketing techniques
- **Smoking prevalence of hospital population**
- **Alcohol and violence**
  - Anonymised data in A/E and hand trauma clinic in partnership with Camden PCT Safety Partnership (Home Office pilot site)
  - Screening for hazardous and harmful drinking among all patients attending A&E ( Camden PCT and LBC priority )
- **Cardio vascular risk screening**
  - 2 temples in Brent with Heart UK and 1 Mosque in Camden – DH Innovation programme
- **Abdominal aortic aneurysm screening** - early implementer

# Alcohol screening and assault data in A/E

## WHAT ARE WE DOING?

- Record patients with a violent assault in A/E or hand trauma clinic
  - In partnership with Camden PCT, Camden Safety Partnership Board
  - 1001 screened
    - 22% PAT +ve
    - 9% invited for F/U appt
- 50 Assaults – data given to Camden's Information Unit
  - Alcohol involved in 36%

## FINANCIAL REWARD?

- Work is pump primed
- Aiming for a cost per screening tariff

# Cardio Vascular Risk

## WHAT ARE WE DOING?

- Screen high risk groups in 2 temples and 1 mosque
  - 600 people
- 21% have >20% 10 year risk
- 51% have one modifiable factor



H·E·A·R·T UK  
THE CHOLESTEROL CHARITY

Royal Free Hampstead **NHS**  
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# Cardio Vascular Risk

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- Screen high risk groups in 2 temples and 1 mosque
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- 21% have >20% 10 year risk
- 51% have one modifiable factor

The service succeeded in targeting hard-to-reach groups

INDEPENDENT EVALUATION



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- **Healthy eating and sustainability standards for our catering**
  - Applying for DH NHS Gold Standard Award for healthy eating and sustainability
- **Green travel plan**
  - Reducing cost bike scheme ( July 09)
  - Walking maps for staff and patients produced encouraging public transport and walking
- **Promotion of stair use**
- **Health at work team (OH)**
  - Offer health promotion initiatives to staff
  - Exercise on prescription programme – 8 session, back to work for returnees from long term sick – 10 staff on programme so far
  - Trust objective 2010 is staff health and wellbeing

Creating a sustainable and health promoting environment to work and visit

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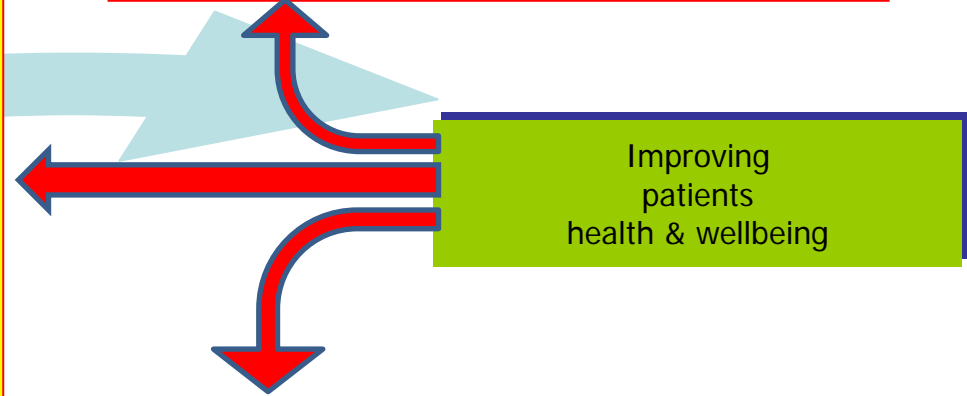


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# Current Review

- Health promotion data on discharge summaries
- Vaccination
  - All children attending hospital are offered paediatric vaccinations
- Obesity
  - Training staff to take a BMI, offering a brief intervention...CPD funding from NHS London
- Smoking
  - Use SPI approach to increase referrals to smoking cessation service. Funding for fulltime service for 2 years
  - Funding (local tariff) achieved by Camden and Barnet

- CHD and Women
  - Raise awareness (Part of pacesetters work and in partnership with BHF)
- HIV
  - Increased opportunities and uptake of testing as part of routine health care
- Screening
  - Retinal screening in trust as part of community screening service



- Worklessness
  - HIV patients attitude to employment research
- Research
  - 2 x NIHR bids with centre for population health and primary care
- Wellbeing prescription
- Wellbeing centre

# Vaccinations – opportunistic immunisation

## WHAT ARE WE DOING?

- Low levels of MMR uptake in London
- Children in paediatric outpatients
- 3% of outpatients
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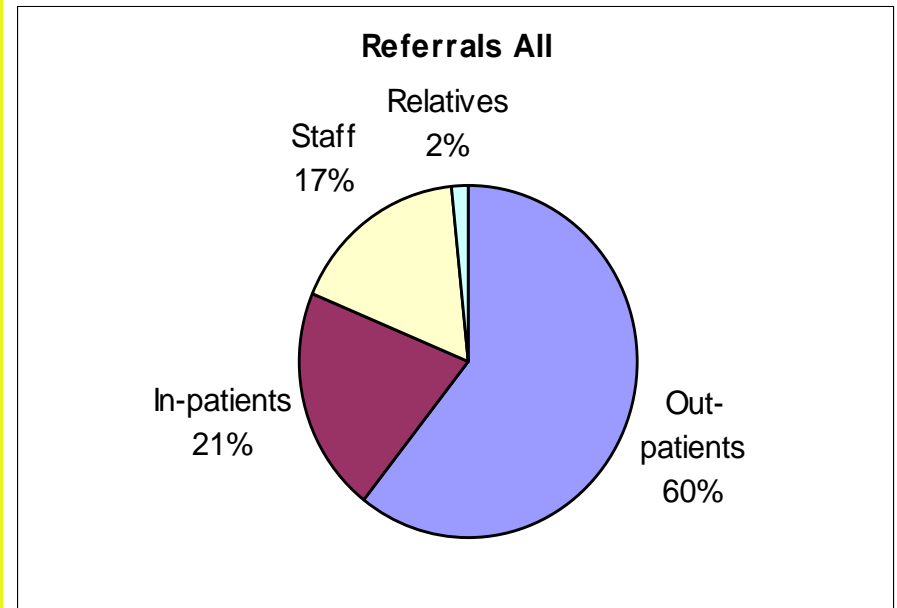
## HOW MUCH?

- Local tariff Barnet & Camden PCT = £28 per patient

# Smoking

## WHAT ARE WE DOING?

- To achieve performance targets PCTs pump primed new service
- Increase quit rate by 50%
- Increase number of referrals to PCT SS services by 30%
- Tariff being developed, tariff increased if quit rate achieved



# HIV patients and worklessness (700 patients)

## WHAT DID WE FIND?

- Did not work (700 screened)
  - 48.5% (120) feel stigmatised
  - 42% - work would interfere with hospital appointments
- Not associated with length of diagnoses or severity of illness

## CHANGES?

- Linking with LOCAL Jobcentre Plus
- Changing clinic times
- Roll programme out to other long term conditions

# Funding opportunities



Programme	Funder
Health psychologist to support behaviour change programmes – focus smoking cessation	Barnet & Camden PCT – public health funding
CVD risk assessments – places of worship – mosque in .	Camden PCT primary care funding
CVD risk assessments research	Department of Health - Improvement Team
CHD and women project. Developing women specific CHD materials to be used nationally	British Heart Foundation
Health and wellbeing screening for patients - social marketing to assess the best way of implementing this work.	PCT – social marketing budget
Alcohol and assault anonymised data collection – pilot site for NHS London	Government Office for London and Camden PCT – safer communities partnership
Alcohol workers in A&E. To deliver brief interventions and advice on alcohol in A&E.	PCT
Childhood vaccinations. To offer opportunistic vaccinations to children in the trust	Barnet & Camden PCTs
Walking maps for patients and staff.	PCT – CSR funding
Cycle maps for staff	GO – NHS London funding
<b>Total</b>	

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<b>Total</b>	<b>£367,508 (£190k recurrent)</b>

# Hidden extras

## STRATEGIC INFLUENCE

- Data has is now underpinning and influencing strategic programmes in the trust
- It is Prestigious
  - Mayors Office
  - NICE
  - WHO Health Promoting Hospital
- The Wellbeing Centre is the major project for the Royal Free Charity

# Hidden extras

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## FINANCIAL LEVERS

- Facilitating our interaction with primary care
- Our public health work is a unique selling point (USP)
  - HfL objectives
  - Advantage in 'tendering processes'
- Public Health in an acute trust is an emerging area for research
- Raised the profile of several Cinderella BUT key services

# Wider Learning for the NHS

- Unique initiative that is transferable to other trusts
- Reaches multi cultural communities and the ‘seldom heard’ - reducing health inequalities
- Opportunities for research

I can't understand why  
people are frightened  
by new ideas.

I'm frightened of old  
ones.

John Cage (1912-1992)

Composer

