



Part 1: Population health improvement: strategy and implementation

S15: Transforming healthcare through impact strategies and technology



Dominique Allwood
Director of Population Health (ICHT) &
Chief Medical Officer (UCLPartners)



One of the safest hospitals but.....





Our vision
Better health, for life



Our values

Kind Expert Collaborative Aspirational

Our strategic goals



To help create a *high quality integrated care*



To develop a *sustainable portfolio*



To build *learning, improvement and*

“

We know what creates health and well-being. It's not the healthcare repair shop
— Don Berwick ”



Institute for
Healthcare
Improvement

Health care professionals can, and should, play a major role in seeking to improve health outcomes for disadvantaged populations.”

”

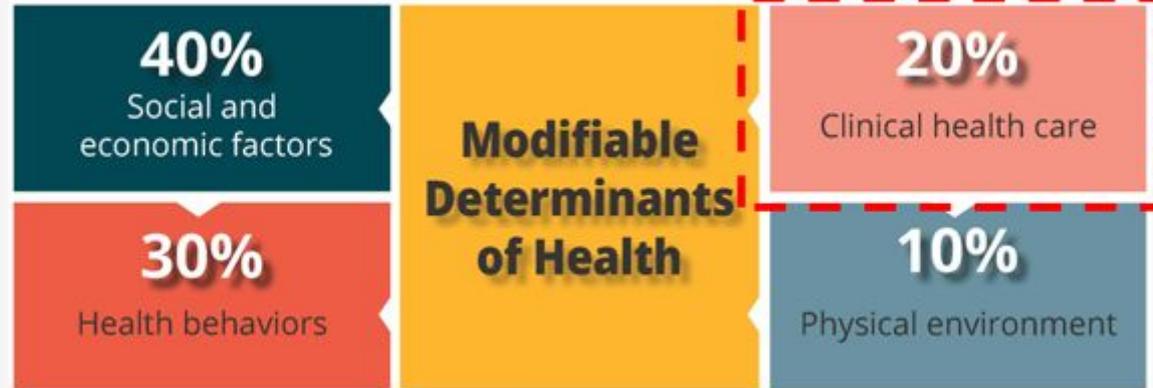
[Home](#) < [Learning & Networking](#) < [Health Inequities](#) < [Berwick: US Health System Still Too Focused on Being a 'Repair Shop'](#)

Berwick: US Health System Still Too Focused on Being a 'Repair Shop'

Post Date: June 2, 2021

Social Determinants of Health

What Impacts Your Health?



The hospital has a key role and responsibilities regarding population health and equity

We can improve equity in



The health needs of our population



Access

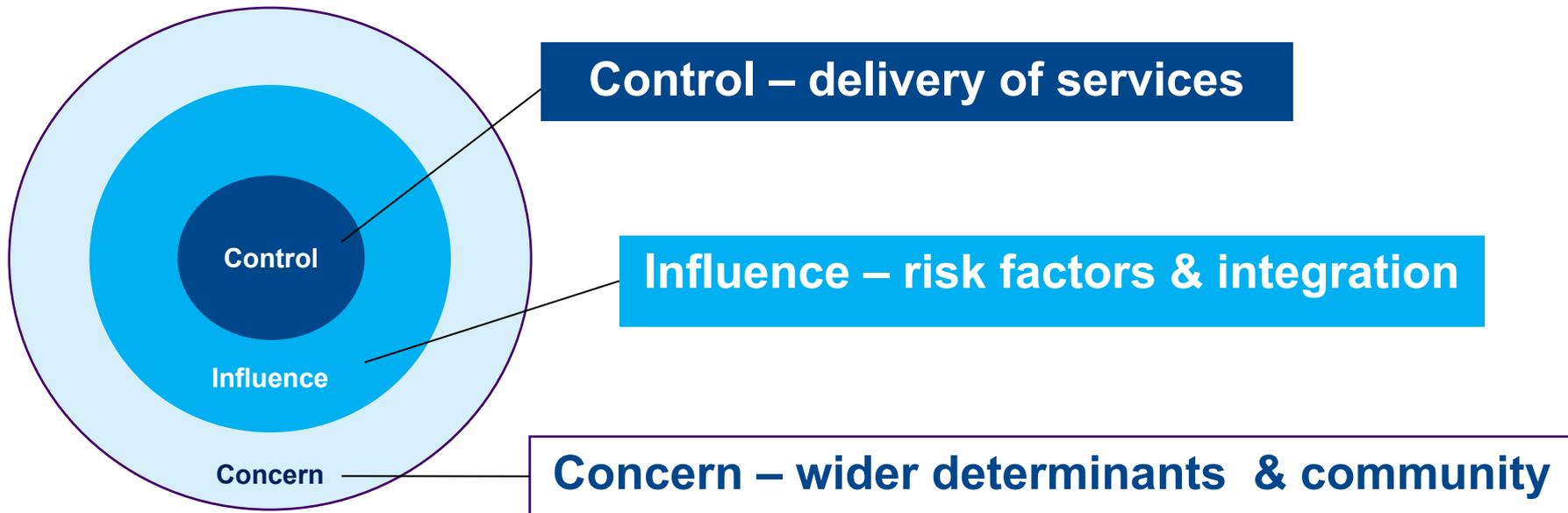
Outcomes

Experience

- Preventative and proactive healthcare
- Addressing wider determinants as an 'Anchor'

- Improving equity in our core activities and services e.g. by identifying and removing unfair differences in access, outcomes and experience of outpatients, emergency care or specific care pathways

What does this mean for us as an Hospital Provider?

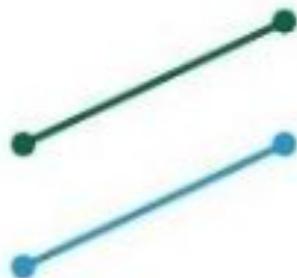


Aim: To improve health, wealth, wellbeing and equity within our local communities





Neutral



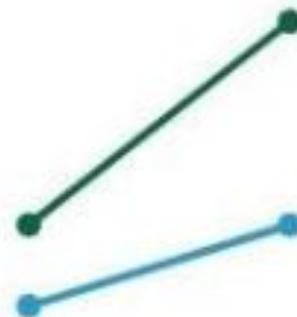
More of the same

Narrowing



Shows improvement

Widening



Gap worsens

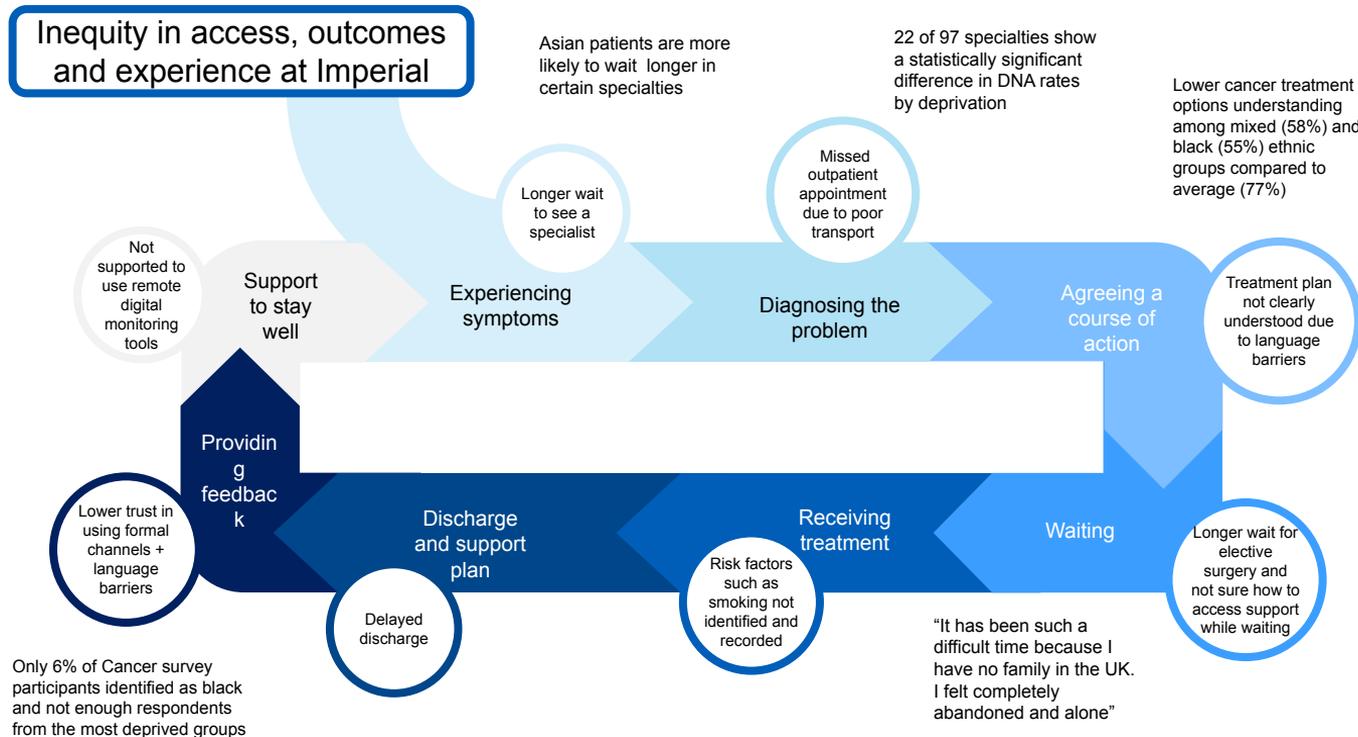
Health Equity Definition

Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health equity is achieved when everyone can attain their full potential for health and well-being.

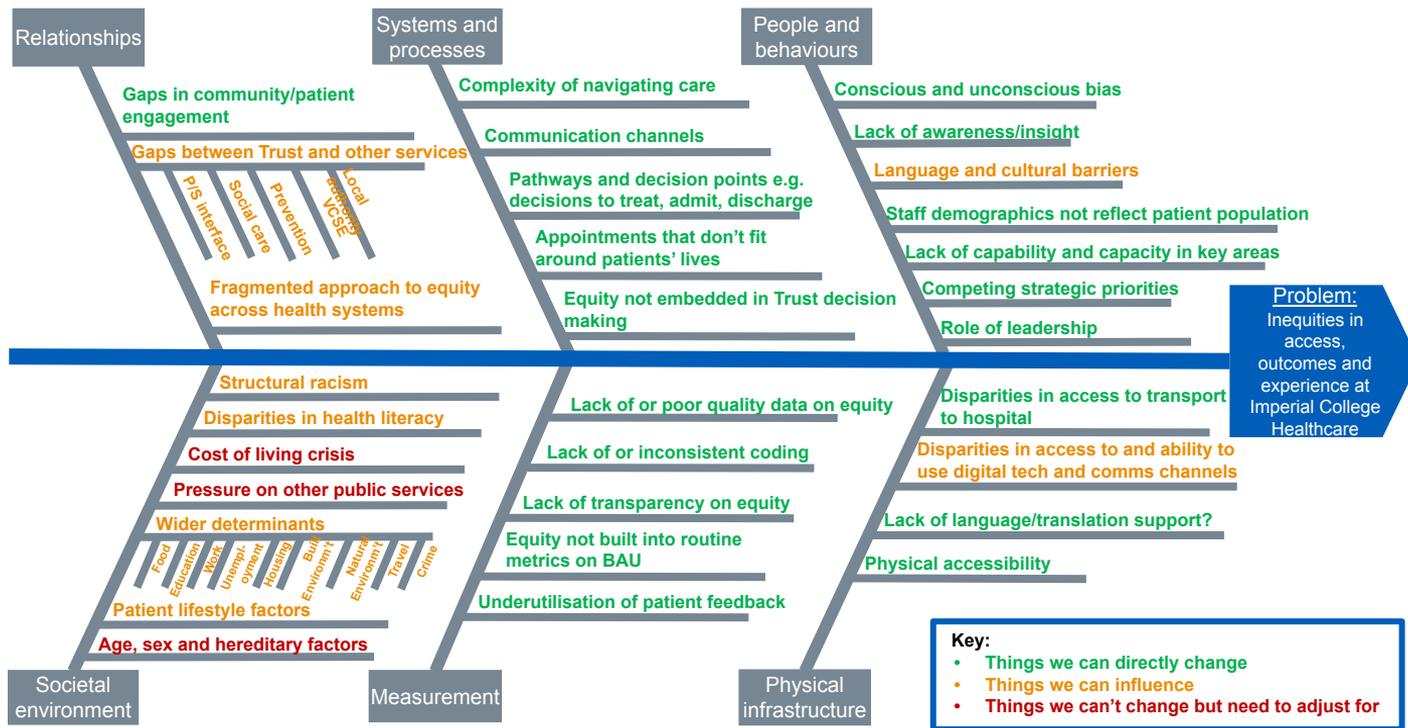


**World Health
Organization**

Mapping inequities across our organisation



Using a fishbone to look at causes & opportunities for action





Equity of Access: First Outpatient Attendance

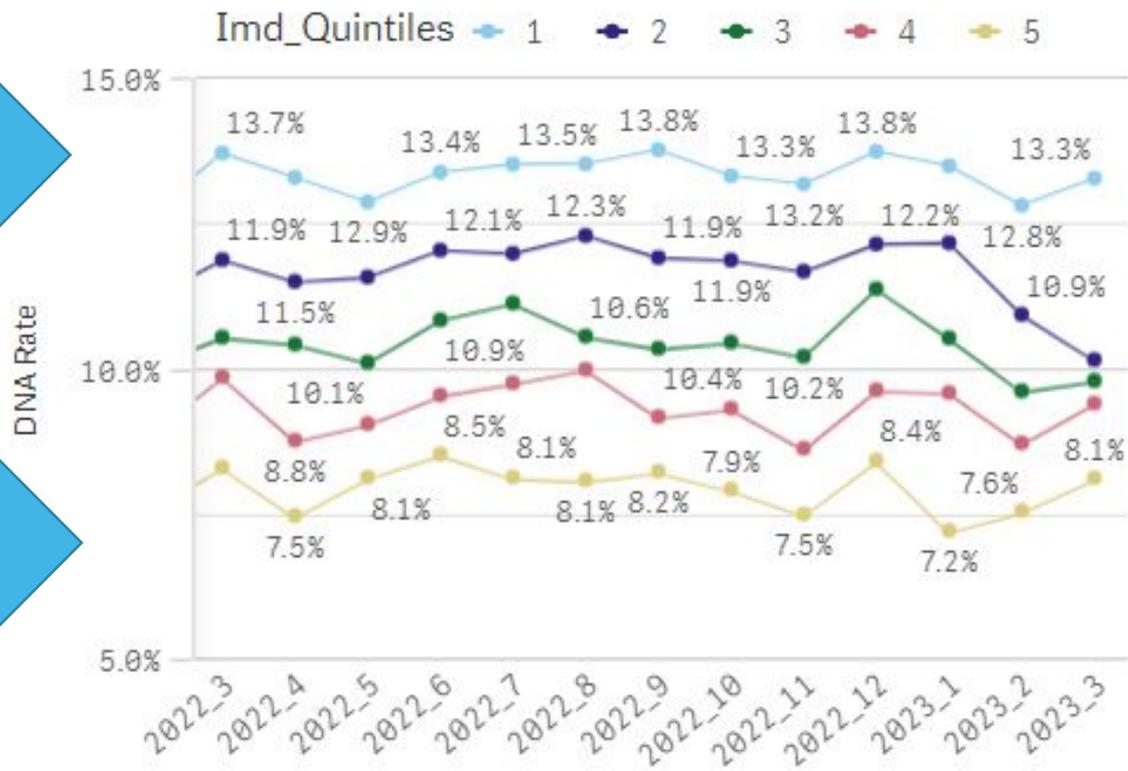
DNA Rate by Deprivation

Patients from our most deprived communities are more likely to not attend their appointment

13% vs **8%**
average

If we could bring the DNA rate of IMD1 patients down to the Trust average DNA rate we could convert

4500 DNAs per annum into active appointments



Primary project objectives

1. Reduce the **gap between those with highest and lowest** outpatient DNA rates, with a goal of reducing it by 50%
2. Reduce outpatient DNA rate for **at least one patient group** that experiences health inequities



Do you want to design a way to support people to attend their hospital appointments?

We are looking for 6 community members from North West London to work with a team at Imperial College London. We encourage people from under-served groups to apply.

What will you do?

Attend a 1 hour meeting per month for 11 months (online option)

Share your views and help design ways to support people to attend their hospital appointments.

What will you gain?

You will be paid £25 an hour for meetings.

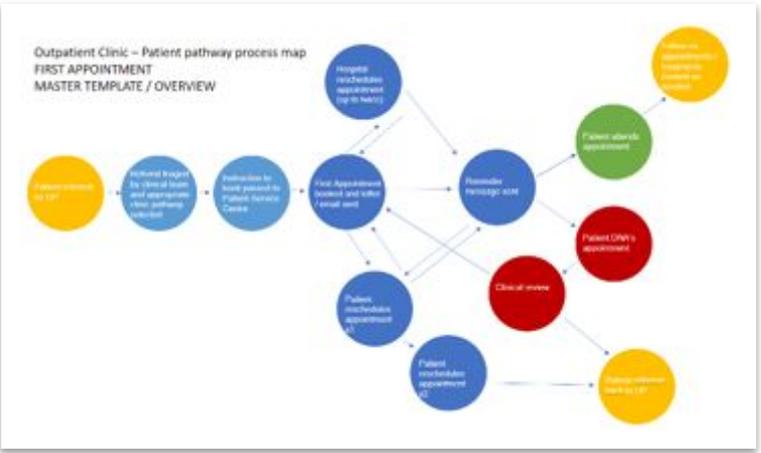
You will be involved in improving the service, which we hope will help people from under-served populations to attend their appointments.

Access needs will be supported.

Apply here by 11pm 28th February:

<https://tinyurl.com/bdaz7th>

or scan this code



Our approach to reduce inequity in DNAs

Helix Centre Project



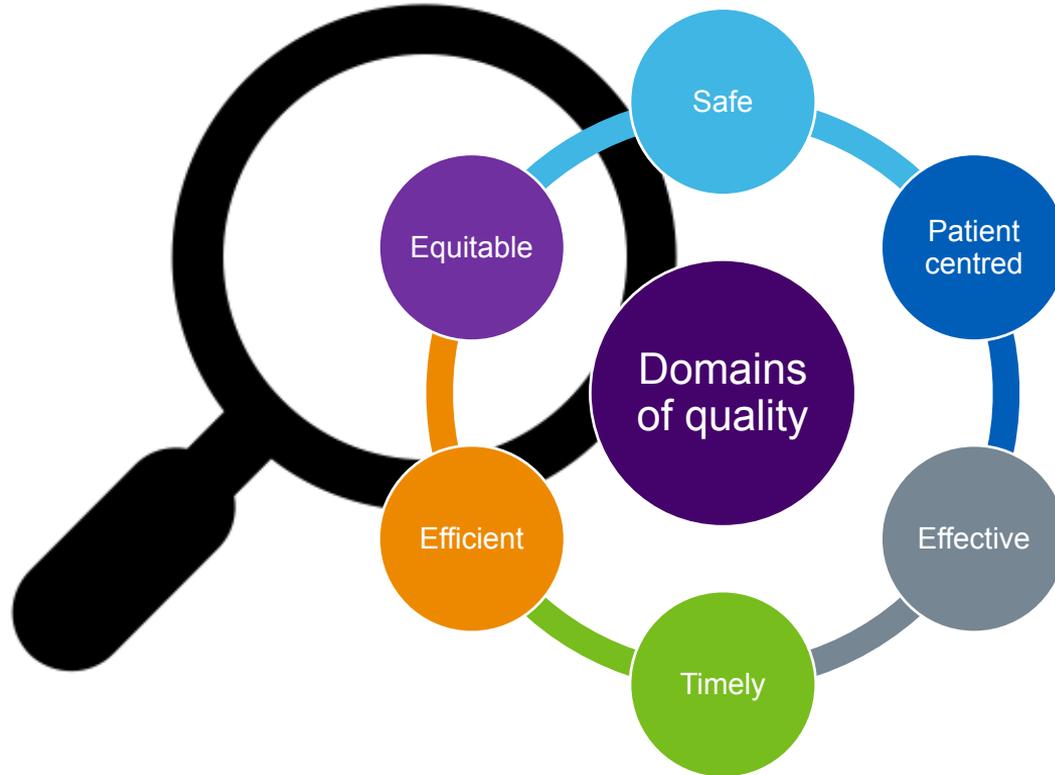
DrDoctor AI algorithm



Dashboards created to enable staff to look waiting times for their service by deprivation and ethnicity



Equity is a domain of quality



How to look at equity through the lens of quality.....

Safe

- Pressure ulcer occurrence
- Medication related errors
- Maternity incidents

Effective

- Screening uptake variation
- Reattendance at ED
- Research participation inequity

Patient centred

- Net promoter score response gaps
- Patient feedback variance
- Late night transfer disparities

Timely

- Waiting times for elective surgery
- Waiting times for cancer treatment
- Access times for diagnostic tests
- Left ED before treatment

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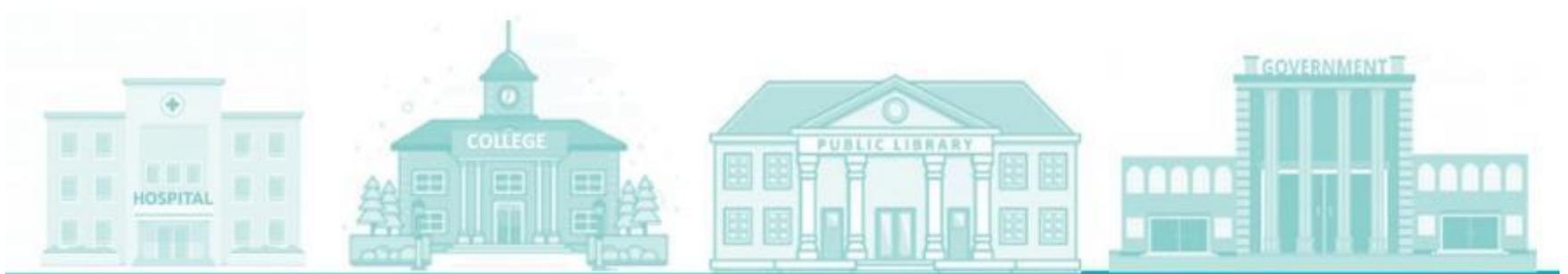


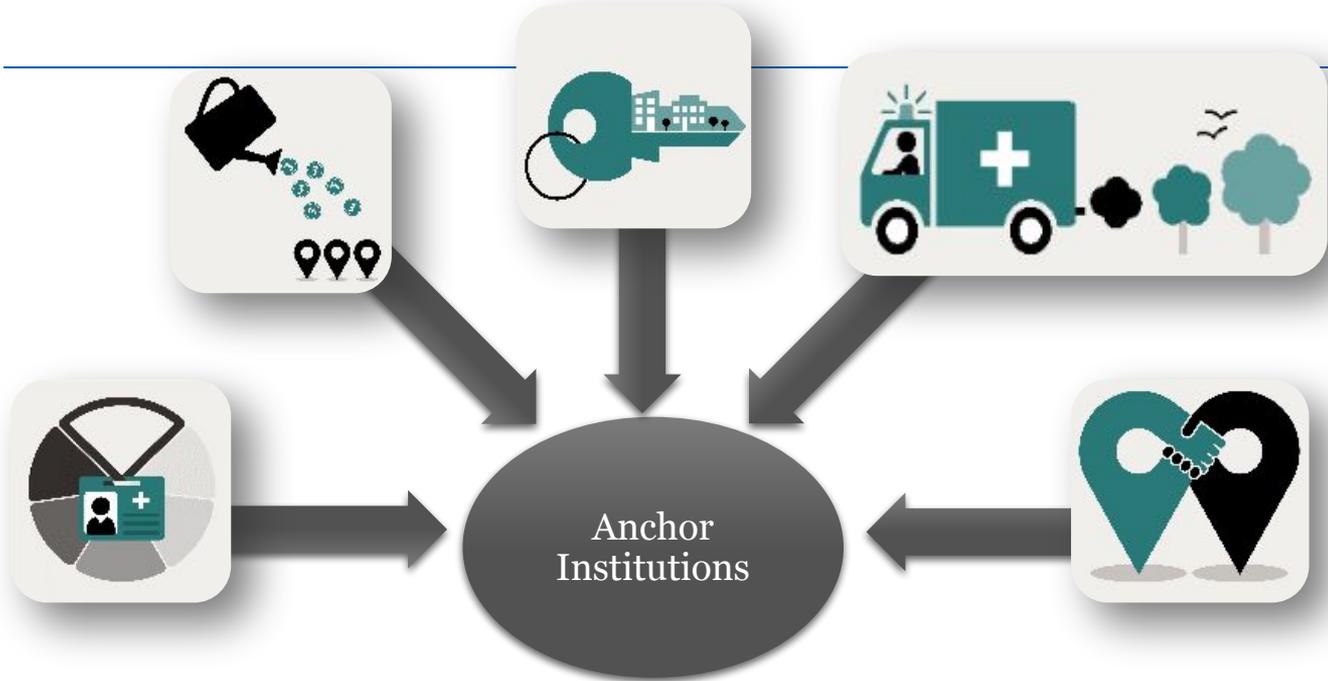
Anchor Institution

*Anchor institutions are usually **public services** organisations like hospitals, universities, or utilities, that are **tied to the locality due to infrastructure or mission.***

*They provide critical services and vital assets to improve **the economy health, environment and well being in communities.***

They can provide civic leadership and add to the public life of their communities.





Influencing health of our communities as an anchor institution

Improving hiring practices in the community

Training & growth opportunities for employees

Offering out facilities to underserved communities



Working with diverse partners

Investing back into the community

Use diverse pool of contractors and suppliers

Some of our anchor work.....

Widening access to quality work



Insourcing hotel services staff

Moved 1000 staff from Sodexo contracts to Agenda for Change in April 2020, providing sick pay and pensions for lower paid staff

New community recruitment partner

A dedicated role for Westminster who will tailor local recruitment opportunities and remove barriers to employment at the Trust

Purchasing more locally for social benefit



Reviewing onsite food & shops

Procurement for new suppliers completed with consideration of sustainability and local sourcing, with plans for local suppliers to sell their wares within the restaurant space

Renewing major suppliers

For both the linen and staff hopper / taxi service retendering a local focus and social value is being built into the procurement including use of renewable energy and recyclables and local employment and ethical workforce practices

Using buildings and spaces to support communities



Opening doors to engage

Use of hospital buildings for co-production work and patient engagement sessions

Establishing a 'community lab'

A new physical space in the St Mary's locality for community focussed events, learning and collaborating

Reducing the environmental impact of our work



Launch of Trust Green Plan

Initiatives including PC power down solution reducing electricity emissions, ensuring Trust fleet are all ultra-low emissions or EV cars and promoting less polluting staff commuting

Applying technical solutions to St Mary's

Bringing a new nitros oxide approach by 2023 to reduced carbon emissions and developing new hospital design principles and priorities with staff which will support our net-zero targets

Working more closely with local partners

Compassionate Communities

Grant funding programme with Imperial Health Charity to support 20 local organisations most impacted by Covid

#2035 collaborative

A new way of working between the Trust, WCC and other cross-sector partners to tackle health inequalities

Learning from others and partnering for equity

NEJM Catalyst

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IN DEPTH f t in

Health Equity as a System Strategy: The Rush University Medical Center Framework

Author: David A. Ansell, MD, MPH, Darlene Oliver-Hightower, JD, Larry J. Goodman, MD, Omar B. Latief, DO, and Ticia J. Johnson, PhD Author Info & Affiliations

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TODAY ...

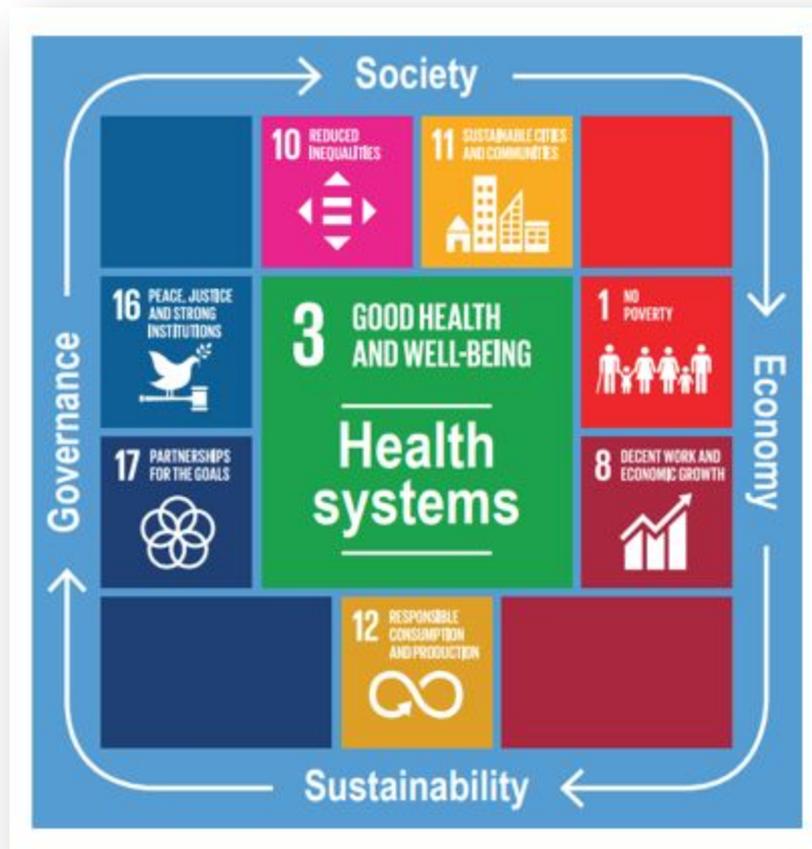
A baby boy born in the North of the Borough has an average life expectancy of 76

A baby boy born at Knightsbridge and Belgravia has a life expectancy of almost 94

This is a life expectancy gap of 18 years difference

#2035





A hand-drawn purple banner with a textured, chalk-like appearance. The banner is slightly curved and has a central crease, giving it the look of a folded piece of paper or a ribbon. The text 'what vs How' is written across the banner in a black, casual, handwritten font.

what vs How

Helping staff understand our population better

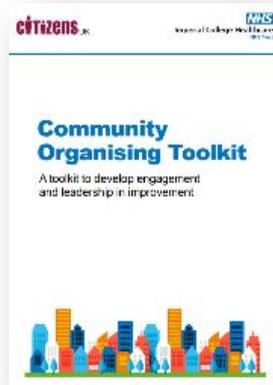


Staff visiting Westminster Wheels, a social enterprise that trains previously unemployed residents to achieve a City & Guild level 2 certificate in cycle mechanics and provides work placements.

I've worked for the Trust for almost 15 years and been based at St. Mary's for the past 9 or 10 years and had no idea this community was just on our doorstep. Thank you'

Front of House manager

Engaging differently with our communities

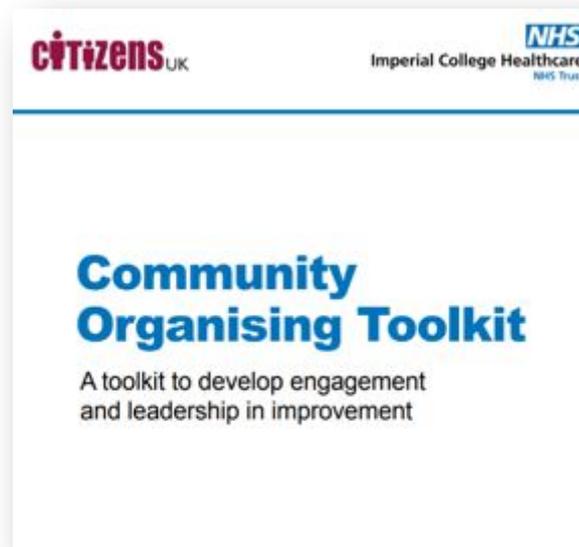
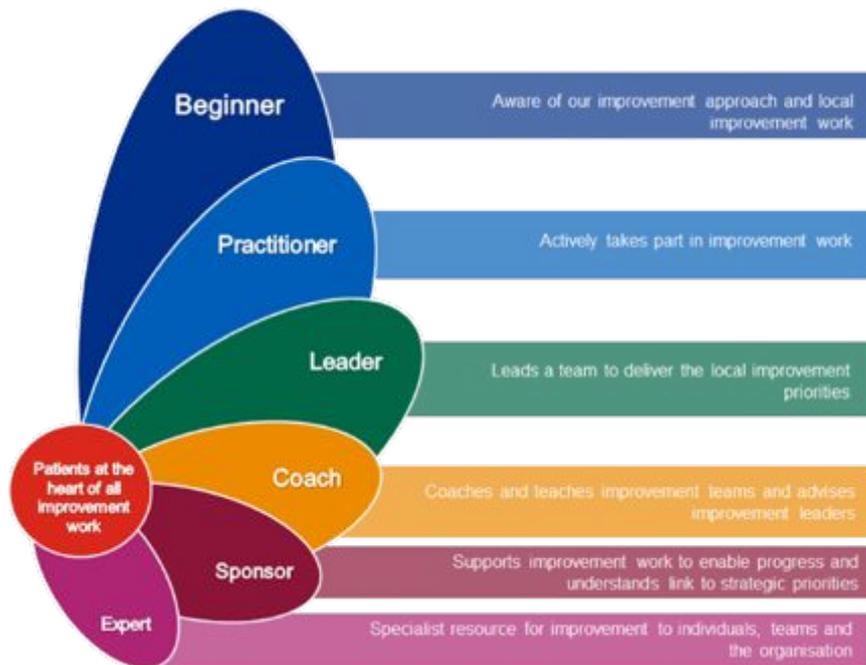


We have had **around 1000** conversations between December and April

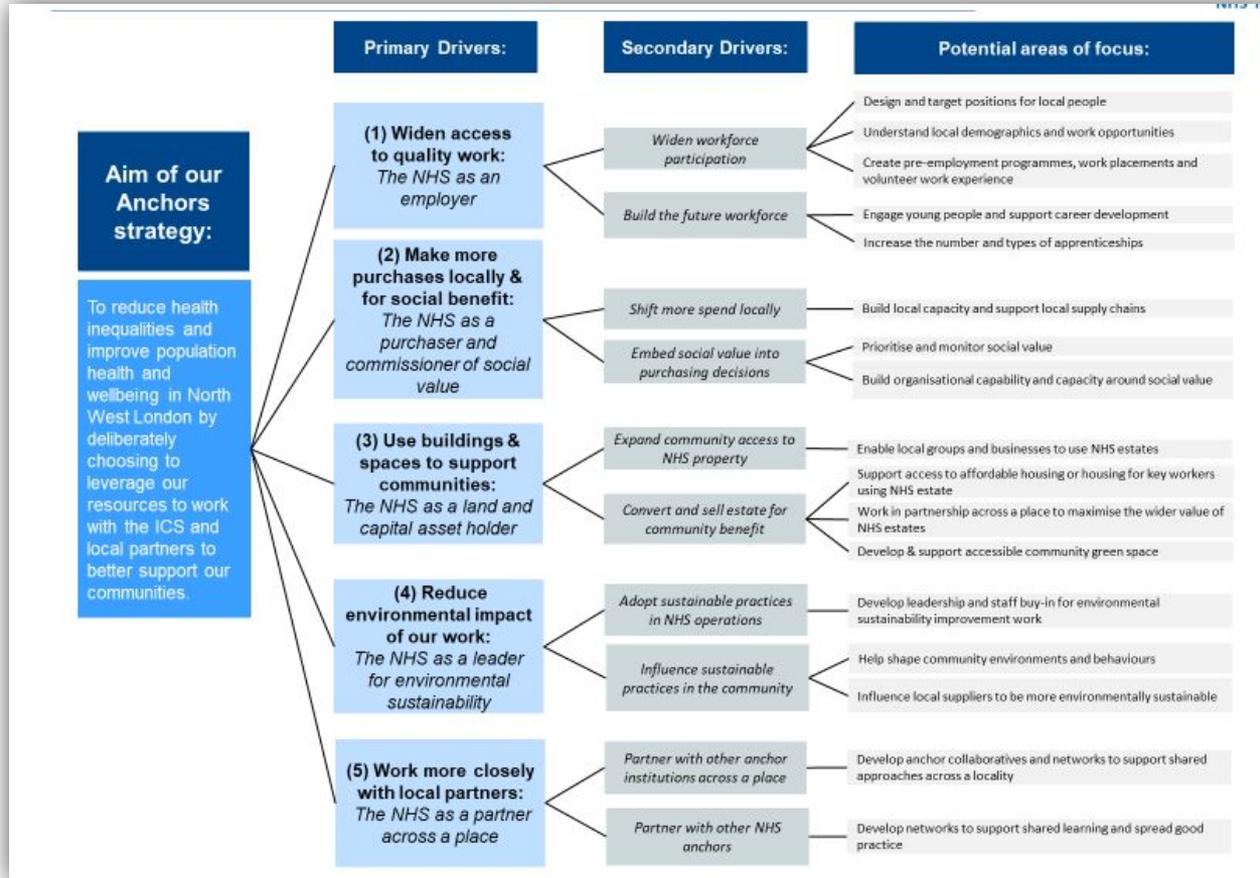
Conversations with staff :	Conversations with patients :	Community groups :
102 Face to face conversations	75 St Mary's Hospital	230
165 Focus <u>groups</u>	15 Western Eye	
244 Survey	75 Charing Cross Hospital	
	110 Hammersmith Hospital And Queen Charlotte's and Chelsea Hospital	

- Newman Catholic College
- London Interfaith Centre
- The Al Manaar Islamic Centre
- The Abbey Centre
- Community Champions providers meeting
- Refugee Group, Ealing Council
- HM Prison Wormwood Scrubs
- Westminster Mind

Building capability for population health improvement



Using improvement methods



Learning from others and partnering for equity

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IN DEPTH f 📧 in ☐

Health Equity as a System Strategy: The Rush University Medical Center Framework

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The illustration shows five silhouettes of diverse individuals (a woman, a man, a person in a wheelchair, a child, and a man) standing on a bar chart with five bars of increasing height from left to right. The background is a dark purple grid with various icons representing health and technology.

TODAY ...

A baby boy born in the North of the Borough has an average life expectancy of 76

A baby boy born at Knightsbridge and Belgravia has a life expectancy of almost 94

This is a life expectancy gap of 18 years difference

#2035 |

Listen → Connect → Amplify → Accelerate

Some of our learning



Trust blog



Improving health and equity - everybody's business

29 Jul 2022

For long-standing observers of healthcare policy, rising interest in population health and health inequalities may feel like Groundhog Day. But it has to be different this time, argue Dr Bob Klaber, paediatrician and Imperial College Healthcare director of strategy, research and innovation, and Dr Dominique Allwood, public health consultant and director of population health. They explain the approach they are leading across Imperial College Healthcare and call on everyone in the NHS - including in our acute hospitals - to be part of the change.

<https://www.imperial.nhs.uk/about-us/blog/improving-health-and-equity>

What will you do differently tomorrow?

Twitter & LinkedIn
DrDominiqueAllw

Dominique.allwood1@nhs.net