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Organisational Health Literacy - Responding to Population Specific Challenges and Needs

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Purpose of this session

- Introduce the concepts Health Literacy and Organisational Health Literacy (OHL) and understand the connection to health inequality
- Get inspiration from the OHL-approach to initiate interventions related to equity in health
- Reflect on drivers and barriers towards creating organisational change

What's it all about?



Organisational Health Literacy (OHL): The concepts

• **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

• **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



Low health literacy is linked to:



OHL in a Danish Wound outpatient clinic: The context and challenge



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How can the department's organization and daily routines accommodate the patients' different types of health literacy and reduce preventable repeated referrals?

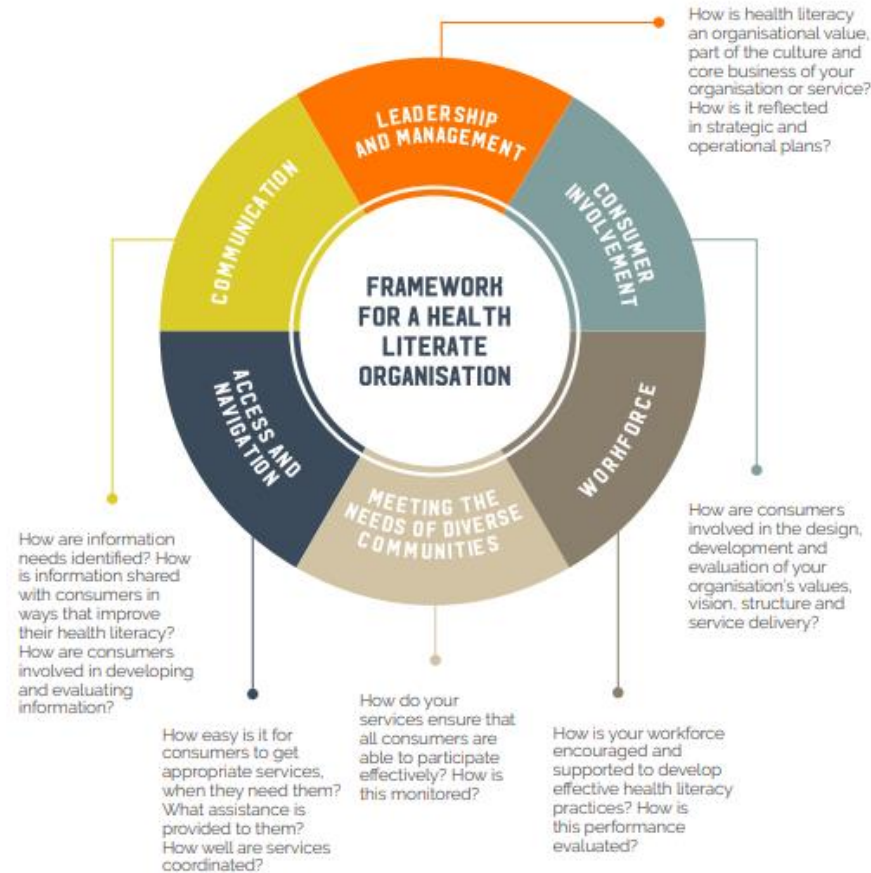
PS!

OHL in a Danish Wound outpatient clinic: The proces



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THE PROCESS
STEP 1: CHECK IN
STEP 2: ASSESS
STEP 3: ACTION PLAN
STEP 4: IMPLEMENT
STEP 5: REFLECT
STEP 6: REVIEW



HELLO TAS!
A TOOLKIT FOR DEVELOPING YOUR COMMUNITY SERVICE ORGANISATION'S HEALTH LITERACY

MEETING THE NEEDS OF DIVERSE COMMUNITIES

1 We work with other services and local communities to build health literacy.

2 We design our services and resources to make it easier for consumers to:

- communicate effectively
- identify and manage barriers to health and wellbeing
- make informed decisions about their health and wellbeing
- maintain their health and wellbeing

3 We have clear protocols and processes in place for using interpreters or any other communication support for consumers who use our services.

4 We make sure our resources and services are inclusive by:

- making sure our resources reflect the diversity of our consumers
- making sure our online resources and content is user-friendly and accessible
- having ties with key people and organisations that represent the different communities we work with
- using research and local knowledge to make our services and resources more relevant and welcoming for all consumers

5 Our resources and services meet the needs of people with specific communication needs (such as impaired vision), including our online content.

6 We support consumers to participate in advisory groups and ensure they are valued and heard.

7 We offer to pay, reimburse costs, or find other ways to make sure consumers' time is valued when they participate in our advisory groups.



Logic model for Organisational Health Literacy

Responding to Population Specific Challenges and Needs in a Danish Wound outpatient clinic

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Ressources	Activities	Output	Effect- short term	Effect- medium term	Effect – long term
Project and improvement management	1) Introduction to Organizational and personal Health Literacy 2) Deliberation and prioritization of Organizational Health Literacy	Build knowledge in the healthcare team Driver diagrams on local and organizational level	Common understanding of Organizational Health Literacy Leaders have an overview of identified improvement work to initiate	Initiatives on local level and across wards can be initiated	Patients gets introduced to activities and initiatives that match the personal need.
Local improvement team Workshops Follow up meetings	3a) Reflection and test of systematic identification of individual Health Literacy 3b) Procedure for journalizing individual Health Literacy	Dialogue based conversation of Health Literacy and needs Information availability for coworkers in the patients' course for disease	Health care team use patients' health literacy as their starting point Health care team build knowledge and data about the patients and the Organizational Health Literacy	Patients find health literacy response relevant and manageable Wound outpatient clinic develops suitable initiatives as a response on the knowledge of the patient's personal health literacy	
	4) Overview of relevant health literacy response inside and outside the wound outpatient clinic	Build knowledge in the Healthcare team			

Organisational change and OHL: Points of attention



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- ✓ Set-up and mandate
- ✓ Leader engagement on different levels
- ✓ Time and interest among the health care team
- ✓ Local quality improvement qualifications
- ✓ Bridging different approaches
- ✓ Duration of project period – no quick fix
- ✓ Other changes going on

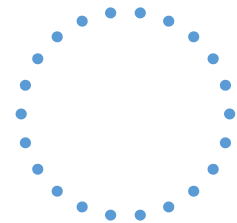


Take home messages

1. Organisational Health Literacy is a systematic approach to work with a systems ability to support patient's personal health literacy
2. The health care team can improve work-procedures in their system that facilitates patient-centered care and equity
3. The project set-up has to support the scale of the organisational health literacy interventions

THE END:)

*We have **no conflicts of interest** to disclose*





University Hospitals
of Leicester
NHS Trust

Non-attendance at outpatients - connecting people and places

Dr Ruw Abeyratne

Director of Health Equality and Inclusion

Overview

- Mandate for action
- Local context
- Acting on mandate – our approach to health equity

Mandate for Action

The Mandate for Action



2019
NHSE Long
Term Plan

2021
NHS
Core20Plus5

April 2022
Health and
Social Care
Act

Jan 23
Delivery plan
for urgent
and
emergency
care services

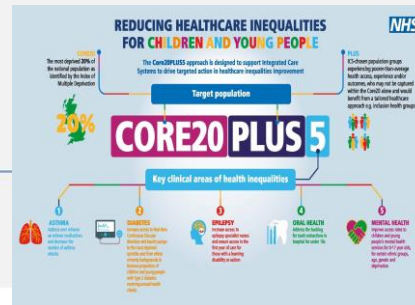
Nov 23
NHSE
Statement on
Health
Inequalities

2020
Covid-19

Feb 2022
Delivery plan
for elective
backlog

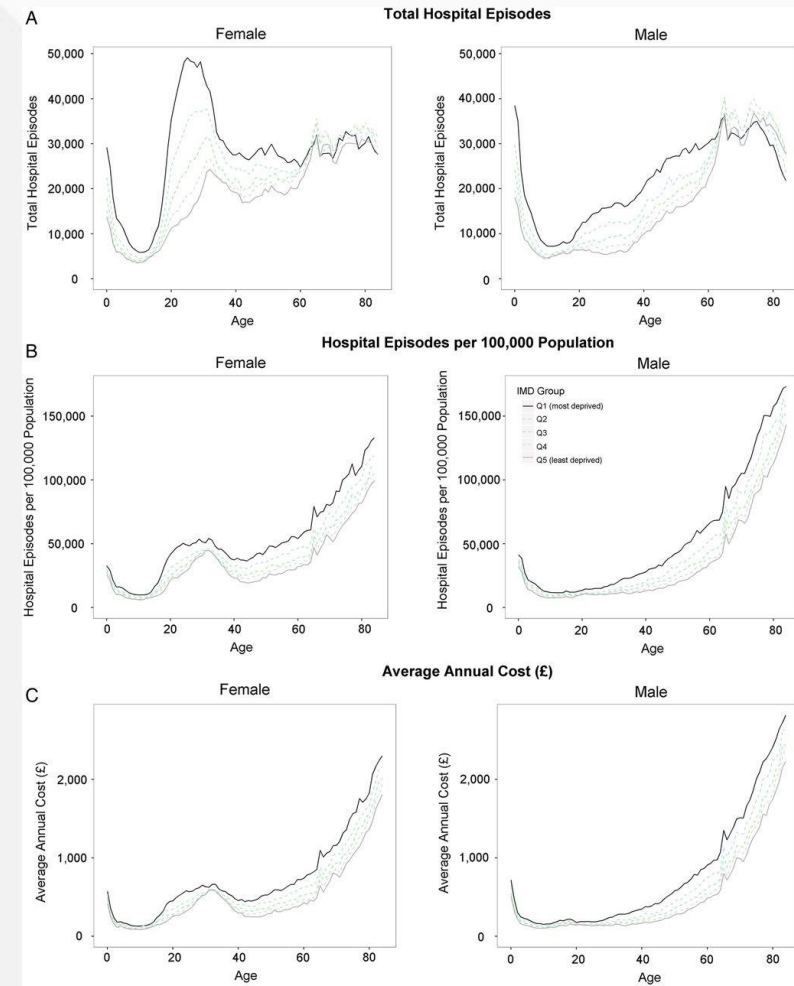
Nov 2022
NHS
Core20Plus5
CYP

Jan 23
NHSE
Operational
planning
guidance



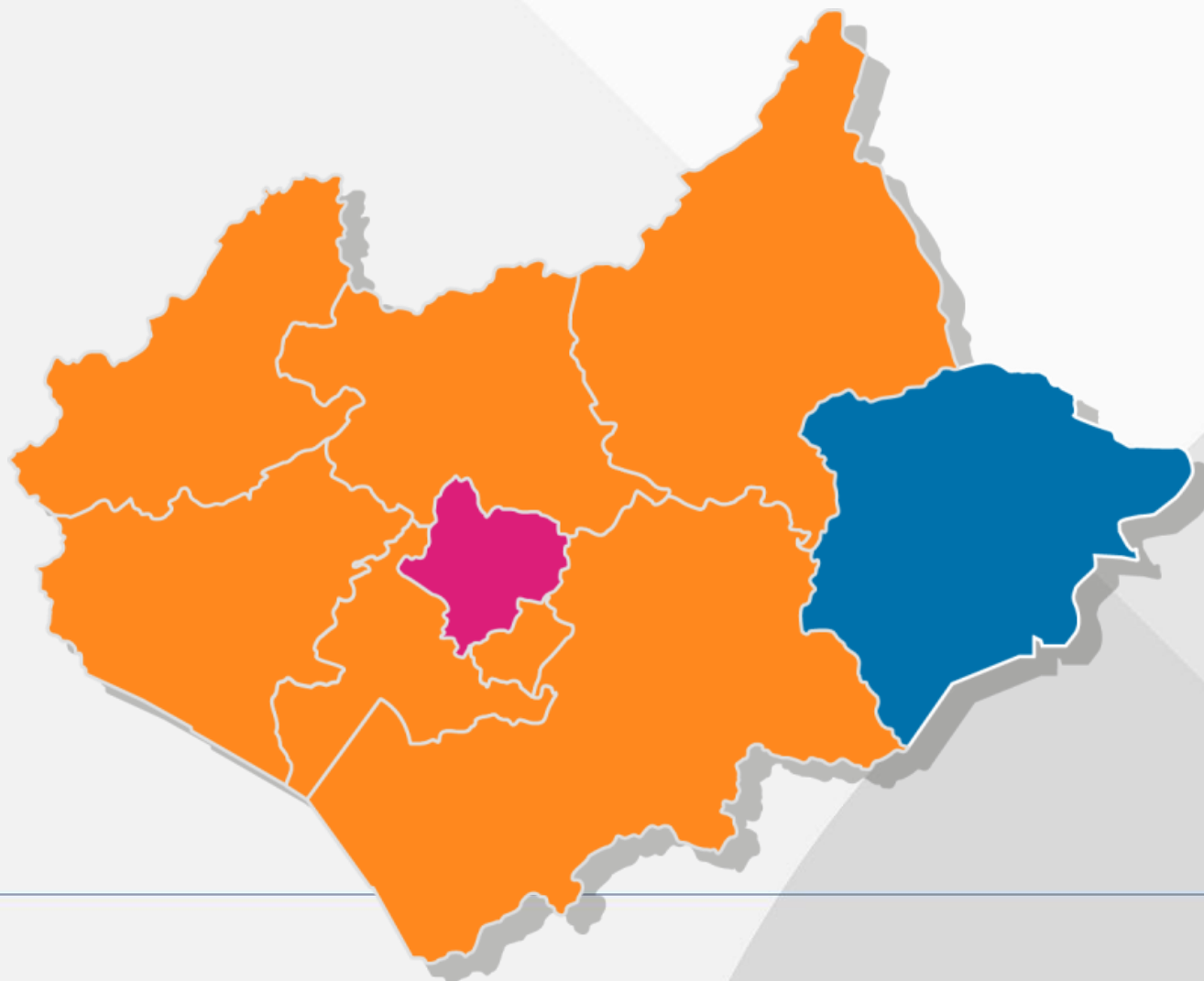
The Mandate for Action

- Economic
 - NHS £4.8bn / year (probably more) (c.£300-400pppy)
 - £31bn in lost employment and productivity
 - >£20bn in lost tax revenue and benefit payments

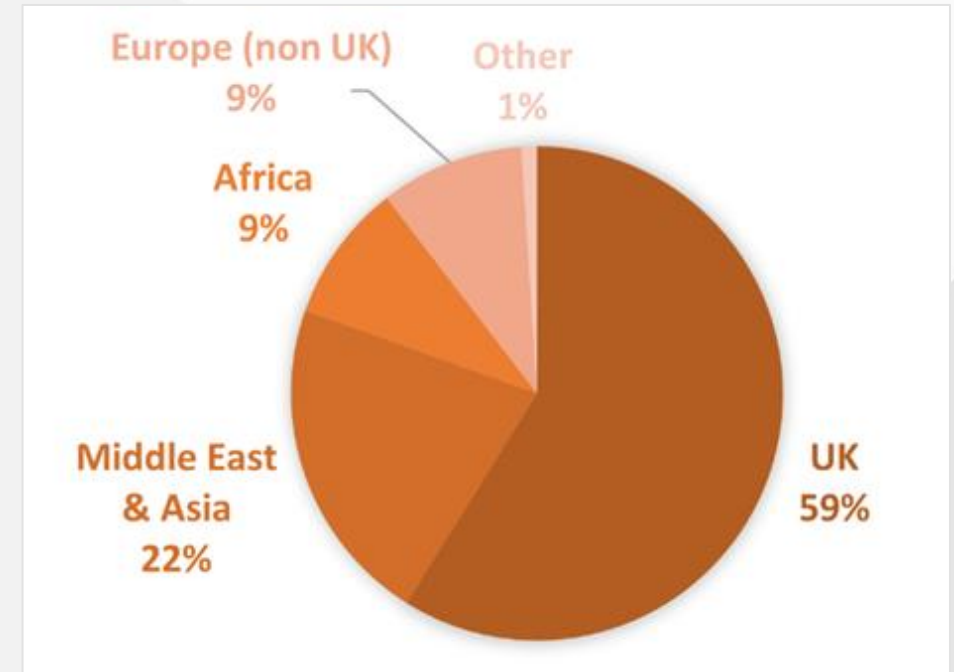
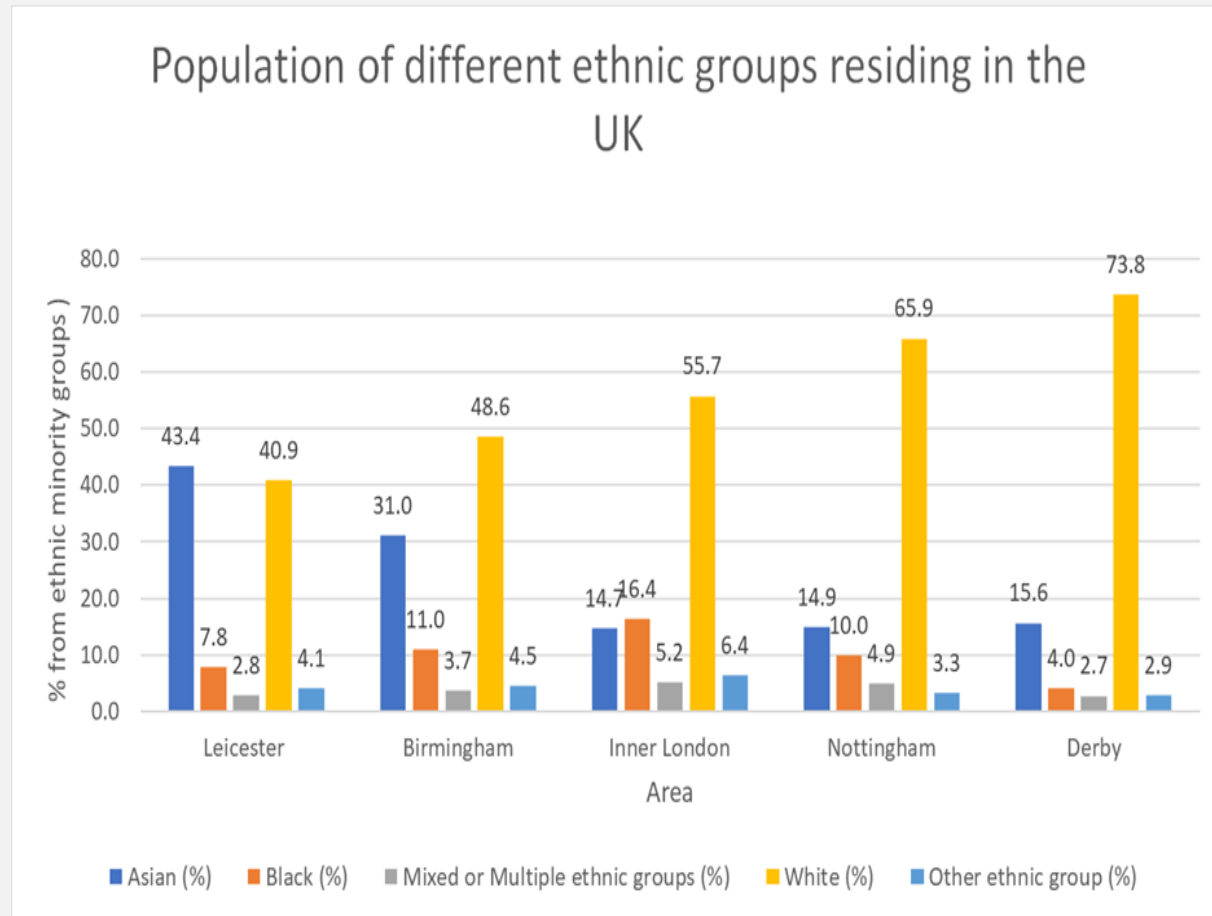


Local Context

Local Context – Leicester, Leicestershire and Rutland



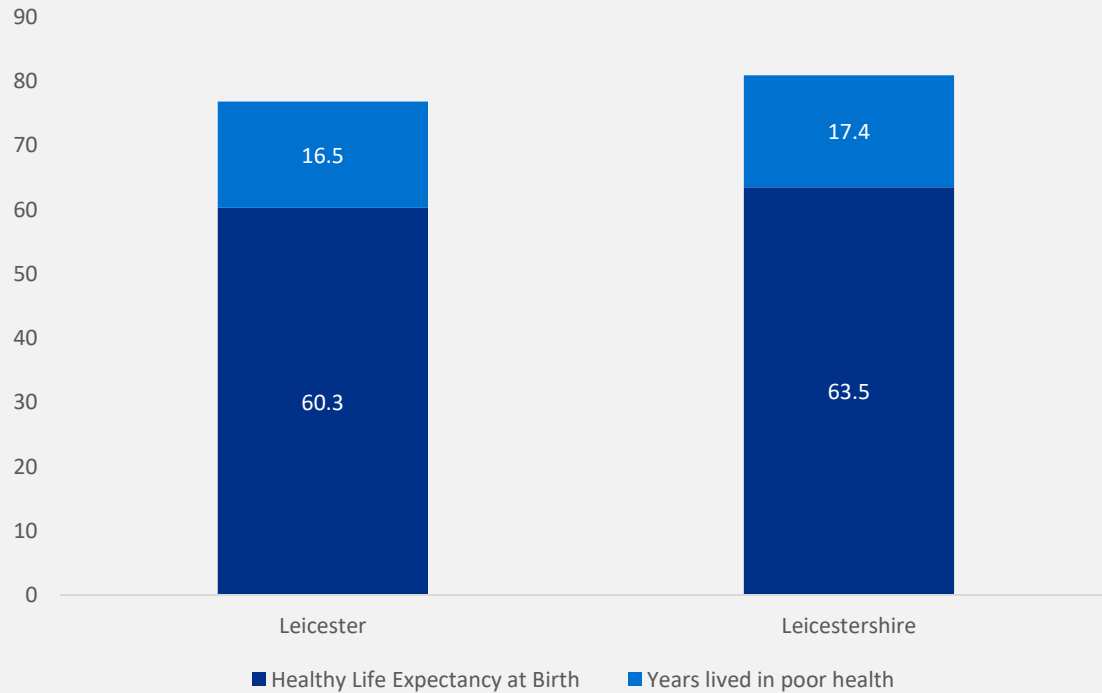
Local Context - Ethnicity



Country of birth (Leicester City), 2021 census

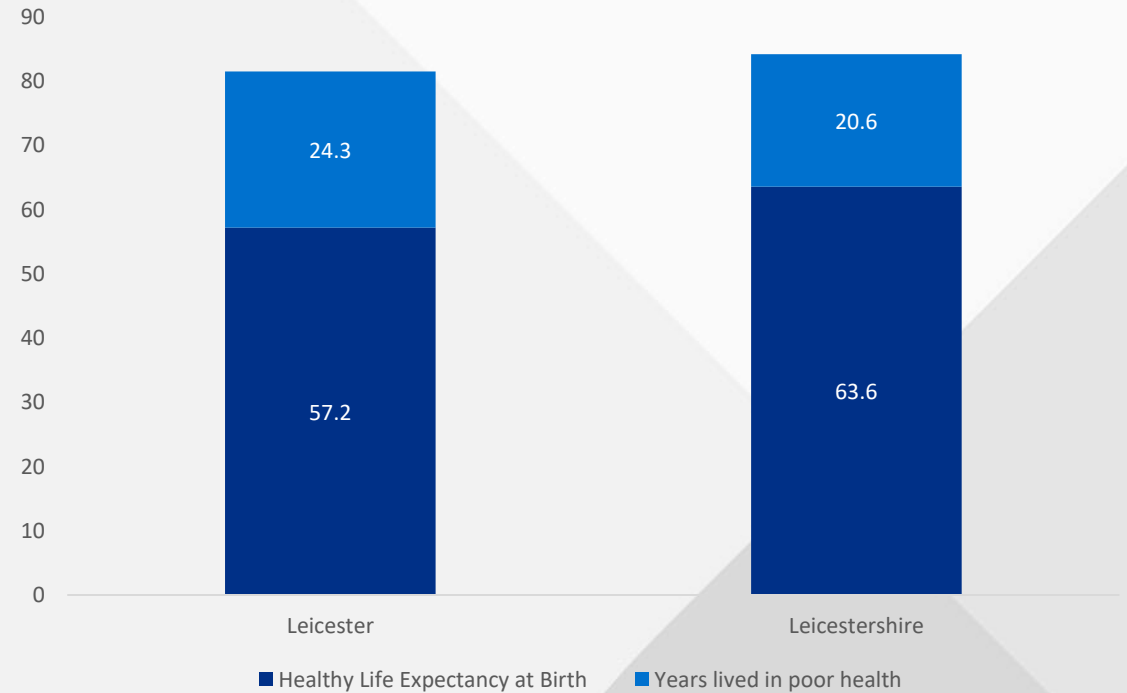
Local Context – Healthy Life Expectancy

Males



National HLE 63.1

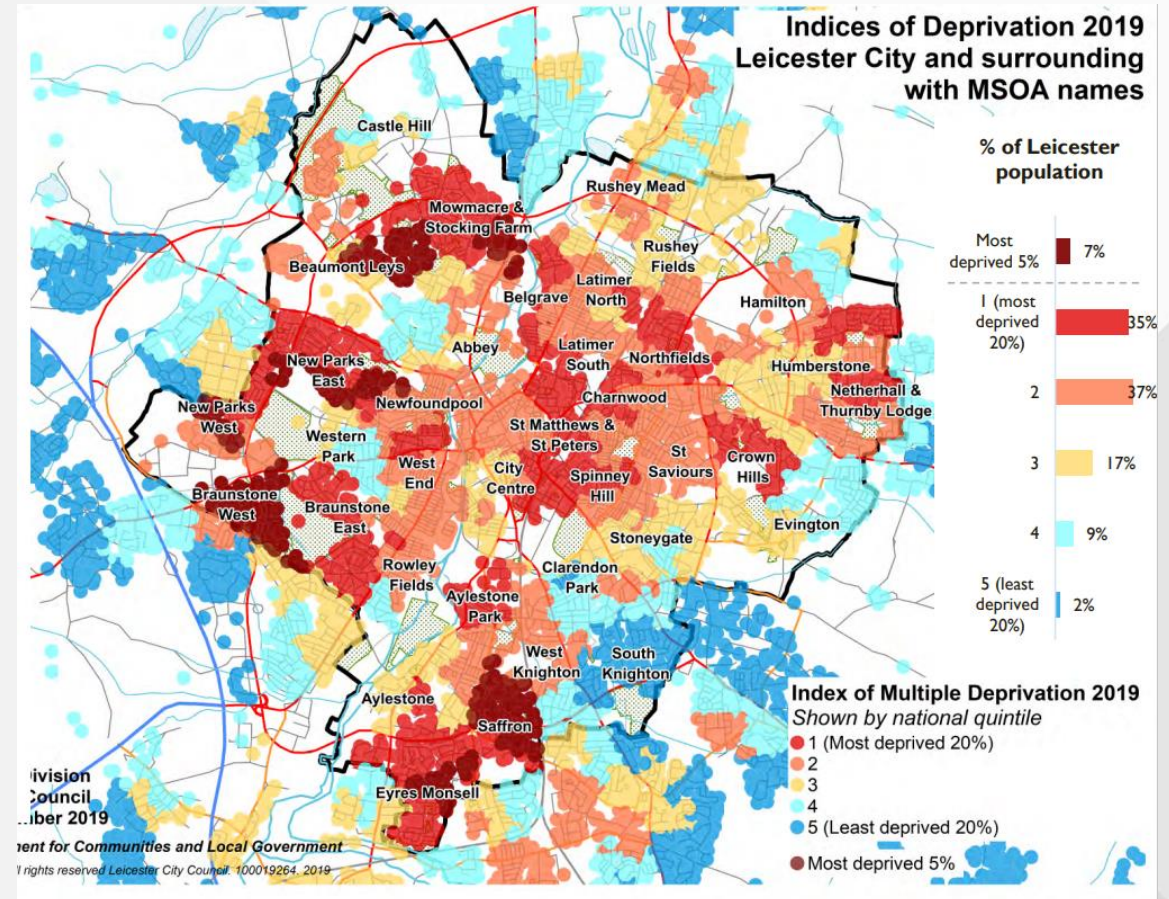
Females



National HLE 64.8

Local Context - Deprivation

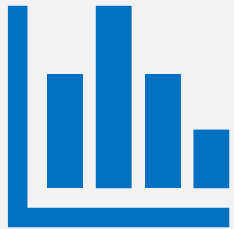
- Significant deprivation in Leicester City
- Pockets of deprivation in the County
- Deprivation is multifactorial
- Exclusion by other means e.g. digital



Leicester City is the 32nd most deprived LA nationally (n = 333)

Acting on Mandate

Acting on Mandate – our approach to health equity



Data



Process



Partnership

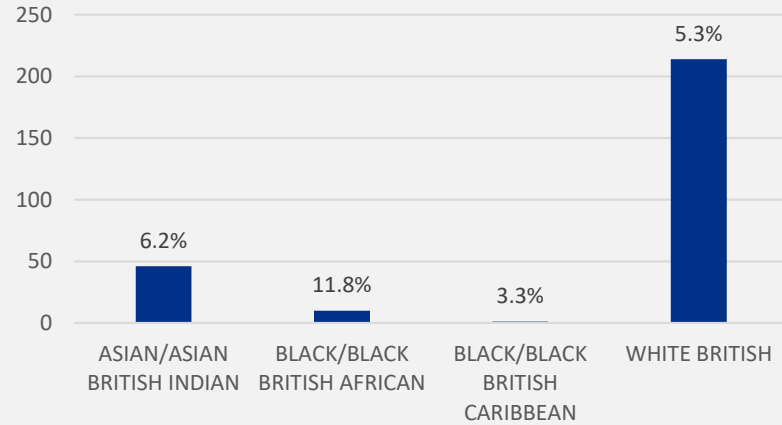


Learning

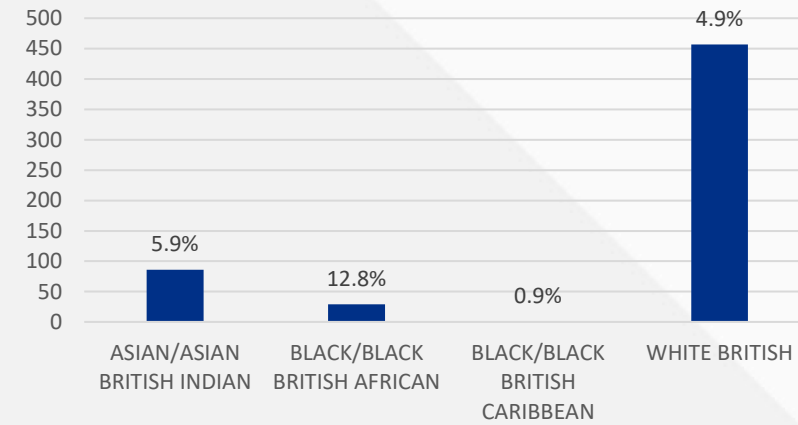


Culture

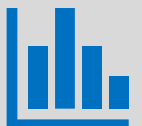
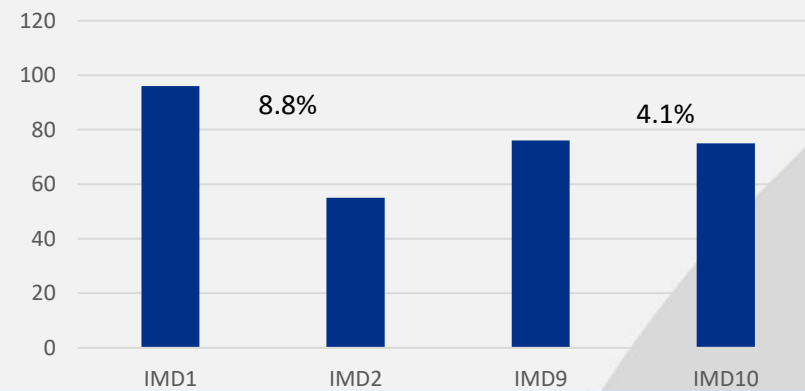
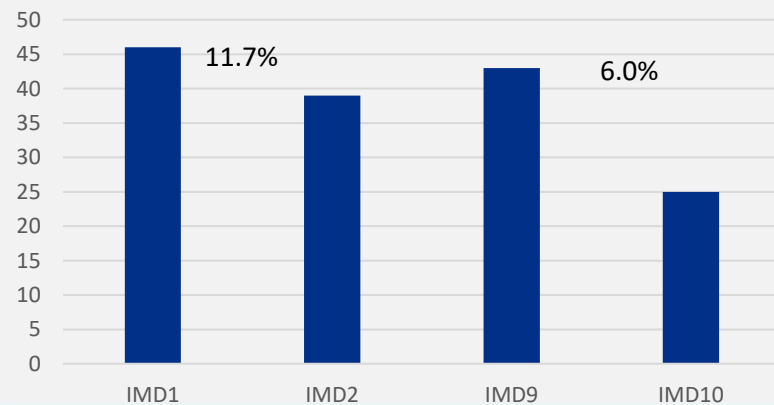
Acting on mandate: Data



Gynae-oncology



Breast care

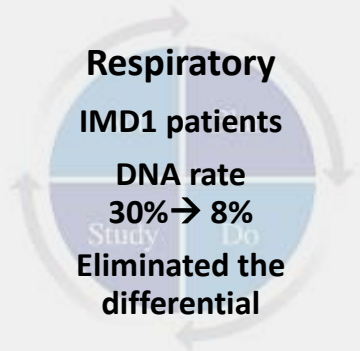
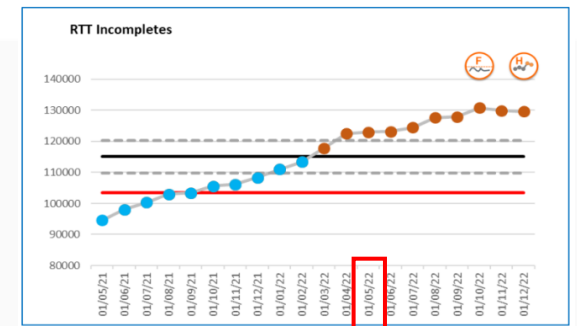


Acting on mandate: **Process**

- Intervention
 - Where is the need?
 - What is in our means?
 - Phone call
 - Reminder of appointment
 - Offer support to attend



Acting on mandate: Process



May
2022



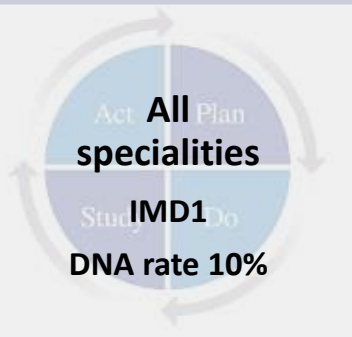
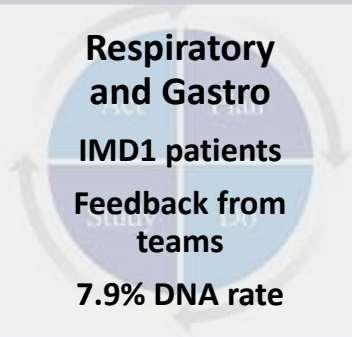
July
2022



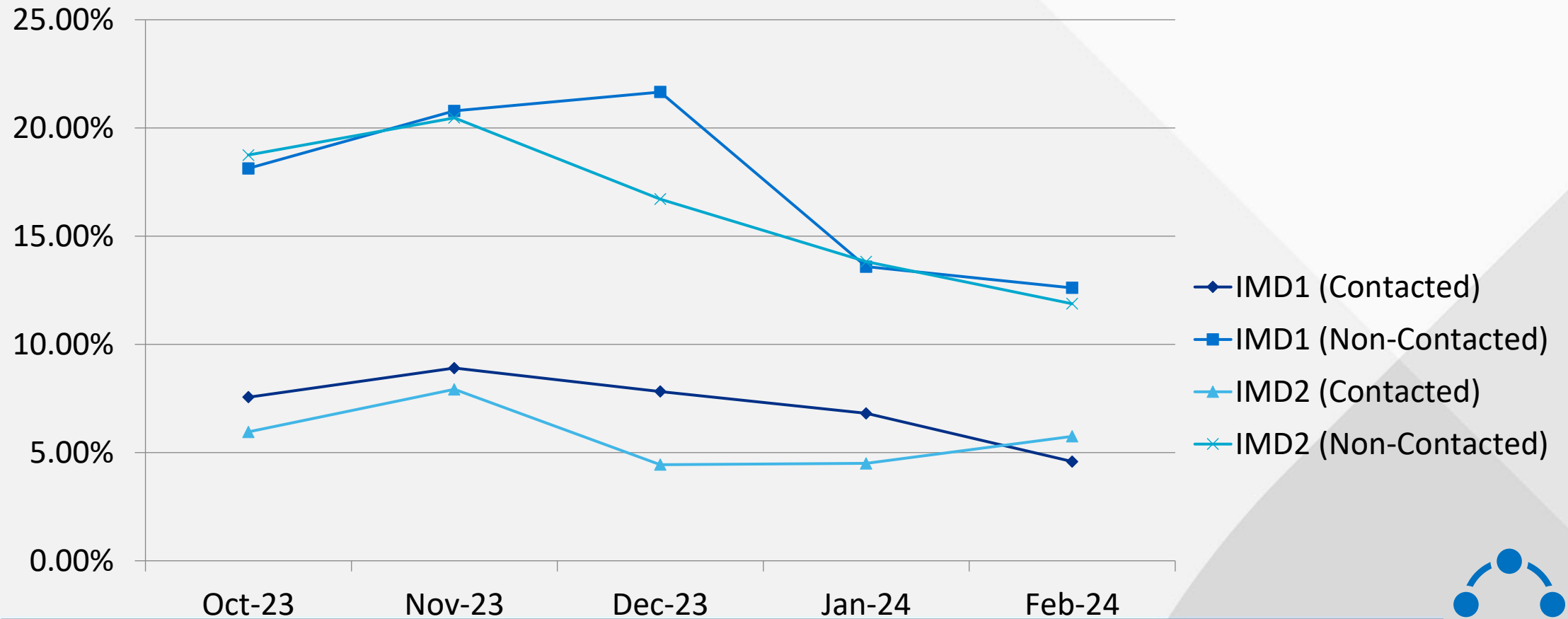
Sept
2022



Oct
2023



Acting on mandate: **Process**



Acting on Mandate: **Process**

- Challenges:
 - Competence and confidence
 - Funding
 - Culture of improvement
 - Thinking beyond
 - DNA Florey



Acting on mandate: **Process**

DNA follow up

- Why are patients not attending?
 - 25955 texts, 10248 responses (39% response rate; IMD1 lower response rates)
- Did not know - 17%
- Forgot the time/date – 10%
- Tried to cancel but couldn't get through 15%
- Couldn't attend due to a medical condition or mobility issue 13%



Acting on mandate: Partnership

Working in partnership

- Community partners
 - Core20Plus5 Connectors
 - UHL Health Equality Partnership
- Integrated Care System partners
- Academic partners

“You have to wait so long to see the doctor, and then you’re only in there for a few minutes. If I’m feeling OK, then I won’t go.”

“I feel scared to go to the hospital. It is better to stay at home than experience fear and anxiety.”

“I need a family member with me. I feel lonely and anxious when there is no one with me”.

“When you go to see the doctor it can be very personal, the things you discuss. We have no relationship with the translator; it’s just a stranger sitting in with you. It can make you feel uncomfortable.”

“The letters should tell you where is the nearest car park to use for where you need to be. After we park, we have to walk miles to get to where we need to go. If you tell us which car park is nearest that would be better”.



Acting on Mandate: Learning

- From pilot to BAU
 - Within teams
 - Within the organisation
 - Beyond the organisation
- IHI Pursuing Equity
 - Addressing racial injustice in healthcare
 - Improvement science
 - Strategic direction
 - Accountability
 - Language



Acting on mandate: Learning

- Unanswered questions
 - What is it about the phone calls that makes a difference?
 - Parallel improvements
 - Application to system challenges
 - PCN hotspots

We worked together on breaking down all her appointments so she had clarity as to where she needs to be with her multiple appointments.

She did not have any family to rely on. I informed her of the ambulance service & gave her the number, to see if they could help. As she had mentioned she was not very mobile, I told her about the Buggy Service too.

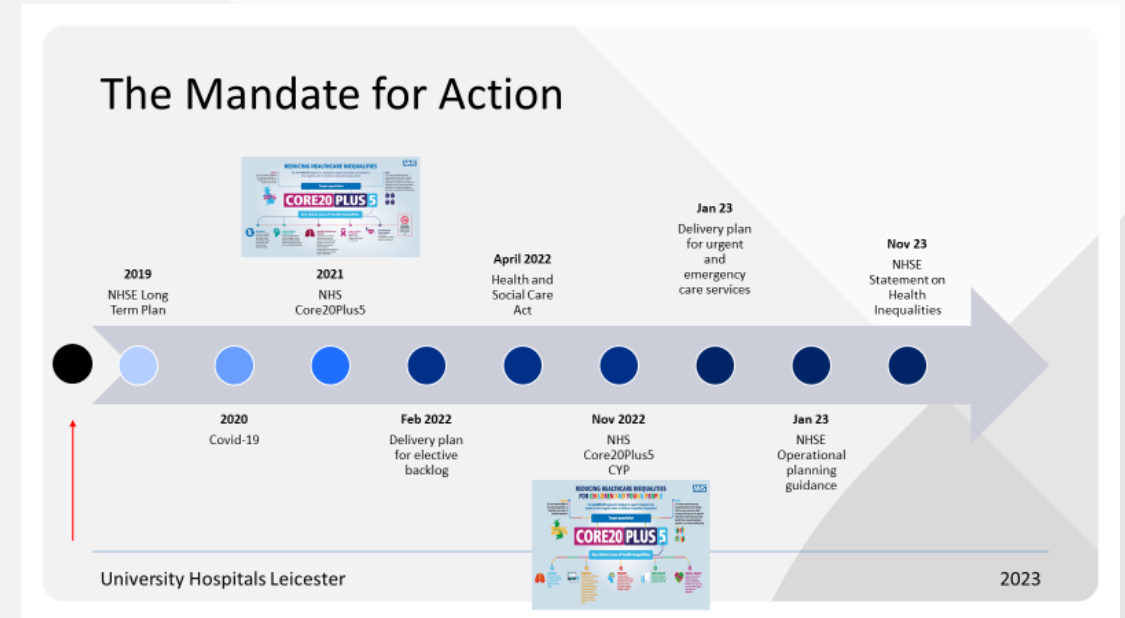
He mentioned he suffered from anxiety so would want to know exactly what the appointment is about. I called the dept. who advised me. On relaying this information to the patient, he was extremely grateful and said it will help him immensely.

I asked if she would like me to speak to her in Hindi, she instantly said, yes I offered to book her an interpreter, if she felt she needed one at her next appointment.



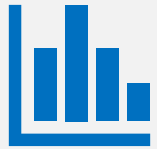
Acting on mandate: **Culture**

- What is the problem we are trying to solve?
 - Systemic racism/discrimination
 - Injustice
- What will stop us from succeeding?
 - WRES, WDES, Staff survey, F2SU...
- How do we unlearn?



Finally

Non-attendance at outpatients - connecting people and places



Data



Process



Partnership



Learning



Culture

1. Understand an approach to identifying disparities in access to services, patient outcomes and experiences.
2. Utilise data to plan a targeted approach to addressing disparities.
3. Recognise elements of organisational culture contributing to existing inequalities.
4. Consider actions needed to shift organisational mindset towards equity of access, outcomes and experience.

To Improve the Overall Quality of Medication Reviews that form Part of the Annual Health Check for Patients with Learning Disabilities

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Rizwana.dudhia@nelft.nhs.uk



Rationale

The uptake of Annual Health Checks (AHCs) amongst patients with learning disabilities (PWLD) across the NELFT boroughs is good (88%) sitting above the target (75%).

An audit was carried out to assess the quality of these checks, focusing particularly on medication. Results showed inconsistency in reviewing regular, PRN and psychotropic medications, blood tests, and action plan follow-up.

This QI project aims to improve the outcomes of AHCs by utilising a structured medication review (SMR) template within the GP system and running a series of webinars and training events that will help to upskill clinicians working in primary care to complete the AHCs on PWLD.



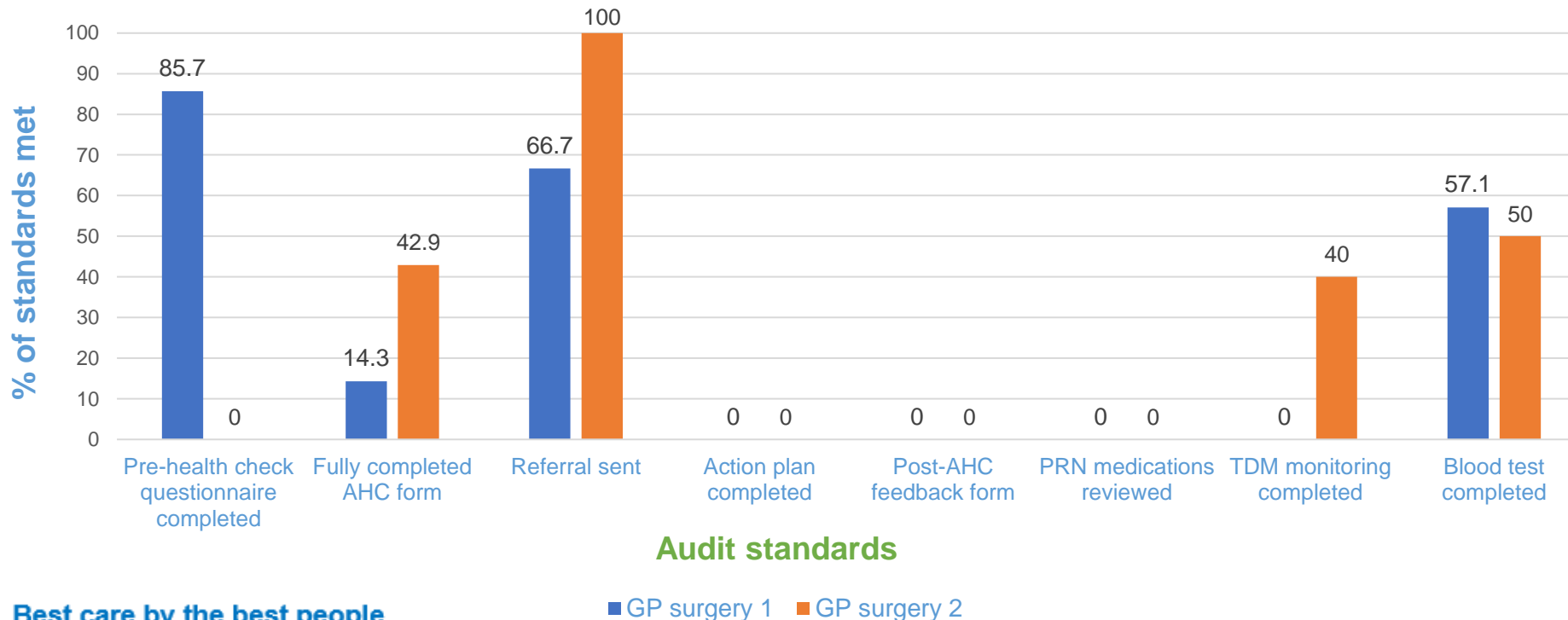
Project Aim

To improve the quality and outcomes of at least 80% of integrated Annual Health Checks (AHCs) for patients with learning disabilities (LD) by focusing on medication reviews by December 2023

The Audit: Assessing the Current Quality of AHCs in patients with LD – with a focus on medication reviews

Objectives:

- Determine the quantity of completed AHCs by GPs using the standardized electronic health check template.
- Assess the quality of the AHC and check if the process has been followed from start to finish.
- Check if medication has been reviewed as part of the AHC.



Inclusion criteria: Patients will have a LD diagnosis (and be placed on LD “health check register”) & an AHC appointment should have taken place in 2021

Exclusion criteria: Patients under the age of 18 years & Patients on no medication



Recommendations from Audit Results

Organise

Organise a feedback session for each GP surgery to explain results of the audit. Explore reasons why standards were not met, and assist team in developing a service improvement plan.

Allocate

Allocate a healthcare professional to be the GP surgery's 'Learning Disability champion' - they will oversee the entire AHC service at that GP surgery.

Introduce

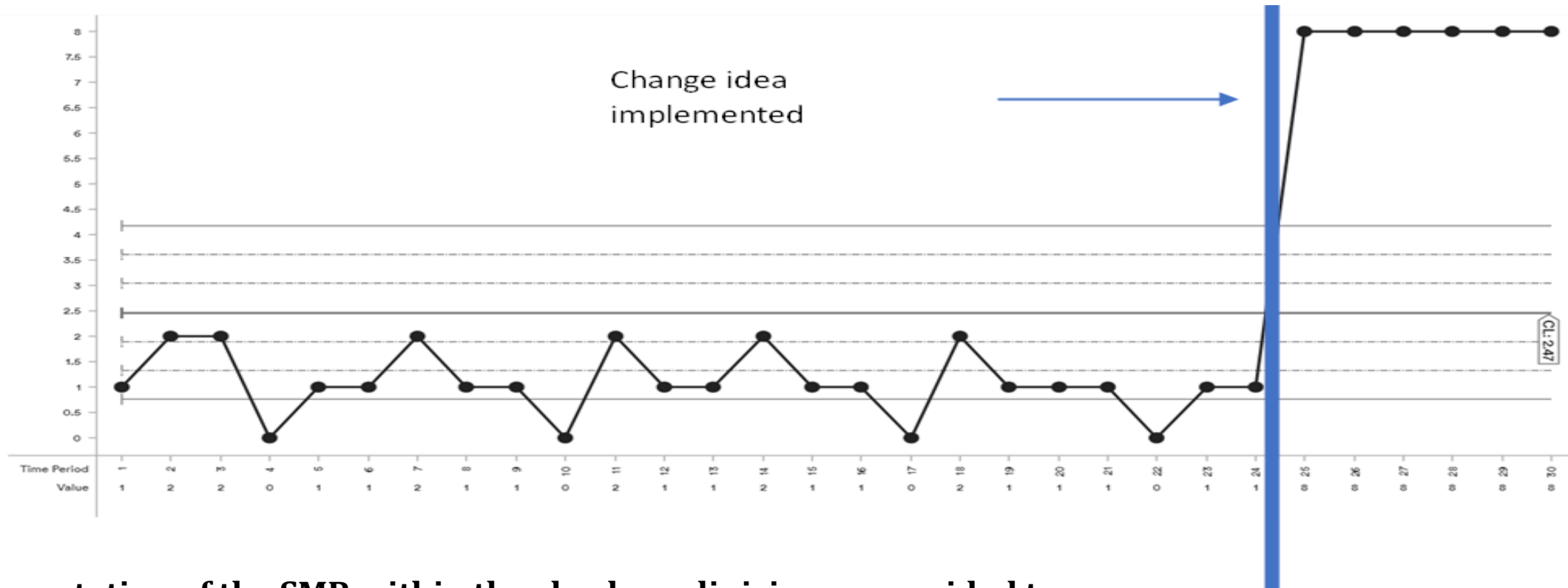
Introduce a LD-specific Structured Medication Review (SMR) within the AHC to ensure patient receives a detailed medication review.

Action

Ensure patient's action plan is documented clearly on GP surgery Electronic Patient Record and a copy is given to the patient; this will form the basis of the patient's next AHC appointment

Data/Results

Number of elements (out of 8) of structured medication review (SMR) completed:



Implementation of the SMR within the check so clinicians are guided to complete a full qualitative and holistic reviews of medicines as part of the AHC.



Lessons Learned

Through the project it came to light that clinicians working in primary care do not have the necessary skills, knowledge and resources to carry out a full qualitative holistic review for a patient with learning disabilities.

Once this was highlighted as a key issue and barrier to the access to care for this population group, the project turned into a “training element”.

Working with the Barking and Dagenham, Havering and Redbridge (BHR) training hub to provide webinars and training sessions that explains what requirements are needed for a good Annual Health Check (AHC) . Explain how to provide reasonable adjustments etc.



Work with PCN

Pharmacists/registrars when they are completing the AHC's and allow them to shadow the specialist pharmacist when completing them. This has enabled them to learn and develop their experience and confidence.

Advice to others completing a similar project: ensure communication is consistent and evident across all sectors. Always make sure the patient is at the centre of all decision making.



Successes

Patient feedback has demonstrated a more positive and enhanced experience after an annual health check has been completed.

Collaborative working across primary and secondary care and the utilisation of skills from different clinicians has led to a patient centred personalised approach and introduction of new projects.

Training has resulted in increased confidence for primary care to carry out checks on PWLD with a better understanding of how to provide reasonable adjustments.

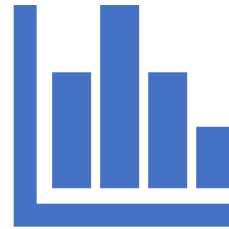
Challenges

- Encouraging all primary care networks (PCN's) across North East London to come on board- this is still a work in progress.
- Finding time in busy clinicians' caseload for this training to take place.
- Encouraging patients to look at the benefits of a referral to a social prescriber, as this is still quite a new concept.
- Working across two different sectors where there are various different systems in place to ensure the patient's care plan is easily accessible to all practitioners.

Next Steps



Ensure the SMR template is implemented into AHC templates across all practices in NELFT boroughs.



Replicate this across North East London through evidence of success via patient feedback and ongoing results and data.



Have discussions with practices about how similar training can be provided to complete reviews and checks on other population groups.

Feedback from Healthcare Professionals

During the AHC, a patient was told about his recent type 2 diabetes diagnosis, but did not wish to go on medication. We discussed ways in which he can help manage through diet/exercise and he has managed to drop his hbA1c levels already. I'm also joining him onto a project that I'm currently doing with Redbridge (wearable tech) where the goal is to see how exercising and diet can improve overall health for individuals who have been recently diagnosed with type 2 diabetes. It's a new pilot study Redbridge have come out with. So we're hoping to see a positive impact but he seems to be doing well already.



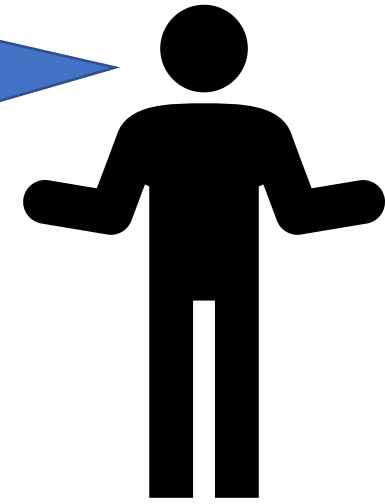
During another AHC it came to light that a patient with type 1 diabetes but was struggling to manage his diabetes due to his housing concerns and caring for his dad. He was unable to get carers in due to the environmental hazards the house caused. He was also a frequent hospital attender due to potential DKA. I managed to escalate his housing issues and the gentleman was rehoused with his father. This meant he was also able to get carers in and then start looking after himself.

Feedback from a Patient

“After my annual health check I was given the opportunity to have a social prescriber to help support me with finding engaging things to do in the community.

They helped me to sign up to art classes which helped to keep me occupied during the day. Before this I would be really bored at home with my parents, I felt like a burden on them and would often lash out or be in a low mood because I had nothing to focus on. Due to my learning disability I cannot work and I do not have many friends.

The art classes have allowed me to focus my attention elsewhere and it has made me really happy. My mum wanted to ask the doctor to give me a medicine for my low mood but now she is also happy to see I do not need this”



Questions....