



Equity of access to OPAT

Dr Colin Sumpter



 **#OPAT19**



Equity of access to OPAT

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NHS Lothian

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Equality



Equity



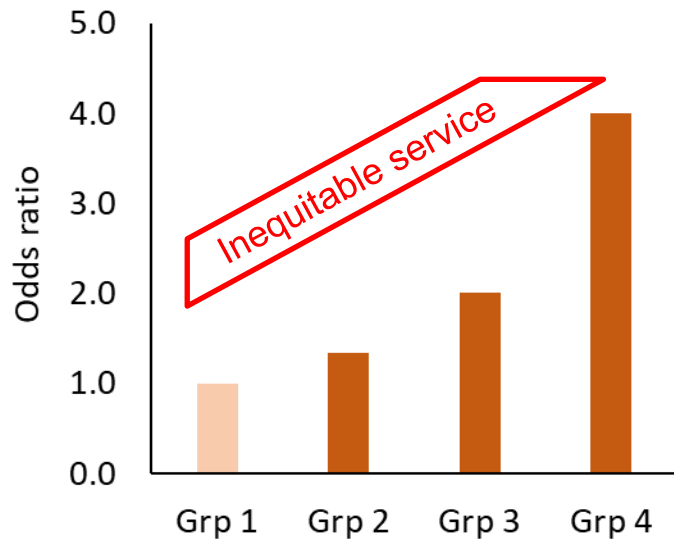
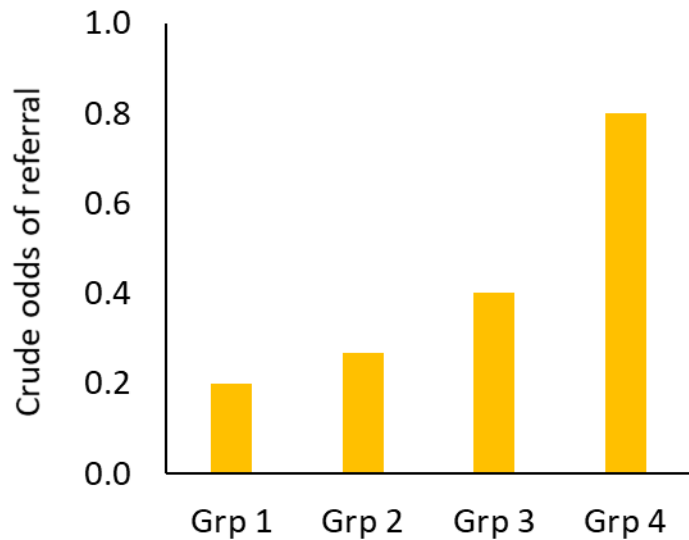
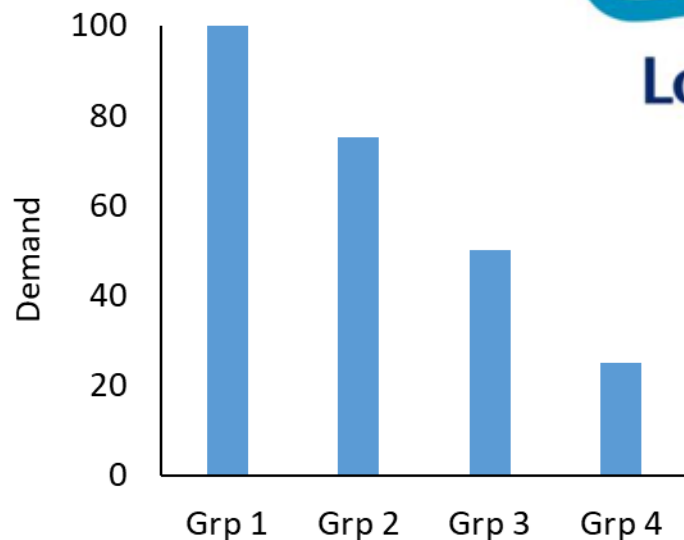
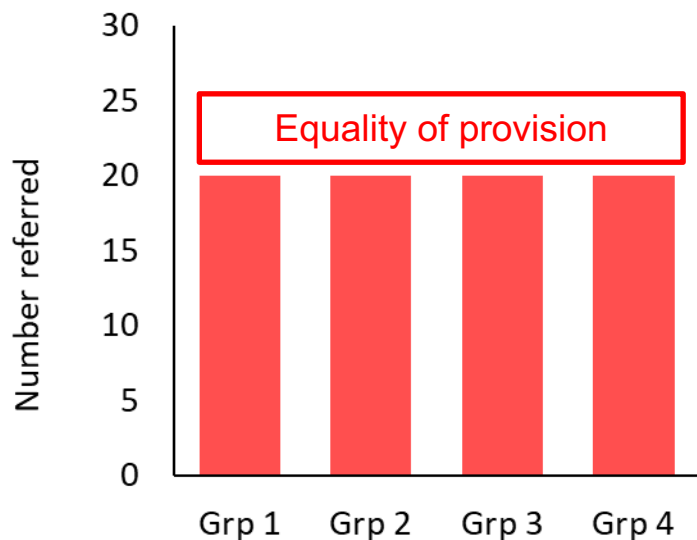
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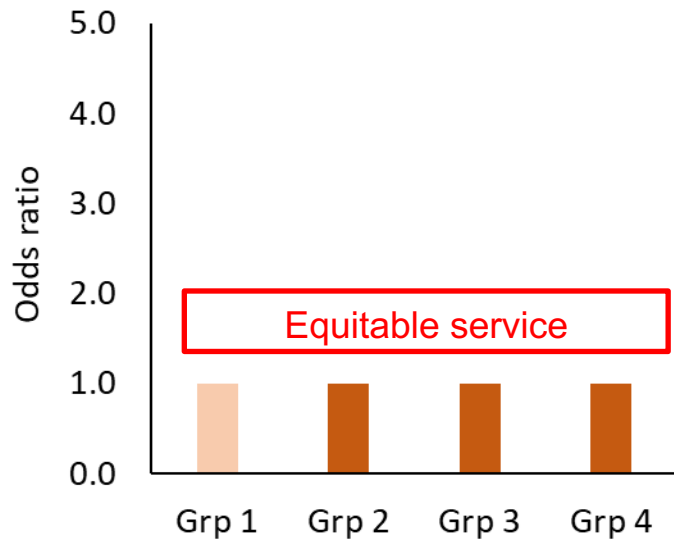
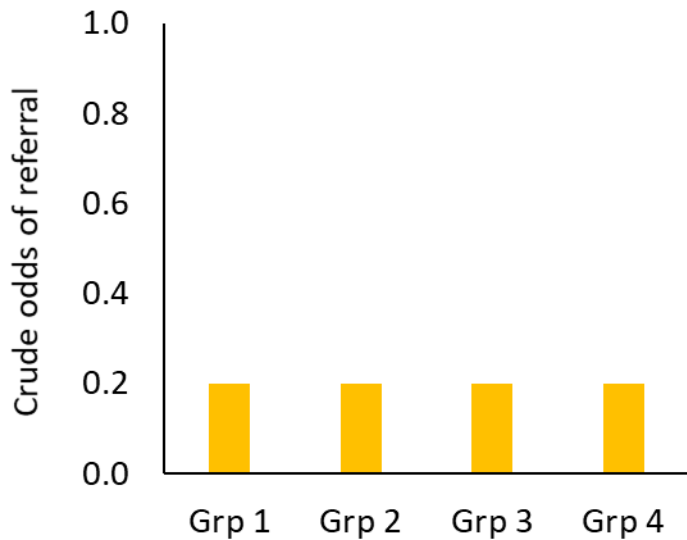
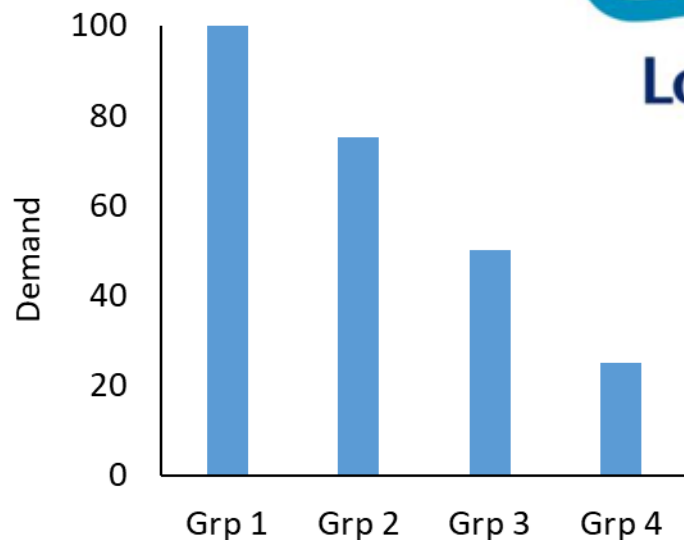
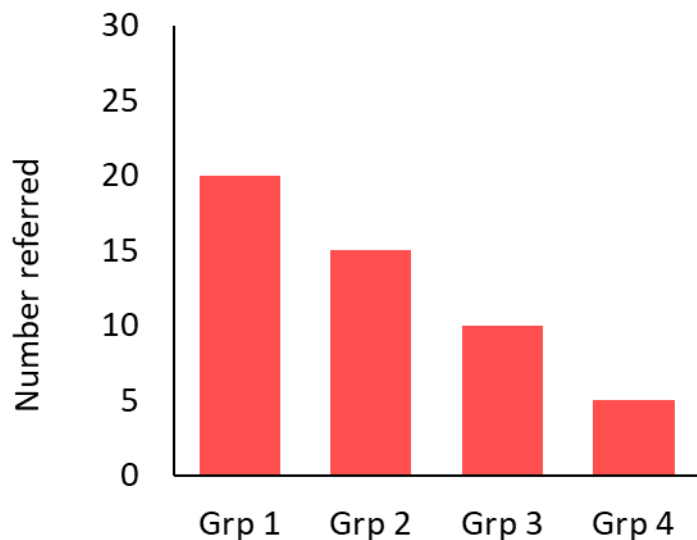
www.rwjf.org/en/library/infographics/visualizing-health-equity.html

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Assessing equity (A)



Assessing equity (B)



Assessing equity in OPAT

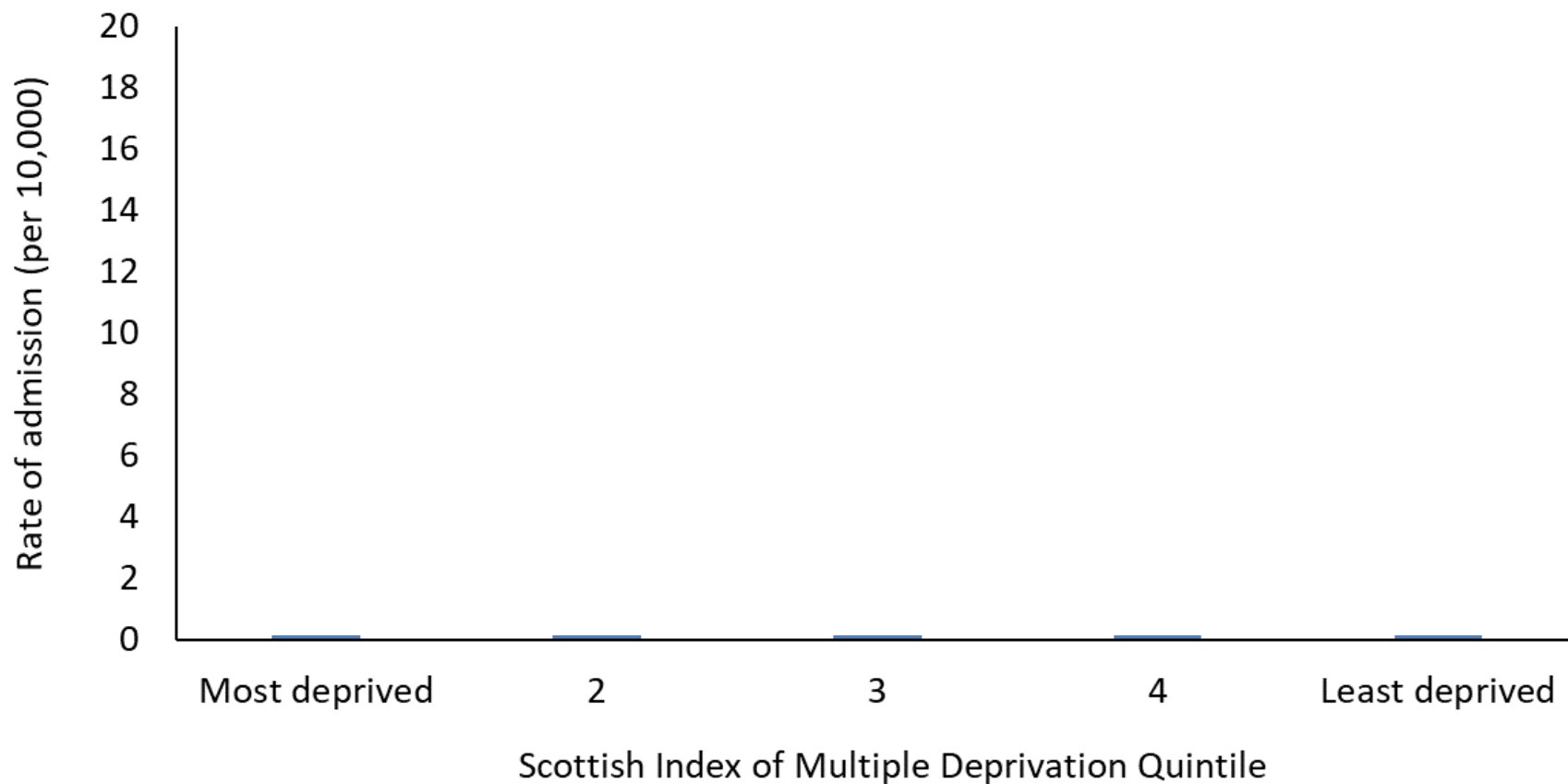
- **Participants:** 4,944 individuals admitted at least once for inpatient management of cellulitis (primary diagnosis) 2011-2017
- **Primary outcome:** Referral to OPAT service, linked by CRN (n=729)
- **Adjustments:** Age, sex, number of co-morbidities, length of hospital stay, number of admissions, distance from clinic, time since first admission, and Scottish Index of Multiple Deprivation (SIMD; as a metric of deprivation)

Demand for OPAT

Rate of admission (per 10,000)

A vertical y-axis with numerical labels from 0 to 20 in increments of 2. To the right of the axis is a large, empty rectangular area intended for a bar chart. The bottom of the slide features a decorative blue abstract graphic with curved shapes.

Demand for OPAT





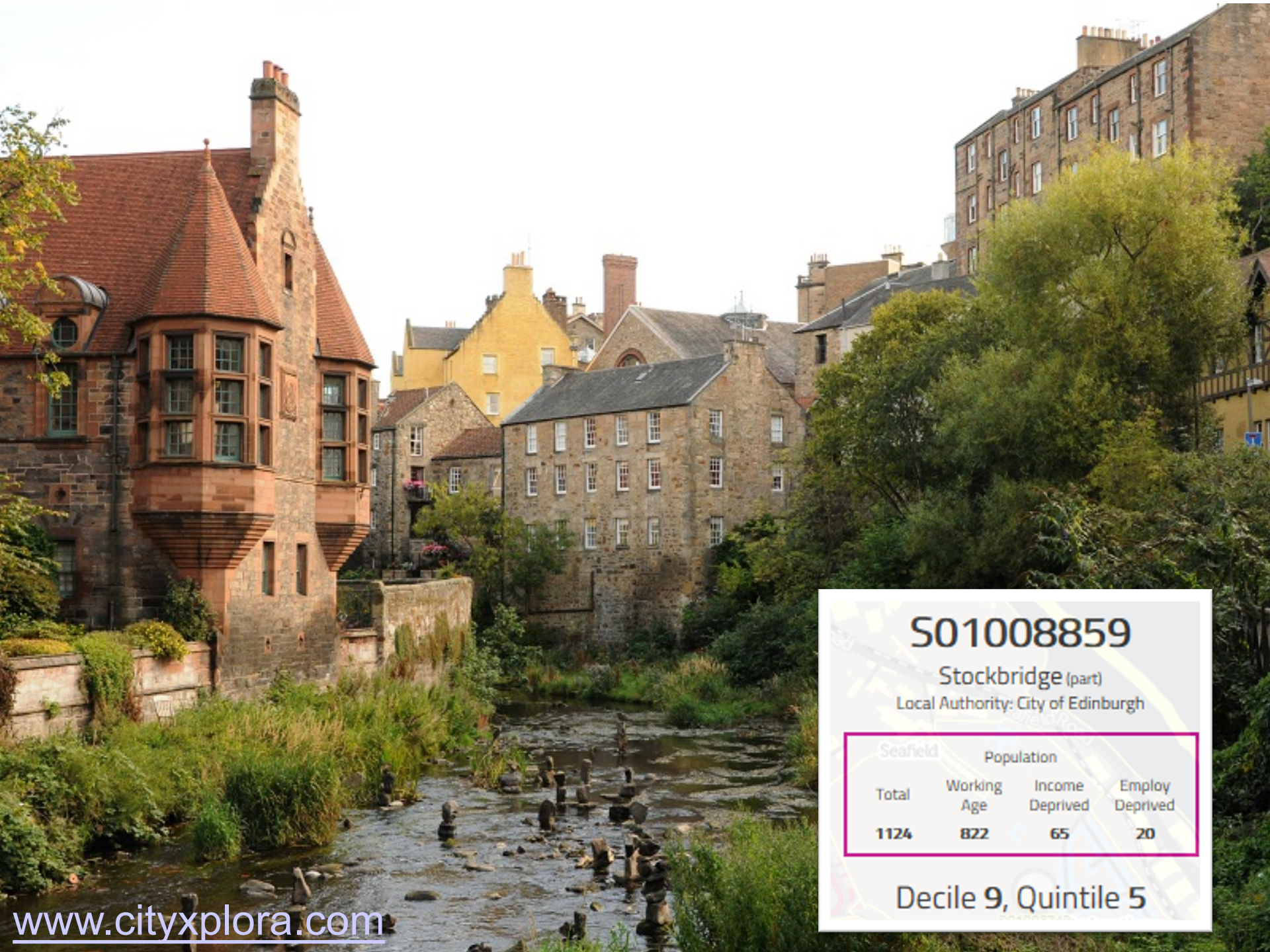
S01008906

West Pilton (part)

Local Authority: City of Edinburgh

Population			
Total	Working Age	Income Deprived	Employment Deprived
814	553	180	125

Decile 2, Quintile 1



S01008859

Stockbridge (part)

Local Authority: City of Edinburgh

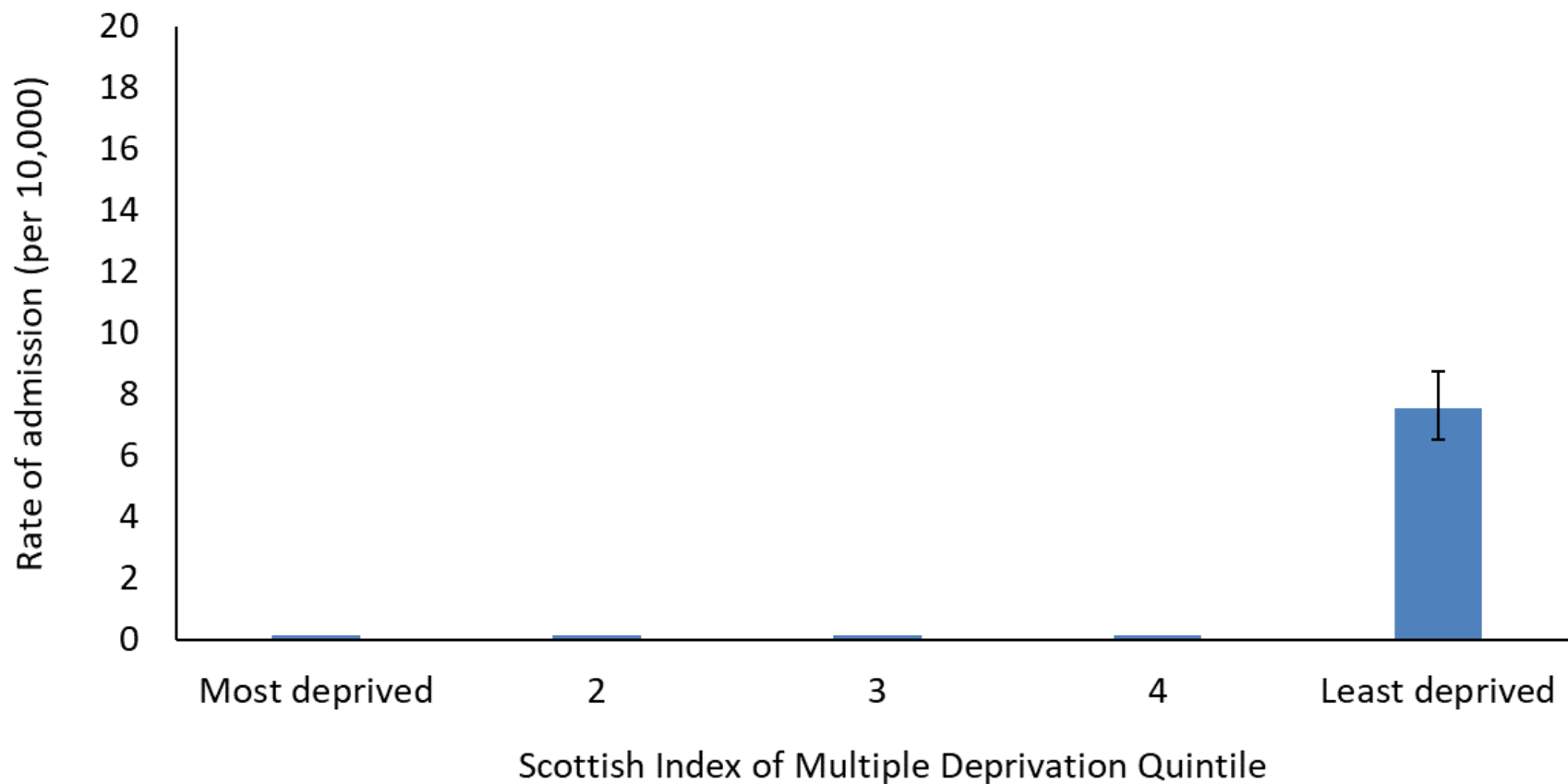
Seafield

Population

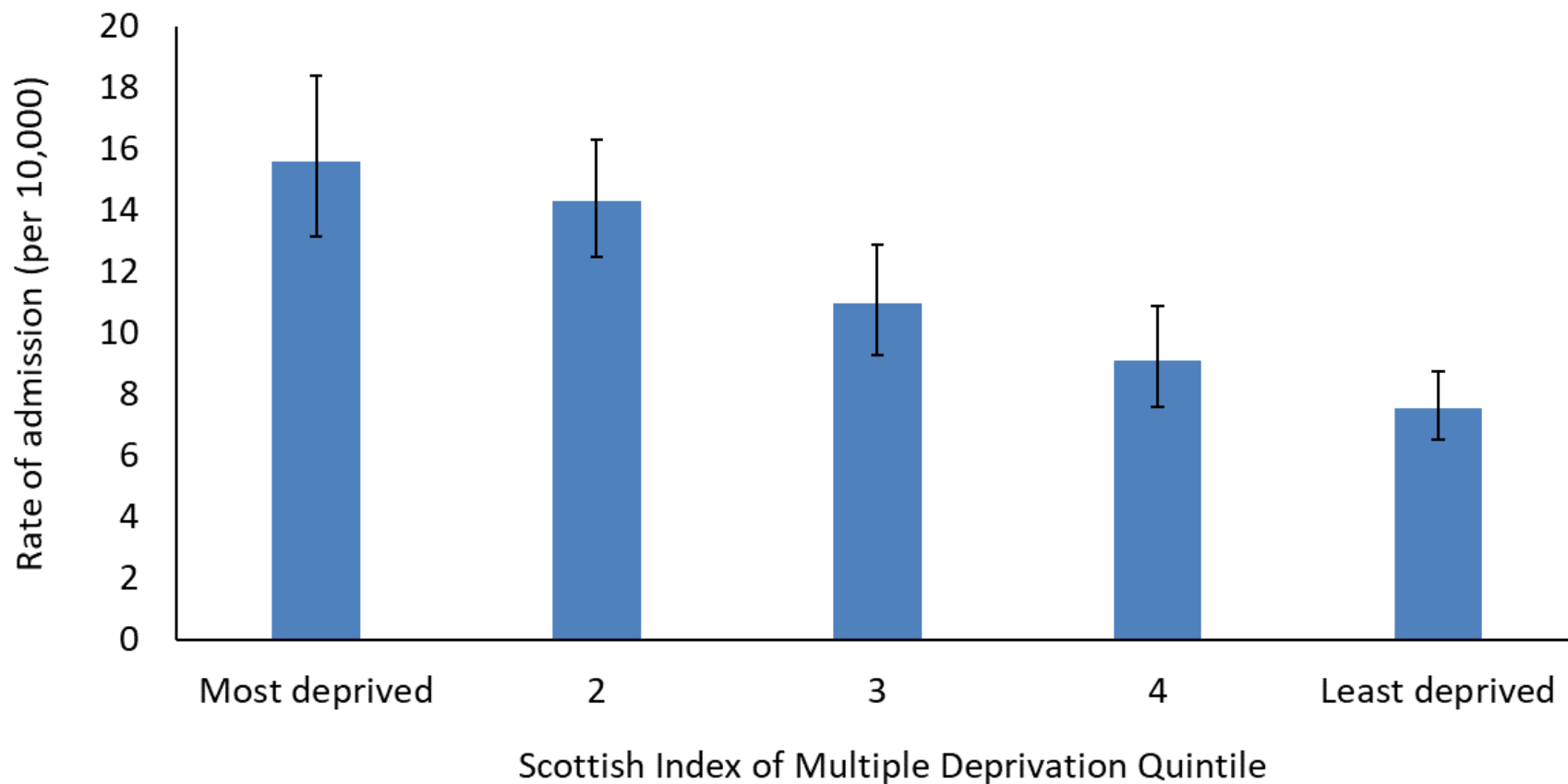
Total	Working Age	Income Deprived	Employ Deprived
1124	822	65	20

Decile 9, Quintile 5

Demand for OPAT



Demand for OPAT



Access to OPAT

	Known to OPAT (n=729) n (%)	Not known to OPAT (n=4215) n (%)	Test of difference
Gender			
Male	457 (17%)	2185 (83%)	< 0.0001 ¹
Female	272 (12%)	2030 (88%)	
Age Group			
50 and under	270 (17%)	1337 (83%)	< 0.0001 ¹
51 to 70	321 (19%)	1327 (81%)	
71 and over	138 (8%)	1551 (92%)	
Median age	56	63	< 0.0001 ²
Deprivation			
Most Deprived 1	104 (12%)	741 (88%)	< 0.0001 ¹
2	170 (13%)	1184 (87%)	
3	130 (15%)	756 (85%)	
4	104 (14%)	645 (86%)	
Least deprived 5	221 (20%)	889 (80%)	

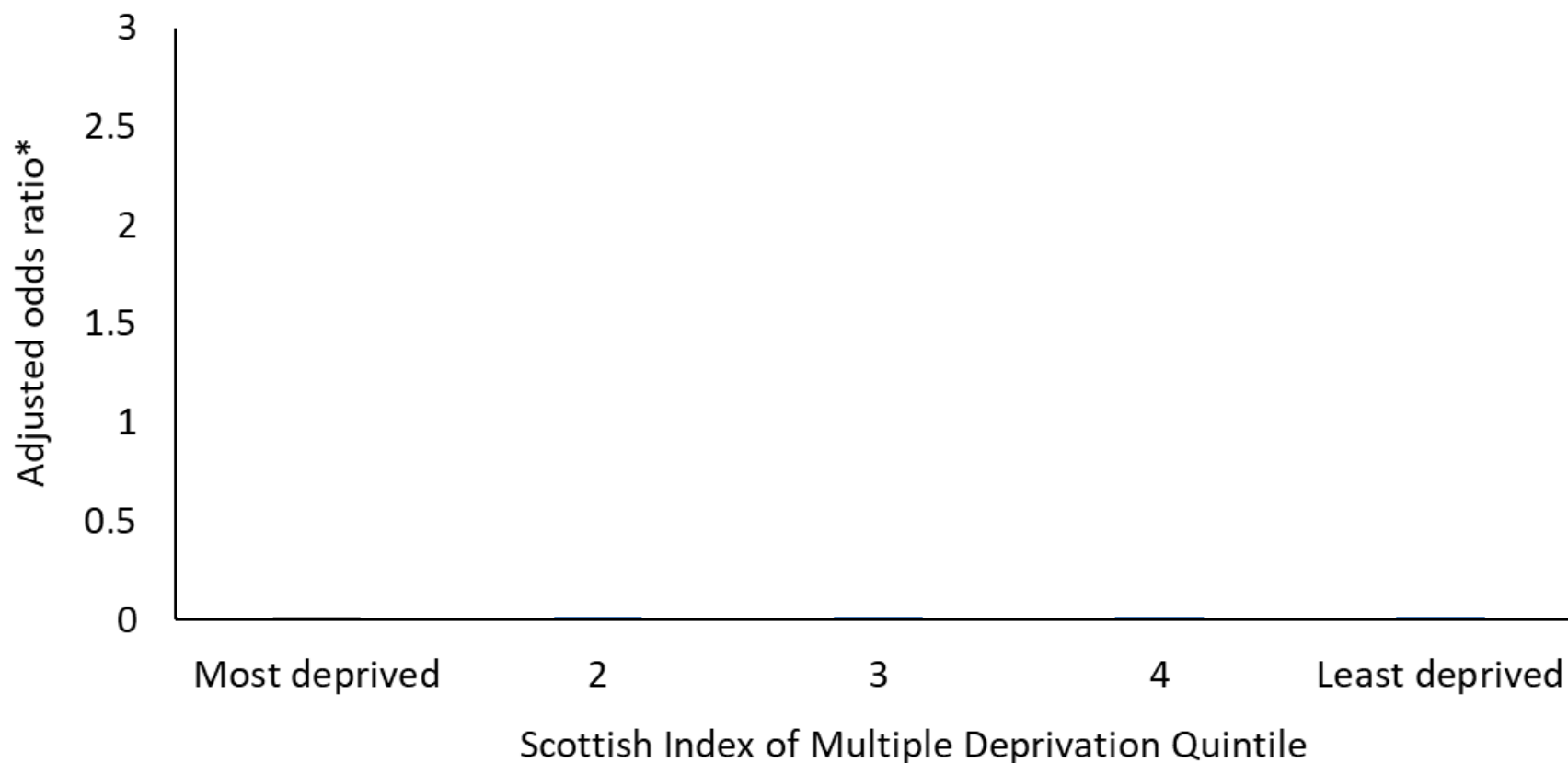
Adjusted odds of OPAT

Adjusted odds ratio*

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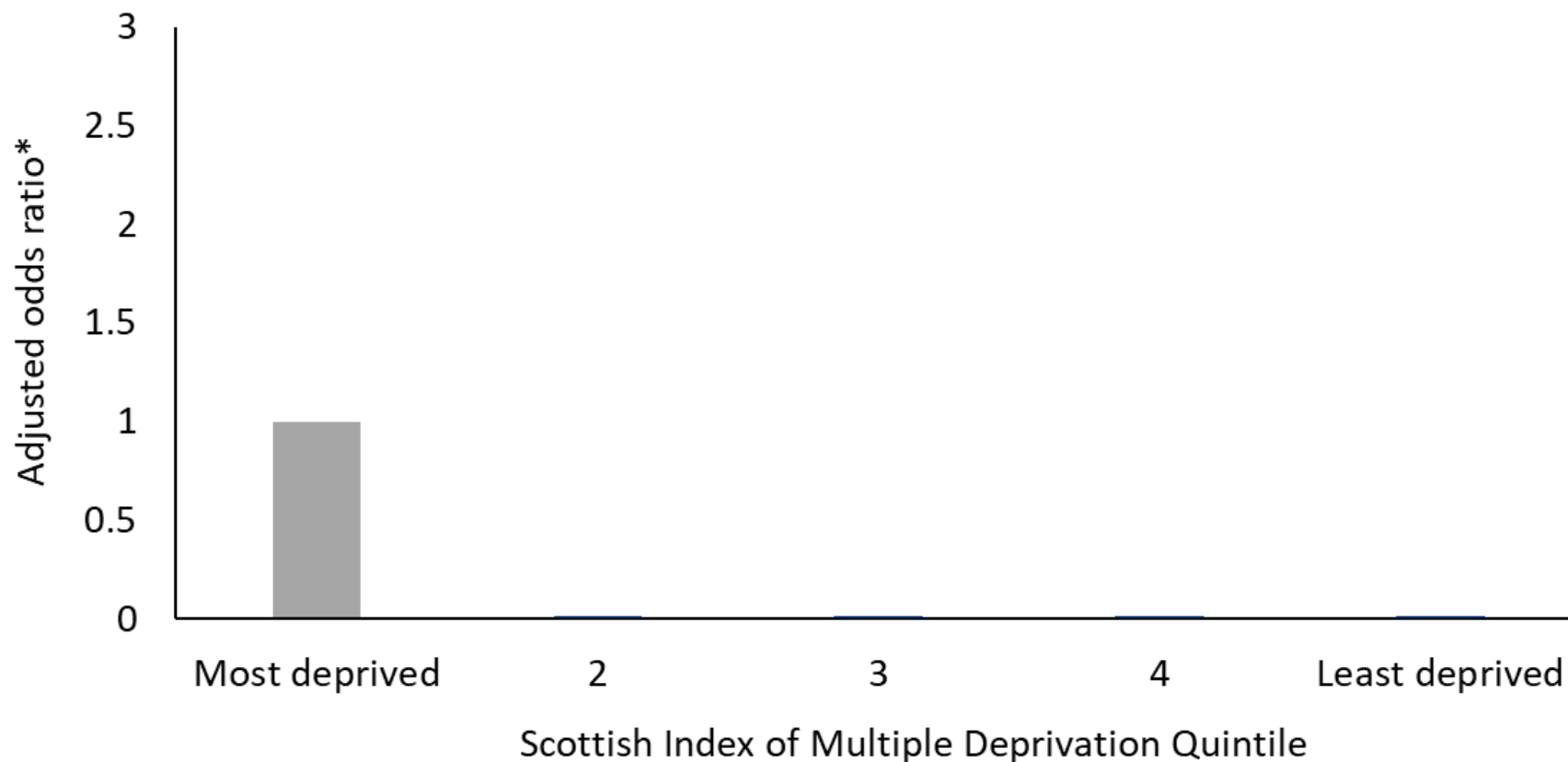
* Adjusted for age, sex, total number of admissions, total length of stay, total comorbidities, time since first admission and distance from clinic

Adjusted odds of OPAT



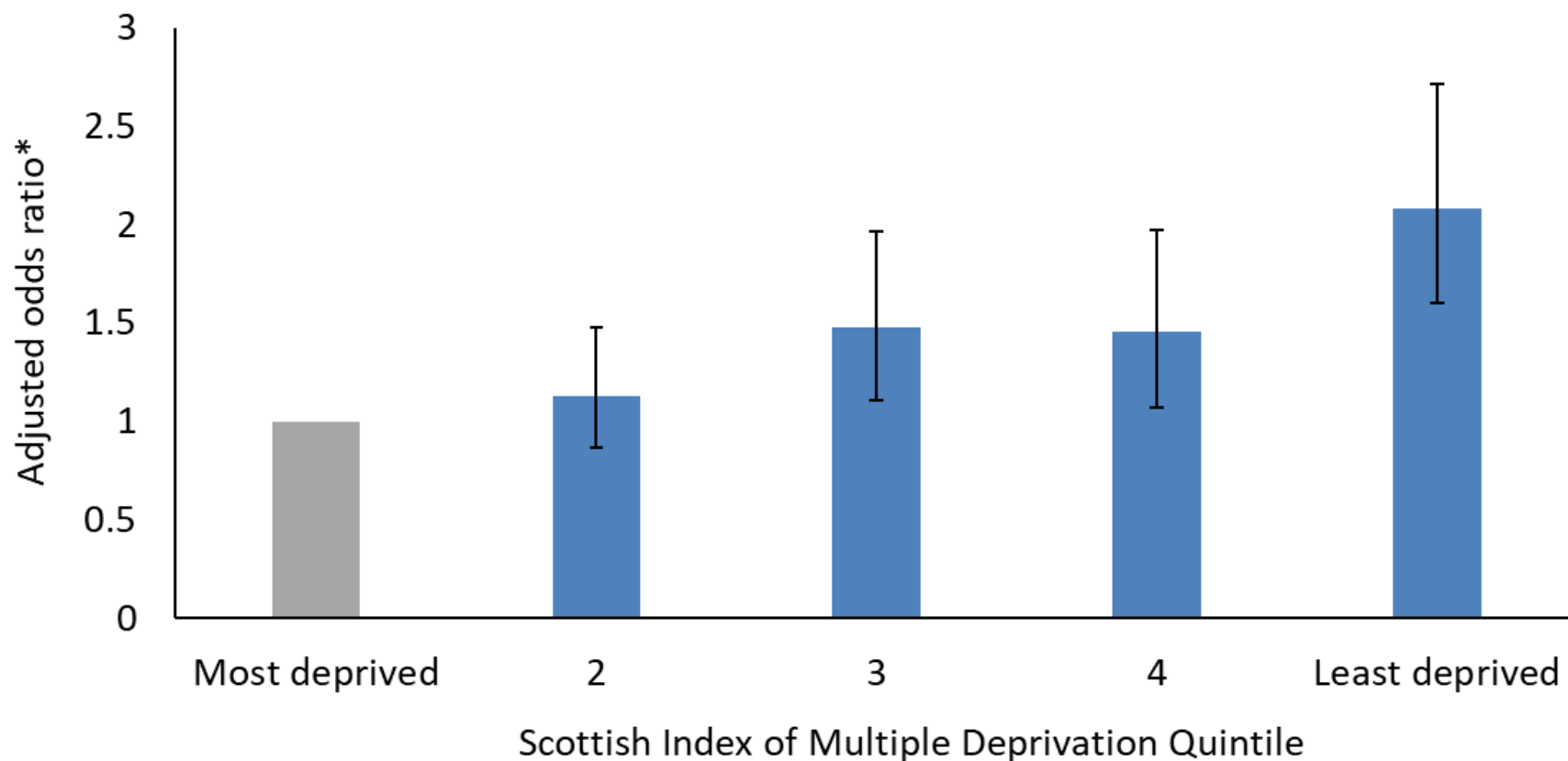
* Adjusted for age, sex, total number of admissions, total length of stay, total comorbidities, time since first admission and distance from clinic

Adjusted odds of OPAT



* Adjusted for age, sex, total number of admissions, total length of stay, total comorbidities, time since first admission and distance from clinic

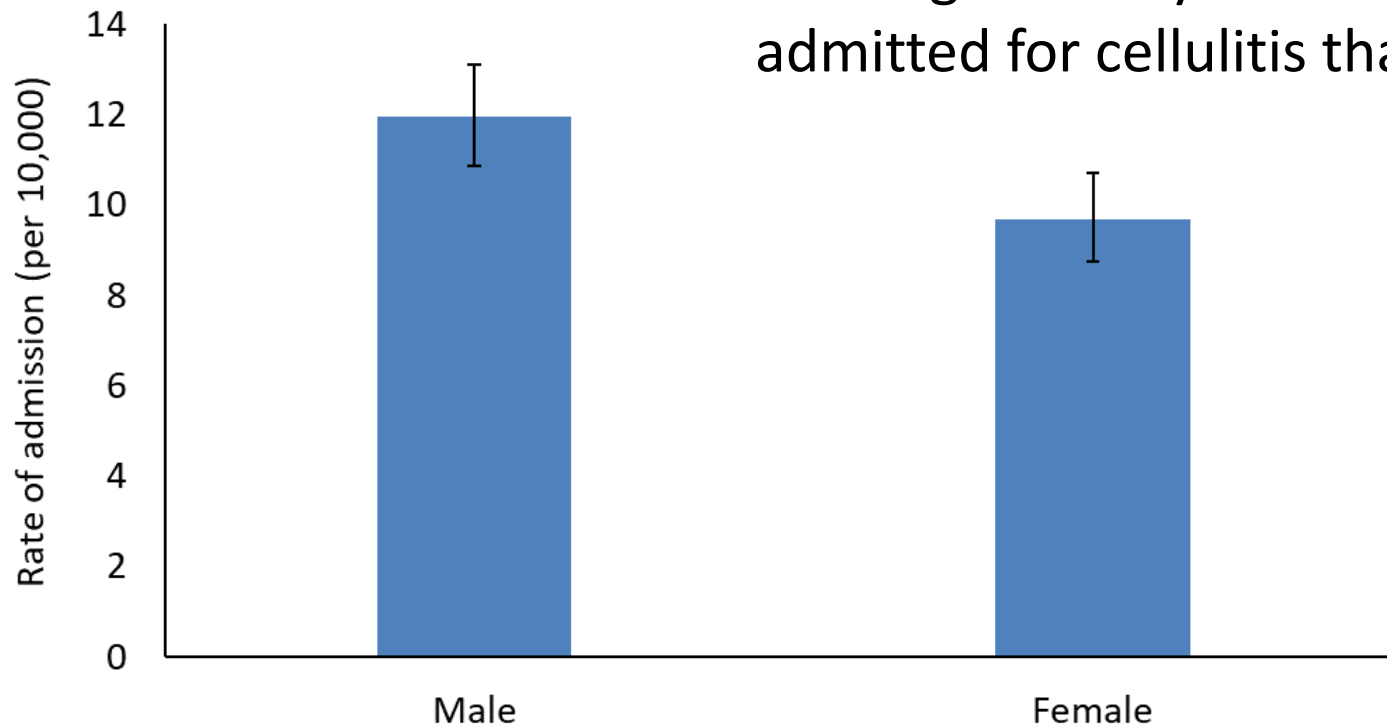
Adjusted odds of OPAT



* Adjusted for age, sex, total number of admissions, total length of stay, total comorbidities, time since first admission and distance from clinic

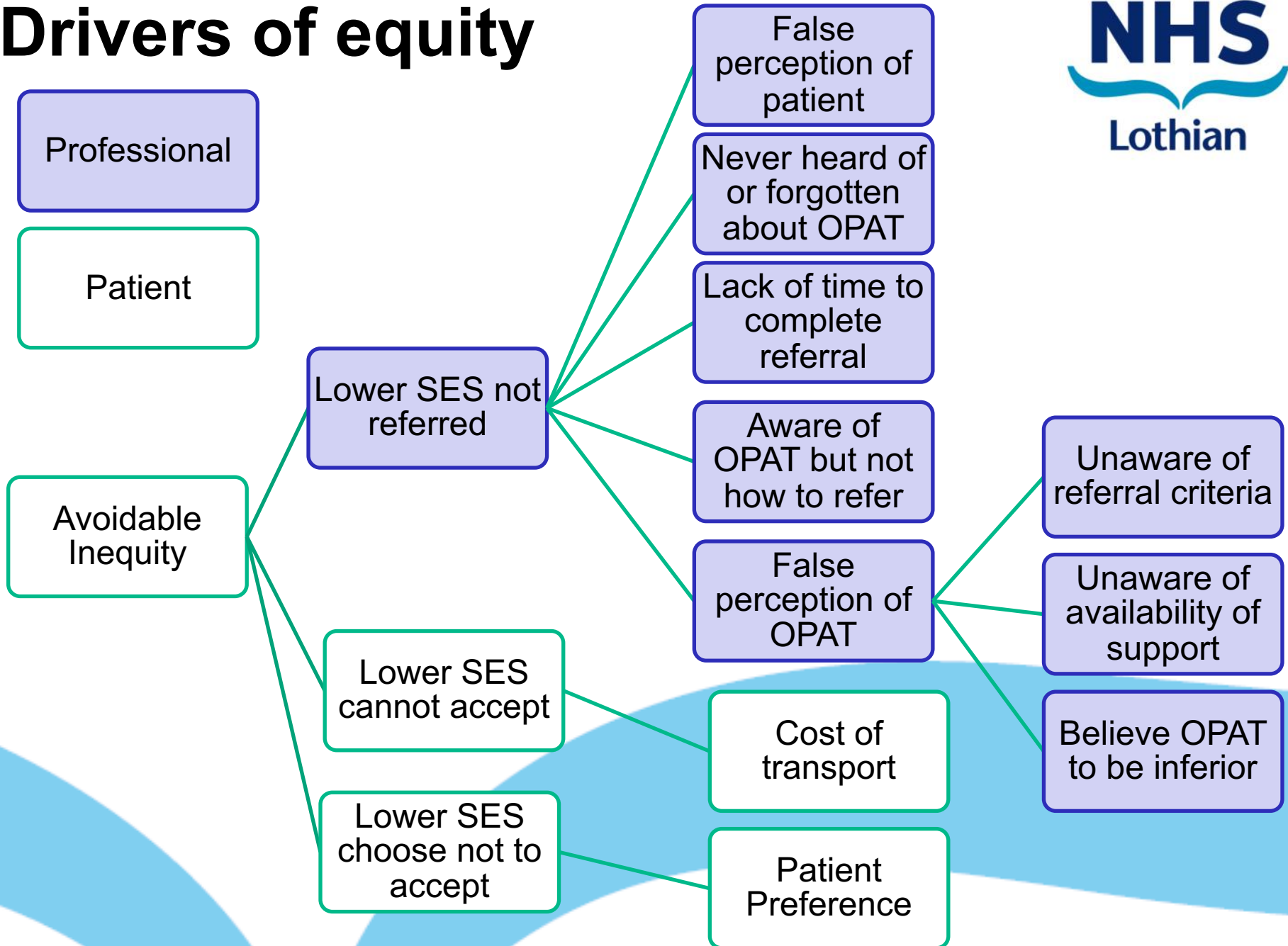
Gender equity

Men significantly more likely to be admitted for cellulitis than women.

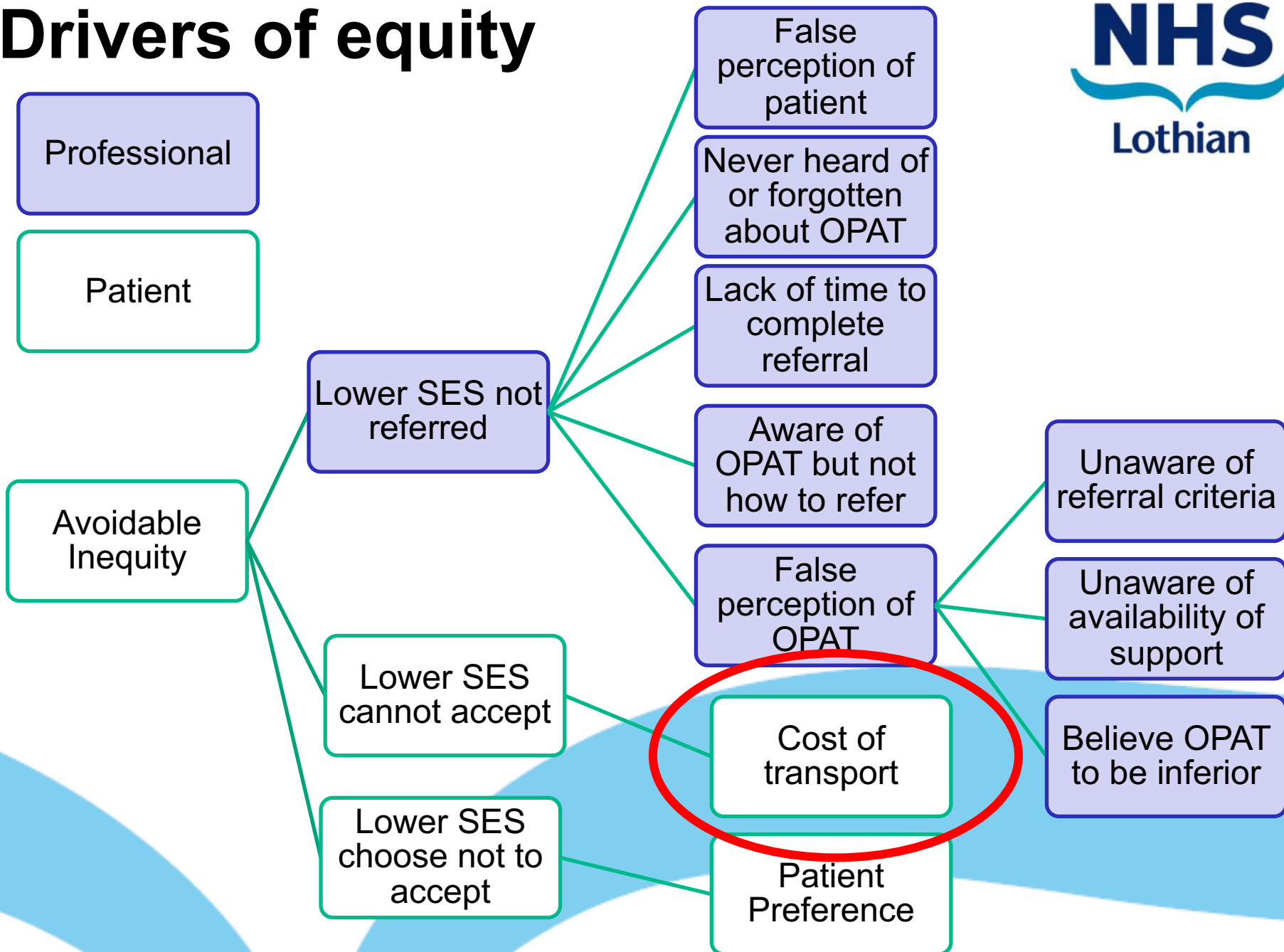


Men also ~ 50% more likely to be referred to OPAT following that admission (Adjusted OR: 1.48, 95% CI: 1.25 - 1.75) compared to women admitted with the same condition.

Drivers of equity



Drivers of equity



What the patients say

"I spend £20 a day on taxis, my entire student budget for the day, but it is worth it to get home"

"The leaflet told me about PTS (Patient Transport) but I would not qualify, my husband drives me"

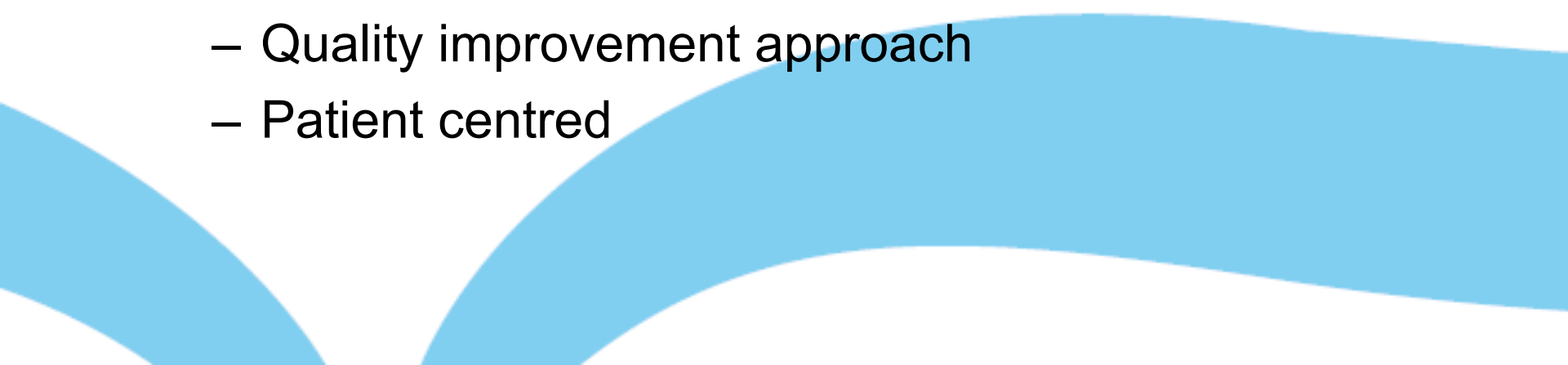
"I estimate it will cost around £170 over the 3 weeks. There was no offer of financial help for transport"

"Without [a car and] guaranteed parking I would not have been able to come on my own"

Conclusions

- Equity audits can prove a useful tool
- Inequitable access to OPAT was identified in Lothian
- Inpatients from the most affluent areas were more than twice as likely to have received OPAT
- Men were more likely to receive OPAT than women
- Results were adjusted for demographics and clinical factors
- Cost of transport, community provisions and OPAT awareness amongst professionals are potential improvements

Recommendations

- Consider an **equity audit** or **ongoing measure**
 - Straightforward method using routine data
 - Consider building into routine reviews
 - Work with public health / other colleagues
 - Consider **equity improving** measures
 - Quality improvement approach
 - Patient centred
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Future research

- Reasons for gender inequity
- Equity in admission avoidance
 - Requires a primary care denominator
- Evaluations of equity improvement
 - What works to reduce inequity in OPAT?

Acknowledgments

- Thanks to Dr. Claire Mackintosh and Dr. Clark D. Russell, both of NHS Lothian, for their co-authorship and friendly support.
 - Thanks to the nurses of NHS Lothian OPAT for supporting the quality improvement work.
 - Thanks to OPAT patients who provided time to talk.
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Questions?



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