



**Midlands and Lancashire
Commissioning Support Unit
The Strategy Unit**

**Community Fit – Primary Care Workstream
Descriptive Analysis (Pilot Practices)**

March 2016

Background

Phase 1 Deliverables

- A description of activity currently taking place in primary care, community services, mental health and social care across Shropshire and Telford and Wrekin.
- An agreed estimate the impact of demographic change on activity levels within these sectors
- A linked health and social care dataset, identifying patients receiving care from two or more sectors and describing the care they receive
- An agreed taxonomy (classification) of care packages delivered by each of these sectors

Five Workstreams

- Social care
- Primary care
- Community Health services
- Mental Health
- Voluntary Sector

For primary care, where the data is less well understood, we have agreed to carry out initial analysis with 4 pilot practices before taking a decision about whether to extend the approach to all practices.

This pilot exercise aims to establish whether primary care data is of sufficient quality / consistency to provide useful insight to the Community Fit programme.

Descriptive Analysis of Practice Activity

The following slides provide a description of patients registered with each of the four pilot practices and associated primary care activities.

The analysis comprises five sections;

1. Patient characteristics
2. Diagnoses
3. Long Term Conditions
4. Patient activities
5. Prescriptions

The analysis is designed to support assessments of the reliability and comparability of primary care data.

For sections 2-5, analysis includes;

- **Counts** – the number of diagnoses, cases, activities etc
- **Crude rates** – the number of diagnoses, cases, activities etc, per head of registered population
- **Age specific rates** - the number of diagnoses, cases, activities etc, per head of registered population in each age and sex strata
- **Directly age/sex standardised rates** - the rate of diagnoses, cases, activities etc, per head of registered population having adjusted for the age/sex distribution of the registered population

The Pilot Practices

Stirchley Medical Practice (Telford & Wrekin CCG)

Bridgnorth Medical Practice (Telford & Wrekin CCG)

Oakengates Medical Practices (Telford & Wrekin CCG)

Haughmond View Medical Practice (Shropshire CCG)

M&L CSU has signed Data Sharing Agreements with the 4 pilot practices.

The Data

Originates in GP Practice system data

Extracted by Graphnet

- Standard pre-existing risk stratification extracts
- Bespoke activities / encounters extract

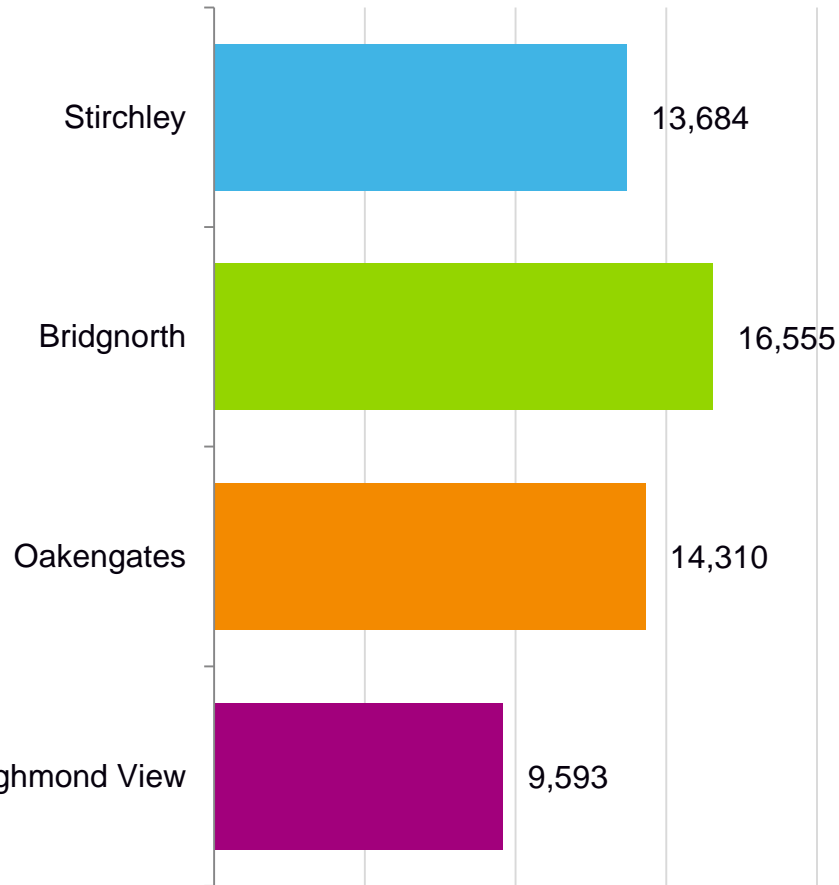


Patient Characteristics

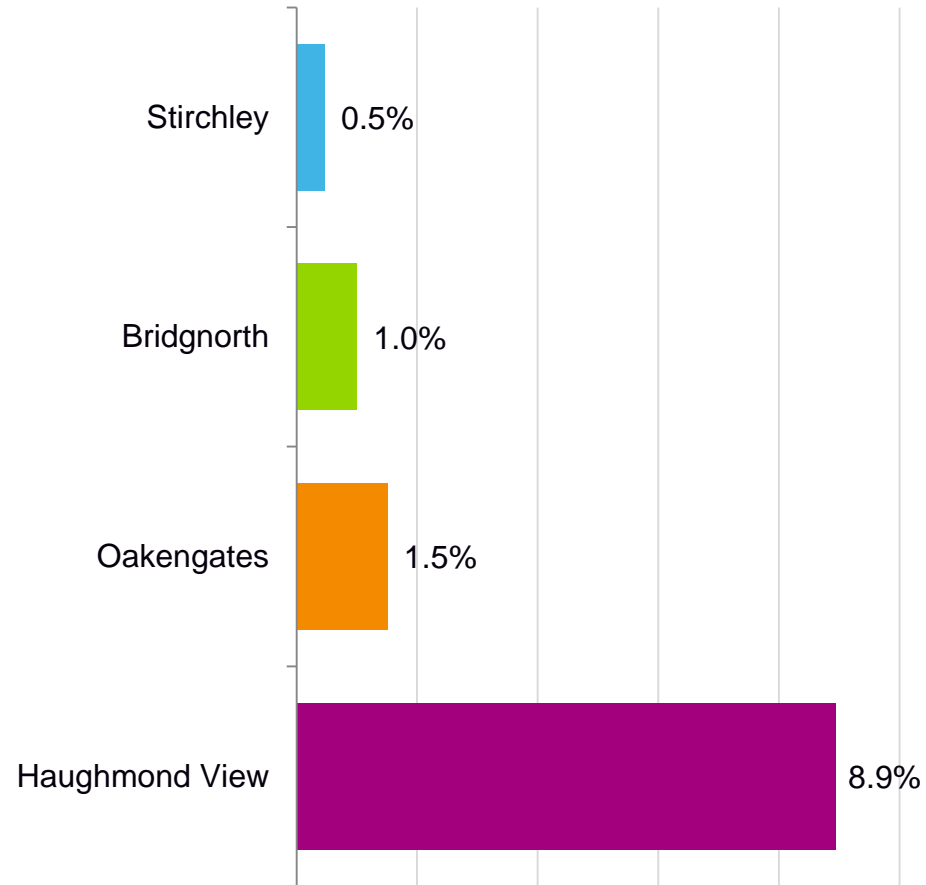
Practice List Sizes and Non-Consenting Patients

All subsequent slides relate to consenting patients only.

All Patients

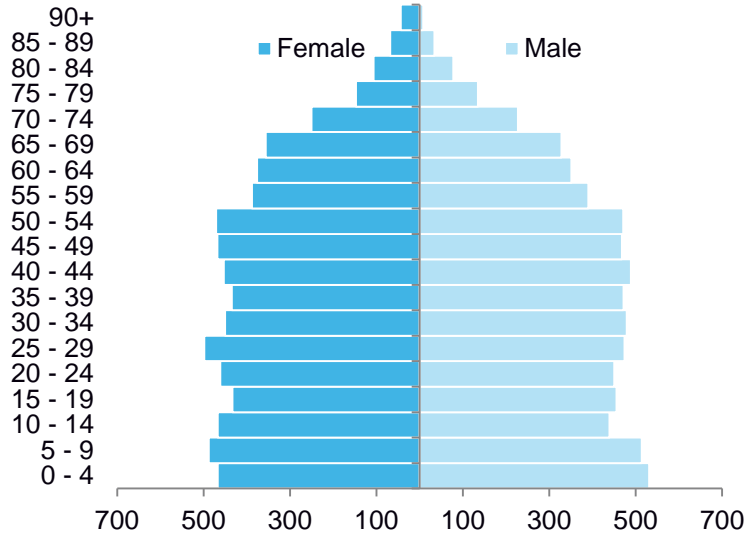


% Non-Consenting Patients

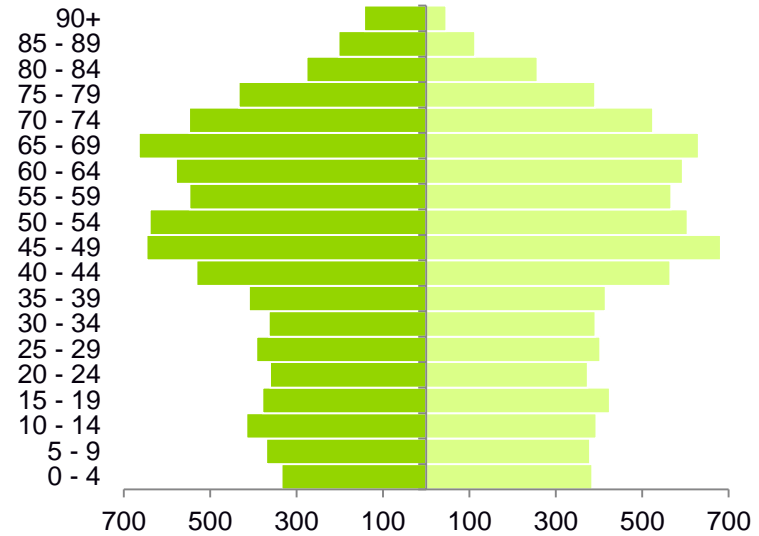


Patient's Age and Gender Profile

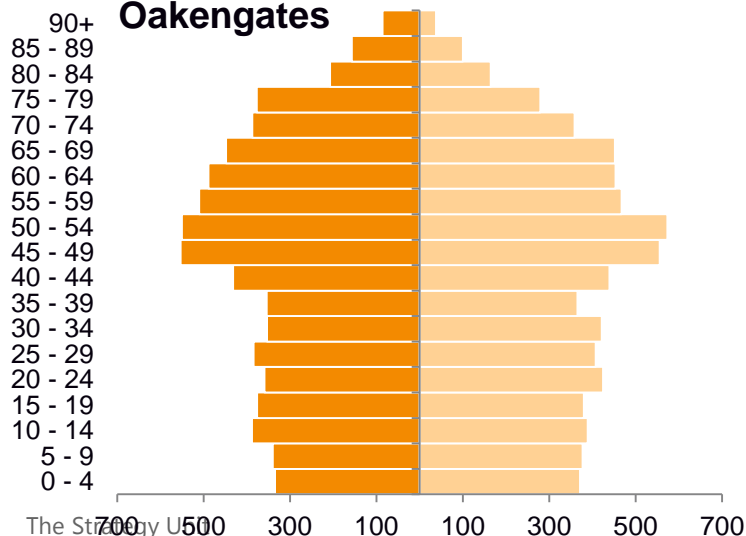
Stirchley



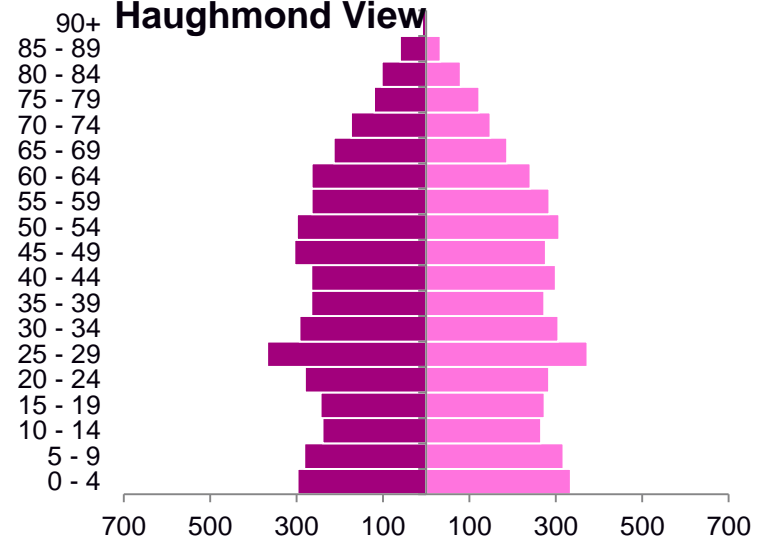
Bridgnorth



Oakengates



Haughmond View



Patients Deprivation Profile

Index of Multiple Deprivation 2010 – derived from patient’s LSOA

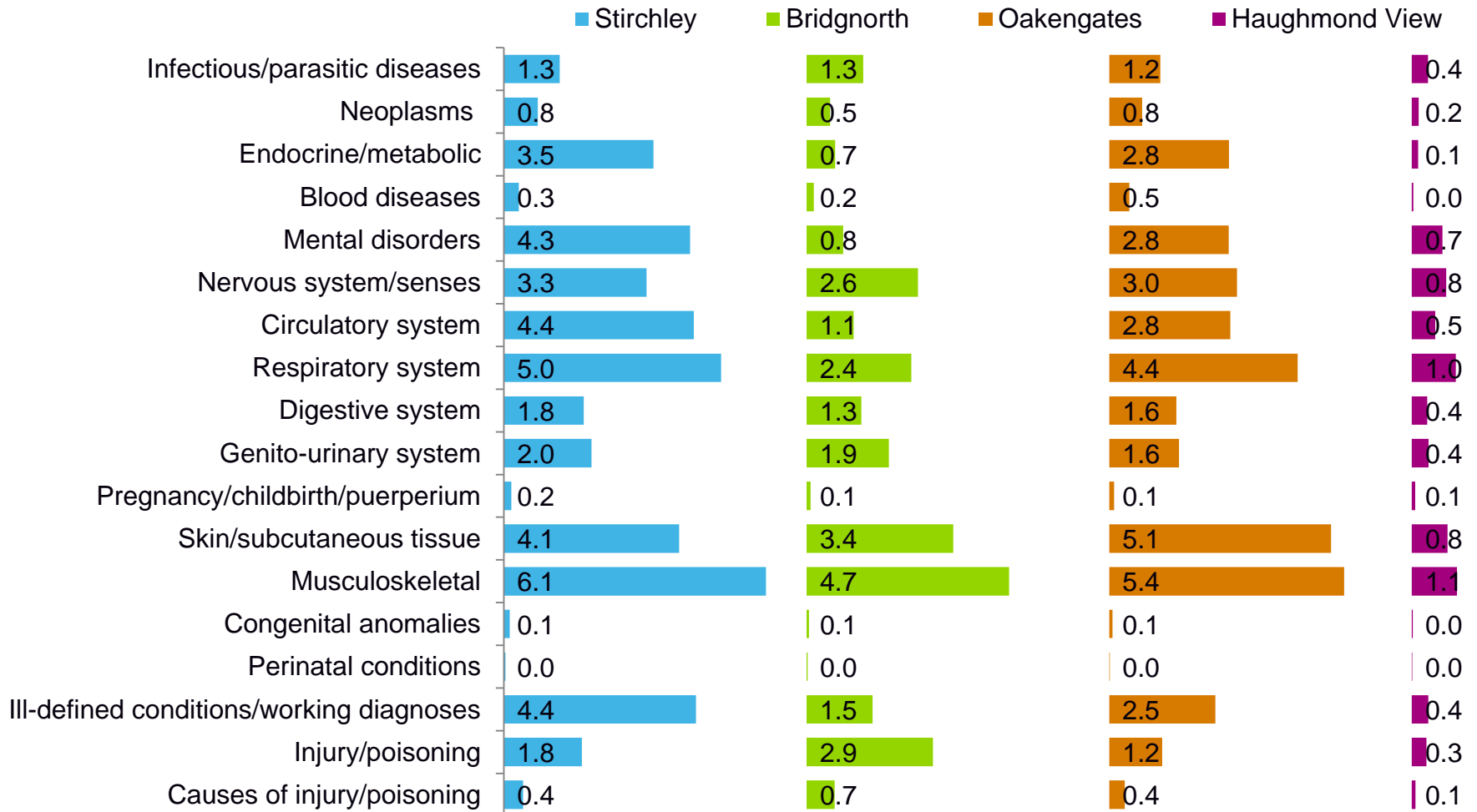




Diagnoses

Diagnoses – Instances During 2014/15 ('000s)

Grouped by ReadCode Chapters.
Excluding sensitive diagnoses.



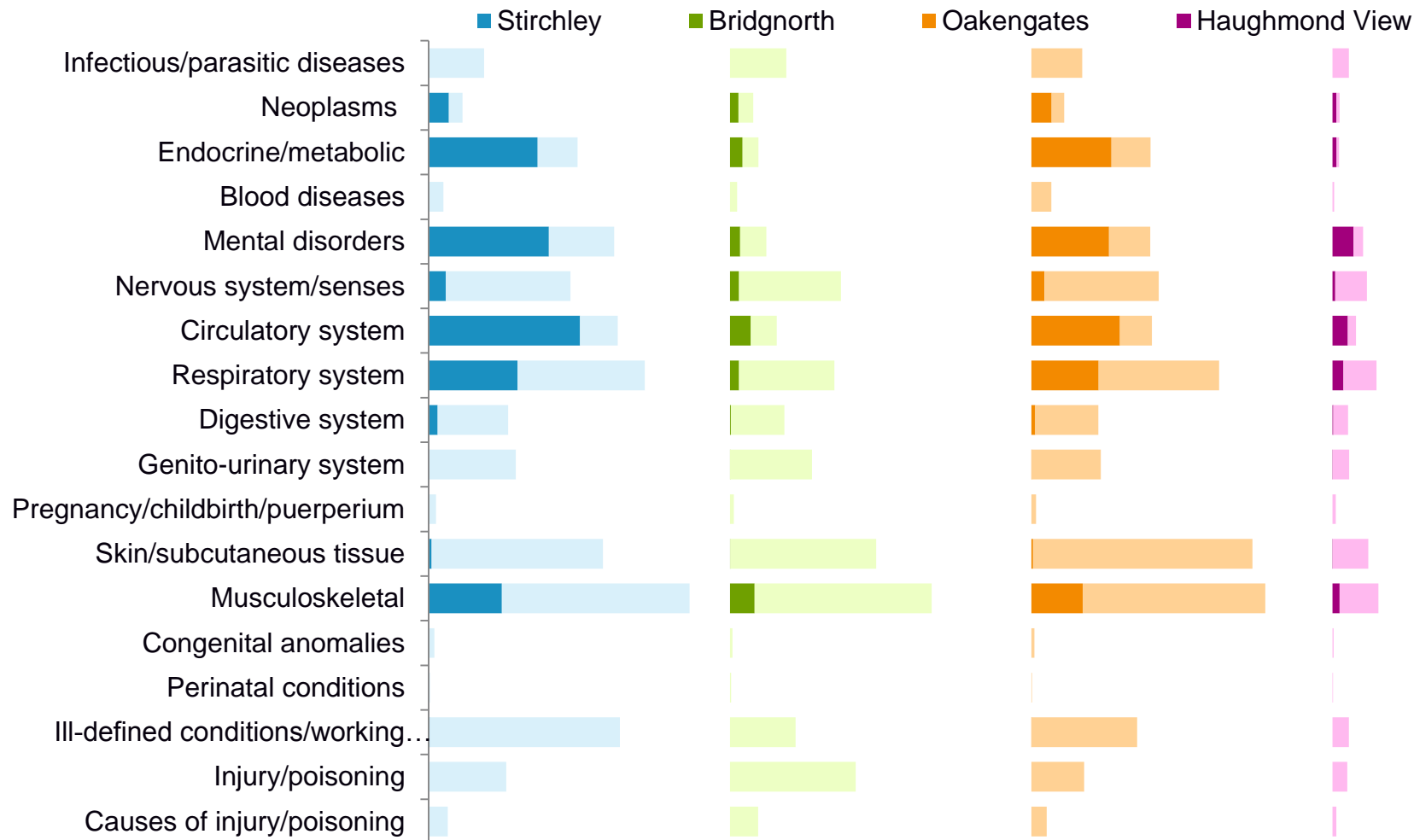
The figures include any diagnoses assigned to a patient during 2014/15.
These may include new diagnoses or updates on existing diagnoses.

Diagnoses – LTC vs Transient / Treatable Conditions

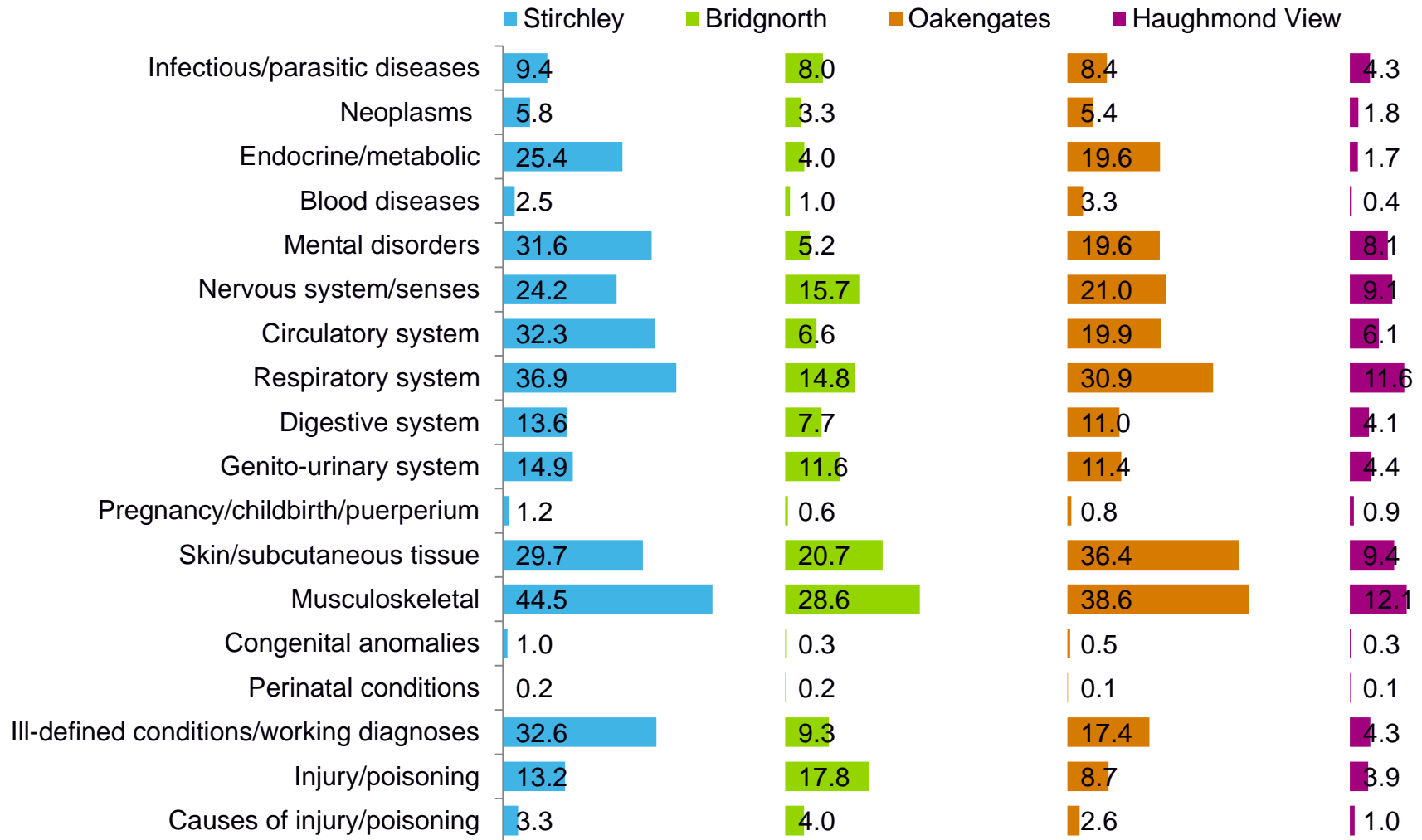
Darker shading – Condition requiring substantial on-going management

Lighter shading – Transient / Treatable Condition

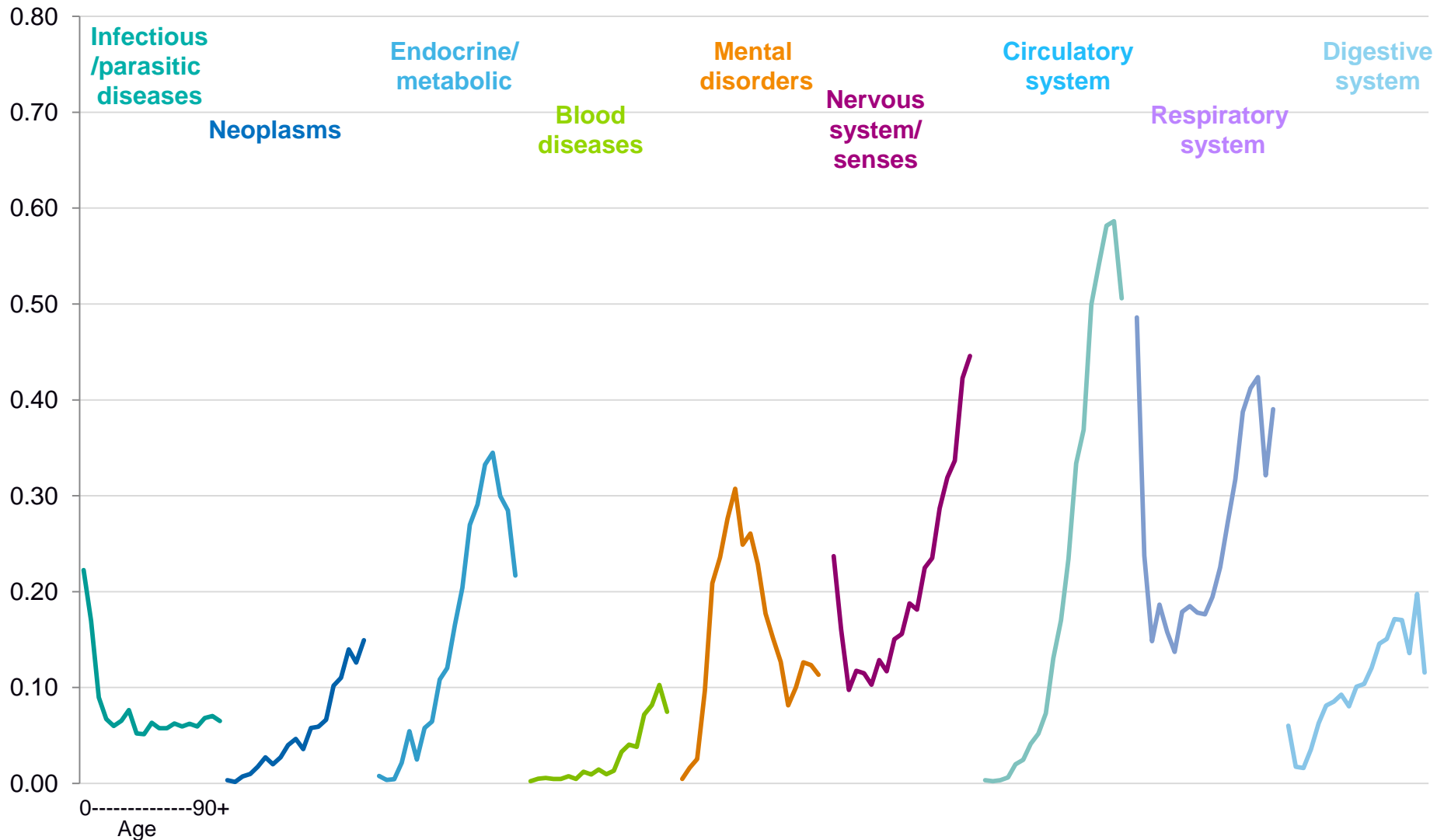
2014/15



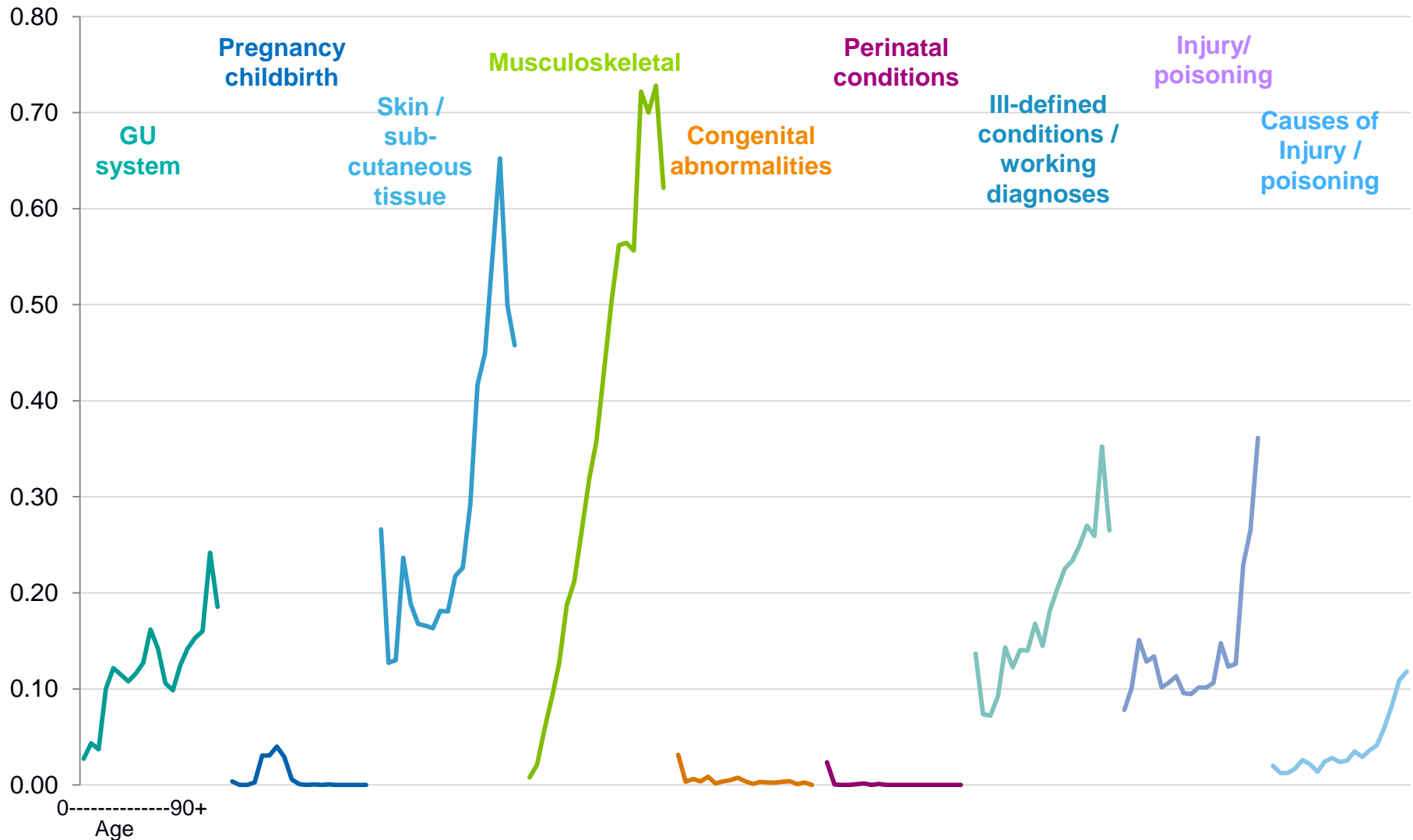
Diagnoses – Crude Rates 2014/15 per 100 Patients



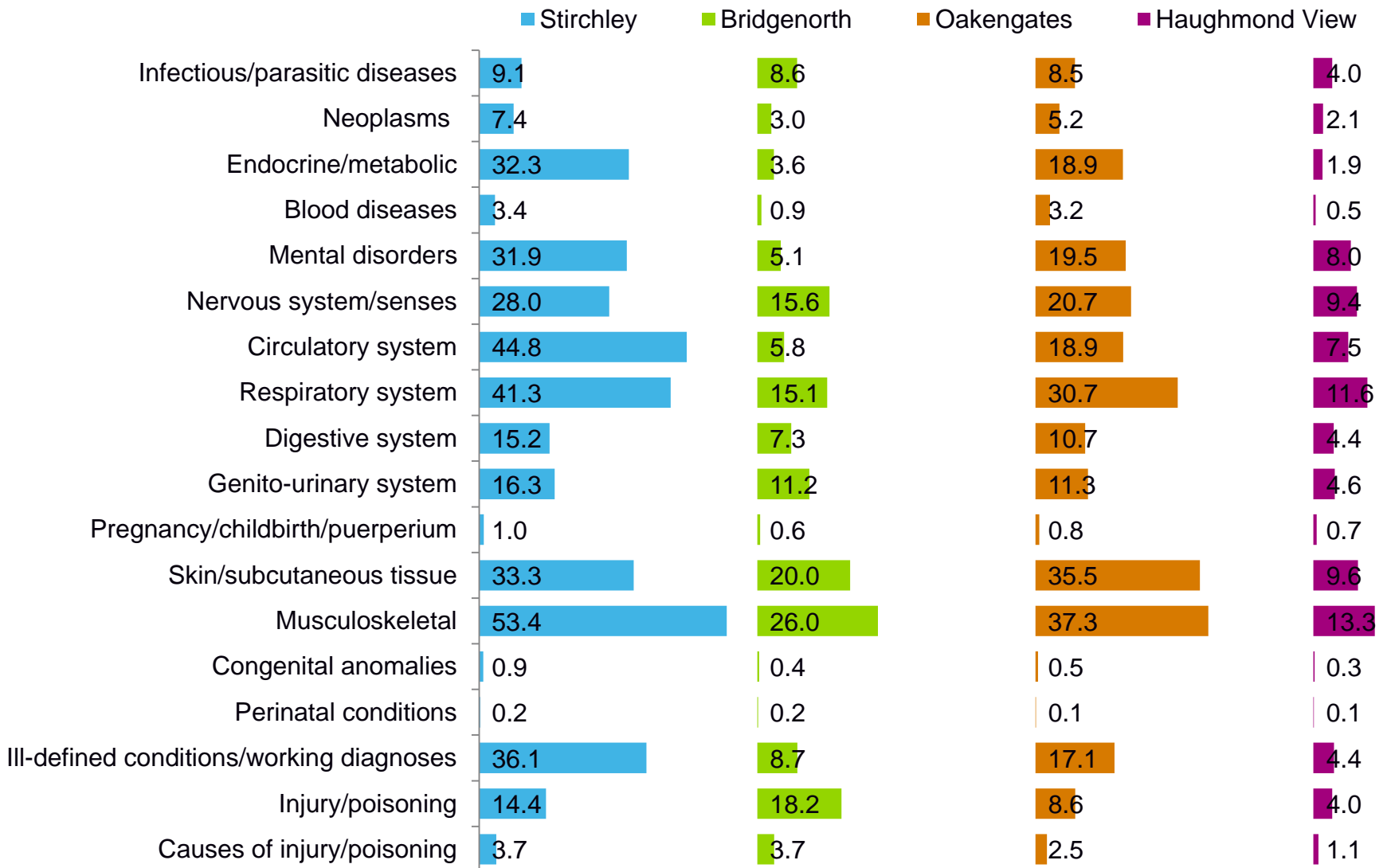
Diagnoses Rate / Patient 2014/15 – Age Profile (1)



Diagnoses Rate / Patient 2014/15 – Age Profile (2)



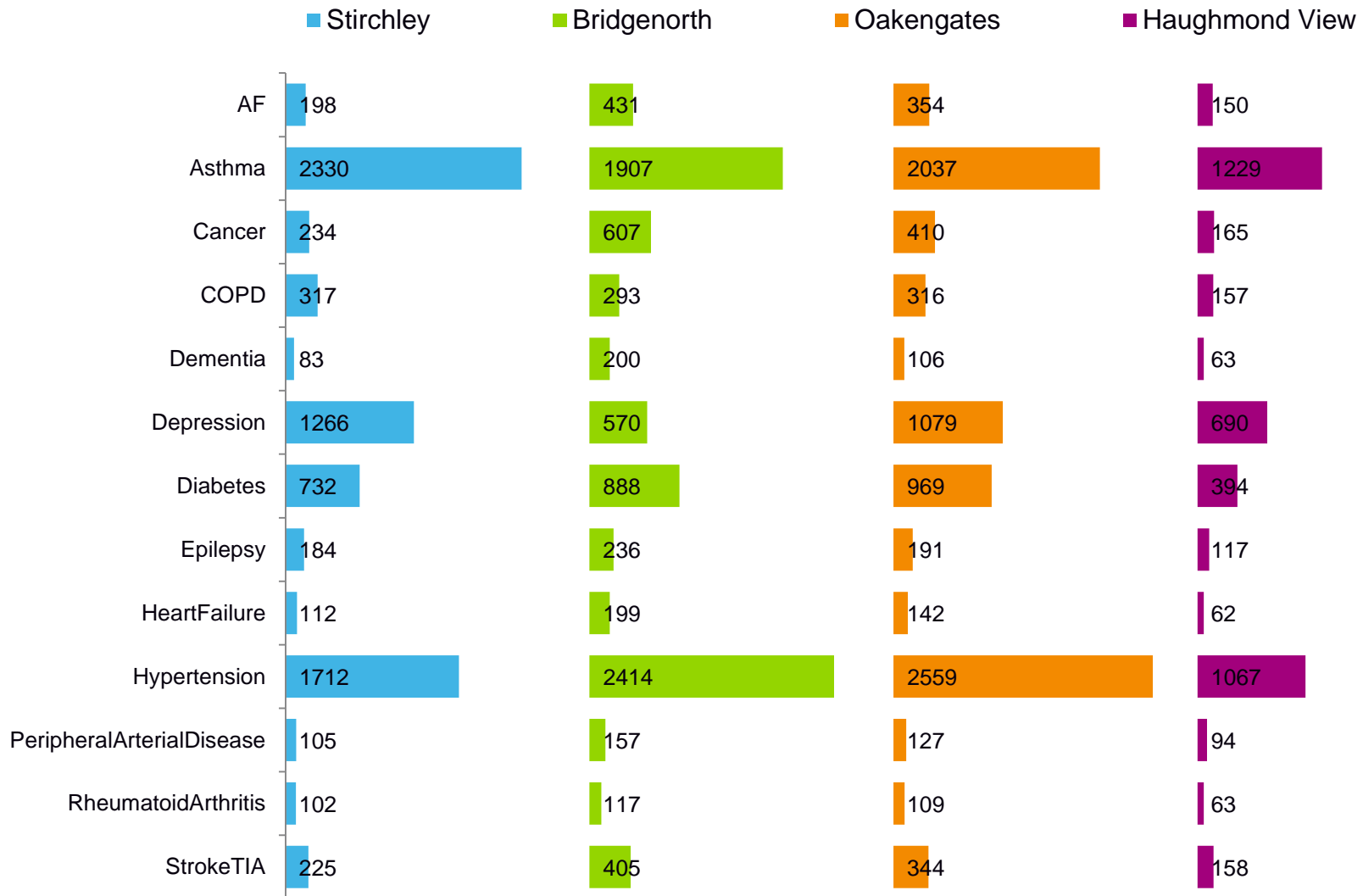
Diagnoses – Age/Sex Standardised Rates (2014/5) per 100 patients



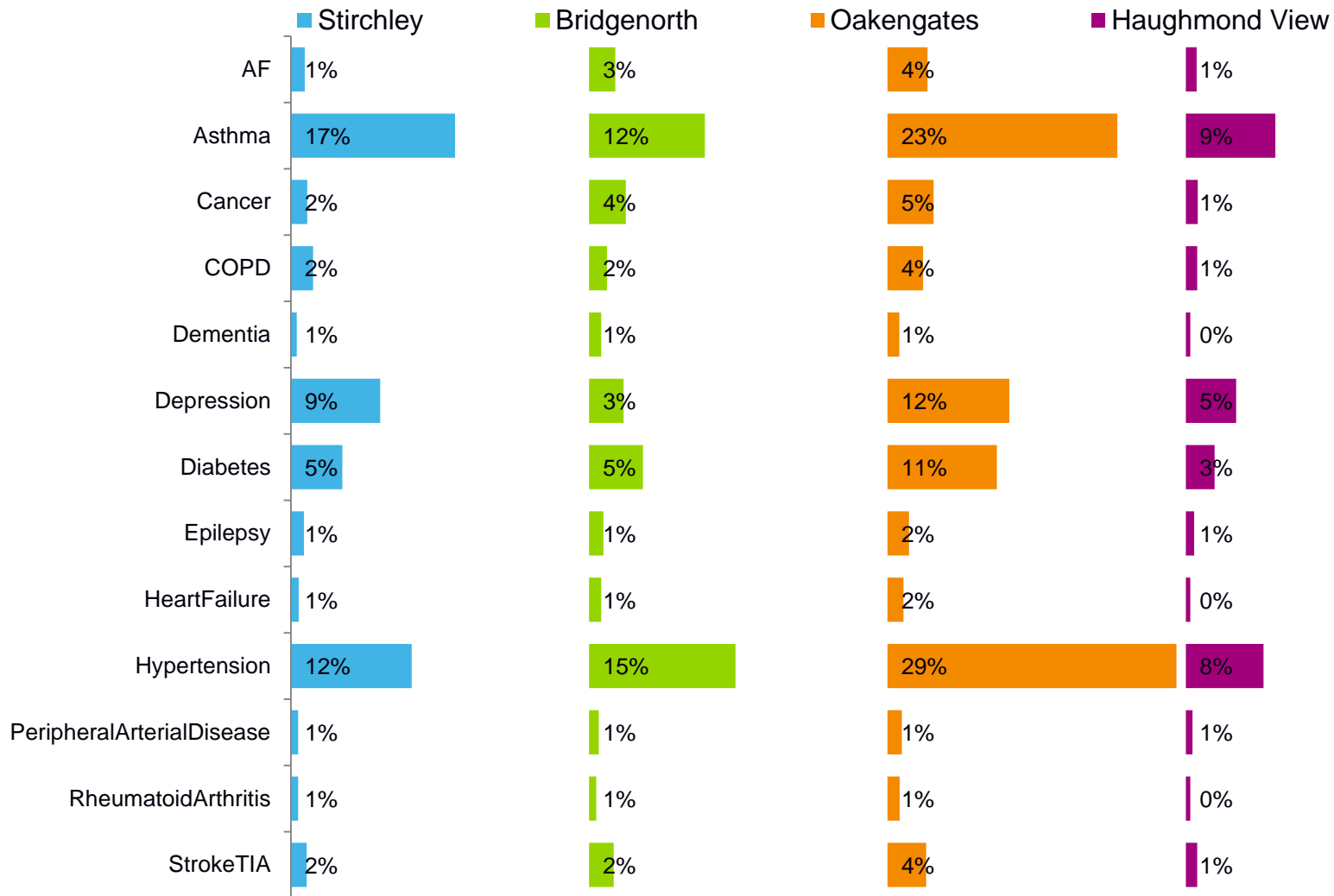


Long Term Conditions

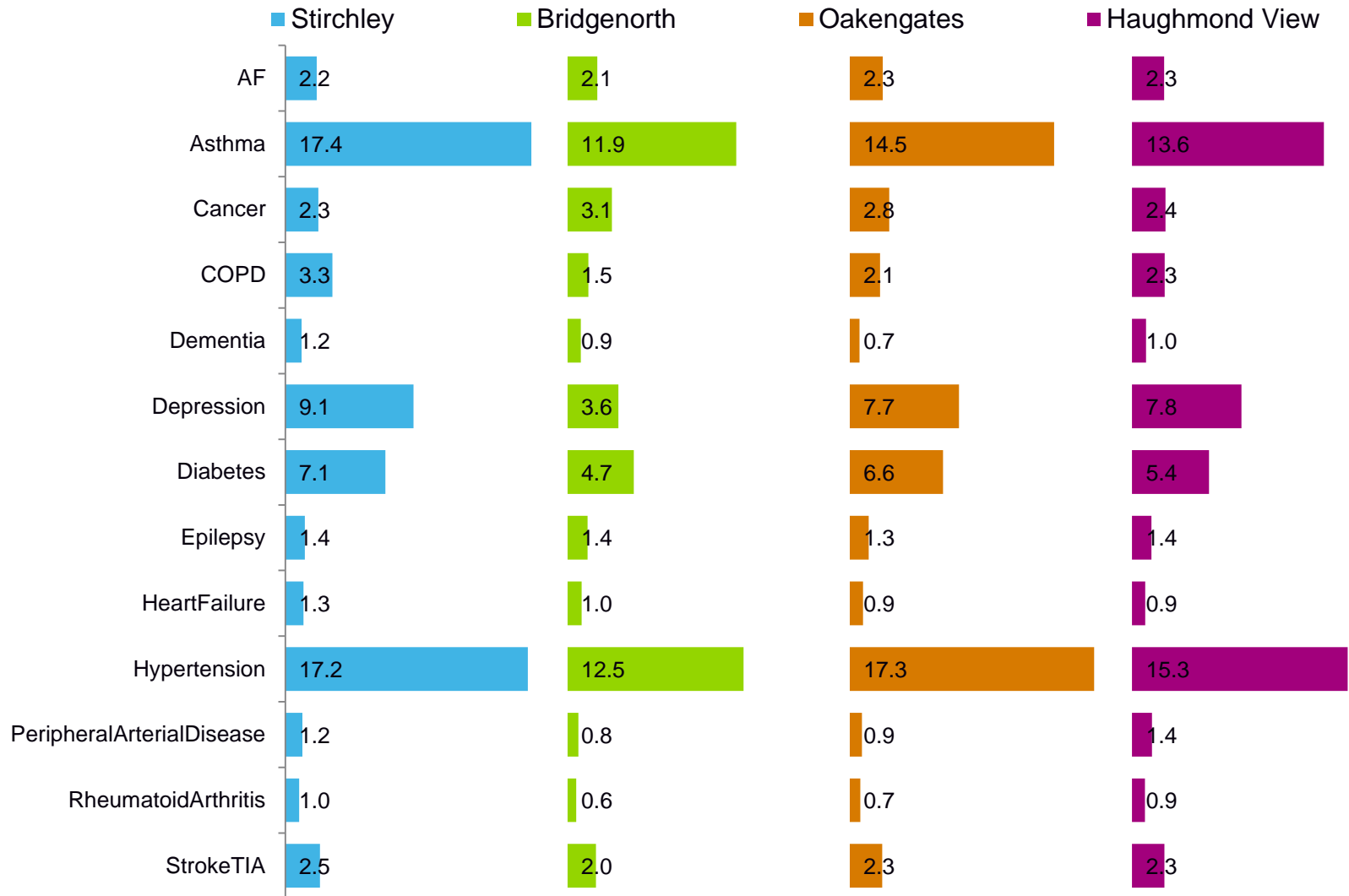
Long Term Condition - Prevalent Cases



Long Term Conditions – Crude Prevalence Rates / Patients



Long Term Condition – Age/Sex Standardised Rates / 100 Patients

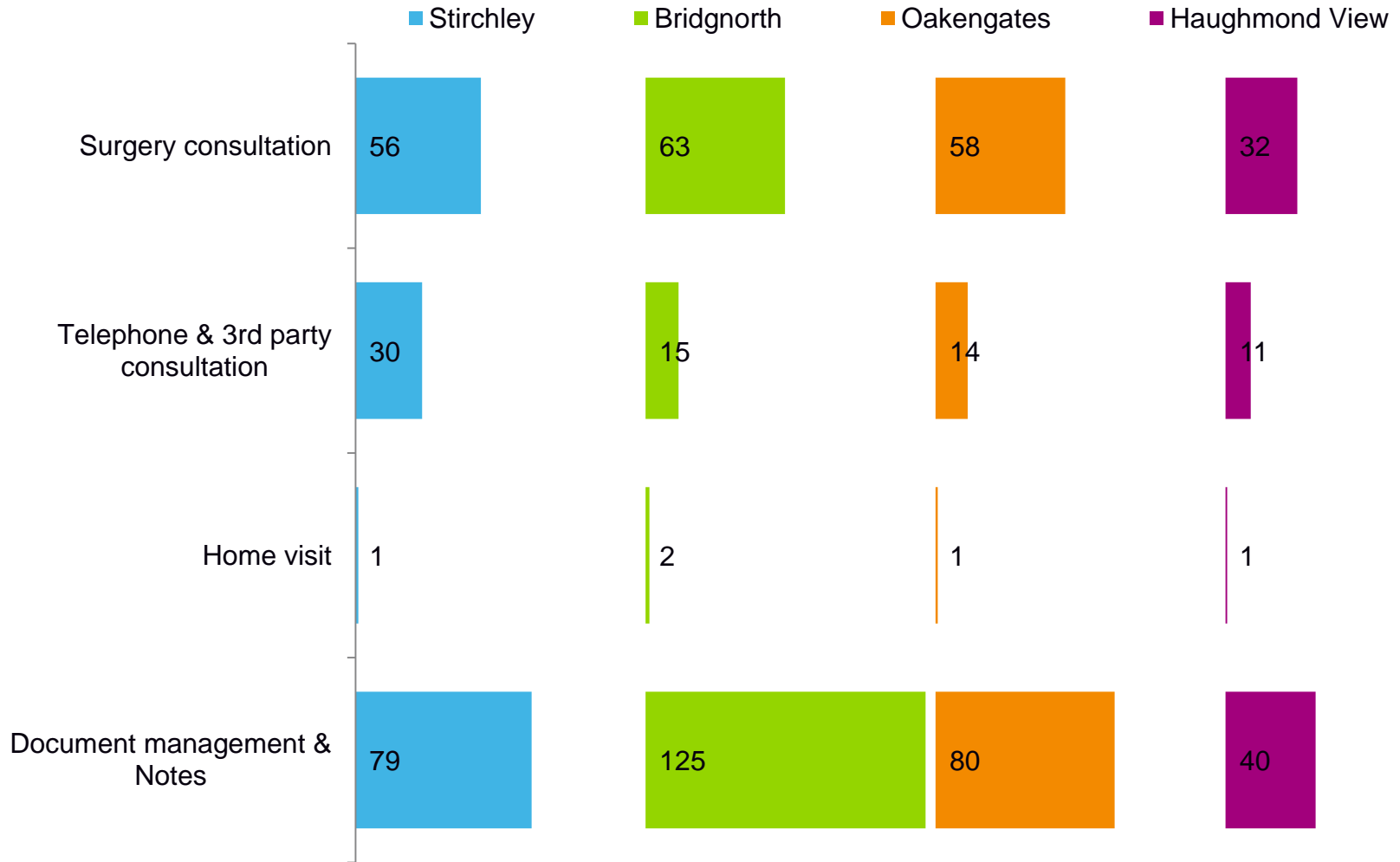




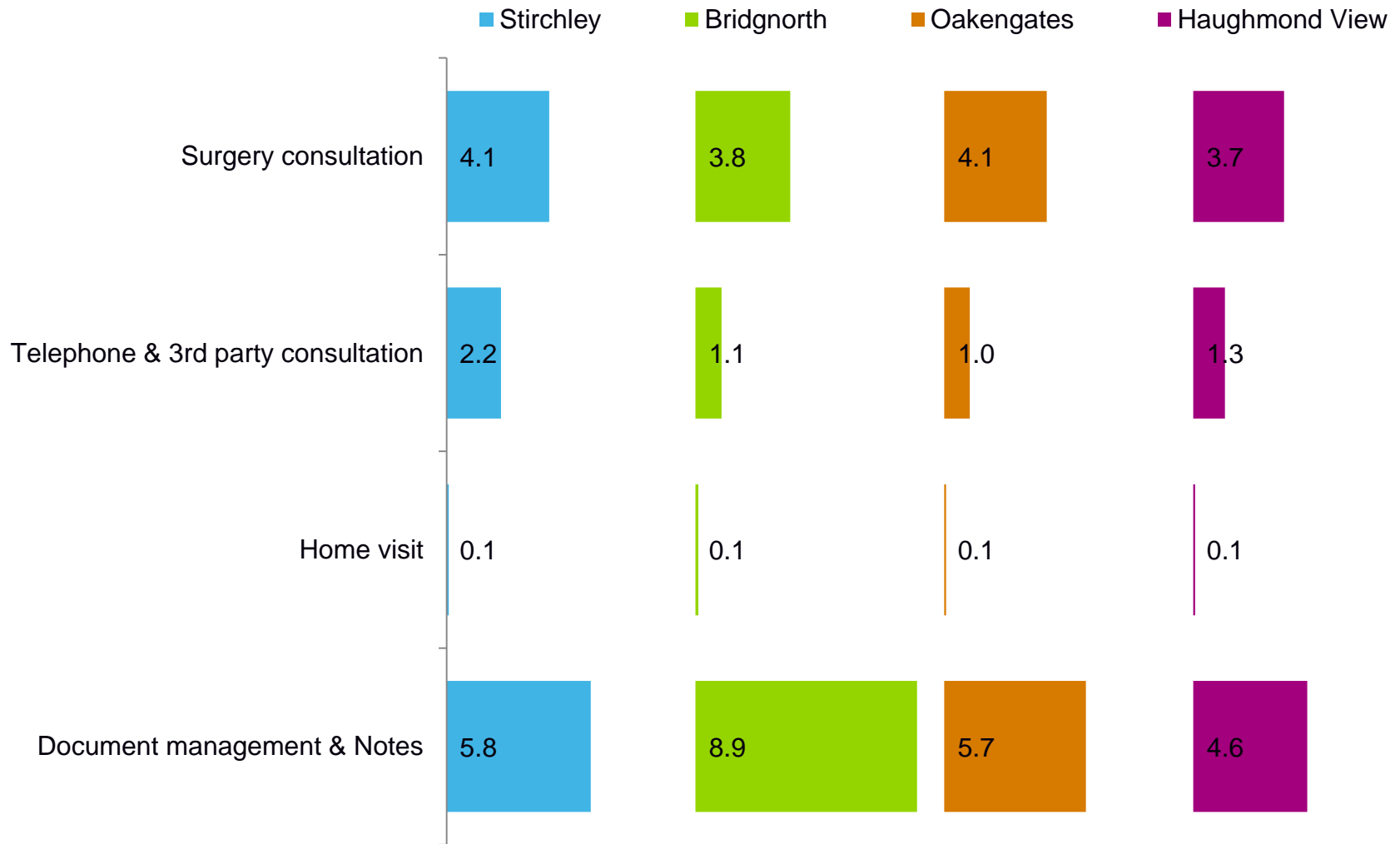
Patient Activities

Patient Activities – 2014/15 ('000s)

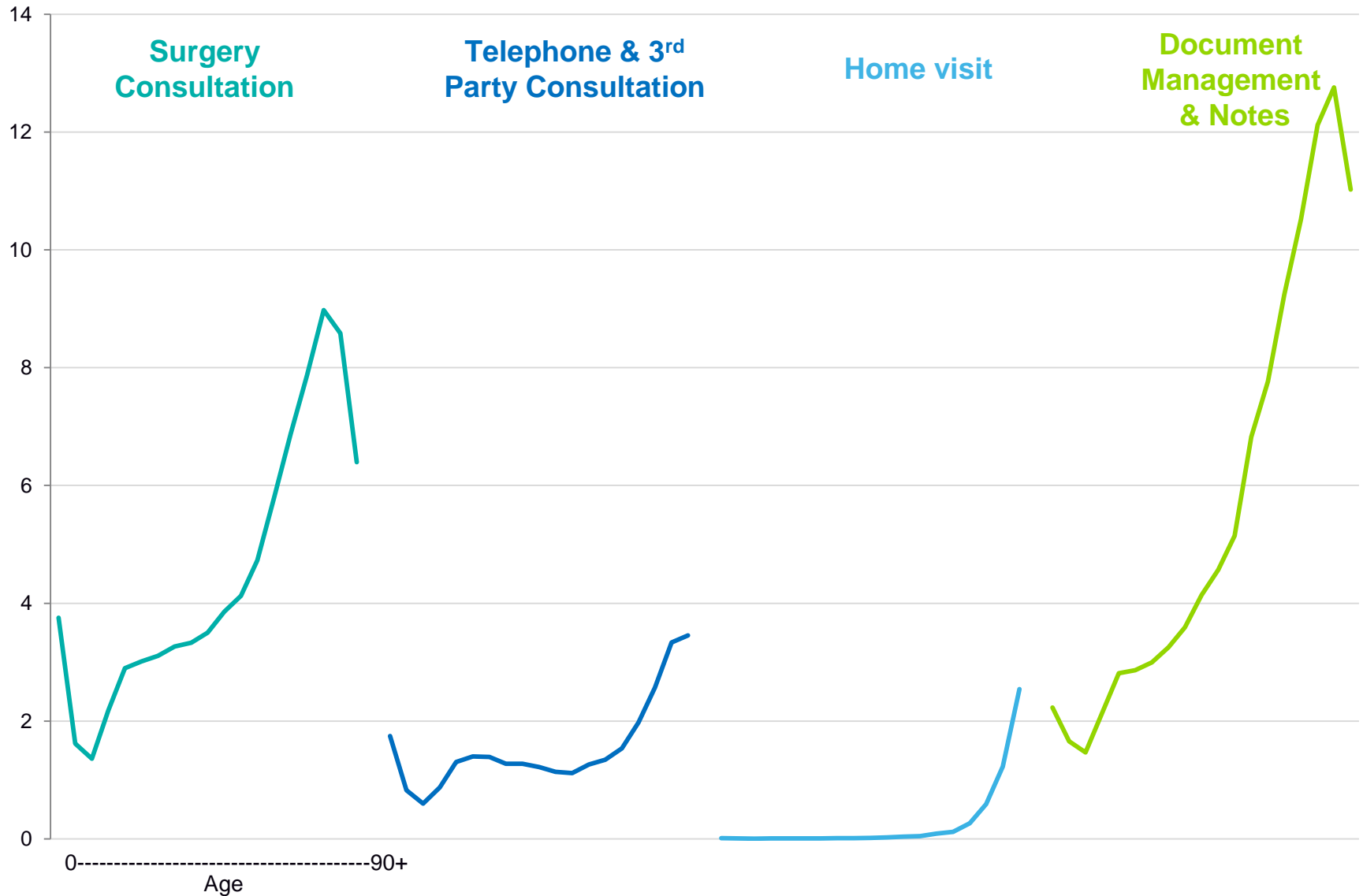
Derived from the EMIS 'consultation_type' field.



Patient Activities Crude Rates / Patient (2014/15)



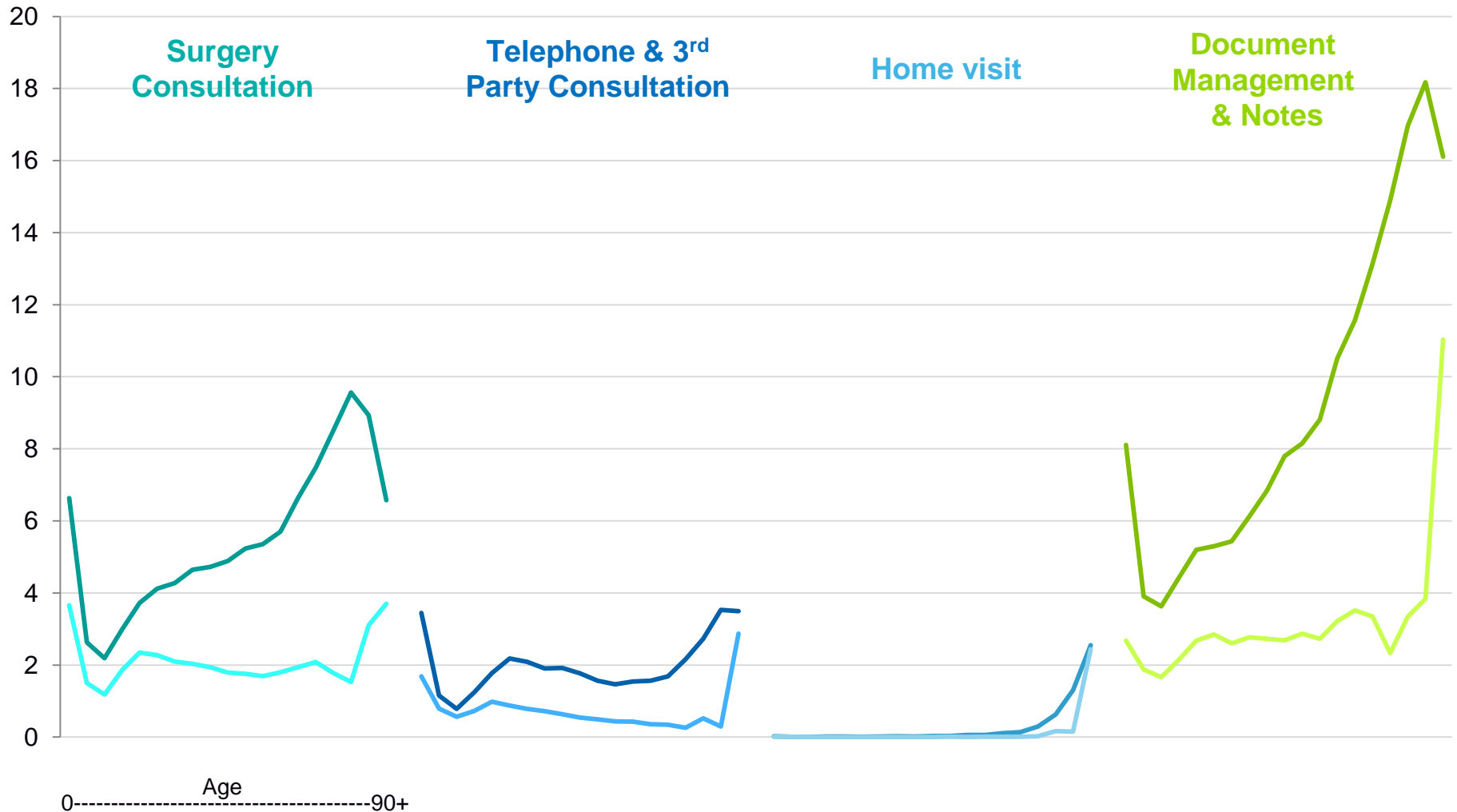
Patient Activities / Patient 2014/15 – Age Profile



Patient Activities / Patient 2014/15 – Age Profile

Darker shading – Patients with condition requiring substantial on-going management

Lighter shading – Patients without condition requiring substantial on-going management

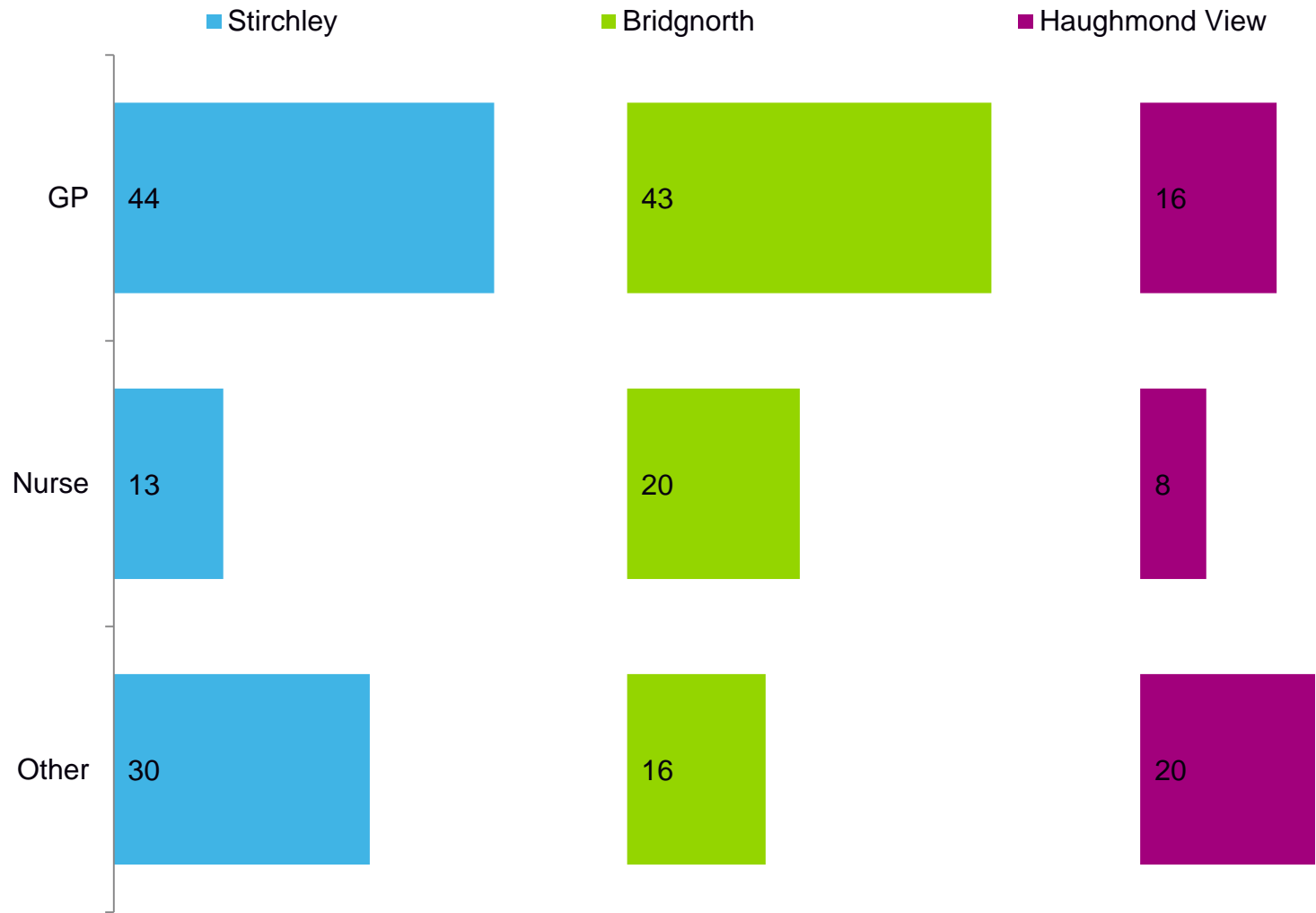


Patient Activities / Patient – Age/Sex Standardised rate (2014/15)



Consultations ('000s) by Staff Type

Staff type data not available for Oakengates



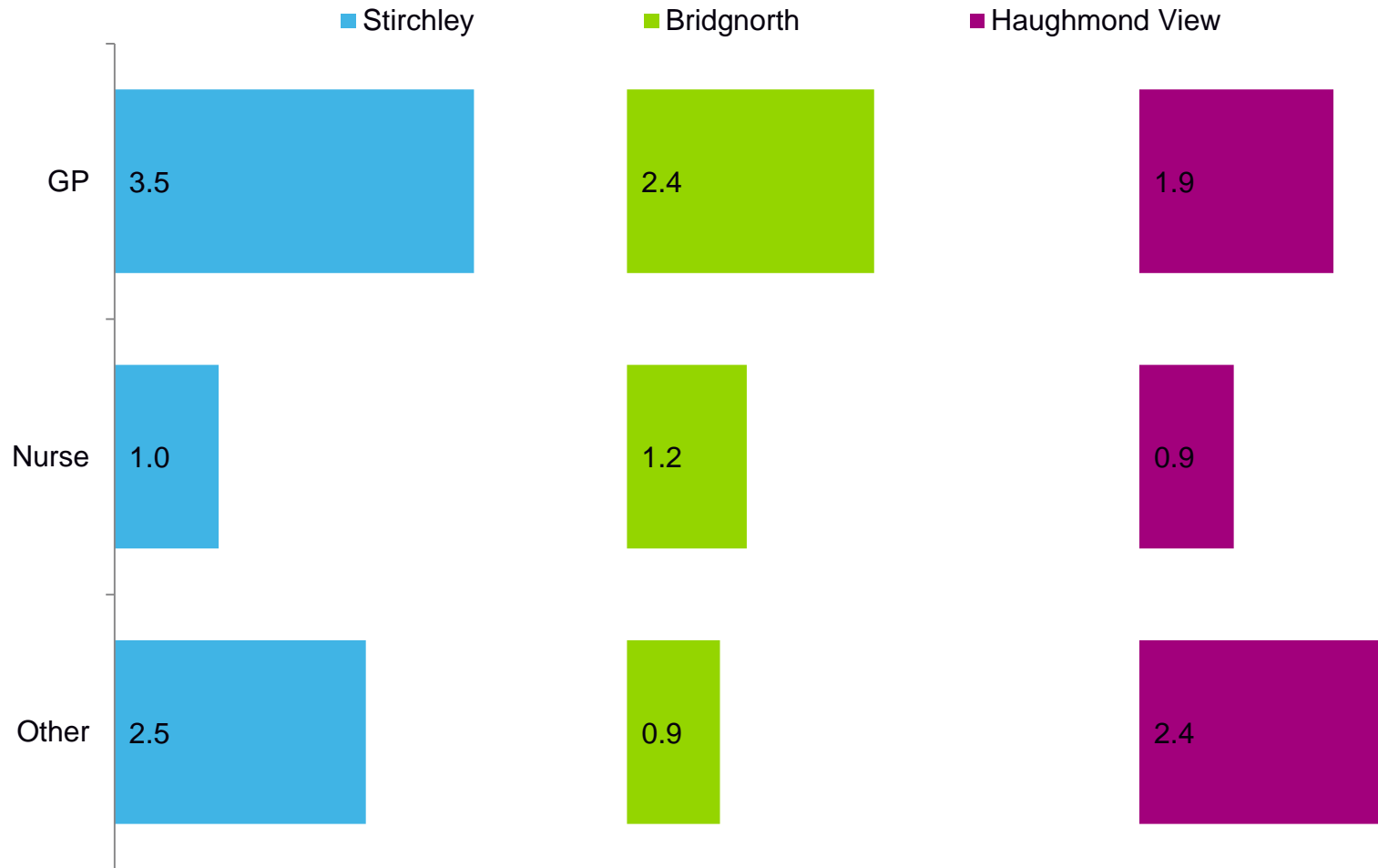
Consultations by Staff Type Crude Rates / Patient (2014/15)

Staff type data not available for Oakengates



Consultations by Staff Type - Age/Sex Standardised rate (2014/15)

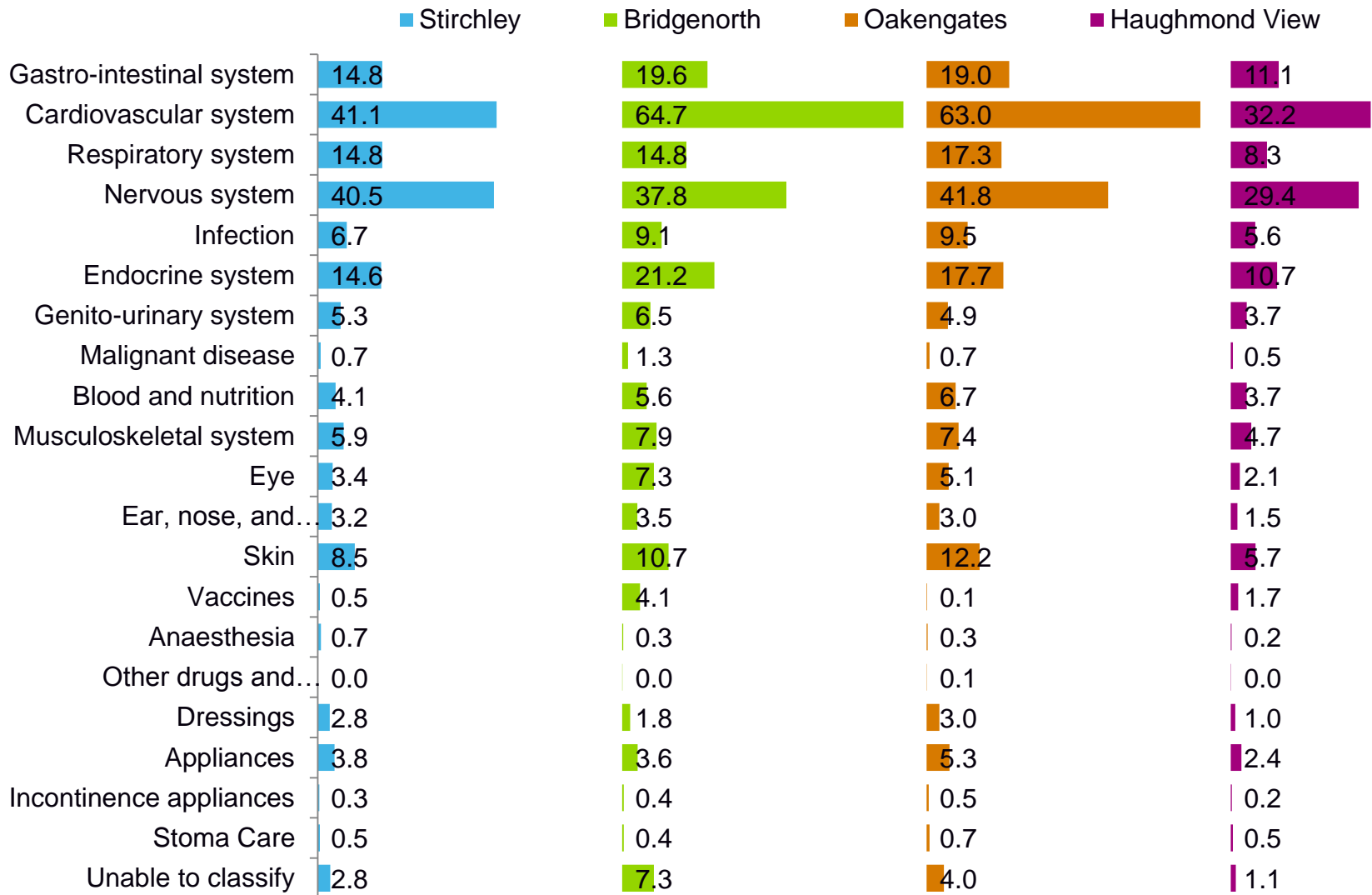
Staff type data not available for Oakengates





Prescriptions

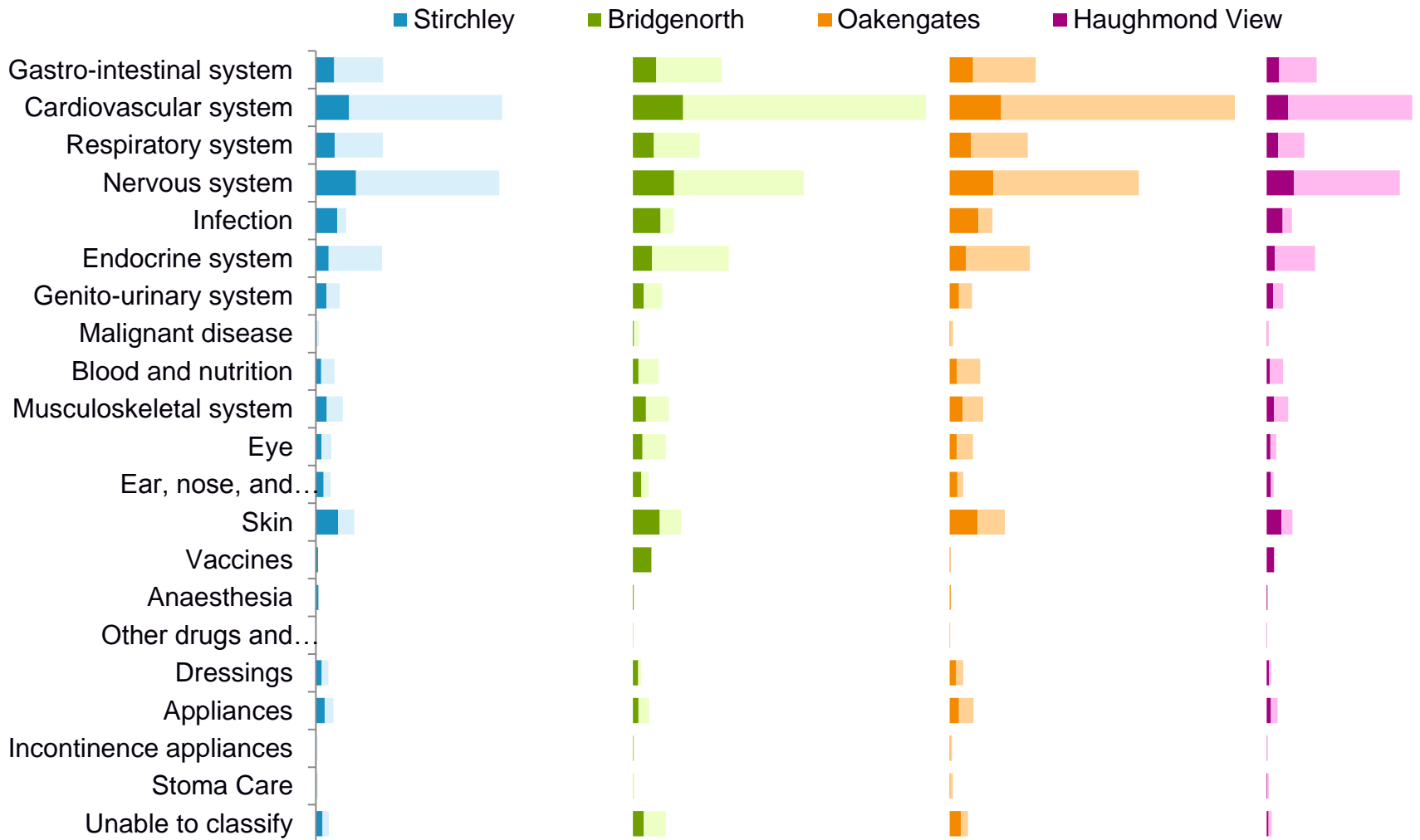
Prescriptions Issued 2014/15 ('000s) – by BNF Chapter



Prescriptions Issued 2014/15 ('000s) – by BNF Chapter

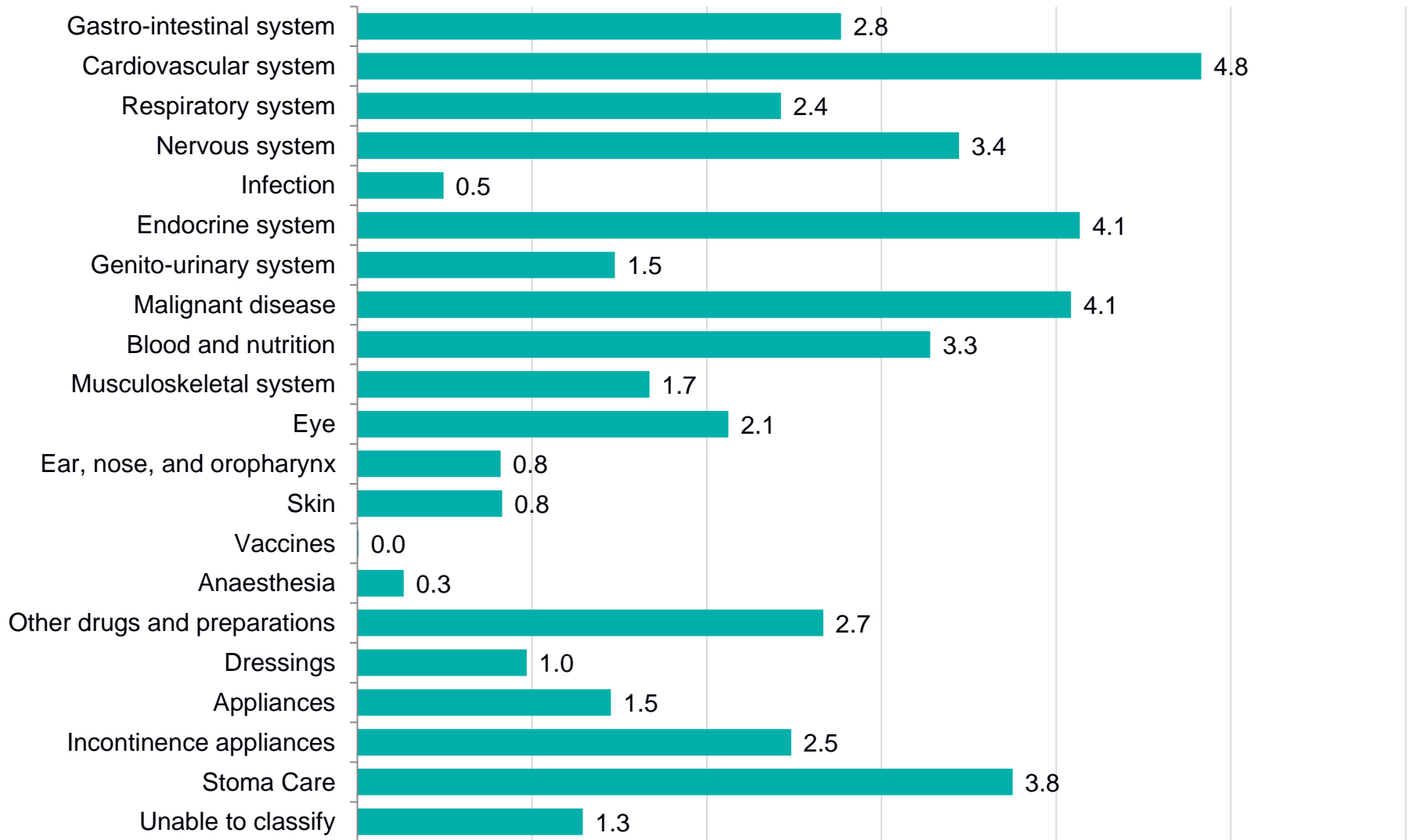
Darker shading – First issue to patient in 2014/15

Lighter shading – Subsequent issue to patient in 2014/15

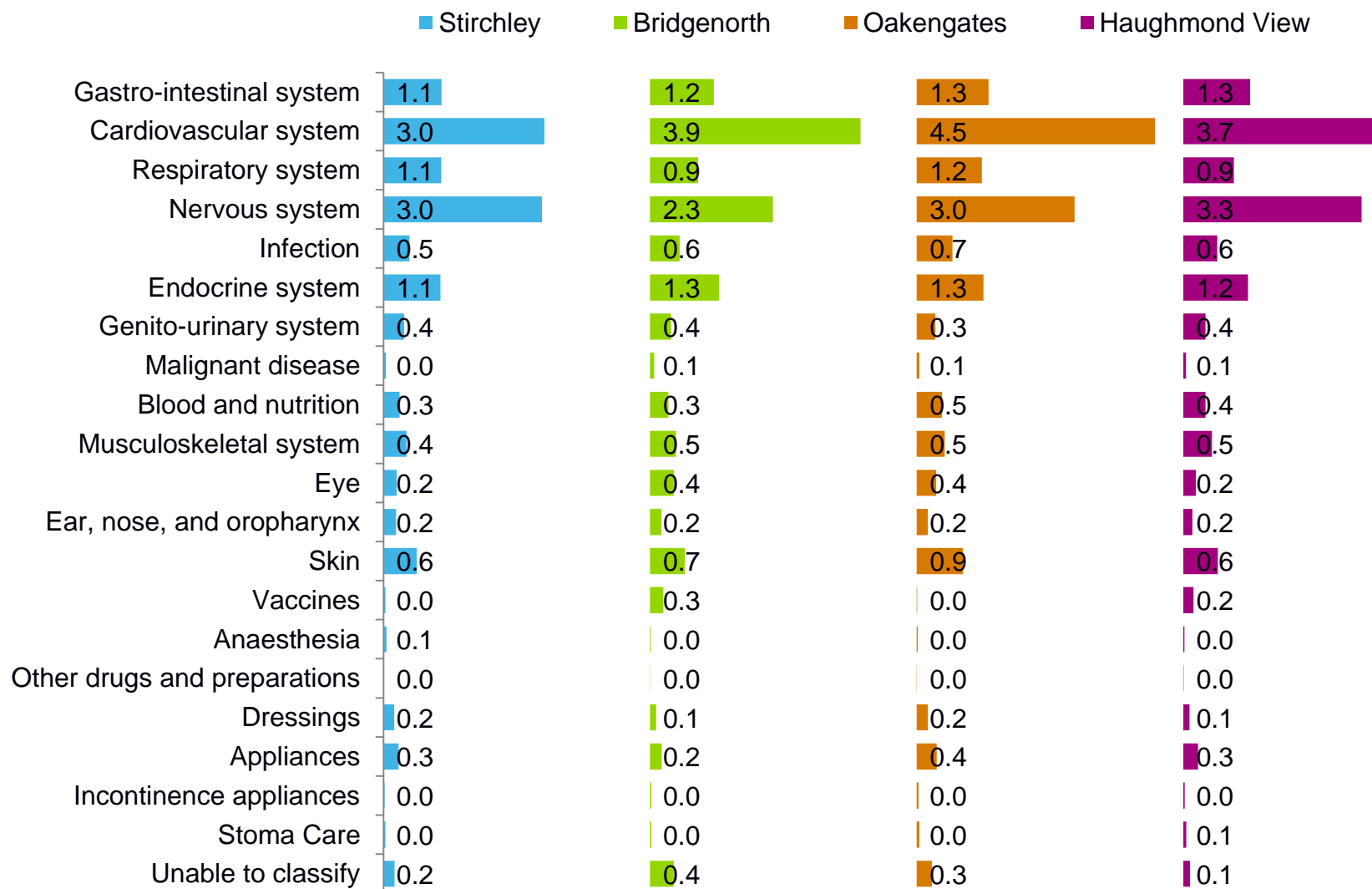


Prescriptions Issued 2014/15 – by BNF Chapter

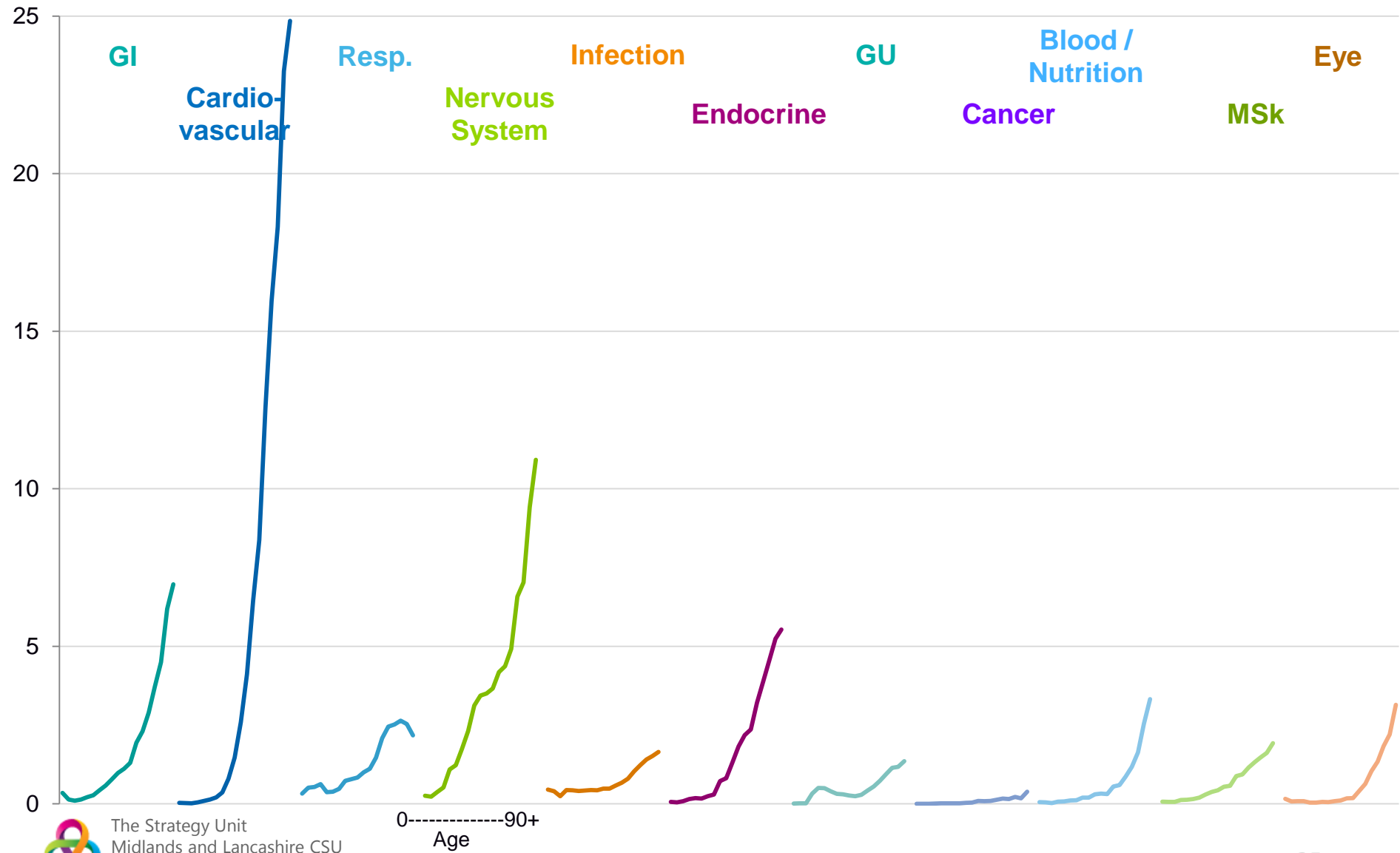
Ratio of Subsequent to First Issue in 2014/15



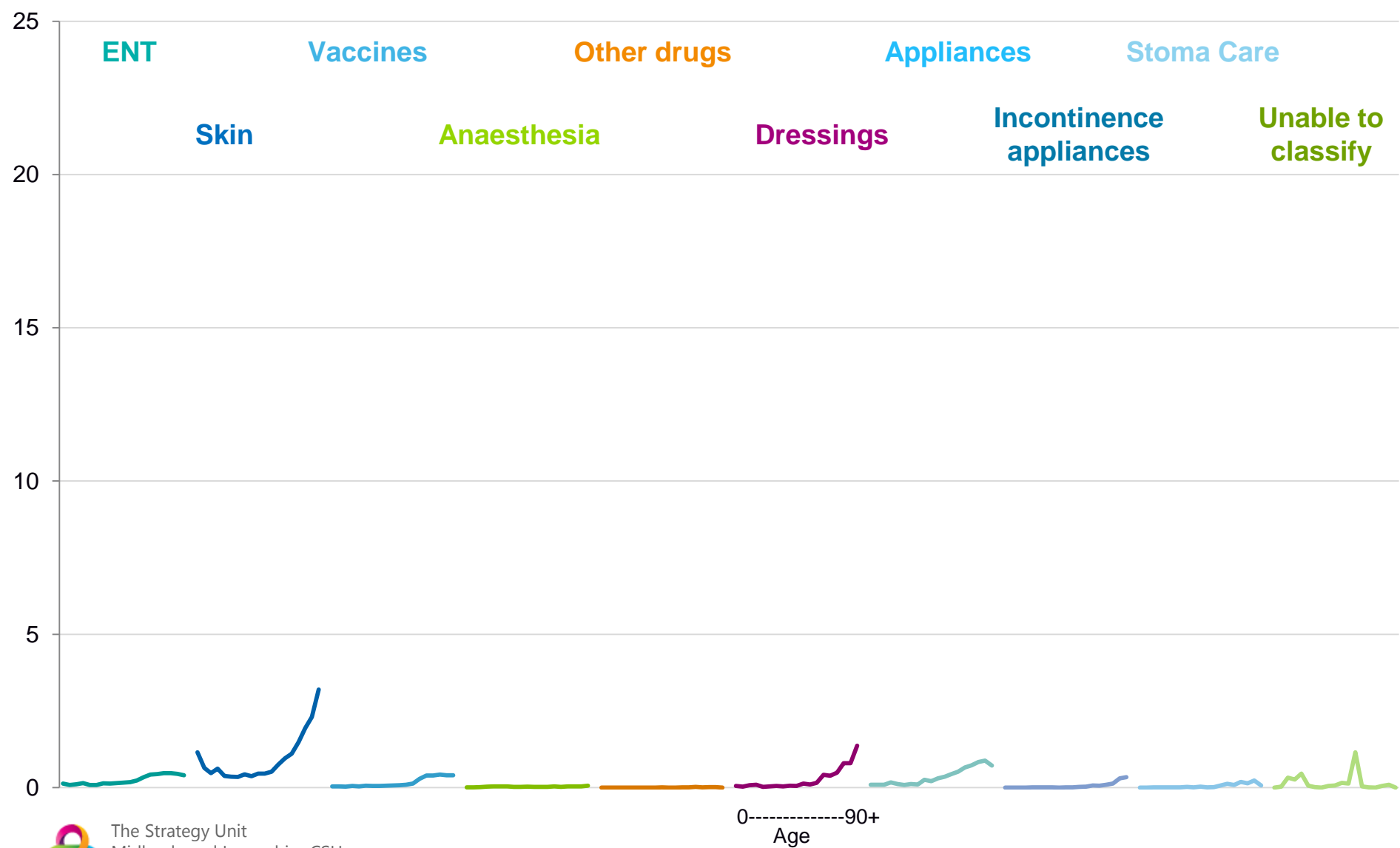
Prescriptions Issued – Crude rates / patient 2014/15 – by BNF Chapter



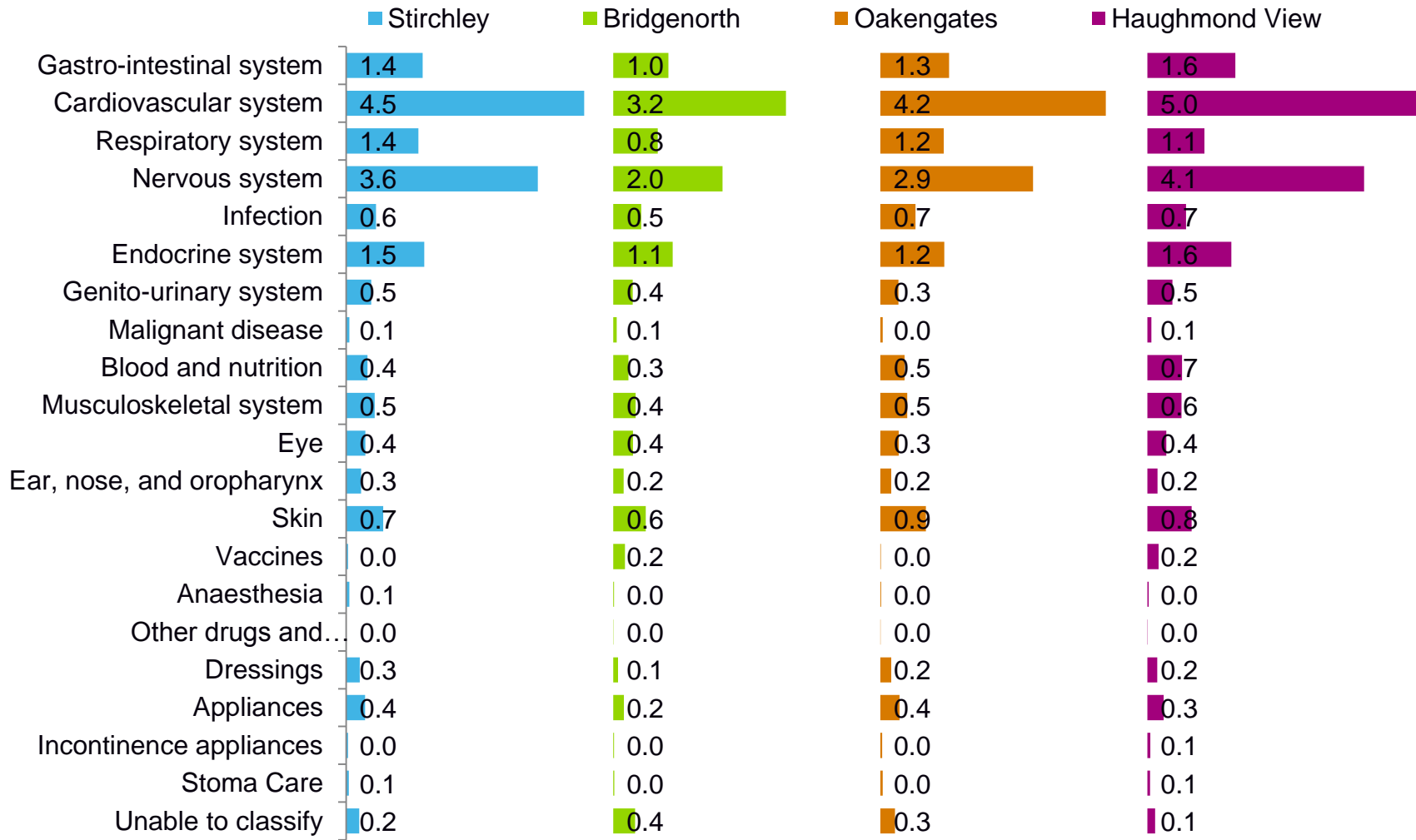
Prescriptions Issued per Patient – Age Profile – by BNF Chapter (1)



Prescriptions Issued per patient – Age Profile – by BNF Chapter (2)



Prescriptions Issued / patient – Age/Sex Standardised rates – 2014/15



For questions relating to this paper, please contact;

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Appendices

Sources of Primary Care Activity

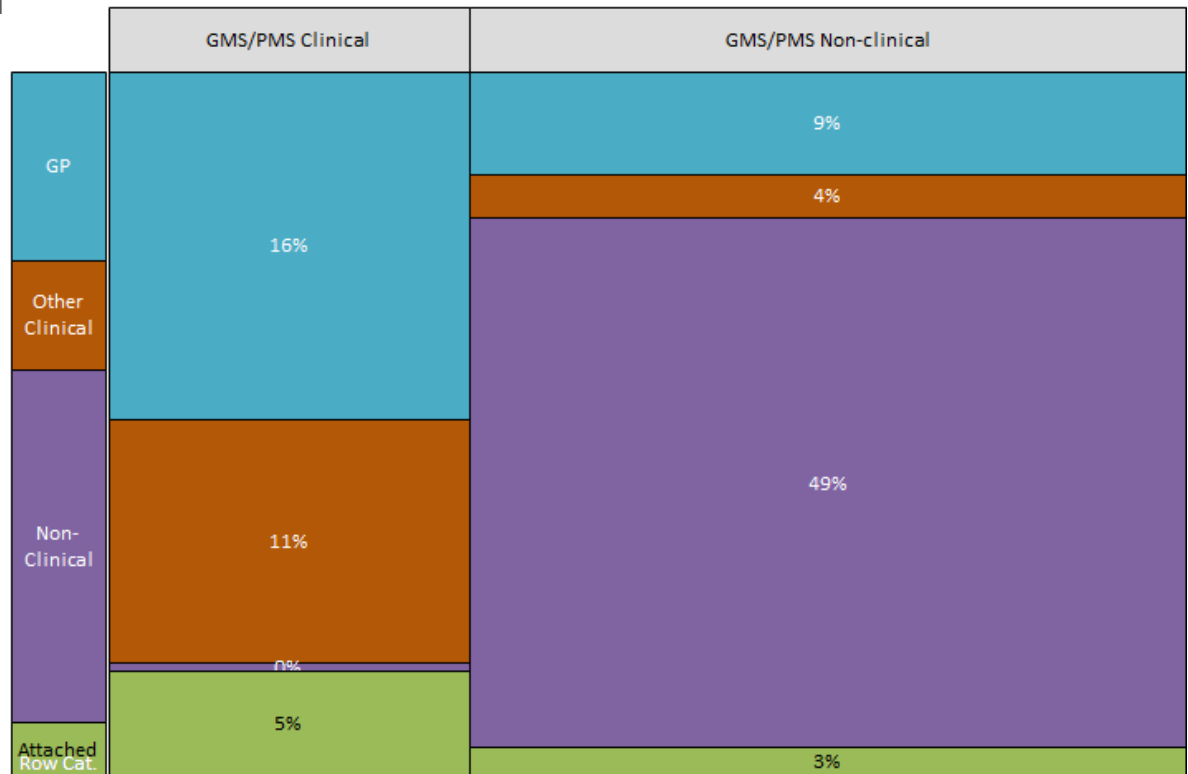
	Synthetic Estimates From Surveys	EMIS Extracts	Graphnet Extracts
Description	Apply activity rates from QResearch & GP Workload Survey to create estimates for Shropshire and Telford.	Structured extracts from GP practice systems	Unstructured extracts from GP practice systems via third party (Graphnet)
Advantages	<ul style="list-style-type: none"> No new data or extracts required 	<ul style="list-style-type: none"> Direct representation of data in GP systems Metadata available 	<ul style="list-style-type: none"> Extracts readily available Work to date
Disadvantages	<ul style="list-style-type: none"> Somewhat out of date. Work required to estimate changes since latest surveys Would require assumption that age/sex specific activity rates per patient are similar to national average Does not support patient data linkage to other sectors 	<ul style="list-style-type: none"> Differences in recording practice need to be accommodated in any reporting. Requires new agreement with EMIS & practices Cost implications New data extract required 	<ul style="list-style-type: none"> Differences in recording practice need to be accommodated in any reporting Loss of data structure – additional processing required No mapping of drugs to BNF Chapters No staff type mappings

Practice Activity Extraction Method

- Encounters data did not exist in the current Risk Strat specification. Extract for encounters data completed by GraphNet which is currently separate to the ongoing extracts
- Includes current patients only, no patient history for the 3 pilot practices
- All contact information is mapped to the patient's current GP practice. Both practice staff and patients will move between GP practices
- Encounter data will contain anything that has happened to a patient be it Docman scanned documents, administrative tasks, hospital visits, telephone contacts, third party contacts, WIC as well as physical face to face contacts with practice staff
- Extract includes;
 - StaffRole e.g. Admin Note, GP Surgery, Nursing Home Visit, etc
 - StaffCode \approx Staff member name or "Locum"

GP Workload Survey – 2006/7 (1)

Data included in this report represents only a small subset of all GP Practice activity. The chart below and on the following slide were derived from the 2006/7 GP workload surveys and provide some indication of the types and relative scale of GP practices activities.



GP Workload Survey – 2006/7 (2)

Breakdown on Practice – Non-clinical work

