Transforming health and social care: information and information services

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Health and Social Care data: Information crossing the stages of life

Underpinning of the transformation health and social care in Scotland

with data, research and intelligence

What do the trends reveal?

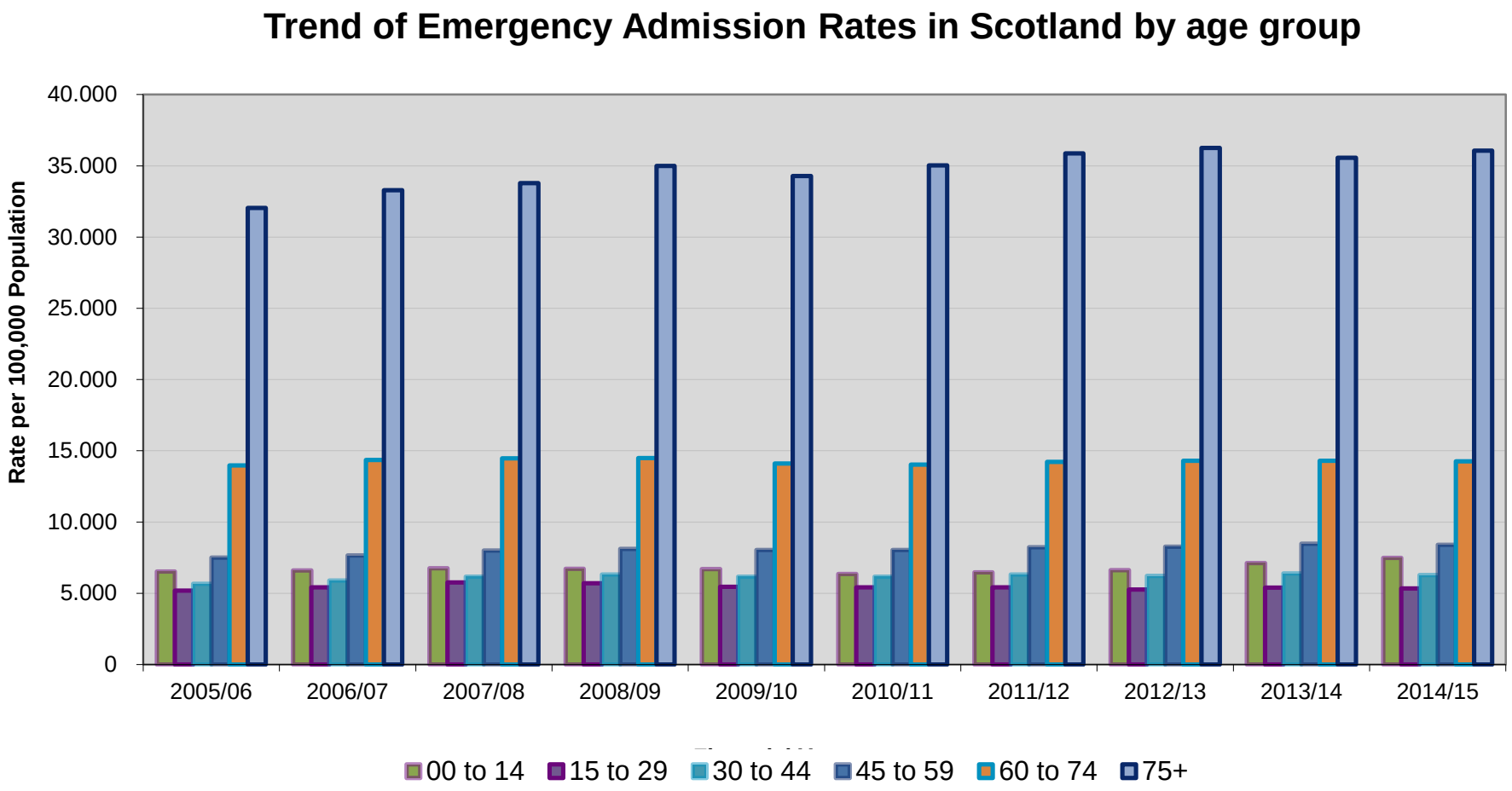
Is there unnecessary variation?

Are we supporting people equitably?

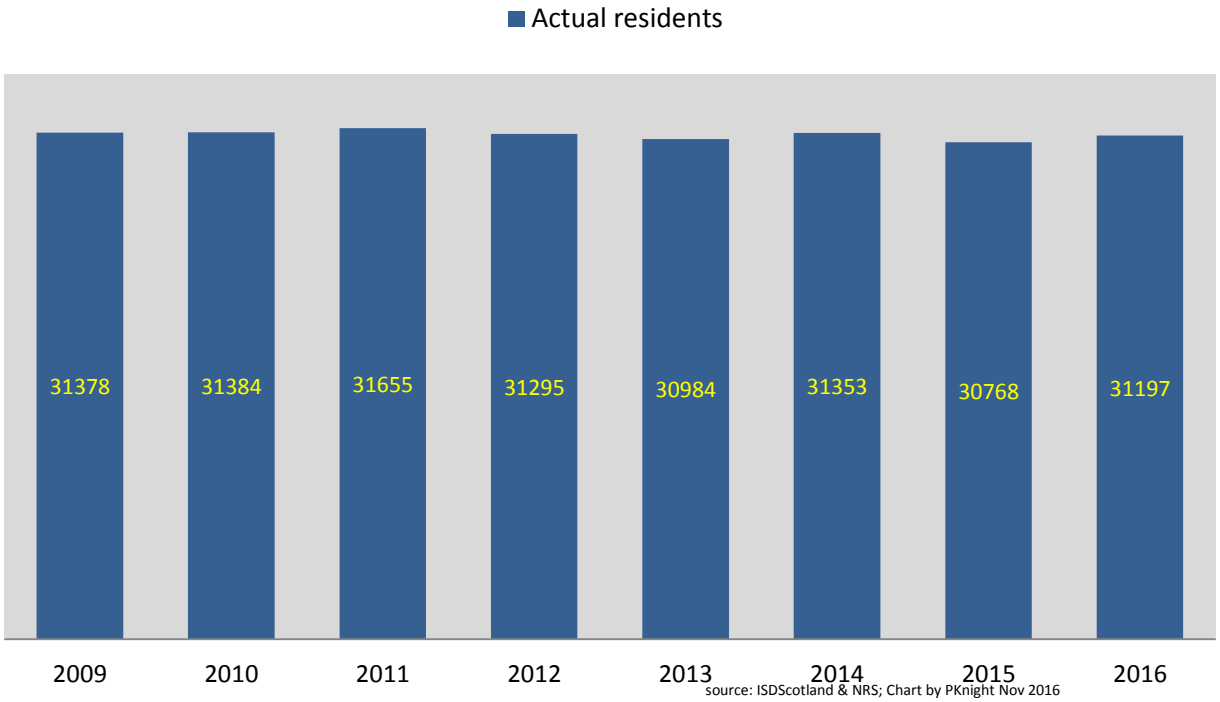
What is the anticipated demand?

How do we shape our support and care?

Affordability and choices?


Trend of Emergency Admission Rates in Scotland by age group
Rate per 100,000 Population
40.000
35.000
30.000
25.000
20.000
15.000
10.000
5.000
0
2005/06
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
00 to 14
15 to 29
30 to 44
45 to 59
60 to 74
75+

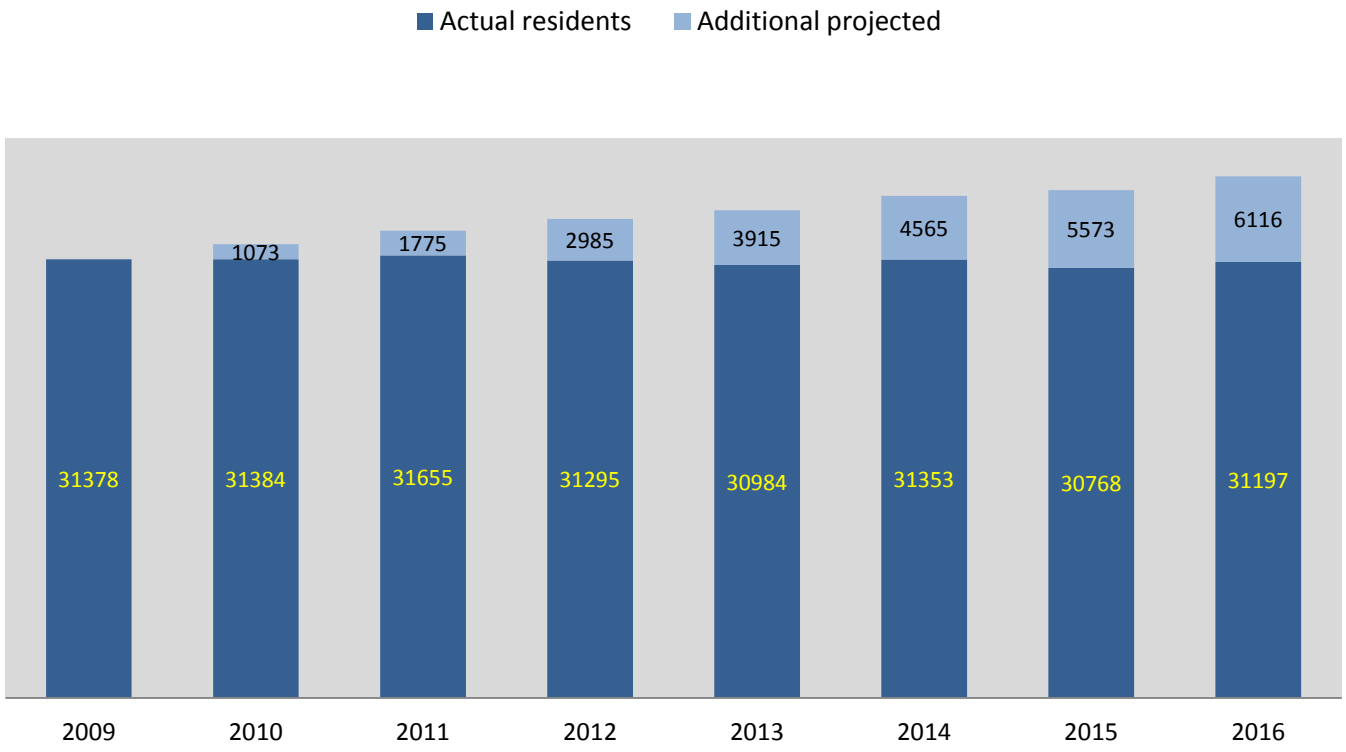
Care home residents aged 65+ Scotland



source: ISDScotland & NRS; Chart by PKnight Nov 2016

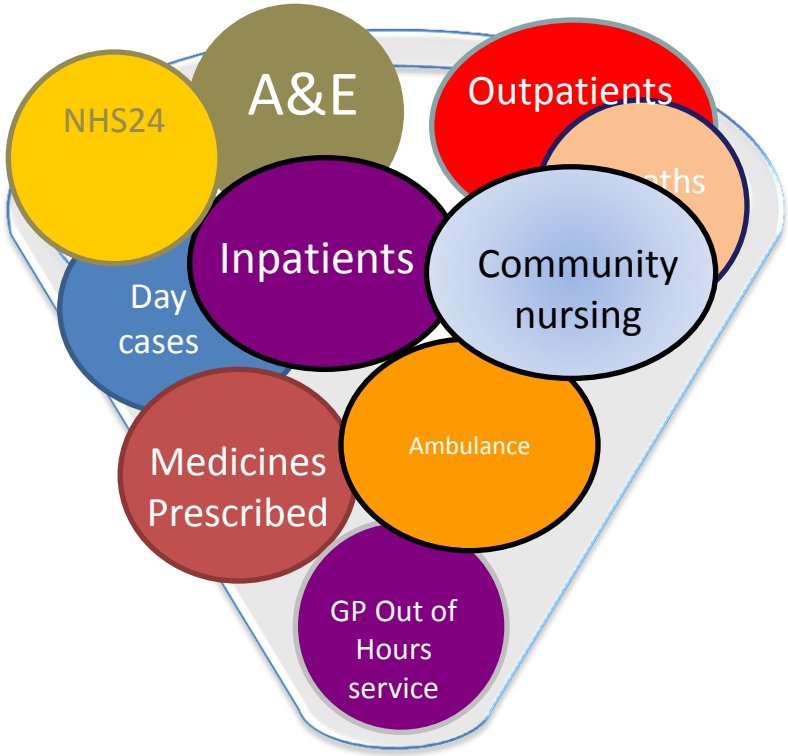
Care home residents aged 65+ Scotland

Comparison of actual vs projected (2009 base year)



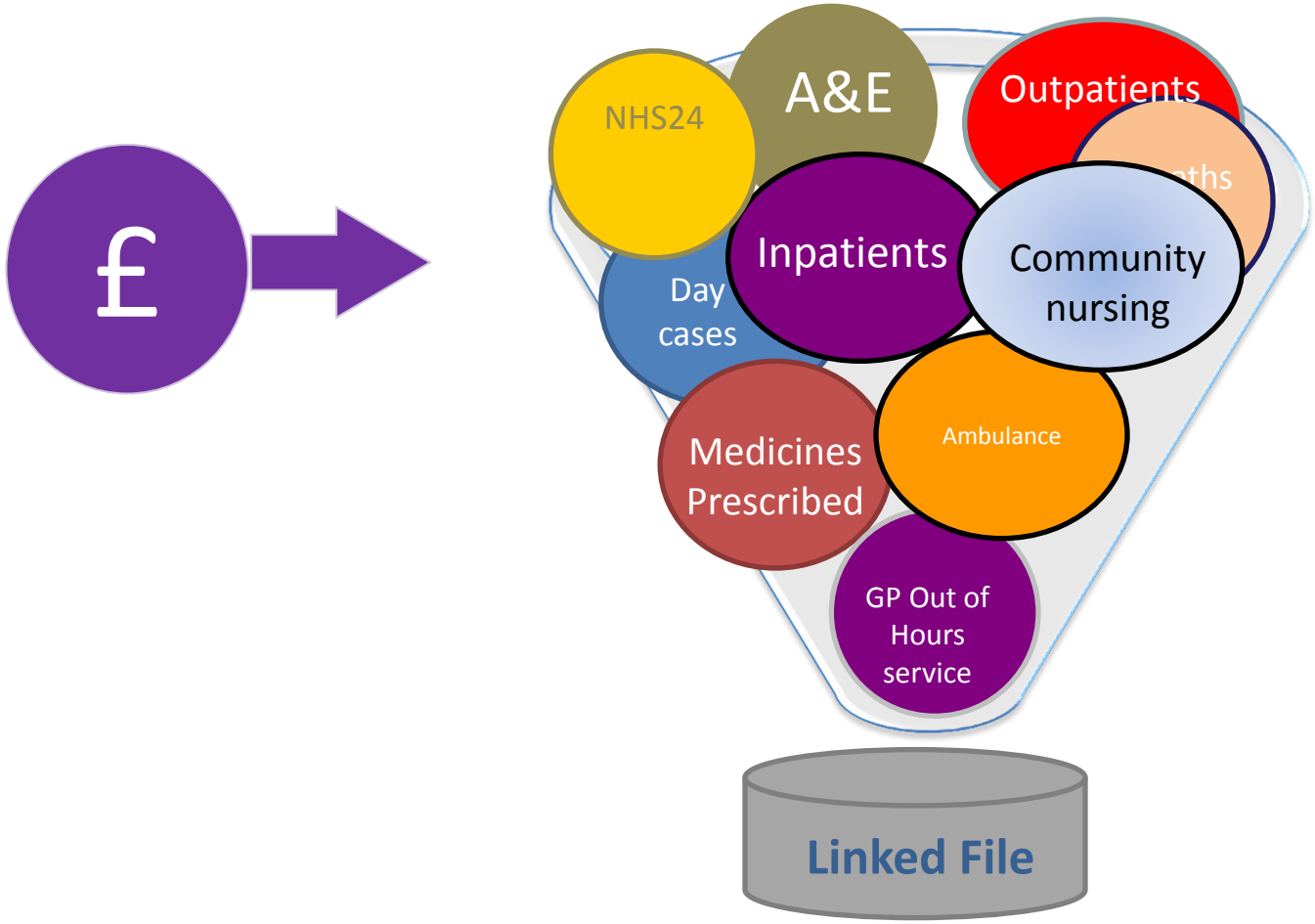
source: ISDScotland & NRS; Chart by PKnight Nov 2016

Linked health and social care data

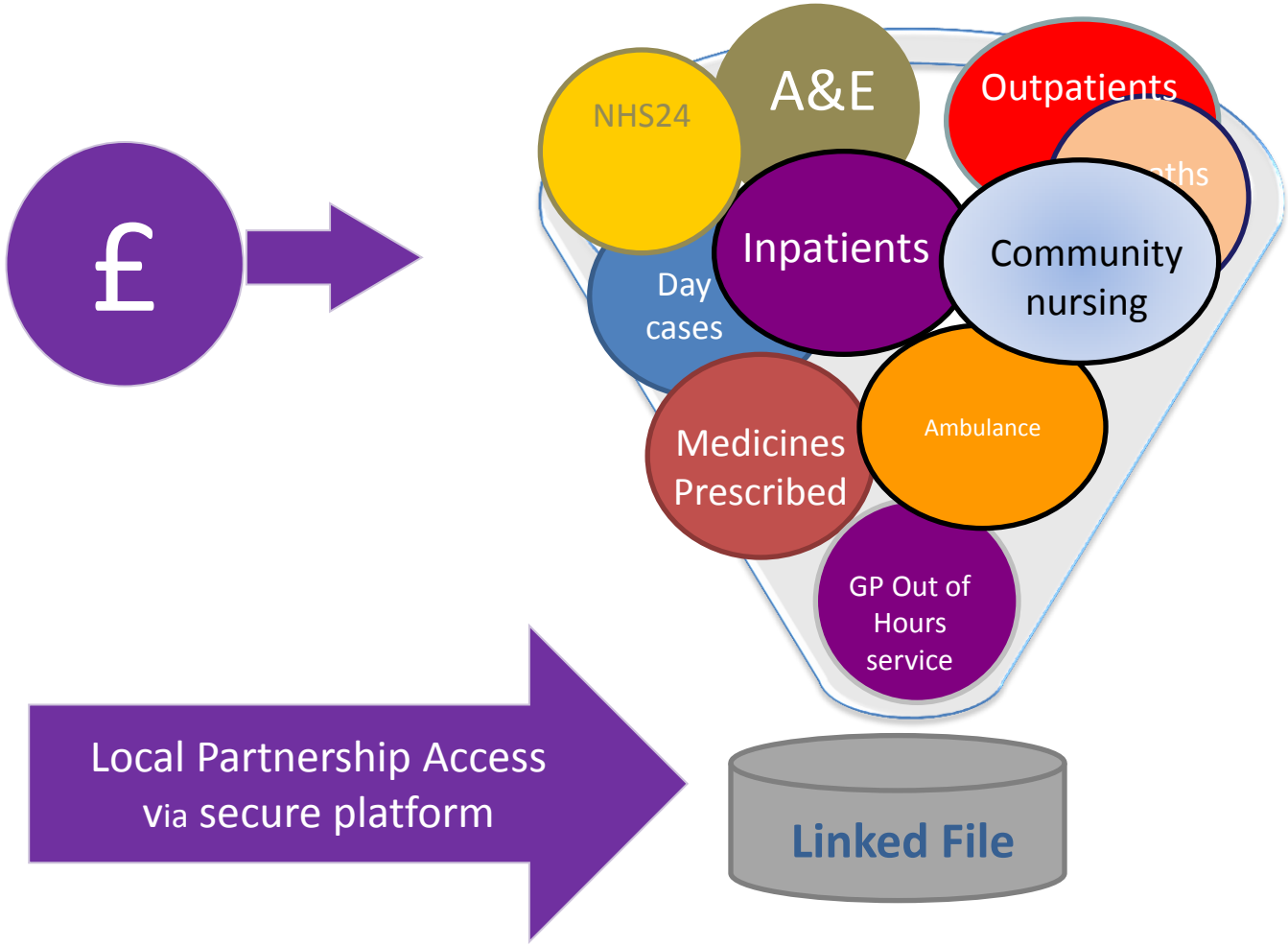


Access via secure platform

Linked health and social care data



Linked health and social care data



Example of an individual pathway

NHS National Services Scotland

Social Care Notes £1200

Social Care Assessment (1)
- By locality team
- Reablement
- Community alarm
- £600

Social Care Assessment (2)
- Crisis care home package
- 73 days
- Cost £3,400

May	June	July	August	September	October

Hospital Admission
- Emergency admission – hosp X - general medicine
- Abdominal swelling requiring minor intervention
- Discharge to own home
- 4 days
- £1,200

Outpatient
- GP referral
- Palliative medicine consultant
- Visit at home
- Cost £160

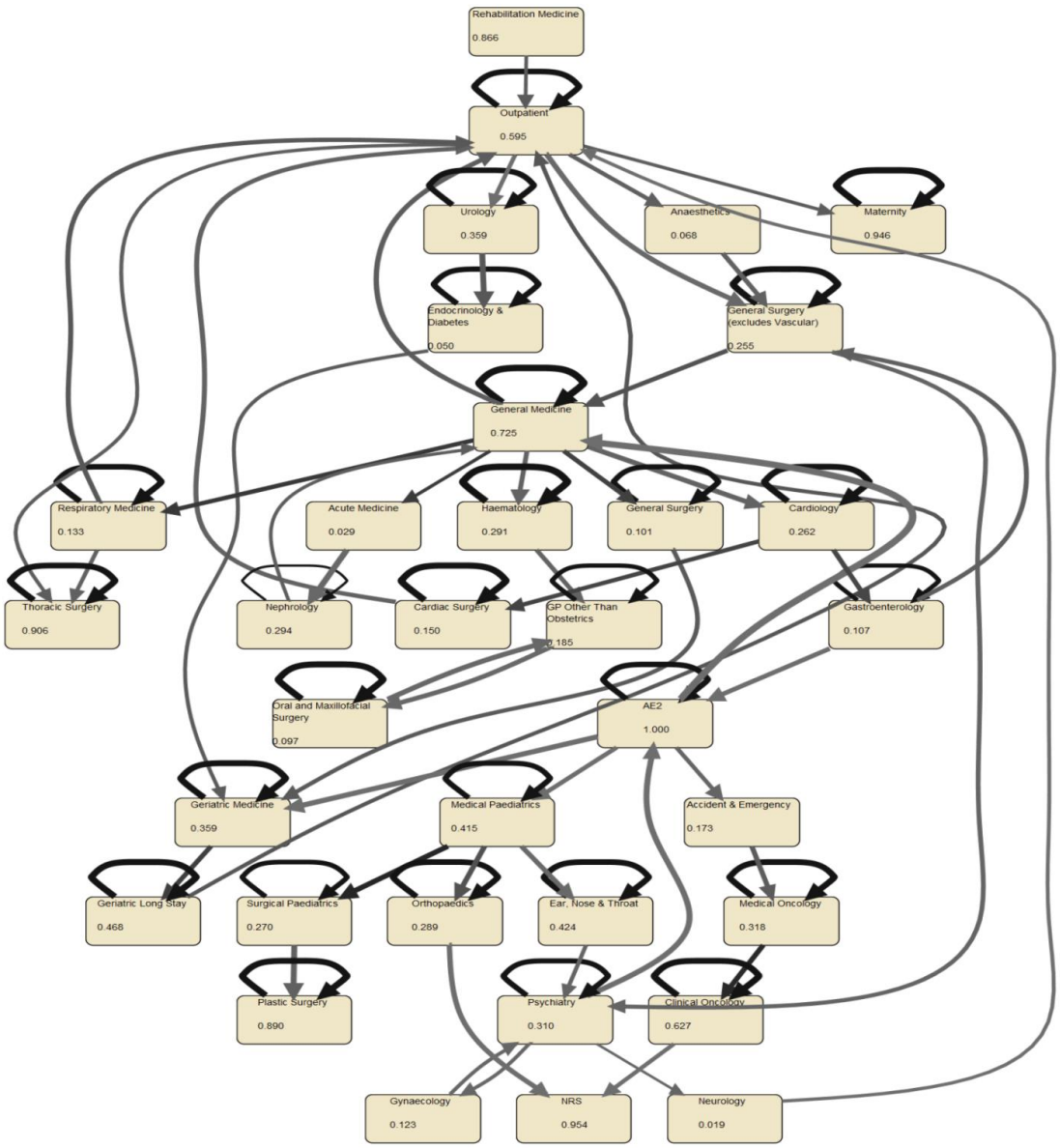
Death
- In the care home
- Liver cancer

GP Prescribing
- £500

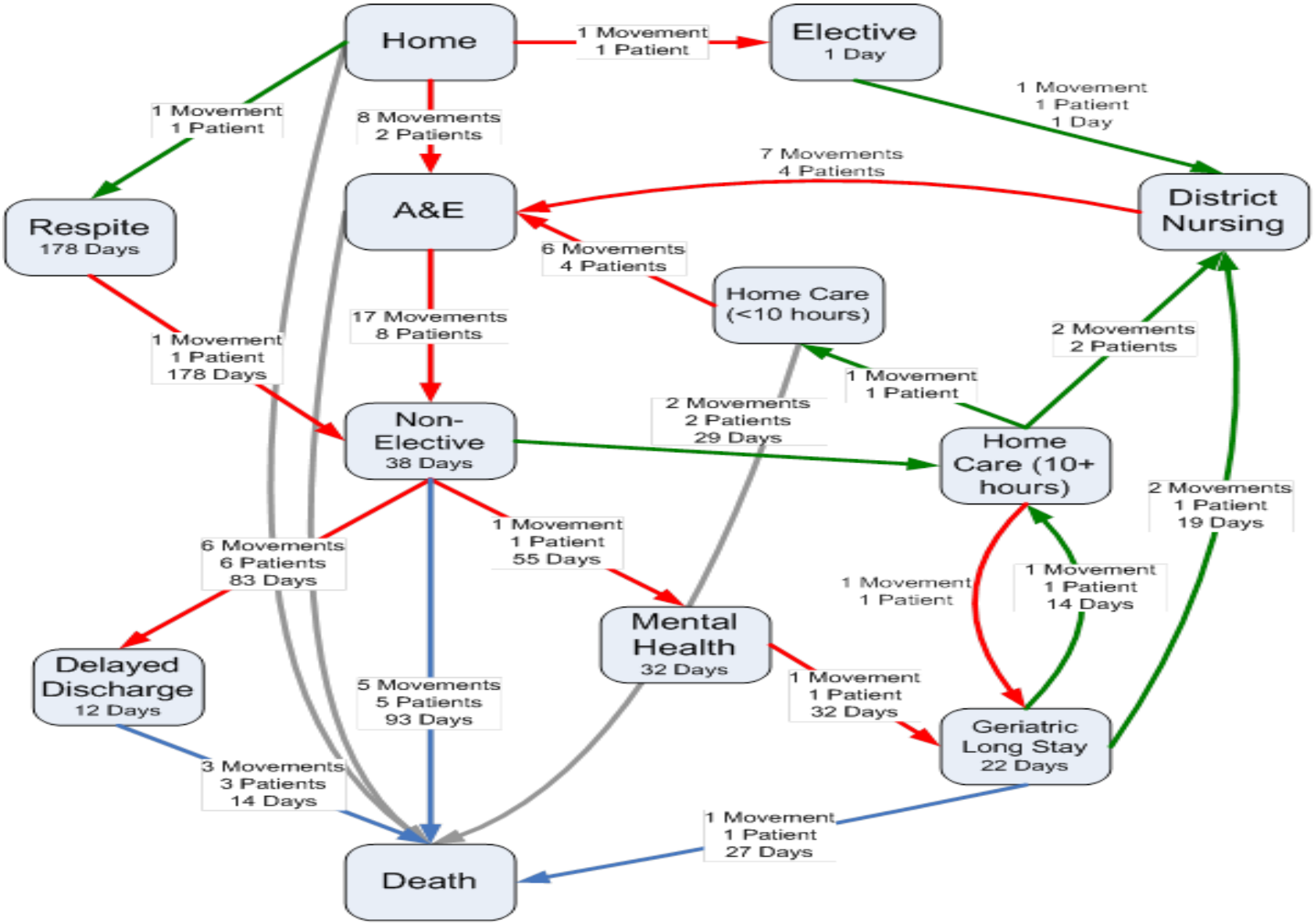
Pathways Aims

- Provide partnerships with models reflecting flow
  People, activity, costs and outcomes
  - By population
- Partnerships invited to use these models to
  - Evaluate current care pathways
  - Establish alternative models
  - Support engagement
- Potential for service redesign/ (dis)investment decisions

Geriatric Pathway



Practice 1 - pathways



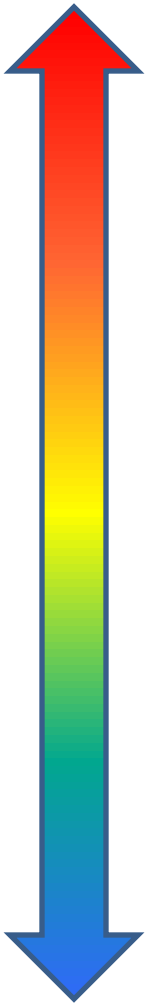
Classification – Population

- Consider key patient characteristics of age, living status, clinical
- Separate population into groups of distinct health priorities (and measures of optimisation)
- Modified and applied in British Colombia in form of the *Blue Matrix*

Classification – Population

- End of Life
- Frailty
- High complex chronic conditions
- Maternity and healthy newborns
- Mental health
- Substance use
- Medium complex chronic conditions
- Low complex chronic conditions
- Child and youth non-chronic conditions
- Adult non-chronic conditions
- Healthy
- Non-user

Highest care needs



Lowest care needs

Towards last years of life

Living with chronic conditions and disabilities

Getting better

Staying healthy

Why High Health Gain?

- **New GMC contract for GPs**
- **The introduction of the Transitional Quality Arrangements (TQA)**
- **ISD was commissioned to support the TQA**
- **Measures and data required for the TQA:**

1. Practice extracted data: READ codes for diseases, disease metrics and preventative prescribing

2. Data from out with the practice

prescribing, referrals registrations and patients with potential for High Health gain

High Resource Individuals

- **Increasing interest in**
  - Small proportion of population using disproportionate share of resource

- **Improve care and co-ordination of care**
  - Better outcomes
  - Enhanced patient experience
  - Reduce costs

- **Achieved by thorough understanding of**
  - Demographics
  - Clinical characteristics
  - Risk factors of the group

High Resource Individuals – The Facts (1)

- Approx 2% population use 50% (£2.5bn) of Hospital and GP Prescribing Expenditured (£5bn)
- Just over 100,000 people
- In 2014/15 median expenditure
  - ✓ £18,000pp compare to
  - ✓ £135 for other service users

High Resource Individuals – The Facts (2)

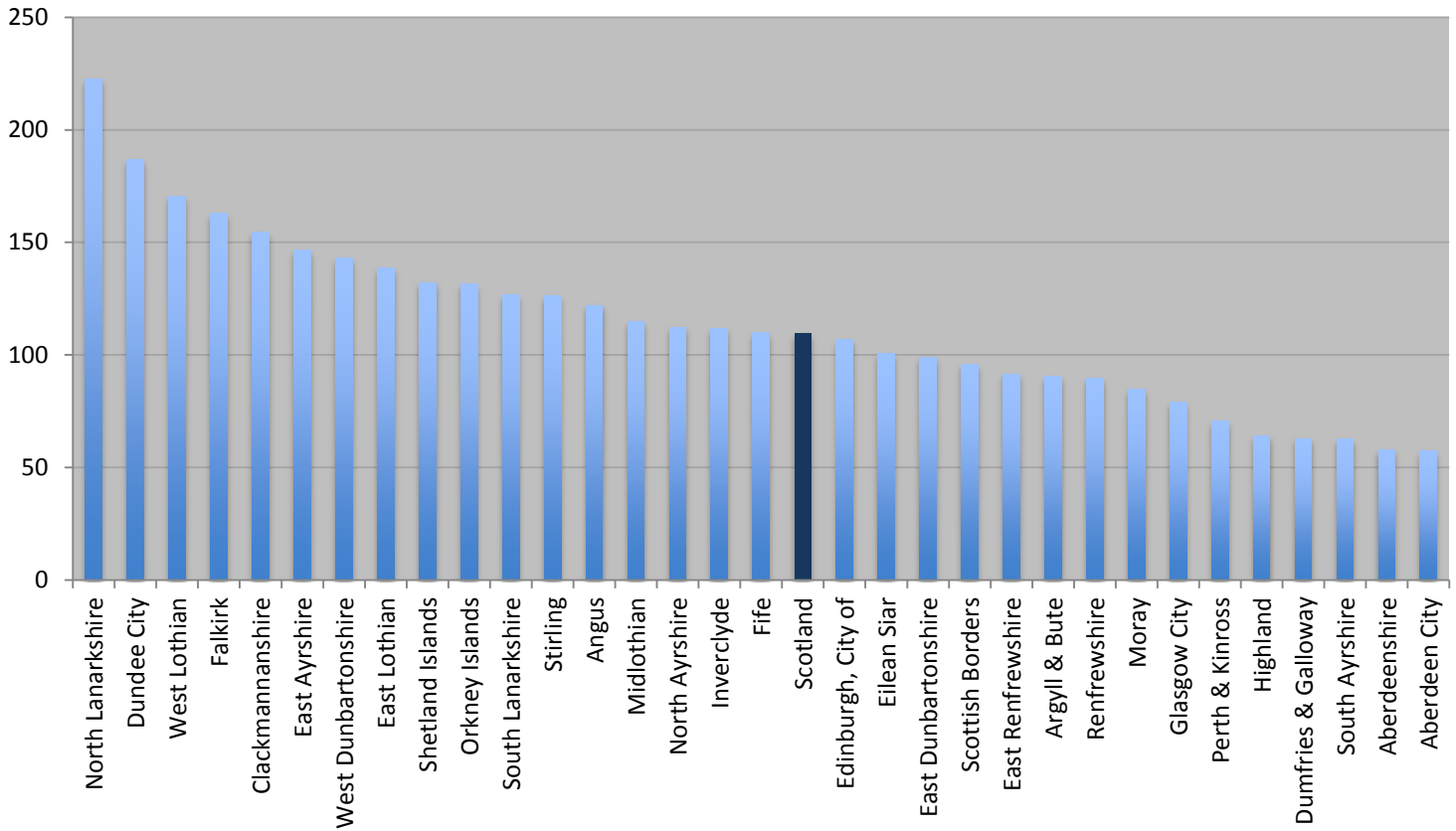
- Most prevalent conditions are: Cancer (24%), CHD (23%), & Cardiovascular disease (21%)

and HRIs using:

- 74% of unplanned hospital bed day

Expanding the information landscape for health and social care

Community alarms and other telecare by Council area 2015: rate per 1000 aged 65+



…HOME AND HEALTH MONITORING

Potential benefits were identified

- To show what HMHM does
  - A common dataset has potential to be aggregated
- To enable comparison and benchmarking
  - Between areas; across service types; over time
- Possibility of measuring outcomes eg through linkage with other data
- Contribution to research and evaluation

Measurement of function/dependency

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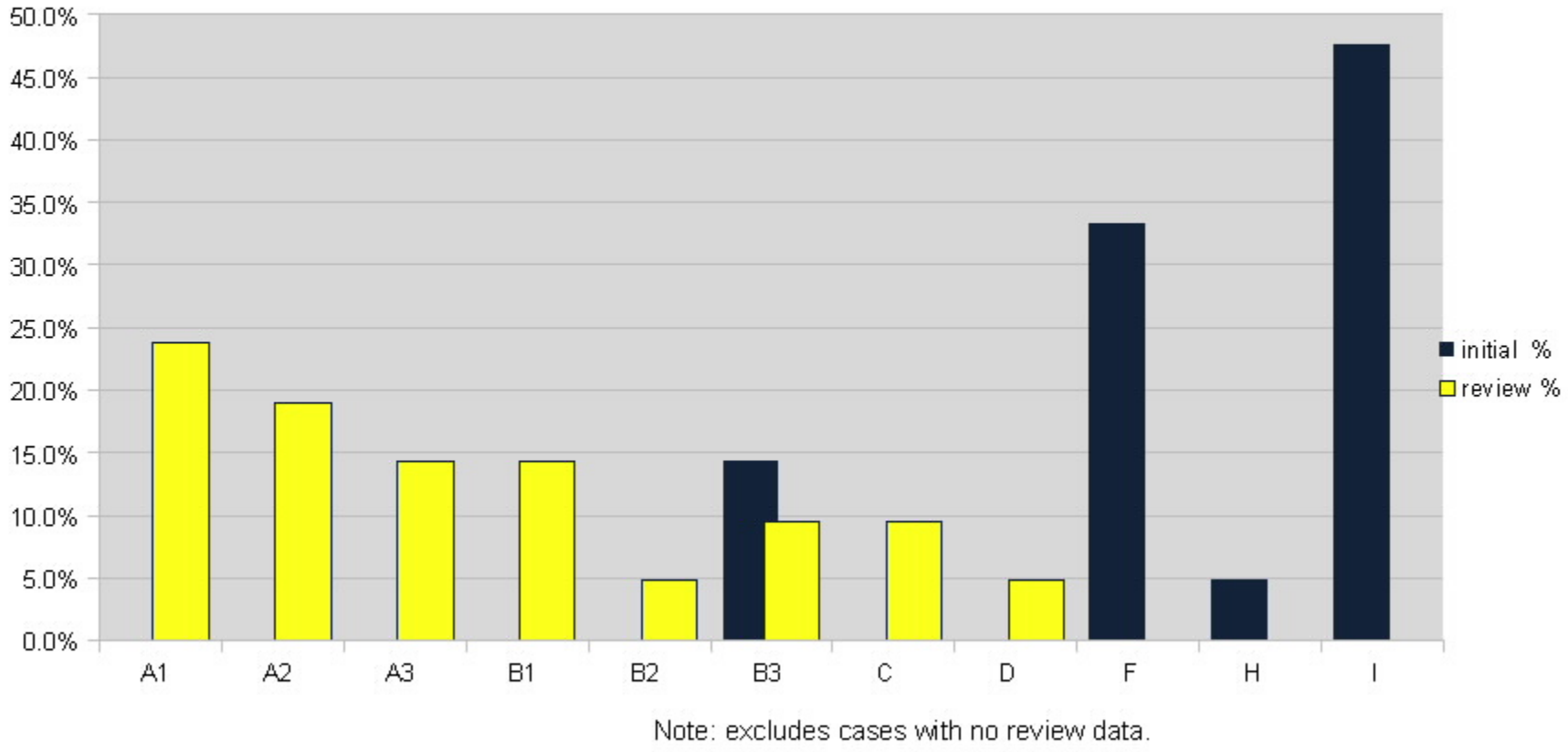
Indicator of Relative Need or ioRN

5
Minutes

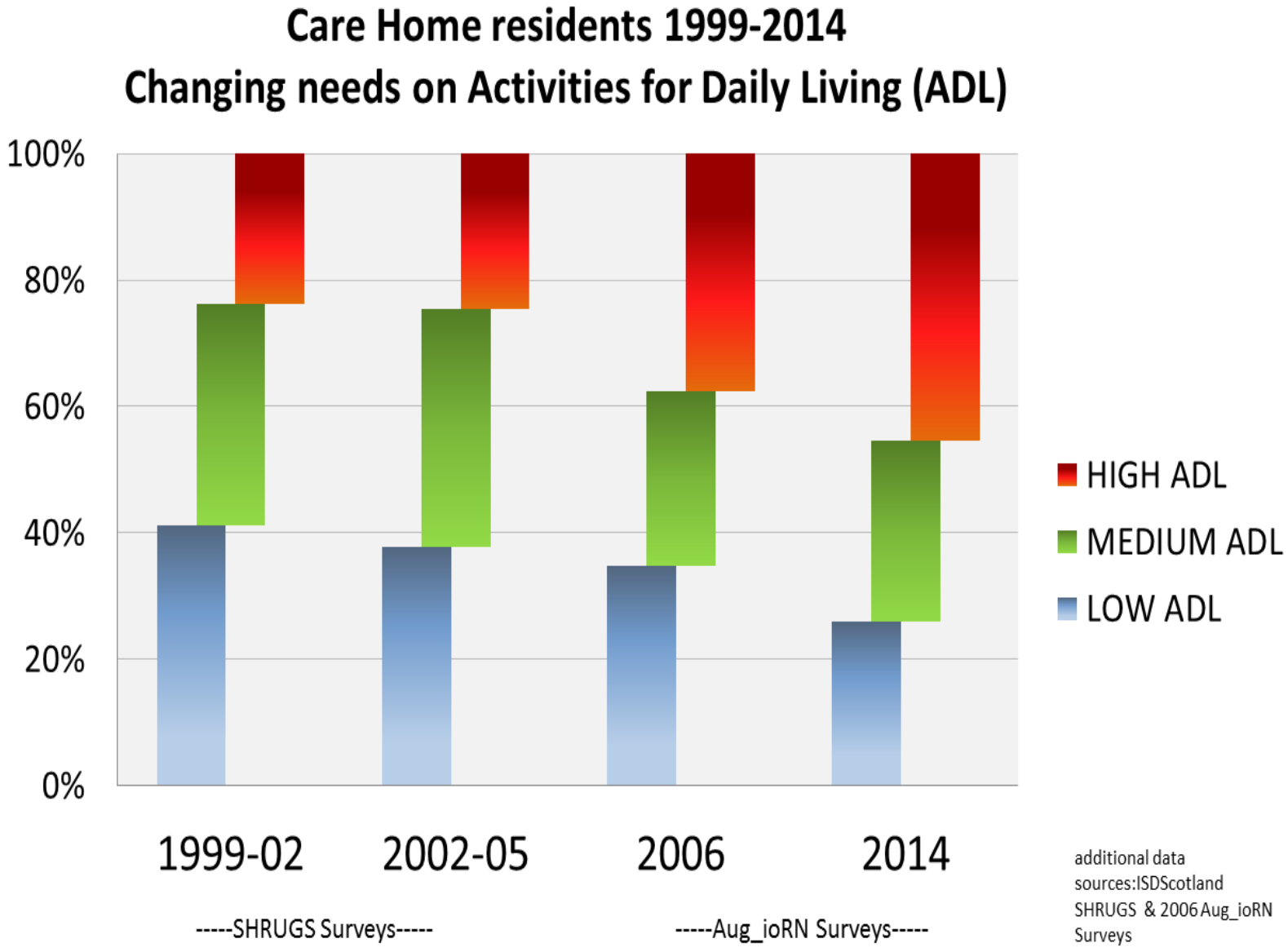
Falkirk HWCRS: ioRN groups at initial assessment and on discharge



Note: excludes cases with no review data.

Common Tool, Common Language: Supporting Integration

And dependency in care homes?



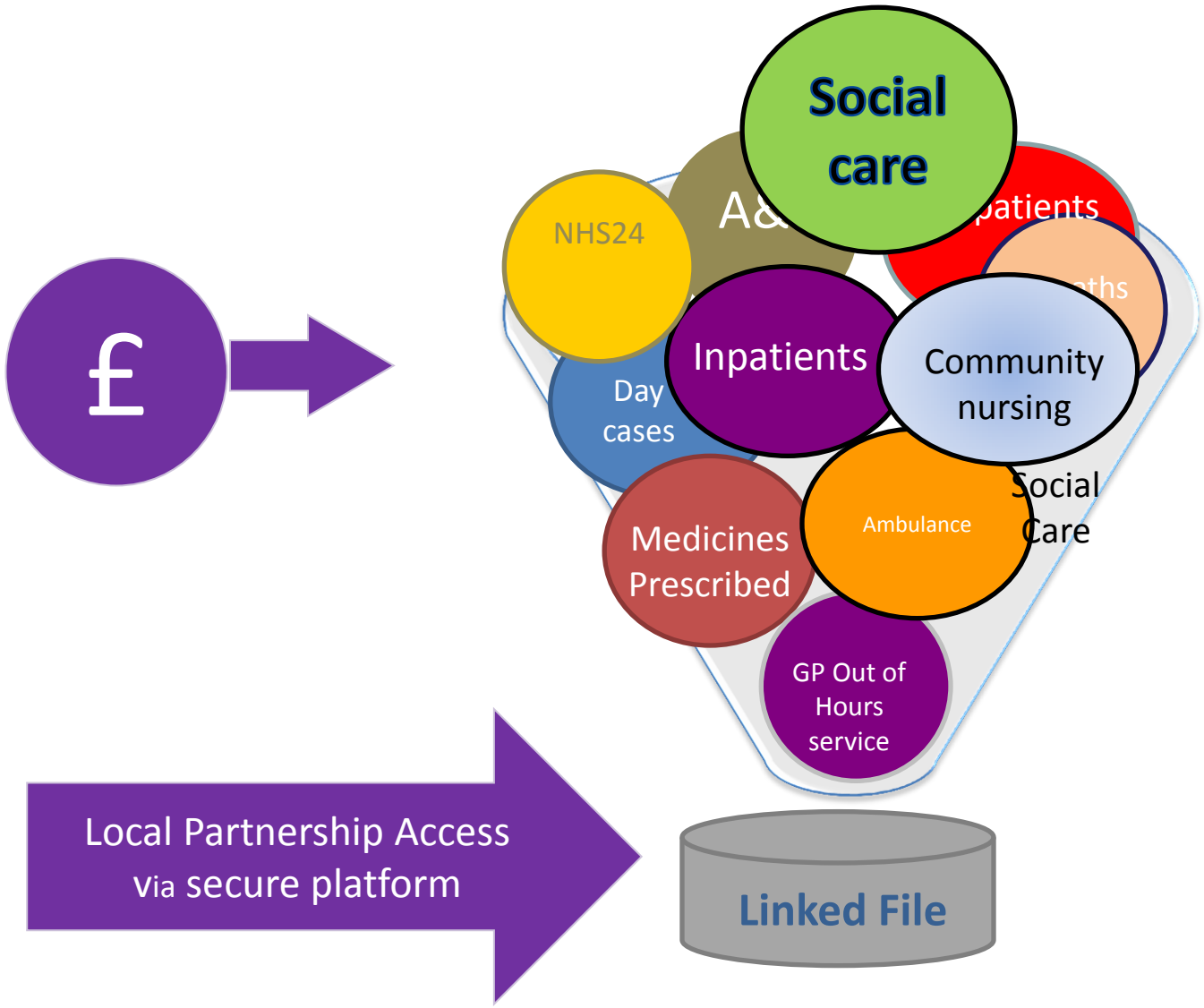
http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2017-02-28/2017-02-28-The-changing-functional-needs-and-dependency-of-people-living-in-care-homes-Report.pdf?50033205748

A family of ioRN tools

http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Dependency-Relative-Needs/In-the-Community/

Further details from Peter.knight7@nhs.net

Linked health and social care data



Ian Morton

Senior Information Analyst

Demographics

This page presents a five year practice list size trend, a male and female population pyramid by eight age groupings, and a total list of the practice population by Scottish Index of Multiple Deprivation (SIMD) quintiles. Data before 2016 are taken from the 2012 version of the SIMD quintiles. Data from 2016 are taken from the 2016 version of the SIMD quintiles. The practice list sizes are taken from the CHI population files and show the population as at the 30th of September each year.

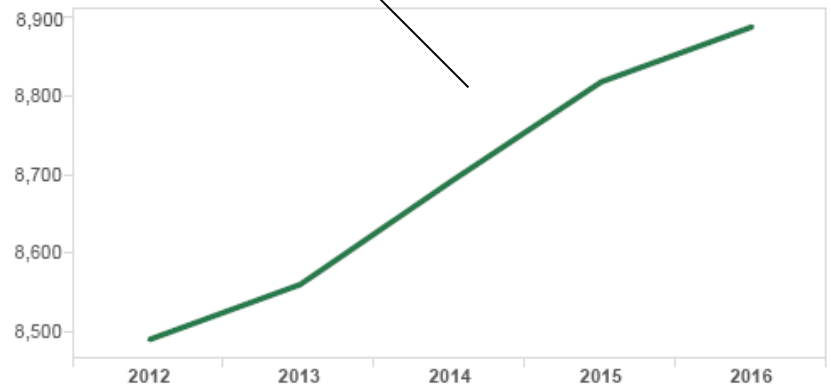
On each page in the top right hand there are buttons that take you to other indicators (Arrow icon), back to the home page (House icon), allow you to e-mail ISD about any issues you have (@ icon), and find out more information (i icon).

Level
GP Practice

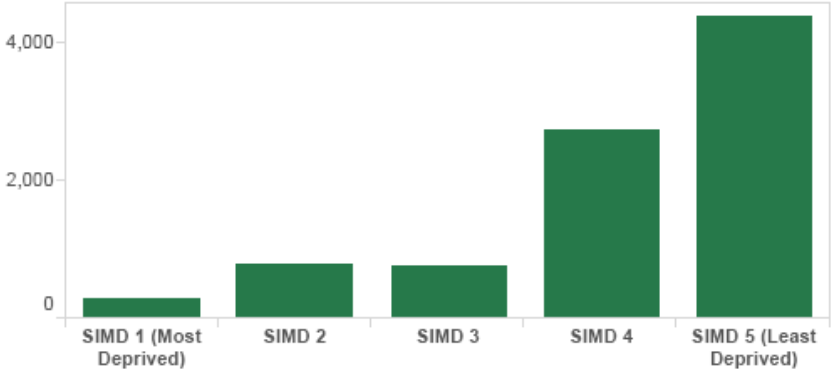
Time Period
2016 Full Financial Year

Practice or Geography
NHS Greater Glasgow & Clyde

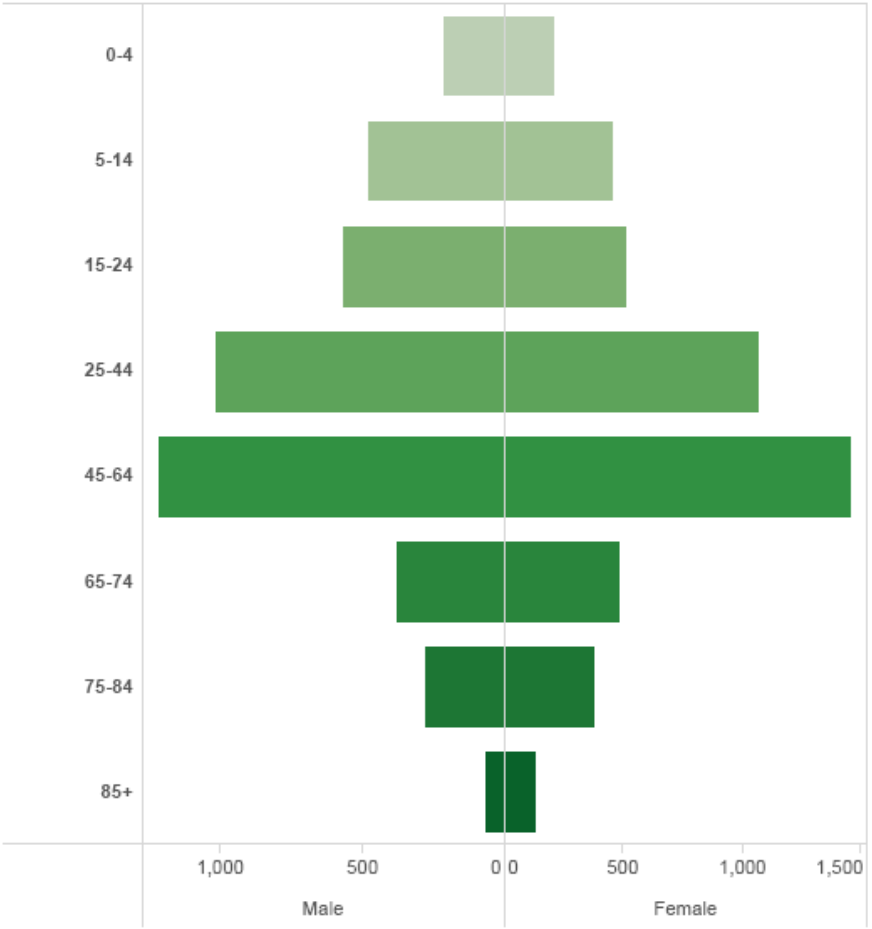
Five year trend in list size



List size by deprivation quintile



Age group and gender population pyramid



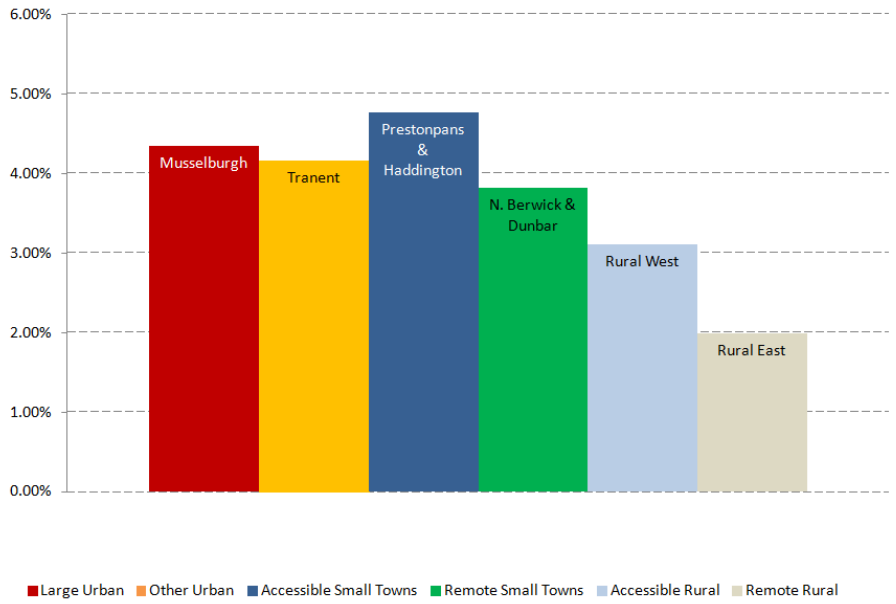
Important to act **local**

...With support from national level

DISPERSED ANALYTICAL STAFF RESOURCES

Locality planning example

Proportion of population receiving home care

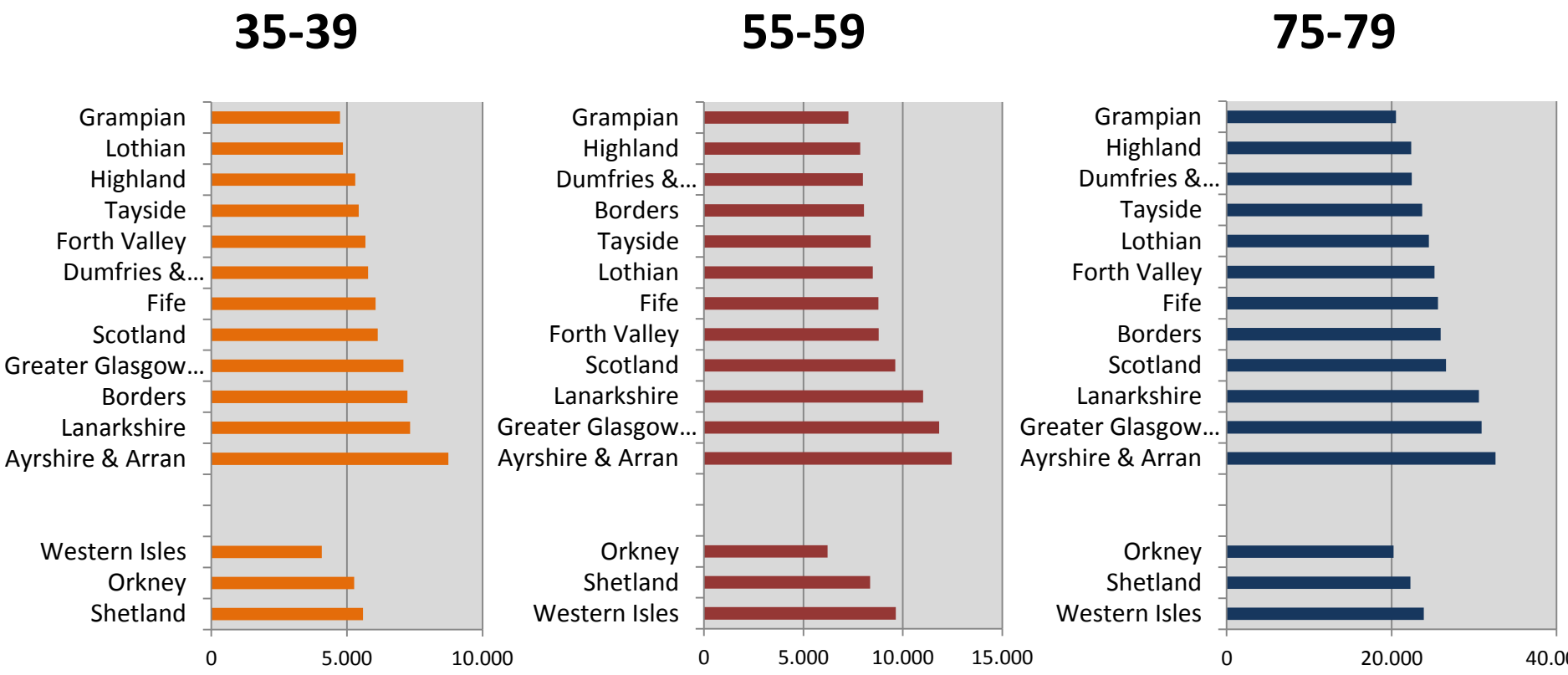


The two rural areas have the lowest proportion of population accessing home care services.

Skewed distribution indicates that there is a relationship between urban rural classification and accessing home care.

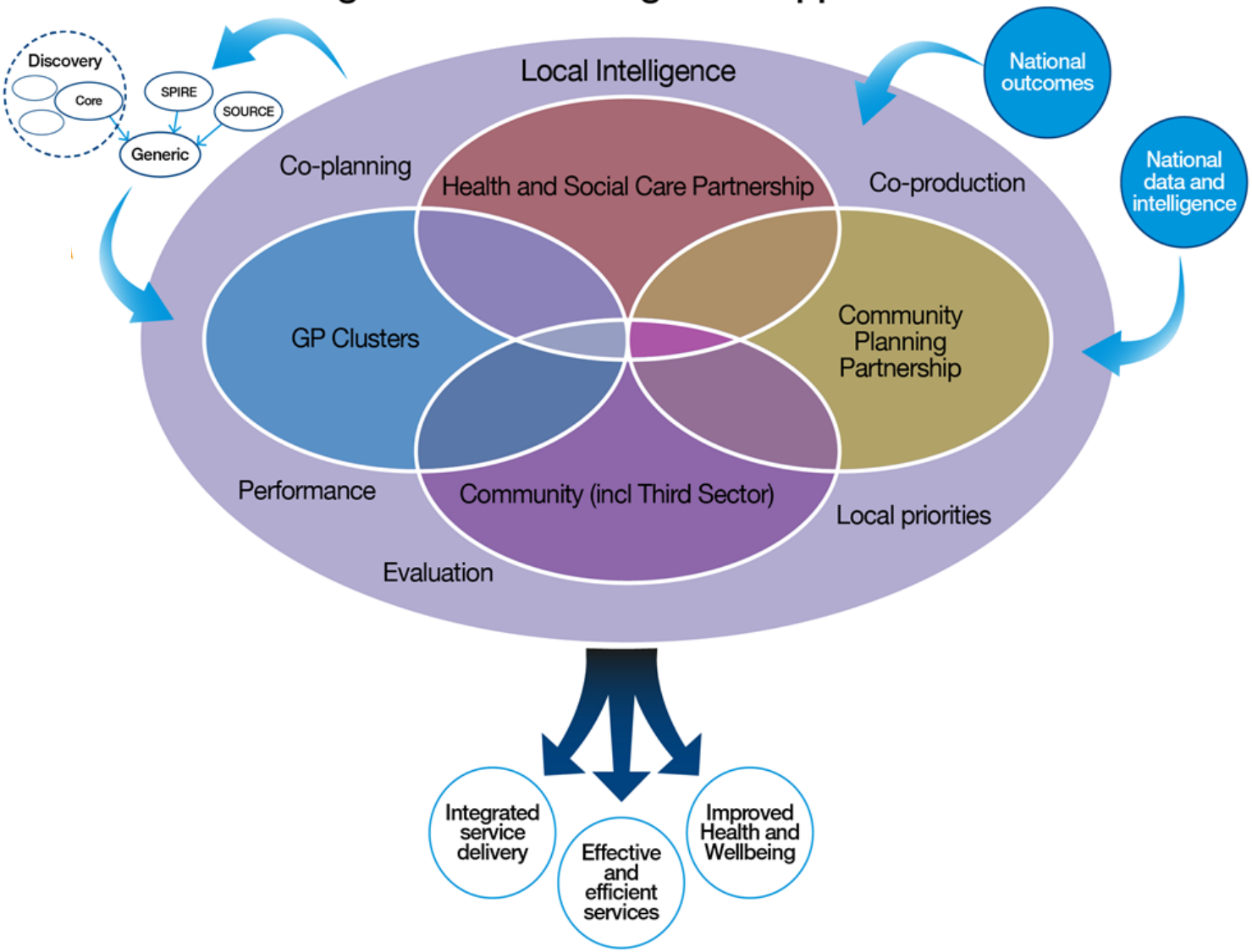
Rate of emergency admissions

by selected age groups and HB area; 2014/15



What's Next

Integrated Local Intelligence Support Team



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Thank you

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