



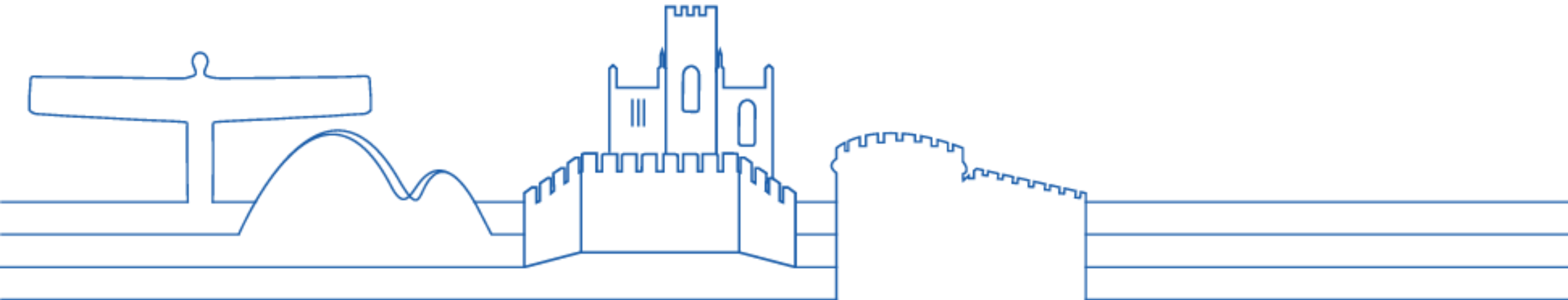
North East and
North Cumbria

Population Health Management: Primary Care Network Projects

13th October 2022

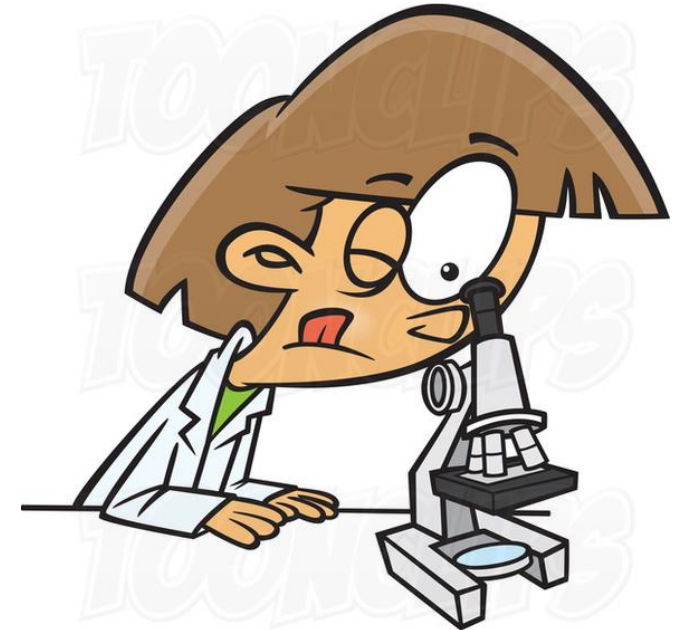
David Cummins – GP Clinical Lead, NENC ICB Northumberland Place

Alan Bell – Head of Commissioning, NENC ICB Northumberland Place



Overview – May 2022

- PHM in the wider Integrated Care System
- Children and Young People
- VCSE (Thriving Together events, HI fund, Frontline)
- HI Summit
- Primary Care
 - PCCS workshops
 - PCN projects

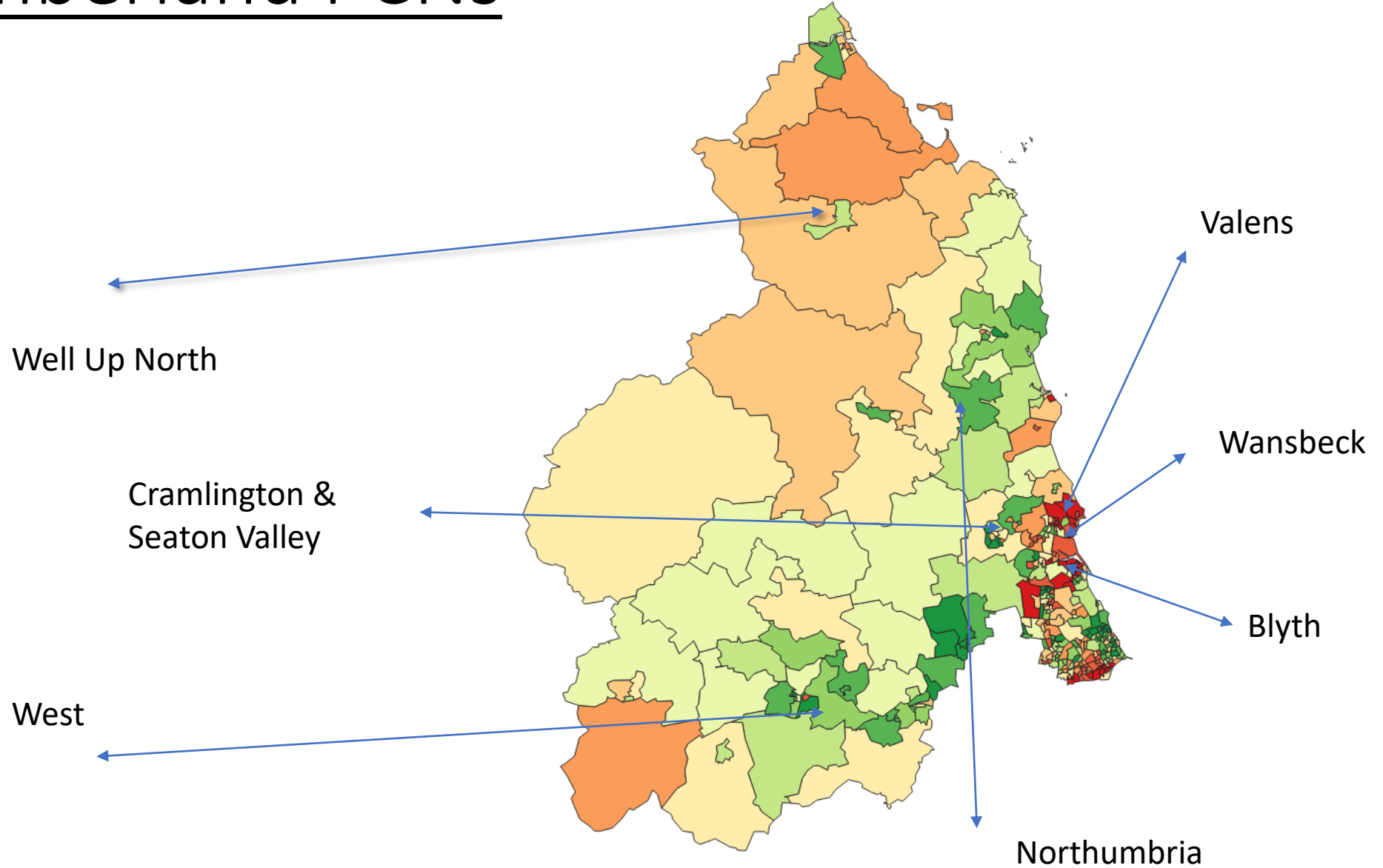


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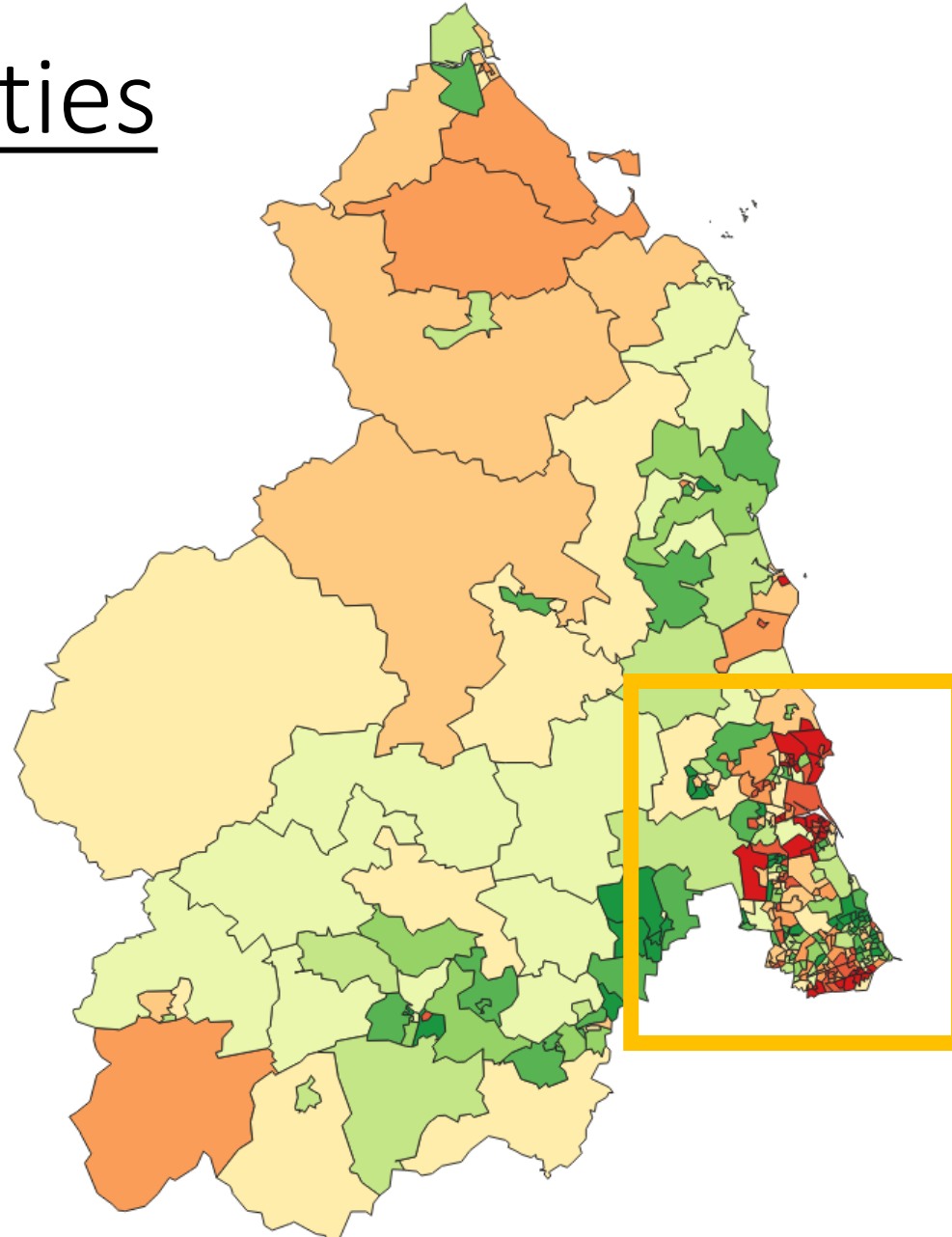
Northumberland PCNs



Health Inequalities



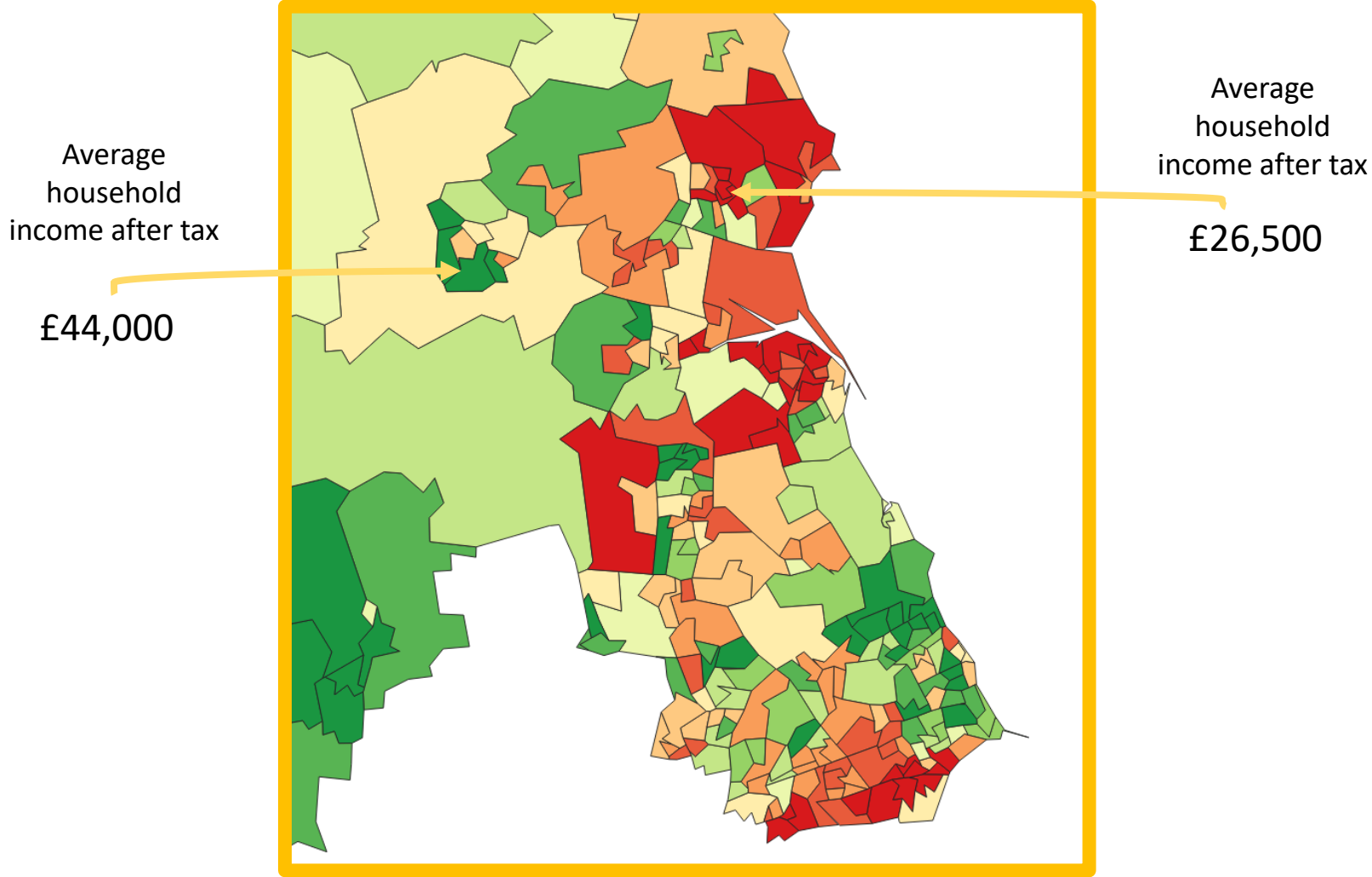
Northumbria Healthcare
NHS Foundation Trust



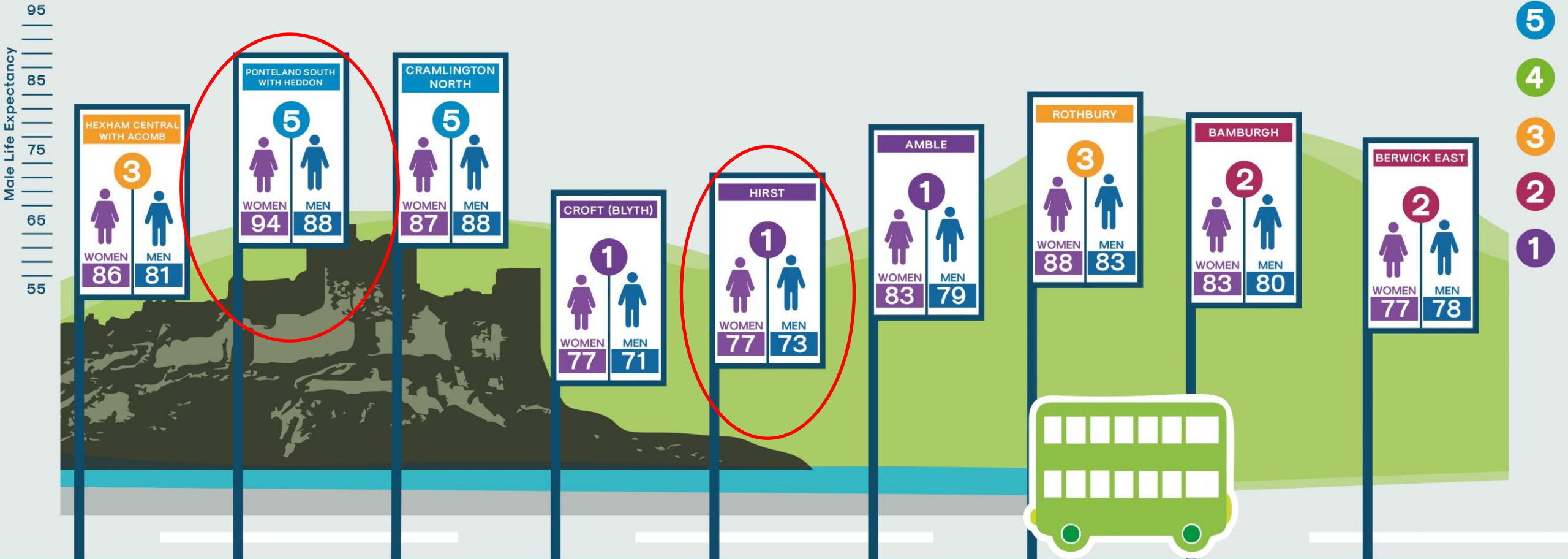
Household Income



Northumbria Healthcare
NHS Foundation Trust



A Bus Journey through NORTHUMBERLAND - Life Expectancy



KEY:

AREA AND DEPRIVATION QUINTILE

STATION 1 — 5
most deprived — least deprived

LIFE EXPECTANCY FOR MEN

MEN 83

LIFE EXPECTANCY FOR WOMEN

WOMEN 81

The smallest changes can make the biggest difference

PCN	Focus	PH Consultant	Notes	Next steps
CSV (Dr Lowe, Dr McHenry PHM Lead)	Chronic disease/depression	Dr Jim Brown	<ul style="list-style-type: none"> Discussed RAIDR data with NECS 6.5.22 Agree focus on depression/CVD in East Cramlington for ages 35-65 SPLW intervention: BMI/PHQ-9, Audit C, smoking, WEMWBS. 	<ul style="list-style-type: none"> SL/AMcH to review RAIDR data relating to project area Meet 9/9– JB/DC/SL/AMcH
Wansbeck (Dr Collins)	Child poverty	Dr Jim Brown	<ul style="list-style-type: none"> 26% child poverty Vs 17% England 20 children = 376 ED attendances; 1000 children 5+ adm/12m Focus on 15 pts (11-12 years) in Hirst and Bedlington East Proactive SPLW-focused MDT approach using Cygnus Support. 	<ul style="list-style-type: none"> W'shop to brainstorm intervention Poverty Proofing in process Consider benefits advisors in-house
Valens (Dr Munir, Dr Sreekissoon, Dr Cummins)	Frequent Flyers	Unassigned	<ul style="list-style-type: none"> 433 patients > 10+ GP appts in last 12m (SystemOne) Inc access = unmet demand, red flag Identify 30-50 'high-intensity users' Bespoke intervention using SPLW as first point of contact. 	<ul style="list-style-type: none"> Data sharing agreement via NECS NECS do initial data cleanse NECS layer with 999/111 data Discuss costing
Blyth (Dr Norfolk, Dr Aust PHM Lead)	0-4 ED attendance Child obesity	Gill O'Neill	<ul style="list-style-type: none"> Obesity rates almost double England average Reception/Y6 obesity prev 3 wards 50% greater than England average ↑ED attendances 0-5 – Two wards stand out. Mainly viral-related MDT approach: dietician/psychol. 	<ul style="list-style-type: none"> ?Overlay with LA data - family lists 7/9 Time Out course - Obesity 23/9 ED attendance scoping meeting Invite families to focus group.
Well Up North (Dr Miller, Karen Gibson HI CC, Hilary Brown)	Obesity	Pam Lee	<ul style="list-style-type: none"> Reduce burden of obesity & associated conditions – prev 25% HWC/T, SPLWs, CCs, Trust, VCSE – multiple stakeholders @ meetings Focus on NCMP to target top 20% via patient-led, focus groups Issues around data sharing encountered – agreement reached 	<ul style="list-style-type: none"> Henry Programme, Sure Start ?top 20% OR geographical area Consider WEMWBS tool Data discussion w/ NECS/PH
West (Dr Green, Kate Lowe PHM I&S)	Alcohol IBA	Jon Lawler	<ul style="list-style-type: none"> Identifying cohorts less likely to be asked about alcohol Focus on BMI 30+ AND anxiety – record EtOH/AUDIT C/advice Survey of Practices. Liaise w/ Sarah Hulse ICS 30-60 pts. Involve MH Prac. 	<ul style="list-style-type: none"> How approach pts? Bloods/USS/NRP Monthly meetings with West/JL
Northumbria (Dr Murray, H Bailey, Dr P Male)	Smoking Cancer	TBA	<ul style="list-style-type: none"> Higher rates of deprivation in Cramlington Linked to smoking specialist in LA Frequent flyers – briefly discussed Cancer screening. 	<ul style="list-style-type: none"> Link with Pam Forster Request inter-Practice variation in cancer screening rates Meet CW from NHCT 7/9

Cramlington & Seaton Valley PCN



- Patients aged 35-65 living in IMD 1 postcodes diagnosed with depression AND either CVD/COPD
- Eligible patients from SystemOne will be linked to a deprivation dataset
- Patient invitation letter in progress and will be sent out
- **Intervention** SPLW, BMI, PHQ-9/ WEMWBS, Audit C, smoking
- Other areas of focus include health checks, SMI, alcohol and LD.

Valens PCN



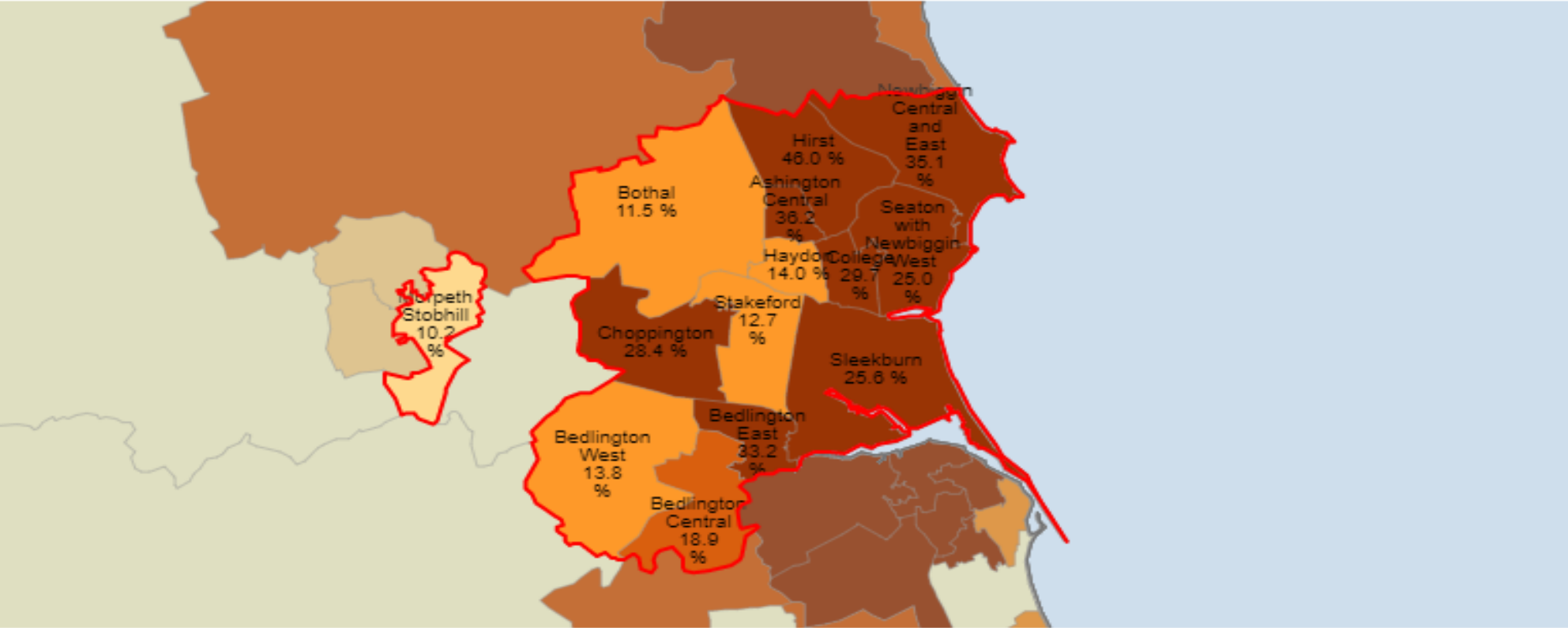
- Frequent flyers
- 433 patients identified with 10+ GP appointments (telephone and F2F) in last 12 months
- Discussions with NECS
 - How can data can be refined?
 - How can we limit to certain consultation type/filter DNAs?
- Layer data with hospital 999/111 calls
- Identify 30-50 'high-intensity users'
- **Intervention** bespoke using SPLW – then physio/pharmacy, nurse, GP, MH practitioner
- Awaiting data sharing agreement
- **Additional project**
 - Valens and Northumbria respiratory team
 - COPD patients with a specified smoking pack-year history
 - Pre-emptive CT chest scan.

Wansbeck PCN

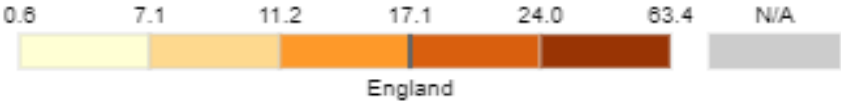
Marker	Wansbeck	England
Life expectancy	79.3 years	81.6 years
Deprivation	291	1256 (total PCNs)
Child poverty	26%	17%
Income deprivation	18%	13%
Smoking	16%	16%
Obesity	18%	10%

Wansbeck PCN – Child Poverty

Child Poverty, Income Deprivation Affecting Children (%) - Source: Ministry of Housing and Local Government 2019

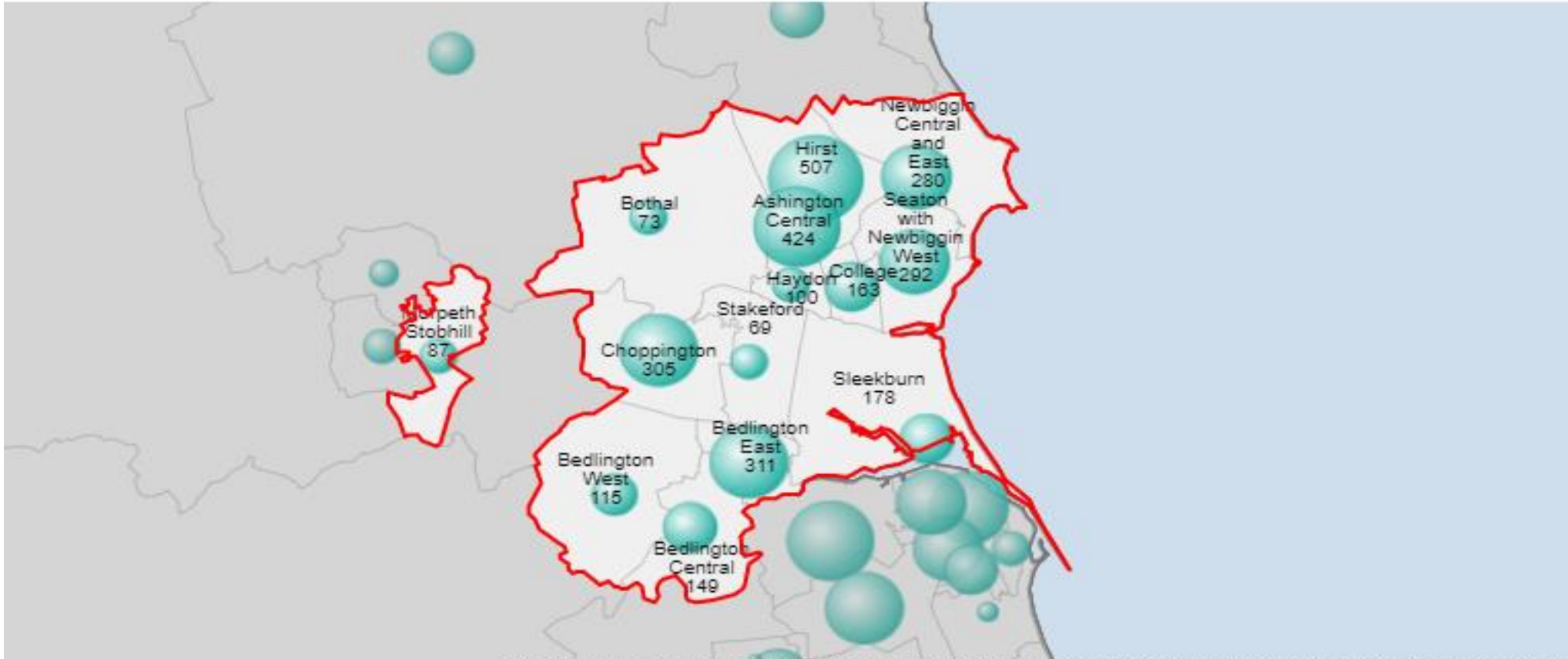


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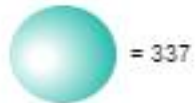


Wansbeck PCN – Child Poverty

Child Poverty, Number of children - Source: Ministry of Housing and Local Government 2019



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Wansbeck PCN



- Child poverty in Wansbeck = 26% Vs 17% England
- Decision to focus on 15 patients each (aged 11-12) from Bedlington East and Hirst wards
- Multiple stakeholders: Cygnus Support, local regeneration groups, Safeguarding team, Citizens Advice, Community Link Workers, ACC.
- Brainstorming session on 29th September
- **Intervention** a proactive SPLW approach involving a wider MDT - likely to be mixture of mentoring, brief interventions and linking in with support in the community.

Wansbeck PCN - Possible criteria

Based on SystmOne/RAIDR searches or manual searches

- 2+ (or 3+) ED attendances in past 12 months
- ED attendance/ for injury in past 12 months
- 1 + respiratory admissions in past 12 months
- 2+ hospital admissions in past 12 months
- Diagnosis of asthma
- Diagnosis of constipation in past 12 months

Based on manual search of household

- 3 + children in household
- Adult who is a current smoker
- Adult with disability

Using postcode lookup for LSOAs in target wards (Hirst, Bedlington East)

- IMD decile 1
- Highest income deprivation
- Highest child poverty
- Highest number of households on Universal Credit with children
- Highest Year 6 obesity prevalence
- Highest rate of respiratory admissions for 0-17
- Highest rate ED attendances childhood injury
- Highest rate of alcohol related admissions



- Patients living with obesity
- NCMP data to target **PARENTS** of the children in the top 20% of weight
- Workshops w/ stakeholders including Public Health, Sure Start, LA, Henry +
- 13 Children's Centres in Northumberland to become Family Hubs
- Referrals will be received from HVs, school nurses, early years settings, self-referrals, HWBCs and GPs
- Increase digital opportunities for patients to access new PCN PHM project via YouTube channel
- Barriers encountered with data sharing - NECS will overlay council data without postcode information.



- Newest PCN covering a wide geographical area
- Recently appointed two PHM leads
- Initial focus on **smoking and cancer screening**
- Requested cancer screening data – variability in uptake between practices
- Meeting held with data analyst from NHCT on 7 September
- I met PHM Lead on 16th September and we discussed:
 - RAIDR access
 - Proposed multi-agency events (planning on two to reflect the diversity within PCN)
 - Smoking intervention – training, VBA, MECC, choosing a vulnerable cohort.



- **Alcohol identification and brief advice** - Identify cohorts less likely to be asked about alcohol
- Liaising with Alcohol Strategic Manager from ICS
- Search for patients with coded diagnosis of **BMI > 30 AND anxiety** – approx. 30-60 patients
- Record weekly alcohol intake/use AUDIT-C tool/provide brief advice
- Involve MH Practitioner, consider bloods, ultrasound, Northumberland Recovery Project
- Progress slow due to RAIDR issues but development of searches for Practice use now ready



- ED attendances 0-4 age group
- NECS data show numbers attending UC/ED, ages, wards, reasons for attendance, investigations and treatment
- Rates highest in Cowpen and Kitty Brewster wards
- Working group met 23 September (Healthwatch, Early Health, Public Health, HV 0-19)
- **Intervention**
 - Engagement work w/ families to understand reasons for attendances
 - *Healthwatch* to carry out surveys to capture why parent take their children to A&E
 - Involve paediatrician, SPLWs
- **Secondary focus: childhood obesity**
 - Healthy weight workshop took place on 7 September.

Blyth PCN - Maternal & Child Health

Indicator	Period	A84009 - Railway Medical Group		CCGs (from Apr 2021)		England			Northumberland		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	Worst/ Lowest	Range	Best/ Highest
		Legend: Better 95% (Green), Similar (Yellow), Worse 95% (Red), Not applicable (Grey). Quintiles: Best (Light Blue), Worst (Dark Blue), Not applicable (Grey). Benchmark Value (Red line), 25th Percentile (Blue dot), 75th Percentile (Blue dot), Worst/Lowest (Grey bar), Best/Highest (Grey bar).									
% aged 0 to 4 years	2021	1,427	5.4%	4.3%	5.1%*	2.7%		4.4%			
% aged 5 to 14 years	2021	3,247	12.2%	10.4%	11.8%*	6.9%		12.2%			
% aged under 18 years	2021	5,570	20.9%	17.8%	20.2%*	12.0%		20.9%			
Deprivation score (IMD 2019)	2019	-	36.9	22.1	21.7	36.9		7			
MMR vaccination for one dose (2 years)	2019/20	283	92.8%	93.9%	90.7%	35.7%		100%			
D03c - Dtap / IPV / Hib vaccination (2 years)	2019/20	273	89.5%	93.7%	93.8%	69.2%		99.2%			
Baby's first feed breastmilk	2018/19	160	24.1%	53.2%	67.4%	6.7%					
A&E attendances (0-4 years)	2018/19	1,310	956.9	895.7	672.5	1,272.2					
Emergency admissions (aged 0-4)	2017/18 - 19/20	990	258.6	210.6	165.2	305.7					
Admissions for gastroenteritis in children (0-4 yrs)	2017/18 - 19/20	55	143.7	127.0	76.3	-			Insufficient number of values for a spine chart		
Hospital admissions for dental caries (0-5 years)	2017/18 - 19/20	-	-	942.8	290.2	-			Insufficient number of values for a spine chart		
Hospital admissions caused by injuries in children (0-14 years)	2017/18 - 19/20	-	-	-	-	-					
Hospital admissions for asthma (under 19 years)	2017/18 - 19/20	-	-	-	-	-					

Indicator	Period	A84014 - Marine Medical Group		CCGs (from Apr 2021)		England			Northumberland		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	Worst/ Lowest	Range	Best/ Highest
		Legend: Better 95% (Green), Similar (Yellow), Worse 95% (Red), Not applicable (Grey). Quintiles: Best (Light Blue), Worst (Dark Blue), Not applicable (Grey). Benchmark Value (Red line), 25th Percentile (Blue dot), 75th Percentile (Blue dot), Worst/Lowest (Grey bar), Best/Highest (Grey bar).									
% aged 0 to 4 years	2021	650	5.1%	4.3%	5.1%*	2.7%		5.4%			
% aged 5 to 14 years	2021	1,376	10.8%	10.4%	11.8%*	6.9%		12.2%			
% aged under 18 years	2021	2,485	19.6%	17.8%	20.2%*	12.0%		20.9%			
Deprivation score (IMD 2019)	2019	-	34.4	22.1	21.7	36.9		7			
MMR vaccination for one dose (2 years)	2019/20	136	94.4%	93.9%	90.7%	35.7%		100%			
D03c - Dtap / IPV / Hib vaccination (2 years)	2019/20	141	97.9%	93.7%	93.8%	69.2%		99.2%			
Baby's first feed breastmilk	2018/19	25	41.7%	53.2%	67.4%	6.7%					
A&E attendances (0-4 years)	2018/19	605	1,044.9	895.7	672.5	1,272.2					
Emergency admissions (aged 0-4)	2017/18 - 19/20	475	261.4	210.6	165.2	305.7					
Admissions for gastroenteritis in children (0-4 yrs)	2017/18 - 19/20	30	165.1	127.0	76.3	-			Insufficient number of values for a spine chart		
Hospital admissions for dental caries (0-5 years)	2017/18 - 19/20	-	-	942.8	290.2	-			Insufficient number of values for a spine chart		
Hospital admissions caused by injuries in children (0-14 years)	2017/18 - 19/20	-	-	-	-	-					
Hospital admissions for asthma (under 19 years)	2017/18 - 19/20	-	-	-	-	-					

Notable indicator	Eng	CCG	PCN value	NInd value	Eng value
Emergency admissions (aged 0 – 4) 2017/18 - 2019/20 crude rate per 1000 population	↑	↑	259.52	210.58	165.20
A&E attendances (0 – 4 years) 2018/19 Crude rate per 1000 population	↑	↑	983.06	898.08	669.87
Baby first fed breast milk 2018/19	↑	↑	25.52%	53.20%	67.45%

Timeperiod	Area Name	Value	UpperCI95.Olimit	LowerCI95.Olimit	England Value
2017/18 - 19/20	Cowpen	983.8	1,052.3	914.0	642.5
	Croft	1,007.3	1,081.0	942.1	642.5
	Isabella	833.3	899.9	770.5	642.5
	Newsham	885.3	946.2	829.2	642.5
	Plessey	994.7	1,080.6	914.0	642.5
	South Blyth	613.0	686.0	549.5	642.5
	Wensleydale	780.0	835.5	723.3	642.5

What is available to see on your PCN dashboard

PC Network

- Blyth
- Cramlington/Seghi...
- NPC
- OOA

Practice

- Marine Medical Group
- Railway Medical Group
- Alnwick Medical Group
- Bedlingtonshire Medical Group
- Belford Medical Group
- Branch End Surgery
- Brockwell Medical Group
- Brockwell Medical Group (Closed)
- Burn Brae Medical Group
- Burnhouse Surgery

Financial Year

2019/20 2020/21 **2021/22** 2022/23

Department Type

- Type 1 A&E
- Urgent Care / Treatment Centre
- MIU / WIC Nurse Led

Adult or Child

- Child 0-15 Yrs
- Adult 16+ Yrs

Month

Jan Feb Mar Apr

May Jun Jul Aug

Sep Oct Nov Dec

Site Name

- Berwick
- Hexham
- NSECH**
- Wansbeck
- Alnwick
- Blyth
- Haltwhistle

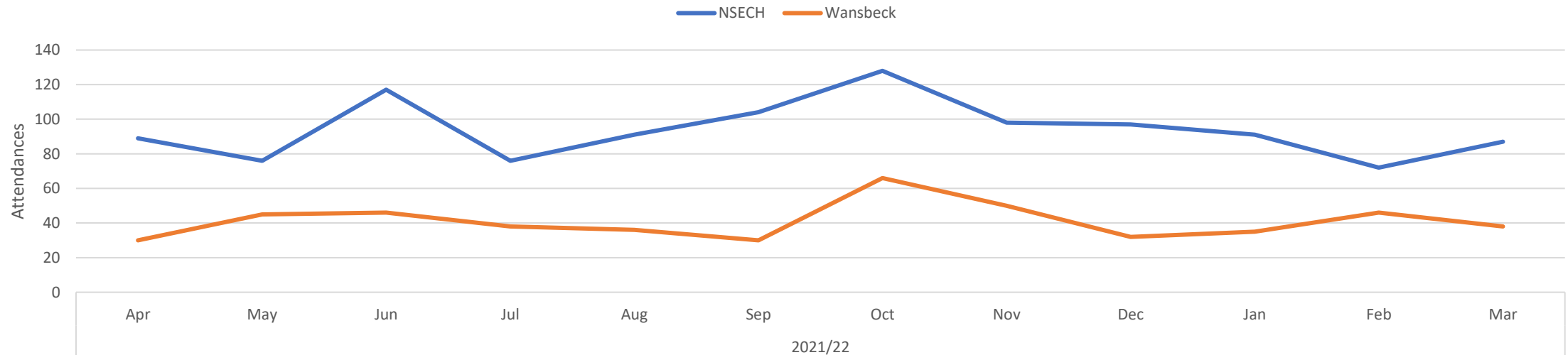
Age Group

- 0-01 Yrs
- 02-04 Yrs
- 05-14 Yrs
- 15-24 Yrs
- 0-1 Yrs

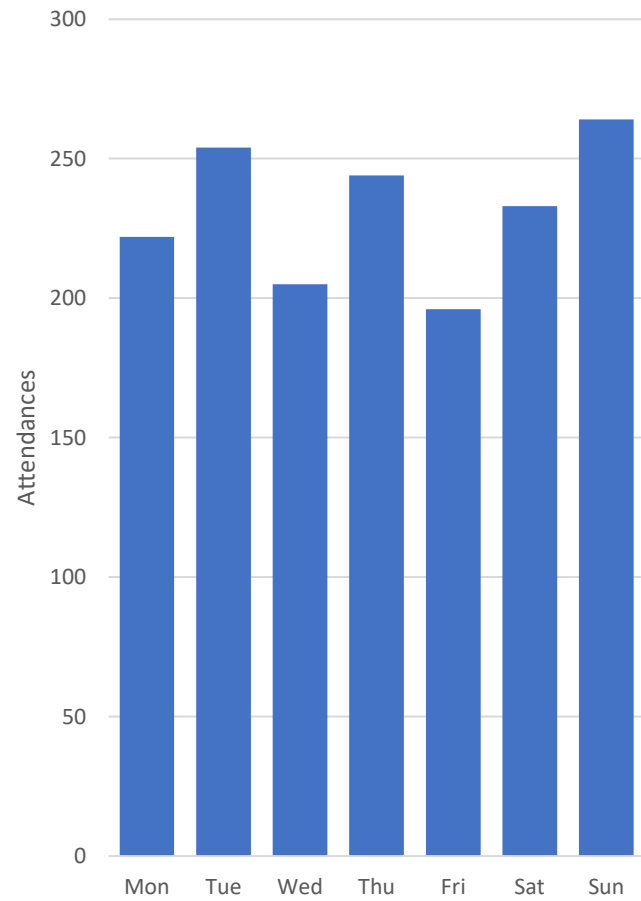
In or Out of Hours

- In Core Extended Access Hours
- In Core Hours
- Out of Hours

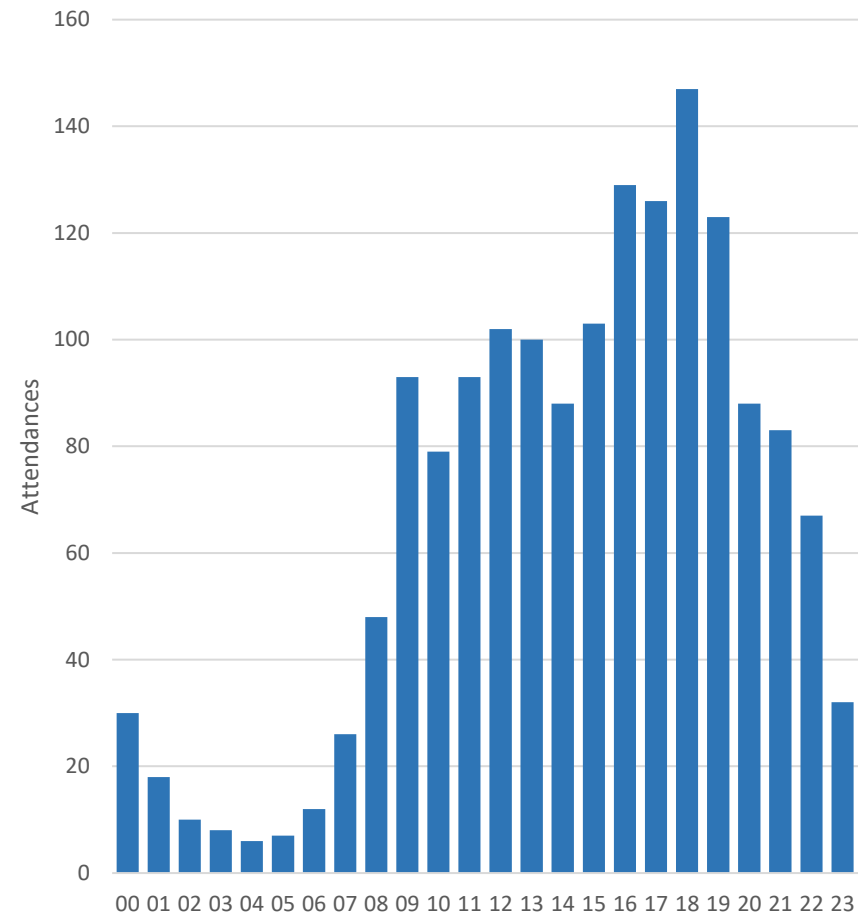
Urgent Care Attendances by Month and Site



Urgent Care Attendances by Day

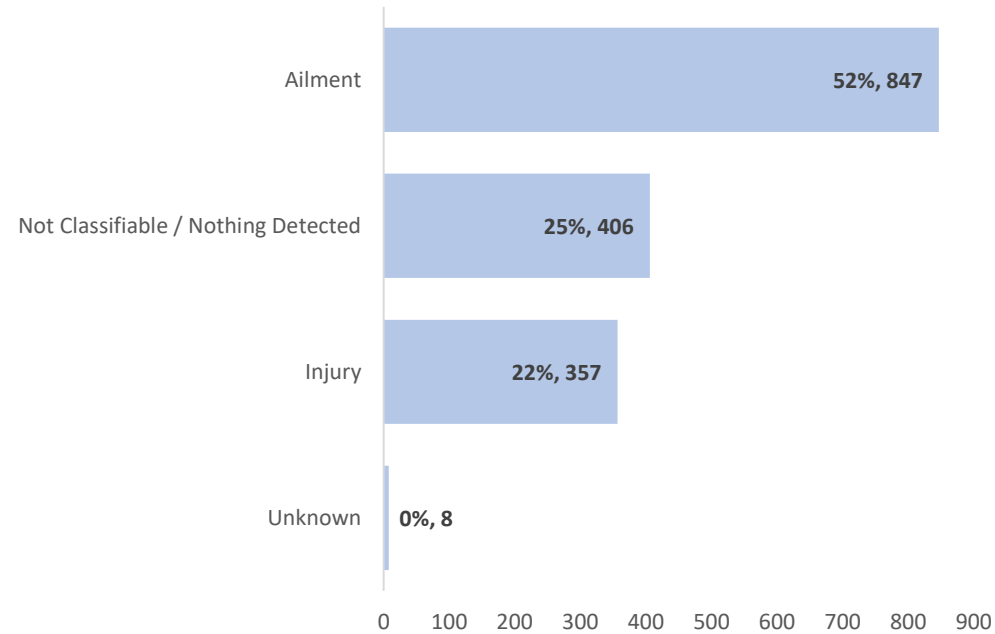


Urgent Care Attendances by Hour

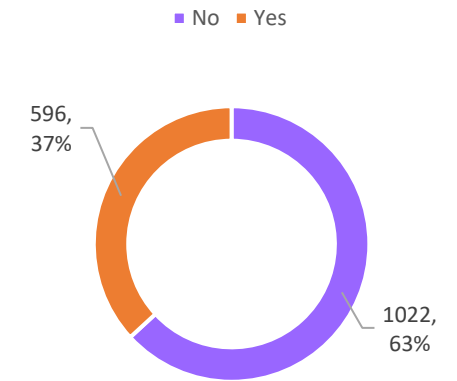


Location and Type	Attends	%
Electoral Ward - Top 10		
Kitty Brewster	368	23%
Cowpen	259	16%
Newsham	232	14%
Wensleydale	181	11%
Croft	159	10%
Isabella	158	10%
Plessey	122	8%
South Blyth	107	7%
Hartley	6	0%
Bedlington East	<6	-
Other	26	2%

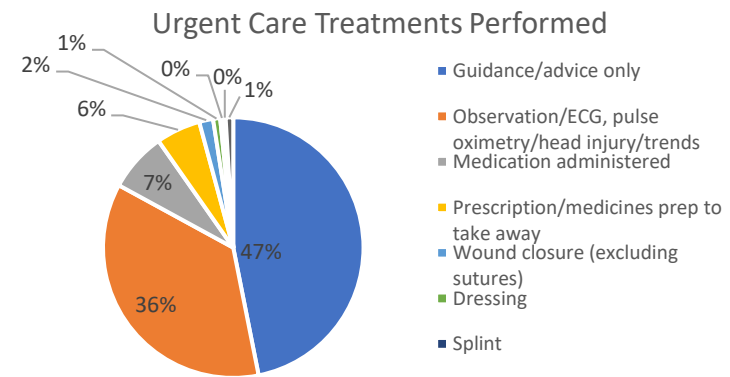
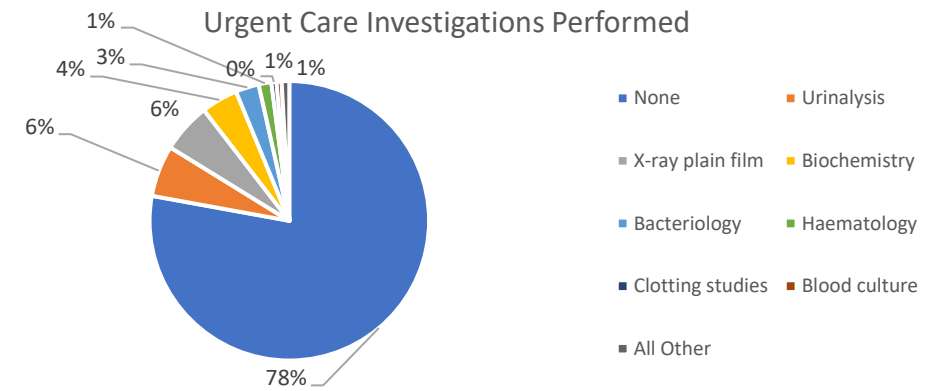
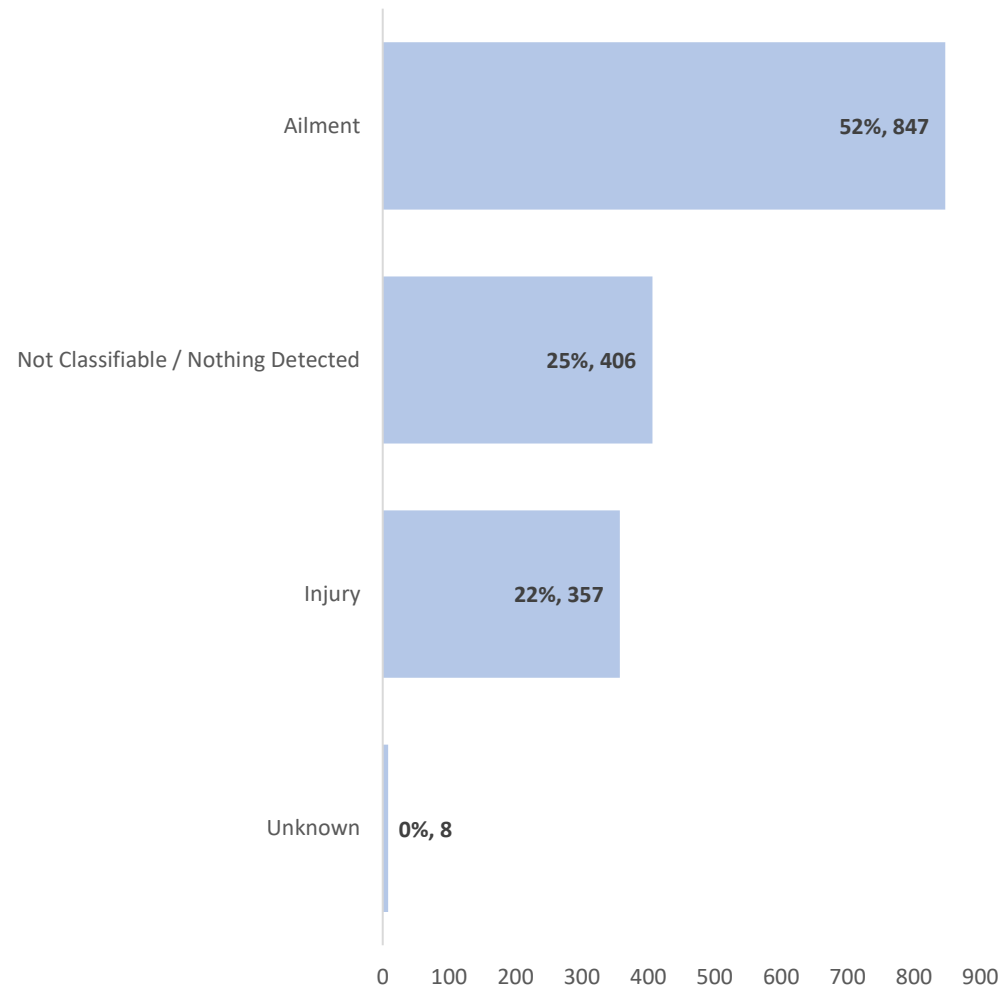
Urgent Care Attendances by Type



Attendances Amenable to Primary Care?



Urgent Care Attendances by Type

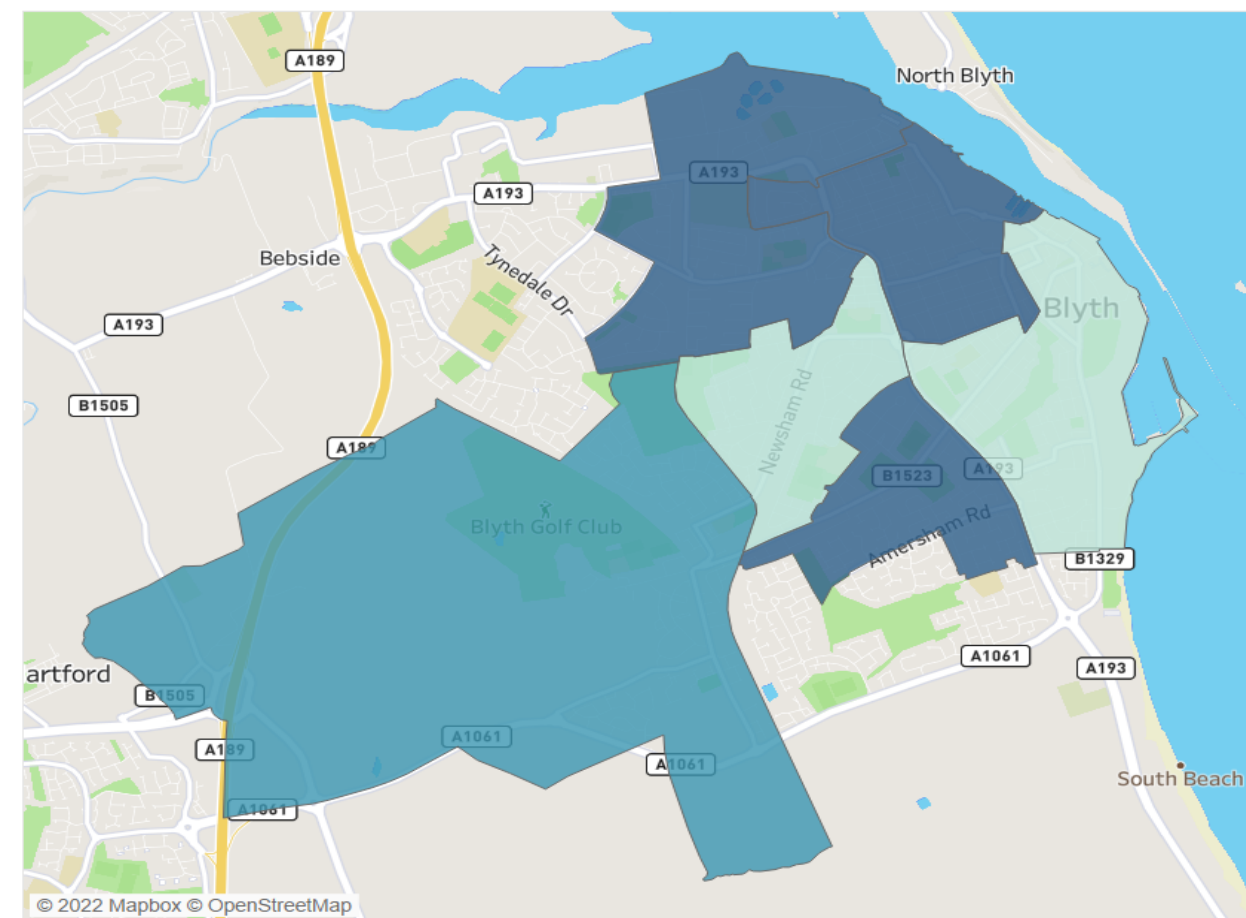




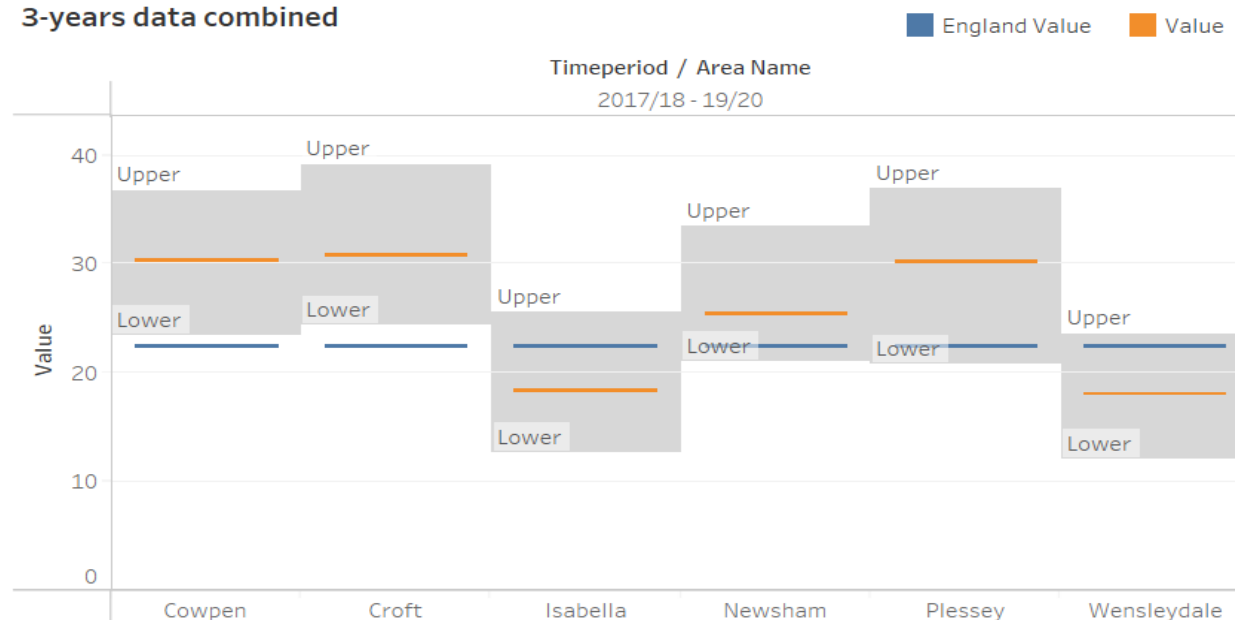
Indicator Name

Reception: Prevalence of overweight (including obesity), 3-years data combined

Local Health Indicator Ward Map - Reception: Prevalence of overweight (including obesity), 3-years data combined



Local health Indicator - Reception: Prevalence of overweight (including obesity), 3-years data combined



Local health Indicator Table - Reception: Prevalence of overweight (including obesity), 3-years data combined

Timeperiod	Area Name	Value	UpperCI95.0limit	LowerCI95.0limit	England Value
2017/18 - 19/20	Cowpen	30.56	36.86	23.54	22.60
	Croft	31.03	39.18	24.35	22.60
	Isabella	18.52	25.55	12.68	22.60
	Newsham	25.64	33.44	21.07	22.60
	Plessey	30.43	36.95	20.84	22.60
	Wensleydale	18.18	23.71	12.16	22.60

Common Themes

- Data sharing
- Access to data
- Analysis of data
- Complexity
- Engagement



Conclusions/next steps

- PHM is new to all and highlights the importance of partnership working
- Wide range of projects being undertaken which support addressing our inequalities agenda
- ‘Freedom to fail’
- PCN workshop planned for October with an opportunity to share initial learning
- Importance of long-term data sharing agreements/MOUs between all health and care providers