Frailty Story Board

North East and North Cumbria (NENC)

September 2018

involve consider assess respond evaluate

Overview

- Summarise the NHS RightCare approach
- Share highlights from the NENC Frailty Story Board
  - Risks within our population
  - Opportunities for improvement in Primary Care
  - Opportunities for improvement in Secondary Care
  - Opportunities for improvement in Outcomes
  - Social Care and DTOC analysis
- Share new information on Inequalities
- Share new Frailty Pathway on a Page

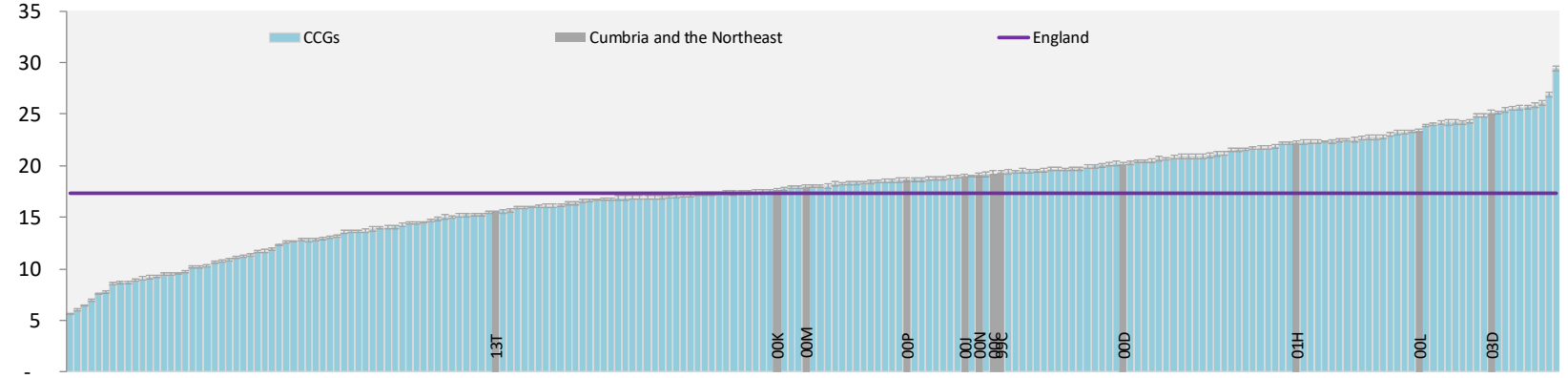
Maximising Value

NHS RightCare

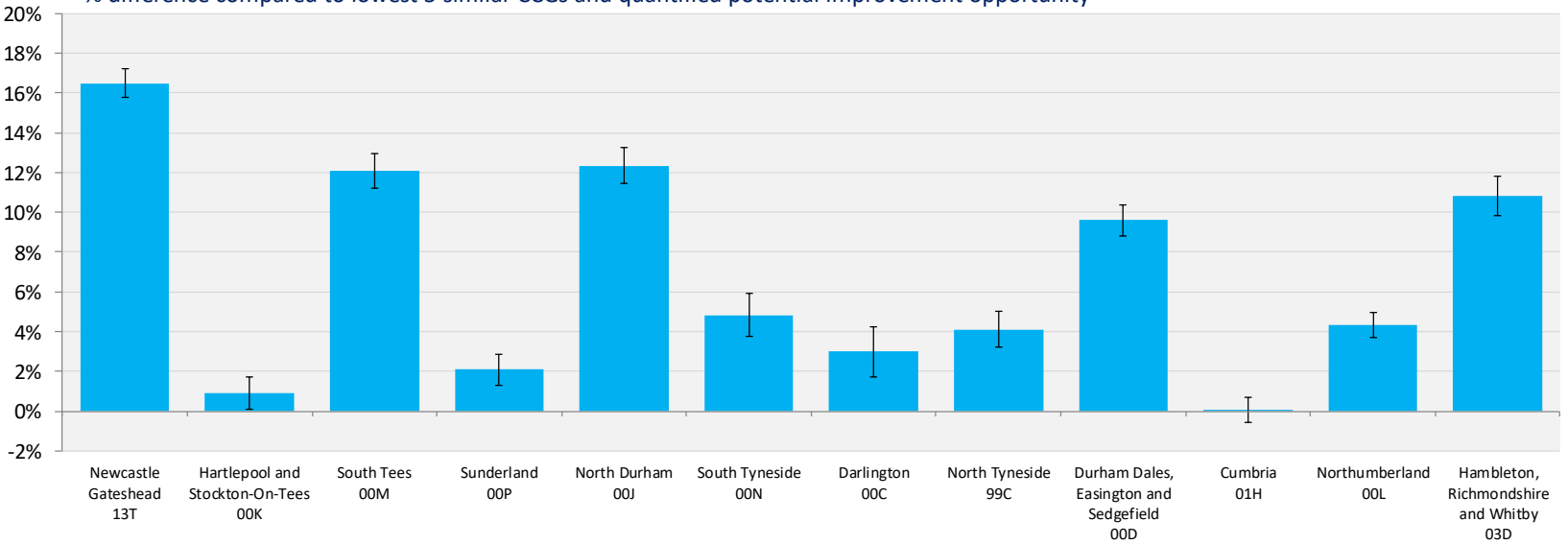
Triangulation of indicators

Average and higher elderly population when compared nationally

Percentage of GP registered population aged 65+ - April 2017



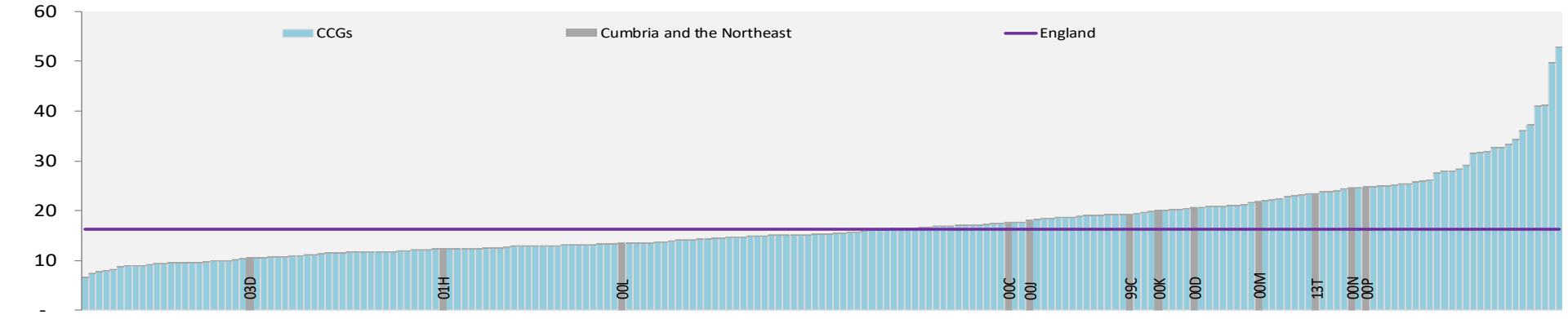
% difference compared to lowest 5 similar CCGs and quantified potential improvement opportunity

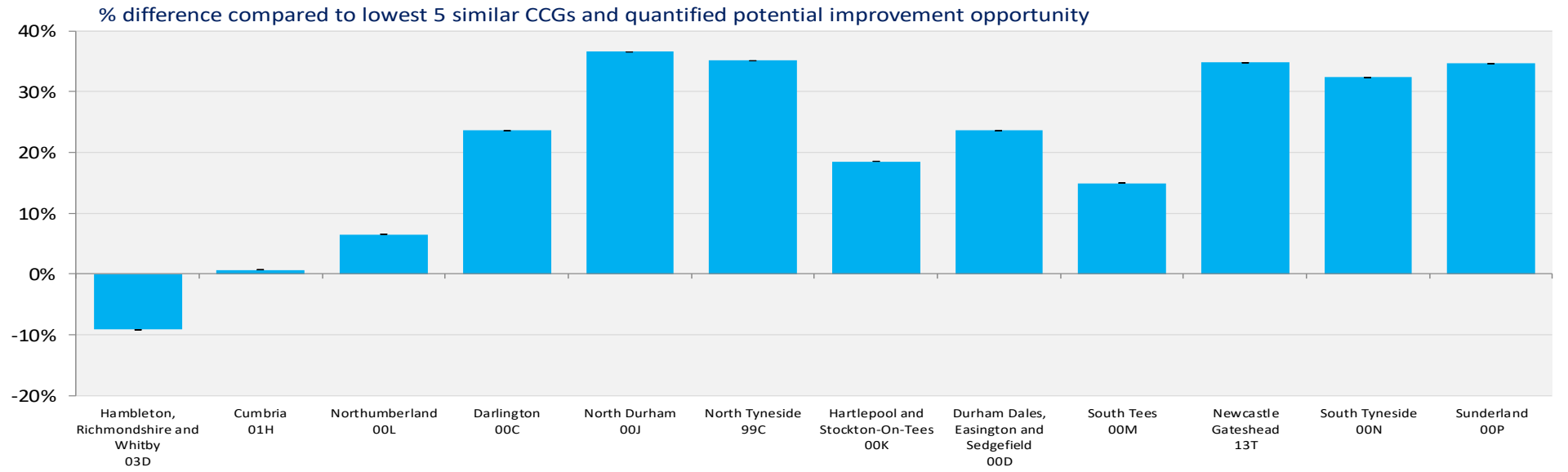


Source: NHS Digital

Elderly deprivation in NENC

Proportion of older people (aged 60+) living in income deprived households - 2015





Source: English indices of deprivation 2015

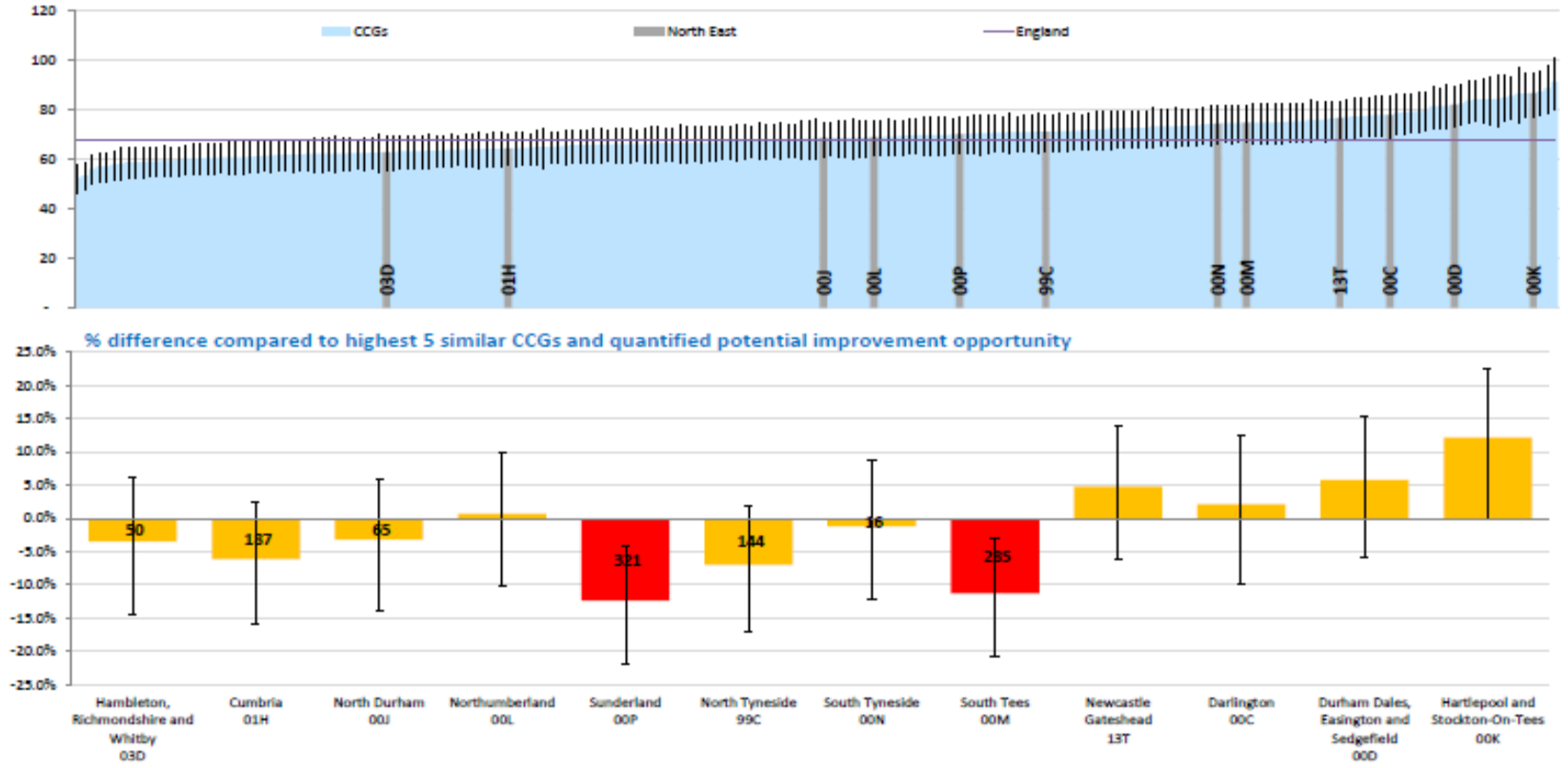
Risk

Dementia Diagnosis-NENC has an opportunity to diagnose over 600 additional people if most CCGs achieved the rate of their best 5 peers

NHS RightCare

Dementia: Diagnosis rate (%) for 65+ - February 2018

605 Ppl.



STP Opportunity calculated by summing the CCGs with statistically significant opportunities

Source: NHS Digital, Recorded Dementia Diagnoses

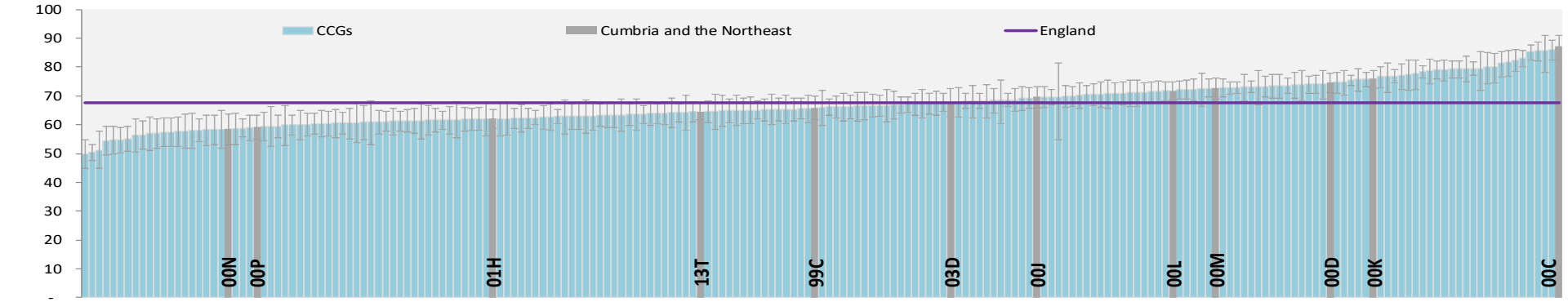
North East

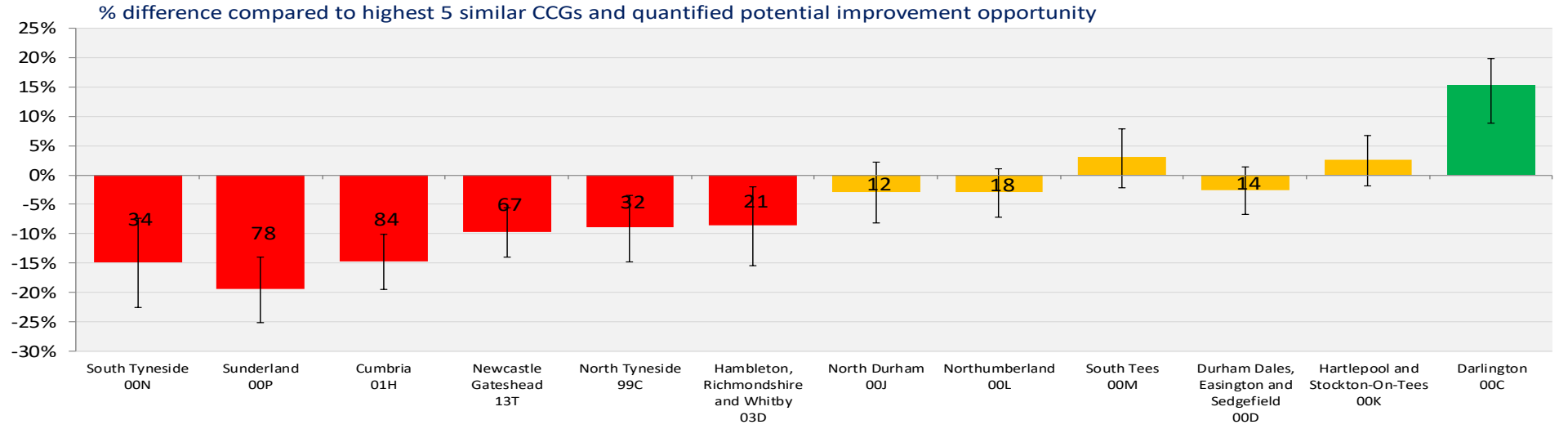
Over 300 additional patients newly diagnosed with dementia could have received health checks if the CCGs achieved the same rate as their best 5 peers

NHS RightCare

The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 12 months before or 6 months after entering on to the

317 Patients





STP Opportunity calculated by summing the CCGs with statistically significant opportunities

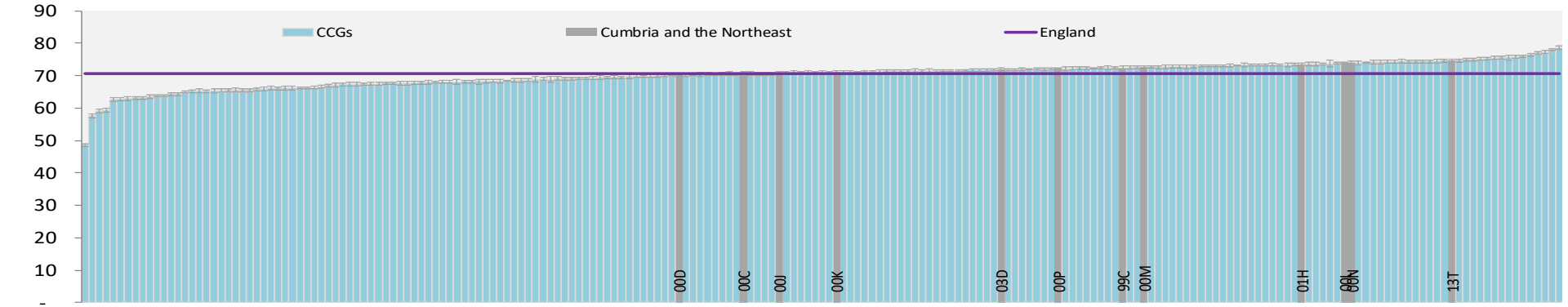
Source: QOF, NHS Digital

Over 7,600 additional older patients could have had a flu jab if most CCGs achieved the same rate as their best 5 peers

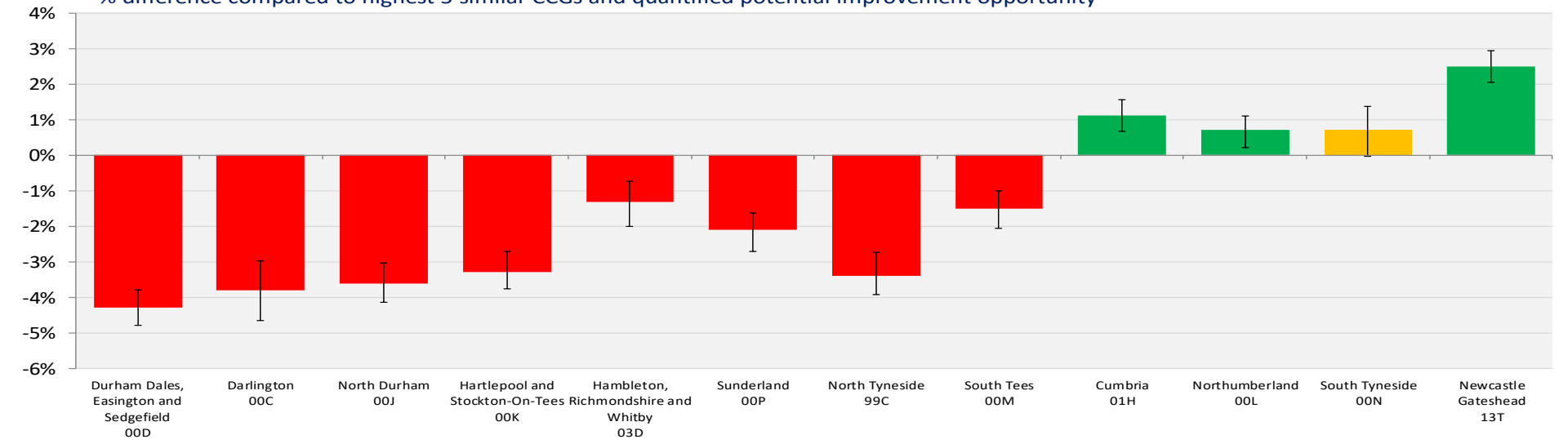
NHS RightCare

Percentage of seasonal influenza vaccine uptake amongst GP patients aged 65+ - 1 Sep 2016 - 31 Jan 2017

7,630 Patients



% difference compared to highest 5 similar CCGs and quantified potential improvement opportunity

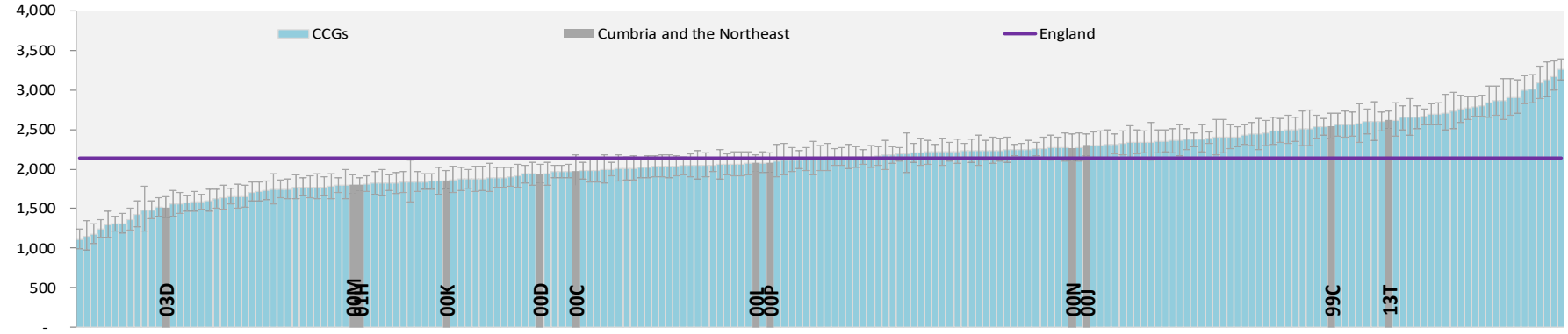


Source: Public Health England (PHE), Influenza Immunisation Vaccine Uptake Monitoring Programme

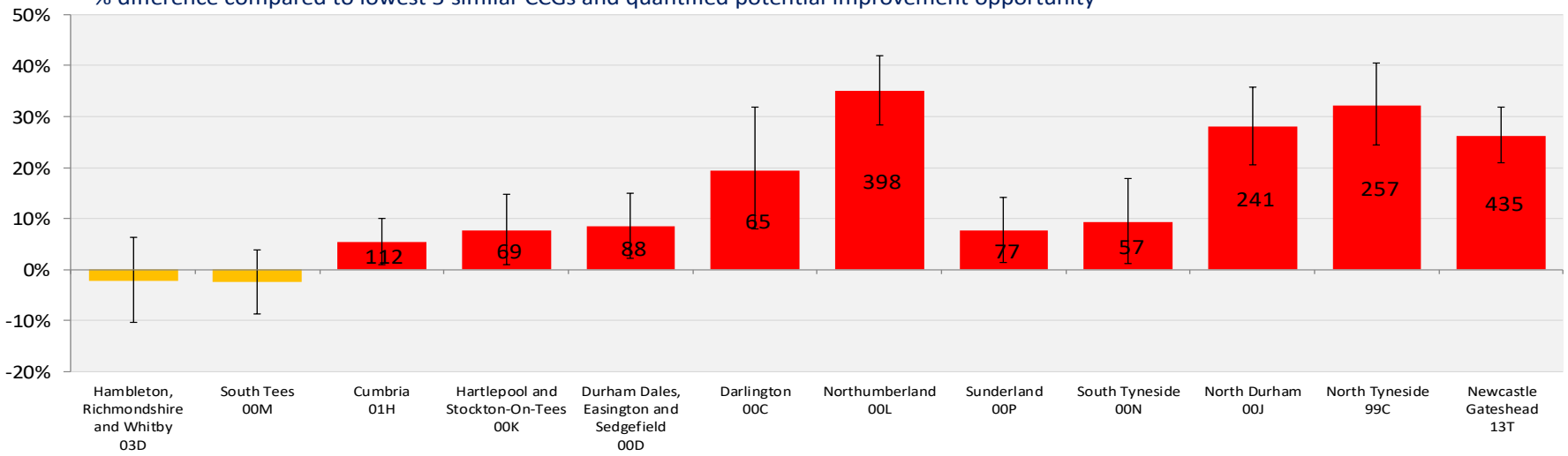
NENC has a number of CCGs that have low admissions when compared nationally, but there is an opportunity to reduce injuries due to falls in elderly patients by nearly 1,800 in NENC

1,798 Adm.

Injuries due to falls per 100,000 population aged 65+ - 2015/16



% difference compared to lowest 5 similar CCGs and quantified potential improvement opportunity



STP Opportunity calculated by summing the CCGs with statistically significant opportunities

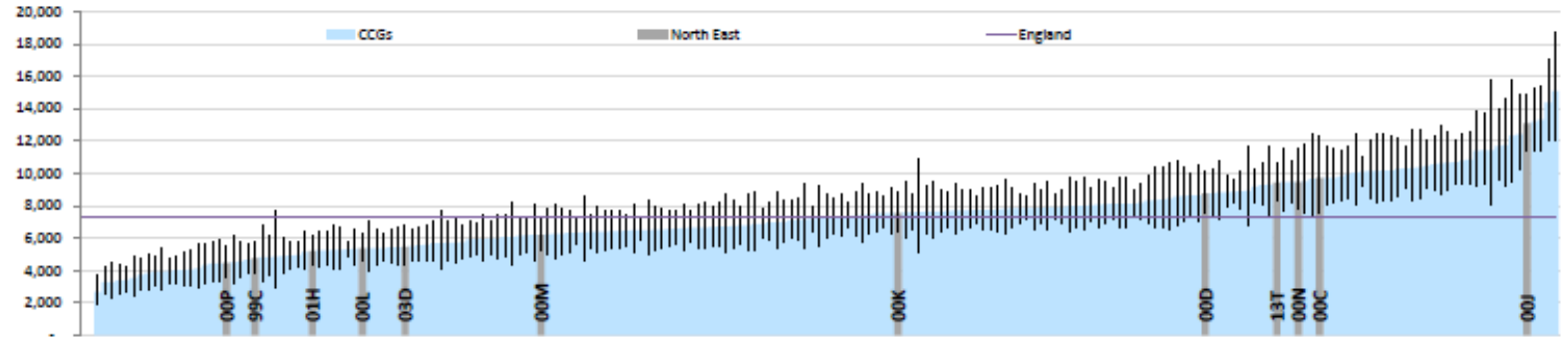
Source: National Commissioning Data Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Standard Extract Mart)

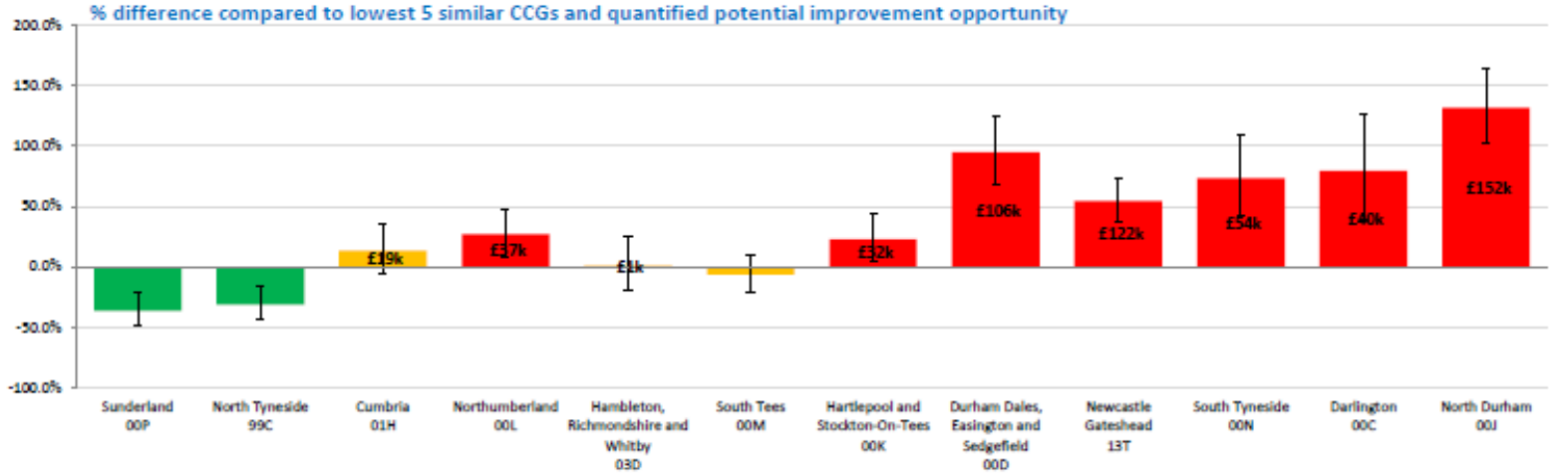
NENC has an opportunity to reduce spend by over £500k on admissions for syncope/collapse in older people

NHS RightCare

Syncope and collapse (R55X): Spend on non-elective admissions for people aged 75+ per 1,000 age-sex weighted population - 2016/17

£543k





STP Opportunity calculated by summing the CCGs with statistically significant opportunities

Source: National Commissioning Data Repository - Secondary Uses Service (SUS Plus)

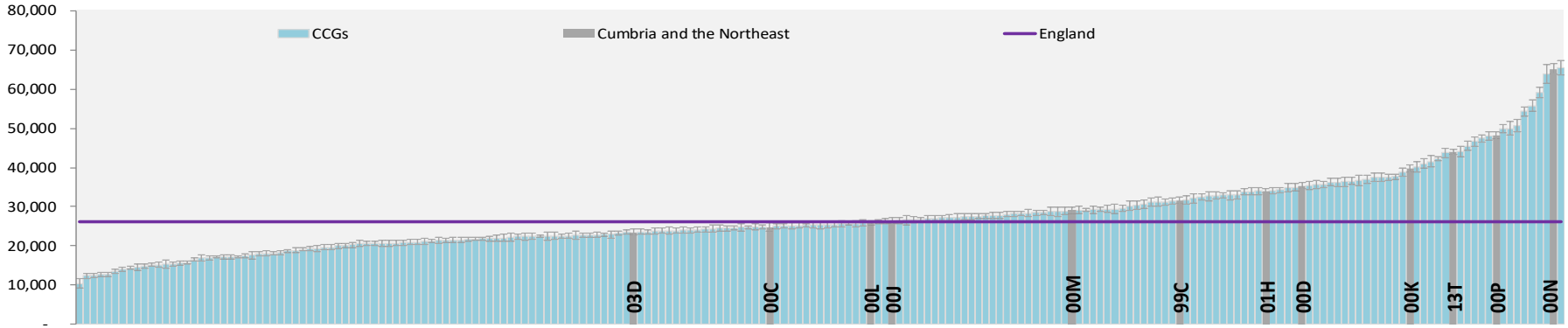
North East

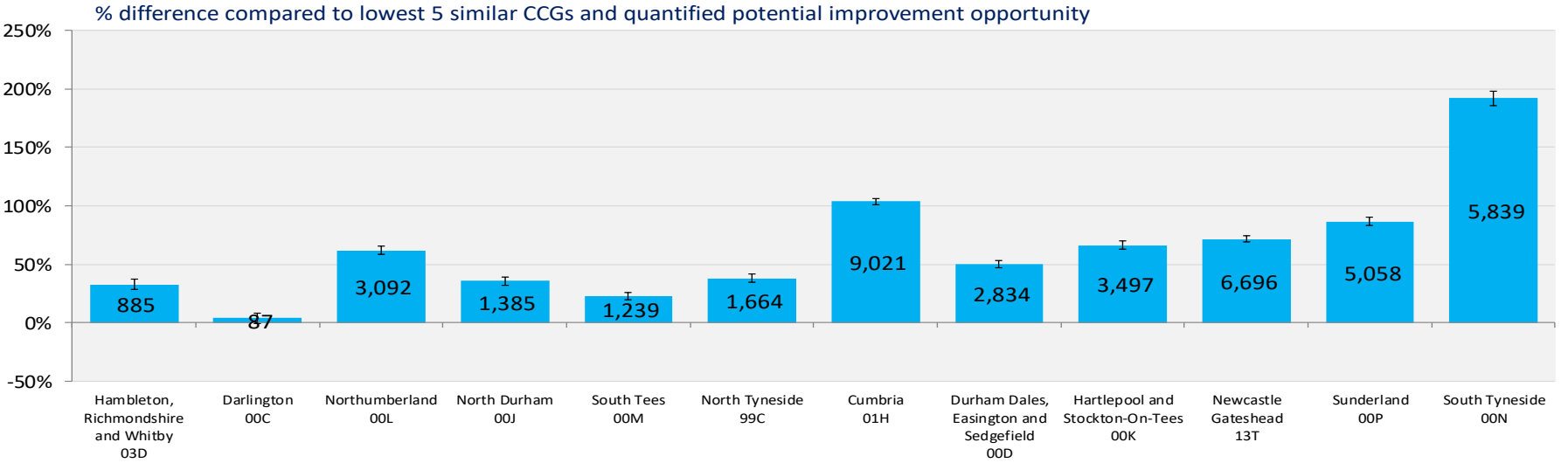
The CCGs in NENC utilise over 40,000 more emergency bed days for patients 75+ with UTIs than their similar 5 CCGs

NHS RightCare

Urinary tract infection, site not specified 75+ (17X - N390) - Rate of non-elective bed days per 100,000 age-sex weighted population - 2015/16

41,211 Bed days





The methodology for calculating bed days has changed since the 2015/16 data. Admissions without an overnight stay (Length of Stay = 0 days) are now given a LoS of 0.5 days, rather than 1

STP Opportunity calculated by summing the CCGs with statistically significant opportunities

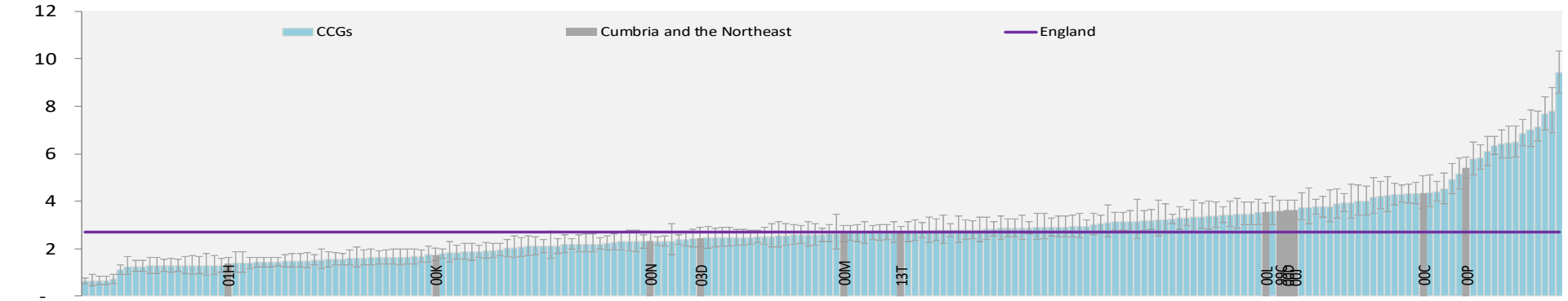
Source: National Commissioning Data Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Standard Extract Mart)

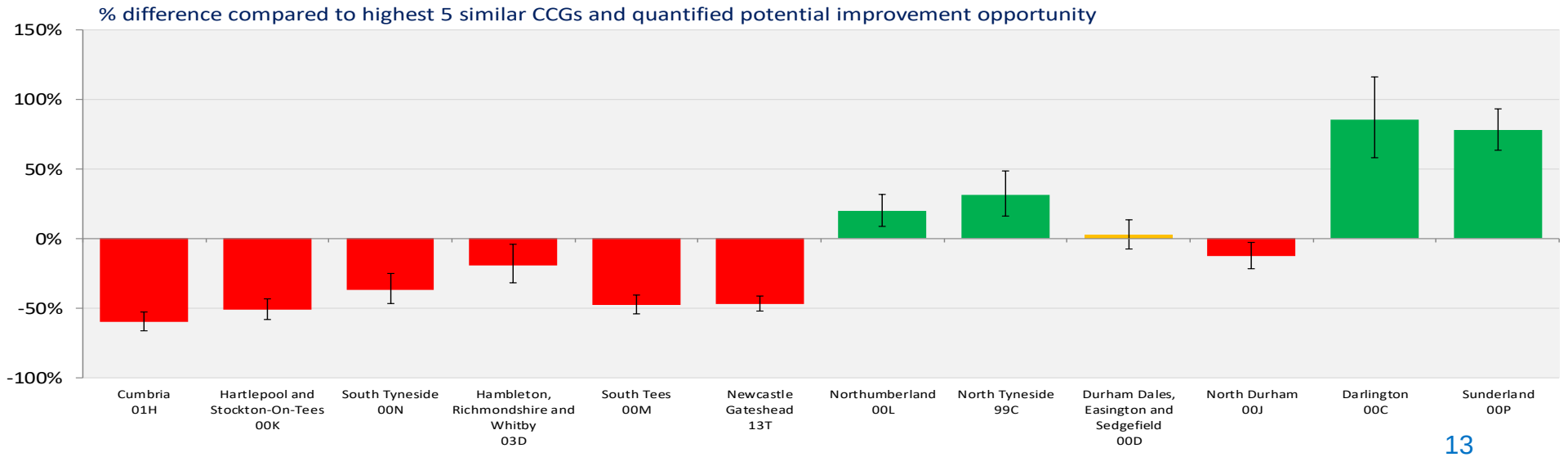
Opportunity to regain functional independence in our elderly population after hospitalisation
what can we learn from each other in NENC to improve the pathway for over 1,000 patients ?

NHS RightCare

Proportion of older people (aged 65+) offered rehabilitation following discharge from acute or community hospital - 2016/17

1,105 Patients





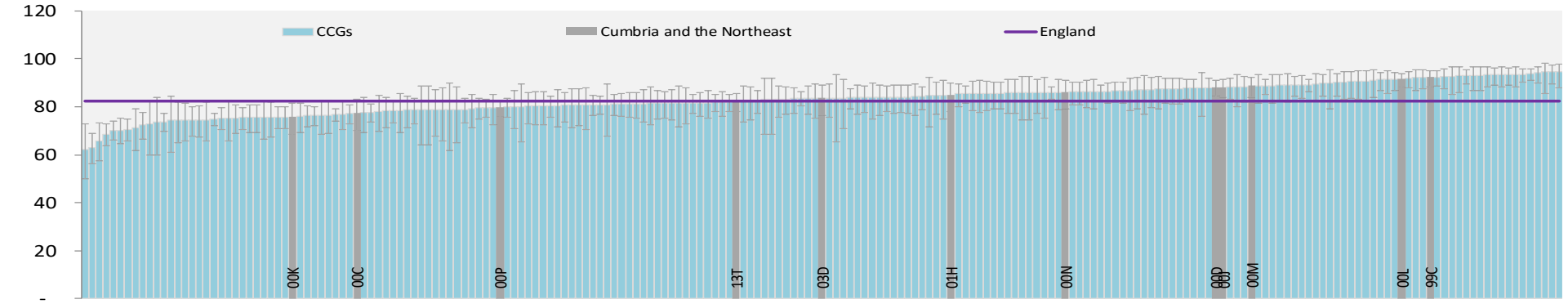
Source: NHS Digital

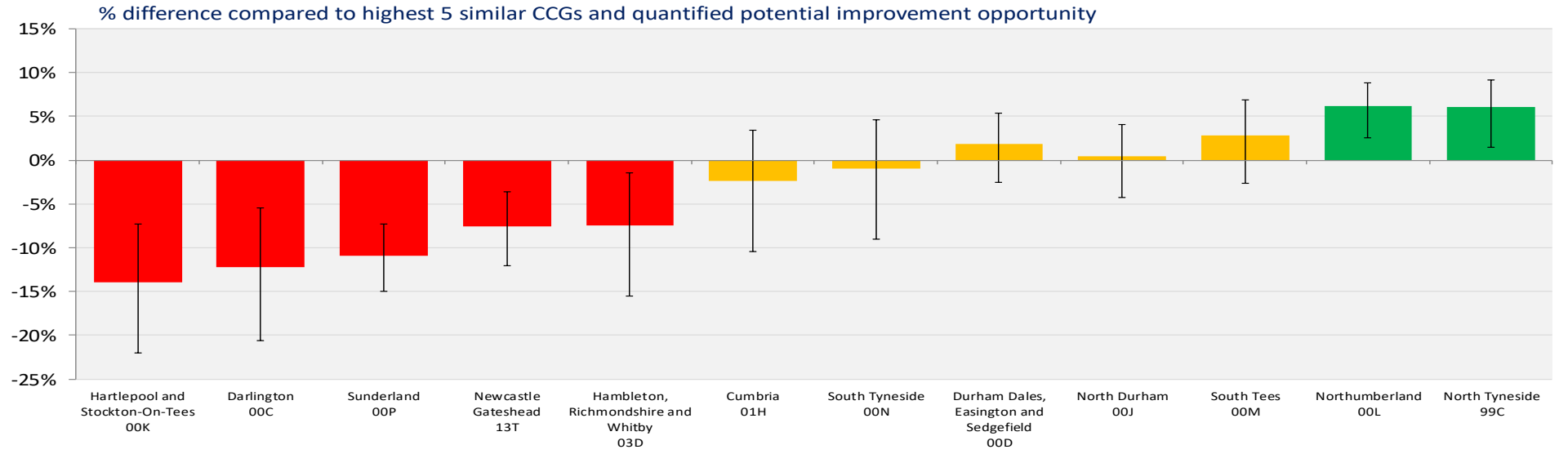
Opportunity to sustain functional independence in our elderly population - what can we learn from others ?

NHS RightCare

Proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - 2016/17

123 Patients





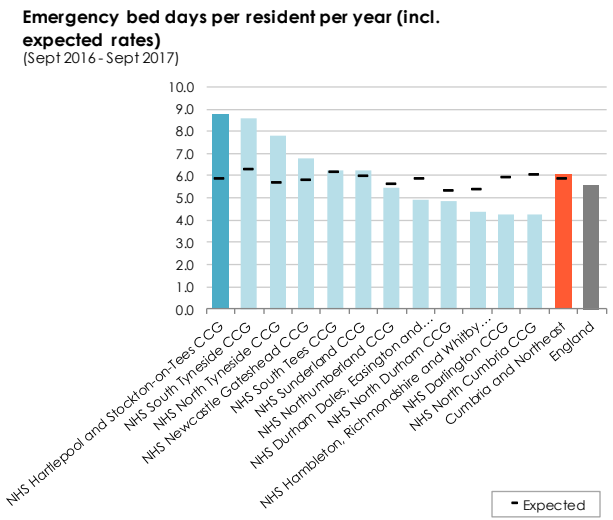
Source: NHS Digital

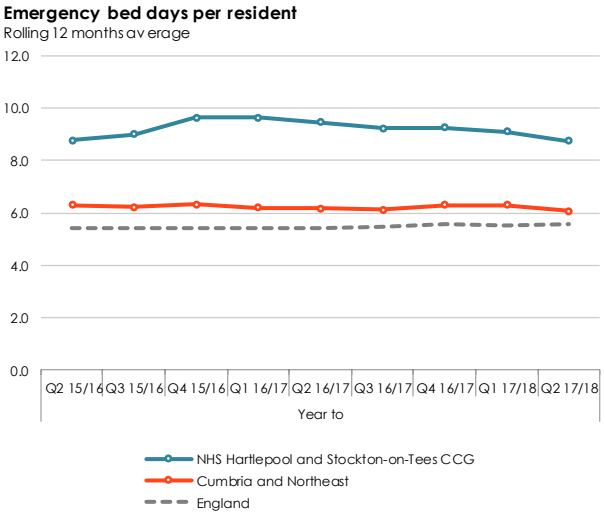
NENC Emergency bed days and Length of Stay.

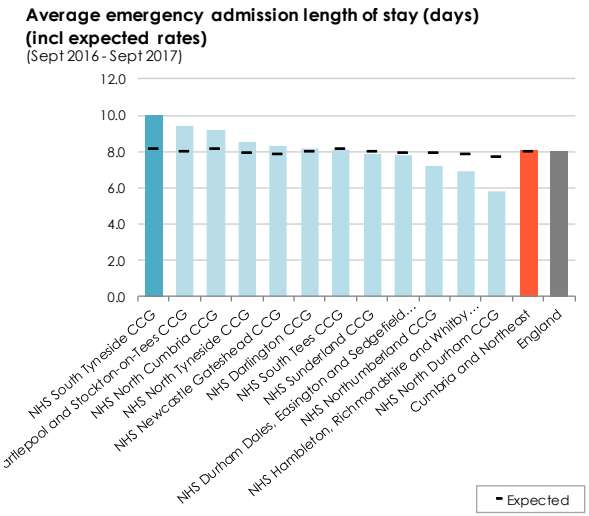
The graph with expected values provides a benchmark against which the crude rates of the activity can be compared to provide the basis for identifying the potential for improvement. It is attempting to account for differences between CCGs and population characteristics that we believe are predictors of hospital utilisation. This can provide the basis for further local exploration to understand any differences and explore opportunities for improvement. It is not a definitive statement of 'good' or 'bad'

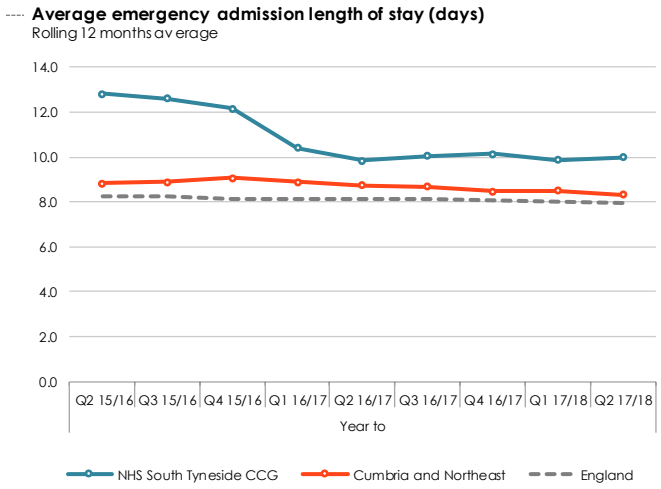
The charts on the right chart show the growth comparison between quarters so can dip below 0% if growth has reduced.
The other charts are rates per year per resident so could be an average value of anything above 0.

Emergency bed day rate in NENC



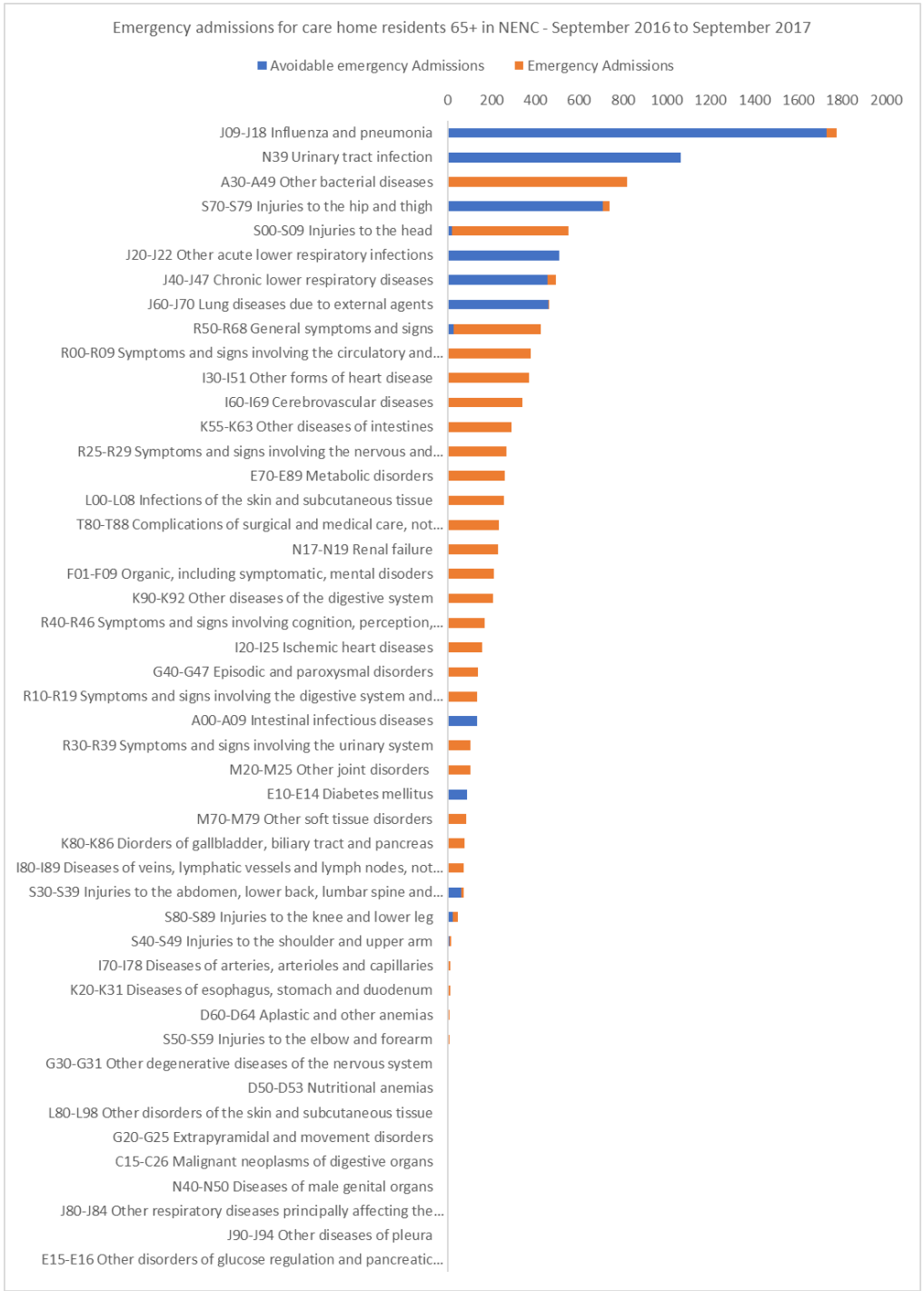






Average length of stay in NENC

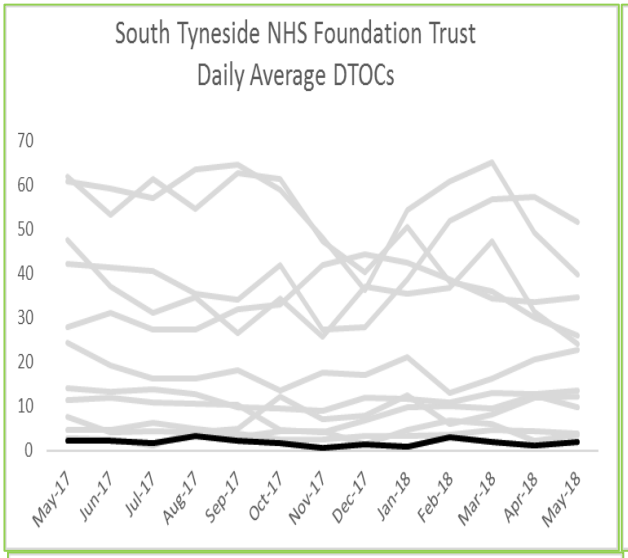
Elderly care home residents in NENC and emergency admissions

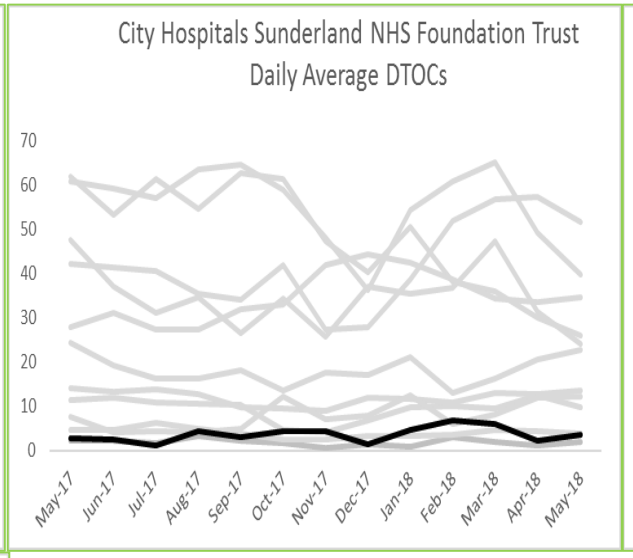


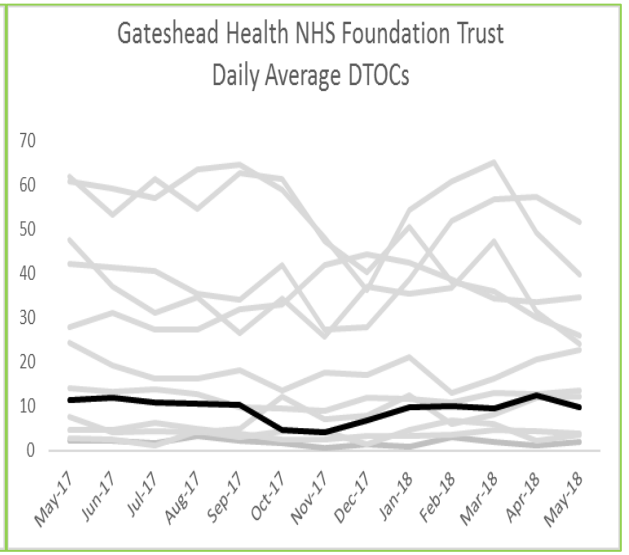
NHS RightCare

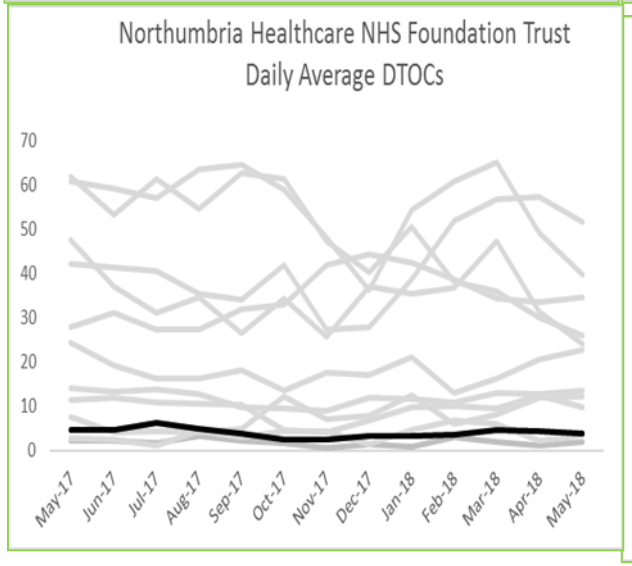
Source: NHS England enhanced healthcare in care homes benchmarking tool

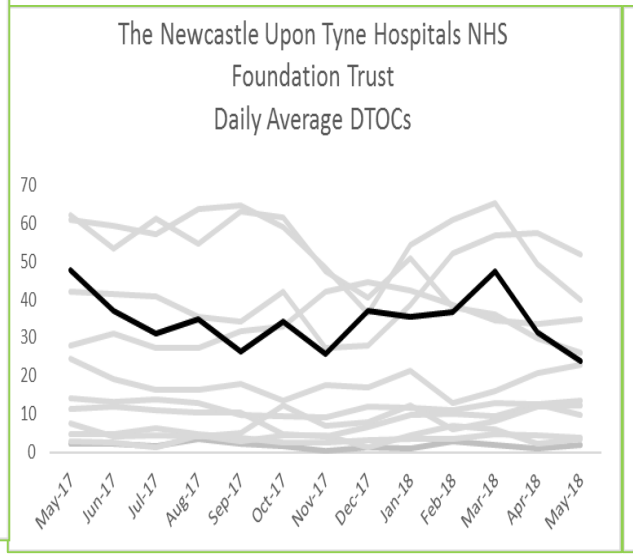
Daily Average Delayed Transfers of Care

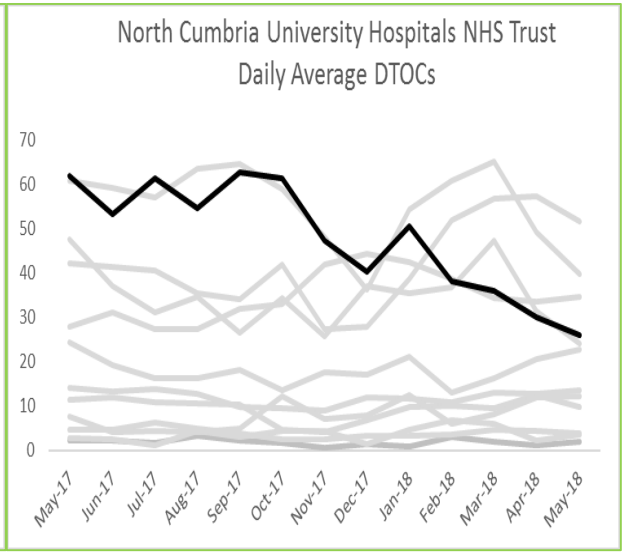






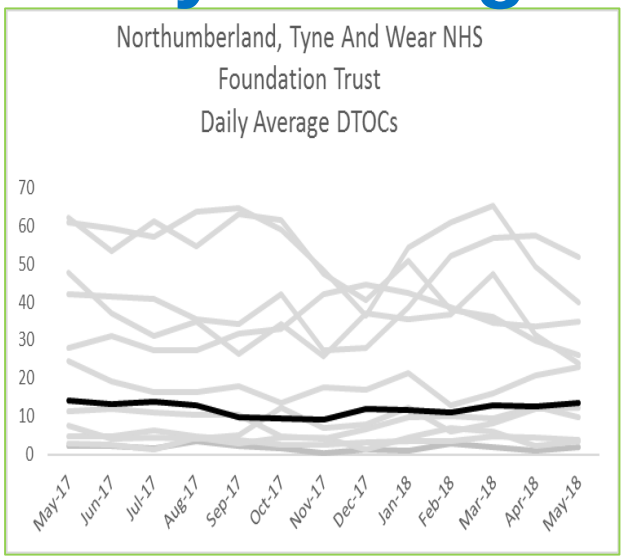


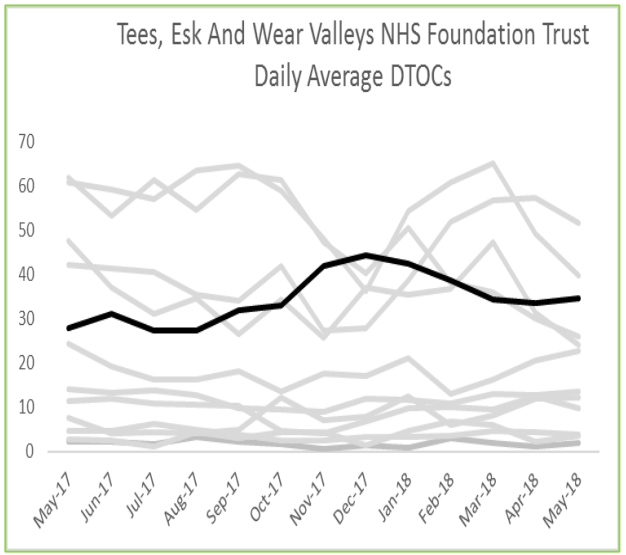


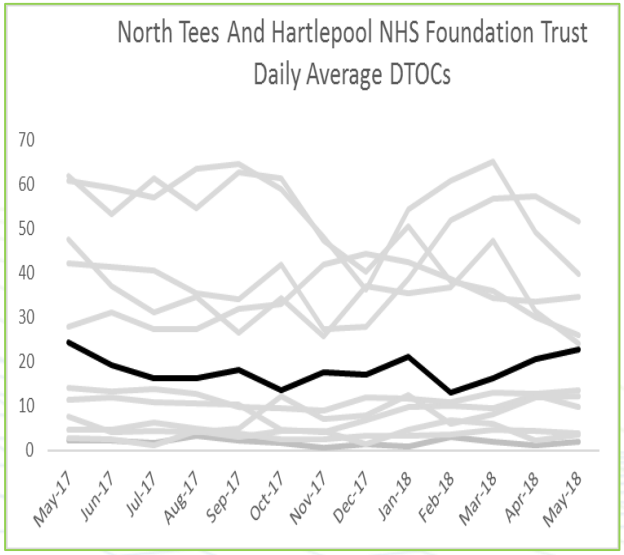


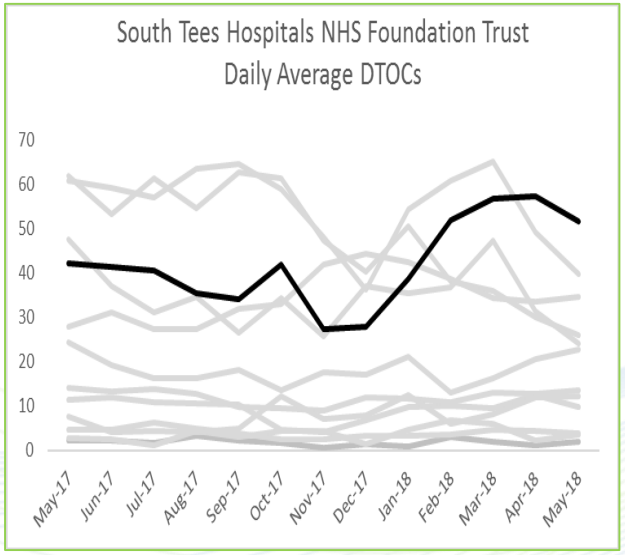
Source: NHS England delayed transfers of care dashboard

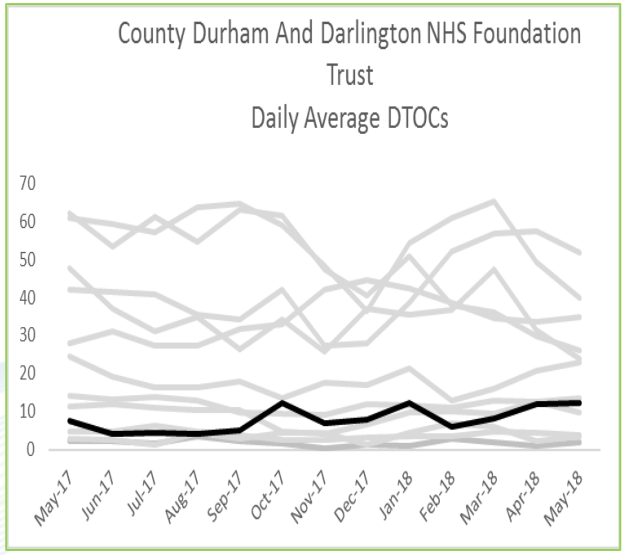
Daily Average DTOCs





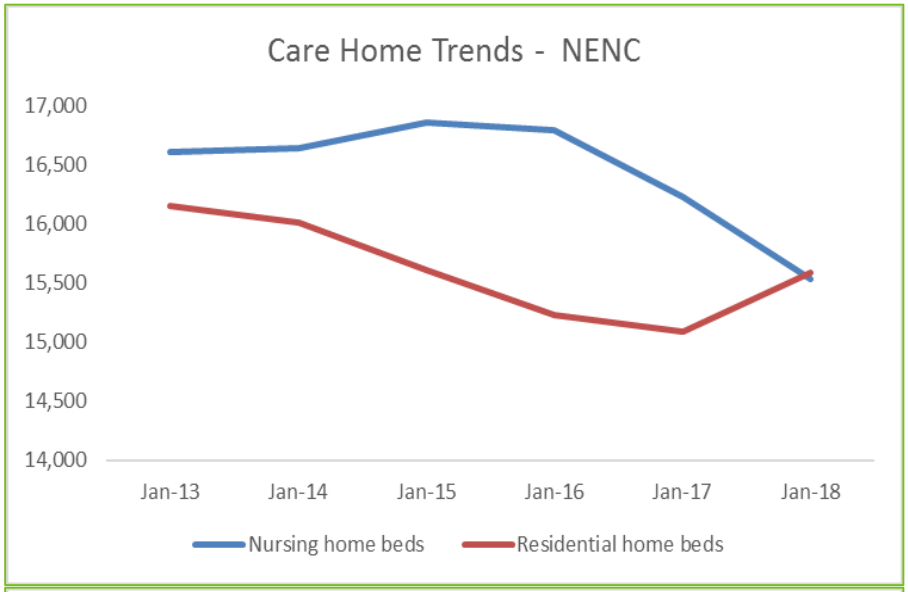


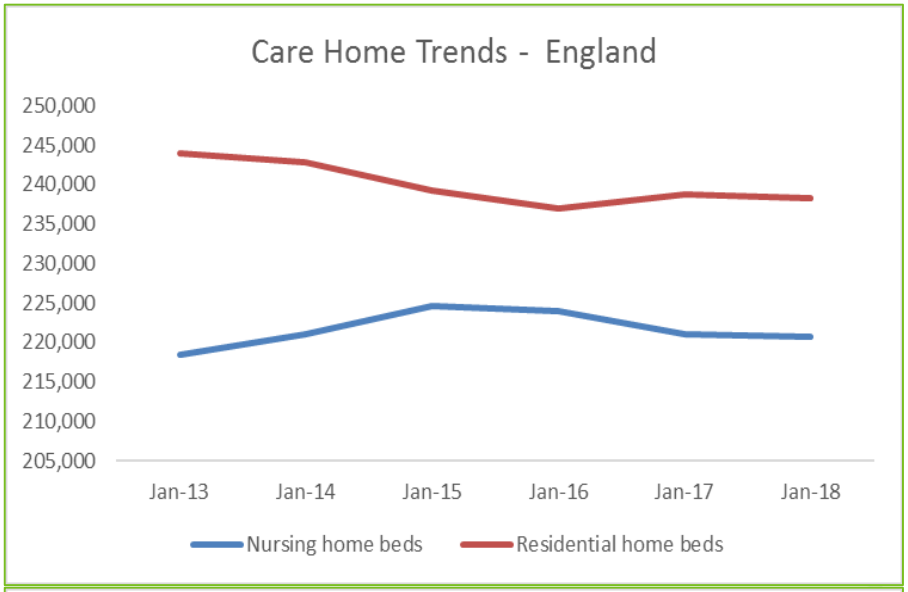


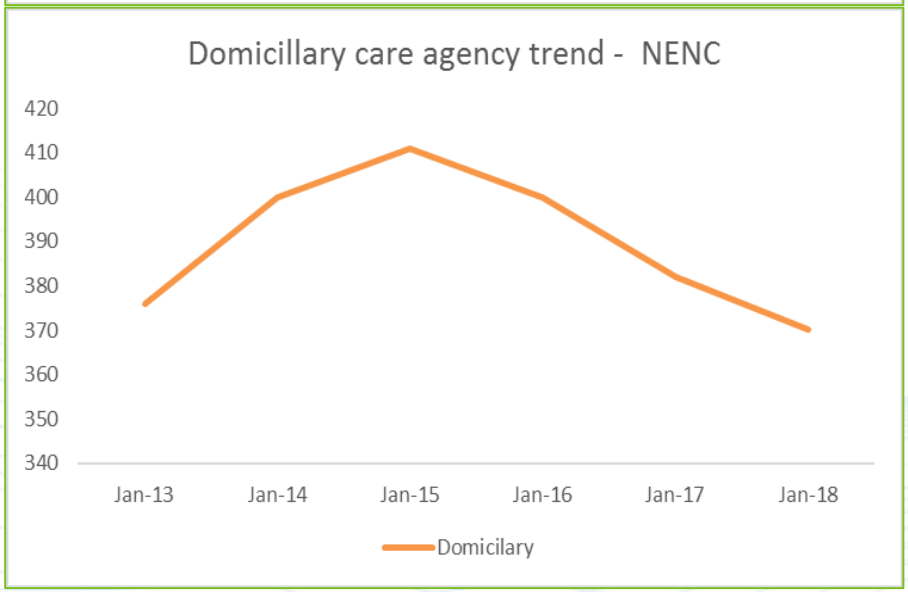


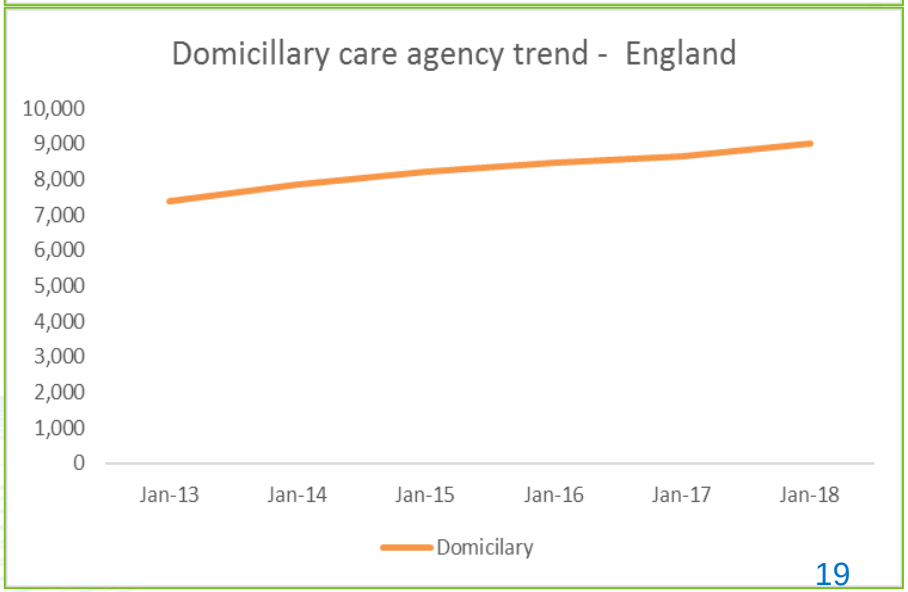
Source: NHS England delayed transfers of care dashboard

The provision of social care services is changing









Source: NHS England delayed transfers of care dashboard

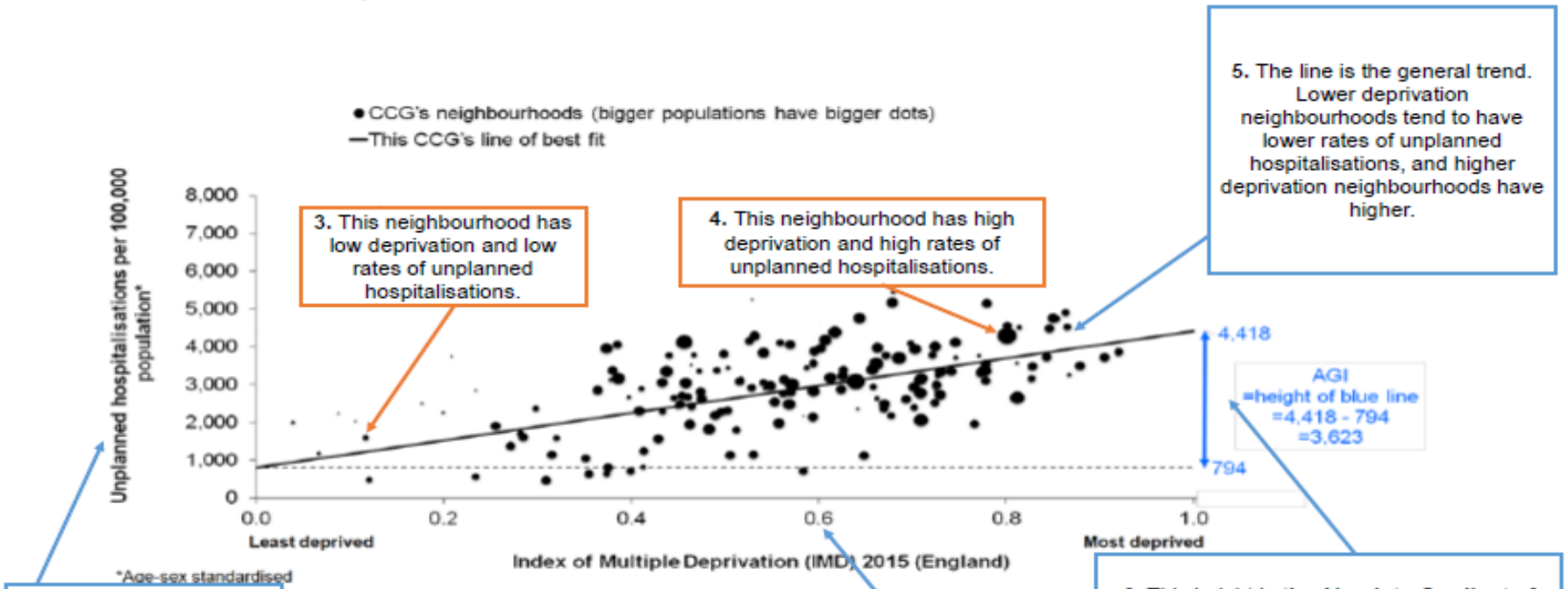
New Data being launched in Q3 will allow health economies to use Inequality to target reduction in emergency admissions

NHS RightCare

The Absolute Gradient of Inequality (AGI) for Unplanned Hospitalisations for Chronic Ambulatory Care Sensitive Conditions and Urgent Care Sensitive Conditions for 2016/17

Explaining the AGI with an unspecified CCG

We will be using the Absolute Gradient of Inequality (AGI) as a measure of health inequalities within each CCG. Here, and in the next slide, we explain this measure.



NHS RightCare Frailty Pathway

NHS RightCare Pathways provide a national case for change and a set of resources to support Local Health Economies to concentrate their improvement efforts where there is greatest opportunity to address variation and improve population health.

Population segmentation, identification and stratification of frailty

- System-wide recognition of the signs of frailty
- Know what to do when signs of frailty are found
- Standardised way of stratifying frailty status
- Identify frailty & frailty status

Encourage people to 'age well'

- Define the local healthy lifestyle offer
- Education & understanding of frailty
- Supported self-care
- Nutrition

Support People with Mild frailty

Support people with moderate frailty

- Multidisciplinary assessment of risk stratified patients
- Home and/or community based rehabilitation
- Recognition of deterioration

Reduce hospital length of stay

- Crisis response
- First 24 hours
- Effective rehabilitation
- Transfers of care to new care setting
- Co-ordination of care through sharing information

Support people with severe frailty

- Training & capabilities of social care staff
- Management of urgent care situations
- Enhance healthcare in care homes
- End of life care

Falls and Fragility Fractures

Delirium, Dementia and Cognitive Disorder

- Early identification of delirium
- Education of population, patients, families & carers

Personalised care

- Advance care planning
- Shared Decision Making

The details presented in this summary has been prepared by NHS RightCare using data for North East North Cumbria (NENC)

For further information contact:

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