Herefordshire General Practice
Taurus Healthcare

PRIMARY CARE ANALYTICS

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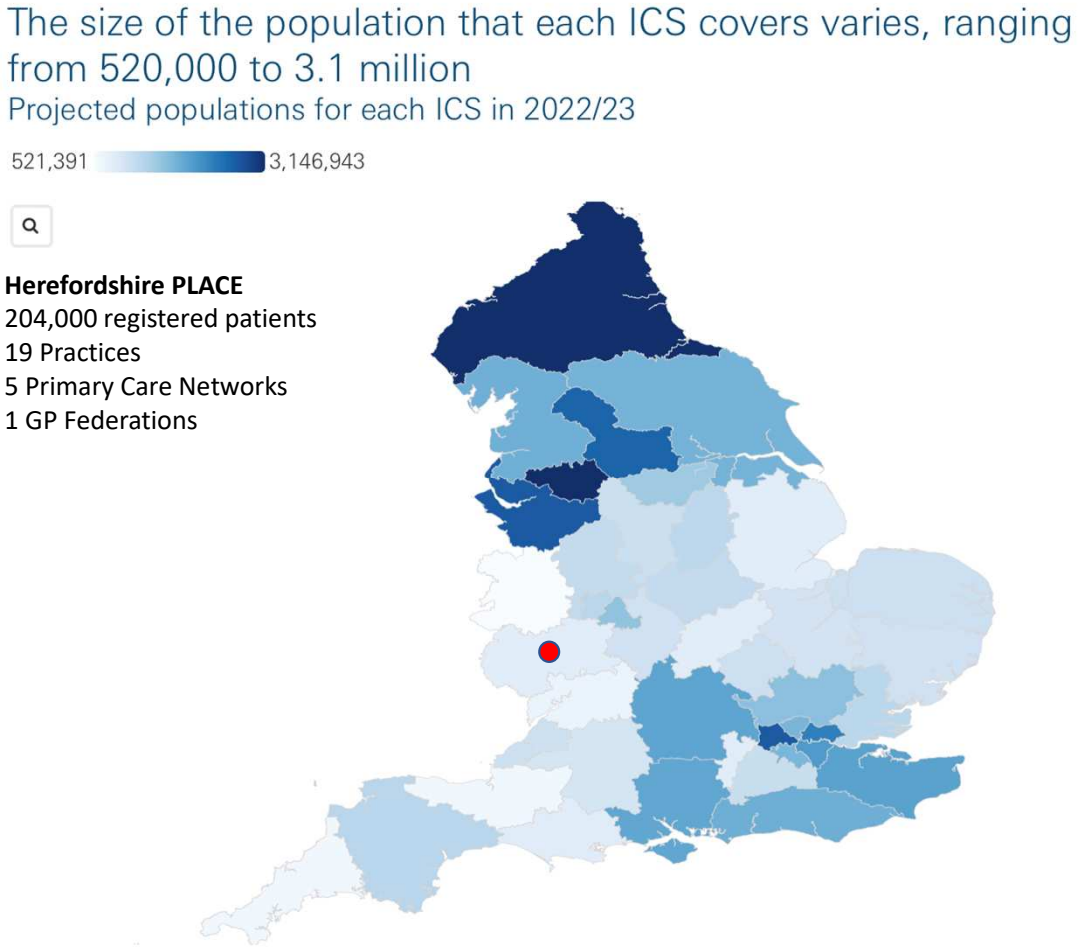
Making PHM Real: Identification to Intervention

Population Health Management isn't always about focusing on the mass, it can range from supporting a population of one million to one single patient.

We started at ICS level, using General Practice data as a primary source.

In our PHM intervention, we went from 204,000 patients to a more manageable cohort utilising a dataset consisting of 54million data points.

Having a dedicated team focused on data and analytics has provided essential insight to enable PHM projects.



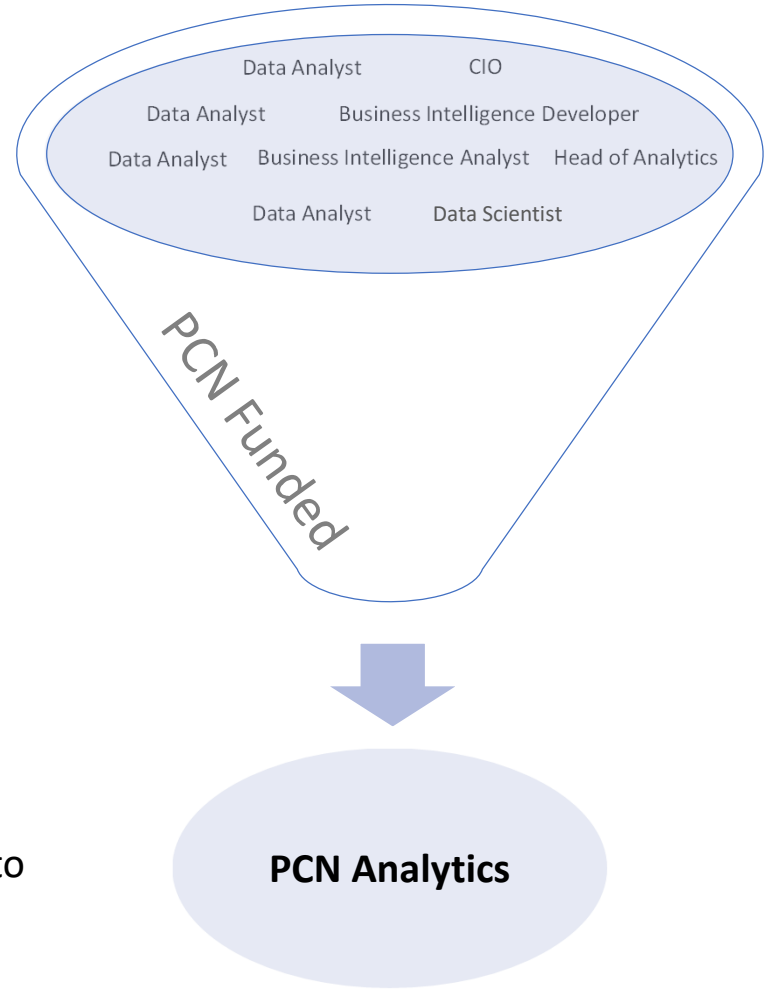
PCN Analytics Infrastructure

Investment is essential but at a time where data is in every policy and conversation, this should be no surprise

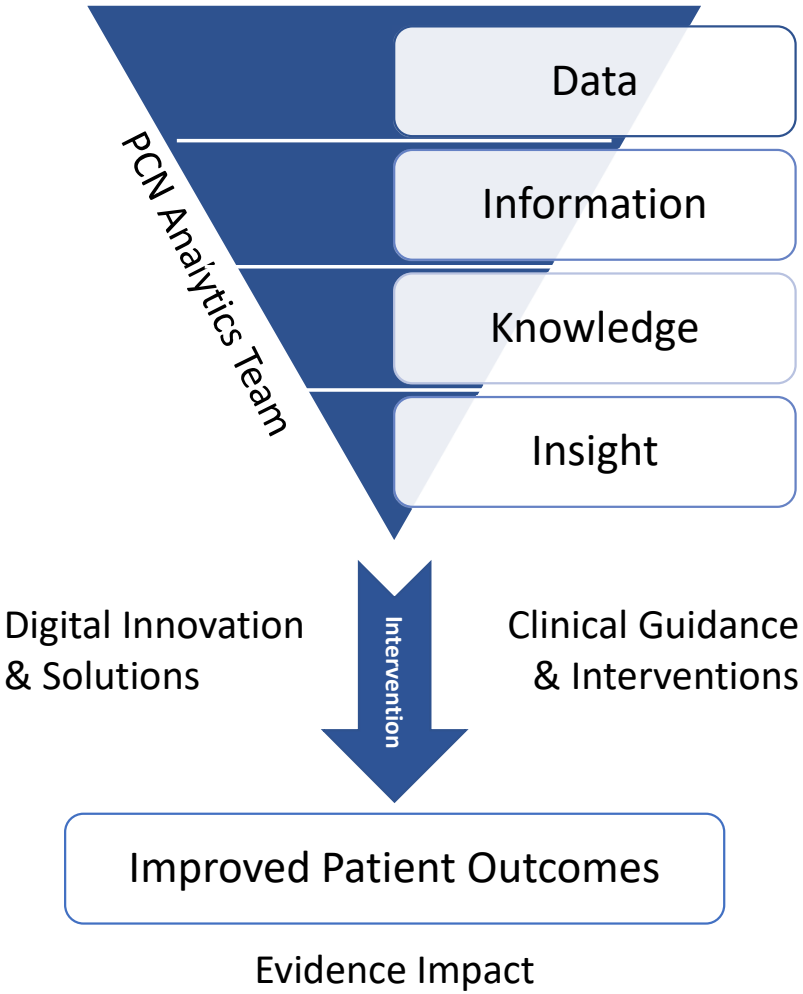
What worked for us?

- PCNs recognizing the importance and value of having good data and insights
- Willingness to invest their own money into analytics
- With this, over time we have developed a General Practice led Analytics Team
- With 15 staff and growing, the team has the capability and capacity to provide a scalable model that supports Herefordshire and Worcestershire PCNs and further

With Dashboards, insight, development, mentorship and leadership, we have become firmly rooted in to PCNs and the wider ICS as a go to for General Practice information

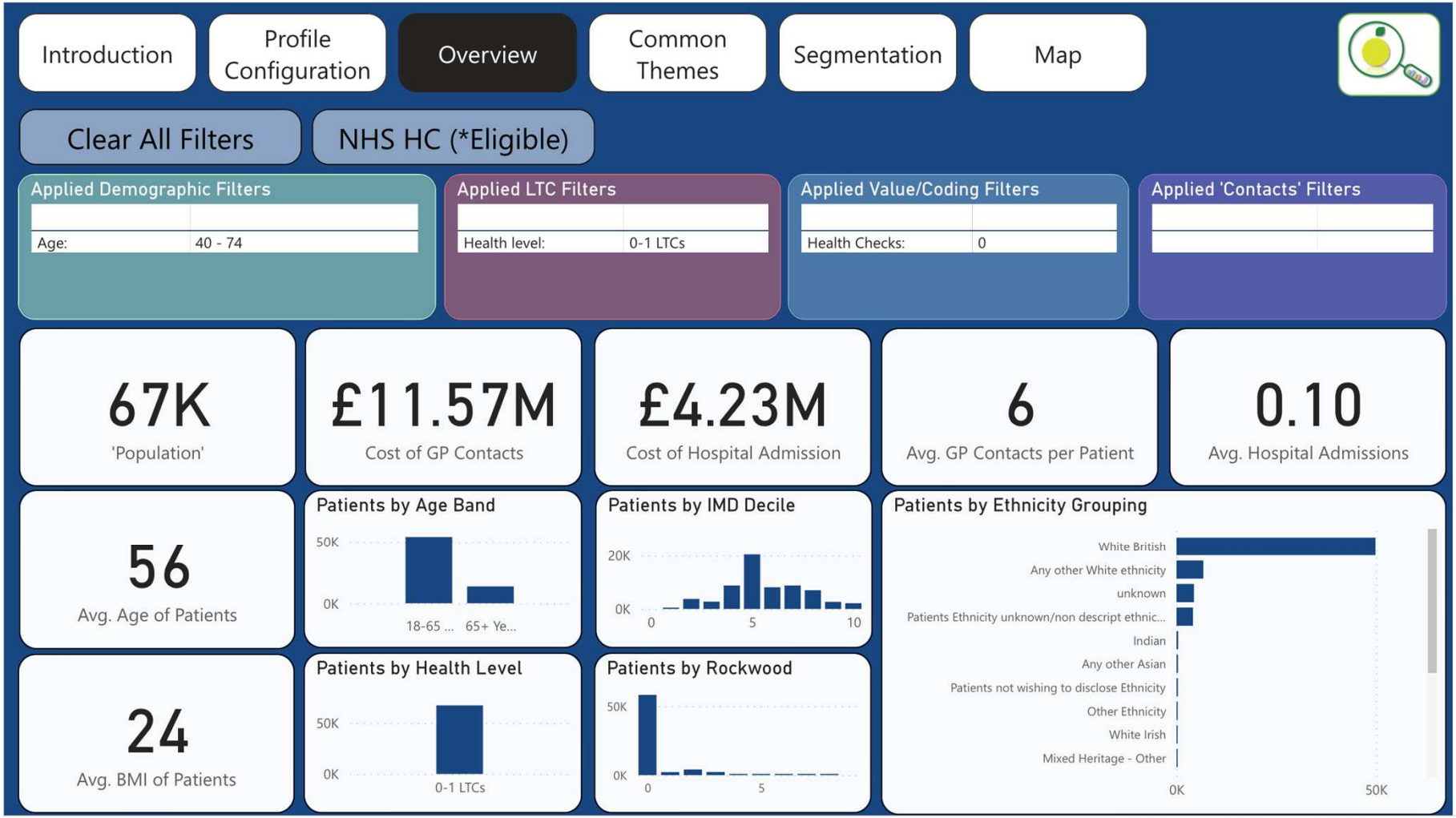


PHM Made Simple-ish



Making PHM Real

- Analyzed a data set consisting of 54 million data points
- Turned data into an interactive PHM Tool
- Worked with a General Practice Service to identify a cohort patients who were eligible for a Health Check and were facing inequalities
- The service team determined how they would communicate and provide health checks to the patient cohort
- The team took the care to the community and provided health checks from a roving bus
- Evaluation and benefit realization in the form of patient feedback and data
- As a result, patients received health checks and follow ups in a place and time convenient for them



Using data from General Practice we developed a PHM Tool that can easily identify patient cohorts requiring interventions. In this case we were asked to find cohorts who were eligible and needed a Health Check. The tool shows us a summary of those who haven't had a Health check, helping us delve into a more manageable cohort and focus on those who are facing inequalities.

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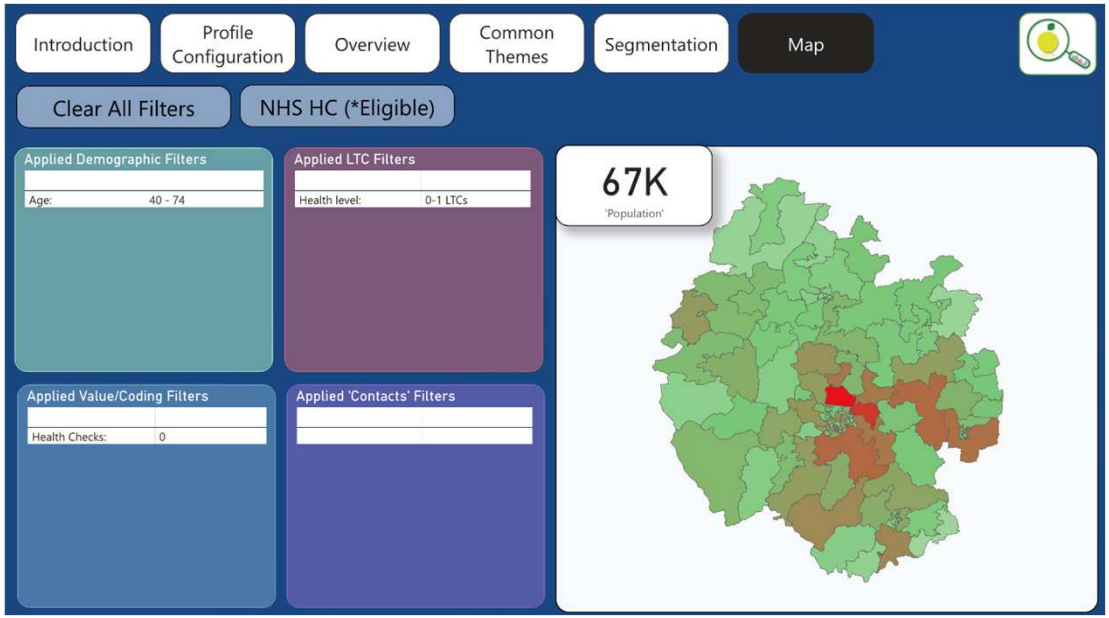

Moving through the Tool we can start to understand more about this chosen cohort of patients, including shared themes and characteristics, we can segment the population further, we can look at other inequalities that may be faced, all helping us to prioritise where finite resource needs to go.

To the right we can see the LSOAs that the patients reside in, allowing us to determine different methods of communication or approach. In this case we knew that a mobile ‘health check’ bus was going to be out in the community so, we needed to ensure the teams knew the areas they were likely to achieve most impact.

PHM in Action

Getting the right people involved is key but to do this you need to be clear on the problem and the outcome you are trying to achieve.

Change teams will make your intervention run smoothly and effectively. Built up of vital roles that will make the difference between a rough and ready process to a well formed, thought out and impactful outcome for patients.

A data analyst plays an important part of this team, making it more data driven and intelligence led to determine an initial cohort, success measures and evaluation to understand effectiveness.

In this case identifying cohorts of patients and areas to prioritise, allowed the team to focus the roving bus on specific LSOAs that had the highest levels of patients that required Health Checks and meant care could be taken to the patient, which resulted in higher levels of uptake.

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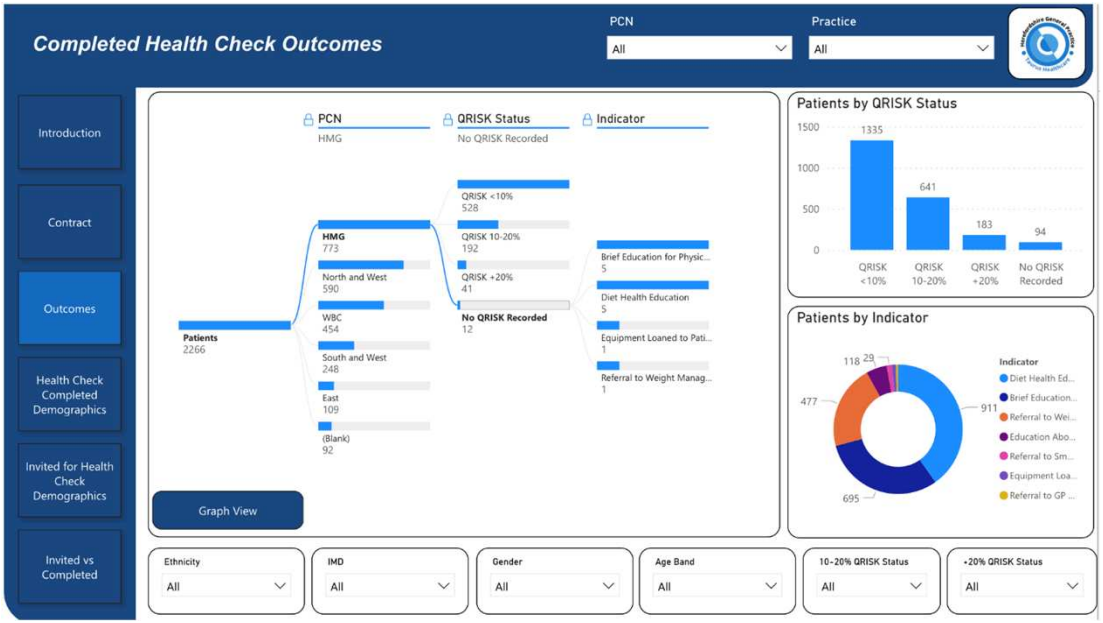

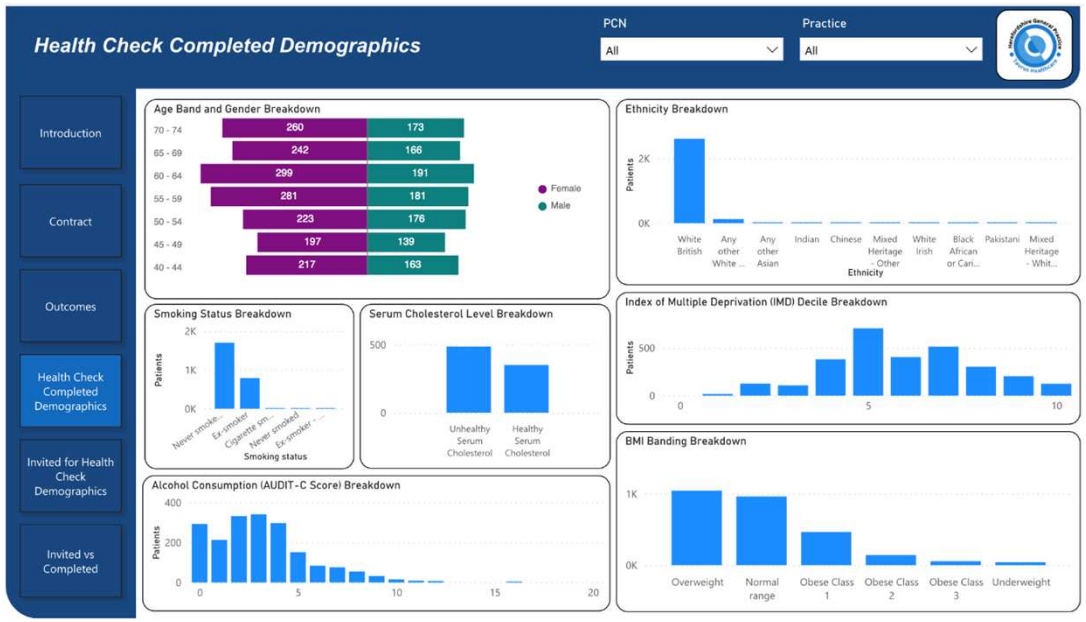

Following identification and intervention, we built a dashboard to be able to provide oversight, progress monitoring and impact analysis by reviewing results from patients and establishing where patients need to be referred to based on findings.

Challenges

ENGAGEMENT

CAPACITY

DATA QUALITY

UNREALISTIC TIMEFRAMES

CAPABILITY

Supporting Information

National Case Study on the locally developed PHM Tool and its use in PCNs
HEU125 Case study - Herefordshire and Worcestershire PHM Tool FINAL 300922.pdf

Pulse PCN reference to the H&W Primary Care Analytics Team
https://www.pulsetoday.co.uk/pulse-pcn/how-to-look-at-data/

Primary Care Analytics

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