City of Westminster

Westminster Health & Wellbeing Board

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Title:	Primary Care Modelling
Report of:	Councillor Rachael Robathan, Chairman, Health and Wellbeing Board
Wards Involved:	All
Policy Context:	Population modelling for primary care
Financial Summary:	NA
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1. Executive Summary

1.1 This report sets out the progress made by Westminster City Council (WCC), Central London Clinical Commissioning Group (CLCCG) and West London Clinical Commissioning Group (WLCCG) with the Primary Care Modelling project.

2. Key Matters for the Board

2.1 It is requested that the Westminster Health and Wellbeing Board:

- reviews progress to date and notes the close collaboration between council and Clinical Commissioning Groups (CCG) officers in developing the model; and

- agrees to provide continued support to the project.

3. Background

3.1 It was agreed that the joint project team will be undertaking the work in three phases:

- **Phase 1**: Establishing a borough-wide base set of projections and subsequent disease burden that all agencies are content to use as a single agreed set of figures. This will take into account the different populations supported by both the NHS and the Local Authority to maximise the use of the data for both sectors.

- **Phase 2**: Overlay the impacts of regeneration, housing and infrastructure plans and proposed local authority and health policy on the estimates modelled and build a tool that enables the manipulation of these impacts according to a number of variables. This will include the mapping of primary care and community based services.

- **Phase 3**: A programme of joint analysis of how the needs of the Westminster population will impact on the demand for primary care health services. In the first instance, the aim is for this to inform the analysis that will be used by the local authority, NHS England, Central London CCG and West London CCG to plan for future primary care provision before being rolled out to be used to inform the shape of other service provisions.

3.2 The importance of forward planning for primary care is highlighted in a recent report by the King's Fund showing that GP workload has grown hugely, both in volume and complexity[1].

3.3 At a joint workshop run by the Council and CCG (27 January 2016) it was agreed that the next steps should focus on aligning data, sources and assumptions across health, local authority and other data.

3.4 To improve utility for health bodies, it was agreed to produce a variant of the current resident model showing estimates for patients registered with a GP in the Central London CCG area.

4. Progress to date

4.1 Initially, we analysed data of the GP registered population to understand the characteristics of patients who register with a GP in Central London CCG. This is to help establish a common understanding of how and why the current resident population and GP population differs.

4.2 We found that:

- Not all patients registered with a CCG live within its geographic area. For example, of the patients registered with a GP in CLCCG, only 81% are resident in the geographical area of Westminster Council, while 6% of patients are resident in Camden, 4% in Kensington and Chelsea, 2% in Hammersmith and Fulham, 2% in Southwark and 5% elsewhere in London.

  Of Westminster residents, 30% do not register within CLCCG but with GP practices elsewhere in London (24% register with WLCCG, 3% with Camden CCG and 2% with Brent CCG).

[1] *Source: The King's Fund, Understanding pressures in general practice, 5 May 2016*

The WLCCG registered population is resident in Kensington & Chelsea (63%), Westminster (25%), Hammersmith & Fulham (6%) or elsewhere in London (6%).

- In terms of difference, the population registered with a GP in CLCCG has more people of working age and more students than the local authority population. From Westminster City Council's annual residents' survey in 2015, we know that of Westminster residents 5% are unregistered and 2% use a private GP.

- The two last points need further consideration once we have more detailed age and spatial area breakdowns from Systm One[2] to compare against the resident population. The City Survey results produce figures that members of the Board have queried as being low, and intuitively 5% does appear suppressed given the youth, huge turnover, and migratory nature of population. It may be an issue of bias in the City Survey. The GP registered population can only be higher than the registered population in reality if the numbers of people living outside Westminster registering with a GP in the City exceeds the number of residents not registering. Alternatively, we need to consider whether there is an issue of not all GP's cleaning lists quickly when registered people move away – particularly when they move to live abroad.

4.3 To add a variant of the current resident model showing estimates for patients registered with a GP in CLCCG, we have produced local projections of the registered population.

The findings include:

- National projections of the CCG registered population are not available. Therefore, we have used the resident population projections (based on the GLA Strategic Housing and Landing Availability Assessment (SHLAA)) to project the number of CLCCG registered patients by age group and ward. Once a methodology has been agreed and tested this will be replicated for the registered populations of WLCCG and Hammersmith & Fulham CCG.

- Preliminary findings based on local data show that the CLCCG registered population is expected to increase from 215,650 in 2016 to 241,100 in 2030, a 12% increase. The largest increase is expected in older people aged 65 years and over (a 40% increase) followed by young people aged 13-17 years (a 27% increase).

- Limitations and assumptions of the methodology used to project the registered population are being investigated. We need to understand better why the GP and resident population varies in Westminster in order to understand the suitability of applying the resident based population growth to a GP registered base. Once the methodology has been agreed, the

[2] Systm One is a central clinical database used predominantly by primary care professionals. It is **one** of the accredited **systems** in the government's programme of modernising IT in the **NHS**.

population projections will be used to produce a variant of the current resident model showing estimates for patients registered with a GP in CLCCG.

- When the analysis of the GP registered population is complete we will need to understand exactly what the impact of a different definitional (resident or GP) starting point is on projected results. We will need to consider whether the difference is sufficiently significant for two models to be required, and if that is the case, which should be deployed in which circumstances.

4.4 Current and future estimates of the healthcare cost of using the 15 patient group model from the London Health Commission[3] have now been added to the resident based model (including hospital care, GP visits, prescription cost, mental health care and social care based on the current average cost per patient in London).

5. Application of model and sharing best practice

5.1 We have also led collaborative work with the 8 CCGs and the corresponding 8 local authorities that make up the North West London Collaborative of Clinical Commissioning Groups to inform the North West London Sustainability and Transformation Plan[4]. The primary care model has been expanded to incorporate the local authority resident populations of these 8 CCGs to create a multi Borough model, and our methodology is now being used by others.

5.2 The work is informing the Westminster Joint Health and Wellbeing Strategy refresh. Population segmentation is used to describe the health issues and need across the population in the Strategy. The Primary Care Modelling work has been used to identify population groups with a high health need and/or health cost, and to estimate the future need and cost.

5.3 To share best practice, we have submitted an abstract for a poster presentation at the annual Public Health England conference in September to present our work to colleagues across the country.

6. Next steps

6.1 The translation of population estimates in the model to the 15 patient groups (appendix A) is currently based on London data. While the age and general health of the population has been taken into account, there is a risk that the profile in Westminster is different, given in particular the different community groups and lifestyles of people in Westminster. One of the next steps currently being investigated is to determine whether it is possible to ascribe CLCCG patients to each of the 15 groups in order to provide assurance that the London data is applicable or whether that local data is needed.

6.2 We will need to extract and analyse the GP registered data at a more detailed level (single age, sex and location) in order to provide a fuller understanding of the differences between the two population cohorts.

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6.3 We will also need to revisit some of the costs and activity estimates associated with each of the 15 patient groups that are currently lifted from the original London Health commission work and validate them using the expertise of Health and Wellbeing Board members as well as local CCG data where available.

7. Legal Implications

N/A

8. Financial Implications

8.1 N/A

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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Appendix – 15 population group model