NHS
North West London
Collaboration of
Clinical Commissioning Groups

Whole Systems Integrated Care

North West London Collaboration of CCG's

North West London
Whole Systems Integrated Care

Objectives of today's session

1. Introduce the WSIC Dashboards and how we share data across NWL
2. Explain how the dashboards are being used and show you some of the visualisations being developed on the personal health records
3. Explain how we are developing the product and supporting adoption across the system

Who is developing the WSIC Dashboards?

Key enabler to North West London's Sustainability and Transformation Plans (STPs)

Key facts • Over 2 Million People • Over £4bn Annual Health & Care Spend • 8 Local Boroughs • 8 CCGs & Local Authorities • Over 400 GP Practices • 10 Acute & Specialist Hospitals • 2 Mental Health Trusts • 2 Community Health Trusts

CCGs

- NHS Central London Clinical Commissioning Group
- NHS West London Clinical Commissioning Group
- NHS Hammersmith and Fulham Clinical Commissioning Group
- NHS Hounslow Clinical Commissioning Group
- NHS Ealing Clinical Commissioning Group
- NHS Brent Clinical Commissioning Group
- NHS Harrow Clinical Commissioning Group
- NHS Hillingdon Clinical Commissioning Group

Acute

- The Hillingdon Hospitals NHS Foundation Trust
- Chelsea and Westminster Hospital NHS Trust
- London North West Healthcare NHS Trust
- Imperial College Healthcare NHS Trust

Social Care

Brent · Harrow Council London · Hillingdon London · The Royal Borough of Kensington and Chelsea · City of Westminster · h&f hammersmith & fulham · London Borough of Hounslow · Ealing www.ealing.gov.uk

Mental Health

- Central and North West London NHS Foundation Trust
- West London Mental Health NHS Foundation Trust

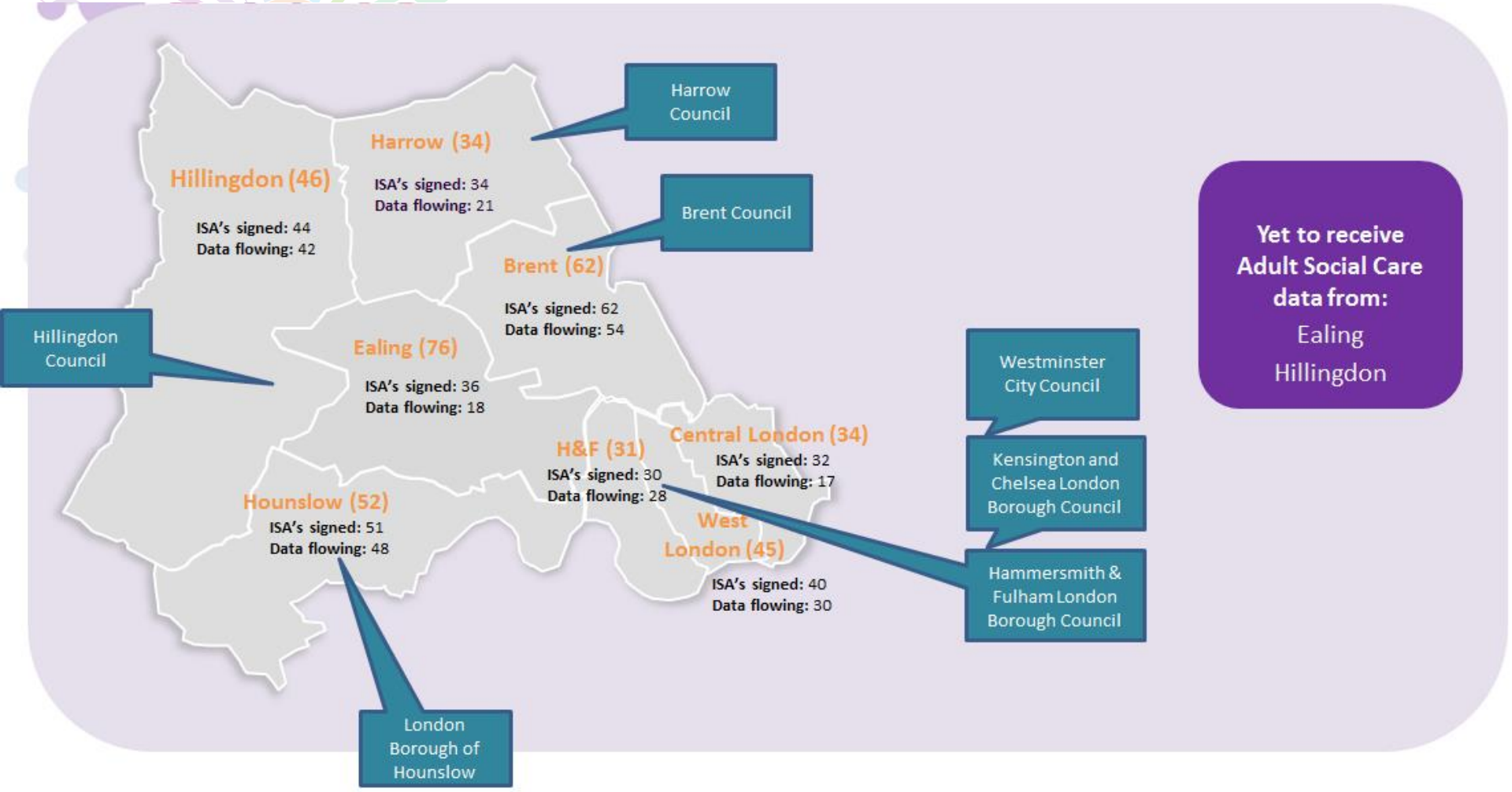
Community

- Central London Community Healthcare NHS Trust
- Hounslow and Richmond Community Healthcare NHS Trust

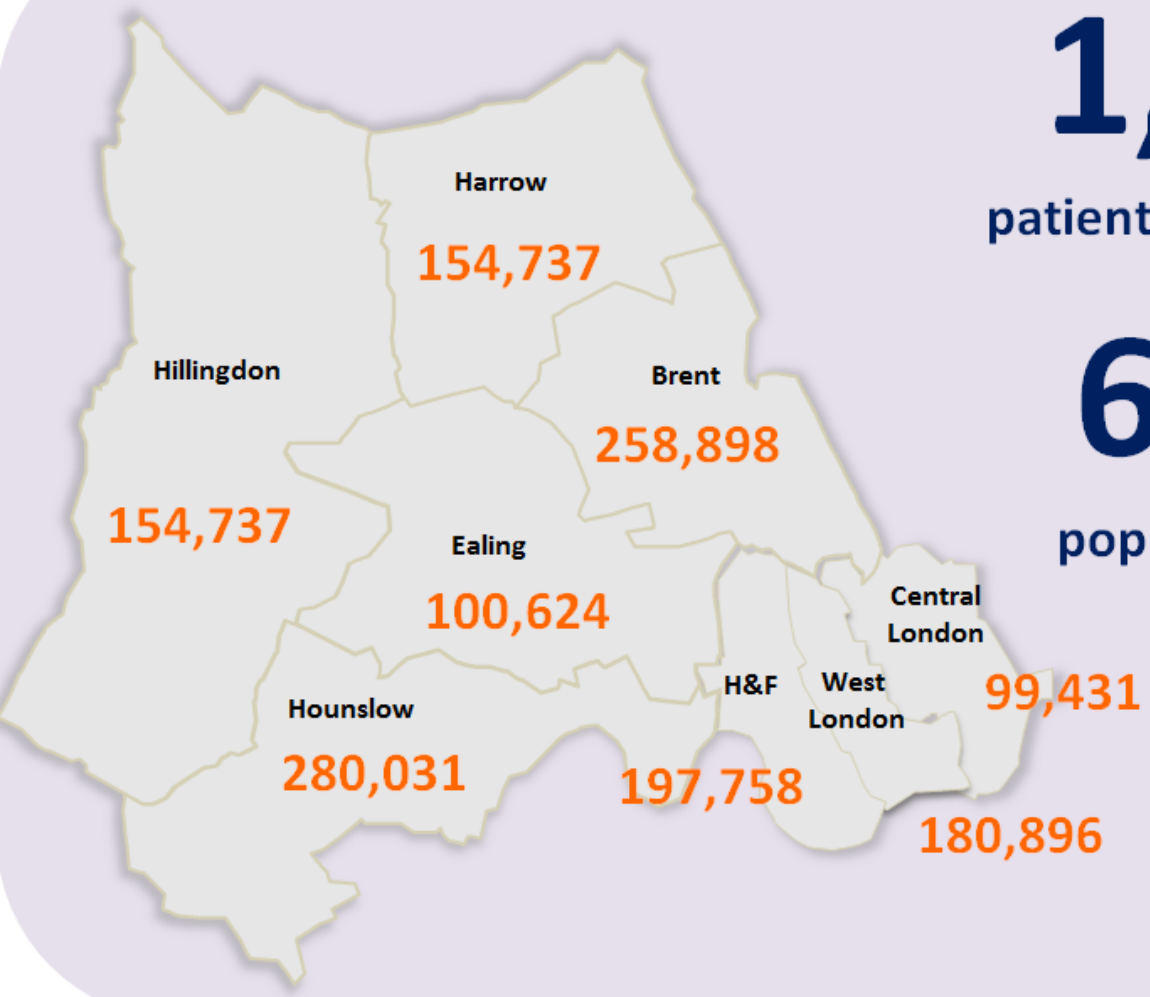
GPs

NWL ISA Heat Map

Digital Information Sharing Agreements (ISA) in place with 346 health and social care providers across the NWL system – covering over 1.5 million people to date



WSIC Data Warehouse population



1,533,724

patients in the WSIC data warehouse

67.0% of the patient population in North West London

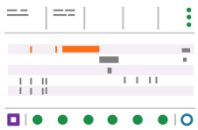
Whole Systems Integrated Care (WSIC) solution

Derived Measures
Long Term Conditions
electronic Frailty Index (eFI)
Spend

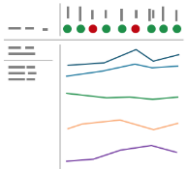
Core Data
Activity
Prescriptions
Demographics

Reference Data
Organisation
BNF
Postcode 'out codes'

WSIC Data Warehouse


Integrated Patient Summary

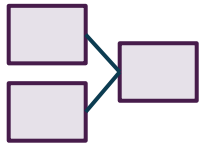

Case Finding Tools


Long Term Condition Management Tools

DE-IDENTIFIED


Population Health


Benchmarking


De-identified dataset


District Nurses
Care Coordinators
GPs
Clinical teams in secondary care


ACPs


Researchers

Analytics for Direct Care

How the WSIC Dashboards are being used to coordinate care for NWL patients

Meet Sam and Betty

Using Betty's story…..

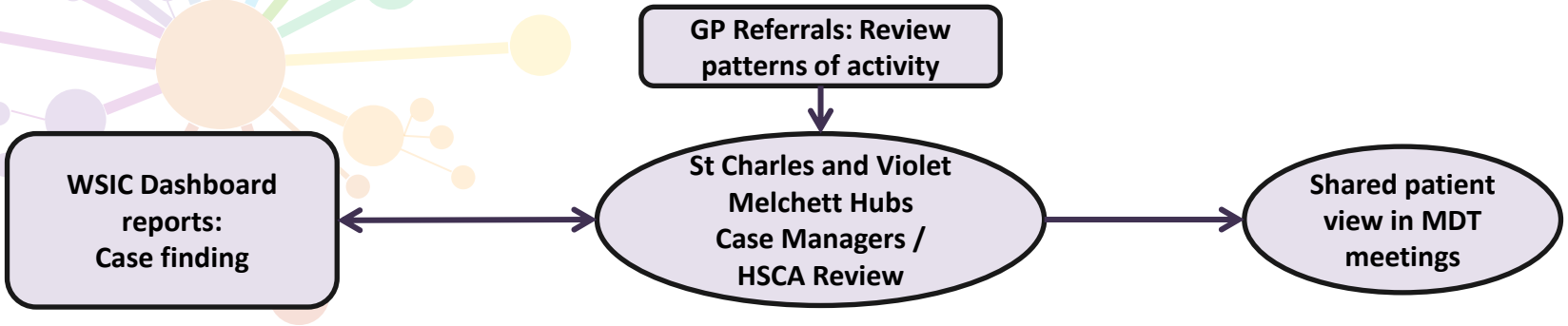
- Betty 87, suffers from COPD, Type 2 diabetes and arthritis.
- Coping well until Sam passed away, but now lonely and increasingly depressed.
- Frequently visits her GP and if she can't get hold of her GP in a crisis calls for an ambulance.

Using the WSIC Dashboards

- Care coordinator identifies Betty as a frequent A&E user and regular inpatient user on the patient radar
- Her activity timeline shows the care coordinator:
  - A sudden increase in her activity across the system, including a number of inpatient stays and A&E visits over the weekends;
  - She has not been treated for anything major in hospital;
  - She had a referral to social care but did not attend her appointment; and
  - She is attending at the practice weekly.

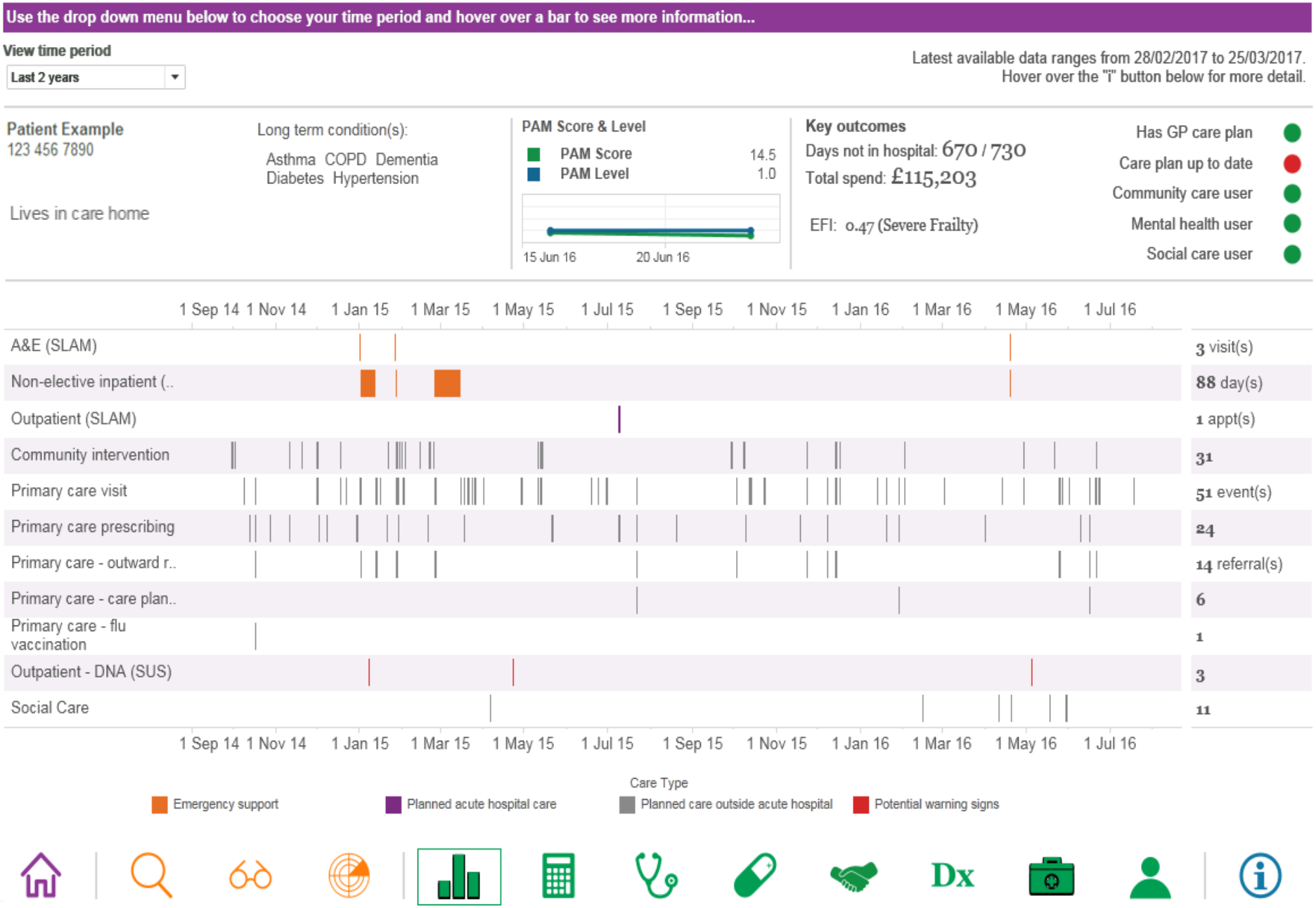
Use of the WSIC Dashboards

The WSIC Dashboards are used by My Care My Way staff regularly to check patients that they are due to see to understand patterns of system activity and to case find using the reports detailed below



Case Managers use the WSIC Dashboards to create the following reports…	Timeframe	Where information will be found in the WSIC Dashboards
Care Plan tracking - List of patients with out of date care plans	Monthly	Using the 'Care Plan out of date' Watch List
Review of most expensive patients - Case find expensive patients that have not been referred into My Care My Way (WL WSIC Hub)	Fortnightly	Use the 'High Cost' filter in the Patient radar
Produce list of patients with recent LTC diagnosis - use list a case finding pointer or prompt for care plan review	Monthly	Using the 'Recently Diagnosed with a LTC' Watch List
Produce list of regular In patient users - use list as case finding pointer or prompt for care plan review	Monthly	Using the 'Regular Inpatient attender' filter in patient radar
Produce list of most frequent A&E attenders - Review as a prompt for Care plan review and case finding	Monthly	Using the 'Frequent A&E attendee' Watch List
Produce LTC care plan out of date lists for follow up	Monthly	Using the 'Care Plan out of date' Watch List

All WLCCG practices incentivised to use the WSIC Dashboards in CLS Plan for 2017/18 to identify top 25 high cost patients for review


Use the drop down menu below to choose your time period and hover over a bar to see more information...
View time period
Last 2 years
Latest available data ranges from 28/02/2017 to 25/03/2017.
Hover over the "i" button below for more detail.
Patient Example
123 456 7890
Long term condition(s):
Asthma COPD Dementia
Diabetes Hypertension
Lives in care home
PAM Score & Level
PAM Score 14.5
PAM Level 1.0
15 Jun 16
20 Jun 16
Key outcomes
Days not in hospital: 670 / 730
Total spend: £115,203
EFI: 0.47 (Severe Frailty)
Has GP care plan
Care plan up to date
Community care user
Mental health user
Social care user
1 Sep 14 1 Nov 14 1 Jan 15 1 Mar 15 1 May 15 1 Jul 15 1 Sep 15 1 Nov 15 1 Jan 16 1 Mar 16 1 May 16 1 Jul 16
A&E (SLAM) 3 visit(s)
Non-elective inpatient (.. 88 day(s)
Outpatient (SLAM) 1 appt(s)
Community intervention 31
Primary care visit 51 event(s)
Primary care prescribing 24
Primary care - outward r.. 14 referral(s)
Primary care - care plan.. 6
Primary care - flu vaccination 1
Outpatient - DNA (SUS) 3
Social Care 11
Care Type
Emergency support
Planned acute hospital care
Planned care outside acute hospital
Potential warning signs
Dx

Click on a traffic light to view the trend of that indicator for the selected patient

GP Practice: (All) | Diabetes Type: (All) | Sort by: Latest Blood Pressure | Outstanding care process: None selected

398 patients on list

Patient Name (demo)	Age	# of LTCs	Diabetes Type	# of A&E visits	# of Care Processes incomplete (past year)	Care Process: BMI	HbA1c	Blood Pressure	Cholesterol	eGFR	Urine ACR	Retinal Screening	Smoking Status	Foot check	Self Care: Diabetes Education	Care Planning	Patient Goals
Patient Name	78	10	Type 2	0	4												
Patient Name	36	3	Type 2	0	9												
Patient Name	79	7	Type 2	0	4												
Patient Name	65	5	Type 2	0	2												
Patient Name	72	4	Type 2	0	0												
Patient Name	58	5	Type 2	0	3												
Patient Name	63	2	Type 2	0	9												
Patient Name	76	4	Type 2	0	9												

Patient: **Patient Name, 79 (F)**
Smoking Status: **Non-smoker**
Completed: **23 Sep 2015**
GP Practice: **NWL Medical Centre (E00000)**

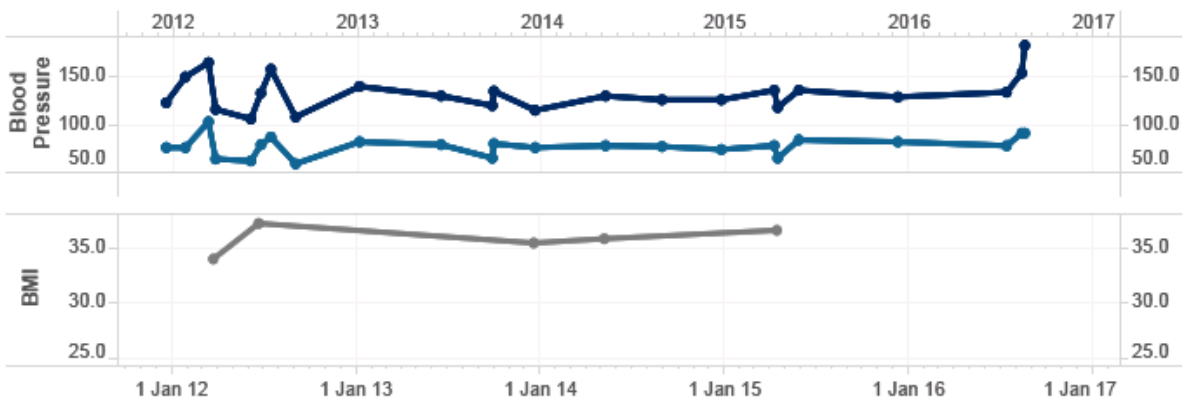
- Last activity in past 12 months
- Last activity in past 12-15 months
- Last activity > 15 months old

Forename Surname, 79 (F)

NHS #: NHS Number

Long term conditions:

Anxiety Asthma CKD Depression Diabetes Hypertension Obesity



Systolic BP Diastolic BP

Analytics for Population Health Management

ACP dashboard | Population overview

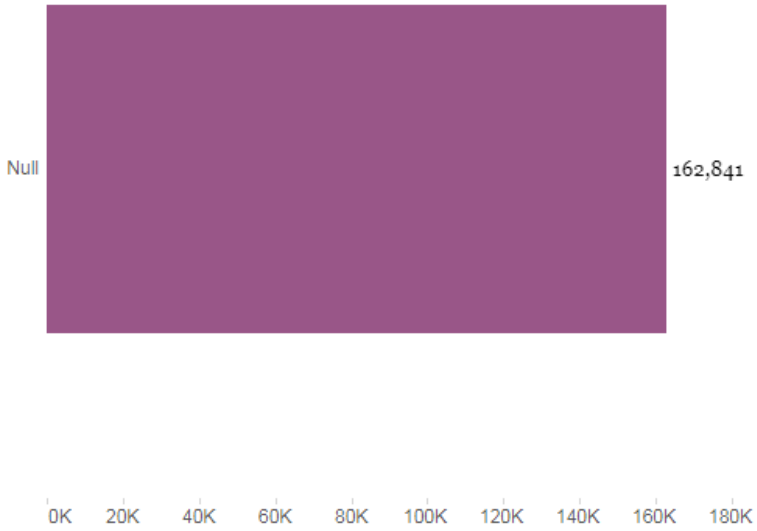
Understand your population needs and demographics

Use the drop down menus below to filter...

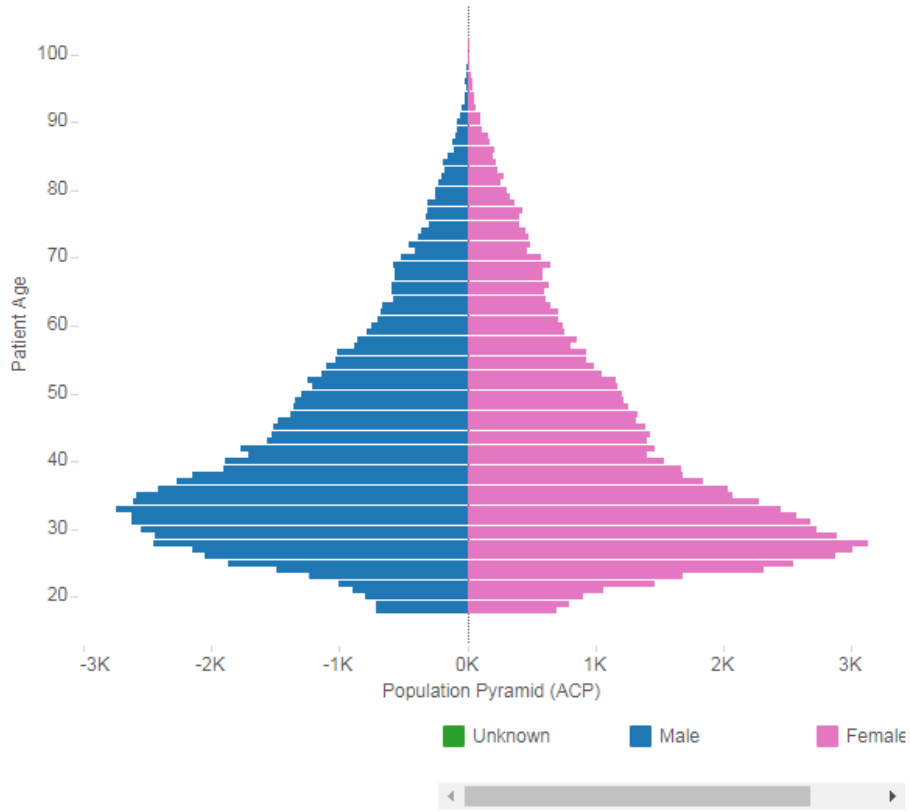
Select segment	Select condition	Select fiscal year	Select GP	Select GP network
(All)	All	2016-17	(All)	(All)

Latest available data ranges from 12/31/2016 to 2/14/2017.
Hover over the "i" button below for more detail.

Needs group comparison - your ACP against selected comparator (Whole of NWL)
Click to filter the page



Population pyramid comparison - your ACP against selected comparator (Whole of NWL)
Click to filter the page



Number of patients in selection: **162,841**
This total includes categories that may have been filtered for information governance reasons

H&F ACP dashboard | Overview for the current year

Use the drop down menus below to filter...

Select LTC	Gender	Population Count	Patient Spend
All	(All)	638,996	4,707,412,433

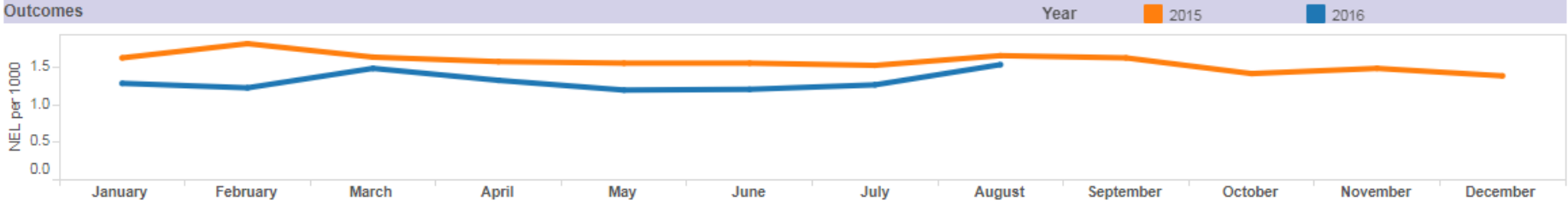
Latest available data ranges from 12/31/2016 to 2/14/2017.
Hover over the "i" button below for more detail.

Population

Spend

Setting of Care	19-29	30-39	40-49	50-64	65 plus
Acute A&E	22,611,345	23,913,622	21,910,080	30,624,005	63,700,563
Acute Critical Care	3,950,463	6,234,667	8,965,999	24,484,321	63,792,994
Acute Direct Access	5,840,674	9,452,651	11,111,652	18,105,145	43,628,245
Acute Elective	37,294,126	59,620,905	85,901,311	182,454,492	387,829,244
Acute Maternity	115,456,258	203,750,522	33,498,406	511,578	320,199
Acute Non Elective	54,284,795	67,394,789	73,177,905	148,831,575	543,198,592
Acute Outpatient	57,335,916	95,476,202	104,324,140	190,430,255	416,339,809
Community	10,397,860	14,126,664	19,054,992	47,866,463	255,813,735
GP	94,586,937	112,254,680	108,637,228	157,167,795	317,597,079
MentalHealth	17,705,592	21,372,746	25,784,145	31,256,438	38,369,784
Other	26,023,699	39,508,575	25,672,167	42,855,244	85,603,165

Outcomes



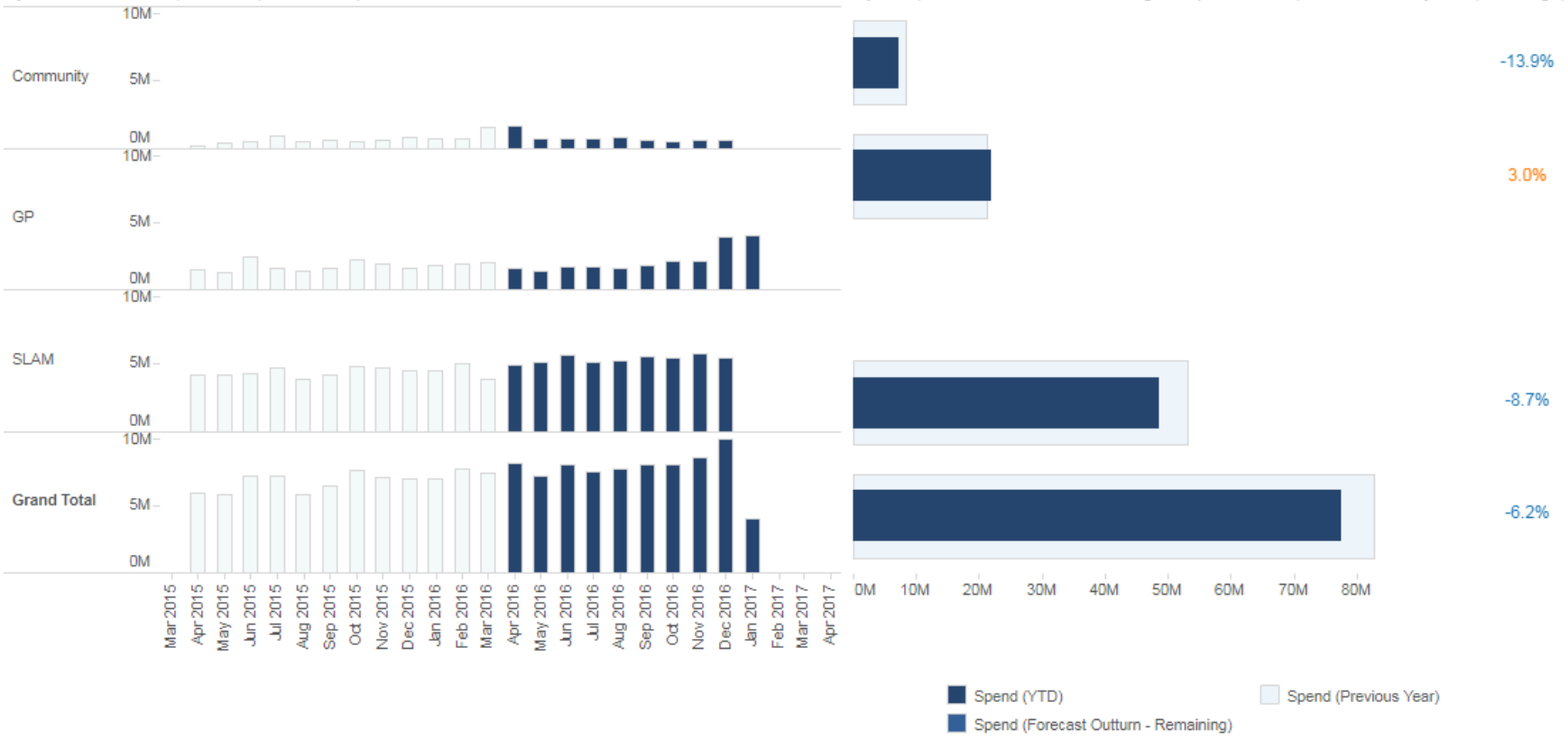
ACP dashboard | Spend overview

Track your population's spend across care settings and over time. Note: only ACP-relevant spend is included (see notes in information box)

Use the drop down menus below to filter...

Select segment	Select condition	Select fiscal year	Select comparator	Select GP	Select GP network
(All)	All	2016-17	Whole of NWL	(All)	(All)

Latest available data ranges from 12/31/2016 to 2/14/2017.
Hover over the "i" button below for more detail.



Current FY: 2016

Provider | POD level 1 | POD level 2 | GP | Needs group

ACP View | GP Weighted Overview

Cost overview for GP's broken down by ACP, Network, GP Name and Setting of Care.

Use the drop down filters to make your selection.

CCG Name	Practice Network Name	Practice Name	Setting Of Care	Full Date	
NHS HAMMERSMITH AND FULHAM CCG	(All)	(All)	(All)	4/1/2016	3/31/2017

Plans for product development

1. Working with providers to develop use cases for both direct care and population health data.

2. Prioritising the most useful LTC patient radars to add to the WSIC Dashboards and align to the delivery areas in the NWL STP

3. Developing predictive analytics

4. Setting up direct provider data feeds to provide more frequent data flows for the purpose of direct care

5. Applying advanced analytics to inform understanding the population health to support accountable care development across NWL.

Embedding and supporting adoption across the NWL health and social care system

- Focus to date has been on embedding the dashboards as the primary patient selection tool in the ***care coordination teams*** established across NWL

- Moreover in recognition of the potential benefits in the WSIC Dashboards, NWL CCGs are implementing incentives for GP practices as part of the Local Schemes

- Targeting clinical teams across primary, community, acute and social care who work as part of the Diabetes pathways in NWL for adoption of the Diabetes dashboards (and then other LTC pathways as new dashboards are developed).

Thank you for your time today

For more information on the WSIC Dashboards contact

WSIC.Dashboards@nw.london.nhs.uk