Using Data to make a Difference

A frontline perspective

Dr Matt Curtis (April 2022)

Deprivation ⓘ

Second most deprived decile

More deprived   Less deprived

Deprivation ⓘ

Second least deprived decile

More deprived   Less deprived

A tale of two towns

Vaccination Stories

The Beginning
December 2020

- In a Health Centre

- Older / Frail patients

- Snow + Traffic!

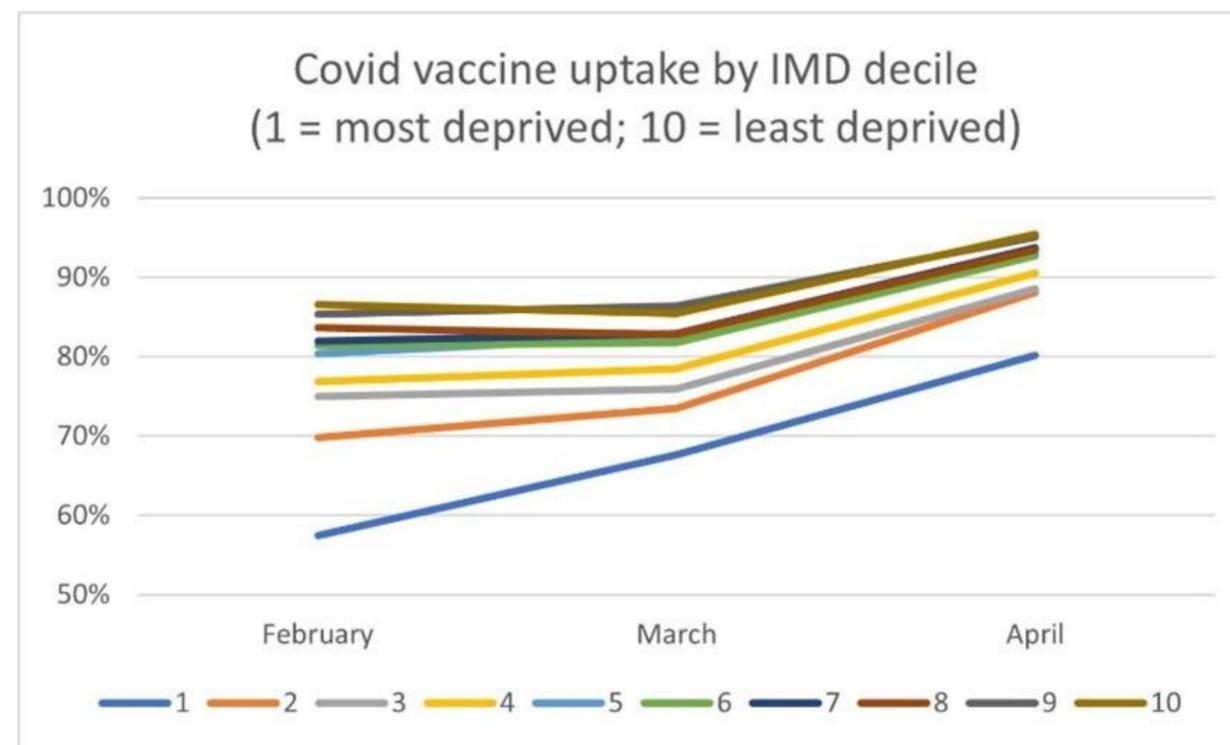- Staff sickness / isolation

Evolution
Spring 2021

- Community Centres / Mosques and Colleges

- "Harder to reach" patients

- Media and Social Media

- Activating our communities

Evolution
Spring 2021

Covid vaccine uptake by IMD decile
(1 = most deprived; 10 = least deprived)

	No. Eligible	Total Receiving 1st Vaccination	% Vaccinated	No. Refusing 1st Vaccination	% Refused 1st Vaccination	No. Still to Receive 1st Vaccination	% Yet to Receive a 1st Vaccination	Total Receiving 2nd Vaccination	% Vaccinated	Total Refusing 2nd Vaccination	% Refused 2nd Vaccination
Affinity Care	49125	38956	79.3%	692	1.4%	9477	19.3%	30495	62.1%	45	0.1%
BD4+	32091	23382	72.9%	784	2.4%	7925	24.7%	18552	57.8%	24	0.1%
Bingley Bubble	36952	32251	87.3%	377	1.0%	4324	11.7%	27456	74.3%	120	0.3%
Bradford North West	39186	26572	67.8%	1291	3.3%	11323	28.9%	20157	51.4%	36	0.1%
Five Lane Ends	26472	19143	72.3%	432	1.6%	6897	26.1%	14438	54.5%	7	0.0%
Modality	71298	59140	82.9%	514	0.7%	11644	16.3%	48978	68.7%	6	0.0%
North Bradford	29971	24875	83.0%	443	1.5%	4653	15.5%	19670	65.6%	10	0.0%
PCN4	32417	18812	58.0%	801	2.5%	12804	39.5%	12894	39.8%	19	0.1%
PCN5	38343	22335	58.3%	1712	4.5%	14296	37.3%	15104	39.4%	69	0.2%
PCN6	41552	21489	51.7%	519	1.2%	19544	47.0%	14829	35.7%	20	0.0%
PCN7	47783	33569	70.3%	3236	6.8%	10978	23.0%	26574	55.6%	20	0.0%
WACA	61464	51775	84.2%	1106	1.8%	8583	14.0%	44431	72.3%	43	0.1%
Totals	506654	372299	73.5%	11907	2.4%	122448	24.2%	293578	57.9%	419	0.1%

Addressing Health Inequalities

Creating health in our communities 2021

modality

A Commitment to Care

Data - Who are we targeting?

Keighley

Ethnicity	Total Number	Had smear	% had smear	No Smear	No smear %
Caucasian	2053	1508	73%	545	27%
Mixed Ethnic Background	1005	791	79%	214	21%
Asian	686	412	60%	274	40%
African/ Carribean	21	15	71%	6	29%
Arab	3	1	33%	2	67%
Any other ethnic group	17	7	41%	10	59%
Not coded	1235	870	70%	365	30%
	5020	3604	72%	1416	28%

Female life expectancy in the most affluent ward is 88 years.

Least affluent ward is 78 years.

The healthy life expectancy for females is only 58.5 years.

Aims

Health creation

- Do health checks in community settings

- Address health inequalities – discover undiagnosed issues

- Reach patients who don't come into practice

- Teams get to work in and with communities - building relationships and trust in health services

Where did we go?

- Springfield Mill - Residential Setting for people with Learning Disabilities.

- Central Hall - A familiar town centre setting delivered with IMAS & Keighley People First.

- Highfields - An area with higher BAME community residents.

- Airedale Shopping Centre.

- Bracken Bank - In a very low IMD area.

- KAWACC - focus on BAME women.

- Good Shepherd - Eastern European community.

- Ghosia Muslim Association BAME population

What did we do?

- Total number of Health Checks 229

- Total Number of Vaccinations 665

- 5 Baby checks

- Helping long term condition care in the pandemic recovery.

- Number of patients seen – approx. 700

What did we need to succeed?
Data and Access

- Vaccination is safer with record access.

- Health checks are more focussed and relevant when the patient's record is available.

- Data recording is best when contemporaneously recorded - whether by a shared record structure or interoperability processes.

- Clinical reporting at Practice/PCN/CCG level identifies populations at risk and those who are marginalised

- Modern messaging to key audiences

What do you need to succeed?
Be radical!

- **Imagination -** Believing that we can get beyond the challenges we face
- **Connections -** Building relationships with communities leads to trust, understanding & opportunities to succeed!
- **Be Flexible** – In the approach let communities lead where possible
- **Be Data driven**- use population health stats + appropriate IT (SystmOne)
- **Energy –** to make it happen
- **Rest -** when you are tired, it's hard to stay radical

Questions

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