

Technical Appendix A: Where Do We Want To Be? What Could or Should Good Look Like? Objectives and Aspirations for 21st Century Local Health Care.

Annex 1 (to Appendix A): EMP Quality Outcome Framework: Service Performance Indicators.

Profile of Current Emsworth Medical Practice		
Resources		Comment:
• GPs WTE	8 WTE	2 vacancies recently filled. 3 P/T and 5 F/T. No specialists.
• Premises	2 Emsworth / Westbourne	Not ideal and too small for the future
• Average List Size	Av 1,600 per GP	List sizes and demand growing
• Registered Patients	c13,000	Large Practice. Growing demand. Major future pressure
• Population Estimate	10,000 – 12,000	Likely to grow through housing development
• Practice Nurses	4	1 additional recently added / range of services
• District Nurses Nurses	?	Community Services employed
• Health Visitors	?	Community Services employed
• Diagnostics	Bloods & Path	Long turn around / X rays / U/S elsewhere
• Funding GMS	Capitation + Item	Other services CCG commissioned
Services: General Primary Medical Service – at the clinic and home / domiciliary:		
• Elderly	Registered, clinic and domiciliary and nursing home	
• Childrens	Registered – neo-natal, child and adolescence health visiting	
• Womens	Pre and post natal, gynae and screening	
• Psych / MH	General medical service – no specific local services. No specialist dementia service.	
• Diabetes / Obesity / Endocrine	Nurse led services for LTC and lifestyle advice	
• Cancers	General medical referral service only (no local specialist clinics). Good performance.	
• Musculo Skeletal	General medical service only	
• Neuro Degenerative	General medical service only	
• Diagnostics	Basic bloods and pathology plus ECG Nurse provided. Insufficient level and turnaround.	
• Joint GP/Specialist clinics	For most of the above. None at present (facilities don't permit). Eg No minor surgery.	
• Minor Injuries service	Monday – Friday – nurse led 8-6.30pm	
Performance:		
• CQC / QOF Rating	CQC Good for all domains (second highest rating to Outstanding). QOF top 10%	
• Urgent Routine / GP Appoint's	Same day for all but not named GP / Nurse. Falling below average. Phone access good.	
• Named GP Appointments	Anecdotally often takes one to two weeks.	
• Out of Hours	Deputised (privately contract service). Lower satisfaction 60%. At average UK rate.	
• Consumer Satisfaction	PPG survey results are positive – high satisfaction but on a low sample of 400/10,000	
• Opening Times	Very Good weekdays 7.30-7pm. 91% satisfaction. Weekend and evenings aspiration.	
• Consult Time with GP	Average at c10 mins. Longer appointments available. Demand pressure impacting.	
• Waiting	Over 15 mins (survey) – some minor dissatisfaction	
• Reception	Generally very helpful staff but lacks facilities for confidentiality	
• Patient facilities	Adequate, kept clean and functional but outdated and not fit for future	

Emsworth Forum: Health Group. A Discussion Document: Emsworth Healthcare Futures.

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Emsworth Medical Practice (EMP): Key Facts.	
Emsworth Surgery: Registered Persons	13,082
NHS South Eastern Hampshire CCG	8,432 (average)
England	7,324 (average)
EMP Quality Outcome Framework. Score	545.4 (out of 559)
Male life expectancy	80.7 years
Female life expectancy	84.2 years

% of patients that would recommend EMP	88.0%
Deprivation Score:	Lower Decile / 10%
Ethnicity Estimate:	1.1% mixed, 1.1% asian

% who would recommend practice

Period	EMP	SEHCCG	England
2010/11	90.8%	90.1%	83.5%
2011/12	91.2%	87.6%	81.9%
2012/13	90.6%	84.3%	79.9%
2013/14	88.6%	84.2%	78.7%
2014/15	88.0%	82.4%	77.5%

% who saw/spoke to nurse or GP same or next day

Period	EMP	SEHCCG	England
2011/12	51.7%	54.7%	50.5%
2012/13	43.4%	51.3%	49.4%
2013/14	50.8%	54.0%	50.7%
2014/15	40.7%	52.7%	48.3%

% who know how to contact an out-of-hours GP service

Period	EMP	SEHCCG	England
2011/12	66.1%	66.1%	58.0%
2012/13	64.9%	66.4%	57.6%
2013/14	68.0%	64.2%	55.8%
2014/15	58.1%	64.2%	56.4%

Total QOF points

Period	EMP	SEHCCG	England
2010/11	100%	97.2%	94.7%
2011/12	99.7%	98.7%	96.9%
2012/13	99.7%	97.4%	96.1%
2013/14	93.8%	95.7%	94.0%
2014/15	97.6%	96.7%	94.8%

% satisfied with phone access

Period	EMP	SEHCCG	England
2010/11	89.0%	84.8%	74.5%
2011/12	84.1%	84.2%	78.0%
2012/13	85.7%	83.6%	75.0%
2013/14	94.6%	85.4%	75.5%
2014/15	88.5%	83.9%	73.3%

% satisfied with opening hours

Period	EMP	SEHCCG	England
2009/10	83.3%	83.6%	79.4%
2010/11	82.5%	81.7%	78.3%
2011/12	86.8%	85.4%	81.0%
2012/13	89.4%	82.6%	79.6%
2013/14	85.8%	80.0%	76.9%
2014/15	91.0%	76.9%	74.9%

% reporting good overall experience of making appointment

Period	EMP	SEHCCG	England
2011/12	93.9%	85.4%	79.1%
2012/13	90.6%	81.5%	76.3%
2013/14	87.5%	80.1%	74.6%
2014/15	87.4%	80.8%	73.3%

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EMP Population Characteristics And Age Profile:

Life expectancy – male			
Period	EMP	SEHCCG	England
2006 - 10	81.0	79.5	78.3
2008 - 12	80.7	80.0	78.9

Life expectancy - female			
Period	EMP	SEHCCG	England
2006 - 10	83.4	83.2	82.3
2008 - 12	84.2	83.4	82.8

Nursing home patients			
Period	EMP	SEHCCG	England
2010/11	1.4%	0.9%	0.5%
2012/13	1.4%	0.8%	0.5%
2013/14	1.5%	0.9%	0.5%
2014/15	1.5%	0.9%	0.5%

% with caring responsibility			
Period	EMP	SEHCCG	England
2011/12	17.3%	20.6%	18.4%
2012/13	11.6%	19.6%	18.6%
2013/14	21.2%	19.3%	18.4%
2014/15	28.3%	20.6%	18.2%

% aged 85+ years			
Period	EMP	SEHCCG	England
2010	4.6%	2.8%	2.1%
2011	4.5%	2.9%	2.2%
2012	4.8%	2.9%	2.2%
2013	5.1%	2.9%	2.2%
2014	5.2%	2.9%	2.2%
2015	5.2%	3.0%	2.3%

% aged 65+ years			
Period	EMP	SEHCCG	England
2010	27.0%	20.0%	15.8%
2011	27.4%	20.5%	15.9%
2012	28.4%	20.7%	16.3%
2013	29.3%	21.2%	16.7%
2014	29.9%	21.6%	16.9%
2015	30.3%	22.0%	17.1%

% aged under 18 years			
Period	EMP	SEHCCG	England
2012	18.8%	19.9%	20.8%
2013	18.5%	20.0%	20.8%
2014	18.1%	19.8%	20.7%
2015	18.1%	19.7%	20.7%

Deprivation score (IMD 2010)			
Period	EMP	SEHCCG	England
2010	10.9	15.5	21.7
2011	11.7	17.4	21.5
2012	11.7	17.4	21.5

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Major Disease Group Prevalence at EMP.

% with a long-standing health condition			
Period	EMP	SEHCCG	England
2011/12	57.8%	54.3%	53.1%
2012/13	51.1%	55.8%	53.5%
2013/14	52.6%	56.8%	54.0%
2014/15	55.3%	54.6%	54.0%

CHD: QOF prevalence (all ages)			
Period	EMP	SEHCCG	England
2009/10	5.0%	3.9%	3.4%
2010/11	5.0%	3.9%	3.4%
2011/12	5.0%	3.9%	3.4%
2012/13	4.9%	3.8%	3.3%
2013/14	5.1%	3.8%	3.3%
2014/15	5.0%	3.7%	3.2%

Stroke: QOF prevalence (all ages)			
Period	EMP	SEHJCCG	England
2009/10	2.6%	1.9%	1.7%
2010/11	2.7%	1.9%	1.7%
2011/12	2.6%	2.0%	1.7%
2012/13	2.6%	1.9%	1.7%
2013/14	2.6%	1.9%	1.7%
2014/15	2.7%	2.0%	1.7%

Heart Failure: QOF prevalence (all ages)			
Period	EMP	SEHCCG	England
2009/10	0.8%	0.7%	0.7%
2010/11	0.8%	0.7%	0.7%
2011/12	0.7%	0.7%	0.7%
2012/13	0.8%	0.7%	0.7%
2013/14	0.8%	0.7%	0.7%
2014/15	0.8%	0.7%	0.7%

Heart Failure (HF) represents the only major cardiovascular disease with increasing prevalence and is responsible for dramatic impairment of quality of life, carries a poor prognosis for patients, and is very costly for the NHS to treat (second only to stroke).

COPD: QOF prevalence (all ages)			
Period	EMP	SEHCCG	England
2009/10	1.5%	1.5%	1.6%
2010/11	1.7%	1.6%	1.6%
2011/12	1.8%	1.7%	1.7%
2012/13	1.8%	1.8%	1.7%
2013/14	1.8%	1.9%	1.8%
2014/15	1.8%	2.0%	1.8%

Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Oxygen therapy has been shown to prolong life in the later stages of the disease and has also been shown to have a beneficial impact on exercise capacity and mental state. Some patients respond to inhaled steroids. Many patients respond symptomatically to inhaled beta agonists and anti-cholinergics. Pulmonary rehabilitation has been shown to produce an improvement in quality of life. The majority of patients with COPD are managed by GPs and members of the primary healthcare team with onward referral to secondary care when required.

Hypertension: QOF prevalence (all ages)			
Period	EMP	SEHCCG	England
2009/10	18.8%	15.0%	13.4%
2010/11	18.8%	15.1%	13.5%
2011/12	19.1%	15.2%	13.6%
2012/13	18.8%	15.2%	13.7%
2013/14	19.1%	15.4%	13.7%
2014/15	18.8%	15.5%	13.8%

Heart Failure (HF) represents the only major cardiovascular disease with increasing prevalence and is responsible for dramatic impairment of quality of life, carries a poor prognosis for patients, and is very costly for the NHS to treat (second only to stroke).

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Diabetes: QOF prevalence (17+)

Period	EMP	SEHCCG	England
2009/10	5.2%	5.6%	5.4%
2010/11	5.1%	5.7%	5.5%
2011/12	5.2%	5.8%	5.8%
2012/13	5.4%	6.0%	6.0%
2013/14	5.5%	6.2%	6.2%
2014/15	5.5%	6.5%	6.4%

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over one million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

Cancer: QOF prevalence (all ages)

Period	EMP	SEHCCG	England
2009/10	2.4%	1.7%	1.4%
2010/11	2.6%	2.0%	1.6%
2011/12	2.9%	2.2%	1.8%
2012/13	3.2%	2.3%	1.9%
2013/14	3.7%	2.6%	2.1%
2014/15	3.6%	2.8%	2.3%

It is recognised that the principal active management of cancers occurs in the secondary care setting. General practice often has a key role in the referral and subsequent support of these patients and in ensuring that care is appropriately co-ordinated.

Back Problems

Period	J82009	CCG	England
2011/12	9.0%	-	10.1%
2012/13	5.1%	10.0%	10.2%
2013/14	7.7%	10.5%	10.2%
2014/15	9.9%	9.9%	9.9%

% reporting arthritis or long-term joint problem

Period	EMP	SEHCCG	England
2011/12	17.5%	-	13.1%
2012/13	11.0%	13.1%	13.1%
2013/14	13.3%	13.9%	13.2%
2014/15	7.5%	12.2%	12.8%

Osteoporosis: QOF prevalence (50+)

Period	EMP	SEHCCG	England
2012/13	0.4%	0.2%	0.2%
2013/14	0.6%	0.7%	0.4%
2014/15	0.2%	0.4%	0.2%

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Mental Health:

Dementia: QOF prevalence (all ages)

<i>Period</i>	<i>EMP</i>	<i>SEHCCG</i>	<i>England</i>
2009/10	0.9%	0.7%	0.5%
2010/11	0.9%	0.7%	0.5%
2011/12	1.0%	0.7%	0.5%
2012/13	1.1%	0.8%	0.6%
2013/14	1.1%	0.8%	0.6%
2014/15	1.5%	1.0%	0.7%

Dementia is a syndrome characterised by an insidious but ultimately catastrophic, progressive global deterioration in intellectual function and is a main cause of late-life disability. The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age. The annual incidence of vascular dementia is 1.2/100 overall person years at risk and is the same in all age groups. Alzheimer's disease accounts for 50 - 75% of cases of dementia.

The annual incidence of dementia of the Alzheimer type rises to 34.3/100 person years at risk in the 90 year age group; the prevalence is higher in women than in men due to the longer lifespan of women. Other types of dementia such as Lewy Body dementia and fronto-temporal dementia are relatively rare but can be very distressing. In a third of cases, dementia is associated with other psychiatric symptoms (depressive disorder, adjustment disorder, generalised anxiety disorder, alcohol related problems). A complaint of subjective memory impairment is an indicator of dementia especially when there is altered functioning in terms of activities of daily living.

Mental Health: QOF prevalence (all ages)

<i>Period</i>	<i>EMP</i>	<i>SEHCCG</i>	<i>England</i>
2012/13	0.58%	0.76%	0.84%
2013/14	0.59%	0.78%	0.86%
2014/15	0.59%	0.82%	0.88%

% reporting Alzheimer's disease or dementia

<i>Period</i>	<i>J82009</i>	<i>CCG</i>	<i>England</i>
2011/12	0.0%	0.7%	0.6%
2012/13	0.0%	0.6%	0.5%
2013/14	0.0%	0.5%	0.6%
2014/15	3.3%	1.0%	1.0%