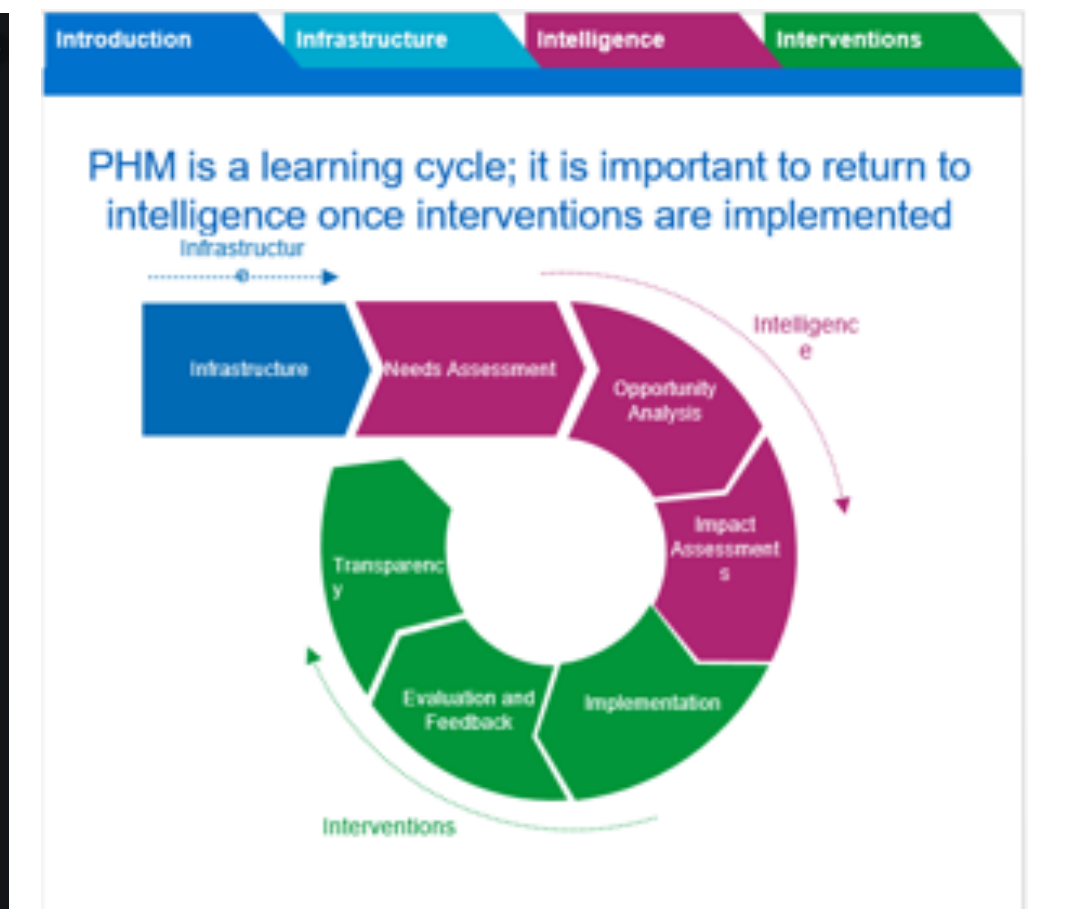
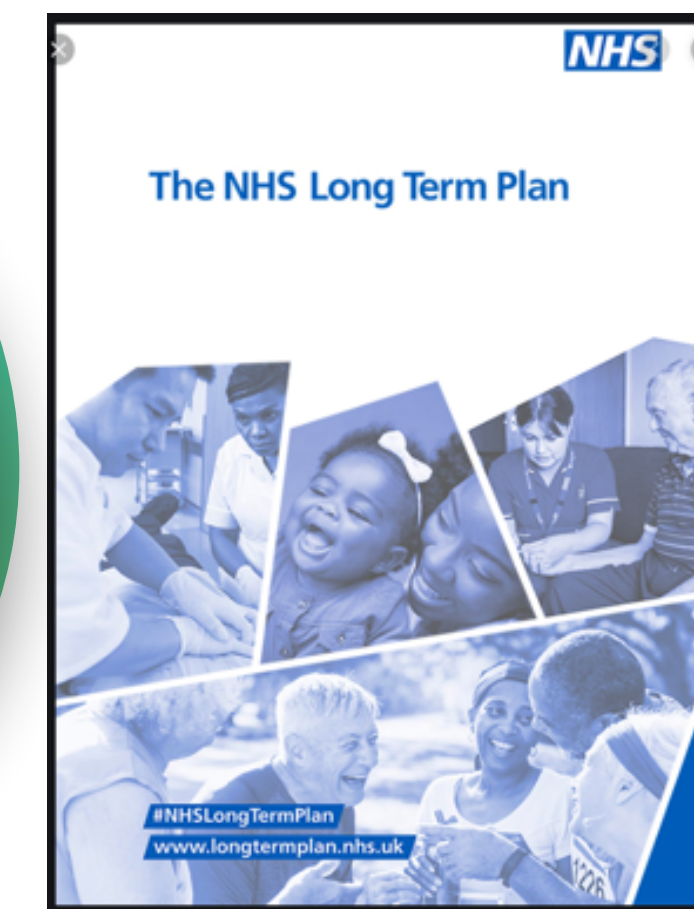


Using data to save lives: the example of CVD and RAIDR

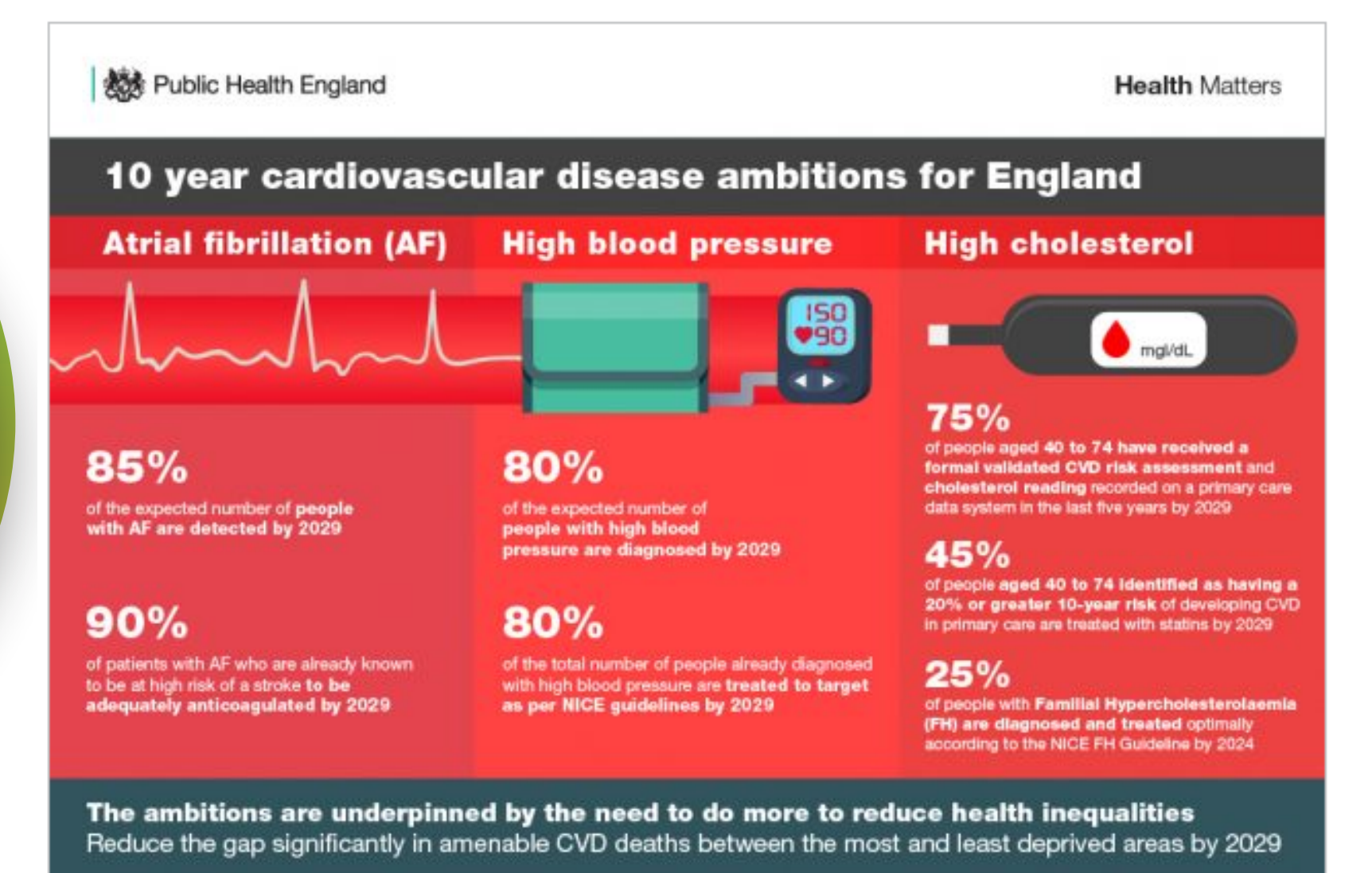
Background

- The publication of the Long Term Plan and the inclusion of CVD as an area of priority, prompted discussions regarding how to implement practical solutions to identify at risk populations in NENC region
- The intention was to create a high level dashboard to support the identification and management of specific conditions in line with the Population Health Management approach
- The overall aim was to reduce health inequalities and to improve health outcomes for individuals



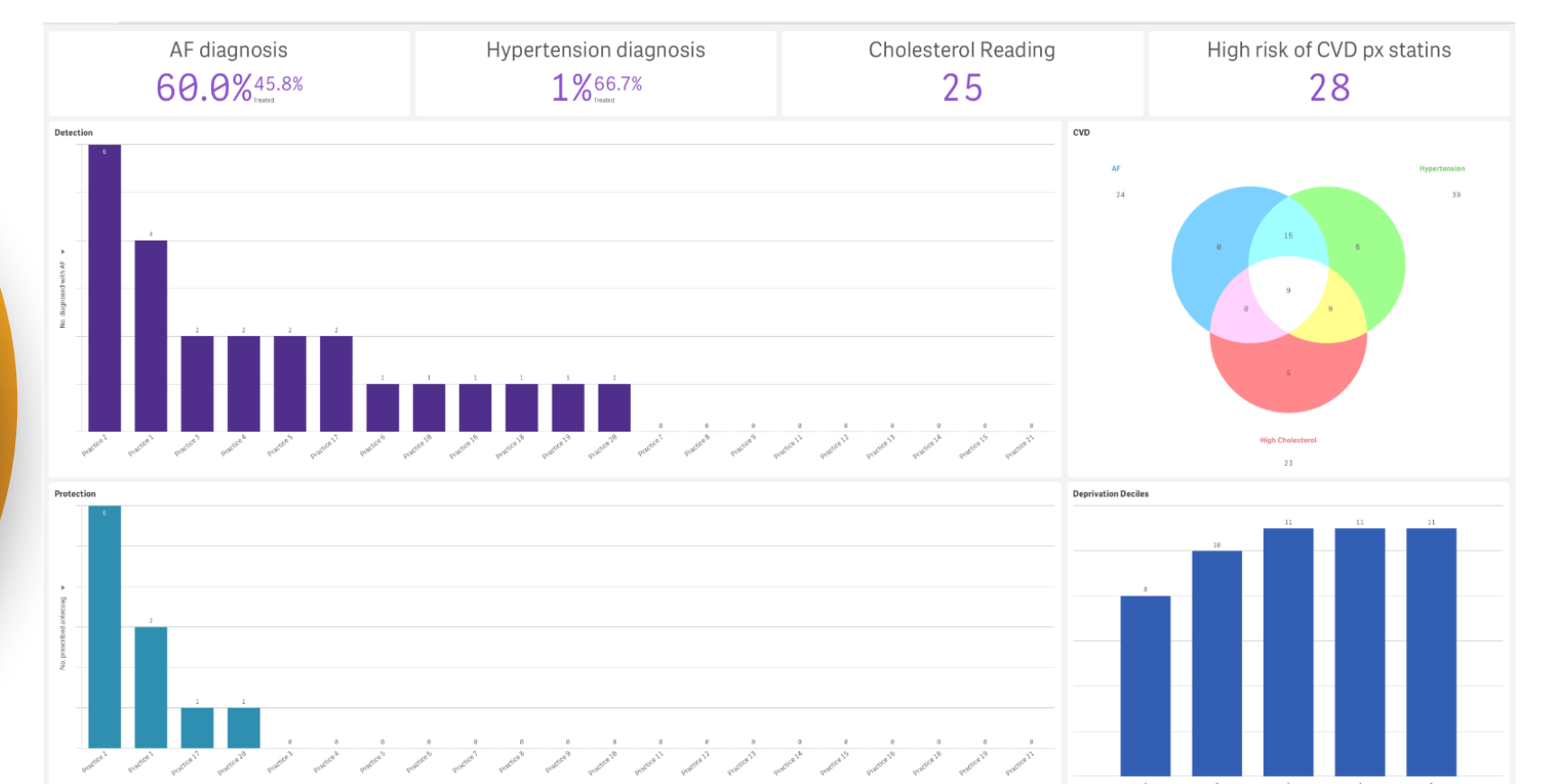
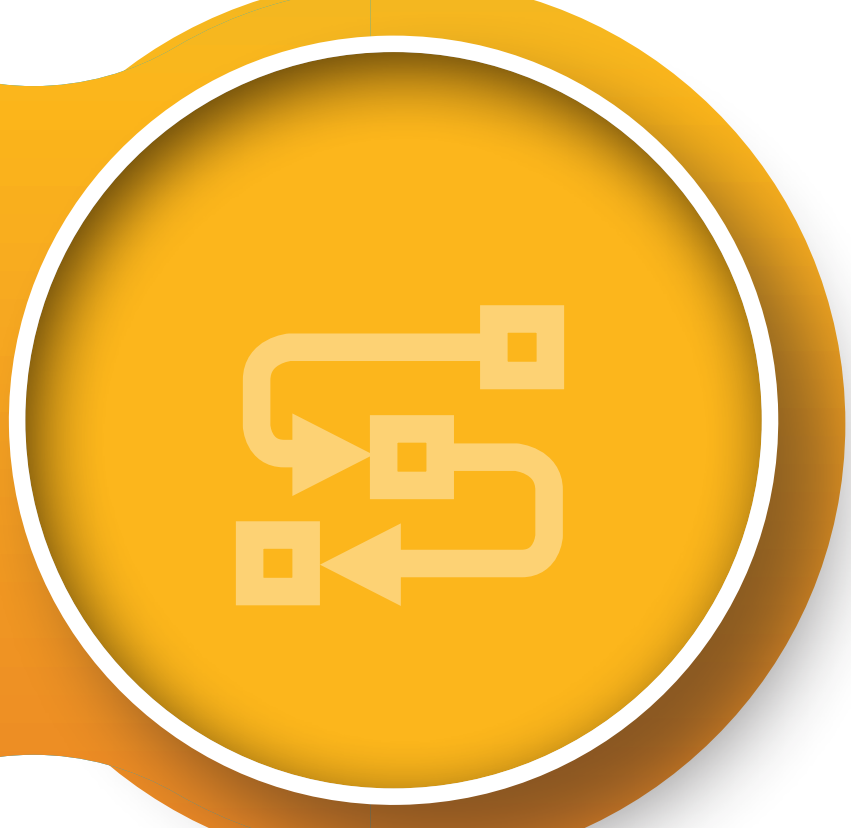
Design

- The RAIDR Atrial Fibrillation risk stratification dashboard was used as a design template
- The new design would include 2 new screens; Hypertension and Cholesterol
- All three screens would be linked by an overarching screen detailing the metrics outlined within the PHE cardiovascular ambitions



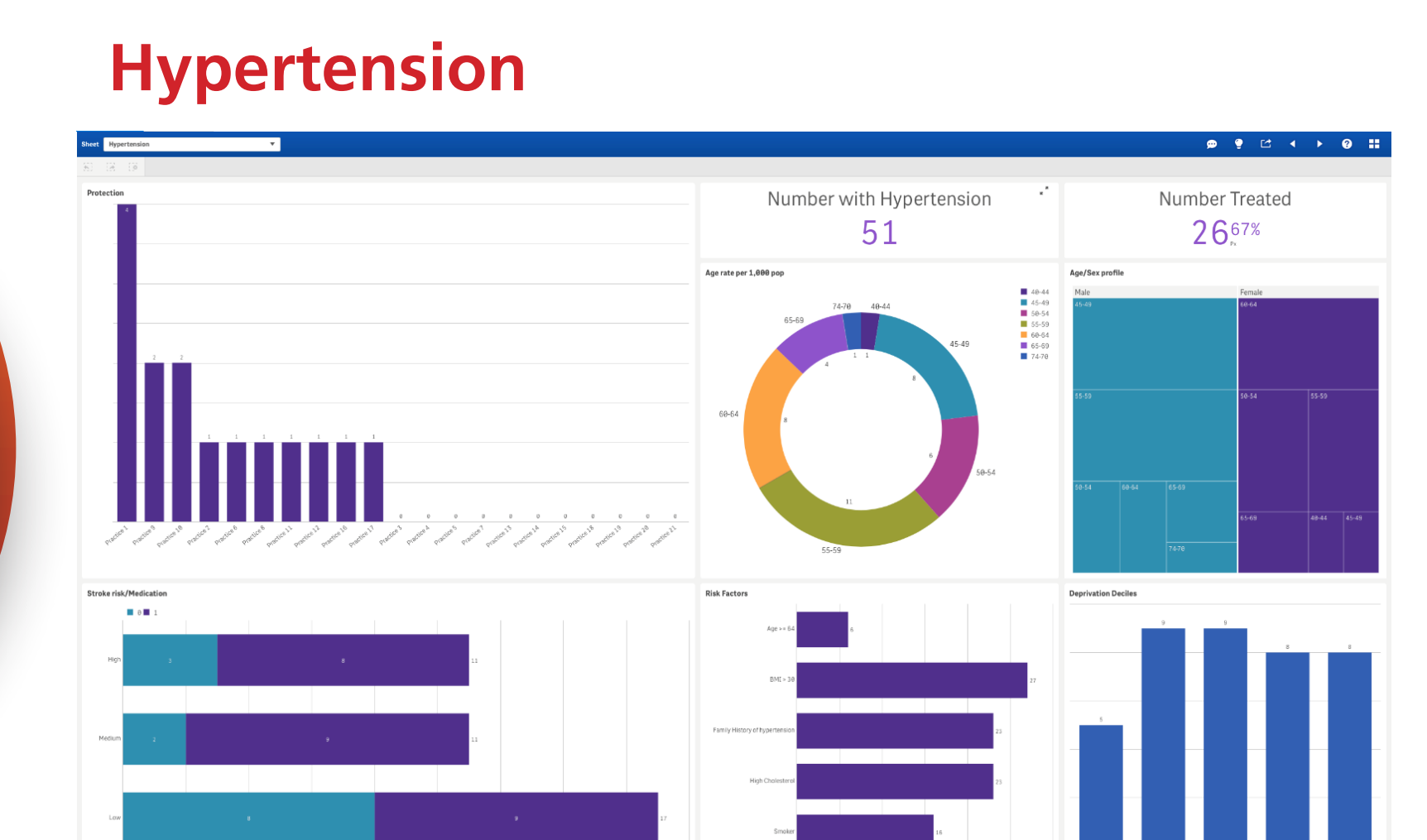
Process

- A comprehensive list of metrics and the data needed was collated. The primary source of the data was Primary Care Clinical Systems (EMIS or SystmOne)
- The development of the dashboard screens included a range of stakeholders; commissioners, clinicians, intelligence analysts and dashboard developers
- Technical specifications were produced and then a mock design of each new screen created
- Within the risk stratification screens, there is the option to filter the data by; Integrated Care System, Clinical Commissioning Group, Primary Care Network or GP Practice. The GP practice view allows clinical staff to identify high risk individuals and act accordingly



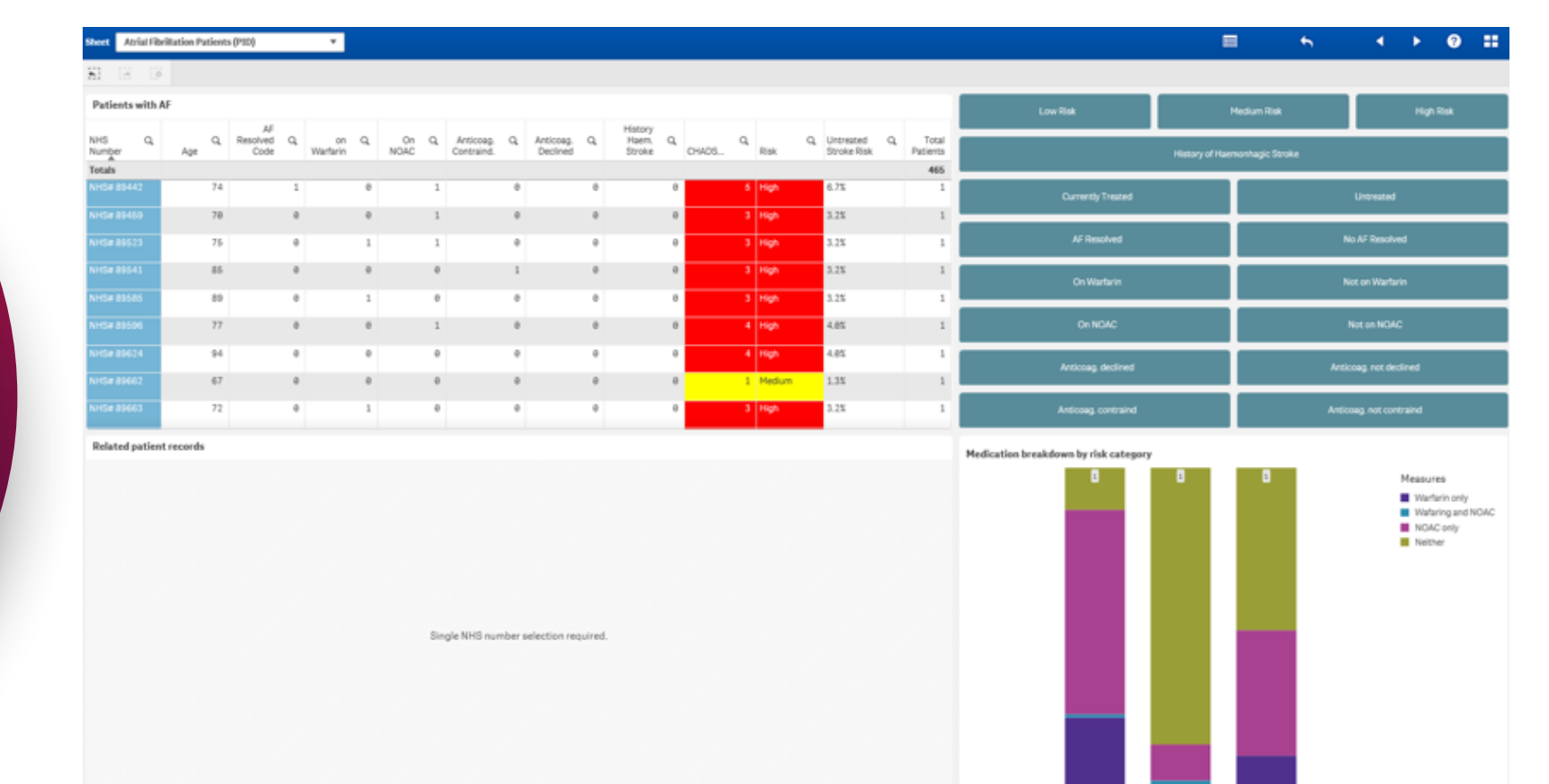
New Screens

- The new screens and the existing AF screen will be further developed to include data relating to IMD deciles to identify areas of deprivation with the aim of reducing health inequalities
- The two new screens will include the same high level elements as the pre-existing AF screen
- The risk factors included within the individual screens will be bespoke to the specific condition
- The AF screen will be amended slightly so that all three include detail on the areas of deprivation for each cohort of patients



Next Steps

- Bring the stakeholders back together to test the new screens
- Make any changes required following consultation
- Develop the patient identifiable data (PID) level screens for Practice use
- Develop the Familial Hypercholesterolemia element of the Cholesterol screen
- Training and development regarding the purpose of the dashboard and how to use the information presented



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