

Personalised and population health data- so what? Why does it matter?

Presented by:

Aimee Robson MSc MCSP

Deputy director improvement (primary & community
care) – NHS England

Physiotherapist (specialist foot & ankle)

Nov 2024

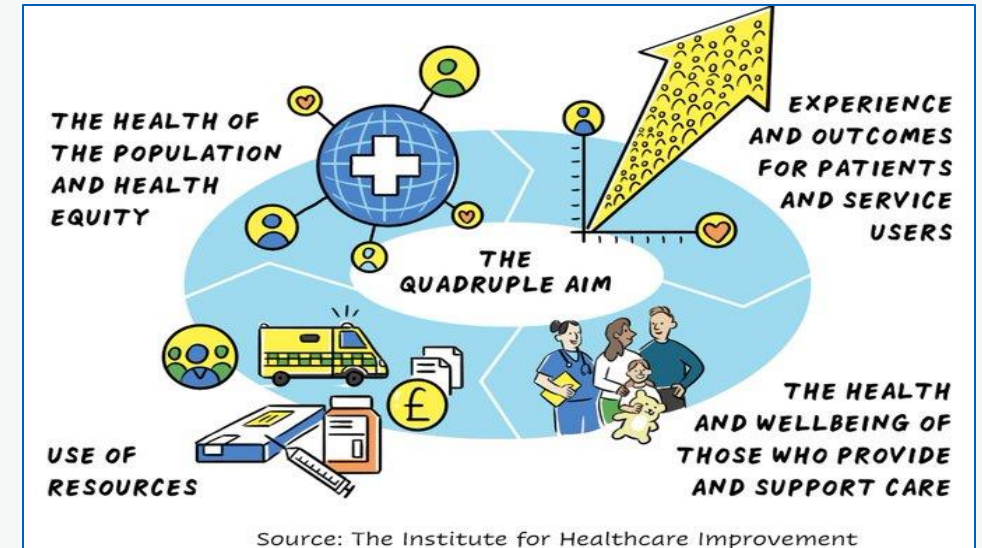
Facts to get us going ...

5 in 10 people don't feel involved in the decisions about their care in England nor have done for the past 10 years ...

Where people lack confidence around health and wellbeing, they are 10x higher utilisers of health and care services (the only interventions that addresses this are peer support & health coaching)

Patient experience is higher when a patient's values & preferences are listened to and are active participants in care = better overall healthcare outcomes

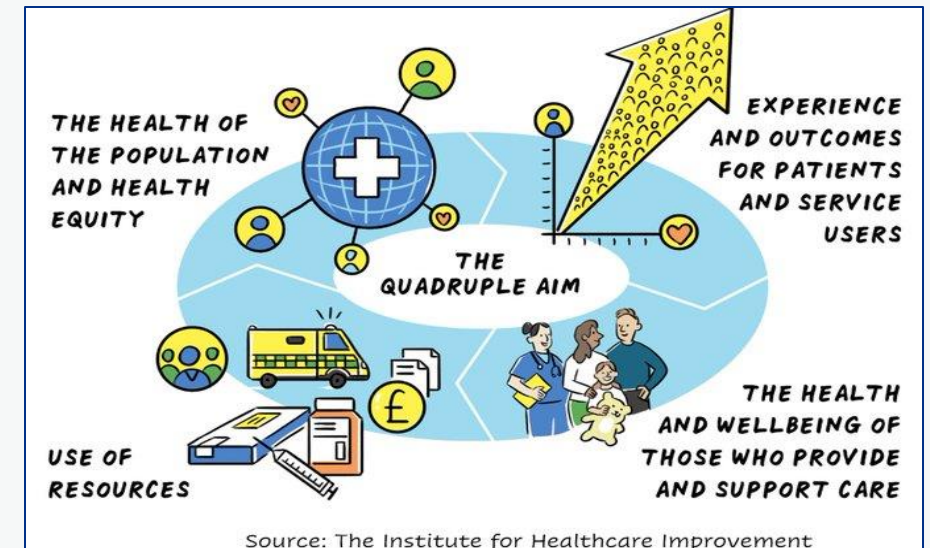
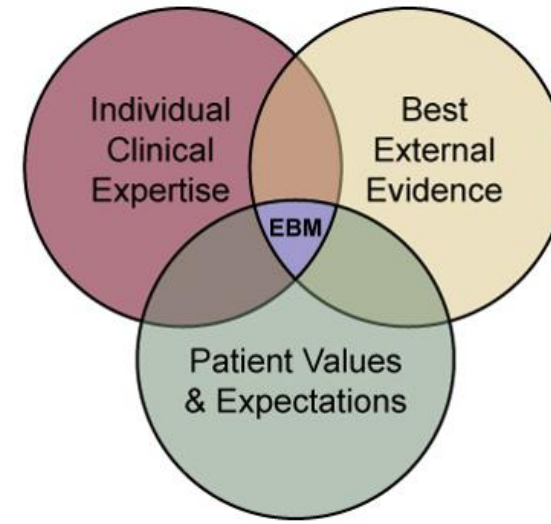
Where a culture of an organisation visibly values person centred care- there is marked improved workforce satisfaction

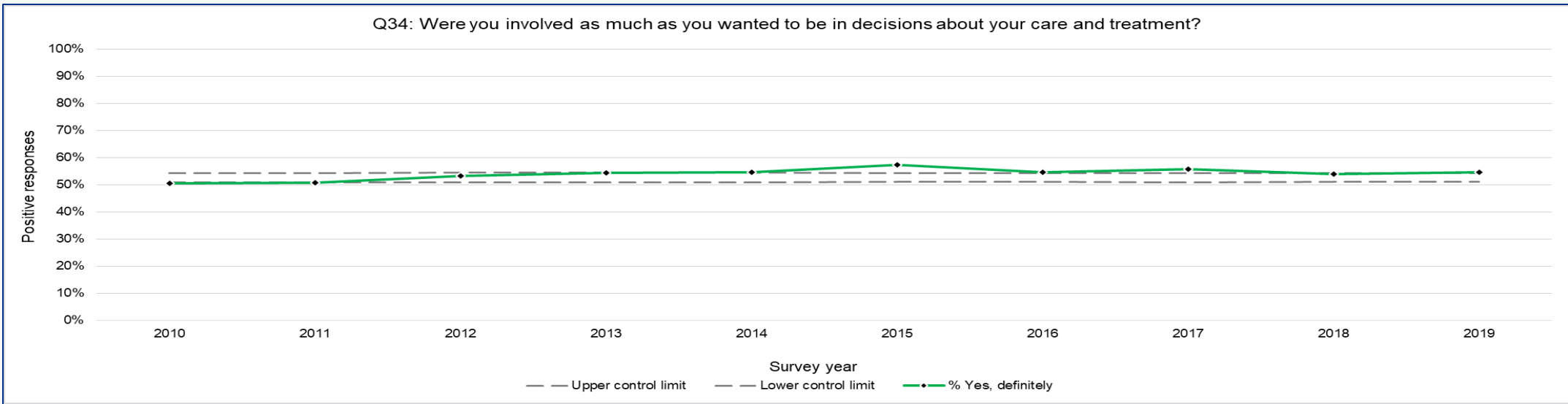


Personalised approach to care

Why? So what?

1. People/patients want their preferences understood, respected and acted upon-
Moral, ethical & medio-legal imperative
2. **Evidence based healthcare** = evidence + clinical expertise + individual patient preferences
3. **Outcomes of care are better** – higher value of care, workforce more satisfied, patient outcomes better system outcomes improved, financial savings





- 5 in 10 people haven't felt involved in decisions on care for past decade (every care setting)
- 1 in 7 people have "post decision regret" in England
- £38m per annum cost of litigation due to ill informed consent
- Also a root cause of many public inquiries (Paterson, Ockendon)

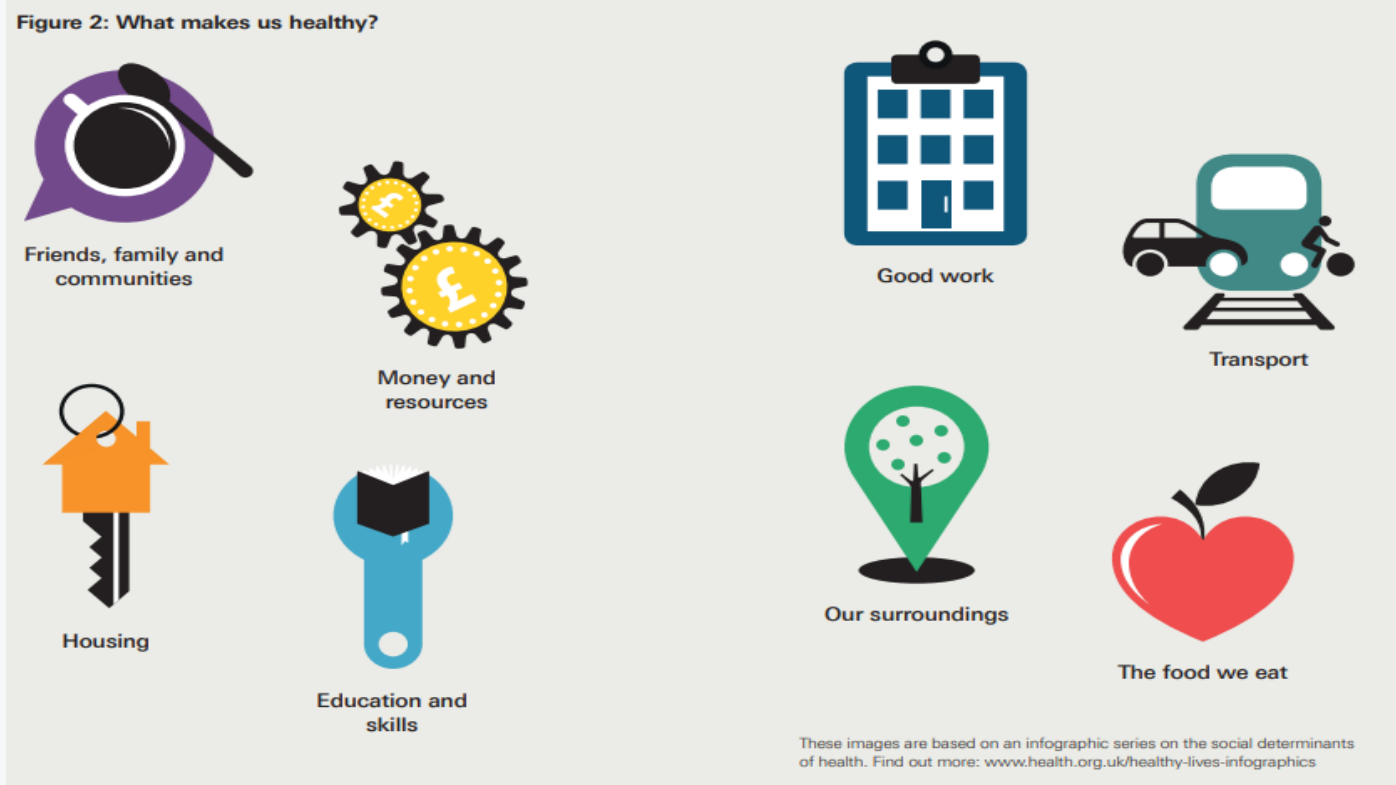


Sharing decisions with patients is more than a "nice to have" it's a priority for patient safety, quality and cost of care delivery

“

Variation in care is rarely a problem of recalcitrant doctors and nurses being unwilling to learn or resistant to change, but rather is the result of a system that has evolved to perpetuate variation.”

What makes us healthy??? And what makes us happy? (and why that matters)

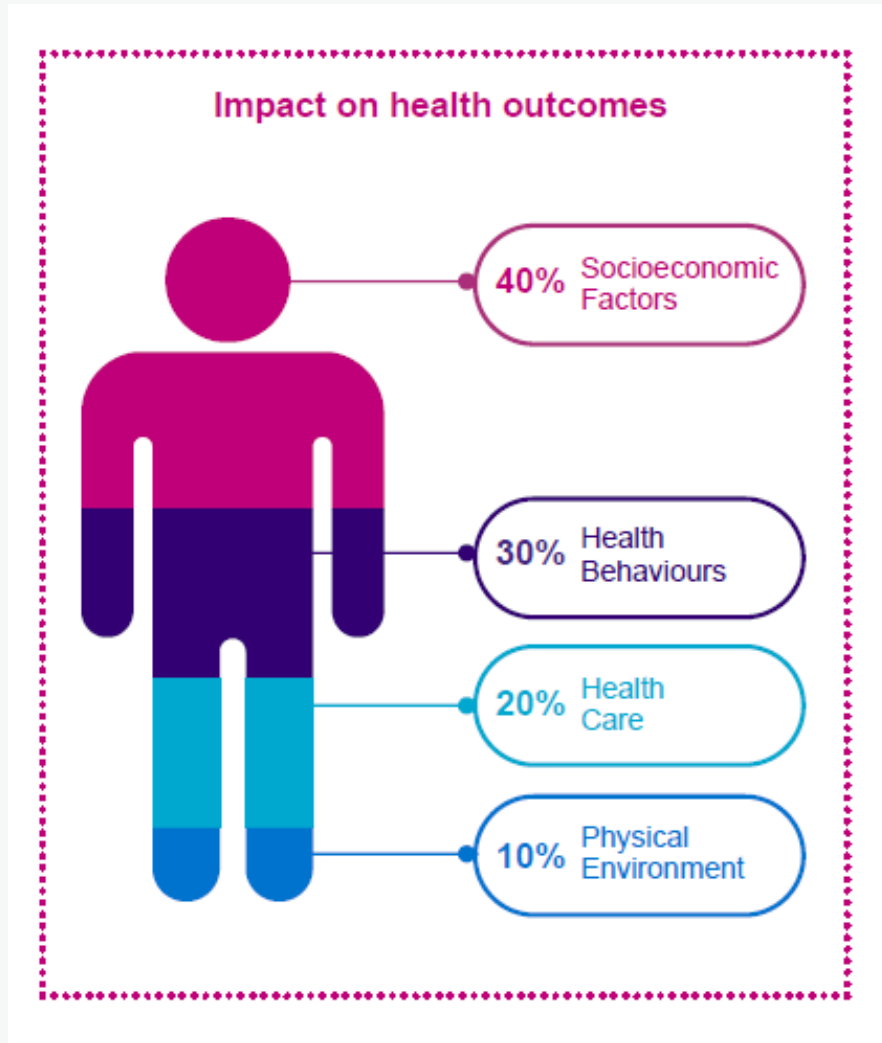


The No. 1 key to a happy life: 'Social fitness'



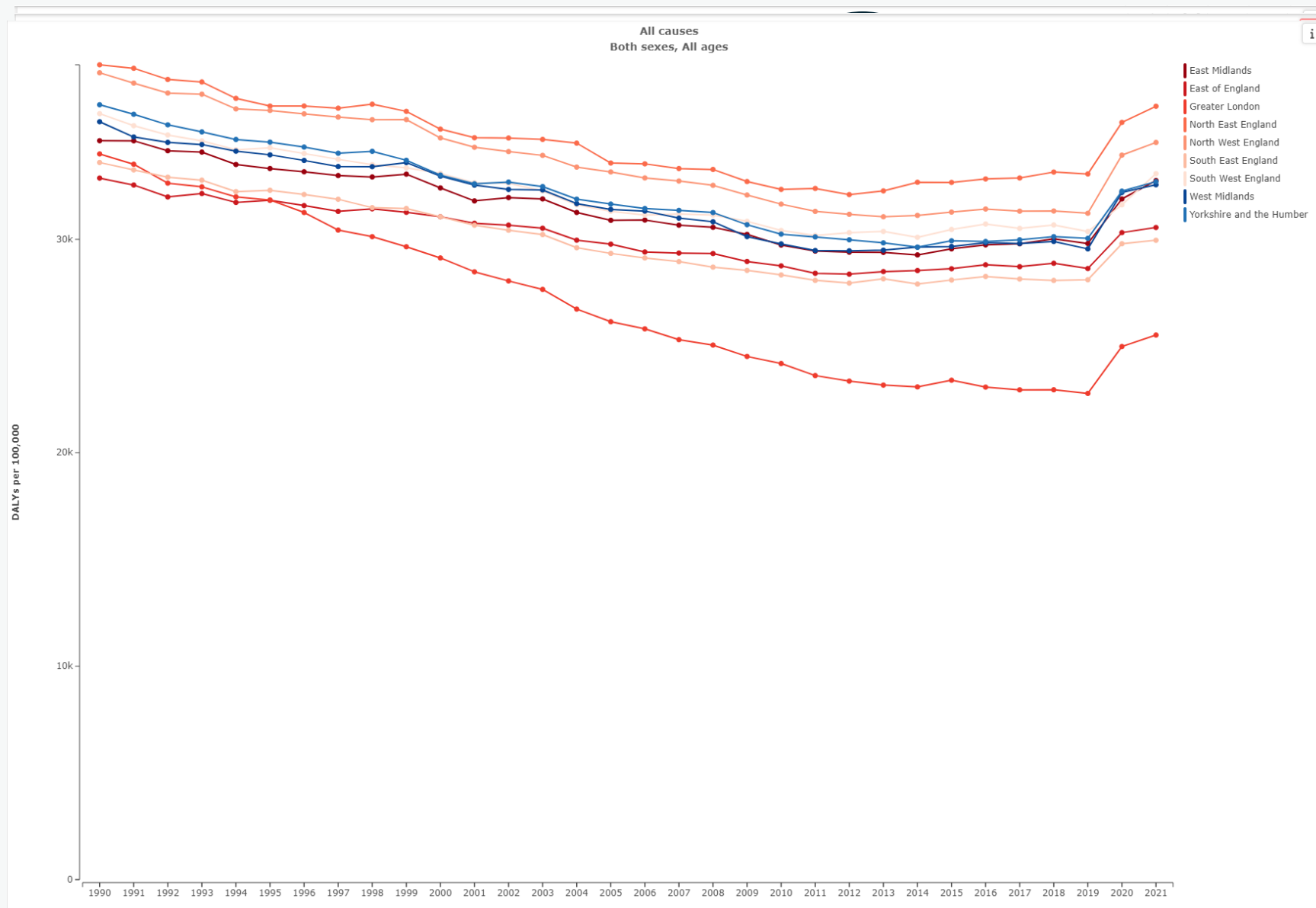
Longer life and better quality of life are linked with socially determined factors – are we delivering socially determined interventions as AHPs???

What contributes to health outcomes?



- Only 20% of what makes up someone's health outcomes is related to health care and access to health care.
- How do we shift our attention, resources, efforts more towards the 80%?

Source: Hood, C, Gennuso, K, Swain, G, & Catlin, B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventative Medicine*.



Global burden of disease: Disability Adjusted Life Years (DALY)

Blue = non communicable diseases

Red = infectious

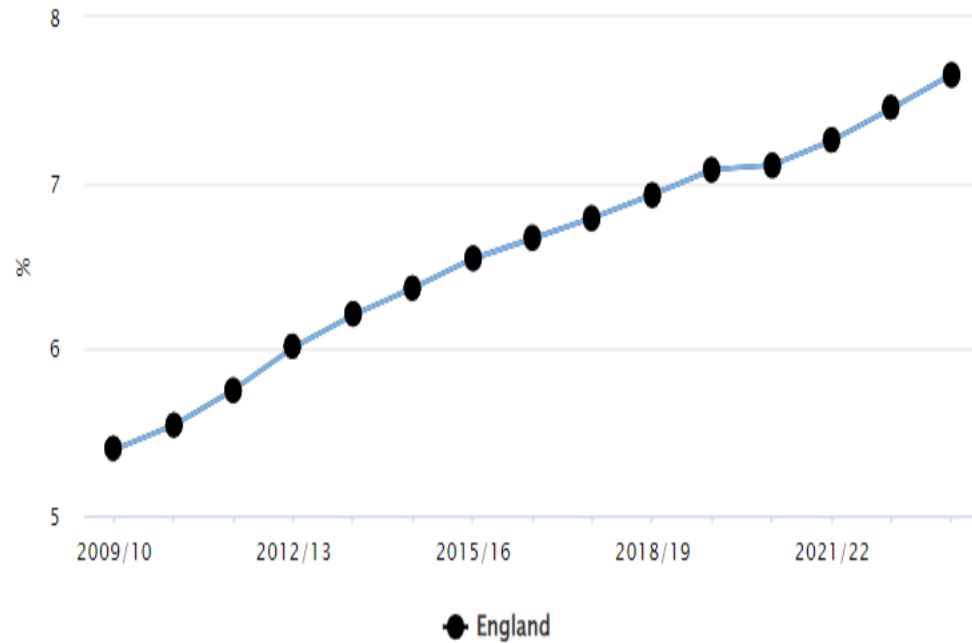
Green = injury

Diabetes: QOF prevalence (17+ yrs) New data

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)

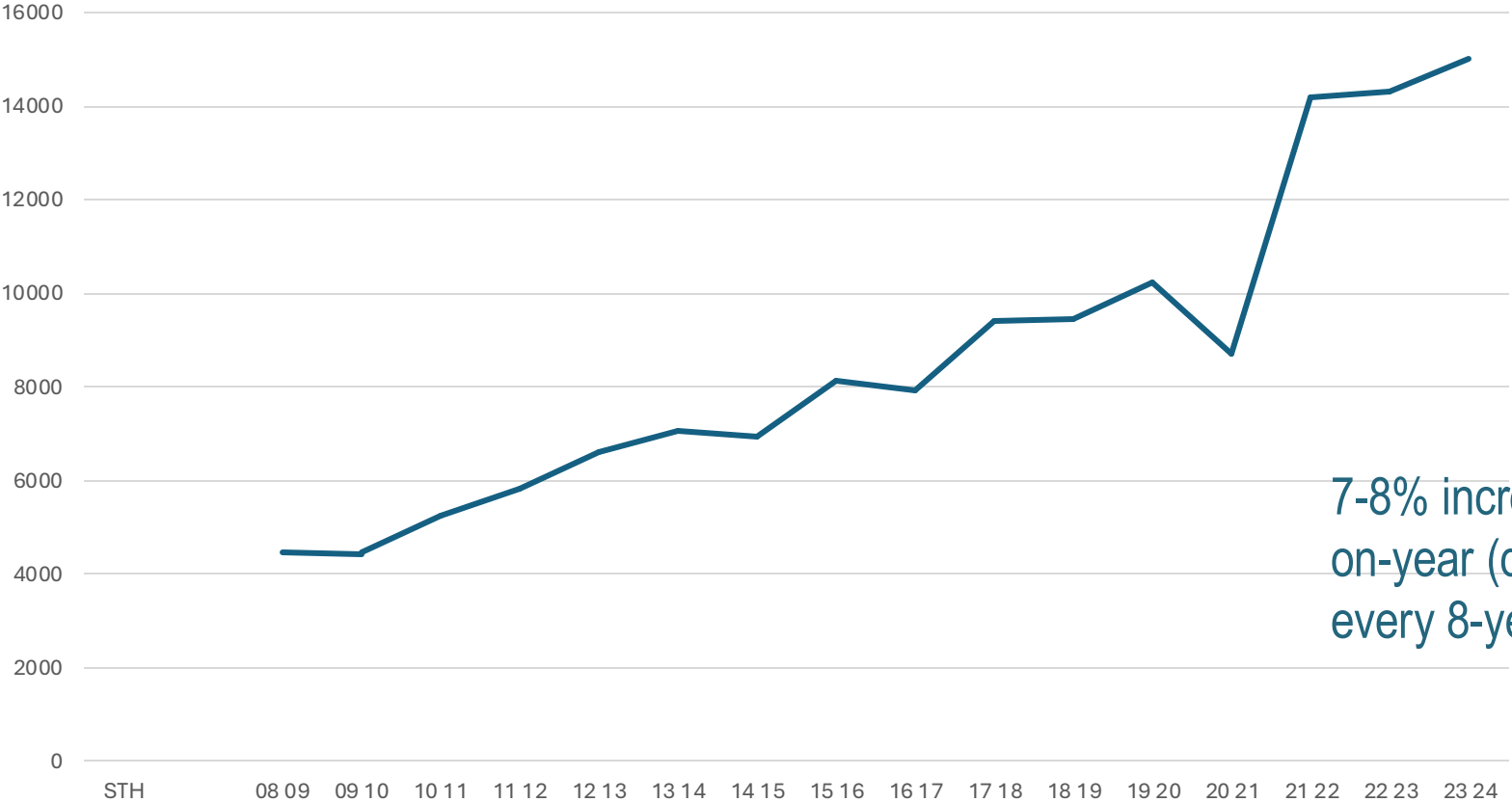


Recent trend: ↑ Increasing

Period	England				
		Count	Value	95% Lower CI	95% Upper CI
2009/10	●	2,338,813	5.4%	5.4%	5.4%
2010/11	●	2,455,937	5.5%	5.5%	5.6%
2011/12	●	2,566,288	5.8%	5.8%	5.8%
2012/13	●	2,703,044	6.0%*	6.0%	6.0%
2013/14	●	2,814,004	6.2%	6.2%	6.2%
2014/15	●	2,913,538	6.4%	6.4%	6.4%
2015/16	●	3,033,529	6.5%	6.5%	6.6%
2016/17	●	3,116,399	6.7%	6.7%	6.7%
2017/18	●	3,196,124	6.8%	6.8%	6.8%
2018/19	●	3,319,266	6.9%	6.9%	6.9%

Increasing demand for Acute & Community Podiatry Service for Wound Management

Total Active Diabetic Foot Disease Activity Trend – Acute Team
(Not Including Community Non-DM Wounds)

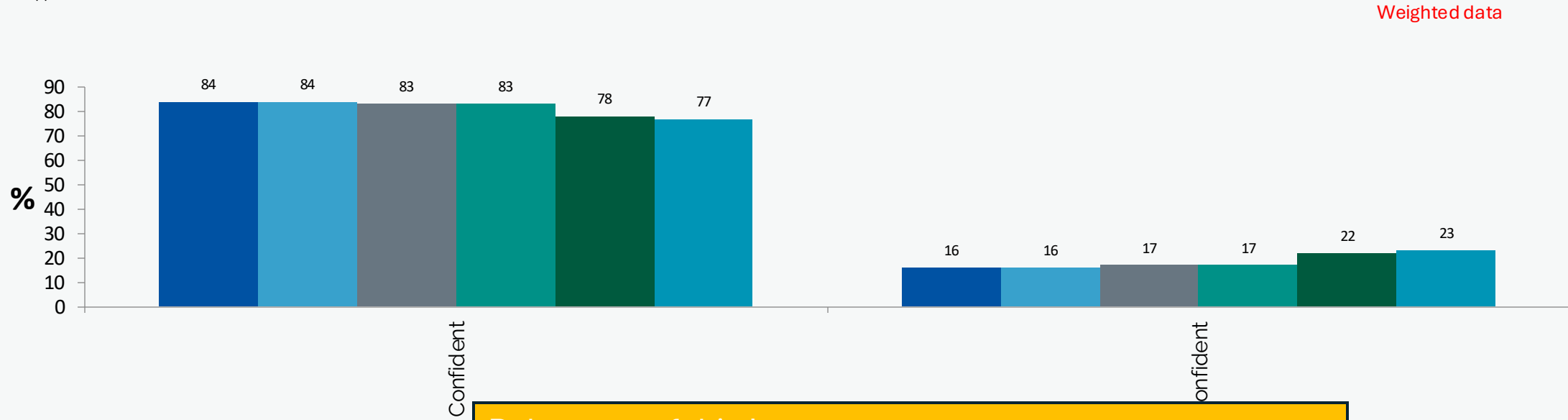


7-8% increase year-on-year (doubling every 8-years)

GP survey 2022 NATIONAL DATA

Showing summary results - Q39. How confident are you that you can manage any issues arising from your condition (or conditions)?

Results showing for National Data
Filters: No filter applied



Relevance of this !

People who lack confidence to manage health and wellbeing are 10x higher utilised of services due to unmet needs

Health coaching approaches reduce this by 40%

Confident = Very confident + Fairly confident. Not confident = Not very confident + Not at all confident
 Weighted Base: 2018 (357,889), 2019 (364,684), 2020 (349,711), 2021 (390,598), 2022 (339,295), 2023 (371,263)
 Unweighted Base: 2018 (414,084), 2019 (422,742), 2020 (404,295), 2021 (442,636), 2022 (382,313), 2023 (416,421)
 Excluding those who said "Don't know" (weighted): 2018 (10,469), 2019 (10,670), 2020 (9,853), 2021 (11,771), 2022 (10,469), 2023 (10,469)
 Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of respondents

Base: Asked of patients with a long-term condition, illness, or disability. Patients who selected "Don't know" have been excluded from the base.

“

Variation in care is rarely a problem of recalcitrant doctors and nurses being unwilling to learn or resistant to change, but rather is the result of a system that has evolved to perpetuate variation.”

<https://catalyst.nejm.org/doi/full/10.1056/CAT.19.1083>

“One language sets you in a corridor for life. Two languages open every door along the way”

Frank Smith

www.bilingualkidspot.com

Variation: The Bad and the Good

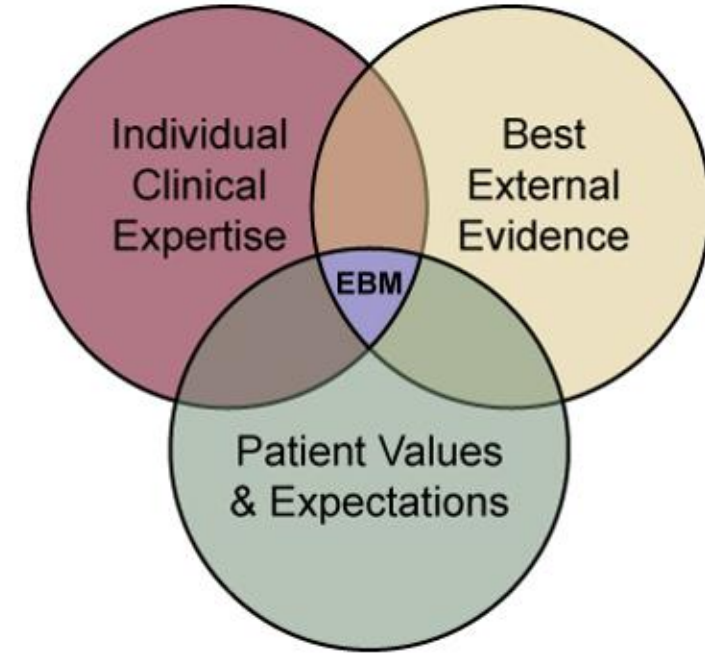
Bad variation (care not evidence-based)

- Poor research → professional uncertainty
- Poor knowledge → professional ignorance

Good variation (care is patient-centered)

- Clinical differences among patients
- Personal differences among patients

If all variation were bad, it would be easy to stop it. What is difficult is reducing the bad variation while keeping the good.

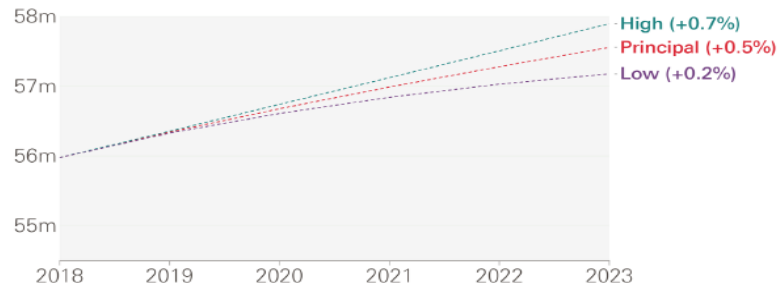


A growing and ageing population, with a higher prevalence of chronic conditions, will drive increased demand for health and social care.

A growing and ageing population

- The population is growing (at 0.5% per year in the principal projection).
- But it is also ageing: the proportion of people aged 65+ will rise from 18.2% to 19.4% between 2018 and 2024.

ONS population projections



Source: ONS

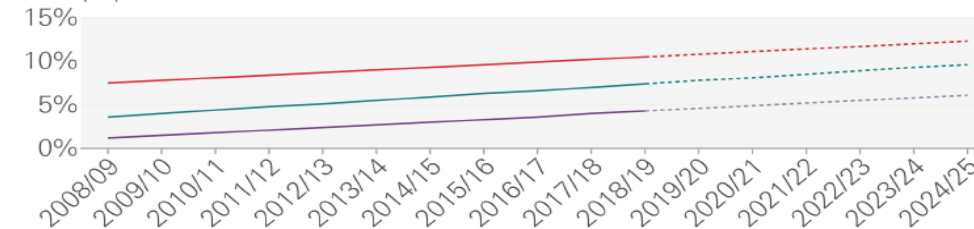
Rising morbidity

- The number of people living with long term conditions has been growing and is expected to grow further.
- The chart below shows the projected proportion of the female population aged 85+ with a hospital admission by number of multiple conditions.

Morbidity projections (% of females age 85 and older with a hospital admission)

■ 2 conditions ■ 3 conditions ■ 4+ conditions

% of population with an admission



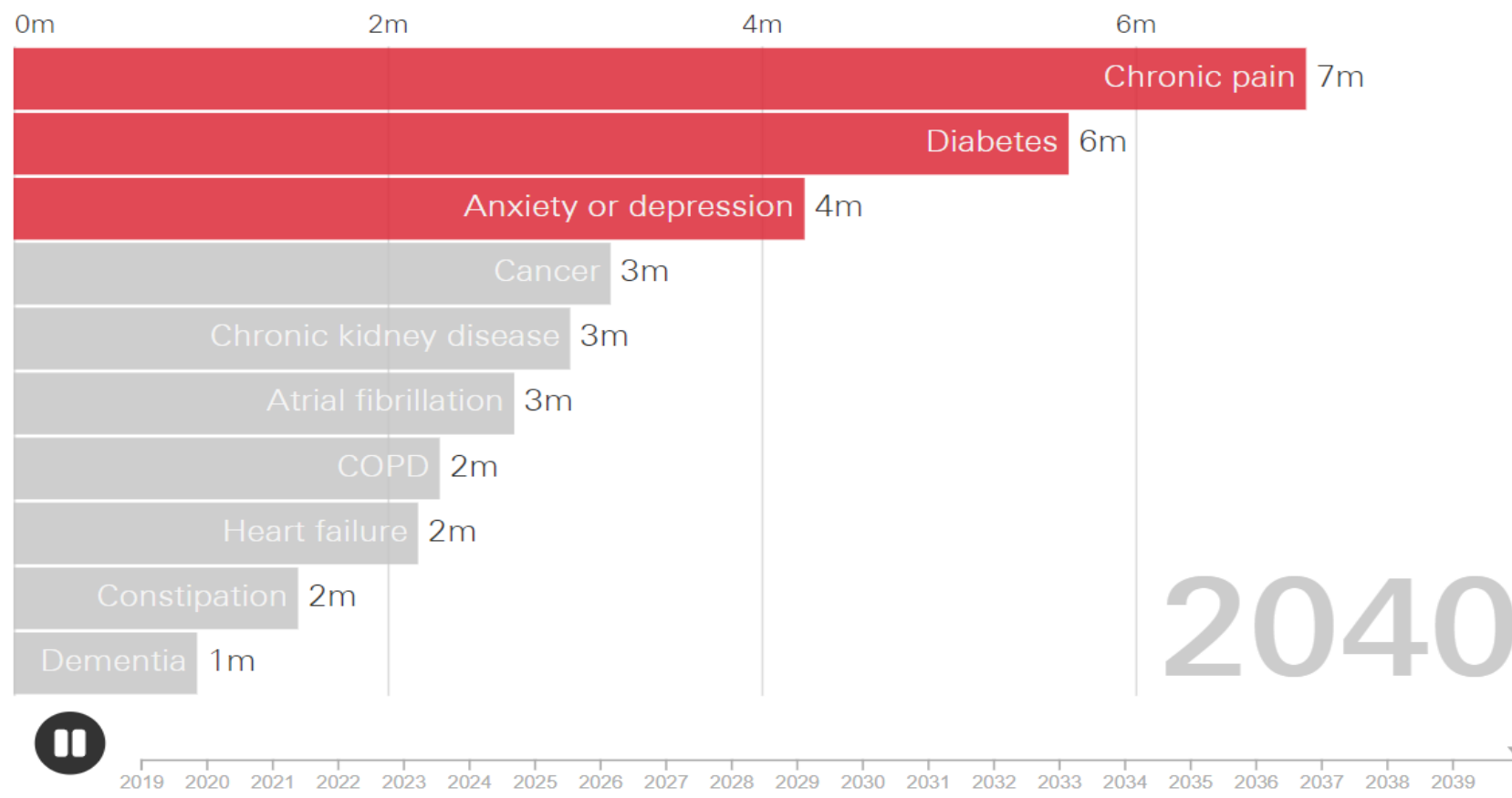
REAL Centre

 The Health Foundation ©2021

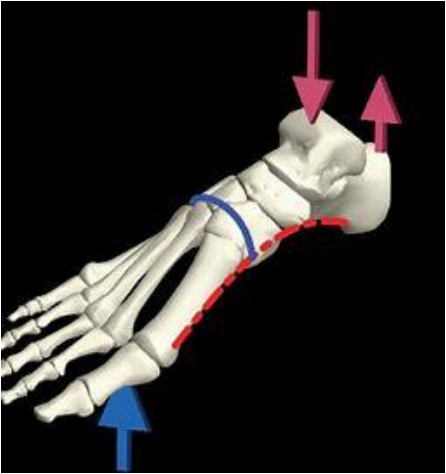
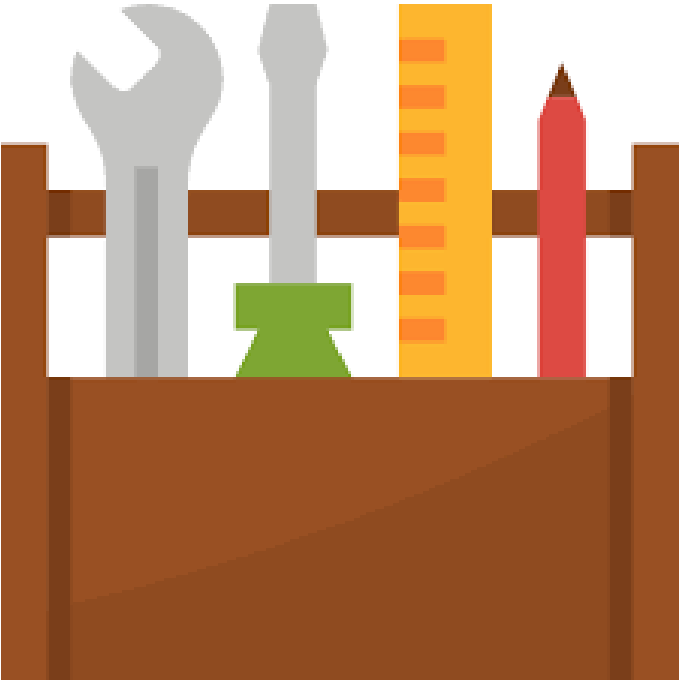
Source: Multi-morbidity projections: REAL Centre calculations based on Hospital Episode Statistics dataset

Much of the projected growth in demand is for conditions such as **anxiety or depression, chronic pain and diabetes**

Demand of conditions, 2019 to 2040 (projected)



Tools in toolbox

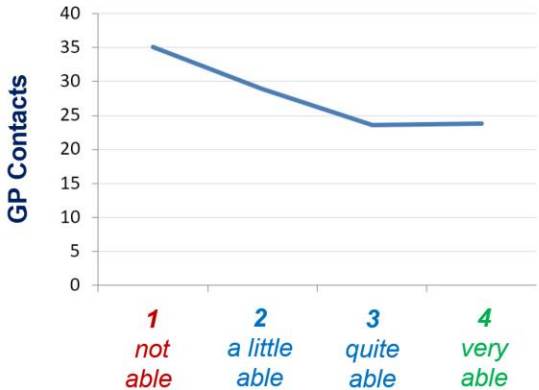


As part of your toolbox

“ask two questions”



Improving health confidence is key to improving population health



Patients **not able** to manage their own health and wellbeing see their GP **10** more times a year – a **40% difference**, but when confidence improves, then it’s only a matter of time before physical health improves and GP contacts fall

You can capture this using the following Snomed code:
Patient Activation Measure Level
962851000000103

Q1:
How would you rate your ability managing your own health and wellbeing?

Q2:
What one thing do you need to help you improve your health and wellbeing?





Helen Beaumont-Waters

hilltop foot clinic



“I am keen to see improved career pathways for all podiatrists, so I actively encourage people to seek opportunities, sharing when I see them.... With our extended scope of practice working as advanced practitioners in general practice, we need more podiatry clinical academics to support research. “



Saul Hill, Professional Head of Podiatry, Acute & Community Podiatry Service Manager

“Despite increasing demand and complexity, we must not lose sight of what matters most – our patients”



Sheffield Teaching Hospitals

NHS Foundation Trust

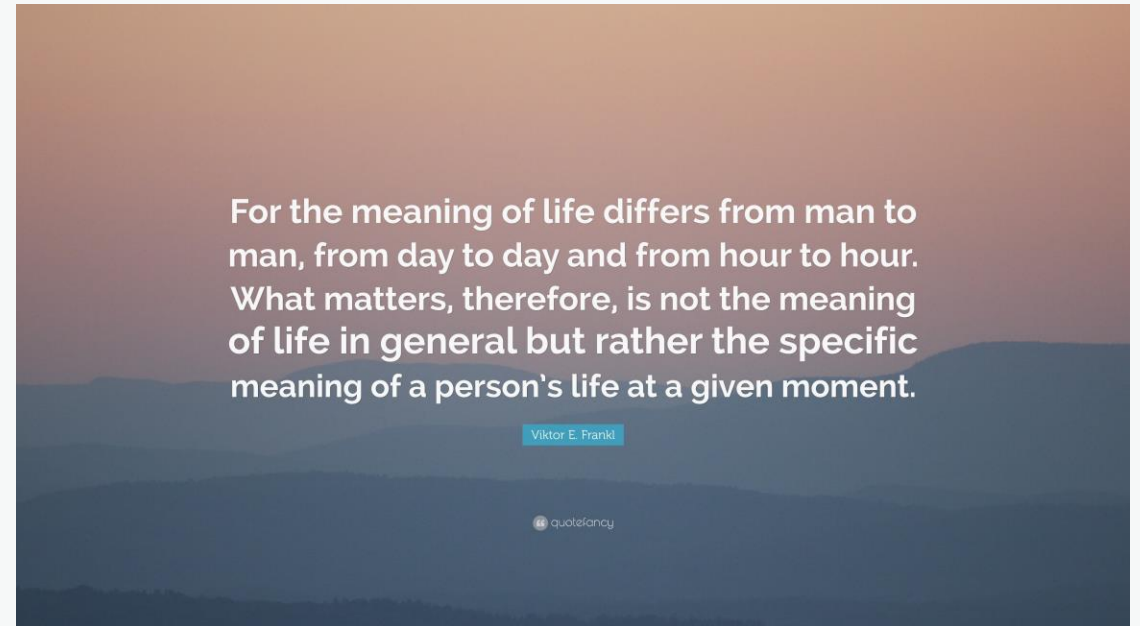
You are a precious asset to the multiprofessional teams for not just health but for our population

So our challenge to us all is this...

→ Are we doing enough to amplify that - future supply workforce?

→ Population level impact – are we all making it clear to all your executives on the value add in data?

And importantly, can we afford NOT to ??



If you want more... FREE e learning modules refreshers



Support clinical workforce skills, knowledge and confidence →
Personalised Care Institute (PCI)

Link: www.personalisedcareinstitute.org.uk

FREE learning for clinicians on personalised care

Accredited training providers to deliver training in local areas

Unleash Intrinsic Motivation

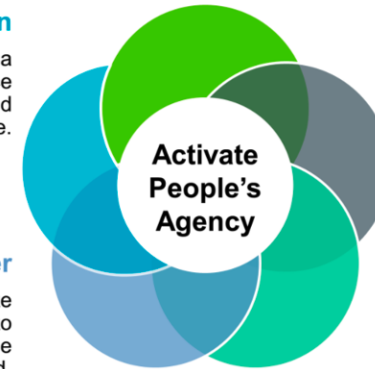
Tapping into sources of intrinsic motivation galvanizes people's individual and collective commitment to act.

Adapt in Action

Acting can be a motivational experience for people to learn and iterate to be effective.

Distribute Power

People can contribute their unique assets to bring about change when power is shared.



Co-Design People-Driven Change

Those most affected by change have the greatest interest in designing it in ways that are meaningful and workable to them.

Co-Produce in Authentic Relationship

Change is co-produced when people inquire, listen, see, and commit to one another.

[Quality Improvement Essentials Toolkit](#)
[| Institute for Healthcare Improvement](#)
[\(ihi.org\)](#)

[IHI Psychology of Change Framework](#)
[| Institute for Healthcare Improvement](#)

Thank You



[@nhsengland](https://twitter.com/nhsengland)



[company/nhsengland](https://www.linkedin.com/company/nhsengland)



[england.nhs.uk](https://www.england.nhs.uk)