

Derby Medical Society. Minutes of meeting 7th February 2023

Population health management

Speakers

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Population health is a set of activities that starts with understanding individuals and cohorts.

Use data to provide personalised care to these groups for health management and prevention.

Lots of new data resources available, including health IT and genomics.

Qualitative data and the internet are vital resources.

Need to use data to organise care.

10% data based, 90% culture dependent.

Futures Forum NHS has examples of this.

War, climate change and migration will create new challenges.

At the heart is the citizens, trust and healthcare relationships.

The health of the population needs to be the fundamental core of Integrated Care Systems.

Examples of population health management (Dan Alton)

Studies looking at health outcomes established that 20% is based on clinical care.

The other 80% is made up of health behaviours (30%), social and economic factors (40%) and physical environment (10%).

Can feel an uphill struggle when trying to influence the 20%.

Need to consider the wider determinants.

ICS can work together to improve all the determinants of health.

There is a population health cycle:

- 1 understand Care needs through data
- 2 opportunity analysis and targeting
- 3 predictive system modelling
- 4 design and begin to implement interventions
- 5 active monitoring and rapid improvement.

Joined up data is essential

What does a system need?

Infrastructure
Intelligence
Interventions
Incentives.

Examples

Wokingham (commuter belt)

Poorly controlled type 2 diabetes patients

Speak to patients about current education and advice. Feedback was that it was too basic, too patronising, cannot come to appointments in the day.

Intervention of a GP with interest in lifestyle medicine running a consultation group in the evening.

Outcome was a 11% average reduction in HBA1c at 6 months.

Reading (high levels of deprivation)

Same cohort

Patient feedback was that information was not given in their language and did not take account of cultural factors (high Nepalese community)

Intervention of Nepali speaking GP running sessions, info in language, exploring why diets not followed. Relatives and community involved in education

15% reduction in HBA1c at 6 months.

Interventions such as this need a MDT approach including:

Acute Trusts
Community Trusts
Patients
PCNs
Local authority
Social workers
Managers
Mental health
Analysts

This group identified a list of vulnerable patients during lockdown - shielded, bin collection patients, high frailty index.

Support phone calls to these people to identify and help with needs.

Worked well as it was a defined team.

Required factors for intervention success

Clinical insight and patient experience

Data / analytics

Understanding of the wider determinants of health (what's really going on)

Proactive intervention was the key

Cultural change needed about how we do things.

Singapore is a country who have an ageing population and are thinking forward 10 years.

How do we make initiatives sustainable and long term.

Coalesce and projects communicating with each other so that there is less duplication.

Applying thinking at a systems level and identify principles.

What can we do, what will we not accept.

Do a proper evaluation for patients AND staff about effects on interventions.