Thames Valley SCN Workshop

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June 20 2014
Agenda

- Service Mapping overview
- High level findings
- Data background
- Definitions
- High level data
- Way forward
NCS... what we do

• Experts in neurology solutions
• Improve outcomes and drive down cost
• Support for all health economy partners
• Unique voluntary sector not for profit partnership
• Service users at the heart of neurology commissioning
• DH Innovation funding 2011-2014
• CSU functions
15 million people in England (of which 7 million are migraine) – more than 1:4 have a neurological condition. Over half a million people are newly diagnosed each year.

- 38% Real-term increase in annual spending between 2006-7 & 2009-10
- 31% Increase in neurological inpatient admissions between 2004-5 & 2009-10, compared to 20% for the NHS as a whole.
- 32% Increase in emergency neurological admissions to hospital between 2004-05 & 2009-10, compared to 17% for the NHS as a whole.
Project Background

• The aim of the project was to give an overview of neurological service provision across the Thames Valley SCN area:

• Process
  – Interviews with key stakeholders
  – Document reviews
  – Development and analysis of data across nine conditions (selected by the SCN)
  – Development of report and recommendations

NB: Should be recognised that the data is an indicator of performance and accuracy is dependent on coding and other variables
### Conditions reviewed

<table>
<thead>
<tr>
<th>Disease area</th>
<th>ICD codes (as requested by SCN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epilepsy</strong></td>
<td>G40 and G41</td>
</tr>
<tr>
<td><strong>Headache and Migraine</strong></td>
<td>G93, G43 and R51X</td>
</tr>
<tr>
<td><strong>MS and demyelinating diseases</strong></td>
<td>G35X, G36, G37</td>
</tr>
<tr>
<td><strong>Motor Neurone Disease</strong></td>
<td>G12</td>
</tr>
<tr>
<td><strong>Movement disorders (including Parkinson’s and tremor)</strong></td>
<td>G20X, G21, G23, G25, G26</td>
</tr>
<tr>
<td><strong>Muscle disorders (including Myasthenia Gravis)</strong></td>
<td>G70, G71, G72, G73</td>
</tr>
<tr>
<td><strong>Neuropathy</strong></td>
<td>G61, G62</td>
</tr>
<tr>
<td><strong>Sub arachnoid haemorrhage</strong></td>
<td>I60</td>
</tr>
<tr>
<td><strong>Acquired Brain Injury</strong></td>
<td>S06</td>
</tr>
</tbody>
</table>
High level findings

• There is evidence of services and highly committed staff to manage neurological conditions across the area across statutory and the voluntary sector but a more coordinated and informed approach is needed.

• Neurology is not routinely being highlighted in Joint Strategic Needs Assessments across all the CCGs

• Integration of health and social care services is poorly developed across the region

• Community service provision is patchy across the area and there is a lack of data for community services

• There is an element of historical confusion around how services are commissioned and by whom. Work is ongoing to by the SCN and Specialised Commissioning to rectify this situation.
High level findings

• There is a lack of informed neurological commissioning
  – Although there is strong leadership for many long-term neurological conditions there is no formalised integrated care pathways
  – Services have evolved overtime driven by individual staff rather than in a coordinated fashion
  – Data is not being routinely used to inform service planning and provision across the pathway of care
  – There is minimal specific attention given to neurology across new CCG Operating Plans (due for sign off late June) although strategies are being developed which will have positive outcomes for the neurology community
High level findings

• Comorbidity data indicates that a number of emergency admissions are potentially avoidable e.g. admissions due to urinary tract infections or lobar pneumonia

• There is anecdotal evidence that due to lack of capacity and under resourced services, staff are unable to focus on the necessary ongoing improvements for their service area

• Specialist nurses report that they are working with high caseloads
High level findings

• Specialist staff and patients report that knowledge of neurological conditions is poor among non specialist staff.

• Voluntary sector provision across the region is well established, driving high level of patient and carer engagement through the Regional Neurological Alliances.
High level data presentation across agreed disease areas

- Further investigation of data bases covering
  - Admissions
  - Readmissions
  - LOS
  - Excess Bed days
  - Zero Bed days
  - Costs
  - Comorbidities
  - Out Patients
  - Patient flows through local hospitals
Definitions

- **Primary admission**—the diagnosis considered to be the main reason for an admission

- **Secondary admission**—the secondary reason for an admission
  - For example Primary: Urinary Tract Infection. Secondary: MS

- **Non elective**—an unplanned admission, usually an emergency

- **Elective**—patient is given a date to attend hospital
Data background

- Hospital Episode Statistics is from the same source as SUS (secondary usage service) data apart from the patient’s ID and address are removed.

- All data provided through a commercial reuse licence from the NHS Health and Social Care Information Centre via NHS.

- Data has also been sourced for the Health and Social Care Information Centre.
Patient populations across TVSCN

<table>
<thead>
<tr>
<th>CCG</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Aylesbury Vale CCG</td>
<td>195,246</td>
<td>196,588</td>
<td>198,019</td>
<td>200,597</td>
</tr>
<tr>
<td>NHS Bracknell and Ascot CCG</td>
<td>131,352</td>
<td>134,545</td>
<td>136,117</td>
<td>136,865</td>
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<tr>
<td>NHS Chiltern CCG</td>
<td>323,114</td>
<td>325,403</td>
<td>322,894</td>
<td>327,820</td>
</tr>
<tr>
<td>NHS Newbury and District CCG</td>
<td>113,215</td>
<td>113,295</td>
<td>113,978</td>
<td>114,847</td>
</tr>
<tr>
<td>NHS North &amp; West Reading CCG</td>
<td>106,593</td>
<td>105,758</td>
<td>107,019</td>
<td>107,951</td>
</tr>
<tr>
<td>NHS Oxfordshire CCG</td>
<td>687,169</td>
<td>684,189</td>
<td>694,252</td>
<td>693,515</td>
</tr>
<tr>
<td>NHS Slough CCG</td>
<td>135,548</td>
<td>137,106</td>
<td>143,386</td>
<td>146,685</td>
</tr>
<tr>
<td>NHS South Reading CCG</td>
<td>125,757</td>
<td>124,409</td>
<td>126,989</td>
<td>132,560</td>
</tr>
<tr>
<td>NHS Windsor, Ascot and Maidenhead CCG</td>
<td>149,094</td>
<td>149,156</td>
<td>150,550</td>
<td>152,712</td>
</tr>
<tr>
<td>NHS Wokingham CCG</td>
<td>154,161</td>
<td>153,259</td>
<td>154,220</td>
<td>155,927</td>
</tr>
</tbody>
</table>

With the exception of Oxford CCG local populations have increased between 2009/10 and 2012/13
Epilepsy
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Epilepsy 2009/10 to 2012/13 by CCG

The highest admissions per 100,000 for Epilepsy is NHS Sough CCG
Total admission costs – Total elective and non-elective admissions with a primary or secondary diagnosis of Epilepsy 2009/10 to 2012/13

Total admission costs for Epilepsy across the SCN area are increasing year on year

Thames Valley SCN total costs

<table>
<thead>
<tr>
<th>Year</th>
<th>Thames Valley SCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>$8,524,993</td>
</tr>
<tr>
<td>2010/11</td>
<td>$8,546,154</td>
</tr>
<tr>
<td>2011/12</td>
<td>$9,182,260</td>
</tr>
<tr>
<td>2012/13</td>
<td>$11,812,360</td>
</tr>
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</table>

Total admission costs for Epilepsy across the SCN area are increasing year on year.
Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Epilepsy 2009/10 to 2012/13 by CCG

Highest costs per 100,000 were incurred by Slough CCG
Headache and Migraine
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13 by CCG

The highest admissions per 100,000 for Headache and Migraine is NHS Slough CCG
Total admission costs – Total elective and non-elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13

Thames Valley SCN total costs

- 2009/10: $6,255,424
- 2010/11: $6,566,809
- 2011/12: $7,407,416
- 2012/13: $6,933,603

Total admission costs for Headache and Migraine across the SCN were increasing year on year but dipped in 2012/13.
Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13 by CCG

Highest costs per 100,000 were incurred by NHS Aylesbury Vale CCG
Multiple Sclerosis and Demyelinating disease
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of MS 2009/10 to 2012/13 by CCG

The highest admissions per 100,000 for MS is NHS Windsor and Ascot CCG
Total admission costs – Total elective and non-elective admissions with a primary or secondary diagnosis of MS 2009/10 to 2012/13

Total admission costs for MS across the SCN area are increasing year on year

Thames Valley SCN total costs

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>$3,155,423</td>
</tr>
<tr>
<td>2010/11</td>
<td>$3,578,875</td>
</tr>
<tr>
<td>2011/12</td>
<td>$2,914,027</td>
</tr>
<tr>
<td>2012/13</td>
<td>$3,808,721</td>
</tr>
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</table>

Total admission costs for MS across the SCN area are increasing year on year.
Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of MS 2009/10 to 2012/13 by CCG

Highest costs per 100,000 were incurred by NHS Windsor, Ascot and & Maidenhead CCG
Motor Neurone disease
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of MND 2009/10 to 2012/13 by CCG

The highest admissions rate per 100,000 for MND is NHS Bracknell and Ascot CCG
Total admission costs – Total elective and non-elective admissions with a primary or secondary diagnosis of MND 2009/10 to 2012/13

Thames Valley SCN total costs

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>$985,584</td>
</tr>
<tr>
<td>2010/11</td>
<td>$993,100</td>
</tr>
<tr>
<td>2011/12</td>
<td>$1,019,046</td>
</tr>
<tr>
<td>2012/13</td>
<td>$965,803</td>
</tr>
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</table>

Total admission costs for MND across the SCN have decreased 2012/13
Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of MND 2009/10 to 2012/13 by CCG

Highest costs per 100,000 were incurred by NHS North & West Reading CCG
Movement Disorders (Including Parkinson’s and Tremor)
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Movement Disorder 2009/10 to 2012/13 by CCG

The highest admissions per 100,000 for Movement Disorder is NHS Wokingham CCG
Total admission costs – Total elective and non-elective admissions with a primary or secondary diagnosis of Movement Disorder 2009/10 to 2012/13

Total admission costs for Movement Disorder across the SCN have increased in 2012/13 to just over £7 million.
Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Movement Disorder 2009/10 to 2012/13 by CCG

Highest costs per 100,000 were incurred by NHS Wokingham
Muscle disorders (including Myasthenia Gravis)
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Muscle Disorder 2009/10 to 2012/13 by CCG

Admissions per 100,000 population by CCG

The highest admissions per 100,000 for Movement Disorder is NHS Oxfordshire CCG
Total admission costs – Total elective and non-elective admissions with a primary or secondary diagnosis of Muscle Disorder 2009/10 to 2012/13

Total admission costs for Muscle Disorder across the SCN have increased in 2012/13 to just over £1.3 million.
Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Muscle Disorder 2009/10 to 2012/13 by CCG

Highest costs per 100,000 were incurred by NHS North & West Reading CCG
Acquired Brain Injury
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of ABI 2009/10 to 2012/13 by CCG

The highest admission rate per 100,000 for ABI is NHS Chiltern CCG at 133 per 100,000
Total admission costs – Total elective and non-elective admissions with a primary or secondary diagnosis of A1B 2009/10 to 2012/13

Total admission costs for A1B across the SCN have risen year on year with a slight dip 2012/13.
Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of ABI 2009/10 to 2012/13 by CCG

Highest costs per 100,000 were incurred by NHS Newbury and District CCG.

Cost per 100,000 population
Admissions and Costs
Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis across conditions 2009/10 to 2012/13 across TVSCN

Highest admissions across the area are for Epilepsy
Total elective and non elective costs 2009/10-2012/13

Costs across elective were just under £42 million for elective admissions across these 7 conditions and just under £75 million for non elective admissions equating to overall costs of £116,710,689 over four years in Thames Valley.
The majority of comorbidities involve UTI
The way forward

- There are a range of recommendations in the report including:
  - Commissioners and providers routinely examine and interpret neurology data to inform practice
  - Commissioners agree a minimum data set for the community services
  - The provision of local specialist nurses in neurology is reviewed
  - Review co-morbidities across neurology to identify area where interventions could be introduced to reduce avoidable admissions
  - Raise awareness of neurological conditions
  - Review examples of integrated care pathways for those with neurological conditions
  - Consider joint commission arrangements
  - Develop local disease registers
The way forward

- Information by area and condition is further detailed in the report.
- Data is available in the appendix and can be reviewed if required.
- Further data is available in the report on Referral to Treatment, Outpatients and Workforce.
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