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Ecosystem



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The University of Manchester  
Manchester Informatics



# Technology and Healthcare; Empowering the Patient and Influencing Policy

5<sup>th</sup> November 2015



@Man\_Inf #policyweek

**Policy Week 2015**  
Science, Technology and Public Policy

2 – 6 November  
#policyweek  
[www.manchester.ac.uk/policy](http://www.manchester.ac.uk/policy)

**NHS**  
Tameside and Glossop  
Clinical Commissioning Group

**NHS**  
England



Health  
e-Research  
Centre

# Technology and Healthcare - Empowering the Patient and Influencing Policy

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Member of the Equality Diversity Council, NHS England

Vice-Chair West Pennine Local Medical Committee

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[www.htmc.co.uk](http://www.htmc.co.uk)

It is not the strongest  
of the species that survive,  
nor the most intelligent,  
but the one most responsive  
to change.

-Charles Darwin

# Ofcom: facts (2015)

<b>Average time spent per month browsing online on PCs or laptops</b>	31 hours 19 mins
<b>Proportion of adults with broadband in the UK (fixed &amp; mobile)</b>	80%
<b>Proportion of UK adults with a smartphone</b>	66%
<b>Proportion of people who use their mobile handset to access the internet</b>	61%
<b>Proportion of online adults who use social networking sites</b>	72%

“Every system is perfectly designed to achieve exactly the results it gets”

*Don Berwick*

# #Empowerlution

- Not the same as online banking
- Not just having a link on a website
- Not just putting passwords into a website
- Not just downloading an app
- Not just viewing records
- Not just being asked if others can view the record
- Not just being available to support the patient
- Not just for emergencies or urgent care
- Not just identify who you are or other IG issues
- Not just having the option to do the above
- Not just for patients (or carers)

# #Empowerlution

- Consent is a KEY active process
- Active process on informing, engaging, enabling, supporting, delivering, activating and following up
- Active safety-netting
- 24/7 wrap around service 365 days a year
- For patients, carers, staff and organisations
- Part of commissioning, procurement, provision
- Done with individuals, the team, the community and the wider system

# Partnership of Trust



# www.htmc.co.uk



"There for you all your life,  
your good health with our  
support, empowering you to  
live well"

[MAIN WEBSITE](#)

## Haughton Thornley Medical Centres

[Haughton Vale PPG](#) | [Thornley House PPG](#) | [Search](#) | [Staff](#)

Google™ Custom Search

Search ×

powered by Google™

**We are welcoming new patients. Please click here to join us now!**



**Haughton Vale Surgery**  
0161-336-3005  
**Thornley House Medical Centre**  
0161-367-7910  
**Out of Hours - GoToDoc**  
0161-336-5958

### Latest News

**NEW: PPG report out now.** See [PPG noticeboard TH HV](#). Read the [Review of 2014](#) and what we need to do. See the [launch of Health Pledge 2015 At Clarendon Shopping Centre](#) and [Make a Health Pledge](#) today! [Donate to food bank](#)  
**URGENT:** Learn about [care.data](#) and whether you and your family wish to opt out of sharing your data with 3rd parties without your consent

#### Online Services

[LOGIN to your record](#)

[NHS Choices](#)

[Patient.co.uk](#)

[Lab Tests Online](#)

[NHS Direct Symptom Checker](#)

[Recording Your Own Data](#)

[Common Problems You Can Solve](#)

[Health Pledge](#)

#### Getting Started Online

[Learn about online services](#)

[REGISTER now](#)

[Forgot your password?](#)

Welcome to our new Home Page which has been compacted to provide you with the most essential information for most of your needs as a patient.

The [main website](#) offers a great deal more information for those who wish to learn more about what they can do for themselves supported by a large number of resources we have gathered to support you and your family's needs.

If you or your loved ones would like to sign up for FREE online services then please click [here](#).

You can send secure non-urgent messages online via [EMIS Access](#) or send an email about non-medical matters to [htmcpatient@nhs.net](mailto:htmcpatient@nhs.net)

[Common Problems](#)



[Appointment system](#)

[Health Pledge](#)





"There for you all your life, your good health with our support, empowering you to live well"

# Haughton Thornley Medical Centres

Haughton Vale Surgery | Thornley House Medical Centre | HV TH PatientZone | Staff



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Search

powered by Google™

## theguardian

**Patients need access and understanding of their electronic health records**

[Click here for further info](#)



See guidance to enable Patients to access Electronic Health Records

**NEW:** Missed appointments and how to improve access to see your doctor, nurse or others  
See our Patient Survey and see what patients think of the practice  
Testimonials from patients accessing and understanding their GP electronic health records  
"Our Health, Our Lifetime's work"  
Why should patients order repeat prescriptions online ?  
Top 10 tips for patients to get the best from the practice by Haughton Thornley PPG

### Online Services

- [LOGIN to your record](#)
- [REGISTER](#)
- [Learn about online services](#)
- [Forgot your password?](#)
- [FAQs / password problems](#)
- [Errors in records](#)

### Healthcare Websites

- [Common problems you can solve](#)
- [Health A-Z](#)
- [NHS choices](#)
- [Local Map of Medicine](#)
- [Patient.co.uk](#)
- [Clinical Knowledge Summaries](#)
- [Medipaedia \(for kids and adults\)](#)
- [Contact a family \(for families with disabled children\)](#)
- [Medications A-Z](#)
- [Learn about your medication](#)
- [Medication Information from Tameside Hospital](#)
- [Medicines for children](#)
- [Lab Tests Online](#)
- [Easyhealth](#)

### What is self care for family and friends

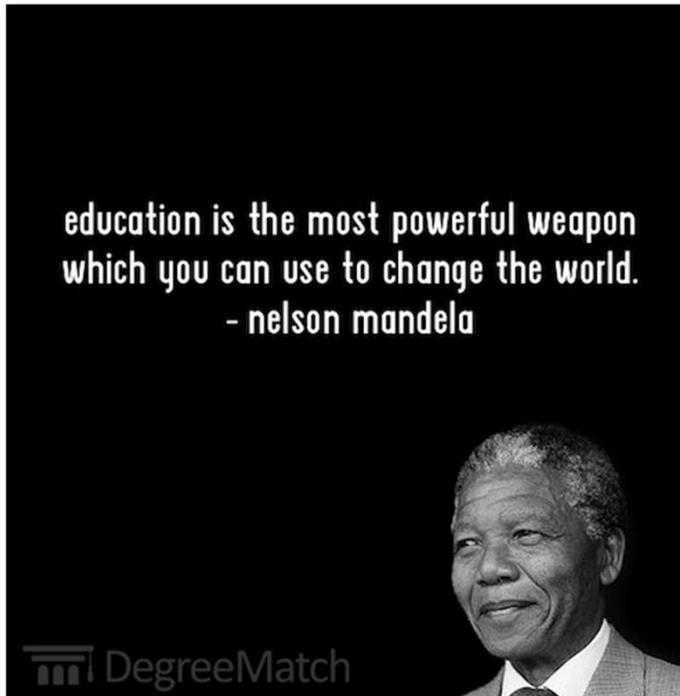
- [What is self care?](#)
- [Common problems YOU can solve](#)
- [Health A-Z](#)
- [Useful leaflets](#)
- [Information Prescription](#)
- [Recording your own data](#)



### Welcome to our website

We have set up this website as a gateway to trusted health and care information for patients, their families and those they care for who are registered at [Haughton Vale](#) and [Thornley House](#) Medical Centres. See the "Patient Control Panel" on the left which helps you to drive the care for you and your loved ones!

Within the site there are sections with specific content for [Haughton Vale](#) and [Thornley House](#). If you believe there is information that we have not included and that you would like to see included, please let us know by visiting the Patient Zone for each Practice and send us your comments. We value all the feedback that we receive and regularly include information supplied by our patients.



education is the most powerful weapon which you can use to change the world.  
- nelson mandela

## CARE.DATA

Important information for you and your family.

Please read urgently!

### Haughton Vale

0161 336 3005

[How to find us](#)

[Practice opening times](#)

### Thornley House

0161 367 7910

[How to find us](#)

[Practice opening times](#)

### Other services

#### GO To DOC

Out of Hours Service  
0161 336 5958

In an emergency always dial **999**

### Still confused about who to contact?

Click [here](#) to find out more

### NHS Stress Hotline

Open between  
8am and 10pm  
7 days a week  
0300 123 2000

### The Silver Line

the free 24 hour confidential helpline for older people  
08004708090

### FREE Phone calls from any landline / mobile

[Samaritans](#) 116 123  
[NSPCC Childline](#) 116 111  
[Missing Persons](#) 116 000

### Compliments, Complaints and Comments

Click [here](#) if you have any issues you would like to raise.

### Local health resources

[Accident & Emergency](#)



## Do you want to see what your doctor or nurse has written about you or check your GP Electronic Health Record

Well done. You are a couple of steps away from getting access and understanding of your GP electronic health records. Watch this short video which tells you what to do next.



**STEP 1**

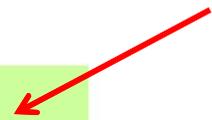
**Register your PIN NUMBERS**

(You will need to collect this from the receptionist)

**STEP 2**

**Complete ONLINE QUESTIONNAIRE**

to get access to the GP electronic health records



<http://www.htmc.co.uk/GetAccessNow/>

[Learn more about online services here](#)     [Click here to download free Patient Access app for your iPhone/Android](#)

Please make [www.htmc.co.uk](http://www.htmc.co.uk) your favourite website for all health related matters. Send an email to [htmcpatient@nhs.net](mailto:htmcpatient@nhs.net) if you have any problems.

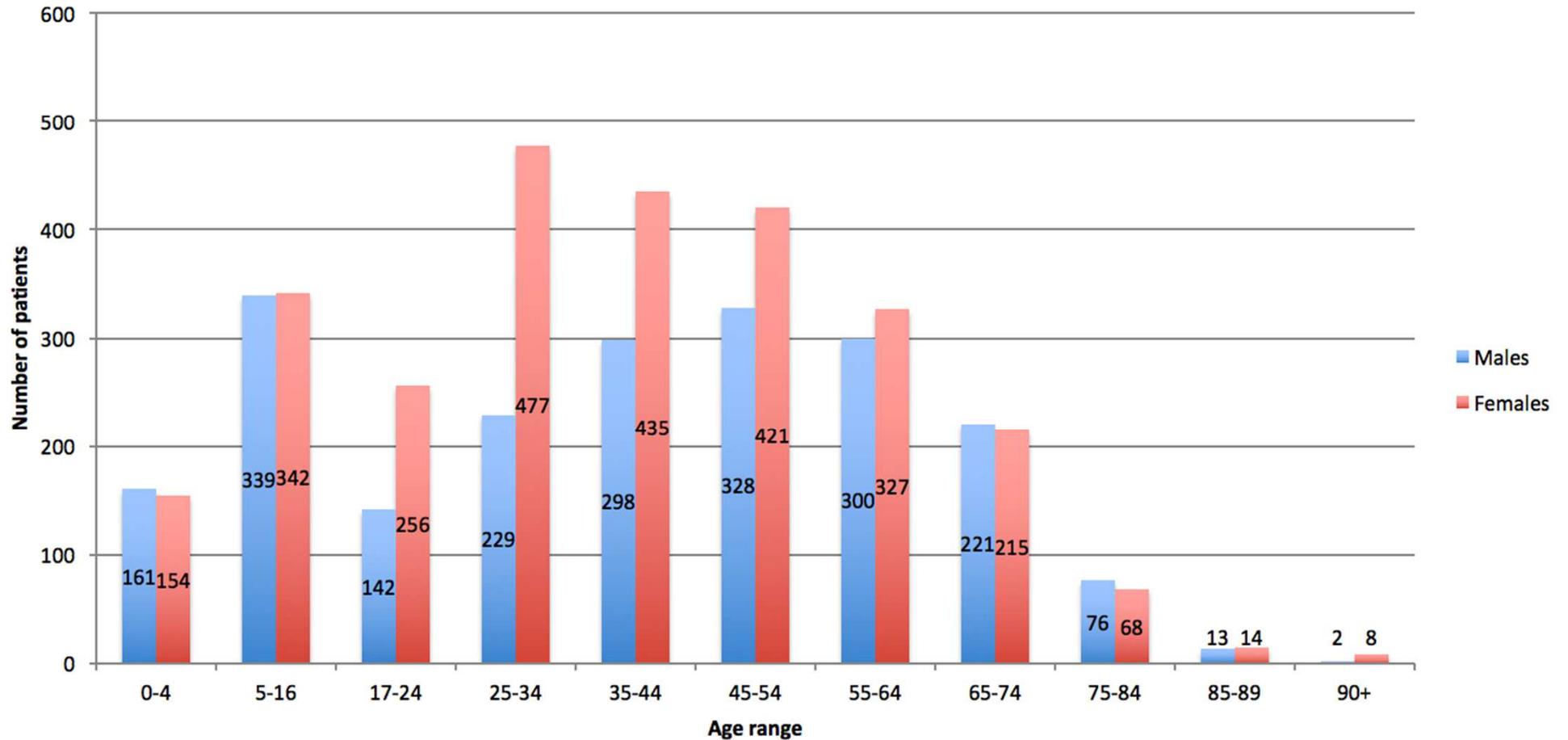
Please look at some of the links provided below which provide information on what records access and understanding means:

What does Records Access and understanding mean ?	<a href="#">About Records Access</a>	<a href="#">Background and information on Records Access including YouTube videos</a>
<a href="#">What are the benefits and challenges of Records Access</a>	<a href="#">An Example Health Record</a>	<a href="#">Keeping your Information Safe</a>
<a href="#">Maintaining confidentiality</a>	<a href="#">Frequently Asked Questions</a>	<a href="#">How many patients have got access to their records at Haughton Thornley Medical Centres</a>
<a href="#">Hilda aged 85 and daughter Jean</a>	<a href="#">Understanding your test results</a>	<a href="#">Records Access and Understanding</a>
<a href="#">Top 10 reasons for you to access your GP electronic health records</a>	<a href="#">Testimonials from patients with access to records</a>	<a href="#">British Medical Journal Blog</a>
<a href="#">BBC Radio Manchester interview of Dr Hannan</a>	<a href="#">BBC Radio Manchester interview of Dr Richard Fitton</a>	<a href="#">Health 2.0 Manchester "live" consultation with patient and Dr Hannan</a>
<a href="#">BBC News</a>	<a href="#">E-health Insider</a>	<a href="#">Royal College of General Practice's Guidance for health professionals</a>

# Patients with access to their GP electronic health records at Haughton Thornley Medical Centres 22nd October 2015

Total **4826** patients

Total **2109** males; **2717** females; 40% of total patient population - **11791** patients



Type of patient	How many have signed up	%
<b>Asthma</b>	<b>837/1777</b>	<b>47%</b>
COPD	137/362	37%
<b>Diabetes</b>	<b>393/827</b>	<b>47%</b>
Cancer	128/292	43%
<b>Depression / Anxiety</b>	<b>1055/1496</b>	<b>70%</b>
Rheumatoid Arthritis	46/78	58%
<b>Heart disease</b>	<b>184/459</b>	<b>40%</b>
Low back pain	1383/2731	50%
<b>URTI</b>	<b>2799/6377</b>	<b>43%</b>
Admitted during December 2014	11/25	44%
<b>Learning disability</b>	<b>11/49</b>	<b>22%</b>
Bengali patients	604/1489	40%
<b>Medications ordered online</b>	<b>1002/11791</b>	<b>8%</b>
<b>Total patients</b>	<b>4826/11791</b>	<b>40%</b>

For latest data: see <http://www.htmc.co.uk/pages/pv.asp?p=htmc0328>

<b>Online Services</b> 
<a href="#">LOGIN to your record</a>
<a href="#">REGISTER</a>
<a href="#">Learn about online services</a>
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<a href="#">Useful leaflets</a>
<a href="#">Information Prescription</a>
<a href="#">Recording your own data</a>
<b>Specific Health Concerns</b>
<a href="#">Contraception</a>
<a href="#">Pregnancy &amp; Baby</a>
<a href="#">Healthy Start</a>
<a href="#">Support and friendship for families</a>
<a href="#">Parenting</a>
<a href="#">Downs Syndrome</a>
<a href="#">Downs Side Up</a>
<a href="#">Dad's signs of Fading Health</a>
<a href="#">Men's health and wellbeing</a>
<a href="#">4 Bengali patients /carers</a>
<a href="#">Losing weight</a>
<a href="#">Back pain</a>
<a href="#">Pain toolkit</a>
<a href="#">Arthritis Information</a>
<a href="#">Sexual health</a>
<a href="#">Worried you may have an STI?</a>
<a href="#">Travel advice</a>

## Resources for our Bengali patients

Are you of Bengali origin? This webpage has been made to help you get the best from the practice and the local services. You may ask why? 34% of all our Bengali patients now have access to their records - that's over 500 people. Many of the patients who have signed up for online services have done this on behalf of family members who may not understand English and on whom they rely upon. This webpage is to try to help you get the most from the practice

### Why have we built this webpage?

- To inform you about what help is available for you and your loved ones to use for your health and wellbeing
- To help you get the best from the practice and the wider NHS
- To tell you how others are benefiting from the services now available
- To bring together in one place a variety of Bengali / Sylheti resources for you to use
- Please tell us about any other resources you may be aware of so that we can add to this list.

### What can you do to get the best from the practice?

- Sign up for access to your records and invite others to do the same.
- To sign up, you have to complete an online questionnaire and also get the pin numbers to register by speaking to your doctor, nurse, health care assistant or the receptionist
- Please speak to the reception staff if you would like to know more or send an email to [htmcpatient@nhs.net](mailto:htmcpatient@nhs.net)
- Shafia can meet with you on a Thursday afternoon if you would like to talk to her in Bengali. Please tell us if you plan to see her so that we can warn her before hand.
- If you know your loved one (family member) cannot speak / read English then it is even more important you ask them if you can help. Please speak to your doctor or nurse who can advise you on how to help. If you are still unsure what to do then ask to speak to Dr Hannan so that he may talk to you and your family member. We are keen to help you as best as we can.
- Hyde Community Action and Hyde Bangladeshi Welfare Association may be able to help you too.
- See leaflets from the Bengali Women's Health Project
- Can you help us and join our Patient Participation Group - we are keen for others to join us?

### What risks are Bengali patients at greater risk of?

- Increased risk of heart disease
- Increased risk of smoking related problems
- Increased risk of using shisha which is a form of smoking
- Increased risk of diabetes
- Increased risk of lack of exercise / fitness / obesity

### What to do when you are unwell?



The Healthy Trainer Service is available to help you. Ask the receptionist if you need any further help  
 10 tips for a healthy Asian diet / Healthy Eating Bengali Cuisine / British Heart Foundation - Healthy eating  
 Do a Health Pledge today and make a small difference which could have a big impact for you tomorrow!

Hyde Community Action provide lots of activities including:

<b>Haughton Vale</b> 0161 336 3005
<a href="#">How to find us</a>
<a href="#">Practice opening times</a>
<b>Thornley House</b> 0161 367 7910
<a href="#">How to find us</a>
<a href="#">Practice opening times</a>
<b>Other services</b>
<b>GO To DOC</b> Out of Hours Service 0161 336 5958
In an emergency always dial 999
<b>Still confused about who to contact?</b> Click <a href="#">here</a> to find out more
<b>NHS Stress Hotline</b> Open between 8am and 10pm 7 days a week 0300 123 2000
<b>The Silver Line</b> the free 24 hour confidential helpline for older people 08004708090
<b>FREE Phone calls from any landline / mobile</b> Samaritans 116 123 NSPCC Childline 116 111 Missing Persons 116 000
<b>Compliments, Complaints and Comments</b>
Click <a href="#">here</a> if you have any issues you would like to raise.
<b>Local health resources</b>
<a href="#">Accident &amp; Emergency</a>
<a href="#">GP Out of hours</a>
<a href="#">Hospitals</a>
<a href="#">Pharmacists</a>
<a href="#">Dentists</a>
<a href="#">Opticians</a>
information provided by 
<b>What's new ?</b>
Click <a href="#">here</a> for further information
<b>Anaesthesia for Patients</b>
<a href="#">Introduction to Anaesthesia</a>
<a href="#">General Anaesthesia</a>
<a href="#">Regional Anaesthesia</a>
<a href="#">Local Anaesthesia</a>
<a href="#">Pain relief after surgery</a>



Forthcoming events

# What is needed

- Listening
- Experience matters
- Workflow and how surgery works
- Passion and Leadership
- Funding – recycle old money
- Deliver results – build the system to deliver it safely!
- #LivedExperience co-producing the solution together with professional people
- Boards to reflect needs of staff and patients / carers
- Values driven leadership
- #Empowerlution

# Technology and Healthcare: Empowering the patient and influencing policy

Dr Anne Talbot,

Assoc. Medical Director Primary Care Transformation, NHS  
England , Greater Manchester

5<sup>th</sup> November 2015



# Greater Manchester Health & Social Care Devolution



# Purpose

- To ensure the greatest and fastest improvement to the health and well-being of the 2.8 million citizens of Manchester, achieved by :
- A more integrated approach to the use of existing health and care resources – around £6 billion in 2015/16
- And transformational changes in the way services are delivered across Greater Manchester

# Objectives

- To improve the health and wellbeing of all the residents of GM
- To close the inequalities gap within GM and between GM and the rest of the UK
- To deliver effective integrated health and social care across GM
- To redress the balance of care to move it closer to home where possible
- Strengthen the focus on wellbeing, with greater focus on prevention and public health
- To contribute to growth and connect people to growth eg supporting employment and early years
- To forge a partnership with universities and science & knowledge industries for the benefit of the population

# From Integrated Care to a Population Health & Wellness System

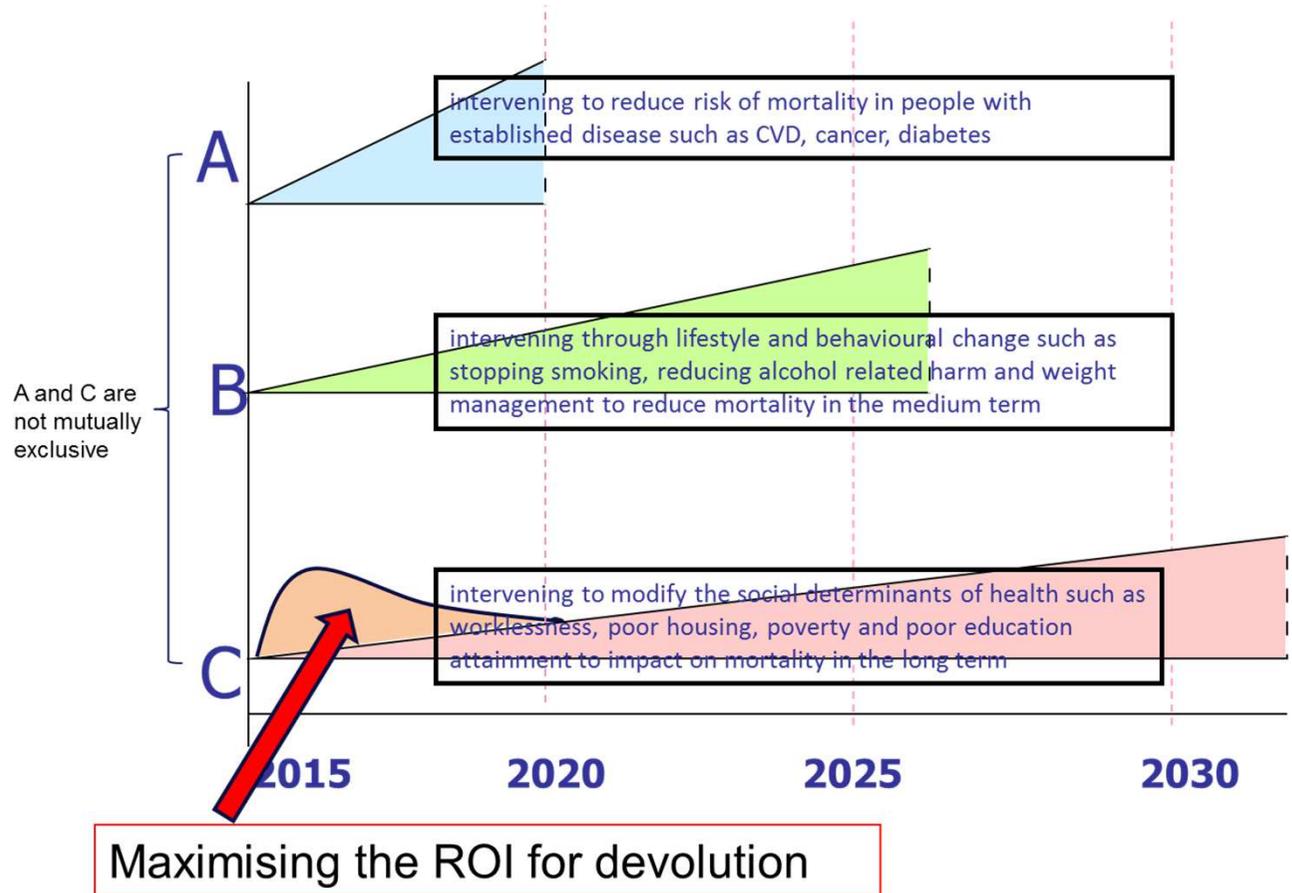
Every part of Greater Manchester will establish *integrated provision and align incentives to maximise health gain through integrated commissioning*.

These models will reflect some local assets and approaches and will be tested through our participation in the national Vanguard Programme. Each will be built to incorporate:

- **Population level data** to understand need across populations and track health outcomes;
- **Population based budgets** to align financial incentives with health gain;
- **Community involvement** in managing their own health and closer working with individuals to understand the outcomes and services that matter to them as well as enabling them to manage their own health.
- **Population segmentation and risk stratification** to track the management of risk across the population and effectively target support;
- **Integrated health records**; and
- **Scaled up primary care systems** providing access to a wide range of services and co-ordinating with other services.

# GM objectives: radical upgrade in prevention and public health

- We are working with PHE to apply the UK's most developed evidence portfolio detailing, utilising the economics of prevention and early intervention
- Our transformation will target the 'missing thousands' of people at risk of serious illness not currently identified or supported
- In collaboration with the regional genetics service, using FARSITE to profile our population, we can begin to make a major difference to outcomes. By addressing the prevalence gap, the treatment to target gap, using the power of "big data" to profile our population together with a new "contract" with the public detailing the changes in behaviour needed to bring GM to having the best outcomes



# GM objectives: transforming integrated community based care and support

## Integrated Neighbourhood Health & Social Care Teams



**Joint working** across primary care, community services, social care and public health, **supporting people with long term condition** to self manage and live healthily

To drive **proactive care for 600,000 patients most at risk of illness and admission**, based on rigorous risk stratification and population segmentation

Work with communities to create new opportunities and connections to **retain independence and well being**

## Primary Care Transformation



By end of this year everyone living in Greater Manchester who needs medical help will have **same-day access to primary care services**, supported by diagnostic tests, seven days a week

Commitments around access underpinned by **GM work on primary care standards**

Wider public service integration to connect GPs to support addressing the social determinants of health

## Community Hubs



**Larger scale integrated community provision** serving populations of between 30k & 75K

Potential to provide **enhanced and specialist primary, community & social care**, Intermediate Care, community mental health provision

Deployment of **new technology at scale** underpinning advice and information and signposting/connecting services and linked to district level

## Mental Health Transformation



Better **identification, treatment and early deflection** of delirium, depression and dementia; self care, self management adopted at scale as a first line intervention

Standardise **RAID** across GM & In reach RAID into nursing and residential homes to prevent ambulance calls and A&E presentations

Build **psychological packages of care** into long term condition management alongside a standardised physical health check

## Social Care Transformation



Consistent implementation of GM **home from hospital standards** with enhanced rapid access reablement

Enhanced complex need and extra care **housing provision**, restructure of the existing residential home market and reformed care services for working age adults maximising **shared lives and community connections**

Reformed **home care services** with cost of inc living wage working assumptions

## Public Service Reform



**Alignment of whole public resource** blending, health, housing, debt advice, skills and employment support.

Roll out of GM **Early Years** New Delivery Model

Action to help 50,000 GM residents **into work** reducing drug & alcohol dependency

**Integration across Blue Light Responses** to help drive further reductions in risk to our most vulnerable communities

# Delivery approach underpinning our strategy

Our delivery approach is built out of binding, collective governance, the emerging 10 locality place-based plans, the move to integrating health and social care at the locality level and from a set of GM level transformation initiatives.

## **INTEGRATED CARE COORDINATION AND COMMISSIONING**

- The development of a whole system “care co-ordination” approach to track and co-ordinate patient care in a locality or cluster of localities, utilising real time demand data to support more proactive care planning and reducing the variability in patient or cohort costs by limiting / avoiding high cost episodes.

## **GM INNOVATION**

### Academic Health Science System (Health Innovation Manchester) / NICE

- The AHSS will enable GM to accelerate the pace of innovation, and the ability to ensure reliable implementation of evidence based practice into the daily care of patients. Eg PINCER .

## **GM TRANSFORMATION INITIATIVES**

### Standardisation at scale

- The tolerance of variation in our NHS prevents us from assuring reliable service standards and improved productivity. NHS providers must be more adept at standardisation and reliable implementation of best practice. We will test and roll out new approaches to standardising care pathways to assure better care at lower cost

### Aligning incentives

- This initiative will require partners across, primary, secondary, social care and other partner organisations to develop new payment / incentive mechanisms to establish proactive, anticipatory care models at the population level.

### Place-based approach to estate

- This initiative will drive a place-based approach to the health and social care estate at locality, cluster or GM level.

# Whole System Care Co-ordination approach: The dashboard concept

- A web-delivered application that can be accessed by GP practice staff from any desktop.
- Collates the previous day's activity data from A&E, hospital admissions, discharges, out of hours and walk-in centres and brings it together in one place through the dashboard. The dashboard may also include disease or other registers.
- Graphical, user-friendly interface helps practices to manage and coordinate patients' healthcare proactively, especially for vulnerable patients and those with long-term conditions.
- Clinicians can click on the displays to drill down to a more detailed patient level view, e.g. showing presenting symptoms and outcomes.

# Integrating sources of information

## Information From Acute Trust

### A&E Attendances

Patient	Attendance Date
PatientA	01/02/2009
PatientF	01/02/2009
PatientK	03/02/2009
PatientJ	02/02/2009
PatientM	03/02/2009
PatientJ	04/02/2009
PatientK	08/02/2009

### Admissions

Patient	Admission Date
PatientA	01/02/2009
PatientK	08/02/2009
PatientH	04/02/2009

### Discharges

Patient	Discharge Date
PatientA	08/02/2009
PatientK	08/02/2009

Before the Dashboard

Information received separately from multiple sources within different time frames – making identifying patterns difficult

## Walk in Centre

Patient	Attendance Date
PatientM	01/02/2009
PatientF	01/02/2009
PatientJ	02/02/2009
PatientM	03/02/2009
PatientJ	04/02/2009
PatientK	03/02/2009

## Out Of Hours

Patient	Contact Date
PatientT	01/02/2009
PatientY	01/02/2009
PatientJ	02/02/2009
PatientK	02/02/2009
PatientM	03/02/2009
PatientJ	04/02/2009

## Information From Practice

### Practice Disease Register

Patient	Register
PatientT	Diabetes
PatientK	COPD
PatientS	CHD

# Integrating sources of information

## Information From Acute Trust

<b>A&amp;E</b>	
Patient	Attendance Date
PatientA	01/02/2009
PatientF	01/02/2009
PatientK	03/02/2009
PatientM	03/02/2009
PatientJ	04/02/2009
PatientK	08/02/2009

<b>Admission</b>	
Patient	Admission Date
PatientA	01/02/2009
PatientK	08/02/2009
PatientH	04/02/2009

<b>Discharge</b>	
Patient	Discharge Date
PatientA	08/02/2009
PatientK	08/02/2009

## Dashboard: Patient Drilldown - PatientK

Service	Attendance Date	Register?

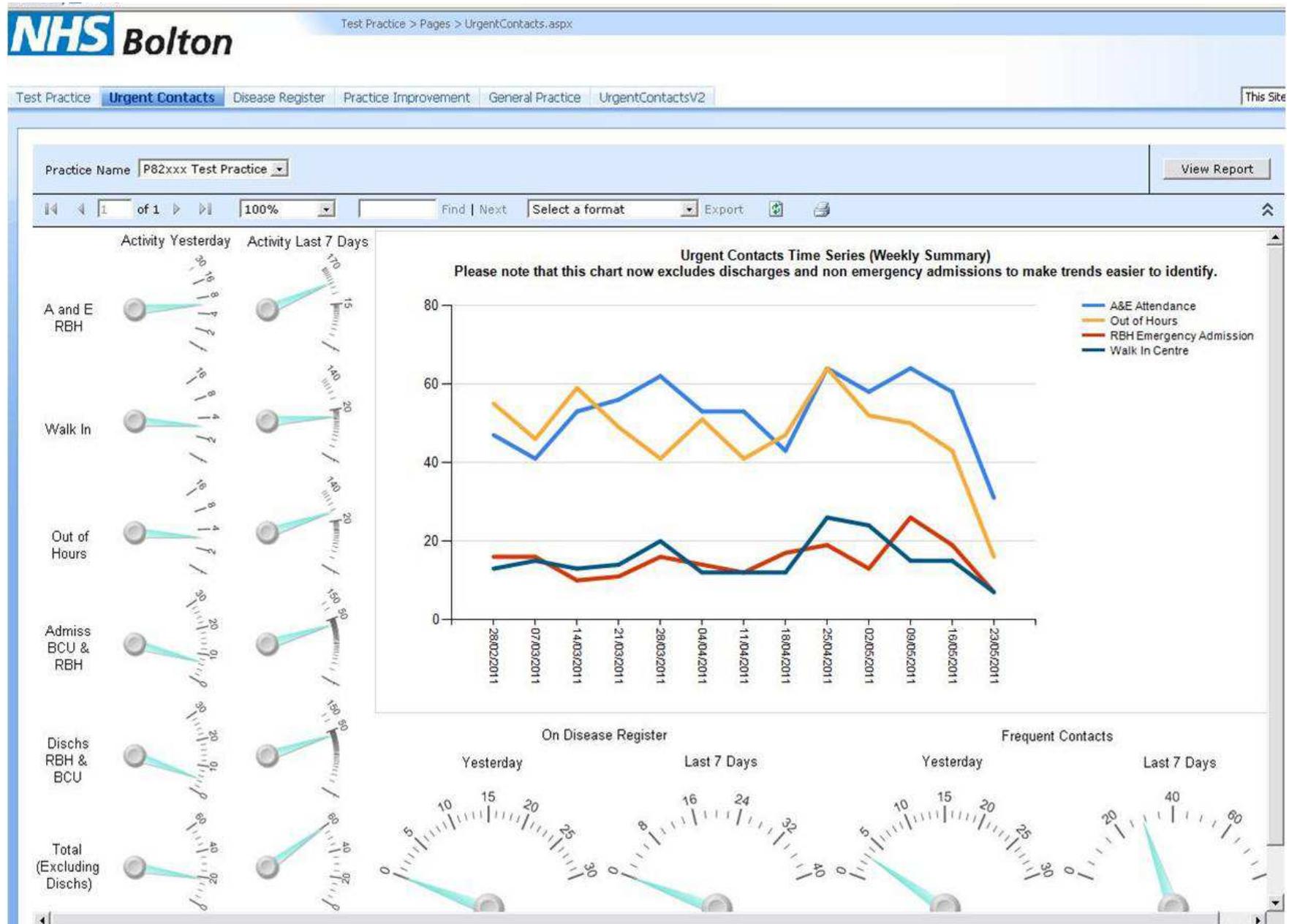
<b>WIC</b>	
Patient	Attendance Date
PatientM	01/02/2009
PatientF	01/02/2009
PatientJ	02/02/2009
PatientM	03/02/2009
PatientJ	04/02/2009
PatientK	02/02/2009

<b>OOH</b>	
Patient	Contact Date
PatientT	01/02/2009
PatientY	01/02/2009
PatientJ	02/02/2009
PatientK	03/02/2009
PatientM	03/02/2009
PatientJ	04/02/2009

## Information From Practice

<b>Practice Disease Register</b>	
Patient	Register
PatientT	Diabetes
PatientK	COPD
PatientS	CHD

# The original Bolton dashboard



# Dashboard drill-down – Bolton CCG

The screenshot shows the NHS Bolton web application interface. The browser address bar displays 'https://'. The page title is 'Urgent Contacts - 30 day rolling report'. The interface includes a navigation menu with 'Urgent Contacts' selected, and a search bar with the text 'Press Ctrl + F to search'. Below the search bar, a yellow banner indicates 'The Practice you have selected is: Test Practice'. The main content is a table with 11 columns: NHS Number, Patient Name, Contact Date, Contact Type, Admission Type, Person Age, Freq. (Single service within 30 days), Freq. (Any service within 30 days), and three columns for Disease Register. The table contains 6 rows of data.

NHS Number	Patient Name	Contact Date	Contact Type	Admission Type	Person Age	Freq. (Single service within 30 days)	Freq. (Any service within 30 days)	Disease Register	Disease Register	Disease Register
[REDACTED]	[REDACTED]	02/03/2011	Out of Hours	Home Visit	90	3	3			
[REDACTED]	[REDACTED]	02/03/2011	Out of Hours	Home Visit	83	2	2			
[REDACTED]	[REDACTED]	02/03/2011	Out of Hours	Home Visit	90	3	3			
[REDACTED]	[REDACTED]	02/03/2011	Out of Hours	Home Visit	83	2	2			
[REDACTED]	[REDACTED]	02/03/2011	Out of Hours	Advice	4	1	1			
[REDACTED]	[REDACTED]	02/03/2011	Out of Hours	Advice	45	2	2			

GPs, nurses and care coordinators are able to access individual patient information including the care setting the patient presented at, frequency of contact and whether the patient is on a disease register.

# How Bolton CCG uses the dashboard

- Clinician at individual patient level
- Practice operational level – identifies issues of primary care access
- CCG operational level – identifies poor patient pathways, areas of training need across professional groups
- CCG strategic level – tool linked to strategic aims, objectives and plans
- Developed to incorporate performance data over time and expanded use to include data for referral demand management and prescribing at practice level
- Potential to incorporate predictive risk modelling

## Transforming future health and care provision to deliver a sustainable future health and wellness system

- System wide recognition of **the promotion of health & well being and prevention of ill health** to create a sustainable future health and wellness system
- Innovative approaches to **commissioning & delivering new models** of integrated health and social care which reflect the needs of local populations, are incentivised on population outcomes & digitally integrated
- **Seismic shift in the use of digital technology and data as knowledge**

Thank you.



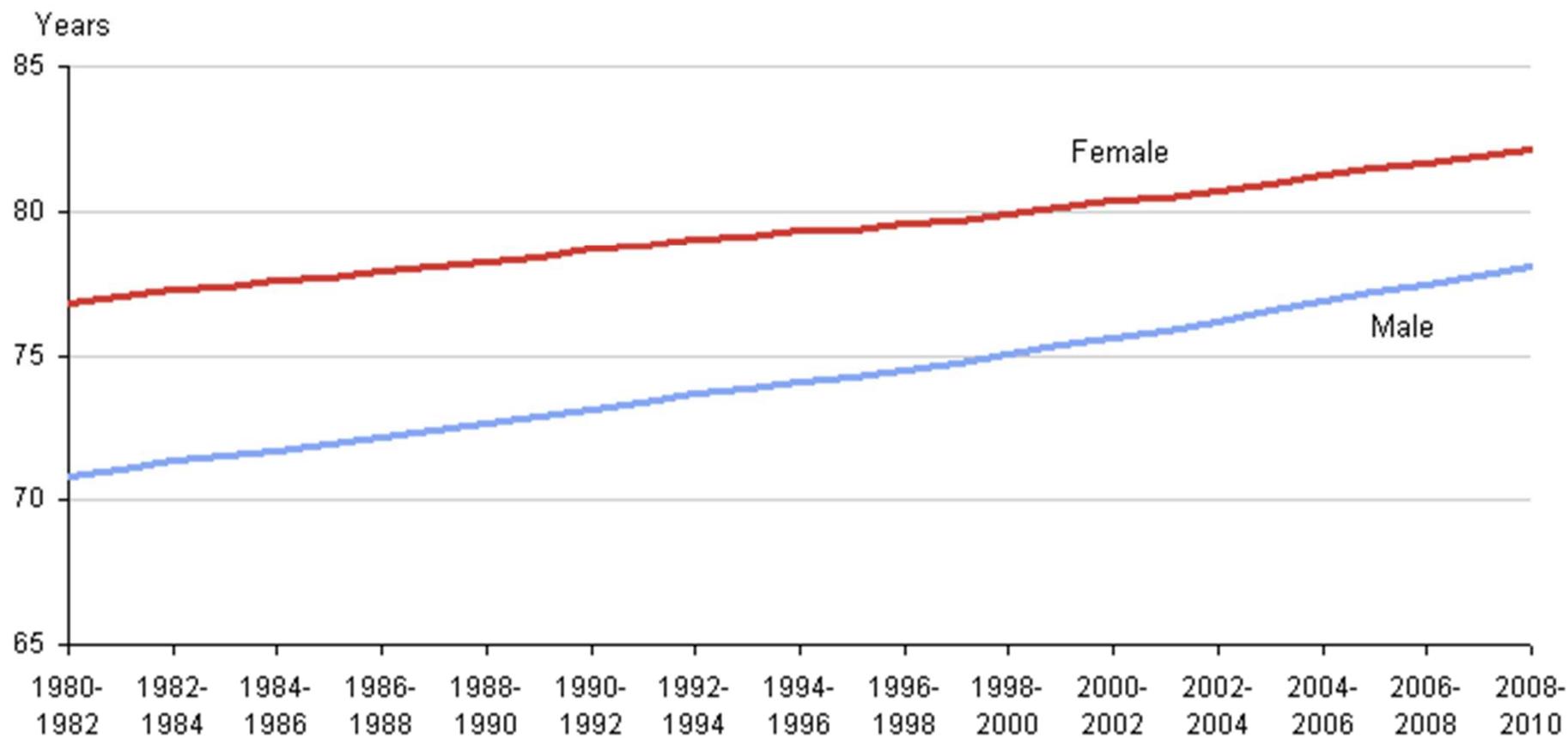
# Health North: Connected Health Cities

*Powering UK Health and  
Wealth Transformation*

*John Ainsworth*

*John.ainsworth@manchester.ac.uk*

*November 2015*



Life expectancy at birth, UK, 1980-82 to 2008-2010  
from period life tables  
Source: ONS

Home > Projects > The King's Fund verdict >

## Is the NHS heading for financial crisis?

26 March 2015

The King's Fund verdict is our take on the big questions in health and social care. Here we take a look at whether the NHS really is heading for a financial crisis.

### The issue in a nutshell

The coalition government met its commitment to increase NHS funding in real terms over the course of the parliament, although this was less than the growth required to meet demand. Combined with significant cuts in social care services, sustained financial constraints have meant that services have come under growing pressure, and increasing numbers of NHS providers are in deficit.

### Related publication:



The NHS under the coalition government »  
Part two: NHS performance

### Related pages:

- NHS funding and finances
- The King's Fund verdict

### More election content:

“The next government will inherit an NHS that faces growing pressures on all fronts. It will need to act quickly to ensure that there is sufficient funding to sustain as well as transform services in the next parliament. The NHS is working at or very close to its limits and patient care will suffer unless more resources are found.”

## Antimicrobial resistance: conserving life-saving medicines takes everyone's help

September 2013

The early 20th century was a time of ground-breaking scientific progress. One major advance was the development of penicillin and other antibiotics that has prevented thousands, even millions of people from dying of bacterial infections. As the century progressed, a wealth of better medicines led to stronger weapons against malaria, tuberculosis, and other communicable diseases. By the end of the millennium, new medicines meant that even HIV could become more of a chronic disease.

But if the world does not move now to preserve the ability to treat infectious diseases that played such a key part in increasing life expectancy and improving human health, the 21st century may see the reversal of that progress.

### Spread of antimicrobial resistance (AMR)

"The challenge now is that medicines risk becoming less effective," said Dr Keiji Fukuda, WHO's Assistant Director-General overseeing the Organization's work on antimicrobial resistance. "There are two main problems. First, people may have taken medicines unnecessarily, or not as they should be taken. Second, the medicines have not always been top quality. The natural reaction of bacteria, viruses and other pathogens is to fight back against the medicines people take to get rid of them. If people don't take medicine long enough, or if the drugs aren't strong enough, resistant pathogens can survive and spread. This, in turn, means that people can remain ill longer and may be more likely to die."

[http://www.who.int/features/2013/amr\\_conserving\\_medicines/en/](http://www.who.int/features/2013/amr_conserving_medicines/en/)

# 1/3

1. Valderas JM, et al. Defining comorbidity: implications for understanding health and health services. *Annals of family medicine*; 7(4):357–63.
2. Fortin M, et al. Randomized controlled trials: do they have external validity for patients with multiple comorbidities? *Annals of family medicine* 2006 Jan

healthcare

17

# Connected Health

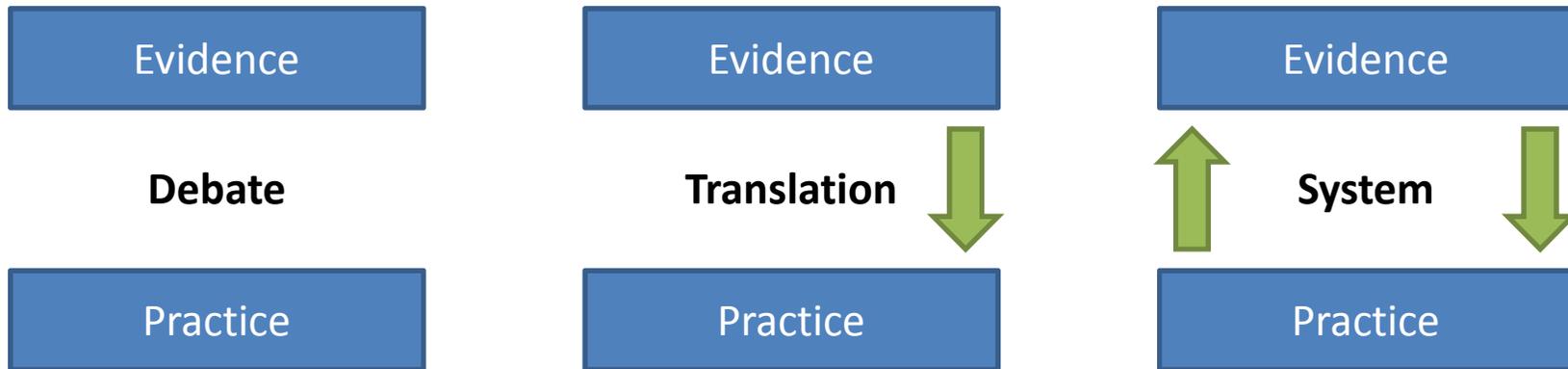


- Computing power
- Large display
- Usable
- Short range connectivity
- Always on
- Always connected
- Always with you
- Familiar



**“re-engineering  
health systems to  
use evidence from  
practice”**

# Healthcare Evidence History



*Scientific basis of medicine →*

*Evidence based care →*

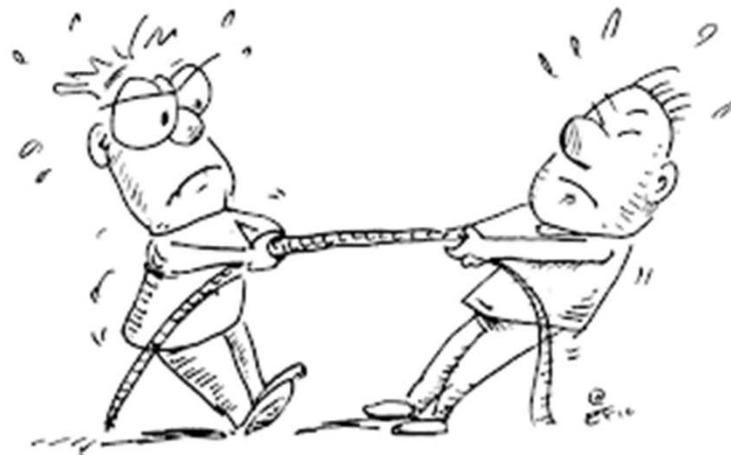
*Learning health systems →*

# Three Assumptions

- *Research evidence continues in perpetuity*
- *Evidence cannot be combined*
- *Assuming one size fits all*

# Consider...

- Researchers use personal, sensitive health data about individuals and populations to make new knowledge discoveries.
- Everyone has the right of privacy and confidentiality to their personal, sensitive health data.





# NEWS HEALTH

19 February 2014 Last updated at 13:50



## Nick Trigg

Health correspondent

More from Nick



## Care.data: How did it go so wrong?

COMMENTS (354)



There comes a point when the weight of criticism becomes so much that the dam bursts.

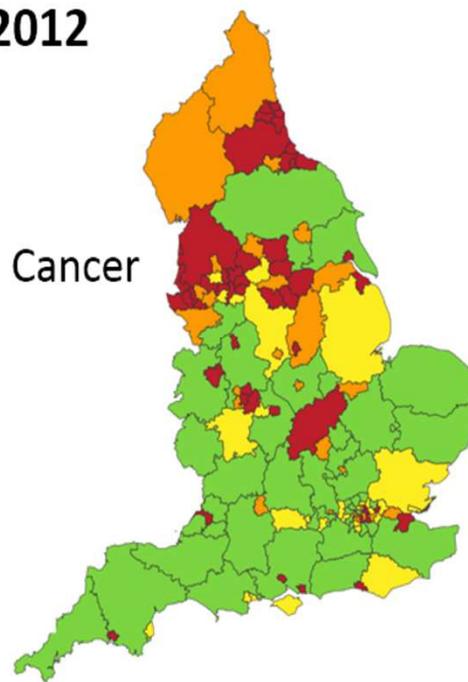
More from Nick

# English Deaths Under Age 75 in 2012

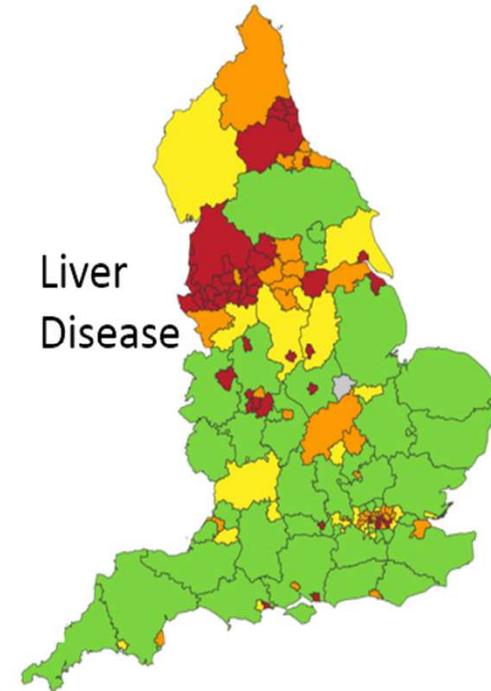
	Worst
	Worse than average
	Better than average
	Best
	Data unavailable

Average: 1 in 3 people died under age 75  
Source: [healthierlives.phe.org.uk/topic/mortality](http://healthierlives.phe.org.uk/topic/mortality)

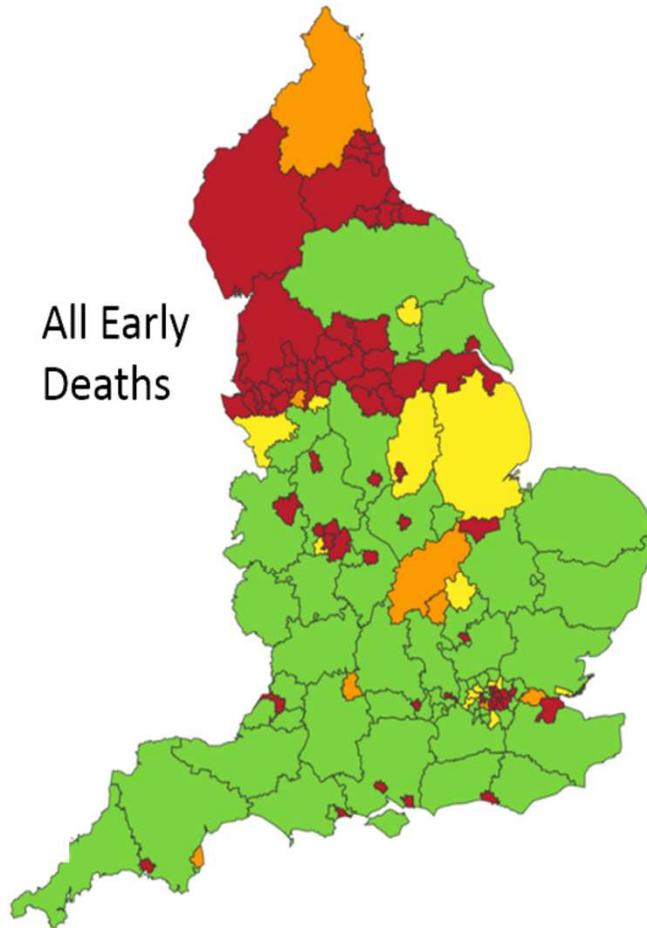
Cancer



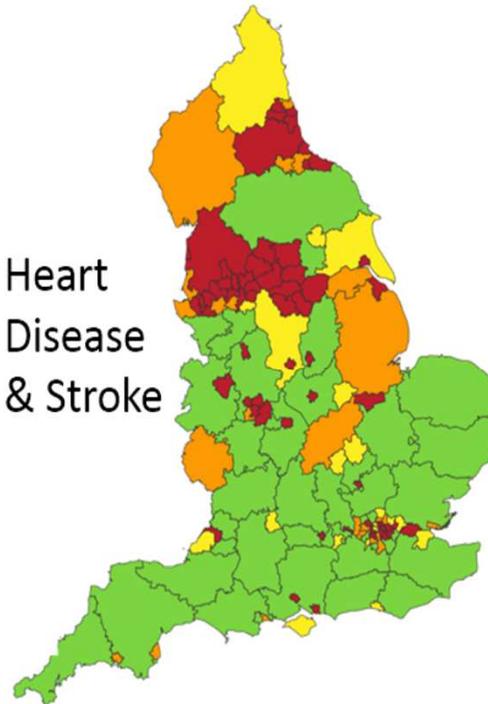
Liver Disease



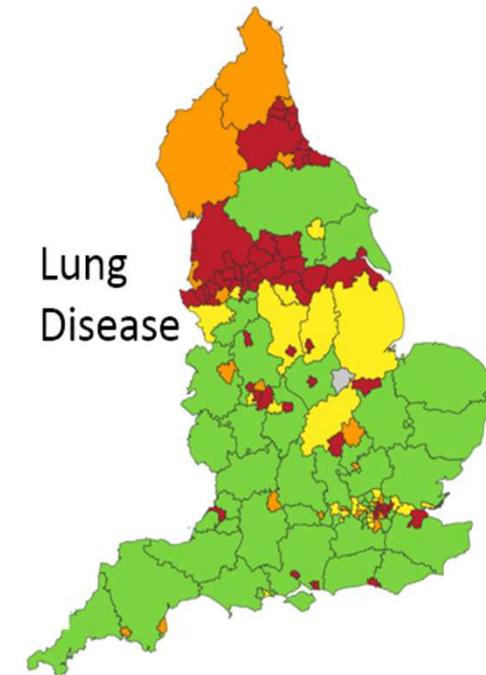
All Early Deaths



Heart Disease & Stroke



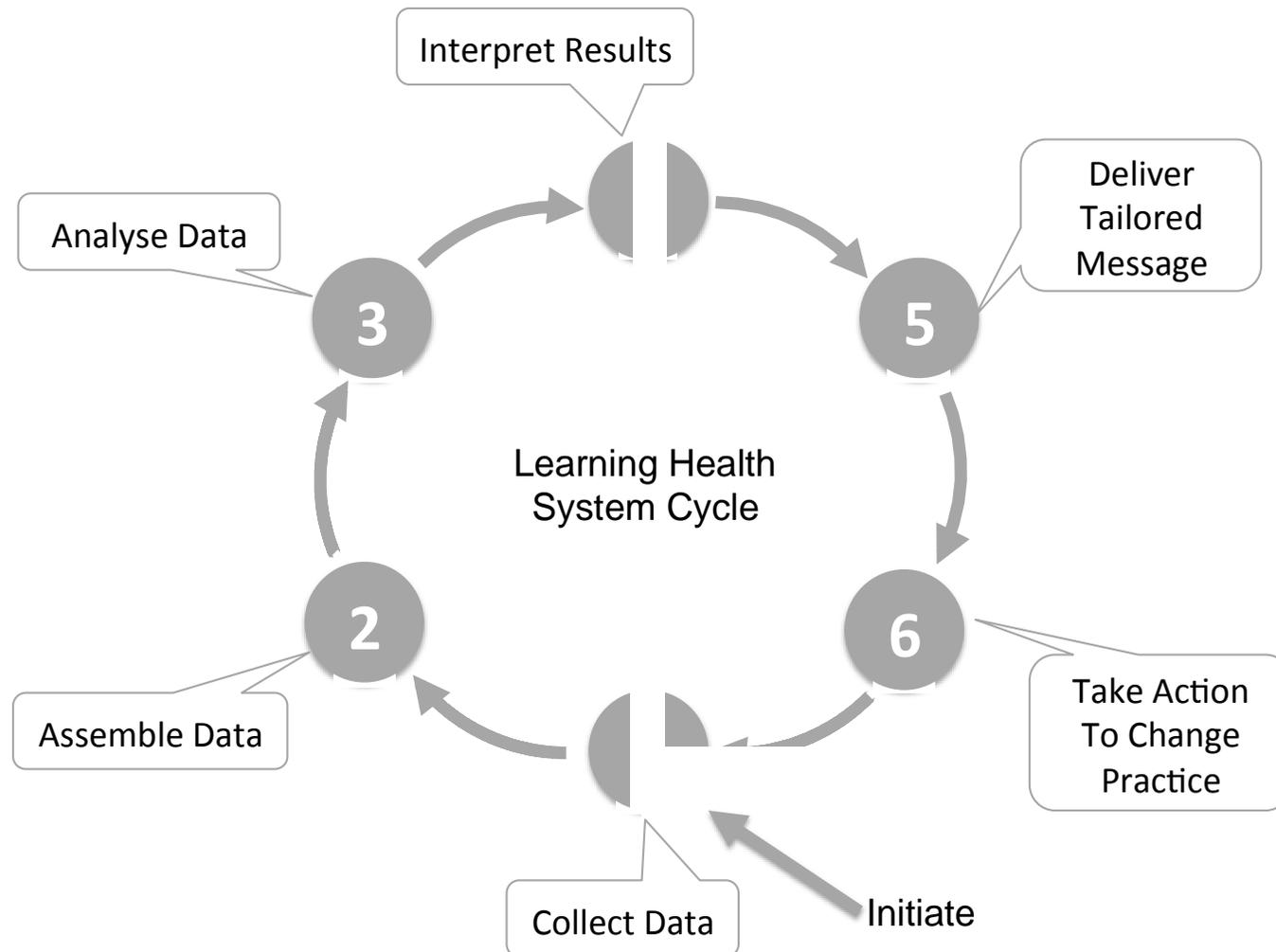
Lung Disease



# Vision

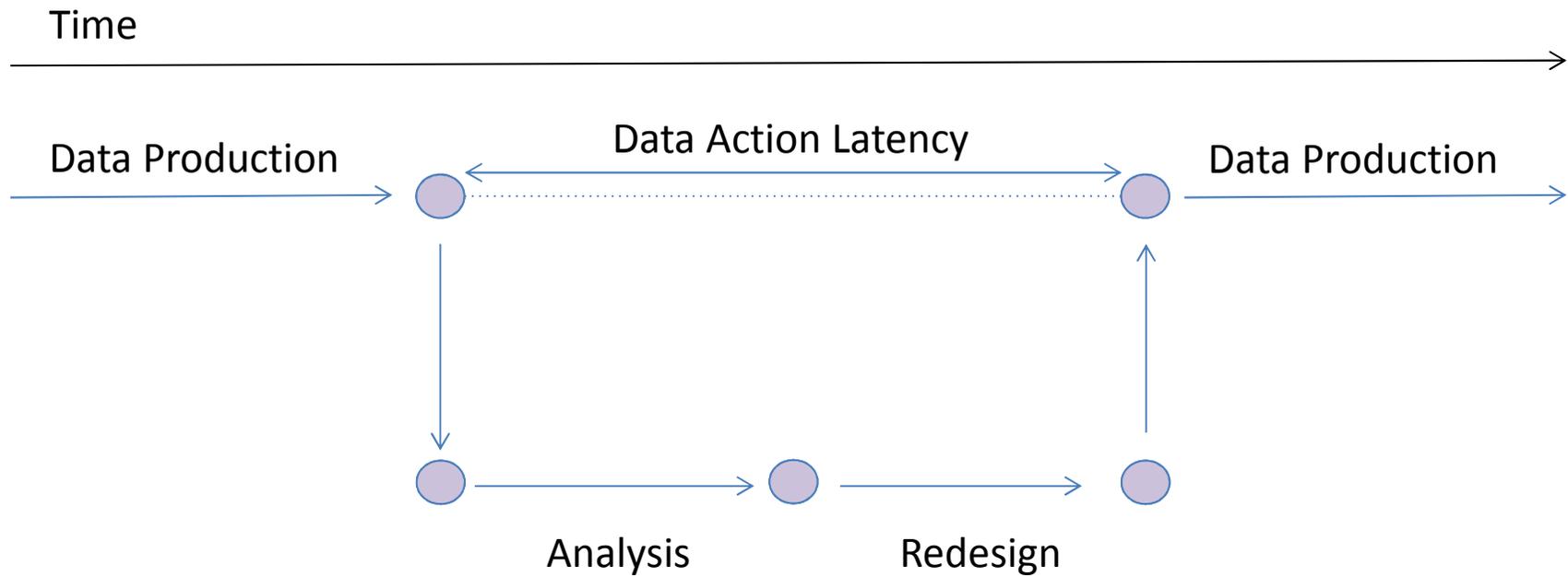
The world's first civic partnerships exploiting data:

- drive public sector reform for better health and care by providing actionable information
- fuel region-wide health science that citizens trust
- accelerate business growth for the digital health revolution



*A health system organised to optimise the delivery of care based on the evidence produced through delivering care.*

# Data Action Latency



# Outcomes

- Civic partnerships
  - Effective model for patient and public involvement
- Four pilot CHCs
  - Blueprints and plans
- Test learning health system methodology
  - Understand data needs
- Workforce
  - Increase capacity
- Innovation
- Model for driving economic growth
- Response to the needs of industry

Public Empowerment &  
Trust

Records

Evidence

Intelligence

Innovation

Informatics

# Manchester Connected Health Ecosystem



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Manchester Informatics



## Thank you all for coming.

## Join us in the Conference Room to continue the conversation.

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@MANCHESTER

 @Man\_Inf #policyweek

**Policy Week 2015** 2 – 6 November  
Science, Technology and Public Policy #policyweek  
[www.manchester.ac.uk/policy](http://www.manchester.ac.uk/policy)

  
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