End of life care: Introducing data tools to support service configuration

ADASS London Meeting  8 June 2016

Nicola Bowtell Analytical Programme Manager NEoLCIN
Introduction
Ageing population: Proportion of people at older ages, UK population – 1974 onwards

- 65+ increased by 47%
- 75+ increased by 89%
% population aged 85 years and over, 2012

% population aged 85 years and over, 2012 mid year - source: ONS © Crown Copyright 2013

Ageing population: Percentage of older people in the UK 1985, 2010, 2035

Next 20 years number of people:

- >85 in England will double
- >100 will quadruple

Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency
Multi morbidity common: % with one or more condition by age and sex

Salisbury et al, BJGP, 2011
Trends in deaths in England 1995-2013

Concentration of deaths in old age
- 84% of deaths were of people aged 65+
- 39% were of people aged 85+
- Almost half of women dying (48%) were age 85+
- Will be rising in the early 2020s
Top 5 leading causes of death for ages 80 and over, 2014

England and Wales

Males

- Ischaemic heart diseases
- Dementia and Alzheimer disease
- Cerebrovascular diseases
- Influenza and pneumonia
- Chronic lower respiratory diseases

Females

- Dementia and Alzheimer disease
- Ischaemic heart diseases
- Cerebrovascular diseases
- Influenza and pneumonia
- Chronic lower respiratory diseases

Source: Office for National Statistics
# Distribution of place of death in England, 2013 and 2004

<table>
<thead>
<tr>
<th>Location</th>
<th>2013</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>48%</td>
<td>57%</td>
</tr>
<tr>
<td>Home</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Care home</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>Hospice</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: NEoLCIN analysis of ONS Mortality data
Where people aged 85+ years die in England

Hospital
45.6% ↓

Hospice
1.92% ↓

Care home
36.7% ↑

Home
14.8% ↓
Factors associated with place of death

Factors related to illness
- Non-solid tumours: Hospital
- Long length of disease: Home
- Low functional status: Home

Individual factors
- Demographic variables:
  - Good social conditions: Home
  - Ethnic minorities: Hospital
- Personal variables:
  - Personal preferences: Home

Health care input
- Use of home care: Home
- Intensity of home care: Home
- Availability of inpatient beds: Hospital
- Previous admission to hospital: Hospital
- Rural environment: Home
- Areas with greater hospital provision: Hospital

Social support
- Living with relatives: Home
- Extended family support: Home
- Being married: Home
- Caregivers’ preferences: Home

Macrosocial factors
- Historical trends: Home

Place of death

Source: adapted from Gomes & Higginson (8).
A study that examined patterns in place of death among BAME groups in London found that country of birth impacts on place of death with BAME groups more likely to die in a hospital.

Source: Jonathan Koffman, Yuen King Ho, Joanna Davies, Wei Gao, and Irene J. Higginson. Mohammad Saleem, Editor (2014)
• Only **20%** of patients diagnosed with heart, lung & liver or kidney were identified Vs **75%** for cancer
• **GSF** - early identification & care planning would **improve eolc**
Transitional places: the revolving doors of the care system

• 30 older adults with lung cancer, stroke or heart failure: 67 moves in the 3 months before interview

• Important care decisions transferred at the same time as patients

• Crisis care, rather than anticipatory care the norm

Living/dying on the edge?

“They are somehow outside the dominant frames both socially and clinically. They are not obviously dying, nor do all of them look fragile. However, in order to matter, to be listened to by services, they need to be inside this frame”

Introducing the NEoLCIN and the End of Life Care Profiles
Public Health England’s National End of Life Care Intelligence Network (NEoLCIN) aims to improve the collection and analysis of information related to the quality, volume and costs of care provided by the NHS, social services and the third sector to adults approaching the end of life. This intelligence will help drive improvements in the quality and productivity of services.

Available from: fingertips.phe.org.uk/profile/end-of-life
2015

Research Summit

EoLC profiles in Fingertips

Place of death statistics

Nicola Bowtell Analytical Programme Manager NEoLCIN
Fingertips

Overarching:
- PHOF (Public Health Outcomes Framework)
- Longer Lives
- National General Practice Profiles
- Health Profiles
- Adult Social Care
- Health Protection

Condition/risk factor specific:
- Mental Health, Dementia, & Neurology
- Diabetes
- Learning Disability
- Liver
- Local Alcohol Profiles
- Local Tobacco Control Profiles
- NCMP (National child measurement programme)
- NHS Health Checks
- Sexual & Reproductive Health Profiles
- TB monitoring Indicators
- Inhale – Interactive health atlas of lung conditions in England

Available from: fingertips.phe.org.uk

Public Health Profiles

PHOF (Public Health Outcomes Framework)
The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being achieved and improved. The PHOF has now expanded to include a suite of tools under the title Health Protection. Health Protection Profiles cover a range of health protection issues in order to help inform choices regarding health and lifestyle, and improve awareness of local health protection risks.

Longer Lives
Highlights premature mortality across every local authority in England, giving people important information to help them improve their community’s health. We have expanded the tools to include a suite of tools under the title Health Protection. Health Protection Profiles cover a range of health protection issues in order to help inform choices regarding health and lifestyle, and improve awareness of local health protection risks.

National General Practice Profiles
Designed to support GPs, clinical commissioning groups (CCGs) and local authorities to ensure that they are commissioning effective and appropriate healthcare services for their local population.

Mental Health Dementia and Neurology
A suite of indicator tools which bring together all nationally available data presented at local level to support benchmarking, commissioning and service improvement. Topics covered include: Children and young people’s mental health & wellbeing, Co-existing substance misuse and mental health, Suicide prevention, Common mental health disorders and Severe mental illness. There are also summary Community mental health profiles and profiles for neurology.

Sexual and Reproductive Health Profiles
Provides a snapshot and trends across a range of topics including teenage pregnancy, abortions, contraception, HIV, sexually transmitted infections and sexual offences.

Inhale – Interactive Health Atlas of Lung conditions in England
Inhale draws together indicators on (mainly) COPD.
Data and Knowledge Gateway

- Specific conditions
- Lifestyle factors
- Wider determinants of health
- Health protection
- Different population groups

PHE data and analysis tools

- Contents
  - About this resource
  - A to Z list
  - Cancer
  - Child and maternal health
  - Comparison, practice and performance
  - Drugs, alcohol and tobacco
  - End of life care
  - General health profiles
  - Health impact assessment
  - Health inequalities
  - Health protection
  - Injuries and violence
  - Learning disabilities
  - Long term conditions
  - Mental health
  - Obesity, diet and physical activity
  - Screening

A single point of access to data and analysis tools from across Public Health England (previously known as the 'Data and knowledge gateway').

This resource is in development and will be added to over time, so please let us know if you do not find the information you need or if you would like to give feedback.

About this resource

What it does

Public Health England (PHE) provides many high quality data and analysis tools and resources for public health professionals. The PHE data and knowledge gateway provides direct access to these resources.

Who it is for

The resources help local government and health service professionals make decisions and plans to improve people's health and reduce inequalities in their area. They can be used by anyone with an interest in understanding the health of the population and how it varies across the country.

Fingertips: Views
Finding the EoLC profiles on fingertips

End of Life Care Profiles

Introduction
Welcome to End of Life Care Profiles. It has been produced to improve the availability and accessibility of information around end of life care. The Profiles provide a snapshot overview for various geographies in England. They are intended to help local government and health services improve care at the end of life.

The End of Life care Profiles have been developed by Public Health England’s National End of Life Care Intelligence Network to support the NHS, local authorities, health services and other interested stakeholders to monitor comparative information on factors (such as underlying cause of death, place of death, death in usual place of residence, etc.) that describe population trends associated with the end of life. Providing care at the end of life often involves the interaction of many different care agencies. The profiles will help commissioners and providers of end of life care to get a clearer picture of the end of life care needs of their local populations. These will help with the planning and delivery of services and will support local drives towards improving end of life care.

The Profiles are grouped into the following domains: Place of Death, Underlying Cause of Death, Mortality Rates, Death in Usual Place of Residence (DiUPR), Dementia (includes Alzheimer’s disease) and Relevant Indicators (i.e. indicators extracted from other PHE’s profiles). More domains will be added as soon as they become available. In each domain and where possible, information is presented by Government Office Region, Strategic Clinical Network (SCN), CCG, County and Unitary Authority (upper tier local authorities) and District and Unitary Authority (lower tier local authorities). Estimates for other geographical configurations are derived automatically by the profiling tool (Fingertips).

Please note that due to very small numbers, data for the Isles of Scilly and Cornwall have been combined. The same applies to data for the City of London and Hackney. Also note that the year of death registration is reported rather than the year of death’s occurrence.

In each domain, information is presented for persons (males and females) by four age groupings namely: 0-64, 65-74, 75-84, and 85 years or above. When exploring the data on this tool, please note that the most current year available is shown by default (2015) as approved by the Office of National Statistics.
EOLC Profiles: Introducing the data (part 1)

**Place of death**
- Hospital
- Home
- Care home
- Hospice
- Other place

**DiUPR**
- All ages, 0-64, 65-74, 75-84, 85+

**Underlying cause of death**
- Cancer
- Circulatory
- Respiratory
EOLC Profiles: Introducing the data (part 2)

Mortality
- % of deaths
- Directly age standardised mortality rate (ASMR)

Dementia
- Dementia recorded prevalence
- Directly age standardised rate of mortality: People with dementia
- Place of death people with dementia (DiUPR, hospital, home, care home)

Other
- Permanent admissions to care homes per 100,000
- Delayed transfer of care
- Excess winter deaths
- IMD & IDAOP1
- % of population (65-74, 75-84, 85+)
EoLC Profiles: Finding your way around
EOLC Profiles: Using the compare area function

<table>
<thead>
<tr>
<th>Area</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
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<td>London region</td>
<td>52.8</td>
<td>52.0</td>
<td>53.5</td>
</tr>
<tr>
<td>Waltham Forest</td>
<td>87.6</td>
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<td>71.7</td>
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<tr>
<td>Tower Hamlets</td>
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<td>58.6</td>
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<td>64.9</td>
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<td>53.6</td>
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<td>53.5</td>
<td>62.3</td>
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<td>61.1</td>
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<td>51.9</td>
<td>60.9</td>
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<td>Barking and Dagenham</td>
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<td>50.6</td>
<td>60.0</td>
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<td>58.4</td>
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<td>49.4</td>
<td>57.4</td>
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<td>48.7</td>
<td>56.8</td>
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<td>56.5</td>
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<td>47.3</td>
<td>53.7</td>
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<td>Cereden</td>
<td>50.7</td>
<td>45.4</td>
<td>56.0</td>
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<td>Croydon</td>
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<td>47.1</td>
<td>53.7</td>
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<td>55.2</td>
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<td>46.2</td>
<td>53.9</td>
</tr>
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<td>44.9</td>
<td>55.1</td>
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<td>44.6</td>
<td>54.0</td>
</tr>
<tr>
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<td>46.4</td>
<td>52.0</td>
</tr>
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<td>53.2</td>
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<td>Hammersmith and Fulham</td>
<td>48.7</td>
<td>43.0</td>
<td>53.2</td>
</tr>
<tr>
<td>Barnet</td>
<td>47.6</td>
<td>44.7</td>
<td>50.6</td>
</tr>
<tr>
<td>Wanstead</td>
<td>47.6</td>
<td>43.4</td>
<td>51.9</td>
</tr>
<tr>
<td>Havering</td>
<td>47.3</td>
<td>44.1</td>
<td>50.5</td>
</tr>
<tr>
<td>Kingston upon Thames</td>
<td>46.7</td>
<td>42.1</td>
<td>51.5</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>43.9</td>
<td>38.2</td>
<td>49.7</td>
</tr>
</tbody>
</table>

% of 85+ hospital

% of 85+ DiUPR

Source: Office for National Statistics
End of Life Care Profiles

EOLC Profiles: Using the trend function

Place of Death  | Death in Usual Place of Residence (DIUPR)  | Underlying Cause of Death  | Mortality  | Dementia (including Alzheimer's disease)  | Relevant Indicators from Other Profiles
--- | --- | --- | --- | --- | ---
Overview  | Map  | Trends  | Area profiles  | Definitions  | Download

Area type: County & UA  | Areas grouped by: Region  | Benchmark England

Region: London  | DIUPRA nearest neighbours to Waltham Forest

Area: Waltham Forest  | Indicators: DIUPR, Persons, Aged 85+ (%)

Trends for Waltham Forest  | All London regions

* a note is attached to the value, hover over to see more details

DIUPR, Persons, Aged 85+ (%)  | Waltham Forest

Proportion - %

<table>
<thead>
<tr>
<th>Period</th>
<th>Count</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>London</th>
<th>England</th>
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</thead>
<tbody>
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<td>2004</td>
<td>123</td>
<td>24.3</td>
<td>20.7</td>
<td>28.2</td>
<td>30.9</td>
<td>43.4</td>
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<td>2005</td>
<td>104</td>
<td>19.9</td>
<td>16.7</td>
<td>23.6</td>
<td>30.6</td>
<td>42.2</td>
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<td>2006</td>
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<td>24.6</td>
<td>21.0</td>
<td>28.6</td>
<td>31.5</td>
<td>42.5</td>
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<td>2007</td>
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<td>2009</td>
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<td>35.0</td>
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<td>24.7</td>
<td>33.2</td>
<td>37.3</td>
<td>46.4</td>
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<td>2011</td>
<td>149</td>
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<td>28.7</td>
<td>37.3</td>
<td>40.1</td>
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<td>2012</td>
<td>152</td>
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<td>2014</td>
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<td>31.9</td>
<td>27.9</td>
<td>36.3</td>
<td>43.7</td>
<td>52.5</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics

Nicola Bowtell Analytical Programme Manager NEoLCIN
EOLC Profiles: Using the Map function

Area type: County & UA
Areas grouped by: Region
Region: London
Indicator: DIUFR, Persons, Aged 85+ (%)

Map colour: Comparison to benchmark
Select an area from the map

Export map as image
Export chart as image
Population projections: Getting started with POPPI
Introducing POPPI

http://www.poppi.org.uk/

- Population
- Living status
- Support arrangements
- Health
POPI: Population figures - Southwark

- Age
- Gender/age
- Ethnic group
POPPI: Living status - London

- Living alone
- Tenure
- Living in a care home

### Living in a care home

*People aged 65 and over living in a care home with or without nursing by local authority / non-local authority, by age, projected to 2030*

<table>
<thead>
<tr>
<th>Age group</th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
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<tbody>
<tr>
<td>People aged 65-74</td>
<td>182</td>
<td>186</td>
<td>204</td>
<td>221</td>
<td>259</td>
</tr>
<tr>
<td>People aged 75-84</td>
<td>375</td>
<td>379</td>
<td>405</td>
<td>474</td>
<td>526</td>
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<tr>
<td>People aged 85 and over</td>
<td>345</td>
<td>354</td>
<td>362</td>
<td>768</td>
<td>891</td>
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<tr>
<td>People aged 65-74 in LA</td>
<td>3,439</td>
<td>3,511</td>
<td>3,855</td>
<td>4,184</td>
<td>4,897</td>
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<tr>
<td>People aged 75-84 in LA</td>
<td>7,110</td>
<td>7,183</td>
<td>7,668</td>
<td>8,078</td>
<td>9,051</td>
</tr>
<tr>
<td>People aged 85 and over</td>
<td>12,876</td>
<td>13,316</td>
<td>15,400</td>
<td>16,140</td>
<td>21,045</td>
</tr>
<tr>
<td>Total population aged 65</td>
<td>24,537</td>
<td>25,139</td>
<td>28,104</td>
<td>32,765</td>
<td>37,569</td>
</tr>
</tbody>
</table>

*Figures may not sum due to rounding*

**Notes**

Numbers have been calculated by applying percentages of people living in care homes/nursing homes in 2011 to projected population figures.

In this table, the London boroughs of Westminster and City of London have been merged as Westminster, and Cornwall UA has been merged with the Isles of Scilly UA as Cornwall.
POPPI: Health

- Limiting long term illness
- Depression
- Severe depression
- Dementia
- Heart attack
- Stroke
- Bronchitis
- Falls
- Continence
- Visual impairment
- Hearing impairment
- Mobility
- Obesity
- Diabetes
Looking at EoLC at lower geographies:
Local Health and GP Practice Profiles
Local Health: Indicators supporting older persons

**Our Community**
- General self reported health
- Households with central heating
- Pensioners living alone
- Older people in deprivation
- Population 65+s & 85+s

**Children and adults health and lifestyle**
- No age specific information

**Disease and poor health**
- Emergency admissions
- Hip fractures 65+s

**Life expectancy and cause of death**
- Life expectancy
- Causes of death
Local Health: % aged 85+ years

% population aged 85 years and over, 2012 mid year - source: ONZ © Crown Copyright 2013
National General Practice Profiles

http://fingertips.phe.org.uk/profile/general-practice

Introduction

These profiles are designed to support GPs, clinical commissioning groups (CCGs) and local authorities to ensure that they are providing and commissioning effective and appropriate healthcare services for their local population.

In addition to viewing individual practice profiles, you can view summary profiles for CCGs. Each practice can be compared with the CCG and England, and also with the practice deprivation decile.

Using a variety of graphical displays such as spine charts and population pyramids, the tool presents a range of practice-level indicators drawn from the latest available data, including:
- local demography
- Quality and Outcomes Framework domains
- disease prevalence estimates
- admission rates
- patient satisfaction

The profiles do not provide an exhaustive list of primary care indicators, but they do allow a consistent approach to comparing and benchmarking across England.

For more information consult the User guide and FAQs.

Recent updates

January 2015
- NHS comparators up to 12/13
- Updates to the Child health domain

December 2014
- QOF updated to 2013/14
- New Musculoskeletal domain
- ADS populations from Jan 2014
- GP survey data updated to 13/14

QOF indicators are now shown as intervention rates (denominators include exceptions)

Topics

Practice Summary
This spine chart provides a summary of practice demography, deprivation, patient satisfaction and life expectancy estimates.

Estimated Disease Prevalence
This spine chart includes prevalence estimates for cardiovascular disease (CVD), coronary heart disease (CHD), chronic obstructive pulmonary disease

CVD - Coronary heart disease
This spine chart groups cardiovascular disease indicators relevant to coronary heart disease.
GP Practice Profiles: Indicators supporting older persons

| Practice summary                          | • % aged 65+, 75+, 85+  
|                                         | • IDAOPi – income deprivation older people  
|                                         | • Nursing home patients  
|                                         | • Life expectancy  |
| Mental health                            | • Dementia QOF  
|                                         | • % reporting Alzheimer's disease or dementia  
|                                         | • Dementia care reviewed  |
| Respiratory disease                      | • Uptake seasonal flu vaccine (65+)  |
| Musculoskeletal conditions               | • Patients (75+ yrs) with a fragility fracture treated with bone sparing agent  |
GP Practice Profiles: Introducing functions

Enter postcode or place name

CCG: NHS Haringey CCG

Practice: SELECT A PRACTICE >>

Registered Persons
NHS HARINGEY CCG 6,402 (average)
ENGLAND 7,324 (average)

Select a practice for further information
GP Practice Profiles: % aged 75+ years

% aged 75+ years - 2015

NHS Haringey CCG

- Park Road Surgery F85026
- Spur Road Surgery F85052
- GROSVENOR ROAD SURGERY F85658
- St John’s Road (Dr Kundi)... F85059
- Highgate Group Practice F85014
- Stuart Crescent Health... F85055
- Arcadian Gardens NHS Ma... F85034
- 157 Medical Practice F85067
- Queens Avenue Surgery F85045
- Stuart Crescent Health... F85064
- WESTBURY AVENUE SURGERY... F85643
- Dowsett Road Surgery F85628
- 618 Green Lanes (Dr Ans)... F85632
- Haveligg Surgery F85060
- The Old Surgery F85697
- Allenson House Medical... F85579
- Alexandra Surgery F85575
- Somerset Gardens Family... F85030
- Bounds Green Group Pract... F85066
- Philip Lane Surgery (Dr... F85049
- Dukes Avenue Practice F85063
- Evergreen House Surgery F85640
- Rutland House Surgery F85688
- Westbury Medical Centre F85031
- Staurton Group Practice... F85008
- Bridge House Medical Pr... YO21135
- Charlton House Medical... F85017
- Laurels Medical Practice... YO2117
- Grove Road Surgery F85023
- Christchurch Hall Surge... F85061
- Morris House Group Pract... F85019
- Tottenham Health Centre F85615
- Farnlea Surgery F85071
- Tynemouth Road Health C... F85013
- Crouch Hall Road Surge... F85069
- JS Medical Practice F85707
- Lawrence House Surgery F85007
- Myddleton Road Surgery F85645
- Hornsey Park Surgery F85046
- Queenswood Medical Pract... YO3035
- Chestnuts Park Surgery Y03506
- Broadwater Farm Community... F85699
- PARK, LANE SURGERY F85660
- West Green Road Surgery F85669
- Vale Practice Y01655

- England (value)
- NHS Haringey CCG (value)
GP Practice Profiles: IDAOPI

IDAOLPI (Income Depr. - Older People) - 2015

NHS Haringey CCG

- Broadwater Farm Community F85699
- Tynemouth Road Health C... F85513
- Morris House Group Pract... F85519
- Somerset Gardens Family... F85530
- Tottenham Health Centre F85615
- Charlton House Medical... F85517
- Grove Road Surgery F85623
- PARK LANE SURGERY F85660
- St John's Road (Dr Kurn)... F85559
- Laurel Medical Practice... F852117
- Hornsey Park Surgery F85046
- Chestnut Park Surgery V03506
- Havelock Surgery F85060
- Fernlea Surgery F85071
- Stuart Crescent Health... F85065
- West Green Road Surgery F85669
- Spur Road Surgery F85052
- Down Street Surgery F85628
- Philip Lane Surgery (Dr)... F85049
- Lawrence House Surgery F85007
- Staunton Group Practice... F85008
- The Old Surgery F85697
- Westbury Medical Centre F85031
- JS Medical Practice F85705
- WESTBURY AVENUE SURGERY... F85643
- Stuart Crescent Health... F85064
- 157 Medical Practice F85067
- Bridge House Medical Pr... F85135
- 615 Green Lanes (Dr Ans)... F85632
- Arcadian Gardens NHS Me... F85034
- Myddleton Road Surgery F85645
- Evergreen House Surgery F85640
- Vale Practice Y0155
- Christchurch Hall Surge... F85061
- Queenswood Medical Pract... Y03025
- Park Road Surgery F85062
- Allenson House Medical... F85679
- Bounds Green Group Pract... F85066
- Crouch Hall Road Surger... F85069
- Alexandra Surgery F85675
- Rutland House Surgery F85688
- GROSVENOR ROAD SURGERY F85658
- Queens Avenue Surgery F85045
- Dukes Avenue Practice F85063
- Highgate Group Practice F85014

- IDAOLPI [Income Depr. - Older People] (%) - 2015

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<th>Practice Name</th>
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<td>Fernlea Surgery F85071</td>
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<td>Down Street Surgery F85628</td>
<td>38.1</td>
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<td>Philip Lane Surgery (Dr)...</td>
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<td>Bridge House Medical Pr...</td>
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<td>615 Green Lanes (Dr Ans)...</td>
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<td>GROSVENOR ROAD SURGERY F85658</td>
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<td>Dukes Avenue Practice F85063</td>
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- England (value) | NHS Haringey CCG (value)
GP Practice Profiles: Palliative care
Linking spend with outcome: The SPOT tool
SPOT Tool

www.yhpho.org.uk/default.aspx?RID=49488

Spend and outcome tool (SPOT)

Understand health outcomes and expenditure across all programmes

Documents

- Spend and outcome tool (SPOT): local authorities pdf factsheets: html, 0KB, published 09/02/2015
- Spend and outcome tool (SPOT): clinical commissioning groups pdf factsheets: html, 0KB, published 09/02/2015
- Spend and outcome tool (SPOT): excel tool: Microsoft Excel Binary File, 16021830KB, published 09/02/2015
- Spend and outcome tool (SPOT): video: text, 903KB, published 27/08/2014
- Spend and outcome tool: case studies: text, 1939KB, published 14/03/2012
- Mortality statistics for clinical commissioning groups and other organisations: text, OKB, published 19/11/2012

Detail

The Spend and outcome tool (SPOT) gives an overview of spend and outcomes across key areas of business. Local authority data for 2014 has been refreshed and clinical commissioning data for 2014 has been included. SPOT includes a large number of measures of spend and outcomes from different different frameworks. Similar organisations can be compared using a range of benchmarks and potential areas for further investigation identified. You can download a PDF factsheet for each local authority or clinical commissioning group. There is also an interactive spreadsheet that allows you to explore the data in detail.

The tool allows the identification of areas requiring priority attention where shifts in investment will optimise local health gains and increase quality. The programme budgeting data for CCGs is from Primary Care Trust (PCT) returns. Programme budgeting is a method assessing investment in programmes of care rather than services.

First published: 27/08/2014
Updated: September 2014
Updated: February 2015

Please send your feedback about SPOT to NorthernAndYorkshireKIT@phe.gov.uk

We will continue to update this page on the YPHO legacy website until the migration of content to the PHE website is complete. For detailed information about spend and outcome information please see www.yhpho.org.uk
SPOT: Indicators supporting older persons

Social Care

- Older people (incl. older mentally ill)

Selected outcome measures

- Permanent admissions to residential care (65+)
- % 65 who at home 91 days after discharge
- % 65 receiving renablement service post hospital
- % older people independent via rehab
- % older people receiving self-directed support
- Timeliness social care assessment – older people
SPOT: Using the spine chart function - Southwark

<table>
<thead>
<tr>
<th>Memory support</th>
<th>Support with memory and cognition - adults (18-84) (F00)</th>
<th>£0.00</th>
<th>£8.95</th>
<th>£8.89</th>
<th>£1.54</th>
<th>£1.13</th>
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<tr>
<td>Older people</td>
<td>Mental health support - older people (65+) (F00)</td>
<td>£12.25</td>
<td>£12.23</td>
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<td>Physical support - older people (65+) (F00)</td>
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<td>£73.00</td>
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<td>Sensory support - older people (65+) (F00)</td>
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<td>£8.19</td>
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<td>Support with memory and cognition - older people (65+) (F00)</td>
<td>£8.00</td>
<td>£11.21</td>
<td>£11.45</td>
<td>£7.00</td>
<td>£15.23</td>
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<td></td>
<td>Learning disability support - older people (65+) (F00)</td>
<td>£3.80</td>
<td>£3.97</td>
<td>£3.29</td>
<td>£7.15</td>
<td>£5.52</td>
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<td></td>
<td>Permanent admissions to residential and nursing care homes, (18-64)</td>
<td>8.4</td>
<td>14.4</td>
<td>16.6</td>
<td>13.3</td>
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<td></td>
<td>Permanent admissions to residential and nursing care homes, (65+)</td>
<td>1.5</td>
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<td>0.3</td>
<td>0.5</td>
<td>0.3</td>
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<tr>
<td></td>
<td>% (65y+) who were still at home 91 days after discharge</td>
<td>0.0%</td>
<td>84%</td>
<td>88%</td>
<td>92%</td>
<td>84%</td>
</tr>
<tr>
<td></td>
<td>% (65y+) receiving rehabilitation services following hospital</td>
<td>0.0%</td>
<td>4%</td>
<td>5%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Delayed transfers of care, attributable to adult social care?</td>
<td>3.5</td>
<td>8.9</td>
<td>7.1</td>
<td>6.2</td>
<td>8.1</td>
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<tr>
<td></td>
<td>Delayed transfers of care, attributable to adult social care?</td>
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<td>2.5</td>
<td>2.4</td>
<td>5.1</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>% service users and carers who find it easy to find information</td>
<td>70%</td>
<td>71%</td>
<td>73%</td>
<td>73%</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>% older people independent via rehabilitation /Intermediate care</td>
<td>74%</td>
<td>68%</td>
<td>74%</td>
<td>70%</td>
<td>58%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carers</th>
<th>Social support: Support for carer (F00)</th>
<th>£3.29</th>
<th>£3.90</th>
<th>£3.21</th>
<th>£3.55</th>
<th>£3.14</th>
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<tbody>
<tr>
<td></td>
<td>Carer reported quality of life</td>
<td>7.4</td>
<td>8.1</td>
<td>7.7</td>
<td>7.5</td>
<td>8.1</td>
</tr>
<tr>
<td></td>
<td>% carers (very or extremely satisfied) with social services</td>
<td>44%</td>
<td>45%</td>
<td>50%</td>
<td>37%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>% carers in discussion about the person they care for</td>
<td>60%</td>
<td>75%</td>
<td>60%</td>
<td>68%</td>
<td>71%</td>
</tr>
</tbody>
</table>
SPOT: Using the detail quadrant function

Interpreting the chart:

The red diamond represents the selected organization, with the orange circles representing organizations within the selected organization's chosen comparator group. The green dots represent the spread of all organizations in England.

A programme lying outside the solid +/- 2 z-scored box may indicate the need to investigate further. If the programme lies to the left or right of the box, the spend may need reviewing, and if it lies outside the top or bottom of the box, the outcome may need reviewing. Programmes lying outside the dotted +/- 1 z-scored box may also warrant further exploration.

What is a Z score?

A z score essentially measures the distance of a value from the mean (average) in units of standard deviation. A positive z score indicates that the value is above the mean, whereas a negative z score indicates that the value is below the mean. A z score below -2 or above +2 may indicate the need to investigate further. Each box represents a program's budget category.

Using the chart:

Select the chart and then mouse over individual points in order to display organizational details in the boxes below the menu's filter.
Looking at the Care Pathway: Right Care
Right Care

www.rightcare.nhs.uk/index.php/resourcecentre/
Commissioning for Value Packs

Dementia and LTCs
Secondary care and outcomes

NHS Southwark CCG

Further Information Links:
http://pathways.nice.org.uk/pathways/dementia
http://pathways.nice.org.uk/
Click on ‘Topics’, ‘Population Groups’, ‘Older People’
NEoLCIN: Future plans
NEoLCIN: Future plans

• Care homes
• Dying Matters
• EoLC health economics
• New data on End of Life Care Profiles
• EoLC Atlas of Variation
• NEoLCIN data briefings
• Webinars
Thank you

Nicola Bowtell
Analytical Programme Manager (NEoLCIN)
Public Health England
2 Rivergate, Bristol, BS1 6EH
Direct Dial: 0117 9069015
Mobile: 07795450025
nicola.bowtell@phe.gov.uk