

Using depersonalised data to improve health and care services



Health and care providers
(looking at performance across pathways of care)

Regulators
(looking at how services perform)

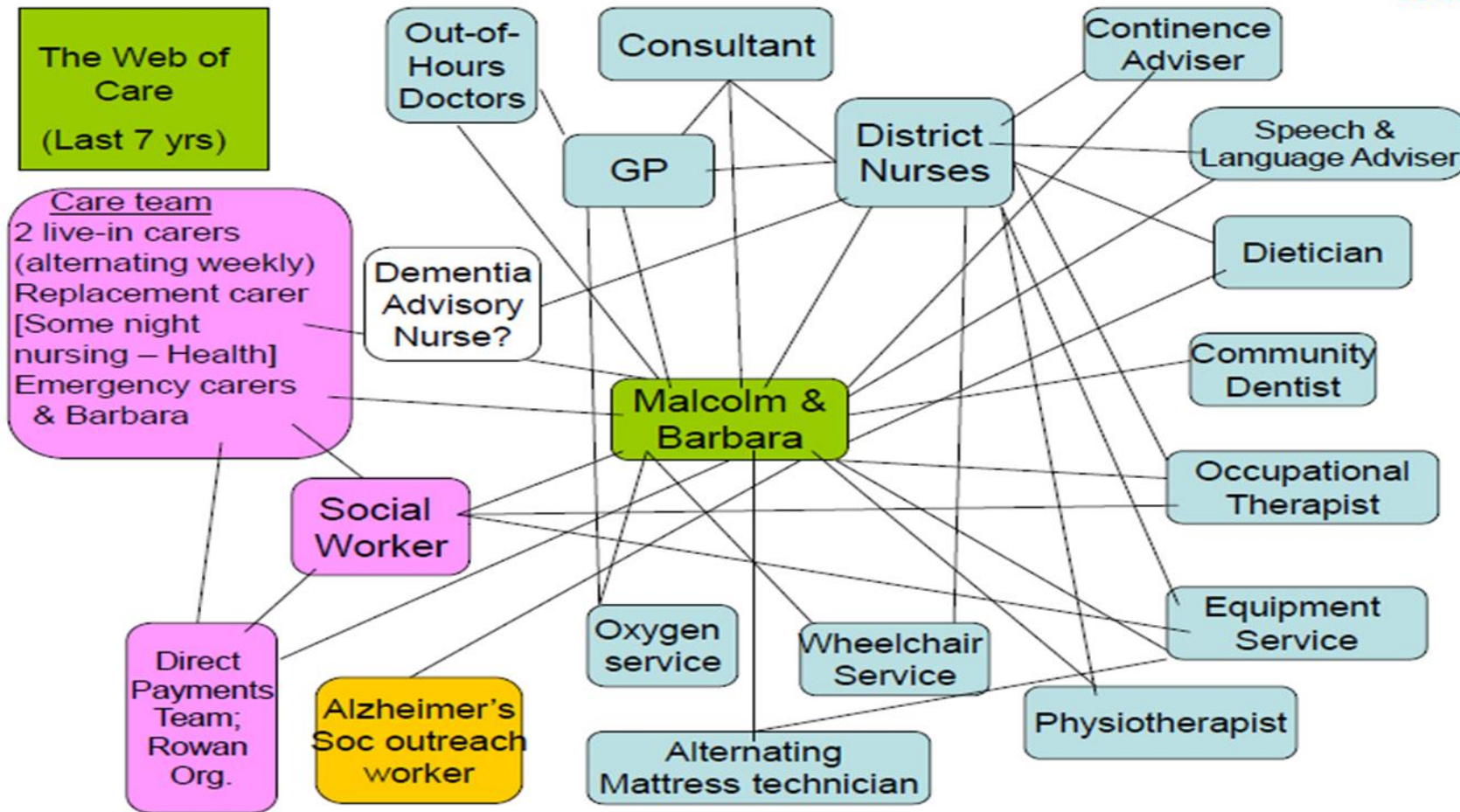
Health & Care Planners
(looking at what services are needed and where)

Wider public service planning and improvement

Case Study 1 – Improving care of people with complex needs

- Some people have **many** long term health problems at once, which require a lot of **different** kinds of support.
- We know these patients and their supporting networks often have to manage these very **complex webs** of care themselves because **services do not ‘join up’**.
- Staff in organisations providing this care want to use **data about patients** to **understand** patterns of care and redesign services to reduce this.
- They need **access to data** filtered for people with 3 or more conditions and lots of **detailed information** about their care (e.g. from GP records (conditions and appointments) hospital records (about admissions and appointments)).
- Some areas of London have **datasets** like this, while **others do not**. Where areas **do** give approval, cooperation can take a long time (18 months) to get access.

Case Study 1 – Improving care of people with complex needs



Case study 2 – Planning diabetes services

- Commissioners **plan services** based on the resources (£, staff, buildings, technology, etc.) and the **needs** of their population.
- **Evidence** tells us that diabetes patients benefit through **education** on their condition in group meetings with a **self-management** trainer.
- Commissioners heard from GP practices that some patients who could **benefit** were not using services like these. Their diabetes **worsens** and they need more care.
- Commissioners want to **understand** whether there were patterns and **investigate** why people didn't attend. To do this, they needed to see **demographic information**, and where people live.
- The commissioners want to use this information to **decide how to allocate resources**. One option might be investing in setting up a new service, but this requires either new resources or the reallocation of them from somewhere else.



Case study 3 – Local council

- Air pollution '**hot-spots**' are found at places like busy roads and junctions.
- Research tells us that people who spend time in these places are more likely to have **emergency hospital admissions**, for things like **asthma exacerbations or heart attacks**.
- A council wants to **improve** the health of a local neighbourhood and thinks **changing the road layout** might help, **by changing patterns of air pollution** so that hot-spots are reduced or moved.
- This costs a significant amount of money, so they want **evidence** that this is having **an impact on health** in this neighbourhood.
- They also want to take into account people's existing conditions, so need **information** from the GP record about: recorded diagnoses of diseases, hospital visits, a person's home postcode.

