

# Using routinely collected data to figure out where the NHS is going wrong.

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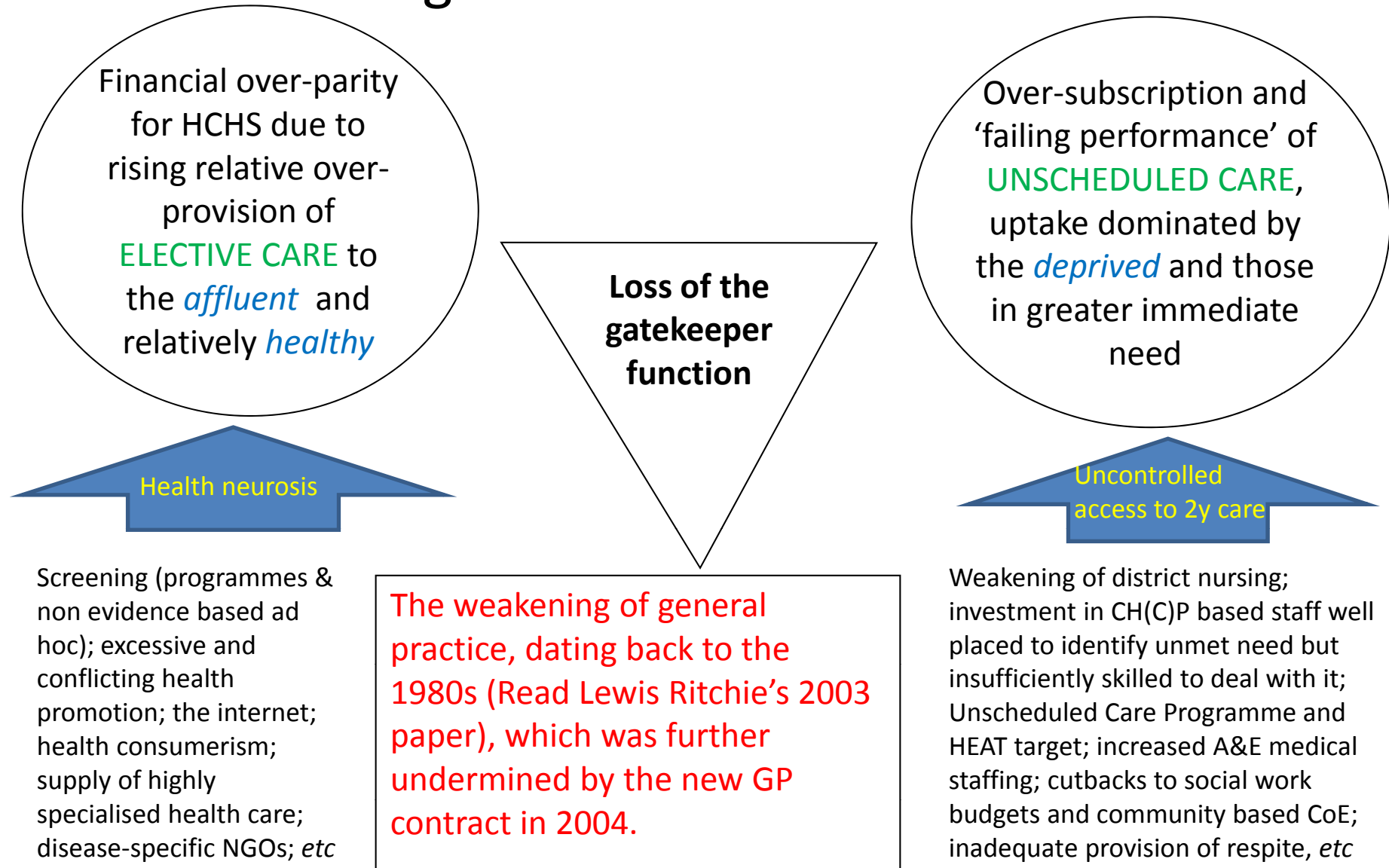


Presented to the Scottish Faculty of Public Health  
Conference, Dunblane Hydro, 27 November 2016.

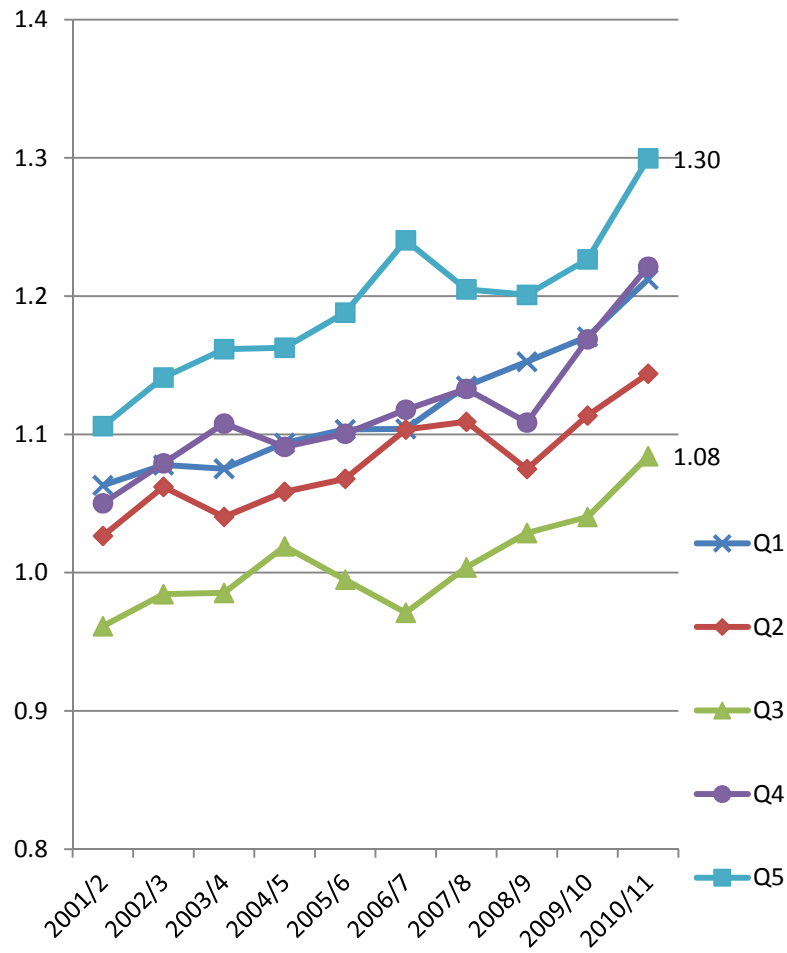
Full version, complete with embedded notes and 2 page summary, originally presented at the Annual Conference of the Deep End Project, held on 24 November 2015 at the Erskine Hotel, is available at:

[http://www.gla.ac.uk/media/media\\_443697\\_en.pdf](http://www.gla.ac.uk/media/media_443697_en.pdf)

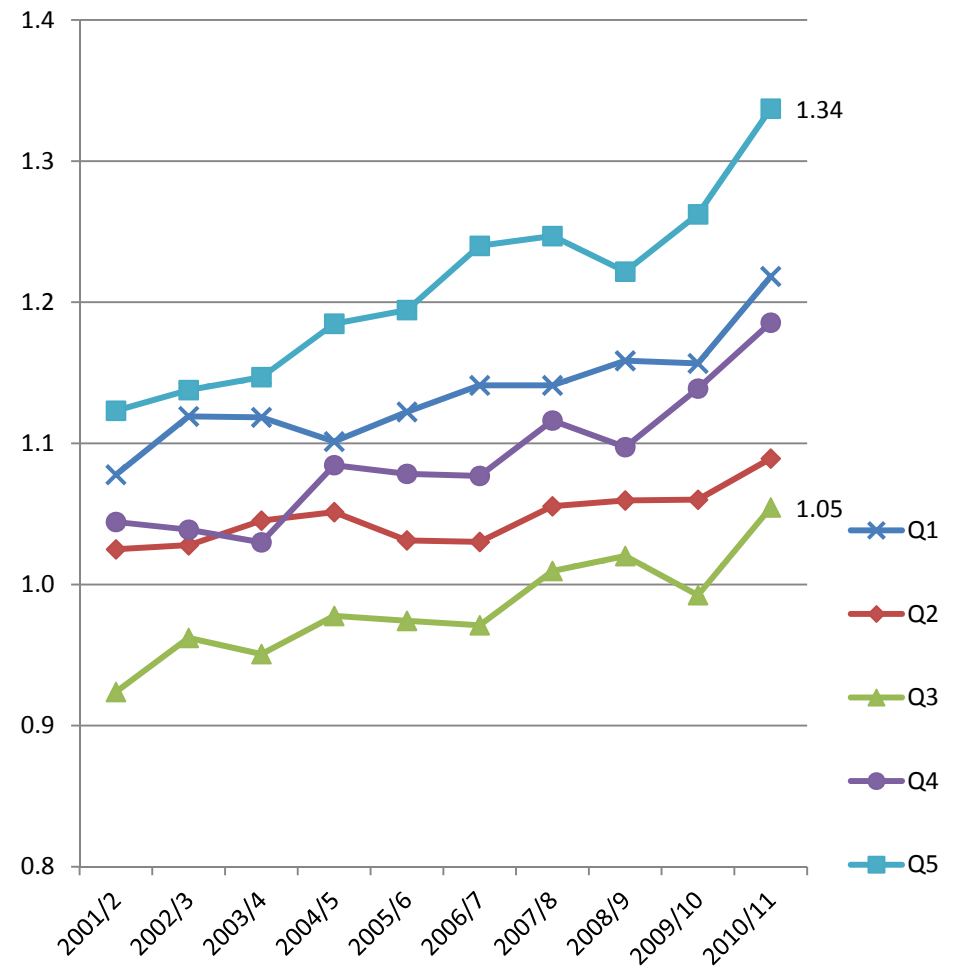
# NRAC and CSR work revealed two major challenges in GG&C that are linked



6 All admissions (all types, all specs) : GG&C/RoS quotients of age standardised rates between 2001/2 and 2010/11, by gender and SIMD quintile, n=315,553 and 836,010 adms in GG&C and RoS, respectively, in 2010/11, shown as a graph. Source: SMR01 dataset downloaded by J Gomez.

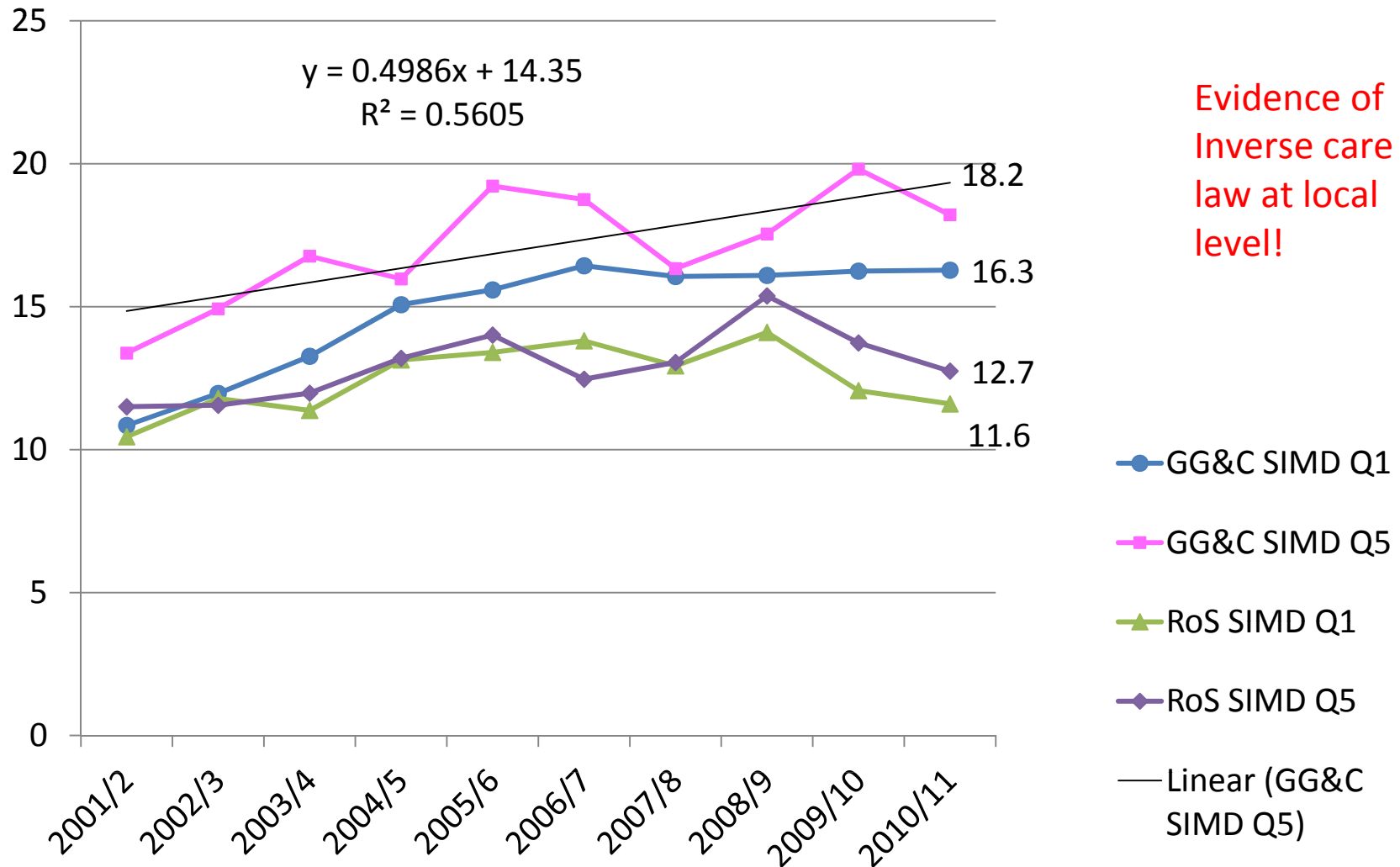


Females



Males

Age standardised rates of elective admission (*oncology*) for GG&C and Rest of Scotland females, by selected SIMD quintile, n=11,432 admissions for GG&C females. Source: SMR01 dataset downloaded by J Gomez.



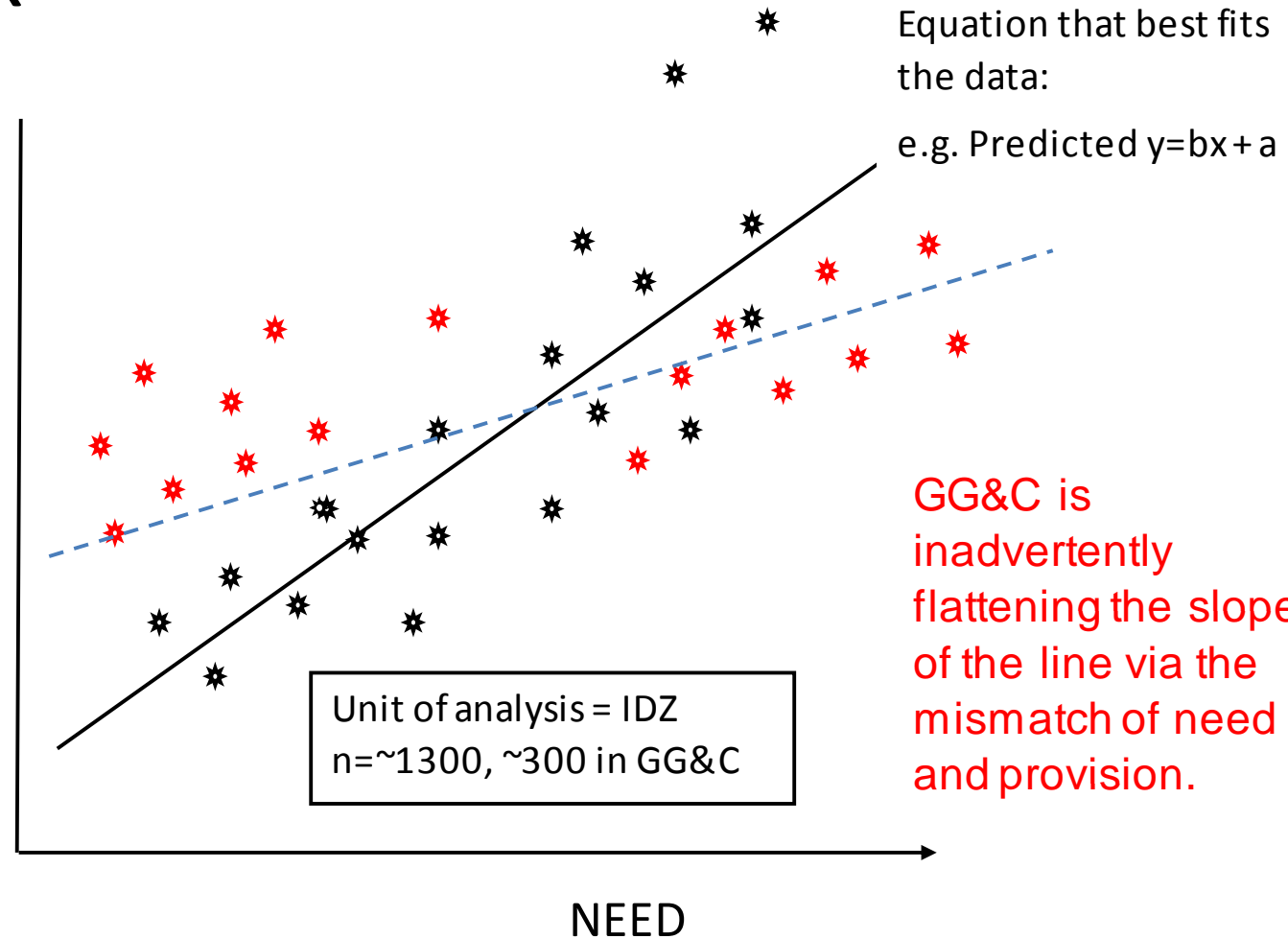
# More likely Regression model - acute sector

## MLC index

Dependant variable (y)

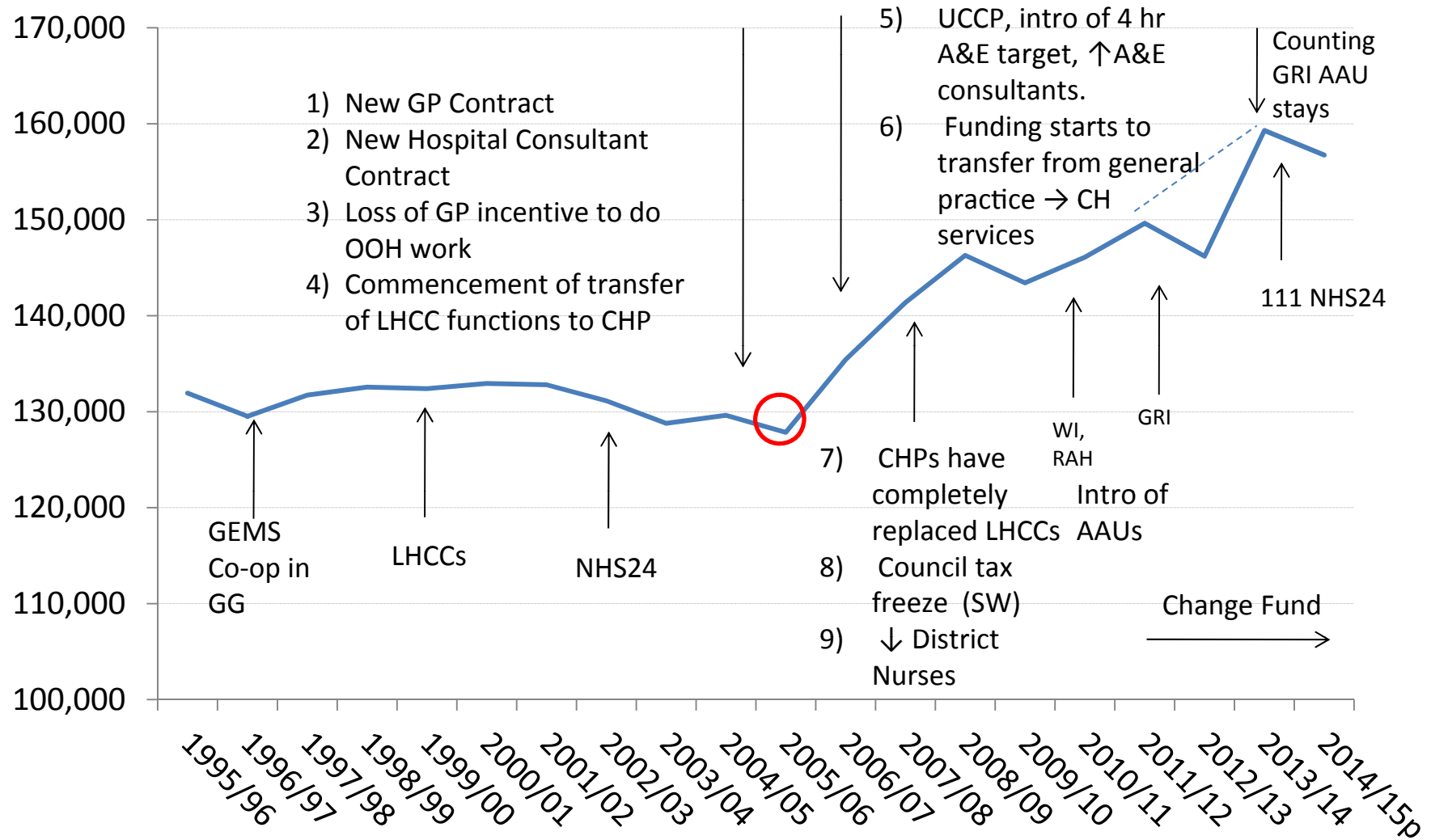
Actual activity multiplied by national costing fees/predicted cost for that age sex distribution for each IDZ

C  
O  
S  
T

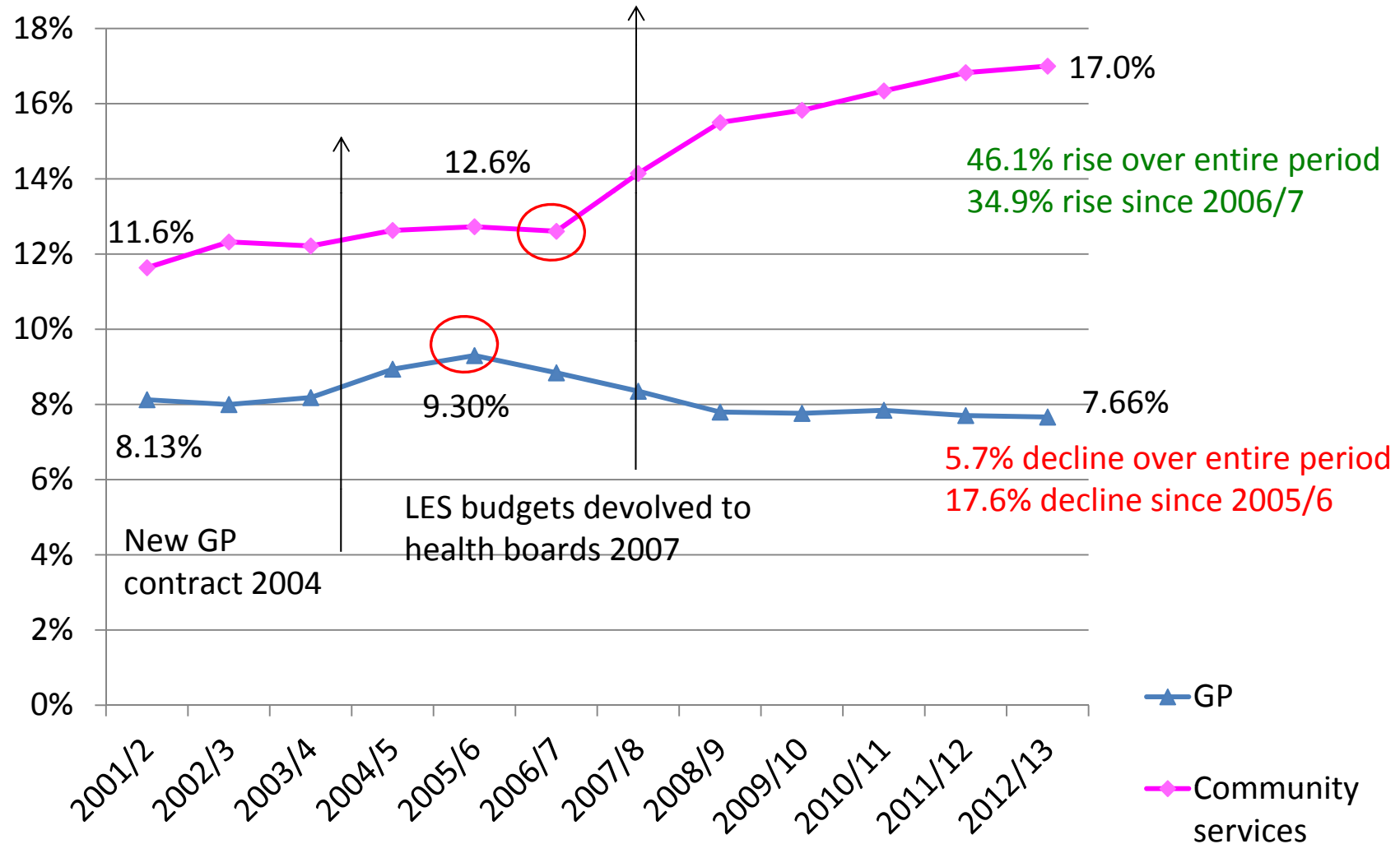


Independent variables (x): 1) Prevalence of SRRLLTI (Census 2001);  
2) SMR All cause <75 yrs for each IDZ.

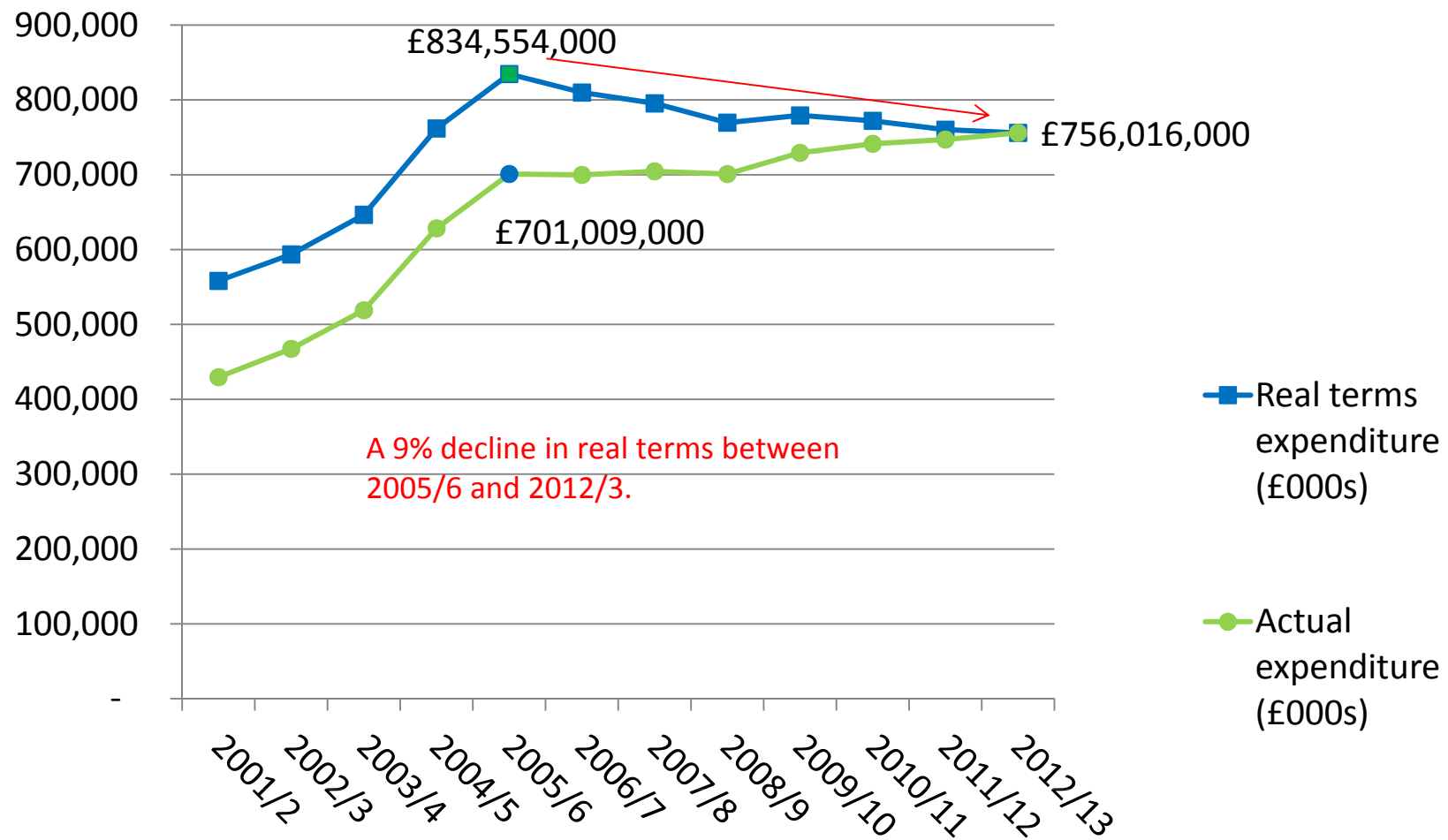
Number of emergency admissions (all specs, all ages, all stays) at GG&C sites, 1995/6 - 2014/15. Source: SMR01 data from J Gomez.



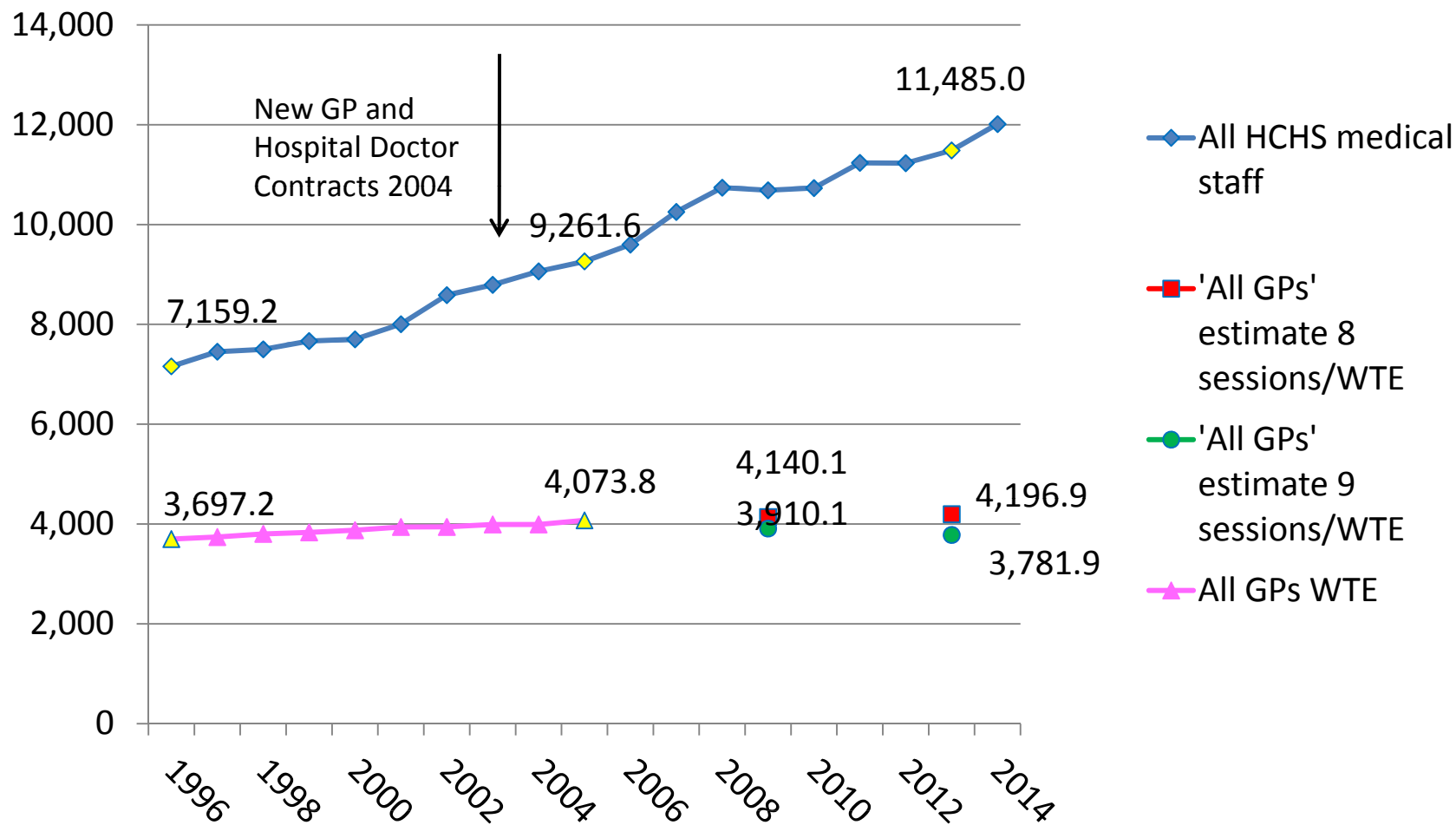
Percentage of total national territorial board NHS funding spent on general practice vs community services, 2001-2013. Source: ISD Scotland website funding data.



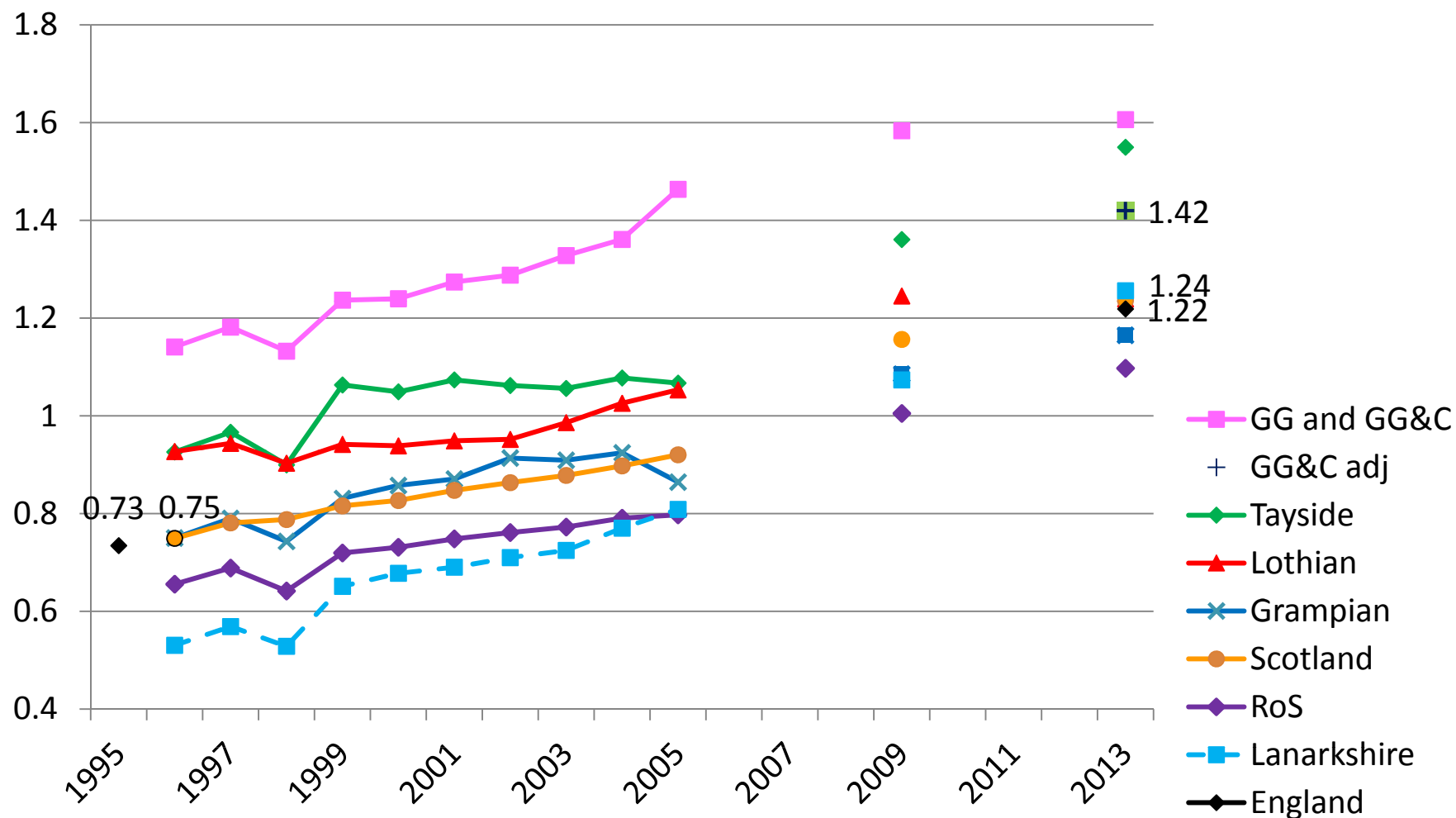
Actual vs real terms expenditure (after SG GDP deflator applied) on general practice in Scotland between 2001/2 and 2012/3. Source: ISD website funding and SG provided deflators at the time of 2013.



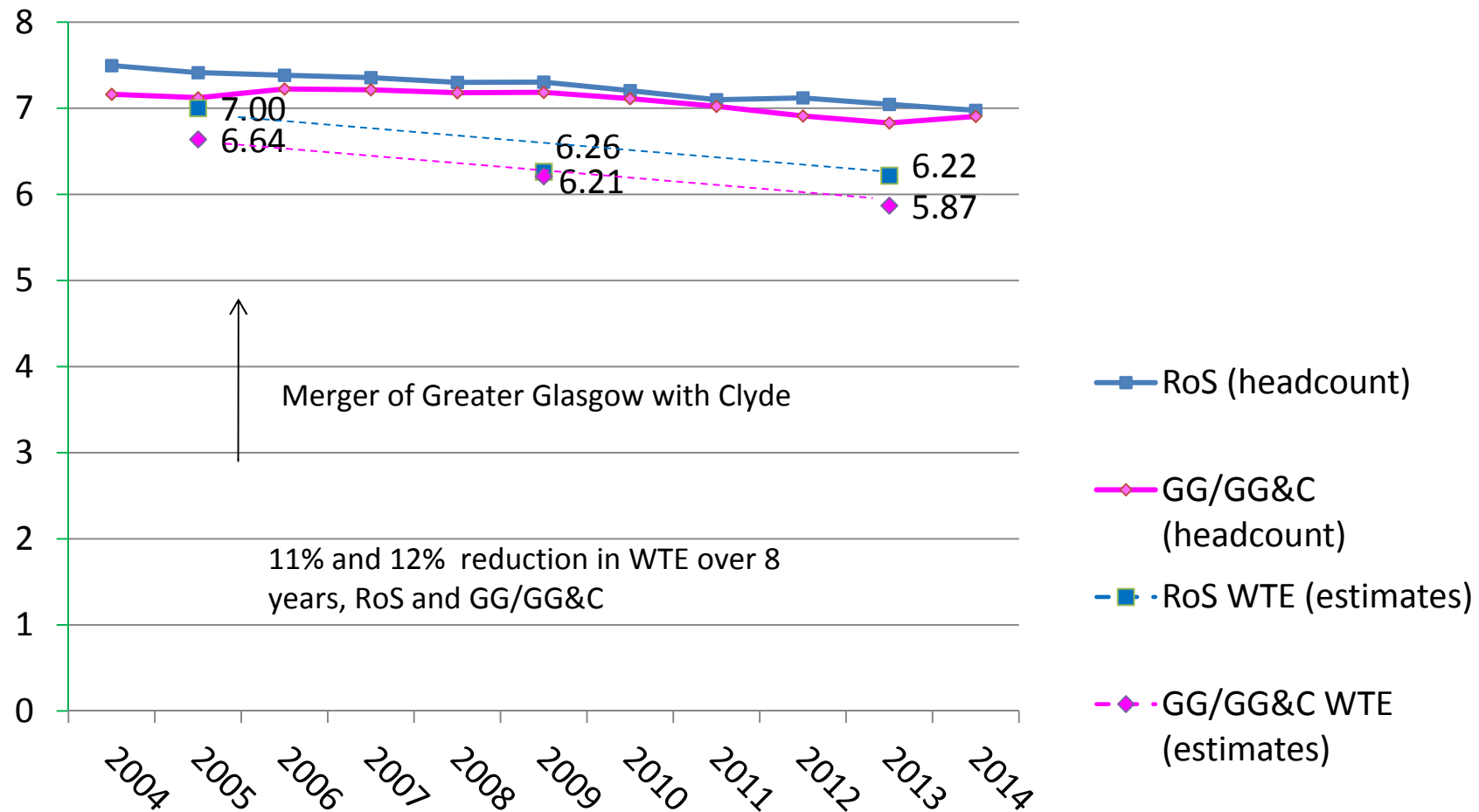
HCHS Medical staff (all grades), All GPs (all grades), All GPs in 2013 assuming 8 and 9 sessions per WTE: numbers of WTE per annum employed in Scotland. Source: ISD Scotland manpower and survey data.



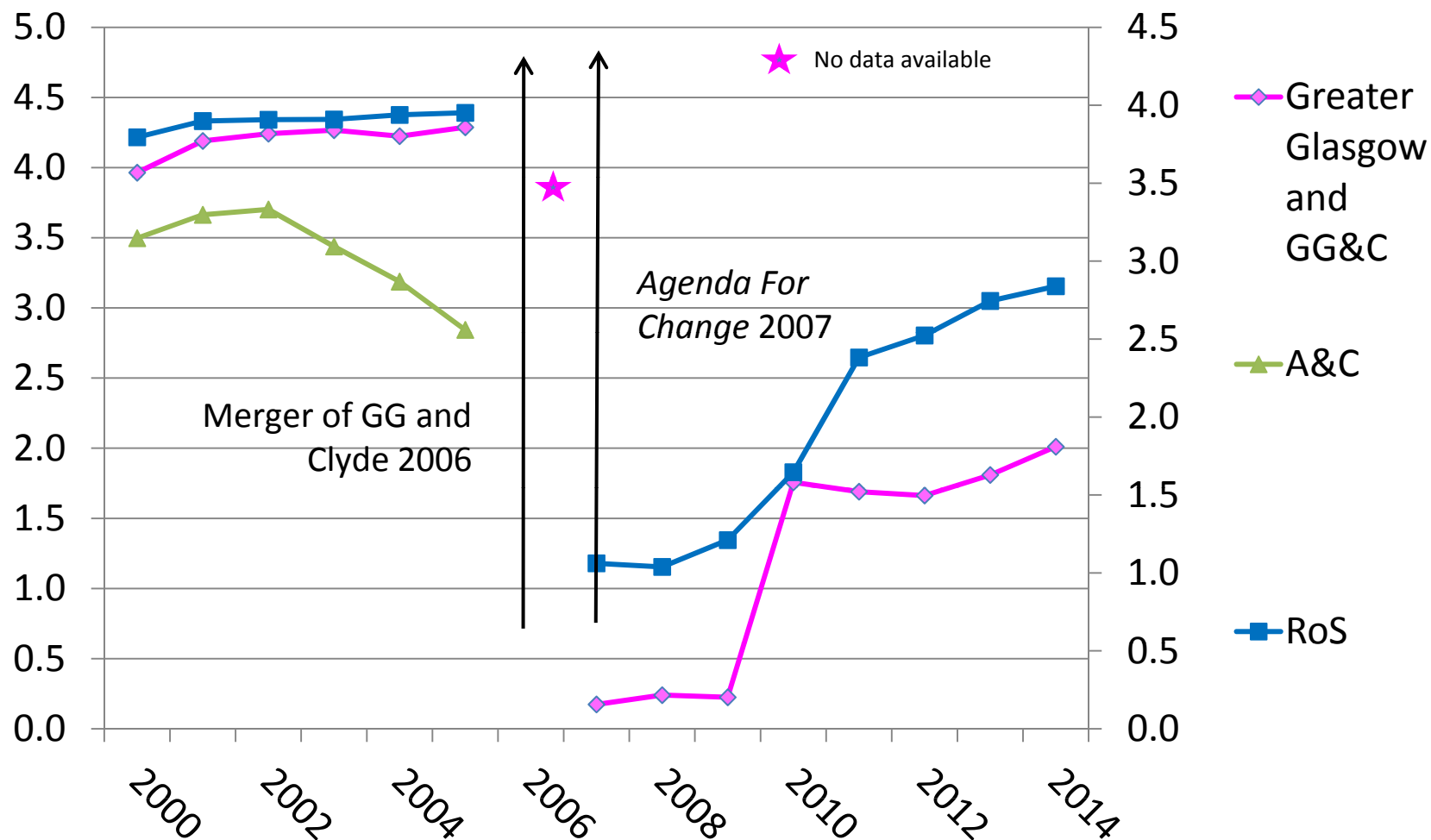
Manpower ratio: Numbers of WTE HCHS medical consultant staff: Numbers of GP principals and salaried assuming 8 sessions per WTE in 2009 and 2013, by year, for selected health boards, RoS, Scotland and England. Source: ISD manpower data and Centre for Workforce Intelligence for English data.



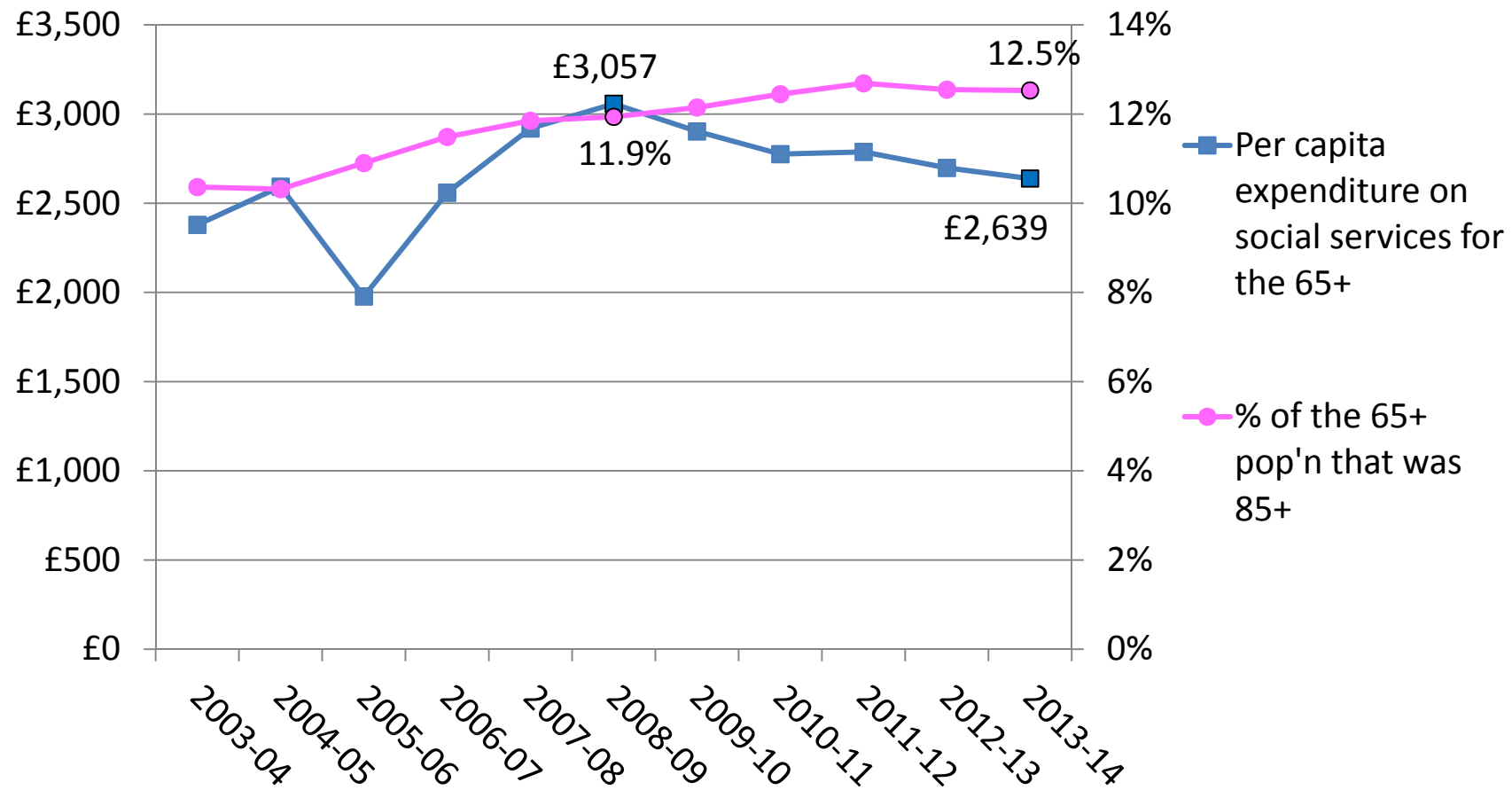
GP principal in general practice, headcount: Crude rate per 10,000 pop'n, 2004 onwards, n=789 in GG&C and 2,933 in the RoS by 2014, using *GROS denominator*; and 3 WTE estimates from 2005 ISD Return and 2009 and 2013 Workforce Surveys for GG/GG&C and RoS (8 sessions/WTE). Source: ISD website.



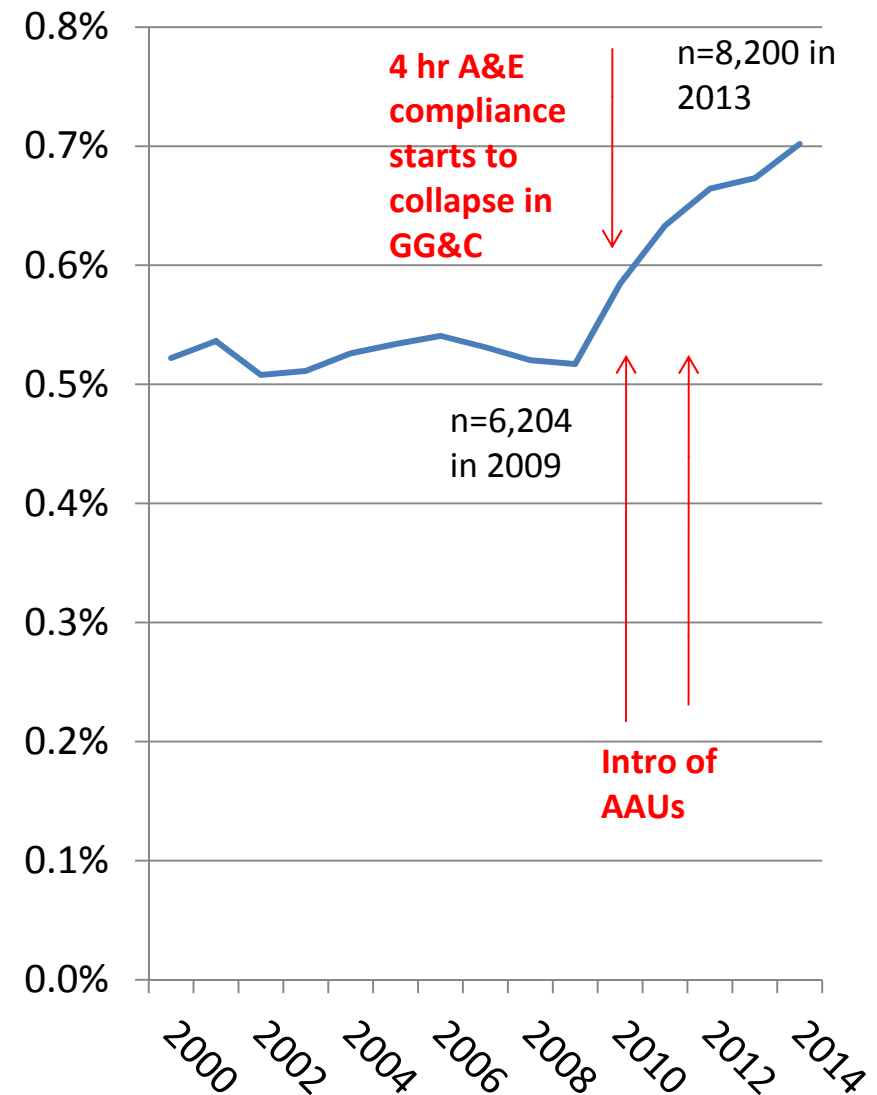
District Nurses: Crude rate of WTE provision per 10,000, for GG, GG&C, A&C, RoS, 2000 to 2013. Source: ISD Website on Nursing and Midwifery stats, based on data submitted by health boards.



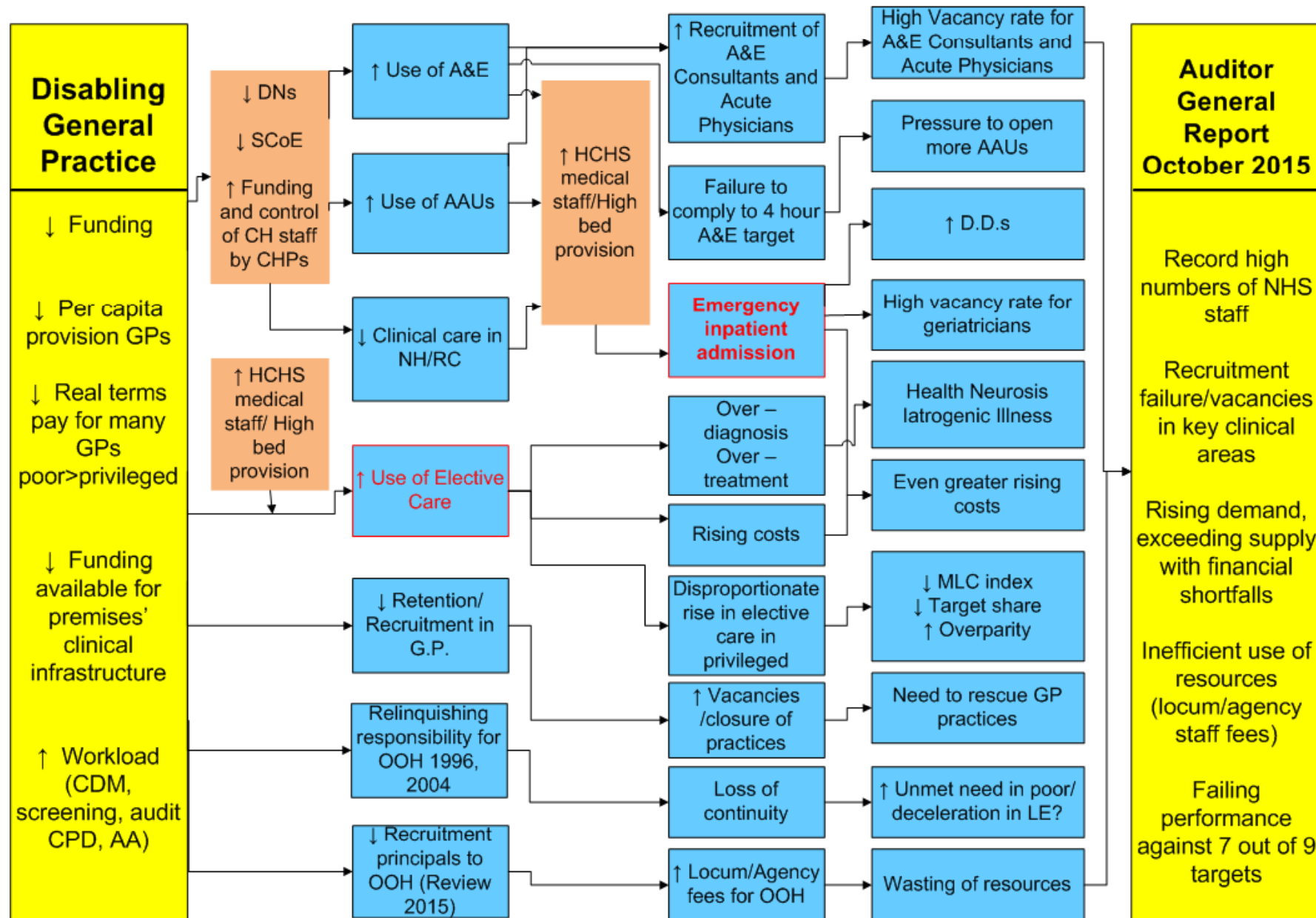
Per capita expenditure in real terms on social services for the 65+ in Glasgow C based on LFR03 Returns compared to the percentage of the Glasgow City 65+ population that was 85+ based on GROS mid year estimates. Source: LFR03 Returns published by SG and NRS MYEs.



Live births in Scotland, 1900-2010 and Percentage of GG&C population that was 90+ years of age over time, 2000-2014. Source: NRS.



# Tracing back problems described in Auditor General's Report to General Practice



Thank you for listening!

Any comments or questions?

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