

# **East Berkshire Clinical Commissioning Group 2018 AGM**

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Frimley ICS Lead, Reducing Variation  
Workstream Clinical Lead, Deputy Chair  
Slough Wellbeing Board**

- **Cancer: we have improved screening in the past year**
- **Stroke: improved service delivery and improved prevention in the past year ("this time last year....")**
- **Diabetes: using a new and different approach with diabetes champions**
- **Health Inequalities: special and new focus for the next few years**



## Macmillan Slough Bowel Cancer Screening project – re-started November 2017

- ✓ So far we have participated in: 37 events
- ✓ Had conversations with: 885 people – 662 F & 263 M
- ✓ Since the restart, 14 of 16 practices have increased the uptake of the screening programme by patients
- ✓ 15 of 16 practices signed up for the Locally commissioned service
- ✓ One practice achieved 66.67% of patients included v. national target of 60%

## Slough Practices Bowel Screening Uptake

Slough CCG	2017-18 Q3	2017-18 Q4	40.33%
1. Ragstone Road Surgery*****	37.04% (6)	66.67%	
2. The Orchard Surgery	39.66% (3)	65.71%	
3. The Village Medical Centre	39.80% (1)	56.25%	
4. Herschel Medical Centre	37.07% (5)	55.17%	
5. 240 Wexham Road	32.26% (13)	47.83%	
6. The Chapel Medical Centre	26.32% (15)	45.45%	
7. Shreeji Medical Centre	32.69% (12)	45%	
8. The Avenue Medical Centre	33.80% (10)	44.12%	
9. Manor Park Medical Centre	36.14% (7)	41.67%	
10. Langley Health Centre	32.08% (14)	41.41%	
11. Farnham Road Practice	39.69% (2)	40.78%	
12. Kumar Medical Centre	37.50% (4)	40%	
13. Bharani Medical Centre	35% (8)	38.33%	
14. Crosby House Surgery	32.99% (11)	37.29%	
15. 261 Bath Road (Dr Nabi)	34.29% (9)	26.67%	
16. Wexham Road Surgery	25% (16)	18.18%	

# Meet and Mingle Women's Support Group

## Meet and Mingle hands over £10,000 to cancer charity

**CHALVEY:** A total of £10,000 raised by Slough-based women's support group Meet and Mingle was presented to the Imperial Health Charity at a cancer awareness conference on Saturday.

The event at the Copthorne Hotel included information stalls from cancer charities including Macmillan, Penny Brohn UK and Ovacome, and featured a talk from Professor Christina Fotopoulou.

Dr Fotopoulou is a consultant gynaecological oncologist with the Imperial College NHS Trust and principal co-ordinator of the European Competence Centre for Ovarian Cancer Berlin.

Meet and Mingle presented



The Mayor of Slough Cllr Paul Sohal attended the cancer awareness conference at the Copthorne Hotel.

a cheque for £10,000 for ovarian cancer research at the Imperial Health Charity, which helps Imperial College Healthcare NHS Trust hospitals.

Doctors Philip Reginald, Sumita Nayak, Sophie Price and Lalitha Lyer spoke on cancer and the importance of early detection.

Meet and Mingle founder Aksa Marshal said: "This is so important. Personally I wished I would have gone to these kinds of events, I would have been diagnosed earlier."

Aksa was diagnosed with late stage ovarian cancer last year and was treated by Dr Fotopoulou.

## Stroke Service changes implemented - treatment

- Stroke services are set to improve for more than 450,000 people living in the East of Berkshire.
- This means that, from January 1, local people suspected of having a stroke are now taken straight to the nearest hyper-acute stroke unit by ambulance to receive the best possible care, without delay.
- The improvements are the culmination of two years' planning by the East Berkshire clinical commissioning groups, involving local clinicians, patients, the public and the Stroke Association from the outset

### *Quote from a GP patient consultation:*

*'Doctor I had a stroke 6 years ago , and my friend recently had a stroke in Slough five months ago. I couldn't believe the difference in the service provided to him now compared to the service I received – unbelievable in its improvement and how well he's done...comparing our experiences .....I wish I had had my stroke now !'*

# Stroke - prevention (this time last year.....)

## Excellence in AF project

In East Berkshire we delivered big improvements in preventing Atrial Fibrillation-related strokes with latest QOF data showing **83%** of our patients with AF and a high risk of stroke are receiving oral anticoagulation.

There is still significant improvement that can be made to reduce the number of AF-related strokes in our population. We estimate that there are around 850 patients with known AF and a high risk of stroke who are not currently receiving anticoagulation. This group represents the potential for 43 AF-related strokes - at huge cost to families and a cost to the health economy of over £1m.

The East Berkshire CCGs commissioned a project '**Excellence in AF**' focusing on identifying and reviewing this group of patients, exploring the reasons why they have not been anticoagulated. Patients identified with AF and no valid reason for exclusion from receiving OAC will be offered the opportunity for a face to face counselling session about their stroke risk and, if indicated, offered OAC therapy. The project will also assess the number of patients currently on warfarin who have a therapeutic time in range (TTR) of less than 65% in the last 12 months.



### Detection Gap:

Around 1000 patients with AF but undiagnosed



### Treatment Gap:

206 high risk patients with known AF not receiving oral anticoagulation.  
Potential 10 strokes per annum



### Optimisation Gap:

195 patients prescribed anticoagulation but not adequately anticoagulated

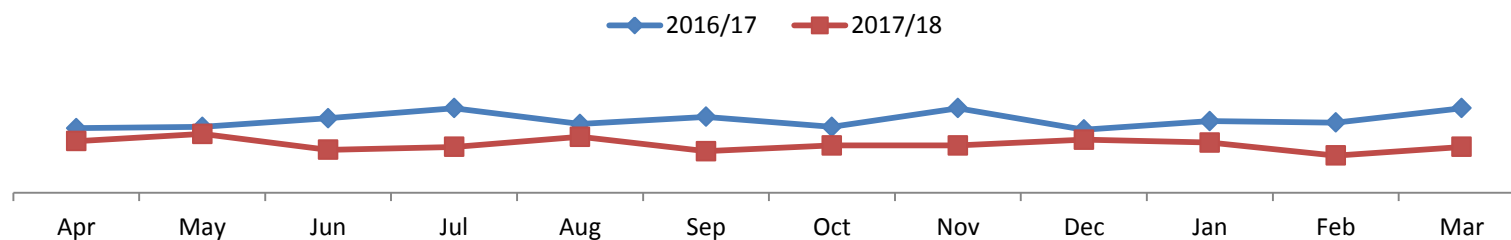
***Working together to deliver excellent and sustainable healthcare***

Potential 10 strokes per annum



## Impact of prevalence and Stroke rates 2016/17

	AF prevalence 15/16	AF prevalence 16/17	AF prevalence 17/18
<b>Bracknell CCG</b>	1.41%	1.60%	1.75%
<b>Practice</b>	AF prevalence 15/16	AF prevalence 16/17	AF prevalence 17/18
<b>Slough CCG</b>	0.81%	0.90%	0.91%
<b>Practice</b>	AF prevalence 15/16	AF prevalence 16/17	AF prevalence 17/18
<b>Windsor Ascot Maidenhead CCG</b>	1.71%	1.81%	1.97%



**Savings generated YTD £886k – Full year circa £1 million**

## Stroke - prevention: Hypertension Case Finding

- Variation in the recorded v. expected prevalence and control of high blood pressure across GP Practices
  - Slough – missing number of 3395 compared to peer practice average
  - Bracknell - missing number 2809 compared to peer practice average
  - WAM CCG – missing numbers 2868 compared to peer practice average
- Medicines optimisation teams supporting case finding by audit
  - Slough – Delivered in 13/16 practices so far, **1986** people added to registers (13.3% increase)
  - Bracknell – Delivered in 3/15 practices so far, **508** people added to registers (22.5% increase)
  - WAM CCG – Delivered in 5/17 practices so far, **757** people added to registers (12.9% increase)
  - To be delivered in all practices by end of 2018
- A dashboard has been developed that will facilitate detailed analysis of hypertension
- Incentive developed within primary care to case find and increase prevalence by at least 5%
- Public campaign to support awareness of high blood pressure and to encourage uptake of NHS health checks
- GP support and training will be rolled out across the CCG, focussing initially on those practices showing poorest performance

## Diabetes Community Champions Programme: “share with us the desired outcomes, and we will work out how to achieve these”

- *Slough has the highest prevalence of diabetes in the South East, with 8.9% of people living with a diagnosis. Slough also has a high proportion of BAME (Black, Asian and Minority Ethnic) patients.*
- *People from South Asian, African and Caribbean communities are two to four times more likely to develop Type 2 diabetes than White Europeans. They are at greater risk at lower levels of BMI (Body Mass Index).*
- *The newly recruited Champions in Slough, who are themselves from ethnic minorities, completed a two day training course in June.*
- *The role of a Champion is to help to educate and raise awareness of diabetes and Diabetes UK by organising local events, and delivering presentations and talks.*

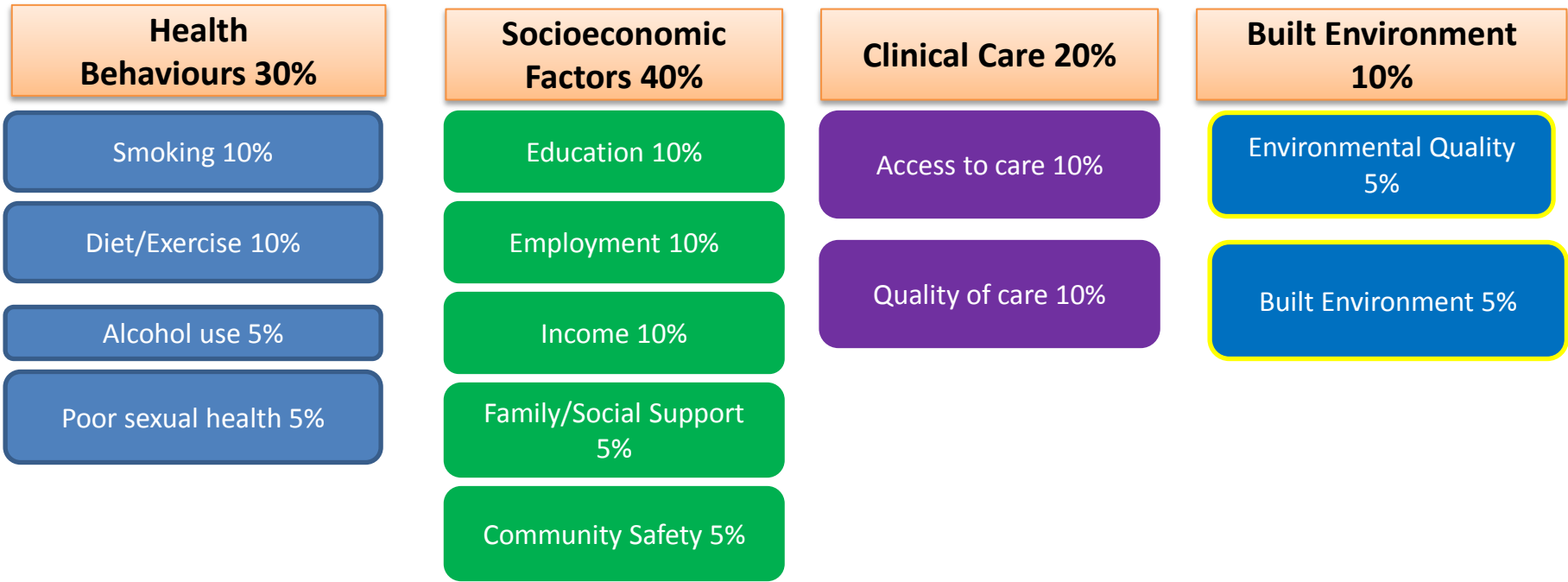
**26 community champions already trained and actively working in our ethnic communities ; activation, empowerment**



***This is a start in the engagement journey that should enable you to accelerate your plans for designing patient and community centric services - Krishna Sarda - Diabetes UK***

# Health Outcomes are affected by a wide Range of factors

## Contributors to health outcomes



**We have to concentrate action on all fronts**

# Why Inequality Matters

- Inequality of any kind reduces GDP growth, tax revenue and health funding.
- Less challenged areas also suffer by being denied the desired progress because of the cost to the control total of failure to deal with inequality.
- Reducing inequality enriches us all – in health and materially.
- Which is why the Frimley ICS Board members have agreed to add addressing health inequalities to our shortlist of priorities.

## Population Health in the Frimley ICS

- PHE data from KIS(SE) - Don Sinclair
- Based on wards, post Marmot Review 2010
- 103 wards (2016) in the Frimley system
- Focus on worst quintile – 21 wards
- Worst outcomes correlated with highest % income depletion
- The range of income depletion is from 21% to 8% in Slough wards, 16% to 2% in SH, 13% to 2.6% in BF, 11 to 3% in RBWM

**Emergency admissions for CHD:** are directly related to % income deprivation. Of the 21 wards in the worst quintile 13 are in SL, with 4 each in NEHF and SH. The ward with the highest Standardised Admissions Ratio is **Chalvey** (SL) (196) and the ward with the lowest SAR is **Ascot & Cheapside** (RBWM)(45.3) – a **four-fold** variation

1	Chalvey 196.0 SL	6	Cippenham Meadows 158.7 SL	11	Langley St. Mary's 125.7 SL	16	North Town 118.0 NEHF
2	Elliman 185.5 SL	7	Wexham Lea 158.5 SL	12	Colnbrook with Poyle 125.5 SL	17	Frimley 115.4 SH
3	Baylis & Stoke 180.6 SL	8	Aldershot Park 144.4 NEHF	13	Cherrywood 121.0 NEHF	18	Old Dean 112.3 SH
4	Central 167.5 SL	9	Upton 140.5 SL	14	Britwell & Northborough 119.7 SL	19	Blackwater & Hawley 112.1 NEHF
5	Farnham 163.1 SL	10	Langley Kederminster 129.2 SL	15	Foxborough 119.6 SL	20	St. Michaels 111.9 SH
						21	Watchetts 111.9 SH



**Emergency admissions for stroke:** also influenced by % income deprivation. Of the 21 wards in the highest quintile for emergency admissions with stroke 10 are in SL, 6 in NEHF, 3 are in WAM, and 2 are in BF. **Chalvey** (SL) has the highest rate at 154.4, with **Farnham, Wrecclesham & Rowledge** having the lowest rate at 47.9, in excess of a **three-fold** variation

1	Chalvey 154.4 SL	6	Wellington 127.9 NEHF	11	Hanworth 114.7 BF	16	Farnham 113.3 SL
2	Elliman 146.6 SL	7	Cippenham Meadows 124.6 SL	12	Englefield Green West 114.4 NEHF	17	Ash Wharf 113.2 NEHF
3	Central 145.5 SL	8	Cippenham Green 119.5 SL	13	Colnbrook with Poyle 114.4 SL	18	Clewer North 113.2 RBWM
4	Baylis & Stoke 130.0 SL	9	Wexham Lea 115.8 SL	14	Englefield Green East 114.4 NEHF	19	North Town 109.4 NEHF
5	Upton 128.1 SL	10	Clewer East 115.1 RBWM	15	Clewer South 114.1 RBWM	20	Winkfield & Cranbourne 108.7 BF
						21	Cherrywood 108.1 NEHF

**The incidence of lung cancer:** directly related to income deprivation - the SMR range in the wards is from 45 to 182 in SL, from 51 to 133.8 in RBWM, 30 to 114.6 in SH; within the Frimley system there is over **seven-fold** variation from **Farnham, Wrecclesham & Rowledge** (on 29.7) to **Colnbrook with Poyle** (182). Of the 21 wards in the worst quintile 6 are in RBWM, 5 each are in SL & NEHF, 4 I BF and one is in SH:

1	Colnbrook with Poyle 182.0 SL	6	Cherrywood 137.8 NEHF	11	Eton and Castle 120.8 RBWM	16	Rowhill 117.2 NEHF
2	Britwell & Northborough 167.3 SL	7	Great Hollands North 134.1 BF	12	Eton Wick 120.8 RBWM	17	Boyn Hill 117.0 RBWM
3	Aldershot Park 153.4 NEHF	8	Clewer East 133.8 RBWM	13	Haymill & Lynch Hill 120.5 SL	18	Castle Without 114.7 RBWM
4	Wellington 151.6 NEHF	9	Baylis & Stoke 133.5 SL	14	Wexham Lea 120.5 SL	19	Frimley 114.6 SH
5	Owlsmoor 140.9 BF	10	Great Hollands South 125.7 BF	15	Manor Park 117.6 NEHF	20	Clewer North 116.4 RBWM
						21	Old Bracknell 114.4 BF

**Under 75 deaths from circulatory disease**: directly proportional to the % of income deprivation, range across the wards in the Frimley system from an SMR of 195.8 in **Chalvey** (SL) to 26.3 in **Farnham Bourne** (NEHF) – over **seven-fold** variation. Of the 21 wards in the worst quintile here 10 are in SL, 4 each in NEHF and WAM, 2 in BF and 1 in SH.

1	Chalvey 195.8 SL	6	Britwell & Northborough 155.7 SL	11	North Town 127.9 NEHF	16	Oldfield 117.9 RBWM
2	Baylis and Stoke 174.9 SL	7	Farnham 154.3 SL	12	Cippenham Meadows 123.2 SL	17	Cippenham Green 117.1 SL
3	Central 173.5 SL	8	Priestwood & Garth 144.6 BF	13	Wildridings & Central 120.6 BF	18	Old Dean 114.1 SH
4	Foxborough 163.8 SL	9	Langley Kederminster 135.0 SL	14	Clewer North 119.2 RBWM	19	Clewer East 112.0 RBWM
5	Elliman 157.1 SL	10	Rowhill 132.6 NEHF	15	Cherrywood 119.1 NEHF	20	Eton Wick 109.5 RBWM
						21	Wellington 109.4 NEHF

# Sum-of-Ranks Table for 8 Health Outcomes for the Frimley ICS Wards Top 20



Rank	Ward & Council	Score	EBCCG Wards ranking	Rank on the original sum of the scores	Simple Sum of the raw rates
1	Britwell & Northborough SL	-77	2 (-57)	1	1152.3
2	Baylis & Stoke SL	-82	1 (-55)	3	988.5
3	Aldershot Park NEHF	-86	-	5	969.3
4	Wexham Lea SL	-89	3 (-65)	7	911.0
5	Elliman SL	-110	4 (-72)	4	980.2
6	Cherrywood NEHF	-114	-	9	900.0
7	Langley Kederminster SL	-135	5= (-98)	11	857.3
8	Farnham SL	-143	5= (-98)	8	909.3
9	Rowhill NEHF	-152	-	15	795.6
10	Colnbrook with Poyle SL	-154	7 (-103)	6	942.7
11	Haymill & Lynch Hill SL	-171	9 (-115)	13	828.0
12	Chalvey SL	-175	8 (-105)	2	994.8
13	Foxborough SL	-185	10 (-131)	14	821.7
14	North Town NEHF	-190	-	12	834.4
15	Central SL	-209	11= (-137)	10	891.5
16=	Hanworth BF	-232	14= (-150)	-	n/a
16=	Wellington NEHF	-232	-	-	n/a
18	Clewer East RBWM	-234	11= (-137)	18	743.3
19	Ash Wharf NEHF	-236	-	-	n/a
20=	Priestwood & Garth BF	-237	14= (-150)	17	764.1
20=	Clewer North RBWM	-237	13 (-141)	19	731.7

**Thank you so much for listening**

**Any Questions?**