NHS

South East

The Folkestone, Hythe and Rural PCN Hub Pilot Project
A practical guide to modern general practice access

Harnessing your hub's data and intelligence

Developed in partnership with the NHS England South East Primary Care Transformation programme

Introduction

Background

Folkestone Hythe and Rural PCN viewed the redevelopment of its hub operating model as an opportunity to improve the consistency and depth of data reporting across its network. This has resulted in a more intelligent picture of how services are being used and a reduction in bureaucracy and resource devoted to compiling data returns.

Before the project began, the PCN lacked a coherent overview of how ARRS-delivered services were working, including whether they were being fully utilised. Methods of capturing data varied widely across its seven practices, with no common protocols for collecting information about the utilisation rates and no way of understanding the impact that PCN services were making.

As well as impairing the PCN's own ability to plan and prioritise its resources, this created considerable problems when gathering mandatory information such as the PCN-level input into the national General Practice Appointment Dashboard (GPAD), or in collating Quality Outcome Framework (QOF) or Impact and Investment Fund (IIF) returns.

As part of its technical solution for the hub, the PCN therefore worked with suppliers to implement and refine a suite of analytics tools and dashboard using EMIS Enterprise Searches and Reports, Ardens and Edenbridge Apex.

The tools now available help the PCN and its practices in a variety of ways:

- supporting better population health management
- informing demand/capacity modelling
- reducing the administrative burden of QOF/ Impact and Investment Fund reporting
- showing how PCN-delivered services are being utilised and helping to manage them in a more proactive way.

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About this guide

In this guide, we look at how the Folkestone, Hythe and Rural Primary Care Network (PCN) developed a more intelligent and consistent approach to data reporting and business intelligence through its hub project.

These resources will explore:

- How it **shaped its data model** for the hub to meet the PCN and practices' needs
- How it ensured **the quality and consistency of data** captured across its network
- How it is **maximising the value of its data** for the future

About the series

The Perspectives series is a collection of practical guides and resources developed by the Folkestone, Hythe and Rural PCN project team. It captures their collective experience of developing the new hub operating model and aims to provide other PCNs with practical advice and first-person perspectives on how to manage similar projects.

These guides should be read in conjunction with the PCN's **full hub blueprint document,** which provides a detailed description of the hub operating model and accompanying technical solution. The team have also produced **a short promotional video** explaining how the hub works and have published a range of practical support tools. All of these resources can be found in the **Primary Care Transformation section of the NHS England South East website.**

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PCNs and wider neighbourhood teams ... need to be able to access real-time data on demand, activity and capacity so that they are able to improve services, identify gaps and take action to redistribute resources and plan workforce accordingly.

Next Steps for Integrating Primary Care: The Fuller Stocktake Report

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Section 1: Getting started

Shaping the new data model

In this section, we look at some of the critical steps taken by the Folkestone, Hythe and Rural PCN team when planning and developing the new data reporting structures for its hub.

1. Analysing existing data tools and processes

The project team recognised from the outset that the redevelopment of the PCN's digital infrastructure presented an opportunity to build the right structure and processes to capture intelligent data on PCN-level service activity and utilisation. Working across the seven practices, they began by auditing the capabilities of the main reporting tools used across the network (that is, the EMIS Population Reporting module within each constituent practice clinical system, Edenbridge Apex and Ardens), and then mapped out what could be configured and pulled through into a PCN-level reporting feed. Understanding these basic parameters was an essential first step for shaping the new reporting arrangements for the hub.

2. Defining the challenges

Next, the project team spent time interrogating the issues and distilling them into a set of problem statements. Although all practices recognised the power of these tools, there was considerable variability in how they were used in practice. For example, there was inconsistency in the way data was being recorded, both in terms of how consultations carried out by PCN staff were being logged in practice systems and how these PCN services were captured in each practice's appointment book data. There was also variability in how far these tools were embedded and deployed in each practice's model – some had been able to devote enough resource to get to grips with

the different functionalities available, others less so. Finally, the absence of any standard way of setting up PCN staff system accounts and appointment books meant that a PCN staff member's ability to access specific system functionality varied across different practices, which in turn made pulling together activity reports from practice systems problematic: these had to be authored and then uploaded and run within each practice system and then manually consolidated into one single PCN-level report.

3. Configuring the system

The project team worked systematically through each of the hub's services to anticipate the types of data breakdowns likely to be needed once the new model was established. This included ensuring that appointment data was configured appropriately with detailed naming conventions and categories tagged within the system: for example, the system needed to be able to classify activity by location, track volumes of Did Not Attends, define the type of patients booked into the services, and capture the spread of activity across individual clinicians working in the team. All these factors had to be reflected in the configurations to ensure that it could deliver meaningful insights.

In addition, the Ardens set of clinical input templates were hosted in the PCN hub, to make sure that the most appropriate clinical codes were being used to improve data quality for PCN-delivered services. The PCN also configured and implemented an instance of EMIS Enterprise, Search and Reports. This provided centralised reporting capabilities and the ability to run a consolidated search across the entire PCN population, rather than having to complete this task in each of the seven practice clinical systems. Search results can also be shared directly with constituent practices into their EMIS Web clinical system through enterprise-level technical sharing agreements.

3. Aligning with national reporting requirements

Ensuring the data captured within the hub aligned with the nationally directed, contractual requirements was another important challenge. As part of the PCN hub planning process, each PCN service was analysed in terms of the activity it was expected to deliver and any clinical codes or appointment reporting required to bring its data in line with contractual requirements. Standard clinical input templates made available through the Ardens suite then helped to support data standardisation while PCN appointment books were mapped in-line with the national categories. This process of standardising data input allowed the PCN to proactively monitor and manage progress against key indicators such as IIF through dashboards available within both the Edenbridge Apex and Ardens Manager systems.

The PCN project team also worked closely with the national General Practice Activity Dashboard (GPAD) programme team within NHS England to ensure the data outputs from the hub's reporting systems could be easily reconciled and fed into the national dashboards. The risk during this pilot was that although a substantial amount of additional appointment capacity was being created through the new operating model, it would not register in national dashboards. However, by working with both NHS England and the EMIS Product Team, Folkestone, Hythe and Rural PCN became the first in the country to feed PCN hub-based activity into the national dashboards, helping to establish this process for all other EMIS hub-based PCNs.

> **You need to be clear about what your tools can do and then how you can best meet your contractual obligations and capture the right data to support PCN-level planning. Working all of this through systematically makes all the difference – it's helped take a lot of the pain out of mandatory reporting and given us robust intelligence about how our services are actually working.**

Aravinth Balachandran, Clinical Director, Folkestone, Hythe and Rural PCN

Section 2: Making it happen

Ensuring quality and consistency

Once the basic reporting model is established, what else do PCNs need to consider when putting the new reporting system in place? In this section, the PCN team describe four important elements to focus on.

1. Embedding good data management practices

Getting staff to input information into the clinical systems accurately and consistently is crucial for ensuring high-quality data. The PCN provided training to its practices and hub-based teams to ensure they understood how to categorise entries in the right way. To encourage this, it also showed local practices the value of the resulting data in terms of delivering efficiencies and generating meaningful insights. The reporting tools were made available to the practices themselves, so that local managers can generate their own dashboards as needed. The PCN also used capacity and utilisation data routinely to frame senior-level discussions about the performance and delivery of PCN services (see Building for the future section below).

2. Harnessing accurate demand and capacity data

Ensuring the accuracy of the demand and capacity data generated by the new operating model was a particular priority. At practice level, support was provided to revisit appointment book and slot type configuration to remove any unused templates and align all active slot types to national categories. Similar work was undertaken in the EMIS Clinical Service appointment book at PCN-level and involved building appointment book templates from the ground up – and with the reporting requirements in mind – rather than having to amend historical configurations, as was the case in the practice systems. This process, although time-intensive, has been important for ensuring capacity data mapped consistently into the dashboards, and the work continues to be audited periodically to pick up on any changes that may be necessary.

3. Meeting information governance requirements

Data reporting within a federated model presents a particular challenge in ensuring the solution is fully compliant with data protection laws. To address this, the Folkestone, Hythe and Rural PCN team worked with an independent data protection officer. Having followed a defined assurance process, it developed a joint controllers' agreement which shared the responsibility for data across all seven practices. While this model is not the only possible solution in these circumstances, the PCN has published information governance and clinical safety resources for others to use if they want to adopt a similar approach.

4. Working in partnership

Finally, having a positive relationship with suppliers has been crucial for developing new use cases and adapting tools to support data requirements. The PCN found that maintaining a flexible approach and being willing to act as a pilot for new approaches was essential. The best example of this in action was the aforementioned collaboration with Edenbridge Apex to configure their tool to allow GPAD reporting, thereby allowing appointments data to be fed directly into the GPAD dashboard.

This was supported by the NHS England South East Primary Care Transformation team, who helped the PCN build the necessary connections with the national team and Edenbridge Apex.

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Our suppliers came to see us as digital champions because of the way we were using their products. This obviously presented them with a commercial opportunity and a 'shop window' for these new capabilities, but it also gave us the latitude to do some genuinely innovative things through their tools.

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Andy Gove, Digital Transformation Manager, Folkestone, Hythe and Rural PCN

SECTION 3: Building for the future

Maximising the benefits of change

The PCN project team are still in the process of discovering the full benefits of the enriched data and intelligence they can now draw upon, but the section below describes a few of the early ways in which this is already supporting their planning and decision-making.

Monitoring demand and capacity

The most immediate benefit of the new reporting model has been the ability to quantify and validate the way hub services are delivering for the network. All practices now have direct access to PCN capacity data, which is used to inform their practice-level capacity planning. As well as helping to ensure "fair share" principles are upheld, demand data helps to respond to changing needs across the network. For example, if demand peaks due to seasonal pressures, or if an individual practice is experiencing reduced capacity due to workforce sickness or other reasons, it is now possible to re-route available capacity more intelligently to help.

Furthermore, as all local practices have now migrated to cloud telephony systems, the project team is in the process of creating a consolidated demand dashboard that can be used to monitor and manage inbound patient demand via telephone. The telephony data will be mapped onto the online consultation utilisation data feed to provide an overarching view of inbound demand and associated capacity across the whole PCN.

Understanding service utilisation

The reporting tools also help the senior team to proactively manage hub services. As PCN healthcare services are delivered through a single clinical system, all activity can be fed through to a single dashboard that can be viewed per service, or for the PCN in its entirety. This has been useful in several areas. When a new service goes live, the PCN can actively track key metrics such as appointment utilisation and referral to treatment time. It can also assess how much local practices are using the service, which can help to identify where referral pathways may need to be refined or if additional training and support may be required at practice level. And, where PCN service clinics are delivered across practice estate, the data also helps to assess the suitability of the locations that have been selected for their intended patient population. Together, this all informs a continuous quality improvement cycle for the services available, ensuring the PCN make the very best use of the capacity at its disposal.

Supporting population health management

As more data becomes available, the new reporting system is helping the PCN to identify cohorts of patients that may need additional support or interventions. The EMIS Enterprise search and reports, which is built into the PCN clinical system, enables clinicians and managers to run reports on patients across the whole PCN. For example, a clinical pharmacist can quickly draw down a cohort of patients on a particular drug to see if they might benefit from additional treatment. This is key to enabling better population health management strategies at PCN level – and also supports the delivery of targets set within the Investment and Impact Fund scheme.

Influencing the wider system

Looking ahead, the PCN is now beginning to look at how its data may help the wider system make more informed decisions too. The PCN is particularly keen to explore whether hub services have a material impact on local demand for emergency care. Preliminary work suggests there was a decline in these A&E attendances coinciding with the hub going live. It is also looking at whether it may be possible to use data modelling from its hub to predict possible spikes in A&E attendance – and conversely, whether it can rapidly adapt the services provided within the hub to respond to changes in local A&E Opel status (for example, by standing up additional respiratory clinics during peaks in winter pressures). As a result, it is hoped that this data will help to stimulate broader conversations about how primary care services can contribute to the effective management of patient demand and capacity at both place and system level.

> **Before the project, we had no oversight of what the PCN staff in our practices were delivering, how well they were being utilised or how fairly this resource was divided across the network. Improving our ability to measure and track activity – and to show the impact this is having on capacity across our network – has made a massive difference to our ability to plan and manage our services more intelligently.**

Aravinth Balachandran, Clinical Director, Folkestone, Hythe and Rural PCN

In summary

A checklist for enhancing the way you gather data and intelligence

Based on their experiences, the PCN project team recommend the following essential actions for improving your approach to data management and reporting.

✓ **Understand your capabilities.** Make sure you identify the tools and the capabilities available but also the bigger picture of what data is required to be able to monitor the services and have all practices on board with PDSA cycles.

✓ **Make sure you know what you want from the data.** The right data should help you understand whether you are delivering the right services, to the right patients at the right time: give careful thought as to what layers of detail you need to capture in order to harness these insights.

✓ **Align your data capture with contractual requirements.** As well as considering your own needs, remember to align your data reporting systems, processes, and outputs to the various contractual reporting requirements you will need to satisfy. Make sure you create a system that will improve how efficiently data can be collected and used.

✓ **Build your data platforms early on.** It is important to be able to show outcomes from very early on, not least as a way of demonstrating to your stakeholders that the project is contributing value.

✓ **Be transparent with your data.** Establish a consistent rhythm to data reporting and share the intelligence openly – for this model it was important to demonstrate that access to appointment were being shared fairly across constituent practices, which the transparent use of data helped to prove.

✓ **Map your data against sources to offer the bigger picture.** Look at data outside of your PCN to understand how your services may influence the wider system. This is crucial to see whether your model is making a meaningful difference, or simply picking up unmet demand.

✓ **Ensure you meet data governance requirements:** Speak with local data protection officers (normally within your ICB) and look at the resources created by Folkestone, Hythe and Rural PCN, which may be a helpful starting point.

✓ **Ensure consistency and quality of data.** Make sure you invest the time and effort across your network to ensure practices understand the importance of data quality and know how to capture the right information through their systems. This includes investing time in training clinical and administrative staff so that they are comfortable with the process.

✓ **Maintain data integrity.** The PCN team recognised that practices may find it difficult to understand their data, so they worked closely with the practice teams to populate centralised developed templates to ensure there was consistent coding and reporting throughout.

For more information about the Folkestone, Hythe and Rural PCN hub, please contact:

The Folkestone, Hythe and Rural PCN leadership team is happy to field enquiries from other PCNs embarking on similar projects. If you would like to get in touch, please e-mail **kmicb.fhrpcn.administration@nhs.net**

For more information about how NHS England South East regional office supported this project, please e-mail Adriana Jimenez, Senior Primary Care Network Transformation and Access Innovation Lead: **adriana.jimenez@nhs.net.**