Welcome to the February Public Health Information Briefing.

The purpose of our monthly Briefings is to provide healthcare commissioners and planners with intelligence about population health in the City.

NHS Atlas of Variation

The NHS Right Care Programme has recently published its second ‘Atlas of Variation’. The purpose of the Atlases is to highlight variation, defined as ‘Variation in the utilization of health care services that cannot be explained by variation in patient illness or patient preferences’. It is presented by Right Care as a challenge to commissioners to consider the opportunities to maximise health outcome and minimise inequalities by addressing unwarranted variation.

To view the complete Atlases visit http://www.rightcare.nhs.uk/index.php/nhs-atlas/
There are 71 indicators included in the latest (2011) Atlas – these are available to view via interactive maps or PDF files. The PDFs include a section setting the context of the indicator, details of the variation plus some possible reasons for it, options for local action and links to further resources. Inevitably some of the data in the Atlas is from a few years ago so it should be remembered that there may have been service changes since then.

Please note that in some indicators a high value indicates good performance and in some it indicates poor performance, however, for others the relationship is not straightforward – high could be considered both good and bad. Consequently care must be taken in the interpretation of the Atlas and of the summary diagrams presented below.

The Southampton Public Health team has done some work to consider how Southampton performs in these Atlases. Out of the 71 indicators Southampton is an outlier (i.e. in the first or fifth quintile) in one third. In this report we focus on just the sixth of indicators which are of public health significance and where Southampton performs in the worst quintile nationally; these are grouped under three heading – respiratory, diabetes and children. These are the areas where evidence-based opportunities can be identified to help healthcare commissioners improve health and wellbeing in our City. The relative position of our neighbouring PCTs are also presented to help identify opportunities for partnership working. Comparisons with Portsmouth are of particular relevance because this city is classified as one that is ‘most similar’ to Southampton in terms of its socio-economic and demographic make-up.

The first group of indicators where Southampton’s performance is of concern is respiratory, the following diagram summarises the indicators and the position of the SHIP (Southampton, Hampshire, Isle of Wight and Portsmouth) PCTs across the national range of values. The coloured bandings on the diagram represent the national quintiles (from the highest on the left to the lowest on the right) and the symbols show the relative position of the SHIP PCTs. Once again, please remember that the highest quintile does not necessarily represent the poorest performance.

RESPIRATORY

For full details of indicator and results please see www.rightcare.nhs.uk

Southampton is in the worst quintile in three of the five indicators measured. COPD and Asthma are both costly and preventable causes of death and disability. Our City appears to be the worst performing PCT nationally in terms of COPD admissions. An urgent review is needed to consider measures such as proactive management in primary care, including support, training and specialist teams in the community. The NHS Health Checks may present an opportunity for early identification of COPD.

For a more comprehensive picture of respiratory health visit the Atlas for Lung Conditions available at www.inhale.nhs.uk

1 Office for National Statistics 2001 Classification of Areas see www.nchod.nhs.uk for further details
The second area where Southampton performs poorly is diabetes as the diagram below shows:-

Please note that some of the data in this set of indicators has come from the National Diabetes Audit (NDA); in 2009/10 89.2% of Southampton GP practices submitted data to the NDA.

Overall out of the nine diabetes indicators, Southampton is in the worst quintile in five. For instance, length of stay (LOS) in hospital among people in Southampton with diabetes was 40% higher compared with people without diabetes (based on 2009/10 data), this is twice the national average of 19.4%. In Plymouth (one of Southampton’s comparator PCTs) the use of diabetes specialist nurses has significantly reduced length of stay for diabetic patients.

People with diabetes are 25 times more likely to become blind than the general population. In Southampton screening rates for diabetic retinopathy did not meet the national standard of 70% but it should be noted that this measure is a quarterly ‘snap shot’ and more recent figures show a significant improvement. In 2010 an equity audit around diabetic retinopathy screening was conducted across SHIP which made various recommendations including addressing practical issues such as timing and location of appointments.

Overall, tackling these diabetes issues requires a systems approach and this may present an opportunity for a joint commissioning approach across SHIP, particularly considering excess length of stay where all four SHIP PCTs are in the worst quintile.

The Public Health Information team is currently developing a GP practice level dashboard on diabetes based on z-scores. This is a way of demonstrating how each practice is doing compared to the average for the City, enabling potential anomalies to be highlighted and comparison of the equity between need and service access. The dashboard will be presented in a future edition of this newsletter.
The third group of indicators that present some cause for concern are infant and child based – as summarised below:

**CHILDREN**

**Admissions for child mental health disorders**

**Babies admitted to specialist neonatal care that are full-term**

**Mean no. of decayed, missing and filled teeth in 12-year olds**

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The variation in admissions for child mental health disorders was very large across the country with Southampton, IOW and Hampshire all in the highest quintile nationally. However, local analysis of the data, using the definitions in the Atlas, has raised questions about its validity and what it is measuring; the definition appears to include a number of admissions that we would not necessarily deem to be mental health disorders. We are also investigating whether this data relates to young people aged 14+ who are under the care of the ‘Early Intervention In Psychosis’ team; this adult commissioned service recommends short term admission in adolescents for psychosis. Consequently we are seeking clarification with the Atlas compilers over what this indicator is really attempting to measure.

Of all newborns (of Southampton residents) admitted to specialist neonatal care over 60% were full-term putting us in the highest quintile nationally; where a high value may indicate inappropriate use of resources. Local data from the midwifery service suggests that this proportion fell to 41.8% in 2011.

Neonatal admissions are monitored and commissioned by specialist commissioning at a regional level. Collaborative work is already in place with specialist commissioning on this issue, through the SHA Maternity Network. The specialist commissioning team may need to address the commissioning of transitional care to improve the patient pathway if further analysis of the data demonstrates a genuine issue.

This brief report has shown that a nationally-produced resource such as the Atlas of Variation is extremely useful in highlighting areas where commissioners may be able to make changes to reduce inequalities and improve outcomes for patients. However, it has also shown the importance of understanding the data that is being used and making use of local intelligence to interpret the results.

We hope you have found this resource useful and welcome your feedback and comments.

For further information visit [www.southamptonhealth.nhs.uk/aboutus/publichealth/hil](http://www.southamptonhealth.nhs.uk/aboutus/publichealth/hil) or contact the team:

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