

Using data to improve care

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❖ “Data! Data! Data!” he cried ❖
impatiently. ‘I can’t make bricks
❖ without clay.’ ❖

Outcomes
tracked to
guide care

Equitable
Access
To care

High
Quality
Care

£

Data
available @
PoC 24/7

Recognition

Research



Data-driven palliative and end of life care

LPCN Activity

Direct care

- 24/7 point of care access
- 'Timely' recognition tool

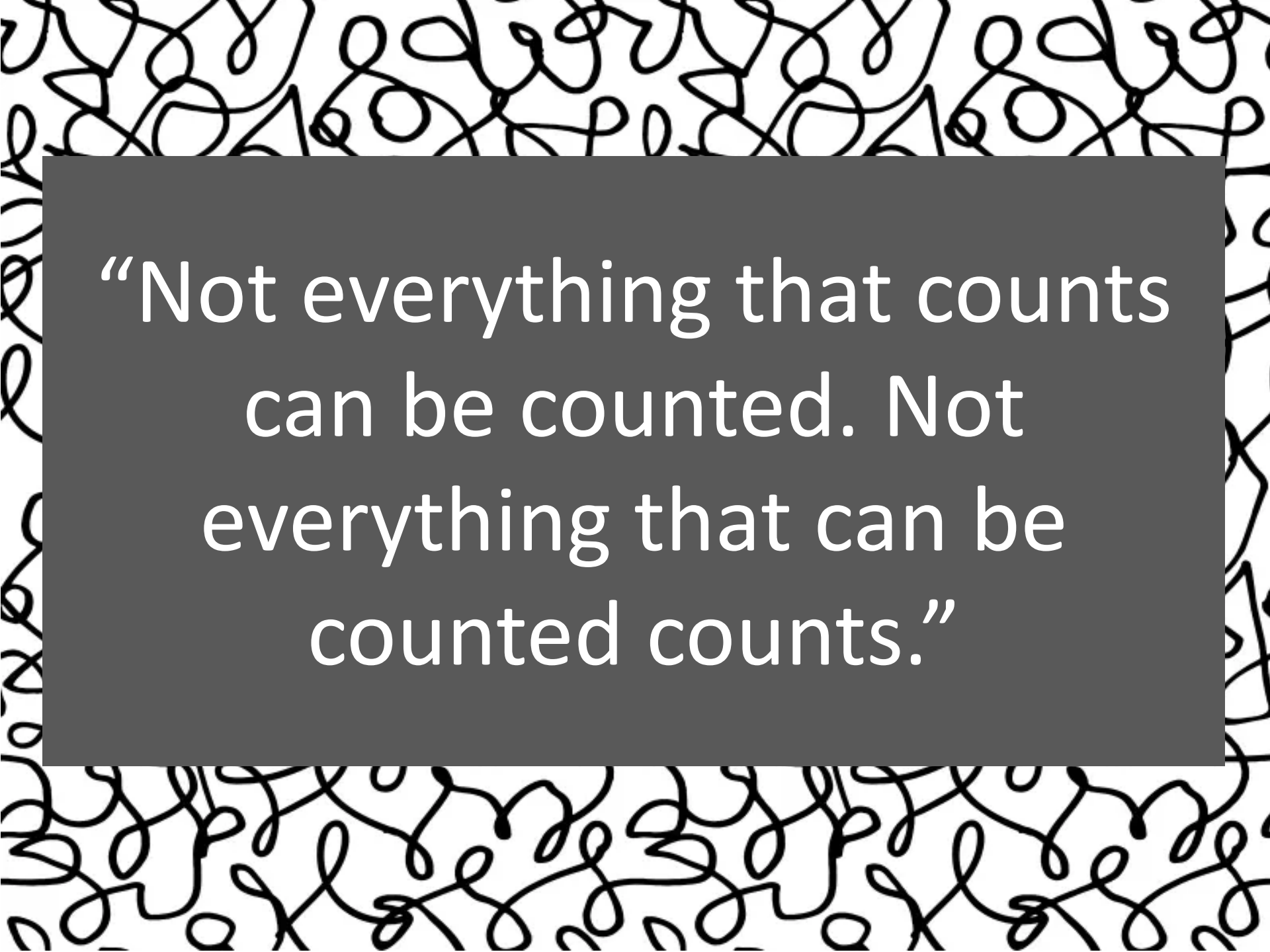


Quality Improvement

- Enhancing 'Planning Ahead' (EPaCCS) reports
- Enhancing Leeds Data Model
- Whole-city linked data
- Bereaved Carers Survey/Healthwatch

Research

- AUPC partnership
- Evidence into practice



“Not everything that counts
can be counted. Not
everything that can be
counted counts.”

Leeds Adult Palliative and End of Life Care 2021-2026

People will die well in their place of choice; carers and the bereaved will be well supported

What factors will enable us to achieve these outcomes?

Planning Ahead Dataset

% who died with digital ACP

% who achieved their preferred place of death

SUS Hospital Data

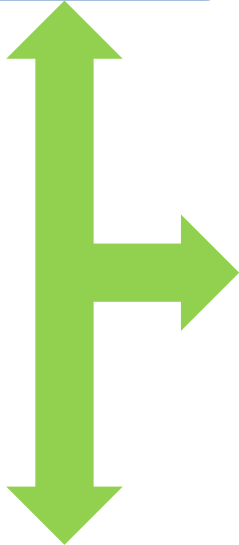
% with 3 or more unplanned hospital admissions in last 90 days of life

Bereaved Carers Survey

% satisfied/very satisfied with symptom management

Planning Ahead (nee EPaCCS) Dataset

System1



EMIS

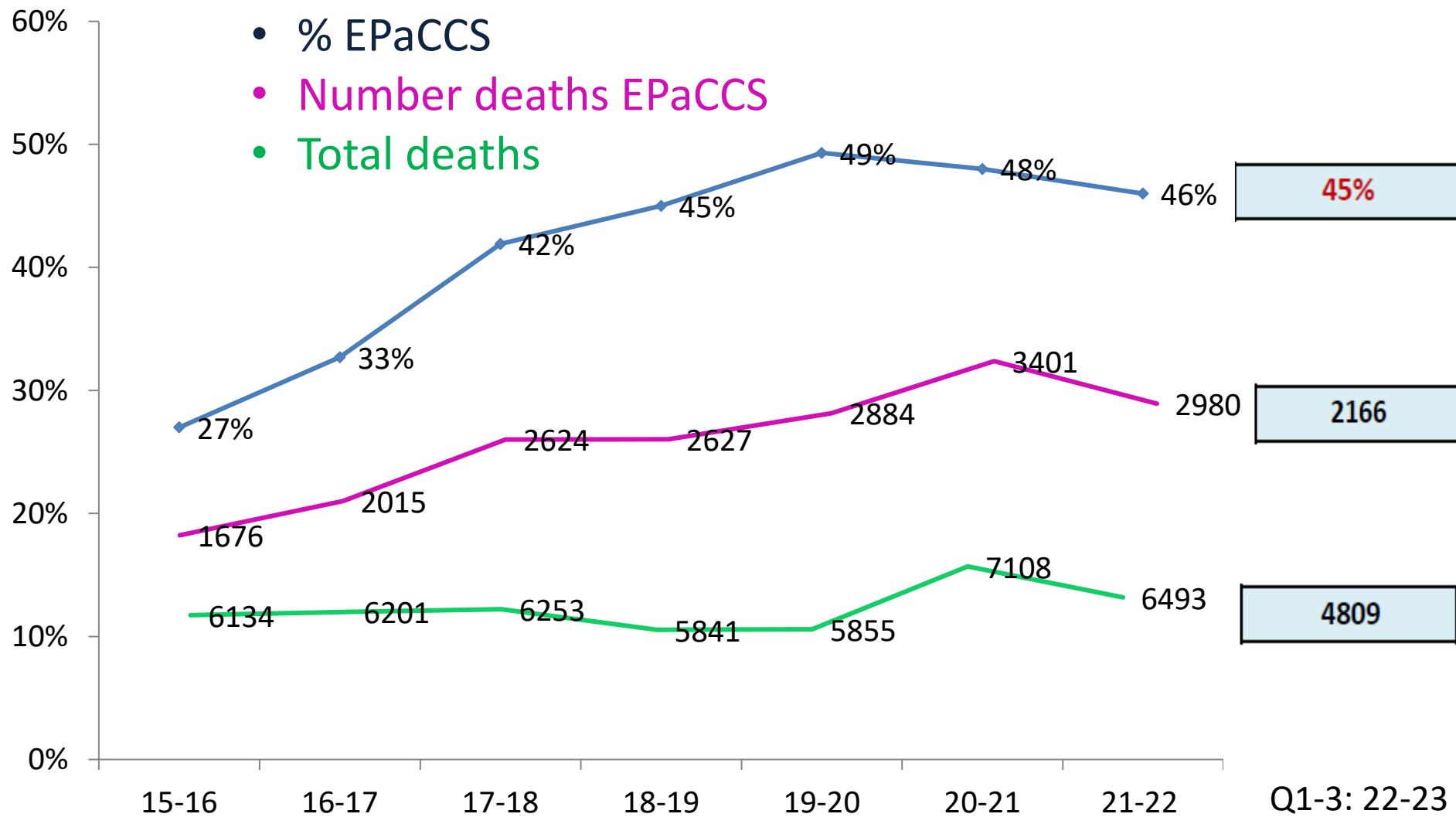
NHS number		
Age		
Sex		
Ethnicity	Code	Date
Postcode (translated to 4 digits for analysis)		
Practice population		
Palliative Care	Code	Date
EPaCCs	Code	Date
Carer assessment		
Long term conditions	Code	Date
Dementia	Code	Date
Parkinson's Disease	Code	Date
Frailty	Code	Date
Place of Care / Residential Status	Code	Date
Preferred Place of Care	Code	Date
Learning Disabilities	Code	Date
Severe Mental Illness	Code	Date
Patient involvement codes	Code	Date
What Matters to Me / Personalised Care Plan	Code	Date
Advance Care Plan	Code	Date
ReSPECT	Code	Date
DNACPR / CPR	Code	Date
Anticipatory Meds		
Preferred Place of Death	Code	Date
2 nd Preferred Place of Death	Code	Date
Date of death	Code	Date
Actual place of death	Code	Date
Cause of Death		
Time spent on Palliative Care Register	Code	Date
Gold Standards Framework	Code	Date
Cancer Diagnosis	Code	Date
Non Cancer Diagnosis	Code	Date
Referral to Specialised Palliative Care Team (SPCT)	Code	Date
IPOS (Hospice data)	Code	Date
Active population on EPaCCs register	Code	Date
Active population with ReSPECT	Code	Date

LTHT
ReSPECT

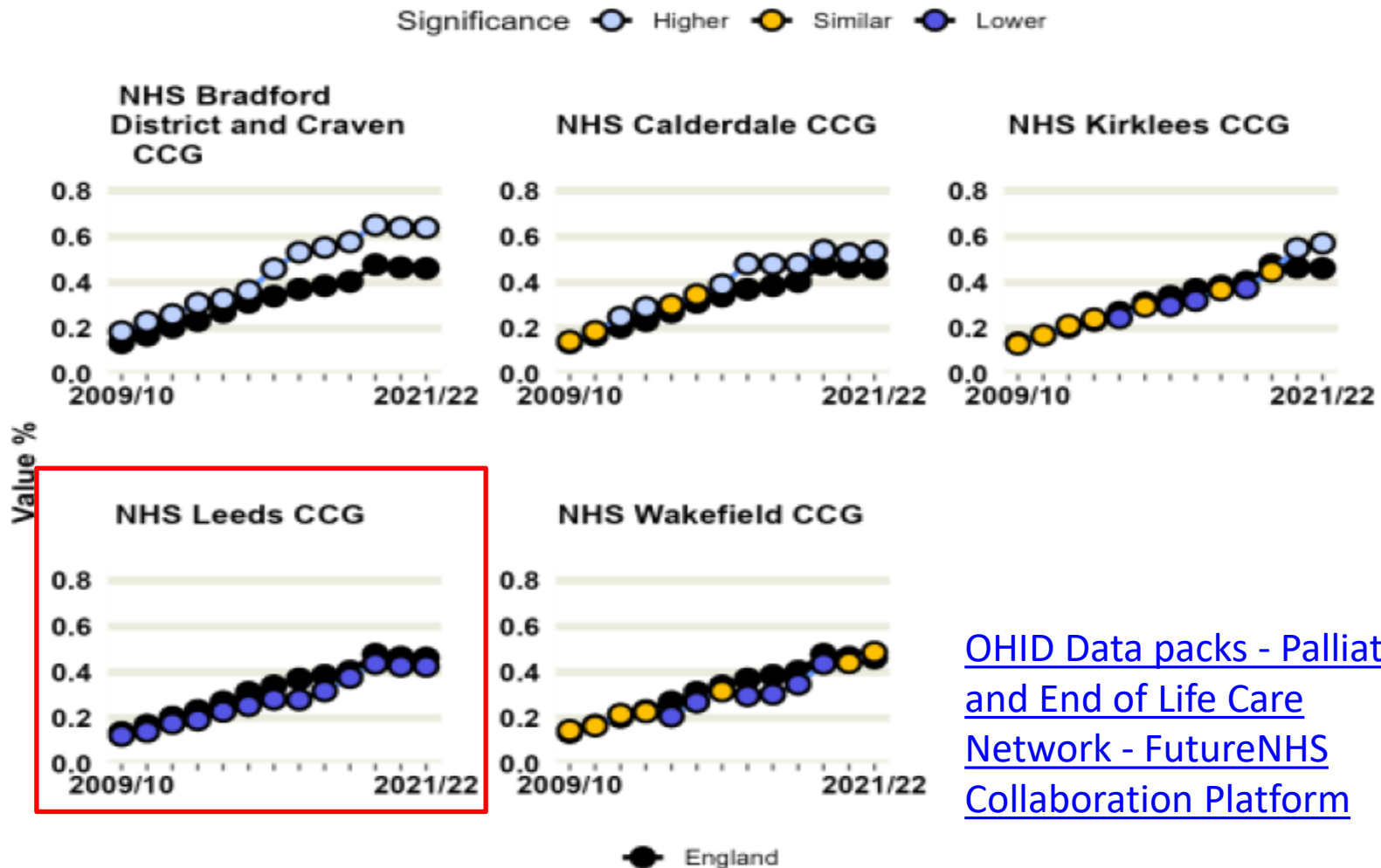


% Planning Ahead (EPaCCS) at death

% who died with digital ACP




The percentage of patients in need of palliative care / support, as recorded on PEOC Registers, irrespective of age (QOF data)



[OHID Data packs - Palliative and End of Life Care Network - FutureNHS Collaboration Platform](#)

This graph shows the trend in the indicator for the local area and England. Local values are colour coded by whether the value is worse (higher) or better (lower) than England in combination with the level of confidence that their value is statistically different from the value for England



“When a measure becomes a target, it ceases to be a good measure.”

Goodhart's Law

Analysis of all deceased patients Q1-3 22-23

Group A: Planning Ahead +/- community ReSPECT

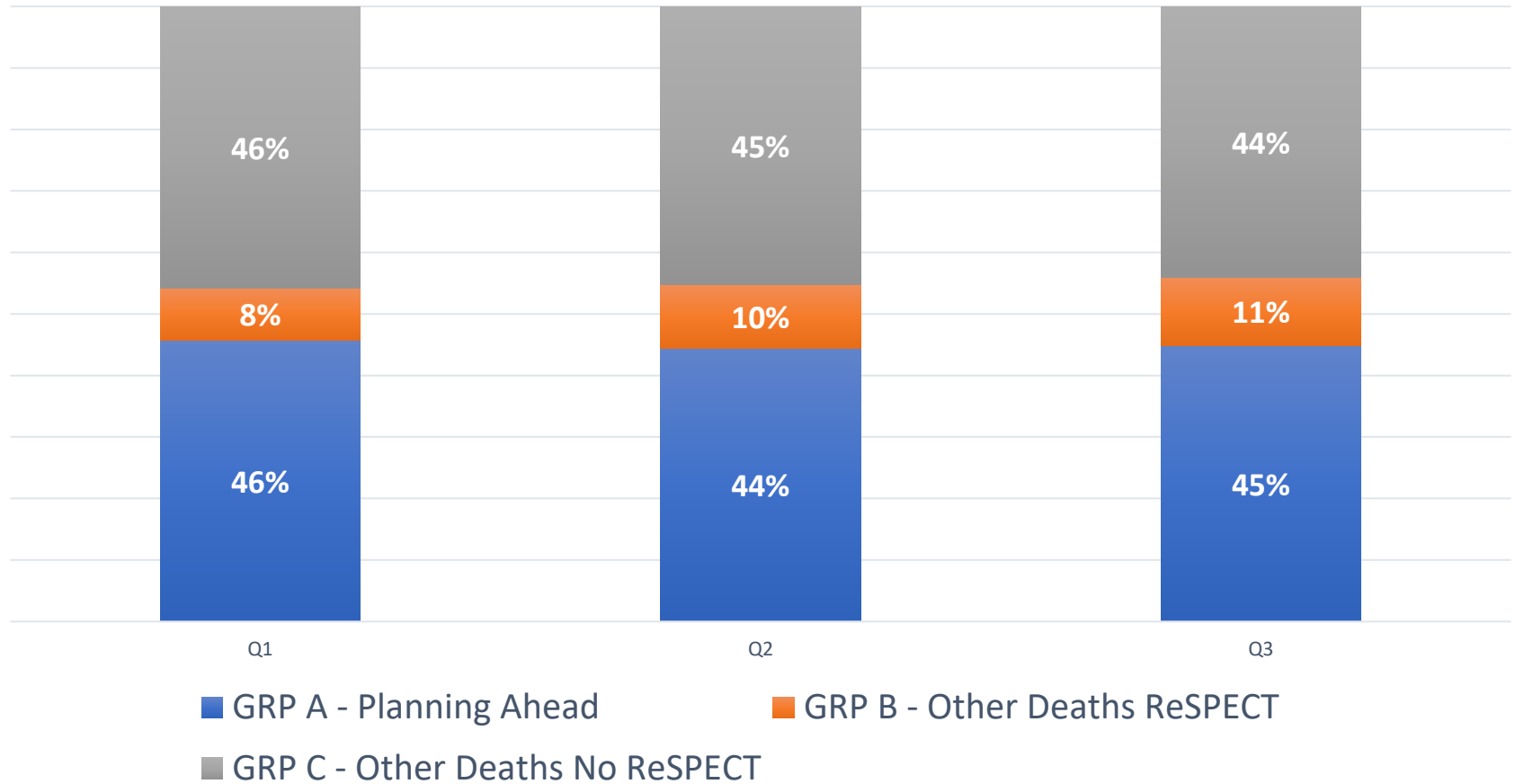
On gold standards palliative care framework
GSF supportive care stage 1 - advancing disease
GSF supportive care stage 2 - increasing decline
GSF supportv care stge 3 - last days: cat D - days prognosis
GSF supportv care stge 3 - last days: cat C - wks prognosis
GSF prognostic indicator stage D (red) - days prognosis
GSF prognostic indicator stage C (yellow) - weeks prognosis
GSF prognostic indicator stage B (green) - months prognosis
GSF prognostic indicator stage A (blue) - yr plus prognosis
GSF supportv care stge 3 - last days: cat B - mth prognosis
On end of life care register

2021-22: 73%, started in last year of life

Group B: Community ReSPECT only

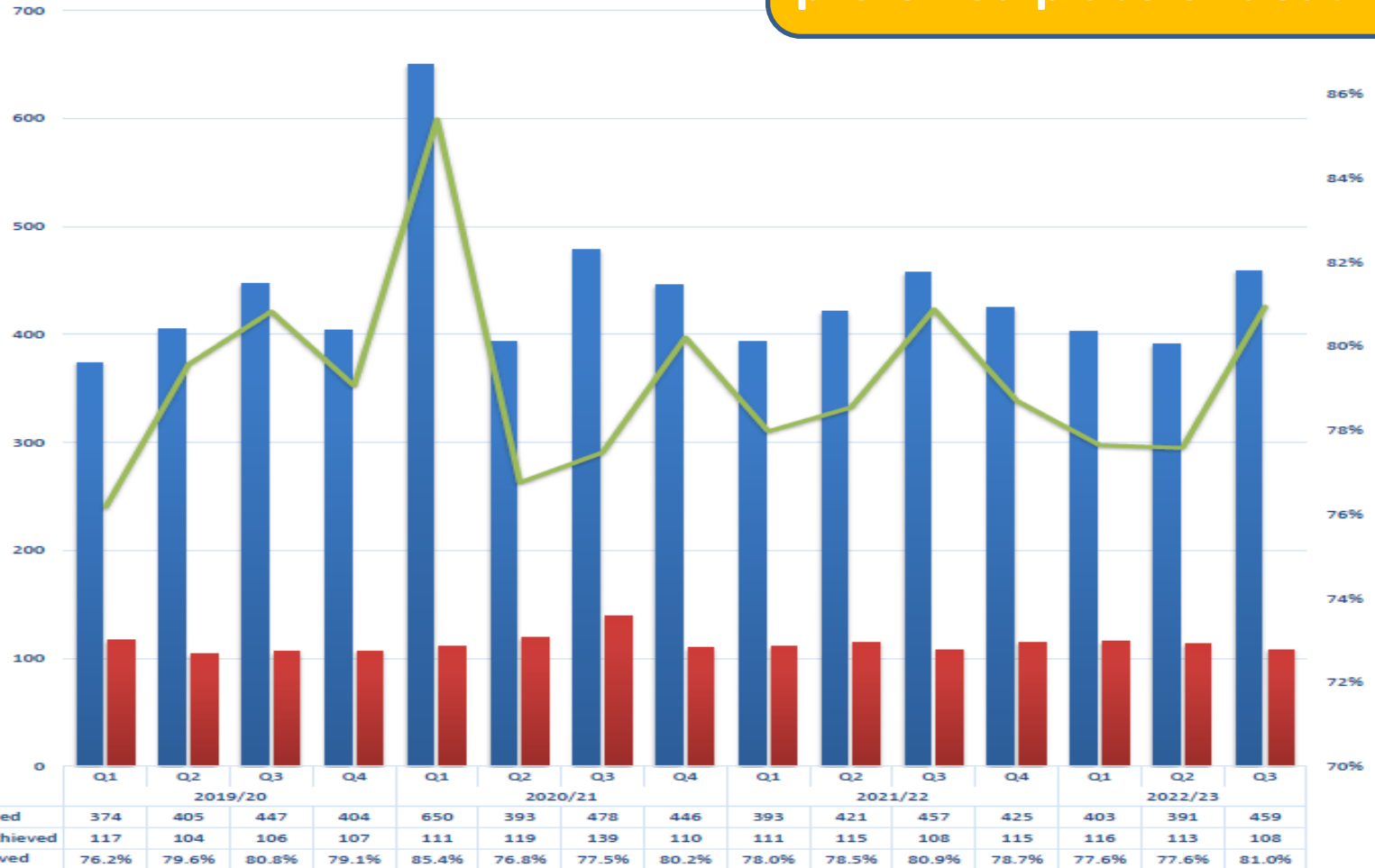
Group C: neither Planning Ahead nor community ReSPECT

Percentage of adults who died with: Planning Ahead (A), community ReSPECT (B) or Neither (C): 2022-23



% Achieved PPoD

% who achieved their preferred place of death



Based on 73% of those with Planning Ahead with APoD & PPoD (Q1-3, 22-23)

Figure 2: Monthly trend (%) in deaths (all ages) by place of death: NHS Leeds CCG (2019 to 2022)

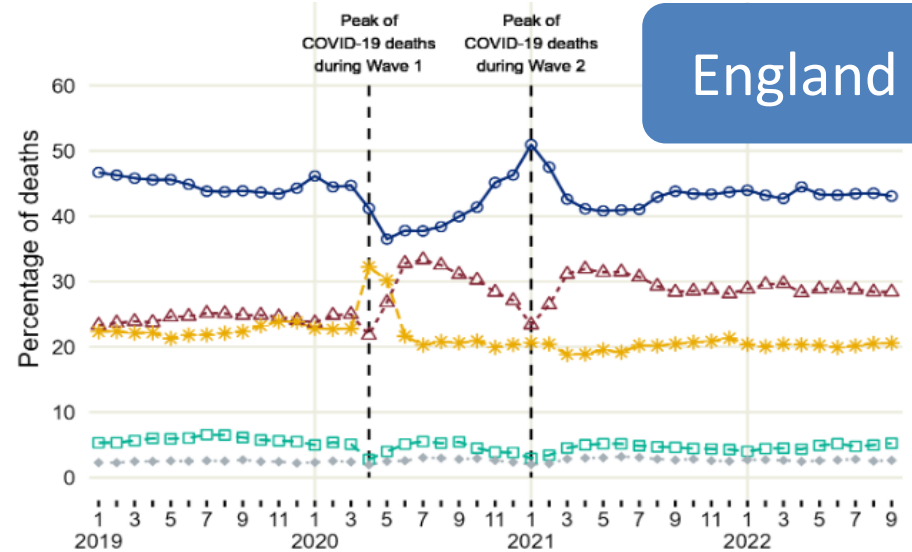
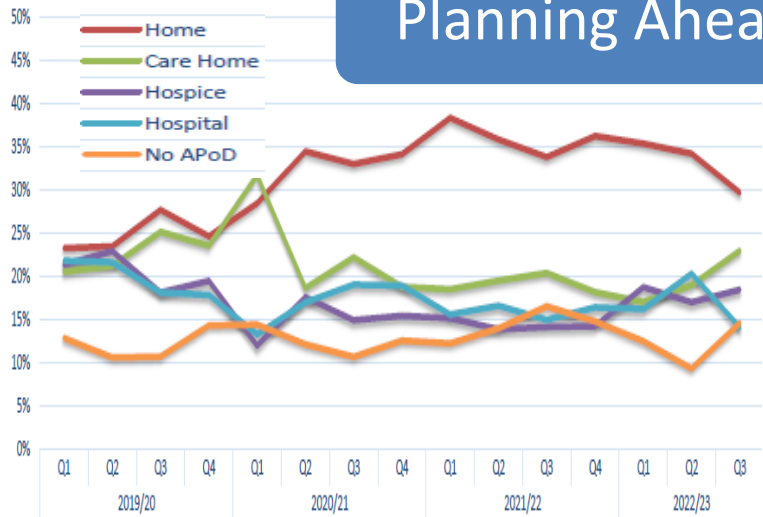
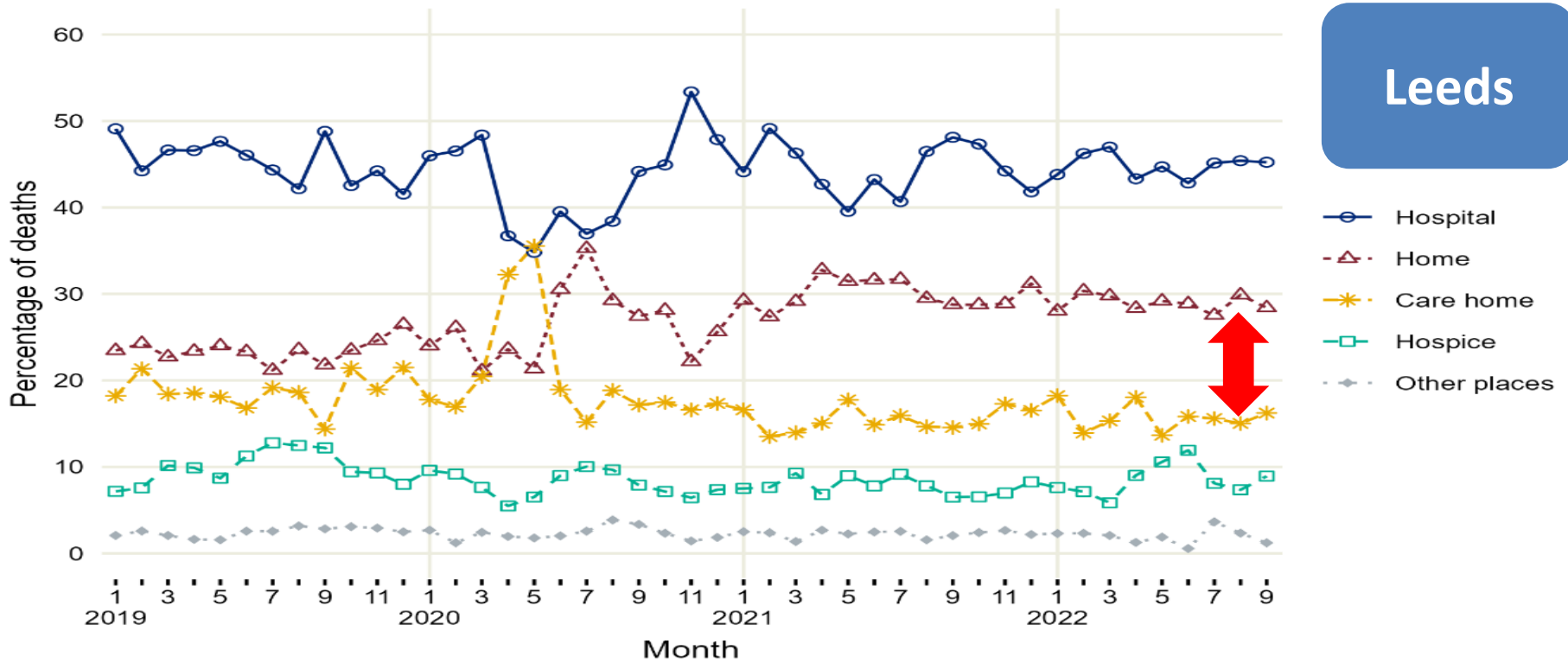
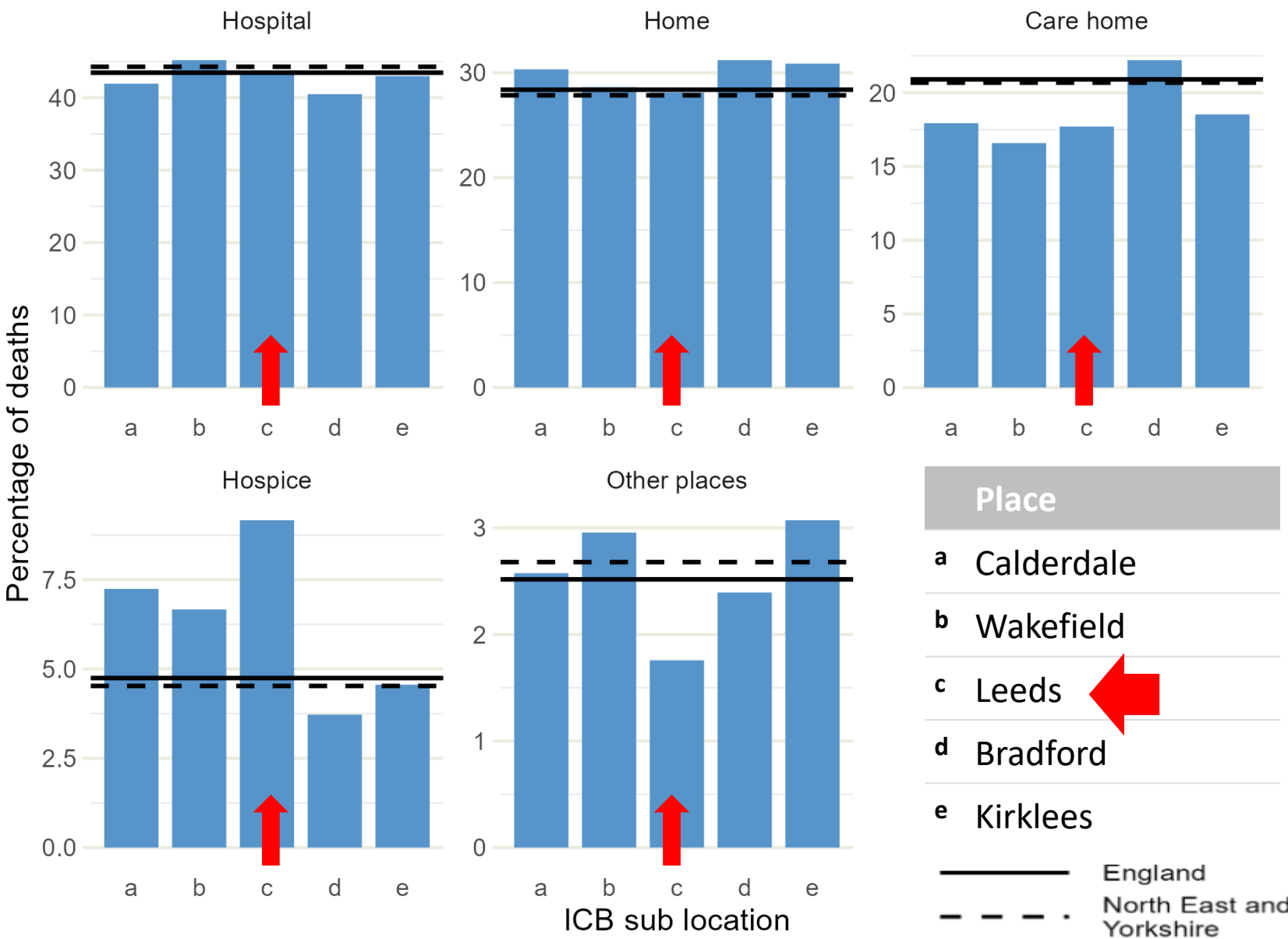
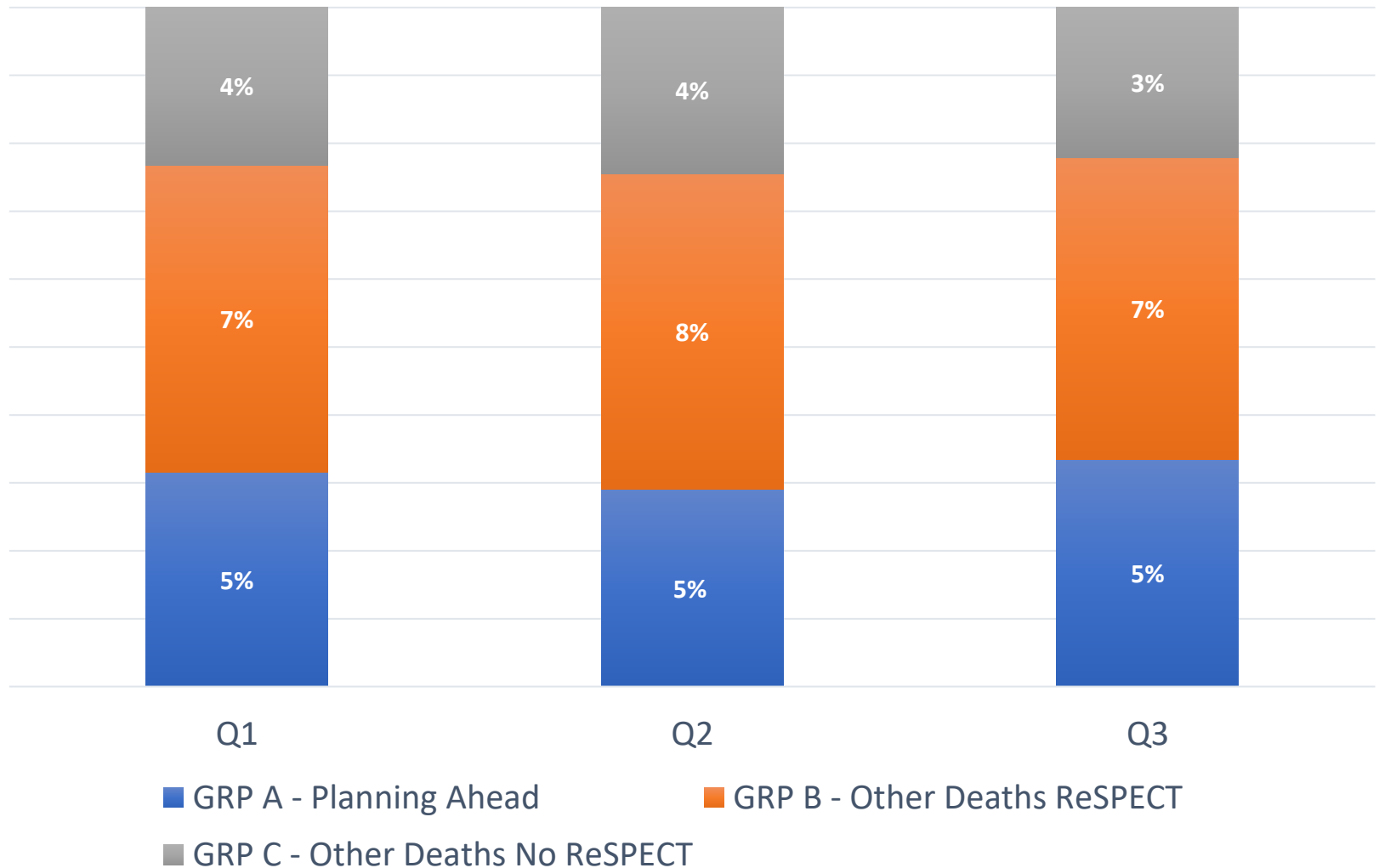
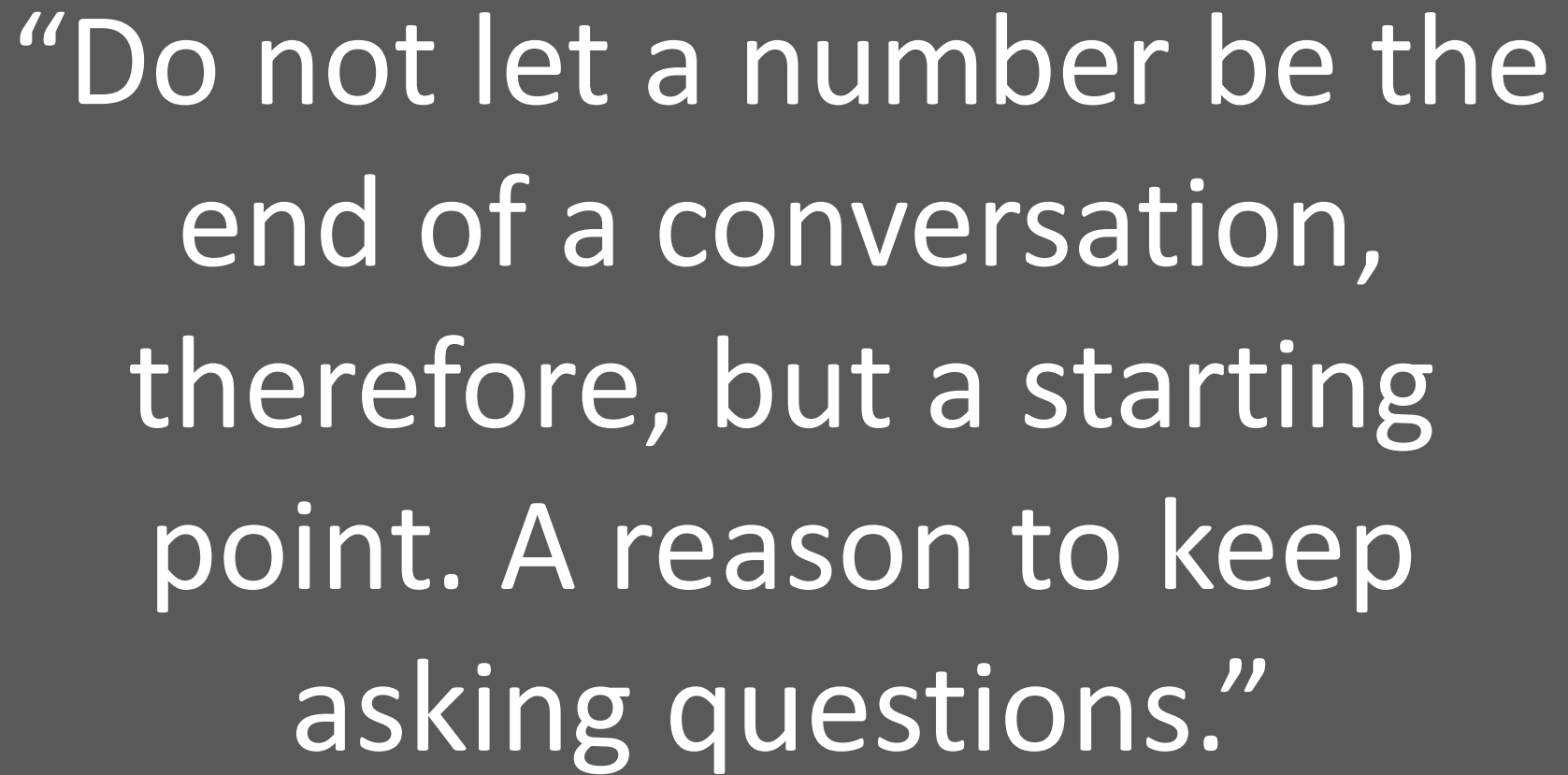


Figure 6: Distribution of deaths during most recent 12 months by place of death: (Mar 2022 to Feb 2023) NHS West Yorks. ICB



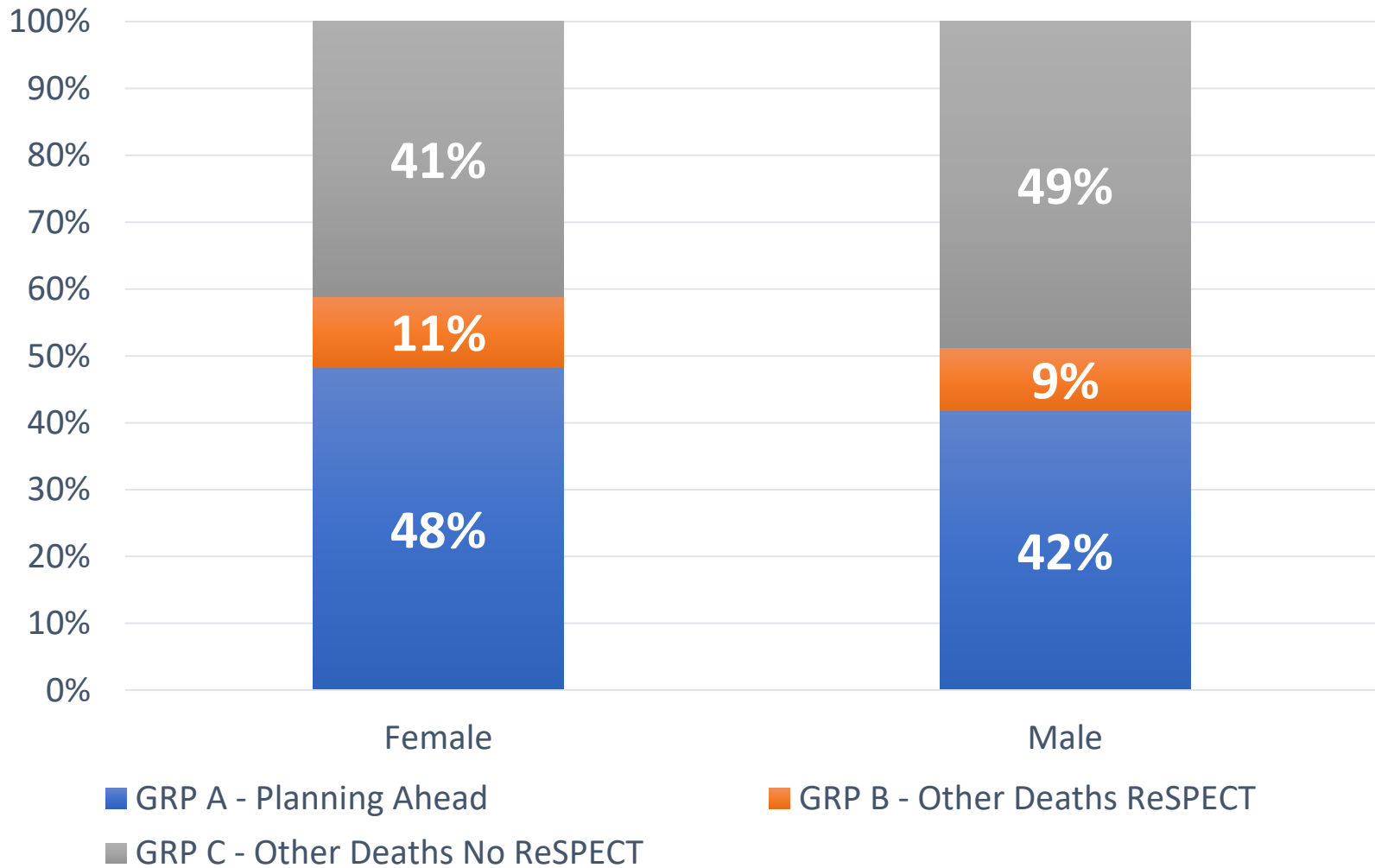
Comparison of the 3 Groups by 3+ Unplanned admissions in last 90 Days



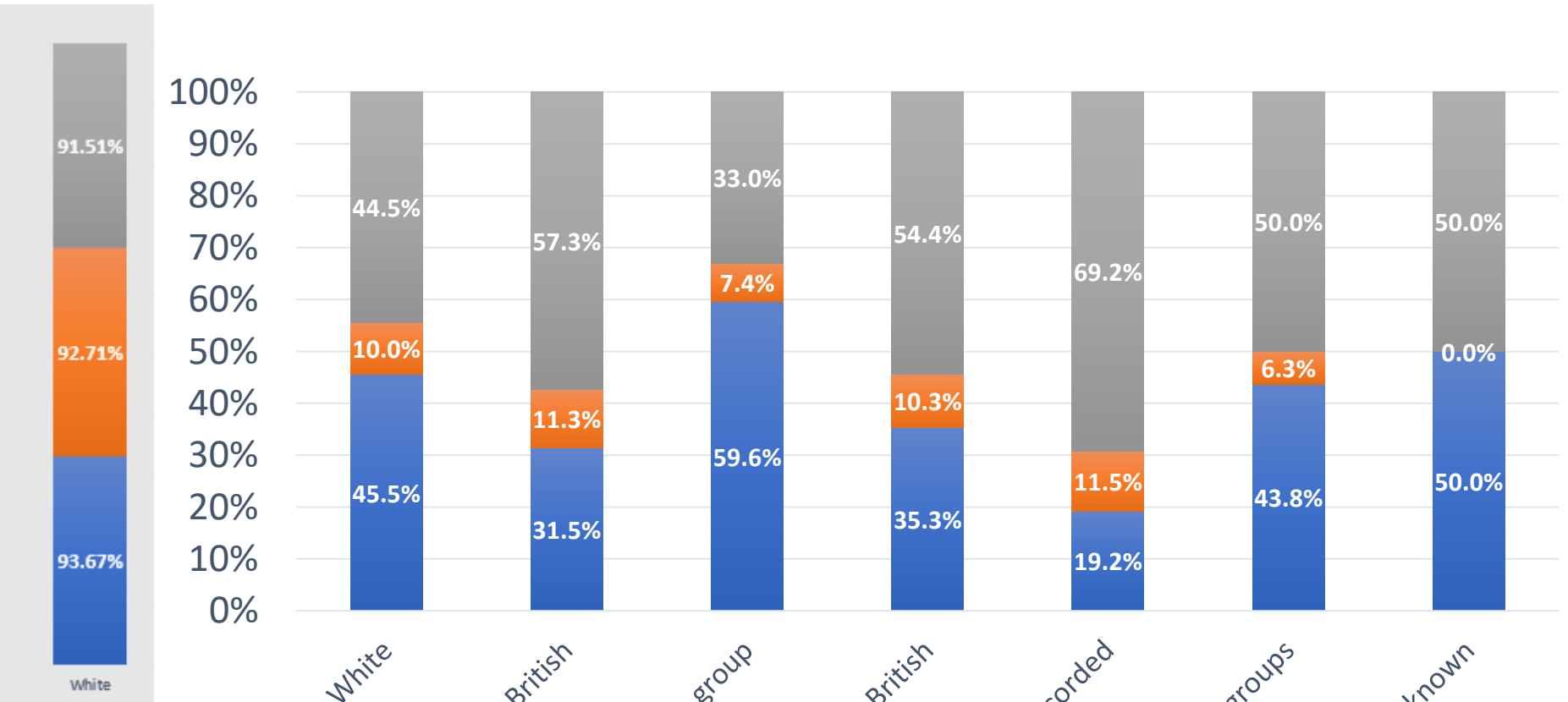


“Do not let a number be the end of a conversation, therefore, but a starting point. A reason to keep asking questions.”

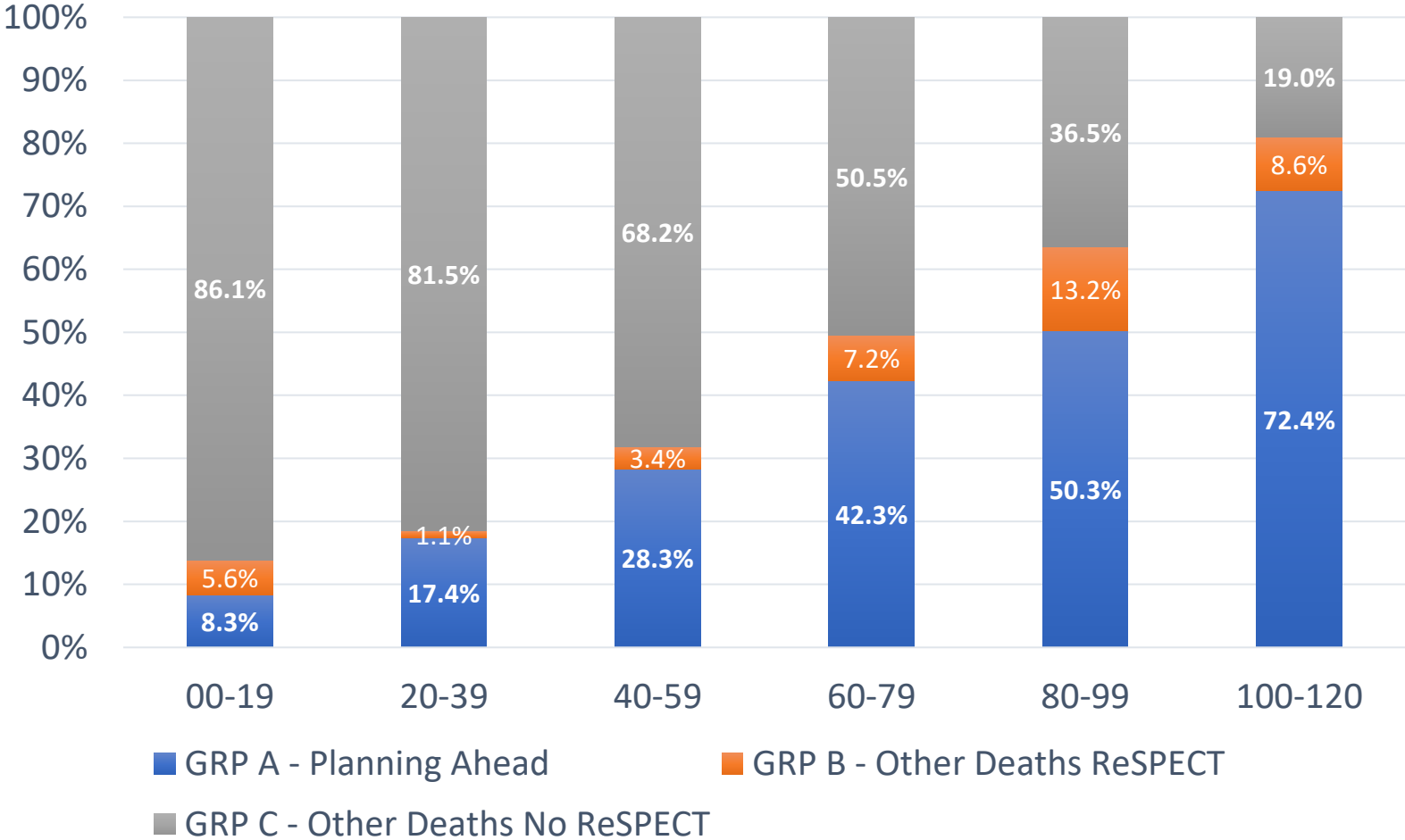
Comparison of the 3 Groups by Sex



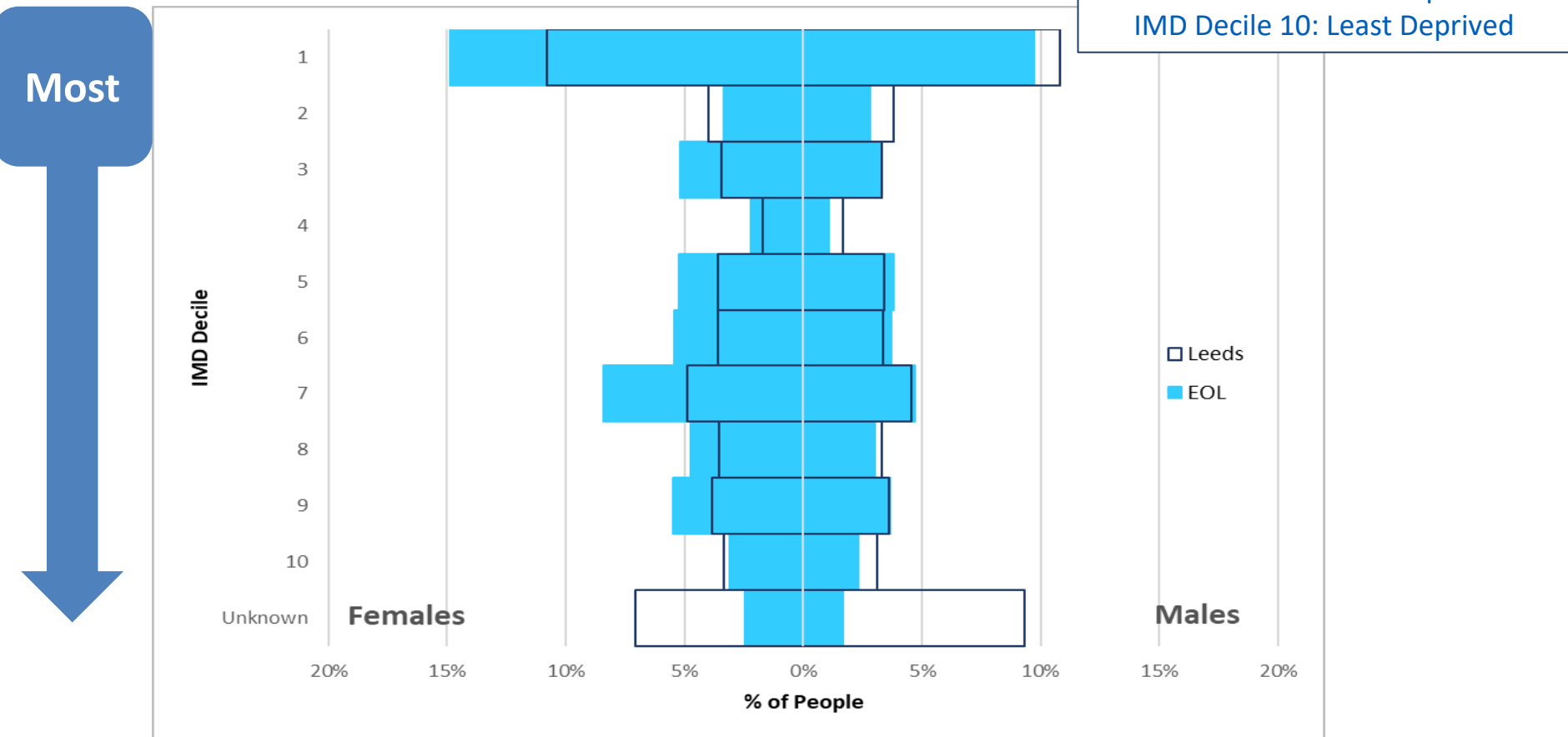
Comparison by Ethnicity



Comparison by Age



CCG: % with EPaCCS by IMD Decile and Sex vs Leeds



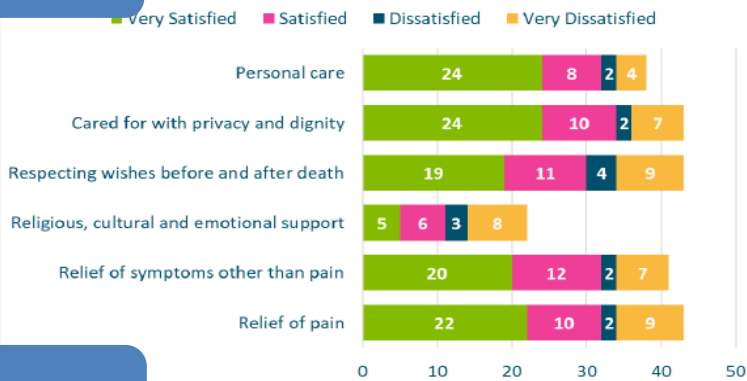
- no overall correlation between deprivation and achievement of preferred place of death
- 2 of 3 postcode districts with achievement of less than 60% were in more deprived wards (LS2/LS4).

% satisfied/very satisfied with symptom management

	18-19		19-20		21-22	
Pain	93%	(86-100)	92%	(86-97)	76%	(50-100)
Other	91%	(83-100)	90%	(80-100)	83%	(70-100)

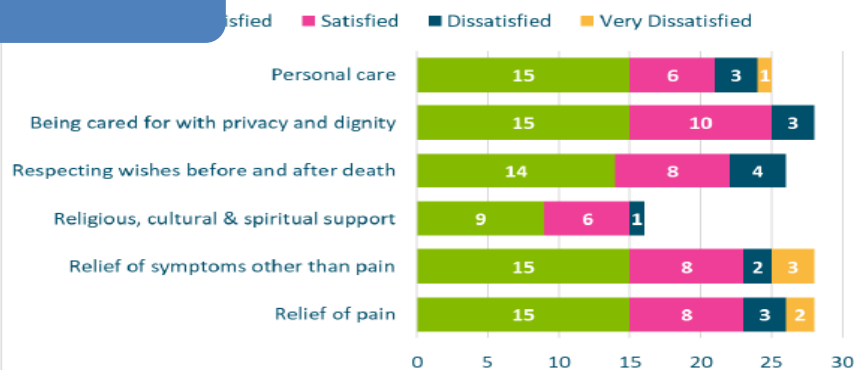
Hospital

During this time how satisfied were you with the care given to your friend or relative in each of the following areas:



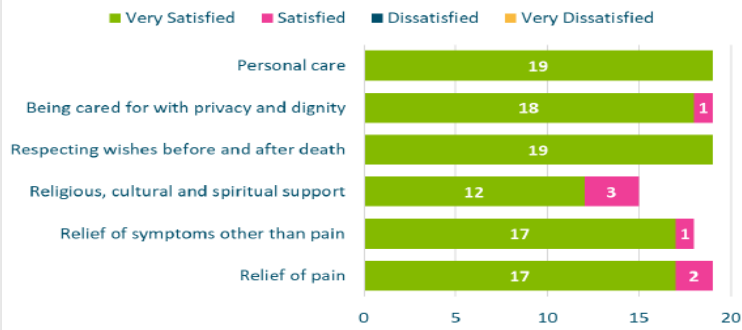
Home

During this time how satisfied were you with the care given to your friend or relative in each of the following areas?



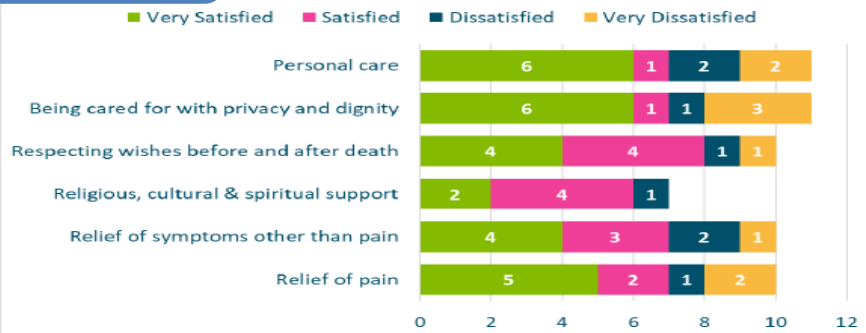
Hospice

During this time how satisfied were you with the care given to your friend or relative in each of the following areas?



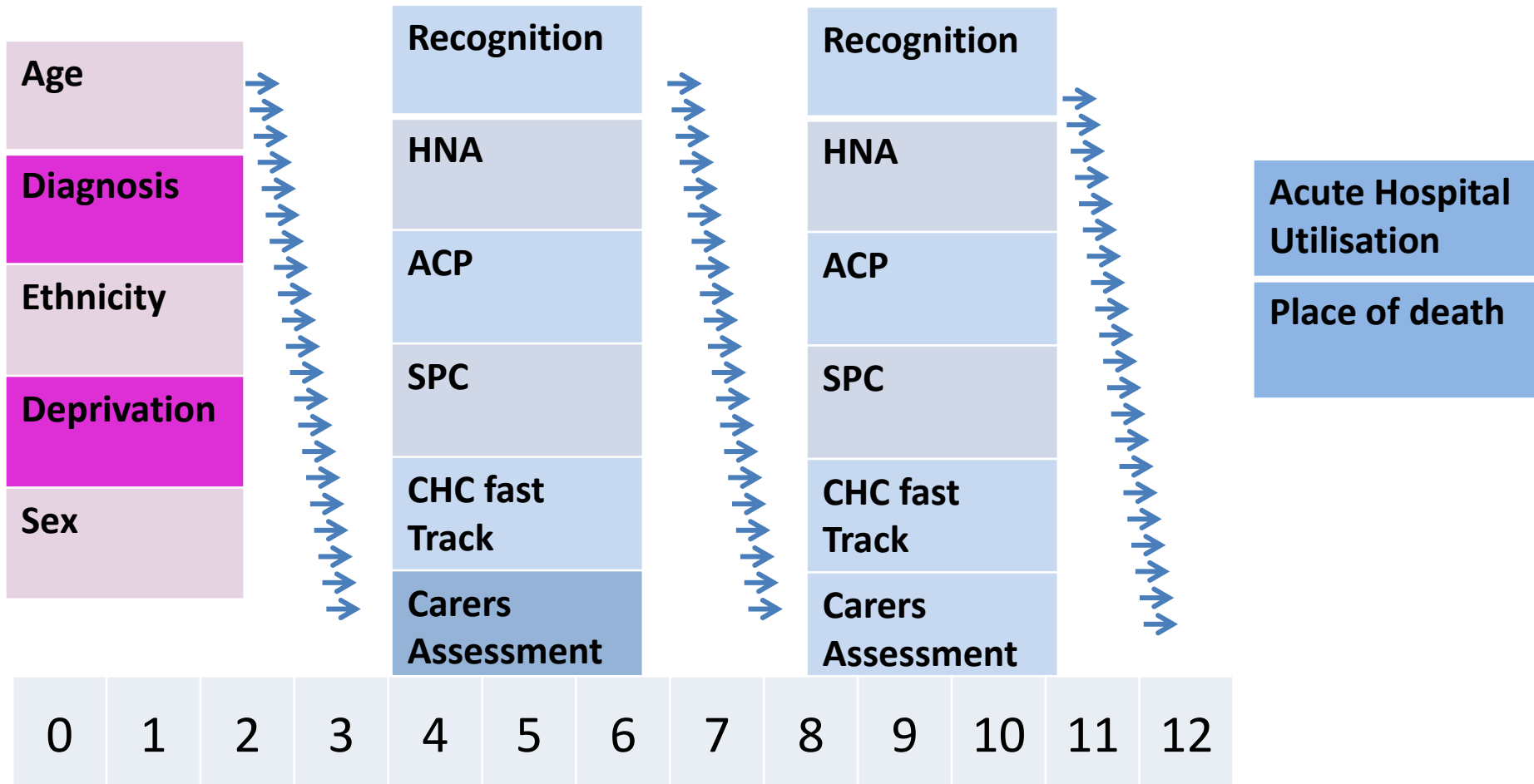
Care Home

During this time how satisfied were you with the care given to your friend or relative in each of the following areas?



Whole City Data

All adults who died: xxxx-xxxx



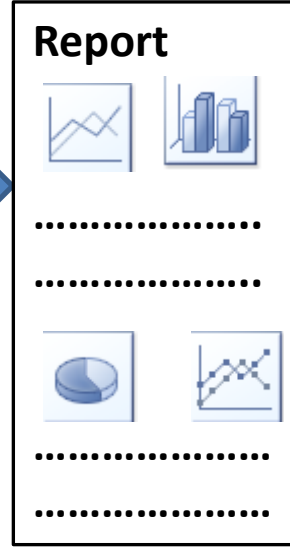
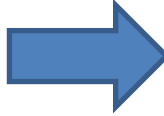
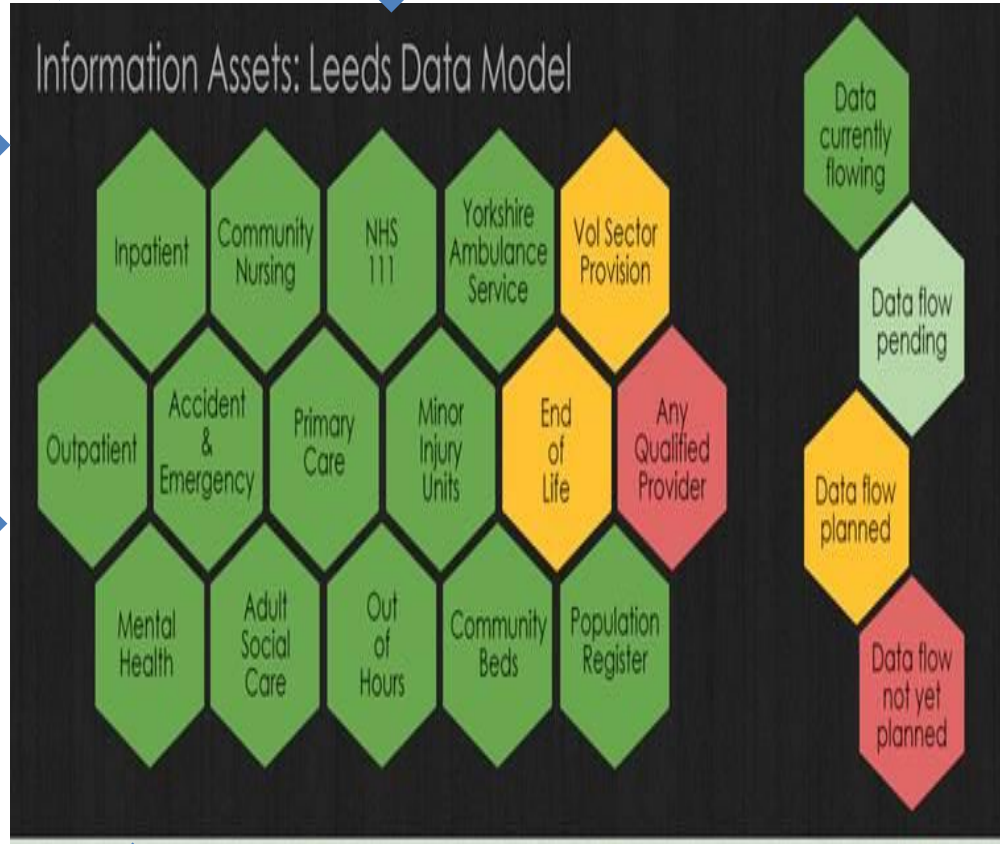
Community Nursing

Primary care

Hospice & community SPCT

LCC: Adult Social Care

3rd Sector



LTHT

CHC Fast Track

LCC Death Registration

The future

- Enhanced annual Planning Ahead report
- Whole city data report
- Health Needs Assessment (refresh)
- Inequalities deep-dive
- Enhancing routinely collected- SOM pilot