

## NHS Coventry and Rugby CCG

## 'Everyone Counts' Local priorities

Indicator	Justification	CCG existing investment and further actions to be taken	Risk of non delivery and level of risk
<p>COMBINED Hospital admissions wholly attributable to alcohol and admissions due to alcohol-related liver disease</p> <p>MAPS TO DOMAIN 1 OF NHS OUTCOMES FRAMEWORK</p> <p>WAS INCLUDED IN ORIGINAL PUBLIC HEALTH OUTCOMES FRAMEWORK</p>	<p><u>Health needs/strategic fit</u> Included in the Health and Wellbeing strategies for Coventry and Warwickshire. Public health colleagues agreed this is a key local priority.</p> <p>Potential for health gain for CCG population, and contribution to QIPP delivery.</p> <p>Decision not to look solely at emergency admissions for alcohol related liver disease (as detailed on the NHS outcomes indicator set) – limited potential for health gain, and small number of patients.</p> <p>Equality Impact Assessment identified unacceptably high numbers of young people being admissions for alcohol related harm. Therefore Rugby locality has selected this as a particular priority to focus on.</p> <p>Joint strategic priorities listed in the CCG commissioning plan include:</p> <ul style="list-style-type: none"> <li>• Reduce the number of Alcohol related hospital admissions</li> <li>• Reduction in the number of Alcohol 'frequent flyers' attending A&amp;E</li> </ul> <p>JSNA for Coventry shows excessive consumption of alcohol is causing a high level of harm:</p> <ul style="list-style-type: none"> <li>• Hospital admissions &amp; deaths linked to alcohol were significantly worse in Coventry than for England.</li> <li>• Among 16-24 year old males, 27% of all deaths were estimated to be attributable to alcohol consumption</li> </ul> <p><u>Performance concerns</u></p>	<p>The main elements of work which should reduce alcohol admissions (and which aren't being delivered now, or aren't being delivered effectively/completely) are:</p> <ol style="list-style-type: none"> <li>(1) alcohol IBA</li> <li>(2) the hospital alcohol liaison nurse team</li> <li>(3) multiple attender service</li> <li>(4) Integrated Acute Liaison.</li> </ol> <p>3 x alcohol liaison nurses in A&amp;E funded by CCG</p> <p>Specialist treatment already commissioned by LA, so cost neutral.</p> <p>CWPT commissioning intentions for 13-14 identify an intention to explore multi-agency strategies and pathways to reduce the number of alcohol related admissions</p> <p>Additional identified investment (circa £50k) for Coventry City Council for city-centre alcohol triage.</p> <p>Making Every Contact Count included as requirement in all contracts.</p> <p>Primary care key role in identifying and</p>	<p>Coding fluctuations –</p> <p>LOW</p>

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	<p>Significantly higher hospital admissions compared to national/WM average</p> <p>Upward trend in hospital admissions over last 4 years</p> <p><u>Alignment with QIPP</u> Enables more upstream prevention work – with QIPP benefit. QIPP plans 13-14 identify alcohol as priority</p> <p>The historical data indicates around 4,000 admissions wholly attributable to alcohol. The number of admissions was stable between 2010/11 and 11/12; but it is forecast that it will increase by around 12% between 11/12 and 12/13. It is unclear for the increase, but it seems to have happened fairly evenly across primary and secondary diagnoses (could be linked to coding).</p> <p>The are 4 strands of work that will be undertaken in 13/14 which should reduce alcohol admissions (and which are not currently being delivered, or are not being delivered effectively/completely) . The CCG will also be using contractual levers and additional investment (already identified).</p>	<p>referring alcohol-dependent clients to specialist treatment – raise awareness around evidence base/encourage referrals.</p> <p>Review/promote Coventry LES for IBA.</p> <p>Consider IBA LES for Rugby.</p> <p>Liaise with LAT re. alcohol DES and health checks monitoring</p>	
<p>Cervical screening rates</p> <p>MAPS TO DOMAIN 1 OF NHS OUTCOMES FRAMEWORK</p>	<p>Lower screening uptake in Coventry than national. Recommend choice of cervical screening rates due to the contribution that general practice can make to this.</p> <p>National target for cervical screening is 80%. Baseline data shows CCG average in last 5 years is 77.23% with 10 practices achieving below 70%</p> <p>Improvements in cancer screening rates would contribute to the improvement of under 75 cancer mortality rate i.e. it is in effect a proxy measure – which can be monitored in-year (as opposed to change in the under 75s cancer mortality rate which cannot be measured in a timely manner or over a 12 month period.</p>	<p>Bespoke support to individual practices – to achieve on average an additional 17 patients per practice.</p> <p>Further publicity campaigns.</p>	<p>Need to undertake EIA on approach due to correlation between practices with low uptake and their ethnic minority populations.</p> <p>LOW</p>
<p>Maternal</p>	<p>Smoking in pregnancy can have serious health implications for</p>	<p>UHCW CQUIN on CO monitoring on booking</p>	<p>SATOD data relies on</p>

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<p>smoking at time of delivery (SATOD)</p> <p>MAPs TO DOMAIN 1 OF THE NHS OUTCOMES FRAMEWORK</p>	<p>both mother and child. The adverse effects of smoking during pregnancy can result in the increased risk of miscarriage, preterm birth, low birth weight and stillbirth. It is associated with sudden infant death syndrome, childhood respiratory illnesses etc.</p> <p>SATOD is included within the Public Health Outcomes Framework.</p> <p>Aligns with Coventry's Joint Health and Wellbeing Strategy priorities relating to giving every child the best start in life and reducing smoking rates in Coventry. Smoking is the major factor behind the health inequalities that exist in the city's poorest and more affluent wards.</p> <p>Aligns to Warwickshire's JSNA and annual public health report.</p> <p>Rapid increase in birth rate in most deprived communities identified in EIA of commissioning plan.</p> <p>Flagged on corporate performance report</p>	<p>in 2012-13</p> <p>Ensure this is embedded within the KPIs (incl. sanctions) for 13-14.</p> <p>Making Every Contact Count included within commissioning intentions for 2013-14.</p> <p>Work with GP practices on pre-conceptual advice regarding smoking</p>	<p>accurate reporting by patient. Smoking at booking data is currently CO monitored.</p> <p>There is quarterly variation in SATOD rates which may be affected by % of women booking in as smokers. If smoking at booking rates increase, this may have an effect on smoking at delivery.</p> <p>Impact of stop smoking in pregnancy team on quit rates during pregnancy.</p> <p>Accuracy of coding</p> <p>MEDIUM</p>