

# Director of Public Health Report 2024

## A Focus on General Practice Summary of findings

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# Why General Practice

*“Health inequalities mean that the Rotherham population experiences more ill health earlier in life, and that too many of our population are suffering multi-morbidity, or the impact of more than one health condition at once. This is bad for Rotherham’s people, bad for Rotherham families and bad for Rotherham’s economy.*

*General Practices are uniquely placed within the health system to impact these inequalities in health. Through their mix of [...] health professionals, and their position within the heart of communities General Practices are able to support people to stay healthy, to identify risk factors and conditions early when they can be reversed or controlled, and to support the good management of ill-health reducing the impacts this can have on people’s quality of life and their ability to contribute to their communities.*

*To achieve all of these goals however General Practice has to maintain a strong focus on quality, and on the outcomes that matter to the communities they serve, and has to be funded sufficiently to meet those needs, both now and in the future as our local population continues to age”*

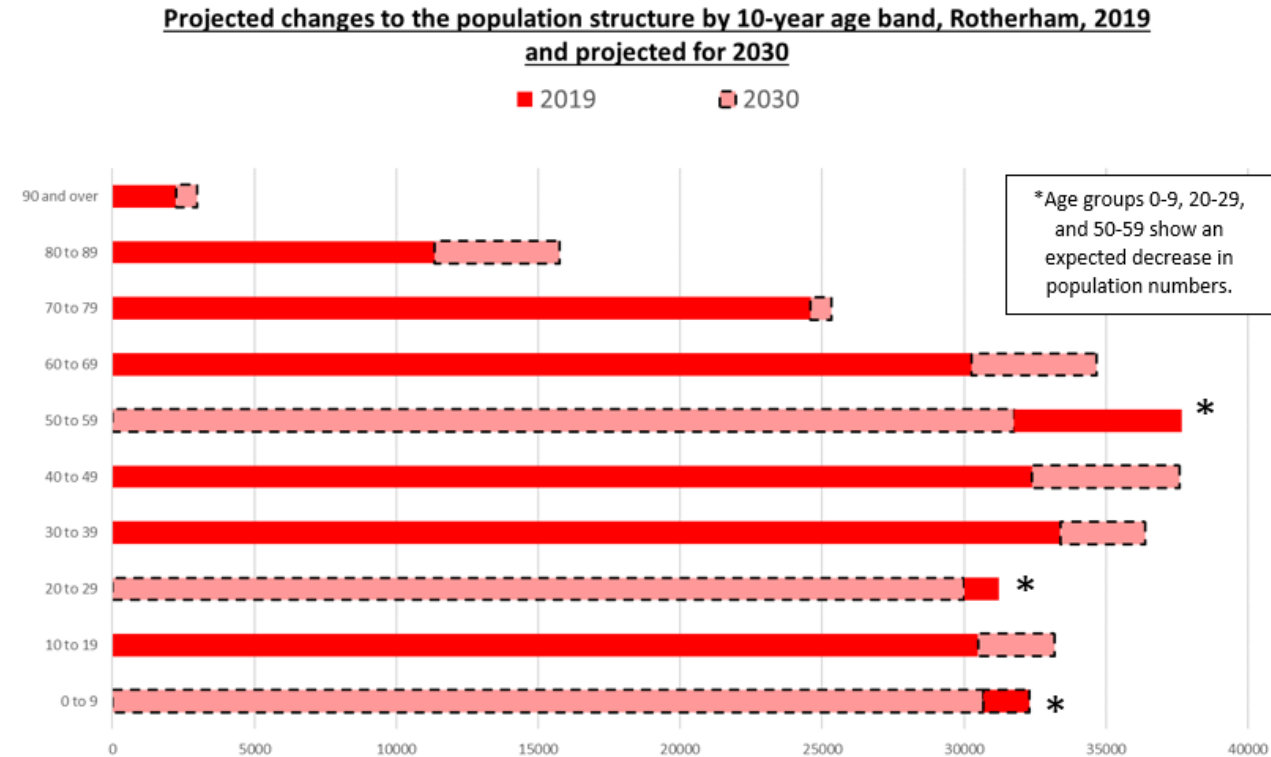


# Report Structure

- Historical long-term condition prevalence (10-years)
- Future projections in line with a changing population
- Quality outcome analysis (condition achievement, and achievement range by GP practice)
- Condition contact and the impact on appointment sufficiency
- Finance
- Recommendations

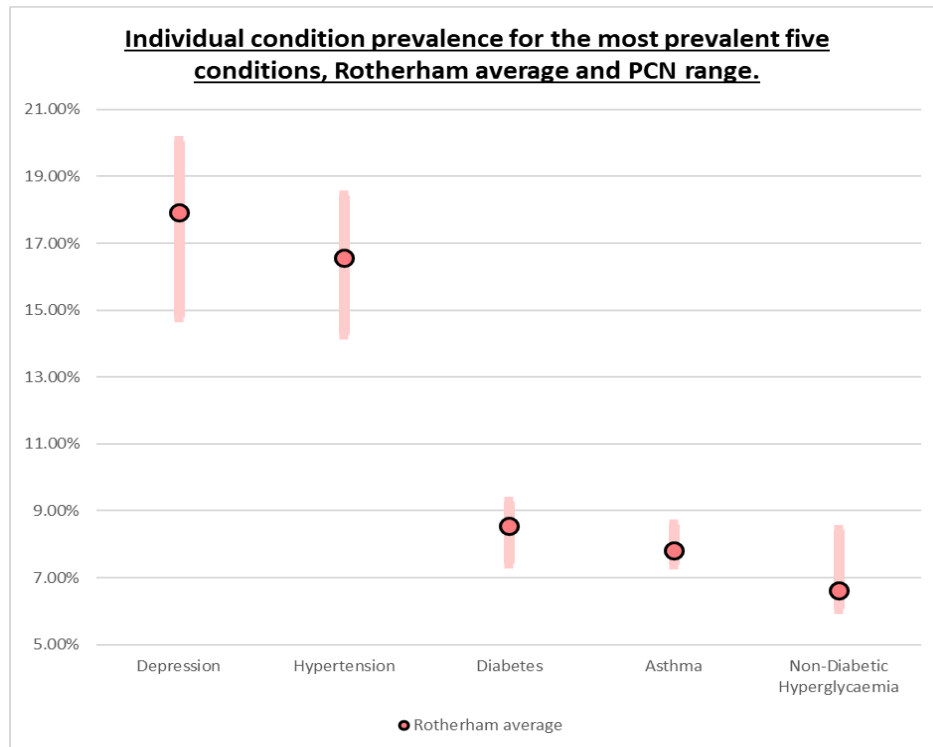
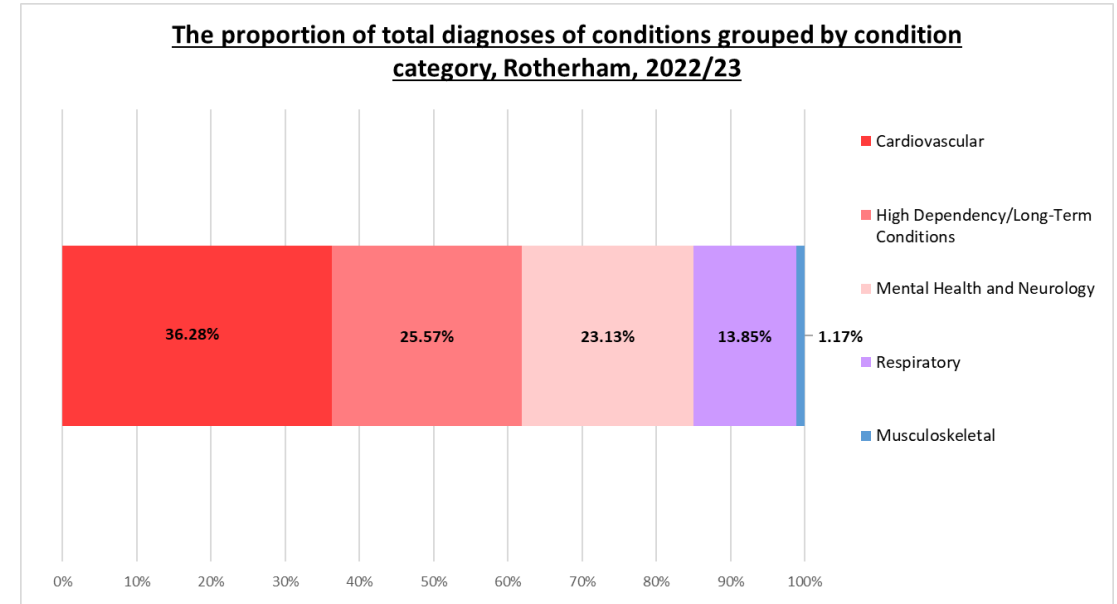
# Background and methodology

- The Rotherham population has increased by about 1,000 people per year from an estimated 259,400 in 2013 to 268,400 in 2022 (+3.5%). The oldest age groups are the fastest growing, mainly those aged 75+.
- All data is extracted from NHS Digital and 20 conditions have been reviewed across 5 groups.
- Trend data has been used to forecast what prevalence may look like over the next 10 years for Rotherham.
- Trend data on a PCN and general practice level is used to show how current prevalence and trends vary across Rotherham.
- Data for quality outcomes (met need, unmet need, and not eligible) have been reviewed to determine opportunities for impact.



# Current demand (1)

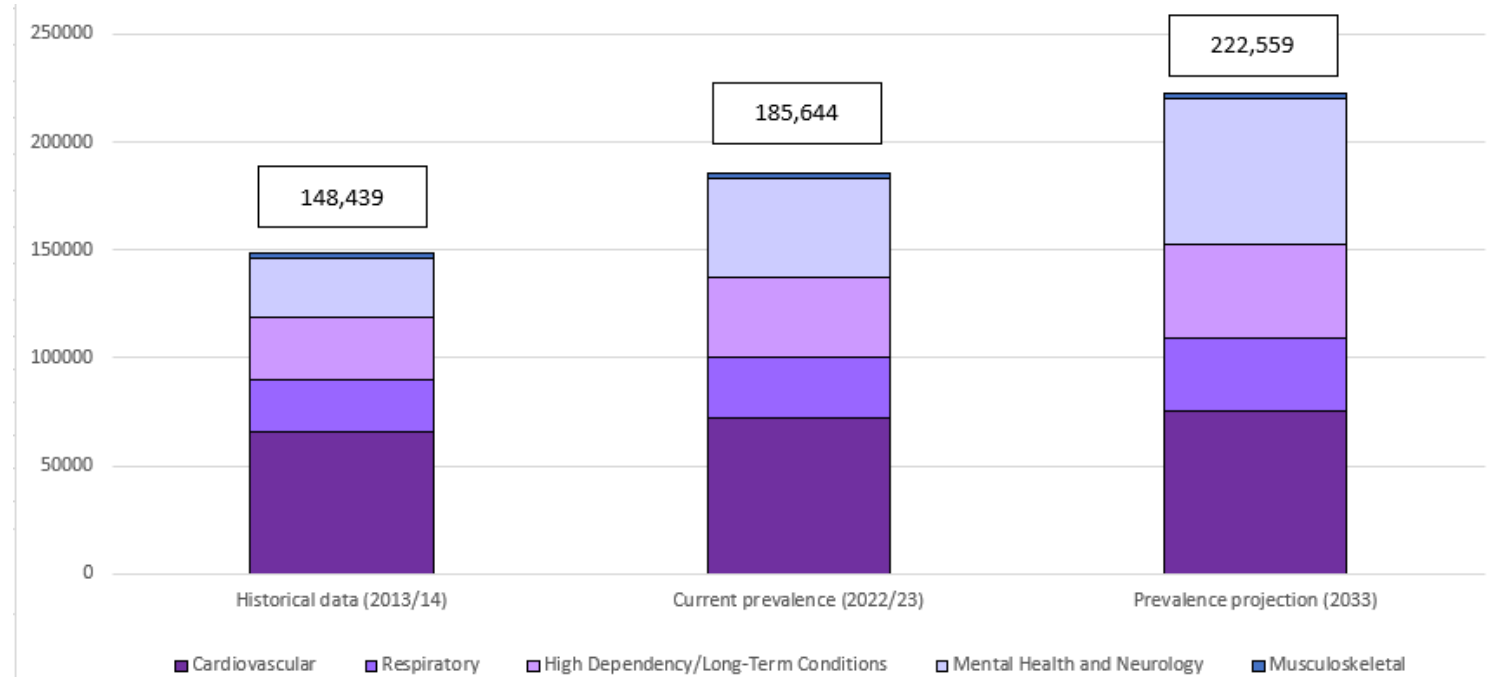
- Data for 2022/23 suggest there are 200,000 diagnosed conditions across the 20 QOF conditions for patients registered to a Rotherham General Practice.



- Top five prevalence are:
  - Depression (17.9%)
  - Hypertension (16.6%)
  - Diabetes (8.5%)
  - Asthma (7.8%)
  - Non-diabetic hyperglycaemia (6.6%)
- All other conditions have a prevalence less than 5%.

# Projections (1)

- This is a combination of the projections of the prevalence of conditions and the projected populations for Rotherham.
- Overall, 36,900 more people are projected to be living with at least one of the nineteen conditions in 2032/33 than they were in 2022/23 (this excludes NDH due to uncertainty in projection estimates).



Projections suggest that 16 of the 20 conditions will increase in prevalence by 2033. The exceptions are:

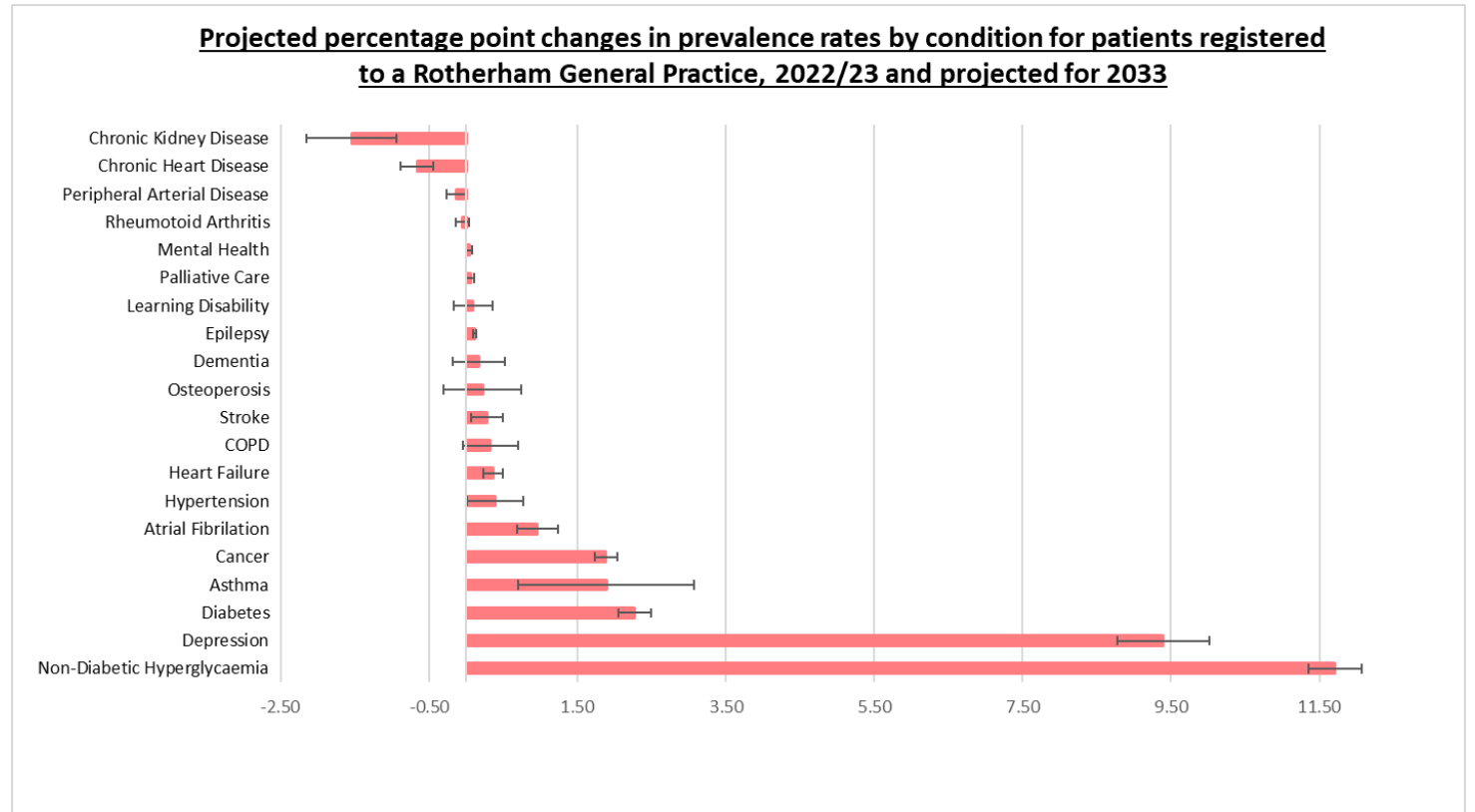
- coronary heart disease and peripheral arterial disease which have been positively impacted by falling smoking rates and changing prescription patterns;
- chronic kidney disease which has been shown to be impacted by recording issues and not a decrease in number of people living with the condition;
- and rheumatoid arthritis which remains similar in projections.



# Projections (2)

The five most prevalent conditions now, depression, hypertension, diabetes, asthma, and non-diabetic hyperglycaemia, will remain the most prevalent conditions with depression projected to reach a prevalence of 26.7%, non-diabetic hyperglycaemia 18.3%, hypertension 16.9%, diabetes 10.8%, and asthma 9.7%.

The conditions with the largest percentage point increase are non-diabetic hyperglycaemia\* (11.7), depression (9.4), diabetes (2.3), and asthma (1.9).

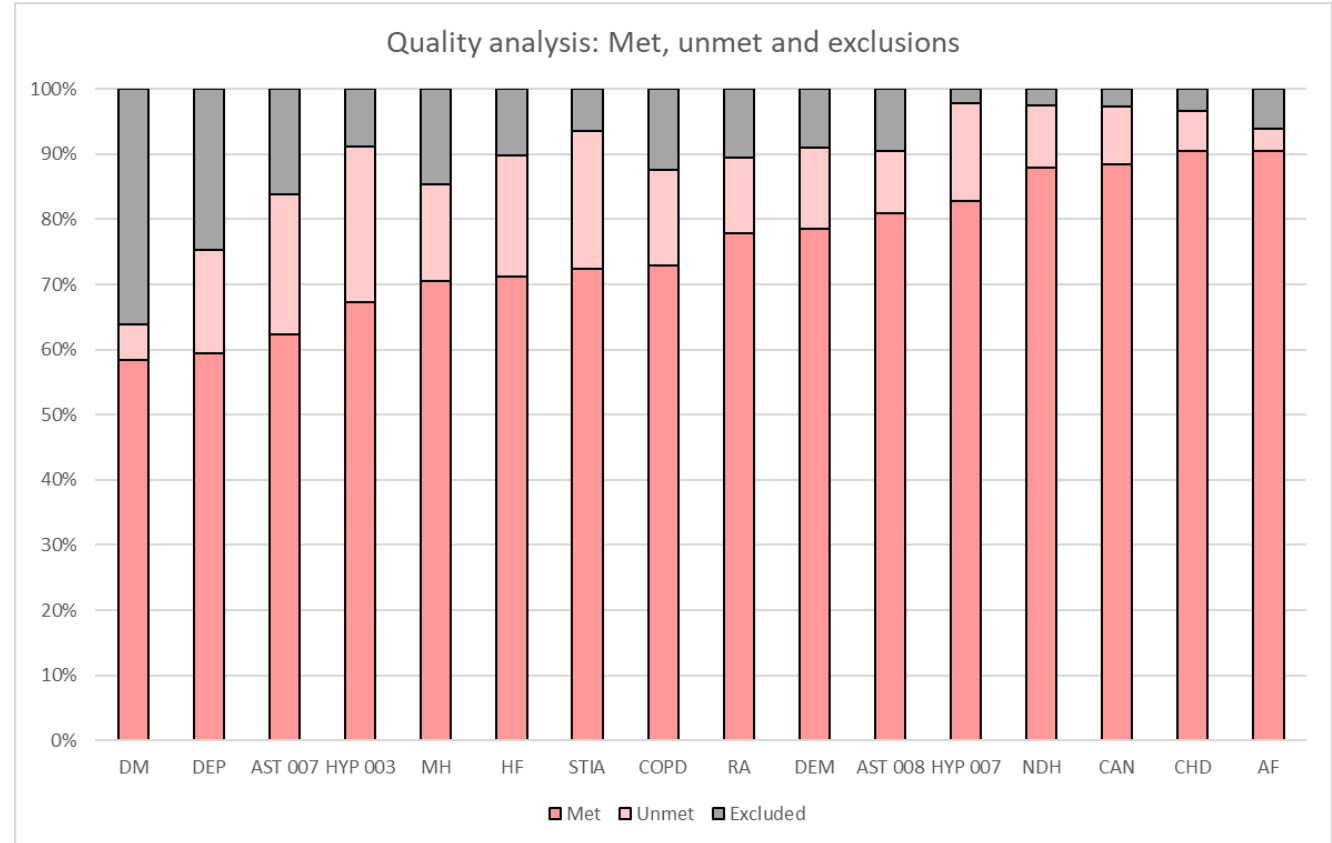


Please note for conditions, the register consists of all patients who have received a diagnosis at any time. We acknowledge that for some conditions, such as COPD, patients are likely to experience chronic disease and require long-term treatment. Conversely, for other conditions, such as depression, patients may experience acute or episodic symptoms that, in some cases, may resolve without the need for long-term treatment. However, in these cases, the diagnosis will remain on record.



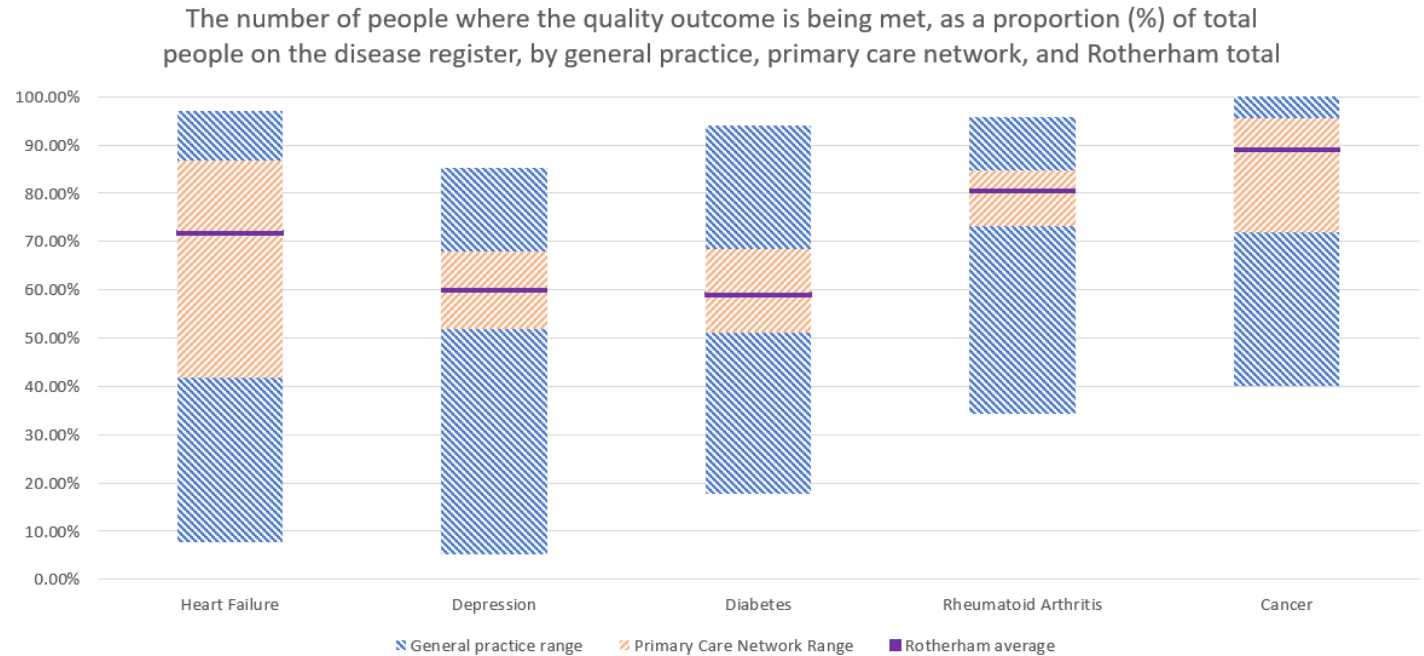
# Quality analysis (1)

- Aligned to the five clinical conditions in the 'Core20Plus5'.
- Based on one or two selected measures in line with the NICE guidance.



# Quality analysis – largest range

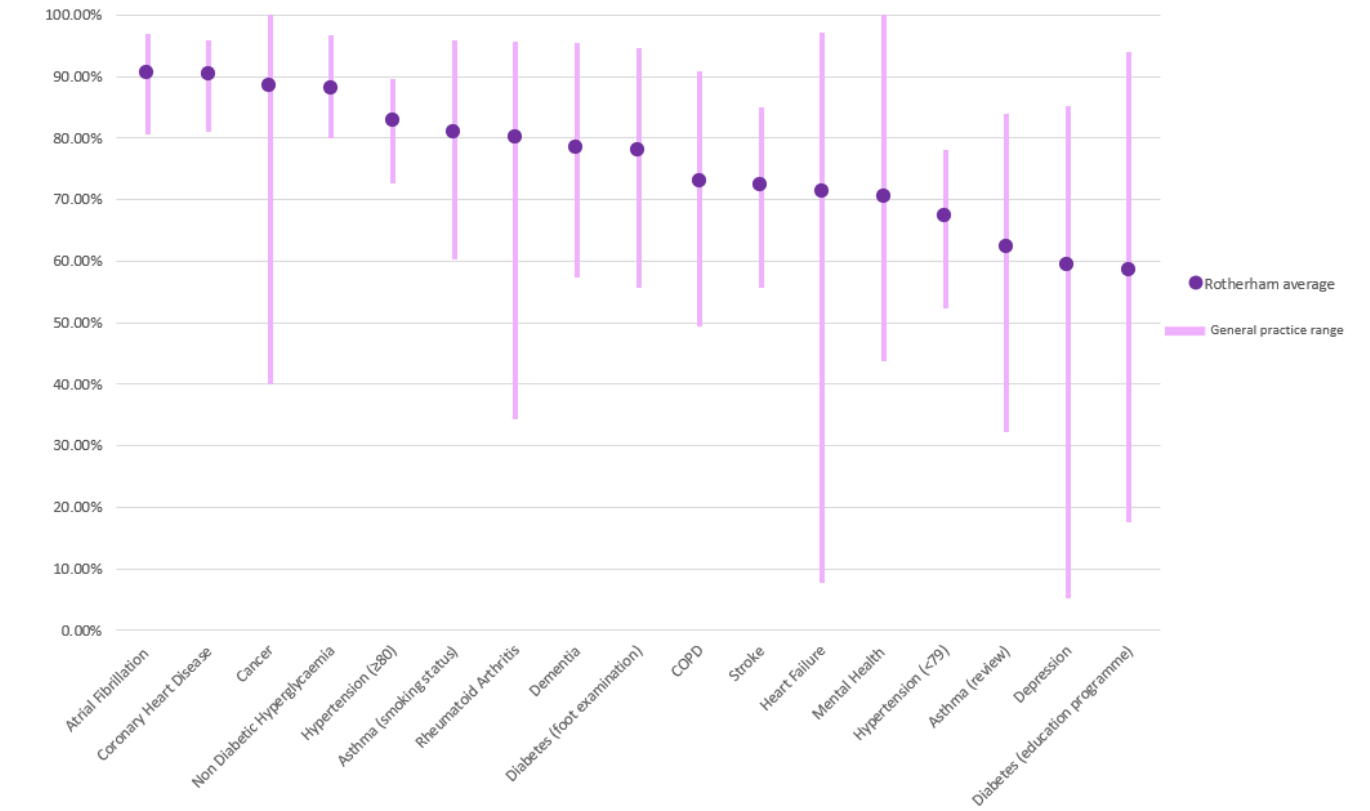
- At a practice level, conditions that have the greatest range within the proportion of patients achieving the quality outcome are for heart failure, depression, diabetes, rheumatoid arthritis and cancer.



# Quality analysis – lowest achievement

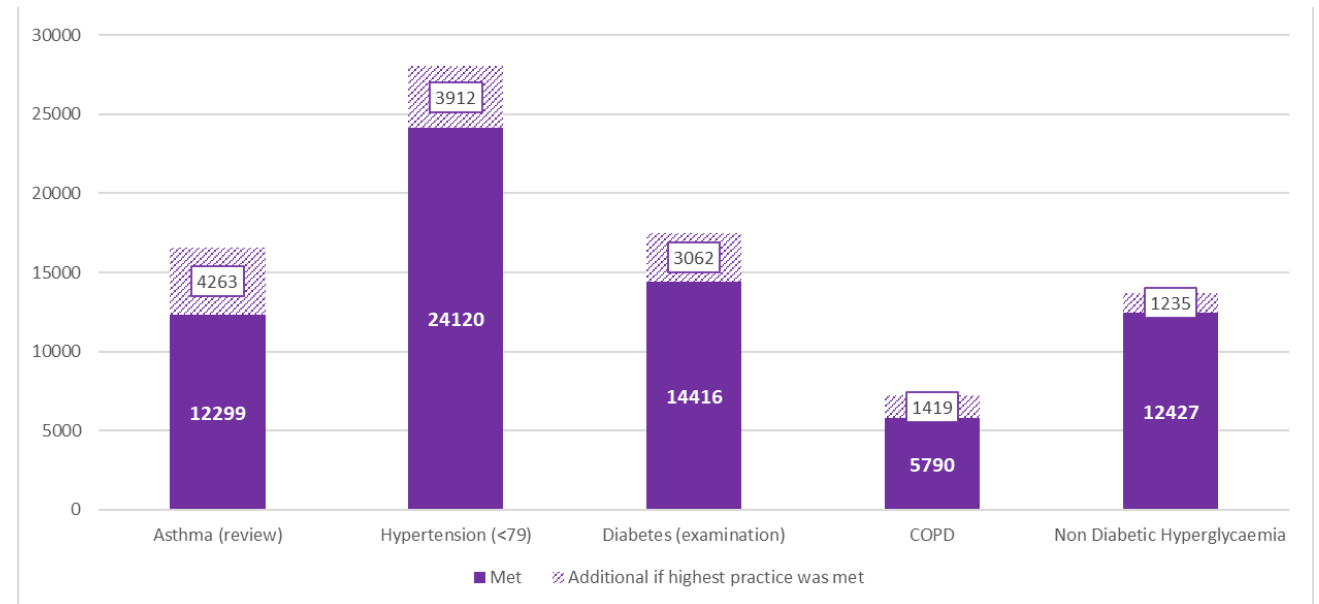
- The conditions that have the lowest quality achievement based on the Rotherham average are diabetes (58.5%), depression (59.4%), asthma (62.3%), hypertension <79 (67.2%) and mental health (70.4%).

The proportion of patients where the specified quality indicator is being met for Rotherham and general practice range

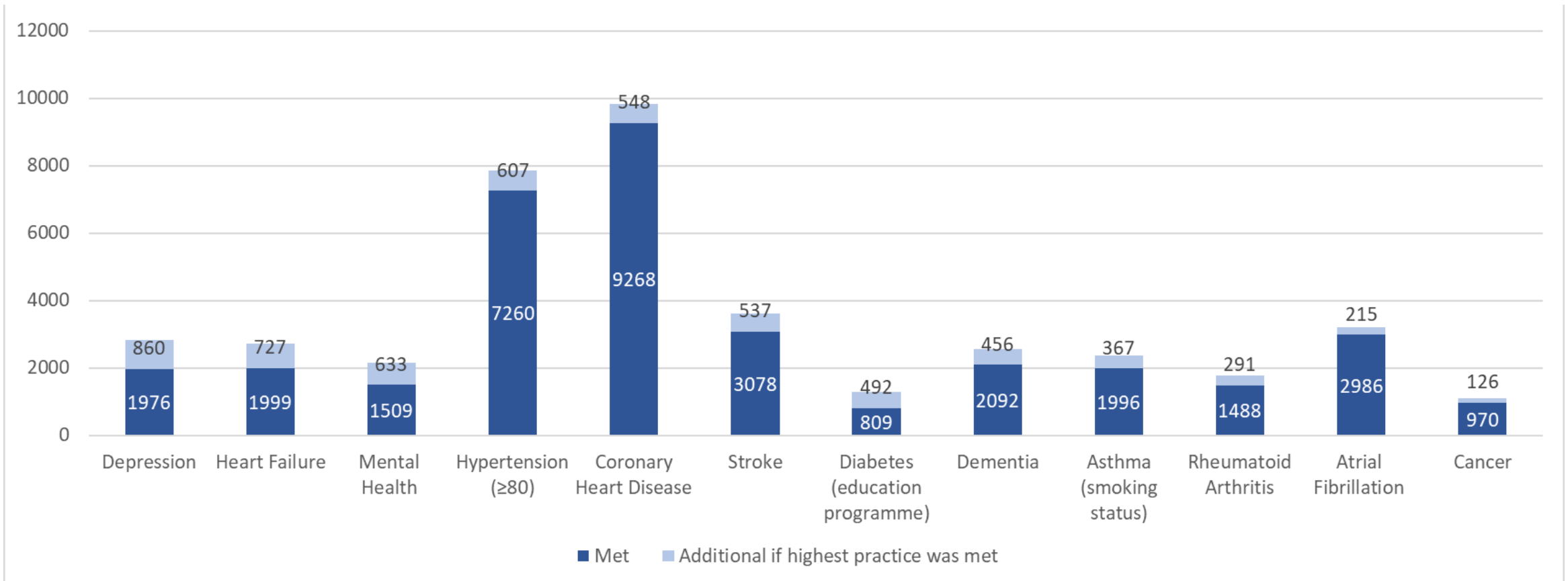


# Additional assessments

- Across 17 indicators, if every general practice in Rotherham achieved the same value as for the highest practice for that condition in Rotherham, there would be an additional 19,750 people having their condition assessed or additional guidance given. Please note that this is 17 conditions as three conditions are excluded as all practices are at 100%.
- The conditions which could have the greatest additional numbers if the Rotherham highest was met, was for Asthma, Hypertension, Diabetes, COPD and Non-Diabetic Hyperglycaemia

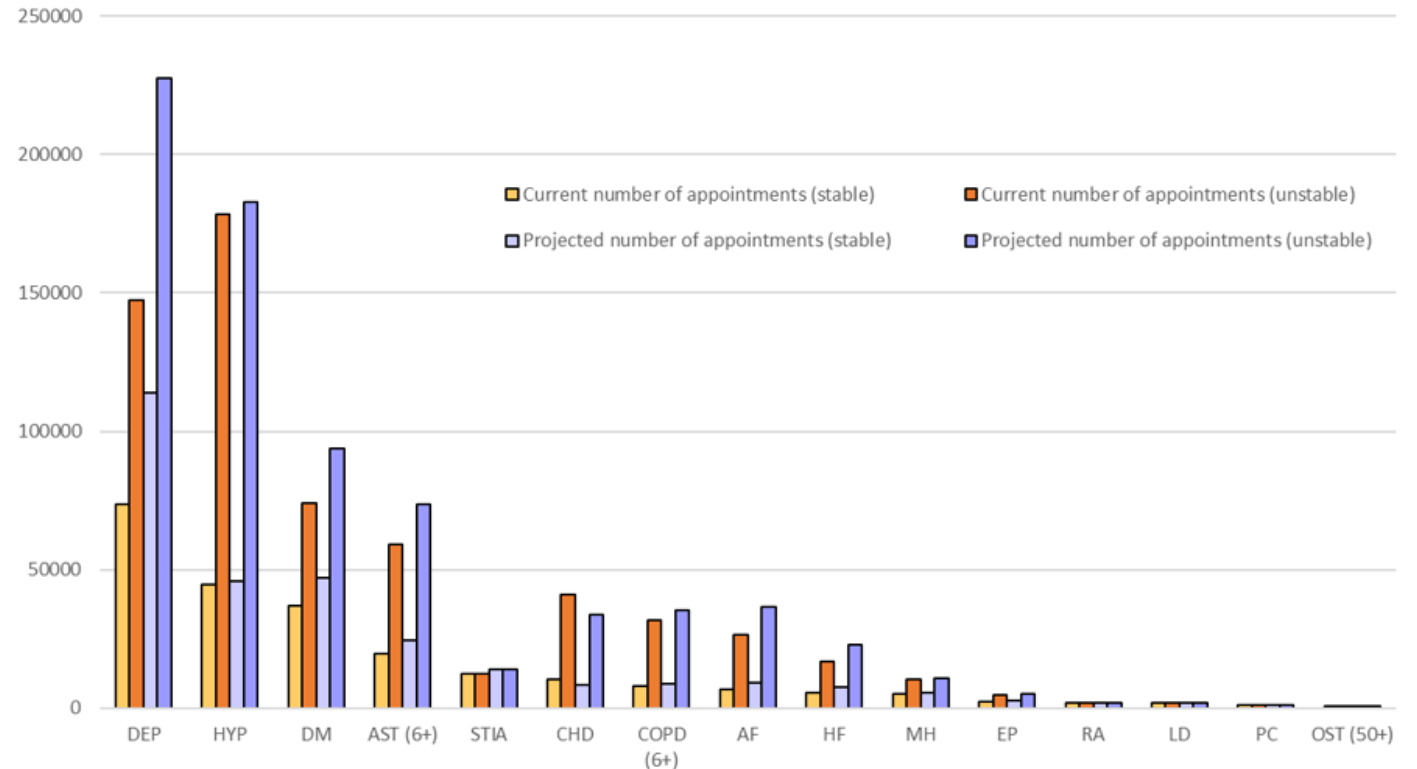


# Additional assessments (2)



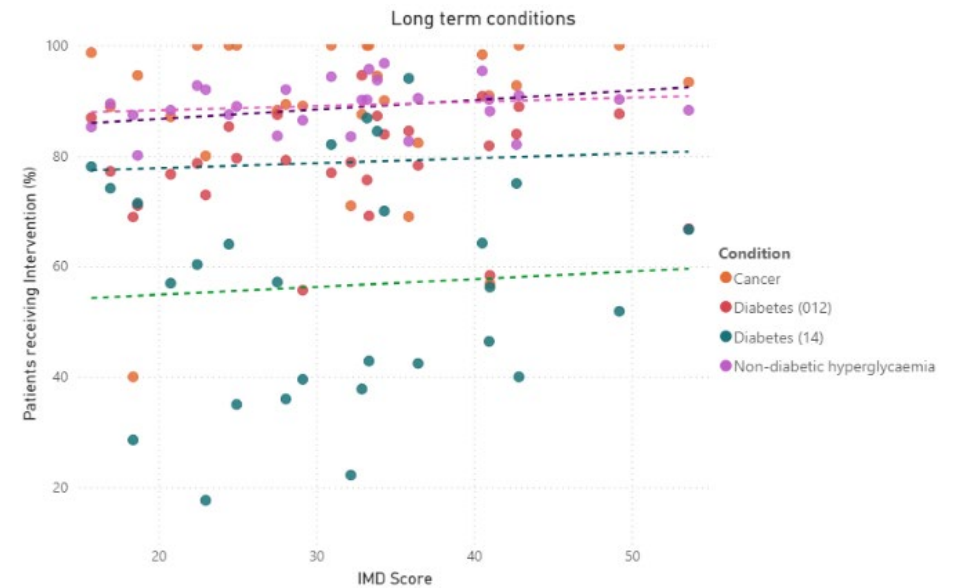
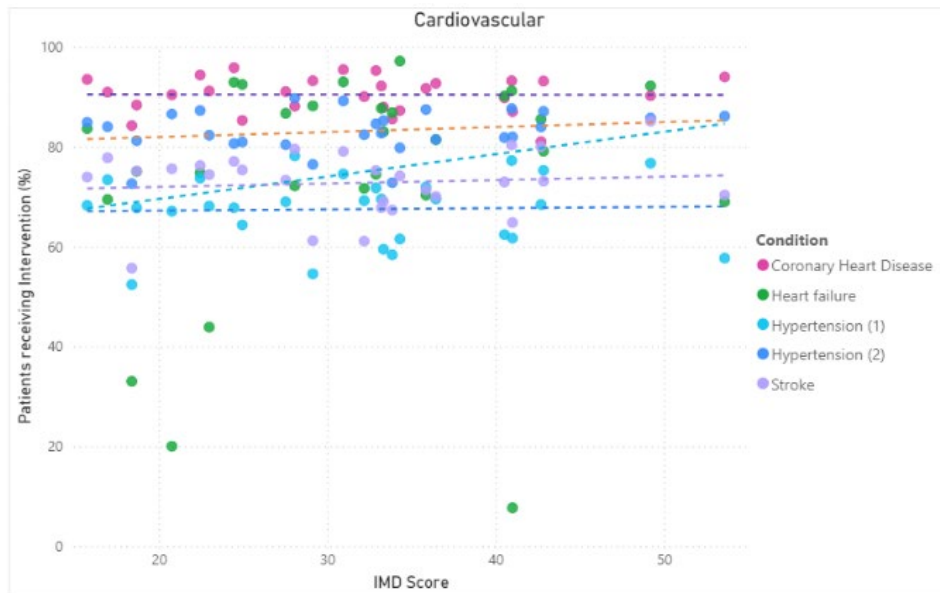
# Appointment sufficiency

- We have reviewed available information on diagnostic period, estimated contact if a condition is stable, estimated contact if a condition is poorly controlled, exacerbated, or deterioration, and best practice management to determine appointment sufficiency in line with the projected prevalence of individual conditions.
- Based on 2022/23 QOF prevalence data, it is estimated that stable management of a condition could result in 377,000 fewer appointments than if poorly managed.



# Is there an association with patient population and health quality outcomes?

- To determine if it is due to difference in patient population that results in changes in outcomes, we have reviewed the relationship between deprivation and quality achievement.
- As deprivation adjusts for income deprivation, employment deprivation, education, skills and training deprivation, crime deprivation, health and disability deprivation, barriers to housing and services, and living environment deprivation, we may expect any additional differences to be as a result of practice variation.



- As there appears to be weak or no association between quality outcome and deprivation, it is suggested there are individual practice differences that may be influencing the quality outcomes.



# Finance

- In 2015/16, total spend across contractual payments, additional and enhanced services, and quality and outcomes framework was £36,036,006 (excluding ARRS and DES).
- In 2024/25, the spend across all areas above (including PCN DES and ARRS), is £57,246,561, a 58.9% increase from 2015/16.
- Inflation over this time was 33.8%.

General Practice Primary Care Area	2015/16 spend (£)	2024/25 spend (£)	Growth (£)	Percentage change (%)
Contractual payments	£27,675,621	£36,083,762	£8,408,141	30.4%
Additional and Enhanced Services	£4,842,169	£5,251,149	£408,980	8.4%
Additional Roles Reimbursement Scheme	Not applicable	£6,695,153	£6,695,153	Not applicable
Primary Care Network Directed Enhanced Services	Not applicable	£5,165,133	£5,165,133	Not applicable
Quality and Outcomes Framework	£3,518,216	£4,051,364	£533,148	15.2%
Grand Total	£36,036,006	£57,246,561	£21,210,555	58.9%

- With additional and enhanced service payments, ARRS funding and QOF funding inflation the overall rise in investment is 58.9%, and additional 25.1% above general inflation levels.

# Recommendations (1)

- To note the rising trend and future projections for demand on General Practice from the long-term conditions analysed in this report and consider the future models of community long term condition management that will be required to meet need over the coming decade.
- To consider the preventative actions required to stem the rising prevalence of these long-term conditions and avoid unsustainable increases in demands across the health and care system, with a focus on the common risk factors of smoking, diet, obesity, high blood glucose and alcohol consumption, and the networks and partnerships required within neighbourhoods to maximise the role of non-clinical intervention.
- To note the level of variation observed between General Practices in terms of QOF outcome achievement and exception reporting rates relating to both the delivery of care processes and the achievement of treatment targets and consider the opportunities for quality improvement to support improved outcomes for Rotherham.

# Recommendations (2)

- To use the emerging data and digital capabilities to identify the key areas for performance improvement at practice, PCN and Place level and develop approaches to drive quality, aiming to reduce variation and improve outcomes to that achieved by the top 10% of performers for the chosen indicators.
- Note the above inflation overall increase in the funding to General Practices and consider how this relates to the changing demands, and the need for a model of care to develop that will meet future needs, making use of the wider set of primary care roles, such as additional roles, to ensure they are having the best effect, target local needs, and tackle inequalities through community management of long-term conditions.
- Consider how general practice performance is measured and reported, using local data to move beyond monitoring appointment numbers and QOF outcomes to identify measures that drive quality based on local need and priority outcomes.
- Consider the roles of the South Yorkshire Primary Care Alliance and Primary Care Networks in developing and monitoring locally relevant quality outcomes in general practice, targeting resources to tackle inequalities and driving quality improvement.

# Thank you, any questions?