

Data Accreditation and Improvement Incentive Scheme (DAaIS)

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Housekeeping

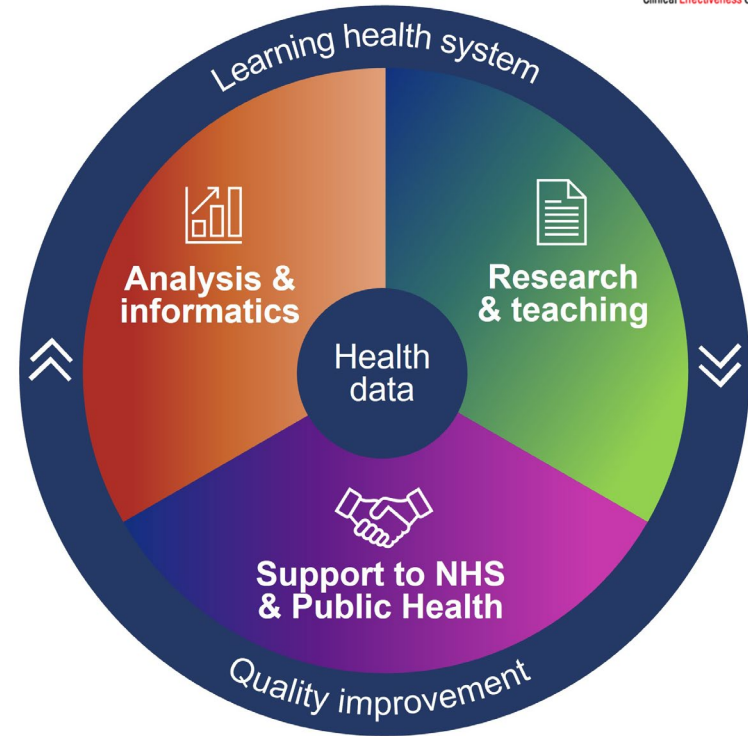
- This is being recorded
- Please mute mikes and turn off screens
- Questions in chat

What we will cover

- Who we are
- What is the DAaIS
- Scheme requirements
- CEG support tools
- Questions

Who are the Clinical Effectiveness Group?

- We are GPs, analysts, data scientists and facilitators based at Queen Mary University of London
- Build dashboards, searches and software tools for GP teams, NHS commissioners and public health;
- Support 272 practices across North East London with a facilitator and support officer for each borough;
- Publish research of national and international significance;



What is the DAaIS, and why are we doing it?

- The Data Accreditation and Improvement Incentive scheme is a joint effort between CEG and NEL ICB to support practices in recording good quality data in two areas:
 - Consultation types and job roles – to enable practices to see WHO is doing WHAT
 - Non-medical needs of patients within the most deprived quintile of the population – to help practices better understand the needs of this cohort and devise more focused, targeted interventions supported by the data
- The pressures on General Practice are higher than ever and good quality data can help practices work smarter with their resources to provide good quality care, safely.

Why do it? - Consultation Data

- Currently within and between practices there is highly variable recording of consultation types and roles between practices
- This limits the usability of this data
- By standardising practice, you improve data quality and usability
- This can help practices understand their own activity and workload
- Identify pressure points that need mitigating for the benefit of staff and patients.
- Help inform and understand demand and pressures in general practice

Does this affect GP Appointment Data (GPAD)?



- No
- This scheme makes no changes to the appointment book which is how GPAD data is collected
- For support with GPAD issues contact NEL IT facilitators

Why do it? – Wider determinants of health

- Healthcare inequalities are interlinked with wider determinants of health
- Improving data on wider determinates of health allows us to identifying patients at most risk of poor health outcomes and access inequality
- This facilitates development of targeted support and intervention for those with the most need

Break

Scheme requirements

– 3 phases

Phase 1

Phase 1 – Consultations and Roles

- Sign-up to specification and staff training
- Complete preferred consultation type and practice job roles process

- Edenbridge Apex:
 - Signed Edenbridge Apex memorandum of understanding
 - Evidence of (or scheduled) installation and commissioning of practice Edenbridge Apex
 - Signed data-sharing agreement for Edenbridge Enterprise (PCN, ICB view of data)
 - Enterprise Data sharing enabled on practice Apex
 - 10p per patient - based on registered list size - paid on proof of completion

Apex

- Support is available through the EQUIP team and Edenbridge
- support@edenbridgehealthcare.com

Consultation Types

- Suggested consultation types and roles are in the practice guide located here (link) along with consultation types to avoid

CEG Fact File:
**Data Accreditation and Improvement Incentive
Scheme**

Practice Guide

What is the purpose of the DAaIS?

The purpose of this scheme is to ensure that practice data is of a high enough standard to monitor accurately and manage demand in practices effectively, in line with best practice guidance. This in turn allows practices to:

- **understand their own practice activity** and workload across the month and during the year |
- **Identify pressure points** that need mitigating for the benefit of staff and patients.
- **Plan deployment of extra and existing staff**, help inform and understand demand and pressures in general practice as well as in hospitals.

Capturing data around consultation types and job roles – what does this look like?

ems Consultation Properties

Consultation Date/Time 21-Jun-2023 12:01

My Organisation External Organisation

Consulter SHAHZAD, Shazia (Ms)

Location CEG: City and Hackney

Consultation Type

Extended Properties

Store as default for this

Cancel

- Telephone consultation
- Administration note
- Face to face consultation
- Consultation via video conference
- Group consultation
- Home visit note
- Residential home visit note
- Nursing home visit note
- Consultation via SMS text message
- Discussion with other professional
- General practice online consultation system enco

NEL consultation dashboards

- Live Demo
- For access - <https://sd.LondonHDS.nhs.uk> and request access to the Primary Care Encounters dashboard.
- NEL have a guide on how to do this
- Once you have access link to dashboard: <https://app.powerbi.com/>

Break

Phase 2

Phase 2 – Part 1

INDICATOR	ACHIEVEMENT THRESHOLD	PAYMENT
Ethnicity Carer Language Communication preference Contact preference	95% - 100% all groups	3p per patient (registered list size) By the end of year 1

Phase 2 – Part 2

INDICATOR	ACHIEVEMENT THRESHOLD	PAYMENT
<ol style="list-style-type: none">1. Isolation2. Literacy/communication vulnerability3. Housing vulnerability4. Employment/Income vulnerability	25% - 95% (scaled)	25% - 45% 6p 46% - 70% 9p 71% - 95%+ 15p per patient in cohort cumulative

Difficult Conversations

- Housing and finances are sensitive topics
- Dedicated training for staff – 20th July
- City and Hackney and Waltham Forest only

Templates and Searches – update – also searches

Communication		
Preferred method of contact	<input type="text"/>	No previous entry
Digital literacy level	<input type="text"/>	No previous entry
<input type="checkbox"/> Does not have mobile telephone	<i>Text</i> <input type="text"/>	No previous entry
Literacy		
**Do you have any difficulty understanding information provided to you about your health or treatments you may be receiving?	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	
Lifestyle		
<input type="checkbox"/> Would you like help with smoking, exercise, or healthy eating?		No previous entry
<i>If the patient would like help with smoking, exercise or healthy eating, consider using the Lifestyle Intervention template (or page)</i>		
Housing		
Lives alone	<input type="text"/>	No previous entry
Lives in a nursing or a residential home	<input type="text"/>	No previous entry
**Do you have any problems with housing	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	
Housing difficulty: homelessness	<input type="text"/>	No previous entry
Housing rent – owned	<input type="text"/>	No previous entry
Would you like help with your housing?	<input type="text"/>	
Employment and income		
Employment status	<input type="text"/>	No previous entry
<input type="checkbox"/> Problems at work	<i>Text</i> <input type="text"/>	No previous entry
**Do you have money problems that make it hard to meet your needs?	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	
Income difficulties	<input type="text"/>	No previous entry
<input type="checkbox"/> Occupation		No previous entry
<input type="checkbox"/> Exposure to occupational risk factor	<i>Text</i> <input type="text"/>	No previous entry

Would you like help with building skills, volunteering, or your job?	<input type="text"/>	
Would you like help with managing your money or benefits?	<input type="text"/>	
Other factors		
**Do you feel lonely?	<input type="text"/>	No previous entry
Do you feel lonely and would like help to connect to local groups?	<input type="text"/>	
<input type="checkbox"/> Single parent		No previous entry
Social Care Involvement		
<input type="checkbox"/> Social worker involved	<i>Text</i> <input type="text"/>	No previous entry
Intervention: Social Prescribing		
<i>If the patient wants help with loneliness, housing, money, benefits, employment or literacy, you can refer to Social Prescribing</i>		
<input type="checkbox"/> Referral to social prescribing service		No previous entry
<input type="checkbox"/> Social prescribing declined		No previous entry

AccuRx Florey

- Florey targeting the wider determinants data – Part 2
- Can be sent to patients and if they respond directly code to the patient record
- Each practice can customise for their needs – input your own practice name
- Link to download is within the best practice guide

Q1. MULTIPLE CHOICE QUESTION

Do you have problems with your housing?
This could include problems with damp, overcrowding, or if your housing situation is not secure

Yes
SNOMED Code: Housing unsatisfactory (finding) - 105531004

No
SNOMED Code: Housing adequate (finding) - 161036002

Remove question Edit

Q2. MULTIPLE CHOICE QUESTION

Do you have money problems that make it hard to meet your needs at the end of the month?
This might include difficulty paying bills, rent, food or other regular costs

Yes
SNOMED Code: Income insufficient to meet needs (finding) - 224191006

No
SNOMED Code: Income sufficient to meet needs (finding) - 224190007

Remove question Edit

Break

Phase 3

Phase 3

INDICATOR	ACHIEVEMENT THRESHOLD	PAYMENT
Accreditation Visit end of year 2	<ul style="list-style-type: none">- All systems requirements in place- All required training undertaken- To eligible for accreditation payment, practice has achieved a minimum of 25% of the thresholds in Phase 2	10p per patient (registered list size)

Summary

Local support teams

City & Hackney

Luis Rivas

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Shazia Shahzad

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Tower Hamlets

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Billie-Jo Corfield

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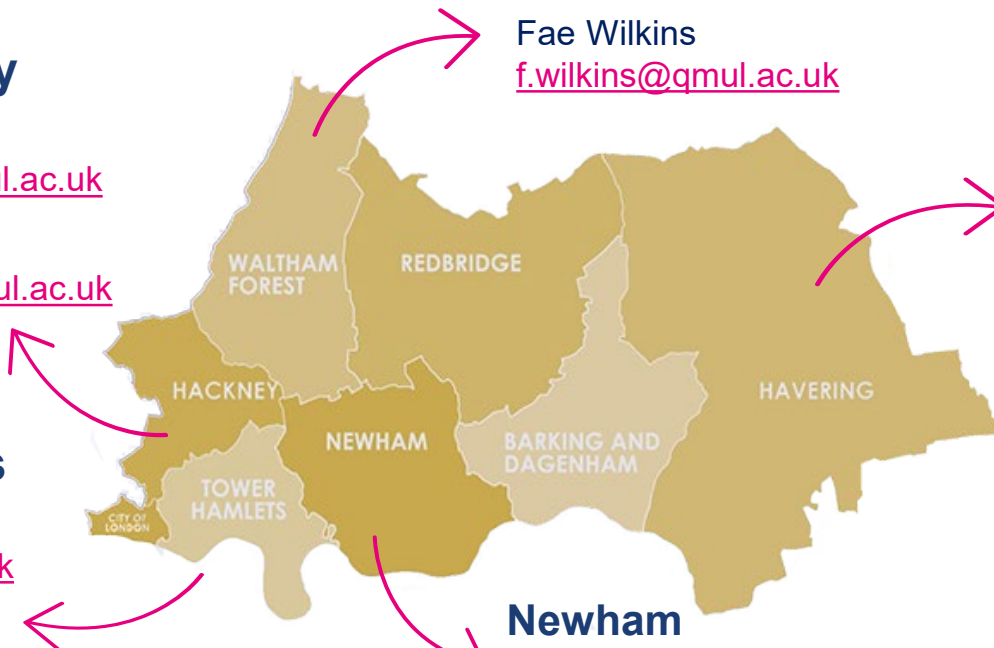
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Newham

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Thank you
Questions?



Queen Mary
University of London

qmul.ac.uk/ceg

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