

EVIDENCE SUBMISSION TEMPLATE

Goal 2

Develop data to monitor, information to manage and knowledge to act.

PCT name:	NHS Tameside & Glossop (includes Provider and Commissioner evidence) March 2011
Provider trusts where you are the lead commissioner:	

OR

Provider trust name:	NHS Tameside and Glossop Provider Division
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Goal 2

Develop data to monitor, information to manage and knowledge to act.

Deliverable 2.1

Improve the collection, quality and disaggregation of population and public health data and demonstrate how this data is informing commissioning of services that meet the needs of the local population.

Performance level	Guidance
<ul style="list-style-type: none">Developing <p>Accurate and contemporary population and public health baseline data is collected for race, disability and gender (minimum). Board approved timetable is in place to achieve the same baseline for all other strands.</p>	<ol style="list-style-type: none">1. How do you collect data and intelligence about the local population and their health needs by equality target group? How do you collect data and intelligence from your providers and other sources? What methods do you use? What baselines have you already established?2. What is the % completion rate for each equality strand across all services? How is the data quality assured?3. What organisational commitment is in place to close any data gaps you may currently have for any equality target groups? What is your target date for each outstanding strand? How will this be performance managed?


Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.

General response across all equality strands

Race
Disability
Gender
Trans
Age
Sexual Orientation
Religion and Belief

Performance level	Guidance
<p>• Achieving</p> <p>Disaggregated intelligence generated from accurate and contemporary data is used to monitor and improve service access, delivery and experience for all equality target groups.</p>	<ol style="list-style-type: none"> 1. How are you analysing the data and identifying trends and patterns of ill health, service access and patient experience across all equality target groups? 2. What systems are you putting in place for this data to inform service provision for equality target groups across a variety of services?
<p>Submit Evidence Below</p> <p>Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.</p> <p>Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.</p>	
<p>General response across all equality strands</p>	<p>Overview re service delivery data collection: The approaches to collection of service delivery data for protected characteristic groups is currently as follows for provider division:</p> <ul style="list-style-type: none"> • Patient Satisfaction levels disaggregated by protected group • Provide patients with the option to anonymously declare their protected characteristics, linked to patient experience when exiting the service • Evidence who is taking up services from the protected groups. This data will be used to inform us who is not therefore taking up each service by locality and will be compared against expected take-up for any significant shortfalls to be further explored. <p>Our new KPI list (attached) will be embedded into all contracts regardless of size, from March 2011. The KPIs shaded in grey, direct provider partners to clarify the steps they will put into place during 2011 to collect patient data for all PCGs and their satisfaction levels, to summarise into excel databases by service take up, and to summarise annually in December in terms of the qualitative findings and numbers of patients declaring by protected group.</p> <p> KPIs NHS TG Feb 2011.doc</p> <p>Commissioner service specs require that provider partners</p>

submit a summary report on service delivery data in December annually, so that data can be scrutinised for improvement purposes and for inclusive services that reach out to all sections of our local communities.

Primary Care collection of data:

We are requiring GP partner organisations initially, to attend Quality & Equality Workshops during April 2011 which will set out their latest legal equality responsibilities, extended through contract arrangements. We are particularly keen to raise GP awareness of the Discrimination Framework and the benefits of signing up to the Learning Disability Register as part of the Disability Enhanced Service (DES), which includes an annual health-check for LD patients at registering practices.

Requirements for GP practices to collect service delivery data by protected groups and to act on this intelligence for patient improvements and inclusion, is embedded within these responsibilities Workshops.

See attached docs:

- Article targeting GP Newsletter offering 3 one off training sessions during April 2011 on new Equality Act, Equality Duty and Prohibited Discrimination Framework. All GPs and Practice Managers are invited at cost of £26 per head for 3 hour session plus supporting reference pack.
- Letter to individual GPs and Practice Managers.
- Booking form & authority to invoice.
- Latest TASP Action Plan below (**strictly confidential**)

- addressing Hate Crime actions across agencies (including Equality training and embedding of duty of care to act)
- Workshop pre course reading pack for GPs (including Hate Crime case study and others)
- Workshop presentation.



Article in GP
Newsletter Feb 2011



Letter to GPs
Equality Duty Feb



Booking Form.doc



GP equality
training Apr 2011.



E&D workshop
2010 - pre course



Quality Equality
Workshops Traini

Monitoring forms for satisfaction & protected group:

We have refined a patient monitoring form during the past 12 months and this is a generic monitoring form available across Provider division settings. It significantly includes a form for collection of anonymous protected characteristics and links satisfaction levels with PCGs for the first time. Monitoring has also been extended to complaints and PALS with the inclusion of any discrimination element being monitored for any trends and identification of 'hot spots' such as Hate Crime incidents.



Generic
consultation evalu



Pals evaluation
(3).doc

Linking to embedded patient surveys:

Patient Satisfaction Survey analysis / findings embedded below. The results of the survey are contained in the attached document. In addition, there is a further break down of the PCGs recorded in the document 'PCG Percentages' which is representative of the service and pathway contacts. In 2011-12, a patient satisfaction survey is being undertaken, with the aim is to capture data relating to the PCGs.



Patient satisfaction
survey analysis and r



PCG_Percentages_J
une_Sept_2010.docx

Links to Commissioner data requirements:

The Provider Division links with the PCT Commissioners and utilises the patient and workforce datasets within the organisation.

Provider Business Unit develop datasets utilising the IpM system, which generates a report in relation to the PCGs recorded by staff. This information is embedded below (Protected Characteristics Activity) and relates to all contacts recorded since 2005. Using the NHS Number as the principal identifier means that all care records for any individual patient can be brought into the report. This data currently includes: age, gender, race and disability. Reports are attached.



Distinct patient
counts for 1011 attar

Currently the barriers to capture and input of service delivery data include:

1. Mandated datasets containing fields for each of the

- protected characteristic groups.
- 2. Ability to provide evidence of Individual authorisation for data sharing under data protection
- 3. The ability to flag records showing individual authorisation

Going forward the Provider Division is merging with Stockport Foundation Trust April 2011, there will be a commitment to align datasets and include the 10 characteristics groups (including carers).

The Provider Division will undertake an audit of clinical records during 2011-12, the characteristics such as race, gender, age, religion & belief, disability and carers will be quality measured.

The Provider Division utilise the datasets generated by the PCT commissioners. Information generated by partner agencies and 3rd sector. Joint needs assessment and Benchmarking. Utilisation of National datasets.

KPI Targets (see above).

Corporate overview re data collection & scrutiny:

The PCT has established an integrated intelligence function, bringing together the intelligence teams from Public Health, Practice Based Commissioning, Finance, and Business Intelligence. A new reporting platform has been developed to enable the team to look across a range of datasets using the NHS Number as the principal identifier. This means that all care records for any individual patient can be brought into the same report for instance showing care delivered in hospital and community services (from June 2011), for individuals with a long term condition. Where the records contain any or all protected group characteristics, this will enable analysis of uptake at a small area/service level. The principal barriers to the data analyses include:

- 1. Mandated datasets containing fields for protected group characteristics
- 2. Individual authorisation for data sharing under data protection
- 3. A flag for each records showing individual authorisation

Such capability can be enhanced further with a link into the practice level disease registers for example, for which practice is presently required to give authorisation of use.

This overcomes a number of previous barriers to data collection. The principal remaining barriers to data collection would relate to any nationally determined dataset specification/system design where one or more of the 10 characteristics are not currently mandated.

We have agreed to include the 10 characteristic groups in the negotiation of the community minimum dataset for 2011/12. These services are presently provided by the PCT but scheduled for transfer to the Stockport FT from April 2011.

The PCTs intelligence unit has programmed a data quality audit using current characteristic group fields of age, gender, race and disability in 2011/12.

NHS Tameside and Glossop, along with primary care trusts across the country, have carried out a pharmaceutical needs assessment (PNA). The final PNA below looks at how pharmacy services could be developed to meet the health and well being needs of people in Tameside and Glossop. The final PNA includes the results of the consultation undertaken prior to publishing this document. Details of the patient/public consultation that took place are attached in the document below. Feedback from patient groups representing equality target groups helped to shape the final published PNA.



Pharmaceutical Needs Assessment Pt

Please find attached our communications and engagement plan around Transforming Community Services (TCS) geared around equality target groups across Tameside and Glossop.



Transforming Community Services C

SAFE campaign – to aid with the development of a sexual health campaign to reach under 25s we engaged with LGB in Manchester at the outset of the campaign development. From their involvement we ensured the creative treatment was inclusive to LGB groups. We listened and responded to the views.

Race	
Disability	
Gender	
Trans	
Age	Tameside and Glossop have high levels of teenage pregnancy and low levels of LARC uptake, as well as high levels of Sexually Transmitted Infections (STIs) such as

Chlamydia. Therefore increasing access to contraception is a crucial issue for local services.

We engaged with young people in 2010/2011 throughout the formulation of a sexual health campaign aimed at under 25 year olds. SAFE (Sexual Health Advice For Everyone) is a free and confidential service for anyone under 25 seeking advice and access to contraception, emergency contraception or STI testing.

Sexual health planning and the prevention of disease in young people is very often a difficult subject to broach, and therefore sensitivity is required to effectively communicate sexual health messages. The prime objective of the SAFE campaign has therefore been to portray the issues simply, directly and within a context that is both clinically accurate and speaks to a younger audience on their own terms and via contemporary communication channels that they readily and regularly access. We did this through involving young people from the outset of the campaign development via conducting street side interviews and testing visual concepts and messages with young people in tutorial groups at Tameside College, within clinics and within TMBC youth groups.

The branding, imagery and key messaging of the SAFE campaign has been developed directly for this young audience, but the challenge has been to maintain relevance and appeal both to secondary school age children of between 13 and 16, and older 16 to 25 year olds attending college or already in the workplace. We ensured all ages groups (within this target group) were represented in the development of the campaign. This inclusive and representational approach can also be further evidenced in the documents below.



A660 Sexual Health
Questionnaire PW 1



SAFE 6 Sheet 1200 x
1800mm 6.2.2011.pd

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Sexual Orientation

Collecting personal & sensitive data in all settings:

Working closely with LGB Foundation Manchester as a member of our Consumer Advisory Panel (patient representatives from each of the protected groups), they have advised on the moral and business case for collecting

sexual orientation data for service delivery and workforce. This recent Briefing document is attached and provides a first stage guidance for staff in 'how to' frame collection opportunities.



EDMA briefing by
LGF - 13 Jan 2011

The EHRC guidance on Sexual Orientation re-framing around monitoring, was also made available publicly in March 2011 and we are using this information to summarise how staff should collect this information and store confidentially under Data Protection.



improving_sexual
_orientation_moni

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Performance level	Guidance
<p>• Excellent</p> <p>The commissioning cycle is routinely informed by accurate and contemporary equality data to meet the needs of the local population.</p>	<ol style="list-style-type: none"> 1. How are commissioning processes routinely influenced by disaggregated equality data? How can you demonstrate that this has happened and that positive outcomes have been achieved across a variety of services? 2. What exceptional and innovative methods have you employed to ensure that your commissioning is informed by equality data? What best practice can you share with other PCTs?
<p>Submit Evidence Below</p> <p>Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.</p> <p>Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.</p>	
<p>General response across all equality strands</p>	<p>A new patient representative Consumer Advisory Panel was established in September 2010, with clusters of members encouraged through flexible membership approaches across each of the protected groups (including carers).</p> <p>Mini Case studies are brought to the Panel by PCT Lead staff focusing on key change areas such as TCS, service</p>

(re) designs, and policy / strategy reviews. Areas covered include: Minor hand surgery, Pharmaceutical Needs Assessment, Out of hours A&E service, Glossop Dental Access service (re-design). Panel members scrutinise our changes for any adverse or differential impact on any of the protected groups. As we don't know what we don't know, this is an essential engagement tool for PCT Commissioners and Providers. Feedback is tracked on an Issues Matrix. We are keen to ensure outcomes are embedded into practice for practical patient improvements. The average time for practical patient outcomes to be agreed has been 3 to 6 months to date.

See attached:

- Issues Matrix (see outcomes column)
- Panel Testimonials from Panel members
- Benefits of membership.



Consumer Panel
Issues Matrix v2.p



Consumer
Advisory Panel.do



Membership
Benefits of joining

The Consumer Advisory Panel is supporting the E&D Lead in compiling a lean Inclusive Commissioning Handbook, based on Panel discussions and outcomes achieved to date. Members scrutinise key changes such as redesign of Stroke service, and Out of Hours A&E service, to find and recommend for improvements on any adverse impact across each of the protected groups.

Draft Handbook attached



Inclusive
Commissioning Hb

Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Consider this deliverable in conjunction with:

- Equality legislation
- Equality Framework for Local Government: knowing your community and equality mapping
- Care Quality Commission Criteria for assessing core standards in 2009/10
- World Class Commissioning competency five: manage knowledge and assess needs and six: prioritise investment
- Joint Strategic Needs Assessment North West Regional Review

Goal 2

Develop data to monitor, information to manage and knowledge to act.

Deliverable 2.2

Develop better (more detailed and disaggregated) population data in partnership with local authorities and the third sector.

Performance level	Guidance
<ul style="list-style-type: none"> Developing <p>Closer relationships are being forged with partner organisations in order to develop and share accurate and contemporary local demographic profile.</p>	<ol style="list-style-type: none"> 1. What arrangements are in place to meet regularly with local authorities, agencies and third sector partners? 2. What protocols are in place to regularly develop and share data with partner organisations, including the third sector?
<p>Submit Evidence Below</p> <p>Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.</p> <p>Insert hyperlinks or embed documents (as objects) where relevant, as evidence of your self assessment rating throughout the text and as appropriate. Feel free to supply evidence that we have not requested if it supports your assessment rating.</p>	
General response across all equality strands	
Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Performance level	Guidance
<ul style="list-style-type: none"> Achieving <p>Disaggregated demographic data is routinely generated and shared with local partner organisations and used to jointly identify and prioritise</p>	<ol style="list-style-type: none"> 1. How do you ensure good quality, useable data? For instance, how do partners ensure efficient collection of data that avoids duplication? Is the data disaggregated using the same or similar categories? How up to date is information? Are you fully informed about the changing demographic profile of your local population? 2. How are you identifying and closing any data gaps?

segmented population needs.

3. Do your joint strategic needs assessment and local area agreement explicitly address equality target group population and public health data?
4. How are you using data that has been gathered to influence the commissioning process in relation to equality target groups?

Submit Evidence Below

Write a succinct narrative response to the above questions in the spaces provided below. The boxes are expandable.

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General response across all equality strands

The PCT and Tameside Strategic partnership are looking to extend existing data sharing agreements and look to share individual level data to support improved service delivery and service planning: the initial phase locally is to focus on persons at risk of alcohol related harm in the Smallshaw Hurst area of Tameside. This work has raised a number of Information Governance challenges that are being tested with and worked through in association with NWEFG.

The PCT has in place a general data sharing agreement with the Local Authorities, and has applied for pilot status to install an N3 connection (which is a very big pipe down which data can be transferred) between the PCT and Tameside MBC. The PCT meets regularly with the TMBC policy unit and has already agreed a monthly activity and referrals data flow at at least MSOA level (which is a large group of post codes, smaller than ward level). The intention is to progress to LSOA (effectively each individual post code level) to enable MOSAIC (population) profiling subject to information governance and data protection provisions.

1. How do you ensure good quality, useable data?
 - a. Standards set within the contract (Schedule 5)



GMBIN Schedule 5 Acute v1.1.doc



NHS TG EDHR in procurement guid:



Template for EDHR annual repo



Provider partner required EDHR sta



KPIs NHS TG Feb 2011.doc

- b. Audit of data planned for 2011/12
 - c. *Sense checking with partners (not yet systematic)*
 - d. Each provider will source the characteristic details on first

- contact
- e. There is a single assessment process in operation for joint health and social care services such as the discharge planning service which may help reduce the number of times and individual is asked for their characteristic details
 - f. Joint Strategic needs, and other joint planning pieces of work are undertaken using one another's' data in good faith – our joint reports are saved to shared and accessible areas, such as the TMBC PIP, or the PCT website/intranet
 - g. The whole health and social care community has recently established a single dashboard to share and monitor urgent care service use. This is presently at an aggregated level. However, the PCT has applied for a pilot to provide real time patient level information directly to the GP practice desktop
 - h. Most health activity datasets are available two months after the date of treatment. Public health level data (obtained usually through the Office for National Statistics, or the Association of Public Health Observatory websites, NCHOD etc. are received a year or more after the period and can be as much as 10 years for the census.

We have included a new requirement to collect patient data via a minimum data set addressing each of the PCGs. However at present data capture fields are not nationally available for input of this data.

Joint Strategic Needs Assessment

From 2007, local authorities and PCTs were required by the government to produce a Joint Strategic Needs Assessment (JSNA) describing the health and well-being of their local community.

In order to achieve the world class services that people expect, we must have a full understanding of local needs. The Joint Strategic Needs Assessment will help local agencies understand the health and social care needs of their local communities and identify where inequalities exist. This will help determine local priorities and support the commissioning of services to meet these needs.

The needs assessment is an important tool when commissioning services, to guide service planning and commissioning strategies for the next 3 to 5 years. This is a unique process that reflects the local population and their needs. The published findings of the JSNA are a summary of the main health and wellbeing needs.

The Derbyshire County Council website includes all the mandatory data sets for the Joint Strategic Needs Assessment and are included in the 'specific topic links' section below.

Producing the JSNA has involved a range of people including the public, clinicians and other partner agencies.

The final document and further information can be found on our [WCC](#)

website.

<http://www.tameside.gov.uk/planning/ldf/evidence>

http://www.tamesideandglossop.nhs.uk/templates/Page____1437.aspx

For details of our current Health Improvement & Health Inequalities Strategy 2009-19, follow the link below:

http://www.tamesideandglossop.nhs.uk/templates/Page____625.aspx

We do not currently use data gathered in terms of specific protected characteristic groups, as data fields are not available for input either within our NHS or at Tameside Metropolitan Borough Council (TMBC). We do however track needs in terms of Care Pathways such as Stroke, CVD, Smoking Cessation. We have however set in place steps for Provider partners to begin to offer patients the option to declare this data for service improvement purposes.

Monitoring update: see EDMA (strategic governance group for EDHR) agenda item 11, pages 7 to 11.



EDMA Minutes 17
Mar 2011.doc

EDMA Agenda 26 May 2011 is also attached. See agenda item 11.



EDMA Agenda 26
May 2011.doc

Race

Disability

Gender

Trans

Age

Sexual Orientation

Performance level

Guidance

• Excellent

Holistic strategies to improve the health and wellbeing of the whole population are developed in conjunction with providers and local partners and are producing results.

1. What particular benefits have you achieved from partnership working on data gathering?
2. What exceptional and innovative methods have you employed in conjunction with your partners to develop local intelligence to improve the health and wellbeing of sections of the local population? What best practice can you share with other PCTs?

Submit Evidence Below

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General response across all equality strands

Communication of key messages for inclusion:

The PCT has benefited from sharing data and insight with partners in helping to shape communication campaigns aimed at young people across Tameside and Glossop. Quantitative data and qualitative research collated from our Provider Division, Public Health and our partner TMBC gave us a clear picture on shaping a campaign to improve the sexual health of under 25 year olds in the area.

With teenage pregnancy and sexually transmitted infections a growing problem locally, SAFE aims to promote the availability of local contraception services and sexual health advice for young people.

The 'SAFE' campaign was developed by carrying out field based research and asking young people what would appeal to them. Over 100 young people were involved from Ashton College, SAFE clinics, and TMBC youth services in developing the campaign and its' key messages.

SAFE (Sexual Health Advice For Everyone) is a free and confidential service for anyone under 25 seeking advice and access to contraception, emergency contraception or STI testing.

The prime objective of the SAFE campaign has therefore been to portray the issues simply, directly and within a context that is both clinically accurate and speaks to a younger audience on their own terms and via contemporary communication channels that they readily and regularly access.

The branding, imagery and key messaging of the SAFE campaign has been developed directly for this young audience, but the challenge has been to maintain relevance and appeal both to secondary school age children of between 13 and 16, and older 16 to 25 year olds attending college or already in the workplace.

Whilst traditional promotional platforms such as advertising on bus sides or shelters and on wash-room poster panels in

the local Cinema and in retail outlets are all being used to publicise SAFE contact details, the main reference points for the campaign have been a dedicated website and a social media profile on Facebook aimed directly at the young people of Tameside & Glossop.

With the social media platform and website in place, the second key stage of the SAFE campaign will be ongoing engagement with other influential partners and agencies in the local area. Further digital and multi-media communication initiatives such as e-mail marketing, SMS texting, Facebook advertising and DVD mailshots, targeting schools, colleges, GPs, youth groups and young people's networks, are all now being considered as SAFE seeks to maximise its reach to young people and encourage them to access sexual health advice, contraception and screening services via a range of settings.



SAFE A3 Washroom Panels



Tameside Glossop Summary

Race	
Disability	
Gender	
Trans	
Age	
Sexual Orientation	

Consider this deliverable in conjunction with:

- Equality legislation
- Equality Framework for Local Government: knowing your community and equality mapping; place shaping, leadership, partnership and organisational commitment
- World Class Commissioning competency two: work with community partners and five: manage knowledge and assess needs
- Joint Strategic Needs Assessment North West Regional Review
- Local Area Agreements