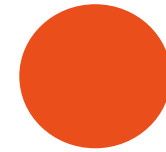


**An introduction to
population health
management**



About this guide

This primer provides an introduction to population health management for primary care networks (PCNs). It answers key questions intended to guide PCNs' thinking and practice. It also showcases examples of how primary care networks have adopted the approach.

Pause and reflect

Have you changed the way you worked based on observing patterns in patient attendance or presentations?

Pause and reflect

What data is already available to you and easily accessible?

Pause and reflect

What is bothering you or your colleagues at the moment? Which frequently presenting issue seems to be part of a wider trend? What data can help you explore this further? What might you have already and do you know where to look?

It starts with curiosity

When was the last time you took a step back to question why you were seeing certain patient trends in your practice – be it the number of teenagers struggling with depression, or the regular attenders whose health doesn't seem to be improving. Think back to the conversations you may have had with colleagues along these lines. You were starting a population health management (PHM) approach.

What is PHM?

At its most basic, PHM is a methodology for understanding your patient population, their state of health (and some of the reasons behind it), and taking action in a planned and deliberate way. That could mean using a different approach and different staff, rather than following the way services have traditionally worked.

Using data to build a picture

Knowing where to start can sometimes be overwhelming, but begin by thinking through those niggling questions described earlier. Use your data to try to identify a group (cohort) of your population that matches that description and look at their characteristics. Start with a really small number and keep it simple. Using data doesn't have to be complicated.



PHM in practice

A PCN was seeing a significant surge in mental health presentations when the first wave of COVID-19 was reaching its peak. A quick search of practice-held data showed that this was disproportionately affecting working-age adults and putting a huge strain on general practice.

Pause and reflect

Who in your PCN team (including patients) might be able to tell you more about the cohort of patients you have identified? Do you have colleagues in other organisations such as schools, the police or youth service, who might help you with some of the solutions?

Adding some colour

Once you understand a little about the characteristics of the cohort, explore with the wider practice team whether they have further insights. For example, receptionists have a different, non-clinical conversation with patients and build a great understanding of their holistic needs. You will generally find that the reasons for health outcomes are multifactorial and often caused by wider determinants of health, such as housing problems, loneliness or financial issues.



PHM in practice...continued

The clinical director asked the social prescribing link worker to look at the cohort, to find out more about the patients' circumstances. The link worker had the skills needed to speak with each individually by phone to probe into what was really happening. This revealed that many of the patients presenting with mental health concerns had either been furloughed or made redundant. Nearly all were experiencing money worries.

Pause and reflect

PCNs should work collaboratively with community partners rather than as general practices in isolation. Take a moment to write a list of every community partner and asset you can think of – which of these do you already have connections with? Which of them can help you with the issues you have identified?

Acting on the evidence

As these problems are multifactorial, often the solution is best found with the help of colleagues in other parts of the health and social care system, including the voluntary sector. It doesn't matter if you don't create an elegant, integrated solution initially – the more you collaborate, the closer the relationships become over time, making integration easier.

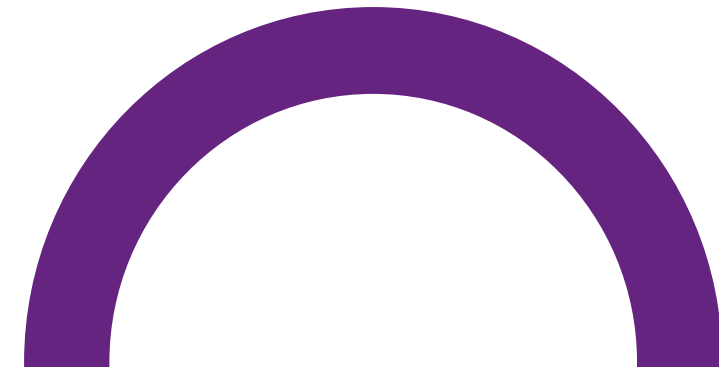


PHM in practice...continued

Armed with the insight, the PCN successfully bid for local authority support for a 'one front-door' telephone number, run by Citizen's Advice. It provided rapid access to help with financial, employment and housing problems. It also provided a mental health support worker to help patients, without medicalising their issues. This was heavily advertised through the PCN via leaflet drops and by the council.

What are the benefits?

This intelligent approach often leads to advantages for PCNs, helping to tackle major challenges including workload, integrating the new Additional Roles Reimbursement Scheme (ARRS) professionals, tackling inequalities and managing the wide-ranging effects of COVID-19.





PHM in practice

A PCN was looking for ways they could mobilise their collective resources to meet the demands of essential core activities amid the COVID-19 pandemic. An initial conversation highlighted shared concerns for the management of asthma:

“A one size-fits-all approach to annual asthma checks may work in ordinary times, but given the huge pressures from COVID-19, we needed to work differently – but where do we start?”

The PCN chose a simple PHM methodology to add nuance to the strategy for asthma checks, improve patient care and to save practices' time.

Practice-level data was used to form three distinct cohorts of patients with asthma:

1. Those who have historically had very well controlled mild asthma
2. Those who are less well controlled and have a higher risk of a negative outcome in the event of contracting COVID-19
3. Those who are likely less well-controlled and but are a lower risk of a negative outcome in the event of contracting COVID-19

As a result, the PCN implemented three processes:

Group 1: patients completed an asthma check online – confirming their control and were provided with a series of educational videos. If a member of the group revealed they were not well controlled, they were contacted for a video review.

Group 2: a process was undertaken to prioritise this group for review – video-consultation asthma checks were arranged (and potentially face-to-face review, if this was the only option) to optimise control.

Group 3: this group also needs a review, but this process will be undertaken once group 2 has been completed.

This data-driven approach has ensured the PCN is adapting to these extraordinary times to meet the ongoing needs of their population. It has provided a structured logic to undertaking reviews of patients to prioritise those at highest need.

What next?

Having read this introduction to PHM, what issue do you think would benefit from applying a PHM approach in your PCN?

Tip

In a way it doesn't matter where you start – once you get used to making progress, you can fine-tune and build momentum. A great benefit of PCNs is that they can remain flexible and adaptable.

Can you do this in-house or do you need support from others? If so, how can you build a wider consensus – who do you need to speak to and which forum are available to highlight this work?

Over the coming months, the PCN Network will continue to work with colleagues at NHS England and NHS Improvement and PCN teams to bring you further support and guidance as you develop a PHM approach.

If you have any questions on the content of this guide, please get in touch with us at:

PCNnetwork@nhsconfed.org

Further information

To learn more about PHM, access resources and engage in peer learning, sign up for the Population Health Management Academy.

Join by emailing england.phmsupport@nhs.net

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