National Health Trainer
Data Collection & Reporting System

Updated National Report - February 2009

Contents

Versions

First edition v1 Oct 2008, updated to v2 Dec 2008, updated to v2.03 Feb 2009.

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BPCSSA: Providers of the Data Collection & Reporting System

Introduction

Background

The Data Collection & Reporting System (DCRS) originally evolved through a collaboration between West Midlands StHA, the Birmingham Primary Care Shared Services Agency (BPCSSA) and early adopting PCTs. Designed around the national handbook, a subsequent successful pilot and the continued support of the Department of Health have led to the system gradually being adopted more widely across the UK.

About this report

This report seeks firstly to highlight the progress of the system's rollout across the UK. Most importantly though, and whilst appreciating the relative infancy of this system, this report also documents some of the key evidence that the DCRS is beginning to generate.

Interpretation

Please be aware when interpreting the various reports produced herein additional factors should often be taken into account (e.g. sample size, exceptions, regional variances, system changes, PCT experience level etc). Wherever pertinent, such factors have been detailed within surrounding commentary/ comments.

Feedback

This report was compiled by BPCSSA. All feedback relating to the contents of this report is welcomed htSupport@bpcssa.nhs.uk.

Technical System Information - Version releases/development

Recent version releases;
V2.1 *(30/07/08):* Developments included delivery of outstanding National Minimum Dataset reports/ Health Trainer recordings and amongst a considerable host of smaller minor amendments.
V2.2 *(05/12/08):* Developments included level 2 Health Trainer fast-track signposting, DOB declined option, localised primary issue, outcome recordings at review and sign-off stages and many minor system improvements.
Continuous improvements;
BPCSSA is also pursuing a strategy of continuous improvement, improvements which are both system and non-system (i.e. service) related. 126 of 192 items have thus far been completed.
Hub reporting
Whilst the system can generate reports grouped by SHA or PCT, there is no facility to filter specifically by a SHA. BPCSSA have therefore provided a proposal to the National Hub to address this, this can be seen in the appendices.

Advanced System training

In total, 9 'advanced data training' events have been run for administrators this financial year. These 1 day sessions cover topics such as Data Quality Auditing, Bespoke Extracts and Report Server analysis. Individuals were welcomed from 37 PCTs and supporting organisations. Although skill/experience levels differed significantly these were generally well received and provided opportunity for organisations to exchange their views.

Further Advanced Data Training Sessions are to be run in 2009.

Challenges going forward

Phase 1 of this IT project was all about system development and rollout, whilst this will continue BPCSA now sees that the system is entering phase 2 which consists of two key challenges;

1. Improving data quality:
Now that a significant number of PCTs are using the system the challenge is to improve the quality and use of the data. Methods of data benchmarking, report development, training, data audit/issue highlighting and data analysis support are increasingly being used to address this.

2. System architecture improvements
A server architecture review is underway to boost throughput capacity and improve system failover to ensure effective business continuity.

3. Offender health
In a recent development the Offender Health steering committee have approved recommendations for the use of DCRS in offender settings. A review of this development is to take place at the next DCRS steering group meeting on the 27th, BPCSSA are to put together an implementation guide for all the Offender Health teams.

Current Position

This section is designed to provide a few summary facts surrounding system uptake, usage and system training carried out this financial year.

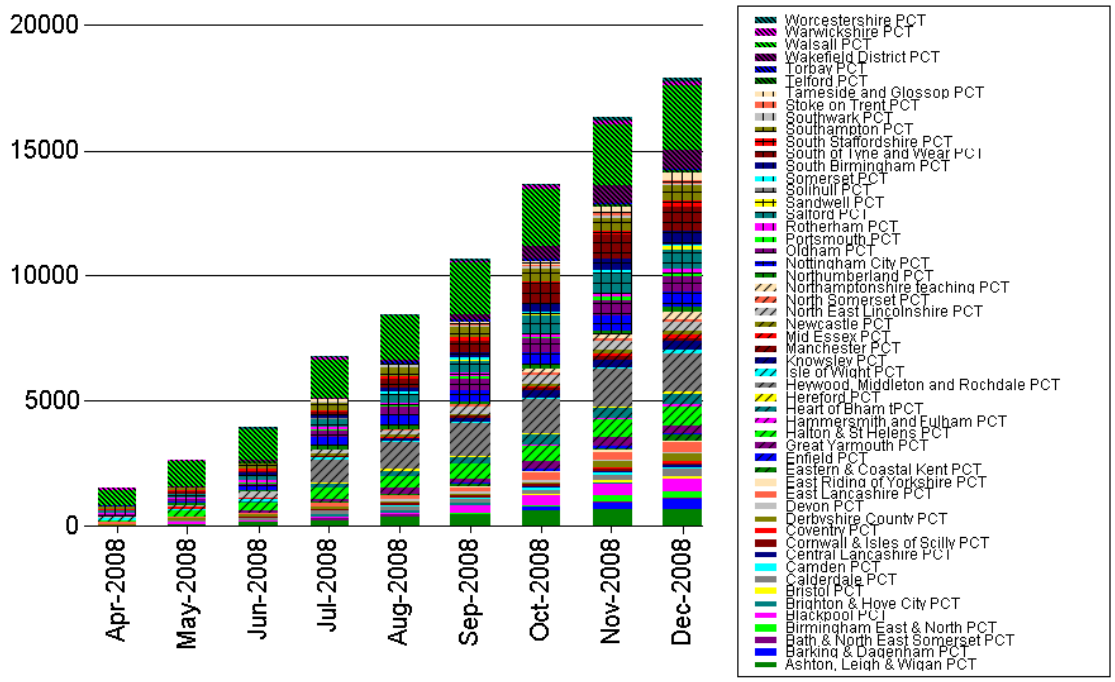
Summary

- *54 PCTs now making at least some use of the system, a growth of 34 since financial year start.*
- *Client Assessments since April 2008: - 3155 part/fully achieved, 2410 signposts/information only, 6200 outstanding and 2681 not achieved/completed (of which 1194 through DNA).*
- *42 PCTs are now registered to use remote access tokens with over 380 now distributed nationally.*
- *33 PCT rollout sessions carried out this financial year, with a further three scheduled after new year.*
- *12 pre-existing PCT team expansion training/revisit sessions supported, a further four planned.*
- *9 Advanced Data Training (ADT) sessions held*
- *3 HUB events attended, a further three scheduled.*

New Clients

- 54 PCTs entering at least some new client details into the DCRS in the past 6 months (NB: 14 x heavy users +500 clients, 22 x moderate users +100 clients, 18 minimal users – services in early stages of development/deployment or not making use of the DCRS)
- *Over 22,700 client records are now on the system in total, of which just under 18,000 have been added in this financial year (see below).*

Cumulative count of New Clients (@ 21/12/08)

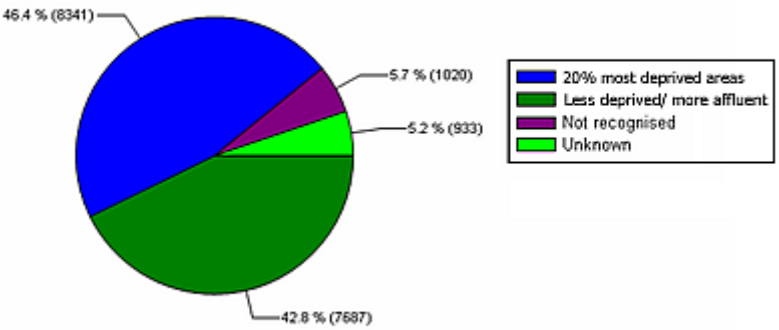


Demographic Report

This section is designed to outline and review the client profile of those attending Health Trainer services nationally.

Deprivation – Average threshold

Sample size: 17981



Postcode Deprivation Status	Count	Percent	Last Report
20% most deprived areas	8341	46.39%	47.17%
Less deprived/ more affluent	7687	42.75%	41.72%
Not recognised [1]	1020	5.67%	5.74%
Unknown	933	5.19%	5.37%
	17981	**100.00%**	

Comments

This report details clients who as an overall average fall within the 20% deprivation threshold (based on postcode) of the following indicators[2]:

- Income
- Employment
- Health Deprivation & Disability
- Education, Skills & Training
- Barriers to Housing & Services
- Crime
- Living Environment

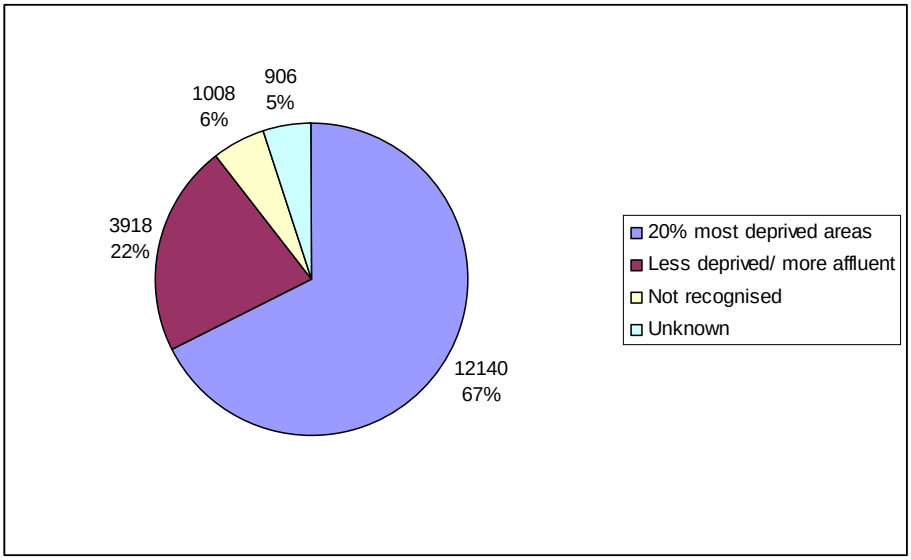
- It should be highlighted that 46.39% of the total is drawn from the 20% most deprived areas, whilst 42.75% is drawn from the remaining 80% of more affluent areas, indicating a small majority of clients are from deprived communities.

[1] Not recognised is when the entered postcode does not match an item in the national postcode list, BPCSSA are seeking to address this issue.

[2] [Deprivation data is based on indices of deprivation and gridlink which can be found from the following links: http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/ http://nww.connectingforhealth.nhs.uk/nacs/downloads/officenatstats]

Deprivation – Any indicator

Sample size: 17972



Postcode Deprivation Status	Count	Percent	Last Report
20% most deprived areas	12140	67.55%	67.09%
Less deprived/ more affluent	3918	21.80%	21.80%
Not recognised	1008	5.61%	5.74%
Unknown	906	5.04%	5.37%
	17972	**100.00%**	

Comments

This report details clients who fall within <u>any one or more</u> of the following indicators[3] for the 20% deprivation threshold:

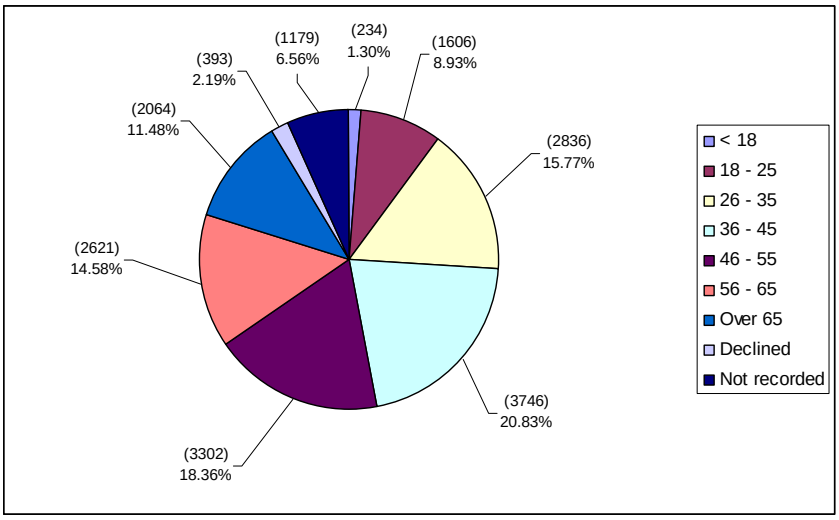
- Income
- Employment
- Health Deprivation & Disability
- Education, Skills & Training
- Barriers to Housing & Services
- Crime
- Living Environment

- Reviewing whether clients live in any one or more of the deprivation threshold areas shows a significantly higher majority than in the 'Deprivation – Average Threshold' chart on page six.

[3] [Deprivation data is based on indices of deprivation and gridlink which can be found from the following links: http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/ http://nww.connectingforhealth.nhs.uk/nacs/downloads/officenatstats]

Age Band

Sample size: 17981



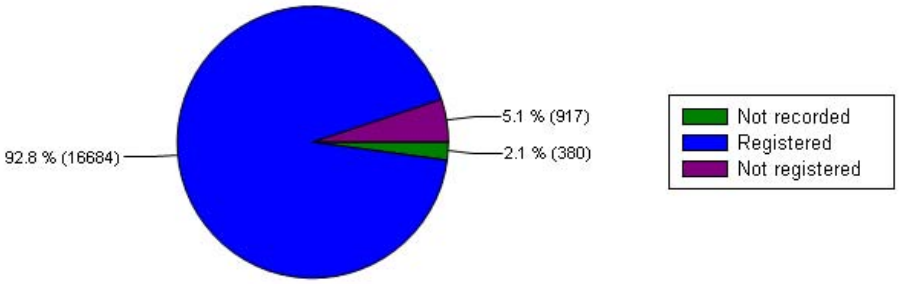
Age Band	Count	Percent	Last Report
< 18	234	1.30%	2.31%
18 - 25	1606	8.93%	8.80%
26 - 35	2836	15.77%	15.23%
36 - 45	3746	20.83%	22.63%
46 - 55	3302	18.36%	18.68%
56 - 65	2621	14.58%	14.17%
Over 65	2064	11.48%	18.18%
Declined[4]	393	2.19%	N/A
Not recorded[5]	1179	6.56%	N/A
	17981	**100.00%**	

[4] Since v2.2 update, users are able to decline DOB.

[5] Although a mandatory field, due to some data quality issues a portion of historical invalid DOB data has been set to 'Not recorded' until updated by users. This would also account for the more signifiant reduction in the over 65 age-band.

GP Registration

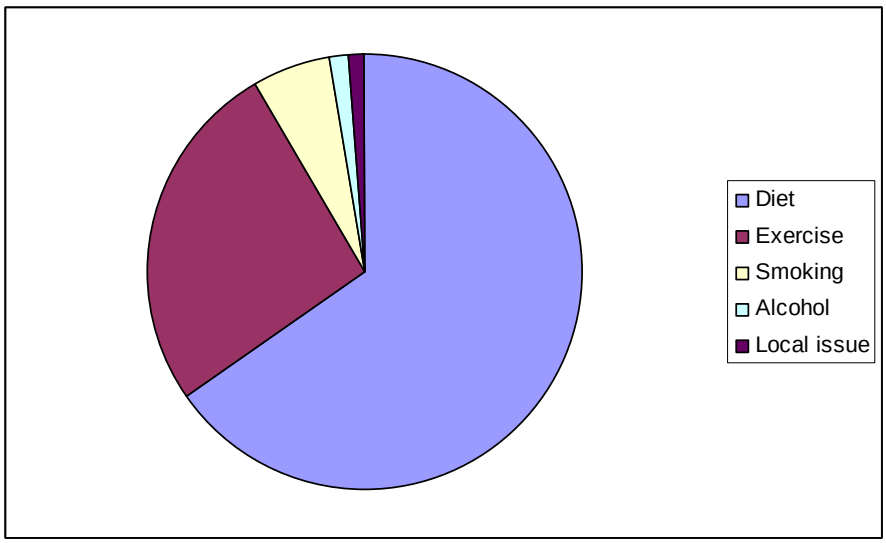
Sample size: 17981



GP Registration	Count	Percent	Last Report
Registered	16684	92.79%	94.33%
Not registered	917	5.10%	5.67%
Not recorded	380	2.11%	N/A
	17981	**100.00%**	

Primary Issue

Sample size: 8760



Primary Issue	Count	Percent	Last Report
Diet	5723	65.33%	69.61%
Exercise	2305	26.31%	23.35%
Smoking	522	5.96%	4.52%
Alcohol	124	1.42%	1.22%
Local Issue/ Emotional Wellbeing[6]	86	.98%	1.30%
	8760	**100.00%**	

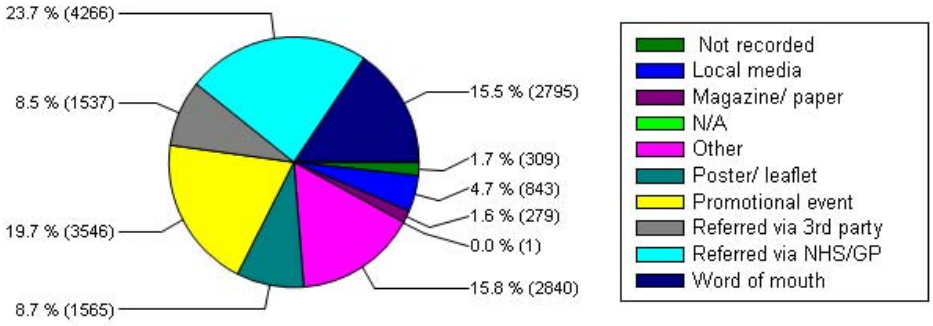
Comments

- A massive majority of primary issues are diet related, with overall diet and exercise accounting for 93% of all personal health plan primary issues.
- Such high proportions may warrant some deeper investigation (footnote 5 should also be noted however).

[6] Since the recent v2.2 update in December, PCTs can now record emotional issues (and further sub-define these locally, i.e. stress, social issolation), it is therefore anticipated these numbers will grow.

How heard about the service

Sample size: 17981



How Heard	Count	Percent	Last Report
Referred via NHS/GP	4266	23.73%	22.36%
Promotional event	3546	19.72%	17.59%
Other	2840	15.79%	15.40%
Word of mouth	2795	15.54%	15.60%
Poster/ leaflet	1565	8.70%	10.86%
Referred via 3rd party	1537	8.55%	7.74%
Local media	843	4.69%	8.14%
Magazine/ paper	279	1.55%	2.31%
Not recorded	310	1.72%	N/A
	17981	**100.00%**	

Comments

- The highest proportion of clients find out about the service via NHS organisations, however promotional events rate very highly and there is an encouraging number of ‘word of mouth’ responses.
- Clearly, word of mouth is highly cost effective and is assumed to be the result of positive feedback/experiences.
- NB: It is unknown whether a very low level of magazine/paper referrals is because it is ineffective or because services are not choosing to advertise in this way.

Community of interest

Sample size: 5751

Community of Interest	Count	Percent	Last Report
Other	2447	61.16%	73.56%
Elderly (65+)	519	12.97%	9.06%
Long-term unemployed (1yr+)	243	6.07%	4.92%
Mental health issues	234	5.85%	3.18%
Physical/ sensory disability	154	3.85%	2.68%
Single parent	142	3.55%	2.23%
Learning difficulty	59	1.47%	0.79%
Asylum Seeker / Refugee	53	1.32%	0.95%
Full time carer	51	1.27%	0.25%
Immigrant- Non-EU	50	1.25%	1.60%
Immigrant - EU	23	0.57%	0.59%
Registered homeless	18	0.45%	0.09%
Traveller community	8	0.20%	0.09%
	4001	**100.00%**	

Comments

- The reasons for such a high level of ‘other’ being recorded require analysis.
- Some positive results overall, but a breakdown-analysis of ‘other’ responses is suggested to determine if additional information fields are needed.

Two important points of note;

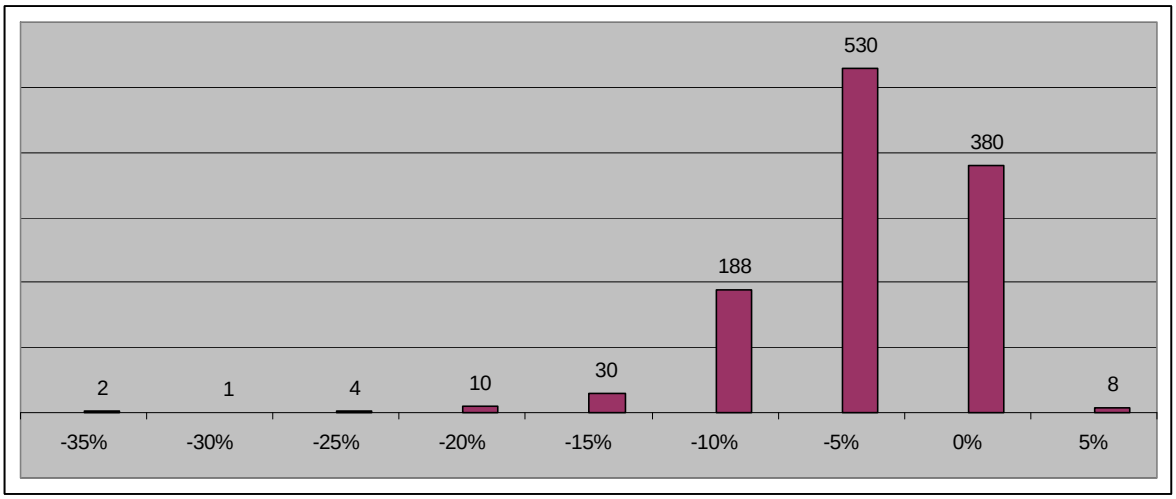
- A further 1750 clients (30.43% of the overall total responses) were recorded as community of interest ‘Not applicable’. These were removed to make percentage comparisons more meaningful.
- The DCRS currently only records a single community of interest per PCT (Although it would make automated reporting difficulties), a feedback request from PCTs has been made to make this a multi-select option since some clients have multiple ‘community of interests’. This request is to be reviewed by the Steering Group.

Client Outcomes and Measuring Sustainability

This section is designed to review the outcomes achieved by clients attending Health Trainer services, through analysis of change (i.e. before Vs after) and final outcome statuses.

BMI Change

Sample size: 1153



BMI Change	Count	Percent	Last Report
-35 %	2	0.17%	0.29%
-30 %	1	0.09%	N/A
-25 %	4	0.35%	N/A
-20 %	10	0.87%	0.14%
-15 %	30	2.60%	1.44%
-10 %	188	16.31%	10.53%
-5 %	530	45.97%	53.10%
0 %	380	32.96%	33.48%
5 %	8	0.69%	1.01%
	1153	**100.00%**	

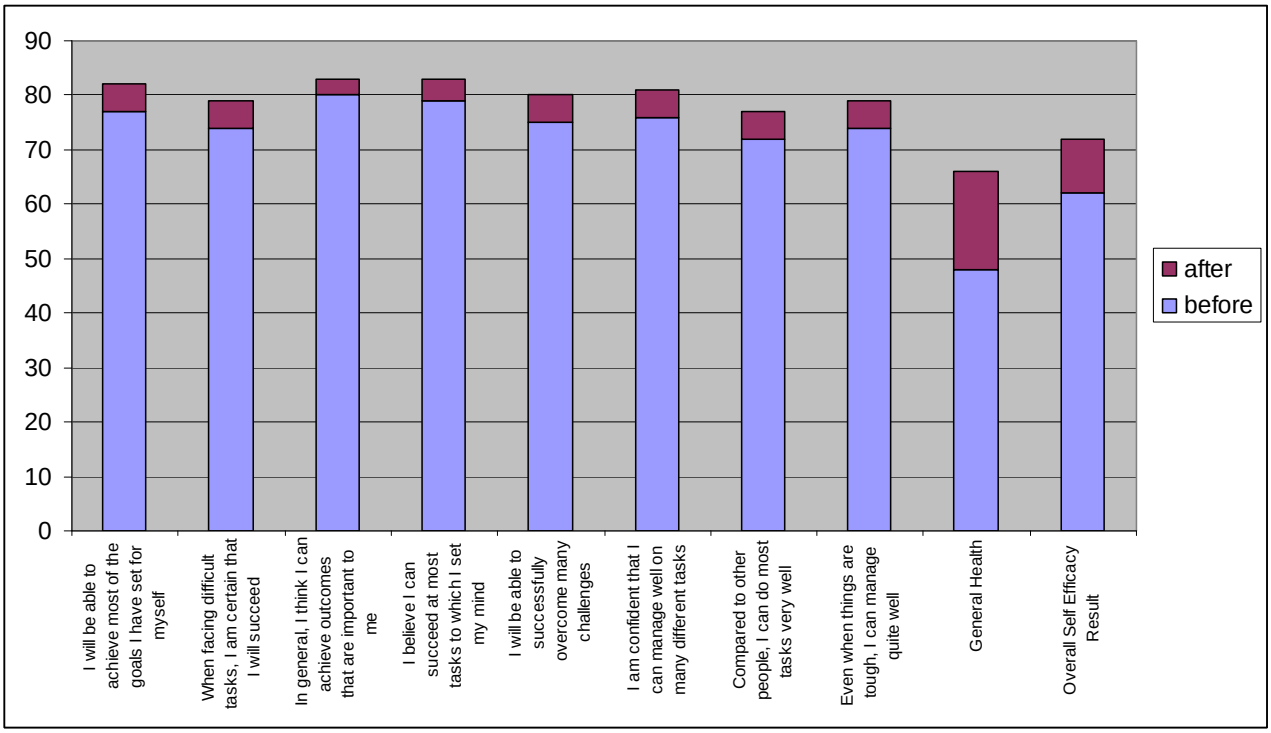
Comments

- This report is based on clients signed up for the service for diet/exercise, with minus values[7] effectively showing weight loss.
- With over 66% of those respondents showing weight loss these are very positive results.
- Sample size is limited to people who have selected 'weigh loss' as their diet aim and voluntarily completed weight & height measurements (before & after).

[7] NB: Minus values represent a range i.e. -5% equals all results within the range 2.5% - 7.5%

- ## Self-efficacy & perceived General Health improvement

Sample size: 3266



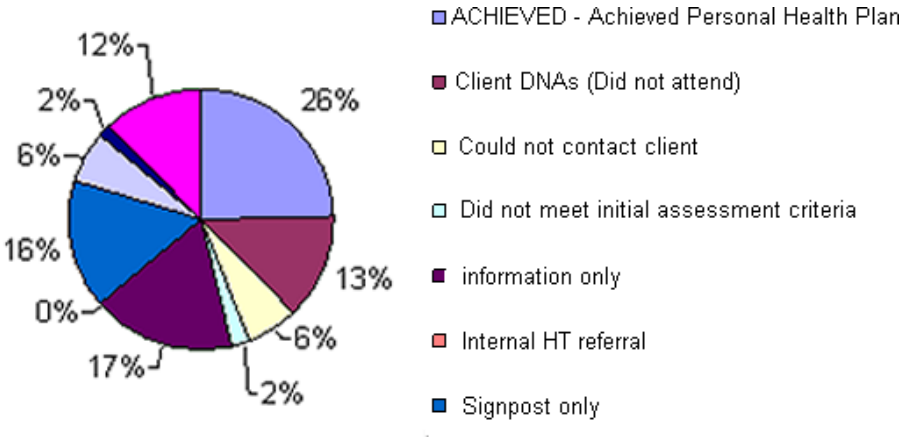
Primary Issue	I will be able to achieve most of the goals I have set for myself	When facing difficult tasks, I am certain that I will succeed	In general, I think I can achieve outcomes that are important to me	I believe I can succeed at most tasks to which I set my mind	I will be able to successfully overcome many challenges	I am confident that I can manage well on many different tasks	Compared to other people, I can do most tasks very well	Even when things are tough, I can manage quite well	General Health	**Overall Self Efficacy Result**
Alcohol										
before	70 %	67 %	75 %	71 %	70 %	70 %	65 %	65 %	45 %	**54 %**
after	80 %	75 %	84 %	80 %	76 %	76 %	75 %	73 %	70 %	**71 %**
Diet										
before	77 %	73 %	79 %	78 %	75 %	75 %	71 %	73 %	49 %	**62 %**
after	84 %	81 %	84 %	84 %	81 %	82 %	78 %	80 %	67 %	**73 %**
Exercise										
before	75 %	71 %	77 %	76 %	73 %	72 %	69 %	71 %	48 %	**59 %**
after	78 %	75 %	78 %	79 %	75 %	77 %	74 %	77 %	64 %	**67 %**
Smoking										
before	74 %	72 %	78 %	76 %	72 %	73 %	70 %	70 %	50 %	**59 %**
after	79 %	75 %	80 %	82 %	79 %	79 %	76 %	75 %	64 %	**70 %**
Local Issue										
before	67 %	61 %	70 %	65 %	62 %	64 %	60 %	58 %	37 %	**44 %**
after	80 %	80 %	80 %	76 %	80 %	80 %	75 %	72 %	64 %	**66 %**

Comments

- Based on before and after results the Health Trainer service is showing clear and consistent improvements in self-efficacy and even more so general health, a very positive result overall.
- The table above shows that these positive results were consistent across all primary issue areas.

Overall achievement

Sample size: 9060



Stage Reached	Count	Percent	Last Report
ACHIEVED - Achieved Personal Health Plan	2236	24.7%	26.22%
PART ACHIEVED - Part plan achieved	1101	12.2%	10.57%
NOT ACHIEVED - Completed Assessment	582	6.4%	5.82%
NOT ACHIEVED - Completed Personal Health Plan	158	1.7%	1.38%
Information only	1567	17.3%	11.28%
Signpost only	1454	16.0%	19.07%
Client DNAs (Did not attend)	1199	13.2%	18.35%
Could not contact client	543	6.0%	4.37%
Did not meet initial assessment criteria	209	2.3%	2.95%
Internal HT referral[8]	11	.1%	N/A
	9060	**100.00%**	

Comments

- These results relate to the achievement of Personal Health Plans as a whole, rather than to the achievement of individual goals within the plans.
- 36%+ who have achieved/part achieved overall is a fairly positive result, particularly so when a further 33%+ of outcomes are information/signposting where Health Trainers are also adding value.
- A clear focus for Health Trainer services should be to find ways in which to reduce DNA's as this does mar otherwise very positive results.

[8] NB: Internal HT referrals are introduced with December 08's v2.2 update

Personal Health Plan Goal achievement

Sample size: 9095

Table 1:

Achieved/ Goal type breakdown	Current			Previous report	
	∑	%		∑	%
Achieved	**6313**	**69.4**		2321	71.35
Alcohol	72	0.8		17	0.52
Diet	3565	39.2		1212	37.26
Exercise	1217	13.4		404	12.42
Other	1278	14.1		633	19.46
Smoking	181	2.0		55	1.69
Part Achieved	**1679**	**18.5**		489	15.03
Alcohol	20	0.2		4	0.12
Diet	985	10.8		291	8.95
Exercise	370	4.1		78	2.40
Other	246	2.7		98	3.01
Smoking	58	0.6		18	0.55
Not Achieved	**1103**	**12.1**		443	13.62
Alcohol	25	0.3		12	0.37
Diet	489	5.4		207	6.36
Exercise	263	2.9		91	2.80
Other	254	2.8		106	3.26
Smoking	72	0.8		27	0.83
	9095	**100.00**		3253	100.00

Table 2:

Goal type/ Achieved breakdown	Current			Previous report	
	∑	%		∑	%
Alcohol	**117**	**100.0**		33	100.00
Achieved	72	**61.5**		17	51.52
Part Achieved	20	**17.1**		4	12.12
Not Achieved	25	**21.4**		12	36.36
Diet	**5039**	**100.0**		1710	100.00
Achieved	3565	**70.7**		1212	70.88
Part Achieved	985	**19.5**		291	17.02
Not Achieved	489	**9.7**		207	12.11
Exercise	**1850**	**100.0**		573	100.00
Achieved	1217	**65.8**		404	70.51
Part Achieved	370	**20.0**		78	13.61
Not Achieved	263	**14.2**		91	15.88
Other	**1778**	**100.0**		837	100.00
Achieved	1278	**71.9**		633	75.63
Part Achieved	246	**13.8**		98	11.71
Not Achieved	254	**14.3**		106	12.66
Smoking	**311**	**100.0**		100	100.00
Achieved	181	**58.2**		55	55.00
Part Achieved	58	**18.6**		18	18.00
Not Achieved	72	**23.2**		27	27.00
	9095	**100.0**		3253	100.00

Comments

- These results relate to clients who have achieved individual goals within their Personal Health Plans and do not relate to Personal Health Plans as a whole.
- Again a very positive results overall with Table 1 showing a high majority of 69.4% fully achieving their goals, although the marked drop in the success of ‘other’ goals
- With sample sizes growing, Table 2 continues to show us that targeting alcohol & smoking, although still successful (& that the success rate has improved) they are still significantly less successful than targeting diet or exercise goals.
- Further analysis of ‘other’ goal types is also recommended, as this shows the highest success rate of all.

Health Trainer Profile

This data provides an initial outline of demographic profile PCT Health Trainers. The sample size here is 481 Health Trainers (previously report 230, still a significant number of records entered prior to the addition of these minimum dataset fields have not been updated).

Age band	% now	% before
< 18	1.2%	1.7%
18 - 25	13.5%	11.3%
26 - 35	28.1%	32.6%
36 - 45	28.1%	27.4%
46 - 55	18.7%	17.0%
56 - 65	4.8%	5.7%
Over 65	5.6%	4.3%
	100%	100%

Target Group	% now	% before
Disabled	7.1%	11.0%
Ethnic minority	14.6%	13.8%
Homeless	1.2%	5.9%
Local resident	39.4%	28.1%
Long term condition risk	9.4%	11.0%
No prior qualification	6.3%	10.7%
Single parent	8.4%	12.0%
Unemployed	13.6%	7.4%
	100%	100%

Gender	% now	% before
Female	79.4%	80.0%
Male	20.6%	20.0%
	100%	100%

Banding	% now	% before
Up to band 2	13.7%	10.9%
Band 3	70.3%	70.4%
Band 4 or above	7.5%	11.7%
Voluntary/ NA	8.5%	7.0%
	100%	100%

Ethnicity	% now	% before
A: White – British	72.1%	80.4%
B: White – Irish	0.4%	0.9%
C: Other White Background	1.2%	0.9%
D: Mixed - White and Black Caribbean	.8%	0.9%
F: Mixed - White and Asian	.6%	1.3%
H: Asian or Asian British - Indian	2.9%	1.3%
I: Asian or Asian British - Pakistani	4.8%	6.1%
J: Asian or Asian British - Bangladeshi	4.8%	2.2%
K: Any Other Asian Background	1.5%	0.9%
L: Black or Black British - Caribbean	2.7%	0.9%
M: Black or Black British - African	3.7%	2.6%
N: Any Other Black Background	.4%	0.4%
P: Any Other Ethnic Group	1.9%	0.4%
Z: Not Stated	2.1%	0.9%
	100%	100%

Education	% now	% before
College (e.g. A-level)	29.3%	25.7%
Na	23.5%	25.2%
School (e.g. GCSE)	19.3%	24.8%
University	27.8%	24.3%
	100%	100%

Status	% now	% before
Qualified	42.0%	N/a
Trainee	8.3%	N/a
Champion	4.9%	N/a
Not specified	44.8%	N/a
	100%	100%

Comments

- **Gender/ethnicity/banding:** Continued clear, sizeable majorities in the following areas - gender: female, ethnicity: white British, banding: band three.
- **Target group:** Of 481 respondents, 259 (45%) were classified as being in one or more target groups.
- **Before Vs After movement:** Main areas of differences between before and after are;
    - A trend towards more well educated helath trainers
    - Lower White Britsh majority
    - More staff coming from the target groups local resident and unemployed

Upcoming: MDS outcomes data analysis

Further analysis

Besides periodic update reports, as part of the growing evaluation of Health Trainer DCRS data, BPCSSA are currently also providing data mining support to the University of Central London for their Minimum Dataset (MDS) outcomes analysis.

A P P E N D I C E S

HUB Reporting Access

Current DCRS Reporting Facilities

Getting access to the system

All HUB members wishing to work from non-NHS sites are entitled to a remote access token to access the system, as before an authorisation form is needed/ can be provided for this[9].

National reporting

Anyone accessing the system can currently run national reports (via Resources > Reports). Having selected the 'custom' tick box all reports can then be grouped by SHA and furthermore all reports can be exported to excel where data can then be further filtered i.e. to remove all data but that which belongs to a specific SHAs.

Bespoke National Reports

BPCSSA are providing periodic update reports and can take specific requests from the HUB via Janet Andelin/ Rachel Carse.

BPCSSA are already fully co-operating with UCL and are happy to provide data mining support to any other nationally appointed clinical research organisations.

Proposed HUB Functionality

SHA level reporting

As an NHS system the geographic structure of the DCRS has always been designed to reflect the following grouping levels[10], National, SHA & PCT. However although SHA is a field grouping option in all custom reports, there is no immediate choice of being able to report specifically by 'my SHA'. BPCSSA could develop this however.

Proposal: SHA login for HUB members

To enable seamless access to the system and prevent any complex login scenarios, BPCSSA could offer the HUB the following approach:

a. Each HUB member has their own token (as several already have)
b. However based on username the system would 'auto-login' to their SHA
c. HUB members could then run SHA filtered reports (national and SHA level) and data extracts[11] as required

Thoughts/ feedback on this proposal welcomed.

[9] The token will enable you to log onto the training system from where you can run live national reports (where SHA is one of the grouping options), contact BPCSSA for a form 0121 465 1113..

[10] Locally PCTs also are able to group by postcode1 and/or their caseloads which are often geographically defined.

[11] SHA extracts would be non-client identifiable. This assumes that SHAs as parent organisations do not need to request any type of permission from PCTs to allow this, but this would need to be confirmed.