Background

Reducing health inequalities includes addressing levels of access to and use of services, including considering how deprivation may affect service engagement and referral to services (1,2). Known service and patient risk factors can also be used to identify where to focus efforts to improve engagement (3,4,5). This project describes the use of neighbourhood profiles, developed using data from EMIS Web (NHSSGC’s electronic children’s record system) to target improvements. These profiles show activity in great detail, providing insights and more nuanced understanding of need at local level for Child and Adolescent Mental Health Services (CAMHS) and Speech and Language Therapy (SLT).

Aims

* To analyse activity within communities so health resources can be best targeted.
* To help clinical teams plan services and develop new models matched to local need.

Methodology

To uncover health inequalities, patient-level data was linked to geographic and population data to identify outlying areas of demand. Operational data was extracted and population-based analyses undertaken with 120,000 data points, linked to 273 neighbourhoods across Greater Glasgow & Clyde.

Geomaps (shown centre) provided easy to interpret results, highlighting where activity, demand and population need varied at neighbourhood and Board level. This enabled improvement efforts to be targeted in the most relevant areas of local population need.

World Café sessions were used to review geomaps and data analysis, and to collate clinicians’ local knowledge, such as location of clinics relative to other children’s services. All clinical staff (approx. 120wte) across the services involved took part. Action plans were developed using the results.

Results

Findings are used to target communities who would benefit most and to identify potential improvements discussed in World Café events. Example findings include extremely poor levels of uptake of some services within other areas such as neighbourhoods in Clydebank. The chart below demonstrates results from missed appointments in the Speech and Language service.

Outcomes

Plans were designed to improve services and reduce health inequalities by tackling issues at a neighbourhood level that could be missed when focusing at Board level. For example, East Dunbartonshire Speech and Language Therapy (SLT) team noticed a high Did Not Attend (DNA) rate in Lennoxtown. This neighbourhood is geographically distant from the clinic and it was discovered that the population in Lennoxtown is geographically distant from the clinic.

To improve engagement, patient journeys were considered to identify areas for service development and outcome would not have been achieved without the Neighbourhood Profiles analysis.