3rd Annual Management Conference and Exhibition

London Health 2010

Innovation, quality ,equity and excellence

Integration

Developing Integrated Networks To Support the Delivery of a Range of Long Term Condition Care Packages

John Wardell
Programme Director for Integrated Care

November 3rd 2010

Tower Hamlets NHS

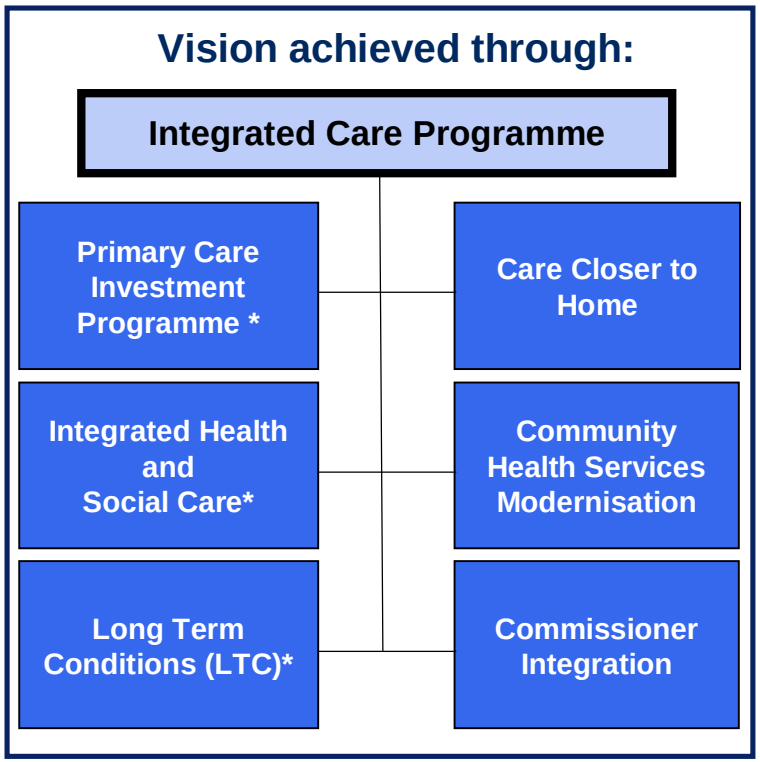
NHS Tower Hamlets

John Wardell

Programme Director of Integrated Care Commissioning

Vision for Integrated Care

- 2006 *Improving Health & Wellbeing Strategy*: (Strategy refreshed in 2009)
- Borough-wide plan to create a truly integrated system built around networks of services



- Health inequalities
- Improving the patient experience
- Better quality of care
- Improving the health and wellbeing of the population
- Integrated and more localised services
- Promoting independence, choice and self care
- Investing resources effectively

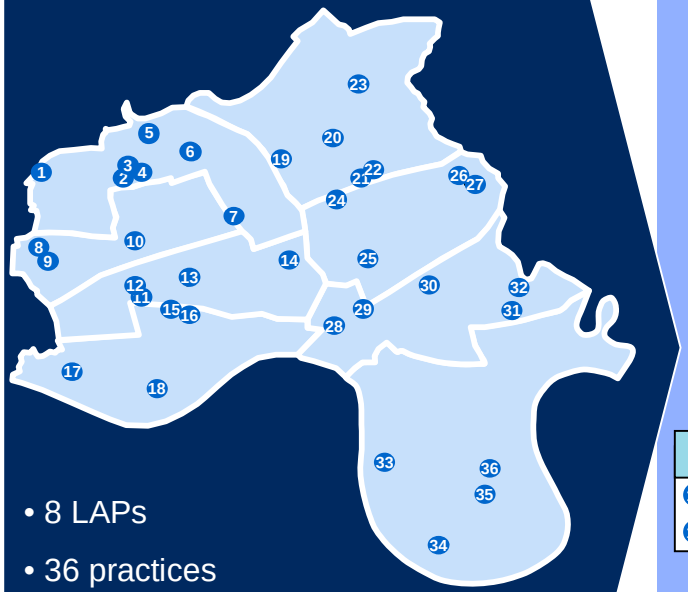
* **Part of the Integrated Care Pilot**

Primary Care Investment Programme

Development of networks…….

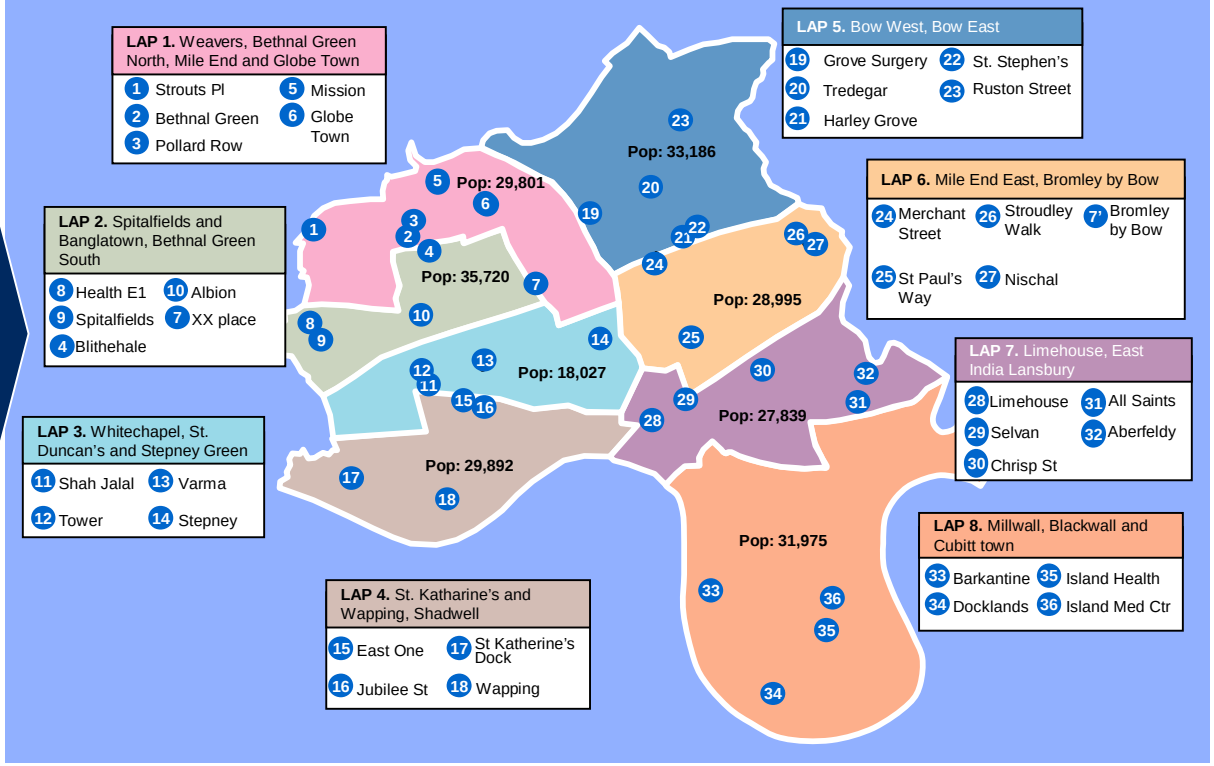
The 36 Tower Hamlets practices have formed 8 geographic networks aligned with LAPs

Tower Hamlets before networks:



- 8 LAPs
- 36 practices
- Total population of ~245,000
- Practice list sizes of 3,000 to 11,000

8 Networks* were formed in the borough during 2009:



Why networks?

- Focus on **population health** across a geography
- Collaborative relationships with **wide range of partners** (e.g. Borough, schools, charities)
- Sufficient **scale for** specialisation of staff, ability to access rare skills and ensure access, resources (e.g. equipment)
- Integration with **estates** plan

* Number of patients per practice as at 1 October 2009 (Clinical Effectiveness Group)

The Vision for Networks

Services need to be offered closer to communities and in locations where different services and professionals are brought together.

Local networks of services are bringing together health and social care, education, housing and leisure services and provide a focal point for the integration of third sector (?Voluntary) services.

- **Local provider networks are being established within each of the 8 Tower Hamlets LAPs** - to provide care packages for those with long term conditions as well providing heath promotion services (vaccination and immunisations and smoking cessation)
- Development of LAP based **networks will be supported by the re-organisation of the community mental health teams and by the integration of adult social care services**:
  - Single points of access (one assessment only)
  - Integrated assessment and care management processes
- **Development of new health and wellbeing centres and refurbishment of facilities will support** both the **integration of services and localisation of services** away from hospitals
- As networks develop, **we will establish some local healthy living programmes** to be **geared to more local needs**. The LAP structures can be built upon to **consult with local people** and **promote more local understanding and ownership for programmes**.

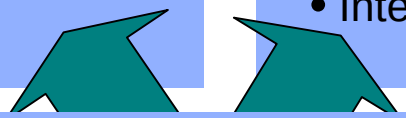
How the Primary Care Investment Programme is being delivered

Care packages are:

- **Reducing variability** through the use of evidence based pathways
- Ensuring the **right people to do the right tasks at the right time**
- **Enabling transparency of data** at individual patient, clinician, practice, and network level
- Facilitating an **integrated and coherent approach**

Networks:

- Focus on **population health** across a defined area
- Have collaborative relationships with **a wide range of partners** (e.g. Borough, Schools, Charities)
- Provide sufficient **scale for:**
  - Specialisation of staff
  - Ability to access rare skills
  - Resources (e.g. equipment)
  - Ability to ensure access
- Integrate with **estates** plan



What supports it all?

Organisational development
- The **capabilities and mindsets**

Information and technology
- The **systems and processes** to underpin the new way of working

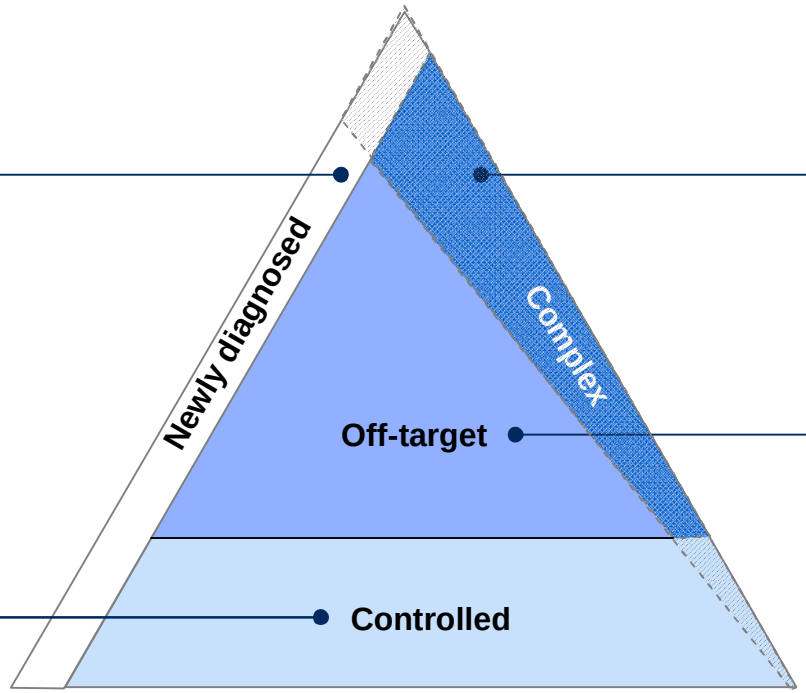
Stratification based on agreed clinical criteria

1 Criteria for newly diagnosed

- Newly diagnosed in the first 6 months or newly diagnosed in second 6 months not controlled
- **Currently 8% of patients**

2 Criteria for controlled

- >6 months diagnosed and all three conditions met
  - BP<=140/80
  - HBA1C<=7.5
  - Cholesterol <=4.5 mmol
- **Currently 27% of patients**



4 Complex off-target

- Off target and
  - Renal, Limb, & Eye
  - Depression
- **Currently 13% of patients**

3 Off-target

- Clinical parameters that exceed any or all of:
  - BP>140/80
  - HBA1C >7.5
  - Cholesterol >4.5
- **Currently 53% of patients**

SOURCE: Diabetes care package group; EMIS web data

2 Summary care package for controlled type 2 diabetes cases

PRELIMINARY

Minutes per patient per year

Qualification criteria for package: Type 2 diabetes diagnosed > 6 months & HbA1c<=7.5 & BP<=140/80 & Chol<=4.5

Entry routes: New, Off target, Off-target complex

Exit routes: Off target, Off-target complex, Death, Move out of area, pre-conception/pregnancy

Stratification: 27% of cases

Times and activities in bold are mandatory

		Primary				Community			Secondary		
Activity	**Minimum skill level**	**GP**	**Practice nurse**	**HCA**	**Admin**	**Pharma-cist**	**Education provider**	**Other**	**DSN**	**Other**	**Total staff time**
Diabetic tests	HCA			**20**							20
Care planning	Nurse		**30**								30
Retinal screening	Accredited provider										-
6-month interim review[1]	Nurse (with pres-cribing support)		15	10							25
Structured Education[2]	Accredited provider						4.5				4.5
Call/recall/ coordination[3]	Clerical				39						39
Medicines Management	Pharmacist					15					15
Total time			**45**	**30**	**39**	**15**	**4.5**				**133.5**
Average per care setting				**114**			**19.5**				

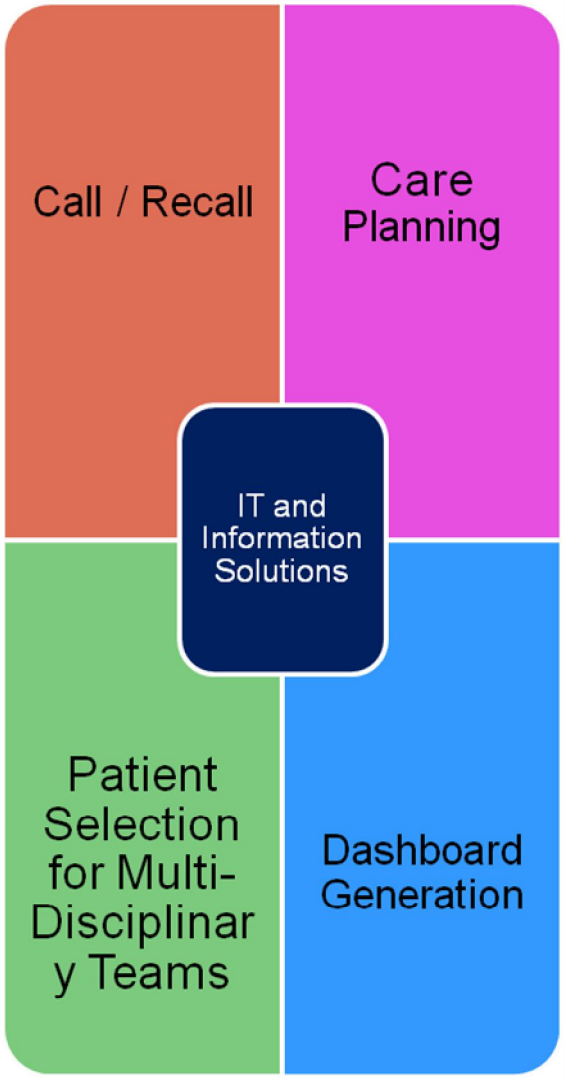
Costing model assumes that patients who require interpreters for appointments:
- **Take 1.5 x as long**
- **Have interpreter for all but diabetic testing (due to budgetary constraints)**

1 Includes 15 mins with nurse and 10 mins for blood tests (HBA1C, BP mandatory, others according to clinical judgement)
2 60% patients, 1 hour, 10 patients per class, additional 25% to cover class preparation
3 One day per week for every 300 patients, half already taking place

SOURCE: Working Session; TH Diabetes Care Group

Enablers

Information: PCIP



The Information Systems workstream has developed processes and capabilities to support Networks to roll out Care Packages

Description

- Ability to **track patient and patients' care data** required to effectively implement care packages across network
- Processes and systems to **share information and expertise** between practices and specialists in networks for treatment of difficult cases (e.g. Multi Disciplinary Teams)
- Ways to enable **implementation of best practices** in patient care
- Procedures and systems required to **standardise and centralise best practices** in support functions where possible (e.g, call / recall of patients who require a series of on-going appointments at set time intervals)

New processes and system capabilities

- Processes and systems have been developed to support:
  - Patient classification (stratification into groupings according to needs)
  - Patient care planning
  - Multi Disciplinary Team (MDT) review
  - Call / recall programme
- Elements of new system solutions:
  - New network linkages between GP Practices
  - Information security
  - Skills and capabilities

❷ Enabling Networks: Information Governance

The Network Coordinator requires the maximum level of access

Other users should be given anonymised access

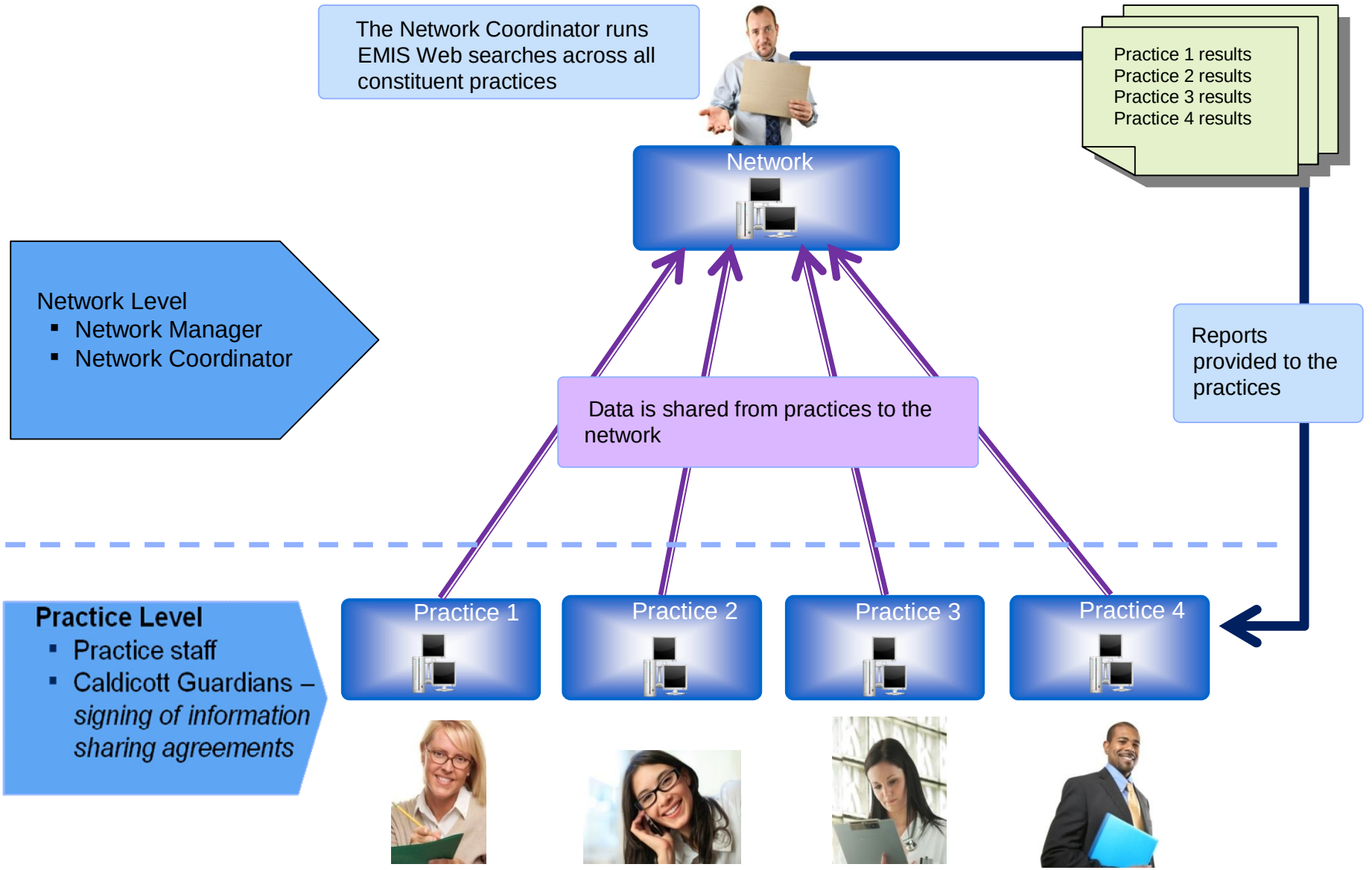
Patient Identifiable Network Information

- Essential to the centralisation of administrative functions
- Allows the network coordinator to create reports which can be traced back to patients at the practice
- Only Network Coordinator and Manager should have access to confidential patient confidential information

Anonymised Network Information

- Allows patient-level searching and reporting
- All information is anonymous and cannot be traced back to a patient ID
- Allows additional network functions (e.g. research, investigations) to be carried out without compromising patient information

❷ Enabling Networks: Information flows



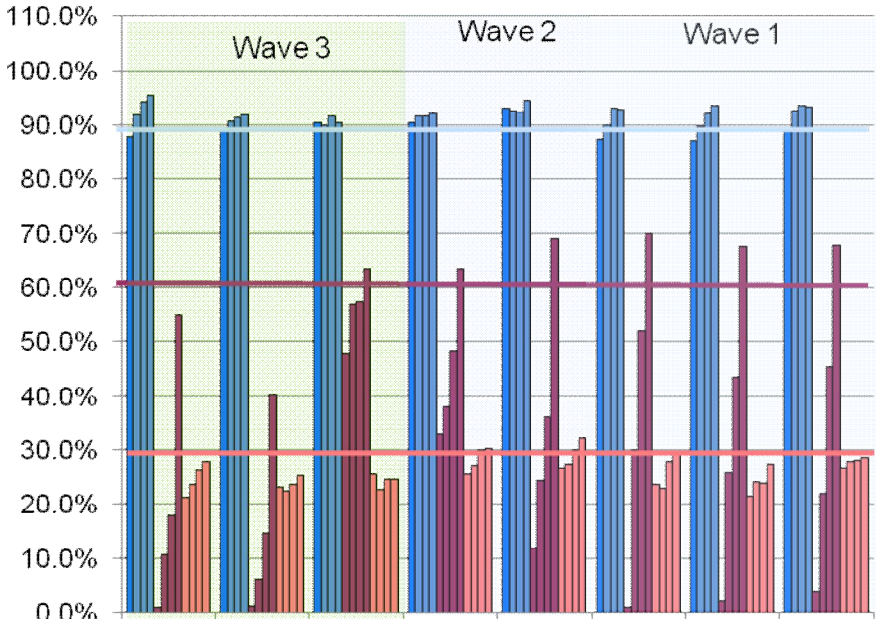
2 The information system enabled the Primary Care Investment Programme by delivering the following across Tower Hamlets

Agreement from 35 out of 36 practices to share information	▪ Bespoke sharing agreements ▪ Implementation of processes and tools delivering standardised best practice ▪ Centralisation of common practice functions (e.g. call/recall, care planning) ▪ Support for multiple security profiles
Borough-wide, transparent performance reporting	▪ Standardised dashboards at both network and practice level for each care package ▪ Full transparency of dashboard calculations to both commissioners and the networks ▪ Network managers can generate their own “real-time” dashboards to track performance
One of the most sophisticated immunisations call/recall systems in London	▪ Prior to the immunisations care package, NHS Tower Hamlets had been without a call/recall system for over 5 years ▪ New network-based call/recall is being used by all 8 networks ▪ Standardised patient lists make it clear which patients to target and when
Successful partnerships and a reputation for quality and delivery	▪ Strong delivery partnerships between the Commissioning and IT directorates, CEG and other suppliers, practices, and network management ▪ Successful implementation and publicity has encouraged practices to collaborate and share information ▪ Collaborative partnership has helped fuel a strong reputation within the networks for quality deliverables, support, and continuous improvement

Key success factors	Details
Clinical leadership	• Strong leader of working group with a high level of commitment • Mix of clinicians and other relevant professionals (educators, social workers) from across care settings is important to get clinical support
Organizational Development and incentives	• The OD programme consisted of a borough-wide approach that also allowed tailoring of programmes for specific needs
Information system as a key enabler	• Infrastructure, processes, and information governance are crucial to successful integration • Early alignment on the need to share information will ensure progress • Clinical leads need to listen to colleagues' concerns and support their understanding of the benefits of information transparency
Strong relationship between clinical leadership and management	• Facilitated an open and collaborative approach to the implementation of change that was challenging in both scale and pace • Governance structures embedded clinical leadership in the programme

Diabetes

Network performance towards Diabetes Care Package Targets, Aug 2009 - August 2010



Payment threshold 90-95%

Payment threshold 60-90%

Payment threshold 30-50%

	NW1	NW2	NW3	NW4	NW5	NW6	NW7	NW8
Aug-09	87.9%	88.9%	90.4%	90.4%	93.2%	87.4%	87.2%	88.8%
Jan-10	91.9%	90.8%	90.1%	91.6%	92.7%	90.0%	89.9%	92.5%
Apr-10	94.2%	91.4%	91.7%	91.7%	92.4%	93.1%	92.2%	93.5%
Aug-10	95.4%	92.0%	90.5%	92.2%	94.6%	92.9%	93.5%	93.3%
Aug-09	0.9%	1.2%	47.9%	32.8%	11.8%	0.9%	2.1%	3.7%
Jan-10	10.7%	6.2%	56.9%	38.2%	24.4%	30.1%	25.9%	21.9%
Apr-10	17.9%	14.6%	57.4%	48.1%	36.1%	52.0%	43.5%	45.3%
Aug-10	54.8%	40.1%	63.7%	63.6%	68.9%	70.0%	67.5%	67.9%
Aug-09	21.3%	23.2%	25.4%	25.7%	26.8%	23.6%	21.5%	26.8%
Jan-10	23.6%	22.6%	22.7%	27.1%	27.3%	22.9%	24.1%	27.9%
Apr-10	26.3%	23.6%	24.6%	30.1%	30.0%	27.9%	24.0%	28.2%
Aug-10	27.9%	25.4%	24.7%	30.2%	32.2%	29.3%	27.5%	28.7%

% of patients on register with hba1c, chol and BP reading in last 15 months

% of Type 2 patients with care planning meeting completed in last 15 months

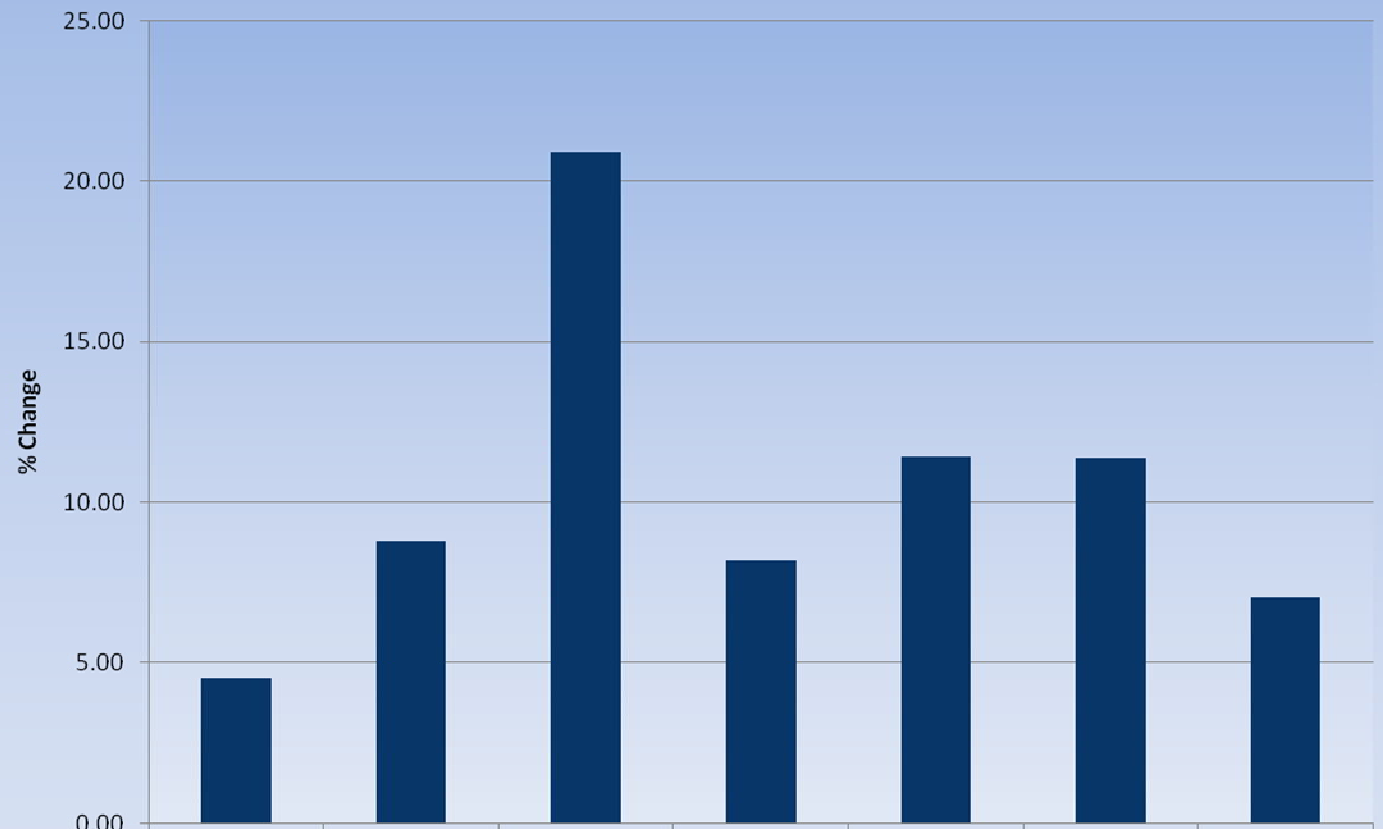
% patients with diabetes controlled as defined by stratification criteria

Diabetes Care package rolled out in 3 phases

Networks showing improvements across all indicators

There is significant improvement in patients completing care planning meetings in the last 15 months

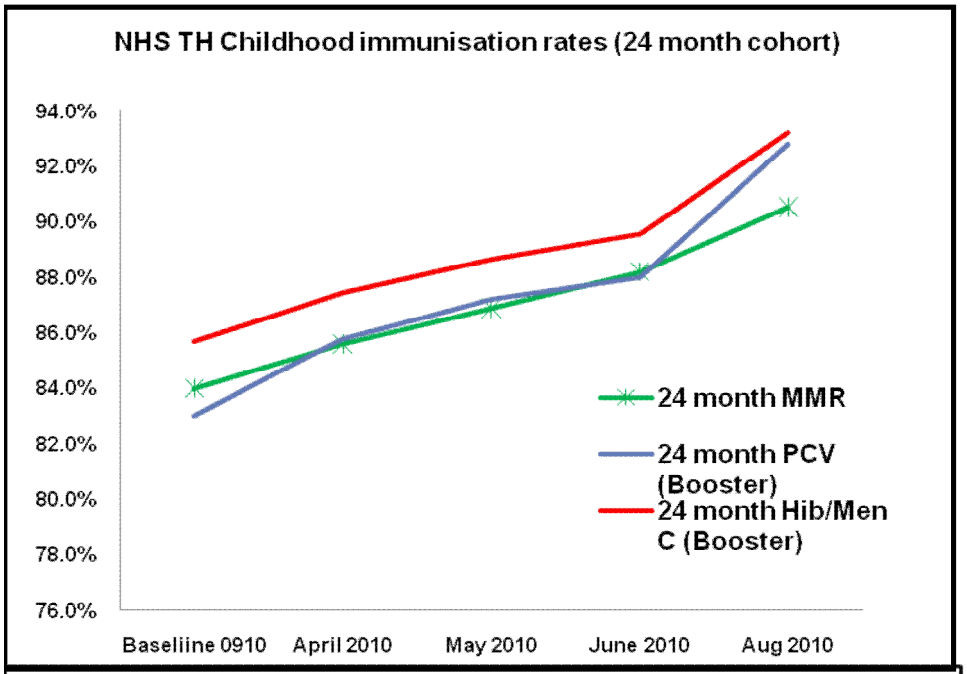
% Change in Diabetes outcomes across all waves August 2010

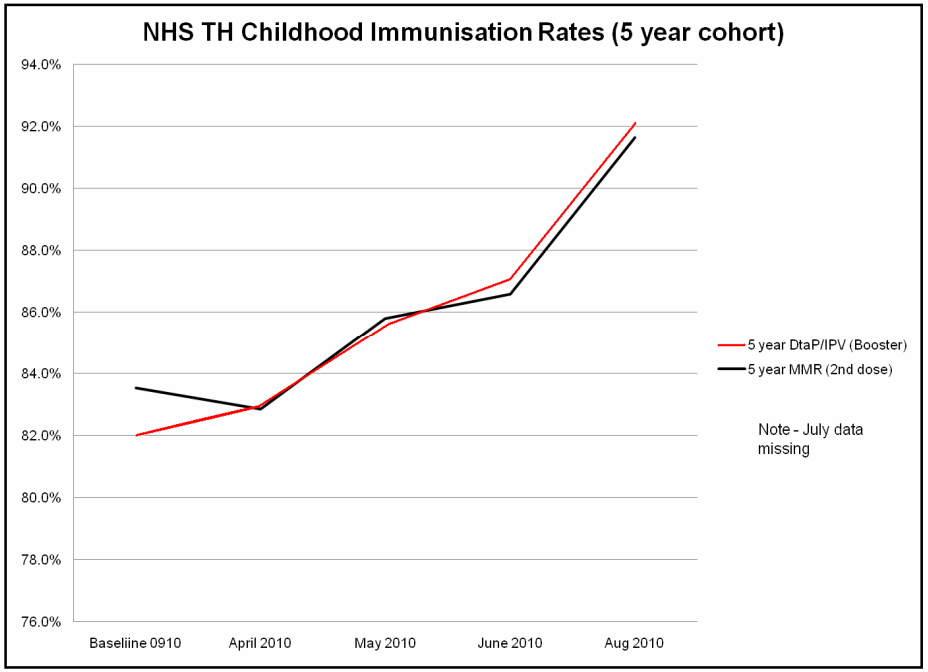


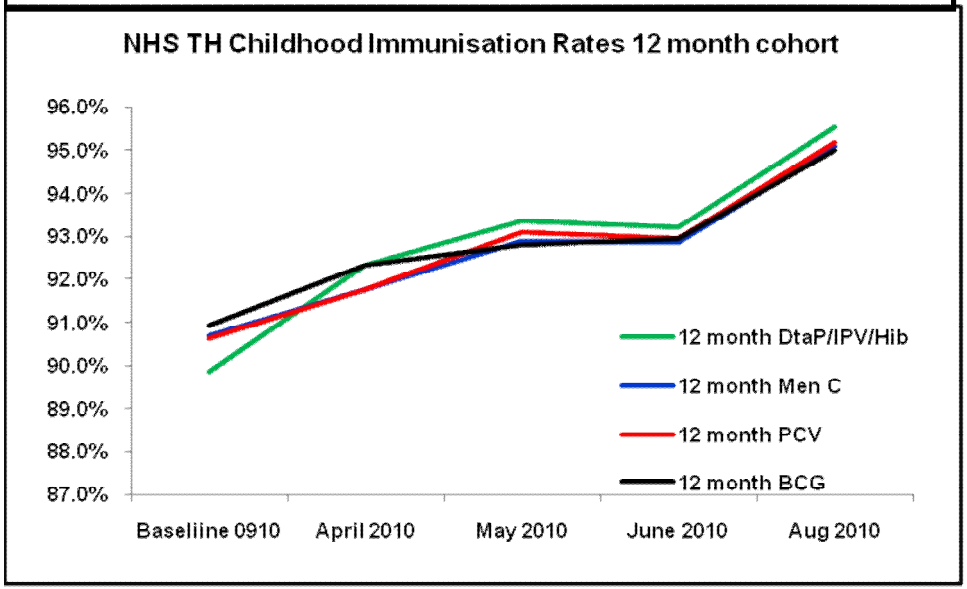
	reg	strat	controlled	Hba1c <7.5	Bp <140/80	chol <4.5	Hba1c<10
% Change	4.54	8.79	20.92	8.19	11.42	11.37	7.05

Imms and Vaccs

We have seen significant improvements with immunisation rates across the whole programme







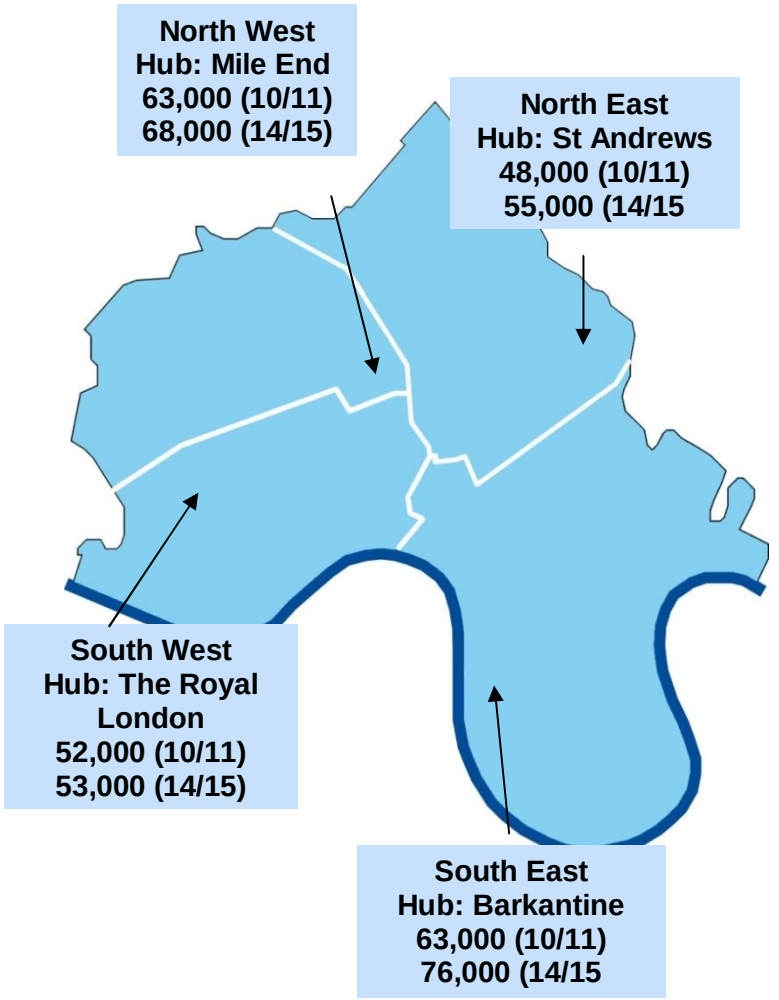
There has been significant improvements overall with the first set of vaccinations at 12mths reaching 95% (herd immunity) or over and all the other vaccinations reaching over 90%.

.

This is the best set of results recorded so far and Tower Hamlets is currently reaching all the targets which were set for the childhood immunisation programme for 2010/11.

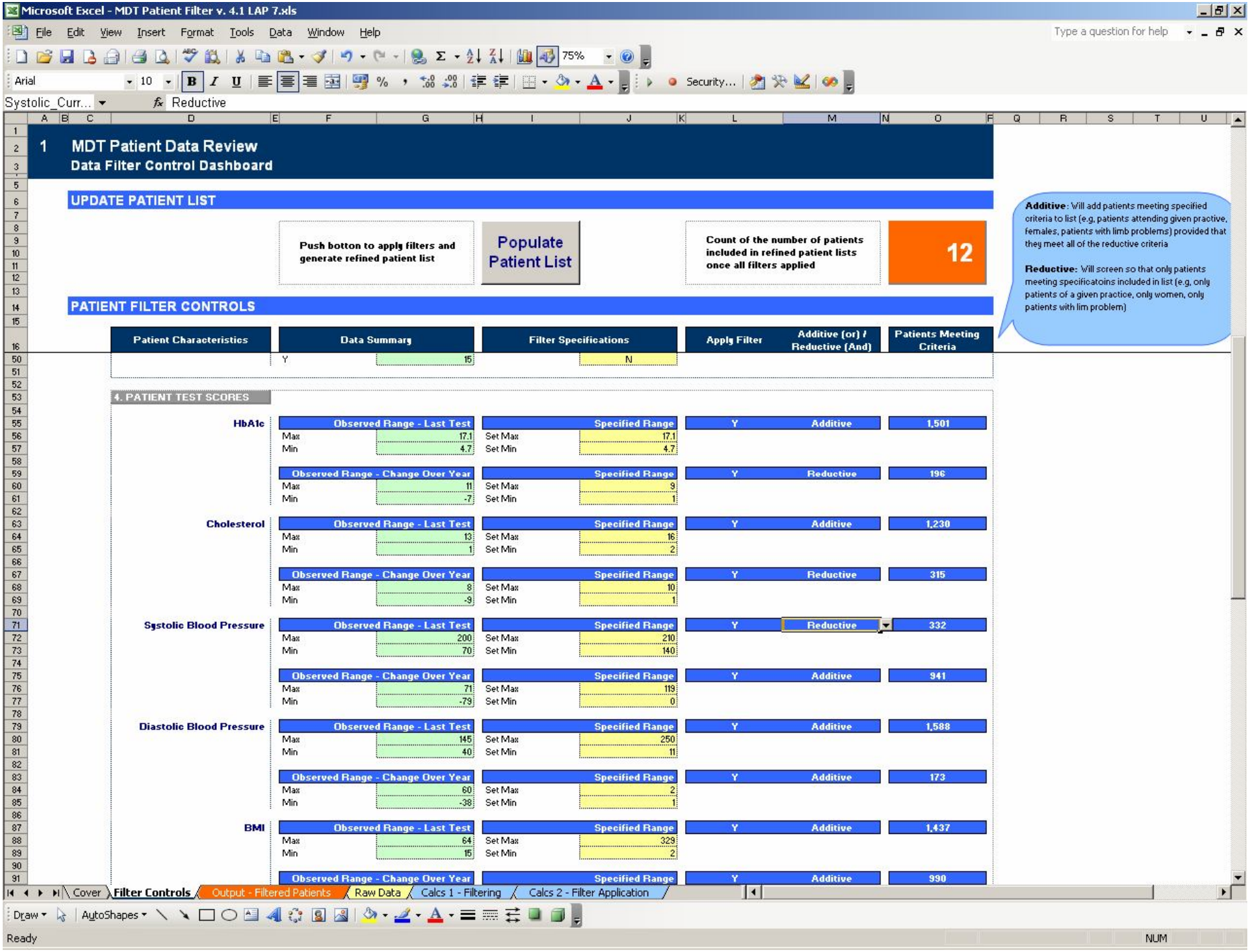
Networks are critical to our vision and strategy

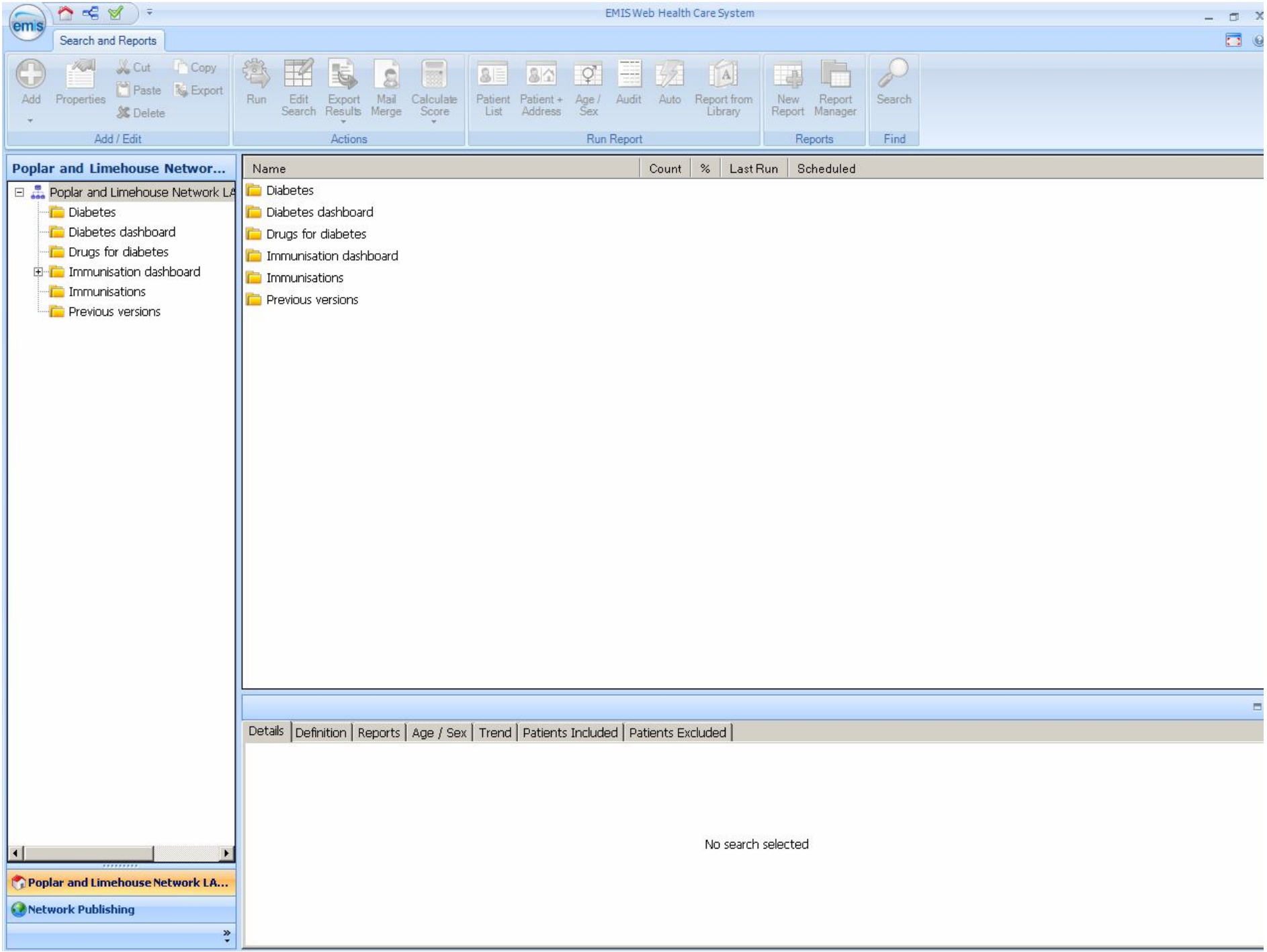
- Clinical engagement and leadership –network organisational development, care pathways
- Core activities modelled across system
- Estate options identified
- Aligned with clinical commissioning (PBC) and partners (Local Area Partnerships)
- IT platform – EMIS Web, disease registry including MDT, call/recall
- Network contract levers

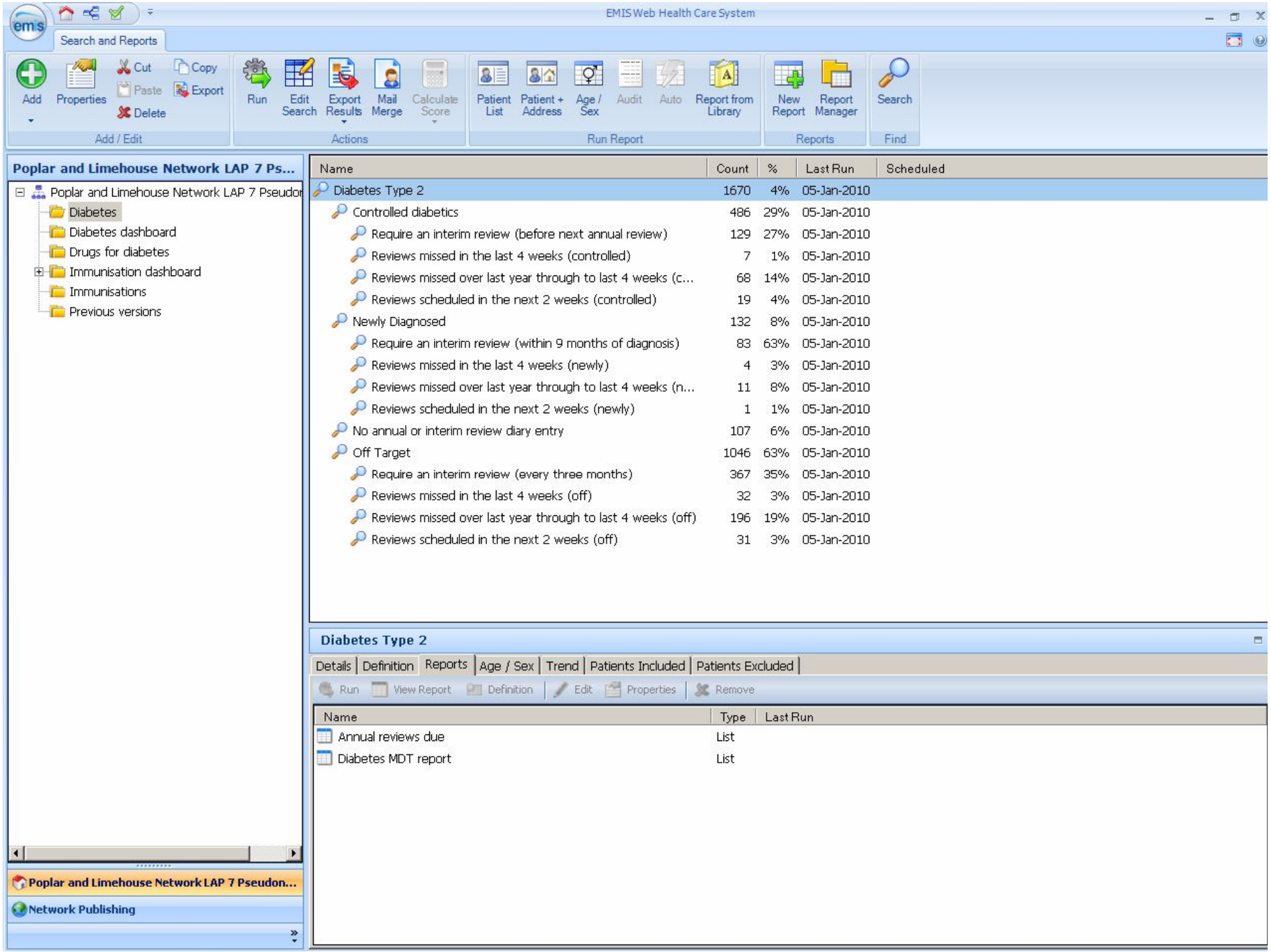


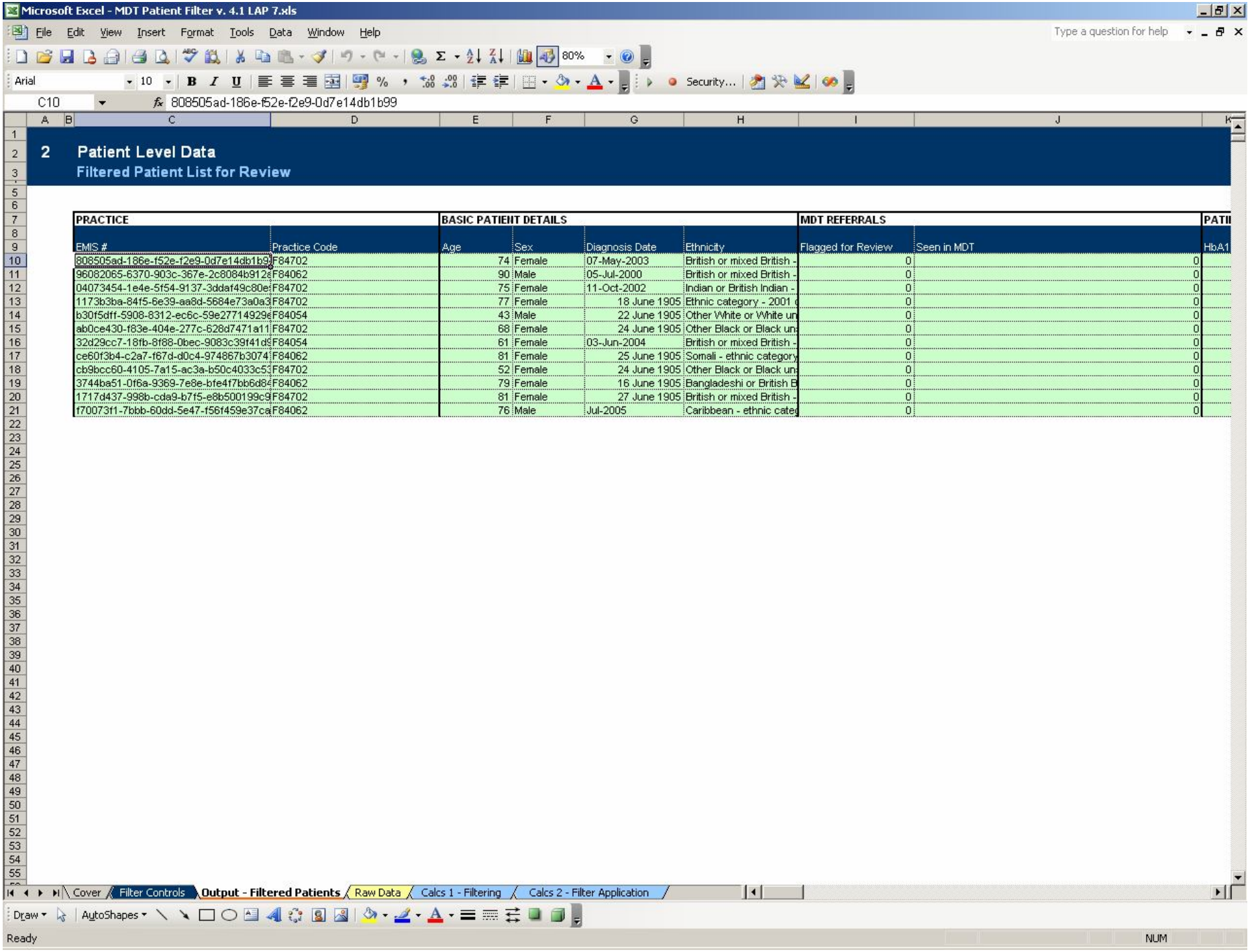
Our programme will deliver integrated care

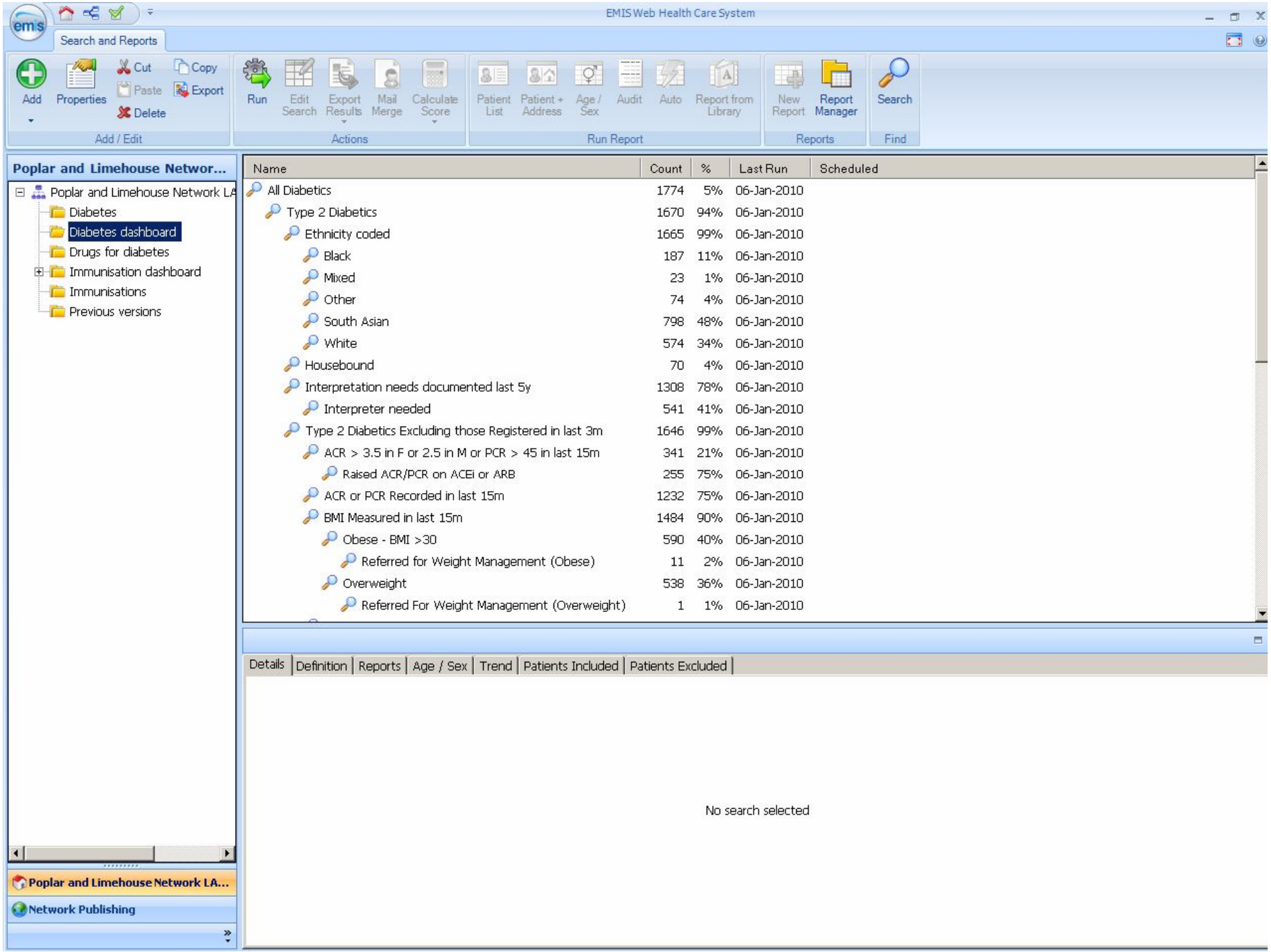
Appendices

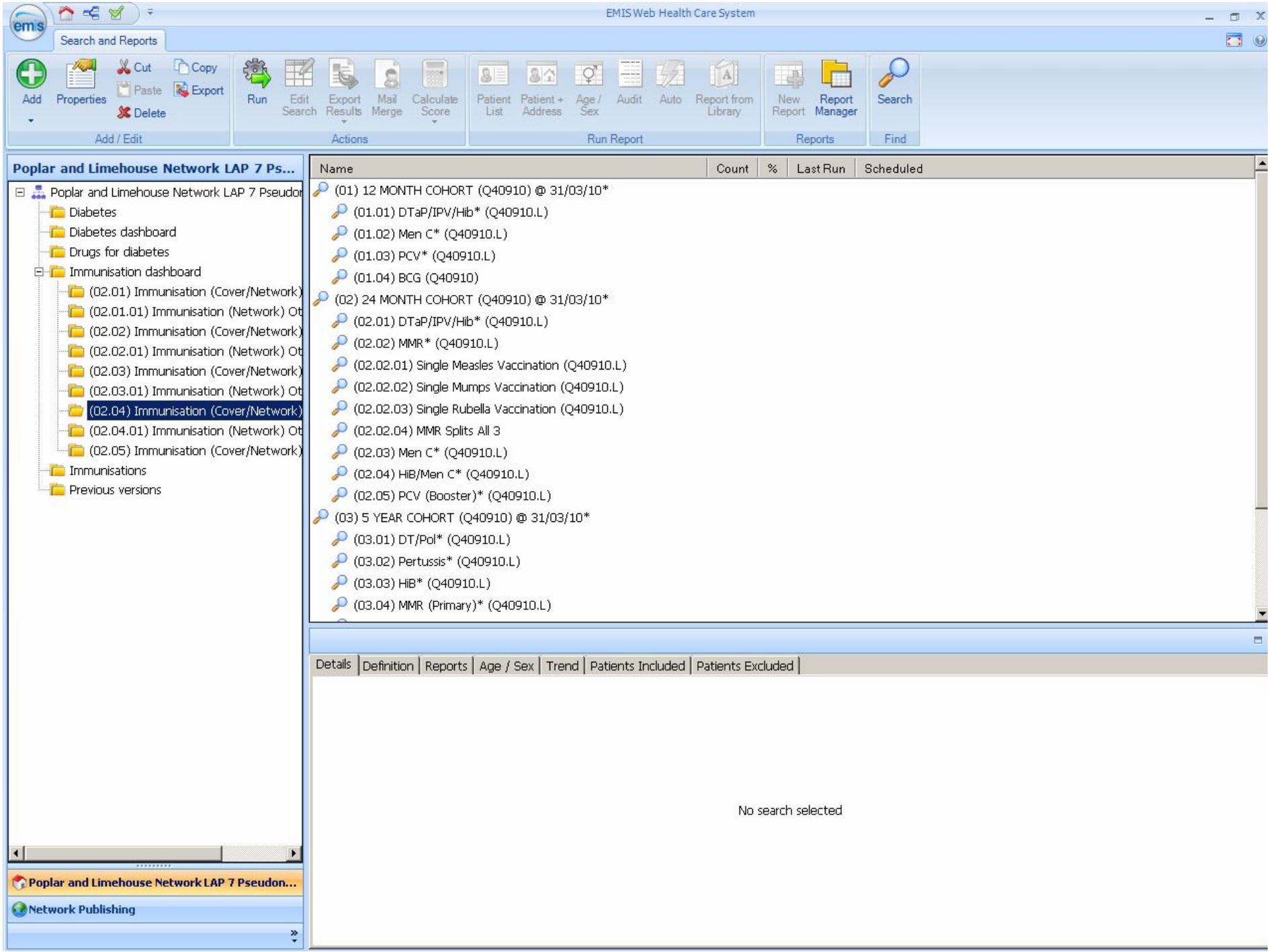

Microsoft Excel - MDT Patient Filter v. 4.1 LAP 7.xls
1 MDT Patient Data Review
Data Filter Control Dashboard
UPDATE PATIENT LIST
Push botton to apply filters and generate refined patient list
Populate Patient List
Count of the number of patients included in refined patient lists once all filters applied
12
Additive: Will add patients meeting specified criteria to list (e.g, patients attending given practive, females, patients with limb problems) provided that they meet all of the reductive criteria
Reductive: Will screen so that only patients meeting specificatoins included in list (e.g, only patients of a given practice, only women, only patients with lim problem)
PATIENT FILTER CONTROLS
Patient Characteristics
Data Summary
Filter Specifications
Apply Filter
Additive (or) / Reductive (And)
Patients Meeting Criteria
4. PATIENT TEST SCORES
HbA1c
Observed Range - Last Test
Specified Range
Y
Additive
1,501
Max 17.1 Set Max 17.1
Min 4.7 Set Min 4.7
Observed Range - Change Over Year
Specified Range
Y
Reductive
196
Max 11 Set Max 9
Min -7 Set Min 1
Cholesterol
Observed Range - Last Test
Specified Range
Y
Additive
1,230
Max 13 Set Max 16
Min 1 Set Min 2
Observed Range - Change Over Year
Specified Range
Y
Reductive
315
Max 8 Set Max 10
Min -9 Set Min 1
Systolic Blood Pressure
Observed Range - Last Test
Specified Range
Y
Reductive
332
Max 200 Set Max 210
Min 70 Set Min 140
Observed Range - Change Over Year
Specified Range
Y
Additive
941
Max 71 Set Max 119
Min -79 Set Min 0
Diastolic Blood Pressure
Observed Range - Last Test
Specified Range
Y
Additive
1,588
Max 145 Set Max 250
Min 40 Set Min 11
Observed Range - Change Over Year
Specified Range
Y
Additive
173
Max 60 Set Max 2
Min -38 Set Min 1
BMI
Observed Range - Last Test
Specified Range
Y
Additive
1,437
Max 64 Set Max 329
Min 15 Set Min 2
Observed Range - Change Over Year
Specified Range
Y
Additive
990
Cover
Filter Controls
Output - Filtered Patients
Raw Data
Calcs 1 - Filtering
Calcs 2 - Filter Application
Ready
NUM

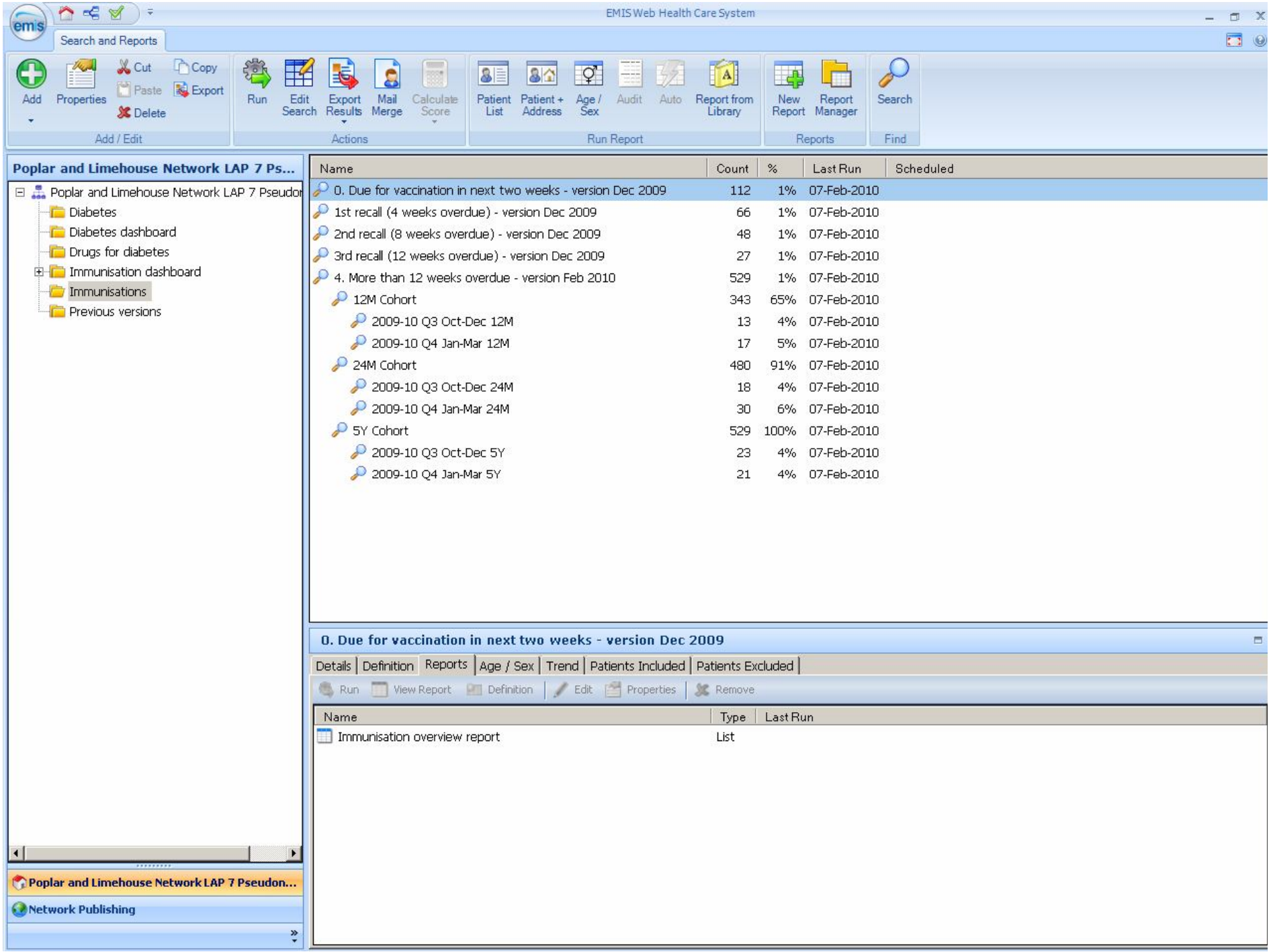

EMIS Web Health Care System
Search and Reports
Add
Properties
Cut
Copy
Paste
Export
Delete
Add / Edit
Run
Edit Search
Export Results
Mail Merge
Calculate Score
Actions
Patient List
Patient + Address
Age / Sex
Audit
Auto
Report from Library
Run Report
New Report
Report Manager
Reports
Search
Find
Poplar and Limehouse Networ...
Poplar and Limehouse Network LA
Diabetes
Diabetes dashboard
Drugs for diabetes
Immunisation dashboard
Immunisations
Previous versions
Name
Count
%
Last Run
Scheduled
Diabetes
Diabetes dashboard
Drugs for diabetes
Immunisation dashboard
Immunisations
Previous versions
Details
Definition
Reports
Age / Sex
Trend
Patients Included
Patients Excluded
No search selected
Poplar and Limehouse Network LA...
Network Publishing


EMIS Web Health Care System
Search and Reports
Add
Properties
Cut
Copy
Paste
Export
Delete
Add / Edit
Run
Edit Search
Export Results
Mail Merge
Calculate Score
Actions
Patient List
Patient + Address
Age / Sex
Audit
Auto
Report from Library
Run Report
New Report
Report Manager
Reports
Search
Find
Poplar and Limehouse Network LAP 7 Ps...
Poplar and Limehouse Network LAP 7 Pseudor
Diabetes
Diabetes dashboard
Drugs for diabetes
Immunisation dashboard
Immunisations
Previous versions
Poplar and Limehouse Network LAP 7 Pseudon...
Network Publishing
Name
Count
%
Last Run
Scheduled
Diabetes Type 2 1670 4% 05-Jan-2010
Controlled diabetics 486 29% 05-Jan-2010
Require an interim review (before next annual review) 129 27% 05-Jan-2010
Reviews missed in the last 4 weeks (controlled) 7 1% 05-Jan-2010
Reviews missed over last year through to last 4 weeks (c... 68 14% 05-Jan-2010
Reviews scheduled in the next 2 weeks (controlled) 19 4% 05-Jan-2010
Newly Diagnosed 132 8% 05-Jan-2010
Require an interim review (within 9 months of diagnosis) 83 63% 05-Jan-2010
Reviews missed in the last 4 weeks (newly) 4 3% 05-Jan-2010
Reviews missed over last year through to last 4 weeks (n... 11 8% 05-Jan-2010
Reviews scheduled in the next 2 weeks (newly) 1 1% 05-Jan-2010
No annual or interim review diary entry 107 6% 05-Jan-2010
Off Target 1046 63% 05-Jan-2010
Require an interim review (every three months) 367 35% 05-Jan-2010
Reviews missed in the last 4 weeks (off) 32 3% 05-Jan-2010
Reviews missed over last year through to last 4 weeks (off) 196 19% 05-Jan-2010
Reviews scheduled in the next 2 weeks (off) 31 3% 05-Jan-2010
Diabetes Type 2
Details
Definition
Reports
Age / Sex
Trend
Patients Included
Patients Excluded
Run
View Report
Definition
Edit
Properties
Remove
Name
Type
Last Run
Annual reviews due List
Diabetes MDT report List


Microsoft Excel - MDT Patient Filter v. 4.1 LAP 7.xls
File Edit View Insert Format Tools Data Window Help
Type a question for help
Arial 10
Security...
C10
808505ad-186e-f52e-f2e9-0d7e14db1b99
2 Patient Level Data
Filtered Patient List for Review
PRACTICE
BASIC PATIENT DETAILS
MDT REFERRALS
EMIS # Practice Code Age Sex Diagnosis Date Ethnicity Flagged for Review Seen in MDT HbA1
808505ad-186e-f52e-f2e9-0d7e14db1b9 F84702 74 Female 07-May-2003 British or mixed British - 0 0
96082065-6370-903c-367e-2c8084b912 F84062 90 Male 05-Jul-2000 British or mixed British - 0 0
04073454-1e4e-5f54-9137-3ddaf49c80e F84702 75 Female 11-Oct-2002 Indian or British Indian - 0 0
1173b3ba-84f5-6e39-aa8d-5684e73a0a3 F84702 77 Female 18 June 1905 Ethnic category - 2001 0 0
b30f5dff-5908-8312-ec6c-59e27714929 F84054 43 Male 22 June 1905 Other White or White un 0 0
ab0ce430-f83e-404e-277c-628d7471a11 F84702 68 Female 24 June 1905 Other Black or Black un 0 0
32d29cc7-18fb-8f88-0bec-9083c39f41d F84054 61 Female 03-Jun-2004 British or mixed British - 0 0
ce60f3b4-c2a7-f67d-d0c4-974867b3074 F84062 81 Female 25 June 1905 Somali - ethnic category 0 0
cb9bcc60-4105-7a15-ac3a-b50c4033c5 F84702 52 Female 24 June 1905 Other Black or Black un 0 0
3744ba51-0f6a-9369-7e8e-bfe4f7bb6d8 F84062 79 Female 16 June 1905 Bangladeshi or British B 0 0
1717d437-998b-cda9-b7f5-e8b500199c9 F84702 81 Female 27 June 1905 British or mixed British - 0 0
f70073f1-7bbb-60dd-5e47-f56f459e37ca F84062 76 Male Jul-2005 Caribbean - ethnic categ 0 0
Cover Filter Controls Output - Filtered Patients Raw Data Calcs 1 - Filtering Calcs 2 - Filter Application
Draw AutoShapes
Ready
NUM


EMIS Web Health Care System
Search and Reports
Add
Properties
Cut
Copy
Paste
Export
Delete
Add / Edit
Run
Edit Search
Export Results
Mail Merge
Calculate Score
Actions
Patient List
Patient + Address
Age / Sex
Audit
Auto
Report from Library
Run Report
New Report
Report Manager
Reports
Search
Find
Poplar and Limehouse Networ...
Poplar and Limehouse Network LA
Diabetes
Diabetes dashboard
Drugs for diabetes
Immunisation dashboard
Immunisations
Previous versions
Poplar and Limehouse Network LA...
Network Publishing
Name
Count
%
Last Run
Scheduled
All Diabetics 1774 5% 06-Jan-2010
Type 2 Diabetics 1670 94% 06-Jan-2010
Ethnicity coded 1665 99% 06-Jan-2010
Black 187 11% 06-Jan-2010
Mixed 23 1% 06-Jan-2010
Other 74 4% 06-Jan-2010
South Asian 798 48% 06-Jan-2010
White 574 34% 06-Jan-2010
Housebound 70 4% 06-Jan-2010
Interpretation needs documented last 5y 1308 78% 06-Jan-2010
Interpreter needed 541 41% 06-Jan-2010
Type 2 Diabetics Excluding those Registered in last 3m 1646 99% 06-Jan-2010
ACR > 3.5 in F or 2.5 in M or PCR > 45 in last 15m 341 21% 06-Jan-2010
Raised ACR/PCR on ACEi or ARB 255 75% 06-Jan-2010
ACR or PCR Recorded in last 15m 1232 75% 06-Jan-2010
BMI Measured in last 15m 1484 90% 06-Jan-2010
Obese - BMI >30 590 40% 06-Jan-2010
Referred for Weight Management (Obese) 11 2% 06-Jan-2010
Overweight 538 36% 06-Jan-2010
Referred For Weight Management (Overweight) 1 1% 06-Jan-2010
Details
Definition
Reports
Age / Sex
Trend
Patients Included
Patients Excluded
No search selected


EMIS Web Health Care System
Search and Reports
Add
Properties
Cut
Copy
Paste
Export
Delete
Add / Edit
Run
Edit Search
Export Results
Mail Merge
Calculate Score
Actions
Patient List
Patient + Address
Age / Sex
Audit
Auto
Report from Library
Run Report
New Report
Report Manager
Reports
Search
Find
Poplar and Limehouse Network LAP 7 Ps...
Poplar and Limehouse Network LAP 7 Pseudor
Diabetes
Diabetes dashboard
Drugs for diabetes
Immunisation dashboard
(02.01) Immunisation (Cover/Network)
(02.01.01) Immunisation (Network) Ot
(02.02) Immunisation (Cover/Network)
(02.02.01) Immunisation (Network) Ot
(02.03) Immunisation (Cover/Network)
(02.03.01) Immunisation (Network) Ot
(02.04) Immunisation (Cover/Network)
(02.04.01) Immunisation (Network) Ot
(02.05) Immunisation (Cover/Network)
Immunisations
Previous versions
Poplar and Limehouse Network LAP 7 Pseudon...
Network Publishing
Name
Count
%
Last Run
Scheduled
(01) 12 MONTH COHORT (Q40910) @ 31/03/10*
(01.01) DTaP/IPV/Hib* (Q40910.L)
(01.02) Men C* (Q40910.L)
(01.03) PCV* (Q40910.L)
(01.04) BCG (Q40910)
(02) 24 MONTH COHORT (Q40910) @ 31/03/10*
(02.01) DTaP/IPV/Hib* (Q40910.L)
(02.02) MMR* (Q40910.L)
(02.02.01) Single Measles Vaccination (Q40910.L)
(02.02.02) Single Mumps Vaccination (Q40910.L)
(02.02.03) Single Rubella Vaccination (Q40910.L)
(02.02.04) MMR Splits All 3
(02.03) Men C* (Q40910.L)
(02.04) HiB/Men C* (Q40910.L)
(02.05) PCV (Booster)* (Q40910.L)
(03) 5 YEAR COHORT (Q40910) @ 31/03/10*
(03.01) DT/Pol* (Q40910.L)
(03.02) Pertussis* (Q40910.L)
(03.03) HiB* (Q40910.L)
(03.04) MMR (Primary)* (Q40910.L)
Details
Definition
Reports
Age / Sex
Trend
Patients Included
Patients Excluded
No search selected


EMIS Web Health Care System
Search and Reports
Add
Properties
Cut
Copy
Paste
Export
Delete
Add / Edit
Run
Edit Search
Export Results
Mail Merge
Calculate Score
Actions
Patient List
Patient + Address
Age / Sex
Audit
Auto
Report from Library
Run Report
New Report
Report Manager
Reports
Search
Find
Poplar and Limehouse Network LAP 7 Ps...
Poplar and Limehouse Network LAP 7 Pseudor
Diabetes
Diabetes dashboard
Drugs for diabetes
Immunisation dashboard
Immunisations
Previous versions
Poplar and Limehouse Network LAP 7 Pseudon...
Network Publishing
Name
Count
%
Last Run
Scheduled
0. Due for vaccination in next two weeks - version Dec 2009 112 1% 07-Feb-2010
1st recall (4 weeks overdue) - version Dec 2009 66 1% 07-Feb-2010
2nd recall (8 weeks overdue) - version Dec 2009 48 1% 07-Feb-2010
3rd recall (12 weeks overdue) - version Dec 2009 27 1% 07-Feb-2010
4. More than 12 weeks overdue - version Feb 2010 529 1% 07-Feb-2010
12M Cohort 343 65% 07-Feb-2010
2009-10 Q3 Oct-Dec 12M 13 4% 07-Feb-2010
2009-10 Q4 Jan-Mar 12M 17 5% 07-Feb-2010
24M Cohort 480 91% 07-Feb-2010
2009-10 Q3 Oct-Dec 24M 18 4% 07-Feb-2010
2009-10 Q4 Jan-Mar 24M 30 6% 07-Feb-2010
5Y Cohort 529 100% 07-Feb-2010
2009-10 Q3 Oct-Dec 5Y 23 4% 07-Feb-2010
2009-10 Q4 Jan-Mar 5Y 21 4% 07-Feb-2010
0. Due for vaccination in next two weeks - version Dec 2009
Details
Definition
Reports
Age / Sex
Trend
Patients Included
Patients Excluded
Run
View Report
Definition
Edit
Properties
Remove
Name
Type
Last Run
Immunisation overview report
List

Immunisation overview report

0. Due for vaccination in next two weeks – version Dec 2009

Search details

Search date: 03-Mar-2010 Total patients: 132 Female: 55 Male: 77

Patient Details					1st DTaP/IPV/Hib or equiv	2nd DTaP/IPV/Hib or equiv	3rd DTaP/IPV/Hib or equiv	MMR	1st Men C	2nd Men C	HIB/Men C	1st PCV	2nd PCV	3rd PCV	Booster DTaP/Hib/IPV	Pre-school MMR	BCG
Anonymised Identifier	Date of Birth	Age	Organisation Name	Registration Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
578a76bc-fdcd-b6fb-4c8e-26f3c9089b2d	13-Jan-2010	0	Gough Walk Surgery	28-Jan-2010													16-Feb-2010
2fa821df-e3b2-0118-8ed8-1d5590baee49	11-Jan-2010	0	Gough Walk Surgery	19-Feb-2010													
8b9698f8-fb3a-5115-8284-d28d592ea335	08-Jan-2010	0	Gough Walk Surgery	03-Feb-2010													
5333e4c1-c6fb-a160-ccc3-1837c3a6fcb6	06-Jan-2010	0	Gough Walk Surgery	17-Feb-2010													
0622c7ab-c5e6-5a16-affd-2be777124eb8	03-Jan-2010	0	Gough Walk Surgery	19-Jan-2010													23-Jan-2010
9489942c-8f6b-c823-502d-5cbac1eca4be	15-Dec-2009	0	Gough Walk Surgery	29-Dec-2009	09-Feb-2010							09-Feb-2010					04-Jan-2010
70cd89fb-63b7-655b-adc1-0f561be3fc43	03-Nov-2009	0	Gough Walk Surgery	22-Dec-2009	30-Dec-2009	26-Jan-2010			26-Jan-2010			30-Dec-2009					30-Dec-2009
d9484be6-e5ad-ae10-d3d4-d4e74a5f61d1	12-Mar-2009	0	Gough Walk Surgery	24-Mar-2009	13-May-2009	10-Jun-2009	08-Jul-2009		10-Jun-2009	08-Jul-2009		13-May-2009	08-Jul-2009				29-Apr-2009
08561a1b-a3cd-862e-41fa-1453c1d9fa90	11-Mar-2009	0	Gough Walk Surgery	01-Apr-2009	29-Apr-2009	03-Jun-2009	15-Jul-2009		03-Jun-2009	15-Jul-2009		29-Apr-2009	15-Jul-2009				22-Apr-2009