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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



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Report Title	Primary Care Measures Report 2018		
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Report Sponsor	Chris White Chief Operating Officer		
Presented by	Hilary Dover Director Primary and Community Services		
Freedom of Information	Open		
Purpose of the Report	<p>This report provides the results published for ABMU Health Board of the Phase 2 Primary Care Measures for Wales.</p> <p>The report outlines the ABMU Health Board Primary Care Cluster position compared to the Health Board and All Wales picture and provides recommendations for improvement.</p>		
Key Issues	<p><i>Caring for each other</i> – understanding the health needs of the population</p> <p><i>Working Together</i> – collaborative working at Cluster level</p> <p><i>Always Improving</i> – working to ensure that population health trends within ABMU are always improving through proactive and upstream intervention where possible</p>		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	✓	✓	
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and consider the data presented 		

Primary Care Measures September 2018

1. INTRODUCTION

This report provides the results published for ABMU of the Phase 2 Primary Care Measures for Wales, based on the data available on the NWIS Primary Care Information Portal.

The report outlines the ABMU Primary Care Cluster position compared to the Health Board and All Wales picture.

2. BACKGROUND

The Primary Care Measures are high level indicators of a range of activity across the life-course. The Measures do not cover every aspect of primary care and therefore do not represent a total picture of the performance of primary care but can provide a high level dashboard of effectiveness in a manageable format that may inform Local Health Boards (LHBs) and other stakeholders as to where to look in more depth for potential issues and/or additional support.

The Measures are reported at All Wales, Health Board and in many cases, Cluster level through extraction of GP and other data sources and are published through the national Primary Care Information Portal.

All Health Boards are expected to report on this data at Board level and to use their performance against these Measures to inform plans to adopt and adapt their transformational model for primary and community care and to monitor the impact of these plans on the health and wellbeing of Cluster populations.

3. FINDINGS

Across the 19 measures that ABMU Health Board are required to report on, performance has been mixed with ABMU Health Board leading performance across Wales on some measures, and in others being below to the national average.

The full report covering all of the measures and identifying actions for improvement is attached as Appendix 1.

The table below outlines the Primary Care Portal data in respect to the All Wales and ABMU Health Board position.

Description of Primary Care Measure	Category	Target (if available)	All Wales Average (Year)	ABMU Average (Year)
Bowel Screening	2A	60%	53.4% (2016/17)	53.2% (2016/17)
AAA Screening	2A	80%	80.8% (2016/17)	81.9% (2016/17)
Seasonal Influenza Immunisation in at risk groups	2A	55%	48.5% (2017/18)	46.7% (2017/18)
Overweight and Obesity in 4-5 year olds	2A		26.2% (2015/16)	25.5% (2015/16)
Breastfeeding Prevalence at 10 days	2A		33.8% (2016)	31.3% (2016)
Uptake of Scheduled Childhood Vaccinations at age 4	2A	95%	85.2% (2016/17)	86.9% (2016/17)
Smoking Cessation	2A		20.4% (2017/18)	19.7% (2017/18)
LARC	2A		N/A	N/A
Childhood Immunisation at age 16	2A	95%	89.2% (2016/17)	87.5% (2016/17)
Adults who accessed dental services at least once every 2 years	2A		51.5% (2016/17)	58.0% (2016/17)
Recording of Alcohol Intake	2A		76.4% (2017/18)	76.6% (2017/18)
Antibiotic Prescribing	2A		N/A	N/A
People with Dementia prescribed antipsychotic medication	2A		1.8% (2017/18)	2.3% (2017/18)
People with Diabetes who have received all 8 key care processes	2A		45.2% (2016/17)	52.5% (2016/17)
No. emergency admissions for ambulatory care sensitive conditions	2A		N/A	N/A
Diabetes lower extremity amputation and diagnosis code of diabetes	2A		N/A	N/A
Circulatory Disease Mortality Rate per 100 000 population <75 years <ul style="list-style-type: none"> All Heart Disease MI Heart Failure CVA (all ages) 	2A		(2014-2016) 62.3 18.3 1.1 70.6	(2014-2016) 65.9 20.5 0.0 70.5
Percentage >65 years with dementia/memory impairment	2A		2.95% (2017/18)	3.08% (2017/18)
Children (0–17 years) who accessed dental services at least once a year	2A		59.5% (2016/17)	68.8% (2016/17)
Low Intensity Psychosocial Interventions	2A		N/A	N/A

4. FINANCIAL IMPLICATIONS

There are no additional immediate financial implications.

However, it is recognised that additional time and resource may be required in aiming for more comprehensive data collection to improve the quality of the data available.

5. KEY ISSUES

Following review of the data available there are a number of recommendations for the Board to consider.

Reliability of data

The data has been extracted from the Primary Care Information Portal managed by NWIS. The data may not reflect true data for some of the Measures, as it depends on accurate and real time recording of data. Some domain data was unavailable on the Portal, although may be available from other sources.

The Board is advised that:

- The Primary Care teams within ABMU are aware of the use of the Primary Care Measures data, including the importance of accurate and comprehensive coding of data.
- The Primary and Community Services Unit will feedback any Primary Care Portal user constraints to NWIS to inform further improvements for data capture.
- The Primary and Community Services Unit will develop a comprehensive list of health intelligence data sources to link into the data held on the Primary Care Portal

Cluster Development Plans

The cluster design promotes joint working across practices and the integration of primary care services with key partners such as WAST, Local Authority and Third Sector organisations. Clusters also have a key role in supporting local health needs assessments, allocating appropriate resources and forecasting the potential future primary care demand and interventions required.

- The Primary and Community Services Unit will ensure that the Primary Care Measures data is discussed with Cluster Leads and that each

domain is included as a priority area within Cluster Development Plans, particularly in those areas identified where ABMU and/or the Cluster is identified as below the All Wales or target average.

- The Board is advised that the collaborative working cluster model continues to ensure that health promotion and public health interventions will be included as part of a package of healthcare within Primary Care Teams.

Themes and Trends

With the ongoing maturity of the Primary Care Measures database, it is important that themes and trends are collated and considered to predict future population needs and appropriate proactive interventions and support.

The Board is advised that themes and trends outlined in the Measures data will be considered by Heads of Service and that an Action Plan with timelines for delivery and evaluation will be put into place.

RECOMMENDATION

The Board is asked to:

- **Note** the content of the report and consider the data presented

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
	✓		✓		✓		✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓		✓		✓		
Quality, Safety and Patient Experience							
<p>Improving reporting of Primary Care data into a national database will enable Cluster and Health population health needs to be determined more accurately.</p> <p>A more upstream approach to population health ultimately improves the quality of healthcare delivery and enables a more proactive approach to health and social care planning.</p>							
Financial Implications							
There are no financial implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.							
Legal Implications (including equality and diversity assessment)							
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.							
Staffing Implications							
It is recognised that additional time (and possibly human) resource may be required in aiming for more comprehensive data collection to improve the quality of the data available.							
Report History	The Primary Care Measures for Wales Report for Phase 1 was presented to the ABMU Primary and Community Services Board in September 2017.						
Appendices	Appendix 1 – Primary Care Measures 2018 full report						



Primary Care Measures - Phase 2 Full Report September 2018

Situation

In 2014, the Local Health Board Directors of Primary, Community and Mental Health were tasked by Welsh Government with developing a national set of primary care quality and delivery requirements and measures as part of the Welsh Government 'Our Plan for a Primary Care Service for Wales up to March 2018'.

Background

The Primary Care Measures are high level indicators of a range of activity across the life-course. The Measures do not cover every aspect of primary care and therefore do not represent a total picture of the performance of primary care but can provide a high level dashboard of effectiveness in a manageable format that may inform Local Health Boards (LHBs) and other stakeholders as to where to look in more depth for potential issues and/or additional support.

The Measures are reported at All Wales, Health Board and in many cases, Cluster level through extraction of GP and other data sources and are published through the national Primary Care Information Portal.

All Health Boards are expected to report on this data at Board level and to use their performance against these Measures to inform plans to adopt and adapt their transformational model for primary and community care and to monitor the impact of these plans on the health and wellbeing of Cluster populations.

The most recent ABMU Cluster Plans are outlined via the link below:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=94680>

Phase 1

The initial set of measures was agreed in December 2014. This set was mainly based on process measures and on areas where data already existed. The initial set of Phase 1 Measures covered the six domains of the NHS Outcomes framework and the six themes of the Health and Care Standards for Wales.

- Staying Healthy
- Safe Care

- Effective Care
- Dignified Care
- Timely Care
- Individual Care

Health Boards have access to the Phase 1 data through the NWIS Primary Care Information Portal which is managed by NWIS. It should be noted that data published on the portal is not live.

The Primary Care Measures for Wales Report for Phase 1 was presented to the ABMU Primary and Community Services Board in September 2017.

Phase 2

In July 2016, the Directors of Primary, Community and Mental Health tasked the Primary and Community Care Development and Innovation Hub (Primary Care Hub) to look at the Phase 2 Primary Care Indicators and these were published in May 2017.

The rationale and process for determining the Phase 2 Measures is described in Proposed Primary Care Measures – Phase 2 (annex to this appendix)

For implementation purposes, the final list indicators produced were separated into two categories: Category 2A and Category 2B (see Table 1).

No.	Measure	Category
	Theme - STAYING HEALTHY	
1	Screening – Bowel cancer and Abdominal Aortic Aneurysm (AAA)	2A
2	Seasonal Influenza immunisation – at risk groups	2A
3	Women who gave up smoking during pregnancy	2B
4	Overweight and obesity in 4-5 year olds	2A
5	Breastfeeding prevalence at 10 days	2A
6	Uptake of scheduled childhood vaccinations at age 4	2A
7	Smoking cessation: The proportion of smokers who have been recorded as ex-smokers	2A
8	Long acting reversible contraception (LARC)	2A
9	Childhood immunisation - rates at age 16	2A
10	Adults who accessed dental services at least once every 2 years	2A
11	Recording of alcohol intake	2A
	Theme – SAFE CARE	
12	Antibiotic prescribing	2A
13	Depression and self-harm assessment	2B
14	People with dementia prescribed anti-psychotic medication	2A
	Theme – EFFECTIVE CARE	
15	People with a longstanding health condition who feel they are supported to manage their condition	2B
16	People with diabetes who have received all key care processes	2A
17	Early detection and management of sight-threatening conditions	2B
18	Number of emergency admissions for ambulatory care sensitive conditions	2A

19	Diabetes lower extremity amputation and diagnosis code of diabetes	2A
20	Prevalence of dental caries in 12 year olds	2B
21	Circulatory disease mortality rate per 100,000 of the population for those under 75 years of age	2A
22	Percentage of over 65 registered as having dementia / memory impairment with their GP practice	2A
23	Children (0-17 yrs) who accessed dental services at least once a year	2A
24	Low-intensity psycho-social interventions	2A
	Theme – DIGNIFIED CARE	
25	Percentage of palliative care patients dying in place of preference	2B
26	People who feel they are treated with dignity and respect	2B
	Theme – TIMELY CARE	
27	Access to primary care services	2B
	Theme – INDIVIDUAL CARE	
28	People reporting they felt involved in decisions made about their care and support	2B

Table 1: Phase 2 Primary Care Measures by category and phase.

The data collection for the 19 phase 2A Measures is considered to be current as it is linked to Audit+ software which is updated on a daily basis.

The 9 Phase 2B measures use other data sources, and so would represent more historical data.

The WG Welsh Health Circular WHC **(2018) 026 (July 2018)** stated that introduction of the Phase 2B measures in a 'Once for Wales' approach will begin "when there is evidence of routine use of the existing measures by Health Boards".

Assessment

This report provides the results published for ABMU of the **Primary Care Measures for Wales - Phase 2A**, based on the data available on the NWIS Primary Care Information Portal.

Data extraction was undertaken from the Portal in August 2018 for each domain. The most recent data available on the Portal for each domain is included. Some of the Phase 2A Measures data was considered historical and this observation should be noted as a limitation of the report.

The report outlines (where possible) the ABMU Primary Care Cluster position compared to the Health Board and All Wales picture.

Theme 1: Staying Healthy

Bowel Screening

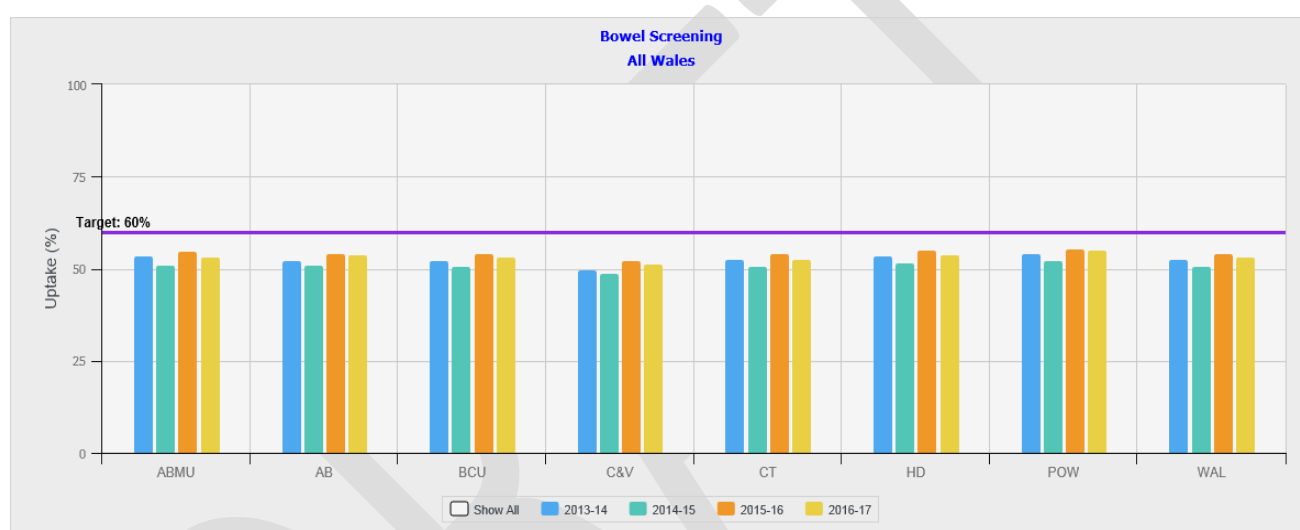
The Measure is defined as the percentage of eligible men and women resident in Wales aged 60-74 years who responded to their invitation and the bowel screening programme received a used test kit within six months of their invitation

- **Target 60%**

All Wales

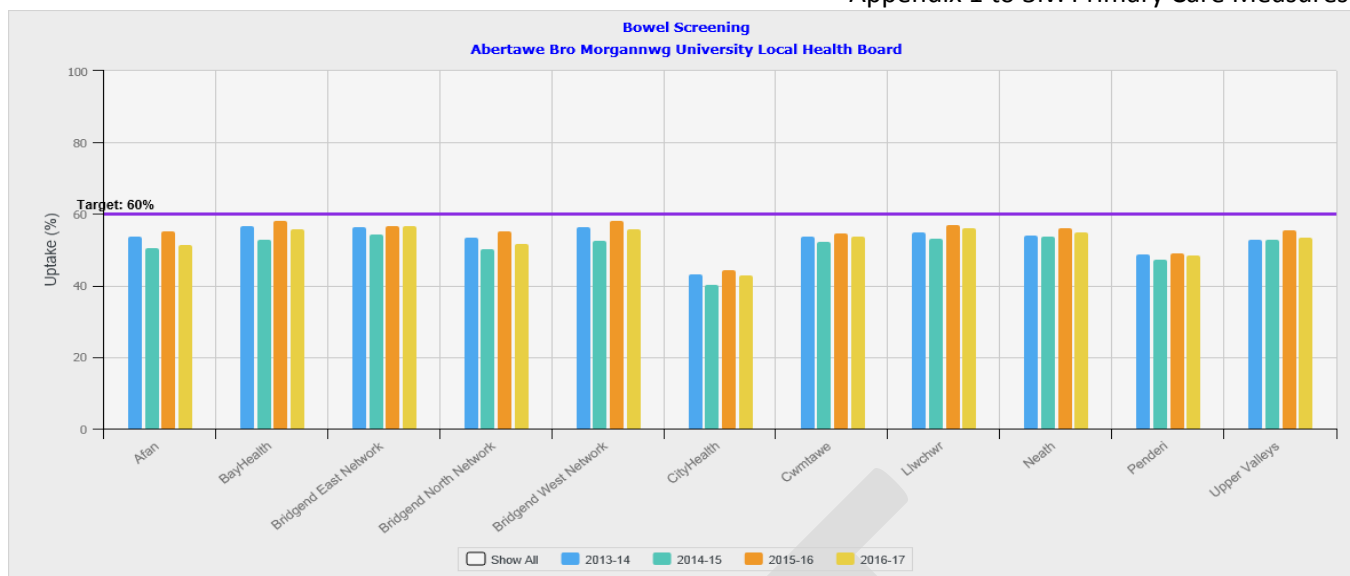
The graph below shows a slight decrease in 2016/17 compared to 2015/16 across Wales. The average figure for **Wales** is **53.36%** in 2016/17.

ABMU figures were **55%** in 2015/16 and **53.18%** in 2016/17 representing a slight fall in bowel screening uptake and below the target level for bowel screening of 60%.



ABMU Clusters

The graph below demonstrates the ABMU Primary Care Clusters bowel screening data which shows a slight decrease in uptake for 2016/17 compared to 2015/16 with the exception of Bridgend East which reported roughly the same uptake for both years.



Actions Planned:

- Heads of Service and Cluster Leads to collaborate with Public Health colleagues to continue to promote the uptake of bowel screening services across all Primary Care and Community Services Teams.
- Teams to identify any challenges which may be leading to a reduction in uptake and consider an Action Plan to address these challenges

AAA Screening

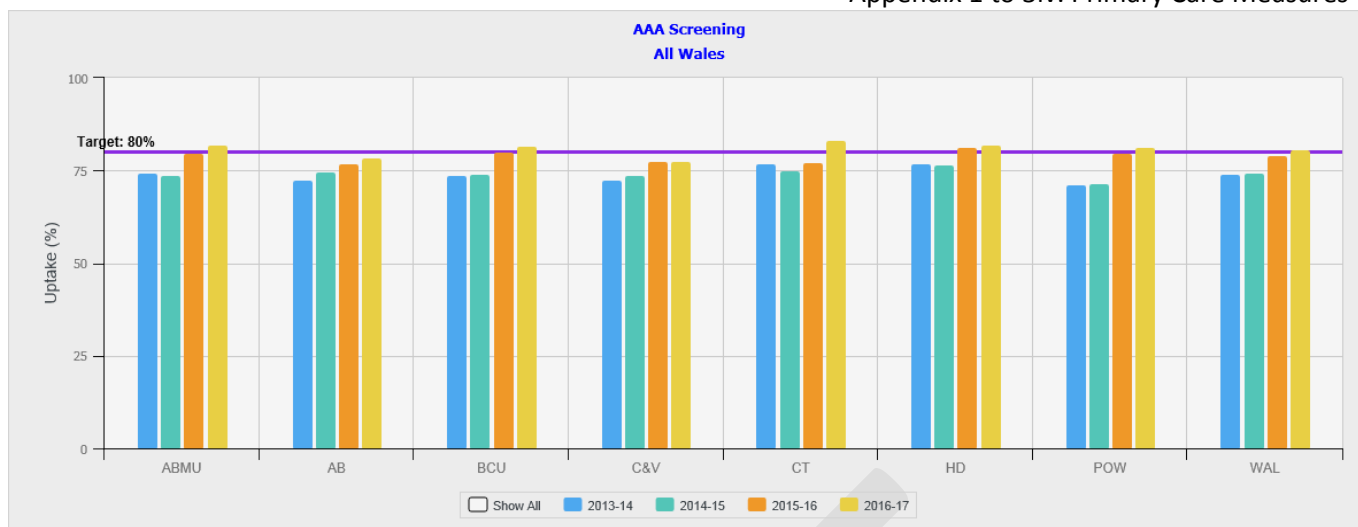
Measure is defined as the percentage of eligible men resident in Wales aged 65 years that attended for AAA (abdominal aortic aneurysm) screening in the time period.

- **Target 80%**

All Wales

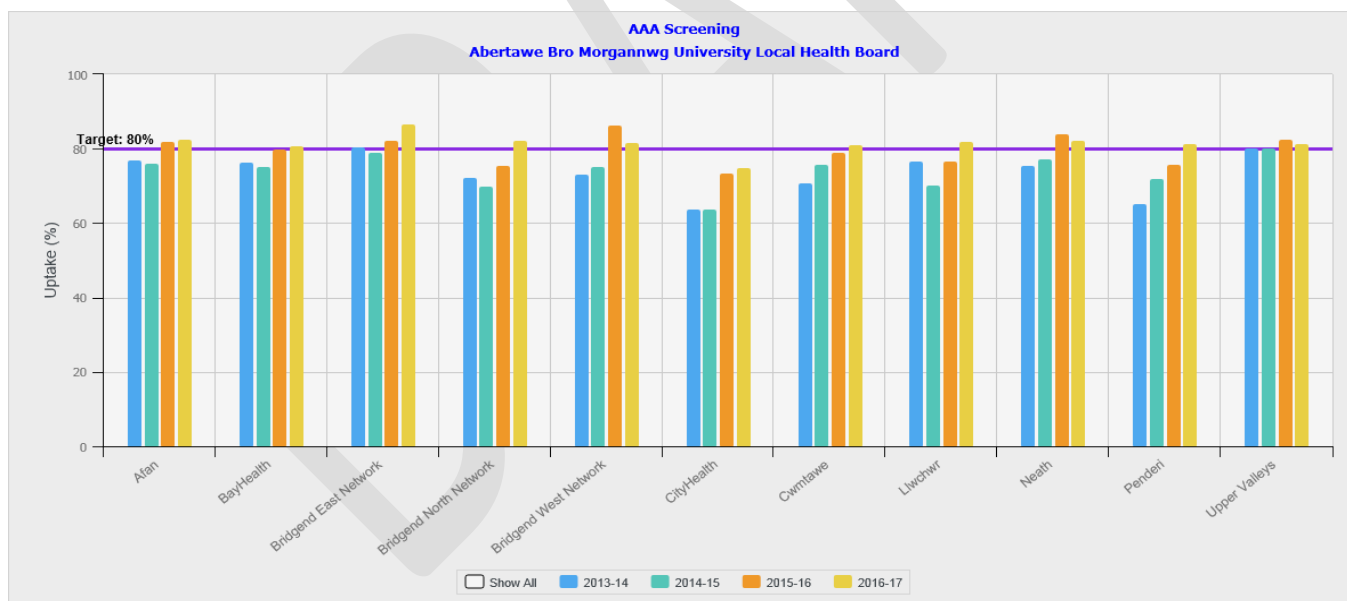
The graph below identifies an increase in AAA screening uptake across all Health Boards in Wales in 2016/17 compared to 2015/16. The average figure for Wales is 80.80%; this exceeds the target level.

ABMU figures have increased from **79.93%** in 2015/16 to **81.89%** in 2016/17. This exceeds the target level of 80% for AAA screening.



ABMU Clusters

The graph below shows that all ABMU clusters have in 2016/17 exceeded the target level of 80% with the exception of one cluster, City Health who achieved 75%.



It should however be noted that three clusters have dipped in achievement comparing data from 2016/17 and 2015/16:

- Bridgend West (81.87% in 2016/16 compared to 86.61% in 2015/16)
- Neath (82.27% in 2016/16 compared to 84.13% in 2015/16)
- Upper Valleys (81.50% in 2016/16 compared to 82.86% in 2015/16)

Actions Planned:

- Heads of Service to collaborate with Public Health colleagues to continue to promote the uptake of AAA screening services across all Primary Care and Community Services Teams.
- Cluster Leads (particularly City Health) to target bowel screening uptake as a priority within future cluster plans

Seasonal influenza immunisation in at risk groups

Measure is defined as the percentage of “at risk” (as defined by CMO) patients identified who have been immunised.

- **Target 55%** (applies to 2017/18 only)

All Wales

The table below shows influenza uptake for those patients aged 6 months to 64 years identified at risk. The **Wales** average has increased from 46.86% in 2016/17 to **48.5%** in 2017/18.

Health Board	influenza vaccination in those at risk aged 6m to 64y					
	2016/17			2017/18*		
	Num.	Denom.	%	Num.	Denom.	%
ABM UHB	28896	66161	43.68	31206	65824	46.7
AB UHB	36116	72667	49.70	37563	73990	50.8
BC UHB	40331	81844	49.28	42603	82635	51.6
C & V UHB	27099	56084	48.32	28198	57553	49
CT UHB	16458	36415	45.20	17715	37842	46.8
HD UHB	18812	44421	42.35	19332	45061	42.9
Pow THB	7285	15837	46.00	7438	15544	47.9
Wales	174997	373429	46.86	184055	379449	48.5

Data extracted from IVOR (Influenza Vaccine Online Reporting)

2017/18 figures identify **ABMU** as below the Wales average of 48.5% and the national target figure of 55% with **46.7%** of at risk patients vaccinated.

Whilst two of the seven Health Boards (Aneurin Bevan & Betsi Cadwaladr) have achieved a higher percentage than the Wales average in 2017, all Health Boards display an under achievement against the national target of 55%.

ABMU Clusters

The data below displays influenza uptake by ABMU cluster for those patients between the ages of 6 months to 64 years identified at risk.

Cluster	influenza vaccination in those at risk aged 6m to 64y					
	2016/17			2017/18*		
	Num.	Denom.	%	Num.	Denom.	%
Afan	3375	6743	50.05	3504	6775	51.7
BayHealth	3051	6963	43.82	3187	6974	45.7
Bridgend East	4134	8600	48.07	4257	8666	49.1
Bridgend North	2976	7089	41.98	3083	6156	43.1
Bridgend West	1618	4090	39.56	1652	4143	39.9
CityHealth	3127	6535	47.85	3430	6622	51.8
Cwmtawe	1900	5083	37.38	2188	5101	42.9
Llwchwr	2192	5570	39.35	2341	5646	41.5
Neath	3094	6924	44.69	3447	7026	49.1
Penderi	2062	4785	43.09	2427	4864	49.9
Upper Valleys	1367	3779	36.17	1690	3851	43.9

Data extracted from IVOR (Influenza Vaccine Online Reporting)

Cluster achievement ranges from 39.9% uptake in Bridgend West to 51.8% in City Health.

A number of clusters fall below the Wales average of 48.5%. These include Bridgend West, Llwwchwr, Cwmtawe, Bridgend North, Upper Valleys and Bay Health.

Actions Planned:

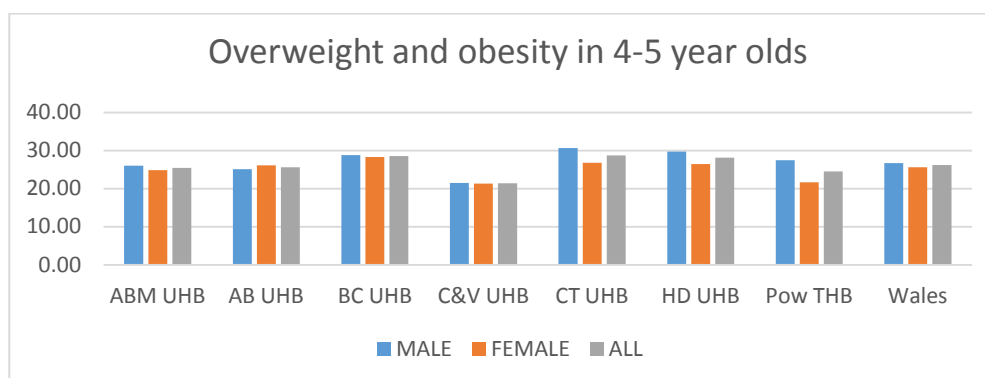
- Heads of Service to collaborate with Public Health and Community Pharmacy colleagues to continue to promote the uptake of influenza vaccination across all Primary Care and Community Services Teams.
- Cluster Leads to target influenza vaccination in at risk group as a priority within future cluster plans

Overweight and obesity in 4 to 5 year olds

Measure is defined as the percentage of 4-5 year olds classified as overweight or obese, defined by the Child Measurement Programme (BMI calculation).

All Wales

The chart below shows the percentage of 4-5 year olds classified as overweight or obese across Wales during 2015/16



(Data Period 2015 – 2016)

Six of the seven Health Boards identified a higher percentage of overweight or obese males as opposed to females, with the exception of Aneurin Bevan University Health Board.

For **ABMU**, male and female total percentage overweight or obese 4-5 year olds for the period 2015/16 is **25.48%**. This is lower than the **Wales** average of **26.18%**.

This data is currently only available for the period 2015/16 and is not broken down at cluster level.

Actions Planned:

- Heads of Service to collaborate with Public Health colleagues to continue to promote healthy eating and exercise in pre-school children across all Primary Care and Community Services Teams.
- Childhood exercise and/or healthy eating projects to be considered locally

Breastfeeding prevalence at 10 days

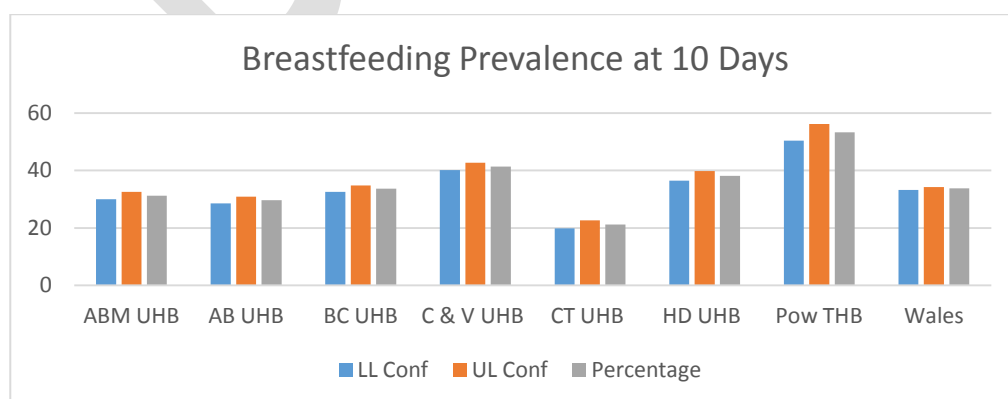
Measure is defined as the number and percentage of babies exclusively breastfed at 10 days following birth, out of all live births where breastfeeding status is recorded.

All Wales

The average percentage of babies' breastfed at 10 days following birth for **Wales** is **33.77%**, as recorded in 2016.

The breastfeeding prevalence at 10 days recorded for **ABMU** is lower than the **Wales** average at **31.28%**.

The chart below identifies Cwm Taf UHB as having the lowest percentage at 21.24%, and Powys THB with a considerably higher percentage compared to all other Health Boards at 53.33%.



(Data Period 2016)

This data is currently only available on the Portal for 2016 and by Health Board area only.

Actions Planned:

- Heads of Service and Cluster Leads to collaborate with Public Health and maternity services colleagues to continue to promote breastfeeding
- Teams to consider any challenges identified locally and to consider options to mitigate challenges identified

Uptake of scheduled childhood vaccinations at age 4

Measure is defined as the proportion of children who have completed the agreed vaccination schedule by age 5.

The schedule includes:-

- A four-in-one pre-school booster (diphtheria, tetanus, pertussis and polio)
- Hib/meningitis C booster (Haemophilus influenza type b (Hib) disease and meningococcal C disease)
- Two doses of MMR (Measles, Mumps and Rubella)
- **Target 95%**

All Wales

Across Wales achievement against this measure ranges from 81.23% (Aneurin Bevan) to 88.87% (Betsi Cadwaladr).

2016/17	Up to date with immunisations by age 4y		
Health Board	Num.	Denom.	%
ABM UHB	5115	5900	86.69
AB UHB	5561	6846	81.23
BC UHB	6805	7657	88.87
C & V UHB	4927	5984	82.34
CT UHB	3105	3515	88.34
HD UHB	3345	4014	83.33
Pow THB	1095	1261	86.84
Wales	29953	35177	85.15

ABMU are achieving 86.89% which is the 4th highest in Wales (and above the All Wales average) but is still off the 95% WHO target for herd immunity.

This data is currently only available on the Portal for the period 2016/17. More up-to-date intelligence can be obtained through the following link:

<http://nww.immunisation.wales.nhs.uk/cover>

ABMU clusters

ABMU achievement is greater than the All Wales average, although should remain a cause for concern as the World Health Organisation (WHO) and National Community Child Health Database recommends rates of at least 95% as being the primary target for herd immunity for childhood immunisation.

There is wide variation of pre-school immunisation uptake within the 11 ABMU Clusters with CityHealth providing the lowest rate at 78.21% and Llchwyr the highest rate at 91.8%.

2016/17	Up to date with immunisations by age 4y		
Cluster	Num.	Denom.	%
Afan	475	545	87.16
BayHealth	509	600	84.83
Bridgend East	743	834	89.09
Bridgend North	501	577	86.83
Bridgend West	327	382	85.60
CityHealth	420	537	78.21
Cwmtawe	475	520	91.35
Llchwyr	498	542	91.88
Neath	480	573	83.77
Penderi	407	483	84.27
Upper Valleys	280	307	91.21
ABM UHB	5115	5900	86.69

Actions Planned:

- Heads of Service and Cluster Leads to work collaboratively with Public Health colleagues to continue to promote the uptake of childhood immunisations across all Primary Care and Community Services Teams.
- Cluster Leads to continue to target childhood immunisation uptake as a priority within future cluster plans
- Teams to consider any challenges identified locally and to consider options to mitigate these challenges

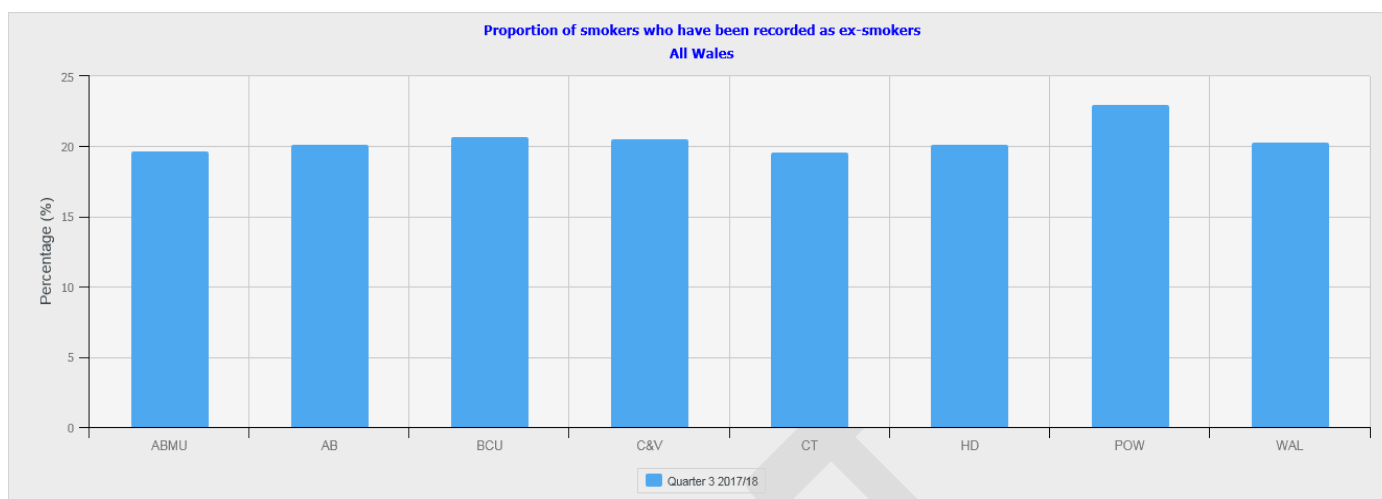
Smoking Cessation: Proportion of smokers recorded as ex-smokers

Measure is defined as the proportion of people recorded as smokers in GP clinical records, whose most recent smoking status change is to non-smoker or ex-smoker within the last 5 years.

All Wales

The proportion of the population recorded as non-smoker or ex-smoker calculates a **Wales** average of **20.35%** in 2017/18.

The table below identifies **ABMU** as achieving a slightly lower percentage of recorded non-smokers and ex-smokers at **19.73%**.

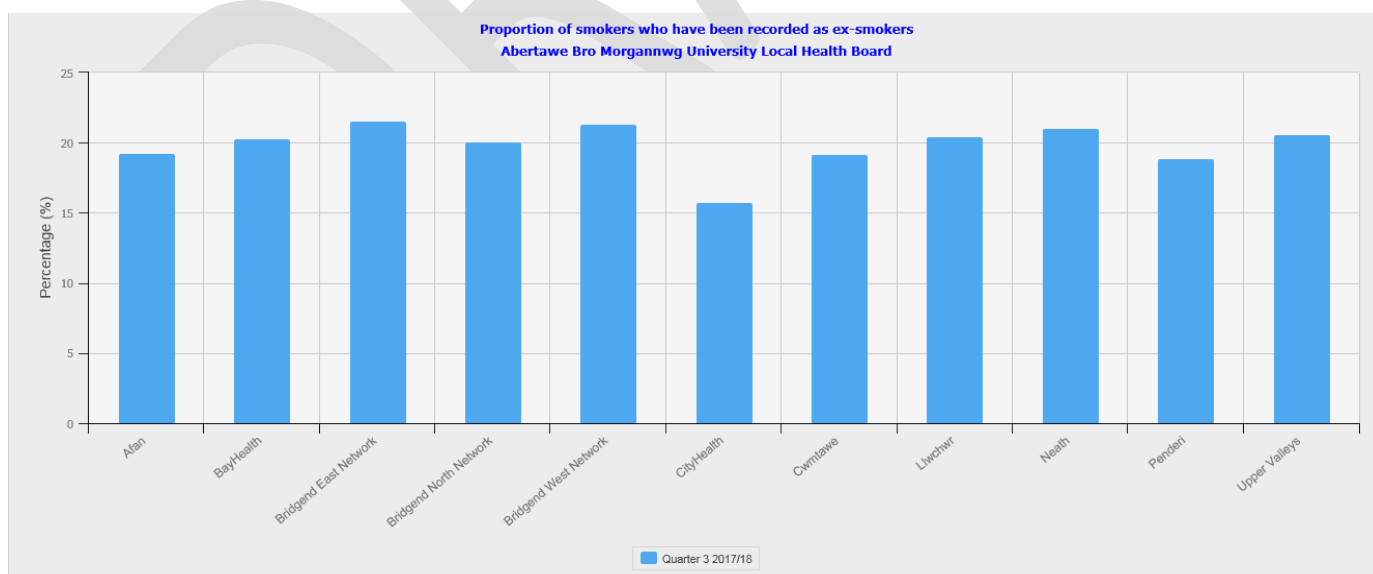


Comparing all Health Boards the percentage recorded ranges from 19.66% (Cwm Taf UHB) to 23% (Powys Teaching Local Health Board).

This data is currently only available on the Portal for 2017/18 and not for comparison for previous years.

ABMU Clusters

The table below shows the percentage of smokers recorded as ex-smokers or non-smokers in 2017/18 by ABMU Cluster.



City Health Cluster can be identified as having the lowest percentage of change in smoking status as compared with all other ABMU Clusters and the All Wales average, reported at 15.80%.

Other clusters that fall below the Wales average include Afan (19.28%), Cwmtawe (19.23%) and Penderi (18.93%).

Actions Planned:

- Heads of Service and Cluster Leads to work collaboratively with Public Health colleagues to continue to promote smoking cessation services and interventions across all Primary Care and Community Services Teams.
- Cluster Leads to continue to target smoking cessation as a priority within future cluster plans particularly in those areas with lowest percentages
- Teams to consider any challenges identified locally and to consider options to mitigate these challenges

Long acting reversible contraception (LARC)

There is no data available on the Primary Care Portal for this Measure.

Childhood immunisations rates at age 16 – All Wales

Measure is defined as the proportion of children who have received their teenage MMR booster immunisation by age 16.

Target is 95%

All Wales

The table below shows that the MMR2 booster by age 16 rate.

2016/17	MMR2 at 16y		
Health Board	Num.	Denom.	%
ABM UHB	4999	5715	87.47
AB UHB	5848	6483	90.21
BC UHB	6622	7264	91.16
C & V UHB	4504	5174	87.05
CT UHB	2901	3194	90.83
HD UHB	3436	3856	89.11
Pow THB	1191	1403	84.89
Wales	29501	33089	89.16

The **Wales** average rate of MMR2 immunisation is 89.16% for 2016/17.

Uptake ranges from 84.89% in Powys HB to 91.16% in Betsi Cadwaladr HB.

ABMU uptake is below the All Wales average at 87.47%.

None of the Health Boards have achieved 95% immunisation uptake, which is the recommended rate for herd immunity (as determined by WHO).

This data is only available for 2016/17 on the Primary Care Portal.

ABMU Clusters

Performance across the 11 ABMU clusters ranges from 84.38% uptake (Neath) to 91.59% uptake (Llchwyr).

2016/17	MMR2 at 16y		
Cluster	Num.	Denom.	%
Afan	509	570	89.30
BayHealth	538	668	80.54
Bridgend East	688	762	90.29
Bridgend North	541	597	90.62
Bridgend West	314	347	90.49
CityHealth	413	487	84.80
Cwmtawe	385	449	85.75
Llchwyr	468	511	91.59
Neath	497	589	84.38
Penderi	360	408	88.24
Upper Valleys	286	327	87.46
ABM UHB	4999	5715	87.47

Actions Planned:

- Heads of Service and Cluster Leads to collaborate with Public Health colleagues to continue to promote immunisation across all Primary Care and Community Services Teams.
- Cluster Leads to target MMR immunisation as a priority within future cluster plans

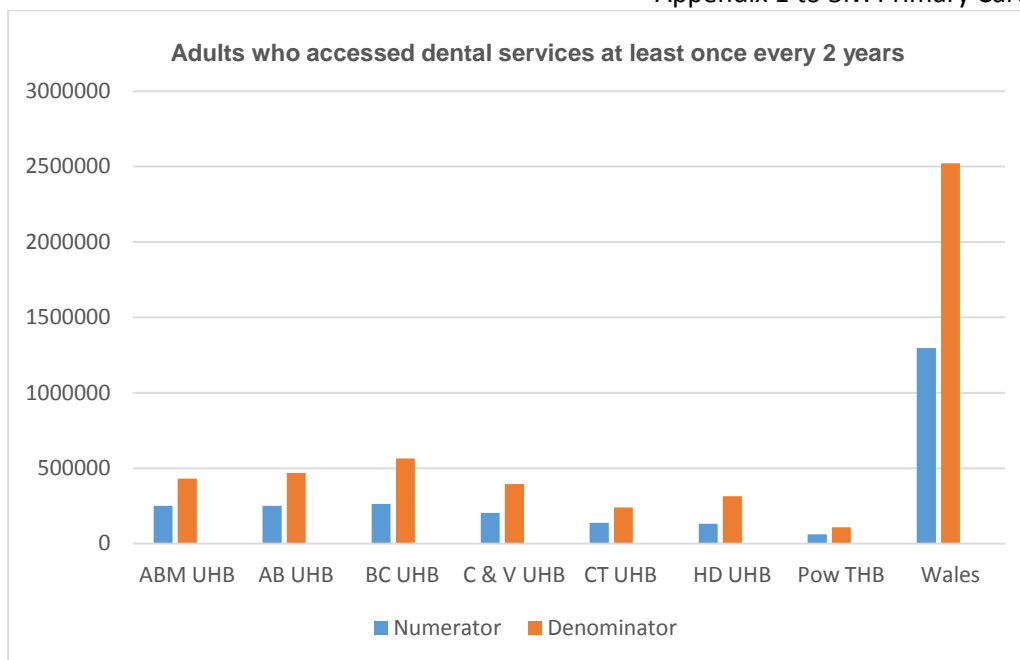
Adults who accessed dental services at least once every 2 years

Measure is defined as the number of adults treated by NHS primary dental care services in the last 24 months

All Wales

The table below illustrates the number of adults who have accessed NHS dental services in the last 24 months. The **Wales** average recorded in 2016/17 is **51.45%**.

ABMU exceeded the All Wales average with a percentage of **58.02%**; this is the highest figure comparing all Health Boards across Wales.



(Data Period 2016/17)

(Note: It is important to note that the denominator refers to the number of adults attending Dental Care services in each LHB, regardless of where they live.)

Actions Planned:

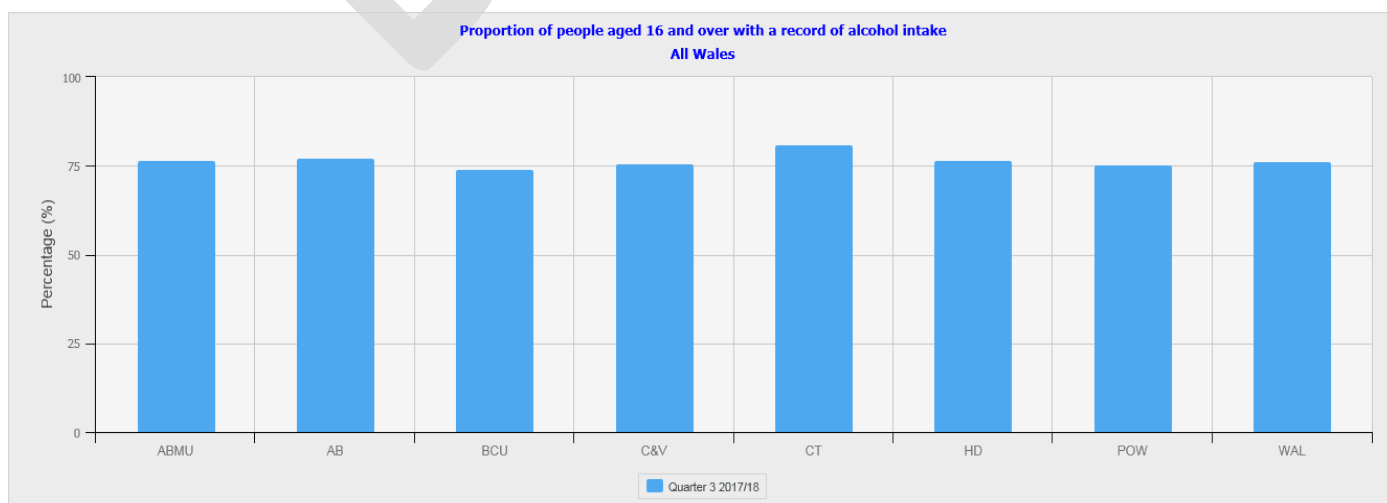
- Heads of Service and Cluster Leads to collaborate with Public Health and dental colleagues to continue to NHS dental services and interventions across all Primary Care and Community Services Teams.

Recording of alcohol intake

Measure is defined as the number of patients aged 16 years and over with a record of alcohol intake.

All Wales

The table below demonstrates the percentage of people aged 16 and over with a record of alcohol intake recorded in 2017/18.



The **Wales** average for recording of alcohol intake is **76.40%**.

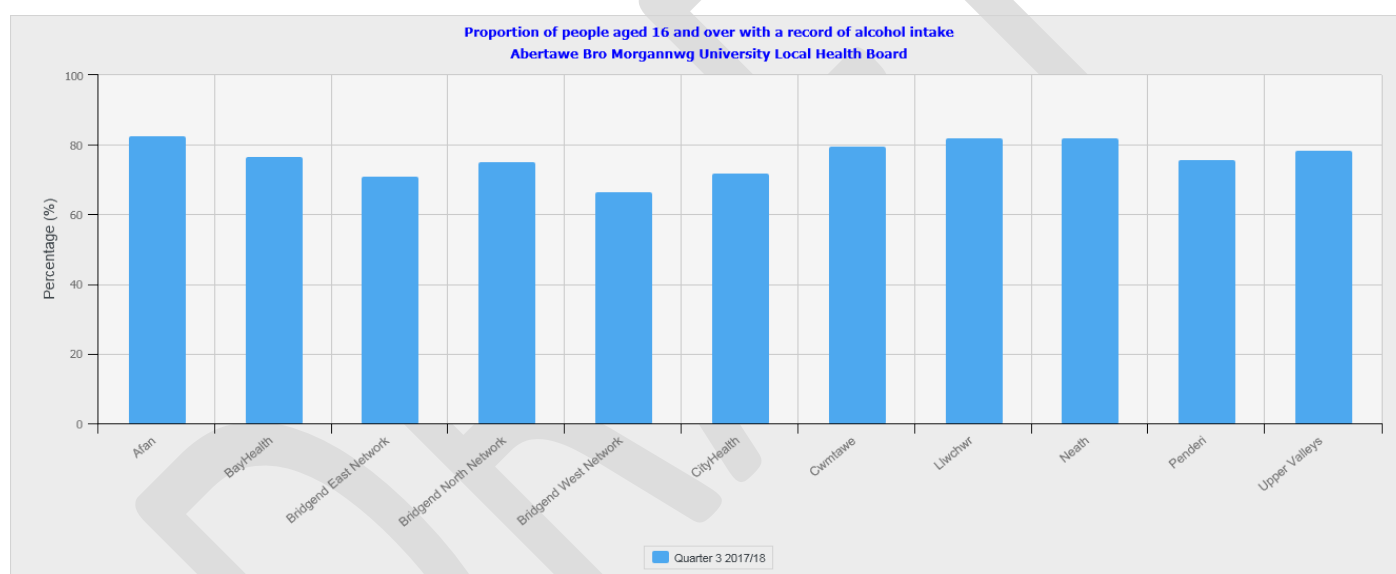
There is a 7.00% difference in range comparing the lowest and highest figures by Health Board; Betsi Cadwaladr at 74.06% and Cwm Taff at 81.06%.

ABMU have a record of alcohol intake in 76.58%. This is above the All Wales average recording for alcohol intake.

ABMU Clusters

The table below identifies several ABMU Clusters who have a lower percentage of people aged 16 and over with a record of alcohol intake, compared to the Wales average of 76.40%.

These include Bridgend East (71.24%), Bridgend North (75.38%), Bridgend West (66.60%), City Health (71.97%) and Penderi (75.90%)



Actions Planned:

- Cluster Leads to promote recording of alcohol intake within GP health records
- Teams to consider any challenges identified locally and to consider options to mitigate these challenges

Theme 2: Safe Care

Antibiotic prescribing

Antibiotic prescribing data was not available on the Primary Care Portal.

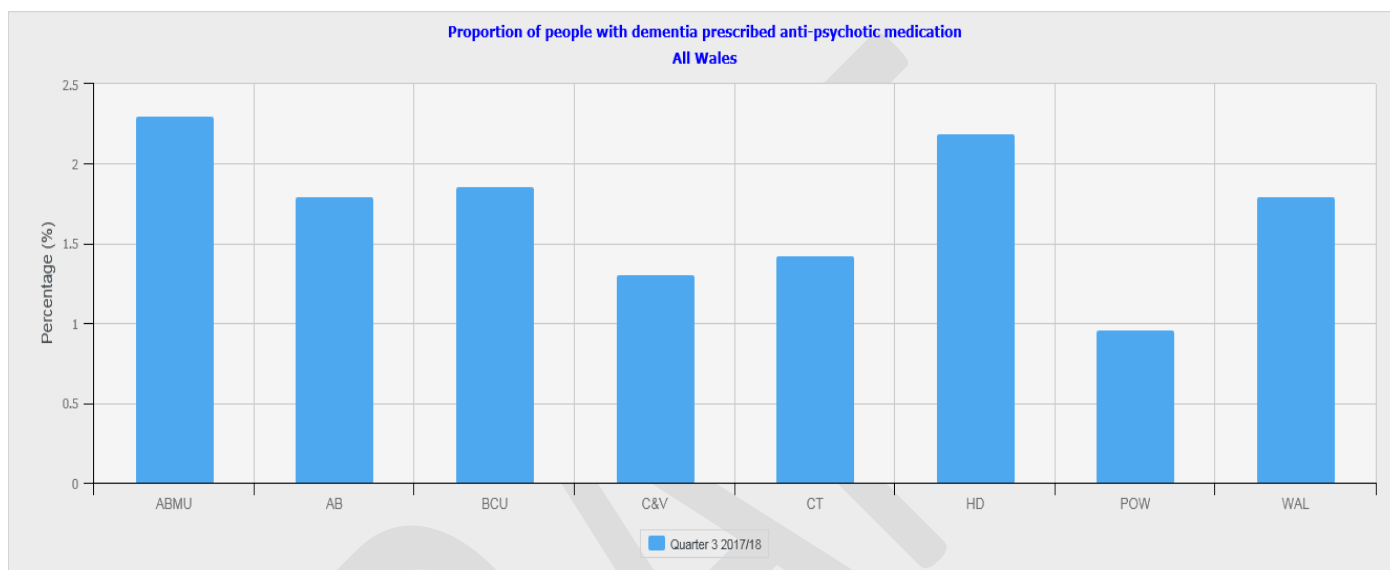
The actual values for prescribing can be found on SPIRA

People with dementia prescribed anti-psychotic medication

Measure is defined as the number of patients with dementia that are currently prescribed anti-psychotic medication.

All Wales

The table below shows the percentage of people with dementia prescribed antipsychotic medication as recorded in 2017/18.

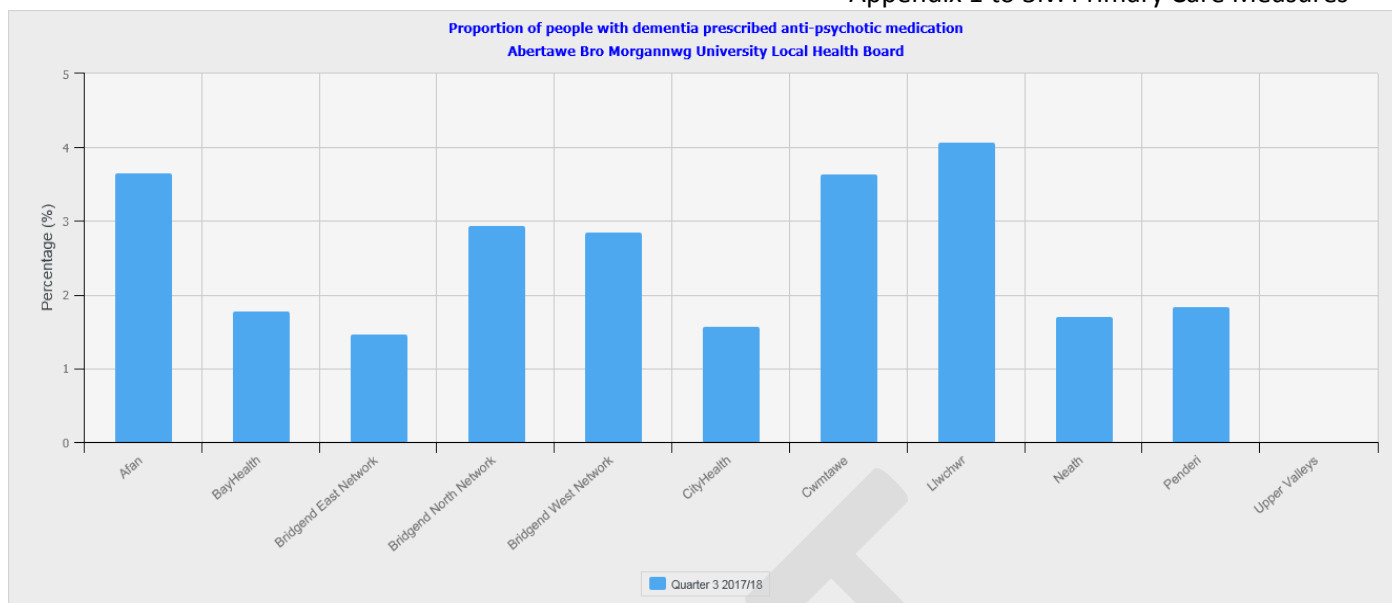


The Wales average is 1.80%.

ABMU Health Board has a higher percentage than the Wales average of people with dementia being prescribed antipsychotic medication at 2.30%. Powys has the lowest percentage at 0.96%.

ABMU Clusters

ABMU cluster data below identifies Llŵchwr as having the largest percentage of patients with dementia prescribed anti-psychotic medication at 4.08%. This is considerably higher than the Wales average of 1.80%.



Upper Valleys Cluster percentage is reported as 0%, which is likely to be an anomaly.

Actions Planned:

- Cluster Leads (particularly Upper Valleys) to work with Primary Care and NWIS colleagues in determining reasons for reporting variation within this domain

Theme 3: Effective Care

People with diabetes who have received all key care processes

Measure is defined as the number of diabetic patients who are recorded as receiving the following 8 recommended care processes:

- Blood Pressure
- BMI
- Cholesterol
- Foot Surveillance
- HbA1C
- Serum Creatinine
- Smoking
- Urine Albumin

All Wales

All Wales comparative data for all 8 processes was found on the Portal under the national audits section:

Health Board	2013-14	2014-15	2015-16	2016-17
Abertawe Bro Morgannwg University Local Health Board	64.43	58.85	55.00	52.48
Aneurin Bevan University Local Health Board	66.13	57.12	50.93	47.29
Betsi Cadwaladr University Local Health Board	56.05	44.76	40.94	35.41
Cardiff and Vale University Local Health Board	62.21	49.01	44.06	40.92
Cwm Taf University Local Health Board	65.82	56.59	48.13	45.52
Hywel Dda University Local Health Board	61.55	55.92	53.05	49.12
Powys Teaching Local Health Board	65.85	60.03	55.45	55.57
Wales	62.49	53.56	48.82	45.24

For 2016/17 the All Wales average for all 8 processes being recorded was 45.24%.

ABMU data showed a higher than average percentage of 52.48% of diabetic patients receiving all 8 recommended care processes.

The graph below shows a breakdown of recording for each of the 8 care processes across Wales over each year

Care Process	2013-14	2014-15	2015-16	2016-17
Blood Pressure	93.21	94.94	94.19	93.69
BMI	83.56	81.15	79.75	78.79
Cholesterol	89.59	88.46	86.41	85.38
Foot Surveillance	81.24	80.57	79.81	77.28
HbA1c	90.53	91.99	91.46	91.44
Serum Creatinine	90.92	92.29	91.85	91.72
Smoking	83.40	83.06	82.52	81.29
Urine Albumin	80.59	70.21	62.77	58.07
All Eight Care Processes	62.49	53.56	48.82	45.24

This All Wales data demonstrates that recording of BP in diabetic patients is highest at 93.69% of the diabetic population with recording of urine albumin being the lowest at 58.07% of the diabetic population.

Although recording of each care parameter is over 58%, the recording of all 8 parameters for diabetic patients is only 45.24% on an All Wales basis.

ABMU

The graph below shows the recording of all 8 diabetic care processes by ABMU cluster for each year until 2016/17.

Cluster	2013-14	2014-15	2015-16	2016-17
Afan	64.31	62.21	56.51	52.28
BayHealth	63.63	59.23	59.34	58.59
Bridgend East Network	65.38	56.29	53.32	52.59
Bridgend North Network	57.21	45.75	42.00	40.01
Bridgend West Network	62.12	57.10	53.76	51.25
CityHealth	60.68	52.62	45.31	41.22
Cwmtawe	72.08	67.87	63.42	61.39
Llwchwr	71.26	68.43	61.46	60.00
Neath	71.59	69.92	64.80	61.62
Penderi	71.28	67.43	64.93	61.05
Upper Valleys	51.89	46.95	39.52	36.17
Abertawe Bro Morgannwg University Local Health Board	64.43	58.85	55.00	52.48

Upper Valleys Cluster showed the lowest level of reporting in 2016/17 for all 8 care processes at 36.17%. This was below the ABMU average of 52.48%.

Cwmtawe showed the highest level of reporting for all 8 care processes at 61.39%.

Actions Planned:

- Heads of Service and Cluster Leads to identify reasons for low reporting uptake in relevant Clusters
- Cluster Leads to target diabetes care as a priority within future cluster plans
- Teams to consider any challenges identified locally and to consider options to mitigate these challenges

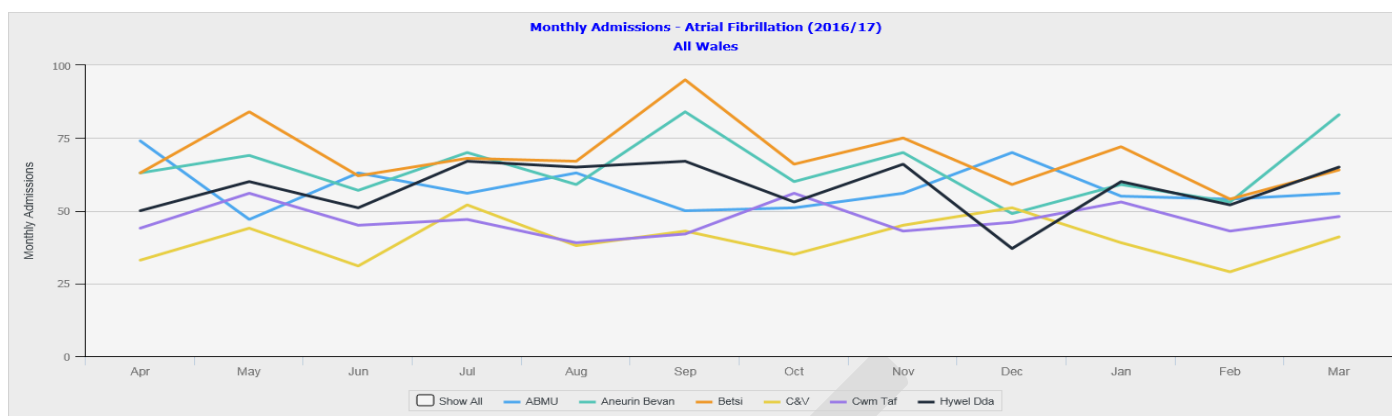
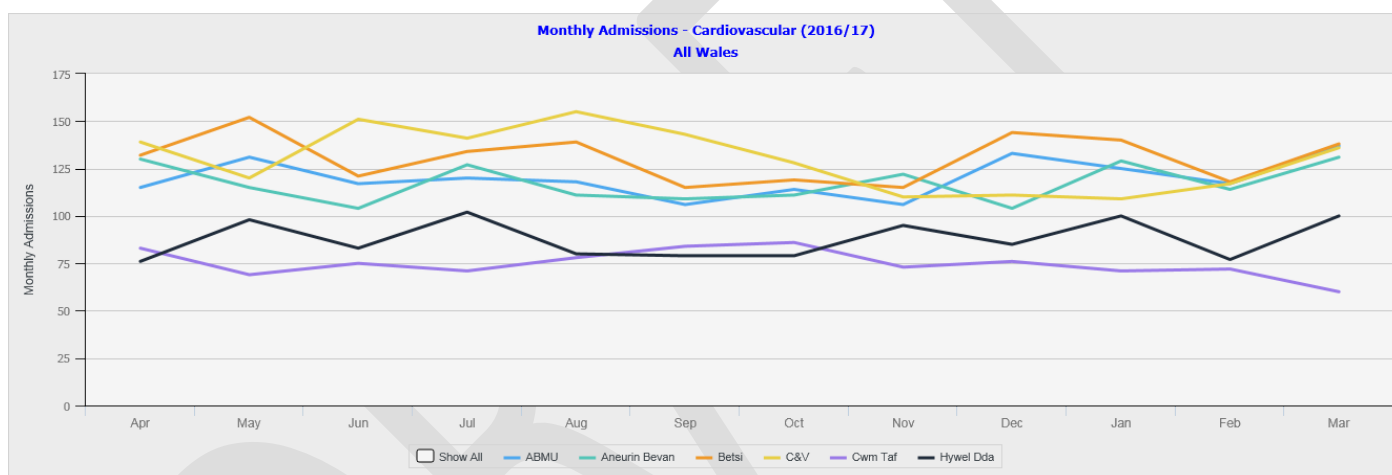
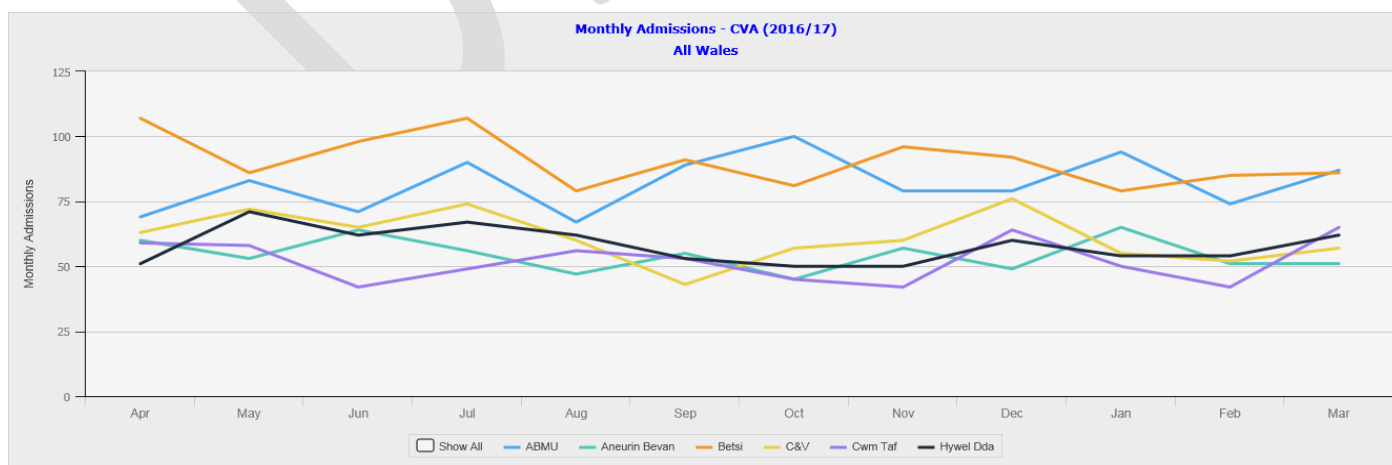
Number of emergency admissions for ambulatory care sensitive conditions

Measure is defined as the percentage of patients with long term conditions who have a related unscheduled emergency admission.

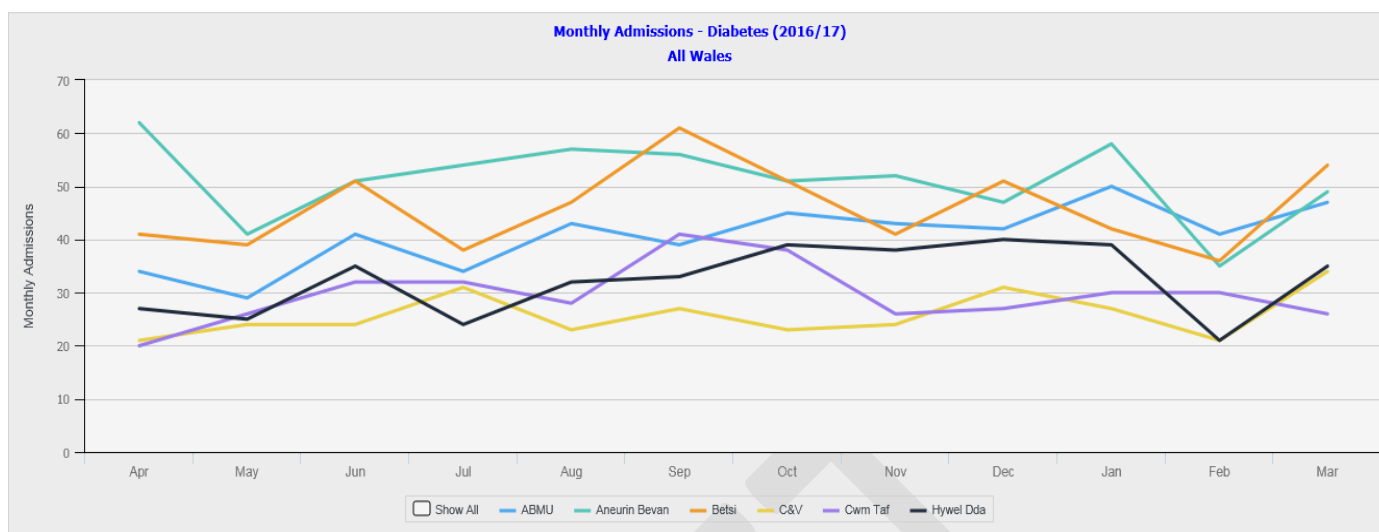
All Wales

The tables below show the emergency admission activity by month for five chronic conditions for the period April 2016 and March 2017. These chronic conditions are:

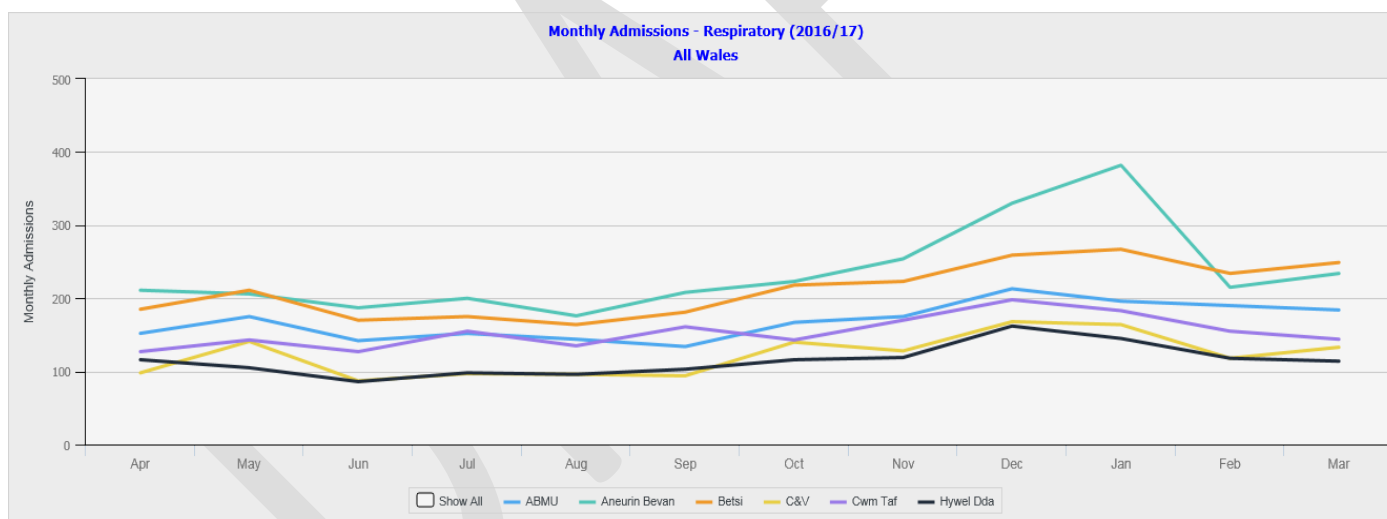
1. Atrial Fibrillation
2. Cardiovascular Disease
3. CVA
4. Diabetes
5. Respiratory Disease

Atrial Fibrillation**Cardiovascular Disease****CVA**

Diabetes



Respiratory



The Primary Care Information Portal (PCIP) shows this data in chart format according to Health Board provider site (hospital basis) and not on a GP registered basis. This limits the interpretation of the data and cannot link co-morbidities by cluster, area or practice.

As such, the data can only be used crudely to understand what can be done to target interventions broadly.

The data does however, display peaks in activity for each of the conditions during the winter period (October to January), suggesting seasonal characteristics, which may have influenced emergency admission numbers.

Diabetes lower extremity amputation and diagnosis code of diabetes

No data could be found on the Primary Care Portal for this.

Circulatory Disease Mortality Rate per 100,000 of the population for those under 75 Years of Age

Measure is defined as the percentage of deaths recorded from each of the following causes:

- Myocardial Infarction
- Heart Disease
- Heart Failure
- Stroke

Myocardial Infarction

The table below demonstrates a decrease in mortality rate for myocardial infarction in ABMU between 2010 (22.8%) and 2016 (20.50%).

However, ABMU has a higher percentage of death from MI than the Wales average of 18.3%.

	2010-12			2011-13			2012-14			2013-15			2014-16		
Health Board	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.
ABMU LHB	22.8	20.30	25.5	22.50	20.00	25.1	20.70	18.40	23.2	20.80	18.40	23.3	20.50	18.20	23
AB ULHB	20.1	17.80	22.5	18.40	16.30	20.7	18.30	16.20	20.6	18.50	16.40	20.8	18.5	16.40	20.7
BC ULHB	18.4	16.50	20.4	19.20	17.30	21.2	20.30	18.40	22.4	20.3	18.40	22.3	21.30	19.40	23.4
C & VULHB	13.8	11.60	16.3	14.40	12.20	17	15.80	13.50	18.5	16.10	13.80	18.7	15.00	12.70	17.4
CT ULHB	21.8	18.50	25.4	21.40	18.20	24.9	19.70	16.70	23.1	21.00	17.90	24.4	18.50	15.60	21.7
HD ULHB	17.5	15.10	20.2	16.60	14.30	19.2	13.60	11.50	15.9	12.90	10.90	15.1	13.30	11.30	15.5
Pow THB	14.1	10.80	18.2	11.70	8.70	15.4	11.10	8.20	14.6	14.80	11.30	19	18.20	14.30	22.8
Wales	18.8	17.90	19.8	18.50	17.50	19.4	18.00	17.10	18.9	18.30	17.40	19.2	18.3	17.40	19.2

All Heart Disease

The data below shows a decrease in mortality rate for all heart disease between 2010 (76.4%) and 2016 (65.90%) for ABMU.

Whilst ABMU has achieved a 10% reduction over this 6-year period, ABMU still has a higher percentage than the Wales average recorded in 2014-16 of 62.30% for death from all heart disease.

	2010-12			2011-13			2012-14			2013-15			2014-16		
Health Board	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.
ABMU LHB	76.4	71.80	81.3	76.90	72.30	81.7	72.30	67.90	76.9	70.60	66.30	75.1	65.90	61.80	70.3
AB ULHB	75.4	71.10	80	70.70	66.60	75.1	67.20	63.20	71.4	67.60	63.60	71.8	66.80	62.80	70.9
BC ULHB	62.6	59.10	66.2	62.20	58.80	65.8	61.60	58.20	65.1	61.40	58.00	64.9	61.30	57.90	64.8
C & VULHB	52	47.60	56.7	49.50	45.20	54	50.50	46.20	55	52.10	47.90	56.7	50.50	46.40	55
CT ULHB	83.8	77.30	90.7	83.50	77.10	90.3	75.30	69.20	81.7	75.10	69.10	81.5	72.30	66.50	78.5
HD ULHB	66.8	62.00	71.8	64.30	59.70	69.3	59.80	55.40	64.5	61.60	57.10	66.3	61.70	57.30	66.3
Pow THB	46.2	39.90	53.2	49.40	42.90	56.6	49.4	42.90	56.5	53.00	46.20	60.4	52.80	46.10	60.1
Wales	67.6	65.80	69.4	66.20	64.40	68	63.30	61.60	65	63.70	62.00	65.4	62.30	60.70	64

Heart Failure

The data below illustrates a decrease in death due to heart failure across Wales and within ABMU between 2010 and 2016.

According to the information extracted below, ABMU have a lower than average recorded death from heart failure rate. The All Wales average death from heart failure rate is recorded as 1.1%.

The latest data available at present is for 2014–16.

Health Board	2010-12			2011-13			2012-14			2013-15			2014-16		
	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.
ABM ULHB	1.8	1.20	2.7	1.90	1.30	2.8	1.50	0.90	2.2	0.80	0.40	1.5	0.00	0.20	1.1
AB ULHB	1.8	1.20	2.6	1.50	0.90	2.2	1.60	1.00	2.4	1.70	1.20	2.5	2.10	1.40	2.9
BC ULHB	2.2	1.60	3	1.90	1.30	2.6	1.60	1.10	2.3	1.50	1.00	2.2	1.5	1.00	2.1
C & V ULHB	0	0.20	1.4	0	0.20	1.3	0	0.20	1.4	0	0.30	1.5	0	0.30	1.4
CT ULHB	1.4	0.60	2.5	0.00	0.40	1.9	0	0.30	1.7	0	0.20	1.5	0	0.30	1.7
HD ULHB	1.7	1.00	2.7	0.90	0.50	1.7	0.80	0.40	1.5	0.70	0.30	1.4	0.00	0.20	1.2
POW THB	0	0.10	0.9	0	0.10	1.2	0	0.20	2.3	0	0.20	2.2	0	0.20	1.8
Wales	1.6	1.40	2	1.40	1.10	1.6	1.20	1.00	1.5	1.10	0.90	1.4	1.1	0.90	1.3

Stroke (all ages)

The table below shows a decrease in mortality rate in ABMU for stroke between 2010 (84.6%) and 2016 (70.50%).

The figures for ABMU are 0.10% less than the All Wales average of 70.60%.

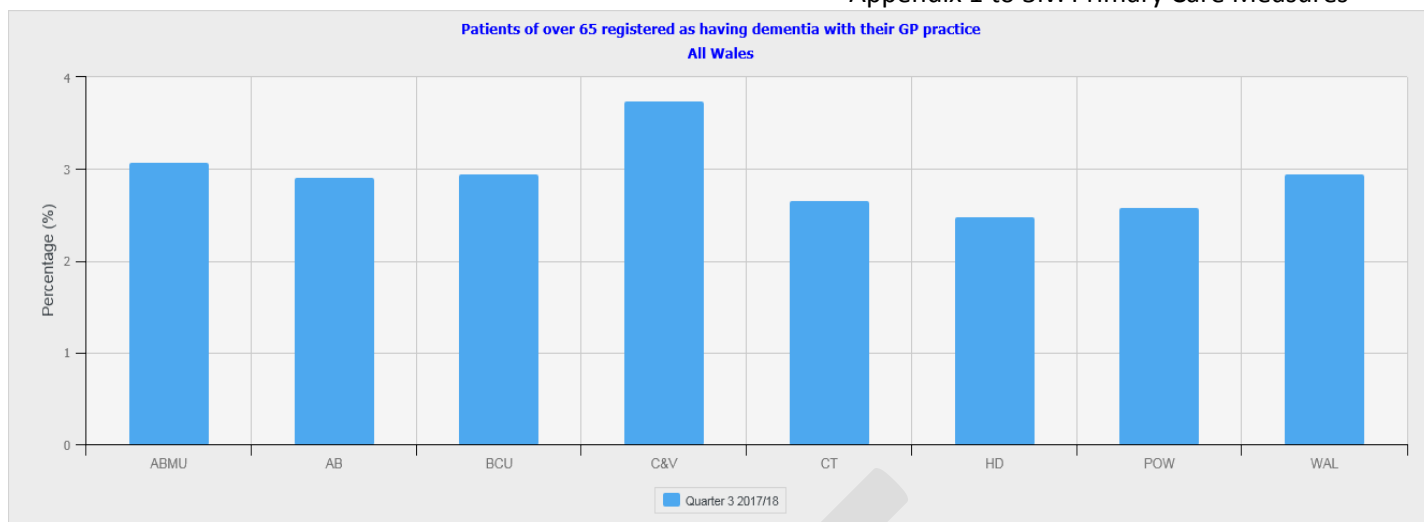
Health Board	2010-12			2011-13			2012-14			2013-15			2014-16		
	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.	Rate	LL Confid.	UL Confid.
ABM ULHB	84.6	79.90	89.5	78.20	73.70	82.8	78.10	73.70	82.7	73.50	69.30	78	70.50	66.30	74.8
AB ULHB	77.1	72.80	81.6	75.90	71.70	80.4	78.50	74.20	83	76.10	71.90	80.5	72.20	68.10	76.4
BC ULHB	80.5	76.70	84.4	75.80	72.20	79.6	74.70	71.10	78.3	74.10	70.60	77.8	71.80	68.40	75.3
C & V ULHB	80.4	75.20	85.9	77.30	72.30	82.6	72.50	67.70	77.5	66.70	62.10	71.5	62.50	58.10	67.2
CT ULHB	78.5	72.30	85.1	76.20	70.10	82.6	75.30	69.30	81.7	76.80	70.70	83.2	76.8	70.80	83.2
HD ULHB	83.8	78.80	89.1	78.20	73.40	83.2	76.60	71.90	81.6	73.30	68.80	78.1	68.20	63.90	72.8
Pow THB	90.4	81.90	99.5	87.80	79.60	96.6	84.40	76.50	92.9	77.40	69.90	85.4	72.10	65.00	79.8
Wales	81.5	79.60	83.4	77.60	75.70	79.4	76.70	74.90	78.5	73.90	72.10	75.7	70.60	68.90	72.3

Percentage of people over 65 registered with their GP practice as having dementia

Measure is defined as the percentage of people over 65 with a Read code of dementia

All Wales

The data below shows the percentage of patients over 65 years registered with a GP practice recorded as having dementia.



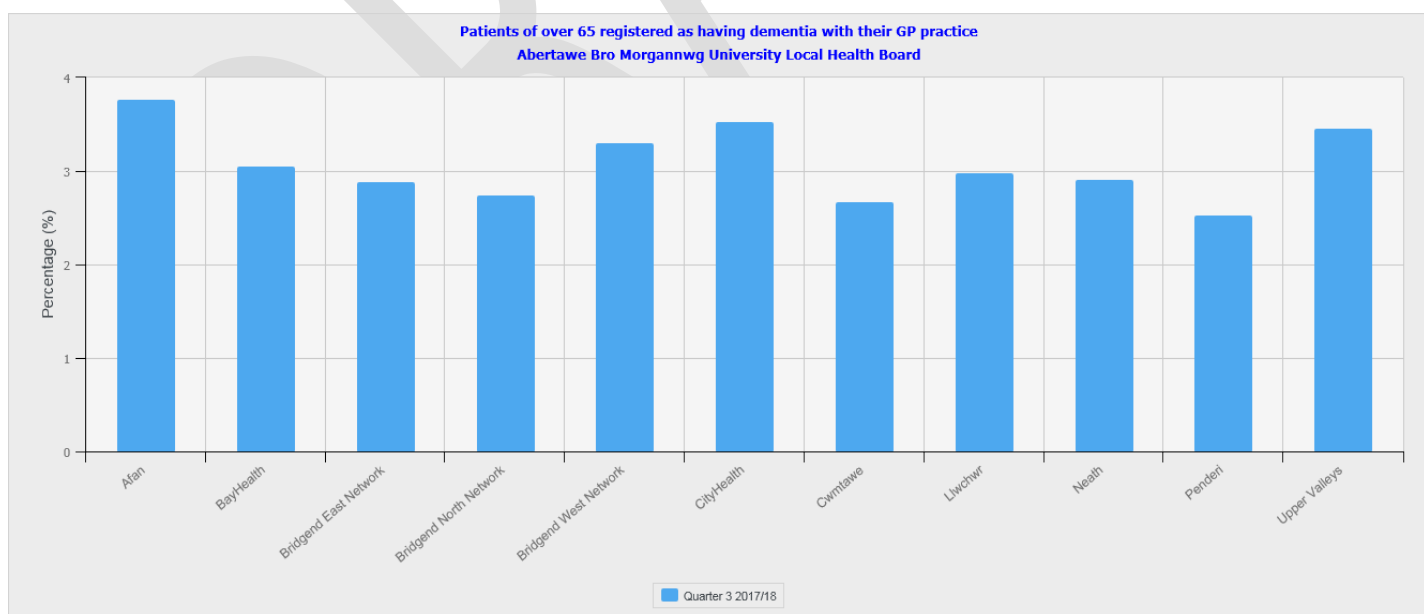
The Wales average in 2017/18 for patients over the age of 65 who were recorded as having dementia is 2.95%.

ABMU has a slightly higher percentage (3.08%) than the Wales average (2.95%) of patients over the age of 65 who were recorded as having dementia.

Hywel Dda Health Board has the lowest percentage recorded at 2.49%.

ABMU clusters

The table below shows the percentage of patients over the age of 65 years registered as having dementia by ABMU cluster.



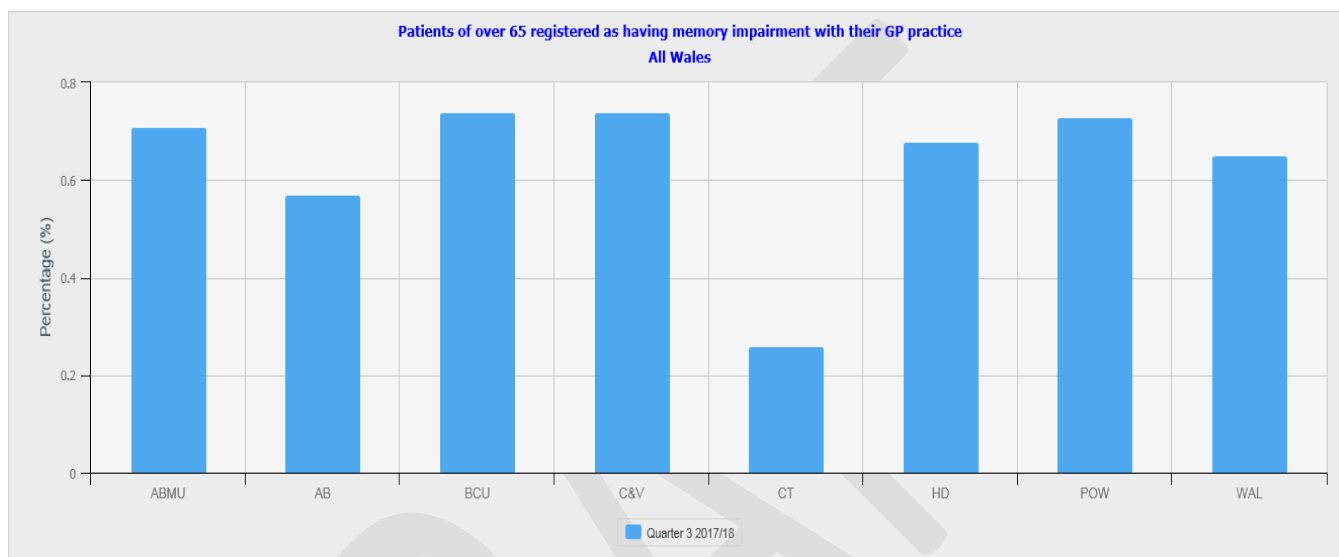
Percentages recorded range between 2.53% in Penderi cluster to 3.77% in Afan cluster.

Percentage of people over 65 registered with their GP practice as having a memory impairment

Measure is defined as the percentage of people over 65 with a Read code of memory impairment

All Wales

The data below show the percentage of patients over 65 years registered with a GP practice with a Read code of memory impairment.



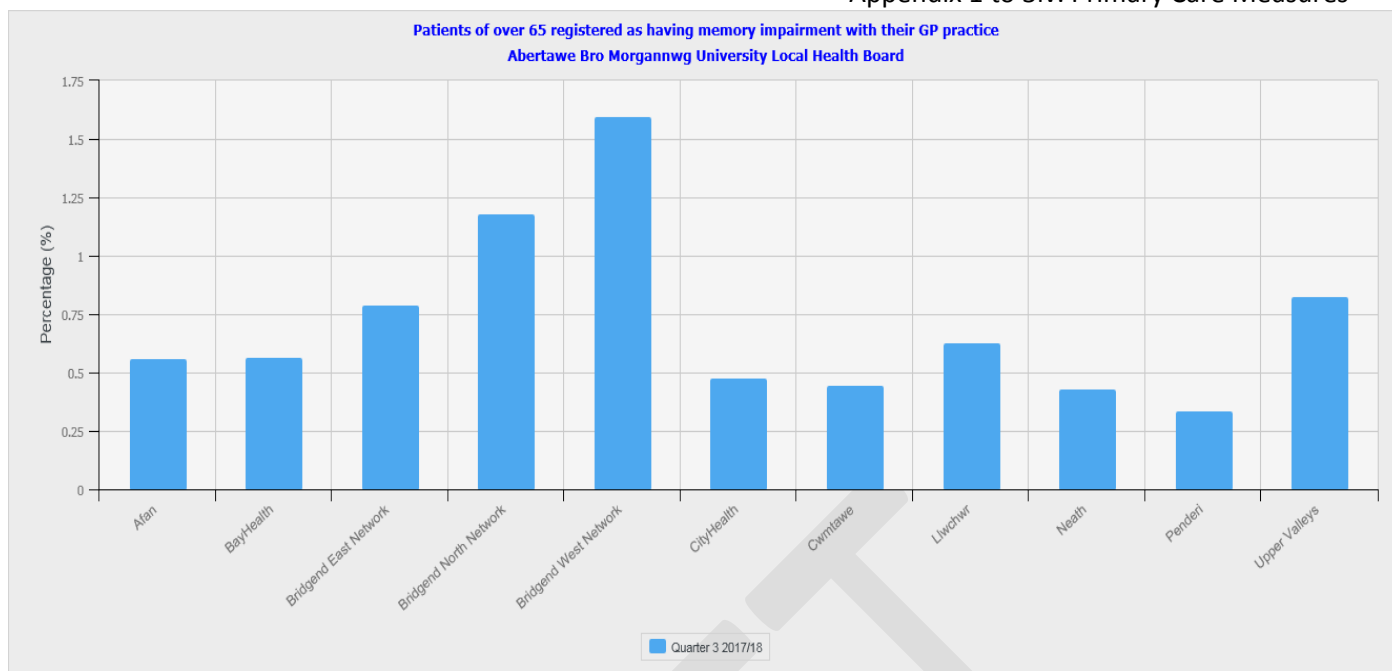
The Wales average in Quarter 3 of 2017/18 was recorded as 0.65%.

ABMU have a slightly higher percentage of those patients coded as memory impairment at 0.71%, with Cardiff and Vale and Betsi Cadwaladr having the highest percentage at 0.74%.

It should be noted that the data reflects the recording of this measure and may therefore not accurately reflect prevalence.

ABMU Clusters

The graph below shows the GP record coding of memory impairment in patients over the age of 65 by cluster.



Two of the three Bridgend clusters have the highest recorded rates of memory impairment in ABMU.

7 of the 11 clusters in ABMU are reporting lower than Welsh average for this Measure.

It is difficult to interpret this data as the figures show levels of recording rather than true prevalence rates. In addition, it is unclear from the portal, how memory impairment has been defined.

Children (0–17 years) who accessed dental services at least once a year

Measure is defined as the number of children who accessed dental services at least once a year

All Wales

The table below reports the number of children accessing dental services in 2016/17.

The Wales average for this is reported as 59.46% with ABMU achieving this Measure in 68.77% of the 0-17 year old population, which is above average.

2016/17	Children who accessed dental services at least once a year		
Health Board	Numerator	Denominator	Percentage
ABMU LHB	67639	98356	68.77
AB ULHB	70392	115520	60.93
BC ULHB	70745	131342	53.86
C & V ULHB	62134	95501	65.06

CT ULHB	29696	59037	50.30
HD ULHB	38730	69325	55.87
Pow THB	12569	22796	55.14
Wales	351905	591877	59.46

It is important to note that the denominator refers to the number of children attending Dental Care services in each Health Board regardless of where the patient lives.

Low-intensity psycho-social interventions

There is no information available on the Portal for this domain.

Recommendations

Following review of the data available there are a number of recommendations to consider.

Reliability of data

The above data has been extracted from the Primary Care Portal managed by NWIS. The data may not reflect true data for some of the Measures, as it depends on accurate and real time recording of data. Some domain data was unavailable on the Portal, although may be available from other sources

It is recommended that Primary Care teams within ABMU are aware of the use of the Primary Care Measures data, including the importance of accurate and comprehensive coding of data.

It is recommended that ABMU Health Board feedback any user constraints to NWIS for further improvements to the Primary Care Portal

It is recommended that additional health intelligence data sources are linked into the Primary Care Portal.

Cluster Development Plans

The cluster design promotes joint working across practices and the integration of primary care services with key partners such as the Ambulance Trust, Local Authority and Third Sector. Clusters also have a key role in supporting local health needs assessments, allocating appropriate resources and forecasting the potential future primary care demand and interventions required.

Cluster-level health intelligence describes contextualised, analysed information (data and evidence) to inform local action or decision making. Robust primary care cluster action plans will therefore be informed by evidence on population health needs and evidence on effective interventions to improve health and reduce inequalities. Evidence requires careful interpretation; potential actions require prioritisation and implementation plans will need evaluation.

It is recommended that the Primary Care Measures are discussed with Cluster Leads and that each domain is included as a priority area within Cluster Development Plans.

It is recommended that the collaborative working cluster model ensures that health promotion and public health interventions continue to be included as part of the package of healthcare within Primary Care Teams.

Themes and Trends

With the ongoing maturity of the Primary Care Measures database, it is important that themes and trends are collated and considered to predict future population needs.

It is recommended that themes and trends outlined in this report are considered by Heads of Service and an Action Plan with timelines for intervention put into place each year.

Local Challenges

Local interpretation of the data at cluster and practice level may allow some understanding of the challenges faced in both recording of the data and in improving services and interventions.

It is recommended that Primary Care teams should consider collaboratively any challenges identified locally and come up with potential solutions which could mitigate some of these challenges.