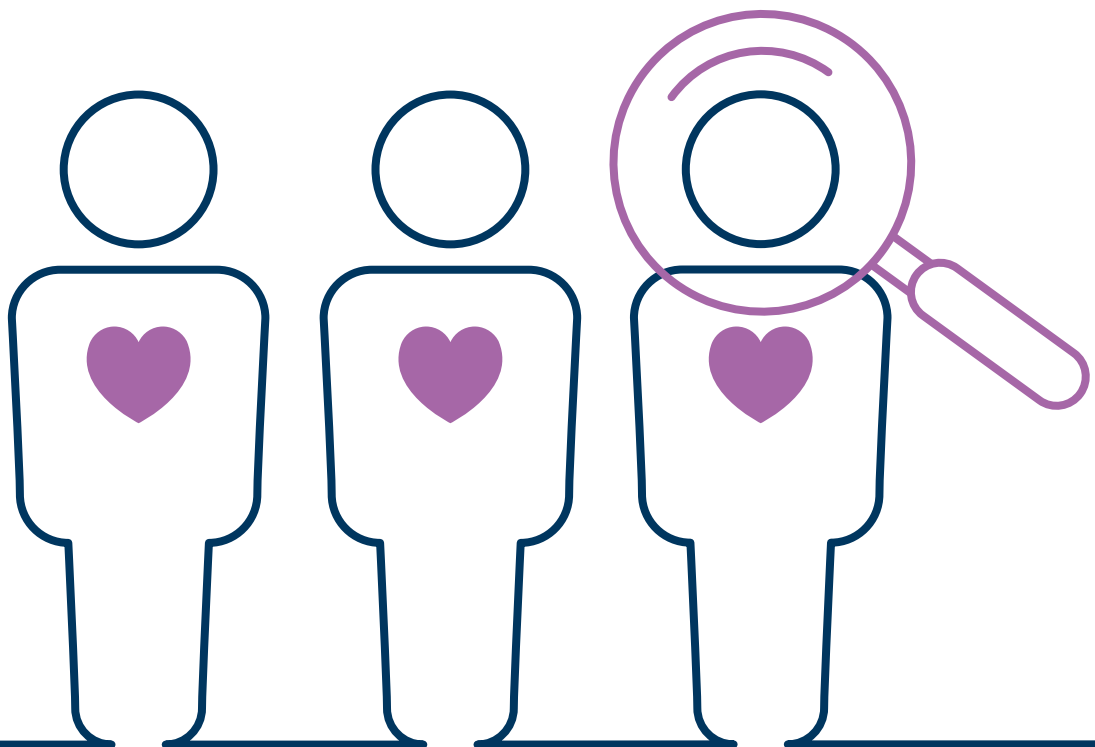


UCLPartners Proactive Care Frameworks Implementation Workbook

Risk stratification



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Welcome



Risk stratification offers a robust approach to managing high numbers of patients in a clinically safe way.

Risk stratification is a core element of the UCLPartners Proactive Care Frameworks (the Frameworks) as it enables practices to identify and prioritise patients by clinical need and urgency. We know that an innovative digital tool doesn't lead to improvement on its own, but that wrap-around support is required to enable transformative change. The Frameworks provide a package of support to teams adopting a risk stratification approach. This module will introduce you to risk stratification as a concept and provide a guide to incorporate stratification approaches to your service.

Dr Matt Kearney

Executive Clinical Director for Cardiovascular Health, UCLPartners



About Module 2



Getting the most out of this document



Time to complete module:
30-60 minutes

Take notes as you progress

Review the additional content

Be curious and explore

Think about how this could work in your local practice

Voice your opinion on the discussion forum

Note: You can either print this document out and complete the sections by hand or you can type directly into the pdf and save.



FutureNHS

You can talk to other users of the workbook in our discussion forums on the FutureNHS platform. To access these discussion forums, you will need to visit future.nhs.uk and register with your email address. Once logged in, search for the **Primary Care discussion forum: Proactive Care Frameworks** or scan the QR code and request to join the forum. Once approved, you will be able to share your experiences of these resources with your peers.



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Learning objectives

- Understand what risk stratification is and what the benefits are to incorporating into the patient pathway
- Understand how to access and use the UCLPartners risk stratification searches

By the end of this module, you should be able to...

You should be able to explain to colleagues what a risk stratification-based approach is and the benefits for prioritising patient care. You should also be able to use the UCLPartners risk stratification searches to complement the package of support available in the UCLPartners Proactive Care Frameworks.



Key terms

Clinical Code

Standardised clinical terminology used in patient records. Enables searches, reporting and decision support performed by computer systems.

Network Contract Directed Enhanced Service (DES)

Sets out core requirements and entitlements for a Primary Care Network (PCN).

Electronic Patient Record (EPR)

A computer system that stores medical records and notes electronically. EMIS and SystmOne TPP are the two most commonly used Primary Care EPRs in England.

Impact and Investment Fund (IIF)

An incentive scheme focussed on supporting primary care networks to deliver high quality care to their population.

Proactive Care

Having the processes, access to data and the workforce in place to take a proactive approach to patient care. Proactive care underpins the UCLPartners Proactive Care Frameworks.

Quality Outcomes Framework (QOF)

A system designed to remunerate general practices for providing good quality care to their patients.

Risk Stratification

The process of using data to assign risk levels to patients. These risk levels can then be used to make care management decisions.

Searches and Reports

Searches are used to find a specific cohort of patients that meet a set of criteria. Reports are then run on the outputs of this search, to drill down into the patient details e.g. are patients in this group receiving appropriate care?

UCLPartners

A health innovation partnership that developed this workbook and resources. UCLPartners works with academic and NHS partners to improve health and care through research, innovation and education for the benefit of patients and the public.

UCLPartners Proactive Care Frameworks

The collection of resources developed and collated by UCLPartners to support primary care identify, prioritise and optimise care of patients with long term health conditions.



Contact us

If you have any questions regarding this workbook, please contact us at:
primarycare@uclpartners.com

We'd love to hear your views on the content in this module, please do provide feedback via the link at the end of this document.

Key to link buttons

The workbook is intended for use as a digital guide to reduce the impact on the environment. The buttons below will direct you to the relevant external documents.



Video



Option



Document



Discussion



Feedback



Sign up



The Proactive Care Frameworks



Benefits of using the Frameworks

1. The Frameworks and resources are designed to help clinicians do things differently in the real world of modern, complex general practice where patients have multimorbidity and consultations are time pressured.
2. Using the stratification tools to prioritise patients who are at highest risk or poorly controlled helps practices achieve Quality Outcomes Framework (QOF) metrics and local incentive targets as well as new indicators in the Directed Enhanced Service (DES) and the Investment and Impact Fund (IIF).
3. The Framework resources include pathways and protocols for local adaptation together with training and implementation guides, case studies and digital tools. These will help staff such as health care assistants, wellbeing coaches and other additional roles to provide proactive care for patients – with structured support for education, self-management and behaviour change.
4. Overall, the clinical prioritisation and systematic use of the wider workforce helps teams to optimise patient care, safely manage workflow, free up GP capacity and increase job satisfaction for staff.



What is risk stratification?



Risk stratification is the process of identifying a specific cohort of patients and categorising them into priority groups depending on clinical indicators. The UCLPartners Proactive Care Frameworks can be used to support patients who fall into any risk category. The rationale behind risk stratification is that by identifying an individual's clinical risk for developing complications from a long-term condition, will enable the practice team to provide bespoke proactive care that optimises care and reduces the risk of deterioration.



An introduction to the concept of risk stratification

Join Aiysha Saleemi, Pharmacist Advisor at UCLPartners, as she introduces the basic building blocks to risk stratification.



The benefits of risk stratification

Traditionally, GP practices have operated an annual call and recall system prompted by QOF and often based on the patient's month of birth, to ensure all patients get a clinical review. By moving to a risk stratification approach, GP practices can identify and prioritise those who are at greatest risk for earlier review. For hypertension, UCLPartners risk stratification searches organise all the patients on the hypertension register into patient cohorts based on their last recorded blood pressure reading and other factors such as ethnicity, cardiovascular risk factors and co-morbidities. The cohorts are summarised in the tables below:

Priority 1	Priority 2	Priority 3	Priority 4
BP >180/120mmHg	a. BP >160/100mmHg or b. BP >140/90mmHg if BAME plus CV risk factors or co-morbidities c. BP not recorded in last 18 months	a. BP >140/90mmHg if BAME or CV risk factors or comorbidities or b. BP >140/90mmHg or >150/90mmHg if 80 years +	a. BP >140/90mmHg under 80 years or b. BP <150/90mmHg aged 80 years +

This risk stratification approach allows GP practices to care for patients at greatest risk first, allowing prescribing clinicians to focus on those likely to need treatment optimisation. In addition to the clinician intervention, the wider workforce can be used to provide proactive care to patients at all levels of risk – supporting education, self-management and behaviour change in a structured way. For example getting up-to-date home BP readings and teaching patients how to measure their BP correctly. This approach will allow early optimisation of care and the delivery of the QOF hypertension indicators (HYP003/HYP007).

“ Stratification as per the Frameworks has helped release GP time by allowing patients to be seen by the appropriate professionals from the wider team. They have also managed to empower patients to take control of their health and wellbeing, especially in the low-risk category groups through education videos, leaflets and virtual patient participation groups.

Dr Vaishali Ashar, GP in Newham, North East London

What do search outputs look like for a practice?

The images below demonstrate the results from two GP practices in North East London that performed the search for hypertension risk stratification, before they started to implement proactive care. This helped the practices increase clinician capacity by identifying the large number of patients whose BP is controlled, and therefore not in need of an early clinician appointment and the smaller groups of patients who needed more urgent review.

Priority Group	Hypertension Framework Definition	Nos (List - 15,630)	Nos (List - 16,404)
1	Clinic BP \geq 180/120mmHg	8	5
2	a. Clinic BP \geq 160/100mmHg	92	50
	b. Clinic BP \geq 140/90mmHg and BAME + additional CV risk factor	127	116
	c. No BP reading in last 18 months	380	199
3	a. Clinic BP \geq 140/90mmHg and BAME or CVD, CKD, diabetes	99	81
	b. BP \geq 140/90mmHg – all other patients	55	24
4	a. BP <140/90mmHg (under 80 years)	568	778
	b. BP <140/90mmHg (80 years and over)	97	57

As care is optimised and patients are reviewed proactively, over time a practice can see the numbers in each group shift with more patients treated to target. The image below demonstrates the results of using the UCLPartners stratification tool for lipid management in people with pre-existing CVD. The stratification search was performed over time by a practice in Cheshire and the table shows us the number of patients in each cohort over 12 months.

	April 2021	February 2022	May 2022
Patients coded with cardiovascular disease	515	507	508
Priority 1: Not on a statin therapy	102	83	67
Priority 2: Sub-optimal intensity statin therapy	95	54	50
Priority 3: On sub-optimal dose statin	178	137	140
Priority 4: Sub-optimal non-HDL levels despite maximum statin therapy	140	233	251



As mentioned previously, it is recommended to focus early clinical interventions on patients in highest priority groups while phasing the holistic proactive care (delivered by staff such as HCAs) over time.

What do search outputs look like for a PCN?

The risk stratification searches can be performed at practice, PCN and ICS level. The data can be used to inform the use of staff and delivery of care across a wide patient population. The diagram below illustrates the patient groups in Priority Group 1 and 2a for a PCN that ran the Framework hypertension risk stratification search every few months in 2021. We can see a reduction over time in these High Priority Groups.

UCLPartners search output - A PCN in the UCLPartners region

Number of patients in UCLPartners Group 1 and 2a searches

UCLPartners hypertension search	Baseline				End of Pilot
	Apr 2021 (01/04/21)	Jun 2021	Aug 2021	Oct 2021	Nov 2021 (01/11/21)
Priority 1 BP \geq 180/120	133	119	105	82	78
Priority 2a BP>160/100	550	526	493	488	467



41% reduction
(Practices range
7% - 91%)



13% reduction
(Practices range
6% - 22%)



Reflect on: What are your thoughts on using a risk stratification approach to inform your service?

Enter text here:



How to access and use the UCLPartners Risk Stratification searches



UCLPartners has built a risk stratification and prioritisation tool, to support the management of long-term conditions. This, in combination with protocols and pathways, can support the wider primary care workforce to personalise and optimise care. They have been designed by clinicians with input from patients and carers to help primary care prioritise the backlog of routine long-term conditions management, maximise the whole primary care workforce and potentially free up capacity.

What do the UCLPartners risk stratification searches look like and how do I use them?

Join Dr Deep Shah as he gives an overview of the UCLPartners Proactive Care Frameworks with a focus on using a risk stratification approach. You will learn about the core principles to risk stratification and prioritisation and how the Frameworks provide the opportunity to mobilise the whole primary care workforce. Use the space below to make notes as you watch the video.



Notes:





Access the UCLPartners risk stratification searches

Follow these instructions for receiving and running the UCLPartners risk stratification searches and search criteria. These searches are fundamental to delivering the Frameworks, therefore we strongly recommend that you complete the activity below.

1. To download the risk stratification searches and to access the criteria used to create them, scan the QR code or click the document icon. This will take you to the UCLPartners search and risk stratification tools webpage.
2. Use a computer that has access to the Electronic Patient Record system (EPR). Complete the online form and select the searches you wish to access.
3. Once you've completed the online form you will immediately be able to download the searches from the webpage.
4. Once you have completed the online form you will immediately be able to download the searches from the next webpage that is displayed.



Watch the demonstration from Dr Matt Kearney on how to run the risk stratification searches on either EMIS or SystemOne



Using a sub search

Sub searches are searches that are run on the outputs of another search and can be created on any EPR system. They enable the user to drill down into the search outputs and ask more questions of the data. For example – How many patients in a particular risk group have been reviewed in the last 6 months?

By using sub searches to complement the UCLPartners Risk Stratification searches, the user can start to operationalise the information and use it to inform patient recall and utilisation of the wider workforce.

In this video you will learn about using sub searches to monitor the progress of the number of patients that have received a review, for a particular time frame, by assigning specific clinical codes. UCLPartners have recommended specific codes, but you can adapt to any code that has been agreed locally for your health system. By using specific codes it will enable you to track progress of reviews completed for each patient cohort of the framework selected.

To be able to write and run a sub search you need to have a comprehensive understanding of the codes your practice uses and the electronic patient record system. If you don't think your team has this skillset, speak to your PCN Clinical Director or CCG Training Hub for support.



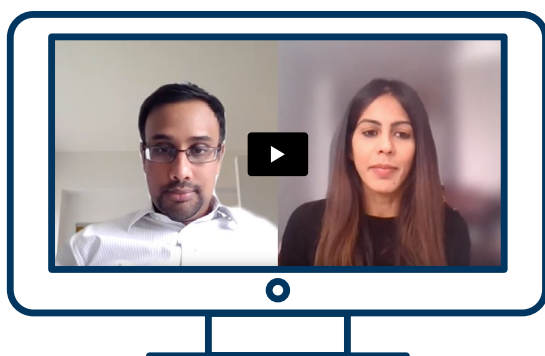
Join Dr Deep Shah as he demonstrates how to run a sub search in EMIS.



Case study

Join Dr Nausheen Hameed, GP Digital Lead at UCLPartners and Dr Sarit Ghosh, GP and Clinical Director at Enfield Unity Primary Care Network as they discuss the use of the risk stratification approach to prioritise care and improve outcomes for patients.

In the video Dr Sarit Ghosh explains how his team have benefited from working with UCLPartners. If you'd like to be introduced to your local Academic Health Science Network, please email primarycare@uclpartners.com and you will be able to access regional specific training and implementation support.



Step-by-step guide to using the Frameworks on EMIS

Dr Muhammad Waqqas Naqvi, Clinical Chair Newham from North East London CCG has written up their approach into a step-by-step guide for using the Frameworks on EMIS. Scan the QR code or click the document icon to read through the document. You can copy this approach or adapt it to suit your needs.



Activity: Perform a risk stratification



Request and run the UCLPartners risk stratification searches on your EPR system. Record the patient numbers for any of the Proactive Care Frameworks, we'll refer back to the search outputs in Module 4.

Record your thoughts / search results in the box below:

Priority group 1

Priority group 2 a/b/c

Priority group 3 a/b/

Priority group 4 a/b/



Discussion exercise: What is the value?

What is the value in using this risk stratification approach? How is this different to your current way of working?

Answer the question by accessing the Access the FutureNHS discussion forum.

Click on the icon or scan the QR code.

 **FutureNHS**



Summary



Well done for successfully completing this module! Hopefully you will now feel more confident in understanding what the search and stratification tools are and how they can help you to manage patients with long term conditions. Move onto **Module 3** to learn about the workforce model that underpins the risk stratification approach.

Feedback



We're keen to hear your feedback! Click the icon or scan the QR code to complete this quick (4 minute) online survey to help us to continually improve these modules.



Receive module updates



Sign up to receive the UCLPartners Proactive Care Newsletter to find out when new modules are released. Click on the icon or scan the QR code.



Additional notes

Enter text here:





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