Academic Health Science Network
North East and North Cumbria

NHS
North East Quality Observatory Service

Population Health & Healthcare Surveillance
Impact of COVID-19

Intelligence for the North East & North Cumbria AHSN

November 2020 Report 2
Healthcare utilisation

Report Content

This surveillance report (Report 2) focuses on a key set of metrics relating to healthcare utilisation - hospital activity-based information from A&E, outpatient and inpatient settings is presented using the latest data available from Hospital Episode Statistics (via NHS Digital)[1] and primary care activity is also included.

The aim is to support organisations by providing them with a better understanding of the impact of COVID-19 across the NENC region. The data is presented at CCG level to provide an overview at this stage however further breakdown of this, for example to PCN level or by Trust is possible upon request.

In early August 2020, implementation guidance was provided by NHS England and Improvement with regard to phase 3 of the NHS response to the COVID-19 pandemic. This was in support of the letter sent on 31st July to key figures across the NHS, local authorities and local resilience teams from Sir Simon Stevens[2]. The guidance describes eight urgent actions to address inequalities in NHS provision and outcomes and asks for each of these to be delivered by specific dates, through local collaborative working, and by building upon regional and local work relating to inequalities that was already underway pre-COVID as well as recommendations from a number of more recent reviews.

The information in this report can be used to help support planning of services and the programme to resume routine healthcare services as the pandemic evolves. It is important that these plans to reset the system are able to address existing inequalities to avoid any further exacerbation of these issues.

The NEQOS Population Health and Healthcare Surveillance report is produced annually. The aim of this report is to provide a single reference source containing a regional oversight of activity across all areas of health and healthcare, not solely limited to the AHSN work programmes, to assist users in identifying where there is wide variation across the North East and North Cumbria.
NEQOS has provided some interpretation of the data presented in this report, with a high level summary on page 2 and a brief commentary for each indicator. The methodology and analysis notes relating to this work are described on page 3.

Subsequent reports and updates will follow, as further information becomes available (see below for an outline of this).

1. Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. The 2020/21 HES data is classed as provisional and should therefore be treated as an estimate until the final Nation al Statistics annual publications.

2. NHS England. *https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/*

Future reports planned

- Refresh of indicators in Report 1 and Report 2 (this report) as new data becomes available.
- Further reports to be produced relating to additional indicators once data is released.
- Feedback from the AHSN and other stakeholders, on content and presentation, is welcomed.

North East and North Cumbria Region Health Report 2 (November 2020)

No.	Indicator	Key findings	Further disaggregation or presentation
2	Emergency admissions for myocardial infarction	The admission rate for NENC is approx. 34% higher than England but there is substantial variation by CCG (and by financial year). There is a slight association between deprivation and admissions. There was a reduction in hospital admissions in April 2020.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
3	Emergency admissions for stroke	The admission rate for NENC is approx. 19% higher than England but there is substantial variation by CCG. There is a very slight association between deprivation and admissions. The hospital admission rate has remained steady over time.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
4	Emergency admissions for respiratory disease	The admission rate for NENC is approx. 32% higher than England but there is substantial variation by CCG. There is a definite association between deprivation and admissions. The hospital admission rate demonstrates seasonal variation, and a reduction in activity has been observed from March 2020.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
5	Alcohol-related admissions to hospital	The admission rate for NENC is approx. 37% higher than England but there is substantial variation by CCG (and rates appear to be increasing over time). Alcohol admission rates generally increase with age. There was a reduction in hospital admissions in April and May 2020.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
6	Emergency admissions for violence (including sexual violence)	The admission rate for NENC is approx. 29% higher than England but there is substantial variation by CCG. There is a very clear association between deprivation and admissions. There was a reduction in hospital admissions in April and May 2020.	Note: Small number caution with further breakdown
7	Emergency admissions for injuries due to falls in people aged 65-79 years old	The admission rate for NENC is approx. 11% higher than England but there is substantial variation by CCG. There is an association between deprivation and admissions. There was a slight reduction in hospital admissions in March and April 2020.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
8	Emergency admissions for injuries due to falls in people aged 80+ years old	The crude admission rate for NENC is approx. 2.5% lower than England but there is some variation by CCG. There is an association between deprivation and admissions. There was a reduction in hospital admissions in April 2020.	
9	Emergency admissions for fractured neck of femur in people aged 65-79 years	The admission rate for NENC is approx. 12% higher than England but there is variation by CCG and over time. There is a clear association between deprivation and admissions. The hospital admission rate has remained steady over time.	
10	Emergency admissions for fractured neck of femur in people aged 80+ years	The admission rate for NENC is approx. 7% higher than England but there is variation by CCG and over time. There is an association between deprivation and admissions. The hospital admission rate has remained steady over time.	
11	A&E attendances	The attendance rate for NENC is approx. 14% higher than England but there is variation by CCG and over time. There is a clear association between deprivation and A&E attendances. The number of attendances reduced dramatically in April 2020, with slight increases in subsequent months.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
12	Outpatient attendances	Based on the data available in HES, there is a substantial change over time in terms of the number of outpatient attendances and also the appointment type (between 2019/20 and the first 4 months of 2020/21). In 2020/21 to date there has been a dramatic increase in the proportion of appointments taking place via telephone / telemedicine rather than face to face and this varies by specialty.	Limit to activity relating to acute Trusts only, analysis at specialty level, trends over time.

No.	Indicator	Key findings	Further disaggregation or presentation
13	Elective activity - primary hip replacements	The admission rate for NENC is approx. 26% higher (hips) and 28% higher (knees) than England but there is variation by CCG. There is a clear association between deprivation and activity, with higher activity in the least deprived areas (more marked for hips than knees). Activity was paused in April and May 2020 but has started to increase in subsequent months.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
14	Elective activity - primary knee replacements		
15	Elective activity - cataract surgery	The admission rate for NENC is approx. 12% higher than England but there is substantial variation by CCG and over time. There is an association between deprivation and admissions. There was a reduction in activity in April and May 2020 but this is increasing again.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
16	Elective activity - coronary angioplasty procedures	The admission rate for NENC is similar to England but there is substantial variation by CCG and over time. There is no association between deprivation and activity. There was a reduction in activity in April and May 2020 but this is increasing again.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time.
17	Hospital admissions directly attributable to obesity	The admission rate for NENC is more than double that of the England rate but there is substantial variation by CCG. There is a very marked association between deprivation and admissions. There was a substantial reduction in activity between April and June 2020 but this is slightly increasing again.	By age group, PCN or GP practice level, analysis of activity by IMD and CCG (or lower), individual CCG trends over time. Include procedures for obesity.
18	NHS staff sickness absence rates	From March 2020 there was a marked increase in the staff sickness rates which has now returned back to pre-COVID rates and the sickness rate varies by staff group.	Provider level data is available for NENC by month.
19	Appointments in general practice - appointments available and those with a GP	There was a substantial decrease in the number of GP appointments per 1,000 list size in April and May 2020 but this is increasing again. The proportion of appointments with a GP has reduced since April 2020.	This data is available on a monthly basis and appointment type is also available.

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Geography

On 1 April 2020 there were a number of changes (mergers) relating to Clinical Commissioning Groups (CCGs) within the North East and North Cumbria (NENC) area.
Durham Dales, Easington and Sedgefield CCG and North Durham CCG merged to become NHS County Durham CCG; Darlington CCG, Hartlepool and Stockton on Tees CCG and South Tees CCG became NHS Tees Valley CCG; and Hambleton, Richmondshire and Whitby CCG became part of NHS North Yorkshire CCG.

Where the data is presented by CCG, this is reported for the current 8 CCGs that are part of the NENC area. Further disaggregation of the data by CCG (pre April 2020) and GP practice or by lower super output area / deprivation decile may be possible upon request.

Methodology and data presentation

The majority of the data provided in this report is taken from Hospital Episode Statistics (HES), provided by NHS Digital. Detailed indicator definitions are available upon request.

Data was extracted from HES at Lower Layer Super Output Area (LSOA) and the Index of Multiple Deprivation 2019[3] decile was applied, before this was aggregated to CCG level for reporting purposes.

The hospital activity data relating to each indicator is generally presented in three ways:
1. By CCG, with NENC and England rates (crude) - for 2017/18, 2018/19 and 2019/20
2. By deprivation decile, for all CCGs in the NENC combined - for 2017/18, 2018/19 and 2019/20
3. As a trend over time, for all CCGs in the NENC combined - from April 2017 to July 2020 inclusive (note that data from 2020/21 is currently classed as provisional).

Note that all small numbers have been removed from this report and a rounding formula has been applied to the remaining data (applied to final calculated figure only and not to the constituent parts).

Population Health & Healthcare Surveillance

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1. Background and introduction

Impact on health services

The COVID-19 pandemic has presented all parts of the NHS with major challenges. Since April 2020 there has been a drastic reduction in routine NHS care with millions of patients living with health problems (including cancer) being affected, and their treatment postponed or cancelled. Millions more patients have missed vital opportunities to receive initial assessment and diagnosis for health problems in the first place. [*BMA* The hidden impact of COVID-19 on patient care in the NHS in England, July 2020].

In a very short period of time, local health systems have been through a major reorganisation of their services to deal with the huge rise in patients requiring critical and specialist care for pneumonia, respiratory failure and sepsis.

The results of a survey carried out with hospital Trust leads describes the different approaches that Trusts have put in place to continue caring for non-COVID patients and demonstrates the complexity of calculating what a sustainable level of service provision should be. This includes rapid innovation in service delivery, workforce support, and expressing concern about patients who have not accessed care during the lockdown period. Demand for physical health services dropped far more significantly than for mental health services during the pandemic [*NHS Providers* Recovery Position – What next for the NHS? June 2020].

NHS organisations are expected to identify clinical risk for elective patients and prioritise them accordingly. This means looking beyond the referral to treatment (RTT) pathway and create priority groups of patients that require plans for treatment, regardless of where they are in the elective process [*https://www.nhselect.nhs.uk* Elective-waiting-lists---preparing-for-after-Covid-19, May 2020].

The Health Foundation is supporting the health and care system in the UK to deal with the current challenges by providing a wide range of evidence and resources in response to COVID-19 [*https://www.health.org.uk/what-we-do/responding-to-covid-19*].

The Northern Health Science Alliance has produced various articles and resources relating to COVID-19 [*https://www.thenhsa.co.uk/].*

The Future NHS Collaboration Platform [*future.nhs.uk*] hosts a number of workspaces providing data and analytics support for COVID-19, containing a huge wealth of information and evidence to draw upon.

NHS Providers has recently produced a framework relating to reducing health inequalities associated with COVID-19 [*nhsproviders.org*].

COVID-19-related hospital admissions

The COVID-19 disease outbreak has been declared a public health emergency of international concern. Emergency ICD-10 codes have been created for recording purposes (*https://www.who.int/classifications/icd/covid19/en/*), which are:

U07.1 - COVID-19, virus identified - to assign to a disease diagnosis of COVID-19 confirmed by laboratory testing.

U07.2 - COVID-19, virus not identified - to assign to a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available.

It is not known to what extent hospital Trusts are using these codes therefore this data has not been included in this report at this stage.

Cardiovascular disease

The National Cardiac Audit Programme data collection (part of the National Institute for Cardiovascular Outcomes Research (NICOR)) is being employed to carry out analysis into the interplay between COVID-19 and cardiac health, in particular due to the apparent increased risk to people with underlying health conditions. There are seven distinct data sets with the initial data collection due to start in April 2020 [*digital.nhs.uk* Data provision notices]. Initial findings from this data has recently been published [*https://www.hqip.org.uk/wp-content/uploads/2020/09/NICOR-COVID-2020-Report-1-3.pdf*].

Data collected by NHS Digital from NHS Hospital Trusts in England up to 24th May 2020 showed that hospital admissions for heart attack fell by about one third between the middle of February 2020 and the end of March 2020. By the end of May, admission rates had partially recovered but there have been around 5,000 fewer admissions with heart attack in 2020 than would be expected, suggesting that many patients have missed out on lifesaving treatment [*https://www.ctsu.ox.ac.uk/research/covid-19-acute-coronary-syndromes*, and *The Lancet* COVID-19 pandemic and admission rates for and management of acute coronary syndromes in England, August 2020].

Inpatient survey

A survey of patients admitted to hospital for one night or more during March, April and May 2020 is underway by Ipsos MORI on behalf of the CQC, based on a version of the existing annual inpatient survey questionnaire. The aim is to capture the experiences of patients in hospital during the peak of the coronavirus pandemic. The findings will be reported in Autumn 2020 [www.cqc.org.uk].

Mental health

A survey of over 1,300 members of the Royal College of Psychiatrists (May 2020) indicated that 43% of psychiatrists had seen an increase in their urgent and emergency caseload following the COVID-19 lockdown, and 45% had seen a fall in their most routine appointments, and were preparing for a 'tsunami' of mental illness. The biggest drop-offs in routine care have been in mental health services for older adults, for children and young people, and within general hospitals [*www.rcpsych.ac.uk*].

Public Health England has recently produced a COVID-19: mental health and wellbeing surveillance report, which presents close to real time intelligence on the mental health and wellbeing of the population in England during the COVID-19 pandemic [*https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report*]. PHE has also produced an intelligence pack to support place based health needs assessments and health inequality assessments for the wider, indirect COVID-19 effects on population health [Wider impacts of COVID-19 Health needs assessment intelligence pack - available via Knowledge Hub at *khub.net*].

The Strategy Unit has recently released a new model to look at pandemic-related demand for mental health services across England [*www.strategyunitwm.nhs.uk/mental-health-surge-model]*.

Elective surgery

A survey of over 1,700 surgeons and surgical trainees from the Royal College of Surgeons of England (June 2020) highlighted the range of challenges faced by surgical teams. A number of respondents cited lack of sufficient PPE (21%), lack of staff (35%) and lack of access to interdependent services such as diagnostics, anaesthesia and sterile processing (46%) as barriers to restarting elective surgery.

Surgeons have adapted by using video or telephone conferencing to undertake patient consultations and outpatient clinics during the pandemic [*www.rcseng.ac.uk*].

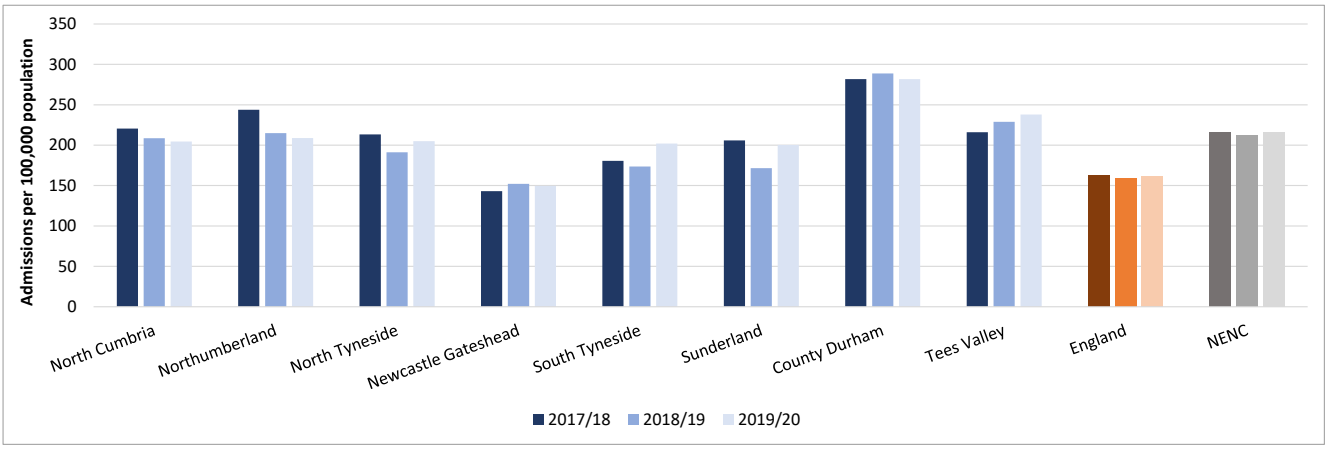
2. Emergency admissions for myocardial infarction (per 100,000)

Definitions and data analysis

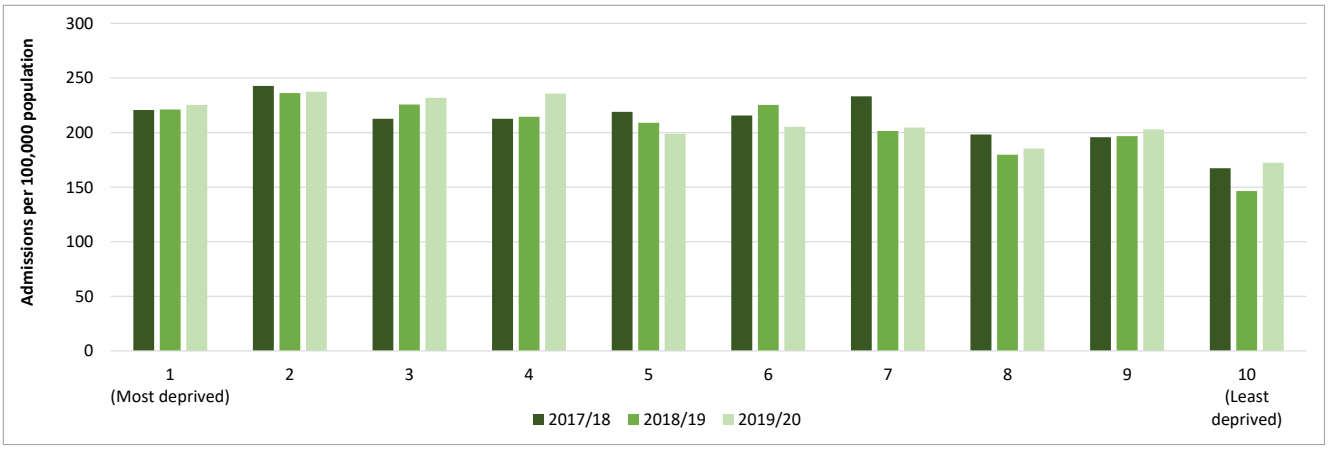
A heart attack (myocardial infarction or MI) is a serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot. Coronary heart disease is the leading cause of heart attacks and behavioural risk factors play a large part in the prevention of the condition (such as smoking, obesity and a high-fat diet).

This indicator is based on emergency hospital admissions for acute myocardial infarction or subsequent myocardial infarction, where there is a relevant diagnosis (ICD10) code in any diagnosis position of the admitting episode.

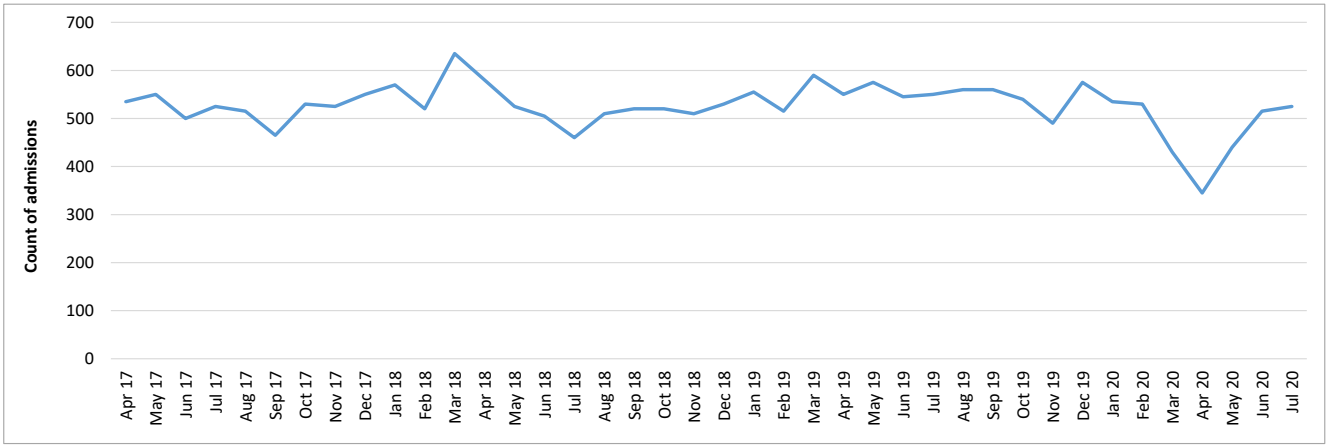
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admissions by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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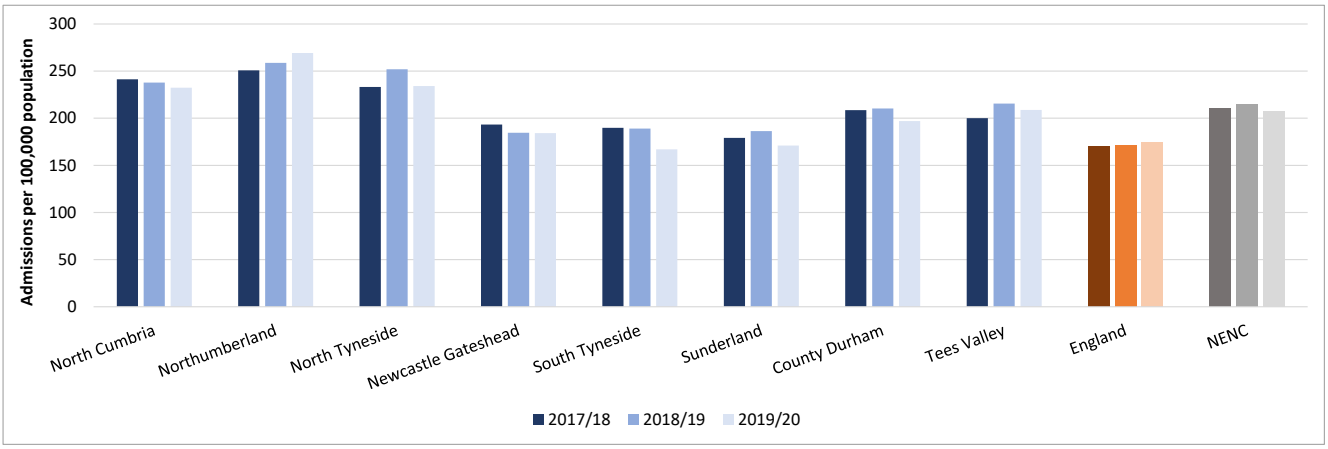
3. Emergency admissions for stroke (per 100,000)

Definitions and data analysis

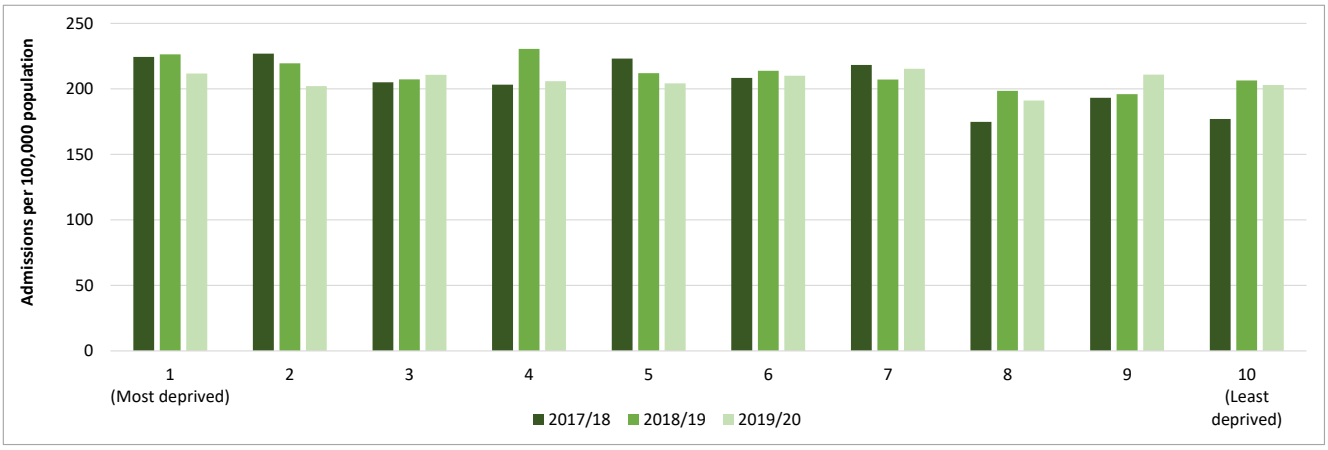
A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. Strokes are a medical emergency and urgent treatment is essential. Behavioural risk factors play a large part in the prevention of stroke, with smoking, excessive alcohol use and an unhealthy diet being major risk factors.

This indicator is based on emergency hospital admissions for intracerebral haemorrhage, intracranial haemorrhage, cerebral infarction or unspecified stroke, where there is a relevant diagnosis (ICD10) code in any diagnosis position of the admitting episode.

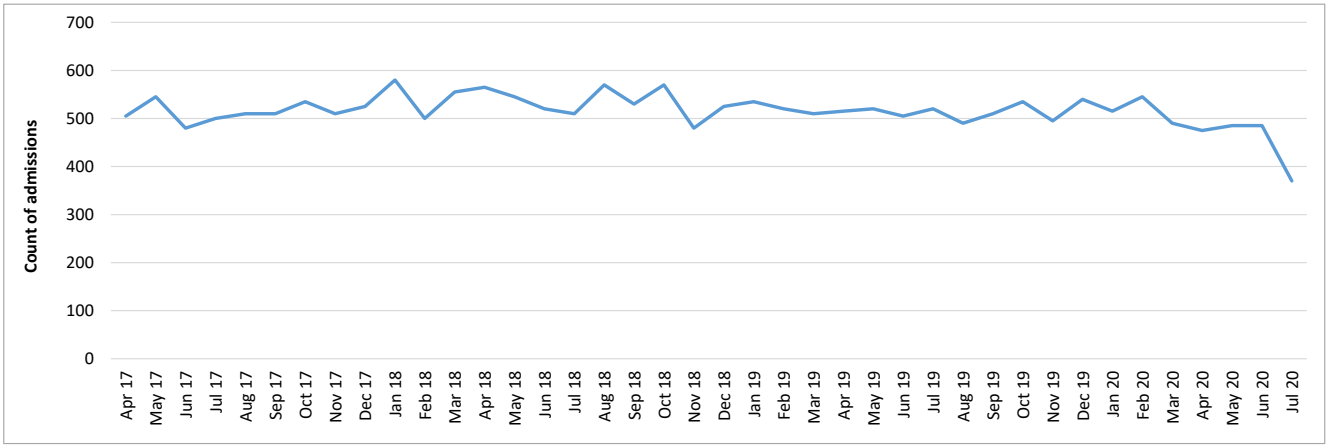
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admissions by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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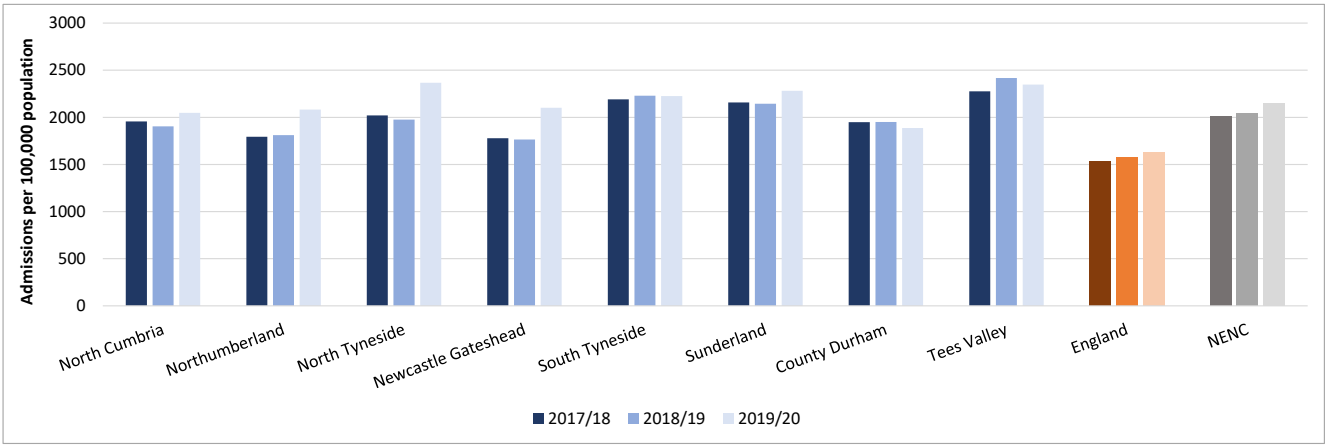
4. Emergency admissions for respiratory disease (per 100,000)

Definitions and data analysis

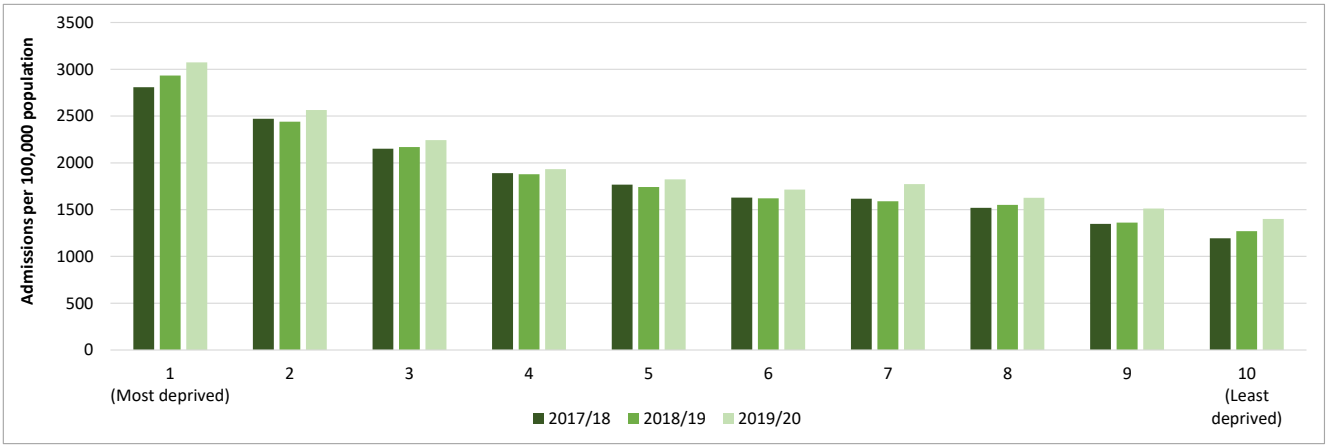
The burden of respiratory disease on hospital activity is significant. Exacerbations of COPD and asthma are significant causes of respiratory admissions, yet many episodes could be prevented by improved treatment compliance, symptom control and timely treatment of acute exacerbations.

This indicator is based on emergency hospital admissions for respiratory disease, where there is a relevant diagnosis (ICD10) code in the primary diagnosis position of the admitting episode. Note that COVID-19 specific diagnosis codes are not included within the diagnosis chapter relating to respiratory disease.

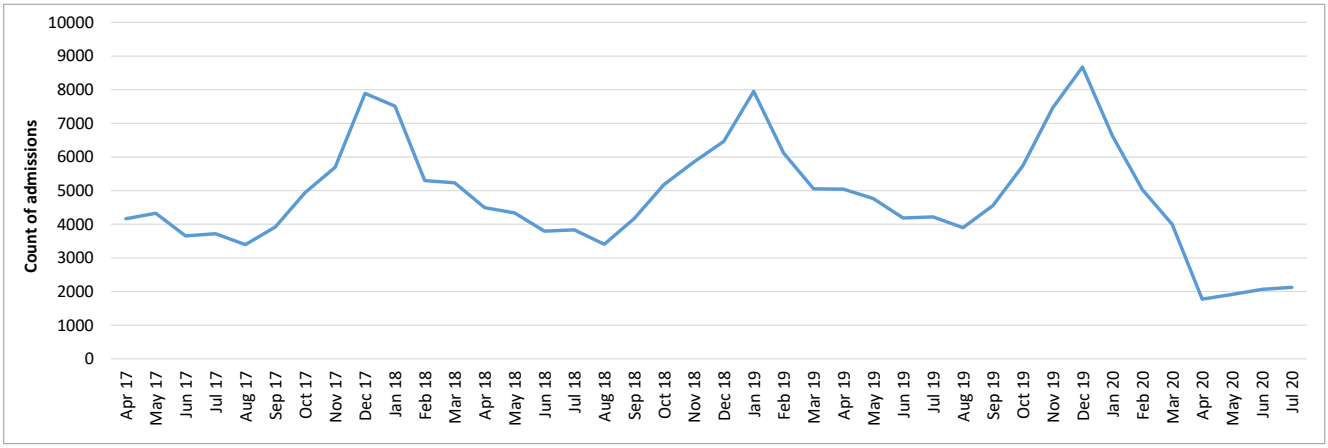
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admissions by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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5. Alcohol-related hospital admissions (per 100,000)

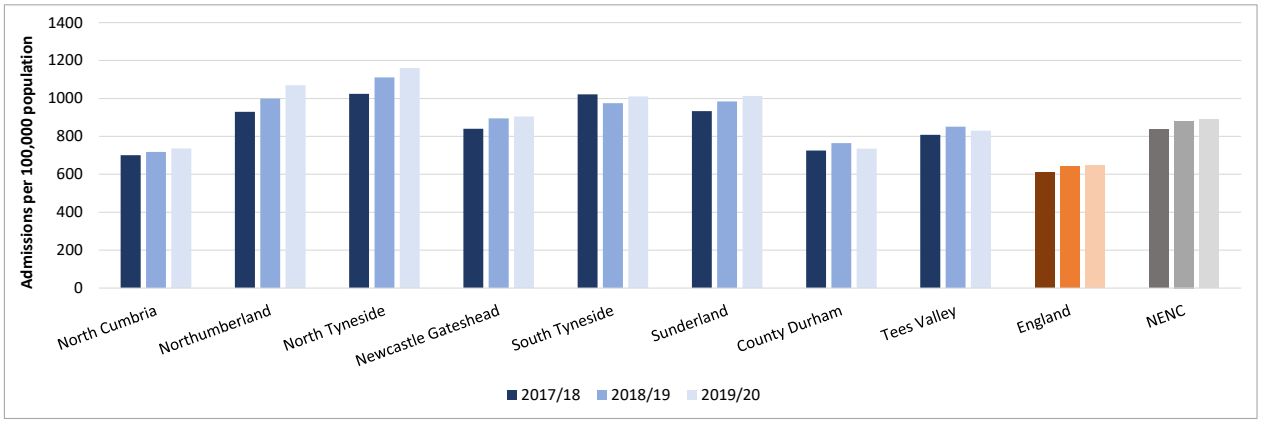
Definitions and data analysis

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

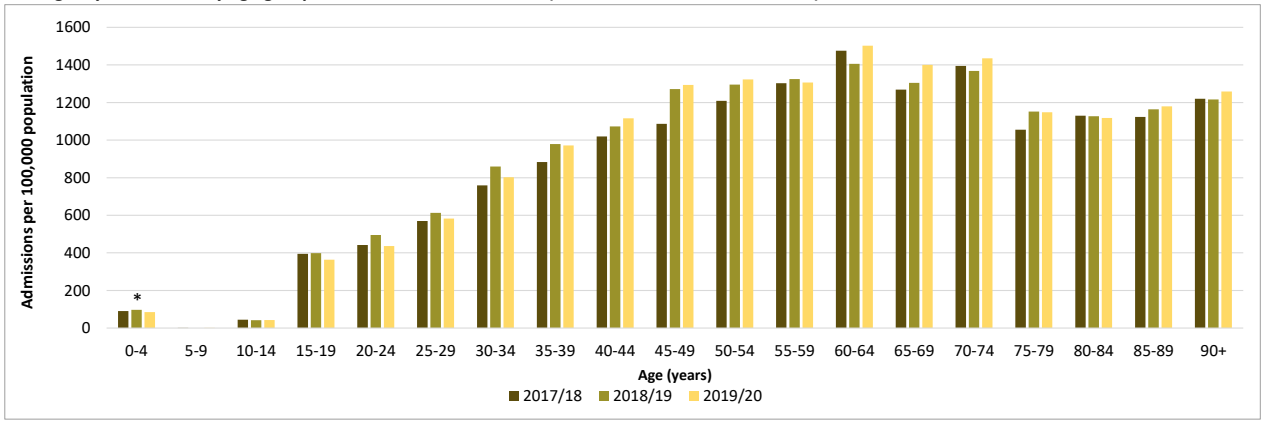
This indicator reports the admission rate to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. For each episode identified, an alcohol-attributable fraction is applied, which relates to the extent to which alcohol contributes to a health outcome. The total number of alcohol-related hospital admissions is therefore not a number of actual people or admissions, but an estimated number of admissions calculated as the sum of the fractions.

This indicator is available in the PHE Fingertips tool (ID 91414).

Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)

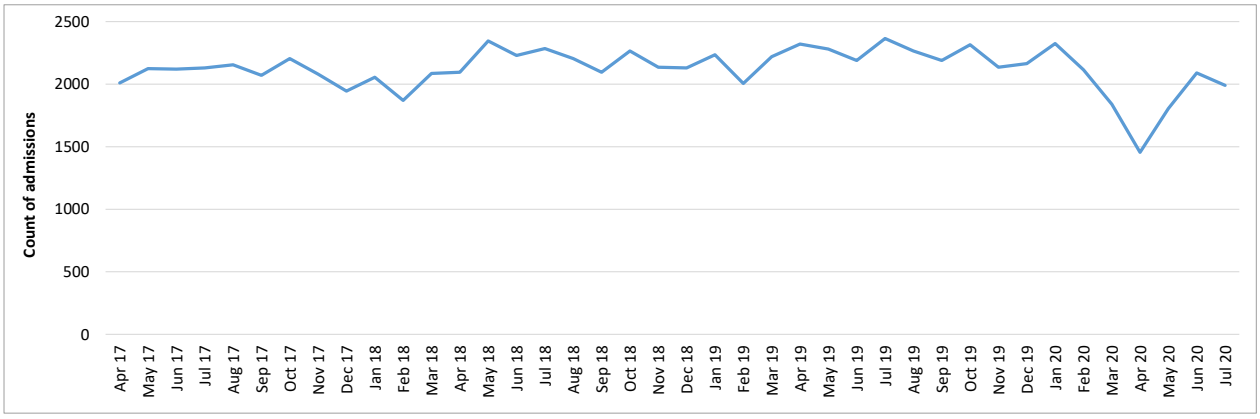


Emergency admissions by age group, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



* Note that low birth weight is included in the list of conditions defined as alcohol-attributable. This and other conditions (e.g. poisoning by and exposure to alcohol with undetermined intent) may have contributed to the estimated activity shown for the 0-4 years age group.

Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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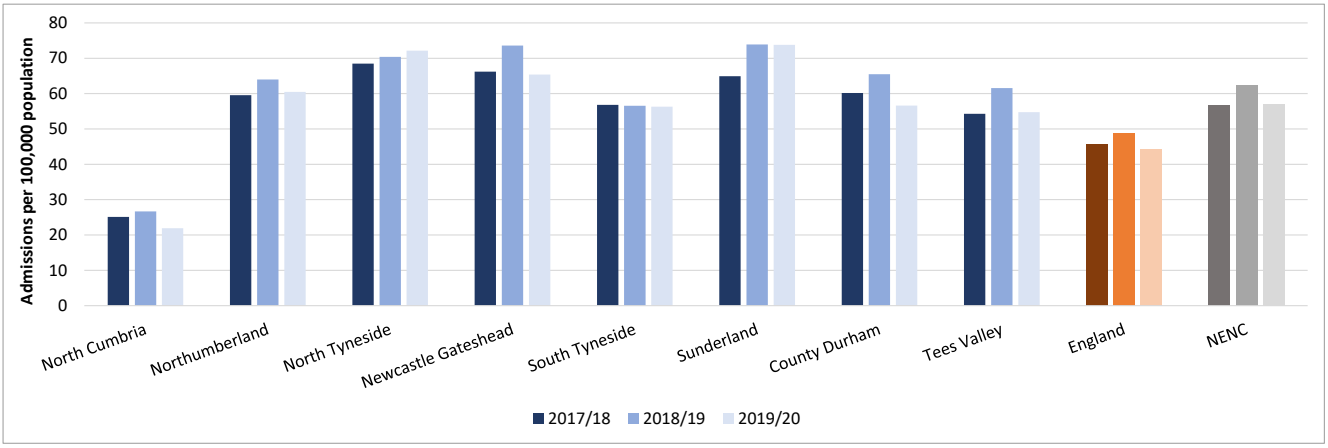
6. Emergency admissions for violence (including sexual violence), per 100,000

Definitions and data analysis

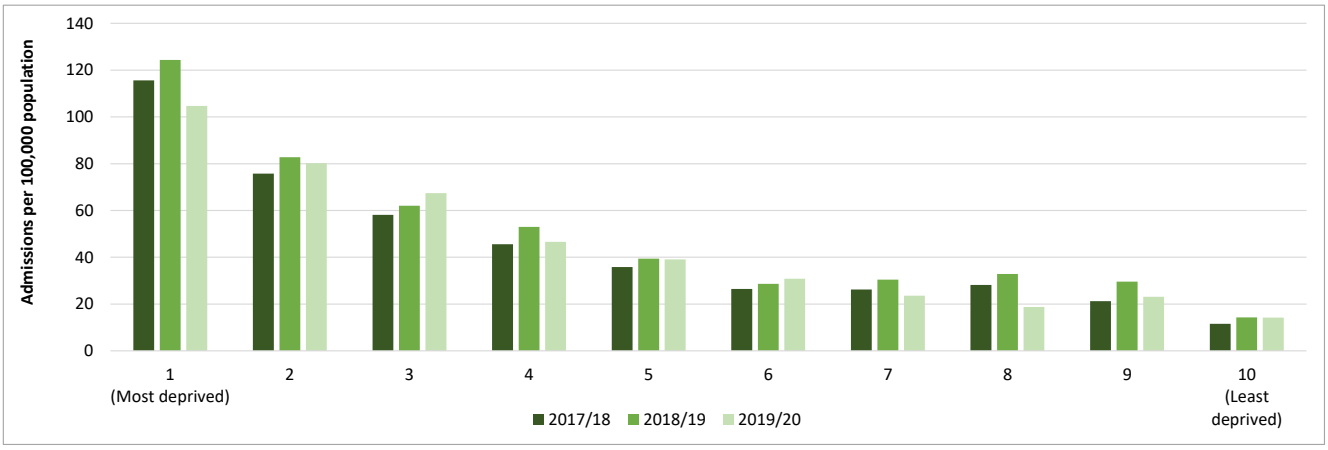
This indicator enables a focus on the interventions that are effective and evidence-based, including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response.

This indicator is available in the PHE Fingertips tool (ID 11201) and is based on activity where there is a recording of violent crime (classified by ICD10 codes X85 to Y09) in any position of the admitting episode.

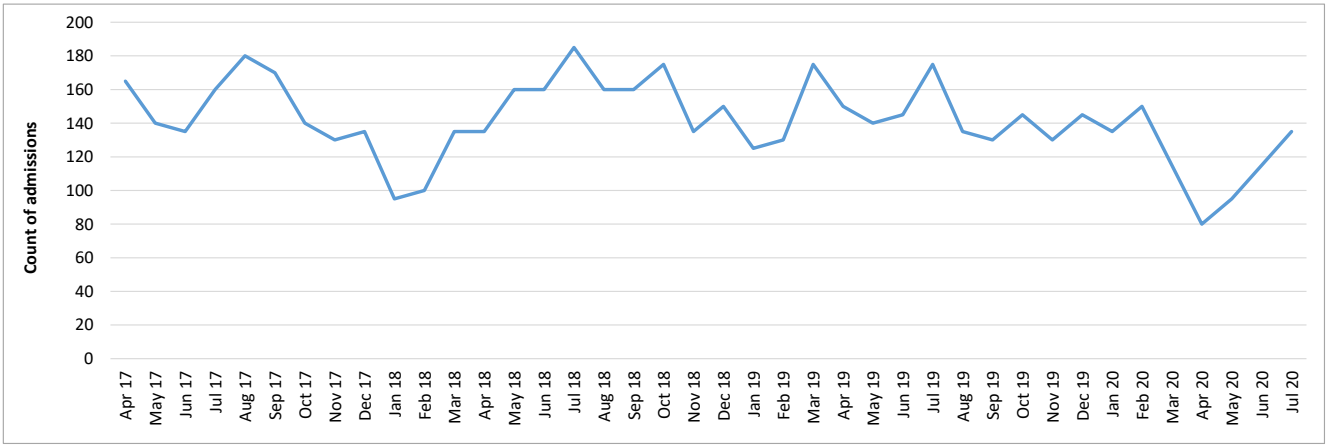
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admission by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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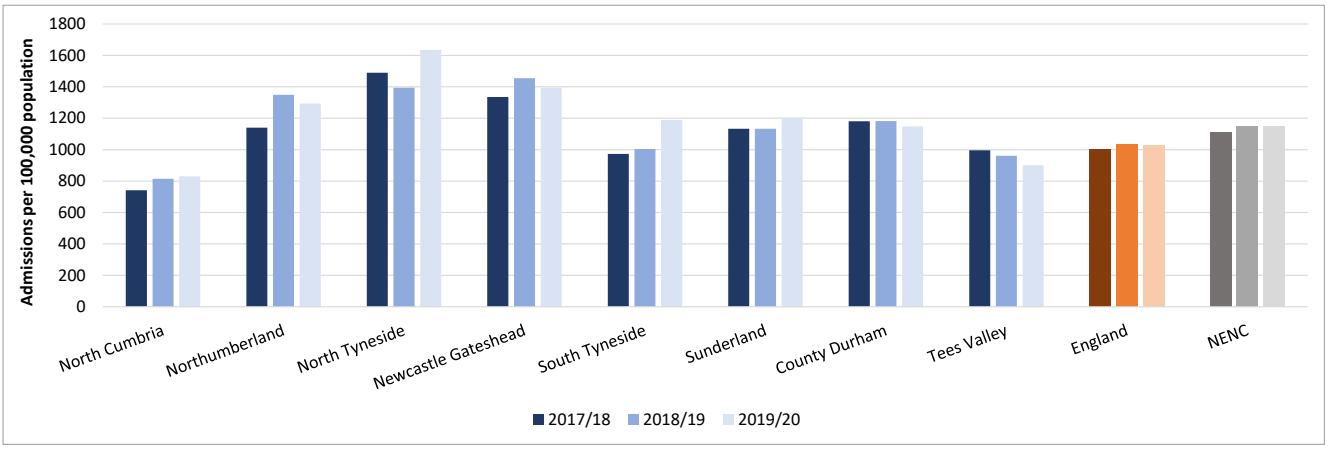
7. Emergency admissions for injuries due to falls in people aged 65-79 years old (per 100,000)

Definitions and data analysis

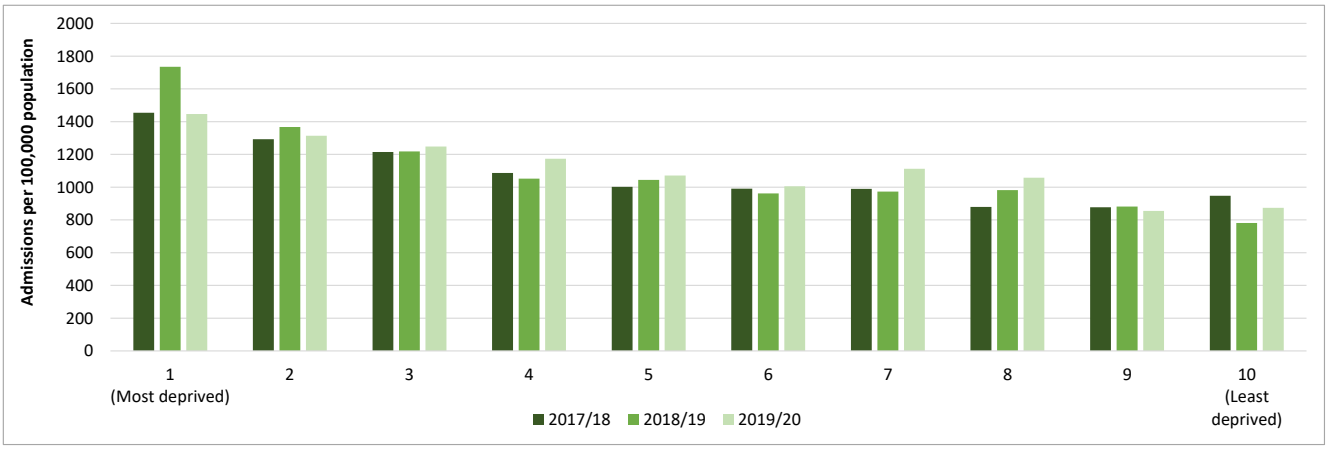
Falls are the largest cause of emergency hospital admissions for older people and have a significant impact on long term outcomes, such as people moving into long-term nursing or residential care. The measure should be understood in terms of assessing health service utilisation rather than assessing need, as many injurious falls will not result in emergency admissions.

This indicator is available in the PHE Fingertips tool (ID 22402) and reports emergency admissions for falls injuries classified by primary diagnosis codes S00-T98 and external cause codes (ICD10 W00-W19).

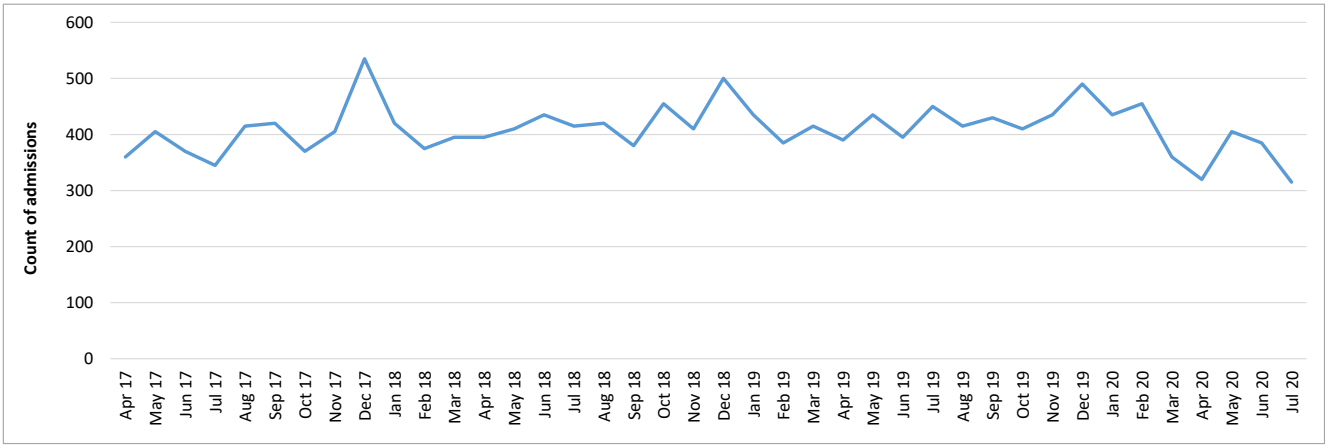
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admission by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



Data source: Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. Copyright © 2020, NHS Digital. All rights reserved. The 2020/21 HES data is classed as provisional.

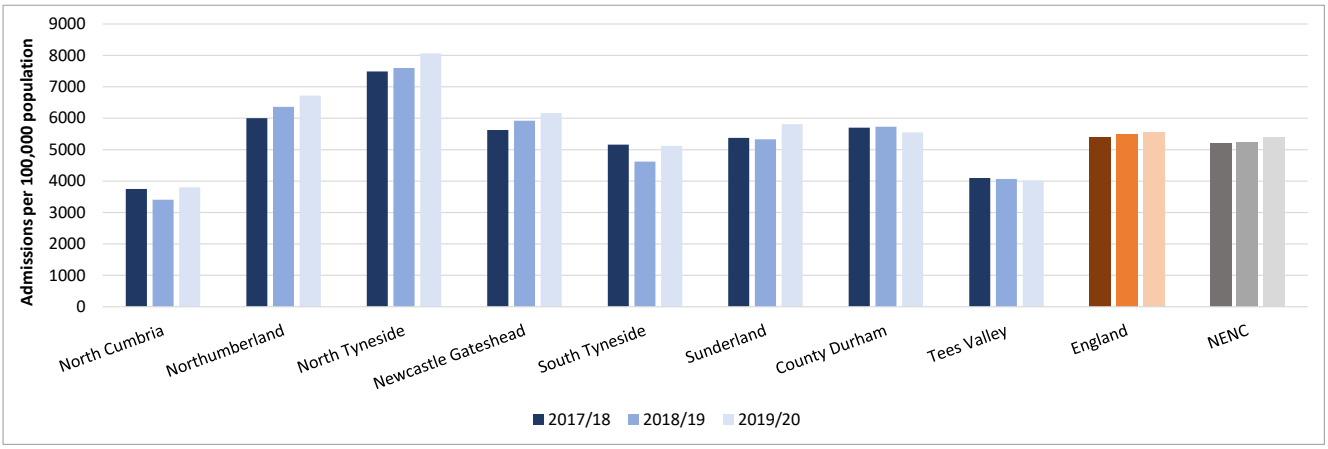
8. Emergency admissions for injuries due to falls in people aged 80+ years old (per 100,000)

Definitions and data analysis

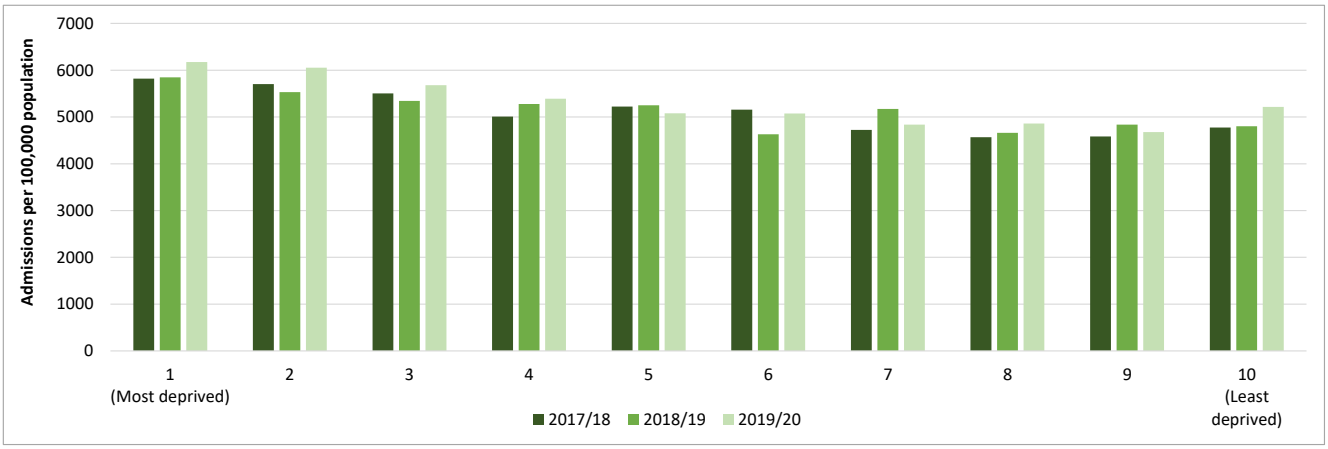
Falls are the largest cause of emergency hospital admissions for older people and have a significant impact on long term outcomes, such as people moving into long-term nursing or residential care. The measure should be understood in terms of assessing health service utilisation rather than assessing need, as many injurious falls will not result in emergency admissions.

This indicator is available in the PHE Fingertips tool (ID 22403) and reports emergency admissions for falls injuries classified by primary diagnosis codes S00-T98 and external cause codes (ICD10 W00-W19).

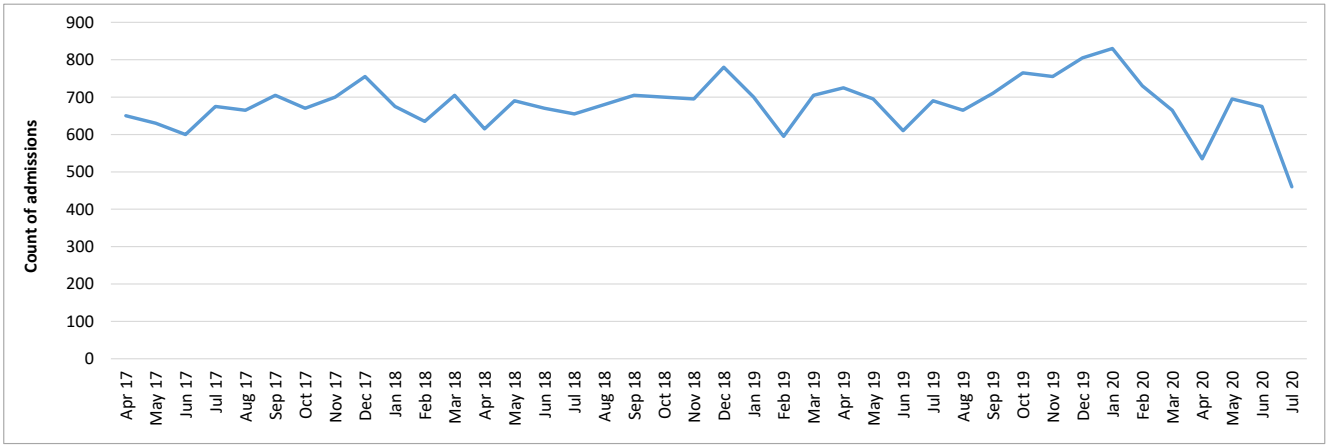
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admission by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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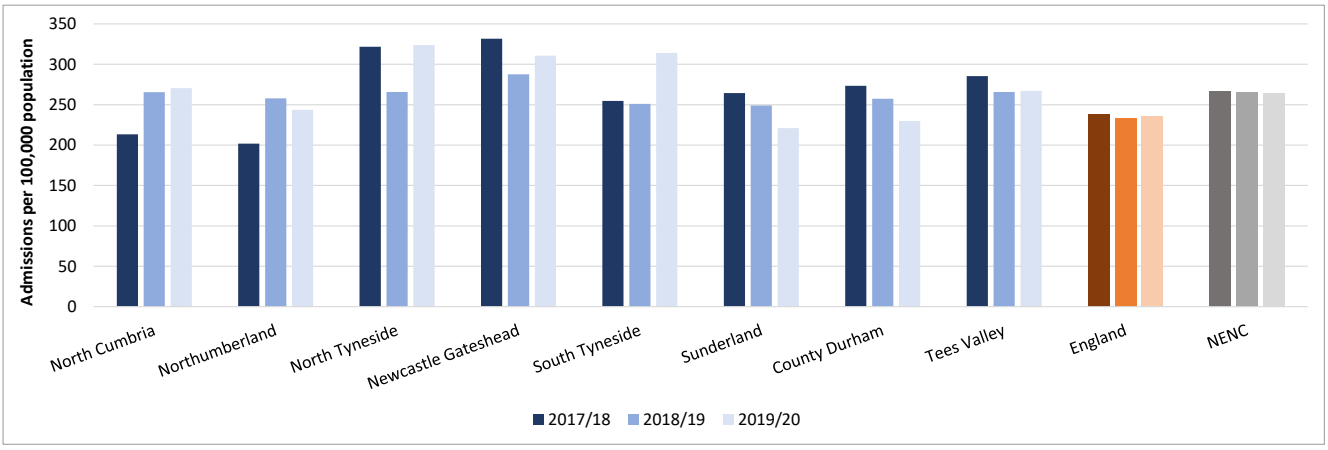
9. Emergency admissions for fractured neck of femur in people aged 65-79 years (per 100,000)

Definitions and data analysis

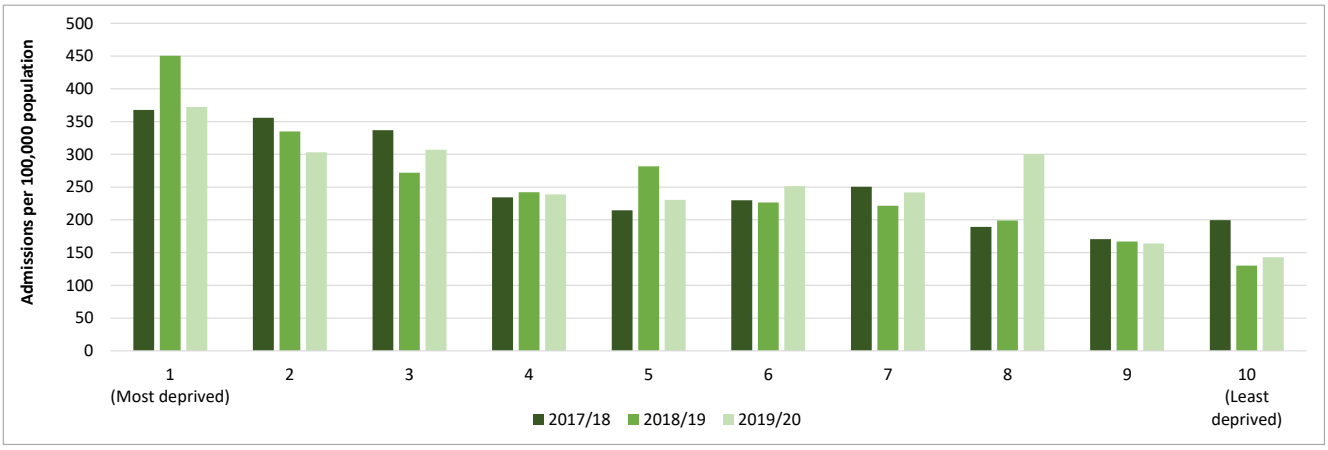
Hip fracture is a debilitating condition with only one in three sufferers returning to their former levels of independence. Hip fractures are almost as common and costly as strokes, and the majority of these fractures occur in women.

This indicator is available in the PHE Fingertips tool (ID 41402) and reports emergency admissions with a recording of fractured neck of femur classified by primary diagnosis code (ICD10 S72.0-S72.2).

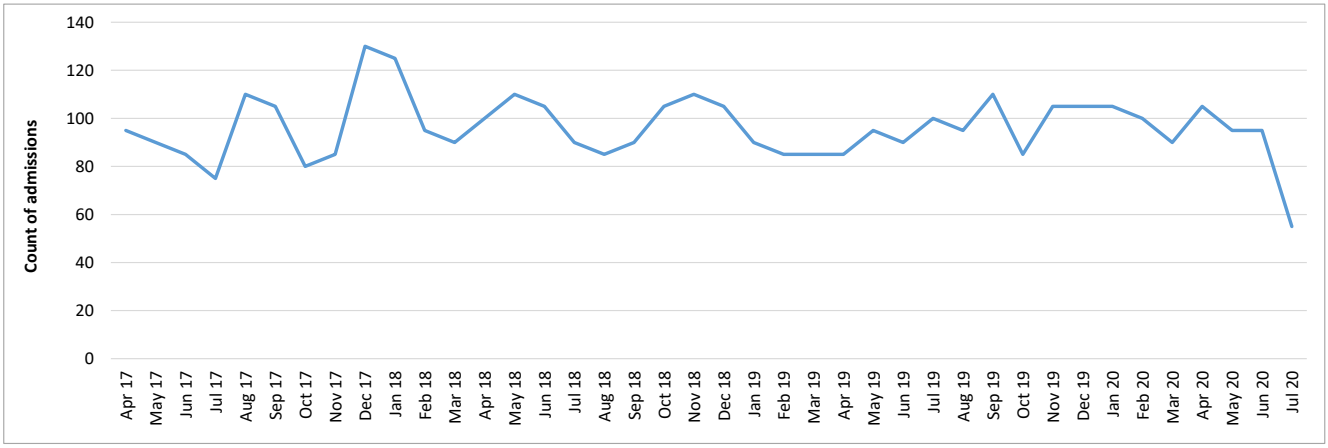
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admission by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



Data source: Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. Copyright © 2020, NHS Digital. All rights reserved. The 2020/21 HES data is classed as provisional.

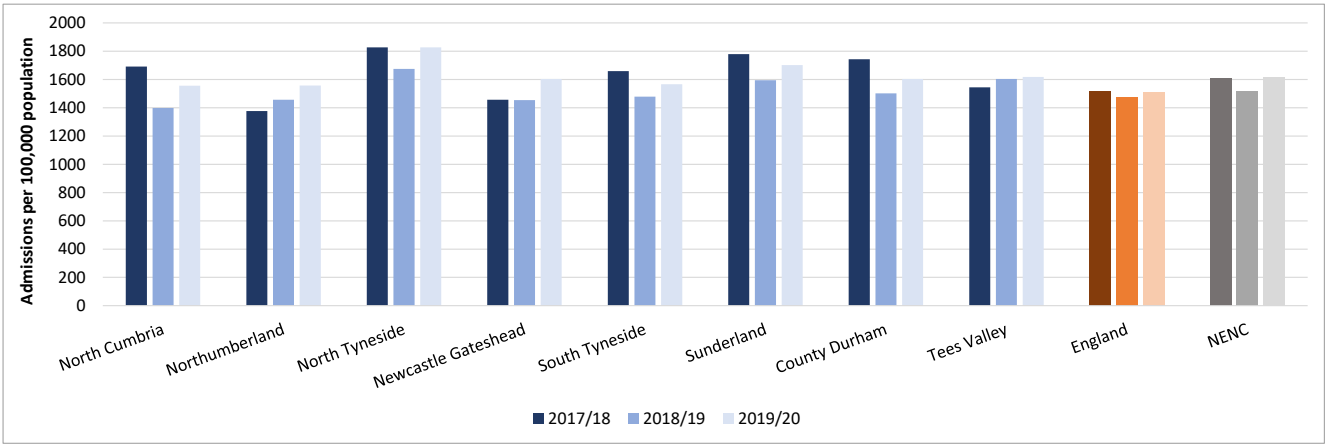
10. Emergency admissions for fractured neck of femur in people aged 80+ years (per 100,000)

Definitions and data analysis

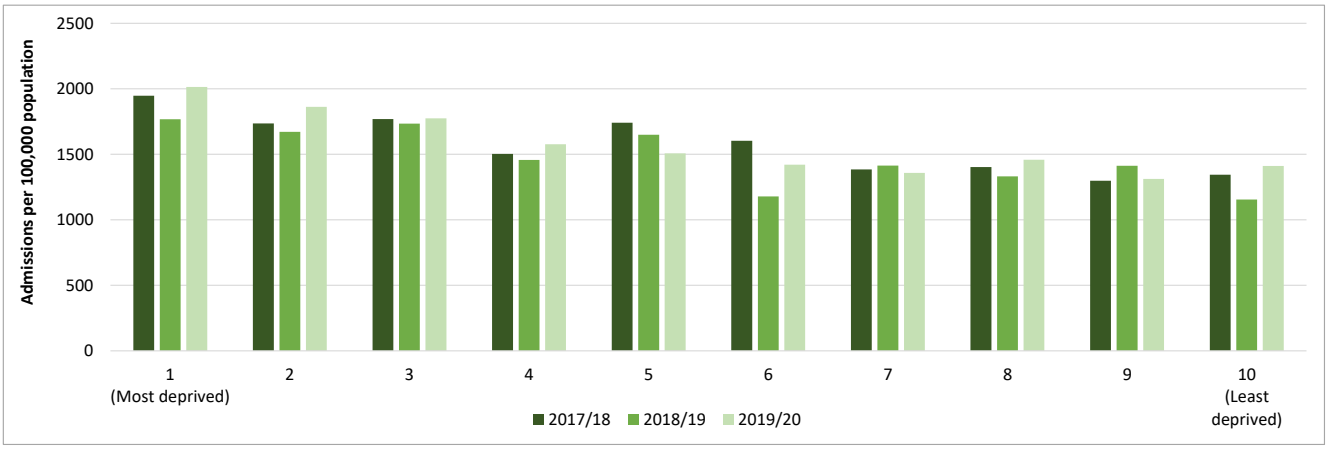
Hip fracture is a debilitating condition with only one in three sufferers returning to their former levels of independence. Hip fractures are almost as common and costly as strokes, and the majority of these fractures occur in women.

This indicator is available in the PHE Fingertips tool (ID 41403) and reports emergency admissions with a recording of fractured neck of femur classified by primary diagnosis code (ICD10 S72.0-S72.2).

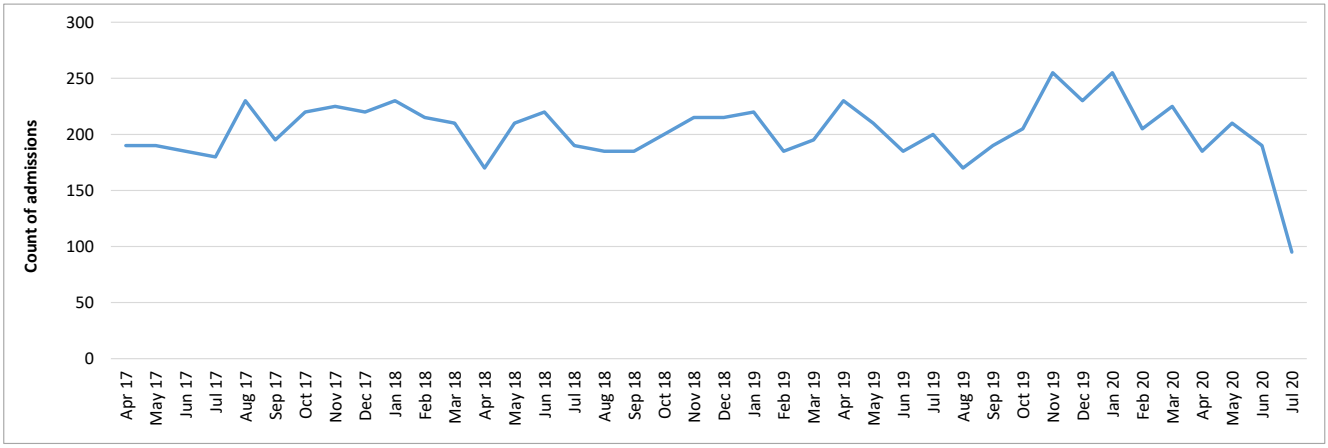
Emergency admissions by CCG (2017/18, 2018/19 and 2019/20)



Emergency admission by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Emergency admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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11. A&E attendances (per 1,000)

Definitions and data analysis

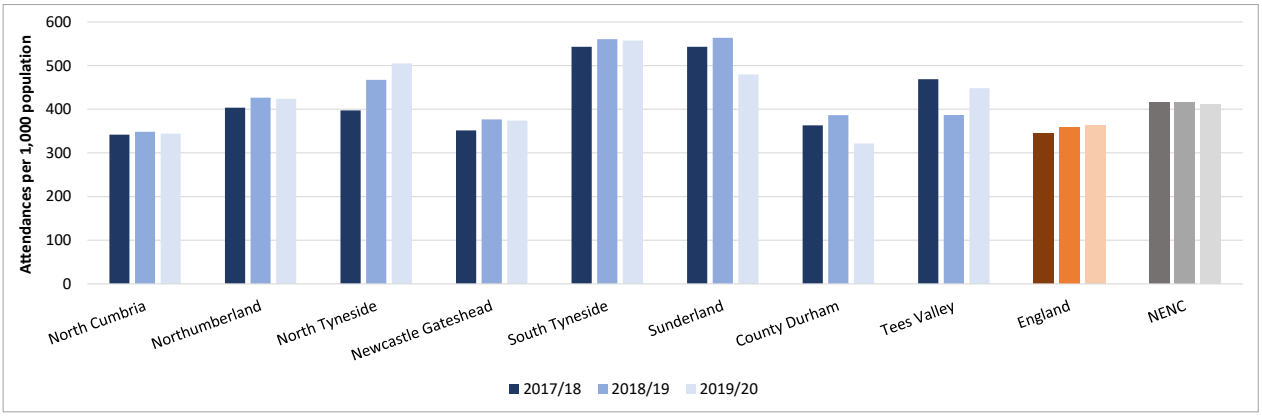
This indicator reports on the number of A&E attendances that have taken place at either:

- Emergency departments with a consultant led 24 hour service (type 01 departments)
- Other type of A&E/minor injury departments for the reception of A&E patients, nurse or doctor led (type 03 departments).

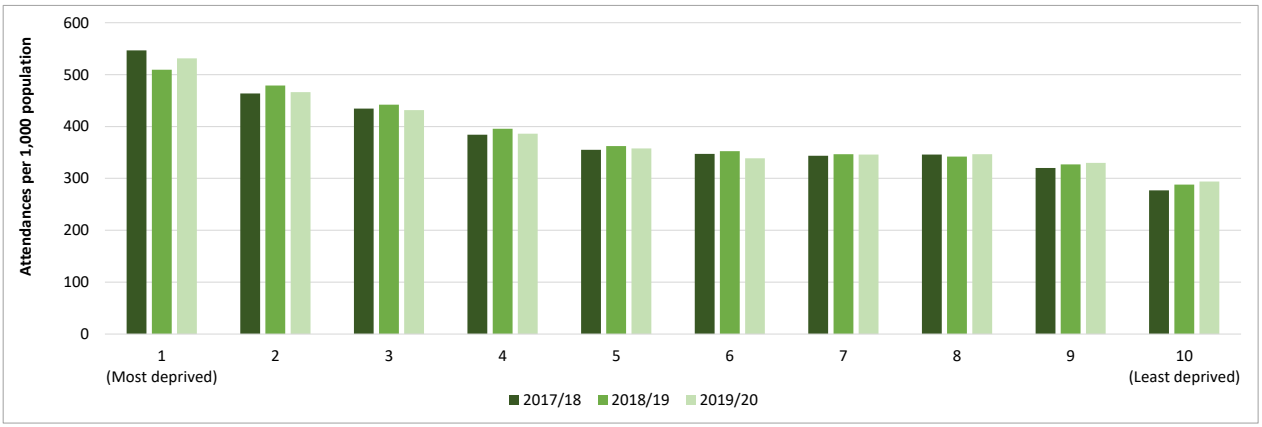
A&E attendances are expressed as a rate per 1,000 population.

In September 2020 NHS Digital published a series of summary reports relating to Hospital Accident and Emergency Activity for 2019-20, which showed that people residing in the 'most deprived 10%' areas in England have the largest number of A&E attendances, and the 'least deprived 10%' have the lowest number of attendances [*https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2019-20*]. These findings are supported by the A&E activity relating to the North East and North Cumbria CCGs, shown below.

A&E attendances by CCG (2017/18, 2018/19 and 2019/20)

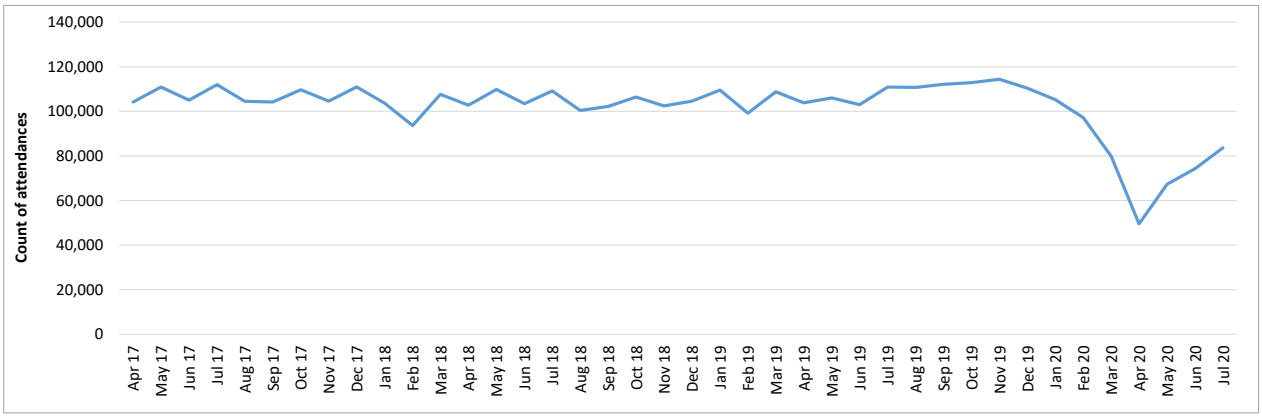


A&E attendances by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Note that approximately 1.5% of A&E records contained insufficient data to link to deprivation scores.

A&E attendances by month, all 8 NENC CCGs combined (April 2017 to July 2020)



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12a. Outpatient attendances (per 1,000)

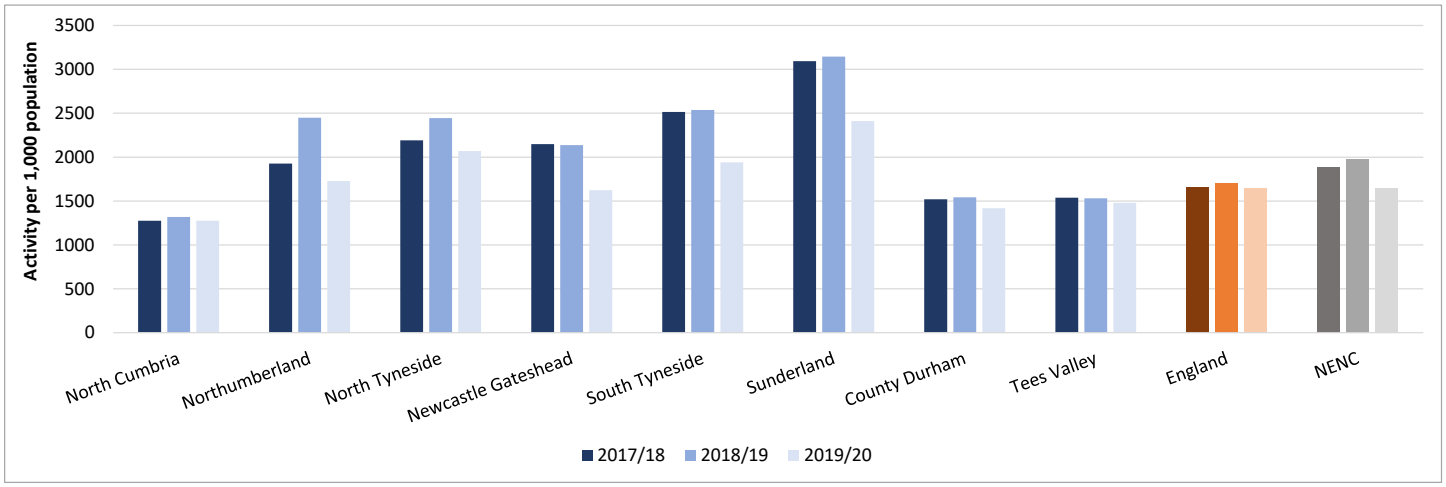
Definitions and data analysis

The information shown on this page and the following page reflects the number of patients seen in outpatient clinics over time and by CCG. As it is not mandated for Mental Health Trusts to submit activity to SUS, it is possible that there is some variation across the region with regard to mental health outpatient appointments.

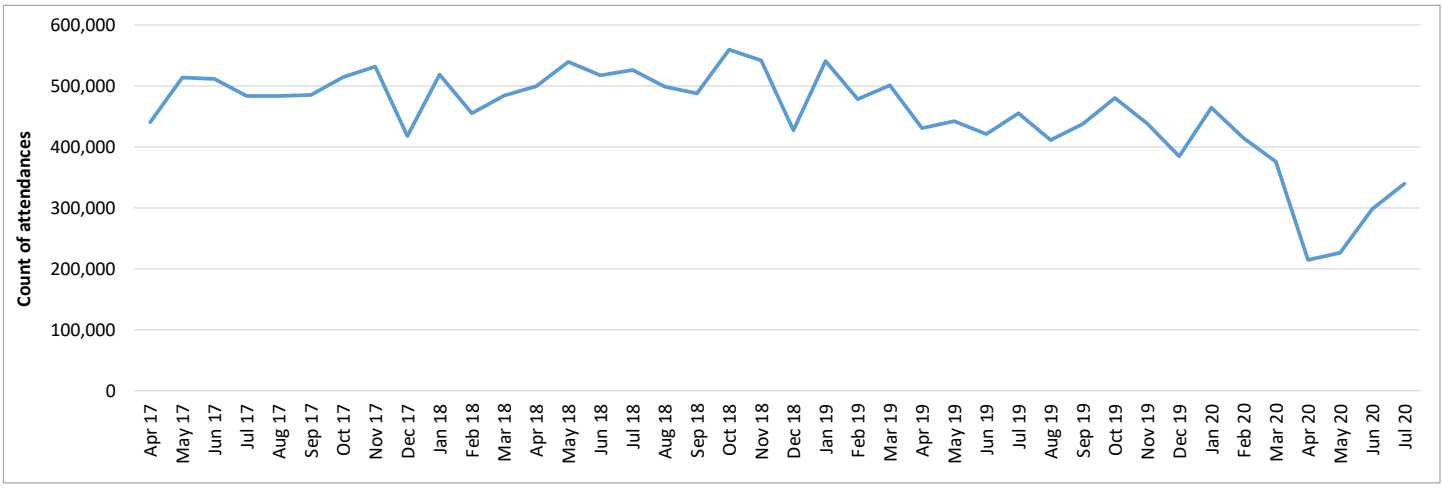
Data is available at treatment specialty level (i.e. the specialty in which the consultant was working during the period of care) and also whether the attendance was the first attendance for the patient or a follow-up attendance (and if the consultation was face-to-face or via telephone / telemedicine consultation).

The treatment specialties have been grouped for this analysis, using the groupings described in the NHS Data Dictionary (*www.datadictionary.nhs.uk*).

Outpatient activity by CCG (2017/18, 2018/19 and 2019/20)



Activity by month, all 8 NENC CCGs combined (April 2017 to July 2020)



Data source: Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. Copyright © 2020, NHS Digital. All rights reserved. The 2020/21 HES data is classed as provisional.

12b. Outpatient attendances

Definitions and data analysis

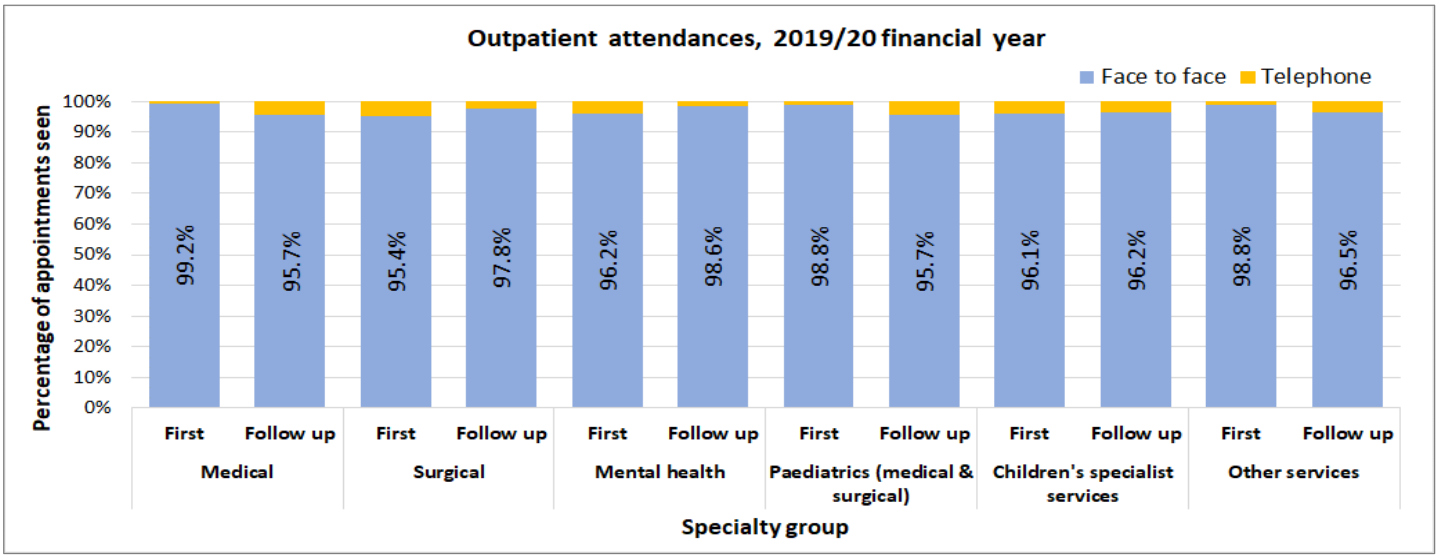
The information shown on this page and the previous page reflects the number of patients seen in outpatient clinics for the full financial year 2019/20 and for the first four months of 2020/21 (this data is classed as provisional).

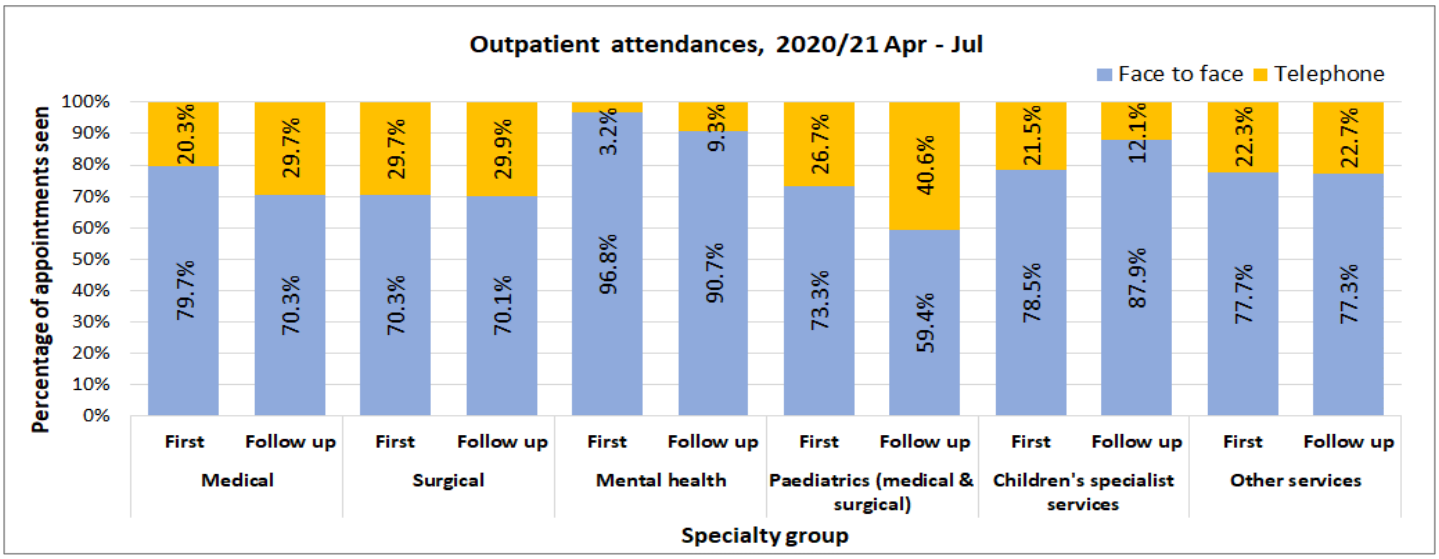
As it is not mandated for Mental Health Trusts to submit activity to SUS, it is possible that there is some variation across the region with regard to mental health outpatient appointments.

Data is available at treatment specialty level (i.e. the specialty in which the consultant was working during the period of care) and also whether the attendance was the first attendance for the patient or a follow-up attendance (and if the consultation was face-to-face or via telephone / telemedicine consultation).

The treatment specialties have been grouped for this analysis, using the groupings described in the NHS Data Dictionary (*www.datadictionary.nhs.uk*).

Outpatient attendances by specialty group and appointment type (comparison of 2019/20 to 2020/21 first 4 months)





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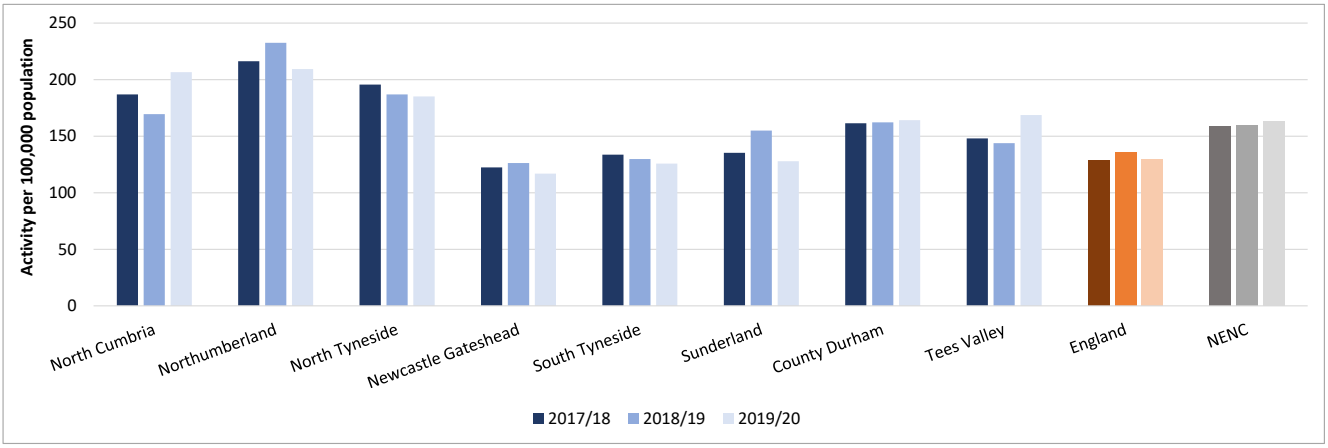
13. Elective activity - primary hip replacements (per 100,000)

Definitions and data analysis

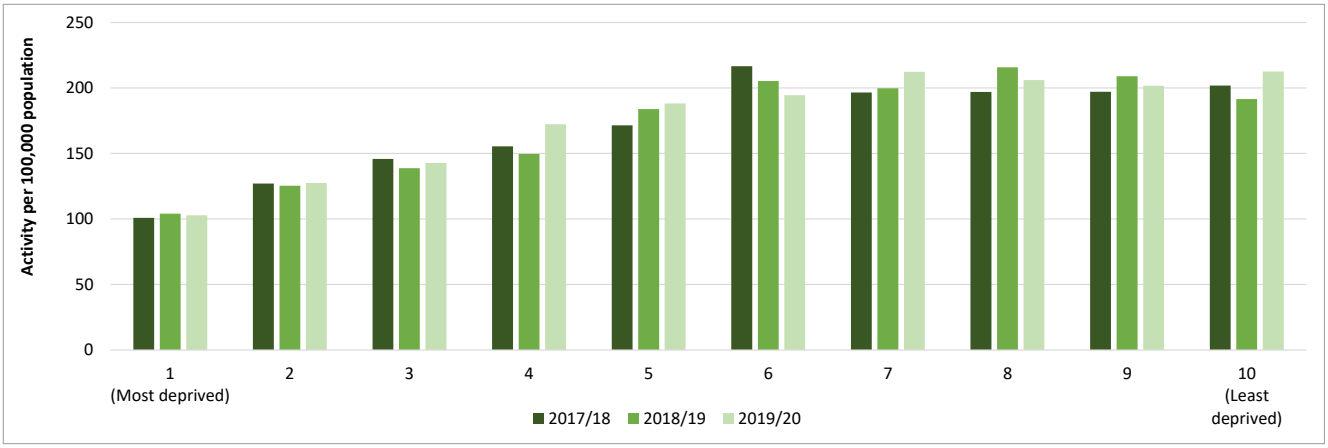
A hip replacement is a common type of surgery and is usually necessary when the hip joint is worn or damaged. The most common reason for hip replacement surgery is osteoarthritis.

This indicator is based on elective hospital admissions for hip replacement surgery, where there is a procedure code relating to primary hip replacement or primary joint replacement and hip joint in the first procedure position (and no diagnosis code relating to fractured neck of femur).

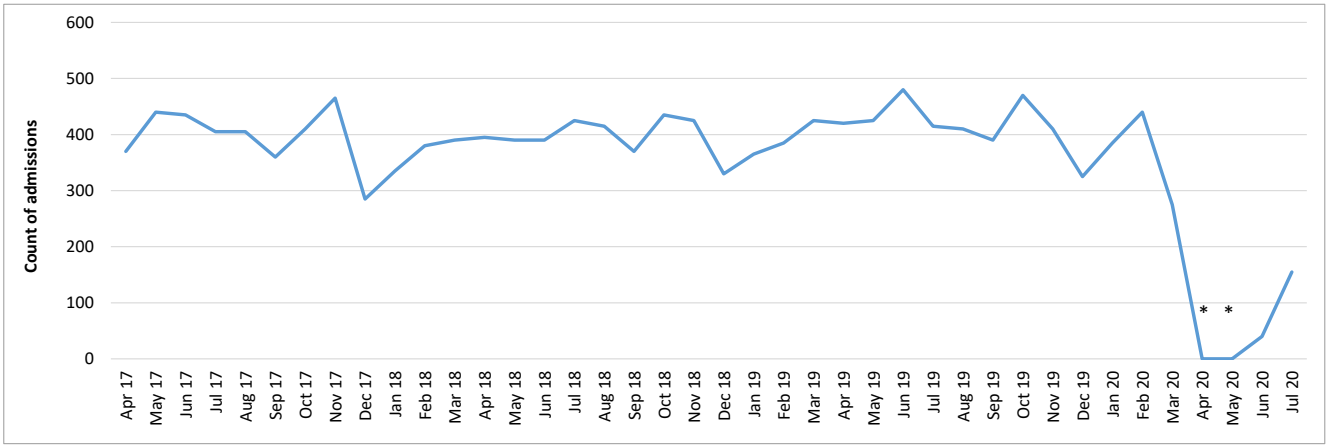
Activity by CCG (2017/18, 2018/19 and 2019/20)



Activity by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Activity by month, all 8 NENC CCGs combined (April 2017 to July 2020)



* Numbers are too small to disclose.

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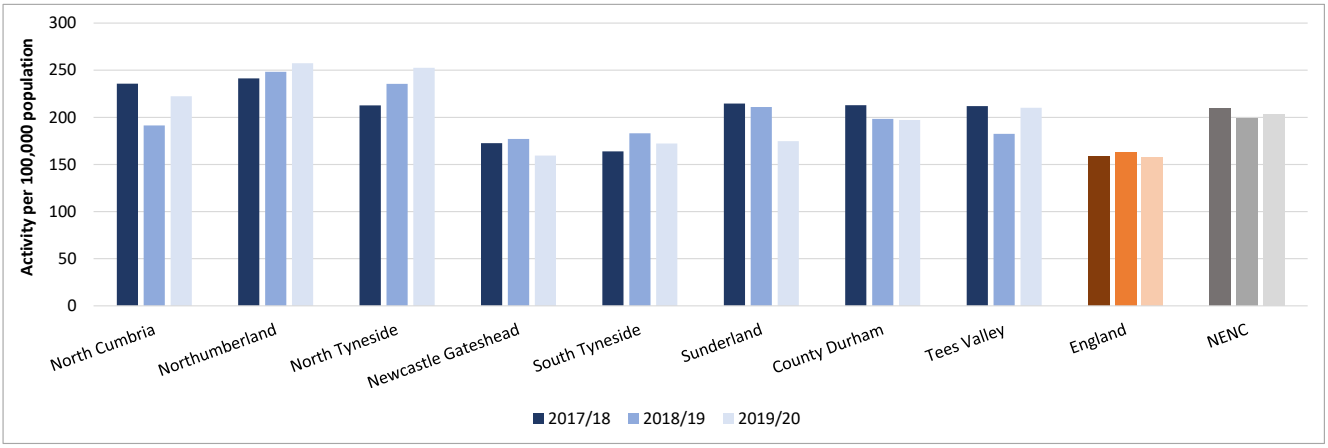
14. Elective activity - primary knee replacements (per 100,000)

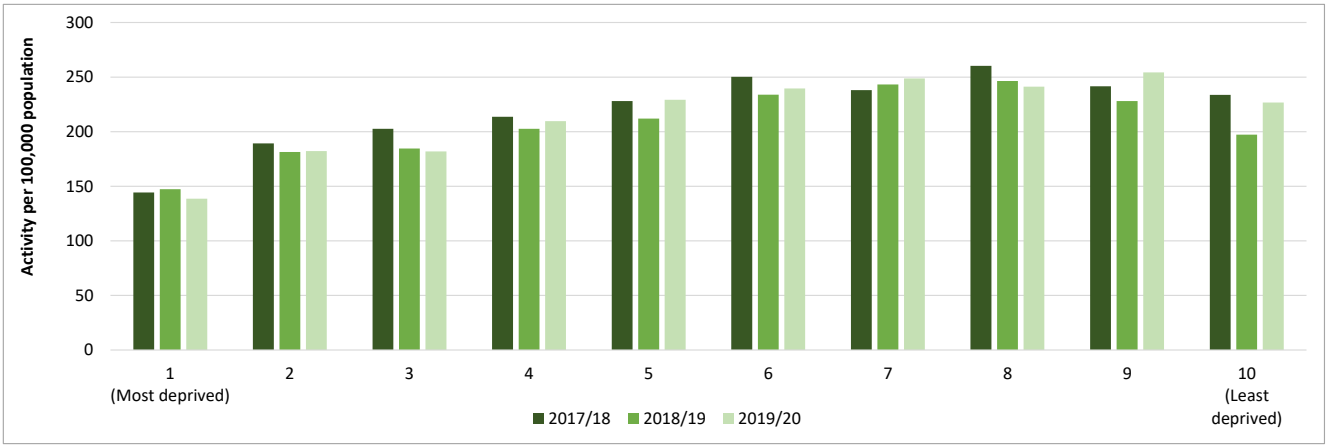
Definitions and data analysis

Knee replacement surgery (arthroplasty) is a common type of surgery that involves replacing a damaged, worn or diseased knee with an artificial joint. This indicator is based on elective hospital admissions for knee replacement surgery, where there is a procedure code relating to primary knee replacement or primary joint replacement and knee joint in the first procedure position).

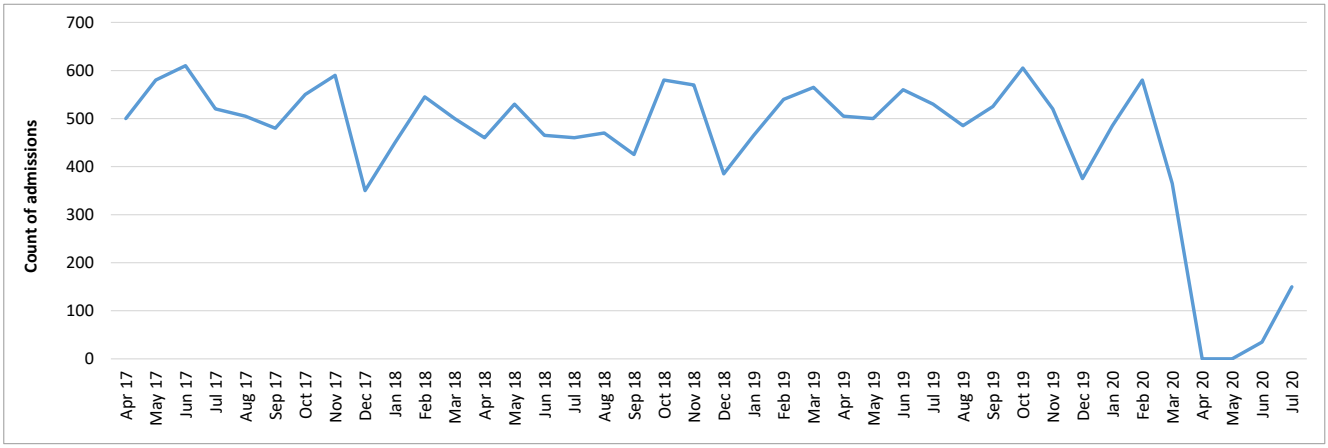
Activity by CCG (2017/18, 2018/19 and 2019/20)



Activity by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Activity by month, all 8 NENC CCGs combined (April 2017 to July 2020)



There was no reported activity in April and May 2020.

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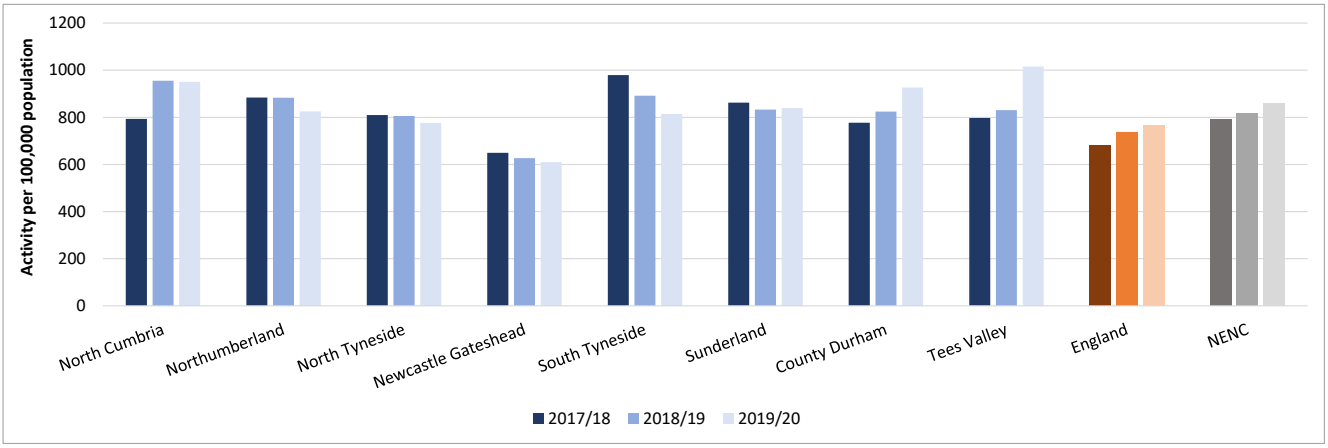
15. Elective activity - cataract surgery (per 100,000)

Definitions and data analysis

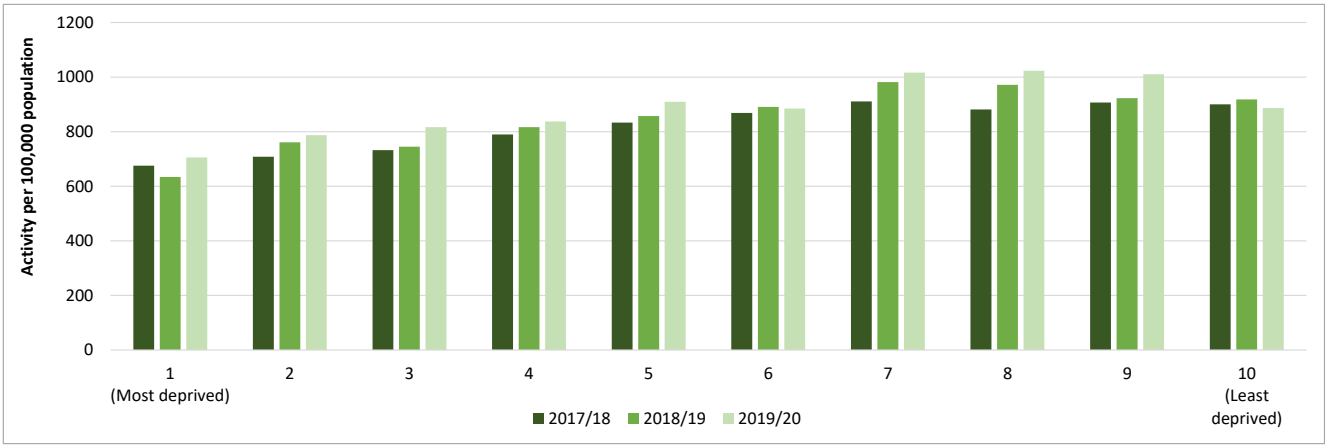
Cataract surgery involves replacing the cloudy lens in the eye with an articifical lens. It is the most common operation performed in the UK and has a high success rate in improving eyesight.

This indicator is based on elective hospital admissions for cataract surgery, where there is a procedure code relating to lens extraction/excision or lens insertion in any procedure position.

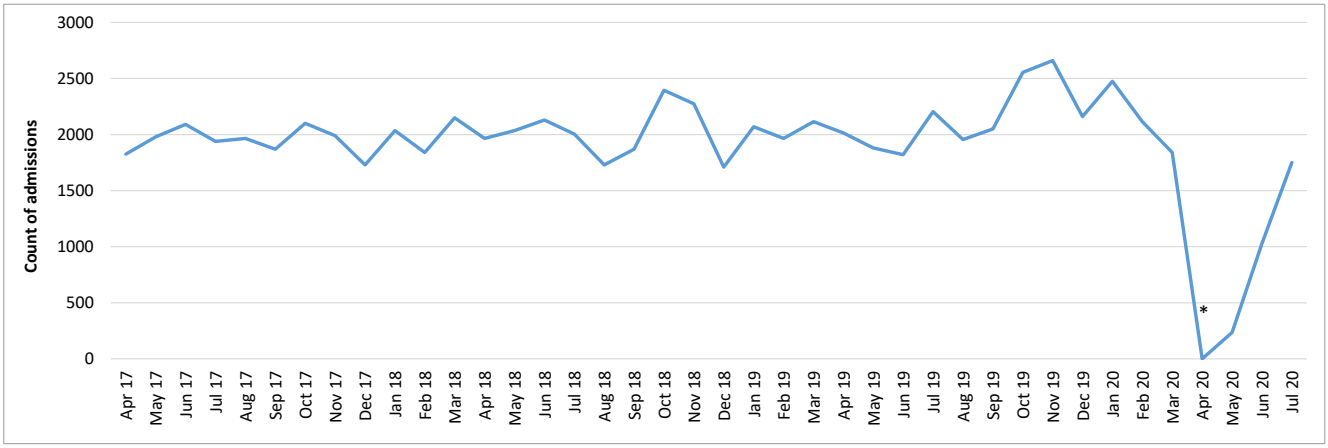
Activity by CCG (2017/18, 2018/19 and 2019/20)



Activity by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Activity by month, all 8 NENC CCGs combined (April 2017 to July 2020)



* Numbers are too small to disclose.

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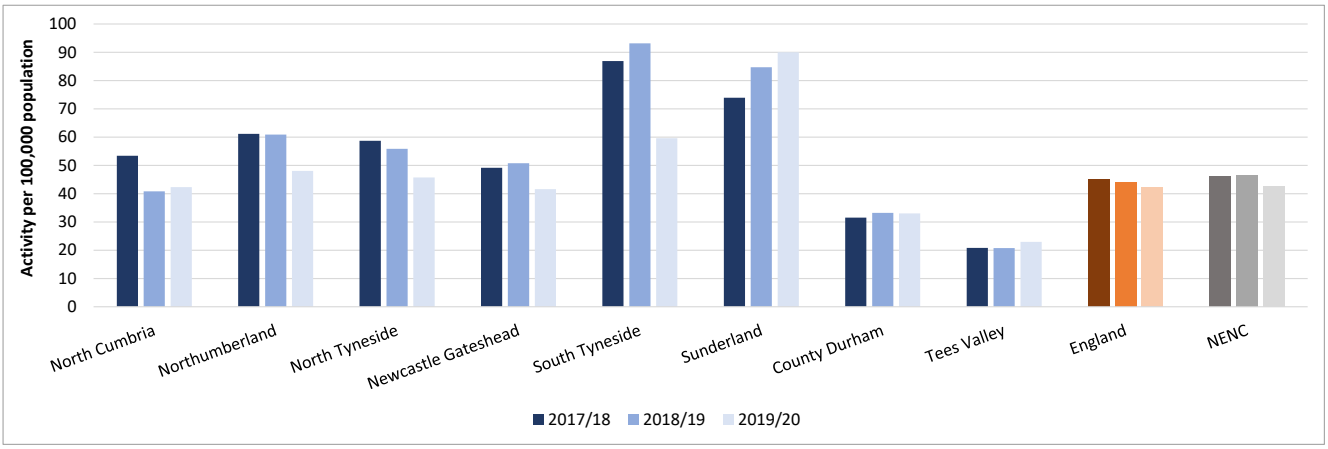
16. Elective activity - coronary angioplasty procedures (per 100,000)

Definitions and data analysis

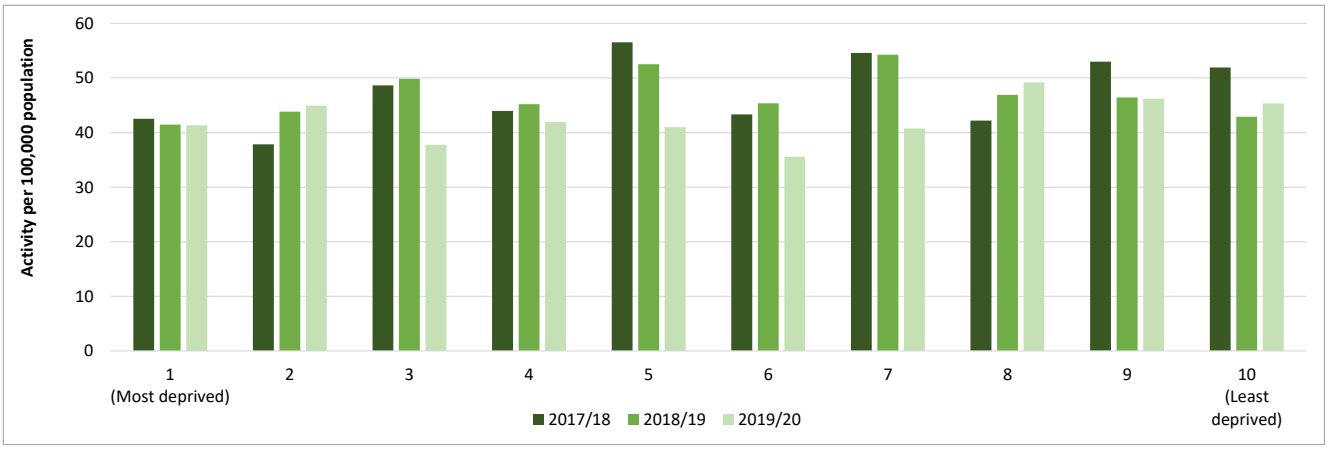
A coronary angioplasty is a procedure used to widen blocked or narrowed coronary arteries.

This indicator is based on elective hospital admissions for coronary angioplasty procedures, where there is a procedure code relating to transluminal balloon angioplasty, other therapeutic transluminal operations on coronary artery or percutaneous transluminal balloon angioplasty and insertion of stent in any procedure position.

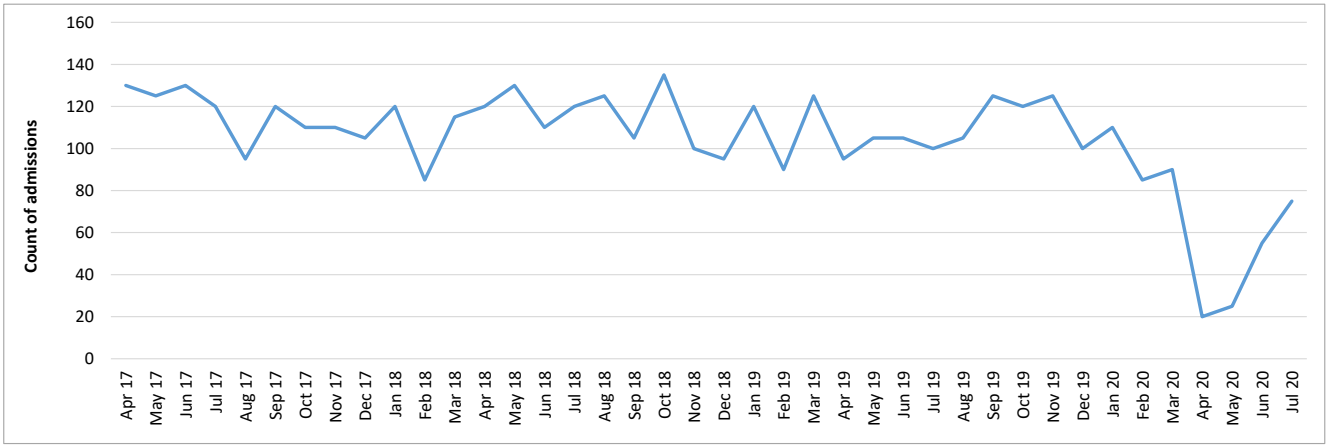
Activity by CCG (2017/18, 2018/19 and 2019/20)



Activity by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Activity by month, all 8 NENC CCGs combined (April 2017 to July 2020)



Data source: Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. Copyright © 2020, NHS Digital. All rights reserved. The 2020/21 HES data is classed as provisional.

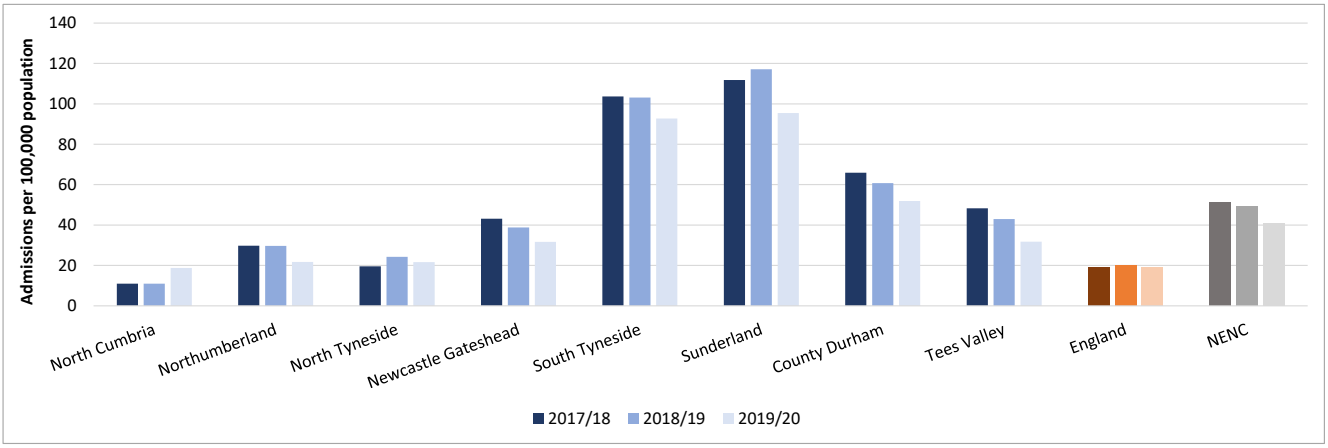
17. Hospital admissions directly attributable to obesity (per 100,000)

Definitions and data analysis

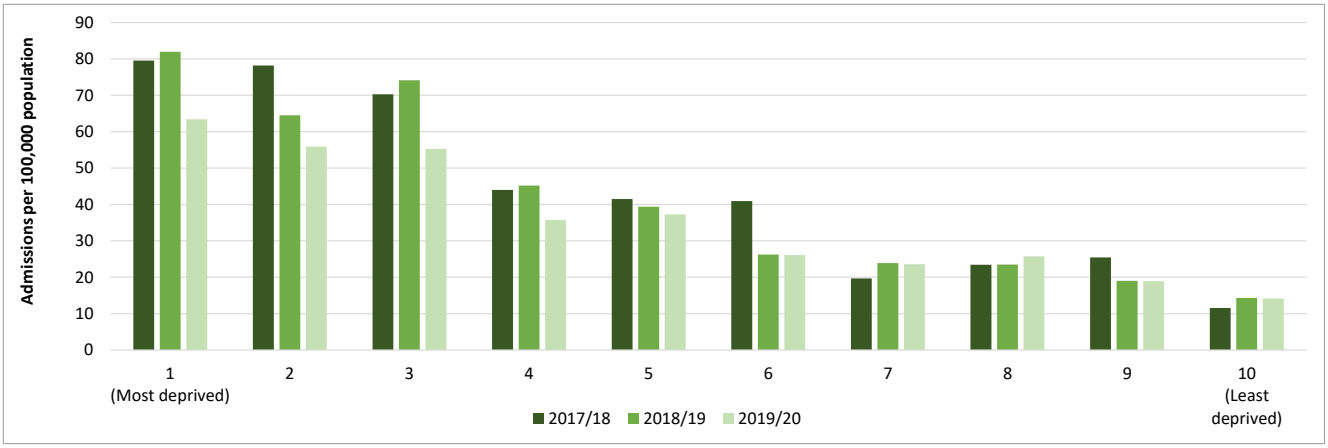
This indicator is based on all hospital admission methods (including elective and emergency) and those classed as directly attributable to obesity have an ICD10 code relating to obesity in the primary diagnosis position of the admitting episode. A large proportion of these admissions involve a bariatric surgery procedure. Note that any changes in activity over time may in part reflect changes in uptake of these procedures.

Further details are available from NHS Digital (*https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020*).

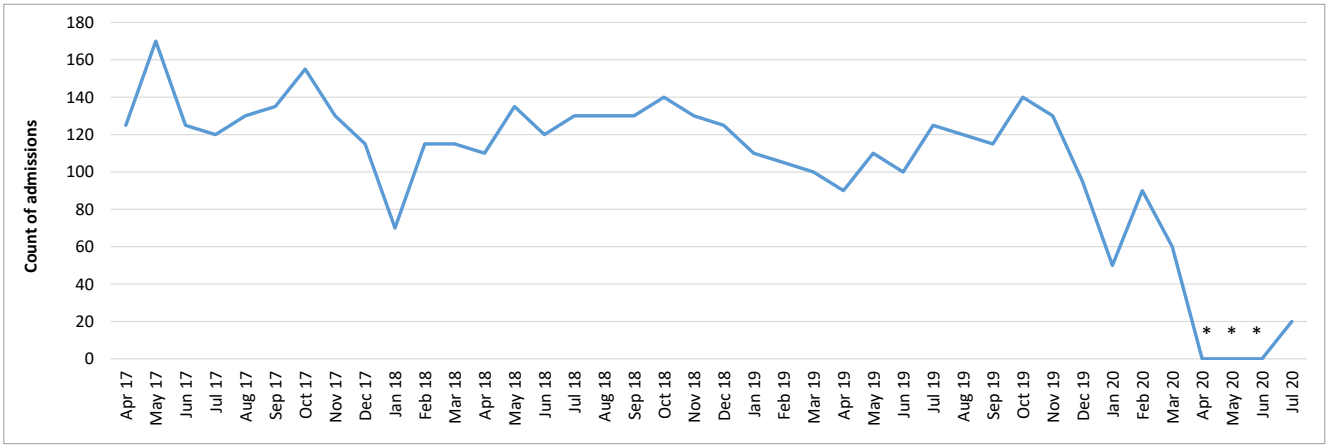
All hospital admissions by CCG (2017/18, 2018/19 and 2019/20)



All hospital admission by deprivation profile, all 8 NENC CCGs combined (2017/18, 2018/19 and 2019/20)



Hospital admissions by month, all 8 NENC CCGs combined (April 2017 to July 2020)



* Numbers are too small to disclose.

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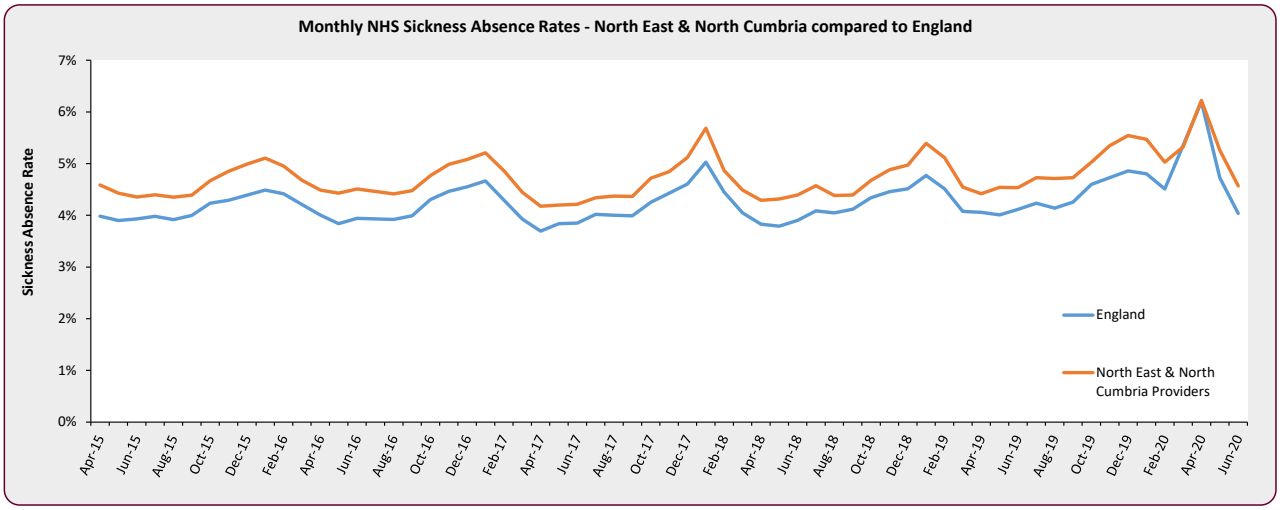
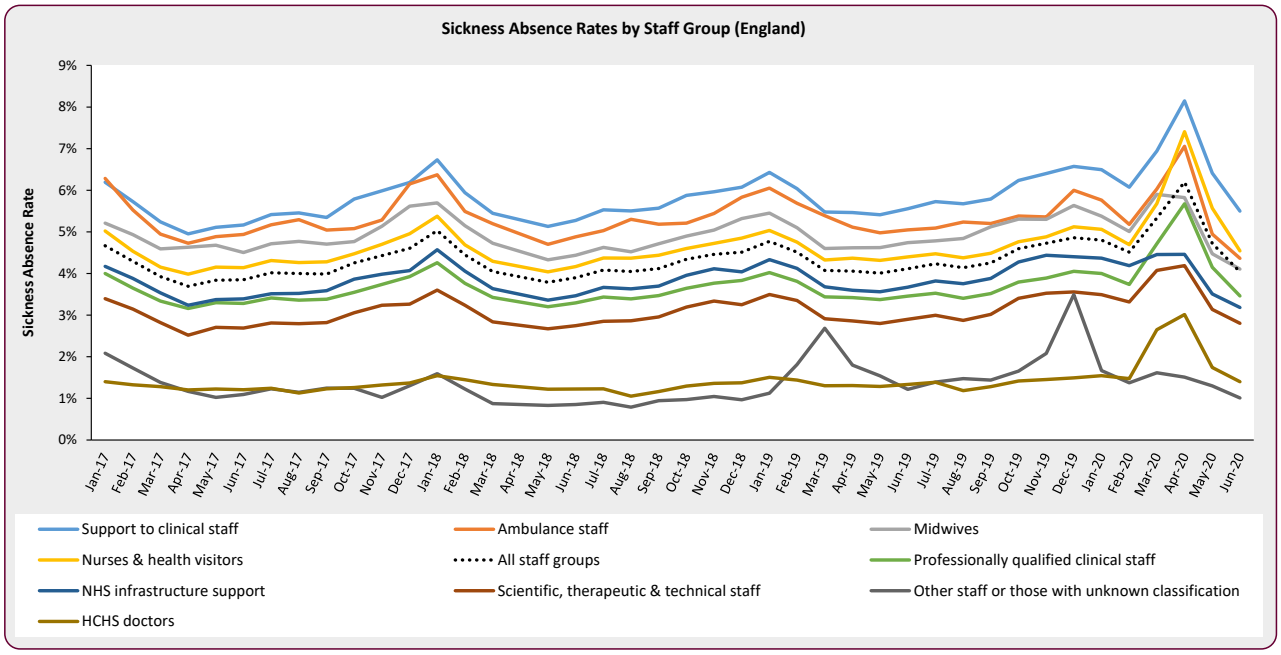
18. NHS staff sickness absence rates

Sickness absence rates for NHS staff, calculated from the Electronic Staff Record (ESR)





Data source: NHS Digital (*https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates).* This data is classed as provisional.

Definitions / Notes

NHS sickness absence statistics are compiled from data recorded on the Electronic Staff Record (ESR) system as part of the day to day activities in running NHS organisations. They provide details by staff group, type of organisation and sickness absence reason. The NHS workforce is extremely diverse in terms of occupations and skills compared to many other public sector employers, and NHS work is often physically and psychologically demanding which increases the risk of illness and injury.

Sickness absence rates for English NHS staff are calculated by dividing the 'Full Time Equivalent number of days sick' by the 'FTE number of days available' for each month.

What is the data telling us?

The North East and North Cumbria providers line in the first chart above contains data relating to staff employed at the NENC hospital Trusts (including two mental health Trusts) in the region, and also includes NEAS staff. This information can be produced at separate organisational level on request.

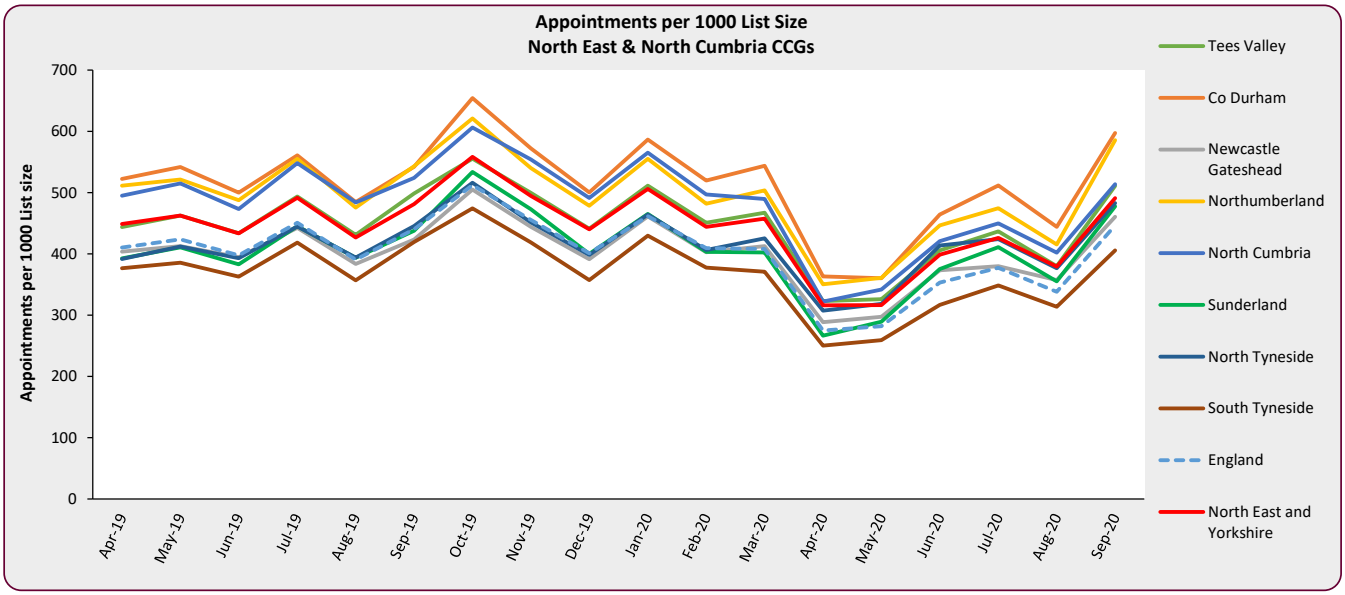
Monthly sickness absence rates for England overall and the Trusts in the region show seasonal variation, with higher absence rates in winter than summer. From March 2020 there was a marked increase in the absence rate, most likely due to COVID-19, and the regional and England rates for June 2020 are 4.6% and 4.0% respectively which are similar to the usual levels.

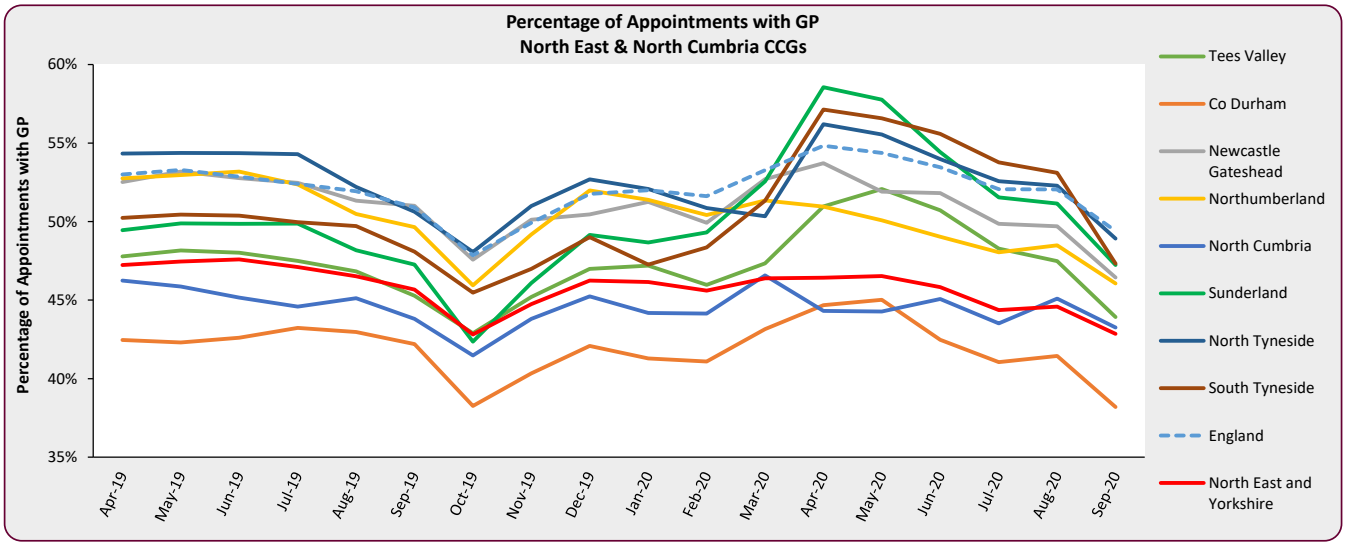
Sickness absence rates by Staff Group are also available, but only at England level, as shown in the second chart. Staff groups with the highest absence rates since March 2020 are those classed as 'support to clinical staff', 'ambulance staff' and 'nurses and health visitors'. Other staff groups with relatively lower absence levels have shown substantial increases in the latter period, such as HCHS doctors (Hospital and Community Health Services) and 'professionally qualified clinical staff'.

Additional data is available, at England level, which shows the reasons for sickness absence by staff group (25 reasons available). The main reason for absence is currently due to anxiety/stress/depression/other psychiatric illnesses (31.8%) however it is anticipated that a change in the main reasons for absence will be reported in the coming months due to the pandemic. COVID-19 related absence is now being reported separately by NHS Digital.

19. Appointments in general practice - appointments available and those with a GP

Activity and usage of GP appointments and how this has been impacted by the COVID pandemic





Data source(s): NHS Digital: Appointments in General Practice - experimental statistics (*https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice*) Copyright © 2020 Health and Social Care Information Centre.

Definitions / Notes

General practice is currently under unprecedented pressure for contact and support for patients. This data has been collated from the appointment systems held in General Practice and therefore limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity. The data quality of this information may result in limitations in what can be inferred. There are plans from NHSE/I to improve the quality of general practice appointment data, including the use of an agreed definition of an appointment.

The aim of this data is to inform users about activity and usage of GP appointments historically.

What is the data telling us?

The number of appointments per 1000 registered patients varies by CCG and over time. There was a substantial drop in the appointment rate in April 2020 however this is steadily increasing again, with all CCGs except South Tyneside having an appointment rate which is higher than the England rate in September 2020.

This data reports the number of appointments available per 1000 list size and by CCG and in the NENC area approximate 89.5% of these were attended in September 2020.

Information relating to appointments by healthcare professional type is also available and shows that on average around 49% of appointments were with a GP between April '19 and March '20 (the slight dip in Oct '19 was due to a higher number of appointments with 'other practice staff' which would include nurses, and possibly links to flu vaccinations). Since April '20 there has been an increase in the variation across NENC CCGs in terms of the percentage of appointments that were with a GP (during which time the actual number of appointments available has started to increase). All NENC CCGs have a lower percentage of appointments with a GP (44.1% for NENC) than the England rate (49.4%) in September 2020.

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