

digitalhealth

REWIRED
BIRMINGHAM 12-13 MARCH 2024

Headline Sponsors:



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**INTEGRATED
CARE
STAGE**

Stage Sponsor:



Health Equalities Framework+ (HEF+)

REWIRED (Digital Healthcare, 12-13 March 2024)

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Wales has a complex integrated care system:

NHS Executive Wales Executive

Seven local health boards

Three NHS Trusts

Several related organizations which support NHS Wales



What is the problem?

Background

Health inequalities are systematic differences in the health status of different population groups and have a significant cost to individuals and societies globally. The lower an individual or a group socio-economic position, the higher their risk of poor health. People with a learning disability are seen to be within the lower socio-economic position and as such leads to poorer health experiences, outcomes and health status.

People with a learning disability are more likely to likely to experience avoidable mortality and have a much shorter life expectancy than those without a learning disability.



Life expectancy for men and women without a learning disability = men 83 years & women 86 years

Life expectancy for men & women with a learning disability = men 61 years & women 63 years

Disparity of over 22 years.



Multimorbidity is not uncommon amongst those with a learning disability, average number per person is 2.45, this increases significantly with age.



Health Equalities Framework+ (HEF+)

What is the problem?

Survey undertaken by Improvement Cymru (2021) on the use of outcome measures across Wales, concluded that the HEF remains the most used tool.

However, use varies significantly across all health boards, practitioners and health boards report functionality and accessibility poor.

Little evidence health boards utilising findings to inform quality improvement, service redesign and transformation.

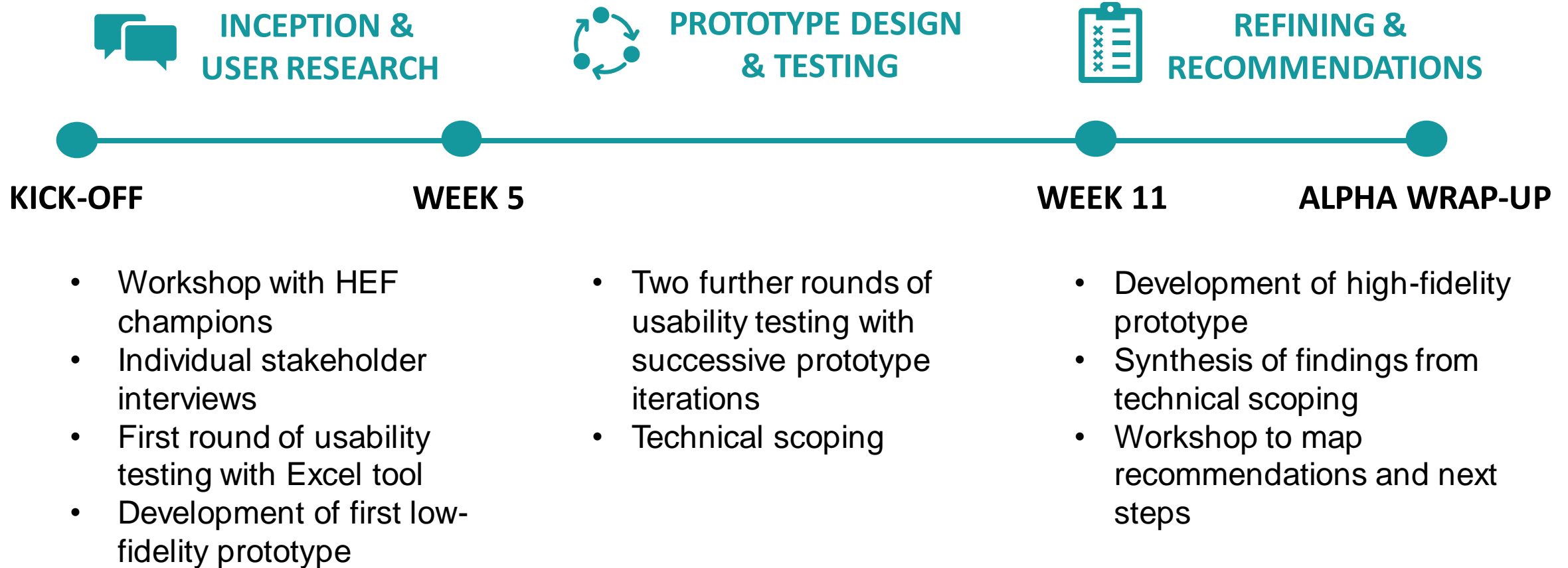
National data gathering is poor and sporadic.



The Opportunity:

To explore options to transition HEF to an agile digital application to improve usability and increase uptake across Health Boards to maximise impact.

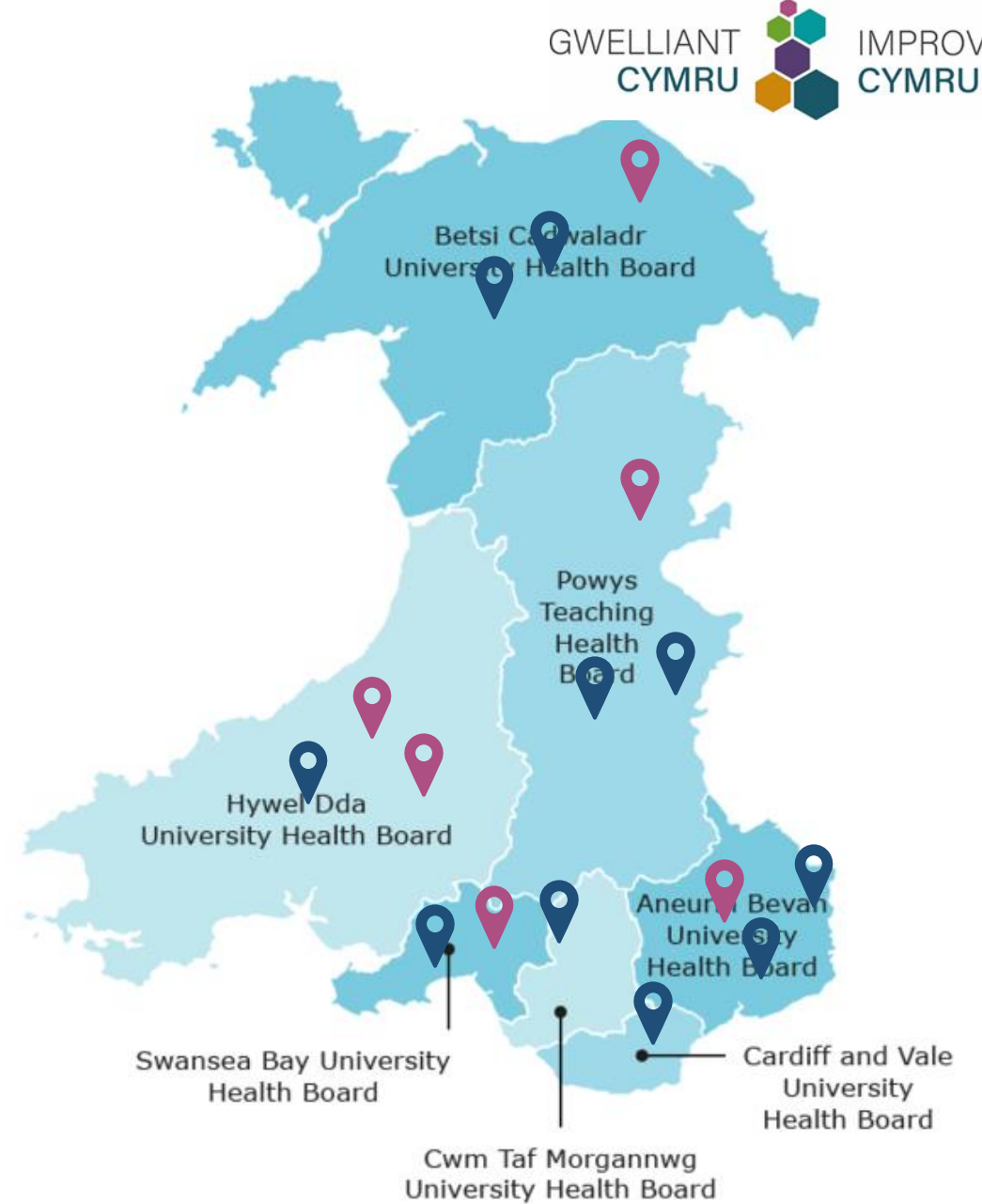
Alpha Timelines and Key Phases



We engaged with 16 practitioners from across the health boards

 **HEF Champion**

 **Learning Disability Practitioner**



Understanding Core User Groups: designing for learning disability practitioners who upload and compare patient level data on the HEF

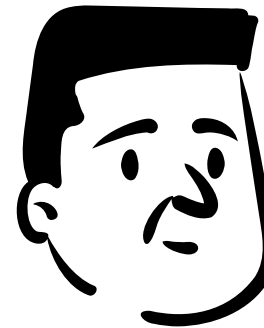


Learning disability practitioner

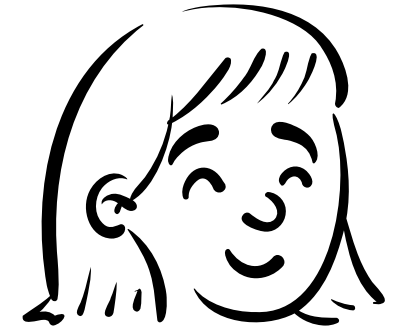
Core user



Individual with learning disability



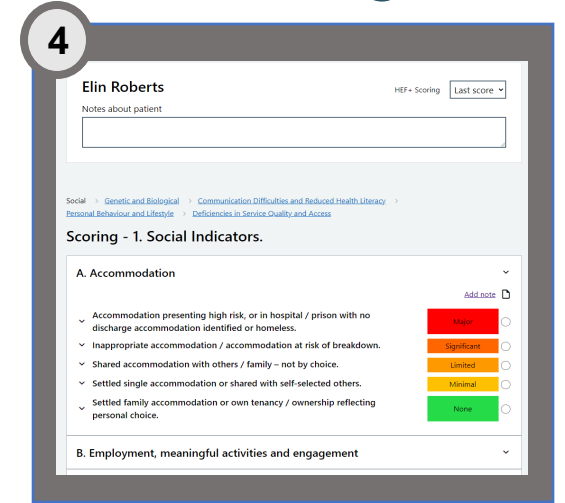
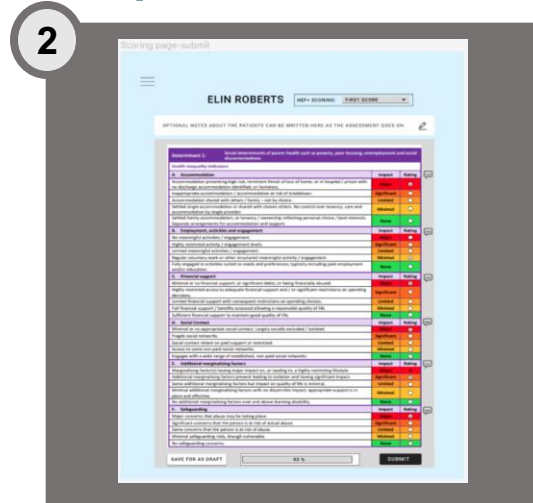
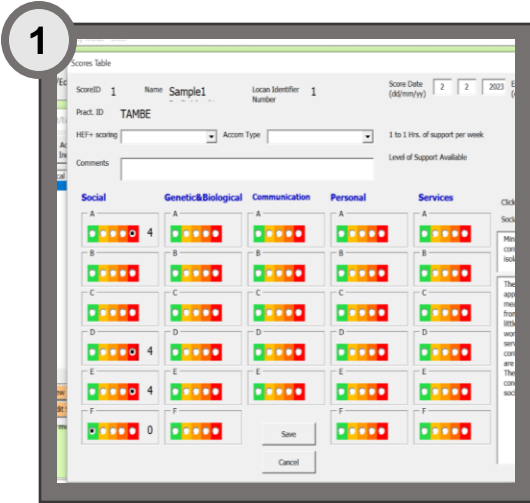
Service manager / Senior manager



National stakeholder (e.g. PHW)

Potential user of output

We undertook multiple rounds of user research to test the design



Test current version of the tool

Test & refine low-fidelity prototype 1

Test & refine low-fidelity prototype 2

Design high-fidelity prototype

Usability scenario-based testing

Usability testing workshop

We refined the design in our third prototype, responding to feedback and incorporating styling for ease of use

This screenshot shows the patient dashboard. At the top, there is a blue header with the NHS and HEP logos, and the text 'English | Cymraeg'. Below the header, a green button says 'Create new patient'. The main content area features a 'Welcome back, Gwen' message and a search bar with a 'Find patients' button. A table titled 'Your patients' lists several patients with columns for ID, Name, Birthdate, Last Score, Practitioner, and Last Assessment. A 'Create new patient' button is located at the bottom right of the table.

ID	Name	Birthdate	Last Score	Practitioner	Last Assessment
P107	Shad Bailey	18/Dec/1989	77	Gwen	21/Aug/2022
P111	Claire Gorczany	26/Jun/1997	30	Gwen	21/Mar/2022
P118	Pat Cronin	04/Jan/1992	31	Gwen	01/Apr/2022
P142	Celine Murphy	13/Jan/1973	60	Gwen	02/Jan/2022
P144	Craig Lehner	04/Mar/1968	99	Gwen	15/Nov/2022

This screenshot shows the patient profile for Elin Roberts. It includes a 'Notes about patient' text area and a breadcrumb trail: 'Social > Genetic and Biological > Communication Difficulties and Reduced Health Literacy > Personal Behaviour and Lifestyle > Deficiencies in Service Quality and Access'. The main section is titled 'Scoring - 1. Social Indicators.' and contains a list of indicators with radio button options for severity levels: Major (red), Significant (orange), Limited (yellow), Minimal (light yellow), and None (green).

- A. Accommodation**
 - Accommodation presenting high risk, or in hospital / prison with no discharge accommodation identified or homeless. Major
 - Inappropriate accommodation / accommodation at risk of breakdown. Significant
 - Shared accommodation with others / family – not by choice. Limited
 - Settled single accommodation or shared with self-selected others. Minimal
 - Settled family accommodation or own tenancy / ownership reflecting personal choice. None
- B. Employment, meaningful activities and engagement**

This screenshot shows the patient report for Elin Roberts. It features a 'Report' title, a 'Profile of needs' link, and a 'Score Values' button. A radar chart displays scores for five categories: social (2.10), behaviour (2.05), genetic (2.00), communication (2.00), and service quality (2.00). A table on the right shows the percentage scores for each category and the overall average HEF score of 58%.

Category	Score
Genetic	60%
Behaviour	26%
Communication	58%
Service Quality	89%
Social	45%

Average HEF score: 58%
Latest 21/4/2023
5th HEF Score

Recommendations:

Progress to next stage, beta, to develop a digitised HEF tool

- Construction of a browser-based web application.
- Hosted centrally on national infrastructure.
- Development in an agile manner.
- Stakeholder engagement for the planning and implementation of Beta.
- Stakeholder engagement, roles & responsibilities to be clearly identified.
- Continued interface and alignment with PHW's wider digital strategy and roadmap.

Outcomes: improve user experience, uptake and consistency of usage, maximising the impact of the HEF tool to:

- **Reduce health inequalities for individuals with a learning disability**, by increasing focus on outcomes to inform care plans and track progress.
- **Support a multi-disciplinary, collaborative approach to patient care**, by using the HEF to prompt and facilitate conversations around person-centred holistic care across disciplines.
- **Ensure service planning and policy decisions address inequalities**, by enabling teams to understand key trends in population needs, identify inequalities and respond to gaps in provision.