

CESEL: Impact report 2023-24

Clinical Effectiveness South East London

‘Making the right thing to do the easy thing to do.’

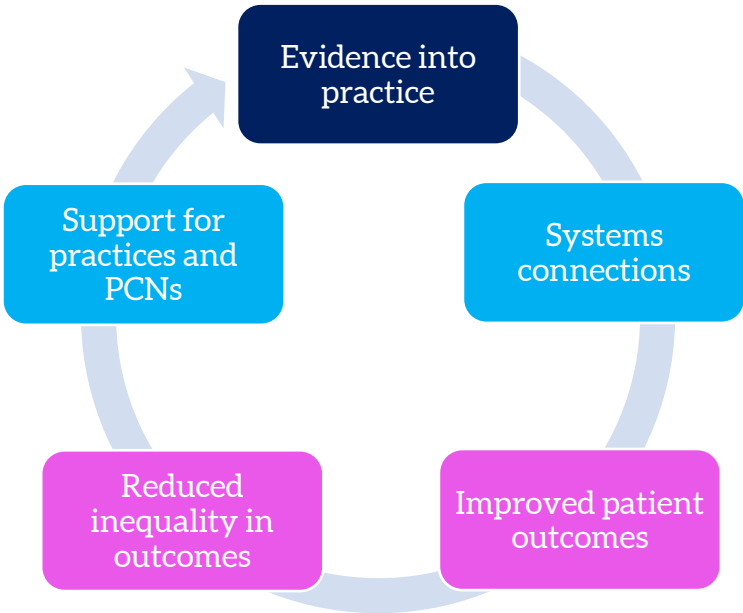


What we do

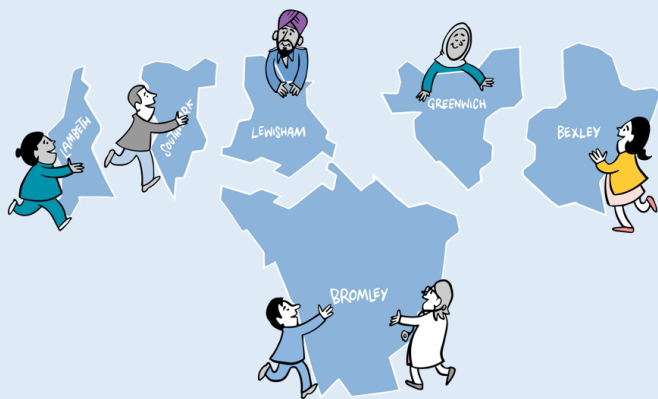
CESEL supports primary care teams across southeast London with the evidence, tools, data and skills to drive improvement from within for sustainable change.

CESEL supports staff to learn from the care they deliver and from each other and improve the care they deliver as a result.

We adapt, refine and embed ideas and innovations from outside SEL to work for local teams and bring people across SEL together, to collaborate, learn, challenge and improve.



CESEL - an improvement support programme **BY** primary care **FOR** primary care.



Local Teams

CESEL teams in each SEL borough work collectively to develop and deliver resources and support practice teams, tailoring their offer in response to local feedback.

CESEL Clinical Areas

The CESEL team focus on clinical areas that are important to our communities, where general practice can make a difference, and on-the-ground teams tell us they want to improve.

Hypertension	Type 2 Diabetes
Asthma	Atrial Fibrillation
Chronic Kidney Disease	Depression and Anxiety

Delivery in 2023-24

CESEL develops and delivers an aligned set of high-quality tools designed to support improvement, adapting and responding to feedback from practice teams

CESEL methodology

Guides + Education

Help people know what is best-practice



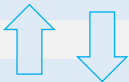
Templates + Searches

Help people put best-practice into action



Data + Analytics

Help people know how about progress



Facilitation

with PCN and practice teams to improvement support efforts

Inward investment

CESEL delivered

5

New clinical guides



1

Resource pack

for non-clinical staff



20+

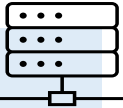
Education sessions

Face to face and virtual

Across
SEL

Templates

Aligned, localised EMIS clinical templates for all CESEL conditions*



200+

Data packs

to support primary care network and practice teams



170+

Facilitation visits

Face-to-face and virtual



£240k

Rewarding

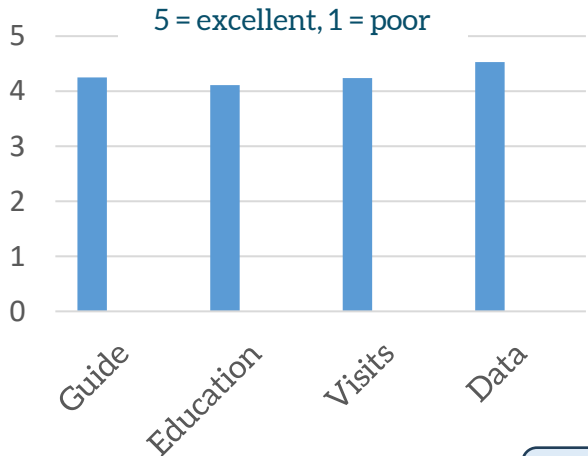
Extra resource brought into the system for practices and community partners for improvement work



CESEL experience Survey



CESEL Survey
February 2024, 20 responses



We asked our primary care colleagues to rate the CESEL offer out of 5 for each of our CESEL components- guides, education, facilitation visits and data. CESEL scored an average 4.22 (85%) across the four domains with our data offer being the most valued by our colleagues with a score of 4.53/5 (91%).

What people said about CESEL

Ali and Anu (Lewisham facilitators) were amazing.

CESEL resources are good, providing data, facilitation sessions, addressing health inequalities..

Our Facilitator, who is hosted by the Federation, is absolutely excellent.

The guides are superb. Please make as many as you can on....every area. They should be 100% reading for all clinicians.

How people would like to see us improve

Latest PCN visit much more useful - Challenged us to stretch achievements, but still need more support inside practices who are struggling to achieve

Quarterly update of CESEL activities at Borough wide PLT events

More education sessions to embed the guides

More face-to-face meetings

More borough-based support

CESEL's response

Data: We are looking to how we can get regular, accessible data out to teams.

Visits: CESEL will aim to increase the balance of virtual and face-to-face whenever possible.

Guides: We will work with practice and PCNs to agree new clinical areas of focus.

Education: We'll look to strengthen our borough based and SEL education offer.

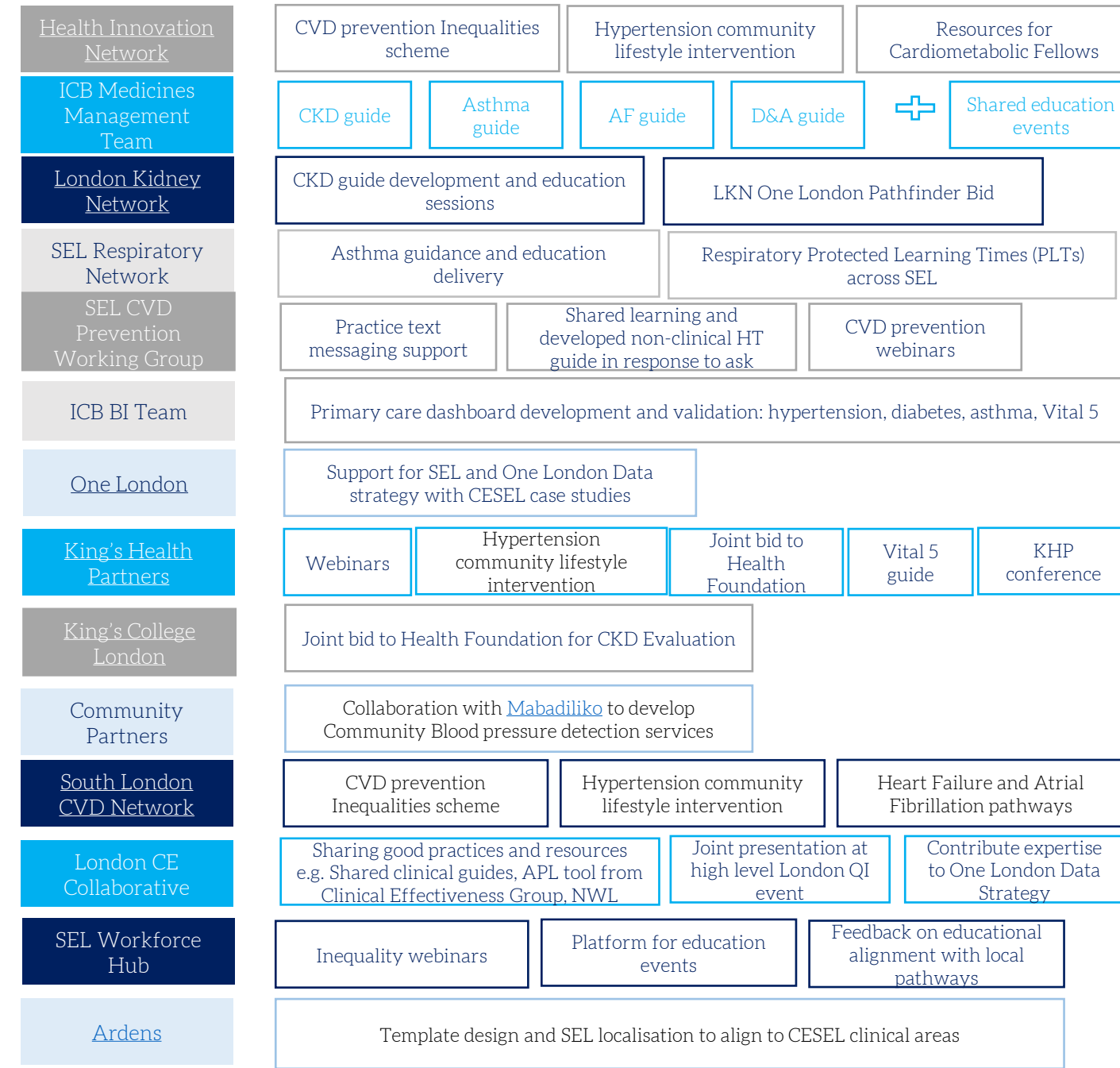


Working with our partners

CESEL Collaboration

Practices teams can be overwhelmed by new projects and initiatives. In CESEL we connect with colleagues across the system, with the aim of supporting a joined-up offer to practices. Here we include examples of our connections and collaborations.

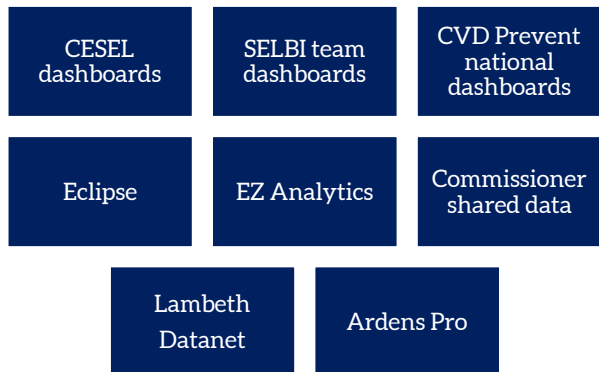
Thanks to all our partners for supporting the CESEL programme and recognition that the achievements described in this report reflect the efforts of CESEL as one of a wide range of stakeholders in the local improvement space.



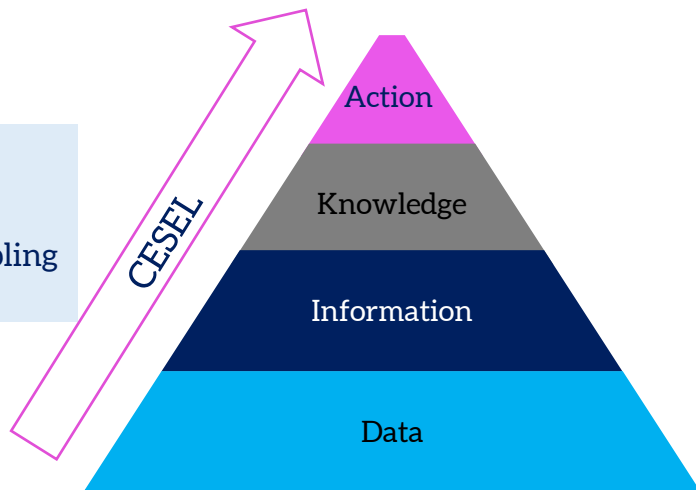
CESEL Data

CESEL supports teams to use data to **improve patient outcomes**.

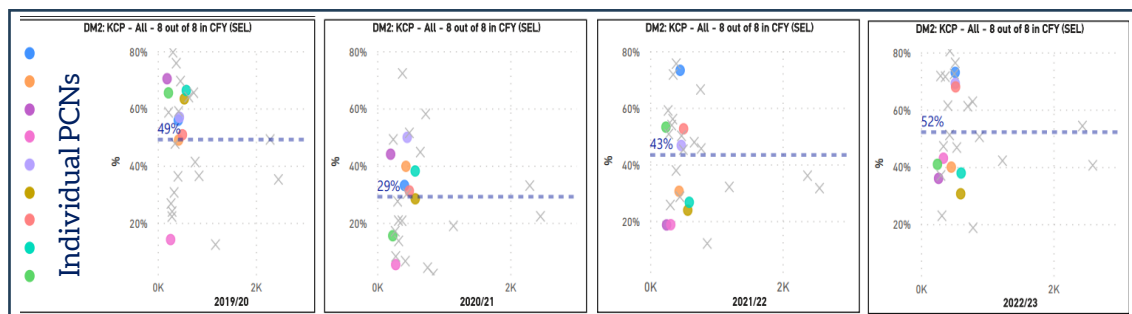
We make sense of a complex landscape, enabling data to **drive effective action**.



Some of the data sources available to practices in SEL

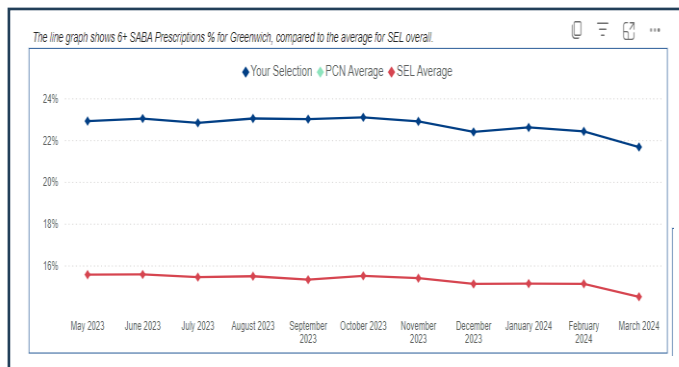


CESEL works with practices to help navigate the complex health and care data landscape across SEL. We work with partners to best align data and offers to practices and PCNs.



Data source: CESEL data from EMIS: 8 care processes for diabetes achievement over 4 years in practices in a PCN – individual practices represented by different coloured dots.

Good quality data is key for trust. CESEL create bespoke data packs for practice teams, and work with colleagues across SEL to inform and use data produced by other teams e.g. SEL Business Intelligence team. This reports contains examples of data from the various sources described.

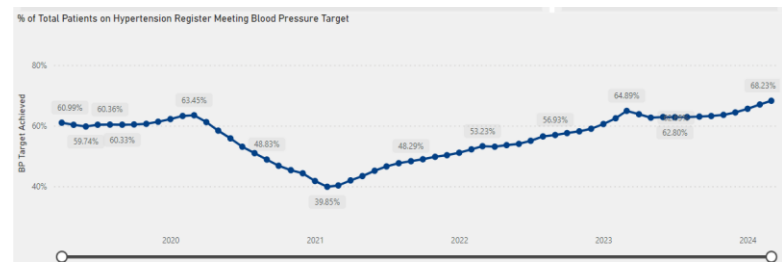


Data source: SEL Asthma Primary Care Improvement and Inequalities Dashboards: developed by the SEL BI team with input from CESEL

Headline impact

HYPERTENSION

Improvement in hypertension control to highest recorded level in SEL.

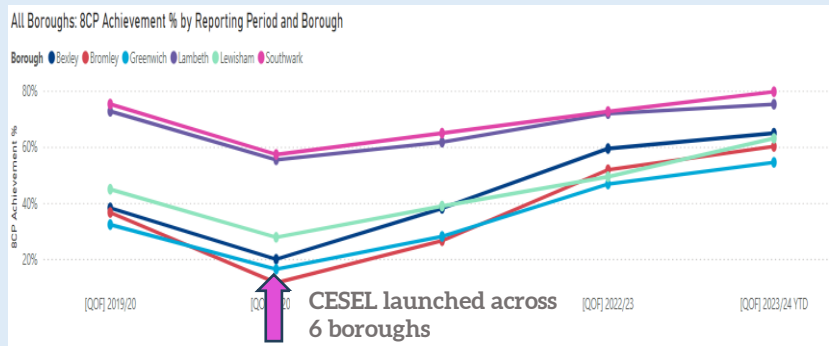


Hypertension is a risk factor for cardiovascular disease (CVD). SEL has demonstrated a steady increase in hypertension control for those on the SEL hypertension register and is achieving best performance.

Achievement of NICE BP target for patients on SEL hypertension register.
Data source: SEL Hypertension Dashboard April 2024

DIABETES

Highest ever recording of 8CP in all six boroughs.

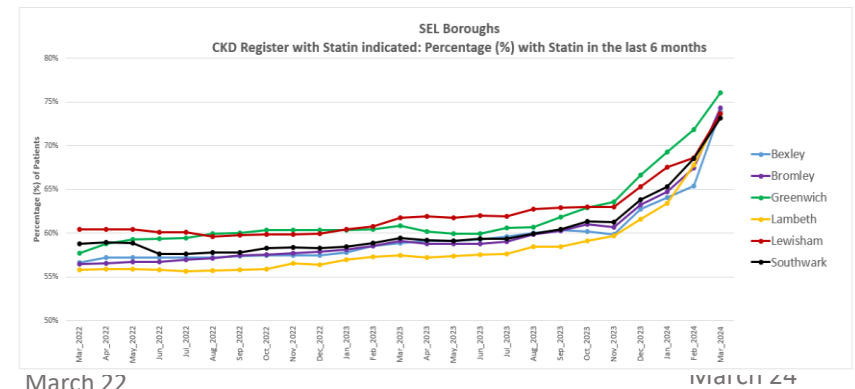


An indicator of good diabetes care is recording the eight care processes (8CP) in every patient every year. Across SEL we have shown a steady increase in recording the 8CP in all boroughs and teams are achieving their highest ever results with a reduction in the variation between boroughs.

Achievement of all 8CP in each of SEL boroughs.
Data source: SEL Diabetes and Obesity Dashboard April 2024

CHRONIC KIDNEY DISEASE (CKD)

Upturn in prescribing statins after the release of the CESEL CKD guide in September 2023

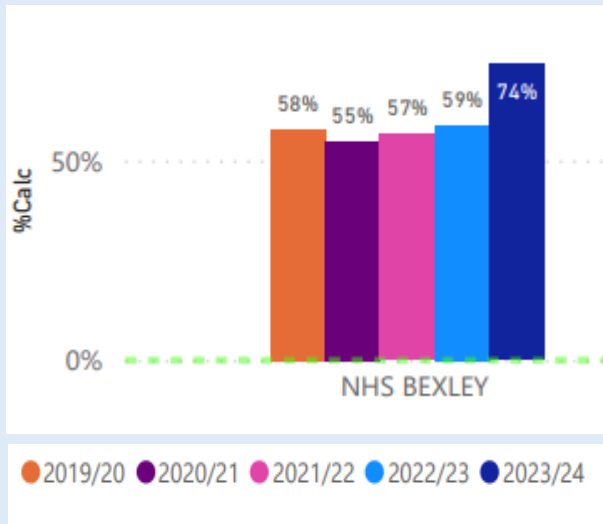


CKD is a risk factor for CVD disease and end stage renal failure. Identifying CKD and starting a statin reduces this risk, is advised by NICE and a key message in the CESEL CKD guide.

Statin prescribing in last 6 months for patients with CKD for each SEL borough.
Data source : CESEL CKD Dashboard April 2024 (in development)

CESEL Bexley

Statin prescribing in the last 6 months in patients with CKD



Data source: CESEL data from EMIS search and report

Big jump in statin prescribing for patients with CKD

CESEL practice and PCN visits in Bexley have been well received and practices have fed back that they particularly value regular data reports provided by CESEL, especially in the run up to the end of the QOF year.

Bexley practices have seen a big jump in statin prescribing for patients with CKD, from 59% at the March 23 to 74% in March 24. Prescribing statins in all patients with CKD will reduce the risk of cardiovascular events and is recommended in the CESEL CKD guide launched in September 2023, with a Bexley focused CESEL webinar in November 2023.

CESEL Bromley

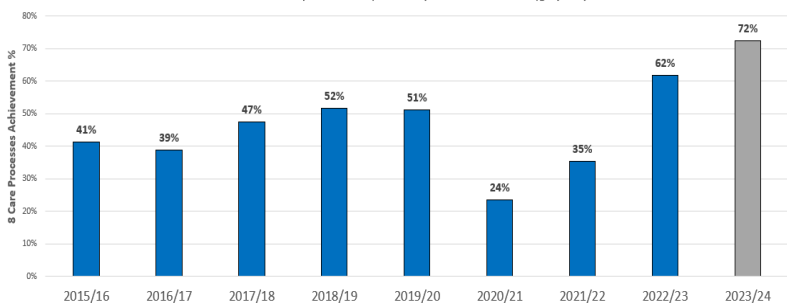
Best-ever 8 care processes achievement

Bromley GP teams have achieved their highest ever 8 care process achievement of 67% in March 2024, up from 36% in 2022.

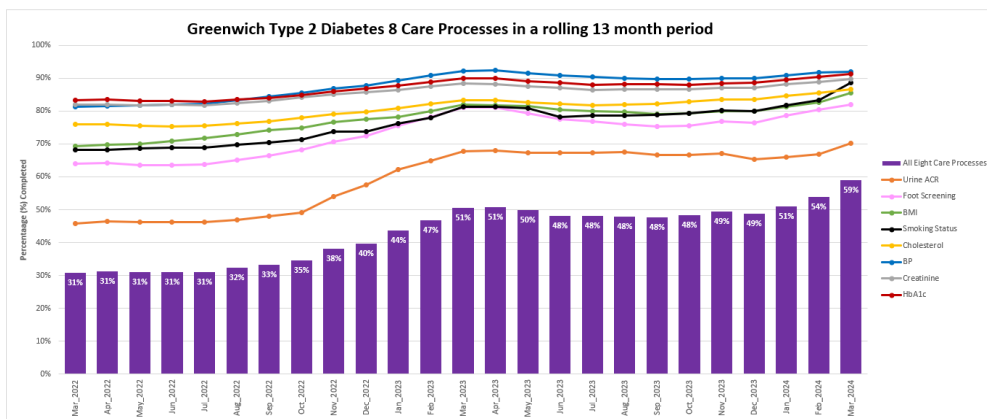
The CESEL Bromley team have visited all PCNs and offered tailored support for the most struggling practices and the care home practice.

The Bromley team developed an [animation](#) with colleagues in One Bromley to help patients understand what the 8 care processes are about, the animation has been shared by CESEL colleagues across SEL.

National Diabetes Audit - Bromley Type 2 Diabetes 8 Care Processes achievement
Data source: NDA publications (blue bars) and Ardens Search (grey bar)



CESEL Greenwich

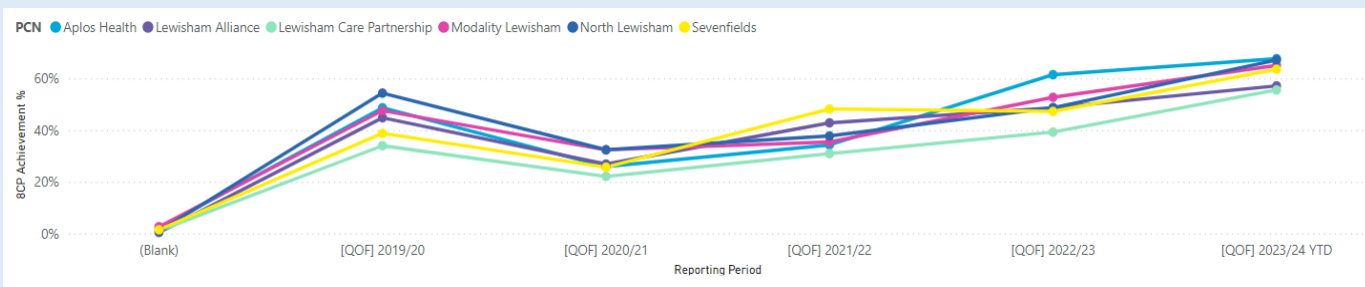


Data source: CESEL data from EMIS search and report

Jump in 8 care process achievement, particularly urine ACR

CESEL engagement with Greenwich practices and PCNs has been consistent and constructive. A focus by the Greenwich practices and CESEL team on improving ACR uptake for patient with diabetes has contributed to a large improvement in 8 care process achievement in the borough. Checking the ACR in patients with diabetes will help identify chronic kidney disease – with the opportunity of offering treatment and delaying progression.

CESEL Lewisham



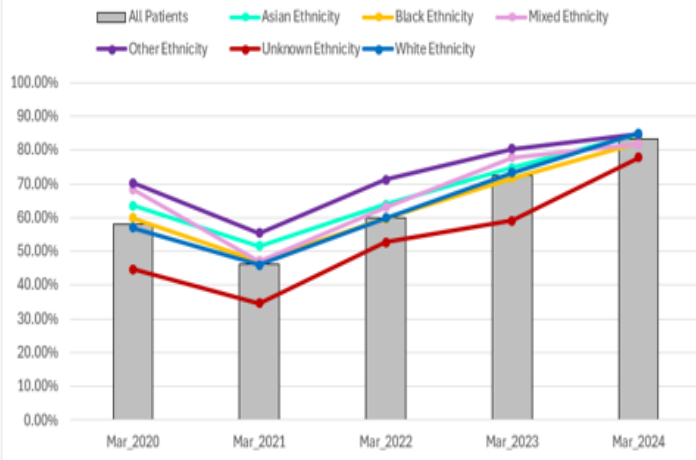
Data source: SELICB BI Team Diabetes and Obesity Dashboard

Best-ever 8 care process achievement in all PCNs and narrowing of the achievement gap

The Lewisham team have been busy delivering PLTs, offering bespoke training to teams and working with community groups to test a CESEL offer beyond the practice team. All Lewisham PCNs were engaged with CESEL in delivering against the SEL Health Inequality CVD prevention quality improvement project with great engagement and shared learning across teams. Like other boroughs the team have seen great gains working with practices who have historically struggled. Lewisham has seen their best achievement in 8 care processes across all the PCNs and a narrowing of the gap in achievement between PCNs.

CESEL Lambeth

Lambeth: Percentage of Hypertension patients aged 80+ years whose latest BP \leq 150/90

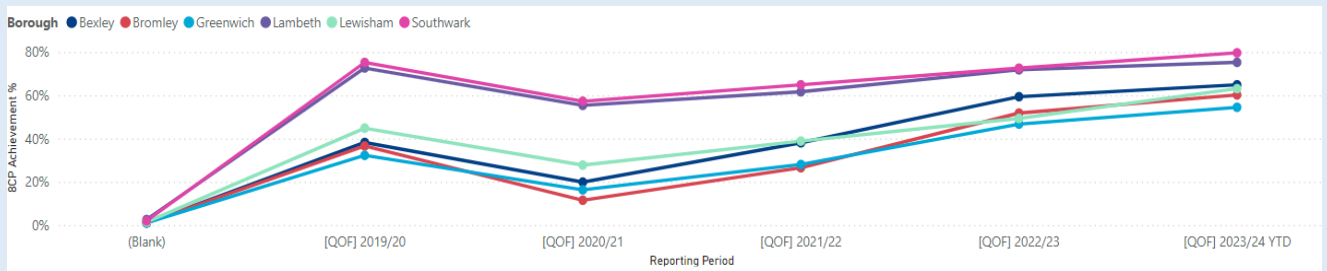


Data source: CESEL data from EMIS search and report

Reducing the ethnicity gap in hypertension control

Lambeth have exceeded their pre-pandemic blood pressure control, reaching 77% control of patient with hypertension over 80. There has been improvement in hypertension control across all ethnicities and a reduction in the gap of achievement between different ethnic groups. This has been achieved by a real focus on hypertension in by CESEL and place-based teams in Lambeth. The CESEL team has learnt from best performing practices in the borough and shared this learning, with bespoke sessions for the practices needing most support, contributing this learning to the SEL Hypertension Resource pack for non-clinicians – recognising hypertension is everybody's business.

CESEL Southwark

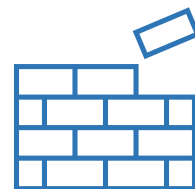


Data source: SELICB BI Team Diabetes and Obesity Dashboard

Tops the 8 care processes achievement

Southwark continues to top the ranking for 8 care process achievement across SEL and has exceeded its pre-pandemic achievement of 75% with a fantastic 79% achievement in March 2024. This has been a huge effort on the part of patients, practices, PCNs, and supported by the CESEL team with practice visits sharing our guides, data and quality improvement support. Southwark CESEL team have also seen improvement in CKD metrics across the borough with good engagement from teams in CESEL education events, guide and tools to support CKD care.

What next?



2023-2024

Outputs

Highly productive year.
Demonstrable improvements
in clinical areas of focus.

Partnerships

Effective partnerships with
system colleagues in and
outside SEL.

Build on success

Team

Cohesive and effective team.
Weekly huddles for connection and
shared learning.
Regular shared education sessions
Low staff turnover and good
applications for new roles.

Feedback

23/24 survey includes both
good feedback and steer going
forward.

2024-2025

CESEL offer

- strengthen the CESEL offer including guides, data, facilitations and education
- remain flexible on mode and engagement with primary care, to tailor to practice and PCN need and availability.

Partnerships

Working with King's College London to understand what offers best value in CESEL and the wider SEL improvement landscape

Scope

Explore

- widening offer beyond general practice team to neighbourhood teams
- how CESEL supports system-wide quality improvement needs
- greater patient and public engagement and delivery

New clinical areas

New clinical areas informed by

- Community benefit
- Practice and PCN
- ICB/ 'place' priorities

Considering – chronic pain, pre-conception care, lipids.

Need to balance capacity in the team and in practices and system asks.

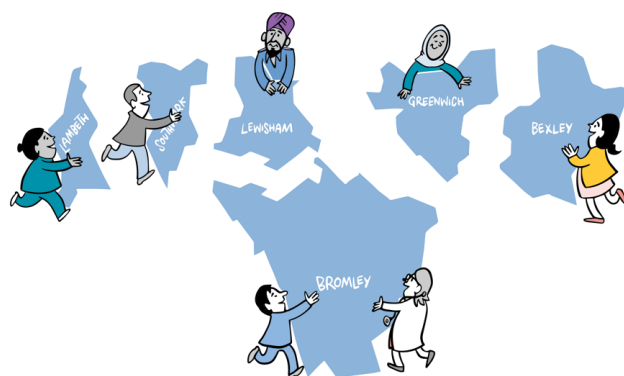
Keen to increase connection between conditions and a multimorbidity approach.

Connections

Some teams are seeing the benefit of face to face over remote contacts - for the CESEL team and connecting with practices and PCNs. Where helpful we will look to increase face-to face contact with front line teams.

The CESEL team with like to thank all the practices, PCNs and partner teams and organisations who support our programme of work.

CESEL: Making the right thing to do the easy thing to do.



To find out more about any of the content included in this report or share any reflections that may help shape the support offer, please check the [CESEL webpage](#), scan the QR code or email the team at clinicaleffectiveness@selondonics.nhs.uk

