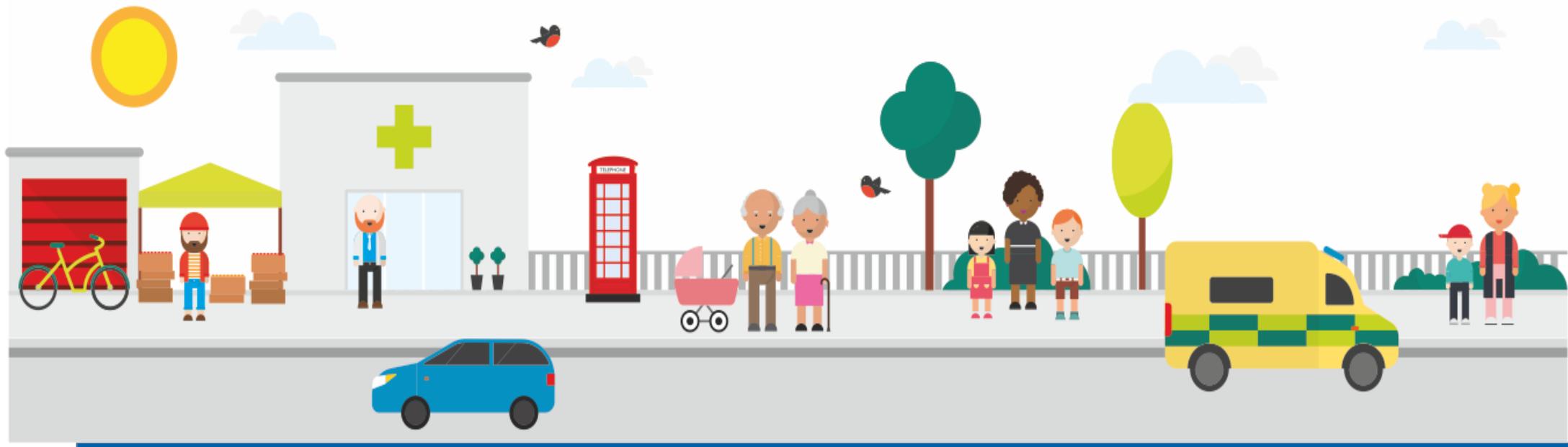


Tower Hamlets Together

Living Well Lifecourse workstream
Medicines PLT 28/11/18

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*



www.towerhamletstogether.com

#TH2GETHER



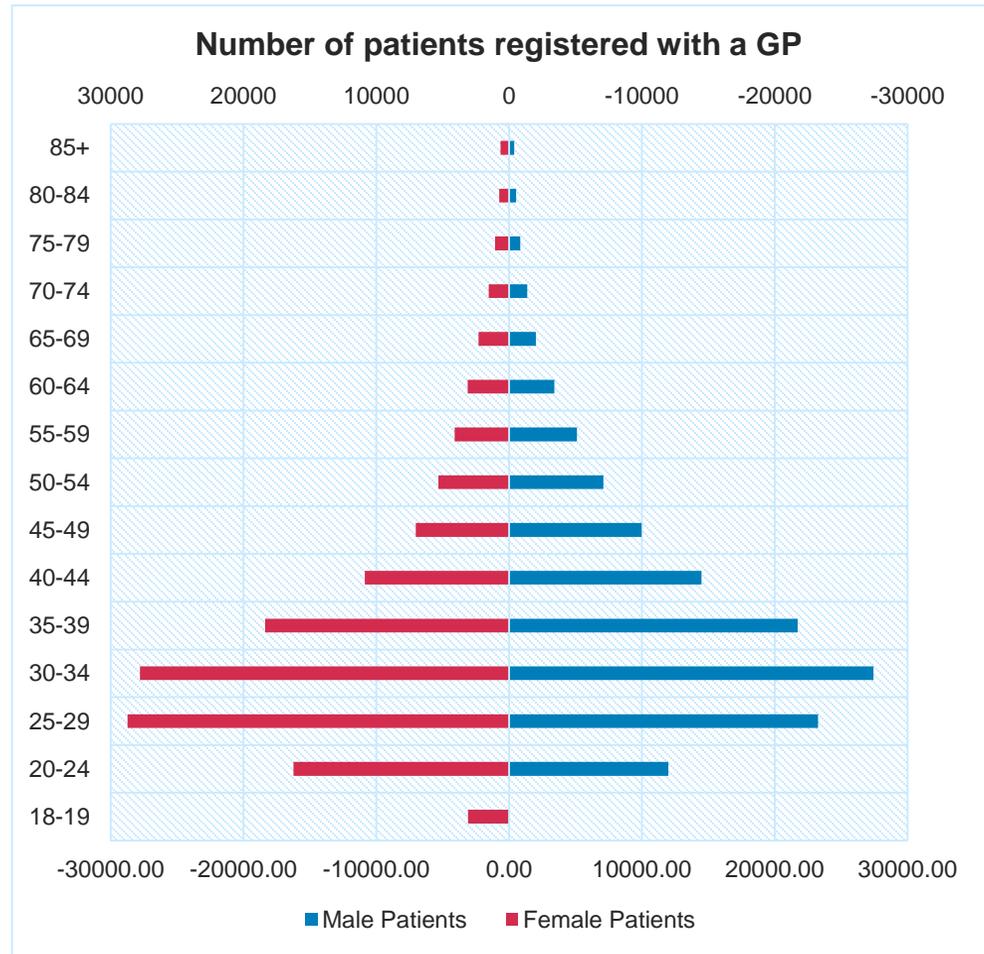
Living Well Outcomes Framework

- **What matters to Tower Hamlets residents....**
- Focus on how the Living Well work stream work relates to the Shared Outcomes Framework
- Next step- identifying how we measure this

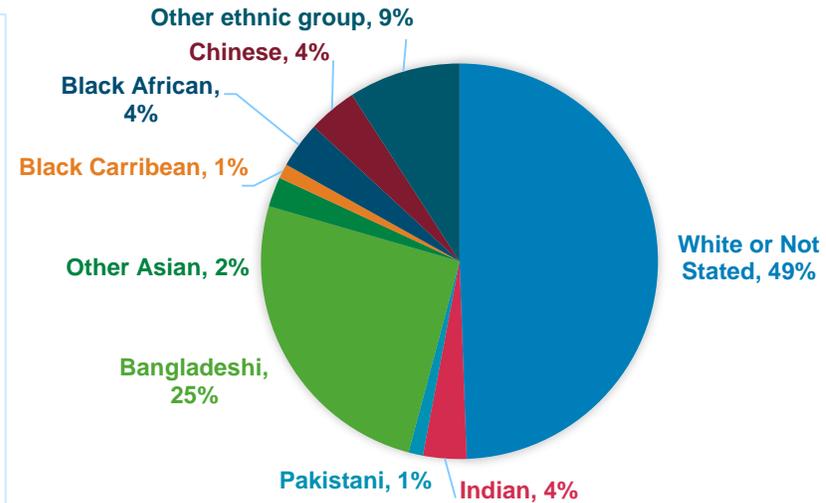


Living Well Population by Age Band, Gender, Ethnicity and LSOA of GP Registered Population in Tower Hamlets 17/18

AGE & GENDER BREAKDOWN

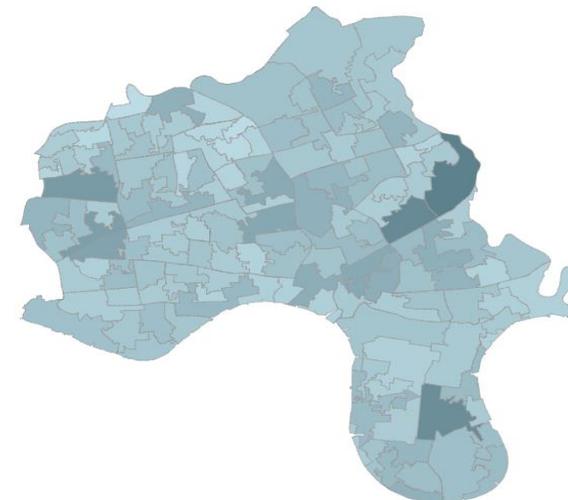


ETHNICITY BREAKDOWN



POPULATION BY LSOA

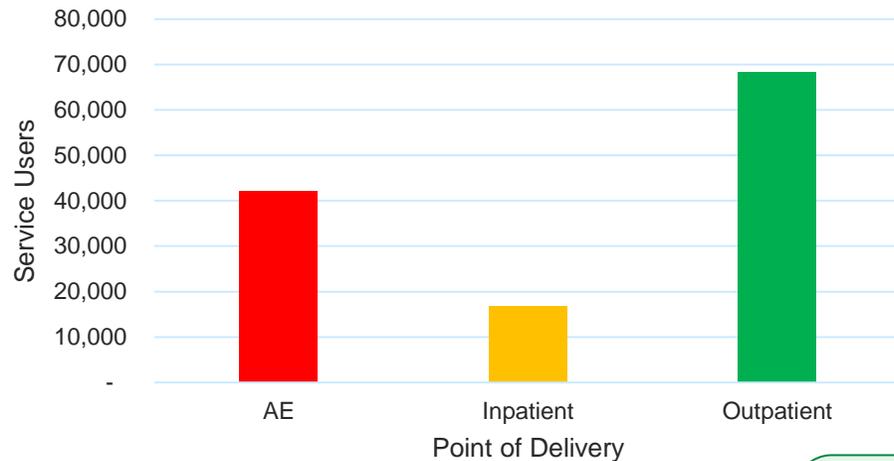
Note: darker colours = larger population totals



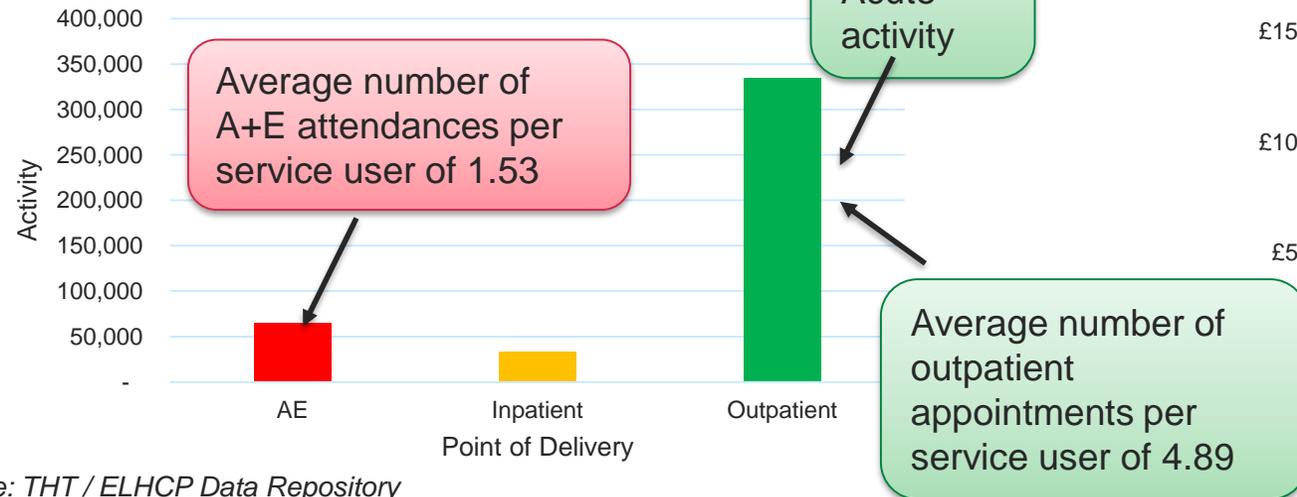
Total Living Well Population: 263,620

Living Well Population: Total Service Users, Activity and Spend 17-18

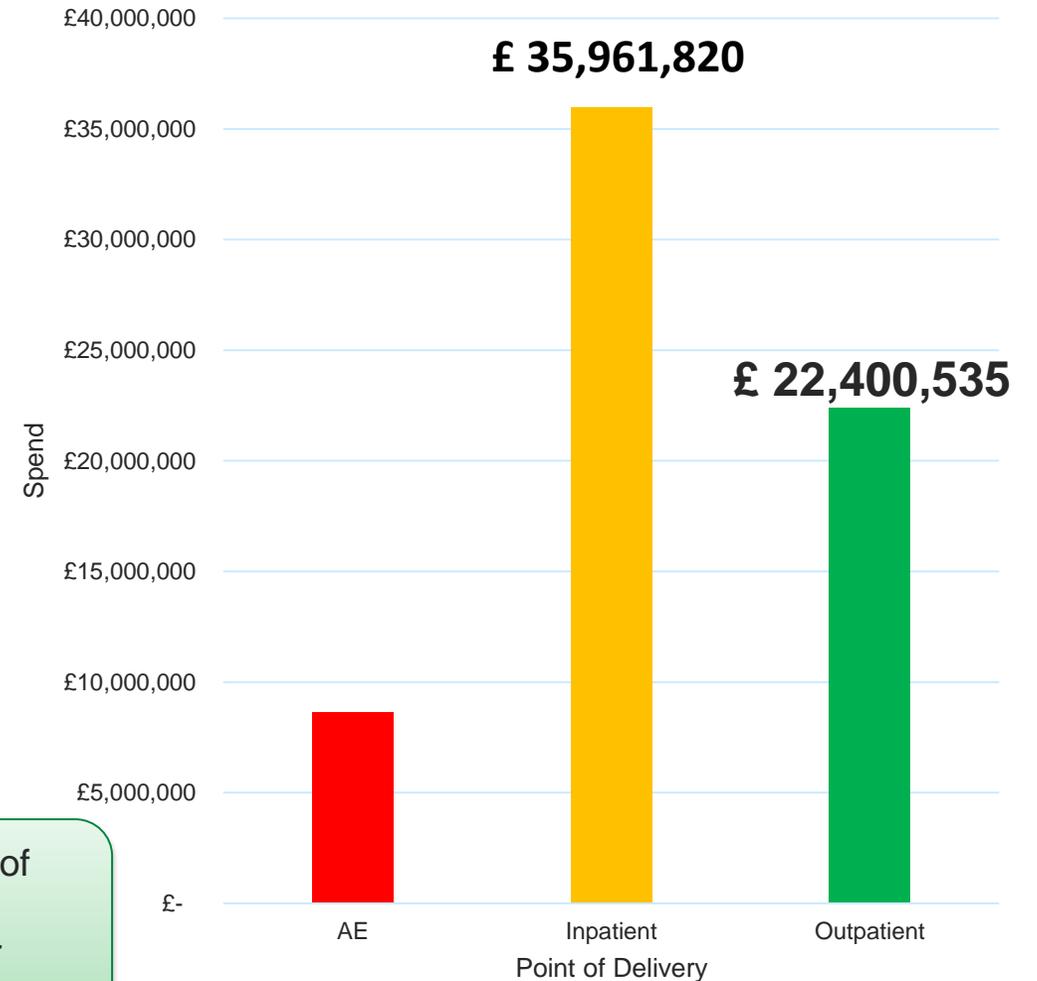
Total Service User Breakdown



Total Activity Breakdown



Total Spend Breakdown



Source: THT / ELHCP Data Repository

Living Well Population : Top 3 areas of inpatient spend by Age Band

Largest areas of inpatient spend by HRG Chapter and Age Band

30-34	50-54	70-74
Musculoskeletal System (18%)	Musculoskeletal System (21%)	Musculoskeletal System (22%)
Digestive System (18%)	Digestive System (15%)	Digestive System (13%)
Female Reproductive System and Assisted Reproduction (11%)	Cardiac (10%)	Respiratory System (8%)

Plan deeper dive for these three areas and for urinary tract and male reproductive system

What are the prescribing issues for these deep dive areas?

Musculoskeletal

- Chronic pain management:
 - Opiate use
 - Gabapentin and pregabalin
 - NSAIDs
- High risk drug monitoring for DMARDs

Digestive

- Challenges around use of proton pump inhibitors
- NSAIDs
- Increasing multiply resistant helicobacter pylori

MSK: Whole population admissions 17-18

	Non-elective admissions	Elective admissions
Spend	£1,227,555	£540,363
Number of service users	683	366
Amount of activity	1,108	759
Age distribution	increasing levels of activity and spend by age	increasing levels of activity and spend by age up to 60 to 64 and then declining for patients aged 65 to 85+.
lumbar intervertebral disc and other low back problems	£138,706	£159,238
Lower limb pain	£75,099	
fractures	£71,945	
Rheumatoid arthritis		£102,949

London Choosing Wisely programme

AIM: to reduce variation of care for patients by providing clinicians and patients with the latest evidence on what treatments should be offered to patients to achieve the best health outcome for them. In development- not yet adopted

Osteoarthritis: proposes limits to hip arthroplasty, knee arthroplasty and knee arthroscopy- only where symptoms are refractory to non-surgical treatment (including pain relief, exercise, physiotherapy and weight loss where appropriate)

<https://www.healthylondon.org/resource/london-choosing-wisely-outcomes/>

Also guidance re low back pain related procedures and decompression for subacromial shoulder pain

What does the evidence say?

- https://www.cochrane.org/CD012299/SYMPT_high-doses-opioid-drugs-management-chronic-non-cancer-pain
- There is a critical lack of high-quality evidence regarding how well high-dose opioids work for the management of chronic non-cancer pain in adults, and regarding the presence and severity of adverse events. No evidence-based argument can be made on the use of high-dose opioids, i.e. 200 mg morphine equivalent or more daily, in clinical practice.

chronic-non-cancer-pain CNCP

https://www.cochrane.org/CD012509/SYMPT_side-effects-opioid-drugs-when-used-treat-chronic-non-cancer-pain-medium-or-long-term

A number of adverse events, including serious adverse events, are associated with the medium- and long-term use of opioids for CNCP. The absolute event rate for any adverse event with opioids in trials using a placebo as comparison was **78%**, with an absolute event rate of 7.5% for any serious adverse event. Based on the adverse events identified, clinically relevant benefit would need to be clearly demonstrated before long-term use could be considered in people with CNCP in clinical practice.