



Primary Care Needs Assessment step-by-step guide

Welcome to the Primary Care Needs Assessment (PCNA) tool, produced by the Primary Care Hub within Public Health Wales (PHW) and available from:

<http://www.primarycareone.wales.nhs.uk/pcna/>

PCNA was developed following engagements events held during 2018 (report [here](#)) to support clusters with action planning based on review of data on local needs and evidence-informed improvement options. It recognises that asking clusters (or public health teams) to do this independently has drawbacks, hence offers a national template for prioritised topics and functionality to deliver a more consistent approach. While we have taken care to ensure PCNA is intuitive to use by design, this short document describes key features and offers guidance on using the tool. PCNA comprises:

- A downloadable interactive Excel **workbook** containing comparative data presentations;
- An online **step-by-step guide** (this document);
- An online **indicator map and technical guide**;
- An online set of **webpages** focussed on identifying data-linked improvement actions and decision support.

Step 1: Choose a comparison view

Please download the workbook and begin at Step 1 by selecting a viewpoint that matches your organisational perspective. Views available are:

- **Health board** (comparing each health board to Wales as a whole);
- **Local authority** (comparing each local authority to Wales as a whole);
- **Regional Partnership Board** (comparing health board and local authority partners side-by-side);
- **Clusters**, by health board (comparing clusters to their respective health board average);
- Clusters, by local authority (a **Public Service Board** primary care footprint, comparing clusters to their respective local authority average).

Please note that:

- Clusters are assigned to local authorities in PCNA on the basis of a list supplied by the NHS Wales Informatics Service (NWIS) to PHW that maps practices to clusters and clusters to local authorities and health boards. This allocation is used to present

data within the Influenza Vaccine Online Reporting (IVOR) system; it has been adopted in PCNA for use with other datasets. While the allocation is checked annually, cluster composition is subject to change.

- As PCNA is compiled using existing datasets without new analyses, clusters within Bridgend and that local authority itself are shown as part of ABM, not Cwm Taf.

Steps 2–7: Review of data by category

Data on local needs in PCNA are organised into the following categories:

- **Population profile** (population; population projection; life/ healthy life expectancy; deprivation);
- **Long-term condition prevention and prevalence** (behavioural risk factors; clinical risk factors; disease prevalence);
- **Long-term condition management** (a placeholder for indicators reporting on condition management, pending improved PHW access to primary care data);
- **Cancer and screening** (screening uptake, incidence and prevalence for bowel, breast and cervical cancers);
- **Infectious disease prevention** (vaccination uptake for influenza and childhood scheduled immunisations);
- **Determinants of health** (education and training; home and housing; money and jobs).

Information about the specific indicators included in each category can be found in the PCNA indicator map and technical guide, located [here](#). Clicking on any indicator title in the Excel workbook will also hyperlink you to this guide.

In Step 2 you begin by reviewing the data (from the perspective you chose in Step 1) on population profile.

Understanding quilt tables

Quilt tables are a simple means of presenting lots of information together in a similar fashion, even where indicators report on unrelated topics and/ or use different units of measurement. They allow users to build a “big picture” of the degree to which a cluster position is similar to, or differs from, the corresponding health board comparator. Once you have understood how to read one row in a quilt table, you understand how to read all indicators in the table no matter how diverse they are. The following notes will help you make sense of quilt tables if these are unfamiliar:

- Tabled figures are a “best guess” **estimate** of cluster position.
- Estimates reflect uncertainty (lots of things introduce variation e.g. date of measurement), so 95% **confidence limits** are used to indicate whether an estimate is statistically likely to be similar to, or different from, a comparator position.
- In PCNA we use the health board to which the cluster belongs as the **comparator**.
- We use **colour coding** to show whether a cluster position is statistically similar (grey), lower (light blue), or higher (deeper blue) than the comparator.

- Lower or higher is not the same as “good” or “bad” (see *A few words on variation*, below).
- In PCNA we use pale red to indicate that primary care data are available, but as PHW do not have access to it, we cannot support clusters with analyses of these data.
- Where no colour is shown, either the data are not available (no reported figure), or no statistical comparison has been made (but a figure is given).
- Due to the typical multi-coloured or patchwork appearance, this type of presentation is referred to as a **quilt table**.
- We don’t show the confidence limits that underpin the colours on the quilt table; if you’d like to know these, please consult the PCNA indicator map and technical guide (as above) for access to the original source data.

Quilt table key:

	Cluster similar to health board average
	Cluster position lower than health board average
	Cluster position higher than health board average
	Primary care data exists, but no PHW access
	No statistical comparison made, or no data available

[A few words on variation](#)

Highlighted variation (whether shown in a quilt table or by other means) is not criticism.

- **Variation** is a natural phenomenon and can be healthy. For example, it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes.
- Variation that is observed (or more precisely, measured) in a healthcare context may be referred to as **inequality**.
- Inequality that is judged to be both avoidable and socially unjust is termed **inequity**, which is sometimes alternatively described as **unwarranted** variation.
- While the PCNA tool seeks to identify variation, it does not provide an **explanation** for what may account for this at the indicator level. There are many potential reasons for variation—both positive and negative, such as demographic make-up; geography and its effect on access to services; quality improvement activities; programme implementation characteristics; resource constraints; knowledge of best practice; availability of quality improvement expertise; strength of evidence for effective improvement intervention; sustainability-related issues; etc.
- We believe those providing local primary care services are best placed to reflect and consider (within a supportive **peer review** environment) the relevance of potential explanations for any variation documented by this tool.
- Where variation is apparent, the first step should always be to **verify** the accuracy of the analysis by consulting the original data source; unintended errors are possible in this tool. Understand that variation shown by the tool is a “best guess” at a single point in time. Variation is more fluid than this snapshot suggests, so measurement at another time point could show a different picture.





Selecting indicators for review

To the left of each indicator row you will note a checkbox. Checking this box will toggle an indicator for review, revealing a hyperlinked button to a webpage hosted on PC One Wales. The page will walk you through Steps A–H for each indicator that you choose to review.





Following completion of Steps A–H for any indicators in the first category (Step 2) tab in Excel (i.e. Population profile) you will be guided through Steps 3–7 for the remaining categories.

Steps A–H: Review improvement actions and decision making

The key online component of PCNA (hosted on Primary Care One Wales) includes the following steps to help you select **improvement actions** for each indicator (or group of closely related indicators):

	A. Strategic context	READ. Consider the strategic context for prioritising improvement action in this area. Reminding ourselves of the strategic importance of a given topic is key to thinking about how our actions align with those of others to have collective and measurable impacts on population health. Your health board's IMTP will provide additional local-level context.
	B. Improvement actions for GP practice cluster members	READ. Consider (from a list) which actions could be taken forward. These potential actions are directed at GP practice members of the cluster. This reflects the current reality that less mature clusters in Wales are GP-centric and may thus tend to focus primarily on clinical actions.
	C. Improvement actions for wider cluster members	READ. Consider (from a list) which actions could be taken forward. Mature clusters with high levels of genuine wider stakeholder engagement will appreciate the potential contribution other stakeholders can make in driving improvements to person-centred and locally-enriched community services.
	D. What has already worked in Wales?	READ. Consider (from synopses) any good practice examples. Why reinvent the wheel? Although the initial release of PCNA includes placeholders only, this section highlights a future opportunity to take systematic account of shared learning from implementation of the evidence in Wales.

PCNA also recognises that there is additional information you may wish to consider before **making a decision** on evidence-informed action to respond to local needs. This includes:

	E. What do you know about community views on this?	WRITE. Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this information into the textbox provided.
	F. What assets or partnership opportunities can you identify?	WRITE. Consider any relevant local assets or potential partner organisations that might facilitate co-production of local actions. Summarise this information into the textbox provided.
	G. Do you need more data before making a decision?	WRITE. If relevant, consider any additional data requirements that might ensure a more informed decision on determining action (see <i>Want to know more?</i> below). Summarise this information into the textbox provided.
	H. What is your provisional decision?	WRITE. Involve the wider cluster in your decision for shared action ownership. Involve your local public health team (LPHT) who can provide a public health perspective and advise on strategic alignment. Summarise this information into the textbox provided.

Finally, **PRINT** the webpage to PDF so you have a record of your entries. You may now close the browser window and return to the Excel workbook to review another indicator.

Want to know more?

The PHW Observatory host a series of topic pages [here](#) that bring together information on Observatory products; other key websites; key data sources; key evidence sources; and additional evidence and data sources.

For signposting to data/ intelligence products of particular relevance to primary care, please refer to the *Primary care intelligence compendium* on PC One Wales [here](#).

Your feedback matters

We would be grateful for any feedback you have to share with us on this tool. Does it work for you? What could work better? We promise to consider any feedback carefully and are committed to reshaping the tool in the light of your feedback, as part of our efforts to make ongoing improvements.

You can send us feedback via PrimaryCare.One@wales.nhs.uk or by using the online feedback form [here](#).

Kind regards, the PCNA Project Team