

# HNA Workshop March 2006

Gateshead PCT

Follow up from October 2004

# October 2004

- Introduce the theory underpinning health needs assessment (HNA)
- Explore the relationship between HNA & commissioning
- Explore the measurement of need including the importance of defining populations
- Review the current strengths & weaknesses of HNA in Gateshead PCT
- Identify next steps in developing needs based commissioning



# Taking HNA forward in G'head PCT

- Identify HNA “champion” – championing the needs perspective within the planning process
- Clear cross directorate model for commissioning
- Integrate public health into planning & commissioning
- Continue to raise profile of public health department
- CEHI to liaise with IT to identify projects in process
- Public Health to vet all HNA at a regular meeting
- Specific information on roles of individuals in public health dept.

# Taking HNA forward in G'head PCT

- SUGGESTIONS FOR MORE TRAINING
  - Identify other training needs
  - Practical theory /training on HNA
  - Further event in 6 months
  - Similar event soon based on NHS issues

# TODAY

- Participants to leave with:
- An understanding of the key elements within a HNA
- A framework within which to undertake their HNA
- An awareness of how business cases will be assessed within the PCT
- An appreciation of how to use HNA in a business case





The Green, Rylon, c. 1910 TE5 - 23



Chopwell No.1 Pit. 1966. CN 382/14



## Health need due to hypertension in the retired population of Ryton

- A rural past (Gateshead library)
- Mining in C19 and C20 (Gateshead library)
- Much recent housing development (Council)
- High proportion of dwellings owner-occupied (Census)
- Low proportion with no central heating (Census)
- Deprivation indices above average (IMD)
- Comparatively affluent
- 3,250 people ages 65 and over

# Health status in Ryton

- 36% male deaths under 75 years due to CHD (England 36%)
- 32% female deaths under 75 years due to CHD (England 28%)
- 16% local retired people suffer hypertension (GP practice data)
- Two local GP practices ranked 1<sup>st</sup> and 5<sup>th</sup> highest of 22 practices on prevalence of hypertension

# Effective interventions

- NSFs for older people and CHD identified
- NICE guidelines for management of hypertension identified
- NICE guidelines recommend education focusing on improved lifestyle management
- A reduction in blood pressure will improve morbidity
- DN workload can be reduced if blood pressure can be maintained within optimum range

# Services currently available

- Local initiatives exist to increase physical activity among older population
- GOAL physical activity on referral
- Health walks
- Physical Activity Motivators Scheme (PAMS)
- Locally, low levels of referrals
- Discussion with local health professionals showed low levels of awareness

# Proposals for action

- Briefing sessions for local health professionals
- Design of a leaflet outlining benefits of physical activity and detailing local schemes
- Link nurse for physical activity within each GP practice
- Undertake focus groups among local community groups

# Critical review

- What are the strengths and weaknesses of the health needs assessment?
- What dominates the study?
- What is missing from the study?

# Developing your own HNA

- What is the HNA going to address?
- Who should be involved (partners/stakeholders)
- Assessment of need in four areas
  - Expressed/felt need
  - Expert/normative need
  - Comparative Need
  - Value for money (epidemiological need)
- Actions/recommendations
- Dissemination of findings
- Follow-up