

Disease Management Information Toolkit (DMIT)

*Management Summary version 1.0:
aims, outputs and benefits*



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Author	DH/Commissioning/Long Term Conditions
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Circulation List	
Description	Disease Management Information Toolkit (DMIT), is a voluntary good practice tool that the NHS may wish to use to strengthen their approach to Disease Management. This web-based tool provides data at Primary Care Trust (PCT) level on conditions contributing to high numbers of Secondary Care emergency bed days. DMIT also models the effects of possible interventions which may be commissioned at local level.
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For Recipient's Use	

1. INTRODUCTION

- Over **15 million** people in England report having a limiting long term condition
- Due to an ageing population, the number of people with a long term condition is set to rise by a **quarter** in the next **25 years**
- Just **5%** of inpatients, many with a long term condition, account for **42%** of all acute bed days

- The Disease Management Information Toolkit (DMIT) has been developed to inform decision-making at both a strategic and local level.
- It aims to build up intelligence across health and social care by providing formatted data and guidance for every PCT in England, designed to strengthen the approach to disease management.
- DMIT will support decision-makers, commissioners and deliverers of care for people with LTCs to gain a better understanding of those conditions which are having the greatest impact on their local health population in terms of use of emergency bed days. We know that without effective and targeted interventions these conditions lead to poor health outcomes, poor quality of life, low economic status, mental health problems and increasing health inequalities for large groups of people affected.
- DMIT will help you to analyse and consider the likely impact of a range of possible commissioning options. This information can then be used to inform commissioning decisions at local level by planning appropriate interventions, matching care to need and making financial savings through better prevention and targeting of resources.
- The full DMIT toolkit can be viewed and downloaded from:
www.dh.gov.uk/en/policyandguidance/healthandsocialcaretopics/longtermconditions/DH_4130657

2. BACKGROUND

DMIT is split into data and interventions modules.

DATA MODULE

- Version 1.0 of the **data module** focuses on nine key long term conditions with some of the highest number of secondary care emergency bed days.
- The conditions presented in DMIT are:
 - **Circulatory:** Chronic Heart Disease (CHD), Heart Failure, Stroke/Transient Ischaemic Attack (TIA)
 - **Respiratory:** Asthma, COPD
 - **Mental Health:** Bipolar Affective Disorder, Dementia, Depression, Schizophrenia
- The toolkit uses published final data from the Hospital Episodes Statistics (HES) on emergency admissions, emergency bed days and length of stay. DMIT allows PCTs to compare their data with other PCTs, groups of similar PCTs, top performing PCTs and national averages.

INTERVENTIONS MODULE

- The interventions module provides evidence-based and locally costed models on possible interventions to better manage circulatory conditions.
- The interventions presented in the module are:
 - **Assistive Technology**
 - **Heart Failure Nurses**
 - **Hypertensives**
 - **Statins**
 - **Cardiac Rehabilitation**

3. KEY OUTPUTS OF DMIT

What can the data elements of the toolkit provide?

- Information and guidance which will aid decision-making
- Nine diseases ranked in order of prevalence within your PCT locality
- Ability to benchmark your performance on any of the diseases against a number of possible criteria, e.g. national average, 5 most similar PCTs
- Time series graphs showing trends in emergency admissions, emergency bed days and length of stay for nine key conditions in your PCT – compared to your chosen benchmarks
- The latest available published provisional HES data
- Information on trends in sources of emergency admission
- Information on Payment by Results tariffs
- Details of national programme budget figures for disease groups, compared to chosen benchmarks
- Potential savings screen, showing possible efficiencies to be made by reducing admissions and bed days
- Formatted printable versions of all graphs and data screens

What can the interventions guidance provide?

- Locally modelled effects of five possible circulatory interventions, showing the improved outcomes that your organisation can achieve through adopting these interventions
- Presented costs and benefits of commissioning the possible interventions
- Access to details of the researched evidence-base to back up the analysis and modelling
- Future interventions will be published for other long term conditions

4. WHO IS DMIT AIMED AT?

- The tool is primarily aimed at PCTs and Commissioners of Health and Social Care services, although the data element will inform those working with people with long term conditions at all levels.
- DMIT provides information that can help health care organisations to make more informed decisions about commissioning services and guidance on the possible interventions to help deliver care that is proactive and targeted in the right place.

5. HOW WILL THE DMIT TOOL BENEFIT ME AS AN SHA/PCT CHIEF EXECUTIVE?

- Easy access to latest available SHA/PCT level data at the push of a button
- Useful tool to support decision-making and inform SHA/PCT strategy on LTCs
- Access to researched, relevant and locally modelled interventions - the outcomes of which could:
 - help improve health outcomes for your local health community
 - contribute to achieving related PSA targets
 - help to achieve financial balance by better targeting of resources and potential efficiency savings
- A useful tool for tracking performance in comparison to other benchmarks, such as other PCTs using the same provider or the England average.

6. HOW WILL THE DMIT TOOL BENEFIT ME AS A PCT COMMISSIONER?

- Access to latest available PCT level data at the push of a button
- Support/inform business planning/business cases for commissioning services
- Strengthen the approach to managing key long term conditions within my locality
- Consider the benefits and impact of reducing disease prevalence in my locality
- Consider how proven interventions, modelled on my locality, might have an impact
- Ability to consider possible outcomes of which could:
 - help improve health outcomes
 - contribute to achieving related PSA targets
 - help to achieve financial balance
- Ability to benchmark against other similar PCTs or high performing PCTs and compare data

7. HOW WILL THE TOOL BENEFIT ME AS A PRACTICE BASED COMMISSIONER?

- Use of information to target interventions and resources more effectively, to help with:
 - improving health outcomes for people with long term conditions
 - more effective targeting of resources, which can lead to financial savings that can be reinvested further in improving care
- Ability to view and compare data at a local and national level
- Consider how proven modelled interventions might have an impact
- Strengthen the approach to managing key long term conditions
- Consider the benefits and impact of reducing disease prevalence
- A tool that could help improve health outcomes