RAIDR

Rapid Actionable Insight Driving Reform

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NHS

What is RAIDR?

RAIDR is a market leading business health intelligence and risk stratification tool, providing users across the health and social care system with award-winning, data-driven actionable insights.

Developed in collaboration with commissioners, providers, GPs and practice staff to provide a digital platform with the ultimate aim of improving patient outcomes, RAIDR has a proven track record in supporting health organisations to create and deliver proactive care models and to realise the ambitions as set out in the NHS Long Term Plan.

RAIDR enables you to navigate, select and drill down to gain valuable insight, showing high level trends all the way down to detailed patient level data to provide an understanding of the complex needs of your population.

Continually evolving, RAIDR's suite of intuitive dashboards provides an end to end population health management solution ensuring the right people have the right data at the right time for maximum impact.

RAIDR puts you in total control with all the information you need at your fingertips

"At NECS, we're very proud of our award-winning Business Intelligence tool, RAIDR, which delivers real-time data, powerful dashboards and flexible reporting to improve patient outcomes."

Ian Davison
Deputy Managing Director
NECS

Award-winning innovations

NECS has created digital applications to improve efficiency, link the power of data and solve the most complex problems in health and social care.

Our team of software developers and data engineers work alongside our subject matter experts to create digital solutions that are powerful yet intuitive and interoperable.

HSJ PATIENT SAFETY AWARDS 2023
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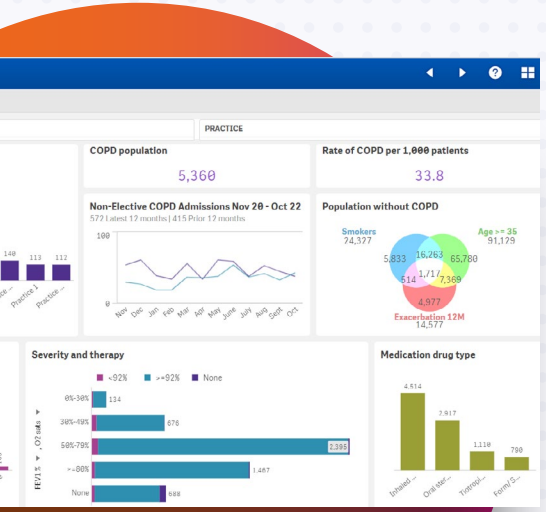
PATIENT SAFETY IN ELECTIVE RECOVERY AWARD

Primary Care

Certified as a **Class 1 Medical Device**, our Primary Care dashboard is refreshed monthly with data extracted directly from GP clinical systems. It provides powerful intelligence and actionable insights to Integrated Care Boards (ICBs), Providers, Primary Care Networks (PCNs) and GPs to improve data quality, implement proactive care and most importantly improve patient outcomes.

- Presents data at both aggregate and patient identifiable level, enabling clinical cohort analysis with case finding capabilities and built in risk stratification.
- Drives optimisation of Quality and Outcomes Framework registers.
- Inclusion of Index of Multiple Deprivation decile filters and interactive mapping supports effective targeting of patients across a system and enables an overview of prevalent long term conditions within each area.
- Ability to deep dive into the demographic make-up of an identified population to understand the drivers of potential health inequalities in relation to gender, age and ethnicity.



Patient Activity

Our Patient Activity dashboard utilises multiple datasets to provide a breadth of information on secondary care activity, including Inpatient, Outpatient, A&E, 111, 999, Urgent Community Response and Community Services. The dashboard provides a comprehensive view of what is happening with your patient population outside of primary care.

- Aggregate level allows users to effectively benchmark and interrogate trends across the system while our patient identifiable layer looks to enhance individual care. Information presented for the latest three financial years helps to inform the effective commissioning of services.
- Quickly identifies high intensity users of services and potentially vulnerable individuals to improve patient pathways and ensure the appropriate care is being given, such as those who may be suffering from poor mental health or have substance or alcohol misuse issues.
- Developed to address health inequalities via the lens of Core20Plus5 with the ability to filter patients in terms of age, gender, ethnicity.
- Reidentifies pseudonymised NHS numbers to allow users to export the data and import directly into GP clinical systems, supporting key population health work within the community.
- Patient Theograph feature provides a visual representation of an individual's activity across all services.

Population Health

RAIDR's Population Health dashboard was developed to enable health organisations to improve the physical, mental and socioeconomic outcomes of their patient population.

The dashboard does this by bringing data to life with interactive, intuitive visualisations, presenting a system level view of an entire population's health. It also provides risk stratification functionality which can help identify patients at high risk of certain health conditions, adverse events or complications by analysing factors such as age, medical history, socioeconomic status such as deprivation and other risk markers.

- Our new '**Community of 1000**' screen displays key information for an identified population at scale, allowing a potential need to be identified, understood and compared.
- Utilising our knowledge and experience in delivering large scale transformational change, NECS' bespoke population health segmentation model enables our customers to quickly identify health trends, target high-risk populations, tailor interventions where they are needed most and reduce unnecessary waste of resources.
- Provides you with the information you need to start asking the right questions at the right time.

Prescribing

Our Prescribing dashboard utilises EPACT2 data to inform effective decision making while supporting broader population health management workstreams.

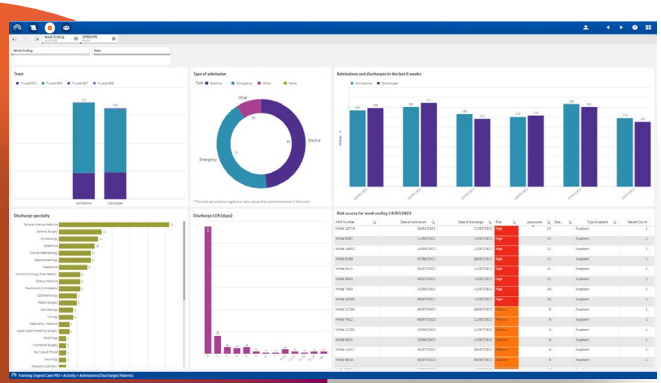
- Offers access to monthly prescribing budget positions at ICB, place, PCN and GP practice levels in addition to enabling the monitoring and maximising of engagement scheme achievement. Indicators displayed within the screens are part of the Quality Improvement Project (QIP) and have been integral to analysing progress over specific time frames.
- Successfully used by medicine optimisation teams to target GP practices which have higher prescribing costs and to begin meaningful discussions on how to reduce these pressures.
- Tracking high-cost drugs spend, Prescribing supports ASTRO-PU weighted analysis using local and national benchmarking indicators. Also focuses on personally administered controlled drugs to ensure prescribing is safe, cost effective and appropriate across the system.

Urgent Care

Our Urgent Care dashboard allows near real-time monitoring of activity across secondary care services with a focus on the Urgent and Emergency care system.

"We feel that the RAIDR dashboard offers several benefits for GP practices, including providing clear and concise visual representations of data, making it easier for healthcare professionals to understand trends and patterns in patient care. We have weekly MDT meetings using the data we pull from the dashboard to help identify areas for improvement and enhance the quality of care provided. This is the only tool available to us that provides us with crucial secondary care information which can be a valuable source when locating patients, knowing where they have been and what departments they have attended/been admitted to."

Christine Bunton, Practice Manager, The Village Green Surgery, North East and North Cumbria ICB



Waiting Well

Tackling the elective waiting list backlog is a key priority for health and social care with over 7.5 million people currently on the waiting list in England*.

There is a need to identify patients based on their risk factor profile who require targeted support to manage their long term conditions. This not only helps patients make a better and quicker recovery but also reduces the risk of their treatment being cancelled because of them not being well or fit enough to have the operation.

RAIDR's award-winning Waiting Well dashboard collates data from primary care and combines this with the elective waiting list dataset to provide ICBs, PCNs, GP practices and Providers with a tool to effectively target and manage individual patients.

- A unique solution which benefits both patient and clinician while reducing costs.
- Organisations can offer tailored support to individuals based on their need and encourage self-care with lifestyle improvements and remote monitoring.
- To address health inequalities through the lens of Core20Plus5, the data can be filtered to focus on patients residing in areas of deprivation as well as by age, gender and ethnicity.

*Figures correct as of October 2024

Bespoke Dashboards

We work closely with our customers to collaborate and develop bespoke solutions to meet their needs.

Severe Mental Illness (SMI)

- Improves the visibility of mental health checks across the SMI population with the ability to view this data more frequently than nationally produced figures thus providing timely and accurate data to those that need it.
- Provides a system wide profile of your SMI population taking into consideration long-term condition prevalence, alcohol usage and obesity levels. This enables users to perform benchmarking and trend analysis against the non-SMI population.

Learning Disabilities

- Utilises data extracted monthly from GP practices to provide a profile of the learning disability population across the system and their use of clinical services in comparison to the wider population, valuable information to ensure equity in access that the annual health checks are being offered and completed.
- Ensures that the care being provided to your population with a learning disability is equitable and that the annual health checks are being offered and completed.

Bespoke dashboards are available upon request and may incur additional charges. Find us on **Digital Marketplace G-Cloud.**

Testimonials

"No other platform could provide the information required to carry out this programme with the focus on health inequalities that we needed. RAIDR helped to deliver a proactive social prescribing model where individuals could be proactively identified using a shared dataset to meet their needs early, rather than wait for patients to present with further issues or have their existing conditions exacerbate. Relationships between York Place and General Practice have strengthened as a result of working together to achieve a shared goal."

Anna Basilico, Head of Population Health and Partnerships, NHS Humber and North Yorkshire ICB (York Place)

"The ability to drill down from Sub-ICB to PCN to Practice level has been invaluable in terms of benchmarking and addressing where support is needed most. In particular, the prevalence mapping has been extremely well received by the clinicians we work with to pinpoint potential health inequalities and where our most complex patients reside."

Glenda Laydon, Population Health and Outcomes Development Lead for Sunderland, All Together Better (Sunderland)

Testimonials

"The RAIDR tool is going to be integral to the work of integrated neighbourhood watch teams (INT) and multi-agency management.

Identifying both A&E and non-elective admissions with the ability to drill down to patient identifiable level gives PCN's the ability to better manage patient care and to monitor individual self-care and where needed put preventative measures in place."

Deborah Jordinson, Demand Management Team Leader, County Durham

"An important part of my role as a Consultant in Public Health in a Provider acute trust is to support clinicians and frontline services and staff embed prevention and early interventions in clinical pathways and services.

Insights from the different RAIDR dashboards have helped me explore what is possible as primary care data has a relatively more complete picture on risk factors and underlying multimorbidity. This has been useful to triangulate with existing trust and population health dashboards to build a better evidence based picture of the trust catchment population."

Dr Balsam Ahmad, FFPH PhD, Consultant in Public Health, The Newcastle upon Tyne Hospitals Foundation Trust

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