BRADFORD INSTITUTE FOR HEALTH RESEARCH

MAKING RESEARCH REAL

CONNECTED BRADFORD

ROUTINE DATA FOR PANDEMIC INNOVATION

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@LawtonTri

Bradford

- "Most Improved" 2019
- 6th largest district in UK (overshadowed by Leeds!)
- Multi-ethnic
- Youngest, fastest growing
- High comorbidity
- Highest and lowest deprivation in UK



City of Research

- Bradford Institute for Health Research
- Connected Bradford
- Silicon Dale

Combined forces of BTHFT, GPs, CCGs, Council, YAS & others

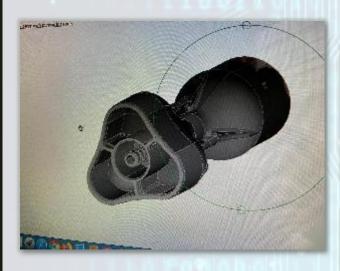


Connected Bradford



- Now over 1.4 million
- Connected Yorkshire

Innovation?







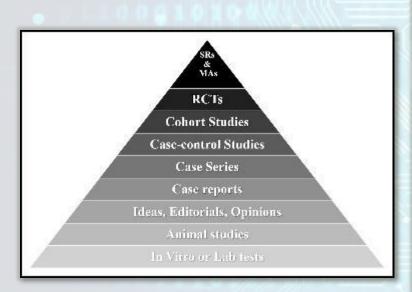


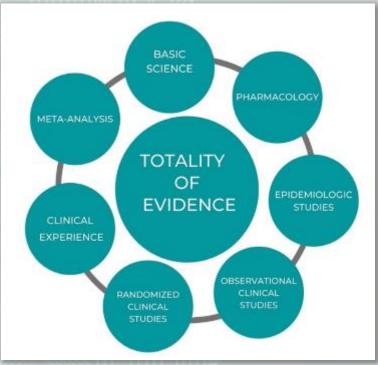


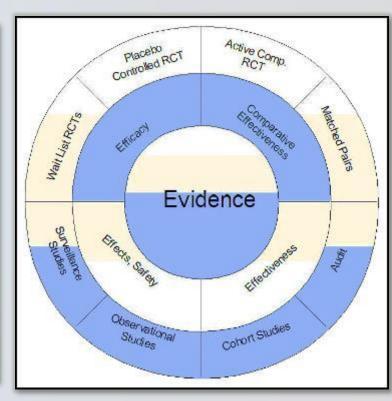




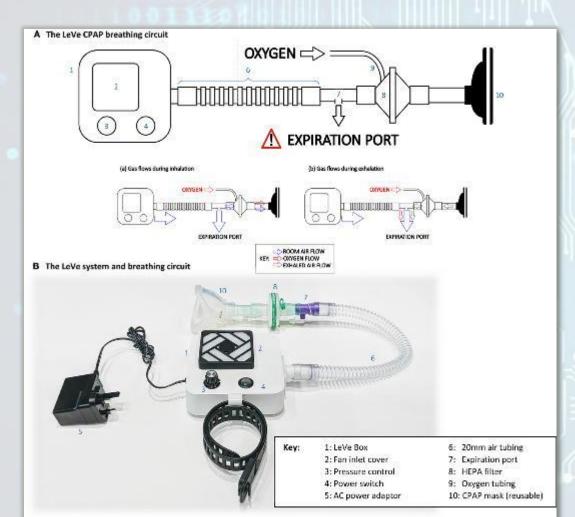
Evidence Based Medicine







CPAP





CPAP and data

	Bradford patients	ISARIC patients	Р
NIV use	29.5% (165 of 559)	15.9% (2670 of 16,805)	< 0.000
Critical care admission	7.2% (40 of 559)	16.5% (3001 of 18,183)	< 0.000
Intubation	5.0% (28 of 559)	9.8% (1658 of 16,866)	< 0.000
Hospital mortality	32.7% (183 of 559)	38.6% (5165 of 13,364)	0.005
Mortality for critical care patients	50% (20 of 40)	53.7% (958 of 1784)	NS
Median length of stay (IQR)	7 (3–14)	7 (unreported IQR)36	NS







Ote this as: 8M/2021;374:n1950 http://dx.doi.org/10.1136/hmin1950 Published: 4 August 2021

Covid-19: CPAP reduces need for invasive mechanical ventilation in patients requiring oxygen, study finds

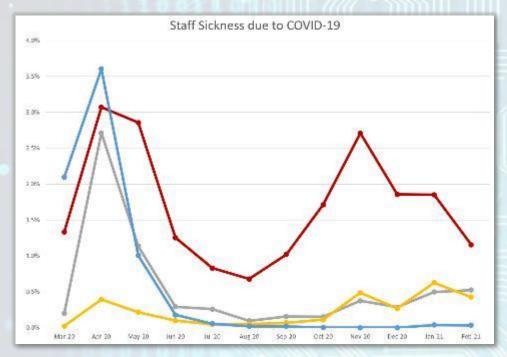
Elisabeth Mahase

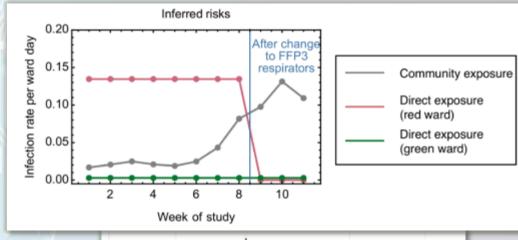
the need for invasive mechanical ventilation in adults admitted to hospital with acute respiratory failure due to covid-19, a trial has found.1

Continuous positive airway pressure (CPAP) reduced He said that the findings may be beneficial in systems with limited resources, such as oxygen.

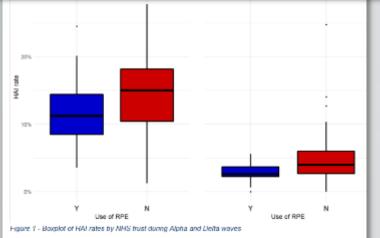
> The researchers noted a number of limitations to the and a final continue above above all a section of the columns of

PPE and public data

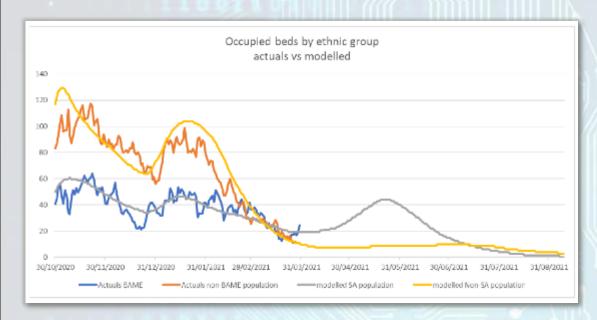


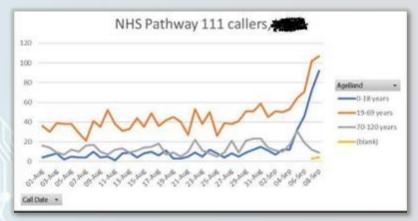


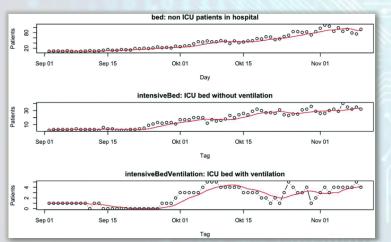


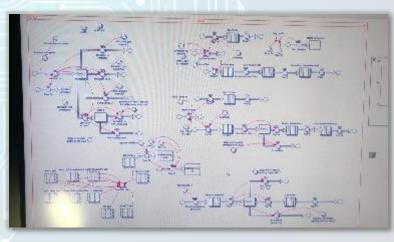


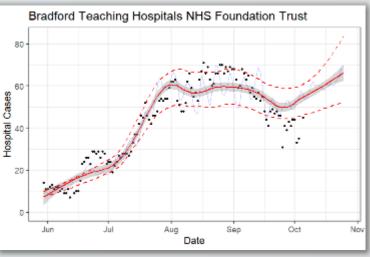
Modelling



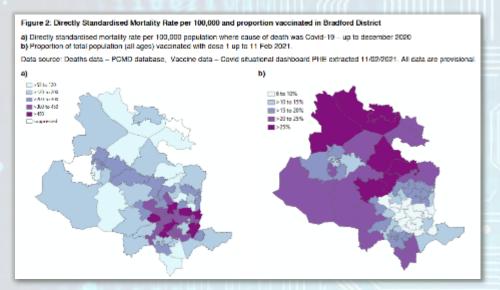




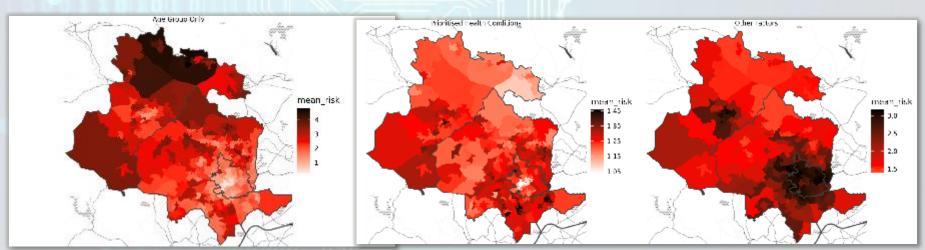




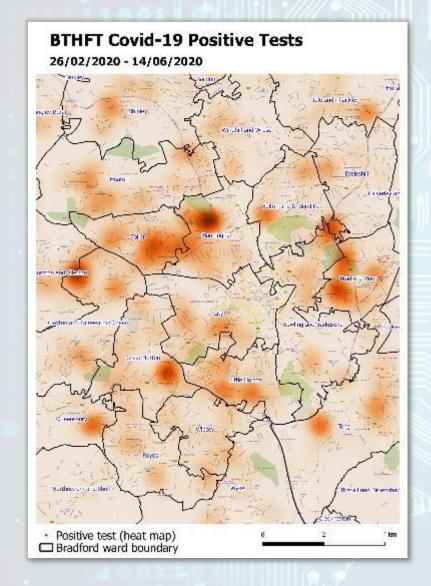
Vaccine Rollout

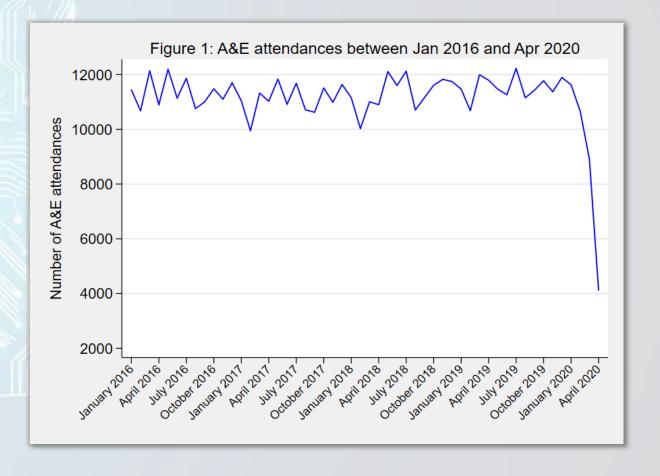


- Geospatial work LSOA/UPRN
- Health Inequalities



Routine data





Following groups



Routine vs research

■ Routine data

Produced as part of workflow

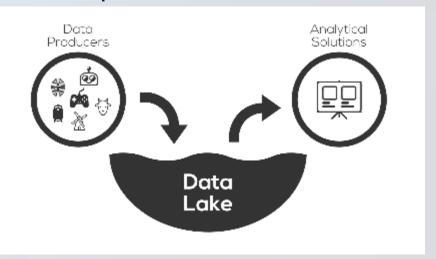
Accuracy is secondary

Needs to be understood in terms of work processes

May have gaps, could be worse if gaps are prevented

Different workflows and definitions in different places





Routine vs research

Acuity	ı	Non-COVID-19	Suspected COVID-19	
	2019	2020	% change	2020
High	768 (6.5)	371 (6.7)	-51.7	68 (13.1)
Medium	6,358 (53.5)	1,853 (33.7)	-70.9	202 (39.0)
Low	4,749 (40.0)	2,322 (42.2)	-51.1	105 (20.3)
Missing	0	955 (17.4)		143 (27.6)

Coproduction

Speak to data providers

Speak to domain experts
(eg clinicians, patients)

Disposal from A&E	Non-COVID-19			Suspected COVID-19
Disposal from A&E	2019	2020	% change	2020
Admitted	3623 (30.5)	1773 (32.2)	-51.1	264 (51.0)
Discharge, no follow-up	6246 (52.6)	3600 (65.4)	-42.4	251 (48.5)
Transfer to other healthcare provider ¹	1185 (10.0)	22 (0.4)	-98.1	1 (0.2)
Left before treatment/refused treatment	815 (6.9)	101 (1.8)	-87.6	1 (0.2)
Other ²	6 (0.1)	5 (0.1)	-16.7	1 (0.2)

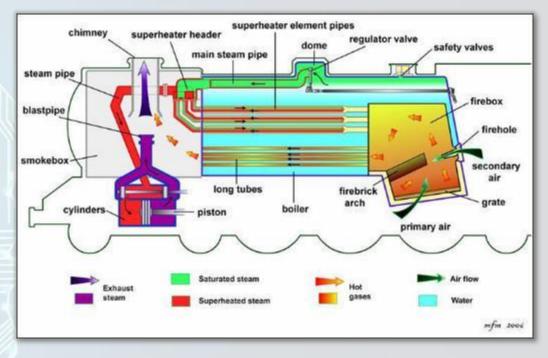
"Everything Is Connected"



Thank You



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