

BNSSG Dynamic Population Model

Midlands Analyst Network Huddle

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Where is BNSSG

- About 1 million people
- Bristol
North Somerset
South Gloucestershire
- Rough demographics not too dissimilar to England



Team Structure

- 4 Data Scientists (led by Richard Wood)
- Build data science models within the ICB to solve problems and inform decisions
 - flows through the system (eg hospitals)
 - forecasting/projections
 - collaborating across NHS & academia
- → Modelling & Analytics Team (~4)
- → Systems Intelligence team (~30)
- → Transformation & Digital Directorate (~70)
- → Integrated Care Board (~500)

Tech Stack

- BNSSG-hosted SQL servers
- Model built in R
- Model run locally (have desktops for extra power)

HACA 2024

- No knowledge assumed
- More detail on model structure
- Developments (v2 not v1)



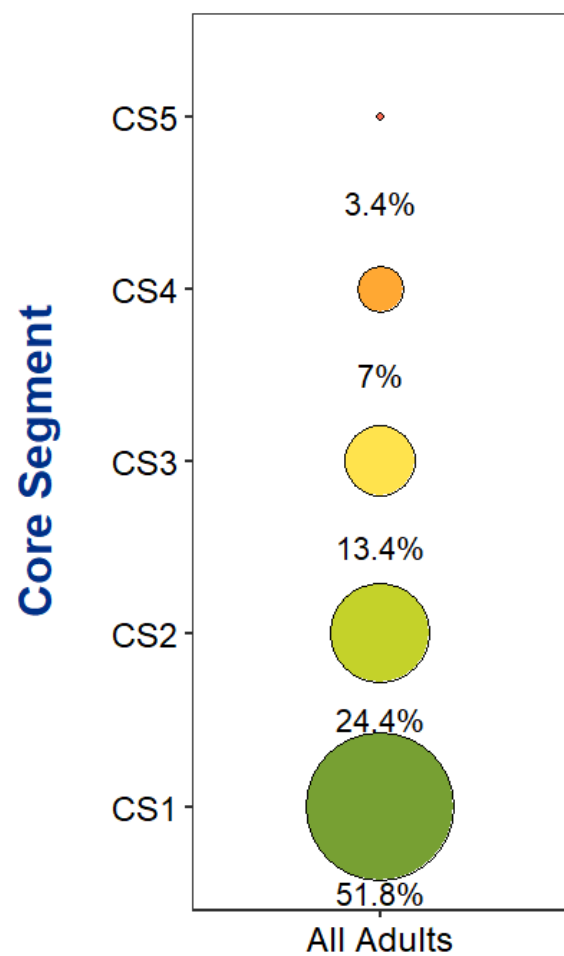
HACA Slides



Version 2

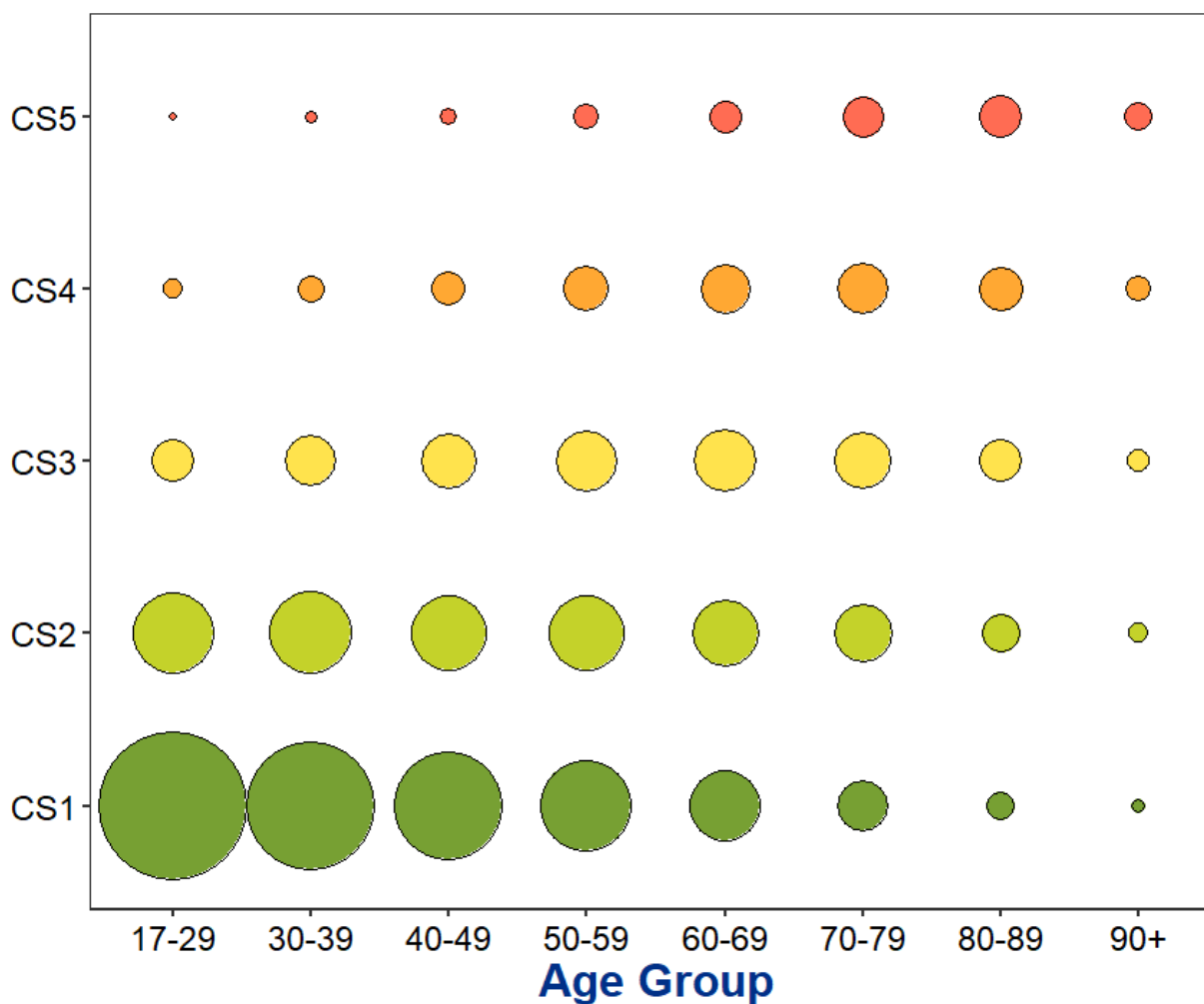


DPM V1 - 5 starting states

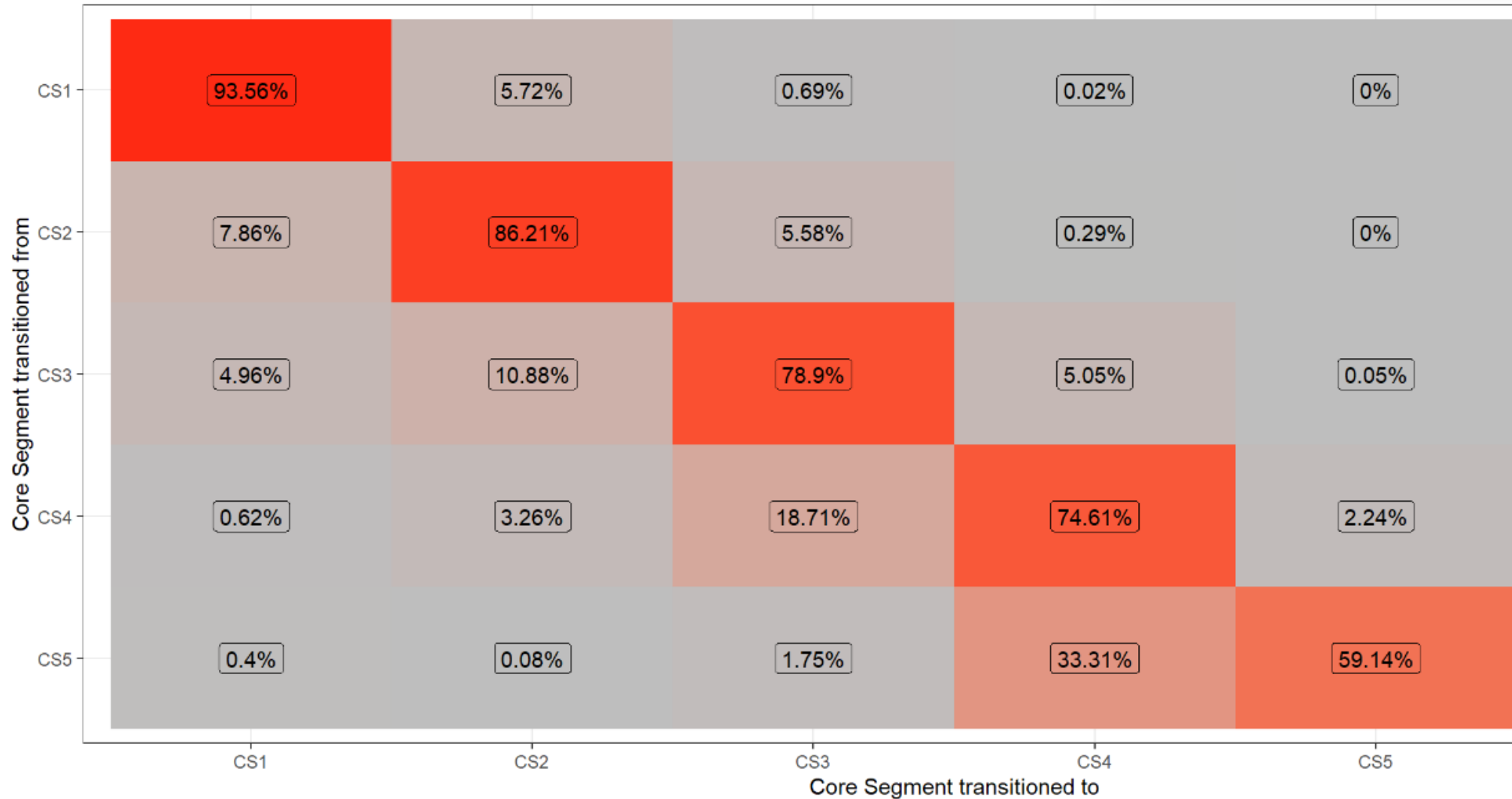


DPM v2 40 starting states


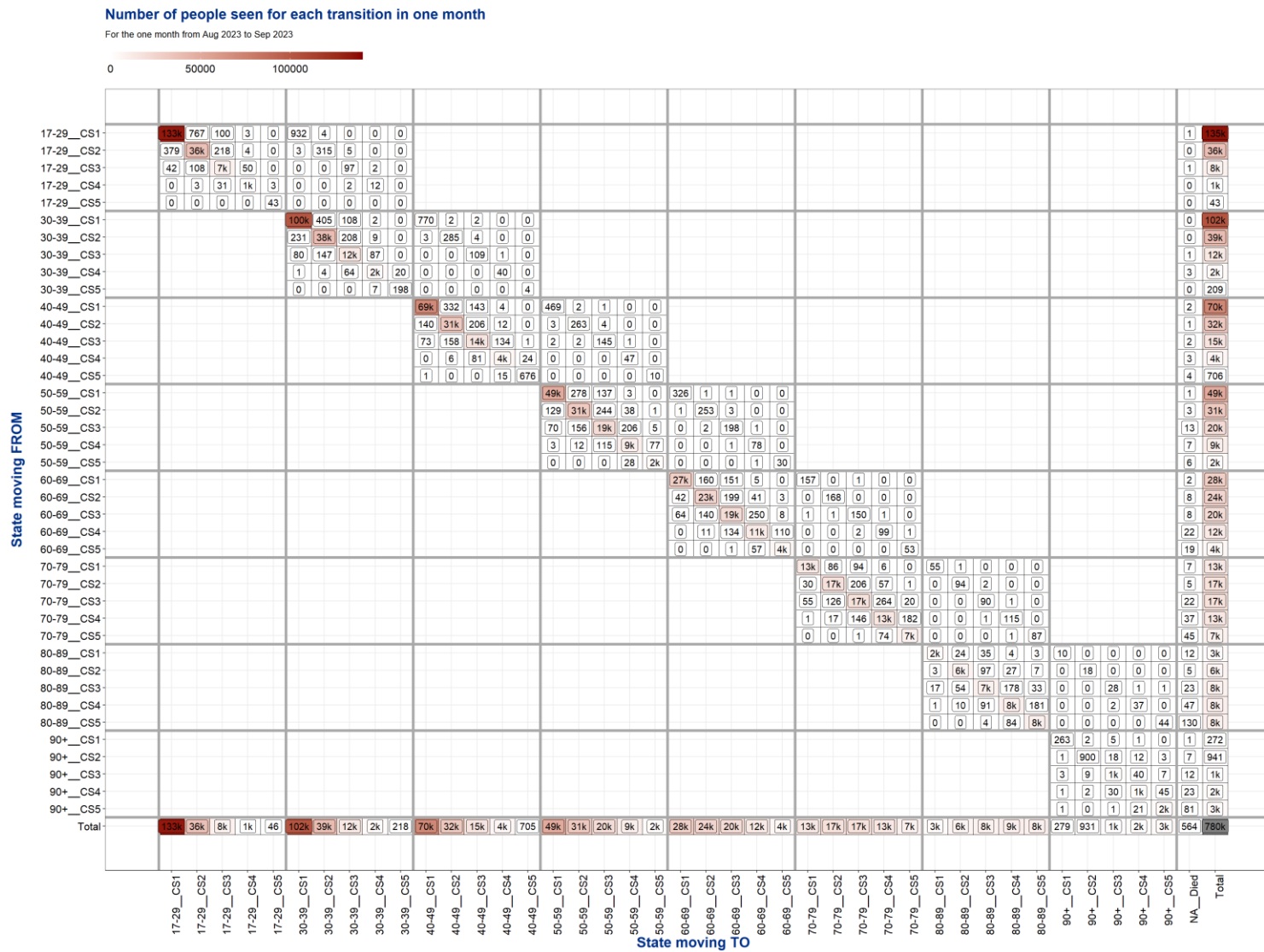
Size determined by number of people in that state in BNSSG 17+ population



V1 Transition Matrix

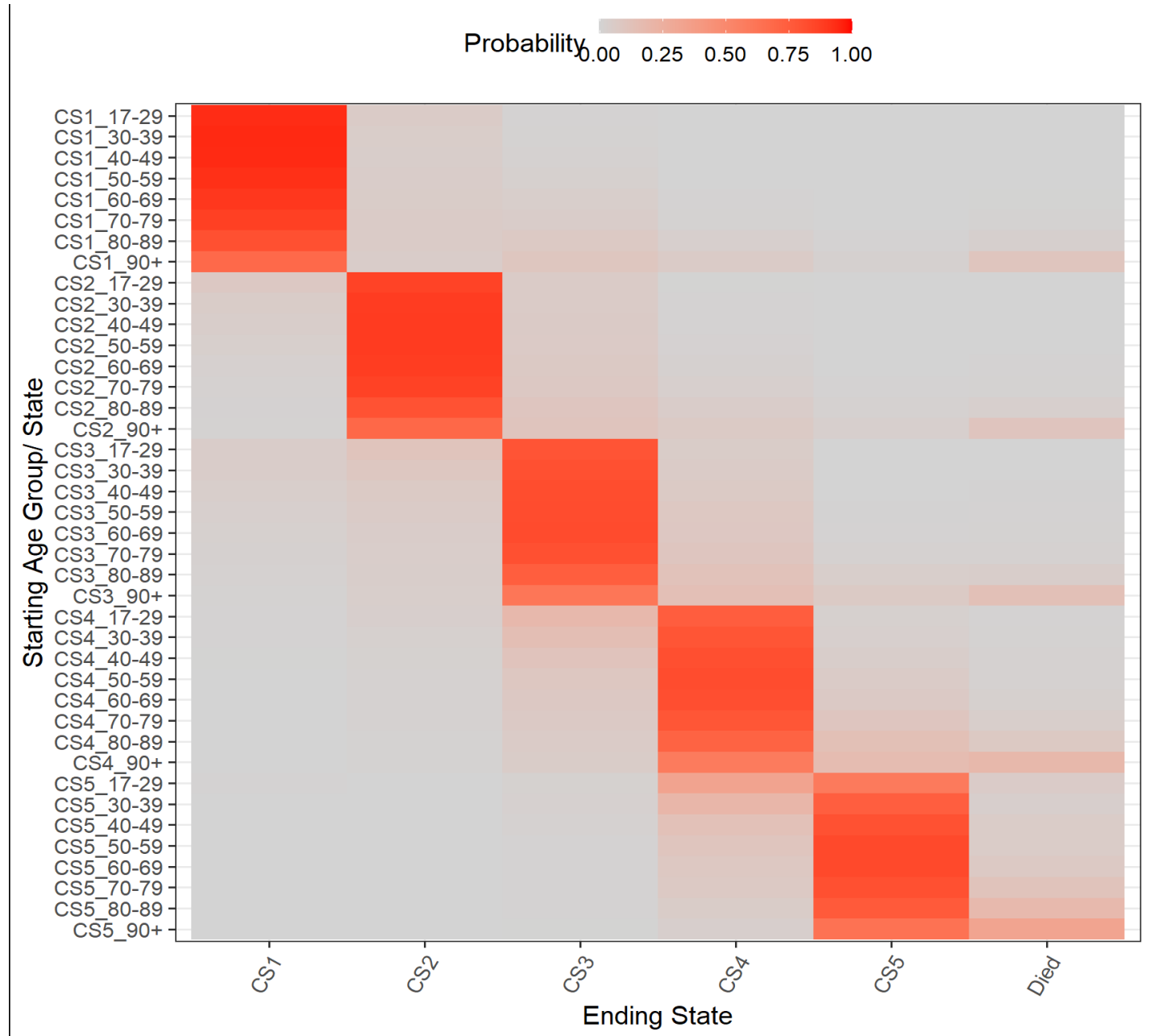


V2 Transition Matrix?



1640

- v1: **25** transitions
- v2: **240** transitions

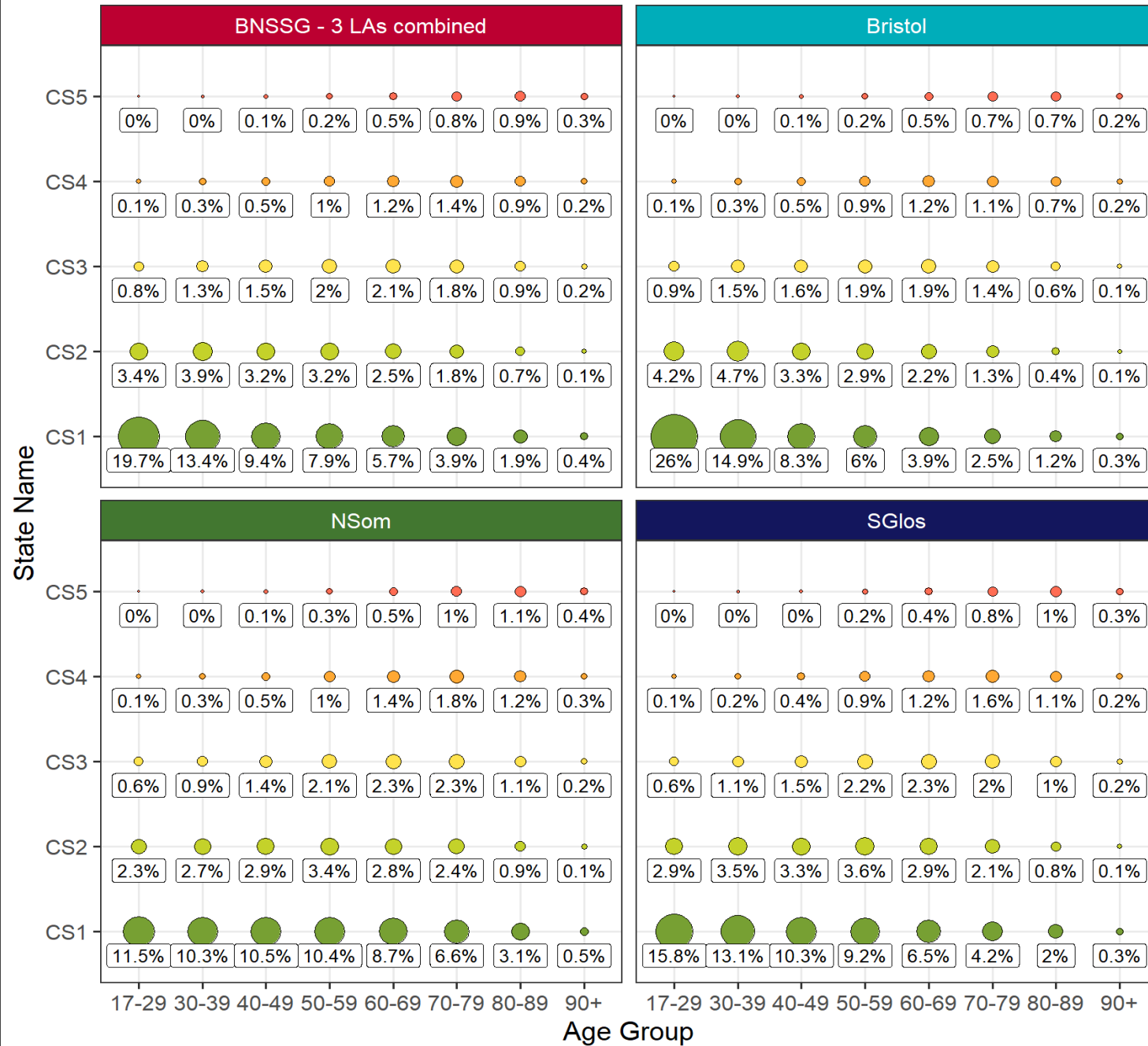


Local Authority Level

- User Feedback
- Expand Use Cases for the model
- More accurate estimates

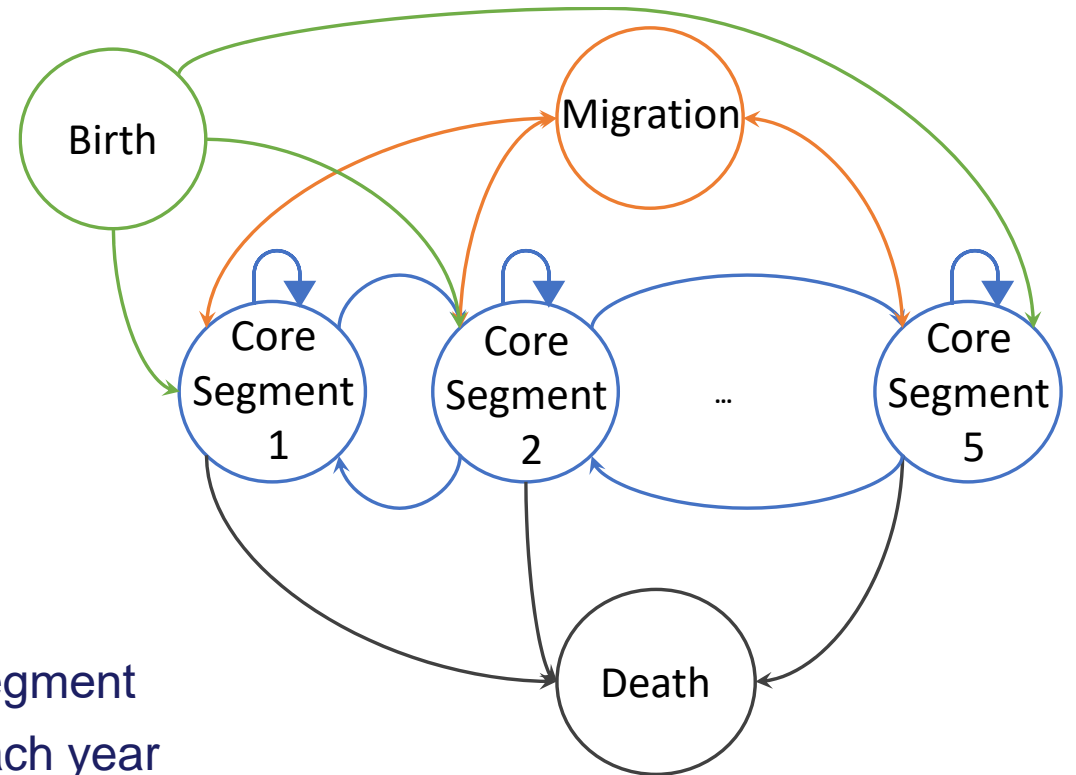


Initial Population



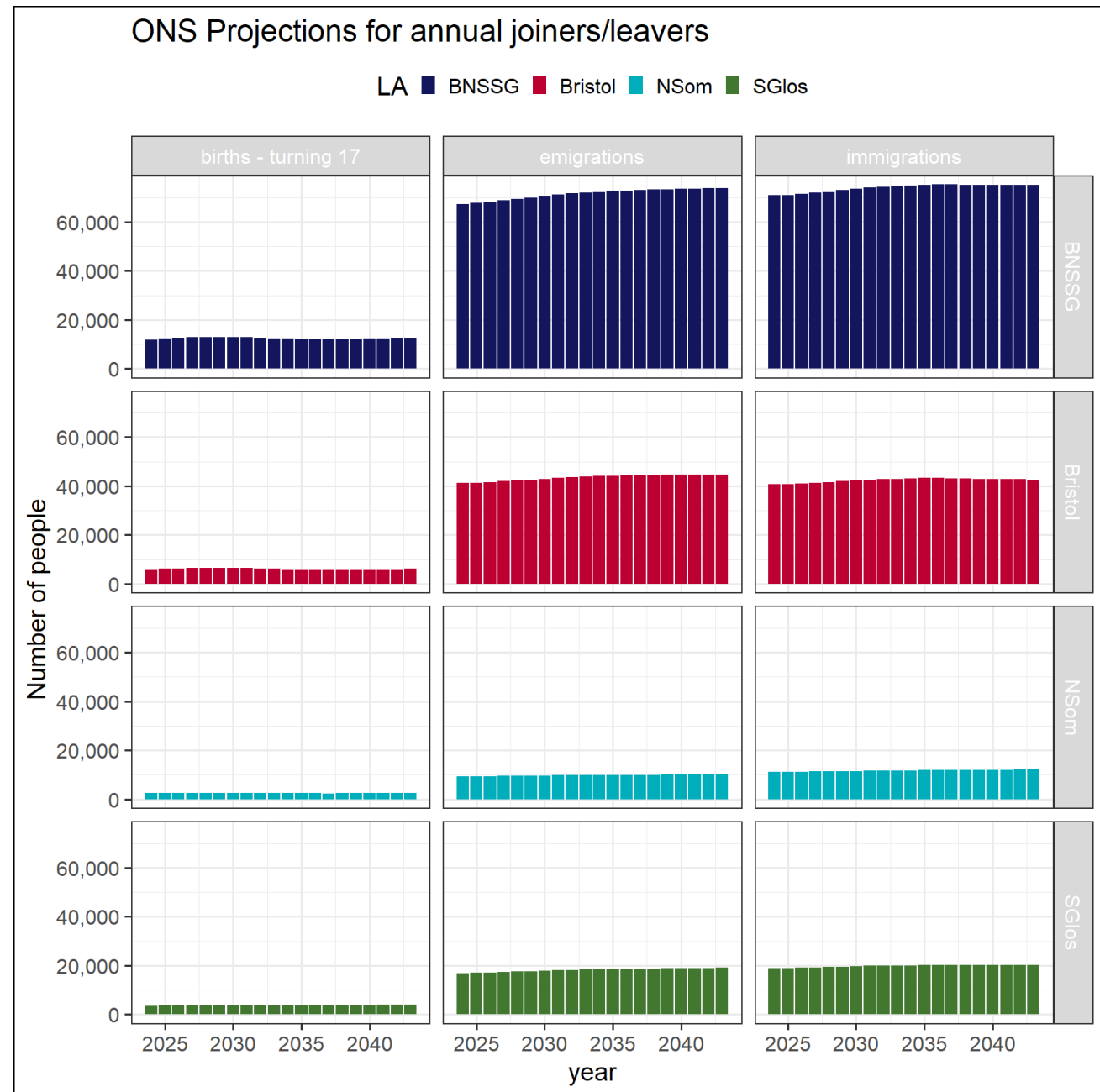
Stochasticity

- V1 (and v2 can be) **deterministic** calculated on aggregate
- V2 can run at individual-level
 - start with random population sample
 - at person-level have someone's age and Core Segment
 - probabilistically sample Core Segment change each year
 - aggregate up at the end

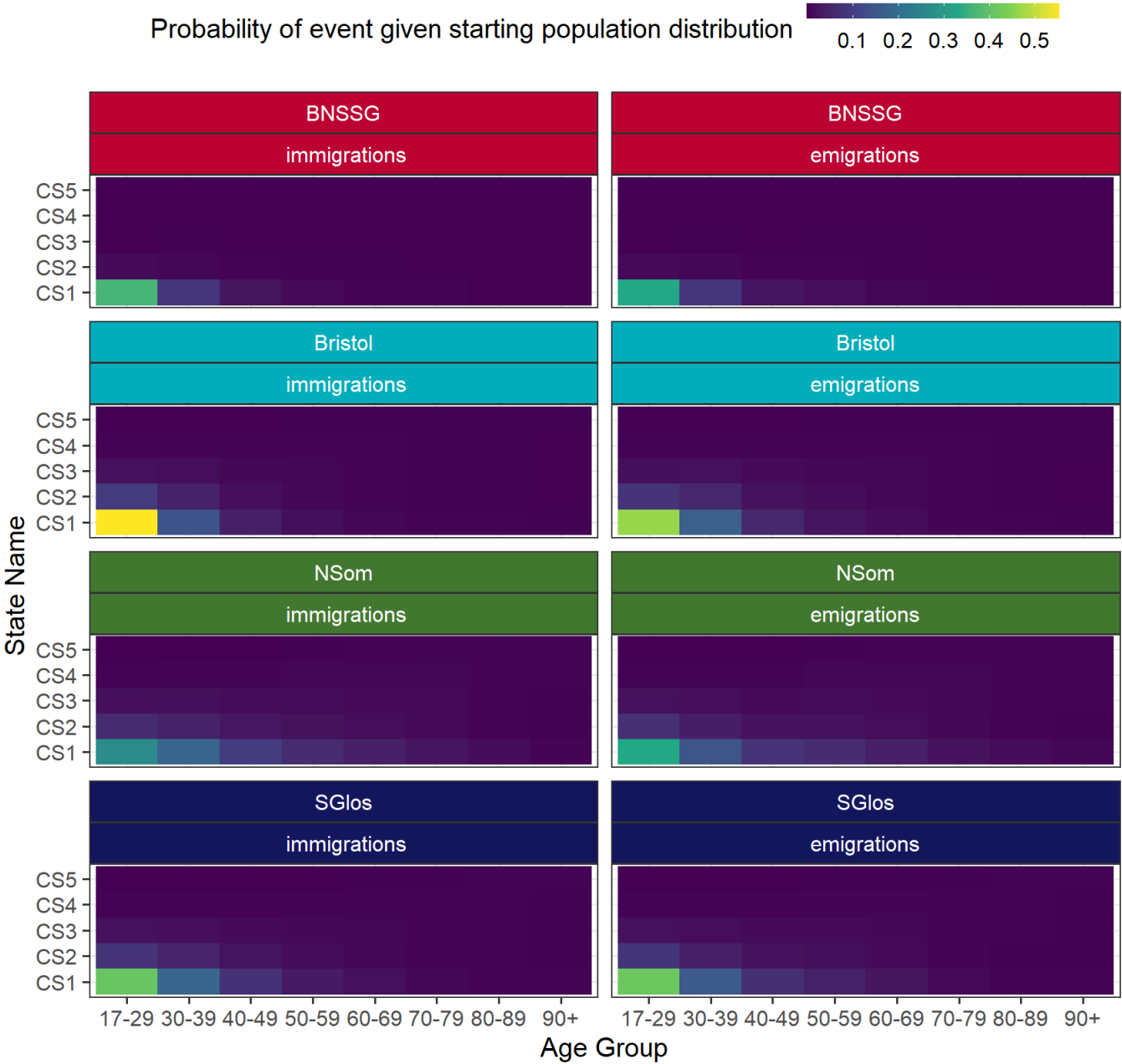


Migration Profiles

- V1: net migration
- V2: immigration & emigration



Migration Probabilities



Resident or Registered

- ONS values are in terms of **RESIDENT** population (where people live)
- ICB values are in terms of **GP REGISTERED** population (who is registered to a GP)
- Differences:
 - Size
 - Cross-border healthcare utilisation
 - Who is missing (unregistered ~5%, registered but moved on ~10%)

For v2 we think of everything in terms of **RESIDENT** population as that's what ONS projections use

We have to make assumptions about the missing population from registered, **assume CS1**.

Other Changes

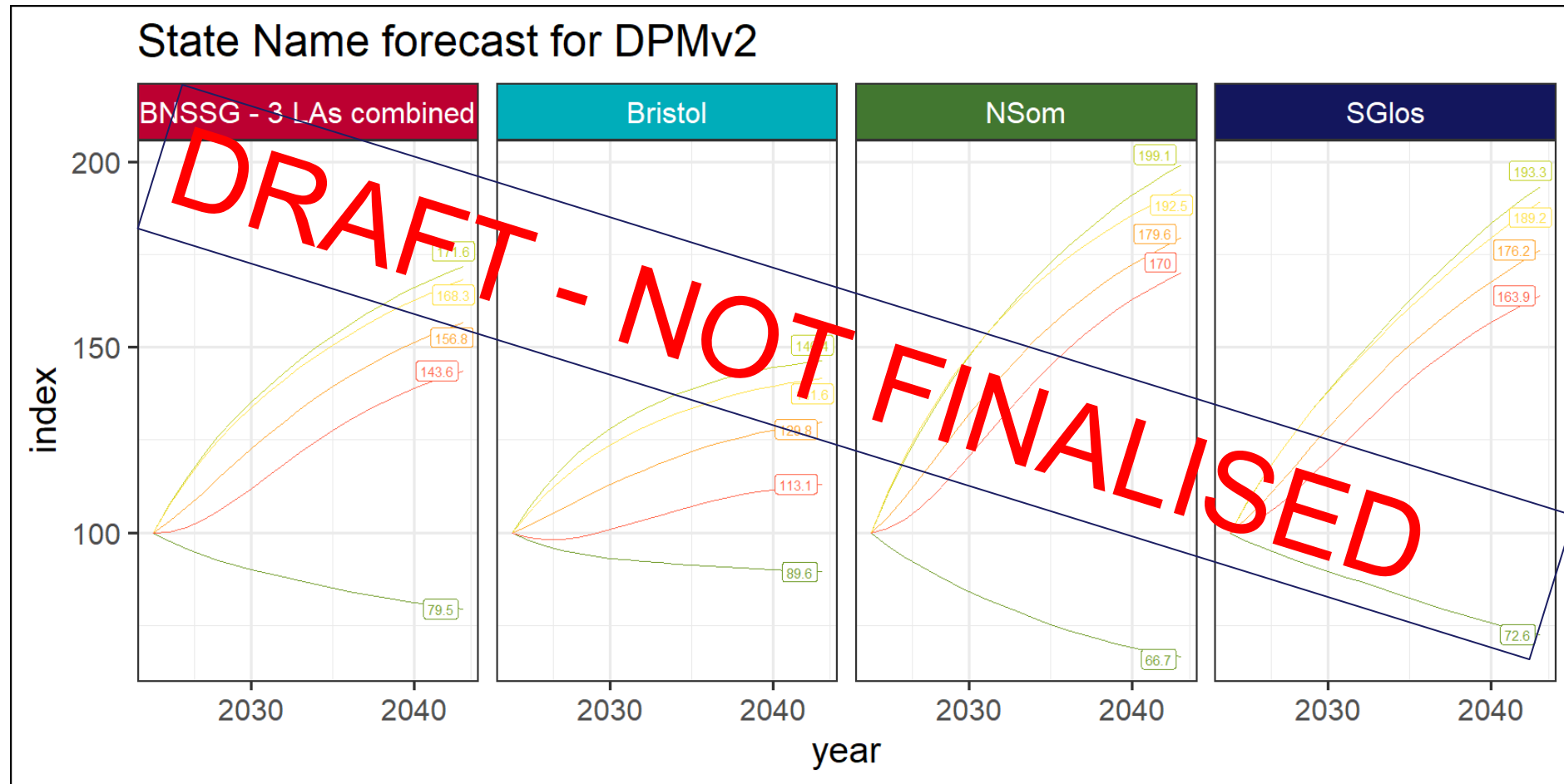
- Deaths as an output, not input
- Stochasticity – microsimulation model

Assumptions List

- a) 17+ population only
- b) Cost = tariff per unit. Cost per person assumed to stay the same through time
- c) Same level of delivery per person expected under current DPM model
- d) Source = SWD, any activity not in System Wide Dataset not included
- e) Data for forming current understanding only from May 2021 to Mar 2024
- f) Transition Probabilities between states (including death probabilities) are the average from SWD cleaned data (people in the data for past 12 months) between May 2021 and Mar 2024.
- g) Wherever population figures are used, we are using ONS Local Authority estimates and projections. These are the best guess for the resident population, which is slightly different to the BNSSG-registered patient population. For health states, we use the System Wide Dataset (SWD). The scaling of health states up to match ONS population figures is done assuming missing at random.
- h) Migration numbers and age distribution are from ONS, with health state distribution within age taken as random.
- i) Initial Population being adjusted to ONS populations assumes non-registration is from CS1 patients in that age group (down to 5-year levels) who are not registered due to not having symptoms.

Outputs

V2 – same trends



Thank you

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