

Assignment: Diagnostic Analysis using Python

1. Background of the business

We are part of a team of data analysts contracted by National Health Services (NHS), a publicly funded healthcare system in England. The NHS incurs significant, potentially avoidable, costs when patients miss general practitioner (GP) appointments.

Therefore, reducing or eliminating missed appointments would be beneficial financially as well as socially. The government needs a data-informed approach to deciding how best to handle this problem. At this stage of the project the two main questions posed by the NHS are:

- Has there been adequate staff and capacity in the networks?
- What was the actual utilization of resources?

We will explore the data to investigate the following:

- What is the number of locations, service settings, context types, national categories, and appointment statuses in the data sets?
- What is the date range of the provided data sets, and which service settings reported the most appointments for a specific period?
- What is the number of appointments and records per month?
- What monthly and seasonal trends are evident, based on the number of appointments for service settings, context types, and national categories?
- What are the top trending hashtags (#) on Twitter related to healthcare in the UK?
- Were there adequate staff and capacity in the networks?
- What was the actual utilization of resources?
- What possible recommendations does the data provide for the NHS?

We aim to provide data and recommendations to address the growing concern of missed appointments, and to identify any further trends that may impact the Healthcare system in England.

2. Analytical Approach

For this project the team decided to utilize Python, as it allows for reading of large data sets at a considerable speed vs Excel.

The methodology we used with Python we start off by importing the relevant libraries such as Panda, Seaborn and Numpy that assist in the coding process, Panda is known for providing fast, flexible, and expressive data structures designed to make working with “relational” or “labeled” data both easy and intuitive. Numpy is used for working with arrays, and has functions for working in domains of linear algebra, matrices and fourier transform. Seaborn is a Python data visualization library based on another Python library, it provides a high-level interface for drawing attractive and informative statistical graphics.

```
In [4]: # Import the necessary libraries.
import pandas as pd
import numpy as np

# Optional - Ignore warnings.
import warnings
warnings.filterwarnings('ignore')
```

After the relevant libraries are imported, we import the CSV or excel files via Python leveraging Panda.

```
In [5]: # Import and sense-check the actual_duration.csv data set as ad.
ad = pd.read_csv('actual_duration.csv')

# View the DataFrame.
ad.head()
```

Good practice is to examine the shape of the imported file, albeit at times there are difficulties reading the CSV or excel files. If errors occur, try opening the file and saving it again that resolves the problem.

This is an example of examining the shape of the imported file, using the (name of variable).head() command

```
Out[5]:
```

	sub_icb_location_code	sub_icb_location_ons_code	sub_icb_location_name	icb_ons_code	region_ons_code	appointment_date	actual_duration	count_of_app
0	00L	E38000130	NHS North East and North Cumbria ICB - 00L	E54000050	E40000012	01-Dec-21	31-60 Minutes	
1	00L	E38000130	NHS North East and North Cumbria ICB - 00L	E54000050	E40000012	01-Dec-21	21-30 Minutes	
2	00L	E38000130	NHS North East and North Cumbria ICB - 00L	E54000050	E40000012	01-Dec-21	6-10 Minutes	
3	00L	E38000130	NHS North East and North Cumbria ICB - 00L	E54000050	E40000012	01-Dec-21	Unknown / Data Quality	
4	00L	E38000130	NHS North East and North Cumbria ICB - 00L	E54000050	E40000012	01-Dec-21	16-20 Minutes	

To ensure the data is not missing any values, we run the `isnull()` command that returns the amount of NaN values for us. After reviewing the three files delivered from NHS, they did not contain any missing values.

```
In [3]: # Determine whether there are missing values.
ad.isnull()
```

```
Out[3]:
```

	sub_icb_location_code	sub_icb_location_ons_code	sub_icb_location_name	icb_ons_code	region_ons_code	appointment_date	actual_duration	count_o
0	False	False	False	False	False	False	False	False
1	False	False	False	False	False	False	False	False
2	False	False	False	False	False	False	False	False
3	False	False	False	False	False	False	False	False
4	False	False	False	False	False	False	False	False
...
137788	False	False	False	False	False	False	False	False
137789	False	False	False	False	False	False	False	False
137790	False	False	False	False	False	False	False	False
137791	False	False	False	False	False	False	False	False
137792	False	False	False	False	False	False	False	False

137793 rows × 8 columns

We used the `x.describe()` and `x.info()` commands to determine the meta data and the statistics of the data, this is useful for determining the shape of our data frame and where we want to explore deeper.

```
In [4]: # Determine the metadata of the data set.
ad.info()
```

```
<class 'pandas.core.frame.DataFrame'>
RangeIndex: 137793 entries, 0 to 137792
Data columns (total 8 columns):
#   Column                                Non-Null Count  Dtype
---  -
0   sub_icb_location_code                 137793 non-null object
1   sub_icb_location_ons_code             137793 non-null object
2   sub_icb_location_name                 137793 non-null object
3   icb_ons_code                         137793 non-null object
4   region_ons_code                      137793 non-null object
5   appointment_date                     137793 non-null object
6   actual_duration                      137793 non-null object
7   count_of_appointments                 137793 non-null int64
dtypes: int64(1), object(7)
memory usage: 8.4+ MB
```

```
In [6]: # Determine the descriptive statistics of the data set.
ad.describe()
```

```
Out[6]:
```

	count_of_appointments
count	137793.000000
mean	1219.080011
std	1546.902956
min	1.000000
25%	194.000000
50%	696.000000
75%	1621.000000
max	15400.000000

One example is identifying the top five locations based on record count, in the previous step we determined that columns. When we imported the excel file it automatically converted into a data frame (note the above screenshots use the AD file and data frame, moving forward we will use NC (National Categories data frame)).

We can identify the top five locations leveraging a command called `.value_counts()` and `head` which returns the top five.

```
In [19]: # Determine the top five locations based on record count.
nc["sub_icb_location_name"].value_counts().head(5)

Out[19]: NHS North West London ICB - W2U3Z      13007
NHS Kent and Medway ICB - 91Q      12637
NHS Devon ICB - 15N      12526
NHS Hampshire and Isle Of Wight ICB - D9Y0V      12171
NHS North East London ICB - A3A8R      11837
Name: sub_icb_location_name, dtype: int64
```

The majority of the project is focused on deep diving into certain columns leveraging Python, we either use the main data frame or we create sub data frames to exclude certain criteria e.g between specific dates, or a particular service of interest. After the creation of the sub data frames, we either use the `groupby()` and aggregate sum commands to determine the numbers on specific questions; such as the count of appointments per month.

```
In [502]: # Number of appointments per month == sum of count_of_appointments by month.
# Use the groupby() and sort_values() functions.

nc_appt_highest = nc.groupby(['appointment_month'])['count_of_appointments'].agg('sum').reset_index()\
    .sort_values(by=['count_of_appointments'],ascending=False)

nc_appt_highest

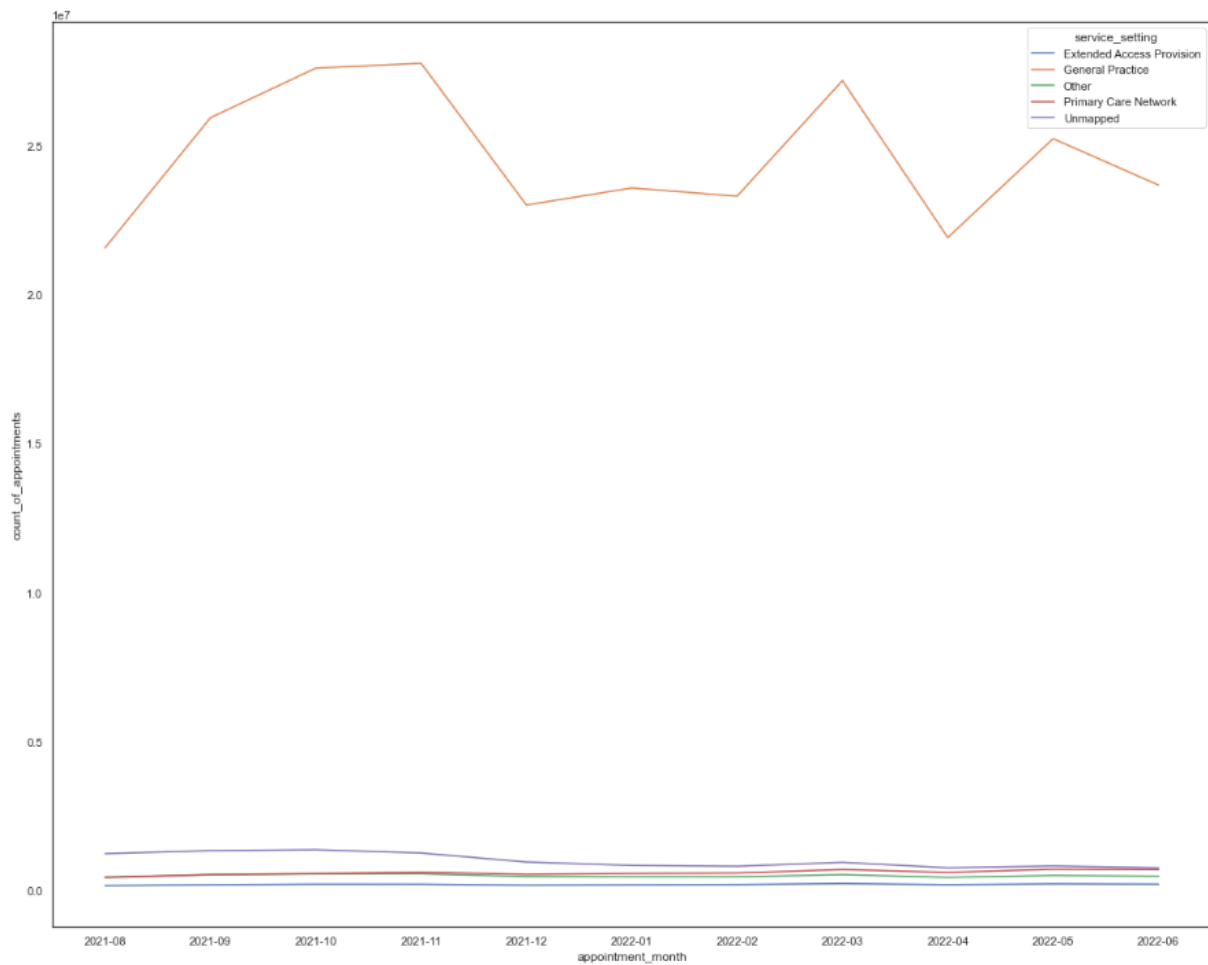
Out[502]:
```

	appointment_month	count_of_appointments
3	2021-11	30405070
2	2021-10	30303834
7	2022-03	29595038
1	2021-09	28522501
9	2022-05	27495508
10	2022-06	25828078
5	2022-01	25635474
6	2022-02	25355260
4	2021-12	25140776
8	2022-04	23913060
0	2021-08	23852171

3. Visualization and Insights

The primary visualizations are line graphs, bar graphs and box plot. The key rationale for these is due to the nature of the data and what its presenting, as line graphs make it easier to see a direct trend over a period of time. Bar graphs assist with direct comparison to recognize patterns and trends far more easily than looking at a table of numerical data. Box plots divide the data into sections it allows us to quickly identify mean values, signs of skewness and dispersion of the data set.

Visualization 1: Service Settings over appointment months (Month example)



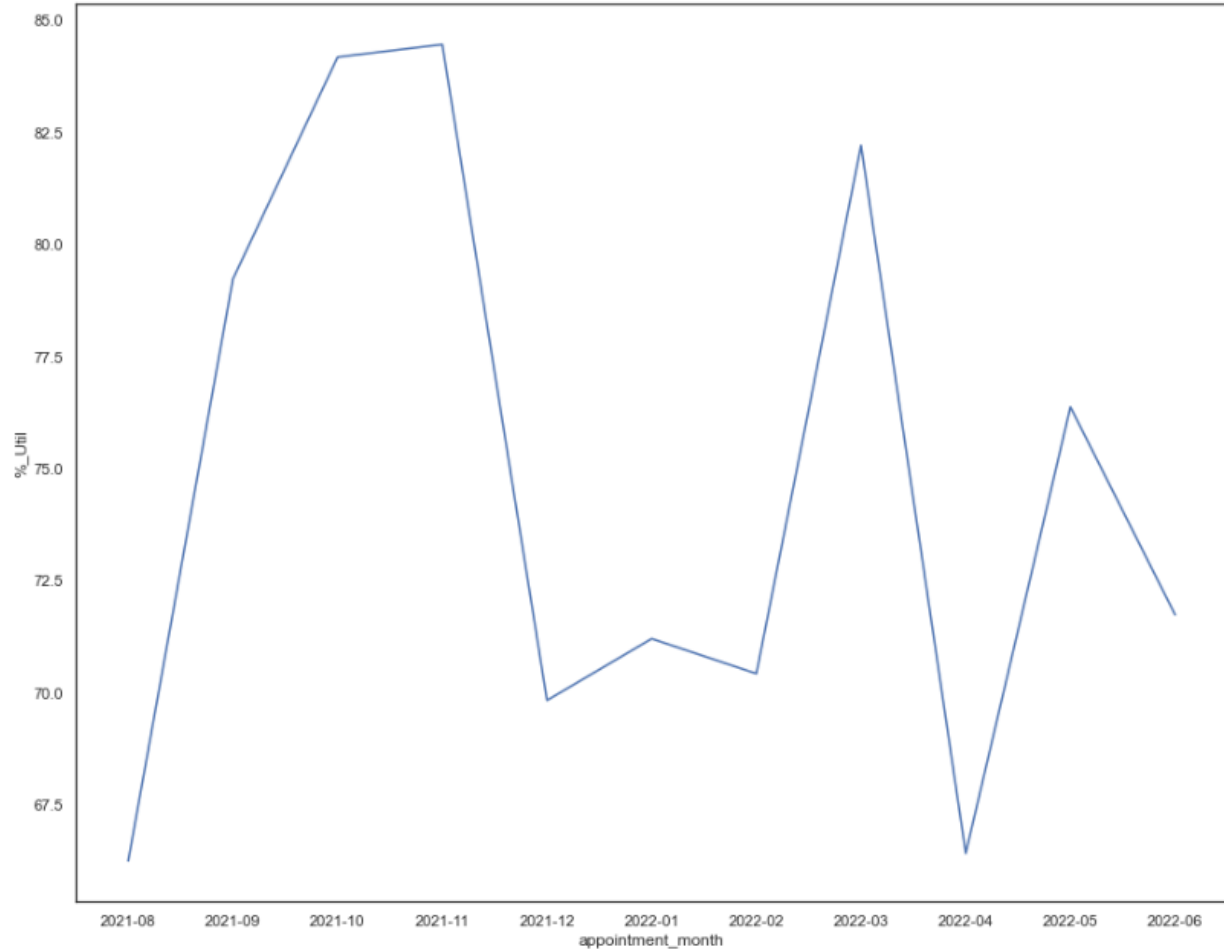
General Practice is the leading service of choice, followed by Extended Access Provision. Other and Primary Care Network are close to each other, while unmapped is the lowest. There was a decline in growth for the other service settings, and significant growth for General Practice (from 2.2b to 2.4b~).

Visualization 2: Service Settings over appointment months (Month example)



This is an example of a day-by-day chart with Seaborn Python, from this chart we can see that appointments are slowly decreasing as the month continues. Weekends show no sign of activity, assume the clinic closes during the weekend. The clinics are busy at the start of the week and slow down.

Visualization 3: Utilization chart

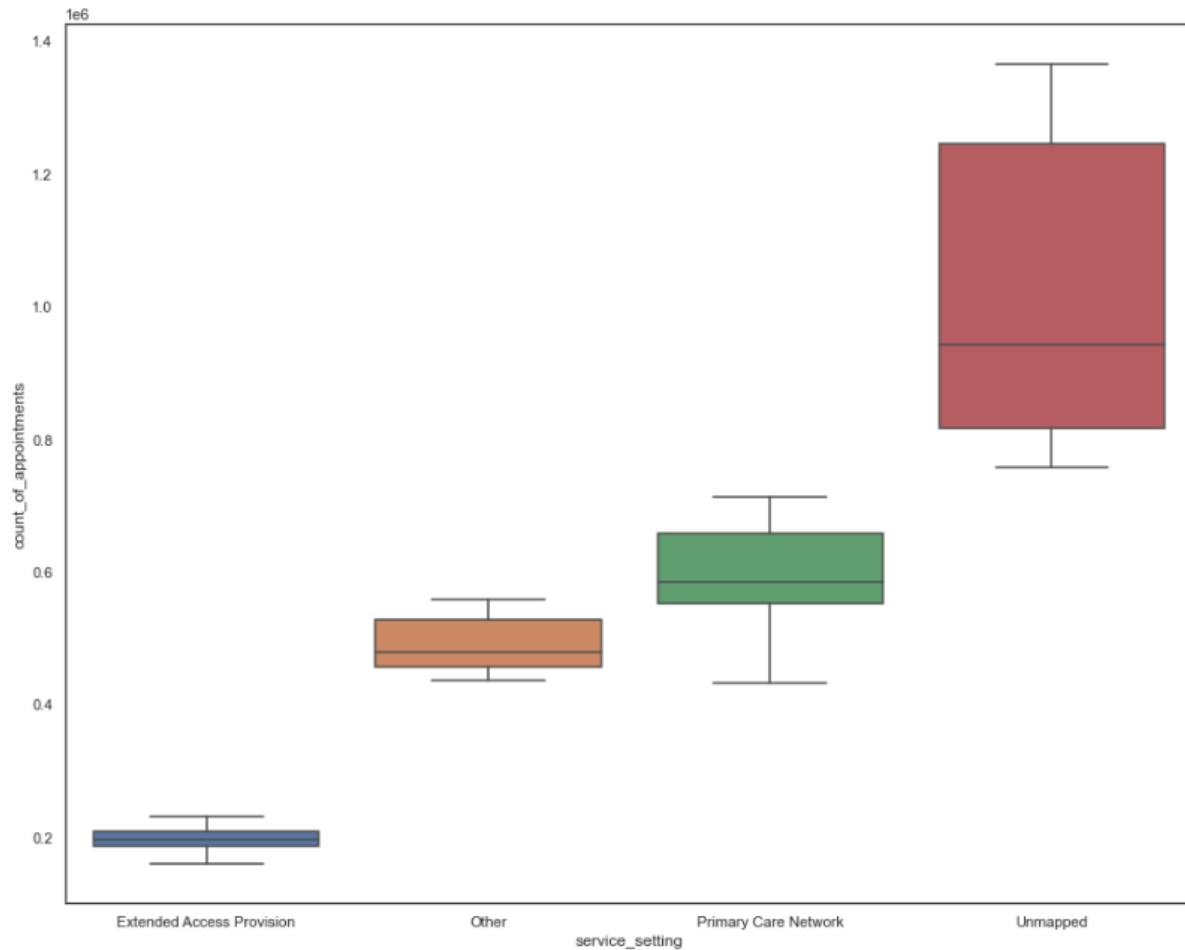


In python, we added an additional column that calculated the utilization based on the daily count. NHS stated their daily max is 1,200,000 appointments, we divided the monthly by 30 and then used that value against 1,200,000 to determine the utilization on a monthly basis. From this chart, the highest is 84% (October 2021) with the lowest being 65% (April 2022). NHS is not understaffed but they can benefit from internal optimization.

```
In [955]: ar_agg_util = ar.loc[(ar["appointment_month"] >= '2021-08')
          & (ar["appointment_month"] < '2024-08')].groupby('appointment_month')['count_of_appointments'].agg('sum').re

ar_agg_util['Utilisation'] = ar_agg_util['count_of_appointments'] / 30
ar_agg_util['% Util'] = ar_agg_util['Utilisation'] / 1200000*100
ar_agg_util.round(decimals = 1 )
```

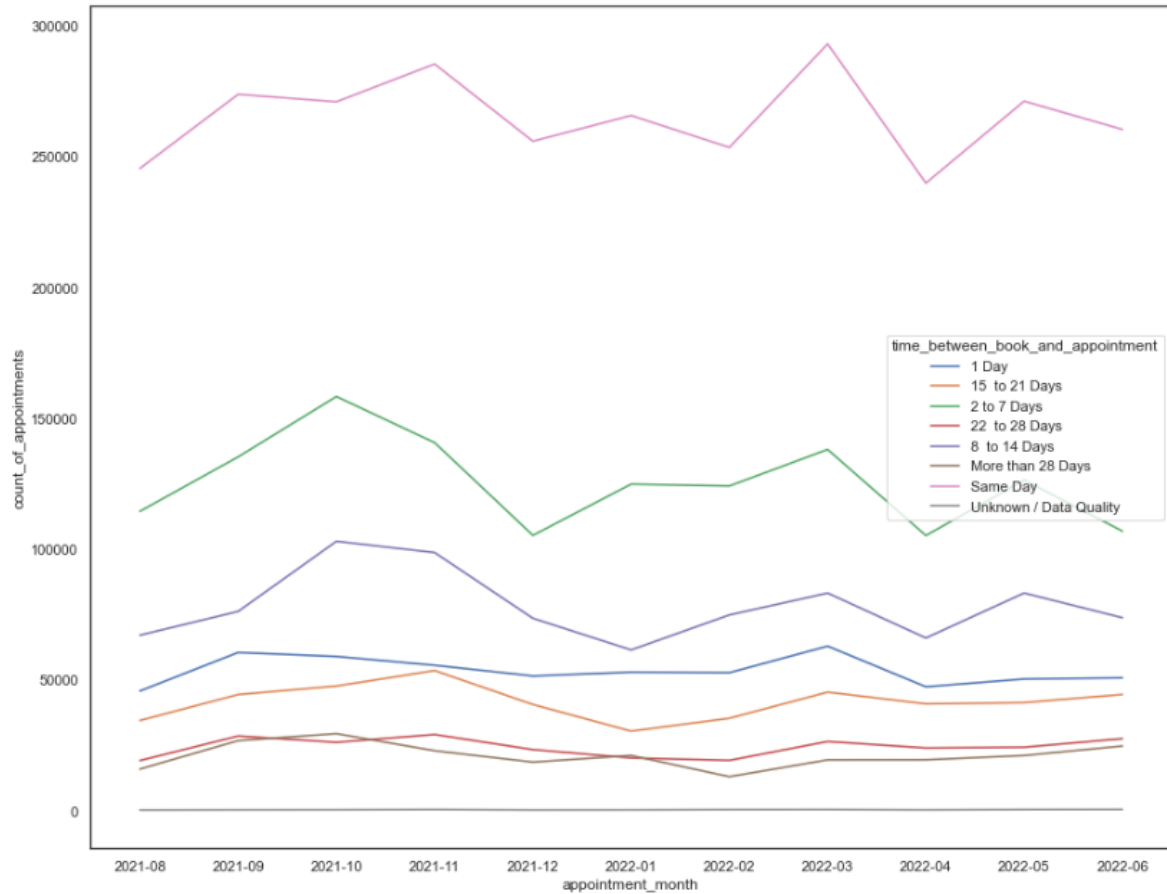
Visualization 4: Box Plot of Service Settings vs Count of Appointments



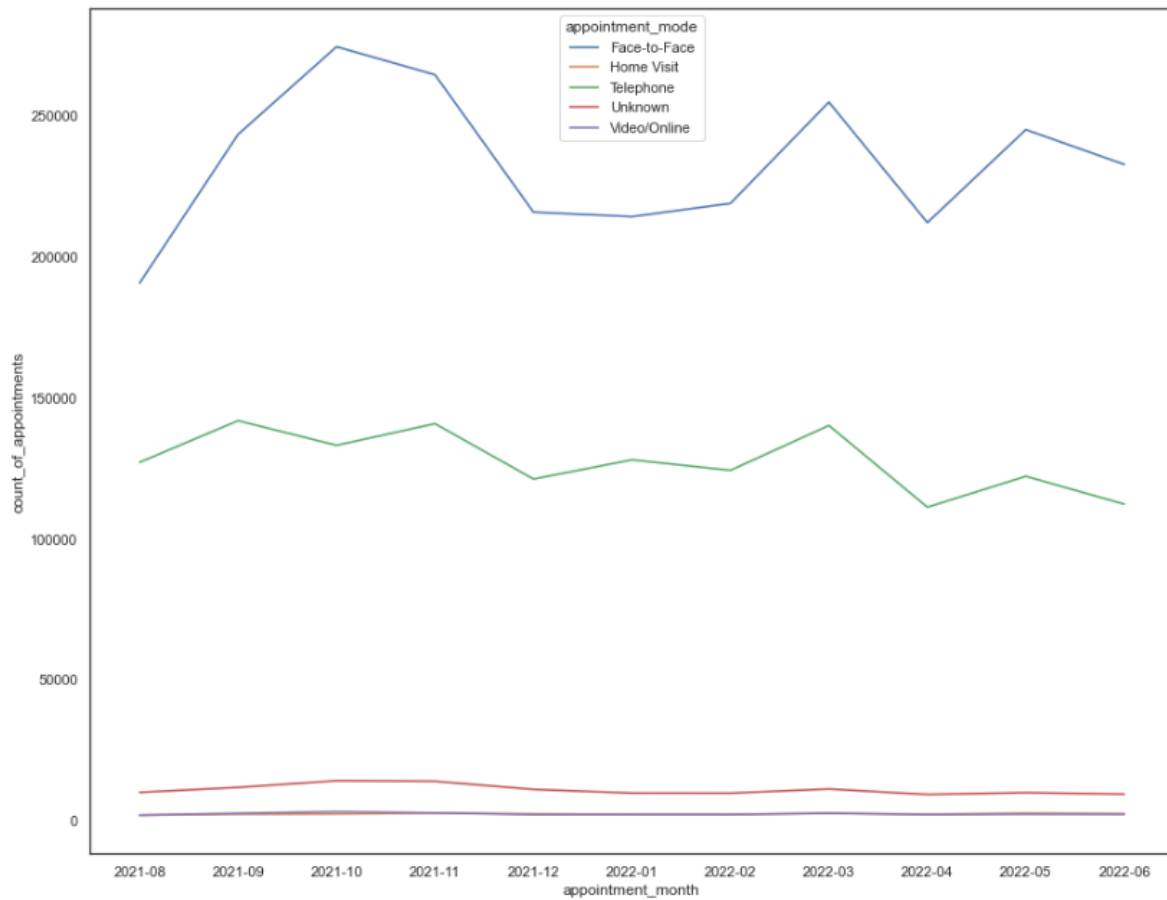
Excluded General Practice due to it distorting the box plot, from this we can determine that Extended Access Provision and Other have less outlier ranges compared to Primary Care Network. Albeit Unmapped at a large range and median is concerning, this implies that the internal processes and policies require an improvement.

4. Pattern Predictions

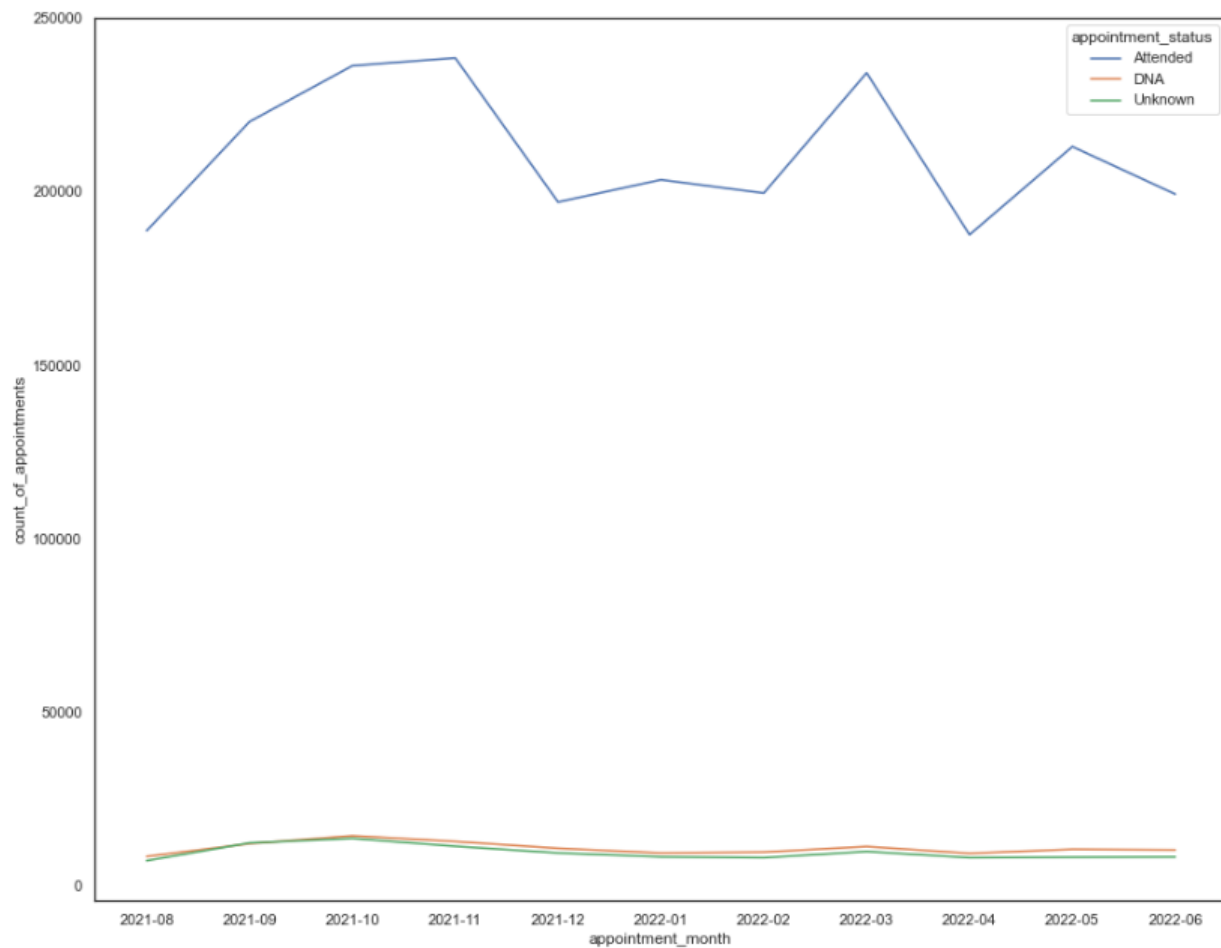
From a high-level observation of the trends, General Practice is the most popular service all the other services make up less than 5% of the total. Patients prefer to book and attend their appointment on the same day, followed by up to 2-7 days, 8 to 14 days and 1 Day with the rest following closely behind

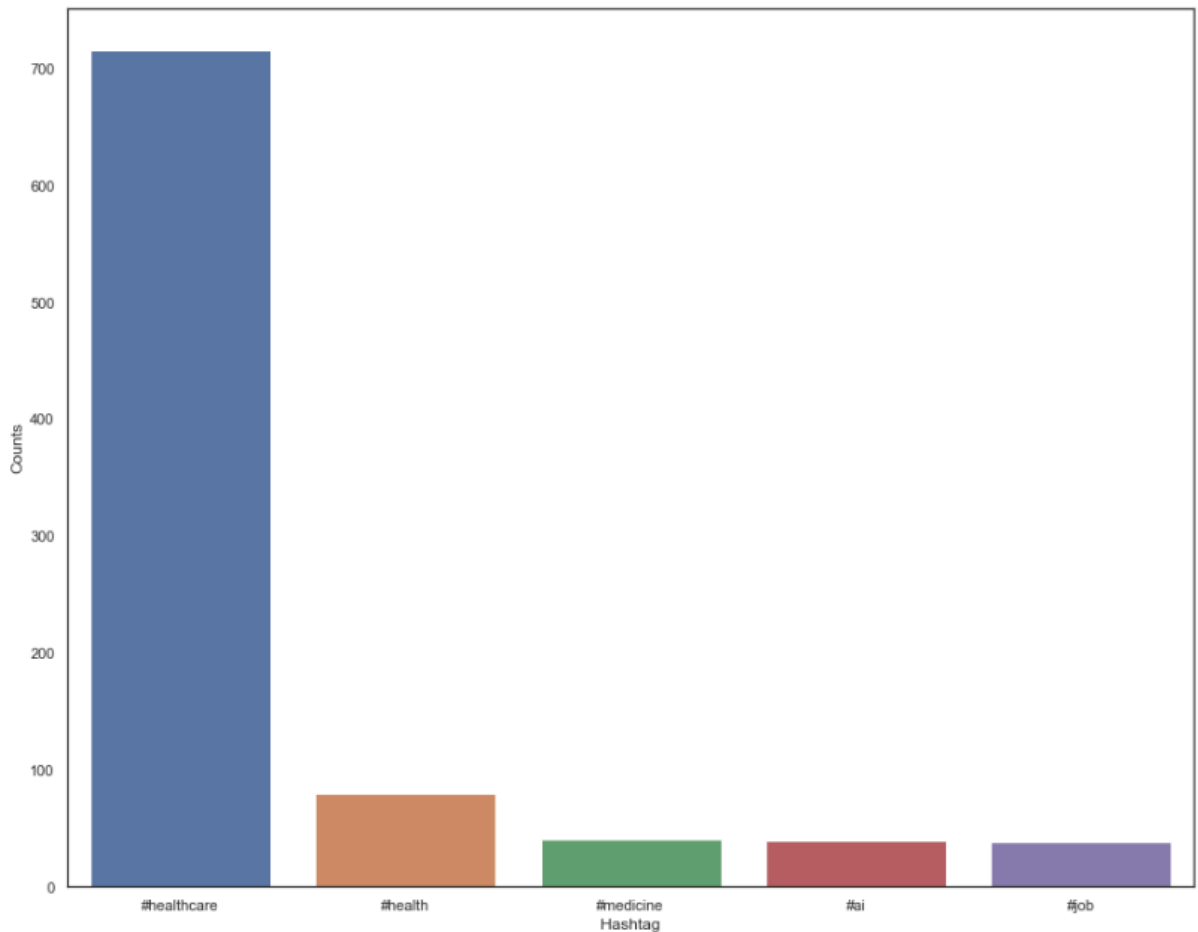


Face-to-Face are the main preferred mode followed by Telephone. Home Visit and Video Online are not as popular.



One of the core concerns were patients not attending, the data shows that there is a slow increase in DNA (Did not attend) and a decent increase in attendance. If we can funnel out the unknown data by implementing better internal controls, we can determine the accurate numbers.





Twitter Analysis indicates that #healthcare, #health, #medicine, #ai, #jobs. The primary discussion was how covid affected the world, and how medicine may assist further. The use of AI to determine the usefulness of particular job functions.

To answer the two main concerns of NHS:

- **Has there been adequate staff and capacity in the networks?**
From the data, there has been adequate staff and the capacity primarily focuses on General Practice
- **What was the actual utilization of resources?**
The highest is 84% (October 2021) with the lowest being 65% (April 2022). The rest is within that range and never exceeding 100%

Suggestions: To focus on the optimization of the internal data control, there are alarming rates of unknown or uncategorized data which may imply a weak data internal system.

Discuss about the other pillars outside of General Practice, are there any areas of expansion worth looking into? We know the patients' preferences are Face to Face contact and same day appointments.