Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

End of Life Insights Pack

September 2023

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Contents

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Summary

- The End of Life and Palliative Care Information Pack provides an overview of our population who are nearing the end of their lives or requiring palliative care support.
- The pack covers different aspects of end of life care, including identification and proactive management of people nearing the end of their lives; the demographic and wider determinants profile of people on the end of life register; urgent and emergency care; and achieving a better death.
- Clicking on the images opposite will link to the relevant sections of the information pack.

Key messages

- **Adopting core care processes to improve detection and management of EOL.**
  - There is further opportunity to adopt and embed processes that support identification and management of people who are nearing the end of their lives.
  - Use of the Gold Standards Framework (GSF) Prognostic Identification Guidance (PIG) will improve the identification of people who are nearing the end of their lives and stimulate early discussion and planning between health care professions and patients and their families.
  - The use of GSF also supports the staging of disease, planning care and supporting patients by meeting their needs.
- **Improving data quality and data recording.**
  - Whilst significant variation is seen across a number of metrics, this is likely to be due to differences in recording of information using systematic, standardised codes.
  - Better identification and understanding of people at the end of their life will be possible with improved data quality, including better coding of people who are nearing the end of their life (GSF staging), better coding of care delivered (key care processes) and better recording of demographic (e.g. ethnicity) and wider determinants (e.g. carer status).
- **Reducing unplanned care.**
  - People in the last year of life still experience a high number of emergency and urgent care episodes, with a high cost. Whilst much of this care may be in line with patient wishes, many people are not supported to die or be cared for in in their preferred place.
  - Sharing of information between providers and recording information in the primary care record will ensure that people who are assessed for being in the last year of life will ensure that all providers are aware of an individual's end of life status and any advance planning decisions that are in place. This will support people to achieve their preferred place of care and preferred place of death at the end of their lives.

Opportunities and Actions

- Across the ICS, particularly in South West Herts, there are opportunities to further improve detection of people in the last year of life and recording this into the clinical record.
    - South West Herts should focus on this as the evidence nationally and locally point to a lower proportion of people on the end of life register and a higher rate of people dying in hospital.
    - In addition to better identification, all parts of the ICS should continue to actively use the GSF Prognostic Indicator Guide to assess people with long term conditions as part of their annual review.
- All people who are identified as being in the last year of life should have an up to date GSF status to ensure that support and care is provided in line with the prognosis.
    - As part of the ECF, practices should continue to be incentivised to record an up to date GSF status on all people on the end of life register.
- In addition to an up to date GSF status, people should have an effective anticipatory care plan (ACP), including PPC/PPD and DNACPR as well as a treatment escalation plan (TEP).
    - All people on the end of life register should have a 'care bundle' in line with best practice.
- All people who are end of life should have their records shared and recieve treatment and care that is in accordance with their wishes (ACP and TEP). This will improve quality of life and patient and family experience and reduce the proportion of people with multiple emergency admissions in the last 3 months of life.
- All staff directly involved (or likely to be involved) in the care of people who are end of life should have training in the importance of good care and support. This will ensure that people involved in decision making and that care is in line with ACP and TEPs.
    - The ICB and provider organisations should identify staff groups for training and provide training and development to increase skills in identification and management of people at the end of their lives.
- Data from post-death audits would improve the ICS understanding of whether people with key care processes and care plans were more likely to die in their own home or PPC.
    - It is recommended that the ICB develop a clinical audit to review data on people that have died to establish differences in outcomes.

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1. Identification

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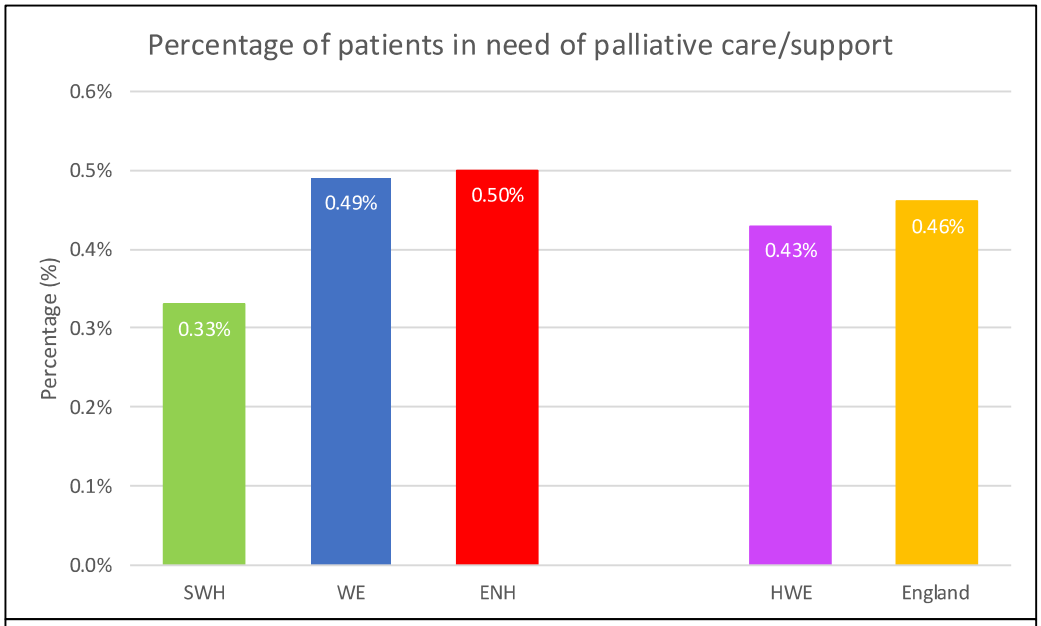
Identification: Summary

- HWE has a lower percentage of patients recorded as being in need of palliative care/support (0.43%) when compared to the England mean (0.46%). This suggests there is further work needed to identify and record people as being end of life, including using the surprise question and assessing for signs of clinical deterioration as part of routine care.
- The number of patients needing palliative care/support across both HWE and the rest of the country is rising though there has been a reduction in the most recent year in HWE.
- All places are below the proportion of the population who are expected to die within a one year period (1%) suggesting under-detection of people who are in the last year of life.
- ENH has the highest volume of patients on the EOL register (3150), followed by SWH (2283), then WE (1727). In SWH a recommendation is that information on people cared for in community services is shared with practices and entered into the clinical record to ensure coordinated care and that all care providers are aware of the end of life status, regardless of where that care is administered.
- In HWE, there is good recording of GSF status for people with end-stage chronic diseases but many of these are likely to be recorded as GSF Blue.

- Since October 2022, general practice has received additional funding to proactively review and identify people with advanced/end stage long term conditions who are not on the end of life register or do not have a GSF status. It is anticipated that this will support the identification of people who will benefit from palliative care and advance care planning.
- Target groups for proactive identification of people is focused on end stage heart failure, COPD, CKD and severe frailty.

Identification: Patients in need of palliative care/support

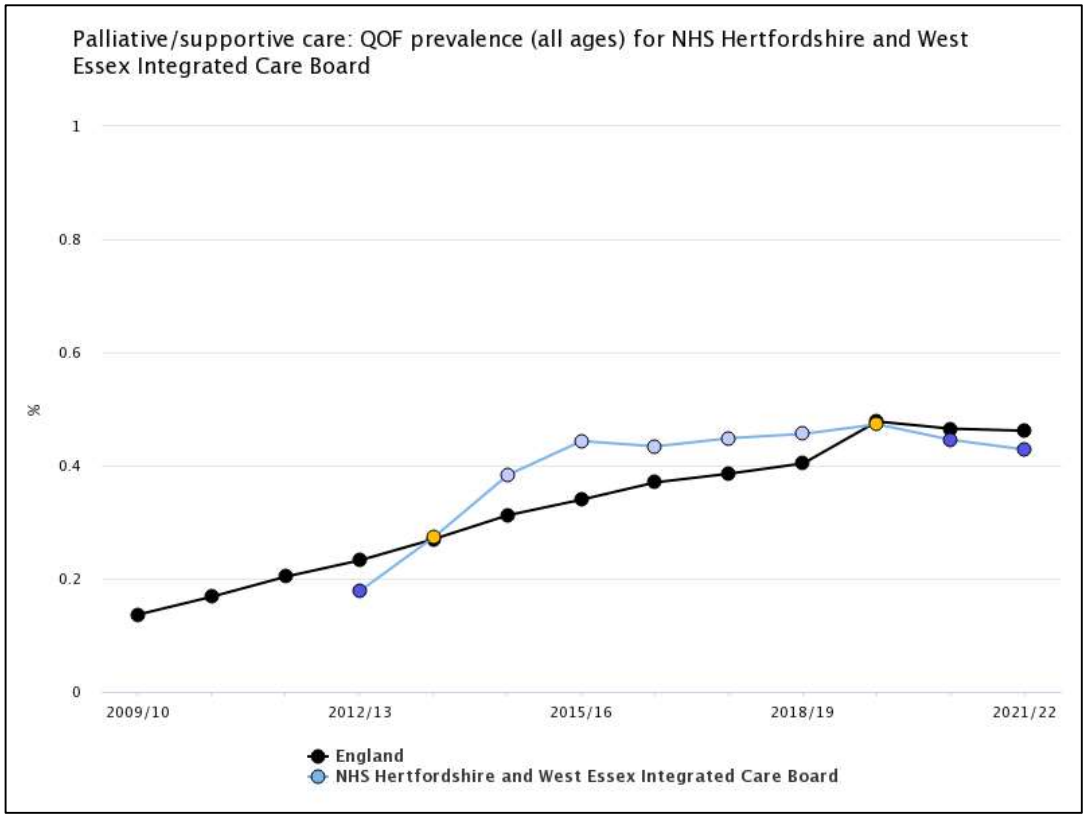


Source: QOF Data, 2021/22

- Prevalence figures from QOF registers (21/22 data) show that HWE has a lower percentage of patients on the palliative care/End of Life register (0.43%) when compared to the England mean (0.46%). This equates to 6,900 people.
- SWH has the lowest percentage of patients on the register (0.33%) whereas WE and ENH are higher than the national average (0.49% and 0.50% respectively 0.46%). Lower prevalence in SWH may be due to local services that are delivered by community providers.
- Across the ICS and in all three Places, prevalence is below the 1% of the population estimated to be end of life. This means there is room for improving identification of people who may be nearing end of life and have palliative care needs.

- Up to date data from Ardens Manager, shows that **the current EOL register in HWE is now 9146**, representing a relative increase of 33% compared to 21/22 (note this is unvalidated data). The increase has primarily been seen in ENH (from 3093 to 4790) and WE (from 1576 to 2215). **SWH continues to have a low number** of people on the EOL register (2638) and presents a significant opportunity for improvement.

Identification: Patients in need of palliative care/support



- Nationally, the proportion of patients needing palliative care/support has been rising, as expected with an ageing population.
- However, for the two most recent years HWE prevalence has declined and is now statistically significantly lower than the national average.
- This suggests that there is further opportunity to identify people who are in their last year of life or requiring palliative care support.

Lower Similar Higher Not applicable

Source: Fingertips 2009-22

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Identification: EOL Register by PCN

South West Herts		
PCN	No. of patients on the EoL register	% of registered list
ABBEY HEALTH	64	0.24%
ALBAN HEALTHCARE	157	0.34%
ALLIANCE	44	0.16%
ALPHA	242	0.43%
ATTENBOROUGH	99	0.32%
CENTRAL WATFORD	103	0.29%
DACORUM BETA	229	0.55%
DANAIS	134	0.43%
DELTA	103	0.29%
HALO	113	0.33%
HARPENDEN HEALTH	114	0.26%
HERTS FIVE	293	0.43%
MVPS	96	0.25%
NORTH WATFORD	46	0.17%
POTTERS BAR	117	0.39%
RICKMANSWORTH & CHORLEYWOOD	65	0.22%
THE GRAND UNION	163	0.28%
Total	**2231**	0.33%

East & North Herts		
PCN	No. of patients on the EoL register	% of registered list
BROXBOURNE ALLIANCE	201	0.44%
HATFIELD	200	0.39%
HERTFORD AND RURALS	241	0.47%
HITCHIN AND WHITWELL	686	1.08%
HODDESDON & BROXBOURNE	147	0.35%
ICKNIELD	424	0.74%
LEA VALLEY HEALTH	110	0.34%
STEVENAGE NORTH	212	0.38%
STEVENAGE SOUTH	260	0.45%
STORT VALLEY & VILLAGES	215	0.33%
WARE AND RURALS	162	0.46%
WELWYN GARDEN CITY A	235	0.41%
Total	3093	0.50%

West Essex		
PCN	No. of patients on the EoL register	% of registered list
EPPING FOREST NORTH	368	0.56%
HARLOW NORTH	178	0.29%
HARLOW SOUTH	175	0.42%
LOUGHTON, BUCKHURST HILL & CHIGWELL	352	0.58%
NORTH UTTLESFORD	258	0.62%
SOUTH UTTLESFORD	245	0.45%
Total	1576	0.49%

Source: QOF 2021/22

- QOF data from 21/22 show the proportion of the population within each PCN that is on the end of life/palliative care register.
- More recent local data shows that, whilst the total number of people on the register has increase, the areas with the lowest proportion are similar to this.

Identification: GSF Complete

Benchmark Hertfordshire and West Essex ICS	organisations		THRESHOLDS	ACHIEVED %	POINTS	
Screening	GSF status if severe COPD, HF, CKD or frailty		0 - 20%	93.89%	2,410.96 / 2,470	13,173 / 14,030

Source: Ardens Manager ECF 2022/23

- This is one of the most complete care processes in the Enhanced Commissioning Framework within the ICB with 94% of people who have severe COPD, heart failure, chronic kidney disease or frailty have a GSF status recorded.
- However, as a high proportion of people with a GSF status are classified as GSF Blue, it is likely that people with advanced disease are being recorded as GSF Blue and therefore not being entered onto the end of life register.
- Ensuring that people with advanced disease are being appropriately classified could be confirmed through clinical audit of people on the end of life register and post-death audit to review if people were on the end of life register and if their record of GSF status is accurate.

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2. EOL Register Profile

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EOL Register Profile: Summary

- As expected, the EOL register has a very strong relationship with age. The proportion of people in each age band who are on the end of life register rises steeply after 65-69 years of age.

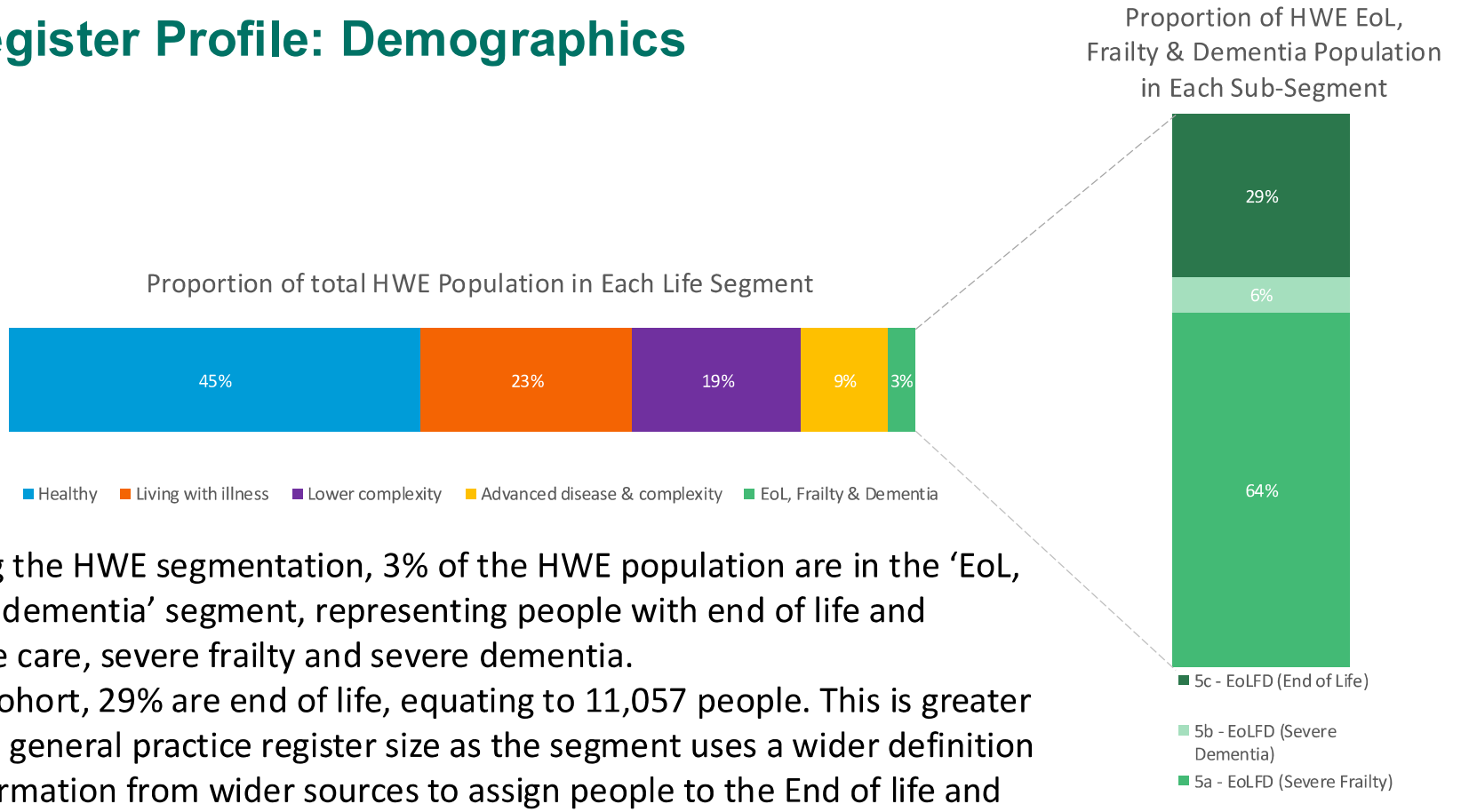
- The majority of the EOL population in HWE are white (88%.) This is higher than for the general population (70%.).Whilst there may be room for improvement in the recognition of EOL in ethnic minorities the variation may be due to the higher prevalence of end of life and white ethnicity in older age groups within HWE. SWH has the highest proportion of EOL patients who are BAME (12.6%) which is double that of ENH (6.3%) and more than three times that of WE (4.1%).

- The proportion of the population that is recorded as being end of life is similar in each deprivation decile, suggesting that there is no inequality in identifying end of life in more deprived communities.

- The most common physical comorbidities within the EOL cohort are hypertension (62%,) cancer (51%) and chronic cardiac disease (44%). Nearly half (44%) of people on the end of life register have a mental health condition (including depression and anxiety).

- Approximately a quarter (22.3%) of people on the end of life register are in receipt of care and around 1 in 8 of the EOL cohort are in fact a carer themselves (12.6%).

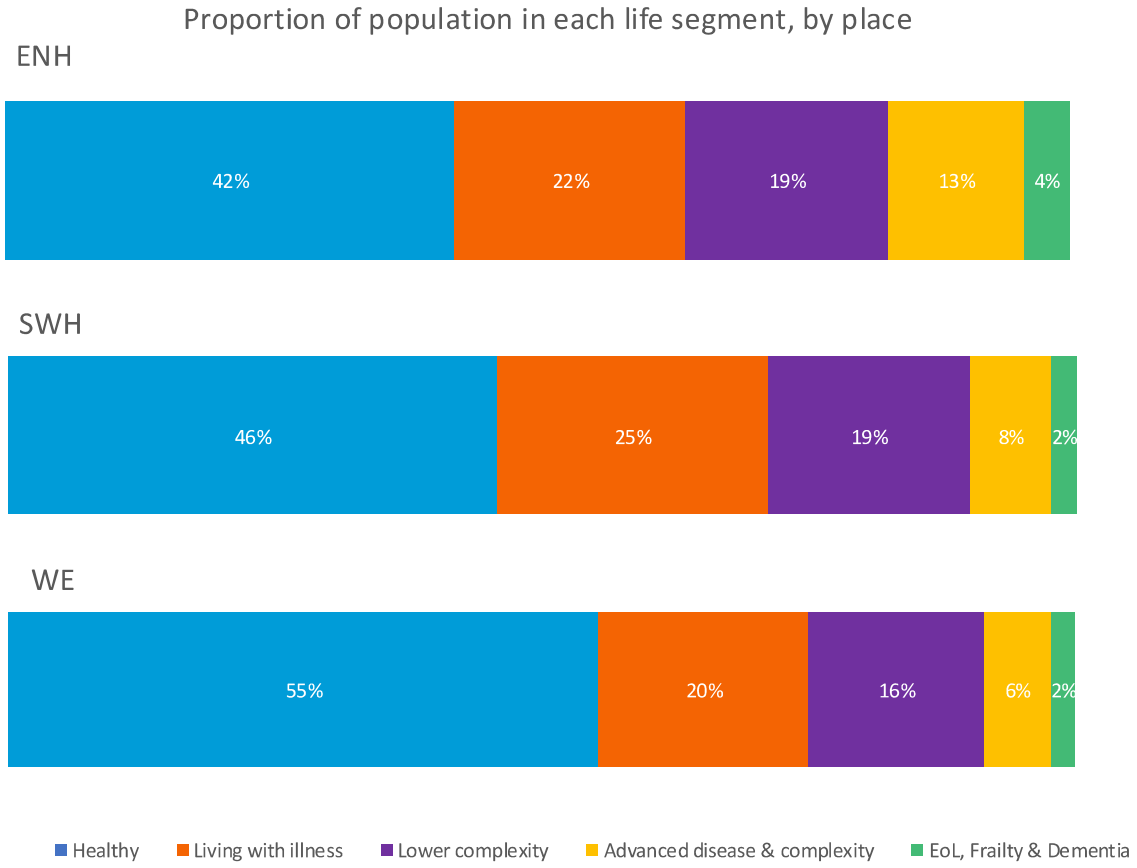
EOL Register Profile: Demographics



- Applying the HWE segmentation, 3% of the HWE population are in the 'EoL, frailty & dementia' segment, representing people with end of life and palliative care, severe frailty and severe dementia.
- Of this cohort, 29% are end of life, equating to 11,057 people. This is greater than the general practice register size as the segment uses a wider definition and information from wider sources to assign people to the End of life and palliative care segment.

Source: HWE linked data, Jan 22

EOL Register Profile: Demographics



- In all places, the EoL, frailty and dementia cohort are the smallest cohort
- ENH has the highest proportion of EoL, frailty and dementia patients (4%,) roughly double that of each SWH and WE (2% each)
- WE has the highest proportion of people in the healthy segment (55%).

Source: HWE linked data, Jan 22

Profile: EoL register by GSF status

Primary care data, via Ardens Manager. June 2023

	Coverage	EOL Register	On GSF	GSF Blue		GSF Green		GSF Yellow		GSF Red		On GSF Green/Yellow/Red	
SWH	52/53 practices	2,008	896	162	8.1%	360	17.9%	66	3.3%	6	0.3%	432	21.5%
ENH	44/48 practices	4,566	3,656	2,640	57.8%	838	18.4%	131	2.9%	37	0.8%	1,006	22.0%
WE	22/30 practices	1,697	1,335	727	42.8%	453	26.7%	131	7.7%	26	1.5%	610	35.9%
Total	**118/131 practices**	**8,271**	**5,887**	**3,529**	**42.7%**	**1,651**	**20.0%**	**328**	**4.0%**	**69**	**0.8%**	**2,048**	**24.8%**

- Data from June 2023 show that the number of people on the EOL register is currently over 8,200 and nearly 6,000 people have a GSF status.
- Nearly a quarter of people on the EOL register have a GSF status (green, yellow or red).
- There is significant variation with ENH practices having more people on the end of life register and GSF status. However, In ENH, more people with a GSF status are recorded as Blue compared to the other areas. WE has the highest proportion of people on the EOL register with a GSF status.
- It is important to note that people recorded as GSF Blue are not entered onto the register. In addition, there are additional SNOMED codes that will assign people to GSF, meaning that figures for green/amber/red do not sum to total number 'on GSF'.
- There is also variation in the number of people who are 'on GSF' and the proportion who have a GSF status (blue, green, yellow or red). This is explained by the fact that some people may have separate codes for 'on Gold Standard palliative care framework', 'GSF supportive care stage 1 or 2'. This is particularly evident in SWH where the majority of people 'on GSF' do not have a GSF status.

EOL Register Profile: Population Measures

Overall Population Measures	HWE Overall	ENH	SWH	WE
Population in EOL sub-segment	11057	3971	6079	1007
Average of Age	73.4	74.9	71.9	76.4
% BAME Where recorded	9.5%	6.3%	12.6%	4.1%
Avg Acute & Chronic Conditions	5.0	4.7	5.2	5.0

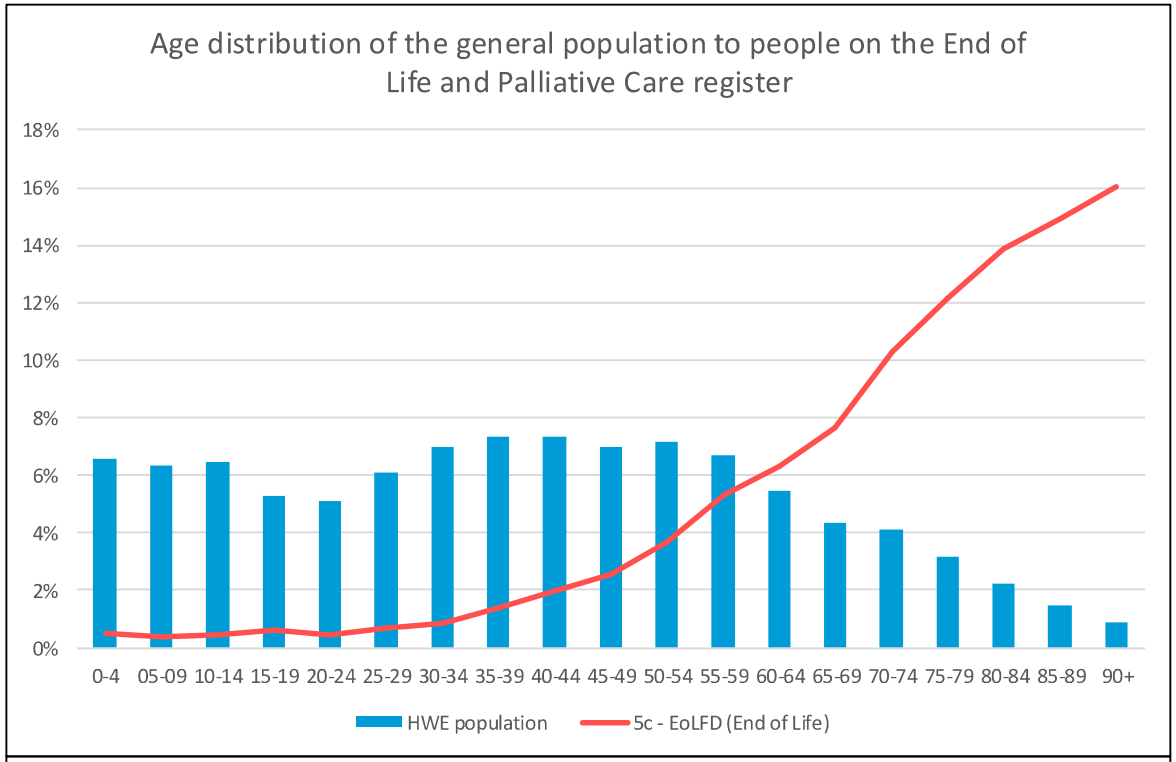
Source: HWE linked data, Jan 22

- Note: Linked HWE data from Jan 22 used a wider definition of end of life and palliative care (including metastatic cancer). As a consequence, more people are allocated to the EOL segment than are on the EOL register.

- Using the linked data and a wider definition to assign people to the end of life cohort, SWH has the most EOL patients (6079), followed by ENH (3971), and then WE (1007).
- The EOL population in WE tends to be older (mean 76) than in SWH (mean 72).
- SWH has the highest proportion of EOL patients who are BAME (12.6%) which is double that of ENH (6.3%) and more than 3x that of WE (4.1%).

EoL Register Profile: Age

- The proportion of people in each age group who are on the EoL register increases with age.
- Approximately one in every six people (16%) aged over 90 years is on the EoL register.
- Compared to UK life tables, after 45-49 years the proportion of people on the end of life register is below the estimated proportion of people at each age group who die within the next year.
- This shows that there are opportunities to improve detection of people at the end of their life across all age groups.



Source: HWE linked data, Jan 22

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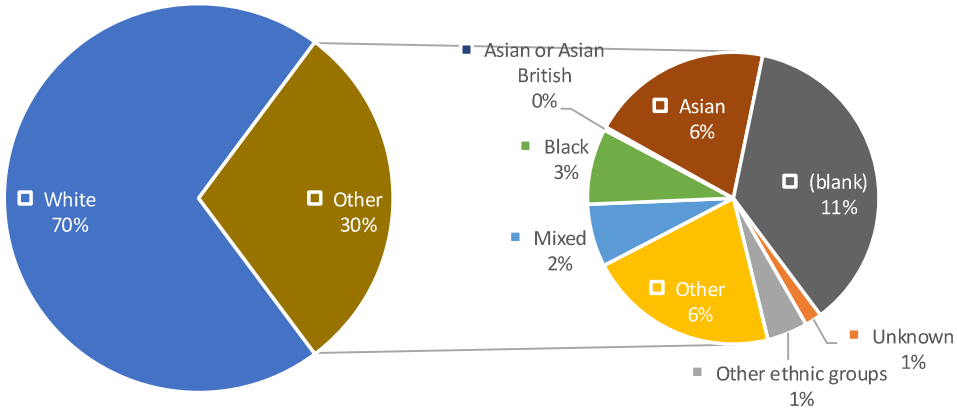
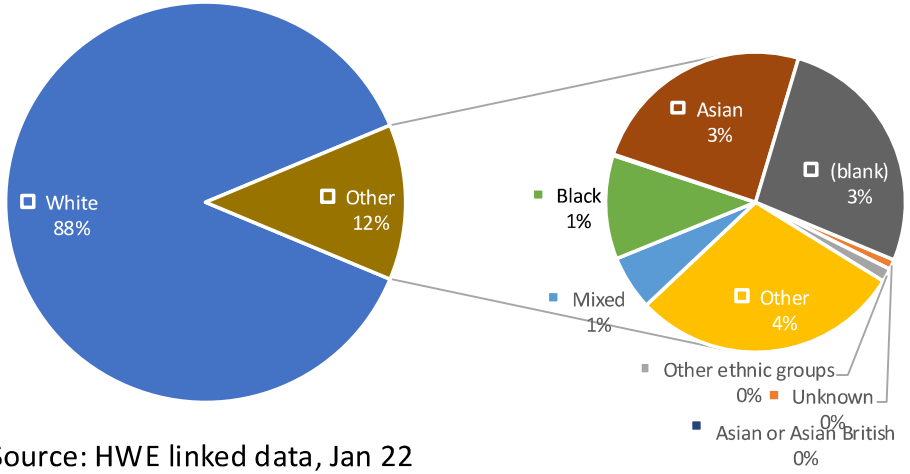
EOL Register Profile: Ethnicity

- The majority of the EOL population in HWE are white (88%.) This is a higher proportion than for the general population (70%).
- This is likely to reflect the older age of the end of life register, and that a higher proportion of the older age group are of white ethnicity. However, it might mean that those who are non-white are less likely to be recognised when they are nearing EOL.
- Identification of EOL is important to ensure subsequent care processes are carried out to optimise the dying process
- Therefore, there may be room for improvement in the recognition and subsequent management of EOL in ethnic minorities.

HWE General Population by Ethnicity

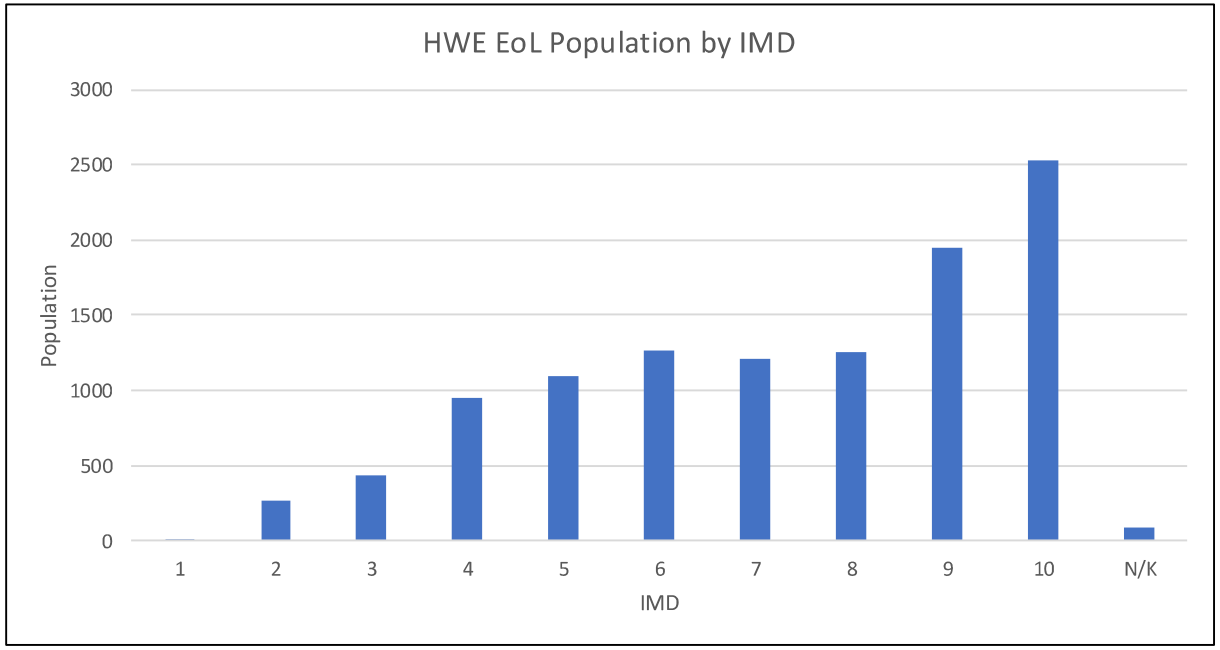


HWE EoL Subsegment 5c by Ethnicity



Source: HWE linked data, Jan 22

EOL Register Profile: Deprivation



IMD Decile	1	2	3	4	5	6	7	8	9	10	(blank)	Grand Total
5c - EoLFD (End of Life)	0.6%	1.2%	0.8%	0.9%	0.8%	0.8%	0.9%	0.9%	1.0%	0.9%	0.7%	0.9%

Source: HWE linked data, Jan 22

- Those in the EOL subsegment are less likely to be deprived, reflective of the overall population in HWE.
- There is no clear gradient across deprivation deciles. Whilst a lower proportion of people in the most deprived decile are allocated to the EOL segment, the numbers are small and likely not to be statistically significantly different.
- However, as risk factors, chronic conditions and multi-morbidity are more common in more deprived communities, there is likely to be an under-identification of end of life among more deprived groups.

EOL Register Profile: Comorbidities

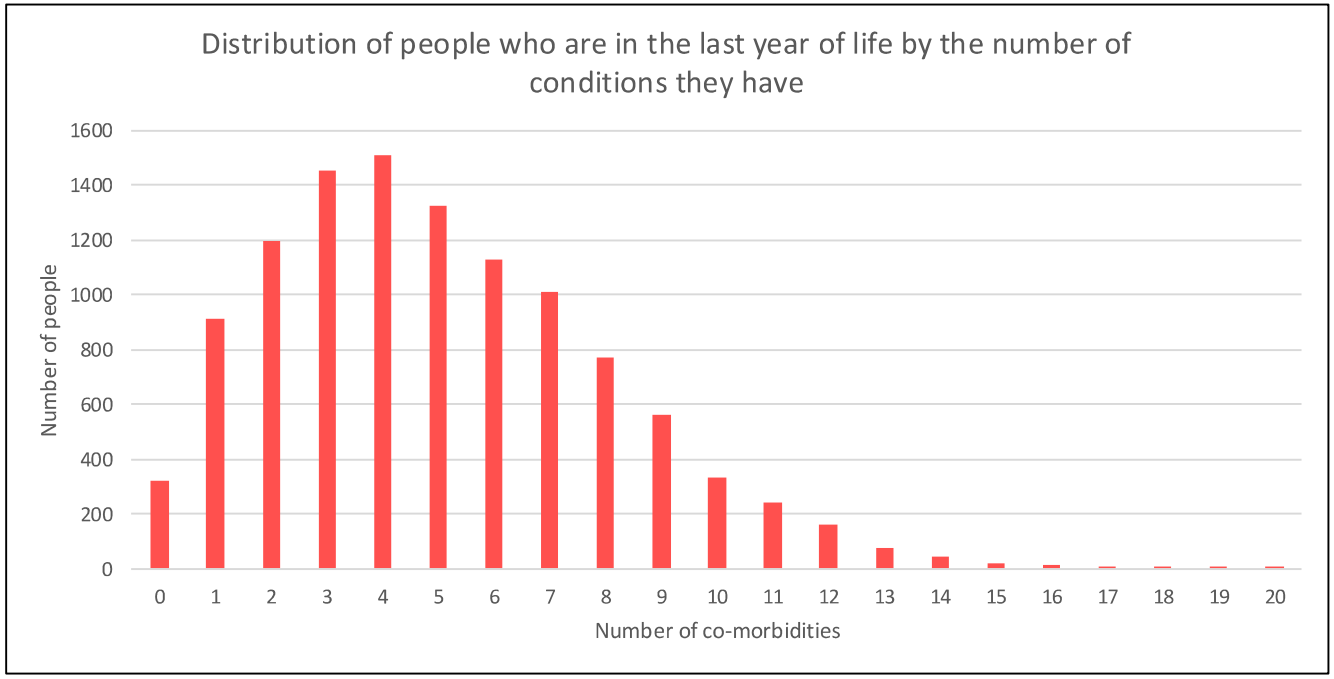
Physical Health	HWE	ENH	SWH	WE
Asthma	**20.1%**	17.2%	21.7%	22.1%
Cancer	**51.2%**	49.5%	53.4%	44.7%
Chronic Cardiac Disease	**44.0%**	42.3%	44.8%	46.1%
Chronic Respiratory Disease	**22.4%**	22.0%	22.3%	25.3%
CKD	**13.8%**	13.1%	15.0%	9.3%
Hypertension	**61.7%**	61.0%	62.3%	61.0%
Diabetes	**35.4%**	28.0%	41.2%	30.1%
Obesity	**24.7%**	22.8%	27.3%	15.9%
Rheumatoid Arthritis	**3.8%**	3.1%	3.9%	6.6%
Stroke	**31.2%**	28.1%	33.8%	28.3%

Mental Health	HWE	ENH	SWH	WE
Anxiety	**22.9%**	25.5%	21.7%	19.8%
Depression	**27.7%**	25.8%	29.7%	22.8%
Dementia	**20.3%**	19.6%	20.0%	25.1%
Serious Mental Illness	**5.5%**	2.9%	7.7%	2.7%
Low Mood	**13.9%**	15.2%	13.9%	8.8%
MH Flag	**41.2%**	42.9%	41.3%	33.4%

Source: HWE linked data, Jan 22

- A high proportion of people on the EOL register have Cardiovascular, respiratory, renal or cancer diagnoses. The most common physical comorbidities within the EOL cohort are hypertension (62%,) cancer (51%) and chronic cardiac disease (44%)
- Most of these conditions have prevalence's that are relatively similar in each place across HWE
- Mental health conditions also have a high prevalence among people on the end of life register, with two in every five people (41%) having at least one mental health condition (MH Flag).
- Dementia rates within the EOL population are lower than expected and may reflect under-recording and under-diagnosis.

EOL Register Profile: Co-morbidities



Source: HWE linked data, Jan 22

- People who are nearing the end of their lives have a high level of multi-morbidity.
- The majority of people living with 4 or more long term conditions.

EOL Register Profile: Social Indicators

Wider and Social determinants	HWE	ENH	SWH	WE
Has A Carer	**22.3%**	29.4%	20.0%	7.6%
Is A Carer	**12.6%**	20.9%	8.9%	2.4%
MED3 Not Fit For Work (ever)	**14.7%**	11.6%	18.2%	5.6%
MED3 Not Fit For Work In Last Year	**4.1%**	3.8%	4.6%	2.3%
MED3 Not Fit For Work in Last 6 Months	**3.2%**	3.1%	3.5%	1.3%
Average No. of eFI Deficits (max=36)	**9.7**	10.8	9.1	8.5
EFI - Housebound	**13.3%**	17.7%	11.1%	9.1%
EFI - Social Vulnerability	**20.9%**	20.5%	23.0%	10.2%
Children In Poverty	**14.7**	16.8	12.7	11.76
Housing Fuel Poverty	**11.0**	11.5	10.5	12.17
One Person Household	**28.3**	28.6	28.2	27.31

Source: HWE linked data, Jan 22

- Roughly a quarter of EOL patients in HWE have a carer, although there is variation at place level (29.4% in ENH vs. 7.6% in WE) with variation likely to be due to coding and data quality.
- Around 1 in 8 of the EOL cohort are a carer themselves. ENH has a particularly high rate of people who are at the end of their lives and a carer (20.9%).
- Nearly 1 in 7 patients classified as EOL are housebound and 1 in 5 are socially vulnerable.

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3. Proactive and Advanced Care Planning

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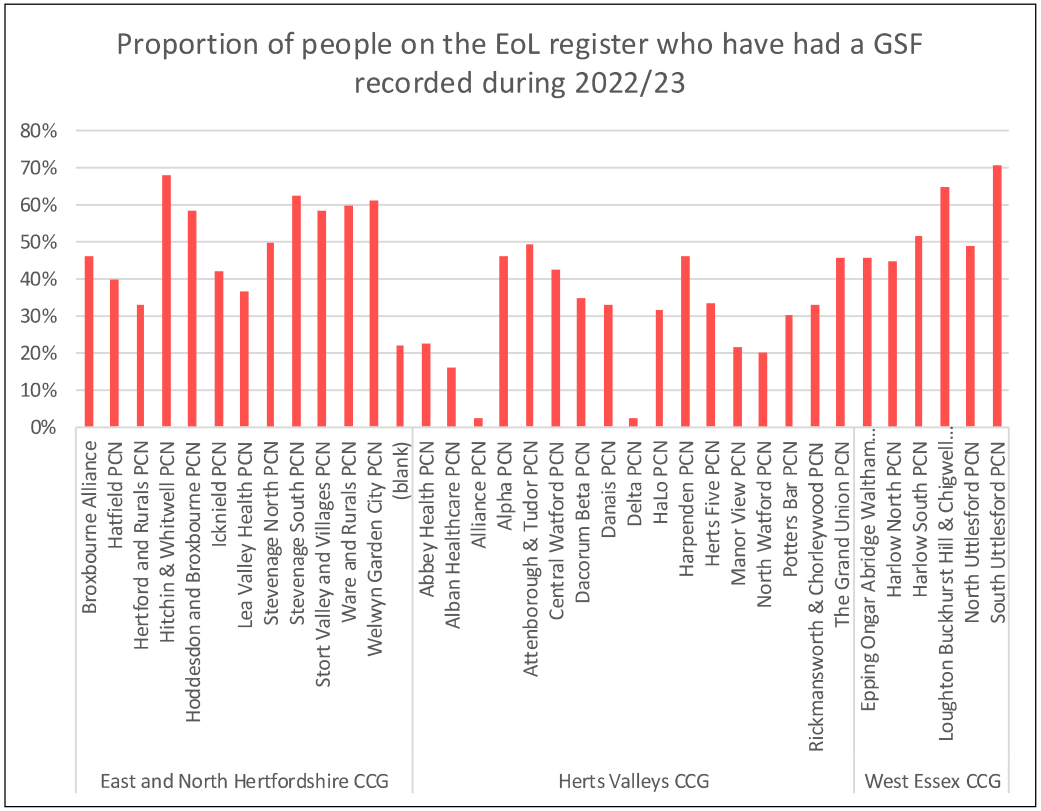
Proactive and Advanced Care Planning: Summary

- Advance care planning ensures that the needs of people on the end of life register are identified and plans are in place to meet those needs, including respecting wishes at the very end of life.
- In all places, there is room for improvement in recording GSF prognostic indicator for those on the EOL register. However, rates of completion are lowest in SWH. Recording the GSF prognostic indicator supports with advance care planning by ensuring that appropriate discussions are had with the patient and family/carers and care and support is in place to meet specific needs.
- Very few patients on the end of life register are recorded as having a care plan done (27%-15% across the three places).
- In all places, >50% of those on the EOL register have resus status recorded.
- HWE has been very successful in appointing palliative and end of life care leads in practices

Proactive and Advanced Care Planning: What is ‘good’ care?

- People who are nearing the end of life or requiring palliative care support benefit from proactive management and advance care planning. Good quality care for this group of people is outlined in the Gold Standards Framework and Advance Care Planning (ACP). Good care for people at the end of life includes:
    - Minimum of an annual review, with increased frequency of review and ACP according to GSF status.
    - Advance care planning encompassing the following care processes, as a minimum.
        - Up to date GSF status
        - A current DNACPR status, Preferred place of care (PPC) status, Preferred place of death (PPD) status.
        - People who are in the last weeks or days of life (GSF amber or red) should be considered for anticipatory medications
    - People on the end of life register should be discussed as part of an MDT, with the frequency of discussion determined by needs and reflecting the GSF status.
    - Recording of information on an individual’s ACP and GSF status in the clinical record and sharing of this across providers.
- These care processes are locally commissioned in primary care through the enhanced commissioning framework.

Proactive and Advanced Care Planning: GSF status recorded in the last 12 months*

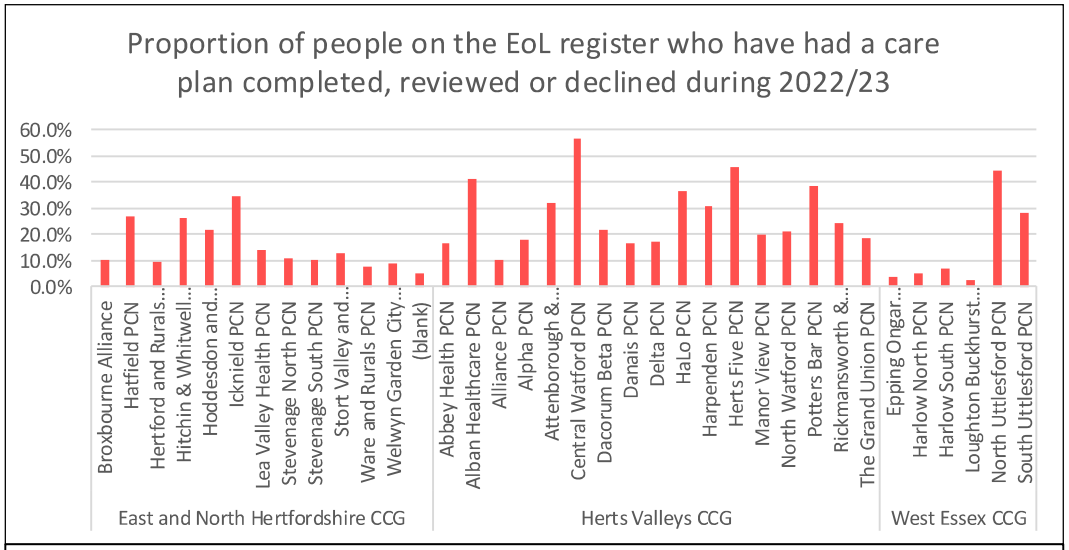


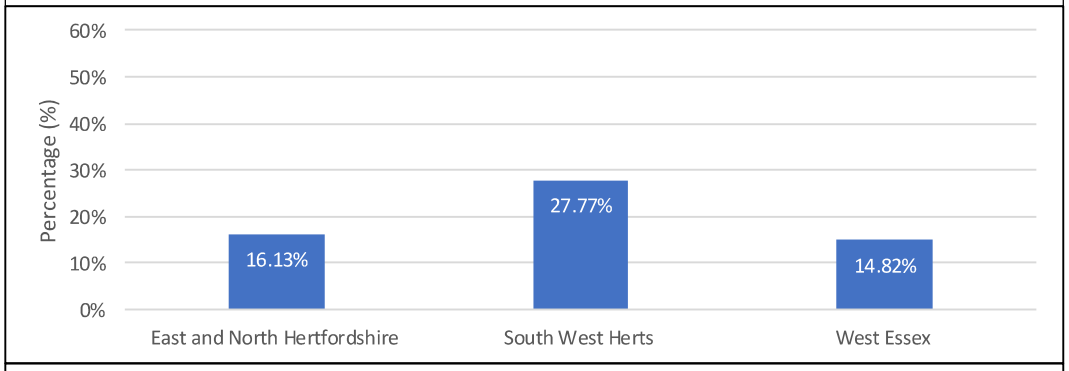
- All patients who are on the end of life register should have a GSF prognostic indicator recorded or updated within the last year as a minimum (and more regularly depending on GSF status).
- Across the ICS, 45 % of people on the EoL register had a GSF status recorded in the 12 month period of the financial year 22/23.
- There is significant variation in the completion of GSF status at place level. In WE and ENH, over half of the patients on the EOL register have a GSF prognostic indicator recorded (55% and 50% respectively.) This rate is lower in SWH, at 31.6%. The lower rate may be due to data from some practices not being pulled through to Ardens Manager.
- Some PCNs in SWH have very low uptake, potentially reflecting either coding practice or issues with extracting data.
- In all places, there is room for improvement in recording GSF prognostic indicator for those on the EOL register

*Broken down to practice level, see appendix

Source: General practice data, via Ardens Manager. 2022/23

Proactive and Advanced Care Planning: Care Plan Done

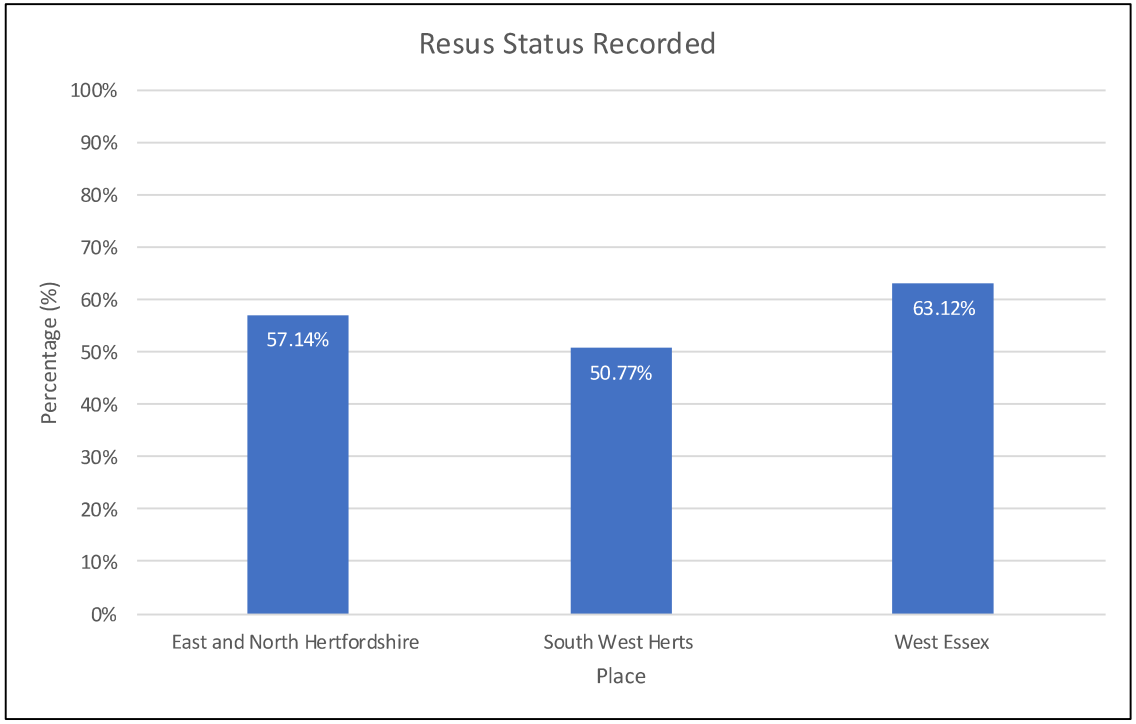




Source: General practice data, via Ardens Manager. 2022/23

- It is recommended that people on the end of life register are reviewed on at least an annual basis. The care plan should be reviewed and updated.
- During the 22/23 financial year, recording of care plan completion (including care plan reviews or declined care plans) was 20%.
- There is significant variation across HWE at both Place and PCN level.
    - At PCN level, whilst some areas achieved 57% completion, other areas only achieved completion in 4% of people on the EOL register.
    - Completion was highest in SWH (28%), with ENH (16%) and WE (15%) at lower levels). SWH performance is likely to be higher due to having significantly fewer people on the EOL register to review.
- Ensuring that care plans are complete and recorded in the clinical record in primary care ensures that people supporting and caring for patients nearing the end of their lives are aware of patient wishes and understand treatment plans.

Proactive and Advanced Care Planning: Resus Status Recorded



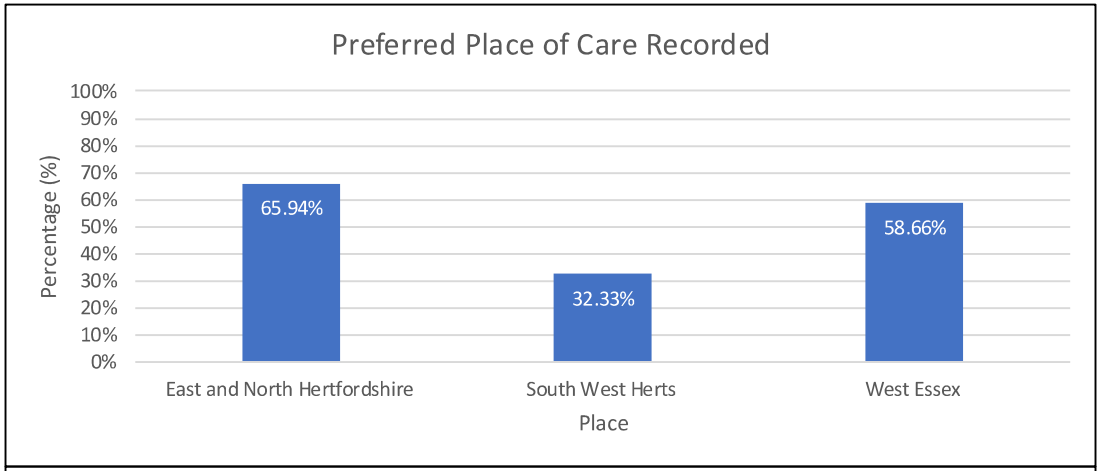
- Across the ICS, 56.6% of people on the end of life register have a resuscitation status recorded as part of advance care planning.
- Despite having the lowest rates of completing a care plan, WE has the highest rate of recording DNACPR/resus status (63%.) As recording resuscitation status is part of advanced care planning, this shows that there may be data quality issues for the ACP metric.

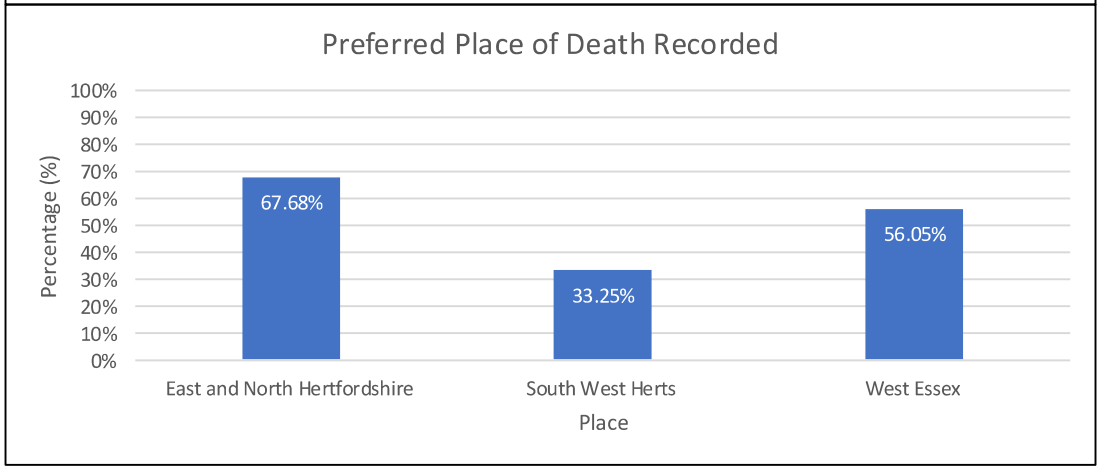
Source: General practice data, via Ardens Manager. 2022/23

Proactive and Advanced Care Planning: Recording Preferred Place of Care and Preferred Place of Death

- Recording preferred place of care is part of advanced care planning.
- ENH is performing well in this metric: nearly 2/3 of those on the register have a PPC recorded (66%).
- In SWH, about a third of those on the EOL register have a PPC recorded (32%).

- Results for this metric are very similar to that of Preferred Place of Care (on previous page),
- This is likely to be due to the information being captured and recorded in the clinical record at the same time.
- As with PPC, SWH has the lowest rates of recording. Ensuring this information is recorded in the primary care record is important in ensuring that care is joined up and





Source: General practice data, via Ardens Manager. 2022/23

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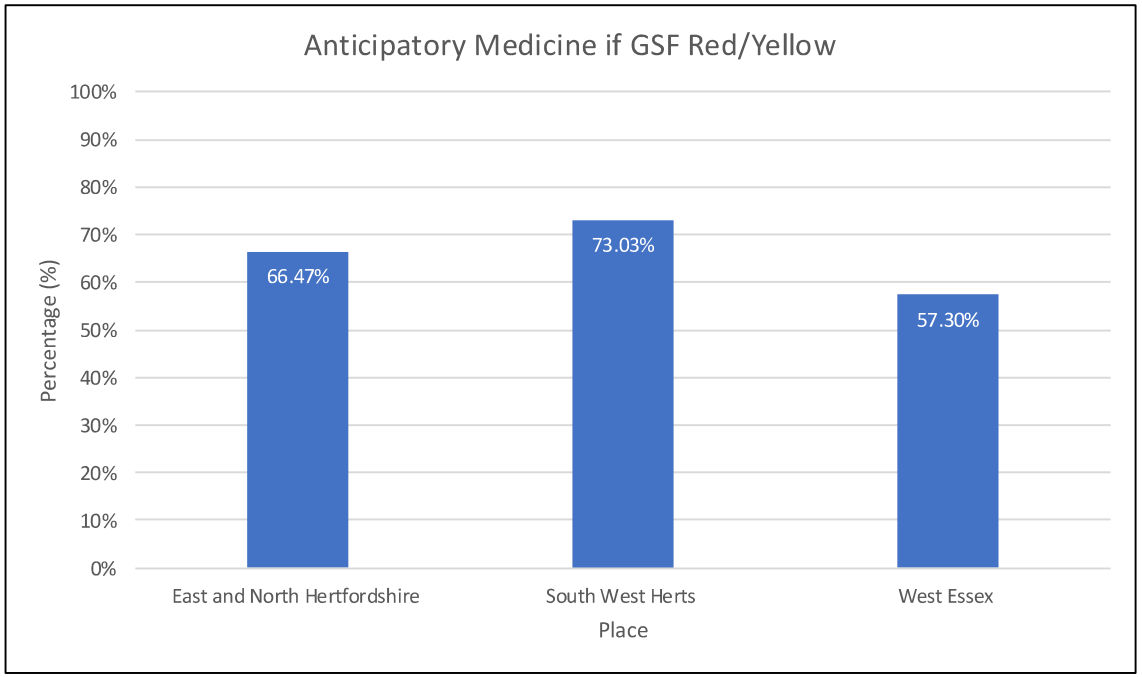
Proactive and Advanced Care Planning: Anticipatory Medicines (for GSF Amber/Red)



- SWH has the highest rates of prescribing anticipatory medicines for those who are GSF red/yellow (73%)
- Rates are lower in ENH (66%) and even more so in WE (57%)

Source: General practice data, via Ardens Manager. 2022/23

Proactive and Advanced Care Planning: Palliative Care Leads

Benchmark Hertfordshire and West Essex ICS organisations		THRESHOLDS	ACHIEVED %	POINTS	
Organisational Activity				127 / 131	
Palliative and End of Life care Lead	View	-	96.95%	127 / 131	127

- HWE has been very successful in appointing palliative and end of life care leads in practices:
- Palliative care leads have been identified in 97% of GP practices in HWE

Source: Ardens Manager ECF 2022/23

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West Essex Integrated
Care System

4. Urgent and Emergency Care & EOL

Working together
for a healthier future

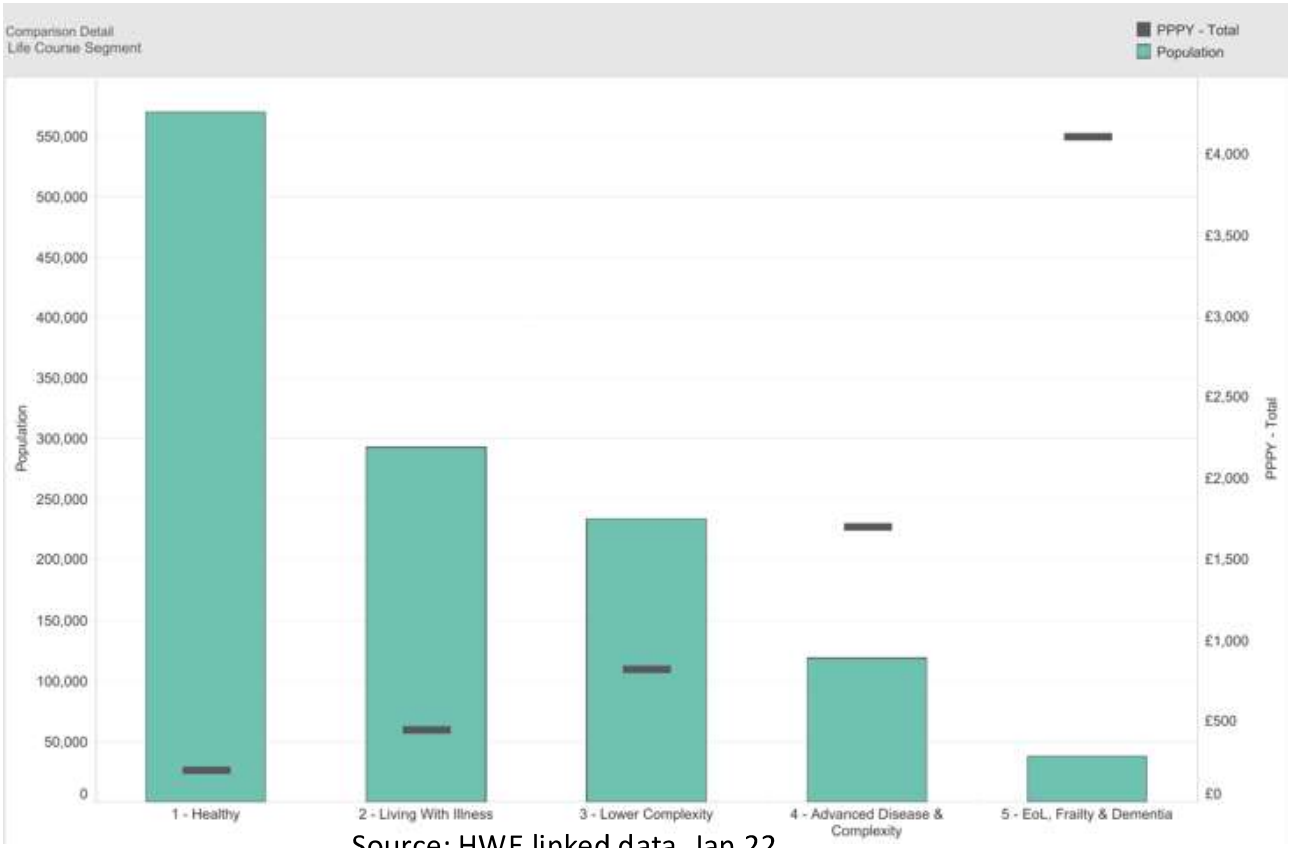
UEC & EOL Slides: Summary

- HWE is performing similarly to the rest of the country for the percentage of deaths with 3 or more emergency admissions in the last three months of life
- Within the EoL segment:
  - With increasing age comes increasing volume of patients and associated cost of A&E attendances
  - A&E attendances for those in segment 5 (EoLFD) are very common, with frequent attendances due to weakness (14%,) dyspnoea (14%,) chest pain (12%, and unsteady gait (12%)
  - Emergency admissions are also highest in this segment, alongside people with severe dementia. Common reasons for admission are exacerbations of underlying long term conditions and infective causes as well as falls and fractures.
  - In the end of life subsegment, ACS admissions are most commonly due to CVD: congestive heart failure, Respiratory: COPD and CVD: AF and flutter

UEC & EOL: Cost PPPY

- Worsening health status is associated with increasing cost per person per year (PPPY), with the majority of those costs coming from urgent and emergency care.
- In the chart opposite, the bar represents the number of people in each segment and the line represents the cost PPPY.
- Whilst people in segment 5 (EoL, frailty and dementia) make up the smallest proportion of the population, they have the highest spend per person (>£4000pppy).
- Those in segment 5 (EoL, frailty and dementia) have roughly 16x more spent on them PPPY compared to those in segment 1 (healthy). >£4000 PPPY compared to ~£250 PPPY for the 'healthy' population.

Population and healthcare cost PPPY- by life segment



Source: HWE linked data, Jan 22

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UEC & EOL: A&E attendances

- On average, the rate of emergency department attendance for the 18 month period April ’21 to Sept ’22 for people in the end of life segment (n=11057) was 982 per 1000. This compares to a rate of 278 per 1000 across the HWE population. It is similar to the rates for the segment 5 – EoLFD as a whole (932 per 1000).
- The main reasons for emergency attendance for people in the end of life segment are shown in the table opposite.
    - Whilst there are a number of complaints that have limited description (asthenia, clouded consciousness, asymptomatic) these are likely to represent general issues of frailty, social difficulties and difficulty managing at home or usual place of residence.
    - In addition to these ‘non-descript’ complaints, many attendances are linked to infective causes, exacerbations of long term conditions or injuries and musculoskeletal issues.

Chief complaint
Asthenia (Finding)
Dyspnea (Finding)
Unsteady Gait (Finding)
Abdominal Pain (Finding)
Chest Pain (Finding)
Injury Of Lower Limb (Disorder)
Pain In Lower Limb (Finding)
Injury Of Head (Disorder)
Fever (Finding)
Difficulty Breathing (Finding)
Asymptomatic (Finding)
Injury Of Upper Extremity (Disorder)
Clouded Consciousness (Finding)
Vomiting (Disorder)
Backache (Finding)
Skin Problem (Finding)
Seizure (Finding)
Retention Of Urine (Disorder)
Dizziness (Finding)
Near Syncope (Disorder)
Palpitations (Finding)
Diarrhoea (Finding)
Blood In Urine (Finding)
Headache (Finding)

UEC & EOL: Emergency admissions

- The rate of emergency admission during the period April ’21 to September ’22 for people in the end of life segment was 760 per 1000. This compares to a rate of admission for the whole population over the same period of 75 per 10000.
- The subsegments with the highest rates of emergency admission are 5b – Severe dementia (805 per 1000) and 5c – End of Life. Following this, there is a drop in the rate of emergency admission to 5a – Severe frailty (536 per 1000) and 4f – End stage disease (476 per 1000).
- The most common reasons for admission are shown in the table opposite and show that the main reasons for admission are due to infective causes and exacerbations of underlying long term conditions as well as falls and fractures.
- The rate of emergency admission for ambulatory care sensitive conditions in the End of Life segment is 95 per 1000. This compares to a rate of 9.2 per 1000 across the HWE population over the same time period.
- Within the end of life subsegment, CVD, COPD and AF/flutter are the conditions causing the highest volume of ACS admissions and highest associated costs.
- This cohort are likely to benefit from proactive management and admission avoidance for ambulatory care conditions.

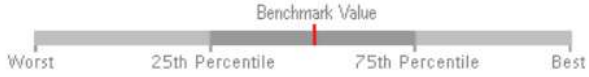
Primary diagnosis
Urinary tract infection, site not specified
Lobar pneumonia, unspecified
Sepsis, unspecified
Tendency to fall, not elsewhere classified
Emergency use of U07.1
Chronic obstructive pulmonary disease with acute lower respiratory infection
Congestive heart failure
Pneumonia, unspecified
Acute renal failure, unspecified
Pneumonitis due to food and vomit
Unspecified acute lower respiratory infection
Fracture of neck of femur
Cellulitis of other parts of limb
Constipation
Disorders of calcium metabolism
Chronic obstructive pulmonary disease with acute exacerbation, unspecified
Anaemia, unspecified
Chest pain, unspecified
Atrial fibrillation and atrial flutter, unspecified
Syncope and collapse
Gastroenteritis and colitis of unspecified origin

UEC & EOL: Emergency admissions

Better 99.8% Better 95% Similar Worse 95% Worse 99.8% Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

Source: Fingertips, secondary care data. Accessed May 2023.



Indicator	Period	Hertfordshire and West Essex			NHS regions (pre ICB)	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of deaths with three or more emergency admissions in the last three months of life. (All ages)	2021	➡	930	7.1%*	7.0%*	7.1%*	9.0%		4.9%
Percentage of deaths with three or more emergency admissions in the last three months of life. (75+ yrs)	2021	➡	600	6.4%*	6.2%*	6.1%*	8.5%		3.8%
Percentage of deaths with three or more emergency admissions in the last three months of life. (<75 yrs)	2021	➡	330	8.9%*	8.9%*	9.2%*	12.4%		6.2%

- Approximately one in 14 people are admitted to hospital three or more times in the last three months of life in HWE. The local rate is statistically similar to the rest of the country.
- Recent trends show a reduction since a peak of 8.3% in 2019.
- The rates across each place are similar with ENH having the lowest (6.7%) and SWH and WE both having 7.4% of people admitted 3+ times in the last 3 months of life.
- WE has seen a sharp drop in the proportion of people admitted three or more times since 2019, down tfrom 8.9% in 2019 to 7.4% in 2021.

Hertfordshire and West Essex Integrated Care System

5. Achieving a Better Death

Working together
for a healthier future

Achieving a Better Death: Summary

- The percentage of deaths occurring in hospital, care homes and hospices is higher in HWE compared to the rest of England. Whereas HWE has fewer deaths occurring at home or in 'other places' when compared to the rest of England.
- This varies according to age and district. In particular, HWE patients aged 85+ had a higher percentage of deaths occurring in care homes and fewer deaths at home and in hospital compared to the rest of England.
- The percentage of deaths occurring in hospital has been gradually decreasing since 2019. The percentage of deaths occurring at home has been gradually increasing since 2019.
- Most HWE districts have rates of temporary care home resident deaths that are similar to the rest of England. The proportion of people in Broxbourne who died whilst living in temporary residential care is significantly higher than all other districts and the national average.
- Deaths due to each cause in each age group in HWE are fairly aligned with the rest of England.
- HWE has a higher percentage of all deaths who are 85+ compared to the rest of England.
- People with dementia in HWE have higher rates of dying in hospital and lower rates of dying in usual place of residence or care homes when compared to the rest of England.

Achieving a Better Death: Percentage of deaths by age

Indicator	Period	Hertfordshire and West Essex			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of all Deaths (85+ yrs)	2020	➡	6,475	46.2%	40.0%	33.8%		48.0%
Percentage of all Deaths (75-84 yrs)	2020	➡	3,783	27.0%	28.8%	26.7%		31.2%
Percentage of all Deaths (65-74 yrs)	2020	➡	1,989	14.2%	16.2%	13.4%		18.1%
Percentage of all Deaths (<65 yrs)	2020	➡	1,756	12.5%	15.0%	11.0%		21.7%
Mortality Rate (All ages)	2020	➡	14,003	971	1,042	1,262		891
Mortality Rate (85+ yrs)	2020	➡	6,475	16,794	16,558	19,154		13,344
Mortality Rate (75-84 yrs)	2020	➡	3,783	4,281	4,649	5,855		3,817
Mortality Rate (65-74 yrs)	2020	➡	1,989	1,468	1,630	2,121		1,272
Mortality Rate (<65 yrs)	2020	➡	1,756	148	193	258		143

- HWE has a higher percentage of all deaths who are 85+ compared to the rest of England.
- This is potentially due to HWE having a higher proportion of very elderly patients.
- Percentage of all deaths who are <65, 65-74 and 75-84 is lower in HWE compared to the rest of the country.

Source: Fingertips, secondary care data. Accessed May 2023

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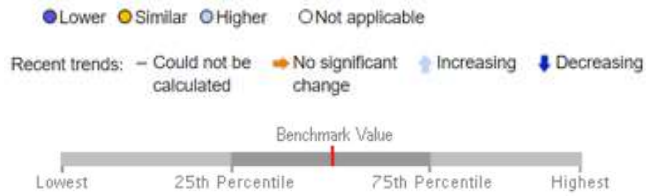
Achieving a Better Death: Place of death

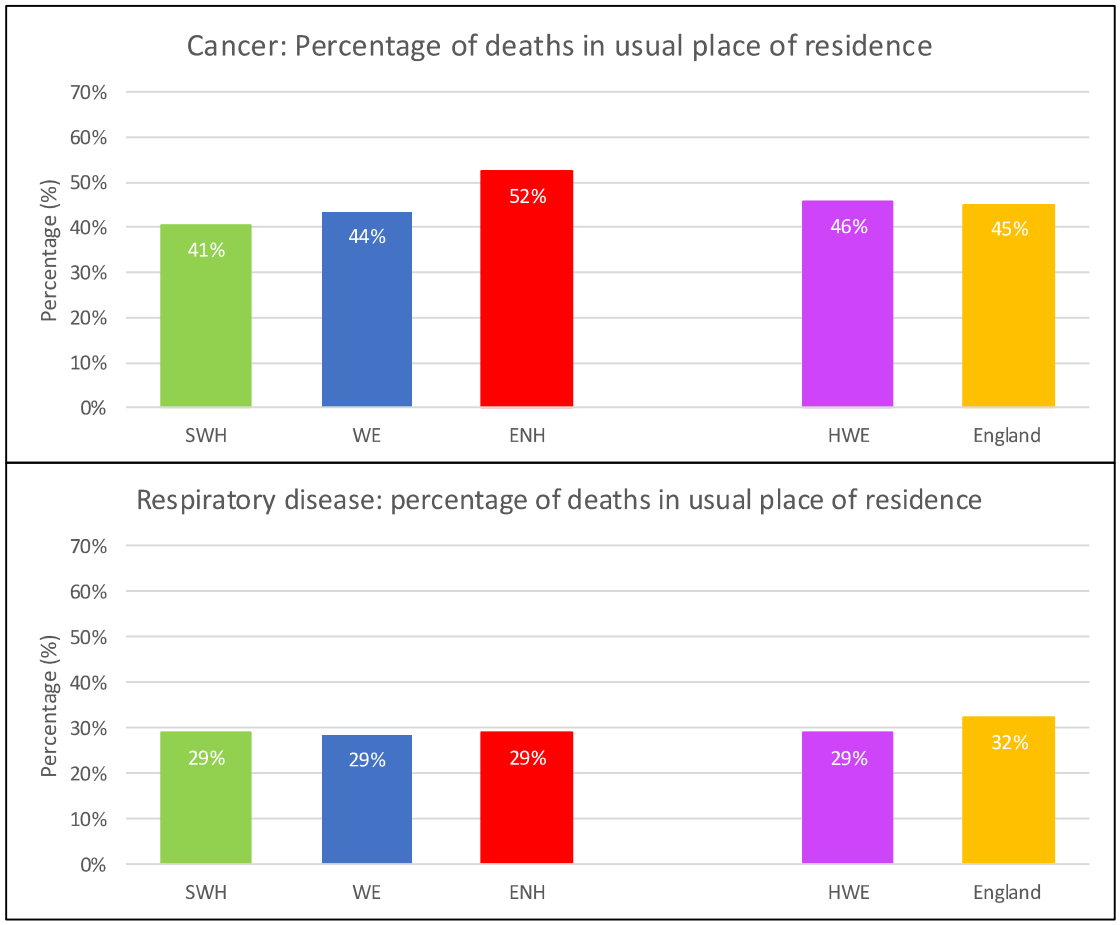


Indicator	Period	Hertfordshire and West Essex ICB		England			
		Recent Trend	Count	Value	Value	Lowest	Range	Highest
Percentage of deaths that occur in hospital (All ages)	2021	↓	5,878	45.1%	44.0%	36.8%		53.1%
Percentage of deaths that occur in care homes (All ages)	2021	→	2,801	21.5%	20.2%	11.0%		28.5%
Percentage of deaths that occur at home (All ages)	2021	↑	3,395	26.1%	28.7%	25.9%		34.1%
Percentage of deaths that occur in 'other places' (All ages)	2021	→	296	2.3%	2.7%	1.8%		4.5%
Percentage of deaths that occur in hospice (All ages)	2021	→	651	5.0%	4.4%	2.1%		6.9%

Source: Fingertips, secondary care data. Accessed May 2023

- The percentage of deaths occurring in **hospital, care homes and hospices** is higher in HWE compared to the rest of England, although this is not statistically significant.
- Whereas HWE has a statistically significantly lower proportion of deaths occurring at **home or in 'other places'** when compared to the rest of England.
- In particular, HWE is an outlier in the percentage of deaths occurring at home, falling within the lowest-25th percentile range
- Supporting people to be cared for and to die in their usual place of residence, including their own home will achieve better quality of deaths within the local population.

Achieving a Better Death: Place of death by cause of death



- In HWE, just under half (46%) of patients whose cause of death is cancer, die in their usual place of residence (home, care home or religious establishment)
- This is similar to the national median (45%)
- ENH has the highest rate of cancer deaths in usual place of residence (52%)
- Whereas SWH has the lowest rate of cancer deaths in usual place of residence (41%)

- In comparison to cancer, less than a third (29%) of people in HWE whose cause of death is respiratory disease die in their usual place of residence (home, care home or religious establishment).
- This is lower than the national median (32%) and puts HWE in the lowest quartile nationally.
- All places within HWE have similar rates of respiratory disease deaths in usual place of residence.

Source: Model Hospital, 2017. Accessed May 2023.

Achieving a Better Death: Place of death

Percentage of deaths that occur in each location in HWE, compared to England

Lower | Similar | Higher

Place of death	<65	65-74	75-84	85+
Home	34.1	31.2	26.3	21.8
Hospital	45.8	50.1	49.5	40.8
Hospice	9.3	8.1	5.1	2.6
Care Home	3.6	7.4	17.3	34.0

Source: Fingertips 2021, secondary care data

- Those aged 85+ have lower rates of dying at home, in a hospital or hospice compared to the rest of England, but have higher rates of dying in a care home
- Those aged 75-84 are more likely to die in hospital and less likely to die in a care home compared to the rest of England
- Those aged 65-74 have higher rates of dying at home, hospital or hospice compared to the rest of England.
- Those aged under 65 have higher rates of dying at home or in a hospice compared to the rest of England

Achieving a Better Death: Place of death by HWE district

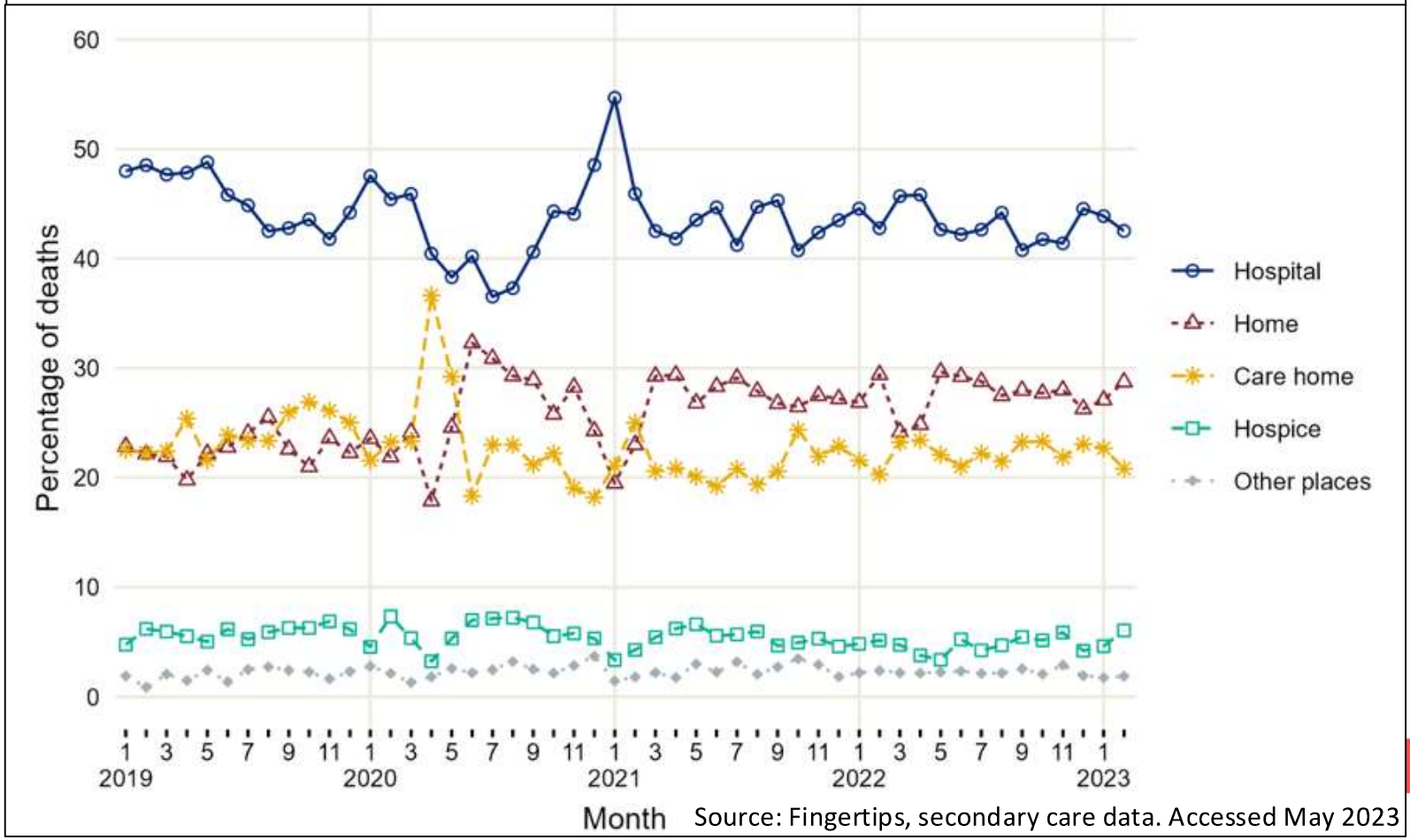
- There is variation in place of death at district level
- North Herts, Welwyn Hatfield, Epping Forest, Hertsmere, Dacorum, Three Rivers and Watford all have a **lower** percentage of deaths occurring at home compared to the rest of England
- Three Rivers, Hertsmere, Watford, Harlow and Dacorum all have a **higher** percentage of deaths that occur in hospital compared to the rest of England

Hertfordshire and West Essex Integrated Care System

Source: Fingertips, secondary care data. Accessed May 2023.

Achieving a Better Death: Place of death trends over time

Monthly trend (%) in HWE deaths (all ages) by place of death, 2019 to 2023



Source: Fingertips, secondary care data. Accessed May 2023

- The percentage of deaths occurring in hospital has been gradually **decreasing** since 2019.
- The percentage of deaths occurring at home has been gradually **increasing** since 2019 and higher than the pre-pandemic baseline period.
- Rates of deaths in care homes, hospices and 'other places' has remained relatively stable.

Achieving a Better Death: Deaths among temporary care home residents

Lower | Similar | Higher | Not compared

Recent trends: – Could not be calculated | No significant change | Increasing | Decreasing

Areas: All in your area list | All in England Display: Table | Table and chart

Show 99.8% CI values

Indicator

Temporary Resident Care Home Deaths, Persons, All Ages (%) 2021 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	43,742	39.6	39.3	39.9
HWE Districts	–	1,230	43.3*	41.5	45.1
Broxbourne	–	101	74.8	66.9	81.4
Harlow	–	61	50.8	42.0	59.6
St Albans	–	118	47.8	41.6	54.0
Welwyn Hatfield	–	112	45.0	38.9	51.2
East Hertfordshire	–	130	43.5	38.0	49.1
Stevenage	–	74	42.5	35.4	50.0
Three Rivers	–	65	41.4	34.0	49.2
Dacorum	–	109	40.7	35.0	46.6
Hertsmere	–	77	40.3	33.6	47.4
Uttlesford	–	76	40.2	33.5	47.3
Epping Forest	–	113	39.0	33.5	44.7
Watford	–	56	38.9	31.3	47.0
North Hertfordshire	–	138	36.6	31.9	41.6

Source: Office for National Statistics

Source: Fingertips, secondary care data. Accessed May 2023.

- There is variation in the number of deaths in temporary care home residents at district level.
- Most HWE districts have rates of temporary care home resident deaths that are similar to the rest of England.
- The exception to this is Broxbourne, Harlow and St Albans, which have higher rates of temporary care home resident deaths.

Achieving a Better Death: Cause of death

Lower Similar Higher Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	Hertfordshire and West Essex			NHS regions (pre ICB)	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Percentage of deaths with underlying cause Cancer (All ages)	2020	↓	3,207	23.0%	24.7%*	24.3%	21.9%		27.6%
Percentage of deaths with underlying cause Cancer (85+ yrs)	2020	→	880	13.6%	14.2%*	13.8%	12.1%		16.3%
Percentage of deaths with underlying cause Cancer (75-84 yrs)	2020	↓	998	26.4%	28.3%*	27.4%	22.0%		32.3%
Percentage of deaths with underlying cause Cancer (65-74 yrs)	2020	→	734	36.9%	40.2%*	38.2%	30.4%		45.3%
Percentage of deaths with underlying cause Cancer (<65 yrs)	2020	→	595	34.7%	33.4%*	31.7%	26.5%		36.9%
Percentage of deaths with underlying cause respiratory disease (All ages)	2020	↓	1,411	10.1%	10.1%*	10.2%	9.1%		11.3%
Percentage of deaths with underlying cause respiratory disease (85+ yrs)	2020	↓	722	11.2%	10.7%*	11.0%	9.8%		12.7%
Percentage of deaths with underlying cause respiratory disease (75-84 yrs)	2020	↓	403	10.7%	11.4%*	11.1%	9.3%		13.5%
Percentage of deaths with underlying cause respiratory disease (65-74 yrs)	2020	↓	193	9.7%	9.8%*	10.2%	7.9%		11.9%
Percentage of deaths with underlying cause respiratory disease (<65 yrs)	2020	→	93	5.4%	5.6%*	6.1%	3.9%		8.3%
Percentage of deaths with underlying cause circulatory disease (All ages)	2020	↓	2,858	20.5%	21.4%*	21.8%	19.9%		26.5%
Percentage of deaths with underlying cause circulatory disease (85+ yrs)	2020	↓	1,340	20.7%	22.5%*	22.9%	18.5%		28.7%
Percentage of deaths with underlying cause circulatory disease (75-84 yrs)	2020	↓	773	20.4%	21.1%*	21.6%	17.9%		27.1%
Percentage of deaths with underlying cause circulatory disease (65-74 yrs)	2020	→	412	20.7%	20.3%*	21.2%	18.5%		24.2%
Percentage of deaths with underlying cause circulatory disease (<65 yrs)	2020	→	333	19.4%	19.4%*	20.2%	18.2%		22.0%

- Deaths due to each cause in each age group in HWE are statistically similar to the rest of England. With a few exceptions:
  - Deaths due to cancer in those <65 are higher than the rest of England.
  - HWE has fewer deaths due to cancer across all ages compared to the rest of England.
  - HWE has fever deaths due to circulatory disease across all ages compared to the rest of England.

Source: Fingertips, secondary care data. Accessed May 2023

Achieving a Better Death: Dementia

Source: Fingertips 2019, secondary care data

Better 95% Similar Worse 95% Lower Similar Higher Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better; Increasing; Decreasing

Benchmark Value
Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Hertfordshire and West Essex			NHS regions (pre ICB)	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Dementia: QOF prevalence (all ages)	2021/22	➡	-	-	0.7%	0.7%	-	*Insufficient number of values for a spine chart*	-
Dementia: Recorded prevalence (aged 65 years and over)	2020	–	11,197	4.19%*	3.95%*	3.97%*	3.23%		4.66%
Direct standardised rate of mortality: People with dementia (aged 65 years and over)	2019	–	2,469	859	-	849	1,072		626
Deaths in Usual Place of Residence: People with dementia (aged 65 years and over)	2019	–	1,600	65.9%	70.0%*	70.3%	58.2%		80.5%
Place of death - hospital: People with dementia (aged 65 years and over)	2019	–	824	33.4%	29.1%*	28.7%	17.8%		40.2%
Place of death - home: People with dementia (aged 65 years and over)	2019	–	247	10.0%	10.7%*	11.2%	8.2%		17.4%
Place of death - care home: People with dementia (aged 65 years and over)	2019	–	1,365	55.3%	58.6%*	58.4%	40.2%		67.1%
Dementia: Quality rating of residential care and nursing home beds (aged 65 years and over)	2020	–	7,071	71.9%	73.8%*	74.1%	60.3%		90.9%

- People with dementia in HWE have higher rates of dying in hospital and lower rates of dying in usual place of residence or care homes when compared to the rest of England.

Hertfordshire and West Essex Integrated Care System

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6.Appendix

Working together
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GSF Prognostic Indicator Recorded- SWH by practice

SOUTH & WEST HERTS	ABBEY HEALTH	E82031	MALTINGS SURGERY	11	32	34.4%
		E82107	SUMMERFIELD HEALTH CENTRE	1	22	4.5%
	ALBAN HEALTHCARE	E82059	GRANGE STREET SURGERY	4	26	15.4%
		E82055	MIDWAY SURGERY	5	81	6.2%
		E82060	PARKBURY HOUSE SURGERY	16	51	31.4%
	ALLIANCE	E82113	COLNEY,COLERIDGE HSE & BRICKET WOOD MCS	0	9	0.0%
		E82020	CONSULTING ROOMS	0	17	0.0%
		E82050	GROVE HILL MEDICAL CENTRE	0	7	0.0%
		E82004	HATFIELD ROAD SURGERY	1	5	20.0%
		E82070	WOODHALL FARM MEDICAL CTR	0	10	0.0%
	ALPHA	E82652	GOSSOMS END SURGERY	5	6	83.3%
		E82001	ROTHSCHILD HOUSE GROUP	88	190	46.3%
		E82094	THE MANOR STREET SURGERY	14	37	37.8%
	ATTENBOROUGH	E82124	ATTENBOROUGHS SURGERY	29	59	49.2%
	CENTRAL WATFORD	E82015	SUTHERGREY HOUSE MEDICAL CENTRE	3	35	8.6%
		E82069	THE ELMS SURGERY	8	10	80.0%
		E82045	WATFORD HEALTH CENTRE	35	64	54.7%
	DACORUM BETA	E82022	FERNVILLE SURGERY	75	145	51.7%
		E82640	HIGHFIELD SURGERY	9	33	27.3%
		E82091	PARKWOOD SURGERY	6	80	7.5%
	DANAIS	E82032	BENNETTS END SURGERY	23	89	25.8%
		E82051	EVEREST HOUSE SURGERY	24	55	43.6%
	DELTA	E82643	ARCHWAY SURGERY	0	10	0.0%
		E82066	HAVERFIELDS SURGERY	0	7	0.0%
		E82129	KINGS LANGLEY SURGERY	2	76	2.6%
		E82009	LINCOLN HOUSE SURGERY	1	32	3.1%
	HALO	E82084	HARVEY GROUP PRACTICE	7	27	25.9%
		E82014	LODGE,HIGHFIELD & REDBOURN	25	74	33.8%
	HARPENDEN HEALTH	E82077	DAVENPORT HOUSE SURGERY	7	50	14.0%
		E82071	ELMS MEDICAL PRACTICE	28	40	70.0%
		E82037	VILLAGE SURGERY	19	27	70.4%
	HERTS FIVE	E82012	FAIRBROOK MEDICAL CENTRE	5	52	9.6%
		E82657	LITTLE BUSHEY SURGERY	9	17	52.9%
		E82043	SCHOPWICK SURGERY	13	59	22.0%
		E82117	THE GROVE MEDICAL CENTRE	29	68	42.6%
		E82085	THE RED HOUSE GROUP	17	22	77.3%
	MVPS	E82073	MANOR VIEW PRACTICE	24	83	28.9%
		Y01165	PATHFINDER PRACTICE	2	11	18.2%
		E82655	SOUTHOXHEY SURGERY	5	12	41.7%
		E82048	THEOBALD MEDICAL CENTRE	6	67	9.0%
	NORTH WATFORD	E82105	ABBOTSWOOD MEDICAL CENTRE	0	8	0.0%
		E82096	SHEEPCOT MEDICAL CENTRE	1	29	3.4%
		E82046	VINE HOUSE HEALTH CENTRE	23	82	28.0%
	POTTERS BAR	E82098	ANNANDALE MEDICAL CENTRE	6	25	24.0%
		E82078	HIGHVIEW MEDICAL CENTRE	8	30	26.7%
		E82027	PARKFIELD MEDICAL CENTRE	25	75	33.3%
	RICKMANSWORTH & CHORLEYWOOD	E82064	CHORLEYWOOD HEALTH CENTRE	8	9	88.9%
		E82068	GADE SURGERY	6	26	23.1%
		E82083	THE COLNE PRACTICE	2	14	14.3%
	THE GRAND UNION	E82049	BALDWINS LANE SURGERY	0	22	0.0%
		E82013	BRIDGEWATER SURGERIES	68	112	60.7%
		E82017	GARSTON MEDICAL CENTRE	5	20	25.0%
		E82106	NEW ROAD SURGERY	13	34	38.2%

GSF Prognostic Indicator Recorded- WE by practice

WEST ESSEX	EPPING FOREST NORTH	F81184	ABRIDGE SURGERY	2	14	14.3%
		F81072	HIGH STREET SURGERY, EPPING	2	16	12.5%
		F81749	MARKET SQUARE SURGERY	40	87	46.0%
		F81725	MAYNARD COURT SURGERY	63	131	48.1%
		F81049	ONGAR HEALTH CENTRE	39	40	97.5%
		F81043	THE LIMES MEDICAL CENTRE	44	130	33.8%
	HARLOW NORTH	F81181	ADDISON HOUSE - HAQUE PRACTICE	22	96	22.9%
		F81078	CHURCH LANGLEY MEDICAL PRACTICE	13	24	54.2%
		F81120	NUFFIELD HOUSE HEALTH CENTRE	38	40	95.0%
		F81056	OLD HARLOW HEALTH CENTRE	9	22	40.9%
		F81619	SYDENHAM HOUSE SURGERY	2	6	33.3%
	HARLOW SOUTH	F81027	LISTER MEDICAL CENTRE	16	52	30.8%
		F81047	THE HAMILTON PRACTICE	52	82	63.4%
		F81106	THE ROSS PRACTICE	38	71	53.5%
	LOUGHTON, BUCKHURST HILL & CHIGWELL	F81062	CHIGWELL MEDICAL CENTRE	4	20	20.0%
		F81152	FOREST PRACTICE	43	60	71.7%
		F81169	KINGS MEDICAL CENTRE	18	46	39.1%
		F81048	LOUGHTON HEALTH CENTRE	57	66	86.4%
		F81165	PALMERSTON ROAD SURGERY	0	9	0.0%
		F81136	THE LOUGHTON SURGERY	16	53	30.2%
		F81216	THE RIVER SURGERY	91	100	91.0%
	NORTH UTTLESFORD	F81015	CROCUS MEDICAL PRACTICE	38	62	61.3%
		F81034	NEWPORT SURGERY	16	34	47.1%
		F81131	THAXTED SURGERY	43	105	41.0%
		F81009	THE GOLD STREET SURGERY	51	101	50.5%
	SOUTH UTTLESFORD	F81090	ANGEL LANE SURGERY	73	74	98.6%
		F81111	ELSENHAM SURGERY	4	29	13.8%
		F81118	JOHN TASKER HOUSE SURGERY	27	57	47.4%
		F81053	STANSTED SURGERY	57	67	85.1%
		F81004	THE EDEN SURGERIES	23	33	69.7%

GSF Prognostic Indicator Recorded- ENH by practice

	PCN	Code	Practice	GSF prognostic indicator recorded	No. of patients on the EoL register	%
EAST & NORTH HERTS	BROXBOURNE ALLIANCE	E82042	ABBEY ROAD SURGERY	11	12	91.7%
		E82081	CUFFLEY AND GOFFS OAK MEDICAL PRACTICE	38	69	55.1%
		E82063	THE MAPLES	20	40	50.0%
		E82123	WARDEN LODGE MEDICAL PRACTICE	19	71	26.8%
	HATFIELD	E82023	BURVILL HOUSE SURGERY	22	38	57.9%
		E82018	LISTER HOUSE SURGERY	15	46	32.6%
		E82058	POTTERELLS MEDICAL CENTRE	19	48	39.6%
		E82002	WRAFTON HOUSE SURGERY	11	37	29.7%
	HERTFORD AND RURALS	E82007	HANSCOMBE HOUSE SURGERY	7	23	30.4%
		E82102	NEW RIVER HEALTH	36	93	38.7%
		E82024	WALLACE HOUSE	31	90	34.4%
		E82121	WATTON PLACE CLINIC	3	29	10.3%
	HITCHIN AND WHITWELL	E82053	BANCROFT MEDICAL CENTRE	132	222	59.5%
		E82044	THE PORTMILLS SURGERY	143	182	78.6%
		E82075	REGAL CHAMBERS SURGERY	15	131	11.5%
		E82626	WHITWELL SURGERY	0	11	0.0%
	HODDESDON & BROXBOURNE	E82061	AMWELLS SURGERY	18	32	56.3%
		E82088	HAILEY VIEW SURGERY	23	38	60.5%
		E82090	PARK LANE SURGERY	16	24	66.7%
		E82006	THE LIMES SURGERY	10	21	47.6%
	ICKNIELD	D81047	ASHWELL SURGERY	0	27	0.0%
		E82082	BIRCHWOOD SURGERY	103	145	71.0%
		E82099	THE BALDOCK SURGERY	18	74	24.3%
		E82661	THE GARDEN CITY SURGERY	3	34	8.8%
		E82008	THE NEVELLS ROAD SURGERY	20	46	43.5%
		E82104	THE SOLLERSHOTT SURGERY	3	24	12.5%
	LEA VALLEY HEALTH	E82079	CROMWELL MEDICAL CENTRE	16	22	72.7%
		E82133	HIGH STREET SURGERY	3	15	20.0%
		E82638	STANHOPE SURGERY	5	45	11.1%
		E82115	STOCKWELL LODGE MEDCTR.	19	36	52.8%
	STEVENAGE NORTH	E82005	STANMORE MEDICAL GROUP	105	216	48.6%
		E82111	THE SYMONDS GREEN HEALTH CENTRE	18	32	56.3%
	STEVENAGE SOUTH	E82093	BEDWELL MEDICAL CENTRE	98	114	86.0%
		E82086	KING GEORGE & MANOR HOUSE SURGERIES	36	71	50.7%
		E82035	KNEBWORTH & MARYMEAD PRACTICE	13	63	20.6%
		E82056	SHEPHALL HEALTH CENTRE	31	35	88.6%
	STORT VALLEY & VILLAGES	E82100	CENTRAL SURGERY	20	57	35.1%
		E82067	CHURCH STREET PARTNERSHIP	33	62	53.2%
		E82654	HELIX MEDICAL CENTRE	4	6	66.7%
		E82021	MUCH HADHAM HEALTH CENTRE	80	98	81.6%
		E82074	SOUTH STREET SURGERY	35	72	48.6%
	WARE AND RURALS	E82092	DOLPHIN HOUSE SURGERY	141	184	76.6%
		E82038	THE BUNTINGFORD & PUCKERIDGE MED PRAC.	3	58	5.2%
	WELWYN GARDEN CITY A	E82062	HALLGROVE GROUP PRACTICE	76	100	76.0%
		E82040	PEARTREE LANE SURGERY	40	64	62.5%
		Y02639	SPRINGHOUSE HEALTH	12	34	35.3%
		E82041	THE GARDEN CITY PRACTICE	20	45	44.4%
	Unallocated	E82019	BRIDGE COTTAGE SURGERY	41	114	36.0%