



Hertfordshire and
West Essex Integrated
Care System

PCN Insights Pack 2024

Halo

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Working together
for a healthier future

Introduction

This latest version of the PCN pack has been developed around the ICB Clinical Priorities signed off by the ICB Board in March 23 and how they align to the population outcomes we are aiming to achieve. (See tables on the right hand side.)

The data contained within this pack compares the PCN data against Place and ICB. An overview table of all the data is available on the following page with areas of opportunity highlighted.

Some data will not be available at PCN level e.g. mortality rate for CVD. Where this is the case, proxy measures that will lead to improving this will be included e.g. early identification.

Where opportunities link with areas within the ECF or QOF a selection of related indicators have been shared alongside a link to Ardens Manager.

The data within this pack are shown at PCN level and are health focused. However to improve outcomes for our population, input from many partners is required. This pack can facilitate discussion within your Integrated Neighbourhood Teams as described within the Primary Care Strategy and also the wider HCP transformation spaces supported by your Primary Care Transformation leads.

Packs for other PCNs, Localities and Place can be found:

[Population health management – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://hertsandwestessexics.org.uk)

Here you can also find previous PCN packs outlining the descriptive demographics for the PCNs.



Area	Clinical Priority
CYP	<ul style="list-style-type: none"> Improved Readiness for school in children eligible for FSM Reduce rates of Childhood obesity Reduced unnecessary A&E attendances and admissions
Prevention and Health Inequalities	<ul style="list-style-type: none"> Reduced premature mortality rate for CVD
LTC & Frailty	<ul style="list-style-type: none"> Reduce attendance and admissions for falls, people with frailty and people in last year of life Development of more proactive, preventative care models for management of LTC and Frailty
Mental Health	<ul style="list-style-type: none"> Reducing suicide rates and attendances/ admission rates for self-harm Reducing rates of A&E attendances involving substance misuse and violence

Outcome	Definition
Improve life expectancy	Average age at death for people who have died in the last 12 months
Improve healthy life expectancy	Average age of people who have left the 'healthy' segment in the last 12 months
Reduce the proportion of people living with advanced disease and complexity	Proportion of the registered population who are in the advanced disease and complexity segment (segment)
Reduce the rate of ambulatory care sensitive emergency hospital admissions	Rate of ambulatory care sensitive emergency admissions in the last 12 months
Reduce the overall spend on emergency hospital admissions	Spend on Emergency hospital admissions within a financial year

Halo PCN at a Glance

The table on the right provides a summary of the data contained within this pack. It highlights how the PCN data compares with Place and ICB.

For Halo PCN areas of opportunity highlighted are :

- **Observed versus expected prevalence**
- **Identification of hypertension**
- **% of people for secondary prevention CVD who are on low and medium intensity statins**
- **Admissions for Hip Fractures (75+)**
- **Admissions for Self-Harm**

The following link takes you to Ardens Manager where there are reports. Here you will find the latest information on identification of LTCs and details of case finding Ardens searches available within EMIS and Systmone.

<https://app.ardensmanager.com/login>

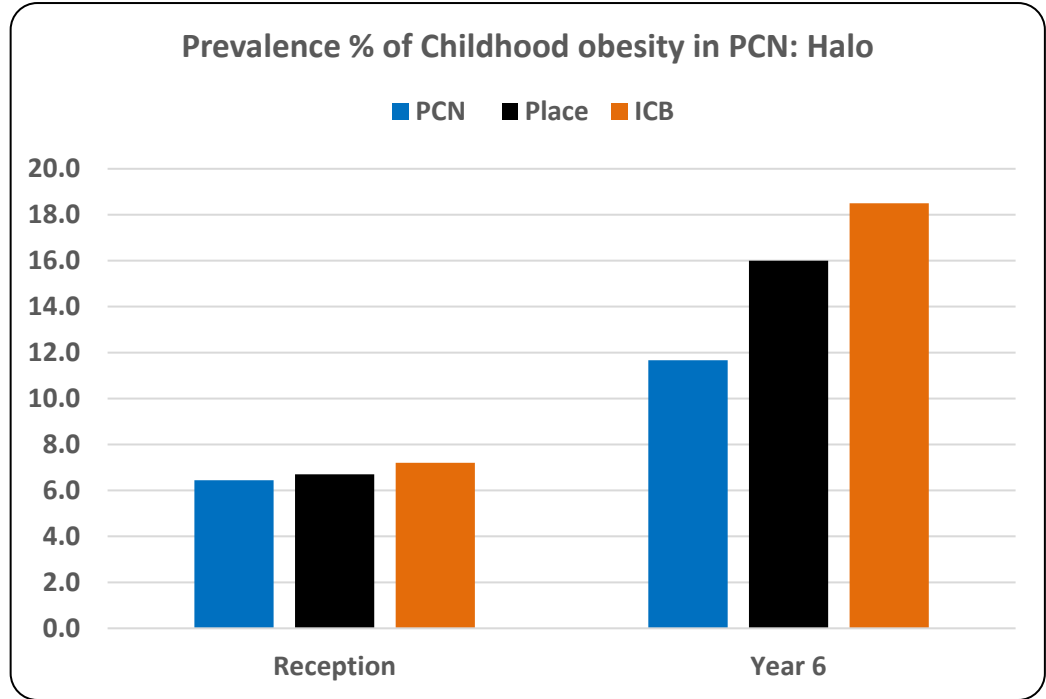
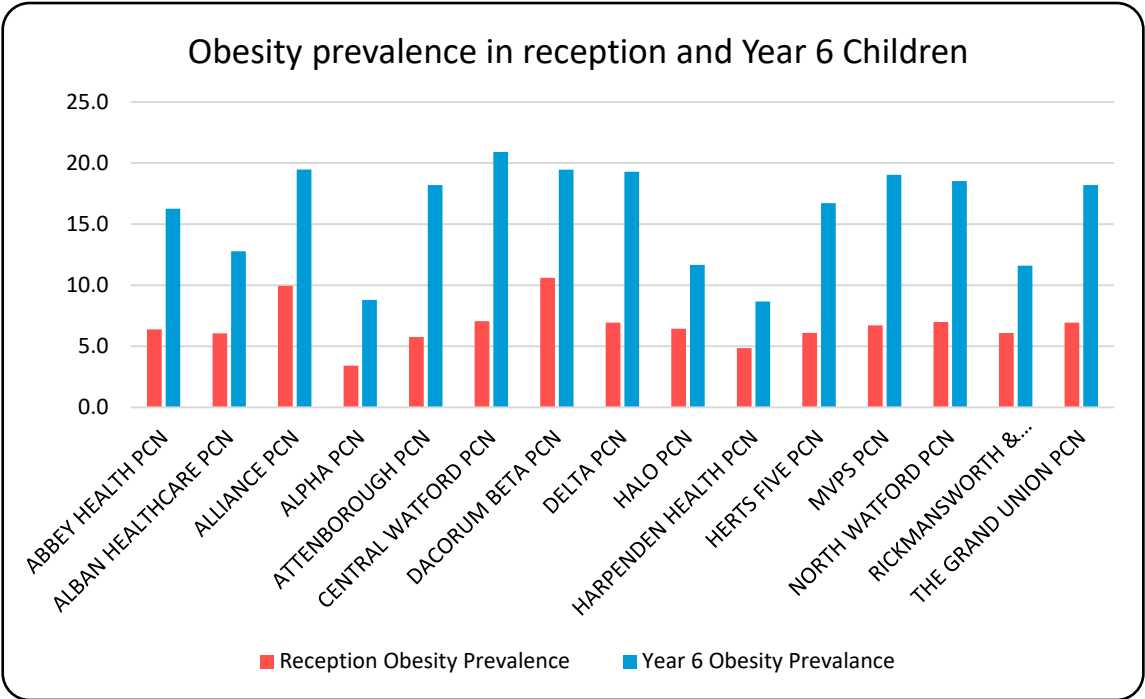
Clinical Priority	Metric	PCN compared to Place average	PCN compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↓	↓
	% of children in Year 6 who are overweight	↓	↓
Reduce rates of emergency care for children and young people	A&E Attendances for Asthma (Children)	↓	↓
	Admissions for Asthma (Children)	↓	↓
	Admissions for Wheeze (Children)	↓	↓
	Admissions for Diabetes (Children)	↓	↓
	Admissions for Epilepsy (Children)	↑	↔
Prevention and health inequalities (Premature mortality for CVD)	Lifestyle risk factors: Smoking	↔	↔
	Observed versus expected prevalence	↓	↓
	Annual Reviews completed for LTCs	↑	↑
	% of people with AF treated with Anti Coagulant	↔	↔
	Control of hypertension	↑	↑
	Identification of hypertension	↓	↓
	% of people for secondary prevention CVD who are on low and medium intensity statins	↑	↑
Preventative, Proactive care models for LTC	% of diabetics with all 8 care processes completed	↑	↑
	Reduction in emergency admissions of ACS conditions	↓	↓
	Admissions for falls (75+)	↔	↑
	Admissions for Hip Fractures (75+)	↑	↑
Mental Health	Prevalence of Mental Health Conditions including LD	↑	↑
	Admissions for Self-Harm	↑	↑

Rates of Childhood Obesity

CYP outcome – Every child will have the best start and live a healthy life

ICB overarching outcome of Improving Healthy life expectancy

- Compared to the ICB and Place rate, Halo PCN has lower rates of Childhood Obesity for Children in Reception and year 6.
- In keeping with the national data, the PCN rates for Childhood Obesity are higher for year 6 in comparison to reception children.
- The data suggest that there is an improvement from reception to Year 6 in childhood obesity in the PCN position against Place and ICB.

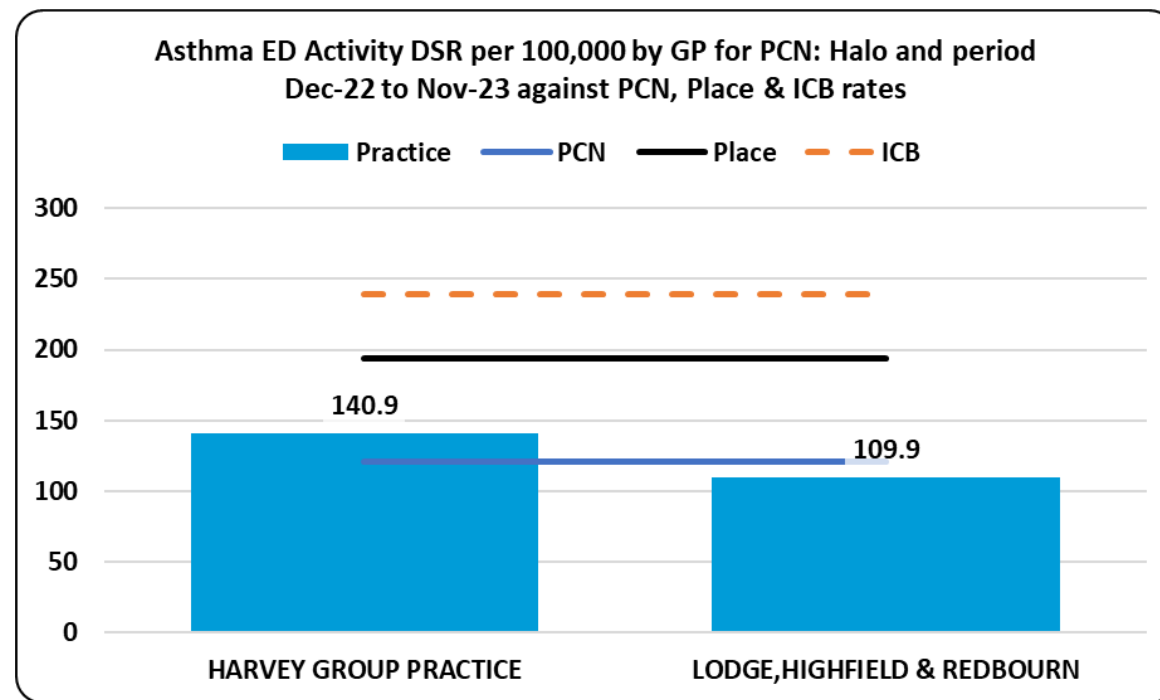
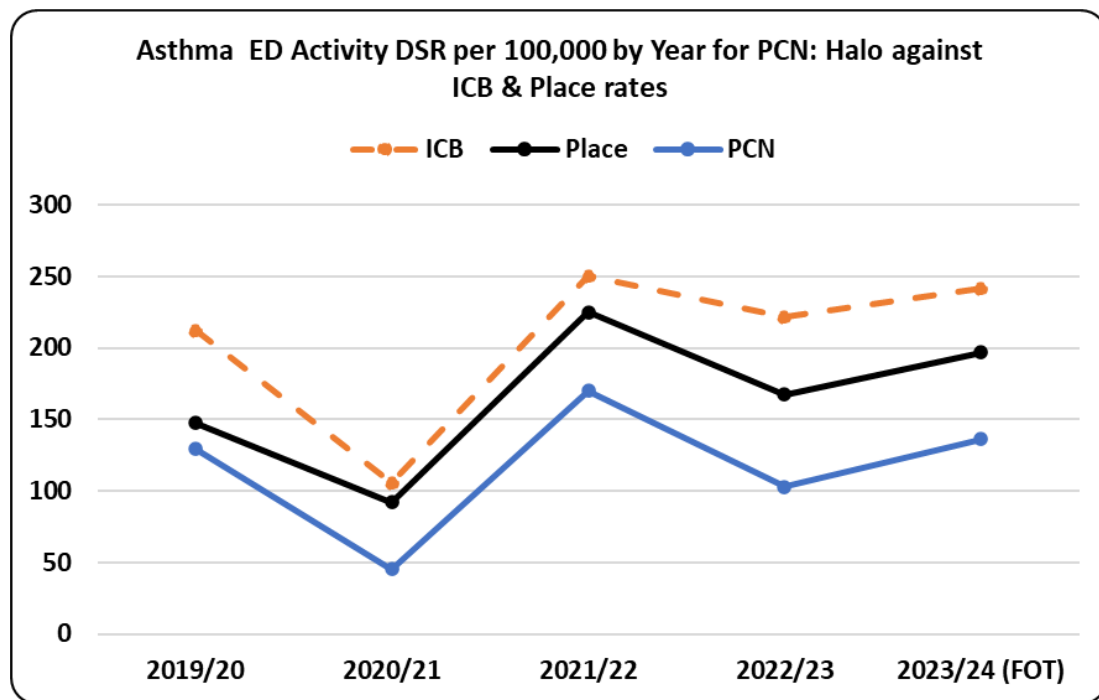


A&E attendances for Asthma (CYP)

CYP outcome – Reduce the number of unplanned admissions for long term conditions

ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Halo PCN has a lower rate of A&E attendances for Children and Young People with Asthma since 2019/20, following similar trends to ICB and place.
- The rolling 12 months data up until November 23 shows the PCN with a lower rate than Place and the ICB for this period.



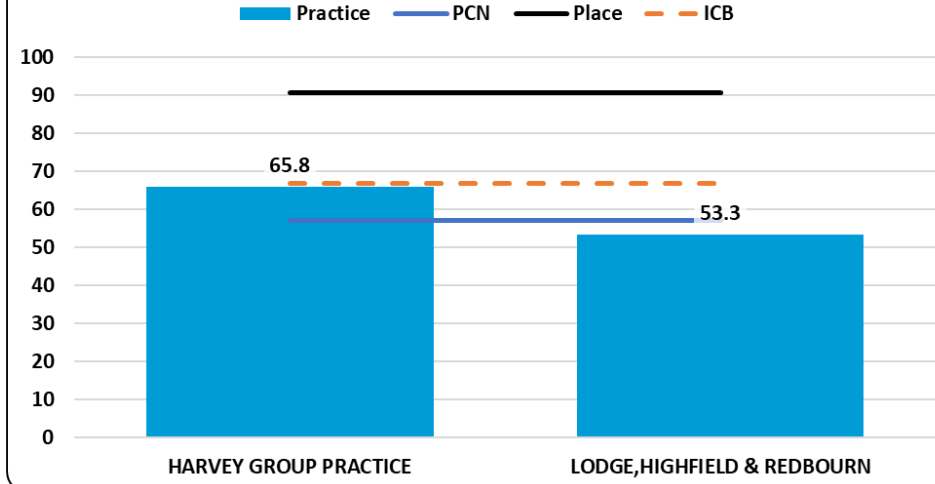
Admissions for Asthma (CYP)

- Compared to Place and the overall ICB, Halo PCN has a lower rate of admissions for Asthma (rolling years data on the right-hand side).
- Lower Proportion of Asthma Reviews are carried out within Halo PCN in comparison to Place and the ICB, however the QOF is for all ages and children specific reviews cannot be identified within the data.
- The Children and Young Peoples programme can be contacted via hweicbenh.cypteam@nhs.net for details of current projects.

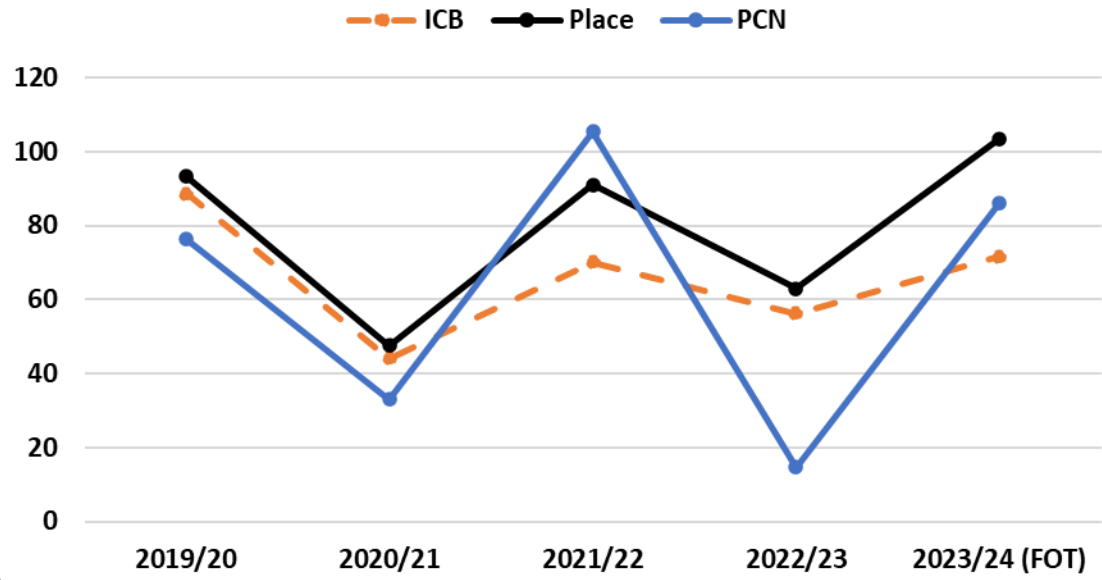
CYP outcome – Reduce the number of unplanned admissions for long term conditions

ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

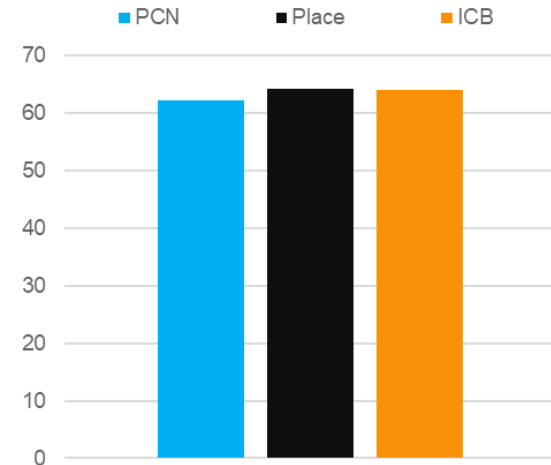
Asthma Inpatient Activity DSR per 100,000 by GP for PCN: Halo and period Dec-22 to Nov-23 against PCN, Place & ICB rates



Asthma Inpatient Activity DSR per 100,000 by Year for PCN: Halo against ICB & Place rates



Percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months: Halo PCN

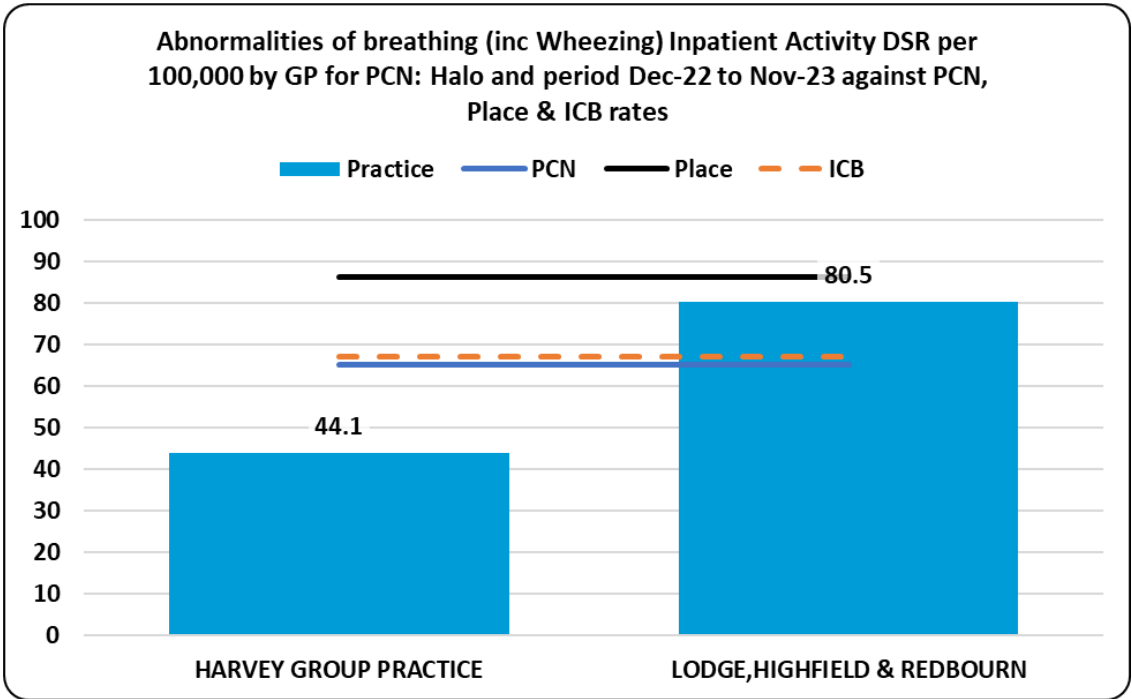
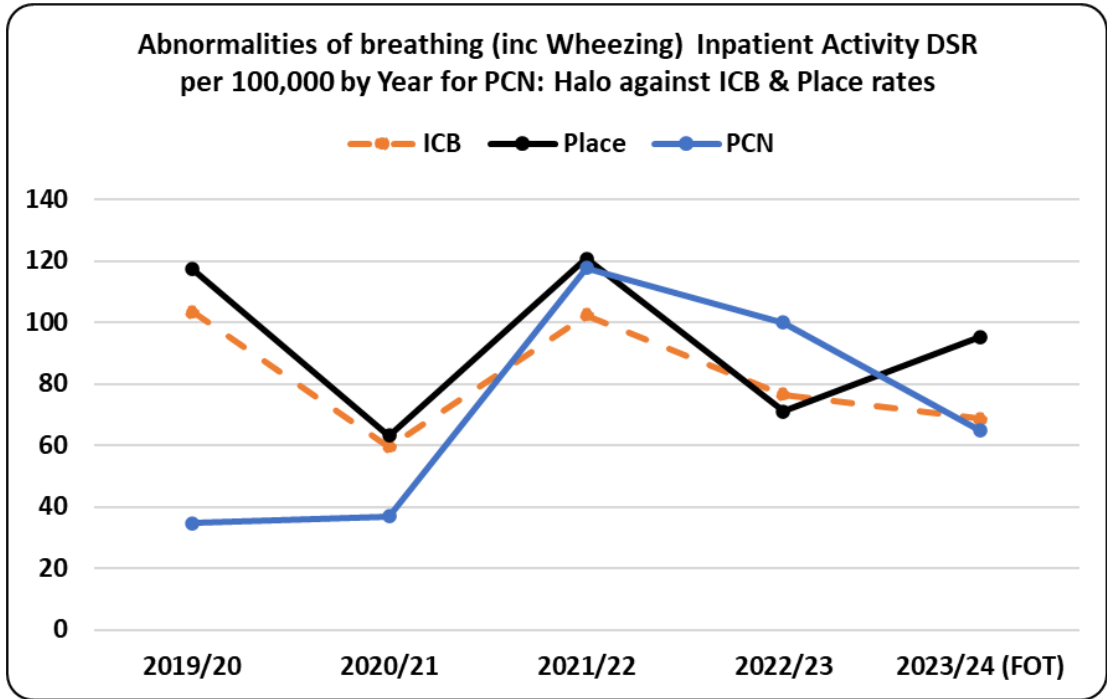


Admissions for Wheeze (CYP)

CYP outcome – Reduce the number of unplanned admissions for long term conditions

ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Halo PCN has a lower rate of Children and Young People admitted to hospital for abnormalities of breathing including wheeze compared to ICB and Place.
- Rates of Children and Young People admitted to Hospital for Wheeze fluctuate annually with the latest forecast outturn from November data showing an decrease on the previous year.

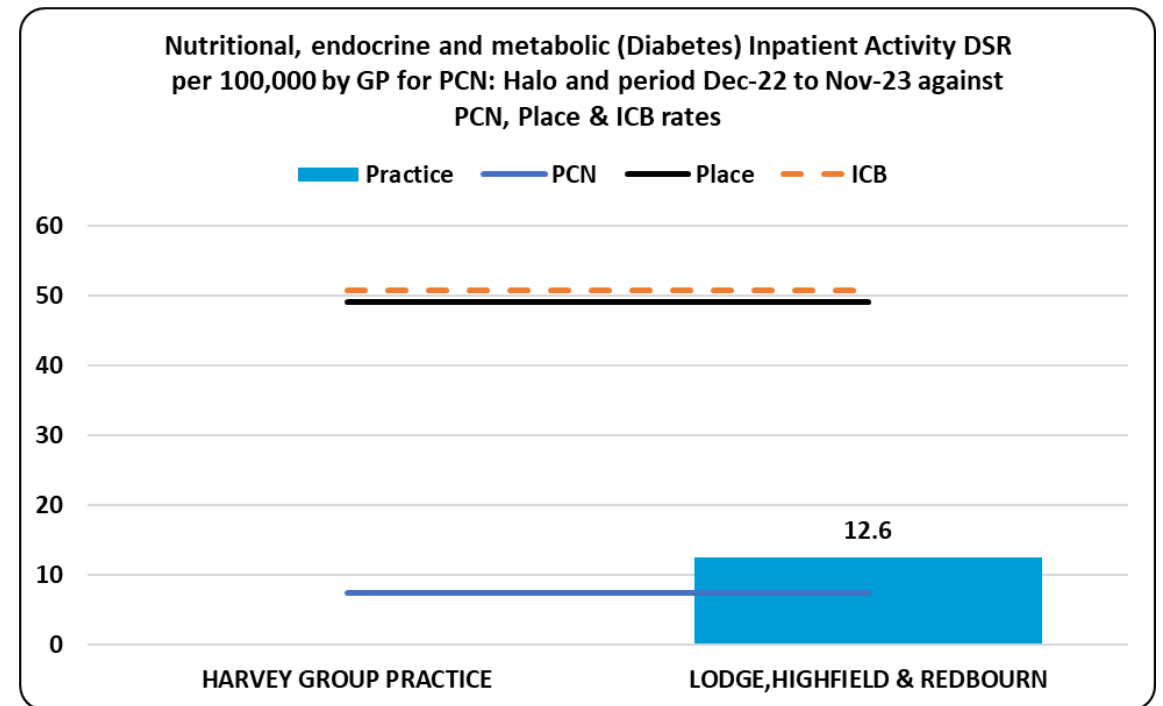
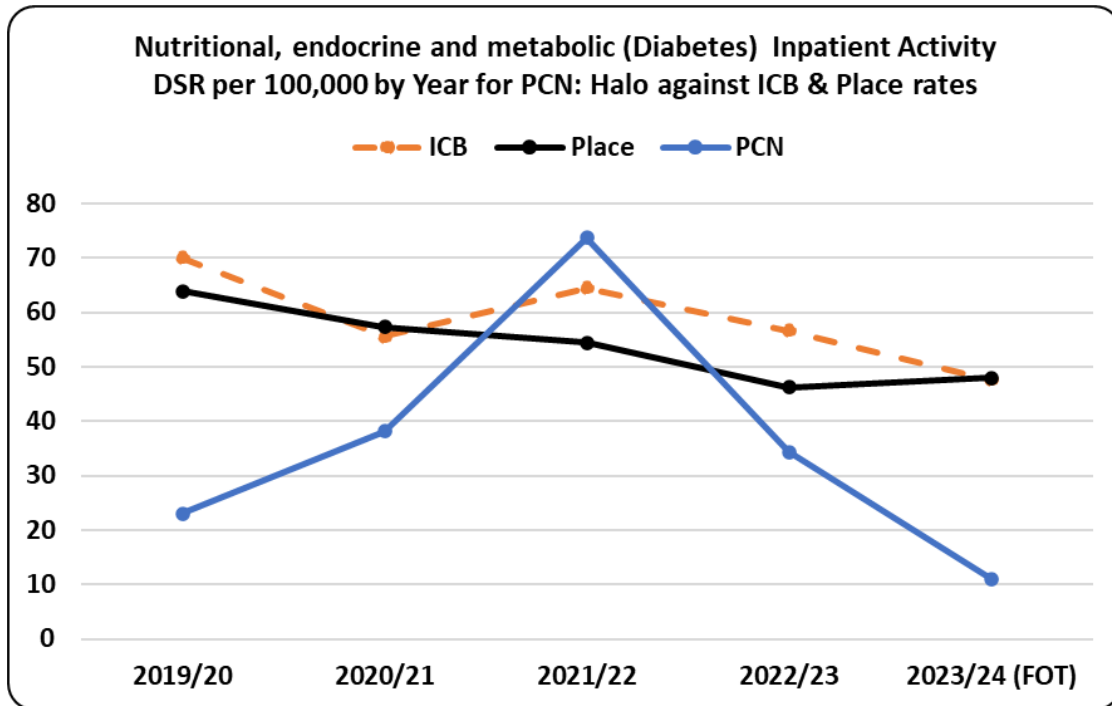


Admissions for Diabetes (CYP)

CYP outcome – Reduce the number of unplanned admissions for long term conditions

ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Diabetes is identified as an area of focus within the Core 20 plus 5 for children. The rate of admission for Halo PCN is lower than both place and ICB (latest 12 months data on the right hand side).
- The numbers of children admitted for diabetes are small and this should be considered when looking at the data. The data for diabetes will continue to be monitored at wider HCP and ICB footprints.

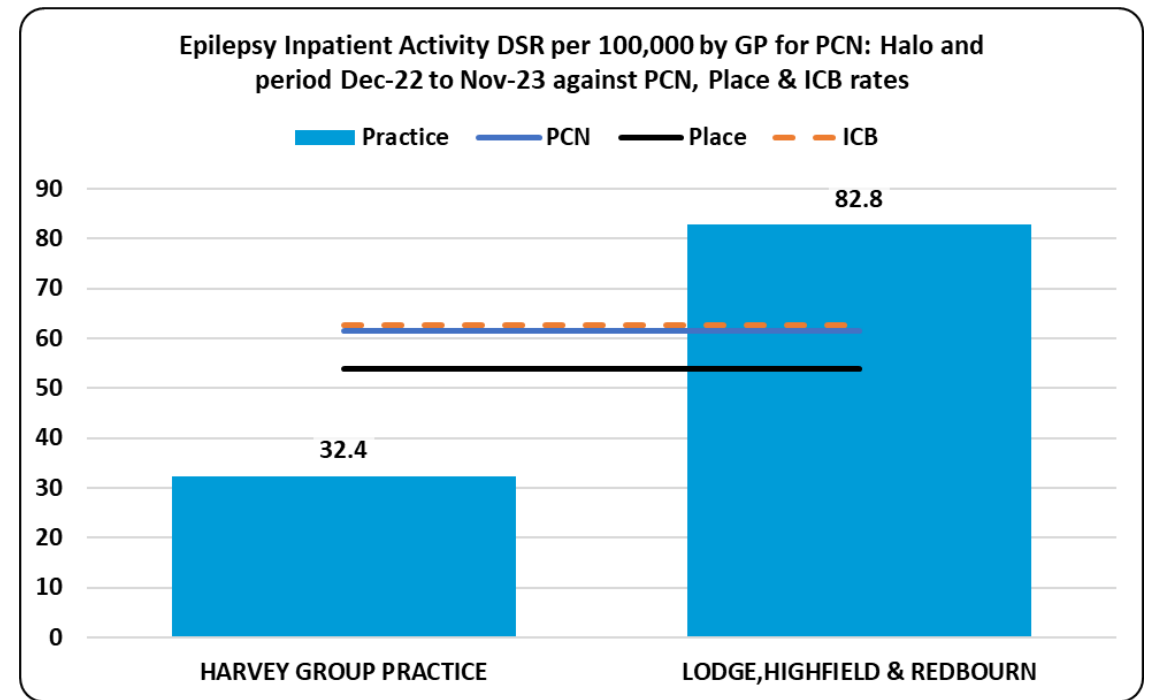
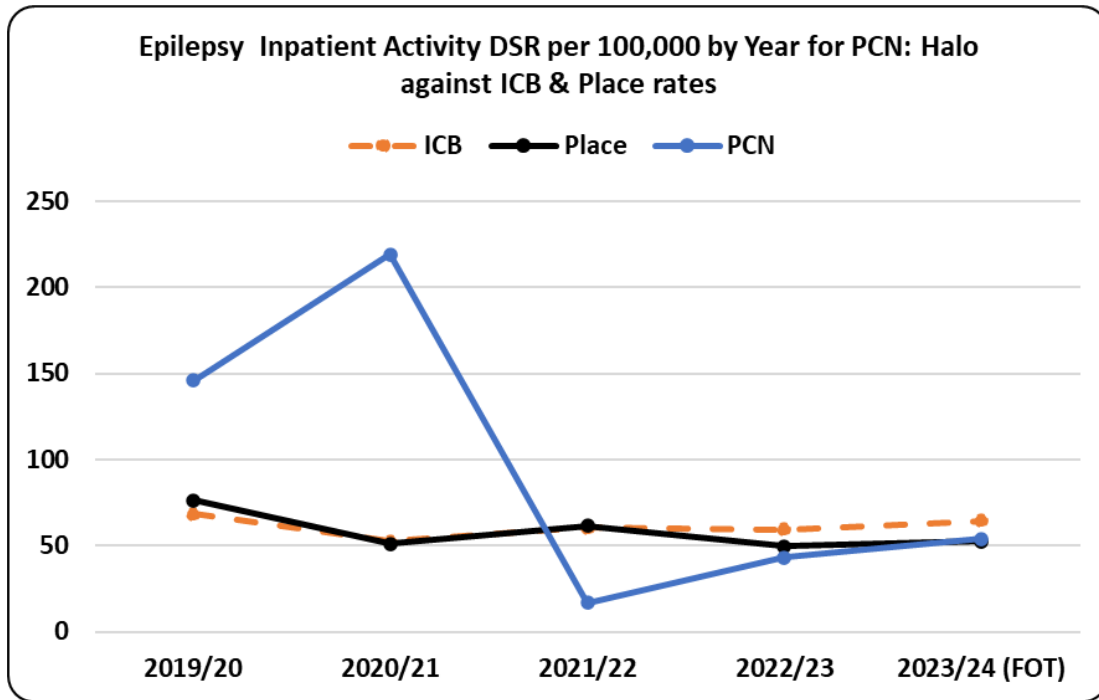


Admissions for Epilepsy (CYP)

CYP outcome – Reduce the number of unplanned admissions for long term conditions

ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Epilepsy is identified as an area of focus within the Core 20 plus 5 for children.
- The rate of admission for Halo PCN is similar to the ICB and higher than place (latest 12 months data on the right hand side).
- The numbers of children admitted for epilepsy are small and this should be considered when looking at the data. The data for epilepsy will continue to be monitored at wider HCP and ICB footprints.

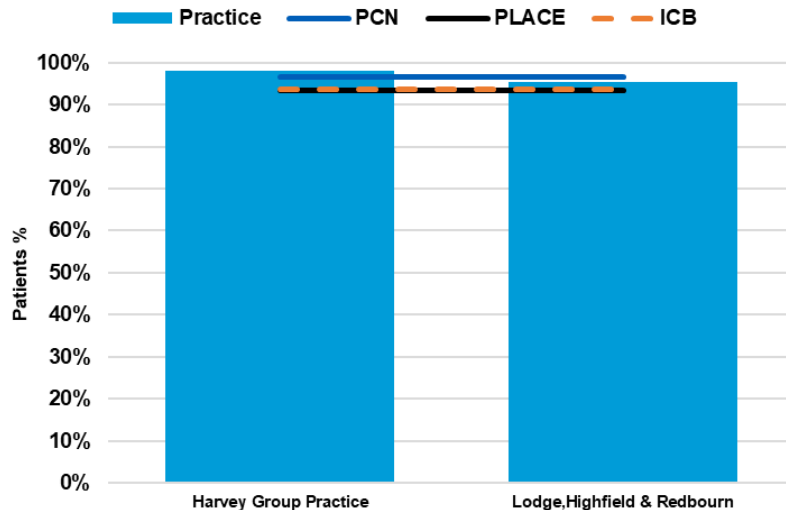


Prevention and health inequalities – Lifestyle factors - Smoking

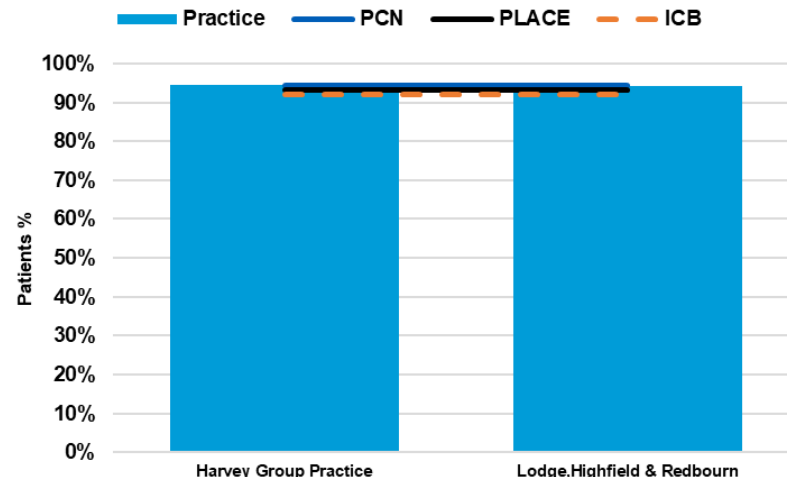
- Halo PCN data for smoking shows a similar picture to the Place and ICB for support offered.
- The table to the right gives detail by condition of the opportunity for further recording of smoking status. This shows the position in January. The latest position can be found on <https://app.ardensmanager.com/login>

Practices	ECF 2023-24 - Condition Section Under Smoker, Smoking Status, and Smoking Status Recorded - as of Jan. 2024					
	Pre-Diabetes		Diabetes		Atrial Fibrillation	
	Remaining % of Population with a Smoking status	Smoking Available Patients - Number	Remaining % of Population with a Smoking status	Smoking Available Patients - Number	Remaining % of Population with a Smoking status	Smoking Available Patients - Number
Harvey Group Practice	55%	686	15%	616	0%	10
Lodge Surgery	35%	1461	12%	1044	0%	22

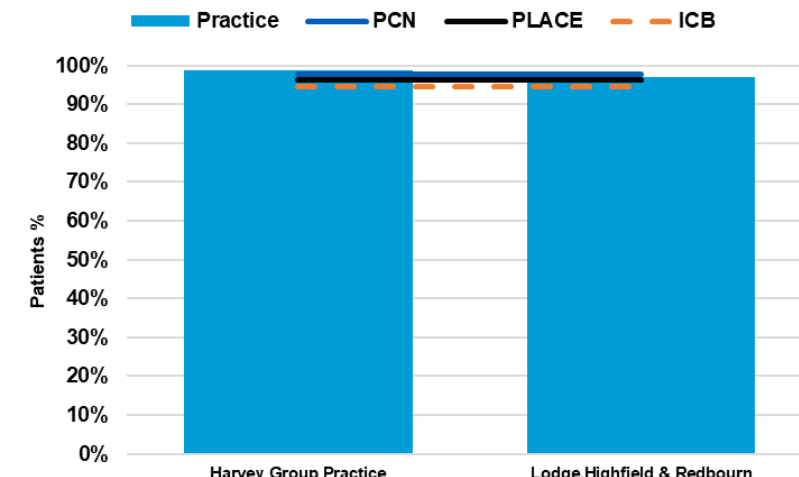
Percentage of patients* whose notes record smoking status in the preceding 12 months



Percentage of patients aged 15+ who are current smokers with a record of an offer of support & treatment within preceding 24 months



Percentage of patients* who are current smokers with a record of an offer of support & treatment within the preceding 12 months



Prevention and health inequalities

Early Identification: Expected vs observed prevalence

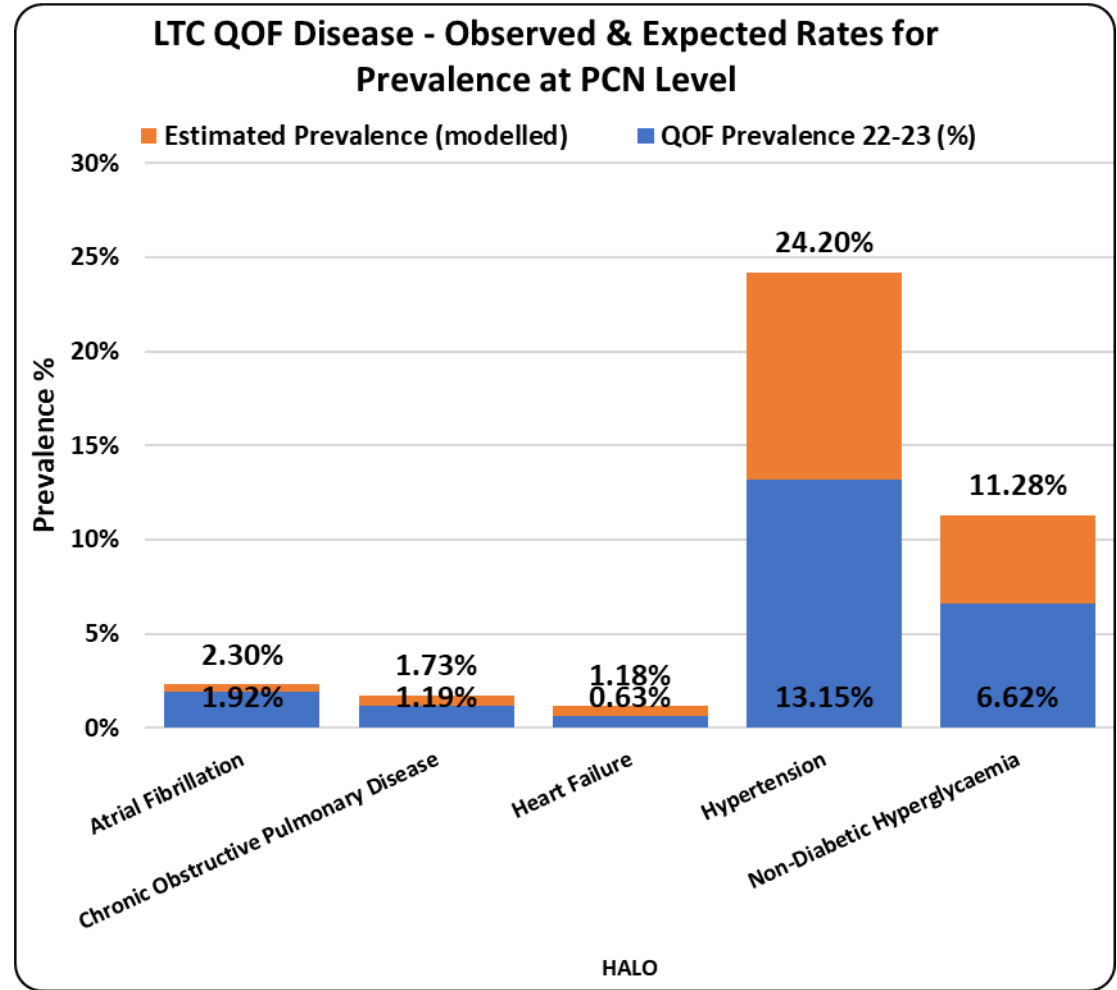
LTC Outcome – Proportion of people with a long-term condition who feel able to manage their condition

ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

The data on this page shows the national modelled estimated prevalence for the PCN compared with the latest published QOF prevalence for the PCN.

- Halo PCN recorded prevalence compared with the modelled estimated prevalence for the PCN is lower across all conditions.
- The data shows an opportunity for further identification for these conditions. Case finding searches can be found within the Ardens Suite of searches. <https://app.ardensmanager.com/login>

Disease/ Condition	Disease Detection Modelling for Halo PCN - No. of New Diagnoses to Meet ICS & PLACE Rates - 2023/24	
	Number to meet ICS rate	Number to meet PLACE rate
Asthma	2014	
Atrial Fibrillation		33
Chronic Kidney Disease	903	
Chronic Obstructive Pulmonary Disease		54
Coronary Heart Disease	929	176
Diabetes Mellitus		268
Epilepsy	188	2
Heart Failure		27
Hypertension	4733	23
Non-Diabetic Hyperglycaemia		273
Peripheral Arterial Disease	149	59
Stroke and Transient Ischaemic Attack	564	44



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Development of more proactive, preventative care models for LTC - Prevalence

LTC Outcome – Reduce the proportion of people with a long-term condition who are in the advanced disease & complexity or frailty & end of life segments

ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Following the expected and observed prevalence modelling in the previous slide, where there are opportunities, this slide looks at the recorded prevalence by practice for the PCN compared with Place and ICB.
- The development of an ICB Data Platform will create a longitudinal record for our patients which will allow the data to be viewed by different characteristics such as deprivation, ethnicity, co-morbidities.
- For LTCs, QOF and ECF data can help us understand areas of opportunity for improving outcomes for our population living with LTCs.

QOF Disease/ Condition	QOF 22-23 - ICB %	QOF 22-23 - PLACE %	QOF 22-23 - PCN %	Halo PCN - Long-Term Conditions 2022-23 QOF Prevalence, with 3 Year Trend.			
				LODGE, HIGHFIELD & REDBOURN		HARVEY GROUP PRACTICE	
				QOF 2022-23	3 Year Trend	QOF 2022-23	3 Year Trend
Asthma	6.16%	5.84%	6.36%	6.81%		5.92%	
Atrial fibrillation	2.09%	2.01%	1.92%	2.04%		1.79%	
Chronic kidney disease	3.46%	3.84%	4.13%	4.41%		3.86%	
Chronic obstructive pulmonary disease (COPD)	1.49%	1.39%	1.19%	1.42%		0.97%	
Diabetes mellitus	6.63%	6.56%	5.32%	5.82%		4.82%	
Epilepsy	0.70%	0.70%	0.82%	0.97%		0.67%	
Heart Failure	0.80%	0.72%	0.63%	0.65%		0.62%	
Hypertension	13.84%	13.36%	13.15%	13.23%		13.07%	
Non-diabetic hyperglycaemia	6.42%	7.43%	6.62%	7.80%		5.43%	
Peripheral arterial disease	0.44%	0.41%	0.22%	0.26%		0.19%	
Secondary prevention of coronary heart disease	2.67%	2.62%	2.05%	2.32%		1.78%	
Stroke and transient ischaemic attack	1.63%	1.53%	1.38%	1.54%		1.22%	



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Development of more proactive, preventative care models for LTC : Annual Reviews

- The table on the right shows a summary of the percentage of patients receiving an annual review by condition.
- Where the cell is highlighted the percentage is lower than the place value.
- The data shows that Halo PCN shows a higher percentage of patients receiving an annual review than Place and ICB across all areas.
- The source of data in this table is QOF national reporting. More detailed information with the latest position is available to practices via <https://app.ardensmanager.com/login>

	ICB	SWH	Halo PCN	Harvey Group Practice	Lodge, Highfield & Redbourn
% of AF Patients with Stroke Risk Assessed in the last 12 months	92.9	94.2	95.9	97.2	95.2
The % of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	85.7	85.1	86.4	86.1	86.7
The % of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months	72.7	80.0	84.2	75.6	90.1
The % of patients with asthma, on the register, who have had an asthma review in the preceding 12 months	64.0	64.1	62.1	79.8	51.1
The % of patients with COPD, on the register, who have had a review in the preceding 12 months	75.7	75.3	78.5	87.9	73.9
The % of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months	75.5	76.1	81.9	88.6	77.9
The % of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.	82.9	84.0	86.4	85.3	87.0

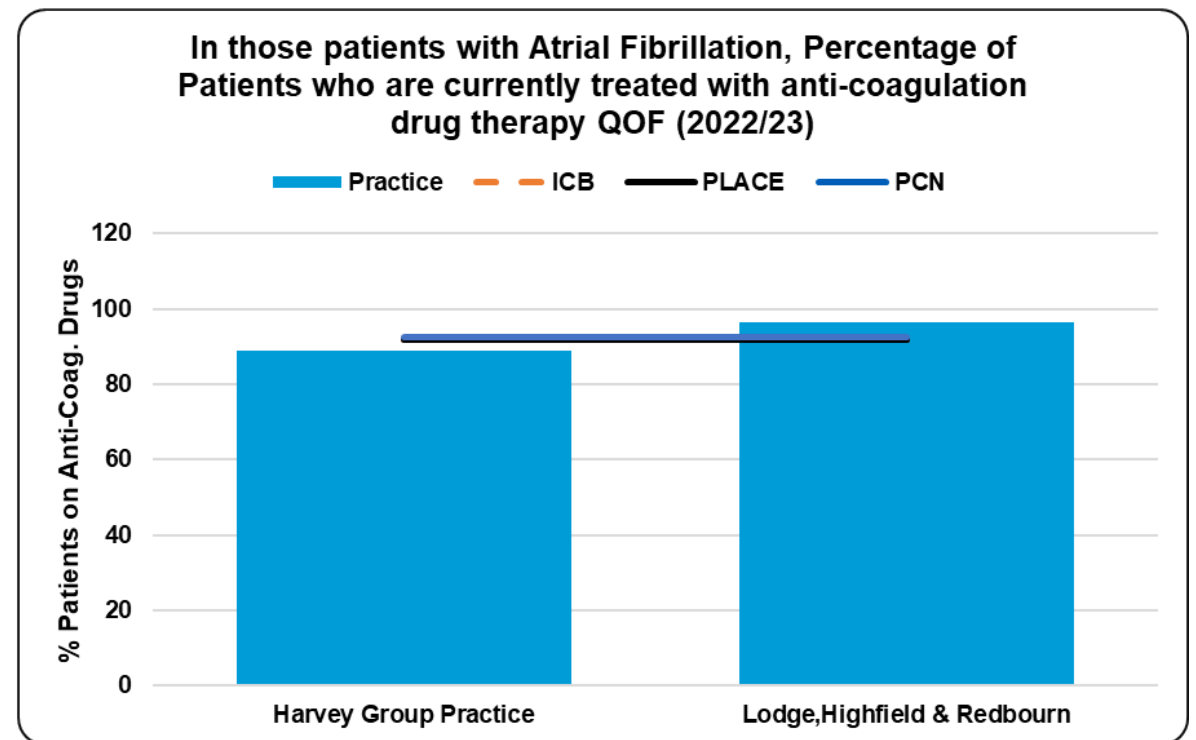
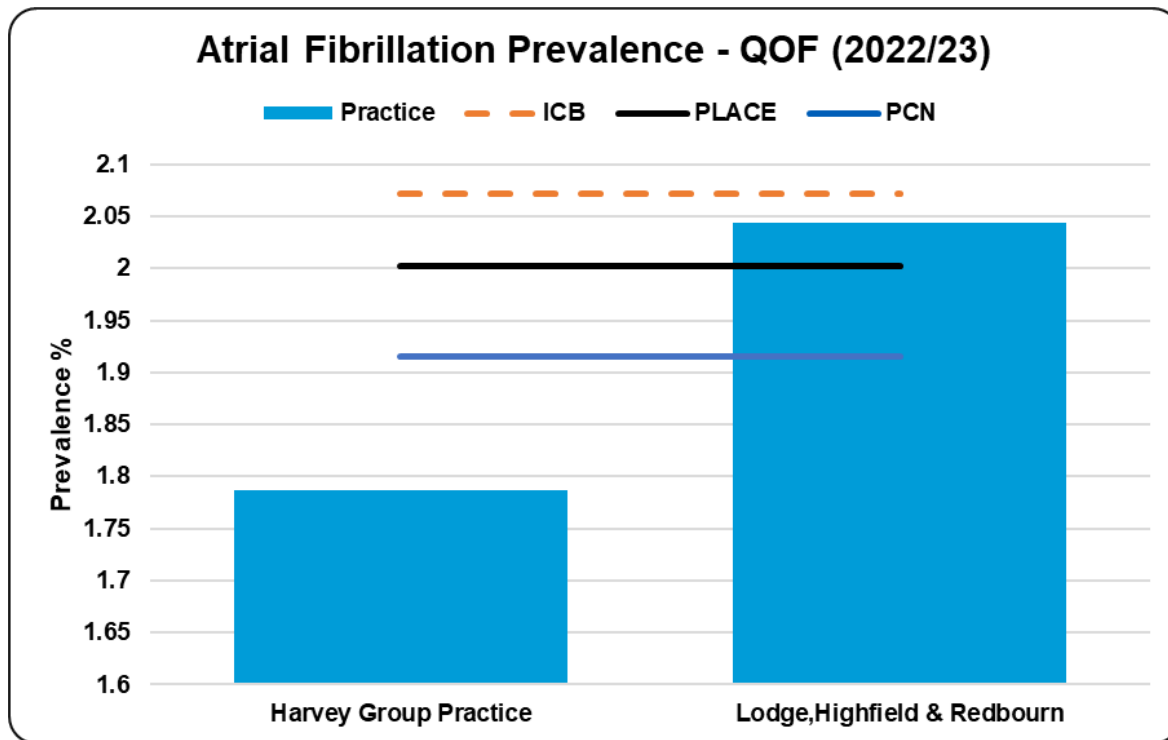


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Prevention and health inequalities – Atrial Fibrillation

- Halo PCN recorded prevalence for Atrial Fibrillation is lower than both Place and the ICB prevalence.
- Once identified the percentage of patients currently treated with anti-coagulant drug therapy is similar to the Place and ICB, however there is variation between the practices.
- The data suggests there is further opportunity for identification of people with AF. Latest information for AF indicators can be found within <https://app.ardensmanager.com/login>

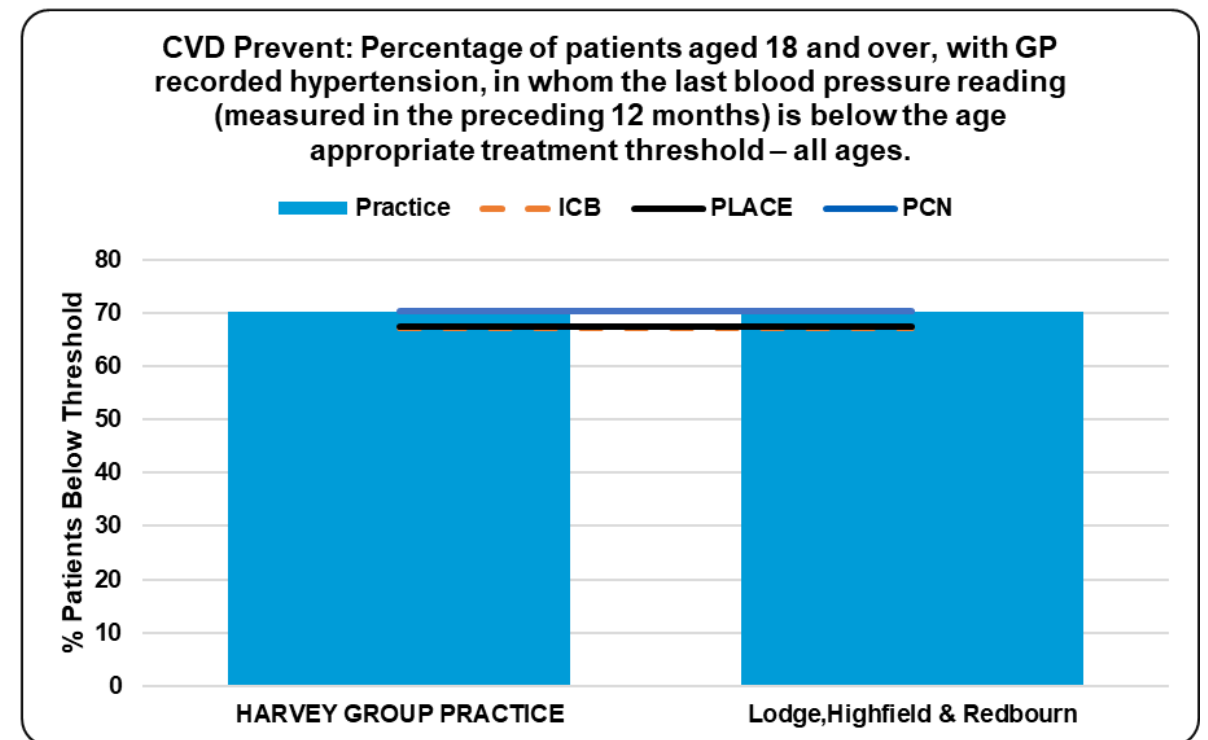
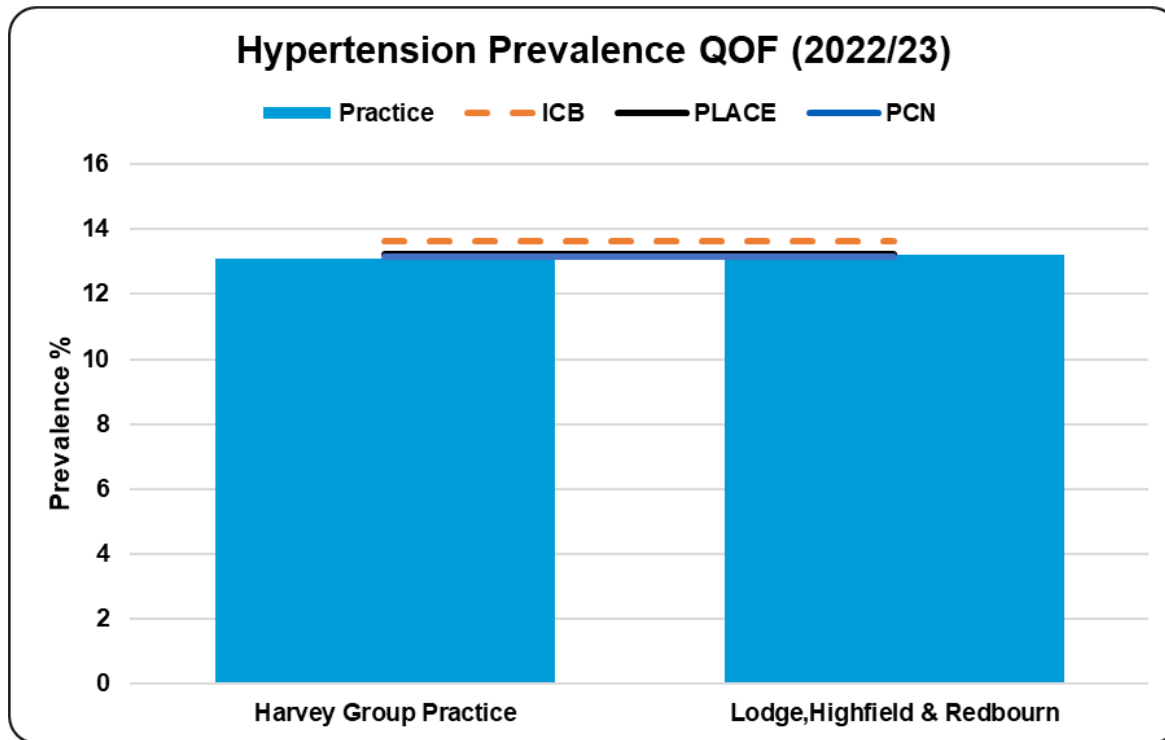


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Prevention and health inequalities – Hypertension

- Halo PCN recorded prevalence for hypertension is lower the ICB but similar to place.
- Once identified the data shows the percentage of patients in whom the latest BP reading is below the age appropriate treatment threshold is higher than Place and ICB.
- The data suggests there is further opportunity for identification of people with hypertension.



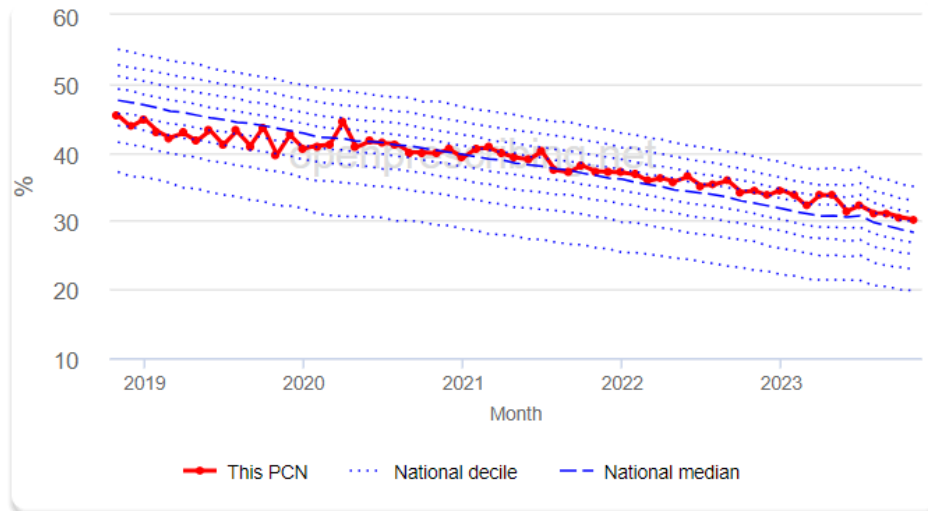
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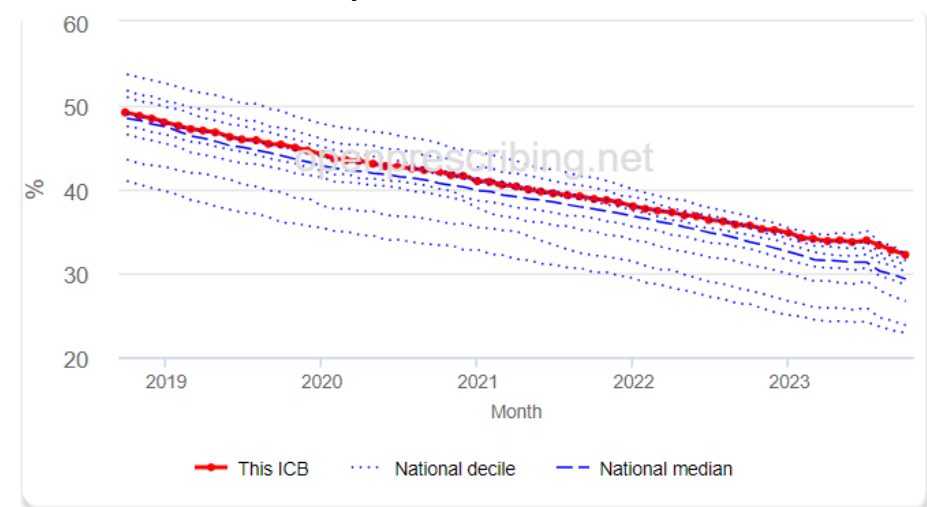
Lipid management: Percentage of people on lipid lowering therapy for secondary prevention who are on low and medium intensity statins

- National lipid management pathways ([Link to guidance](#)) recommend the use of high intensity statins for all people with a history of Cardiovascular disease as well as where high dose statins are needed to control cholesterol. People on high intensity statins will see a greater reduction in c-LDL levels and reduce the risk of cardiovascular events.
- Data from OpenPrescribing provides information on the proportion of people who are on statins that are currently prescribed low or medium intensity doses. The ICS is a negative outlier in this area, with a high proportion of people not on a high intensity statin.
- The data for Halo PCN shows that there is an opportunity to improve statin treatment, prescribing a higher proportion of people onto high intensity statins. The PCN is in the 63rd percentile with 30.2% of people not on high intensity statins. This compares to 28.3% nationally.

PCN – Items of Low and Medium Intensity Statins as a Percentage of Items of All Statins by Year



ICB – Items of Low and Medium Intensity Statins as a Percentage of Items of All Statins by Year

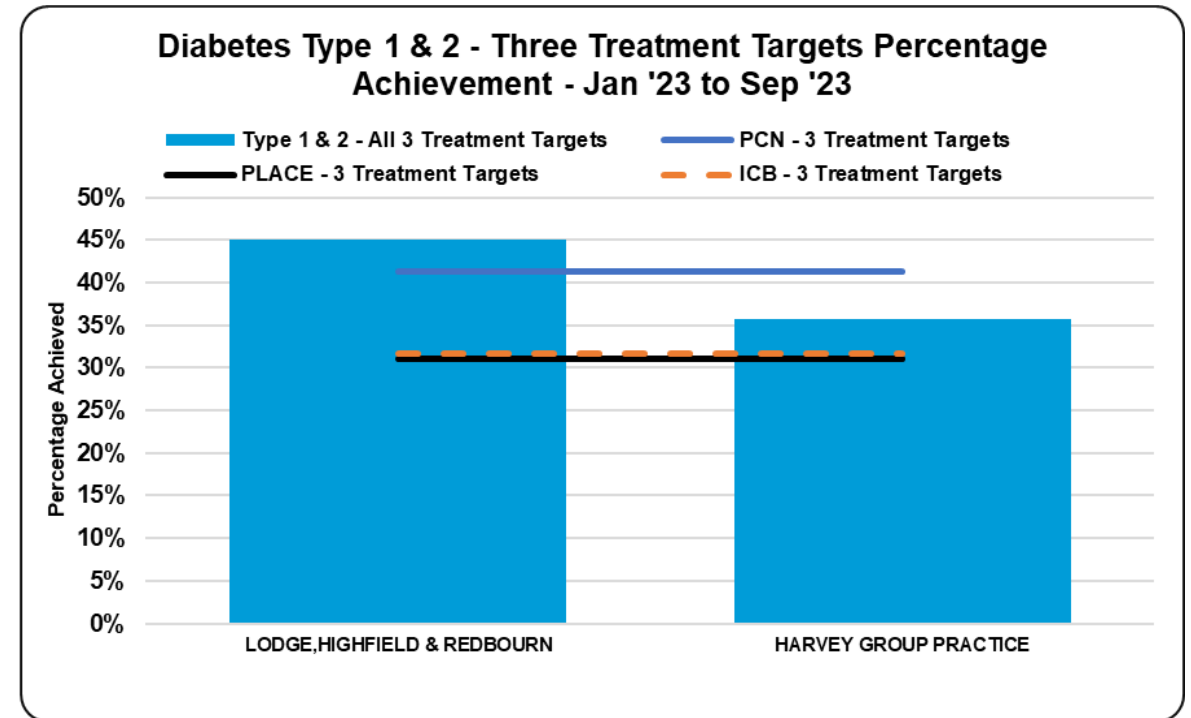
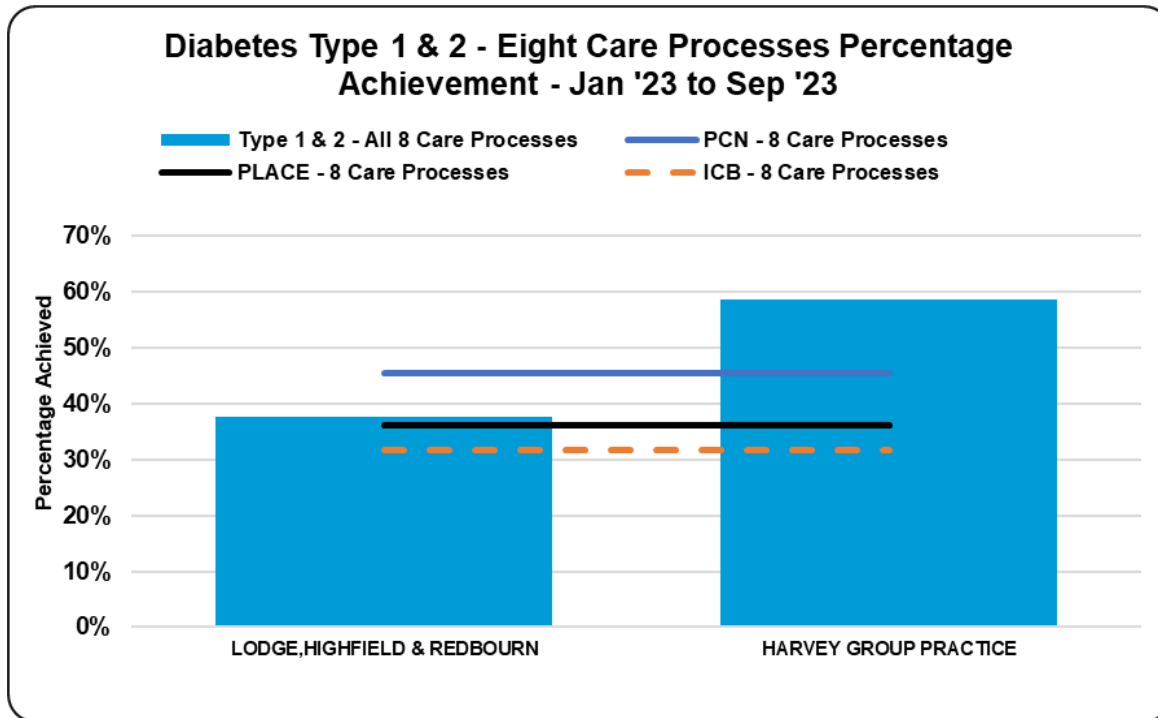


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Development of more proactive, preventative care models for LTC : 8 Care Processes & 3 treatment targets (all diabetes type 1 & 2)

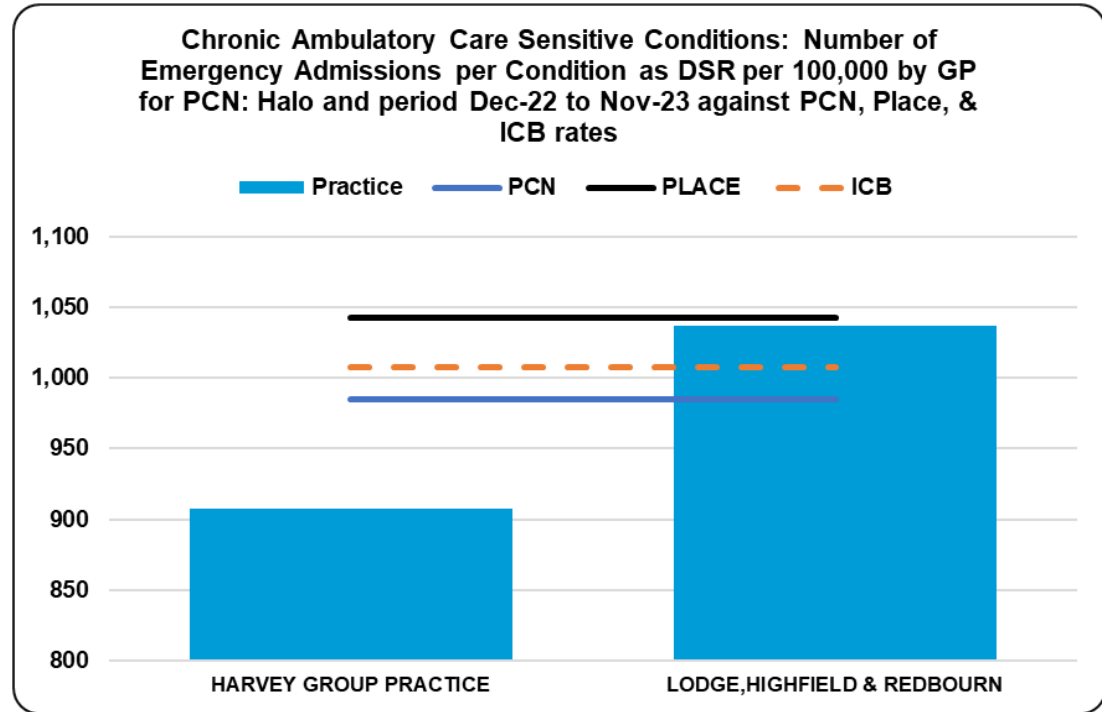
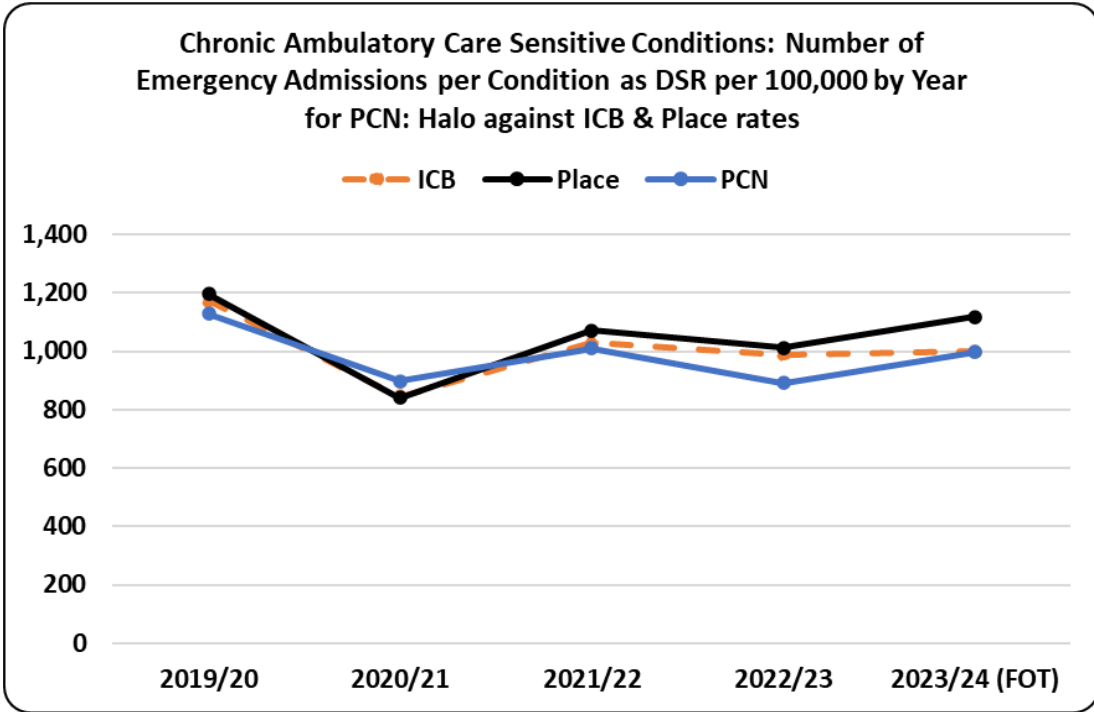
- The percentage of people living with diabetes who have received the 8 care processes in Halo PCN is higher than both place and ICB. The data also shows a higher percentage for achievement of the three treatment targets compared with Place and ICB.
- The latest information for diabetes indicators can be found within [Ardens Manager](#).



Reduction in admissions rates of Chronic Ambulatory Care Sensitive (ACS) conditions

LTC Outcome – Reduce the rate of ambulatory care sensitive emergency hospital admissions

ICB overarching outcome of Reduce the rate of emergency admission for chronic ambulatory care sensitive conditions associated with LTCs



- Ambulatory care sensitive (ACS) conditions are conditions where effective community care and person-centred care can help prevent the need for hospital admission. (Nuffield Trust)
- Halo PCN's admission rate for Chronic ACS conditions is lower than both the and place.
- AF and Diseases of the blood (includes Diabetes) are the conditions with the highest volume and are also showing an upward trend.

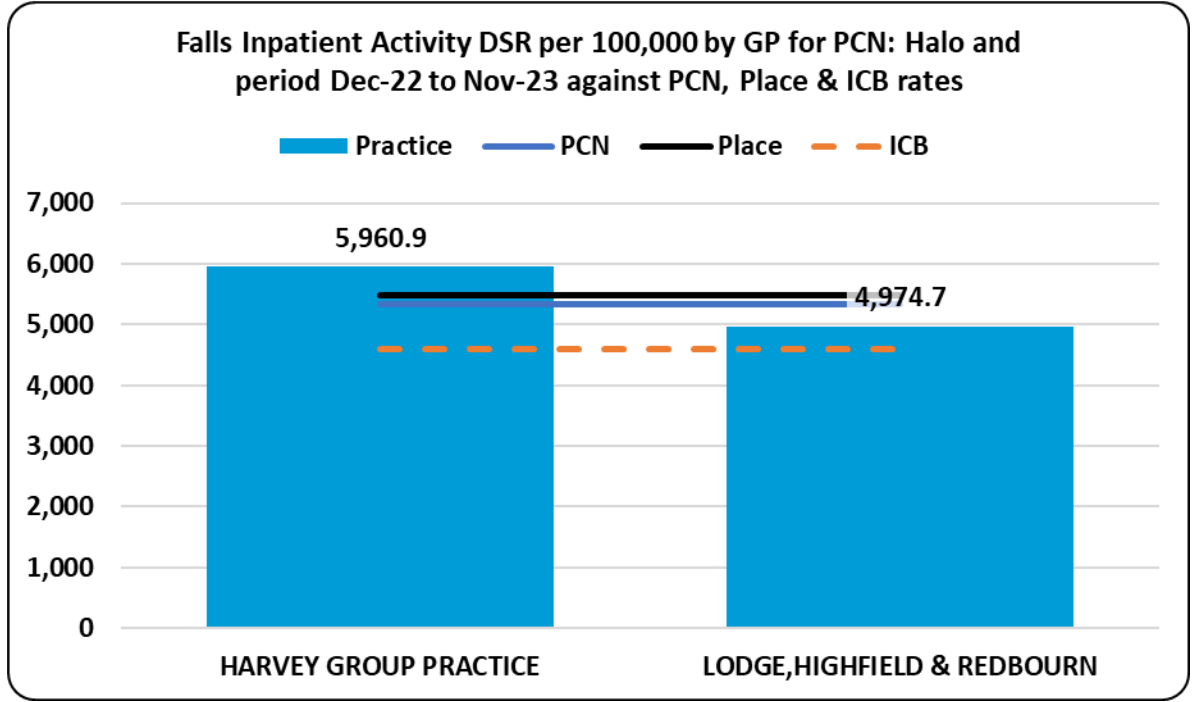
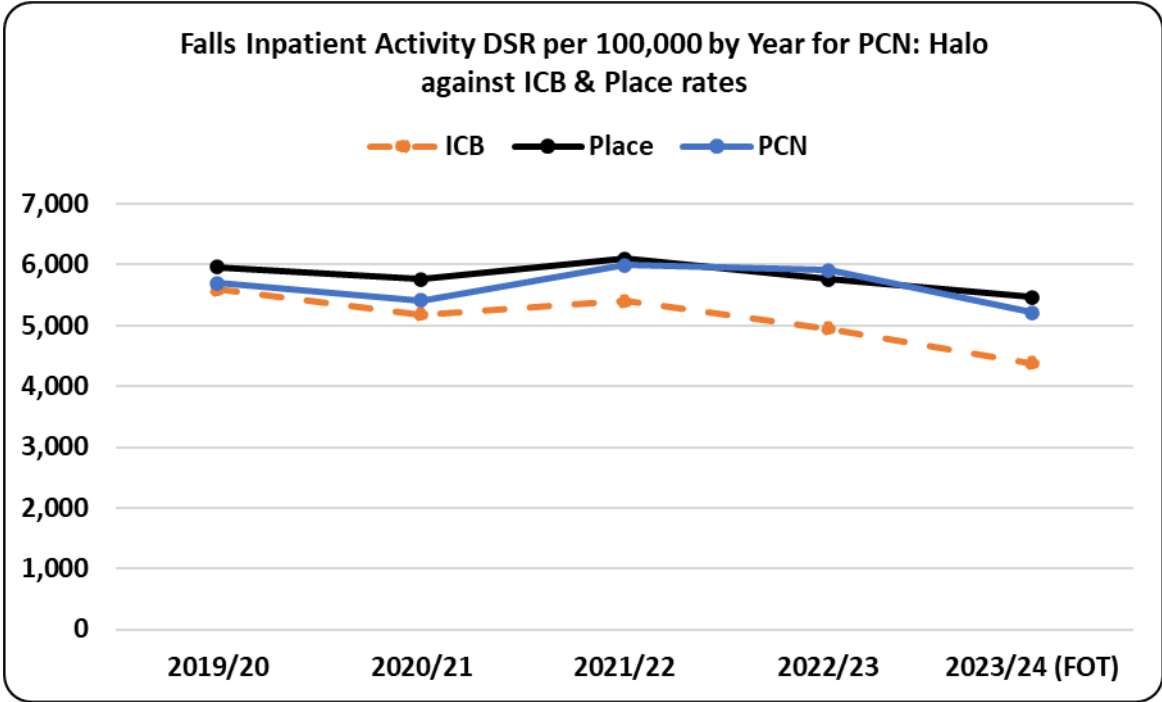
Chronic Ambulatory Care Sensitive Conditions for Halo PCN	PCN Per 100,000 Rate Apr-23 to Nov-23	5 Year Trend	2024/25 Trajectory
Angina: Angina pectoris	30.36		UP
Asthma	123.61		UP
Atrial fibrillation and flutter	186.37		UP
COPD	123.06		DOWN
Congestive heart failure	135.10		UP
Diseases of the blood	212.63		UP
Epilepsy	70.65		UP
Hypertension	64.07		UP
Mental and behavioural disorders	5.01		UP
Nutritional, endocrine and metabolic	47.40		UP

Emergency Admission rates for Falls in persons aged +75

Frailty and EoL Outcome –
Decrease rates of +75s
emergency admissions for falls
within the community

ICB overarching outcome of
Reduce the overall spend on
emergency hospital admissions

- When looking at the rolling 12 months up to November 2023 the data shows that Halo PCN has a higher rate of admissions for falls than ICB but similar to place.
- The trend information for the PCN shows a similar trend to place.
- Data in the following pages shows the data for the PCN compared with Place and PCN for areas within the ECF that aim to support reducing falls. Frailty Clinical Leads will be able to advise on current programmes of work within your area aimed at reducing falls.

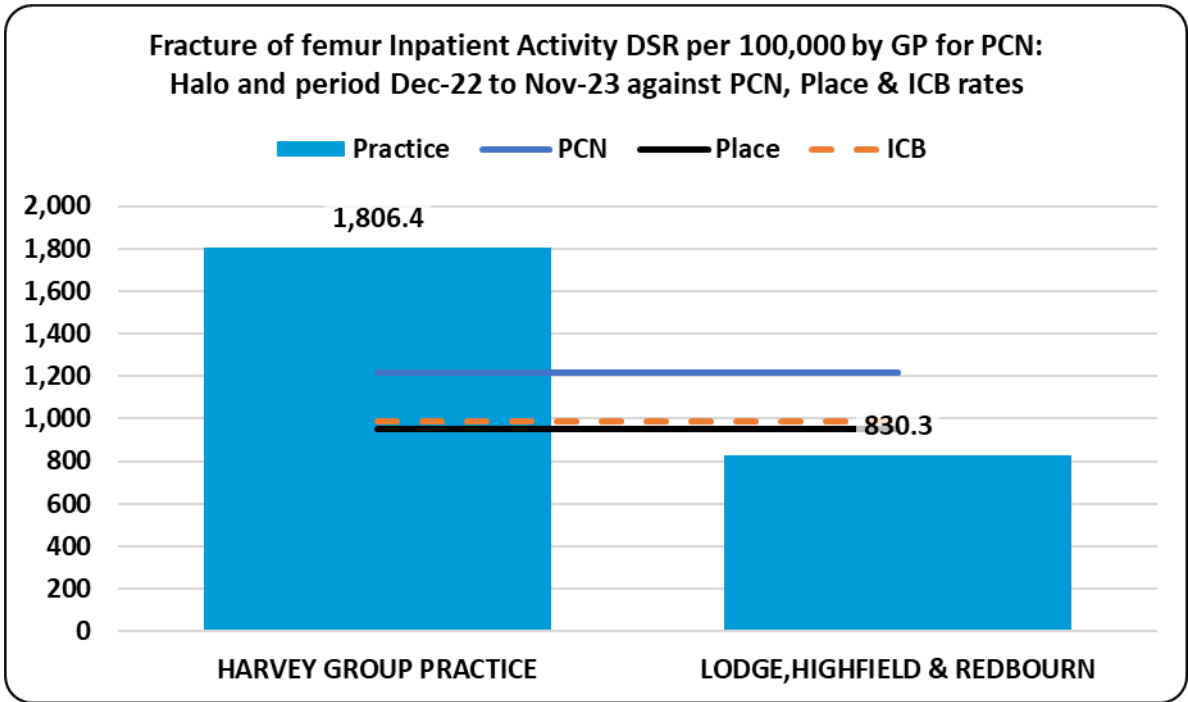
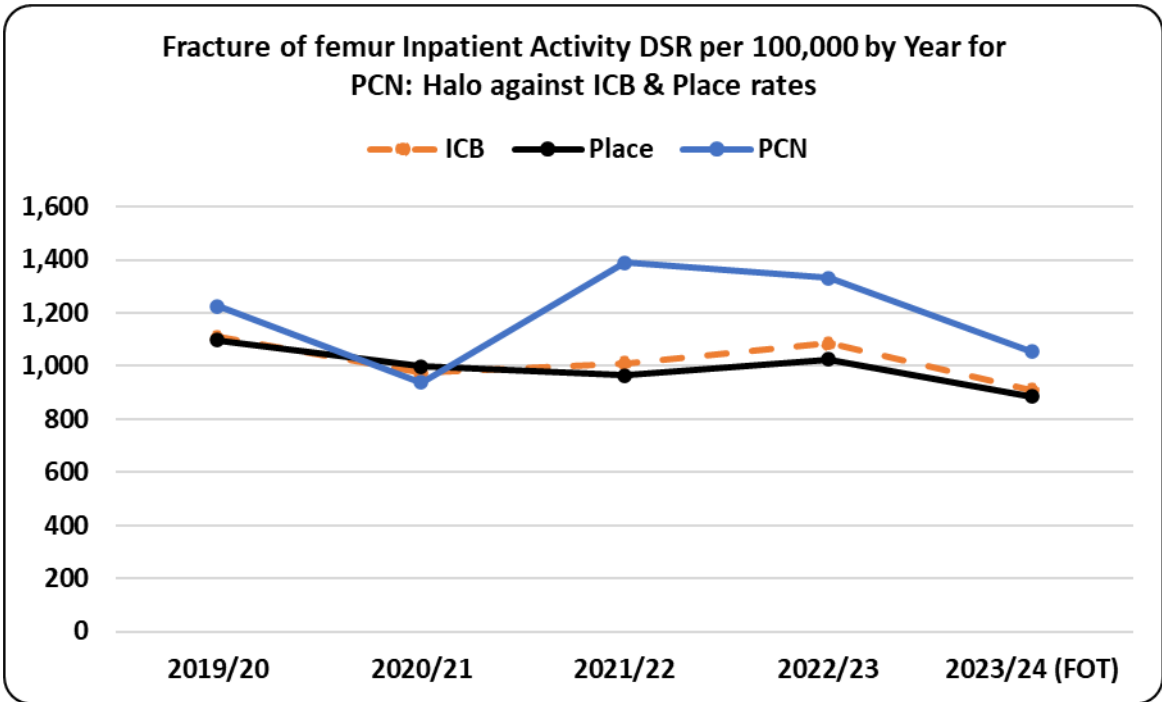


Emergency admission rates for Hip fractures in all over 75's

Frailty and EoL Outcome –
Decrease rates of +75s
emergency admissions for falls
within the community

ICB overarching outcome of
Reduce the overall spend on
emergency hospital admissions

- The data for hip fractures in the over 75s shows that Halo PCN has a higher rate than both the Place and the PCN.
- When looking at the data by PCN the small numbers will cause fluctuations over the years, however the data for the last 3 years has been higher than both the place and ICB.
- The ECF indicators on the next page shows potential areas of opportunity through benchmarking the PCN against Place and ICB.



ECF indicators for frailty and EOL

- The data shows that Halo PCN has a lower percentage of falls frat scores recorded for moderate and severely frail patients compared to ICB and place.
- The PCN has a lower percentage identified with moderate and severe frailty than the PCN and ICB which may indicate an opportunity for further identification. This is also seen within the data for EOL register.
- The data contained within the table below is up to the end of December, the latest position can be found at [Ardens Manager](#).

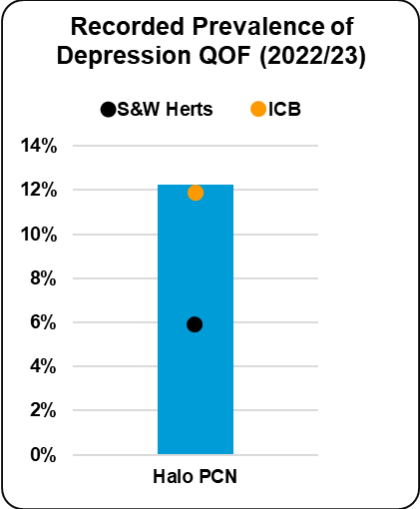
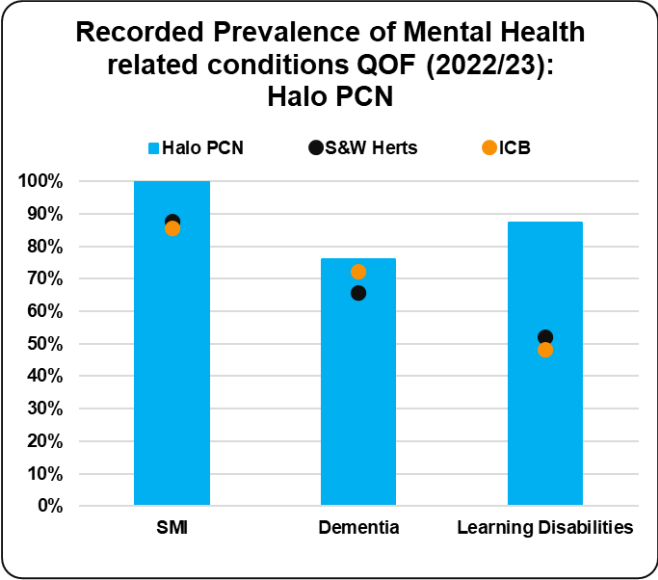
Halo Enhanced Commissioning Framework (ECF) 2023-24 for the period 1 April 23 to 31 Dec 23

	Frailty			EOL						
	Mod/Sev + falls Frat score done %	Mod frailty + SMR or polypharmacy medication review %	% Mod/Sev frailty of population	% population on EOL register	GSF %	DNACPR %	ACP %	PPD %	PPC %	SCR Consent %
ICB	16.0%	19.5%	1.9%	0.7%	64.9%	53.3%	11.3%	37.3%	39.8%	34.8%
SWH	15.9%	24.1%	1.9%	0.5%	42.8%	57.7%	18.6%	43.1%	44.2%	2.2%
PCN	8.7%	45.0%	0.9%	0.3%	22.5%	64.7%	24.5%	23.5%	26.5%	0.0%
Harvey Group Practice	6.0%	62.2%	1.3%	0.2%	40.7%	66.7%	48.1%	29.6%	37.0%	0.0%
Lodge, Highfield & Redbourn	13.0%	20.8%	0.6%	0.4%	16.0%	64.0%	16.0%	21.3%	22.7%	0.0%



Prevalence of mental health conditions (QOF)

- The data on this page looks at the recorded prevalence of conditions within the Mental Health section of QOF. It shows the PCN prevalence against the place and ICB. Future iterations will include comparisons against modelled expected prevalence.
- The data shows that Halo PCN has a higher recorded prevalence for all conditions.
- The table below shows the trend over the last three years for each area.
- The following page looks at some of the wider QOF indicators around Mental Health.



Halo PCN- Mental Health Conditions 2022-2023 QOF prevalence, with 3 year trend				
	Harvey Group Practice		Lodge, Highfield and Redbourn	
	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend
Dementia	0.7%		0.8%	
Depression	11.0%		13.5%	
Learning Disability	0.8%		1.0%	
SMI	97.0%		1.2%	



Mental Health QOF Indicators 22-23

- Mental Health QOF metrics for 2022-23 show that Halo PCN is achieving higher percentages for all metrics for both SMI and Depression in comparison to Place and the ICB apart from care plans for SMI.
- The data contained within the table below is up to the end of December, the latest position can be found at [Ardens Manager](#).

	SMI					Depression
	% of patients with SMI who have a care plan	% of patients with SMI who have a record of BMI in the preceding 12 months	% of patients with SMI who have a record of alcohol consumption in preceding 12 months	% of patients with SMI who have a record of a lipid profile in the preceding 12 months	% of patients with SMI who have a record of blood glucose of HbA1C in preceding 12 months	% of patients with a diagnosis of depression who have been reviewed within 10-56 days
ICB	82.6	88.7	89.3	83.1	83.0	83.0
SWH	87.2	90.0	90.4	84.8	84.4	84.9
Halo PCN	95.7	94.0	96.6	92.1	92.1	95.3
Harvey Group Practice	98.8	97.7	98.9	94.9	93.8	100.0
Lodge,Highfield & Redbourn	94.4	92.2	95.6	90.7	91.3	92.4



Emergency Admissions Rates for Self – Harm

ICB overarching outcome of Improving Healthy life expectancy

- Halo PCN has a higher rate of admissions for self harm compared with both place and ICB.
- When looking at the data it should be noted that the numbers at PCN level are small and therefore more fluctuation between the years will be seen, however the trend over time shows an upward trend.
- The data will continue to be monitored at wider HCP and ICB footprints.

