

**PCN Insights Pack 2024** 

Harlow South

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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 the wider HCP transformation spaces supported by your Primary Care Transformation leads.

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

<u>Population health management – Hertfordshire and West Essex Integrated Care System</u> (hertsandwestessexics.org.uk)

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

Area	Clinical Priority
СҮР	<ul> <li>Improved Readiness for school in children eligible for FSM</li> <li>Reduce rates of Childhood obesity</li> <li>Reduced unnecessary A&amp;E attendances and admissions</li> </ul>
Prevention and Health Inequalities	Reduced premature mortality rate for CVD
LTC & Frailty	<ul> <li>Reduce attendance and admissions for falls, people with frailty and people in last year of life</li> <li>Development of more proactive, preventative care models for management of LTC and Frailty</li> </ul>
Mental Health	<ul> <li>Reducing suicide rates and attendances/ admission rates for self-harm</li> <li>Reducing rates of A&amp;E attendances involving substance misuse and violence</li> </ul>

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



# Harlow South at a Glance

The table on the right provides a summary of the data contained within this update highlighting showing how the PCN data compares with Place and ICB.

For Harlow South areas highlighted are

- Childhood obesity
- A&E Attendances for Asthma (Children)
- Observed versus expected prevalence
- Annual Reviews completed for LTCs

•	% of people for secondary prevention
	CVD who are on low and
	medium intensity statins

- Admissions for ACS conditions
- Admissions for falls and hip fractures in the over 75s
- 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 System one.

Clinical Priority	Metric	PCN compared to Place average	PCN compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↑	1
Childhood obesity	% of children in Year 6 who are overweight	↑	1
	A&E Attendances for Asthma (Children)	↑	1
Reduce rates of	Admissions for Asthma (Children)	↑	$\leftrightarrow$
emergency care for children and young	Admissions for Wheeze (Children)	$\checkmark$	$\checkmark$
people	Admissions for Diabetes (Children)	$\checkmark$	$\checkmark$
	Admissions for Epilepsy (Children)	↑	1
	Lifestyle risk factors: Smoking	$\leftrightarrow$	$\leftrightarrow$
	Observed versus expected prevalence	$\checkmark$	↓
Prevention and health	Annual Reviews completed for LTCs	$\checkmark$	$\checkmark$
inequalities (Premature mortality for CVD)	% of people with AF treated with Anti Coagulant	$\leftrightarrow$	$\leftrightarrow$
. ,	Control of hypertension	$\leftrightarrow$	$\leftrightarrow$
Preventative, Proactive	Identification of hypertension	1	1
care models for LTC	% of people for secondary prevention CVD who are on low and medium intensity statins	↑	↑
	% of people living with diabetes with all 8 care processes completed	$\leftrightarrow$	¥
	Admissions for ACS conditions	↑	1
Preventative, Proactive	Admissions for falls (75+)	↑	<b>↑</b>
care models for frailty and EOL	Admissions for Hip Fractures (75+)	↑	1
Montal Health	Prevalence of Mental Health Conditions including LD	$\leftrightarrow$	$\leftrightarrow$
Mental Health	Admissions for Self-Harm	↑	1

### **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

- In keeping with the national data, the PCN rates for Childhood Obesity are higher for year 6 in comparison to reception children.
- Compared to the ICB and Place rate, Harlow South PCN has higher rates of Childhood Obesity for Children in Reception and within year 6.









### 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

- The data shows that Harlow South PCN has a higher rate of A&E attendances for Children and Young People with Asthma (rolling years data on the right-hand side) compared with Place and the ICB rate.
- Rates of Children and Young People attending A&E for Asthma have increased since 2020/21 post covid, and the latest forecast data for 23/24 shows an upward trend from 22/23.
- The Children and Young Peoples programme can be contacted via <u>hweicbenh.cypteam@nhs.net</u> for details of projects underway.



#### Admissions for Asthma (CYP)

- Harlow South PCN has a higher rate of children's admissions for Asthma (rolling years data on the right-hand side) compared to place but similar to ICB.
- The trend data shows a consistently higher rate than both place and ICB.
- Higher Proportion of Asthma Reviews are carried out within Harlow South 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.



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





Source: SUS; QOF

### Admissions for Wheeze (CYP)

West Essex Integrated

**Care System** 

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

- Harlow South 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 a decrease on the previous year.
- When looking at the data by practice the Lister Medical Centre has no admissions in the 12 months up until November 23.



### 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 the PCN is lower than 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. There were no admissions for Hamilton Practice within the 12 months up to November 23.
- 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 PCN rate is higher than both place and ICB.
- The numbers of children admitted for epilepsy are small and therefore fluctuations in the trend are more prominent.
- The data for epilepsy will continue to be monitored at wider HCP and ICB footprints.





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THE ROSS PRACTICE

# **Prevention and health inequalities – Lifestyle factors - Smoking**

Harlow South PCN data for smoking shows a similar ٠ picture to the Place and ICB.

The table to the right gives detail by condition ٠ 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



	ECF 2023-24 - Condition Section Under Smoker, Smoking Status, and Smoking Status Recorded - as of Jan. 2024									
	Pre-Diabetes			oetes	Atrial Fibrillation					
	Remaining % of	Smoking Available	Remaining % of	Smoking Available	Remaining % of	Smoking Available				
Practices	Population with a	Patients - Number	Population with a	Patients - Number	Population with a	Patients - Number				
	Smoking status		Smoking status		Smoking status					
Lister Medical Centre	25%	1472	17%	1747	0%	27				
The Hamilton Practice	29%	525	15%	873	0%	27				
The Ross Practice	0%	0	32%	693	0%	27				

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





\* with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses

Source: Link: QOF Data Set & ECF Jan. 2024

#### Prevention and health inequalities Early Identification: Expected vs observed prevalence

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

- Harlow South 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 Detection Modelling for Harlow South PCN - No. of New Diagnoses to Meet ICS & PLACE Rates - 2023/24				
Disease / Condition	Number to meet	Number to meet			
Disease/ Condition	ICS rate	PLACE rate			
Asthma	2427	19			
Atrial Fibrillation		111			
Chronic Kidney Disease	1106				
Chronic Obstructive Pulmonary Disease					
Coronary Heart Disease	1134	50			
Diabetes Mellitus					
Epilepsy	231				
Heart Failure		21			
Hypertension	5773	51			
Non-Diabetic Hyperglycaemia		109			
Peripheral Arterial Disease	182				
Stroke and Transient Ischaemic Attack	687	85			

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





Hertfordshire and West Essex Integrated Care System

Source: HWE PHM & Public Health Team, Fingertips & NHS Digital QOF Data Sets Link: QOF Data Set & Fingertips Data Set Example of Methodology in Estimating Prevalence: Fingertips & \*Fingertips

#### **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.

				Harlow South PCN - Long-Term Conditions 2022-23 QOF Prevalence, with					ence, with S	
				Year Trend.						
	QOF 22-	QOF 22-	QOF 22-	LISTER N	<b>NEDICAL</b>	THE HAN	AILTON	THE ROSS	THE ROSS PRACTICE	
	23 -	23 -	23 -	CEN	TRE	PRAC	TICE			
QOF Disease/ Condition	ICB %	PLACE %	PCN %	QOF 2022-	3 Year	QOF 2022	3 Year	QOF 2022	3 Year	
				23	Trend	23	Trend	23	Trend	
Asthma	6.16%	6.29%	7.12%	6.20%	_	7.85%		7.32%	/	
Atrial fibrillation	2.09%	2.20%	1.98%	1.75%		2.30%	/	1.90%		
Chronic kidney disease	3.46%	3.61%	4.92%	5.21%	$\checkmark$	4.15%	/	5.41%		
Chronic obstructive pulmonary disease (COPD)	<b>1.49%</b>	1.54%	1.99%	1.85%		2.21%		1.91%		
Diabetes mellitus	6.63%	6.86%	8.62%	9.06%		8.25%	$\checkmark$	8.56%	/	
Epilepsy	0.70%	0.67%	0.90%	0.77%	/	1.04%	$\checkmark$	0.88%		
Heart Failure	0.80%	1.00%	1.16%	0.90%	$\checkmark$	1.45%	$\frown$	1.13%	$\sim$	
Hypertension	13.84%	14.64%	14.84%	15.01%	/	15.48%		14.04%	/	
Non-diabetic hyperglycaemia	6.42%	6.49%	6.44%	7.15%		6.02%	/	6.14%		
Peripheral arterial disease	0.44%	0.46%	0.63%	0.51%	<u> </u>	0.60%	$\overline{}$	0.77%	/	
Secondary prevention of coronary heart disease	2.67%	2.80%	<b>2.93%</b>	2.54%	$\sim$	3.28%	$\overline{}$	2.97%	_	
Stroke and transient ischaemic attack	1.63%	1.64%	1.62%	1.30%	~	2.04%	$\sim$	1.53%		



Hertfordshire and West Essex Integrated Care System

Source: HWE PHM & Public Health Team, Fingertips & NHS Digital QOF Data Sets Link: QOF Data Set & Fingertips Data Set Example of Methodology in Estimating Prevalence: Fingertips

#### **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 or risk assessment by condition.
- Where the cell is highlighted, the percentage is lower than the place value.
- The data shows the PCN has lower percentage reviews most conditions compared to Place apart from non-diabetic hyperglycaemia.
- The source of data in this table is QOF national reporting. More detailed information with the latest position is available to practices via <u>https://app.ardensmanager.com/login</u>

	ICB	WE	Harlow South PCN	Lister Medical Centre	The Hamilton Practice	The Ross Practice
% of AF Patients with Stroke Risk Assessed in the last 12 months	92.94	93.03	90.2	88.7	94.9	89.2
The % of patients aged 45 or over who have a record of <mark>blood pressure</mark> in the preceding 5 years	85.65	86.44	84.6	80.5	86.8	90.0
The % of patients with a diagnosis of <mark>heart failure</mark> on the register, who have had a review in the preceding 12 months	72.69	70.02	59.7	36.4	63.8	91.5
The % of patients with <mark>asthma</mark> , on the register, who have had an asthma review in the preceding 12 months	64.02	61.44	55.8	46.6	62.5	63.7
The % of patients with COPD, on the register, who have had a review in the preceding 12 months	75.74	74.01	71.7	63.7	75.5	82.2
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	75.54	72.97	71.3	67.7	75.8	74.1
The % of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.	82.92	80.46	85.7	84.4	85.0	89.4





# **Prevention and health inequalities – Atrial Fibrillation**

- Harlow South 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.
- The data suggests there is further opportunity for identification of people with AF. The latest data for AF indicators can be found at <a href="https://app.ardensmanager.com/login">https://app.ardensmanager.com/login</a>





# **Prevention and health inequalities – Hypertension**

- Harlow South PCN recorded prevalence for hypertension is higher than both Place and the ICB.
- Once identified the data shows the percentage of patients in whom the latest BP reading is below the age-appropriate treatment threshold is similar to place and ICB.
- The latest hypertension indicators can be found at <a href="https://app.ardensmanager.com/login">https://app.ardensmanager.com/login</a>





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

- National lipid management pathways (<u>Link to guidance</u>) 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 the 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 78th percentile with 32.5% of people not on high intensity statins. This compares to 28.3% nationally.







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

# 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 Harlow South PCN is similar to Place, but lower than the ICB. However, for the three treatment targets the PCN data shows a lower percentage than both 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



- 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)
- Harlow South PCN's admission rate for Chronic ACS conditions is higher than the ICB and the Place rate, when looking at the 12 months data up to November 2023.
- AF, COPD and Diseases of the Blood are conditions with the highest volume and are also showing an upward trend.
- The data on page 11 looking at observed versus expected prevalence shows an opportunity for further identification of those with COPD.

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

Chronic Ambulatory Care Sensitive Conditions: Number of Emergency Admissions per Condition as DSR per 100,000 by GP for PCN: Harlow South and period Dec-22 to Nov-23 against PCN, Place, & ICB rates

Practice PCN PLACE – ICB

1.600



Chronic Ambulatory Care Sensitive Conditions for Harlow South PCN	PCN Per 100,000 Rate Apr-23 to Nov-23	5 Year Trend	2024/25 Trajectory
Angina: Angina pectoris	77.84	$\sim$	UP
Asthma	65.83	$\sim\sim$	UP
Atrial fibrillation and flutter	241.46	$\checkmark$	UP
COPD	224.09	$\searrow$	UP
Congestive heart failure	133.44		DOWN
Diseases of the blood	298.09	$\searrow$	UP
Epilepsy	48.90	$\sim$	UP
Hypertension	57.06		UP
Mental and behavioural disorders	8.00	$\sim\sim$	UP
Nutritional, endocrine and metabolic	121.71	$\sim\sim$	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 Harlow South PCN has a higher rate of admissions for falls than Place and ICB.

• 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 12 months data up to November 2023 the data shows that Harlow South PCN has a higher rate of admissions for hip fractures than Place and ICB.
- When looking at the data by PCN the small numbers will cause fluctuations over the years.
- 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 Harlow South PCN has a lower percentage of falls frat scores completed, when compared to place and ICB as at end Dec 23.
- The percentage of the population recorded as moderately or severely frail is similar to ICB and place.
- The data contained within the table below is up to the end of December, the latest position can be found at Ardens Manager.

	Frailty			EOL						
	Mod/Sev + falls Frat score done %	Mod fraily + SMR or polypharmacy medication review %	% Mod/Sev frailty of population	% population on EOL register	GSF %	DNACPR %	ACP %	PPD %	PPC %	SCR Consent %
ІСВ	16.0%	19.5%	1.9%	0.7%	64.9%	53.3%	11.3%	37.3%	39.8%	34.8%
WE	9.7%	29.0%	2.1%	0.7%	69.1%	57.1%	5.0%	33.7%	39.4%	57.6%
PCN	0.0%	0.0%	2.1%	0.6%	92.9%	54.6%	3.0%	18.6%	31.2%	66.9%
Lister Medical Centre	0.0%	0.0%	2.0%	0.5%	89.5%	40.0%	4.2%	21.1%	23.2%	33.7%
The Hamilton Practice	0.0%	0.0%	2.7%	0.8%	95.4%	55.2%	2.3%	18.4%	19.5%	75.9%
The Ross Practice	0.0%	0.0%	1.8%	0.8%	94.3%	70.1%	2.3%	16.1%	51.7%	94.3%

#### Harlow South Enhanced Commissiong Framework (ECF) 2023-24 for the period 1 April 23 to 31 Dec 23



#### **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 Harlow South PCN has a lower recorded prevalence for Dementia than place which may indicate an opportunity for further identification.
- 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.

	Harlow South PCN- Mental Health Conditions 2022-2023 QOF prevalence, with 3 year trend							
	Lister Med	ical Centre	The Hamilt	ton Practice The Ross Practice				
	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend		
Dementia	0.5%		0.8%		0.8%			
Depression	14.2%	$\overline{}$	19.1%		12.4%	$\sim$		
Learning Disability	0.5%	_	0.5%		0.7%	/		
SMI	0.9%	$\sim$	0.8%	/	1.0%	/		







# **Mental Health QOF Indicators 22-23**

- Mental Health QOF metrics for 2022-23 show that Harlow South PCN is achieving higher percentages for all metrics for both SMI and Depression in comparison to Place and the ICB.
- Ardens searches will contain searches that help identify those people with SMI and Depression who have not had a review.

		SMI							
	% 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			
ІСВ	82.6	88.7	89.3	83.1	83.0	83.0			
WE	77.8	86.6	87.6	82.9	82.9	79.6			
Harlow South PCN	89.3	97.8	97.3	94.4	95.0	85.6			
Lister Medical Centre	78.2	95.8	93.3	92.4	92.0	76.8			
The Hamilton Practice	90.9	100.0	100.0	97.8	100.0	96.9			
The Ross Practice	98.4	98.7	100.0	95.1	95.8	90.2			



#### **Emergency Admissions Rates for Self – Harm**

- Harlow South 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.
- The data will continue to be monitored at wider HCP and ICB footprints.

