



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Primary Care Networks Overview Pack

WARE AND RURALS PCN

Pack produced - January 2023 - NHS Hertfordshire & West Essex ICB

Produced by Hertfordshire & West Essex ICB's - Population Health Management & Public Health Teams



Working together
for a healthier future

Population Health Management



Population Health Management (PHM) is a partnership approach across the NHS and other public services including councils, the public, schools, fire service, voluntary sector, housing associations, social services and police. All have a role to play in addressing the interdependent issues that affect people's health and wellbeing.

The coronavirus (COVID-19) pandemic has further highlighted the known link between poorer health outcomes, ethnicity and deprivation. Integrated care systems, working with the local authority and the voluntary sector, have used PHM to identify people who need more support and those with the most complex needs within their localities, so that efforts can be targeted to protect certain populations through personalised care models, public health advice, testing and vaccination programmes.

For the public, it should mean that health and care services are more proactive in helping people to manage their health and wellbeing, provide more personalised care when it's needed and that local services are working together to offer a wider range of support closer to people's homes.

For doctors, nurses, social care, therapists and other frontline staff, this should mean greater support and insight from integrated care systems to enable care and support to be designed and proactively delivered to meet individual needs – it should mean less duplication and a reduction in workload pressures as it ensures the right care is given at the right time by the right person.

For local councils, health care managers and clinicians who commission services – greater understanding of the local population will ensure they can better predict what residents need. PCNs are key to this, as health and care providers work together and take collective responsibility for the care and support offered to improve outcomes, they can use their resources to keep people healthier.

Key Messages

Ware & Rurals PCN population profile differs compared to England especially in the age categories 20-44 which is lower and the age categories 50-89 which is higher. All people live within the 5 least deprived deciles (6-10).

29.6% population have at least 1 Long Term Condition. 5.1% have more than 5 LTCs compared to 5.6% for the ICB. The population pyramid shows a similar profile to England for those living with LTCs, except the age categories 70-89 which is higher.

Wider determinants analysis from Public Health Evidence and Intelligence shows Ware & Rurals is one of the least deprived PCNs within the ICB across most indicators, except Environment where it is one of the most deprived.

The spread of patients for Ware & Rurals PCN indicates 15.48% of the population are not located within the Hertfordshire & West Essex boundaries; this means that this population may be accessing services outside of the ICB and the impact of coterminous alignment with neighbouring ICBs must be taken into account for this population by the PCN.

Expected population growth for East Hertfordshire district by the Local Authority, forecasts continued increase between 2023 through to 2034 which will bring additional demands for healthcare. Projections show an expected increase in the number of people over 65 from ~29k to ~36k.

When analysing the underlying Segmentation Model data the conditions with highest per 1,000 registered prevalence that are highlighted for Ware & Rurals PCN are Asthma, Cancer, Hypertension, Heart Disease, Atrial Fib, Chronic Cardiac Disease, Anxiety, MH and Obesity.

Urgent & Emergency Care in 2022/23 for Ware & Rurals PCN A&E Attendance rates per 1,000 population, is lower than the place rate.

When comparing the Ambulatory Care Sensitive rates per 1,000 population between places, the East & North place has the lowest rate in the ICB. Within East & North place, Ware & Rurals has a lower rate per 1,000 population, than the average.

When looking at the ACS conditions for Ware & Rurals the highest volume and cost is within the End of Life, Frailty and Dementia in the over 65 age group and the next highest volume and cost is for the over 65 age group in the Advanced Disease and Complexity segment as well. It is to be noted that under Advanced Disease and Complexity segment, there is a notable use by the 41-64 age group for volume and cost.

Ambulatory Care Sensitive conditions of note for people aged over 65 within the Advanced Disease and Complexity, is highlighted as AF and Flutter, Heart Failure and COPD, with the highest volume and cost. For those people aged over 65 within the End of Life, Frailty & Dementia is highlighted as Heart Failure with the highest volume and cost, followed by COPD and AF and Flutter.

14.8% of the general population in HWE ICB live within the 4 most deprived deciles, whilst 16.1% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles. In Ware & Rurals 1.1% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

As we would expect the average number of acute and chronic conditions is significantly higher within this segment than the general population as are all activity measures. The average number of Chronic Conditions for people within Ware & Rurals PCN is the same as the ICB, and the data shows lower usage of GP services.

Within this segment we can see the presence of Obesity, Asthma, Chronic Cardiac Disease and Heart Disease being highlighted which chimes with the reason for admission within previous analysis for ACS conditions. It is to be noted that Hypertension is high across all deciles but similar to the ICB.

For Ware & Rurals the data shows slightly higher Asthma rates which was identified as a theme within the ACS analysis.

National Tool View and Population Demographics and Projections

The following slides represent screen shots from the Nationally Available Tools provided via NHSE.

The information within these tools are used by NHSE to measure and monitor progress. There is some valuable information available within these tools, however the value of these tools is realised when the information within them is triangulated with local data and intelligence.

Public Health Wider Determinants

These provide context for understanding the wider population need, so as Integrated Neighbourhood Teams develop you have a shared understanding of the health and care needs of your population to inform the development of interventions for different patient groups.



PCN Demographics - NHS England

Total Population

WARE AND RURALS PCN

Snapshot as at: 30/06/2021

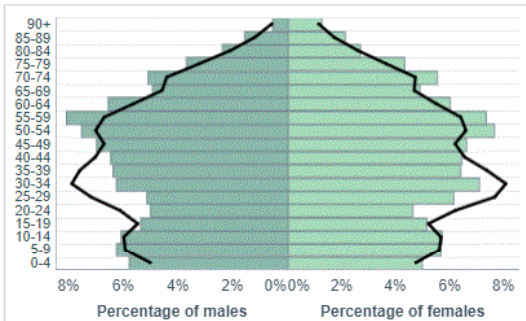
Registered population		Demographics		Prevalence		Acute utilisation		Covid	
% of total	100.0%	% White	79.9%	% IMD top	0.0%	% with 1+ conditions	29.6%	% of annual activity (total 60,389)	100.0%
% of annual change	2.3%	% BAME	4.8%	% IMD bottom	59.3%	% with 5+ conditions	2.8%	% of annual cost (total £15M)	100.0%
								% one or more at risk conditions	16.7%
								% two or more at risk conditions	6.5%

Population demographics

- Snapshot as at: 30/06/2021

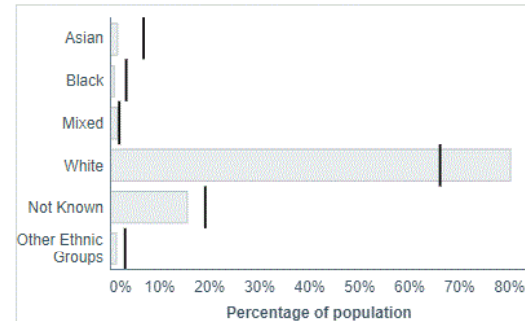
Choose benchmark:

Population pyramid



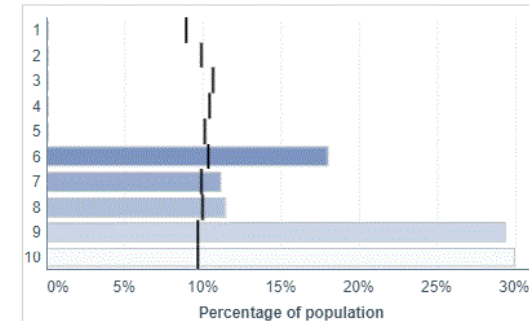
Black line represents the England average

Population proportion by ethnic category



Black line represents the England average

Population proportion by IM Deprivation decile

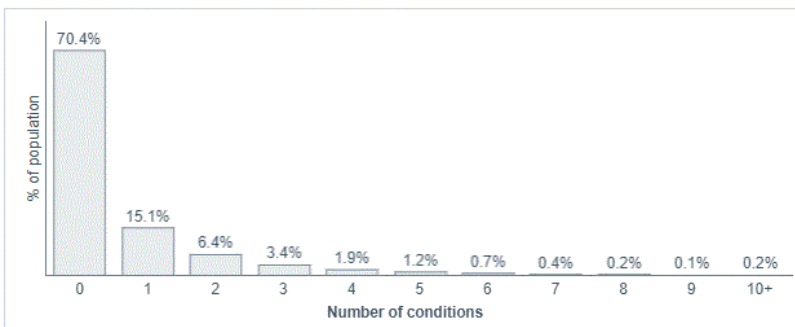


1 = most deprived 10%, 10 = least deprived 10%

Prevalence

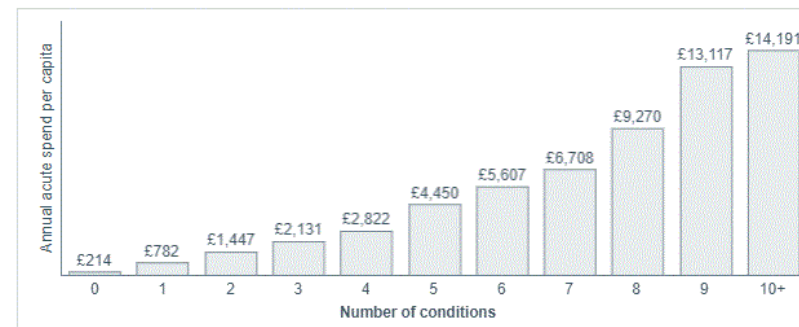
- Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions

Financial Year: 2020/21



The Population & Person Insights dashboard has provided good overall summary metrics on the PCN's total population, here we have benchmarked views on standardised demographics, such as deprivation deciles, and proportion of the PCN population by number of conditions.

Ware & Rurals PCN population profile differs compared to England especially in the age categories 20-44 which is lower and the age categories 50-89 which is higher. All people live within the 5 least deprived deciles (6-10).

PCN Demographics - NHS England

LTC

WARE AND RURALS PCN

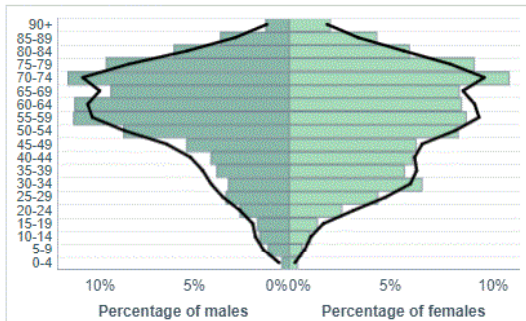
Snapshot as at: 30/06/2021

Registered population		Demographics		Prevalence		Acute utilisation		Covid	
% of total	26.3%	% White	93.3%	% IMD top	0.0%	% with 1+ conditions	100.0%	% of annual activity (total 31,623)	52.4%
% of annual change	6.2%	% BAME	3.7%	% IMD bottom	57.6%	% with 5+ conditions	5.1%	% of annual cost (total £7M)	47.6%
								% one or more at risk conditions	
								49.1%	
								% two or more at risk conditions	
								16.3%	

Population demographics - Snapshot as at: 30/06/2021

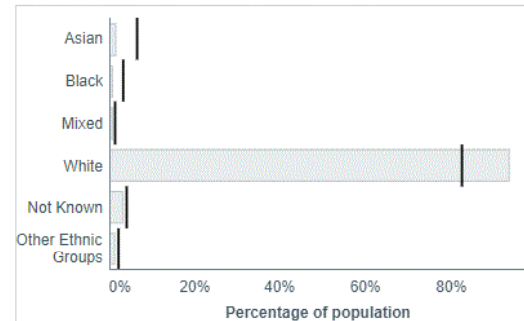
Choose benchmark:

Population pyramid



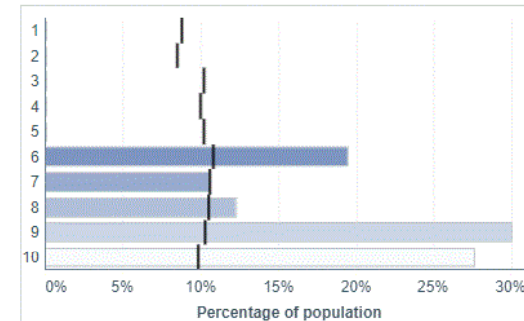
Black line represents the England average

Population proportion by ethnic category



Black line represents the England average

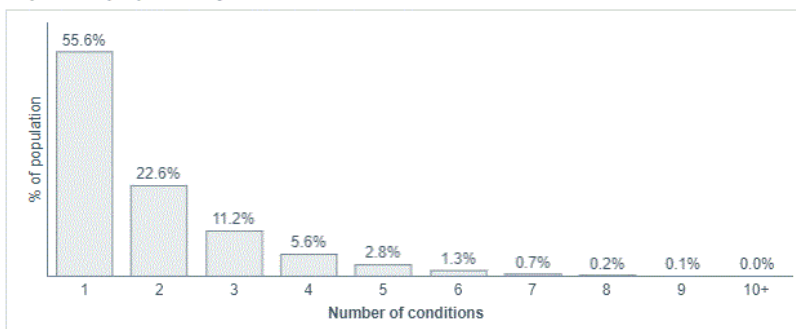
Population proportion by IM Deprivation decile



1 = most deprived 10% , 10 = least deprived 10%

Prevalence - Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions

Financial Year: 2020/21



When compared with the overall PCN demographics on the previous page, those in the PCN whom have an LTC as defined by NHS England, are benchmarked against the English averages, the view for the PCN shows us that 29.6% population have at least 1 Long Term Condition. 5.1% have more than 5 LTCs compared to 5.6% for the ICB.

The population pyramid shows a similar profile to England for those living with LTCs, except the age categories 70-89 which is higher.

Practice Indicators - Triggers and Levels

Practice Indicators for		DOLPHIN HOUSE SURGERY			THE BUNTINGFORD & PUCKERIDGE MEDICAL PRACTICE			THE MEDICAL CENTRE BUNTINGFORD		
Clinical Domain	Indicator Name	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level
WARE AND RURALS PCN										
Clinical Diagnosis	Detection rate Cancer	0.607	2020/21	No Trigger	0.524	2020/21	No Trigger	0.689	2020/21	Positive
Coronary heart disease	% AF anticoagulation therapy CHADS2-VASc score >1	97.1	2020/21	Positive	91.7	2020/21	Positive	91.5	2020/21	Positive
	% CHD aged <=79 BP reading 140/90mmHg or less	79.4	2020/21	No Trigger	52.3	2020/21	Level 1	68.5	2020/21	Level 1
	% CHD cholesterol 5 mmol/l or less	52.6	2021/22	No Trigger	74.2	2021/22	No Trigger	72.7	2021/22	No Trigger
	% hypertension aged <=79 BP reading 140/90mmHg or less	69	2020/21	Level 1	26.2	2020/21	Level 2	37.5	2020/21	Level 2
Diabetes	% Diabetes aged >=40 years no CVD history without moderate or severe frailty treated with statin	84.9	2020/21	Level 1	92.8	2020/21	No Trigger	91.1	2020/21	No Trigger
	% Diabetes without moderate or severe frailty BP 140/80 mmHg or less	79.2	2020/21	No Trigger	29.2	2020/21	Level 2	32.7	2020/21	Level 2
	% diabetes without moderate or severe frailty IFCC-HbA1c is 58 mmol/mol or less	63.8	2020/21	Level 1	35.9	2020/21	Level 2	40.7	2020/21	Level 2
Exception Rating	Overall Personalised Care Adjustment Rate	0.05	2020/21	No Trigger	0.036	2020/21	No Trigger	0.038	2020/21	No Trigger
Medicines Management	% antibiotics Co-amoxiclav, Cephalosporins, Quinolones	9.1	2021/22 Q4	No Trigger	10.5	2021/22 Q4	Level 1	9.2	2021/22 Q4	No Trigger
	% Naproxen and Ibuprofen	68.6	2021/22 Q4	No Trigger	72.7	2021/22 Q4	No Trigger	81	2021/22 Q4	No Trigger
	Antibacterial Items/Star Pu	0.873	2021/22 Q4	Positive	0.998	2021/22 Q4	Positive	0.97	2021/22 Q4	Positive
	Hypnotics ADQ/Star Pu	0.361	2021/22 Q4	No Trigger	0.865	2021/22 Q4	No Trigger	0.427	2021/22 Q4	No Trigger
	Oral NSAIDs ADQs/STAR-PU	5.456	2021/22 Q4	No Trigger	4.672	2021/22 Q4	No Trigger	4.08	2021/22 Q4	No Trigger
Mental Health	% first choice generic SSRIs	69.6	2021/22 Q4	No Trigger	76.3	2021/22 Q4	Positive	75.2	2021/22 Q4	No Trigger
	% MH comprehensive care plan	97	2020/21	No Trigger	89.5	2020/21	Level 1	74.3	2020/21	Level 1
	% SMI alcohol record	59.7	2020/21	Level 1	90.9	2018/19	No Trigger	90.9	2018/19	No Trigger
	% SMI BP record	93.6	2020/21	No Trigger	96.6	2020/21	No Trigger	77.8	2020/21	Level 1
	Dementia Face to Face review	61.7	2020/21	Level 1	55.3	2020/21	Level 1	40	2020/21	Level 1
	Select antidepressants ADQs/STARPU	1.619	2021/22 Q4	No Trigger	1.823	2021/22 Q4	No Trigger	1.692	2021/22 Q4	No Trigger
Patient Experience	Confidence and trust in healthcare professional	99.6	2020/21	Positive	95.9	2020/21	No Trigger	100	2020/21	Positive
	Frequency seeing preferred GP	43.7	2020/21	No Trigger	59.2	2020/21	No Trigger	46	2020/21	No Trigger
	Healthcare professional treating with care and concern	94.7	2020/21	No Trigger	93	2020/21	No Trigger	94	2020/21	No Trigger
	Overall experience of your GP practice	91.6	2020/21	No Trigger	92.8	2020/21	No Trigger	80.7	2020/21	No Trigger
	Satisfaction with appointment times	70.6	2020/21	No Trigger	69.9	2020/21	No Trigger	64.4	2020/21	No Trigger
Public Health	% Child Imms DTaP/IPV/Hib/HepB (age 1 year)	95.6	2020/21	No Trigger	98.2	2020/21	No Trigger	97.5	2020/21	No Trigger
	% Child Imms Hib/MenC booster	97.5	2020/21	No Trigger	95.5	2020/21	No Trigger	96.4	2020/21	No Trigger
	% Child Imms MMR (Age 2 yrs)	97	2020/21	No Trigger	95.5	2020/21	No Trigger	96.4	2020/21	No Trigger
	% Child Imms PCV Booster	97.5	2020/21	No Trigger	95.5	2020/21	No Trigger	96.4	2020/21	No Trigger
	Cervical Screening	75.1	2021/22 Q4	Level 1	80.2	2021/22 Q4	No Trigger	81	2021/22 Q4	No Trigger
	% Asthma review in last 6 mths	33.4	2020/21	Level 1	25.8	2020/21	Level 1	45.2	2020/21	Level 1
Respiratory	% Asthma spirometry and one other objective test	0	2020/21	Level 2	0	2020/21	Level 2	0	2020/21	Level 2
	% COPD with review in last 12 mths	65.5	2020/21	Level 1	26.6	2020/21	Level 1	26	2020/21	Level 1
	% LTC patients who smoke	10.9	2020/21	No Trigger	9.7	2020/21	No Trigger	9.3	2020/21	No Trigger
	% LTC Smoker offer support	96.7	2020/21	No Trigger	99.1	2020/21	No Trigger	100	2020/21	No Trigger
	% Smoking patients over 15 recorded	80	2021/22	Positive	70.9	2021/22	No Trigger	75.6	2021/22	No Trigger
	% Smoking status recorded	95.7	2020/21	No Trigger	85.6	2020/21	Level 1	88.4	2020/21	Level 1
	% w. MRC dyspnoea score >=3 w. offer of referral to pulm. rehab. Clinic	75	2020/21	Level 1	85.7	2020/21	Level 1	58.3	2020/21	Level 1

Primary Care clinical domain indicators as provided by NHS England as highlighted here with Trigger Levels against each, and represents a consolidation of data sets, designed to reduce the burden on GPs following these outlier identification. This indicator set is to support quality assurance and improvement of GP services; here, the higher the Level indicated, the more indicative of risk that has been found for that indicator.

The Practices have opportunities for every Level 1 indicated metric; however, any Level 2 indicator must be reviewed; guidance on this data set can be found in the below link, and for more up-to-date data, please log into your Ardens Manager (<https://app.ardensmanager.com/>).

Wider Determinants



Where 1 is the most deprived in HWE ICB and 35 the least

In Ware And Rurals PCN an estimated:

- 8% of children live in poverty.
- 7.9% of older people live in poverty.
- 11% of households live in fuel poverty.
- 5.4% of households are overcrowded.
- 27.9% of people aged 65 and over live alone.
- 0.2% of people cannot speak English well.
- 2.8% of working age people are claiming out of work benefits.
- 18.2% of children aged 4-5 and 27.6% of children aged 10-11 are overweight.

PH.intelligence@hertfordshire.gov.uk

Hertfordshire Public Health
Evidence & Intelligence
Epidemiology

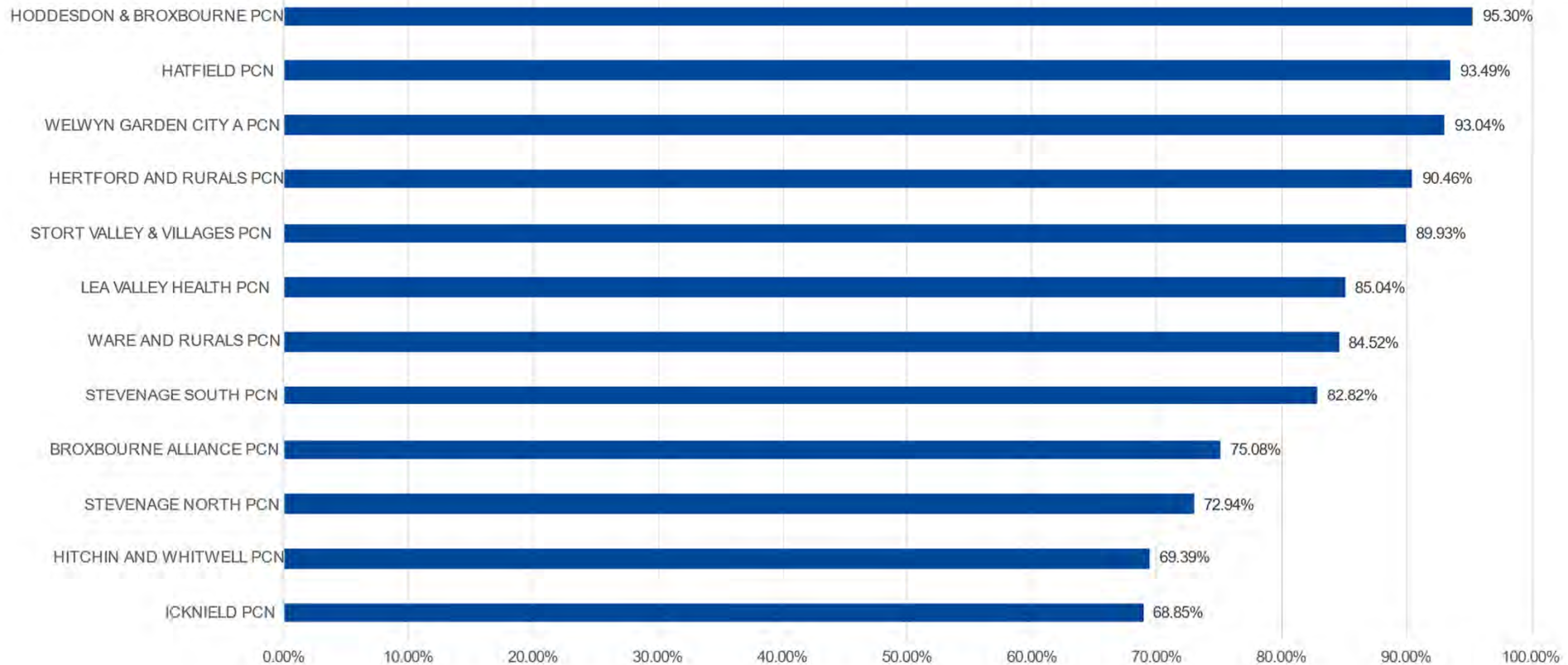


The above provides a summary of the wider determinants of health for Ware & Rurals.

Wider determinants analysis from Public Health Evidence and Intelligence shows Ware & Rurals is one of the least deprived PCNs within the ICB across most indicators, except Environment where it is one of the most deprived.

SPREAD OF PATIENTS ACROSS ENGLAND CONT.

Percent of East and North Hertfordshire patients within Hertfordshire and West Essex boundary

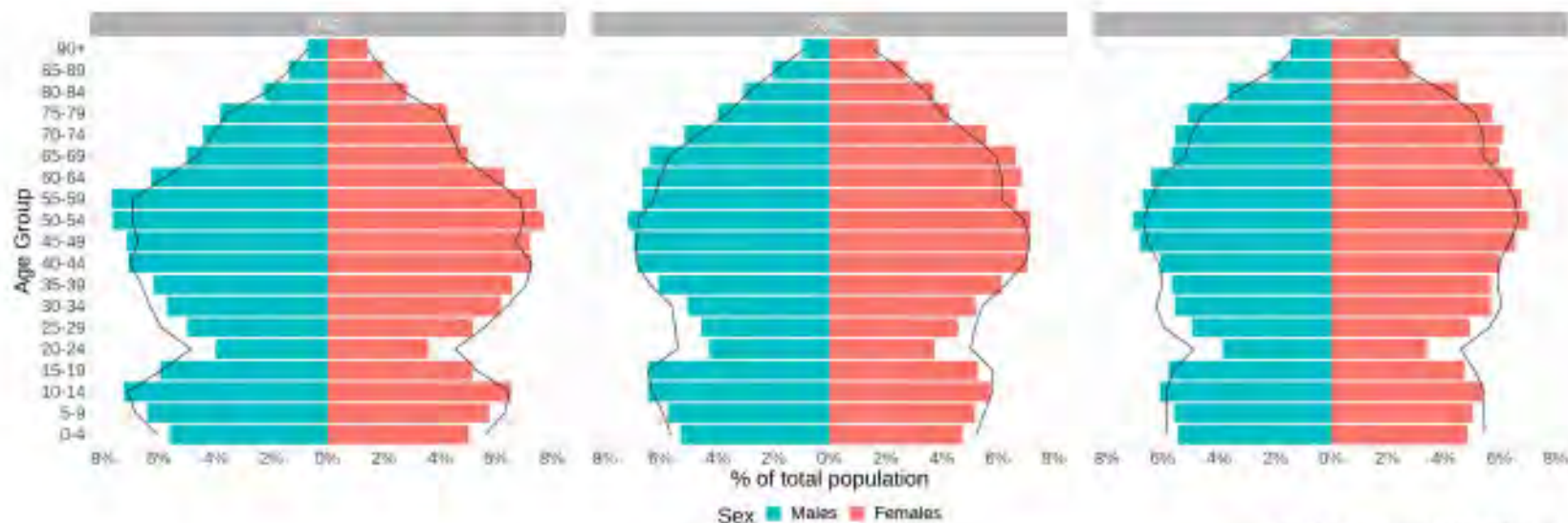


This chart shows the proportion of the registered population living within the ICB geographical boundary.

The spread of patients for Ware & Rurals PCN indicates 15.48% of the population are not located within the Hertfordshire & West Essex boundaries; this means that this population may be accessing services outside of the ICB and the impact of coterminous alignment with neighbouring ICBs must be taken into account for this population by the PCN.



Projection Pyramids



Black line indicates HWE ICS values.
 Population pyramids and table shown for East Hertfordshire district.
 District shown is based on the largest majority of the PCN's registered population.

Age Bands	2023 Projection	2032 Projection	2042 Projection
Under 5	8,093	7,908	8,377
Under 24	41,946	41,640	40,726
24-64	80,932	79,458	79,926
65+	28,770	36,444	41,717
85+	4,196	5,871	7,269

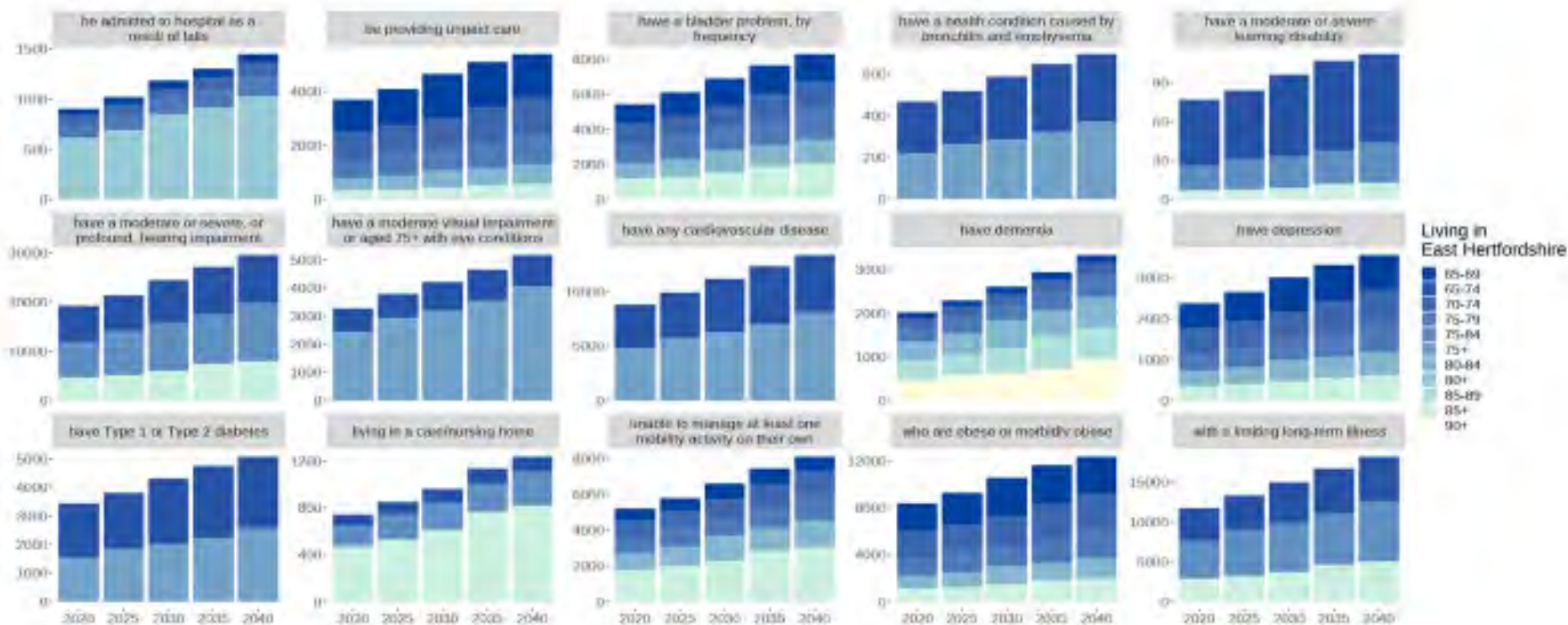
PH.intelligence@hertfordshire.gov.uk



Expected population growth for East Hertfordshire district by the Local Authority, forecasts continued increase between 2023 through to 2034 which will bring additional demands for healthcare. Projections show an expected increase in the number of people over 65 from ~29k to ~36k.



People aged 65+ projected to...



PH.Intelligence@hertfordshire.gov.uk

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The above shows the impact on health due to the expected increase in the number of people over 65.

Optum

HWE

Segment & Outcomes Framework Documentation

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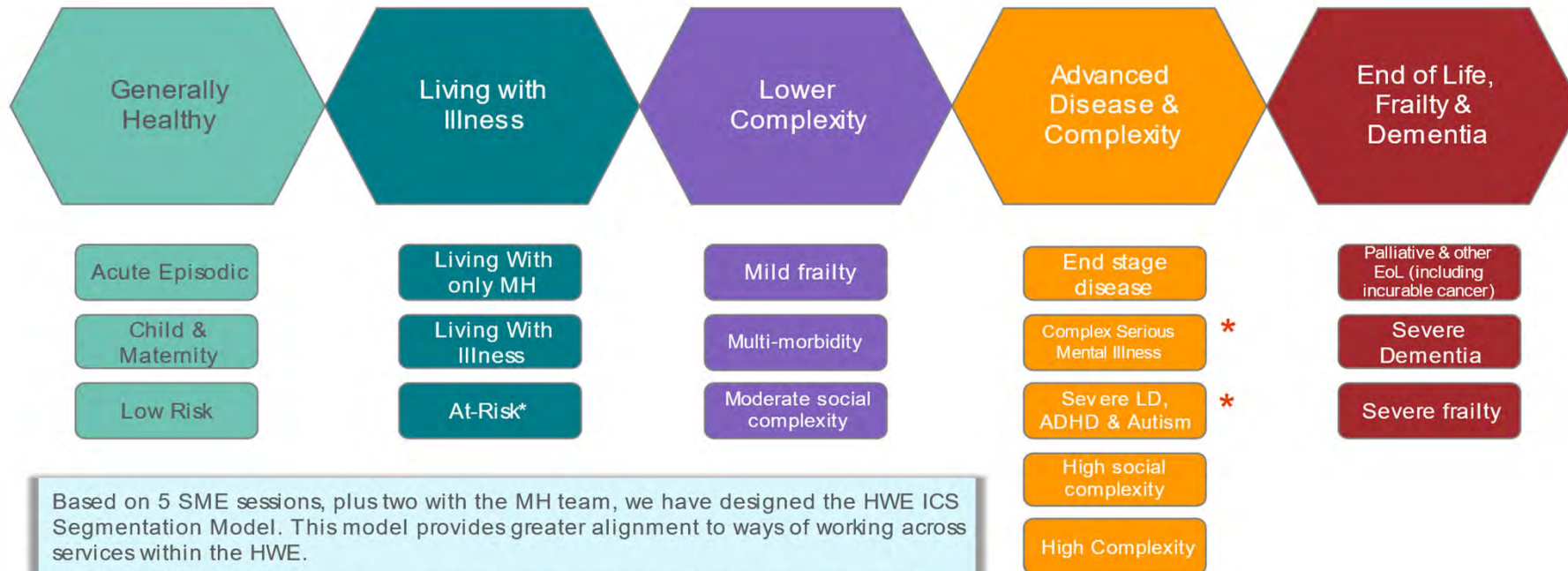
PHM Segment Model - Overview

The ICB has worked in partnership with Optum to develop a Health Segmentation model using linked data covering 1.2m of our ICS population. As part of the process representation from different care settings and internal ICB teams were engaged.

Our core PHM and Population Segmentation model combines primary and acute care data with wider determinants and community, mental health and social care data where available. The model has been built with a view to include additional data sets as they become available. The segmentation model provides the foundations for advanced population health management analytics that goes beyond patient level risk stratification.

The below demonstrates the 5 high level segments and the sub segments beneath within the model.

Segmentation model – third iteration



Based on 5 SME sessions, plus two with the MH team, we have designed the HWE ICS Segmentation Model. This model provides greater alignment to ways of working across services within the HWE. It follows a MECE model, assigned in order from right to left in segment, and top to bottom in subsegment.

* awaiting finalisation of methodology

PHM Segment Model - Overview

The logic behind the ICB Health Segmentation model has been developed to allow the ICB to consider its whole population and the different interventions required to improve the outcomes of different groups of people with similar characteristics.

Alongside the segmentation logic an outcomes framework was developed.

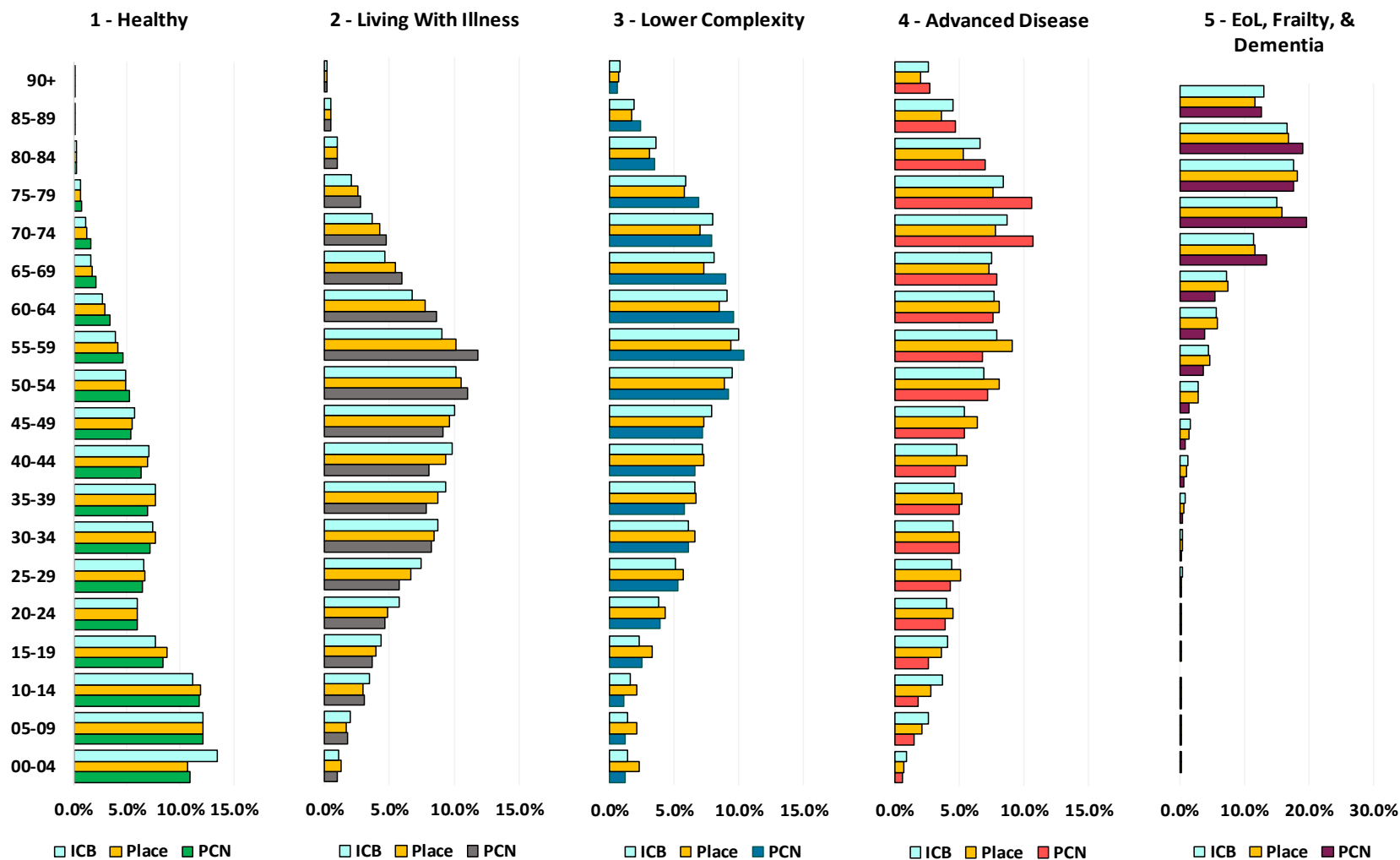
Whole Population Outcomes

- INCREASE life expectancy / INCREASE average age at death in adults.
- REDUCE gap in age at death between most and least deprived deciles.
- INCREASE disease-free life expectancy
- REDUCE rates of suicide
- REDUCE proportion of population who are digitally excluded either by lack of equipment, connectivity, skills, cost, or confidence to be able to access clinical services.

"Generally healthy"	Living with Illness	Lower Complexity	Advanced Disease & Complexity	End of Life, Frailty & Dementia
<p>Who is in this group?</p> <ul style="list-style-type: none"> • Children and adults in the general population who are not otherwise captured in other segments. • Most likely receive episodic care due to accidents and injuries or linked to maternity and CYP routine services. • No diagnosed conditions. 	<p>Who is in this group?</p> <ul style="list-style-type: none"> • Includes people with single illnesses (including MH), that are currently controlled or able to self-manage and will receive most of their care in a planned way through primary care. • Includes people with social or behavioural risk factors for more advanced disease. 	<p>Who is in this group?</p> <ul style="list-style-type: none"> • Includes people with moderate levels of morbidity and complexity. This is either as a result of: Multi-morbidity (2+ long term conditions), Mild frailty and/or Social complexity. 	<p>Who is in this group?</p> <ul style="list-style-type: none"> • Advanced disease and complexity represents a cohort of people with one or more significant illnesses that impact on their day to day functioning as well as people with significant risk from social complexity 	<p>Who is in this group?</p> <ul style="list-style-type: none"> • End of Life, frailty and dementia is the first segment in the logic and is the first set of criteria on which people are assessed. The segment includes: people who are identified as being in their last year of life, or on the palliative disease register as well as people with incurable cancer. This segment also includes those with severe frailty and/or severe dementia.
<p>Social & Clinical Outcomes</p> <ul style="list-style-type: none"> • INCREASE screening. • IMPROVE experience of Maternity services. • REDUCE rates of childhood obesity in reception and year 6. • REDUCE rate of infant mortality. • REDUCTION in proportion of people diagnosed with low mood and/or depression. 	<p>Social & Clinical Outcomes</p> <ul style="list-style-type: none"> • INCREASE proportion of patients who feel able to self-manage their condition. • REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse. • REDUCE episodes of ill -health requiring emergency admissions for long term condition. • INCREASE percentage of people with mental health problems in employment. • INCREASE proportion of people who are able to maintain life routines considered important to the individual, e.g work, .. • REDUCE emergency attendances due to alcohol -related harm. 	<p>Social & Clinical Outcomes</p> <ul style="list-style-type: none"> • INCREASE proportion of patients who feel able to self-manage their condition. • REDUCE rate of emergency admissions for people with lower complexity. • INCREASE proportion of patients offered personalised care and support planning. • REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse. 	<p>Social & Clinical Outcomes</p> <ul style="list-style-type: none"> • INCREASE five year survival from cancer. • REDUCE rate of emergency admissions in people with advanced disease or complexity. • REDUCE the difference in average age of death between people with learning disability/SMI compared to general population. • REDUCE proportion of whole population who are living with advanced disease and/or complexity. 	<p>Social & Clinical Outcomes</p> <ul style="list-style-type: none"> • REDUCE dependency for emergency care services e.g A&E attendances and emergency admissions. • INCREASE proportion of people who die in their preferred place of death. • INCREASE identification of frail and complex patients, including those with dementia or at end of life. • REDUCE proportion of days disrupted by emergency care in last year of life. • INCREASE number of days spent at home in last year of life. • INCREASE proportion of people supported at home instead of in residential care.

Age Profile and Health Segment

Age Profile of PCN, Place, and ICB Segment Population Comparison

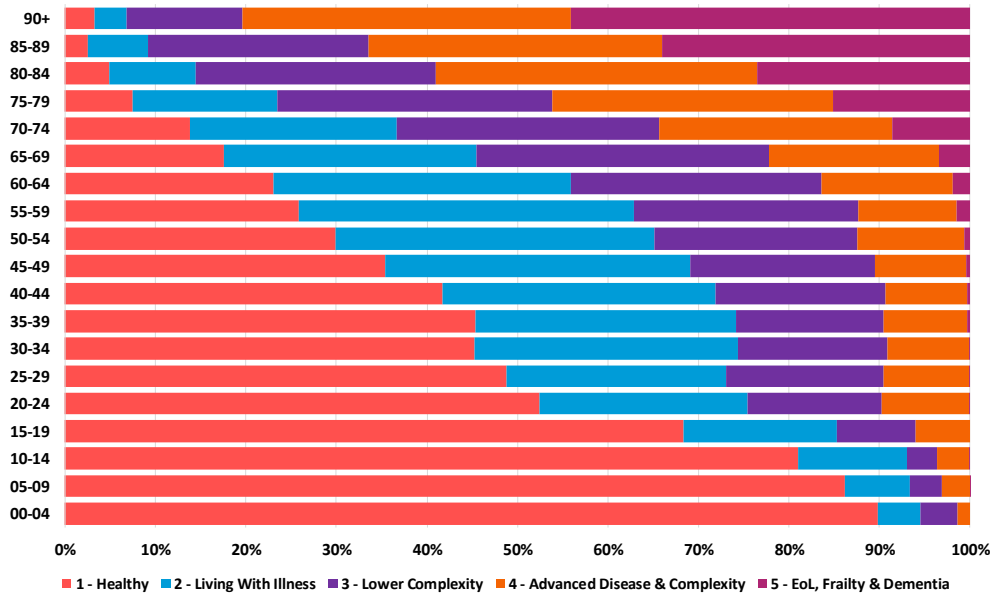


Each registered person is assigned to a segment and this can be cut by age group and also geographically by Place or PCN.

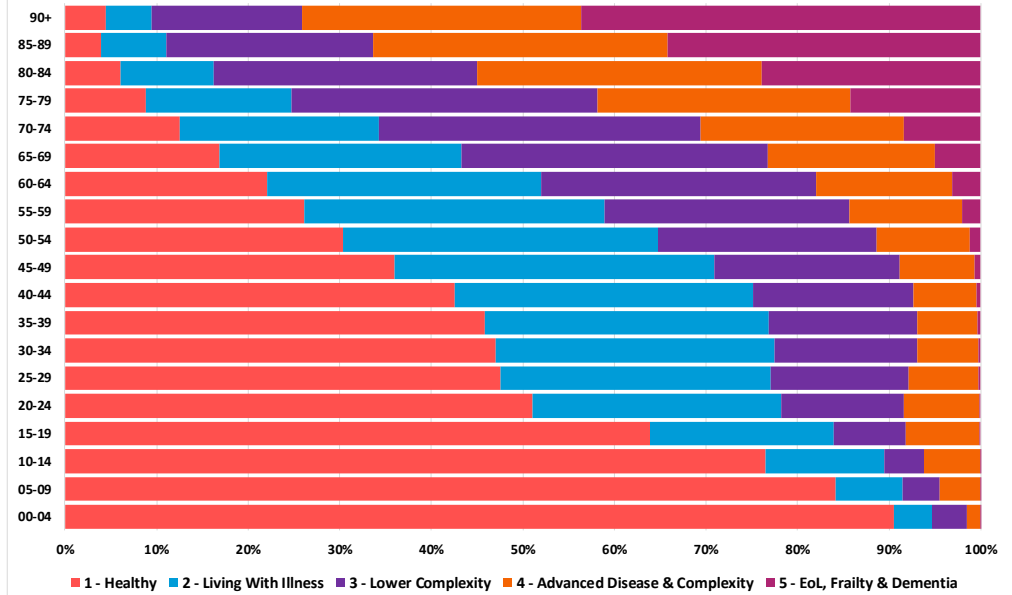
The above looks at the breakdown by age of people within each segment. It provides the PCN value against the Place and ICB value.

Demographic Breakdowns - Segment & Deprivation Quintiles

Segment Proportion by Age Group



ICB Segment Proportion by Age Group as a Comparator



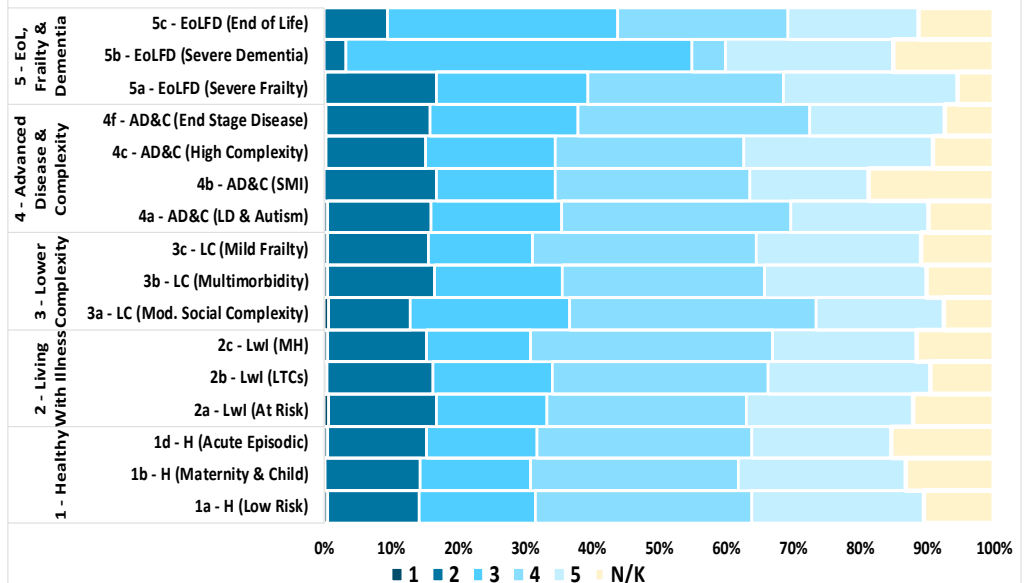
The ICB Health Segments here are broken down by total population and 5 year age groups; as expected with age the proportion of people within the healthy segment decreases.

The illustration on the left represents the PCN breakdown whilst the one on the right shows the ICB breakdown.

Overall Ware & Rurals has a slightly higher profile for age categories 30-84 for segments 3 to 5, compared to the ICB population.

The illustration bottom right shows the Sub-Segments by Deprivation Quintile, here we can see the levels of deprivation illustrated within the earlier wider determinants slide demonstrated within this breakdown.

Index of Multiple Deprivation Quintile Proportion of Population Segment



Major Conditions Comparison - Per 1,000 Registered

PCN NAME	COPD	Obesity	Asthma	Diabetes	Dementia	Cancer	Learning Disabilities	Hypertension	Stroke	Chronic Kidney Disease	Heart Disease	Heart Failure	AtrialFib	Chronic Cardiac Disease	Depression	MH	Anxiety	Serious Mental Illness	Alzheimers
ABBEY HEALTH	16.94	91.79	134.57	138.01	16.06	35.32	15.82	119.23	33.72	10.05	35.88	10.65	11.77	57.71	121.19	171.41	86.11	25.15	10.73
ALBAN HEALTHCARE	16.78	79.37	154.97	90.13	16.99	53.76	14.22	149.53	34.73	24.16	39.98	10.97	17.65	50.69	127.50	205.23	111.71	23.36	13.08
ALLIANCE	19.90	114.36	123.67	105.84	15.86	29.28	17.82	155.51	31.61	9.04	39.00	10.29	9.50	62.66	114.55	160.93	87.83	25.81	10.21
ALPHA	16.29	121.01	139.73	97.63	14.00	55.48	10.91	161.78	34.67	18.36	42.29	11.02	21.77	53.43	153.71	233.41	120.24	17.12	9.22
ATTENBOROUGH	18.14	113.20	126.85	105.43	15.54	36.21	11.81	130.54	33.07	15.51	42.51	11.91	11.43	50.85	118.02	176.61	95.74	19.13	8.70
BROXBORNE ALLIANCE	20.30	160.08	122.01	81.19	7.50	61.16	6.46	171.90	29.87	23.09	49.05	11.84	19.50	68.57	135.43	191.17	116.76	7.91	4.09
CENTRAL WATFORD	17.17	97.89	108.55	152.70	20.12	25.21	13.25	123.19	30.90	8.01	34.88	10.09	16.32	46.23	98.31	132.67	62.41	20.54	8.28
DACORUM BETA	24.98	156.71	132.83	158.17	30.23	40.07	18.80	156.86	44.28	19.23	50.10	16.42	26.50	78.15	176.09	245.43	132.71	31.47	14.12
DANAIS	22.41	131.50	138.52	116.70	19.56	36.00	19.66	181.38	45.29	7.84	44.34	12.86	11.35	57.63	137.60	185.74	82.50	28.26	11.88
DELTA	16.90	150.87	135.59	125.22	17.35	45.07	13.06	152.28	34.37	21.60	42.61	10.85	19.87	55.43	142.21	222.46	128.07	22.98	10.97
HALO	18.22	93.22	137.55	112.78	20.85	47.83	20.12	137.28	37.23	16.03	41.35	11.68	16.94	85.83	149.64	217.88	111.29	29.96	14.75
HARLOW NORTH	32.17	113.01	160.55	104.04	9.63	65.83	5.80	185.36	41.56	27.03	59.02	17.64	18.36	73.07	152.95	249.04	129.75	8.61	4.78
HARLOW SOUTH	30.09	197.29	169.79	120.15	9.20	57.49	8.17	162.96	38.98	37.02	62.04	19.34	19.54	83.34	174.03	246.72	118.60	11.48	4.96
HARPENDEN HEALTH	21.78	81.60	149.03	107.08	23.86	69.52	12.79	172.72	49.21	21.85	55.34	17.04	25.35	73.71	145.13	230.18	127.83	21.83	14.49
HATFIELD	16.88	58.23	77.11	65.91	7.71	28.28	6.46	107.06	21.36	5.41	34.69	8.47	14.84	42.95	91.34	131.15	87.53	7.83	2.94
HERTFORD AND RURALS	16.86	116.98	126.99	67.48	7.52	54.51	5.99	147.29	25.97	13.35	42.51	10.83	20.25	52.05	138.84	203.98	117.47	7.46	3.97
HERTS FIVE	18.05	119.79	133.62	149.84	32.47	49.57	15.73	175.39	37.47	28.64	46.04	11.72	28.70	67.86	143.18	211.93	115.95	24.53	12.18
HITCHIN AND WHITWELL	21.11	126.63	141.53	80.38	10.25	64.91	5.36	160.97	32.99	22.56	48.88	11.81	23.23	63.10	146.25	217.69	134.47	9.83	6.42
HODDESDON & BROXBORNE	22.63	163.45	129.18	88.31	9.82	69.33	6.52	182.13	32.80	23.48	54.65	14.88	26.00	65.08	128.92	211.87	124.10	7.19	5.53
ICKNIELD	20.58	132.39	147.83	85.32	11.91	60.97	6.57	164.18	31.52	35.00	51.59	12.61	22.87	68.86	140.93	220.11	121.08	8.97	7.19
LEA VALLEY HEALTH	23.93	166.87	126.46	86.47	6.11	51.75	9.26	172.10	28.22	18.66	48.18	13.17	18.01	57.90	154.32	231.01	165.70	10.89	5.53
LOUGHTON BUCKHURST HILL & CHIGWELL	15.51	82.36	108.00	75.16	9.75	48.63	3.25	126.39	27.64	12.08	48.45	12.73	24.57	58.16	115.48	166.39	109.95	7.20	4.74
MVPS	20.48	132.18	129.05	118.23	17.10	37.36	15.43	141.83	33.00	29.68	40.10	11.91	12.32	50.34	135.02	189.04	100.76	22.35	10.35
NORTH UTTLESFORD	15.67	23.10	103.62	50.30	8.89	35.46	3.02	82.42	26.01	0.19	40.66	8.29	27.47	50.49	94.73	129.90	109.54	4.31	4.09
NORTH WATFORD	21.96	115.98	140.15	136.45	18.26	39.04	14.64	168.63	39.54	20.47	47.73	15.48	20.13	64.24	142.44	194.02	96.65	24.51	9.80
POTTERS BAR	22.98	140.98	142.22	136.58	24.74	53.46	12.70	148.52	37.34	84.75	44.43	12.35	20.80	65.37	132.36	187.18	88.62	20.73	11.56
RICKMANSWORTH & CHORLEYWOOD	17.43	111.90	132.75	112.05	18.36	44.50	13.90	188.27	41.26	6.88	45.98	15.23	20.02	59.08	127.24	185.97	93.22	19.48	8.82
SOUTH UTTLESFORD	15.28	43.19	113.74	57.46	8.33	38.05	2.34	96.24	24.00	4.96	39.00	9.02	20.59	48.74	99.33	142.19	108.67	4.65	3.60
STEVENAGE NORTH	24.27	273.76	124.18	170.45	10.46	46.58	8.92	155.20	29.48	9.51	46.26	11.84	14.55	64.91	136.82	194.88	111.38	8.02	6.11
STEVENAGE SOUTH	23.31	128.57	101.25	75.88	9.99	44.87	6.69	144.52	30.88	15.08	46.63	12.90	13.69	62.56	105.37	151.85	76.49	7.45	6.03
STORT VALLEY & VILLAGES	17.85	122.87	132.49	65.60	7.18	53.86	6.92	144.16	26.39	19.45	44.05	13.41	19.82	60.97	120.51	203.15	127.69	6.34	3.43
THE GRAND UNION	17.43	143.73	135.30	134.24	19.14	42.21	12.89	149.94	36.78	28.86	46.99	12.45	19.10	62.75	138.79	195.84	95.98	20.23	9.53
WARE AND RURALS	18.09	163.30	165.40	77.77	7.63	58.28	5.79	154.35	27.24	22.49	47.89	12.74	20.82	60.01	132.46	198.85	108.67	6.62	4.13
WELWYN GARDEN CITY A	19.05	104.74	104.65	68.93	6.62	41.07	6.99	132.35	23.08	10.49	38.53	10.24	17.72	48.93	117.64	178.45	109.12	7.12	3.14

The data from the ICB model has been collated and the above provides a rate per 1,000 population with a recording of each condition. The darker the blue the higher the presence of the condition within the PCN's population.

Further information and tools that monitor identification and management of people with conditions are available in Ardens Manager rolled out to support the ICB's ECF. Searches available via Ardens can support with case finding and identifying people with management indicators that are due.

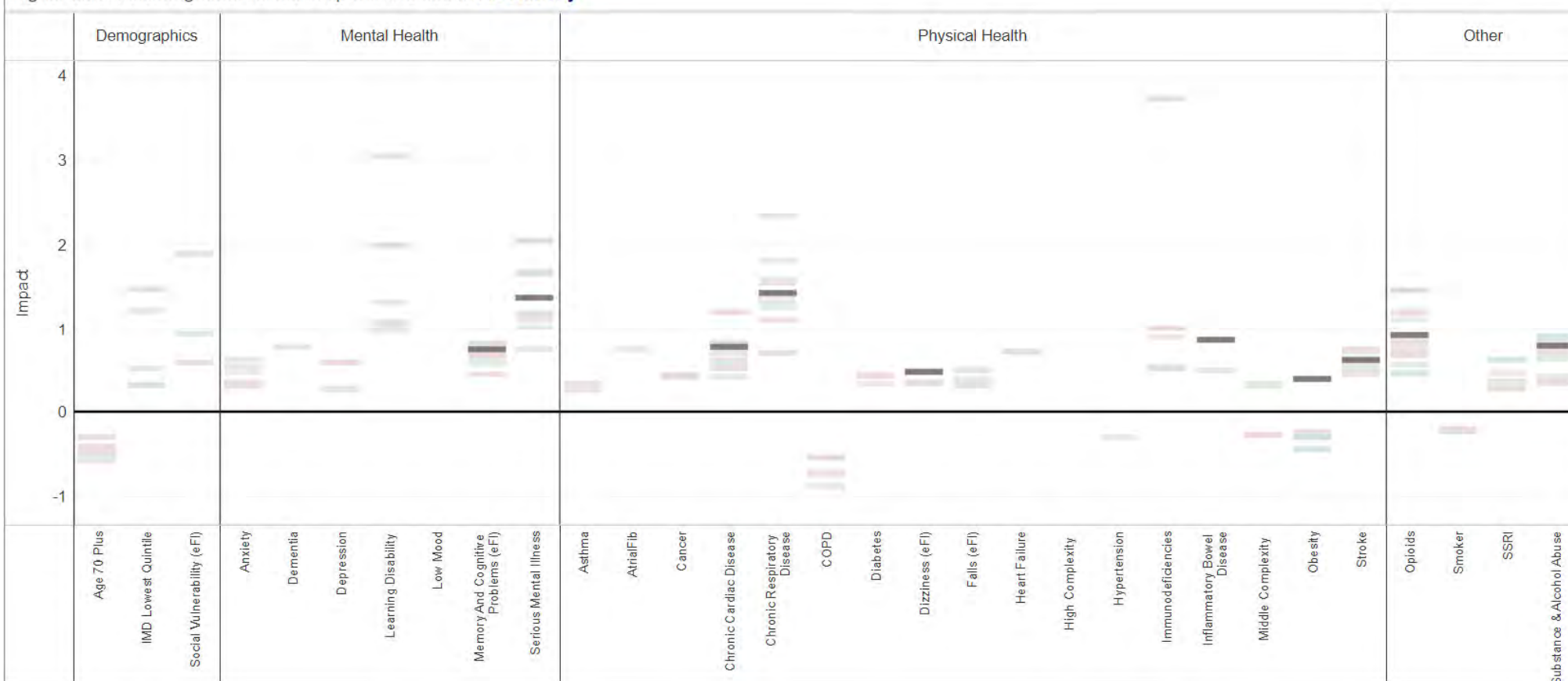
When analysing the underlying Segmentation Model data the conditions with highest per 1,000 registered prevalence that are highlighted for Ware & Rurals PCN are Asthma, Cancer, Hypertension, Heart Disease, Atrial Fib, Chronic Cardiac Disease, Anxiety, MH and Obesity.

PCN NAME	Conditions																			
	ASD	Cerebral Palsy	Chronic Respiratory Disease	Cystic Fibrosis	Huntingtons Disease	Inflammatory Bowel Disease	Kidney Transplant	Metastatic Cancer	Multiple Sclerosis	Muscular Dystrophy	Myasthenia Gravis	Osteoporosis	Other Neurological Condi	Parkinsons Disease	Rheumatoid Arthritis	Lupus (SLE)	Sickle Cell Disease	Solid Organ Transplant	High Bp	
ABBEY HEALTH	14.98	1.20	20.95	0.40	0.04	9.37	2.04	2.48	1.56	0.52	0.28	14.46	1.20	2.08	7.53	0.92	0.44	1.48	25.51	
ALBAN HEALTHCARE	13.61	1.20	22.10	0.77	0.23	11.13	2.30	3.02	1.73	0.30	0.33	24.28	1.10	2.77	8.39	1.43	0.28	1.34	31.80	
ALLIANCE	17.30	1.66	25.28	1.73	0.04	10.85	2.45	3.01	1.13	0.19	0.15	10.55	1.06	2.60	9.01	1.24	1.70	1.09	30.03	
ALPHA	11.10	0.64	21.64	0.66	0.13	10.97	2.67	2.41	2.46	0.36	0.30	20.86	1.30	3.14	9.41	1.22	0.17	1.39	35.30	
ATTENBOROUGH	11.11	0.96	22.70	1.41	0.13	10.43	2.57	2.70	1.80	0.42	0.29	17.75	1.12	1.99	7.64	1.25	0.55	1.44	42.89	
BROXBOURNE ALLIANCE	8.71	1.08	27.27	0.55	0.02	13.59	2.21	3.15	2.09	0.32	0.34	24.44	1.56	1.95	9.86	1.43	0.78	1.45	87.88	
CENTRAL WATFORD	10.69	1.11	20.87	0.87	0.15	7.62	2.32	2.65	1.20	0.27	0.21	11.29	1.30	2.44	7.53	1.17	0.54	1.14	29.37	
DACORUM BETA	17.95	1.28	29.89	1.09	0.15	11.68	2.62	4.19	2.11	0.53	0.10	17.54	1.16	3.61	9.52	1.33	0.75	1.60	36.87	
DANAIS	16.34	1.18	26.91	0.79	0.26	10.93	2.13	3.22	1.77	0.39	0.30	8.73	1.31	2.92	10.14	1.21	0.89	1.71	39.02	
DELTA	13.39	1.02	21.36	0.96	0.27	11.99	2.31	3.60	2.28	0.42	0.24	18.70	0.96	2.97	8.99	1.14	0.51	1.20	37.04	
HALO	20.38	1.52	23.45	0.73	0.18	11.68	2.31	3.56	1.90	0.23	0.20	20.47	1.40	3.88	8.70	1.34	0.41	0.99	31.92	
HARLOW NORTH	7.53	1.38	42.10	1.26	0.06	13.93	3.47	3.41	2.51	0.30	0.36	29.48	2.45	2.39	13.51	1.49	0.60	2.21	69.06	
HARLOW SOUTH	11.58	2.48	42.29	0.93	0.10	13.55	2.38	4.24	1.65	0.52	0.52	40.02	2.27	2.38	13.55	2.48	0.31	1.86	95.65	
HARPENDEN HEALTH	12.54	1.06	28.25	0.66	0.12	10.84	2.47	5.89	2.22	0.39	0.48	29.04	1.89	4.68	9.54	1.18	0.39	1.41	28.50	
HATFIELD	6.55	0.76	21.97	0.47	0.06	10.21	2.74	1.89	0.90	0.32	0.23	19.79	1.43	1.51	6.72	1.25	0.84	1.54	71.96	
HERTFORD AND RURALS	8.19	0.81	24.68	0.69	0.12	15.00	2.38	2.24	2.26	0.44	0.30	27.37	1.37	2.38	7.72	0.89	0.10	1.53	90.91	
HERTS FIVE	13.79	1.39	23.04	0.77	0.13	12.86	2.98	2.86	2.45	0.25	0.36	22.67	1.69	3.63	17.88	1.26	0.62	1.66	34.03	
HITCHIN AND WHITWELL	9.93	1.49	30.11	0.50	0.00	15.61	2.87	3.41	2.41	0.32	0.32	34.83	1.42	2.52	8.34	1.63	0.14	1.60	92.26	
HODDESDON & BROXBOURNE	9.14	0.96	31.53	0.58	0.27	14.77	2.84	3.29	2.38	0.43	0.23	33.55	1.73	2.33	9.37	1.35	0.22	1.73	96.87	
ICKNIELD	10.67	1.08	29.47	0.62	0.08	16.17	2.69	2.91	3.58	0.43	0.32	27.18	1.29	2.67	8.51	1.27	0.05	2.02	82.47	
LEA VALLEY HEALTH	10.05	1.27	31.63	0.59	0.10	12.74	2.37	2.80	1.53	0.36	0.46	22.43	1.89	1.72	10.47	1.63	1.11	1.98	97.79	
LOUGHTON BUCKHURST HILL & CHIGWELL	4.13	0.84	22.95	0.79	0.14	14.26	2.42	3.62	1.77	0.46	0.33	38.42	1.90	2.04	8.87	1.53	0.19	1.35	65.68	
MVPS	14.28	1.17	34.30	10.11	0.07	11.35	2.43	3.60	2.06	0.30	0.15	15.86	1.17	2.47	8.53	1.69	0.59	1.30	32.96	
NORTH UTTLESFORD	2.34	0.78	21.65	0.73	0.05	11.09	1.18	2.48	1.13	0.48	0.11	23.32	1.16	1.27	10.04	1.29	0.03	1.72	26.93	
NORTH WATFORD	12.70	1.07	27.72	2.17	0.11	12.20	2.44	3.36	2.40	0.42	0.31	16.47	1.53	2.63	9.42	1.45	0.34	0.92	37.13	
POTTERS BAR	12.98	0.76	27.06	0.62	0.17	8.31	1.90	2.70	2.01	0.38	0.48	21.07	1.49	3.25	7.96	1.07	0.42	1.28	33.70	
RICKMANSWORTH & CHORLEYWOOD	11.74	1.12	23.30	2.02	0.25	9.40	2.45	3.20	1.33	0.54	0.18	15.52	0.97	2.88	7.38	0.97	0.11	1.51	32.44	
SOUTH UTTLESFORD	3.05	1.02	21.93	0.53	0.02	10.61	1.97	2.44	1.89	0.28	0.22	29.23	1.34	1.71	10.30	1.48	0.08	2.01	24.13	
STEVENAGE NORTH	12.22	1.43	32.98	0.27	0.05	16.52	3.40	2.92	2.23	0.64	0.27	15.67	1.81	2.71	7.06	1.27	0.48	1.54	94.81	
STEVENAGE SOUTH	10.81	1.57	31.16	0.88	0.06	13.08	2.69	4.03	2.09	0.27	0.33	14.90	1.57	2.09	5.81	1.12	0.39	1.73	75.58	
STORT VALLEY & VILLAGES	10.22	1.05	25.19	0.51	0.00	12.73	1.89	3.26	1.95	0.41	0.36	41.69	1.69	2.08	9.13	1.63	0.13	1.39	76.18	
THE GRAND UNION	13.30	1.32	22.90	1.36	0.18	11.75	2.22	3.19	2.19	0.25	0.25	26.69	1.27	2.29	9.07	1.53	0.53	1.68	74.02	
WARE AND RURALS	7.25	1.01	25.52	0.77	0.09	14.85	2.67	2.64	1.81	0.18	0.27	26.11	1.63	2.58	7.58	1.22	0.03	1.75	86.12	
WELWYN GARDEN CITY A	9.18	0.77	25.87	0.71	0.05	13.17	2.65	2.13	1.92	0.46	0.20	20.42	1.30	1.37	7.02	1.11	0.38	1.55	89.89	

On this page of conditions, we can see that the PCN has higher prevalence of Inflammatory Bowel Disease, Kidney Transplant, Osteoporosis and High BP.

PCN Benchmarking - A&E Activity

Higher bars indicate greater relationship with increased **AE Activity**



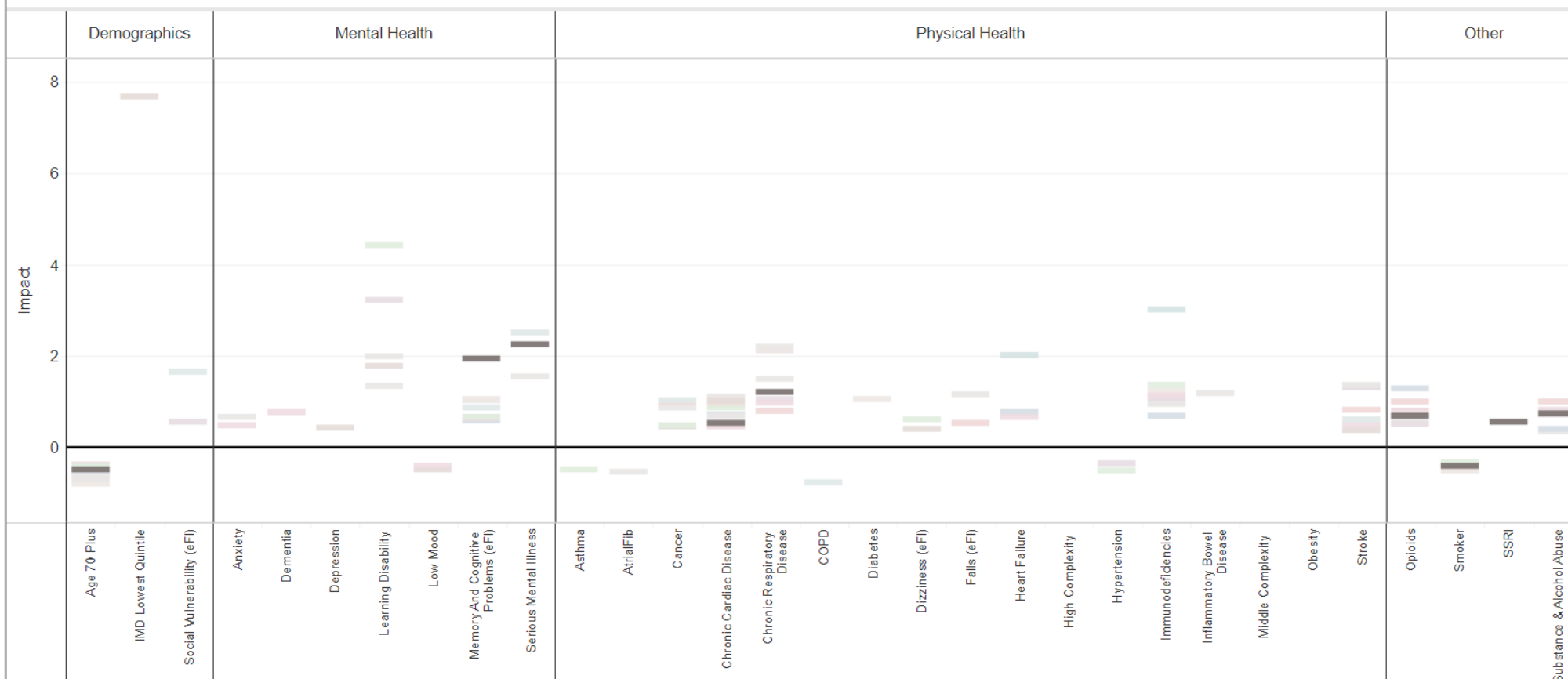
The charts in the next two pages show activity for the PCN compared against all other PCNs at the Place level.

The Model - A statistical regression model is used to decide which Risk Factors correlate with a significant impact on the selected targets as presented in these charts, the height of the bar for each PCN relates to the correlation of a Risk Factor and an increase in impact on the selected target condition.

The impact for the PCN is given and will vary for each characteristic; a wide variance may indicate differences in care or good practice which could be shared; some impacts are positive. Higher bars indicate a greater relationship with increased A&E attendances

PCN Benchmarking - Emergency Admissions

Higher bars indicate greater relationship with increased **Emergency Admissions**



This uses the same principles as the previous slide but looks at Emergency Admission.

Learning Disability admissions shows the most variance across all PCNs, meaning that characteristic has a high impact on emergency admissions.

Urgent and Emergency Care

As part of the ICB Urgent and Emergency Care Programme a needs analysis was undertaken.

Overall aim

* To understand what and where the need is for access to urgent and emergency care in Hertfordshire and West Essex

Objectives

- * To build a comprehensive picture of **who** needs to access UEC in HWE and who could be better cared for in alternative settings.
- * To understand the root causes of **why** people are accessing UEC when there could have been more appropriate alternative pathways
- * To build consensus among stakeholders around what the key issues in UEC are
- * To draw conclusions based on public health intelligence and triangulation of data to inform a successful and achievable UEC strategy

Some of the initial outputs from this work have been included within the next few pages, providing the PCN benchmarking.



Hertfordshire & West Essex ICB – East & North A&E Summary – Who are attending and why?

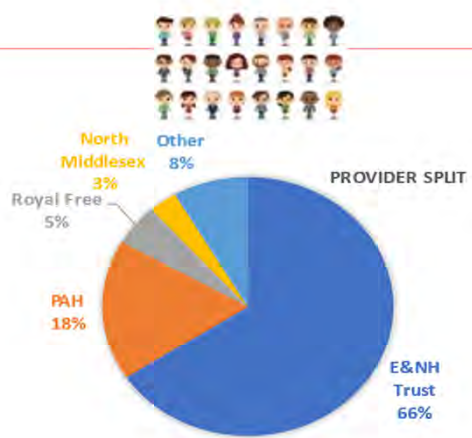
Children 0 -18
Adults 19 -64
Older People 65+

218,296 A&E Attendances in 2021/22

Children = 56,287 (25.8%)
Adults = 111,219 (50.9%)
Older People = 50,790 (23.3%)

57,811 26.5% of attendances resulted in no investigation and no treatment (includes Uncoded Activity)

Children = 19,082 (34%)
Adults = 30,658 (27.6%)
Older People = 6,944 (15.9%)



128,296 people attended A&E in 2021/22

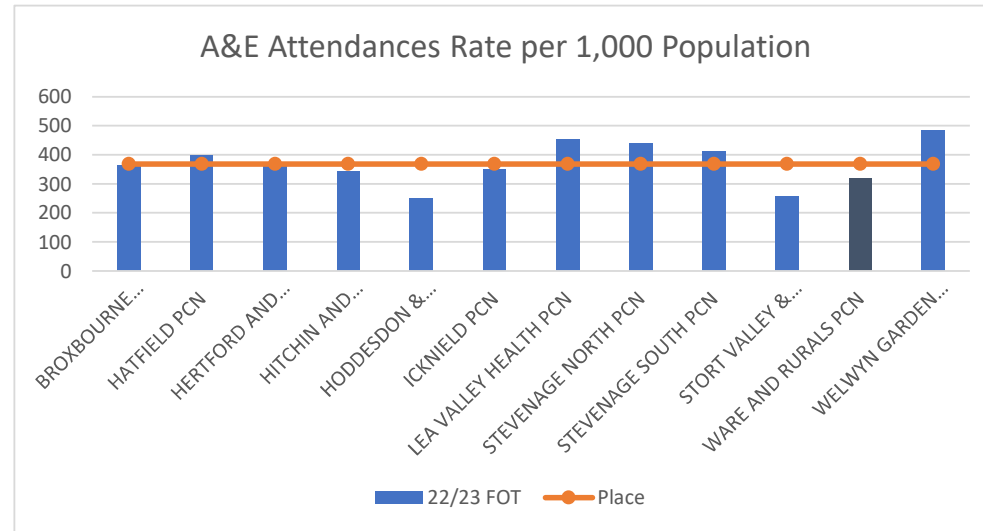
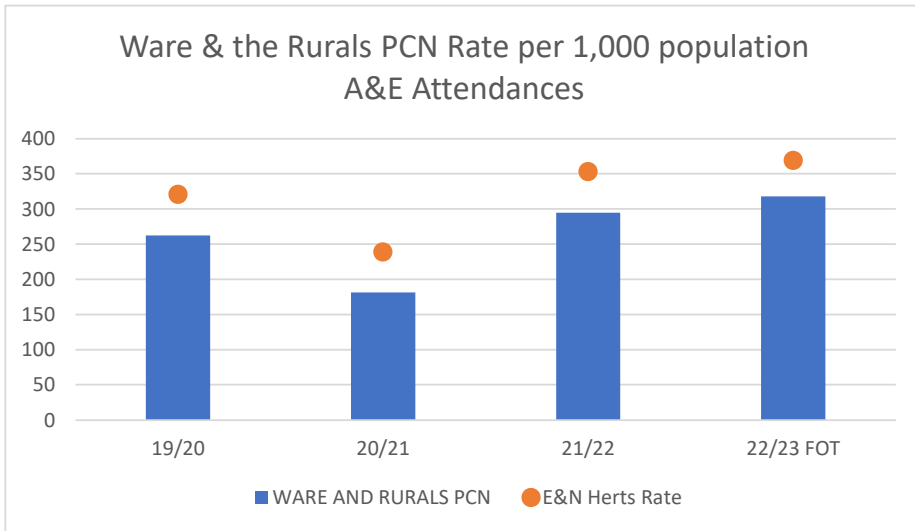
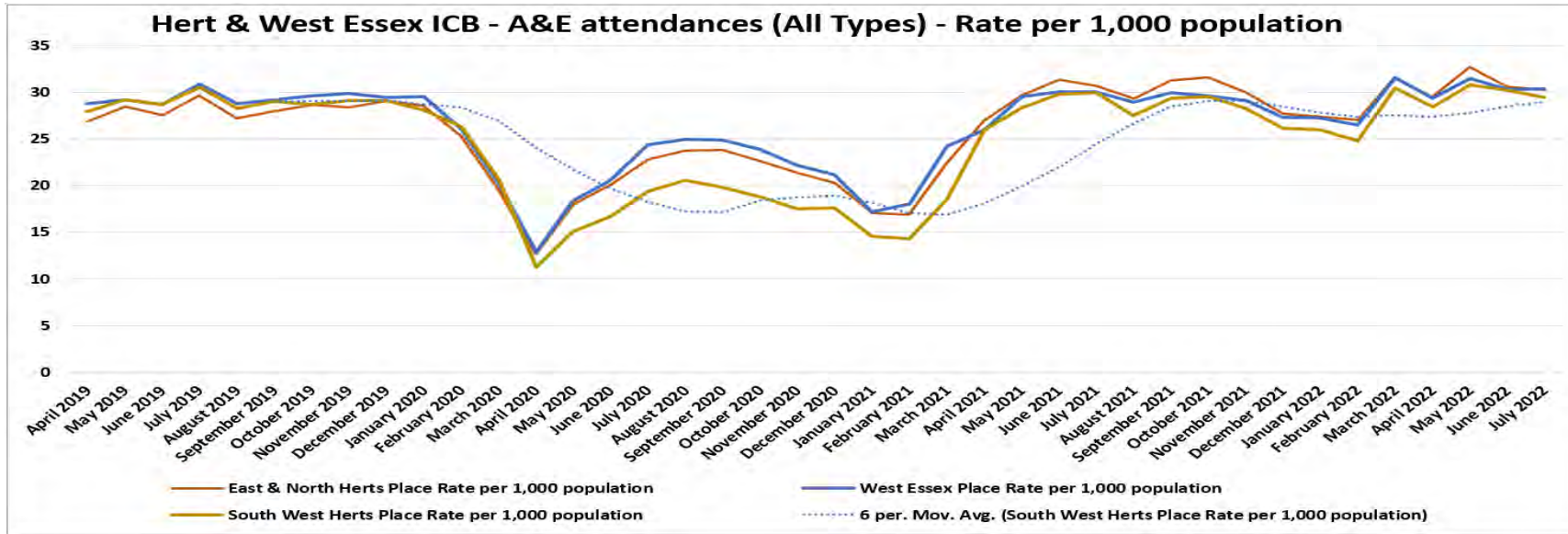
Children = 34,197 (26.5%)
Adults = 68,101 (52.8%)
Older People = 26,873 (20.8%)

This translates to 1 in 5 people registered with East & North attending A&E

Children = 1 in 4 children
Adults = 1 in 5 adults
Older People = 1 in 4 older people



Source: SUS



Rates of A&E attendances across the ICB have returned to pre covid levels and above.

The impact of covid can clearly be seen in the top left chart.

Urgent & Emergency Care in 2022/23 for Ware & Rurals PCN A&E Attendance rates per 1,000 population, is lower than the place rate.

Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions

This analysis looks at Unplanned hospitalisation for chronic ambulatory care sensitive conditions
NHS Outcomes Framework Methodology.

Between April 2021 and September 2022 there have been 11,953 people admitted 15,563 times for chronic ambulatory care sensitive conditions across the ICB.

Costed at tariff the value was approximately £42 million.

The table here shows the breakdown for Ware & Rurals PCN.

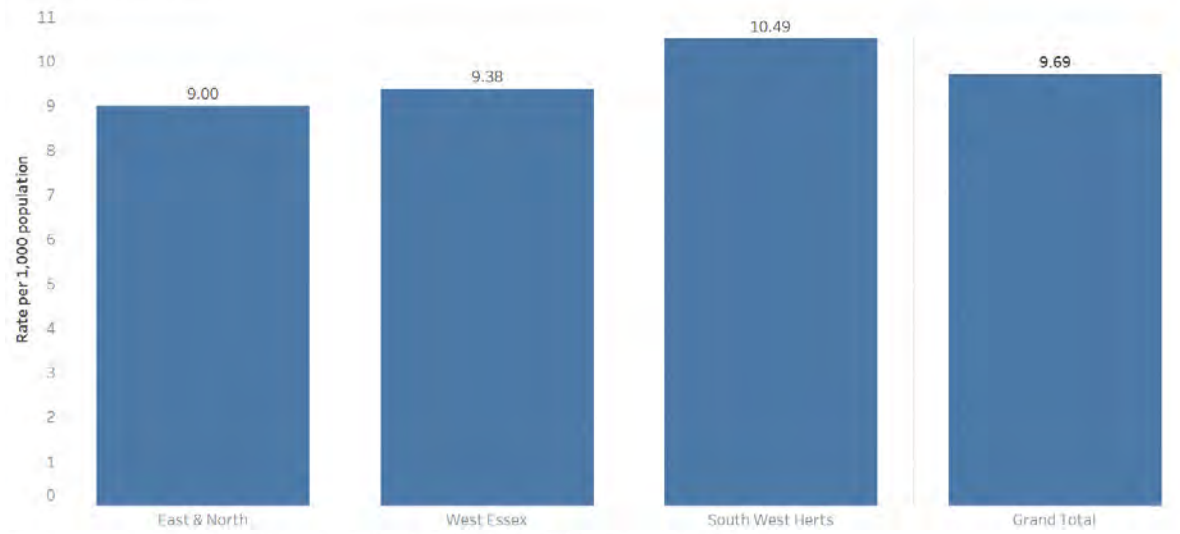
* Average cost for Mental and Behavioural is not representative as non-PbR

Chronic ACS admissions April 2021 - September 2022 Herts & West Essex ICB

Chronic ACS	Admissions	People	Average cost of admission	Tariff Total Payment National
CVD: AF and Flutter	43	39	£1,864	£80,163
CVD: Angina	9	9	£1,519	£13,669
CVD: Congestive Heart Failure	52	43	£4,093	£212,823
CVD: Hypertension	18	17	£1,173	£21,117
Diseases of the blood	11	10	£2,588	£28,473
Mental and Behavioural Disorders	10	10		
Neurological Disorders	29	20	£2,238	£64,910
Nutritional, endocrine and metabolic	16	16	£2,695	£43,125
Respiratory: Asthma	24	18	£1,900	£45,599
Respiratory: COPD	56	37	£2,315	£129,637
Grand Total	268	209	£2,386	£639,516

ACS Admission Rates per 1,000 Population by Place

Chronic Ambulatory Care Sensitive Conditions by Place
Rate per 1,000 Population
(Total Population)

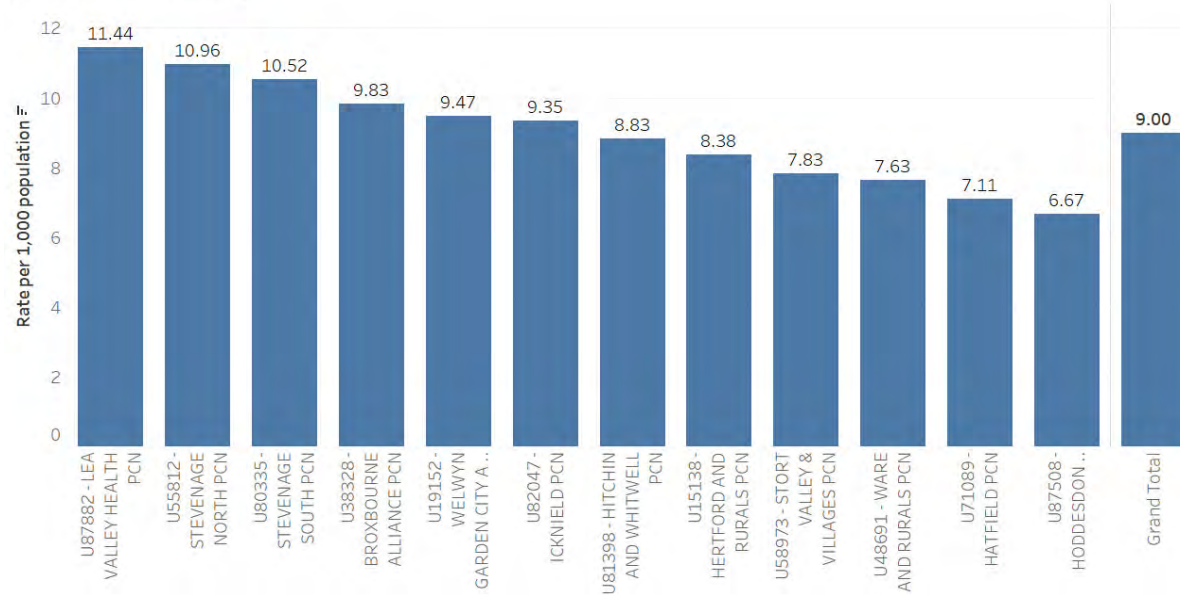


When comparing the Ambulatory Care Sensitive rates per 1,000 population between places, the East & North place has the lowest rate in the ICB.

Within East & North place, Ware & Rurals has a lower rate per 1,000 population, than the average.

The following slides look at how this is broken down by the different ACSs and how the patients fall within the different segments.

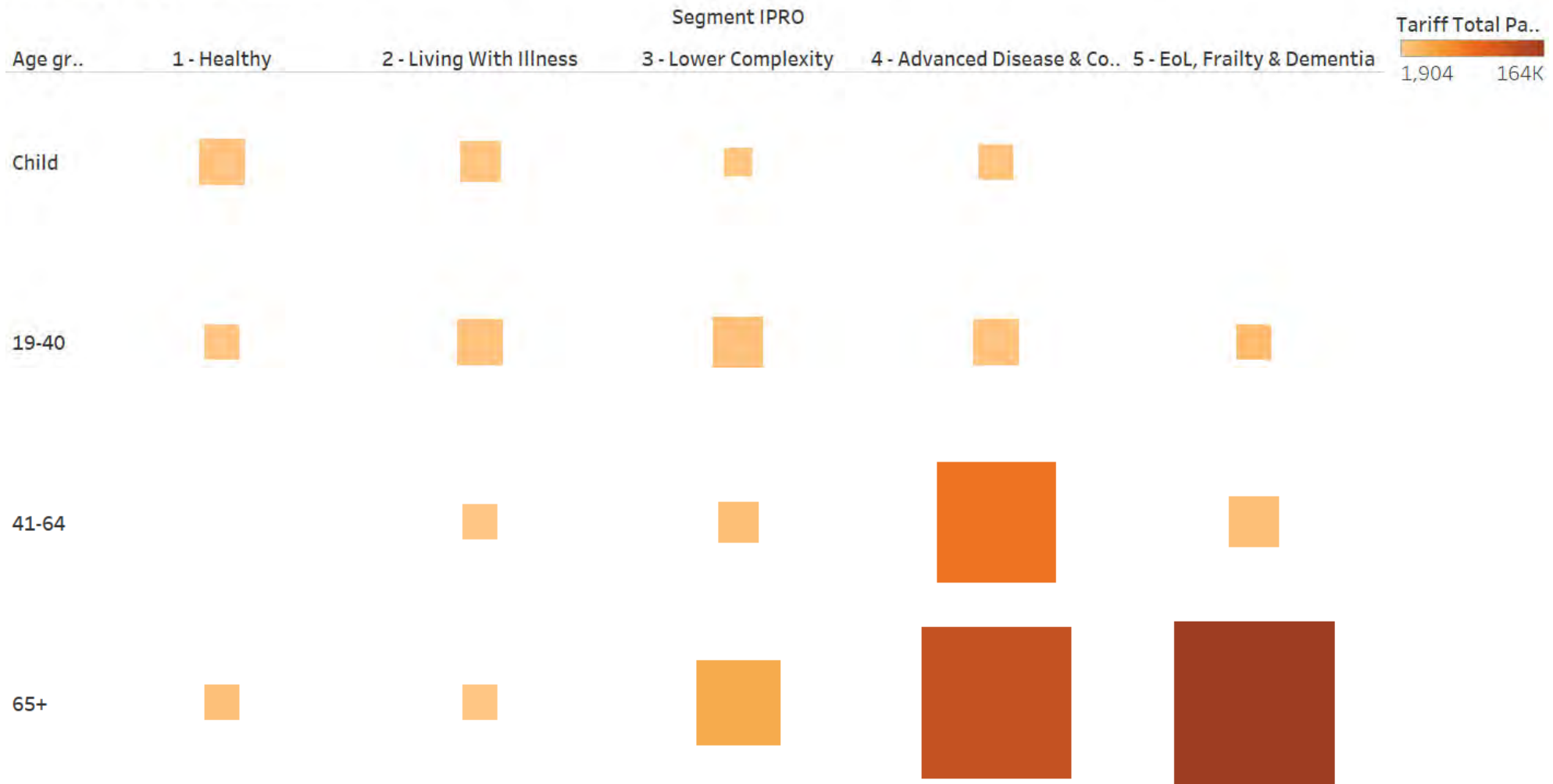
Chronic Ambulatory Care Sensitive Conditions by Place
Rate per 1,000 Population
(Total Population)



Source: HWE PHM Team, SUS UEC data-sets

Chronic ACS by Segment

ACS by segment_age



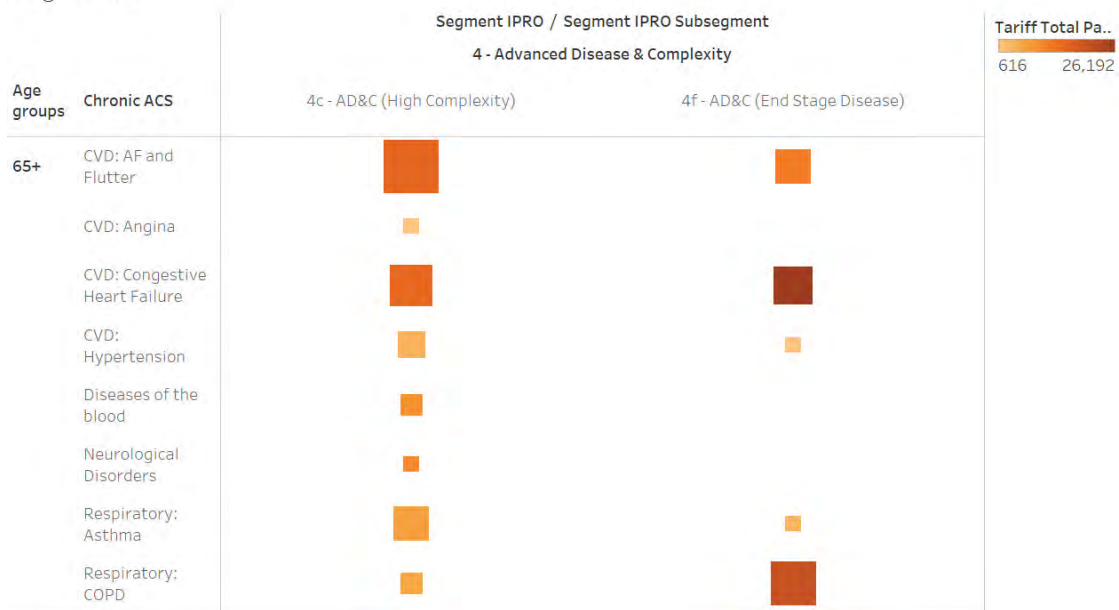
The above chart looks at the ACS admissions by age and segment. The size reflects volume and the depth of colour reflects cost.

When looking at the ACS conditions for Ware & Rurals the highest volume and cost is within the End of Life, Frailty and Dementia in the over 65 age group and the next highest volume and cost is for the over 65 age group in the Advanced Disease and Complexity segment as well. It is to be noted that under Advanced Disease and Complexity segment, there is a notable use by the 41-64 age group for volume and cost.

The following pages look at which ACSs contribute to this.

UEC by Advanced Disease & Complexity, and EOL, Frailty & Dementia

Segment 4



Ambulatory Care Sensitive conditions of note for people aged over 65 within the Advanced Disease and Complexity, is highlighted as AF and Flutter, Heart Failure and COPD, with the highest volume and cost.

For those people aged over 65 within the End of Life, Frailty & Dementia is highlighted as Heart Failure with the highest volume and cost, followed by COPD and AF and Flutter.

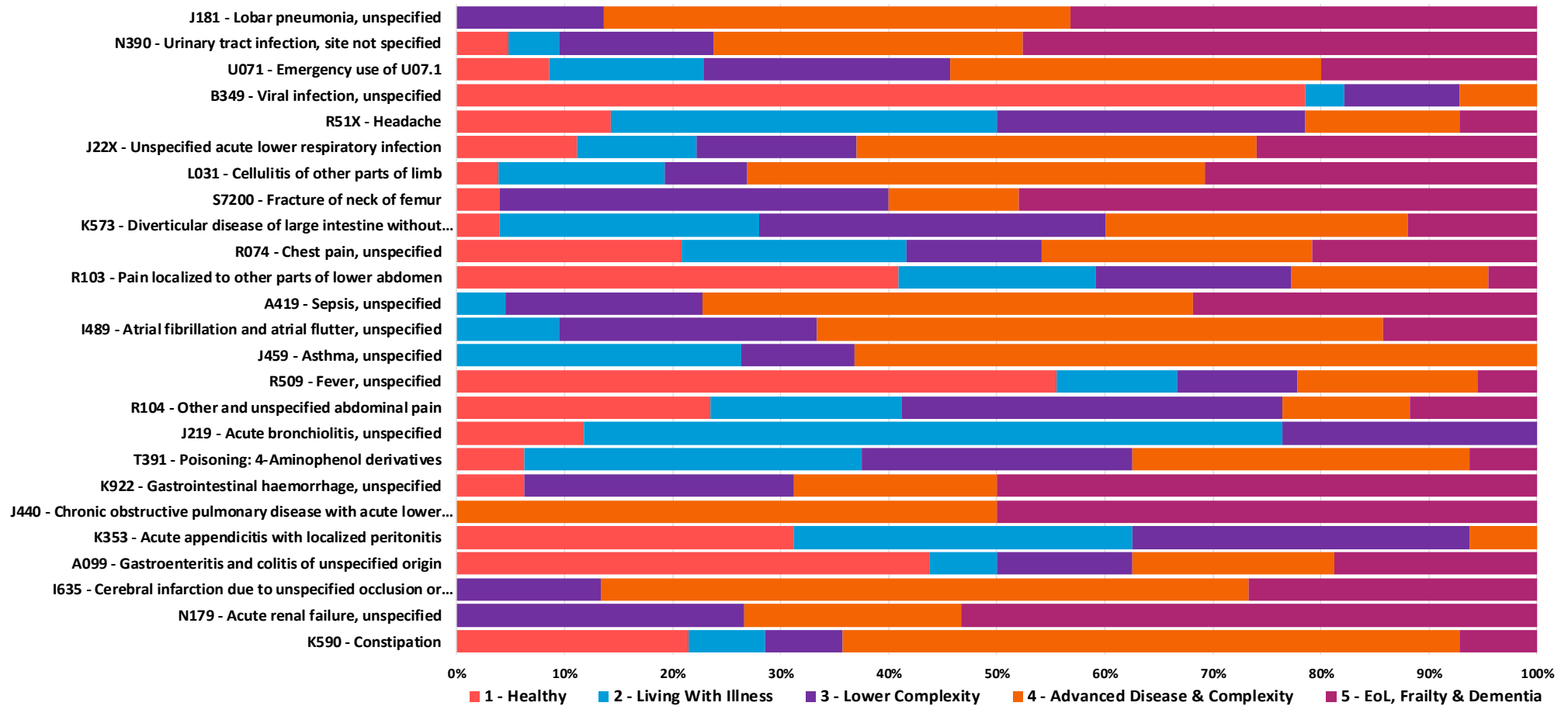
Segment 5



UEC Diagnoses by Segment

PCN Population - UEC Top 25 Primary Diagnoses by Segment

Highest Emergency Admissions from Top to Bottom



Here we have identified the top 25 primary diagnoses for the PCN's population, for all UEC admissions - and then these diagnoses split these by the health segments that each patient falls into to see where outliers are for the PCN.

UEC & Segmentation + Deprivation by Ward

UEC Patients Seen by Segment & Ward	1 - Healthy	2 - Living With Illness	3 - Lower Complexity	4 - Advanced Disease & Complexity	5 - EoL, Frailty & Dementia	Grand Total
Bishop's Stortford Silverleys					1	1
Braughing	19	13	25	24	24	105
Broxbourne and Hoddesdon South		3	2			5
Buntingford	51	54	70	112	54	341
Chells	1					1
Cheshunt South and Theobalds			1			1
Church Langley					2	2
Ermine	1	1	1	6	1	10
Flamstead End				1		1
Goffs Oak					1	1
Great Amwell	6	9	8	17	14	54
Hertford Bengoe		1	3		1	5
Hertford Castle			4	1		5
Hertford Heath				1		1
Hertford Kingsmead		3		1		4
Hertford Rural North			3	2		5
Hertford Rural South				1		1
Hertford Sele			2			2
Hoddesdon North					3	3
Hoddesdon Town and Rye Park				2		2
Hunsdon	2	2	9	1	2	16
Little Hadham	7	8	6	12	10	43
Lower Nazeing			1			1
Manor					1	1
Mundens and Cotteder	14	9	22	35	20	100
Northaw and Cuffley				2		2
Puckeridge	33	32	27	46	61	199
Roydon				2		2
Royston Heath					4	4
Stanstead Abbots	18	12	12	23	23	88
Staple Tye		1				1
Thundridge & Standon	21	16	19	34	17	107
Walkern	3	3	2	1		9
Waltham Cross	1		1			2
Ware Chadwell	12	17	21	16	25	91
Ware Christchurch	24	26	32	70	77	229
Ware St Mary's	20	21	26	41	17	125
Ware Trinity	20	22	21	62	77	202
Welwyn West	1					1
Weston and Sandon	2	3	3	5	6	19
Wormley and Turnford		1				1
Unknown Ward	54	52	50	67	48	271
Grand Total	310	309	371	585	494	2069

UEC Patients Seen by Deprivation Quintile & Ward 1 = Most Deprived, 5 = Least Deprived	1	2	3	4	5 (blank)	Grand Total
Bishop's Stortford Silverleys					1	1
Braughing		49		56		105
Broxbourne and Hoddesdon South		1		4		5
Buntingford				178	163	341
Chells			1			1
Cheshunt South and Theobalds	1					1
Church Langley				2		2
Ermine		9		1		10
Flamstead End				1		1
Goffs Oak			1			1
Great Amwell		26			28	54
Hertford Bengoe			5			5
Hertford Castle				8	2	10
Hertford Heath			1			1
Hertford Kingsmead			2		2	4
Hertford Rural North			5			5
Hertford Rural South			1			1
Hertford Sele				2		2
Hoddesdon North				3		3
Hoddesdon Town and Rye Park	2					2
Hunsdon		15	1			16
Little Hadham				43		43
Lower Nazeing			1			1
Manor				1		1
Mundens and Cotteder		58	42			100
Northaw and Cuffley					2	2
Puckeridge				199		199
Roydon			2			2
Royston Heath					4	4
Stanstead Abbots			47		41	88
Staple Tye	1					1
Thundridge & Standon		45		62		107
Walkern			8	1		9
Waltham Cross	1		1			2
Ware Chadwell				61	30	91
Ware Christchurch			162		67	229
Ware St Mary's			45		80	125
Ware Trinity		56	94		52	202
Welwyn West		1				1
Weston and Sandon			19			19
Wormley and Turnford		1				1
Unknown Ward					271	271
Grand Total	5	261	438	622	472	2069

It is also useful to note under which Wards that the PCNs population are linked to, and specifically here, where the admissions are highest.

The indication then for these patients split by health segments also adds a layer of importance when considering how the District Councils may help you investigate your population and where the wider determinants and health inequalities may be present.

It is also important to know that a Ward may be made up of different LSOAs, and therefore have different levels of deprivation as found in the Indices of Multiple Deprivation scoring given to us by the Government; in the graph quintile 1 is the Highest or Most deprived, and quintile 5 is the Least deprived.



Hospital Admissions

	Period	HERTFORDSHIRE AND WEST ESSEX	WARE AND RURALE PCN
Emergency admissions injuries due to falls in those aged 65+	2020/21	2026	1973.6
Emergency asthma, diabetes and epilepsy admissions (aged 0-18)	2020/21	130.8	215.8
Emergency admissions for children with lower respiratory tract infections (age 0-18)	2020/21	40.5	
Emergency admissions for chronic ambulatory care sensitive conditions	2020/21	505.9	302.8
Mental health admissions (all ages)	2020/21	177.2	127
Emergency Cancer Admissions	2020/21	494.9	518.7
Emergency admissions for acute conditions shouldn't require admissions	2020/21	611.6	424.5

■ Similar
 ■ Significantly Worse
 ■ Significantly Better

PH.intelligence@hertfordshire.gov.uk

Hertfordshire Public Health
Evidence & Intelligence
Epidemiology



The above table produced by the Hertfordshire Public Health Evidence and Intelligence team shows the emergency admissions data within fingertips.

Ware & Rurals PCN rates vary from significantly better and similar rate of admissions to the ICB, dependent on Admission categories.

Frailty Segment - Detailed PCN Breakdown

	← Most deprived →												← Most affluent →	
Index of Multiple Deprivation Decile	1	2	3	4	5	6	7	8	9	10	NULL	PCN	ICS	
Overall Population Measures														
Population	2	3	2	4	2	163	172	145	255	264	61	1073	37725	
% of population in cohort	0.2%	0.3%	0.2%	0.4%	0.2%	15.2%	16.0%	13.5%	23.8%	24.6%	5.7%	100.0%	100.0%	
Avg. Age	73.5	53.7	66.5	79.0	69.5	77.4	77.9	79.1	78.2	76.9	77.7	77.7	75.6	
% BAME Where recorded	0%	0%	0%	0%	0%	1%	4%	1%	2%	2%	5%	2%	8%	
Avg. number of Acute and Chronic Condition	9.0	2.3	5.5	5.8	6.5	5.6	5.6	5.8	5.6	5.2	4.6	5.5	5.5	
Activity Measure														
Emergency Admissions	1.0	0.3	1.0	0.3	0.0	0.4	0.4	0.6	0.5	0.4	0.6	0.5	0.6	
A&E Attendances	1.0	0.3	2.0	0.3	0.0	0.6	0.7	0.8	0.8	0.7	1.0	0.7	0.9	
GP Encounters	141.0	47.0	98.5	58.8	78.5	89.8	99.0	99.7	96.0	91.2	97.4	94.7	103.4	
Admitted Bed Days	6.0	0.0	12.5	2.5	0.0	2.8	4.2	5.1	3.2	1.6	2.6	3.1	4.2	
Physical Health														
Asthma	100.0%	66.7%	50.0%	25.0%	50.0%	39.9%	42.4%	44.8%	37.3%	45.8%	23.0%	41.0%	25.2%	
Cancer	50.0%	0.0%	50.0%	50.0%	0.0%	36.2%	25.0%	29.7%	43.1%	32.6%	34.4%	34.1%	32.8%	
Chronic Cardiac Disease	50.0%	33.3%	100.0%	50.0%	50.0%	47.9%	48.3%	44.8%	47.5%	39.8%	39.3%	45.0%	47.5%	
Chronic Respiratory Disease	100.0%	0.0%	0.0%	0.0%	50.0%	20.2%	22.1%	19.3%	27.1%	18.6%	19.7%	21.6%	22.2%	
CKD	50.0%	0.0%	0.0%	75.0%	0.0%	35.6%	20.3%	29.7%	27.8%	23.9%	18.0%	26.6%	20.7%	
Heart Disease	50.0%	33.3%	50.0%	50.0%	50.0%	41.1%	41.3%	32.4%	41.2%	33.0%	31.1%	37.5%	39.1%	
Hypertension	50.0%	33.3%	100.0%	75.0%	100.0%	76.7%	64.5%	75.2%	79.6%	76.5%	62.3%	74.3%	74.5%	
Diabetes	50.0%	0.0%	50.0%	50.0%	0.0%	46.0%	38.4%	36.6%	33.7%	41.7%	26.2%	38.2%	42.8%	
Obesity	0.0%	0.0%	100.0%	0.0%	50.0%	42.9%	29.7%	33.1%	28.6%	42.4%	26.2%	34.8%	32.8%	
Rheumatoid Arthritis	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	2.9%	4.8%	6.3%	5.3%	4.9%	4.9%	5.3%	
Stroke	50.0%	0.0%	50.0%	0.0%	0.0%	33.7%	32.0%	35.9%	30.2%	23.1%	21.3%	29.4%	34.5%	
Mental Health														
Anxiety	50.0%	33.3%	50.0%	50.0%	100.0%	36.2%	39.0%	44.8%	25.1%	37.9%	29.5%	35.4%	29.0%	
Depression	50.0%	0.0%	0.0%	25.0%	100.0%	27.0%	29.7%	26.9%	36.1%	30.3%	24.6%	30.3%	33.6%	
Dementia	0.0%	0.0%	0.0%	0.0%	0.0%	8.6%	30.8%	21.4%	7.8%	14.4%	27.9%	16.1%	18.6%	
Serious Mental Illness	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	7.0%	3.4%	2.0%	0.8%	3.3%	2.6%	6.5%	
Low Mood	50.0%	0.0%	0.0%	0.0%	50.0%	16.0%	7.6%	14.5%	15.7%	11.4%	18.0%	13.3%	18.5%	
Suicide	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.6%	0.7%	0.8%	0.4%	0.0%	0.7%	1.5%	
Mental Health Flag	100.0%	33.3%	50.0%	75.0%	100.0%	46.6%	57.0%	58.6%	50.6%	53.0%	41.0%	52.4%	48.8%	
Screening and Verification Refusal														
Bowel Screening Refused	50.0%	0.0%	0.0%	0.0%	0.0%	30.7%	26.2%	26.9%	22.7%	23.9%	16.4%	24.8%	25.5%	
Cervical Screening Refused	0.0%	33.3%	0.0%	0.0%	0.0%	4.9%	2.3%	1.4%	1.6%	4.2%	3.3%	3.0%	3.6%	
Flu Vaccine Refused	50.0%	0.0%	50.0%	50.0%	0.0%	19.0%	18.0%	13.8%	13.7%	16.3%	26.2%	16.8%	26.4%	
Wider Indicators														
Has A Carer	50.0%	33.3%	0.0%	25.0%	0.0%	12.3%	39.0%	33.1%	11.0%	15.2%	32.8%	21.1%	19.0%	
Is A Carer	50.0%	0.0%	0.0%	0.0%	0.0%	12.9%	21.5%	22.8%	8.2%	13.3%	19.7%	14.9%	11.9%	
MED3 Not Fit For Work (ever)	0.0%	66.7%	50.0%	25.0%	50.0%	12.3%	8.1%	9.0%	8.6%	9.5%	9.8%	9.8%	13.4%	
MED3 Not Fit For Work (in Last Year)	0.0%	0.0%	0.0%	0.0%	50.0%	3.1%	1.7%	3.4%	2.4%	3.4%	3.3%	2.9%	3.5%	
MED3 Not Fit For Work (in Last Six Months)	0.0%	0.0%	0.0%	0.0%	50.0%	2.5%	1.2%	3.4%	3.1%	3.0%	1.6%	2.7%	2.8%	
Avg. number of eFI Deficits	15.0	10.7	11.5	15.8	15.5	14.3	13.1	14.0	13.9	13.8	12.0	13.7	13.4	
eFI_Housebound	50.0%	0.0%	0.0%	50.0%	0.0%	18.4%	25.0%	29.0%	14.5%	11.0%	29.5%	18.8%	10.9%	
eFI_SocialVulnerability	0.0%	33.3%	0.0%	50.0%	0.0%	24.5%	18.0%	15.2%	21.2%	14.8%	16.4%	18.5%	27.3%	
People_ChildrenInPoverty	46.0	31.1	27.5	22.5			19.2	9.1	9.9			24.3	15.5	
Housing_FuelPoverty	21.5	17.3	19.0	14.3	14.0	15.4	15.5	11.2	12.5	7.1		11.9	11.1	
Housing_OnePersonHousehold	49.5	40.2	28.4	27.9	27.2	22.3	25.2	35.1	30.1	25.2		27.5	28.3	

14.8% of the general population in HWE ICB live within the 4 most deprived deciles, whilst 16.1% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

In Ware & Rurals 1.1% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

The average age of a person within the Frail and End of life segment increases with affluence, ranging from 69 in the most deprived decile to 77 within the most affluent decile within the ICB.

As we would expect the average number of acute and chronic conditions is significantly higher within this segment that the general population as are all activity measures. The average number of Chronic Conditions for people within Ware & Rurals PCN is the same as the ICB, and the data shows lower usage of GP services.

Within this segment we can see the presence of Obesity, Asthma, Chronic Cardiac Disease and Heart Disease being highlighted which chimes with the reason for admission within previous analysis for ACS conditions. It is to be noted that Hypertension is high across all deciles but similar to the ICB.

Why Machine Learning?

With limited capacity available across the ICB available to review lists of patients it is important that the data available is used to its maximum to refine our process and target our resources where they will have the most impact.

The aim is to build the features identified from the machine learning in to system searches for EMIS and SystmOne.

Approach

- Trained several machine learning models on ~1 million linked patient records across ~200 features from the ICS segmentation dataset, for binary A&E risk prediction (will this patient use A&E within the next year?).

- Selected a final twin ensemble model with a binary classification accuracy of 81.3%.

- Extracted output probabilities for each class to estimate a risk score for each patient, and generated risk scores for all of the patients in the segmentation data. We can think of the risk score as the model's confidence in a patient requiring A&E.

- Partitioned the patient population into 3 distinct grades, Low, Medium and High risk, based on the machine learning predictions:

Risk grade	Range of predicted risk scores	Number of patients in grade	% of population in grade
High	0.8 to 1.0	22603	1.8
Medium	0.6 to 0.8	100446	8.1
Low	0.0 to 0.6	1115544	90.1

Creating search logic from significant features

- Features input to the predictive model include demographic features, diagnosis codes, prescribed medication, waitlist information and environmental factors such as housing and proximity to healthcare.

- Used feature rankings learned by the model to reduce the set of ~200 features to the 30 most significant features that best explain the variance in the predicted class (requiring A&E or not).

- Trained secondary machine learning models, 5-split decision trees, to classify patients into each of the three risk grades based on these 30 significant features.

- Extracted decision tree logic to create search filters for patients by risk grade. 5 splits → $2^5 = 32$ unique rules. These rules have been merged and prioritised (by considering individual accuracies and sample sizes) to maximise precision and recall in the final search filters.

Feature	Relative significance (%)
Age	15.03
Drug: Pain Management	10.22
Substance Abuse	4.19
Med3 Not Fit For Work	3.41
Stroke	3.03
eFI: Falls	2.23
Air Rank Quality	2.01
Waiting List Count All	1.83
...	...

Risk Grade: High	Age < 3 AND Drug: Salbutamol AND eFI: Dyspnoea
	Med3 Not Fit For Work (last six months) AND Substance Abuse AND ONE OF:- <ul style="list-style-type: none"> • Drug: Pain Management AND eFI: Peptic Ulcer • Chronic Cardiac Disease
	Drug: Pain Management AND eFI: Falls AND ONE OF:- <ul style="list-style-type: none"> • Stroke AND eFI: Memory and Cognitive Problems • Stroke AND Substance Abuse • End Stage Disease
Risk Grade: Medium	Age < 3 AND ONE OF:- <ul style="list-style-type: none"> • Drug: Salbutamol AND NO eFI: Dyspnoea • On any waiting list
	Med3 Not Fit For Work (last six months) AND Substance Abuse AND NO Chronic Cardiac Disease
	Age < 45 AND Med3 Not Fit For Work (last six months) AND Drug: Pain Management
Risk Grade: Low	Drug: Pain Management AND Substance Abuse AND ONE OF: <ul style="list-style-type: none"> • Drug: Opioids • eFI: Falls AND NO Stroke AND NO End Stage Disease
	All others

Quality & Outcomes Framework

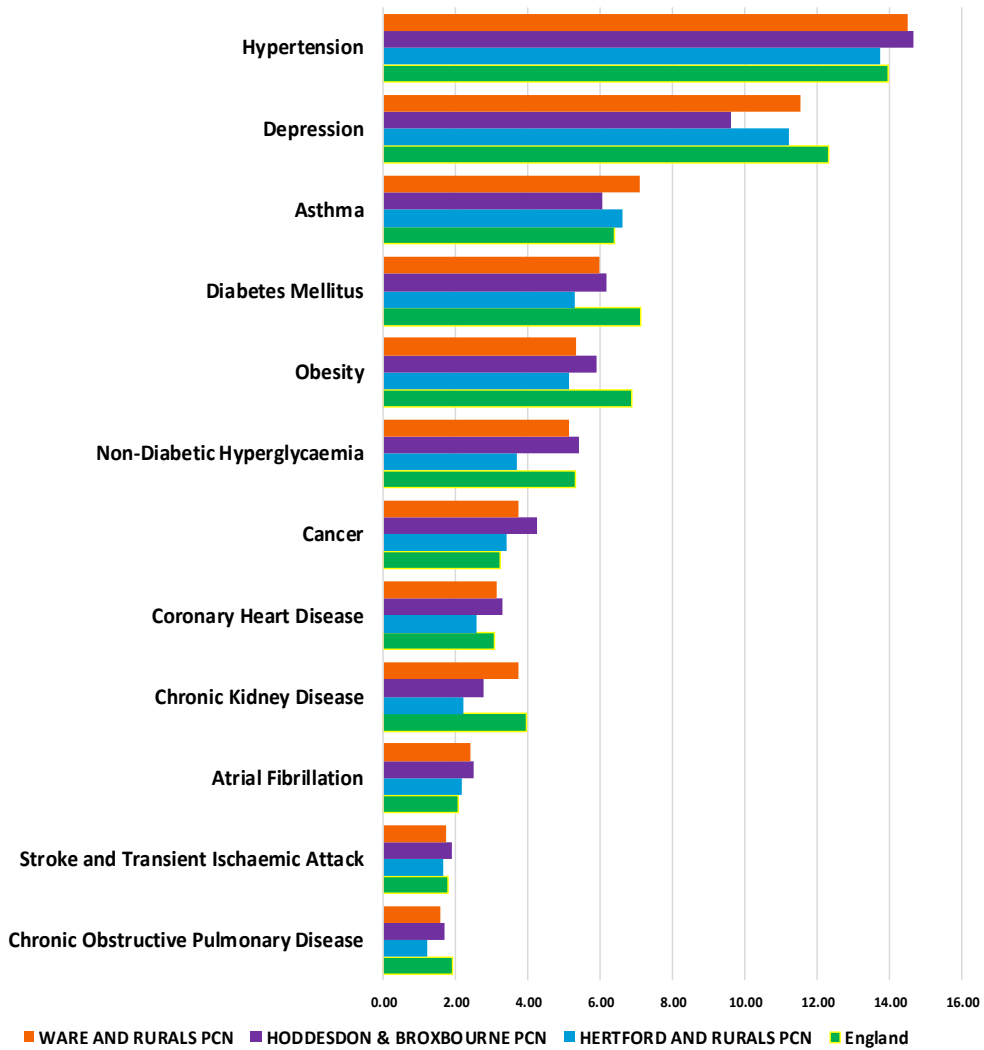
Contents:

- QOF Local, Regional, & National Comparison
- QOF Locality & PCN Comparison
- QOF Missed Diagnoses & Admission Rates
- Admission Rates Benchmarking against ICB/Place

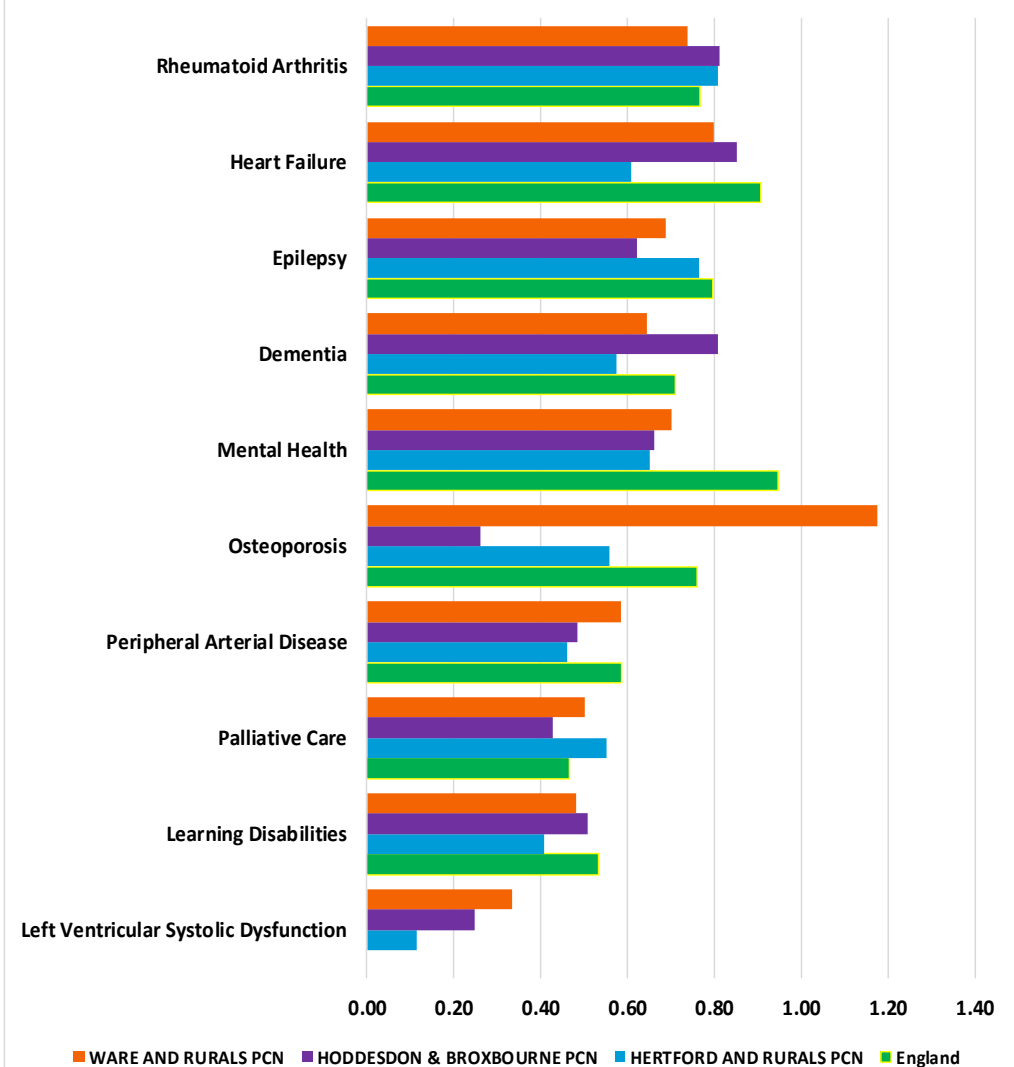


QOF - Locality & PCN Comparison

QOF PCN Comparison within Locality



QOF PCN Comparison within Locality

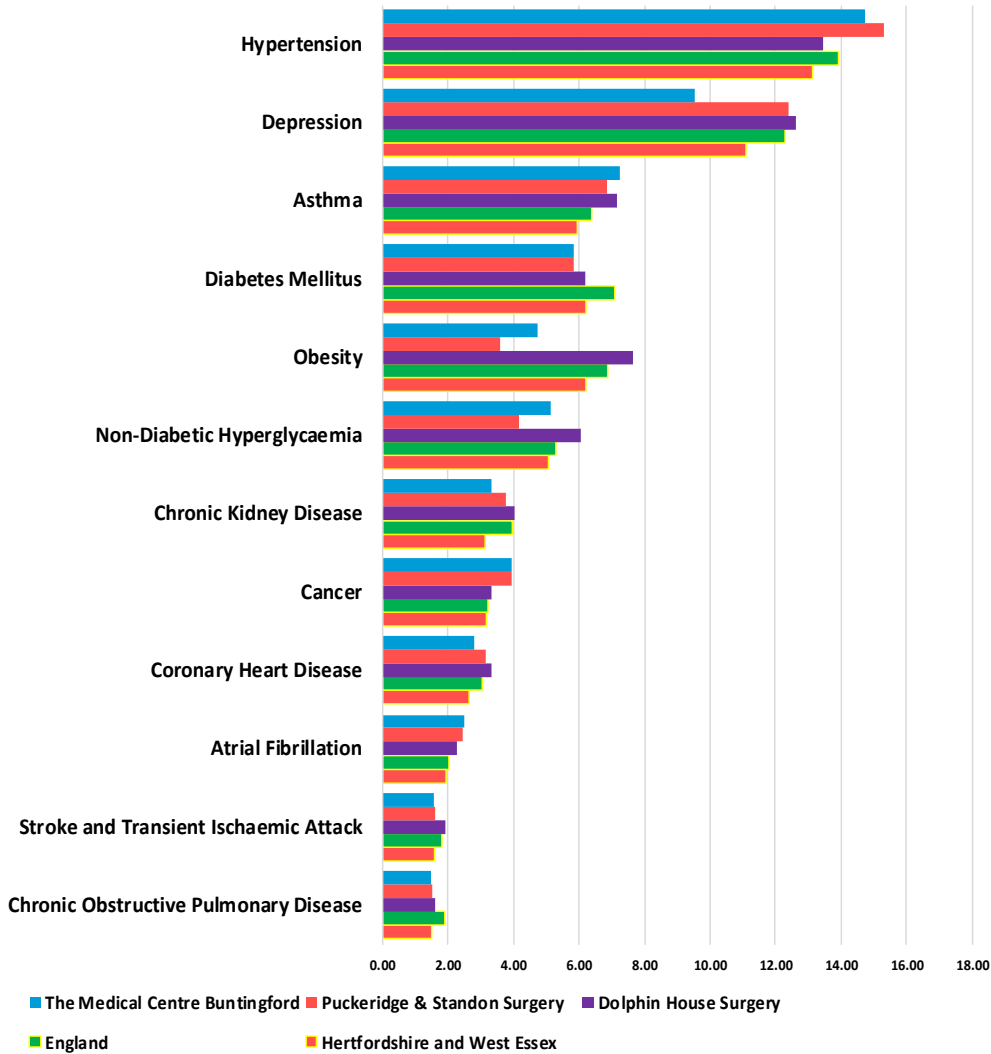


The Quality and Outcome Framework incorporates important benchmarking and scoring for all Practices across the county; we have combined a number of local, regional, and national data sets to highlight the areas that the PCN will need to consider.

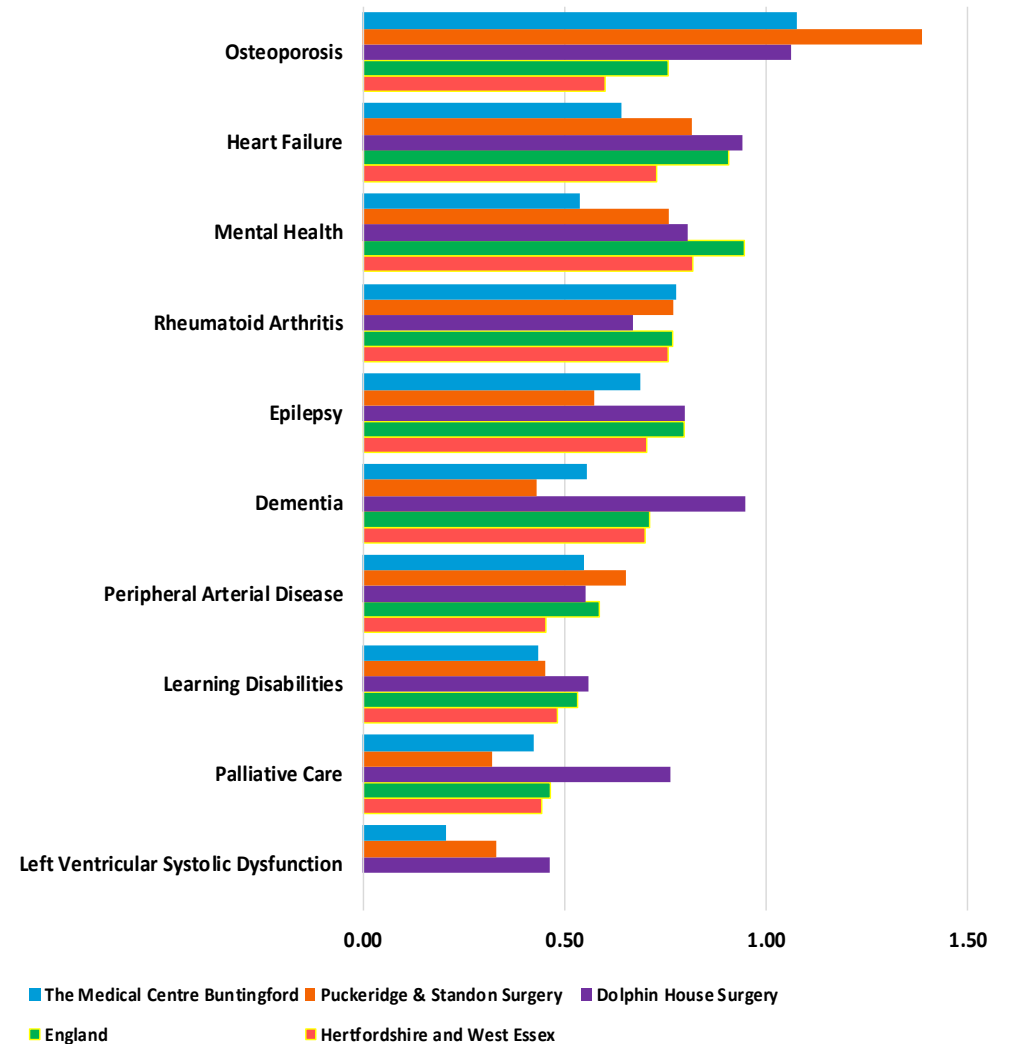
In this graph we have shown all your neighbouring PCNs within the Locality, and benchmarked against England's average.

QOF - Local, Regional, & National Comparison

QOF - Practice Comparison with Local, Regional & National Scales



QOF - Practice Comparison with Local, Regional & National Scales



The charts here are similar to the previous slide but provides the comparison between practices within the PCN.

QOF - Missed Diagnoses & Admission Rates

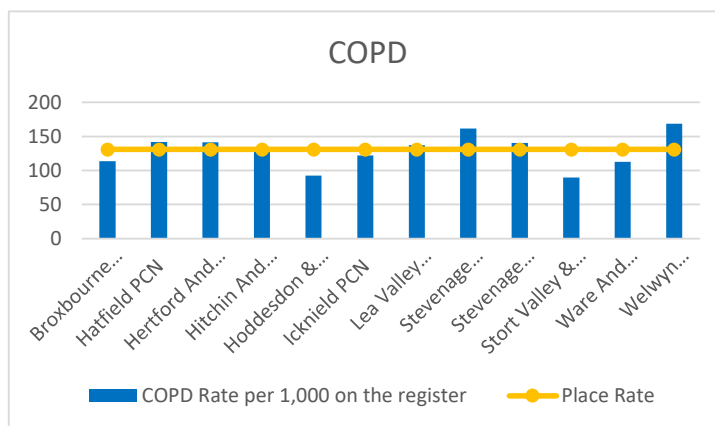
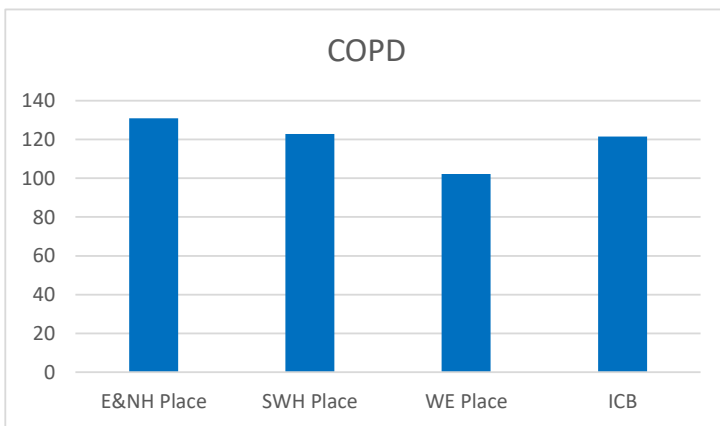
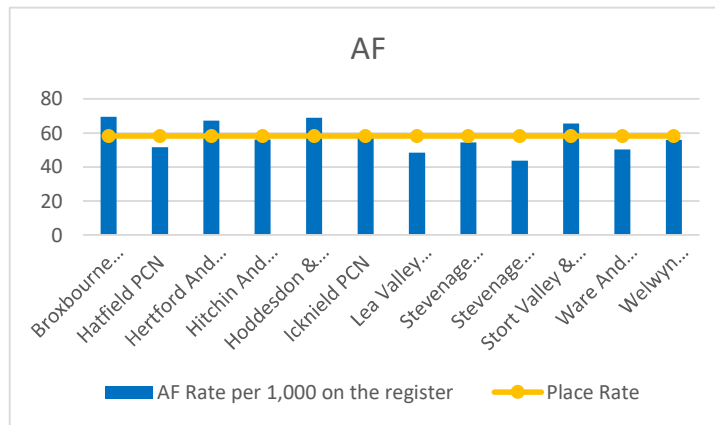
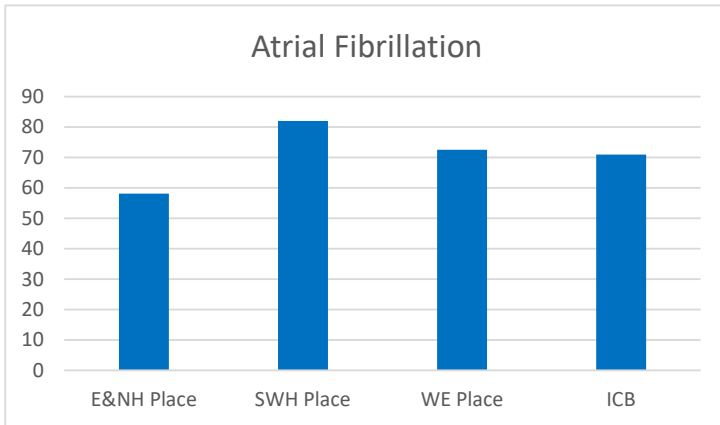
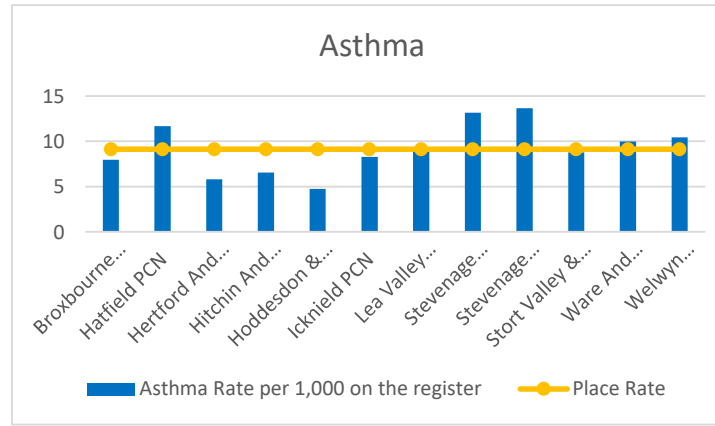
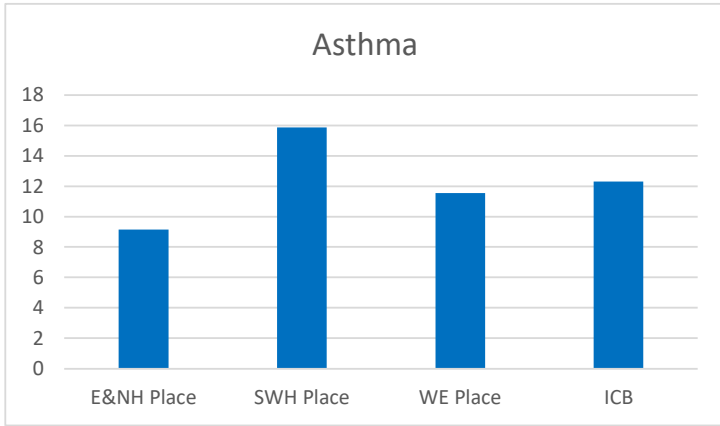
Disease	QOF List size 21-22	QOF Register 21-22	QOF Prevalence 21/22	Place prevalence	ICB prevalence	Modelled prevalence	New diagnoses to meet Place average	new diagnoses to meet ICB average	New diagnoses to meet estimated prevalence
Asthma	32704	2409	7.37%	6.39%	6.17%		-320	-392	
COPD	34995	496	1.42%	1.54%	1.49%	2.15%	41	24	256
Diabetes	28060	1684	6.00%	6.29%	6.39%	7.78%	81	108	498
Non-diabetic hyperglycaemia	27671	1491	5.39%	4.63%	5.87%	10.87%	-210	133	1518
Hypertension	34995	4945	14.13%	13.25%	13.21%		-307	-321	
Atrial Fibrillation	34995	854	2.44%	2.01%	2.02%	2.77%	-149	-147	114
Stroke and TIA	34995	615	1.76%	1.70%	1.61%		-20	-52	
Coronary Heart Disease	34995	1083	3.09%	2.62%	2.65%		-165	-155	
Heart failure	34995	301	0.86%	0.71%	0.75%	1.45%	-52	-37	208
Left Ventricular Systolic Dysfunction	34995	126	0.36%	0.20%	0.30%		-56	-21	
Chronic Kidney Disease	27671	968	3.50%	2.53%	3.21%		-268	-81	
Peripheral Arterial Disease	34995	189	0.54%	0.46%	0.44%		-29	-34	
Cancer	34995	1289	3.68%	3.33%	3.35%		-124	-118	
Palliative care	34995	162	0.46%	0.50%	0.43%		13	-12	

The table above shows the latest prevalence (2021/22 published August 2022) for the PCN alongside the place prevalence, ICB prevalence and the modelled prevalence for the PCN.

This table shows opportunities for further identification. It outlines the diagnoses to meet the place, ICB and estimated prevalence.

Within Ardens Manager there are case finding searches that can support PCN with identification.

Emergency Admission Rates per 1,000 population on the Disease Register



The charts on the left shows the Emergency Admissions Rates per 1,000 population on the disease register.

It shows the places compared with the ICB on the left and on the right it show the PCNs within a Place.

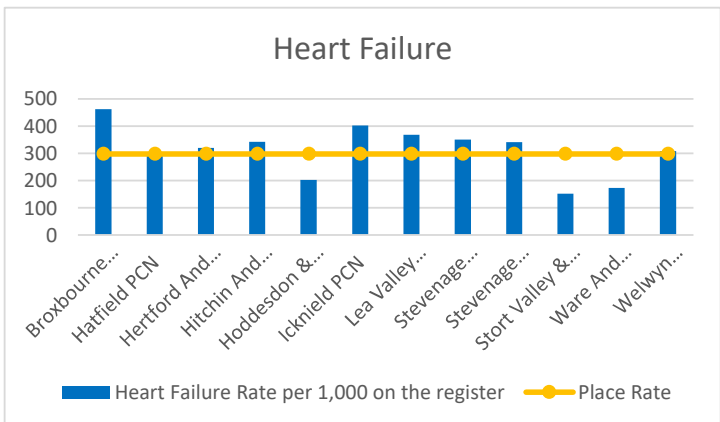
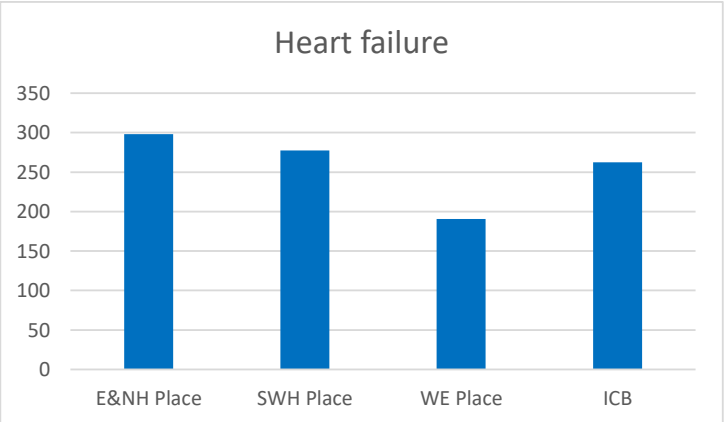
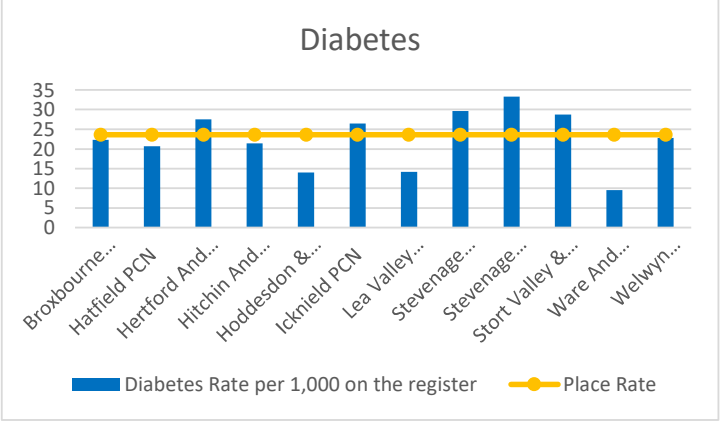
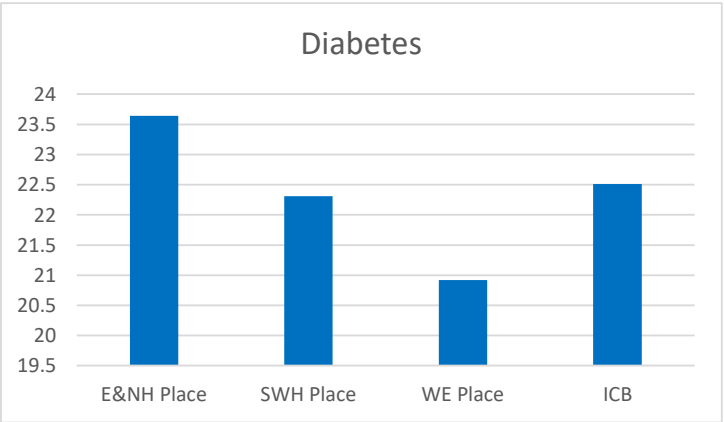
These are continued on the following page.

Rates may be high due to a number of factors which may include low identification.

For Ware & Rurals the data shows slightly higher Asthma rates which was identified as a theme within the ACS analysis.

Source: HWE PHM Team, SUS data

Emergency Admission Rates per 1,000 population on the Disease Register



Matrix Data - Ethnicity

Ethnicity Group	Other ethnic groups			Asian			Asian or Asian British		Black			Mixed			Other			White			Unknown			Grand Total	
	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity		
Overall Population Measures																									
Population	201	35		216	138	12	13		141	67		209	91		214	182	26	12,011	10,477	1,587	5,606	2,339	85	33,663	
Age	34	47	81	28	45	67	38	64	28	49	66	18	36	72	30	50	73	32	52	73	33	50	73	42	
Male %	50.7%	60.0%	0.0%	41.7%	45.7%	58.3%	61.5%	66.7%	42.6%	49.3%	40.0%	53.6%	39.6%	50.0%	52.3%	47.8%	46.2%	50.2%	44.3%	49.7%	56.0%	54.5%	51.8%	49.5%	
IMD	8.6	8.4	9.0	8.5	8.3	8.4	8.2	8.0	8.1	7.8	8.3	8.1	8.2	8.3	8.5	8.3	8.2	8.4	8.3	8.2	8.4	8.2	8.1	8.3	
% BAME (where recorded)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%				6%	
Multimorbidity (acute & chronic)	0.0	1.6	6.0	0.0	1.8	6.4	0.0	1.3	0.0	1.7	5.2	0.0	1.6	7.0	0.0	1.8	6.2	0.0	1.8	6.5	0.0	1.6	5.6	1.0	
Finance and Activity Measures																									
Spend	Total	£0.0M	£0.0M	£0.0M	£0.1M	£0.1M	£0.0M	£0.0M	£0.0M	£0.0M	£0.1M	£0.0M	£0.1M	£0.1M	£0.0M	£0.1M	£0.2M	£0.1M	£3.9M	£9.3M	£5.1M	£0.5M	£0.6M	£0.1M	####
	PPPY - Total	£111	£585	£1,063	£253	£795	£2,685	£250	£478	£327	£972	£2,179	£254	£810	£2,225	£488	£1,091	£2,622	£326	£886	£3,227	£84	£242	£1,495	£605
	Acute Elective	£22	£107	£923	£72	£351	£2,016	£112	£250	£119	£346	£964	£74	£335	£614	£166	£451	£1,508	£120	£415	£1,193	£18	£67	£555	£248
	Acute Non-Elective	£11	£310	£0	£110	£247	£321	£0	£0	£116	£393	£877	£108	£319	£1,268	£231	£454	£740	£117	£278	£1,663	£11	£50	£697	£224
	GP Encounters	£78	£168	£140	£71	£198	£347	£138	£228	£91	£234	£337	£72	£157	£344	£91	£186	£373	£88	£193	£371	£55	£125	£244	£133
	Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	GP PPPY	18	45	38	18	51	89	24	56	22	54	85	17	40	78	23	47	89	22	48	91	14	32	61	33
	Beddays PPPY - Acute EM	0	0	0	0	2	0	0	0	0	0	3	1	0	4	0	1	1	0	0	3	0	0	1	0
Physical Health																									
Diabetes		0.0%	31.4%	100.0%	0.0%	39.9%	83.3%	0.0%	66.7%	0.0%	28.4%	40.0%	0.0%	12.1%	75.0%	0.0%	13.7%	53.8%	0.0%	12.9%	49.2%	0.0%	12.0%	62.4%	7.8%
COPD		0.0%	0.0%	0.0%	0.0%	1.4%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%	1.6%	23.1%	0.0%	1.5%	24.7%	0.0%	1.2%	18.8%	1.8%
Chronic Respiratory Dis...		0.0%	5.7%	0.0%	0.0%	3.6%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.5%	25.0%	0.0%	4.9%	30.8%	0.0%	2.9%	29.9%	0.0%	1.4%	22.4%	2.6%
Hypertension		0.0%	25.7%	100.0%	0.0%	19.6%	100.0%	0.0%	33.3%	0.0%	37.3%	60.0%	0.0%	14.3%	75.0%	0.0%	32.4%	84.6%	0.0%	29.3%	79.3%	0.0%	26.5%	81.2%	15.4%
Obesity		3.5%	11.4%	0.0%	3.7%	18.8%	16.7%	7.7%	33.3%	2.8%	32.8%	60.0%	1.9%	15.4%	75.0%	7.0%	18.7%	34.6%	9.9%	27.2%	40.5%	3.7%	17.7%	51.8%	16.3%
Mental Health																									
Anxiety/Phobias		0.0%	25.7%	100.0%	0.0%	21.7%	66.7%	0.0%	0.0%	0.0%	13.4%	40.0%	0.0%	23.1%	75.0%	0.0%	18.1%	34.6%	0.0%	22.4%	44.9%	0.0%	18.7%	47.1%	10.9%
Depression		0.0%	20.0%	0.0%	0.0%	18.8%	41.7%	0.0%	33.3%	0.0%	17.9%	40.0%	0.0%	20.9%	25.0%	0.0%	26.9%	15.4%	0.0%	29.2%	40.7%	0.0%	25.6%	34.1%	13.2%
Learning Disability		0.0%	2.9%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%	3.3%	0.0%	0.0%	1.1%	0.0%	0.0%	1.0%	2.5%	0.0%	1.8%	2.4%	0.6%
Dementia		0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	1.1%	3.8%	0.0%	0.9%	8.8%	0.0%	0.7%	4.7%	0.8%
Other Characteristics																									
Housebound (eFI)		0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.7%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	1.1%	3.8%	0.0%	1.0%	10.1%	0.1%	0.9%	7.1%	0.9%
Social Vulnerability (eFI)		2.0%	0.0%	100.0%	0.5%	0.7%	0.0%	0.0%	0.0%	0.0%	1.5%	20.0%	0.0%	1.1%	25.0%	0.9%	1.6%	11.5%	0.5%	2.3%	13.7%	0.1%	1.5%	8.2%	1.8%
History of Smoking (Tw...		10.9%	17.1%	100.0%	3.7%	8.0%	0.0%	0.0%	0.0%	2.8%	9.0%	0.0%	1.4%	11.0%	0.0%	4.2%	12.6%	15.4%	4.9%	9.0%	11.5%	2.5%	6.9%	18.8%	6.4%
Not Fit for Work (In Year)		0.5%	2.9%	0.0%	2.8%	6.5%	8.3%	0.0%	33.3%	3.5%	11.9%	20.0%	2.4%	9.9%	0.0%	1.4%	6.0%	0.0%	2.2%	5.6%	3.5%	0.9%	4.2%	4.7%	3.3%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PHM is underpinned by good linked data, with an appropriate method of extracting segmented or patients under key metrics; this matrix is showing the complexity of ethnic groups is broadly categorised across the PCN.

Matrix Data - Segment & Sub-Segment

Life Course Segment		1 - Healthy			2 - Living With Illness			3 - Lower Complexity			4 - Advanced Disease & Complexity			5 - EoL, Frailty & Dementia			Grand Total
Life Course Subsegment		1a - H (Low Risk)	1b - H (Maternity & Child)	1c - H (Acute Episodic)	2a - Lwl (At Risk)	2b - Lwl (LTCs)	2c - Lwl (MH)	3a - LC (Mod. Social Co..)	3b - LC (Multimorbidity)	3c - LC (Mild Frailty)	4a - AD&C (High Complexity)	4b - AD&C (High Social Complexity)	4e - AD&C (End Stage Disease)	5a - EoLFD (Severe Frailty)	5b - EoLFD (Severe Dementia)	5c - EoLFD (End of Life)	
Overall Population Measures																	
Population		13,215	388	730	2,829	3,821	1,457	151	3,570	2,624	3,069	420	316	792	60	221	33,663
Age		29	15	23	47	45	41	49	52	51	57	64	70	78	83	75	42
Male %		55.2%	26.0%	57.5%	49.5%	55.6%	42.6%	55.6%	46.9%	36.9%	38.0%	44.3%	56.6%	42.0%	28.3%	41.2%	49.5%
IMD		8.4	8.5	8.3	8.3	8.3	8.3	8.2	8.3	8.3	8.4	8.2	8.2	8.3	8.2	8.1	8.3
% BAME (where recorded)		8%	9%	9%	6%	6%	4%	7%	4%	5%	4%	3%	2%	2%	0%	4%	6%
Multimorbidity (acute & chronic)		0.0	0.0	0.0	0.0	1.0	1.0	0.4	2.4	1.6	2.7	2.8	4.9	5.7	5.0	4.8	1.0
Finance and Activity Measures																	
Spend	Total	£1.3M	£0.4M	£1.1M	£1.3M	£1.9M	£0.6M	£0.1M	£3.0M	£2.1M	£3.4M	£0.5M	£1.0M	£2.3M	£0.3M	£1.1M	£20.4M
	PPPY - Total	£96	£1,087	£1,550	£469	£485	£381	£502	£839	£785	£1,095	£1,229	£3,313	£2,884	£5,348	£5,188	£605
	Acute Elective	£25	£184	£680	£193	£218	£129	£261	£390	£380	£499	£420	£1,355	£1,050	£461	£2,015	£248
	Acute Non-Elective	£11	£793	£741	£149	£131	£127	£128	£256	£219	£370	£559	£1,633	£1,466	£1,282	£2,761	£224
	GP Encounters	£59	£110	£129	£127	£135	£125	£113	£192	£186	£226	£251	£325	£368	£605	£412	£133
	Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	GP PPPY	15	28	31	32	34	32	28	48	46	56	63	80	92	110	100	33
	Beddays PPPY - Acute EM	0	1	1	0	0	0	0	0	0	1	2	3	3	9	6	0
Physical Health																	
Diabetes		0.0%	0.0%	0.0%	0.0%	8.0%	0.0%	1.3%	18.3%	14.3%	22.7%	21.2%	27.8%	42.6%	23.3%	26.7%	7.8%
COPD		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.7%	4.4%	4.5%	53.8%	18.8%	8.3%	15.4%	1.8%
Chronic Respiratory Dis...		0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	3.1%	1.4%	6.3%	7.1%	62.0%	22.5%	8.3%	22.2%	2.6%
Hypertension		0.0%	0.0%	0.0%	0.0%	22.4%	0.0%	7.9%	34.3%	29.9%	38.4%	39.0%	57.0%	31.2%	53.3%	55.2%	15.4%
Obesity		0.0%	0.0%	0.0%	43.8%	19.1%	14.6%	11.3%	28.7%	26.6%	32.2%	23.6%	36.4%	39.6%	15.0%	22.6%	16.3%
Mental Health																	
Anxiety/Phobias		0.0%	0.0%	0.0%	0.0%	0.0%	31.3%	2.0%	40.1%	15.4%	26.3%	26.0%	20.6%	37.6%	36.7%	27.1%	10.9%
Depression		0.0%	0.0%	0.0%	0.0%	0.0%	60.7%	10.6%	47.8%	19.1%	28.6%	15.0%	27.2%	31.6%	28.3%	26.2%	13.2%
Learning Disability		0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	1.3%	1.0%	0.3%	0.8%	21.7%	0.6%	1.4%	5.0%	1.4%	0.6%
Dementia		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	4.5%	1.9%	6.9%	100.0%	26.2%	0.8%
Other Characteristics																	
Housebound (eFI)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	2.2%	14.8%	35.0%	29.0%	0.9%
Social Vulnerability (eFI)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	62.9%	1.0%	2.2%	3.0%	22.6%	6.3%	20.2%	13.3%	14.0%	1.8%
History of Smoking (Tw ...)		0.0%	0.0%	0.0%	23.7%	5.5%	9.3%	3.3%	11.0%	9.6%	9.9%	6.2%	19.3%	9.5%	5.0%	4.5%	6.4%
Not Fit for Work (In Year)		0.0%	0.0%	0.0%	10.9%	3.2%	7.3%	4.0%	6.8%	4.6%	5.3%	2.6%	5.4%	2.8%	0.0%	4.1%	3.3%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

This matrix is important in defining the PCN's main segment and sub-segment health classifications, giving simple volumes but also linking how many as a percentage of each subsegment, have defined and diagnosed conditions.

Matrix Data - GP Activity

GP Activity		0			1			2-3		4-5		6-9			10+			Grand Total
Complexity		Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	
Overall Population Measures																		
Population		1,166	130	7	415	60		1,102	136	1,110	184	3,077	716		11,741	12,106	1,707	33,663
Age		27	37	77	24	33	65	18	28	19	26	26	35	13	37	53	73	42
Male %		55.7%	65.4%	71.4%	54.7%	68.3%	100.0%	57.0%	69.9%	57.7%	64.1%	61.7%	65.5%	33.3%	47.8%	44.2%	49.6%	49.5%
IMD		8.2	8.1	8.1	8.3	7.9	9.3	8.4	8.1	8.4	8.1	8.4	8.3	7.0	8.4	8.3	8.2	8.3
% BAME (where recorded)		12%	11%	20%	12%	13%	0%	12%	9%	8%	7%	8%	5%	0%	7%	5%	3%	6%
Multimorbidity (acute & chronic)		0.0	1.3	6.0	0.0	1.2	5.3	0.0	1.2	0.0	1.2	0.0	1.3	6.0	0.0	1.8	6.4	1.0
Finance and Activity Measures																		
Spend	Total	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.2M	£0.1M	£0.0M	£4.3M	£10.2M	£5.4M	£20.4M
	PPPY - Total	£31	£379	£418	£12	£25	£4	£27	£49	£39	£80	£81	£79	£706	£367	£841	£3,142	£605
	Acute Elective	£18	£264	£138	£5	£21	£0	£11	£26	£12	£30	£20	£30	£670	£130	£382	£1,177	£248
	Acute Non-Elective	£13	£115	£279	£4	£0	£0	£8	£13	£10	£33	£30	£19	£0	£124	£262	£1,599	£224
	GP Encounters	£0	£0	£0	£4	£4	£4	£9	£9	£17	£17	£31	£30	£36	£113	£197	£367	£133
	Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	GP PPPY	0	0	0	1	1	1	2	2	4	4	8	8	9	28	49	90	33
	Beddays PPPY - Acute EM	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Physical Health																		
Diabetes		0.0%	5.4%	28.6%	0.0%	0.0%	66.7%	0.0%	2.9%	0.0%	2.2%	0.0%	4.1%	33.3%	0.0%	14.1%	50.3%	7.8%
COPD		0.0%	0.8%	28.6%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	33.3%	0.0%	1.6%	24.1%	1.8%
Chronic Respiratory Dis...		0.0%	1.5%	42.9%	0.0%	0.0%	33.3%	0.0%	2.2%	0.0%	2.2%	0.0%	3.1%	66.7%	0.0%	2.7%	29.2%	2.6%
Hypertension		0.0%	11.5%	71.4%	0.0%	8.3%	66.7%	0.0%	2.9%	0.0%	3.8%	0.0%	4.5%	0.0%	0.0%	31.1%	79.7%	15.4%
Obesity		1.1%	3.1%	14.3%	1.2%	10.0%	33.3%	1.0%	4.4%	2.1%	8.2%	3.8%	12.2%	0.0%	10.8%	26.8%	41.1%	16.3%
Mental Health																		
Anxiety/Phobias		0.0%	10.0%	28.6%	0.0%	13.3%	66.7%	0.0%	15.4%	0.0%	14.1%	0.0%	15.5%	66.7%	0.0%	22.3%	45.1%	10.9%
Depression		0.0%	22.3%	42.9%	0.0%	23.3%	66.7%	0.0%	19.9%	0.0%	17.4%	0.0%	22.2%	33.3%	0.0%	29.0%	39.9%	13.2%
Learning Disability		0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.5%	0.0%	1.1%	66.7%	0.0%	1.2%	2.3%	0.6%
Dementia		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	33.3%	0.0%	0.9%	8.6%	0.8%
Other Characteristics																		
Housebound (eFI)		0.0%	1.5%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	1.1%	9.9%	0.9%
Social Vulnerability (eFI)		0.6%	2.3%	14.3%	1.0%	0.0%	33.3%	0.6%	1.5%	0.0%	1.1%	0.3%	0.4%	33.3%	0.4%	2.3%	13.4%	1.8%
History of Smoking (Tw...		0.3%	0.0%	0.0%	0.7%	1.7%	0.0%	1.4%	3.7%	0.9%	3.8%	2.3%	4.1%	0.0%	5.7%	9.3%	11.9%	6.4%
Not Fit for Work (In Year)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.7%	0.0%	2.8%	5.9%	3.6%	3.3%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Whilst the previous GP activity matrix was to investigate HIUs, this matrix has split out the GP activity by order of complexity; another method of looking at distinct patient volumes coming into the PCN which may be managed in a different way.

Matrix Data - Health Segment & Deprivation

Life Course Segment	1 - Healthy				2 - Living With Illness				3 - Lower Complexity				4 - Advanced Disease & Complexity				5 - EoL, Frailty & Dementia				Grand Total	
	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known		
Overall Population Measures																						
Population	9,094	3,656	51	1,532	5,073	2,214	50	770	3,990	1,763	40	552	2,430	1,086	26	263	664	341	7	61	33,663	
Age	29	29	34	24	46	46	46	43	53	52	49	46	59	59	56	54	78	78	63	78	42	
Male %	54.4%	54.9%	41.2%	54.7%	51.3%	52.5%	62.0%	45.8%	43.5%	43.4%	37.5%	38.2%	40.7%	39.9%	34.6%	38.0%	40.8%	41.6%	42.9%	41.0%	49.5%	
IMD	9.2	6.4	2.6		9.2	6.3	2.4		9.2	6.3	2.4		9.3	6.4	2.3		9.2	6.5	2.0		8.3	
% BAME (where recorded)	8%	8%	19%	10%	6%	5%	5%	7%	4%	5%	11%	6%	4%	4%	10%	6%	2%	3%	0%	5%	6%	
Multimorbidity (acute & chronic)	0.0	0.0	0.0	0.0	0.7	0.7	0.6	0.6	2.0	2.1	2.0	1.9	2.9	3.0	3.3	2.5	5.5	5.6	5.1	4.6	1.0	
Finance and Activity Measures																						
Spend	Total	£1.7M	£0.7M	£0.0M	£0.4M	£2.3M	£0.9M	£0.0M	£0.5M	£3.1M	£1.4M	£0.0M	£0.6M	£3.2M	£1.3M	£0.0M	£0.3M	£2.4M	£1.1M	£0.1M	£0.2M	£20.4M
	PPPY - Total	£191	£192	£381	£234	£463	£414	£331	£587	£787	£780	£792	£1,056	£1,334	£1,218	£536	£1,319	£3,589	£3,242	£7,943	£3,403	£605
	Acute Elective	£60	£64	£153	£75	£196	£178	£161	£225	£374	£405	£202	£395	£585	£530	£244	£507	£1,284	£1,092	£1,543	£1,128	£248
	Acute Non-Elective	£67	£66	£169	£86	£136	£112	£87	£215	£225	£191	£387	£463	£512	£456	£23	£560	£1,917	£1,753	£6,061	£1,887	£224
	GP Encounters	£64	£62	£58	£73	£131	£124	£83	£147	£188	£184	£202	£197	£237	£232	£269	£252	£388	£397	£339	£388	£133
	Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	GP PPPY	16	15	12	19	33	31	22	37	47	45	46	50	59	58	53	62	95	94	89	97	33
	Beddays PPPY - Acute EM	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	4	4	5	3	0
Physical Health																						
Diabetes		0.0%	0.0%	0.0%	0.0%	3.7%	3.6%	0.0%	4.5%	15.9%	17.2%	17.5%	15.6%	22.3%	24.9%	34.6%	20.2%	37.5%	41.9%	28.6%	26.2%	7.8%
COPD		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	1.1%	0.0%	1.8%	8.2%	9.4%	3.8%	7.6%	17.3%	18.5%	28.6%	13.1%	1.8%
Chronic Respiratory Dis...		0.0%	0.0%	0.0%	0.0%	0.8%	0.5%	0.0%	1.3%	2.5%	1.9%	0.0%	2.7%	10.8%	12.0%	3.8%	9.5%	22.0%	21.1%	28.6%	19.7%	2.6%
Hypertension		0.0%	0.0%	0.0%	0.0%	11.2%	10.6%	2.0%	6.8%	32.2%	33.4%	40.0%	23.2%	40.5%	41.3%	38.5%	30.4%	77.4%	70.7%	57.1%	62.3%	15.4%
Obesity		0.0%	0.0%	0.0%	0.0%	26.2%	28.1%	40.0%	27.1%	26.6%	29.3%	40.0%	26.4%	30.2%	34.1%	42.3%	33.5%	35.1%	35.8%	28.6%	26.2%	16.3%
Mental Health																						
Anxiety/Phobias		0.0%	0.0%	0.0%	0.0%	6.0%	5.0%	8.0%	4.7%	28.4%	30.4%	30.0%	28.4%	25.5%	26.9%	30.8%	24.0%	34.5%	38.1%	42.9%	29.5%	10.9%
Depression		0.0%	0.0%	0.0%	0.0%	10.9%	10.2%	14.0%	12.7%	34.2%	36.4%	37.5%	36.8%	26.4%	28.3%	34.6%	26.6%	31.8%	28.7%	14.3%	24.6%	13.2%
Learning Disability		0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%	0.3%	0.9%	0.5%	0.0%	0.2%	2.7%	3.8%	0.0%	4.2%	1.2%	2.1%	0.0%	3.3%	0.6%
Dementia		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	2.8%	3.8%	1.5%	13.4%	19.6%	0.0%	27.9%	0.8%
Other Characteristics																						
Housebound (eFI)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	3.8%	3.8%	2.3%	16.3%	22.0%	14.3%	29.5%	0.9%
Social Vulnerability (eFI)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.3%	5.0%	1.6%	5.6%	5.2%	11.5%	3.8%	17.3%	21.4%	14.3%	16.4%	1.8%
History of Smoking (Tw...		0.0%	0.0%	0.0%	0.0%	12.4%	12.7%	6.0%	13.1%	9.8%	9.9%	20.0%	14.1%	9.1%	12.3%	11.5%	12.5%	8.0%	9.1%	0.0%	6.6%	6.4%
Not Fit for Work (In Year)		0.0%	0.0%	0.0%	0.0%	6.5%	6.0%	6.0%	9.1%	5.5%	6.2%	7.5%	6.9%	4.3%	5.4%	3.8%	9.5%	3.0%	2.6%	0.0%	3.3%	3.3%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Deprivation is an important marker for a variety of issues and not just in health, and this matrix has taken the PCN's population split them by health segment, and then further by high, middle, or low deprivation groupings - this may further allows the PCNs to target that selected cohort of individuals to find where the determinants may be, and where a targeted approach from local partners, could be directed.

Matrix Data - Practice & Deprivation

Practice	Dolphin House Surgery				Puckeridge & Standon Surgery				The Medical Centre Buntingford				Grand Total	
	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known		
Overall Population Measures														
Population	9,069	5,119	149	803	6,624	1,691	7	99	5,558	2,250	18	2,276	33,663	
Age	42	40	45	42	42	46	40	30	43	46	45	34	42	
Male %	48.9%	49.4%	47.0%	48.6%	50.4%	50.8%	14.3%	48.5%	49.9%	49.9%	44.4%	47.8%	49.5%	
IMD	9.4	6.5	2.4		9.0	6.4	2.1		9.2	6.0	2.6		8.3	
% BAME (where recorded)	9%	8%	11%	9%	3%	3%	0%	19%	4%	2%	6%	7%	6%	
Multimorbidity (acute & chronic)	1.1	1.2	1.4	1.2	1.0	1.2	0.6	0.5	1.0	1.0	1.2	0.6	1.0	
Finance and Activity Measures														
Spend	Total	£5.3M	£3.1M	£0.1M	£0.5M	£4.0M	£1.0M	£0.0M	£0.1M	£3.5M	£1.4M	£0.0M	£1.4M	£20.4M
	PPPY - Total	£587	£607	£868	£563	£601	£565	£526	£507	£637	£604	£227	£635	£605
	Acute Elective	£226	£257	£260	£217	£260	£246	£169	£144	£275	£246	£63	£228	£248
	Acute Non-Elective	£235	£224	£468	£198	£206	£169	£224	£238	£221	£217	£14	£278	£224
	GP Encounters	£126	£126	£141	£148	£136	£149	£132	£126	£140	£140	£149	£129	£133
	Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Mental Health	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Social Care	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	GP PPPY	31	31	31	35	33	36	31	31	36	36	38	34	33
	Beddays PPPY - Acute EM	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical Health														
Diabetes		8.7%	9.6%	10.1%	7.6%	6.0%	7.8%	0.0%	5.1%	7.7%	7.6%	16.7%	5.4%	7.8%
COPD		1.6%	2.2%	2.0%	2.0%	1.6%	2.3%	0.0%	2.0%	2.3%	1.6%	0.0%	0.9%	1.8%
Chronic Respiratory Dis...		2.4%	2.9%	2.0%	2.6%	2.3%	2.7%	0.0%	2.0%	3.2%	2.4%	0.0%	1.7%	2.6%
Hypertension		14.2%	14.4%	16.8%	11.2%	16.9%	21.6%	0.0%	5.1%	17.1%	18.3%	33.3%	8.9%	15.4%
Obesity		16.7%	19.0%	29.5%	20.9%	10.5%	11.1%	0.0%	13.1%	20.7%	20.9%	27.8%	12.2%	16.3%
Mental Health														
Anxiety/Phobias		12.8%	14.1%	17.4%	15.1%	9.5%	9.8%	14.3%	6.1%	9.1%	8.1%	0.0%	6.5%	10.9%
Depression		13.0%	15.4%	20.1%	19.8%	14.6%	14.7%	0.0%	10.1%	11.2%	10.5%	11.1%	9.5%	13.2%
Learning Disability		0.6%	0.6%	0.0%	1.0%	0.4%	0.8%	0.0%	0.0%	0.7%	0.7%	0.0%	0.4%	0.6%
Dementia		0.9%	1.3%	0.0%	0.4%	0.5%	1.1%	14.3%	1.0%	0.5%	0.5%	0.0%	0.7%	0.8%
Other Characteristics														
Housebound (eFI)		1.1%	1.7%	1.3%	0.5%	0.7%	1.2%	0.0%	0.0%	0.4%	0.4%	0.0%	0.9%	0.9%
Social Vulnerability (eFI)		2.1%	2.3%	3.4%	1.4%	1.6%	2.2%	14.3%	0.0%	1.3%	1.5%	0.0%	0.8%	1.8%
History of Smoking (Tw...		7.2%	8.6%	7.4%	9.1%	4.8%	4.4%	14.3%	5.1%	5.9%	4.8%	11.1%	6.1%	6.4%
Not Fit for Work (In Year)		3.1%	3.8%	4.7%	5.2%	3.2%	3.4%	0.0%	2.0%	3.3%	2.7%	0.0%	4.0%	3.3%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

This detailed table is offering actionable insight across the PCN's population for each Practice and where their populations are in terms of a High, Medium, or Low deprivation ranking; deprivation is levied from the IMD 2019 scoring per LSOA, and is applied for every individual registered within the PCN's borders.

Bubble Matrix - Conditions

x% also have



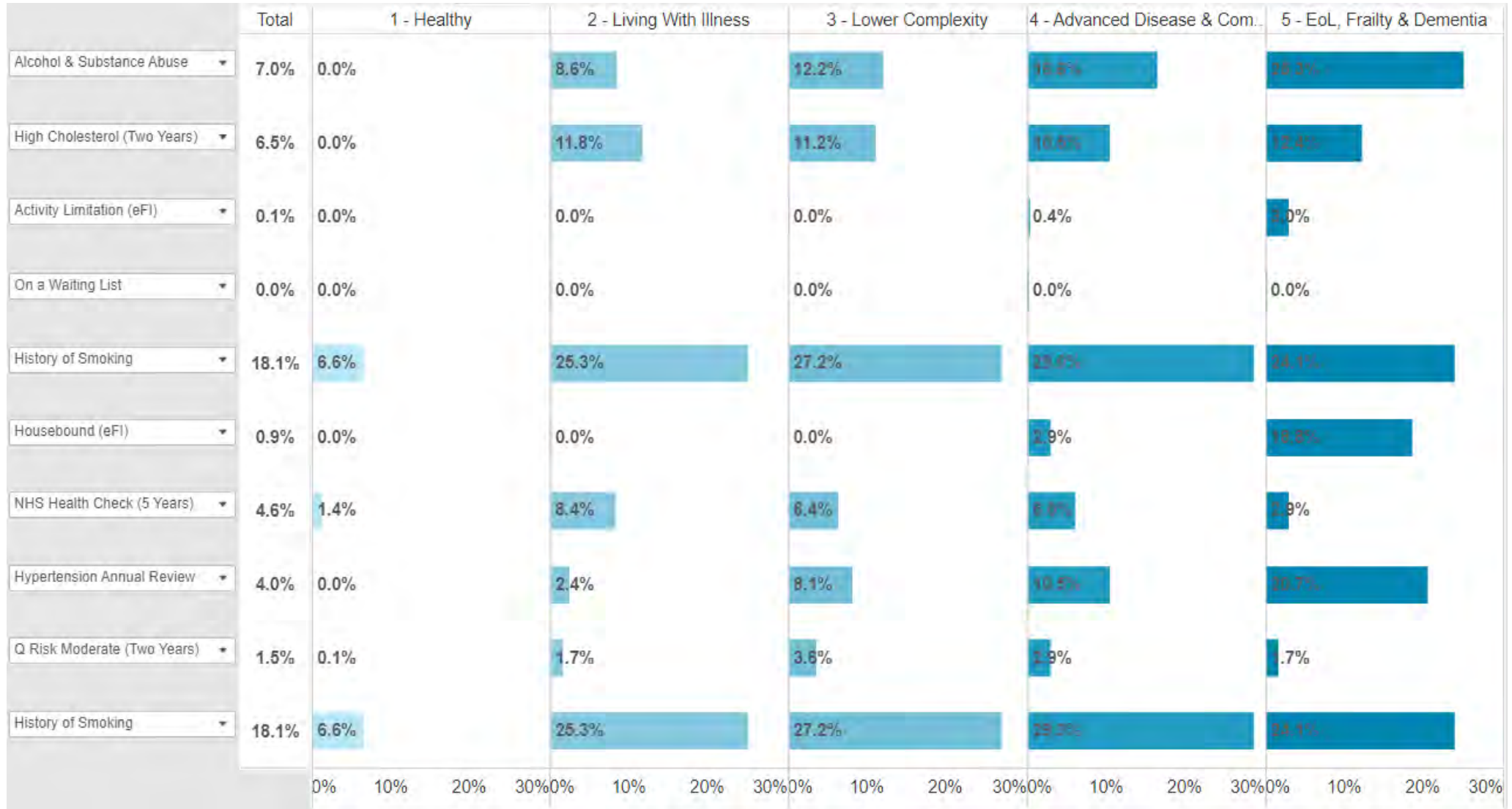
For people with this condition



Initial Condition	Other Conditions												
	Alzheimers Disease	Asthma	COPD	Heart Failure	Anxiety	Autism Spectrum Disorder	Dementia	Alcohol Abuse	ABCD Prescription	Anti-Depressive Prescription	Activity Limitation (eFI)	Housebound (eFI)	No Other Condition
Alzheimers Disease		19%	10%	9%	30%	0%	37%	3%	49%	49%	2%	26%	5%
Asthma	0%		6%	2%	19%	1%	1%	4%	24%	23%	0%	2%	44%
COPD	2%	57%		11%	27%	1%	5%	8%	58%	34%	3%	8%	0%
Heart Failure	3%	29%	15%		29%	1%	6%	7%	31%	22%	2%	12%	0%
Anxiety	1%	29%	5%	3%		1%	2%	5%	31%	47%	0%	3%	16%
Autism Spectrum Disorder	0%	21%	2%	1%	20%		1%	1%	9%	16%	0%	1%	36%
Dementia	47%	19%	12%	11%	33%	1%		3%	50%	47%	2%	32%	5%
Alcohol Abuse	0%	27%	6%	4%	24%	0%	1%		45%	30%	0%	1%	23%
ABCD Prescription	1%	25%	7%	7%	21%	0%	2%	7%		24%	1%	4%	20%
Anti-Depressive Prescription	1%	26%	4%	2%	36%	1%	3%	5%	27%		0%	3%	24%
Activity Limitation (eFI)	7%	54%	37%	20%	39%	0%	11%	4%	63%	35%		15%	7%
Housebound (eFI)	11%	27%	15%	17%	41%	1%	26%	3%	67%	39%	2%		6%

When targeting specific conditions to look into, a simple Bubble matrix helps us understand that a single condition will rarely be occurring by itself; this chart then highlights the PCN's linked conditions and breaks down the common diseases linked together in the PCN.

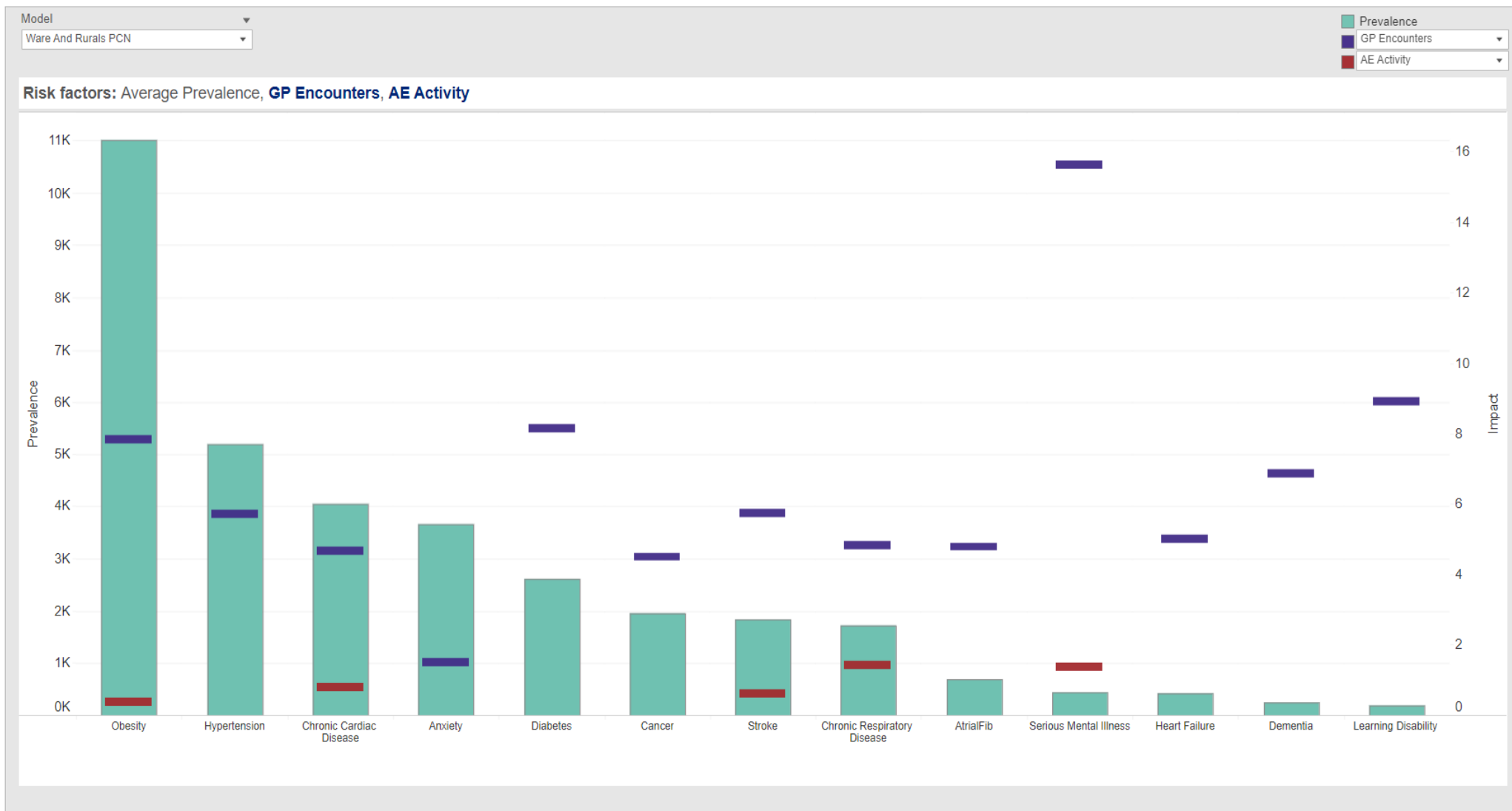
Bio-Psycho-Social Indicators - Example



This chart gives a comparison across various selected risk conditions or characteristics, within the health segments of the PCN's population.

Here we have selected a few characteristics within the PCN's data as an example, within each segment the percentage with that risk condition is highlighted proportionately by the shaded bars in the chart.

Risk Modelling - Prevalence against GP Activity & A&E



This Risk Model looks at the PCN's prevalence for major conditions, and this chart illustrates the number of people with certain risk factors, and also shows the impact on service utilisation, that these factors have. The height of each bar for each risk factor, shows the number of people who meet that criteria, as shown on the left hand axis; the horizontal lines relate to the correlation of a risk factor and an increase in impact on the selected target, shown on the right hand axis.



Cancer Screening

	Period	HERTFORDSHIRE AND WEST ESSEX	WARE AND RURALS PCN	THE BUNTINGFORD & PUCKERIDGE MED PRAC.	DOLPHIN HOUSE SURGERY	THE MEDICAL CENTRE BUNTINGFORD
Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs (denominator includes PCAs)	2020/21	73.3	78.3	79.6	75.7	81.4
Women, aged 50-64, with a record of cervical screening in the last 5.5 yrs (denominator includes PCAs)	2020/21	78.2	80.2	82.7	78.3	80.2
Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %)	2020/21	73	78.1	79.6	75.1	81.6
Persons, 50-64, attending cervical screening within target period (5.5 year coverage, %)	2020/21	77	79.2	81.5	76.9	80.1
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2020/21	63.9	76.7	79.6	75.4	75.6
Persons, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2020/21	61.3	52.7	70	29.7	62.3
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2020/21	72.1	76.2	73.1	74.9	80.5
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2020/21	68.8	72.7	71	71.1	76.1

● Similar ● Significantly Worst ● Significantly Better

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Hertfordshire Public Health
Evidence & Intelligence
Epidemiology





Mortality

	Period	Hertfordshire CCGs	NHS HERTFORDSHIRE AND WEST ESSEX ICB - 06K	WARE AND RURALS PCN
Percentage of deaths that occur at home (All age)	2021	25.3	26.8	22
PYLL - Neoplasms	2021	505	509.8	299.6
PYLL - Diseases of the circulatory system	2021	737.5	782.8	428.4
PYLL - All Cause	2021	1537.7	1574	1047
Premature Mortality - Respiratory Disease	2021	19.2	19.5	
Premature Mortality - Liver Disease	2021	14.6	14.6	
Premature Mortality - Cardiovascular Disease	2021	53.8	56.1	40.1
Premature Mortality - Cancer	2021	98.5	99.9	86.9
Premature Mortality - All Cause	2021	269.6	276.1	211.9

■ Similar
 ■ Significantly Worse
 ■ Significantly Better

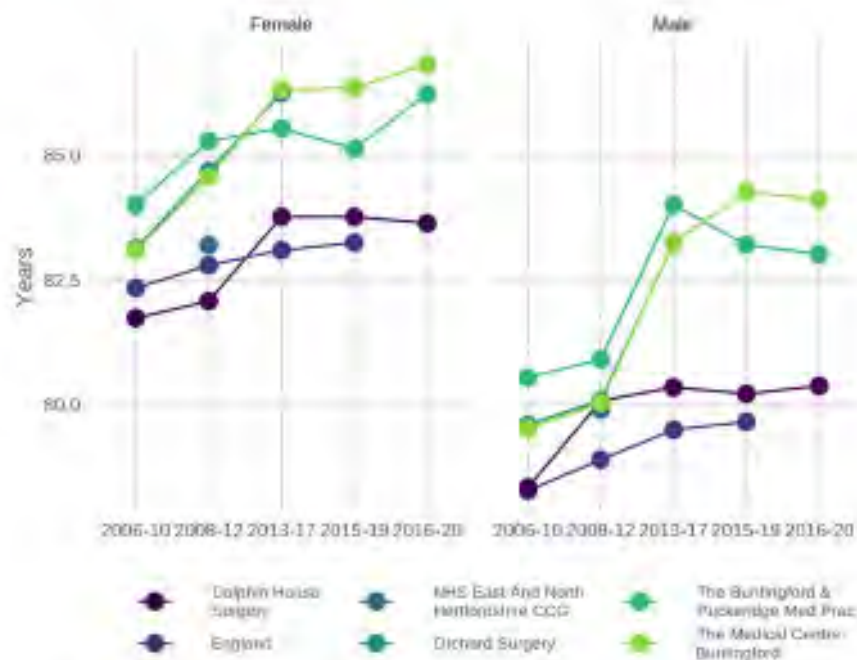
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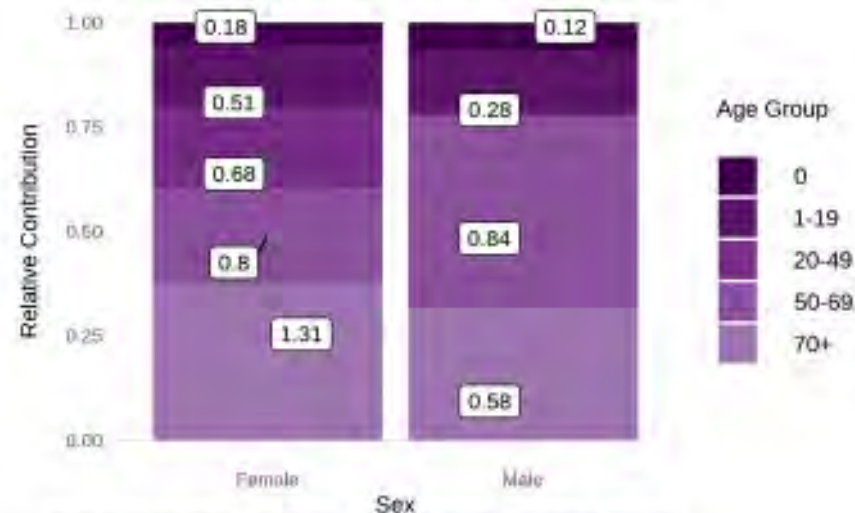




Life Expectancy



Contribution of different age bands to the gap between the most and least deprived areas within East Hertfordshire



Labels inside bar indicate contribution to the life expectancy gap in years for each age group. This can be used to target interventions at age groups with the biggest inequality in life expectancy. The gap in life expectancy at birth for females is 3.48 years and for males is 1.43 years.

PH.intelligence@hertfordshire.gov.uk



Hertfordshire and
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