



Hertfordshire and  
West Essex Integrated  
Care System

## PCN Insights Pack 2024

### Harlow North

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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:

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

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



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Area	Clinical Priority
CYP	<ul style="list-style-type: none"><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	<ul style="list-style-type: none"><li>Reduced premature mortality rate for CVD</li></ul>
LTC & Frailty	<ul style="list-style-type: none"><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 style="list-style-type: none"><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 North 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 North areas highlighted are

- **Childhood Obesity**
- **A&E Attendances and admissions 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**
- **% of people living with diabetes with all 8 care processes completed**
- **Admissions for ACS conditions**
- **Prevalence of Dementia**
- **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.

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

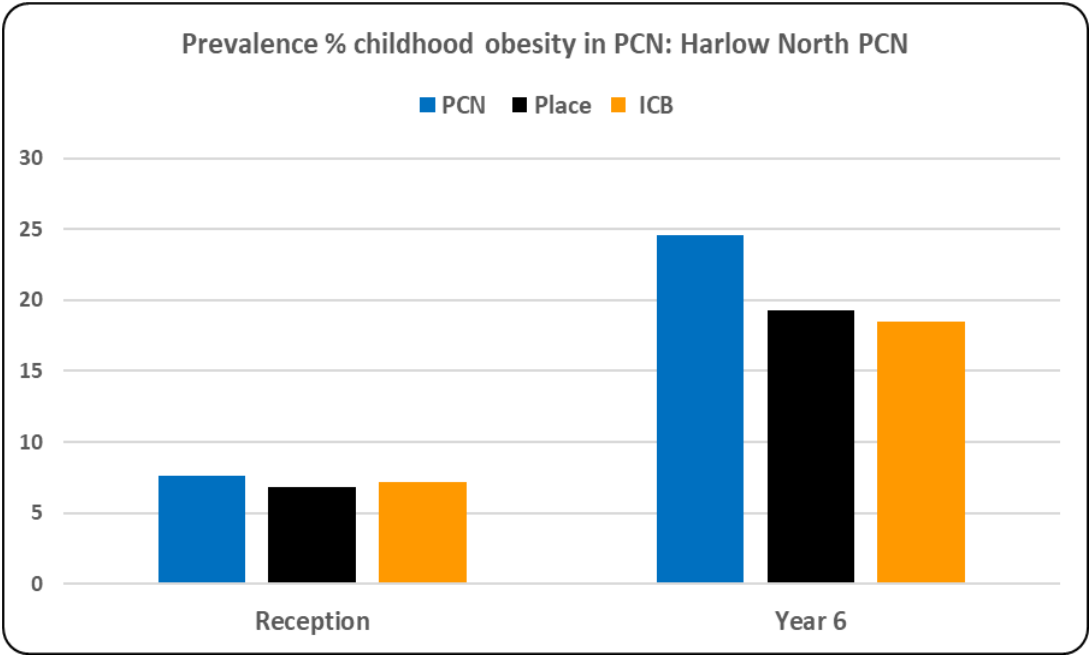
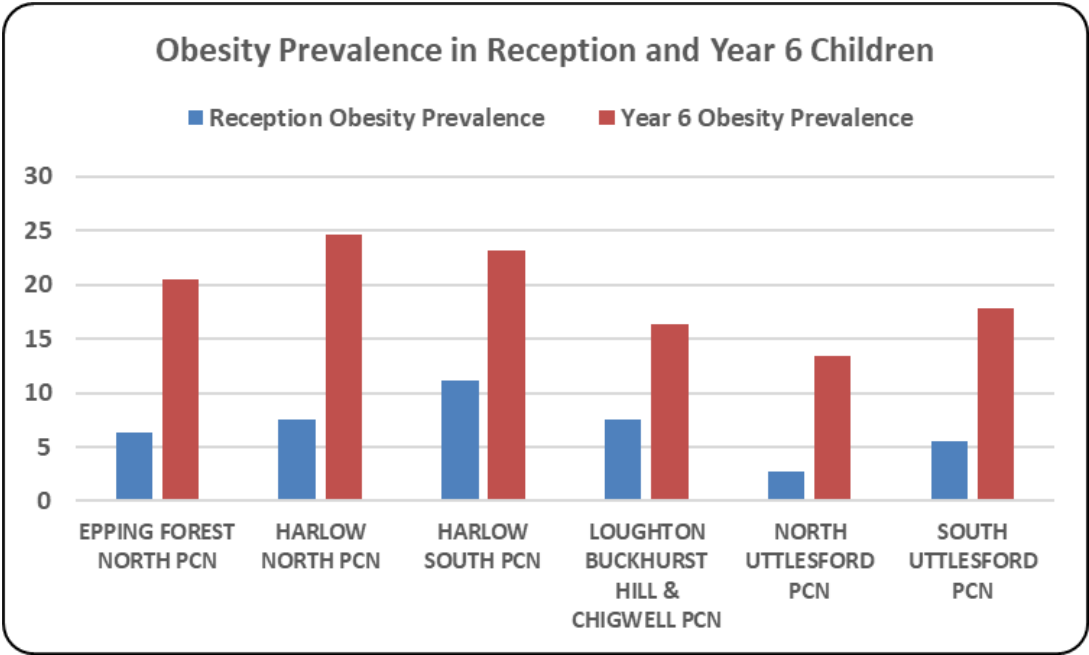
Clinical Priority	Metric	PCN compared to Place average	PCN compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↑	↑
	% of children in Year 6 who are overweight	↑	↑
Reduce rates of emergency care for children and young people	A&E Attendances for Asthma (Children)	↑	↑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

# Rates of Childhood Obesity

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

ICB overarching outcome of Improving Healthy life expectancy

- 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 North PCN has slightly higher rate of Childhood Obesity for Children in Reception. The rate of Childhood Obesity at Year 6 is higher when comparing with Place and ICB.
- The data suggest that there is a deterioration from reception to Year 6 in childhood obesity in the PCN position against Place and ICB.



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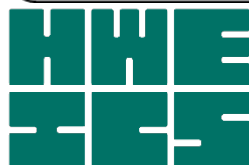
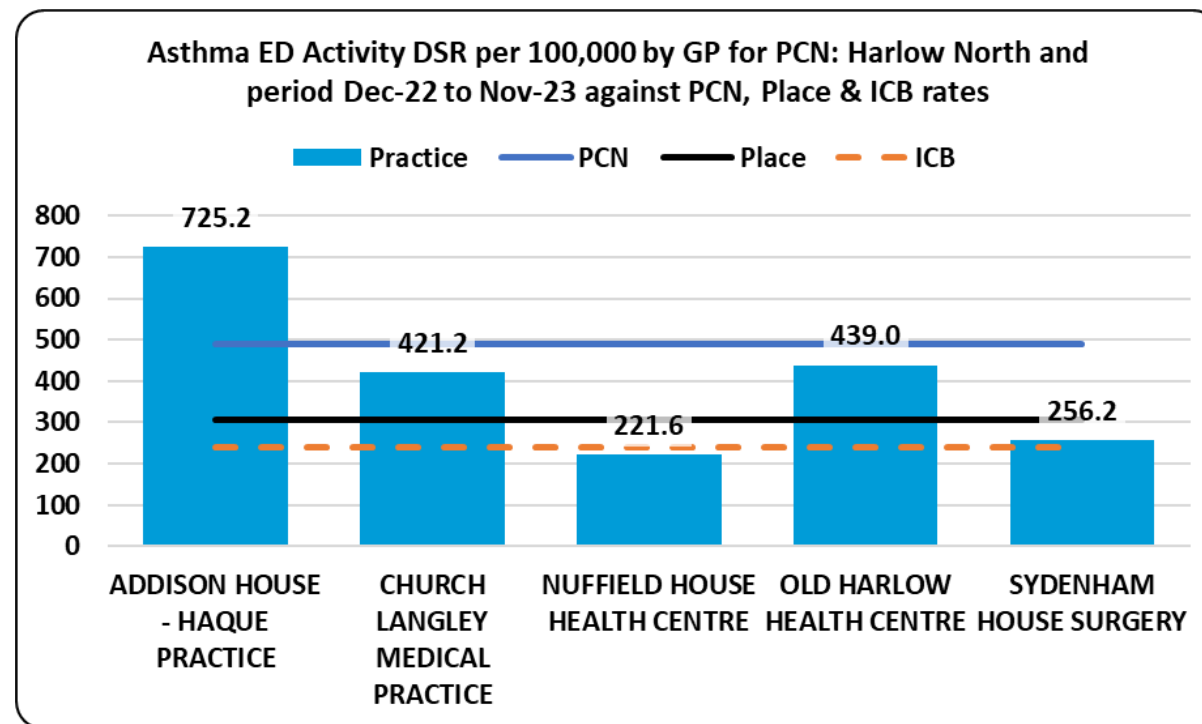
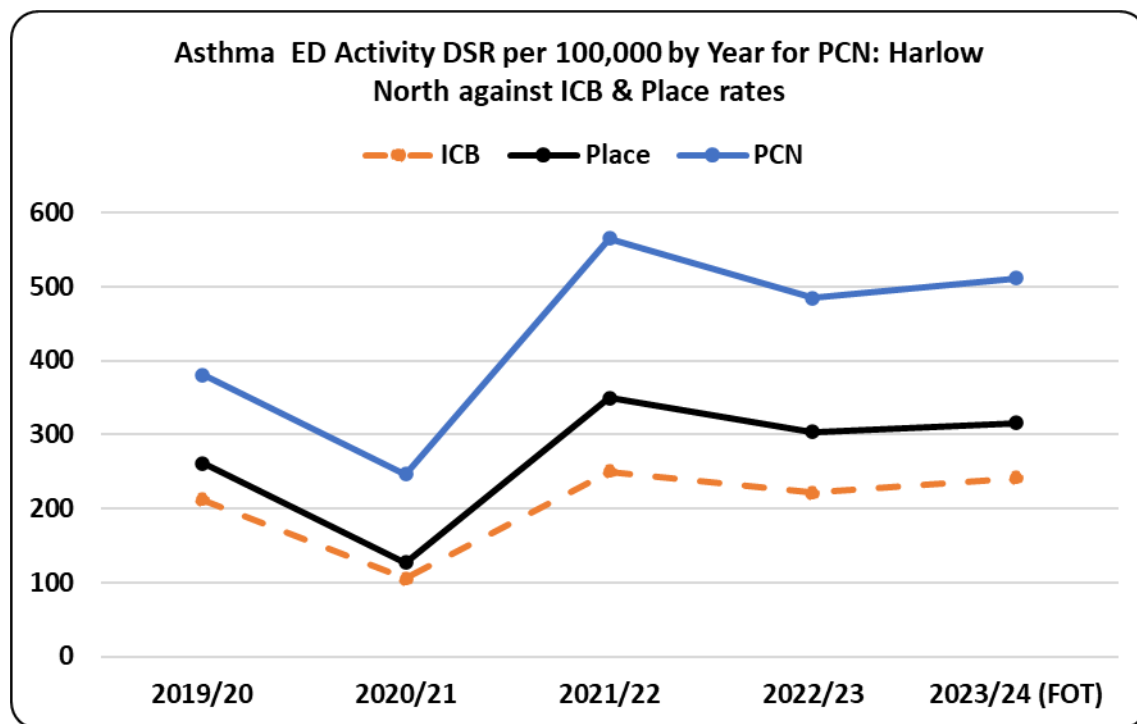


# A&E attendances for Asthma (CYP)

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 North 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 ICB.
- Rates of Children and Young People attending A&E for Asthma have increased since 2020/21 post covid.
- The Children and Young Peoples programme can be contacted via [hweicbenh.cypteam@nhs.net](mailto:hweicbenh.cypteam@nhs.net) for details of projects underway.



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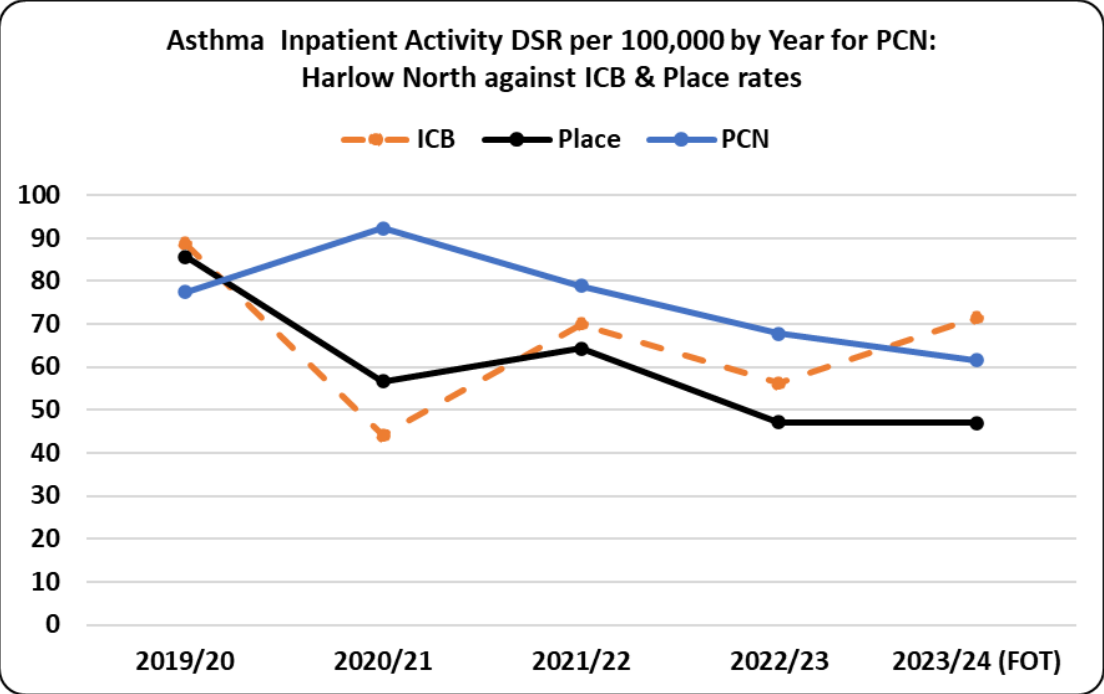
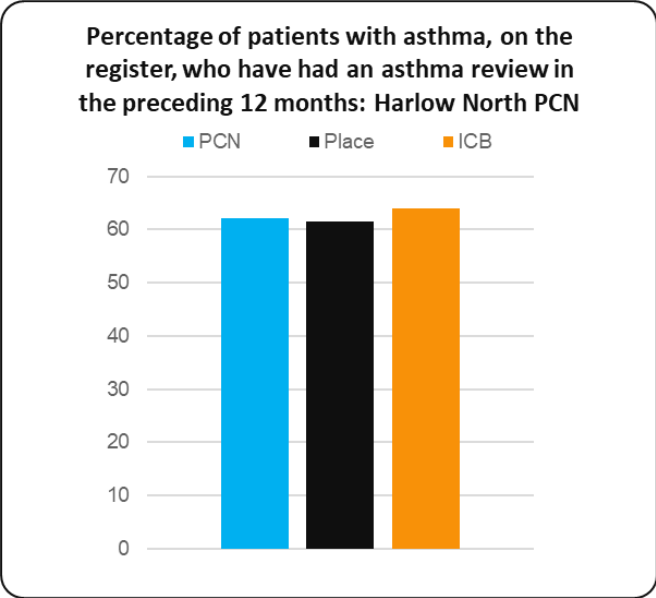
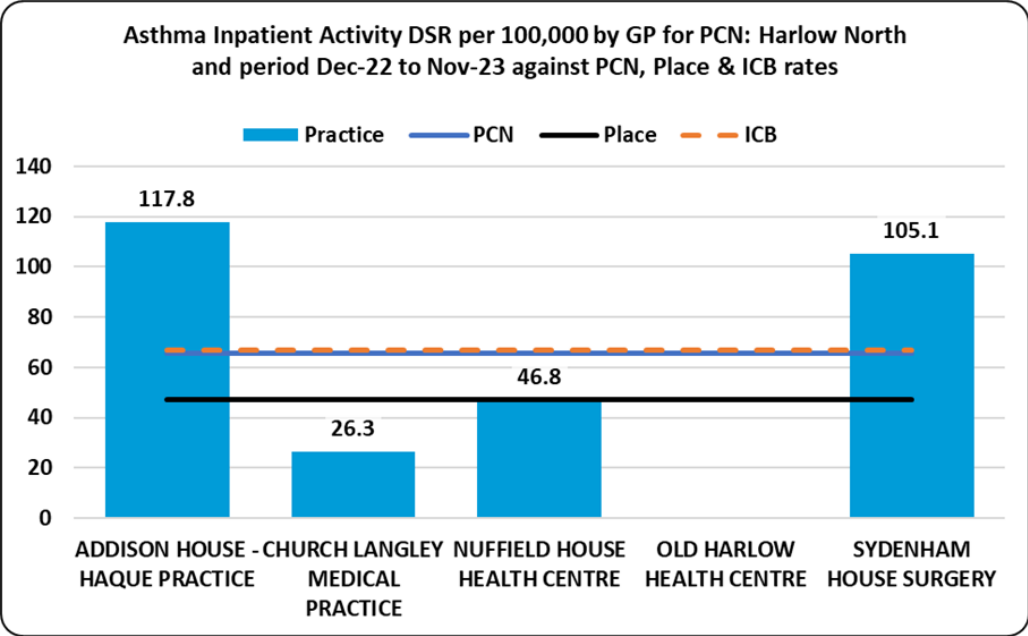
Source: SUS

# Admissions for Asthma (CYP)

- Compared to Place, and alongside the overall ICB, Harlow North PCN has a higher rate of A&E admissions for Asthma (rolling years data on the right-hand side).
- The trend data shows a decreasing trend for the PCN.
- A slightly higher proportion of Asthma reviews are carried out within Harlow North PCN in comparison to Place and just below the overall 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

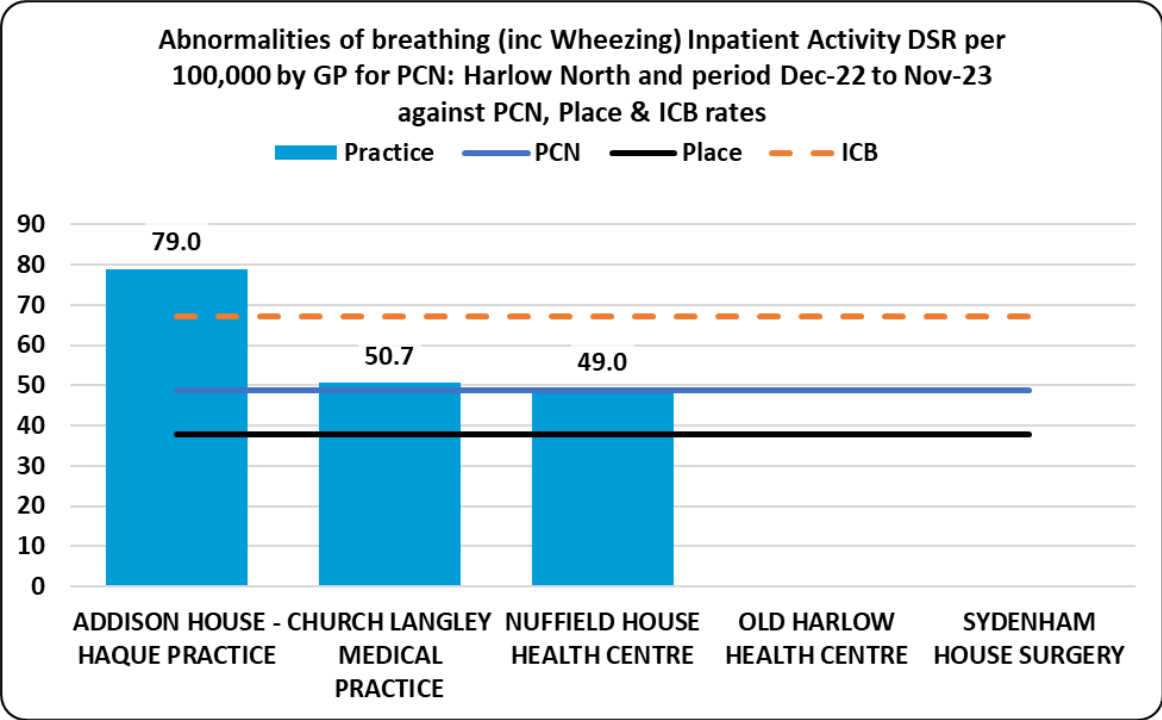
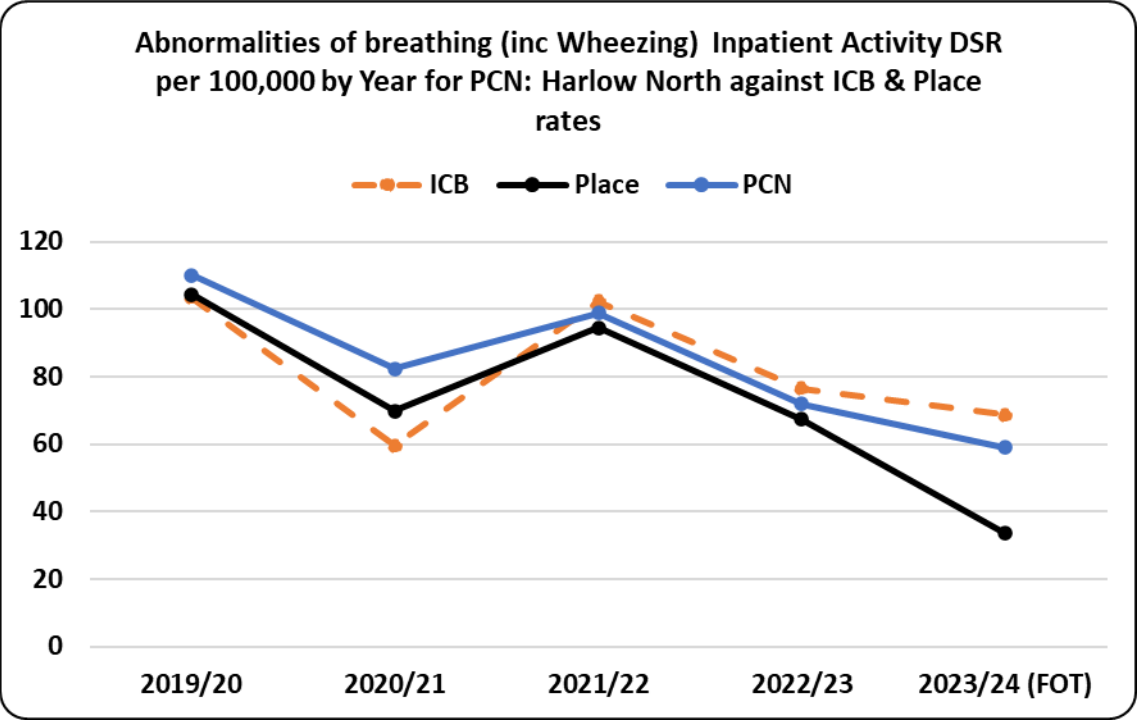


# Admissions for Wheeze (CYP)

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

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

- Harlow North PCN has a higher rates of Children and Young People admitted to hospital for abnormalities of breathing including wheeze compared to the Place but lower than ICB.
- 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 there is variation between the practices with some having no admissions in the 12 months up to November 2023.

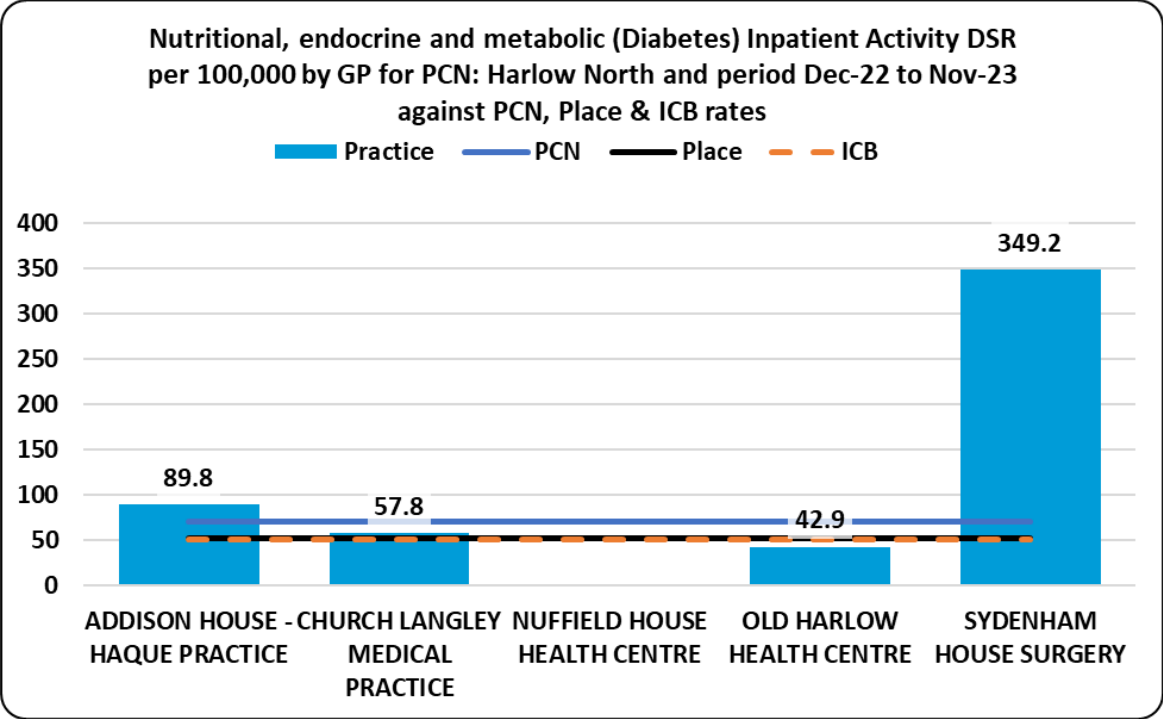
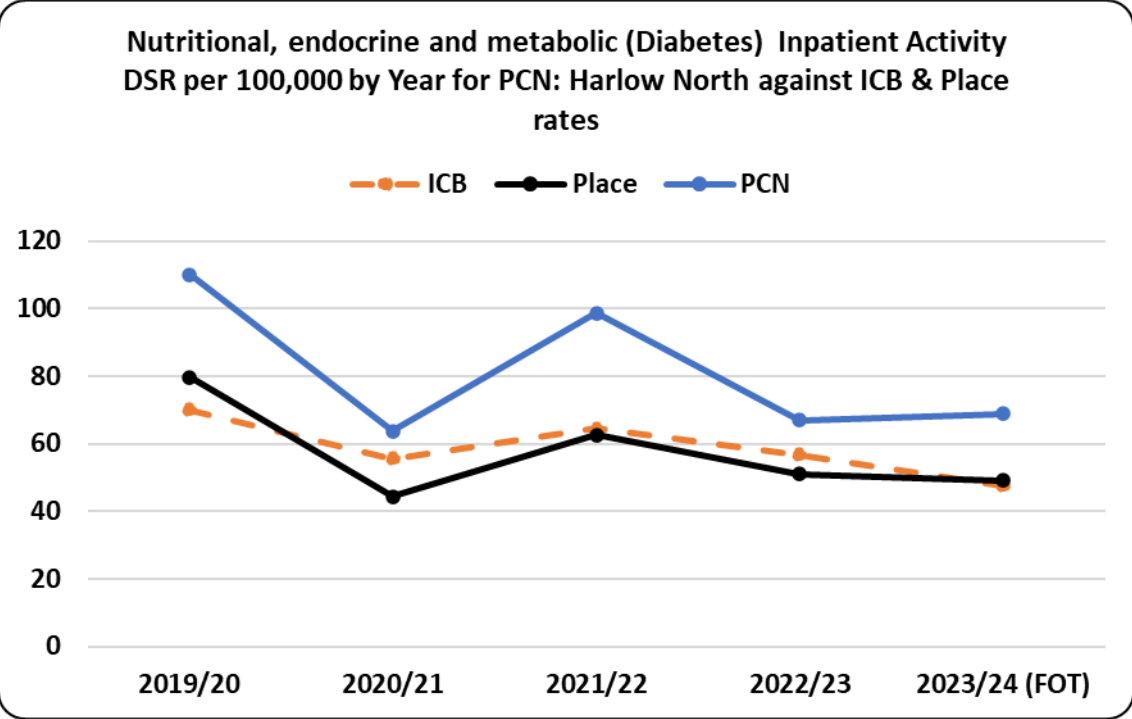


# Admissions for Diabetes (CYP)

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 higher 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 Nuffield House surgery within the 12 months up to November 23.
- The data for diabetes will continue to be monitored at wider HCP and ICB footprints.



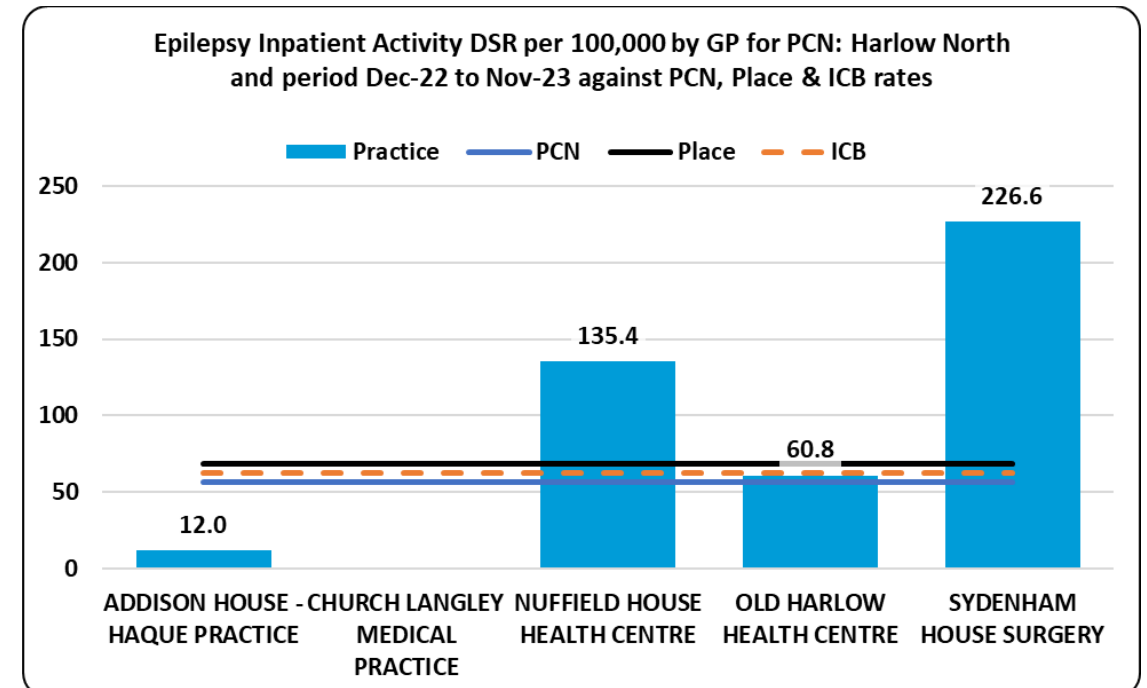
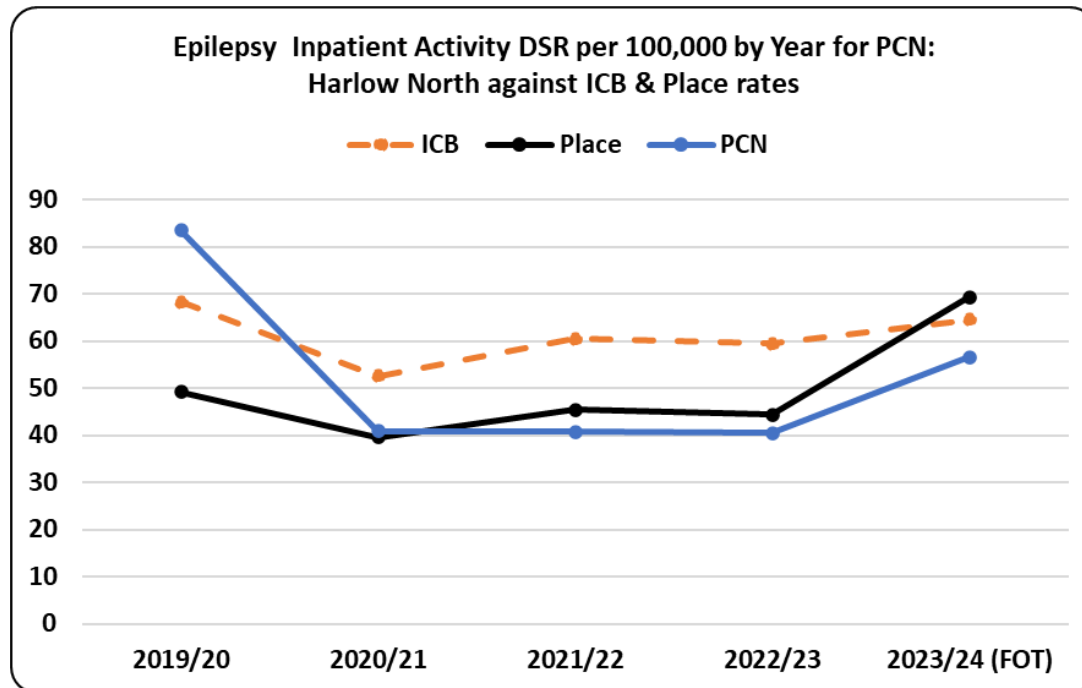


# Admissions for Epilepsy (CYP)

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 lower 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.

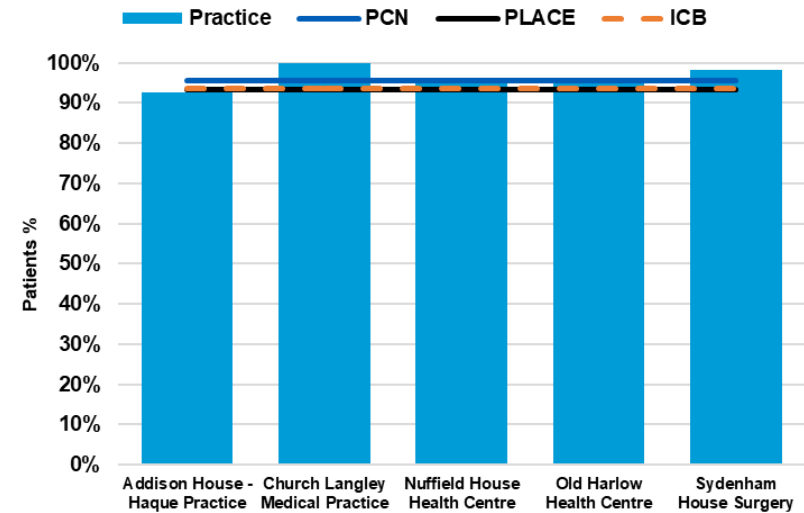


# Prevention and health inequalities – Lifestyle factors - Smoking

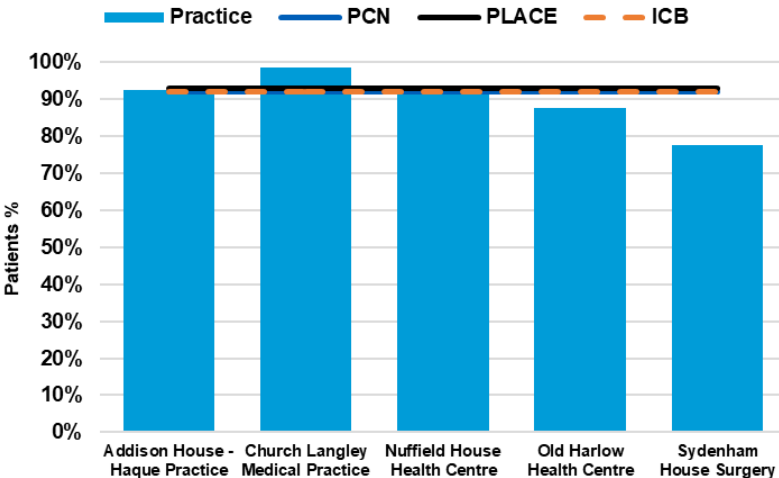
- Harlow North PCN data for smoking shows a slightly higher recording of smoking status compared to place and ICB.
- A similar proportion of patients have been offered treatment for smoking compared to place and ICB.
- The table to the right gives detail by condition of the opportunity for further recording of smoking status. This shows the position in January. The latest position can be found on <https://app.ardensmanager.com/login>

ECF 2023-24 - Condition Section Under Smoker, Smoking Status, and Smoking Status Recorded - as of Jan. 2024						
Practices	Pre-Diabetes		Diabetes		Atrial Fibrillation	
	Remaining % of Population with a Smoking status	Smoking Available Patients - Number	Remaining % of Population with a Smoking status	Smoking Available Patients - Number	Remaining % of Population with a Smoking status	Smoking Available Patients - Number
Addison House Surgery	54%	858	25%	1572	0%	31
Church Langley Medical Prac	17%	480	14%	684	0%	9
Nuffield House Surgery	30%	859	10%	1006	0%	15
Old Harlow Health Centre	34%	896	14%	742	0%	21
Sydenham House Surgery	33%	77	13%	303	0%	3

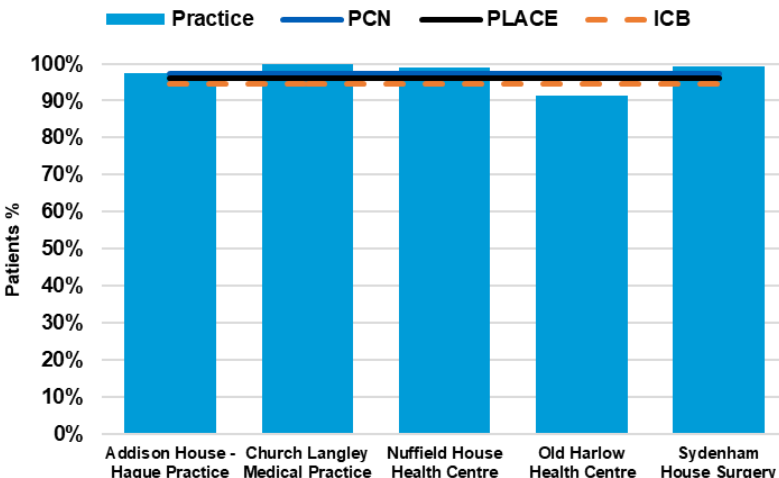
Percentage of patients\* whose notes record smoking status in the preceding 12 months



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



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



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\* 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

# Prevention and health inequalities

## Early Identification: Expected vs observed prevalence

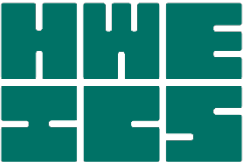
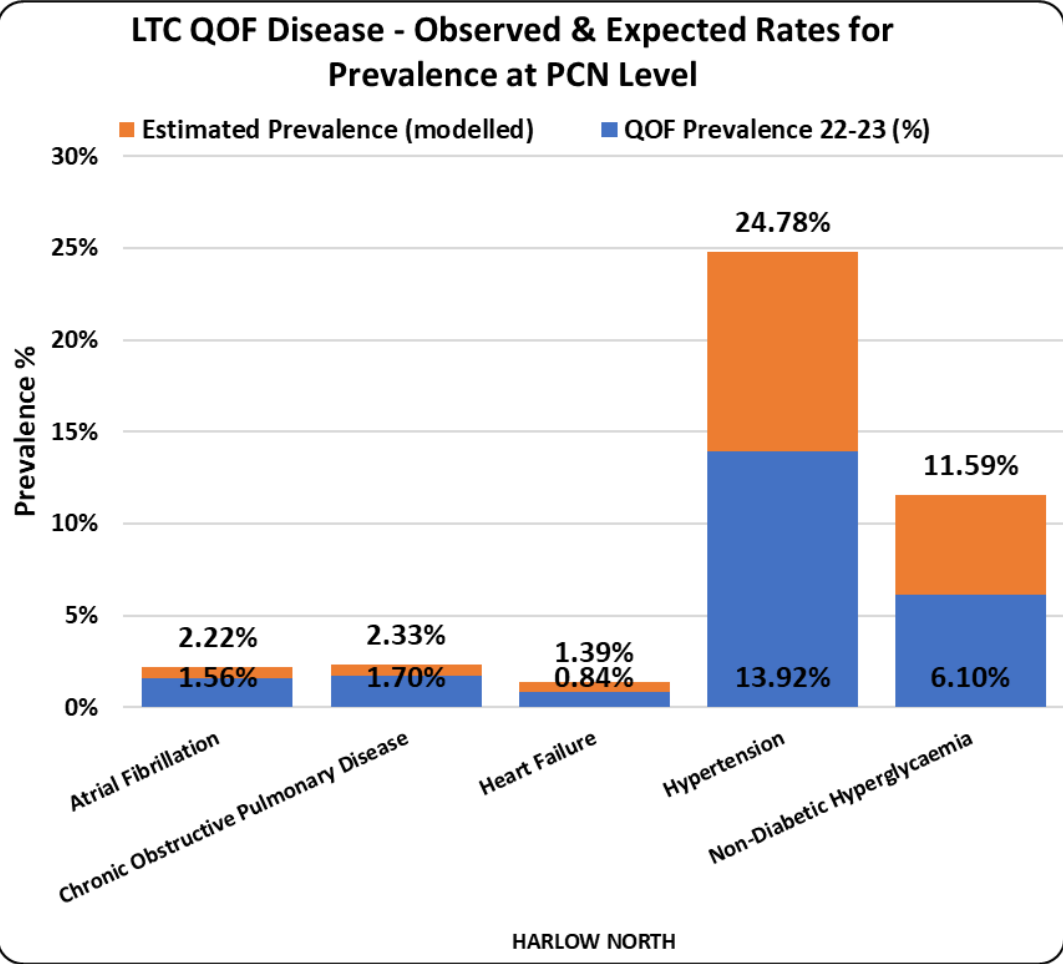
The data on this page shows the national modelled estimated prevalence for the PCN compared with the latest published QOF prevalence for the PCN.

- Harlow North 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 North PCN - No. of New Diagnoses to Meet ICS & PLACE Rates - 2023/24		
Disease/ Condition	Number to meet ICS rate	Number to meet PLACE rate
Asthma	3531	401
Atrial Fibrillation	142	388
Chronic Kidney Disease	1613	516
Chronic Obstructive Pulmonary Disease	15	44
Coronary Heart Disease	1659	195
Diabetes Mellitus		28
Epilepsy	337	6
Heart Failure		117
Hypertension	8447	542
Non-Diabetic Hyperglycaemia		535
Peripheral Arterial Disease	266	44
Stroke and Transient Ischaemic Attack	1006	193

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



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

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

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

Following the expected and observed prevalence modelling in the previous slide, where there are opportunities, this slide looks at the recorded prevalence by practice for the PCN compared with Place and ICB.

The development of an ICB Data Platform will create a longitudinal record for our patients which will allow the data to be viewed by different characteristics such as deprivation, ethnicity, co-morbidities.

For LTCs, QOF and ECF data can help us understand areas of opportunity for improving outcomes for our population living with LTCs.

Harlow North PCN - Long-Term Conditions 2022-23 QOF Prevalence, with 3 Year Trend.													
QOF Disease/ Condition	QOF 22-23 - ICB %	QOF 22-23 - PLACE %	QOF 22-23 - PCN %	OLD HARLOW HEALTH CENTRE		CHURCH LANGLEY MEDICAL PRACTICE		NUFFIELD HOUSE HEALTH CENTRE		ADDISON HOUSE - HAQUE PRACTICE		SYDENHAM HOUSE SURGERY	
				QOF 2022-23	3 Year Trend	QOF 2022-23	3 Year Trend	QOF 2022-23	3 Year Trend	QOF 2022-23	3 Year Trend	QOF 2022-23	3 Year Trend
Asthma	6.16%	6.29%	5.91%	7.81%		5.76%		5.47%		5.33%		5.18%	
Atrial fibrillation	2.09%	2.20%	1.56%	2.30%		1.41%		1.68%		1.28%		1.14%	
Chronic kidney disease	3.46%	3.61%	3.09%	5.66%		4.11%		2.74%		1.44%		1.48%	
Chronic obstructive pulmonary disease (COPD)	1.49%	1.54%	1.70%	1.78%		1.29%		2.16%		1.53%		1.73%	
Diabetes mellitus	6.63%	6.86%	7.81%	7.42%		6.66%		8.50%		7.64%		8.82%	
Epilepsy	0.70%	0.67%	0.74%	0.64%		0.65%		0.88%		0.78%		0.78%	
Heart Failure	0.80%	1.00%	0.84%	0.97%		0.65%		0.91%		0.76%		0.89%	
Hypertension	13.84%	14.64%	13.92%	15.02%		14.16%		14.26%		12.69%		13.45%	
Non-diabetic hyperglycaemia	6.42%	6.49%	6.10%	10.74%		5.70%		7.02%		4.93%		2.12%	
Peripheral arterial disease	0.44%	0.46%	0.39%	0.41%		0.33%		0.53%		0.39%		0.27%	
Secondary prevention of coronary heart disease	2.67%	2.80%	2.41%	2.77%		1.94%		2.86%		2.49%		1.98%	
Stroke and transient ischaemic attack	1.63%	1.64%	1.32%	1.83%		1.11%		1.47%		1.30%		0.89%	



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

- The table on the right shows a summary of the percentage of patients receiving an annual review 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.
- The source of data in this table is QOF national reporting. More detailed information with the latest position is available to practices via <https://app.ardensmanager.com/login>

	ICB	WE	Harlow North PCN	Addison House - Haque Practice	Church Langley Medical Practice	Nuffield House Health Centre	Old Harlow Health Centre	Sydenham House Surgery
% of <b>AF</b> Patients with Stroke Risk Assessed in the last 12 months	92.94	93.03	89.1	96.2	95.1	89.5	90.2	35.5
The % of patients aged 45 or over who have a record of <b>blood pressure</b> in the preceding 5 years	85.65	86.44	84.7	81.7	90.2	84.5	86.2	78.8
The % of patients with a diagnosis of <b>heart failure</b> on the register, who have had a review in the preceding 12 months	72.69	70.02	65.5	82.2	75.0	52.5	59.6	21.2
The % of patients with <b>asthma</b> , on the register, who have had an asthma review in the preceding 12 months	64.02	61.44	62.2	44.3	70.9	79.6	65.6	65.5
The % of patients with <b>COPD</b> , on the register, who have had a review in the preceding 12 months	75.74	74.01	73.5	56.9	82.8	86.8	83.8	53.1
The % of patients with <b>diabetes</b> , 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	69.6	54.0	84.7	85.4	70.2	63.5
The % of patients with <b>non-diabetic hyperglycaemia</b> who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.	82.92	80.46	80.2	67.4	88.4	89.1	82.5	60.0

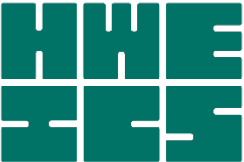
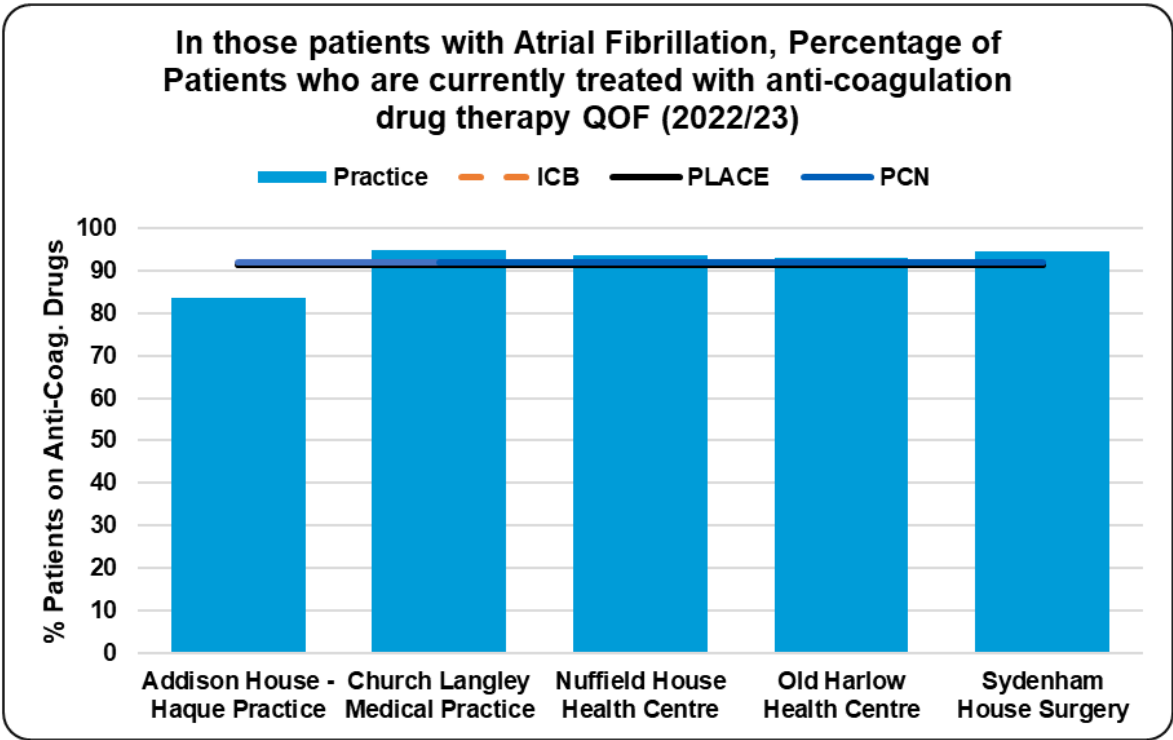
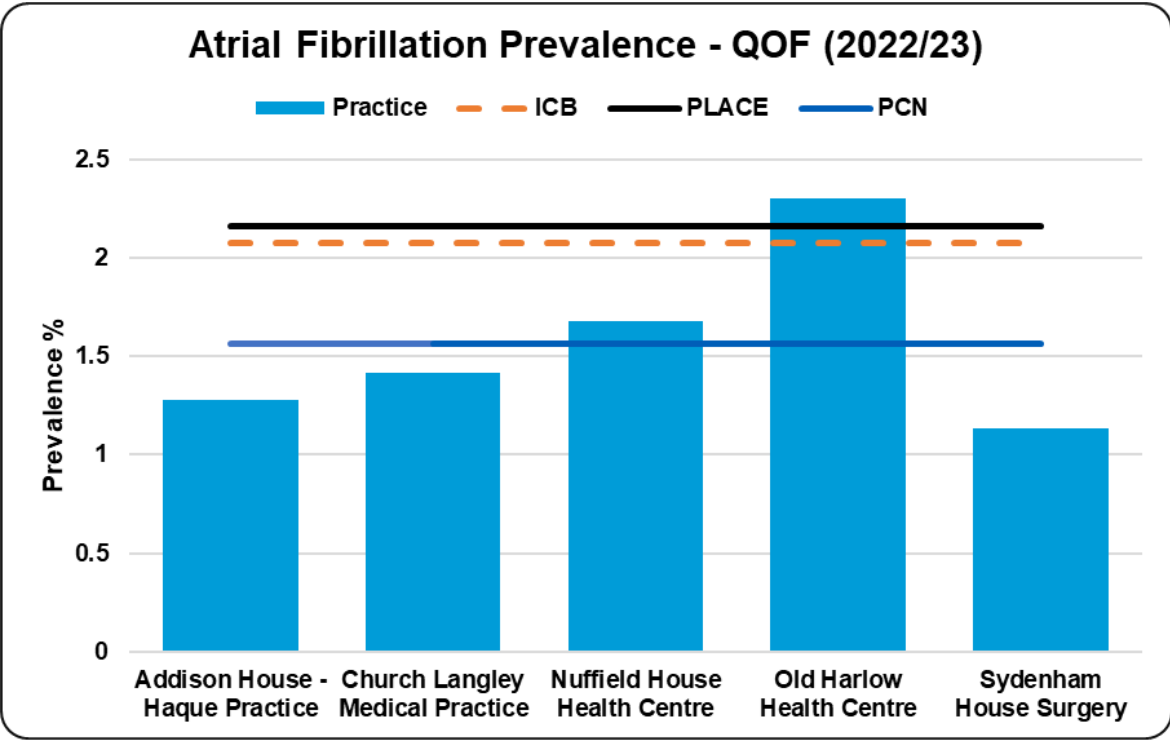


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# Prevention and health inequalities – Atrial Fibrillation

- Harlow North 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 <https://app.ardensmanager.com/login>

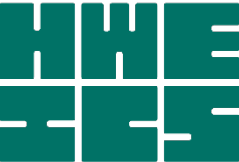
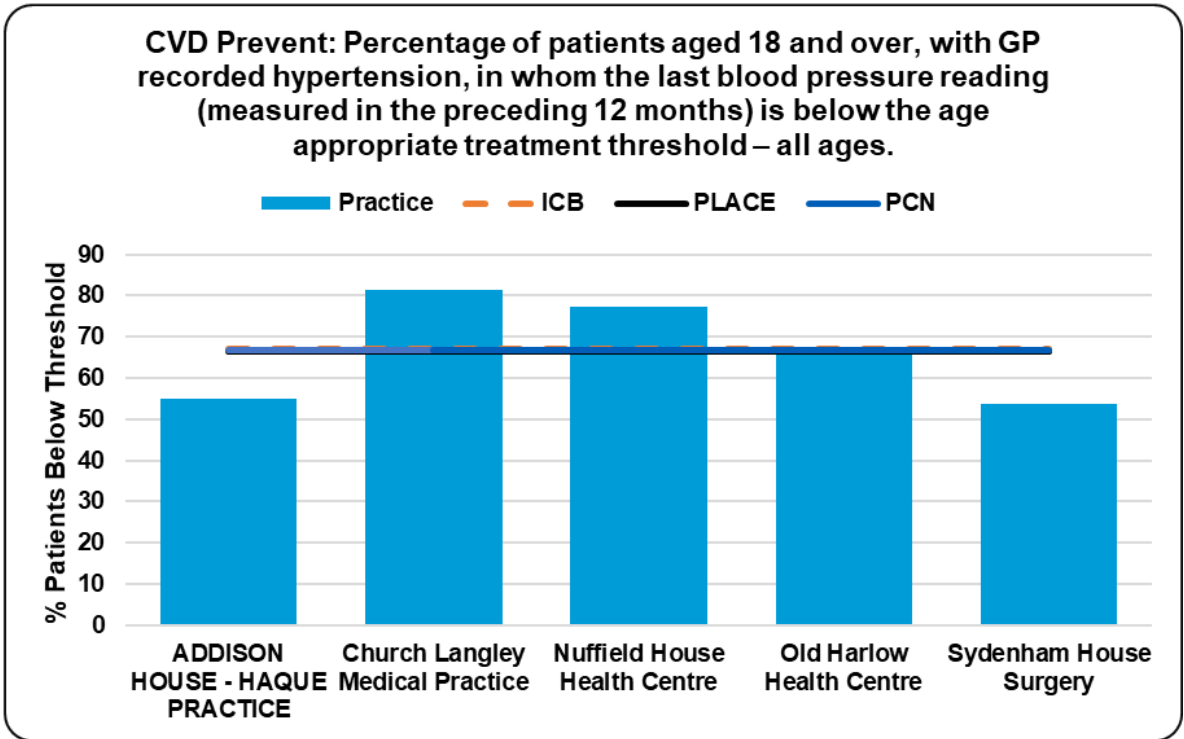
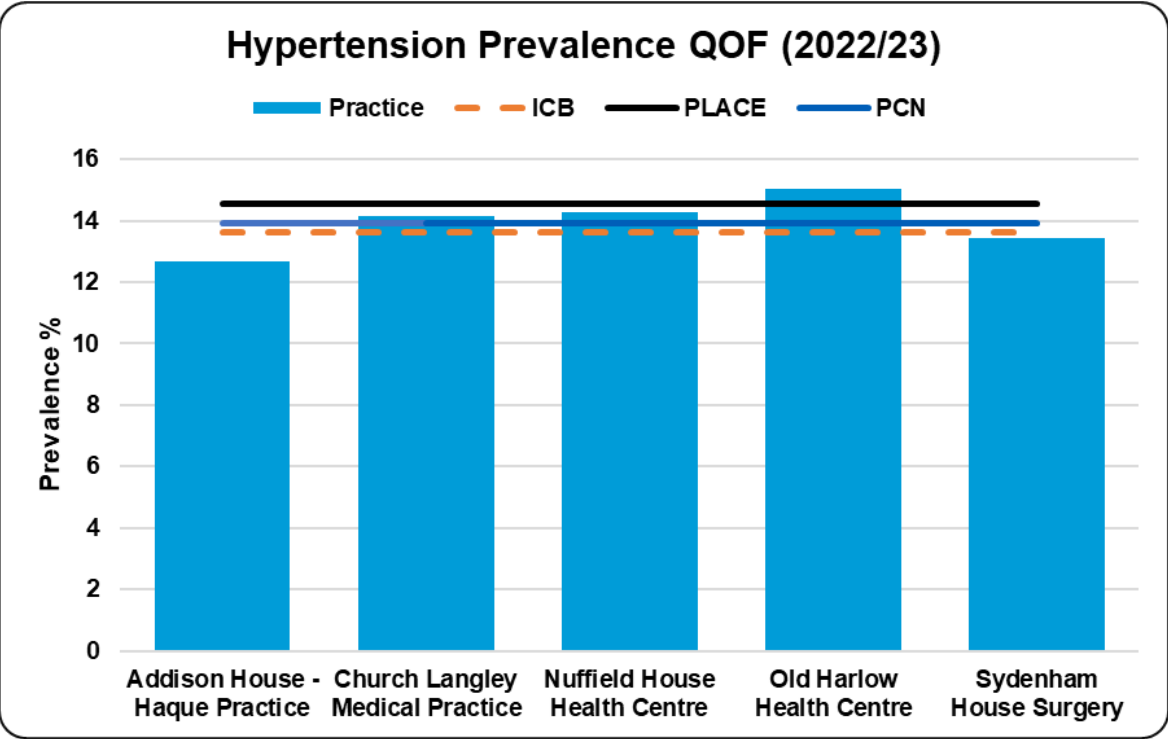


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# Prevention and health inequalities – Hypertension

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



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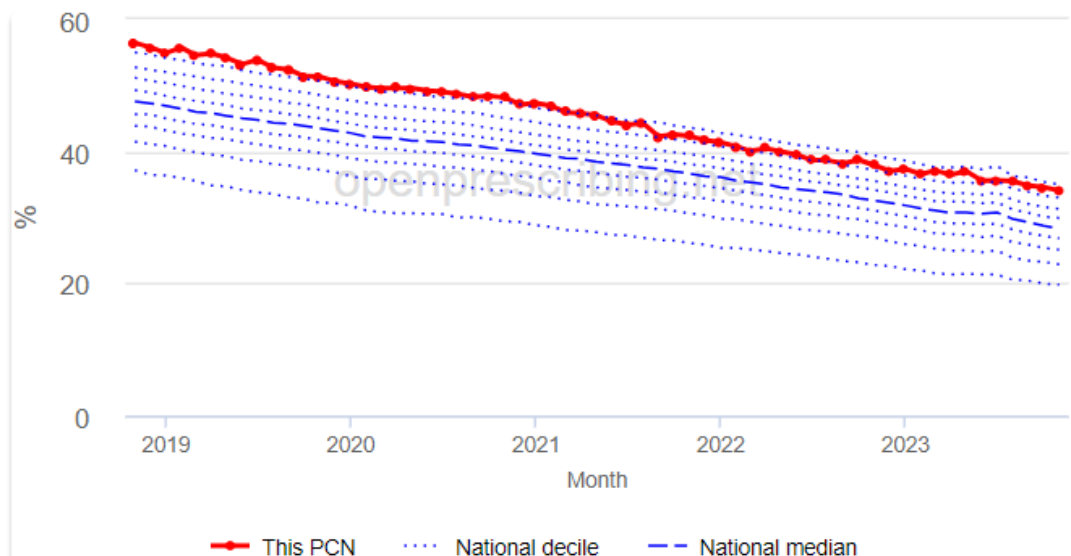




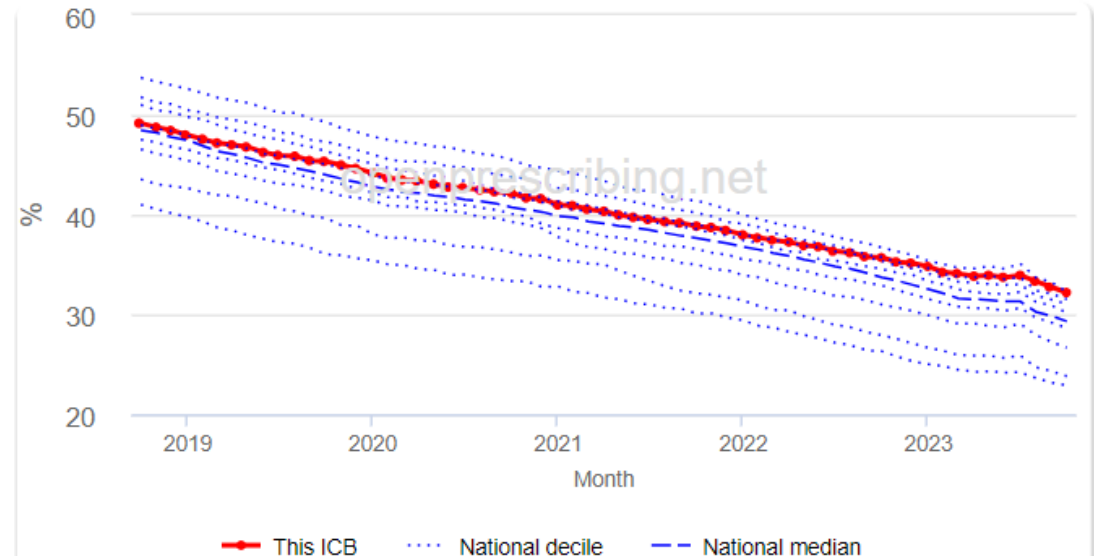
# Lipid management: Percentage of people on lipid lowering therapy for secondary prevention who are on low and medium intensity statins

- National lipid management pathways ([Link to guidance](#)) recommend the use of high intensity statins for all people with a history of Cardiovascular disease as well as where high dose statins are needed to control cholesterol. People on high intensity statins will see a greater reduction in c-LDL levels and reduce the risk of cardiovascular events.
- Data from OpenPrescribing provides information on the proportion of people who are on statins that are currently prescribed low or medium intensity doses. The ICS is a negative outlier in this area, with a high proportion of people not on a high intensity statin.
- The data for 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 86th percentile with 34.1% of people not on high intensity statins. This compares to 28.3% nationally.

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



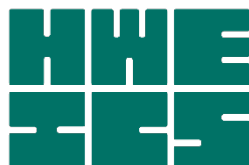
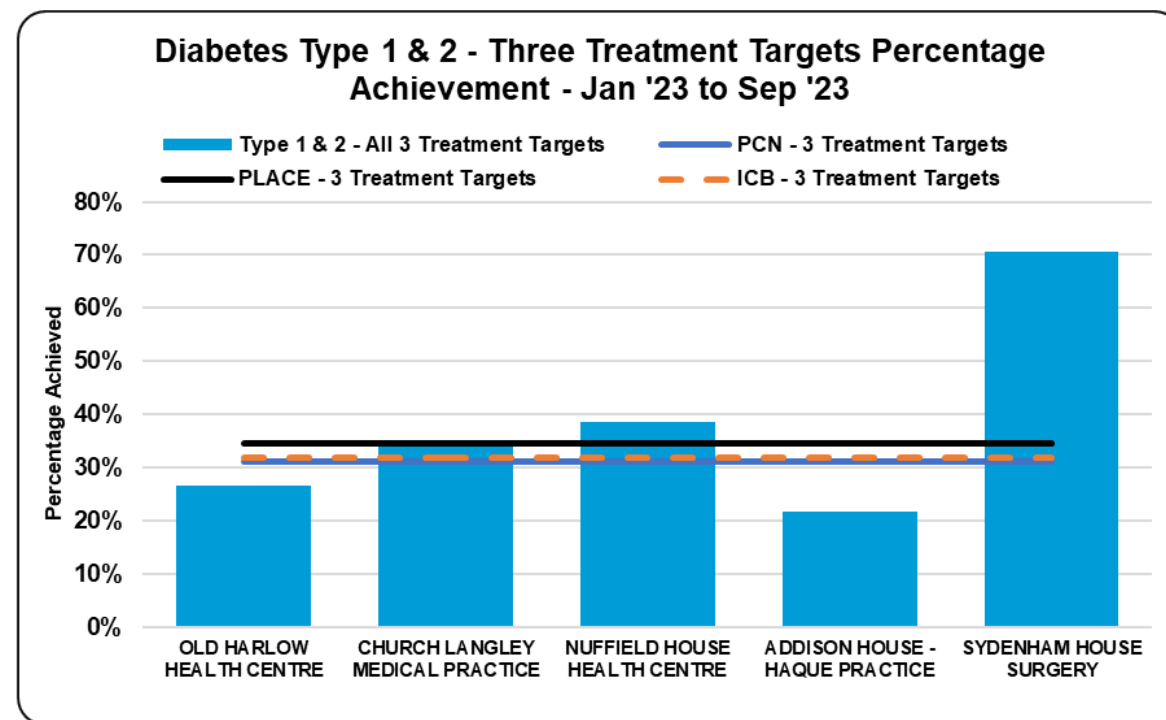
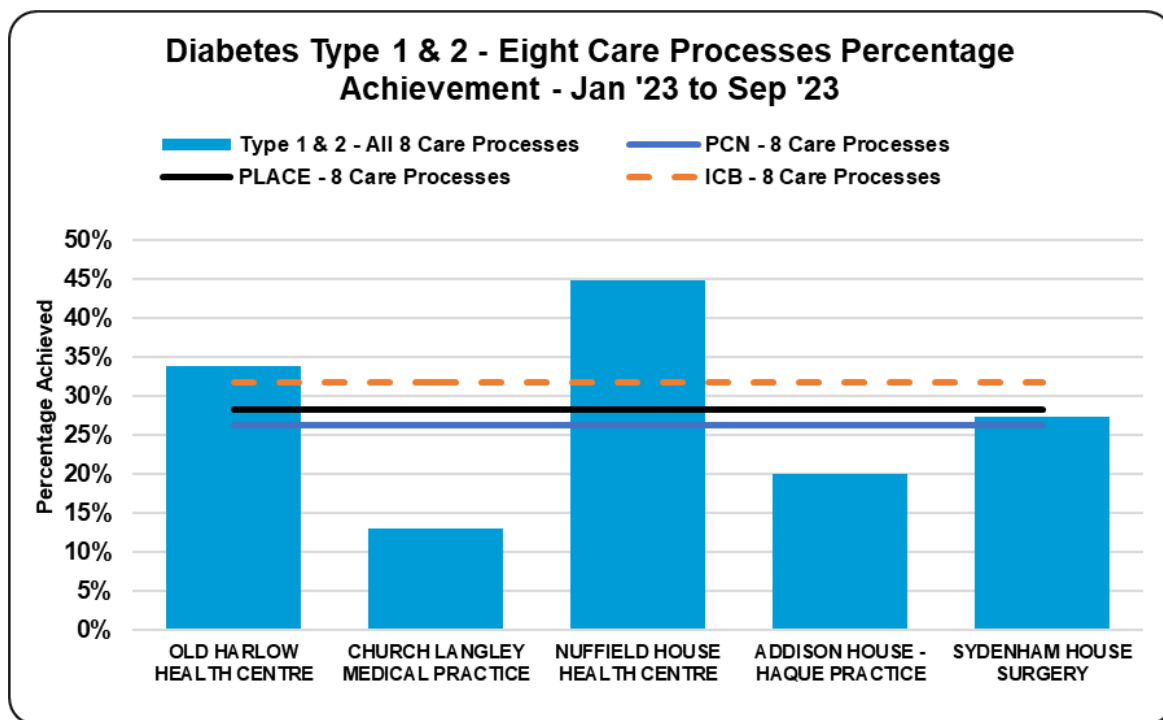
**ICB – Items of Low and Medium Intensity Statins as a Percentage of Items of All Statins by Year**





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

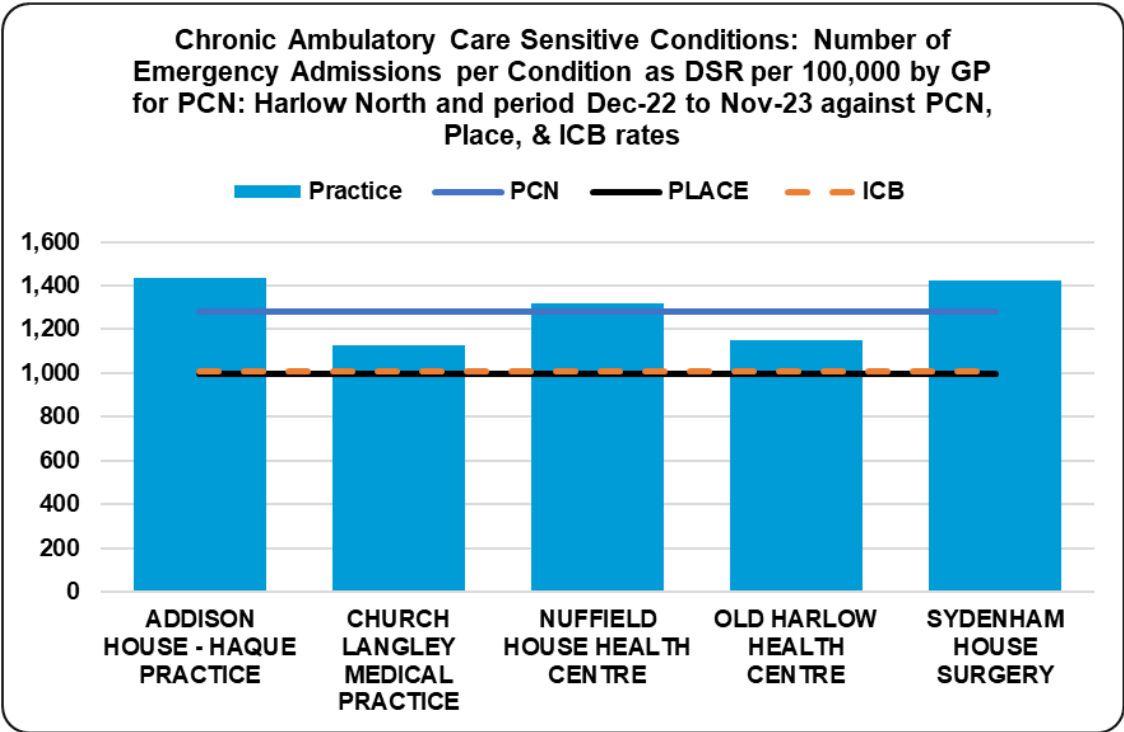
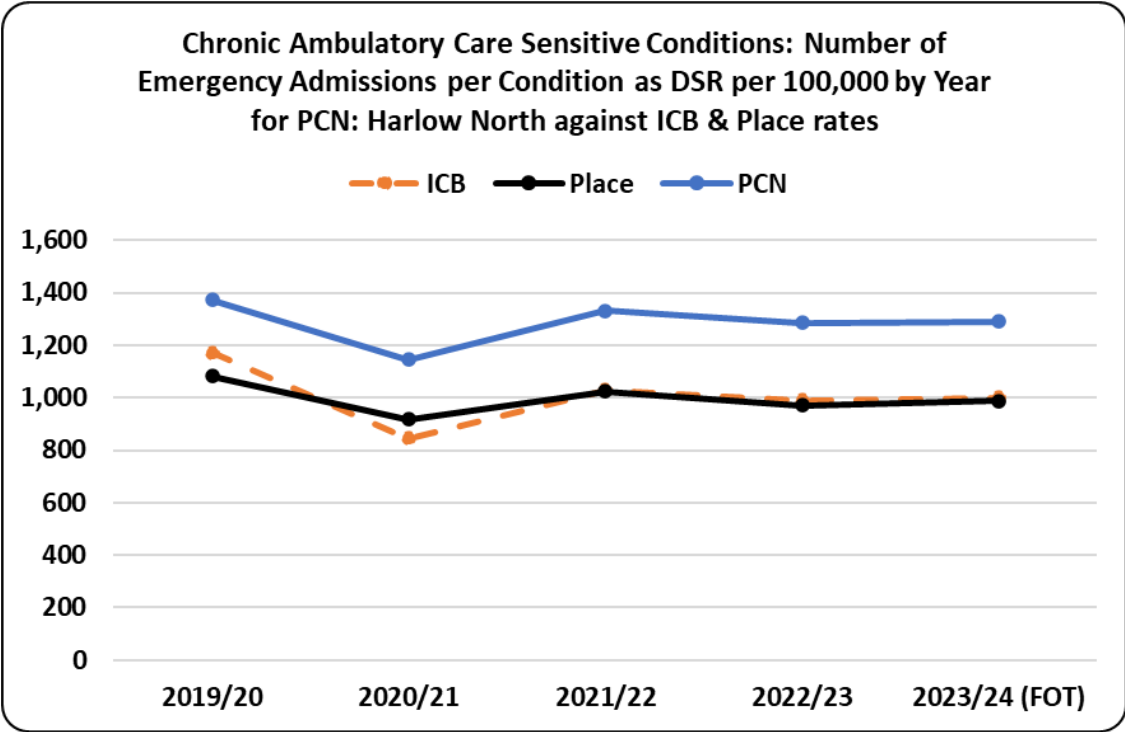
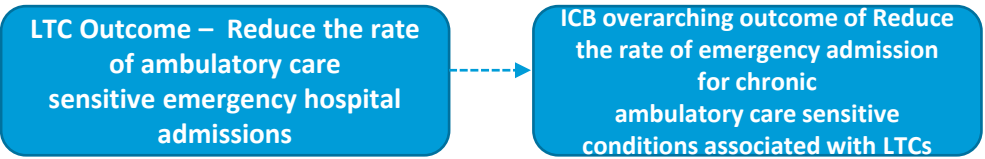
- The percentage of people living with diabetes who have received the 8 care processes in Harlow North PCN is lower than the ICB and Place. For the three treatment targets the PCN rate is similar to ICB but lower than place.
- The latest information for diabetes indicators can be found within [Ardens Manager](#).



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# 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 North PCN’s admission rate for Chronic ACS conditions is higher than the ICB and the Place rates, when looking at the 12 months data up to November 2023.
- Angina, AF, COPD, Heart Failure, and Diseases of the Blood, are conditions with the highest volume, and all conditions are 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 and Heart Failure.

Chronic Ambulatory Care Sensitive Conditions for Harlow North PCN	PCN Per 100,000 Rate Apr-23 to Nov-23	5 Year Trend	2024/25 Trajectory
Angina: Angina pectoris	116.34		UP
Asthma	56.88		UP
Atrial fibrillation and flutter	207.06		UP
COPD	229.28		UP
Congestive heart failure	145.66		UP
Diseases of the blood	290.82		UP
Epilepsy	67.21		UP
Hypertension	62.55		UP
Mental and behavioural disorders	11.20		UP
Nutritional, endocrine and metabolic	103.11		UP

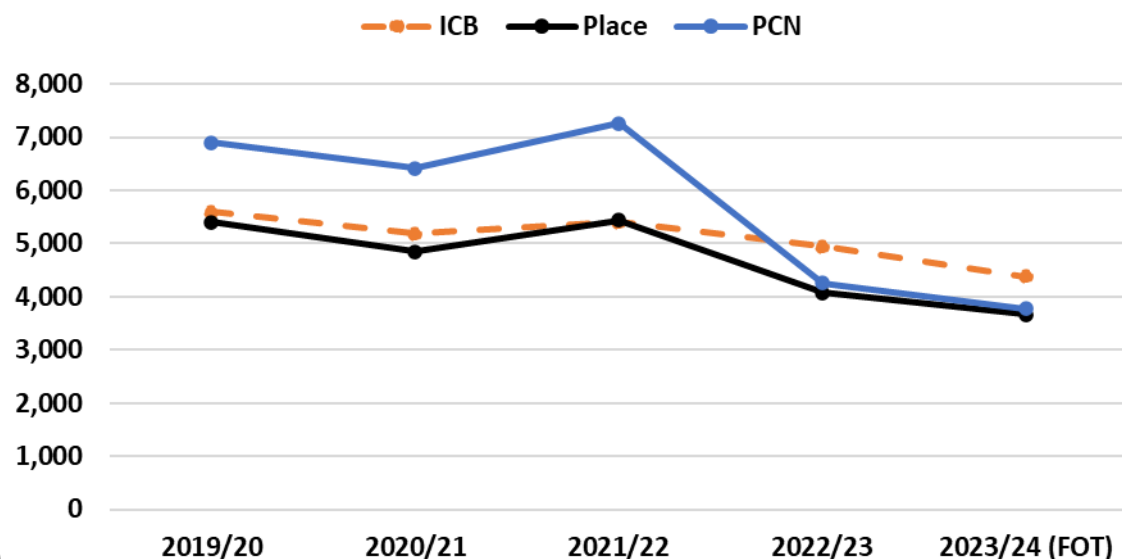
# Emergency Admission rates for Falls in persons aged +75

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

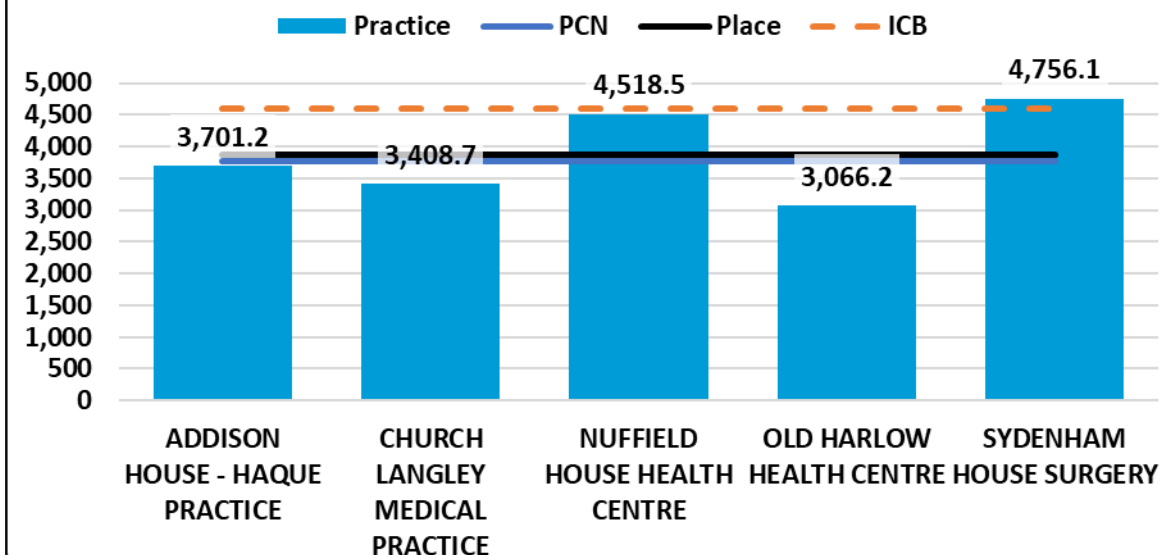
ICB overarching outcome of  
Reduce the overall spend on  
emergency hospital admissions

- When looking at the rolling 12 months up to November 2023 the data shows that Harlow North PCN has a lower rate of admissions for falls than ICB and similar to place.
- There trend data shows a decreasing trend for the PCN.
- 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.

Falls Inpatient Activity DSR per 100,000 by Year for PCN: Harlow North against ICB & Place rates



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



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Source: SUS

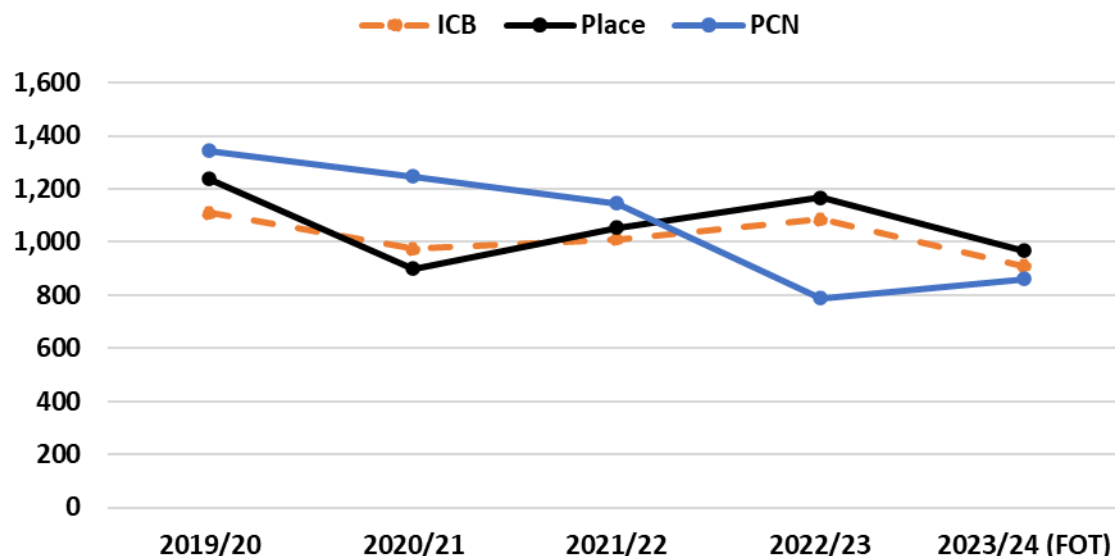
# Emergency admission rates for Hip fractures in all over 75's

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

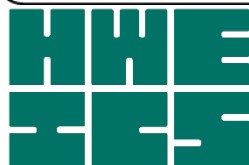
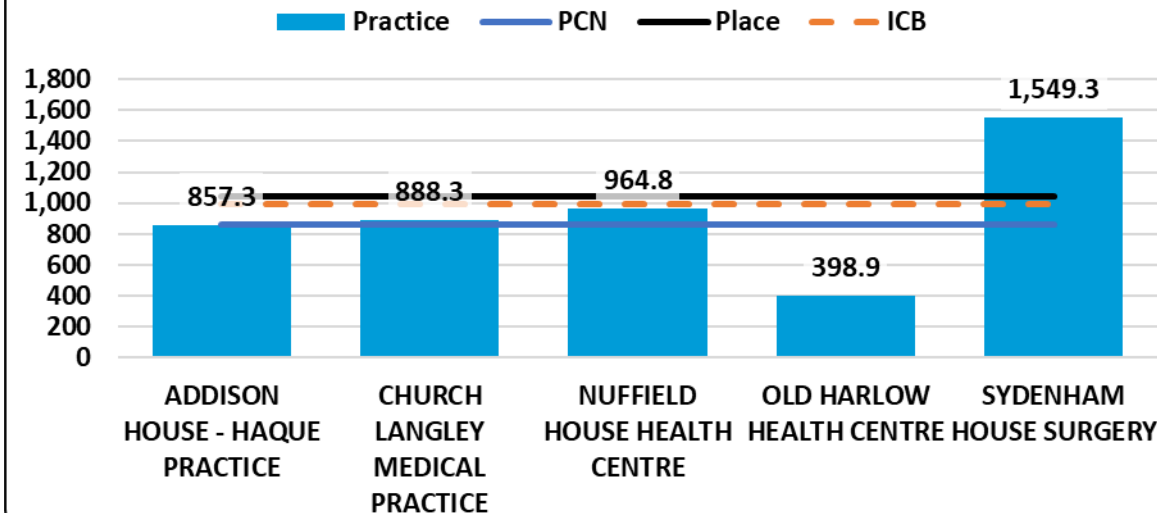
ICB overarching outcome of  
Reduce the overall spend on  
emergency hospital admissions

- The 12 months data up to November 2023 the data shows that Harlow North PCN has a lower 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.

Fracture of femur Inpatient Activity DSR per 100,000 by Year for PCN: Harlow North against ICB & Place rates



Fracture of femur Inpatient Activity DSR per 100,000 by GP for PCN: Harlow North and period Dec-22 to Nov-23 against PCN, Place & ICB rates



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Source: SUS

# ECF indicators for frailty and EOL

- The data shows that Harlow North 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](#).

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

	Frailty			EOL						
	Mod/Sev + falls Frat score done %	Mod frailty + SMR or polypharmacy medication review %	% Mod/Sev frailty of population	% population on EOL register	GSF %	DNACPR %	ACP %	PPD %	PPC %	SCR Consent %
ICB	16.0%	19.5%	1.9%	0.7%	64.9%	53.3%	11.3%	37.3%	39.8%	34.8%
WE	9.7%	29.0%	2.1%	0.7%	69.1%	57.1%	5.0%	33.7%	39.4%	57.6%
PCN	0.5%	11.8%	2.3%	0.4%	75.9%	49.3%	6.1%	33.8%	36.3%	66.2%
Addison House - Haque Practice	0.0%	0.0%	0.8%	0.5%	54.3%	43.8%	1.9%	33.3%	40.0%	53.3%
Church Langley Medical Practice	0.0%	0.0%	0.9%	0.7%	86.1%	22.8%	2.5%	12.7%	15.2%	69.6%
Nuffield House Health Centre	0.0%	0.0%	4.8%	0.4%	98.2%	82.5%	17.5%	56.1%	52.6%	87.7%
Old Harlow Health Centre	0.0%	0.0%	4.3%	0.3%	84.4%	68.8%	3.1%	46.9%	43.8%	59.4%
Sydenham House Surgery	10.8%	11.8%	1.9%	0.1%	60.0%	80.0%	40.0%	40.0%	60.0%	80.0%



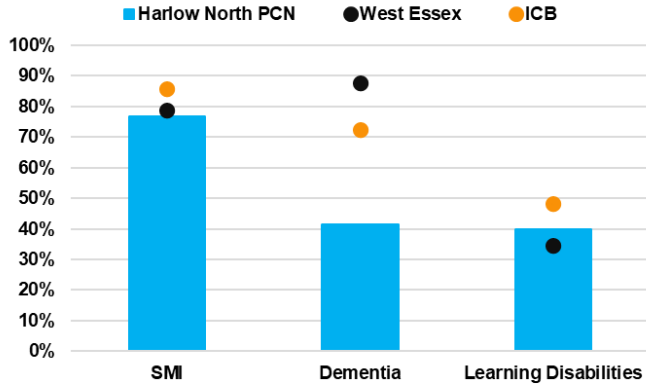
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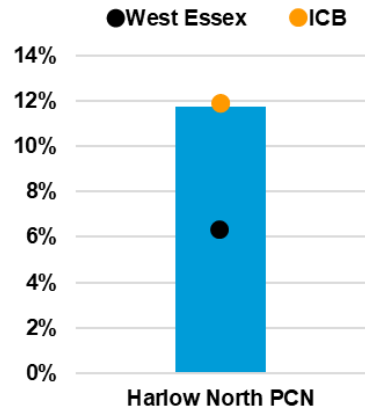
# Prevalence of mental health conditions (QOF)

- 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 North PCN has a lower recorded prevalence for Dementia compared to place and ICB 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.

Recorded Prevalence of Mental Health related conditions QOF (2022/23): Harlow North PCN



Recorded Prevalence of Depression QOF (2022/23)



Harlow North PCN- Mental Health Conditions 2022-2023 QOF prevalence, with 3 year trend										
	Addison House- Haque Practice		Church Langley Medical Practice		Nuffield House Health Centre		Old Harlow Health Centre		Sydenham House Surgery	
	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend
Dementia	0.5%		0.2%		0.6%		0.5%		0.3%	
Depression	10.7%		13.1%		16.2%		10.6%		8.2%	
Learning Disability	0.4%		0.3%		0.9%		0.3%		0.2%	
SMI	1.0%		0.6%		0.9%		0.7%		0.7%	



# Mental Health QOF Indicators 22-23

- The data here shows the latest Mental Health QOF metrics for 2022-23 for SMI and Depression in comparison to Place and the ICB.
- The data shows that Harlow North PCN have lower percentage of achievement against all metrics in comparison to Place and the ICB.
- The data contained within the table below is the latest QOF data, the latest in year position can be found at [Ardens Manager](#).

	SMI					Depression
	% of patients with SMI who have a care plan	% of patients with SMI who have a record of BMI in the preceding 12 months	% of patients with SMI who have a record of alcohol consumption in preceding 12 months	% of patients with SMI who have a record of a lipid profile in the preceding 12 months	% of patients with SMI who have a record of blood glucose of HbA1C in preceding 12 months	% of patients with a diagnosis of depression who have been reviewed within 10-56 days
ICB	82.6	88.7	89.3	83.1	83.0	83.0
WE	77.8	86.6	87.6	82.9	82.9	79.6
Harlow North PCN	58.6	72.8	73.8	70.7	70.1	55.1
Addison House - Haque Practice	45.8	58.0	60.1	54.7	55.4	46.6
Church Langley Medical Practice	91.1	100.0	98.4	89.7	88.7	14.3
Nuffield House Health Centre	82.1	94.3	94.4	93.2	89.7	88.7
Old Harlow Health Centre	52.2	76.1	78.3	84.1	84.2	86.7
Sydenham House Surgery	52.2	60.9	56.5	52.2	56.3	100.0



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# Emergency Admissions Rates for Self – Harm

ICB overarching outcome of  
Improving Healthy life  
expectancy

- Harlow North 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.

