

PCN Insights Pack 2024 Harpenden Health

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Working together for a healthier future



Introduction

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

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

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

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

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

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

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

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

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

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





Harpenden Health PCN at a Glance

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

For Harpenden Health areas of opportunity highlighted are :

- Admissions for Wheeze (Children)
- Admissions for Diabetes (Children)
- Observed versus expected prevalence including Hypertension
- Admissions for Hip Fractures (75+)
- Prevalence of Mental Health Conditions including LD

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

https://app.ardensmanager.com/login

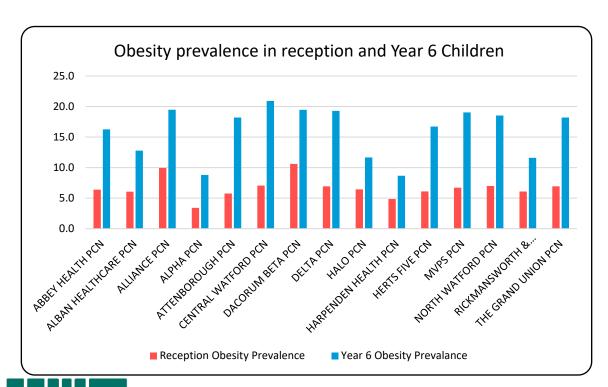
Clinical Priority	Metric	PCN compared to Place average	PCN compared to ICB average
Childhood obesity	% of children in Reception who are overweight	V	V
Childhood obesity	% of children in Year 6 who are overweight	\	\
	A&E Attendances for Asthma (Children)	V	V
Reduce rates of	Admissions for Asthma (Children)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

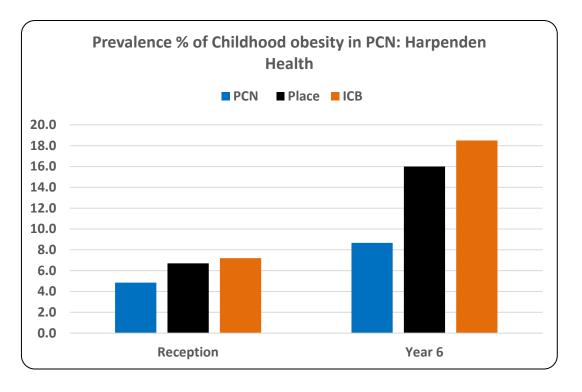
Rates of Childhood Obesity

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

ICB overarching outcome of Improving Healthy life expectancy

- Compared to the ICB and Place rate, Harpenden Health PCN has lower rates of Childhood Obesity for Children in Reception and year 6.
- In keeping with the national data, the PCN rates for Childhood Obesity are higher for year 6 in comparison to reception children.
- The data suggest that the PCN does not shows less of a deterioration between reception and year 6 compared with place and ICB.





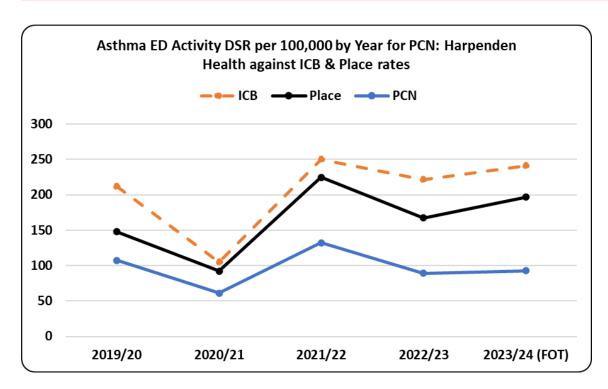


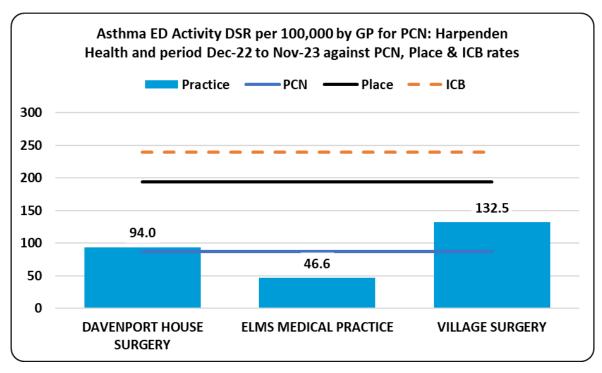
A&E attendances for Asthma (CYP)

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

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

- Harpenden Health PCN has a lower rate of A&E attendances for Children and Young People with Asthma compared to Place and the ICB (rolling years data on the right-hand side).
- Rates of Children and Young People attending A&E for Asthma show a similar trend to place for the last 3 years.

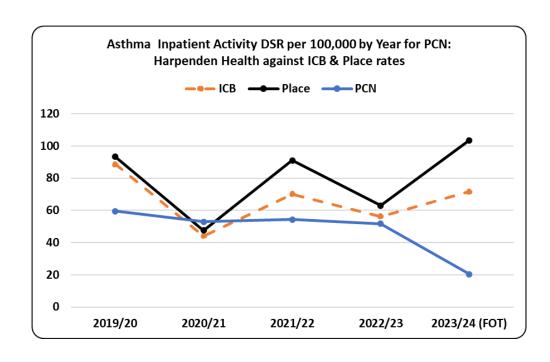






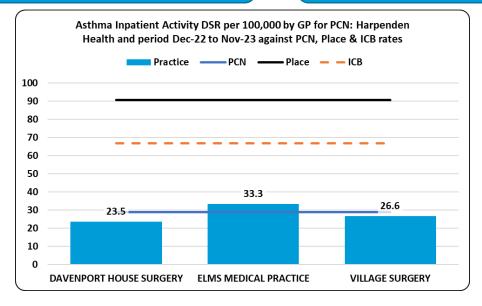
Admissions for Asthma (CYP)

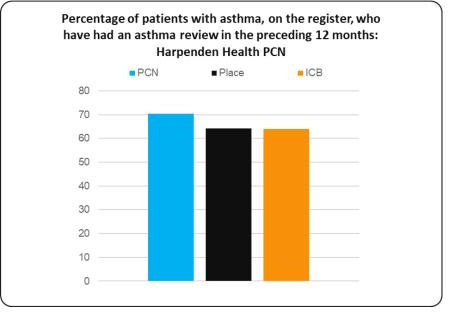
- Compared to Place and the overall ICB, Harpenden Health PCN has a lower rate of admissions for Asthma (rolling years data on the right-hand side).
- The trend data shows consistently lower rates than both ICB and place.
- Higher Proportion of Asthma Reviews are carried out within Harpenden Health PCN in comparison to Place and the ICB, however the QOF is for all ages and children specific reviews cannot be identified within the data.



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

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





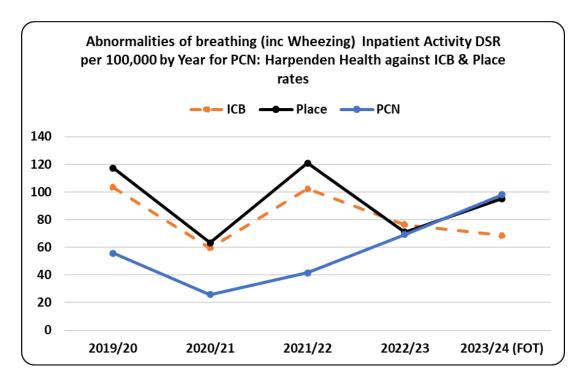
Source: SUS; QOF

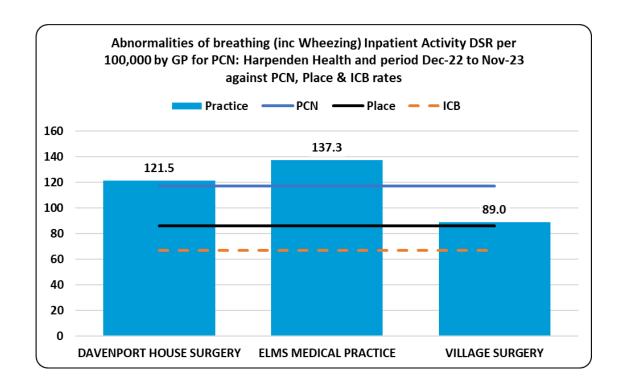
Admissions for Wheeze (CYP)

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

- Harpenden Health PCN has a higher rates of Children and Young People admitted to hospital for abnormalities of breathing including wheeze compared to ICB and place (rolling years data on the right-hand side).
- The trend data shows an increasing trend over the last 4 years.
- When looking at the data by practice there is variation between the practices.





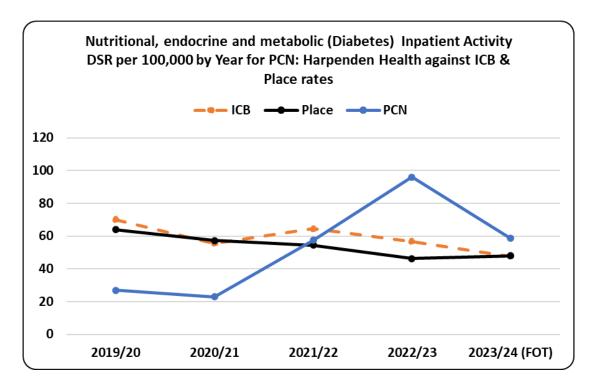


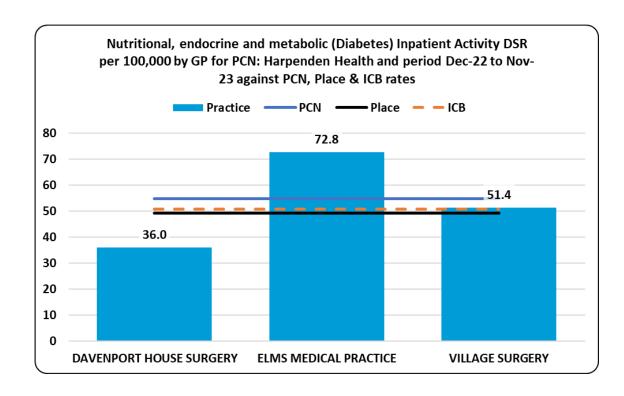
Admissions for Diabetes (CYP)

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 Harpenden Health PCN is higher than both place and ICB (latest 12 months data on the right hand side).
- The numbers of children admitted for diabetes are small and this should be considered when looking at the trend data.
- The data for diabetes will continue to be monitored at wider HCP and ICB footprints.





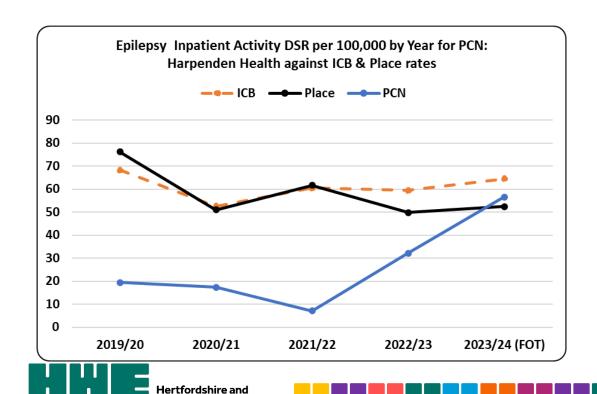


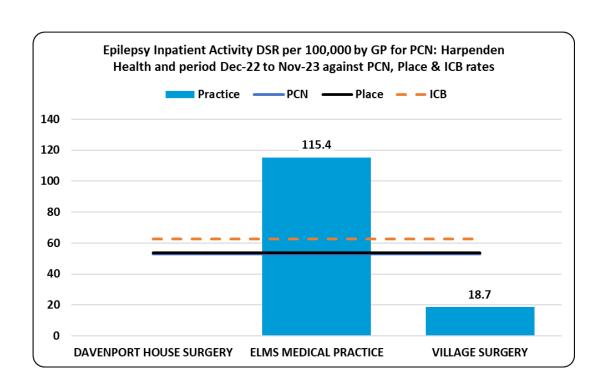
Admissions for Epilepsy (CYP)

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

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

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





West Essex Integrated

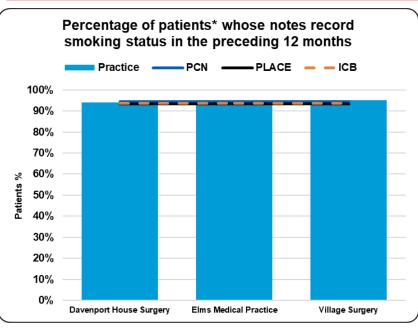
Care System

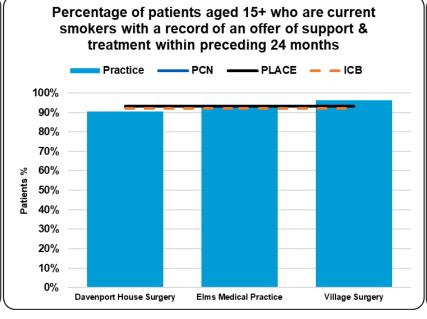
Source: SUS

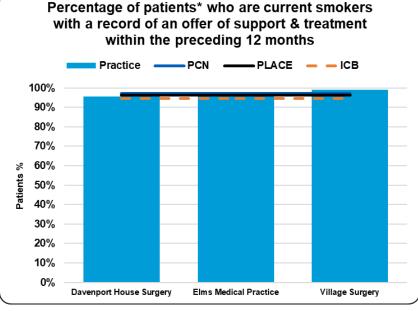
Prevention and health inequalities – Lifestyle factors - Smoking

- Harpenden Health PCN data for smoking shows a similar picture to the 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								
	Pre-Di	abetes	Diak	etes	Atrial Fibrillation				
	Remaining % of	Smoking Available	Remaining % of	Smoking Available	Remaining % of	Smoking Available			
Practices	Population with a	Patients - Number	Population with a	Patients - Number	Population with a	Patients - Number			
	Smoking status		Smoking status		Smoking status				
Davenport House Surgery	60%	558	20%	467	0%	4			
Elms Medical Practice	50%	967	20%	583	0%	10			
Village Surgery	50%	518	28%	624	0%	11			







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





Prevention and health inequalities Early Identification: Expected vs observed prevalence

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

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

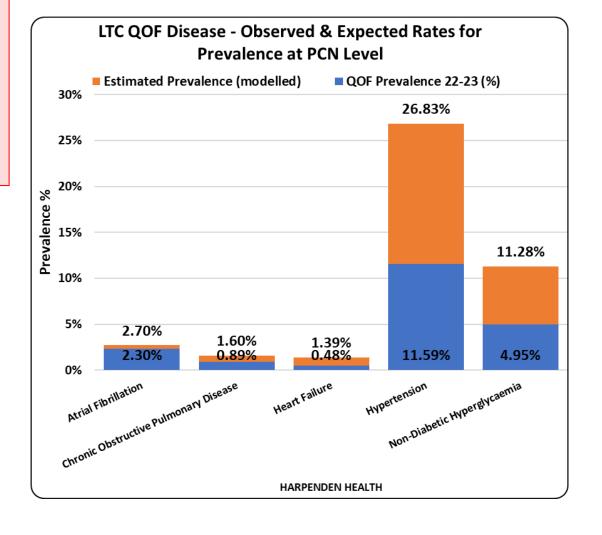
The data on this page shows the national modelled estimated prevalence for the PCN compared with the latest published QOF prevalence for the PCN.

- Harpenden Health 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 Harpenden Health PCN - No. of New Diagnoses to Meet ICS & PLACE Rates - 2023/24

Disease / Condition	Number to meet	Number to meet
Disease/ Condition	ICS rate	PLACE rate
Asthma	2611	20
Atrial Fibrillation		
Chronic Kidney Disease	1155	465
Chronic Obstructive Pulmonary Disease		201
Coronary Heart Disease	1201	44
Diabetes Mellitus		719
Epilepsy	241	15
Heart Failure		108
Hypertension	6117	699
Non-Diabetic Hyperglycaemia		965
Peripheral Arterial Disease	193	15
Stroke and Transient Ischaemic Attack	728	







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

Harpenden Health PCN - Long-Term Conditions 2022-23 QOF Prevalence,

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.

						with 3 Yes	ar Trend.		
0050: /0 :::	QOF 22- 23 -	QOF 22- 23 -	QOF 22- 23 -	VILLAGE SURGERY		ELMS MEDICAL PRACTICE		DAVENPORT HOUSE SURGERY	
QOF Disease/ Condition	ICB %	PLACE %	PCN %	QOF 2022-	3 Year	QOF 2022	3 Year	QOF 2022-	3 Year
				23	Trend	23	Trend	23	Trend
Asthma	6.16%	5.84%	5.95%	5.74%		6.14%		5.98%	
Atrial fibrillation	2.09%	2.01%	2.30%	2.81%		2.05%	~/	2.05%	
Chronic kidney disease	3.46%	3.84%	2.39%	2.48%	/	3.07%	/	1.64%	
Chronic obstructive pulmonary disease (COPD)	1.49%	1.39%	0.89%	0.84%		0.94%	_	0.90%	
Diabetes mellitus	6.63%	6.56%	4.30%	4.63%	_/	4.21%	/	4.08%	_
Epilepsy	0.70%	0.70%	0.67%	0.75%	_/	0.62%		0.63%	\
Heart Failure	0.80%	0.72%	0.48%	0.49%	/	0.42%	\	0.53%	\
Hypertension	13.84%	13.36%	11.59%	13.21%	_/	11.51%	_/	10.04%	
Non-diabetic hyperglycaemia	6.42%	7.43%	4.95%	3.86%	/	6.36%		4.63%	
Peripheral arterial disease	0.44%	0.41%	0.37%	0.32%	/	0.39%	\	0.39%	_/
Secondary prevention of coronary heart disease	2.67%	2.62%	2.52%	2.67%		2.62%	_/	2.26%	
Stroke and transient ischaemic attack	1.63%	1.53%	1.67%	1.71%		1.59%	/	1.71%	_/



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

- The table on the right shows a summary of the percentage of patients receiving an annual review by condition.
- Where the cell is highlighted the percentage is lower than the place value.
- The data shows that Harpenden Health PCN shows a higher percentage of patients receiving an annual review than Place and ICB for diabetes and nondiabetic hyperglycaemia.
- The data shows that Harpenden Health PCN has a lower percentage than Place and ICB for COPD reviews.
- The source of data in this table is QOF national reporting. More detailed information with the latest position is available to practices via https://app.ardensmanager.com/login

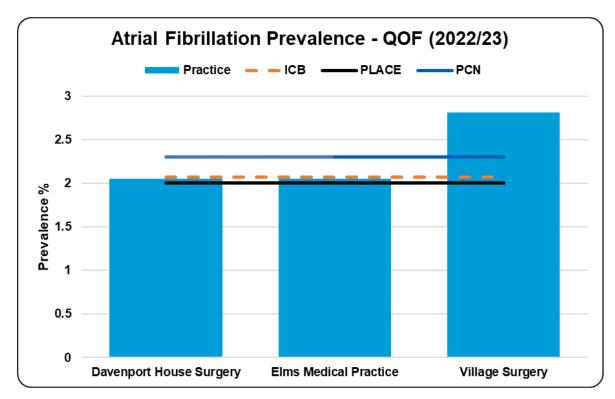
	ICB	SWH	Harpenden Health PCN	Davenport House Surgery	Elms Medical Practice	Village Surgery
% of AF Patients with Stroke Risk Assessed in the last 12 months	92.9	94.2	94.1	87.0	95.7	96.1
The % of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	85.7	85.1	84.5	83.6	85.5	84.2
The % of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months	72.7	80.0	76.5	58.8	76.8	92.1
The % of patients with asthma, on the register, who have had an asthma review in the preceding 12 months	64.0	64.1	70.3	76.0	60.9	76.0
The % of patients with COPD, on the register, who have had a review in the preceding 12 months	75.7	75.3	61.3	35.7	66.7	77.5
The % of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months	75.5	76.1	83.7	92.4	81.1	79.9
The % of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.	82.9	84.0	87.7	91.0	85.6	88.1

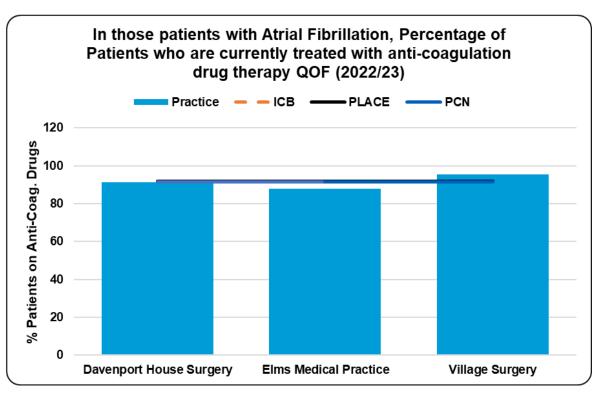




Prevention and health inequalities – Atrial Fibrillation

- Harpenden Health PCN recorded prevalence for Atrial Fibrillation is higher 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.
- Latest information for AF indicators can be found within https://app.ardensmanager.com/login

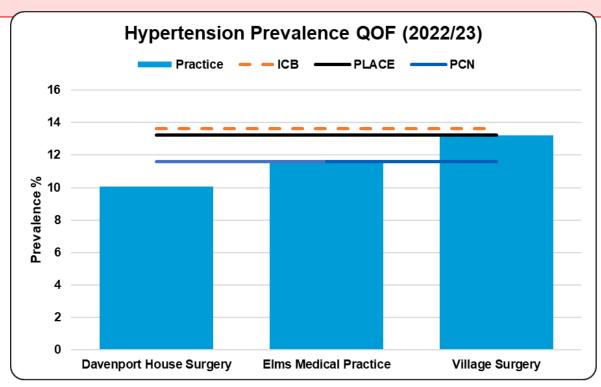


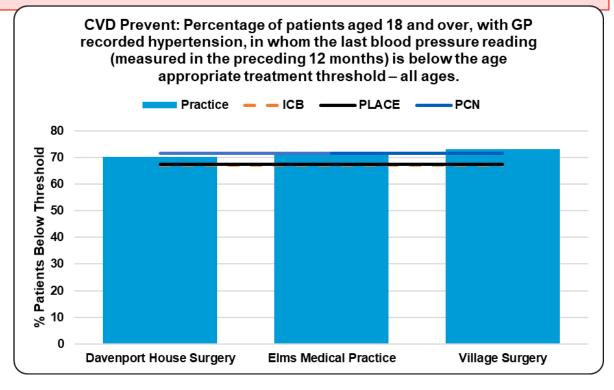




Prevention and health inequalities – Hypertension

- Harpenden Health PCN recorded prevalence for hypertension is lower than both Place and 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 higher than Place and ICB.
- The data suggests there is further opportunity for identification of people with hypertension. Latest information for hypertension indicators and case finding searches can be found within https://app.ardensmanager.com/login

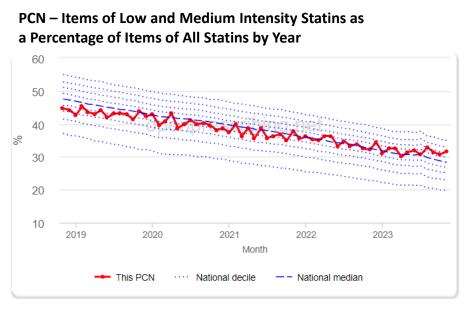


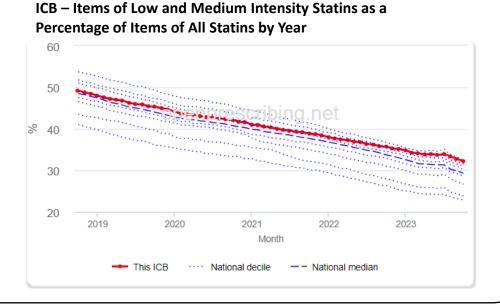




Lipid management : Percentage of people on lipid lowering therapy for secondary prevention who are on low and medium intensity statins

- National lipid management pathways (<u>Link to guidance</u>) recommend the use of high intensity statins for all people with a history of Cardiovascular disease as well as where high dose statins are needed to control cholesterol. People on high intensity statins will see a greater reduction in c-LDL levels and reduce the risk of cardiovascular events.
- Data from OpenPrescribing provides information on the proportion of people who are on statins that are currently prescribed low or medium intensity doses. The ICS is a negative outlier in this area, with a high proportion of people not on a high intensity statin.
- The data for Harpenden Health 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 72nd percentile with 31.6% of people not on high intensity statins. This compares to 28.3% nationally.

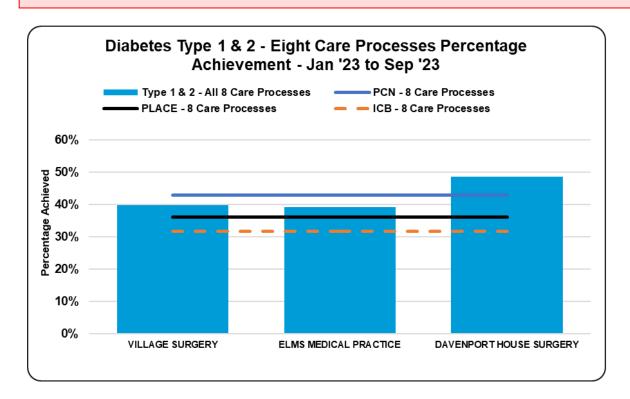


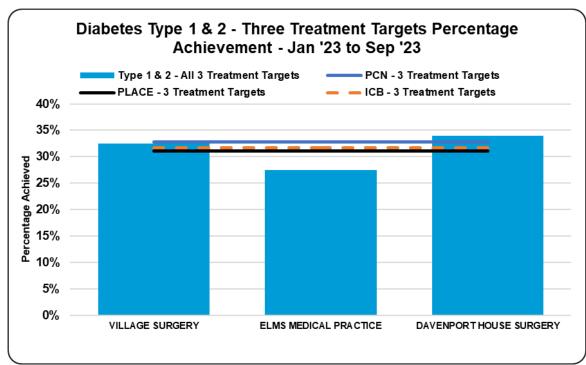




Development of more proactive, preventative care models for LTC: 8 Care Processes & 3 treatment targets (all diabetes type 1 & 2)

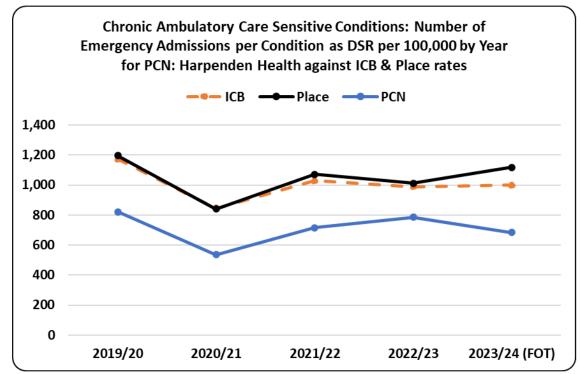
- The percentage of people living with diabetes who have received the 8 care processes in Harpenden Health PCN is higher than both ICB and Place. The PCN data also shows higher percentages achieving the treatment targets than both Place and ICB.
- The latest information for diabetes indicators can be found within Ardens Manager.







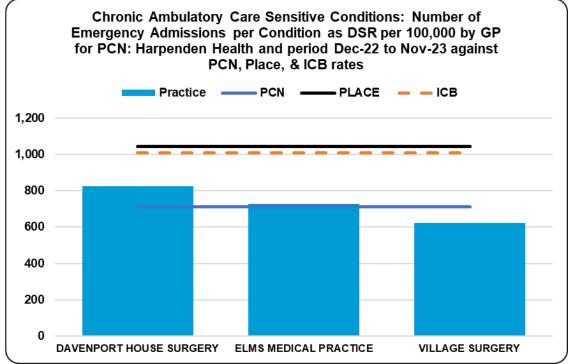
Reduction in admissions rates of Chronic Ambulatory Care Sensitive (ACS) conditions



- Ambulatory care sensitive (ACS) conditions are conditions where effective community care and person-centred care can help prevent the need for hospital admission. (Nuffield Trust)
- Harpenden Health PCN's admission rate for Chronic ACS conditions is lower than both ICB and place when looking at the 12 months data up to November 2023.
- The trend data shows the PCN rates consistently lower than both ICB and place.

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

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



Chronic Ambulatory Care Sensitive Conditions for Harpenden Health PCN	PCN Per 100,000 Rate Apr-23 to Nov-23	5 Year Trend	2024/25 Trajectory
Angina: Angina pectoris	16.86	~~	DOWN
Asthma	109.50		UP
Atrial fibrillation and flutter	142.23	\	UP
COPD	102.38	_	UP
Congestive heart failure	91.63	\	UP
Diseases of the blood	109.45	\	DOWN
Epilepsy	18.97		UP
Hypertension	43.10	~	UP
Mental and behavioural disorders	15.23	~	UP
Nutritional, endocrine and metabolic	35.43		DOWN

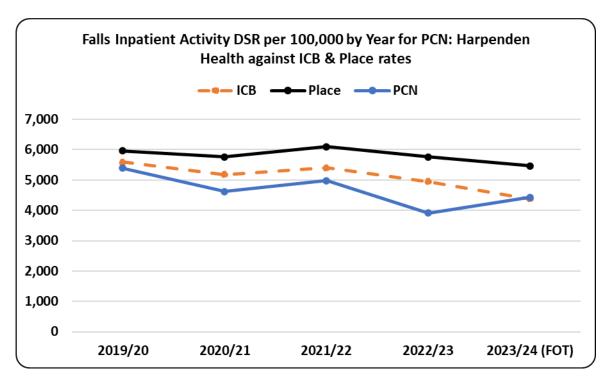
Source: SUS Link: Chronic ACS Conditions & NHSOF

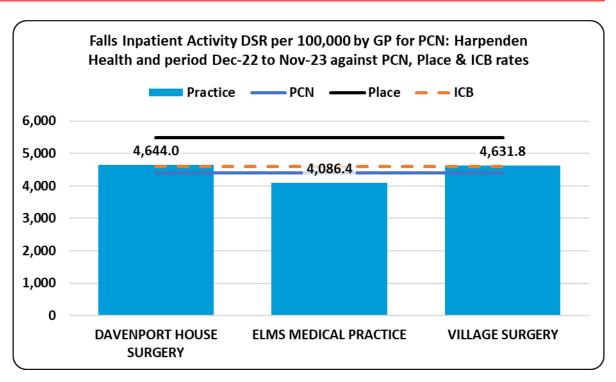
Emergency Admission rates for Falls in persons aged +75

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 Harpenden Health PCN has a lower rate of admissions for falls than Place and ICB.
- The trend information shows an consistently lower trends.
- Data in the following pages shows the data for the PCN compared with Place and PCN for areas within the ECF that aim to support reducing falls. Frailty Clinical Leads will be able to advise on current programmes of work within your area aimed at reducing falls.







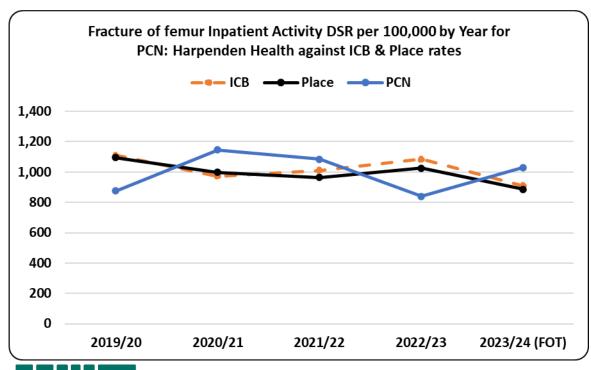


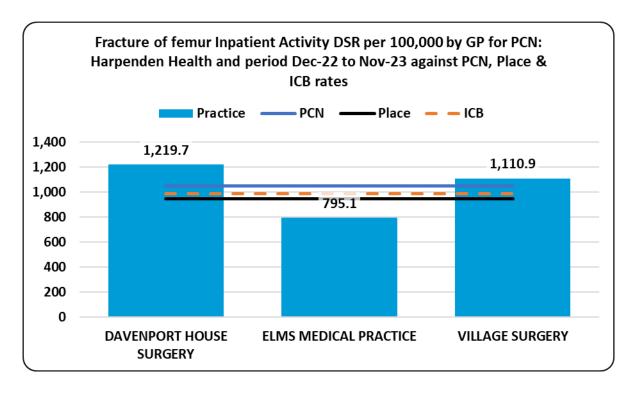
Emergency admission rates for Hip fractures in all over 75's

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

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

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







ECF indicators for frailty and **EOL**

- The data shows that Harpenden Health PCN has a higher percentage of moderate and severe frailty patients with falls frat score recorded across all practices.
- EOL indicators show lower achievement that recorded at 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.

Harpenden Health Enhanced Commissiong Framework (ECF) 2023-24 for the period 1 April 23 to 31 Dec 23

	Frailty			EOL						
	Mod/Sev + falls Frat score done %	Mod fraily + SMR or polypharmacy medication review %	% Mod/Sev frailty of population	% population on EOL register	GSF %	DNACPR %	ACP %	PPD %	PPC %	SCR Consent %
ICB	16.0%	19.5%	1.9%	0.7%	64.9%	53.3%	11.3%	37.3%	39.8%	34.8%
SWH	15.9%	24.1%	1.9%	0.5%	42.8%	57.7%	18.6%	43.1%	44.2%	2.2%
PCN	34.5%	25.0%	0.7%	0.3%	24.3%	52.8%	12.5%	27.1%	29.9%	0.0%
Davenport House Surgery	36.8%	27.7%	0.5%	0.3%	2.4%	61.0%	24.4%	48.8%	46.3%	0.0%
Elms Medical Practice	29.9%	20.8%	0.8%	0.3%	23.4%	53.2%	10.6%	19.1%	29.8%	0.0%
Village Surgery	38.1%	27.9%	0.9%	0.4%	41.1%	46.4%	5.4%	17.9%	17.9%	0.0%

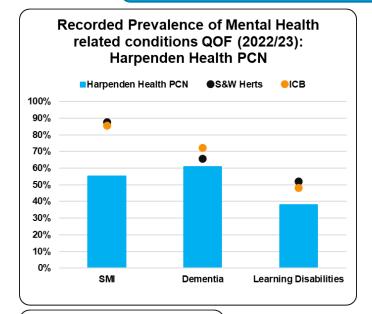


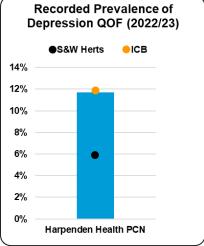


ICB overarching outcome of Improving **Healthy life expectancy**

- 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 Harpenden Health PCN has a lower recorded prevalence for SMI, LD and Dementia.
- 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.

	Harpenden Health PCN- Mental Health Conditions 2022-2023 QOF prevalence, with 3 year trend									
	Davenport I	House Sugery	Elms Medi	cal Practice	Village Surgery					
	QOF Prevalence 22-23	3 year Trend	QOF Prevalence 22-23	3 year Trend	3 year Trend QOF Prevalence 22-23 3 year					
Dementia	0.6%		0.6%	/	0.6%					
Depression	10.5%		14.4%		10.4%					
Learning Disability	0.6%		0.3%		0.3%					
SMI	0.4%		0.6%		0.7%					









Mental Health QOF Indicators 22-23

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

			SMI			Depression
	% of patients with SMI who have a care plan	% of patients with SMI who have a record of BMI in the preceding 12 months	% of patients with SMI who have a record of alcohol consumption in preceding 12 months	% of patients with SMI who have a record of a lipid profile in the preceding 12 months	% of patients with SMI who have a record of blood glucose of HbA1C in preceding 12 months	% of patients with a diagnosis of depression who have been reviewed within 10-56 days
ICB	82.6	88.7	89.3	83.1	83.0	83.0
SWH	87.2	90.0	90.4	84.8	84.4	84.9
Harpenden Health PCN	89.5	94.5	95.0	90.9	90.0	85.0
Davenport House Surgery	90.9	90.9	90.9	84.6	91.7	69.1
Elms Medical Practice	92.1	97.0	94.9	91.1	90.6	93.1
Village Surgery	83.9	90.9	96.7	93.3	88.0	86.0





Emergency Admissions Rates for Self – Harm

ICB overarching outcome of Improving Healthy life expectancy

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

