

Hertfordshire and
West Essex Integrated
Care System

PCN Insights Pack 2024

Hertford and Rurals

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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.

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



Hertford and Rurals 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 Hertford and Rurals areas highlighted are:

- ***Observed vs Expected prevalence***
- ***% of people for secondary prevention CVD who are on low and medium intensity statins***
- ***% of people with diabetes with all 8 care processes completed***
- ***Recorded prevalence of SMI***

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>

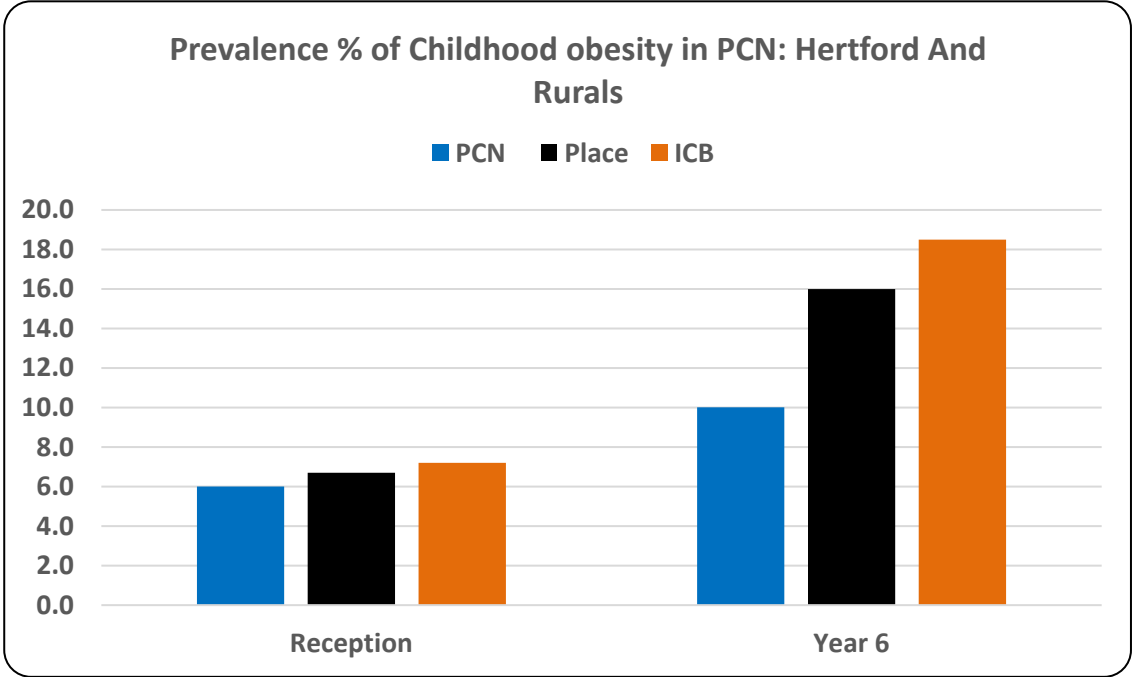
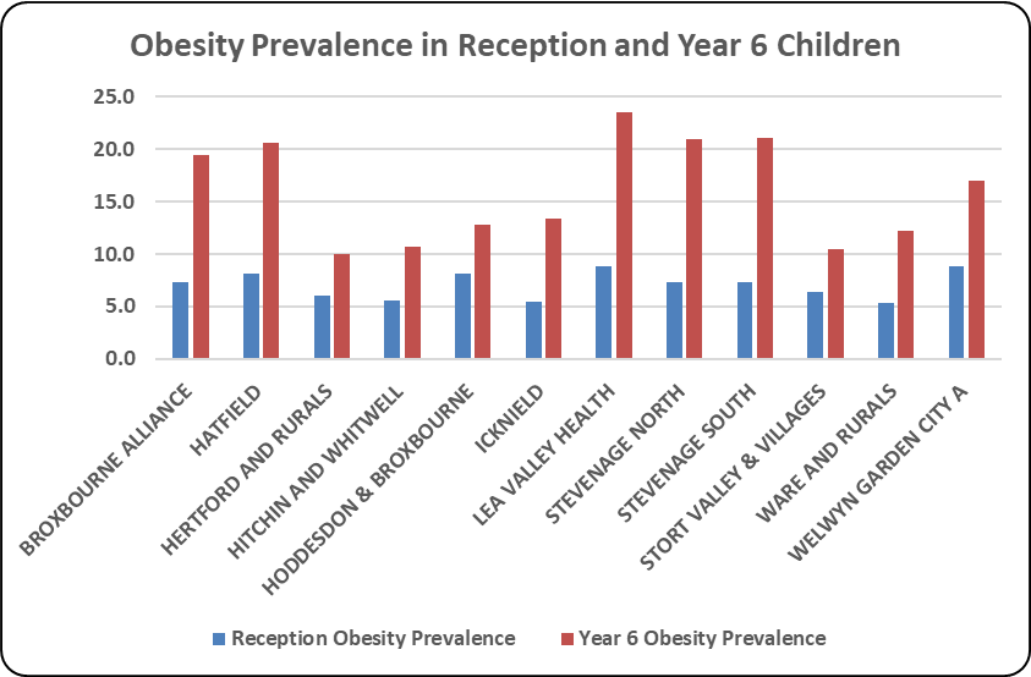
Clinical Priority	Metric	PCN compared to Place average	PCN compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↓	↓
	% of children in Year 6 who are overweight	↓	↓
Reduce rates of emergency care for children and young people	A&E Attendances for Asthma (Children)	↓	↓
	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 with diabetes with all 8 care processes completed	↓	↓
	Reduction in prevalence of 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	↓(SMI)	↓(SMI)
	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, Hertford and Rurals PCN has lower rates of Childhood Obesity for Children in Reception. The rate of Childhood Obesity at Year 6 is lower when comparing with Place and the ICB.

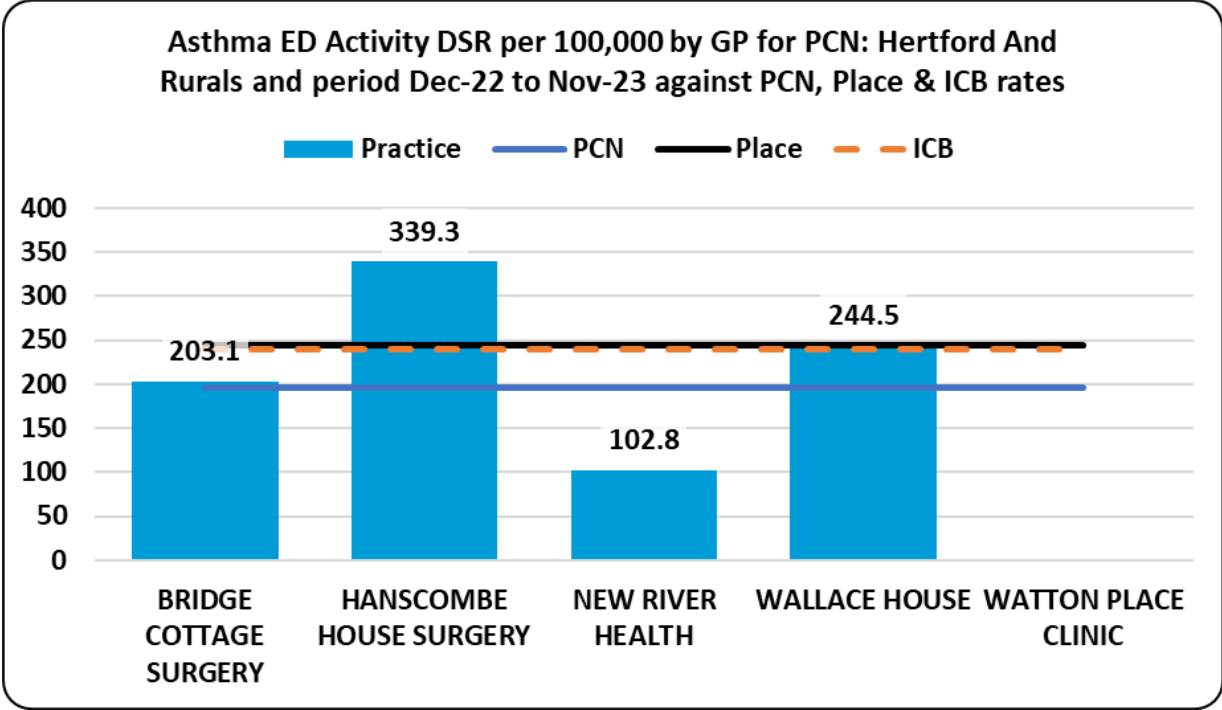
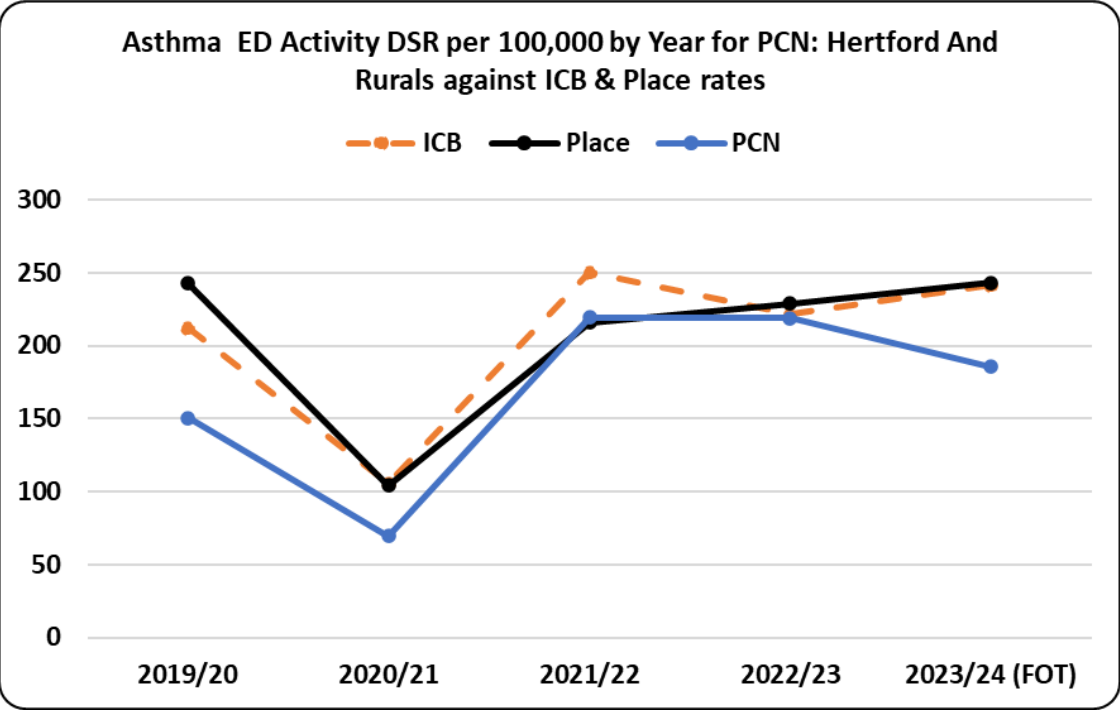


A&E attendances for Asthma (CYP)

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

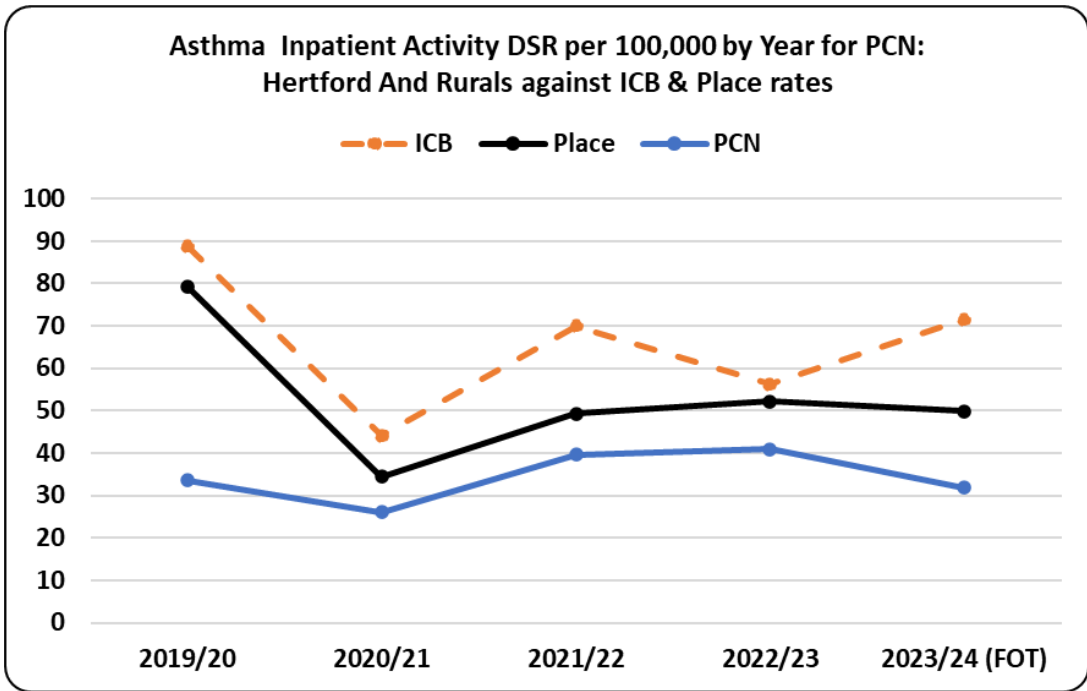
ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Compared to Place and the overall ICB, Hertford and Rurals PCN has a lower rate of A&E attendances for Children and Young People for Asthma (rolling years data on the right-hand side).
- Rates of Children and Young People attending A&E for Asthma have increased since 2020/21 post covid. The rates fluctuate annually with the latest forecast outturn from November data showing a reduction on the previous year.
- The Children and Young Peoples programme can be contacted via hweicbenh.cypteam@nhs.net for details of projects underway.



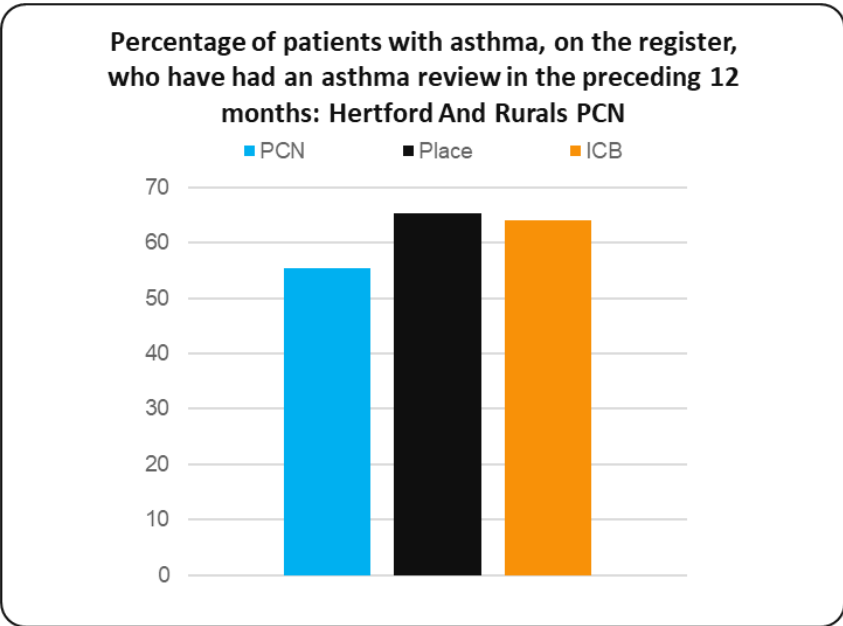
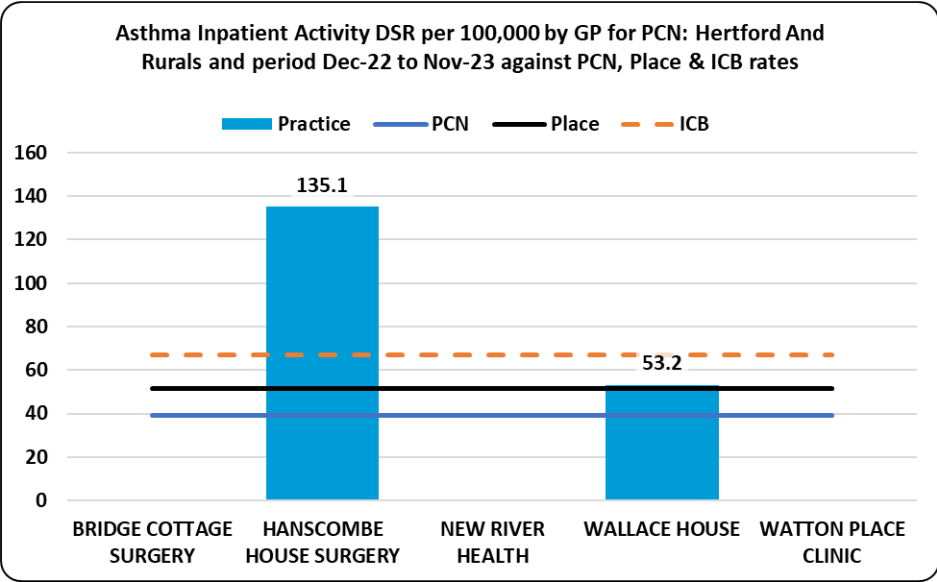
Admissions for Asthma (CYP)

- Compared to Place and the ICB, Hertford and Rurals PCN has a lower rate of children’s admissions for Asthma (rolling years data on the right-hand side).
- The trend data showed an increasing rate of admissions for Asthma for Hertford and Rurals PCN in 2020/21. However, the latest forecast outturn data from November shows the rate slightly decreasing.
- Lower Proportion of Asthma Reviews are carried out within Hertford and Rurals PCN in comparison to Place and the ICB. However, the QOF is for all ages and children specific reviews cannot be identified within the data.
- The Children and Young Peoples programme can be contacted via hweicbenh.cypteam@nhs.net for details of projects underway.



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

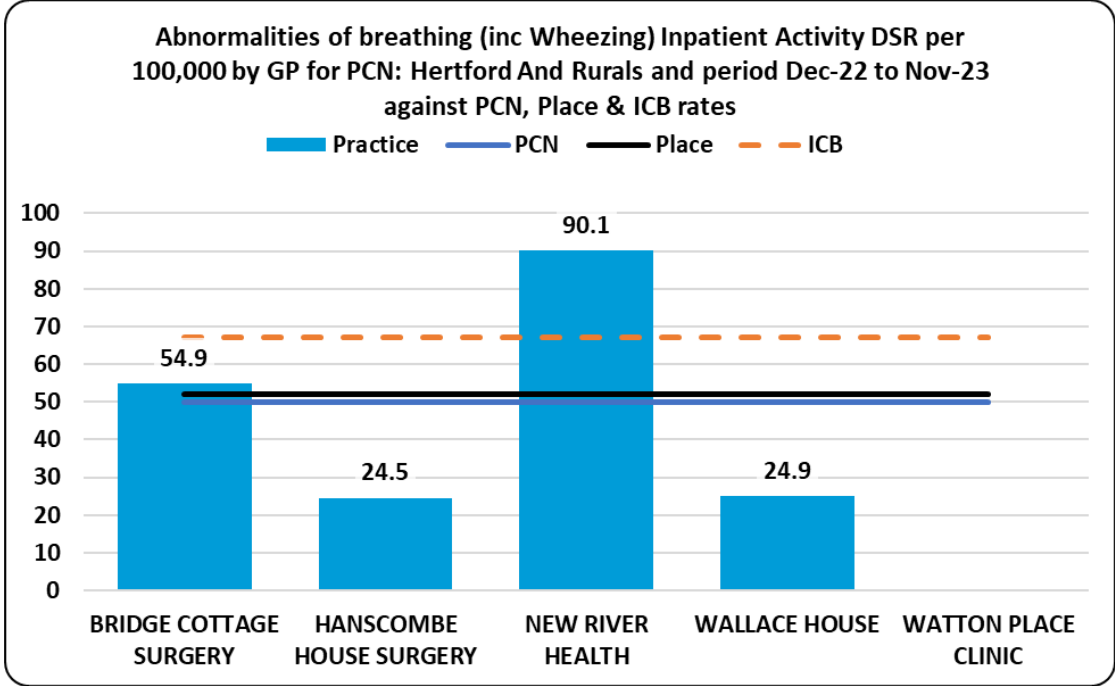
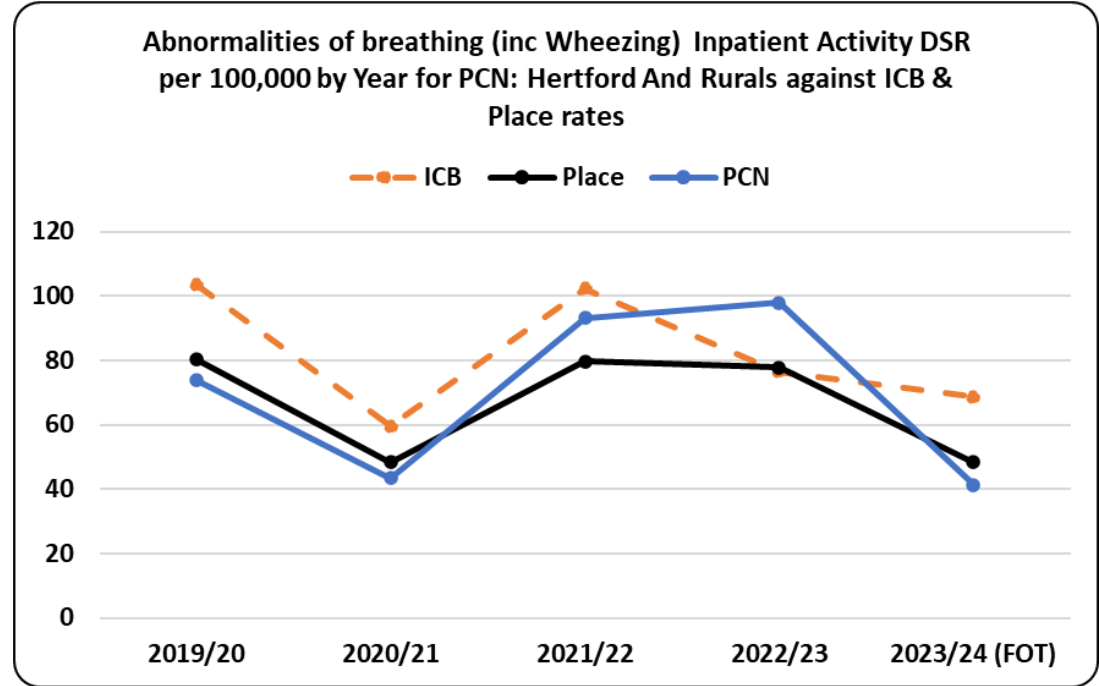


Admissions for Wheeze (CYP)

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

- Hertford and Rurals PCN has a lower rate Children and Young People admitted to hospital for abnormalities of breathing including wheeze compared to ICB and Place (chart on the right hand side)
- 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 by practice.



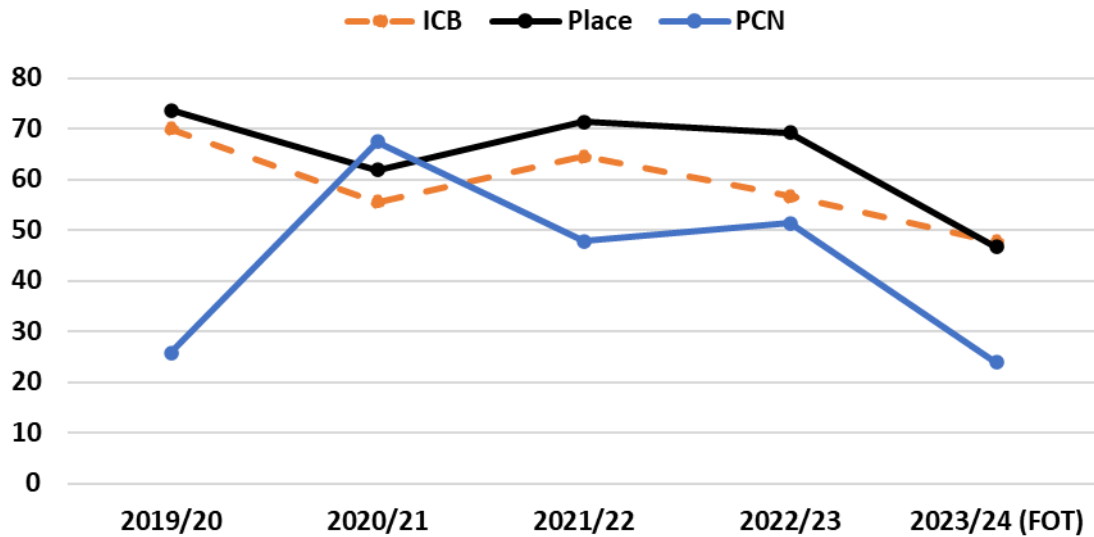
Admissions for Diabetes (CYP)

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

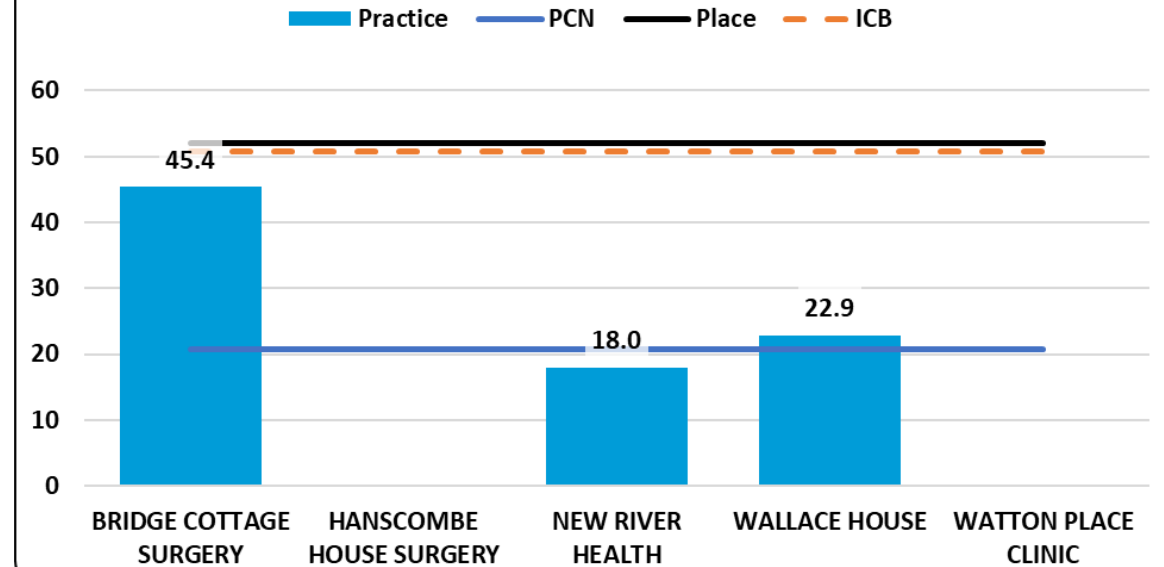
ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Diabetes is identified as an area of focus within the Core 20 plus 5 for children. The PCN has lower rates of admission compared with place and ICB.
- The numbers of children admitted for diabetes are small and this should be considered when looking at the data. There were no admissions for the Hanscombe House Surgery and Watton Place Clinic within the 12 months up to November 23.
- The data for diabetes will continue to be monitored at wider HCP and ICB footprints.

Nutritional, endocrine and metabolic (Diabetes) Inpatient Activity DSR per 100,000 by Year for PCN: Hertford And Rurals against ICB & Place rates



Nutritional, endocrine and metabolic (Diabetes) Inpatient Activity DSR per 100,000 by GP for PCN: Hertford And Rurals and period Dec-22 to Nov-23 against PCN, Place & ICB rates



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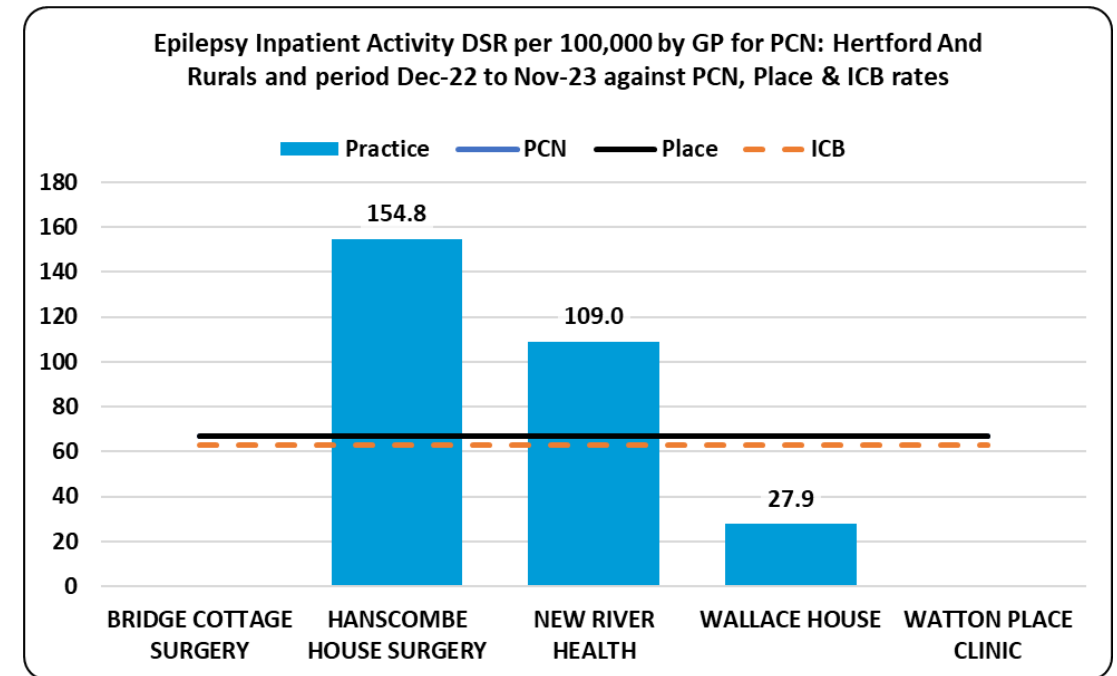
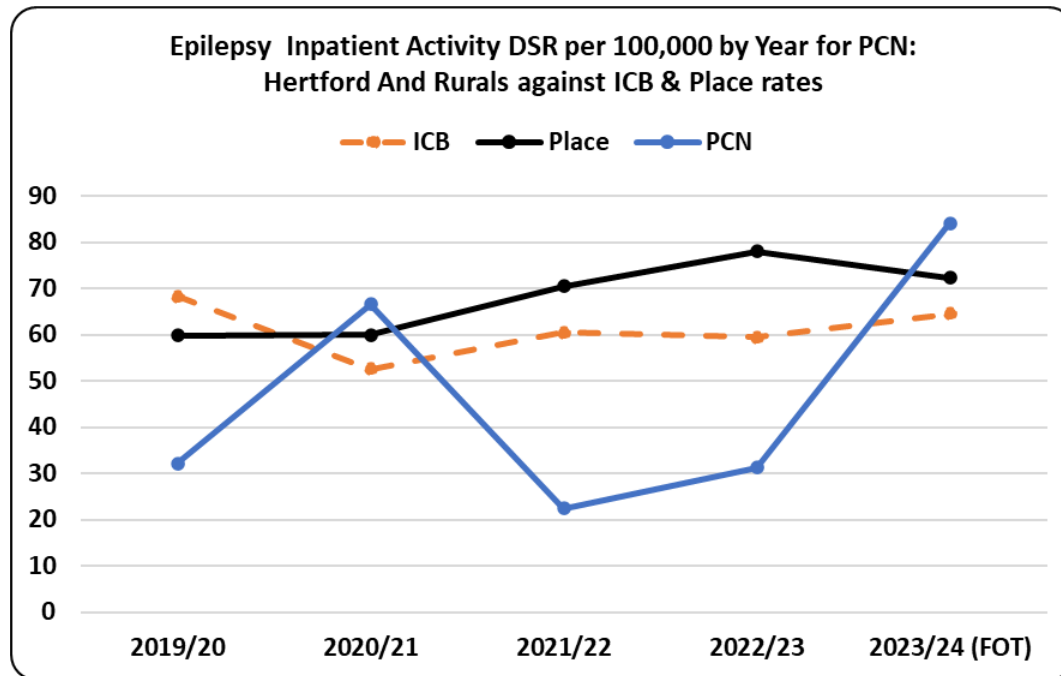


Admissions for Epilepsy (CYP)

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 has similar rates of admission compared with 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.

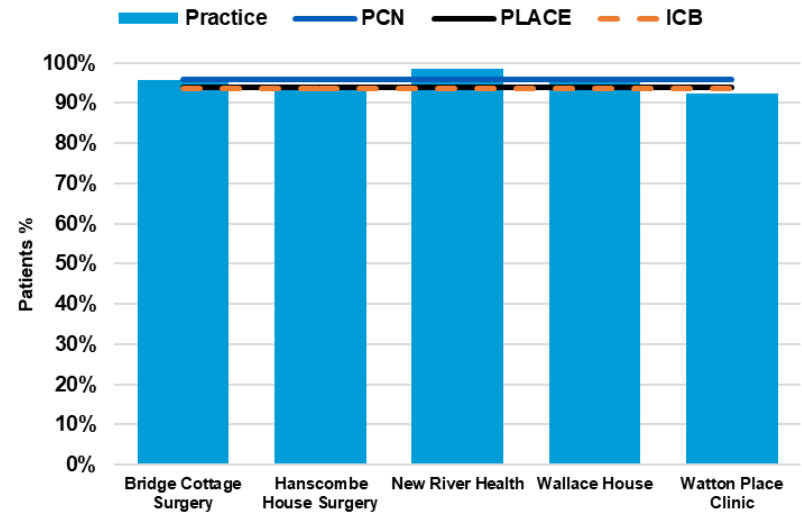


Prevention and health inequalities – Lifestyle factors - Smoking

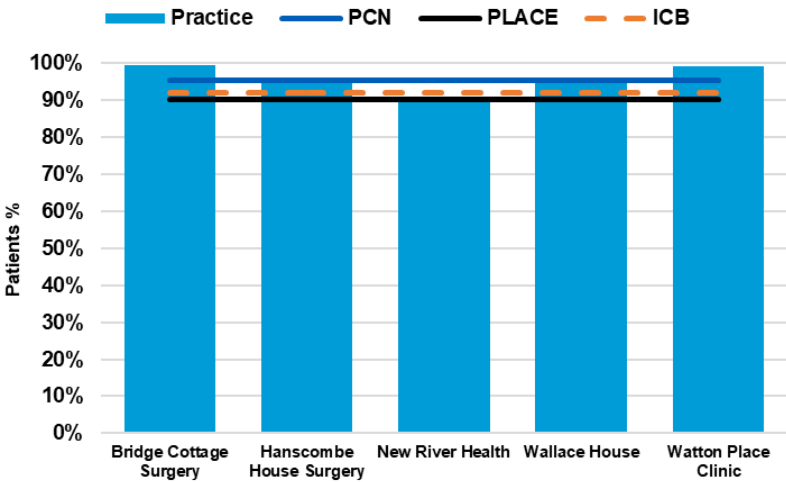
- Hertford and Rurals PCN data for recording of smoking status is similar to Place and ICB.
- A higher proportion of patients have been offered treatment for smoking compared to ICB and Place.
- The table to the right gives detail by condition of the opportunity for further recording of smoking status. 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
Bridge Cottage Surgery	56%	965	26%	826	0%	20
Hanscombe House Surgery	42%	166	20%	565	0%	12
New River Health	22%	765	11%	984	0%	20
Watton Place Clinic	50%	272	19%	264	0%	8

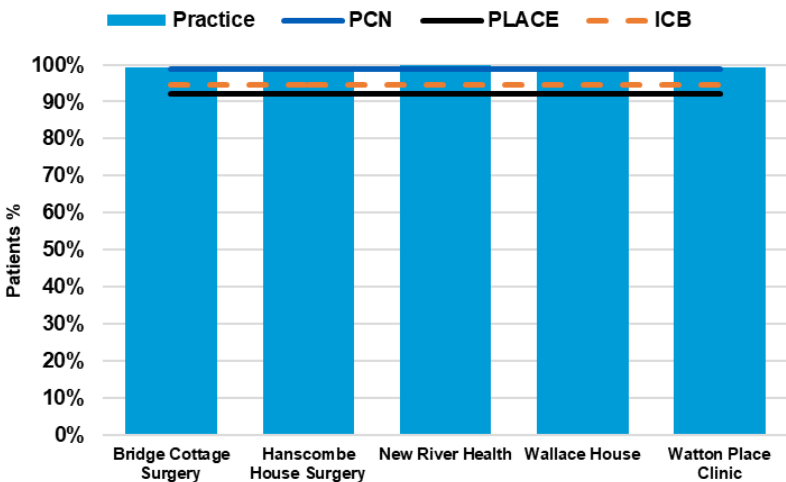
Percentage of patients* whose notes record smoking status in the preceding 12 months



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



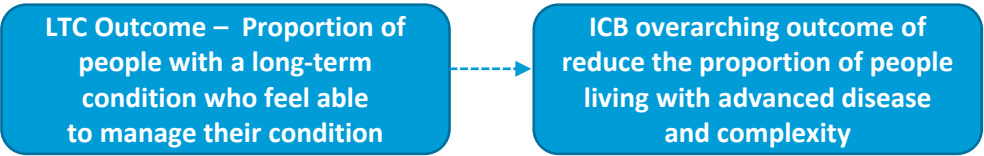
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* with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses

Prevention and health inequalities

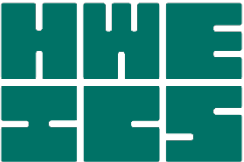
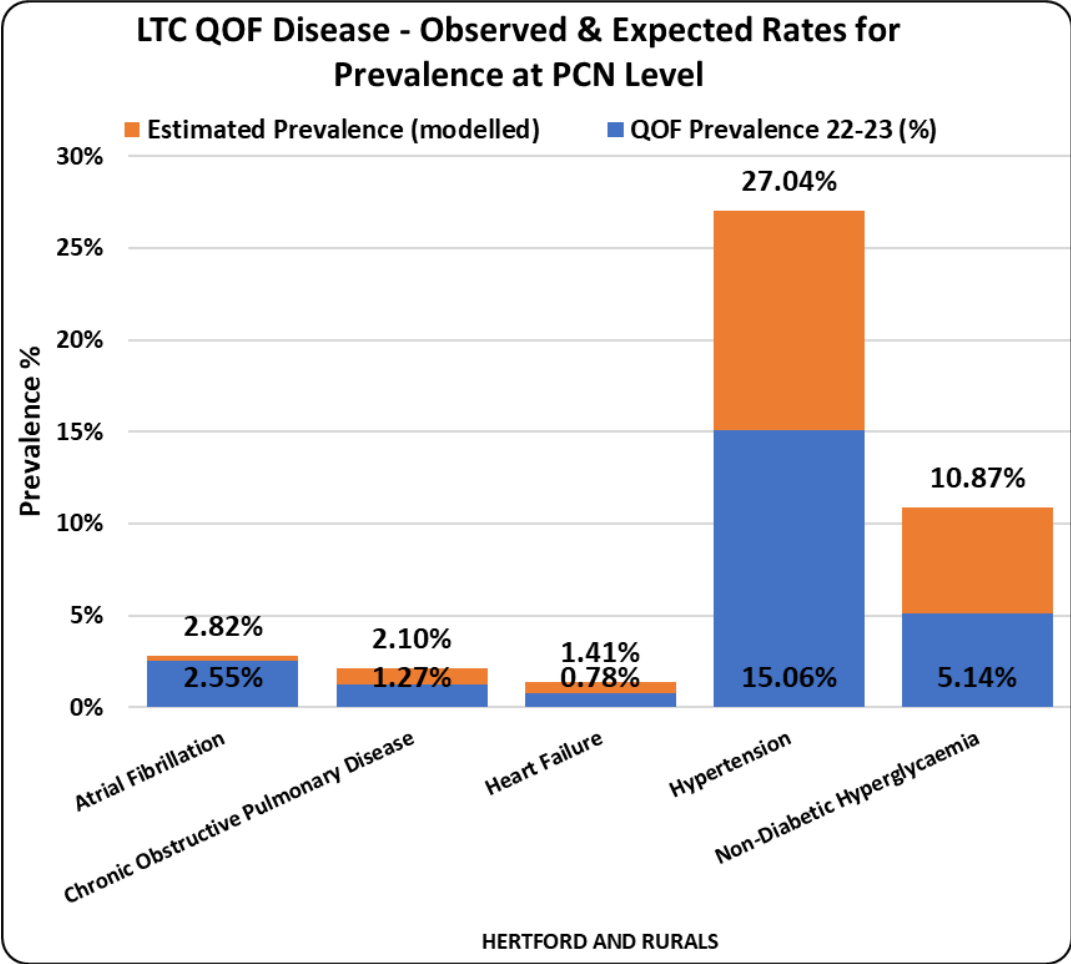
Early Identification: Expected vs observed prevalence



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

- Hertford and Rurals 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 Hertford And Rurals 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	3908	
Atrial Fibrillation		12
Chronic Kidney Disease	1831	100
Chronic Obstructive Pulmonary Disease		167
Coronary Heart Disease	1803	93
Diabetes Mellitus		486
Epilepsy	382	11
Heart Failure		82
Hypertension	9183	83
Non-Diabetic Hyperglycaemia		456
Peripheral Arterial Disease	289	17
Stroke and Transient Ischaemic Attack	1093	33



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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 for further identification, this slide looks at the recorded prevalence by practice for the PCN compared with Place and ICB.
- For LTCs, QOF and ECF data can help us understand areas of opportunity for improving outcomes for our population living with LTCs.

Hertford And Rurals 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 %	HANSCOMBE HOUSE SURGERY		BRIDGE COTTAGE SURGERY		WALLACE HOUSE		NEW RIVER HEALTH		WATTON PLACE CLINIC	
				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%	6.40%	6.92%	6.76%		6.44%		6.66%		6.81%		7.94%	
Atrial fibrillation	2.09%	2.12%	2.55%	2.01%		3.21%		2.33%		2.32%		2.90%	
Chronic kidney disease	3.46%	2.94%	3.35%	2.02%		4.48%		4.16%		3.64%		2.46%	
Chronic obstructive pulmonary disease (COPD)	1.49%	1.55%	1.27%	1.14%		1.34%		1.44%		1.19%		1.23%	
Diabetes mellitus	6.63%	6.54%	5.55%	4.98%		5.60%		5.78%		5.96%		5.45%	
Epilepsy	0.70%	0.73%	0.80%	0.79%		0.76%		0.66%		0.80%		0.99%	
Heart Failure	0.80%	0.74%	0.78%	0.33%		0.85%		0.62%		0.71%		1.39%	
Hypertension	13.84%	13.83%	15.06%	13.73%		15.85%		14.57%		13.18%		17.99%	
Non-diabetic hyperglycaemia	6.42%	5.29%	5.14%	1.69%		7.19%		5.88%		4.79%		6.13%	
Peripheral arterial disease	0.44%	0.45%	0.46%	0.36%		0.50%		0.45%		0.42%		0.58%	
Secondary prevention of coronary heart disease	2.67%	2.63%	2.73%	2.20%		3.30%		2.56%		2.44%		3.13%	
Stroke and transient ischaemic attack	1.63%	1.71%	1.82%	1.50%		2.14%		1.72%		1.68%		2.08%	



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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 a lower percentage of annual reviews for asthma, COPD and diabetes have been completed for the PCN compared with place and ICB.
- 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	E&N	Hertford And Rurals PCN	Bridge Cottage Surgery	Hanscombe House Surgery	New River Health	Wallace House	Watton Place Clinic
% of AF Patients with Stroke Risk Assessed in the last 12 months	92.9	91.8	94.3	98.1	98.1	94.4	87.0	97.5
The % of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	85.7	85.9	87.4	86.9	87.8	89.0	87.0	83.2
The % of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months	72.7	67.0	78.4	87.9	58.5	91.9	51.1	82.6
The % of patients with asthma , on the register, who have had an asthma review in the preceding 12 months	64.0	65.3	59.6	73.9	50.9	63.8	42.1	71.5
The % of patients with COPD , on the register, who have had a review in the preceding 12 months	75.7	77.1	74.6	86.1	62.4	90.0	54.5	78.7
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	76.4	72.5	79.6	57.5	62.1	85.3	83.0
The % of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.	82.9	82.9	87.2	86.1	87.7	91.0	85.0	86.2

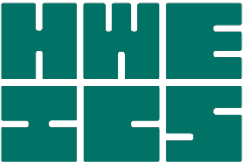
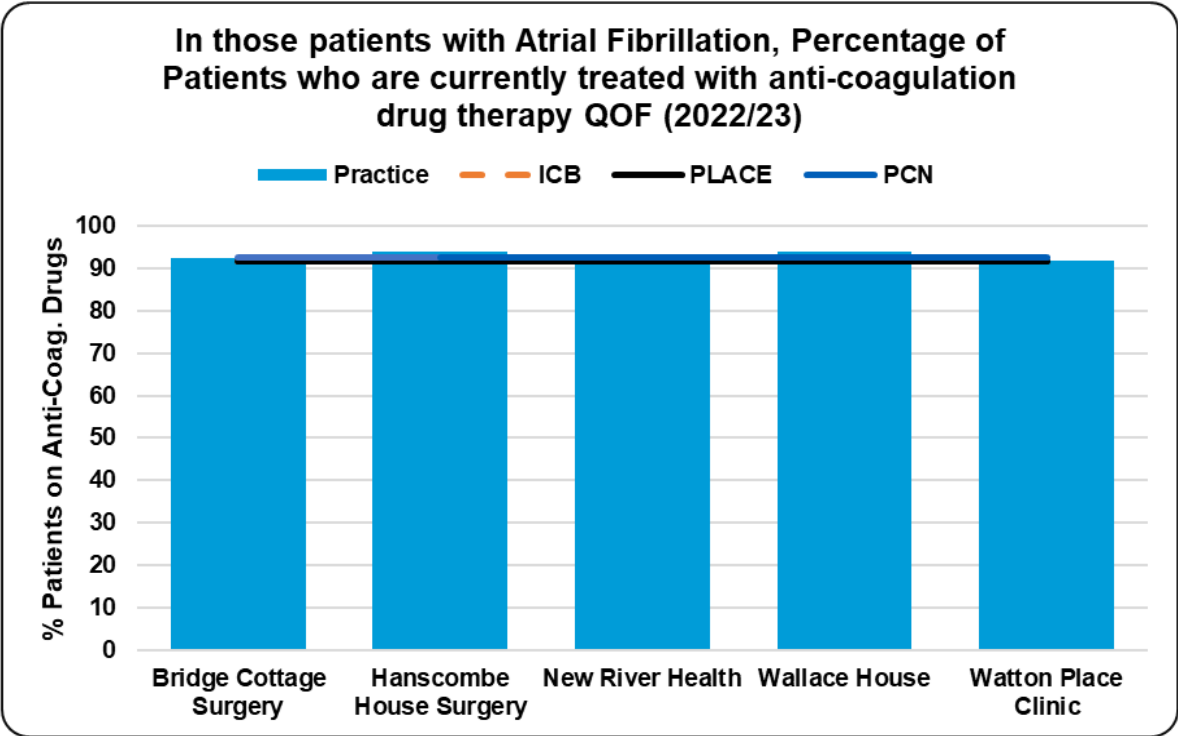
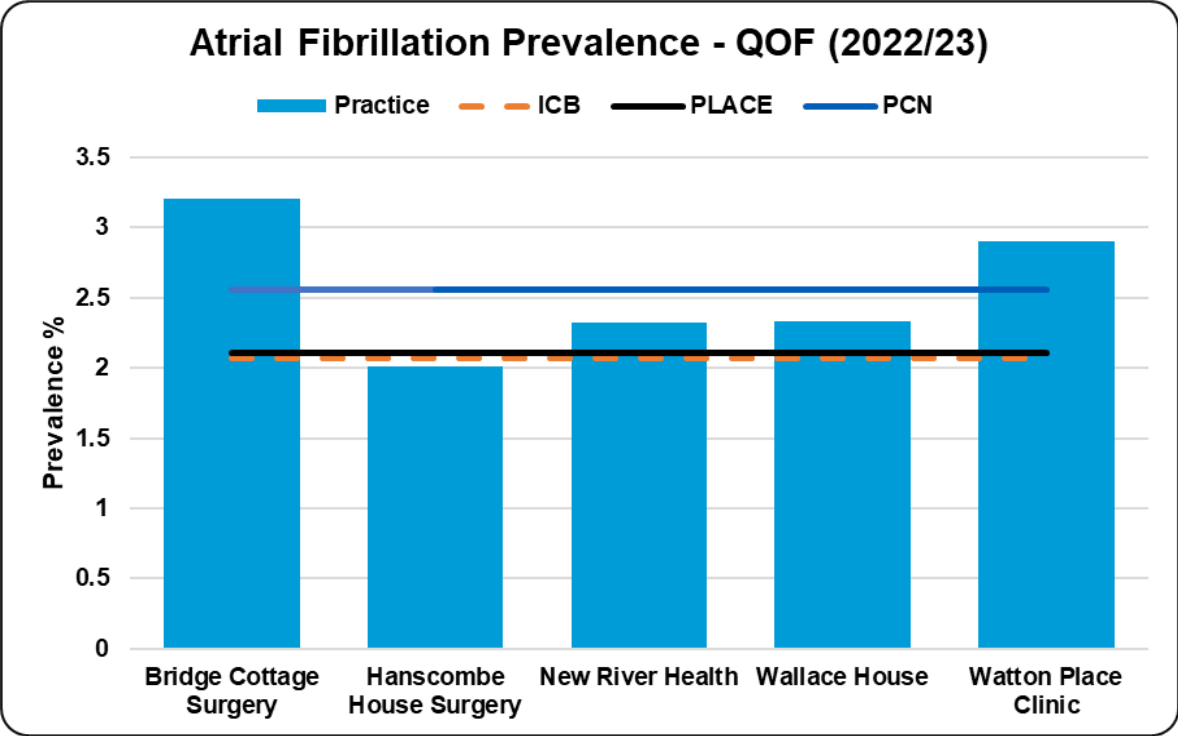


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Prevention and health inequalities – Atrial Fibrillation

- Hertford and Rurals PCN recorded prevalence for Atrial Fibrillation is Higher than both Place and the ICB.
- Once identified the percentage of patients currently treated with anti-coagulant drug therapy is similar to the Place and ICB.
- The latest AF indicators can be found at <https://app.ardensmanager.com/login>

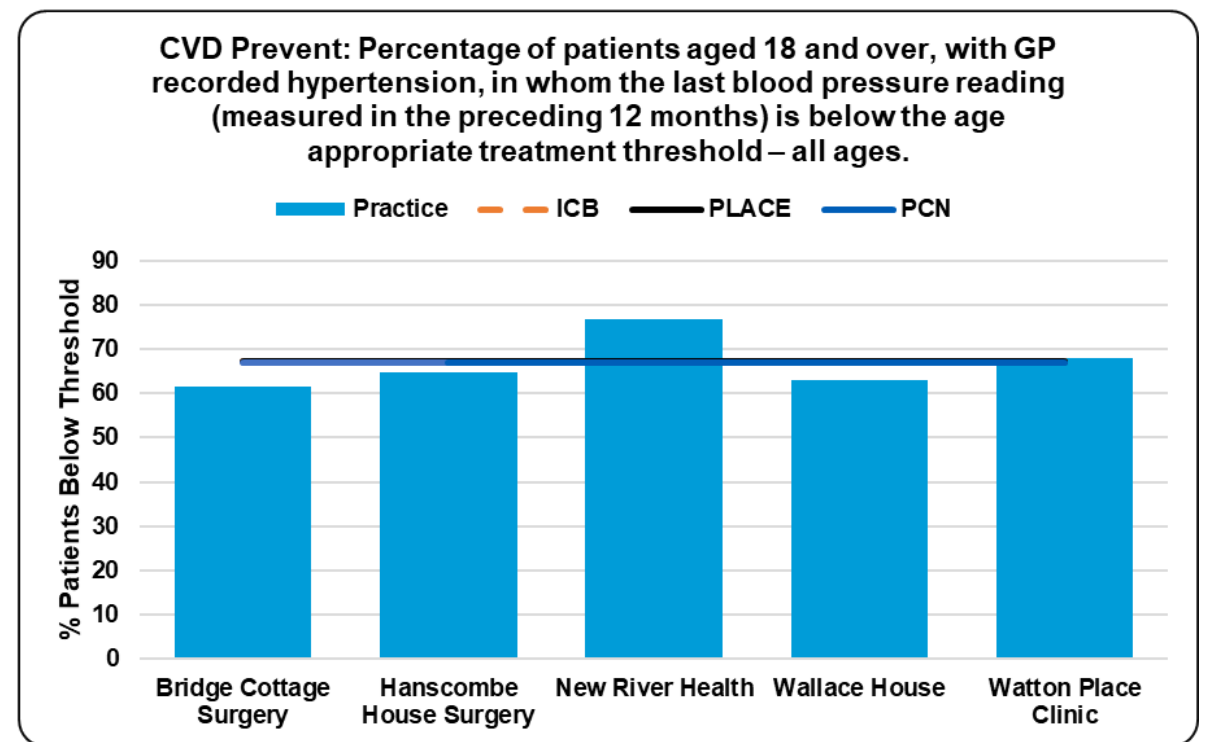
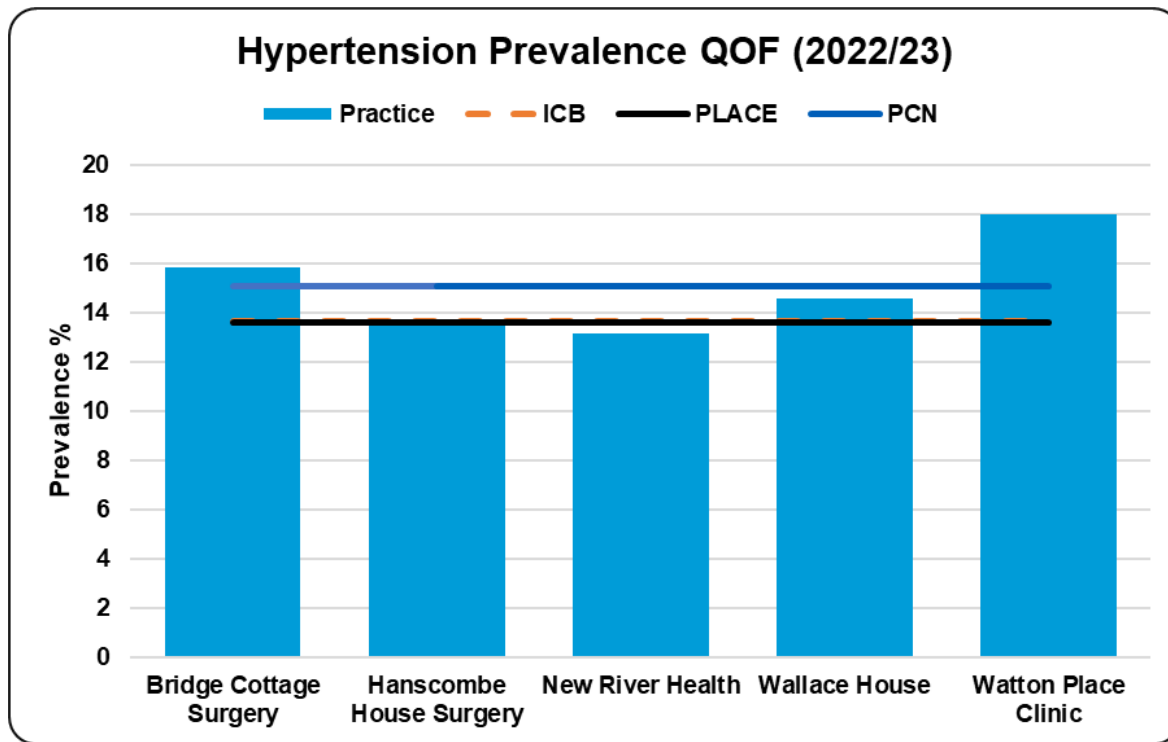


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Prevention and health inequalities – Hypertension

- Hertford and Rurals PCN recorded prevalence for hypertension is higher than both Place and the ICB.
- Once identified the data shows the percentage of patients in whom the latest BP reading is below the age-appropriate treatment threshold is similar to Place and ICB, however there is variation between the practices.
- The latest hypertension indicators can be found at <https://app.ardensmanager.com/login>



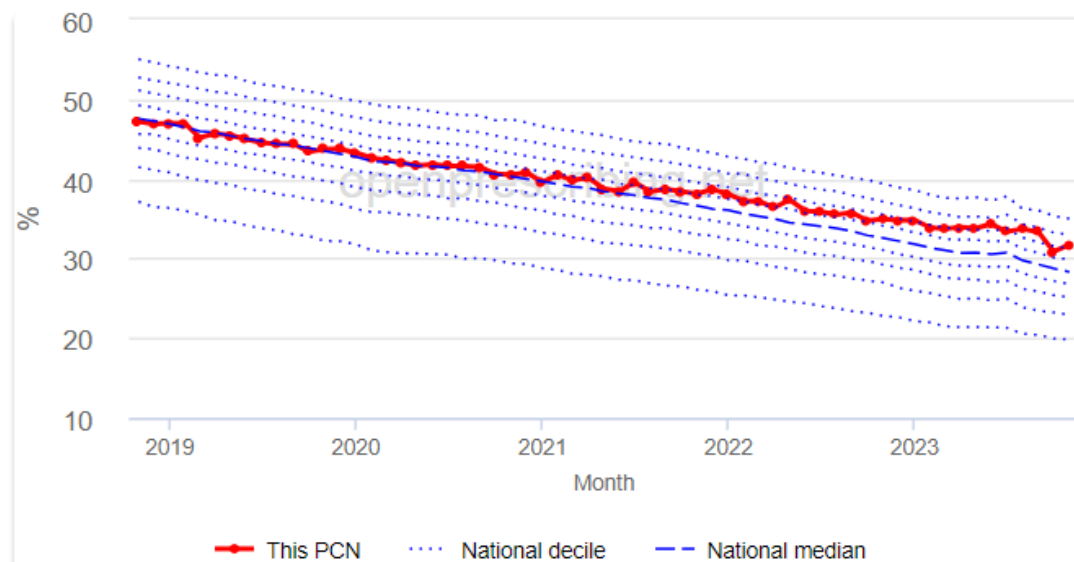
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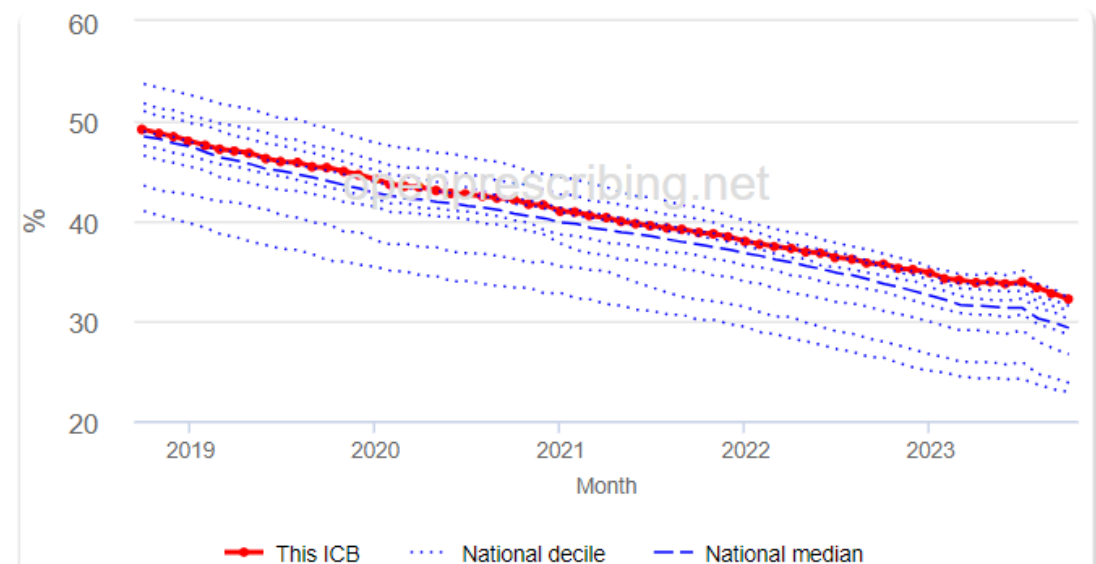
Lipid management : Percentage of people on lipid lowering therapy for secondary prevention who are on high intensity statins

- 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 positive outlier in this area, with a high proportion of people on a high intensity statin.
- The data for Hertford and Rurals 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 74th percentile with 31.7% of people not on high intensity statins. This compares to 28.3% nationally.

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



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

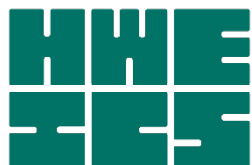
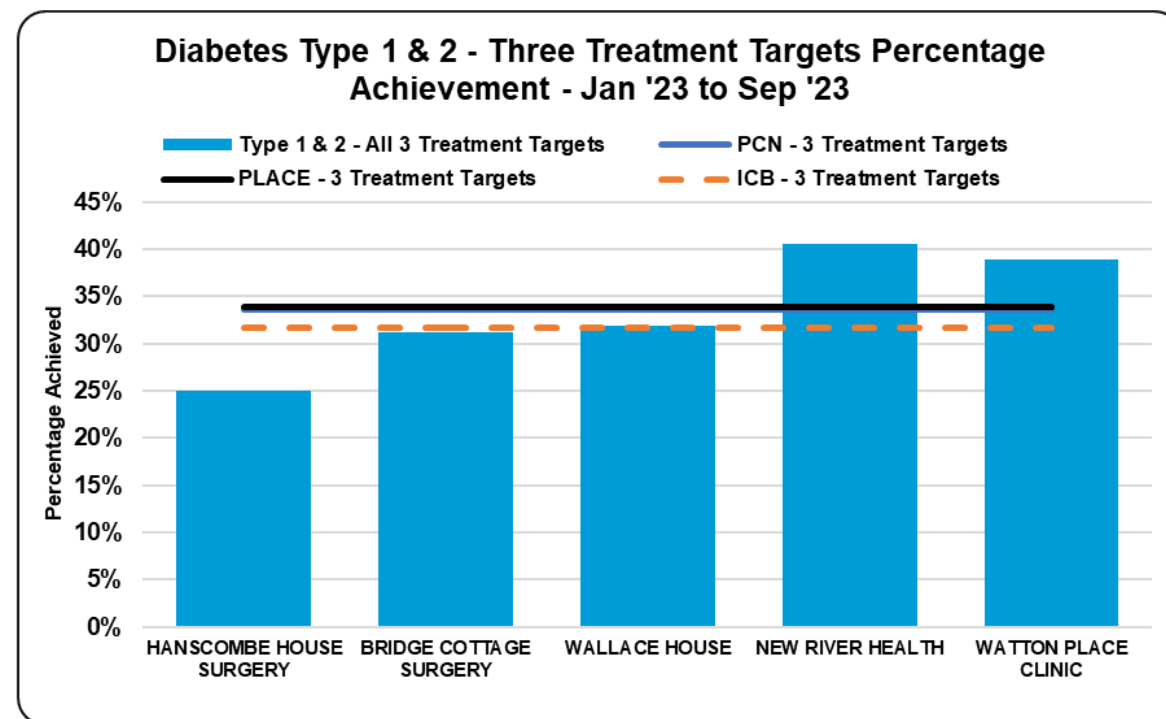
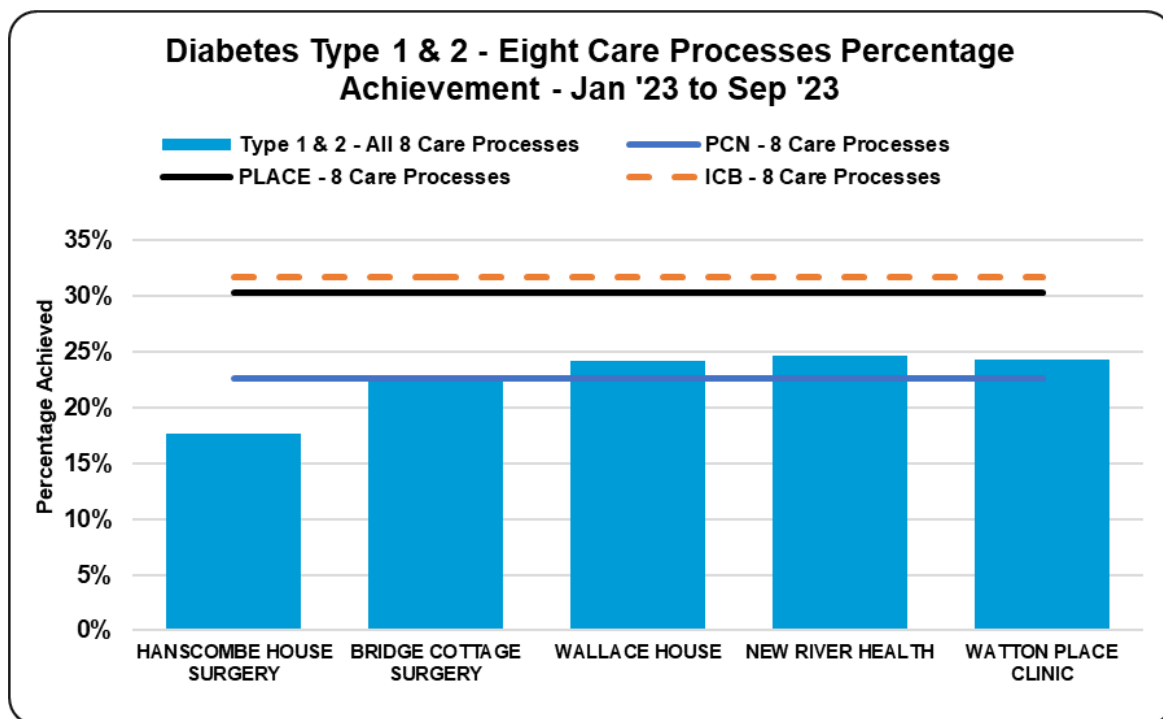


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Development of more proactive, preventative care models for LTC : 8 Care Processes & 3 treatment targets (all diabetes type 1 & 2)

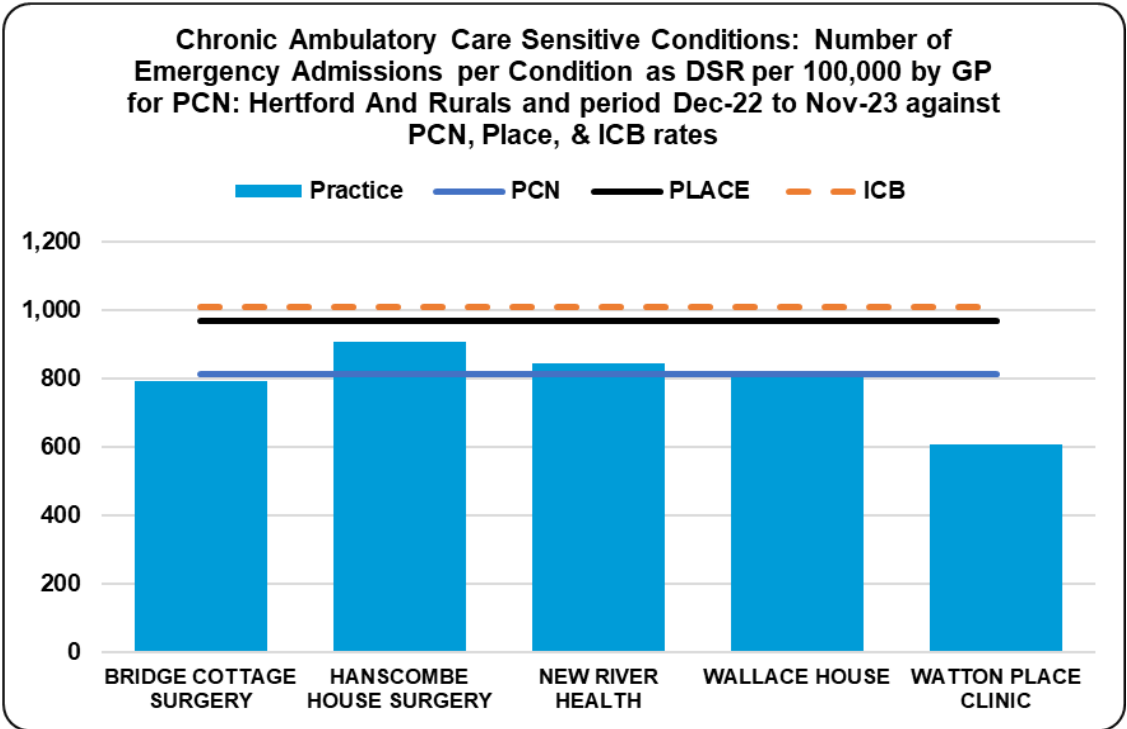
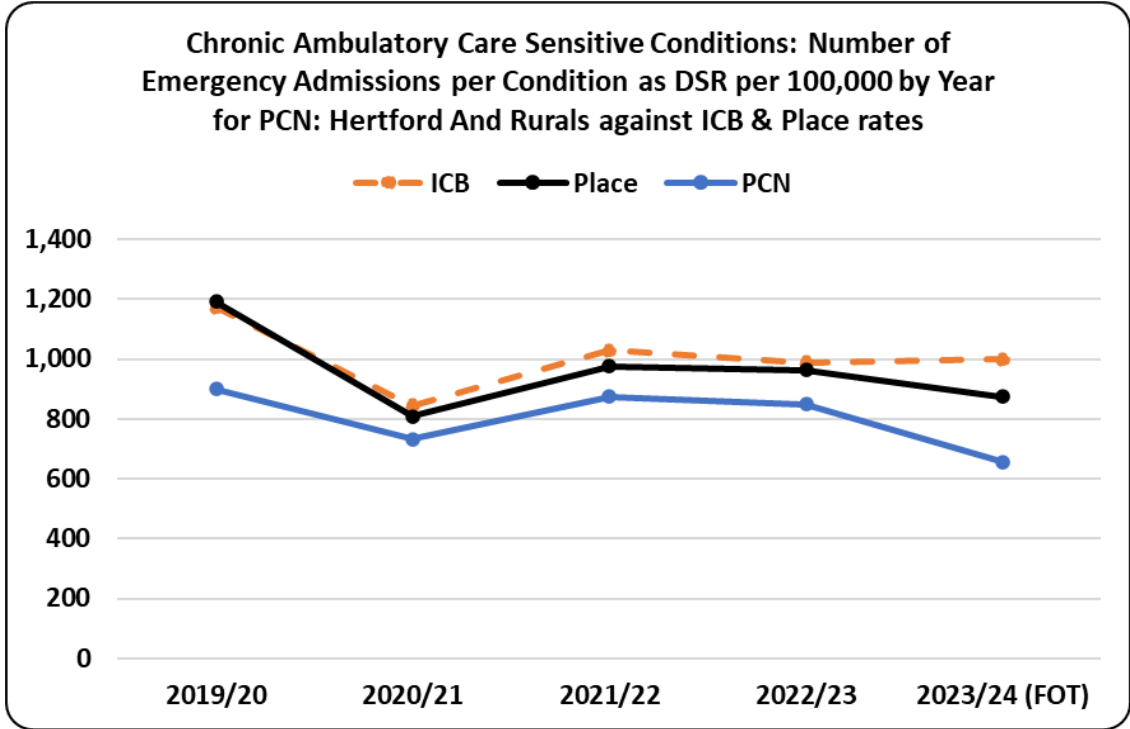
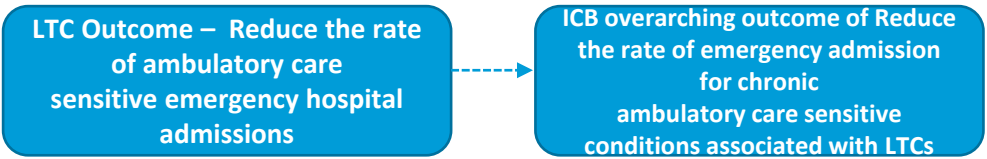
- The percentage of people living with diabetes who have received the 8 care processes in Hertford and Rurals PCN is lower to the ICB and Place. However, for the three treatment targets the PCN data shows a similar percentage than Place and ICB.
- The latest information can be found within [Ardens Manager](#).



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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)
- Hertford and Rurals PCN’s admission rate for Chronic ACS conditions is lower than the ICB rate and the Place rate when looking at the 12 months data up to November 2023.
- COPD, Atrial Fibrillation and Flutter and Diseases of the blood, are conditions with the highest volume.
- The data on page 11 looking at observed versus expected prevalence shows an opportunity for further identification of those with COPD.

Chronic Ambulatory Care Sensitive Conditions for Hertford And Rurals PCN	PCN Per 100,000 Rate Apr-23 to Nov-23	5 Year Trend	2024/25 Trajectory
Angina: Angina pectoris	16.92		UP
Asthma	26.21		DOWN
Atrial fibrillation and flutter	130.11		UP
COPD	115.98		UP
Congestive heart failure	88.86		UP
Diseases of the blood	153.16		UP
Epilepsy	61.34		UP
Hypertension	17.55		UP
Mental and behavioural disorders	5.99		DOWN
Nutritional, endocrine and metabolic	40.05		DOWN

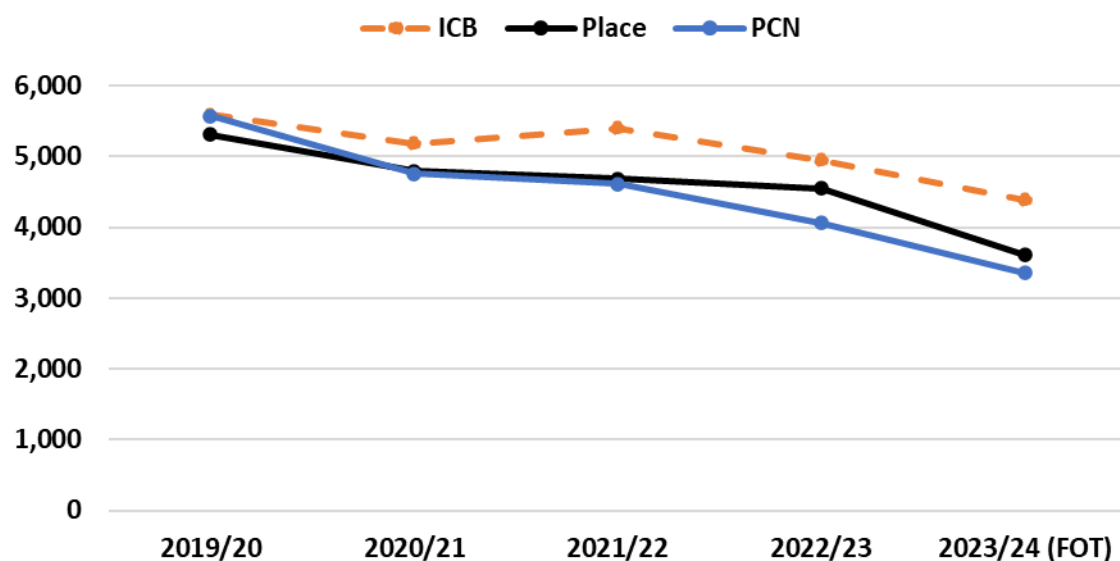
Emergency Admission rates for Falls in persons aged +75

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

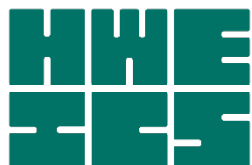
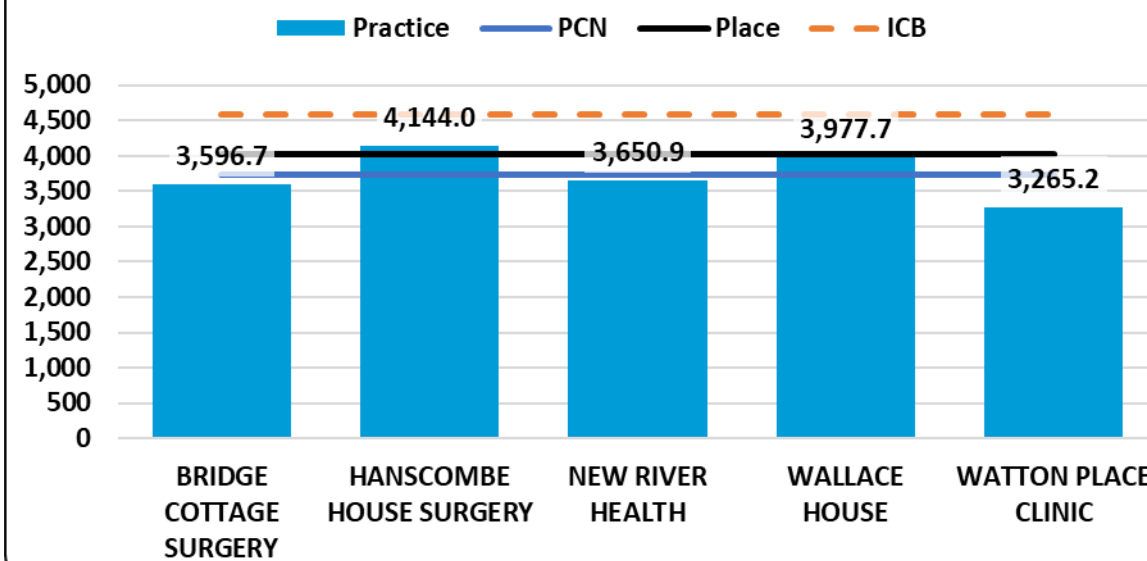
ICB overarching outcome of
Reduce the overall spend on
emergency hospital admissions

- When looking at the rolling 12 months up to November 2023 the data shows that Hertford and Rurals PCN has a lower rate of admissions for falls than Place and ICB.
- There is variation in the data for the practices within 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: Hertford And Rurals against ICB & Place rates



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



Hertfordshire and
West Essex Integrated
Care System



Source: SUS

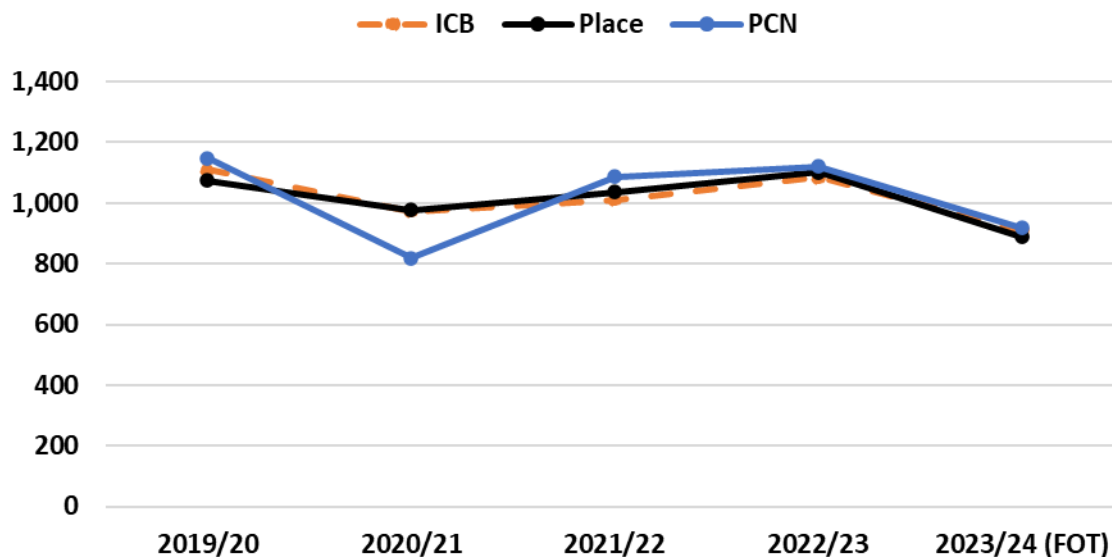
Emergency admission rates for Hip fractures in all over 75's

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

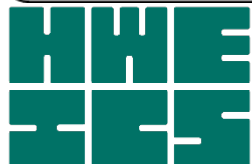
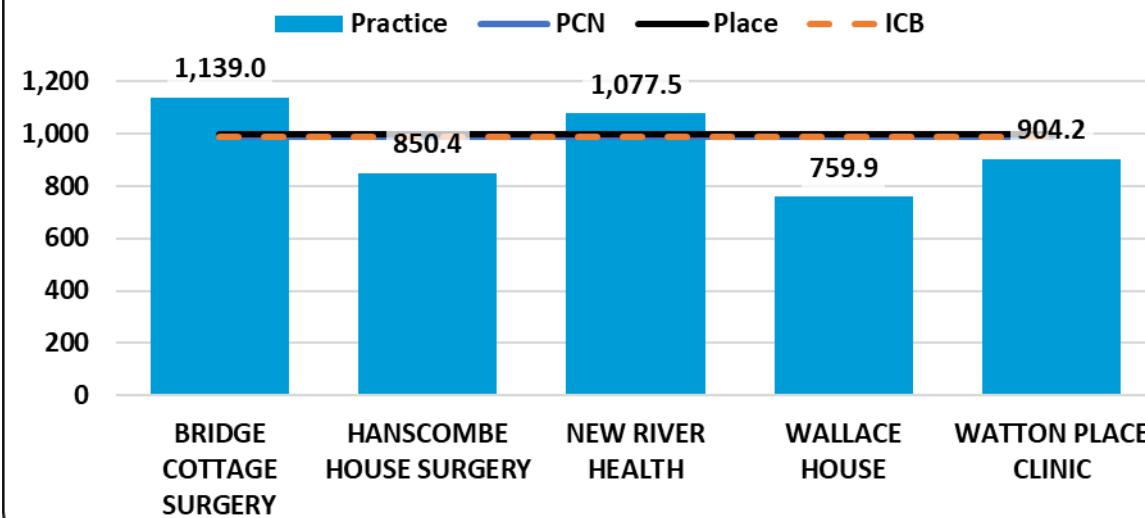
ICB overarching outcome of
Reduce the overall spend on
emergency hospital admissions

- The 12 months data up to November 2023 the data shows that Hertford and Rurals PCN has a similar rate of admissions for hip fractures compared to 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: Hertford And Rurals against ICB & Place rates



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



Hertfordshire and
West Essex Integrated
Care System



Source: SUS

ECF indicators for frailty and EOL

- The data shows that Hertford and Rurals 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 higher than 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](#).

Hertford And Rurals 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%
ENH	20.0%	11.7%	1.7%	0.8%	77.5%	48.6%	9.3%	35.1%	37.1%	48.0%
PCN	9.2%	18.5%	3.3%	0.7%	60.2%	71.0%	11.0%	61.3%	62.7%	42.5%
Bridge Cottage Surgery	8.0%	0.0%	9.1%	0.9%	46.2%	71.2%	7.6%	50.8%	53.0%	59.8%
Hanscombe House Surgery	15.0%	50.9%	1.1%	0.3%	55.0%	45.0%	12.5%	22.5%	25.0%	30.0%
New River Health	8.0%	51.4%	2.2%	0.7%	88.9%	93.3%	10.4%	91.9%	91.1%	29.6%
Wallace House	16.9%	49.4%	1.1%	0.7%	58.9%	61.7%	12.1%	60.7%	60.7%	37.4%
Watton Place Clinic	10.5%	65.3%	1.9%	0.6%	6.5%	38.7%	22.6%	25.8%	35.5%	58.1%



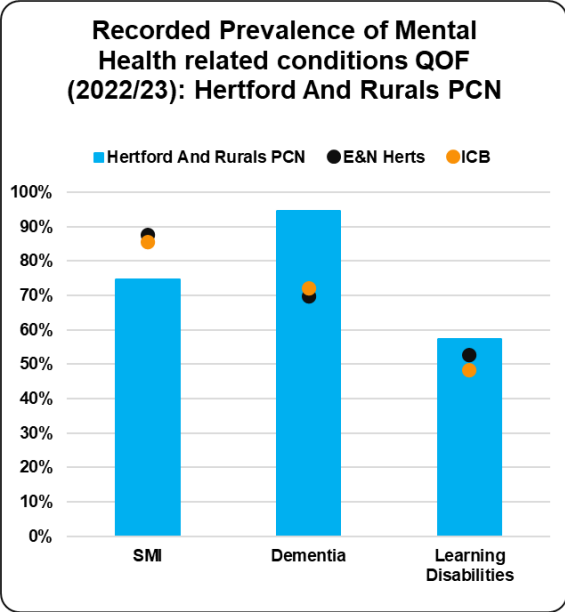
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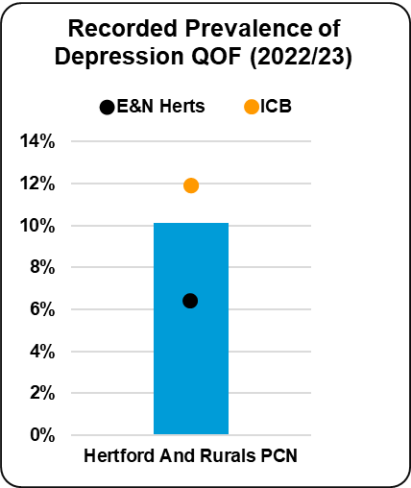
Prevalence of mental health conditions (QOF)

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 Hertford and Rurals PCN has a lower recorded prevalence for SMI 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.



Hertford and Rurals PCN- Mental Health Conditions 2022-2023 QOF prevalence, with 3 year trend										
	Bridge Cottage Surgery		Hanscombe House Surgery		New River Health		Wallace House		Watton Place Clinic	
	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	1.0%		0.5%		0.7%		0.9%		0.2%	
Depression	10.1%		11.1%		10.9%		11.3%		14.2%	
Learning Disability	0.6%		0.4%		0.5%		0.4%		0.3%	
SMI	0.8%		0.6%		0.8%		1.0%		0.4%	



Hertfordshire and West Essex Integrated Care System



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 Hertford and the Rurals PCN have higher achievement for all indicators compared with place and 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
E&N	79.8	88.3	89.0	81.5	81.5	82.0
Hertford And Rurals PCN	95.2	95.5	96.0	87.2	89.3	93.6
Bridge Cottage Surgery	97.1	97.0	100.0	92.9	95.9	100.0
Hanscombe House Surgery	91.9	94.1	94.5	92.0	97.6	87.2
New River Health	92.5	94.1	92.9	77.8	79.3	97.8
Wallace House	96.9	95.9	96.4	90.3	91.5	82.2
Watton Place Clinic	100.0	100.0	100.0	100.0	90.9	100.0



Emergency Admissions Rates for Self – Harm

ICB overarching outcome of
Improving Healthy life
expectancy

- Hertford and Rurals 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.
- The data will continue to be monitored at wider HCP and ICB footprints.

