



Hertfordshire and  
West Essex Integrated  
Care System

## PCN Insights Pack 2024

### Icknield

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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:

[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"> <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

# Icknield 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 Icknield areas of opportunity highlighted are :

- ***Admissions for wheeze and diabetes in children***
- ***Smoking treatment offered***
- ***Observed versus expected prevalence of LTC***
- ***Annual reviews completed for LTC***
- ***Control of hypertension***

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>

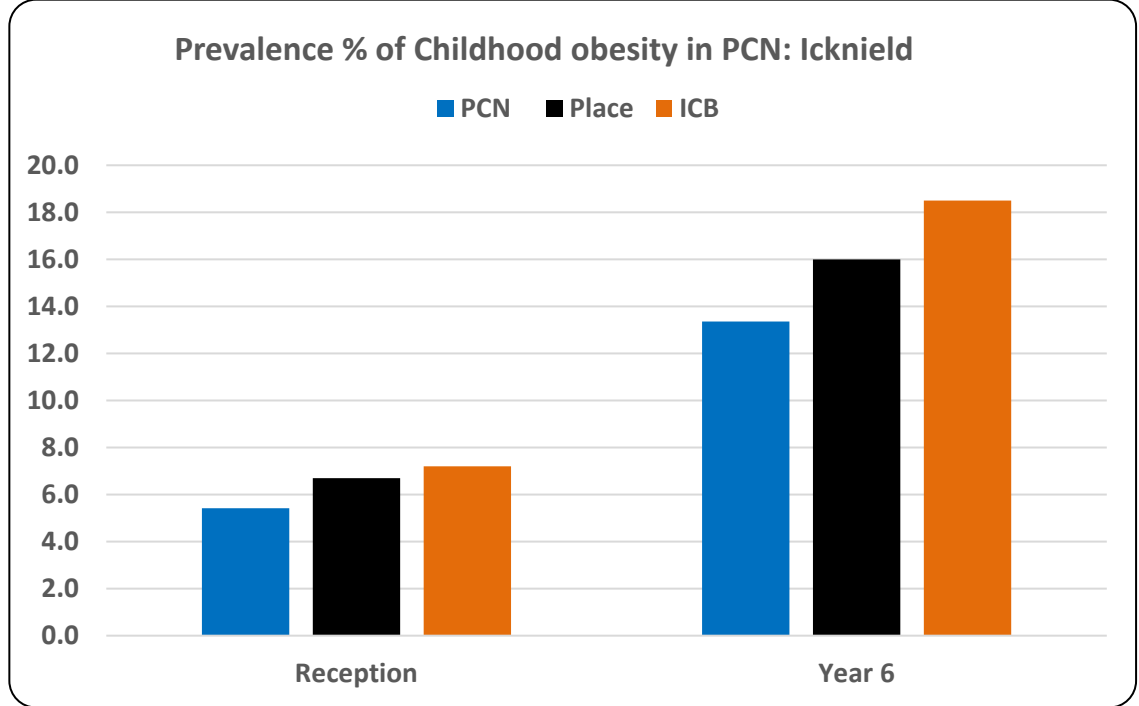
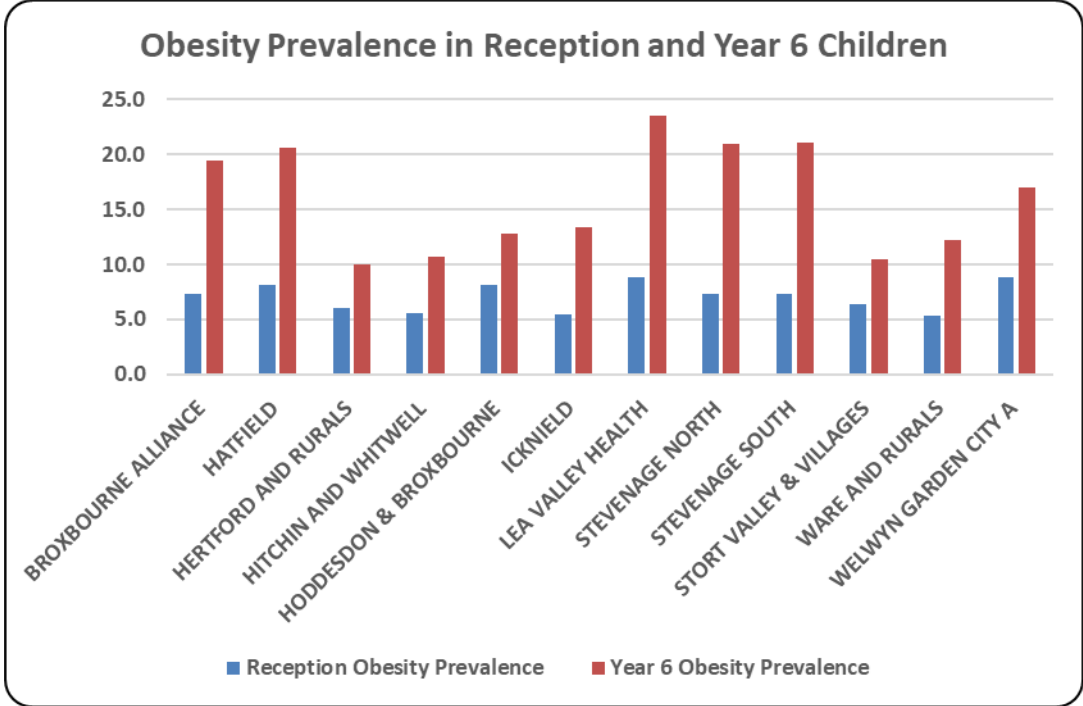
Clinical Priority	Metric	PCN compared to Place average	PCN compared to ICB average
Childhood obesity	% of children in Reception who are overweight	↓	↓
	% of children in Year 6 who are overweight	↓	↓
Reduce rates of emergency care for children and young people	A&E Attendances for Asthma (Children)	↓	↓
	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	↓	↓
	Identification of hypertension	↑	↑
	% of people for secondary prevention CVD who are on low and medium intensity statins	↔	↔
	% of diabetics with all 8 care processes completed	↑	↑
Preventative, Proactive care models for LTC	Admissions for ACS conditions	↓	↓
	Admissions for falls (75+)	↓	↓
	Admissions for Hip Fractures (75+)	↓	↓
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	↔	↓ (Dep)
	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 trend, the PCN rates for Childhood Obesity are higher for year 6 in comparison to reception children.
- Compared to the ICB and Place rate, Icknield PCN has a lower rate of Childhood Obesity for Children in Reception and Year 6.

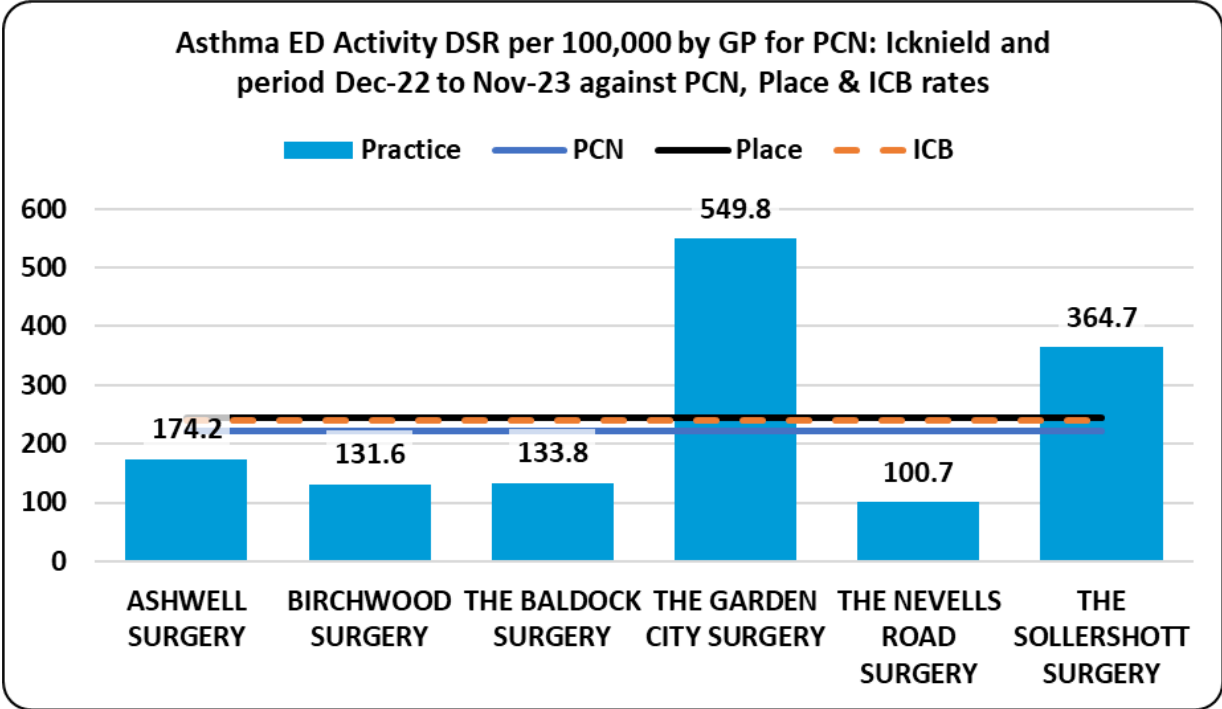
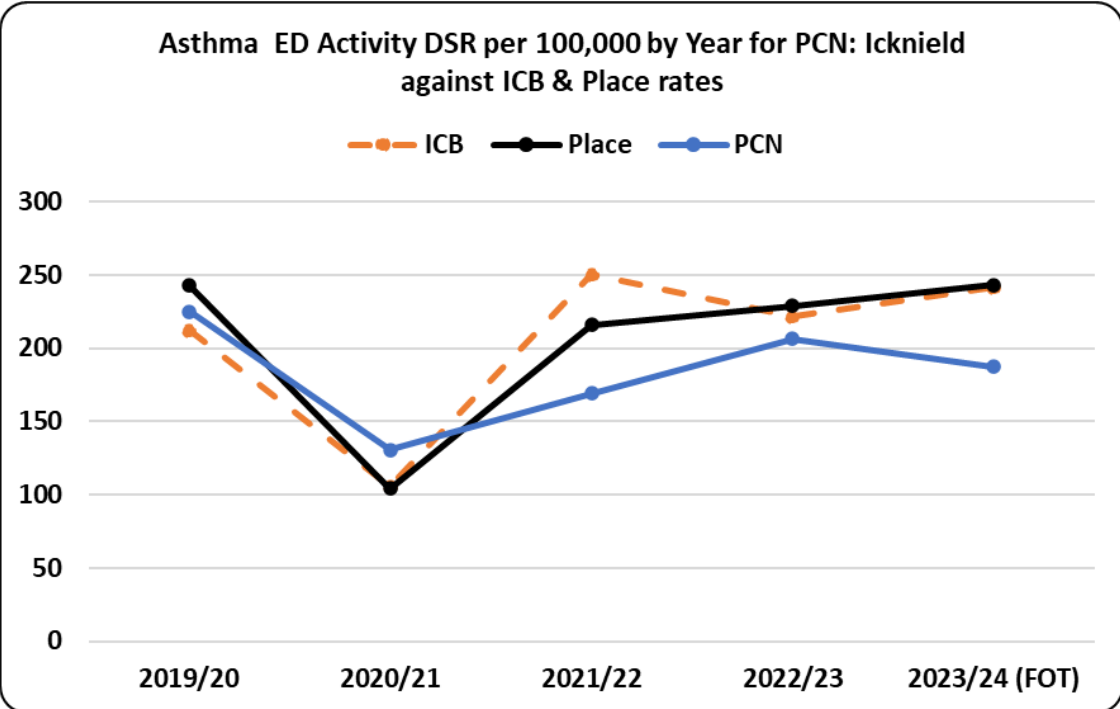


# A&E attendances for Asthma (CYP)

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

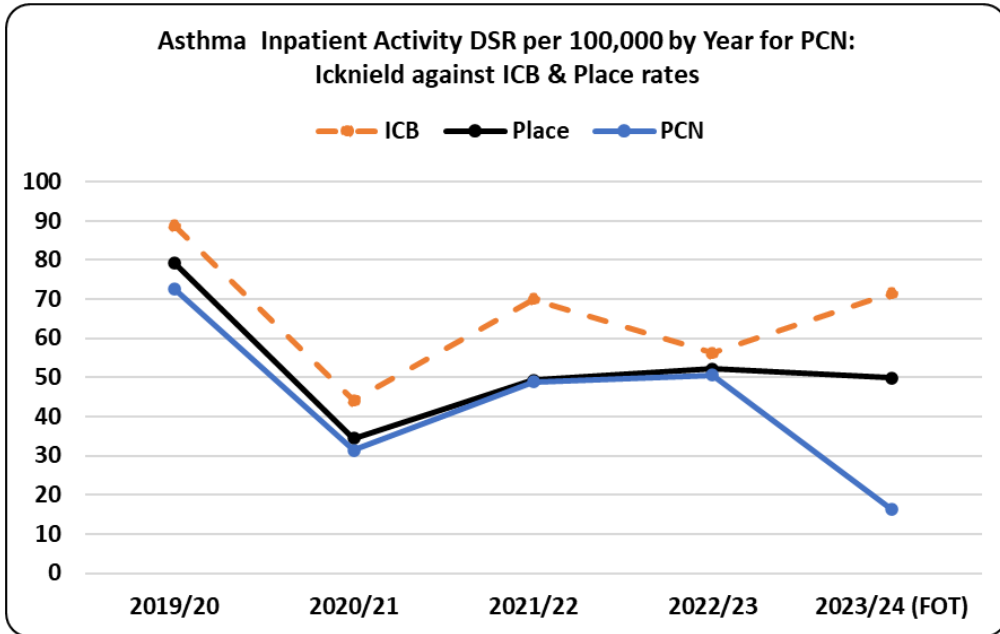
ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Compared to Place and the ICB, Ickniel PCN has a lower rate of A&E attendances for Children and Young People with 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](mailto:hweicbenh.cypteam@nhs.net) for details of projects underway.



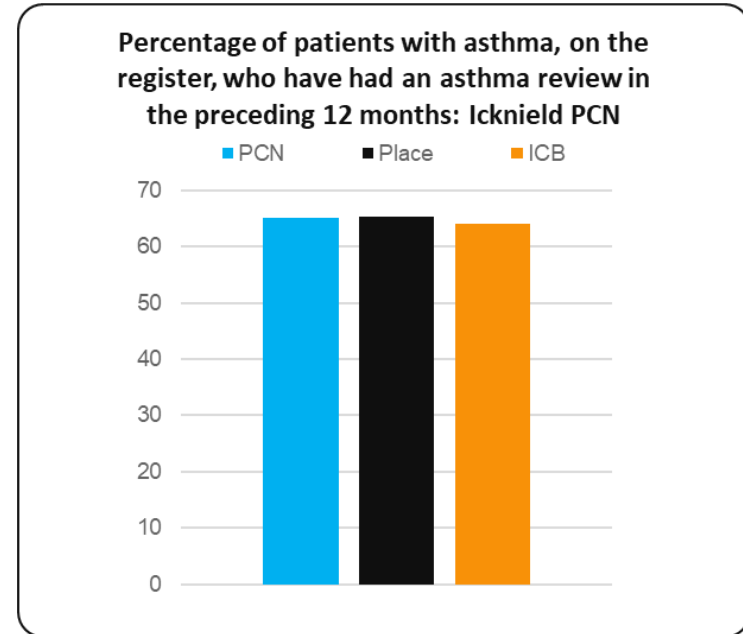
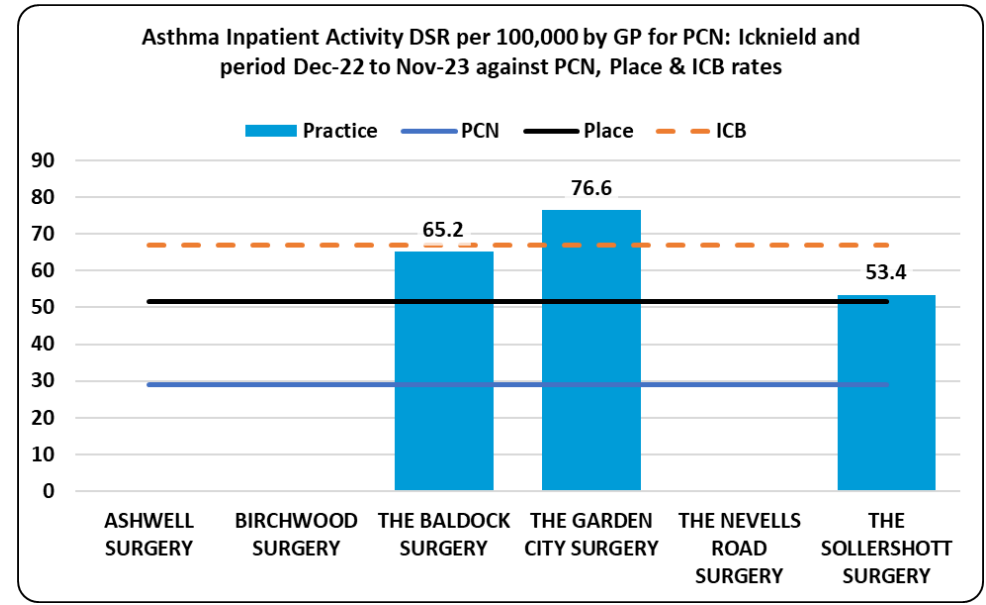
# Admissions for Asthma (CYP)

- Compared to Place and the ICB, Icknield 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 Icknield PCN in 2022/23. However, the latest forecast outturn data from November shows the rate decreasing.
- Similar levels of Asthma Reviews are carried out within Icknield 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

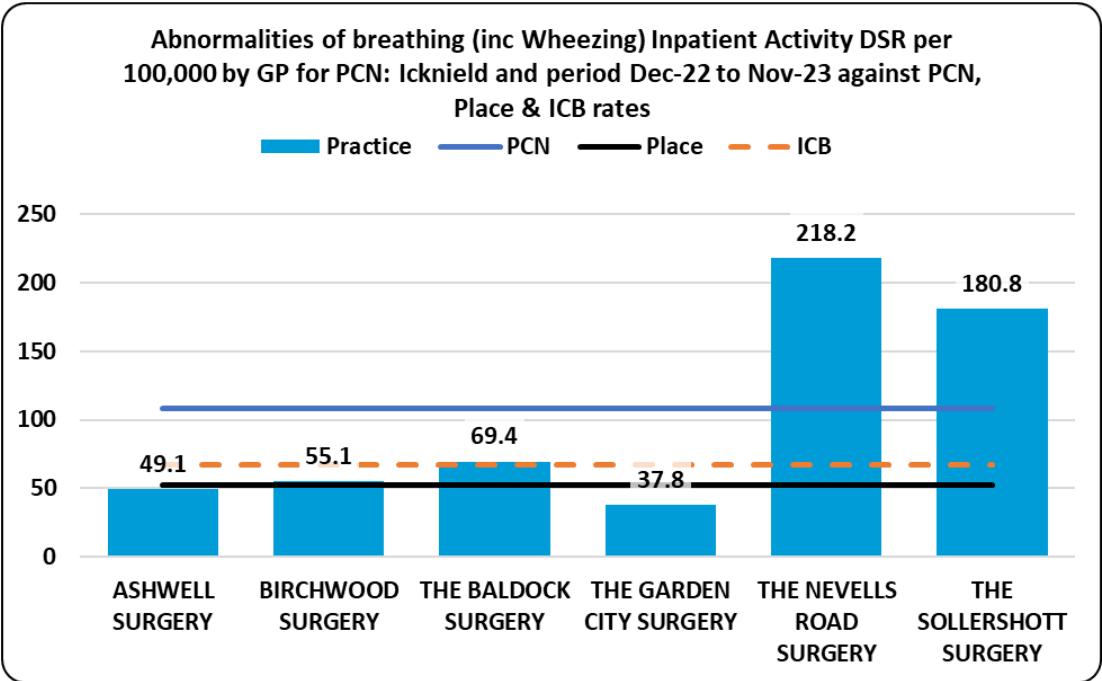
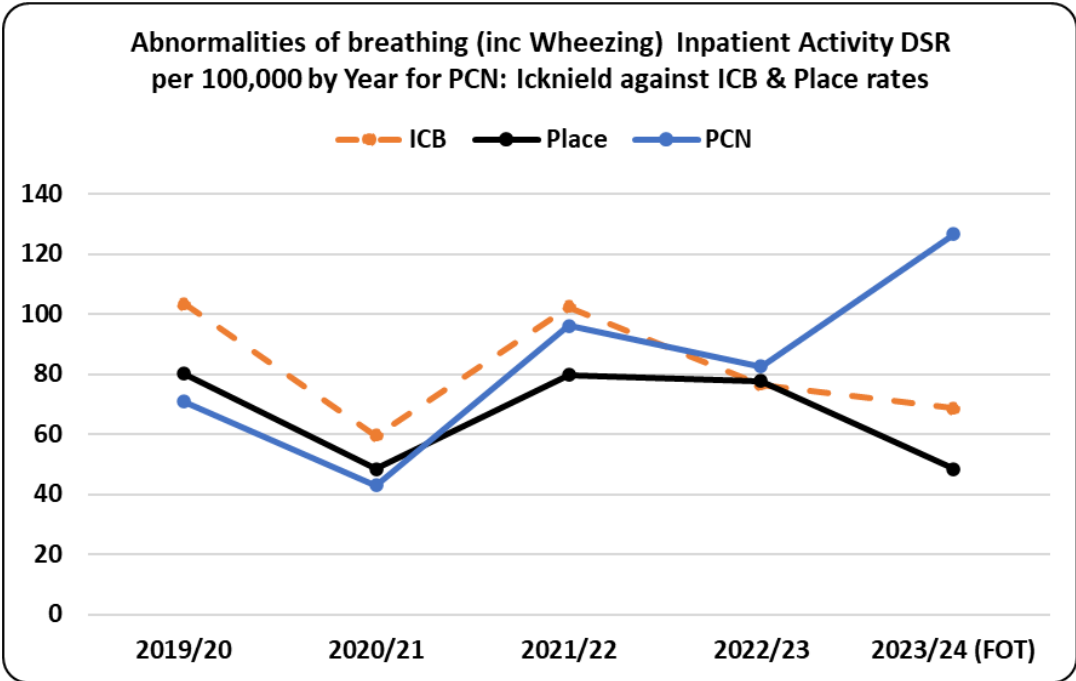


# Admissions for Wheeze (CYP)

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

- Icknield PCN has a higher rate of Children and Young People admitted to hospital for abnormalities of breathing including wheeze compared to ICB and Place. Recent analysis of UEC data showed Wheeze as a significant reason for admission within young children across HWE.
- Rates of Children and Young People admitted to Hospital for Wheeze fluctuate annually with the latest forecast outturn from November data showing an increase on the previous year.
- When looking at the data by practice there is variation between the practices.



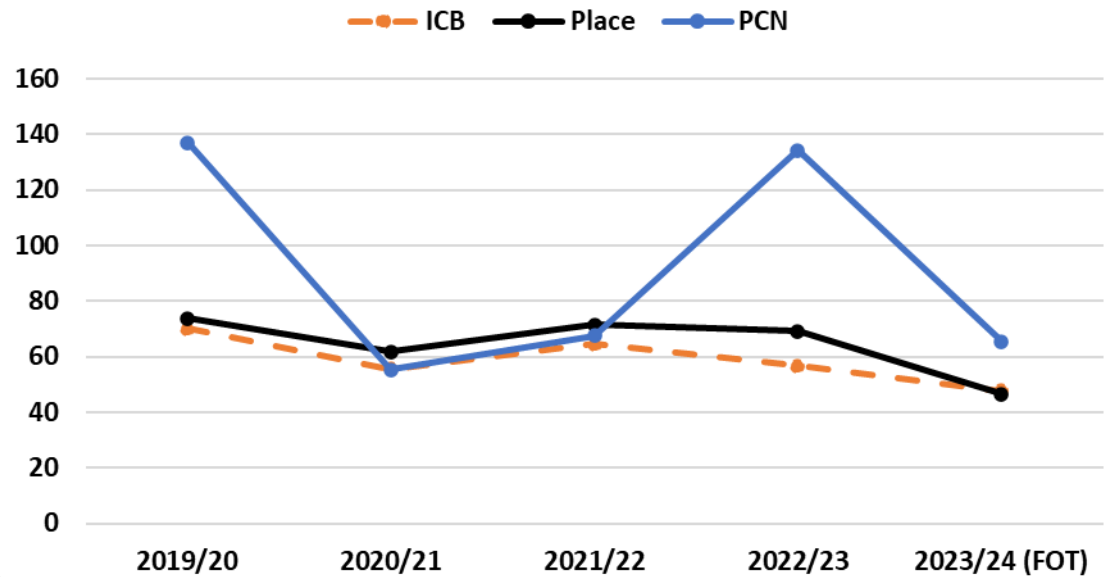
# Admissions for Diabetes (CYP)

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

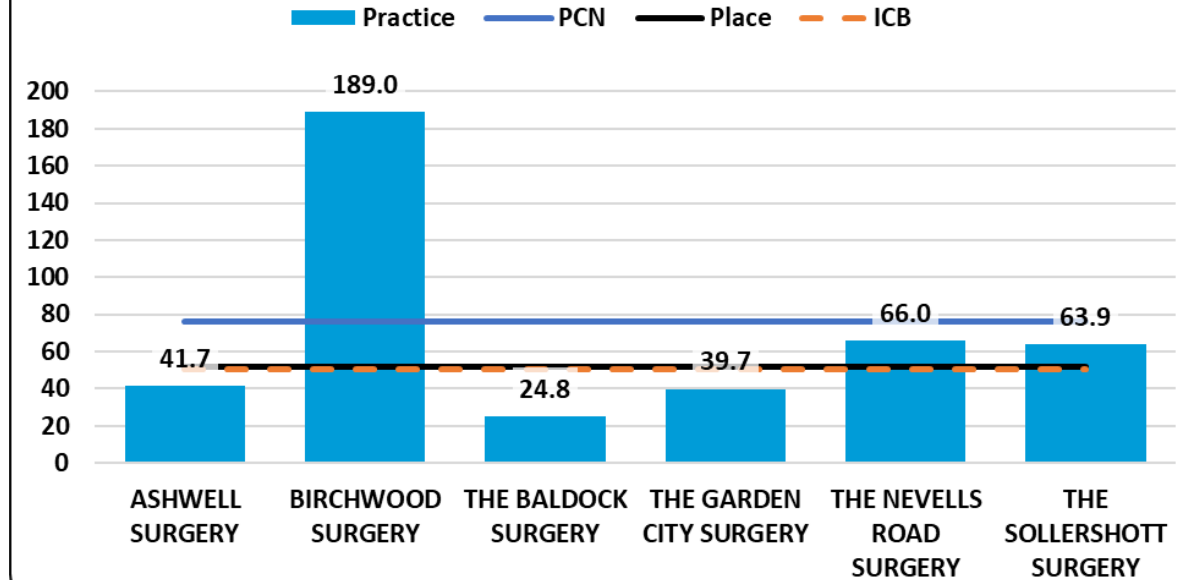
ICB overarching outcome of reduce the proportion of people living with advanced disease and complexity

- Diabetes is identified as an area of focus within the Core 20 plus 5 for children. The PCN rate is higher than both place and ICB.
- The numbers of children admitted for diabetes are small and this should be considered when looking at the data.
- 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: Icknield against ICB & Place rates



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



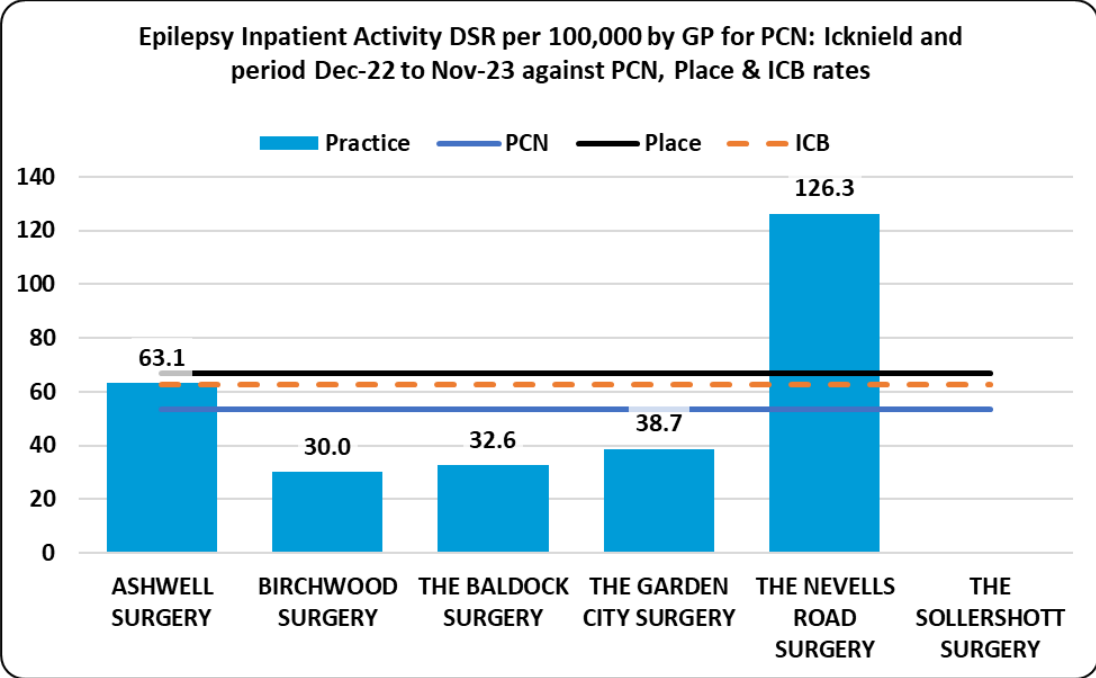
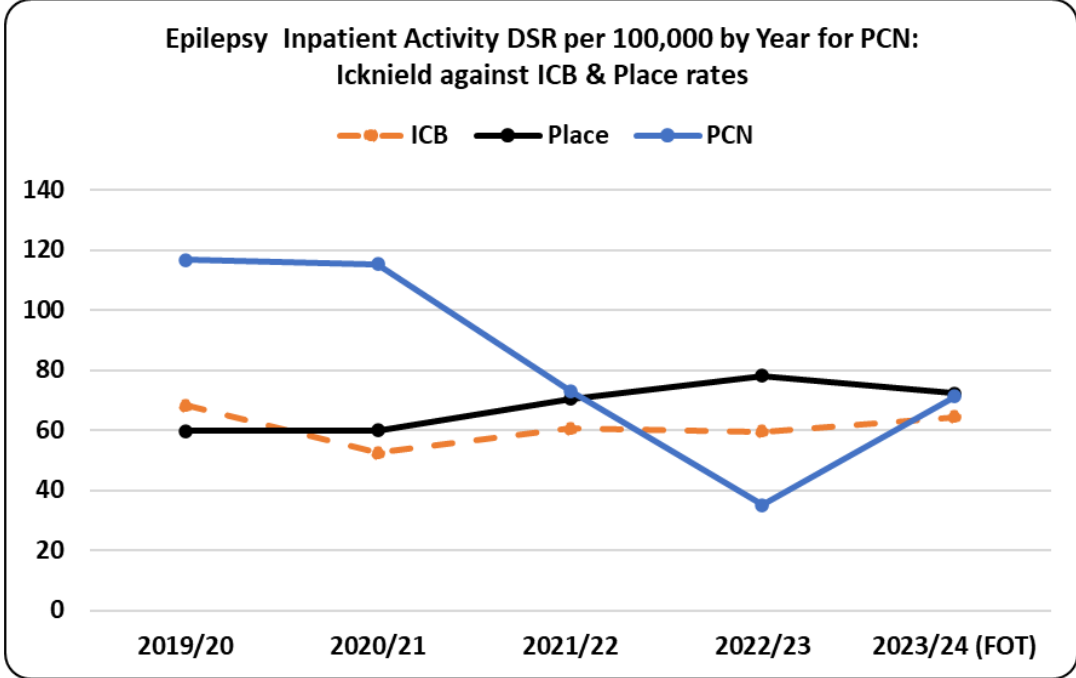


# Admissions for Epilepsy (CYP)

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

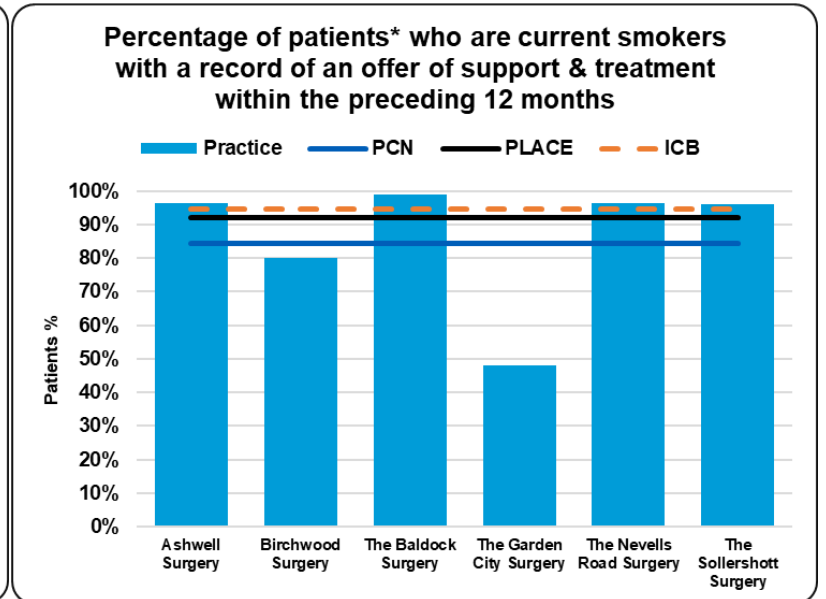
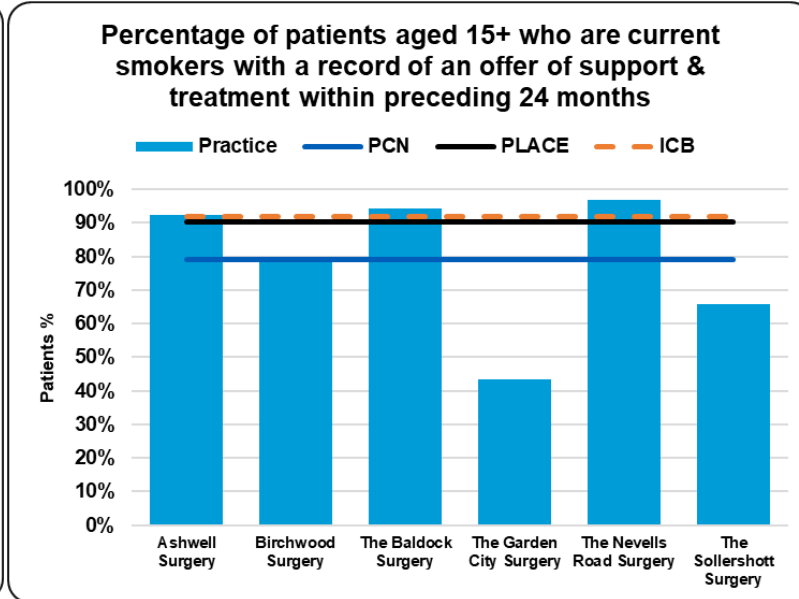
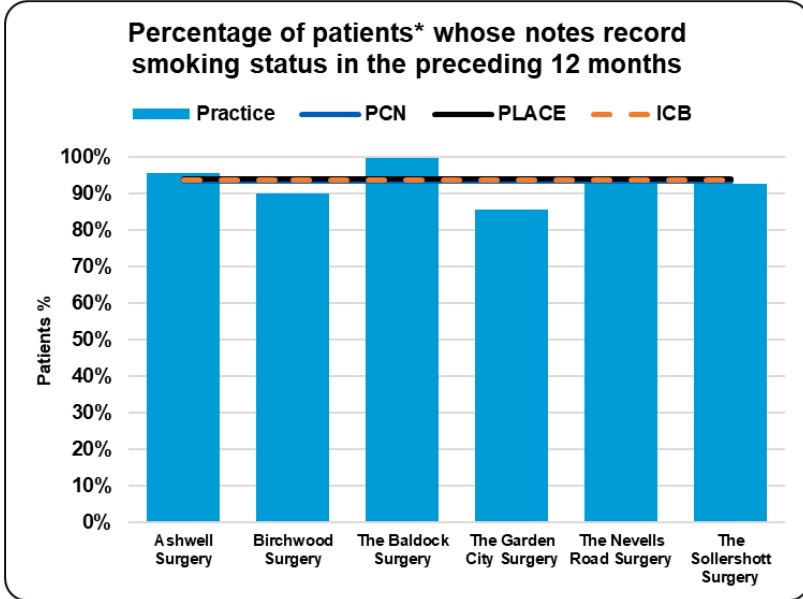
- Epilepsy is identified as an area of focus within the Core 20 plus 5 for children. The PCN rate is lower than both place and ICB.
- The numbers of children admitted for epilepsy are small and therefore fluctuations in the trend are more prominent. There is variation when looking at the data by practice.
- The data for epilepsy will continue to be monitored at wider HCP and ICB footprints. The Children and Young Peoples programme can be contacted via [hweicbenh.cypteam@nhs.net](mailto:hweicbenh.cypteam@nhs.net) for details of projects underway.



# Prevention and health inequalities – Lifestyle factors - Smoking

- Icknield PCN data for smoking is similar to place and ICB for recording smoking status.
- A lower proportion of patients have been offered treatment for smoking compared to place and the 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>

Practices	ECF 2023-24 - Condition Section Under Smoker, Smoking Status, and Smoking Status Recorded - as of Jan. 2024					
	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
Ashwell Surgery	53%	426	7%	412	0%	9
Birchwood Surgery	43%	494	15%	894	0%	10
Nevell's Road Surgery	32%	578	6%	825	0%	16
The Baldock Surgery	54%	740	17%	763	0%	20
The Garden City Surgery	31%	288	17%	548	0%	9
The Sollershott Surgery	39%	516	33%	419	0%	6



# Prevention and health inequalities

## Early Identification: Expected vs observed prevalence

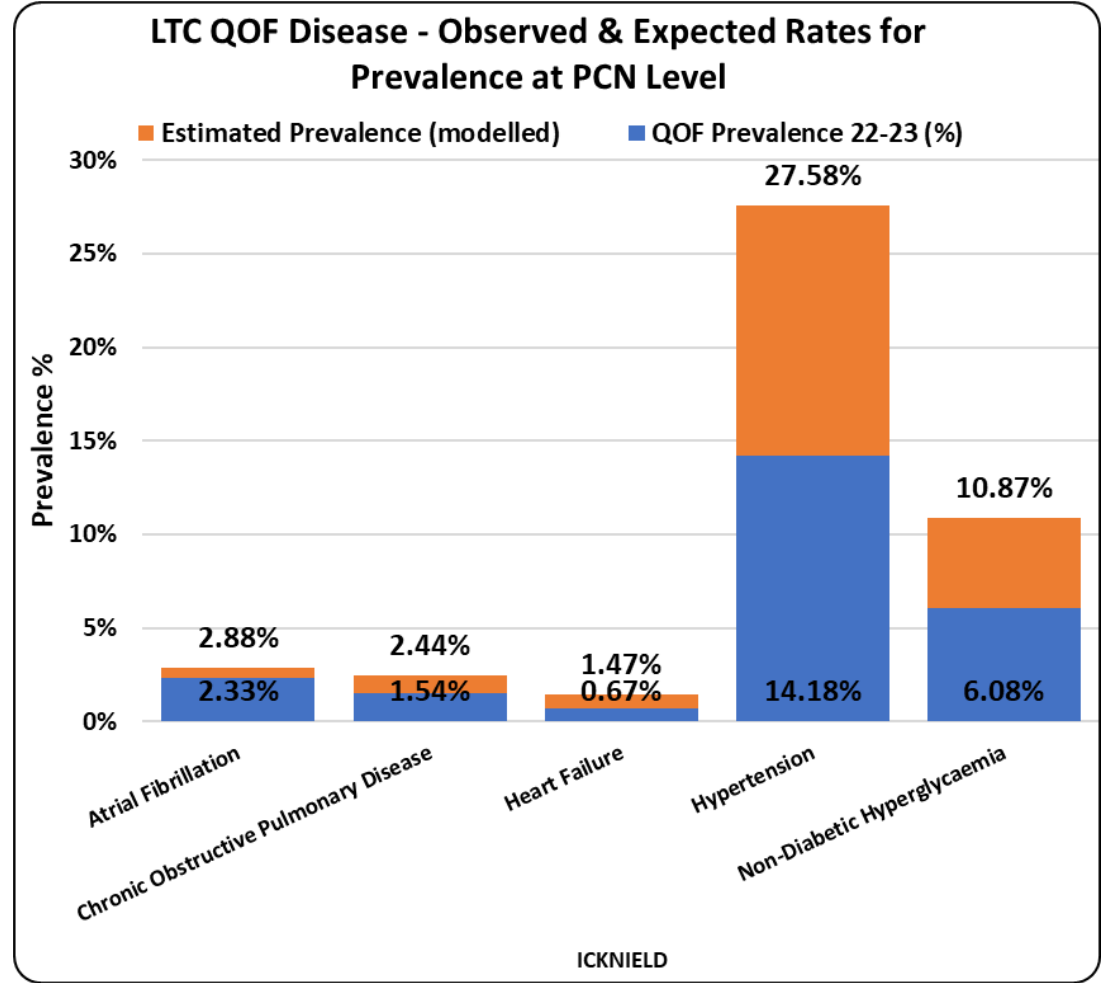
The data on here shows the national modelled estimated prevalence for the PCN compared with the latest published QOF prevalence for the PCN.

- Icknield 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>

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

Disease/ Condition	Disease Detection Modelling for Icknield PCN - No. of New Diagnoses to Meet ICS & PLACE Rates - 2023/24	
	Number to meet ICS rate	Number to meet PLACE rate
Asthma	3389	212
Atrial Fibrillation		54
Chronic Kidney Disease	1581	366
Chronic Obstructive Pulmonary Disease		79
Coronary Heart Disease	1561	41
Diabetes Mellitus		114
Epilepsy	330	19
Heart Failure		44
Hypertension	7952	222
Non-Diabetic Hyperglycaemia		222
Peripheral Arterial Disease	250	25
Stroke and Transient Ischaemic Attack	947	28



# 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.

QOF Disease/ Condition	Icknield PCN - Long-Term Conditions 2022-23 QOF Prevalence, with 3 Year Trend.														
	QOF 22-23 - ICB %	QOF 22-23 - PLACE %	QOF 22-23 - PCN %	ASHWELL SURGERY		THE NEVELLS ROAD SURGERY		BIRCHWOOD SURGERY		THE BALDOCK SURGERY		THE SOLLERSHOTT SURGERY		THE GARDEN CITY 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	QOF 2022-23	3 Year Trend
Asthma	6.16%	6.40%	6.95%	3.68%	↘	8.00%	↘	8.51%	↘	6.81%	↗	7.72%	↘	6.97%	↗
Atrial fibrillation	2.09%	2.12%	2.33%	2.58%	↗	2.30%	↘	2.44%	↗	2.43%	↗	2.81%	↘	1.45%	↘
Chronic kidney disease	3.46%	2.94%	2.55%	4.55%	↗	1.46%	↘	1.64%	↘	2.41%	↗	3.56%	↗	1.69%	↘
Chronic obstructive pulmonary disease (COPD)	1.49%	1.55%	1.54%	1.22%	↗	1.41%	↘	1.95%	↘	1.38%	↘	1.16%	↗	2.11%	↘
Diabetes mellitus	6.63%	6.54%	7.07%	5.28%	↗	8.06%	↘	8.24%	↘	6.21%	↗	7.40%	↗	7.21%	↗
Epilepsy	0.70%	0.73%	0.78%	0.66%	↗	0.83%	↘	1.02%	↘	0.66%	↗	0.67%	↗	0.82%	↗
Heart Failure	0.80%	0.74%	0.67%	0.62%	↗	0.71%	↗	0.68%	↗	0.75%	↗	0.76%	↗	0.51%	↗
Hypertension	13.84%	13.83%	14.18%	13.74%	↘	13.56%	↘	16.97%	↘	14.75%	↗	15.11%	↘	10.96%	↘
Non-diabetic hyperglycaemia	6.42%	5.29%	6.08%	3.31%	↘	5.75%	↗	4.98%	↗	7.18%	↗	10.46%	↘	4.78%	↗
Peripheral arterial disease	0.44%	0.45%	0.43%	0.33%	↗	0.55%	↗	0.47%	↗	0.45%	↗	0.53%	↗	0.26%	↗
Secondary prevention of coronary heart disease	2.67%	2.63%	2.82%	2.35%	↗	2.93%	↘	3.21%	↘	2.93%	↗	3.14%	↗	2.39%	↗
Stroke and transient ischaemic attack	1.63%	1.71%	1.86%	1.67%	↗	1.86%	↘	2.16%	↘	2.08%	↗	1.99%	↘	1.42%	↗



# 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 that the PCN has lower percentages for all review categories.
- 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	Icknield PCN	Ashwell Surgery	Birchwood Surgery	The Baldock Surgery	The Garden City Surgery	The Nevells Road Surgery	The Sollershot t Surgery
% of <b>AF</b> Patients with Stroke Risk Assessed in the last 12 months	92.9	91.8	79.0	93.9	33.3	86.2	92.3	85.1	90.1
The % of patients aged 45 or over who have a record of <b>blood pressure</b> in the preceding 5 years	85.7	85.9	83.7	77.3	83.5	88.0	79.3	85.6	85.8
The % of patients with a diagnosis of <b>heart failure</b> on the register, who have had a review in the preceding 12 months	72.7	67.0	45.5	82.4	49.4	27.1	9.5	82.5	4.3
The % of patients with <b>asthma</b> , on the register, who have had an asthma review in the preceding 12 months	64.0	65.3	65.0	57.5	64.5	77.2	44.7	68.1	66.6
The % of patients with <b>COPD</b> , on the register, who have had a review in the preceding 12 months	75.7	77.1	76.2	91.0	81.8	79.1	49.4	84.2	77.1
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	75.5	76.4	75.4	83.5	76.8	80.4	51.8	92.7	51.5
The % of patients with <b>non-diabetic hyperglycaemia</b> who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.	82.9	82.9	78.0	93.5	68.2	84.8	58.9	86.1	73.5

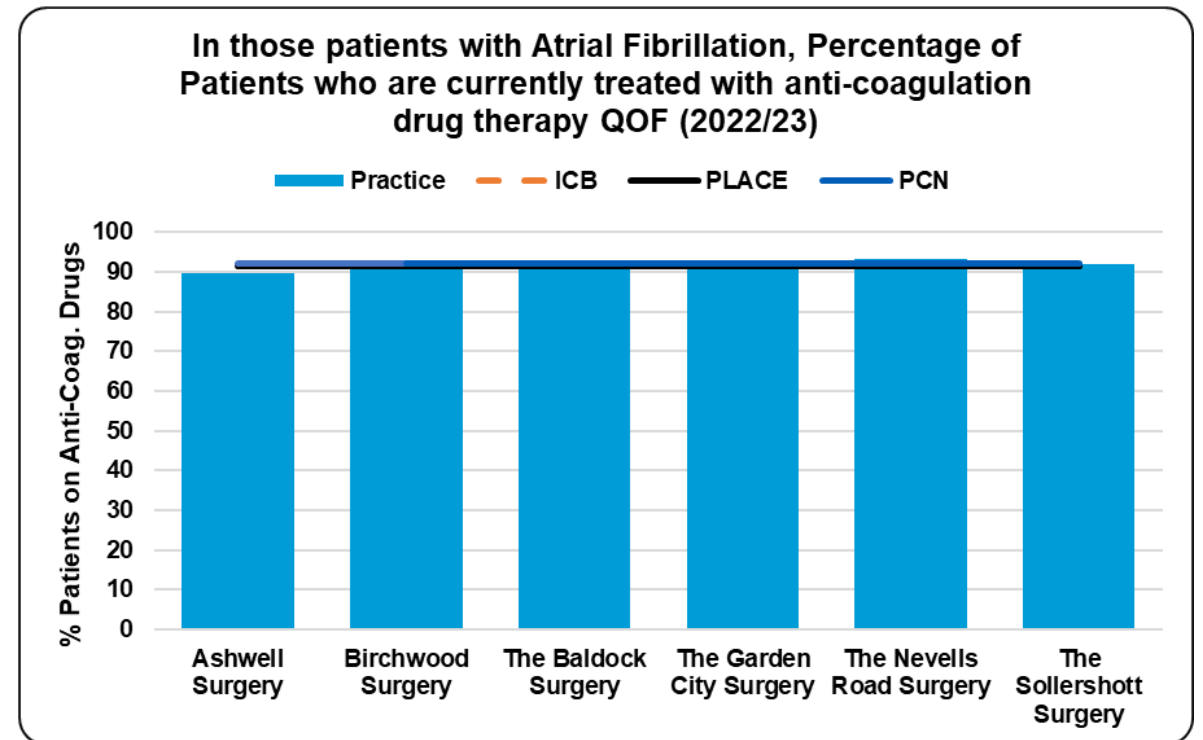
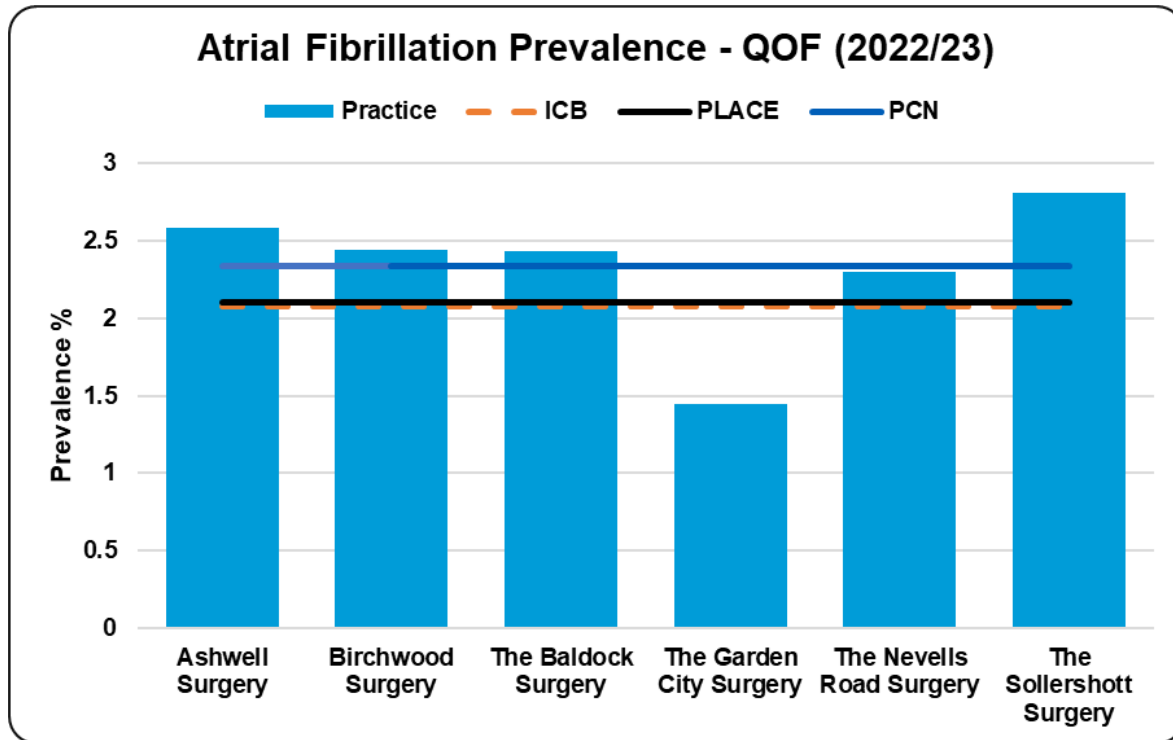


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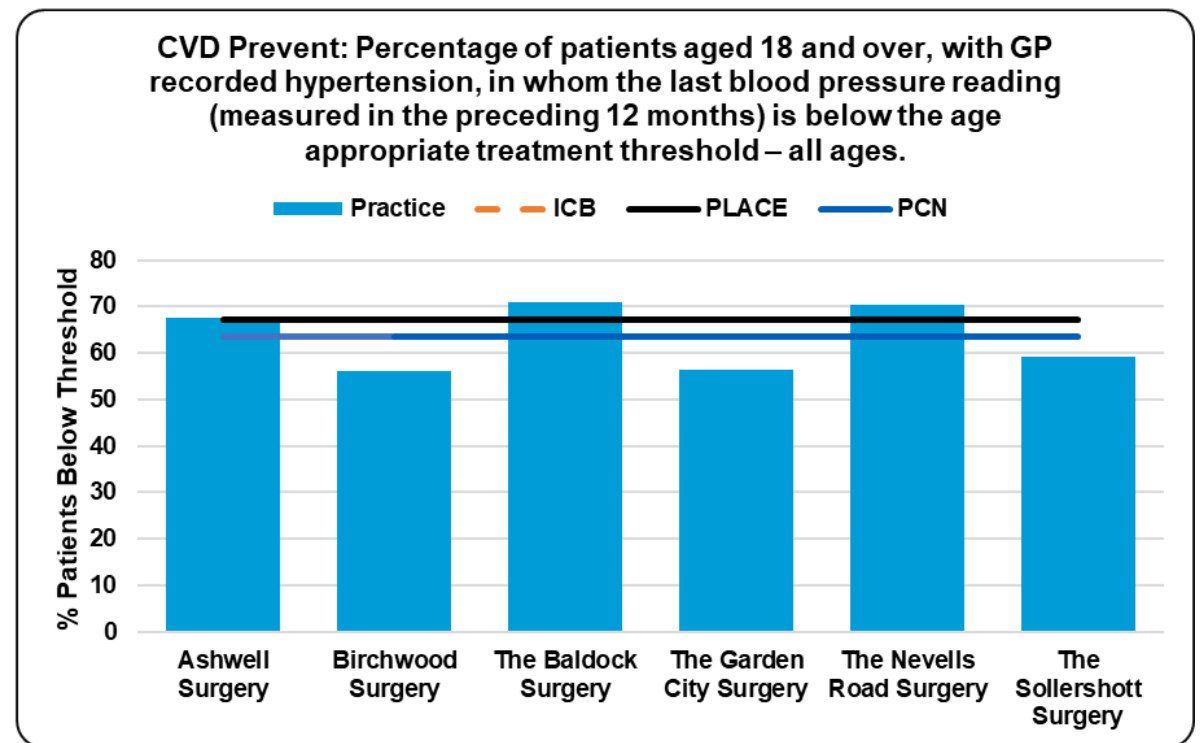
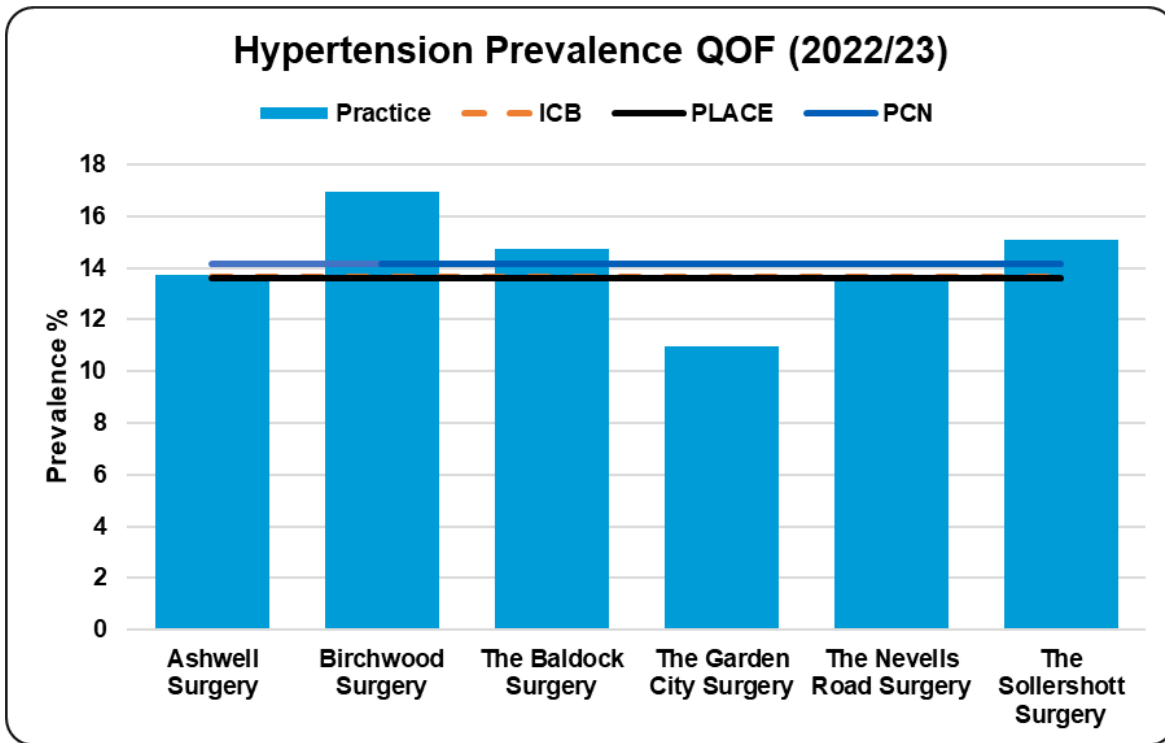
# Prevention and health inequalities – Atrial Fibrillation

- Icknield PCN recorded prevalence for Atrial Fibrillation is higher for 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 latest AF indicators can be found at <https://app.ardensmanager.com/login>



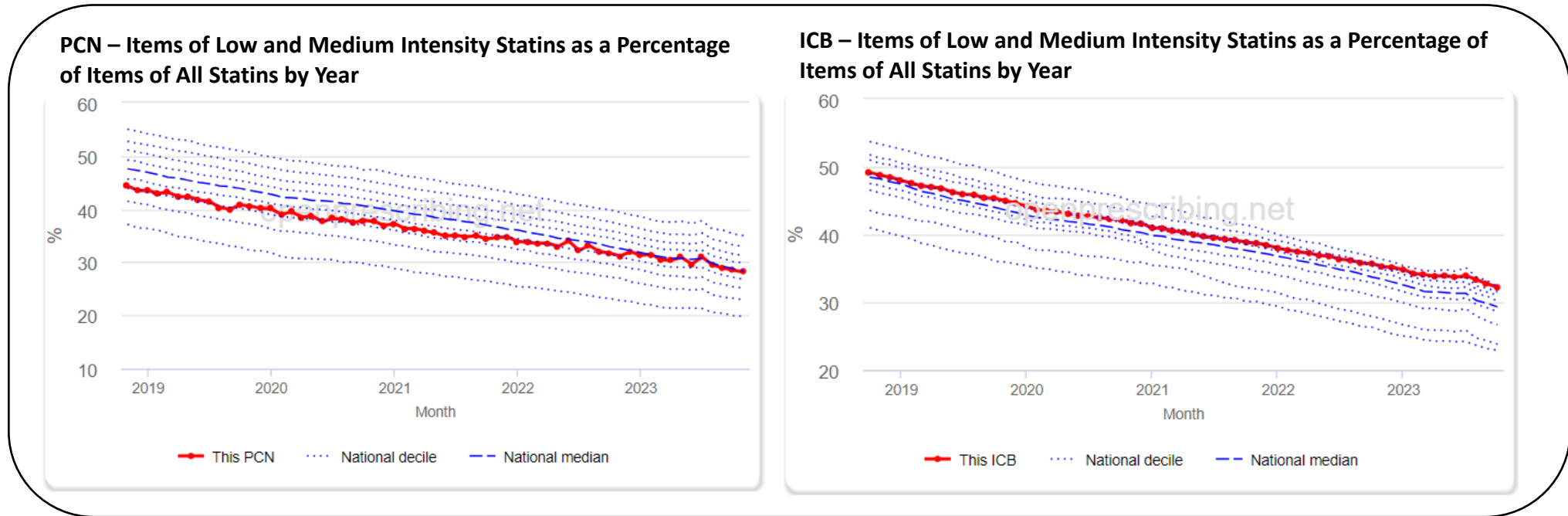
# Prevention and health inequalities – Hypertension

- Icknield PCN recorded prevalence for hypertension is higher 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 lower than both Place and ICB with variation between the practices.
- The latest hypertension indicators can be found at <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 ([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 Icknield 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 49th percentile with 28.2% of people not on high intensity statins. This compares to 28.3% nationally.



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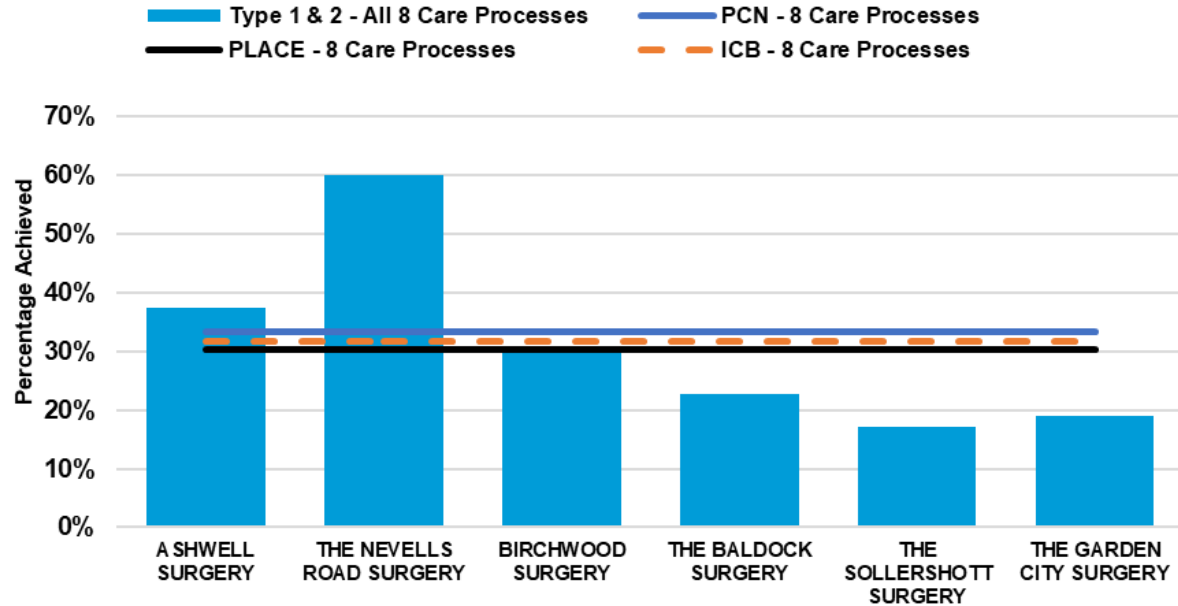




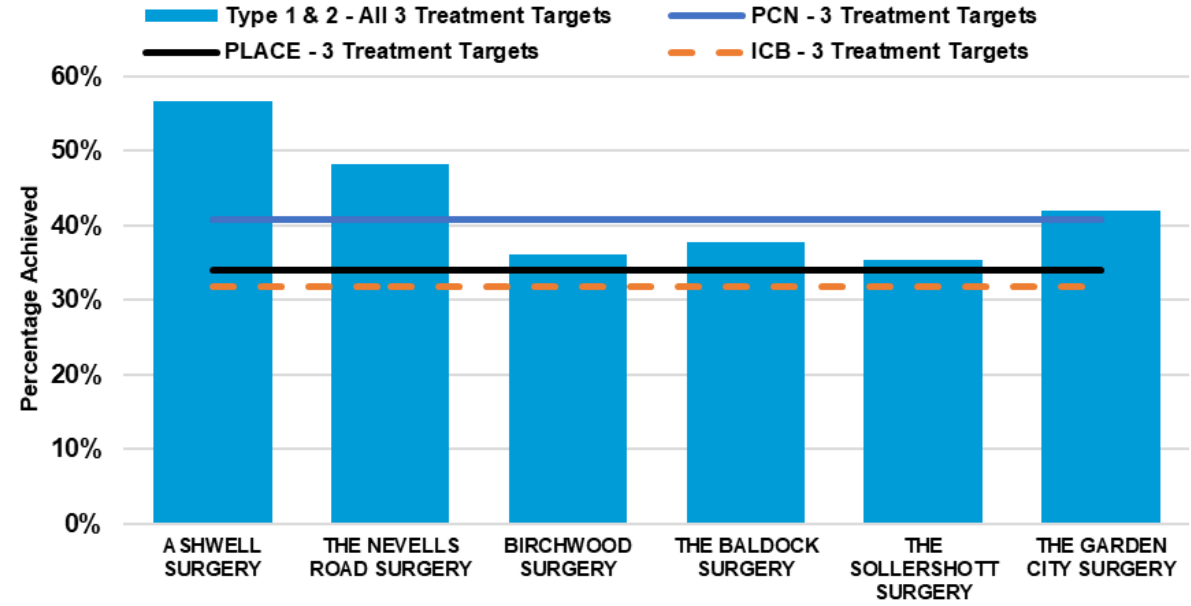
# Development of more proactive, preventative care models for LTC : 8 Care Processes & 3 treatment targets (all diabetes type 1 & 2)

- The percentage of people living with diabetes who have received the 8 care processes in Icknield PCN is higher than Place and the ICB. Place. This is also true for the three treatment targets.
- The latest information can be found within [Ardens Manager](#).

**Diabetes Type 1 & 2 - Eight Care Processes Percentage Achievement - Jan '23 to Sep '23**



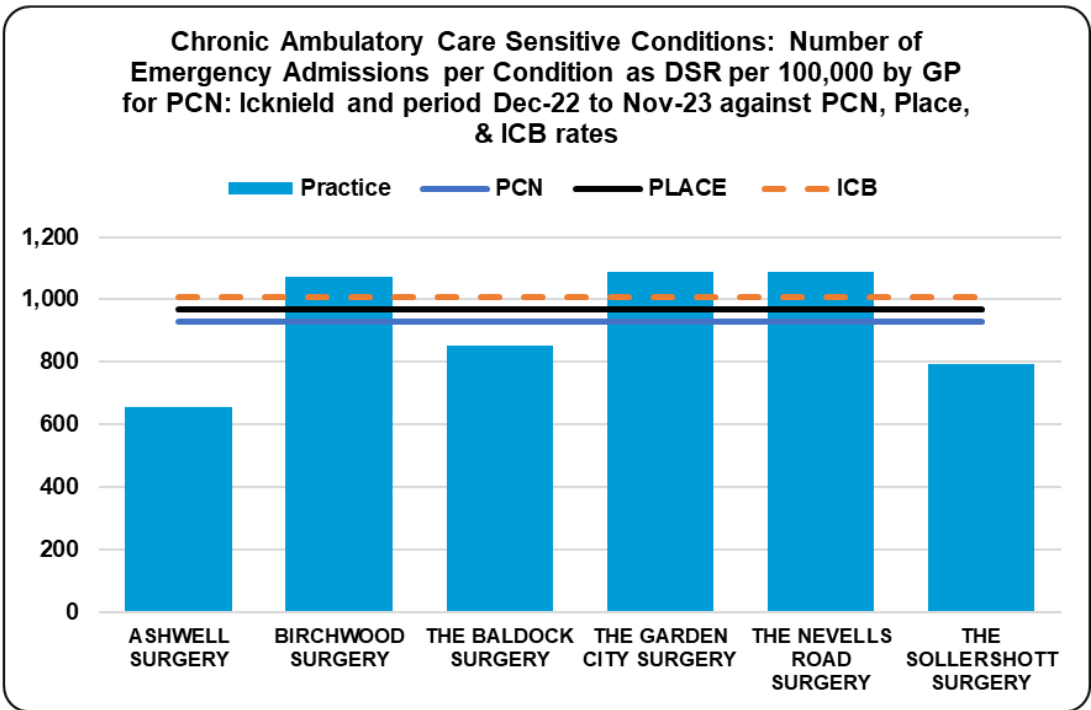
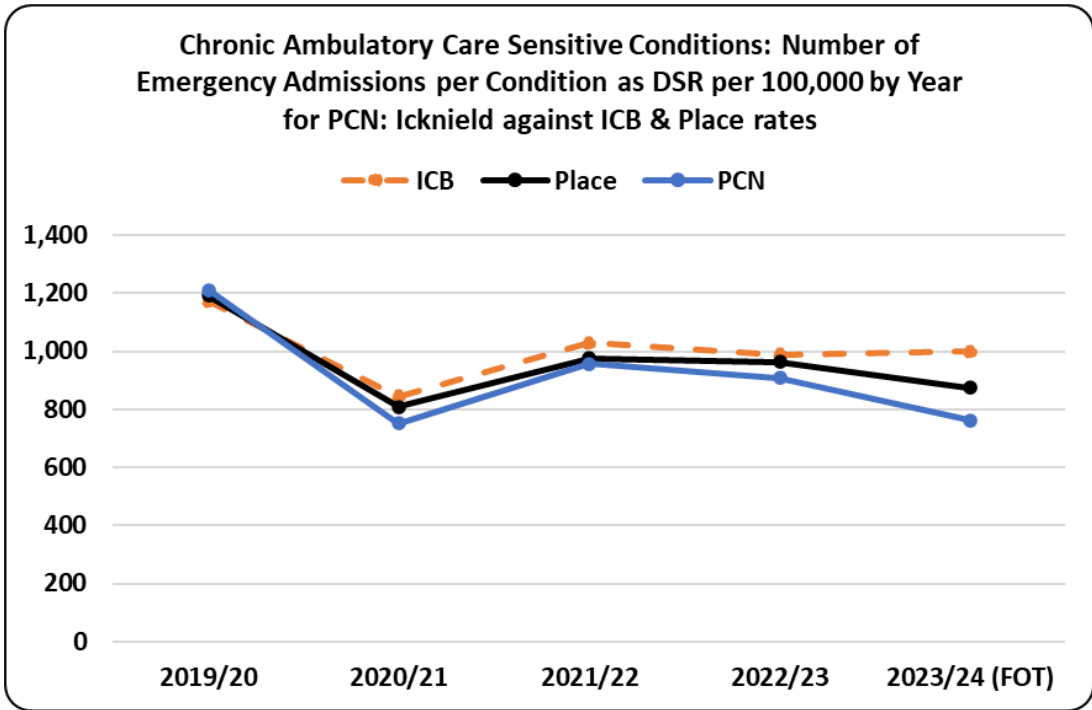
**Diabetes Type 1 & 2 - Three Treatment Targets Percentage Achievement - Jan '23 to Sep '23**



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

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



- 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)
- Icknield 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.
- AF & Flutter, COPD and Diseases of the blood (including diabetes), are conditions with the highest volume and are also showing an upward trend.
- The data on page 11 looking at observed versus expected prevalence shows an opportunity for further identification of those with AF, COPD and Heart Failure.

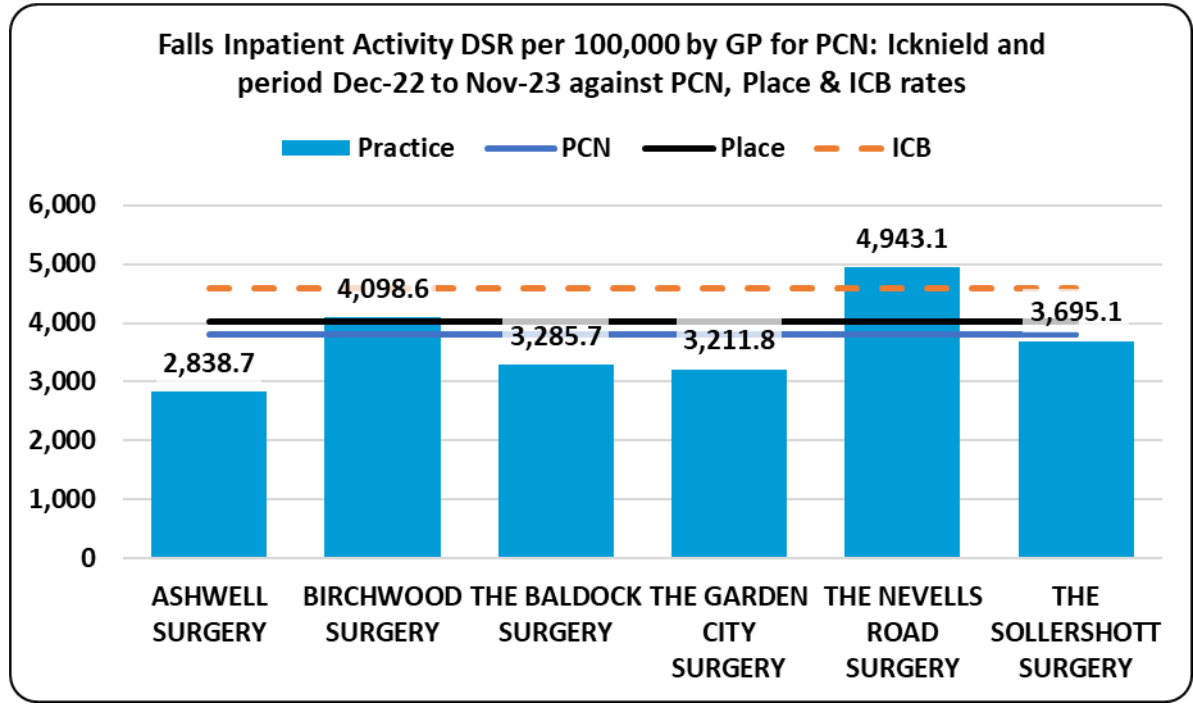
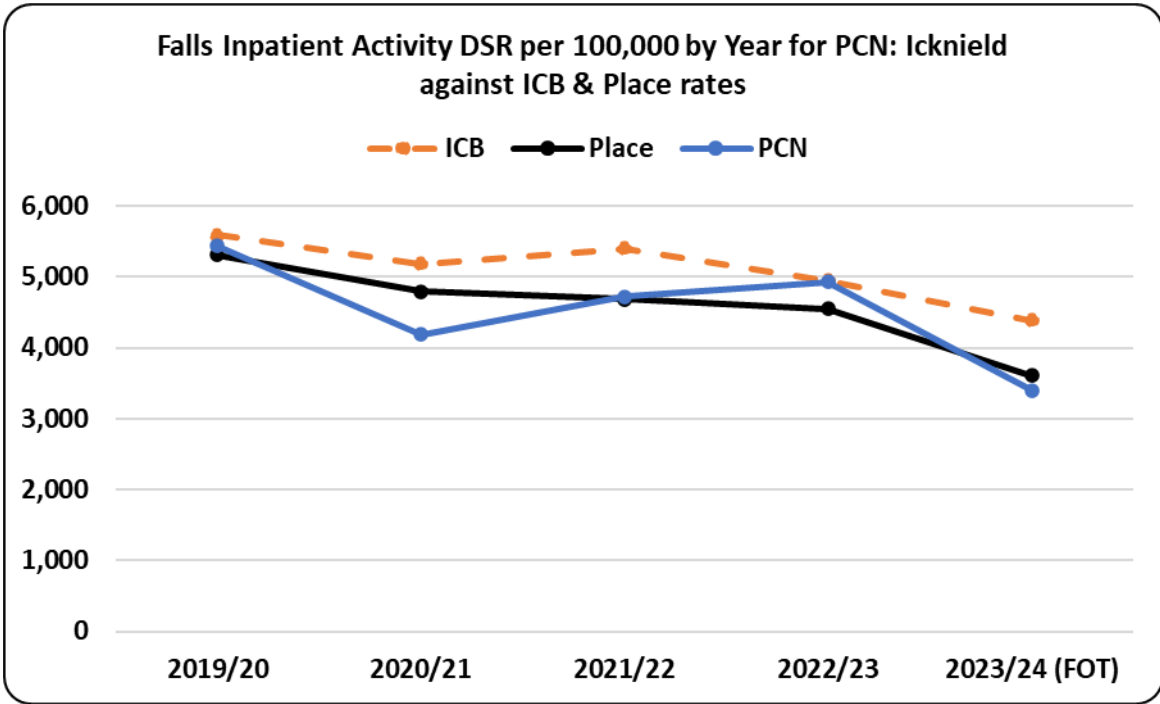
Chronic Ambulatory Care Sensitive Conditions for Icknield PCN	PCN Per 100,000 Rate Apr-23 to Nov-23	5 Year Trend	2024/25 Trajectory
Angina: Angina pectoris	22.01	↘	UP
Asthma	43.87	↘	UP
Atrial fibrillation and flutter	148.75	↘	UP
COPD	168.65	↘	UP
Congestive heart failure	104.07	↘	UP
Diseases of the blood	164.81	↘	UP
Epilepsy	41.57	↘	UP
Hypertension	2.21	↘	DOWN
Mental and behavioural disorders	13.18	↘	UP
Nutritional, endocrine and metabolic	52.57	↘	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 Icknield 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.

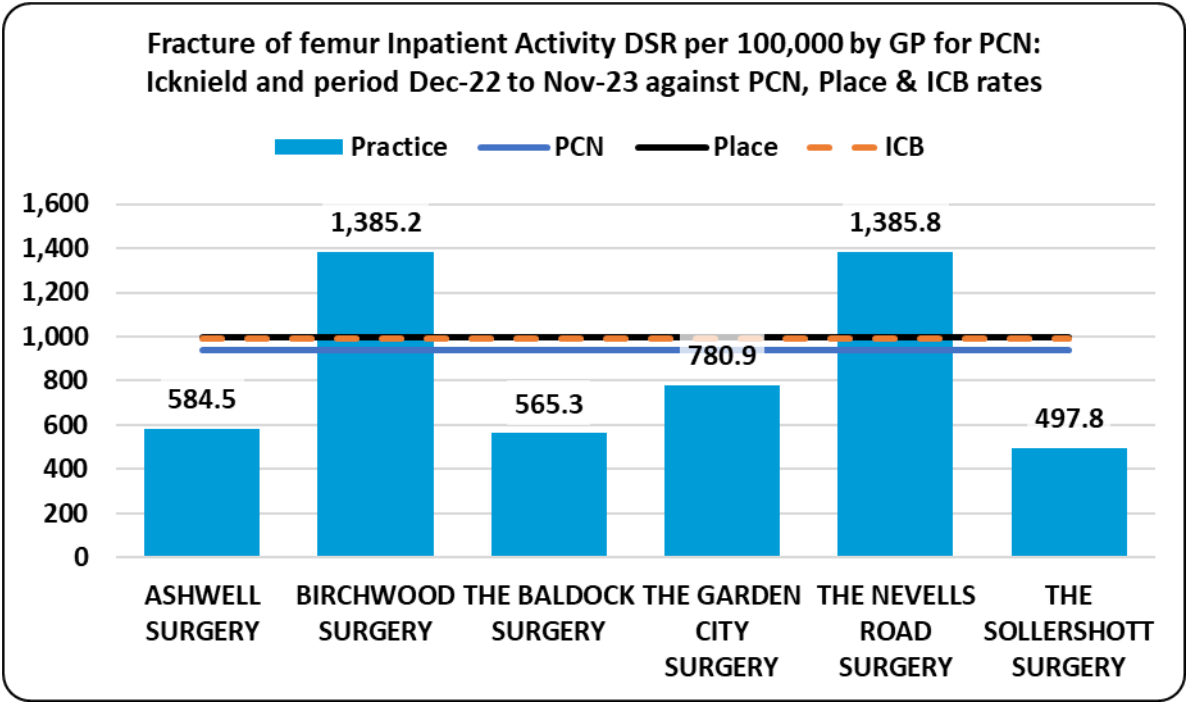
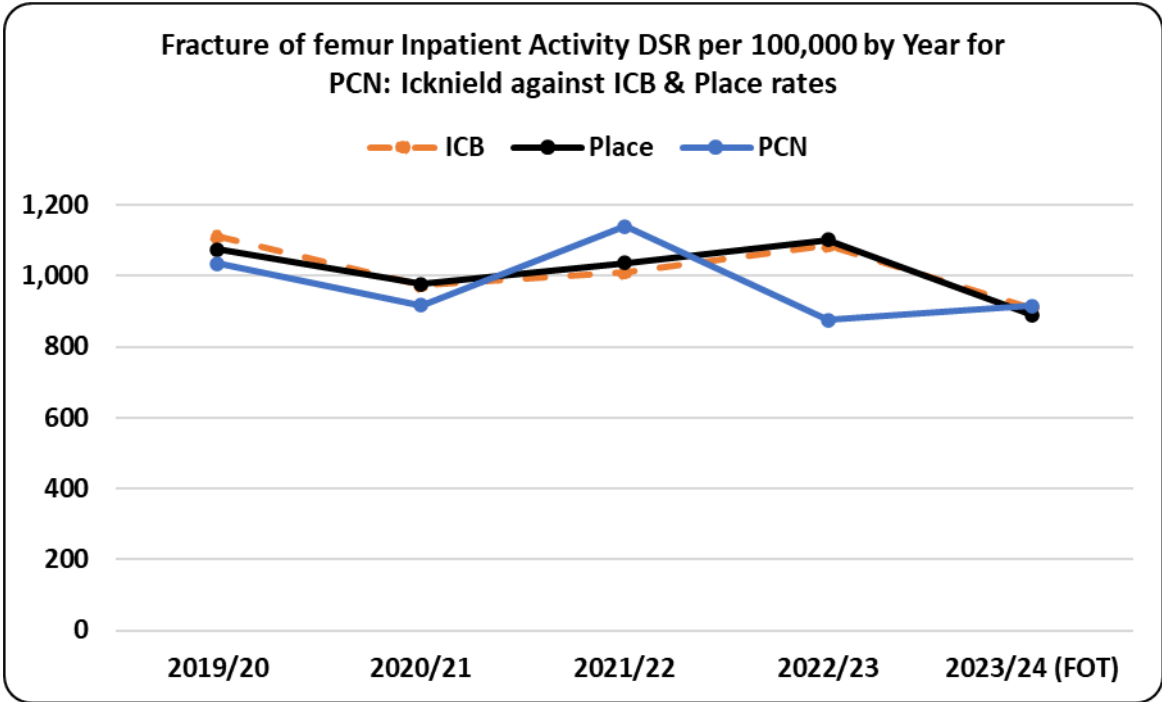


# Emergency admission rates for Hip fractures in all over 75's

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 Icknield PCN has a lower rate of admissions for hip fractures than Place and ICB. This follows from what is observed within the falls data.
- 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 Icknield PCN has a lower percentage of falls frat scores completed, when compared to Place and ICB as at end Dec 23. Where the values are zero, this may be due to the data not being submitted.
- The percentage of the population recorded as moderately or severely frail is higher than Place and ICB.
- The data contained within the table below is up to the end of December, the latest position can be found at [Ardens Manager](#).

Icknield 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	11.7%	0.6%	2.0%	0.8%	76.1%	55.9%	20.4%	42.0%	42.2%	35.6%
Ashwell Surgery	6.7%	0.0%	1.3%	0.6%	60.9%	26.1%	0.0%	10.9%	10.9%	32.6%
Birchwood Surgery	18.0%	7.2%	0.9%	1.4%	90.1%	80.2%	53.7%	67.9%	69.1%	32.7%
The Baldock Surgery	10.4%	0.0%	2.5%	0.7%	75.8%	49.5%	1.1%	29.7%	29.7%	20.9%
The Garden City Surgery	13.8%	0.0%	1.1%	0.5%	32.5%	45.0%	5.0%	30.0%	30.0%	15.0%
The Nevells Road Surgery	10.3%	0.0%	4.5%	0.9%	84.5%	41.7%	6.8%	31.1%	30.1%	59.2%
The Sollershott Surgery	24.6%	0.0%	1.0%	0.6%	59.0%	53.8%	2.6%	41.0%	41.0%	43.6%



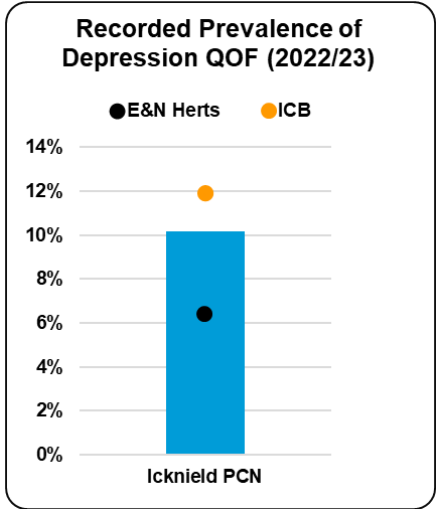
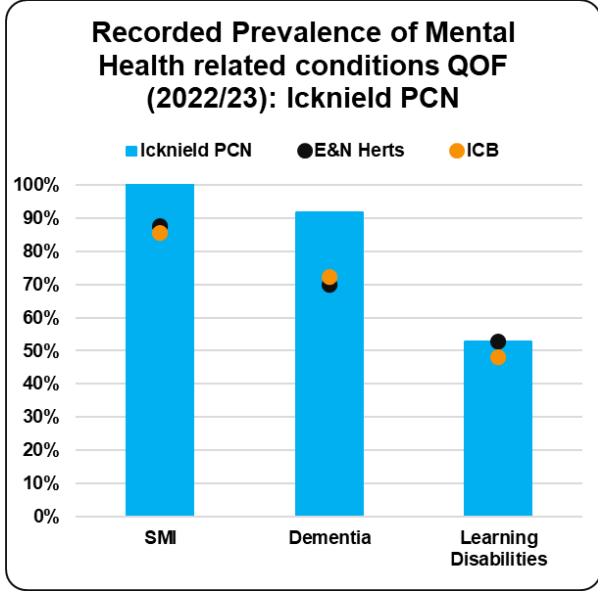
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# Prevalence of mental health conditions (QOF)

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 Icknield PCN has a lower recorded prevalence for Depression against the 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.



	Icknield PCN- Mental Health Conditions 2022-2023 QOF prevalence, with 3 year trend											
	Ashwell Surgery		Birchwood Surgery		The Baldock Surgery		The Garden City Surgery		The Nevells Road Surgery		The Sollershott 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	QOF Prevalence 22-23	3 year Trend
Dementia	0.6%	↘	1.3%	↘	1.3%	↘	0.8%	↗	0.6%	↘	0.9%	↘
Depression	9.6%	↗	8.7%	↘	14.4%	↗	11.0%	↗	7.3%	↗	9.9%	↗
Learning Disability	0.3%	↗	0.8%	↗	0.5%	↘	0.7%	↗	0.6%	↗	0.2%	↗
SMI	0.6%	↘	1.0%	↘	1.2%	↘	1.2%	↗	1.2%	↘	1.2%	↘



# 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 Icknield PCN have lower recorded achievement across all areas than PCN and Place
- 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
Icknield PCN	62.1	78.3	76.3	76.8	78.2	53.5
Ashwell Surgery	100.0	97.1	100.0	94.1	93.8	95.1
Birchwood Surgery	32.8	68.5	65.2	69.3	68.0	43.9
The Baldock Surgery	85.1	97.1	94.3	95.7	94.7	62.4
The Garden City Surgery	17.6	42.0	37.7	39.1	45.2	9.1
The Nevells Road Surgery	93.8	96.2	96.0	90.8	94.4	93.8
The Sollershott Surgery	31.5	58.2	57.4	68.5	70.2	83.3



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# Emergency Admissions Rates for Self – Harm

ICB overarching outcome of Improving Healthy life expectancy

- Icknield PCN has a similar rate of admissions for self-harm to the ICB but higher than Place.
- 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.

