



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Primary Care Networks Overview Pack

LOUGHTON BUCKHURST HILL & CHIGWELL PCN

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

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



Working together
for a healthier future

Population Health Management



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

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

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

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

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

Key Messages

Loughton, Buckhurst Hill and Chigwell PCN's (LBC) population profile is slightly older than the England profile. It has pockets of its population living within areas of deprivation whilst also having some within areas of affluence.

LBC's wider determinants are in line with the ICB average; however as highlighted in the PAPI tool there are pockets of deprivation that are offset by pockets of affluence when looking at LBC as a whole.

The expected population growth for the District adjusted for the Local Authority forecasts taking into account of building shows continued increases between 2023 through to 2034 with the greastedt increases forecast between 2023/25, which will bring additional demands for healthcare.

Population projections show an expected increase in the number of people over 65 from ~27k to ~36k form 2022 to 2042.

Data from the ICB model highlights AF and Hearts disease with higher prevalence.

When comparing the rates per 1,000 population of chronic ambulatory care conditions between places, the West Essex place has a slightly lower rate than the ICB. Within West Essex Place, LBC has a lower rate per 1,000 population.

For LBC the highest volume and cost for chronic ACSs is within the End of Life, Severe Frailty and Dementia segment in the over 65 age group and this is driven by admissions related to Heart Failure.

14.8% of the general population in HWE ICB live within the 4 most deprived deciles, whilst 16.1% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles. In LBC 8% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

Within this segment we can see the presence of Chronic Cardiac Disease and heart disease being highlighted which chimes with the reason for admission within analysis for ACS conditions.

Estimated prevalence for Heart Failure is higher than that currently recorded within LBC. Within Ardens Manager there are case finding searches that can support PCNs with identification.

National Tool View and Population Demographics and Projections

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

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

Public Health Wider Determinants

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



PCN Demographics - NHS England

Total Population

LOUGHTON BUCKHURST HILL & CHIGWELL PCN

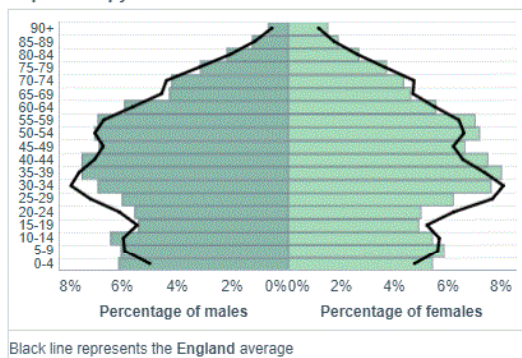
Snapshot as at: 30/06/2021

Registered population		Demographics		Prevalence		Acute utilisation		Covid	
% of total	100.0%	% White	66.3%	% with 1+ conditions	26.5%	% of annual activity (total 134,703)	100.0%	% one or more at risk conditions	16.1%
% of annual change	0.6%	% BAME	15.2%	% with 5+ conditions	3.3%	% of annual cost (total £32M)	100.0%	% two or more at risk conditions	6.5%
		% IMD top	2.9%						
		% IMD bottom	33.8%						

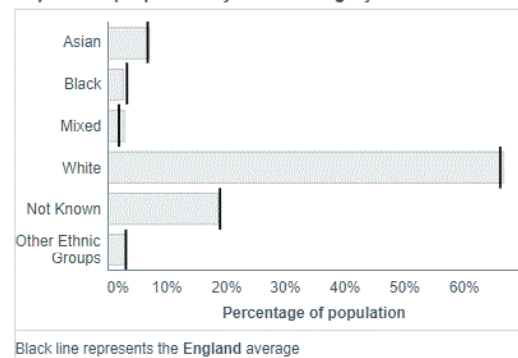
Population demographics - Snapshot as at: 30/06/2021

Choose benchmark: England

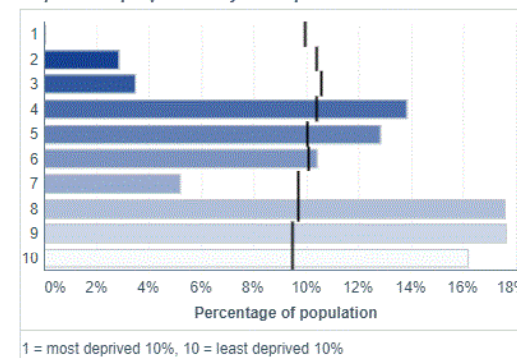
Population pyramid



Population proportion by ethnic category

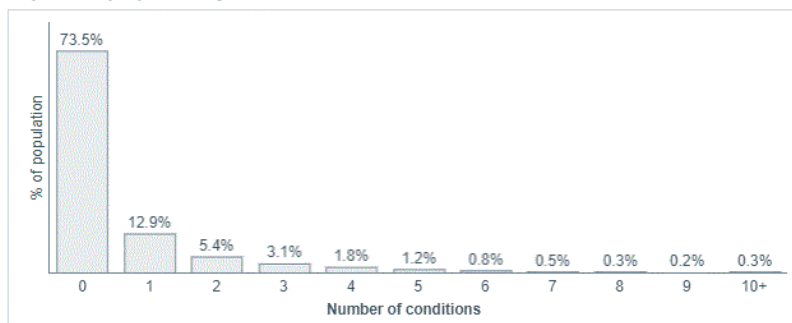


Population proportion by IM Deprivation decile



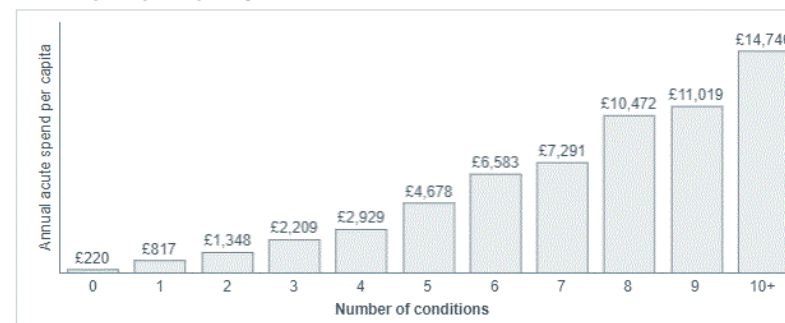
Prevalence - Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions

Financial Year: 2020/21



The Population & Person Insights dashboard has provided good overall summary metrics on the PCN's total population, here we have benchmarked views on standardised demographics, such as deprivation deciles, and proportion of the PCN population by number of conditions. Loughton, Buckhurst Hill and Chigwell have a combination of population living within pockets of deprivation and pockets of affluence. It's population profile is slightly older than that of England.

PCN Demographics - NHS England

LTC

LOUGHTON BUCKHURST HILL & CHIGWELL PCN

Snapshot as at: 30/06/2021

Registered population		Demographics		Prevalence		Acute utilisation		Covid	
% of total	22.7%	% White	80.8%	% with 1+ conditions	100.0%	% of annual activity (total 60,408)	44.8%	% one or more at risk conditions	51.9%
% of annual change	4.6%	% BAME	14.3%	% with 5+ conditions	6.0%	% of annual cost (total £13M)	40.8%	% two or more at risk conditions	17.4%
		% IMD top	3.0%						
		% IMD bottom	31.6%						

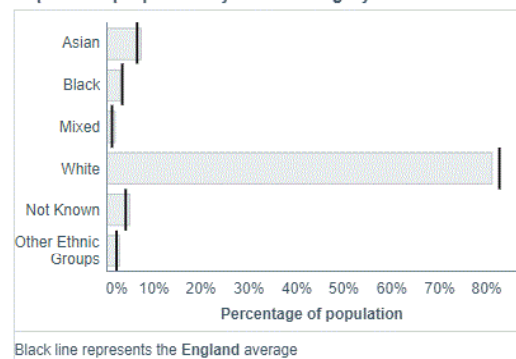
Population demographics - Snapshot as at: 30/06/2021

Choose benchmark: England

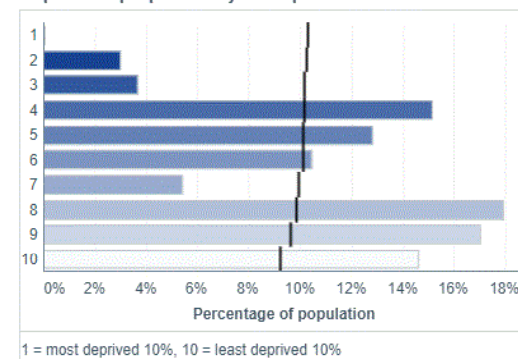
Population pyramid



Population proportion by ethnic category

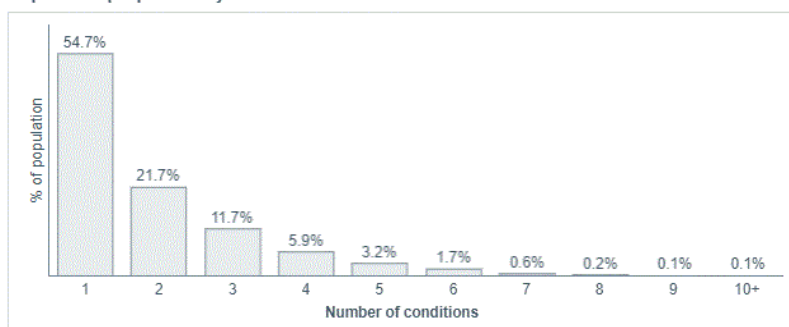


Population proportion by IM Deprivation decile



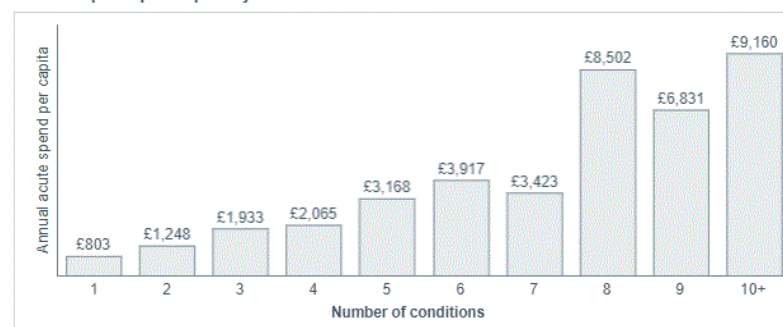
Prevalence - Snapshot as at: 30/06/2021

Population proportion by number of conditions



Annual spend per capita by number of conditions

Financial Year: 2020/21



When compared with the overall PCN demographics on the previous page, those in the PCN whom have an LTC as defined by NHS England, are benchmarked against the English averages, the view for the PCN shows us that 22.7% of the population have at least 1 Long Term Condition. 6.0% have more than 5 LTCs compared to 5.6% for the ICB.

The population pyramid shows a similar profile to England for those living with long term .

Practice Indicators - Triggers and Levels

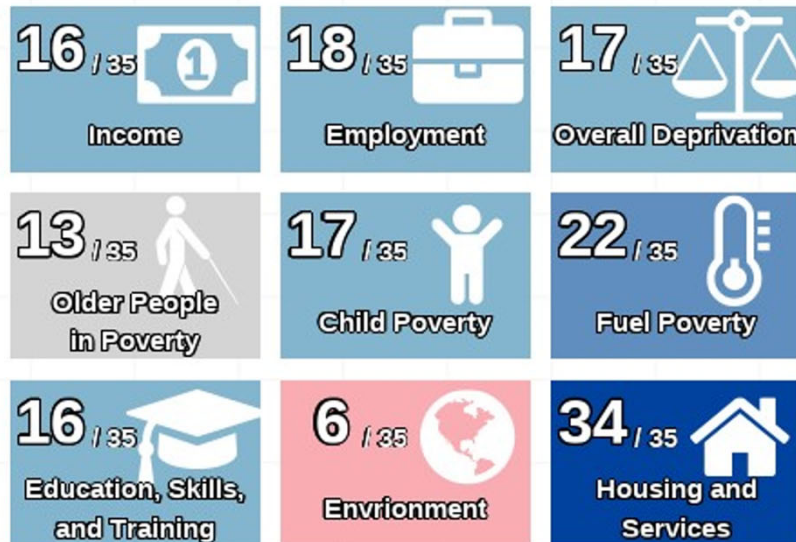
Practice Indicators for		CHIGWELL MEDICAL CENTRE			FOREST PRACTICE			KINGS MEDICAL CENTRE			LOUGHTON HEALTH CENTRE			PALMERSTON ROAD SURGERY			THE LOUGHTON SURGERY			THE RIVER SURGERY		
LOUGHTON BUCKHURST HILL & CHIGWELL PCN		Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level	Latest Score	Time Period	Trigger Level
Clinical Domain	Indicator Name																					
Clinical Diagnosis	Detection rate Cancer	0.621	2020/21	No Trigger	0.441	2020/21	No Trigger	0.677	2020/21	No Trigger	0.375	2020/21	Level 1	0.308	2020/21	No Trigger	0.525	2020/21	No Trigger	0.533	2020/21	No Trigger
Coronary heart disease	% AF anticoagulation therapy CHADS ₂ -VASc score >1	89.3	2020/21	Positive	93	2020/21	Positive	88.6	2020/21	Positive	81	2020/21	Positive	96.3	2020/21	Positive	89.1	2020/21	Positive	91.1	2020/21	Positive
	% CHD aged <=79 BP reading 140/90mmHg or less	76.6	2020/21	Level 1	51.4	2020/21	Level 1	74.6	2020/21	Level 1	42.4	2020/21	Level 1	63.8	2020/21	Level 1	66.2	2020/21	Level 1	69.5	2020/21	Level 1
	% CHD cholesterol 5 mmol/l or less	54.6	2020/21	No Trigger	48.6	2021/22	No Trigger	68.9	2021/22	No Trigger	61.4	2021/22	No Trigger	62.2	2021/22	No Trigger	66.5	2021/22	No Trigger	65.9	2021/22	No Trigger
	% hypertension aged <=79 BP reading 140/90mmHg or less	56.2	2020/21	Level 1	50.7	2020/21	Level 1	58.3	2020/21	Level 1	31.3	2020/21	Level 2	58.2	2020/21	Level 1	69.7	2020/21	Level 1	64.8	2020/21	Level 1
Diabetes	% Diabetes aged >=40 years no CVD history without moderate or severe frailty treated with statins	64.9	2020/21	Level 2	70.2	2020/21	Level 1	74.8	2020/21	Level 1	66.1	2020/21	Level 1	82.7	2020/21	Level 1	66.4	2020/21	Level 1	87.5	2020/21	Level 1
	% Diabetes without moderate or severe frailty BP 140/80 mmHg or less	50.6	2020/21	Level 1	39.8	2020/21	Level 1	51.6	2020/21	Level 1	40.9	2020/21	Level 1	72.4	2020/21	Level 1	46.6	2020/21	Level 1	48.3	2020/21	Level 1
	% diabetes without moderate or severe frailty IFCC-HbA _{1c} is 58 mmol/mol or less	45.9	2020/21	Level 2	44.8	2020/21	Level 2	67.5	2020/21	Level 1	48.2	2020/21	Level 2	61.4	2020/21	Level 1	42.2	2020/21	Level 2	50.3	2020/21	Level 1
	Overall Personalised Care Adjustment Rate	0.046	2020/21	No Trigger	0.035	2020/21	No Trigger	0.035	2020/21	No Trigger	0.032	2020/21	No Trigger	0.03	2020/21	No Trigger	0.057	2020/21	No Trigger	0.047	2020/21	No Trigger
Medicines Management	% antibiotics Co-amoxiclav, Cephalosporins, Quinolones	9.4	2021/22 Q4	No Trigger	9.6	2021/22 Q4	No Trigger	6.8	2021/22 Q4	No Trigger	13.1	2021/22 Q4	Level 1	9.9	2021/22 Q4	No Trigger	9.7	2021/22 Q4	No Trigger	8.9	2021/22 Q4	No Trigger
	% Naproxen and Ibuprofen	74.8	2021/22 Q4	No Trigger	86.3	2021/22 Q4	No Trigger	82.8	2021/22 Q4	No Trigger	79.1	2021/22 Q4	No Trigger	79.7	2021/22 Q4	No Trigger	75.2	2021/22 Q4	No Trigger	88.7	2021/22 Q4	Positive
	Antibacterial Items/Star Pu	0.738	2021/22 Q4	Positive	0.966	2021/22 Q4	Positive	0.665	2021/22 Q4	Positive	1.02	2021/22 Q4	Positive	0.648	2021/22 Q4	Positive	0.873	2021/22 Q4	Positive	0.792	2021/22 Q4	Positive
	Hypnotics ADQ/Star Pu	0.687	2021/22 Q4	No Trigger	0.546	2021/22 Q4	No Trigger	0.419	2021/22 Q4	No Trigger	0.467	2021/22 Q4	No Trigger	0.393	2021/22 Q4	No Trigger	0.439	2021/22 Q4	No Trigger	0.771	2021/22 Q4	No Trigger
	Oral NSAIDs ADQs/STAR-PU	2.305	2021/22 Q4	No Trigger	1.932	2021/22 Q4	No Trigger	1.335	2021/22 Q4	Positive	1.388	2021/22 Q4	Positive	1.04	2021/22 Q4	Positive	2.842	2021/22 Q4	No Trigger	1.956	2021/22 Q4	No Trigger
	% first choice generic SSRIs	64.7	2021/22 Q4	No Trigger	74	2021/22 Q4	No Trigger	67.6	2021/22 Q4	No Trigger	68.3	2021/22 Q4	No Trigger	70.7	2021/22 Q4	No Trigger	79.5	2021/22 Q4	Positive	70.9	2021/22 Q4	No Trigger
Mental Health	% MH comprehensive care plan	62	2020/21	Level 1	38.2	2020/21	Level 1	20.4	2020/21	Level 1	26.9	2020/21	Level 1	55.6	2020/21	Level 1	91.8	2020/21	No Trigger	78.8	2020/21	Level 1
	% SMI alcohol record	65.9	2020/21	Level 1	41.7	2020/21	Level 1	9.8	2020/21	Level 2	13.5	2020/21	Level 2	7.4	2020/21	Level 2	48.3	2020/21	Level 1	91.7	2019/20	No Trigger
	% SMI BP record	76.5	2020/21	Level 1	49.5	2020/21	Level 1	54.5	2020/21	Level 1	32.7	2020/21	Level 2	42.9	2020/21	Level 1	81.8	2020/21	Level 1	65.7	2020/21	Level 1
	Dementia Face to Face review	96.6	2020/21	No Trigger	43.2	2020/21	Level 1	37.9	2020/21	Level 1	1.4	2020/21	Level 1	76.9	2020/21	No Trigger	53.9	2020/21	Level 1	65.1	2020/21	Level 1
	Select antidepressants ADQs/STARPU	1.074	2021/22 Q4	No Trigger	1.82	2021/22 Q4	No Trigger	1.049	2021/22 Q4	No Trigger	1.276	2021/22 Q4	No Trigger	1.062	2021/22 Q4	No Trigger	1.307	2021/22 Q4	No Trigger	1.63	2021/22 Q4	No Trigger
	Confidence and trust in healthcare professional	91.4	2020/21	No Trigger	100	2020/21	Positive	99.3	2020/21	No Trigger	93.1	2020/21	No Trigger	98.4	2020/21	No Trigger	91.9	2020/21	No Trigger	99.4	2020/21	No Trigger
Patient Experience	Frequency seeing preferred GP	37.4	2020/21	No Trigger	36.5	2020/21	No Trigger	43.6	2020/21	No Trigger	13.8	2020/21	Level 1	80.5	2020/21	Positive	47.5	2020/21	No Trigger	65.2	2020/21	No Trigger
	Healthcare professional treating with care and concern	79	2020/21	No Trigger	90.8	2020/21	No Trigger	93.8	2020/21	No Trigger	89.4	2020/21	No Trigger	93.6	2020/21	No Trigger	79.2	2020/21	No Trigger	94.9	2020/21	No Trigger
	Overall experience of your GP practice	63.7	2020/21	Level 1	83.9	2020/21	No Trigger	92.5	2020/21	No Trigger	69.9	2020/21	No Trigger	95.2	2020/21	No Trigger	84	2020/21	No Trigger	88.4	2020/21	No Trigger
	Satisfaction with appointment times	45	2020/21	Level 1	72.8	2020/21	No Trigger	80.7	2020/21	No Trigger	46	2020/21	Level 1	78.6	2020/21	No Trigger	64.7	2020/21	No Trigger	79	2020/21	No Trigger
	% Child Imms DTaP/IPV/Hib/HepB (age 1 year)	95.4	2020/21	No Trigger	93.5	2020/21	Level 1	92	2020/21	Level 1	87.1	2020/21	Level 1	94	2020/21	Level 1	91.8	2020/21	Level 1	96.8	2020/21	No Trigger
Public Health	% Child Imms Hib/MenC booster	87.2	2020/21	Level 1	93.7	2020/21	Level 1	91.8	2020/21	Level 1	96	2020/21	No Trigger	94.8	2020/21	Level 1	91.8	2020/21	Level 1	92.3	2020/21	Level 1
	% Child Imms MMR (Age 2 yrs)	87.2	2020/21	Level 1	91.8	2020/21	Level 1	89.4	2020/21	Level 1	94	2020/21	Level 1	93.1	2020/21	Level 1	92.4	2020/21	Level 1	87.2	2020/21	Level 1
	% Child Imms PCV Booster	88.1	2020/21	Level 1	92.4	2020/21	Level 1	90.6	2020/21	Level 1	96	2020/21	No Trigger	91.4	2020/21	Level 1	91.1	2020/21	Level 1	89.7	2020/21	Level 1
	Cervical Screening	71.3	2021/22 Q4	Level 1	71.3	2021/22 Q4	Level 1	75.4	2021/22 Q4	Level 1	72.2	2021/22 Q4	Level 1	76.3	2021/22 Q4	Level 1	75	2021/22 Q4	Level 1	77.6	2021/22 Q4	Level 1
	% Asthma review in last 6 mths	16.2	2020/21	Level 1	6.5	2020/21	Level 1	80	2020/21	No Trigger	13.6	2020/21	Level 1	76.1	2020/21	No Trigger	95.2	2020/21	No Trigger	27.6	2020/21	Level 1
Respiratory	% Asthma spirometry and one other objective test	0	2020/21	No Data Available	10	2020/21	Level 2	0	2020/21	Level 1	0	2020/21	Level 2	0	2020/21	Level 1	0	2020/21	Level 1	0	2020/21	Level 1
	% COPD with review in last 12 mths	11.9	2020/21	Level 2	62	2020/21	Level 1	50.6	2020/21	Level 1	64.6	2020/21	Level 1	24.4	2020/21	Level 1	94.5	2020/21	No Trigger	19.3	2020/21	Level 1
	% LTC patients who smoke	8.6	2020/21	No Trigger	15.3	2020/21	No Trigger	7.8	2020/21	No Trigger	11.7	2020/21	No Trigger	8.9	2020/21	No Trigger	12	2020/21	No Trigger	12.6	2020/21	No Trigger
	% LTC Smoker offer support	99.4	2020/21	No Trigger	61.9	2020/21	Level 1	70.2	2020/21	Level 1	100	2020/21	No Trigger	94.9	2020/21	Level 1	95.2	2020/21	Level 1	80.7	2020/21	Level 1
	% Smoking patients over 15 recorded	75.3	2020/21	No Trigger	72.9	2021/22	No Trigger	77.2	2021/22	No Trigger	69.6	2021/22	No Trigger	74.6	2021/22	No Trigger	68.3	2021/22	No Trigger	75.7	2021/22	No Trigger
	% Smoking status recorded	94	2020/21	No Trigger	88.7	2020/21	Level 1	93.8	2020/21	No Trigger	89.9	2020/21	Level 1	94.7	2020/21	No Trigger	96.1	2020/21	No Trigger	96.3	2020/21	No Trigger
	% w. MRC dyspnoea score >=3 w. offer of referral to pulm. rehab. Clinic	0	2020/21	Level 2	90.5	2020/21	No Trigger	100	2020/21	No Trigger	57.1	2020/21	Level 1	40	2020/21	Level 1	100	2020/21	No Trigger	46.2	2020/21	Level 1

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

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



Wider Determinants



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

In Loughton Buckhurst Hill & Chigwell PCN an estimated:

- 10.8% of children live in poverty.
- 12.6% of older people live in poverty.
- 10.6% of households live in fuel poverty.
- 7% of households are overcrowded.
- 33.1% of people aged 65 and over live alone.
- 0.6% of people cannot speak English well.
- 4.2% of working age people are claiming out of work benefits.
- 19.6% of children aged 4-5 and 33% of children aged 10-11 are overweight.

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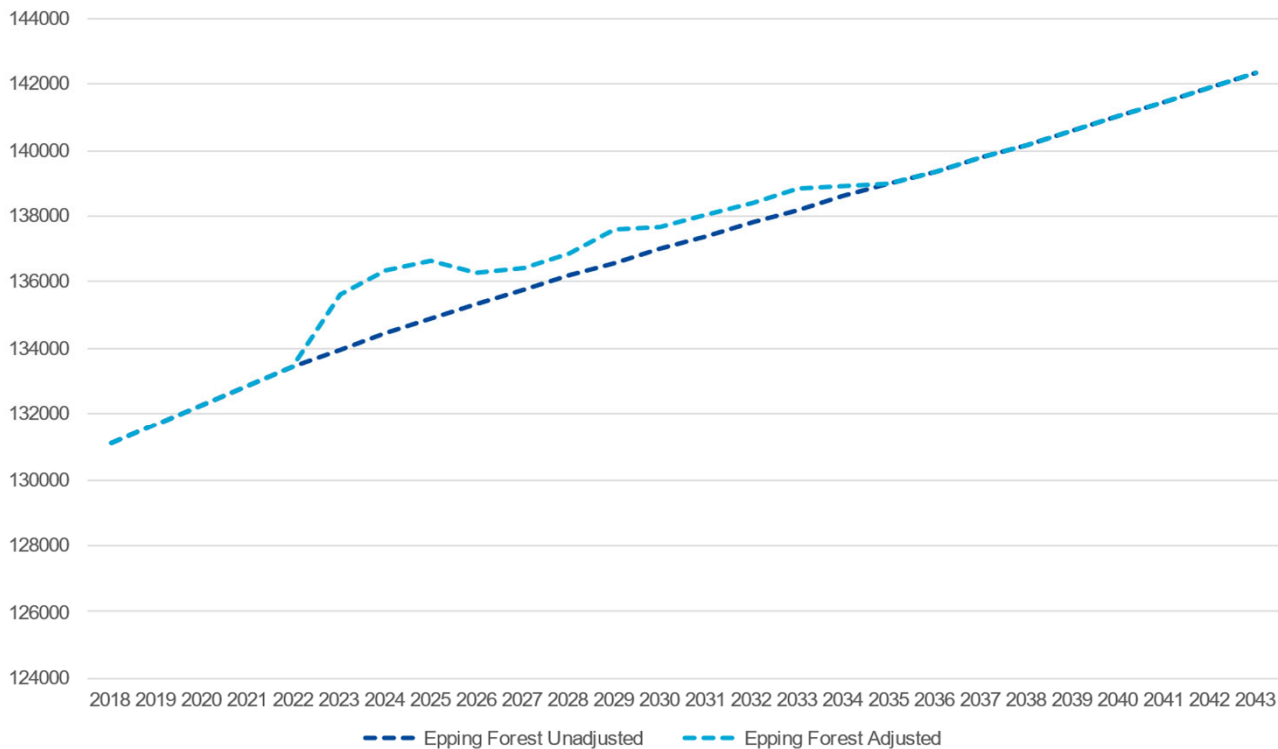
The above provides a summary of the wider determinants of health for Loughton, Buckhurst Hill and Chigwell.

LBC's wider determinants overall are in line with the ICB average; however as highlighted in the PAPI tool there are pockets of deprivation that are offset by pockets of affluence when looking at LBC as a whole. The Environment determinant score, is very low for this PCN.

EPPING FOREST POPULATION ADJUSTMENTS

EPPING FOREST IS LIKELY TO SEE A SIGNIFICANT INCREASE IN POPULATION BETWEEN 2022/2025, BEFORE STEADYING AND INCREASING MORE MODESTLY

Forecast Population of Epping Forest with and without Housing Adjustment, 2018-2043



Year	Epping Forest Unadjusted	Epping Forest Adjusted	Epping Forest Net Difference
2018	131,137	131,137	0
2019	131,721	131,721	0
2020	132,284	132,284	0
2021	132,873	132,873	0
2022	133,451	133,451	0
2023	133,970	135,641	1,671
2024	134,450	136,350	1,900
2025	134,898	136,678	1,780
2026	135,331	136,285	955
2027	135,766	136,447	681
2028	136,187	136,899	712
2029	136,604	137,599	996
2030	137,022	137,690	669
2031	137,407	138,043	636
2032	137,797	138,419	622
2033	138,204	138,828	624
2034	138,599	138,908	308
2035	138,983	138,983	0
2036	139,365	139,365	0
2037	139,757	139,757	0
2038	140,183	140,183	0
2039	140,609	140,609	0
2040	141,036	141,036	0
2041	141,470	141,470	0
2042	141,904	141,904	0
2043	142,346	142,346	0

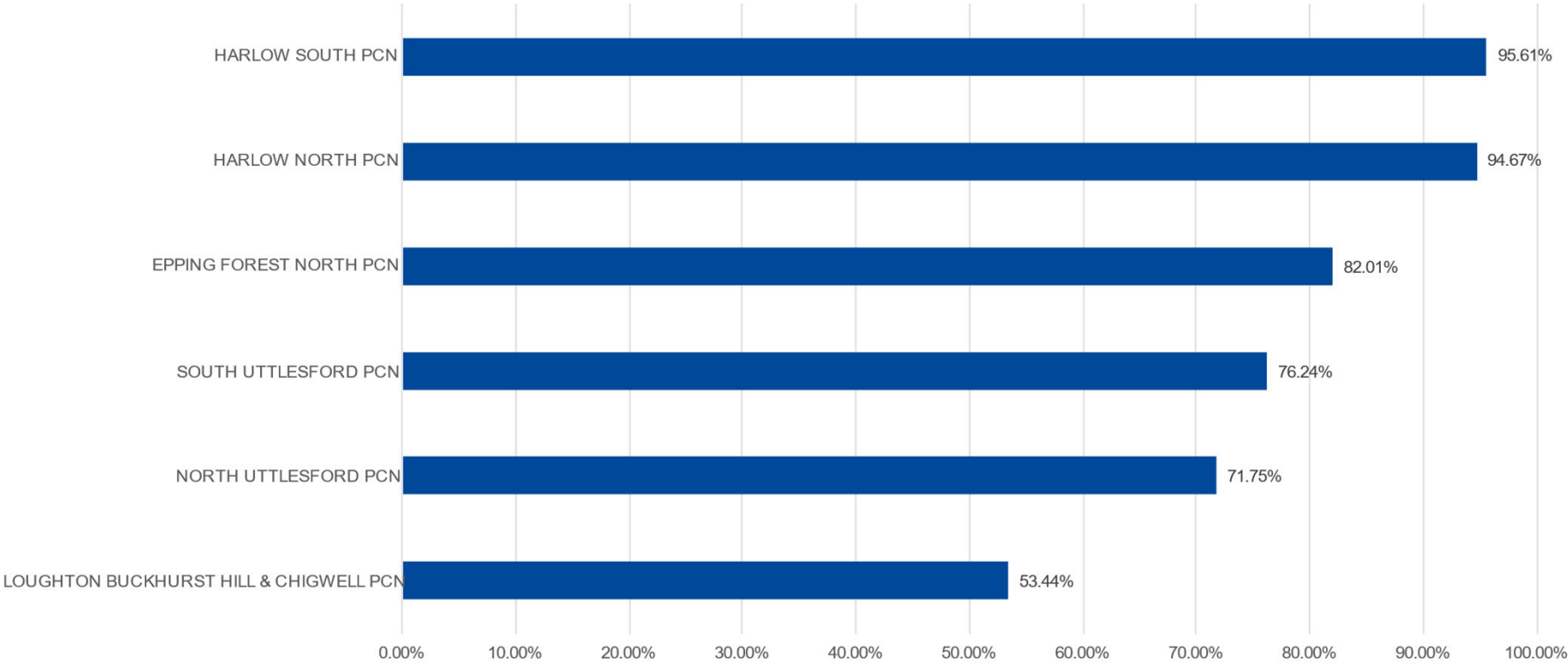
Note: Unadjusted forecast refers to ONS local authority forecasts whilst adjusted refers to the ONS LA forecasts after they've been adjusted by ECC to account for housing developments listed in local plans

The above shows the expected population growth for Epping Forest District adjusted for the Local Authority forecasts taking into account of building.

It shows continued increase between 2023 through to 2034 with the greastest increases forecast between 2023/25, which will bring additional demands for healthcare.

SPREAD OF PATIENTS ACROSS ENGLAND CONT.

Percent of West Essex patients within Hertfordshire and West Essex boundary

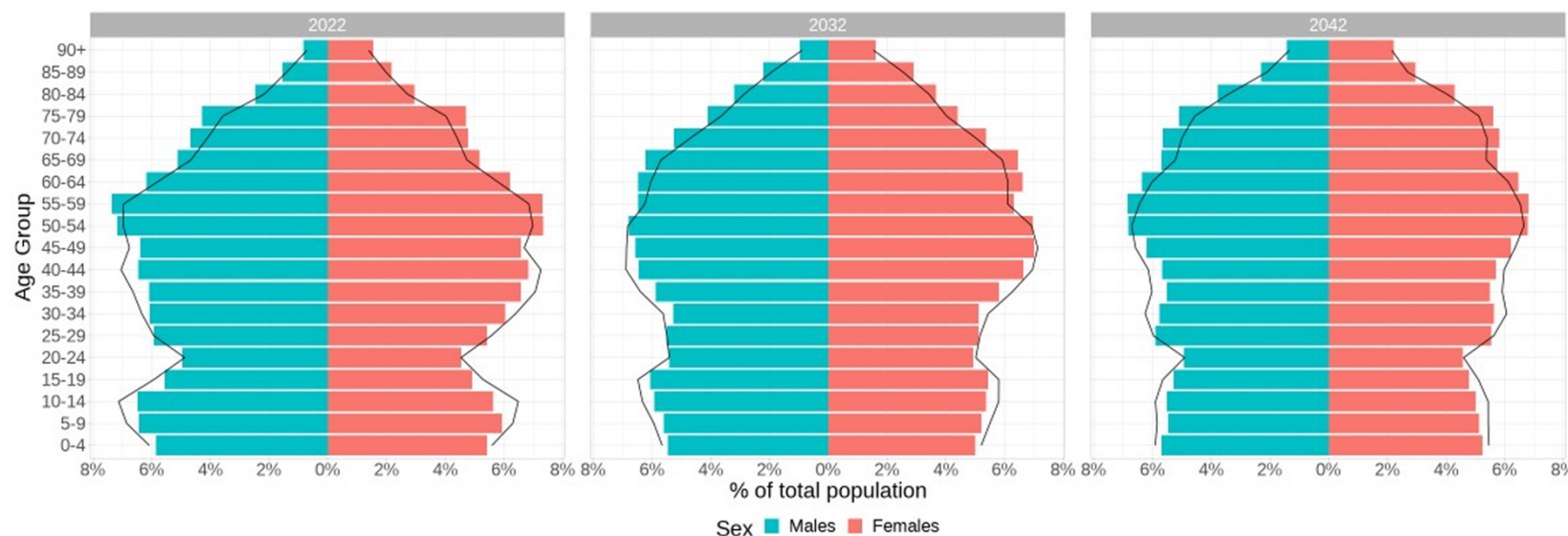


This chart shows the proportion of the registered population living within the ICB geographical boundary. This shows LBC with 53% living within which reflects the patient pathways of accessing services outside the ICB borders.

The spread of patients for LBC PCN indicates the largest amount of the population out of all the PCNs, standing at 46.56%, which are not located within the Hertfordshire and West Essex boundaries; this means that this population may be accessing services outside of the ICB and the impact of coterminous alignment with neighbouring ICBs must be taken into account for this population by the PCN.



Projection Pyramids



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

Age Band	2022 Projection	2032 Projection	2042 Projection
Under 5	7,516	7,213	7,749
Under 24	37,154	37,482	36,581
24-64	69,400	68,295	69,342
65+	26,897	32,020	35,981
85+	4,080	5,331	6,363

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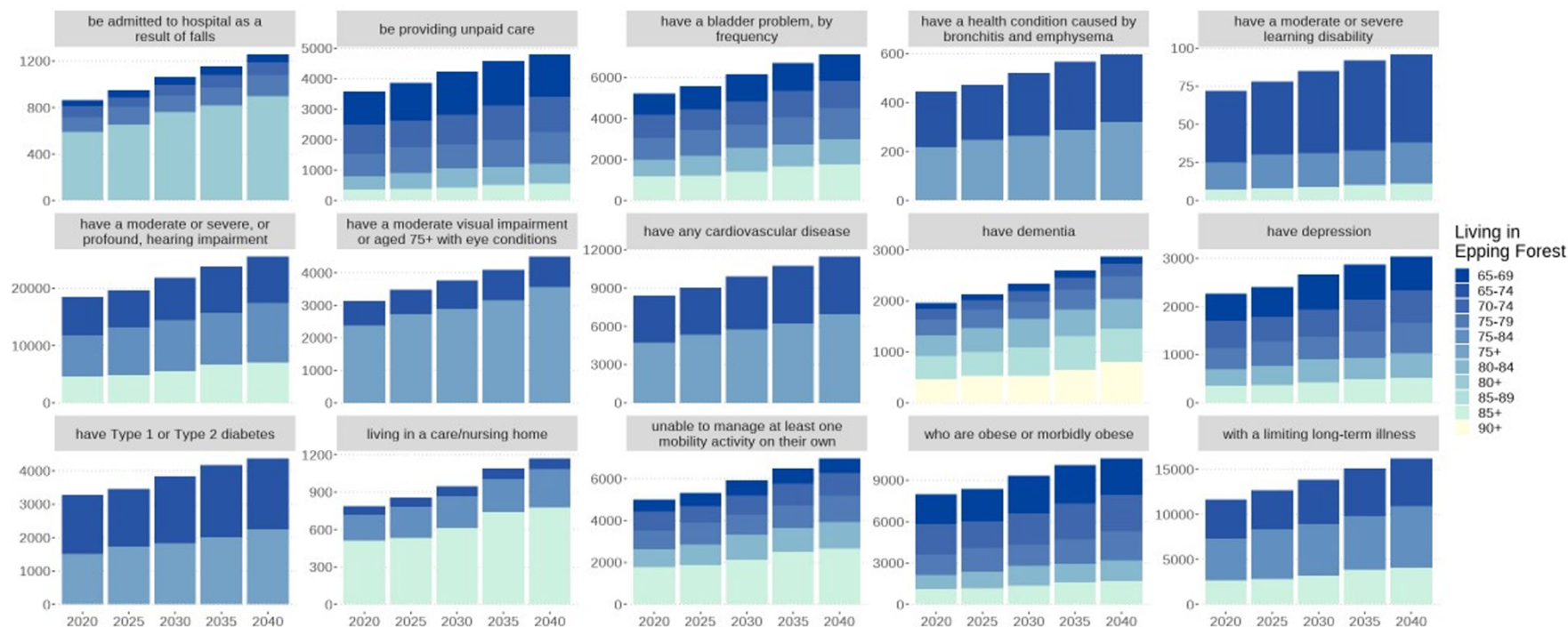
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Evidence & Intelligence
Epidemiology



The above projection pyramids show the growth in population expected for Epping Forest District. These projections show an expected increase in the number of people over 65 from ~27k to ~36k.



People aged 65+ projected to...



PH.Intelligence@hertfordshire.gov.uk

Hertfordshire Public Health
Evidence & Intelligence
Epidemiology



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

Optum

HWE

Segment & Outcomes
Framework Documentation

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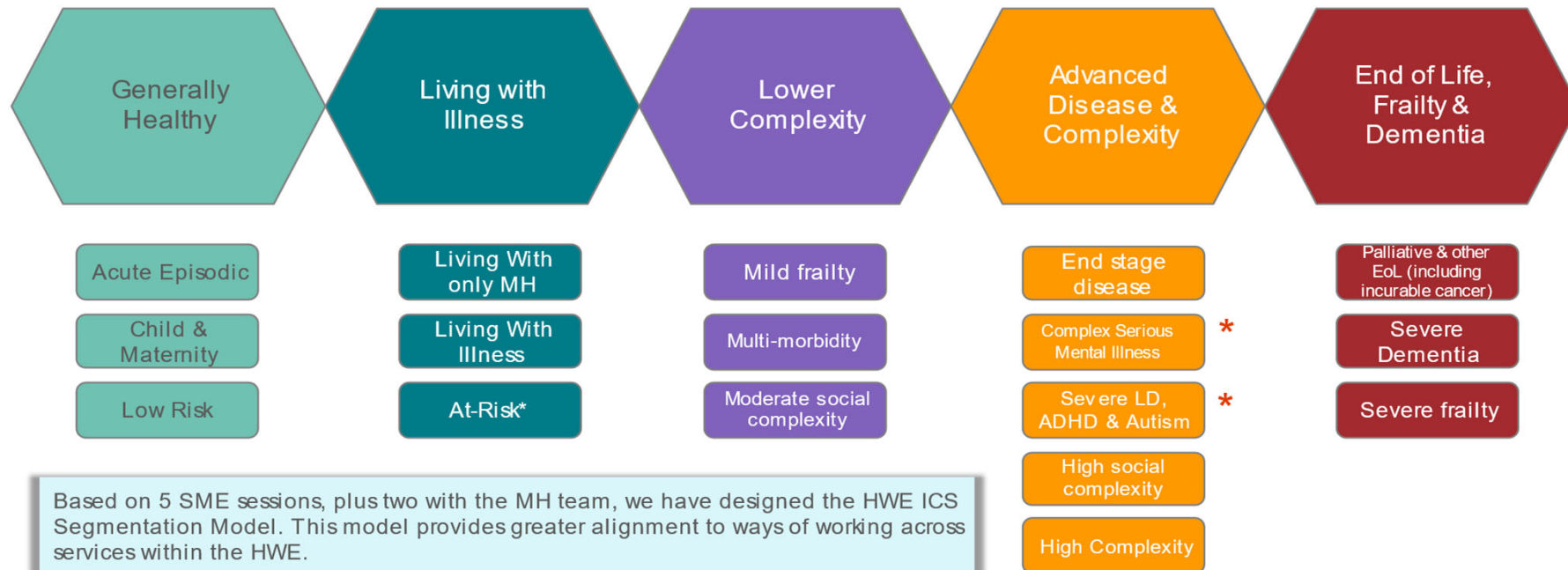
PHM Segment Model - Overview

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

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

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

Segmentation model – third iteration



Based on 5 SME sessions, plus two with the MH team, we have designed the HWE ICS Segmentation Model. This model provides greater alignment to ways of working across services within the HWE.

It follows a MECE model, assigned in order from right to left in segment, and top to bottom in subsegment.

* awaiting finalisation of methodology

PHM Segment Model - Overview

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

Alongside the segmentation logic an outcomes framework was developed.

Whole Population Outcomes

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

"Generally healthy"

Who is in this group?

- Children and adults in the general population who are not otherwise captured in other segments.
- Most likely receive episodic care due to accidents and injuries or linked to maternity and CYP routine services.
- No diagnosed conditions.

Social & Clinical Outcomes

- INCREASE screening.
- IMPROVE experience of Maternity services.
- REDUCE rates of childhood obesity in reception and year 6.
- REDUCE rate of infant mortality.
- REDUCTION in proportion of people diagnosed with low mood and/or depression.

Living with Illness

Who is in this group?

- Includes people with single illnesses (including MH), that are currently controlled or able to self-manage and will receive most of their care in a planned way through primary care.
- Includes people with social or behavioural risk factors for more advanced disease.

Social & Clinical Outcomes

- INCREASE proportion of patients who feel able to self-manage their condition.
- REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse.
- REDUCE episodes of ill -health requiring emergency admissions for long term condition.
- INCREASE percentage of people with mental health problems in employment.
- INCREASE proportion of people who are able to maintain life routines considered important to the individual, e.g work, ..
- REDUCE emergency attendances due to alcohol -related harm.

Lower Complexity

Who is in this group?

- Includes people with moderate levels of morbidity and complexity. This is either as a result of: Multi-morbidity (2+ long term conditions), Mild frailty and/or Social complexity.

Social & Clinical Outcomes

- INCREASE proportion of patients who feel able to self-manage their condition.
- REDUCE rate of emergency admissions for people with lower complexity.
- INCREASE proportion of patients offered personalised care and support planning.
- REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse.

Advanced Disease & Complexity

Who is in this group?

- Advanced disease and complexity represents a cohort of people with one or more significant illnesses that impact on their day to do functioning as well as people with significant risk from social complexity

Social & Clinical Outcomes

- INCREASE five year survival from cancer.
- REDUCE rate of emergency admissions in people with advanced disease or complexity.
- REDUCE the difference in average age of death between people with learning disability/SMI compared to general population.
- REDUCE proportion of whole population who are living with advanced disease and/or complexity.

End of Life, Frailty & Dementia

Who is in this group?

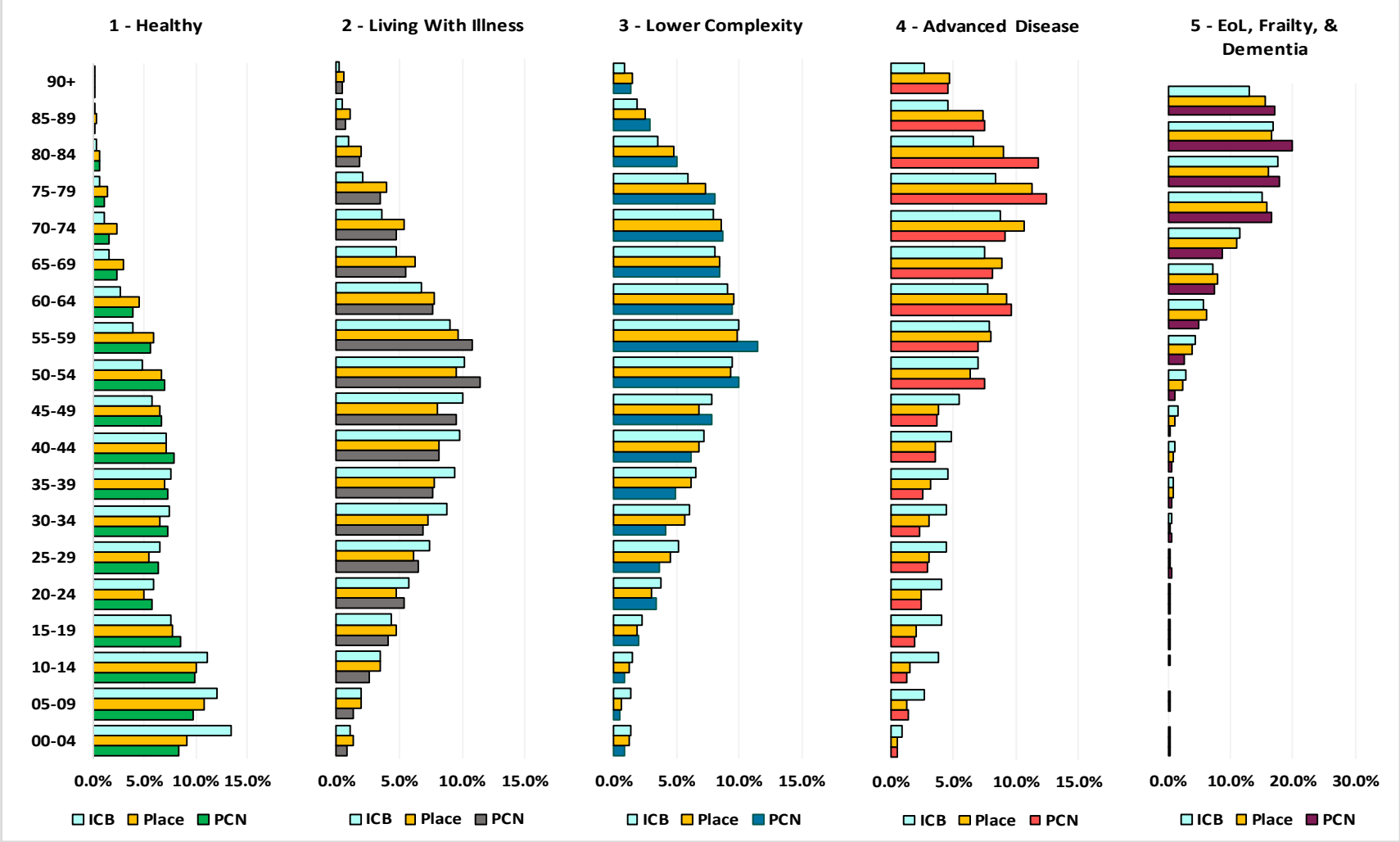
- End of Life, frailty and dementia is the first segment in the logic and is the first set of criteria on which people are assessed. The segment includes: people who are identified as being in their last year of life, or on the palliative disease register as well as people with incurable cancer. This segment also includes those with severe frailty and/or severe dementia.

Social & Clinical Outcomes

- REDUCE dependency for emergency care services e.g A&E attendances and emergency admissions.
- INCREASE proportion of people who die in their preferred place of death.
- INCREASE identification of frail and complex patients, including those with dementia or at end of life.
- REDUCE proportion of days disrupted by emergency care in last year of life.
- INCREASE number of days spent at home in last year of life.
- INCREASE proportion of people supported at home instead of in residential care.

Age Profile and Health Segment

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

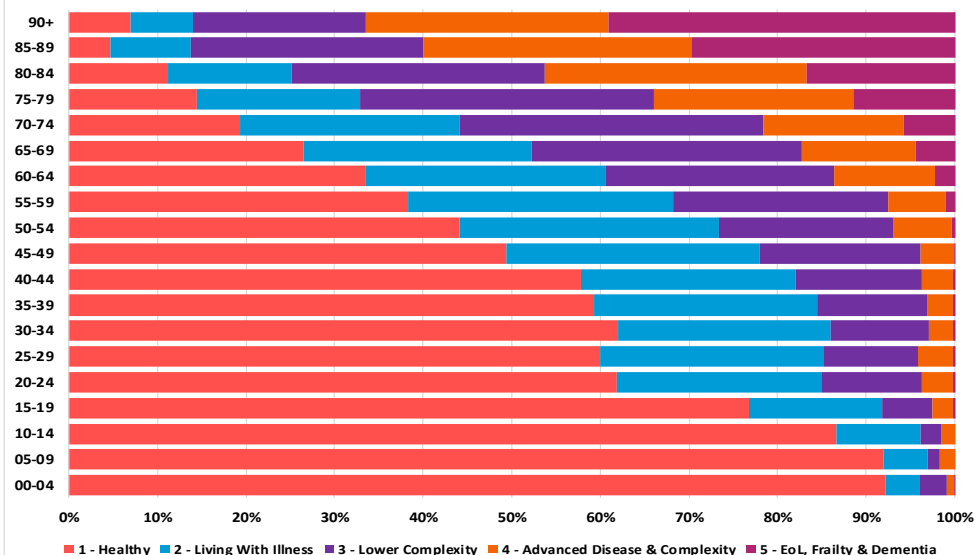


Each registered person is assigned to a segment and this can be cut by age group and also geographically by Place or PCN. The above looks at the breakdown by age of people within each segment.

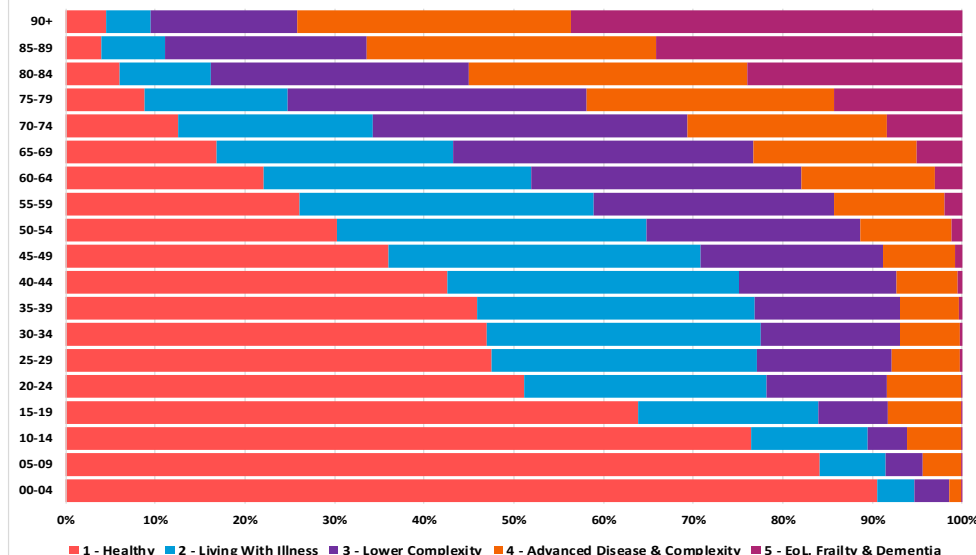
The above looks at the breakdown by age of people within each segment. It provides the PCN value against the Place and ICB value.

Demographic Breakdowns - Segment & Deprivation Quintiles

Segment Proportion by Age Group



ICB Segment Proportion by Age Group as a Comparator



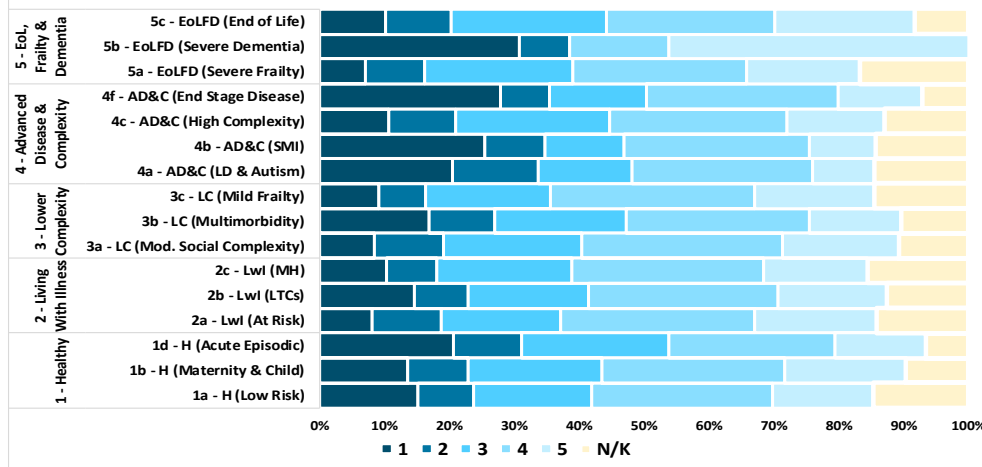
The ICB Health Segments here are broken down by total population and 5 year age groups; as expected with age the proportion of people within the healthy segment decreases.

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

In general LBC have a similar profile to the ICB population.

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

Index of Multiple Deprivation Quintile Proportion of Population Segment



Major Conditions Comparison - Per 1,000 Registered

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

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

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

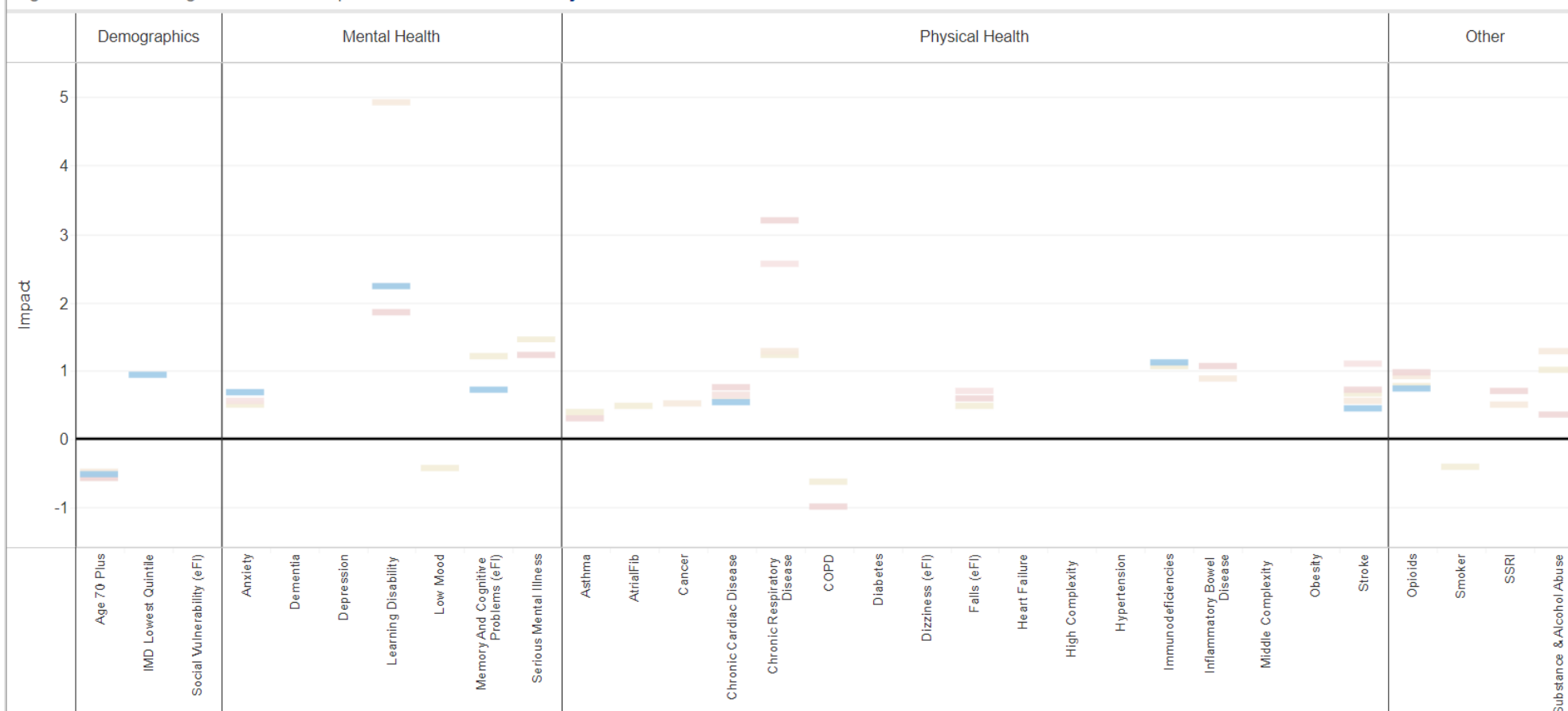
Conditions that are highlighted for LBC are AF and Heart Disease.

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

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

PCN Benchmarking - A&E Activity

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



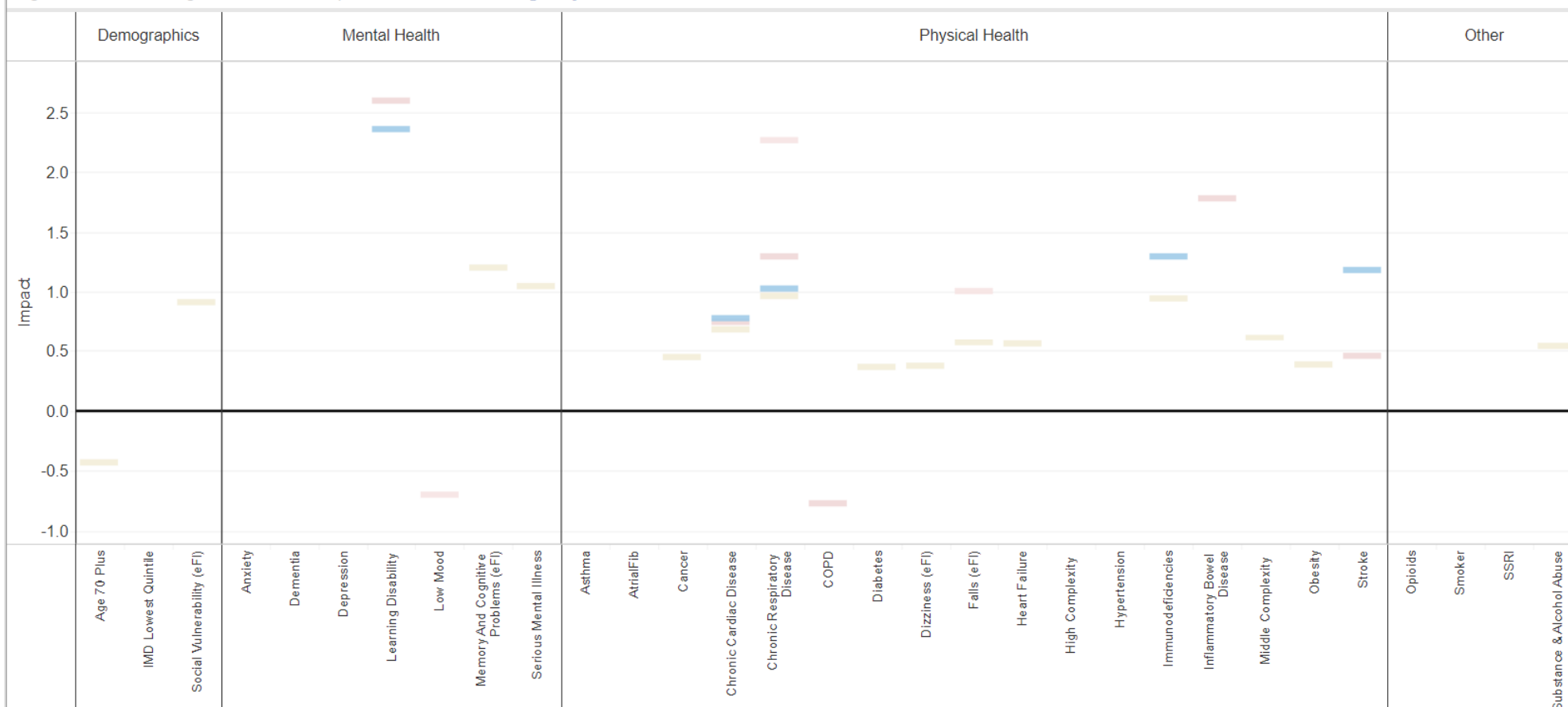
The charts in the next two pages show activity for the PCN compared against all other PCNs at the Place level.

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

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

PCN Benchmarking - Emergency Admissions

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



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

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

Urgent and Emergency Care

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

Overall aim

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

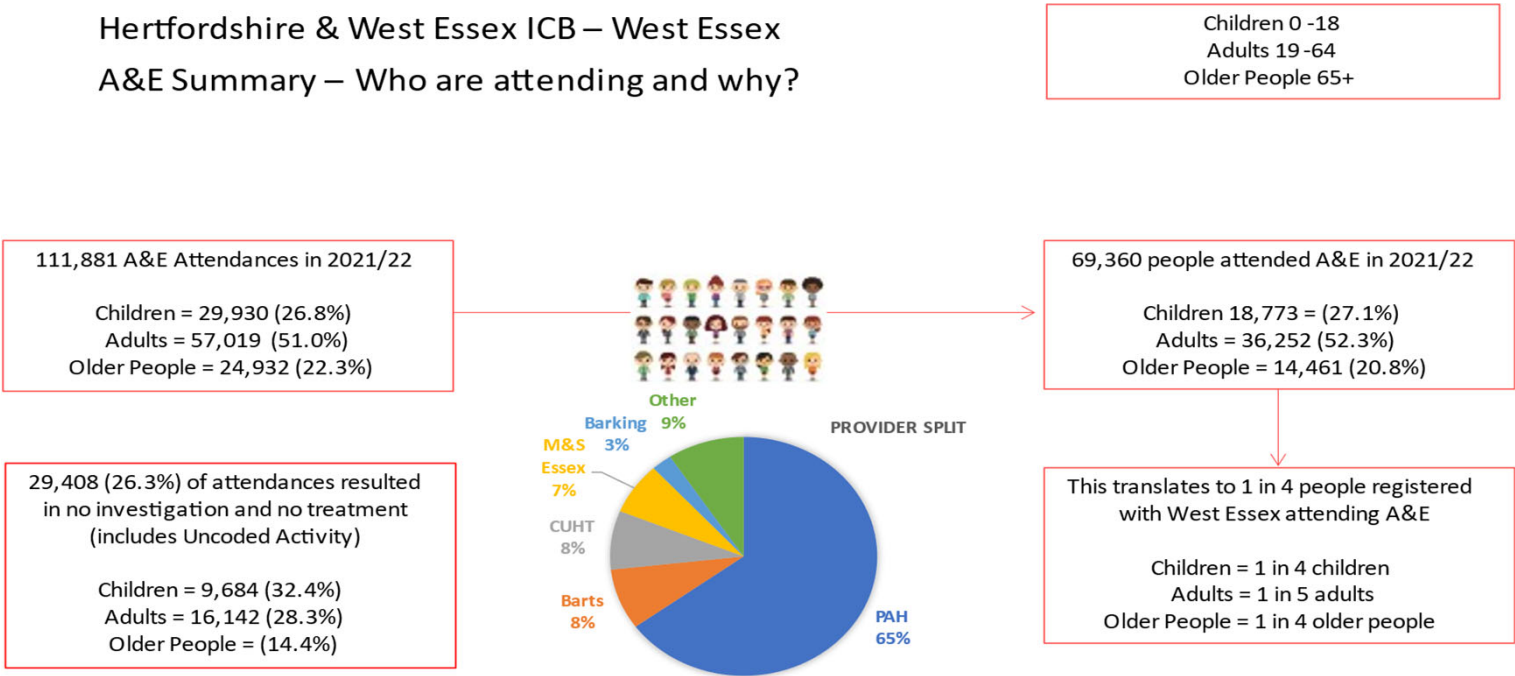
Objectives

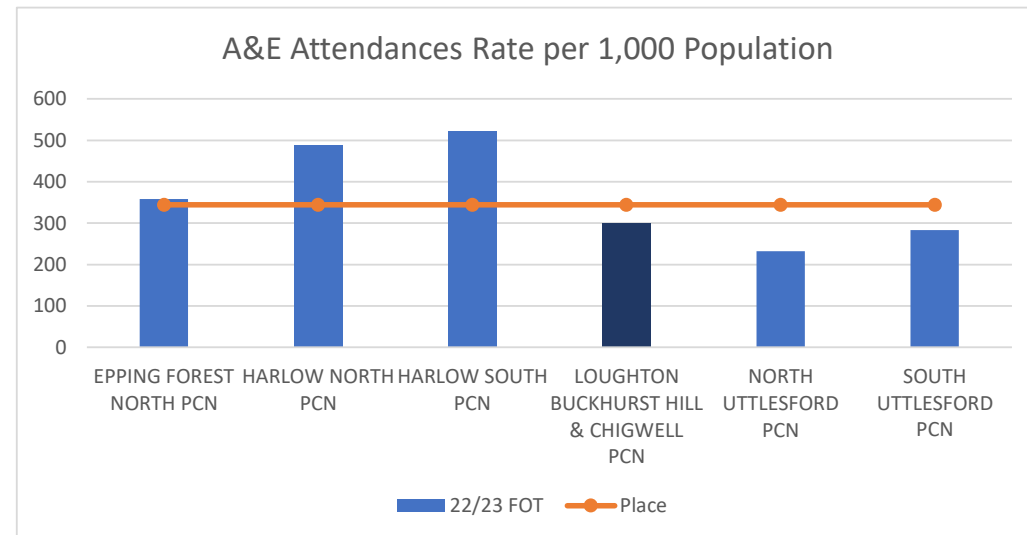
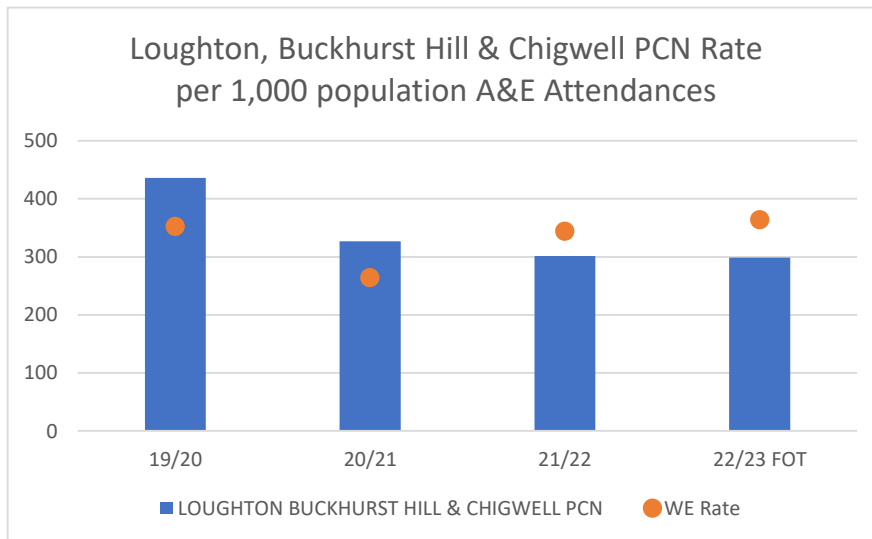
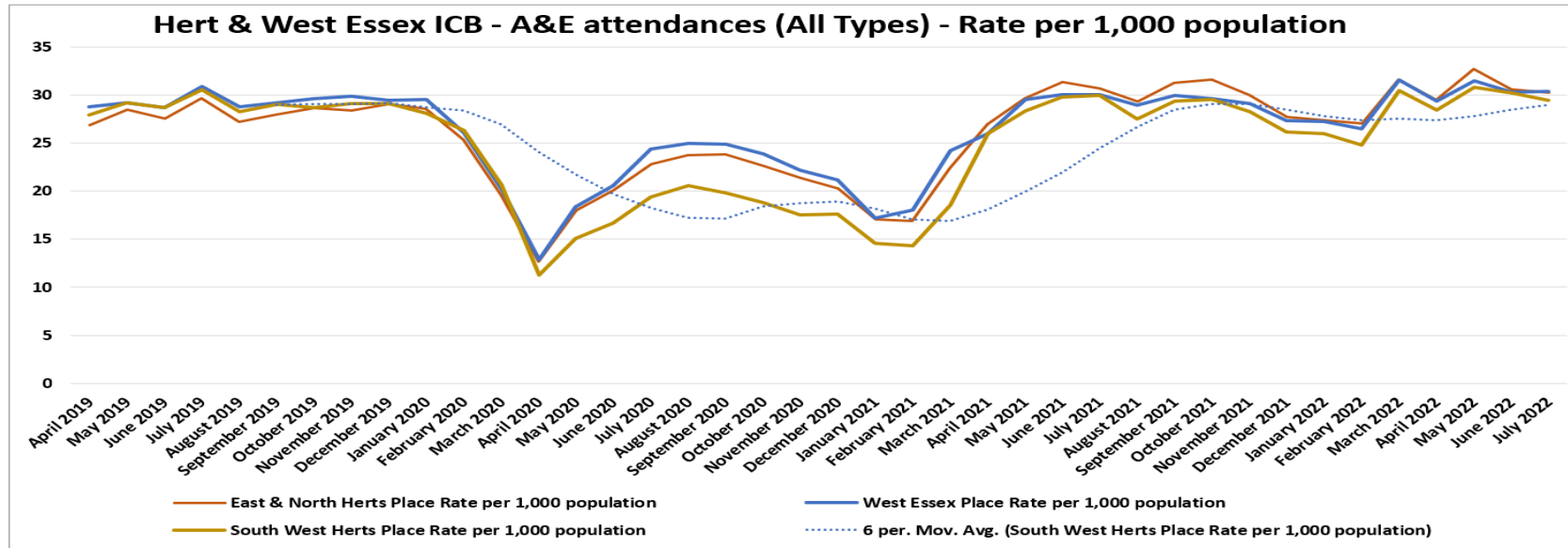
- * To build a comprehensive picture of **who** needs to access UEC in HWE and who could be better cared for in alternative settings.
- * To understand the root causes of **why** people are accessing UEC when there could have been more appropriate alternative pathways
- * To build consensus among stakeholders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

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



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





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

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

2022/23 rates for LBC are lower than the place rate.

Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions

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

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

Costed at tariff the value was approximately £42 million.

The table here shows the breakdown for LBC PCN.

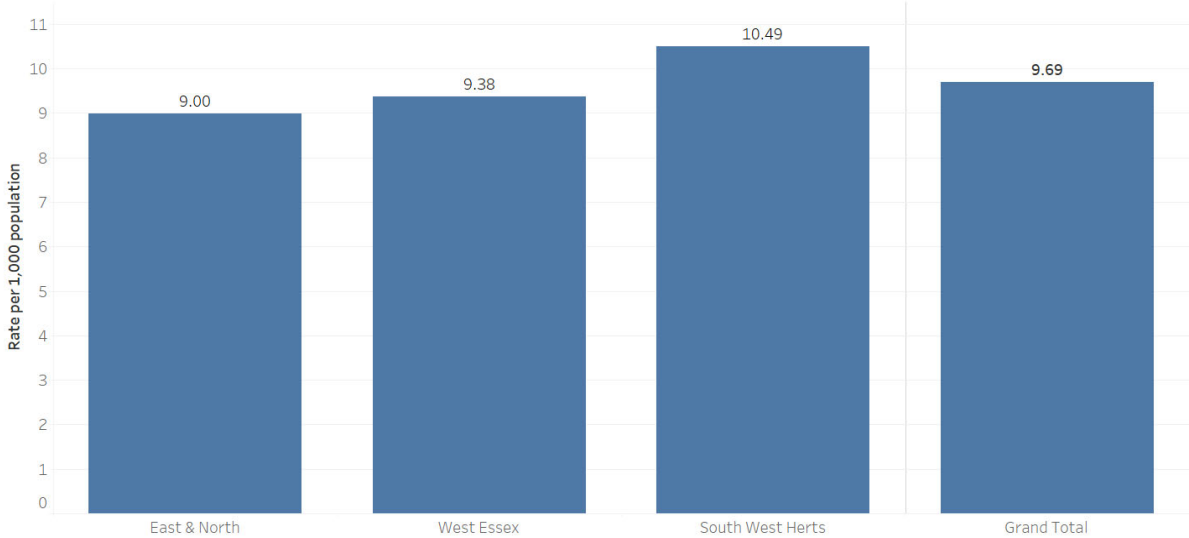
* Average cost for Mental and Behavioural is not representative as non-PbR

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

Chronic ACS	Admissions	People	Average cost of admission	Tariff Total Payment National
CVD: AF and Flutter	86	76	£2,526	£217,236
CVD: Angina	18	18	£1,561	£28,102
CVD: Congestive Heart Failure	110	95	£5,798	£637,776
CVD: Hypertension	27	25	£834	£22,517
Diseases of the blood	31	28	£3,020	£93,624
Mental and Behavioural Disorders	8	8		
Neurological Disorders	24	20	£2,378	£57,071
Nutritional, endocrine and metabolic	64	52	£3,416	£218,643
Respiratory: Asthma	45	42	£1,534	£69,051
Respiratory: COPD	79	59	£3,725	£294,281
Grand Total	492	408	£3,330	£1,638,301

ACS Admission Rates per 1,000 Population by Place

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

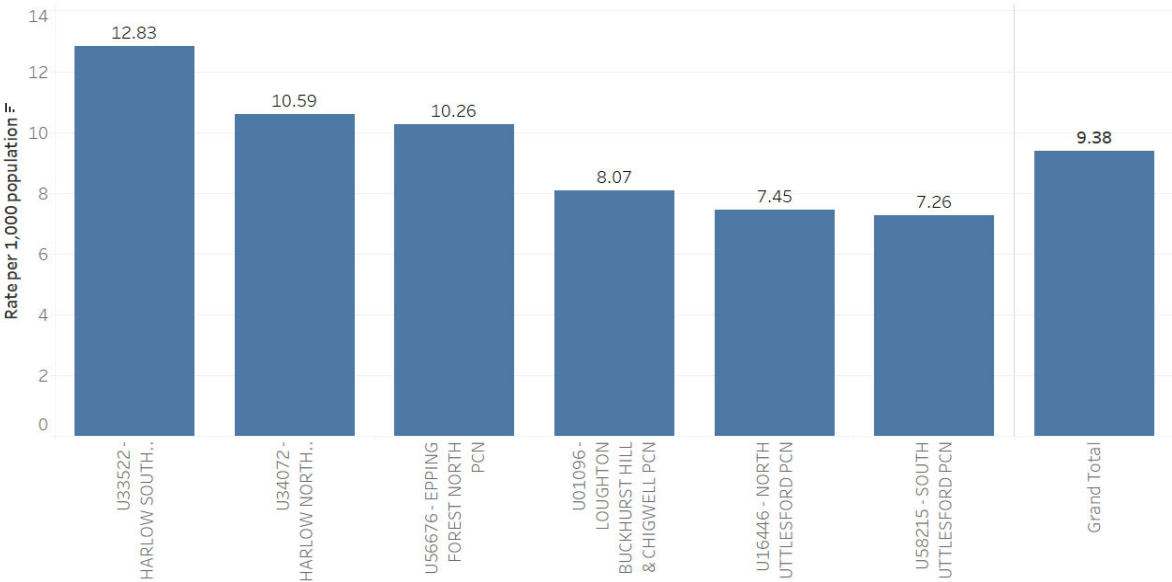


When comparing the rates per 1,000 population between places, the West Essex place has a slightly lower rate than the ICB.

Within West Essex Place, LBC has a lower rate per 1,000 population.

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

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



Source: HWE PHM Team, SUS UEC data-sets

Chronic ACS by Segment

ACS by segment_age



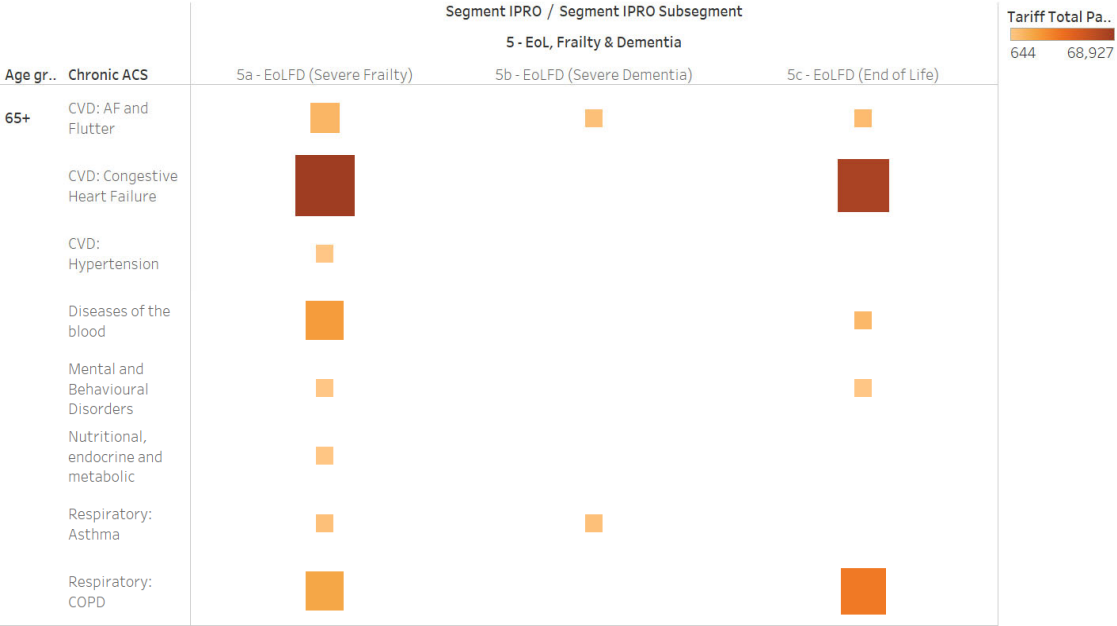
The above chart looks at the ACS admissions by age and segment. The size reflects volume and the depth of colour reflects cost.

For LBC the highest volume and cost is within the End of Life, Severe Frailty and Dementia in the over 65 age group followed by the same age in the Advanced Disease and Complexity segment.

The following pages look at which ACSs contribute to this.

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

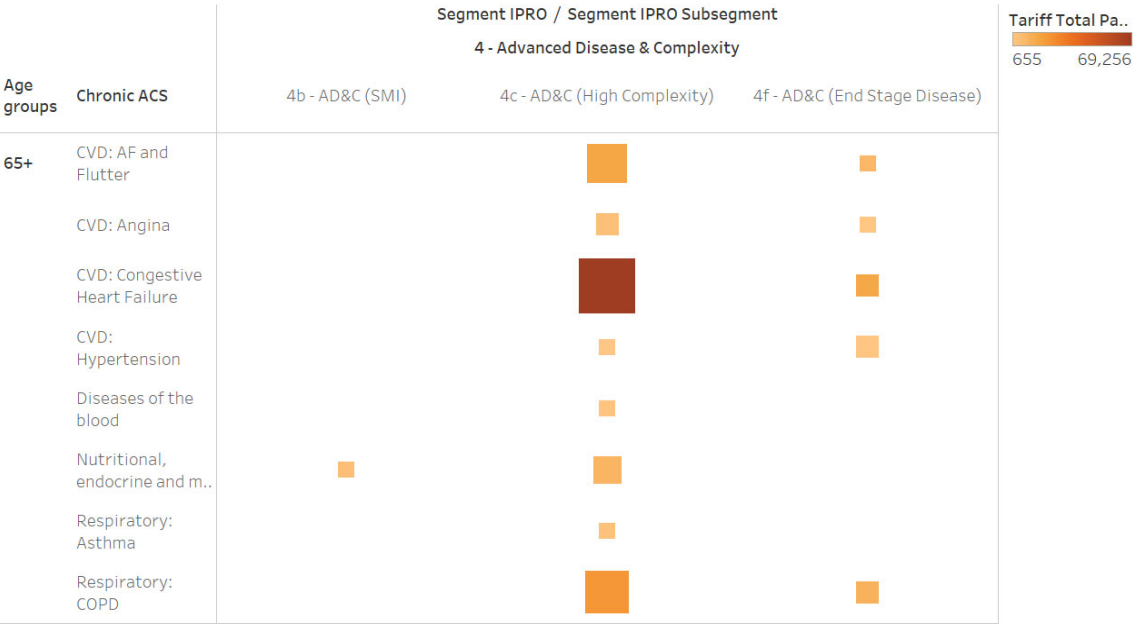
Segment 5



Ambulatory Care Sensitive conditions of note for people aged over 65 within the End of Life, Frailty & Dementia is highlighted as Heart Failure is the ACS with the highest volume and cost.

Heart failure is also highlighted withint the advanced disease and complexity cohort.

Segment 4

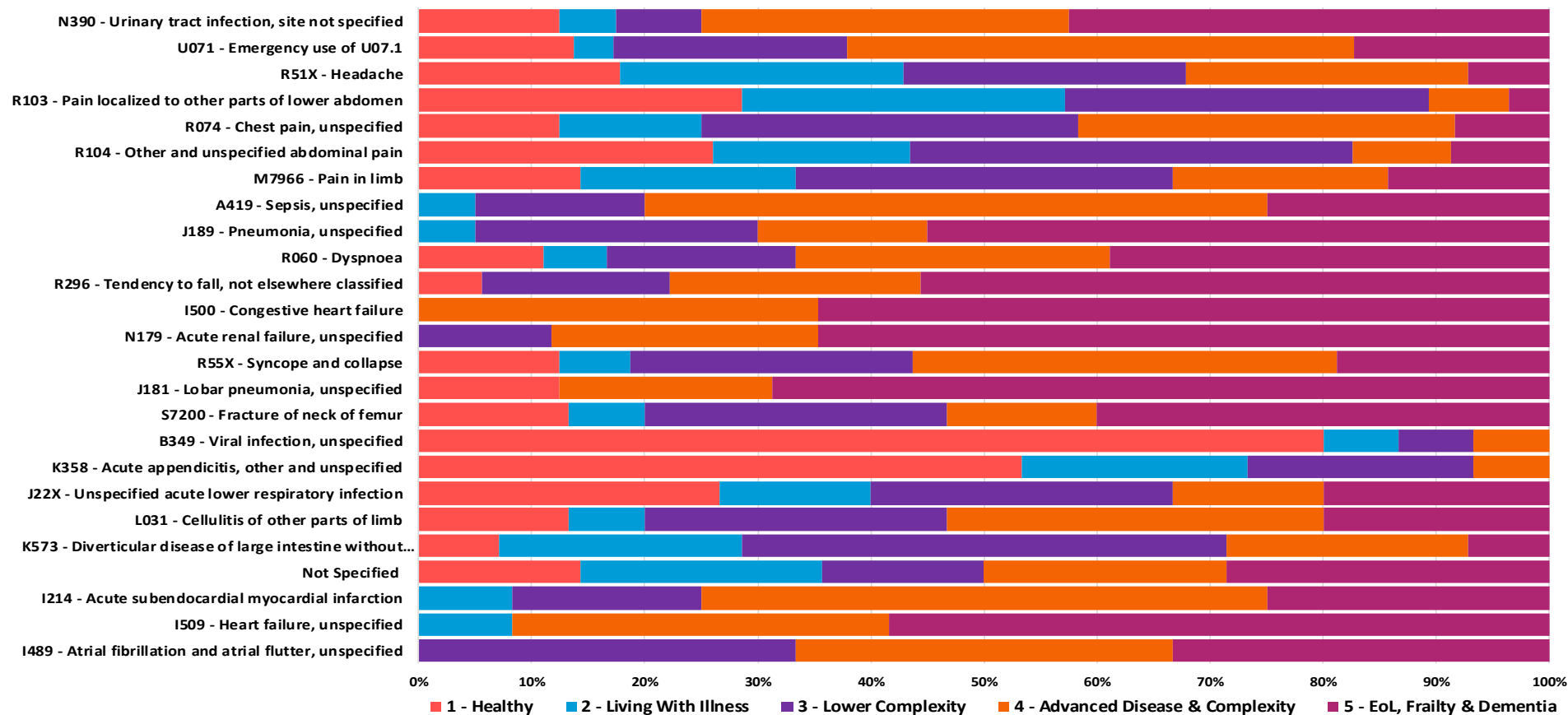


Source: HWE PHM Team, SUS UEC data-sets

UEC Diagnoses by Segment

PCN Population - UEC Top 25 Primary Diagnoses by Segment

Highest Emergency Admissions from Top to Bottom



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

UEC & Segmentation + Deprivation by Ward

UEC Patients Seen by Segment & Ward	1 - Healthy	2 - Living With Illness	3 - Lower Complexity	4 - Advanced Disease & Complexity	5 - EoL, Frailty & Dementia	Grand Total
Borehamwood Brookmeadow				1		1
Broadley Common, Epping Upland and	1					1
Buckhurst Hill East	29	16	32	37	49	163
Buckhurst Hill West	37	29	47	57	83	253
Chigwell Row		1	1	2	1	5
Chigwell Village	9	2	4	13	20	48
Chipping Ongar, Greensted and Marden Ash					1	1
Church Langley				1	6	7
Epping Hemnall	1		1	4	3	9
Epping Lindsey and Thornwood Comm	1	2				3
Grange Hill	3	2	1	5	3	14
Lambourne			1			1
Little Parndon and Hare Street					12	12
Loughton Alderton	19	17	32	36	17	121
Loughton Broadway	8	9	27	36	7	87
Loughton Fairmead	7	13	16	26	10	72
Loughton Forest	11	11	16	25	21	84
Loughton Roding	16	16	29	48	32	141
Loughton St John's	20	26	30	18	21	115
Loughton St Mary's	28	21	31	37	48	165
Mark Hall					1	1
Moreton and Fyfield				1		1
North Weald Bassett	1					1
Passingford	1					1
Stort Valley				2	2	4
Sumners and Kingsmoor				1		1
Thaxted & the Eastons			1			1
The Sampfords				2		2
Theydon Bois	4	4			4	12
Waltham Abbey High Beach	3	3	2	9	10	27
Waltham Abbey Honey Lane	1	1	1	1		4
Waltham Abbey North East		2	1			3
Waltham Abbey Paternoster			1	2	1	4
Waltham Abbey South West				2		2
Unknown Ward	14	19	22	31	31	117
Grand Total	214	194	296	397	383	1484

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

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

UEC Patients Seen by Deprivation Quintile & Ward 1 = Most Deprived, 5 = Least Deprived	1	2	3	4	5	(blank)	Grand Total
Borehamwood Brookmeadow		1					1
Broadley Common, Epping Upland and	1						1
Buckhurst Hill East			117	46			163
Buckhurst Hill West				114	139		253
Chigwell Row			5				5
Chigwell Village		18	4		26		48
Chipping Ongar, Greensted and Marden Ash				1			1
Church Langley				7			7
Epping Hemnall			6	3			9
Epping Lindsey and Thornwood Common			3				3
Grange Hill	9			5			14
Lambourne		1					1
Little Parndon and Hare Street	7	5					12
Loughton Alderton	50	37	34				121
Loughton Broadway	87						87
Loughton Fairmead	50	22					72
Loughton Forest				28	56		84
Loughton Roding		51	38	52			141
Loughton St John's				115			115
Loughton St Mary's	62		43	60			165
Mark Hall	1						1
Moreton and Fyfield		1					1
North Weald Bassett	1						1
Passingford	1						1
Stort Valley			4				4
Sumners and Kingsmoor	1						1
Thaxted & the Eastons			1				1
The Sampfords			2				2
Theydon Bois			2	6	4		12
Waltham Abbey High Beach	27						27
Waltham Abbey Honey Lane	1	3					4
Waltham Abbey North East	2		1				3
Waltham Abbey Paternoster	4						4
Waltham Abbey South West	2						2
Unknown Ward						117	117
Grand Total	306	139	260	437	225	117	1484

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



Hospital Admissions

	Period	HERTFORDSHIRE AND WEST ESSEX	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
Emergency admissions injuries due to falls in those aged 65+	2020/21	2026	1773.5
Emergency asthma, diabetes and epilepsy admissions (aged 0-18)	2020/21	130.8	158.6
Emergency admissions for children with lower respiratory tract infections (age 0-18)	2020/21	40.5	
Emergency admissions for chronic ambulatory care sensitive conditions	2020/21	505.9	501.7
Mental health admissions (all ages)	2020/21	177.2	193
Emergency Cancer Admissions	2020/21	494.9	412.5
Emergency admissions for acute conditions shouldn't require admissions	2020/21	611.6	673.3

■ Similar ■ Significantly Worse ■ Significantly Better

PH.Intelligence@hertfordshire.gov.uk

 Hertfordshire Public Health
Evidence & Intelligence
Epidemiology



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

LBC PCN show a similar rate of admissions to the ICB.

Frailty Segment - Detailed PCN Breakdown

	Most deprived					Most affluent							
Index of Multiple Deprivation Decile	1	2	3	4	5	6	7	8	9	10	NULL	PCN	ICS
Overall Population Measures													
Population		4	13	27	59	45	75	79	111	166	2	581	37725
% of population in cohort		0.7%	2.2%	4.6%	10.2%	7.7%	12.9%	13.6%	19.1%	28.6%	0.3%	100.0%	100.0%
Avg. Age		53.3	76.6	69.9	77.4	76.1	81.6	76.9	80.2	79.6	75.5	78.4	75.6
% BAME Where recorded		0%	15%	0%	7%	13%	6%	9%	9%	9%	50%	9%	8%
Avg. number of Acute and Chronic Conditions		5.0	6.5	6.0	6.2	4.8	5.7	5.6	5.5	5.1	5.0	5.5	5.5
Activity Measure													
Emergency Admissions		1.8	1.5	0.9	0.9	0.6	0.4	0.7	0.9	0.6	0.5	0.7	0.6
A&E Attendances		1.5	1.8	1.4	1.6	0.7	0.7	1.0	1.1	0.8	1.0	1.0	0.9
GP Encounters		90.8	193.2	110.9	130.1	110.8	150.5	122.9	134.9	146.1	71.0	135.8	103.4
Admitted Bed Days		2.0	21.9	8.8	9.2	1.9	2.9	5.8	7.0	6.5	0.0	6.4	4.2
Physical Health													
Asthma		0.0%	38.5%	14.8%	35.6%	28.9%	25.3%	26.6%	20.7%	19.9%	50.0%	24.1%	25.2%
Cancer		25.0%	30.8%	40.7%	32.2%	28.9%	24.0%	39.2%	40.5%	36.1%	50.0%	34.9%	32.8%
Chronic Cardiac Disease		25.0%	61.5%	59.3%	55.9%	37.8%	54.7%	41.8%	55.9%	47.0%	50.0%	49.9%	47.5%
Chronic Respiratory Disease		25.0%	30.8%	22.2%	35.6%	26.7%	17.3%	25.3%	30.6%	16.9%	0.0%	23.9%	22.2%
CKD		0.0%	7.7%	11.1%	20.3%	24.4%	28.0%	16.5%	10.8%	18.1%	0.0%	17.7%	20.7%
Heart Disease		25.0%	61.5%	48.1%	54.2%	37.8%	46.7%	39.2%	49.5%	38.6%	50.0%	44.2%	39.1%
Hypertension		50.0%	84.6%	63.0%	67.8%	64.4%	78.7%	75.9%	74.8%	68.1%	100.0%	71.6%	74.5%
Diabetes		50.0%	46.2%	33.3%	52.5%	31.1%	37.3%	45.6%	39.6%	37.3%	100.0%	40.3%	42.8%
Obesity		0.0%	7.7%	37.0%	27.1%	20.0%	30.7%	30.4%	33.3%	24.1%	0.0%	27.5%	32.8%
Rheumatoid Arthritis		50.0%	7.7%	11.1%	8.5%	4.4%	5.3%	7.6%	2.7%	2.4%	0.0%	5.2%	5.3%
Stroke		50.0%	46.2%	40.7%	35.6%	24.4%	33.3%	35.4%	36.0%	32.5%	0.0%	34.1%	34.5%
Mental Health													
Anxiety		25.0%	23.1%	29.6%	18.6%	24.4%	24.0%	24.1%	21.6%	18.7%	0.0%	21.7%	29.0%
Depression		25.0%	46.2%	37.0%	33.9%	22.2%	37.3%	34.2%	28.8%	25.3%	50.0%	30.5%	33.6%
Dementia		0.0%	15.4%	22.2%	25.4%	13.3%	30.7%	8.9%	14.4%	16.9%	0.0%	17.7%	18.6%
Serious Mental Illness		0.0%	0.0%	3.7%	3.4%	2.2%	6.7%	2.5%	2.7%	1.8%	0.0%	2.9%	6.5%
Low Mood		25.0%	15.4%	0.0%	15.3%	6.7%	21.3%	13.9%	11.7%	12.7%	50.0%	13.3%	18.5%
Suicide		0.0%	0.0%	0.0%	1.7%	0.0%	2.7%	0.0%	0.0%	0.6%	0.0%	0.7%	1.5%
Mental Health Flag		25.0%	46.2%	40.7%	40.7%	35.6%	46.7%	41.8%	40.5%	38.0%	50.0%	40.4%	48.8%
Screening and Verification Refusal													
Bowel Screening Refused		0.0%	23.1%	0.0%	25.4%	24.4%	28.0%	22.8%	17.1%	16.9%	50.0%	20.0%	25.5%
Cervical Screening Refused		0.0%	0.0%	0.0%	3.4%	0.0%	1.3%	1.3%	0.9%	1.2%	0.0%	1.2%	3.6%
Flu Vaccine Refused		0.0%	7.7%	37.0%	27.1%	28.9%	29.3%	25.3%	18.0%	19.9%	50.0%	23.4%	26.4%
Wider Indicators													
Has A Carer		0.0%	0.0%	3.7%	8.5%	8.9%	9.3%	5.1%	7.2%	9.6%	0.0%	7.7%	19.0%
Is A Carer		0.0%	0.0%	0.0%	5.1%	6.7%	4.0%	8.9%	2.7%	0.6%	0.0%	3.4%	11.9%
MED3 Not Fit For Work (ever)		25.0%	0.0%	3.7%	5.1%	6.7%	5.3%	6.3%	5.4%	2.4%	0.0%	4.6%	13.4%
MED3 Not Fit For Work (in Last Year)		25.0%	0.0%	0.0%	1.7%	2.2%	2.7%	0.0%	2.7%	0.6%	0.0%	1.5%	3.5%
MED3 Not Fit For Work (in Last Six Months)		25.0%	0.0%	0.0%	1.7%	2.2%	2.7%	0.0%	2.7%	0.6%	0.0%	1.5%	2.8%
Avg. number of eFI Deficits		9.0	10.8	11.3	13.7	11.9	13.1	13.2	13.3	13.0	13.5	12.9	13.4
eFI_Housebound		0.0%	7.7%	3.7%	5.1%	8.9%	25.3%	11.4%	10.8%	19.3%	0.0%	13.9%	10.9%
eFI_SocialVulnerability		25.0%	23.1%	11.1%	23.7%	15.6%	28.0%	17.7%	22.5%	19.9%	50.0%	21.0%	27.3%
People_ChildrenInPoverty			23.5	10.3	15.7	12.6	10.0	12.0	7.5	4.7		9.1	15.5
Housing_FuelPoverty		16.0	17.7	14.8	13.3	11.4	10.0	10.3	8.1	8.3		10.1	11.1
Housing_OnePersonHousehold		40.5	33.8	39.9	26.9	25.4	43.0	25.7	27.7	28.2		30.1	28.3

Source: HWE PHM Team, SUS UEC data-sets

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

In LBC 8% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

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

As we would expect the average number of acute and chronic conditions is significantly higher within this segment that the general population as are all activity measures. The average number of Chronic Conditions for people within LBC PCN is similar to the ICB.

Within this segment we can see the presence of Chronic Cardiac Disease, Diabetes, Stroke, high MH flagged conditions, and Heart Disease being highlighted, which chimes with the reason for admission within previous analysis for ACS conditions.

Applying Machine Learning factors without our data platform

Why Machine Learning?

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

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

Approach

- Trained several machine learning models on ~1 million linked patient records across ~200 features from the ICS segmentation dataset, for binary A&E risk prediction (will this patient use A&E within the next year?).
- Selected a final twin ensemble model with a binary classification accuracy of 81.3%.
- Extracted output probabilities for each class to estimate a risk score for each patient, and generated risk scores for all of the patients in the segmentation data. We can think of the risk score as the model's confidence in a patient requiring A&E.
- Partitioned the patient population into 3 distinct grades, Low, Medium and High risk, based on the machine learning predictions:

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

Creating search logic from significant features

- Features input to the predictive model include demographic features, diagnosis codes, prescribed medication, waitlist information and environmental factors such as housing and proximity to healthcare.
- Used feature rankings learned by the model to reduce the set of ~200 features to the 30 most significant features that best explain the variance in the predicted class (requiring A&E or not).
- Trained secondary machine learning models, 5-split decision trees, to classify patients into each of the three risk grades based on these 30 significant features.
- Extracted decision tree logic to create search filters for patients by risk grade. 5 splits $\rightarrow 2^5 = 32$ unique rules. These rules have been merged and prioritised (by considering individual accuracies and sample sizes) to maximise precision and recall in the final search filters.

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

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

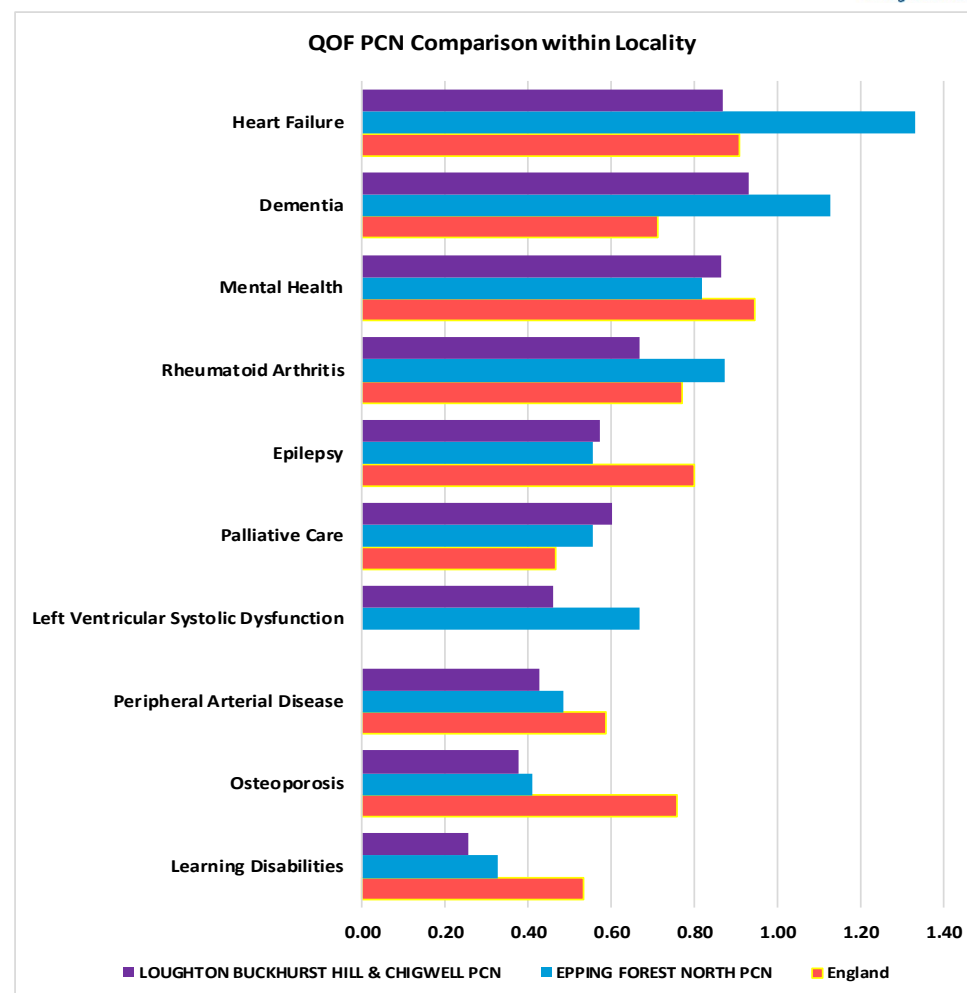
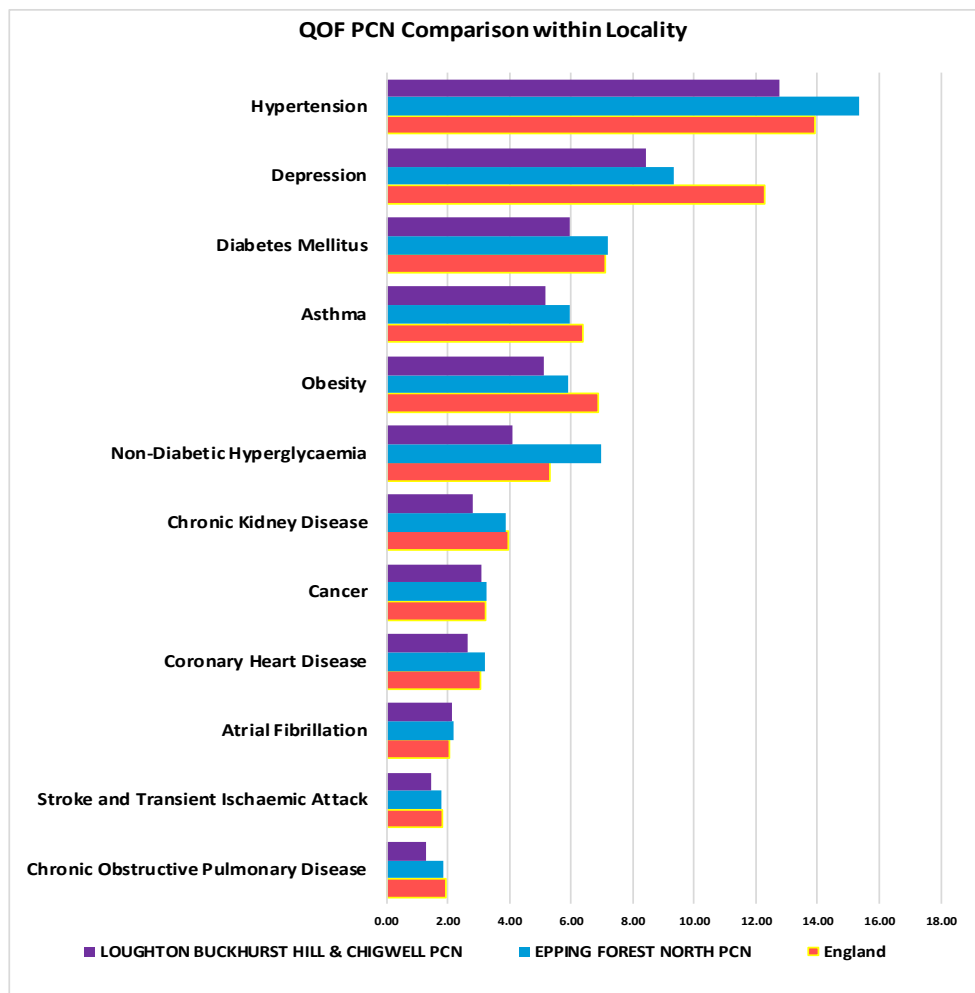
Quality & Outcomes Framework

Contents:

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



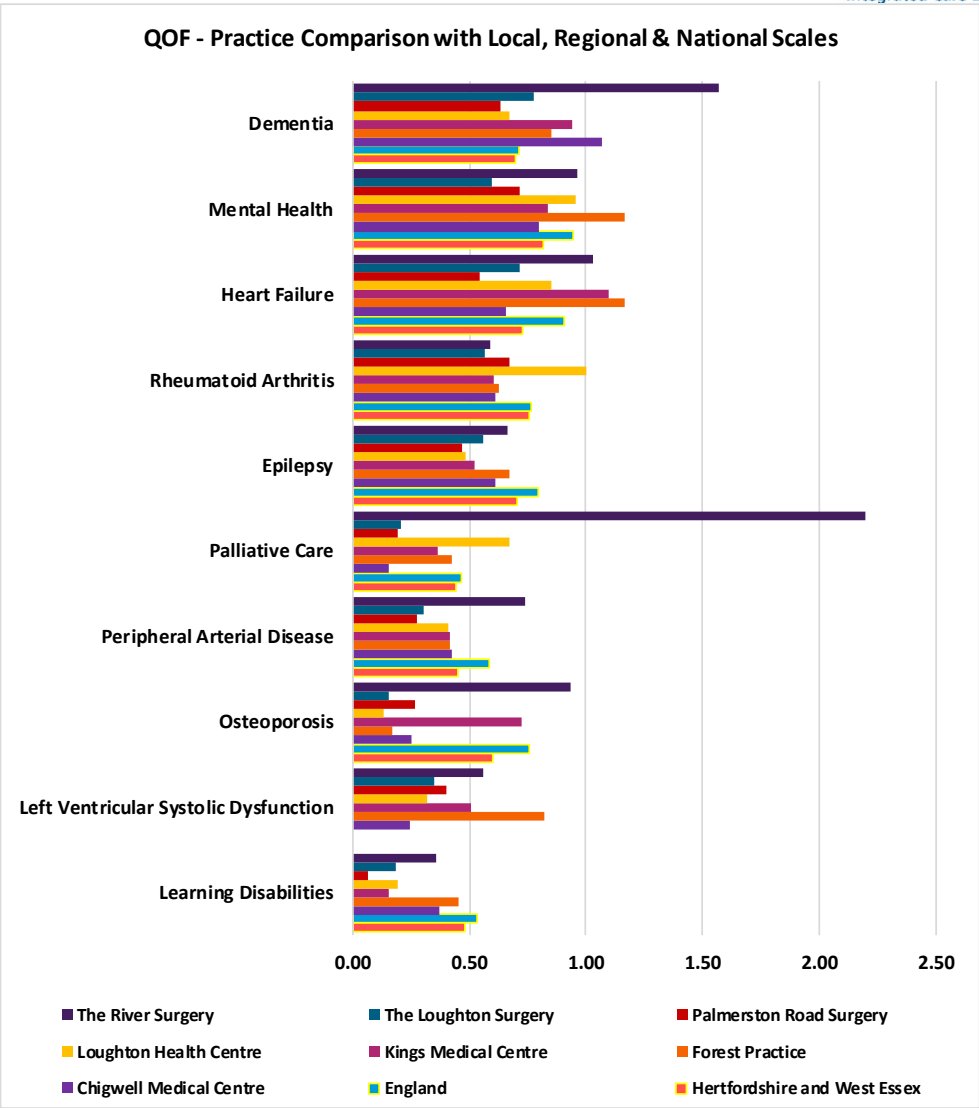
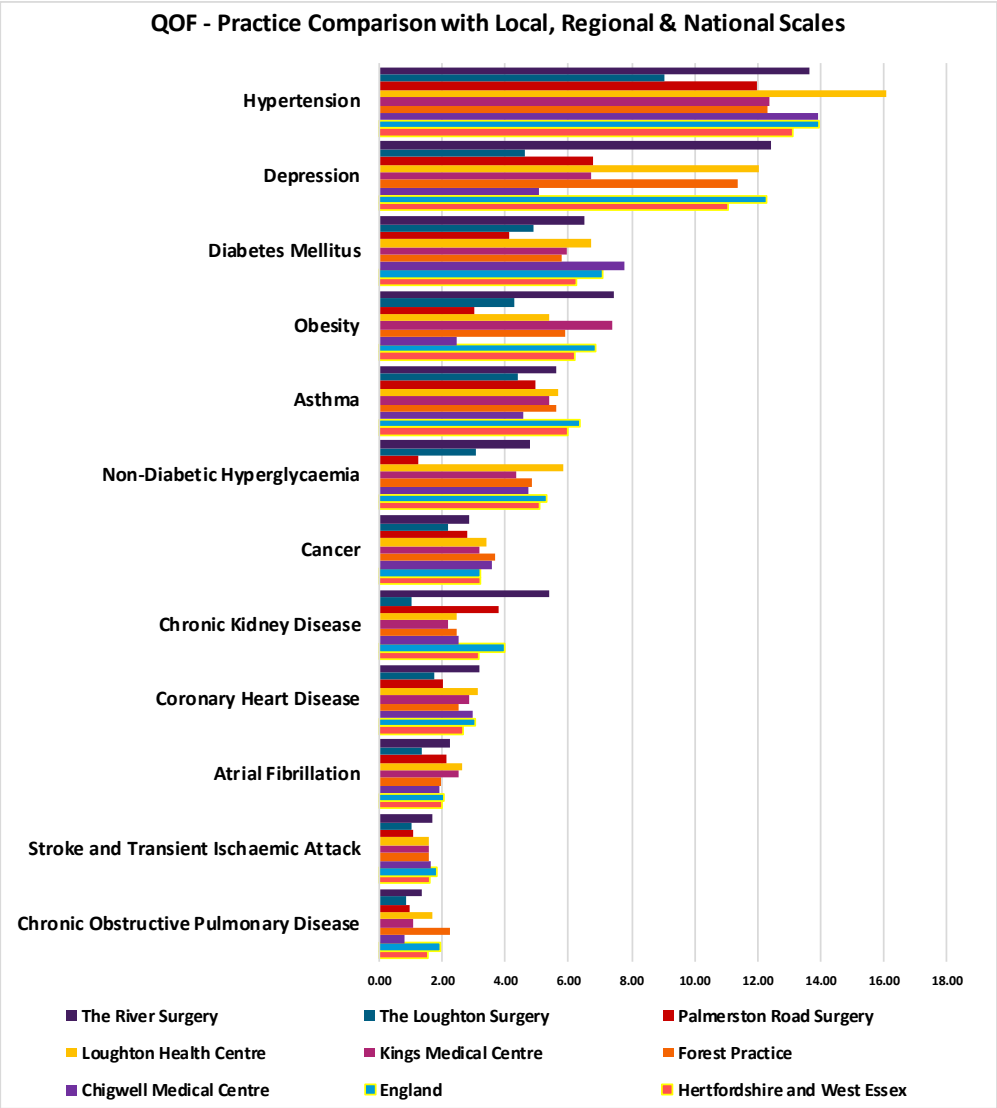
QOF - Locality & PCN Comparison



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

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

QOF - Local, Regional, & National Comparison



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

QOF - Missed Diagnoses & Admission Rates

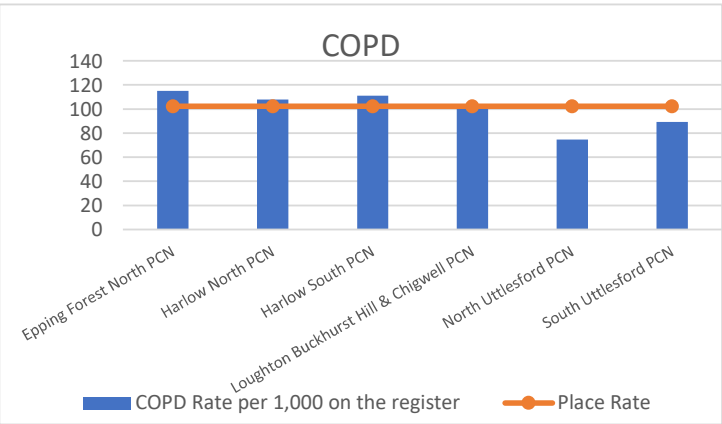
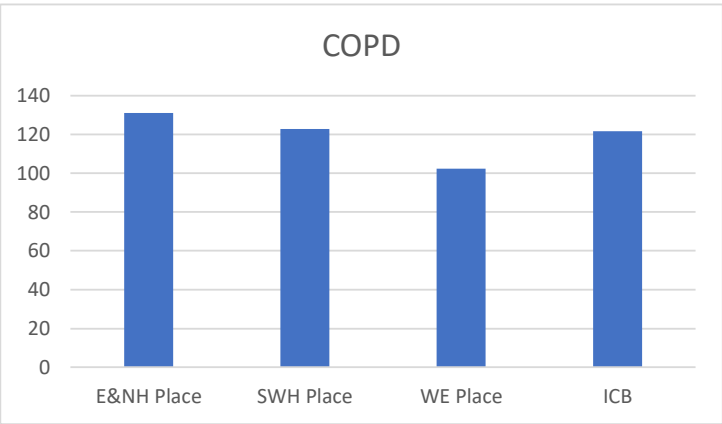
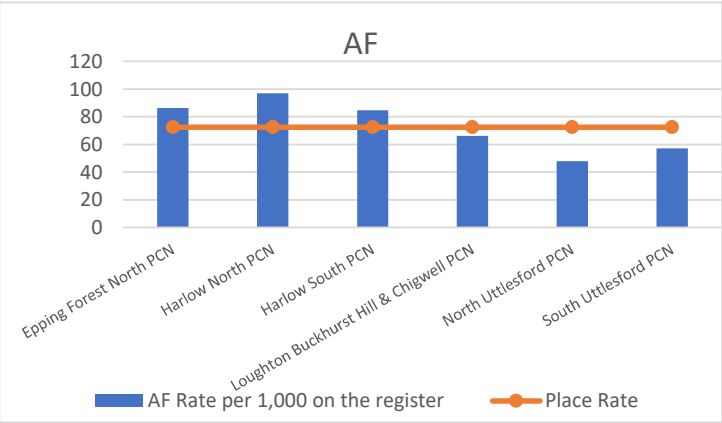
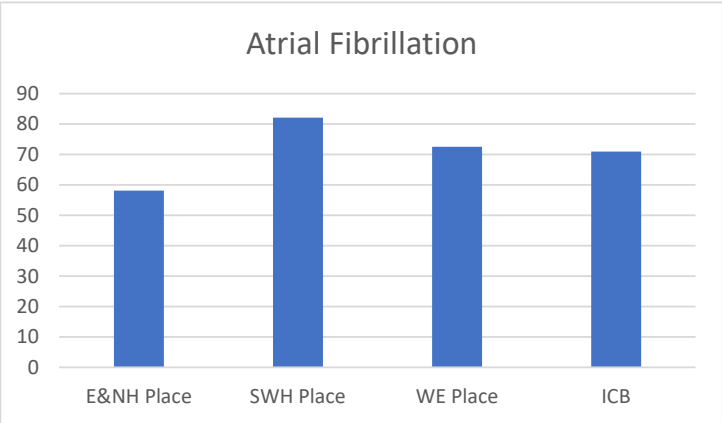
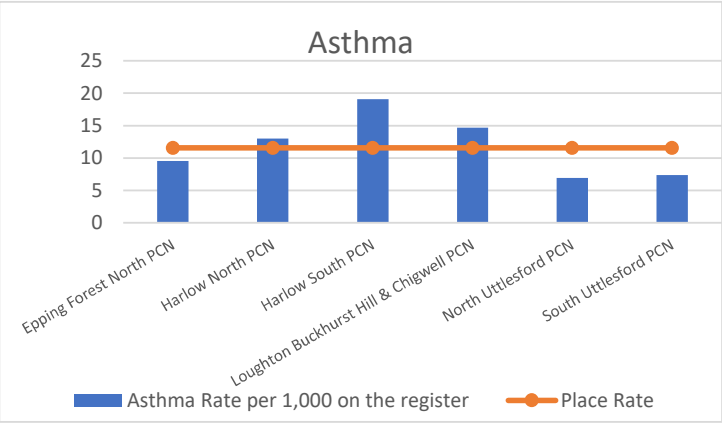
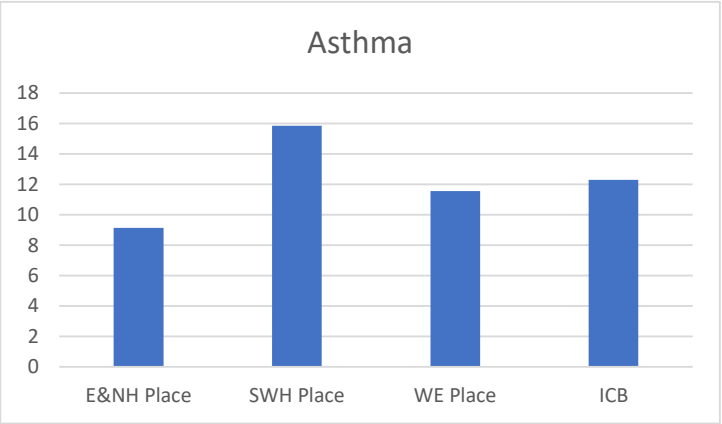
Disease	QOF List size 21-22	QOF Register 21-22	QOF Prevalence 21/22	Place prevalence	ICB prevalence	Modelled prevalence	New diagnoses to meet Place average	new diagnoses to meet ICB average	New diagnoses to meet estimated prevalence
Asthma	56670	3056	5.39%	6.33%	6.17%		530	439	
COPD	60918	785	1.29%	1.61%	1.49%	1.98%	195	120	423
Diabetes	48872	3021	6.18%	6.84%	6.39%	8.13%	322	100	953
Non-diabetic hyperglycaemia	48210	2274	4.72%	6.49%	5.87%	11.59%	853	556	3313
Hypertension	60918	7744	12.71%	14.27%	13.21%		947	305	
Atrial Fibrillation	60918	1301	2.14%	2.12%	2.02%	2.54%	-12	-70	248
Stroke and TIA	60918	896	1.47%	1.60%	1.61%		79	84	
Coronary Heart Disease	60918	1626	2.67%	2.81%	2.65%		87	-10	
Heart failure	60918	523	0.86%	0.97%	0.75%	1.40%	68	-63	333
Left Ventricular Systolic Dysfunction	60918	299	0.49%	0.51%	0.30%		13	-117	
Chronic Kidney Disease	48210	1195	2.48%	3.40%	3.21%		442	351	
Peripheral Arterial Disease	60918	247	0.41%	0.47%	0.44%		38	23	
Cancer	60918	1984	3.26%	3.30%	3.35%		26	54	
Palliative care	60918	352	0.58%	0.49%	0.43%		-56	-91	

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

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

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

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



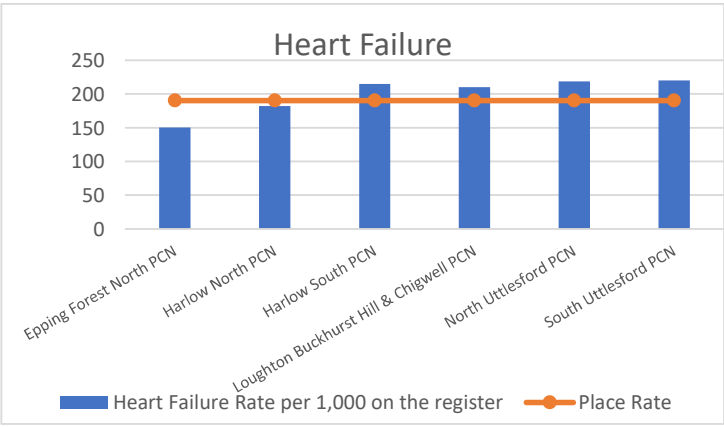
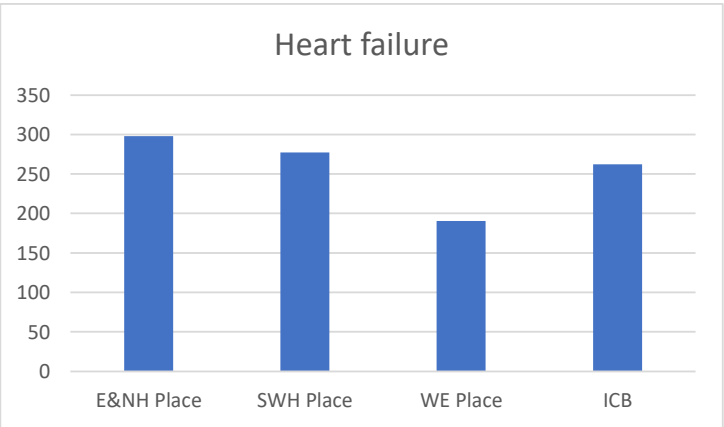
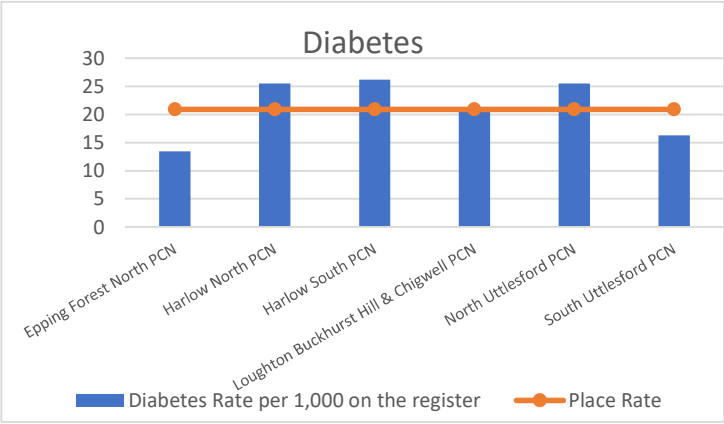
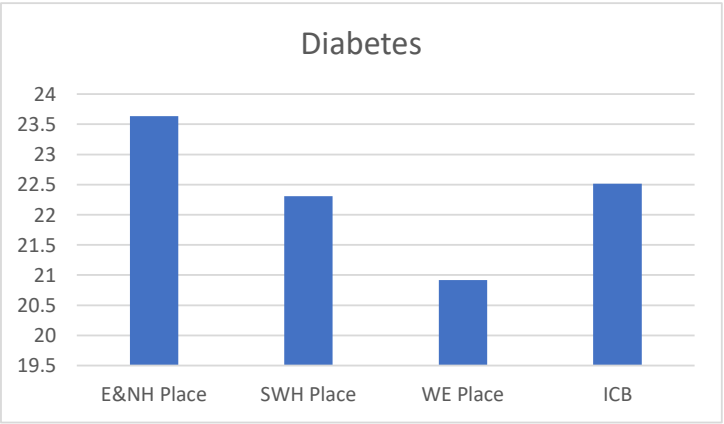
The charts on the left shows the Emergency Admissions Rates per 1,000 population on the disease register.

It shows the places compared with the ICB on the left and on the right it show the PCNs within a Place; these are continued on the following page.

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

For LBC the data shows higher rates for Asthma and slightly higher rates for Heart Failure which was identified as a theme within the ACS analysis.

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



Appendices

The following pages provide additional information breakdowns relating to the segmentation and population data

Contents:

- Matrix by Ethnicity
- Matrix by Health Segment & Subsegment
- Matrix by GP Activity
- Matrix by Health Segment & Deprivation
- Matrix by Practice & Deprivation
- Bubble Matrix on Conditions
- Bio-Psycho-Social Example
- Risk Factors by Prevalence against GP Activity & A&E
- Public Health Cancer Screening
- Public Health Mortality
- Public Health Life Expectancy
- Public Health Projection on Populations



Matrix Data - Ethnicity

Ethnicity Group		Other Ethnic Groups			Asian			Asian or Asian British		Black			Mixed			Other			White			Unknown			Grand Total
Complexity		Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	
Overall Population Measures																									
Population		349	106		856	442	61	80	30	231	129		365	119		234	171	12	8,489	5,879	894	2,444	610	16	21,528
Age		34	48	86	29	49	69	30	48	32	50	64	19	34	53	36	53	81	34	54	75	35	46	77	42
Male %		52.7%	46.2%	#####	49.4%	44.3%	59.0%	65.0%	56.7%	51.1%	47.3%	40.0%	47.1%	47.9%	25.0%	47.9%	43.9%	25.0%	50.3%	44.4%	48.4%	60.3%	57.7%	50.0%	49.8%
IMD		8.2	8.5	7.0	7.9	8.0	8.0	8.8	8.6	6.8	7.1	6.6	7.6	7.2	6.8	7.1	7.8	8.2	7.4	7.4	7.4	7.2	7.7	8.9	7.5
% BAME (where recorded)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%				17%
Multimorbidity (acute & chronic)		0.0	1.4	6.0	0.0	1.7	6.4	0.0	1.4	0.0	1.7	5.8	0.0	1.5	6.3	0.0	1.9	6.2	0.0	1.8	6.5	0.0	1.5	5.8	0.9
Finance and Activity Measures																									
Spend	Total	£0.0M	£0.0M	£0.0M	£0.3M	£0.4M	£0.3M	£0.0M	£0.0M	£0.1M	£0.2M	£0.0M	£0.1M	£0.1M	£0.0M	£0.1M	£0.2M	£0.0M	£2.4M	£5.6M	£4.1M	£0.1M	£0.1M	£0.0M	#####
	PPPY - Total	£98	£300	£1,381	£305	£998	£4,581	£106	£278	£283	£1,280	£2,181	£309	£772	£4,869	£441	£942	£2,252	£281	£946	£4,546	£60	£161	£405	£654
Acute Elective		£18	£148	£0	£122	£536	£1,650	£29	£76	£130	£522	£576	£96	£271	£444	£208	£462	£1,349	£107	£442	£1,659	£19	£44	£104	£272
Acute Non-Elective		£23	£30	£473	£99	£283	£2,557	£4	£73	£85	£564	£1,014	£133	£354	£4,130	£143	£290	£624	£99	£332	£2,524	£5	£25	£29	£268
GP Encounters		£57	£122	£908	£84	£179	£374	£73	£130	£67	£193	£591	£80	£147	£295	£90	£190	£280	£75	£171	£363	£36	£93	£272	£115
Community		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Social Care		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
GP PPPY		20	41	314	25	52	119	28	50	19	57	155	25	42	81	25	58	92	21	49	108	11	31	103	33
Beddays PPPY - Acute EM		0	0	0	0	0	5	0	0	0	2	0	0	0	3	0	1	2	0	1	5	0	0	2	0
Physical Health																									
Diabetes		0.0%	30.2%	50.0%	0.0%	27.6%	75.4%	0.0%	26.7%	0.0%	24.8%	80.0%	0.0%	11.8%	50.0%	0.0%	19.3%	50.0%	0.0%	14.6%	42.5%	0.0%	11.3%	62.5%	7.5%
COPD		0.0%	0.0%	50.0%	0.0%	0.5%	18.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	50.0%	0.0%	1.2%	25.0%	0.0%	1.5%	24.9%	0.0%	0.0%	12.5%	1.6%
Chronic Respiratory Dis...		0.0%	0.9%	50.0%	0.0%	0.9%	26.2%	0.0%	0.0%	0.0%	2.3%	0.0%	0.0%	5.0%	50.0%	0.0%	4.7%	33.3%	0.0%	2.7%	32.1%	0.0%	0.3%	18.8%	2.3%
Hypertension		0.0%	19.8%	100.0%	0.0%	26.9%	88.5%	0.0%	20.0%	0.0%	33.3%	100.0%	0.0%	11.8%	75.0%	0.0%	33.3%	66.7%	0.0%	26.3%	80.3%	0.0%	18.2%	93.8%	12.6%
Obesity		1.7%	3.8%	0.0%	2.3%	9.3%	31.1%	3.8%	6.7%	3.0%	12.4%	20.0%	1.6%	8.4%	0.0%	3.4%	12.3%	33.3%	3.9%	15.3%	29.5%	1.7%	11.1%	18.8%	8.2%
Mental Health																									
Anxiety/Phobias		0.0%	20.8%	0.0%	0.0%	18.1%	16.4%	0.0%	20.0%	0.0%	14.0%	20.0%	0.0%	31.1%	0.0%	0.0%	20.5%	50.0%	0.0%	27.5%	36.8%	0.0%	33.3%	37.5%	11.0%
Depression		0.0%	16.0%	50.0%	0.0%	18.1%	26.2%	0.0%	20.0%	0.0%	20.9%	60.0%	0.0%	23.5%	25.0%	0.0%	25.1%	41.7%	0.0%	28.8%	43.2%	0.0%	28.0%	50.0%	11.5%
Learning Disability		0.0%	0.0%	0.0%	0.0%	0.2%	3.3%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	2.5%	25.0%	0.0%	0.6%	0.0%	0.0%	0.8%	1.3%	0.0%	0.5%	6.3%	0.3%
Dementia		0.0%	0.0%	50.0%	0.0%	0.7%	6.6%	0.0%	3.3%	0.0%	0.8%	20.0%	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%	0.0%	1.2%	13.0%	0.0%	1.0%	18.8%	1.0%
Other Characteristics																									
Housebound (eFI)		0.0%	0.0%	0.0%	0.0%	0.9%	3.3%	0.0%	3.3%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.6%	6.3%	0.0%	0.0%	18.8%	0.5%
Social Vulnerability (eFI)		0.0%	0.9%	0.0%	0.1%	1.1%	13.1%	0.0%	0.0%	0.9%	3.1%	20.0%	0.3%	1.7%	0.0%	0.0%	2.9%	16.7%	0.2%	2.5%	12.3%	0.1%	0.5%	12.5%	1.5%
History of Smoking (Tw...		3.2%	6.6%	0.0%	1.2%	2.5%	6.6%	5.0%	3.3%	1.3%	5.4%	0.0%	1.9%	6.7%	0.0%	3.0%	5.8%	0.0%	2.4%	5.9%	6.8%	1.5%	3.3%	12.5%	3.5%
Not Fit for Work (In Year)		0.0%	0.0%	0.0%	0.6%	4.5%	4.9%	1.3%	3.3%	1.3%	3.9%	0.0%	0.3%	5.0%	0.0%	2.6%	5.3%	0.0%	1.2%	3.5%	2.5%	0.3%	2.1%	0.0%	1.9%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

Matrix Data - Segment & Sub-Segment

Life Course Segment ▼		1 - Healthy			2 - Living With Illness			3 - Lower Complexity			4 - Advanced Disease & Complexity			5 - EoL, Frailty & Dementia			Grand Total
Life Course Subsegment ▼		1a - H (Low Risk)	1b - H (Maternity & Child)	1c - H (Acute Episodic)	2a - Lwl (At Risk)	2b - Lwl (LTCs)	2c - Lwl (MH)	3a - LC (Mod. Social Co..)	3b - LC (Multimorbidity)	3c - LC (Mild Frailty)	4a - AD&C (High Complexity)	4b - AD&C - High Social Complexity	4e - AD&C (End Stage Disease)	5a - EoLFD (Severe Frailty)	5b - EoLFD (Severe Dementia)	5c - EoLFD (End of Life)	
Overall Population Measures																	
Population		10,487	321	603	1,247	2,505	773	98	2,255	1,286	981	97	294	351	13	217	21,528
Age		32	21	27	45	48	41	50	52	61	65	68	70	80	78	76	42
Male %		54.4%	21.2%	50.2%	46.4%	53.1%	38.9%	54.1%	45.2%	39.0%	45.0%	43.3%	49.7%	37.6%	38.5%	40.1%	49.8%
IMD		7.4	7.4	7.1	7.7	7.5	7.6	7.6	7.2	7.8	7.6	7.4	6.9	7.9	7.5	7.8	7.5
% BAME (where recorded)		20%	23%	20%	16%	17%	13%	13%	13%	15%	11%	19%	12%	8%	0%	10%	17%
Multimorbidity (acute & chronic)		0.0	0.0	0.0	0.0	1.0	1.0	0.4	2.4	2.0	3.8	3.0	4.8	5.8	4.9	5.0	0.9
Finance and Activity Measures																	
Spend ▼	Total	£1.0M	£0.4M	£0.8M	£0.7M	£1.3M	£0.3M	£0.1M	£1.8M	£1.6M	£2.1M	£0.1M	£0.9M	£1.6M	£0.1M	£1.3M	£14.1M
	PPPY - Total	£98	£1,182	£1,321	£538	£529	£372	£511	£801	£1,217	£2,173	£1,357	£2,999	£4,664	£6,751	£6,032	£654
Acute Elective		£31	£416	£584	£218	£252	£155	£193	£392	£633	£960	£603	£1,234	£1,648	£211	£1,622	£272
Acute Non-Elective		£12	£622	£603	£214	£152	£111	£198	£241	£383	£952	£467	£1,475	£2,614	£5,980	£4,025	£268
GP Encounters		£55	£143	£134	£107	£125	£106	£119	£168	£201	£261	£287	£290	£401	£559	£385	£115
Community		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Social Care		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
GP PPPY		15	43	33	36	34	34	41	45	63	81	105	72	138	196	128	33
Beddays PPPY - Acute EM		0	1	0	0	0	0	0	0	1	2	1	3	4	37	9	0
Physical Health																	
Diabetes ▼		0.0%	0.0%	0.0%	0.0%	13.5%	0.0%	4.1%	17.4%	20.8%	28.1%	24.7%	27.6%	46.7%	30.8%	30.4%	7.5%
COPD ▼		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.9%	5.3%	3.1%	48.0%	16.5%	15.4%	18.0%	1.6%
Chronic Respiratory Dis... ▼		0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	2.5%	2.0%	8.2%	4.1%	56.5%	23.4%	15.4%	25.3%	2.3%
Hypertension ▼		0.0%	0.0%	0.0%	0.0%	17.9%	0.0%	7.1%	24.8%	40.4%	56.1%	44.3%	60.5%	81.2%	46.2%	57.6%	12.6%
Obesity ▼		0.0%	0.0%	0.0%	30.1%	9.4%	7.9%	15.3%	13.8%	21.3%	26.0%	24.7%	21.1%	33.0%	15.4%	19.4%	8.2%
Mental Health																	
Anxiety/Phobias ▼		0.0%	0.0%	0.0%	0.0%	0.0%	53.9%	4.1%	52.7%	18.6%	30.3%	21.6%	25.5%	23.6%	15.4%	18.9%	11.0%
Depression ▼		0.0%	0.0%	0.0%	0.0%	0.0%	38.4%	7.1%	54.6%	23.3%	36.1%	30.9%	30.6%	34.5%	7.7%	25.3%	11.5%
Learning Disability ▼		0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	1.0%	0.9%	0.4%	0.9%	15.5%	0.0%	0.6%	7.7%	1.8%	0.3%
Dementia ▼		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.5%	9.3%	5.1%	12.3%	100.0%	21.7%	1.0%
Other Characteristics																	
Housebound (eFI) ▼		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	24.7%	0.0%	10.8%	15.4%	18.9%	0.5%
Social Vulnerability (eFI) ▼		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	51.0%	0.8%	3.1%	4.6%	23.7%	5.4%	27.1%	15.4%	11.5%	1.5%
History of Smoking (Tw... ▼		0.0%	0.0%	0.0%	20.4%	3.3%	8.2%	9.2%	5.4%	6.1%	9.8%	7.2%	5.8%	6.6%	0.0%	4.6%	3.5%
Not Fit for Work (In Year) ▼		0.0%	0.0%	0.0%	8.3%	1.5%	4.9%	8.2%	4.4%	4.4%	4.9%	2.1%	2.0%	1.4%	0.0%	1.8%	1.9%
On a Waiting List ▼		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

Matrix Data - GP Activity

GP Activity		0			1		2-3		4-5			6-9			10+			Grand Total
Complexity		Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	Low Complexity	Middle Complexity	High Complexity	
Overall Population Measures																		
Population		1,125	95	6	410	25	1,000	103	969	141		2,050	393		7,494	6,729	982	21,528
Age		31	42	70	22	34	24	33	25	35	78	31	40	81	37	54	75	42
Male %		64.4%	67.4%	83.3%	59.0%	68.0%	61.9%	66.0%	63.3%	58.9%	50.0%	58.1%	60.6%	25.0%	45.6%	43.8%	48.7%	49.8%
IMD		6.4	6.4	7.0	7.2	6.7	7.1	7.0	7.5	7.0	10.0	7.4	6.9	7.3	7.6	7.6	7.4	7.5
% BAME (where recorded)		21%	13%	0%	16%	15%	17%	18%	17%	13%	0%	19%	14%	0%	21%	15%	9%	17%
Multimorbidity (acute & chronic)		0.0	1.5	7.2	0.0	1.4	0.0	1.4	0.0	1.4	5.5	0.0	1.3	5.8	0.0	1.8	6.5	0.9
Finance and Activity Measures																		
Spend	Total	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.0M	£0.1M	£0.0M	£0.0M	£0.2M	£0.0M	£0.0M	£2.8M	£6.5M	£4.4M	£14.1M
	PPPY - Total	£26	£314	£8,107	£17	£11	£28	£34	£65	£118	£20	£99	£120	£68	£372	£960	£4,441	£654
Acute Elective		£17	£172	£4,687	£7	£6	£10	£16	£14	£82	£0	£41	£47	£27	£141	£448	£1,607	£272
Acute Non-Elective		£9	£142	£3,420	£5	£0	£7	£8	£32	£18	£0	£26	£37	£0	£127	£332	£2,467	£268
GP Encounters		£0	£0	£0	£5	£5	£11	£11	£19	£18	£20	£33	£35	£42	£105	£181	£367	£115
Community		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Social Care		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
GP PPPY		0	0	0	1	1	2	3	5	4	5	8	8	9	31	53	110	33
Beddays PPPY - Acute EM		0	0	15	0	0	0	0	0	0	0	0	0	0	0	1	5	0
Physical Health																		
Diabetes		0.0%	7.4%	33.3%	0.0%	0.0%	0.0%	2.9%	0.0%	2.8%	0.0%	0.0%	2.3%	25.0%	0.0%	17.0%	45.4%	7.5%
COPD		0.0%	1.1%	50.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.7%	50.0%	0.0%	0.3%	0.0%	0.0%	1.3%	24.2%	1.6%
Chronic Respiratory Dis...		0.0%	3.2%	66.7%	0.0%	0.0%	0.0%	1.0%	0.0%	0.7%	50.0%	0.0%	0.5%	0.0%	0.0%	2.6%	31.4%	2.3%
Hypertension		0.0%	22.1%	83.3%	0.0%	0.0%	0.0%	3.9%	0.0%	2.8%	50.0%	0.0%	3.6%	25.0%	0.0%	27.8%	81.3%	12.6%
Obesity		0.5%	6.3%	50.0%	0.0%	0.0%	0.4%	2.9%	0.4%	2.8%	50.0%	1.0%	4.3%	0.0%	5.2%	15.3%	29.2%	8.2%
Mental Health																		
Anxiety/Phobias		0.0%	28.4%	0.0%	0.0%	48.0%	0.0%	38.8%	0.0%	37.6%	0.0%	0.0%	34.9%	50.0%	0.0%	25.9%	35.6%	11.0%
Depression		0.0%	23.2%	16.7%	0.0%	36.0%	0.0%	36.9%	0.0%	30.5%	0.0%	0.0%	25.7%	50.0%	0.0%	27.5%	42.5%	11.5%
Learning Disability		0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.7%	0.0%	0.0%	1.0%	0.0%	0.0%	0.7%	1.6%	0.3%
Dementia		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	25.0%	0.0%	1.2%	12.6%	1.0%
Other Characteristics																		
Housebound (eFI)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.6%	6.3%	0.5%
Social Vulnerability (eFI)		0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.5%	0.0%	0.3%	2.4%	12.5%	1.5%
History of Smoking (Tw...		0.1%	0.0%	0.0%	0.0%	0.0%	0.6%	1.9%	0.3%	0.7%	0.0%	1.1%	2.0%	0.0%	3.3%	6.0%	6.8%	3.5%
Not Fit for Work (In Year)		0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	1.6%	3.9%	2.5%	1.9%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

Matrix Data - Health Segment & Deprivation

Life Course Segment		1 - Healthy				2 - Living With Illness				3 - Lower Complexity				4 - Advanced Disease & Complexity				5 - EoL, Frailty & Dementia				Grand Total
Deprivation		Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	
Overall Population Measures																						
Population		6,807	3,870	659	75	2,796	1,460	220	49	2,199	1,226	189	25	808	490	64	10	356	206	17		21,528
Age		32	31	35	39	46	45	43	49	57	52	50	53	68	64	63	69	79	78	71	76	42
Male %		52.6%	52.9%	60.4%	66.7%	48.6%	49.4%	49.1%	42.9%	43.0%	44.1%	42.9%	24.0%	47.6%	42.2%	54.7%	20.0%	38.5%	39.8%	29.4%	0.0%	49.8%
IMD		9.1	5.3	2.4		9.1	5.4	2.4		9.1	5.4	2.4		9.1	5.5	2.4		9.2	5.8	2.8		7.5
% BAME (where recorded)		22%	17%	21%	12%	17%	16%	18%	9%	15%	12%	8%	8%	12%	12%	5%	10%	9%	7%	12%	50%	17%
Multimorbidity (acute & chronic)		0.0	0.0	0.0	0.0	0.7	0.7	0.7	0.7	2.2	2.2	2.3	2.6	3.9	4.0	4.7	3.0	5.3	5.7	6.2	5.0	0.9
Finance and Activity Measures																						
Spend	Total	£1.3M	£0.8M	£0.1M	£0.0M	£1.4M	£0.8M	£0.1M	£0.0M	£2.0M	£1.2M	£0.2M	£0.0M	£1.7M	£1.2M	£0.2M	£0.0M	£1.9M	£1.0M	£0.1M	£0.0M	£14.1M
	PPPY - Total	£189	£204	£183	£108	£491	£524	£620	£177	£924	£951	£1,130	£347	£2,126	£2,389	£3,825	£1,187	£5,326	£4,900	£7,385	£1,279	£654
Acute Elective		£68	£78	£71	£40	£218	£238	£293	£68	£468	£498	£394	£118	£920	£1,051	£1,513	£771	£1,602	£1,644	£1,348	£649	£272
Acute Non-Elective		£59	£65	£58	£15	£157	£172	£199	£11	£280	£273	£540	£89	£946	£1,057	£2,009	£204	£3,323	£2,867	£5,543	£423	£268
GP Encounters		£63	£62	£54	£53	£117	£114	£128	£98	£177	£179	£195	£140	£260	£281	£303	£212	£401	£390	£493	£208	£115
Community		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Social Care		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
GP PPPY		17	17	12	19	35	32	32	37	53	48	45	47	82	80	68	79	137	131	169	71	33
Beddays PPPY - Acute EM		0	0	0	0	0	0	1	0	0	0	2	0	2	3	4	0	7	6	17	0	0
Physical Health																						
Diabetes		0.0%	0.0%	0.0%	0.0%	7.4%	7.7%	8.6%	0.0%	18.2%	18.1%	17.5%	32.0%	27.0%	29.2%	28.1%	20.0%	39.9%	39.8%	47.1%	100.0%	7.5%
COPD		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	1.5%	1.1%	0.0%	11.8%	17.3%	23.4%	10.0%	15.2%	19.9%	23.5%	0.0%	1.6%
Chronic Respiratory Dis...		0.0%	0.0%	0.0%	0.0%	0.5%	0.5%	0.5%	0.0%	1.8%	2.9%	2.1%	8.0%	16.1%	20.6%	26.6%	20.0%	23.0%	25.2%	29.4%	0.0%	2.3%
Hypertension		0.0%	0.0%	0.0%	0.0%	9.6%	10.1%	10.9%	16.3%	32.3%	26.4%	22.8%	36.0%	57.5%	52.9%	65.6%	50.0%	71.9%	70.4%	76.5%	100.0%	12.6%
Obesity		0.0%	0.0%	0.0%	0.0%	14.4%	15.9%	11.8%	20.4%	16.0%	17.9%	10.6%	32.0%	23.8%	26.3%	26.6%	30.0%	28.4%	28.2%	5.9%	0.0%	8.2%
Mental Health																						
Anxiety/Phobias		0.0%	0.0%	0.0%	0.0%	8.9%	10.5%	5.5%	4.1%	35.6%	43.9%	54.5%	28.0%	26.7%	31.0%	34.4%	30.0%	20.8%	23.3%	23.5%	0.0%	11.0%
Depression		0.0%	0.0%	0.0%	0.0%	6.6%	6.4%	3.2%	24.5%	36.8%	49.0%	60.3%	52.0%	31.1%	39.4%	42.2%	30.0%	28.4%	33.0%	41.2%	50.0%	11.5%
Learning Disability		0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.0%	2.0%	0.6%	1.0%	0.5%	0.0%	1.2%	2.7%	1.6%	0.0%	1.7%	0.5%	0.0%	0.0%	0.3%
Dementia		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.9%	8.0%	6.3%	0.0%	14.3%	24.3%	11.8%	0.0%	1.0%
Other Characteristics																						
Housebound (eFI)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	2.4%	0.0%	0.0%	14.9%	13.1%	5.9%	0.0%	0.5%
Social Vulnerability (eFI)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.1%	2.1%	4.0%	6.1%	6.5%	1.6%	20.0%	20.2%	21.8%	23.5%	50.0%	1.5%
History of Smoking (Tw...		0.0%	0.0%	0.0%	0.0%	8.7%	9.7%	5.9%	4.1%	5.2%	6.3%	6.3%	20.0%	8.2%	10.0%	7.8%	0.0%	5.1%	5.3%	17.6%	50.0%	3.5%
Not Fit for Work (In Year)		0.0%	0.0%	0.0%	0.0%	3.9%	3.8%	5.9%	4.1%	4.0%	5.6%	3.2%	4.0%	4.3%	3.5%	6.3%	0.0%	1.1%	1.9%	5.9%	0.0%	1.9%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

Matrix Data - Practice & Deprivation

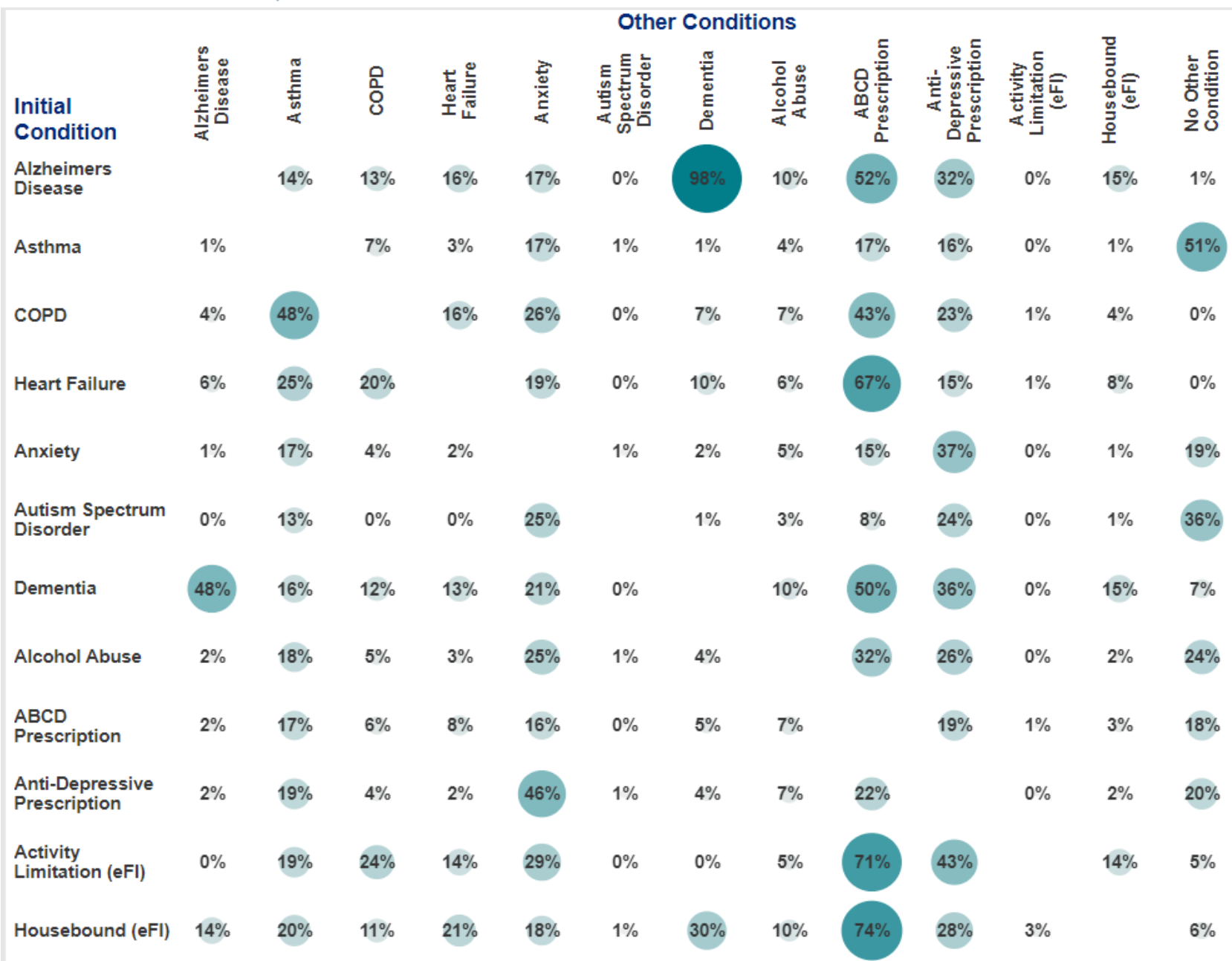
Practice		Kings Medical Centre				Loughton Health Centre				The River Surgery				Grand Total
Deprivation		Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	
Overall Population Measures														
Population		5,929	1,416	103	30	5,350	3,793	861	16	1,687	2,043	185	115	21,528
Age		42	42	41	39	45	41	41	62	40	39	39	47	42
Male %		49.3%	47.8%	52.4%	50.0%	49.7%	51.2%	55.3%	37.5%	48.8%	47.9%	52.4%	50.4%	49.8%
IMD		9.4	6.1	2.6		8.8	4.8	2.4		8.9	5.7	2.4		7.5
% BAME (where recorded)		20%	20%	23%	19%	16%	13%	17%	0%	20%	17%	14%	10%	17%
Multimorbidity (acute & chronic)		1.0	1.1	1.2	0.4	0.8	0.9	0.8	0.7	1.0	1.0	0.9	1.0	0.9
Finance and Activity Measures														
Spend	Total	£3.7M	£1.0M	£0.1M	£0.0M	£3.4M	£2.6M	£0.5M	£0.0M	£1.1M	£1.4M	£0.2M	£0.0M	£14.1M
	PPPY - Total	£631	£671	£1,213	£142	£643	£684	£635	£573	£670	£664	£915	£230	£654
Acute Elective		£259	£266	£278	£38	£256	£310	£260	£299	£300	£275	£287	£107	£272
Acute Non-Elective		£253	£274	£776	£7	£272	£258	£270	£106	£264	£283	£512	£43	£268
GP Encounters		£119	£132	£159	£97	£114	£116	£105	£169	£106	£106	£116	£80	£115
Community		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Social Care		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
GP PPPY		45	49	58	36	21	21	19	31	43	43	47	32	33
Beddays PPPY - Acute EM		0	1	2	0	0	0	0	0	1	1	3	0	0
Physical Health														
Diabetes		8.9%	9.6%	15.5%	3.3%	5.8%	7.1%	5.5%	6.3%	7.9%	7.6%	8.1%	8.7%	7.5%
COPD		1.4%	2.0%	2.9%	0.0%	1.1%	2.2%	1.9%	0.0%	1.5%	1.6%	1.1%	0.9%	1.6%
Chronic Respiratory Dis...		2.2%	3.0%	2.9%	0.0%	1.9%	2.8%	2.4%	6.3%	2.3%	2.2%	1.6%	2.6%	2.3%
Hypertension		14.9%	15.1%	13.6%	13.3%	10.6%	10.2%	9.5%	12.5%	14.6%	13.5%	14.1%	15.7%	12.6%
Obesity		11.3%	13.3%	6.8%	16.7%	3.3%	4.2%	3.8%	0.0%	11.9%	14.1%	13.0%	13.9%	8.2%
Mental Health														
Anxiety/Phobias		11.6%	14.9%	12.6%	3.3%	9.2%	13.0%	13.0%	6.3%	8.4%	9.2%	8.6%	8.7%	11.0%
Depression		12.6%	15.8%	17.5%	13.3%	7.1%	11.5%	12.5%	6.3%	13.0%	14.3%	15.7%	20.9%	11.5%
Learning Disability		0.3%	0.4%	0.0%	0.0%	0.2%	0.3%	0.2%	0.0%	0.5%	0.7%	0.0%	0.9%	0.3%
Dementia		1.0%	0.9%	1.9%	0.0%	0.7%	0.9%	0.5%	0.0%	1.1%	2.1%	0.0%	0.0%	1.0%
Other Characteristics														
Housebound (eFI)		0.7%	0.8%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	1.4%	0.0%	0.0%	0.5%
Social Vulnerability (eFI)		2.1%	2.8%	1.9%	0.0%	0.3%	0.3%	0.1%	0.0%	2.9%	3.1%	3.2%	3.5%	1.5%
History of Smoking (Tw...		5.6%	7.0%	5.8%	3.3%	0.0%	0.1%	0.0%	0.0%	6.4%	8.7%	14.6%	6.1%	3.5%
Not Fit for Work (In Year)		2.8%	3.3%	4.9%	0.0%	0.0%	0.0%	0.0%	0.0%	4.1%	4.8%	10.3%	2.6%	1.9%
On a Waiting List		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

Bubble Matrix - Conditions

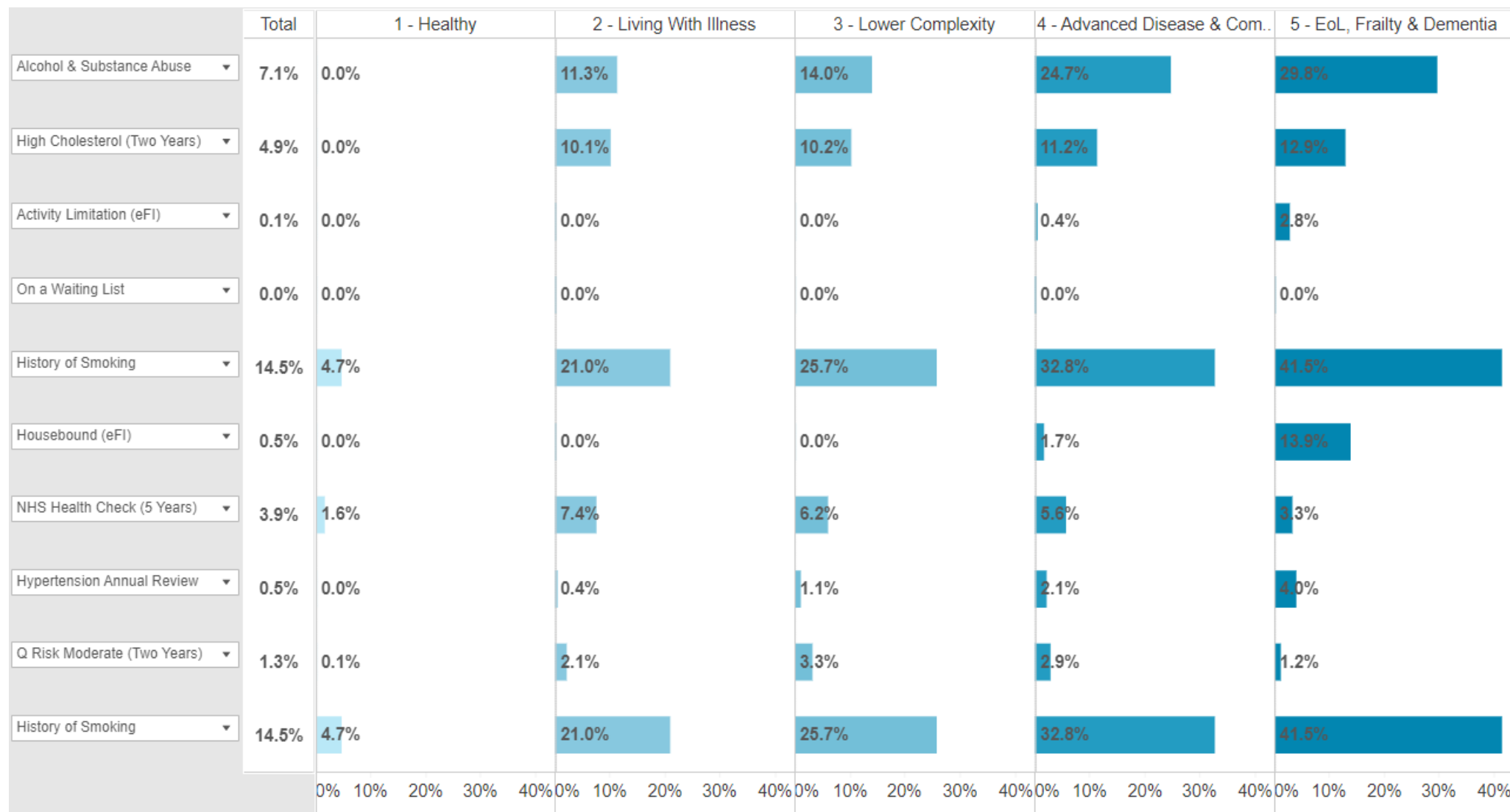
x% also have

For people with this condition



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

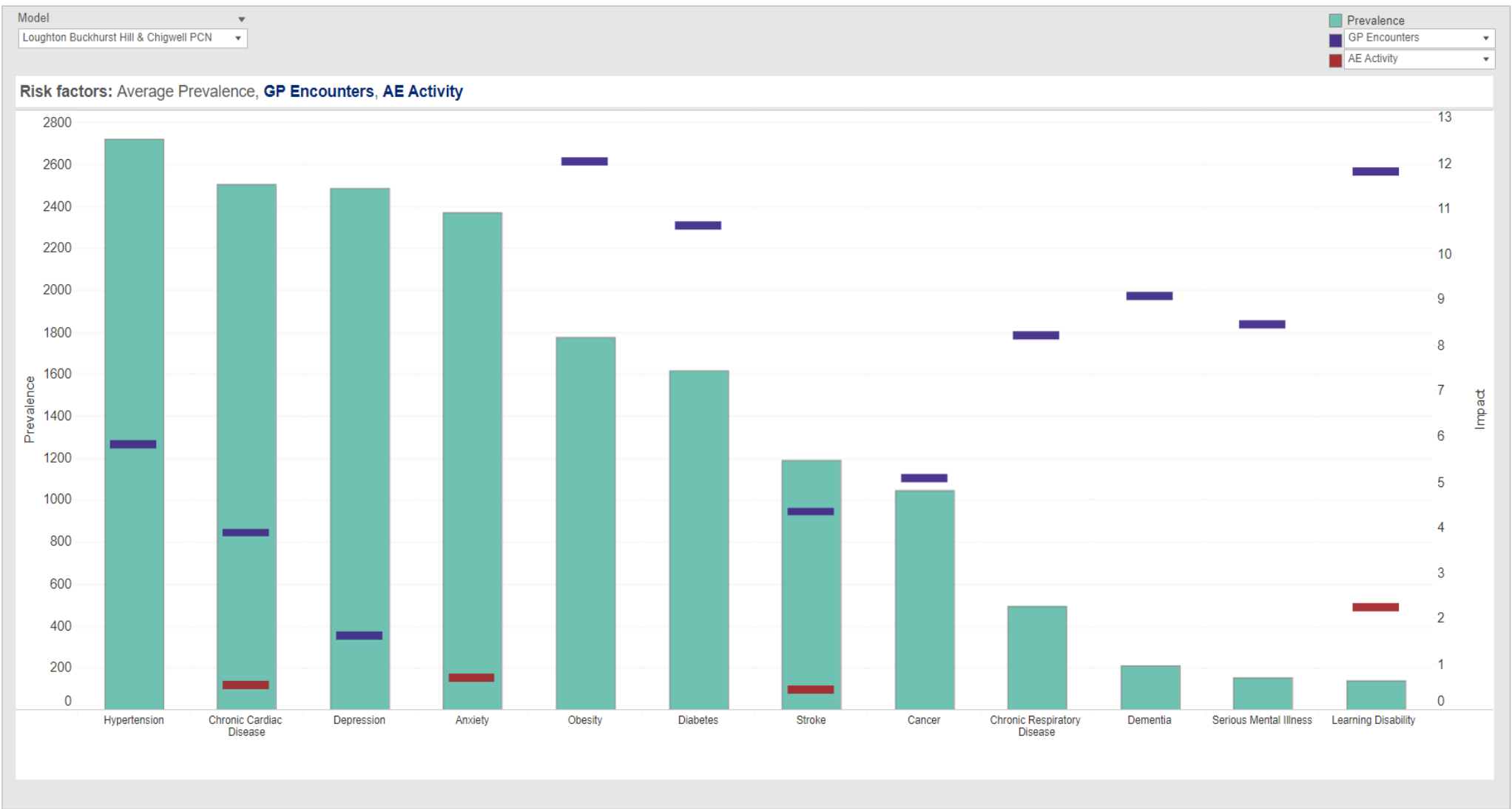
Bio-Psycho-Social Indicators - Example



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

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

Risk Modelling - Prevalence against GP Activity & A&E



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



Cancer Screening

Period	HERTFORDSHIRE AND WEST ESSEX	LOUGHTON BUCKHURST HILL & CHIGWELL PCN	LOUGHTON HEALTH CENTRE	CHIGWELL MEDICAL CENTRE	THE LOUGHTON SURGERY	FOREST PRACTICE	PALMERSTON ROAD SURGERY	KINGS MEDICAL CENTRE	THE RIVER SURGERY
Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs (denominator includes PCAs)	2020/21 73.3	71.4	69.6	67.4	70.5	70.3	74.8	76.8	76.4
Women, aged 50-64, with a record of cervical screening in the last 5.5 yrs (denominator includes PCAs)	2020/21 78.2	76.7	76.6	74.6	74.2	75.9	81.2	80.7	76.9
Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %)	2020/21 73	70.9	70.1	66.1	70.3	69.9	74.2	75.5	76.5
Persons, 50-64, attending cervical screening within target period (5.5 year coverage, %)	2020/21 77	75.5	76.2	72	73.2	74.2	78	80	77.6
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2020/21 63.9	65.2	70.3	59.1	66.2	68.6	64.6	60.6	60.4
Persons, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2020/21 61.3	39.5	40	28.6	54.5	50	0	0	40
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2020/21 72.1	69.7	69.4	70	68.1	65.1	74.1	73.2	74.2
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2020/21 68.8	65	66	65.8	61.5	63.7	68.2	65.7	67

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Mortality

	Period	WEST ESSEX CCG	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
Percentage of deaths that occur at home (All age)	2021	26.4	
PYLL - Neoplasms	2021	471.2	387
PYLL - Diseases of the circulatory system	2021	802.8	706.5
PYLL - All Cause	2021	1447.9	1274.7
Premature Mortality - Respiratory Disease	2021	10	
Premature Mortality - Liver Disease	2021	12	
Premature Mortality - Cardiovascular Disease	2021	57.2	52.2
Premature Mortality - Cancer	2021	93.5	85.9
Premature Mortality - All Cause	2021	270.1	273.1

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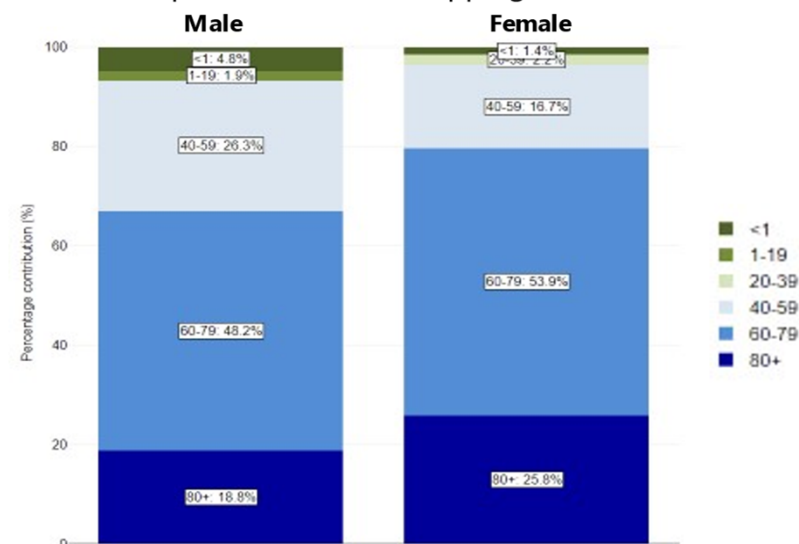




Life Expectancy



Contribution of different age bands between the most and least deprived areas within Epping Forest



Labels inside bar indicate contribution to the life expectancy gap in years for each age group. This can be used to target interventions at age groups with the biggest inequality in life expectancy. The gap in the life expectancy at birth for females is 4.4 years and for 5.2 males is years.

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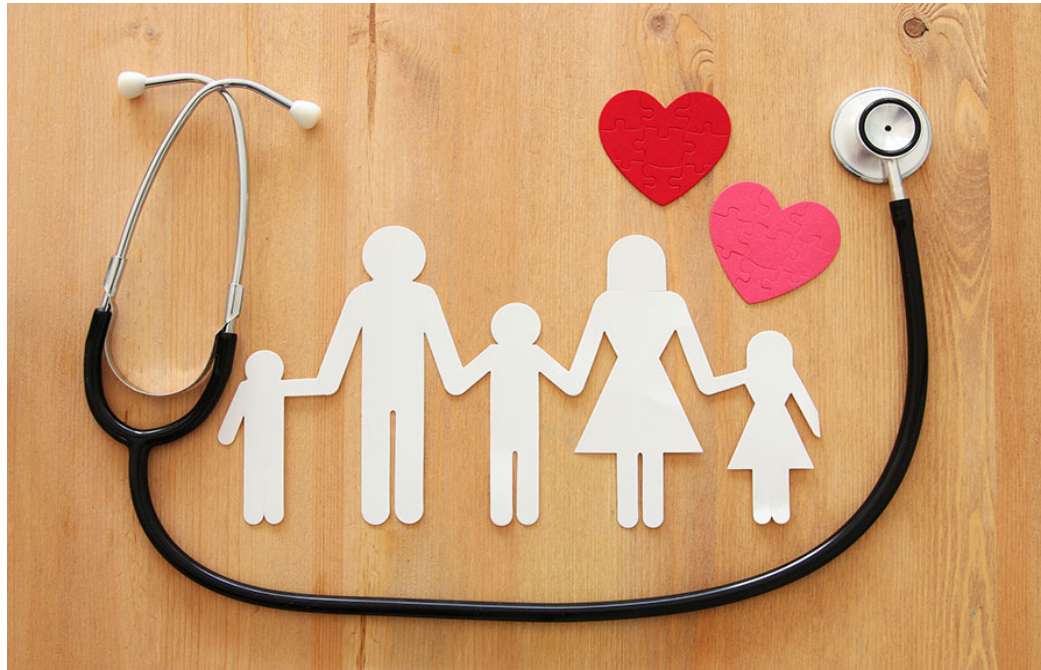




Hertfordshire and
West Essex Integrated
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