



Hertfordshire and
West Essex Integrated
Care System

PCN Insights Pack 2024

Stevenage North

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Working together
for a healthier future

Introduction

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

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

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

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

The data within this pack are shown at PCN level and are health focused. However to improve outcomes for our population, input from many partners is required. This pack can facilitate discussion within your Integrated Neighbourhood Teams as described within the Primary Care Strategy and 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](https://hertsandwestessexics.org.uk) (hertsandwestessexics.org.uk)

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



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

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

Stevenage North 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 Stevenage North areas of opportunity highlighted are :

- **Childhood obesity for Year 6**
- **A&E attendance for asthma in children**
- **Admissions for asthma, wheeze, diabetes and epilepsy in children**
- **Observed versus expected prevalence of LTC**
- **AF treatment with Anti-coagulant**
- **Diabetics with all 8 care processes completed**
- **Admissions for Chronic Ambulatory Care Sensitive Conditions**
- **Admissions for hip fractures in the over 75s**

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 Systemone.

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

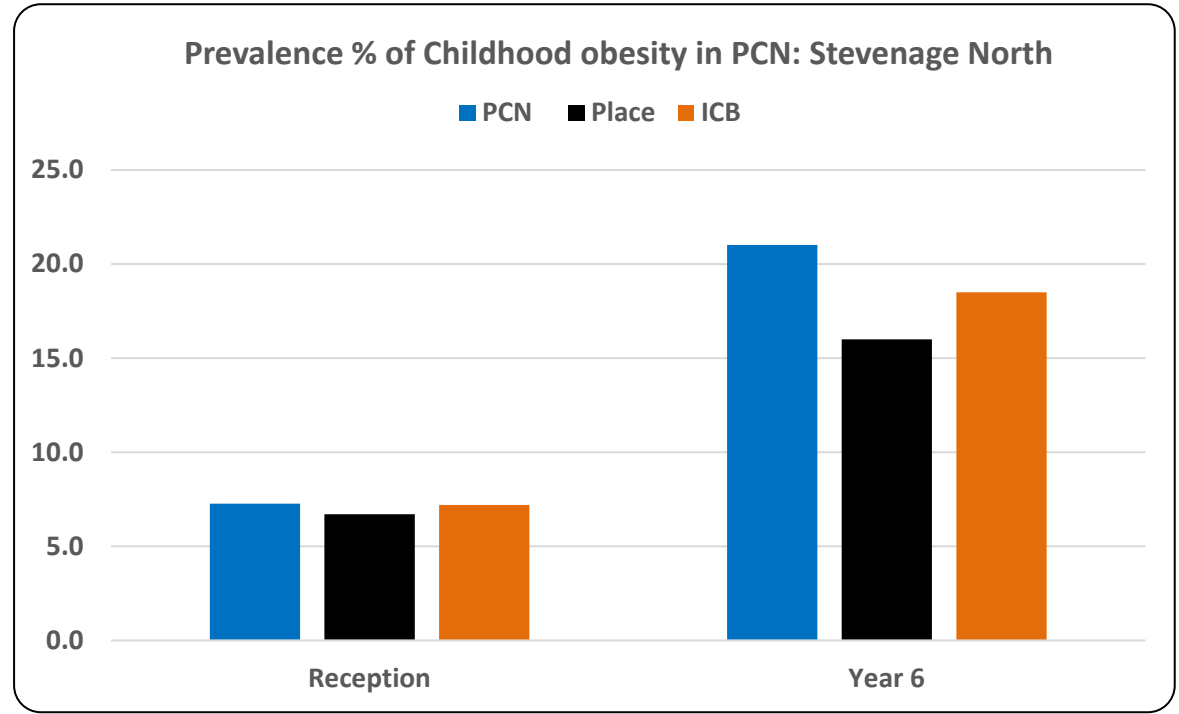
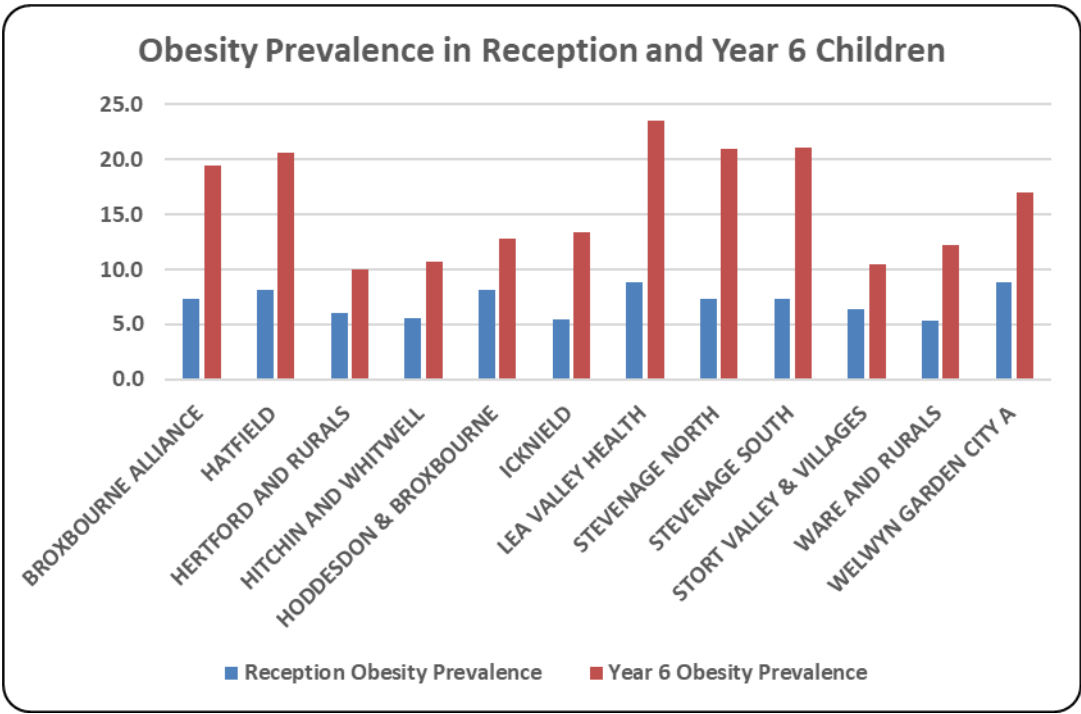
| Clinical Priority | Metric | PCN compared to Place average | PCN compared to ICB average |
|--|--|-------------------------------|-----------------------------|
| Childhood obesity | % of children in Reception who are overweight | ↔ | ↔ |
| | % of children in Year 6 who are overweight | ↑ | ↑ |
| Reduce rates of emergency care for children and young people | A&E Attendances for Asthma (Children) | ↑ | ↑ |
| | Admissions for Asthma (Children) | ↑ | ↑ |
| | Admissions for Wheeze (Children) | ↑ | ↑ |
| | Admissions for Diabetes (Children) | ↑ | ↑ |
| | Admissions for Epilepsy (Children) | ↑ | ↑ |
| Prevention and health inequalities (Premature mortality for CVD) | Lifestyle risk factors: Smoking | ↑ | ↑ |
| | Observed versus expected prevalence | ↓ | ↓ |
| | Annual Reviews completed for LTCs | ↔ | ↔ |
| | % of people with AF treated with Anti Coagulant | ↓ | ↓ |
| | Control of hypertension | ↔ | ↔ |
| Preventative, Proactive care models for LTC | Identification of hypertension | ↔ | ↔ |
| | % of people for secondary prevention CVD who are on low and medium intensity statins | ↔ | ↔ |
| | % of diabetics with all 8 care processes completed | ↓ | ↓ |
| | Admissions for ACS conditions | ↑ | ↑ |
| Preventative, Proactive care models for frailty and EOL | Admissions for falls (75+) | ↑ | ↔ |
| | Admissions for Hip Fractures (75+) | ↑ | ↑ |
| Mental Health | Prevalence of Mental Health Conditions including LD | ↑ | ↓ (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, Stevenage North PCN has a slightly higher rate of Childhood Obesity for Children in Reception. However, the rate of Childhood Obesity at Year 6 is higher when comparing with Place and the ICB.
- The data suggest that there is a deterioration from reception to Year 6 in childhood obesity in the PCN position against Place and ICB.

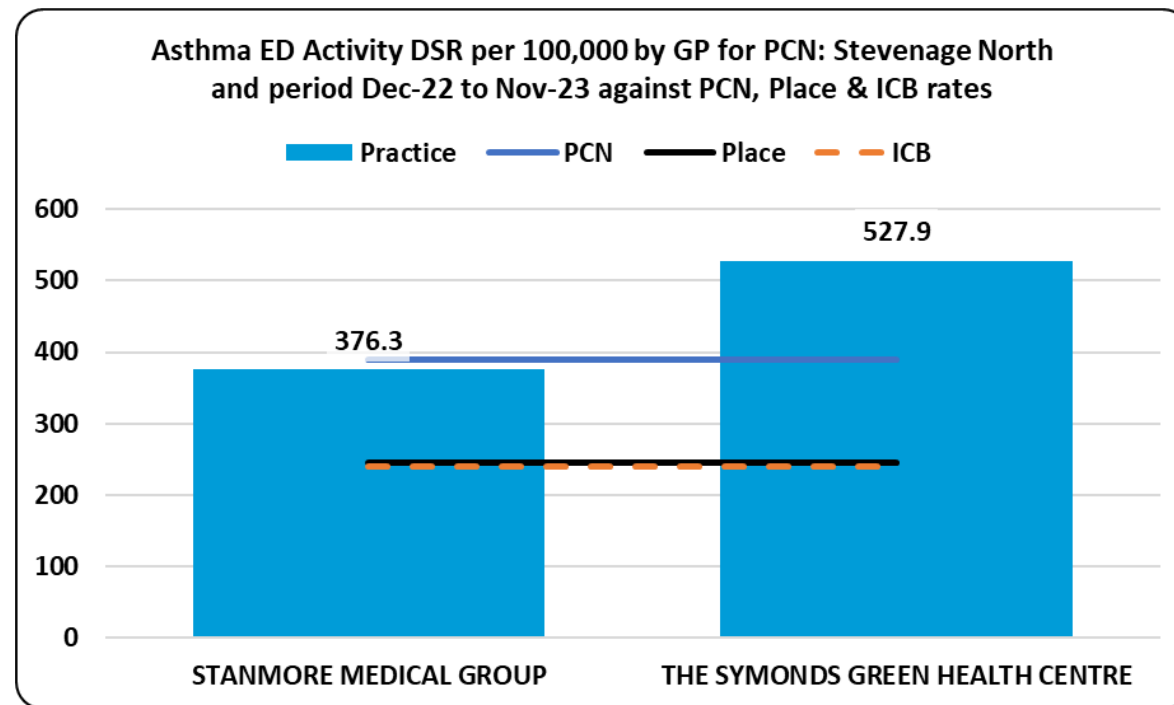
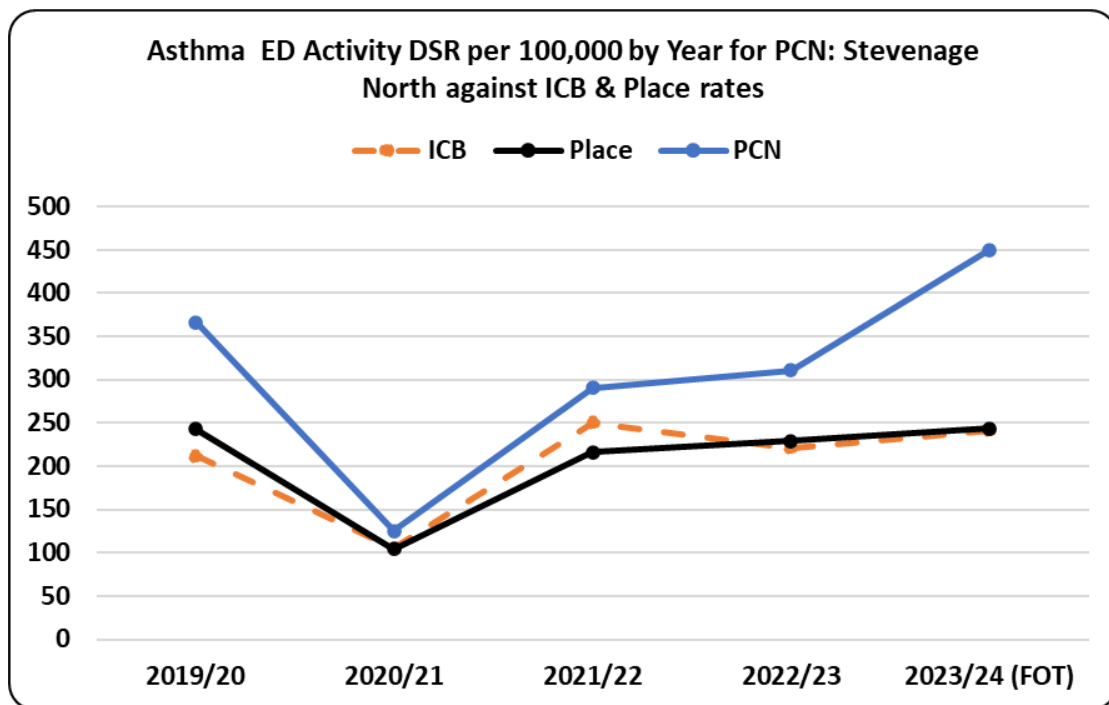


A&E attendances for Asthma (CYP)

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

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

- Compared to Place and the overall ICB, Stevenage North PCN has a higher rate of A&E attendances for Children and Young People with Asthma (rolling years data on the right-hand side).
- 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 an increase on the previous year.
- The Children and Young Peoples programme can be contacted via hweicbenh.cypteam@nhs.net for details of projects underway.

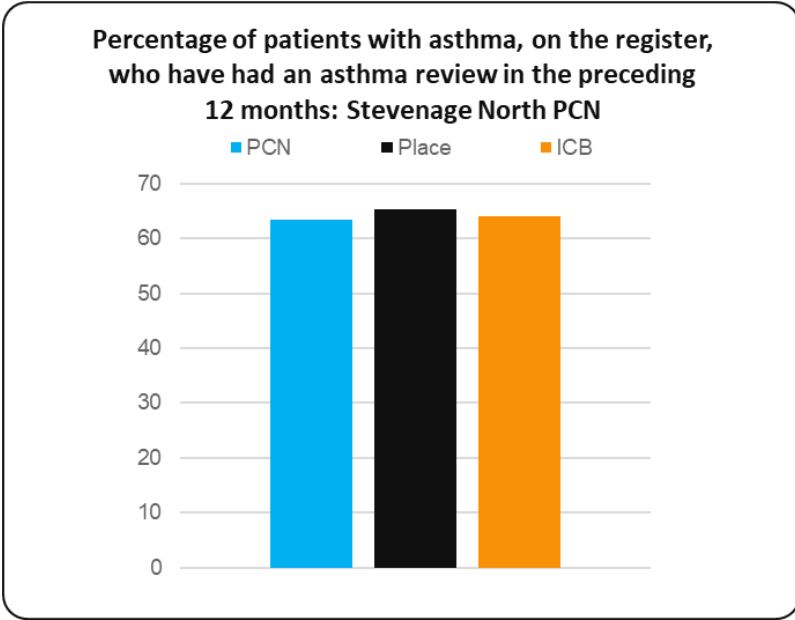
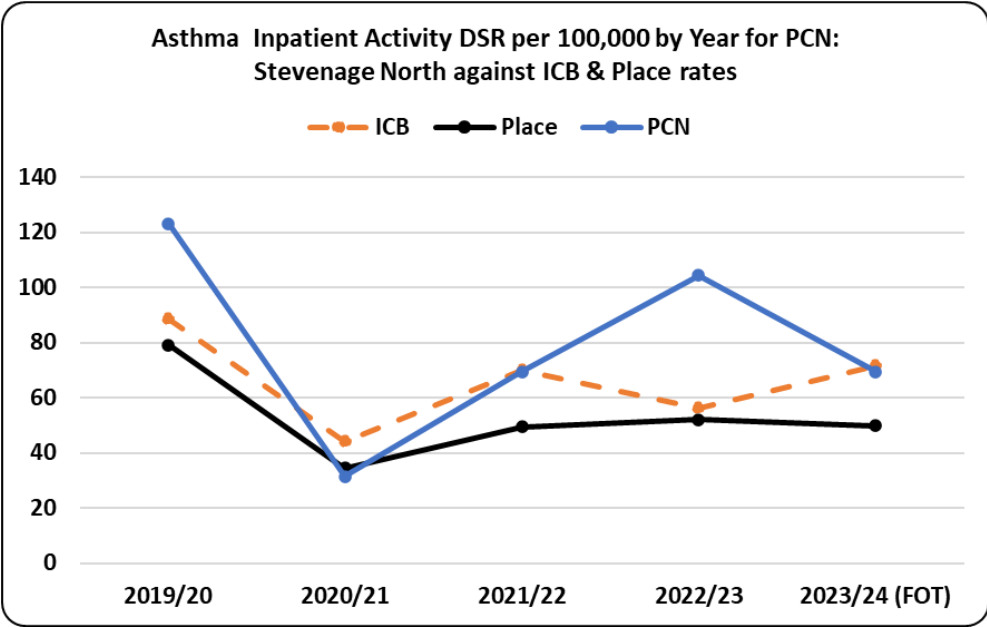
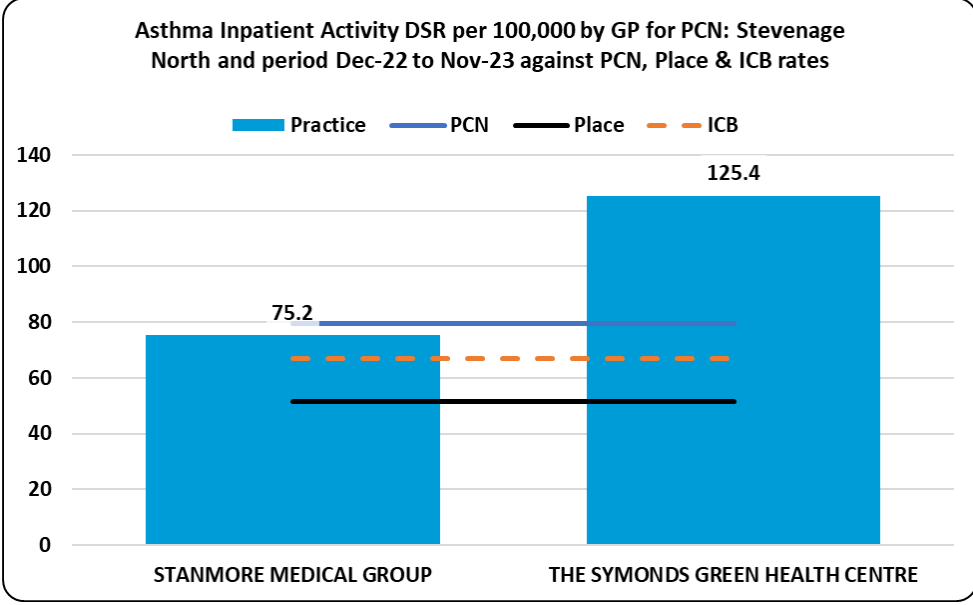


Admissions for Asthma (CYP)

- Compared to Place and the ICB, Stevenage North PCN has a higher rate of children's admissions for Asthma (rolling years data on the right-hand side).
- Similar levels of Asthma Reviews are carried out within Stevenage North PCN in comparison to Place and the ICB. However, the QOF is for all ages and children specific reviews cannot be identified within the data.
- The Children and Young Peoples programme can be contacted via hweicbenh.cypteam@nhs.net for details of projects underway.

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

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

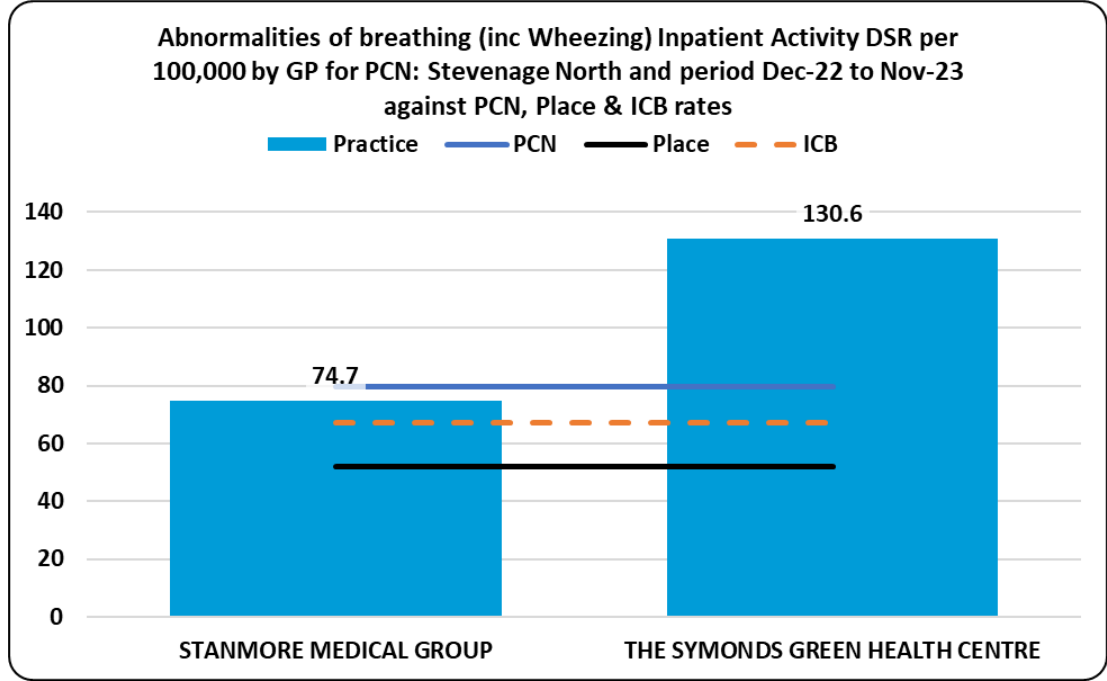
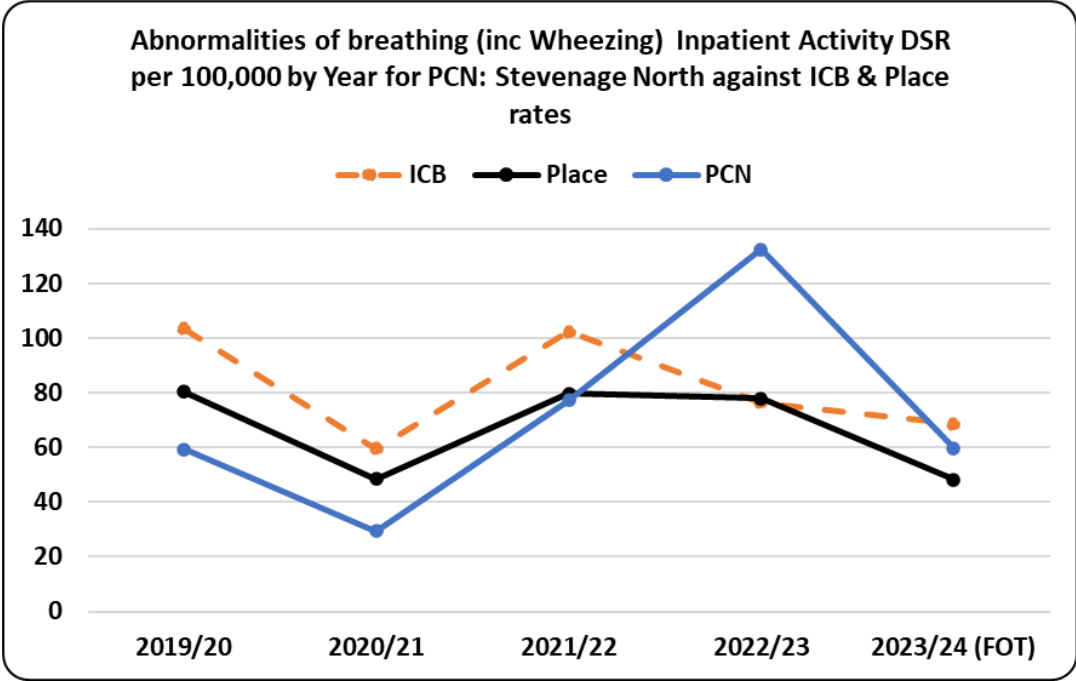


Admissions for Wheeze (CYP)

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

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

- Stevenage North PCN has a higher rates 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 a decrease on the previous year.
- When looking at the data by practice the Symonds Green Health centre has higher proportions of Children and Young People admitted to Hospital for Wheeze in comparison to Stanmore Medical group, Place and the ICB.

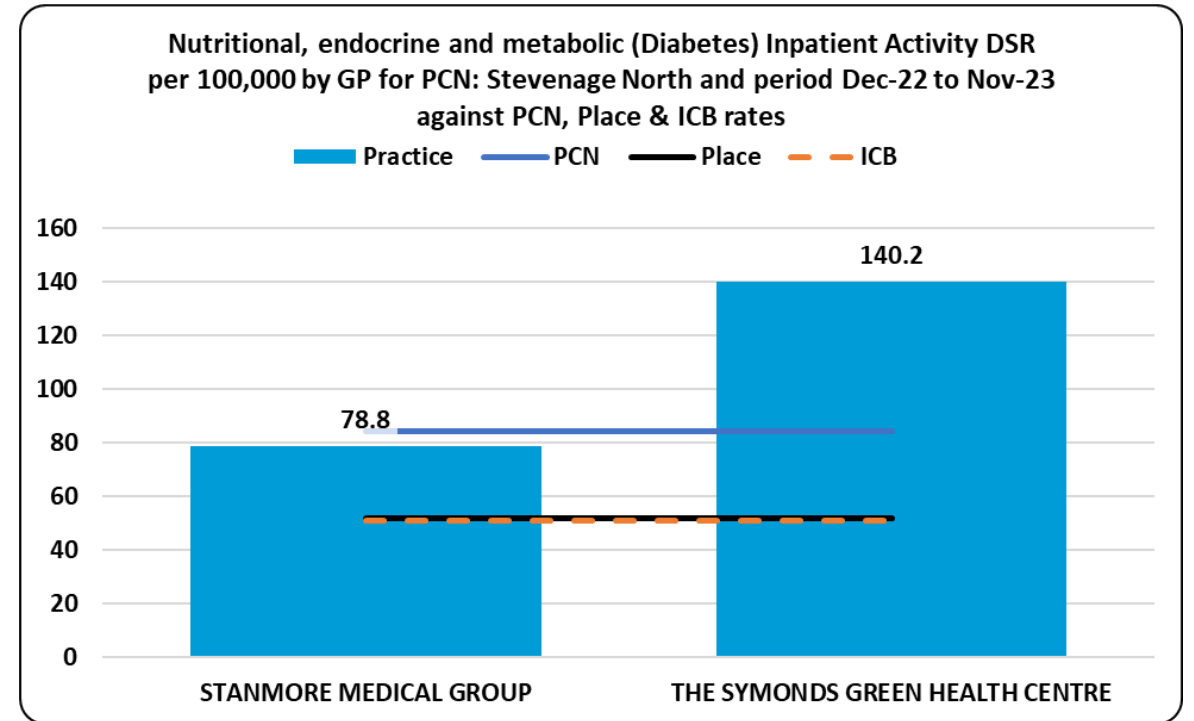
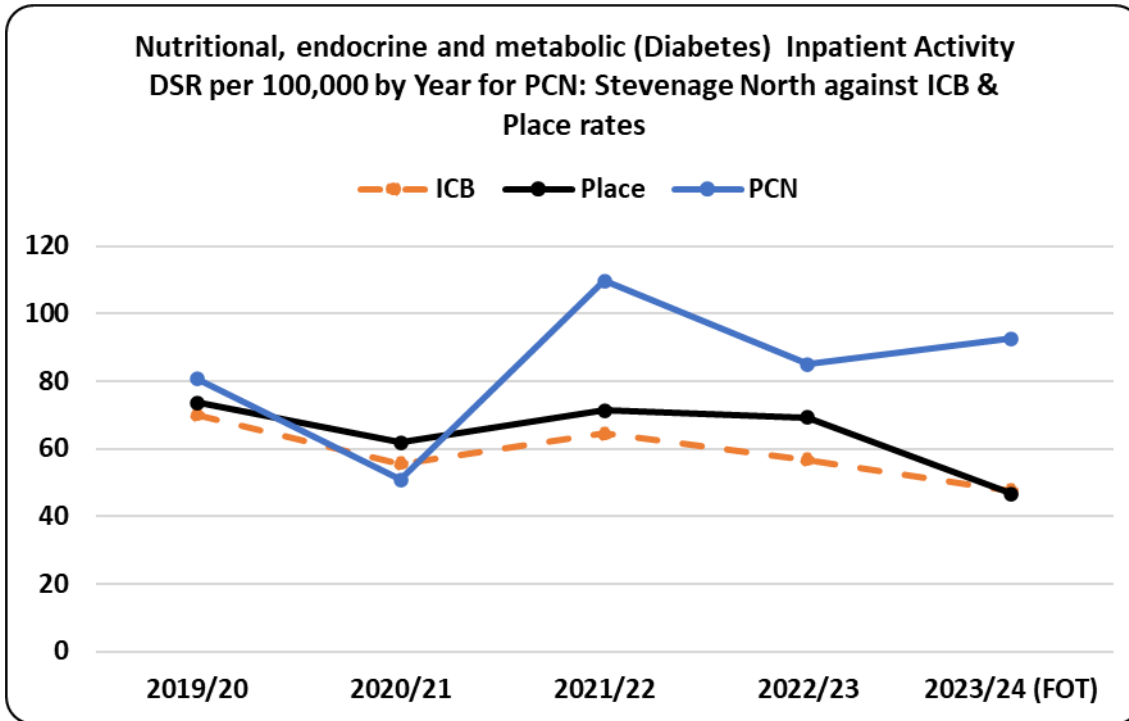


Admissions for Diabetes (CYP)

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.

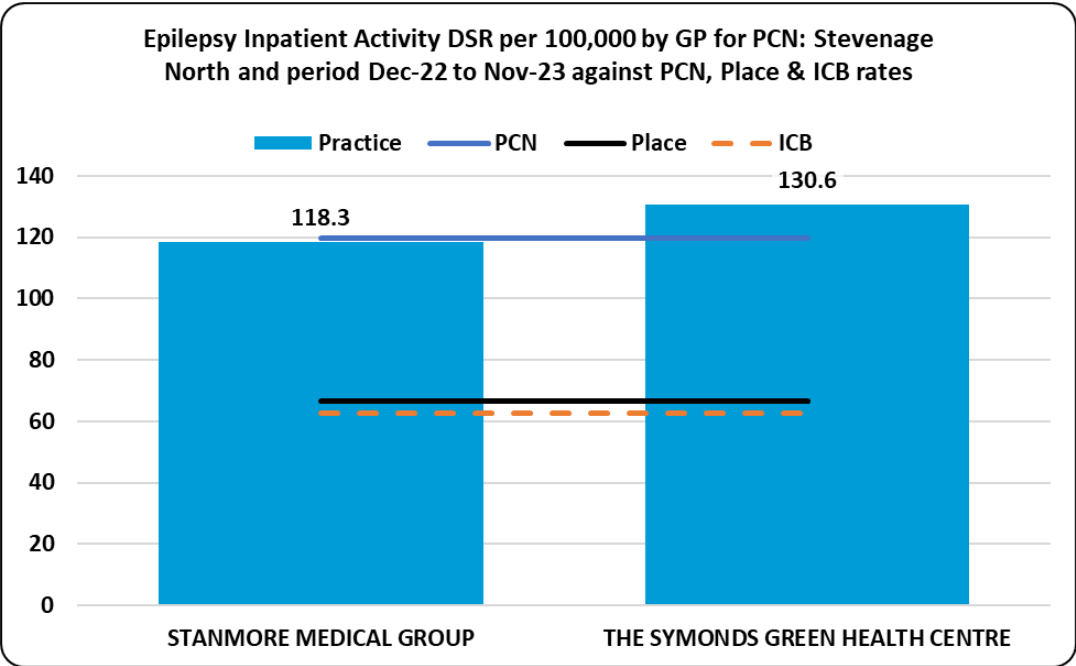
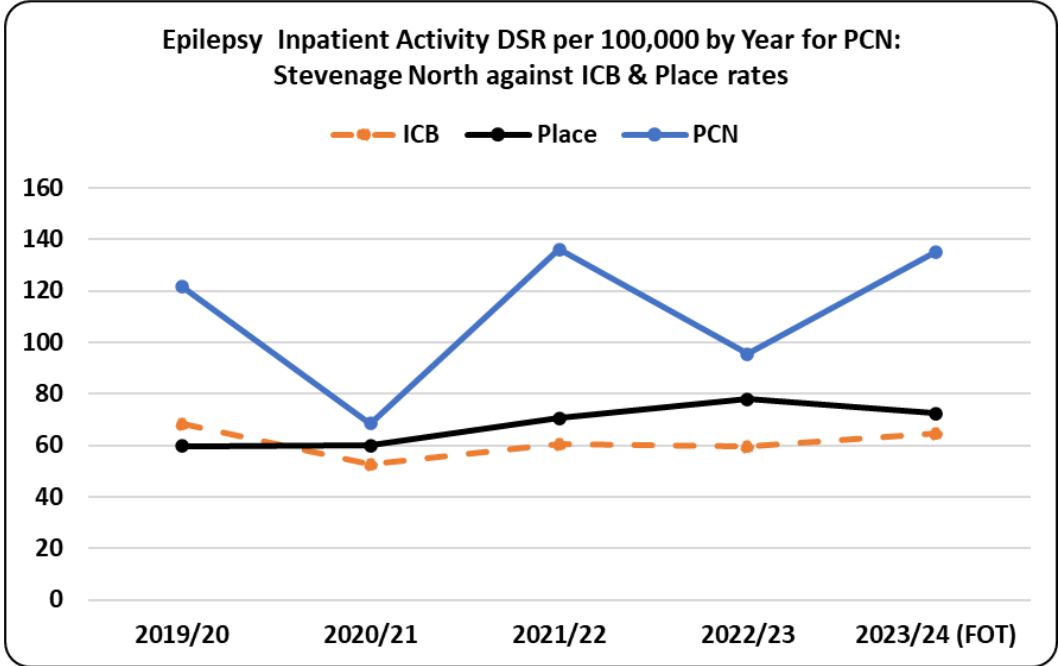


Admissions for Epilepsy (CYP)

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 higher than both place and ICB.
- The numbers of children admitted for epilepsy are small and therefore fluctuations in the trend are more prominent, however the PCN rate has been consistently higher than both ICB and place.
- 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 for details of projects underway.

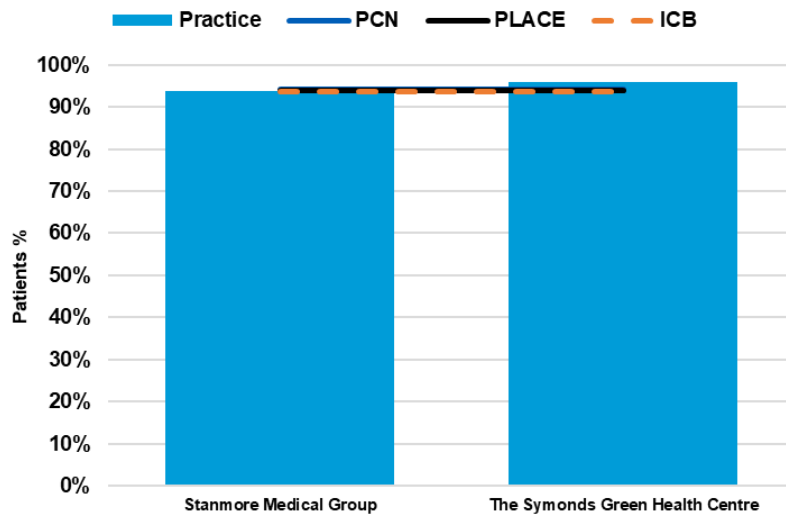


Prevention and health inequalities – Lifestyle factors - Smoking

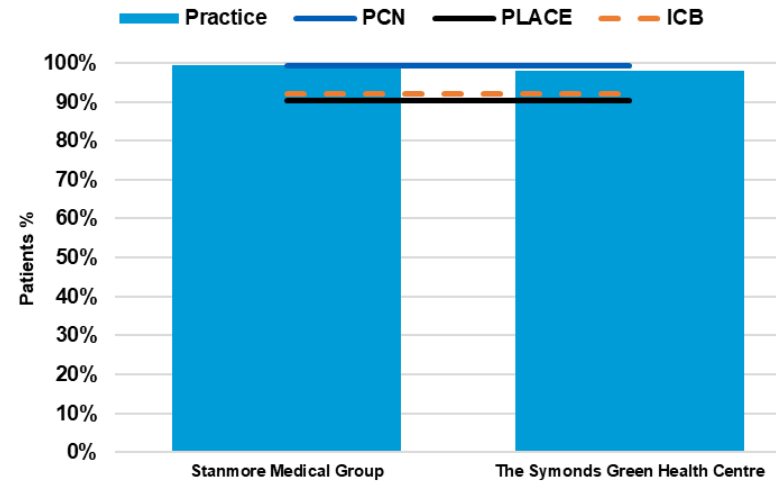
- Stevenage North PCN data for recording smoking status shows a similar picture to the Place and ICB.
- A higher proportion of patients have been offered treatment for smoking compared ICB and place.
- The table to the right gives detail by condition of the opportunity for further recording of smoking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

| ECF 2023-24 - Condition Section Under Smoker, Smoking Status, and Smoking Status Recorded - as of Jan. 2024 | | | | | | |
|---|---|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| Practices | Pre-Diabetes | | Diabetes | | Atrial Fibrillation | |
| | Remaining % of Population with a Smoking status | Smoking Available Patients - Number | Remaining % of Population with a Smoking status | Smoking Available Patients - Number | Remaining % of Population with a Smoking status | Smoking Available Patients - Number |
| Stanmore Medical Group | 37% | 2548 | 21% | 3567 | 0% | 63 |
| Symonds Green Health Centre | 27% | 88 | 13% | 361 | 0% | 2 |

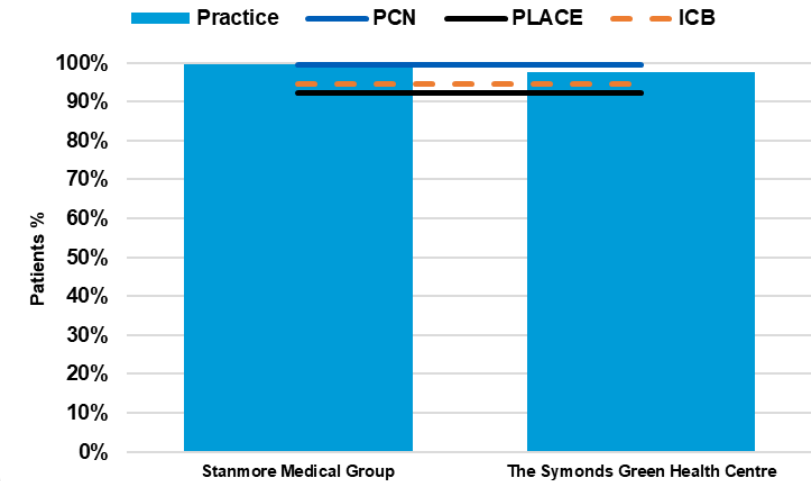
Percentage of patients* whose notes record smoking status in the preceding 12 months



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



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



Prevention and health inequalities

Early Identification: Expected vs observed prevalence

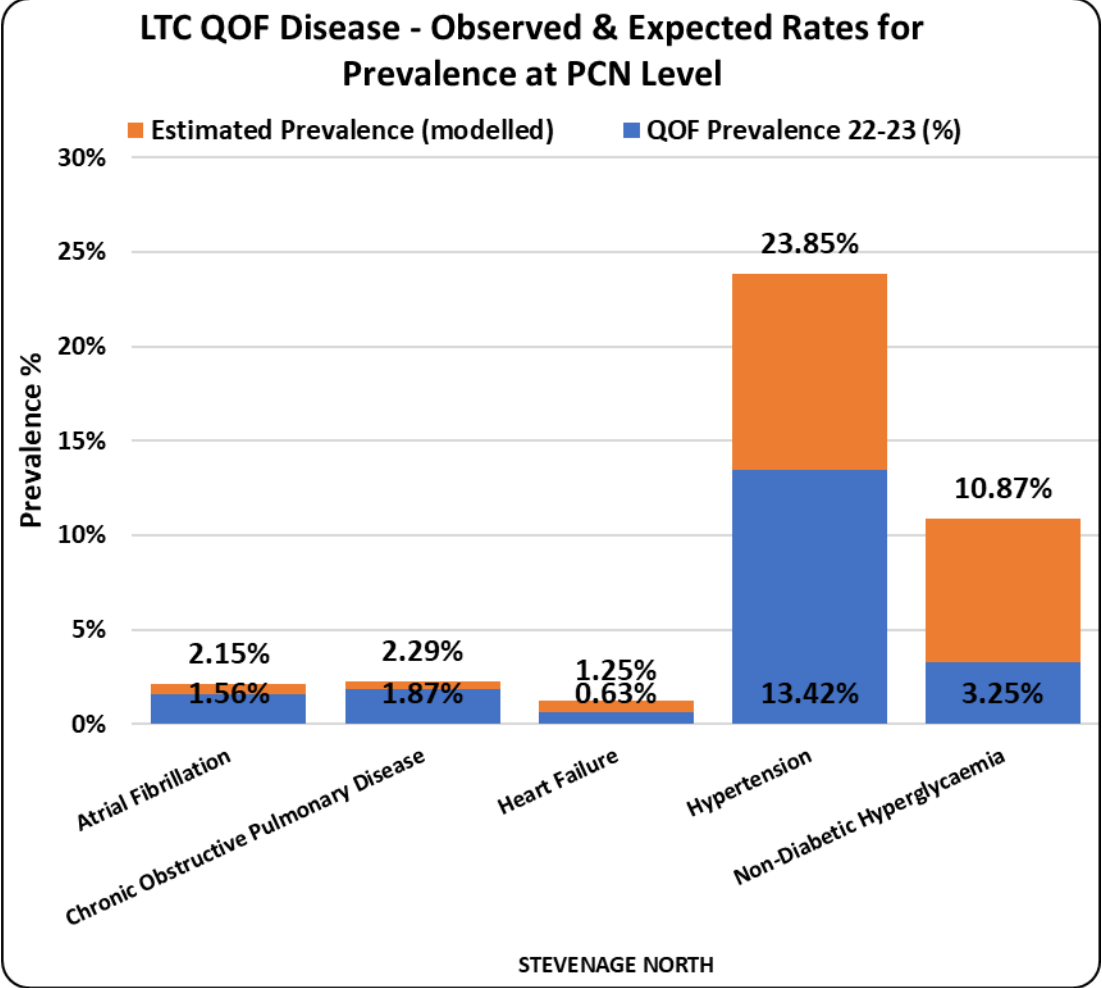
LTC Outcome – Proportion of people with a long-term condition who feel able to manage their condition

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

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

- Stevenage North PCN recorded prevalence compared with the modelled estimated prevalence for the PCN is lower across all conditions.
- The data shows an opportunity for further identification for these conditions. Case finding searches can be found within the Ardens Suite of searches: <https://app.ardensmanager.com/login>

| Disease/ Condition | Disease Detection Modelling for Stevenage North PCN - No. of New Diagnoses to Meet ICS & PLACE Rates - 2023/24 | |
|---------------------------------------|--|---------------------------|
| | Number to meet ICS rate | Number to meet PLACE rate |
| Asthma | 3231 | 55 |
| Atrial Fibrillation | | 213 |
| Chronic Kidney Disease | 1490 | 555 |
| Chronic Obstructive Pulmonary Disease | | |
| Coronary Heart Disease | 1506 | 38 |
| Diabetes Mellitus | | |
| Epilepsy | 311 | |
| Heart Failure | | 15 |
| Hypertension | 7670 | 293 |
| Non-Diabetic Hyperglycaemia | | 289 |
| Peripheral Arterial Disease | 241 | 31 |
| Stroke and Transient Ischaemic Attack | 913 | 38 |



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 | QOF 22-23 - ICB % | QOF 22-23 - PLACE % | QOF 22-23 - PCN % | Stevenage North PCN - Long-Term Conditions 2022-23 QOF Prevalence, with 3 Year Trend. | | | |
|--|-------------------|---------------------|-------------------|---|--------------|---------------------------------|--------------|
| | | | | STANMORE MEDICAL GROUP | | THE SYMONDS GREEN HEALTH CENTRE | |
| | | | | QOF 2022-23 | 3 Year Trend | QOF 2022-23 | 3 Year Trend |
| Asthma | 6.16% | 6.40% | 5.89% | 6.58% | | 5.20% | |
| Atrial fibrillation | 2.09% | 2.12% | 1.56% | 1.76% | | 1.37% | |
| Chronic kidney disease | 3.46% | 2.94% | 1.37% | 1.66% | | 1.07% | |
| Chronic obstructive pulmonary disease (COPD) | 1.49% | 1.55% | 1.87% | 1.68% | | 2.06% | |
| Diabetes mellitus | 6.63% | 6.54% | 7.70% | 7.55% | | 7.84% | |
| Epilepsy | 0.70% | 0.73% | 0.88% | 0.94% | | 0.83% | |
| Heart Failure | 0.80% | 0.74% | 0.63% | 0.82% | | 0.44% | |
| Hypertension | 13.84% | 13.83% | 13.42% | 13.04% | | 13.81% | |
| Non-diabetic hyperglycaemia | 6.42% | 5.29% | 3.25% | 5.08% | | 1.42% | |
| Peripheral arterial disease | 0.44% | 0.45% | 0.42% | 0.39% | | 0.46% | |
| Secondary prevention of coronary heart disease | 2.67% | 2.63% | 2.54% | 2.55% | | 2.53% | |
| Stroke and transient ischaemic attack | 1.63% | 1.71% | 1.49% | 1.68% | | 1.31% | |



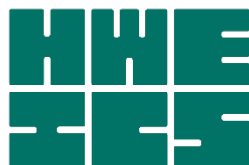
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Development of more proactive, preventative care models for LTC : Annual Reviews

- The table on the right shows a summary of the percentage of patients receiving an annual review or risk assessment by condition.
- Where the cell is highlighted the percentage is lower than the Place value.
- The data shows that the PCN has lower percentages of reviews for AF, Heart failure, asthma, diabetes and non-diabetic hyperglycaemia.
- Stevenage North PCN shows a higher percentage of patients receiving an annual review than Place and ICB for blood pressure in the over 45s and COPD.
- 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 | Stevenage North PCN | Stanmore Medical Group | The Symonds Green Health Centre |
|--|------|------|---------------------|------------------------|---------------------------------|
| % of AF Patients with Stroke Risk Assessed in the last 12 months | 92.9 | 91.8 | 88.6 | 87.8 | 97.8 |
| The % of patients aged 45 or over who have a record of blood pressure in the preceding 5 years | 85.7 | 85.9 | 87.9 | 86.9 | 97.5 |
| The % of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months | 72.7 | 67.0 | 34.6 | 31.8 | 90.5 |
| The % of patients with asthma , on the register, who have had an asthma review in the preceding 12 months | 64.0 | 65.3 | 63.3 | 62.1 | 80.3 |
| The % of patients with COPD , on the register, who have had a review in the preceding 12 months | 75.7 | 77.1 | 79.6 | 78.6 | 87.9 |
| The % of patients with diabetes , on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months | 75.5 | 76.4 | 71.1 | 70.0 | 83.2 |
| The % of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months. | 82.9 | 82.9 | 75.3 | 74.9 | 92.5 |

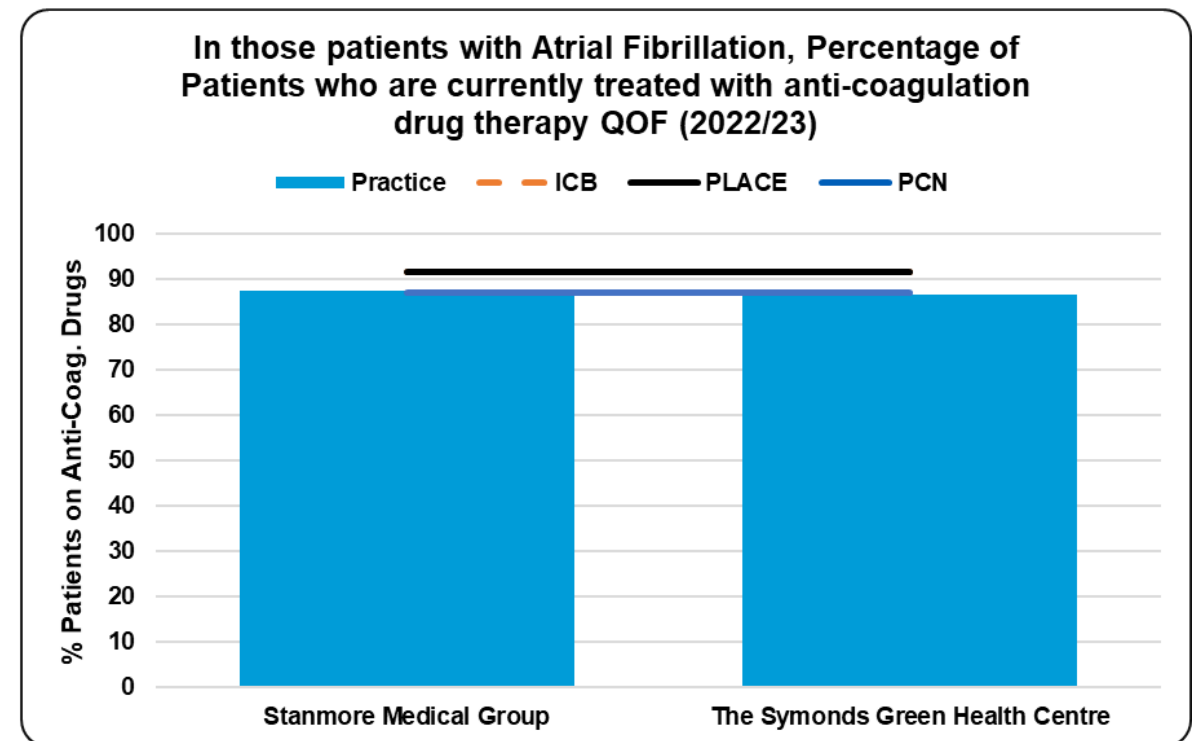
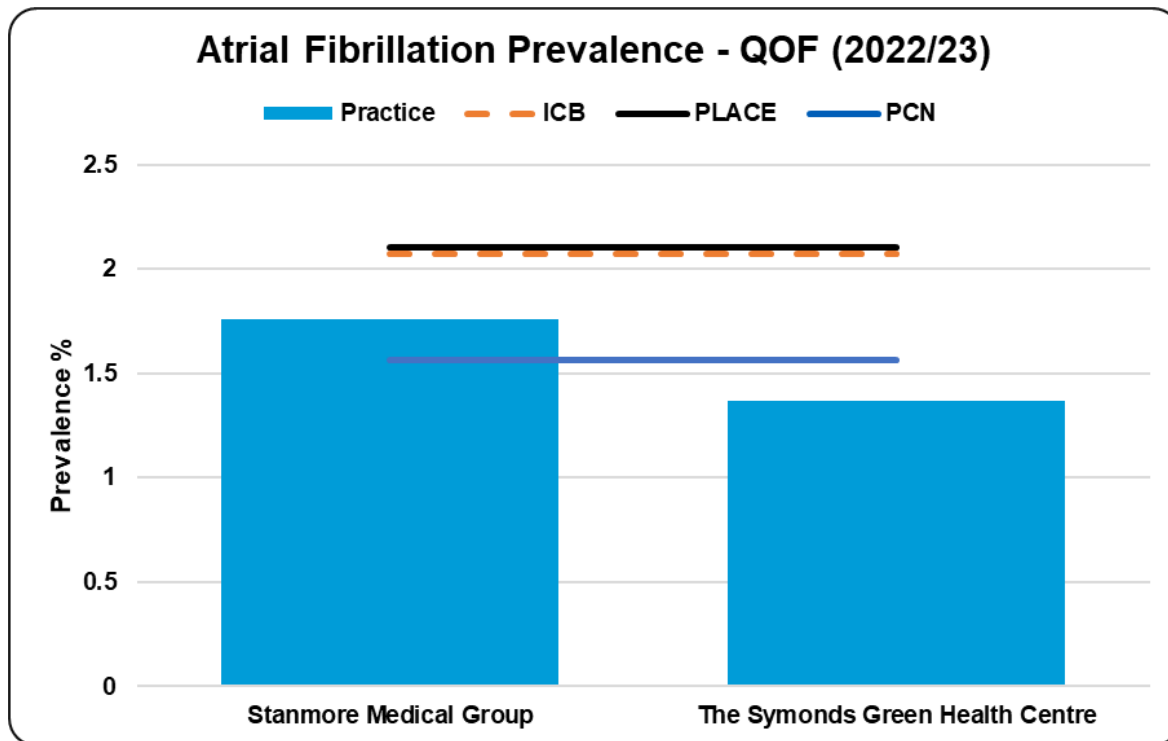


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Prevention and health inequalities – Atrial Fibrillation

- Stevenage North PCN recorded prevalence for Atrial Fibrillation is lower than both Place and the ICB prevalence.
- Once identified the percentage of patients currently treated with anti-coagulant drug therapy is lower than the Place and ICB.
- The data suggests there is further opportunity for identification of people with AF. Case finding Ardens searches are detailed within <https://app.ardensmanager.com/login>

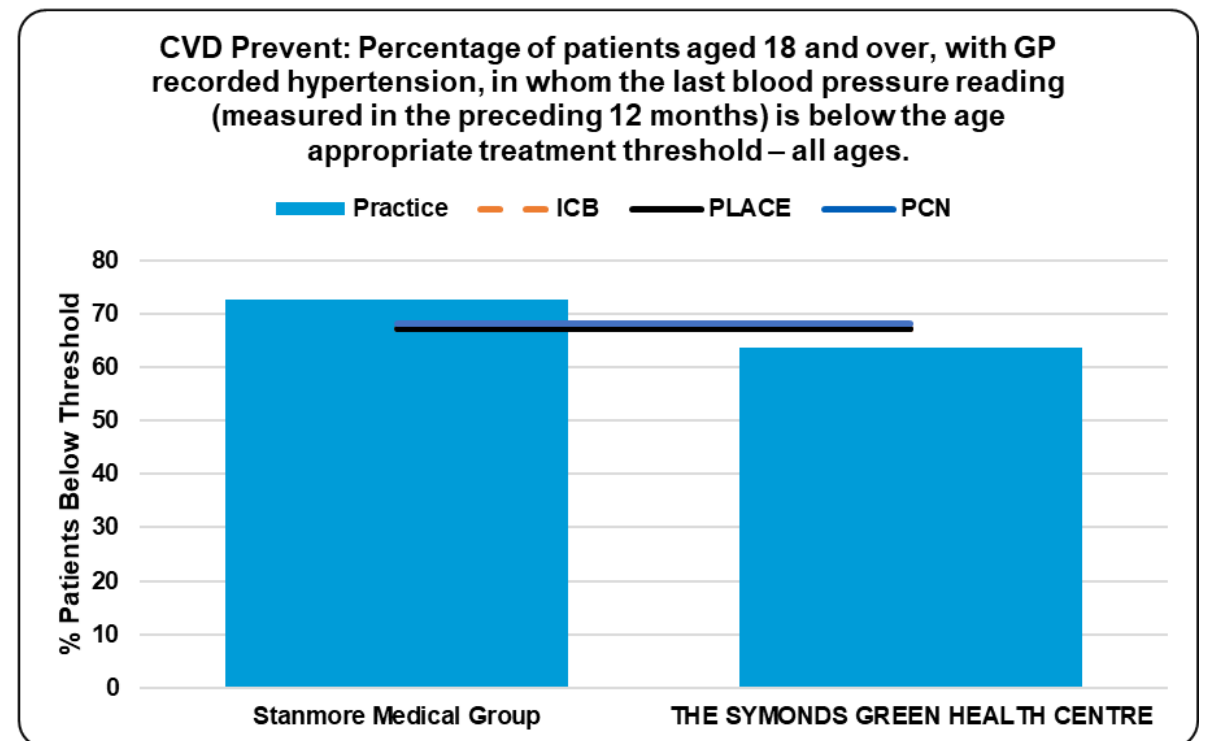
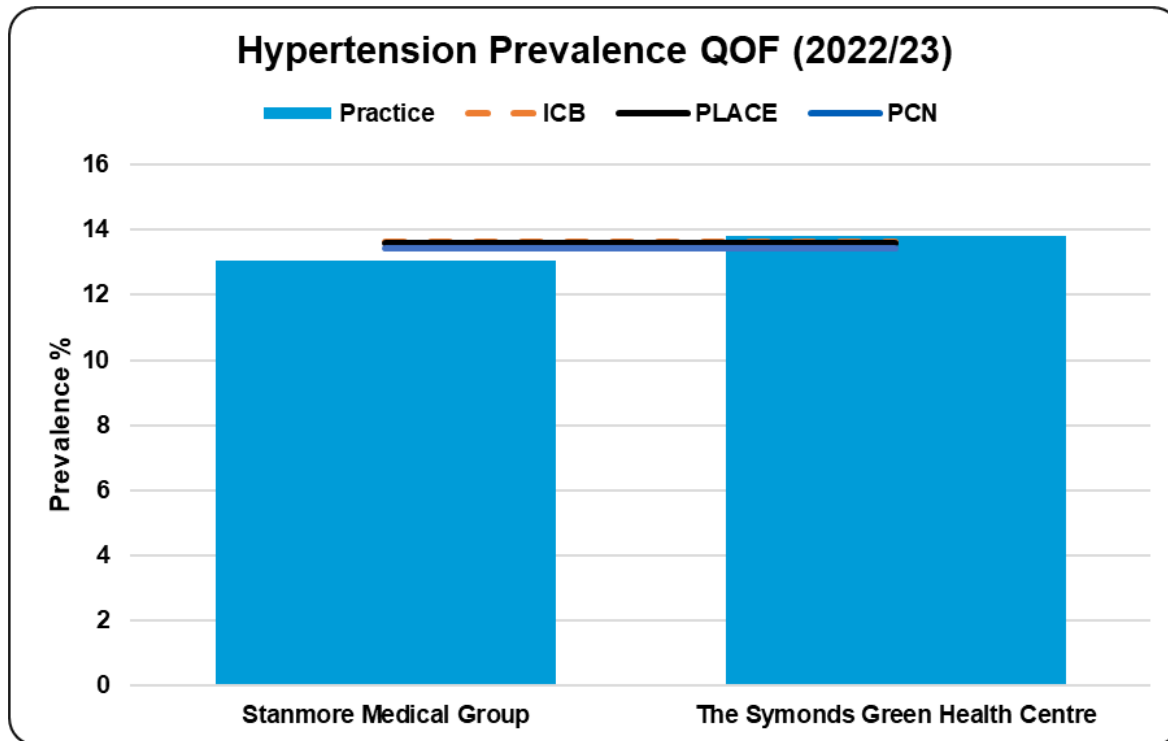


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Prevention and health inequalities – Hypertension

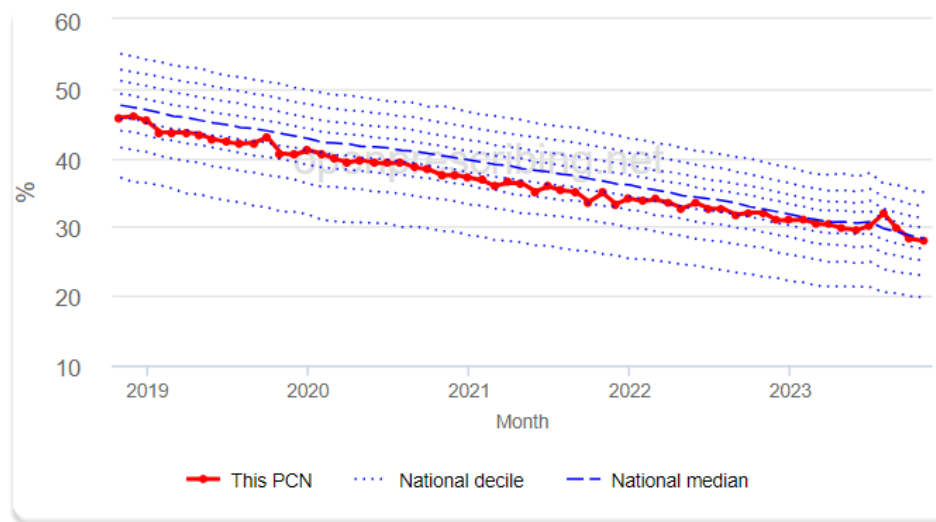
- Stevenage North PCN recorded prevalence for hypertension is similar to both Place and the ICB prevalence.
- Once identified the data shows the percentage of patients in whom the latest BP reading is below the age-appropriate treatment threshold is similar to Place and ICB, however there is variation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



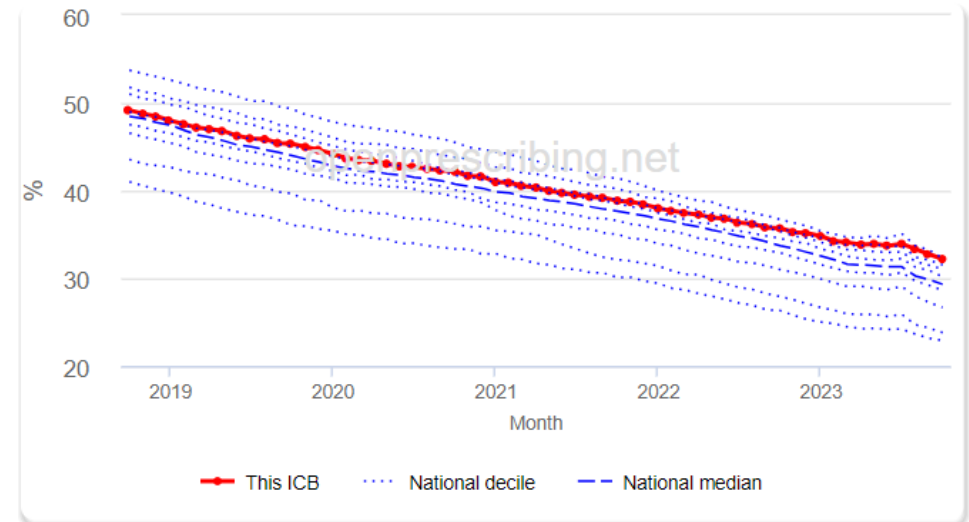
Lipid management: Percentage of people on lipid lowering therapy for secondary prevention who are on low and medium intensity statins

- 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 Stevenage North 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 47th percentile with 27.9% of people not on high intensity statins. This compares to 28.3% nationally.

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



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

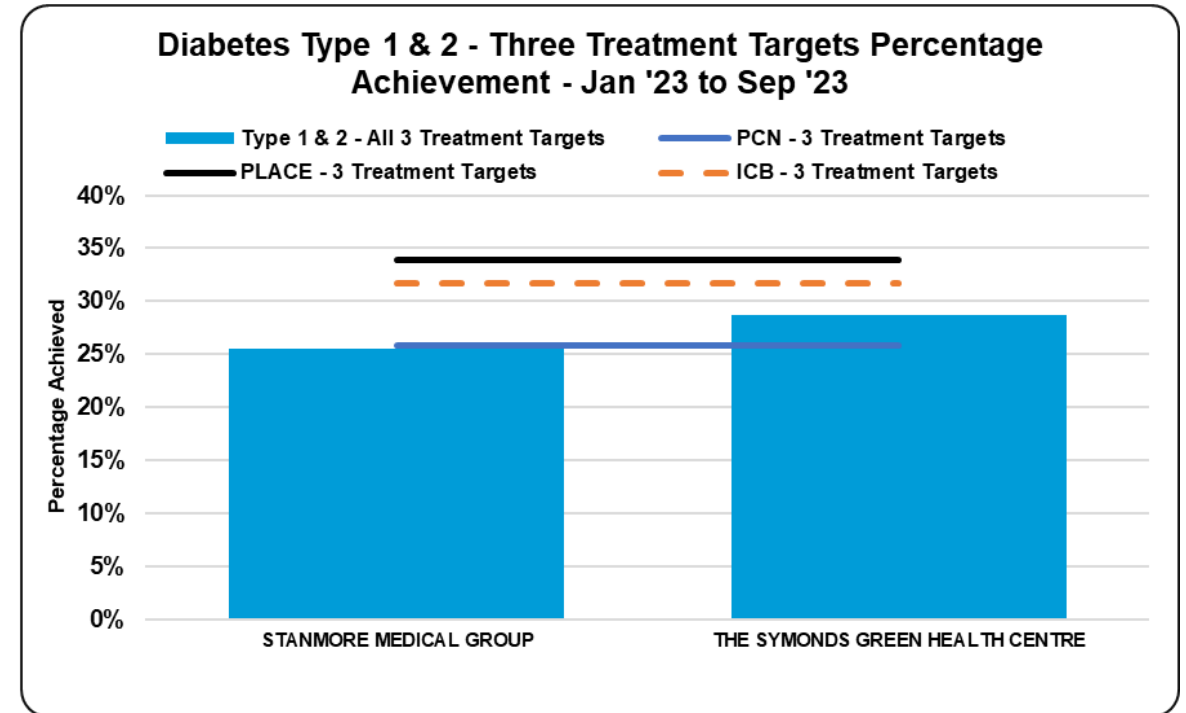
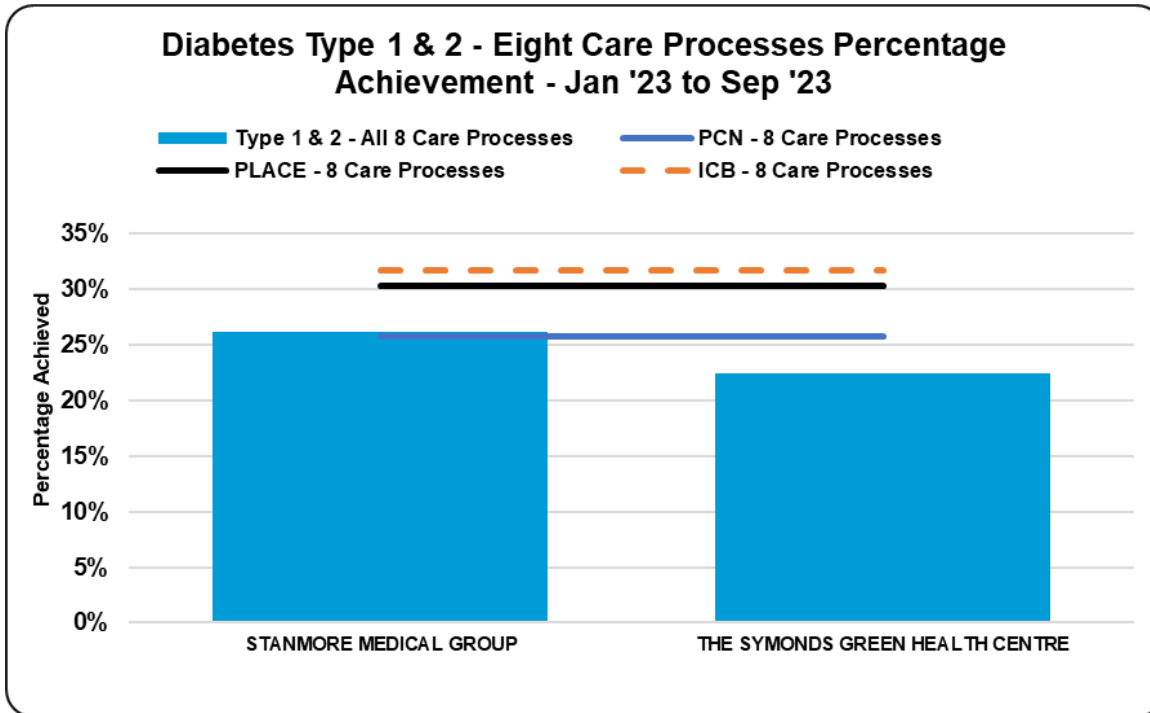


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Development of more proactive, preventative care models for LTC : 8 Care Processes & 3 treatment targets (all diabetes type 1 & 2)

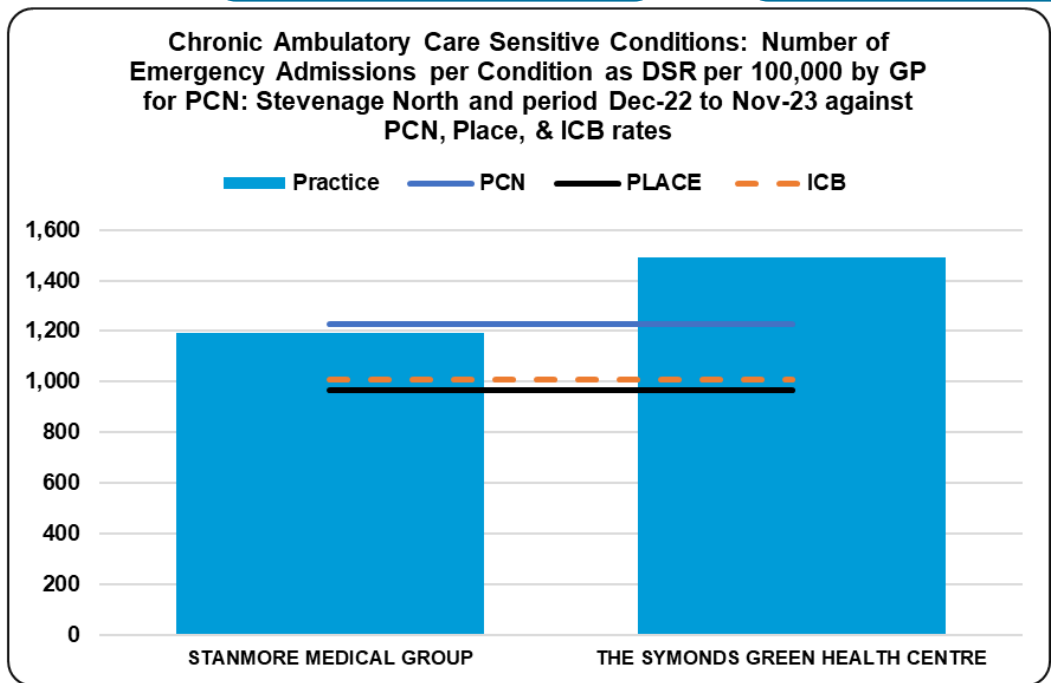
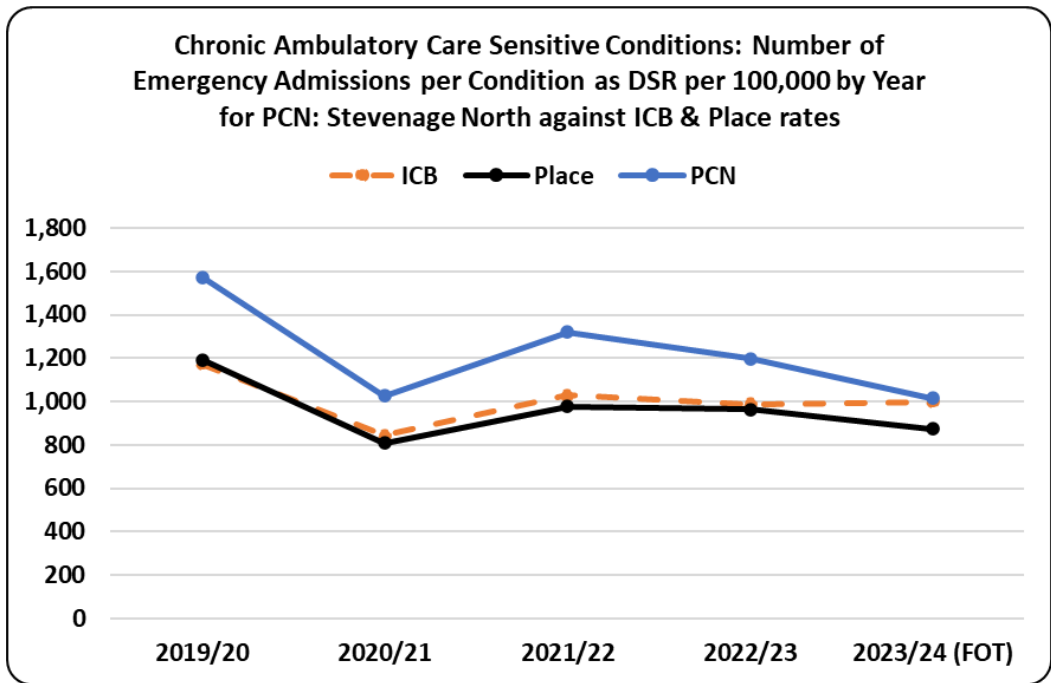
- The percentage of people living with diabetes who have received the 8 care processes in Stevenage North PCN is below the Place and ICB, this is also seen in the data for the three treatment targets.
- The latest information can be found within [Ardens Manager](#).



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)
- Stevenage North PCN’s admission rate for Chronic ACS conditions is higher 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, are the 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 and Coronary Heart disease.

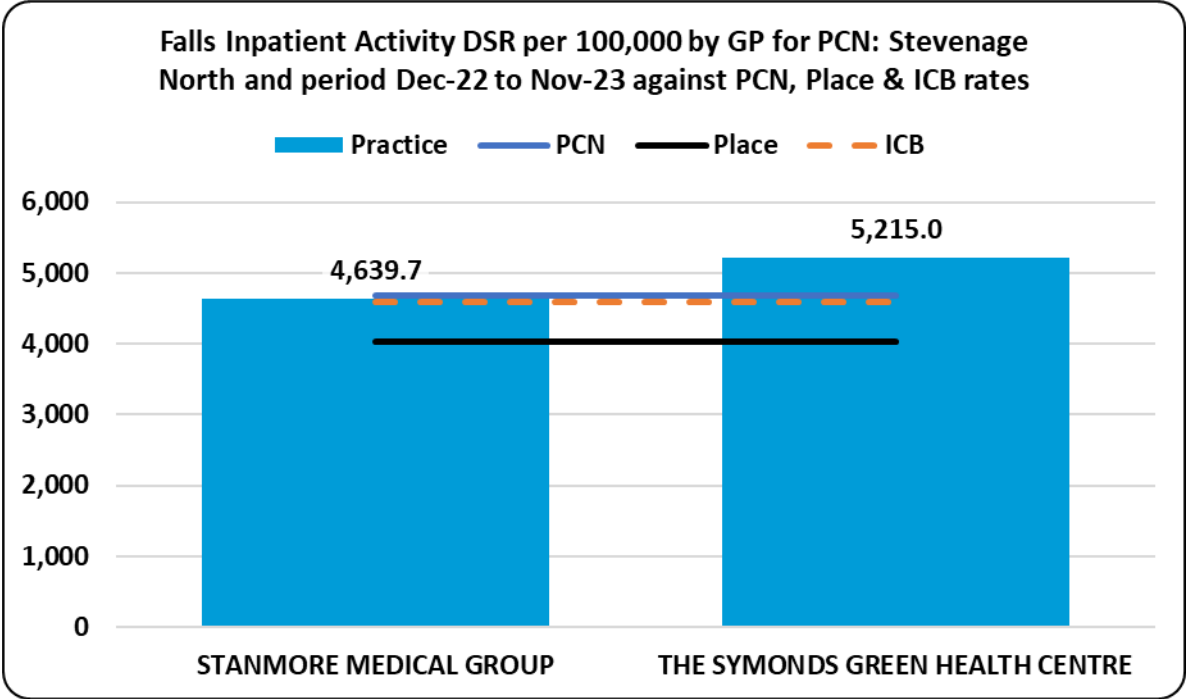
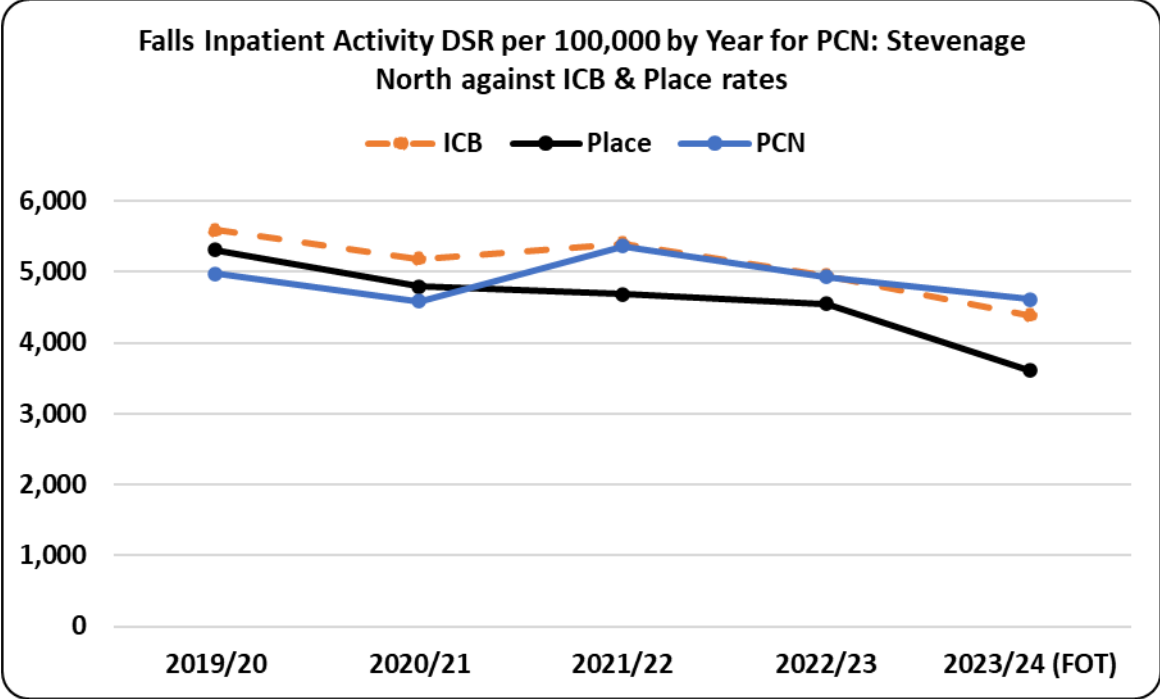
| Chronic Ambulatory Care Sensitive Conditions for Stevenage North PCN | PCN Per 100,000 Rate Apr-23 to Nov-23 | 5 Year Trend | 2024/25 Trajectory |
|--|---------------------------------------|--------------|--------------------|
| Angina: Angina pectoris | 8.26 | ↘ | DOWN |
| Asthma | 62.41 | ↗ | UP |
| Atrial fibrillation and flutter | 157.63 | ↗ | UP |
| COPD | 243.15 | ↗ | UP |
| Congestive heart failure | 94.80 | ↘ | DOWN |
| Diseases of the blood | 242.01 | ↗ | UP |
| Epilepsy | 67.88 | ↗ | UP |
| Hypertension | 21.15 | ↗ | UP |
| Mental and behavioural disorders | 13.86 | ↘ | UP |
| Nutritional, endocrine and metabolic | 104.62 | ↗ | UP |

Emergency Admission rates for Falls in persons aged +75

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

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

- When looking at the rolling 12 months up to November 2023 the data shows that Stevenage North PCN has a higher rate of admissions for falls than Place and similar to the 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.

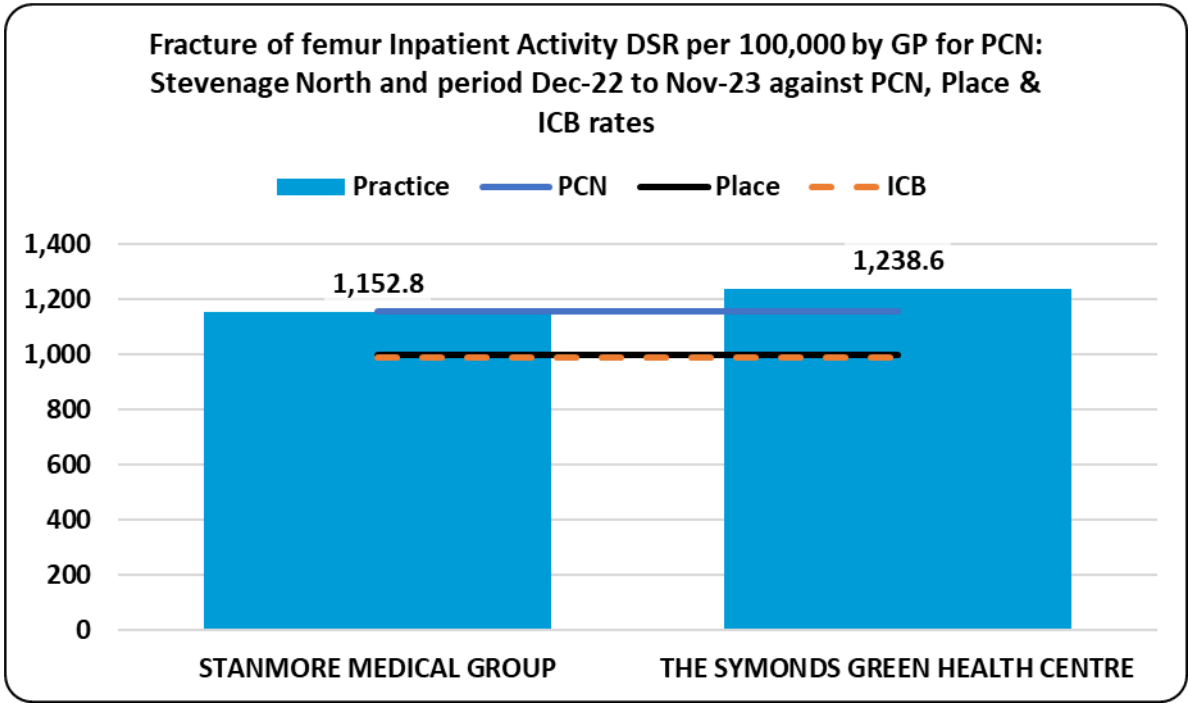
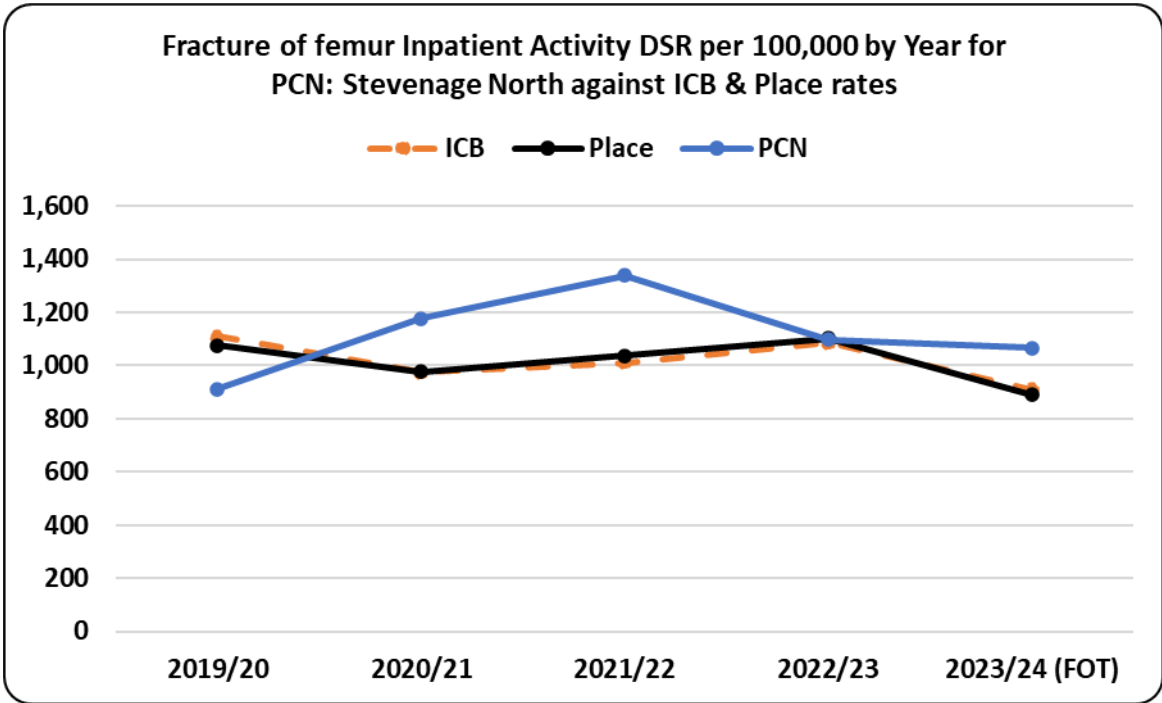


Emergency admission rates for Hip fractures in all over 75's

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 Stevenage North PCN has a higher rate of admissions for hip fractures than Place and ICB.
- When looking at the data by PCN the small numbers will cause fluctuations over the years. The latest trend data shows a similar trend for the latest year against last year, but above the Place and the ICB
- 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 Stevenage North PCN has a high percentage of falls frat scores completed, when compared to Place and ICB as at end Dec 23, however the percentage of the population recorded as moderately or severely frail is lower than Place and ICB indicating possible opportunity for further identification.
- The data contained within the table below is up to the end of December, the latest position can be found at [Ardens Manager](#).

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

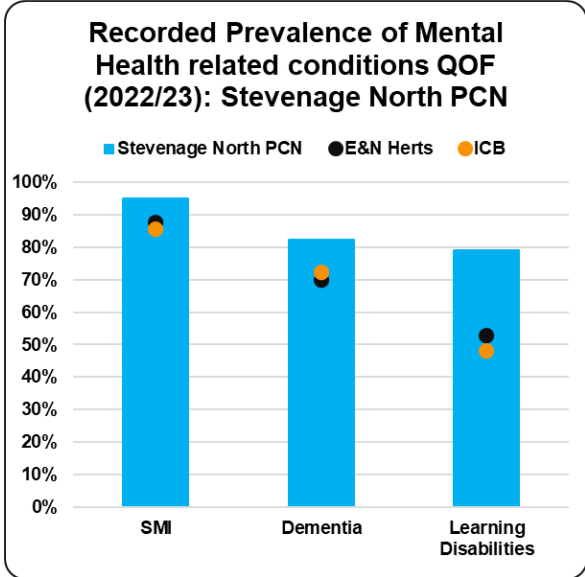
| | Frailty | | | EOL | | | | | | |
|---------------------------------|-----------------------------------|---|---------------------------------|------------------------------|-------|----------|-------|-------|-------|---------------|
| | Mod/Sev + falls Frat score done % | Mod frailty + SMR or polypharmacy medication review % | % Mod/Sev frailty of population | % population on EOL register | GSF % | DNACPR % | ACP % | PPD % | PPC % | SCR Consent % |
| ICB | 16.0% | 19.5% | 1.9% | 0.7% | 64.9% | 53.3% | 11.3% | 37.3% | 39.8% | 34.8% |
| ENH | 20.0% | 11.7% | 1.7% | 0.8% | 77.5% | 48.6% | 9.3% | 35.1% | 37.1% | 48.0% |
| PCN | 25.5% | 31.7% | 1.4% | 1.3% | 93.5% | 46.9% | 1.9% | 44.0% | 51.9% | 56.3% |
| Stanmore Medical Group | 27.2% | 32.4% | 1.4% | 1.3% | 93.5% | 45.2% | 1.9% | 46.1% | 54.4% | 57.5% |
| The Symonds Green Health Centre | 6.2% | 24.6% | 1.2% | 1.0% | 94.4% | 68.5% | 1.9% | 18.5% | 20.4% | 40.7% |



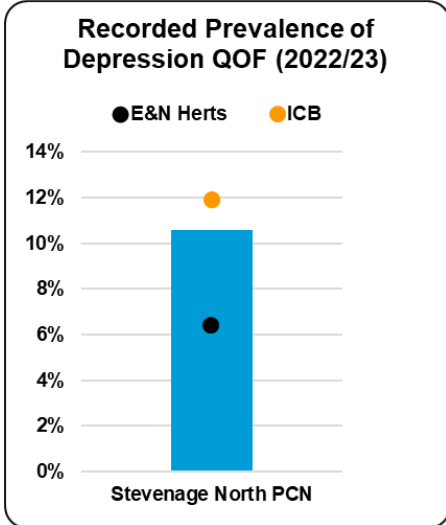
Prevalence of mental health conditions (QOF)

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 Stevenage North 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.



| Stevenage North PCN- Mental Health Conditions 2022-2023 QOF prevalence, with 3 year trend | | | | |
|--|------------------------|--------------|---------------------------------|--------------|
| | Stanmore Medical Group | | The Symonds Green Health Centre | |
| | QOF Prevalence 22-23 | 3 year Trend | QOF Prevalence 22-23 | 3 year Trend |
| Dementia | 0.73% | | 0.91% | |
| Depression | 13.0% | | 8.24% | |
| Learning Disability | 0.67% | | 0.91% | |
| SMI | 0.99% | | 0.91% | |



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 Stevenage North PCN have higher 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 |
| Stevenage North PCN | 84.2 | 91.9 | 94.1 | 88.7 | 88.0 | 88.9 |
| Stanmore Medical Group | 82.7 | 91.5 | 93.6 | 88.0 | 87.6 | 89.2 |
| The Symonds Green Health Centre | 100.0 | 96.3 | 100.0 | 96.6 | 91.7 | 83.3 |



Emergency Admissions Rates for Self – Harm

ICB overarching outcome of Improving Healthy life expectancy

- Stevenage North PCN has a lower rate of admissions for self harm compared with 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.

