Hertfordshire and
West Essex
Integrated Care Board

Primary Care Networks
Overview Pack

MVPS 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

NHS Hertfordshire and West Essex Integrated Care Board

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.

Source: HWE PHM Team, Cerner, England.nhs.uk

Key Messages

NHS Hertfordshire and West Essex Integrated Care Board

MVPS PCN population profile compared to England is lower in Age categories 20-24 and 55-90+ and higher in Age categories 0-14 and 35-49. About half the people live within the 6 most deprived deciles (1-6).

25.9% population have at least 1 Long Term Condition. 5.4% have more than 5 LTCs compared to 5.6% for the ICB. The population pyramid shows a dissimilar profile to England for those living with LTCs.

Wider determinants analysis from Public Health Evidence and Intelligence shows MVPS is one of the most deprived PCNs within the ICB across Older People in Poverty, Environment, and Fuel Poverty. MVPS is mid to low ranking for all other indicators.

The spread of patients for MVPS PCN indicates 31.13% of the population are not located within the Hertfordshire & 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.

Expected population growth for Hertsmere district by the Local Authority, forecasts continued increase between 2023 through to 2034 which will bring additional demands for healthcare. Projections show an expected increase in the number of people over 65 from ~20k to ~24k.

When analysing the underlying Segmentation Model data the conditions with highest per 1,000 registered prevalence that are highlighted for MVPS PCN are Learning Disabilities, Serious Mental Illness and Alzheimer's as well Diabetes, Dementia and Chronic Kidney Disease.

Urgent & Emergency Care in 2022/23 for MVPS PCN A&E Attendance rates per 1,000 population, is significantly higher than South West Herts place.

When comparing the Ambulatory Care Sensitive rates per 1,000 population between places, the South West Herts place has the highest rate in the ICB. Within South West Herts place, MVPS has the highest rate per 1,000 population.

When looking at the ACS conditions for MVPS the highest volume and cost is within the End of Life, Frailty and Dementia in the over 65 age group and the next highest volume and cost is for the over 65 age group in the Advanced Disease and Complexity segment. It is to be noted that under Advanced Disease and Complexity segment there is a notable use by the 41-64 age group. Ambulatory Care Sensitive conditions of note for people aged over 65 within the Advanced Disease and Complexity, is highlighted as AF and Flutter followed by Heart Failure and COPD in terms of volume and cost. For those aged over 65 within the End of Life, Frailty & Dementia segment, COPD followed by Heart Failure, is highlighted with the highest volume and cost.

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 MVPS 22.8% of the population in the EoL, severe frailty and severe dementia segment live within the 4 most deprived deciles.

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 MVPS PCN is above the ICB, and the data shows significantly lower usage of GP services.

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

For MVPS the data shows higher Asthma, AF (the highest), COPD, Diabetes and Heart Failure rates which was identified as a theme within the ACS analysis.

Source: HWE PHM Team

NHS Hertfordshire and West Essex Integrated Care Board

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

NHS Hertfordshire and West Essex Integrated Care Board

Total Population
MANOR VIEW PCN

Snapshot as at: 30/06/2021

Registered population

% of total	100.0%
% of annual change	7.0%

Demographics

% White	62.2%	% IMD top	2.8%
% BAME	21.7%	% IMD bottom	29.6%

Prevalence

% with 1+ conditions	25.9%
% with 5+ conditions	2.9%

Acute utilisation

% of annual activity (total 56,429)	100.0%
% of annual cost (total £15M)	100.0%

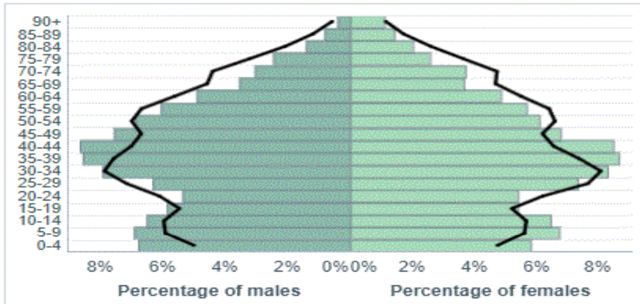
Covid

% one or more at risk conditions	16.0%
% two or more at risk conditions	6.2%

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

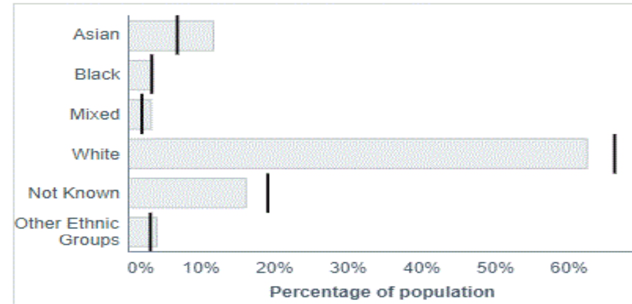
Choose benchmark: England

Population pyramid



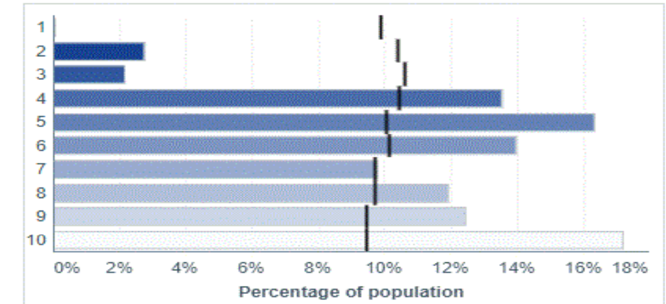
Black line represents the **England** average

Population proportion by ethnic category



Black line represents the **England** average

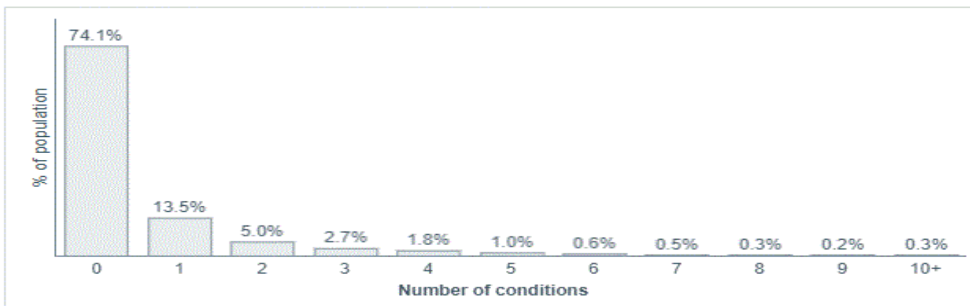
Population proportion by IM Deprivation decile



1 = most deprived 10%, 10 = least deprived 10%

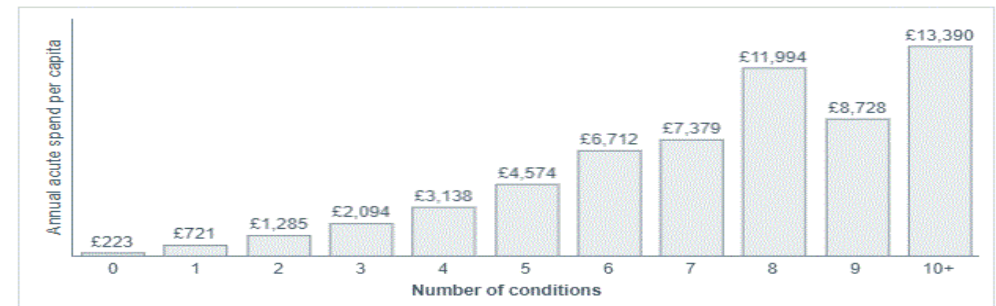
Prevalence - Snapshot as at: 30/06/2021

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.

MVPS PCN population profile compared to England is lower in Age categories 20-24 and 55-90+ and higher in Age categories 0-14 and 35-49. About half the people live within the 6 most deprived deciles (1-6).

Source: NHS Digital (2022) https://apps.model.nhs.uk/report/PaPi

PCN Demographics - NHS England

NHS Hertfordshire and West Essex Integrated Care Board

LTC
MANOR VIEW PCN

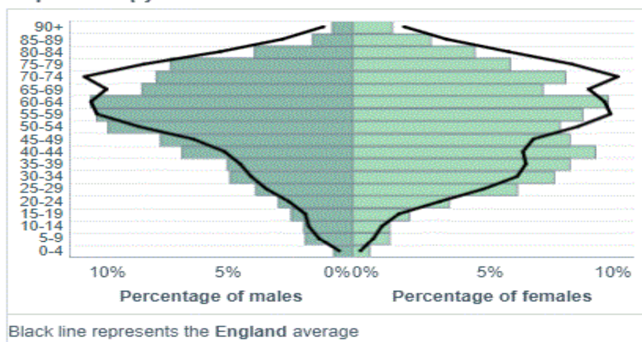
Snapshot as at: 30/06/2021

Registered population		Demographics				Prevalence		Acute utilisation		Covid	
% of total	22.3%	% White	77.0%	% IMD top	3.1%	% with 1+ conditions	100.0%	% of annual activity (total 24,601)	43.6%	% one or more at risk conditions	53.1%
% of annual change	9.8%	% BAME	19.6%	% IMD bottom	29.6%	% with 5+ conditions	5.4%	% of annual cost (total £6M)	38.8%	% two or more at risk conditions	17.1%

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

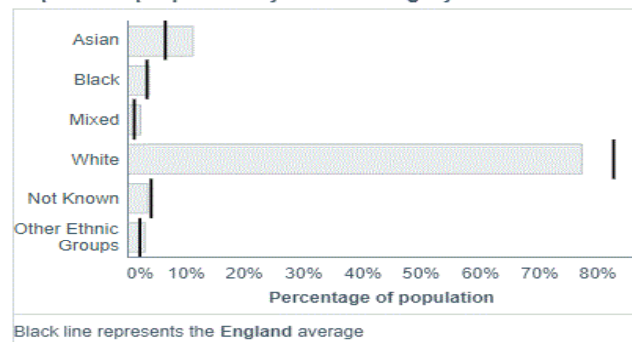
Choose benchmark: England

Population pyramid



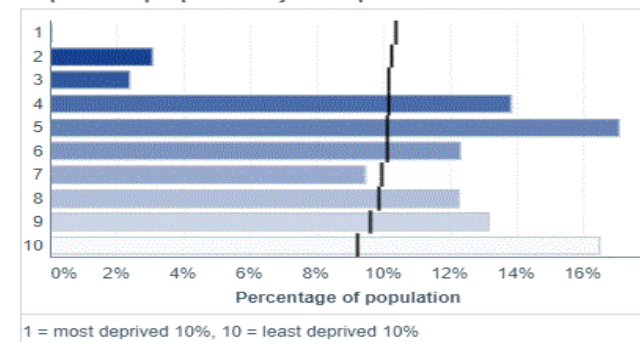
Black line represents the **England** average

Population proportion by ethnic category



Black line represents the **England** average

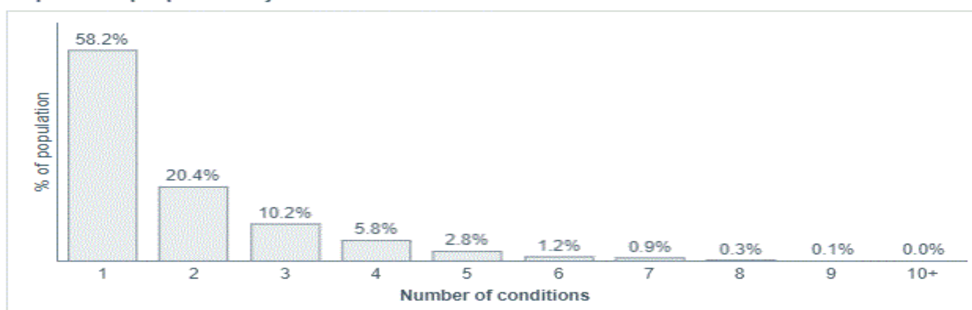
Population proportion by IM Deprivation decile



1 = most deprived 10%, 10 = least deprived 10%

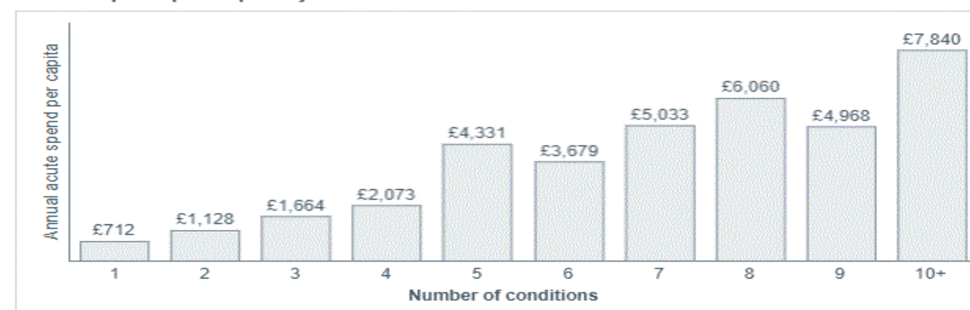
Prevalence
- Snapshot as at: 30/06/2021

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 25.9% population have at least 1 Long Term Condition. 5.4% have more than 5 LTCs compared to 5.6% for the ICB.

The population pyramid shows a dissimilar profile to England for those living with LTCs.

Source: NHS Digital (2022) https://apps.model.nhs.uk/report/PaPi

Practice Indicators - Triggers and Levels

NHS Hertfordshire and West Essex Integrated Care Board

Practice Indicators for	MVPS PCN	MANOR VIEW PRACTICE			PATHFINDER PRACTICE			SOUTH OXHEY SURGERY			THEOBALD MEDICAL CENTRE		
Clinical Domain	Indicator Name	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 Diagnosis	Detection rate Cancer	0.5	2020/21	No Trigger	0.385	2020/21	No Trigger	0.471	2020/21	No Trigger	0.375	2020/21	No Trigger
Coronary heart disease	% AF anticoagulation therapy CHADS2-VASc score >1	86	2020/21	Positive	91.9	2020/21	Positive	89.8	2020/21	Positive	83.2	2020/21	Positive
	% CHD aged <=79 BP reading 140/90mmHg or less	63.5	2020/21	Level 1	86.3	2020/21	No Trigger	82.7	2020/21	No Trigger	22.7	2020/21	Level 2
	% CHD cholesterol 5 mmol/l or less	77.5	2021/22	No Trigger	64.3	2021/22	No Trigger	60.5	2021/22	No Trigger	74.8	2021/22	No Trigger
	% hypertension aged <=79 BP reading 140/90mmHg or less	52	2020/21	Level 1	69.4	2020/21	Level 1	67.8	2020/21	Level 1	20.8	2020/21	Level 2
Diabetes	% Diabetes aged >=40 years no CVD history without moderate or severe frailty treated with statin	85	2020/21	Level 1	70.3	2020/21	Level 1	79.4	2020/21	Level 1	79	2020/21	Level 1
	% Diabetes without moderate or severe frailty BP 140/80 mmHg or less	66.6	2020/21	Level 1	66.1	2020/21	Level 1	86.4	2020/21	No Trigger	20.4	2020/21	Level 2
	% diabetes without moderate or severe frailty IFCC-HbA1c is 58 mmol/mol or less	54.8	2020/21	Level 1	58.7	2020/21	Level 1	57.5	2020/21	Level 1	35.1	2020/21	Level 2
Exception Rating	Overall Personalised Care Adjustment Rate	0.055	2020/21	No Trigger	0.076	2020/21	No Trigger	0.045	2020/21	No Trigger	0.043	2020/21	No Trigger
Medicines Management	% antibiotics Co-amoxiclav, Cephalosporins, Quinolones	9.1	2021/22 Q4	No Trigger	7.7	2021/22 Q4	No Trigger	5.8	2021/22 Q4	Positive	8.6	2021/22 Q4	No Trigger
	% Naproxen and Ibuprofen	88	2021/22 Q4	No Trigger	91.8	2021/22 Q4	Positive	87.1	2021/22 Q4	No Trigger	87.1	2021/22 Q4	No Trigger
	Antibacterial Items/Star Pu	0.754	2021/22 Q4	Positive	1.003	2021/22 Q4	Positive	0.848	2021/22 Q4	Positive	0.829	2021/22 Q4	Positive
	Hypnotics ADQ/Star Pu	0.524	2021/22 Q4	No Trigger	1.255	2021/22 Q4	No Trigger	0.464	2021/22 Q4	No Trigger	0.419	2021/22 Q4	No Trigger
	Oral NSAIDS ADQs/STAR-PU	2.415	2021/22 Q4	No Trigger	3.92	2021/22 Q4	No Trigger	2.893	2021/22 Q4	No Trigger	2.517	2021/22 Q4	No Trigger
Mental Health	% first choice generic SSRIs	71.1	2021/22 Q4	No Trigger	70.2	2021/22 Q4	No Trigger	62.1	2021/22 Q4	No Trigger	70.3	2021/22 Q4	No Trigger
	% MH comprehensive care plan	19.9	2020/21	Level 1	63.9	2020/21	Level 1	96.9	2020/21	No Trigger	14.9	2020/21	Level 1
	% SMI alcohol record	70.4	2020/21	Level 1	97.1	2018/19	No Trigger	100	2018/19	Positive	11.9	2020/21	Level 2
	% SMI BP record	85.5	2020/21	Level 1	90.3	2020/21	No Trigger	100	2020/21	No Trigger	29.4	2020/21	Level 2
	Dementia Face to Face review	12.7	2020/21	Level 1	81.8	2020/21	No Trigger	90	2020/21	No Trigger	15.9	2020/21	Level 1
	Select antidepressants ADQs/STARPU	1.279	2021/22 Q4	No Trigger	1.627	2021/22 Q4	No Trigger	1.009	2021/22 Q4	Positive	1.412	2021/22 Q4	No Trigger
Patient Experience	Confidence and trust in healthcare professional	97.1	2020/21	No Trigger	97.4	2020/21	No Trigger	98.9	2020/21	No Trigger	88.3	2020/21	Level 1
	Frequency seeing preferred GP	33.1	2020/21	No Trigger	62.9	2020/21	No Trigger	76.4	2020/21	Positive	31.7	2020/21	No Trigger
	Healthcare professional treating with care and concern	83.4	2020/21	No Trigger	92.1	2020/21	No Trigger	93.3	2020/21	No Trigger	77.1	2020/21	No Trigger
	Overall experience of your GP practice	88.2	2020/21	No Trigger	88.3	2020/21	No Trigger	88.8	2020/21	No Trigger	60.2	2020/21	Level 1
	Satisfaction with appointment times	74.1	2020/21	No Trigger	82.8	2020/21	No Trigger	72.4	2020/21	No Trigger	45.8	2020/21	Level 1
Public Health	% Child Imms DTaP/IPV/Hib/HepB (age 1 year)	85.3	2020/21	Level 1	83.1	2020/21	Level 1	81.1	2020/21	Level 1	86.7	2020/21	Level 1
	% Child Imms Hib/MenC booster	87.8	2020/21	Level 1	89.3	2020/21	Level 1	82.4	2020/21	Level 1	88.4	2020/21	Level 1
	% Child Imms MMR (Age 2 yrs)	87	2020/21	Level 1	89.3	2020/21	Level 1	82.4	2020/21	Level 1	86	2020/21	Level 1
	% Child Imms PCV Booster	87	2020/21	Level 1	89.3	2020/21	Level 1	82.4	2020/21	Level 1	87.6	2020/21	Level 1
	Cervical Screening	70.8	2021/22 Q4	Level 1	69.8	2021/22 Q4	Level 1	73.9	2021/22 Q4	Level 1	67.2	2021/22 Q4	Level 1
Respiratory	% Asthma review in last 6 mths	41.5	2020/21	Level 1	10.1	2020/21	Level 1	72.2	2020/21	No Trigger	17	2020/21	Level 1
	% Asthma spirometry and one other objective test	13.3	2020/21	Level 2	0	2020/21	Level 2	0	2020/21	No Data Available	33.3	2020/21	Level 1
	% COPD with review in last 12 mths	54.2	2020/21	Level 1	9.6	2020/21	Level 2	92	2020/21	No Trigger	16.5	2020/21	Level 2
	% LTC patients who smoke	12.7	2020/21	No Trigger	20.6	2020/21	No Trigger	19.6	2020/21	No Trigger	19.1	2020/21	No Trigger
	% LTC Smoker offer support	72	2020/21	Level 1	97.3	2020/21	No Trigger	90.1	2020/21	Level 1	99.2	2020/21	No Trigger
	% Smoking patients over 15 recorded	73.7	2021/22	No Trigger	65.3	2021/22	No Trigger	64.7	2021/22	No Trigger	63.4	2021/22	No Trigger
	% Smoking status recorded	91.5	2020/21	No Trigger	96.2	2020/21	No Trigger	94.5	2020/21	No Trigger	80.9	2020/21	Level 1
	% w. MRC dyspnoea score >=3 w. offer of referral to pulm. rehab. Clinic	92.3	2020/21	No Trigger	0	2020/21	Level 2	25	2020/21	Level 1	100	2020/21	No Trigger

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/).

Source: NHSE&I - https://www.primarycareindicators.nhs.uk/ https://www.primarycareindicators.nhs.uk/wp-content/uploads/2022/02/GPI-Tech-Guidance-v5.pdf

NHS Hertfordshire and West Essex Integrated Care Board

Wider Determinants

In Mvps PCN an estimated:

- 11.8% of children live in poverty.
- 14.3% of older people live in poverty.
- 12.6% of households live in fuel poverty.
- 10.2% of households are overcrowded.
- 35% of people aged 65 and over live alone.
- 1.4% of people cannot speak English well.
- 4.5% of working age people are claiming out of work benefits.
- 19% of children aged 4-5 and 33.6% of children aged 10-11 are overweight.

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Hertfordshire Public Health Evidence & Intelligence

The above provides a summary of the wider determinants of health for MVPS.

Wider determinants analysis from Public Health Evidence and Intelligence shows MVPS is one of the most deprived PCNs within the ICB across Older People in Poverty, Environment, and Fuel Poverty. MVPS is mid to low ranking for all other indicators.

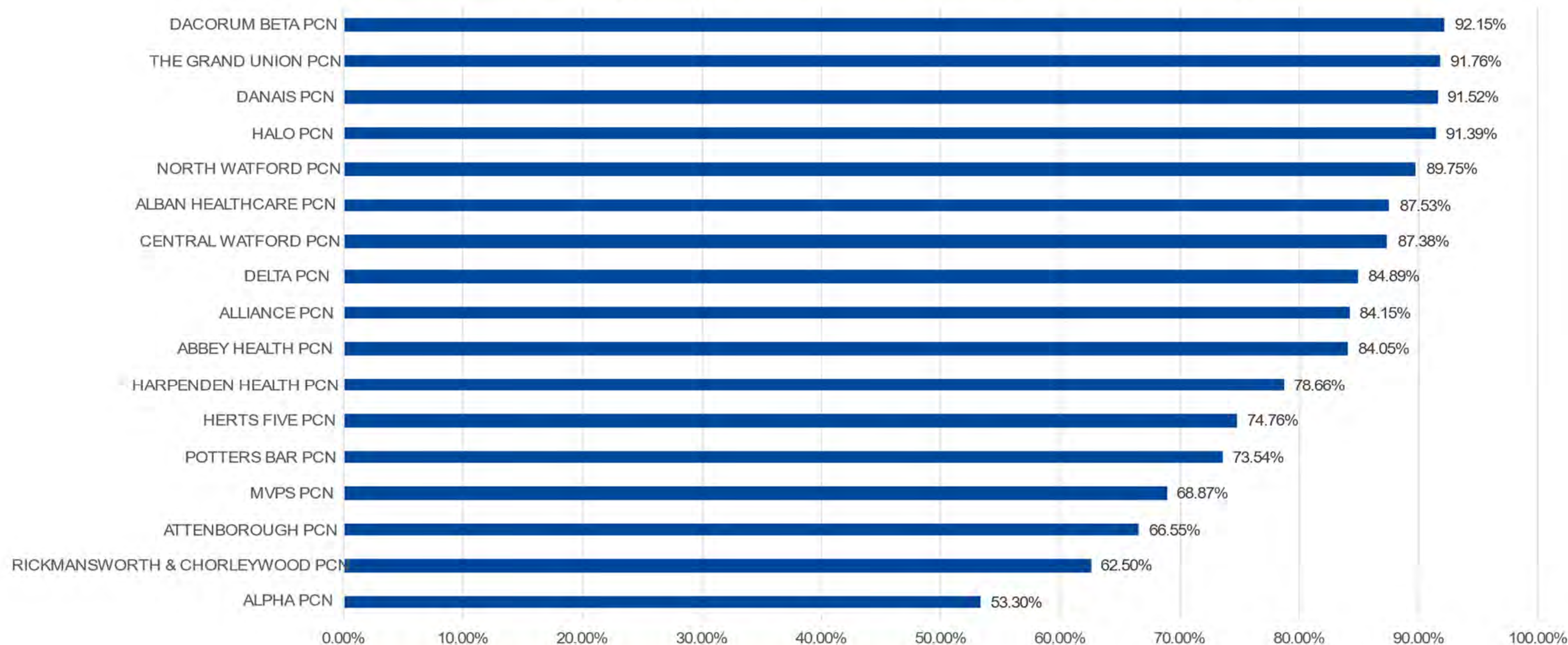
Source: Public Health Team

Spread of Patients

NHS Hertfordshire and West Essex Integrated Care Board

Correct as of July 2022

Source: NHS Digital (2022)

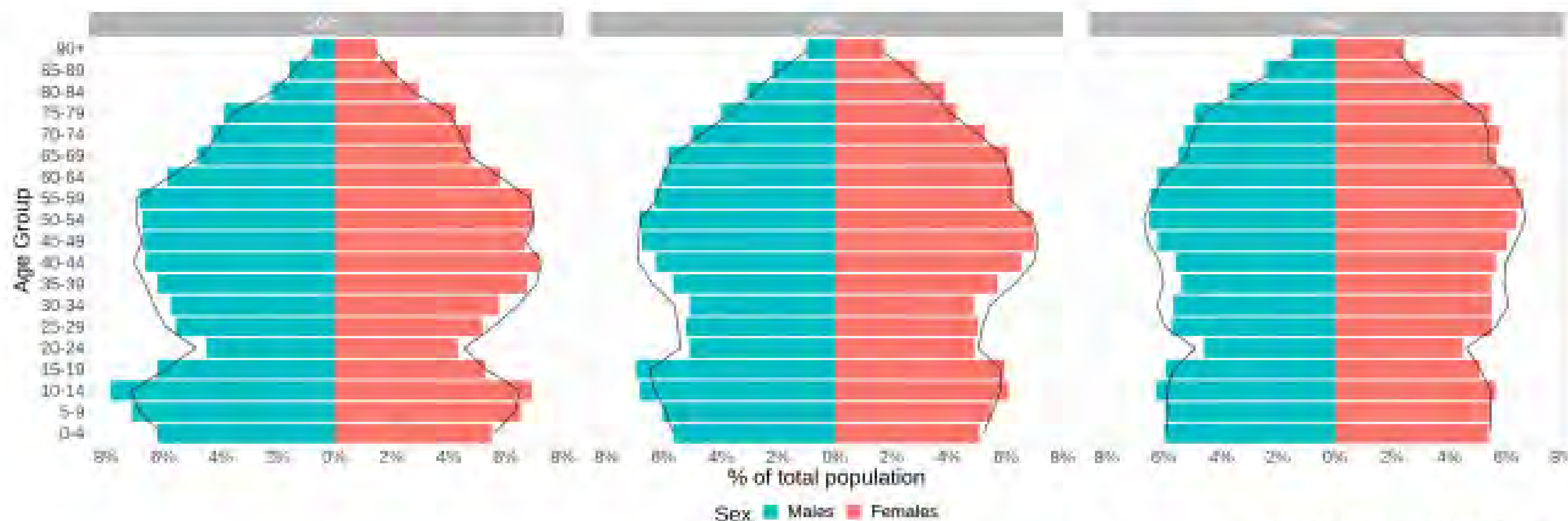


This chart shows the proportion of the registered population living within the ICB geographical boundary.

The spread of patients for MVPS PCN indicates 31.13% of the population are not located within the Hertfordshire & 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.

Source: Essex County Council PHM Team, NHS Digital (2022)

Projection Pyramids



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

Age Band	2021 Projection	[illegible] Projection	2042 Projection
Under 5	6,168	5,720	6,146
Under 24	31,813	30,968	29,658
24-64	53,588	51,762	51,614
65+	20,069	24,163	27,303
85+	3,202	4,184	5,145

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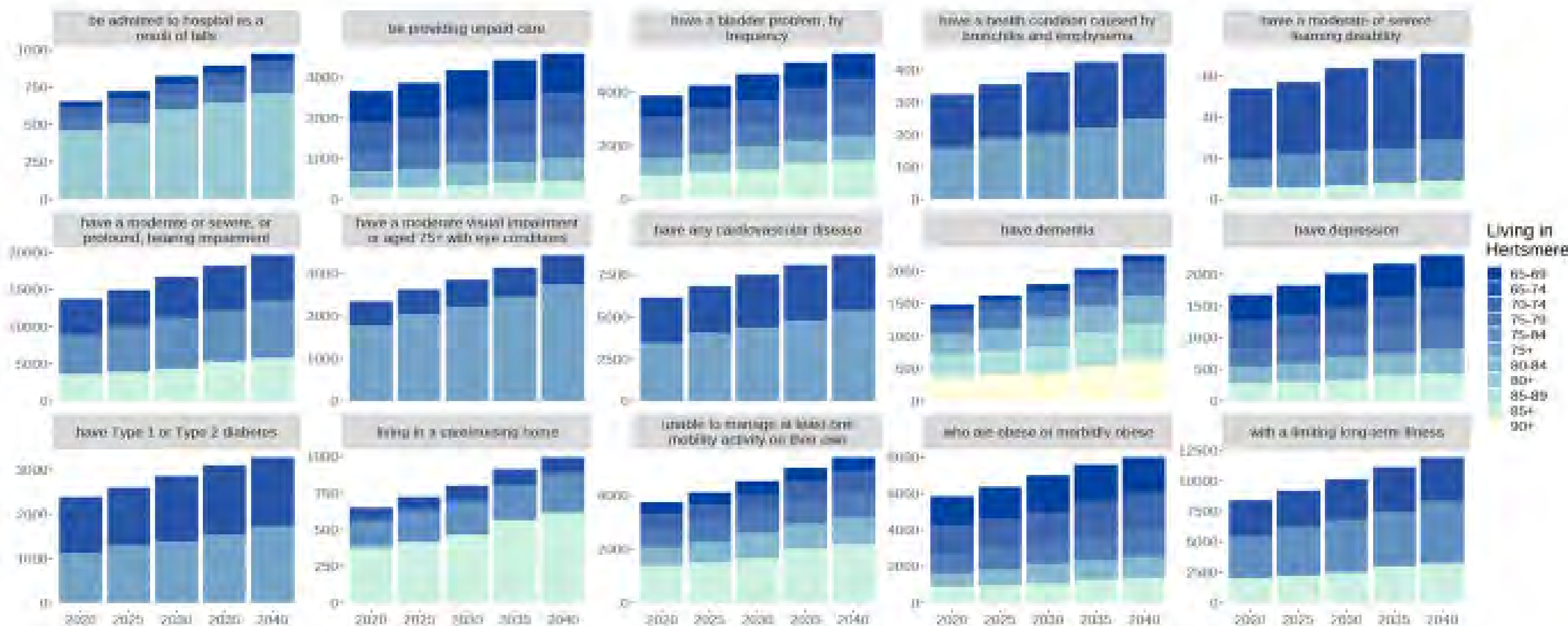
Expected population growth for Hertsmere district by the Local Authority, forecasts continued increase between 2023 through to 2034 which will bring additional demands for healthcare. Projections show an expected increase in the number of people over 65 from ~20k to ~24k.

Source: Public Health Team

People aged 65+ projected to...



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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.

Source: Public Health Team

Segmentation within the ICB

Optum

HWE

Segment & Outcomes Framework Documentation

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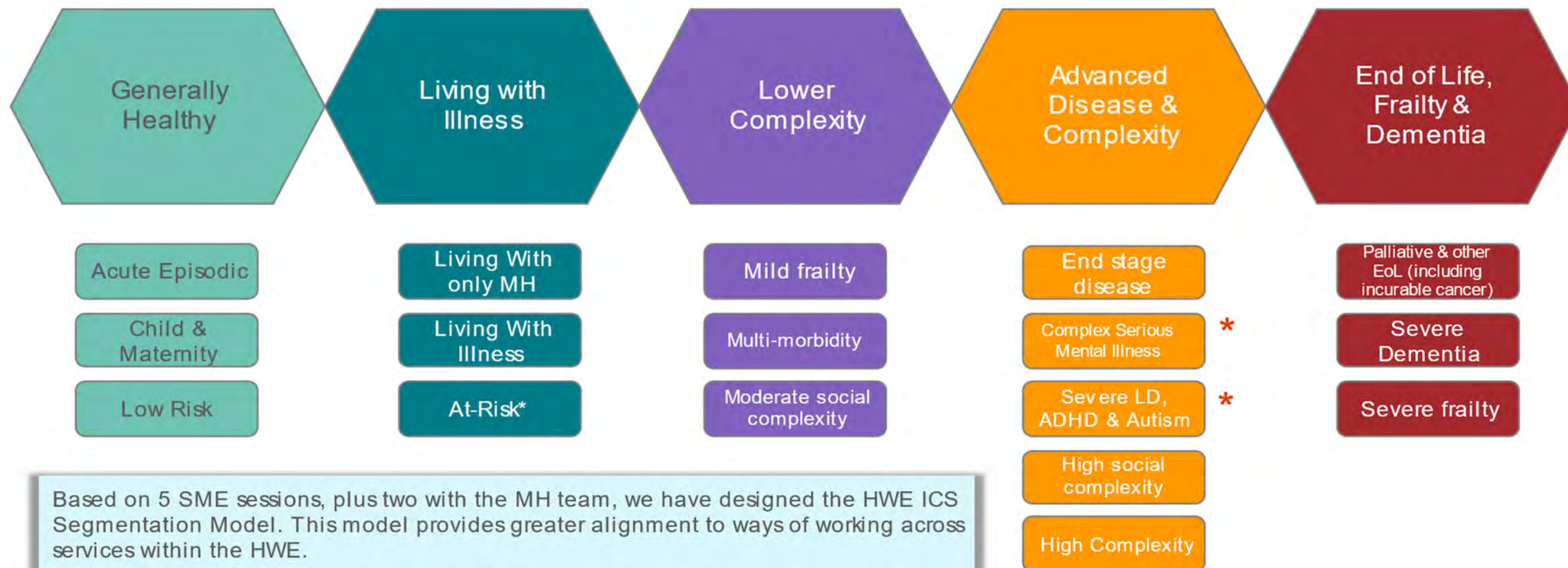
PHM Segment Model - Overview

NHS Hertfordshire and West Essex Integrated Care Board

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.



Source: Optum & HWE PHM Team - 14th Oct 2022

PHM Segment Model - Overview

NHS Hertfordshire and West Essex Integrated Care Board

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 (2-4 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?

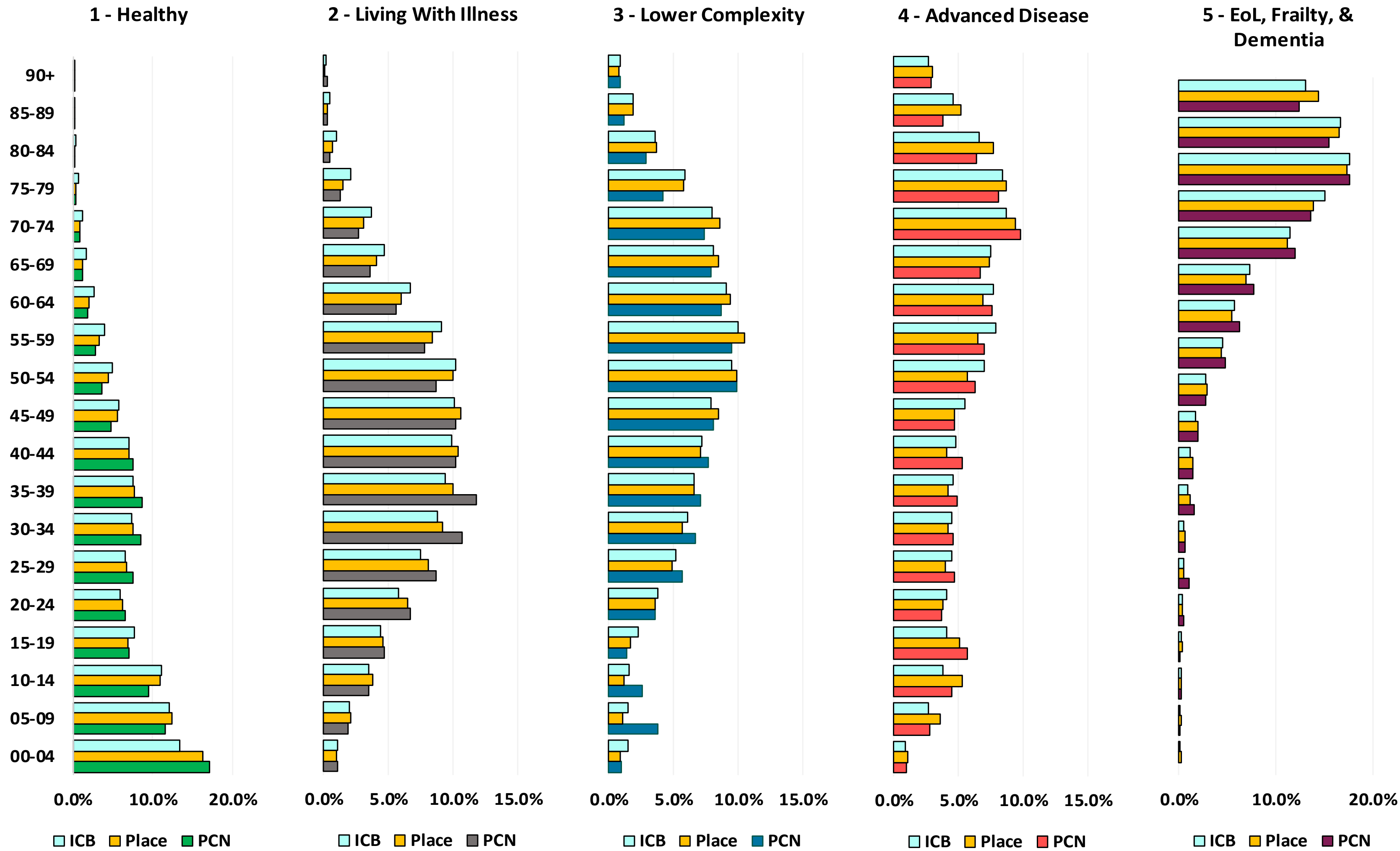
- End of Life, frailty and dementia is the first segment in the logic and is the first set of criteria on which people are assessed. The segment includes: people who are identified as being in their last year of life, or on the palliative disease register as well as people with incurable cancer. This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

Source: Optum & HWE PHM Team - 14th Oct 2022

Age Profile and Health Segment



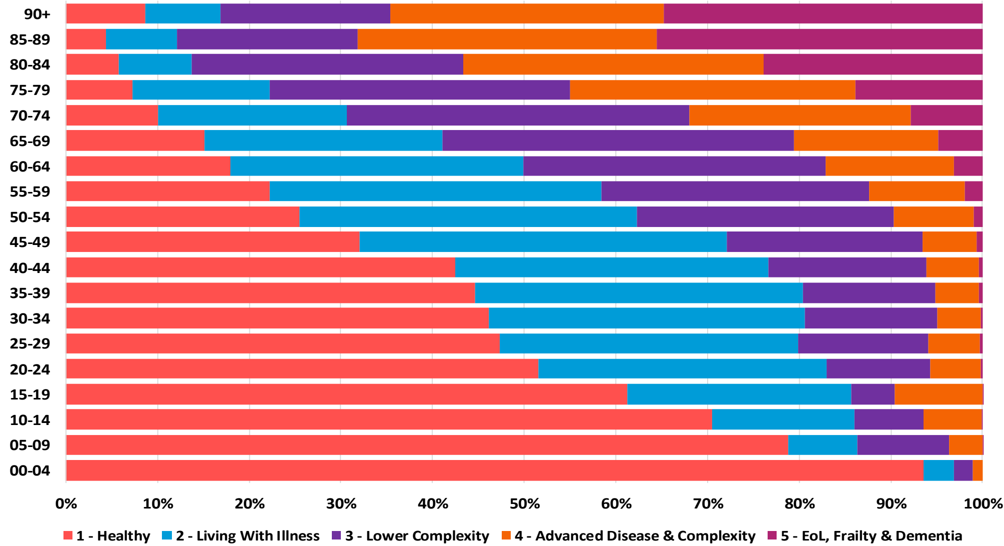
Each registered person is assigned to a segment and this can be cut by age group and also geographically by Place or PCN.

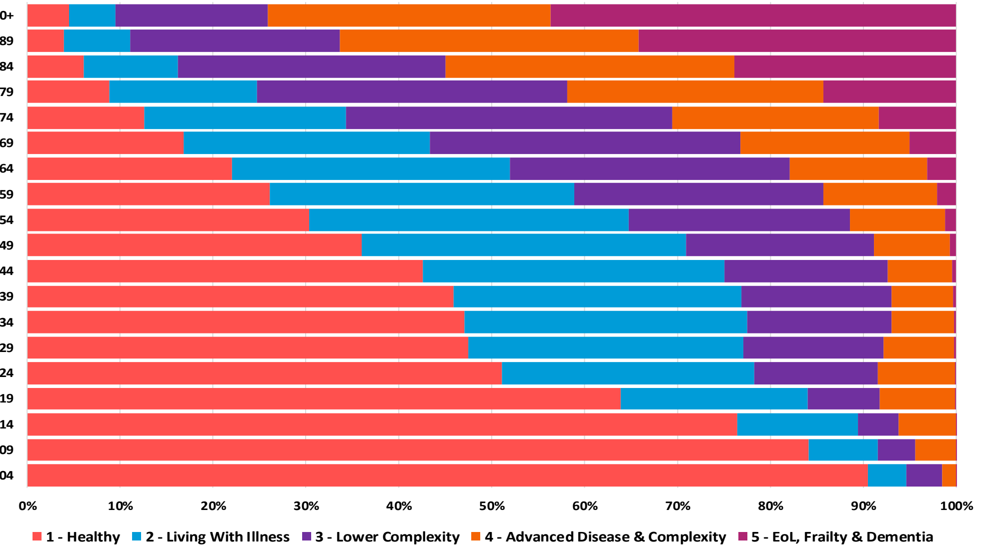
The above looks at the breakdown by age of people within each segment. It provides the PCN value against the Place and ICB value.

Source: HWE PHM Team, Combined population data re-extract via Optum

Demographic Breakdowns - Segment & Deprivation Quintiles

NHS Hertfordshire and West Essex Integrated Care Board



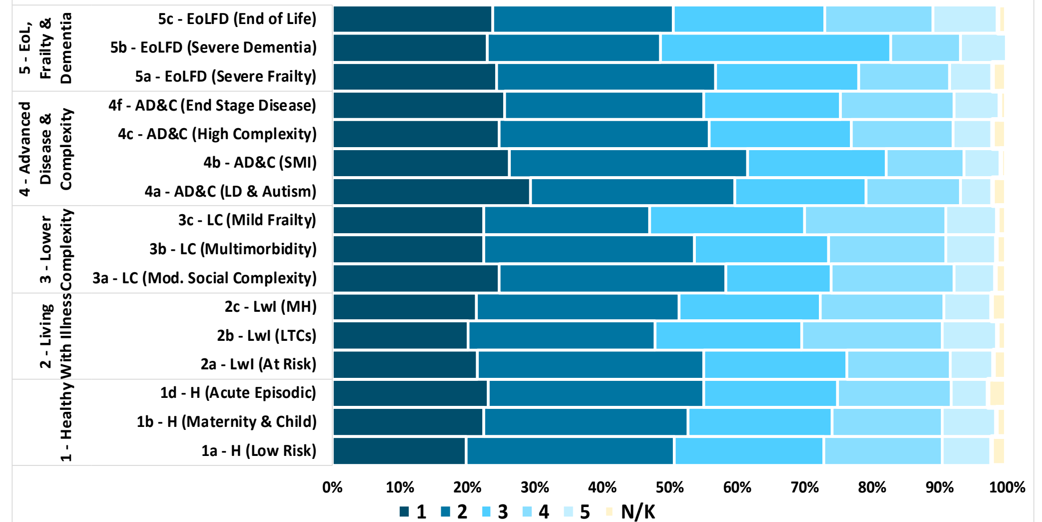


The ICB Health Segments here are broken down by total population and 5 year age groups; as expected with age the proportion of people within the healthy segment decreases.

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

Overall MVPS PCN has a similar profile for most age categories, compared 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.



Source: HWE PHM Team, Combined population data re-extract via Optum

Major Conditions Comparison - Per 1,000 Registered

NHS Hertfordshire and West Essex Integrated Care Board

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	Alzheimers
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
BROXBOURNE 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 & BROXBOURNE	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.

When analysing the underlying Segmentation Model data the conditions with highest per 1,000 registered prevalence that are highlighted for MVPS PCN are Learning Disabilities, Serious Mental Illness and Alzheimer's as well Diabetes, Dementia and Chronic Kidney Disease.

Source: HWE PHM Team, Combined population data re-extract via Optum

Continued

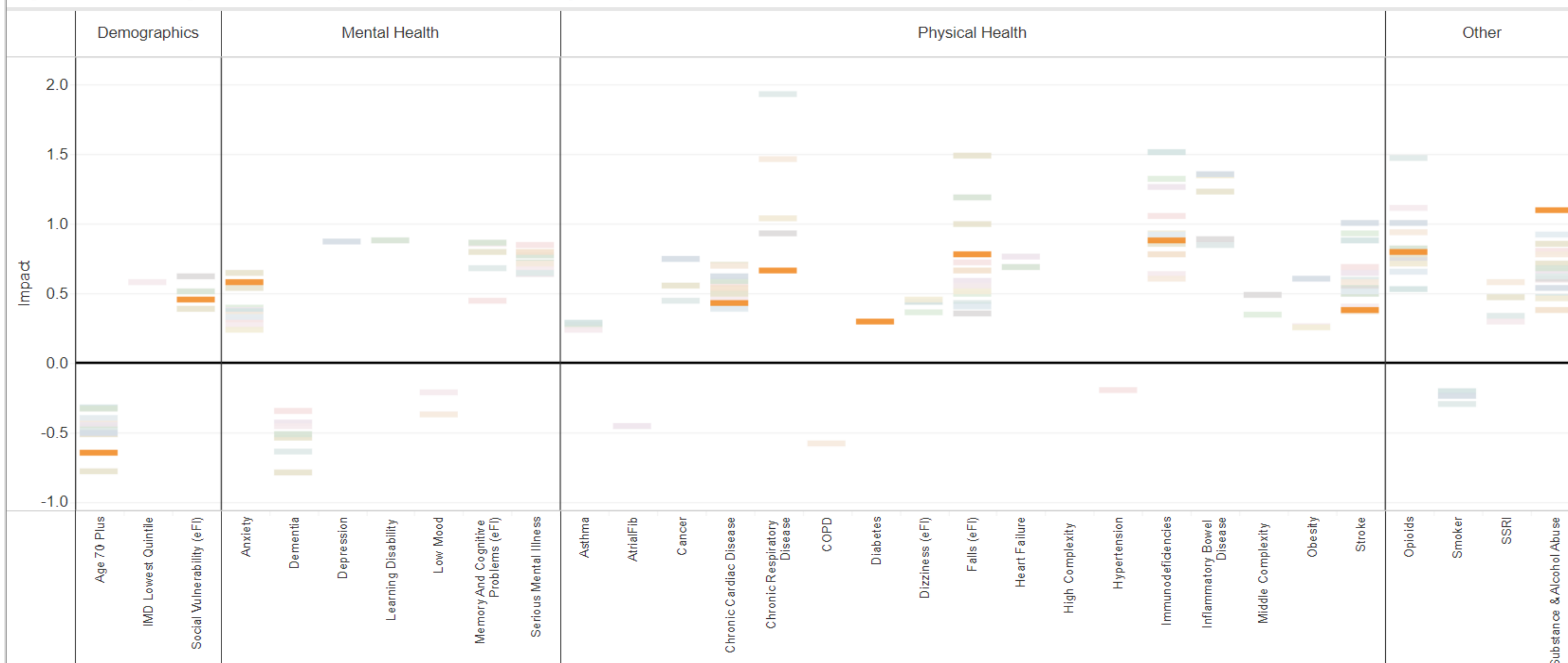
PCN NAME	ASD	Cerebral Palsy	Chronic Respiratory Disea	Cystic Fibrosis	Huntingtons Disease	Inflammatory Bowel Dise	Kidney Transplant	Metastatic Cancer	Multiple Sclerosis	Muscular Dystrophy	Myasthenia Gravis	Osteoporosis	Other Neurological Condi	Parkinsons Disease	Rheumatoid Arthritis	Lupus (SLE)	Sickle 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
BROXBOURNE 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 & BROXBOURNE	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 Chronic Respiratory Disease, Cystic Fibrosis, Lupus, ASD and Metastatic Cancer.

Source: HWE PHM Team, Combined population data re-extract via Optum

PCN Benchmarking - A&E Activity

NHS Hertfordshire and West Essex Integrated Care Board



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

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

PCN Benchmarking - Emergency Admissions

NHS Hertfordshire and West Essex Integrated Care Board

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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Urgent and Emergency Care

NHS Hertfordshire and West Essex Integrated Care Board

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

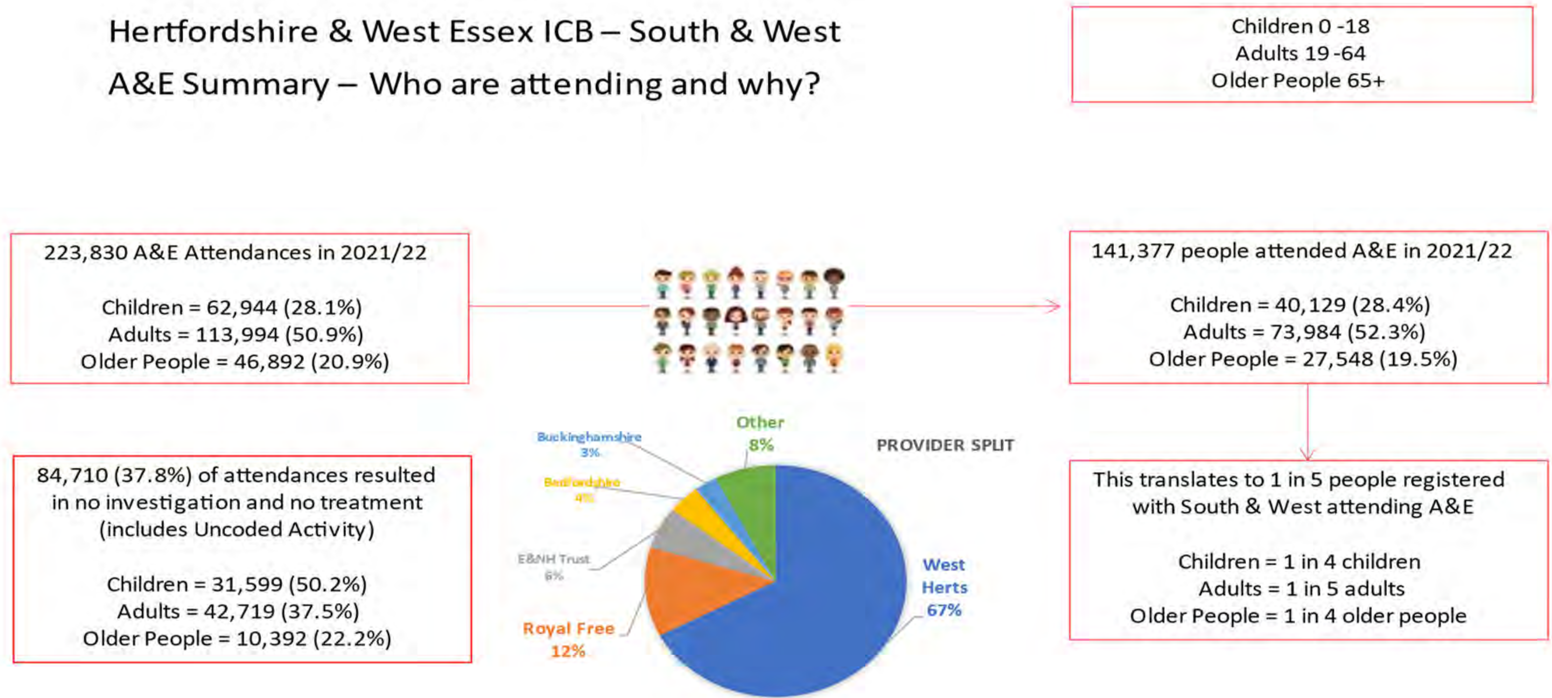
Objectives

* 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.

UEC Overview

NHS Hertfordshire and West Essex Integrated Care Board

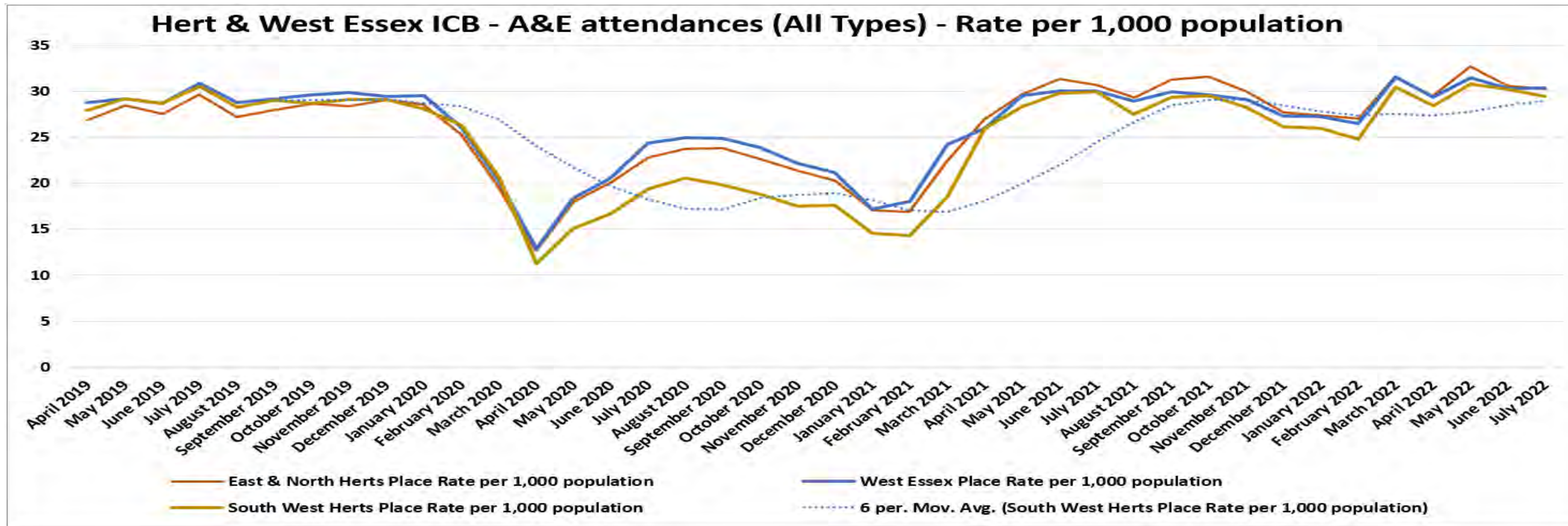


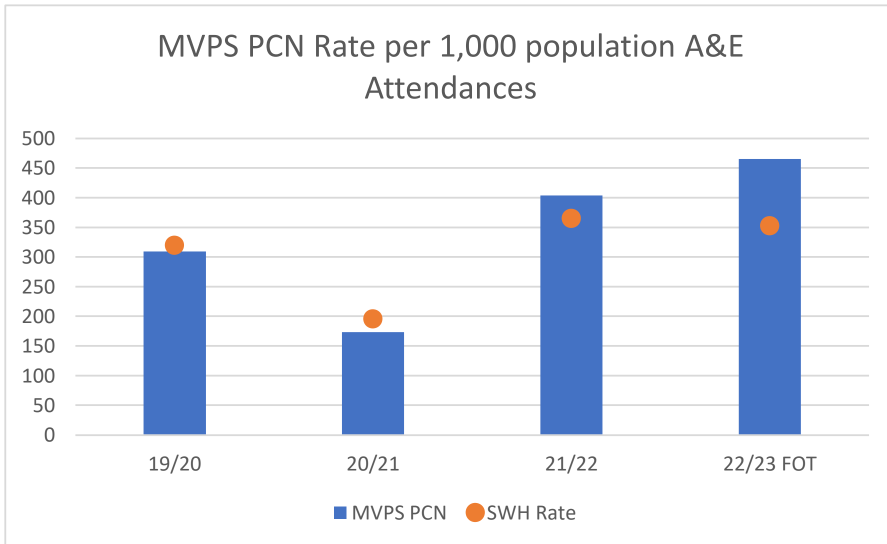
Source: SUS

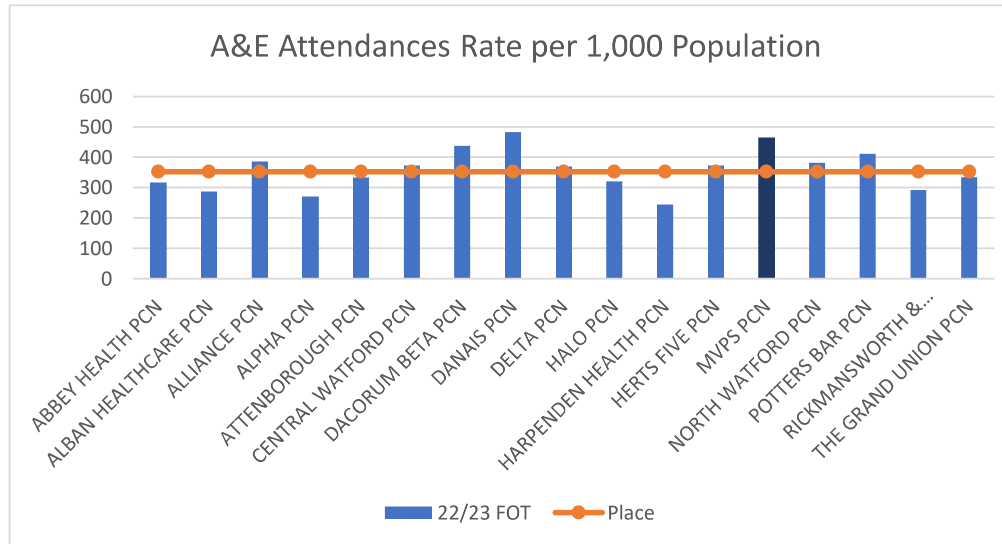
Source: HWE PHm Team, SUS Data Sets

UEC

Hertfordshire and West Essex Integrated Care Board







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.

Urgent & Emergency Care in 2022/23 for MVPS PCN A&E Attendance rates per 1,000 population is significantly higher than South West Herts place.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions

NHS Hertfordshire and West Essex Integrated Care Board

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 MVPS PCN.

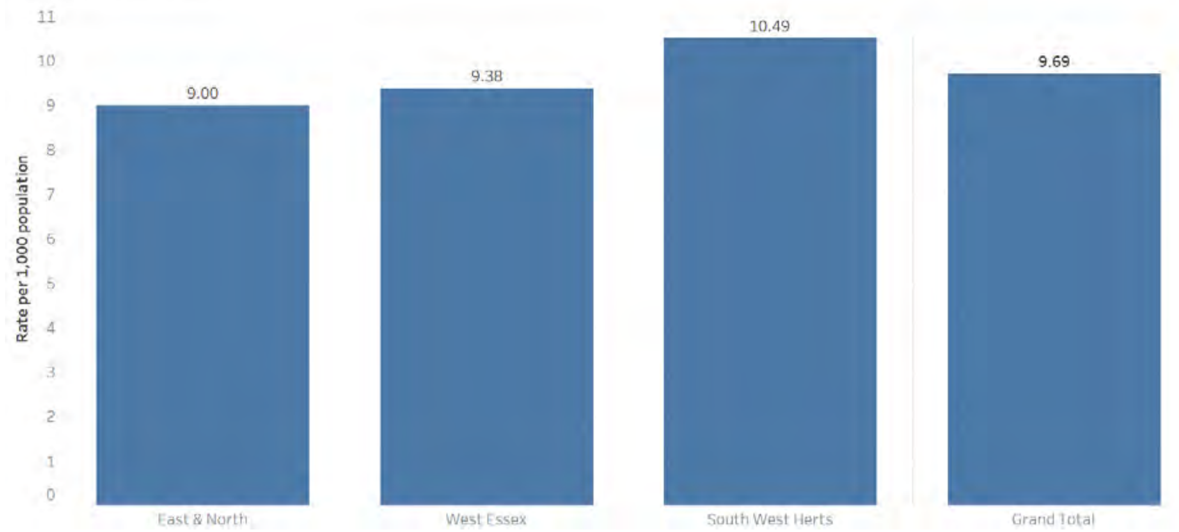
*** Average cost for Mental and Behavioural is not representative as non-PbR**

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	97	81	£2,846	£276,074
CVD: Angina	22	20	£1,385	£30,462
CVD: Congestive Heart Failure	98	82	£4,858	£476,105
CVD: Hypertension	40	39	£647	£25,868
Diseases of the blood	42	29	£1,764	£74,074
Mental and Behavioural Disorders	7	7	£0	£0
Neurological Disorders	36	22	£2,249	£80,958
Nutritional, endocrine and metabolic	64	47	£2,913	£186,444
Respiratory: Asthma	51	43	£1,653	£84,327
Respiratory: COPD	99	59	£3,047	£301,692
Grand Total	**556**	**405**	**£2,763**	**£1,536,004**

Source: HWE PHM Team, SUS UEC data-sets

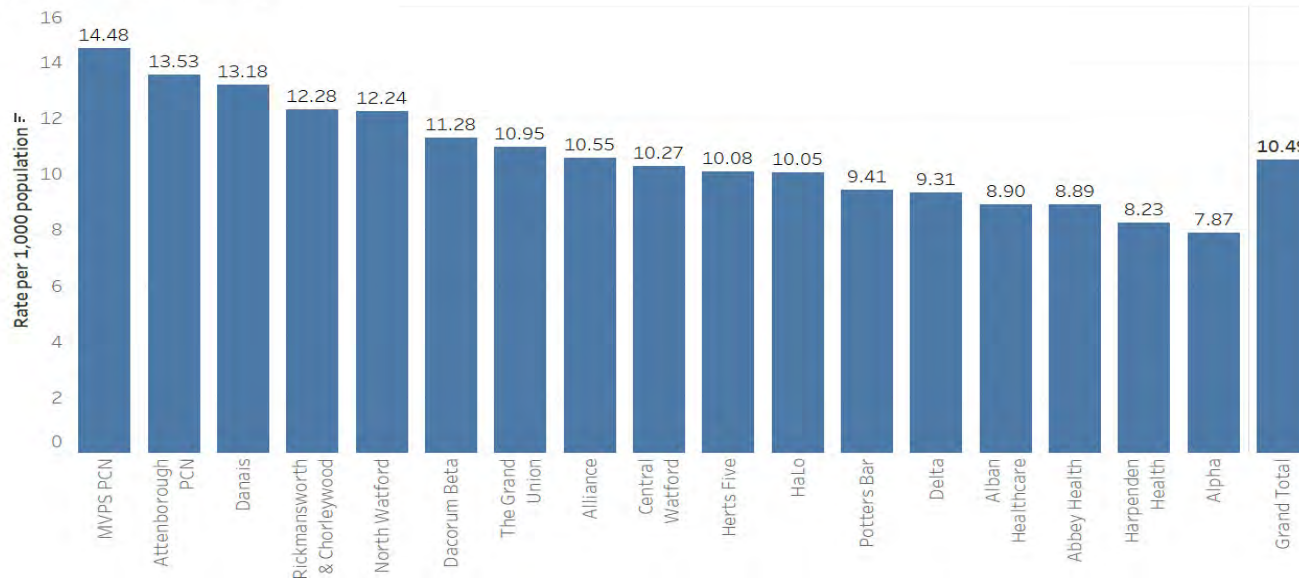
ACS Admission Rates per 1,000 Population by Place



When comparing the Ambulatory Care Sensitive rates per 1,000 population between places, the South West Herts place has the highest rate in the ICB.

Within South West Herts place, MVPS has the highest 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.



Source: HWE PHM Team, SUS UEC data-sets

Chronic ACS by Segment

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

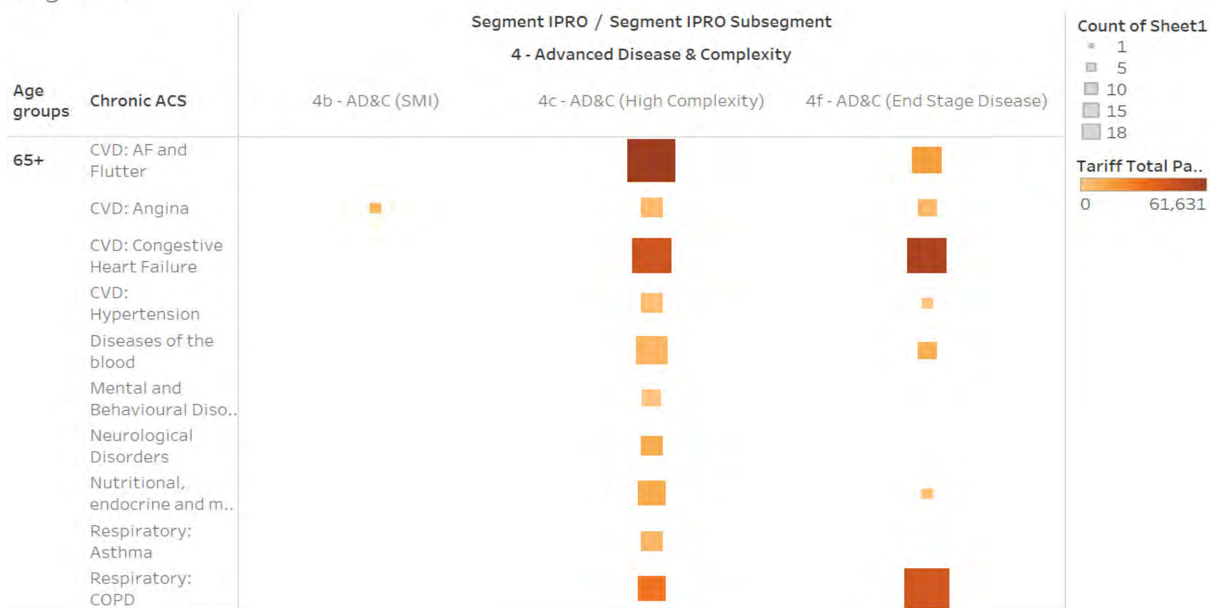
When looking at the ACS conditions for MVPS the highest volume and cost is within the End of Life, Frailty and Dementia in the over 65 age group and the next highest volume and cost is for the over 65 age group in the Advanced Disease and Complexity segment. It is to be noted that under Advanced Disease and Complexity segment there is a notable use by the 41-64 age group.

The following pages look at which ACSs contribute to this.

Source: HWE PHM Team, SUS UEC data-sets

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

NHS Hertfordshire and West Essex Integrated Care Board



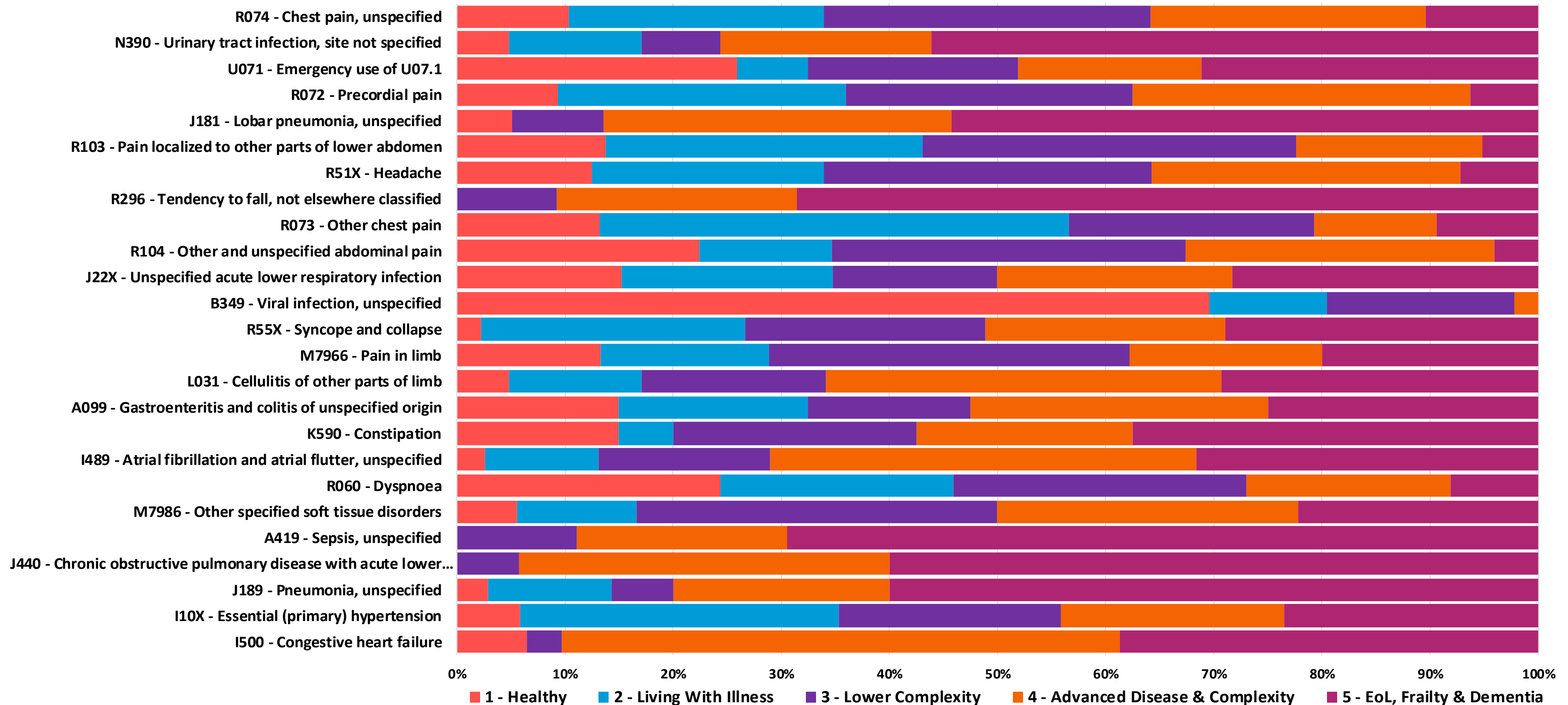
Ambulatory Care Sensitive conditions of note for people aged over 65 within the Advanced Disease and Complexity, is highlighted as AF and Flutter followed by Heart Failure and COPD in terms of volume and cost.

For those aged over 65 within the End of Life, Frailty & Dementia segment, COPD followed by Heart Failure, is highlighted with the highest volume and cost.

Source: HWE PHM Team, SUS UEC data-sets

UEC Diagnoses by Segment

NHS Hertfordshire and West Essex Integrated Care Board



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.

Source: HWE PHM Team, SUS UEC data-sets

UEC & Segmentation + Deprivation by Ward

NHS Hertfordshire and West Essex Integrated Care Board

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
Abbots Langley & Bedmond		2	1			3
Aldenham East			3			3
Aldenham West	1		3	1		5
Berkhamsted Castle		1				1
Borehamwood Brookmeadow	31	29	50	67	72	249
Borehamwood Cowley Hill	17	23	25	49	51	165
Borehamwood Hillside	13	15	18	33	41	120
Borehamwood Kenilworth	1	12	15	16	47	91
Boxmoor		1				1
Broxbourne and Hoddesdon South			1			1
Bushey Heath	15	14	27	38	85	179
Bushey North	50	63	72	85	91	361
Bushey Park	19	26	39	44	34	162
Bushey St James	56	52	95	118	95	416
Callowland	59	85	63	68	17	292
Carpenders Park	18	19	33	39	29	138
Central	10	5	18	6	11	50
Chorleywood North & Sarratt			1	4		5
Chorleywood South & Maple Cross			2	1		3
Clarence			1			1
Cunningham			1			1
Elstree	4	2	4	4	14	28
Gade Valley	1	4				5
Highfield					2	2
Holywell	1	1	13	1	13	29
Leavesden	8	8	5	10	5	36
Leggatts	67	55	64	84	69	339
Leverstock Green			3			3
London Colney				3		3
Meriden	1	1	6	11	5	24
Moor Park & Eastbury		1		5	14	20
Nascot	18	15	16	22	11	82
Oxhey	33	54	66	63	31	247
Oxhey Hall & Hayling	34	47	58	61	57	257
Park	9	3	7	11	1	31
Park Street			1	3		4
Penn & Mill End	3				3	6
Potters Bar Oakmere				1		1
Rickmansworth Town					4	4
Shenley		1	1	2	7	11
South Oxhey	49	48	80	109	87	373
St Stephen	1			7	48	56
Stanborough	11	13	9	19	4	56
Tudor	9	26	16	16	8	75
Vicarage	2	8		3		13
Watling		1				1
Woodside	10	9	14	21	2	56
Unknown Ward	9	7	2	7	11	36
Grand Total	560	651	833	1032	969	4045

UEC Patients Seen by Deprivation Quintile & Ward 1 = Most Deprived, 5 = Least Deprived	1	2	3	4	5	(blank)	Grand Total
Abbots Langley & Bedmond		2			1		3
Aldenham East				3			3
Aldenham West			5				5
Berkhamsted Castle					1		1
Borehamwood Brookmeadow	63	122	64				249
Borehamwood Cowley Hill	105	60					165
Borehamwood Hillside	13	46	61				120
Borehamwood Kenilworth	20	62	9				91
Boxmoor				1			1
Broxbourne and Hoddesdon South		1					1
Bushey Heath			106	22	51		179
Bushey North	96	92	58	115			361
Bushey Park			101		61		162
Bushey St James	99		88	229			416
Callowland	62	113	117				292
Carpenders Park	63		41	23	11		138
Central	17	33					50
Chorleywood North & Sarratt				2	3		5
Chorleywood South & Maple Cross	2			1			3
Clarence				1			1
Cunningham	1						1
Elstree		3		25			28
Gade Valley		4	1				5
Highfield	2						2
Holywell	28	1					29
Leavesden		3	33				36
Leggatts	59	242	38				339
Leverstock Green			3				3
London Colney		1	2				3
Meriden	14	2	8				24
Moor Park & Eastbury					20		20
Nascot			7	20	55		82
Oxhey	38		75	134			247
Oxhey Hall & Hayling		228		29			257
Park			7		24		31
Park Street				3	1		4
Penn & Mill End		6					6
Potters Bar Oakmere		1					1
Rickmansworth Town					4		4
Shenley	6	4			1		11
South Oxhey	192	181					373
St Stephen			55		1		56
Stanborough	14		23	14	5		56
Tudor			19	36	20		75
Vicarage	3	2	8				13
Watling				1			1
Woodside	21	23		12			56
Unknown Ward						36	36
Grand Total	918	1232	929	671	259	36	4045

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.

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 be the Government; in the graph quintile 1 is the Highest or Most deprived, and quintile 5 is the Least deprived.

Source: HWE PHM Team, Combined population data re-extract via Optum, NHS England

Public Health - Nationally Reported Admissions

NHS Hertfordshire and West Essex Integrated Care Board

Hospital Admissions

	Period	HERTFORDSHIRE AND WEST ESSEX	MVPS PCN
Emergency admissions injuries due to falls in those aged 65+	2020/21	2026	2548
Emergency asthma, diabetes and epilepsy admissions (aged 0-18)	2020/21	130.8	109.8
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	732.1
Mental health admissions (all ages)	2020/21	177.2	174.3
Emergency Cancer Admissions	2020/21	494.9	620.7
Emergency admissions for acute conditions shouldn't require admissions	2020/21	611.6	730.3

Similar ■ Significantly Worse

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.

MVPS PCN rates vary from Similar to Significantly Worse rate of admissions to the ICB, dependent on Admission categories.

Source: Public Health Team

Frailty Segment - Detailed PCN Breakdown

NHS Hertfordshire and West Essex Integrated Care Board

	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		32	35	106	121	72	58	118	84	130	3	759	37725
% of population in cohort		4.2%	4.6%	14.0%	15.9%	9.5%	7.6%	15.5%	11.1%	17.1%	0.4%	100.0%	100.0%
Avg. Age		67.1	84.5	73.5	72.1	74.8	75.4	79.1	71.3	76.5	93.0	75.0	75.6
% BAME Where recorded		16%	9%	10%	13%	14%	17%	6%	13%	15%	33%	12%	8%
Avg. number of Acute and Chronic Conditions		5.9	6.2	6.4	6.6	5.6	6.1	6.6	6.2	6.4	4.7	6.3	5.5
Activity Measure													
Emergency Admissions		0.8	1.2	0.9	1.2	0.6	0.9	1.2	0.8	0.9	0.0	1.0	0.6
A&E Attendances		1.0	1.4	1.2	1.3	0.9	1.1	1.4	1.0	1.1	0.0	1.2	0.9
GP Encounters		47.4	102.1	61.9	70.0	56.6	59.6	77.9	78.6	75.2	0.0	70.1	103.4
Admitted Bed Days		3.0	5.8	7.0	8.7	3.1	4.6	7.1	5.6	6.8	0.0	6.3	4.2
Physical Health													
Asthma		31.3%	20.0%	32.1%	33.9%	20.8%	32.8%	30.5%	26.2%	30.0%	0.0%	29.4%	25.2%
Cancer		31.3%	31.4%	34.0%	41.3%	27.8%	39.7%	19.5%	42.9%	39.2%	33.3%	34.4%	32.8%
Chronic Cardiac Disease		46.9%	34.3%	54.7%	61.2%	41.7%	50.0%	52.5%	54.8%	55.4%	100.0%	52.8%	47.5%
Chronic Respiratory Disease		18.8%	22.9%	26.4%	38.8%	18.1%	24.1%	18.6%	20.2%	25.4%	0.0%	24.8%	22.2%
CKD		9.4%	25.7%	18.9%	23.1%	16.7%	34.5%	24.6%	20.2%	24.6%	0.0%	22.4%	20.7%
Heart Disease		40.6%	31.4%	41.5%	49.6%	38.9%	43.1%	44.1%	41.7%	49.2%	33.3%	43.9%	39.1%
Hypertension		65.6%	77.1%	75.5%	75.2%	65.3%	74.1%	76.3%	69.0%	73.1%	33.3%	72.9%	74.5%
Diabetes		46.9%	48.6%	54.7%	47.1%	30.6%	46.6%	53.4%	57.1%	62.3%	0.0%	51.1%	42.8%
Obesity		56.3%	14.3%	31.1%	42.1%	27.8%	32.8%	25.4%	32.1%	32.3%	0.0%	32.3%	32.8%
Rheumatoid Arthritis		3.1%	2.9%	2.8%	5.8%	1.4%	12.1%	5.1%	4.8%	4.6%	0.0%	4.7%	5.3%
Stroke		34.4%	57.1%	43.4%	55.4%	44.4%	41.4%	55.9%	45.2%	42.3%	66.7%	47.6%	34.5%
Mental Health													
Anxiety		28.1%	25.7%	33.0%	18.2%	30.6%	25.9%	29.7%	20.2%	22.3%	0.0%	25.4%	29.0%
Depression		43.8%	25.7%	46.2%	31.4%	43.1%	37.9%	43.2%	39.3%	37.7%	0.0%	39.0%	33.6%
Dementia		37.5%	60.0%	34.0%	18.2%	50.0%	19.0%	53.4%	19.0%	28.5%	66.7%	33.7%	18.6%
Serious Mental Illness		18.8%	11.4%	17.0%	14.9%	13.9%	10.3%	16.9%	16.7%	15.4%	0.0%	15.3%	6.5%
Low Mood		12.5%	22.9%	16.0%	16.5%	8.3%	22.4%	17.8%	17.9%	13.8%	0.0%	16.1%	18.5%
Suicide		0.0%	5.7%	3.8%	1.7%	2.8%	1.7%	3.4%	1.2%	0.8%	0.0%	2.2%	1.5%
Mental Health Flag		50.0%	48.6%	61.3%	41.3%	56.9%	50.0%	60.2%	52.4%	46.2%	0.0%	51.8%	48.8%
Screening and Verification Refusal													
Bowel Screening Refused		25.0%	17.1%	25.5%	29.8%	19.4%	32.8%	33.1%	38.1%	23.8%	0.0%	27.9%	25.5%
Cervical Screening Refused		3.1%	0.0%	10.4%	8.3%	1.4%	1.7%	4.2%	2.4%	0.8%	0.0%	4.2%	3.6%
Flu Vaccine Refused		40.6%	37.1%	37.7%	38.8%	37.5%	44.8%	34.7%	36.9%	39.2%	0.0%	38.1%	26.4%
Wider Indicators													
Has A Carer		21.9%	28.6%	20.8%	22.3%	23.6%	17.2%	23.7%	27.4%	27.7%	33.3%	23.8%	19.0%
Is A Carer		9.4%	17.1%	6.6%	4.1%	4.2%	6.9%	7.6%	9.5%	13.1%	0.0%	8.2%	11.9%
MED3 Not Fit For Work (ever)		25.0%	0.0%	21.7%	19.0%	13.9%	20.7%	11.0%	13.1%	8.5%	0.0%	14.6%	13.4%
MED3 Not Fit For Work (in Last Year)		9.4%	0.0%	3.8%	2.5%	4.2%	6.9%	0.8%	4.8%	2.3%	0.0%	3.3%	3.5%
MED3 Not Fit For Work (in Last Six Months)		9.4%	0.0%	1.9%	1.7%	0.0%	5.2%	0.8%	4.8%	2.3%	0.0%	2.4%	2.8%
Avg. number of eFI Deficits		10.1	13.5	12.0	12.2	12.3	10.9	12.9	10.8	12.3	12.7	12.0	13.4
eFI_Housebound		3.1%	20.0%	16.0%	9.9%	19.4%	5.2%	15.3%	9.5%	13.1%	0.0%	12.8%	10.9%
eFI_SocialVulnerability		46.9%	34.3%	34.9%	37.2%	31.9%	22.4%	33.1%	19.0%	26.2%	66.7%	31.1%	27.3%
People_ChildrenInPoverty			21.0			28.3	13.2		7.5	6.1		15.2	15.5
Housing_FuelPoverty		19.8	12.1	17.4	15.2	13.0	13.1	8.6	10.0	8.0		12.3	11.1
Housing_OnePersonHousehold		45.3	35.4	31.5	32.1	31.1	30.3	31.5	25.1	26.3		30.6	28.3

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 MVPS 22.8% 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 MVPS PCN is above the ICB, and the data shows significantly lower usage of GP services.

Within this segment we can see the presence of Chronic Cardiac Disease, Chronic Respiratory Disease, Heart Disease, Stroke, and Diabetes being highlighted which chimes with the reason for admission within previous analysis for ACS conditions. There is a very high flag for Mental Health coming out in this data.

Source: HWE PHM Team, SUS UEC data-sets

Applying Machine Learning factors without our data platform

NHS Hertfordshire and West Essex Integrated Care Board

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 → 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	Rule
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:- • **Drug: Pain Management** AND **eFI: Peptic Ulcer** • **Chronic Cardiac Disease**
	Drug: Pain Management AND **eFI: Falls** AND ONE OF:- • **Stroke** AND **eFI: Memory and Cognitive Problems** • **Stroke** AND **Substance Abuse** • **End Stage Disease**
Risk Grade: Medium	**Age < 3** AND ONE OF:- • **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**
	Drug: Pain Management AND **Substance Abuse** AND **ONE OF:** • **Drug: Opioids** • **eFI: Falls** AND NO **Stroke** AND NO **End Stage Disease**
Risk Grade: Low	All others

Source: HWE PHM Team

Quality & Outcomes Framework

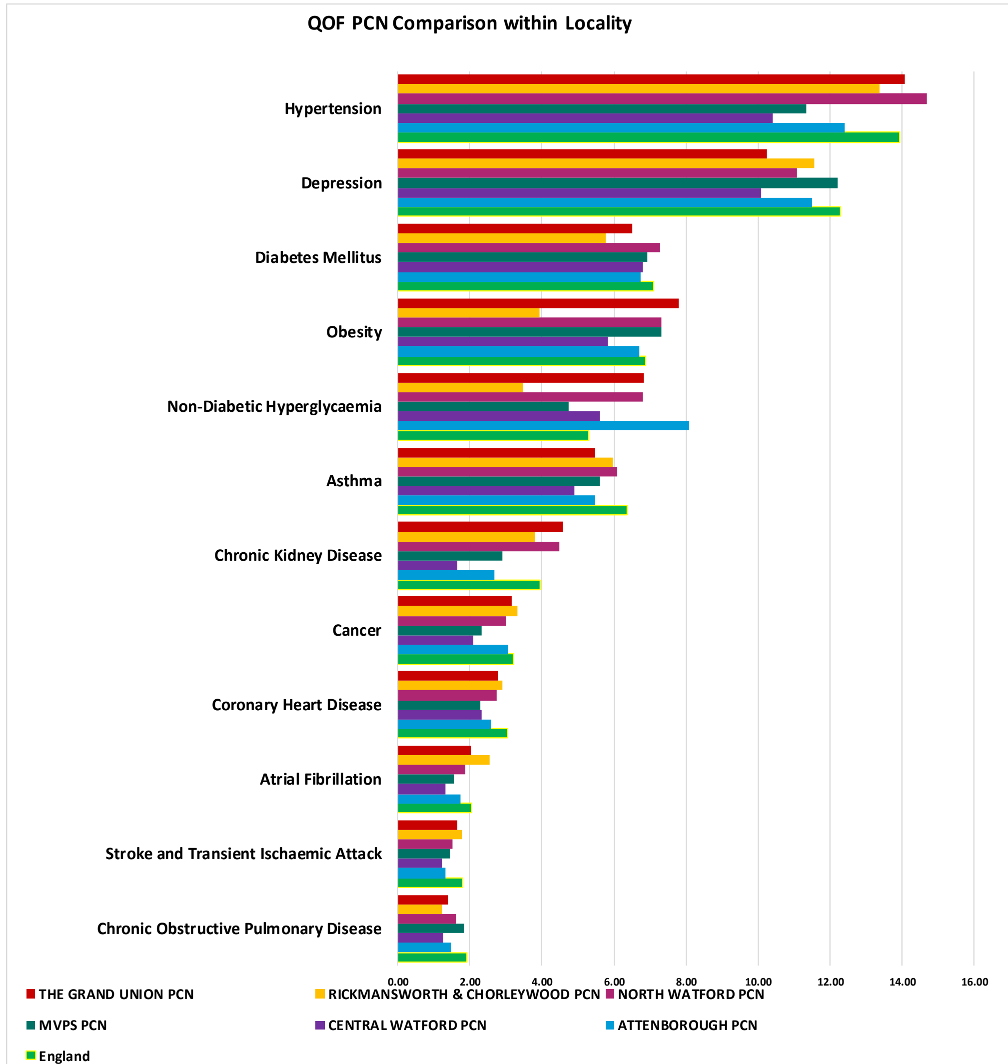
NHS Hertfordshire and West Essex Integrated Care Board

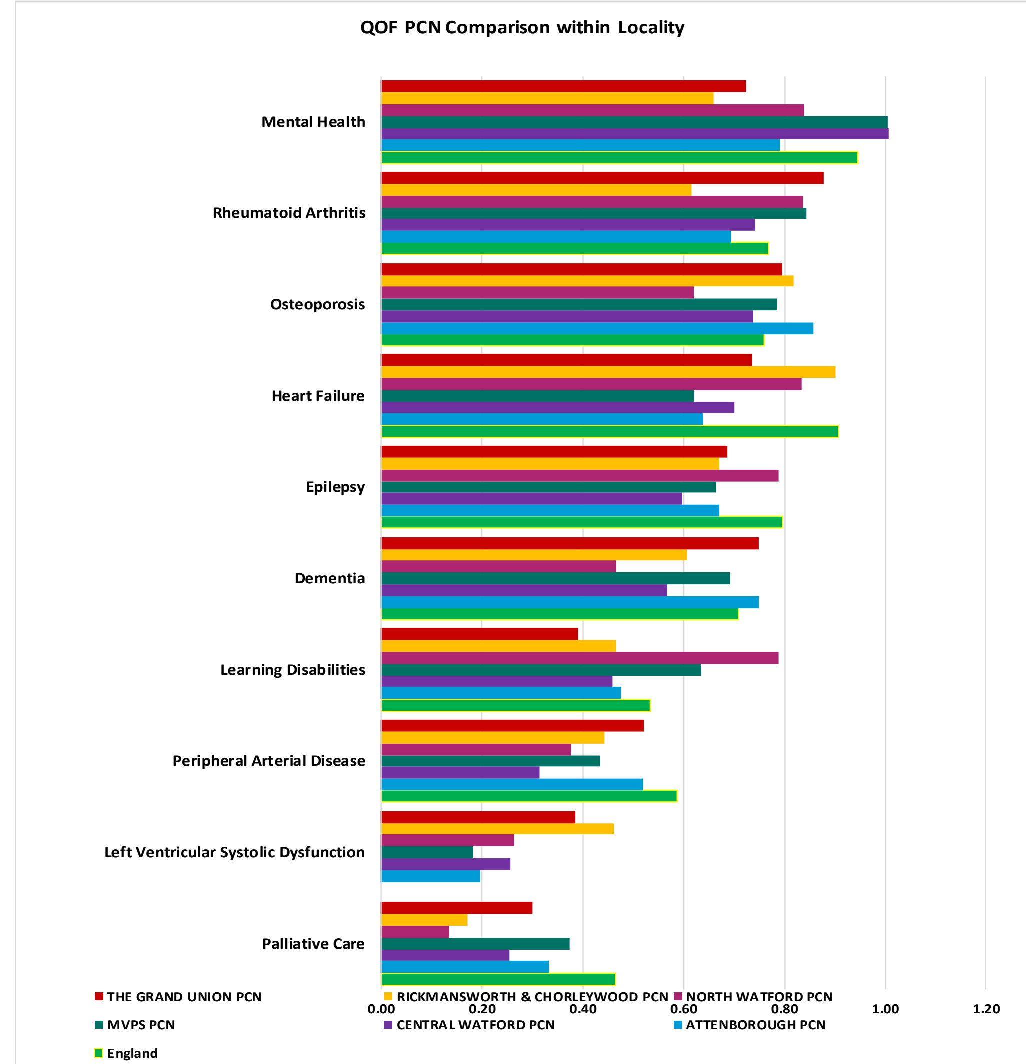
Contents:

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

QOF - Locality & PCN Comparison

NHS Hertfordshire and West Essex Integrated Care Board





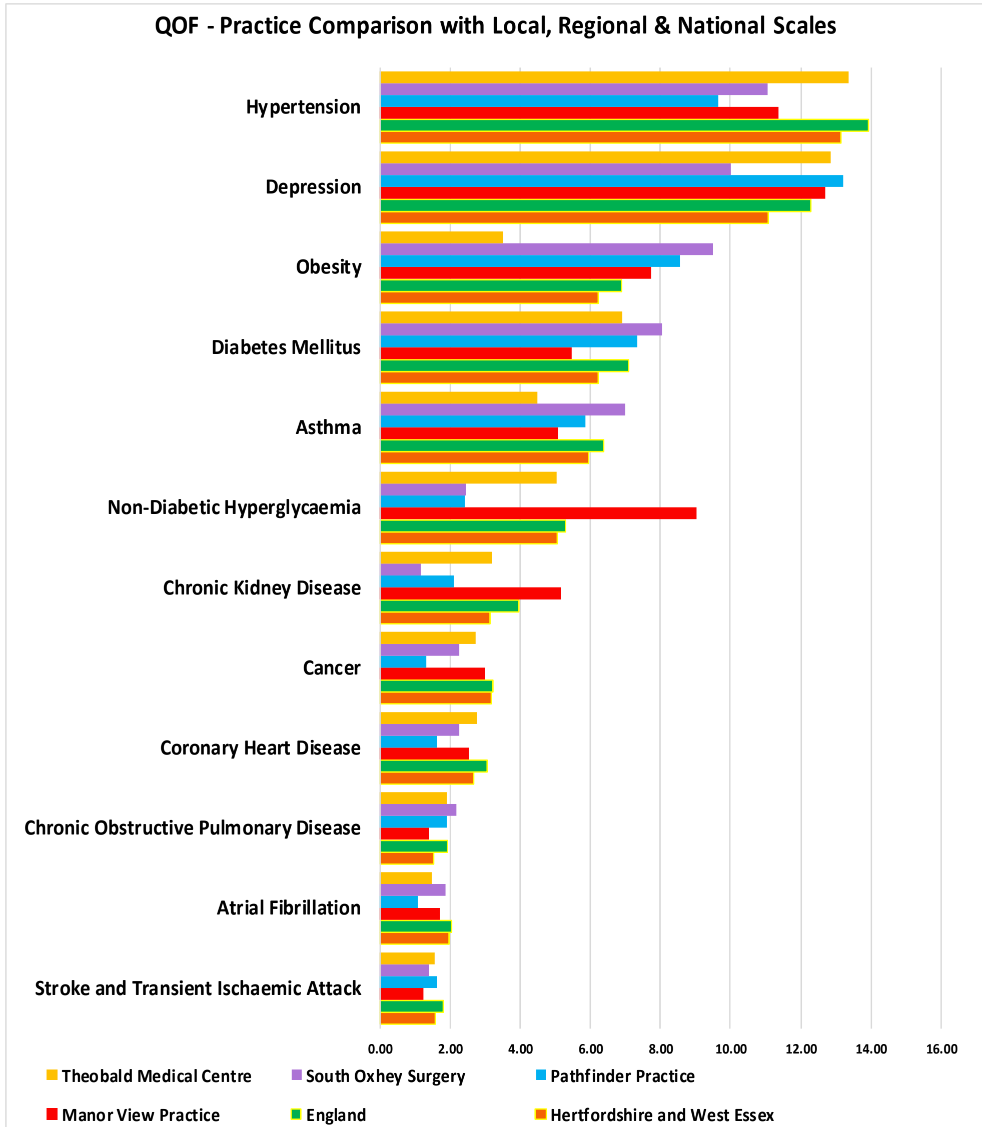
The Quality and Outcome Framework incorporates important benchmarking and scoring for all Practices across the county; we have combined a number of local, regional, and national data sets to highlight the areas that the PCN will need to consider.

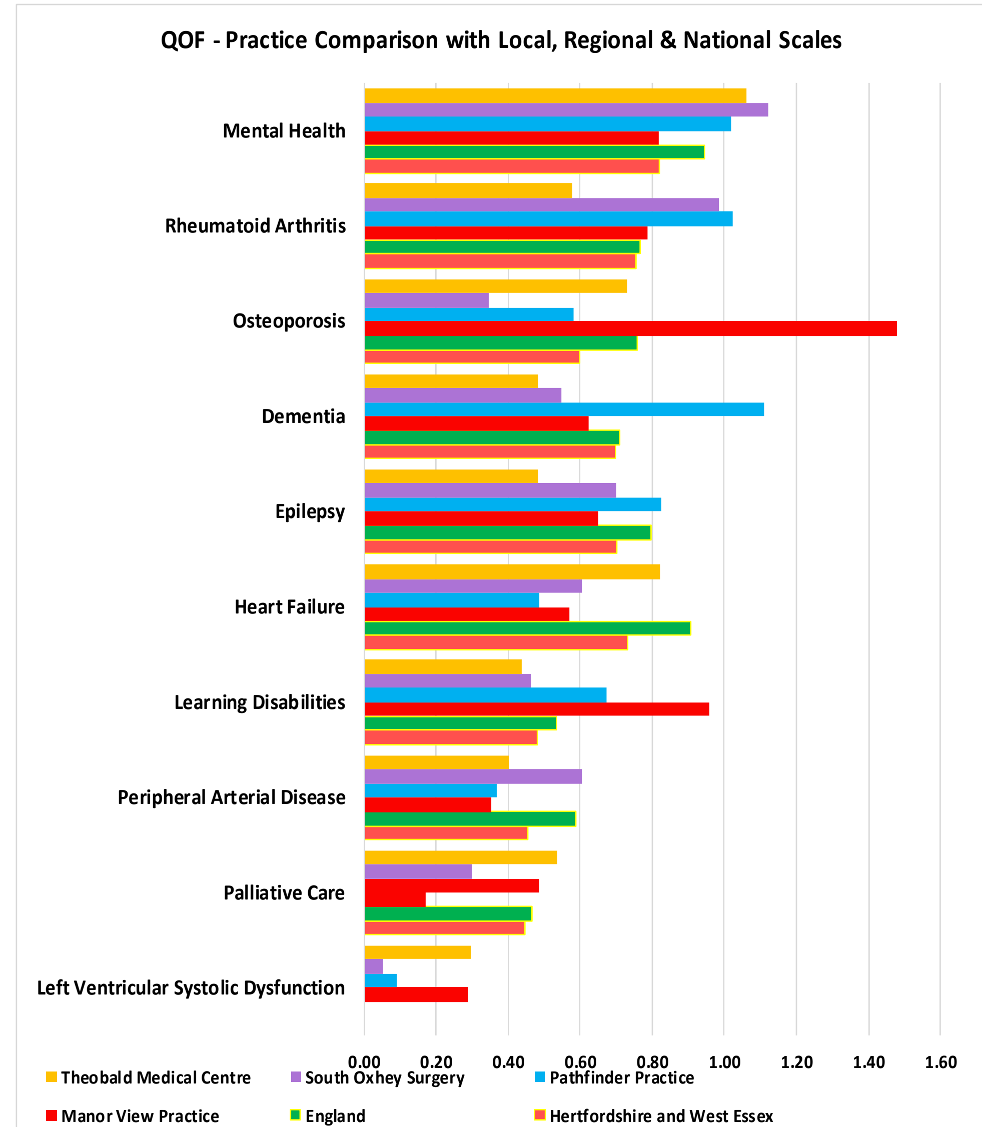
In this graph we have shown all your neighbouring PCNs within the Locality, and benchmarked against England's average.

Source: QOF National Figures, HWE PHM Team

QOF - Local, Regional, & National Comparison

NHS Hertfordshire and West Essex Integrated Care Board





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

Source: QOF National Figures, HWE PHM Team

QOF - Missed Diagnoses & Admission Rates

NHS Hertfordshire and West Essex Integrated Care Board

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	35036	1955	5.58%	5.89%	6.17%		108	206	
COPD	37891	528	1.39%	1.38%	1.49%	1.90%	-5	35	193
Diabetes	29539	1816	6.15%	6.26%	6.39%	7.77%	32	71	480
Non-diabetic hyperglyaemia	29113	2442	8.39%	6.73%	5.87%	11.28%	-484	-733	843
Hypertension	37891	4158	10.97%	12.66%	13.21%		640	848	
Atrial Fibrillation	37891	645	1.70%	1.98%	2.02%	1.80%	106	121	37
Stroke and TIA	37891	506	1.34%	1.53%	1.61%		74	104	
Coronary Heart Disease	37891	880	2.32%	2.60%	2.65%		106	125	
Heart failure	37891	228	0.60%	0.69%	0.75%	1.12%	34	58	196
Left Ventricular Systolic Dysfunction	37891	138	0.36%	0.29%	0.30%		-29	-25	
Chronic Kidney Disease	29113	1332	4.58%	3.75%	3.21%		-242	-398	
Peripheral Arterial Disease	37891	146	0.39%	0.42%	0.44%		12	22	
Cancer	37891	1040	2.74%	3.38%	3.35%		243	228	
Palliative care	37891	96	0.25%	0.33%	0.43%		30	66	

The table above shows the latest prevalence (2021/22 published August 20222) for the PCN alongside the place prevalence, ICB prevalence and the modelled prevalence for the PCN.

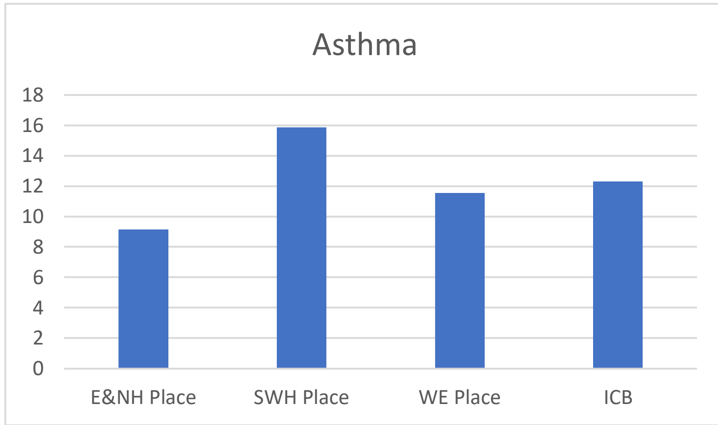
This table shows opportunities for further identification. It outlines the diagnoses to meet the place, ICB and estimated prevalence.

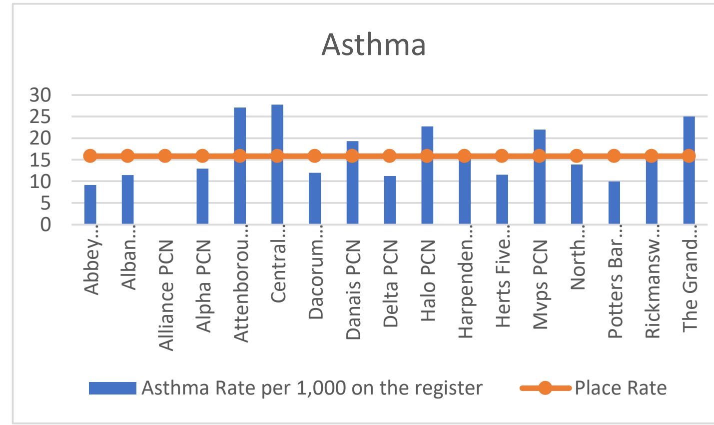
Within Ardens Manager there are case finding searches that can support PCN with identification.

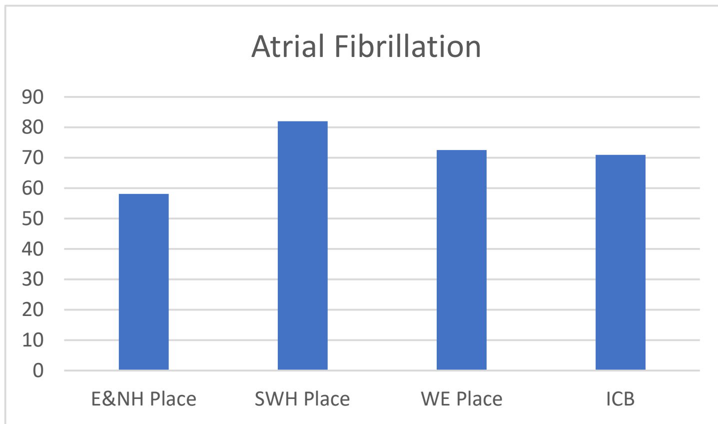
Source: QOF National Figures, HWE PHM Team

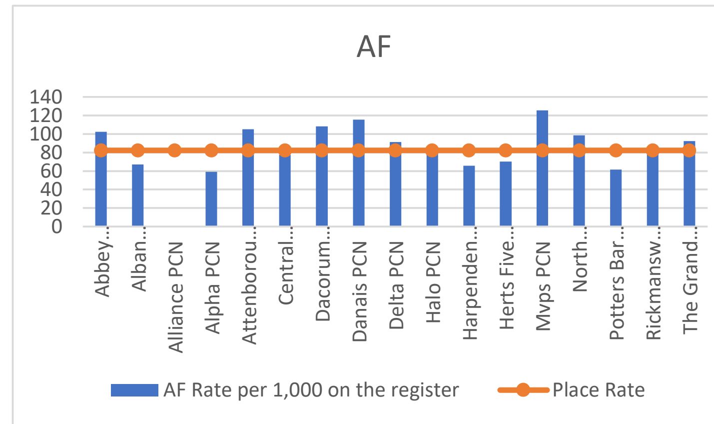
Emergency Admission Rates per 1,000 population on the Disease Register

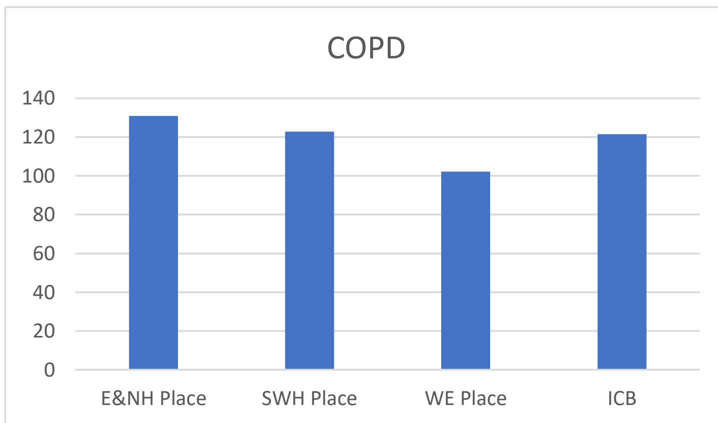
NHS Hertfordshire and West Essex Integrated Care Board

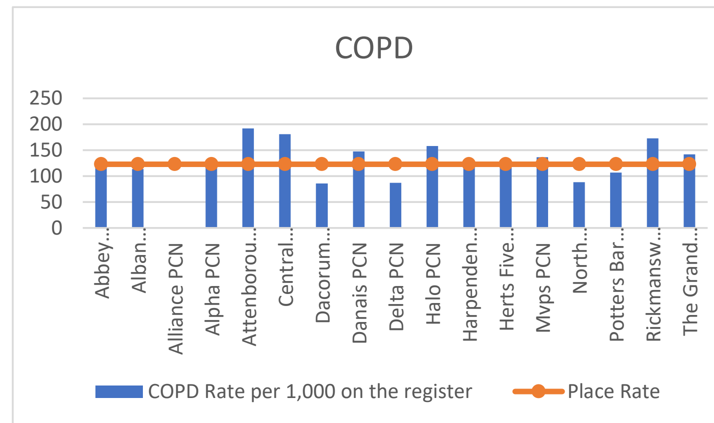












The charts on the left shows the Emergency Admissions Rates per 1,000 population on the disease register.

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 place.

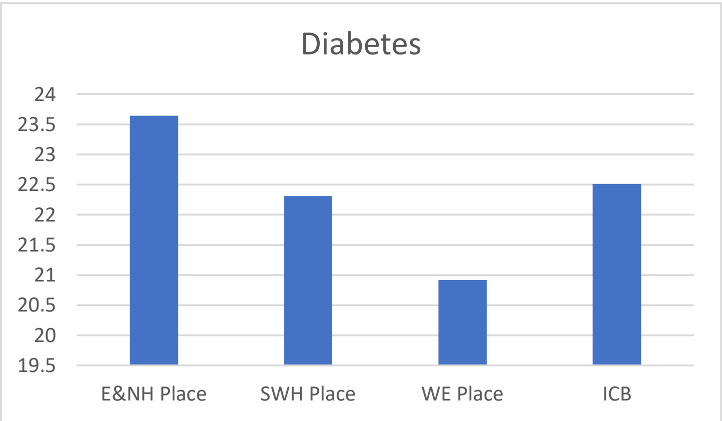
Rates may be high due to a number of factors which may include low identification.

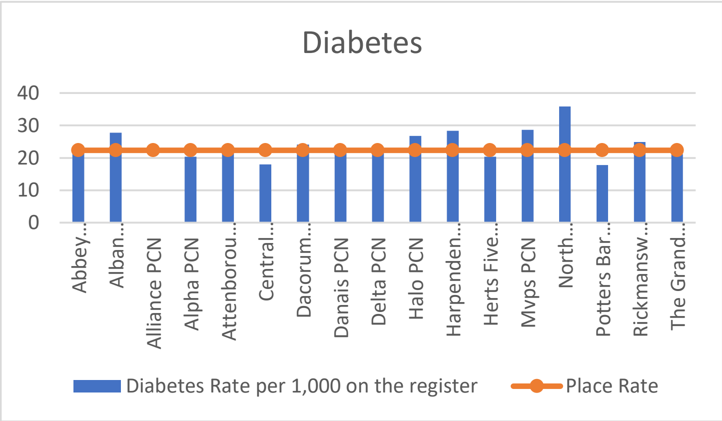
For MVPS the data shows higher Asthma, AF (the highest), COPD, Diabetes and Heart Failure rates which was identified as a theme within the ACS analysis.

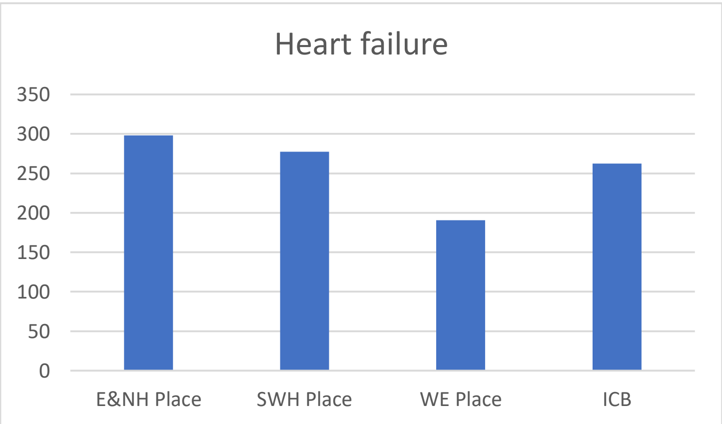
Source: HWE PHM Team, SUS data

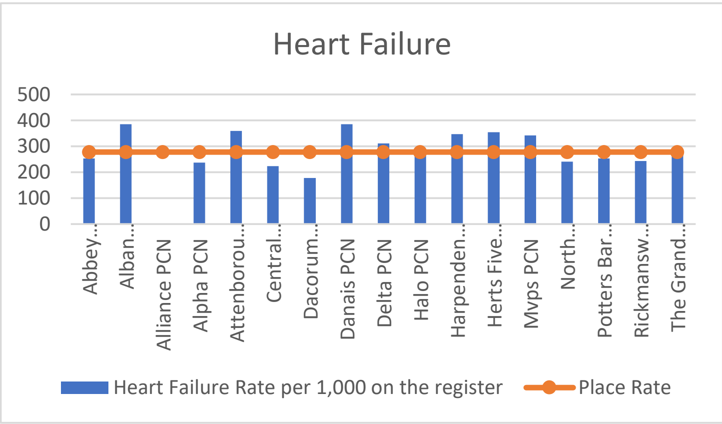
Emergency Admission Rates per 1,000 population on the Disease Register

NHS Hertfordshire and West Essex Integrated Care Board









Source: HWE PHM Team, SUS data

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

- 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

NHS Hertfordshire and West Essex Integrated Care Board

Ethnicity Group / Complexity	Other Ethnic Groups Low Complexity	Other Ethnic Groups Middle Complexity	Other Ethnic Groups High Complexity	Asian Low Complexity	Asian Middle Complexity	Asian High Complexity	Black Low Complexity	Black Middle Complexity	Black High Complexity	Mixed Low Complexity	Mixed Middle Complexity	Mixed High Complexity	Other Low Complexity	Other Middle Complexity	Other High Complexity	White Low Complexity	White Middle Complexity	White High Complexity	Unknown Low Complexity	Unknown Middle Complexity	Unknown High Complexity	Grand Total
Overall Population Measures																						
Population	403	116		3,393	1,632	121	801	469	40	736	321	24	1,770	1,035	64	12,320	9,878	1,675	1,904	394	7	37,108
Age	28	43	57	24	42	62	26	43	64	19	31	43	25	40	56	28	47	64	34	46	59	36
Male %	48.4%	50.9%	20.0%	50.0%	46.0%	47.1%	46.9%	41.6%	47.5%	50.7%	40.2%	29.2%	56.0%	50.0%	48.4%	50.1%	45.4%	45.2%	61.7%	59.4%	85.7%	49.1%
IMD	6.9	6.7	6.8	6.6	6.8	7.0	6.4	6.2	6.5	6.8	6.5	5.8	6.5	6.6	6.5	6.8	6.8	6.6	6.6	6.8	6.9	6.7
% BAME (where recorded)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%	100%	100%	100%	32%
Multimorbidity (acute & chronic)	0.0	1.5	7.4	0.0	1.6	6.7	0.0	1.7	6.5	0.0	1.6	6.1	0.0	1.6	6.8	0.0	1.9	6.8	0.0	1.4	6.3	1.0
Finance and Activity Measures																						
Spend Total	£0.0M	£0.0M	£0.0M	£0.9M	£1.4M	£0.5M	£0.2M	£0.4M	£0.1M	£0.2M	£0.2M	£0.1M	£0.5M	£0.6M	£0.1M	£3.2M	£7.7M	£6.6M	£0.1M	£0.0M	£0.0M	£22.8M
PPPY - Total	£76	£167	£261	£258	£843	£4,351	£232	£851	£3,579	£243	£743	£2,994	£279	£556	£1,441	£258	£780	£3,953	£42	£114	£129	£615
Acute Elective	£8	£45	£0	£65	£314	£1,258	£80	£329	£1,228	£92	£348	£619	£78	£209	£235	£89	£306	£986	£4	£30	£0	£202
Acute Non-Elective	£18	£7	£0	£116	£353	£2,395	£84	£326	£1,838	£88	£237	£1,724	£118	£170	£552	£97	£294	£2,368	£3	£9	£0	£276
GP Encounters	£50	£103	£101	£76	£165	£348	£66	£163	£308	£62	£132	£341	£77	£141	£239	£70	£152	£309	£35	£64	£72	£111
Community	£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	£11	£160	£1	£10	£350	£1	£31	£153	£1	£26	£283	£5	£33	£413	£2	£26	£277	£0	£11	£57	£25
Social Care	£0	£0	£0	£0	£0	£0	£0	£1	£53	£0	£0	£27	£0	£4	£3	£0	£2	£13	£0	£1	£0	£1
GP PPPY	10	21	20	15	33	72	13	32	61	12	26	67	15	28	45	14	30	60	7	13	14	22
Beddays PPPY - Acute EM	0	0	0	0	1	3	0	0	3	0	0	3	0	0	7	0	0	4	0	0	0	0
Physical Health																						
Diabetes	0.0%	39.7%	60.0%	0.0%	42.6%	81.8%	0.0%	35.2%	75.0%	0.0%	17.8%	45.8%	0.0%	20.8%	56.3%	0.0%	22.7%	57.4%	0.0%	16.0%	57.1%	12.5%
COPD	0.0%	0.0%	20.0%	0.0%	0.6%	16.5%	0.0%	0.6%	7.5%	0.0%	0.6%	16.7%	0.0%	1.8%	26.6%	0.0%	2.0%	26.7%	0.0%	0.3%	14.3%	2.0%
Chronic Respiratory Di...	0.0%	4.3%	20.0%	0.0%	2.3%	19.0%	0.0%	6.2%	15.0%	0.0%	7.2%	20.8%	0.0%	6.3%	29.7%	0.0%	5.8%	31.1%	0.0%	1.3%	14.3%	3.5%
Hypertension	0.0%	22.4%	80.0%	0.0%	24.1%	76.9%	0.0%	38.6%	82.5%	0.0%	15.3%	41.7%	0.0%	21.7%	59.4%	0.0%	28.3%	72.4%	0.0%	24.9%	85.7%	13.9%
Obesity	1.2%	3.4%	60.0%	2.2%	7.9%	34.7%	2.0%	13.0%	25.0%	1.1%	8.7%	25.0%	2.4%	9.6%	15.6%	5.8%	23.4%	41.2%	2.2%	8.4%	0.0%	11.6%
Mental Health																						
Anxiety/Phobias	0.0%	12.1%	40.0%	0.0%	11.2%	28.9%	0.0%	8.3%	40.0%	0.0%	18.7%	62.5%	0.0%	19.3%	51.6%	0.0%	21.5%	40.7%	0.0%	20.3%	14.3%	9.4%
Depression	0.0%	21.6%	60.0%	0.0%	14.6%	48.8%	0.0%	15.1%	47.5%	0.0%	19.3%	66.7%	0.0%	27.4%	65.6%	0.0%	29.0%	56.8%	0.0%	21.8%	71.4%	12.7%
Learning Disability	0.0%	0.0%	40.0%	0.0%	0.9%	9.1%	0.0%	1.3%	12.5%	0.0%	3.1%	29.2%	0.0%	1.6%	29.7%	0.0%	2.2%	15.0%	0.0%	0.5%	14.3%	1.5%
Dementia	0.0%	0.9%	60.0%	0.0%	0.7%	16.5%	0.0%	0.2%	32.5%	0.0%	0.6%	20.8%	0.0%	0.9%	40.6%	0.0%	1.2%	24.7%	0.0%	0.3%	28.6%	1.7%
Other Characteristics																						
Housebound (eFI)	0.0%	0.0%	0.0%	0.0%	0.3%	3.3%	0.0%	0.2%	5.0%	0.0%	0.3%	4.2%	0.1%	0.1%	0.0%	0.0%	0.6%	5.1%	0.1%	0.5%	0.0%	0.4%
Social Vulnerability (eFI)	1.2%	4.3%	40.0%	1.0%	2.8%	13.2%	1.0%	4.5%	25.0%	1.0%	3.4%	12.5%	1.0%	3.9%	17.2%	1.1%	5.0%	22.3%	0.4%	0.5%	0.0%	3.4%
History of Smoking (T...	6.2%	6.0%	0.0%	3.3%	7.4%	4.1%	1.5%	7.7%	22.5%	4.8%	9.0%	12.5%	5.8%	15.2%	20.3%	6.2%	13.9%	19.2%	3.4%	7.1%	0.0%	8.7%
Not Fit for Work (In Year)	0.7%	2.6%	0.0%	1.9%	7.3%	13.2%	3.2%	14.3%	5.0%	1.6%	5.0%	12.5%	3.9%	8.9%	4.7%	2.0%	8.0%	7.8%	1.2%	2.3%	28.6%	4.6%
On a Waiting List	3.0%	5.2%	0.0%	4.4%	8.9%	30.6%	4.6%	11.5%	27.5%	3.7%	7.8%	20.8%	4.4%	6.5%	15.6%	5.0%	10.1%	22.4%	0.9%	1.5%	0.0%	7.2%

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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Matrix Data - Segment & Sub-Segment

NHS Hertfordshire and West Essex Integrated Care Board

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 - LwI (At Risk)**	**2b - LwI (LTCs)**	**2c - LwI (MH)**	**3a - LC (Mod. Social Co..**	**3b - LC (Multimorbidi**	**3c - LC (Mild Frailty)**	**4a - AD&C (High Complexity)**	**4b - AD&C - High Social Co..**	**4c - AD&C (Severe LD/ASD/..**	**4d - AD&C (Complex SMI)**	**4e - AD&C (End Stage Dis..**	**5a - EoLFD (Severe ..**	**5b - EoLFD (Severe ..**	**5c - EoLFD (End of Li..**	
Overall Population Measures																		
Population	15,152	1,335	1,043	3,269	4,870	1,432	385	4,749	1,658	1,141	422	93	309	491	311	113	335	37,108
Age	27	6	18	40	41	37	40	44	58	61	56	25	34	64	76	80	73	36
Male %	53.3%	40.2%	52.6%	49.8%	52.8%	40.8%	43.1%	44.2%	36.8%	42.9%	44.8%	51.6%	44.0%	51.5%	38.3%	35.4%	41.2%	49.1%
IMD	6.8	6.5	6.5	6.5	6.9	6.8	6.3	6.6	7.1	6.6	6.5	6.6	6.5	6.4	6.7	6.7	6.6	6.7
% BAME (where recorded)	39%	38%	39%	30%	35%	24%	32%	23%	22%	16%	22%	20%	18%	13%	12%	7%	14%	32%
Multimorbidity (acute & chronic)	0.0	0.0	0.0	0.0	1.0	1.0	0.4	2.4	2.2	5.0	2.5	3.2	5.9	5.4	7.3	6.9	5.2	1.0
Finance and Activity Measures																		
Spend – Total	£1.2M	£0.8M	£1.4M	£1.4M	£2.1M	£0.6M	£0.2M	£3.3M	£2.0M	£2.4M	£0.5M	£0.2M	£0.8M	£1.7M	£1.9M	£0.5M	£1.8M	£22.8M
Spend – PPPY - Total	£76	£592	£1,307	£433	£432	£408	£481	£705	£1,218	£2,143	£1,186	£2,281	£2,675	£3,543	£5,968	£4,495	£5,330	£615
Acute Elective	£19	£71	£509	£170	£173	£119	£180	£314	£504	£831	£369	£504	£247	£1,221	£1,031	£190	£1,362	£202
Acute Non-Elective	£5	£432	£669	£146	£144	£162	£169	£223	£486	£1,010	£536	£537	£706	£1,912	£4,320	£3,621	£3,602	£276
GP Encounters	£50	£89	£127	£113	£113	£117	£127	£154	£219	£254	£200	£224	£250	£273	£416	£365	£301	£111
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health	£2	£0	£3	£4	£2	£10	£5	£14	£9	£45	£40	£933	£1,434	£134	£194	£279	£64	£25
Social Care	£0	£0	£0	£0	£0	£0	£1	£0	£0	£1	£41	£83	£38	£4	£8	£41	£0	£1
GP PPPY	10	18	25	22	23	23	25	31	43	51	37	43	48	54	82	71	59	22
Beddays PPPY - Acute EM	0	1	1	0	0	0	0	0	1	1	1	2	3	4	6	7	7	0
Physical Health																		
Diabetes	0.0%	0.0%	0.0%	0.0%	21.7%	0.0%	5.7%	32.2%	33.0%	55.3%	27.0%	18.3%	33.7%	44.2%	66.9%	39.8%	40.3%	12.5%
COPD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	2.2%	10.1%	2.6%	1.1%	2.9%	61.1%	28.0%	11.5%	17.3%	2.0%
Chronic Respiratory Dis...	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	11.1%	3.4%	13.1%	4.7%	10.8%	6.1%	65.2%	30.5%	15.0%	22.7%	3.5%
Hypertension	0.0%	0.0%	0.0%	0.0%	20.8%	0.0%	4.7%	33.3%	44.0%	65.9%	28.7%	15.1%	28.8%	59.5%	86.5%	73.5%	60.0%	13.9%
Obesity	0.0%	0.0%	0.0%	25.8%	13.9%	11.9%	10.6%	21.5%	28.6%	38.7%	27.0%	24.7%	24.3%	39.7%	41.8%	14.2%	29.6%	11.6%
Mental Health																		
Anxiety/Phobias	0.0%	0.0%	0.0%	0.0%	0.0%	35.0%	3.6%	35.4%	18.9%	32.6%	14.0%	35.5%	64.4%	23.6%	27.0%	32.7%	21.5%	9.4%
Depression	0.0%	0.0%	0.0%	0.0%	0.0%	57.2%	10.9%	43.8%	23.7%	48.4%	22.5%	35.5%	80.3%	34.0%	45.3%	46.9%	30.4%	12.7%
Learning Disability	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.8%	1.6%	0.4%	6.0%	25.1%	59.1%	40.8%	6.7%	8.4%	19.5%	4.5%	1.5%
Dementia	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.2%	5.5%	7.5%	46.3%	7.9%	21.2%	100.0%	23.0%	1.7%
Other Characteristics																		
Housebound (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.5%	0.0%	1.0%	0.6%	14.5%	11.5%	11.6%	0.4%
Social Vulnerability (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	82.1%	3.6%	8.0%	12.8%	20.9%	9.7%	24.3%	16.1%	37.3%	30.1%	25.7%	3.4%
History of Smoking (Tw...	0.0%	0.0%	0.0%	32.7%	9.6%	12.1%	9.6%	15.0%	13.9%	14.5%	13.7%	15.1%	31.4%	23.6%	14.1%	2.7%	10.4%	8.7%
Not Fit for Work (In Year)	0.0%	0.0%	0.0%	12.5%	5.0%	8.9%	7.3%	10.2%	8.9%	9.0%	4.7%	10.8%	16.5%	8.4%	3.5%	1.8%	3.6%	4.6%
On a Waiting List	3.2%	6.9%	10.3%	6.5%	6.3%	7.8%	6.8%	9.9%	15.3%	20.9%	10.9%	19.4%	13.6%	23.8%	30.5%	8.0%	14.0%	7.2%

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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Matrix Data - GP Activity

NHS Hertfordshire and West Essex Integrated Care Board

GP Activity / Complexity	0			1			2-3			4-5			6-9			10+			Grand Total
	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	Low Complexity	Middle Complexity	High Complexity	
Overall Population Measures																			
Population	1,193	460	92	961	151	8	2,735	455	7	2,228	467	16	4,748	1,406	40	9,462	10,906	1,773	37,108
Age	26	54	81	22	25	53	23	29	18	24	33	47	27	36	41	31	48	63	36
Male %	53.7%	44.6%	51.1%	57.4%	58.3%	75.0%	58.2%	63.7%	71.4%	60.2%	61.5%	62.5%	59.1%	59.4%	67.5%	42.8%	42.8%	44.2%	49.1%
IMD	6.2	5.4	4.8	6.5	6.3	5.5	6.6	6.4	4.6	6.5	6.4	5.6	6.8	6.7	6.2	6.9	6.9	6.7	6.7
% BAME (where recorded)	34%	21%	8%	36%	32%	0%	36%	29%	33%	40%	31%	13%	39%	30%	23%	37%	26%	13%	32%
Multimorbidity (acute & chronic)	0.0	1.9	6.4	0.0	1.5	6.9	0.0	1.4	6.9	0.0	1.4	7.1	0.0	1.4	6.9	0.0	1.9	6.8	1.0
Finance and Activity Measures																			
Spend - Total	£0.0M	£0.1M	£0.1M	£0.0M	£0.0M	£0.0M	£0.1M	£0.0M	£0.0M	£0.1M	£0.0M	£0.0M	£0.5M	£0.2M	£0.0M	£4.3M	£10.0M	£7.3M	£22.8M
PPPY - Total	£22	£188	£740	£14	£33	£75	£27	£62	£12	£53	£70	£1,339	£105	£143	£460	£454	£917	£4,145	£615
Acute Elective	£13	£77	£69	£7	£6	£69	£8	£25	£0	£15	£15	£59	£31	£40	£130	£145	£360	£1,055	£202
Acute Non-Elective	£8	£108	£626	£2	£22	£0	£6	£18	£0	£15	£31	£1,019	£34	£54	£26	£181	£343	£2,443	£276
GP Encounters	£0	£0	£0	£5	£5	£6	£12	£13	£12	£22	£23	£23	£39	£41	£41	£124	£183	£335	£111
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health	£0	£3	£41	£0	£0	£0	£0	£6	£0	£1	£1	£238	£1	£8	£258	£4	£29	£299	£25
Social Care	£0	£0	£4	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1	£5	£0	£2	£14	£1
GP PPPY	0	0	0	1	1	1	2	2	2	5	5	4	8	8	8	25	36	65	22
Beddays PPPY - Acute EM	0	0	1	0	0	1	0	0	0	0	0	2	0	0	0	0	1	4	0
Physical Health																			
Diabetes	0.0%	15.7%	46.7%	0.0%	5.3%	37.5%	0.0%	6.6%	42.9%	0.0%	12.0%	50.0%	0.0%	13.7%	45.0%	0.0%	28.6%	60.3%	12.5%
COPD	0.0%	4.6%	30.4%	0.0%	0.0%	12.5%	0.0%	0.0%	14.3%	0.0%	0.4%	12.5%	0.0%	0.6%	10.0%	0.0%	1.8%	25.8%	2.0%
Chronic Respiratory Dis...	0.0%	19.1%	34.8%	0.0%	35.1%	37.5%	0.0%	18.9%	42.9%	0.0%	10.1%	18.8%	0.0%	6.7%	20.0%	0.0%	3.4%	29.7%	3.5%
Hypertension	0.0%	26.7%	81.5%	0.0%	11.3%	62.5%	0.0%	11.9%	28.6%	0.0%	15.6%	62.5%	0.0%	15.6%	47.5%	0.0%	30.1%	72.5%	13.9%
Obesity	0.9%	8.7%	17.4%	0.4%	2.6%	37.5%	1.0%	1.8%	14.3%	1.3%	3.6%	18.8%	2.9%	7.1%	22.5%	7.3%	22.9%	41.1%	11.6%
Mental Health																			
Anxiety/Phobias	0.0%	12.2%	18.5%	0.0%	9.9%	50.0%	0.0%	12.1%	42.9%	0.0%	18.8%	50.0%	0.0%	16.3%	57.5%	0.0%	20.7%	41.1%	9.4%
Depression	0.0%	17.0%	35.9%	0.0%	11.9%	50.0%	0.0%	17.8%	71.4%	0.0%	19.7%	68.8%	0.0%	22.5%	70.0%	0.0%	27.9%	57.2%	12.7%
Learning Disability	0.0%	1.3%	5.4%	0.0%	1.3%	25.0%	0.0%	1.3%	28.6%	0.0%	0.4%	43.8%	0.0%	0.9%	45.0%	0.0%	2.2%	14.8%	1.5%
Dementia	0.0%	2.4%	20.7%	0.0%	0.7%	25.0%	0.0%	0.7%	71.4%	0.0%	0.0%	56.3%	0.0%	0.5%	45.0%	0.0%	1.1%	24.3%	1.7%
Other Characteristics																			
Housebound (eFI)	0.1%	1.3%	5.4%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	2.5%	0.0%	0.5%	4.9%	0.4%
Social Vulnerability (eFI)	0.9%	8.7%	31.5%	0.2%	0.7%	25.0%	0.5%	1.8%	14.3%	0.5%	2.4%	12.5%	0.7%	2.1%	22.5%	1.6%	4.9%	21.0%	3.4%
History of Smoking (Tw...	0.8%	1.3%	0.0%	0.7%	2.0%	0.0%	2.4%	3.3%	0.0%	4.2%	6.6%	18.8%	5.4%	7.7%	7.5%	7.3%	14.6%	19.5%	8.7%
Not Fit for Work (In Year)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.2%	0.4%	0.0%	0.8%	1.4%	0.0%	4.2%	9.8%	8.8%	4.6%
On a Waiting List	0.6%	2.0%	2.2%	0.4%	0.7%	0.0%	0.8%	0.4%	0.0%	0.8%	1.5%	0.0%	2.0%	1.8%	5.0%	8.4%	11.5%	24.5%	7.2%

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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Matrix Data - Health Segment & Deprivation

NHS Hertfordshire and West Essex Integrated Care Board

Life Course Segment / Deprivation	1 - Healthy				2 - Living With Illness				3 - Lower Complexity				4 - Advanced Disease & Complexity				5 - EoL, Frailty & Dementia				Grand Total
	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	6,977	9,630	848	75	3,905	5,174	465	27	2,832	3,562	376	22	954	1,311	177	14	332	357	67		37,108
Age	26	24	22	20	42	38	38	46	52	44	44	45	60	53	54	77	76	74	76	93	36
Male %	51.4%	52.9%	51.4%	53.3%	50.4%	50.1%	45.6%	48.1%	43.9%	41.0%	42.3%	36.4%	47.7%	44.2%	42.9%	28.6%	40.7%	38.4%	34.3%	66.7%	49.1%
IMD	9.2	5.4	2.4		9.1	5.4	2.4		9.1	5.3	2.4		9.1	5.3	2.4		9.0	5.2	2.5		6.7
% BAME (where recorded)	36%	40%	40%	58%	29%	34%	33%	56%	21%	25%	29%	41%	16%	18%	16%	14%	11%	13%	12%	33%	32%
Multimorbidity (acute & chronic)	0.0	0.0	0.0	0.0	0.7	0.6	0.6	0.7	2.2	2.2	2.2	2.2	4.7	4.7	4.6	3.3	6.4	6.3	6.1	4.7	1.0
Finance and Activity Measures																					
Spend: Total	£1.3M	£1.8M	£0.2M	£0.0M	£1.6M	£2.3M	£0.2M	£0.0M	£2.3M	£2.9M	£0.4M	£0.0M	£2.3M	£3.1M	£0.3M	£0.0M	£1.8M	£2.0M	£0.3M	£0.0M	£22.8M
PPPY - Total	£183	£188	£227	£382	£400	£440	£536	£587	£797	£807	£1,032	£1,593	£2,421	£2,382	£1,632	£147	£5,567	£5,505	£5,015	£0	£615
Acute Elective	£53	£52	£60	£36	£159	£161	£238	£192	£361	£334	£471	£242	£807	£747	£443	£11	£990	£1,193	£650	£0	£202
Acute Non-Elective	£68	£80	£108	£224	£123	£163	£179	£270	£253	£293	£377	£1,125	£1,085	£1,092	£674	£14	£4,025	£3,836	£3,784	£0	£276
GP Encounters	£60	£55	£58	£68	£114	£113	£112	£126	£173	£164	£173	£223	£264	£238	£236	£87	£406	£311	£386	£0	£111
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health	£1	£2	£1	£53	£4	£4	£7	£0	£9	£15	£11	£5	£242	£292	£277	£36	£132	£159	£190	£0	£25
Social Care	£0	£0	£1	£0	£0	£0	£0	£0	£0	£0	£1	£0	£23	£14	£2	£0	£14	£6	£5	£0	£1
GP PPPY	12	11	11	13	23	22	21	28	35	32	33	44	53	46	45	15	77	63	76	0	22
Beddays PPPY - Acute EM	0	0	0	0	0	0	0	0	0	0	1	1	2	2	1	0	7	7	6	0	0
Physical Health																					
Diabetes	0.0%	0.0%	0.0%	0.0%	11.8%	10.5%	10.8%	14.8%	34.9%	28.6%	23.7%	18.2%	46.5%	42.8%	42.9%	14.3%	57.8%	45.9%	47.8%	0.0%	12.5%
COPD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	2.3%	2.4%	0.0%	14.6%	19.8%	20.9%	7.1%	18.1%	24.6%	14.9%	0.0%	2.0%
Chronic Respiratory Dis...	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.4%	0.0%	3.6%	12.4%	10.9%	0.0%	17.6%	23.3%	25.4%	7.1%	21.7%	28.6%	20.9%	0.0%	3.5%
Hypertension	0.0%	0.0%	0.0%	0.0%	13.0%	9.1%	7.7%	7.4%	40.2%	30.4%	27.7%	22.7%	54.5%	50.1%	48.0%	42.9%	73.2%	73.1%	71.6%	33.3%	13.9%
Obesity	0.0%	0.0%	0.0%	0.0%	16.6%	18.3%	20.0%	14.8%	21.5%	23.2%	25.8%	18.2%	32.0%	36.2%	36.7%	21.4%	29.8%	34.5%	34.3%	0.0%	11.6%
Mental Health																					
Anxiety/Phobias	0.0%	0.0%	0.0%	0.0%	6.0%	4.8%	3.7%	14.8%	27.2%	31.2%	32.4%	27.3%	28.7%	33.6%	35.6%	14.3%	24.4%	26.3%	26.9%	0.0%	9.4%
Depression	0.0%	0.0%	0.0%	0.0%	8.3%	8.5%	11.4%	3.7%	34.7%	38.2%	43.4%	40.9%	41.4%	46.7%	48.0%	21.4%	40.1%	39.2%	34.3%	0.0%	12.7%
Learning Disability	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.2%	0.0%	1.0%	1.5%	1.6%	0.0%	17.0%	15.3%	13.6%	7.1%	9.0%	8.1%	6.0%	0.0%	1.5%
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%	13.8%	15.9%	18.6%	7.1%	34.9%	29.4%	49.3%	66.7%	1.7%
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%	2.5%	2.8%	2.8%	7.1%	13.0%	12.9%	11.9%	0.0%	0.4%
Social Vulnerability (eFI)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.6%	10.4%	16.8%	4.5%	12.8%	18.4%	18.6%	7.1%	26.8%	33.1%	40.3%	66.7%	3.4%
History of Smoking (Tw...	0.0%	0.0%	0.0%	0.0%	14.4%	20.2%	20.2%	22.2%	10.7%	16.9%	18.6%	18.2%	11.3%	22.3%	27.7%	14.3%	6.3%	14.8%	11.9%	0.0%	8.7%
Not Fit for Work (In Year)	0.0%	0.0%	0.0%	0.0%	5.9%	9.7%	10.1%	0.0%	7.0%	11.4%	14.1%	9.1%	7.4%	9.9%	13.0%	7.1%	2.4%	3.9%	4.5%	0.0%	4.6%
On a Waiting List	3.8%	4.0%	3.4%	2.7%	6.5%	6.6%	6.5%	11.1%	10.8%	11.3%	10.9%	4.5%	20.1%	18.8%	12.4%	0.0%	21.7%	18.5%	19.4%	0.0%	7.2%

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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Matrix Data - Practice & Deprivation

NHS Hertfordshire and West Essex Integrated Care Board

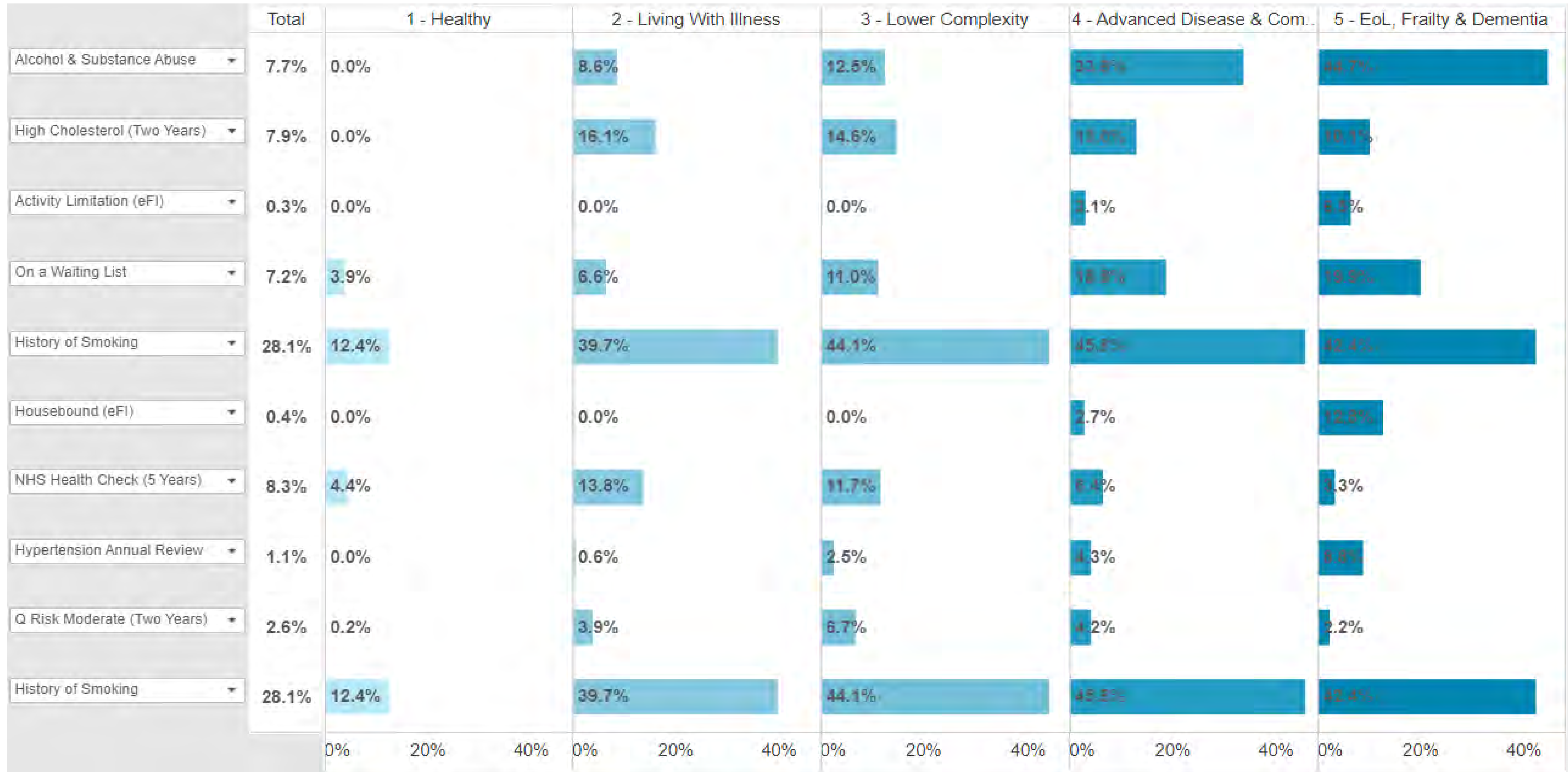
Practice / Deprivation	Manor View Practice				Pathfinder Practice				South Oxhey Surgery				Grand Total
	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	Low Deprivation	Middle Deprivation	High Deprivation	Not known	
Overall Population Measures													
Population	14,047	13,244	939	108	549	4,132	647	31	404	2,658	347		37,108
Age	38	34	36	25	48	35	35	73	38	35	32	43	36
Male %	49.4%	50.0%	47.2%	50.0%	45.9%	46.4%	46.8%	41.9%	49.0%	49.5%	46.1%	0.0%	49.1%
IMD	9.1	5.6	2.8		9.1	4.9	2.0		9.3	4.9	2.0		6.7
% BAME (where recorded)	29%	37%	29%	56%	27%	29%	36%	29%	35%	25%	37%	0%	32%
Multimorbidity (acute & chronic)	1.0	0.9	1.2	0.5	2.3	1.3	1.4	2.4	0.9	1.0	0.9	0.0	1.0
Finance and Activity Measures													
Spend – Total	£8.3M	£7.8M	£0.9M	£0.1M	£0.6M	£2.6M	£0.4M	£0.0M	£0.3M	£1.7M	£0.2M	£0.0M	£22.8M
PPPY - Total	£593	£586	£907	£688	£1,170	£633	£650	£234	£687	£630	£528	£5	£615
Acute Elective	£210	£196	£298	£110	£151	£186	£183	£48	£212	£209	£178	£0	£202
Acute Non-Elective	£245	£259	£438	£427	£818	£295	£296	£95	£370	£301	£250	£0	£276
GP Encounters	£115	£108	£132	£110	£166	£114	£127	£88	£83	£84	£81	£5	£111
Community	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Mental Health	£21	£22	£39	£42	£35	£36	£42	£3	£20	£35	£19	£0	£25
Social Care	£2	£1	£0	£0	£0	£1	£2	£0	£2	£1	£0	£0	£1
GP PPPY	23	22	27	22	26	19	20	16	19	19	18	1	22
Beddays PPPY - Acute EM	0	0	1	0	1	1	0	0	1	1	0	0	0
Physical Health													
Diabetes	13.9%	12.3%	14.2%	6.5%	18.4%	10.3%	12.7%	9.7%	9.2%	8.8%	9.2%	0.0%	12.5%
COPD	1.5%	1.7%	2.8%	0.0%	3.8%	3.3%	3.4%	3.2%	1.0%	2.4%	2.3%	0.0%	2.0%
Chronic Respiratory Dis...	1.9%	2.1%	3.4%	0.0%	14.2%	11.6%	9.1%	3.2%	1.5%	3.8%	3.2%	0.0%	3.5%
Hypertension	15.7%	11.6%	16.1%	3.7%	28.2%	14.2%	13.6%	32.3%	12.4%	13.0%	9.8%	0.0%	13.9%
Obesity	10.9%	10.8%	13.8%	4.6%	15.5%	13.3%	15.8%	19.4%	11.4%	14.6%	13.3%	0.0%	11.6%
Mental Health													
Anxiety/Phobias	8.9%	8.4%	9.5%	9.3%	12.8%	11.8%	14.1%	6.5%	10.1%	11.2%	11.5%	0.0%	9.4%
Depression	12.0%	11.7%	16.4%	7.4%	16.2%	14.5%	19.2%	16.1%	14.6%	15.2%	13.3%	0.0%	12.7%
Learning Disability	1.5%	1.4%	1.6%	0.0%	2.6%	1.7%	2.9%	3.2%	1.5%	1.4%	0.3%	0.0%	1.5%
Dementia	1.3%	1.3%	3.8%	0.0%	10.6%	2.2%	3.6%	9.7%	0.7%	2.0%	2.0%	0.0%	1.7%
Other Characteristics													
Housebound (eFI)	0.3%	0.4%	1.0%	0.0%	3.3%	0.6%	0.6%	3.2%	0.0%	0.2%	0.0%	0.0%	0.4%
Social Vulnerability (eFI)	2.4%	2.7%	4.6%	0.9%	11.1%	6.9%	9.9%	9.7%	1.5%	3.0%	4.6%	0.0%	3.4%
History of Smoking (Tw...	6.5%	9.3%	10.4%	9.3%	8.7%	10.5%	12.4%	6.5%	7.4%	12.3%	12.4%	0.0%	8.7%
Not Fit for Work (In Year)	3.3%	4.7%	5.2%	1.9%	3.6%	5.7%	8.5%	3.2%	4.5%	7.1%	6.3%	0.0%	4.6%
On a Waiting List	7.3%	6.8%	7.6%	4.6%	7.7%	7.2%	6.6%	3.2%	7.2%	9.2%	6.1%	0.0%	7.2%

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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Bio-Psycho-Social Indicators - Example

NHS
Hertfordshire and West Essex
Integrated Care Board



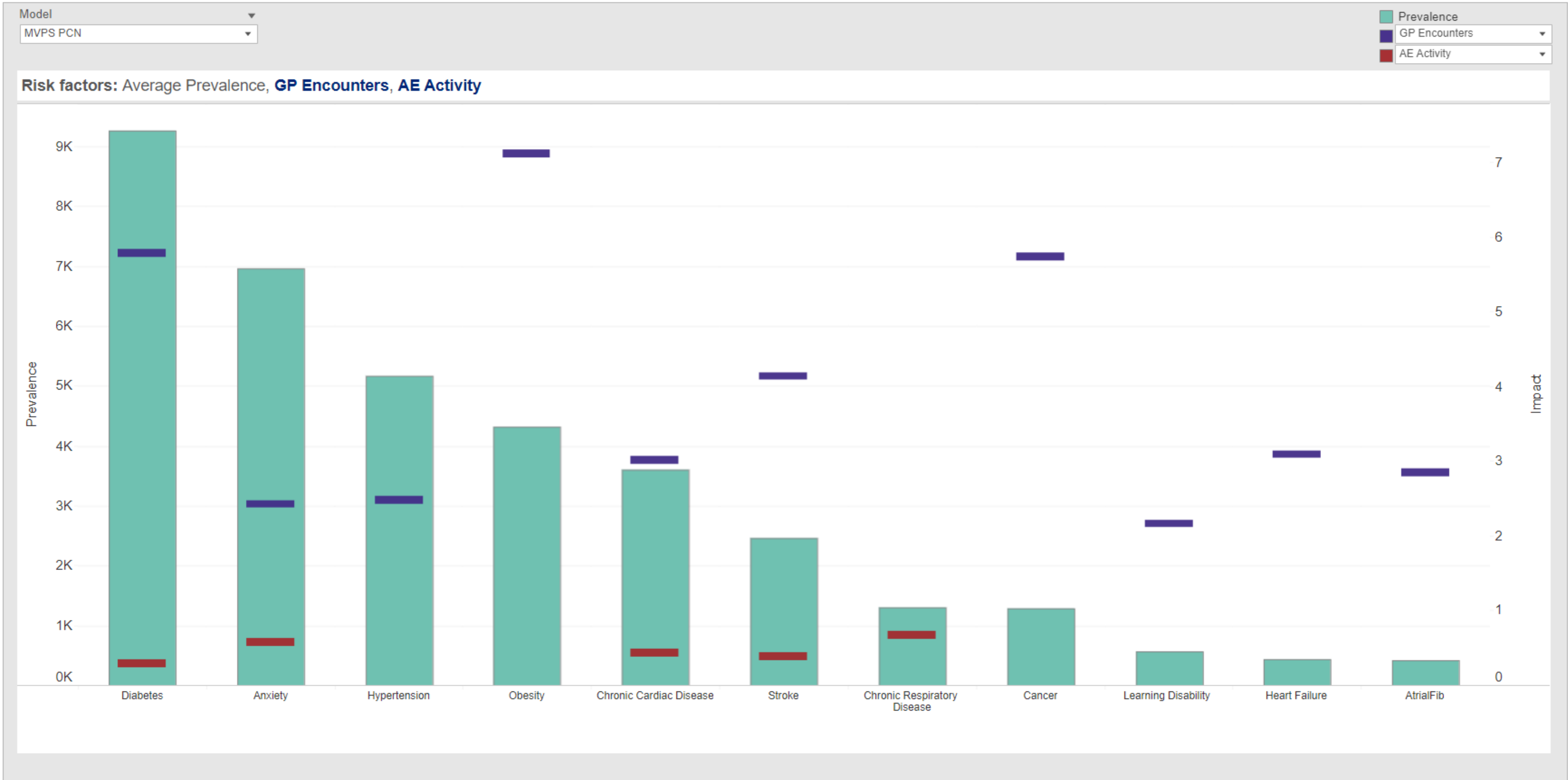
This chart gives a comparison across various selected risk conditions or characteristics, within the health segments of the PCN's population.

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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Risk Modelling - Prevalence against GP Activity & A&E

NHS Hertfordshire and West Essex Integrated Care Board



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.

Source: HWE PHM Team modelled data, phm.optum.co.uk - Calendar Year 2021

Cancer Screening

	Period	HERTFORDSHIRE AND WEST ESSEX	MVPS PCN	THEOBALD MEDICAL CENTRE	MANOR VIEW PRACTICE	SOUTH OXHEY SURGERY	PATHFINDER PRACTICE
Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs (denominator includes PCAs)	2020/21	73.3	69.9	64.7	69.1	73.2	72.2
Women, aged 50-64, with a record of cervical screening in the last 5.5 yrs (denominator includes PCAs)	2020/21	78.2	75	71.3	74	81.3	76.6
Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %)	2020/21	73	70	63.6	69.4	71.6	72.3
Persons, 50-64, attending cervical screening within target period (5.5 year coverage, %)	2020/21	77	73.8	67.2	73.3	76.8	73.7
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2020/21	63.9	53.9	62.9	52.4	63.7	54.1
Persons, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2020/21	61.3	39.3	27.8	36.8	40	50
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2020/21	72.1	68.5	59.9	70.1	62.8	60.7
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2020/21	68.8	65	56.9	66.2	63.9	52.6

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Hertfordshire Public Health Evidence & Intelligence Epidemiology

Source: Public Health Team

Hertfordshire and West Essex Integrated Care Board

Mortality

	Period	Hertfordshire CCGs	NHS HERTFORDSHIRE AND WEST ESSEX ICB - 06N	WVPS PCN
Percentage of deaths that occur at home (All age)	2021	25.3	23.9	17.3
PYLL - Neoplasms	2021	505	498.3	1158.1
PYLL - Diseases of the circulatory system	2021	737.5	690.5	357.3
PYLL - All Cause	2021	1537.7	1496.4	1748.5
Premature Mortality - Respiratory Disease	2021	19.2	19	
Premature Mortality - Liver Disease	2021	14.6	14.4	
Premature Mortality - Cardiovasular Disease	2021	53.8	51.4	40.8
Premature Mortality - Cancer	2021	98.5	97.1	190.2
Premature Mortality - All Cause	2021	269.6	262.3	380.3

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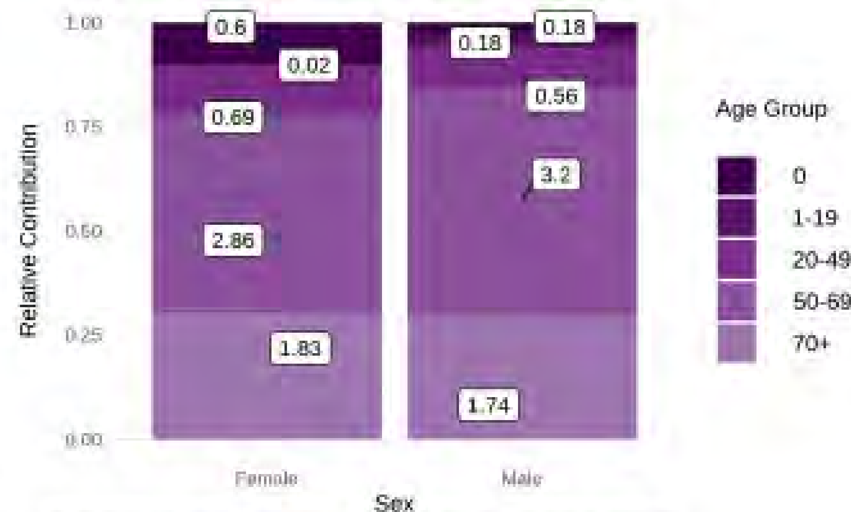
Hertfordshire Public Health Evidence & Intelligence

Source: Public Health Team

Public Health - Life Expectancy

NHS Hertfordshire and West Essex Integrated Care Board

Life Expectancy



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 life expectancy at birth for females is 6 years and for males is 5.86 years.

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Hertfordshire Public Health Evidence & Intelligence Epidemiology

Source: Public Health Team

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex
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