Somerset Primary Care Network Health and Wellbeing Profiles

Created by Somerset Council, Public Health Intelligence

MENDIP PCN

Primary Care Network (PCN) Health and Wellbeing Profiles

Home Page

Refreshed
19/11/2023 at 16:17

Introduction

These Primary Care Network (PCN) Health and Wellbeing Profiles are designed to give an overview of the populations health and wellbeing, local service activity and community assets to help identify areas for exploration and prioritisation.

PCN Boundaries

PCN Boundaries are based on the largest proportion of people residing in each LSOA* that are registered with a GP Practice. People residing in the same area will register with different GP practices and so the boundaries are only indicative of the areas in which each PCN operates. The data in this report is mostly calculated based on the LSOA of residents and aggregated to the PCN boundaries displayed. Not all residents in these geographic areas will be registered with the selected PCN, and some registered people will be excluded as they are not residents of Somerset. Therefore the data in this report is intended to profile the population and give an indication to the things that the PCN may want to set as priorities.

Some data will be based on the Quality and Outcomes Framework (QOF), this will be labelled as such. This data is based on constituent GP practices and directly relates to the registered population.

*Lower Super Output Areas are defined by the Office for National Statistics as part of the Census, each LSOA has a population of around 1,500 people. This report uses the geographies from the 2011 Census.

Data Sources

Data sources and meta data can be found at the end of each chapter. The Direct Data Source reflects the location the data was extracted from “directly” by us. In many cases we have taken data from public resources that have combined and used data from elsewhere. The “Data Source” in this situation is the original location the data came from. The Direct Data Source is where we have extracted the information from directly ourselves.

Mapping Copyright

Primary Care Network

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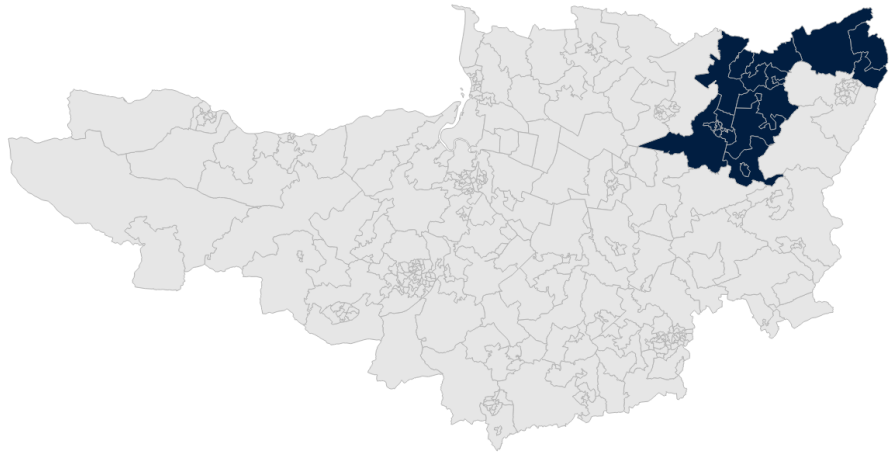
Selected PCN Area



Contact Us

If you have any questions or feedback please contact the Public Health Intelligence team using the email displayed in the bottom left-hand corner of each page.

Counts

A count is the number of events in the population. This can give a good sense of scale and the amount of resources that may be required to address an issue. The count will often be presented alongside the metrics presented below, this is the case for the Spine Charts in this report to provide additional context.

Proportions

A proportion is the number of individuals affected within the population. This can give an indication of the relative demand or need in the population when comparing between different areas.

Crude Rates

A crude rate is the number of events divided by the population, this is then usually multiplied by 100,000 to show how many events you would expect in a population of 100,000 people. This is done to make it easier to interpret values and compare areas. Similar to a proportion, this can give an indication of relative demand or need in a population and compare between different areas. However, as an individual can have more than one event the rate is not capped in the same manner as a proportion.

Standardised Rates

Standardised rates allow us to account for structural differences in the population in addition to the population size. For most health conditions the chance of somebody having a condition directly relates to their age; therefore, in order to assess outcomes for different populations we use standardised rates to account for the differences in age (and sometimes sex) distributions within the population. For example, Somerset has a much older population than England generally, and therefore has higher rates of dementia (which tends to affect more older people), but that alone is not an indication of the health outcomes of the people of Somerset. This gives us much better indication of health outcomes for the population than using a crude rate or a proportion.

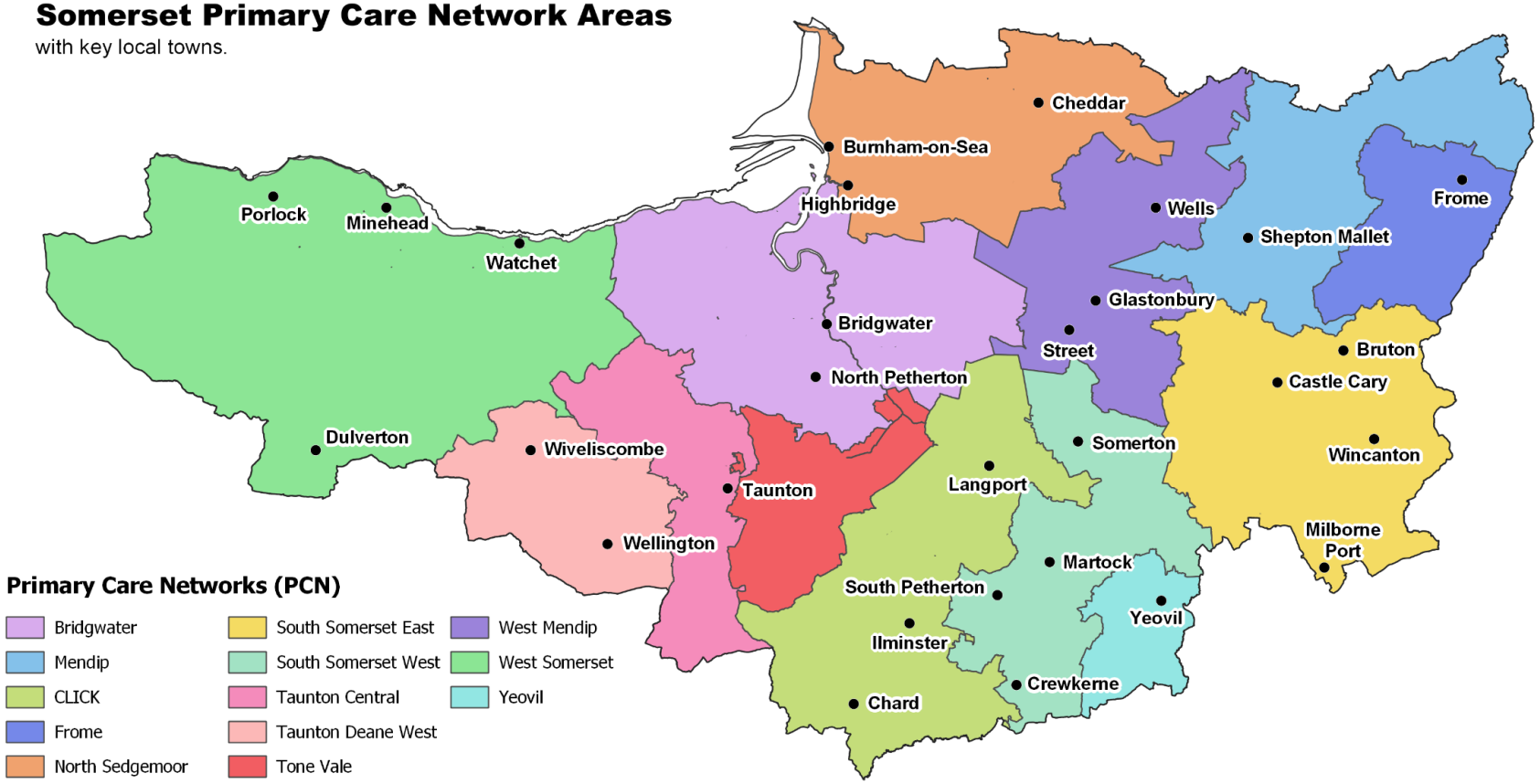
There are two methods of standardisation; Indirect and Direct. For more detailed information please refer to the Public Health Methods Fingertips guidance[1] and more specifically:
APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.

Primary Care Network (PCN) Health and Wellbeing Profiles

Location Information

Somerset Primary Care Network Areas

with key local towns.



Primary Care Network Boundaries locally determined.

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PCN Population: **32837**

'Primary Care Networks (PCNs) build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve.

Each of the 1,250 PCNs across England are based on GP registered patient lists, typically serving natural communities of between 30,000 to 50,000 people (with some flexibility). They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system.'[2]

PCN Population is based on the 2021 Census and reflects the usual resident population in the PCN locality. Not all residents will register with a GP Practice within the PCN.

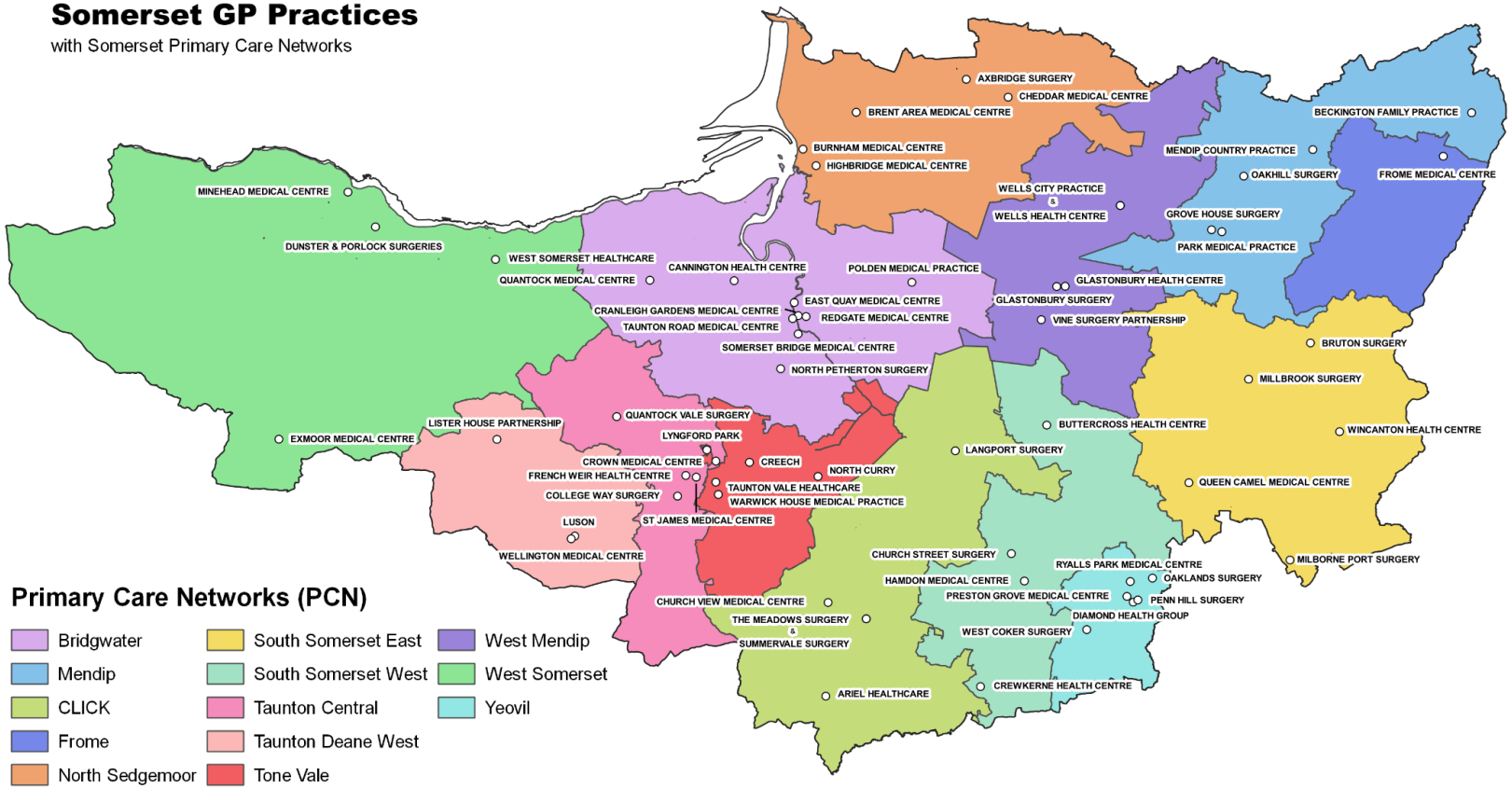
Primary Care Network (PCN) Health and Wellbeing Profiles

GP Practices

Selected PCN Area

Somerset GP Practices

with Somerset Primary Care Networks



Primary Care Networks (PCN)

- Bridgwater
- Mendip
- CLICK
- Frome
- North Sedgemoor
- South Somerset East
- South Somerset West
- Taunton Central
- Taunton Deane West
- Tone Vale
- West Mendip
- West Somerset
- Yeovil

○ GP Practice

General Practice Locations from NHS Digital.
Primary Care Network Boundaries locally determined.

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GP Practice Registered Population: **37658**

GP Practice registered population is based on people registered with the GP Practice regardless of where they are a resident.

Practice Code	GP Practice Name	Registered Patients
L85020	BECKINGTON FAMILY PRACTICE	11036
L85053	GROVE HOUSE SURGERY	6489
L85046	MENDIP COUNTRY PRACTICE	5719
L85611	OAKHILL SURGERY	3081
L85043	PARK MEDICAL PRACTICE	11333

Data to July 2022

Primary Care Network (PCN) Health and Wellbeing Profiles

Population Summary - Census 2021 Figures

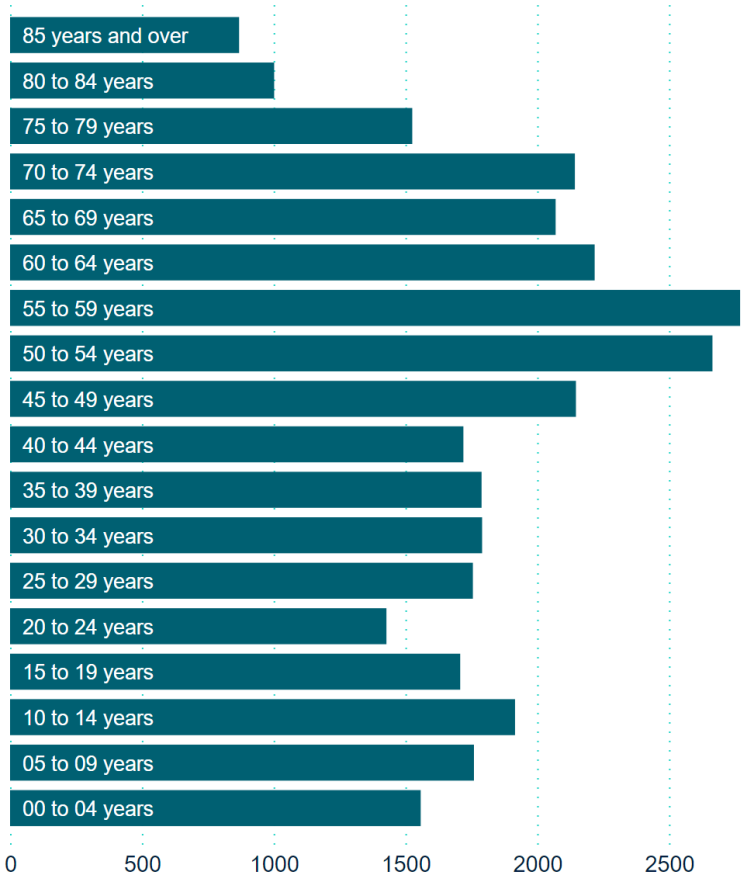
Selected PCN Area

MENDIP PCN

This page is an overview of the demographic makeup of residents within the PCN area at the time of the 2021 Census. This is intended to give an idea of the size of the communities and the level of demand in your area that you may want to engage with.[3]

Total Population: **32837**

Age Structure

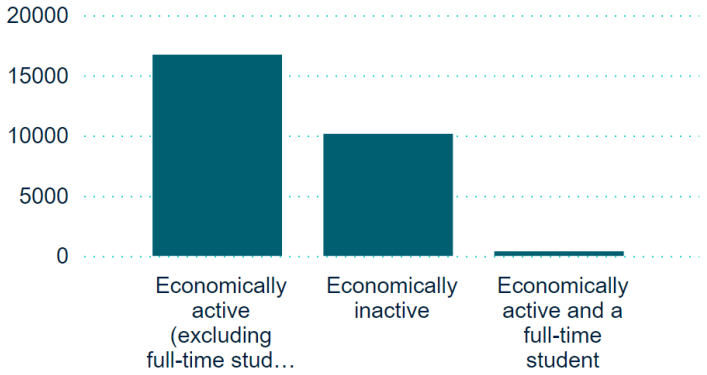


*Mortality counts given by NOMIS are at MSOA level which do not directly align to PCN boundaries. Counts for PCNs are therefore an estimate.

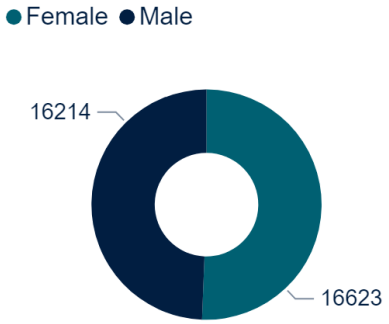
Ethnicity (Broad Group)	PCN Count
White	32022
Mixed or Multiple ethnic groups	378
Asian, Asian British or Asian Welsh	259
Other ethnic group	105
Black, Black British, Black Welsh, Caribbean or African	84

Religion	PCN Count
Christian	16463
No religion	13752
Not answered	2143
Other religion	206
Buddhist	122
Muslim	74
Jewish	53
Hindu	26
Sikh	4

Economic Activity



Sex



316
Number of Births (2021)

308
Estimated Number of Deaths* (2021)

13926
Number of Households

5364
Disabled under the Equality Act

1,387
Residents with Bad or Very Bad General Health

2,768
Residents providing at least one hour of unpaid care a week

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Primary Care Network (PCN) Health and Wellbeing Profiles

Core20 Areas

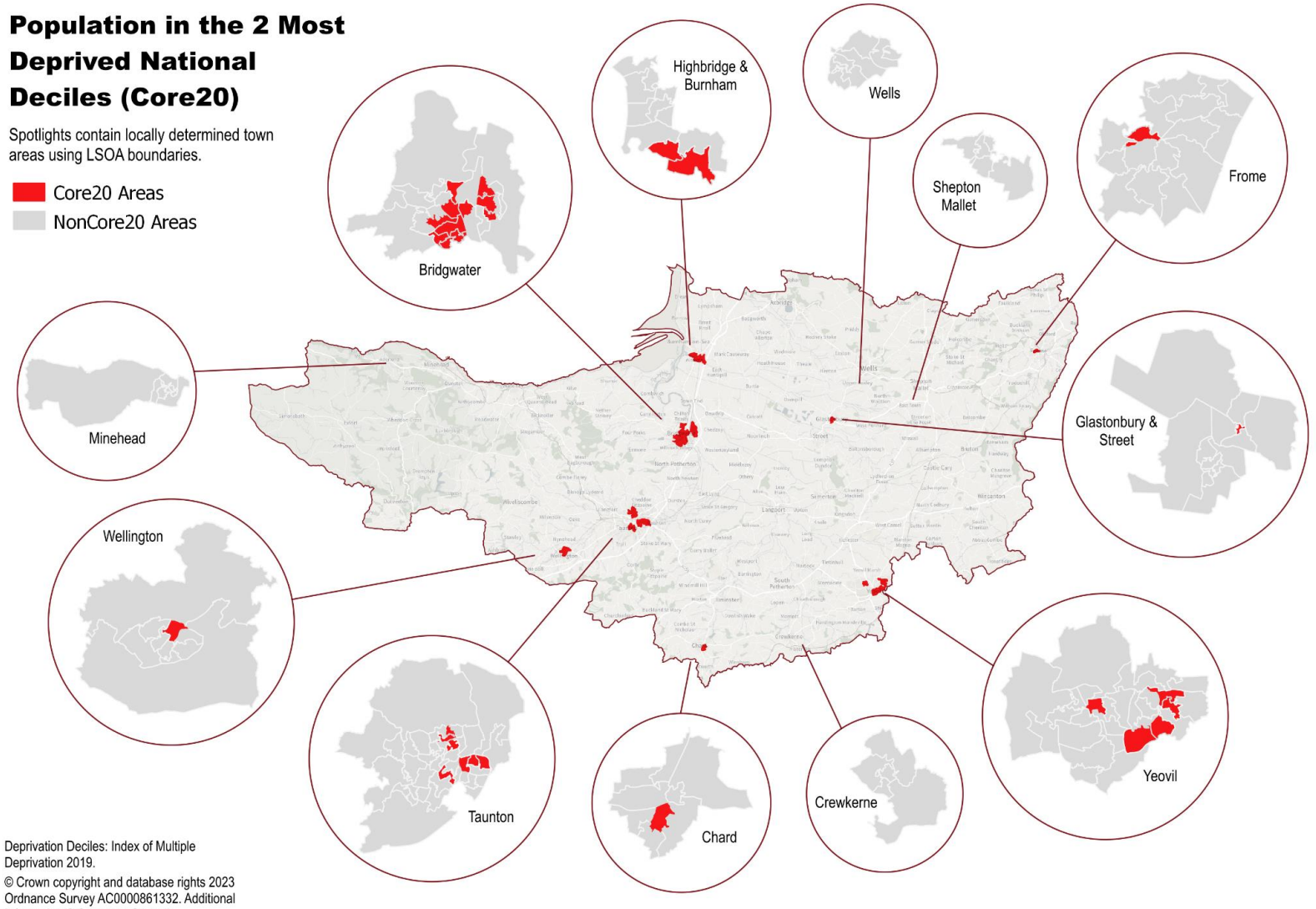
Selected PCN Area

Population in the 2 Most Deprived National Deciles (Core20)

Spotlights contain locally determined town areas using LSOA boundaries.

Core20 Areas

NonCore20 Areas



Deprivation Deciles: Index of Multiple Deprivation 2019.

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PCN Core20 Population: **None**

Core20 Areas	LSOA Code	Population

Core20 are the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health. The 'Population' figures are drawn from 2021 Census, therefore not all of the population in each LSOA above will be registered with the selected PCN.[4]

Primary Care Network (PCN) Health and Wellbeing Profiles

Index of Multiple Deprivation Domains

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The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. The IMD comprises of multiple domains to produce an overall deprivation score. The scores for each PCN represent a summarised deprivation level for the people registered at their GP practices. These summaries are generalised and give an overview of the type of deprivation relative to other PCN areas, this may mask some local areas of deprivation.
The ranks are from **1** (most deprived) to **13** (least deprived).[5]

Income
The proportion of the population experiencing deprivation relating to low income. Includes two supplementary domains; **Income Deprivation Affecting Children Index (IDACI)** measures the proportion of all children aged 0 to 15 living in income deprived families and **Income Deprivation Affecting Older People Index (IDAOPI)** measures the proportion of all those aged 60 or over who experience income deprivation.

Employment
The proportion of the working age population in an area involuntarily excluded from the labour market.

Education, Skills and Training
Measures the lack of attainment and skills in the local population. Includes two sub-domains: **Children and Young People** and **Adult Skills.**

Health & Disability
Measures the risk of premature death and the impairment of quality of life through poor physical or mental health.

Crime
Measures the risk of personal and material victimisation at local level.

Barriers to Housing and Services
Measures the physical and financial accessibility of housing and local services. Includes two sub-domains; **Geographical Barriers**, which relate to the physical proximity of local services, and **Wider Barriers** which includes issues relating to access to housing such as affordability and homelessness.

Living Environment
Measures the quality of the local environment. Includes two sub-domains; **Indoors** measures the quality of housing; while **Outdoors** contains measures of air quality and road traffic accidents.

PCN Information

Relative to other parts of Somerset, Mendip PCN is one of the least deprived. Of the approximate 32000 people living in the PCN area, there are no geographic areas identified as CORE20. Most of the sub domain indicators reflect a central deprivation rank but with good opportunity and attainment in employment and education. In contrast the geographical barriers indicator shows local service provision is some of the least accessible for the population.

Overall IMD Rank for PCN: **11**

Most Deprived → Least Deprived

IMD Sub-Domain PCN Rank	1	2	3	4	5	6	7	8	9	10	11	12	13
Adult Skills									9				
Barriers to Housing and Services										10			
Children and Young People								8					
Crime							7						
Education											11		
Employment											11		
Geographical Barriers		2											
Health										10			
Income											11		
Indoors							7						
Living Environment											11		
Outdoors									9				
Wider Barriers										10			

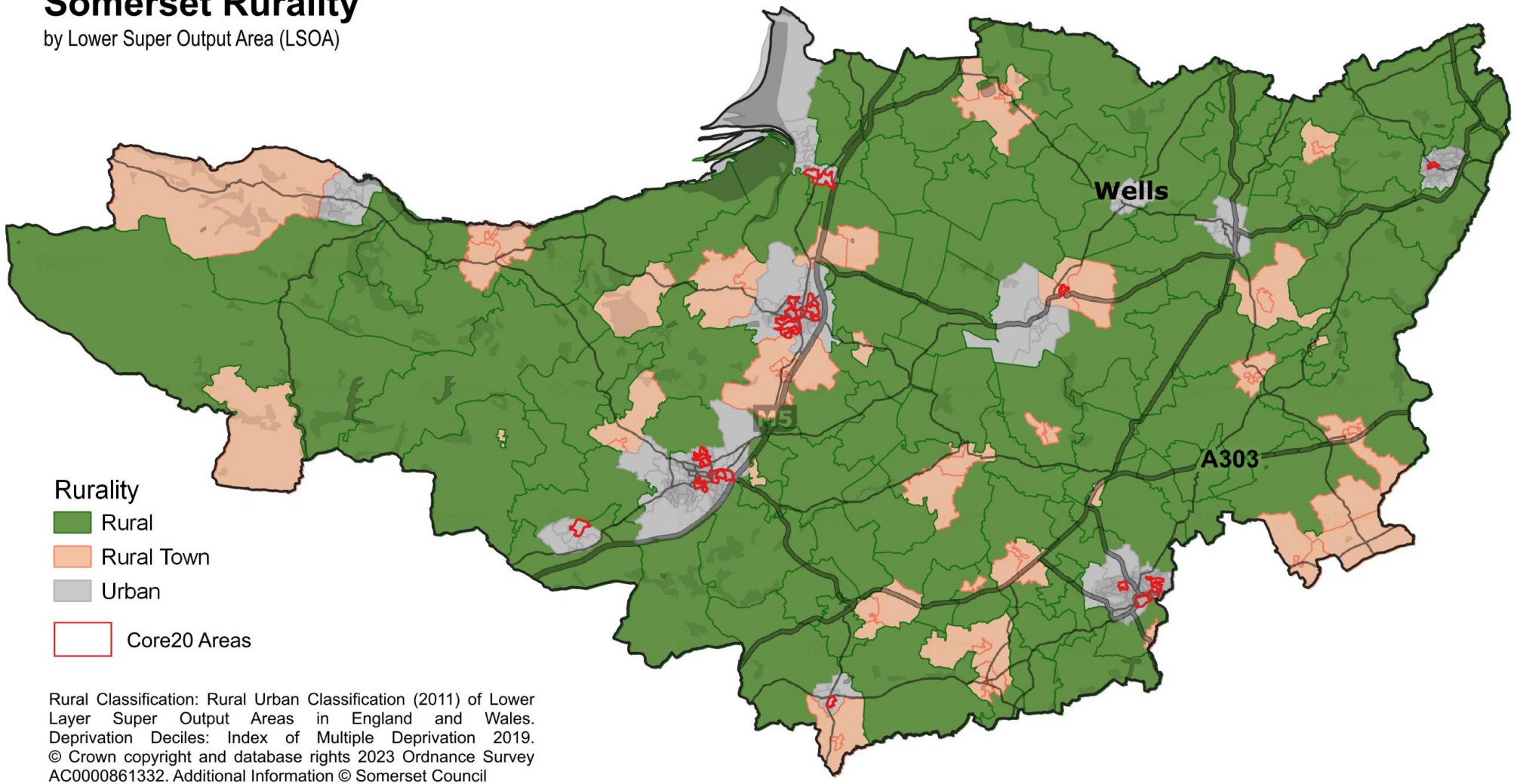
IDACI: **11**

IDAOPI: **11**

Selected PCN Area

Somerset Rurality

by Lower Super Output Area (LSOA)



Rural Classification: Rural Urban Classification (2011) of Lower Layer Super Output Areas in England and Wales. Deprivation Deciles: Index of Multiple Deprivation 2019. © Crown copyright and database rights 2023 Ordnance Survey AC0000861332. Additional Information © Somerset Council

Rural Urban Classification:

This classification (determined by the Office for National Statistics from the 2011 Census) is used to distinguish rural and urban areas.[6]

Urban Areas are the connected built up areas identified by Ordnance Survey mapping that have a resident population above 10,000 people.

Rural Areas are those with settlement populations of less than 10,000 people or open countryside.

Rural Town areas consist of six rural and four urban settlement/context combinations.

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Primary Care Network (PCN) Health and Wellbeing Profiles

Education Settings

MENDIP PCN

Primary Schools

- Beckington Church of England First School
- Berkley Church of England First School
- Bishop Henderson Church of England Primary School
- Bowlish Infant School
- Croscombe Church of England Primary School
- Evercreech Church of England Primary School
- Hemington Primary School
- Kilmersdon Church of England Primary School
- Leigh On Mendip School
- Norton St Philip Church of England First School
- Oakhill Church School
- Rode Methodist VC First School
- Shepton Mallet Community Infants' School & Nursery
- St Benedict's Catholic Primary School
- St Paul's Church of England VC Junior School
- St Vigor & St John Church School
- Stoke St Michael Primary School

Primary Schools (Continued)

Special Schools

- Newbury Manor School

Independent Schools

- All Hallows School
- Downside School
- Springmead Preparatory School

Secondary & All Through Schools

- Whitstone

Further Education

Pupil Referral Units

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Primary Care Network (PCN) Health and Wellbeing Profiles

Health Settings

MENDIP PCN

Pharmacies	Postcode
BOOTS	BA4 5RT
BOOTS	BA4 5TZ
COLEFORD PHARMACY	BA3 5NH
EVERCREECH PHARMACY	BA4 6JP

Opticians	Postcode
BOOTS OPTICIANS (SHEPTON MALLET)	BA4 5BD
CHRISTOPHER YOUNG OPTICIANS	BA4 5AS

Dentists	Postcode
DENTAL DEPT.	BA4 5LU
HIGH STREET DENTAL PRACTICE - SHEPTON MALLETT	BA4 5AN
TOWN STREET DENTAL PRACTICE	BA4 5BE

GP Practices	Postcode
BECKINGTON FAMILY PRACTICE	BA11 6SE
GROVE HOUSE SURGERY	BA4 5UH
MENDIP COUNTRY PRACTICE	BA3 5NQ
OAKHILL SURGERY	BA3 5HT
PARK MEDICAL PRACTICE	BA4 5RT

Community Hospital/Acute/MIU	Postcode
FROME COMMUNITY HOSPITAL	BA11 2FH
FROME MIU	BA11 2FH
SHEPTON MALLET COMMUNITY HOSPITAL	BA4 4PG
SHEPTON MALLET MIU	BA4 4PG

Primary Care Network (PCN) Health and Wellbeing Profiles

Community Assets

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Air Quality Management Sites

None

Major Roads

A361 from the M5 to Frome

A37 from Bristol to Yeovil

A371 from Weston-super-Mare to Wincanton

A39 from Bath to Bridgwater

Sports Centres

Shepton Mallet Leisure Centre

Recycling Centres

Frome Recycling Centre

Welfare Advice

Citizens Advice Mendip, Shepton Mallet

Conservation Areas

None

Notable Landmarks

Farleigh Hungerford Castle

Wookey Hole Caves

Libraries (also with BP Check Service)

Shepton Mallet Library

Railway Stations

Frome

Theatres & Cinemas

Cheese & Grain, Frome

Frome Memorial Theatre

Merlin Theatre, Frome

Community Anchors & Events

Bath and West Show

Paul Street Community Centre, Shepton Mallet

Wells Carnival

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Primary Care Network (PCN) Health and Wellbeing Profiles

Public Health Settings

Other Public Health Settings

- Needle Exchange Boots BA4 5RT
- OST Provider Boots BA4 5TZ
- OST Provider Coleford Pharmacy
- OST Provider Evercreech Pharmacy
- Shepton Mallet Food Bank

MENDIP PCN

Ex - Children Centre PHN Base & Service Delivery

The Level's Childrens Centre Eastover, Langport, TA10 9RY

Pharmacy Blood Pressure Check Service

- Boots BA4 5RT
- Boots BA4 5TZ
- Coleford Pharmacy BA3 5NH
- Evercreech Pharmacy BA4 6JP

Service delivery Point Only (contact with service users)

- Shepton Mallet Library, Market Place, Shepton Mallet, BA4 5NZ
- The Link Children's Centre, Farley Dell, Coleford, Radstock, BA3 5PN

Public Health Nursing Team Base Other

Shape Mendip Cannards Grave Road, Shepton Mallet, BA4 5BT

Locations to book an NHS Health Check (not including sevices provided by GP Practices) Oct 23

BP Monitor Availability[7]
Somerset Libraries[8]
Somerset Health Checks[9]
***OST (Opiate Substitution Therapy)**

Primary Care Network (PCN) Health and Wellbeing Profiles

Hospital Admissions - Introduction

About

Hospital Admissions are grouped using a categorisation of ICD-10 Codes; an international clinical coding standard, that allows for systematic recording, analysis, interpretation and comparison of mortality and morbidity data collection in different countries or regions, and at different times.[10,11]

Code levels displayed in this report have been locally determined by Somerset Council Public Health Intelligence. Code levels (e.g. Total, A Code) incorporate all relevant ICD-10 codes so are mutually exclusive. **A Codes** represent the broadest groups.

Key Terms

Emergency Admission: When an admission is unpredictable and at short notice because of clinical need.

Elective Admission: When an admission has been arranged in advance.[12]

Significance Levels

The summary page flags any indicators where the value for the selected PCN is significantly **higher** or **lower** than the Somerset average. Indicators of **similar** significance will not show in the summary visual however are displayed in the spine, trend and comparison charts. Flags of higher and lower do not indicate results of better or worse and so will require interpretation. As these indicators reflect a statistically significant difference from the Somerset average, these may be areas for further exploration or prioritisation.

In calculating statistical significance we take the rate or percentage for an area and apply confidence intervals (upper and lower). The range between the lower confidence interval and upper confidence interval represent the variation we would expect based on the size of the population. Confidence intervals in most cases are then also applied to the benchmark although sometimes the benchmark value is taken as being a true value usually when the the population is big enough.

If the confidence interval of the PCN and benchmark overlap then there is considered to be no statistical significance (similar). However, if the lower confidence interval of the PCN rate is above the the upper confidence interval of the benchmark then the PCN rate is significantly higher. The reverse is true if there is a gap between the upper confidence interval of the PCN and the lower confidence interval for the benchmark.

Even though we might have data for the entire population on some indicators confidence intervals are used to reflect 'natural' variation and chance in outcomes. We would normally use 95% confidence intervals which means we are 95% confident that the "true" rate is within this range that is to say we will be right 95 times out of 100. Different methods are used for different types of data. For percentages Wilson Score confidence intervals are used and for Directly Standardised Rates Byar's method with Dobsons method are used.

We use guidance maintained by the Office of Health Improvement and Disparities (OHID). More detail can be found in the Public Health Methods Fingertips guidance[13] and more specifically:
APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.

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Primary Care Network (PCN) Health and Wellbeing Profiles

Hospital Admissions - Summary

MENDIP PCN

Indicators that have a significant value compared to the Somerset average

Indicator	Groups	Period	PCN Value	Somerset Value	Unit	Significance
Hospital Elective Admissions (All Ages)	All Ages	2021/2022	11,236.66	13,435.04	DSR rate per 100000	Lower
Hospital Elective Admissions Primary Diagnosis: (ACode) CANCER (All Ages)	All Ages	2021/2022	2,686.13	3,661.57	DSR rate per 100000	Lower
Hospital Elective Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	All Ages	2021/2022	5,741.91	6,737.82	DSR rate per 100000	Lower
Hospital Elective Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages)	All Ages	2021/2022	108.63	162.40	DSR rate per 100000	Lower
Hospital Emergency Admissions (All Ages)	All Ages	2021/2022	9,185.21	10,361.19	DSR rate per 100000	Lower
Hospital Emergency Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages)	All Ages	2021/2022	886.69	1,066.54	DSR rate per 100000	Lower
Hospital Emergency Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages)	All Ages	2021/2022	801.07	1,007.31	DSR rate per 100000	Lower
Hospital Emergency Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	All Ages	2021/2022	6,428.63	7,011.37	DSR rate per 100000	Lower

Primary Care Network (PCN) Health and Wellbeing Profiles

Hospital Admissions - Spine Chart

MENDIP PCN

Significantly lower than benchmark | Statistically similar to benchmark | Significantly higher than benchmark | Significance not tested | Somerset Benchmark | **Minimum** value for groups of the same type | **Maximum** value for groups of the same type

Indicator	Period	Numerator	Value	Min	Spine Chart (Minimum … Maximum)	Max	Unit
Hospital Elective Admissions (All Ages)	2021/2022	4065	11236.66	11187.57		15126.77	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) CANCER (All Ages)	2021/2022	995	2686.13	2339.06		5389.56	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages)	2021/2022	135	367.11	367.11		519.74	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages)	2021/2022	815	2332.88	2204.65		2903.31	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	2021/2022	2085	5741.91	5577.03		7750.38	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages)	2021/2022	35	108.63	105.37		209.53	DSR rate per 100000
Hospital Emergency Admissions (All Ages)	2021/2022	3235	9185.21	8969.64		14237.41	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) CANCER (All Ages)	2021/2022	70	184.81	184.81		285.94	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages)	2021/2022	335	886.69	886.69		1374.59	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages)	2021/2022	285	801.07	682.72		1308.94	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	2021/2022	2230	6428.63	5861.24		9996.46	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages)	2021/2022	310	873.99	807.93		1225.64	DSR rate per 100000

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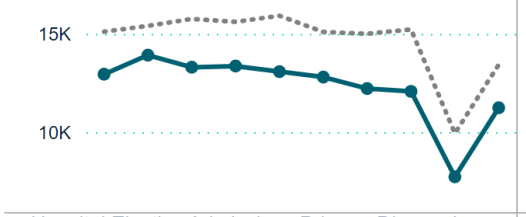
Primary Care Network (PCN) Health and Wellbeing Profiles

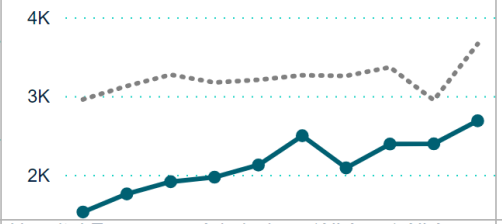
Hospital Admissions - Trend Charts

MENDIP PCN

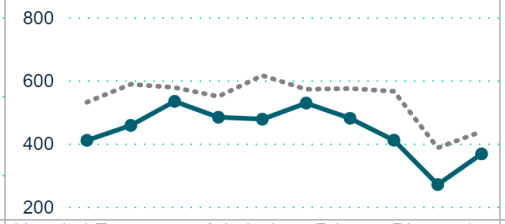
Hospital Elective Admissions (All Ages) All Ages



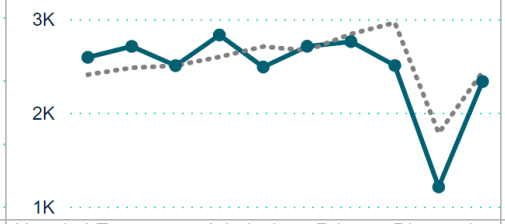
Hospital Elective Admissions Primary Diagnosis: (ACode) CANCER (All Ages) All Ages



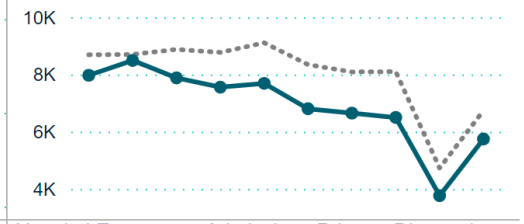
Hospital Elective Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages) All Ages



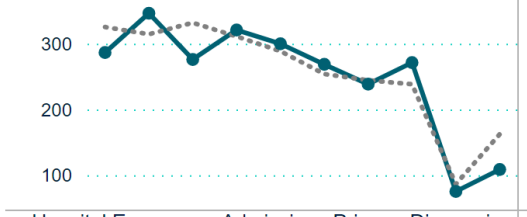
Hospital Elective Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages) All Ages



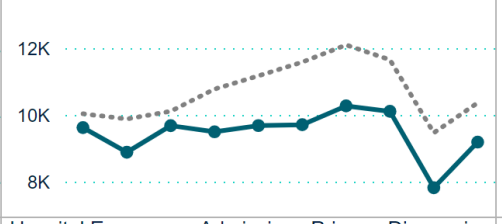
Hospital Elective Admissions Primary Diagnosis: (ACode) Other (A) (All Ages) All Ages



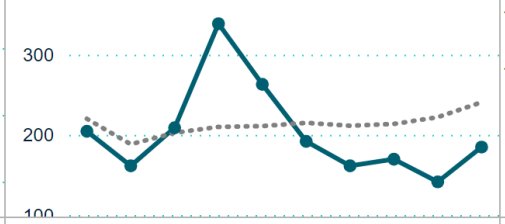
Hospital Elective Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages) All Ages



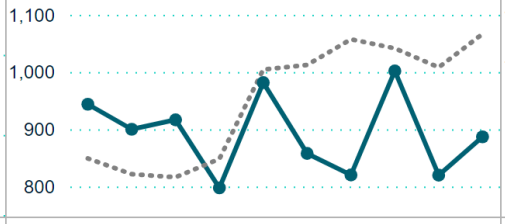
Hospital Emergency Admissions (All Ages) All Ages



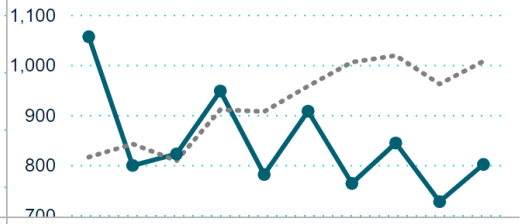
Hospital Emergency Admissions Primary Diagnosis: (ACode) CANCER (All Ages) All Ages



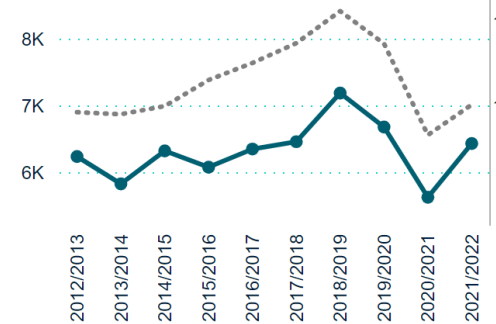
Hospital Emergency Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages) All Ages



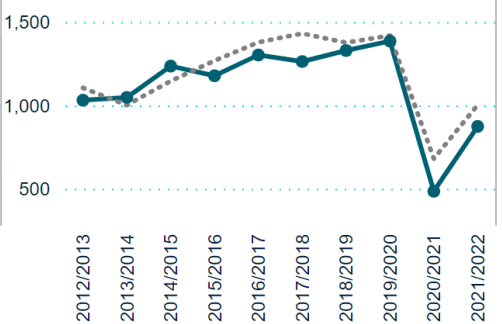
Hospital Emergency Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages) All Ages



Hospital Emergency Admissions Primary Diagnosis: (ACode) Other (A) (All Ages) All Ages



Hospital Emergency Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages) All Ages



PCN Value Somerset Value

Primary Care Network (PCN) Health and Wellbeing Profiles

Hospital Admissions - Comparison Charts

Selected PCN Area

MENDIP PCN

Somerset Council

Primary Care Network (PCN) Health and Wellbeing Profiles

Hospital Admissions - Meta Data

Indicator Name	Direct Data Source	Unit	Value type
Hospital Elective Admissions (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) CANCER (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Emergency Admissions (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) CANCER (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) DEMENTIA AND ALZHEIMER'S (A) (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages)	Hospital Episode Statistics (HES), NHS Digital; Office for National Statistics (ONS) Mid-Year Population Estimates	DSR	DSR rate per 100000

About

The National General Practice Profiles are designed to support GPs, PCNs, ICBs and local authorities to ensure that they are providing and commissioning effective and appropriate healthcare services for their local population. The profiles do not contain an exhaustive list of primary care indicators, but they do allow a consistent approach to comparing and benchmarking across England.

Within the profiles are Quality and Outcomes Framework, usually known as QOF, domains. The QOF, is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice based on a selection of indicators agreed as part of the GP contract negotiations every year.[14]

This report has focussed on the currently active QOF prevalence and incidence indicators.

Key Terms

Prevalence: a measure of the frequency of a disease or health condition in a population at a particular point in time.

Incidence: a measure of the number of newly diagnosed cases within a particular time period.

Significance Levels

The summary page flags any indicators where the value for the selected PCN is significantly **higher** or **lower** than the Somerset average. Indicators of **similar** significance will not show in the summary visual however are displayed in the spine, trend and comparison charts. Flags of higher and lower do not indicate results of better or worse and so will require interpretation. As these indicators reflect a statistically significant difference from the Somerset average, these may be areas for further exploration or prioritisation.

In calculating statistical significance we take the rate or percentage for an area and apply confidence intervals (upper and lower). The range between the lower confidence interval and upper confidence interval represent the variation we would expect based on the size of the population. Confidence intervals in most cases are then also applied to the benchmark although sometimes the benchmark value is taken as being a true value usually when the the population is big enough.

If the confidence interval of the PCN and benchmark overlap then there is considered to be no statistical significance. However, if the lower confidence interval of the PCN rate is above the the upper confidence interval of the benchmark then the PCN rate is significantly higher. The reverse is true if there is a gap between the upper confidence interval of the PCN and the lower confidence interval for the benchmark.

Even though we might have data for the entire population on some indicators confidence intervals are used to reflect 'natural' variation and chance in outcomes. We would normally use 95% confidence intervals which means we are 95% confident that the "true" rate is within this range that is to say we will be right 95 times out of 100. Different methods are used for different types of data. For percentages Wilson Score confidence intervals are used and for Directly Standardised Rates Byar's method with Dobsons method are used.

We use guidance maintained by the Office of Health Improvement and Disparities (OHID). More detail can be found in the Public Health Methods Fingertips guidance[15] and more specifically:
APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.

Somerset Council

Primary Care Network (PCN) Health and Wellbeing Profiles

National General Practice Profiles - QOF - Summary

MENDIP PCN

Indicators that have a significant value compared to the Somerset average

Indicator	Period	PCN Value	Somerset Value	Unit	Significance
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs)	2021/22	5.3%	4.3%	Proportion	Higher
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	2021/22	9.4%	8.2%	Proportion	Higher
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	2021/22	13.8%	11.3%	Proportion	Higher
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages)	2021/22	0.7%	0.5%	Proportion	Higher
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	2021/22	1.1%	0.9%	Proportion	Higher
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages)	2021/22	2.8%	3.1%	Proportion	Lower
Dementia: QOF prevalence (all ages) (247) (Persons - All ages)	2021/22	0.7%	0.9%	Proportion	Lower
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	2021/22	7.0%	7.6%	Proportion	Lower
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages)	2021/22	0.3%	0.5%	Proportion	Lower
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages)	2021/22	1.0%	1.2%	Proportion	Lower
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	2021/22	0.4%	0.6%	Proportion	Lower
PAD: QOF prevalence (all ages) (92590) (Persons - All ages)	2021/22	0.6%	0.8%	Proportion	Lower
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	2021/22	15.1%	15.8%	Proportion	Lower

Somerset Council

Primary Care Network (PCN) Health and Wellbeing Profiles

National General Practice Profiles - QOF - Spine Chart

MENDIP PCN

Significantly lower than benchmark | Statistically similar to benchmark | Significantly higher than benchmark | Significance not tested | Somerset Benchmark | **Minimum** value for groups of the same type | **Maximum** value for groups of the same type

Indicator	Period	Numerator	Value	Min	Spine Chart (Minimum – Maximum)	Max	Unit
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs)	2021/22	2572	7.3%	6.6%		7.8%	Proportion
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages)	2021/22	1052	2.8%	2.5%		4.4%	Proportion
Cancer: QOF prevalence (all ages) (276) (Persons - All ages)	2021/22	1718	4.6%	3.7%		5.8%	Proportion
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs)	2021/22	1596	5.3%	3.4%		5.8%	Proportion
Dementia: QOF prevalence (all ages) (247) (Persons - All ages)	2021/22	273	0.7%	0.7%		1.1%	Proportion
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	2021/22	526	1.8%	1.2%		2.2%	Proportion
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	2021/22	2128	7.0%	6.7%		8.7%	Proportion
Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs)	2021/22	231	0.8%	0.7%		1.3%	Proportion
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages)	2021/22	129	0.3%	0.2%		0.8%	Proportion
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages)	2021/22	376	1.0%	1.0%		1.6%	Proportion
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	2021/22	158	0.4%	0.3%		1.0%	Proportion
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages)	2021/22	281	0.8%	0.6%		1.1%	Proportion
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	2021/22	2826	9.4%	5.9%		10.2%	Proportion
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	2021/22	4120	13.8%	10.2%		13.8%	Proportion
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs)	2021/22	186	1.1%	0.7%		2.2%	Proportion
PAD: QOF prevalence (all ages) (92590) (Persons - All ages)	2021/22	209	0.6%	0.6%		1.4%	Proportion
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages)	2021/22	246	0.7%	0.2%		1.2%	Proportion
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	2021/22	350	1.1%	0.7%		1.2%	Proportion
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	2021/22	4737	15.1%	13.4%		19.5%	Proportion

Somerset Council

Primary Care Network (PCN) Health and Wellbeing Profiles

National General Practice Profiles - QOF - Trend Charts

MENDIP PCN

Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs) Persons /6+

Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages) Persons /All ages

Cancer: QOF prevalence (all ages) (276) (Persons - All ages) Persons /All ages

CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs) Persons /18+

Dementia: QOF prevalence (all ages) (247) (Persons - All ages) Persons /All ages

Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs) Persons /18+

Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs) Persons /17+

Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs) Persons /18+

Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages) Persons /All ages

Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages) Persons /All ages

Learning disability: QOF prevalence (all ages) (200) (Persons - All ages) Persons /All ages

Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages) Persons /All ages

Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs) Persons /18+

Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs) Persons /18+

Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs) Persons /50+

PAD: QOF prevalence (all ages) (92590) (Persons - All ages) Persons /All ages

Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages) Persons /All ages

Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs) Persons /16+

Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs) Persons /15+

2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22

PCN Value Somerset Value

Primary Care Network (PCN) Health and Wellbeing Profiles

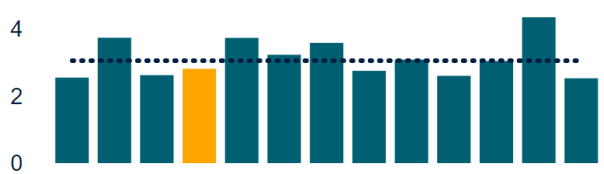
National General Practice Profiles - QOF - Comparison Charts

Selected PCN Area

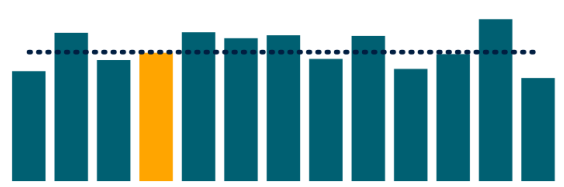
MENDIP PCN

Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs) 2021/22 Persons /6+

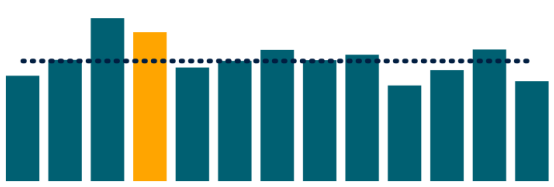
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages) 2021/22 Persons /All ages



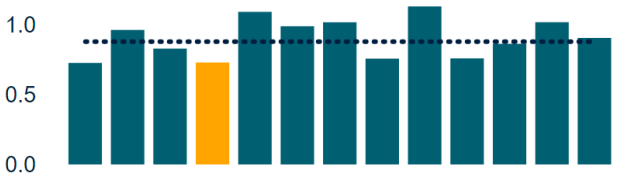
Cancer: QOF prevalence (all ages) (276) (Persons - All ages) 2021/22 Persons /All ages



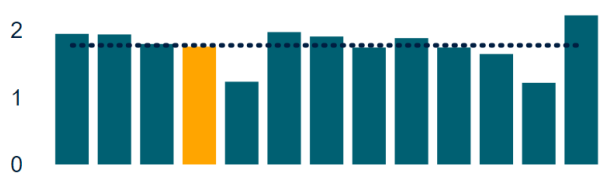
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs) 2021/22 Persons /18+



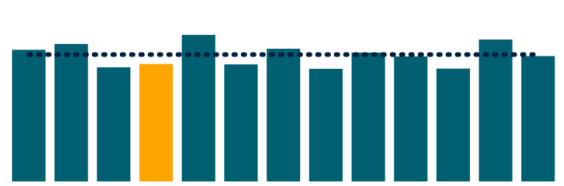
Dementia: QOF prevalence (all ages) (247) (Persons - All ages) 2021/22 Persons /All ages



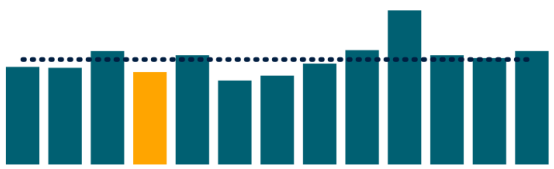
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs) 2021/22 Persons /18+



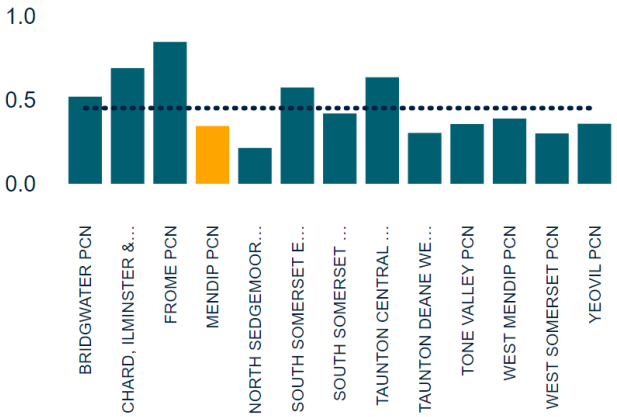
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs) 2021/22 Persons /17+



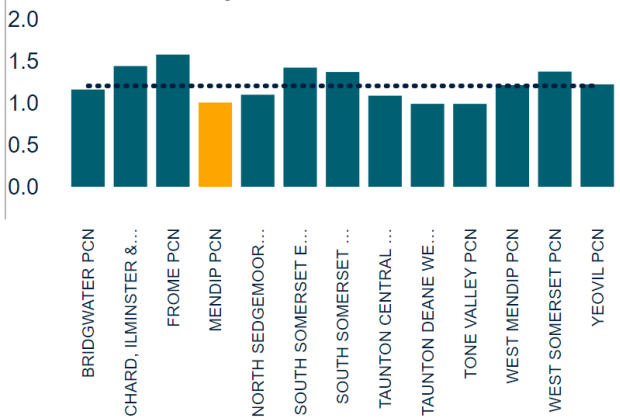
Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs) 2021/22 Persons /18+



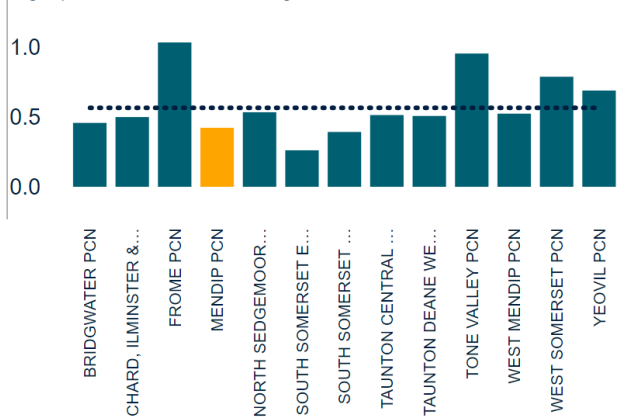
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages) 2021/22 Persons /All ages



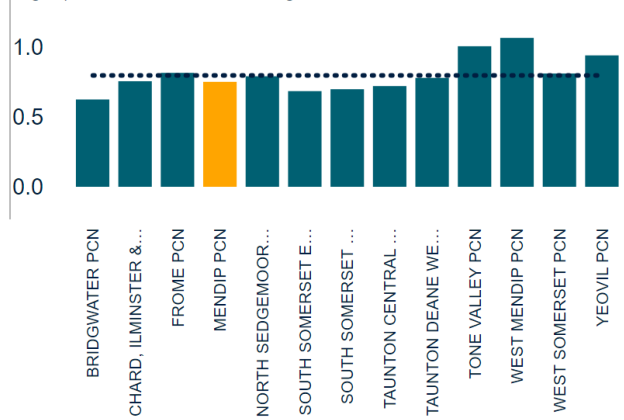
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages) 2021/22 Persons /All ages



Learning disability: QOF prevalence (all ages) (200) (Persons - All ages) 2021/22 Persons /All ages



Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages) 2021/22 Persons /All ages



PCN Value Somerset Value Selected PCN Value

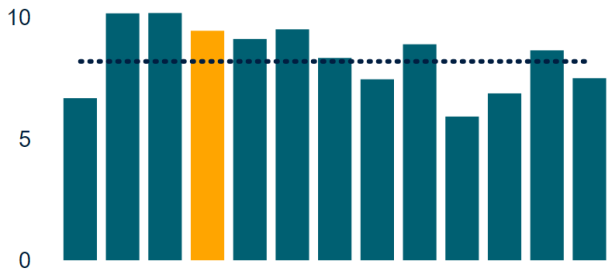
Primary Care Network (PCN) Health and Wellbeing Profiles

National General Practice Profiles - QOF - Comparison Charts

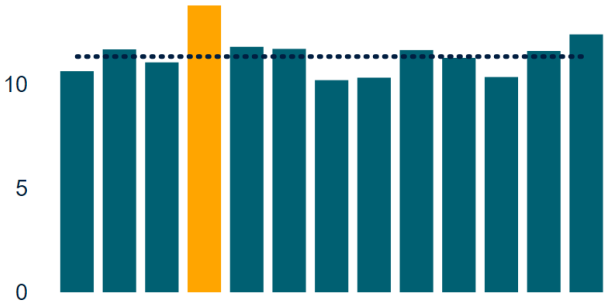
Selected PCN Area

MENDIP PCN

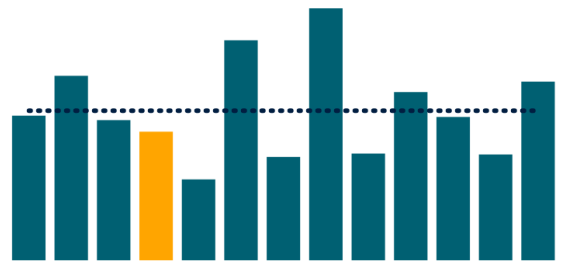
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs) 2021/22 Persons /18+



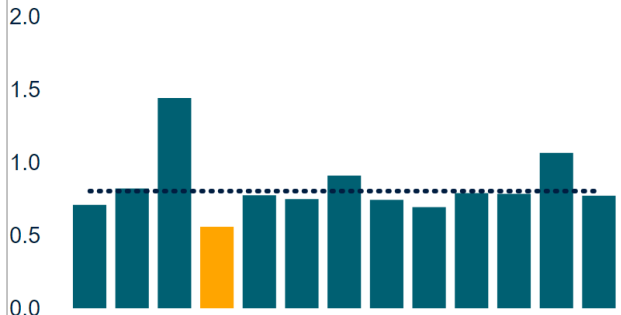
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs) 2021/22 Persons /18+



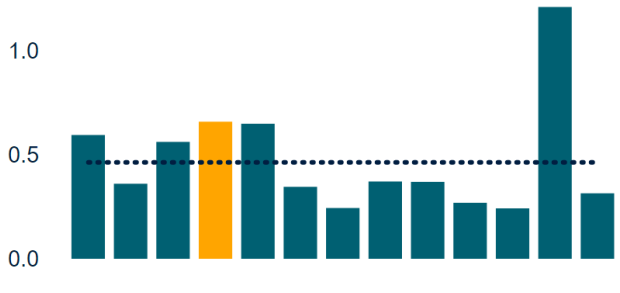
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs) 2021/22 Persons /50+



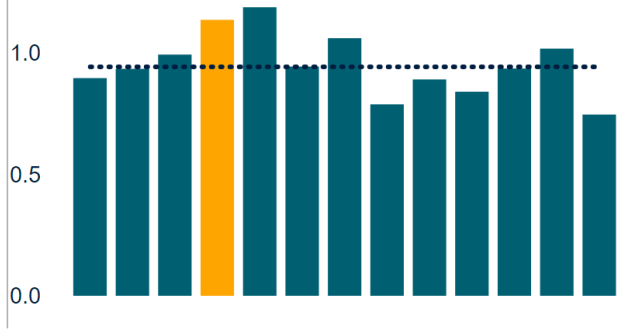
PAD: QOF prevalence (all ages) (92590) (Persons - All ages) 2021/22 Persons /All ages



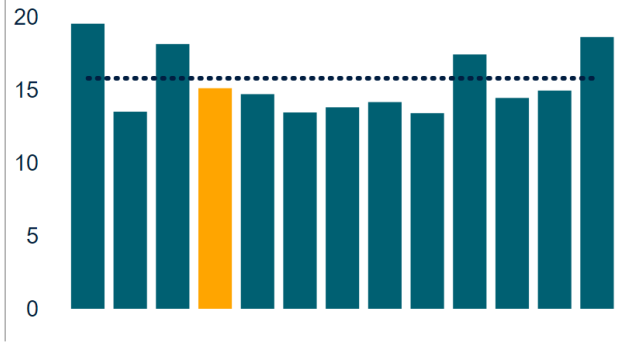
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages) 2021/22 Persons /All ages



Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs) 2021/22 Persons /16+



Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs) 2021/22 Persons /15+



PCN Value Somerset Value Selected PCN Value

Primary Care Network (PCN) Health and Wellbeing Profiles

National General Practice Profiles - QOF - Definitions

Indicator	Definition
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs)	The percentage of patients aged 6 yrs and older with asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months, as recorded on practice disease registers from all registered patients aged 6 yrs and older.
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages)	The percentage of patients with atrial fibrillation, as recorded on practice disease registers.
Cancer: QOF prevalence (all ages) (276) (Persons - All ages)	The percentage of patients with cancer, as recorded on practice disease registers (register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1st April 2003).
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs)	The percentage of patients aged 18 years and over with chronic kidney disease (CKD) with classification of categories G3a to G5, as recorded on practice disease registers.
Dementia: QOF prevalence (all ages) (247) (Persons - All ages)	The recorded dementia prevalence is the number of people with dementia recorded on GP practice registers as a proportion of the people (all ages) registered at each GP practice. Where allocated to a local authority boundary this was done using the postcode of the practice.
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year.
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	The percentage of patients aged 17 or over with diabetes mellitus, as recorded on practice disease registers.
Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs)	The percentage of patients aged 18 years and over with epilepsy, as recorded on practice disease registers.
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages)	The percentage of patients with heart failure due to left ventricular systolic dysfunction (LVSD) as recorded on practice disease records.
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages)	The percentage of patients with heart failure, as recorded on practice disease registers.
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	The percentage of patients with learning disabilities, as recorded on practice disease registers
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	All patients aged 18 or over with a record of Non-Diabetic Hyperglycaemia (NDH) or pre-diabetes, which has not been superseded by a diagnosis of diabetes recorded prior to the beginning of the financial year, out of all patients aged 18+ yrs registered with the practice.
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	Percentage of patients aged 18 or over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice disease registers. The denominator is patients aged 18 or over taken from the Prescription Pricing Division practice populations.
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs)	The percentage of patients with osteoporosis, as recorded on practice disease register, from all patients aged 50 or older.
PAD: QOF prevalence (all ages) (92590) (Persons - All ages)	The percentage of patients with peripheral arterial disease, as recorded on practice disease registers (proportion of total list size).
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages)	The percentage of patients in need of palliative care/support, as recorded on practice disease registers, irrespective of age.
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	The percentage of patients with rheumatoid arthritis, as recorded on practice disease register.
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	The percentage of patients (aged 15+ yrs) who are recorded as current smokers.

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Primary Care Network (PCN) Health and Wellbeing Profiles

National General Practice Profiles - QOF - Meta Data

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90933	%	Proportion
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	280	%	Proportion
Cancer: QOF prevalence (all ages) (276) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	276	%	Proportion
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	258	%	Proportion
Dementia: QOF prevalence (all ages) (247) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	247	%	Proportion
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90646	%	Proportion
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	241	%	Proportion
Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	224	%	Proportion
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	849	%	Proportion
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	262	%	Proportion
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	200	%	Proportion
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90581	%	Proportion
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93797	%	Proportion
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92588	%	Proportion
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90443	%	Proportion
PAD: QOF prevalence (all ages) (92590) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92590	%	Proportion
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	294	%	Proportion
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91269	%	Proportion
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	Quality and Outcomes Framework (QOF), NHS Digital	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91280	%	Proportion

To directly access a Fingertips indicator of interest, note the Indicator ID from the above table > in a browser navigate to https://fingertips.phe.org.uk > type the ID number into the 'Search for indicators' search bar.

About

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4 to 5) and Year 6 (aged 10 to 11), to asses overweight and obesity levels in children within primary school. The data can be used to support local public health initiatives, and inform the planning and delivery of services for children.[16]

For NCMP data, data suppression has been implemented where the PCN value is based on a count of less than 13 and will show as blank in all visuals. All values greater than or equal to 13 have been rounded to the nearest five. Due to the small number suppression the underweight category for both Reception and Year 6 will not be shown for any PCN area. This figures shown here, including the Somerset figure, may be different to published figures in other places due to the impact of rounding and using locally collected data. We have also excluded people who have a non-measurement, this may not be the case in figures elsewhere.

A letter categorisation (A to E) has been applied to the weight groups to keep visuals showing in a meaningful order.

Total measurement participation coverage in 2017/18 was **85.8%**, 2018/19 was **89.1%,** and 2021/22 was **87.6%.** 2020/21 and 2021/22 do not have participation coverage figures as collections were impacted by COVID-19.[17]

Definitions

'For population monitoring purposes children are classified as overweight if their body mass index (BMI) is on or above the 85th centile, but less than the 95th centile of the British 1990 growth reference (UK90) according to age and sex. The population monitoring cut points for overweight, and obesity are slightly lower than the clinical cut points used to assess individual children, this is to capture those children with an unhealthy BMI for their age and those at risk of moving to an unhealthy BMI.' BMI is calculated by dividing a child's weight (in kilograms) by the square of their height (in metres), this is then compared to the reference data UK90.[16,17]

Significance Levels

The summary page flags any indicators where the value for the selected PCN is significantly **higher** or **lower** than the Somerset average. Indicators of **similar** significance will not show in the summary visual however are displayed in the spine, trend and comparison charts. Flags of higher and lower do not indicate results of better or worse and so will require interpretation. As these indicators reflect a statistically significant difference from the Somerset average, these may be areas for further exploration or prioritisation.

In calculating statistical significance we take the rate or percentage for an area and apply confidence intervals (upper and lower). The range between the lower confidence interval and upper confidence interval represent the variation we would expect based on the size of the population. Confidence intervals in most cases are then also applied to the benchmark although sometimes the benchmark value is taken as being a true value usually when the the population is big enough.

If the confidence interval of the PCN and benchmark overlap then there is considered to be no statistical significance. However, if the lower confidence interval of the PCN rate is above the the upper confidence interval of the benchmark then the PCN rate is significantly higher. The reverse is true if there is a gap between the upper confidence interval of the PCN and the lower confidence interval for the benchmark.

Even though we might have data for the entire population on some indicators confidence intervals are used to reflect 'natural' variation and chance in outcomes. We would normally use 95% confidence intervals which means we are 95% confident that the "true" rate is within this range that is to say we will be right 95 times out of 100. Different methods are used for different types of data. For percentages Wilson Score confidence intervals are used and for Directly Standardised Rates Byar's method with Dobsons method are used.

We use guidance maintained by the Office of Health Improvement and Disparities (OHID). More detail can be found in the Public Health Methods Fingertips guidance[18] and more specifically:
APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.

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Primary Care Network (PCN) Health and Wellbeing Profiles

National Child Measurement Programme - Summary

MENDIP PCN

Indicators that have a significant value compared to the Somerset average

Indicator	Period	PCN Value	Somerset Value	Unit	Significance

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National Child Measurement Programme - Spine Chart

MENDIP PCN

Significantly lower than benchmark | Statistically similar to benchmark | Significantly higher than benchmark | Significance not tested | Somerset Benchmark | **Minimum** value for groups of the same type | **Maximum** value for groups of the same type

Indicator	Period	Numerator	Value	Min	Spine Chart (Minimum … Maximum)	Max	Unit
Reception: A - Healthy Weight	2021/22	230	76.7%	70.5%		85.3%	Proportion
Reception: B - Overweight	2021/22	45	15.0%	6.7%		18.2%	Proportion
Reception: C - Very Overweight	2021/22	15	5.0%	5.0%		11.9%	Proportion
Reception: D - Overweight & Very Overweight	2021/22	60	20.0%	13.3%		29.5%	Proportion
Year 6: A - Healthy Weight	2021/22	165	68.8%	58.8%		68.9%	Proportion
Year 6: B - Overweight	2021/22	30	12.5%	11.1%		16.5%	Proportion
Year 6: C - Very Overweight	2021/22	45	18.8%	14.3%		25.6%	Proportion
Year 6: D - Overweight & Very Overweight	2021/22	75	31.3%	28.6%		40.0%	Proportion

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Primary Care Network (PCN) Health and Wellbeing Profiles

National Child Measurement Programme - Trend Charts

Selected PCN Area

MENDIP PCN

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Primary Care Network (PCN) Health and Wellbeing Profiles

National Child Measurement Programme - Comparison Charts

MENDIP PCN

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Primary Care Network (PCN) Health and Wellbeing Profiles

Admissions - Meta Data

Indicator	Direct Data Source	Unit	Value type
Reception: A - Healthy Weight	National Child Measurement Programme	%	Proportion
Reception: B - Overweight	National Child Measurement Programme	%	Proportion
Reception: C - Very Overweight	National Child Measurement Programme	%	Proportion
Reception: D - Overweight & Very Overweight	National Child Measurement Programme	%	Proportion
Year 6: A - Healthy Weight	National Child Measurement Programme	%	Proportion
Year 6: B - Overweight	National Child Measurement Programme	%	Proportion
Year 6: C - Very Overweight	National Child Measurement Programme	%	Proportion
Year 6: D - Overweight & Very Overweight	National Child Measurement Programme	%	Proportion
Year 6: E - Underweight	National Child Measurement Programme	%	Proportion

Primary Care Network (PCN) Health and Wellbeing Profiles

Links/References

1	Fingertips guidance - Public Health methods - OHID (phe.org.uk) https://fingertips.phe.org.uk/documents/APHO%20Tech%20Briefing%203%20Common%20PH%20Stats%20and%20CIs.pdf
2	NHS England » Primary care networks
3	Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
4	English indices of deprivation - GOV.UK (www.gov.uk)
5	English indices of deprivation - GOV.UK (www.gov.uk)
6	https://www.gov.uk/government/collections/rural-urban-classification
7	Blood Pressure Monitoring Kit – free loans (somerset.gov.uk)
8	Libraries (somerset.gov.uk)
9	Somerset NHS Health Check (somersethealthchecks.co.uk)
10	International Classification of Diseases (ICD) (who.int)
11	ICD-10 Version:2019 (who.int)
12	NHS Data Model and Dictionary (datadictionary.nhs.uk)
13	Fingertips guidance - Public Health methods - OHID (phe.org.uk)
14	Quality and Outcomes Framework (QOF) - NHS Digital
15	Fingertips guidance - Public Health methods - OHID (phe.org.uk)
16	National Child Measurement Programme - NHS Digital
17	Obesity Profile - OHID (phe.org.uk)
18	Fingertips guidance - Public Health methods - OHID (phe.org.uk)