Somerset Primary Care Network Public Health Priority Packs

Created by Somerset Council, Public Health Intelligence

Mendip PCN

Contents

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Introduction

The Somerset Primary Care Network (PCN) Public Health Priority Packs have been produced by the Public Health Team at Somerset Council. They are designed to highlight key indicators for identifying unwarranted variation and health inequalities at a community level. Each priority topic has a Spine Chart data view, a Definitions page, and a Meta Data page.

Somerset Primary Care Network Health and Wellbeing Profiles

The Somerset Primary Care Network (PCN) Health and Wellbeing Profiles can be used alongside this data pack. These 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. A profile has been created for each of Somerset's 13 PCN areas to support the locality working model adopted by the Public Health Team at Somerset Council.

A direct link to the published profiles can be found on the 'Abbreviations & Links' page.

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.

*Lower Super Output Areas (LSOA) 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.

Questions and Feedback

Please contact the Public Health Intelligence team using the email address below with any questions or feedback.

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.

Significance Levels

The Spine Chart highlights where an indicator value for the selected PCN is significantly **higher, lower** or **similar** than the Somerset average. 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 section of fingertips (a link is available on the Abbreviations & Links page), and more specifically:
APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.

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Abbreviations

Abbreviation	Definition
AF	Atrial Fibrillation
BP	Blood Pressue
CVD	Cardiovascular Disease
CYP	Children and Young People
GP	General Practice
GRT	Gypsy, Roma and Traveller
H&WB	Health and Wellbeing
LARC	Long Acting Reversible Contraception
MH	Mental Health
NCMP	National Child Measurement Programme
No.	Number of
OCU	Opiate and/or Crack User
PCN	Primary Care Network
QRISK	Cardiovascular Risk Score
RSHE	Relationships, Sex and Health Education
SDAS	Somerset Drugs and Alcohol Service
SH	Sexual Health
STI	Sexually Transmitted Infections
U16	Under 16
U18	Under 18
YP	Young People
yr	Year

Links

[Public health profiles - OHID (phe.org.uk)](#)

Access data from the National General Practice Profiles and more.

[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

[Localities (healthysomerset.co.uk)](#)

Somerset PCN Health and Wellbeing Profiles

Mendip PCN

- ● Significantly lower than benchmark
- ○ (yellow) Statistically similar to benchmark
- ● (orange) 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

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Aims of this priority area: A) Preparing for healthy pregnancy and parenthood routine part of life. B) Ineqaulities in maternal and child health and transgenerational transmission are reduced. C) Disparities in a child's life chances reduced. D) Ensure children in Somerset have every opportunity to achieve their full potential by providing a stable platform for development and learning from conception and during the first 1001 days of brain development. E) Increased breastfeeding initiation, prevalence within the first 12 months in areas of deprivation and health inclusion groups. F) Good quality infant feeding/weaning support to promote parental confidence. G) Health literacy for all parents and prevent burden on acute health services. H) Ensure all children are kept safe from harm, grow up in a loving protective environment and reduce childhood accidents.

Indicator	Period	Count	Value	Min	Spine Chart	Max	Unit
ASQ Overall Outcome of those children who have a review recorded at 2-2.5 years	2022/2023	145	50.0%	39.3%		53.2%	Proportion
Dtap / IPV / Hib vaccination (2 years) (92782) (Persons - 2 yrs)	2021/22	335	97.1%	91.9%		98.6%	Proportion
Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	2020/21 - 22/23	835	153.75	123.17		167.45	Crude rate
Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	2020/21 - 22/23	140	76.47	70.31		104.35	Crude rate
MMR vaccination for one dose (2 years) (92781) (Persons - 2 yrs)	2021/22	329	95.4%	90.5%		96.2%	Proportion
% of children in reciept of additional support (Targeted or Specialist assignment) at the 2-2.5 year review	2022/2023	25	8.6%	5.3%		24.7%	Proportion
Proportion of GP registered populations by age group (93468) (Persons - 0-4 yrs)	2023	1820	4.8%	3.3%		5.1%	Proportion
Totally or Partially Breastfeeding at the 6 to 8 week review	2022/2023	160	57.1%	46.6%		67.0%	Proportion
Babies who received at least 3 doses of a DTaP vaccine before the age of 8 months (93924) (Persons - ...)	2022/23	342	91.4%	79.2%		93.9%	Proportion
Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Pers...)	2022/23	336	88.2%	87.6%		94.3%	Proportion

Indicator	Indicator (Full)	Definition
% of children in reciept of additional support (Targeted or Specialist assignment) at the 2-2.5 year review	Proportion of children in reciept of additional support (Targeted or Specialist assignment) at the Two to Two and Half Years review	The percentage of children in reciept of additional support (Targeted or Specialist assignment) at the 2-2.5 year review. Assignments are based on the surveillance outcome recorded at the end of the development check template. Surveillance outcomes are mapped to the denominations Universal, Targeted and Specialist.
ASQ Overall Outcome of those children who have a review recorded at 2-2.5 years	ASQ Overall Outcome of those children who have a review recorded at Two to Two and Half Years	The percentage of children where an ASQ template has been fully completed at the 2-2.5 year review. ASQ-3 is an assessment of the development of a child across five domains. It is primarily an assessment tool designed to help support families. There are many age appropriate versions of the ASQ. However, the only ones usually considered at those captured during the 2-2.5 year review. Nationally this has been considered a useful tool to benchmark child development Somerset relative to others areas.
Babies who received at least 3 doses of a DTaP vaccine before the age of 8 months (93924) (Persons - 8 mths)	VI001 - Babies who received at least 3 doses of a DTaP vaccine before the age of 8 months (93924) (Persons - 8 mths)	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine (DTaP) before the age of 8 months.
Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Persons - 18 mths)	VI002 - Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Persons - 18 mths)	The percentage of children who have reached the age of 12 months in the preceding 18 months, who have received at least 1 dose of a measles, mumps, rubella vaccine (MMR) between the ages of 12 and 18 months.
Dtap / IPV / Hib vaccination (2 years) (92782) (Persons - 2 yrs)	Dtap / IPV / Hib vaccination (2 years) (92782) (Persons - 2 yrs)	Children for whom the local authority is responsible who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday as a percentage of children whose second birthday falls within the time period.
Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	Crude rate of emergency admissions (0 to 4 years) per 1,000 population
Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years per 10,000 registered population aged under 15 years.
MMR vaccination for one dose (2 years) (92781) (Persons - 2 yrs)	MMR vaccination for one dose (2 years) (92781) (Persons - 2 yrs)	All children for whom the local authority is responsible who received one dose of MMR vaccine on or after their first birthday and at any time up to their second birthday as a percentage of all children whose second birthday falls within the time period.
Proportion of GP registered populations by age group (93468) (Persons - 0-4 yrs)	Proportion of GP registered populations by age group (93468) (Persons - 0-4 yrs)	Proportion of the GP registered population (in percent) in the specified age group
Totally or Partially Breastfeeding at the 6 to 8 week review	Totally or Partially Breastfeeding at the six to eight week review	The percentage of children where a breastfeeding status is recorded as Totally or Partially breastfed at the six to eight week review; this is a proportion of all children turning eight weeks old in the period. The breastfeeding category is recorded as part of the development check template for national reporting and is used to benchmark Somerset with other areas.

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
% of children in reciept of additional support (Targeted or Specialist assignment) at the 2-2.5 year review		RiO		%	Proportion
ASQ Overall Outcome of those children who have a review recorded at 2-2.5 years		RiO		%	Proportion
Babies who received at least 3 doses of a DTaP vaccine before the age of 8 months (93924) (Persons - 8 mths)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93924	%	Proportion
Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Persons - 18 mths)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93925	%	Proportion
Dtap / IPV / Hib vaccination (2 years) (92782) (Persons - 2 yrs)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA). Available from NHS Digital. CCG data available from NHS England.	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92782	%	Proportion
Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	OHID based on NHS Digital, Hospital Episode Statistics (HES), and NHS Digital, Patients Registered at a GP Practice	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93153	per 1,000	Crude rate
Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	Hospital Episode Statistics (HES)	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92758	per 10,000	Crude rate
MMR vaccination for one dose (2 years) (92781) (Persons - 2 yrs)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA). Available from NHS England.	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92781	%	Proportion
Proportion of GP registered populations by age group (93468) (Persons - 0-4 yrs)	NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93468	%	Proportion
Totally or Partially Breastfeeding at the 6 to 8 week review		RiO		%	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.

Somerset Council

Selected PCN Area

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

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Relative to other parts of Somerset, Mendip PCN performs average or better on many CVD outcome areas. QOF prevalence of AF and Hypertension is below average. National guidance is for 90% of those with AF at high risk of stroke to be anti-cogulated so the PCN is on track for this target. The PCN has relative lowest performance for addressing the CVD risk factor of smoking with fewer than average smokers receiving an offer of support in the last two years. There is still room for improvement in BP treatment optimisation for those with hypertension aged below 80 years as although best in the county it is still below the national target of 77% by March 2024. Overall a focus on those with heart failure, ensuing they receive an annual review and appropriate treatment would be recommended as performance on these metrics is relatively worse than the rest of the profile.

Indicator	Period	Count	Value	Min	Spine Chart	Max	Unit
Patients with AF who are treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (92594) (Persons - All a...	2022/23	844	**90.3%**	86.3%		92.2%	Proportion
Patients who have a record of blood pressure in the last 5 years (91262) (Persons - 45+ yrs)	2022/23	16650	**85.6%**	83.0%		89.4%	Proportion
Cholesterol: Patients with CVD (narrow definition) treated to cholestrol threshold (Persons - 18+ yrs)	To Sep 2023	700	**35.6%**	22.6%		35.6%	Proportion
Cholesterol: Patients with no recorded CVD & a QRISK score of 20% or more, treated with LLT (Persons...	To Sep 2023	1540	**63.5%**	49.8%		63.5%	Proportion
Patients with diabetes who had a foot examination and risk classification (90694) (Persons - 17+ yrs)	2022/23	1722	**77.7%**	65.4%		82.0%	Proportion
Heart failure w LVSD: treated with ACE-I or ARB (91005) (Persons - All ages)	2022/23	126	**86.3%**	70.6%		86.3%	Proportion
Patients with HF reviewed in the last 12 months, incl. assessment of functional capacity (93795) (Person...	2022/23	315	**78.4%**	44.6%		87.7%	Proportion
Last BP of patients (<80 yrs, with HYP), in the last 12 months is <= 140/90 mmHg (93709) (Persons - <...	2022/23	3031	**63.6%**	60.7%		68.7%	Proportion
Last BP of patients (80+ yrs, with HYP), in the last 12 months is <= 150/90 mmHg (93710) (Persons - 8...	2022/23	1195	**82.0%**	73.1%		82.0%	Proportion
Hypertension: Patients (with no HYP) whose latest BP is in high risk range for HYP (Persons - 18+ yrs)	To Sep 2023	680	**2.2%**	1.3%		3.0%	Proportion
Hypertension: QOF prevalence (all ages) (219) (Persons - All ages)	2022/23	6226	**16.4%**	15.0%		21.8%	Proportion
Hypertension: treatment to recommended age specific thresholds (Persons - 18+ yrs)	To Sep 2023	4080	**68.8%**	63.4%		72.2%	Proportion
Record of offer of support and treatment in the last 24 months for smokers (90619) (Persons - 15+ yrs)	2022/23	4141	**90.1%**	90.1%		97.5%	Proportion

Indicator	Indicator (Full)	Definition
Cholesterol: Patients with CVD (narrow definition) treated to cholestrol threshold (Persons - 18+ yrs)	Cholesterol: CVD treated to threshold	Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l
Cholesterol: Patients with no recorded CVD & a QRISK score of 20% or more, treated with LLT (Persons - 18+ yrs)	Cholesterol: QRISK 20% or more treated with LLT	Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy
Heart failure w LVSD: treated with ACE-I or ARB (91005) (Persons - All ages)	HF003 - Heart failure w LVSD: treated with ACE-I or ARB (denominator incl. PCAs) (91005) (Persons - All ages)	The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction (LVSD) who are currently treated with ACE inhibitor or agiotensin receptor blocker (ARB).
Hypertension: Patients (with no HYP) whose latest BP is in high risk range for HYP (Persons - 18+ yrs)	Hypertension: high risk case finder	Percentage of patients aged 18 and over, whose latest blood pressure value is in the at risk range for hypertension with no GP recorded hypertension
Hypertension: QOF prevalence (all ages) (219) (Persons - All ages)	Hypertension: QOF prevalence (all ages) (219) (Persons - All ages)	The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size).
Hypertension: treatment to recommended age specific thresholds (Persons - 18+ yrs)	Hypertension: treatment to recommended age specific thresholds (all ages)	Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold.
Last BP of patients (<80 yrs, with HYP), in the last 12 months is <= 140/90 mmHg (93709) (Persons - <80 yrs)	HYP003 - Last BP reading of patients (<80 yrs, with hypertension), in the last 12 months is <= 140/90 mmHg (denominator incl. PCAs) (93709) (Persons - <80 yrs)	The percentage of patients aged 79 years or under, with hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.
Last BP of patients (80+ yrs, with HYP), in the last 12 months is <= 150/90 mmHg (93710) (Persons - 80+ yrs)	HYP007 - Last BP reading of patients (80+ yrs, with hypertension), in the last 12 months is <= 150/90 mmHg (denominator incl. PCAs) (93710) (Persons - 80+ yrs)	The percentage of patients aged 80 years or over, with hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.
Patients who have a record of blood pressure in the last 5 years (91262) (Persons - 45+ yrs)	BP002 - Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs) (91262) (Persons - 45+ yrs)	The percentage of patients aged 45 or over, who have a record of a blood pressure reading in the preceding 5 years.
Patients with AF who are treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (92594) (Persons - All ages)	AF007 - Patients with AF who are treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (denominator incl. PCAs) (92594) (Persons - All ages)	In those patients with atrial fibrillation whose latest record of a CHADS2DS2-VASc score is greater than or equal to 2, the percentage of patients who are currently treated with anti-coagulation therapy.
Patients with diabetes who had a foot examination and risk classification (90694) (Persons - 17+ yrs)	DM012 - Patients with diabetes who had a foot examination and risk classification (denominator incl. PCAs) (90694) (Persons - 17+ yrs)	The percentage of diabetes patients with a record of a foot examination and risk classification: low risk - normal sensation, palpable pulses increased risk - neuropathy or absent pulses high risk - neuropathy or absent pulses, deformity or skin changes or previous ulcer or ulcerated foot (last 12m)
Patients with HF reviewed in the last 12 months, incl. assessment of functional capacity (93795) (Persons - All ages)	HF007 - Patients with heart failure who had a review in the last 12 months, including the assessment of functional capacity (denominator incl. PCAs) (93795) (Persons - All ages)	The percentage of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months, including an assessment of functional capacity and a review of medication to ensure medicines optimisation at maximal tolerated doses.
Record of offer of support and treatment in the last 24 months for smokers (90619) (Persons - 15+ yrs)	SMOK004 - Record of offer of support and treatment in the last 24 months for smokers aged 15+ yrs (denominator incl. PCAs) (90619) (Persons - 15+ yrs)	The percentage of patients aged 15 years or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months.

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
Cholesterol: Patients with CVD (narrow definition) treated to cholestrol threshold (Persons - 18+ yrs)		https://data.cvdprevent.nhs.uk		%	Proportion
Cholesterol: Patients with no recorded CVD & a QRISK score of 20% or more, treated with LLT (Persons - 18+ yrs)		https://data.cvdprevent.nhs.uk		%	Proportion
Heart failure w LVSD: treated with ACE-I or ARB (91005) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91005	%	Proportion
Hypertension: Patients (with no HYP) whose latest BP is in high risk range for HYP (Persons - 18+ yrs)		https://data.cvdprevent.nhs.uk		%	Proportion
Hypertension: QOF prevalence (all ages) (219) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	219	%	Proportion
Hypertension: treatment to recommended age specific thresholds (Persons - 18+ yrs)		https://data.cvdprevent.nhs.uk		%	Proportion
Last BP of patients (<80 yrs, with HYP), in the last 12 months is <= 140/90 mmHg (93709) (Persons - <80 yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93709	%	Proportion
Last BP of patients (80+ yrs, with HYP), in the last 12 months is <= 150/90 mmHg (93710) (Persons - 80+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93710	%	Proportion
Patients who have a record of blood pressure in the last 5 years (91262) (Persons - 45+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91262	%	Proportion
Patients with AF who are treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (92594) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92594	%	Proportion
Patients with diabetes who had a foot examination and risk classification (90694) (Persons - 17+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90694	%	Proportion
Patients with HF reviewed in the last 12 months, incl. assessment of functional capacity (93795) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93795	%	Proportion
Record of offer of support and treatment in the last 24 months for smokers (90619) (Persons - 15+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90619	%	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.

Primary Care Network (PCN) Public Health Priority Packs

Priority Page - Children and Young People (CYP) - 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   Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

A) Improve CYP emotional & physical wellbeing in Somerset via implementation of Somerset Wellbeing Framework, a Whole School Approach to H&WB. Somerset has significantly higher rate of YP (U18's) admitted to hospital for MH conditions than England 2022/23. Whilst declining, rate of self-harm hospital admissions in Somerset 10-24 yr olds is almost 2x than national 22/23. B) Ensure food & physical activity as part of a healthy lifestyle is promoted to all CYP in Somerset. C) Reduce no. YP using substances including, smoking, vaping, drugs & alcohol raising awareness of and reducing the impact on CYP through Somerset wellbeing framework and RSHE curriculum. D) Embed sexual health prevention work into RSHE curriculum & support CYP to access SH advice & services. Somerset had significantly higher rate of U16 conceptions (6.0 per 1,000) than England (2.1 per 1,000) in 2021.

Indicator	Period	Count	Value	Min		Spine Chart		Max	Unit
					Minimum		Maximum		
Patients with Asthma: Second-hand smoking status recorded in the last 12 months (93791) (Persons - ...	2022/23	217	76.7%	71.5%				82.3%	Proportion
Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	2020/21 - 22/23	835	153.75	123.17				167.45	Crude rate
Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	2020/21 - 22/23	140	76.47	70.31				104.35	Crude rate
Proportion of GP registered populations by age group (93468) (Persons - <18 yrs)	2023	7995	21.0%	14.6%				21.8%	Proportion
NCMP - Reception: A - Healthy Weight	2021/22	230	76.7%	70.5%				85.3%	Proportion
NCMP - Reception: B - Overweight	2021/22	45	15.0%	6.7%				18.2%	Proportion
NCMP - Reception: C - Very Overweight	2021/22	15	5.0%	5.0%				11.9%	Proportion
NCMP - Reception: D - Overweight & Very Overweight	2021/22	60	20.0%	13.3%				29.5%	Proportion
Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Pers...	2022/23	336	88.2%	87.6%				94.3%	Proportion
Children who received a reinforcing DTaP/IPV and 2 doses of an MMR vaccine between 1 - 5 yrs (9392...	2022/23	357	88.4%	70.9%				93.1%	Proportion
NCMP - Year 6: A - Healthy Weight	2021/22	165	68.8%	58.8%				68.9%	Proportion
NCMP - Year 6: B - Overweight	2021/22	30	12.5%	11.1%				16.5%	Proportion
NCMP - Year 6: C - Very Overweight	2021/22	45	18.8%	14.3%				25.6%	Proportion
NCMP - Year 6: D - Overweight & Very Overweight	2021/22	75	31.3%	28.6%				40.0%	Proportion

Indicator	Indicator (Full)	Definition
Children who received a reinforcing DTaP/IPV and 2 doses of an MMR vaccine between 1 - 5 yrs (93926) (Persons - 5 yrs)	VI003 - Children, aged 5, who received a reinforcing dose of DTaP/IPV and at least 2 doses of an MMR vaccine between the ages of 1 and 5 yrs (93926) (Persons - 5 yrs)	The percentage of children who reached the age of 5 in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.
Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Persons - 18 mths)	VI002 - Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Persons - 18 mths)	The percentage of children who have reached the age of 12 months in the preceding 18 months, who have received at least 1 dose of a measles, mumps, rubella vaccine (MMR) between the ages of 12 and 18 months.
Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	Crude rate of emergency admissions (0 to 4 years) per 1,000 population
Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years per 10,000 registered population aged under 15 years.
NCMP - Reception: A - Healthy Weight	Reception: A - Healthy Weight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Reception: B - Overweight	Reception: B - Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Reception: C - Very Overweight	Reception: C - Very Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Reception: D - Overweight & Very Overweight	Reception: D - Overweight & Very Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Year 6: A - Healthy Weight	Year 6: A - Healthy Weight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Year 6: B - Overweight	Year 6: B - Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Year 6: C - Very Overweight	Year 6: C - Very Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Year 6: D - Overweight & Very Overweight	Year 6: D - Overweight & Very Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
Patients with Asthma: Second-hand smoking status recorded in the last 12 months (93791) (Persons - 6-19 yrs)	AST008 - Patients with Asthma (6-19 yrs): Second-hand smoking status recorded in the last 12 months (denominator incl. PCAs) (93791) (Persons - 6-19 yrs)	The percentage of patients with asthma on the register, aged 19 or under, for whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months.
Proportion of GP registered populations by age group (93468) (Persons - <18 yrs)	Proportion of GP registered populations by age group (93468) (Persons - <18 yrs)	Proportion of the GP registered population (in percent) in the specified age group

Primary Care Network (PCN) Health and Wellbeing Profiles
Priority Page - Children and Young People (CYP) - Meta Data

Somerset Council

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
Children who received a reinforcing DTaP/IPV and 2 doses of an MMR vaccine between 1 - 5 yrs (93926) (Persons - 5 yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93926	%	Proportion
Children who received at least 1 dose of MMR vaccine between the ages of 1 and 1.5 yrs (93925) (Persons - 18 mths)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93925	%	Proportion
Emergency admissions (0 to 4 years) - CCG (93153) (Persons - 0-4 yrs)	OHID based on NHS Digital, Hospital Episode Statistics (HES), and NHS Digital, Patients Registered at a GP Practice	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93153	per 1,000	Crude rate
Hospital admissions caused by injuries in children (0-14 years) (92758) (Persons - <15 yrs)	Hospital Episode Statistics (HES)	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92758	per 10,000	Crude rate
NCMP - Reception: A - Healthy Weight		National Child Measurement Programme		%	Proportion
NCMP - Reception: B - Overweight		National Child Measurement Programme		%	Proportion
NCMP - Reception: C - Very Overweight		National Child Measurement Programme		%	Proportion
NCMP - Reception: D - Overweight & Very Overweight		National Child Measurement Programme		%	Proportion
NCMP - Year 6: A - Healthy Weight		National Child Measurement Programme		%	Proportion
NCMP - Year 6: B - Overweight		National Child Measurement Programme		%	Proportion
NCMP - Year 6: C - Very Overweight		National Child Measurement Programme		%	Proportion
NCMP - Year 6: D - Overweight & Very Overweight		National Child Measurement Programme		%	Proportion
Patients with Asthma: Second-hand smoking status recorded in the last 12 months (93791) (Persons - 6-19 yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93791	%	Proportion
Proportion of GP registered populations by age group (93468) (Persons - <18 yrs)	NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93468	%	Proportion

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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

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Estimated number of alcohol dependent adults is 300 & OCU users 135, within PCN area. Between April 23 & March 24 SDAS supported 88 people within Mendip PCN. In 2023, 165 new referrals were made to SDAS from PCN area, 10 from GPs. Currently 1 practice within Mendip are engaged with shared care. Mendip has on average rates of recording alcohol consumption among patient with psychosis (67%); good practice, maybe opportunity for referral. Hospital admisisons for alcohol attributable conditions are significantly lower in this PCN area than the somerset average; is there anything they are aware of that as contributed to this, please share?

Indicator	Period	Count	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
Estimated Number of Alcohol Dependent Adults (18+)	2019/2020	305	305	250	○			735	Count
Estimated Number of Opiate and/or Crack Cocaine Users (OCU)	2019/2020	135	135	100	○			325	Count
Hospital admissions for alcohol attributable conditions, broad definition (93465) (Persons - All ages)	2016/17 - 20/21	2456	80.54	80.54	●	◆		118.56	ISRatio
Hospital admissions for alcohol attributable conditions, narrow definition (93240) (Persons - All ages)	2016/17 - 20/21	770	88.32	80.71	●	◆		133.96	ISRatio
Patients with psychosis who have a current record of alcohol consumption (93919) (Persons - All ages)	2022/23	172	68.0%	56.5%		●		83.0%	Proportion
New Clients Referred by GP to SDAS (Drugs & Alcohol)	2023	5	18.92	17.42	●	◆		63.15	Rate per 100,000
Total New Referrals to SDAS (Drugs & Alcohol)	2023	115	435.11	383.37	●	◆		968.93	Rate per 100,000

Indicator	Indicator (Full)	Definition
Estimated Number of Alcohol Dependent Adults (18+)	Estimated Number of Alcohol Dependent Adults (18+)	The estimated count of adults (18+) that were dependent on alcohol in the given financial year period.
Estimated Number of Opiate and/or Crack Cocaine Users (OCU)	Estimated Number of Opiate and/or Crack Cocaine Users (OCU)	The estimated count of opiate and/or crack users in the given financial year period. OCU refers to the use of opiate and/or crack cocaine, it does not include the use of cocaine in a powder form, amphetamine, ecstasy or cannabis. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs from the available data sources (GOV.UK).
Hospital admissions for alcohol attributable conditions, broad definition (93465) (Persons - All ages)	Hospital admissions for alcohol attributable conditions, broad definition (93465) (Persons - All ages)	Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol attributable code. Children aged less than 16 years were only included for alcohol specific conditions and for low birth weight. For other conditions, alcohol attributable fractions were not available for children, indirectly age standardised ratio, all ages, persons.
Hospital admissions for alcohol attributable conditions, narrow definition (93240) (Persons - All ages)	Hospital admissions for alcohol attributable conditions, narrow definition (93240) (Persons - All ages)	Hospital admissions for alcohol related harm, indirectly age standardised ratio, all ages, persons.
New Clients Referred by GP to SDAS (Drugs & Alcohol)	New Clients Referred by GP to SDAS (Drugs & Alcohol)	The rate of new referrals to SDAS for treatment where the referral source is recorded 'GP'. PCN locations are based on the clients home postcode not where the client is registered to a GP practice.
Patients with psychosis who have a current record of alcohol consumption (93919) (Persons - All ages)	MH007 - Patients with psychosis who have a current record of alcohol consumption (93919) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months.
Total New Referrals to SDAS (Drugs & Alcohol)	Total New Referrals to SDAS (Drugs & Alcohol)	The rate of new referrals to SDAS for treatment, including those referred by a GP. PCN locations are based on the clients home postcode not where the client is registered to a GP practice.

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
Estimated Number of Alcohol Dependent Adults (18+)		Estimates of alcohol dependent adults in England - GOV.UK (www.gov.uk)		Count	Count
Estimated Number of Opiate and/or Crack Cocaine Users (OCU)		Opiate and crack cocaine use: prevalence estimates - GOV.UK (www.gov.uk)		Count	Count
Hospital admissions for alcohol attributable conditions, broad definition (93465) (Persons - All ages)	OHID, based on NHS England and Office for National Statistics data	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93465	per 100	ISRatio
Hospital admissions for alcohol attributable conditions, narrow definition (93240) (Persons - All ages)	OHID, based on NHS England and Office for National Statistics data	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93240	per 100	ISRatio
New Clients Referred by GP to SDAS (Drugs & Alcohol)		Somerset Drugs and Alcohol Service (SDAS)		Rate per 100,000	Rate per 100,000
Patients with psychosis who have a current record of alcohol consumption (93919) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93919	%	Proportion
Total New Referrals to SDAS (Drugs & Alcohol)		Somerset Drugs and Alcohol Service (SDAS)		Rate per 100,000	Rate per 100,000

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Selected PCN Area

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

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Aims of this priority area: A) Increase knowledge and skills to buy, prepare and cook affordable and nutitious food through a network of Food Champions; targeting more deprived communities and people more affected by food insecurity. B) Food resilience: reduce food insecurity in Somerset. C) Compassionate approach to healthy weight.

Indicator	Period	Count	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	2022/23	2218	7.2%	6.8%				9.0%	Proportion
Known Community Support Food Projects Operating in Area	2023	10	10	3				21	Count
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	2022/23	3334	11.0%	6.9%				12.0%	Proportion
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	2022/23	3888	12.8%	10.8%				14.2%	Proportion
Proportion of all children (0-14) living in income deprived families (IDACI)	2019	561	11.3%	9.7%				18.6%	Proportion
NCMP - Reception: D - Overweight & Very Overweight	2021/22	60	20.0%	13.3%				29.5%	Proportion
NCMP - Year 6: D - Overweight & Very Overweight	2021/22	75	31.3%	28.6%				40.0%	Proportion

Indicator	Indicator (Full)	Definition
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	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.
Known Community Support Food Projects Operating in Area	Known Community Support Food Projects Operating in Area	The number of food projects operating within Somerset. Setting types include Community Fridges,Community Growing Projects, Community Meals, Cooking Projects, Food Banks, Food Networks and Food Pantrys.
NCMP - Reception: D - Overweight & Very Overweight	Reception: D - Overweight & Very Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
NCMP - Year 6: D - Overweight & Very Overweight	Year 6: D - Overweight & Very Overweight	BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	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)	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.
Proportion of all children (0-14) living in income deprived families (IDACI)	Proportion of all children (0-14) living in income deprived families (IDACI)	The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	241	%	Proportion
Known Community Support Food Projects Operating in Area		Spark Somerset: Internal Directory		Count	Count
NCMP - Reception: D - Overweight & Very Overweight		National Child Measurement Programme		%	Proportion
NCMP - Year 6: D - Overweight & Very Overweight		National Child Measurement Programme		%	Proportion
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS England	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 England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92588	%	Proportion
Proportion of all children (0-14) living in income deprived families (IDACI)		English Indices of Deprivation (IMD): https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019		%	Proportion

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Somerset Council

Mendip PCN

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- ● Significantly higher than benchmark
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- ◆ Somerset Benchmark

Minimum value for groups of the same type

Maximum value for groups of the same type

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Aims of this priority area (not exclusive to one inclusion group only): A) Take a consistent approach and agreement on priority populations across the system, ensure this fits with the stategic approach and management of differing priorities and ntegrate with the wider population health management approach to health inequalities. B) For Gypsies, Roma and travellers - Improve health and wellbeing, including wider determinents of health (especially educational attainment and appropriate accommodation options). C) For vulnerable migrants (displaced people and other migrants at risk of poor outcomes) - Work through partnership to provide the best possible health and wellbeing outcomes. D) For people with learning disabilities - Compliment existing work to reduce the preventable disparities in health and wellbeing including early mortality. E) For homeless people and those experiencing multiple disadvantage (MEAM) - Reduce homelessness and reduce the health burden of homelessness.

Indicator	Period	Count	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
Index of Multiple Deprivation Overall Rank	2019		11	1		○		13	Rank
Learning Disability Health Checks - Completed Health Action Plans (Persons - 14+ yrs)	To Feb 2024	113	74.8%	26.4%		◆ ●		76.3%	Proportion
Learning Disability Health Checks - Completed Health Checks (Persons - 14+ yrs)	To Feb 2024	115	76.2%	43.0%		◆ ●		77.9%	Proportion
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	2022/23	161	0.4%	0.3%		● ◆		1.0%	Proportion
Currently homeless GP registered patients with a latest smoking status of 'Current Smoker' (Persons - ...	To April 2024	35	77.8%	40.0%		◆ ●		81.8%	Proportion
GP registered patients with a recorded ethnicity (Persons - All ages)	To April 2024	23880	85.9%	82.2%		●		91.1%	Proportion
GP registered population that lives in a Coastal Community (Persons - All ages)	To April 2024	0	0.0%	0.0%	●	◆		81.6%	Proportion
Patients on the Learning Disability Register who are Obese (GP recorded BMI >=30) (Persons - All ages)	To April 2024	45	32.1%	29.1%		● ◆		38.7%	Proportion

Indicator	Indicator (Full)	Definition
Currently homeless GP registered patients with a latest smoking status of 'Current Smoker' (Persons - All ages)	Proportion of currently homeless GP registered patients with a latest smoking status of 'Current Smoker'	Patients have a latest homelessness status record of currently homeless in addition to a latest smoking status of current smoker. Denominator equals currently homeless population.
GP registered patients with a recorded ethnicity (Persons - All ages)	Proportion of GP registered patients with a recorded ethnicity	Patients latest recorded ethnicity is a valid ethnicity type. Invalid records such as '2011 Census' or 'Ethnic Group' have been excluded from these figures (these are captured within the groups 'Missing' and 'Null' in the Somerset Cardiovascular Disease dashboard).
GP registered population that lives in a Coastal Community (Persons - All ages)	Proportion of GP registered population that lives in a Coastal Community	Proportion of GP registered PCN population that live within an LSOA that has been locally determined (by Somerset Council Public Health Intelligence) as a Coastal Community.
Index of Multiple Deprivation Overall Rank	Index of Multiple Deprivation Overall Rank	The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas across 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 deprivation relative to Somerset's other PCN areas, this may mask some local areas of deprivation. The ranks are from 1 (most deprived) to 13 (least deprived).
Learning Disability Health Checks - Completed Health Action Plans (Persons - 14+ yrs)	Learning Disability Health Checks - Completed Health Action Plans	Percentage of patients on the QOF Learning Disability register aged 14 years and over who received a Learning Disability Annual Health Check and have a completed Health Action Plan between the start of the financial year and the end of the reporting period.
Learning Disability Health Checks - Completed Health Checks (Persons - 14+ yrs)	Learning Disability Health Checks - Completed Health Checks	Percentage of patients on the QOF Learning Disability register aged 14 years and over who received a Learning Disability Annual Health Check between the start of the financial year and the end of the reporting period.
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	The percentage of patients with learning disabilities, as recorded on practice disease registers
Patients on the Learning Disability Register who are Obese (GP recorded BMI >=30) (Persons - All ages)	Proportion of patients on the Learning Disability Register who are Obese (GP recorded BMI >=30)	Patients are recorded as being on the learning diability register in addition to having a latest GP recorded BMI reading of greater than or equal to 30. Denominator equals those on the learning disability register.

Primary Care Network (PCN) Health and Wellbeing Profiles
Priority Page - Inclusion Health - Meta Data

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
Currently homeless GP registered patients with a latest smoking status of 'Current Smoker' (Persons - All ages)		Somerset Council Cardiovasular Disease Dashboard		%	Proportion
GP registered patients with a recorded ethnicity (Persons - All ages)		Somerset Council Cardiovasular Disease Dashboard		%	Proportion
GP registered population that lives in a Coastal Community (Persons - All ages)		Somerset Council Cardiovasular Disease Dashboard		%	Proportion
Index of Multiple Deprivation Overall Rank		Index of Multiple Deprivation		Rank	Rank
Learning Disability Health Checks - Completed Health Action Plans (Persons - 14+ yrs)		Learning Disabilities Health Check Scheme - NHS England Digital		%	Proportion
Learning Disability Health Checks - Completed Health Checks (Persons - 14+ yrs)		Learning Disabilities Health Check Scheme - NHS England Digital		%	Proportion
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	200	%	Proportion
Patients on the Learning Disability Register who are Obese (GP recorded BMI >=30) (Persons - All ages)		Somerset Council Cardiovasular Disease Dashboard		%	Proportion

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Somerset Council

Mendip PCN

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Minimum value for groups of the same type

Maximum value for groups of the same type

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Aims of this priority area: A) Ensure the delivery of mental health services in this PCN area includes preventative and community engagement work by working in partnership with commissioners and providers of mental health services . B) Support the development of the wider workforcein this PCN area to work effectively with those with mental and emotional health issues through access to targeted training C) Alleviate the burden of mental ill health through communications campaigns, awareness and community support. D) Ensure the delivery of the suicide prevention strategy by fulfilling the action plan for this year, including a new approach to working with the highest risk individuals with repeat self-harm.

Indicator	Period	Count	Value	Min	Spine Chart	Max	Unit
% reporting a long-term mental health problem (93444) (Persons - 16+ yrs)	2023	52	12.5%	9.6%		15.2%	Proportion
% reporting Alzheimer's disease or dementia (383) (Persons - 16+ yrs)	2023	1	0.3%	0.1%		1.3%	Proportion
Review for newly diagnosed patients with depression 10-56 days after diagnosis (91243) (Persons - 18...	2022/23	358	71.5%	65.6%		80.9%	Proportion
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	2022/23	501	1.6%	1.2%		2.0%	Proportion
Depression: QOF prevalence (18+ yrs) (848) (Persons - 18+ yrs)	2022/23	5109	16.8%	13.1%		18.7%	Proportion
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages)	2022/23	305	0.8%	0.7%		1.2%	Proportion
Patients with severe mental health issues having a comprehensive care plan (90600) (Persons - All ages)	2022/23	177	70.0%	39.8%		75.3%	Proportion
Record of a BP check in the last 12 months for patients on the MH register (90603) (Persons - All ages)	2022/23	200	79.1%	67.7%		86.5%	Proportion
Record of BMI in the last 12 months for patients on the MH register (93719) (Persons - All ages)	2022/23	197	77.9%	62.2%		85.4%	Proportion
Patients with psychosis who have a current record of a lipid profile (93920) (Persons - All ages)	2022/23	175	69.2%	62.0%		83.6%	Proportion
Patients with psychosis who have a current record of blood glucose or HbA1c (93921) (Persons - All ag...	2022/23	164	70.7%	61.1%		82.5%	Proportion

Indicator	Indicator (Full)	Definition
% reporting a long-term mental health problem (93444) (Persons - 16+ yrs)	% reporting a long-term mental health problem (93444) (Persons - 16+ yrs)	Question 36. People were asked: "Which, if any, of the following long-term conditions do you have?". The indicator value is the percentage of people who answered this question with "A mental health condition" from all responses to this question.
% reporting Alzheimer's disease or dementia (383) (Persons - 16+ yrs)	% reporting Alzheimer's disease or dementia (383) (Persons - 16+ yrs)	Question 36. People were asked: "Which, if any, of the following long-term conditions do you have?". The indicator value is the percentage of people who answered this question with "Alzheimer's disease or other cause of dementia" from all responses to this question.
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	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.
Depression: QOF prevalence (18+ yrs) (848) (Persons - 18+ yrs)	Depression: QOF prevalence (18+ yrs) (848) (Persons - 18+ yrs)	The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.ForCCGs:The recorded depression prevalence is the number of people with depression recorded on their practice register within a CCG, as a proportion of the practice list size of the CCG aged 18 years or over.ForLocal authorities:The recorded depression prevalence is the estimated number of people with depression recorded on the practice register as a proportion of the practice list size, aged 18 years or over, allocated to a local authority boundary using the postcode of the practice.
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages)	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.
Patients with psychosis who have a current record of a lipid profile (93920) (Persons - All ages)	MH011 - Patients with psychosis who have a current record of a lipid profile (93920) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a lipid profile in the preceding 12 months (in those patients currently prescribed antipsychotics, and/or who have pre-existing cardiovascular conditions, and/or smoke, and/or are overweight [BMI of ≥23 kg/m2 or ≥25 kg/m2 if ethnicity is recorded as White]) or preceding 24 months for all other patients.
Patients with psychosis who have a current record of blood glucose or HbA1c (93921) (Persons - All ages)	MH012 - Patients with psychosis who have a current record of blood glucose or HbA1c (93921) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months. Patients with a diagnosis of diabetes are excluded from this indicator
Patients with severe mental health issues having a comprehensive care plan (90600) (Persons - All ages)	MH002 - Patients with severe mental health issues having a comprehensive care plan (denominator incl. PCAs) (90600) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or careers as appropriate.
Record of a BP check in the last 12 months for patients on the MH register (90603) (Persons - All ages)	MH003 - Record of a BP check in the last 12 months for patients on the MH register (denominator incl. PCAs) (90603) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months.
Record of BMI in the last 12 months for patients on the MH register (93719) (Persons - All ages)	MH006 - Record of BMI in the last 12 months for patients on the MH register (denominator incl. PCAs) (93719) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months.
Review for newly diagnosed patients with depression 10-56 days after diagnosis (91243) (Persons - 18+ yrs)	DEP003 - Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (denominator incl. PCAs) (91243) (Persons - 18+ yrs)	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis.

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
% reporting a long-term mental health problem (93444) (Persons - 16+ yrs)	GP Patient Survey	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93444	%	Proportion
% reporting Alzheimer's disease or dementia (383) (Persons - 16+ yrs)	GP Patient Survey	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	383	%	Proportion
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90646	%	Proportion
Depression: QOF prevalence (18+ yrs) (848) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	848	%	Proportion
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90581	%	Proportion
Patients with psychosis who have a current record of a lipid profile (93920) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93920	%	Proportion
Patients with psychosis who have a current record of blood glucose or HbA1c (93921) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93921	%	Proportion
Patients with severe mental health issues having a comprehensive care plan (90600) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90600	%	Proportion
Record of a BP check in the last 12 months for patients on the MH register (90603) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90603	%	Proportion
Record of BMI in the last 12 months for patients on the MH register (93719) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93719	%	Proportion
Review for newly diagnosed patients with depression 10-56 days after diagnosis (91243) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91243	%	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.

Somerset Council

Mendip PCN

- ● Significantly lower than benchmark
- ○ (yellow) Statistically similar to benchmark
- ● (orange) 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

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Aims of this priority area: A) Behaviour change of Somerset population to actively travel on short journeys. B) Workforce engagement of reducing car use in travelling to and from workplaces. C) Work with transport team, public health, active travel and planning to address infrastructure. D) Tackle inequalities of how physically active people are such as deprivation, long-term conditions and different ethnic groups. E) Influence the delivery of initiatives that tackle inactivity for the hardest to reach groups. F) Understand motivations and increase partnership supporting/influencing the physical activity agenda. G) Address population health needs through the workplace.

Indicator	Period	Count	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
% reporting a long-term MSK problem (for NHS organisations) (93437) (Persons - 16+ yrs)	2023	83	**19.9%**	16.6%				29.5%	Proportion
Active Lives Study (modelled estimates): Active	2021	17102	**66.2%**	60.4%				66.2%	Proportion
Active Lives Study (modelled estimates): Fairly Active	2021	3354	**13.0%**	11.5%				13.1%	Proportion
Active Lives Study (modelled estimates): Inactive	2021	5359	**20.8%**	20.8%				27.6%	Proportion
Record of BMI in the last 12 months for patients on the MH register (93719) (Persons - All ages)	2022/23	197	**77.9%**	62.2%				85.4%	Proportion
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	2022/23	3888	**12.8%**	10.8%				14.2%	Proportion
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs)	2022/23	185	**1.1%**	1.1%				3.0%	Proportion
Patients with rheumatoid arthritis who had a face-to-face review in the last 12 months (Persons - 16+ y...	2022/23	276	**81.2%**	49.9%				85.9%	Proportion
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	2022/23	340	**1.1%**	0.8%				1.1%	Proportion

Indicator	Indicator (Full)	Definition
% reporting a long-term MSK problem (for NHS organisations) (93437) (Persons - 16+ yrs)	% reporting a long-term MSK problem (for NHS organisations) (93437) (Persons - 16+ yrs)	Question 36. People were asked: "Which, if any, of the following long-term conditions do you have?". The indicator value is the percentage of people who answered this question with "Arthritis or ongoing problem with back or joints" from all responses to this question.
Active Lives Study (modelled estimates): Active	Active Lives Study (modelled estimates): Active	Measures the level of physical activity undertaken by adults and young people. Active refers to at least 150 minutes of physical activity a week.
Active Lives Study (modelled estimates): Fairly Active	Active Lives Study (modelled estimates): Fairly Active	Measures the level of physical activity undertaken by adults and young people. Fairly Active refers to an average of 30-149 minutes of physical activity a week.
Active Lives Study (modelled estimates): Inactive	Active Lives Study (modelled estimates): Inactive	Measures the level of physical activity undertaken by adults and young people. Inactive refers to less than 30 minutes of physical activity a week.
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	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)	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.
Patients with rheumatoid arthritis who had a face-to-face review in the last 12 months (Persons - 16+ yrs)	RA002 - Patients with rheumatoid arthritis who had a face-to-face review in the last 12 months (denominator incl. PCAs) (91245) (Persons - 16+ yrs)	The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months.
Record of BMI in the last 12 months for patients on the MH register (93719) (Persons - All ages)	MH006 - Record of BMI in the last 12 months for patients on the MH register (denominator incl. PCAs) (93719) (Persons - All ages)	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months.
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	The percentage of patients with rheumatoid arthritis, as recorded on practice disease register.

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
% reporting a long-term MSK problem (for NHS organisations) (93437) (Persons - 16+ yrs)	GP Patient Survey	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93437	%	Proportion
Active Lives Study (modelled estimates): Active		SASP: Active Lives Survey		%	Proportion
Active Lives Study (modelled estimates): Fairly Active		SASP: Active Lives Survey		%	Proportion
Active Lives Study (modelled estimates): Inactive		SASP: Active Lives Survey		%	Proportion
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	Quality and Outcomes Framework (QOF), NHS England	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 England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90443	%	Proportion
Patients with rheumatoid arthritis who had a face-to-face review in the last 12 months (Persons - 16+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91245	%	Proportion
Record of BMI in the last 12 months for patients on the MH register (93719) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93719	%	Proportion
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91269	%	Proportion

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Primary Care Network (PCN) Public Health Priority Packs
Priority Page - Sexual Health - 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

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

A) Equity of delivery with increasing access to LARC for contraceptive & non-contraceptive purposes to support women's reproductive health. The PCN benchmarks higher for both contracetive & non-contraceptive provision which indicates good access in this area. B) Reduce the increasing teenage pregnancy rates. Latest data for Somerset (2021) shows rate of 11.9 per 1000 15-17 year olds compared to 13.1 for England. However, the U16 rate was considerably higher at 6.0 per 1000 15-17 year olds compared to 2.1 in England. Rolling teenage conception data to Q2 2022 is 13.2 for Somerset, 12.4 for SW & 13.9 for England. C-card registrations are significantly lower in this area which indicates poor access to sign up opportunities for YP. The PCN could support promotion of the scheme & offer sign-up opportunities. C) Reduce the rising incidence of STI's. D) Increase uptake & coverage of breast & cervical screening.

Indicator	Period	Count	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
Breast screening coverage: aged 53 to 70 years old (94063) (Female - 53-70 yrs)	2022/23	3450	72.0%	65.7%				74.0%	Proportion
Breast screening uptake: aged 50 to 70 years old (91340) (Female - 50-70 yrs)	2022/23	2090	70.6%	47.5%				72.3%	Proportion
C-Card Registrations (Persons - 13 to 19 yrs)	2023/2024	15	0.6%	0.6%				5.9%	Proportion
C-Card Stock Issued (Items)	2023/2024	15	15	15				5110	Count
Cervical screening coverage, aged 50 to 64 years old (93726) (Female - 50-64 yrs)	2022/23	2740	77.5%	71.9%				78.9%	Proportion
Cervical screening coverage: aged 25 to 49 years old (93725) (Female - 25-49 yrs)	2022/23	4007	74.0%	63.5%				77.6%	Proportion
Chlamydia Screen Positivity in General Practice (Persons - All Ages)	2022/2023	5	10.0%	0.0%				18.2%	Proportion
Chlamydia Screening in General Practice (Persons - 15 to 24 yrs)	2022/2023	30	0.8%	0.4%				1.9%	Proportion
LARC - Total Contraceptive Fittings (Females - 15 to 44 yrs)	2022/23	365	7.2%	1.5%				7.2%	Proportion
LARC - Total Non Contraceptive Fittings (Females - 45+ yrs)	2022/23	45	0.5%	0.0%				0.5%	Proportion

Indicator	Indicator (Full)	Definition
Breast screening coverage: aged 53 to 70 years old (94063) (Female - 53-70 yrs)	Breast screening coverage: aged 53 to 70 years old (94063) (Female - 53-70 yrs)	3-year screening coverage %: The number of eligible women who have had a breast screening test result recorded in the past 36 months divided by the total number of eligible women, for those registered to the practice on last day of the review period.
Breast screening uptake: aged 50 to 70 years old (91340) (Female - 50-70 yrs)	Breast screening uptake: aged 50 to 70 years old (91340) (Female - 50-70 yrs)	1-year screening uptake (%): The number of women who had a breast screening test result recorded within 6 months of receiving a screening invitation divided by the total number of women invited, for those eligible women aged 50 to 70 who were invited for breast screening in the previous 12 months and registered to the practice on last day of the review period.
C-Card Registrations (Persons - 13 to 19 yrs)	C-Card Registrations (Persons - 13 to 19 yrs)	Total registrations to C-Card scheme as a proportion of persons aged 13 to 19 years.
C-Card Stock Issued (Items)	C-Card Stock Issued (Items)	The total number of C-Card stock items issued at either a click & collect location or a pick-up point.
Cervical screening coverage, aged 50 to 64 years old (93726) (Female - 50-64 yrs)	Cervical screening coverage, aged 50 to 64 years old (93726) (Female - 50-64 yrs)	5.5-year cervical screening coverage (%): the number of eligible women aged 50 to 64 who had an adequate cervical screening test recorded in the previous 66 months divided by the total number of eligible women aged 50 to 64, for those registered to the practice on the last day of the review period.
Cervical screening coverage: aged 25 to 49 years old (93725) (Female - 25-49 yrs)	Cervical screening coverage: aged 25 to 49 years old (93725) (Female - 25-49 yrs)	3.5-year cervical screening coverage (%): the number of eligible women aged 25 to 49 who had an adequate cervical screening test recorded in the previous 42 months divided by the total number of eligible women aged 25 to 49, for those registered to the practice on last day of the review period.
Chlamydia Screen Positivity in General Practice (Persons - All Ages)	Chlamydia Screen Positivity in General Practice (Persons - All Ages)	Positivity of chlamydia tests (C4), excluding 'Problem' results. Tests taken by persons of all ages.
Chlamydia Screening in General Practice (Persons - 15 to 24 yrs)	Chlamydia Screening in General Practice (Persons - 15 to 24 yrs)	Total Chlamydia Screens (as a proportion of people aged 15 to 24)
LARC - Total Contraceptive Fittings (Females - 15 to 44 yrs)	LARC - Total Contraceptive Fittings (Females - 15 to 44 yrs)	Completed fittings of IUCD/IUS and Nexplanon for contraceptive purposes at Somerset GP practices, in the given time period.
LARC - Total Non Contraceptive Fittings (Females - 45+ yrs)	LARC - Total Non Contraceptive Fittings (Females - 45+ yrs)	Completed fittings of IUCD for non-contraceptive purposes at Somerset GP practices, in the given time period.

Primary Care Network (PCN) Health and Wellbeing Profiles
Priority Page - Sexual Health - Meta Data

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
Breast screening coverage: aged 53 to 70 years old (94063) (Female - 53-70 yrs)	NHS England, Breast Screening Programme	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	94063	%	Proportion
Breast screening uptake: aged 50 to 70 years old (91340) (Female - 50-70 yrs)	NHS England, Breast Screening Programme.	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91340	%	Proportion
C-Card Registrations (Persons - 13 to 19 yrs)		Somerset Wide Integrated Sexual Health Services (SWISH)		%	Proportion
C-Card Stock Issued (Items)		Somerset Wide Integrated Sexual Health Services (SWISH)		Count	Count
Cervical screening coverage, aged 50 to 64 years old (93726) (Female - 50-64 yrs)	NHS England, Cervical Screening Programme	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93726	%	Proportion
Cervical screening coverage: aged 25 to 49 years old (93725) (Female - 25-49 yrs)	NHS England, Cervical Screening Programme.	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93725	%	Proportion
Chlamydia Screen Positivity in General Practice (Persons - All Ages)		Somerset Wide Integrated Sexual Health Services (SWISH)		%	Proportion
Chlamydia Screening in General Practice (Persons - 15 to 24 yrs)		Somerset Wide Integrated Sexual Health Services (SWISH)		%	Proportion
LARC - Total Contraceptive Fittings (Females - 15 to 44 yrs)		Somerset Council LARC Audit		%	Proportion
LARC - Total Non Contraceptive Fittings (Females - 45+ yrs)		Somerset Council LARC Audit		%	Proportion

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Somerset Council

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

Supporting information for indicators can be found on the Definitions and Meta Data pages.

Somerset Information

Aims of this priority area: A) Universal offer to reduce tobacco use. B) Use data, intelligence and story-telling to enable partners to/who work on stop smoking. C) Deliver smokefree services. D) Reduce smoking rates in those groups with the highest smoking rates, and in areas of greatest deprivation. E) Reduce vaping in children and young people and exposure to smoke for families. F) Understand motivations and increase uptake of smokefree offer for those in maternity services.

Indicator	Period	Count	Value	Min	Spine Chart	Max	Unit
% active smokers (GPPS) (90452) (Persons - 16+ yrs)	2023	48	10.4%	8.6%		19.2%	Proportion
% former smokers (GPPS) (90453) (Persons - 16+ yrs)	2023	156	33.6%	28.7%		33.9%	Proportion
Smokefreelife - Patients with a 12 Week Quit Status of 'Achieved Quit'	2022/2023	25	50.0%	35.7%		60.0%	Proportion
Smokefreelife - Patients with a 4 Week Quit Status of 'Achieved Quit'	2022/2023	30	60.0%	50.0%		73.3%	Proportion
Patients with Asthma: Second-hand smoking status recorded in the last 12 months (93791) (Persons - ...	2022/23	217	76.7%	71.5%		82.3%	Proportion
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs)	2022/23	2671	7.5%	6.6%		8.0%	Proportion
Smokefreelife - Referrals setting a Quit Date	2022/2023	50	66.7%	55.6%		69.0%	Proportion
Smoking status of patients with certain conditions recorded in the last 12 months (90616) (Persons - Al...	2022/23	9372	93.1%	91.2%		94.5%	Proportion
Record of offer of support and treatment in the last 24 months for smokers (90619) (Persons - 15+ yrs)	2022/23	4141	90.1%	90.1%		97.5%	Proportion
Smoking cessation support and treatment offered to patients with certain conditions (90617) (Persons ...	2022/23	1165	95.9%	88.7%		97.0%	Proportion
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	2022/23	4598	14.4%	12.7%		18.7%	Proportion
Urgent sus. cancer referrals for sus. lung cancer (91350) (Persons - All ages)	2022/23	58	152.56	87.06		169.04	Crude rate
Urgent sus. cancer referrals for sus. lung cancer. 5 years combined data (92612) (Persons - All ages)	2018/19 - 22/23	215	115.62	82.79		156.5	Crude rate

Indicator	Indicator (Full)	Definition
% active smokers (GPPS) (90452) (Persons - 16+ yrs)	% active smokers (GPPS) (90452) (Persons - 16+ yrs)	Question 61. People were asked: "Which of the following best describes your smoking habits?". The indicator value is the percentage of people who answered this question with "Occasional smoker" or "Regular smoker" from all responses to this question.
% former smokers (GPPS) (90453) (Persons - 16+ yrs)	% former smokers (GPPS) (90453) (Persons - 16+ yrs)	Question 61. People were asked: "Which of the following best describes your smoking habits?". The indicator value is the percentage of people who answered this question with "Former smoker" from all responses to this question.
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs)	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.
Patients with Asthma: Second-hand smoking status recorded in the last 12 months (93791) (Persons - 6-19 yrs)	AST008 - Patients with Asthma (6-19 yrs): Second-hand smoking status recorded in the last 12 months (denominator incl. PCAs) (93791) (Persons - 6-19 yrs)	The percentage of patients with asthma on the register, aged 19 or under, for whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months.
Record of offer of support and treatment in the last 24 months for smokers (90619) (Persons - 15+ yrs)	SMOK004 - Record of offer of support and treatment in the last 24 months for smokers aged 15+ yrs (denominator incl. PCAs) (90619) (Persons - 15+ yrs)	The percentage of patients aged 15 years or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months.
Smokefreelife - Patients with a 12 Week Quit Status of 'Achieved Quit'	12 Week Quit Status of Achieved Quit	The proportion of referrals who maintain quit at twelve weeks post the quit date, as a proportion of those referrals where a quit date was set.
Smokefreelife - Patients with a 4 Week Quit Status of 'Achieved Quit'	4 Week Quit Status of Achieved Quit	The proportion of referrals who maintain quit at four weeks post the quit date, as a proportion of those referrals where a quit date was set.
Smokefreelife - Referrals setting a Quit Date	Referrals Setting a Quit Date	Proportion of referrals where a quit date was set.
Smoking cessation support and treatment offered to patients with certain conditions (90617) (Persons - All ages)	SMOK005 - Smoking cessation support and treatment offered to patients with certain conditions (denominator incl. PCAs) (90617) (Persons - All ages)	The percentage of patients with any or any combination of the following conditions: coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record of an offer of support and treatment within the preceding 12 months.
Smoking status of patients with certain conditions recorded in the last 12 months (90616) (Persons - All ages)	SMOK002 - Smoking status of patients with certain conditions recorded in the last 12 months (denominator incl. PCAs) (90616) (Persons - All ages)	The percentage of patients with any or any combination of the following conditions: coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months.
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	The percentage of patients (aged 15+ yrs) who are recorded as current smokers.
Urgent sus. cancer referrals for sus. lung cancer (91350) (Persons - All ages)	Urgent suspected cancer referrals for suspected lung cancer (91350) (Persons - All ages)	The number of urgent suspected lung cancer referrals in the registered population. This is divided by the registered population (based on the practice list size) and multiplied by 100,000 to give the crude rate of lung cancer referral per 100,000 persons.
Urgent sus. cancer referrals for sus. lung cancer. 5 years combined data (92612) (Persons - All ages)	Urgent suspected cancer referrals for suspected lung cancer. Five years combined data. (92612) (Persons - All ages)	The number of urgent suspected lung cancer referrals in the registered population. This is divided by the registered population (based on the practice list size) and multiplied by 100,000 to give the crude rate of lung cancer referral per 100,000 persons.

Indicator	Data source	Direct Data Source	Indicator ID	Unit	Value type
% active smokers (GPPS) (90452) (Persons - 16+ yrs)	GP Patient Survey	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90452	%	Proportion
% former smokers (GPPS) (90453) (Persons - 16+ yrs)	GP Patient Survey	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90453	%	Proportion
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90933	%	Proportion
Patients with Asthma: Second-hand smoking status recorded in the last 12 months (93791) (Persons - 6-19 yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	93791	%	Proportion
Record of offer of support and treatment in the last 24 months for smokers (90619) (Persons - 15+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90619	%	Proportion
Smokefreelife - Patients with a 12 Week Quit Status of 'Achieved Quit'		Somerset Council Smoking Service Data		%	Proportion
Smokefreelife - Patients with a 4 Week Quit Status of 'Achieved Quit'		Somerset Council Smoking Service Data		%	Proportion
Smokefreelife - Referrals setting a Quit Date		Somerset Council Smoking Service Data		%	Proportion
Smoking cessation support and treatment offered to patients with certain conditions (90617) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90617	%	Proportion
Smoking status of patients with certain conditions recorded in the last 12 months (90616) (Persons - All ages)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	90616	%	Proportion
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	Quality and Outcomes Framework (QOF), NHS England	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91280	%	Proportion
Urgent sus. cancer referrals for sus. lung cancer (91350) (Persons - All ages)	NHS England, National Disease Registration Service.	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	91350	per 100,000	Crude rate
Urgent sus. cancer referrals for sus. lung cancer. 5 years combined data (92612) (Persons - All ages)	NHS England, National Disease Registration Service.	Fingertips Public Health Profiles: https://fingertips.phe.org.uk/	92612	per 100,000	Crude rate

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.

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