

Somerset Primary Care Network Health and Wellbeing Profiles

Created by Somerset Council, Public Health Intelligence

FROME PCN



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

© Crown copyright and database rights 2023 Ordnance Survey AC0000861332. Additional Information © Somerset Council

Primary Care Network

FROME PCN

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

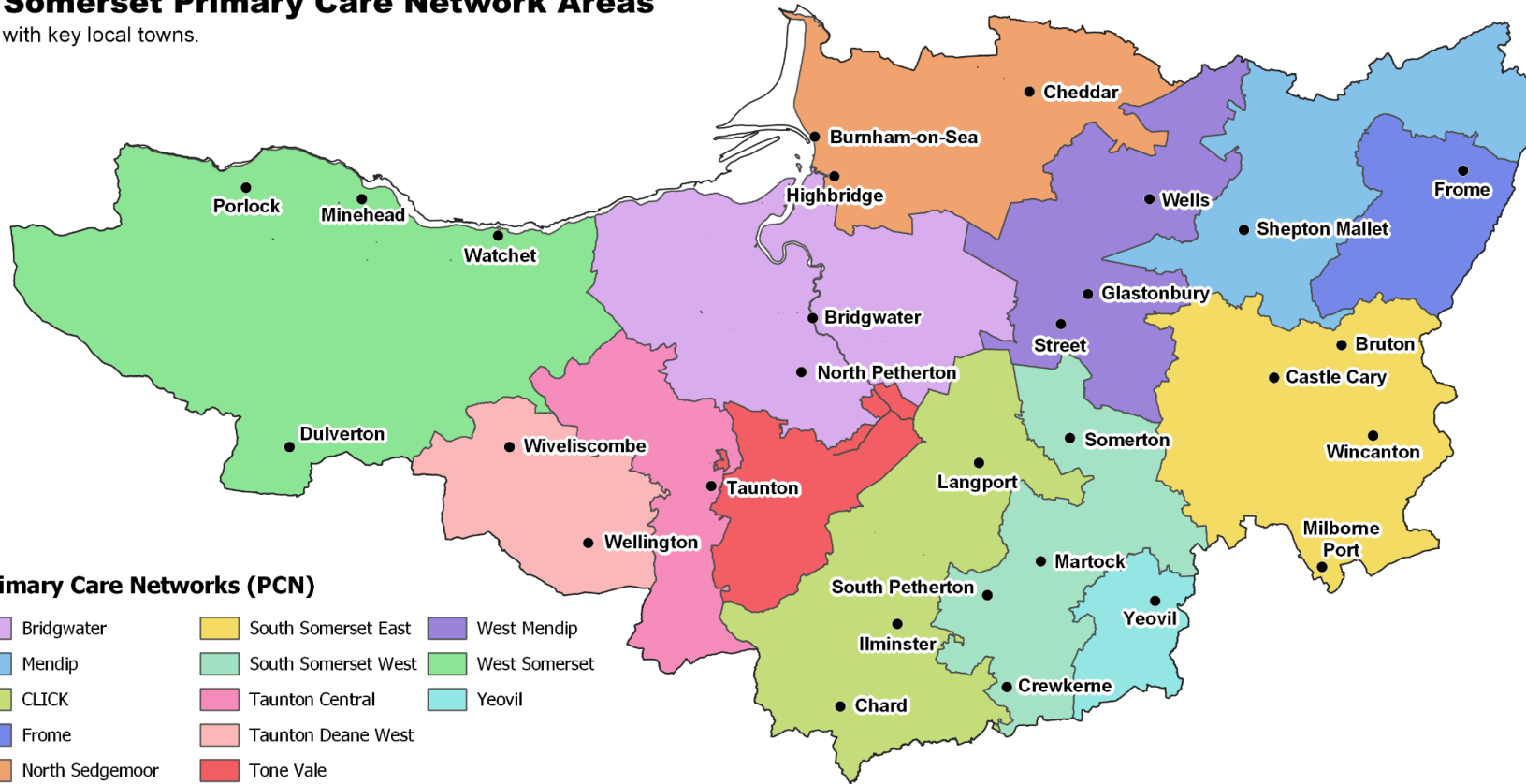
Standardised rates allow us to account for structural differences in the population in addition to the population size. For most health conditions the chance of somebody having a condition directly relates to their age; therefore, in order to assess outcomes for different populations we use standardised 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 guidance¹ and more specifically: **APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.**



Somerset Primary Care Network Areas

with key local towns.



FROME PCN

PCN Population: **33368**

'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.'

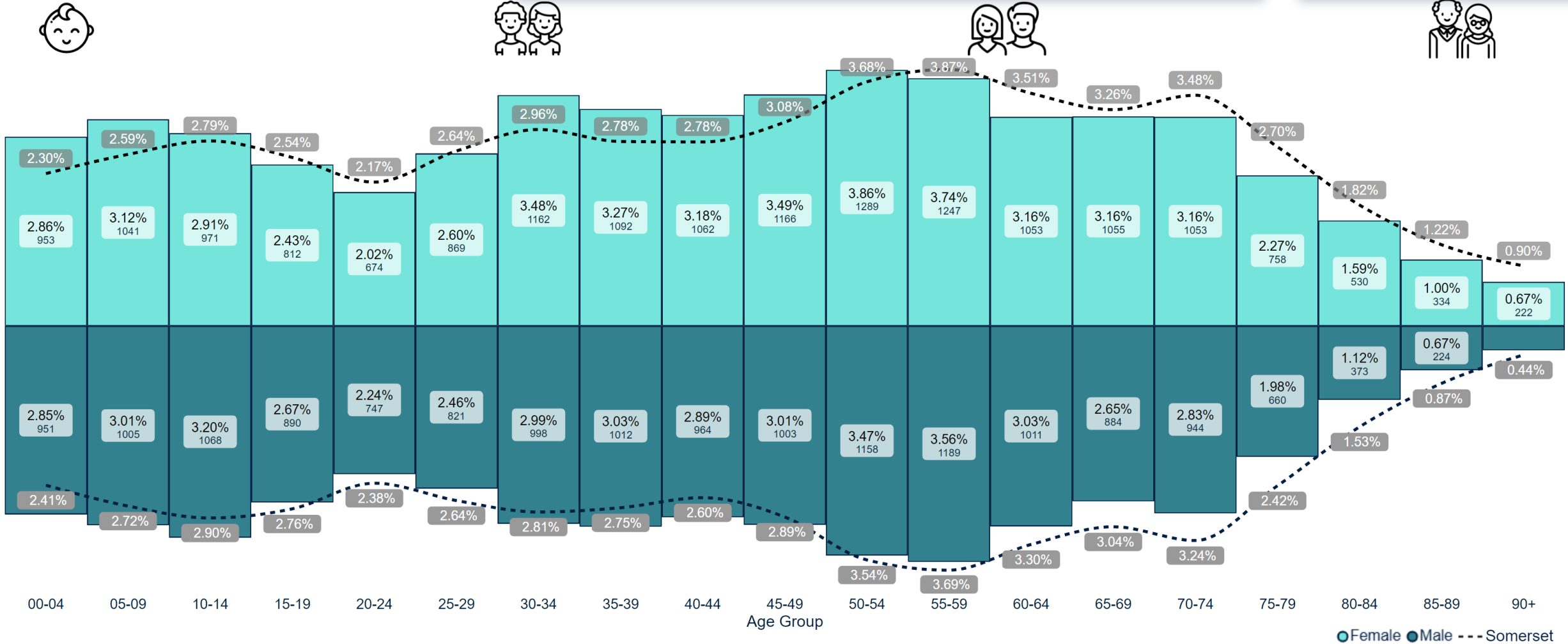
Each of the 1,250 PCNs across England are based on GP registered patient lists, typically serving natural communities of between 30,000 to 50,000 people (with some flexibility). They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies 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.

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: **33368**

FROME PCN





Total Population: **33368**

● PCN ● Somerset

FROME 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



Ethnicity	PCN Count	PCN Proportion	Somerset Proportion
Asian, Asian British or Asian Welsh	345	1.04%	1.52%
Black, Black British, Black Welsh, Caribbean or African	88	0.26%	0.43%
Mixed or Multiple ethnic groups	561	1.69%	1.25%
Not applicable	0	0.00%	0.00%
Other ethnic group	126	0.38%	0.43%
White	32,123	96.63%	96.37%



Disabled Under the Equality Act



14356
Number of Households



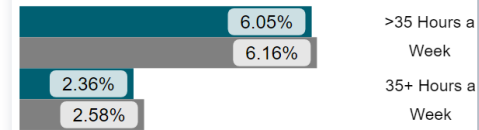
Bad or Very Bad General Health



339
Births in 2023



Providing Unpaid Care



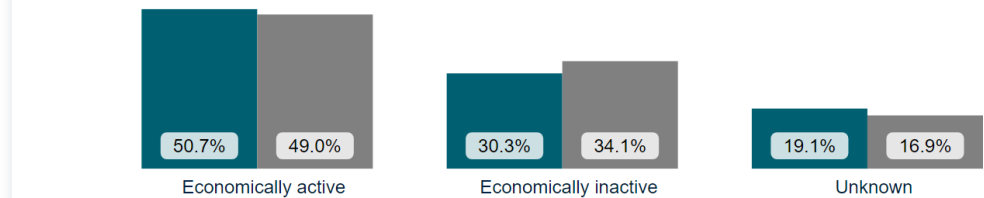
338
Deaths in 2023



Religion	PCN Count	PCN Proportion	Somerset Proportion
Any Other Religion or Belief	334	1.0%	0.7%
Buddhist	175	0.5%	0.3%
Christian	13,786	41.5%	50.1%
Hindu	43	0.1%	0.2%
Jewish	46	0.1%	0.1%
Muslim	85	0.3%	0.5%
No Religion or Belief	16,422	49.4%	41.5%
Other Religion or Belief	690	2.1%	1.8%
Sikh	7	0.0%	0.0%
Unspecified	2,358	7.1%	6.5%



Economic Activity

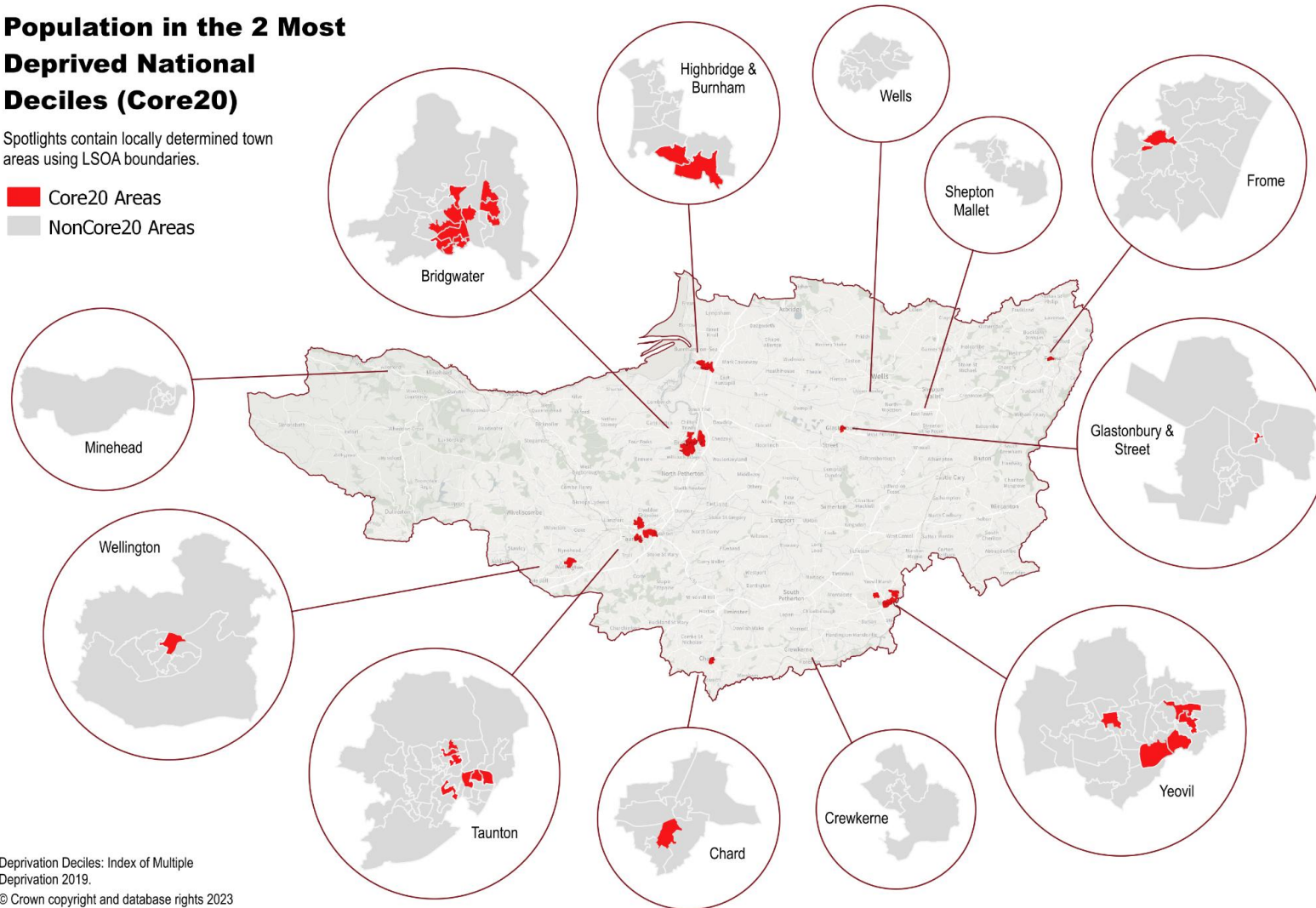




Population in the 2 Most Deprived National Deciles (Core20)

Spotlights contain locally determined town areas using LSOA boundaries.

- Core20 Areas
- NonCore20 Areas



FROME PCN

PCN Core20 Population: **1462**

LSOA Local Name

LSOA Code ONS Po
Estimat

Frome Trinity, Cork Street and Nunney Road E01029042

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



FROME PCN ▼

Overall IMD Rank for PCN: **7**

Most Deprived → Least Deprived

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

IDACI: **4**

IDAOPi: **5**

Info

Relative to other parts of Somerset, Frome PCN is one of the middle scoring areas for deprivation. Frome PCN has only one geographic area in CORE20 which is the Trinity, Cork Road and Nunney area in central Frome, home to nearly 1,500 people. Frome PCN has a mixed picture of deprivation with greatest challenges around crime and children and young people skills. In contrast, it scores highest in the county for the quality of living environment and barriers to housing and services.

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.

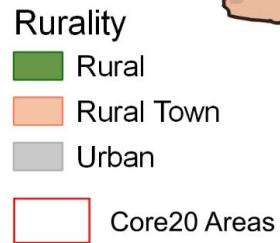
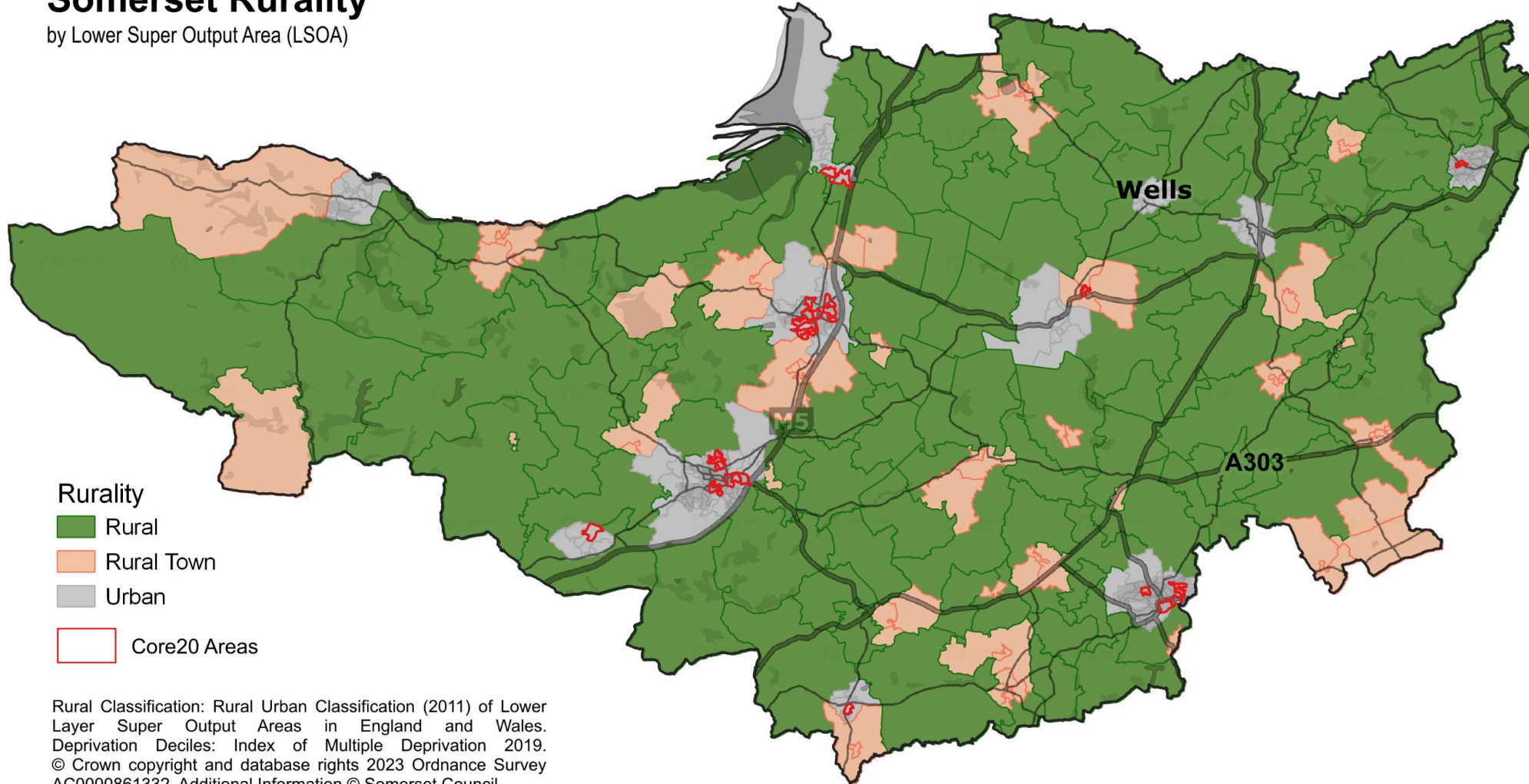
Living Environment
Measures the quality of the local environment. Includes two sub-domains; **Indoors** measures the quality of housing; while **Outdoors** contains measures of air quality and road traffic accidents.

Note: For the September 2025 release the deprivation ranks have been recalculated. Previously we had used resident population estimates that were based on estimates that predated the census and the COVID-19 pandemic. We have now used updated populations and we have also based it on where people registered with GP Practices actually live instead of just the geographic area covered by the PCN. We are aware as result of this some of the rankings for some of the domains in some of the PCNs have shifted in some cases quite considerably.



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.

**Primary Schools**

Christ Church First School

Hayesdown First School

Mells Church First School

Nunney First School

St John's Church of England Voluntary Aided First School, Frome

St Louis Catholic Primary School, Frome

FROME PCN**Primary Schools (continued)****Special Schools**

Fromefield Manor School

North Hill House

Wessex Lodge School

Independent Schools**Secondary Schools**

Frome Community College

Further Education**Pupil Referral Unit**


Pharmacy Name

ACORN PHARMACY LIMITED (FROME - BA11 1NG) FC502

ALLIED PHARMACY FROME (FROME - BA11 2TU) FG882

ASDA PHARMACY (FROME - BA11 5LA) FPM71

BOOTS (FROME - BA11 1AB) FLA13

ST ALDHELM'S PHARMACY (FROME - BA11 2FH) FK642

FROME PCN
Optician Name **Postcode**

BOOTS OPTICIANS (FROME) BA11 1BN

EYE-TECH OPTICIANS BA11 1AH

O'TOID OPTICIANS (FROME) BA11 1AR

SPECSAVERS (FROME) BA11 1BS

Dentist Name **Postcode**

FROME ENTERPRISE
RESOURCE CENTRE (DENTAL
SURGERY) BA11 4BS

GRANTS HOUSE DENTAL
SURGERIES BA11 1BG

PORTWAY DENTAL PRACTICE BA11 1QS

RODDEN ROAD (DENTAL
SURGERY) BA11 2AH

WELSHMILL DENTAL PRACTICE BA11 2LA

GP Name **Postcode**

Frome Medical Centre BA11 2FH

Acute/Community Hospitals **Postcode**

FROME COMMUNITY HOSPITAL BA11 2FH

**FROME PCN****Sports Centres**

Frome Sports and Fitness

Gryphon Sports Centre

Oxley Sports Centre

Sherborne Sports Centre

Air Quality Management Sites

Frome AQMA

Recycling Centres

Frome Recycling Centre

Notable Landmarks

Catherine Hill, Frome

Nunney Castle

Railway Stations

Frome Station

Theatres & Cinemas

Frome Memorial Theatre

Merlin Theatre

Westway Cinema

Major Roads

A3098

A359

A36

A361

A362

Welfare Advice

Citizen's Advice Frome

Conservation Areas

Cranborne Chase AONB

Libraries

Frome Library

Community Anchors and Events

Frome Art Festival

Frome Carnival

Frome Festival

**Other Public Health Settings**

ProActive Frome

Smokefree Somerset Support Group Community Hospital Frome

SWISH Frome**FROME PCN** **Ex - Children Centre PHN Base & Service Delivery**

Frome Child Contact Centre**Pharmacies Offering Blood Pressure Check Services**

Acorn Pharmacy, Frome

Allied Pharmacy, Frome

Asda Pharmacy, Frome

Boots Pharmacy, Frome

St Aldhelm's Pharmacy, Frome**Service Delivery Point Only (contact with service users)****Public Health Nursing Team Base Other**

Colliers Court**Locations to book an NHS Health Check (not including services provided by GP Practices) Aug 2025**BP Monitor Availability⁷Somerset Libraries⁸Somerset Health Checks⁹

*OST (Opiate Substitution Therapy)

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 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 guidance¹⁵ and more specifically:

APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.

FROME PCN ▼

Indicators that have a significant value compared to the Somerset average

Indicator	Period	PCN Value	Somerset Value	Unit	Significance
Fingertips: NGPP: CVD Coronary Heart Disease: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	2023/24	1.10%	0.82%	Percent	Higher ↑
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	2023/24	1.10%	0.82%	Percent	Higher ↑
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart Failure: QOF prevalence: 262: All ages: Persons	2023/24	1.97%	1.49%	Percent	Higher ↑
Fingertips: NGPP: CVD Risk Factors for CVD: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	2023/24	16.85%	14.71%	Percent	Higher ↑
Fingertips: NGPP: CVD Stroke and TIA: PAD: QOF prevalence: 92590: All ages: Persons	2023/24	1.25%	0.80%	Percent	Higher ↑
Fingertips: NGPP: Other Conditions: CKD: QOF prevalence: 258: 18+ yrs: Persons	2023/24	6.48%	5.26%	Percent	Higher ↑
Fingertips: NGPP: Other Conditions: Learning disability: QOF prevalence: 200: All ages: Persons	2023/24	1.02%	0.61%	Percent	Higher ↑
Fingertips: NGPP: Respiratory Disease: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	2023/24	16.85%	14.71%	Percent	Higher ↑
Fingertips: NGPP: Cancer: Cancer: QOF prevalence: 276: All ages: Persons	2023/24	4.65%	5.16%	Percent	Lower ↓
Fingertips: NGPP: CVD Coronary Heart Disease: CHD: QOF prevalence: 273: All ages: Persons	2023/24	3.40%	3.88%	Percent	Lower ↓
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Atrial fibrillation: QOF prevalence: 280: All ages: Persons	2023/24	2.82%	3.20%	Percent	Lower ↓
Fingertips: NGPP: CVD Stroke and TIA: Stroke: QOF prevalence: 212: All ages: Persons	2023/24	2.12%	2.44%	Percent	Lower ↓
Fingertips: NGPP: Diabetes: Diabetes: QOF prevalence: 241: 17+ yrs: Persons	2023/24	7.05%	8.00%	Percent	Lower ↓
Fingertips: NGPP: Musculoskeletal Conditions: Osteoporosis: QOF prevalence: 90443: 50+ yrs: Persons	2023/24	2.14%	2.49%	Percent	Lower ↓
Fingertips: NGPP: Respiratory Disease: COPD: QOF prevalence: 253: All ages: Persons	2023/24	1.85%	2.22%	Percent	Lower ↓



FROME PCN ▼

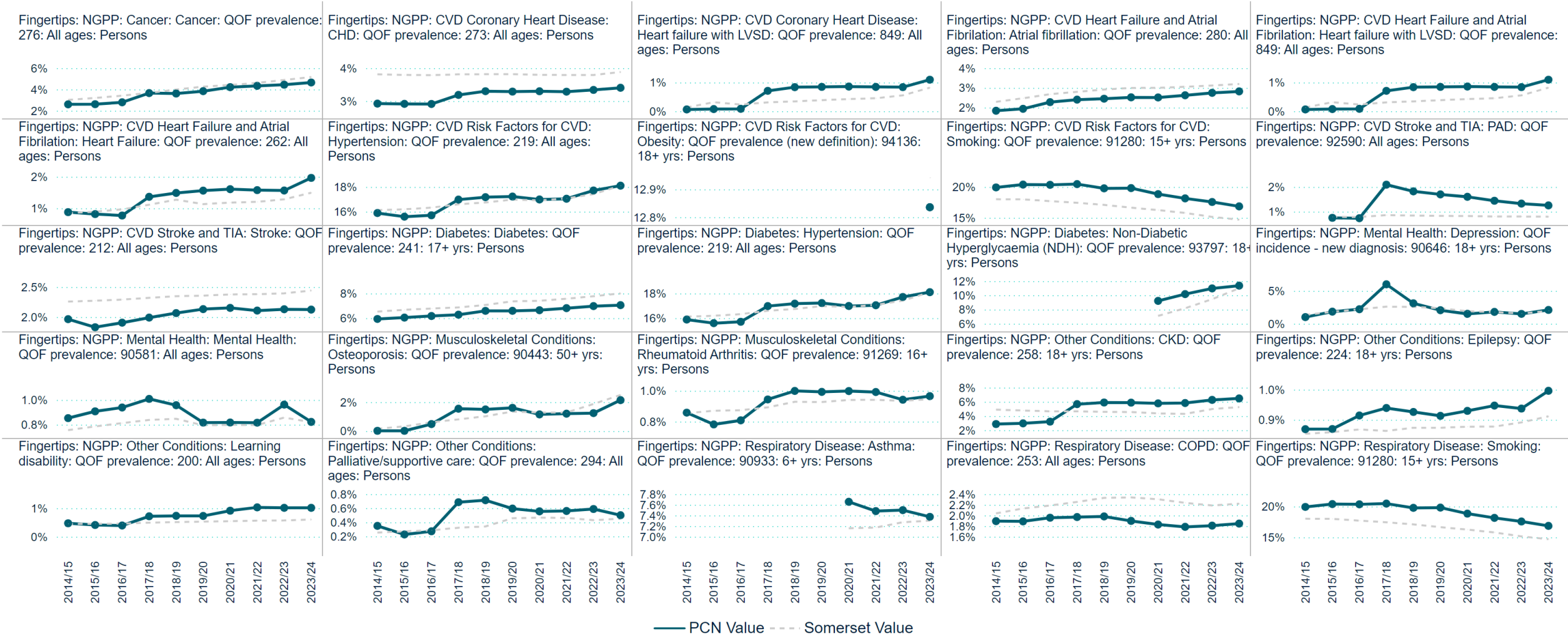
- Significantly lower than benchmark
- Statistically similar to benchmark
- Significantly higher than benchmark
- Significance not tested
- ◆ Somerset Benchmark

Minimum value for groups of the same type Maximum value for groups of the same type

Indicator	Area	Period	Unit	Count	Value	Spine Chart	Somerset
Fingertips: NGPP: Cancer: Cancer: QOF prevalence: 276: All ages: Persons	FROME PCN	2023/24	Percent	1357	4.65%		5.16%
Fingertips: NGPP: CVD Coronary Heart Disease: CHD: QOF prevalence: 273: All ages: Persons	FROME PCN	2023/24	Percent	993	3.40%		3.88%
Fingertips: NGPP: CVD Coronary Heart Disease: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	FROME PCN	2023/24	Percent	320	1.10%		0.82%
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Atrial fibrillation: QOF prevalence: 280: All ages: Persons	FROME PCN	2023/24	Percent	823	2.82%		3.20%
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	FROME PCN	2023/24	Percent	320	1.10%		0.82%
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart Failure: QOF prevalence: 262: All ages: Persons	FROME PCN	2023/24	Percent	574	1.97%		1.49%
Fingertips: NGPP: CVD Risk Factors for CVD: Hypertension: QOF prevalence: 219: All ages: Persons	FROME PCN	2023/24	Percent	5285	18.10%		18.10%
Fingertips: NGPP: CVD Risk Factors for CVD: Obesity: QOF prevalence (new definition): 94136: 18+ yrs: Persons	FROME PCN	2023/24	Percent	3015	12.84%		12.94%
Fingertips: NGPP: CVD Risk Factors for CVD: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	FROME PCN	2023/24	Percent	4119	16.85%		14.71%
Fingertips: NGPP: CVD Stroke and TIA: PAD: QOF prevalence: 92590: All ages: Persons	FROME PCN	2023/24	Percent	366	1.25%		0.80%
Fingertips: NGPP: CVD Stroke and TIA: Stroke: QOF prevalence: 212: All ages: Persons	FROME PCN	2023/24	Percent	620	2.12%		2.44%
Fingertips: NGPP: Diabetes: Diabetes: QOF prevalence: 241: 17+ yrs: Persons	FROME PCN	2023/24	Percent	1678	7.05%		8.00%
Fingertips: NGPP: Diabetes: Hypertension: QOF prevalence: 219: All ages: Persons	FROME PCN	2023/24	Percent	5285	18.10%		18.10%
Fingertips: NGPP: Diabetes: Non-Diabetic Hyperglycaemia (NDH): QOF prevalence: 93797: 18+ yrs: Persons	FROME PCN	2023/24	Percent	2668	11.36%		11.00%
Fingertips: NGPP: Diabetes: Obesity: QOF prevalence (new definition): 94136: 18+ yrs: Persons	FROME PCN	2023/24	Percent	3015	12.84%		12.94%
Fingertips: NGPP: Mental Health: Depression: QOF incidence - new diagnosis: 90646: 18+ yrs: Persons	FROME PCN	2023/24	Percent	493	2.10%		1.95%
Fingertips: NGPP: Mental Health: Mental Health: QOF prevalence: 90581: All ages: Persons	FROME PCN	2023/24	Percent	240	0.82%		0.82%
Fingertips: NGPP: Musculoskeletal Conditions: Osteoporosis: QOF prevalence: 90443: 50+ yrs: Persons	FROME PCN	2023/24	Percent	264	2.14%		2.49%
Fingertips: NGPP: Musculoskeletal Conditions: Rheumatoid Arthritis: QOF prevalence: 91269: 16+ yrs: Persons	FROME PCN	2023/24	Percent	233	0.97%		0.95%
Fingertips: NGPP: Other Conditions: CKD: QOF prevalence: 258: 18+ yrs: Persons	FROME PCN	2023/24	Percent	1522	6.48%		5.26%
Fingertips: NGPP: Other Conditions: Epilepsy: QOF prevalence: 224: 18+ yrs: Persons	FROME PCN	2023/24	Percent	234	1.00%		0.91%
Fingertips: NGPP: Other Conditions: Learning disability: QOF prevalence: 200: All ages: Persons	FROME PCN	2023/24	Percent	297	1.02%		0.61%
Fingertips: NGPP: Other Conditions: Palliative/supportive care: QOF prevalence: 294: All ages: Persons	FROME PCN	2023/24	Percent	146	0.50%		0.45%
Fingertips: NGPP: Practice Summary: % QOF points achieved: 295: Not applicable: Not applicable	FROME PCN	2023/24	Percent	584.67	92.07%		93.73%
Fingertips: NGPP: Respiratory Disease: Asthma: QOF prevalence: 90933: 6+ yrs: Persons	FROME PCN	2023/24	Percent	2029	7.37%		7.30%
Fingertips: NGPP: Respiratory Disease: COPD: QOF prevalence: 253: All ages: Persons	FROME PCN	2023/24	Percent	539	1.85%		2.22%
Fingertips: NGPP: Respiratory Disease: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	FROME PCN	2023/24	Percent	4119	16.85%		14.71%



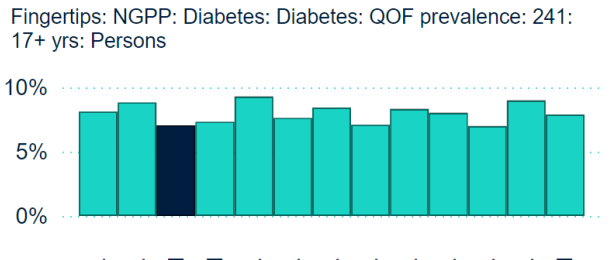
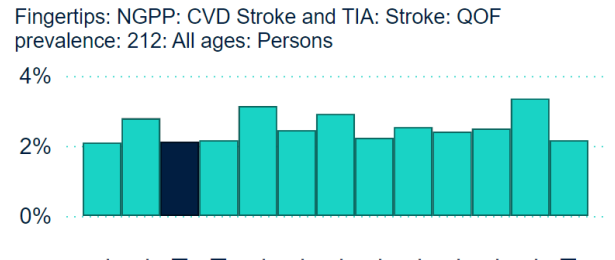
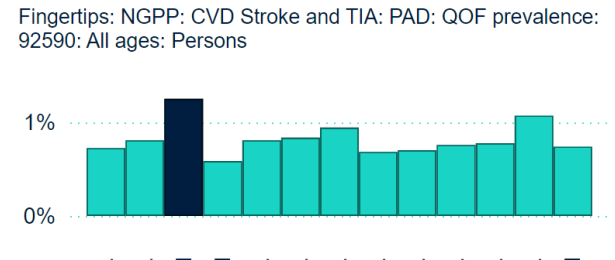
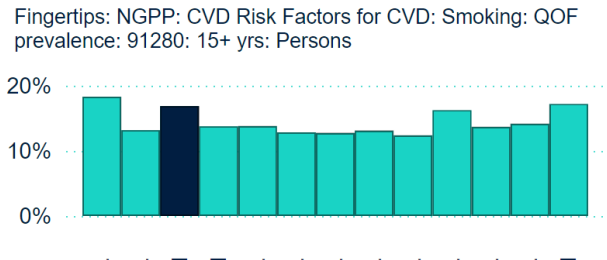
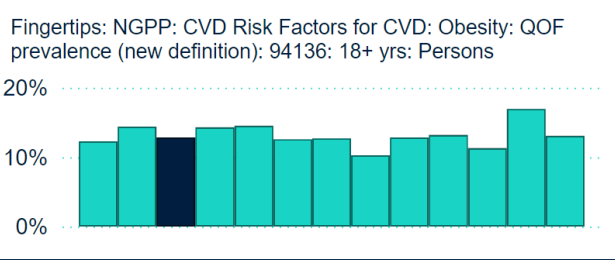
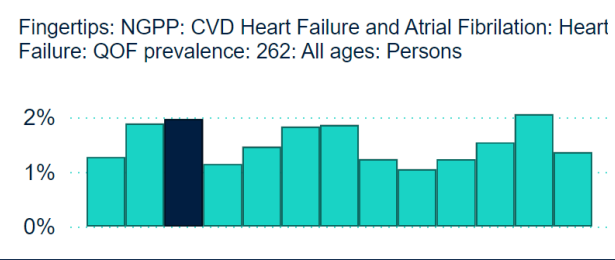
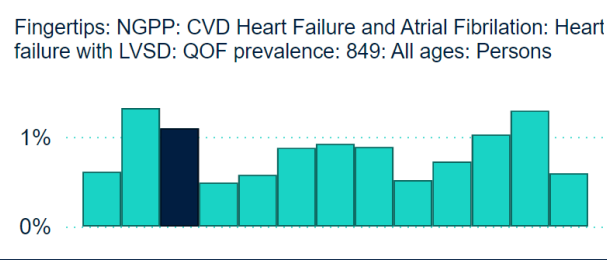
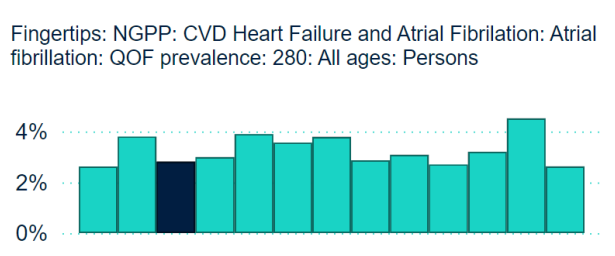
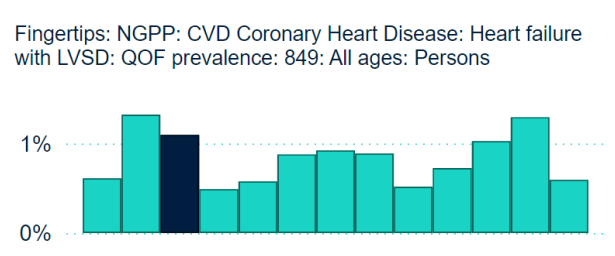
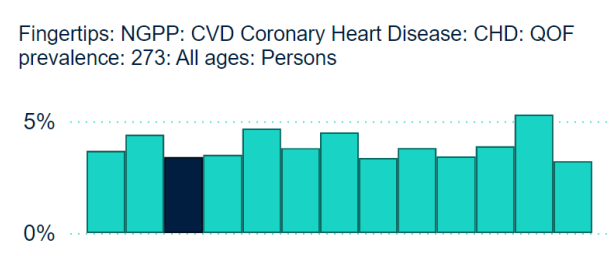
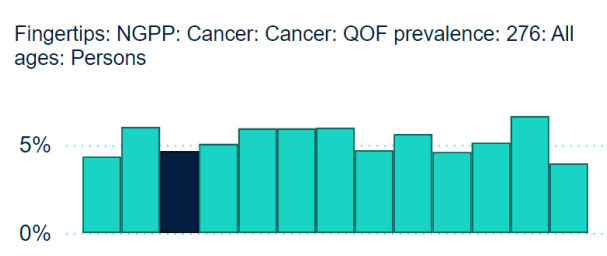
FROME PCN ▼



— PCN Value - - - Somerset Value

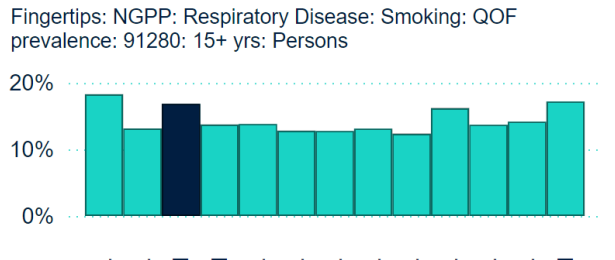
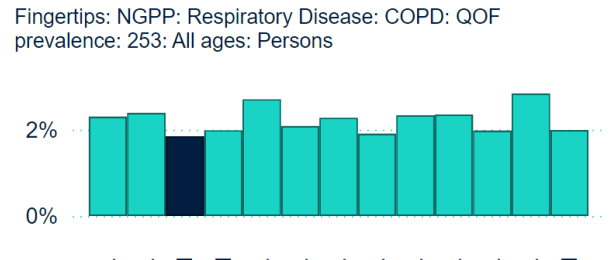
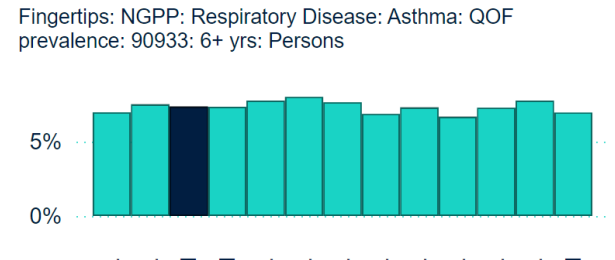
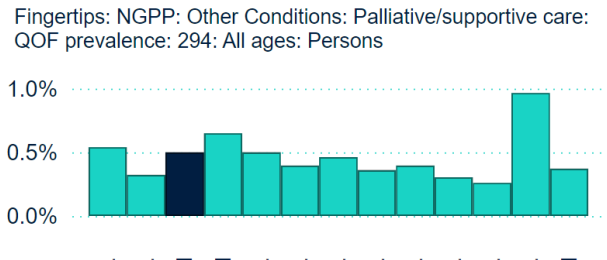
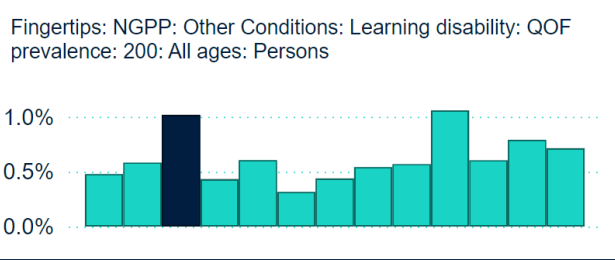
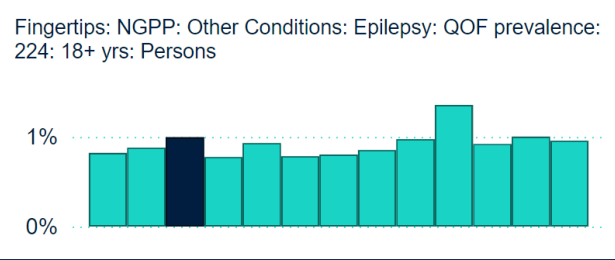
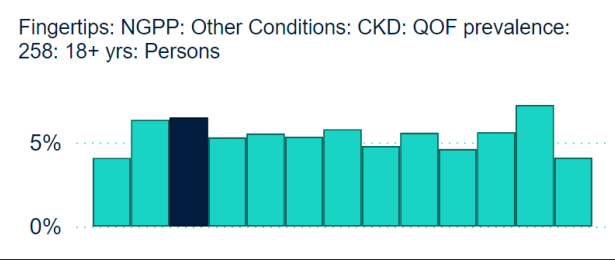
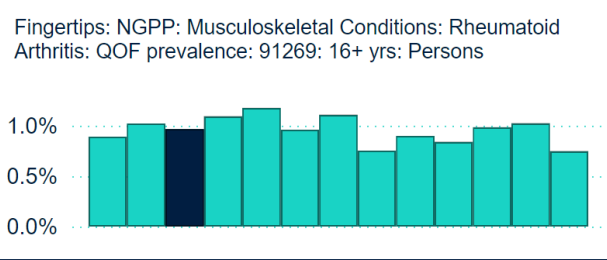
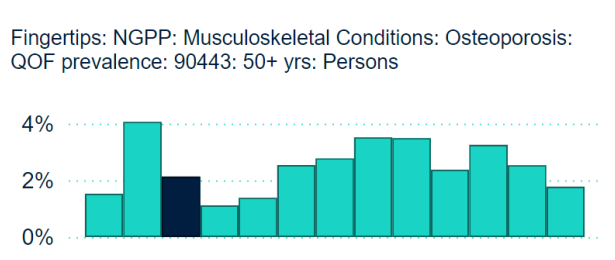
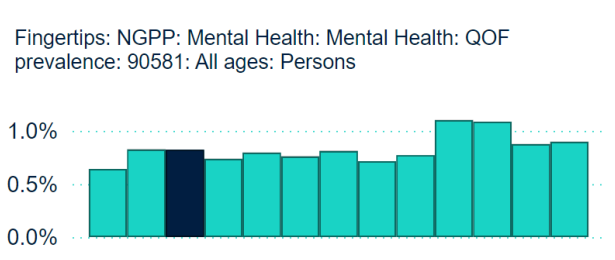
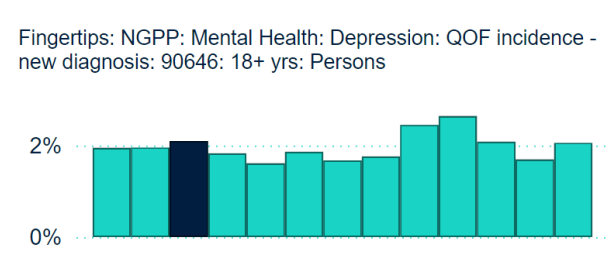
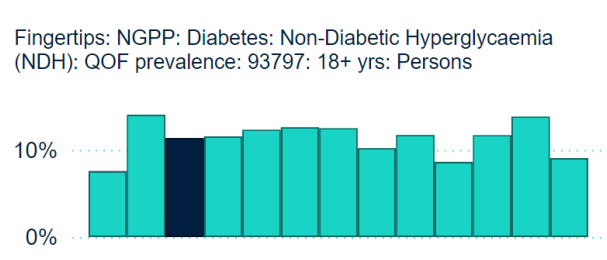


FROME PCN ▼





FROME PCN ▼



Indicator	Mini Definition
Fingertips: NGPP: Cancer: Cancer: QOF prevalence: 276: All ages: Persons	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).
Fingertips: NGPP: CVD Coronary Heart Disease: CHD: QOF prevalence: 273: All ages: Persons	The percentage of patients with coronary heart disease (CHD), as recorded on practice disease register.
Fingertips: NGPP: CVD Coronary Heart Disease: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	The percentage of patients with heart failure due to left ventricular systolic dysfunction (LVSD) as recorded on practice disease records.
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Atrial fibrillation: QOF prevalence: 280: All ages: Persons	The percentage of patients with atrial fibrillation, as recorded on practice disease registers.
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	The percentage of patients with heart failure due to left ventricular systolic dysfunction (LVSD) as recorded on practice disease records.
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart Failure: QOF prevalence: 262: All ages: Persons	The percentage of patients with heart failure, as recorded on practice disease registers.
Fingertips: NGPP: CVD Risk Factors for CVD: Hypertension: QOF prevalence: 219: All ages: Persons	The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size).
Fingertips: NGPP: CVD Risk Factors for CVD: Obesity: QOF prevalence (new definition): 94136: 18+ yrs: Persons	Percentage of patients aged 18 or over living with obesity, as recorded in the previous 12 months on the practice disease register. Obesity is defined as a BMI greater than or equal to 30 kg/m ² or greater than or equal to 27.5 kg/m ² for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background.
Fingertips: NGPP: CVD Risk Factors for CVD: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	The percentage of patients (aged 15+ yrs) who are recorded as current smokers.
Fingertips: NGPP: CVD Stroke and TIA: PAD: QOF prevalence: 92590: All ages: Persons	The percentage of patients with peripheral arterial disease, as recorded on practice disease registers (proportion of total list size).
Fingertips: NGPP: CVD Stroke and TIA: Stroke: QOF prevalence: 212: All ages: Persons	The percentage of patients with stroke or transient ischaemic attack (TIA), as recorded on practice disease registers (proportion of total list size).
Fingertips: NGPP: Diabetes: Diabetes: QOF prevalence: 241: 17+ yrs: Persons	The percentage of patients aged 17 or over with diabetes mellitus, as recorded on practice disease registers.
Fingertips: NGPP: Diabetes: Hypertension: QOF prevalence: 219: All ages: Persons	The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size).
Fingertips: NGPP: Diabetes: Non-Diabetic Hyperglycaemia (NDH): QOF prevalence: 93797: 18+ yrs: Persons	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.
Fingertips: NGPP: Diabetes: Obesity: QOF prevalence (new definition): 94136: 18+ yrs: Persons	Percentage of patients aged 18 or over living with obesity, as recorded in the previous 12 months on the practice disease register. Obesity is defined as a BMI greater than or equal to 30 kg/m ² or greater than or equal to 27.5 kg/m ² for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background.
Fingertips: NGPP: Mental Health: Dementia: QOF prevalence: 247: All ages: Persons	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.
Fingertips: NGPP: Mental Health: Depression: QOF incidence - new diagnosis: 90646: 18+ yrs: Persons	The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year.
Fingertips: NGPP: Mental Health: Mental Health: QOF prevalence: 90581: All ages: Persons	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
Fingertips: NGPP: Musculoskeletal Conditions: Osteoporosis: QOF prevalence: 90443: 50+ yrs: Persons	The percentage of patients with osteoporosis, as recorded on practice disease register, from all patients aged 50 or older.
Fingertips: NGPP: Musculoskeletal Conditions: Rheumatoid Arthritis: QOF prevalence: 91269: 16+ yrs: Persons	The percentage of patients with rheumatoid arthritis, as recorded on practice disease register.
Fingertips: NGPP: Other Conditions: CKD: QOF prevalence: 258: 18+ yrs: Persons	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.
Fingertips: NGPP: Other Conditions: Epilepsy: QOF prevalence: 224: 18+ yrs: Persons	The percentage of patients aged 18 years and over with epilepsy, as recorded on practice disease registers.
Fingertips: NGPP: Other Conditions: Learning disability: QOF prevalence: 200: All ages: Persons	The percentage of patients with learning disabilities, as recorded on practice disease registers
Fingertips: NGPP: Other Conditions: Palliative/supportive care: QOF prevalence: 294: All ages: Persons	The percentage of patients in need of palliative care/support, as recorded on practice disease registers, irrespective of age.
Fingertips: NGPP: Practice Summary: % QOF points achieved: 295: Not applicable: Not applicable	The percentage of all QOF points achieved across all domains as a proportion of all achievable points.
Fingertips: NGPP: Respiratory Disease: Asthma: QOF prevalence: 90933: 6+ yrs: Persons	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.
Fingertips: NGPP: Respiratory Disease: COPD: QOF prevalence: 253: All ages: Persons	The percentage of patients with COPD, as recorded on practice disease registers.
Fingertips: NGPP: Respiratory Disease: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	The percentage of patients (aged 15+ yrs) who are recorded as current smokers.

Core Indicator Name	Data Source	Direct Data Source	Indicator ID	Unit
Fingertips: NGPP: Cancer: Cancer: QOF prevalence: 276: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	276	Percent
Fingertips: NGPP: CVD Coronary Heart Disease: CHD: QOF prevalence: 273: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	273	Percent
Fingertips: NGPP: CVD Coronary Heart Disease: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	849	Percent
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Atrial fibrillation: QOF prevalence: 280: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	280	Percent
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart failure with LVSD: QOF prevalence: 849: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	849	Percent
Fingertips: NGPP: CVD Heart Failure and Atrial Fibrillation: Heart Failure: QOF prevalence: 262: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	262	Percent
Fingertips: NGPP: CVD Risk Factors for CVD: Hypertension: QOF prevalence: 219: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	219	Percent
Fingertips: NGPP: CVD Risk Factors for CVD: Obesity: QOF prevalence (new definition): 94136: 18+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	94136	Percent
Fingertips: NGPP: CVD Risk Factors for CVD: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	91280	Percent
Fingertips: NGPP: CVD Stroke and TIA: PAD: QOF prevalence: 92590: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	92590	Percent
Fingertips: NGPP: CVD Stroke and TIA: Stroke: QOF prevalence: 212: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	212	Percent
Fingertips: NGPP: Diabetes: Diabetes: QOF prevalence: 241: 17+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	241	Percent
Fingertips: NGPP: Diabetes: Hypertension: QOF prevalence: 219: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	219	Percent
Fingertips: NGPP: Diabetes: Non-Diabetic Hyperglycaemia (NDH): QOF prevalence: 93797: 18+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	93797	Percent
Fingertips: NGPP: Diabetes: Obesity: QOF prevalence (new definition): 94136: 18+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	94136	Percent
Fingertips: NGPP: Mental Health: Dementia: QOF prevalence: 247: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	247	Percent
Fingertips: NGPP: Mental Health: Depression: QOF incidence - new diagnosis: 90646: 18+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	90646	Percent
Fingertips: NGPP: Mental Health: Mental Health: QOF prevalence: 90581: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	90581	Percent
Fingertips: NGPP: Musculoskeletal Conditions: Osteoporosis: QOF prevalence: 90443: 50+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	90443	Percent
Fingertips: NGPP: Musculoskeletal Conditions: Rheumatoid Arthritis: QOF prevalence: 91269: 16+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	91269	Percent
Fingertips: NGPP: Other Conditions: CKD: QOF prevalence: 258: 18+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	258	Percent
Fingertips: NGPP: Other Conditions: Epilepsy: QOF prevalence: 224: 18+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	224	Percent
Fingertips: NGPP: Other Conditions: Learning disability: QOF prevalence: 200: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	200	Percent
Fingertips: NGPP: Other Conditions: Palliative/supportive care: QOF prevalence: 294: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	294	Percent
Fingertips: NGPP: Practice Summary: % QOF points achieved: 295: Not applicable: Not applicable	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	295	Percent
Fingertips: NGPP: Respiratory Disease: Asthma: QOF prevalence: 90933: 6+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	90933	Percent
Fingertips: NGPP: Respiratory Disease: COPD: QOF prevalence: 253: All ages: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	253	Percent
Fingertips: NGPP: Respiratory Disease: Smoking: QOF prevalence: 91280: 15+ yrs: Persons	NHS England	Office for Health Improvement and Disparities.Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025	91280	Percent

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 assess 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.

PCN assignment to pupils is based on their School's LSOA rather than the pupils home address.

A letter categorisation (A to D) 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 Participation coverage for 2022/23 was **88.2%**, 2023/24 was **89.4%** and 2024/25 was **92.9%**.

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 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 guidance¹⁸ and more specifically:

APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.



FROME PCN ▼

Indicators that have a significant value compared to the Somerset average









Indicator	Period	PCN Value	Somerset Value	Unit	Significance
Public Health: NCMP: Weight Categories: Year 6: B: Underweight: All Ages: Persons	2023/24	0.00%	1.55%		Lower ↓
Public Health: NCMP: Weight Categories: Year R: D: Very Overweight: All Ages: Persons	2023/24	6.25%	10.70%		Lower ↓



FROME PCN ▼

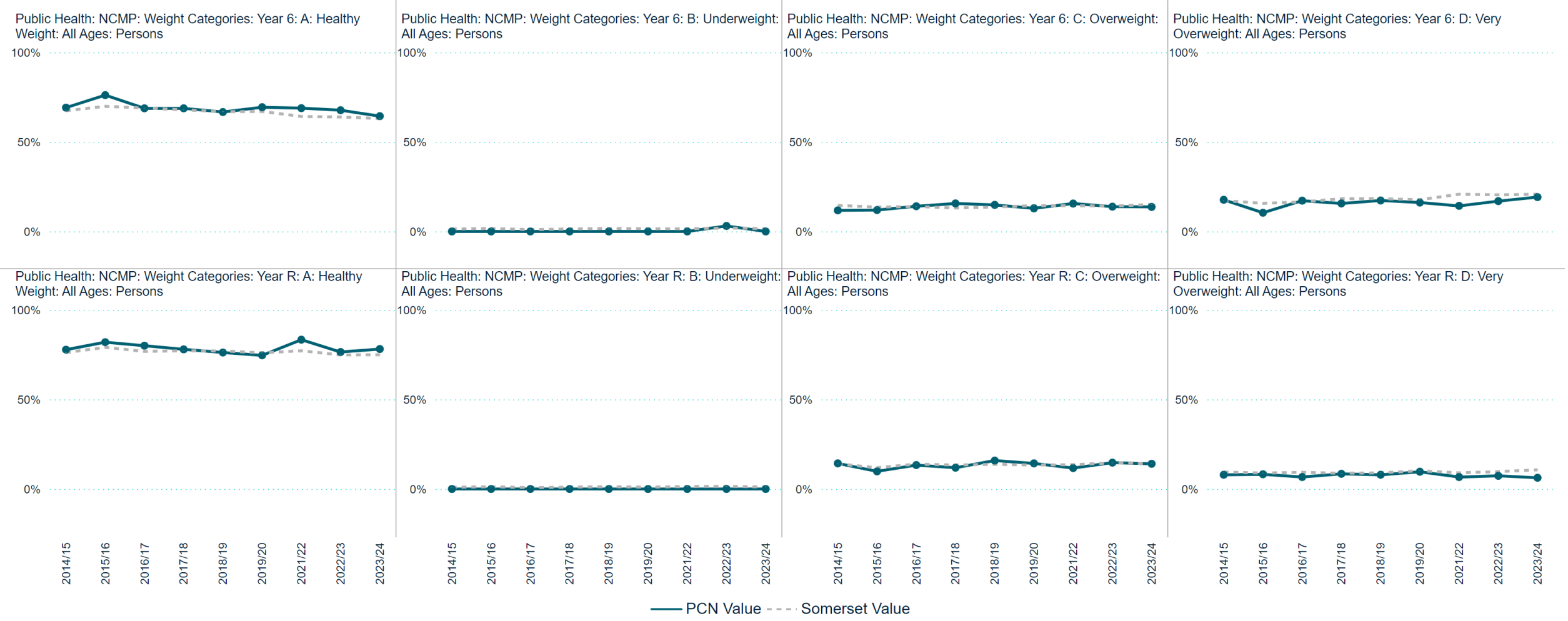
- Significantly lower than benchmark
- Statistically similar to benchmark
- Significantly higher than benchmark
- Significance not tested
- ◆ Somerset Benchmark

Minimum value for groups of the same type Maximum value for groups of the same type

Indicator	Area	Period	Unit	Count	Value	Spine Chart	Somerset
Public Health: NCMP: Weight Categories: Year 6: A: Healthy Weight: All Ages: Persons	FROME PCN	2023/24	Percent	235	64.38%		63.05%
Public Health: NCMP: Weight Categories: Year 6: B: Underweight: All Ages: Persons	FROME PCN	2023/24	Percent	0	0.00%		1.55%
Public Health: NCMP: Weight Categories: Year 6: C: Overweight: All Ages: Persons	FROME PCN	2023/24	Percent	50	13.70%		15.03%
Public Health: NCMP: Weight Categories: Year 6: D: Very Overweight: All Ages: Persons	FROME PCN	2023/24	Percent	70	19.18%		20.78%
Public Health: NCMP: Weight Categories: Year R: A: Healthy Weight: All Ages: Persons	FROME PCN	2023/24	Percent	250	78.13%		74.94%
Public Health: NCMP: Weight Categories: Year R: B: Underweight: All Ages: Persons	FROME PCN	2023/24	Percent	0	0.00%		1.11%
Public Health: NCMP: Weight Categories: Year R: C: Overweight: All Ages: Persons	FROME PCN	2023/24	Percent	45	14.06%		14.20%
Public Health: NCMP: Weight Categories: Year R: D: Very Overweight: All Ages: Persons	FROME PCN	2023/24	Percent	20	6.25%		10.70%

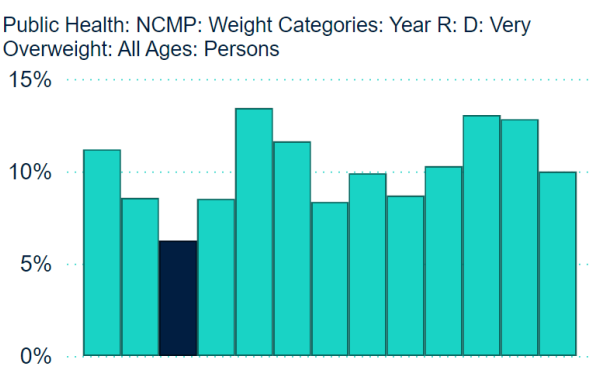
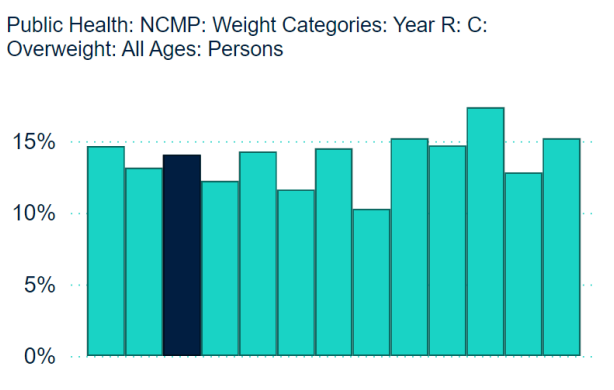
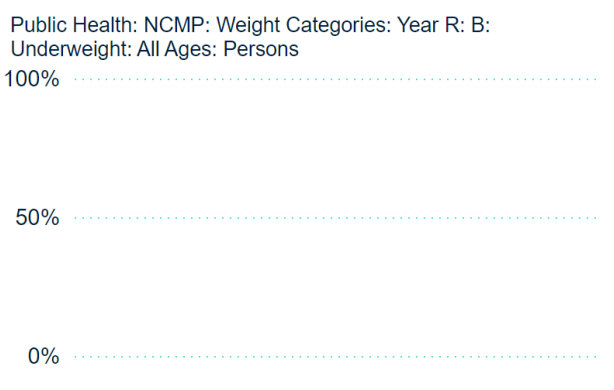
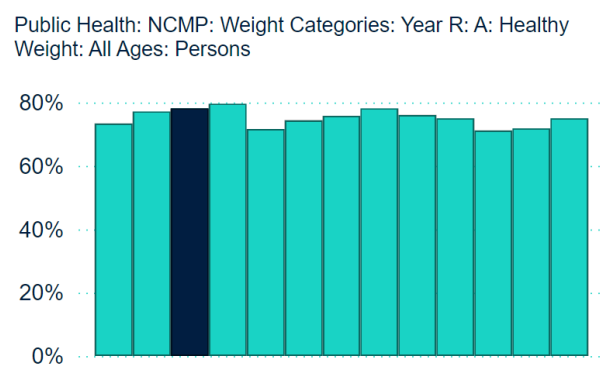
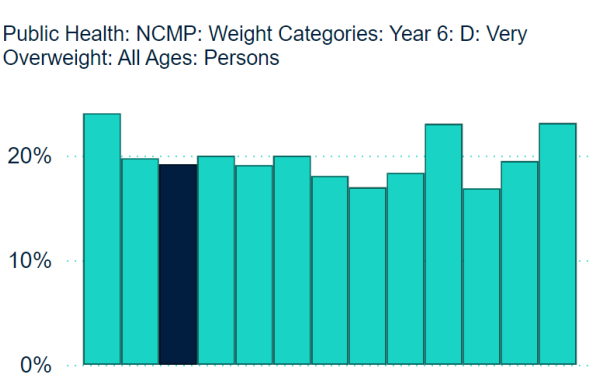
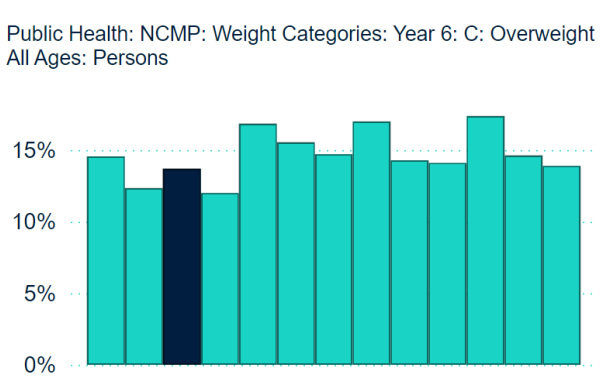
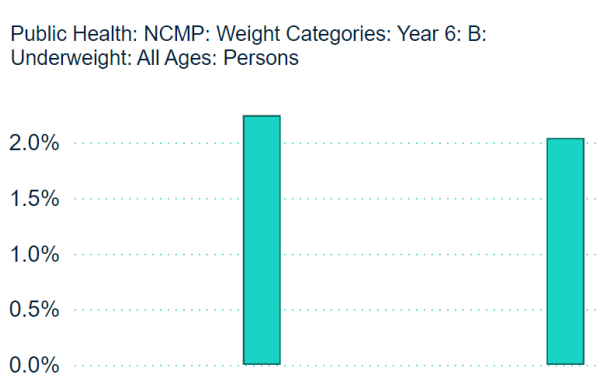
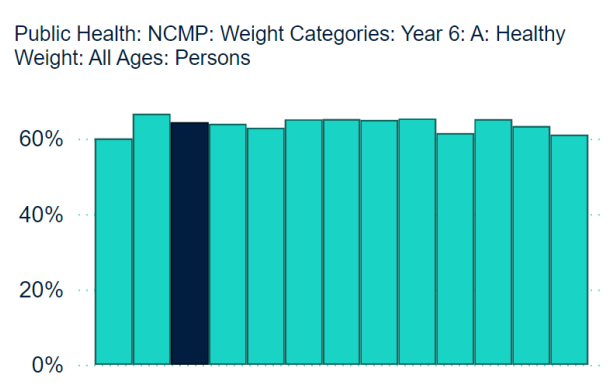


FROME PCN ▼





FROME PCN ▼



Indicator**Mini Definition**

Public Health: NCMP: Weight Categories: Year 6: A: Healthy Weight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.
Public Health: NCMP: Weight Categories: Year 6: B: Underweight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.
Public Health: NCMP: Weight Categories: Year 6: C: Overweight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.
Public Health: NCMP: Weight Categories: Year 6: D: Very Overweight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.
Public Health: NCMP: Weight Categories: Year R: A: Healthy Weight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.
Public Health: NCMP: Weight Categories: Year R: B: Underweight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.
Public Health: NCMP: Weight Categories: Year R: C: Overweight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.
Public Health: NCMP: Weight Categories: Year R: D: Very Overweight	Percentage of children who were measured as part of the National Child Measurement Programme in each of the weight categories.

Core Indicator Name	Data Source	Direct Data Source	Indicator ID	Unit
Public Health: NCMP: Weight Categories: Year 6: A: Healthy Weight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent
Public Health: NCMP: Weight Categories: Year 6: B: Underweight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent
Public Health: NCMP: Weight Categories: Year 6: C: Overweight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent
Public Health: NCMP: Weight Categories: Year 6: D: Very Overweight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent
Public Health: NCMP: Weight Categories: Year R: A: Healthy Weight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent
Public Health: NCMP: Weight Categories: Year R: B: Underweight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent
Public Health: NCMP: Weight Categories: Year R: C: Overweight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent
Public Health: NCMP: Weight Categories: Year R: D: Very Overweight: All Ages: Persons	NCMP	NCMP Somerset Council		Percent

About

The Health Visiting metrics in this profile cover the following:

New Baby Review (NBV) - All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth, which is known as the New Birth Visit (NBV). This metric is designed to measure what proportion of infants receive a timely NBV. This visit forms part of the Healthy Child Programme (HCP), and is important to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. This visit is also important in identifying any development issues with the infant, to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries, including maternal mental health. Breastfeeding status is also recorded at this review.

6-8 Week Review - The 6 to 8 week review is an opportunity for support with breastfeeding if required, and allows an assessment of the mother's mental health, as well as reinforcing the discussions and messages from the new birth visit. It is an opportunity to ensure the mother has had a six-week postnatal check, and that the infant has received the infant physical examination, as well as a reminder of the importance of the vaccinations that take place in the first few months. Any difficulties the mother has had in receiving benefits she is entitled to can be discussed and support offered. Breastfeeding status is also recorded at this review.

2-2.5 Years Review - All children and families should receive a review when the child reaches around 2 to 2½ years. This allows for an integrated review of their health and development. In addition, it presents an opportunity to discuss preconception health with parents before any future pregnancy, and an opportunity to support the parents with issues such as access to a nursery place (including free provision), and a reminder of the importance of the pre-school immunisation booster. This review also involves the ASQ-3 which monitors child development across England in 5 separate domains and is used to support local areas in assessing the effectiveness and impact of services for 0-2 year olds and with planning services for children aged 2 and beyond.

ELIM (Early Language Identification Measure) - An assessment that takes place at the 2-2.5 year review to assess for any communication difficulties or gaps in oral language skills.

Service Level - There is a universal level of support offered to everyone. However, when more support is needed a 'targeted' or 'specialist' service level is applied which offers additional support on top of the universal offer.

All values in this PCN Health and Wellbeing Profile for health visiting data are rounded to the nearest 5 and any counts below 8 are suppressed and treated as zero.

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 guidance¹⁸ and more specifically: **APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.**

FROME PCN ▼
Indicators that have a significant value compared to the Somerset average

Indicator	Period	PCN Value	Somerset Value	Unit	Significance
Public Health: RiO: ASQ: ASQ Communication Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Female	2024/25	100.00%	83.15%	Percent	Higher ↑
Public Health: RiO: ASQ: ASQ Fine Motor Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Male	2024/25	100.00%	78.70%	Percent	Higher ↑
Public Health: RiO: ASQ: ASQ Gross Motor Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Female	2024/25	100.00%	88.75%	Percent	Higher ↑
Public Health: RiO: Reviews: Has Review: Ante Natal Visit: Female	2024/25	94.44%	84.11%	Percent	Higher ↑
Public Health: RiO: Reviews: Review in Window: Ante Natal Visit: Female	2024/25	94.44%	84.11%	Percent	Higher ↑
Public Health: RiO: ASQ: ASQ Fine Motor Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	2024/25	94.12%	82.01%	Percent	Higher ↑
Public Health: RiO: ASQ: ASQ Person Social Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	2024/25	94.12%	84.13%	Percent	Higher ↑
Public Health: RiO: ASQ: ASQ Overall Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Female	2024/25	91.67%	76.34%	Percent	Higher ↑
Public Health: RiO: ASQ: ASQ Communication Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	2024/25	90.00%	78.97%	Percent	Higher ↑
Public Health: RiO: ASQ: ASQ Overall Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	2024/25	86.36%	70.22%	Percent	Higher ↑
Public Health: RiO: ELIM: ELIM Outcome: 1 - No Concerns or 3 - Parent Concerns Only: Two to Two and Half Year Review: Male	2024/25	23.53%	37.69%	Percent	Lower ↓
Public Health: RiO: Service Level: Targeted or Specialist Support: Two to Two and Half Year Review: Persons	2024/25	4.23%	8.67%	Percent	Lower ↓
Public Health: RiO: Service Level: Targeted or Specialist Support: One Year Review at 12 Months: Female	2024/25	0.00%	6.64%	Percent	Lower ↓
Public Health: RiO: Service Level: Targeted or Specialist Support: Two to Two and Half Year Review: Female	2024/25	0.00%	7.20%	Percent	Lower ↓



FROME PCN ▼

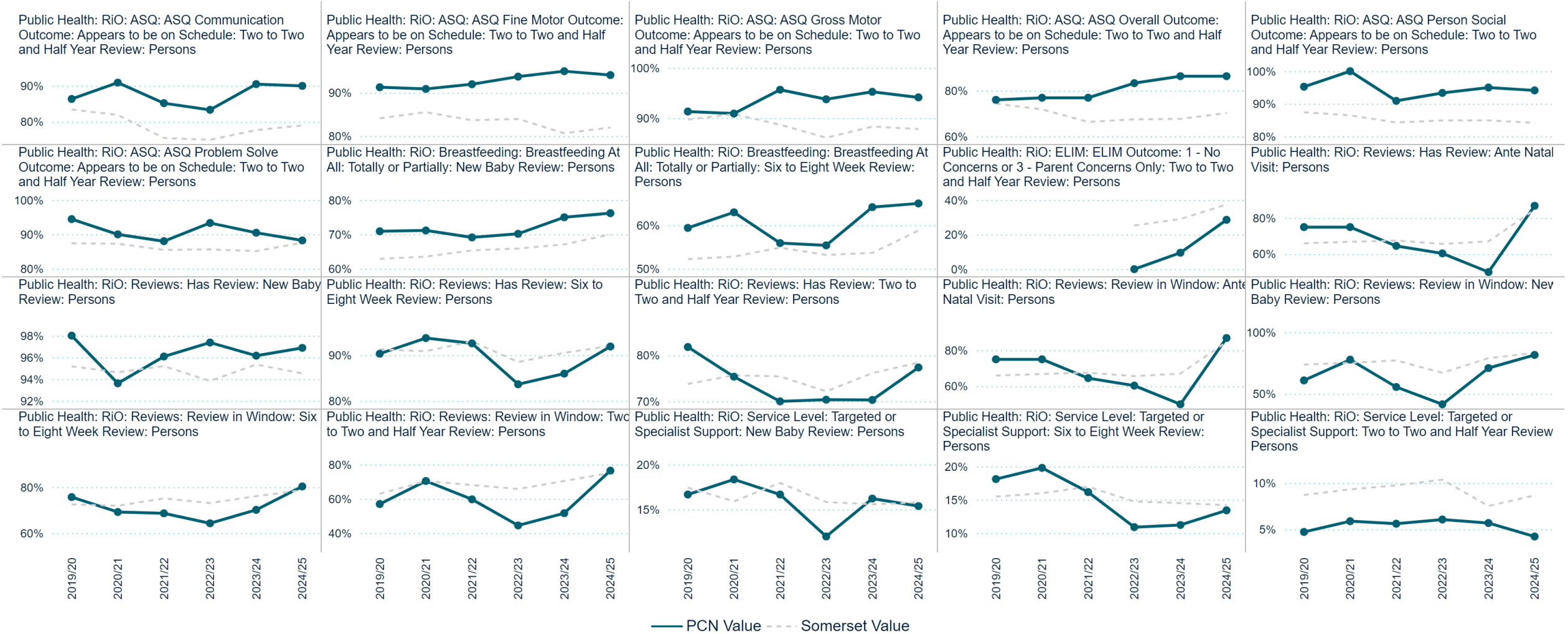
- Significantly lower than benchmark
- Statistically similar to benchmark
- Significantly higher than benchmark
- Significance not tested
- ◆ Somerset Benchmark

Minimum value for groups of the same type Maximum value for groups of the same type

Indicator	Area	Period	Unit	Count	Value	Spine Chart	Somerset
Public Health: RiO: ASQ: ASQ Communication Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	90	90.00%		78.97%
Public Health: RiO: ASQ: ASQ Fine Motor Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	80	94.12%		82.01%
Public Health: RiO: ASQ: ASQ Gross Motor Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	80	94.12%		87.82%
Public Health: RiO: ASQ: ASQ Overall Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	95	86.36%		70.22%
Public Health: RiO: ASQ: ASQ Person Social Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	80	94.12%		84.13%
Public Health: RiO: ASQ: ASQ Problem Solve Outcome: Appears to be on Schedule: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	75	88.24%		87.57%
Public Health: RiO: Breastfeeding: Breastfeeding At All: Totally or Partially: New Baby Review: Persons	FROME PCN	2024/25	Percent	160	76.19%		69.97%
Public Health: RiO: Breastfeeding: Breastfeeding At All: Totally or Partially: Six to Eight Week Review: Persons	FROME PCN	2024/25	Percent	130	65.00%		58.78%
Public Health: RiO: ELIM: ELIM Outcome: 1 - No Concerns or 3 - Parent Concerns Only: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	50	28.57%		37.45%
Public Health: RiO: Reviews: Has Review: New Baby Review: Persons	FROME PCN	2024/25	Percent	155	96.88%		94.52%
Public Health: RiO: Reviews: Has Review: Six to Eight Week Review: Persons	FROME PCN	2024/25	Percent	170	91.89%		92.05%
Public Health: RiO: Reviews: Has Review: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	205	77.36%		78.43%
Public Health: RiO: Reviews: Review in Window: New Baby Review: Persons	FROME PCN	2024/25	Percent	155	81.58%		83.23%
Public Health: RiO: Reviews: Review in Window: Six to Eight Week Review: Persons	FROME PCN	2024/25	Percent	185	80.43%		78.79%
Public Health: RiO: Reviews: Review in Window: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	195	76.47%		75.13%
Public Health: RiO: Service Level: Targeted or Specialist Support: New Baby Review: Persons	FROME PCN	2024/25	Percent	60	15.38%		15.78%
Public Health: RiO: Service Level: Targeted or Specialist Support: Six to Eight Week Review: Persons	FROME PCN	2024/25	Percent	55	13.41%		14.19%
Public Health: RiO: Service Level: Targeted or Specialist Support: Two to Two and Half Year Review: Persons	FROME PCN	2024/25	Percent	15	4.23%		8.67%

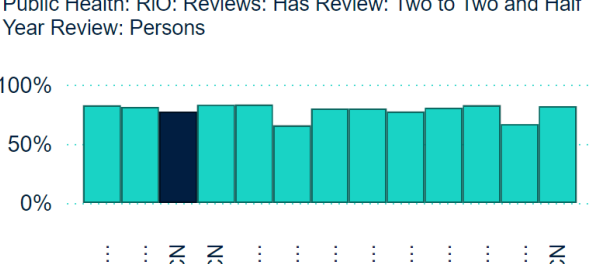
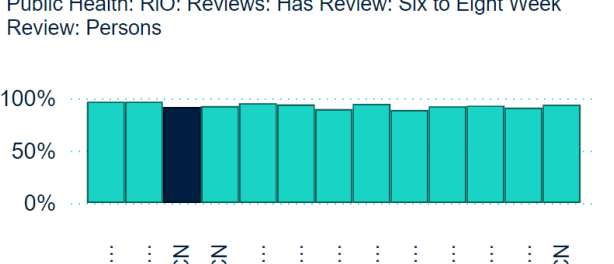
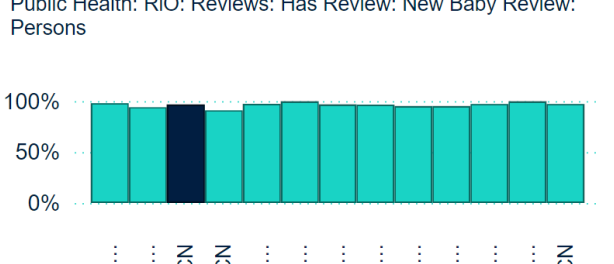
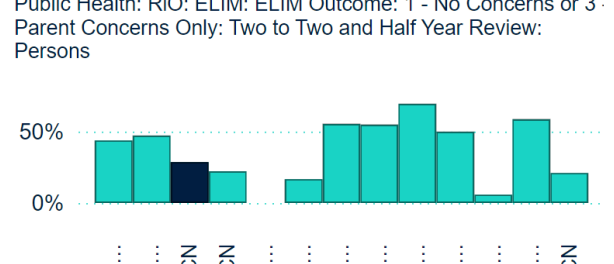
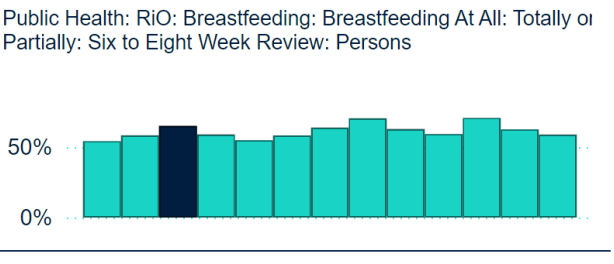
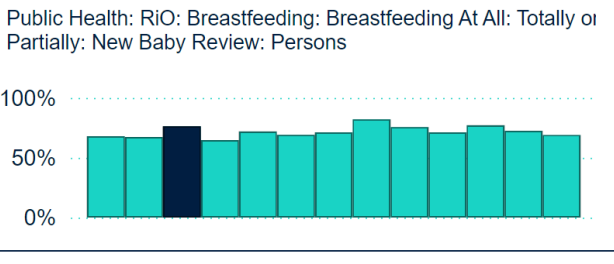
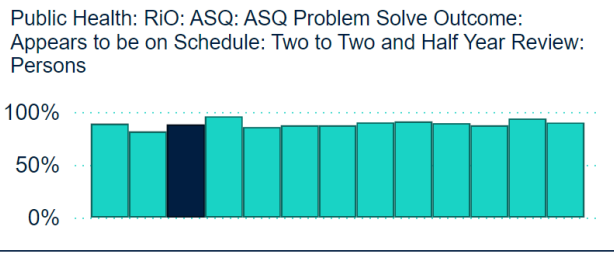
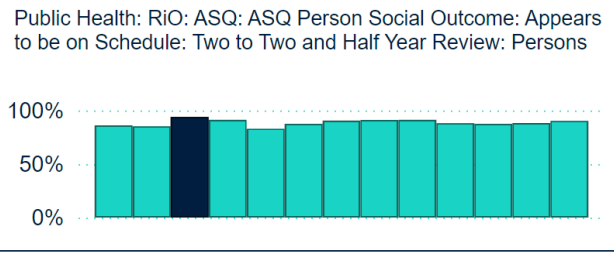
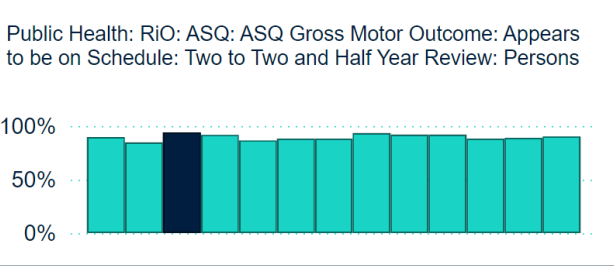
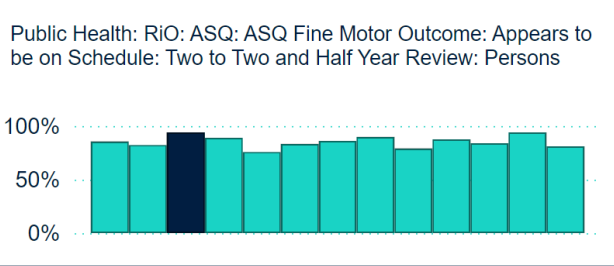
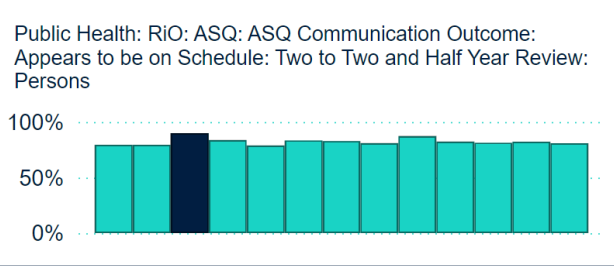


FROME PCN ▼



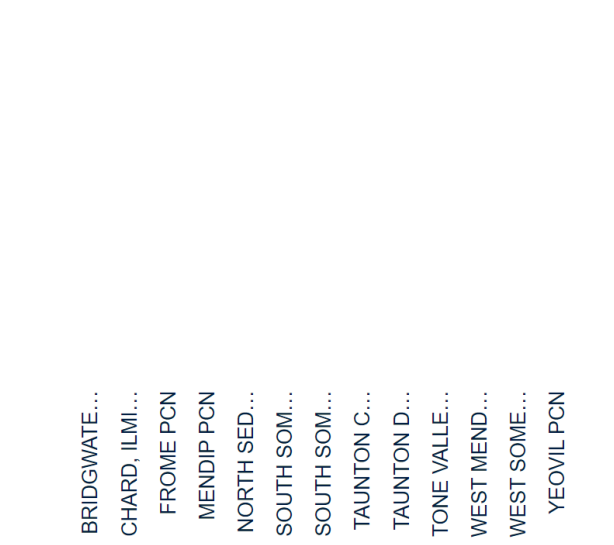
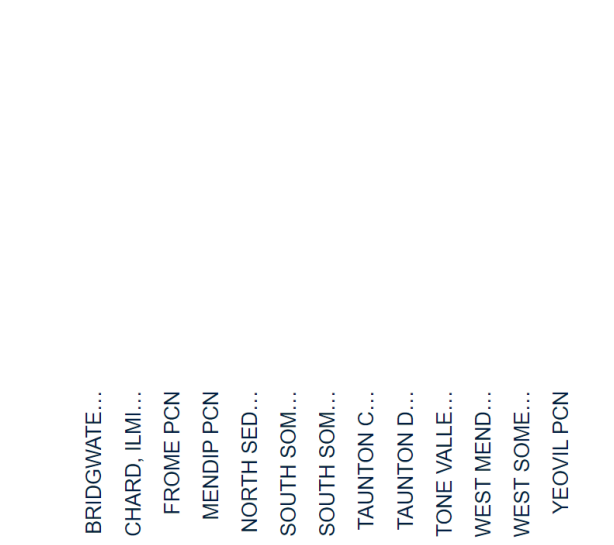
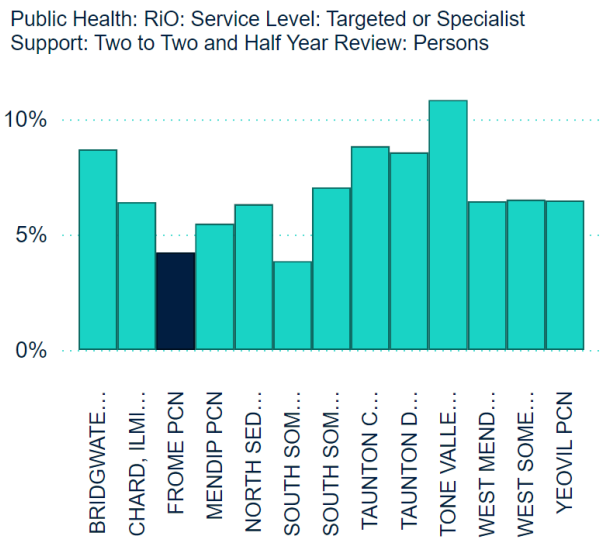
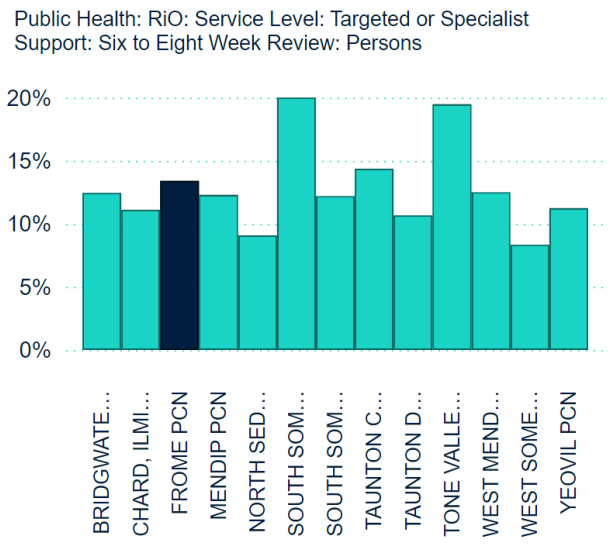
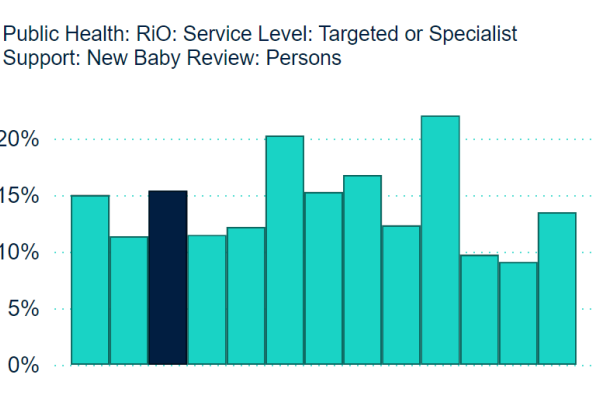
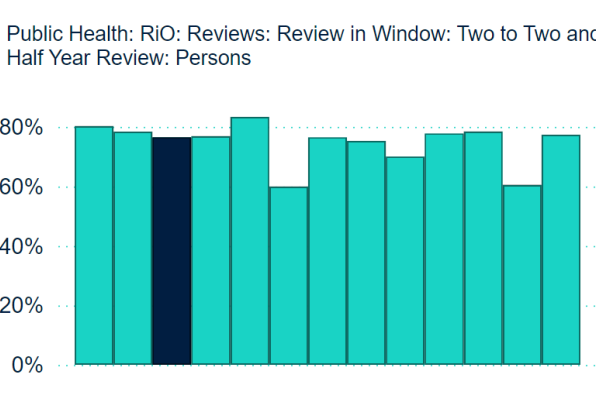
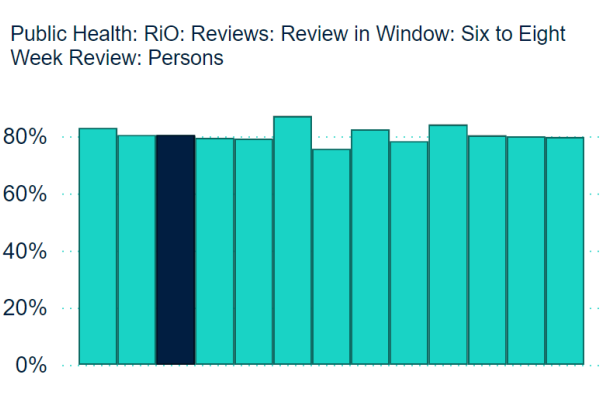
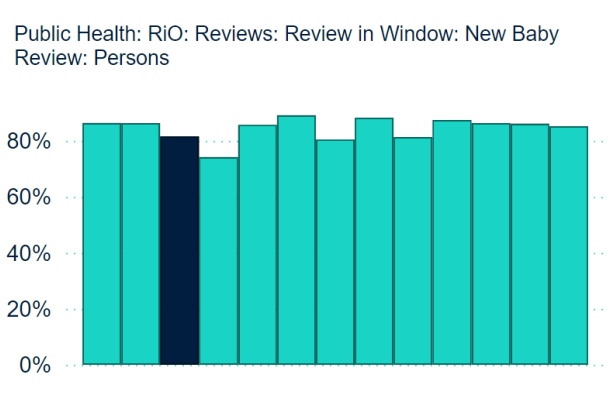


FROME PCN ▼





FROME PCN ▼



Core Indicator Base

Definition

Public Health: RiO: ASQ: ASQ Communication Outcome: Appears to be on Schedule	Percentage of children who received a 2 to 2 and a half year review who were at or above the expected level in the Ages and Stages Questionnaire 3 (ASQ 3) communication skills domain.
Public Health: RiO: ASQ: ASQ Fine Motor Outcome: Appears to be on Schedule	Percentage of children who received a 2 to 2½ year review who were at or above the expected level in the Ages and Stages Questionnaire-3 (ASQ-3) fine motor skills domain.
Public Health: RiO: ASQ: ASQ Gross Motor Outcome: Appears to be on Schedule	Percentage of children who received a 2 to 2½ year review who were at or above the expected level in the Ages and Stages Questionnaire-3 (ASQ-3) gross motor skills domain.
Public Health: RiO: ASQ: ASQ Overall Outcome: Appears to be on Schedule	Percentage of children who received a 2 to 2½ year review who were at or above the expected level in the in all five Ages and Stages Questionnaire 3 (ASQ 3) domains.
Public Health: RiO: ASQ: ASQ Person Social Outcome: Appears to be on Schedule	Percentage of children who received a 2 to 2½ year review who were at or above the expected level in the Ages and Stages Questionnaire 3 (ASQ 3) personal-social skills domain.
Public Health: RiO: ASQ: ASQ Problem Solve Outcome: Appears to be on Schedule	Percentage of children who received a 2 to 2½ year review who were at or above the expected level in the Ages and Stages Questionnaire-3 (ASQ-3) problem solving skills domain.
Public Health: RiO: Breastfeeding: Breastfeeding At All: Totally or Partially	This is the percentage of infants that are totally or partially breastfed at their new baby review. Totally breastfed is defined as infants who are exclusively receiving breast milk at their new baby review - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at their new baby review and who are also receiving formula milk or any other liquids or food. The denominator is the total number of infants due a new baby review.
Public Health: RiO: ELIM: ELIM Outcome: 1 - No Concerns or 3 - Parent Concerns Only	The proportion of children who were assessed using the early language identification measure at their 2 to 2 and a half year review who had parent concerns only or did not have any concerns identified through the assessment.
Public Health: RiO: Reviews: Has Review	Proportion of children who received a 2 to 2½ year review.
Public Health: RiO: Reviews: Review in Window	Proportion of children who received a 2 to 2½ year review by the time they turned 2½ years old.
Public Health: RiO: Service Level: Targeted or Specialist Support	Percentage of children with Targeted or Specialist support. This means they are receiving additional support from the service and potentially other agencies beyond the universal offer of the mandated contacts.



Primary Care Network (PCN) Health and Wellbeing Profiles

Health Visiting Metrics - Meta Data

Core Indicator Base	Data Source	Direct Data Source	Indicator ID	Unit
Public Health: RiO: ASQ: ASQ Communication Outcome: Appears to be on Schedule	Public Health Nursing	Public Health Nursing - Somerset Council	ASQ Communication Outcome: Appears to be on Schedule	Percent
Public Health: RiO: ASQ: ASQ Fine Motor Outcome: Appears to be on Schedule	Public Health Nursing	Public Health Nursing - Somerset Council	ASQ Fine Motor Outcome: Appears to be on Schedule	Percent
Public Health: RiO: ASQ: ASQ Gross Motor Outcome: Appears to be on Schedule	Public Health Nursing	Public Health Nursing - Somerset Council	ASQ Gross Motor Outcome: Appears to be on Schedule	Percent
Public Health: RiO: ASQ: ASQ Overall Outcome: Appears to be on Schedule	Public Health Nursing	Public Health Nursing - Somerset Council	ASQ Overall Outcome: Appears to be on Schedule	Percent
Public Health: RiO: ASQ: ASQ Person Social Outcome: Appears to be on Schedule	Public Health Nursing	Public Health Nursing - Somerset Council	ASQ Person Social Outcome: Appears to be on Schedule	Percent
Public Health: RiO: ASQ: ASQ Problem Solve Outcome: Appears to be on Schedule	Public Health Nursing	Public Health Nursing - Somerset Council	ASQ Problem Solve Outcome: Appears to be on Schedule	Percent
Public Health: RiO: Breastfeeding: Breastfeeding At All: Totally or Partially	Public Health Nursing	Public Health Nursing - Somerset Council	Breastfeeding At All: Totally or Partially	Percent
Public Health: RiO: ELIM: ELIM Outcome: 1 - No Concerns or 3 - Parent Concerns Only	Public Health Nursing	Public Health Nursing - Somerset Council	ELIM Outcome: 1 - No Concerns or 3 - Parent Concerns Only	Percent
Public Health: RiO: Reviews: Has Review	Public Health Nursing	Public Health Nursing - Somerset Council	Has Review	Percent
Public Health: RiO: Reviews: Review in Window	Public Health Nursing	Public Health Nursing - Somerset Council	Review in Window	Percent
Public Health: RiO: Service Level: Targeted or Specialist Support	Public Health Nursing	Public Health Nursing - Somerset Council	Targeted or Specialist Support	Percent

- 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)
<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 [Quality and Outcomes Framework \(QOF\) - NHS Digital](#)
- 11 [Fingertips guidance - Public Health methods - OHID \(phe.org.uk\)](#)
- 12 [National Child Measurement Programme - NHS Digital](#)
- 13 [Obesity Profile - OHID \(phe.org.uk\)](#)
- 14 [Fingertips guidance - Public Health methods - OHID \(phe.org.uk\)](#)
- 15 [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#)
- 16 [Disclosure control methodology for Hospital Episode Statistics \(HES\) and Emergency Care Data Set \(ECDS\) - NHS England Digital](#)
- 17 [Fingertips guidance - Public Health methods - OHID \(phe.org.uk\)](#)