

Somerset Primary Care Network Health and Wellbeing Profiles

Created by Somerset Council, Public Health Intelligence

CHARD, ILMINSTER & LANGPORT (CLICK) 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.

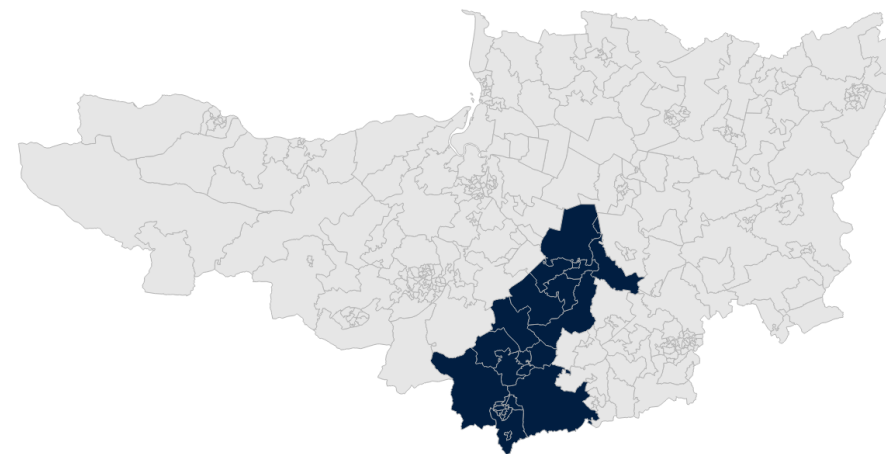
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Primary Care Network

CHARD, ILMINSTER & LANGPORT (CLICK) 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.

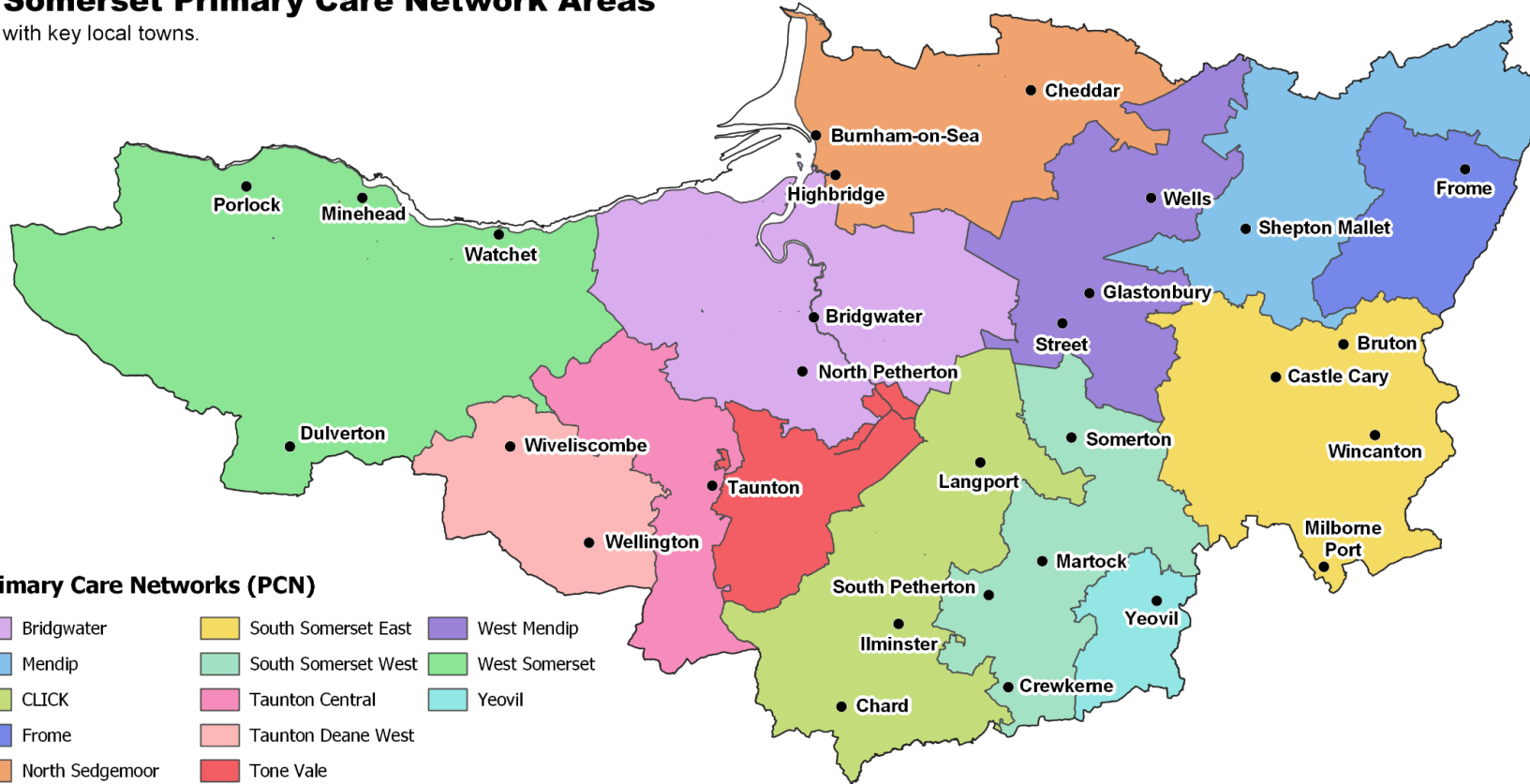
Standardised Rates

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.



CHARD, ILMINSTER & LANGPORT (CLICK) ... ▾

PCN Population: **44772**

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

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

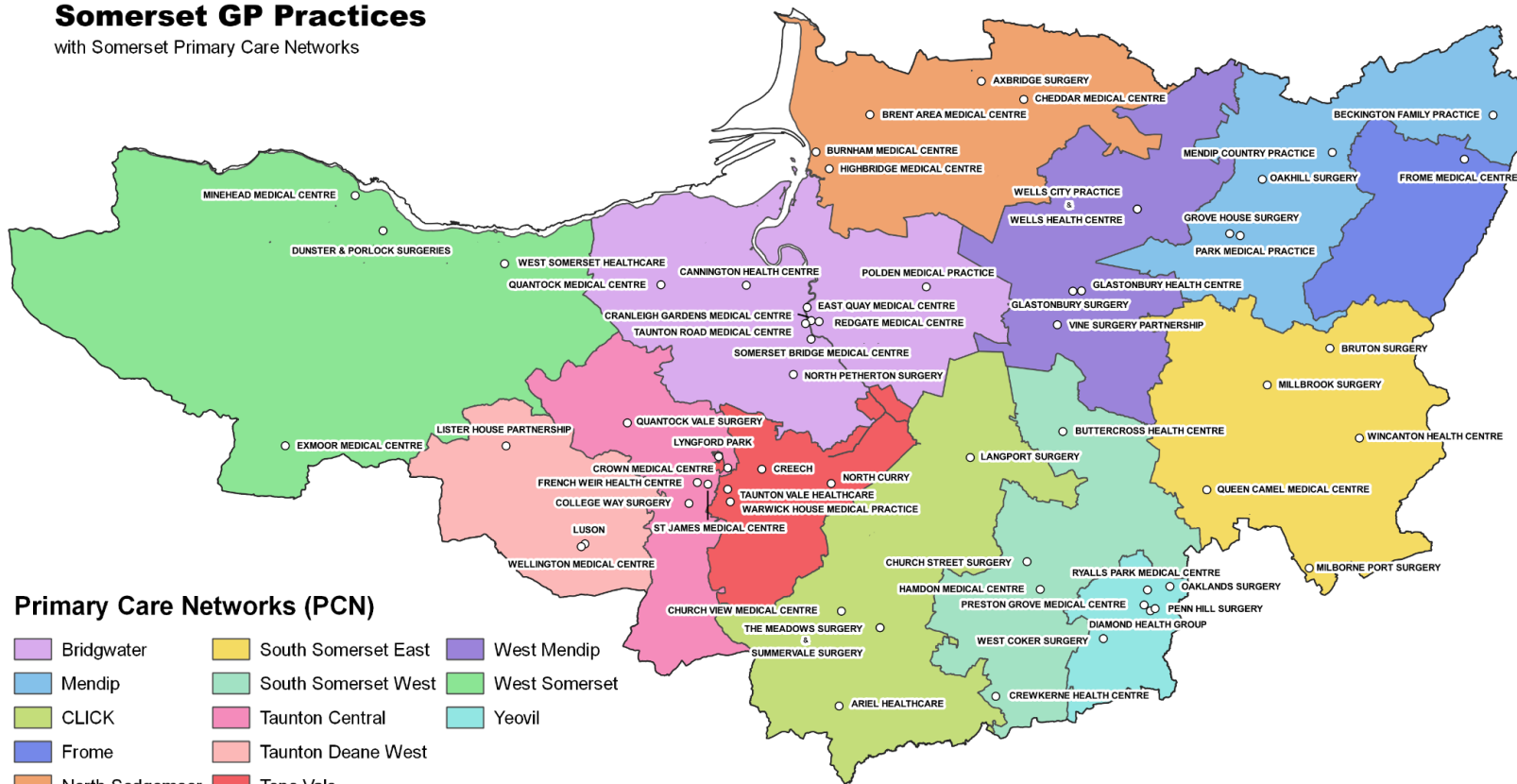
PCN Population is based on the 2021 Census and reflects the usual resident population in the PCN locality. Not all residents will register with a GP Practice within the PCN.

Primary Care Network Boundaries locally determined.
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Somerset GP Practices

with Somerset Primary Care Networks



Primary Care Networks (PCN)

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

GP Practice

General Practice Locations from NHS Digital.
 Primary Care Network Boundaries locally determined.
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CHARD, ILMINSTER & LANGPORT (CLICK) PCN

GP Practice Registered Population: **36813**

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

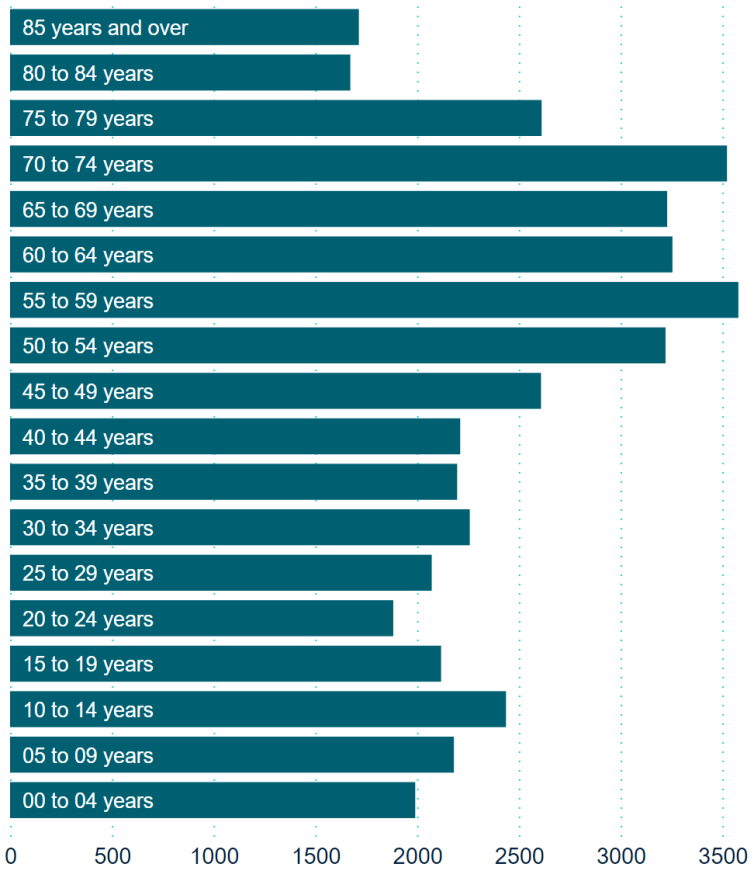
Practice Code	GP Practice Name	Registered Patients
L85030	ARIEL HEALTHCARE	8001
L85624	CHURCH VIEW MEDICAL CENTRE	3230
L85033	LANGPORT SURGERY	13785
L85054	SUMMERVALE SURGERY	7575
L85061	THE MEADOWS SURGERY	4222

Data to July 2022

CHARD, ILMINSTER & LANGPORT (CLICK) 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

Age Structure



Ethnicity (Broad Group)	PCN Count
White	43672
Mixed or Multiple ethnic groups	480
Asian, Asian British or Asian Welsh	279
Black, Black British, Black Welsh, Caribbean or African	172
Other ethnic group	165

Religion	PCN Count
Christian	23503
No religion	17869
Not answered	2838
Other religion	242
Buddhist	135
Muslim	103
Hindu	42
Jewish	29
Sikh	7

Total Population: 44772

342
Number of Births (2021)

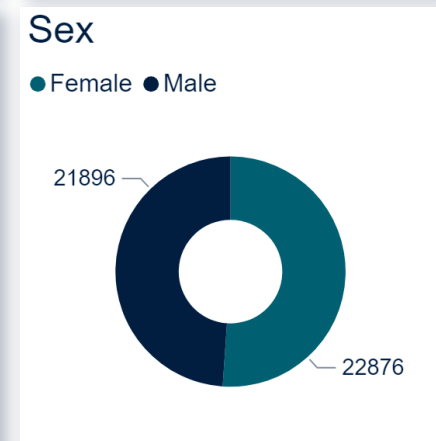
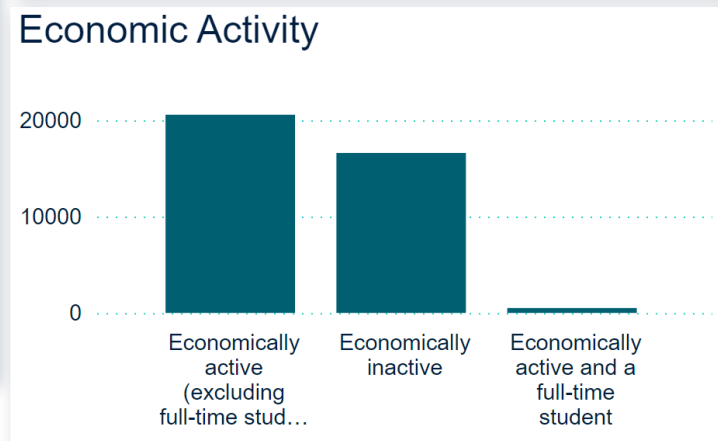
569
Estimated Number of Deaths* (2021)

19900
Number of Households

8468
Disabled under the Equality Act

2,274
Residents with Bad or Very Bad General Health

3,995
Residents providing at least one hour of unpaid care a week



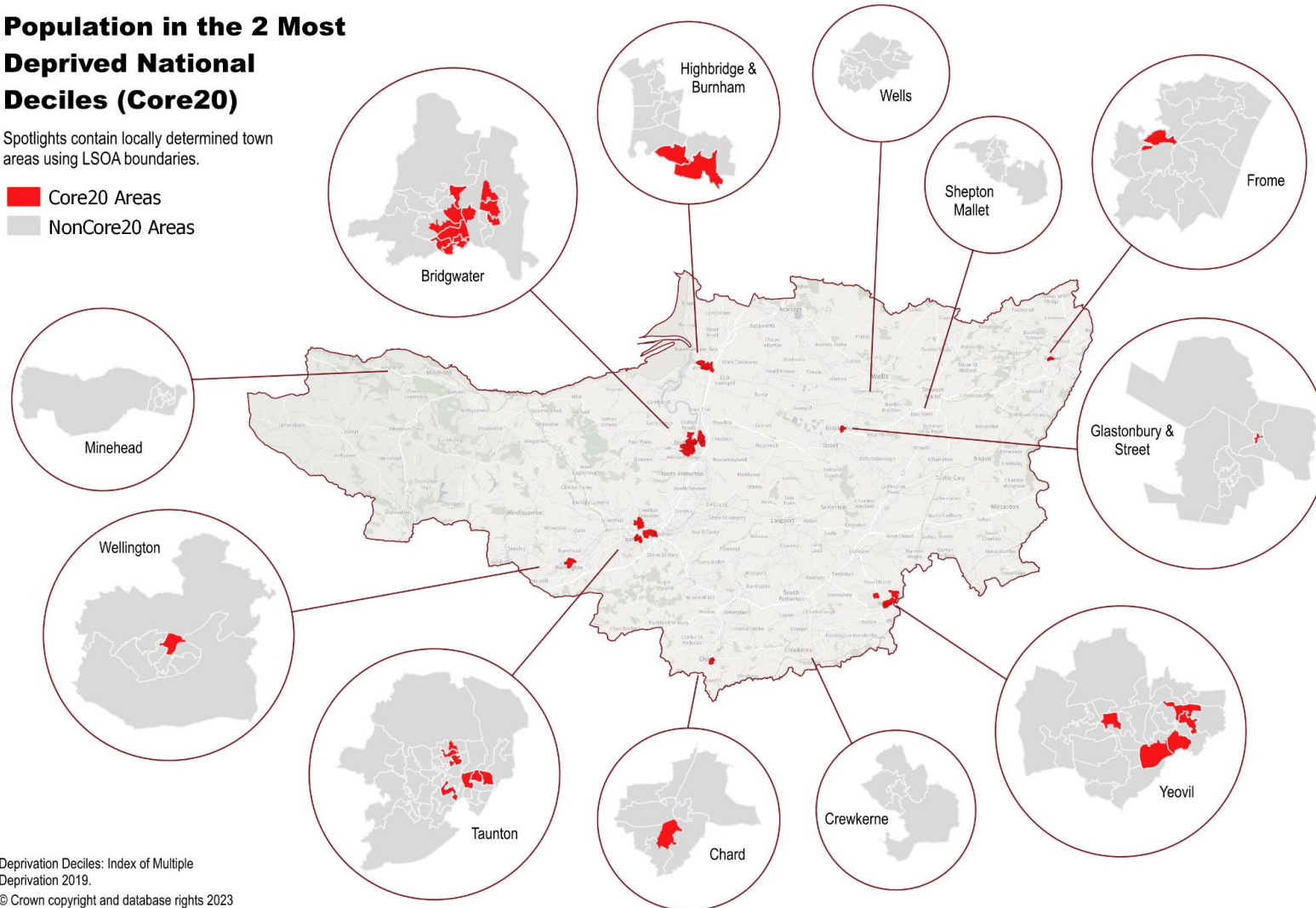
*Mortality counts given by NOMIS are at MSOA level which do not directly align to PCN boundaries. Counts for PCNs are therefore an estimate.



Population in the 2 Most Deprived National Deciles (Core20)

Spotlights contain locally determined town areas using LSOA boundaries.

- Core20 Areas
- NonCore20 Areas



CHARD, ILMINSTER & LANGPORT (CLICK) PCN ▾

PCN Core20 Population: **1279**

Core20 Areas	LSOA Code	Population
Chard Jocelyn West	E01029177	1,279

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

Deprivation Deciles: Index of Multiple Deprivation 2019.
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CHARD, ILMINSTER & LANGPORT (CLICK) PCN

Overall IMD Rank for PCN: **3**

Most Deprived
→
 Least Deprived

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

IDACI: **3**

IDAOPi: **6**

PCN Information

CLICK PCN is the third most deprived in Somerset, although it only has only one geographic area in CORE20 which is the Jocelyn West area in central Chard, home to about 1300 people. CLICK PCN presents a wide spread of deprivation ranks, indicators reflecting access to services and skills attainment score worse, likely impacted by increased rurality. In contrast CLICK PCN scores the best for the quality of the outdoor environment and similarly well for indicators of health and crime.

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.

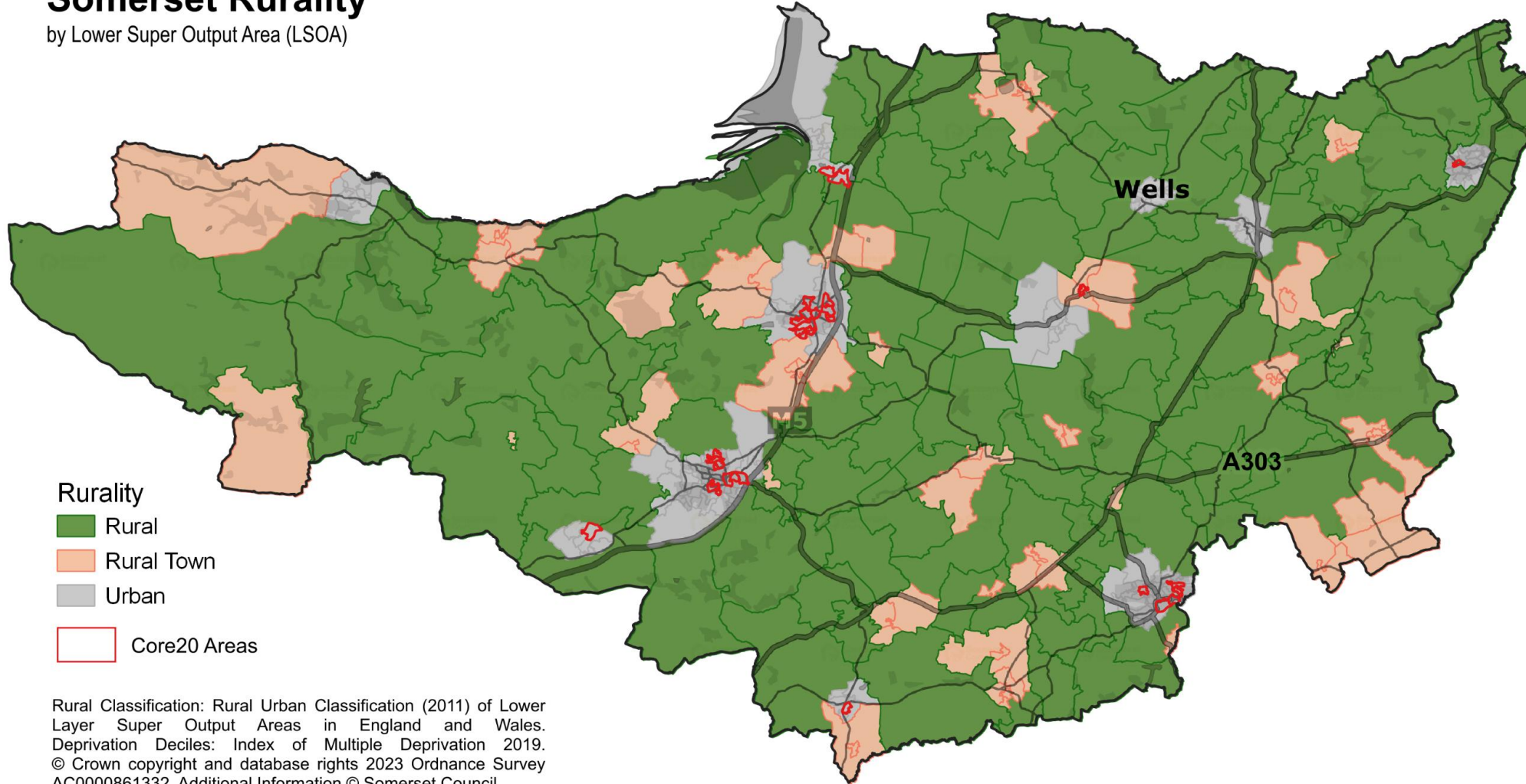
Living Environment

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.



Somerset Rurality

by Lower Super Output Area (LSOA)



- Rurality**
- Rural
 - Rural Town
 - Urban
 - Core20 Areas

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

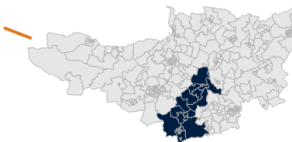
Rural Urban Classification:

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**

- Ashill Community Primary School
- Avishayes Community Primary School
- Buckland St Mary Church of England Primary School
- Combe St Nicholas Church of England VA Primary School
- Curry Mallet Church of England Primary School
- Curry Rivel Church of England VC Primary School
- Hambridge Community Primary School
- Herne View Church of England Primary
- High Ham Church of England Primary School
- Huish Episcopi Primary School
- Kingsbury Episcopi Primary School
- Long Sutton CofE Primary School
- Manor Court Community Primary School
- Neroche Primary School
- St Mary's & St Peter's Church School
- Tatworth Primary School
- The Redstart Primary School
- Winsham Primary School

CHARD, ILMINSTER & LANGPORT (CLICK) PCN**Primary Schools (Continued)**

-

Special Schools

- 3 Dimensions

Independent Schools

- Chard School

Secondary & All Through Schools

- Holyrood Academy
- Huish Episcopi Academy

Further Education

-

Pupil Referral Units

-


CHARD, ILMINSTER & LANGPORT (CLICK) PCN
Pharmacies
Postcode

BOOTS	TA10 9PH
BOOTS	TA19 0AJ
BOOTS	TA20 1PH
LLOYDSPHARMACY	TA20 1QA
LLOYDSPHARMACY	TA20 2AJ
MINSTER PHARMACY	TA19 0DH

Opticians
Postcode

EARLAM AND CHRISTOPHER - LANGPOT	TA10 9RH
RICHARD STENT OPTOMETRIST	TA19 0AS
ROBERT FRITH OPTOMETRISTS (CHARD)	TA20 1PP
SPECSAVERS (CHARD)	TA20 1PH
STEPHEN BESWETHERICK OPTICIANS	TA20 2AL

Dentists
Postcode

HILL HOUSE DENTAL SURGERY	TA10 9PU
SOMERSET PCDS	TA20 1FA
SPRINGSIDE DENTAL SURGERY	TA20 1PT
THE ILE DENTAL CENTRE	TA19 0AJ

GP Practices
Postcode

ARIEL HEALTHCARE	TA20 1QA
CHURCH VIEW MEDICAL CENTRE	TA19 9RX
LANGPORT SURGERY	TA10 9RH
SUMMERVALE SURGERY	TA19 9FE
THE MEADOWS SURGERY	TA19 9FE

Community Hospital/Acute/MIU
Postcode

CHARD COMMUNITY HOSPITAL	TA20 1NF
CHARD MIU	TA20 1NF

Air Quality Management Sites

None

Major Roads

A303

A358 Chard to Williton

CHARD, ILMINSTER & LANGPORT (CLICK) PCN**Sports Centres**

1610 Chard

Recycling Centres

Chard Recycling Centre

Welfare Advice

No Citizens Advice in area

Conservation Areas

Blackdown Hills AONB

Somerset Levels World Heritage Site

Notable Landmarks

Barrington Court

Dillington House

Libraries (also with BP Check Service)

Chard Library

Ilminster Library

Langport Library

Railway Stations

No mainline stations

Theatres & Cinemas

The Warehouse, Ilminster

Community Anchors & Events

Chard Carnival

Crowshute Centre, Chard

Ilminster Carnival



Other Public Health Settings

- Domestic Abuse Support Hub - Chard Library
- Needle Exchange Boots TA19 0AJ
- Needle Exchange Mortons Pharmacy (Holyrood)
- OST Provider Boots TA10 9PH
- OST Provider Boots TA19 0AJ
- OST Provider Boots TA20 1PH
- OST Provider Mortons Pharmacy (Holyrood)
- OST Provider Mortons Pharmacy TA20 1QA
- OST Provider Preddy Newco Ltd TA19 0DH
- ProActive Chard Leisure Centre
- ProActive Langport Lifestyle Fitness
- Somerset-Wide Inegrated Sexual Health Service Chard

CHARD, ILMINSTER & LANGPORT (CLICK) PCN

Ex - Children Centre PHN Base & Service Delivery

Pharmacy Blood Pressure Check Service

- Boots TA10 9PH
- Boots TA19 0AJ
- Boots TA20 1PH
- Minster Pharmacy TA19 0DH

Service delivery Point Only (contact with service users)

- Edgar Hall, Bancombe Rd Industrial Estate, Somerton, TA11 6SB
- Ilminster Library, Ditton Street, Ilminster, TA19 0BW
- The Club House, Ilminster Cricket Club, The Recreation Ground, The Mead, Ilminster, TA19 0EY

Public Health Nursing Team Base Other

- Summervale Surgery Canal Way, Ilminster, TA19 9FE

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

- Chard Library

BP Monitor Availability⁷
 Somerset Libraries⁸
 Somerset Health Checks⁹
 *OST (Opiate Substitution Therapy)

About

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

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

Key Terms

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

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

Significance Levels

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

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

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

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

We use guidance maintained by the Office of Health Improvement and Disparities (OHID). More detail can be found in the Public Health Methods Fingertips guidance¹³ and more specifically:
APHO Technical Briefing 3 - Commonly used public health statistics and their confidence intervals.



CHARD, ILMINSTER & LANGPORT (CLICK) PCN

Indicators that have a significant value compared to the Somerset average

Indicator	Groups	Period	PCN Value	Somerset Value	Unit	Significance
Hospital Emergency Admissions Primary Diagnosis: (A Code) Other (A) (All Ages)	All Ages	2021/2022	6,559.10	7,011.37	DSR rate per 100000	Lower ↓
Hospital Emergency Admissions Primary Diagnosis: (A Code) CANCER (All Ages)	All Ages	2021/2022	285.94	240.78	DSR rate per 100000	Higher ↑
Hospital Emergency Admissions Primary Diagnosis: (A Code) DIGESTIVE (A) (All Ages)	All Ages	2021/2022	1,079.77	1,007.31	DSR rate per 100000	Higher ↑



CHARD, ILMINSTER & LANGPORT (CLICK) ... ▾

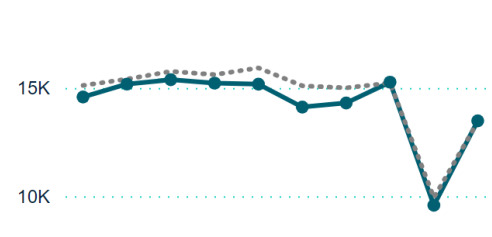
● Significantly lower than benchmark
 ● Statistically similar to benchmark
 ● Significantly higher than benchmark
 ○ Significance not tested
 ◆ Somerset Benchmark
 Minimum value for groups of the same type
 Maximum value for groups of the same type

Indicator	Period	Numerator	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
Hospital Elective Admissions (All Ages)	2021/2022	7150	13482.55	11187.57				15126.77	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) CANCER (All Ages)	2021/2022	2110	3630.76	2339.06				5389.56	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages)	2021/2022	240	416.84	367.11				519.74	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages)	2021/2022	1140	2419.32	2204.65				2903.31	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	2021/2022	3585	6834.21	5577.03				7750.38	DSR rate per 100000
Hospital Elective Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages)	2021/2022	80	178.5	105.37				209.53	DSR rate per 100000
Hospital Emergency Admissions (All Ages)	2021/2022	5090	10025.34	8969.64				14237.41	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) CANCER (All Ages)	2021/2022	160	285.94	184.81				285.94	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) CIRCULATORY (All Ages)	2021/2022	640	1059.1	886.69				1374.59	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) DEMENTIA AND ALZHEIMER'S (A) (All Ages)	2021/2022	20	26.94	21.09				51.09	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) DIGESTIVE (A) (All Ages)	2021/2022	530	1079.77	682.72				1308.94	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) Other (A) (All Ages)	2021/2022	3200	6559.1	5861.24				9996.46	DSR rate per 100000
Hospital Emergency Admissions Primary Diagnosis: (ACode) RESPIRATORY (All Ages)	2021/2022	535	1014.5	807.93				1225.64	DSR rate per 100000

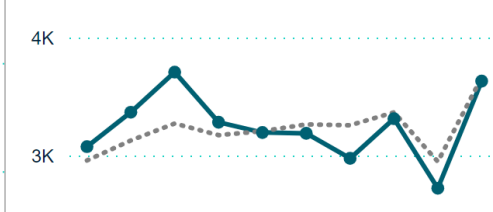


CHARD, ILMINSTER & LANGPORT (CLICK) P... ▾

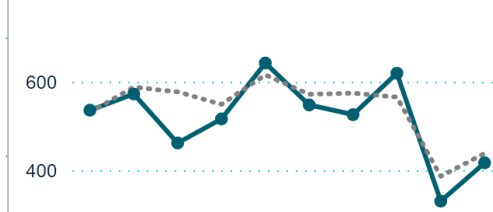
Hospital Elective Admissions (All Ages) All Ages



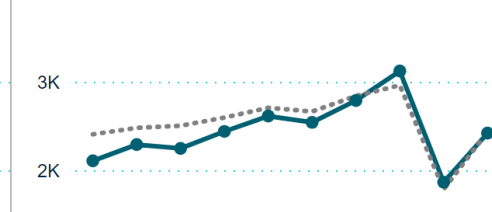
Hospital Elective Admissions Primary Diagnosis: (A Code) CANCER (All Ages) All Ages



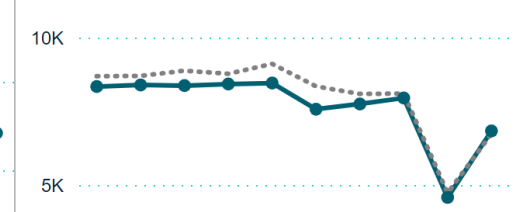
Hospital Elective Admissions Primary Diagnosis: (A Code) CIRCULATORY (All Ages) All Ages



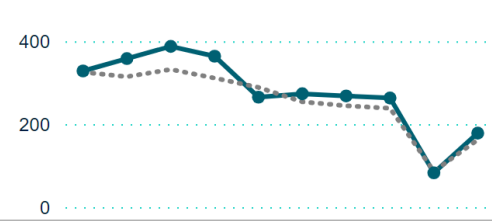
Hospital Elective Admissions Primary Diagnosis: (A Code) DIGESTIVE (A) (All Ages) All Ages



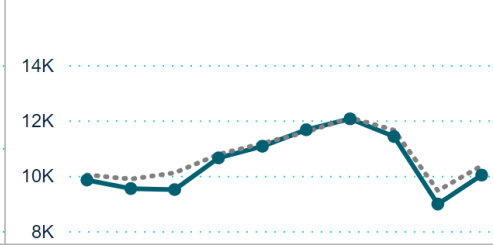
Hospital Elective Admissions Primary Diagnosis: (A Code) Other (A) (All Ages) All Ages



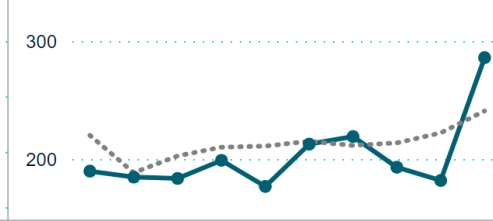
Hospital Elective Admissions Primary Diagnosis: (A Code) RESPIRATORY (All Ages) All Ages



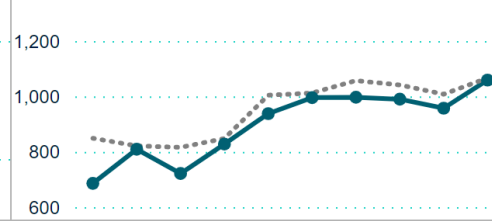
Hospital Emergency Admissions (All Ages) All Ages



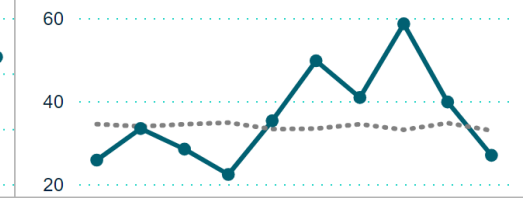
Hospital Emergency Admissions Primary Diagnosis: (A Code) CANCER (All Ages) All Ages



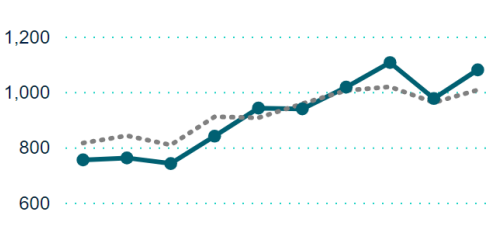
Hospital Emergency Admissions Primary Diagnosis: (A Code) CIRCULATORY (All Ages) All Ages



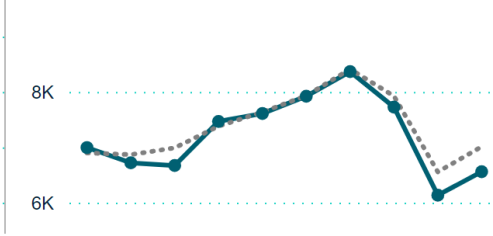
Hospital Emergency Admissions Primary Diagnosis: (A Code) DEMENTIA AND ALZHEIMER'S (A) (All Ages) All Ages



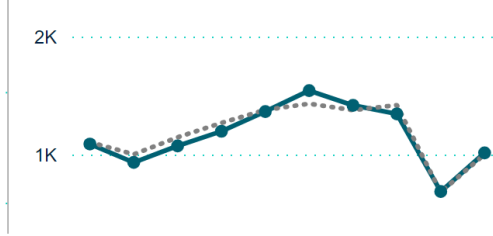
Hospital Emergency Admissions Primary Diagnosis: (A Code) DIGESTIVE (A) (All Ages) All Ages



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



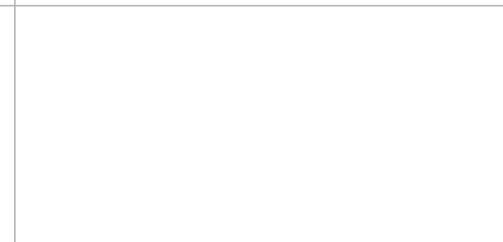
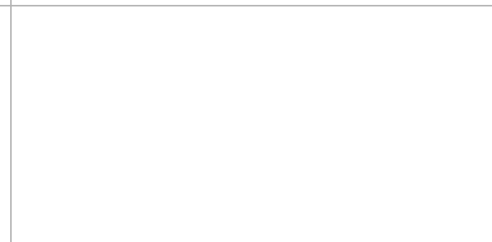
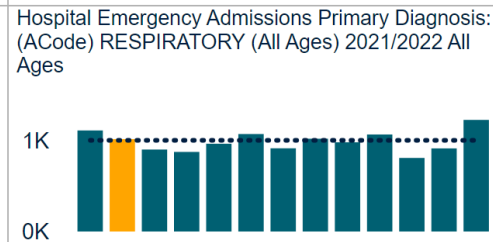
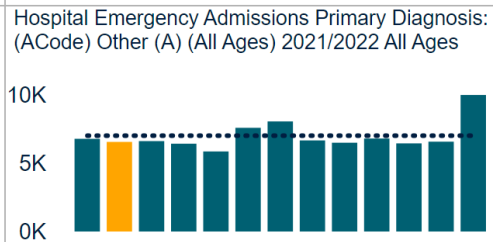
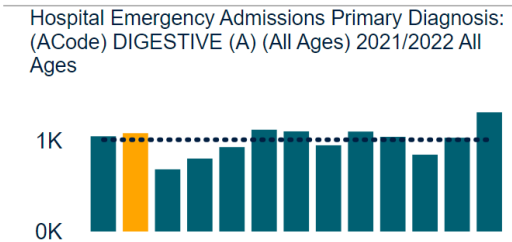
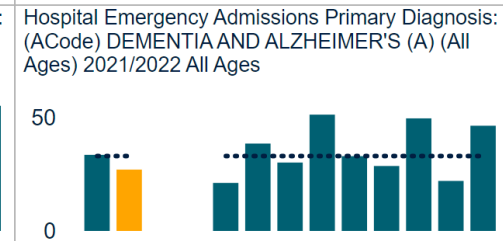
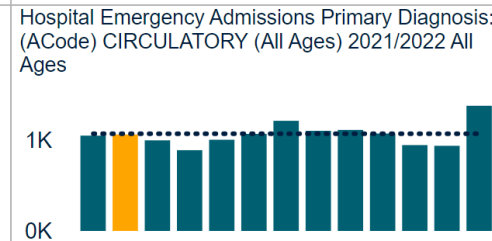
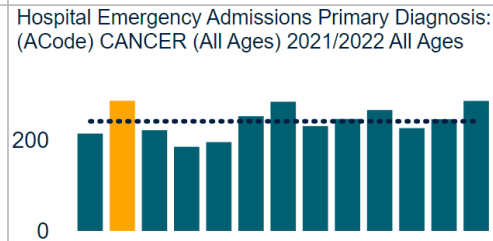
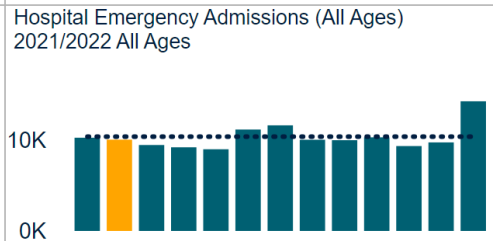
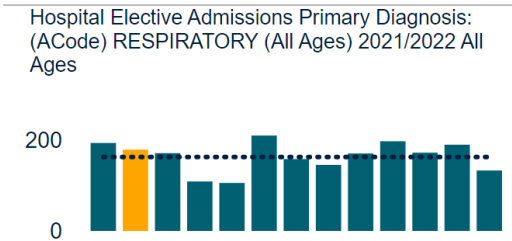
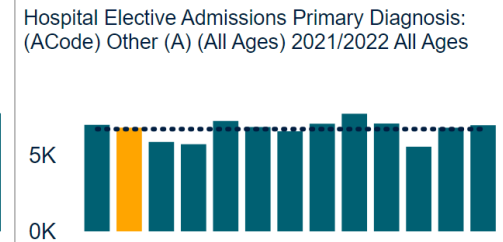
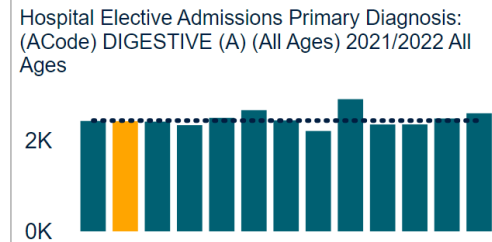
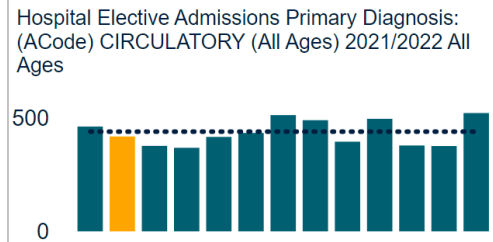
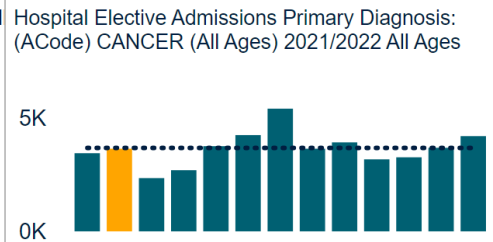
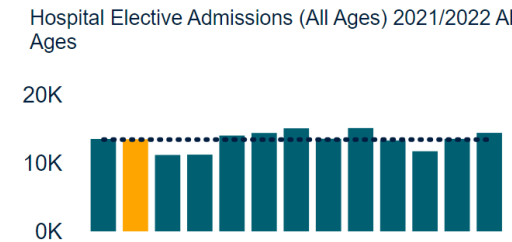
Hospital Emergency Admissions Primary Diagnosis: (A Code) RESPIRATORY (All Ages) All Ages



● PCN Value ● Somerset Value



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● PCN Value ● Somerset Value ● Selected PCN Value

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

About

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

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

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

Key Terms

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

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

Significance Levels

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

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

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Indicators that have a significant value compared to the Somerset average

Indicator	Period	PCN Value	Somerset Value	Unit	Significance
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages)	2021/22	3.7%	3.1%	Proportion	Higher ↑
Cancer: QOF prevalence (all ages) (276) (Persons - All ages)	2021/22	5.3%	4.6%	Proportion	Higher ↑
Dementia: QOF prevalence (all ages) (247) (Persons - All ages)	2021/22	1.0%	0.9%	Proportion	Higher ↑
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	2021/22	1.9%	1.8%	Proportion	Higher ↑
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	2021/22	8.2%	7.6%	Proportion	Higher ↑
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages)	2021/22	0.7%	0.5%	Proportion	Higher ↑
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages)	2021/22	1.4%	1.2%	Proportion	Higher ↑
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	2021/22	10.2%	8.2%	Proportion	Higher ↑
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	2021/22	11.7%	11.3%	Proportion	Higher ↑
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs)	2021/22	1.6%	1.3%	Proportion	Higher ↑
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages)	2021/22	0.4%	0.5%	Proportion	Lower ↓
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	2021/22	13.5%	15.8%	Proportion	Lower ↓



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

Indicator	Period	Numerator	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs)	2021/22	2533	7.3%	6.6%		◆ ●		7.8%	Proportion
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages)	2021/22	1371	3.7%	2.5%		◆ ●		4.4%	Proportion
Cancer: QOF prevalence (all ages) (276) (Persons - All ages)	2021/22	1946	5.3%	3.7%		◆ ●		5.8%	Proportion
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs)	2021/22	1323	4.3%	3.4%		◆ ●		5.8%	Proportion
Dementia: QOF prevalence (all ages) (247) (Persons - All ages)	2021/22	353	1.0%	0.7%		◆ ●		1.1%	Proportion
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs)	2021/22	591	1.9%	1.2%		◆ ●		2.2%	Proportion
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs)	2021/22	2529	8.2%	6.7%		◆ ●		8.7%	Proportion
Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs)	2021/22	246	0.8%	0.7%		● ◆		1.3%	Proportion
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages)	2021/22	253	0.7%	0.2%		◆ ●		0.8%	Proportion
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages)	2021/22	528	1.4%	1.0%		◆ ●		1.6%	Proportion
Learning disability: QOF prevalence (all ages) (200) (Persons - All ages)	2021/22	183	0.5%	0.3%		● ◆		1.0%	Proportion
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages)	2021/22	277	0.8%	0.6%		● ◆		1.1%	Proportion
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs)	2021/22	3095	10.2%	5.9%		◆ ●		10.2%	Proportion
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs)	2021/22	3552	11.7%	10.2%		◆ ●		13.8%	Proportion
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs)	2021/22	301	1.6%	0.7%		◆ ●		2.2%	Proportion
PAD: QOF prevalence (all ages) (92590) (Persons - All ages)	2021/22	301	0.8%	0.6%		◆ ●		1.4%	Proportion
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages)	2021/22	132	0.4%	0.2%		● ◆		1.2%	Proportion
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (91269) (Persons - 16+ yrs)	2021/22	291	0.9%	0.7%		● ◆		1.2%	Proportion
Smoking: QOF prevalence (15+ yrs) (91280) (Persons - 15+ yrs)	2021/22	4259	13.5%	13.4%	●	◆		19.5%	Proportion

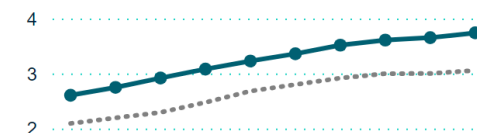


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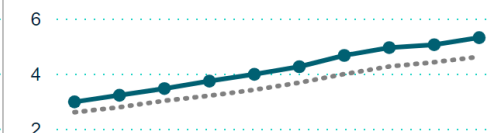
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs) Persons /6+



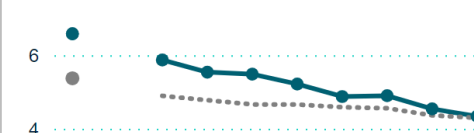
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages) Persons /All ages



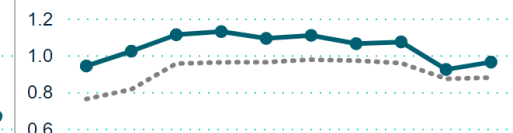
Cancer: QOF prevalence (all ages) (276) (Persons - All ages) Persons /All ages



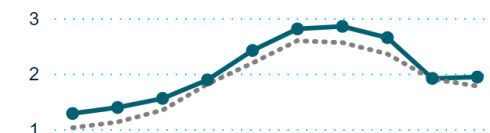
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs) Persons /18+



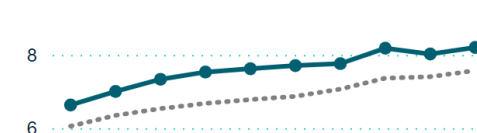
Dementia: QOF prevalence (all ages) (247) (Persons - All ages) Persons /All ages



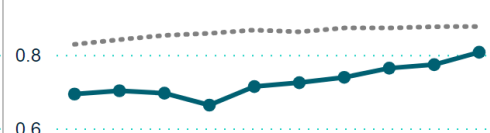
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs) Persons /18+



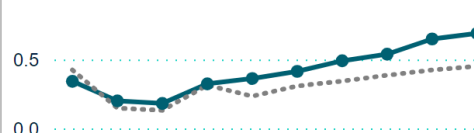
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs) Persons /17+



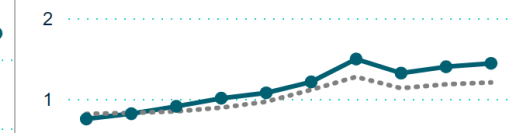
Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs) Persons /18+



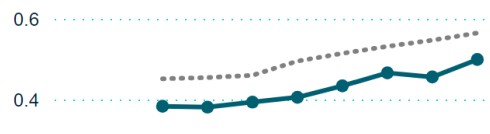
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages) Persons /All ages



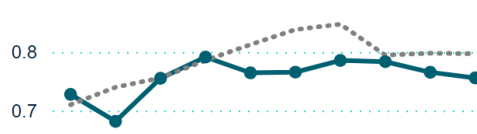
Heart Failure: QOF prevalence (all ages) (262) (Persons - All ages) Persons /All ages



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



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



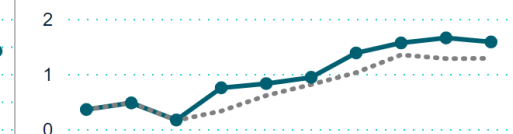
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs) Persons /18+



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



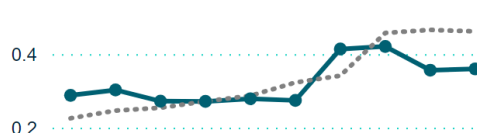
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs) Persons /50+



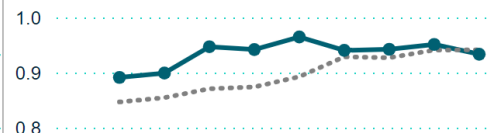
PAD: QOF prevalence (all ages) (92590) (Persons - All ages) Persons /All ages



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



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



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

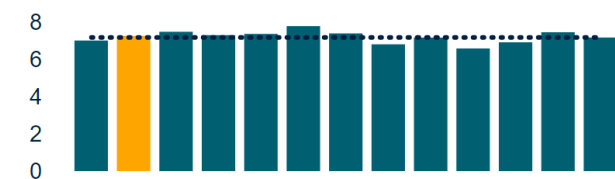


● PCN Value ● Somerset Value

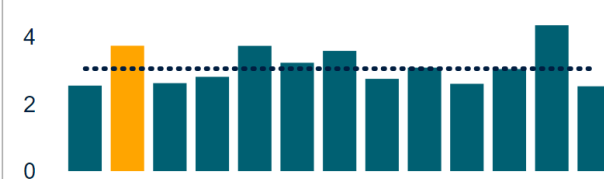


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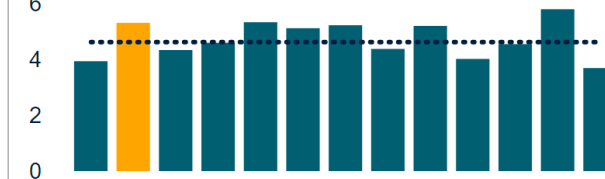
Asthma: QOF prevalence (6+ yrs) (90933) (Persons - 6+ yrs) 2021/22 Persons /6+



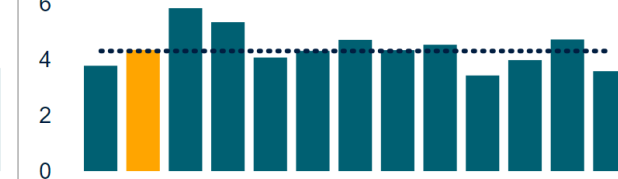
Atrial fibrillation: QOF prevalence (all ages) (280) (Persons - All ages) 2021/22 Persons /All ages



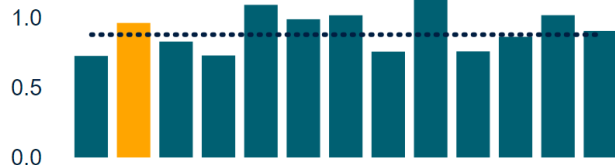
Cancer: QOF prevalence (all ages) (276) (Persons - All ages) 2021/22 Persons /All ages



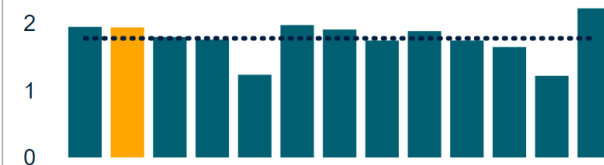
CKD: QOF prevalence (18+ yrs) (258) (Persons - 18+ yrs) 2021/22 Persons /18+



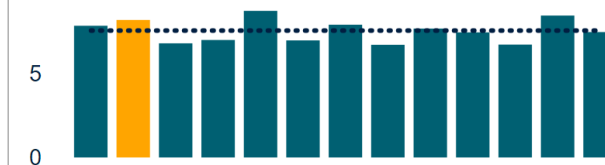
Dementia: QOF prevalence (all ages) (247) (Persons - All ages) 2021/22 Persons /All ages



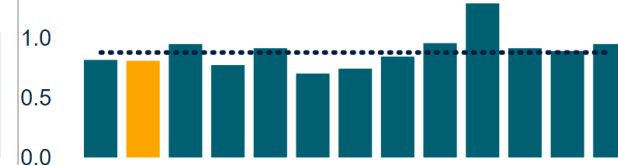
Depression: QOF incidence (18+ yrs) - new diagnosis (90646) (Persons - 18+ yrs) 2021/22 Persons /18+



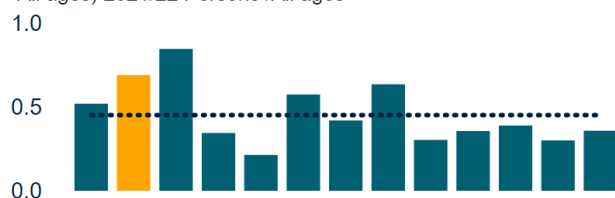
Diabetes: QOF prevalence (17+ yrs) (241) (Persons - 17+ yrs) 2021/22 Persons /17+



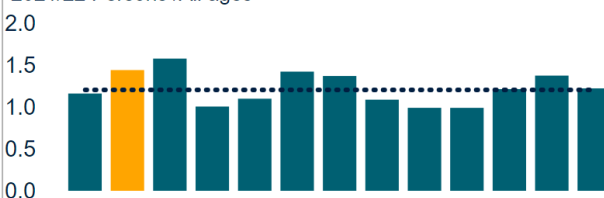
Epilepsy: QOF prevalence (18+ yrs) (224) (Persons - 18+ yrs) 2021/22 Persons /18+



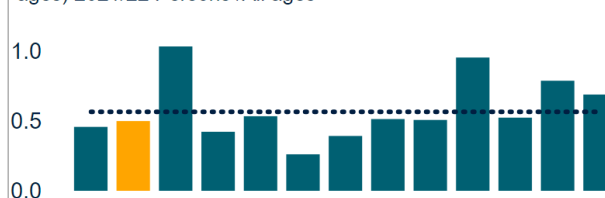
Heart failure with LVSD: QOF prevalence (all ages) (849) (Persons - All ages) 2021/22 Persons /All ages



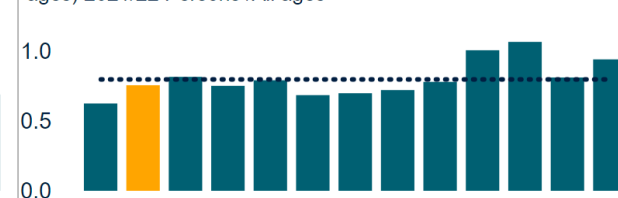
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Learning disability: QOF prevalence (all ages) (200) (Persons - All ages) 2021/22 Persons /All ages



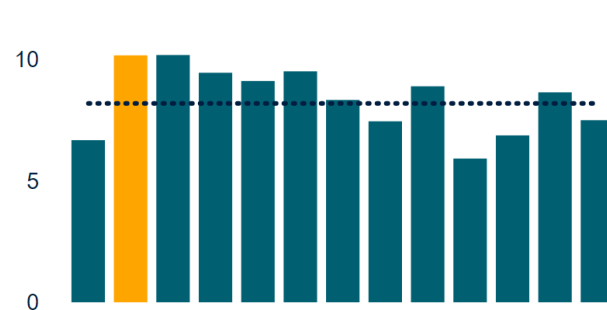
Mental Health: QOF prevalence (all ages) (90581) (Persons - All ages) 2021/22 Persons /All ages



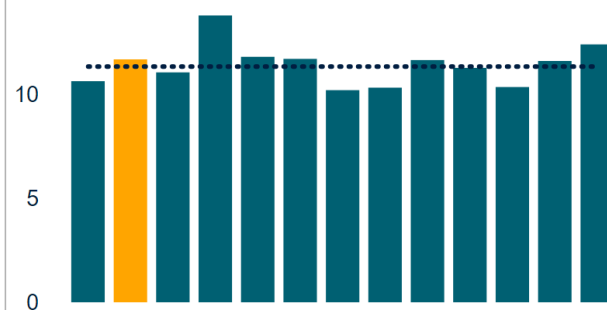
● PCN Value ● Somerset Value ● Selected PCN Value

CHARD, ILMINSTER & LANGPORT (CLICK) P... ▾

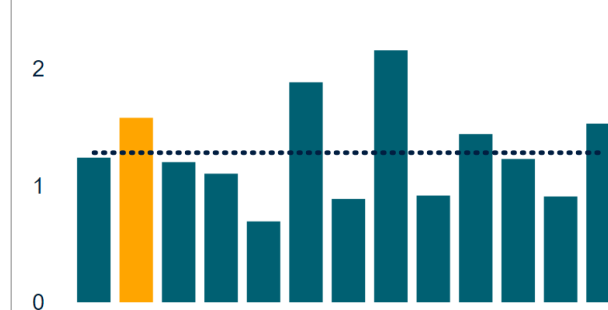
Non-Diabetic Hyperglycaemia (NDH): QOF prevalence (18+ yrs) (93797) (Persons - 18+ yrs) 2021/22 Persons /18+



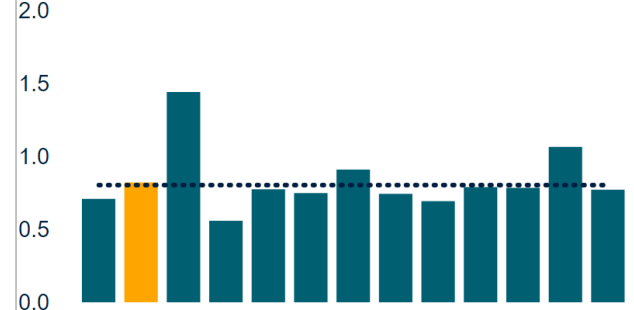
Obesity: QOF prevalence (18+ yrs) (92588) (Persons - 18+ yrs) 2021/22 Persons /18+



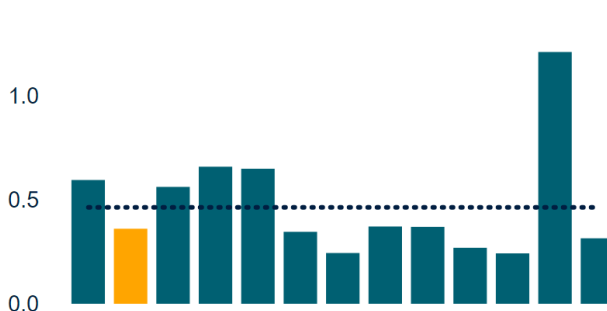
Osteoporosis: QOF prevalence (50+ yrs) (90443) (Persons - 50+ yrs) 2021/22 Persons /50+



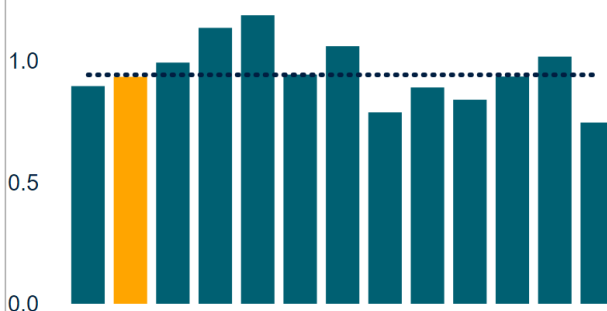
PAD: QOF prevalence (all ages) (92590) (Persons - All ages) 2021/22 Persons /All ages



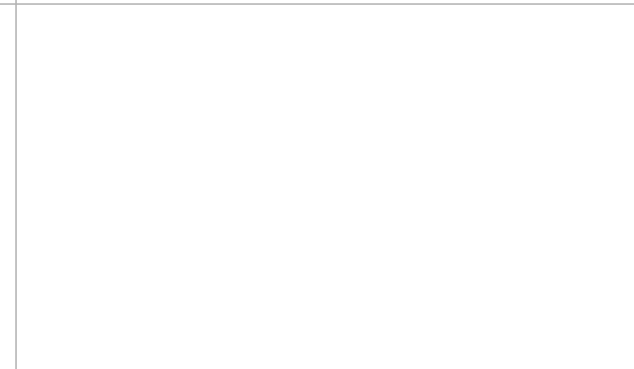
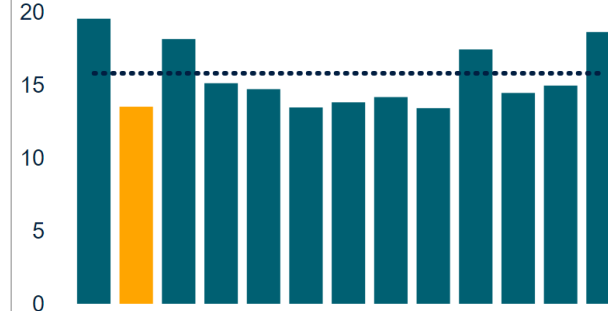
Palliative/supportive care: QOF prevalence (all ages) (294) (Persons - All ages) 2021/22 Persons /All ages



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



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



BRIDGWATER PCN
CHARD, ILMINSTER & LANGPORT PCN
FROME PCN
MENDIP PCN
NORTH SEDGEMOOR...
SOUTH SOMERSET E...
SOUTH SOMERSET ...
TAUNTON CENTRAL ...
TAUNTON DEANE WE...
TONE VALLEY PCN
WEST MENDIP PCN
WEST SOMERSET PCN
YEOVIL PCN

● PCN Value ● Somerset Value ● Selected PCN Value

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

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

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

About

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4 to 5) and Year 6 (aged 10 to 11), to 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.

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

Total measurement participation coverage in 2017/18 was **85.8%**, 2018/19 was **89.1%**, and 2021/22 was **87.6%**. 2020/21 and 2021/22 do not have participation coverage figures as collections were impacted by COVID-19.¹⁷

Definitions

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

Significance Levels

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

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


 CHARD, ILMINSTER & LANGPORT (CLICK) PCN ▼
Indicators that have a significant value compared to the Somerset average

Indicator	Period	PCN Value	Somerset Value	Unit	Significance
Year 6: C - Very Overweight	2021/22	24.7%	20.5%	Proportion	Higher ↑
Year 6: D - Overweight & Very Overweight	2021/22	40.0%	34.6%	Proportion	Higher ↑



CHARD, ILMINSTER & LANGPORT (CLICK) ...

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

Indicator	Period	Numerator	Value	Min	Minimum	Spine Chart	Maximum	Max	Unit
Reception: A - Healthy Weight	2021/22	300	76.9%	70.5%		● ◆		85.3%	Proportion
Reception: B - Overweight	2021/22	50	12.8%	6.7%		● ◆		18.2%	Proportion
Reception: C - Very Overweight	2021/22	35	9.0%	5.0%		◆ ●		11.9%	Proportion
Reception: D - Overweight & Very Overweight	2021/22	85	21.8%	13.3%		●		29.5%	Proportion
Year 6: A - Healthy Weight	2021/22	250	58.8%	58.8%	●	◆		68.9%	Proportion
Year 6: B - Overweight	2021/22	65	15.3%	11.1%		◆	●	16.5%	Proportion
Year 6: C - Very Overweight	2021/22	105	24.7%	14.3%		◆	●	25.6%	Proportion
Year 6: D - Overweight & Very Overweight	2021/22	170	40.0%	28.6%		◆	●	40.0%	Proportion



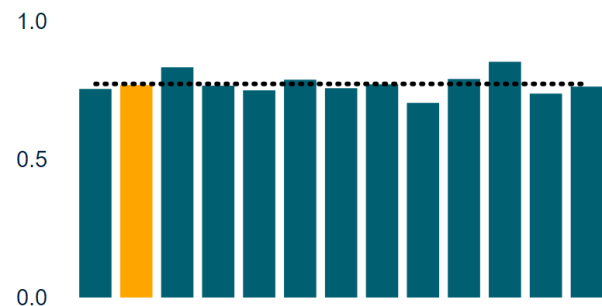
CHARD, ILMINSTER & LANGPORT (CLICK) P... ▾



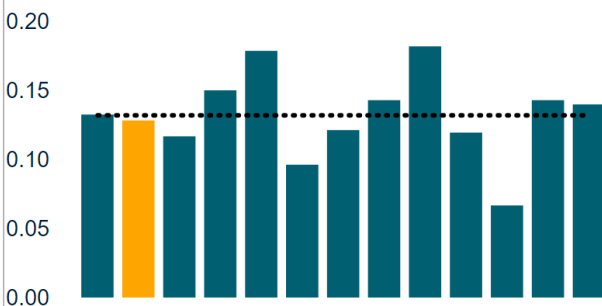


CHARD, ILMINSTER & LANGPORT (CLICK) P... ▾

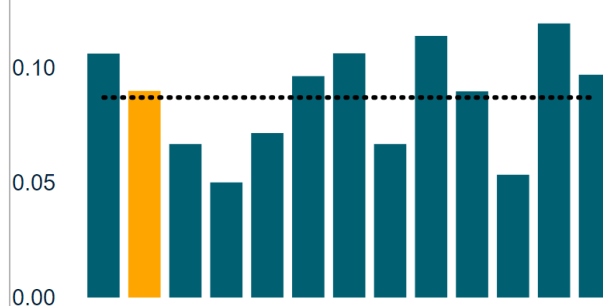
Reception: A - Healthy Weight 2021/22 Reception



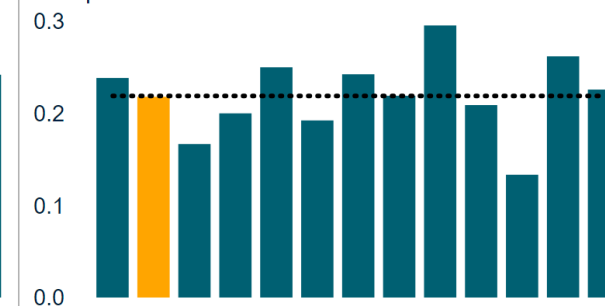
Reception: B - Overweight 2021/22 Reception



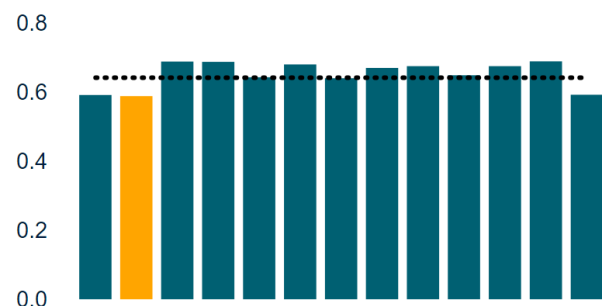
Reception: C - Very Overweight 2021/22 Reception



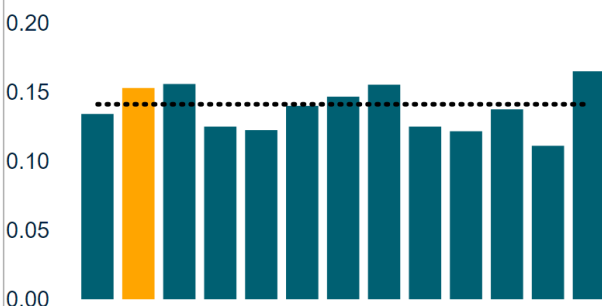
Reception: D - Overweight & Very Overweight 2021/22 Reception



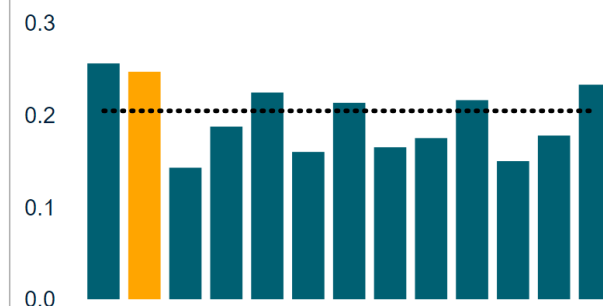
Year 6: A - Healthy Weight 2021/22 Year 6



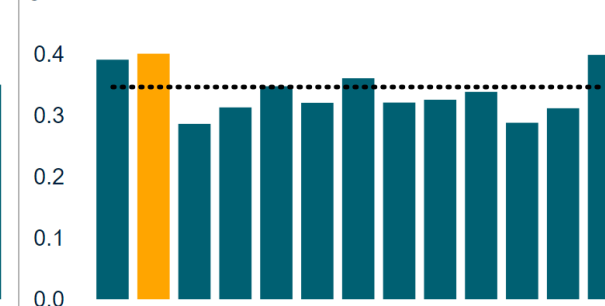
Year 6: B - Overweight 2021/22 Year 6



Year 6: C - Very Overweight 2021/22 Year 6



Year 6: D - Overweight & Very Overweight 2021/22 Year 6



● PCN Values ● Somerset Value ● Selected PCN Value

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

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