**Additional Cohorts for LTC LES**

**Introduction:**

Following the introduction of the LTC LES for 26-27 and the deployment through Aristotle of the population cohorts it is apparent for a significant number of practices there are insufficient or limited numbers of patients in the cohorts available to enable the practices to effectively reach the Holistic Health Assessment targets for 26-27.

Practices that are smaller and have lower rates of A&E attendance or hospital admissions are more likely to find themselves in this category. This is due to a slight increase in weighting towards hospital attendance for these cohorts.

**Solution:**

As a result, we are releasing an additional set of searches (within the existing LTC LES package) for all practices to use to ensure they are able to meet their required activity. The intention of these searches is to identify patients who are likely to be known to each practice due to frequent attendance, but whom haven't been identified in a health inequity or admission cohort.

The individuals identified throughout this process are at significant risk of having an additional non-medical unmet need.

**The search parameters are as follows.**

For the existing QoF CVD (CHD, Stroke/TIA, PAD, AF, HF), Respiratory (Asthma, COPD), Mental Health, Diabetes registers or Moderately Frail:

1. Excluding EoL (PC Reg) and coded care home residents
2. Excluding Population Segmentation LTC LES cohort (batch added in 26-27) or already assessed for 26-27
3. 15 + appointments in a rolling twelve-month period.

**For the PHM patient cohort**

1. Excluding anybody appearing in the searches above
2. Excluding EoL (PC Reg) and coded care home residents
3. Excluding Population Segmentation LTC LES cohort (batch added in 26-27) or already assessed for 26-27
4. 15 + appointments in a rolling twelve-month period.
5. On more than 1 QoF Register

These should be batch added in the same way that you would for the Population Segmentation patient list from Aristotle.

A report is attached to each of the searches which provides the number of appointments that a patient attended in the last 12 months.

**It is essential that the search is only run and actioned after the Population Segmentation tool reports have been batch added for this financial year.**

Due to each practice delivering care in a different manner, it is reasonable and sensible to adjust the number of appointment threshold (the threshold of 15 works for my practice producing a significant additional cohort that still is ‘meaningful’). This can be done by each practice manually adjusting the distributed search.  If you need any support with this, please contact your DQ Specialist.

It may be that practices already have systems and searches set up to identify individuals who attend frequently. These can be used if they can be adapted to the above criteria.

The search parameters are set for ‘appointments’ in the previous 12 months; there is no need to re-run on a regular basis, but each practice may wish to undertake a repeat search later in the year.

The HHA’s undertaken against this cohort will be included in the segmentation distribution as part of the activity monitoring searches and reporting.

The new searches will be released shortly by the ML DQ Team.

The process for this will be discussed at the ML DQ Q&A Session being held on Thursday 30th April 12pm-1pm and is bookable through the ML Learning Academy https://learningacademy.nhs.uk/  The session will also be recorded and made available to practices after the event.