# Notes regarding Primary Care Networks (provisional)

3 Dec 2019

1. We are aware that Primary Care Networks (PCNs) are of great interest to many Fingertips users and we believe that the majority of our users is willing to accept some inaccuracy due to technical issues, and incomplete or still changing information if this is allowing us to publish as much information as possible at an earlier date.
2. This document tries to explain the caveats that apply to the data and any limitations which cannot be avoided in Fingertips.
3. To highlight that there is a degree of uncertainty and that data may need to change due to still upcoming PCN changes and to flag that the data is, in comparison to other geographies therefore less robust we have added ‘(provisional)’ to the area type.
4. The GP-practice-to-PCN mapping table ‘epcn’, published on 28th November 2019 has been downloaded from <https://digital.nhs.uk/services/organisation-data-service/data-downloads/gp-and-gp-practice-related-data> and used to define which practices are grouped into which PCNs in Fingertips.
5. However, not all valid practices (defined by practice code) that are on the [list of current practices](https://fingertips.phe.org.uk/documents/Inclusionlist2019.xlsx) have been allocated to a PCN. In total there are 162 more practices set to ‘is current’ in Fingertips and having a valid CCG parent than there are practices listed and mapped to PCNs in the epcn file.

Hence it cannot be expected that the sums from GP>PCN and PCN>CCG stack up perfectly and produce the exact same figures as GP>CCG.

1. The Fingertips (PHOLIO) database can receive geographical data with a wide range of area codes however areas are only shown and only records are contributing to the calculations within the tool and if the area is logged with a valid area code, a valid area type and a flag that says ‘Is current’.
2. For GP practices the practices where this applies are in the [list of current practices](https://fingertips.phe.org.uk/documents/Inclusionlist2019.xlsx) . This list was defined with the consideration in mind that the latest primary care data at this point in time( Dec2019) is for 2018/19 and therefore our focus is on practices that were active at the end of March 2019. PCNs (and the latest generation of CCGs (since 4/2019)) are by definition looking at practices that are active after this date. The lion share of the practices that were active at the end of last financial year will still be active but if a practice has changed its code (e.g. due to a merger) or has been set up since April 2019 the practice(code) is for Fingertips not valid (= ‘is not current’) (compare list above) and hence its data will not contribute to higher geography aggregate values.
3. In other words, if an areacode ‘is not current’ it’s value will, regardless of any known child/parent mappings not contribute to aggregate parent values such as PCN values or the latest CCGs.
Where values are based on aggregation of the known and ‘is current’ child-areas this is highlighted in Fingertips with an asterisk that says on hover over: ‘Aggregated from all known lower geography values’.
Easy ways to check which areas are contributing to the aggregate are the Compare areas and the Overview tab in Fingertips – select area type GP and area grouped by PCN(provisional) to see the list of practices with their values that contributed to the PCN value.
4. Because all matching and mapping is based on area codes even clear successor entities will not be contributing to an aggregate that is built on the above described principle of: Sum over all valid (i.e. ‘is current’) areas which are mapped to the parent geography in question.
5. Because there is currently no calculated and uploaded PCN data all PCN values both with PCN as area type and with PCN as area grouping, will be based on automated aggregation within Fingertips. Mathematically there are straight forward methods available e.g. for proportions and crude rates if the counts and denominators are of the contributing areas are uploaded. However, in order to minimise the risk of calculating wrong aggregate values we might not provide an aggregate value where a user would judge it possible to build one.