

## Interface sample tutorial: Setting up scenarios for analysis, with examples.

Note: The interface is evolving and might not entirely represent the current version. These tutorials need regular review and updates.

### *Basic settings*

To start using the workhorse tool, you need to provide some basic information in the simulation parameter sheet (Figure 1): the geographical area you are interested in, the time horizon you want to simulate, how many scenarios you want to test (including the baseline or business as usual scenario) and the scope of the analysis: whether you are interested in evaluating the effectiveness, cost-effectiveness or equity of each scenario.

Figure 1 Simulation parameters tab

The screenshot shows the 'workHORSE' interface with the 'Simulation parameters' tab selected. The interface includes a navigation bar with 'Welcome', 'Simulation parameters', 'Scenario parameters', 'Output', and 'More'. The main content area is divided into three sections. The first section, 'Area to simulate', has a dropdown menu currently showing 'NOTHING SELECTED'. The second section, 'Period to simulate', features a timeline slider with markers for 2011, 2017, 2035, and 2045. The third section contains two sub-sections: 'Number of scenarios to be simulated' with a slider set to 2, and 'Simulation scope' with three checked checkboxes: 'Effectiveness', 'Cost-effectiveness', and 'Equity'. A tooltip message 'Please choose the type of analysis you are interested in' is visible near the checkboxes. At the bottom, there are two input fields: 'National IMD' (with a dropdown arrow) and 'Produce results by Ward' (with a 'No' button).

Also, you can decide whether you want to use the National Index of Multiple deprivation (IMD) or the area-specific IMD. For more detailed information on each of these parameters, please refer to the main report, Chapter 5.

### *Setting scenarios*

Once you have defined the number of scenarios you want to evaluate, you need to define them in the **scenario parameter** sheet (Figure 2). To set any scenario, including the baseline scenario, you need to provide information about the model parameters. Each parameter has a tab in the **scenario parameters** sheet.

Currently in the tool, all these parameters have default values; therefore, you do not need to provide new information for all of them unless you have new/different information.

Figure 2 Scenario parameters tab

workHORSE Welcome Simulation parameters **Scenario parameters** Output More v0.8

Scenario 1 Scenario 2

**General Parameters**

Eligibility Criteria

Appointments Offered Yearly (%)

Health Checks Received (%)

Prescription Rate

Impact on Lifestyle

Advanced

Notes

GO TO PREVIOUS SCENARIO GO TO NEXT SCENARIO

Model parameters

In the **General Parameters** tab, you can define: 1) the name of your scenario (i.e., scenario A, Baseline scenario, etc.), 2) whether this scenario is the baseline against which you will compare future scenarios and 3) the starting year of implementation for this scenario.

Once you have defined the scenario, you can also save it to use it later as a template for a new scenario. To do this, go to the general parameters tab and click the “Save scenario” button. If you need to use this scenario later as a template, you can click in “Load scenario” in the general parameters tab.

In the **Eligibility Criteria** tab, you can play with 1) the age of eligibility to be invited, 2) how often (in time) you will provide HCs and 3) whether you want to invite known diabetics or hypertensive individuals. Remember this tab already have default values corresponding to the current implementation.

In the **Appointments Offered Yearly** tab, you can specify changes related to coverage of the HC programme by changing the parameter “Invitations (percentage of eligible population)” and the “Cost per invitation”. If you wish to vary the above parameters by IMD, you can do this by clicking detailed input (see example B below).

In the **Health Checks Received** tab, you can specify changes related to uptake of the HC programme by changing the parameter “Proportion of invitees attending a Health” and changes related to the payment providers received for each participant by changing the “Cost per completed Health Check”. If you wish to vary the above parameters by IMD, you can do this by clicking detailed input. Look for an example below.

In the **Prescription Rate** tab relates to what happens after the HC has taken place. Here you can specify changes to prescription rates of statins and antihypertensive for those participants with QRISK score greater than 10 or participants with hypertension, respectively.

As it can be done with the other parameters described above, you can vary these parameters my IMD.

In the **Impact on Lifestyle** tab, you can evaluate the potential outcomes of **referrals to lifestyle services**, such as smoking cessation, weight management and physical activity (PA) programs. You would need to specify the percentage of people successfully achieving smoke cessation, losing weight or increasing their PA and the associate overhead and per participant costs. Additionally, for the weight management and PA programmes, you would need to specify the average weight loss (in kg) or the number of days PA increased.

### Examples

#### Example A

In your area, you have identified that the annual coverage of NHS Health Checks is suboptimal (15% with no socioeconomic gradient).

You are considering increasing the payment providers receive for each participant from £5 to £10, and you expect that this, will increase coverage to the national target of 20%. You are interested in whether this change can make the program more cost-effective.

Here you want to compare the cost-effectiveness of two scenarios, a baseline scenario with suboptimal annual coverage and a Scenario 1 with better coverage. The first step is then to specify in the **Simulation parameters** sheet that you will run two scenarios (Figure 3, Step 1) and the scope of the simulation is cost-effectiveness (Figure 3, step 2)

Figure 3 Example A, Steps 1-2

The screenshot displays the 'workHORSE' simulation parameters interface. The top navigation bar includes 'Welcome', 'Simulation parameters' (active), 'Scenario parameters', 'Output', and 'More'. The version 'v0.8' is shown in the top right.

**Step 1:** 'Area to simulate' is a dropdown menu. 'Period to simulate' is a range slider from 2011 to 2045, with markers at 2017 and 2035.

**Step 2:** 'Number of scenarios to be simulated' is a range slider from 1 to 9, with a marker at 2. 'Simulation scope' includes three checkboxes: 'Effectiveness' (unchecked), 'Cost-effectiveness' (checked), and 'Equity' (unchecked).

At the bottom, there is a 'National IMD' dropdown menu and a 'Produce results by Ward' button with a 'No' option.

Then we need to define the Baseline scenario in the **Scenario parameters** sheet by assigning it a name and clicking the “Baseline scenario” button in the *General Parameters* tab (step 3). For this scenario, we only know that the coverage is suboptimal (15% with no socioeconomic gradient) so this is the only parameter we need to change in the *Appointments Offered Yearly (%)* tab (step 4), and we can safely leave the rest of the default values. Then click “GO TO THE NEXT SCENARIO” button at the bottom of the page (step 5). (figure 4, Steps 3-5)

The screenshot shows the workHORSE\_WS3 Shiny app interface. At the top, there are tabs for "Scenario 1" and "Scenario 2". The "General Parameters" tab is active, showing a "Friendly name" field with "Step 3" entered, a "Baseline scenario" button, and a "First year of implementation" slider set to 2017. To the right are buttons for "SAVE SCENARIO", "EXPAND/COLLAPSE PANELS", and "LOAD SCENARIO". Below this are several green header bars for "Eligibility Criteria", "Appointments Offered Yearly (%)", "Health Checks Received (%)", "Prescription Rate", and "Impact on Lifestyle". The "Appointments Offered Yearly (%)" section is expanded, showing a slider for "Invitations (percentage of eligible population)" set to 15%, a "Cost per invitation" input field with the value 20, and "Detailed input" and "Hide" buttons. Below these are more green header bars for "Advanced" and "Notes". At the bottom, there are two blue buttons: "GO TO PREVIOUS SCENARIO" and "GO TO NEXT SCENARIO". The text "Step 3" is overlaid on the "General Parameters" section, "Step 4" is overlaid on the "Appointments Offered Yearly (%)" section, and "Step 5" is overlaid on the "Notes" section.

Figure 4 Example A, steps 3, 4 and 5

Now let's define scenario 1 by assigning it a name in the *General Parameters* tab (step 6). We know that the “Cost per completed Health Check” will increase to £10, so we can specify this in the *Health Checks Received* tab (step 7). Also, we are expecting an increase to 20% in the coverage (i.e., the % of the eligible population) (step 8). After setting the scenarios, we can run the simulation by clicking “RUN SIMULATION (ALL SCENARIOS)” button at the bottom of the page. (Figure 5, Steps 6-9)

Scenario 1 Scenario 2

General Parameters

Friendly name  
Scenario 1

Baseline scenario No

SAVE SCENARIO

EXPAND/COLLAPSE PANELS

LOAD SCENARIO

First year of implementation  
2017 2035

Eligibility Criteria

Appointments Offered Yearly (%)

Invitations (percentage of eligible population)  
0% 20% 100%

Cost per invitation  
20

Detailed Input Hide

Health Checks Received (%)

Proportion of invitees attending a Health Check  
0% 66% 100%

Cost per completed Health Check  
10

Detailed Input Hide

Assume equal attendance probability No

Prescription Rate

Impact on Lifestyle

Advanced

Notes

GO TO PREVIOUS SCENARIO

GO TO NEXT SCENARIO

RUN SIMULATION (ALL SCENARIOS)

Step 6

Step 8

Step 7

Step 9

Figure 5 Example A, steps 8-9

## Example B

In your area, you have identified that the prescription rate of statins and antihypertensive medication after a Health Check is 15% lower than expected, especially among participant with a high 10-year risk of CVD.

You have informed those delivering the Health Checks about the issue, and you expect this will increase prescription rate among people with a high 10-year risk of CVD (QRISK > 20) by

10% with no socioeconomic gradient. You are interested in whether this change can make the program more cost-effective and/or more equitable.

Here you want to compare the cost-effectiveness and equity of two scenarios, a baseline scenario with suboptimal prescription rate of statins and antihypertensive medication and a Scenario 1 with higher prescription rate among those on higher risk. First step is then to specify in the **Simulation parameters** sheet that you will run two scenarios (step 1) and the scope of the simulation is cost-effectiveness and equity (step 2). (Figure 6, steps 1-2)

The screenshot shows the 'workHORSE' application interface. The top navigation bar includes 'workHORSE', 'Welcome', 'Simulation parameters' (active), 'Scenario parameters', 'Output', and 'More'. The main content area is divided into two sections: 'Step 1' and 'Step 2'. In 'Step 1', there is a dropdown menu for 'Area to simulate' set to 'NOTHING SELECTED' and a 'Period to simulate' slider from 2011 to 2045, with markers at 2017 and 2035. In 'Step 2', there is a 'Number of scenarios to be simulated' slider set to 2, and a 'Simulation scope' section with checkboxes for 'Effectiveness' (unchecked), 'Cost-effectiveness' (checked), and 'Equity' (checked). At the bottom, there is a 'National IMD' dropdown and a 'Produce results by Ward' button with a 'No' option.

Figure 6 Example B, steps 1-2

Then we need to define the Baseline scenario in the **Scenario parameters** sheet by assigning it a name and clicking the “Baseline scenario” button in the *General Parameters* tab (step 3). For this scenario, we can use most of default values for all parameters except the prescription rates. In the *Prescription Rate* tab, we can input the prescription rates for those with high systolic blood pressure or a QRISK higher than 10. However, for this scenario, we are interested in those with a QRISK higher than 20. Therefore, we need to click “Detailed input” in the *Prescription Rate* tab to input this information (step 4). (Figure 7, Steps 3-4)

Scenario 1 Scenario 2

General Parameters

Friendly name **Step 3**

Baseline scenario ☒ Yes ☐ Baseline scenario

First year of implementation

Eligibility Criteria

Appointments Offered Yearly (%)

Health Checks Received (%)

Prescription Rate

Proportion of participants with QRISK 10+ prescribed statins

Proportion of participants with high systolic blood pressure prescribed antihypertensives

**Step 4**

Figure 7 Example B, steps 3-4

Now you will see two tables to input the number of people that were prescribed statins and antihypertensive medication after a Health Check by QIMD, and QRISK score. You might not have the exact numbers at hand. This should not be a problem; you just need to keep the proportions between subgroups right. For example, for this scenario, we know the prescription rate for those with a QRISK >20 is 15% lower than the other subgroups, and there is no social gradient. So, an easy solution is presented below (Figure 8, step 5). Notice that we input the same figures for all the subgroups except those with a QRISK >20, which have now prescription rates 15% lower compared to the rest. Remember you can input any number if you keep the proportions (or ratios) between subgroups correct.

**Step 5**

QIMD	Low risk (QRISK <10)	Mid risk (QRISK 10-20)	High risk (QRISK 20+)
1 (most deprived)	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
2	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
3	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
4	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
5 (least deprived)	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>

In the following table, please enter the number of participants that were prescribed antihypertensive medication after a Health Check by QIMD, and QRISK score.

QIMD	Low risk (QRISK <10)	Mid risk (QRISK 10-20)	High risk (QRISK 20+)
1 (most deprived)	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
2	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
3	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
4	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>
5 (least deprived)	<input type="text" value="100"/>	<input type="text" value="100"/>	<input type="text" value="85"/>

Figure 8 Example B, Step 5

It could be useful to save this baseline scenario as a template for the next scenario. We can do this by clicking “SAVE SCENARIO” in the *General Parameters* tab (Figure 9, step 6). A file named Baseline scenario.yml will be automatically saved in your machine Downloads folder.

Figure 9 Example B, step 6

Next step is to click “GO TO THE NEXT SCENARIO” button at the bottom of the page (step 7).

You can open the template you just save by clicking “LOAD SCENARIO” in the *General Parameters* (step 8) and search for the file in your machine downloads folder. As the figure below shows, we can see when the “baseline scenario.yml” file has been downloaded. Now we can make any changes, let us start by changing the name to Scenario 1 and indicating this is not the baseline scenario (step 9). (Figure 10, Steps 8-9)

Figure 10 Example B, steps 8-9

In this scenario, we will increase the prescription rate by 10%. Therefore, this scenario’s prescription rates tables (in the *Prescription Rate* tab) will look at the figure below (Figure 11, Step 10). Notice that the rates for those with a QRISK >20 are 10% higher than in the baseline scenario (Figure 8, step 5).



In the following table, please enter the number of participants that were prescribed a statin after a Health Check by QIMD, and QRISK score.

QIMD	Low risk (QRISK <10)	Mid risk (QRISK 10-20)	High risk (QRISK 20+)
1 (most deprived)	100	100	93.5
2	100	100	93.5
3	100	100	93.5
4	100	100	93.5
5 (least deprived)	100	100	93.5

## Step 10

In the following table, please enter the number of participants that were prescribed antihypertensive medication after a Health Check by QIMD, and QRISK score.

QIMD	Low risk (QRISK <10)	Mid risk (QRISK 10-20)	High risk (QRISK 20+)
1 (most deprived)	100	100	93.5
2	100	100	93.5
3	100	100	93.5
4	100	100	93.5
5 (least deprived)	100	100	93.5

Figure 11 Example B, Step 10

After setting the scenarios, we can run the simulation by clicking “RUN SIMULATION (ALL SCENARIOS)” at the bottom of the page .

### Example C

In your area, you have identified that the annual uptake of NHS Health Checks is suboptimal (from 50% in the least deprived areas to 30% in the more deprived areas).

You are considering inviting people with SMS additional to the letter invitation. You expect that this will increase the cost by £1 (from £5 to £6) per invitation but will also improve uptake by 5% in all IMD quintiles (i.e., from 50% to 55%). To address the socioeconomic gradient in uptake, you plan to invite people living in the most deprived IMD quintile by phone. You expect this to increase the cost by £20 (from £5 to £25) per invitation but also further increase uptake by an additional 15% for these areas. You are interested in whether this change can make the program more cost-effective and/or more equitable.

Here you want to compare the cost-effectiveness and equity of two scenarios, a baseline scenario with suboptimal annual uptake of the NHS health checks with a social gradient and another scenario with higher invitation costs that would result in higher uptakes of NHS Health Checks.

The first step is then to specify in the **Simulation parameters** sheet that you will run two scenarios (step 1) and the scope of the simulation is cost-effectiveness and equity (step 2). (Figure 12, Steps 1-2)

The screenshot shows the 'Simulation parameters' tab in the workHORSE application. At the top, there are navigation links: 'workHORSE', 'Welcome', 'Simulation parameters' (active), 'Scenario parameters', 'Output', and 'More'. Below this, the 'Area to simulate' is set to 'NOTHING SELECTED'. A 'Period to simulate' slider ranges from 2011 to 2035, with markers at 2017 and 2035. The interface is divided into two main sections: 'Step 1' and 'Step 2'. In 'Step 1', the 'Number of scenarios to be simulated' is set to 2. In 'Step 2', the 'Simulation scope' includes checkboxes for 'Effectiveness' (unchecked), 'Cost-effectiveness' (checked), and 'Equity' (checked). At the bottom, there is a 'National IMD' dropdown menu and a 'Produce results by Ward' button with a 'No' option.

Figure 12 Example C steps 1-2

Then we need to define the Baseline scenario in the **Scenario parameters** sheet by assigning it a name and clicking the “Baseline scenario” button in the *General Parameters* tab (step 3). For this scenario, we know the cost per invitation is £5, we can change this in the *Appointments Offered Yearly (%)* tab (step 4). We can input the overall proportion of invitees attending a health check directly in the *Health Checks Received (%)* tab. However, for this scenario, we know the proportion varies according to the level of deprivation. Therefore, we need to click “Detailed input” in the *Health Checks Received (%)* tab to input this information (step 5). (Figure 13, Steps 3-5)

The screenshot shows the 'Scenario 1' tab in the workHORSE application. The 'General Parameters' section is active, showing 'Step 3'. The 'Friendly name' is 'Baseline scenario example C', and the 'Baseline scenario' button is highlighted. The 'First year of implementation' is set to 2017. Below this, there are three tabs: 'Eligibility Criteria', 'Appointments Offered Yearly (%)', and 'Health Checks Received (%)'. The 'Appointments Offered Yearly (%)' tab is active, showing 'Step 4'. It includes a slider for 'Invitations (percentage of eligible population)' set to 20%, and a 'Cost per invitation' of 5. The 'Health Checks Received (%)' tab is also visible, showing 'Step 5'. It includes a slider for 'Proportion of invitees attending a Health Check' set to 66%, and a 'Cost per completed Health Check' of 20. The 'Detailed input' button is highlighted, and the 'Assume equal attendance probability' button is set to 'No'.

Figure 13 Example C, steps 3-5

Now a table to input the number of participants by sex, age, QIMD and QRISK score is displayed. For this scenario, we know that there are differences by QIMD: uptakes levels from 50% in the least deprived areas to 30% in the more deprived areas. Like in the previous example, it is not needed to input the real numbers, as long the proportions between groups are correct. A suggested solution depicted below ( Figure 14, Step 6), is to assume we have 100 participants for each QIMD and calculate the number of participants for each group based on the uptake levels ranging from 30%-50%.

In the following table, please enter the number of participants over a period of time by sex, age, QIMD, and QRISK score.

QIMD	Sex	Ages	Low risk (QRISK <10)	Mild risk (QRISK 10-20)	High risk (QRISK 20+)
1 (most deprived)	men	40-49	30	30	30
1 (most deprived)	men	50-59	30	30	30
1 (most deprived)	men	60-69	30	30	30
1 (most deprived)	men	70+	30	30	30
1 (most deprived)	women	40-49	30	30	30
1 (most deprived)	women	50-59	30	30	30
1 (most deprived)	women	60-69	30	30	30
1 (most deprived)	women	70+	30	30	30
2	men	40-49	35	35	35
2	men	50-59	35	35	35
2	men	60-69	35	35	35
2	men	70+	35	35	35
2	women	40-49	35	35	35
2	women	50-59	35	35	35
2	women	60-69	35	35	35
2	women	70+	35	35	35
3	men	40-49	40	40	40
3	men	50-59	40	40	40
3	men	60-69	40	40	40
3	men	70+	40	40	40
3	women	40-49	40	40	40
3	women	50-59	40	40	40
3	women	60-69	40	40	40
3	women	70+	40	40	40
4	men	40-49	45	45	45
4	men	50-59	45	45	45
4	men	60-69	45	45	45
4	men	70+	45	45	45
4	women	40-49	45	45	45
4	women	50-59	45	45	45
4	women	60-69	45	45	45
4	women	70+	45	45	45

Step 6

Figure 14 Example C, step 6

The rest of the parameters can remain at their default values.

You can save this baseline scenario to use it as template for the next scenario by clicking “SAVE SCENARIO” in the *General Parameters* (Figure 15, step 7). A file with a yaml extension

will be automatically saved in your machine. Next step is to click “GO TO THE NEXT SCENARIO” button at the bottom of the page (step 8).

Scenario 1 Scenario 2

General Parameters

Friendly name

Baseline scenario example C

Baseline scenario

Yes

First year of implementation

2017 2035

SAVE SCENARIO

EXPAND/COLLAPSE PANELS

LOAD SCENARIO

Step 7

Figure 15 Example C, step 7

We can open the recently saved template by clicking “LOAD SCENARIO” in the *General Parameters* tab (step 9) and search for the file. As the figure below depicts, we can check when the file “baseline scenario example C.yml” has been downloaded and it is ready to use. Now you can make changes, start by changing the name to Scenario 1 and indicating this is not the baseline scenario (Figure 16, step 10).

workHORSE Welcome Simulation parameters Scenario parameters Output More v0.8

Scenario 1 Scenario 2

General Parameters

Friendly name

Scenario 1

Baseline scenario

No

First year of implementation

2017 2035

SAVE SCENARIO

EXPAND/COLLAPSE PANELS

LOAD SCENARIO

Baseline scenario example C.rds

Step 10

Step 9

Figure 16, Example C steps 9-10

In this scenario, we are increasing the cost of invitation by £1 for all the QIMD groups except the most deprived which costs per invitation will increase by £20. You need to click “Detailed input” in the *Appointments Offered Yearly (%)* tab to input these figures (Figure 17, step 11).

Appointments Offered Yearly (%)

Step 11

Show Detailed input

Invitations as percentage of eligible population in QIMD 1 (most deprived)
 

0 %

20 %

100 %

Cost per invitation in QIMD 1 (most deprived)
 

25

Invitations as percentage of eligible population in QIMD 2
 

0 %

20 %

100 %

Cost per invitation in QIMD 2
 

6

Invitations as percentage of eligible population in QIMD 3
 

0 %

20 %

100 %

Cost per invitation in QIMD 3
 

6

Invitations as percentage of eligible population in QIMD 4
 

0 %

20 %

100 %

Cost per invitation in QIMD 4
 

6

Invitations as percentage of eligible population in QIMD 5 (least deprived)
 

0 %

20 %

100 %

Cost per invitation in QIMD 5 (least deprived)
 

6

Figure 17, Example C, Step 11

We know the new invitation strategy will likely increase the uptake of health checks: 5% increase in all IMD quintiles and a further 15% increase for the most deprived QIMD. We can update the new uptake levels in the *Health Checks Received (%)* tab by clicking “Detailed input” and filling the table (Figure 18, step 12).

After setting the scenarios we can run the simulation by clicking “RUN SIMULATION (ALL SCENARIOS)” at the bottom of the page

QIMD	Sex	Ages	Low risk (QRISK <10)	Mid risk (QRISK 10-20)	High risk (QRISK 20+)
1 (most deprived)	men	40-49	50	50	50
1 (most deprived)	men	50-59	50	50	50
1 (most deprived)	men	60-69	50	50	50
1 (most deprived)	men	70+	50	50	50
1 (most deprived)	women	40-49	50	50	50
1 (most deprived)	women	50-59	50	50	50
1 (most deprived)	women	60-69	50	50	50
1 (most deprived)	women	70+	50	50	50
2	men	40-49	40	40	40
2	men	50-59	40	40	40
2	men	60-69	40	40	40
2	men	70+	40	40	40
2	women	40-49	40	40	40
2	women	50-59	40	40	40
2	women	60-69	40	40	40
2	women	70+	40	40	40

Step 12

3	men	40-49	45	45	45
3	men	50-59	45	45	45
3	men	60-69	45	45	45
3	men	70+	45	45	45
3	women	40-49	45	45	45
3	women	50-59	45	45	45
3	women	60-69	45	45	45
3	women	70+	45	45	45
4	men	40-49	50	50	50
4	men	50-59	50	50	50
4	men	60-69	50	50	50
4	men	70+	50	50	50
4	women	40-49	50	50	50
4	women	50-59	50	50	50
4	women	60-69	50	50	50
4	women	70+	50	50	50

  

5 (least deprived)	men	40-49	55	55	55
5 (least deprived)	men	50-59	55	55	55
5 (least deprived)	men	60-69	55	55	55
5 (least deprived)	men	70+	55	55	55
5 (least deprived)	women	40-49	55	55	55
5 (least deprived)	women	50-59	55	55	55
5 (least deprived)	women	60-69	55	55	55
5 (least deprived)	women	70+	55	55	55

Figure 18 Example C, step 12