Primary Care Network (PCN) Health and Wellbeing Profile Blue


To give feedback and for any data queries related to these profiles please contact PHIntelligence@northamptonshire.gov.uk
PCN Profile – Blue

Introduction

The profile incorporates information from a variety of sources, including Public Health England General Practice Profiles, NHS Digital, and local Northamptonshire County Council held data for Adult and Children’s Social Care and Public Health. The profile aims to:

• Illustrate the demography of the area.
• Summarise key aspects of health and wellbeing for the PCN catchment, highlighting variations where possible.
• Benchmark PCNs against the Northamptonshire PCN average. With the future aim of benchmarking nationally once data has been collated on a national level for PCN geographies.

This is the health and wellbeing profile for Blue PCN. This PCN includes the following practices:

• K83041 - St Lukes Health Centre
• K83042 - Park Avenue Medical Centre
• K83048 - Brook Medical Practice
• K83050 - The Crescent Medical Centre
• K83056 - County Surgery
• K83070 - Bugbrooke Surgery

The map on the right shows the catchment boundary for the PCN and the percentage of the population of each area registered with one of the GPs above. The areas with the highest registered populations to this PCN are within Upton, New and Old Duston, Heyfords and Bugbrooke, Harpole and Grange and Billing wards.
PCN Profile – Blue

Headlines and commentary

Population
• This PCN has a population of 57,918.
• Expected population growth by 2025 = 8.7%. This is lower than the Northamptonshire PCN average (11.9%).
• PCN population age profile is similar to the Northamptonshire and National average.

Summary of Health & Wellbeing (Life expectancy)
• Female life expectancy – significantly higher than Northamptonshire PCN average.
• Male life expectancy – similar to Northamptonshire PCN average.
• Premature cancer and respiratory disease deaths – similar to Northamptonshire PCN average (after accounting for age differences).
• Premature cardiovascular disease deaths and deaths attributable to flu – significantly higher than Northamptonshire PCN average (after accounting for age differences).

Social Determinants of Health
The Index of Multiple Deprivation is calculated across a number of domains that look at social determinants such as income, employment, education, crime, barriers to housing and living environment. Higher deprivation is correlated with lower life expectancy and poorer health outcomes. PCN variation is shown on Page 6 with pockets of high deprivation across the area of the PCN that covers Northampton district, such as areas in Billing, Rectory Farm, Talavera, Eastfield, Kings Heath, Semilong, St James, Briars Hill, Spencer, St David’s, Castle and Abington wards.

• An estimated 62% of the population are in paid work or full time education - similar to Northamptonshire PCN average.
• 5% of population are estimated to be unemployed – significantly higher than the Northamptonshire PCN average.
• Higher risk areas for social isolation within the PCN catchment are shown on page 9.

Risk factors
• 16% of children in this PCN aged 4 to 5 years are estimated to be overweight or obese – similar to the Northamptonshire PCN average.
• This rises to 27% of children aged 10 to 11 who are overweight or obese – similar to Northamptonshire PCN average.
• 18% of the population are recorded as smoking – significantly below the Northamptonshire PCN average.
• 1 in 3 patients accessing smoking cessation services successfully quit at 4 weeks – similar to Northamptonshire PCN average.
• Blood pressure management for hypertensive patients is significantly below the average for all Northamptonshire PCNs and below the national expectation (80%).

Page 8 highlights the variation across the catchment for increased risk of obesity looking at physical activity levels, child and adult obesity, healthy diets and obesity related health conditions. The areas of higher risk identified are similar to those highlighted above as the most deprived in this PCN.
PCN Profile – Blue

Headlines and commentary

Long Term Conditions (LTCs)

- Prevalence
  • Lower than average recorded prevalence of asthma, depression, COPD and CHD, higher recorded prevalence of hypertension, all other recorded prevalence (included in this profile) is similar to the Northamptonshire PCN average.

Further work would be needed to ascertain whether higher recorded prevalence rates are expected based on local demographics and case mix.

- Hospital Admissions
  • Over half (58%) of hospital admissions, for patients registered to this PCN, are for patients with 1 or more long term conditions, more than half of these (61%) are for patients with multiple conditions (2 or more).
  • The rate of admissions for patients with multiple long term condition (taking into account age differences) – similar to the Northamptonshire PCN average.
  • Emergency admissions rate for circulatory disease (taking into account age differences) – similar to the Northamptonshire PCN average.
  • Emergency admissions rates: overall, cancer and respiratory disease (taking into account age differences) – significantly higher than Northamptonshire PCN average.

High levels of emergency admissions may be due to a variety of causes and therefore this information should be used as an indication of levels of unplanned secondary care use within a population with local interpretation and case mix needed for context.

Caring and Service Use

- 12% of PCN population are reported to have a caring responsibility – significantly below the Northamptonshire PCN average
- The percentage of children assessed by social care is similar to the PCN average. The percentage of adults in this PCN accessing Adult Social Care is significantly higher than average. Local variation is shown on Page 7, highlighting higher access in areas within Kings Heath, New and Old Duston, Spring Park, Trinity and Westone wards.

Opportunities

Certain interventions can improve local health and wellbeing outcomes, such as increasing exercise or stopping smoking, through healthcare interventions such as early diagnosis, effective treatment, NHS Health Checks and tackling social determinants of health. Examples of opportunities for this PCN include:

- To reach national expectation (80%) an additional 103 hypertensive patients would need to have their blood pressure recorded within recommended levels.
- MMR vaccination coverage in 3 and 4 year olds is significantly below average. To reach the Northamptonshire PCN average an additional 67 children would need to receive their MMR vaccination.
- Flu vaccinations are similar to average for at risk groups but significantly below average for 65+. To reach the national expectation of 75% for flu vaccinations an additional 650 people aged 65+ would need to be vaccinated and an additional 616 vaccinated in at risk groups (55%).
- The percentage of people offered and completed health checks is significantly below the Northamptonshire PCN average. To reach the Northamptonshire target the number of health checks offered and completed would need to increase by 2,264 and 1,238.
- The proportion of successful smoking quits is similar to the Northamptonshire PCN average, to reach the top 20% of PCNs an additional 23 quits would be needed in the year.
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Key population figures

- Total PCN population May 2019: 57,918
- Projected PCN population Dec 2025: 62,983 (+8.7%)

Demographics – May 2019 population

<table>
<thead>
<tr>
<th>Age group</th>
<th>% PCN population (May 2019)</th>
<th>Nene and Corby CCGs average</th>
<th>Compared to Nene and Corby CCGs average</th>
<th>England average</th>
<th>Compared to England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>5.8%</td>
<td>5.7%</td>
<td>Similar</td>
<td>5.4%</td>
<td>Higher</td>
</tr>
<tr>
<td>5-19</td>
<td>18.2%</td>
<td>17.9%</td>
<td>Higher</td>
<td>17.2%</td>
<td>Higher</td>
</tr>
<tr>
<td>20-44</td>
<td>33.5%</td>
<td>33.4%</td>
<td>Similar</td>
<td>34.4%</td>
<td>Lower</td>
</tr>
<tr>
<td>45-64</td>
<td>25.2%</td>
<td>26.2%</td>
<td>Lower</td>
<td>25.5%</td>
<td>Lower</td>
</tr>
<tr>
<td>65-74</td>
<td>9.6%</td>
<td>9.6%</td>
<td>Similar</td>
<td>9.5%</td>
<td>Similar</td>
</tr>
<tr>
<td>75-84</td>
<td>5.4%</td>
<td>5.2%</td>
<td>Higher</td>
<td>5.7%</td>
<td>Lower</td>
</tr>
<tr>
<td>85+</td>
<td>2.3%</td>
<td>2.1%</td>
<td>Higher</td>
<td>2.3%</td>
<td>Similar</td>
</tr>
</tbody>
</table>

Life expectancy at birth
- PCN population: 84.6
- Northamptonshire PCNs average: 83.3
- Compared to average: Higher

Life expectancy at 65
- PCN population: 22.2
- Northamptonshire PCNs average: 21.2
- Compared to average: Higher

594 Births (2017)
455 Deaths (2018)
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Social care

% registered patients aged under 18 received children's social care single assessment (2018/19)

% registered patients aged 18+ accessing adult social care services (2018/19)
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Lifestyles and Long Term Conditions (LTCs)

Lifestyle has a profound impact on health and wellbeing. According to the Global Burden of Disease 2017, the top 10 risk factors (such as tobacco, dietary risks and alcohol use) can be attributed to nearly 90% of ill-health and death in Northamptonshire.

For Blue PCN:
• Smoking prevalence is significantly lower than the Northamptonshire PCN average.
• Variations in prevalence of obesity and associated risk factors are shown in the map.
• Hospital admissions for patients with 1 type of long term conditions are significantly lower than the Northamptonshire PCN average.

<table>
<thead>
<tr>
<th>Number of LTCs</th>
<th>Count of admissions</th>
<th>% of admissions</th>
<th>DSR per 1,000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3,199</td>
<td>42.3%</td>
<td>55.7</td>
</tr>
<tr>
<td>1</td>
<td>1,703</td>
<td>22.5%</td>
<td>30.8</td>
</tr>
<tr>
<td>2+</td>
<td>2,656</td>
<td>35.1%</td>
<td>49.8</td>
</tr>
</tbody>
</table>
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Social Isolation and mental wellbeing (life satisfaction) – local variation

Local social isolation hotspots (LSOA)
Blue PCN

Local mental wellbeing - life satisfaction score (MSOA)
Blue PCN
Notes - Methodology and Data Sources

Most data presented at PCN level has either been aggregated from GP level data in the PHE General Practice Profiles or calculated from raw data that includes the patient’s registered GP, such as the Public Health Deaths file and Hospital Episode Statistics or SUS.

In some cases data has been based on resident populations rather than GP registered population. In these cases the Public Health Intelligence team have modelled the resident data to apply it to the catchment population for each PCN. This method involves applying the number of patients for each applicable age cohort (e.g. 18 years and over) registered to each GP in a LSOA (a small geographical area with an average population of roughly 1,500) to the resident based data and thereby providing an estimate of the number of residents who, for example, accessed a service or have a particular health outcome for each GP. This applies to the child obesity data, adult and children’s social care data.

It is important to present rates which have taken into account age differences between populations for comparison purposes, particularly when looking at deaths and admissions to hospital which can have higher rates in the older populations. Directly Standardised Rates (DSR) have been used for this profile. A DSR is where age-specific rates of the subject population are applied to the age structure of the standard population (European Standard Population). This gives the overall rate that would have occurred in the subject population if it had the standard age-profile.

Mental wellbeing life satisfaction score is taken from the 2015 mental wellbeing survey – further details can be found here.

The social isolation index has been calculated based on a number of indicators (single person households, access to transport, income, age, mental wellbeing and social contacts).

Some of the data within the practice profiles refers to data from the GP patient survey. Where possible the patient survey data has been presented alongside recorded data to give an estimate of the local picture. In some cases there may be a large disparity between the two and this will likely reflect the sampling of the patient survey and who responded or the recording of local data so needs to be interpreted within this context.

Where data is presented as Blue, Orange, Blue in the infographic this denotes the significant difference and suggests further local consideration is needed for interpretation. It does not imply that being different is negative.

Data sources used in this profile:
PHE Practice Profiles – June 2019 download (each indicator has its own time period) – more information at https://fingertips.phe.org.uk/profile/general-practice
NCC PH National Child Measurement Programme data – 2014 to 2018
Hospital Episode Statistics – NCC PH – 2014 to 2018
Secondary User Service data – NEL CSU – 2018/19
NCC Adult and Children’s Social Care data – 2018/19
NCC PH Deaths file – 2018/19
MEL Northamptonshire Mental Health Survey – 2015
Office for National Statistics Population mid year estimates and projections
Beacon Dodsworth - P2 People & Places