Primary Care Network (PCN) Health and Wellbeing Profile
Northamptonshire Rural

Produced by Public Health Intelligence, Northamptonshire County Council.
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To give feedback and for any data queries related to these profiles please contact
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PCN Profile – Northamptonshire Rural

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 Northamptonshire Rural PCN. This PCN includes the following practices:

• K83019 - Long Buckby Surgery
• K83031 - Byfield Medical Centre
• K83053 - Crick Medical Centre
• K83064 - Saxon Spires
• K83066 - Greens Norton and Weedon

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 include areas within Byfield, Woodford, Weedon, Kingthorn, Brixworth, Spratton, Ravensthorpe, Long Buckby, Crick, Yelvertoft, West Haddon and Guilsborough wards.
PCN Profile – Northamptonshire Rural

Headlines and commentary

Population
• This PCN has a population of 49,900.
• Expected population growth by 2025 = 13.9%. This is higher than the Northamptonshire PCN average (11.9%).
• PCN population is older than the Northamptonshire PCN average.

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

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. This PCN covers some of the least deprived areas within Northamptonshire, however areas of higher deprivation are shown on Page 6, highlighting smaller pockets within Yelvertoft, Clipston, Long Buckby, Woodford, and Washington wards with higher deprivation for the PCN.

• An estimated two thirds (63%) of the population are in paid work or full time education and 2.6% are unemployed, similar to 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 22% of children aged 10 to 11 who are overweight or obese. Comparatively this is currently significantly below the Northamptonshire PCN average. However, as the younger cohort ages this may increase in the future if prevalence is not reduced in the younger ages.
• 12% of the population are recorded on practice registers as smoking – significantly below the Northamptonshire PCN average.
• 40% of patients accessing smoking cessation services successfully quit at 4 weeks – similar to Northamptonshire PCN average.
• Blood pressure management for hypertensive patients is significantly higher than the average for all Northamptonshire PCNs and is above 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. Areas of higher risk are identified within areas in Badby, Byfield, Woodford, Blakesley and Cote, Kingthorn, Towcester, Tove, Welford and Clipston wards.
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Headlines and commentary

Long Term Conditions (LTCs)
- Prevalence
  • Significantly higher than average recorded prevalence of hypertension, asthma and cancer in this PCN.
  • Significantly lower than average recorded prevalence of COPD and Diabetes.
  • 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
  • Almost half (46%) of hospital admissions, for patients registered to this PCN, are for patients with 1 or more long term conditions, more than half of these (59%) are for patients with multiple conditions (2 or more).
  • The rate of admissions for patients with multiple long term conditions (taking into account age differences) – significantly lower than the Northamptonshire PCN average.
  • Emergency admissions rate overall and for circulatory and respiratory disease (taking into account age differences) – significantly below the Northamptonshire PCN average.
  • Emergency admissions rate for cancer (taking into account age differences) – similar to the 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
- 16% of PCN population are reported to have a caring responsibility – similar to Northamptonshire PCN average
- The percentage of children assessed by social care and the percentage of adults accessing Adult Social Care are significantly below the PCN average. Local variation, shown on Page 7, highlights pockets of high access in areas within Badby, Byfield, Woodford, Weedon, Brixworth and Spratton.

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:
- The coverage of MMR in 3 and 4 years olds is significantly below the Northamptonshire PCN average, to reach the average an additional 48 children would need to receive their MMR vaccination.
- Flu vaccinations are significantly above the Northamptonshire PCN average but below national expectations. To reach the national expectation of 75% for flu vaccinations an additional 325 people aged 65 years and over would need to be vaccinated and an additional 432 vaccinated in at risk groups to reach the national expectation of 55%.
- The percentage of health checks offered and completed are significantly below the Northamptonshire PCN average. To reach the Northamptonshire target the number of health checks offered and completed would need to increase by 2,251 and 1,392.
- The proportion of successful 4 week quits is within the top 20% of Northamptonshire PCNs, but remains less than half of those setting a quit date.
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Key population figures

Demographics – May 2019 population

PCN population Dec 2025 with Northants PCN average population growth (11.9%)

Total PCN population May 2019
49,900

Projected PCN population Dec 2025
56,830 (+13.9%)

Life expectancy at birth

<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>4.6%</td>
<td>5.7%</td>
<td>Lower</td>
<td>5.4%</td>
<td>Lower</td>
</tr>
<tr>
<td>5-19</td>
<td>17.0%</td>
<td>17.9%</td>
<td>Lower</td>
<td>17.2%</td>
<td>Similar</td>
</tr>
<tr>
<td>20-44</td>
<td>25.8%</td>
<td>33.4%</td>
<td>Lower</td>
<td>34.4%</td>
<td>Similar</td>
</tr>
<tr>
<td>45-64</td>
<td>30.9%</td>
<td>26.2%</td>
<td>Higher</td>
<td>25.5%</td>
<td>Higher</td>
</tr>
<tr>
<td>65-74</td>
<td>12.6%</td>
<td>9.6%</td>
<td>Higher</td>
<td>9.5%</td>
<td>Higher</td>
</tr>
<tr>
<td>75-84</td>
<td>6.6%</td>
<td>5.2%</td>
<td>Higher</td>
<td>5.7%</td>
<td>Higher</td>
</tr>
<tr>
<td>85+</td>
<td>2.4%</td>
<td>2.1%</td>
<td>Higher</td>
<td>2.3%</td>
<td>Similar</td>
</tr>
</tbody>
</table>

Life expectancy at 65

<table>
<thead>
<tr>
<th>Age group</th>
<th>% PCN population (May 2019)</th>
<th>Northamptonshire PCNs average</th>
<th>Compared to average</th>
<th>Life expectancy at birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>85.2</td>
<td>83.3</td>
<td>Higher</td>
<td>22.3</td>
</tr>
<tr>
<td>5-19</td>
<td>21.2</td>
<td>Northamptonshire PCNs average</td>
<td>Compared to average</td>
<td>19.2</td>
</tr>
</tbody>
</table>

374 Births (2017)
422 Deaths (2018)
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Local area deprivation (LSOA level) - Northamptonshire Rural PCN

Deprivation

Overall deprivation quintile, IMD 2015

Income Deprivation Affecting Children Index, IMD 2015

Income Deprivation Affecting Older People Index, IMD 2015

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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)

Local area residents receiving adult social care (MSOA rate per 1,000)

Northamptonshire Rural PCN

- PCN inner catchment area
- Proposed unitary boundary

MSOA residents receiving adult social care rates:
- 4.1 - 9.6 per 1,000 (lowest 20%)
- 9.6 - 12.2 per 1,000
- 12.2 - 14.7 per 1,000
- 14.7 - 19.0 per 1,000
- 19.0 - 47.0 per 1,000 (highest 20%)

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PCN boundaries provided by Northamptonshire CCG
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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 Northamptonshire Rural 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 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>3,527</td>
<td>54.3%</td>
<td>68.8</td>
</tr>
<tr>
<td>1</td>
<td>1,221</td>
<td>18.8%</td>
<td>23.8</td>
</tr>
<tr>
<td>2+</td>
<td>1,745</td>
<td>26.9%</td>
<td>33.3</td>
</tr>
</tbody>
</table>
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Social Isolation and mental wellbeing (life satisfaction) – local variation
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