Primary Care Network (PCN) Health and Wellbeing Profile
Rockingham Forrest

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 – Rockingham Forrest

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 Rockingham Forrest PCN. This PCN includes the following practices:
- K83002 - Lakeside Healthcare
- K83006 - Headlands Surgery
- K83607 - Studfall Surgery (Dr Sumira)
- K83614 - Studfall Surgery (Dr Kumar)

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 Exeter, Central, East, Lodge Park, Rowlett, Shire Lodge, and Weldon and Gretton wards.
PCN Profile – Rockingham Forrest

Headlines and commentary

Population
• This PCN has a population of 67,291.
• Expected population growth by 2025 = 6%. This is lower than the Northamptonshire PCN average (11.9%).
• PCN population is younger than Northamptonshire PCN average.

Summary of Health & Wellbeing (Life expectancy)
• Male and Female life expectancy – significantly lower than the Northamptonshire PCN average.
• Premature deaths from cancer, cardiovascular disease, respiratory disease and flu – significantly higher than the 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 in the northern part of the PCN catchment within areas of Lodge Park, Central, Exeter, Weldon and Gretton, Stanion and Corby Village, Kingswood, Tower Hill, Danesholme, Avondale Grange, All Saints, William Knibb, Pipers Hill, and St Michael's and Wicksteed wards.

• An estimated 61% of the population are in paid work or full time education and 0.5% are unemployed, - significantly lower than the Northamptonshire PCN average.
• Higher risk areas for social isolation within the PCN catchment are shown on page 9, in similar areas as identified above.

Risk factors
• 19% of children in this PCN aged 4 to 5 years are estimated to be overweight or obese – significantly higher than the Northamptonshire PCN average.
• This rises to an estimated 33% of children aged 10 to 11 who are overweight or obese – significantly higher than the Northamptonshire PCN average.
• 25% of the population are recorded as smoking – significantly higher than the Northamptonshire PCN average.
• 1 in 3 patients accessing smoking cessation services successfully quit at 4 weeks – similar to the Northamptonshire PCN average.
• Blood pressure management for hypertensive patients is significantly above the average for all Northamptonshire PCNs and 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 Shire Lodge, Lodge Park, Rowlett, Central, East, Weldon and Gretton, Stanion and Corby Village, Exeter, Kingswood, Beanfield, Tower Hill, St Peter's, Northfield, All Saints, Avondale Grange, William Knibb and Pipers Hill wards.
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Headlines and commentary

Long Term Conditions (LTCs)

- Prevalence
  - Higher than average recorded prevalence of cancer, stroke, heart failure, CHD, COPD, dementia in this PCN.
  - Lower than average recorded prevalence of hypertension, depression and asthma.

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

- Hospital Admissions
  - Nearly two thirds (62.8%) of hospital admissions, for patients registered to this PCN, are for patients with 1 or more long term conditions, more than half of these (54%) are for patients with multiple conditions (2 or more).
  - Admissions for patients with long term conditions (taking into account age differences) – significantly higher than the Northamptonshire PCN average.
  - Emergency admissions rates: overall, circulatory and respiratory diseases (taking into account age differences) – significantly higher than the Northamptonshire PCN average.
  - Emergency admissions rate for cancer (taking into account age differences) – significantly lower than 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

- 17% of PCN population are reported to have a caring responsibility – similar to the Northamptonshire PCN average
- The percentage of children assessed by social care and the percentage of adults accessing Adult Social Care is similar to the Northamptonshire PCN average but there are pockets of higher access within areas of Weldon and Gretton, Rural West, Shire Lodge, Rowlett, East, Brambleside, St Peter's, Northfield, All Saints, Avondale Grange, William Knibb and Pipers Hill wards as shown on Page 7.

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:

- MMR vaccination coverage at age 3 and 4 is similar to the Northamptonshire PCN average, to reach the top 20% of PCNs an additional 21 children would need to receive their MMR vaccination.
- Flu vaccinations are below the Northamptonshire PCN average and national expectations. To reach the national expectation of 75% for flu vaccinations an additional 857 people aged 65 years and over would need to be vaccinated and an additional 1,092 vaccinated in at risk groups to reach the national expectation of 55%.
- The proportion of health checks offered and completed are significantly above the Northamptonshire PCN average but below the targets for Northamptonshire. To reach the Northamptonshire target the number of health checks offered and completed would need to increase by 58 and 950.
- The proportion of successful smoking quits is similar to the Northamptonshire PCN average, to reach the top 20% of PCNs an additional 47 quits would be needed in the year.
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Key population figures

Demographics – May 2019 population

- **Life expectancy at birth**
  - PCN population: 82.0
  - Northamptonshire PCNs average: 83.3
  - Compared to average: Lower

- **Life expectancy at 65**
  - PCN population: 20.4
  - Northamptonshire PCNs average: 21.2
  - Compared to average: Lower

Total PCN population May 2019: 67,291
Projected PCN population Dec 2025: 71,310 (+6.0%)

- **691** Births (2017)
- **537** Deaths (2018)

<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>5.9%</td>
<td>5.7%</td>
<td>Higher</td>
<td>5.4%</td>
<td>Higher</td>
</tr>
<tr>
<td>5-19</td>
<td>18.1%</td>
<td>17.9%</td>
<td>Similar</td>
<td>17.2%</td>
<td>Similar</td>
</tr>
<tr>
<td>20-44</td>
<td>34.0%</td>
<td>33.4%</td>
<td>Higher</td>
<td>34.4%</td>
<td>Lower</td>
</tr>
<tr>
<td>45-64</td>
<td>26.5%</td>
<td>26.2%</td>
<td>Similar</td>
<td>25.5%</td>
<td>Higher</td>
</tr>
<tr>
<td>65-74</td>
<td>8.7%</td>
<td>9.6%</td>
<td>Lower</td>
<td>9.5%</td>
<td>Lower</td>
</tr>
<tr>
<td>75-84</td>
<td>5.0%</td>
<td>5.2%</td>
<td>Lower</td>
<td>5.7%</td>
<td>Lower</td>
</tr>
<tr>
<td>85+</td>
<td>1.9%</td>
<td>2.1%</td>
<td>Lower</td>
<td>2.3%</td>
<td>Lower</td>
</tr>
</tbody>
</table>
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Local area deprivation (LSOA level) - Rockingham Forrest PCN

Overall deprivation quintile, IMD 2015

Income Deprivation Affecting Children Index, IMD 2015

Income Deprivation Affecting Older People Index, IMD 2015

Deprivation

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Created by Public Health Intelligence, Northamptonshire County Council
PCN boundaries provided by North West CGI
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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 Rockingham Forrest PCN:
- Smoking prevalence is significantly higher 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 higher 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>3,707</td>
<td>37.2%</td>
<td>55.4</td>
</tr>
<tr>
<td>1</td>
<td>2,895</td>
<td>29.0%</td>
<td>46.1</td>
</tr>
<tr>
<td>2+</td>
<td>3,371</td>
<td>33.8%</td>
<td>58.1</td>
</tr>
</tbody>
</table>

Local obesity hotspots (MSOA, based on prevalence of overweight and obesity, physical activity, healthy diet and associated health conditions)

Rockingham Forrest PCN

QOF estimated smoking prevalence (2017/18)
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Social Isolation and mental wellbeing (life satisfaction) – local variation
**Health and Wellbeing Summary for Rockingham Forrest PCN, June 2019**

### Children

- **Babies born (2017):** 691
- **Registered population aged under 16:** 14,777
- **Vaccinated for MMR (2 doses) at age 4:** 89%
- **Reception children overweight or obese:** 19%
- **Year 6 children overweight or obese:** 33%
- **Patients under 18 assessed by NCC Children’s Social Care:** 2.9%

### Adults

- **Registered working age population (16-64):** 43,434
- **Women (25-64) with cervical screening in last 5 years:** 74%
- **BP <= 150/90mmHg in hypertensive patients:** 82%
- **Hypertension: QOF prevalence:** 13%
- **Smoking cessation: 4 week quit rate:** 32%
- **GP patient survey smoking prevalence:** 25%
- **Estimated smoking prevalence (QOF):** 25%
- **Patients under 18 assessed by NCC Children’s Social Care:** 25%
- **Unemployed:** 0.5%
- **In paid work or full-time education:** 61%

### End of Life

- **Average female life expectancy:** 82
- **Average male life expectancy:** 79
- **Under 75 deaths per 100,000: flu:** 62
- **Under 75 deaths per 100,000: respiratory:** 130
- **Under 75 deaths per 100,000: cancer:** 159
- **Under 75 deaths per 100,000: CVD:** 142
- **Deaths (2018):** 537

### Mortality

- **Patients with a caring responsibility:** 17%
- **Patients (18+) accessed NCC Adult Social Care:** 1.5%
- **Emergency admissions per 100,000 (all):** 11,440
- **Emergency admissions per 100,000: circulatory:** 1,141
- **Emergency admissions per 100,000: cancer:** 210
- **Emergency admissions per 100,000: respiratory:** 1,890
- **Flu vaccination uptake: at risk:** 41%
- **Flu vaccination uptake: ages 65+:** 67%

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