Primary Care Network Data Pack

Greenwood Primary Care Network

Attain

Improving health and wellbeing

Primary Care Network (PCN) Data and Intelligence

These packs have been designed to support PCNs to meet the following criteria as set out by the National PCN Maturity Matrix:

- **Use existing readily available data to understand and address population needs and are identifying the improvements required for better population health.**
- **Analyse variation in outcomes and resource use between practices and PCNs.**

The intention is that in lieu of a Kirklees-wide Population Health Management process or the anticipated national PCN dashboard, these packs will enable PCNs to start working toward meeting these criteria. During engagement sessions with the PCNs the following key areas were identified as important in ensuring that the packs are 'useful' and 'useable' tools for the PCNs in their development and delivery:

- Better understanding existing priorities identified by the Network
- Ensuring those priorities are driven through variation of performance (data led priorities)
- Alignment with the new National Specifications PCN will be required to deliver as of April 2020.

How should this pack be used?

The first section aims to describe the Network demographics and population overviews; then listing Priority areas and how these have been identified. The latter section aims to offer intelligence and insight into what the data is telling us about the priority areas identified.

How has it been developed?

These packs have been developed in collaboration with the PCNs and Kirklees Council Public Health team. They represent a start on the journey towards Population Health Management in Kirklees and it is recognised that these tools will continue to develop in line with the PHM system and as the PCNs mature.

This pack will:

- Provide a level of **analysis and insight** about your PCN
- Offer **local system level context** and / or links to relevant programme leads within the system
- Where possible provide an **evidence base to support thinking about PCN priorities**
- Provide **links to data sources** for those who wish to interrogate further

Working within the wider System

Starting with outcomes enables us to step back from the things we are already doing or commissioning and explore what needs to be done, by whom and with whom to achieve improved outcomes for the citizens and places of Kirklees and the people who use our services. If we achieve the outcomes in Kirklees we will know that people are starting well, living well, and ageing well.

Improving population health and wellbeing through monitoring the delivery of these outcomes will be our focus. Alongside this, all the initiatives and changes across Kirklees to improve population health and wellbeing will be impact assessed for impact and improvements to:

- **Quality of services**
  (included achievement of local and national standards)
- **Cost and service efficiency**
- **Equality and equity**
  - ensuring service change does not discriminate or disadvantage people
- **Sustainability**

Seven Kirklees Outcomes:

Best start

Children have the **best start in life**

Well

People in Kirklees are **as well as possible** for as long as possible

Independent

People in Kirklees **live independently** and have control over their lives

Safe & Cohesive

People in Kirklees live in **cohesive communities, feel safe and** are **protected** from harm

Aspire & Achievement

People in Kirklees have aspiration and **achieve their ambitions** through education, training, employment and lifelong learning

Sustainable economy

Kirklees has **sustainable economic growth** and provides good employment for and with communities and businesses

Clean & Green

People in Kirklees experience a high quality, clean, and **green environment**

7 National PCN Specifications

During 2019 and 2020, NHSE and GPC England will develop seven service specifications. The service specifications will set out standard processes, metrics and intended quantified benefits for patients and will become key requirements of the Network Contract DES.

Structured Medications Reviews and Optimisation	PCN members will support direct tackling of the over-medication of patients, including inappropriate use of antibiotics, withdrawing medicines no longer needed and support medicines optimisation more widely.
Enhanced Health in Care Homes	The aim of this service will be to enable all care homes to be supported by a consistent multi-disciplinary team of healthcare professionals, delivering proactive and reactive care. This team will be led by named GP and nurse practitioners, organised by PCNs.
Anticipatory Care	PCN GP practices and other member providers will work collaboratively to introduce more proactive and intense care for patients assessed as being at high risk of unwarranted health outcomes, including patients receiving palliative care. The Anticipatory Care Service will need to be delivered by a fully integrated primary and community health team.
Supporting Early Cancer Diagnosis	PCNs will have responsibility for doing their part, alongside the Cancer Alliances and other local partners, and this will be reflected in the service specification.
Personalised Care	This model will be developed in full by PCNs under the Network Contract DES by 2023/24. The minimum national activity levels for all elements of the model will increase gradually over time in line with increases in capacity.
CVD Prevention and Diagnosis	PCNs will have a critical role in improving prevention, diagnosis and management of cardiovascular disease. The Testbed Programme will test the most promising approaches to detecting undiagnosed patients, including through local pharmacies, as well as managing patients with high risk conditions who are on suboptimal treatment.
Tackling Neighbourhood Inequalities	This service will be developed through the Testbed Programme and will seek to work out what practical approaches have the greatest impact at the 30,000 to 50,000 neighbourhood level and can be implemented in PCNs.

****Part of the wider programme of work to ensure all PCNs and the wider system are prepared with the correct information and intelligence to enable effective delivery and a coordinated approach.

Executive summary

- This pack represents the start of the process to help drive PCN development by :
  - providing high level priorities as to the direction of travel relating to population needs
  - providing links to key areas of work with the system
  - Offering ideas of shared practice to be adapted

- The five priority areas identified by this pack relate to:
  1. Diabetes prevalence and treatment
  2. Respiratory emergency admissions
  3. Childhood obesity
  4. Infant mortality
  5. Primary care access

- Priorities have been identified based solely on the data contained in these the packs and as such may not represent the whole picture. As packs are further developed and additional sets of indicators are included, different insight may be generated which would potentially require a reprioritisation.

- Future emergent data led priorities will be developed as identified by network partners and population health management as well as other CCG and primary care initiatives. A piece of work identifying the capacity and need to inform system (ICS etc) response to needs will be required.

Greenwood PCN – An Overview

Place Overview

- **Volume of patients -** The Greenwood Network has ten practices caring in total for c.58,000 patients. The average per practice (c.5,800) is below the national average (8,035) but above the local CCG average (6,721).

- **Ethnicity -** The network provides services for diverse ethic groups (I.e. mixed, Asian, black & other non-white). E.g. c.54% of Bradford Road Surgery's patients are from mixed, Asian, black & other non-white groups.

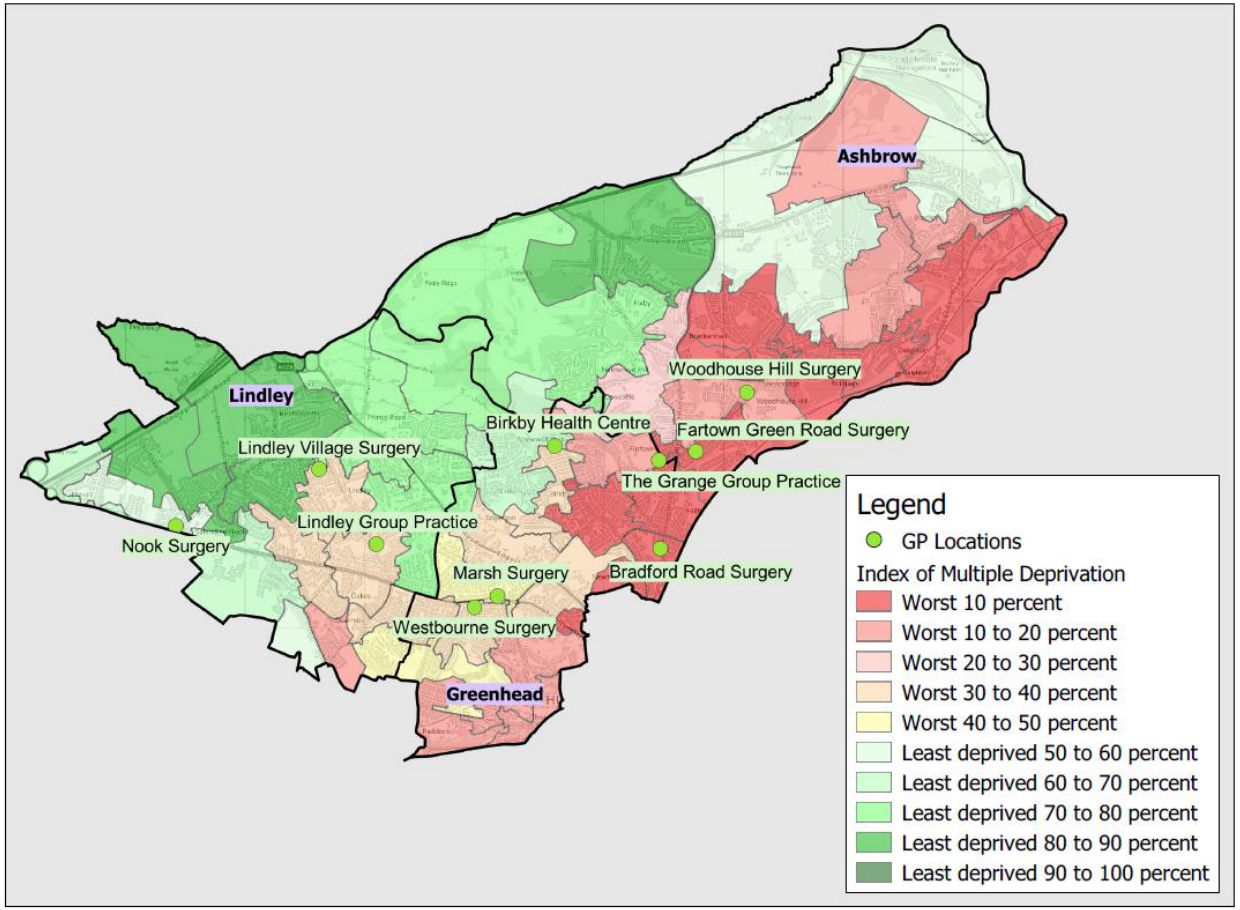
- **QOF -** QOF has not been achieved by any of the ten practices, with the measure of positive patient experience ranging from 59.7% to 83.9%.

- **Life Expectancy –** Male life expectancy across the PCN is on average 77.2 years – below the CCG (78.1 years) and English averages (79.4 years) . Three of ten practices have higher than CCG average life expectancy.
- Female life expectancy average is the same as the CCG average – 82.5 years but below the national average (83.1 years). Four of ten practices have higher than CCG average life expectancy

See Slide 7 for practice breakdown

Network Practice Locations

The map below shows deprivation around Greenwood PCN – the most deprived areas are in the Woodhouse Hill Surgery location.



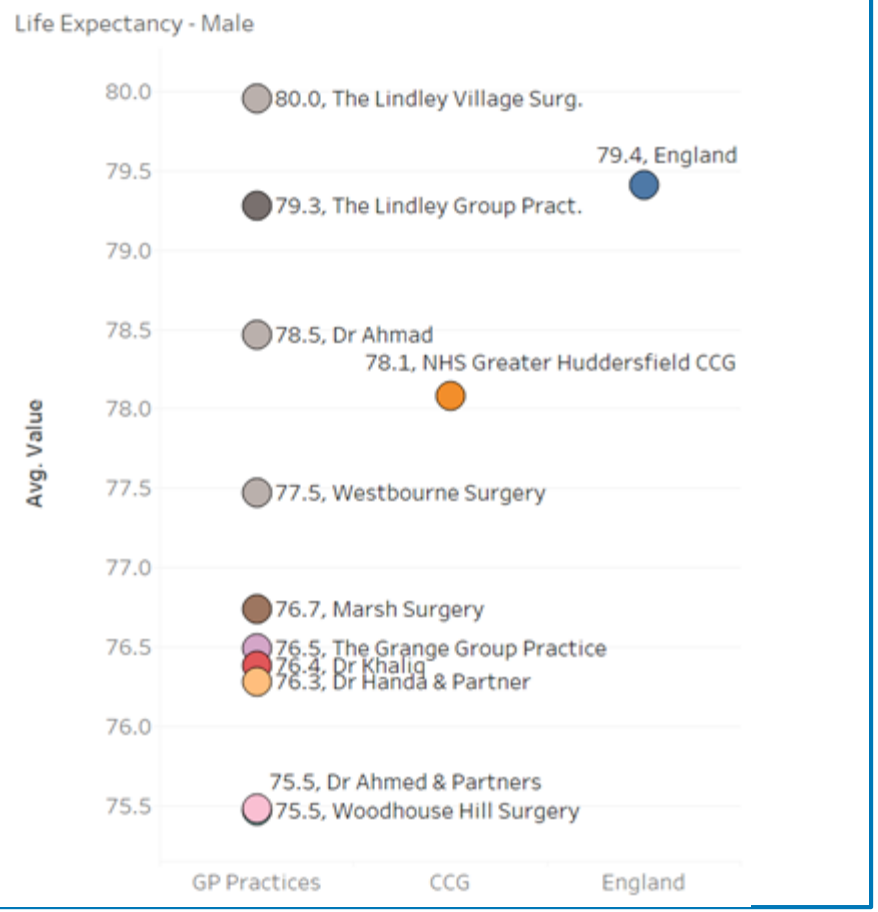
Place overview broken down by practice

		The Grange Group Practice	Woodhouse Hill Surgery	Fartown Green Road Surgery (Dr Handa)	Bradford Road Surgery	Marsh Surgery	Westbourne Surgery	Lindley Village Surgery	Lindley Group Practice	Birkby Health Centre	Nook Surgery & Clifton Group
PCN Practice (England av. 8,035, GH 6,721)		15,918	3,611	3,692	5,142	2,970	3,755	4,879	10,934	3,537	3,522
Percentage of total PCN pop		27%	6%	6%	9%	5%	6%	8%	19%	6%	6%
Life expectancy years (Male)		76.5	75.5	76.3	75.5	76.7	77.5	80.0	79.3	76.4	78.5
Life expectancy years (Female)		82.2	80.1	81.9	81.9	82.1	82.4	83.5	83.1	84.2	83.5
Deprivation		Second most deprived decile	Most deprived decile	Second most deprived decile	Second most deprived decile	Fourth more deprived decile	Fifth less deprived decile	Third less deprived decile	Fourth less deprived decile	Third more deprived decile	Fourth less deprived decile
Ethnicity Estimate	Mixed	6.6%	8.2%	5.7%	4.3%	3.8%	3.4%	2.6%	3.0%	4.1%	2.3%
	Asian	22.8%	16.4%	26.9%	40.3%	20.5%	15.7%	11.0%	11.0%	37.8%	5.4%
	Black	9.8%	12.5%	8.5%	6.3%	4.1%	2.6%	1.9%	1.9%	6.2%	1.4%
	Other non-white	1.9%	1.9%	1.9%	2.6%	1.6%	1.1%	0.0%	0.0%	1.9%	0.0%
QOF achievement % (out of 559 points)		552.9	452.6	531.0	550.7	547.1	539.7	541.1	510.5	511.2	472.4
Percentage with a +ve experience of practice		61.8%	64.9%	76.8%	62.8%	83.9%	82.6%	59.7%	83.0%	62.3%	63.3%

This chart refers to information summarised in slide 6

Male life expectancy is below the CCG average, female life expectancy the same as the CCG average

Male life expectancy across the PCN is on average 77.2 years – below the CCG and English averages. Three of ten practices have higher than CCG average life expectancy

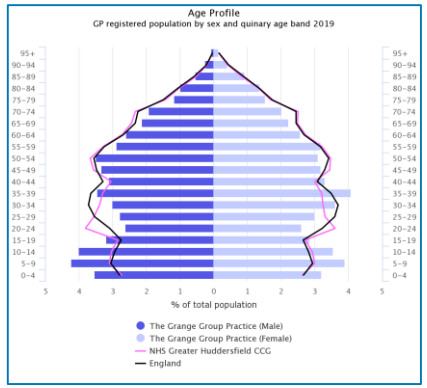


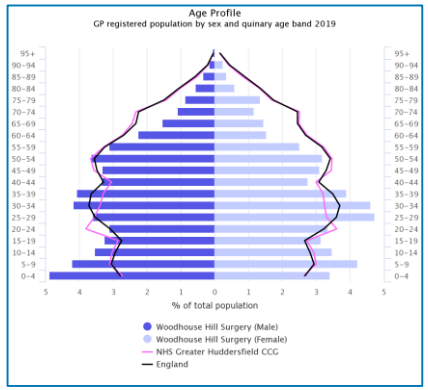
Female life expectancy average is the same as the CCG average – 82.5 years. Four of ten practices have higher than CCG average life expectancy

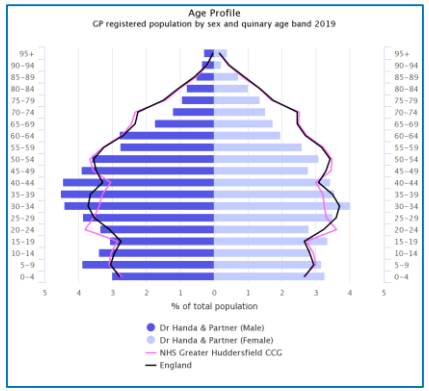
- This local gender disparity could provide an opportunity to review the gender discrepancies in the provision of care with a greater focus being placed on male health.

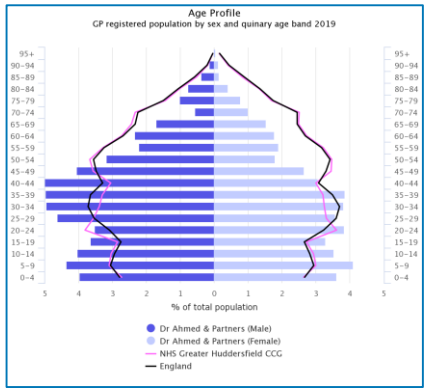
Male and female life expectancy across PCN practices, 2010-14 data

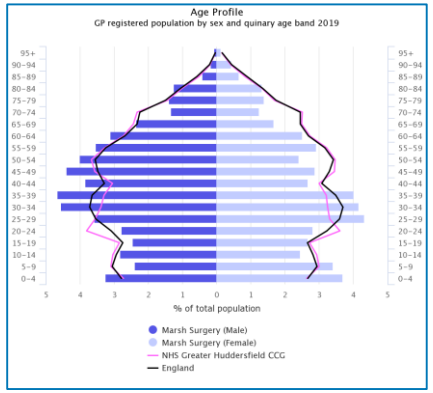
Age profile by practice

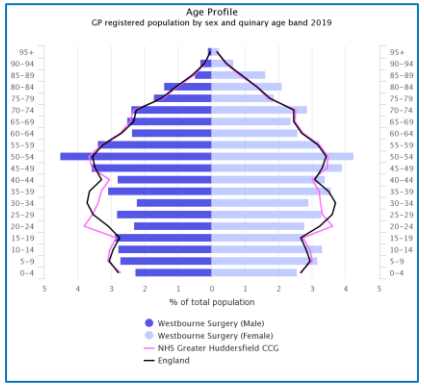


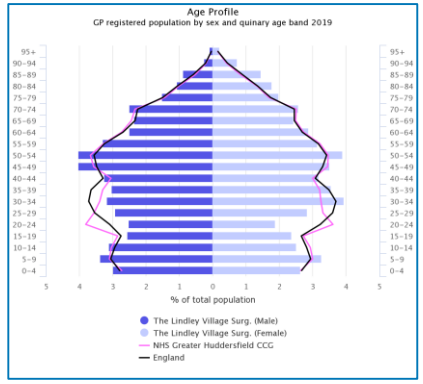


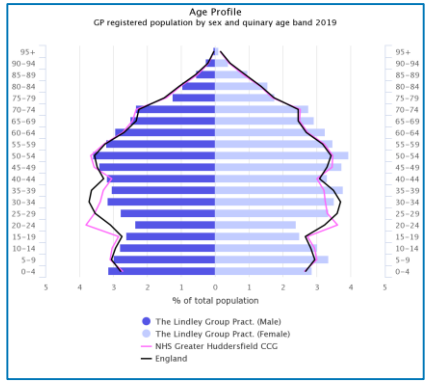


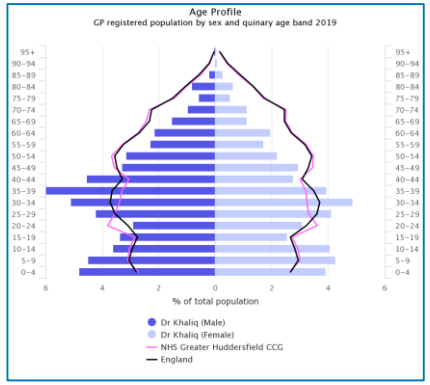


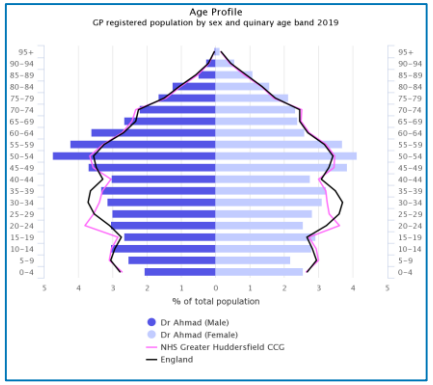




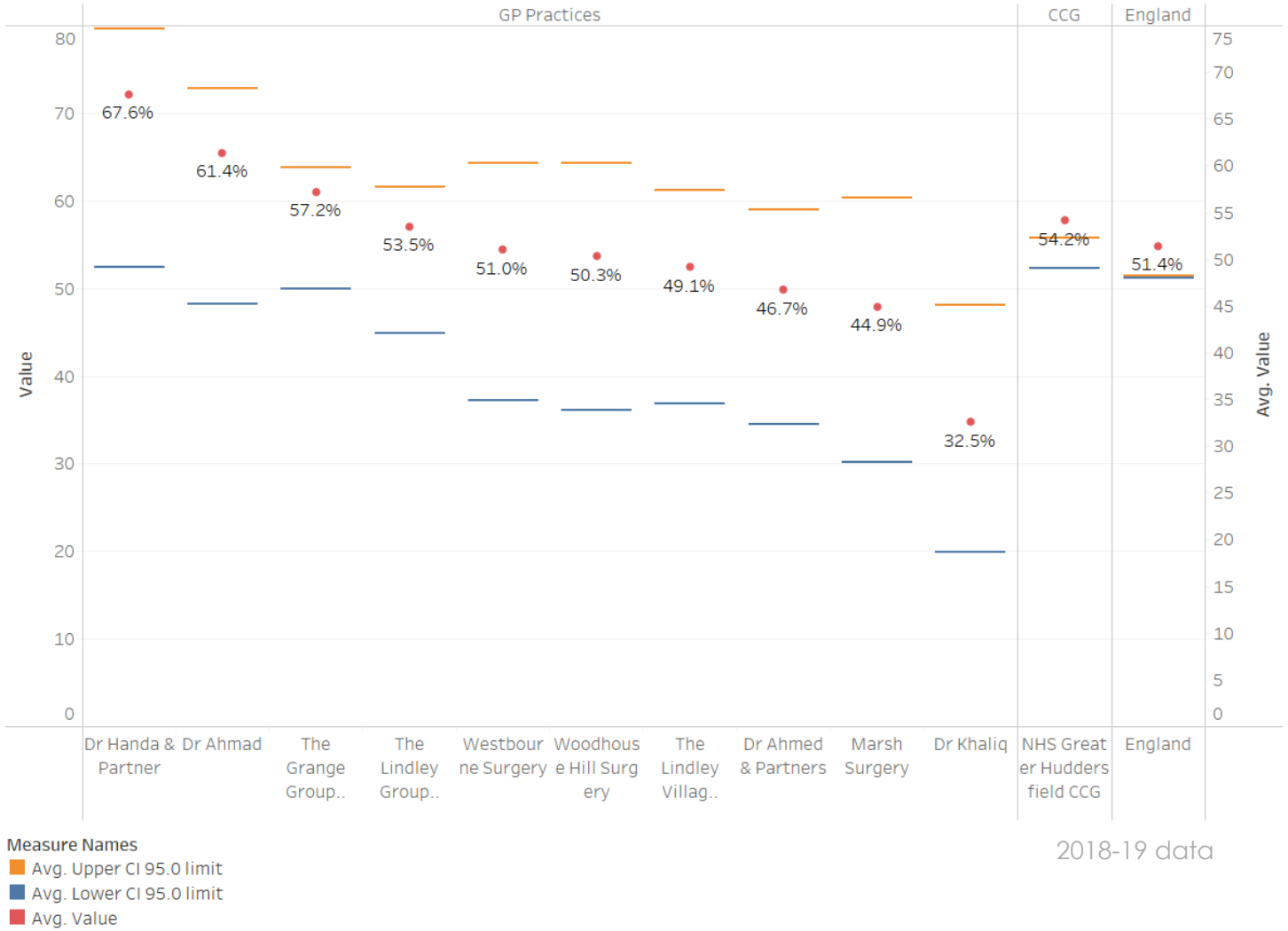








On average, a lower % of people in the PCN are living with long term conditions than in the CCG



2018-19 data

- 51.4% of the Greenwood population (16+ years) live with a long-term condition, compared to 54.2% of the wider CCG. This equates to c.26k people.
- The broad spread of values across practices is notable and presents the PCN with a challenge to a single strategy – the highest % of people with an LTC (Dr Handa) is more than double the lowest practice (Dr Khaliq). However, due to wide confidence intervals, these differences are not statistically significant. Overall, these metrics have remained relatively stables over recent years.
- A significantly higher rate of 3+ LTCs is observed in those of Asian ethnicity and those living in the most deprived areas.
- Locally, 1 in 4 working age people have three or more long term health conditions. The most common include mental health, back pain, MSK, chronic pain & high blood pressure.

Source : Kirklees JSNA

- Link to Supporting Data

PCN Priority Areas

Priority areas: Criteria for prioritisation

- We used a range of approaches to develop the potential Greenwood PCN priorities. These included a review of:
  1. **Greenwood PCN stated priorities (taken from Networks Overview and other PCN communications)**
     - Team Building Exercise
     - Sharing Workforce
     - Dermatology Community Service
     - Developing a Leadership Structure
     - Wound Care
     - Healthy Hearts
     - Respiratory

  2. **Variation in performance from CCG average (where data available)**
     - Significant variation from CCG average where a majority of practices lie outside the 95% confidence interval for a metric
  3. **Results of other analysis.** e.g. life expectancy trends

- Rightcare was used to validate this selection process and add to the short list as required. The Right care priorities for the CCG for 'Spend and Outcomes' include Mental Health, Endocrine and MSK; for 'Outcomes' is Endocrine, MSK & Mental Health; and for 'Spend' are Endocrine, Gastro-intestinal, Mental Health, Genito Urinary & Trauma & Injuries.

- Consideration is being given to the appropriate platforms to ensure PCNs have access to relevant data and insights on an ongoing basis.

Greenwood PCN priorities

Priorities focused on in this pack:

1. **Diabetes prevalence and treatment**
   - Six out of ten practices have statistically higher diabetes prevalence than the CCG average

2. **Respiratory health**
   - PCN selected priority

3. **Childhood obesity**
   - High reception and year 6 obesity

4. **Infant mortality**
   - Greenwood has the highest rates of infant mortality across the Kirklees PCNs. This is 1.9 times the English rate of infant mortality.

5. **Primary care access**
   - Outlier compare to CCG average

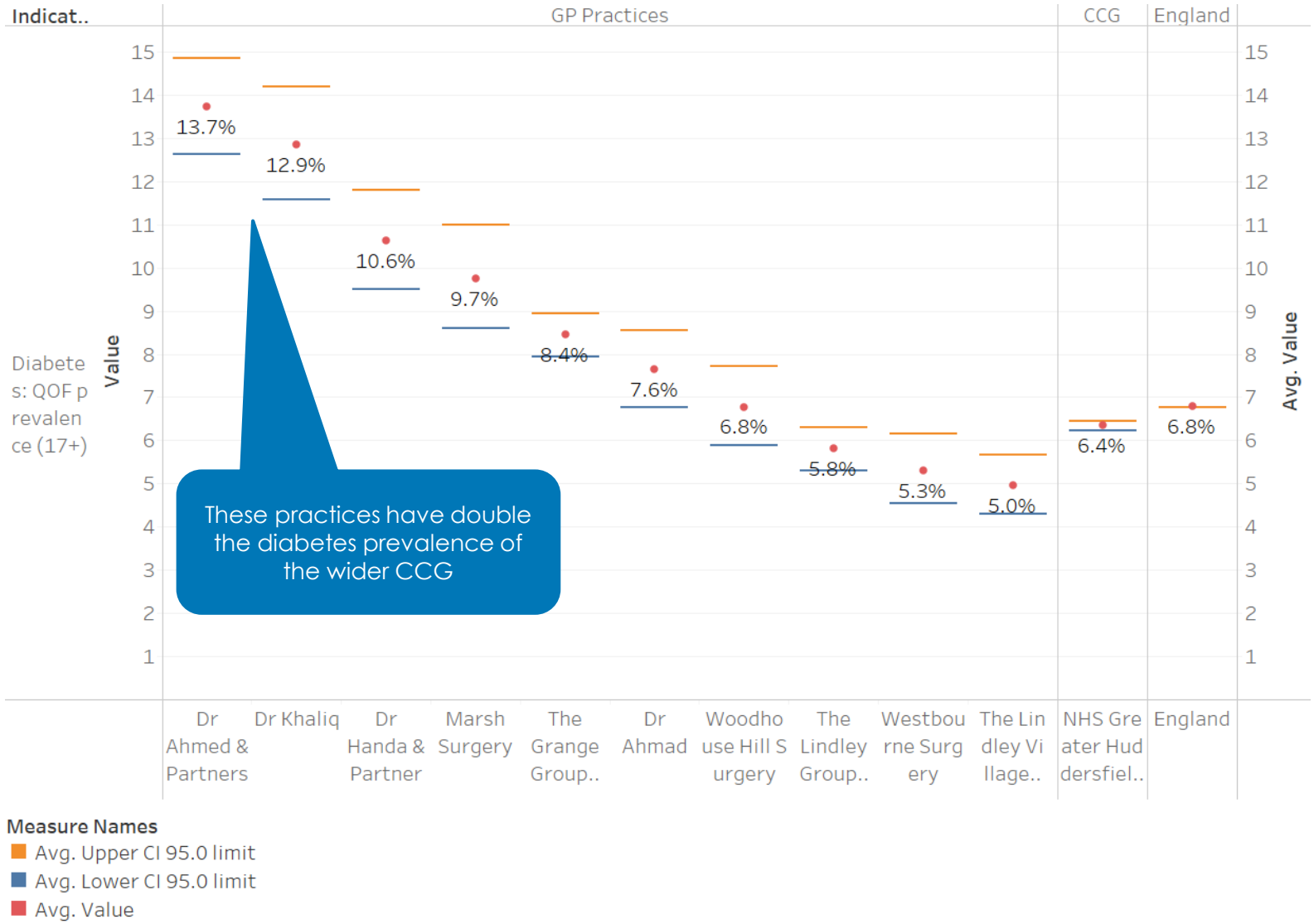
Priority 1: Diabetes prevalence and treatment

Diabetes prevalence is high

- **Why is this a priority?**
  - Unmanaged diabetes can lead to the development of comorbidities (i.e. cardiovascular system, eyes, kidneys, nervous system) so a better management of the condition prevents worsening of individuals' health.
  - Type 2 diabetes is up to 6 times more likely in people of South Asian descent meaning some practices in the PCN will be disproportionately affected.

- **What does the data tell us?**
  - Six out of ten practices have statistically higher diabetes prevalence than the CCG average.
  - Only 1 practice has statistically significantly lower prevalence than the CCG.

Diabetes prevalence 2017/8



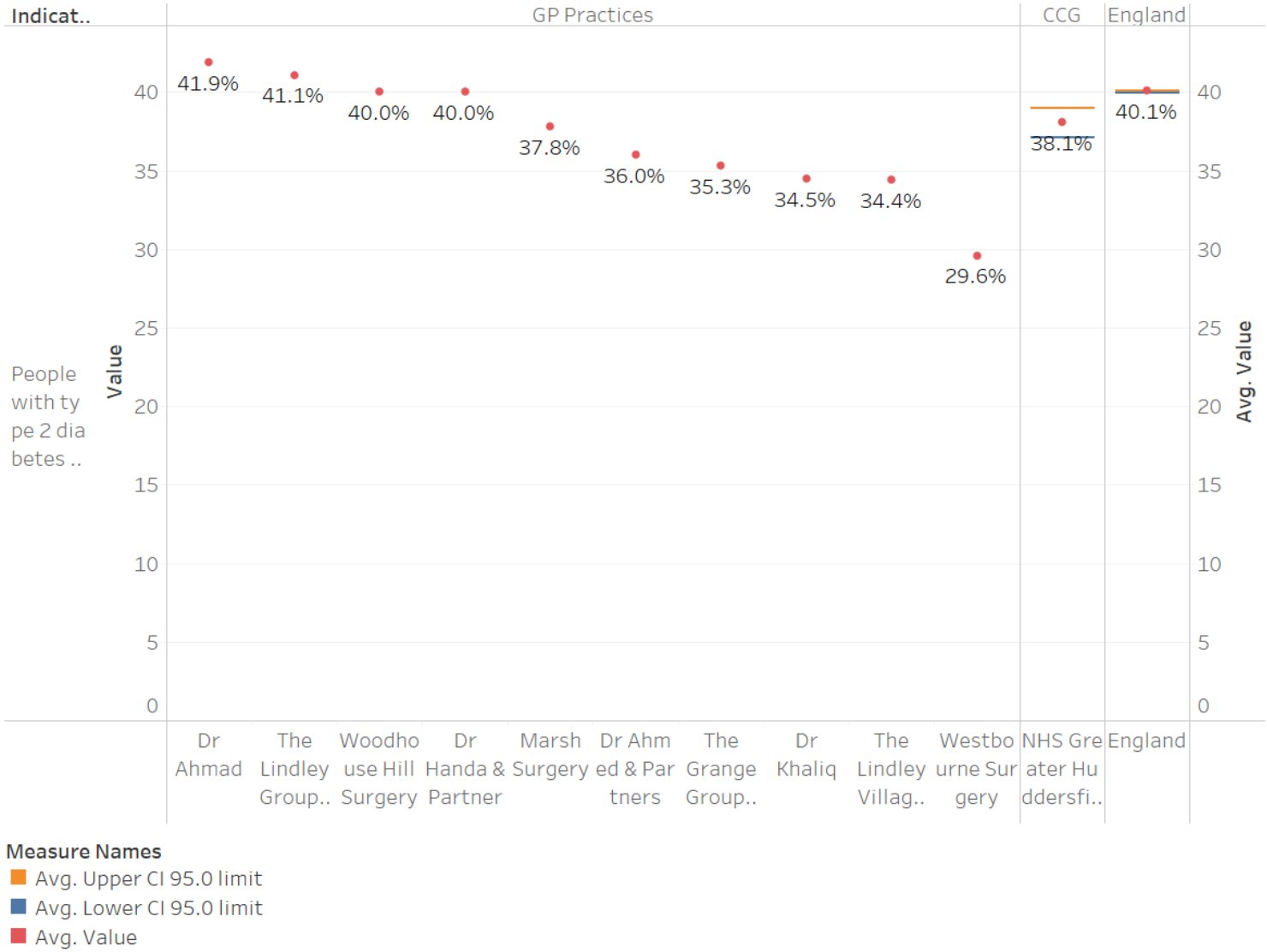
Diabetes treatment achievement is below the CCG average for six of ten practices

- **What does the data tell us (cont'd)?**
  - Allied to high prevalence, six out of the ten practices fall below CCG average levels for achieving three treatment targets for diabetes (HbA1c (blood sugar), cholesterol and blood pressure).
  - Only two practices are above the English average.
  - Confidence limit data is not available for this metric at a practice level.

- **Local context**
  - Locally, rising obesity levels, an ageing population and a growing ethnic population could see the diabetes number rise.

  - The Bradford Road Surgery patient profile has the highest proportion of mixed, Asian and other non-white patients at 54% (the next highest is Birkby Health Centre with 50%).

Achievement of Type 2 Diabetes Treatment Targets, 2017/



Opportunities

- **What can be done?**
- Suggestions include NHS Rightcare Diabetes Pathways:
  - **NHS Diabetes prevention programmes (NDPP) -**
    - New contract across West Yorkshire and Harrogate commenced from the 1st of August 2019 and will run for 3 years – Funded by NHSE, provided by Reed Wellbeing
    - New contract framework includes less Face to face time and a digital option for the programme.
    - Will be sending out impact reports – October 2019 – offering practice visits
    - Information available on the intranet site
  - Protocol for diagnostic uncertainty
  - Education programmes (including personalised advice on nutrition and physical activity)
  - Nine recommended care processes and treatment targets
  - Type 1 Intensive specialist service
  - 1. Triage to specialist services 2. RCA for major amputations
  - Inpatient diabetes team, shared records, advice line

- **What could this mean?**
  - Each 2% increase in diabetes treatment means a further c. 80 people are treated
- **Links and further reading**
  - KJSA re Diabetes, Diabetes prevalence trend, Link to Supporting Data (Treatment), Link to Supporting Data (Prevalence)
  - https://www.diabetes.org.uk/resources-s3/2017-11/south_asian_report.pdf

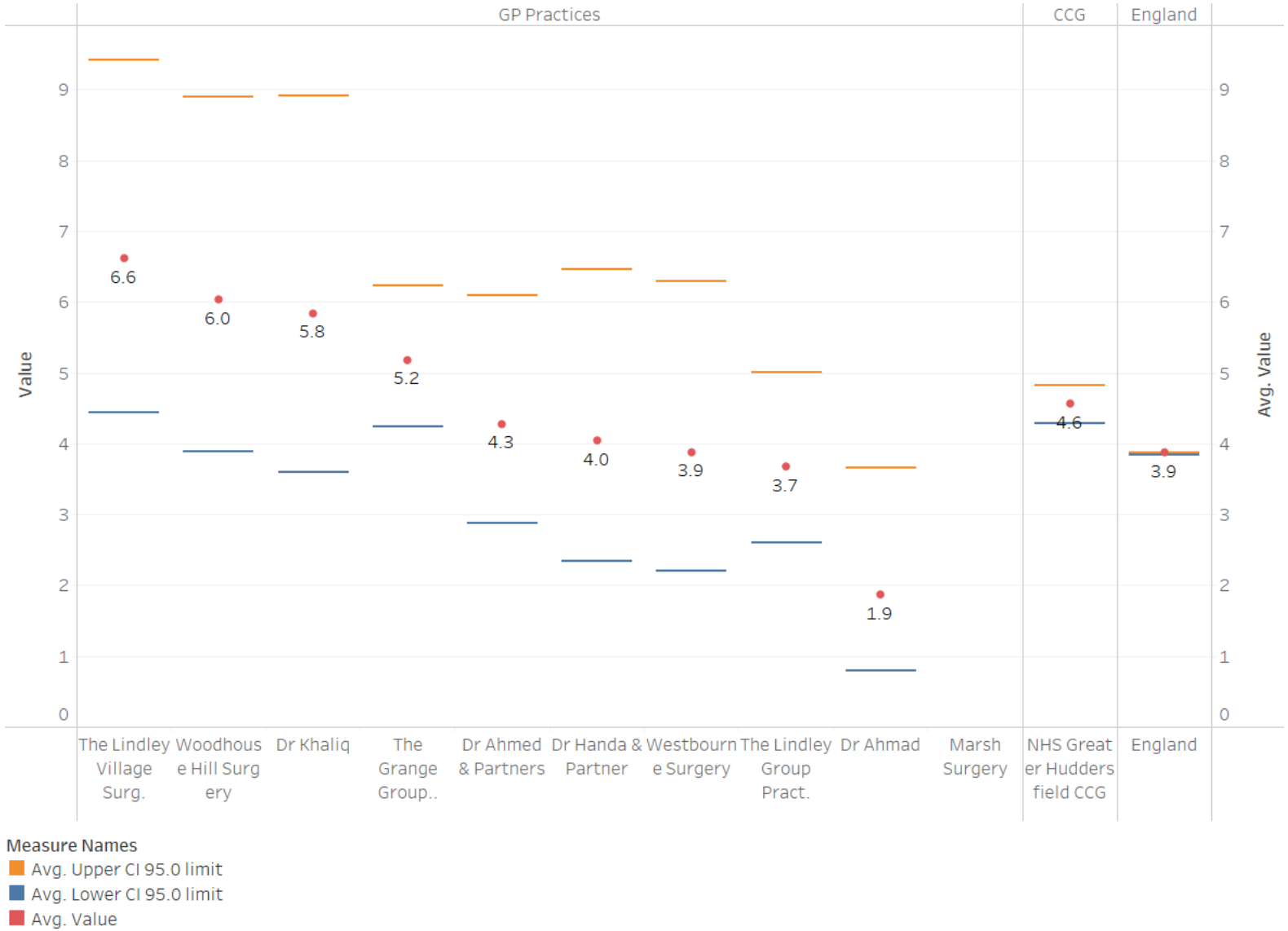
Priority 2: Respiratory emergency admissions

Respiratory health trends (1)

- **Why is this a priority?**
  - Diseases of the respiratory system are the third largest causes for death across the CCG – they account for 14% of deaths.

- **What does the data tell us?**
  - Four of the PCN practices have higher rates of respiratory related emergency admissions than the CCG average. This increases to six practices when we look at the English average. However, wider confidence intervals mean that these differences are not statistical.

Emergency admissions for respiratory conditions, 2017/18



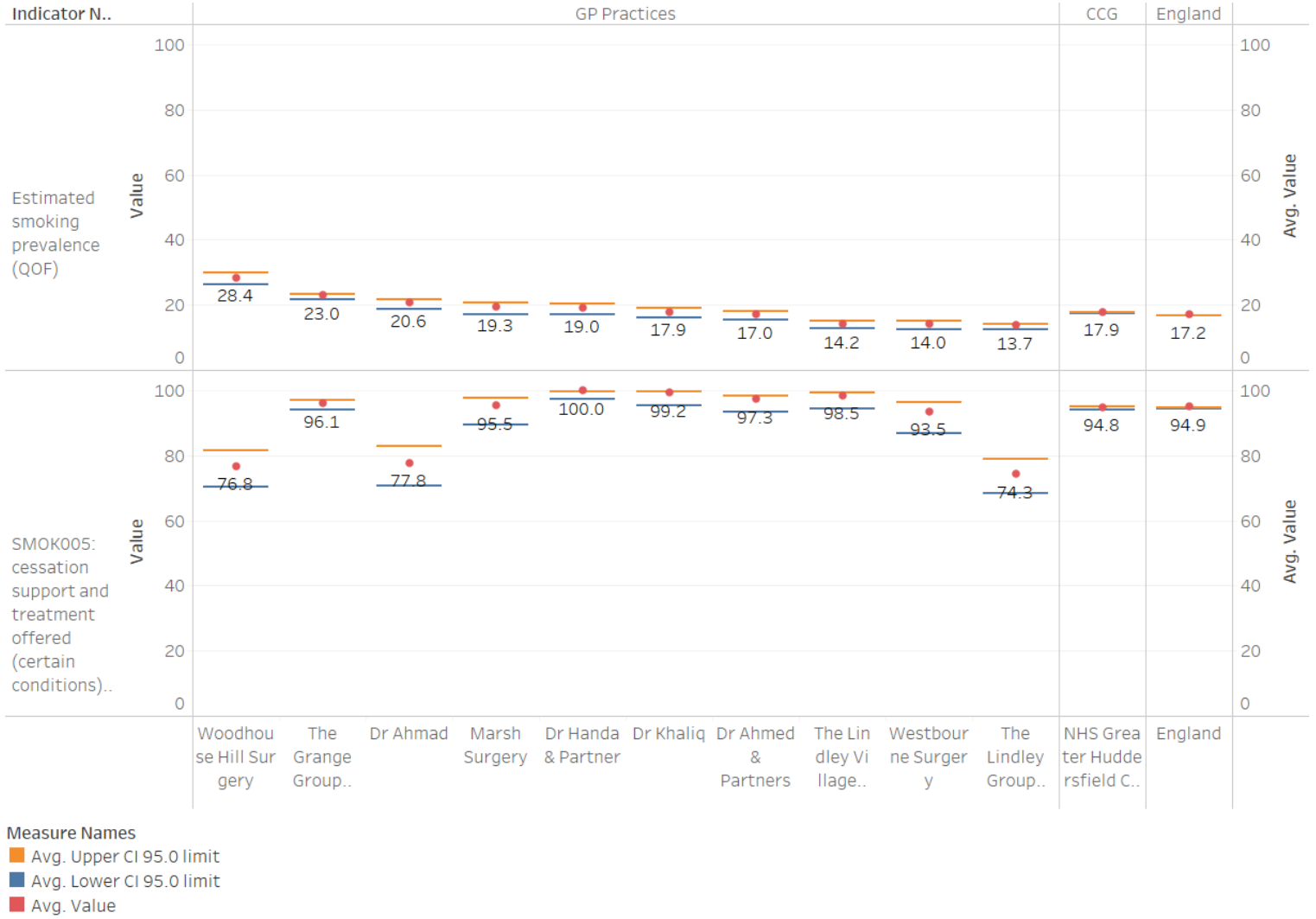
Ambulatory care sensitive conditions

Data not publicly available at GP practice level

Respiratory health trends (2)

- **What does the data tell us (cont'd)?**
  - Prevalence of smoking is higher than CCG average in 5 practices (statistically higher in three of those).
  - **Woodhouse Hill Surgery** has smoking prevalence 10pc points higher than the CCG average. It also has amongst the lowest rates of smoking cessation offered (76.8%). A similar picture is seen for Dr Ahmad's practice (77.8%).
  - It would be useful to understand the proportion of patients who are emergently admitted that had previously been in contact with a primary healthcare professional. It is possible that improved access to primary care could reduce these emergency admissions.

Prevalence of smoking (QOF) top, smoking cessation support offered (bottom) 2017/18



Opportunities

- **What can be done?**
  - Reviewing referrals pulmonary rehabilitation services to reduce emergency admissions
  - Reviewing smoking cessation programmes
  - COPD patient passports
  - **An Integrated Wellness Model (IWM)** is being implemented in Kirklees, to be launched September 2019. The KWS will not replace any clinical or condition-specific services that you refer to, but will help people with the barriers to wellness they face in a more holistic way. (Service Lead, Patrick Boosey – Patrick.boosey@kirklees.gov.uk)

- **What could this mean?**
  - Better carrying for respiratory conditions would improve patients' health outcomes which would reduce the emergency admissions rate and the overall cost to urgent and emergency care. Furthermore, this could have a significant impact in the life expectancy of these patients.

- **Links and further reading**
  - Link to supporting data - Respiratory admissions
  - Link to supporting data - COPD prevalence
  - Link to supporting data - Smoking cessation support
  - KJSA - Air Quality
  - https://passport.blf.org.uk/

Priority 3: Childhood obesity

Childhood obesity is high

- **Why is this a priority?**
  - Unmanaged childhood obesity can lead to many health problems later in life (e.g. the development of diabetes, heart disease, depression and certain cancers). Becoming obese at earlier stages in life is associated with remaining obese for longer periods of time.

- **What does the data tell us?**
  - A higher portion of Greenwood children of reception and year 6 age are obese compared to CCG and national averages.
  - This difference in Year 6 children in Greenwood was 2.1 percentage points over the CCG, amongst the highest of the Kirklees PCNs

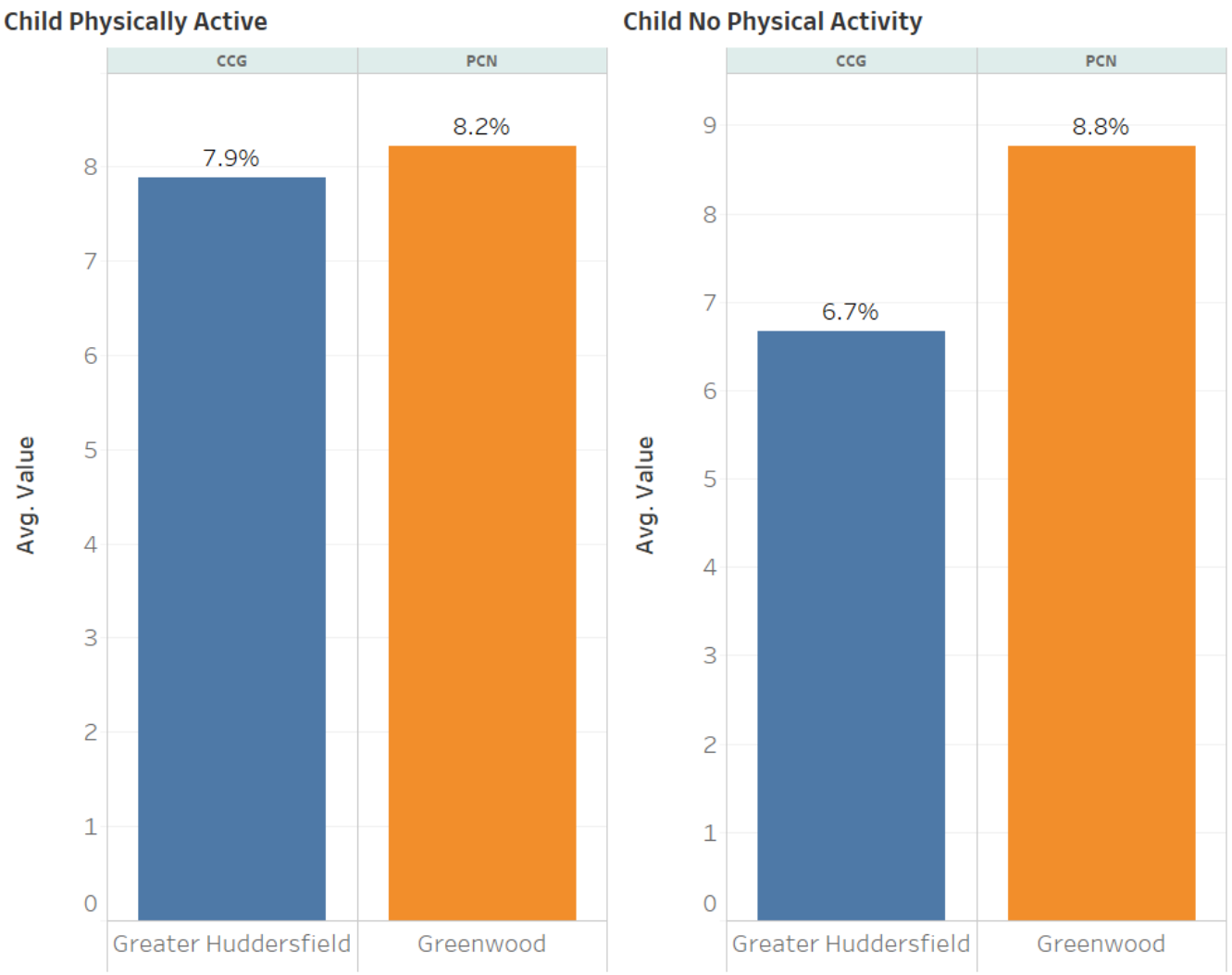
Reception and year 6 obesity prevalence, 2017/18

There are disparities in childhood activity levels

- **What does the data tell us (cont'd)?**
  - A Childhood activity data tells a two sided story
    - The cohort of children who are physically active is higher than the CCG as a whole (8.2% vs 7.9%).
    - However, the cohort of children with no physical activity is also higher than the CCG (6.7% vs 8.8%).
    - This suggest a target approach to these families and children.

- **Local views**
  - Parents reported a lack of activities available for their children and admitted being uncomfortable with letting their kids play outside.
  - Children expressed a feeling that their obesity was linked to emotional difficulties such as bullying.

Reception and year 6 obesity prevalence, 2017/18



Opportunities

- **What can be done?**
  - Innovative approaches to education and raising awareness are needed to motivate the target groups.
  - Engage with key partners such as schools to carry out school-based prevention programmes.
  - Life cycle interventions (e.g. promotion of breastfeeding, standards for pre-school diets).
  - Engage with local authority to tackle the wider environment which leads to obesity.
  - Engage directly with the Kirklees Thrive team
  - Engage with the Community Hub

- **What could this mean?**
  - Reduction in obesity prevalence will mitigate pressures on diabetes, cardiovascular and cancer services in the longer term and facilitate improved mental health measures for the region.

- **Links and further reading**
  - KJSA re Obesity, Childhood obesity: applying All Our Health, Government publication, "Healthy lives, healthy people: a call to action on obesity in England, Children with excess weight Reception Year, three-year average, Children with excess weight Year 6, three-year average

- **In summary, so what?**
  - Relate to PCN 2020 specs
  - Locally, over 1 in 3 (32%) 10-11-year olds were either overweight or obese in 2011, which was lower than in 2008/097 but not significantly so.
  - As children move into secondary school weight management continues to be a concern across Kirklees. In 2009, 1 in 5 (18%) 14-year olds reported that they were on a diet or trying to lose weight, but they may not necessarily need to. Nationally, 4 in 5 obese teenagers went on to be obese adults.

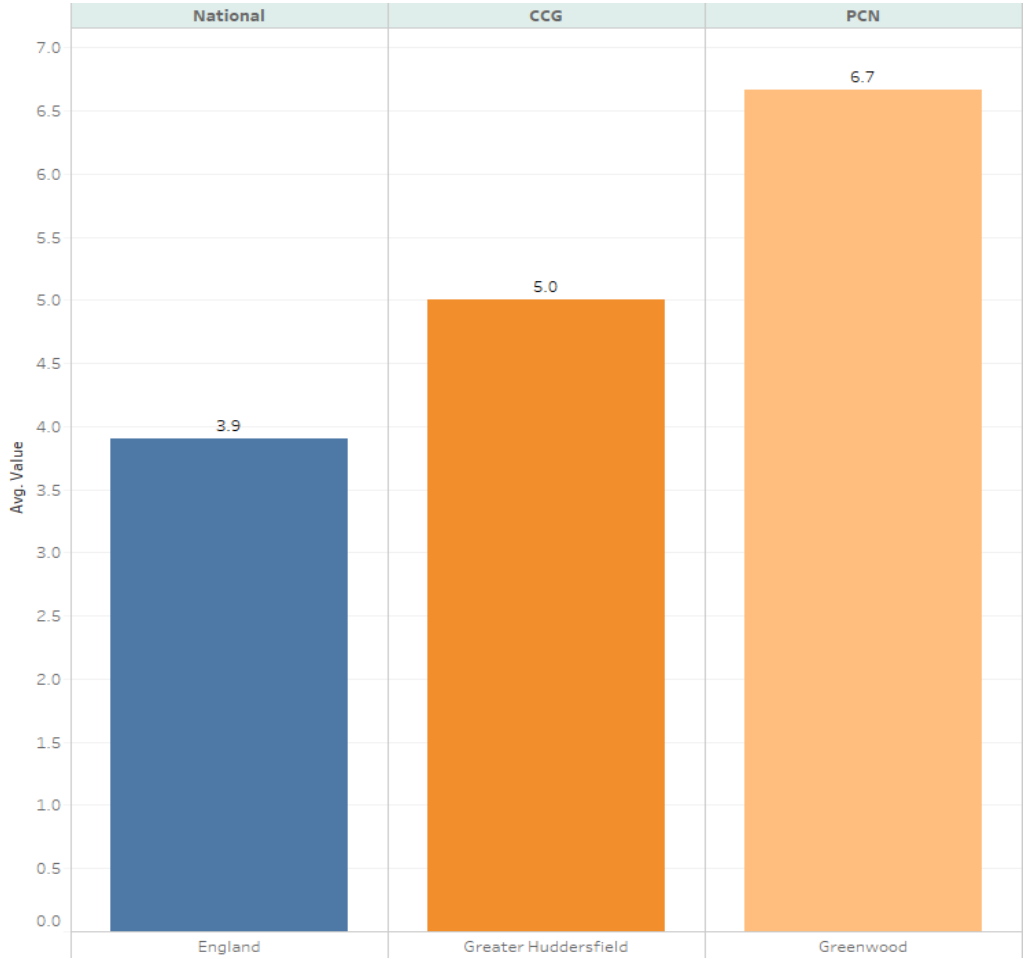
Priority 4 : Infant mortality

Local infant mortality rates are high

- **Why is this a priority?**
  Infant mortality, defined as the number of deaths in children under one, is a basic measure used as a proxy to understand how healthy a society is. It is closely intertwined with health standards, economic development, quality of environment as well as other fundamental pillars that influence the numbers of years individuals will lead a healthy life expectancy.

- **What does the data tell us?**
  - Greenwood has the second highest rates of infant mortality across the Kirklees PCNs. This is 1.7 times the English rate of infant mortality.
  - Some of the risk factors include alcohol or drug use during pregnancy, maternal obesity, poor access to healthcare services and deprivation.
  - The main cause of infant mortality in Kirklees is related to congenital abnormalities.

Infant mortality, rate per 1000 live births

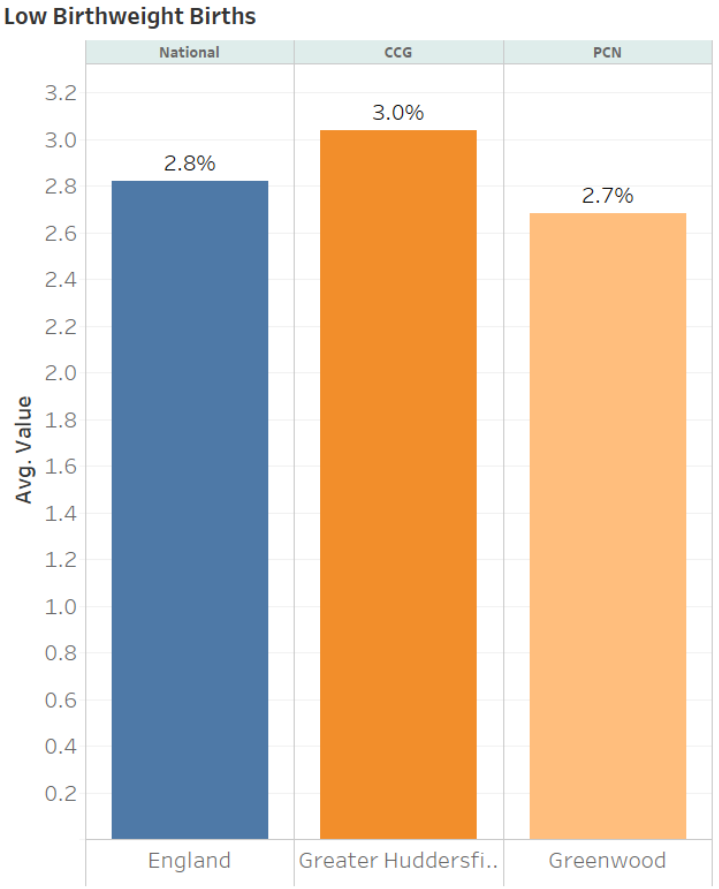


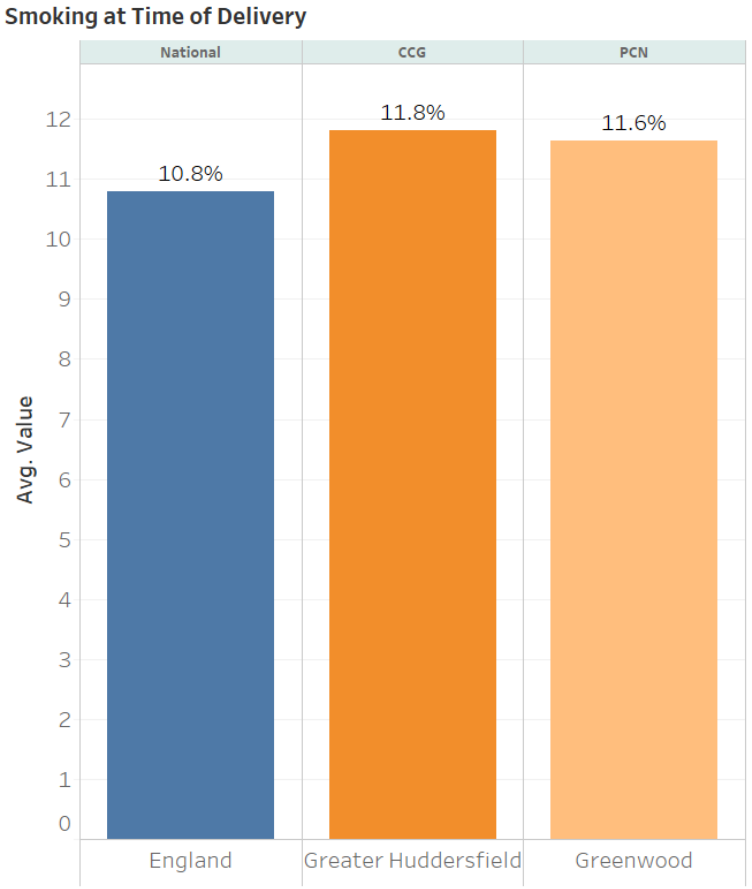
2015-17 data

Health trends associated to infant mortality

- **What does the data tell us (cont'd)?**
  - Greenwood is not an outlier for low birthweight or smoking at time of delivery compared to the rest of the CCG.
  - The infant mortality for children whose father were in routine occupational groups was significantly higher than for children whose father were in managerial occupations.
  - Different groups of the population were more exposed to specific risk factors or protective factors. For example, Pakistani women were less likely to smoke, however they were more likely to be overweight and their children were more likely to have congenital abnormalities.

Proportion of children with low birthweight and of mothers smoking at time of delivery





Opportunities

- **What can be done?**
  - Life cycle interventions which include well-being initiatives for expecting mothers, healthy diet to reduce obesity and smoking cessation support for target groups as well as breastfeeding support once child is born
  - Improve access to health care as target population have reported experiencing issues engaging services such as antenatal care
  - Community engagement to ensure expecting mothers have the required knowledge about what to do when expecting and about genetic conditions

- **What could this mean?**
  - This would reduce the health inequalities and increase the opportunity of children to benefit from healthy living years.

- **Links and further reading**
  - Links to supporting data - Infant mortality
  - Links to supporting data - Infant mortality trends
  - Link to supporting data - Neonatal mortality
  - JSNA re Children dying before their first birthday

Priority 5: Access to primary care

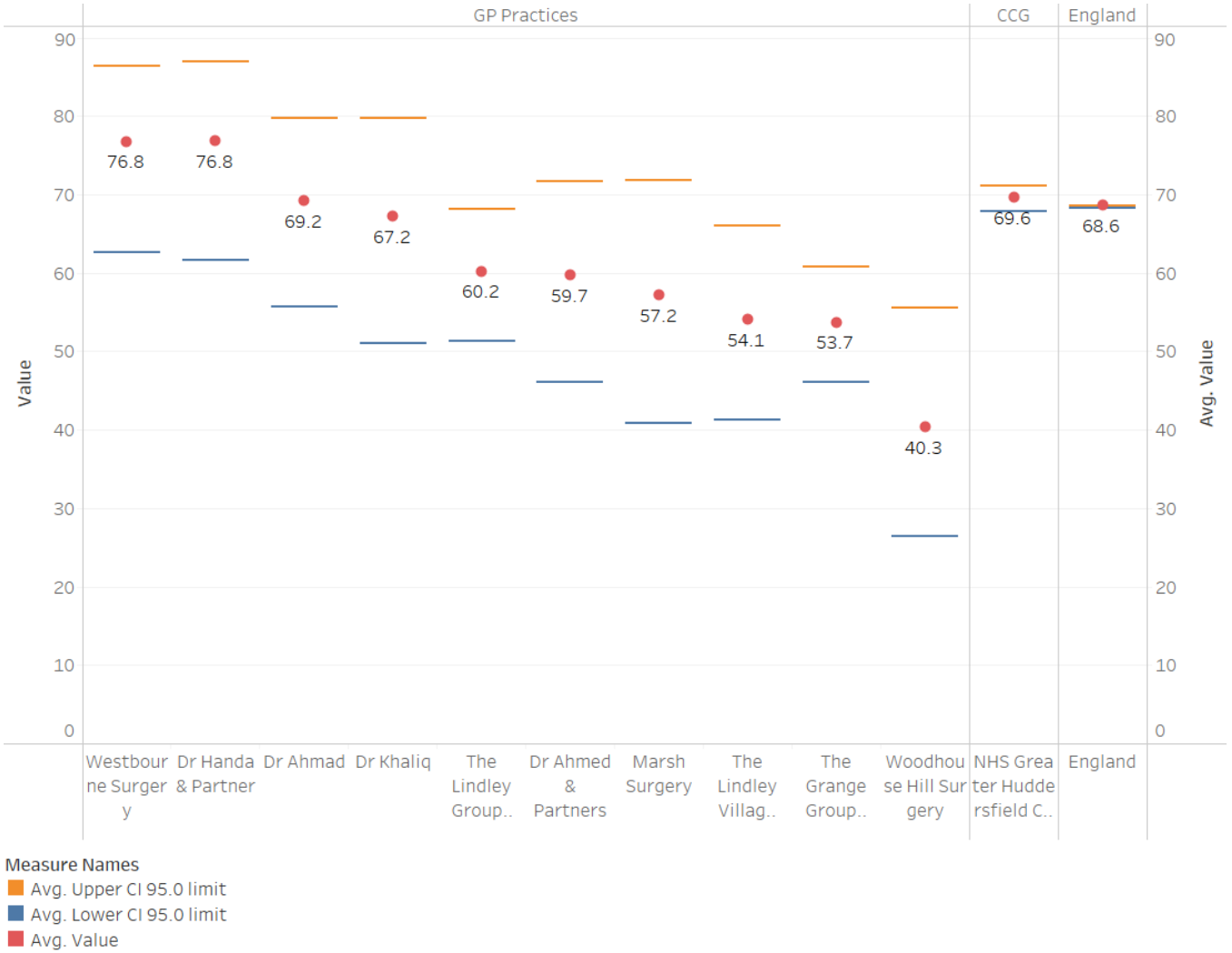
Difficult access to primary care

- **Why is this a priority?**
  - When asked whether they felt supported by care services*, a third of Greenwood patients stated that they did not. Their answer was partly as a result to access to primary care.

	Portion of patients that feel supported in the last 12 months
The Grange Group Practice	67%
Woodhouse Hill Surgery	79%
Dr Handa & Partners	76%
Bradford Road Surgery	73%
Marsh Surgery	66%
Westbourne Surgery	80%
The Lindley Village Surgery	64%
The Lindley Group Practice	63%
Birkby practice	70%
Nook & Clifton Group	76%

- **What does the data tell us?**
  - Only 2 practices have an average score higher than the CCG's for patient appointment booking experience
  - Four practices have statistically significantly worse scores than the CCG and English averages.

Experience of making an appointment, 2017/18

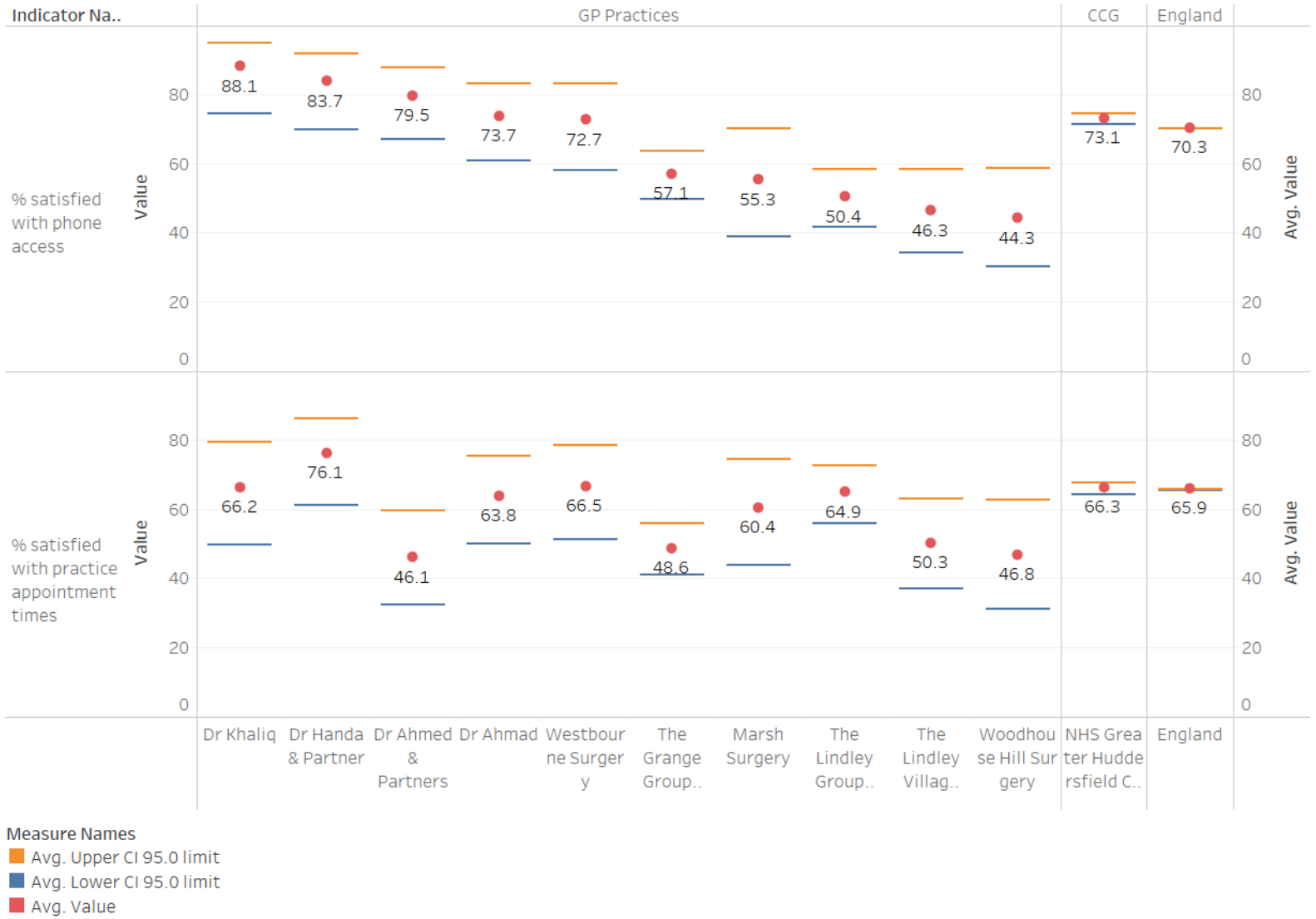


In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Low satisfaction with routes to access care

- **What does the data tell us (cont'd)?**
  - Five practices show statistically worse data around satisfaction with phone access.
  - When patients do speak to their practices, only two practices have patients who are more satisfied with appointment times than the CCG average.

Patient satisfaction with phone access and practice appointment times, 2017/18



Opportunities

- **What can be done?**
  - Review process and capacity for appointment booking services
  - Review times when care is provided (e.g. how many practices are open for extended hours) as well as proportion of appointments which can be pre-booked.
  - Improve services advertisement to improve their utilisation, e.g. primary care answer phones signposting to triage platforms such as 111 which will also help patients access care out of hours if there is a clinical need.
  - Link directly with the Primary Care team digital lead

- **What could this mean?**
  - Improve access to primary care services would lead to better management of healthcare conditions as well as to the prevention of the development of health burdens which means that patients outcomes would overall improve. This would also reduce the demand for urgent and emergency care services as patients would be seen in primary care.

- **Links and further reading**
  - Link to supporting data re % reporting good overall experience of making appointment, Link to supporting data re % who have a positive experience of their GP practice, Link to supporting data re % satisfied with practice appointment times, GP Patient survey results

Appendix 1: Other areas of analysis

Supplementary Analytics

This section aims to offer additional analytics to provide support to networks in identifying population needs and areas of focus for potential service improvement.

The use of existing readily available data will provide a future reference point for networks and act as a useful starting point for further discussions with relevant stakeholders.

Useful links have been provided giving access to national, Kirklees, CCG and PCN level data and intelligence aiding insight into local needs, inequalities and assets available to the PCNs.

As previously mentioned, these packs have been developed in collaboration with the PCNs, Kirklees Council Public Health team and the CCG Primary Care team

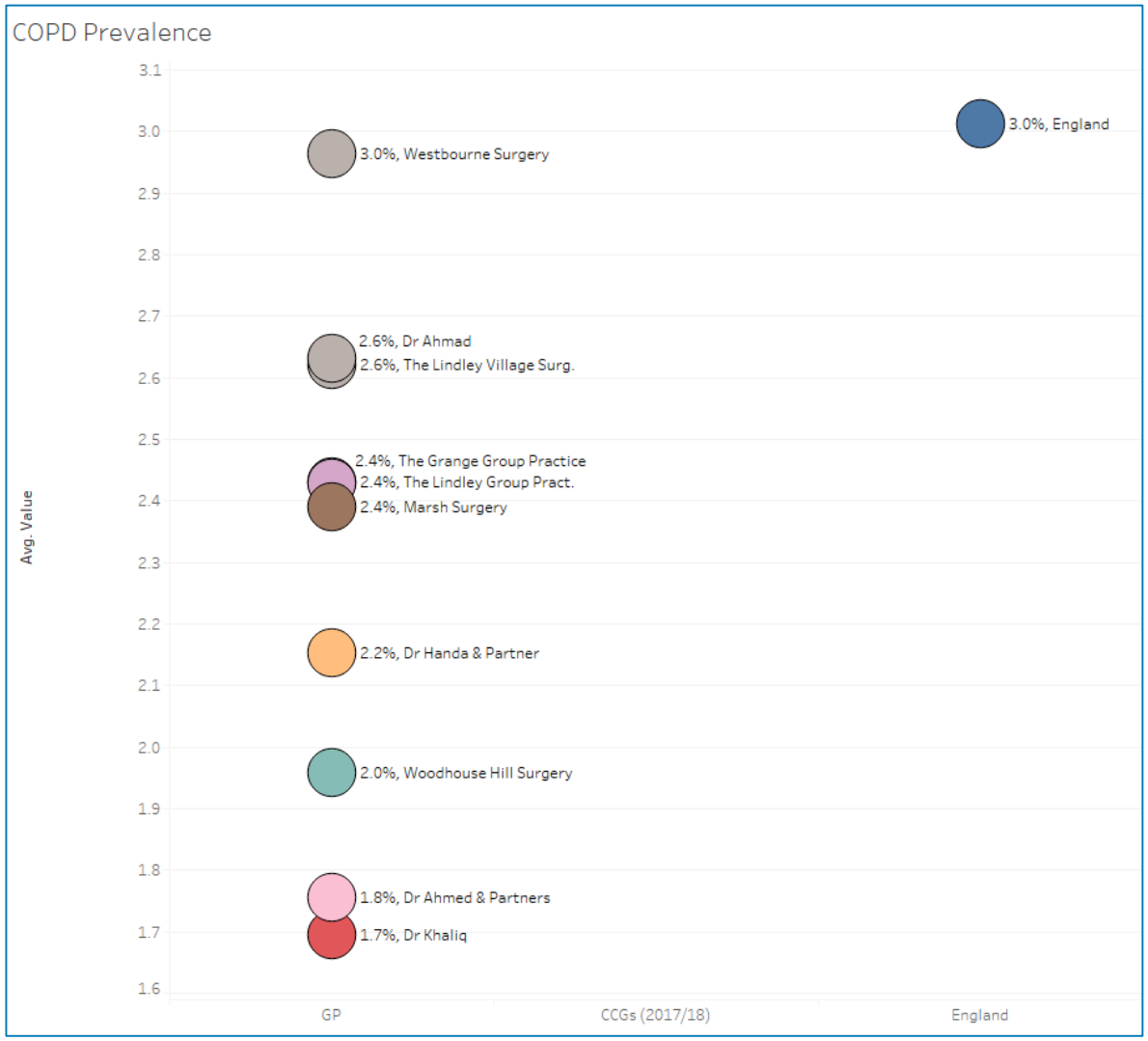
They represent a start on the journey towards Population Health Management in Kirklees and it is recognised that these tools will continue to develop in line with the PHM system and as the PCNs mature.

Chart Contents

(List of chart contents & links in alphabetical order)

COPD Prevalence

COPD Prevalence (2015)

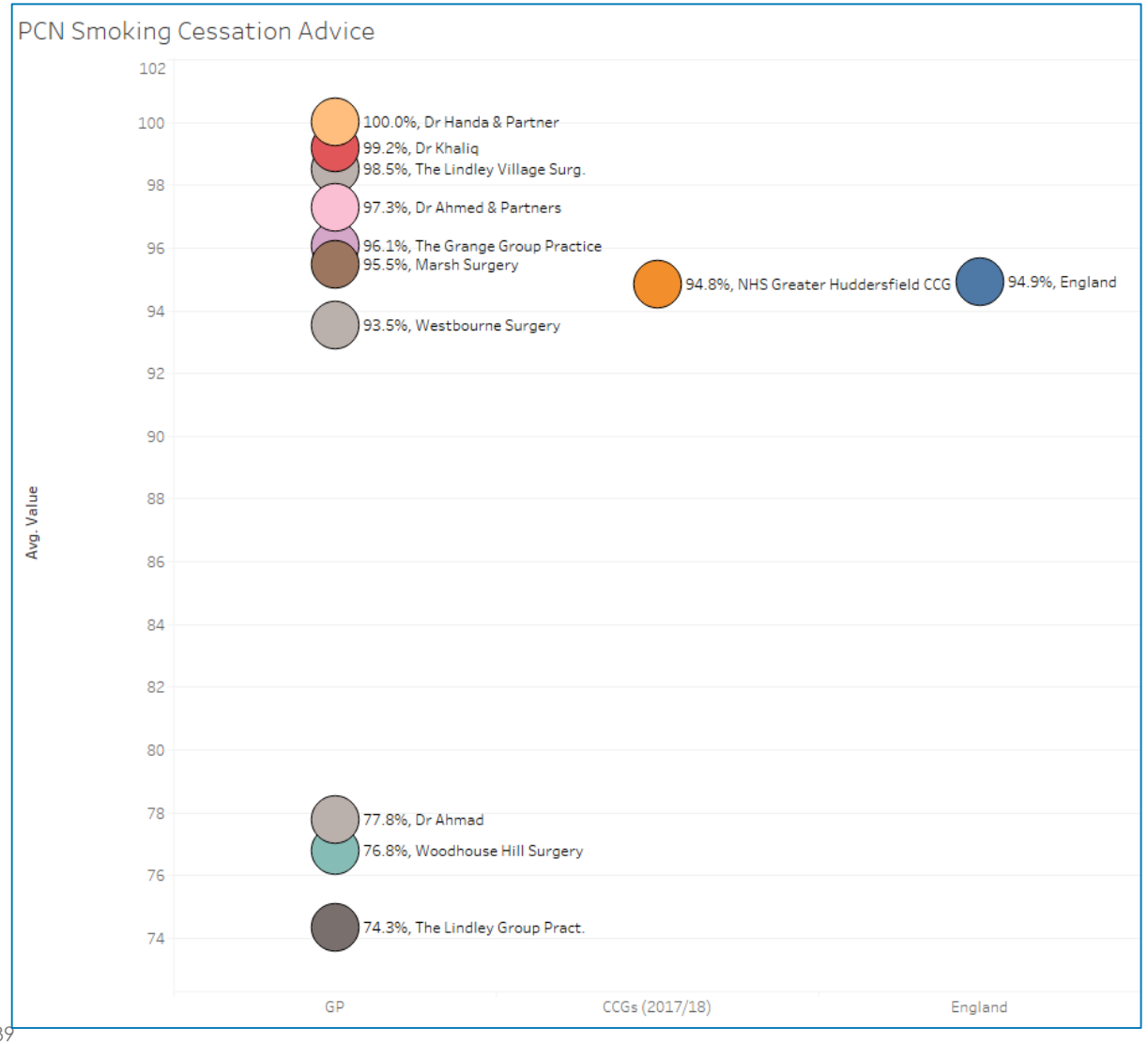


- The chart represents the percentage of patients with COPD, as recorded on practice disease registers.
- Most patients with COPD are managed by GPs and members of the primary healthcare team with onward referral to secondary care when required.
- The COPD Prevalence percentage for England is 3%.
- Nine of the ten practices have COPD prevalence rates lower than the national average.
- Link to Supporting Data

Back to Charts Contents list

Smoking Cessation

Smoking Cessation (2017/18)

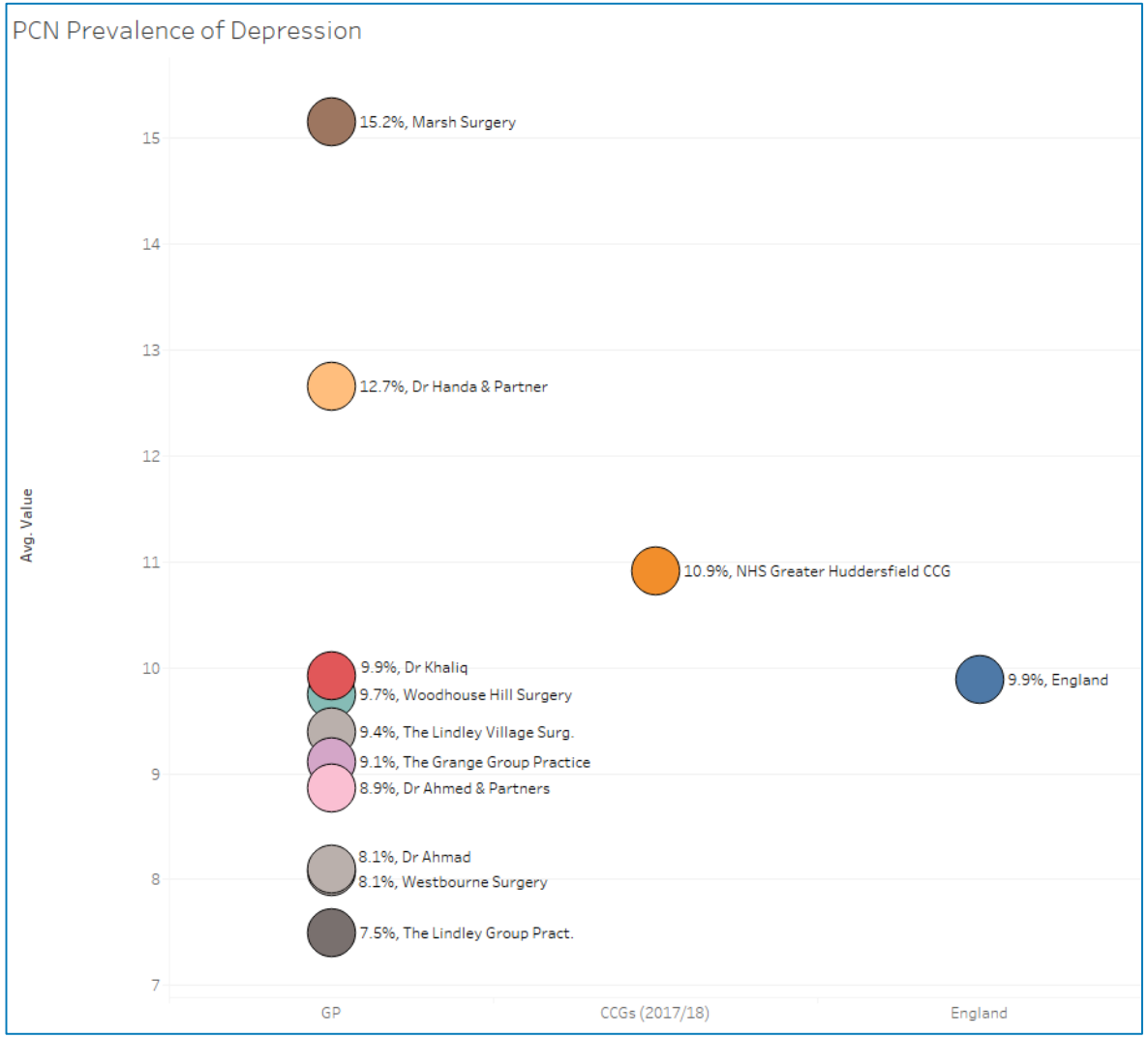


- The chart represents the percentage of patients with any or any combination of the following conditions: coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record of an offer of support and treatment within the preceding 12 months.
- The Smoking Cessation Advice percentage for England is 94.9%.
- The Smoking Cessation Advice percentage for NHS Greater Huddersfield is 94.8%.
- Three of the ten practices are significantly below the regional and national averages.
- Links to Supporting Data

Back to Charts Contents list

Depression

Prevalence of Depression (2017-18)

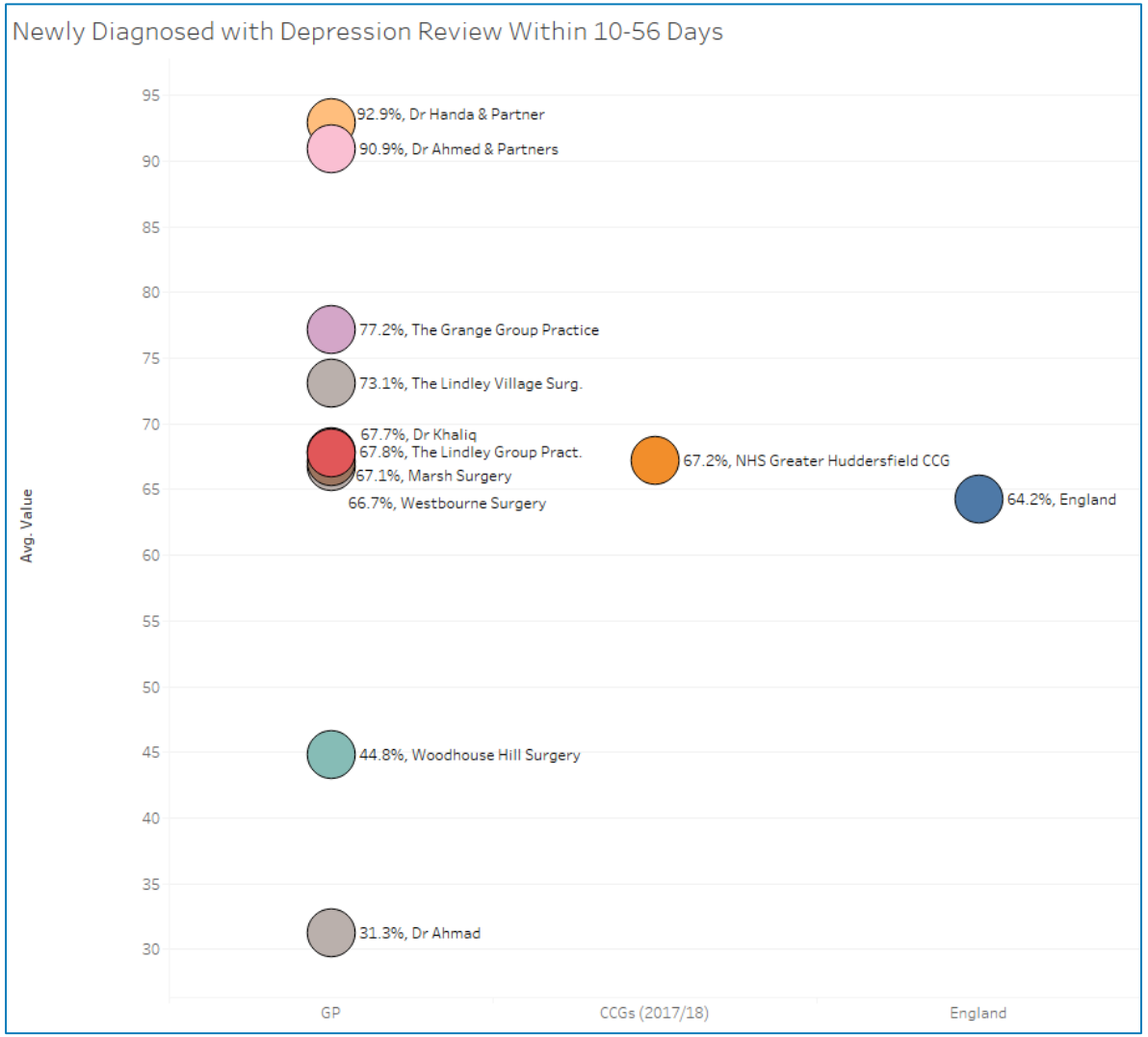


- The chart represents the percentage of patients aged 18 and over with depression, as recorded on practice disease registers.
- The Depression Prevalence percentage for England is 9.9%.
- The Depression Prevalence percentage for NHS Greater Huddersfield is 10.9%.
- Marsh Surgery and the Dr Handa & Partner Surgery are the only two network practices with prevalence rates above the national and regional average measures.
- Link to Supporting Data

Back to Charts Contents list

Depression Review within 10-56 Days

Newly Diagnosed with Depression Review within 10-56 Days (2017-18)



- The chart represents the percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis,
- The Newly Diagnosed with Depression Review within 10-56 Days percentage for England is 64.2%.
- The Newly Diagnosed with Depression Review within 10-56 Days percentage for NHS Greater Huddersfield is 67.2%.
- Two of the ten network surgeries fall below the national and regional average position.
- Link to Supporting Data

Back to Charts Contents list

CHD Prevalence

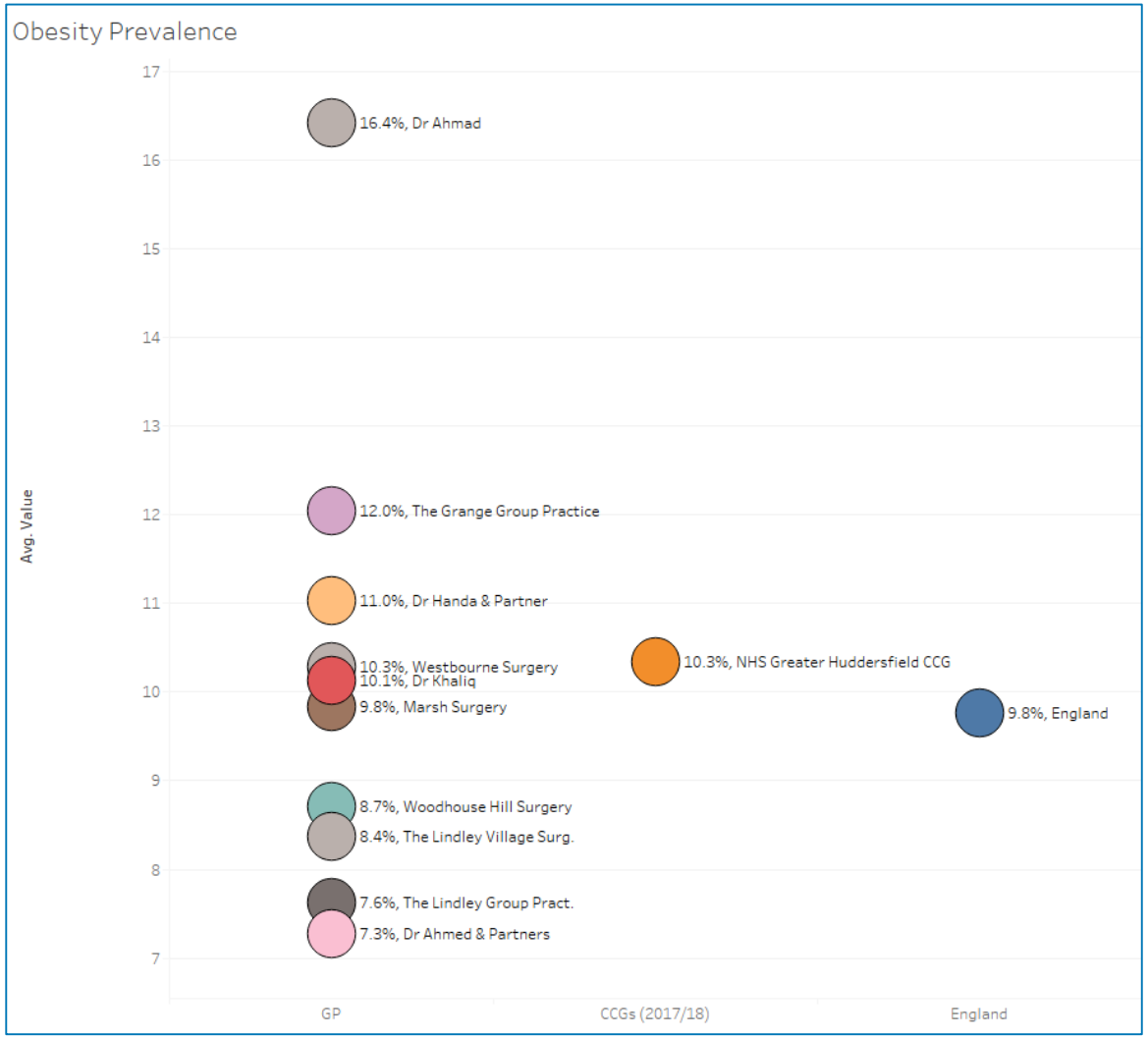
CHD Prevalence (2017-18)

- The chart represents the percentage of patients with coronary heart disease, as recorded on practice disease registers.
- The CHD prevalence figure for England is 3.1%.
- The CHD prevalence figure for NHS Greater Huddersfield is 3.4%.
- Woodhouse Hill Surgery has significantly lower percentage prevalence than the other nine network practices.
- Link to Supporting Data

Back to Charts Contents list

Obesity Prevalence

Obesity Prevalence (2017-18)

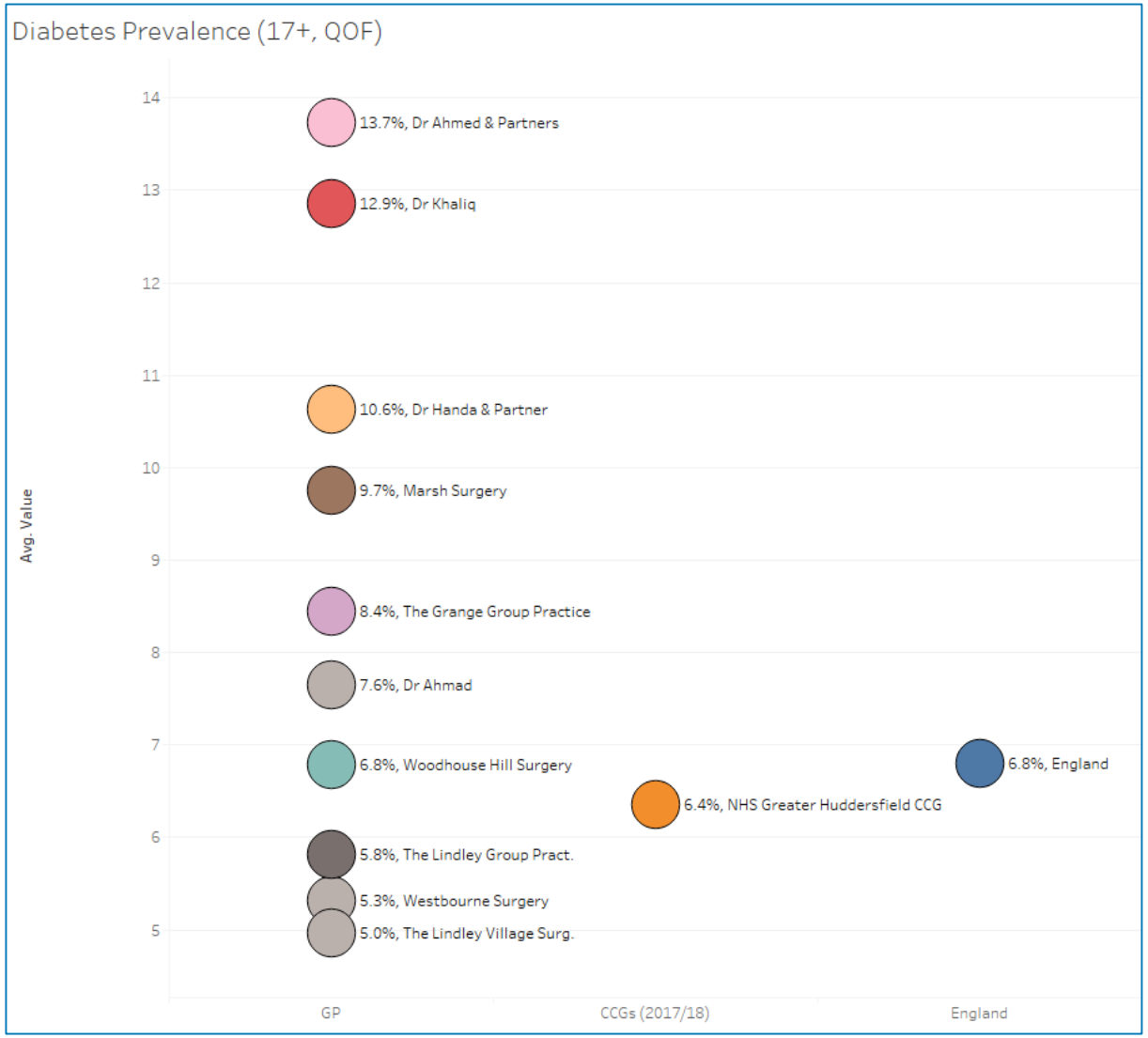


- There is a substantive evidence base on the epidemiology of obesity and its association with poor clinical outcomes.
- This measure is based upon the percentage of patients aged 18 and over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice disease registers.
- The Obesity Prevalence percentage for England is 9.8%.
- The Obesity Prevalence percentage for NHS Greater Huddersfield is 10.3%.
- Only three of the ten practices have obesity prevalence rates above the national and regional measures.
- Link to Supporting Data

Back to Charts Contents list

Diabetes Prevalence

Diabetes Prevalence (2017-18)

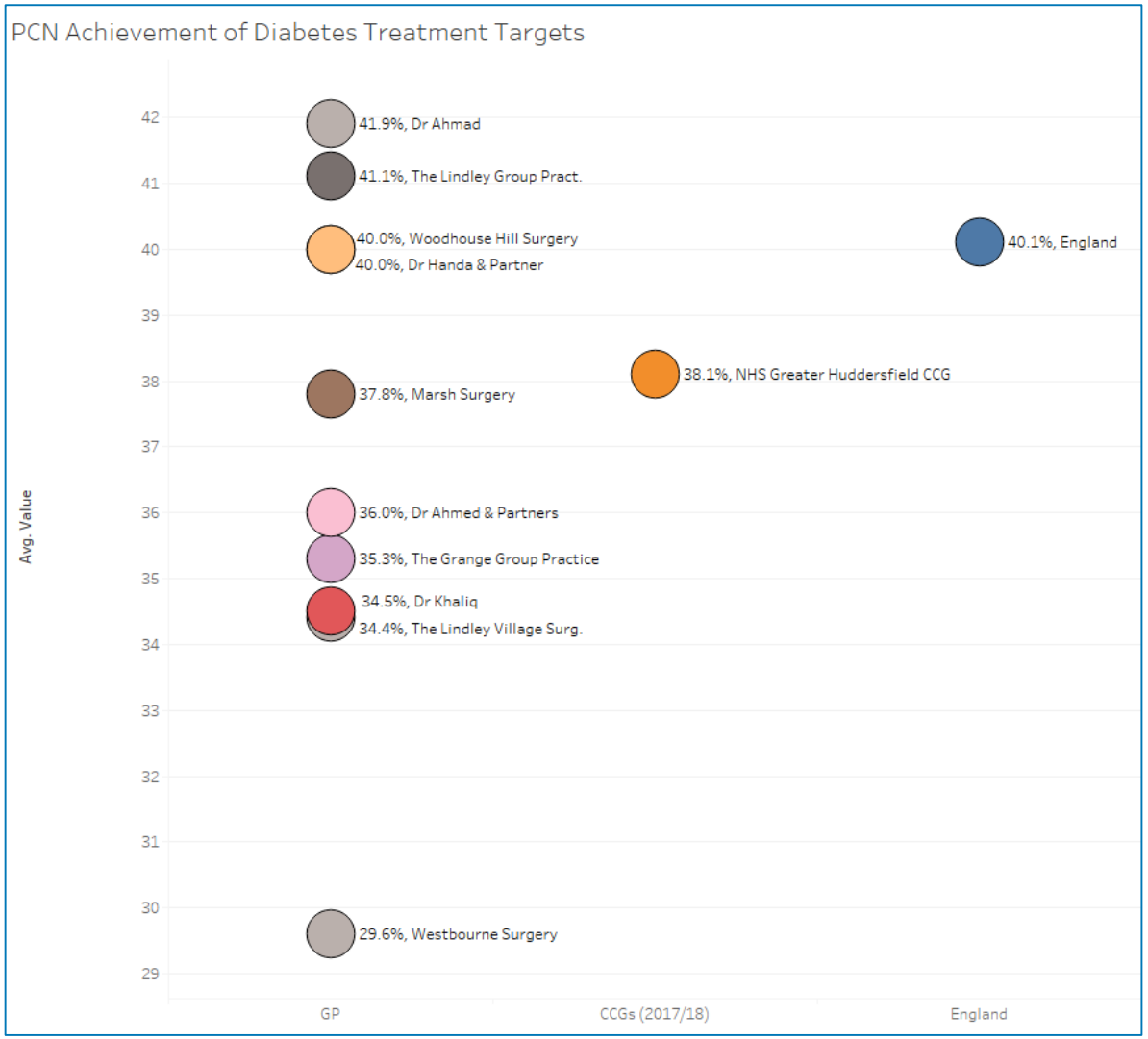


- The chart represents the percentage of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.
- The Diabetes prevalence figure for England is 6.8%.
- The Diabetes prevalence figure for NHS Greater Huddersfield is 6.4%.
- Seven of the ten practices have diabetes prevalence rates above the national and regional measures.
- Dr Ahmed & Partners Surgery is significantly higher than the national and regional measures.
- Link to Supporting Data

Back to Charts Contents list

Achievement of Diabetes Treatment Targets

Achievement of Diabetes Treatment Targets (2017-18)

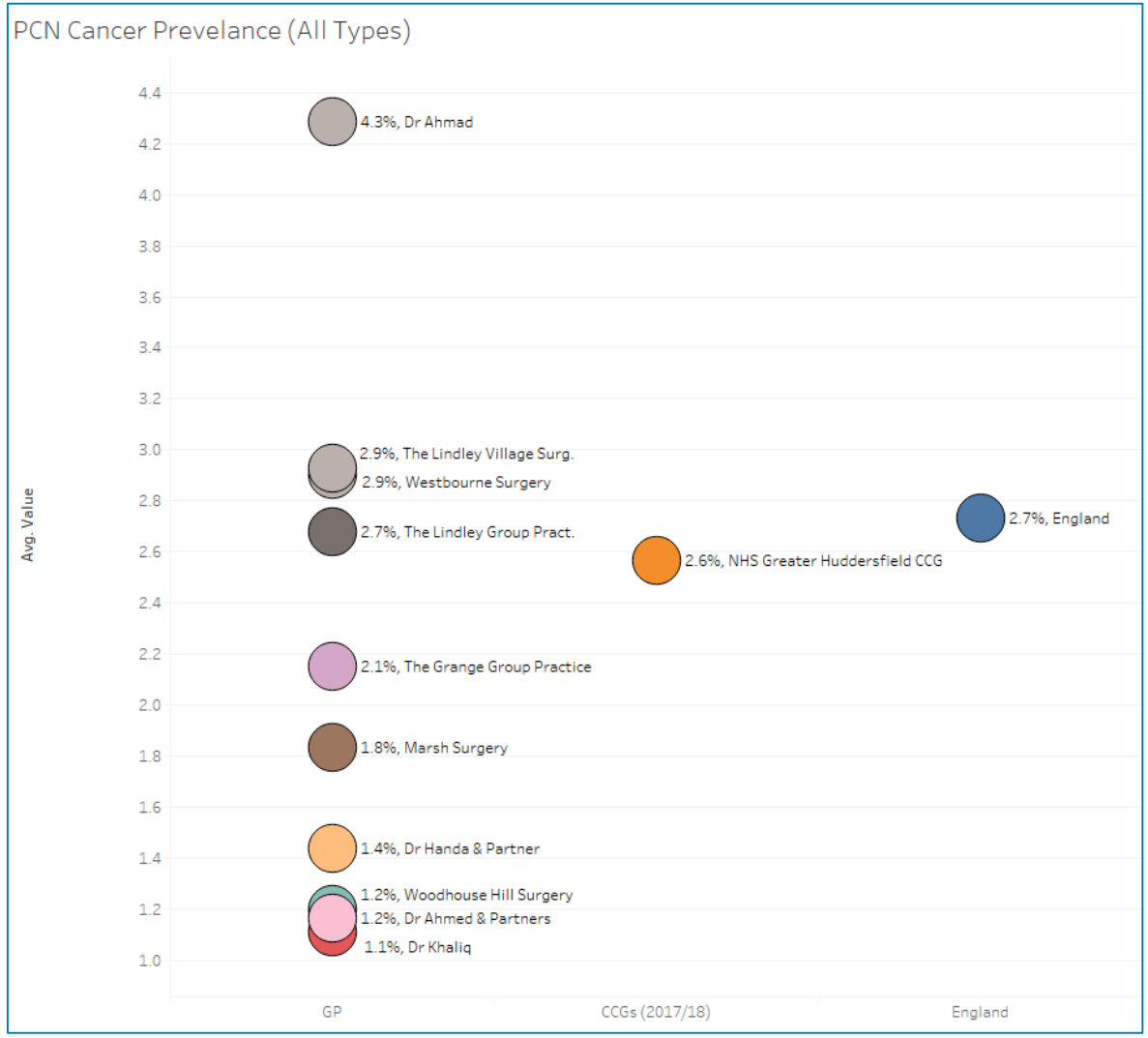


- The chart represents the percentage of people with type 2 diabetes who achieved all three treatment targets.
- The percentage of people with type 2 diabetes who achieved all three treatment targets for England is 40.1%.
- The percentage of people with type 2 diabetes who achieved all three treatment targets for NHS Greater Huddersfield is 38.1%.
- Only two of the ten practices outperformed national average measures.
- Link to Supporting Data

Back to Charts Contents list

PCN Cancer Prevalence

PCN Cancer Prevalence (2017-18)

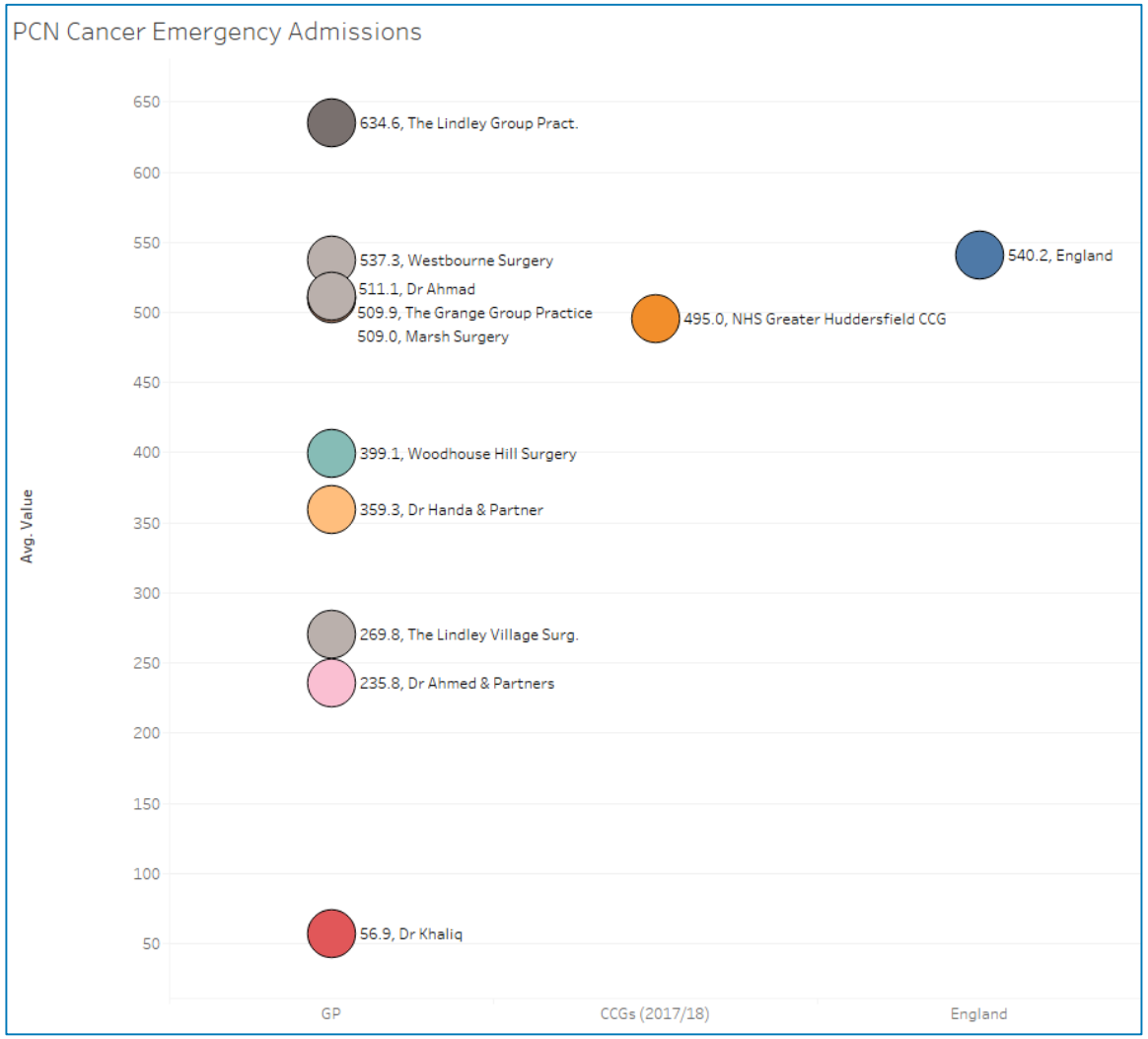


- The chart represents the percentage of patients with cancer, as recorded on practice disease registers
- The cancer prevalence percentage for England is 2.7%
- The cancer prevalence percentage for NHS Greater Huddersfield is 2.6%.
- Only three of the ten practices have prevalence rates above the regional and national average measures.
- Link to Supporting Data

Back to Charts Contents list

PCN Cancer Emergency Admissions

PCN Cancer Emergency Admissions (2017-18)

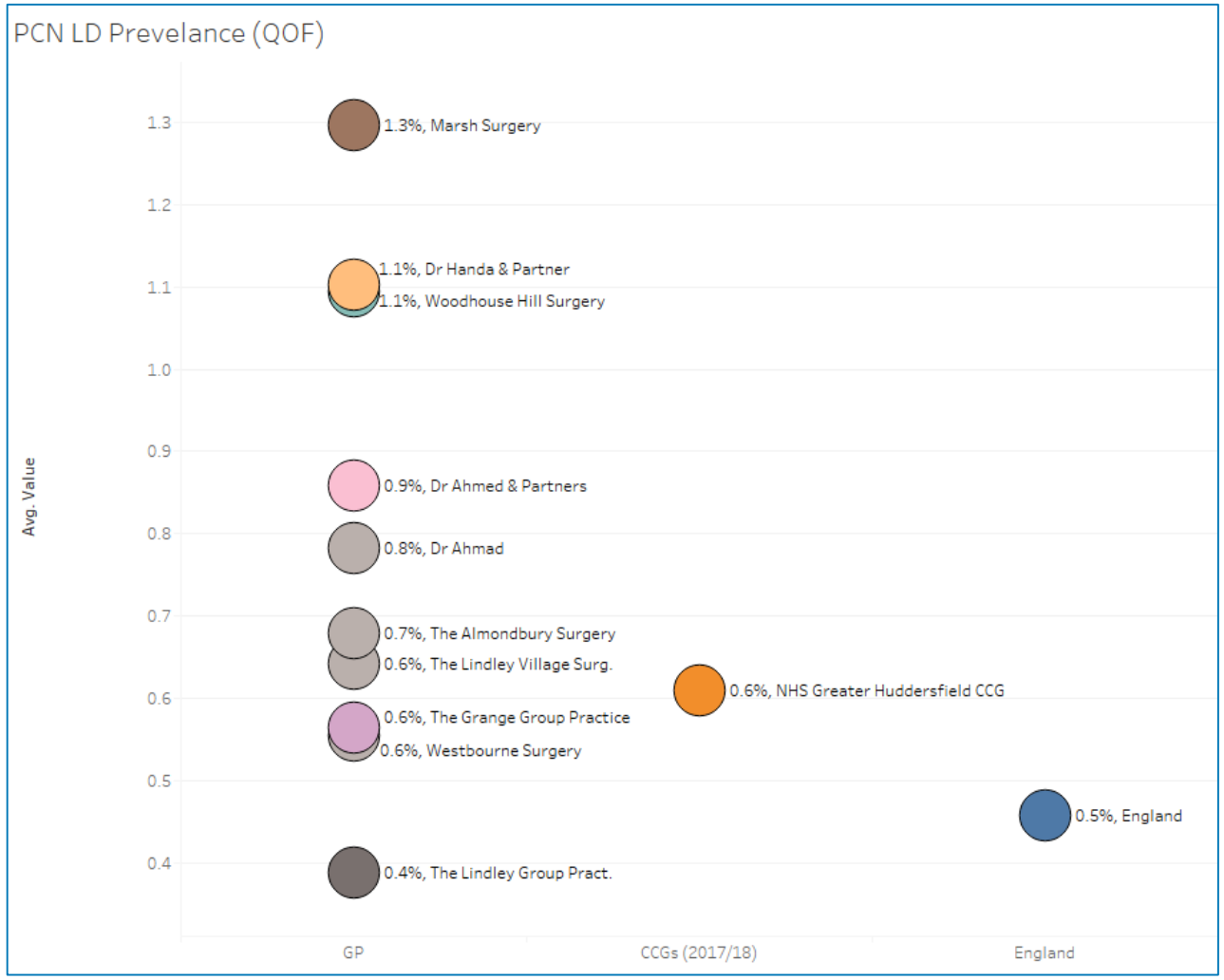


- The chart represents the rate per 100,000 persons of all emergency admissions with an invasive, in-situ, uncertain or unknown behaviour, or benign brain cancer present in any of the first three diagnostic fields (HES inpatient database) per patients on the practice register.
- The cancer emergency admissions rate figure for England is 540.2
- The cancer emergency admissions rate figure for NHS Greater Huddersfield is 495.0
- The Dr Khaliq practice has a significantly lower number of cancer emergency admissions.
- Link to Supporting Data

Back to Charts Contents list

PCN Learning Difficulty Prevalence

PCN Learning Difficulty Prevalence (2017-18)

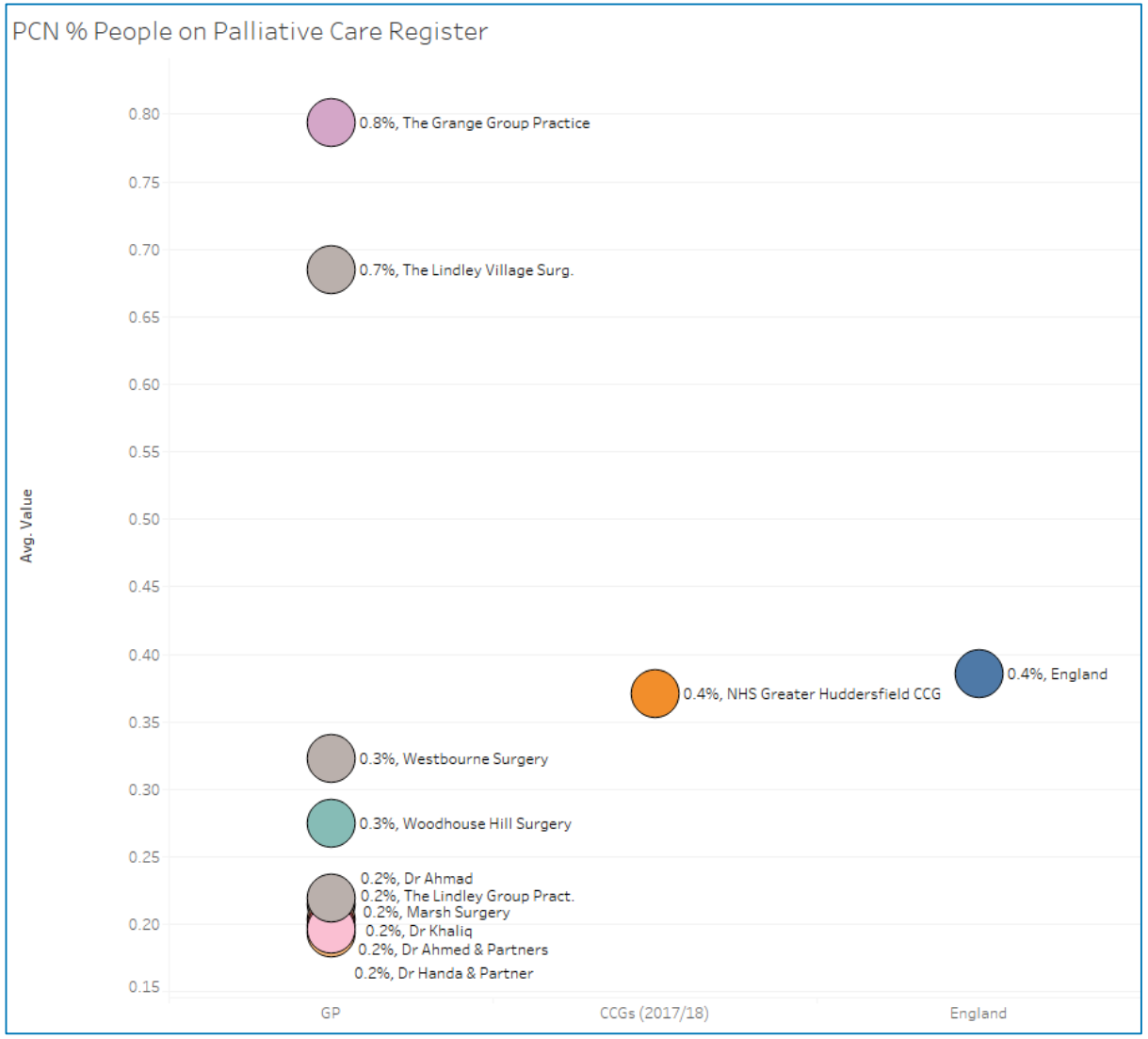


- The chart represents the percentage of patients with learning disabilities, as recorded on practice disease registers.
- The learning difficulties prevalence percentage for England is 0.5%
- The learning difficulties prevalence percentage for NHS Greater Huddersfield is 0.6%.
- Seven of the ten PCN practices have LD prevalence rates above the regional and national measures.
- Link to Supporting Data

Back to Charts Contents list

PCN % People on Palliative Care Register

PCN % People on Palliative Care Register (2017-18)

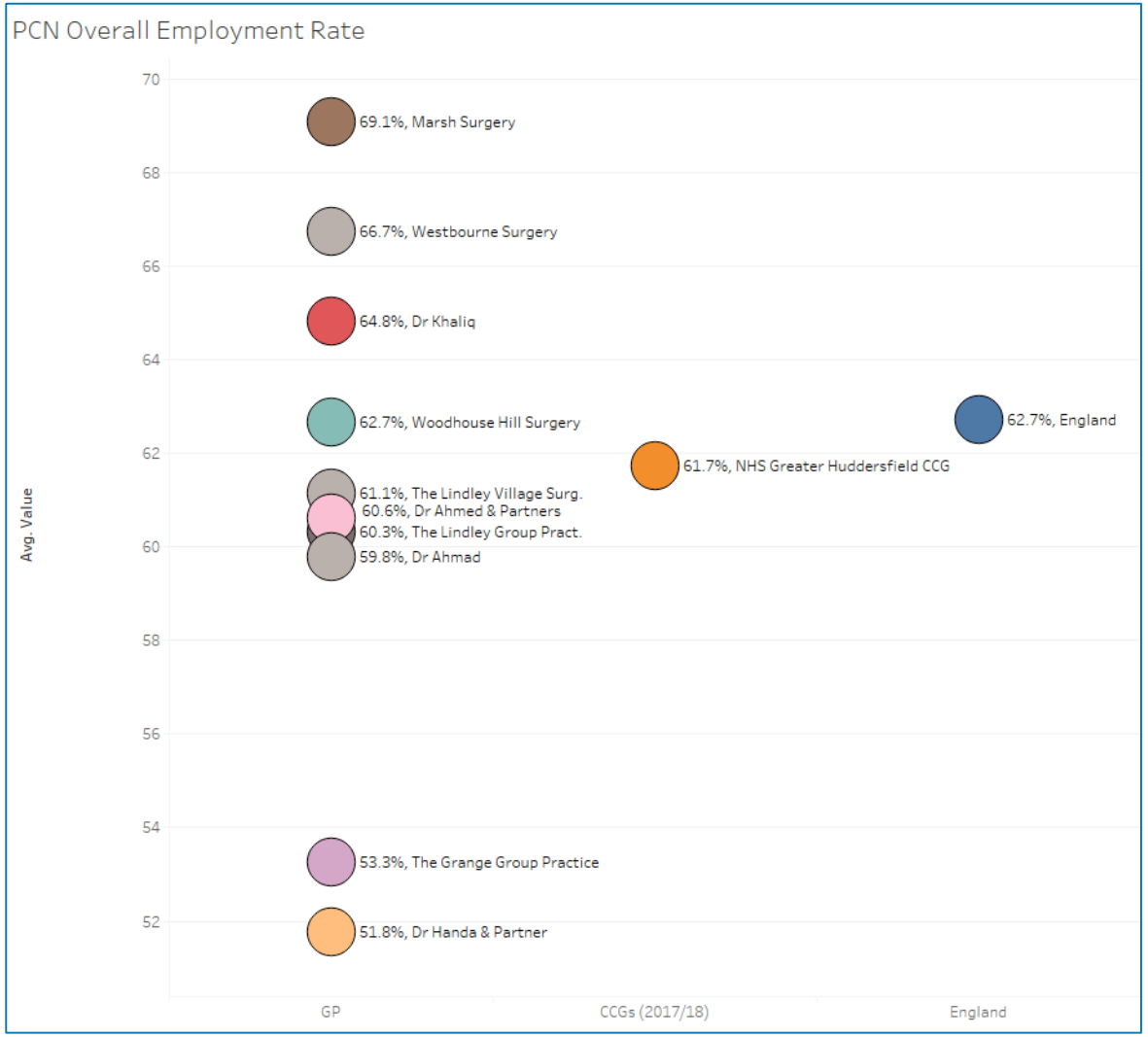


- The chart represents the percentage of patients in need of palliative care/support, as recorded on practice disease registers, irrespective of age.
- The percentage of people on the palliative care register for England is 0.4%
- The percentage of people on the palliative care register for NHS Greater Huddersfield is 0.4%.
- Only the Grange Group Practice and the Lindley Village Surgery are above the regional and national measures.
- Link to Supporting Data

Back to Charts Contents list

PCN Overall Employment Rate

PCN Overall Employment Rate (2017-18)

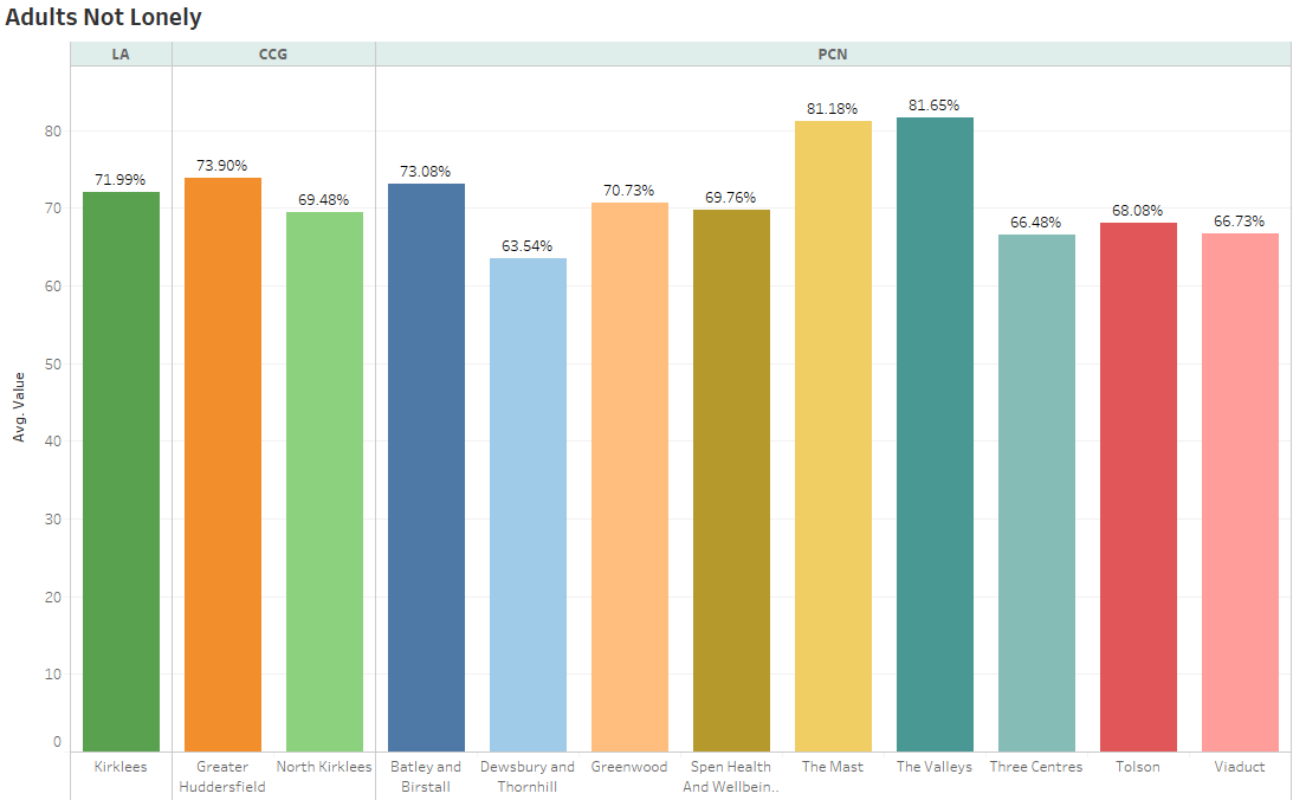


- The chart represents the percentage of all respondents to the question "Which of these best describes what you are doing at present?" who answered "Full-time paid work (30 hours or more each week)" or "Part-time paid work (under 30 hours each week)" or "Full-time education at school, college or university".
- The percentage with a full-time working status for England is 62.7%
- The percentage with a full-time working status for NHS Greater Huddersfield is 61.7%.
- Six of the ten PCN practices are showing figures below national and regional levels.
- Link to Supporting Data

Back to Charts Contents list

Adults Not Lonely

Adults Not Lonely (2016)

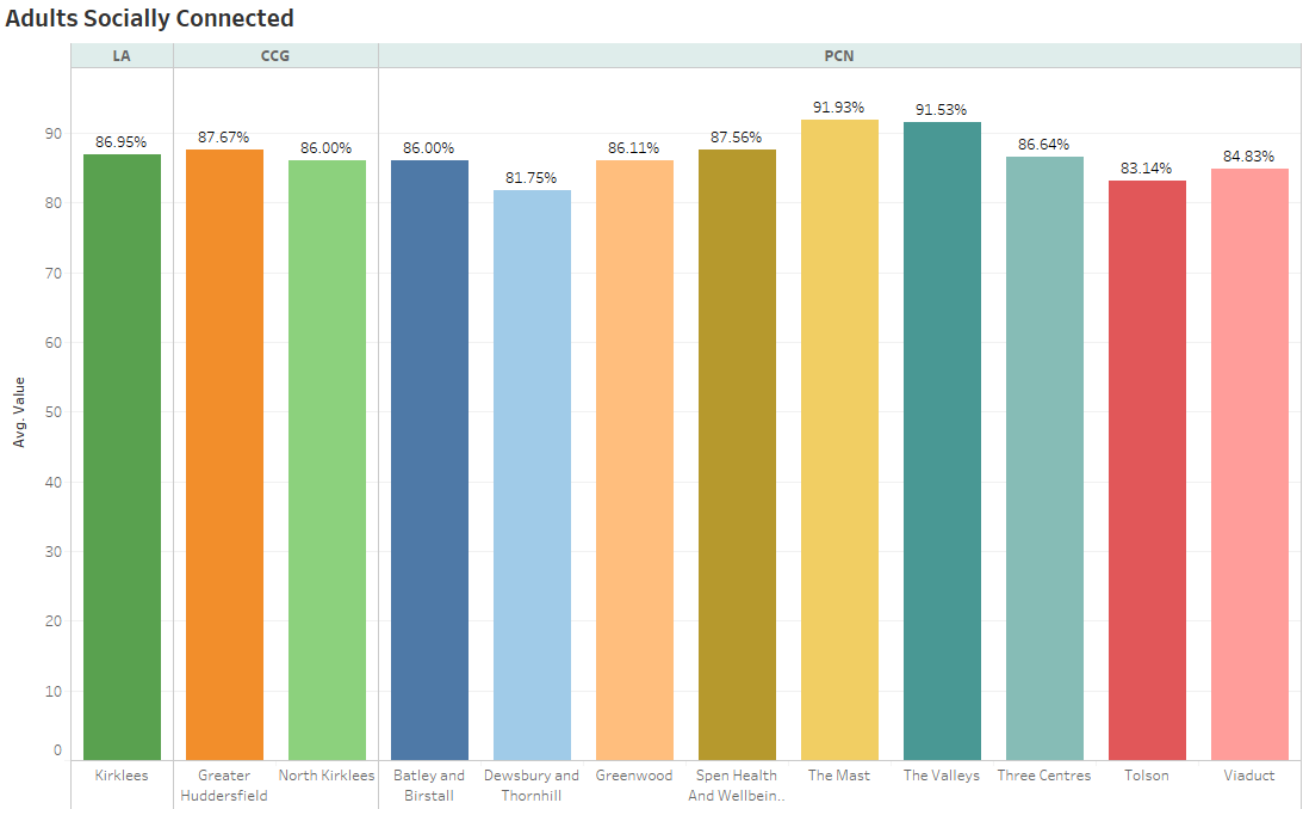


- The chart shows the average of value of adults recorded as not lonely at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of adults recorded as not lonely

Back to Charts Contents list

Adults Socially Connected

Adults Socially Connected (2016)

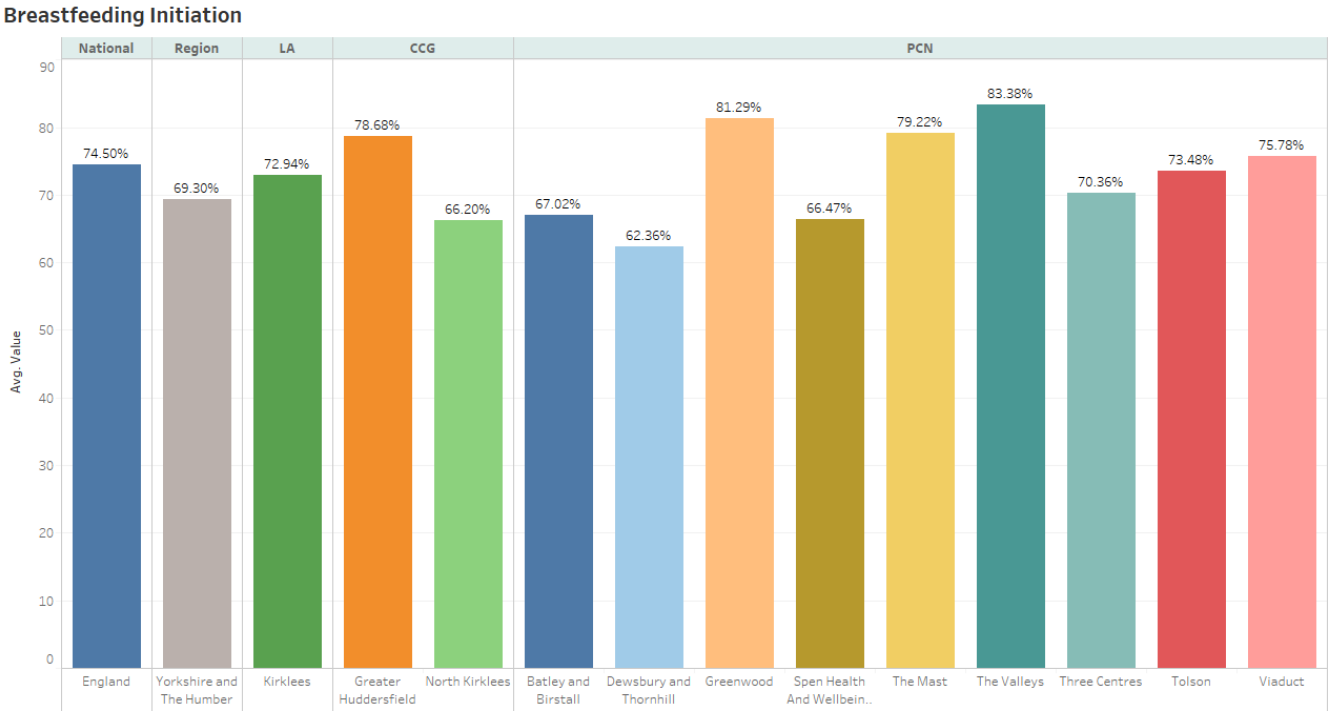


- The chart shows the average of value of adults recorded as socially connected at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage of adults recorded as socially connected.

Back to Charts Contents list

Breastfeeding Initiation

Breastfeeding Initiation (2016/17)

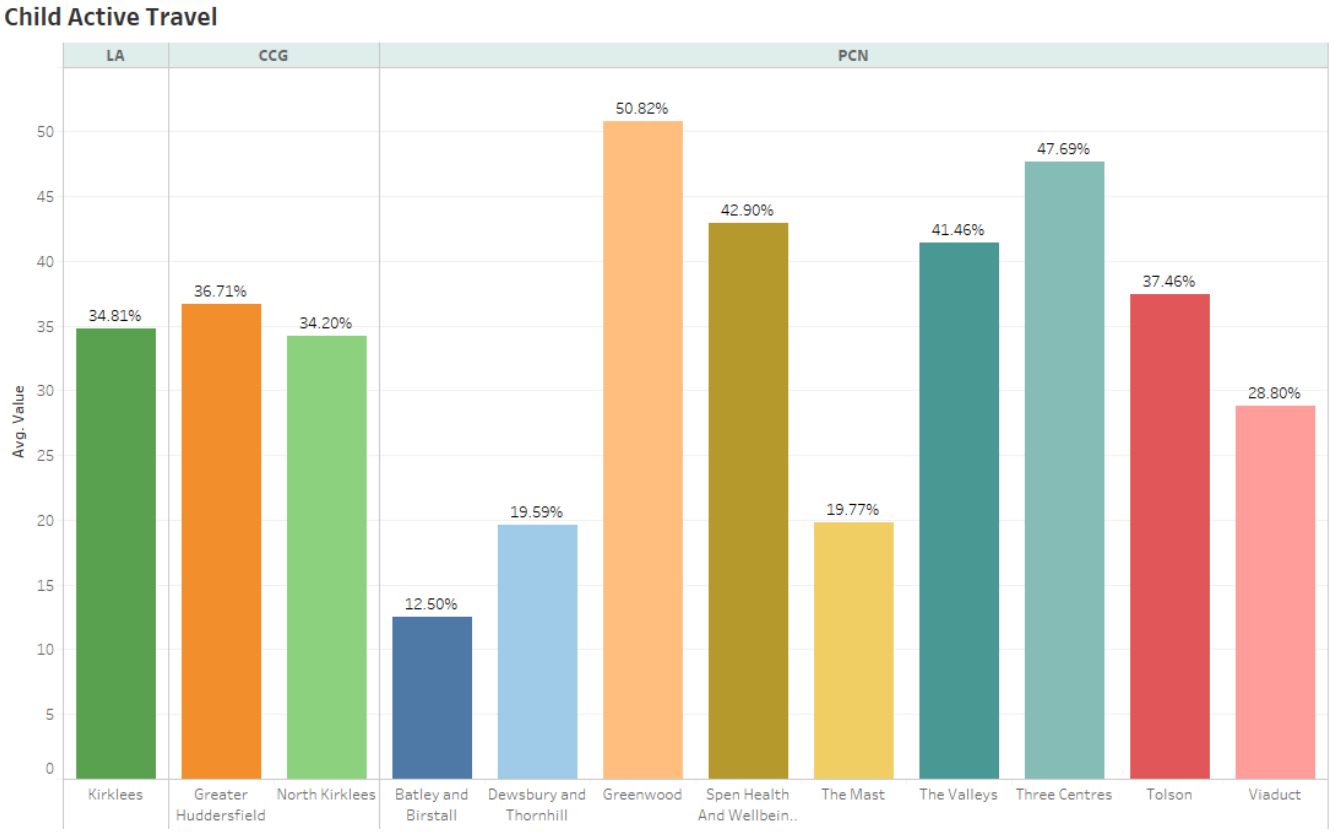


- The chart shows the average of value of breastfeeding initiation connected at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of breastfeeding initiation.

Back to Charts Contents list

Child Active Travel

Child Active Travel (2019)

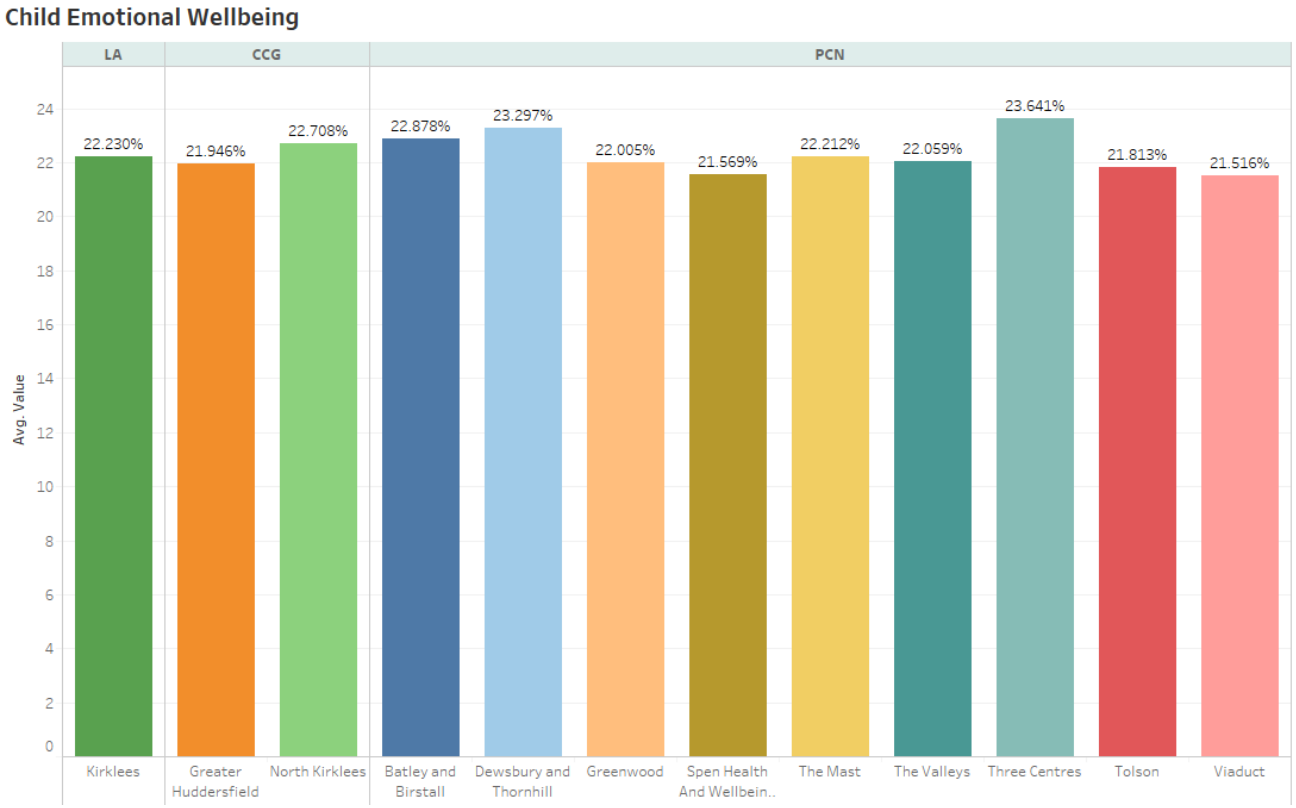


- The chart shows the average of value of children involved in active travel at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Lowest levels of child active travel is at the Bartley & Birstall PCN.

Back to Charts Contents list

Child Emotional Wellbeing

Child Emotional Wellbeing (2019)

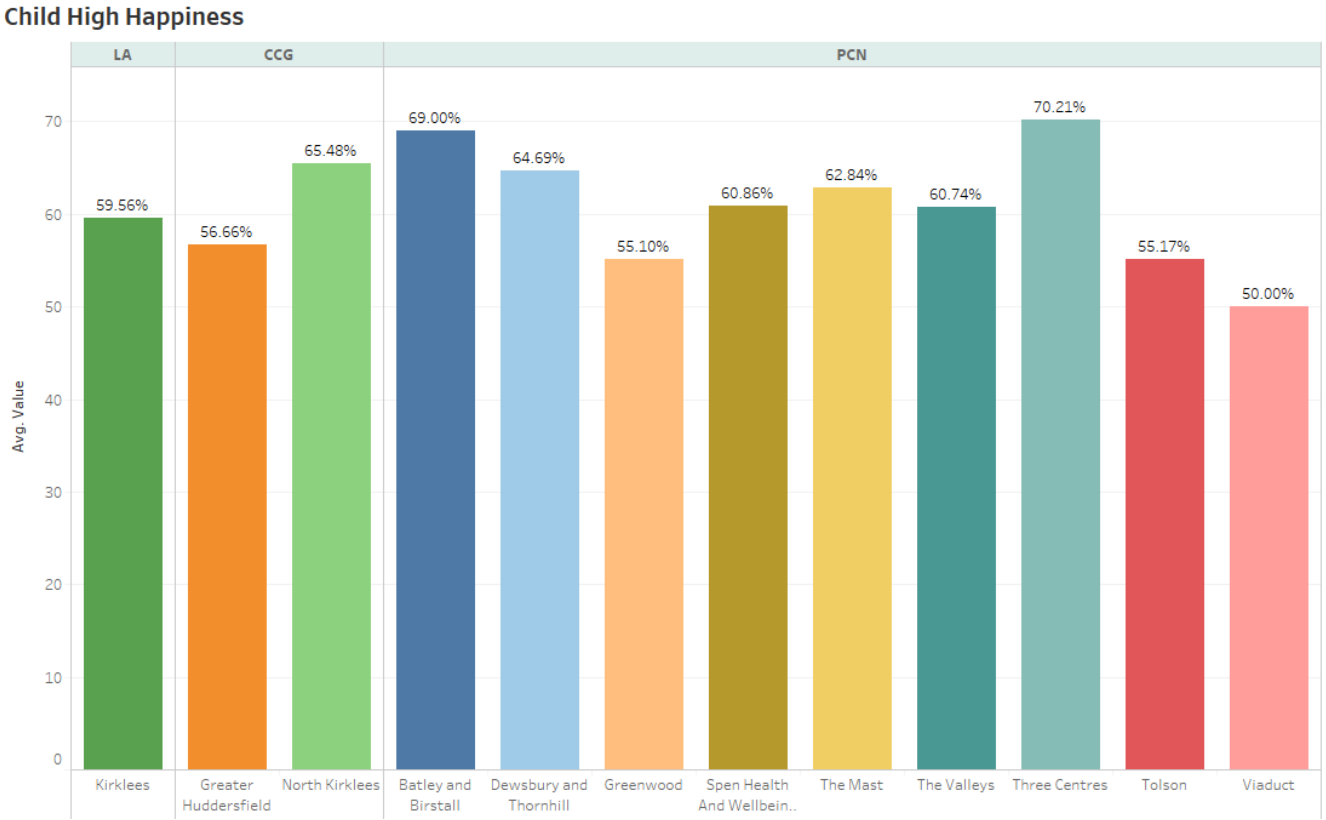


- The chart shows the average of value of child emotional wellbeing recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child emotional wellbeing.

Back to Charts Contents list

Child High Happiness

Child High Happiness (2019)

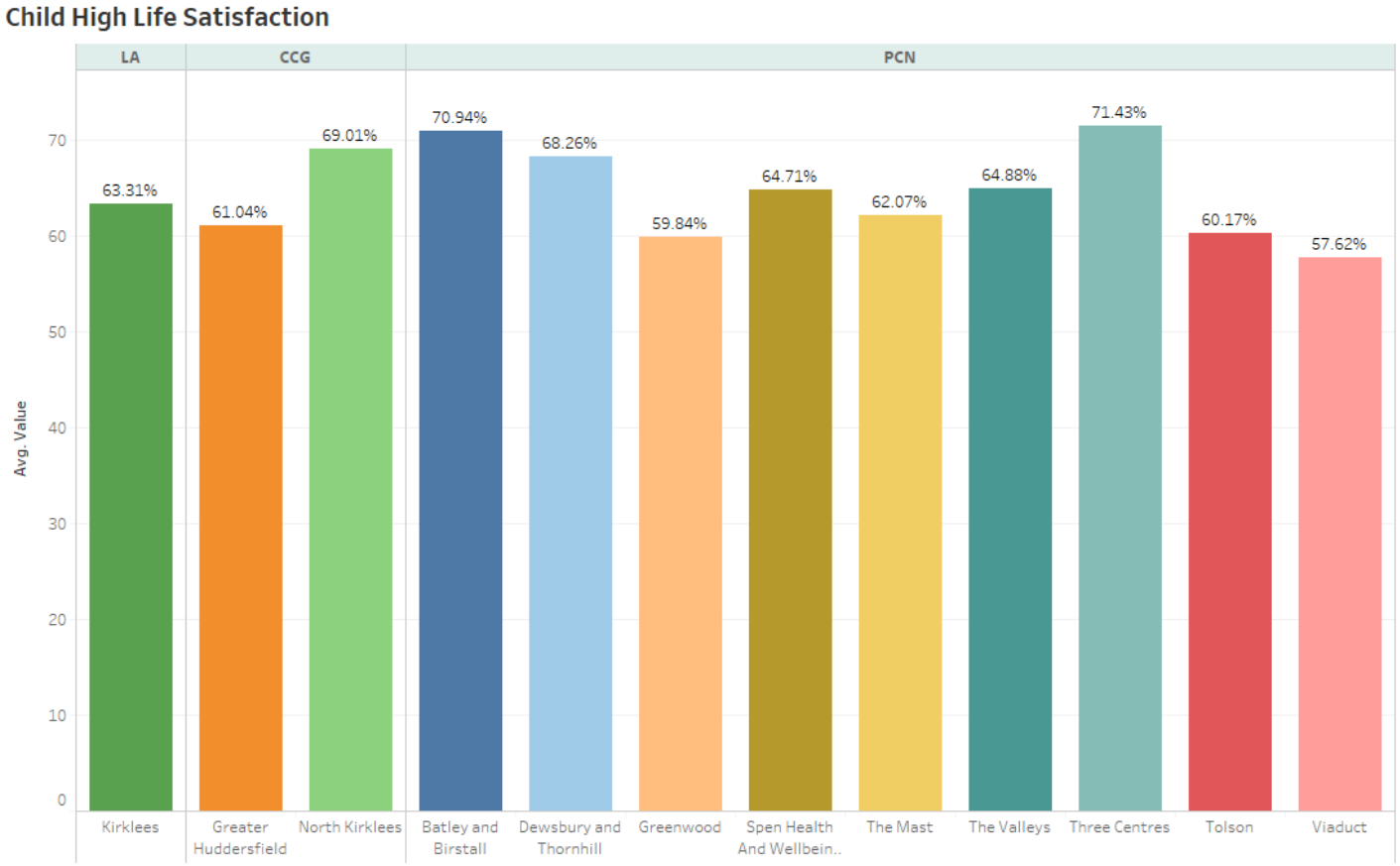


- The chart shows the average value of child high happiness recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high happiness.

Back to Charts Contents list

Child High Life Satisfaction

Child High Life Satisfaction (2019)

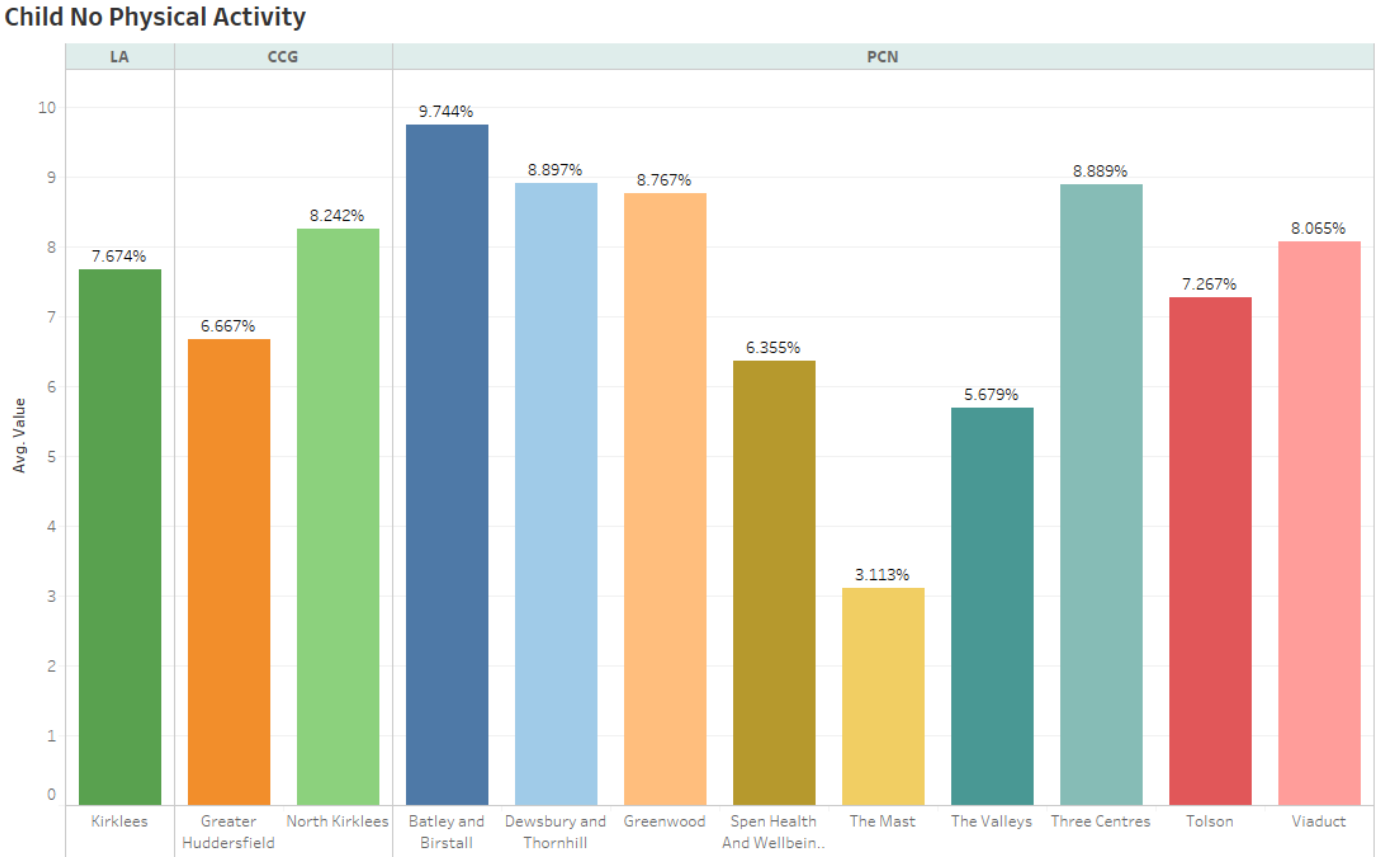


- The chart shows the average value of child high life satisfaction recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high life satisfaction.
- Subject Experience Contacts:

Back to Charts Contents list

Child No Physical Activity

Child No Physical Activity (2019)

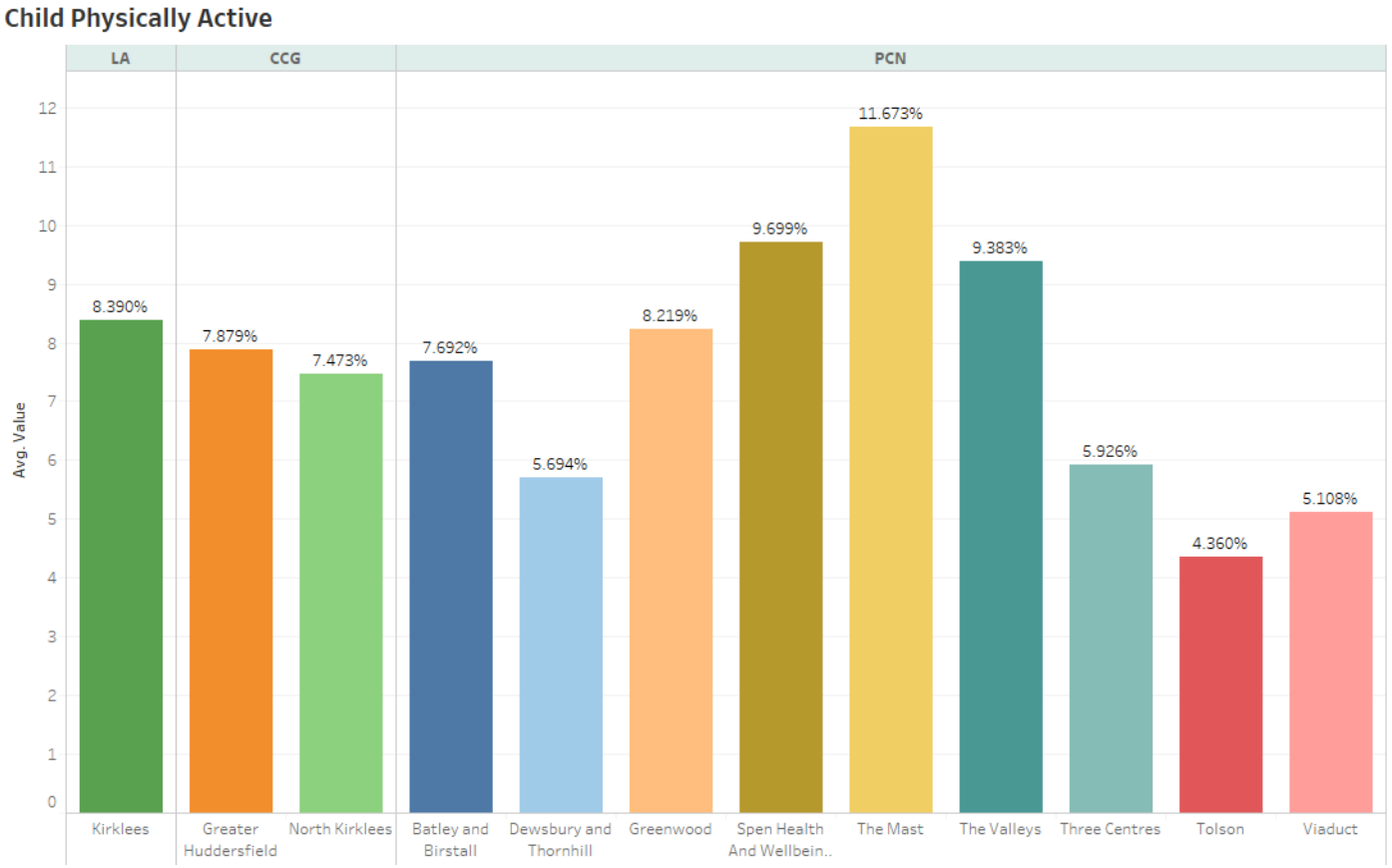


- The chart shows the average value of children with no physical activity recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Batley & Birstall PCN has the highest percentage score for child with no physical activity.

Back to Charts Contents list

Child Physically Active

Child Physically Active (2019)

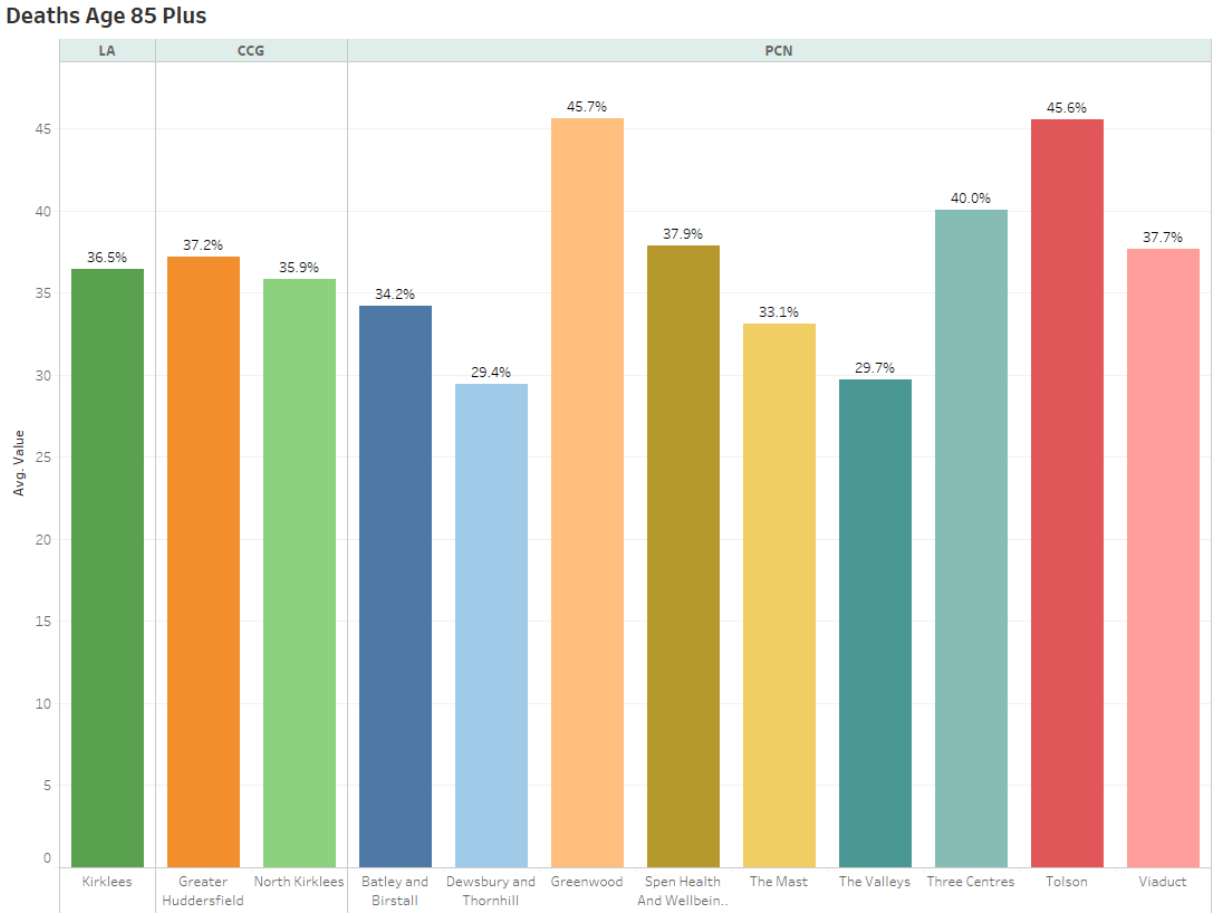


- The chart shows the average value of physically active children recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage score of physically active children.

Back to Charts Contents list

Deaths Age 85 Plus

Deaths Age 85 Plus (2015-17)

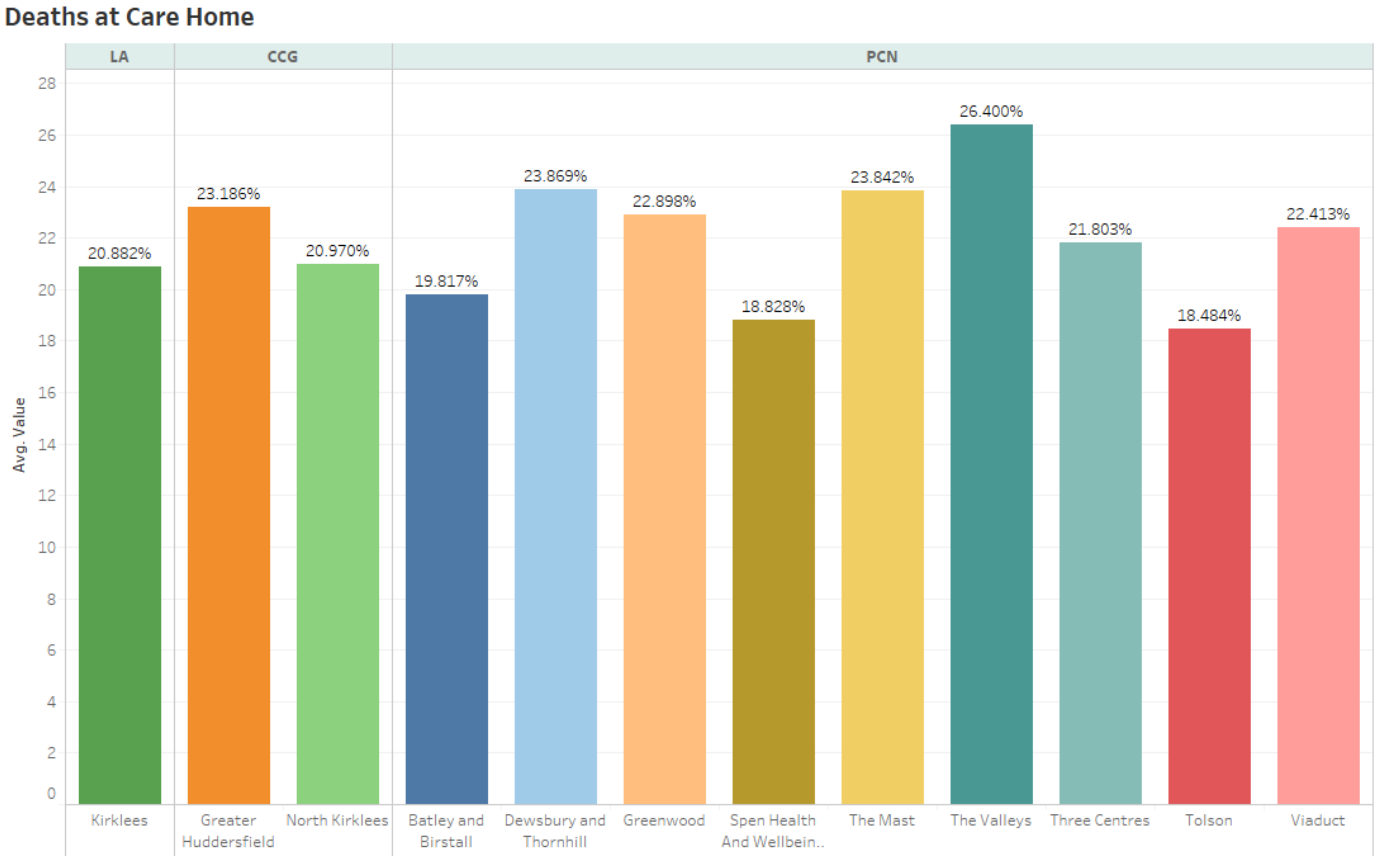


- The chart shows the average deaths over 85 years of age recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the highest percentage score for deaths over 85 years of age.

Back to Charts Contents list

Deaths at Care Home

Deaths at Care Home (2015-17)

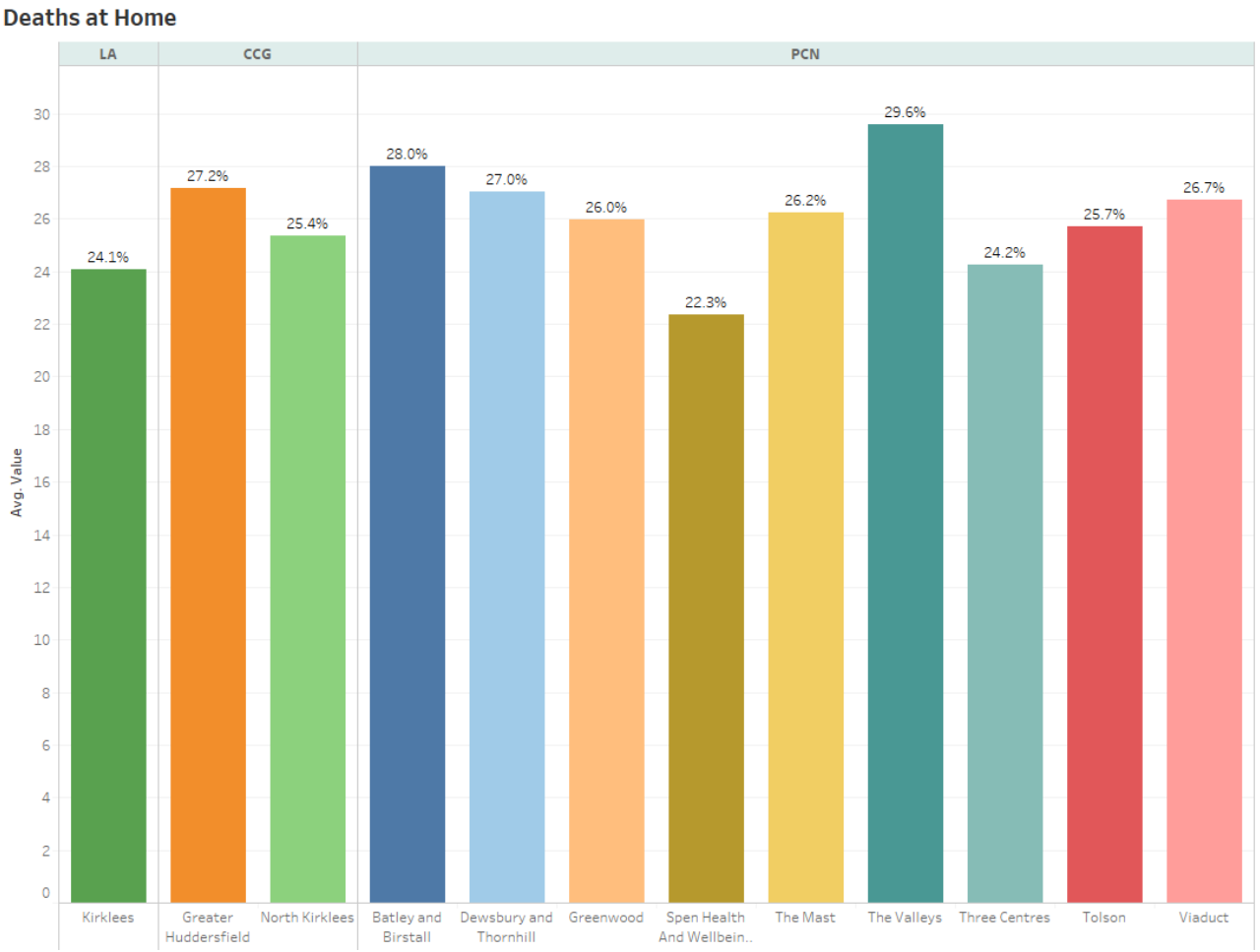


- The chart shows the average value of deaths at care homes recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at care homes.

Back to Charts Contents list

Deaths at Home

Deaths at Home (2015-17)

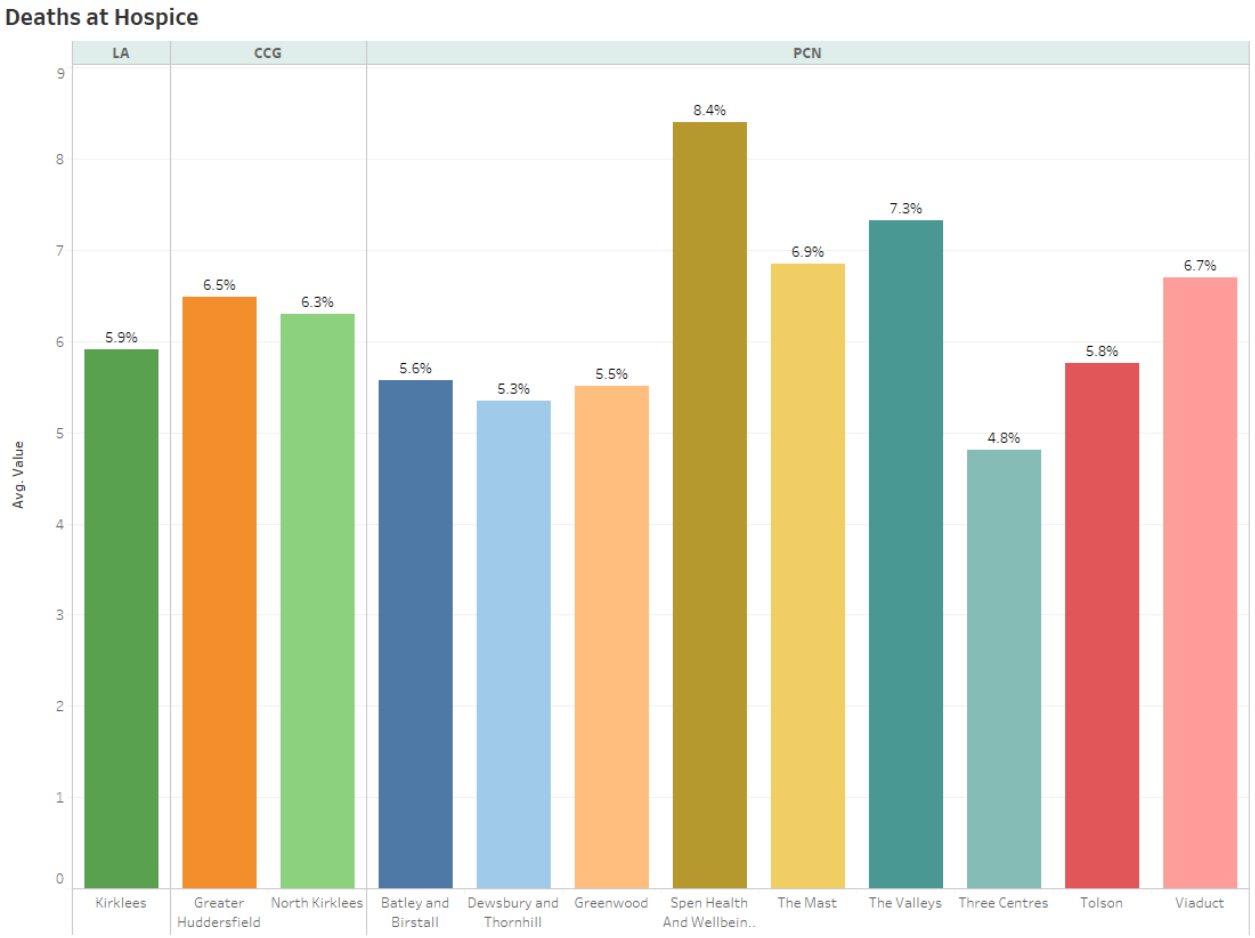


- The chart shows the average value of deaths at home recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at home.

Back to Charts Contents list

Deaths at Hospice

Deaths at Hospice (2015-17)

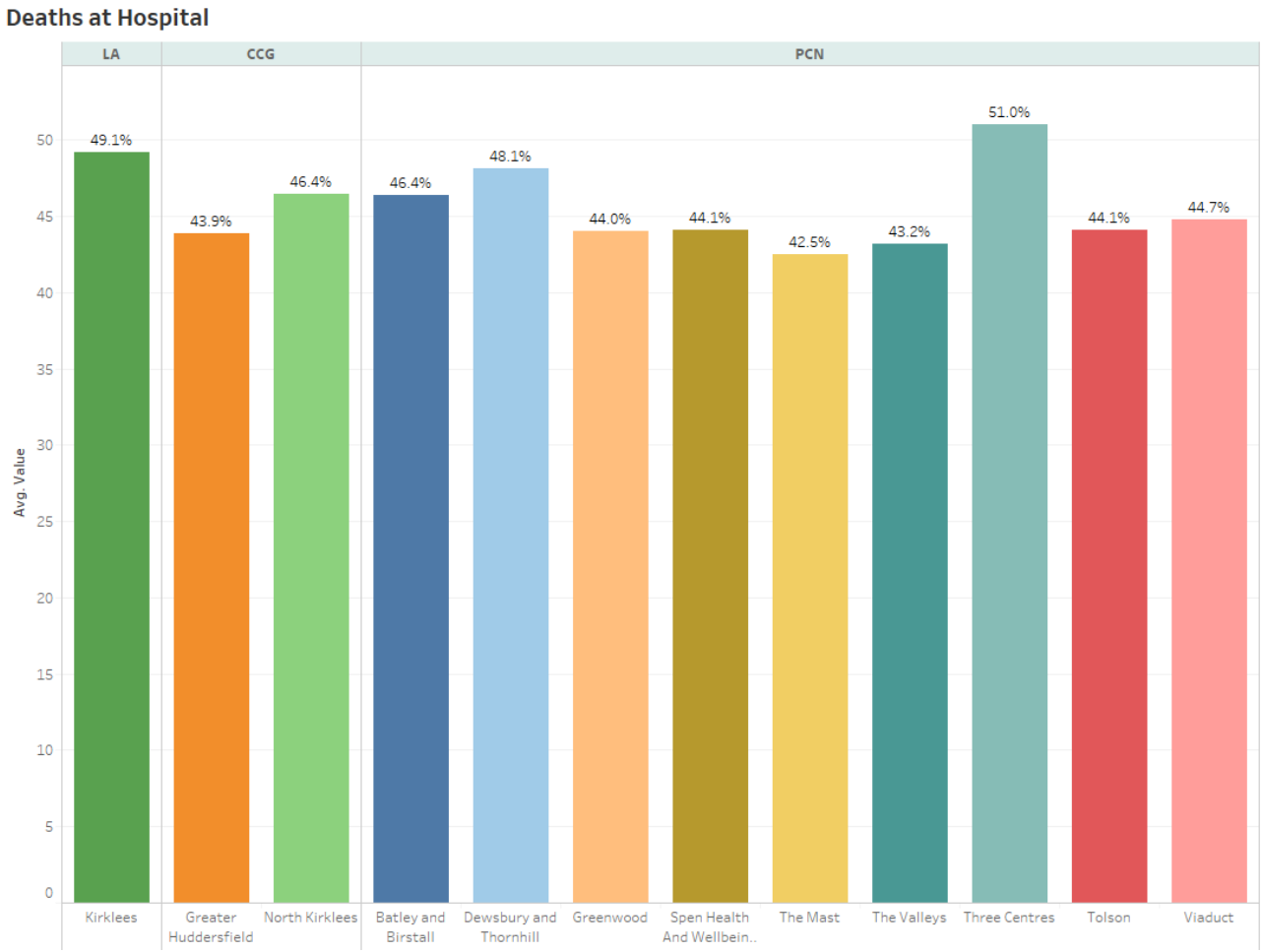


- The chart shows the average value of deaths at a hospice recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Spen PCN has the highest percentage score for deaths at a hospice.

Back to Charts Contents list

Deaths at Hospital

Deaths at Hospital (2015-17)

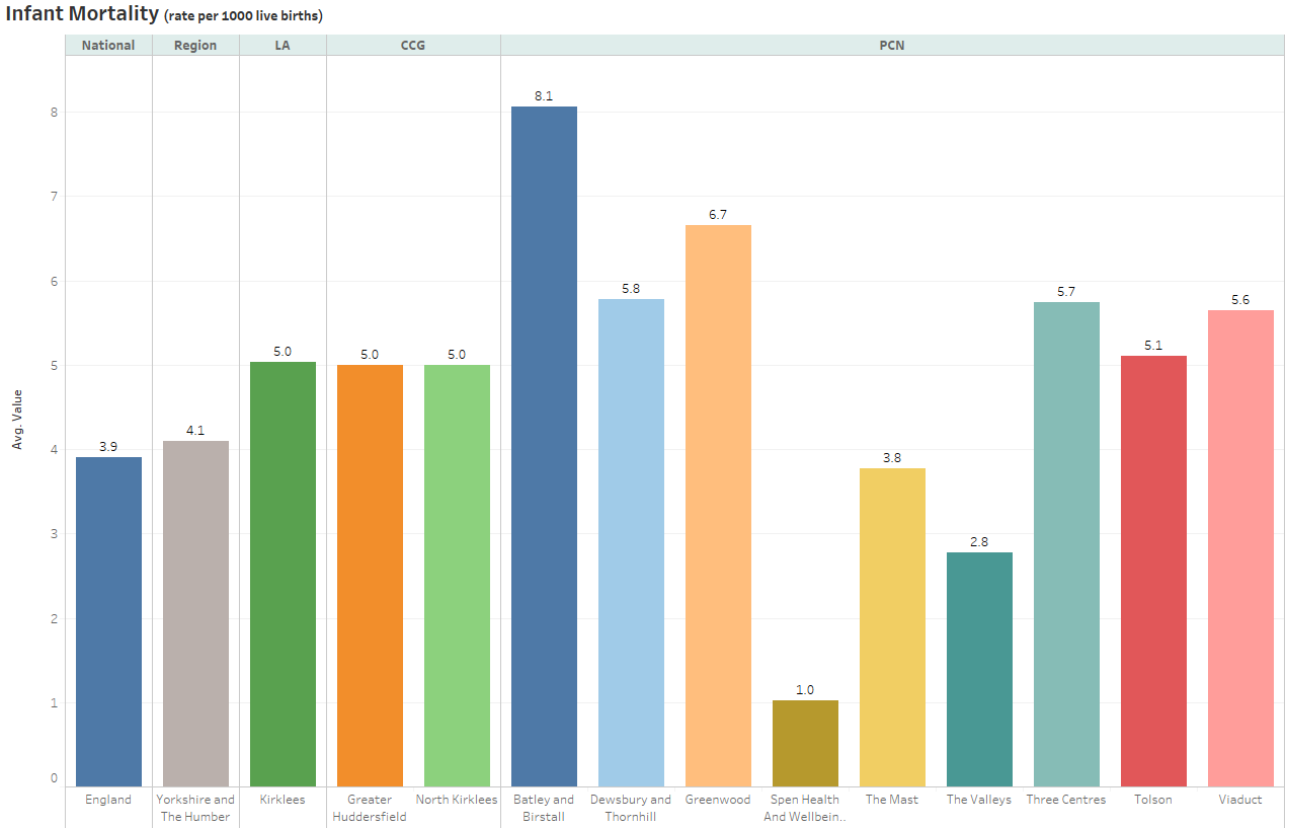


- The chart shows the average value of deaths at a hospital recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- 3 Centre PCN has the highest percentage score for deaths at a hospital.

Back to Charts Contents list

Infant Mortality

Infant Mortality (rate per 1,000 live births) (2015-17)

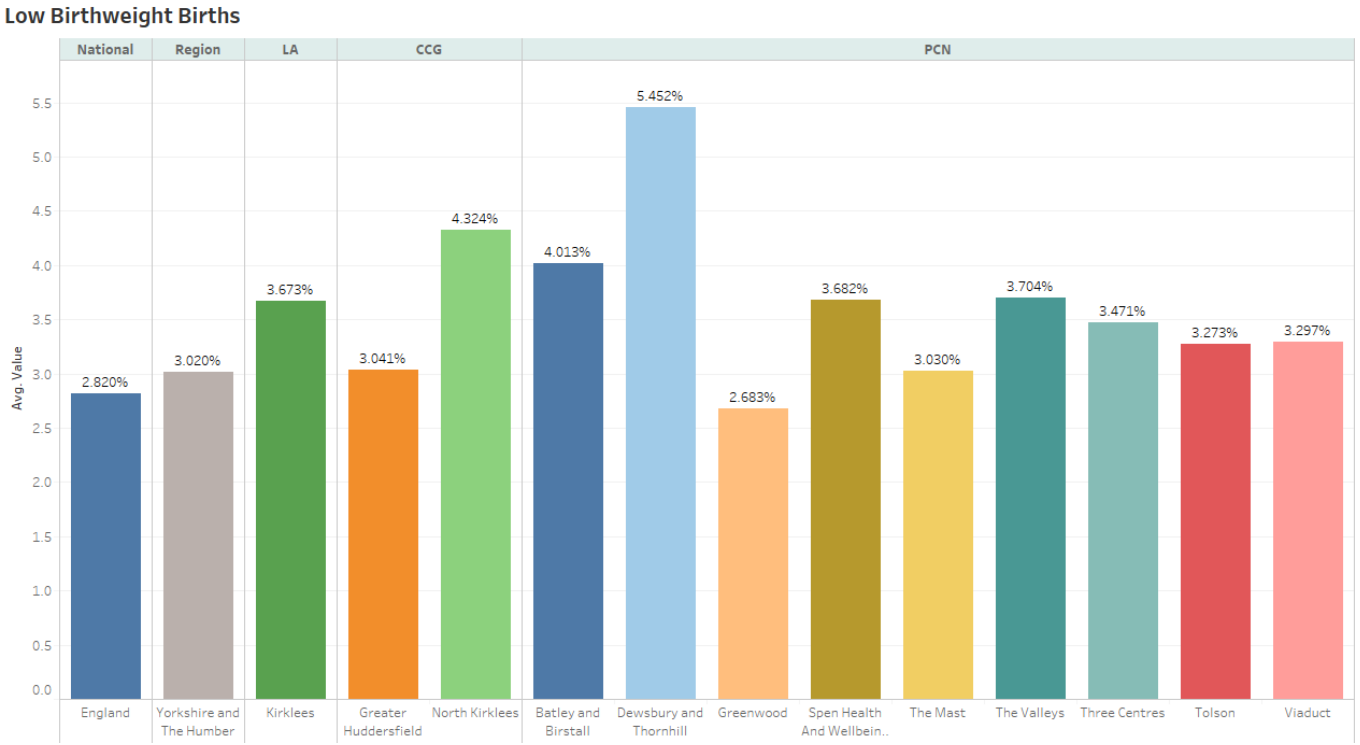


- The chart shows the average value of infant mortality recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the second highest rate per thousand live births for infant mortality.

Back to Charts Contents list

Low Birthweight Births

Low Birthweight Births (2017)

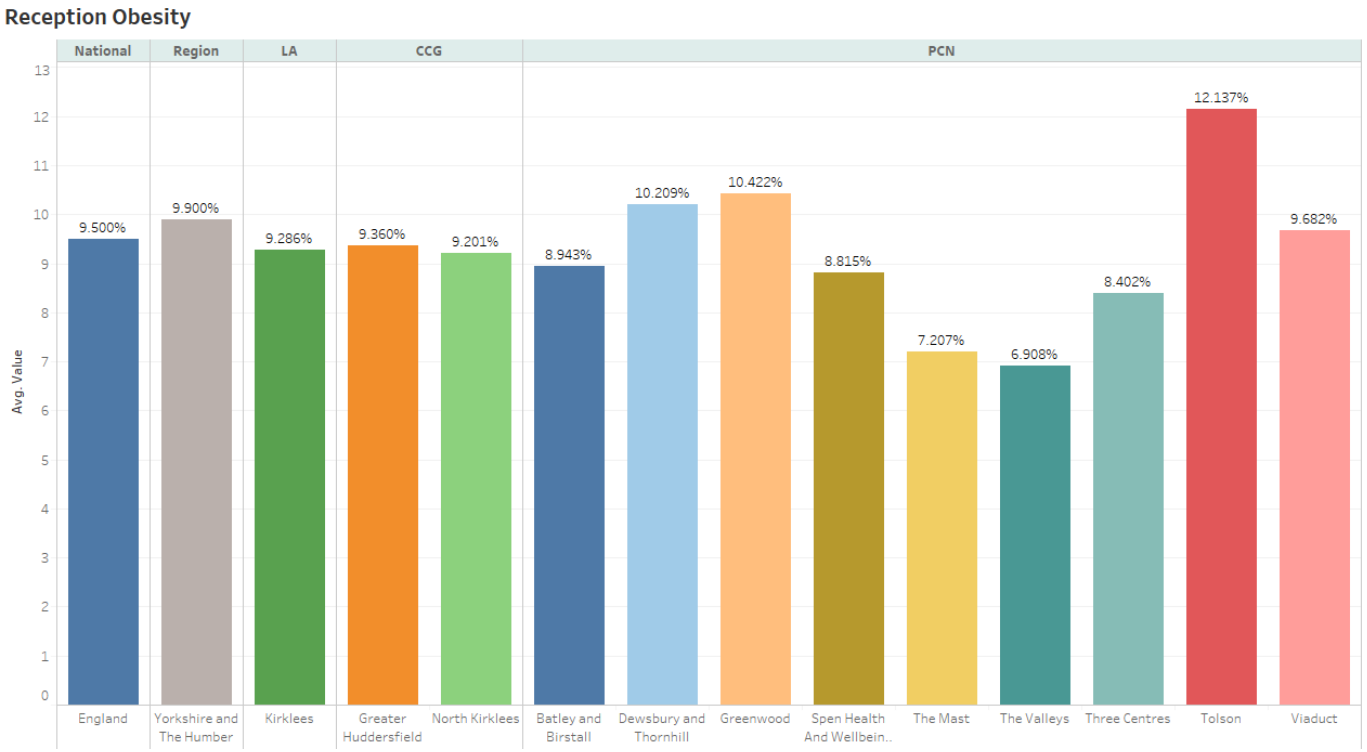


- The chart shows the average value of low birthweight births recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score of low birthweight births.

Back to Charts Contents list

Reception Obesity

Reception Obesity (2017-18)

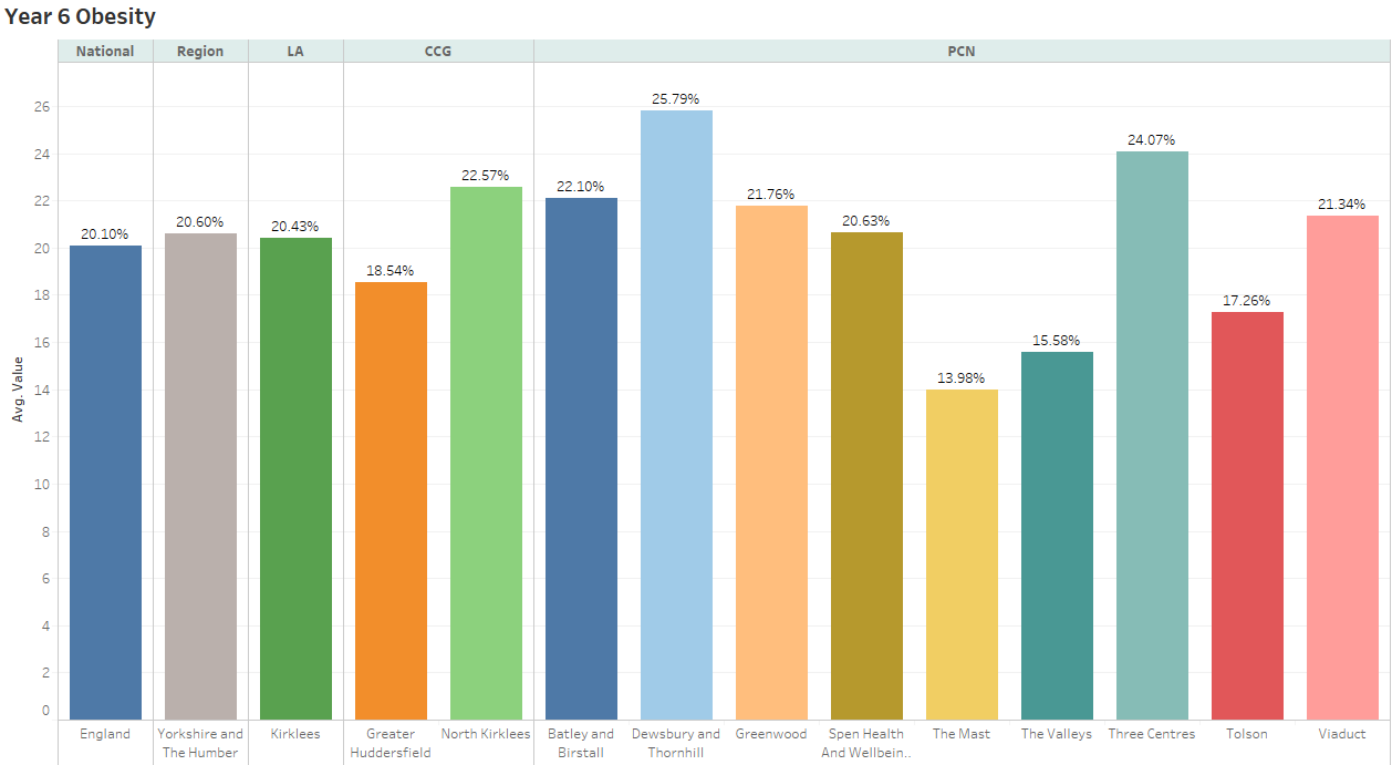


- The chart shows the average value of obesity at reception age at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Tolson PCN has the highest percentage score for obesity at reception age.

Back to Charts Contents list

Year 6 Obesity

Year 6 Obesity (2017-18)

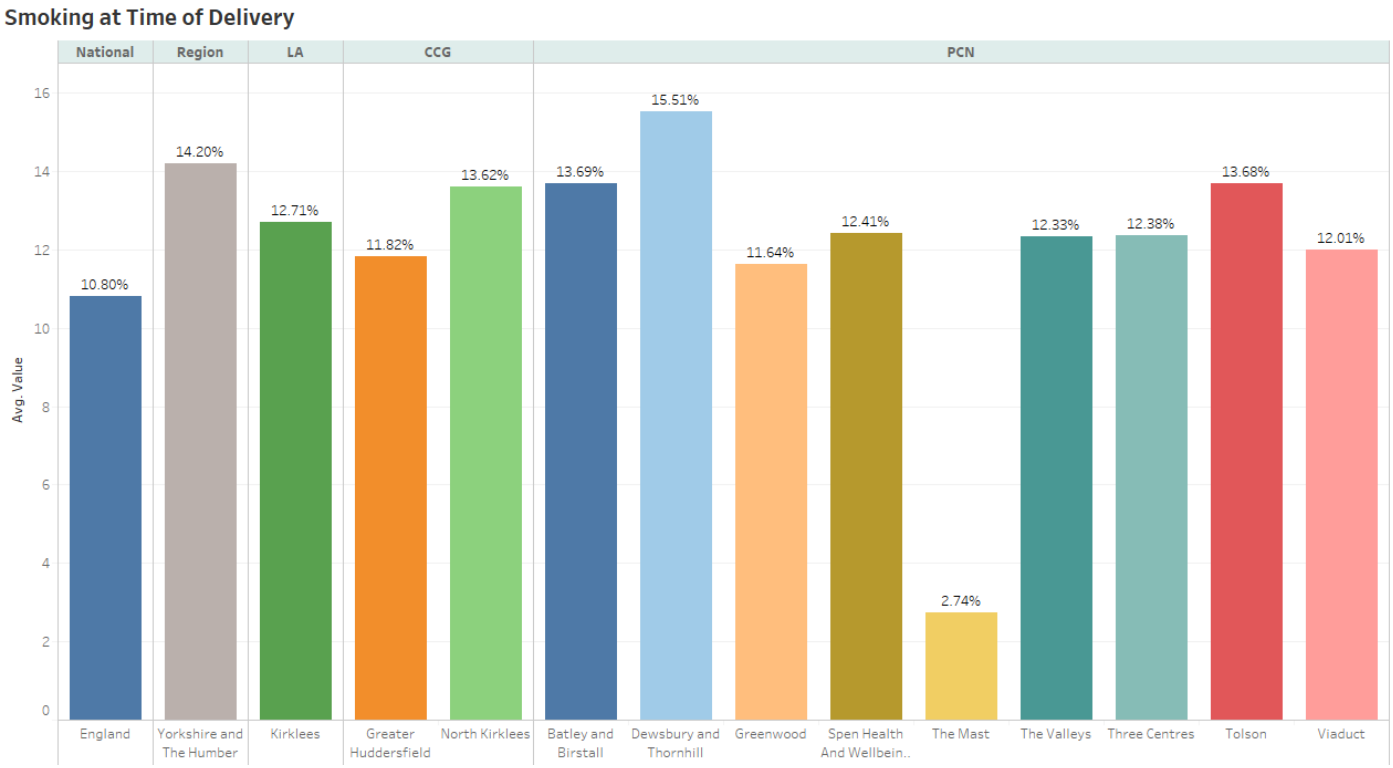


- The chart shows the average value of obesity at year 6 at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score year 6 obesity levels.

Back to Charts Contents list

Smoking at Time of Delivery

Smoking at Time of Delivery (2018-19)



- The chart shows the average value of smoking at time of delivery at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score for smoking at time of delivery.

Back to Charts Contents list

Information Sources & Useful Links

The following list of suggested links and information sources support further understanding and interrogation of primary care network performance.

Information Sources:

- Public Health England website – Public Health Profiles
- Thriving Kirklees Health and Wellbeing website
- Locala Community Partnerships
- Kirklees Council Director of Public Health Annual Report 17/18
- Kirklees Council Joint Strategic Assessment
- Ipsos MORI GP Patient Survey
- NHS Digital website - GP Registered Patient Dashboard
- NHS Digital website - General Practice Data Hub
- Public Health England website – National General Practice Profiles
- NHS RightCare
- NHS STP End of Life Publication for West Yorkshire
- NHS West Yorkshire & Harrogate Cancer Alliance
- Stroke Association partnership

Useful Links:

- Public Health England
- Thriving Kirklees
- Locala
- Kirklees Council Director of Public Health Annual Report 17/18
- Kirklees Observatory KJSA
- GP Patient Survey Results
- GP Registered Patient Dashboard
- General Practice Data Hub
- National General Practice Profiles
- Commissioning for Value Where to Look pack
- End of Life Care STP Support Tool
- Cancer Alliance
- Stroke information re Greater Huddersfield
- Appointments in General Practice
- West Yorkshire & Harrogate Healthy Hearts
- Dementia National Rates