Primary Care Network Data Pack

Tolson Primary Care Network

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. Depression prevalence
    2. Diabetes prevalence
    3. Smoking prevalence
    4. Childhood obesity
    5. Smoking at time of delivery

- 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.

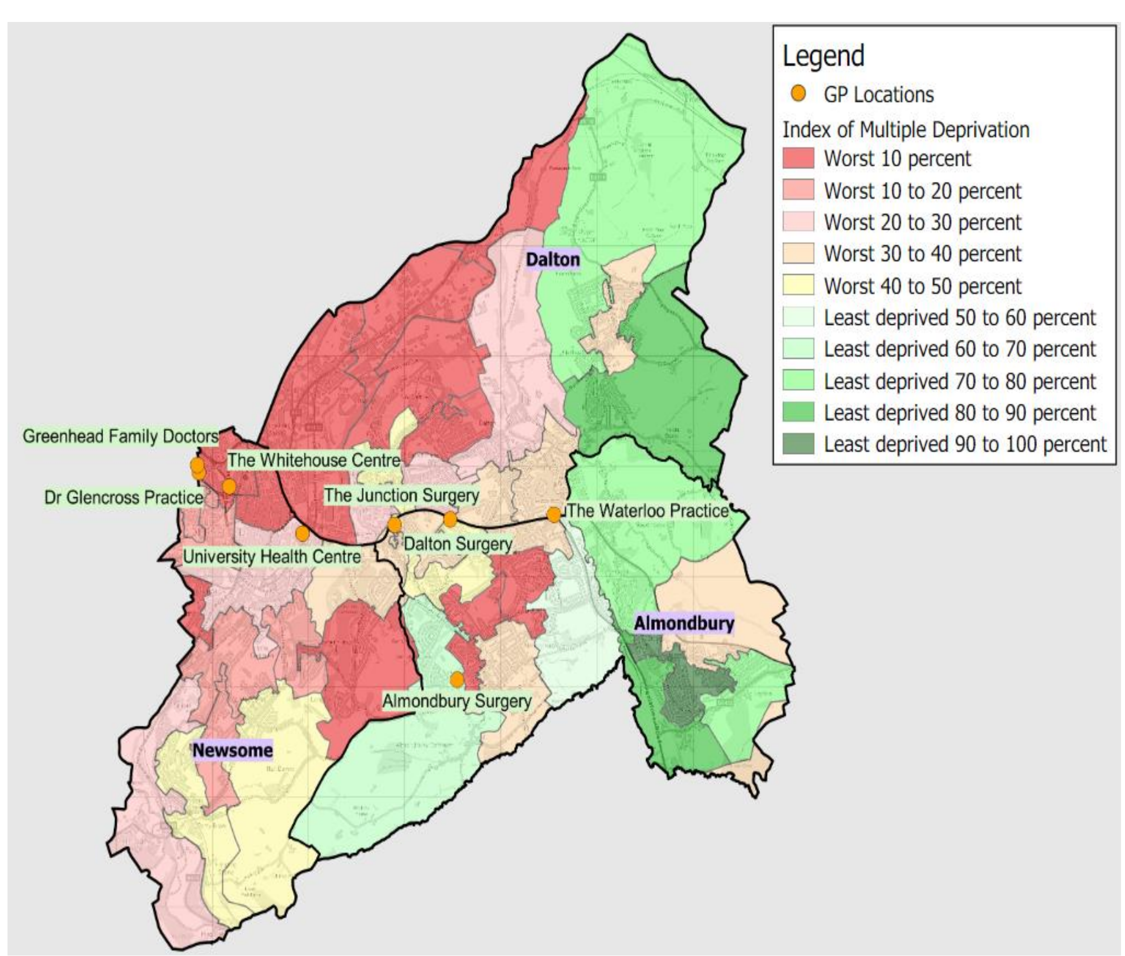
- Future emergent data led priorities will be developed as identified by network partners and population health management as well as other CCG and primary care initiatives. A piece of work identifying the capacity and need to inform system (ICS etc) response to needs will be required.

Tolson Care Partnership PCN: Introduction

Place Overview

- The Tolson Care Partnership Network comprises of 8 practices with a combined patient list size of circa 51,000 patients with an average list size (6,300) being below the national average (8,035) and the NHS Greater Huddersfield CCG average (6,721).
- The PCN includes The University Health Centre which serves a predominantly student population.
  - The practice provides services approximately 15,000 patients of whom around 85% are students (37% of registered patients being international students).
  - Due to the high student population the demographic profile of the practice is heavily weighted to reflect this age group with only 0.4% of the registered patients being aged 65+ years.
- The network also includes The Whitehouse Centre. The Whitehouse Centre is a GP surgery caring for people who have difficulty accessing mainstream health services. Inclusive of patients who can be;
  - homeless or in emergency accommodation
  - an asylum seeker
- QOF has not been achieved by seven of the eight practices, with the measure of positive patient experience ranging from 63.7% to 91.9%.

Network Practice Locations



See Slide 7 for practice breakdown

Place overview broken down by practice

		The Whitehouse Centre	Greenhead Family Doctors	Dr Glencross practice	University Health Centre	Dalton Surgery	Waterloo Health Centre	The Junction Surgery	Almondbury Surgery
PCN Practice (England av. 8,035, GH 6,721)		1,430	2,656	2,535	15,114	6,963	9,621	5,664	6,518
Percentage of total PCN pop		3%	5%	5%	30%	14%	19%	11%	13%
Life expectancy years (Male)		75.3	77.5	76.3		77.2	77.7	77.3	77.2
Life expectancy years (Female)		80.6	82.6	81.7		80.9	81.2	80.7	81.2
Deprivation		Most deprived decile	Fifth more deprived decile	Third more deprived decile	Third more deprived decile	Fourth more deprived decile	Fifth more deprived decile	Fourth more deprived decile	Fifth more deprived decile
Ethnicity Estimate	Mixed	5.5%	3.6%	4.8%	3.9%	4.0%	3.6%	4.2%	3.8%
	Asian	23.8%	17.7%	21.9%	19.5%	7.0%	6.1%	8.1%	5.4%
	Black	7.8%	4.0%	6.5%	4.9%	4.5%	3.9%	4.8%	3.6%
	Other non-white	2.5%	1.5%	2.4%	2.5%	1.2%	1.2%	1.3%	0.0%
QOF achievement % (out of 559 points)		84%	100%	98%	93%	95%	99%	99%	99%
Percentage with a +ve experience of practice		69%	66%	81%	92%	82%	89%	64%	84%

This chart refers to information summarised in slide 6

Male and female life expectancy is below CCG and English average in almost all practices

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

Life Expectancy - Male

Avg. Value

79.5
79.0
78.5
78.0
77.5
77.0
76.5
76.0
75.5
75.0

79.4, England
78.1, NHS Greater Huddersfield CCG
77.7, The Waterloo Practice
77.5, Greenhead Family Doctors
77.2, Dalton Surgery
77.3, The Junction Surgery
77.2, The Almondbury Surgery
76.3, Dr Glencross
75.3, The Whitehouse Centre

GP Practices | CCG | England

Life Expectancy - Female

Avg. Value

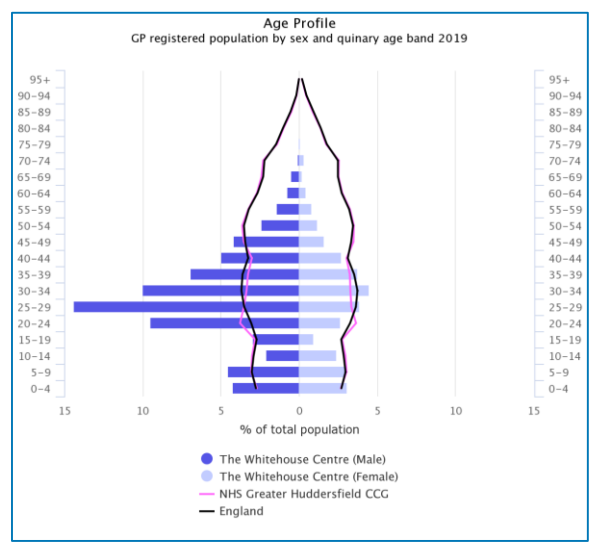
83.2
83.0
82.8
82.6
82.4
82.2
82.0
81.8
81.6
81.4
81.2
81.0
80.8
80.6

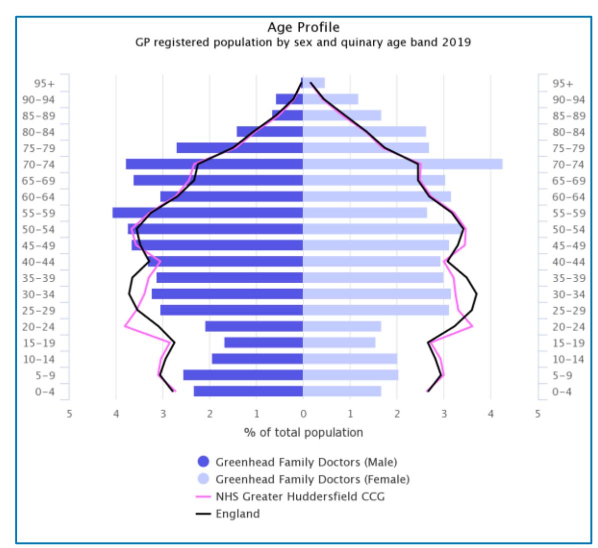
83.1, England
82.6, Greenhead Family Doctors
82.5, NHS Greater Huddersfield CCG
81.7, Dr Glencross
81.2, The Almondbury Surgery
81.2, The Waterloo Practice
80.9, Dalton Surgery
80.7, The Junction Surgery
80.6, The Whitehouse Centre

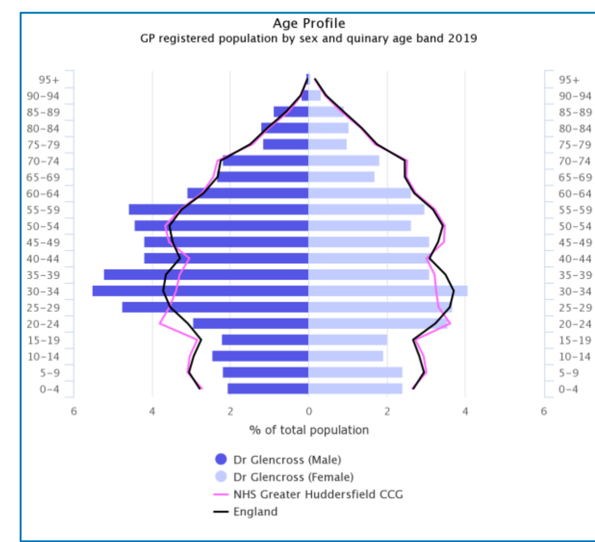
GP Practices | CCG | England

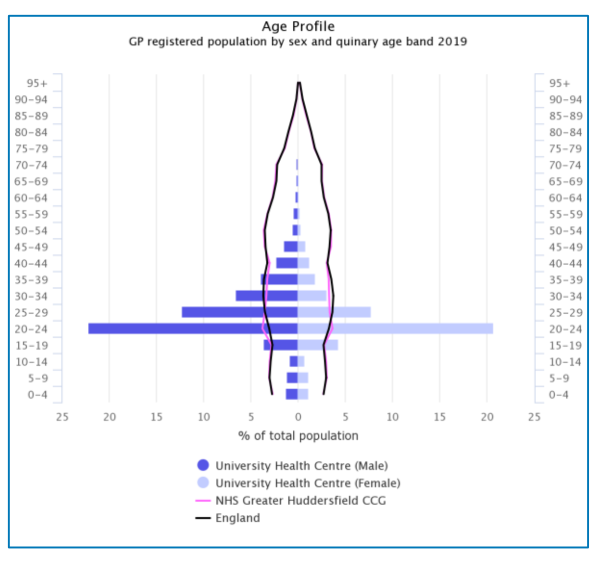
- Average male life expectancy across the PCN is 76.9 years – below the CCG and 2.5 years lower than the English averages. (confidence intervals are not available for this data) .
    - Two practices have particularly low male life expectancy
- Average female life expectancy across the PCN is 81.3 years below the CCG and national averages
    - Only one practice is above the CCG average
- Tolson PCN has amongst the lowest life expectancy in all PCNs

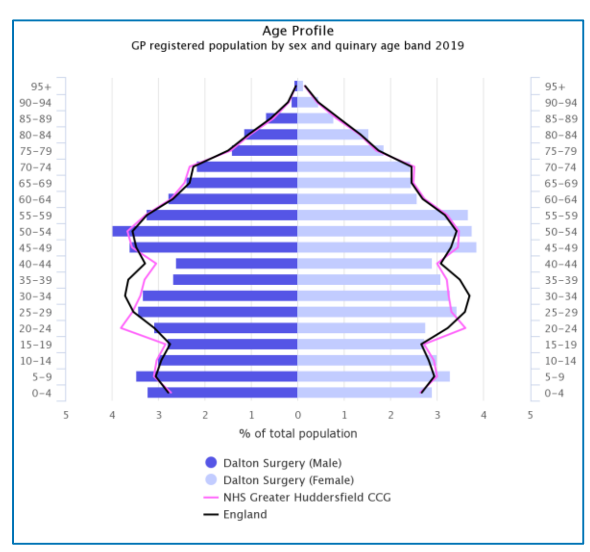
Age profile by practice

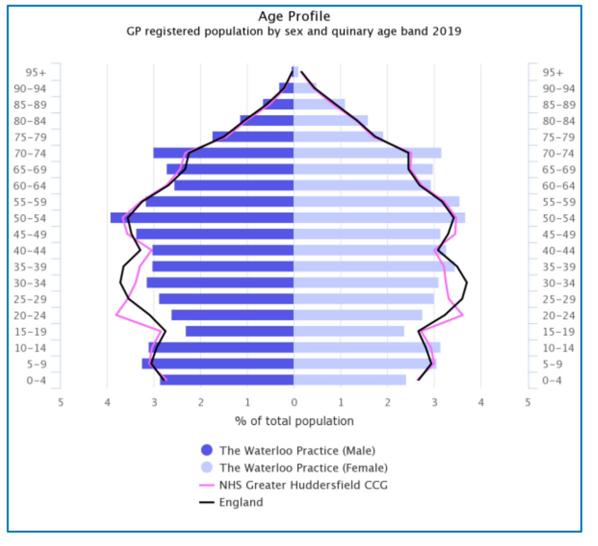


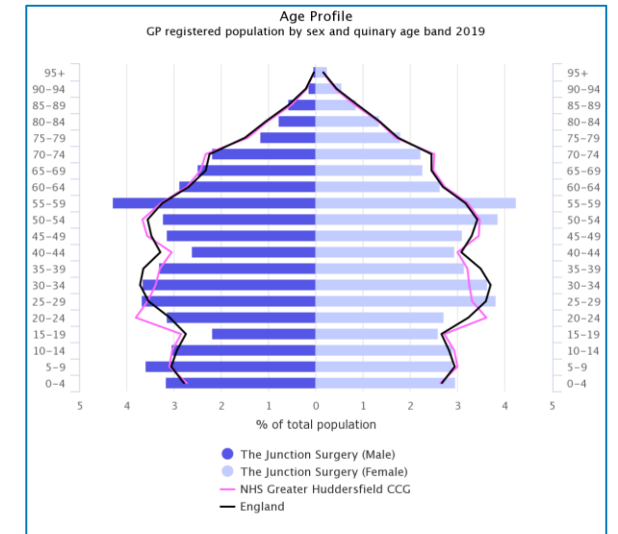


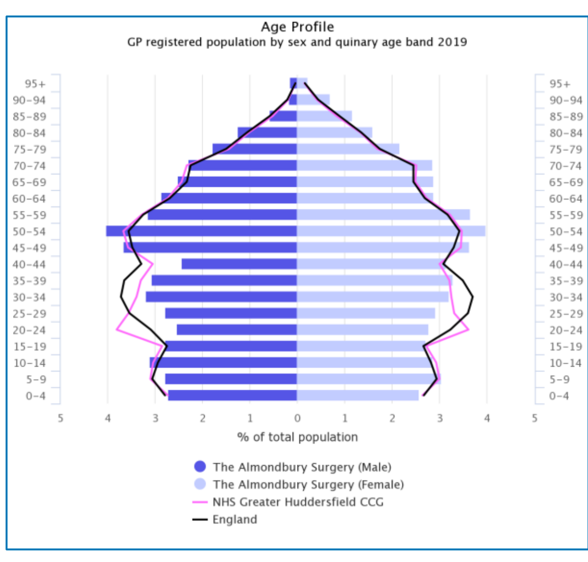




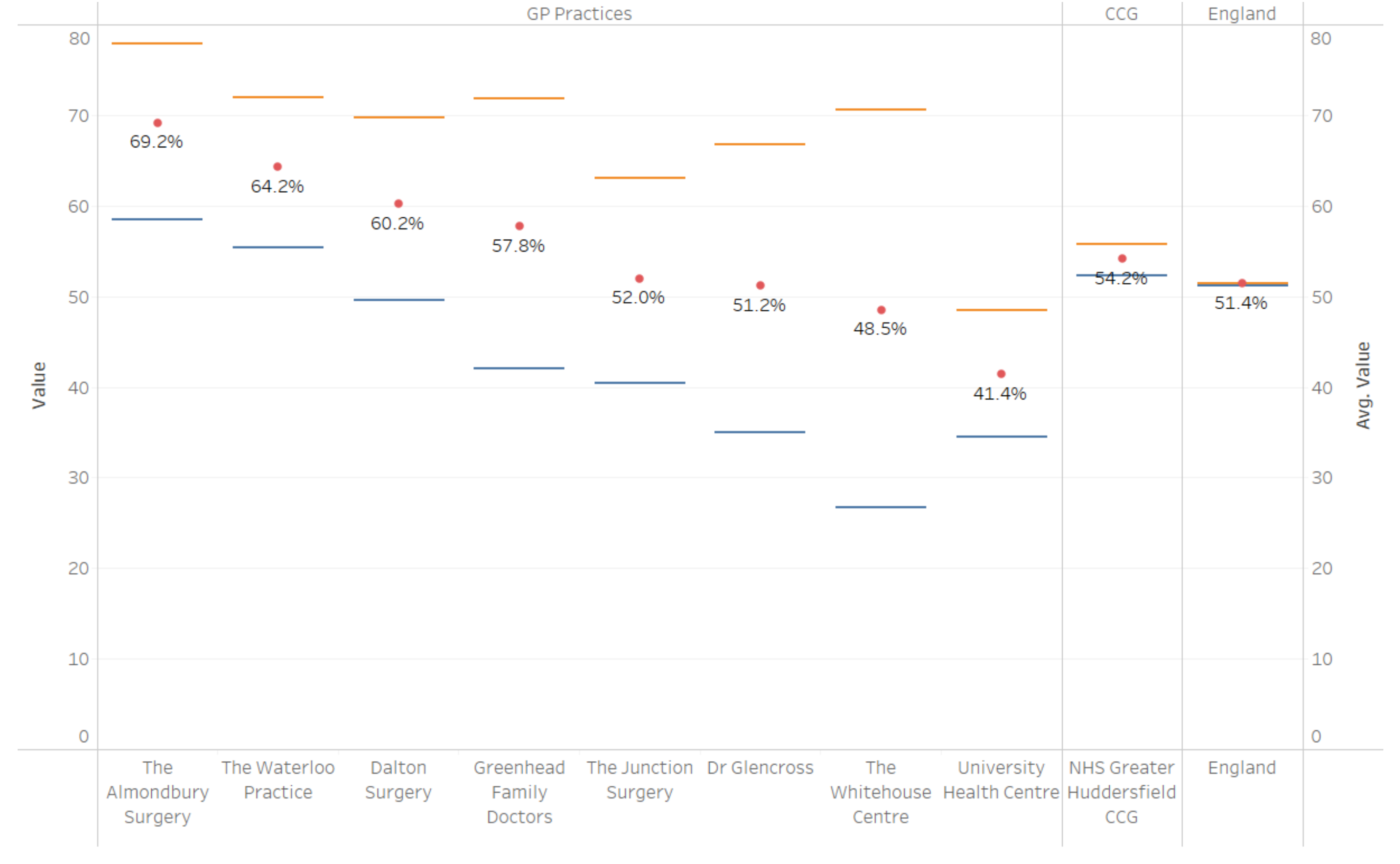








On average, a lower % of people in the PCN are living with long term conditions than in the CCG



- 55.6% of the Tolson population (16+ years) live with a long-term condition, compared to 54.2% of the wider CCG. This equates to c.25k people.
- The broad spread of values across practices is notable and presents the PCN with a challenge to a single strategy – The practice with the highest % of people with an LTC is almost 40 percentage points higher than the lowest practice. Due to wide confidence intervals, these differences are not statistically significant
- There has been no significant change to this metric for the PCN 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

Ambulatory care sensitive conditions

Data not publicly available at GP practice level

PCN Priority Areas

Priority areas: Criteria for prioritisation

- We used a range of approaches to develop the potential Tolson PCN priorities. These included a review of:
  1. **Tolson 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. disparity in gender life expectancy
- 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' are Mental Health, Endocrine and Respiratory; for 'Outcomes' is Cancer; and for 'Spend' are MSK, Circulation, Trauma & Injuries and Respiratory.

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

Tolson PCN priorities

Priorities focused on in this pack:

1. **Depression prevalence**
   - Outlier compared to CCG - aall PCN practices have higher prevalence rates than the CCG average
2. **Diabetes prevalence?**
   - Outlier compared to CCG - 5 PCN practices have higher prevalence rates than the CCG average
3. **Smoking prevalence**
   - Outlier compared to CCG - 6 PCN practices have higher prevalence rates than the CCG average
4. **Childhood obesity**
   - Tolson has high levels of reception level obesity and low levels of child physical activity
5. **Smoking at time of delivery**
   - Maternity is a PCN priority. Also data shows Tolson to be an outlier in this area

Priority 1: Depression prevalence

Depression prevalence is high across the PCN

- **Why is this a priority?**
  - The volume of individuals affected by depression is high, around 1.3 individuals out of 10 will be affected by depression – it represents the leading cause of disability.
  - The cost of depression to the national economy is very high – estimated nationally to be of £105 billion.

- **What does the data tell us?**
  - Six out of the eight PCN practices have statistically significant higher depression prevalence than the CCG average
  - This rises to seven of eight practices if we compare to the English average
  - In Whitehouse Centre the prevalence is almost 2.5 times higher than the English average. However, this is likely to correlate to the patient cohorts that this particular practice is set up to serve

Depression prevalence, 2017/18

GP Practices | CCG | England

Value | Avg. Value

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

The Whitehouse Centre: 24.2
The Waterloo Practice: 16.1
The Almondbury Surgery: 14.7
Greenhead Family Doctors: 13.4
The Junction Surgery: 12.7
Dr Glencross: 12.6
University Health Centre: 10.2
Dalton Surgery: 6.6
NHS Greater Huddersfield CCG: 10.9
England: 9.9

Measure Names
Avg. Upper CI 95.0 limit
Avg. Lower CI 95.0 limit
Avg. Value

Depression reviews are conducted, and antidepressant use is low

- **What does the data tell us (cont'd)?**
  - 70.7% of new depression patients receive a review within 56 days of diagnosis, which is higher than the CCG average
  - With the exception of Waterloo Practice, the other Tolson practices have low levels of antidepressant prescribing compared to the other CCGs (non-standardised data)

- **Local context**
  - Depression is highest between 35-44 year olds. It is often co-morbid with anxiety disorders.
  - Living in rural areas appears to be a protective factors which reduces the likelihood that individuals will develop depression.
  - People living in the more deprived areas in Kirklees, are more likely to report a MH condition – we have higher levels of self-reported MH conditions, compared to recorded incidence
  - Self reported MH was highest amongst those ages 18-24, in women and in those with mixed ethnicity

Volume of antidepressant drugs prescribed, Jul 14 to Jun 19

Opportunity

- **What can be done?**
  - As outlined in the Kirklees mental health strategy implement targeted interventions for vulnerable individuals at risk of developing depression.
  - Increase greater awareness, reduce the stigma and encouraging individuals suffering from depression to seek care via campaigns and local initiatives such as Time to Change.
  - Ensure that service provision is proportionate to the population health need to improve early access to treatment.
  - It s reported that the Tolson network are already engaged with IAPT (Improving Access to Psychological Therapies)
  - The Integrated Provider Board, are undertaking a programme of work to establish a 'Mental Health Alliance'; recognising that The project leads are Emily Parry-Harries & Salma Yasmeen.
  - Mental Health is a key priority of the West Yorkshire & Harrogate Health & care Partnership.

- **What could this mean?**
  - Reducing the prevalence of depression and improving its management would have significant consequences for individuals' wellbeing as well as help prevent the worsening of their outcomes and the development of further co-morbidities. Better care for depression would also have a significant impact on the economy by for example reducing the amount of time taken off from work.

- **Links and further reading**
  - KJSA on mental health conditions; Mental health in Kirklees; Depression prevalence; Depression prevalence trends

Priority 2: Diabetes prevalence

Local diabetes prevalence is high

- **Why is this a priority?**
  - Uncontrolled diabetes is linked to problems with cardiovascular system, eyes, kidneys, nervous system and so adequate control is vital to prevent further complications
  - 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?**
  - Five out of eight practices have diabetes prevalence that is higher than CCG average several of these are significantly higher

Diabetes prevalence, 2017/18

GP Practices | CCG | England

Value | Avg. Value

9 8 7 6 5 4 3 2 1 0

8.0% | 7.5% | 7.3% | 6.9% | 6.9% | 5.3% | 2.9% | 0.6% | 6.4% | 6.8%

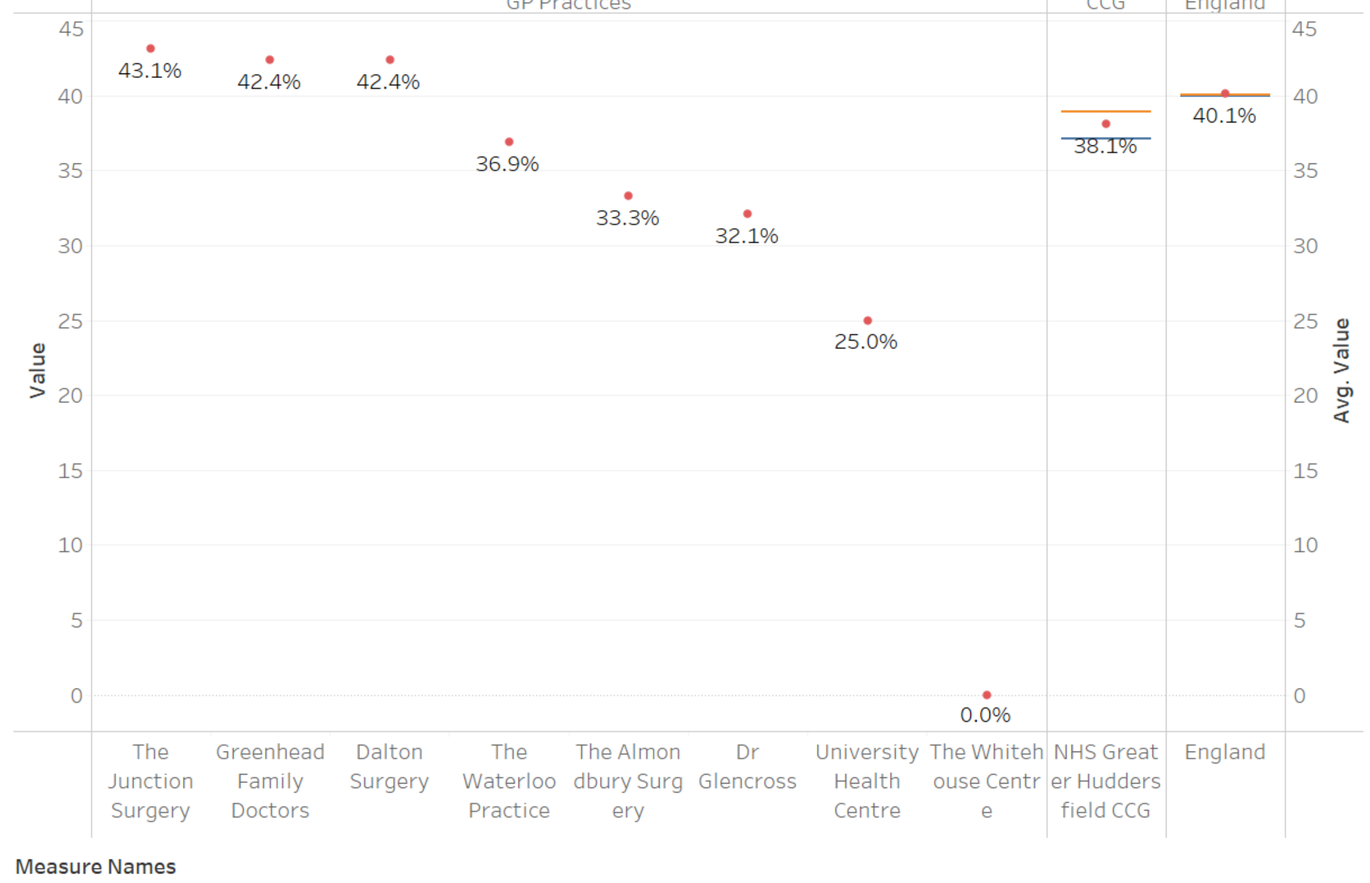
Greenhead Family Doctors | The Waterloo Practice | Dr Glencross | The Junction Surgery | Dalton Surgery | The Almondbury Surgery | The Whitehouse Centre | University Health Centre | NHS Greater Huddersfield CCG | England

Measure Names
- Avg. Upper CI 95.0 limit
- Avg. Lower CI 95.0 limit
- Avg. Value

Achievement of diabetes treatment targets below CCG and national average

- **What does the data tell us (cont'd)?**
  - Four practices have a low percentage of type 2 diabetes patients that achieved all three (HbA1c (blood sugar), cholesterol and blood pressure) treatment targets in 2017/18, compared to the CCG as a whole

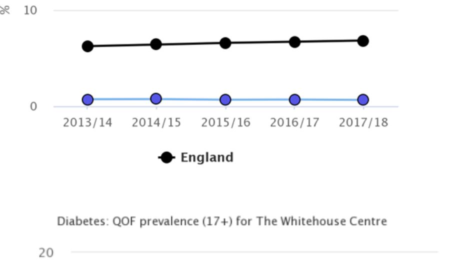
- **Local context**
  - The Whitehouse Centre patient profile has the highest proportion of Asian patients at 23.8%
  - Locally the number of people with diabetes is expected to increase in ageing population and a growing population of south Asian origin.



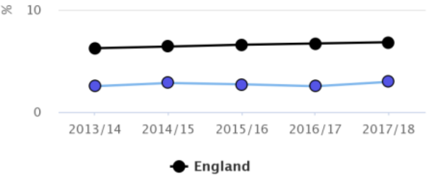
Diabetes prevalence trend by practice (vs English average)

LOWER PREVALENCE

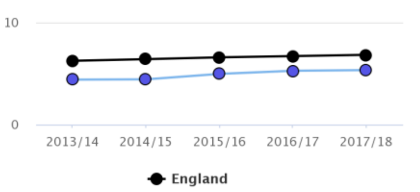
University Health Centre



The Whitehouse Centre



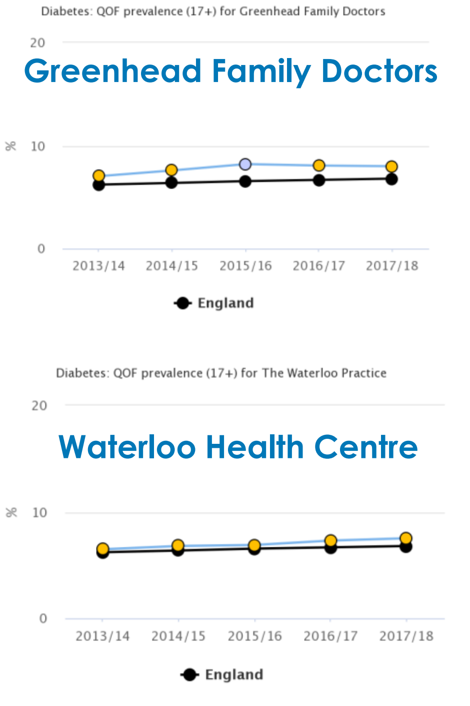
Almondbury Surgery



AVERAGE PREVALENCE

Greenhead Family Doctors

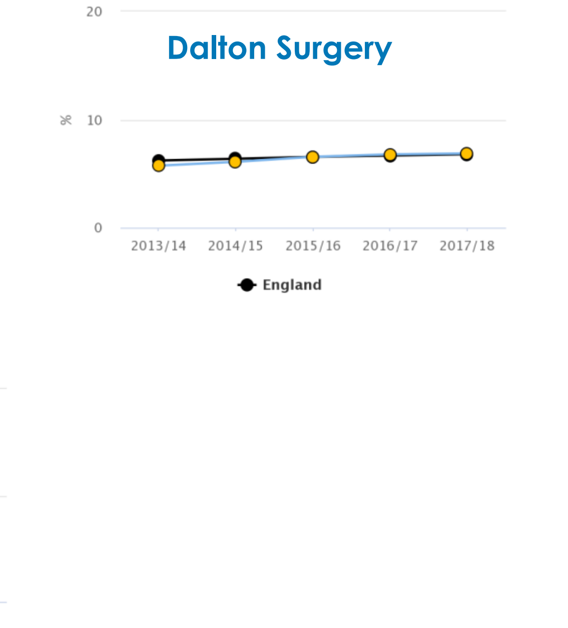
Waterloo Health Centre



Dr Glencross practice

The Junction Surgery

Dalton Surgery



Three out of the eight PCN practices exhibit diabetes prevalence rates below the national average. The University Health Centre and The White House Centre have unique patient profiles which skew their presentation against the national measures.

All other practices have growing diabetes prevalence rates in line with national averages. The increase in part is due to rising obesity levels, an ageing population and a growing population of south Asian origin. People from south Asian and black ethnic groups have a greater chance of developing Type 2 diabetes than people from white ethnic groups.

Opportunity

- **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?**
  - Improving diabetes prevention and treatment will ensure that fewer individuals live with long-term disabilities such as blindness, impotency, kidney failure. This will also decrease the cost associated to the care of those disabilities.
- **Links and further reading**
  - KJSA re Diabetes, Diabetes prevalence, Diabetes prevalence trend, Achievement of Diabetes Treatment Targets
  - https://www.diabetes.org.uk/resources-s3/2017-11/south_asian_report.pdf - Report for Diabetes prevention

Priority 3: Smoking prevalence

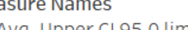
Smoking prevalence

- **Why is this a priority?**
  - Smoking is the single greatest cause of preventable illness and early death.
- **What does the data tell us?**
  - Six out of eight practices saw smoking prevalence that is statistically higher than the CCG and national averages
  - One practice has more than double the rate of smokers as the average
  - The recent trends for this dataset show that only two practices had a decreasing trend in this metric
  - There is a variation in the population in terms of smoking prevalence. Groups of individuals who are more likely to smoke tend to be more deprived areas and suffer from mental health conditions. These individuals also experience greater difficulty to quit smoking.
  - This has further consequences in terms of the health burden that smoking can lead to. For example, the prevalence of lung cancer in these deprived cohorts is significantly higher.

Smoking prevalence, 2017/18

Group	Area	Avg. Value	Trend
GP Practices	The Whitehouse Centre	45.3	No significant change
GP Practices	Dr Glencross	25.9	No significant change
GP Practices	The Junction Surgery	24.3	No significant change
GP Practices	The Waterloo Practice	20.9	Decreasing
GP Practices	Dalton Surgery	20.3	No significant change
GP Practices	The Almondbury Surgery	20.1	Decreasing
GP Practices	University Health Centre	16.5	No significant change
GP Practices	Greenhead Family Doctors	15.1	No significant change
CCG	NHS Greater Huddersfield CCG	17.9	Decreasing
England	England	17.2	Decreasing

Value / Avg. Value (axis 0–50)

Measure Names

Avg. Upper CI 95.0 limit
Avg. Lower CI 95.0 limit
Avg. Value

Smoking prevalence

- **What does the data tell us (cont'd)?**
  - Smoking cessation is widely offered across the PCN
  - However high rates of continued smoking (with no decreasing trend) suggest that these interventions aren't working and that other ideas may be needed

- **Local context**
  - The Whitehouse Centre and the Junction Surgery have two of the lowest smoking cessation averages. These averages are both under the CCG and England averages.

Smoking cessation offered, 2017/18

GP Practices | CCG | England

Value (axis 70–105) | Avg. Value

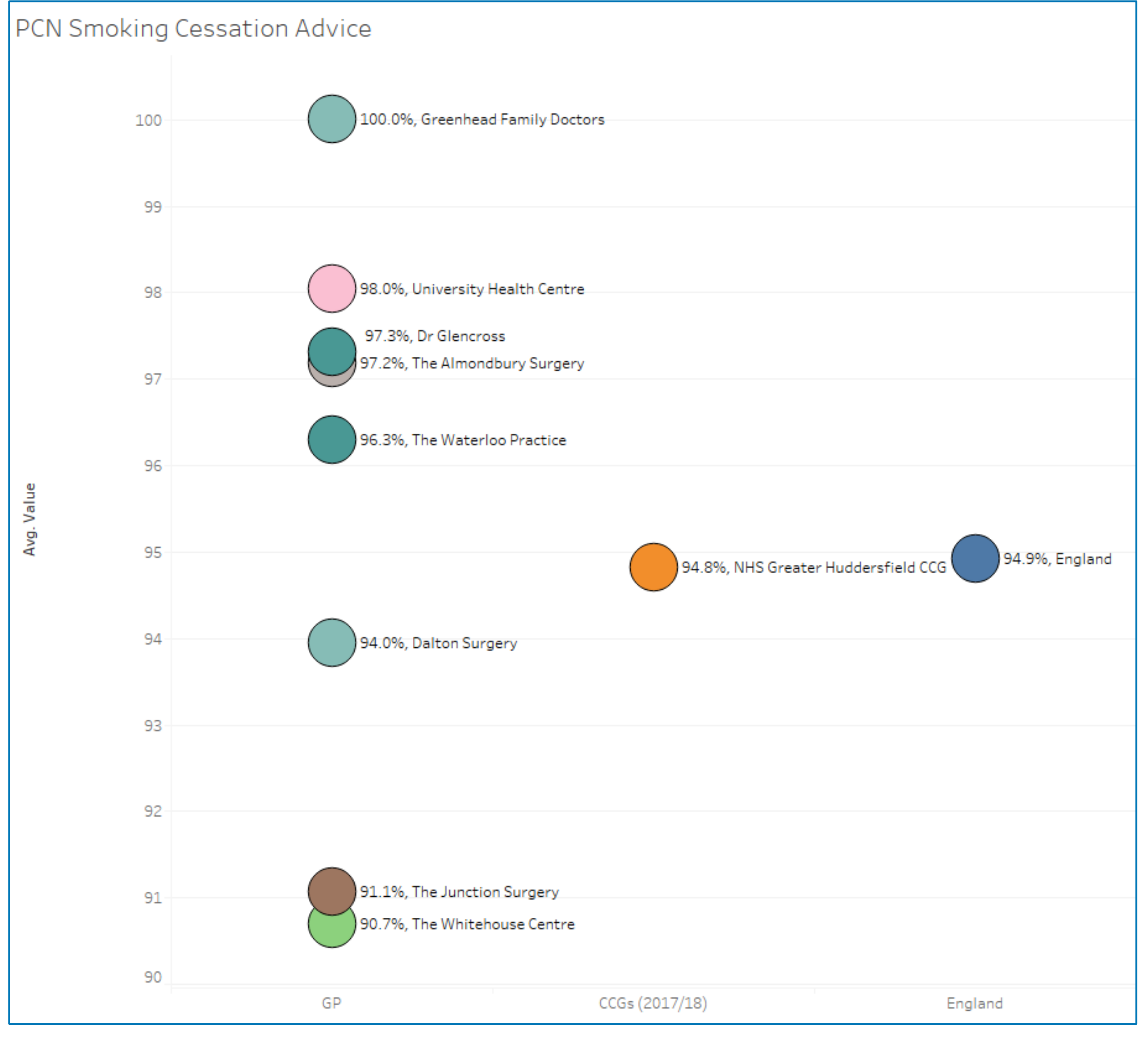
Practice	Avg. Value
Greenhead Family Doctors	100.0
The Almondbury Surgery	97.2
University Health Centre	98.0
Dr Glencross	97.3
The Waterloo Practice	96.3
Dalton Surgery	94.0
The Junction Surgery	91.1
The Whitehouse Centre	90.7
NHS Greater Huddersfield CCG	94.8
England	94.9

Measure Names
- Avg. Upper CI 95.0 limit
- Avg. Lower CI 95.0 limit
- Avg. Value

Attain

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%.
- Links to Supporting Data

Opportunity

- **What can be done?**
  - Work in partnerships with school to help prevent smoking from a young age and help create healthier lifestyles.
  - Create and promote smoke-free environments.
  - Deliver targeted messages on smoking via campaigns, online and social media and which promote lifestyles changes and increase awareness of services available to population.
  - **An Integrated Wellness Model (IWM)** is being implemented in Kirklees, inclusive of remodelling the smoking prevention agenda, to be launched September 2019. If you need further information about the new service, please contact the Service Lead, Patrick Boosey – Patrick.boosey@kirklees.gov.uk

- **What could this mean?**
  - Reducing the incidence of smoking in the local population would help reduce the health conditions which can lead to worsening of health outcomes (e.g. respiratory conditions, cardiovascular conditions).

- **Links and further reading**
  - Link to supporting data - Smoking cessation support
  - KJSA on Tobacco
  - Smoking prevalence

Priority 4: Childhood obesity

Priority 4: Childhood obesity

- **Why is this a priority?**
  - Research suggests that the earlier the onset of obesity in an individual or child's life, the greater is the difficulty to revert back to a healthier state.
  - Obesity is a risk factor for diabetes, cardiovascular disease (including heart attacks and stroke) and some cancers, so rising levels of obesity are a key concern.
  - The likelihood of a child being obese is strongly linked to a parent being overweight or obese.

- **What does the data tell us?**
  - Reception class obesity prevalence is almost 3 percentage points above the CCG and national averages – this is by far the highest of all the PCNs in Kirklees

Reception class obesity, Local PH data

Indicator Name1
National
CCG
PCN
Reception obesity
Avg. Value
13
12
11
10
9
8
7
6
5
4
3
2
1
0
9.5%
9.4%
12.1%
England
Greater Huddersfield
Tolson

2017-18 data

Priority 4: Childhood obesity

- **What does the data tell us (cont'd)?**
  - Data on physical activity shows that Tolson has a much lower portion of physically active children compared to the CCG average – it also the worst performing PCN on this metric
  - Tolson also has a higher portion of children that do no physical activity than the CCG average

- **Local context**
  - A life course perspective can increase our understanding of childhood obesity. There is now strong evidence that pre -and early life factors are involved in the development of childhood obesity, and that obesity often begins early in life.

  - 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.

Child activity levels, local PH data

Priority 4: Childhood obesity

- **What can be done?**
  - Innovative approaches to education and raising awareness are needed to motivate target groups, one of such could involve family interventions.
  - Key partners such as schools and service planners should maximise opportunities to deliver key messages to encourage the public to take personal action and highlight the effective help available to support them.
  - These include national campaigns such as the Change4Life movement and local initiatives such as the Healthyweight Kirklees website and network which provide advice, support and links to local services.
  - Again, **An Integrated Wellness Model (IWM)** is being implemented in Kirklees, to be launched September 2019. If you need further information about the new service, please contact the Service Lead, Patrick Boosey – Patrick.boosey@kirklees.gov.uk
  - Cross referencing and working across priority areas and n partnership with other PCNs may prove efficient mechanisms to address priorities for example; Diabetes, Obesity and Smoking prevalence

- **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, Government publication, "Healthy lives, healthy people: a call to action on obesity in England, North Kirklees Obesity Prevalence trend re Obesity: QOF prevalence (18+), Kirklees Wellness Service Update Communications

Priority 5: Smoking at time of delivery

High portion of mothers smoking at the time of delivery

- **Why is this a priority?**
  - Research has shown that if mothers smoke during pregnancy, the risk of stillbirth, infant mortality increase significantly. Furthermore, once babies are born, they are more likely to be underdeveloped and in poor health.

- **What does the data tell us?**
  - Tolson has higher levels of mothers smoking at the time of delivery compared to the CCG and national averages

Prevalence of smoking at time of delivery, local PH data

	National	CCG	PCN
	England	Greater Huddersfield	Tolson
Avg. Value	10.8%	11.8%	13.7%

2018-19 data

High prevalence of babies born with low birthweight

- **What does the data tell us (cont'd)?**
  - Tolson also sees higher levels of low birthweight babies born, when compared to CCG and national averages

- **Local context**
  - There is a disparity in the rate of women smoking during their pregnancy. For example, women of South Asian ethnicity tend to smoke less overall whether it is at time of delivery or not.
  - The local rate of smoking during pregnancy is therefore higher if we exclude South Asian from this analysis.

Prevalence of low birth weight, Local PH data

	National	CCG	PCN
	England	Greater Huddersfield	Tolson
Avg. Value	2.8%	3.0%	3.3%

2018-19 data

Opportunity

- **What can be done?**
  - Deliver targeted smoking cessation interventions for mothers who are smoking during pregnancy.
  - Provide social support to mothers smoking during pregnancy who also demonstrate signs of vulnerability.
  - Create and promote smoke-free environments.
  - Deliver targeted messages on smoking via campaigns, online and social media and which promote lifestyles changes and increase awareness of services available to population.
- Linking into Healthy Pregnancy and the first 1,000 days of life and West Yorkshire & Harrogate Local Maternity System programme.
  - **Nurturing Parents** - healthy pregnancy and the first 1,000 days of life is approach that focuses on enabling and supporting parents, along with wider family members and communities – Key links for further information include: **Cathy Munro** (Public Health) Cathy.Munro@Kirklees.gov.uk and **Karen Poole** (West Yorkshire and Harrogate Local Maternity System Programme Lead) Karen.Poole3@wakefieldccg.nhs.uk

- **What could this mean?**
  - Research suggests that children who live in a household where a parent smokes are 2 to 3 times more likely to smoke themselves. Therefore, if smoking at time of delivery is reduced and maintained, it will not only have significant implication on the healthy development of the child it can also help prevent their child from developing unhealthy behaviours.

- **Links and further reading**
  - KJSA on Tobacco; Link to supporting data - Smoking cessation support; Smoking prevalence

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 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.

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(List of chart contents & links in alphabetical order)

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2. Adults Socially Connected
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4. CHD Prevalence
5. Child Active Travel
6. Child Emotional Wellbeing
7. Child High Happiness
8. Child High Life Satisfaction
9. Child No Physical Activity
10. Child Physically Active
11. COPD Prevalence
12. Deaths Age 85 Plus
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14. Deaths at Home
15. Deaths at Hospice
16. Deaths at Hospital
17. Depression
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19. Diabetes Prevalence
20. Infant Mortality
21. Life expectancy - Female
22. Life expectancy – Male
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34. Smoking at Time of Delivery
35. Year 6 Obesity

COPD Prevalence

COPD Prevalence (2015)

COPD Prevalence

4.5%, Greenhead Family Doctors
3.0%, The Almondbury Surgery
2.8%, The Waterloo Practice
2.7%, The Junction Surgery
2.7%, Dr Glencross
2.6%, Dalton Surgery
0.6%, The Whitehouse Centre
0.3%, University Health Centre
3.0%, England

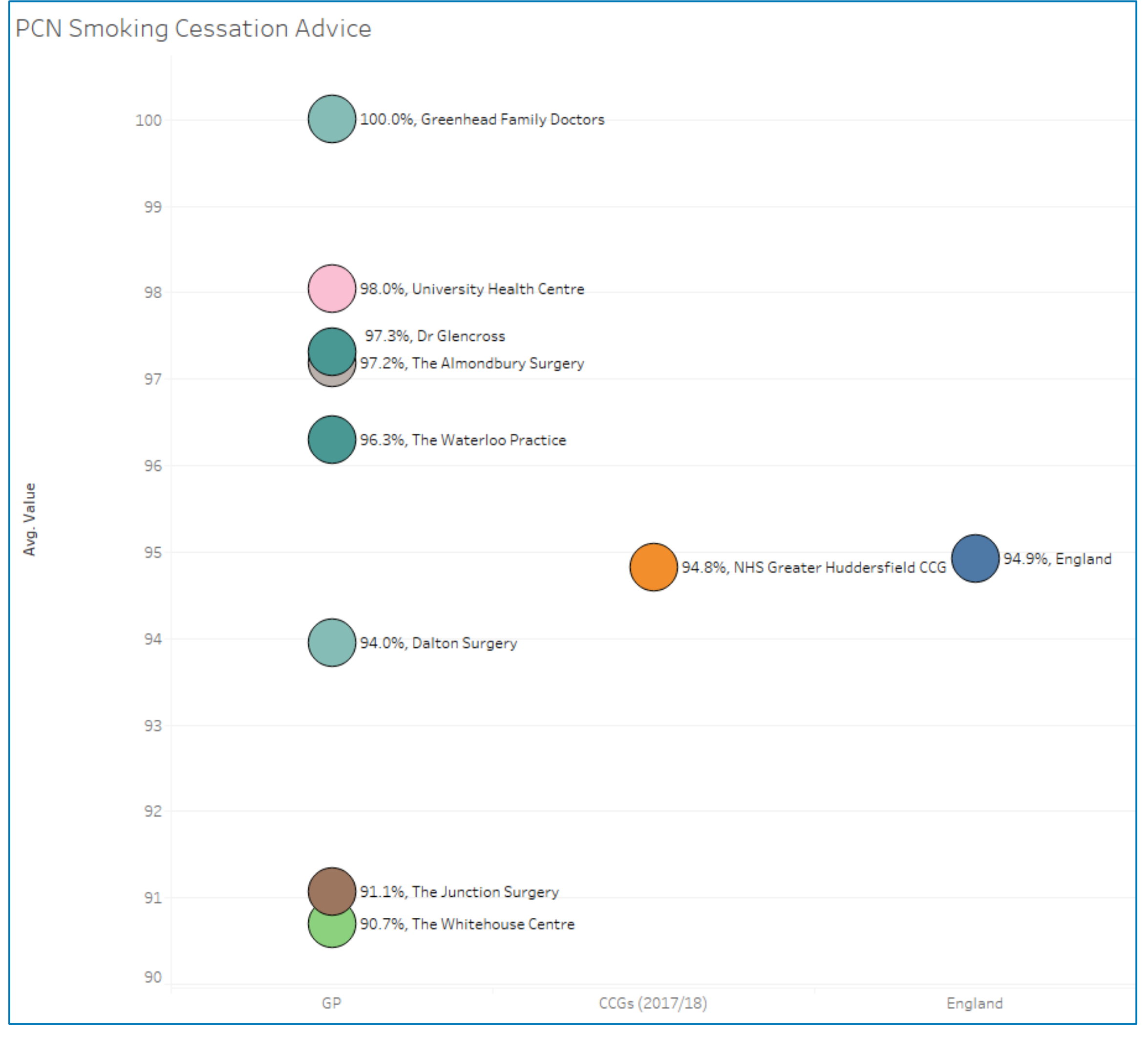
Avg. Value: 0.0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5

GP | CCGs (2017/18) | England

- 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%.
- Six of the eight practices have COPD prevalence rates lower than the national average.
- Link to Supporting Data

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%.
- The Junction Surgery& Whitehouse practices are significantly below the national and regional average measures.
- Links to Supporting Data

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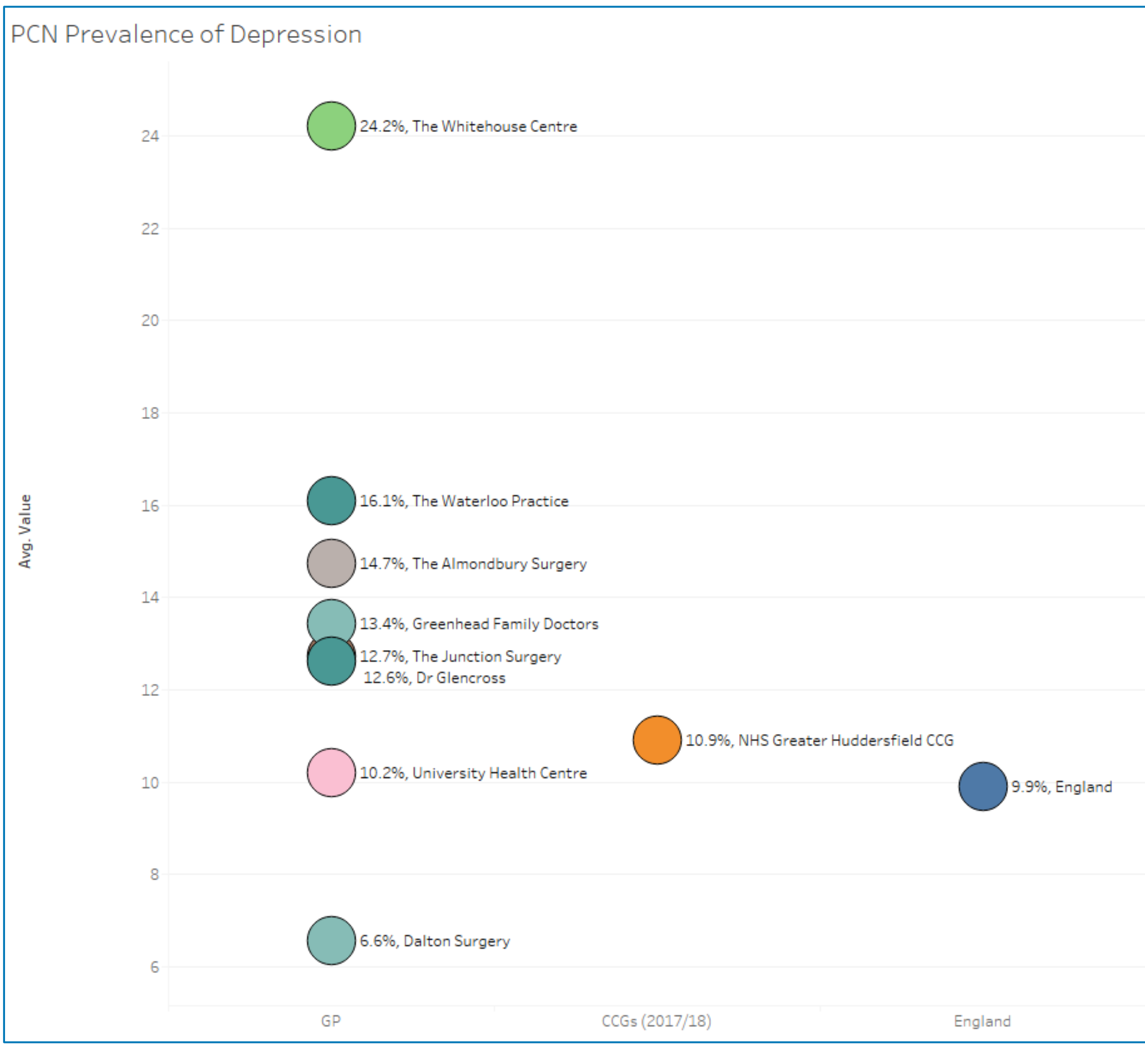
Depression

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%.
- Five of the eight practices have prevalence rates above the national and regional average measures.
- Link to Supporting Data

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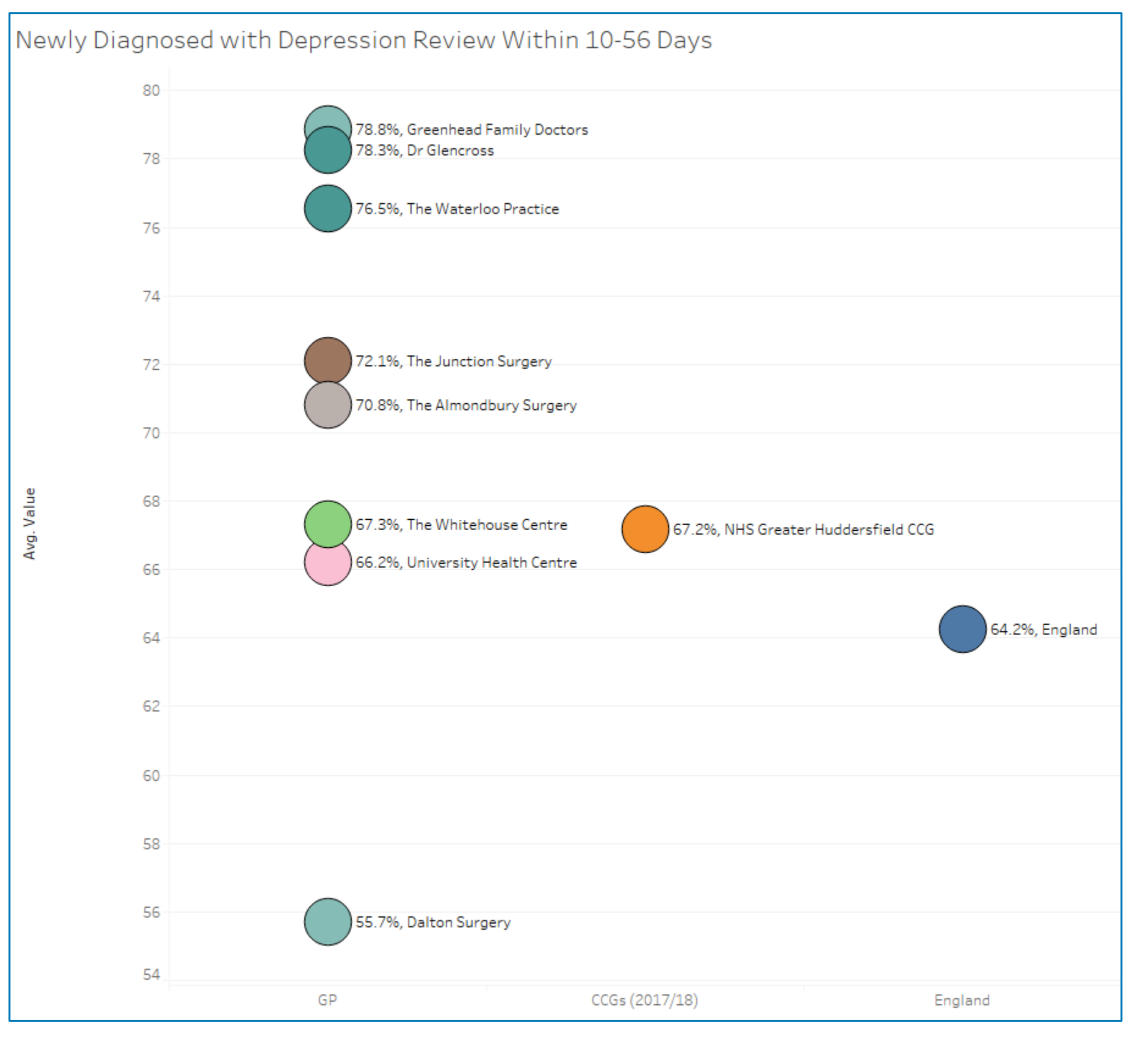
Depression Review within 10-56 Days

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%.
- Only the Dalton surgery falls below the national and regional average position.
- Link to Supporting Data

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CHD Prevalence

CHD Prevalence (2017-18)

CHD Prevalence

Avg. Value

6.0
5.5
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0

5.8%, Greenhead Family Doctors
4.2%, The Waterloo Practice
3.6%, The Junction Surgery
3.5%, Dr Glencross
3.4%, Dalton Surgery
3.4%, The Almondbury Surgery
0.5%, The Whitehouse Centre
0.1%, University Health Centre
3.4%, NHS Greater Huddersfield CCG
3.1%, England

GP
CCGs (2017/18)
England

- 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%.
- Four of the eight PCN practices are showing as above the national and CCG average measures.
- Link to Supporting Data

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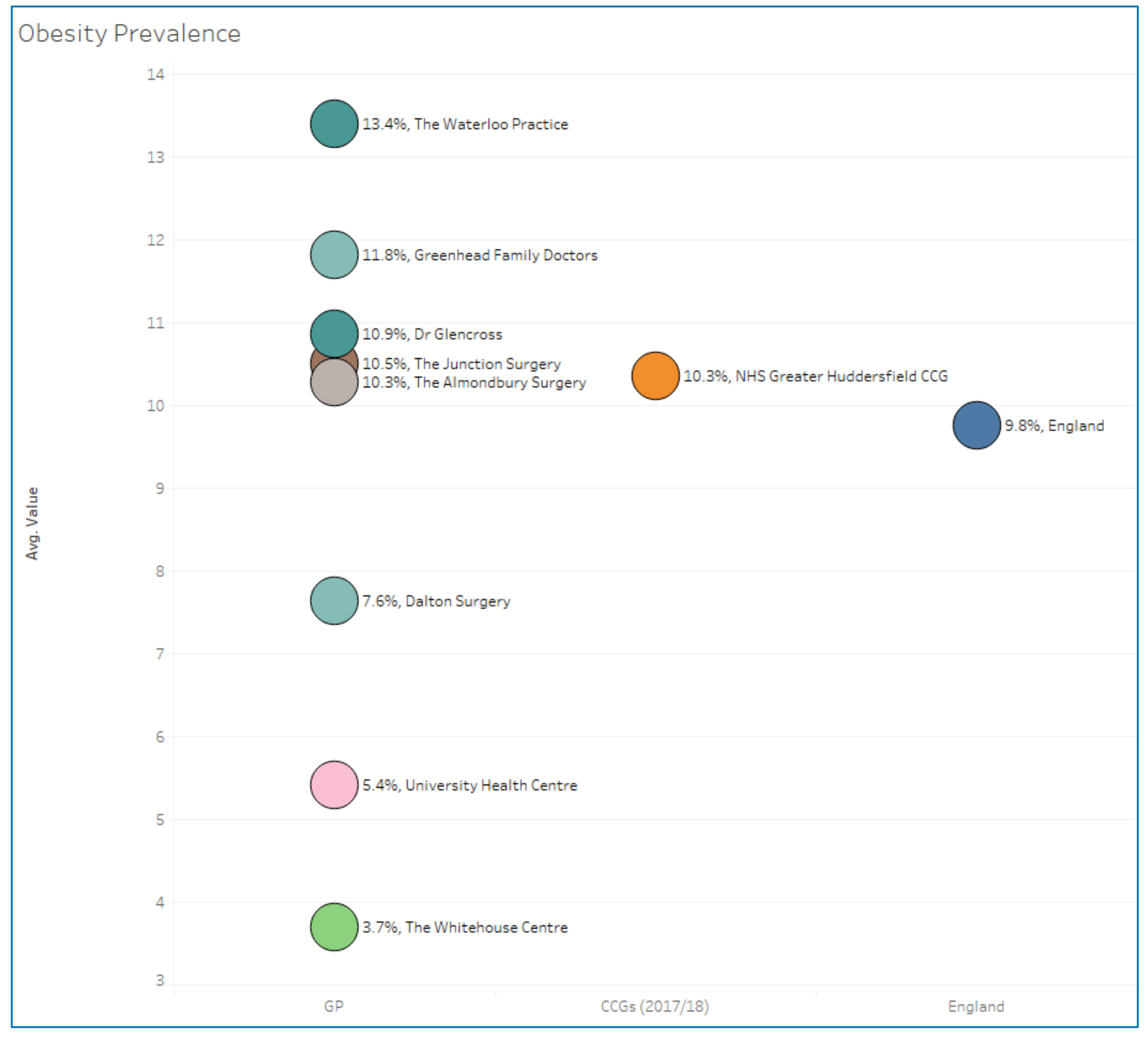
Obesity Prevalence

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%.
- Four of the eight practices have obesity prevalence rates above the national and CCG measures.
- Link to Supporting Data

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Diabetes Prevalence

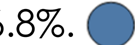
Diabetes Prevalence (2017-18)

Diabetes Prevalence (17+, QOF)

Avg. Value

8.0%, Greenhead Family Doctors
7.5%, The Waterloo Practice
7.3%, Dr Glencross
6.9%, The Junction Surgery
6.9%, Dalton Surgery
6.8%, England
6.4%, NHS Greater Huddersfield CCG
5.3%, The Almondbury Surgery
2.9%, The Whitehouse Centre
0.6%, University Health Centre

GP | CCGs (2017/18) | England

- 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%.
- Four of the eight practices have diabetes prevalence rates above the national and regional measures.
- The University Health Centre is significantly lower than the national and regional measures.
- Link to Supporting Data

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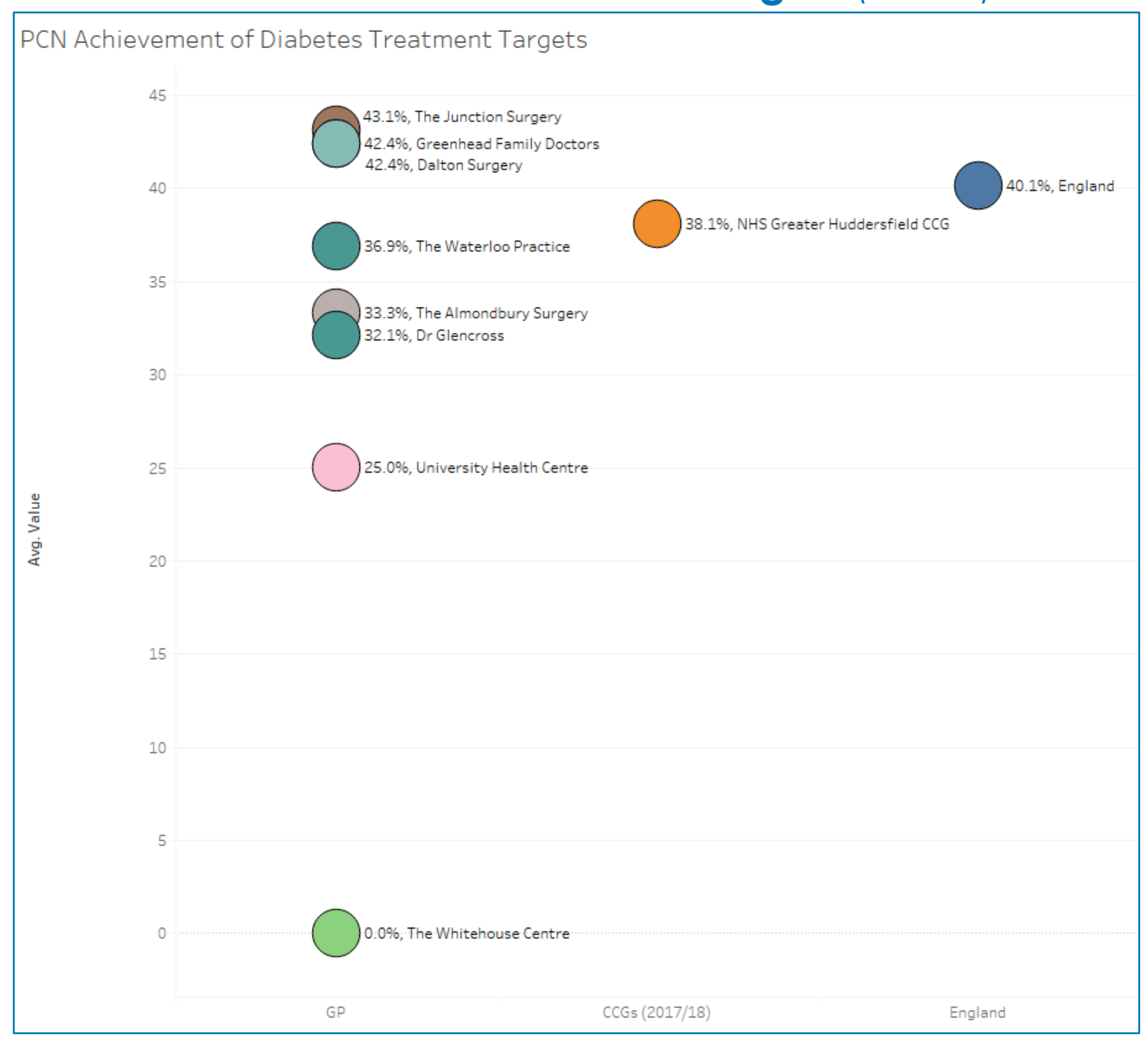
Achievement of Diabetes Treatment Targets

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%.
- Five of the eight practices fall below the national and regional average measures.
- Link to Supporting Data

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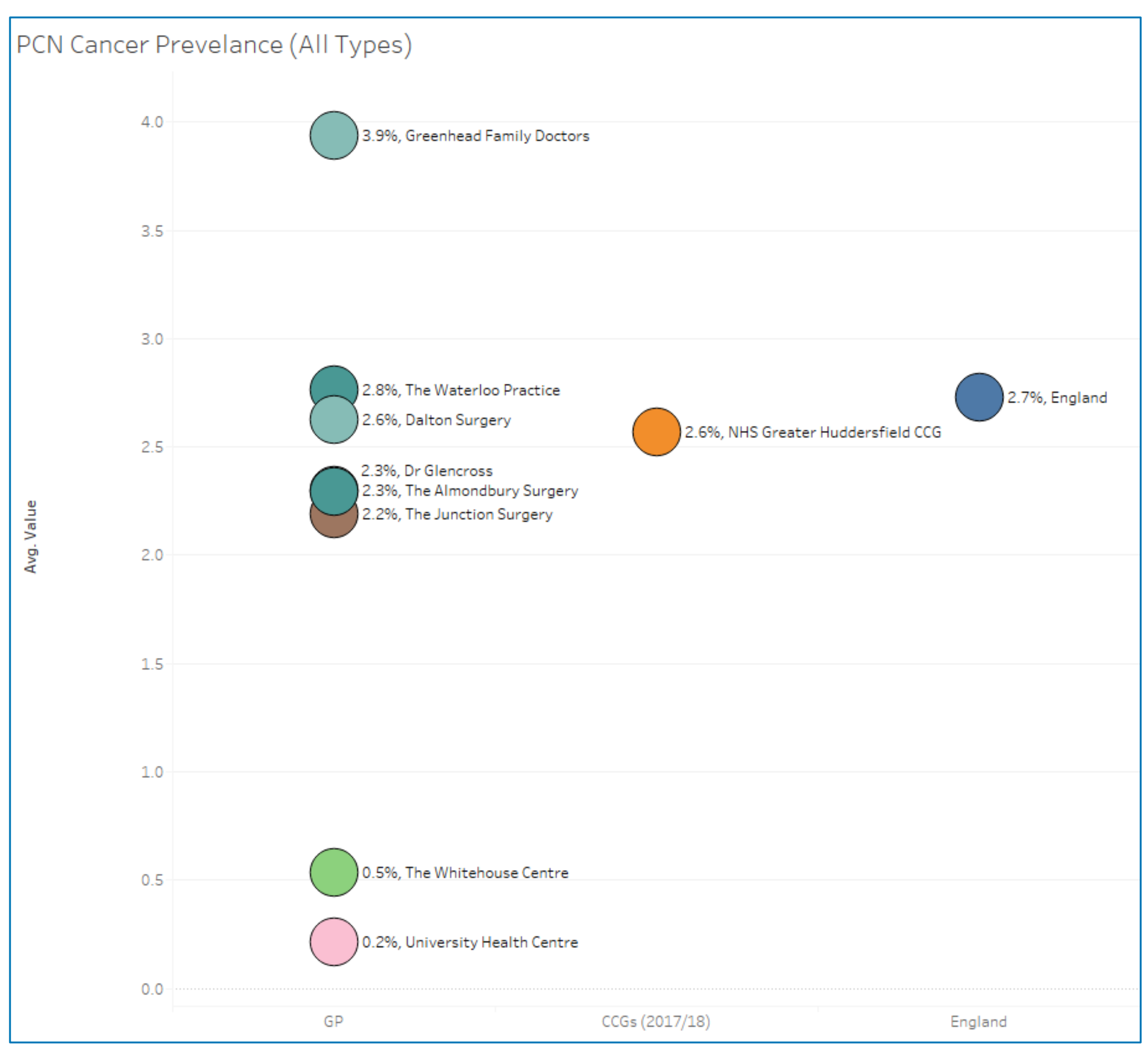
PCN Cancer Prevalence

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%.
- Two of the eight practices have prevalence rates above the national and regional measures.
- The Whitehouse and University Health Centres are significantly lower than the national and CCG measures.
- Link to Supporting Data

PCN Cancer Emergency Admissions

PCN Cancer Emergency Admissions (2017-18)

PCN Cancer Emergency Admissions

Avg. Value

850
800
750
700
650
600
550
500
450
400
350
300
250
200
150
100
50

821.1, Dalton Surgery
659.7, Dr Glencross
599.5, Greenhead Family Doctors
587.9, The Junction Surgery
540.2, England
508.7, The Waterloo Practice
495.0, NHS Greater Huddersfield CCG
382.8, The Almondbury Surgery
265.8, The Whitehouse Centre
96.7, University Health Centre

GP
CCGs (2017/18)
England

- 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
- Four out of the eight practices are above both regional and national measures. University Health Centre is significantly lower than CCG and national measures.
- Link to Supporting Data

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PCN Learning Difficulty Prevalence

PCN Learning Difficulty Prevalence (2017-18)

PCN LD Prevelance (QOF)

Avg. Value

2.0
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
0.2
0.0

2.0%, Dr Glencross
1.7%, Greenhead Family Doctors
1.0%, The Waterloo Practice
0.9%, The Whitehouse Centre
0.7%, The Junction Surgery
0.7%, The Almondbury Surgery
0.6%, NHS Greater Huddersfield CCG
0.5%, England
0.5%, Dalton Surgery
0.0%, University Health Centre

GP
CCGs (2017/18)
England

- 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%.
- Five of the eight PCN practices have LD prevalence rates above the CCG and national measures.
- Link to Supporting Data

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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%.
- Greenhead Family Doctors percentage is significantly above the CCG and national measures.
- Link to Supporting Data

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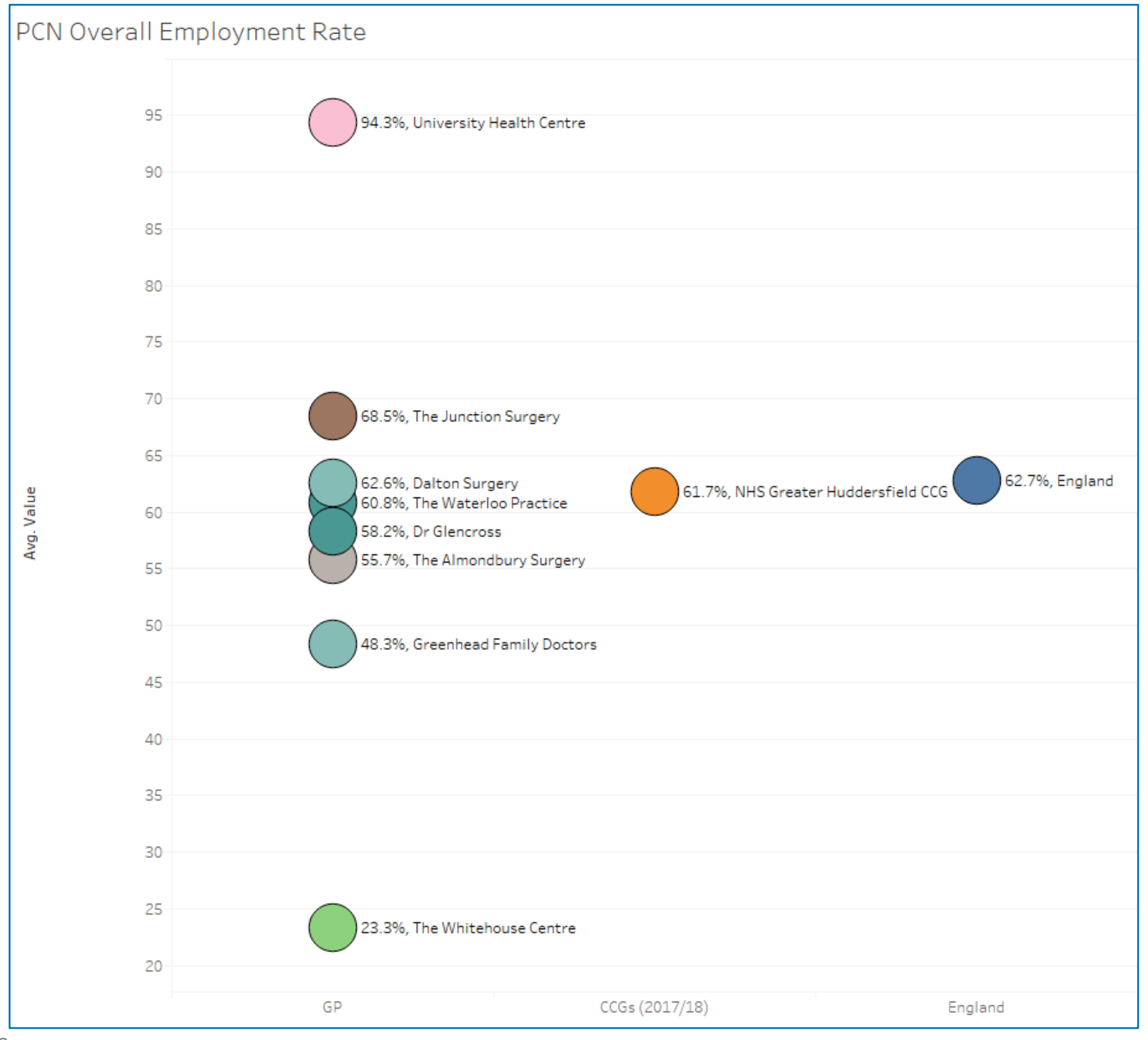
PCN Overall Employment Rate

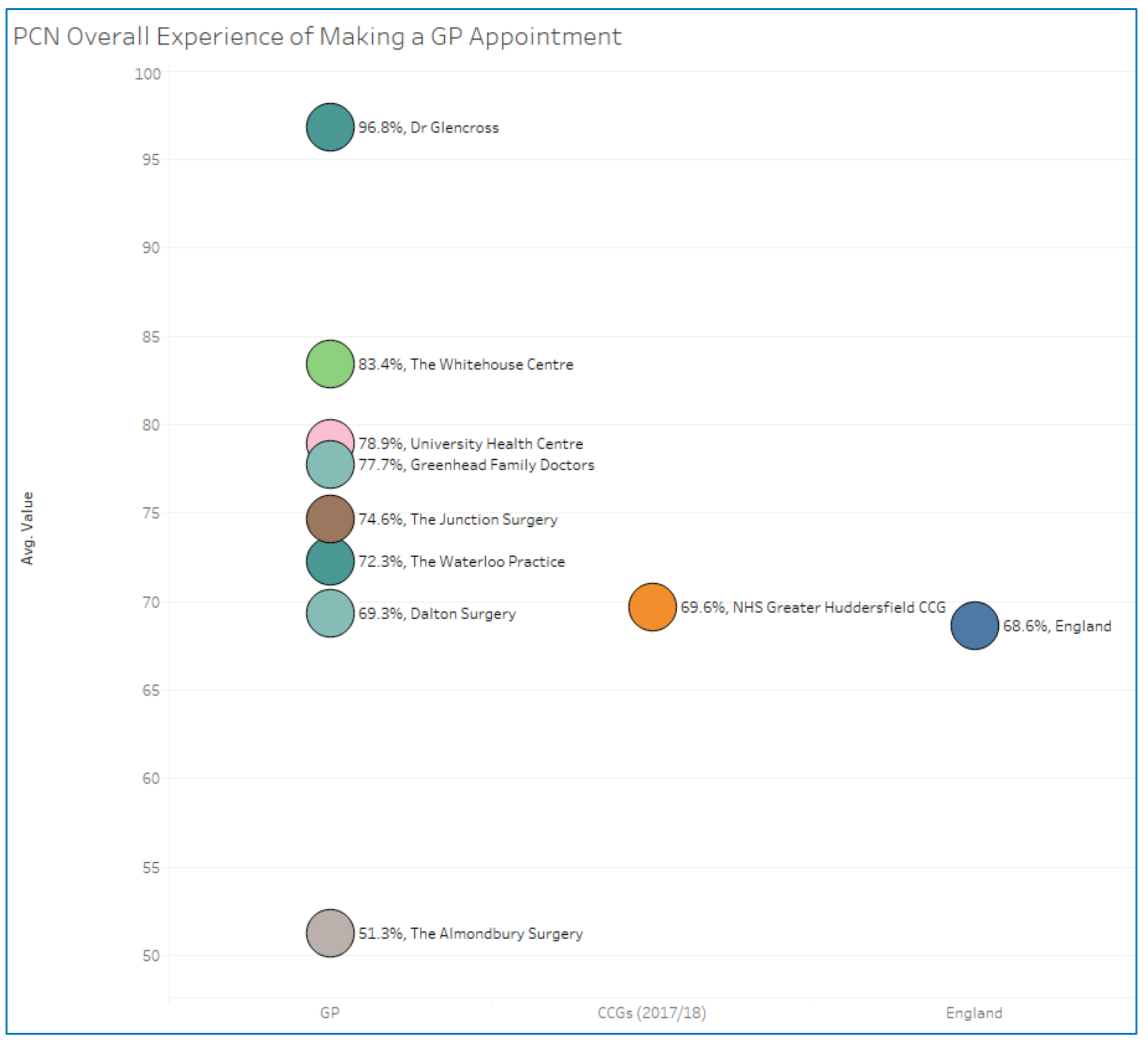
PCN Overall Employment Rate (2018)



- 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%.
- Five of the eight PCN practices are showing figures below national and CCG levels. The Whitehouse Centre is significantly lower than national & CCG measures.
- Link to Supporting Data

PCN Overall Experience of Making a GP Appointment

PCN Overall Experience of Making a GP Appointment (2018)



- The chart represents the response to the question: "Overall, how would you describe your experience of making an appointment?".
- The indicator value is the percentage of people who answered this question with either "Very good" or "Fairly good" from all respondents to this question.
- The percentage with a positive experience in England is 68.6%
- The percentage with a positive experience in NHS Greater Huddersfield is 69.6%.
- The Almondbury Surgery has the lowest level response with only 51.3% describing their experience as Very good" or "Fairly good".
- Link to Supporting Data

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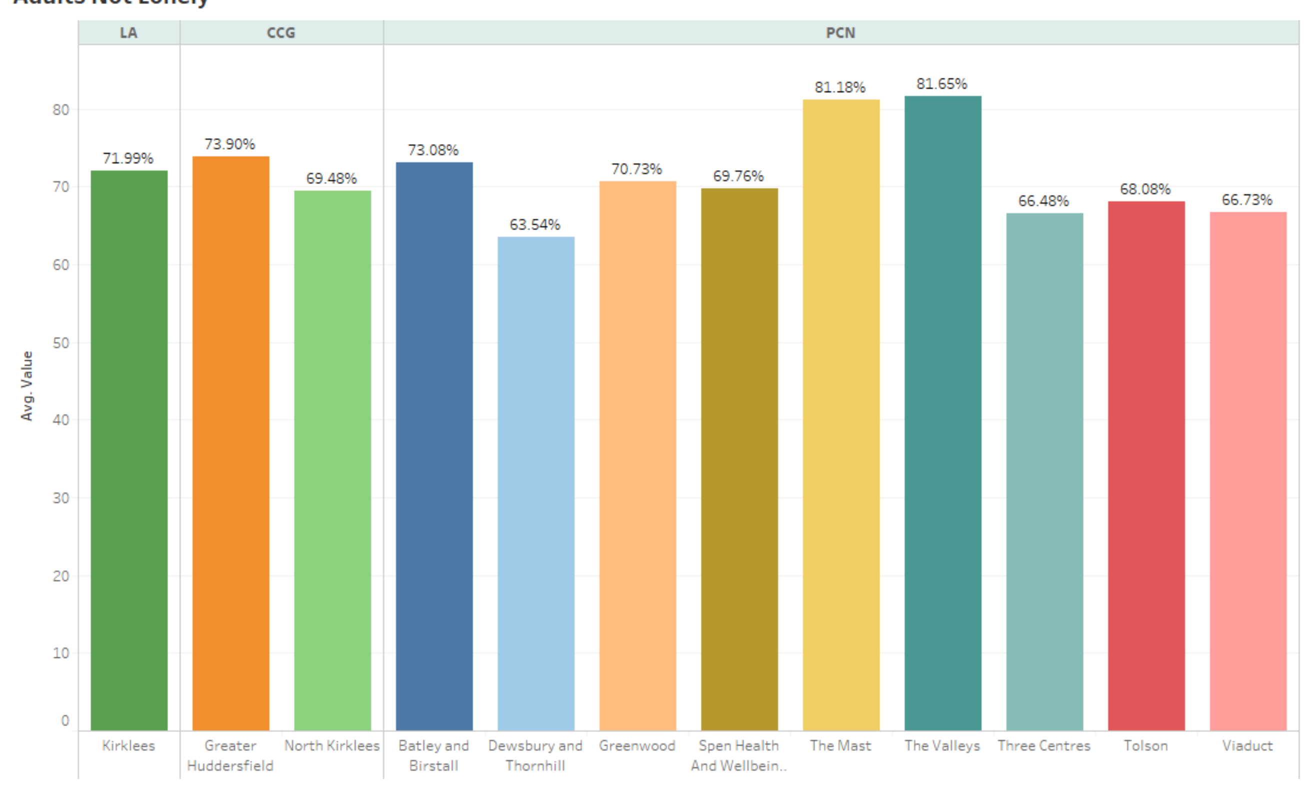
Adults Not Lonely

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

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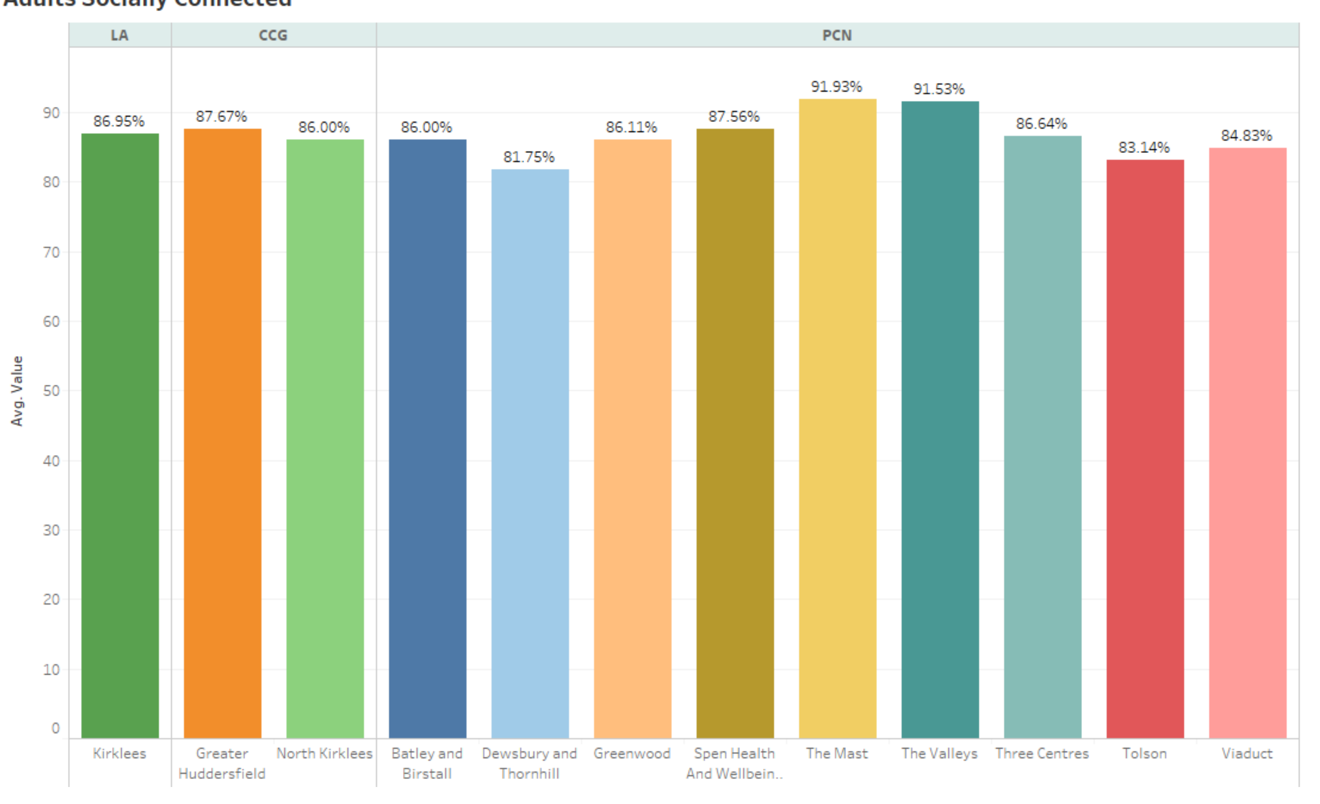
Adults Socially Connected

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.

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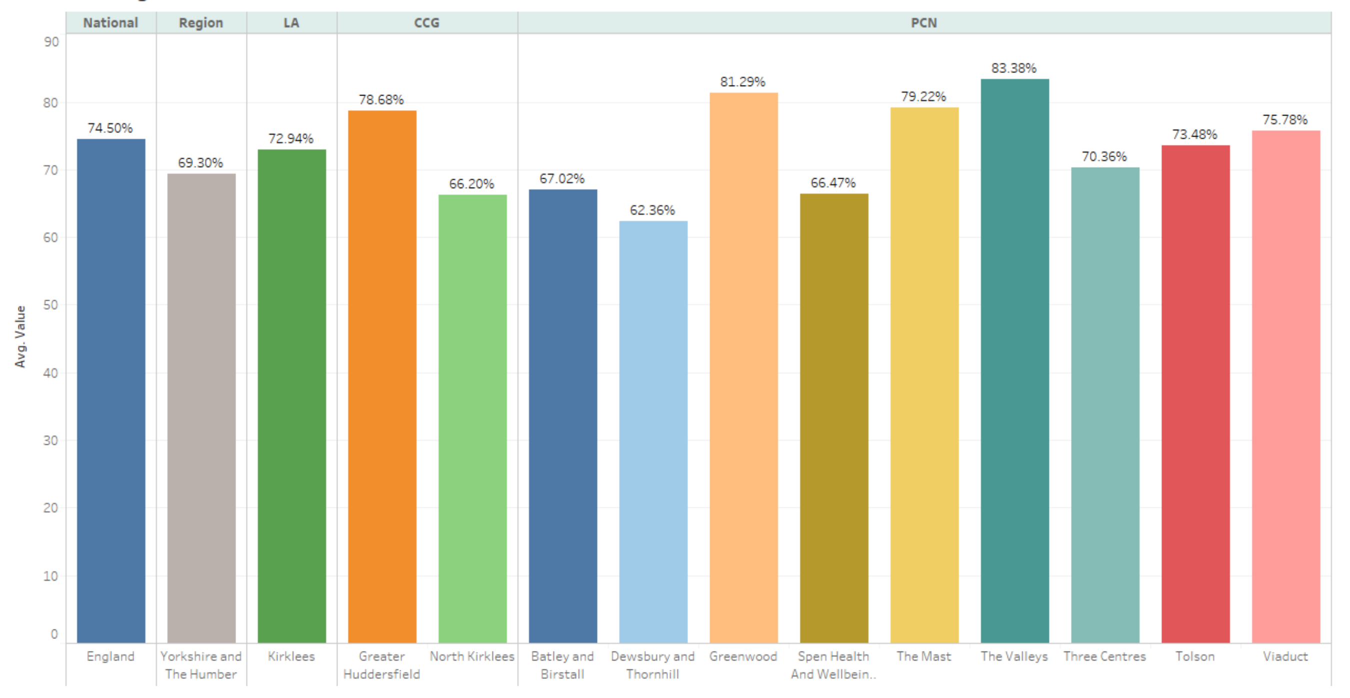
Breastfeeding Initiation

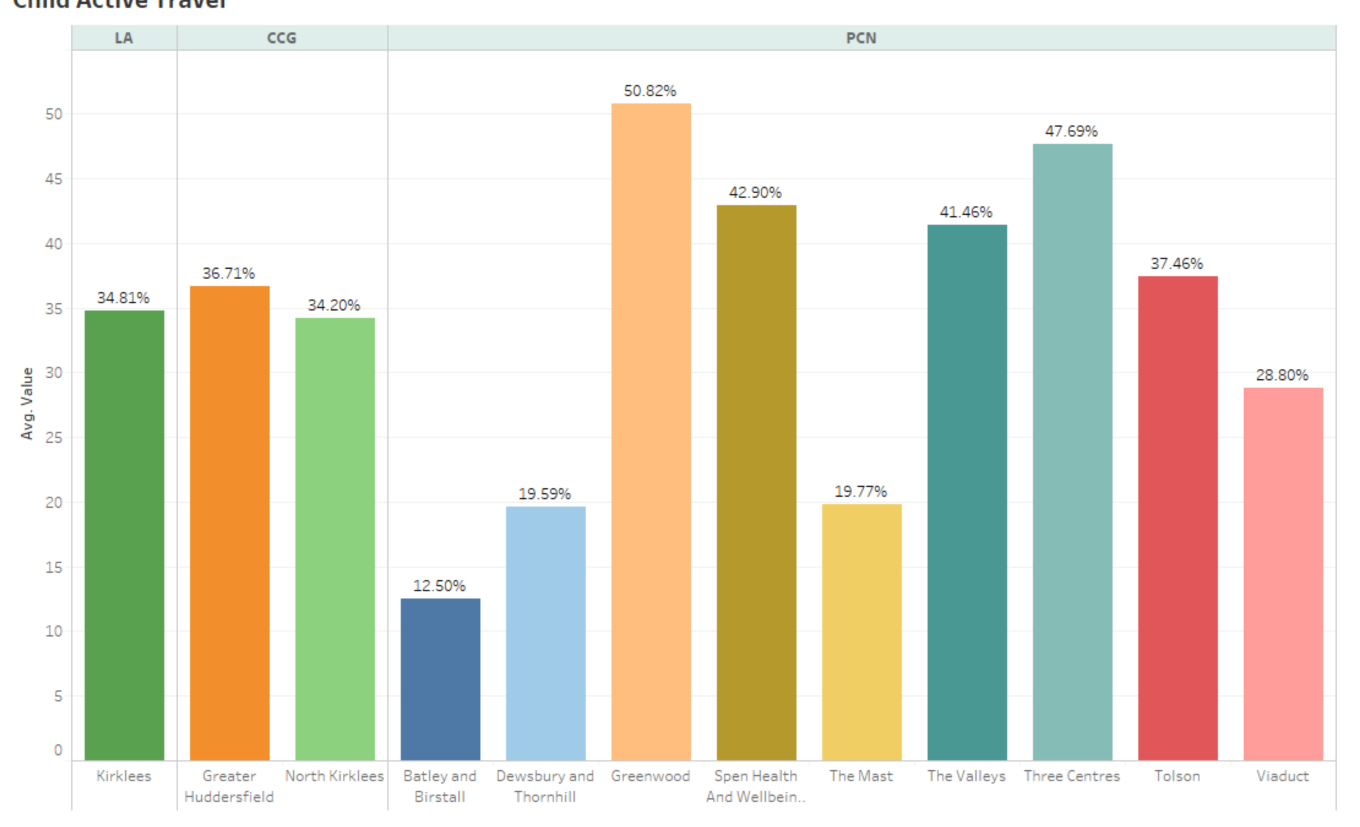
Breastfeeding Initiation (2016/17)



- 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.

Child Active Travel

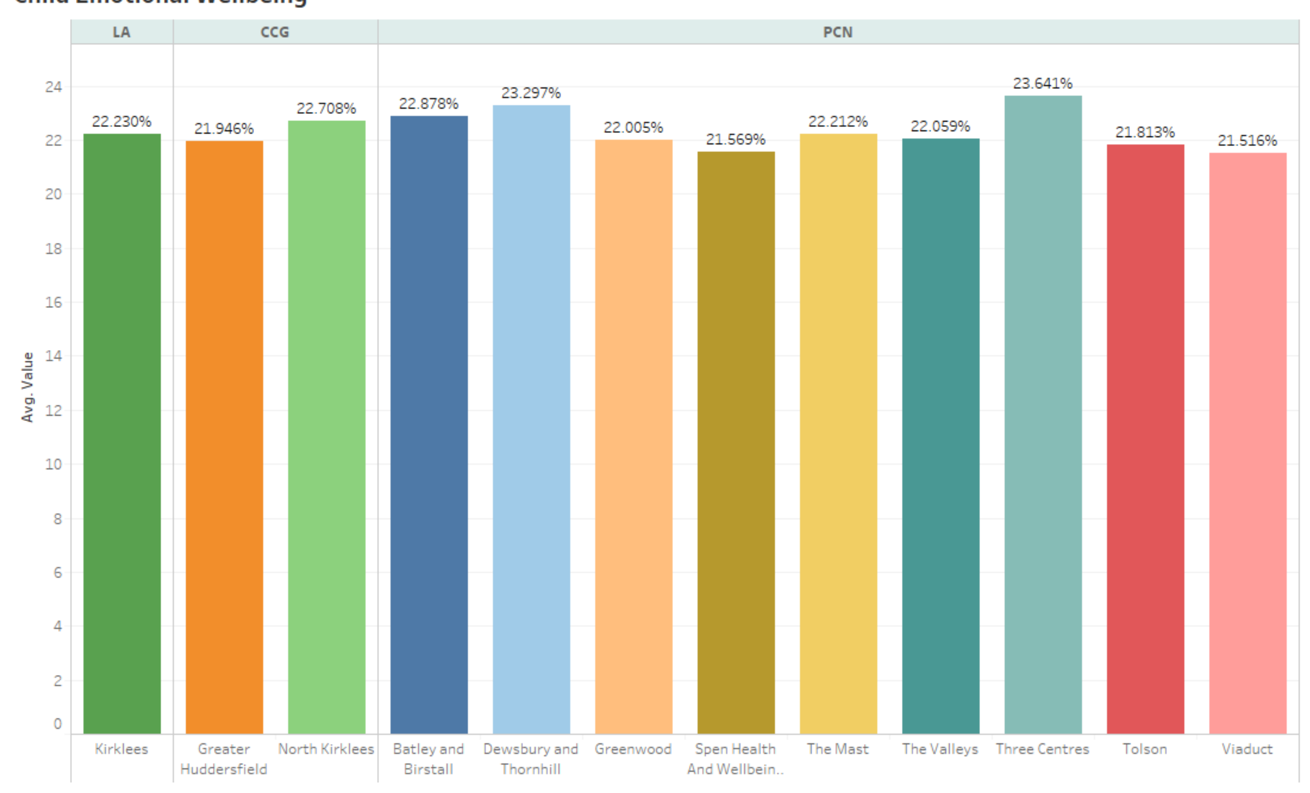
Child Active Travel (2019)



- 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.

Child Emotional Wellbeing

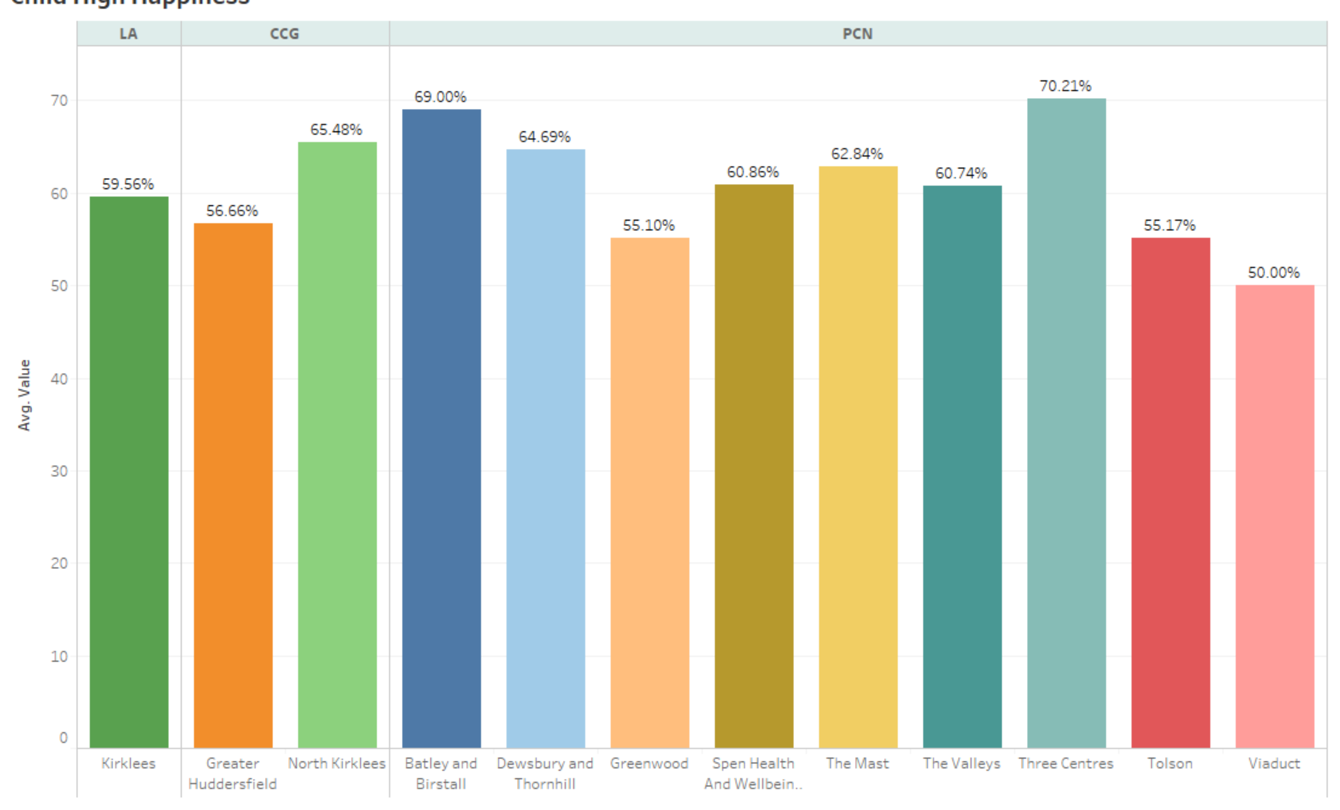
Child Emotional Wellbeing (2019)



- 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.

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.

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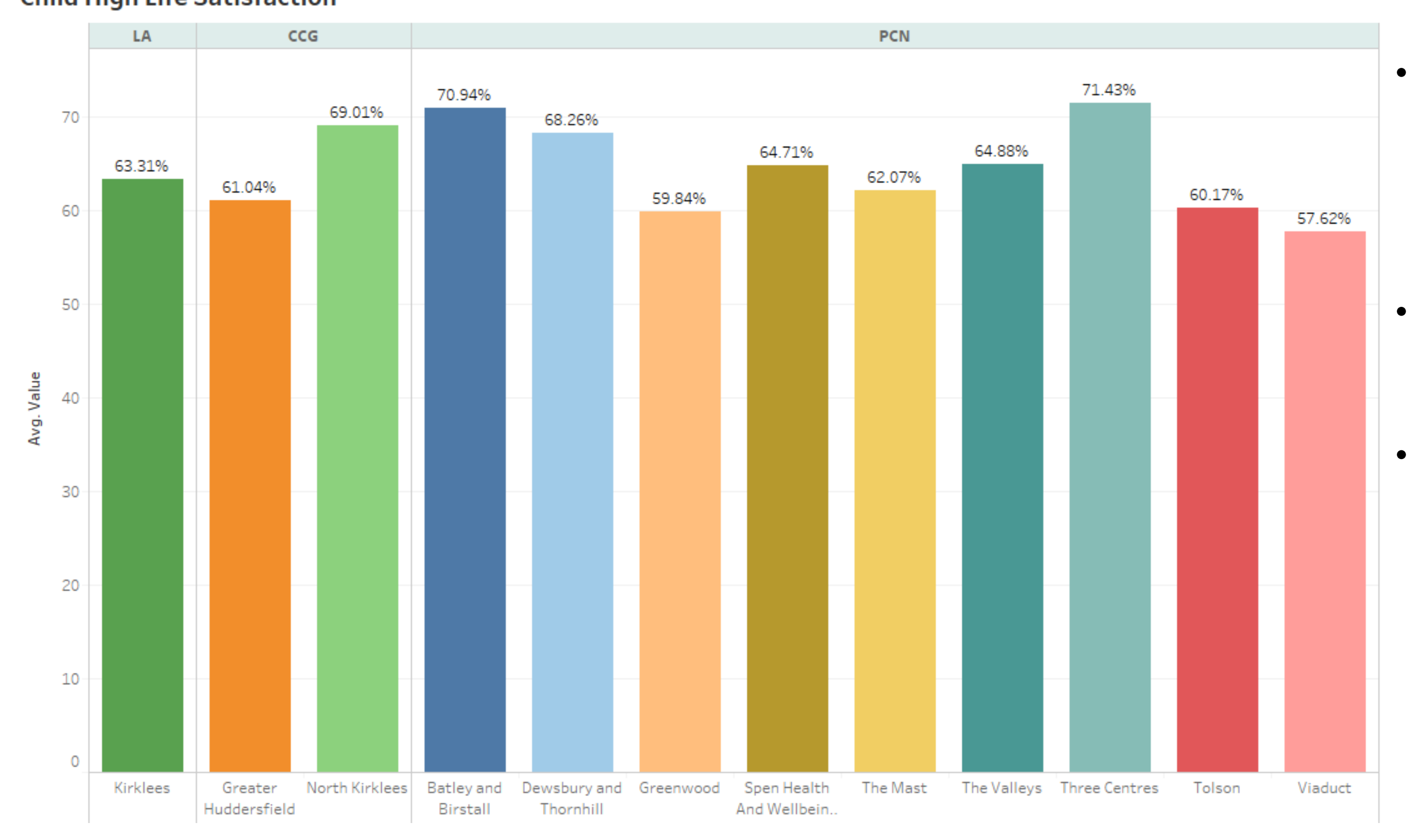
Child High Life Satisfaction

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:

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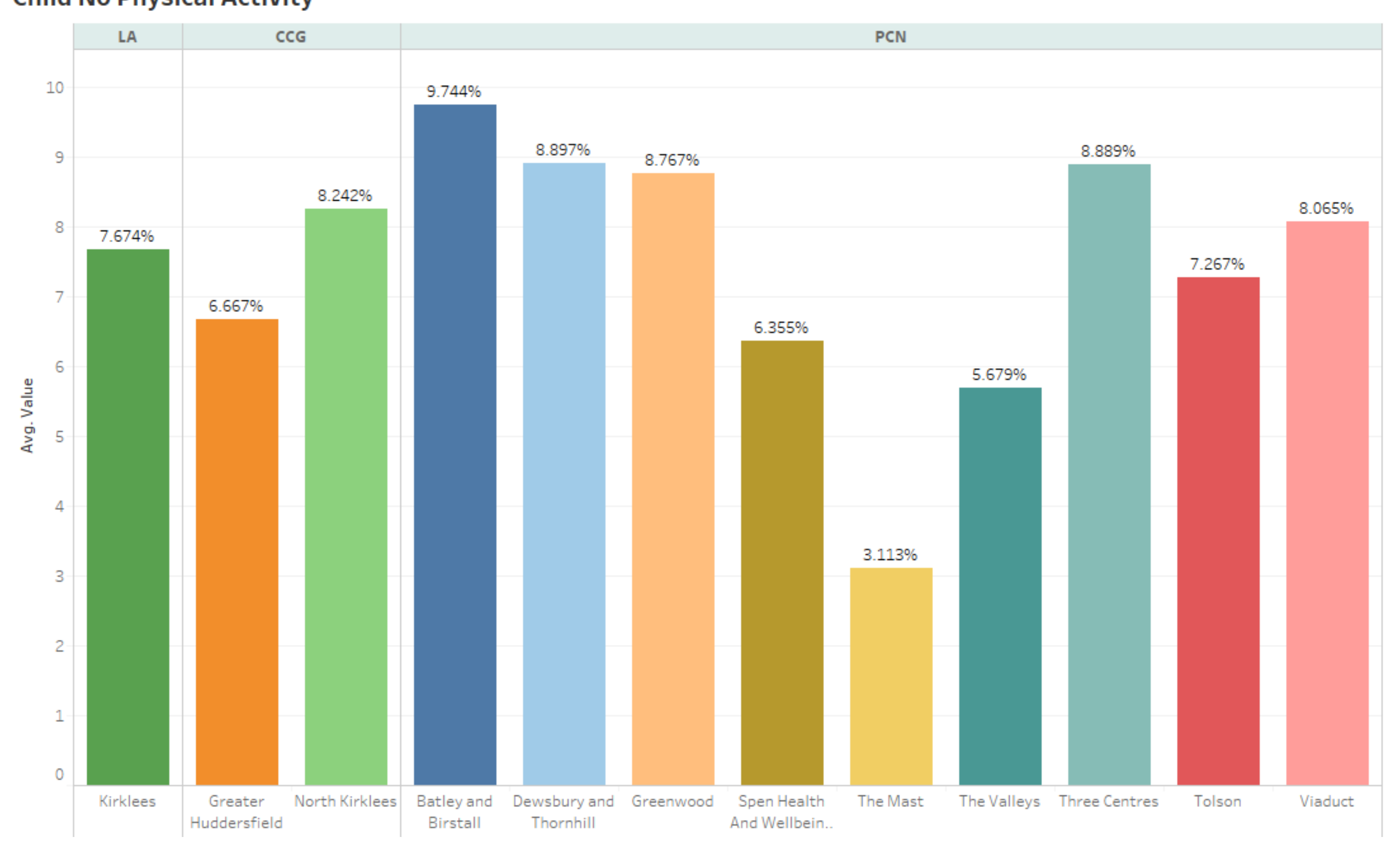
Child No Physical Activity

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.

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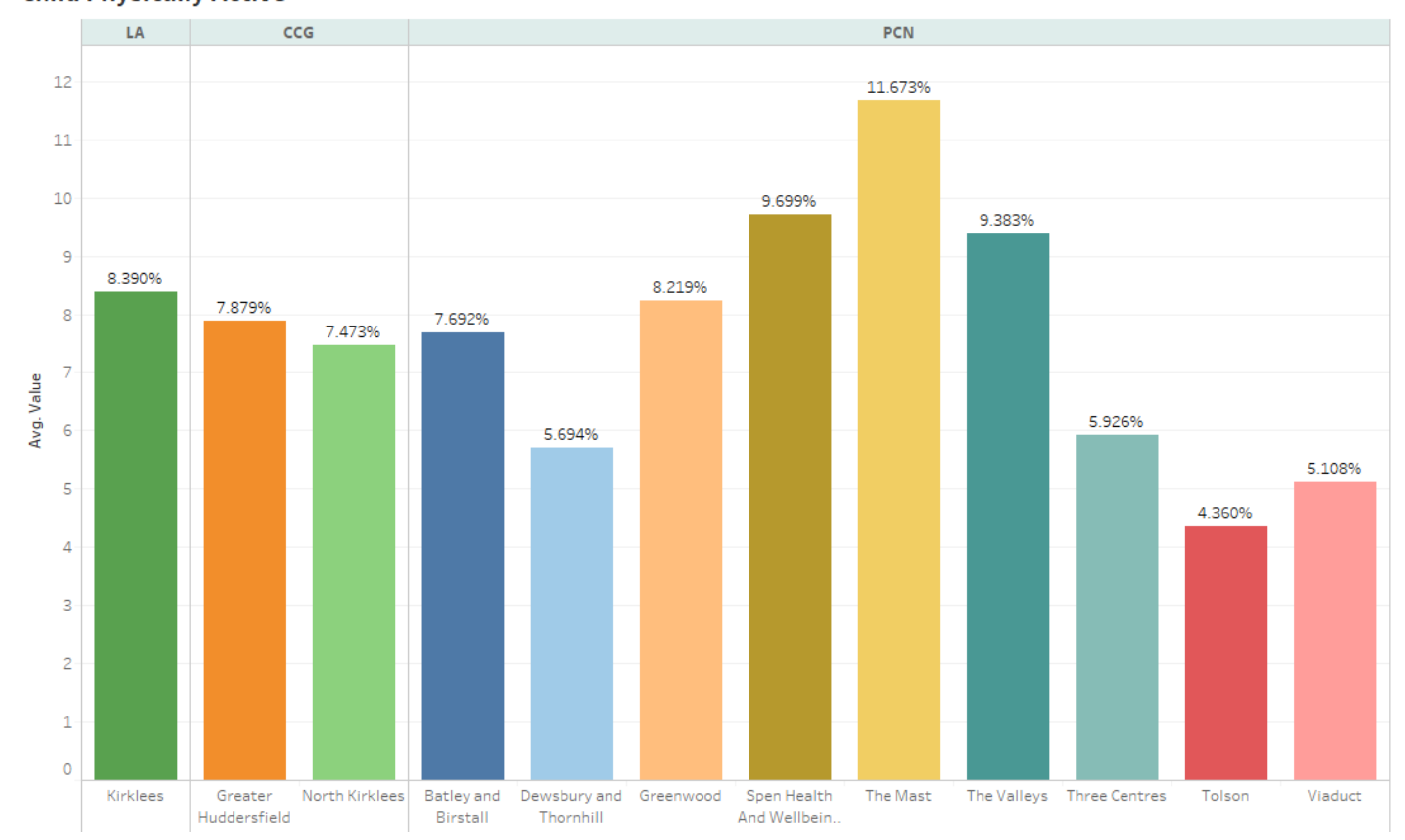
Child Physically Active

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.

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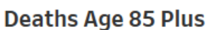
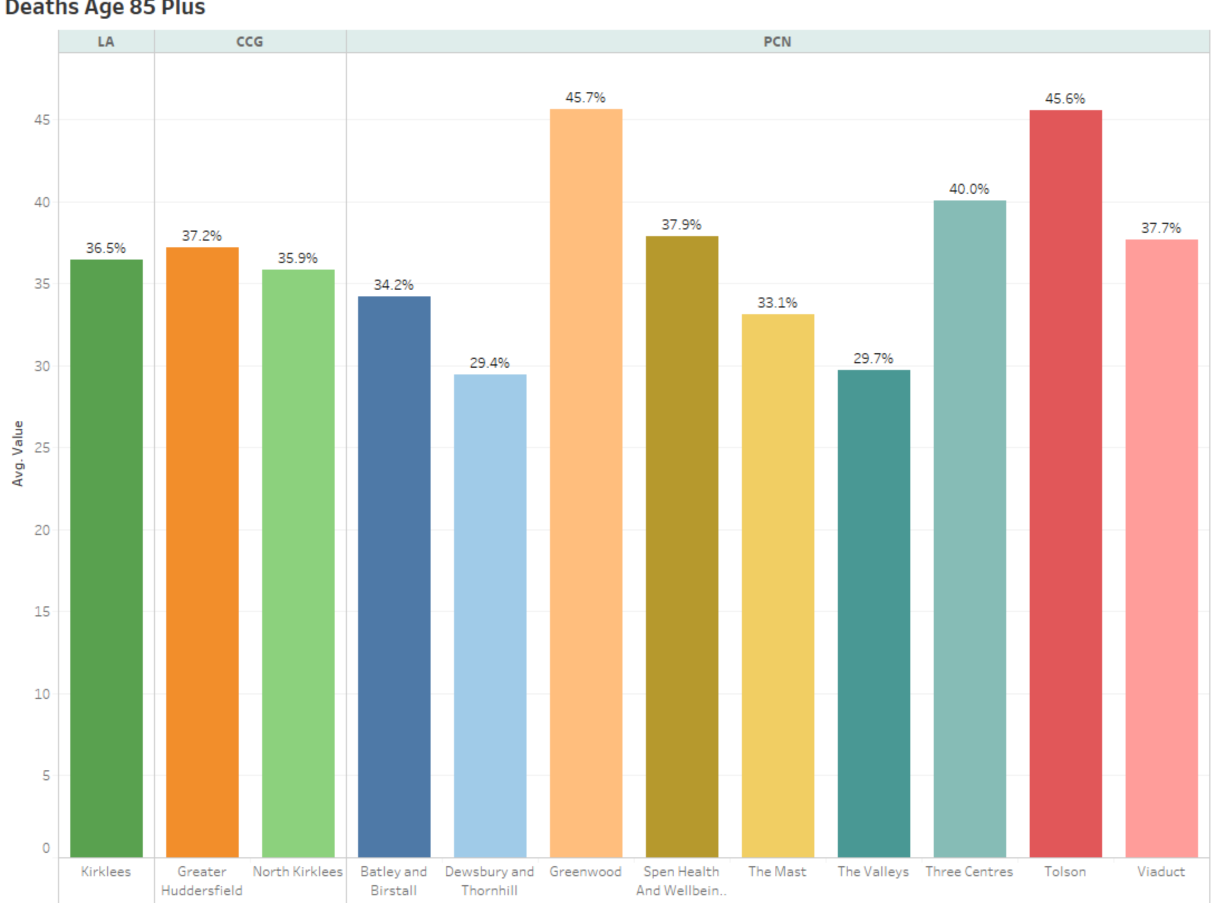
Deaths Age 85 Plus



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.

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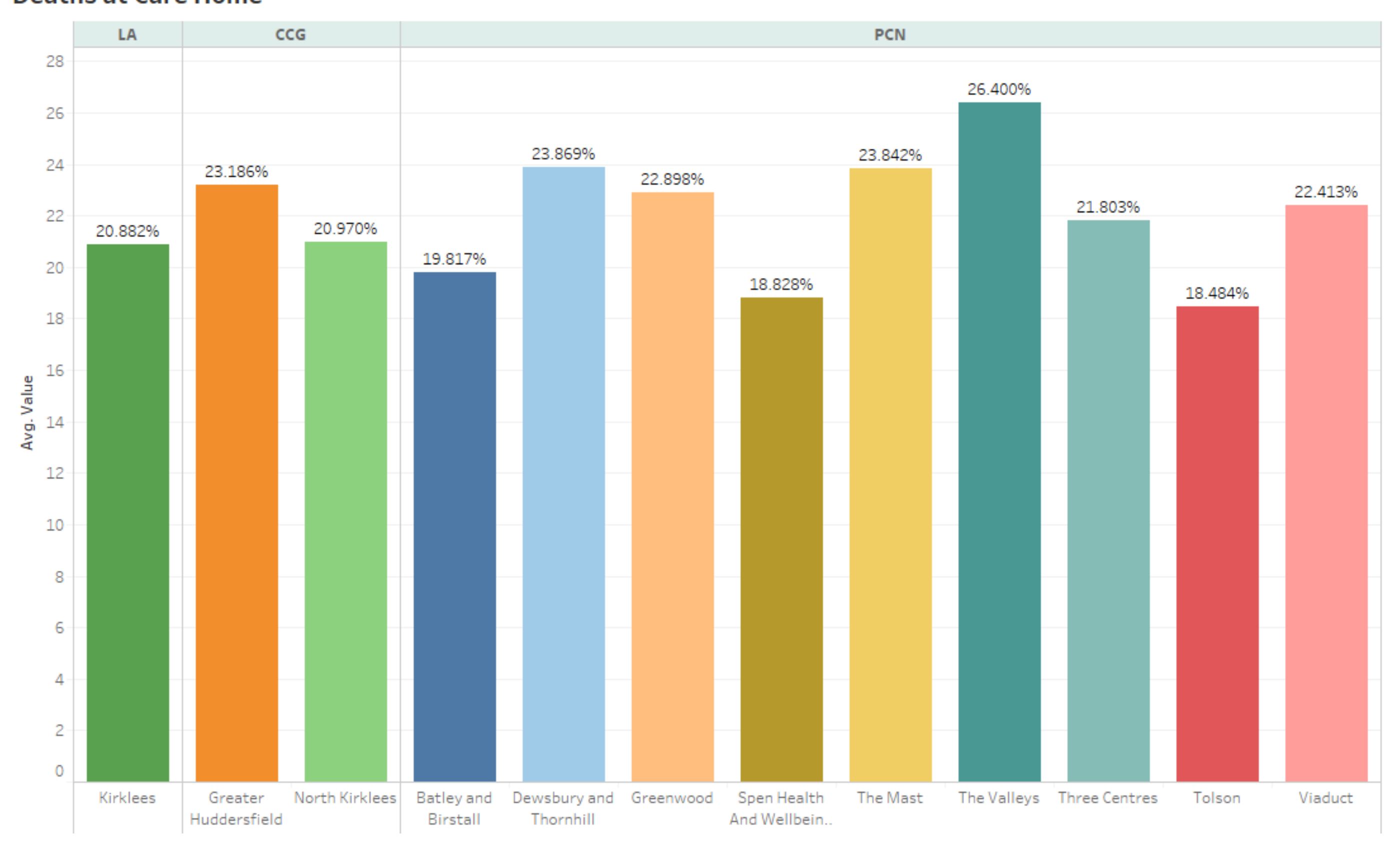
Deaths at Care Home

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.

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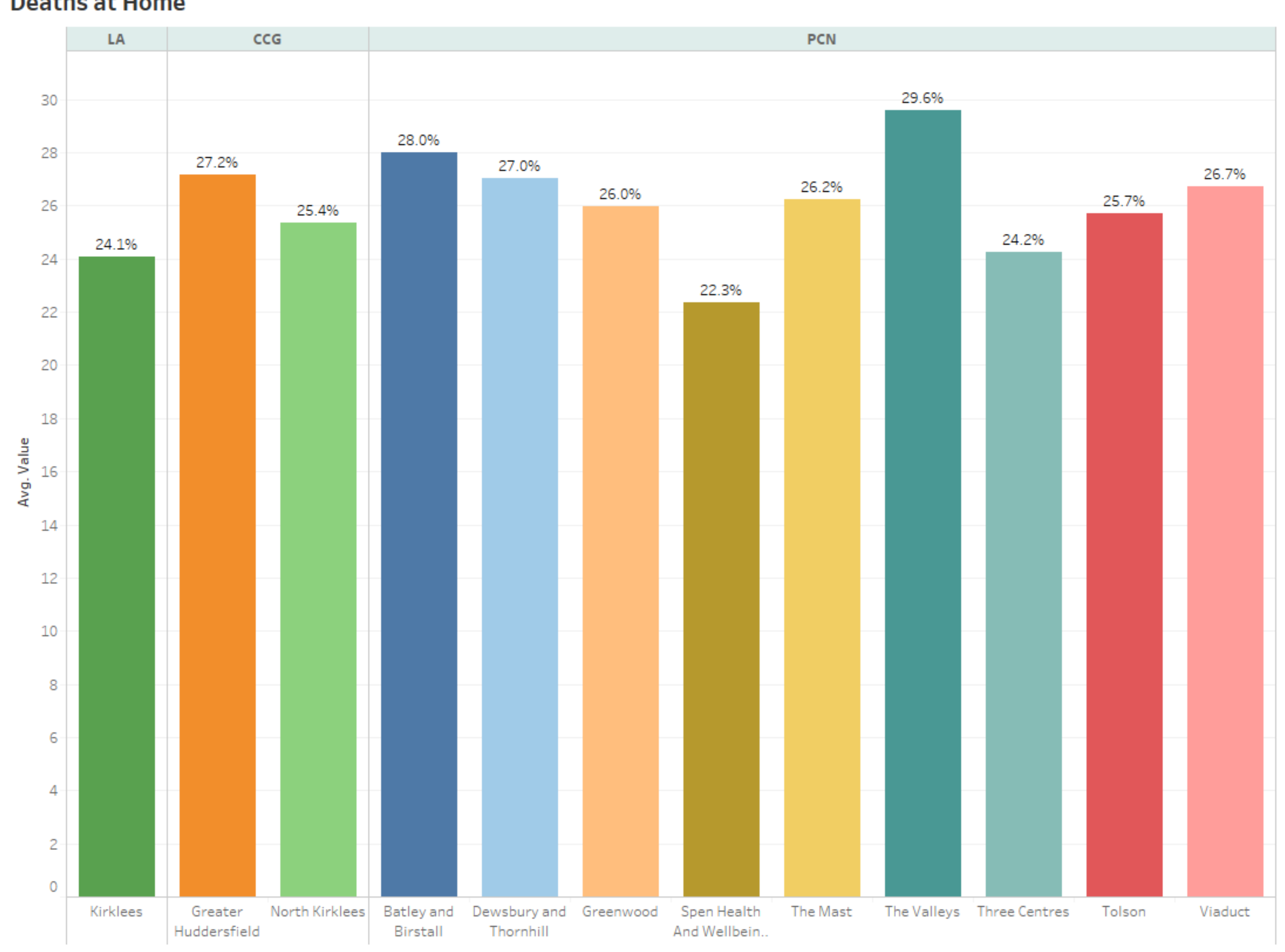
Deaths at Home

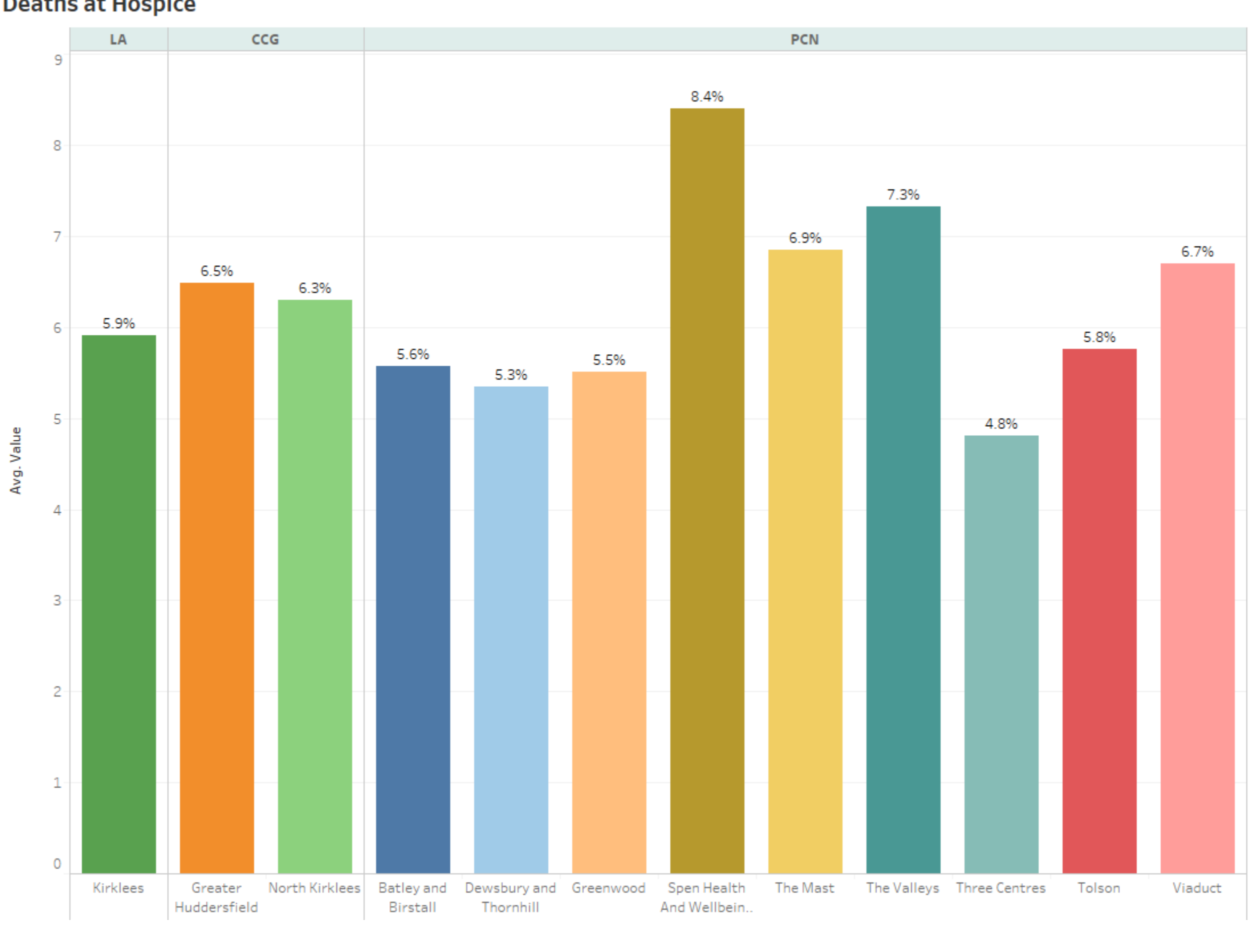
Deaths at Home (2015-17)



- 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.

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.

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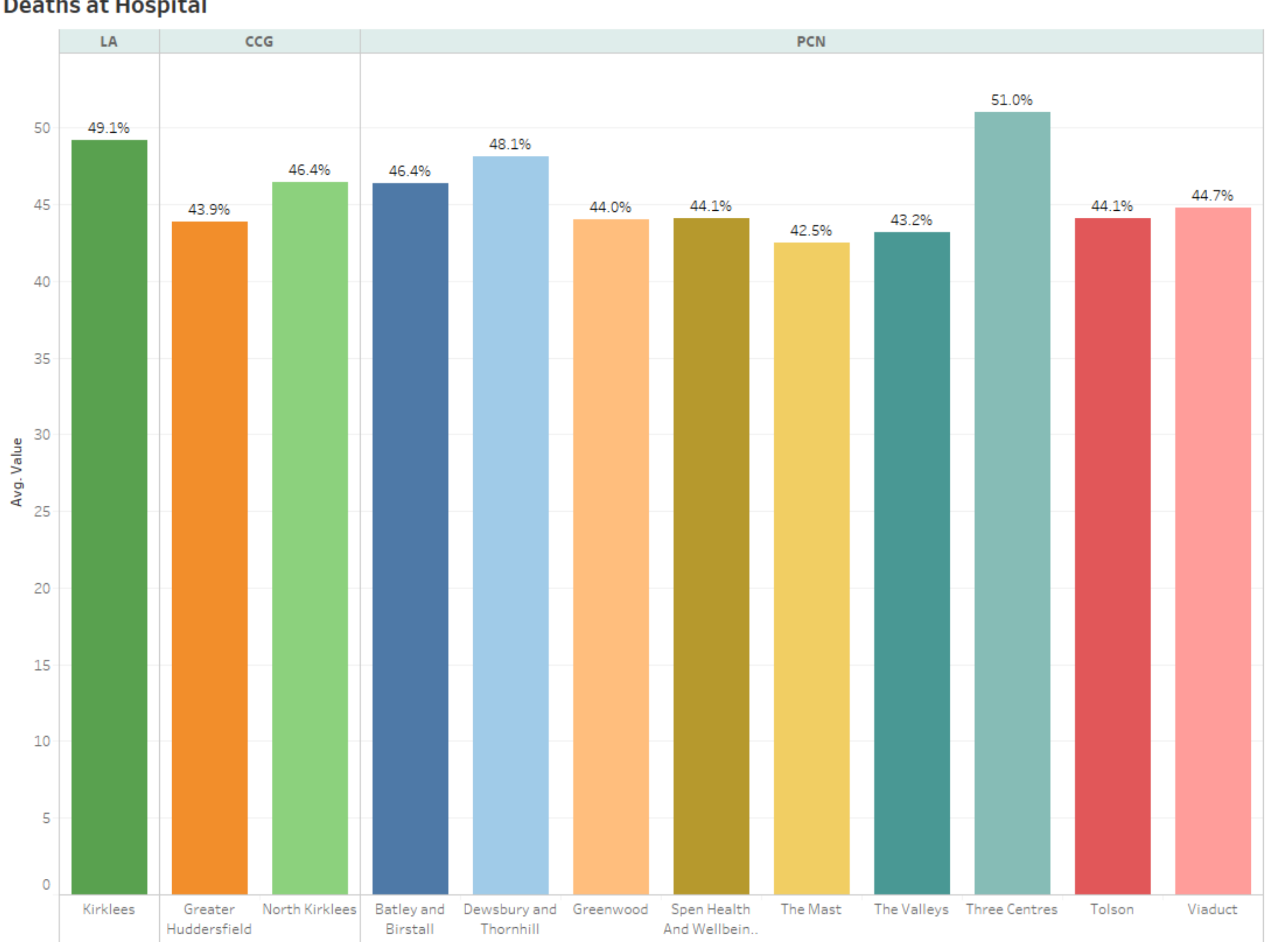
Deaths at Hospital

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.

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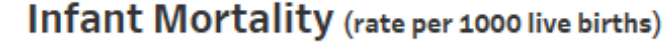
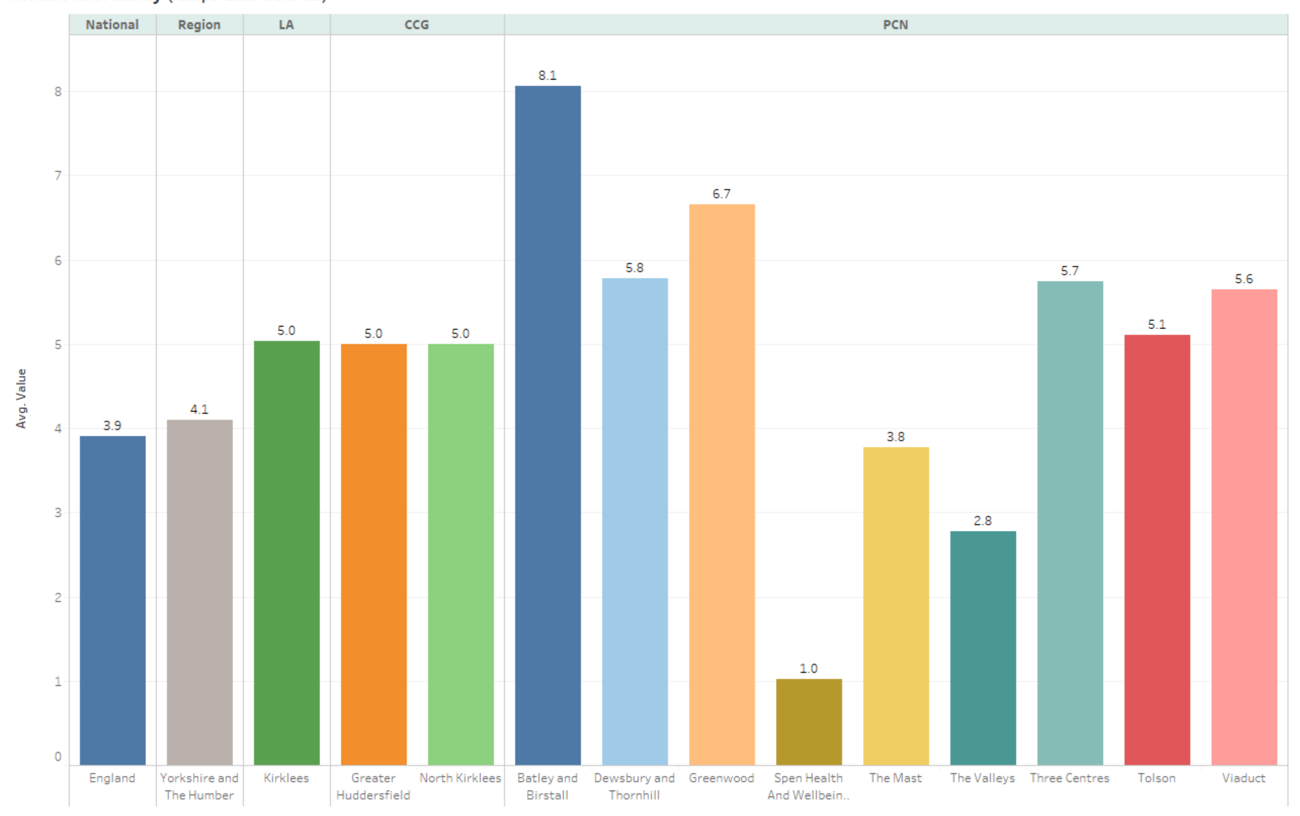
Infant Mortality



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.

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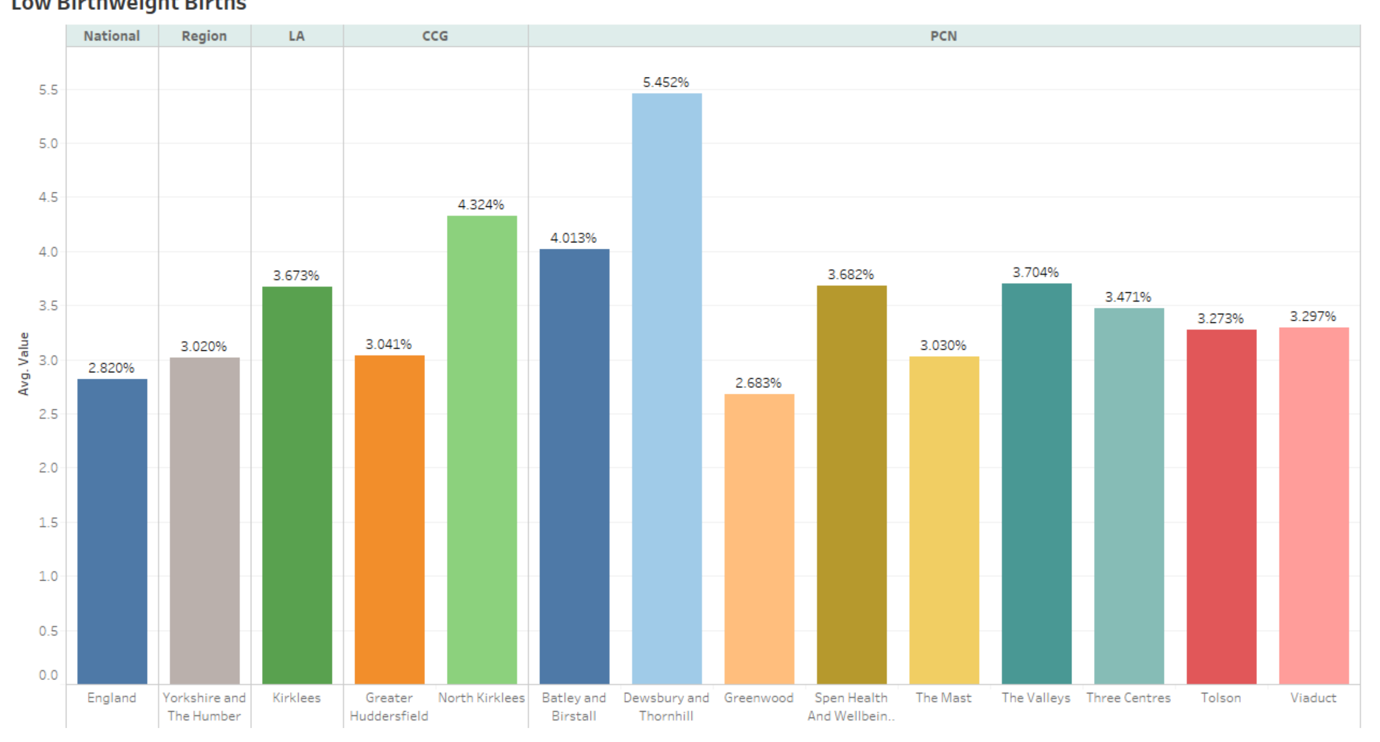
Low Birthweight Births

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.

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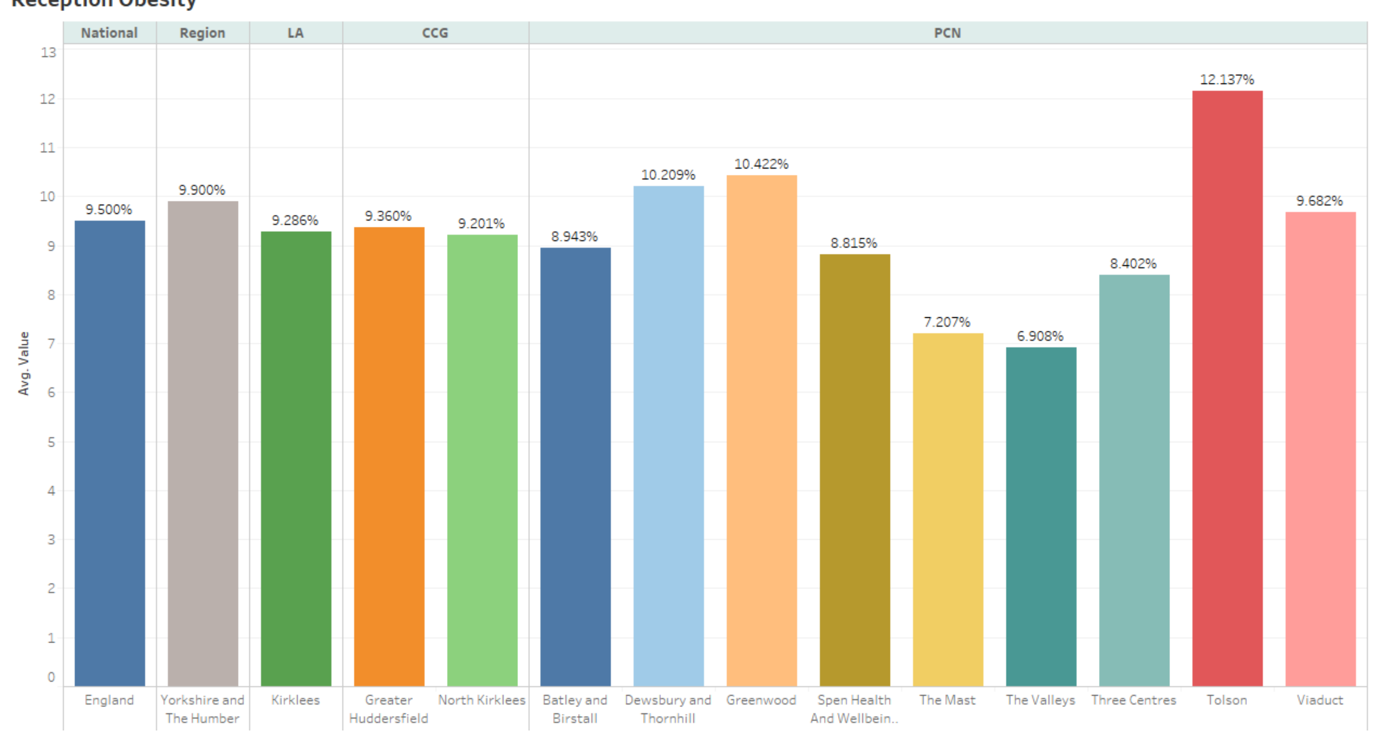
Reception Obesity

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.

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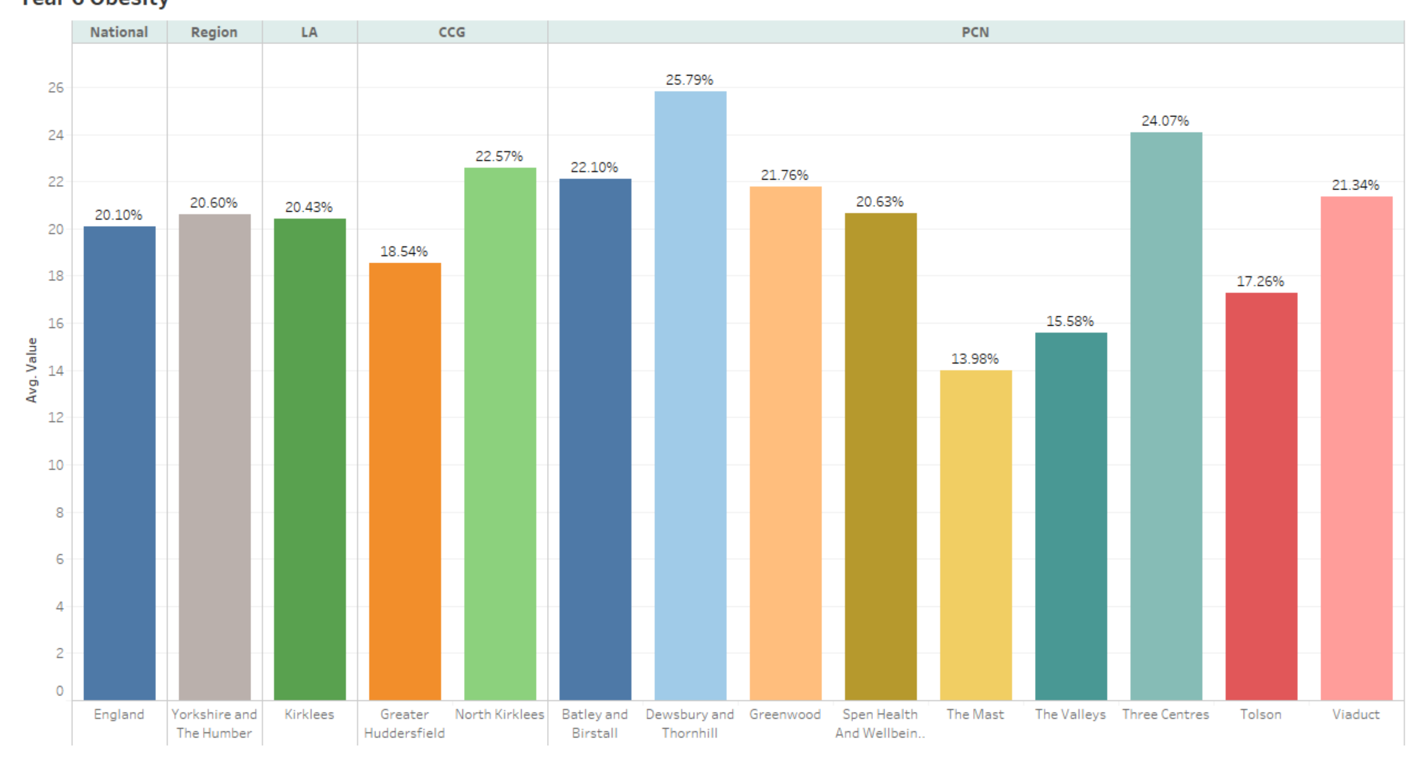
Year 6 Obesity

Attain

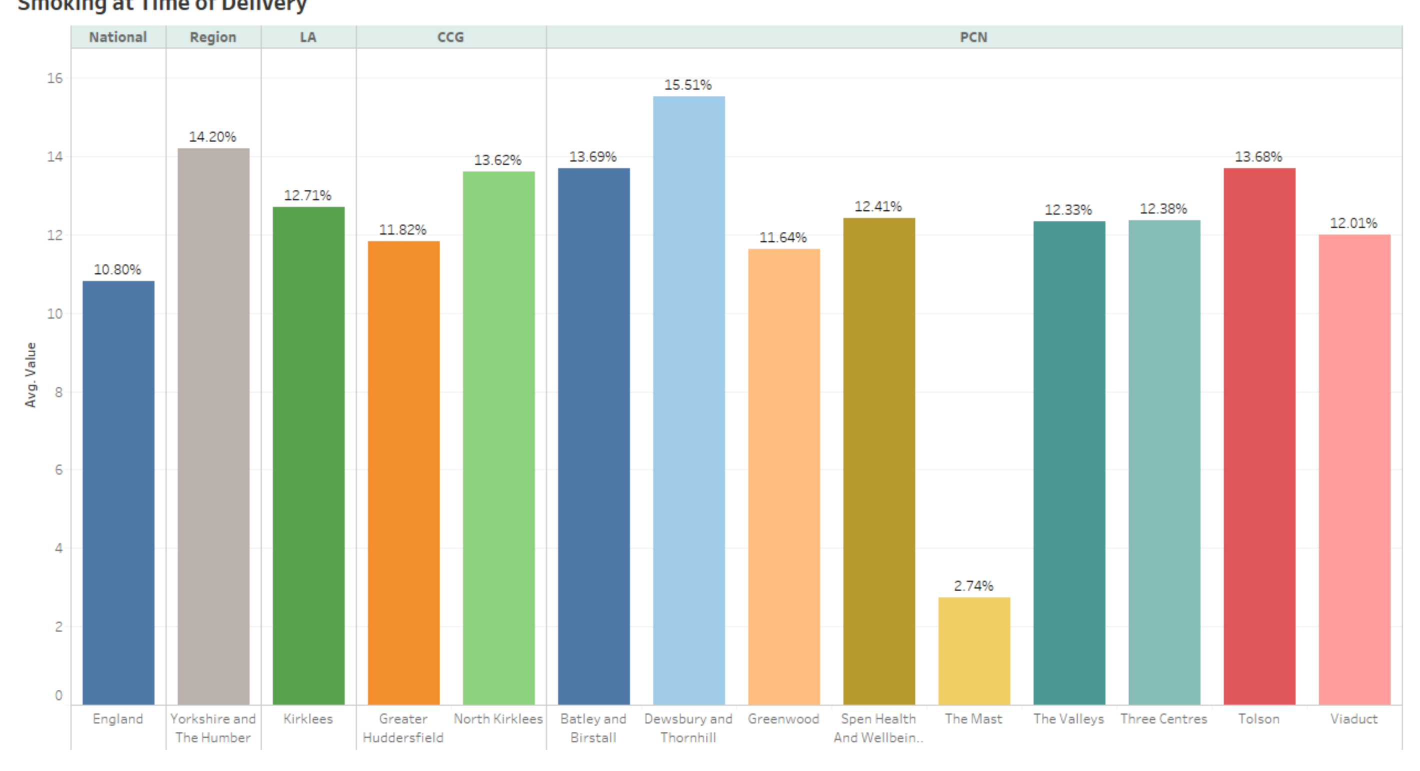
Year 6 Obesity (2017-18)



- 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.

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.

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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