Primary Care Network Data Pack

Viaduct PCN

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 assess 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 six priority areas identified by this pack relate to:
  1. Obesity prevalence
  2. Diabetes prevalence and treatment
  3. Hypertension prevalence
  4. Smoking prevalence
  5. Depression prevalence
  6. Emergency admissions for under 18s

- 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 and/or tools 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.

Viaduct PCN – An Overview

Place Overview

- **Volume of patients -** The Viaduct PCN has eight practices caring in total for c.52,000 patients. The average per practice (c.6,500) is below the national average (8,035) and also below the local CCG average (6,721).

- **Ethnicity -** The network provides services for a broad range of diverse ethic groups (I.e. mixed, Asian, black and other non-white) ranging from 5.2% of the Fairfield Surgery patient mix to 60.8% of the Thornton Lodge Surgery patient mix.

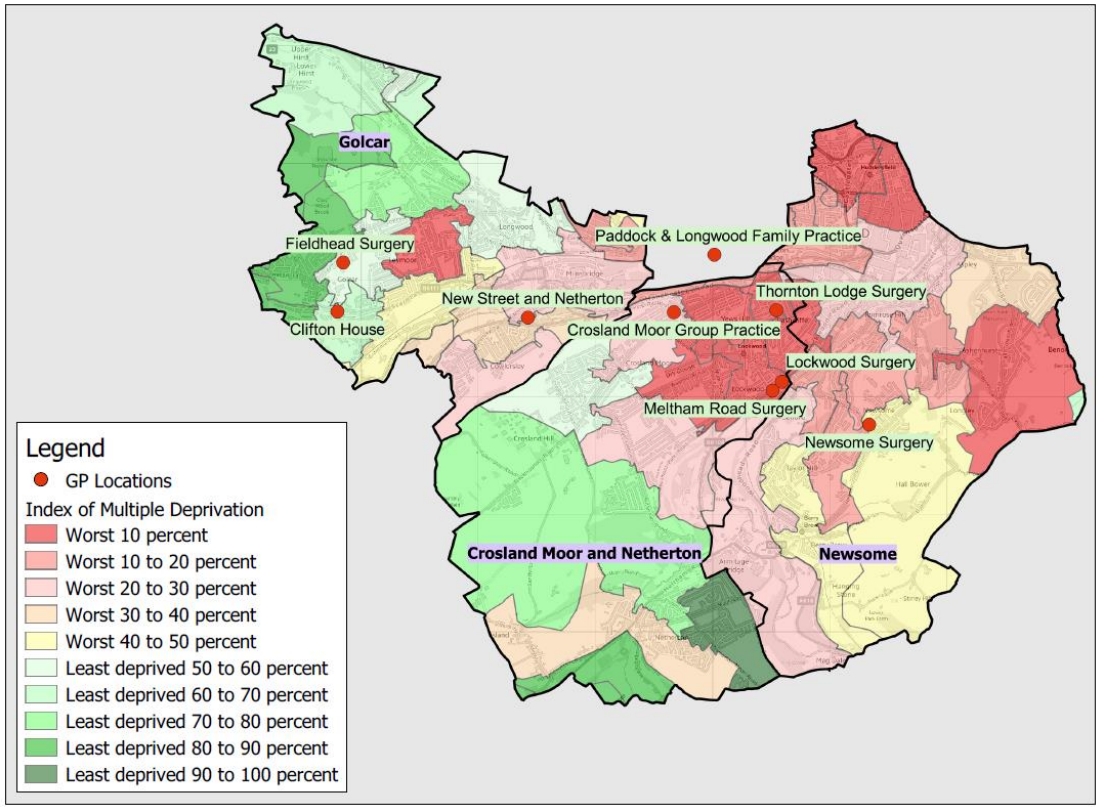
- **QOF -** QOF has not been achieved by any of the eight practices, with the measure of positive patient experience ranging from 70.7% to 88.9%.

- **Life Expectancy –** Male life expectancy across the PCN is on average 76.9 years – below the CCG (78.1 years) and English averages (79.4 years). All eight of the practices have life expectancy rates below the national measure. Female life expectancy across the PCN is on average 81.6 years – below the CCG (82.5 years) and English averages (83.1 years). All eight of the practices have life expectancy rates below the national measure.

See Slide 7 for practice breakdown

Network Practice Locations

The map below shows low levels of deprivation around The Viaduct PCN – the most deprived areas being in the Thornton Lodge Surgery and Meltham Road Surgery locations.



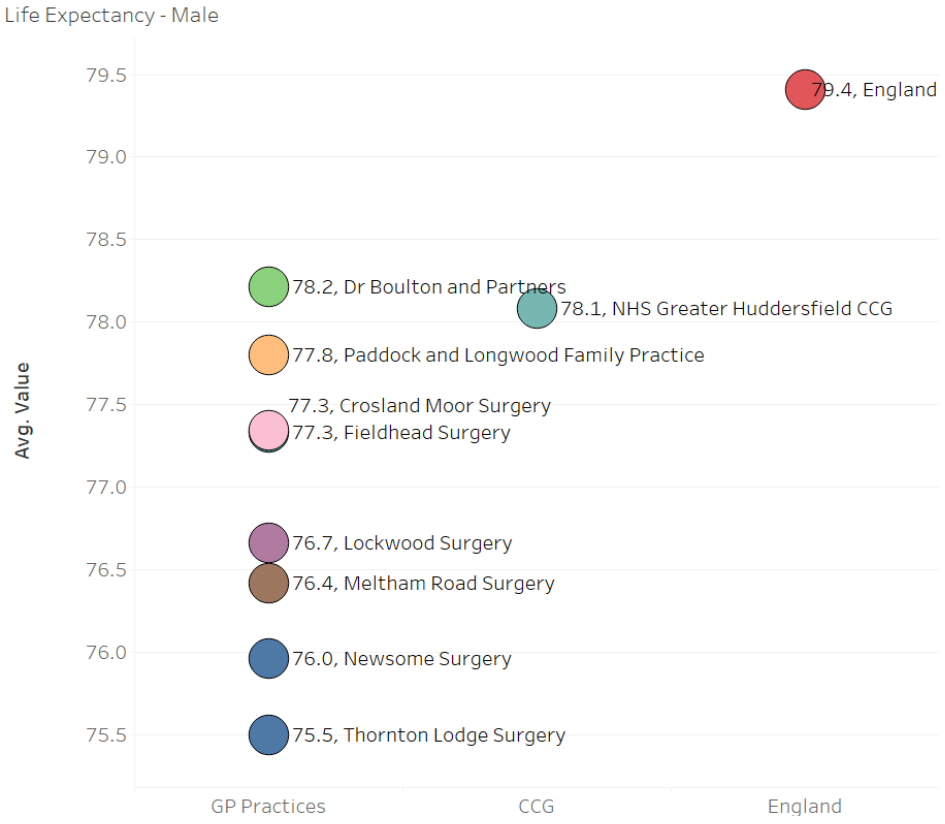
Place overview broken down by practice

		New Street and Netherton	Meltham Road Surgery	Thornton Lodge Surgery	Fieldhead Surgery	Crosland Moor Group Practice	Newsome Surgery	Paddock & Longwood Family Practice	Lockwood Surgery
PCN Practice (England av. 8,035, GH 6,721)		7,442	9,902	2,500	8,685	4,067	6,212	8,751	4,751
Percentage of total PCN pop		14%	19%	5%	17%	8%	12%	17%	9%
Life expectancy years (Male)		78.2	76.4	75.5	77.3	77.3	76.0	77.8	76.7
Life expectancy years (Female)		82.1	81.2	80.6	82.9	81.8	80.7	82.3	81.4
Deprivation		Fifth more deprived decile	Second most deprived decile	Second most deprived decile	Fourth less deprived decile	Third more deprived decile	Fourth more deprived decile	Fourth more deprived decile	Third more deprived decile
Ethnicity Estimate	Mixed	3.1%	3.8%	3.2%	2.3%	3.9%	4.7%	3.6%	3.8%
	Asian	8.3%	29.3%	50.2%	1.8%	25.0%	9.5%	18.9%	20.2%
	Black	2.4%	4.3%	4.4%	1.1%	4.2%	4.3%	3.0%	4.0%
	Other non-white	0.0%	2.2%	3.0%	0.0%	1.4%	1.3%	1.1%	1.7%
QOF achievement % (out of 559 points)		548.9	558.9	538.2	552.3	541.1	543.9	542.4	553.3
Percentage with a +ve experience of practice		83.1%	88.9%	73.3%	82.4%	85.4%	70.7%	74.4%	88.7%

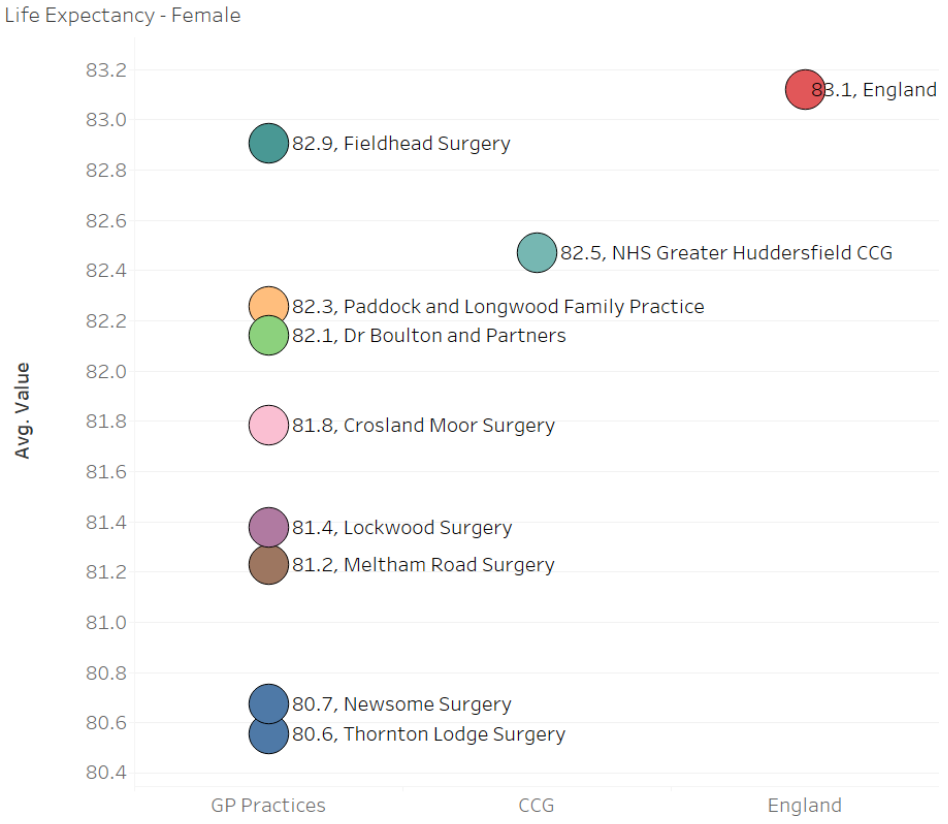
This chart refers to information summarised in slide 6.

Life expectancy is below the CCG average for almost all practices

Male life expectancy across the PCN is below the CCG and national average for almost all practices



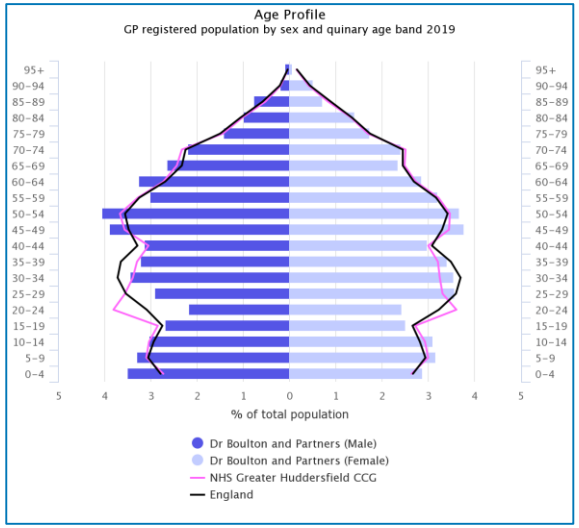
Female life expectancy across the PCN is below the CCG and national average for almost all practices

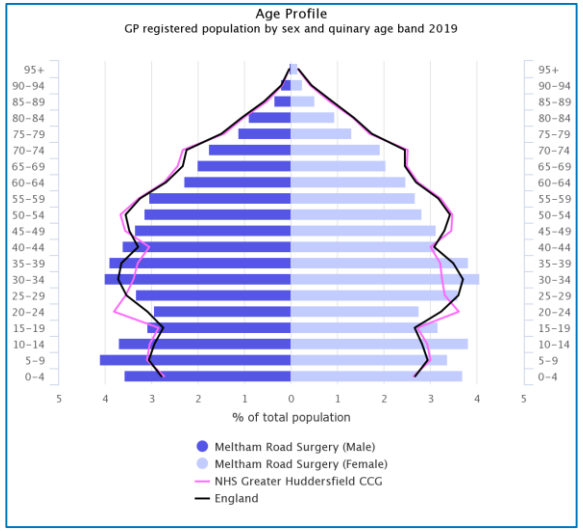


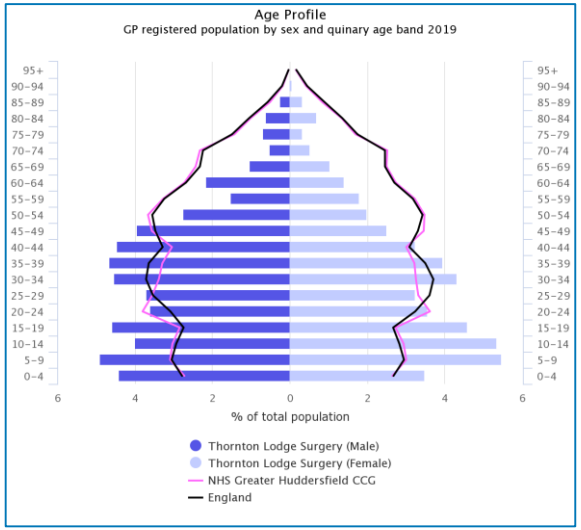
- The below average life expectancy for both male and female reflects the high levels of deprivation experienced within the Viaduct network which ranges from the fourth less deprived decile at its highest to the second most deprived at its lowest.
- This local gender disparity could provide an opportunity to review the gender discrepancies in the provision of care.

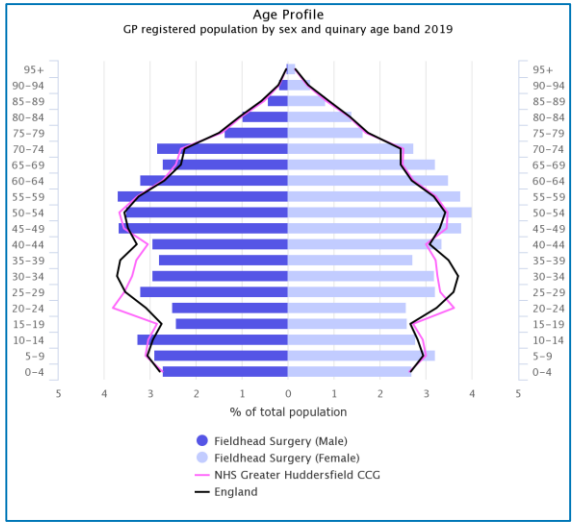
Male and female life expectancy across PCN practices, 2010-14 data

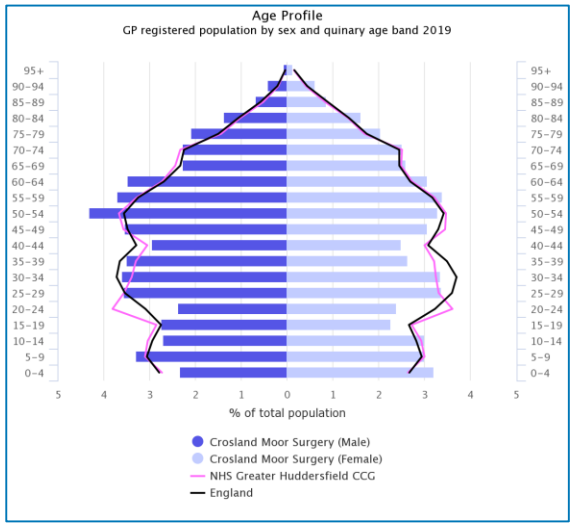
Age profile by practice

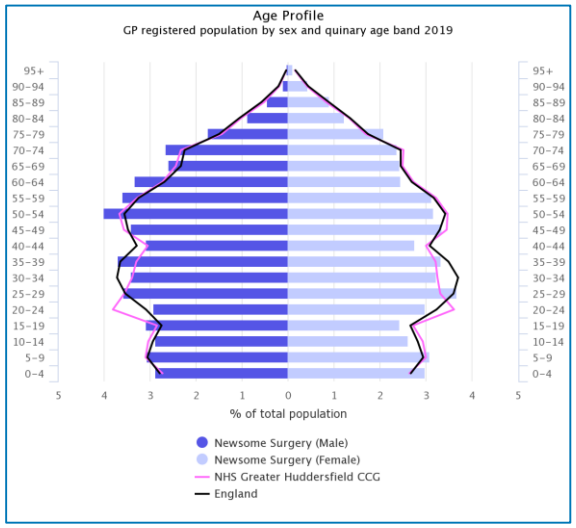


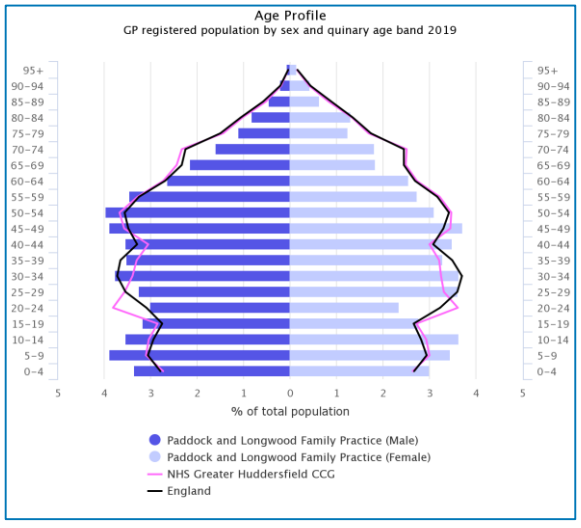


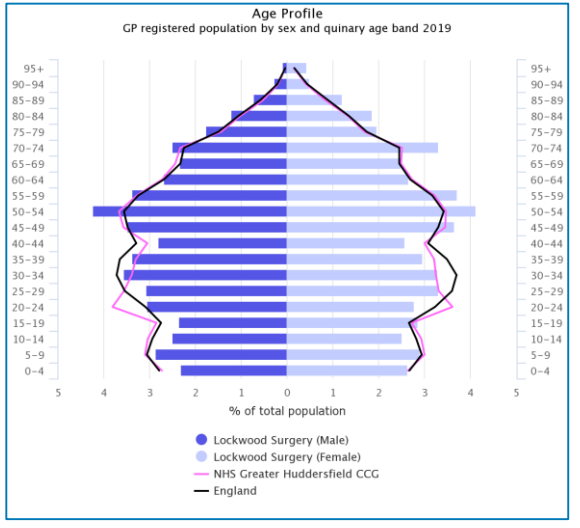












54% of the local population lives with a long-term condition

- 54% of people in the PCN (16+ years) are living with an LTC. This equates to c.25k people.
- Three of eight practices show average % of people with LTCs higher than the CCG average. However, due to wide confidence intervals, these differences are only statistically significant for one practice. This trend has remained relatively stable 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.
- The leading long-term conditions for the area include mental health problems (circa 1 in 3); back pain (circa 1 in 6); Long-term pain (circa 1 in 7); high blood pressure (circa 1 in 7) and dermatological problems (circa 1 in 7).

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 Viaduct PCN priorities. These included a review of:

1. **Viaduct PCN stated priorities (taken from Networks Overview and other PCN communications)**
   - Demand Management and Self Care
   - Development of the network and engagement of all practices
   - Community based ear care (Microsuction)
   - Community Paediatrics
   - Implementation of national requirements through GP contract

2. **Variation in performance from CCG average (where data available)**
   - Significant variation from CCG average, where most practices lie outside the 95% confidence interval for a metric

3. **Results of other analysis.** e.g. disparity in women's life expectancy

- Rightcare was used to validate this selection process and add to the short list as required. The Rightcare priorities for the CCG for 'Spend and Outcomes' include Mental Health, Endocrine and Respiratory; for 'Outcomes' Cancer; and for 'Spend' 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, with a National PCN Dashboard potentially being launched April 2020

Viaduct PCN priorities

Priorities focused on in this pack:

1. **Obesity prevalence**
   - Outlier in data - statistically higher than the CCG and England in seven out of eight practices in the PCN

2. **Diabetes prevalence and treatment**
   - Outlier in data - statistically higher than the CCG and England in seven out of eight practices in the PCN

3. **Hypertension prevalence**
   - Outlier in data - higher in five out of eight practices than the CCG average, this is statistically significant in four practices

4. **Smoking prevalence**
   - Outlier in data - statistically significantly higher than the CCG in seven out of eight practices

5. **Depression prevalence**
   - Outlier in data - On average is higher in six of the eight PCN practices, than the CCG as a whole
   - In two practices, this is almost fifty percent higher than the CCG average

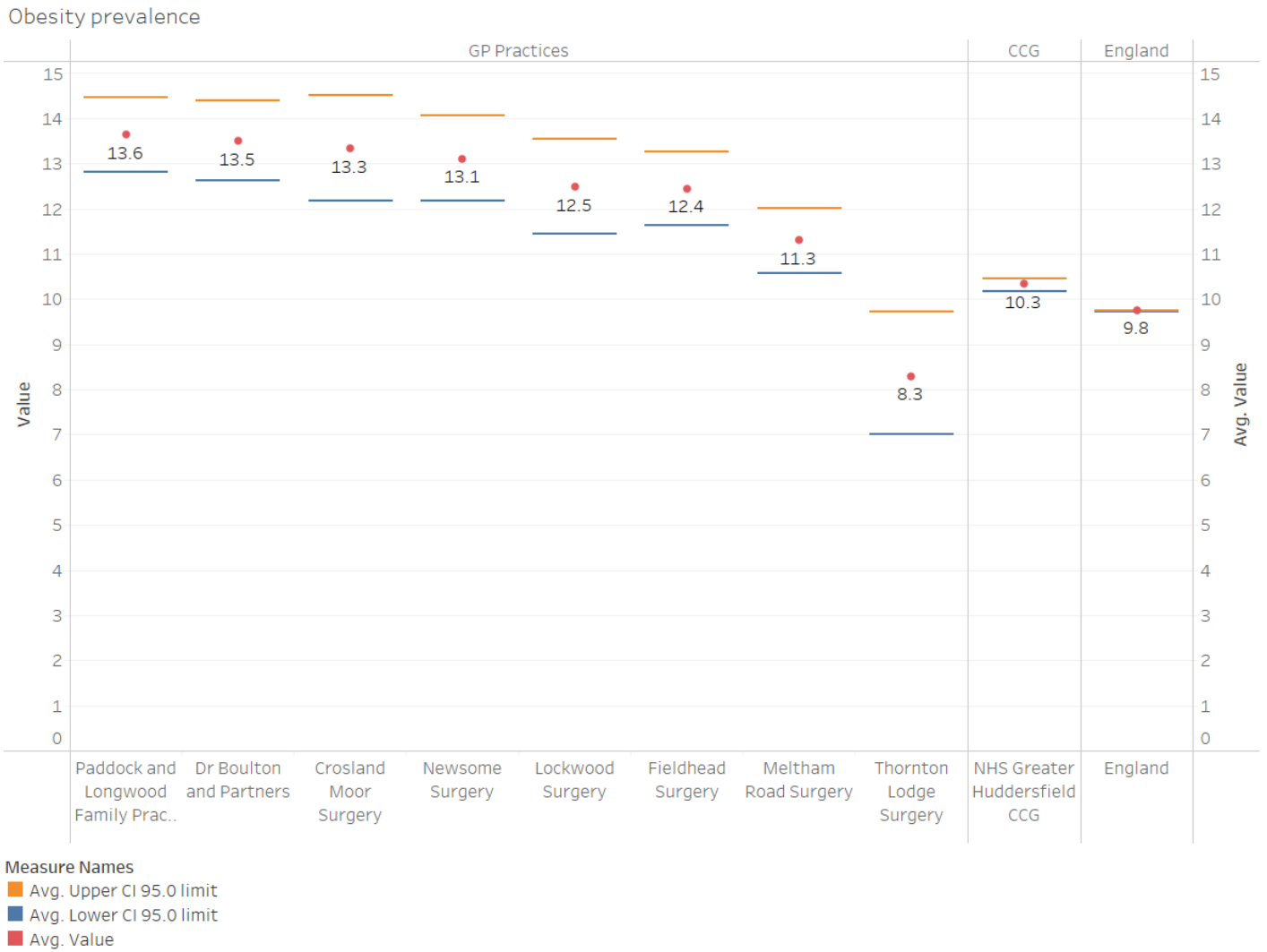
Priority 1: Obesity prevalence

Obesity prevalence is high in all eight practices

- **Why is this a priority?**
  - 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. Less than half of the local working age population are a healthy weight (42%). Overweight and obesity levels locally are similar to the Kirklees' average amongst working age adults overall and women of childbearing age. The proportion of people who are overweight has increased locally and in Kirklees overall since 2012. Whilst almost one in four (23%) working age adults in the area are obese, obesity rates are highest amongst older adults with almost one in three (29%) 55-64-year olds being obese.

- **What does the data tell us?**
  - Obesity prevalence is statistically higher than the CCG and England in seven out of eight practices in the PCN.

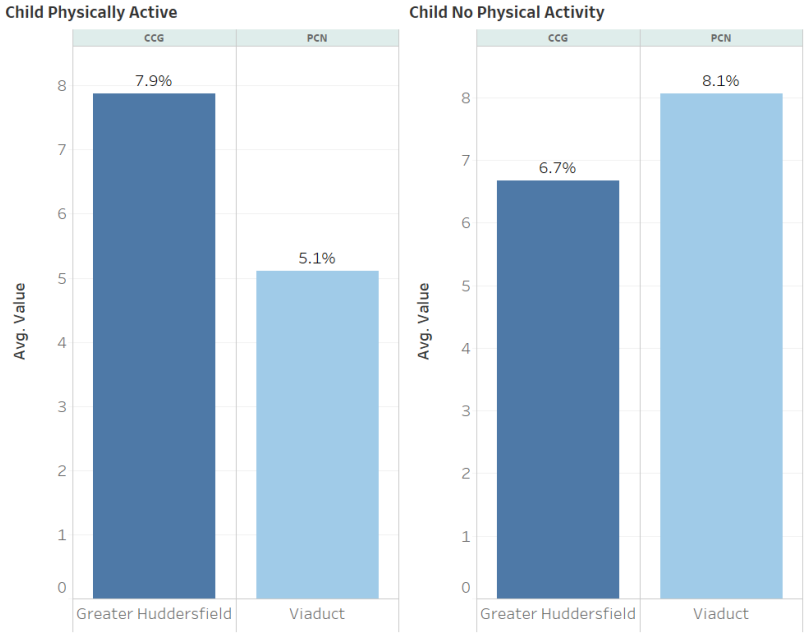
Obesity prevalence, 2017/18



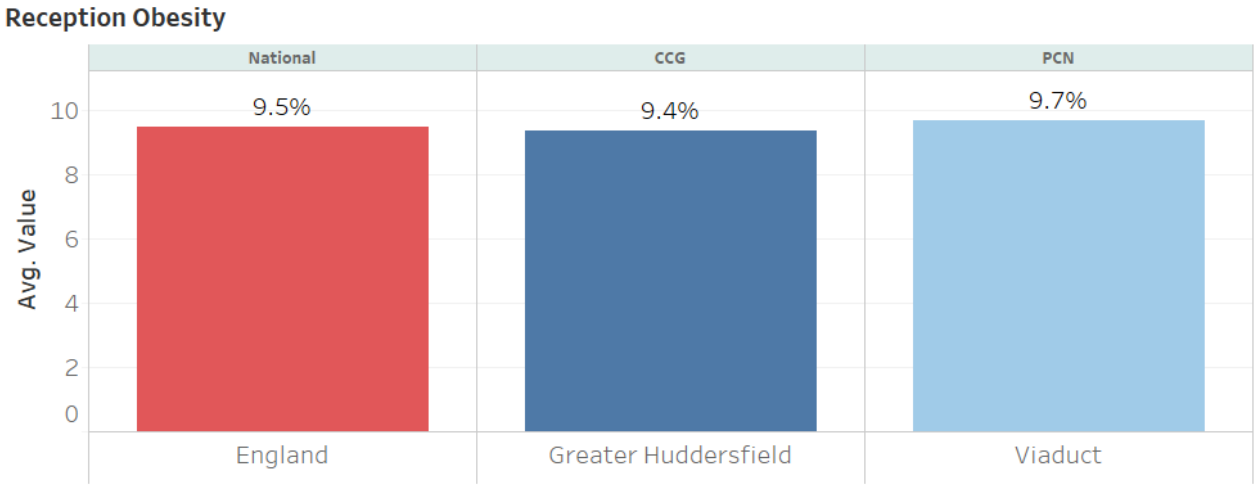
High obesity prevalence starts in school

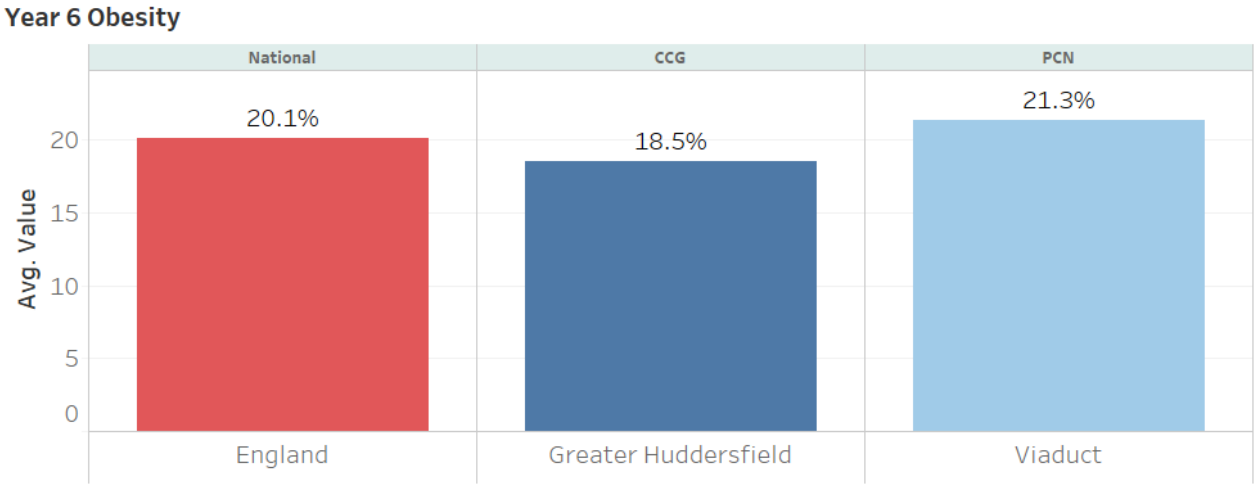
- **What does the data tell us?**
  - Although reception age children have similar levels of obesity to the rest of the CCG and the country, by the time they are in year 6, there is almost a three-percentage point difference between the PCN and the rest of the CCG.

- **Local context**
  - Low levels of active children and high levels of children with no physical activity are seen across the PCN.



Reception and year 6 obesity, local data





Opportunities

- **What can be done?**
  - Innovative approaches to education and raising awareness are needed to motivate target groups.
  - Key partners 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.
  - **An Integrated Wellness Model (IWM)** is being implemented in Kirklees, it was launched in 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?**
  - Reduction in obesity prevalence will mitigate pressures on diabetes, cardiovascular and cancer services in the areas and facilitate improved mental health measures for the region.
  - 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.

- **Links and further reading**
  - KJSA re Obesity
  - Link to Supporting Data
  - 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

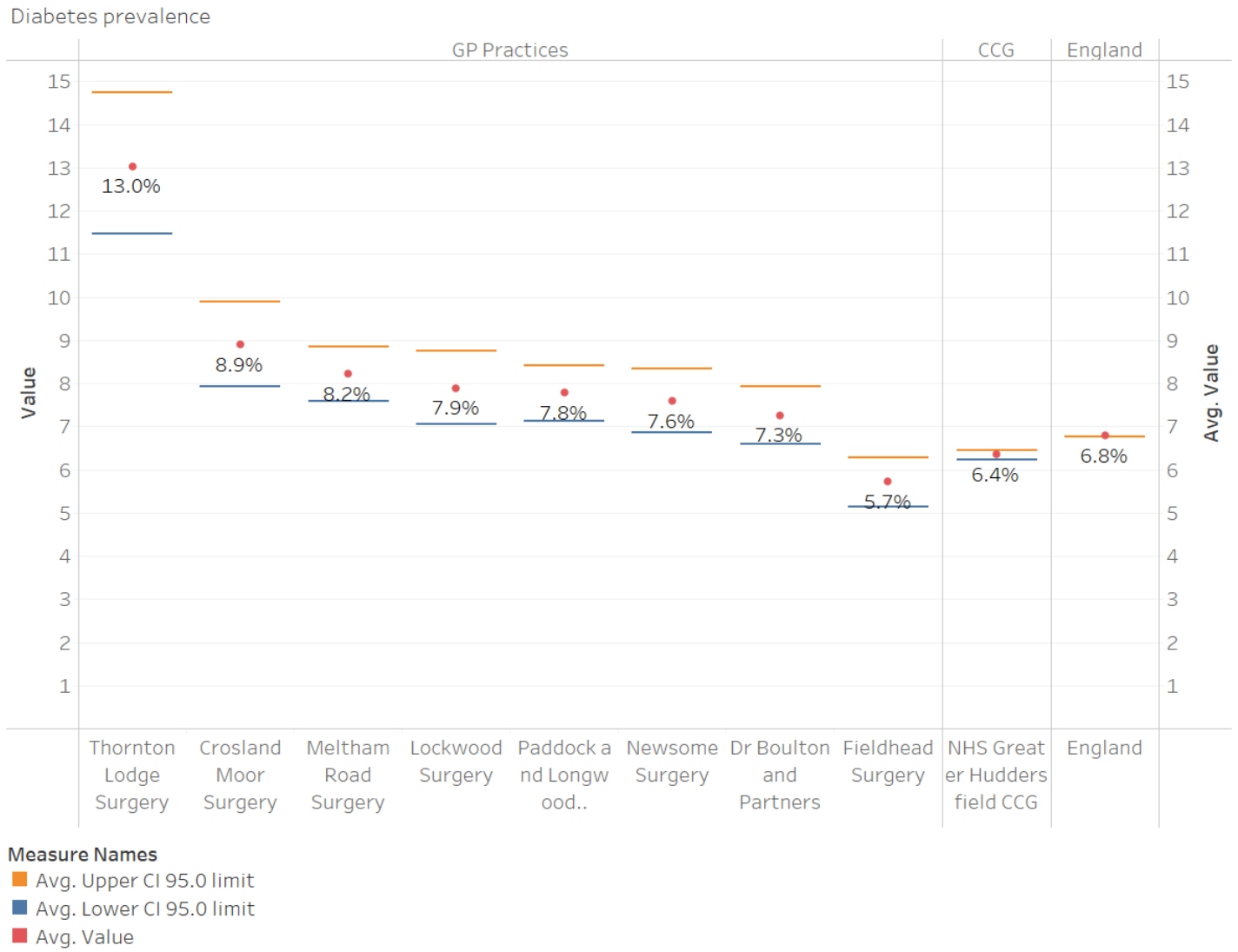
Priority 2: Diabetes prevalence and treatment

Diabetes prevalence is high across the PCN

- **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 six 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?**
  - Diabetes prevalence is statistically higher than the CCG and England in seven out of eight practices in the PCN with Thornton Lodge prevalence rates 91% above the national average.

Diabetes prevalence, 2017/18



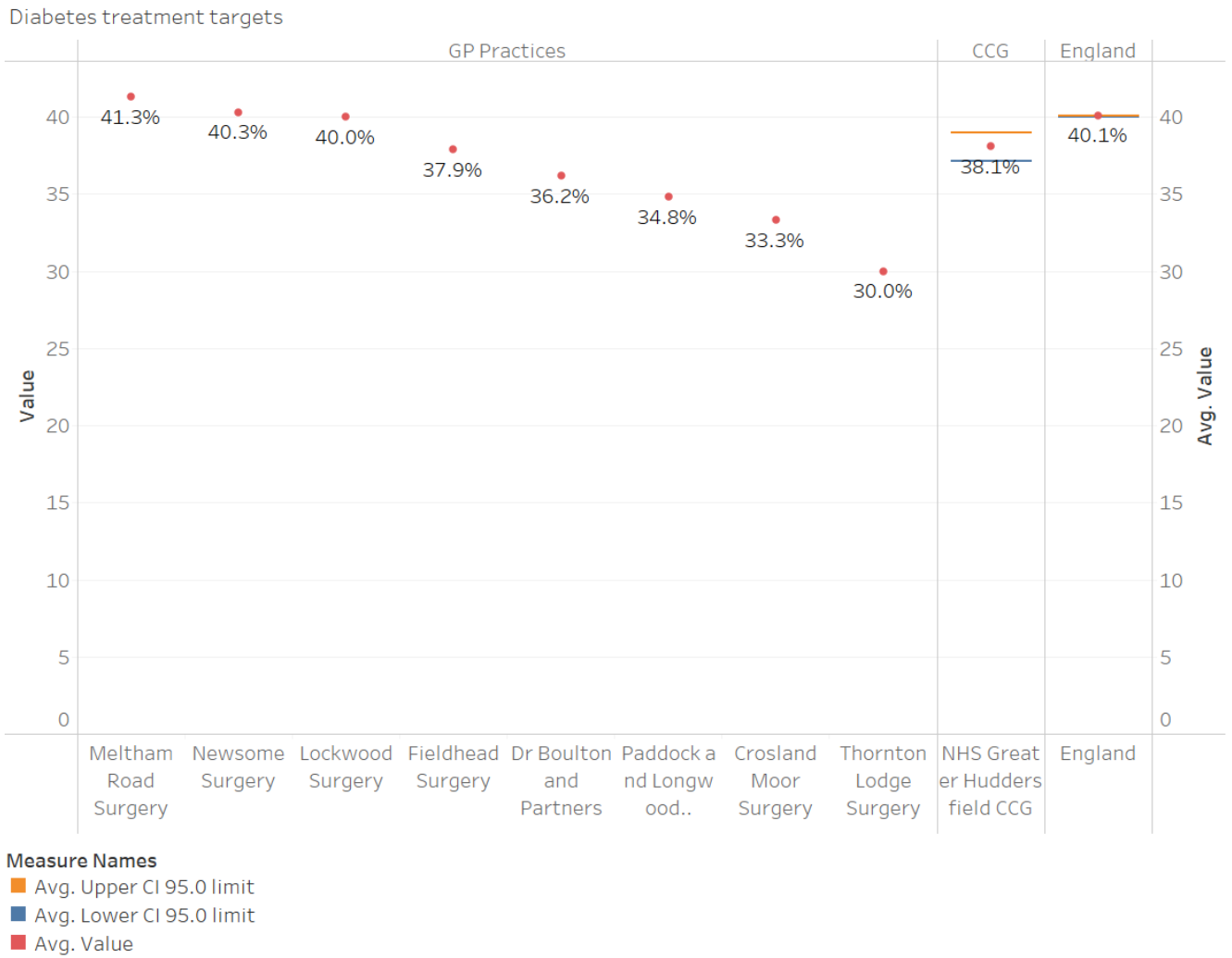
Diabetes treatment achievement shows a mixed picture

- **What does the data tell us?**
  - Five of eight practices have lower levels of the three type 2 diabetes treatment target achievement (HbA1c (blood sugar), cholesterol and blood pressure) than the broader CCG and seven of the eight below the national measure.

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

  - The Thornton Lodge Surgery patient profile has the highest proportion of mixed, Asian, black and other non-white patients at 61% contributing to their high diabetes prevalence rates yet they have the lowest treatment achievement score.

Diabetes treatment target achievement, 2017/18



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
    - Impact reports will be sent this month – October 2019 – which will be offering practice visits
  - Protocol for diagnostic uncertainty
  - Education programmes (including personalised advice on nutrition and physical activity)
  - Nine recommended care processes and treatment targets
  - Intensive specialist service for Type 1 diabetes
  - Better triage to specialist services and RCA for major amputations
  - Better use of Inpatient diabetes team, shared records and 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 Treatment Data, Link to Supporting Prevalence Data
  - https://www.diabetes.org.uk/resources-s3/2017-11/south_asian_report.pdf

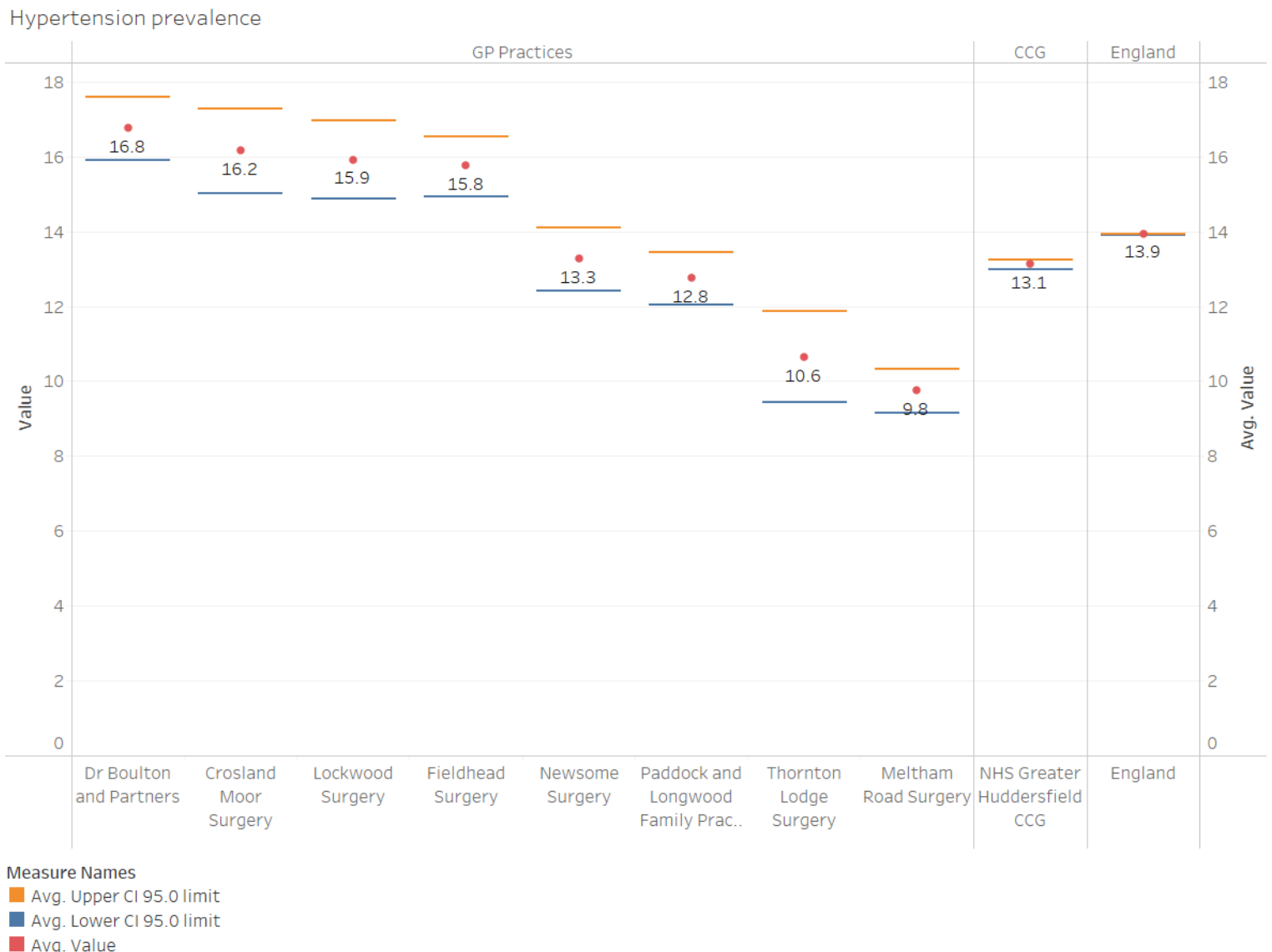
Priority 3: Hypertension

Hypertension prevalence is high

- **Why is this a priority?**
  - Hypertension can lead to worsening of health outcomes. It is one of the causes of strokes, coronary heart diseases, general heart failure as well as the functioning of the kidneys.

- **What does the data tell us?**
  - Hypertension prevalence is higher in five out of eight practices than the CCG average, this is statistically significant in four practices. Meltham Road Surgery (lowest network prevalence rate)has a prevalence rate c.42% less than the Dr Boulton & Partners practice (highest network prevalence rate).

Hypertension prevalence, 2017//18

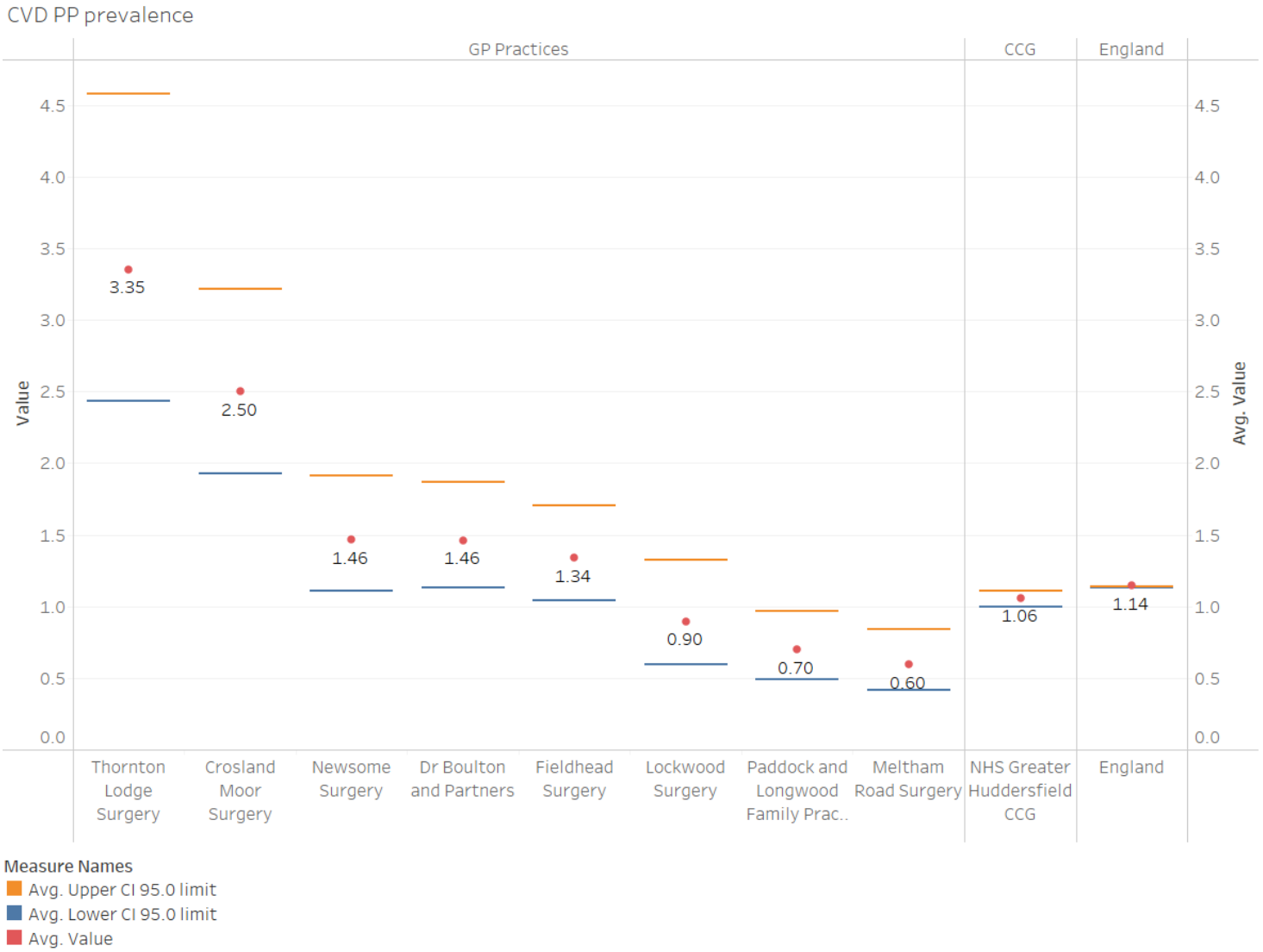


However, the PCN provides primary prevention for CVD at a higher rate than the CCG

- **What does the data tell us?**
  - PCN practices are more likely to prescribe CVD primary prevention medicines than the CCG as a whole.
  - CVD is one of the main causes of death and disability in the UK, but it can often be prevented by leading a healthy lifestyle.

- **Local context**
  - Between 2013 and 2015 a total of 11,040 Kirklees residents died: 6,316 (57%) from Greater Huddersfield and 4,724 (43%) from North Kirklees. Circulatory disease and malignant neoplasms account for over half of all deaths in both CCGs (53% NK/57% GH); Greater Huddersfield has a higher proportion of deaths from circulatory disease (25% NK | 29% GH).

CVD primary prevention prevalence, 2017/18



Opportunities

- **What can be done?**
  - Ensure that individuals with hypertension are detected in order to better manage their condition by, for example, promoting the uptake of NHS Health Check.
  - Promote messages through varied channels to increase awareness and promote ways of improving lifestyle and reduce the incidence of high blood pressure.
  - Support initiatives that can help prevent hypertension such as smoking cessation and healthy eating.
  - Support self-monitoring and management programmes.

- **What could this mean?**
  - At CCG level, estimated undiagnosed hypertension prevalence ranges from 9.4% to 4%. At GP level, it ranges from 3.8% to 20.4%. The risk of undiagnosed hypertension is in line with the networks aging population.

- **Links and further reading**
  - Health and Wellbeing plan 2018-2023
  - JSNA on cardiovascular diseases
  - Public Health England on high blood pressure
  - Hypertension Prevalence (all ages)
  - Prevalence of CVD primary prevention (ppl aged 30 to 74 treated with statins)

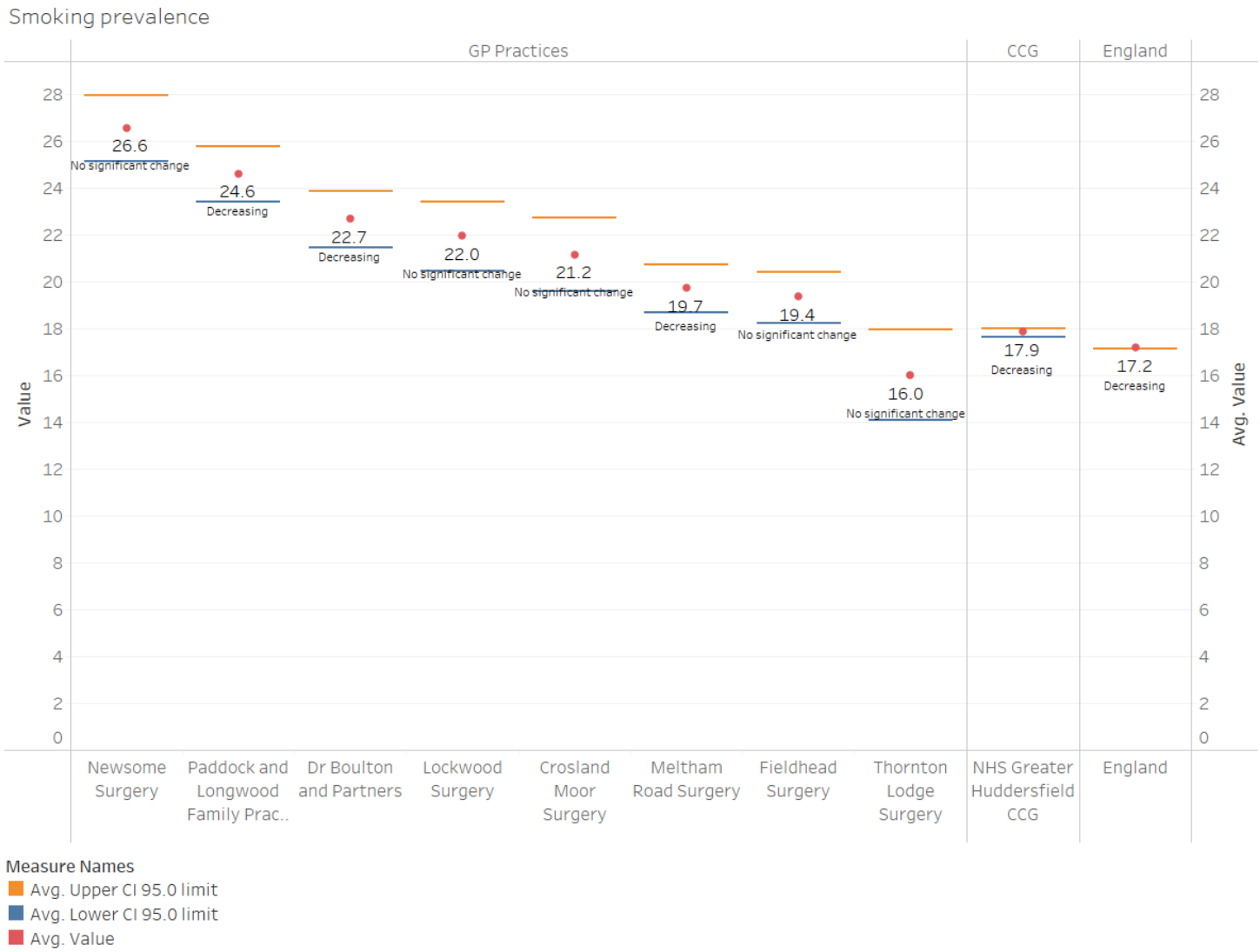
Priority 4: Smoking prevalence

Smoking prevalence is high across almost all practices

- **Why is this a priority?**
  - Smoking is the single greatest cause of preventable illness and early death.

- **What does the data tell us?**
  - Smoking prevalence is statistically significantly higher than the CCG in seven out of eight practices.
  - The recent trends for this dataset show that only three 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, however Thornton Lodge serves one of the more deprived PCN areas and yet scores the lowest network prevalence rate. These individuals also experience greater difficulty to quit smoking. Smoking can lead to further consequences and health burdens, for example, the prevalence of lung cancer in these deprived cohorts is significantly higher.

Smoking prevalence, 2017/18



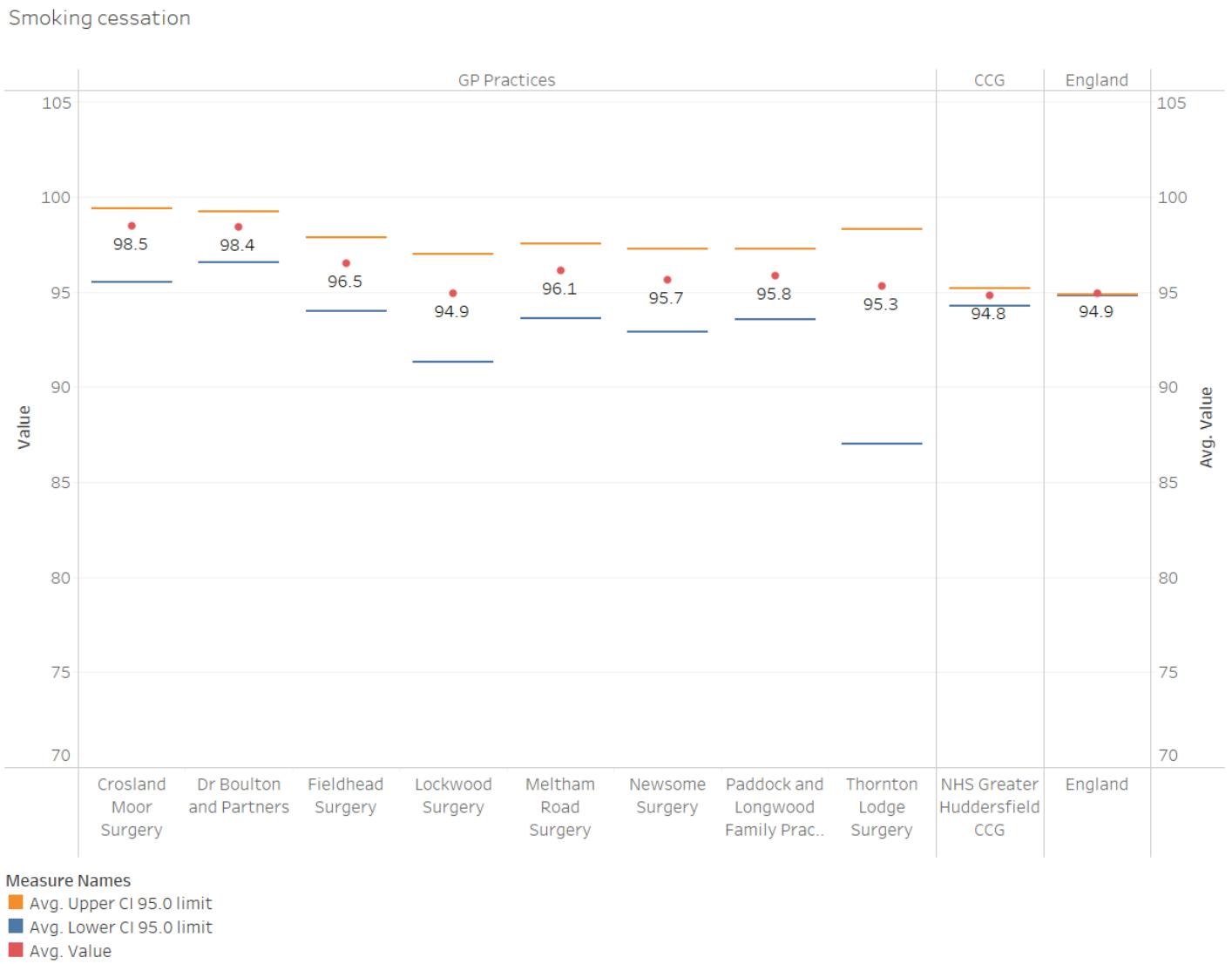
However, smoking cessation has been offered to a high portion of these people

- **What does the data tell us?**
  - Smoking cessation has been offered to a higher portion of smokers than seen in the wider CCG or country.

- **Local context**
  - Smoking is much more common in more deprived areas. In Greater Huddersfield regular smoking rates are four times higher in the most deprived areas, such as Meltham Road and Thornton Lodge patient demographic, compared to the least deprived areas (19% vs 5%).

  - In Greater Huddersfield round 6% of people aged 18-64 use e-cigarettes (7% in North Kirklees), of those using e-cigarettes c. 40% also smoke standard cigarettes regularly (46% in North Kirklees).

Smoking cessation offered to smokers, 2017/18



Opportunities

- **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 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 which was launched in 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

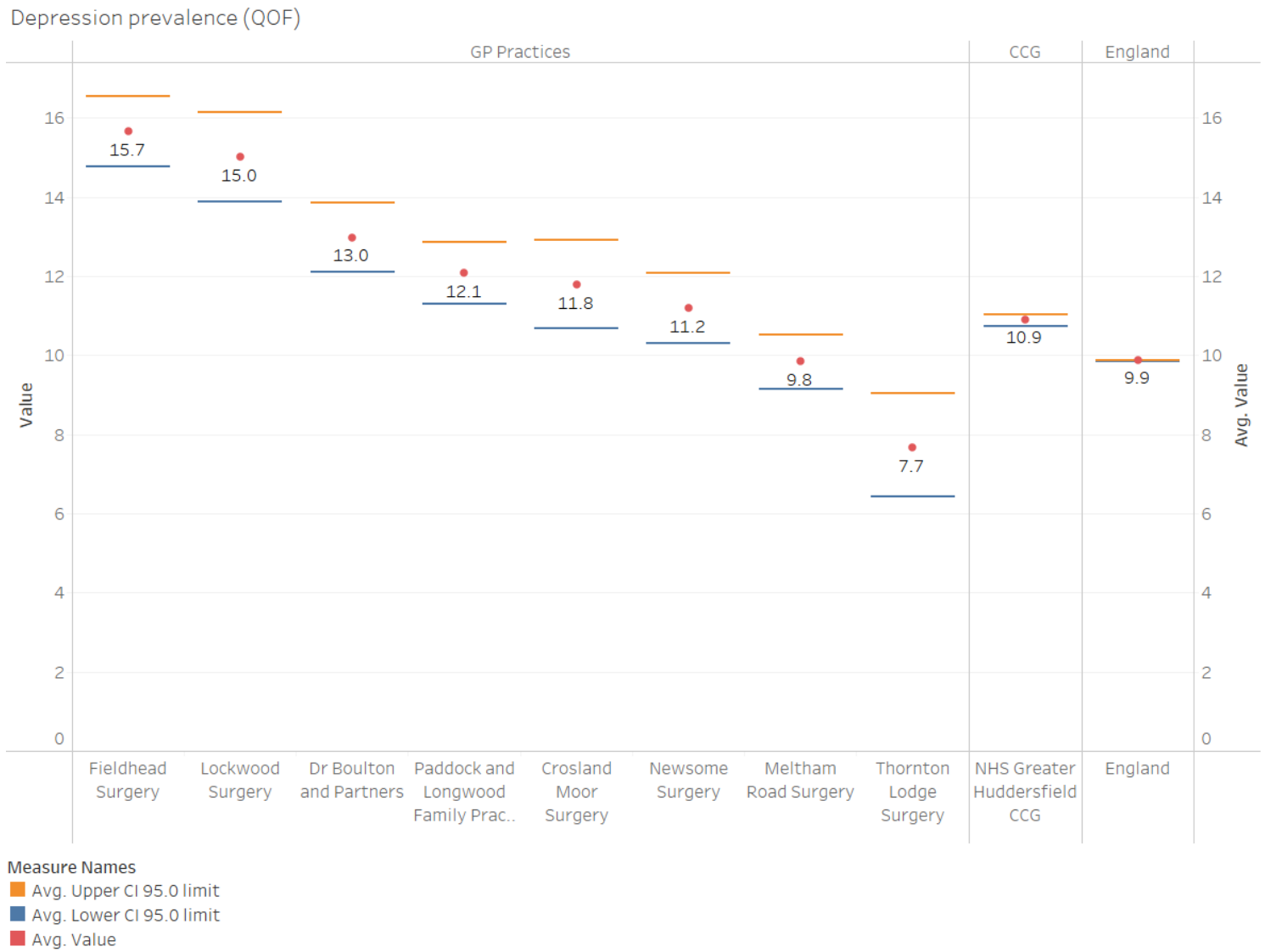
Priority 5: Depression

Depression prevalence is high in 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?**
  - On average, depression prevalence is higher in six of the eight PCN practices, than the CCG as a whole.
  - In two practices, there is almost a fitty percent increase when compared with the CCG average.

Depression prevalence, 2017/18



Newly diagnosed depression reviews are not uniformly conducted

- **What does the data tell us?**
  - Depression reviews for newly diagnosed patients are not carried out uniformly across all practices.

- **Local context**
  - Mental health conditions in Greater Huddersfield are more common amongst younger adults, affecting c. 44% of people aged 18 to 24 years olds and falling to just over c. 27% of people aged 55 to 64 (31% in North Kirklees).
  - People with depression are significantly more likely to be regular smokers and have used recreational drugs in the last 5 years.
  - Greater Huddersfield has a high rate of provision of Improving Access to Psychological Therapies (IAPT) relative to the estimated size of the population suffering from depression or anxiety (10%, amongst the highest rate compared with similar CCGs).

Presence of depression reviews for newly diagnosed people with 65 days, 2017/18

Opportunities

- **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

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

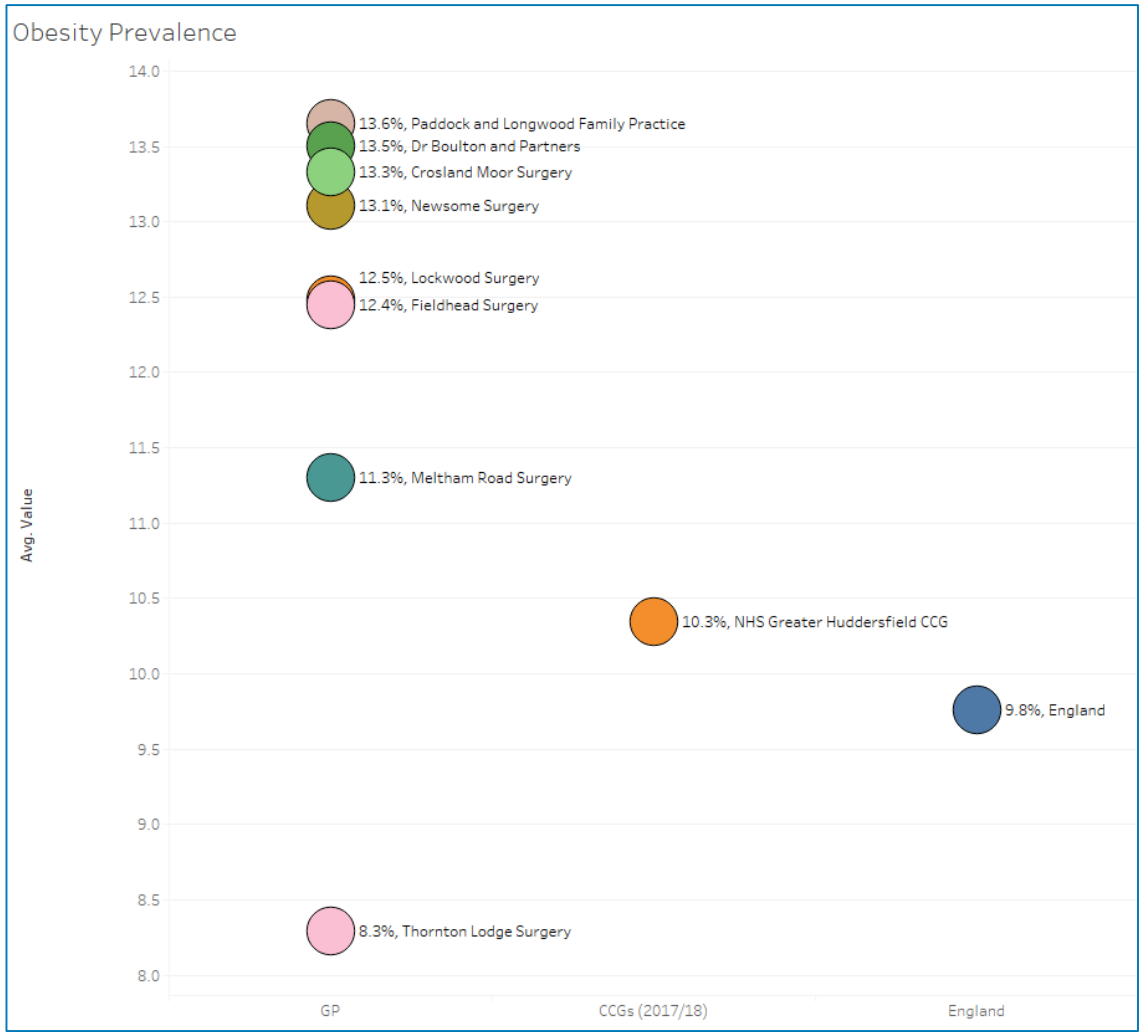
They represent a start on the journey towards Population Health Management in Kirklees and it is recognised that these tools will continue to develop in line with the PHM system and as the PCNs mature.

Chart Contents

(List of chart contents & links in alphabetical order)

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%.
- Seven of the eight practices have obesity prevalence rates above the national and CCG measures. Thornton Lodge has a substantially lower prevalence rate than the other practices.
- Link to Supporting Data

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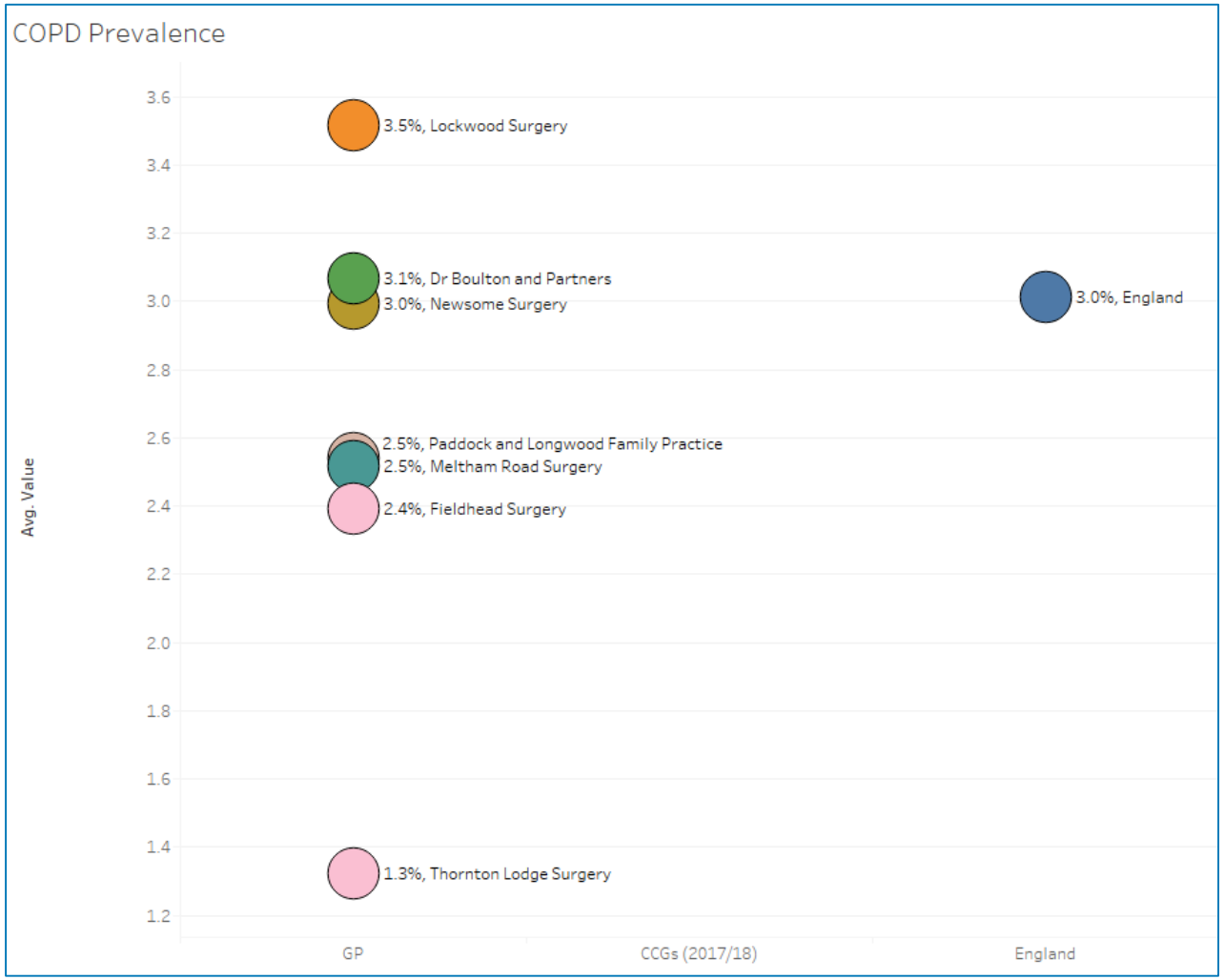
COPD Prevalence

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%.
- Dr Boulton & Partners and Lockwood surgeries have COPD prevalence rates above the national average.
- Link to Supporting Data

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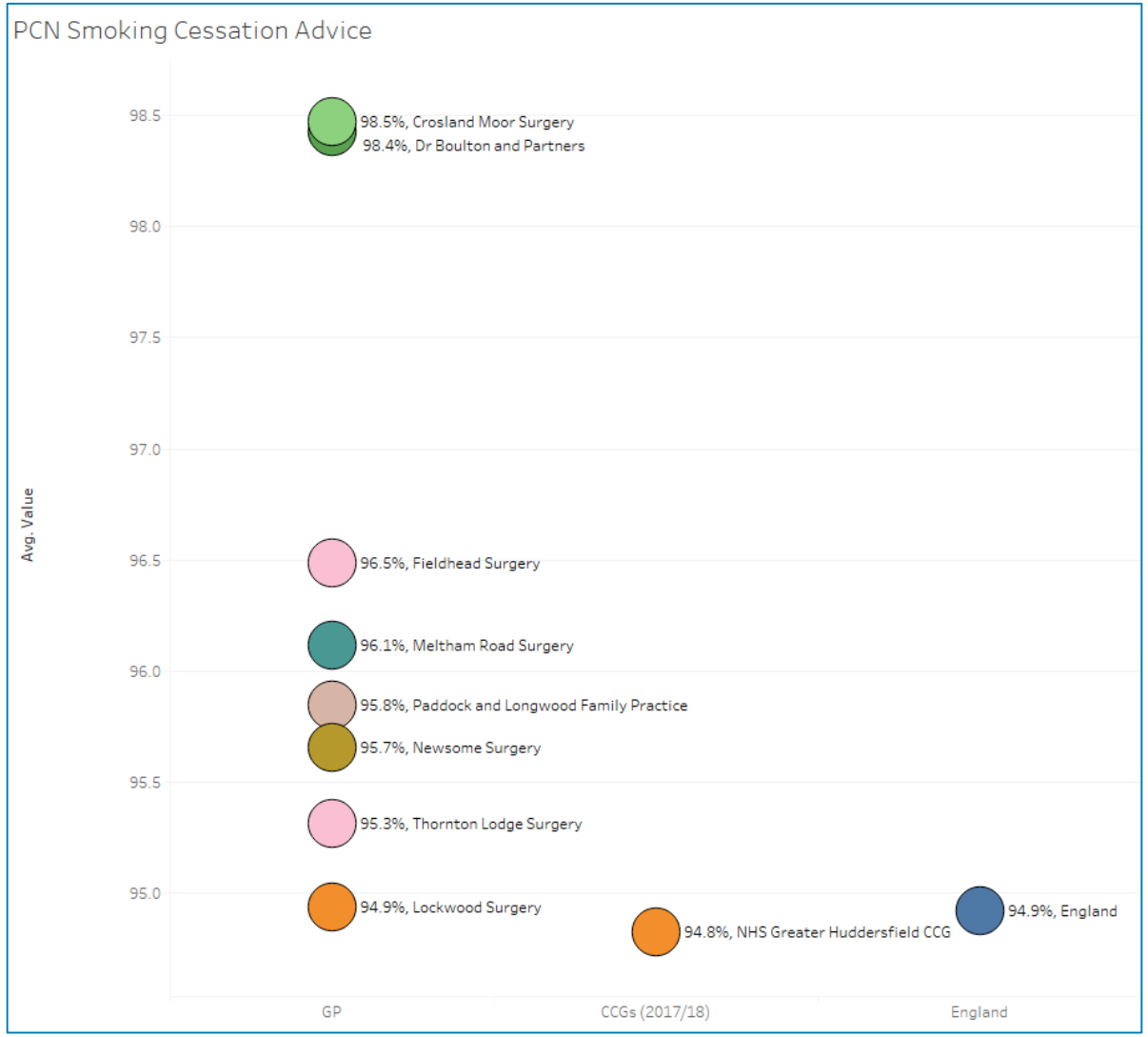
Smoking Cessation

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%.
- Seven of the eight practices are above the CCG and national averages.
- Links to Supporting Data

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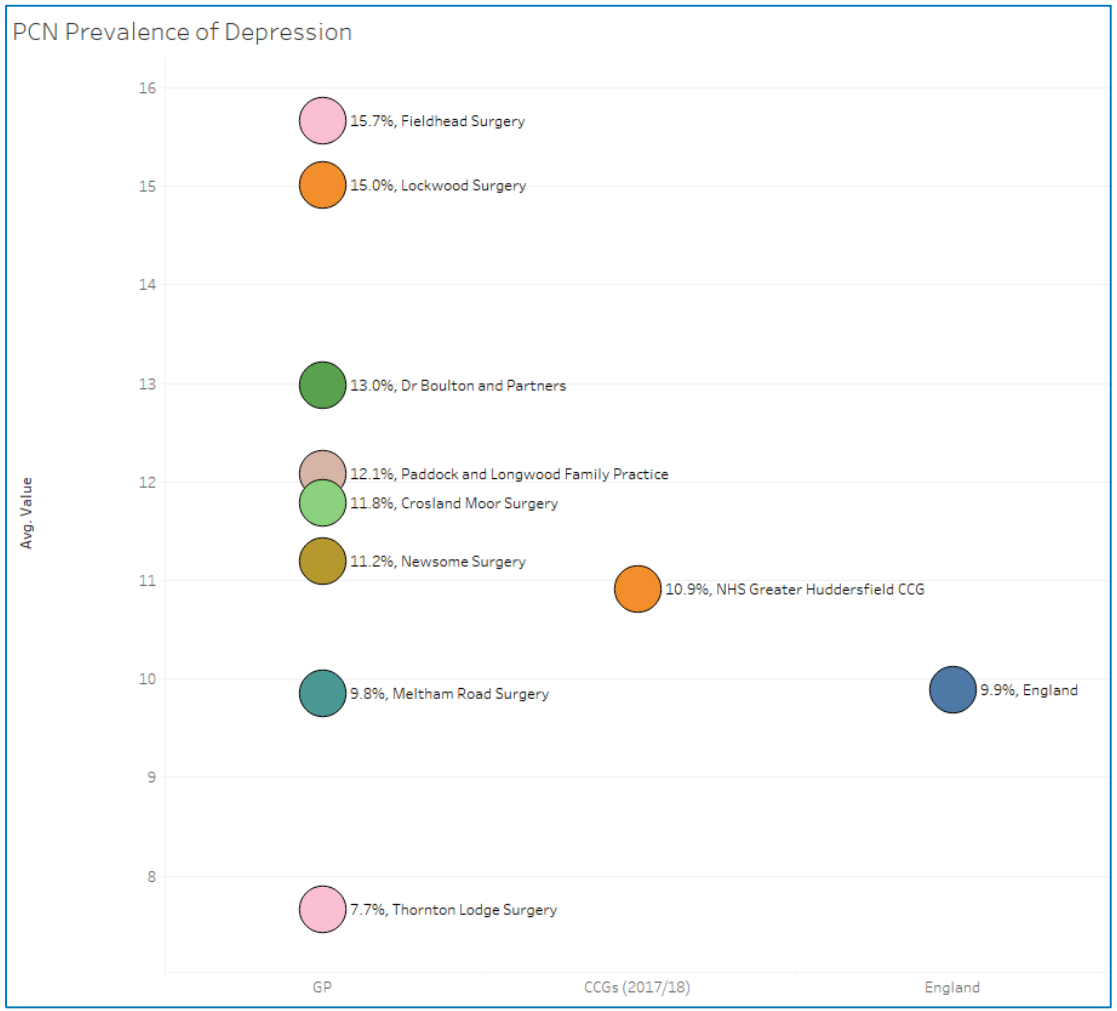
Depression

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

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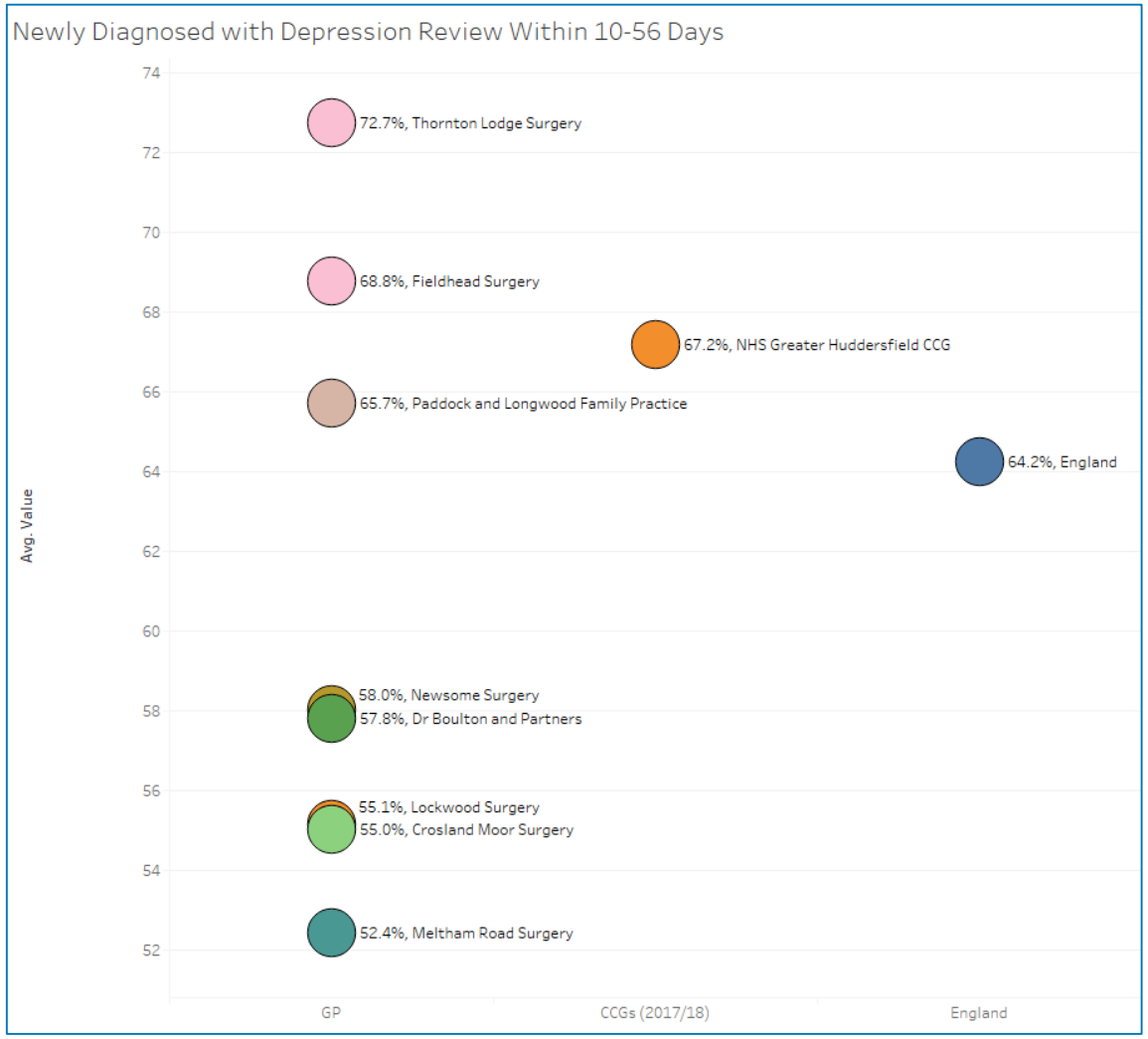
Depression Review within 10-56 Days

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%.
- Five of the eight network surgeries fall below the national and CCG average position.
- Link to Supporting Data

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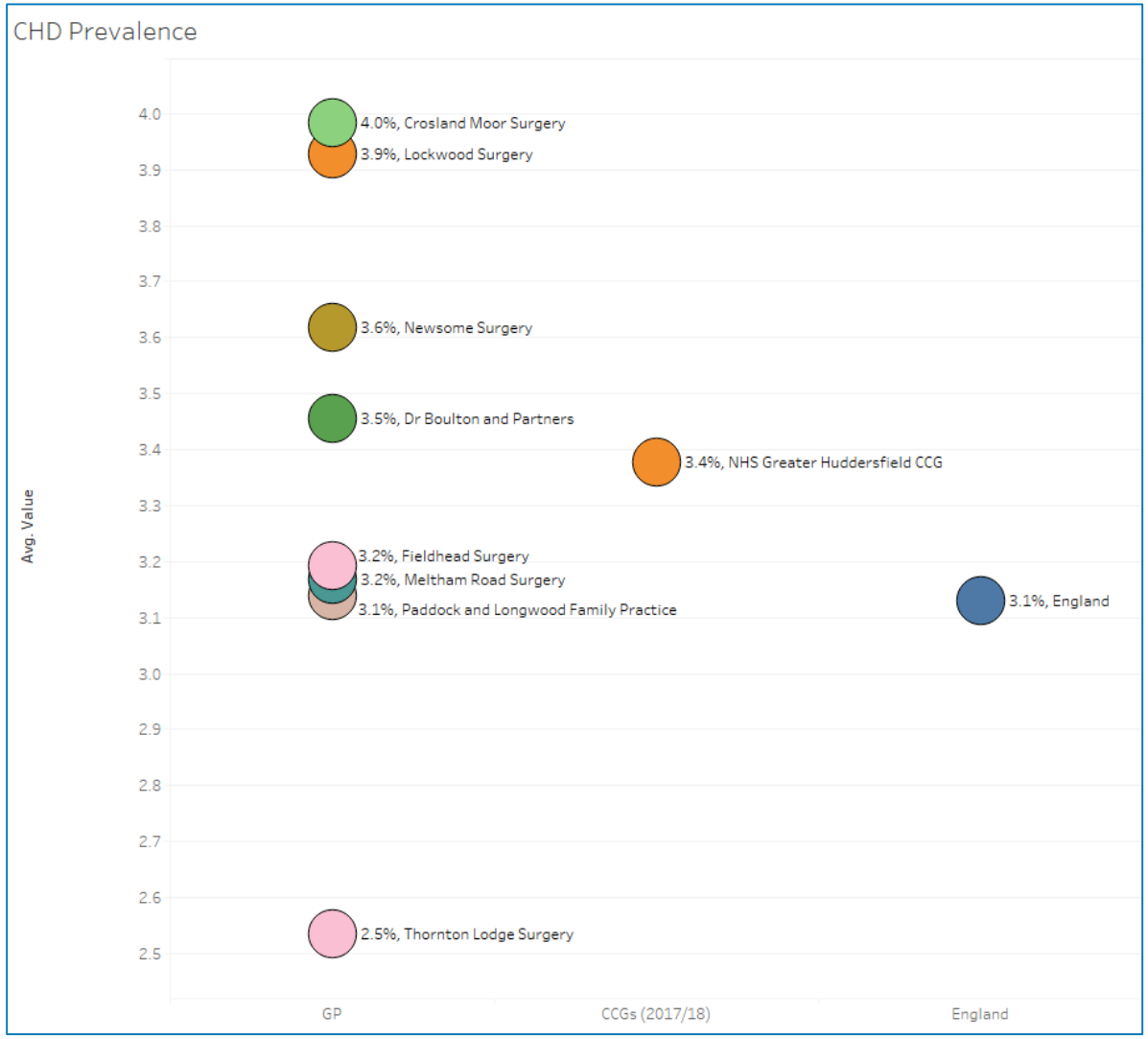
CHD Prevalence

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%.
- Four of the eight PCN practices are showing higher prevalence rates than the national and CCG measures.
- Link to Supporting Data

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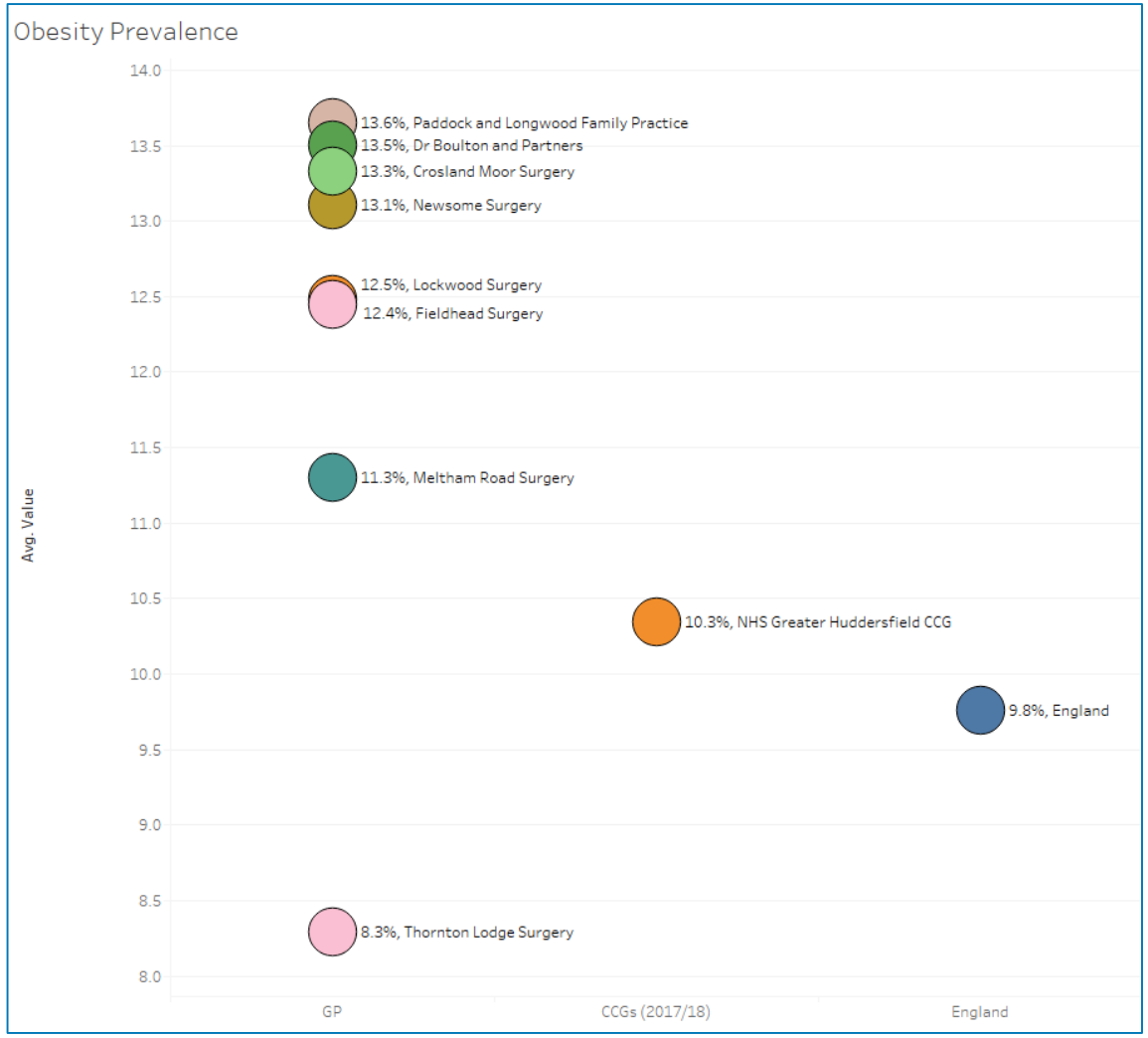
Obesity Prevalence

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

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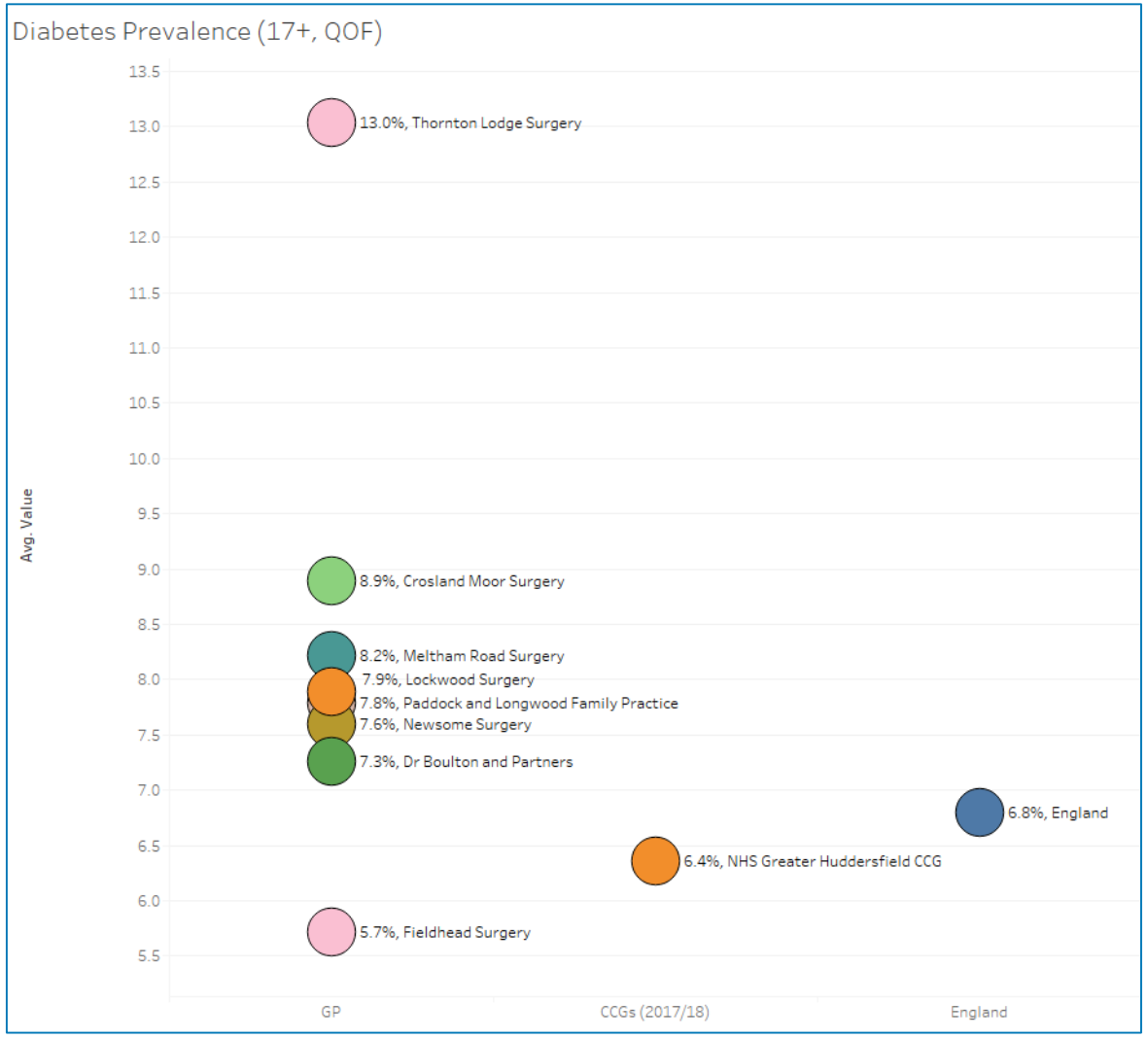
Diabetes Prevalence

Diabetes Prevalence (2017-18)



- 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 eight practices have diabetes prevalence rates above the national and CCG measures.
- Thornton Lodge Surgery is significantly higher than the national and regional measures.
- Link to Supporting Data

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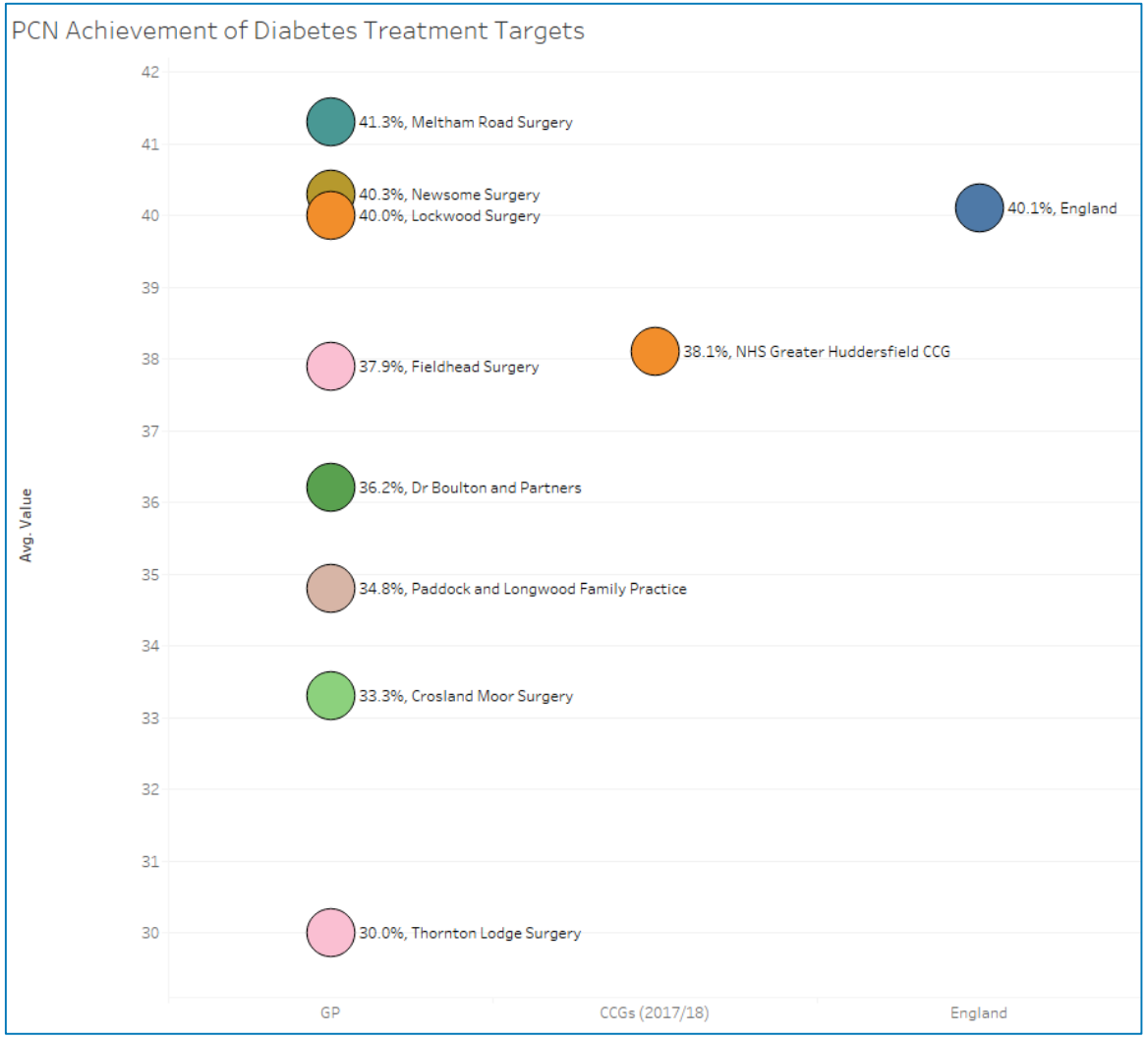
Achievement of Diabetes Treatment Targets

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%.
- Only two of the eight practices outperformed national average measures.
- Thornton Lodge Surgery was significantly below both the regional and national measures.
- Link to Supporting Data

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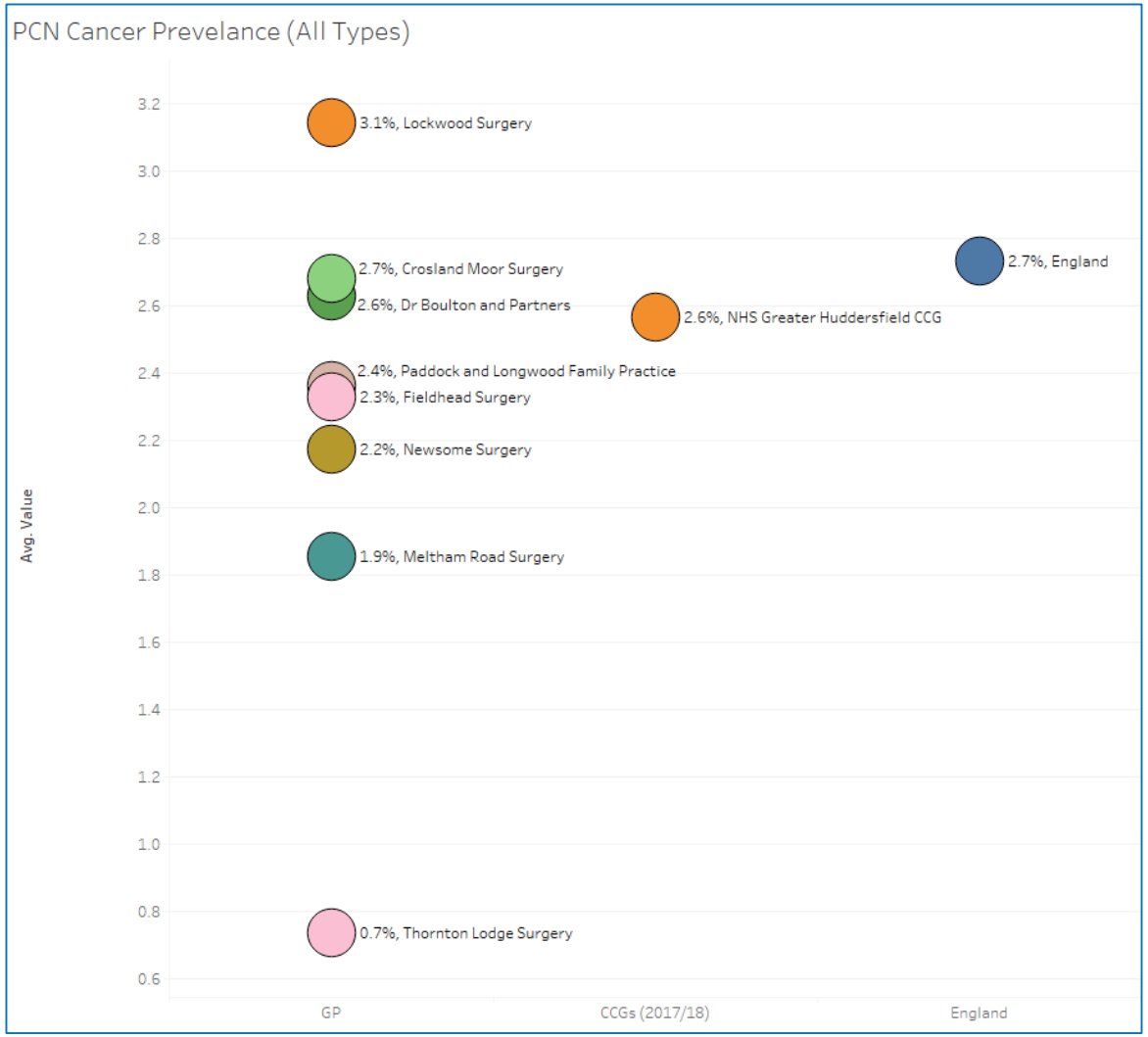
PCN Cancer Prevalence

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%.
- Only Lockwood surgery has a cancer prevalence rate above the national average measure.
- Thornton Lodge Surgery is significantly below both regional and national measures.
- Link to Supporting Data

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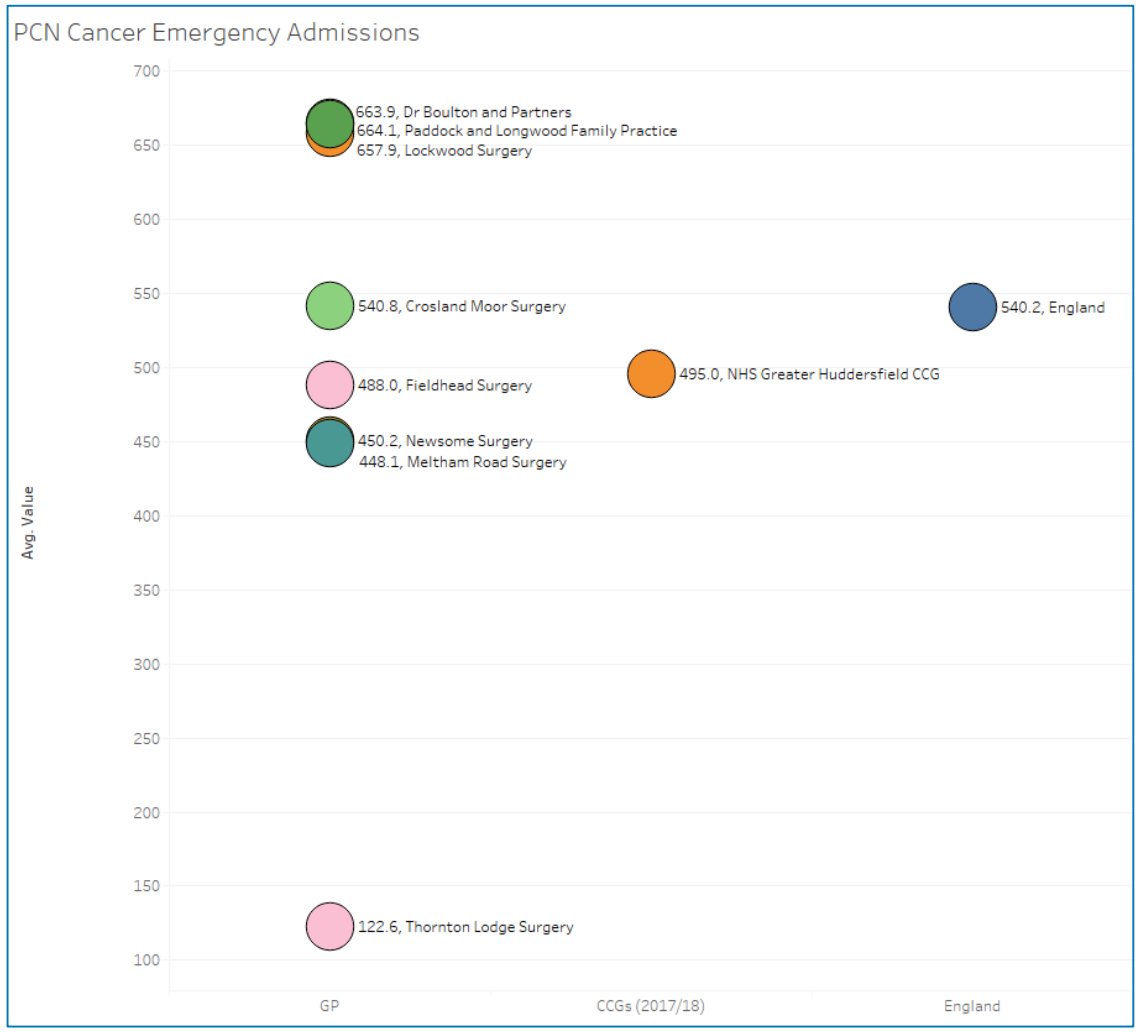
PCN Cancer Emergency Admissions

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%.
- Thornton Lodge Surgery is significantly below both regional and national measures.
- Link to Supporting Data

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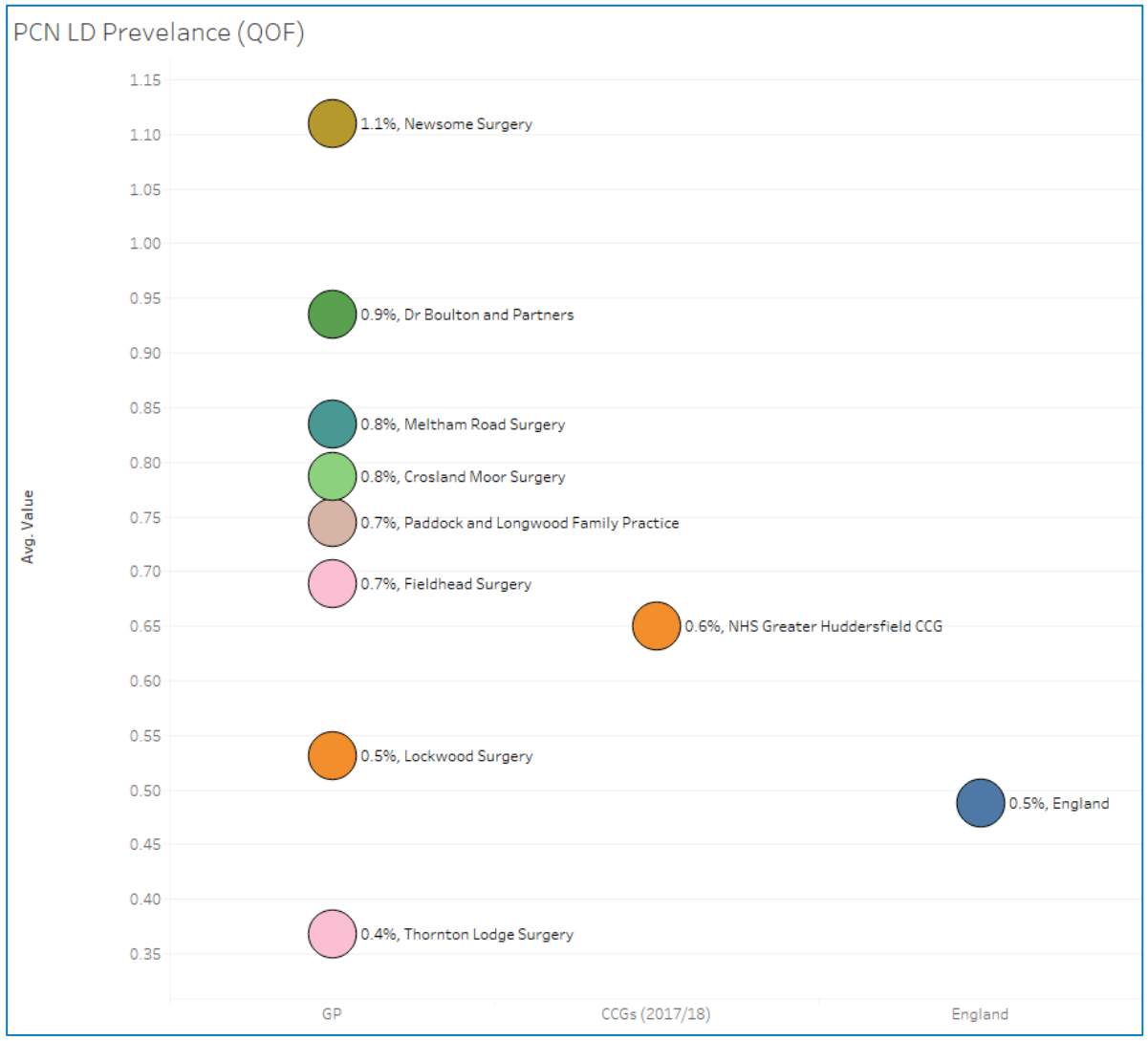
PCN Learning Difficulty Prevalence

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

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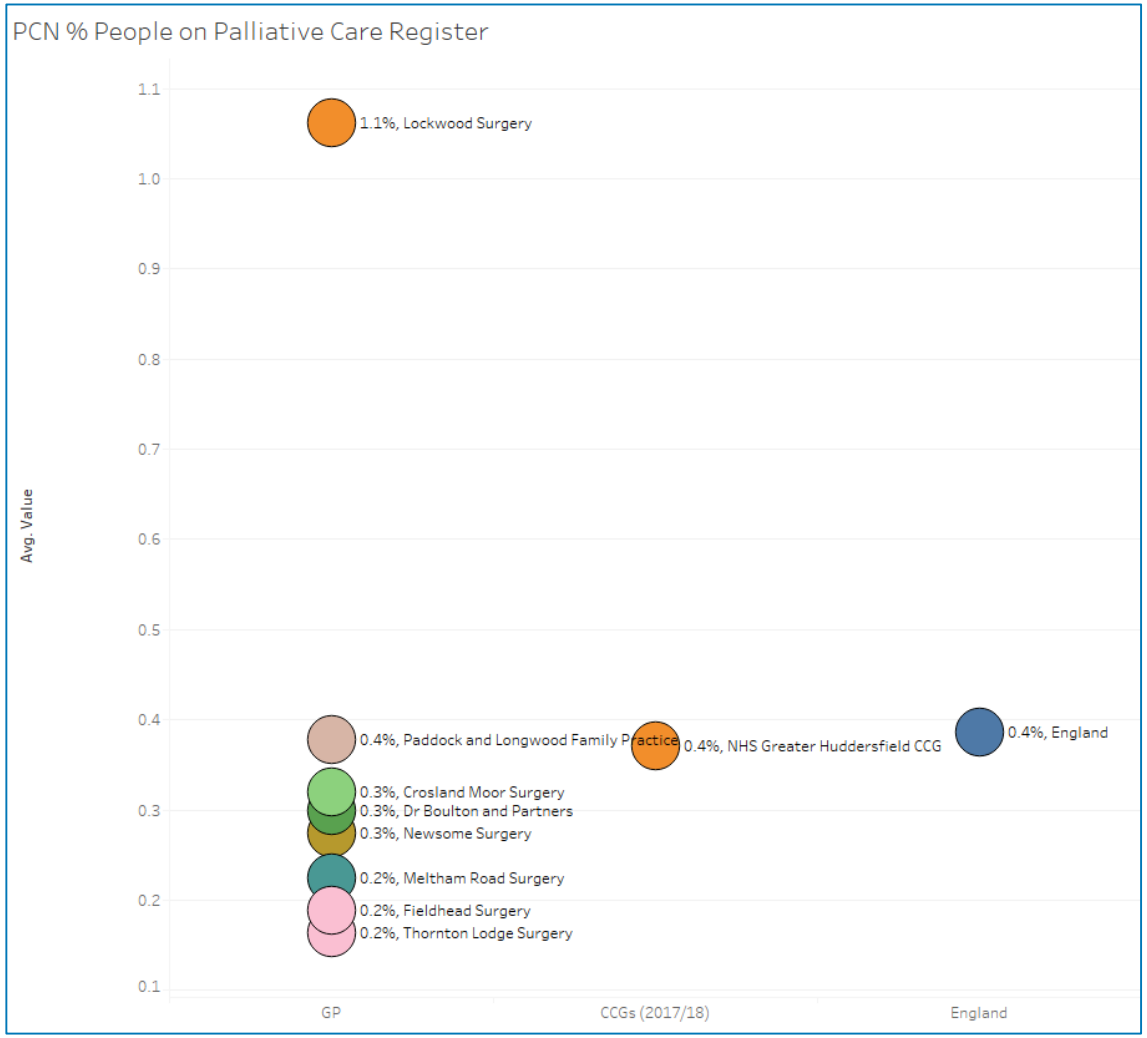
PCN % People on Palliative Care Register

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%.
- Lockwood Surgery is significantly above the national and CCG average measures.
- Link to Supporting Data

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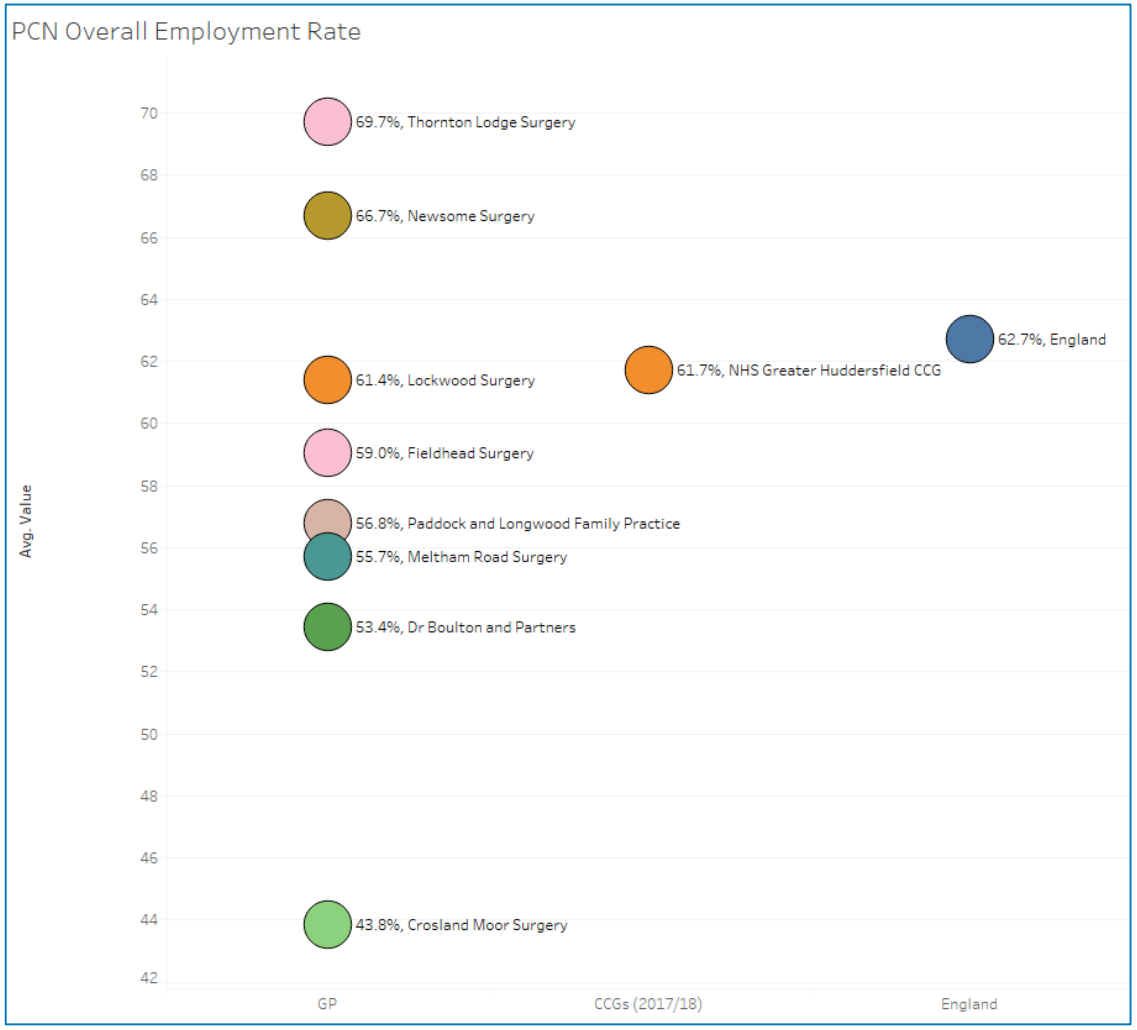
PCN Overall Employment Rate

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 eight PCN practices are showing figures below national and regional levels.
- Link to Supporting Data

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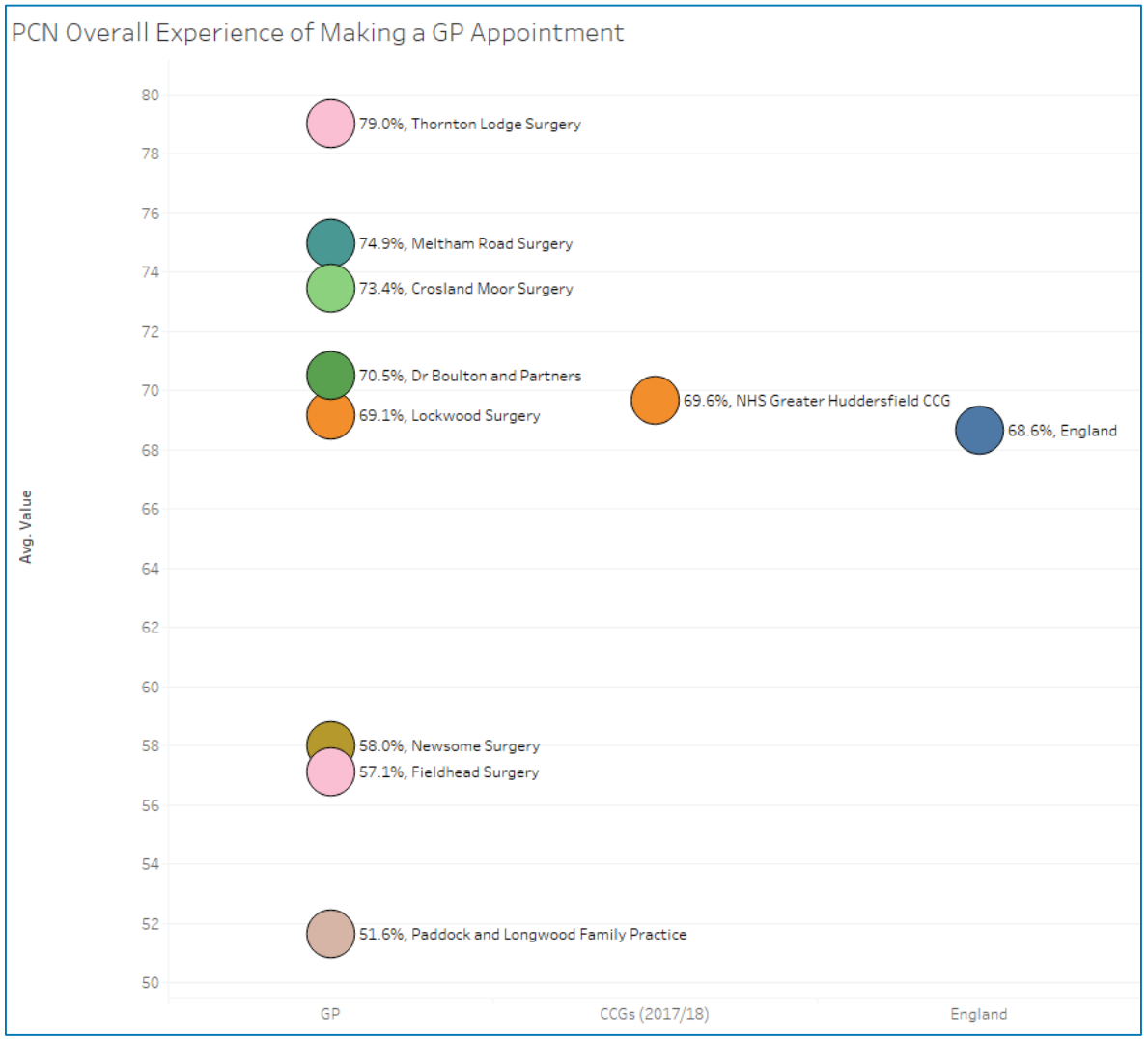
PCN Overall Experience of Making a GP Appointment

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 696%.
- Paddock and Longwood practice has the lowest level response with only 51.6% describing their experience as Very good" or "Fairly good".
- Link to Supporting Data

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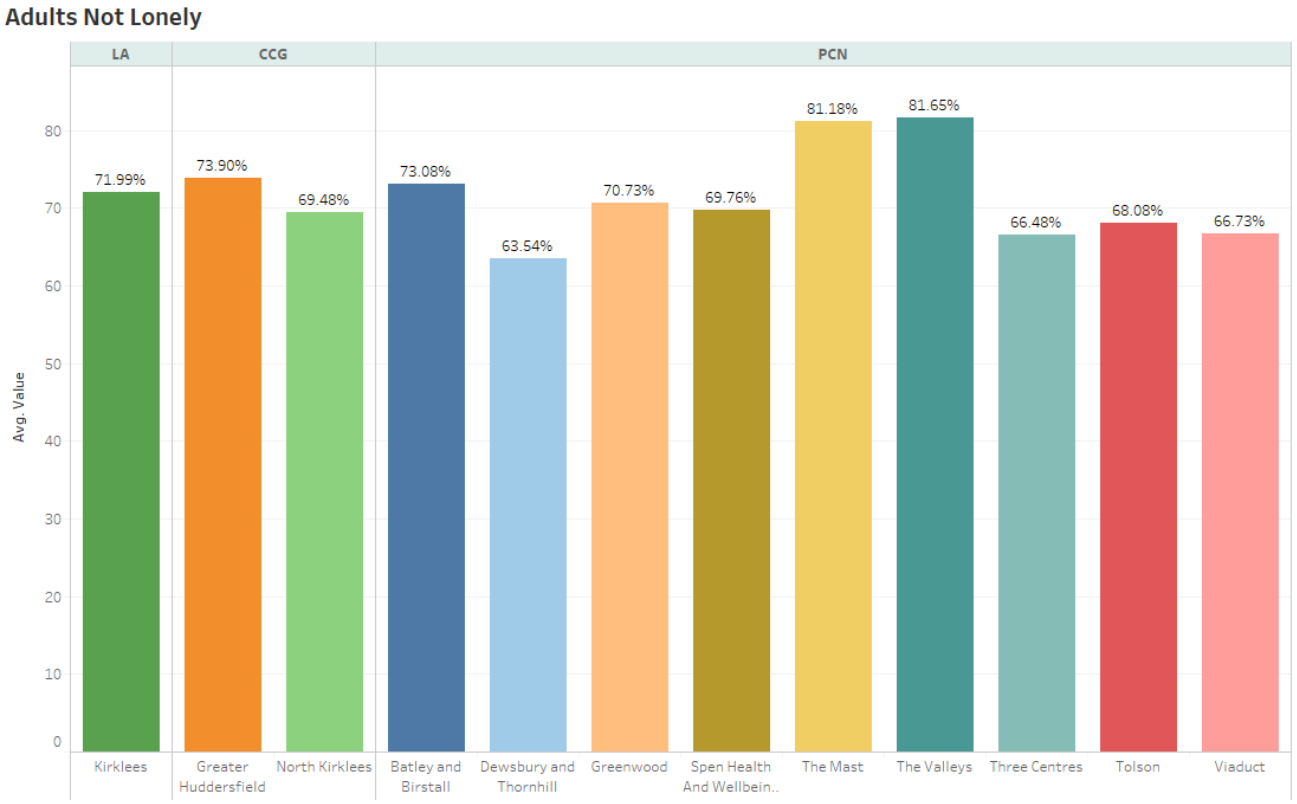
Adults Not Lonely

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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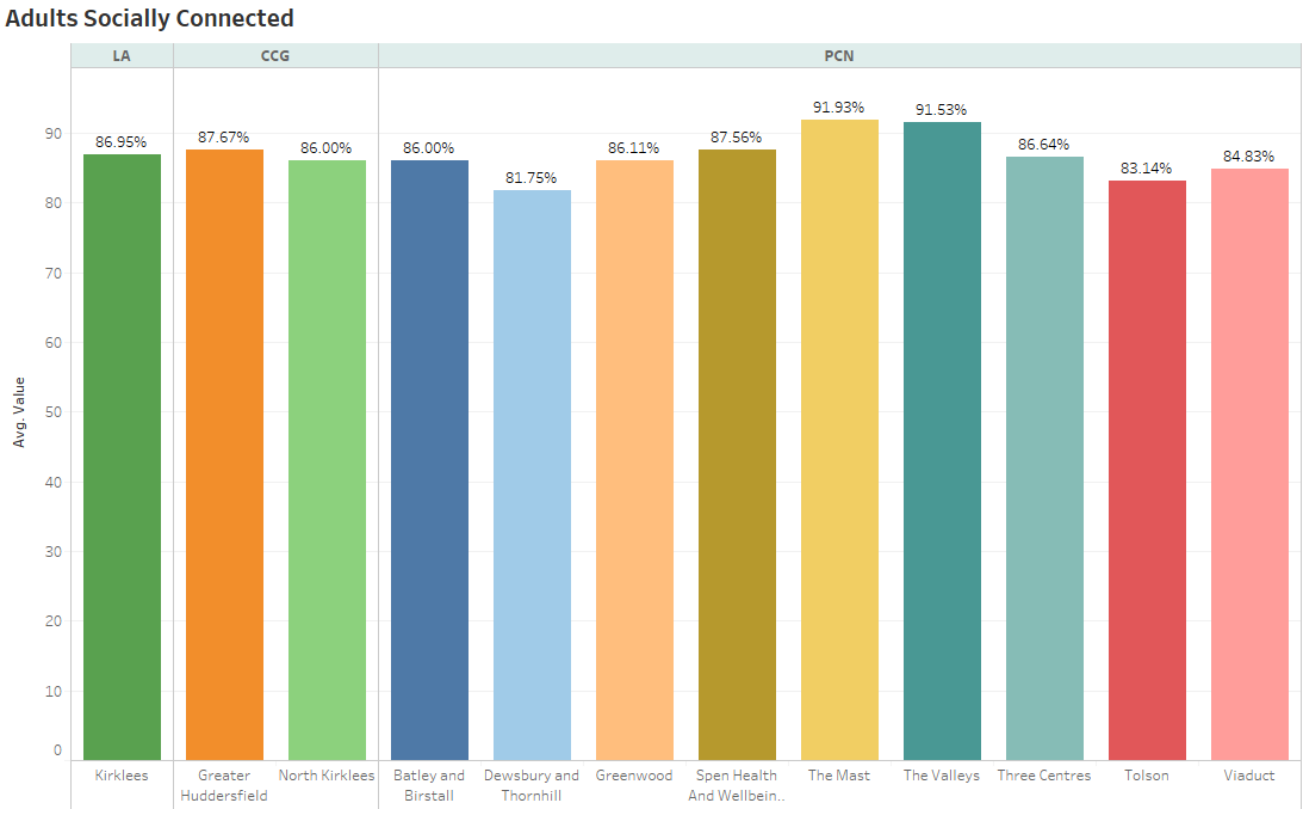
Adults Socially Connected

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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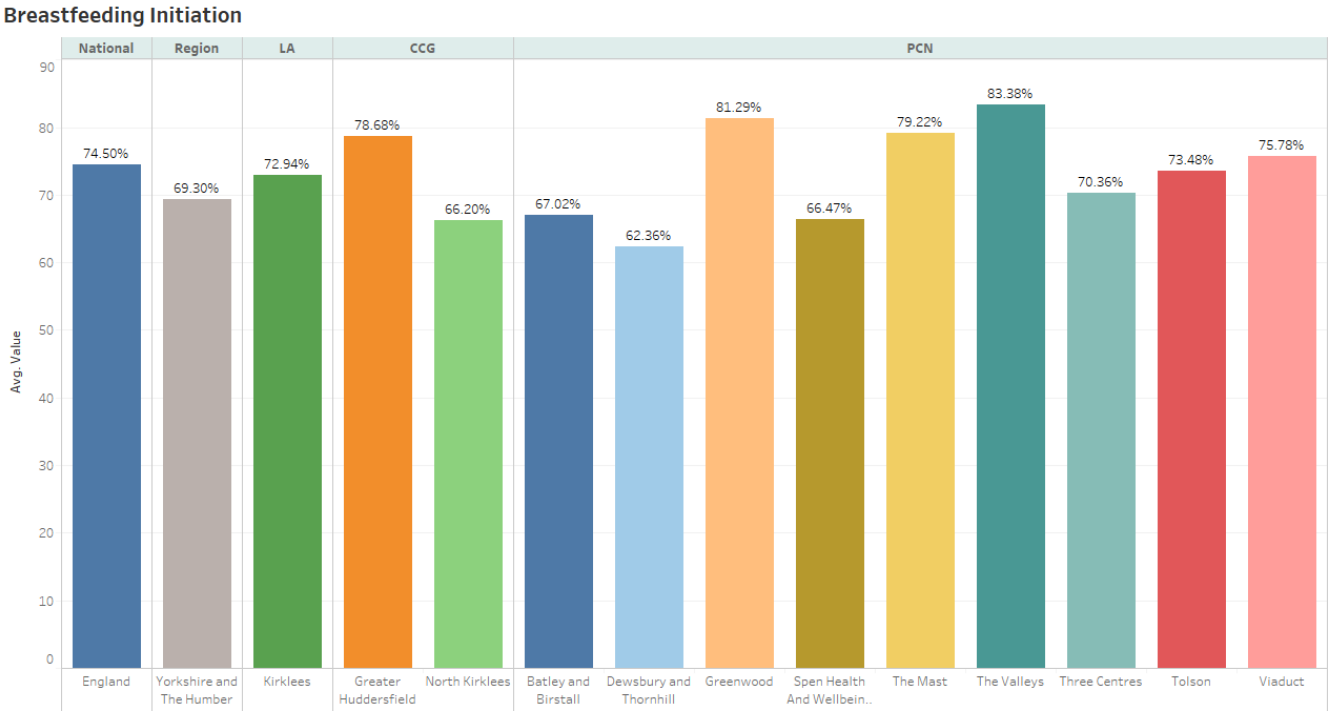
Breastfeeding Initiation

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.

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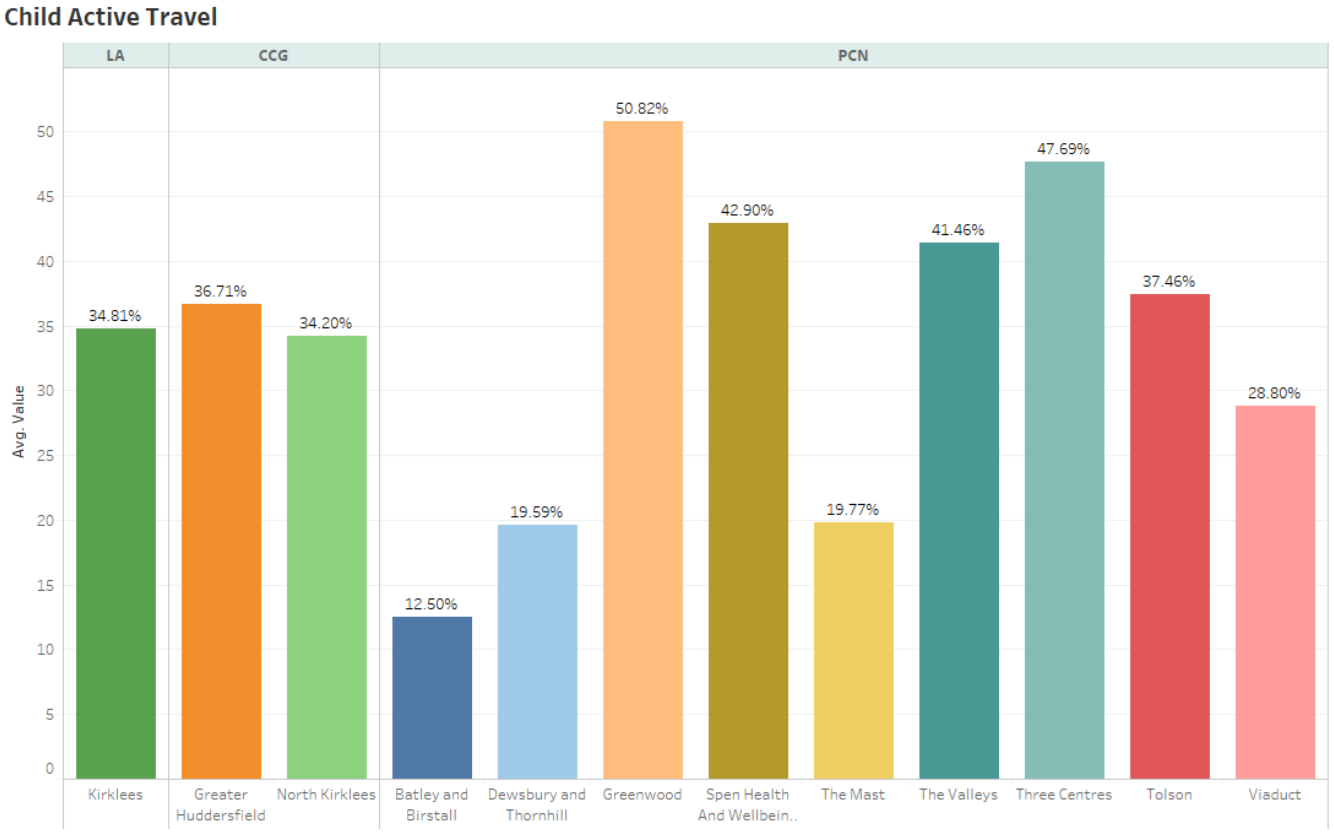
Child Active Travel

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.

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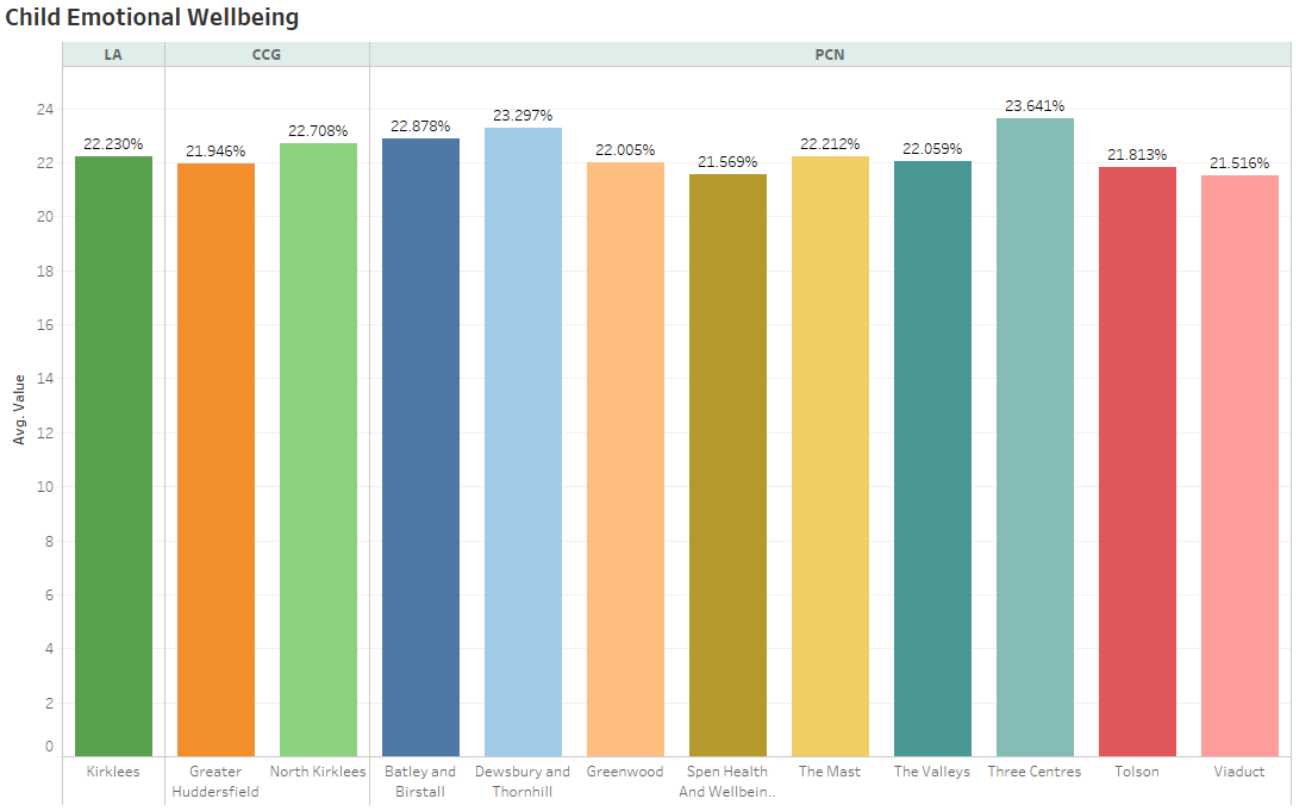
Child Emotional Wellbeing

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.

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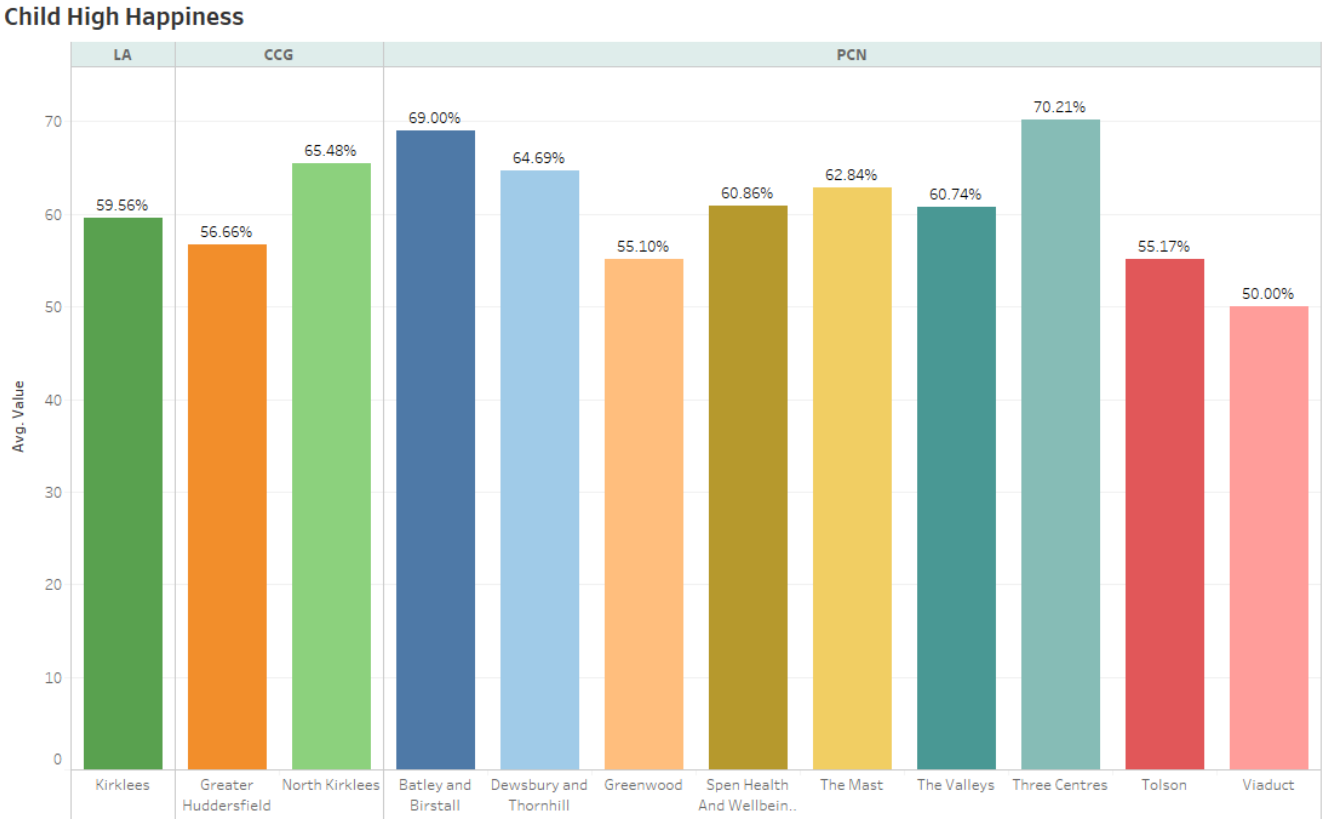
Child High Happiness

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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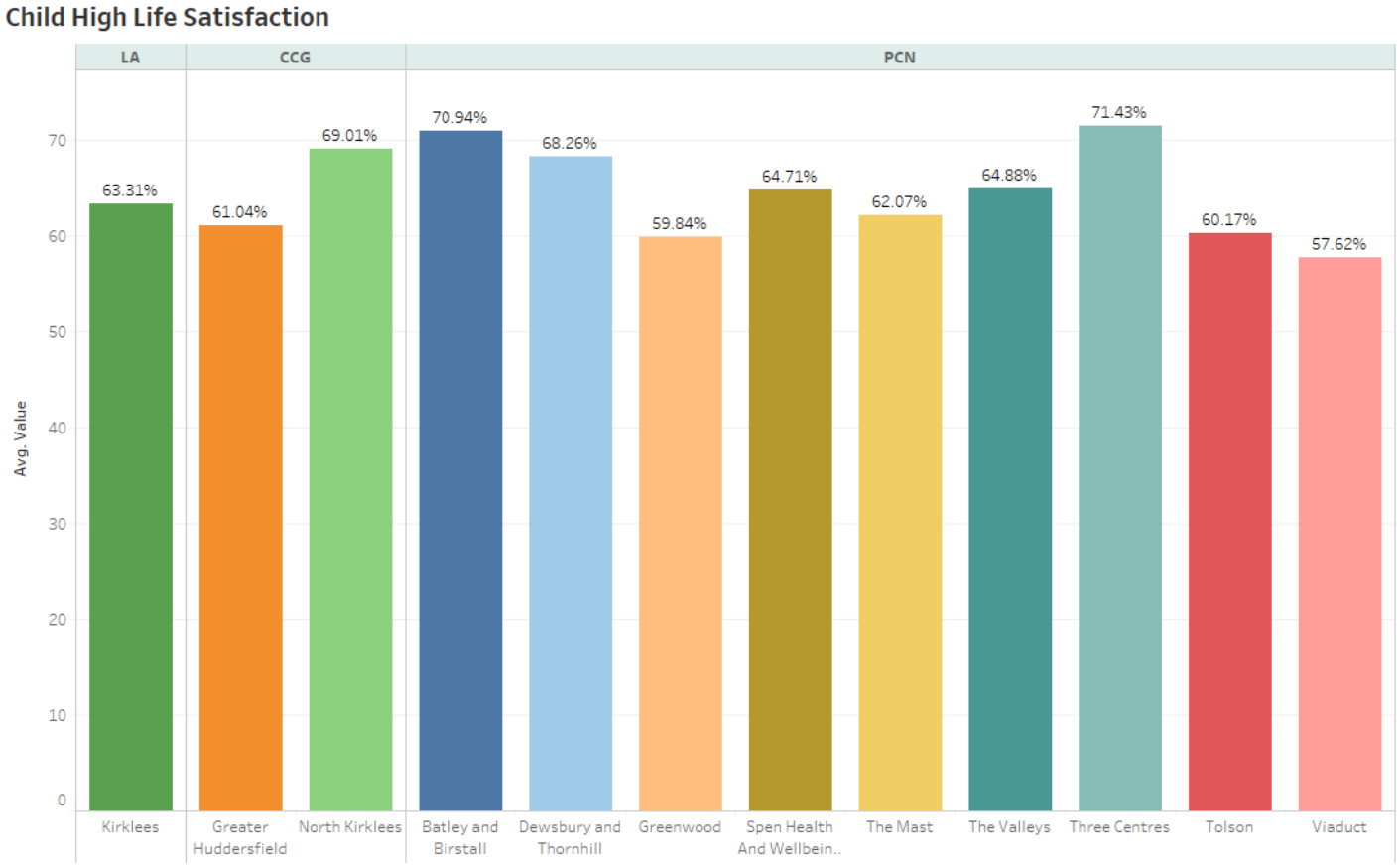
Child High Life Satisfaction

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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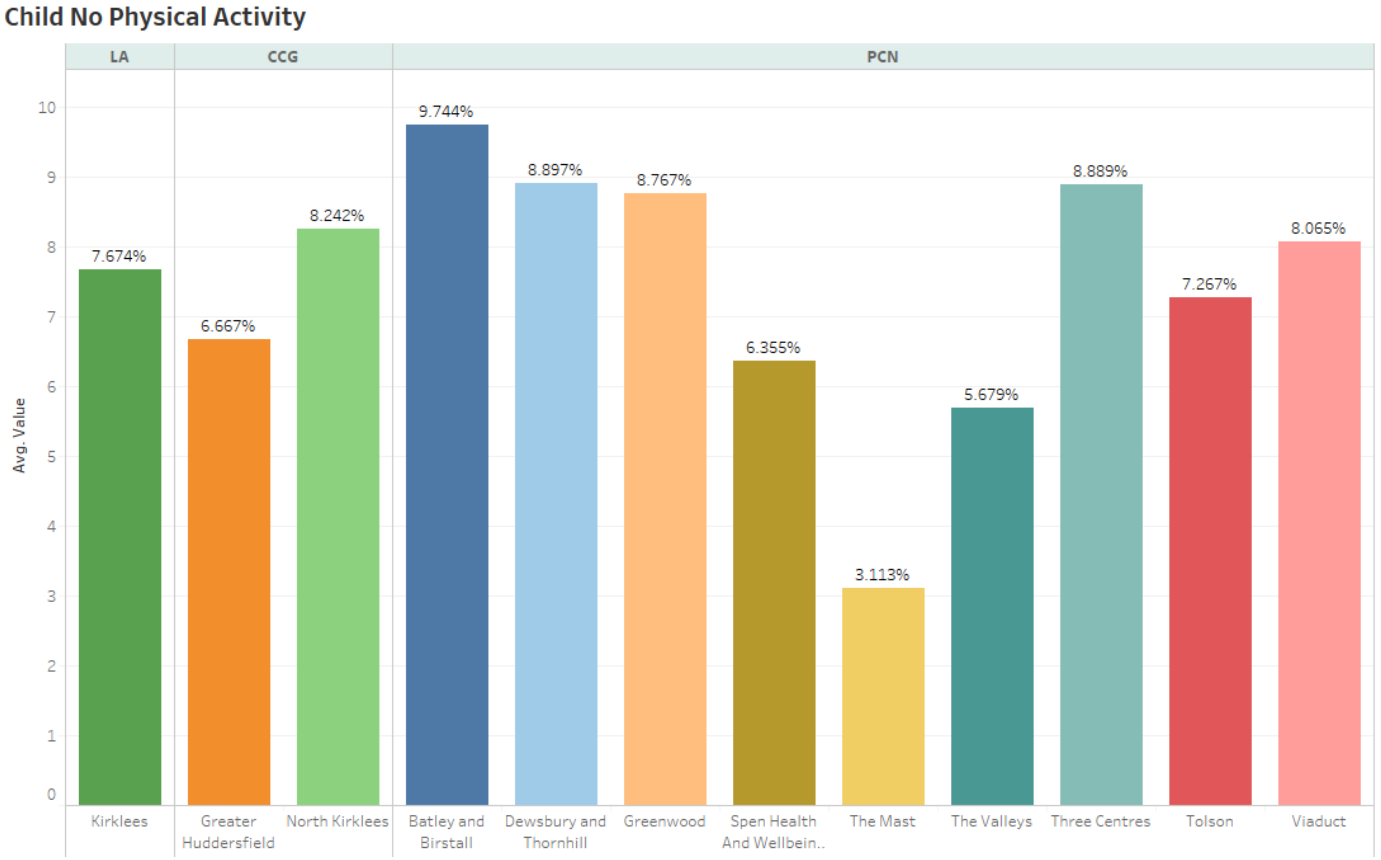
Child No Physical Activity

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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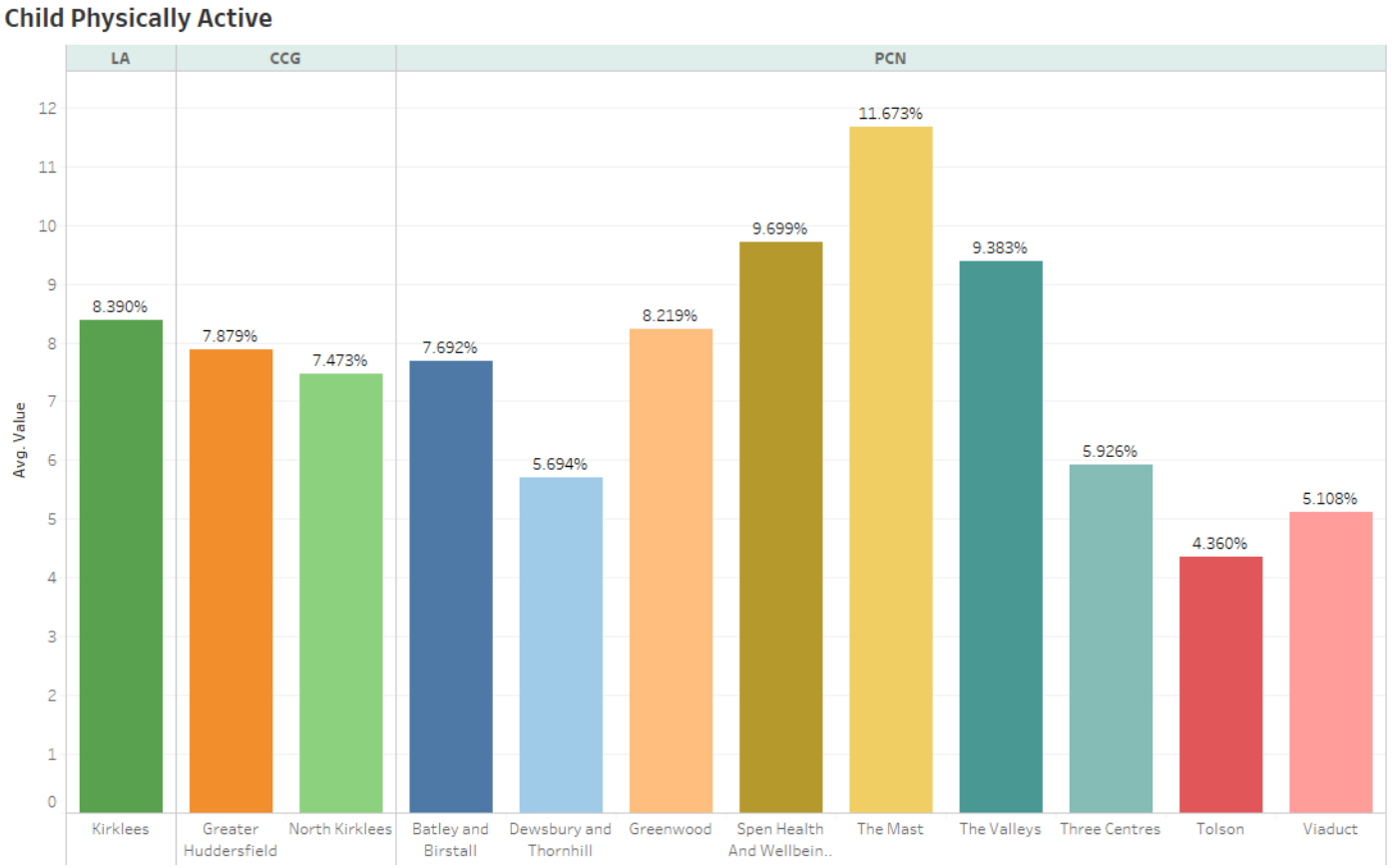
Child Physically Active

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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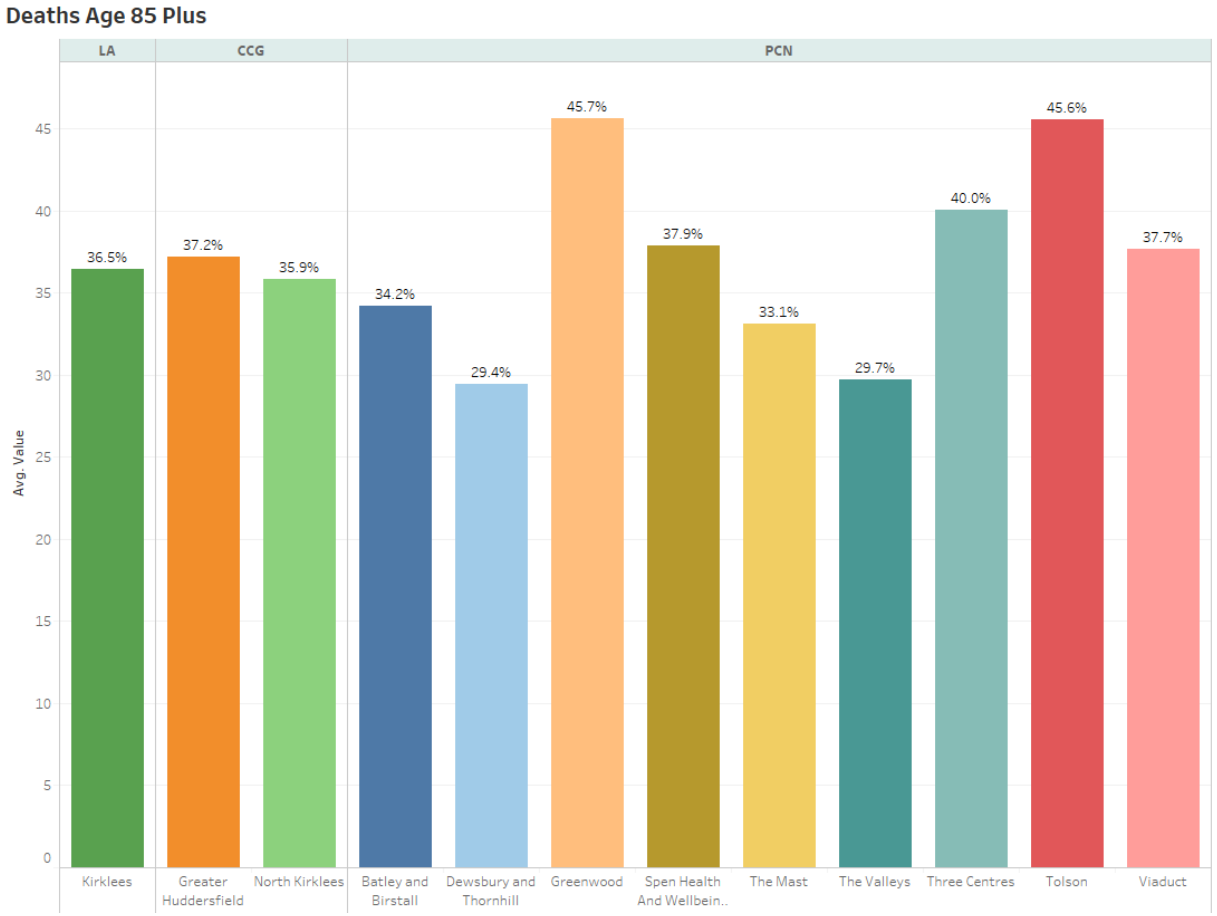
Deaths Age 85 Plus

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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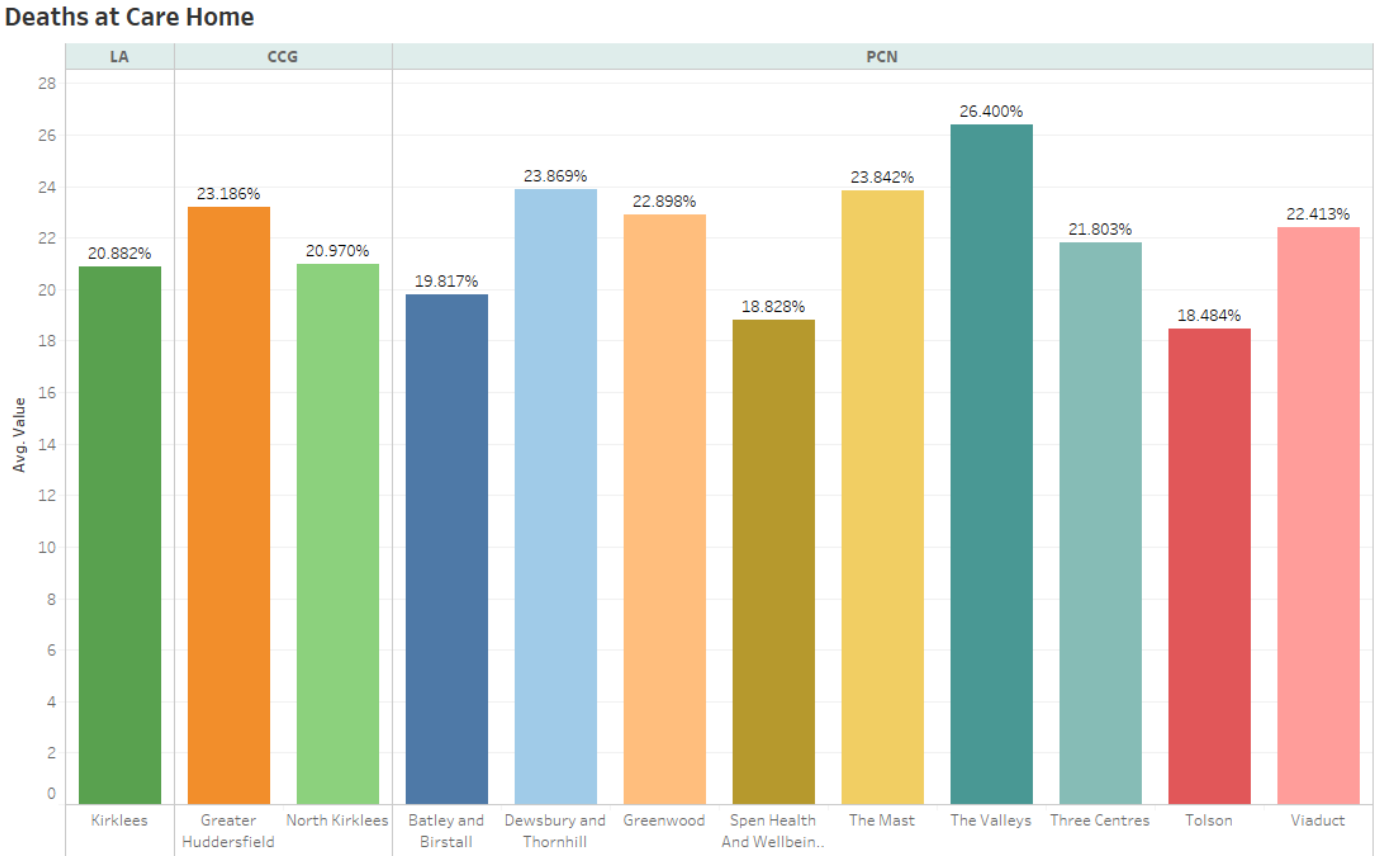
Deaths at Care Home

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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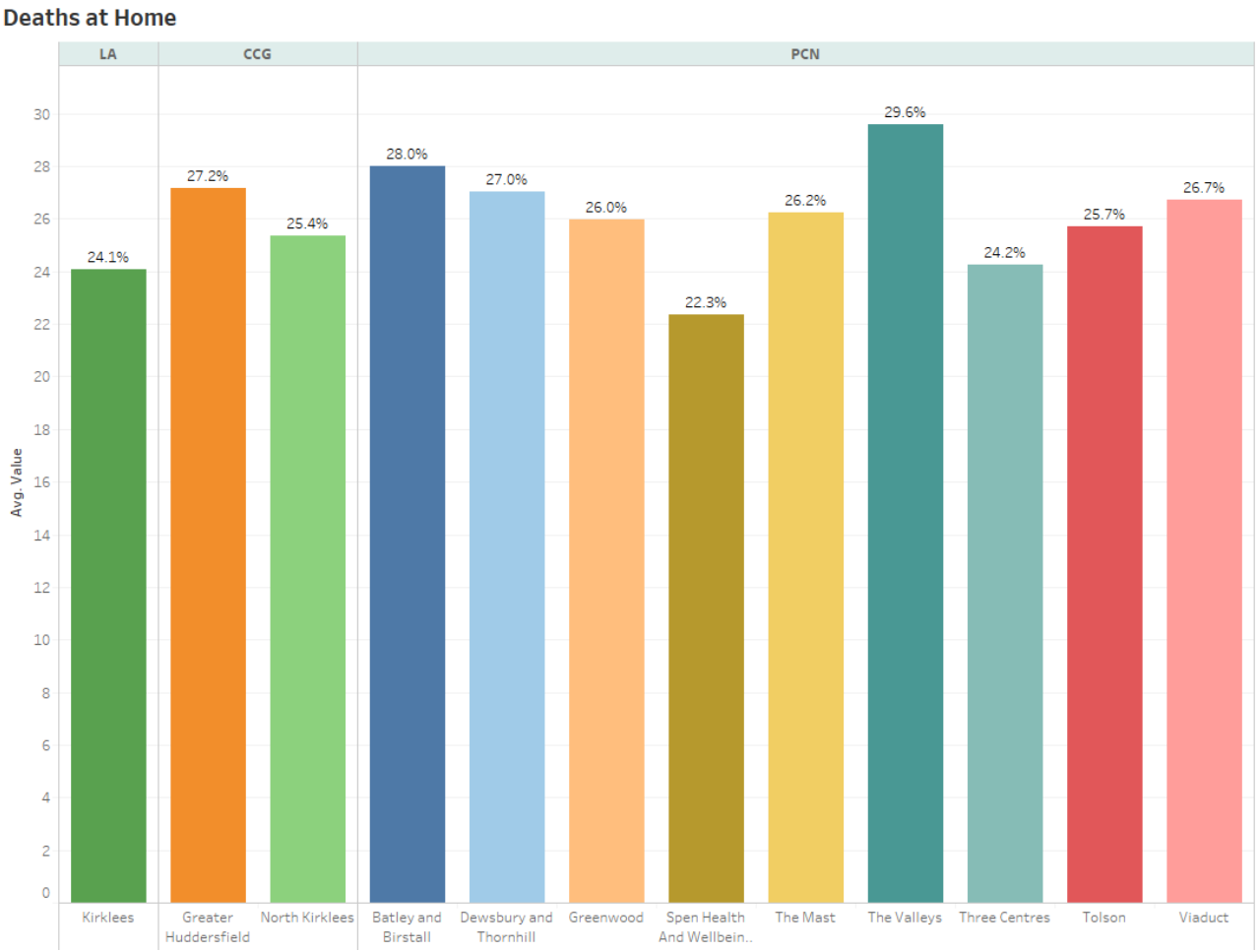
Deaths at Home

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.

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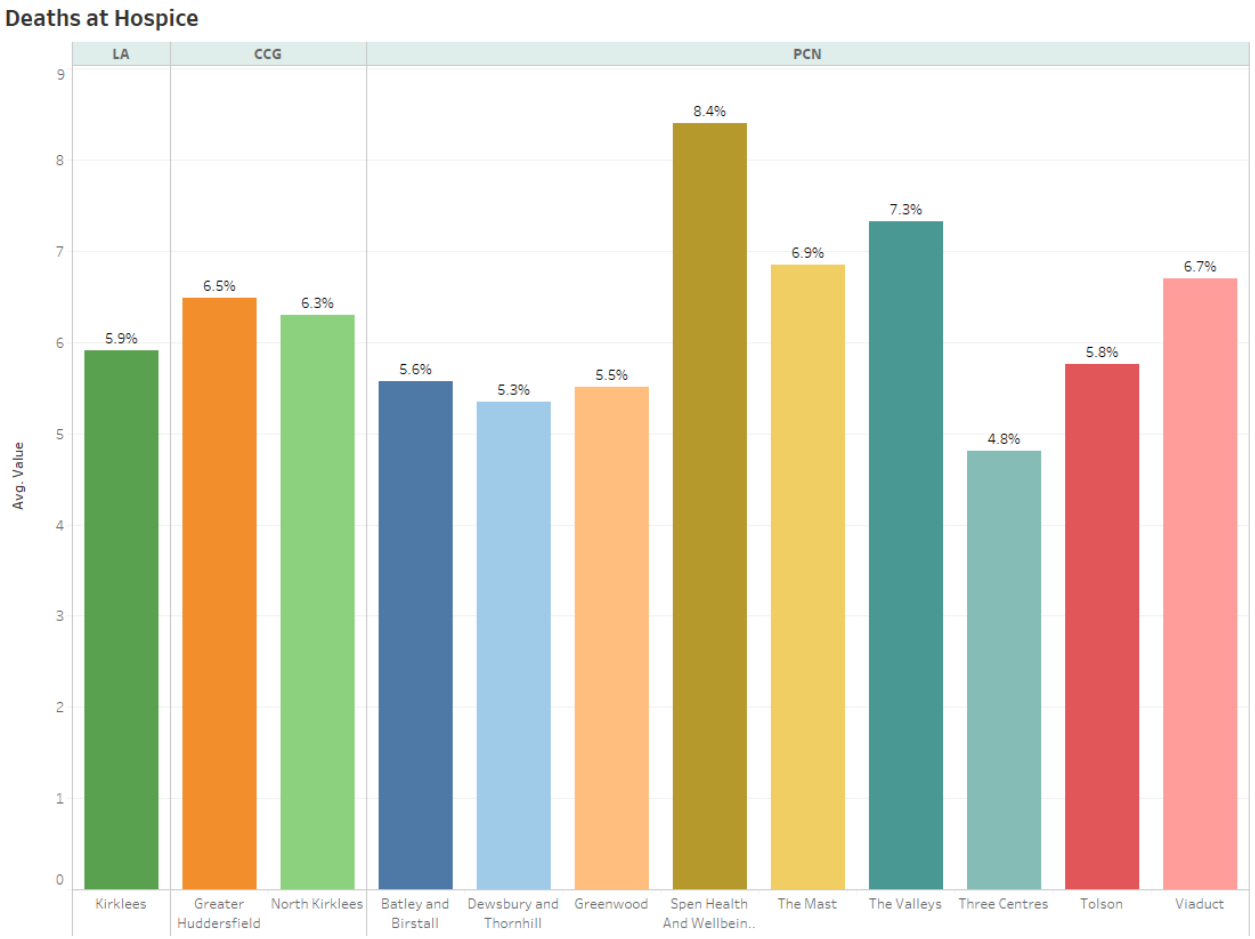
Deaths at Hospice

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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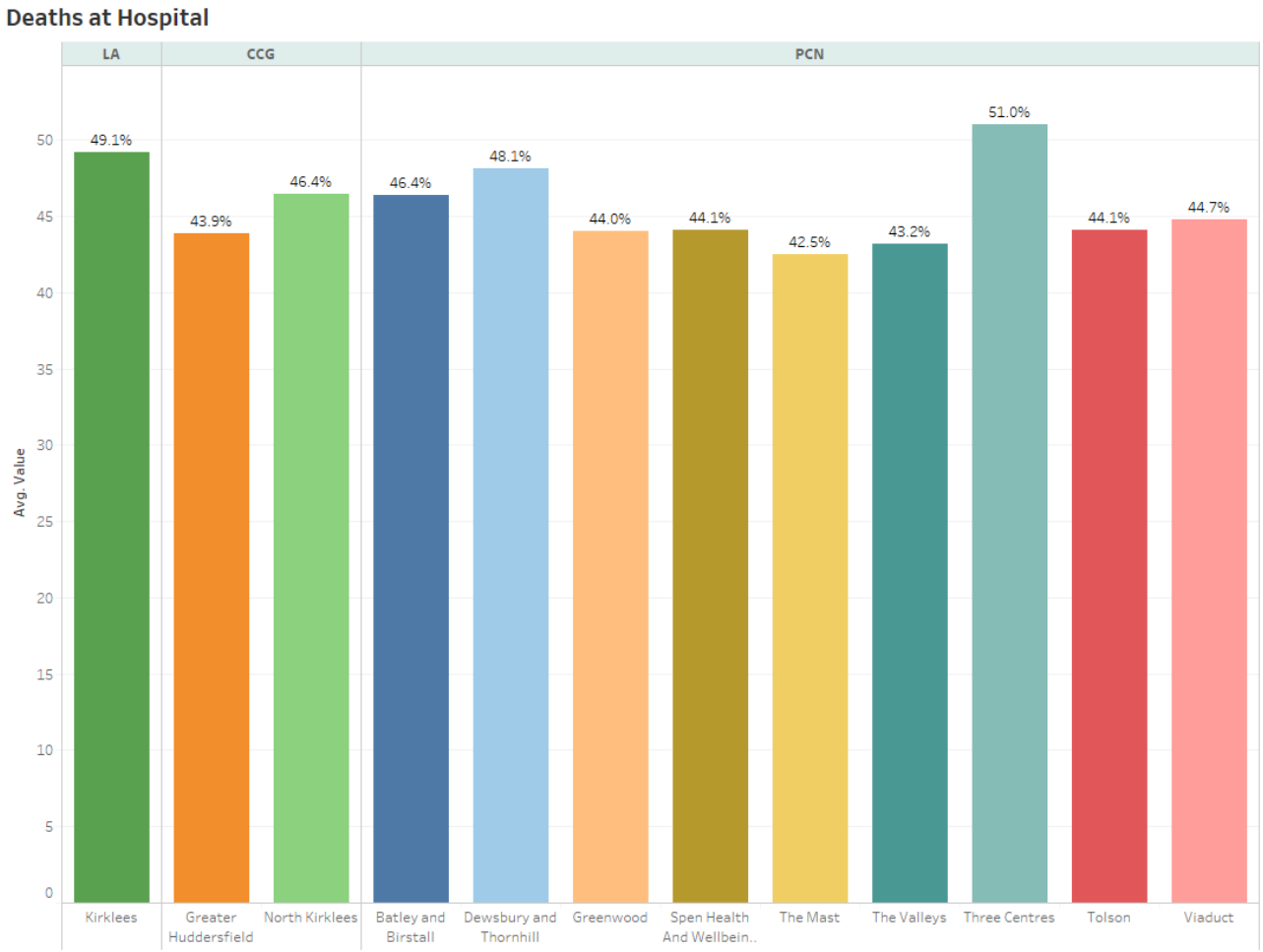
Deaths at Hospital

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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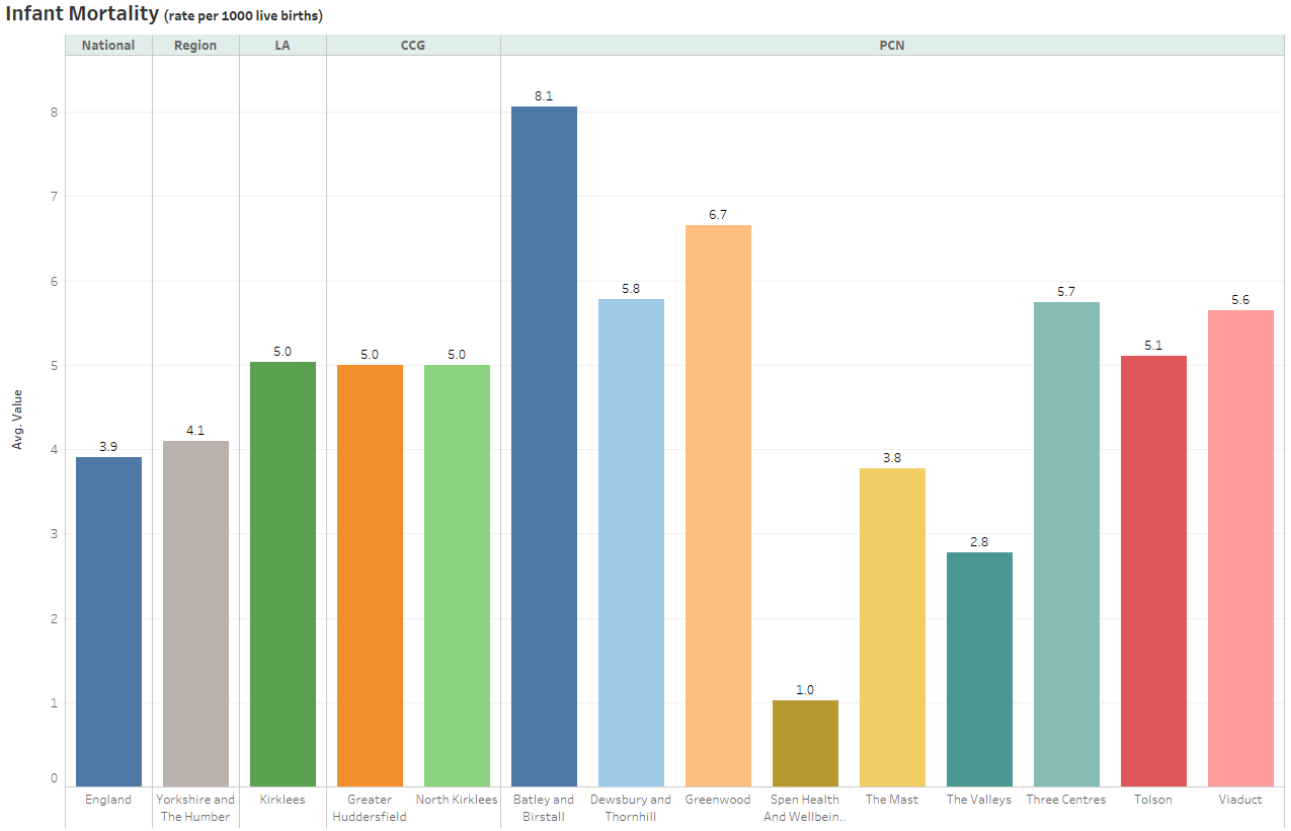
Infant Mortality

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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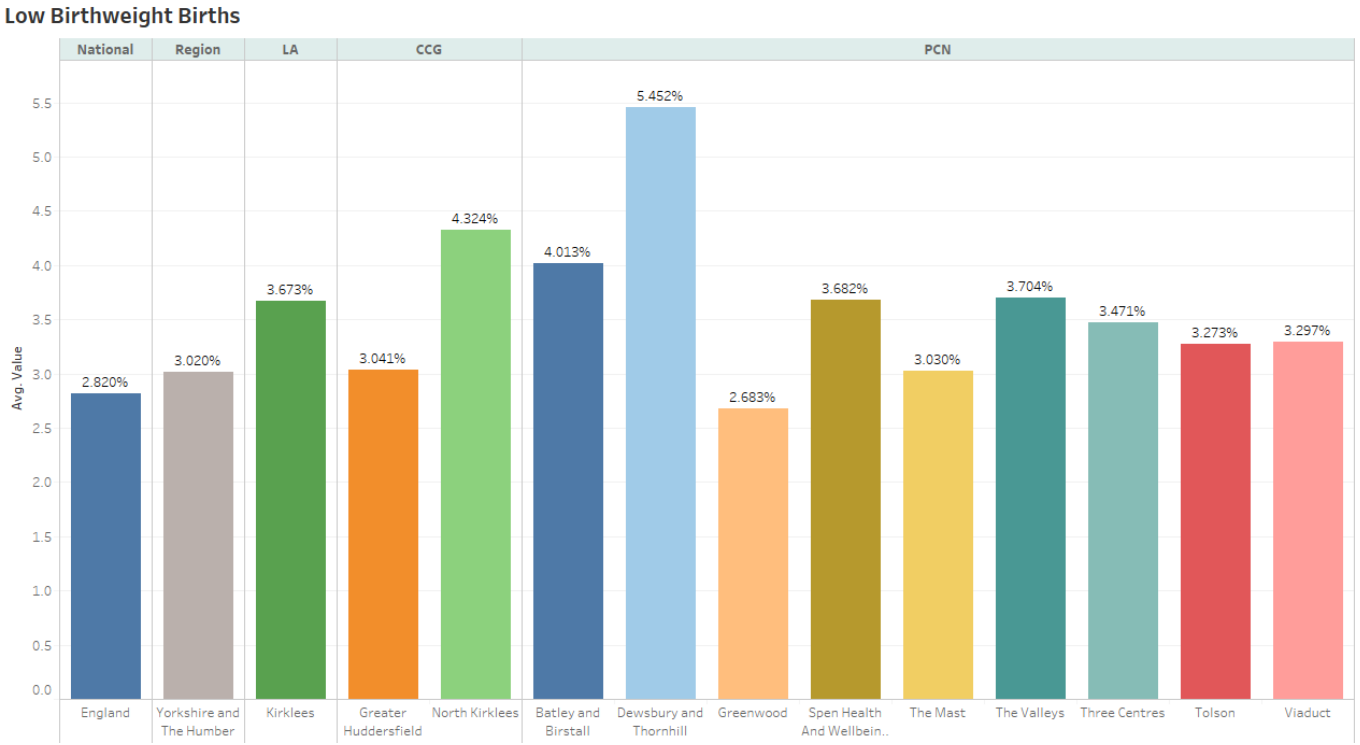
Low Birthweight Births

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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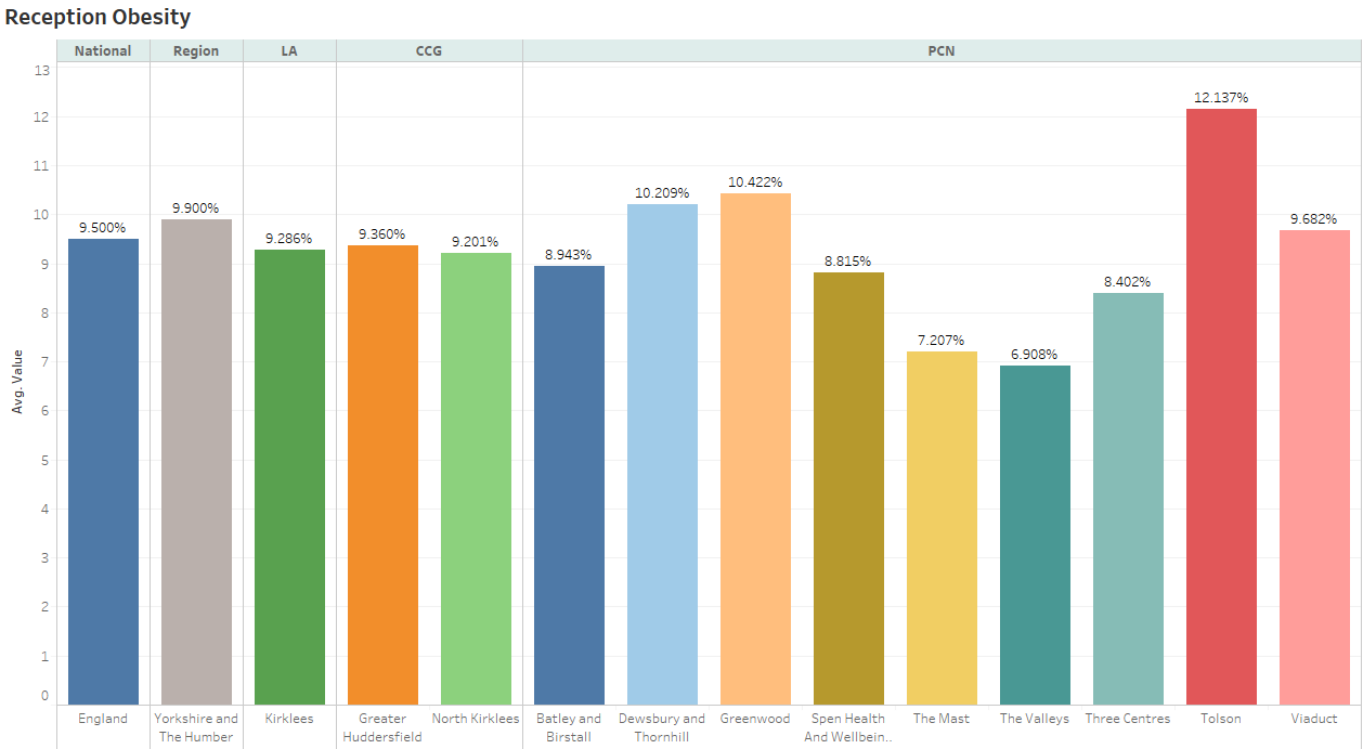
Reception Obesity

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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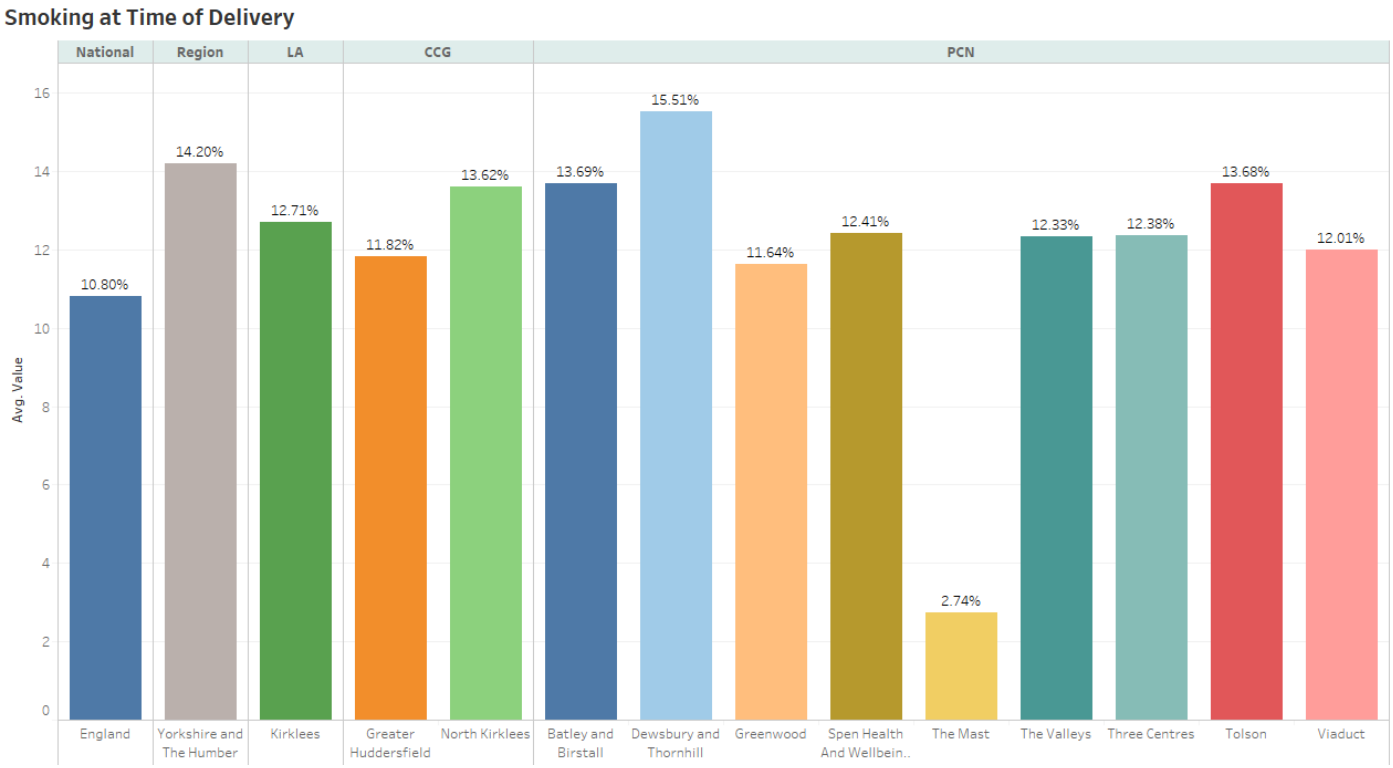
Smoking at Time of Delivery

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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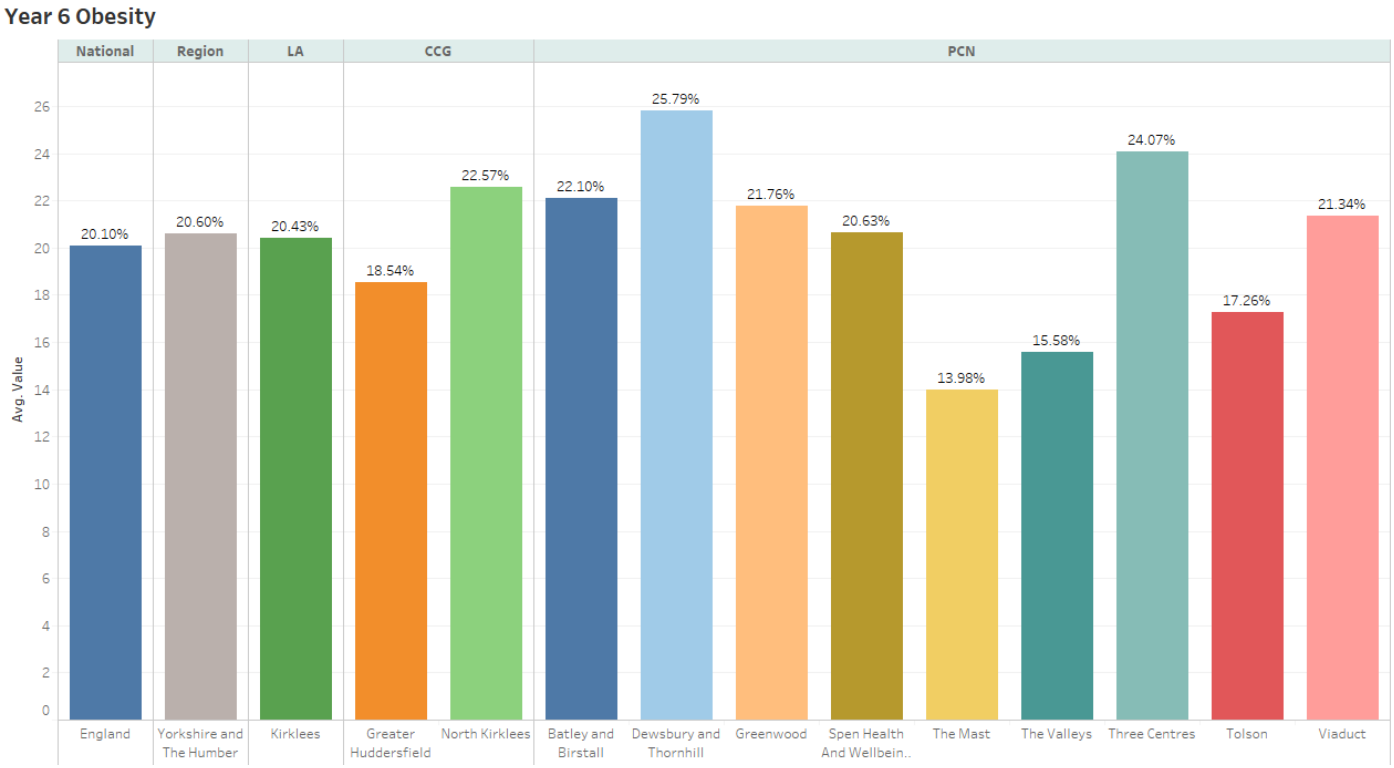
Year 6 Obesity

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.

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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