

Primary Care Network Data Pack

Batley & Birstall PCN



Improving health and wellbeing



Primary Care Network (PCN) Data and Intelligence

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

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

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

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

How should this pack be used?

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

How has it been developed?

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

This pack will:

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

Working within the wider System

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

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

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

Seven Kirklees Outcomes:



Best start

Children have the **best start in life**



Well

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



Independent

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



Safe & Cohesive

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



Aspire & Achievement

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



Sustainable economy

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



Clean & Green

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

7 National PCN Specifications

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

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

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

Executive summary



- This pack represents the start of the process to help drive PCN development by :
 - providing high level priorities as to the direction of travel relating to population needs
 - providing links to key areas of work with the system
 - Offering ideas of shared practice to be adapted
- The five priority areas identified by this pack relate to:
 1. Smoking prevalence
 2. End of life care
 3. Obesity prevalence
 4. Depression
 5. Childhood obesity
- 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.

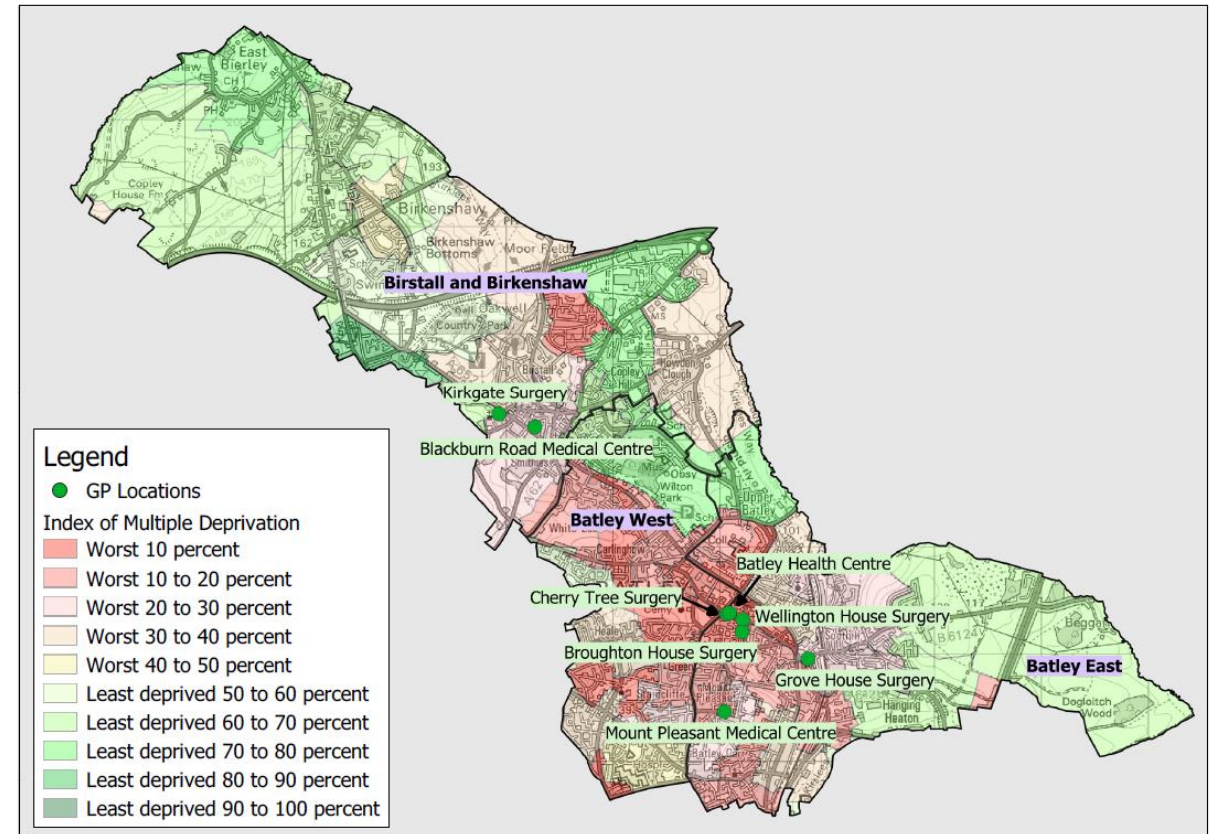
Batley & Birstall PCN – An Overview

Place Overview

- **Volume of patients** – Batley & Birstall Primary Care Network has eight practices caring in total for c.60,000 patients. The average per practice (c.7,438) is below the national average (8,035) but above the local CCG average (7,166).
- **Ethnicity** - The network provides services for a broad range of diverse ethnic groups (mainly mixed & Asian) ranging from 3.9% of the Blackburn Road Medical Centre patient mix to 50.3% of the Mount Pleasant Medical Centre patient mix.
- **QOF** - QOF has not been achieved in any of the eight practices, with the measure of positive patient experience ranging from 59.7% to 94.8%.
- **Life Expectancy** – Male life expectancy across the PCN is on average 78.5 years – above the CCG (77.9 years) but below English averages (79.4 years) . All eight of the practices have life expectancy rates below the national average with only one (Mount Pleasant) being below the CCG average.
- Female life expectancy across the PCN is on average 81.5 years – above the CCG (81.3 years) but below the English averages (83.1 years) . All eight of the practices have life expectancy rates below the national average with four below the CCG average.

Network Practice Locations

The map below shows low levels of deprivation around Batley & Birstall PCN – the most deprived areas being in the Mount Pleasant Medical Centre and Broughton House Surgery locations.



See Slide 7 for practice breakdown

Place overview broken down by practice



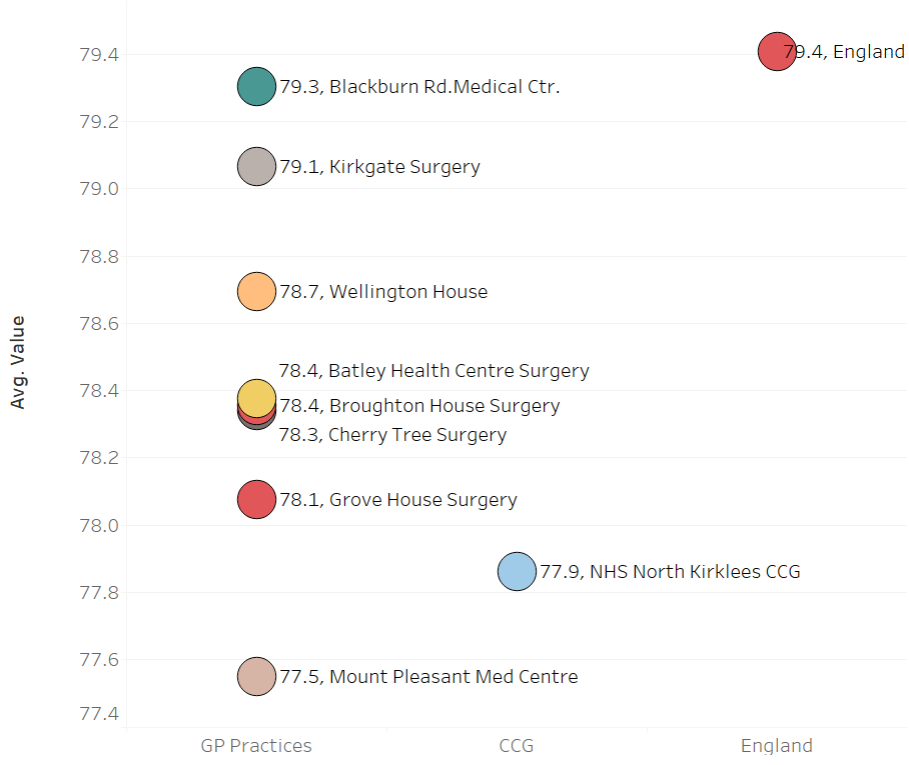
	Cherry Tree Surgery	Kirkgate Surgery	Broughton House Surgery	Batley Health Centre	Grove House Surgery	Wellington House Surgery	Blackburn Rd. Medical Ctr.	Mount Pleasant Med Centre	
PCN Practice (England av. 8,035, NK 7,166)	2,479	3,345	3,752	5,051	9,114	8,981	11,836	14,948	
Percentage of total PCN pop	4%	6%	6%	8%	15%	15%	20%	25%	
Life expectancy years (Male)	78.3	79.1	78.4	78.4	78.1	78.7	79.3	77.5	
Life expectancy years (Female)	81.1	81.5	81.1	81.2	81.9	81.2	82.5	81.4	
Deprivation	Third more deprived decile	Fifth more deprived decile	Third more deprived decile	Third more deprived decile	Third more deprived decile	Fourth more deprived decile	Fifth less deprived decile	Third more deprived decile	
Ethnicity Estimate	Mixed	1.6%	1.4%	1.6%	1.5%	1.5%	1.5%	1.4%	1.4%
	Asian	26.0%	6.7%	29.4%	27.7%	27.9%	19.2%	2.5%	48.9%
	Black	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Other non-white	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
QOF achievement % (out of 559 points)	551.9	551.5	551.0	557.5	532.3	536.0	533.1	543.7	
Percentage with a +ve experience of practice	94.8%	71.9%	63.2%	76.0%	79.2%	90.0%	84.5%	59.7%	

This chart refers to information summarised in slide 6.

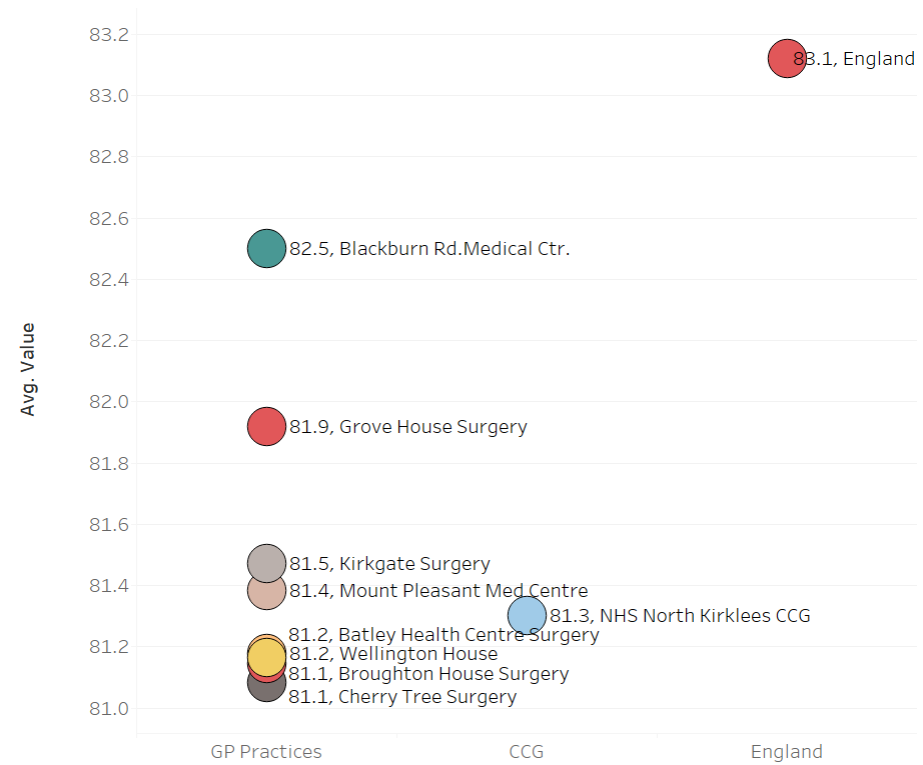
Life expectancy is broadly above the CCG average for men but a more mixed picture is seen for women



Male life expectancy across the PCN is broadly above the CCG average for all practices, but still below the English average

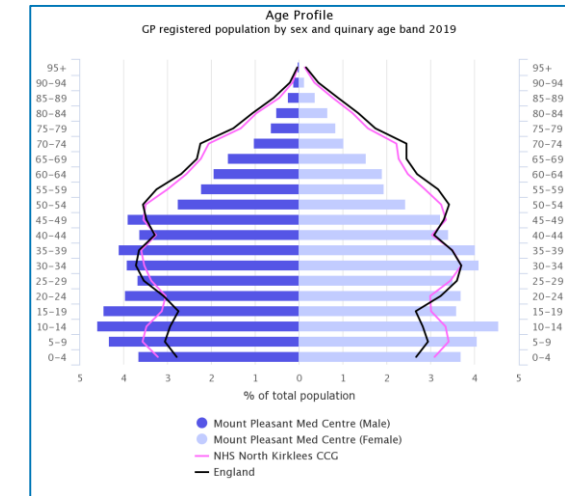
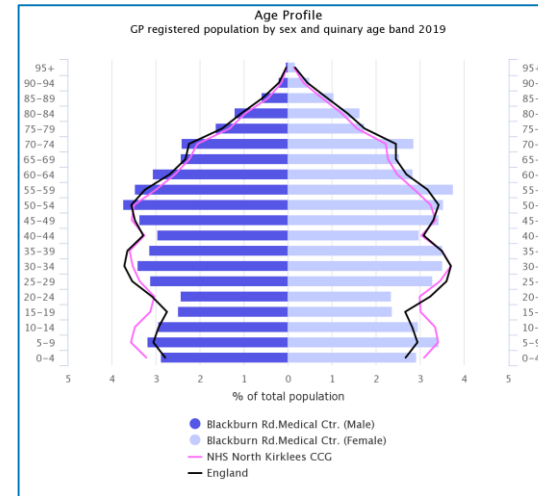
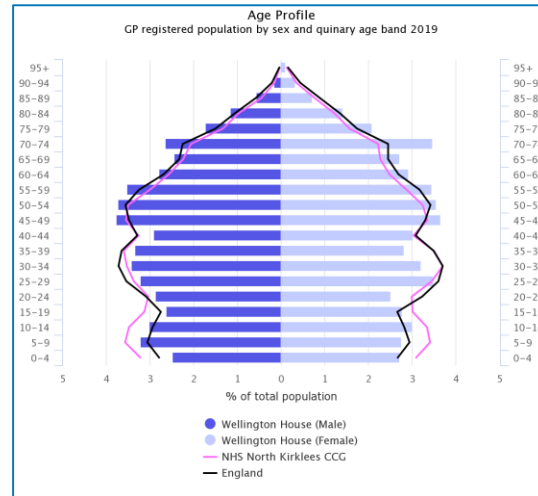
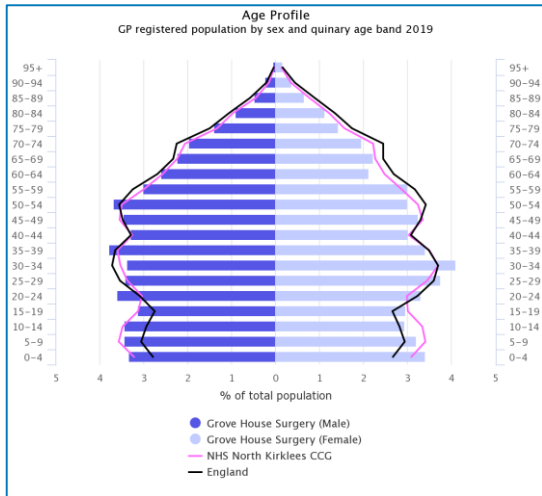
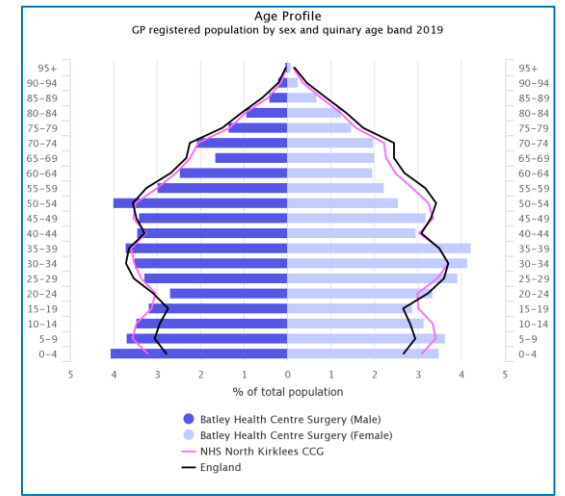
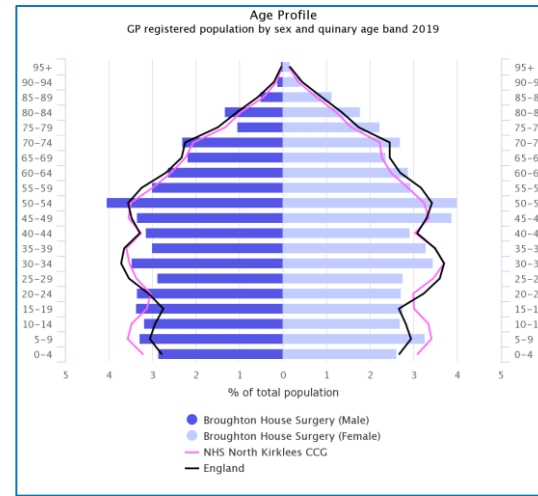
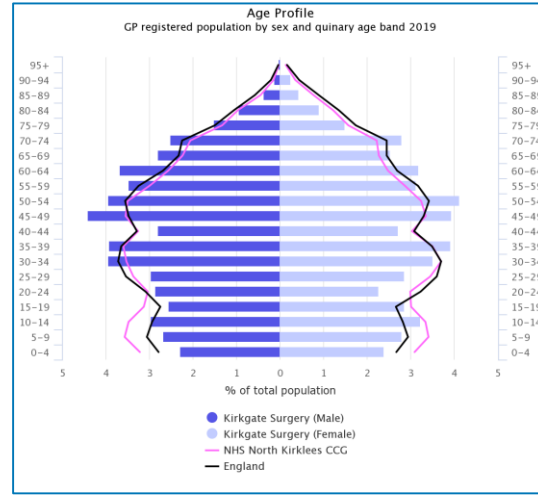
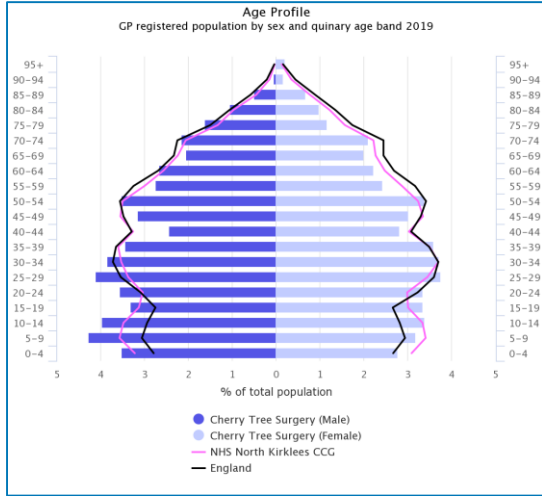


Female life expectancy shows a mixed picture with half practices above the CCG average and half below – all are below the English average

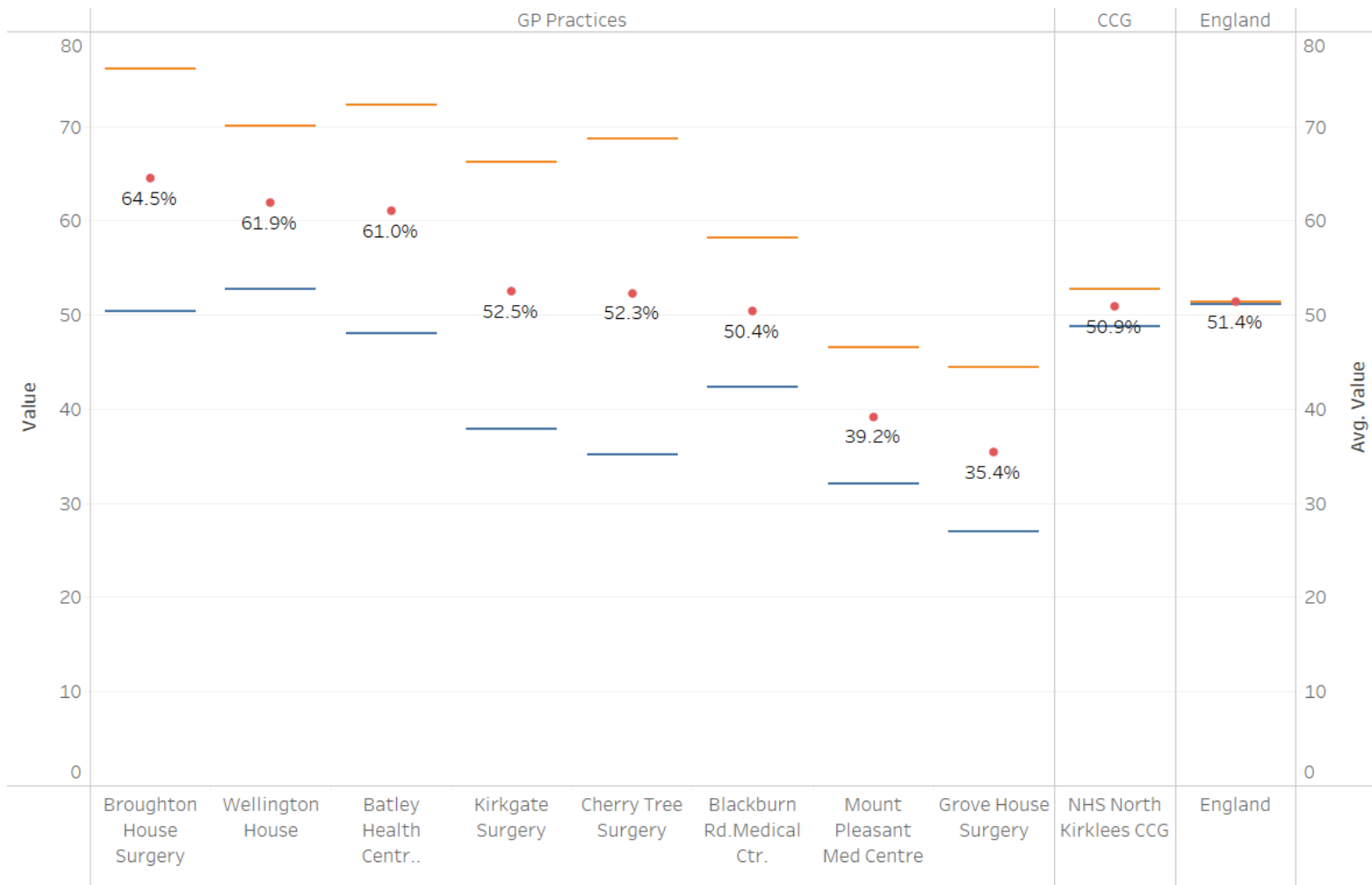


- The below average life expectancy for both male and female reflects the high levels of deprivation experienced within the Batley & Birstall network which ranges from the fifth less deprived decile at its highest to the third more deprived at its lowest.
- This local gender disparity could provide an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

Age profile by practice



52% of the local population lives with a long-term condition



- 52.1% of people in the PCN (16+ years) are living with an LTC. This equates to c.28k people.
- Five of eight practices show average % of people with LTCs higher than the CCG average. However, due to wide confidence intervals, these differences are not statistically significant. 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

2018-19 data

- [Link to Supporting Data](#)

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



PCN Priority Areas



Priority areas: Criteria for prioritisation

- We used a range of approaches to develop the potential Batley & Birstall PCN priorities.
- These included a review of:

1. **Batley & Birstall PCN stated priorities (taken from Networks Overview and other PCN communications)**

- Children's and young persons mental health
- Long term condition – mental health
- End of life care- Focus on Care/Nursing Homes
- Primary Care Network Development



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

Batley & Birstall PCN priorities

Priorities focused on in this pack:

1. **Smoking**

- Outlier compared to CCG – 6 of the 8 PCN practices are over the CCG average

1. **End of life care**

- PCN identified and data outlier - large variation within the PCN in portion of populations on EOL register

2. **Adult Obesity**

- Outlier in data - 5 of the 8 PCN's practices have higher rates of adult obesity than the CCH as a whole

1. **Depression**

- PCN identified and data outlier – 6 of the 8 PCN's practices have higher than national prevalence rates

2. **Child obesity**

- Outlier in data – highest levels of children with no physical activity



Priority 1: Smoking prevalence

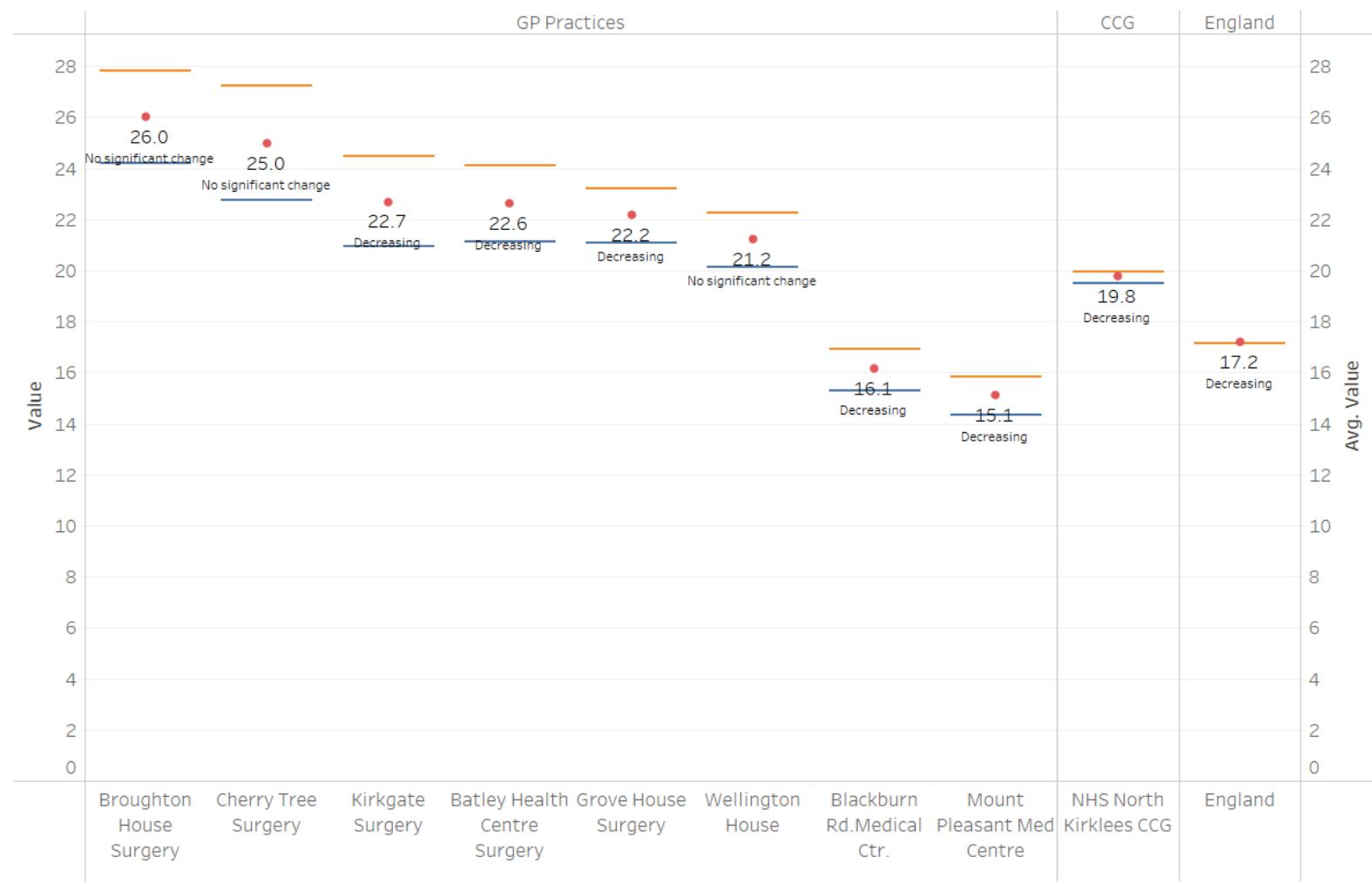


Smoking prevalence is high



- **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 in six of eight practices is significantly above the CCG and national average.
 - One in four people smoke in two of the PCN's.
 - 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



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

However, smoking cessation is widely offered



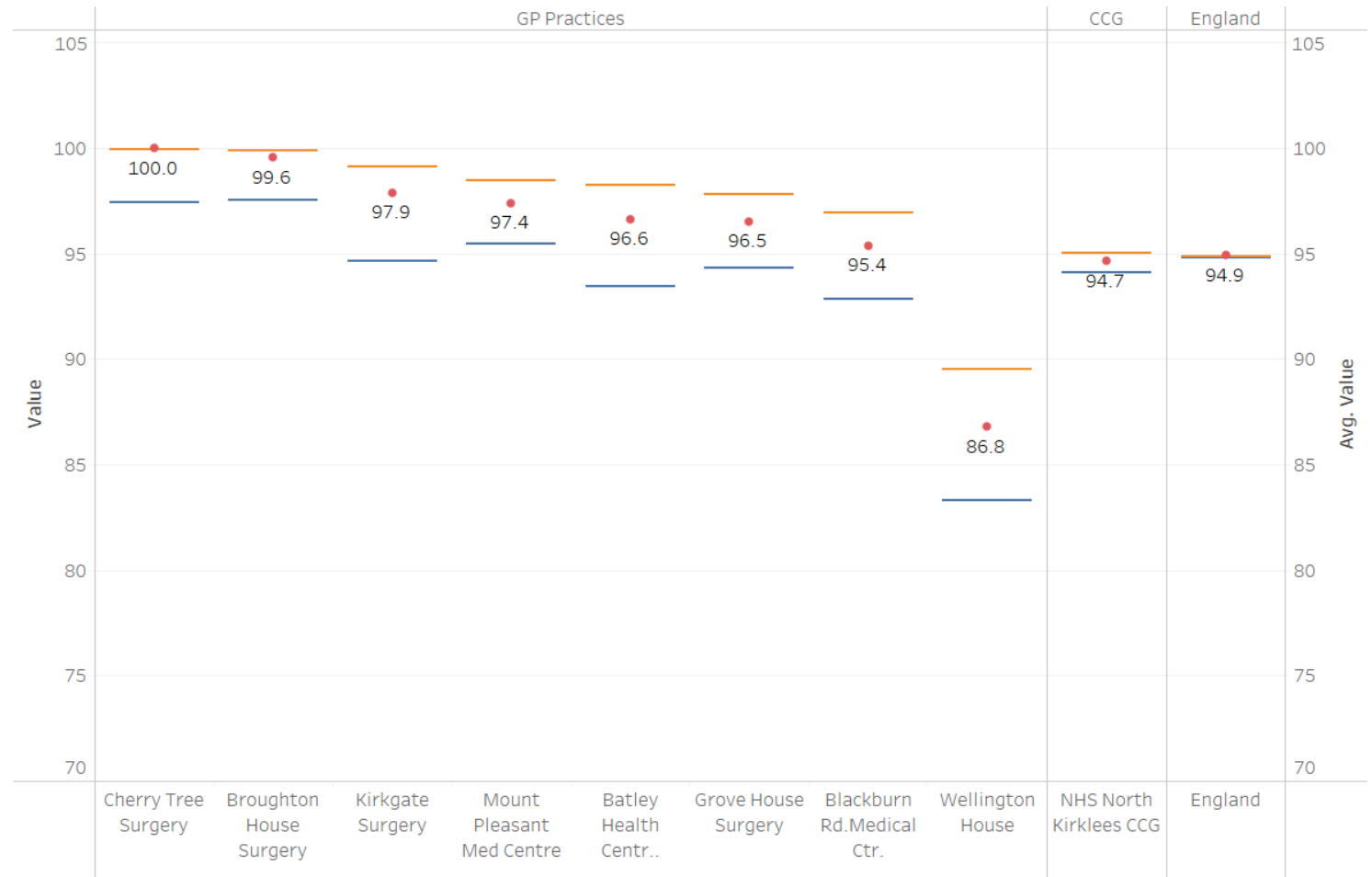
- **What does the data tell us?**

- Almost all practices offered high levels of smoking cessation.
- However, in light of high smoking prevalence, other interventions should be explored.

- **Local context**

- Groups of individuals who are more likely to smoke tend to be more deprived areas and suffer from mental health conditions. Blackburn medical Centre is located in one of the least deprived areas and has one of the lower levels of smoking prevalence. However, Mount Pleasant Medical Centre has the lowest smoking prevalence rate in the PCN but is in one of the most deprived PCN areas.

Portion of smokers offered smoking cessation, 2017/18



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

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 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 cessation data](#)
- [KJSA on Tobacco](#)
- [Smoking prevalence](#)



Priority 2: End of life care

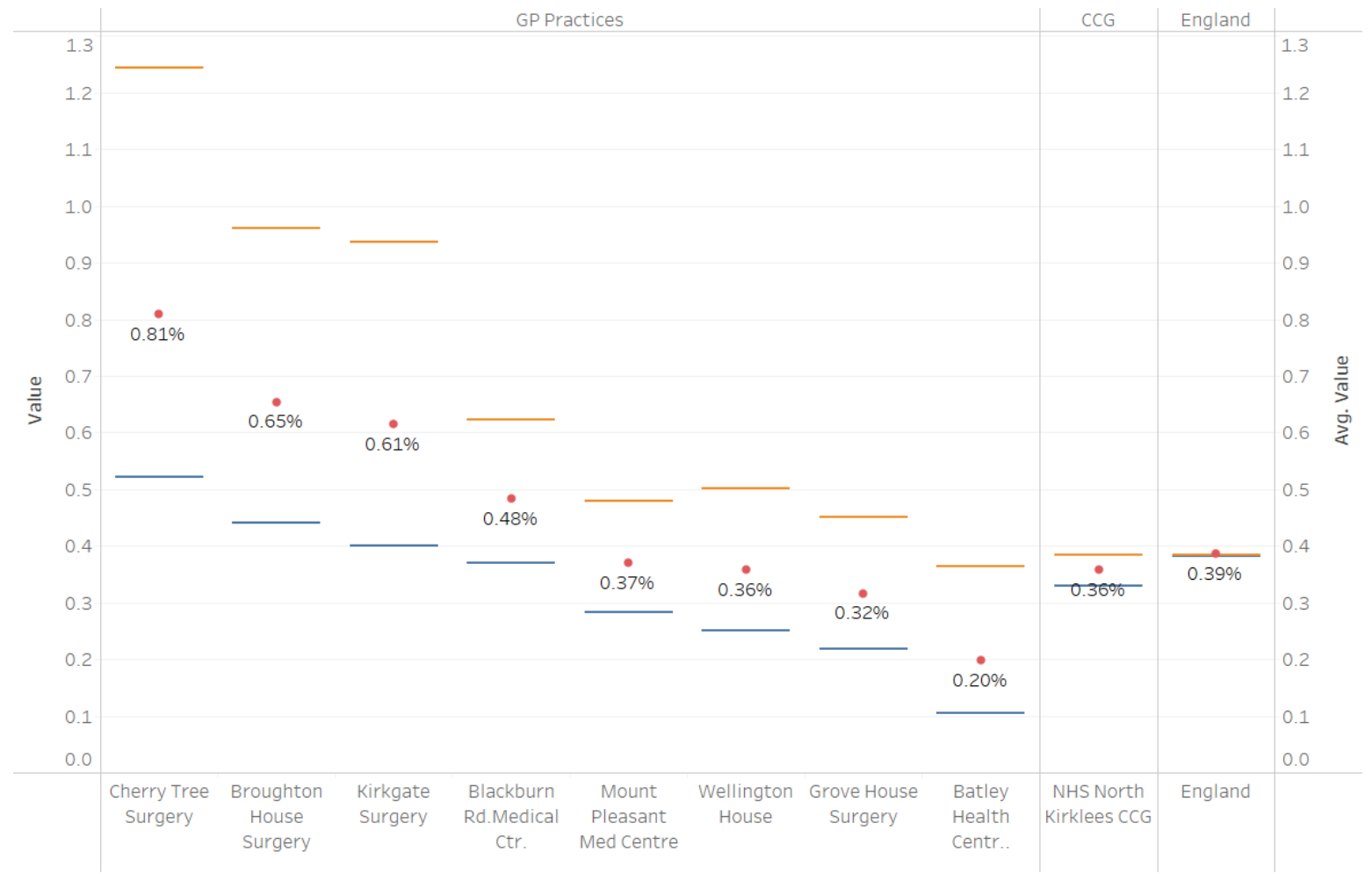




Improving end of life care

- **Why is this a priority?**
 - If recent mortality trends continue, 160,000 more people in England and Wales will need palliative care by 2040.
 - If access to community-based EoLC improved, £104 million could be redistributed to meet people's preferences for place of care by reducing emergency hospital admissions by 10% and the average length of stay following admission by three days.
- **What does the data tell us?**
 - Large variation within the PCN in portion of populations on EOL register.

Portion of people on palliative care register, 2017/18



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

On palliative care register with advanced care plan



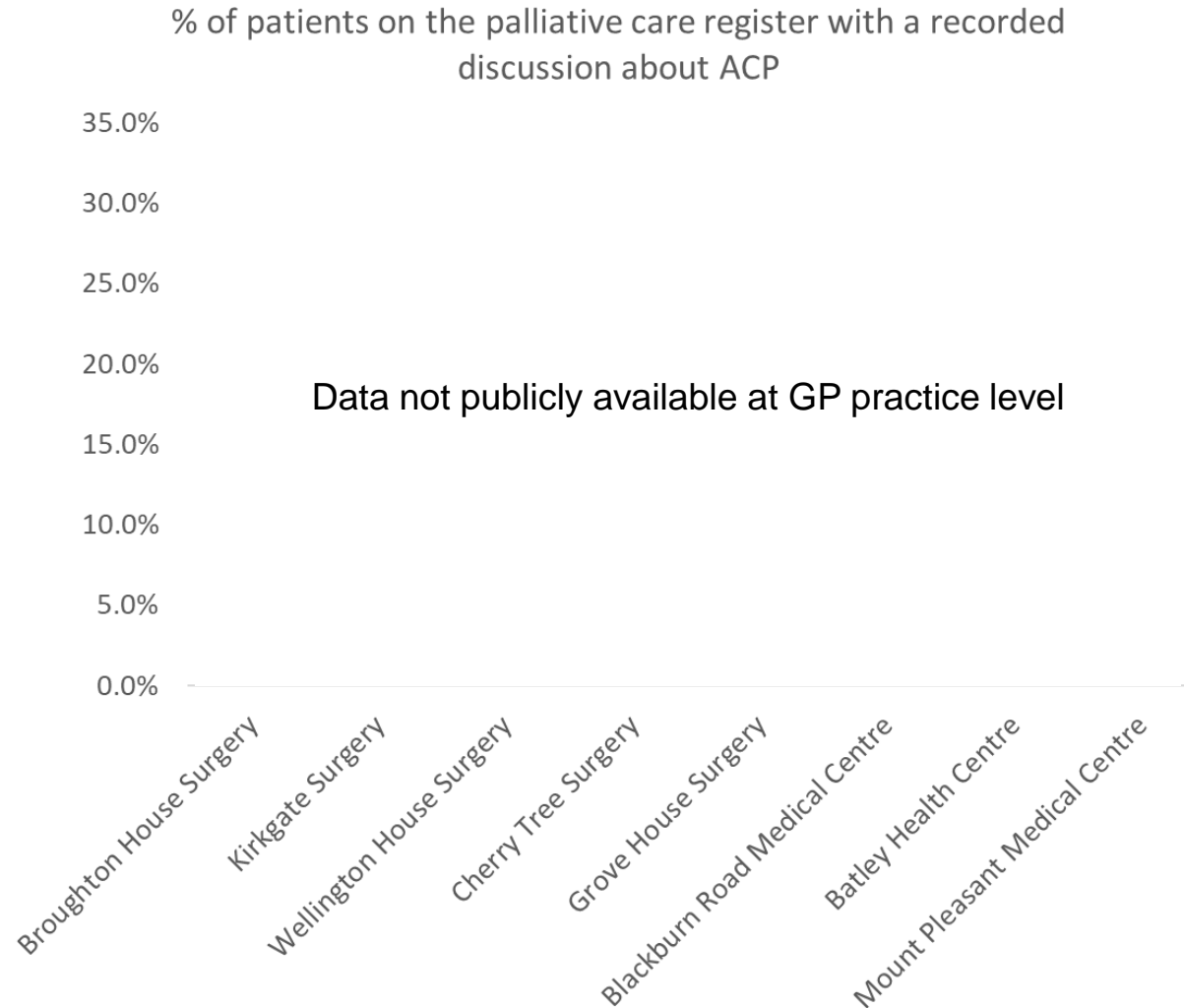
- **What does the data tell us?**

- There is large variation in the provision of advanced care plans for people on the palliative care register across PCN practices.

- **Local context**

- The population of over 65s in the region is expected to rise from 1 in 7 of the population to 1 in 5 by 2030.
- Practices such as Broughton House Surgery, Wellington House Surgery and Blackburn Road Medical Centre have elderly populations of 80+ years above regional and national averages.

Portion of patients on palliative care register with advanced care plan, Aug 2019



Opportunities

• What can be done?

- Advance Care Planning (ACP) improves EoLC and patient and family satisfaction and reduces care home admissions, stress, anxiety and depression in surviving relatives.
- Hospital improvement programme enablers can be adopted to improve recognising and managing uncertain recovery, discharge to home, care co-ordination, Advance Care Planning (ACP), and improve care of the dying adult.
- Best practice is identified and shared through national and local networks and communication mechanisms.
- PCN Pilot work is underway with PCNs across Kirklees, with developing good practice and training in partnership with Kirkwood Hospice. These pilot projects are being developed so as to be replicated across networks with localisation.

• What could this mean?

- If recent mortality trends continue, 160,000 more people in England and Wales will need palliative care by 2040.
- If access to community-based EoLC improved, £104 million could be redistributed to meet people's preferences for place of care by reducing emergency hospital admissions by 10% and the average length of stay following admission by three days.

• Links and further reading

End of Life Care CCG Project Lead– Ruth Devine Ruth.Devine@northkirkleescCG.nhs.uk

- [End of Life Care STP Support Tool](#)
- [KJSA Dying & Bereavement](#)
- North Kirklees End of Life Trend Analysis
 - [Percentage of deaths that occur in hospital \(All ages\)](#)
 - [Percentage of deaths that occur in care homes \(All ages\)](#)
 - [Percentage of deaths that occur at home \(All ages\)](#)
 - [Percentage of deaths that occur in 'other places' \(All ages\)](#)
 - [Percentage of deaths that occur in hospice \(All ages\)](#)



Priority 3: Adult obesity prevalence

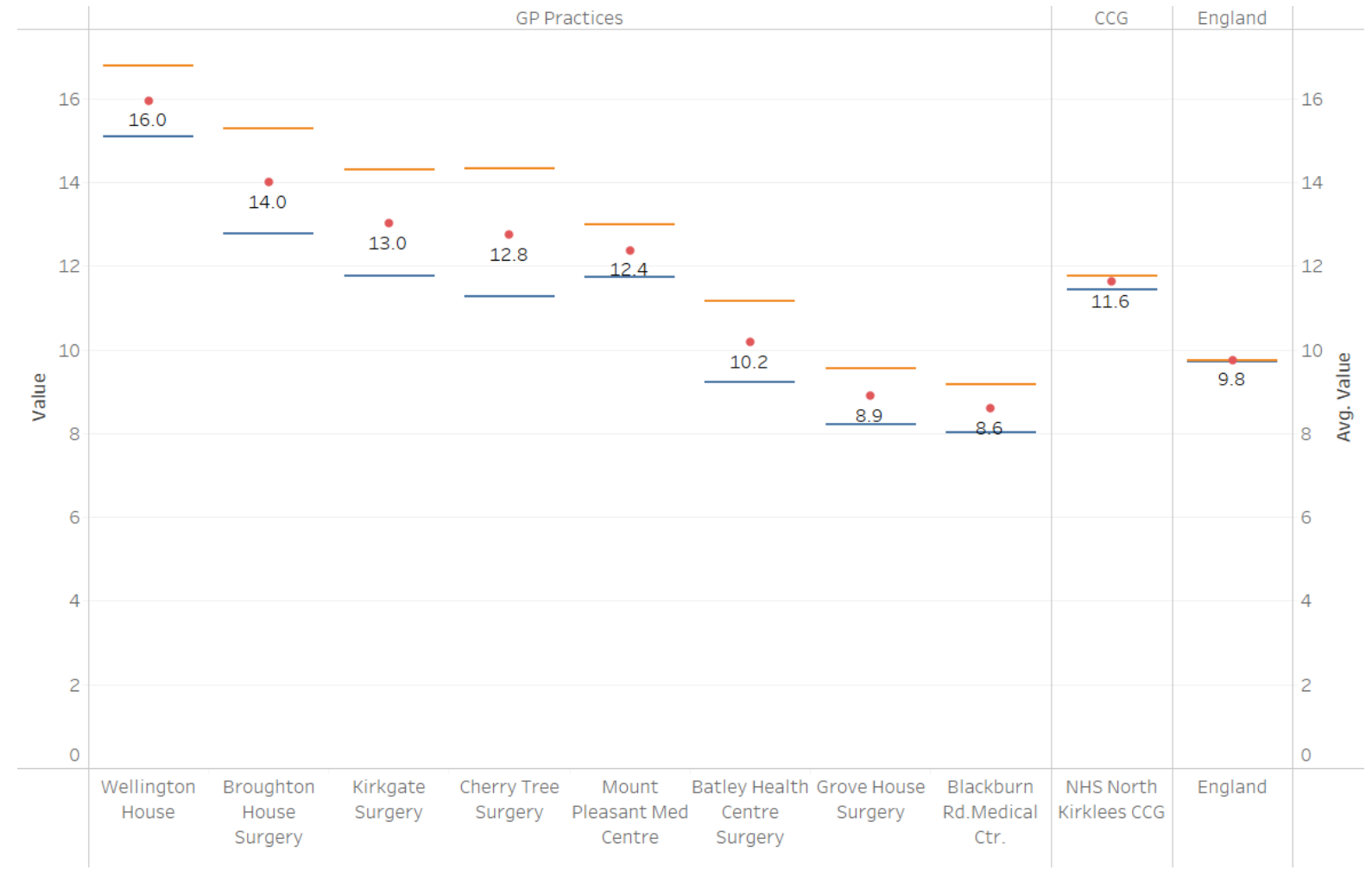


Adult obesity prevalence is high across the PCN



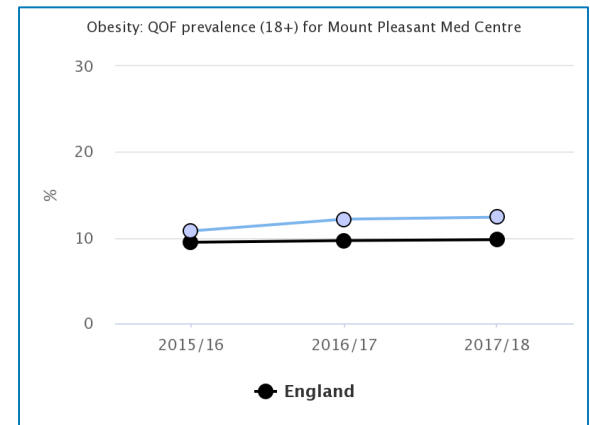
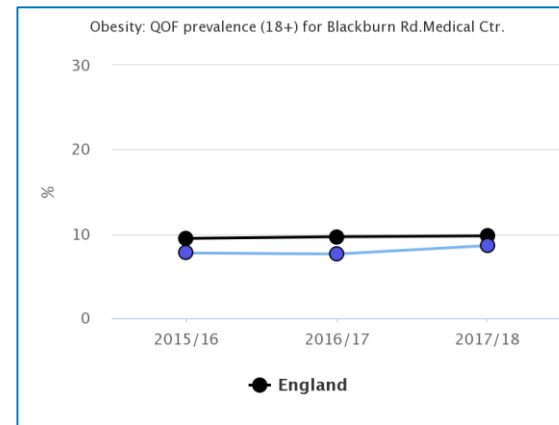
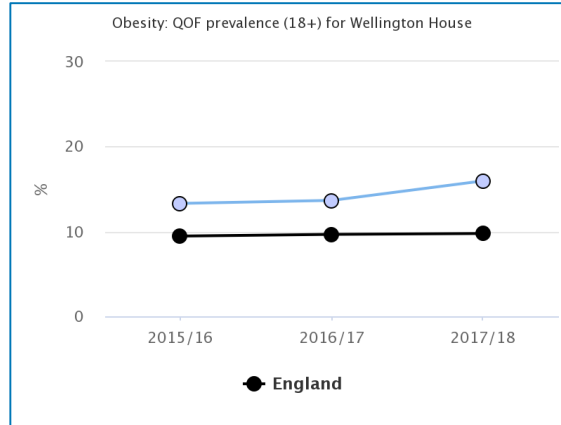
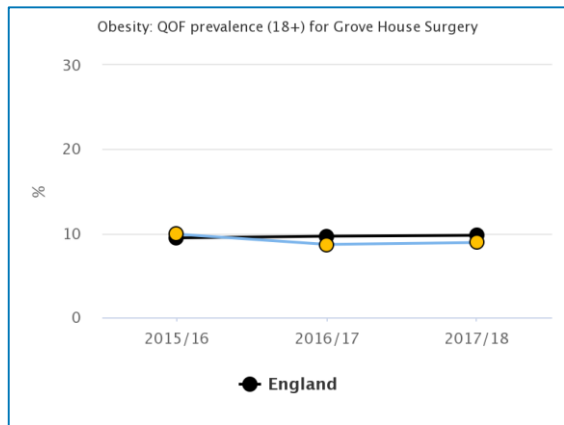
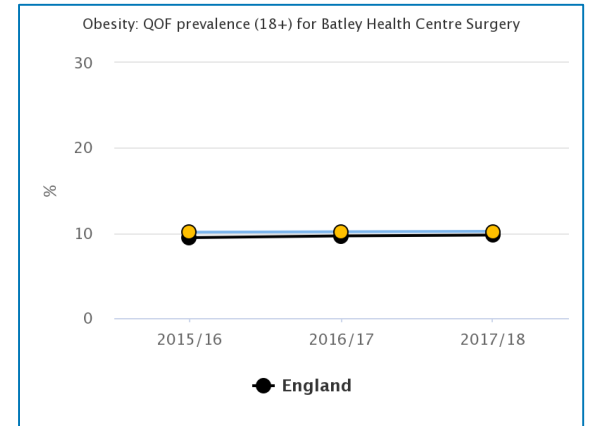
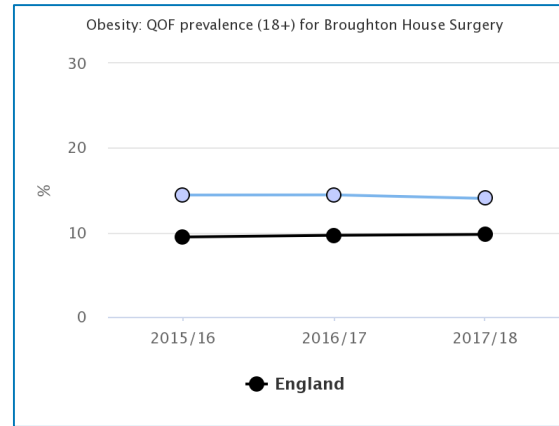
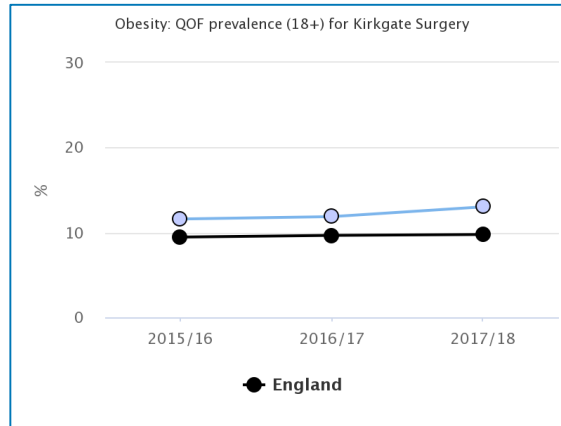
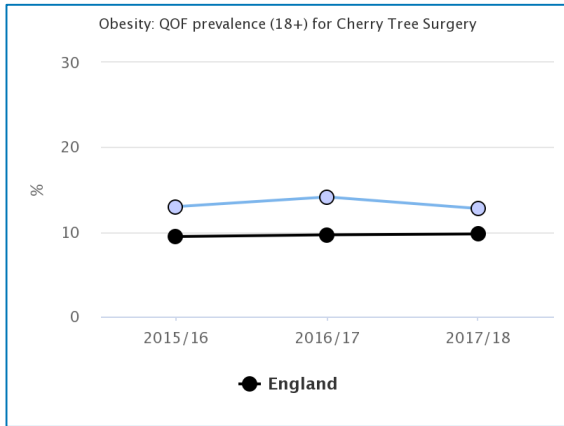
- **Why is this a priority?**
 - Obesity is a risk factor for diabetes, cardiovascular disease (including heart attacks and stroke) and some cancers, so rising levels of obesity are a key concern.
- **What does the data tell us?**
 - Five of the eight PCN's practices have higher rates of adult obesity than the CCH as a whole
 - Blackburn Road Medical Centre has the lowest level of adult obesity in the PCN and is also the least deprived of the PCN practice areas. Wellington House has the highest levels at 6.2 percentage points above the national average.

Obesity prevalence >18s, 2017/18



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

Adult Obesity prevalence trend by practice (vs English average)



Six of the eight practices have obesity prevalence rates above the national average, with incremental trends shown in Kirkgate Surgery, Wellington House and Mount Pleasant Medical Centre.

The increase in part may be driven by 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.

Opportunities



- **What can be done?**

- Innovative approaches to education and raising awareness are needed to motivate the 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, 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 in 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 areas 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, Kirklees Wellness Service Update Communications, Obesity prevalence](#)



Priority 4: Depression prevalence



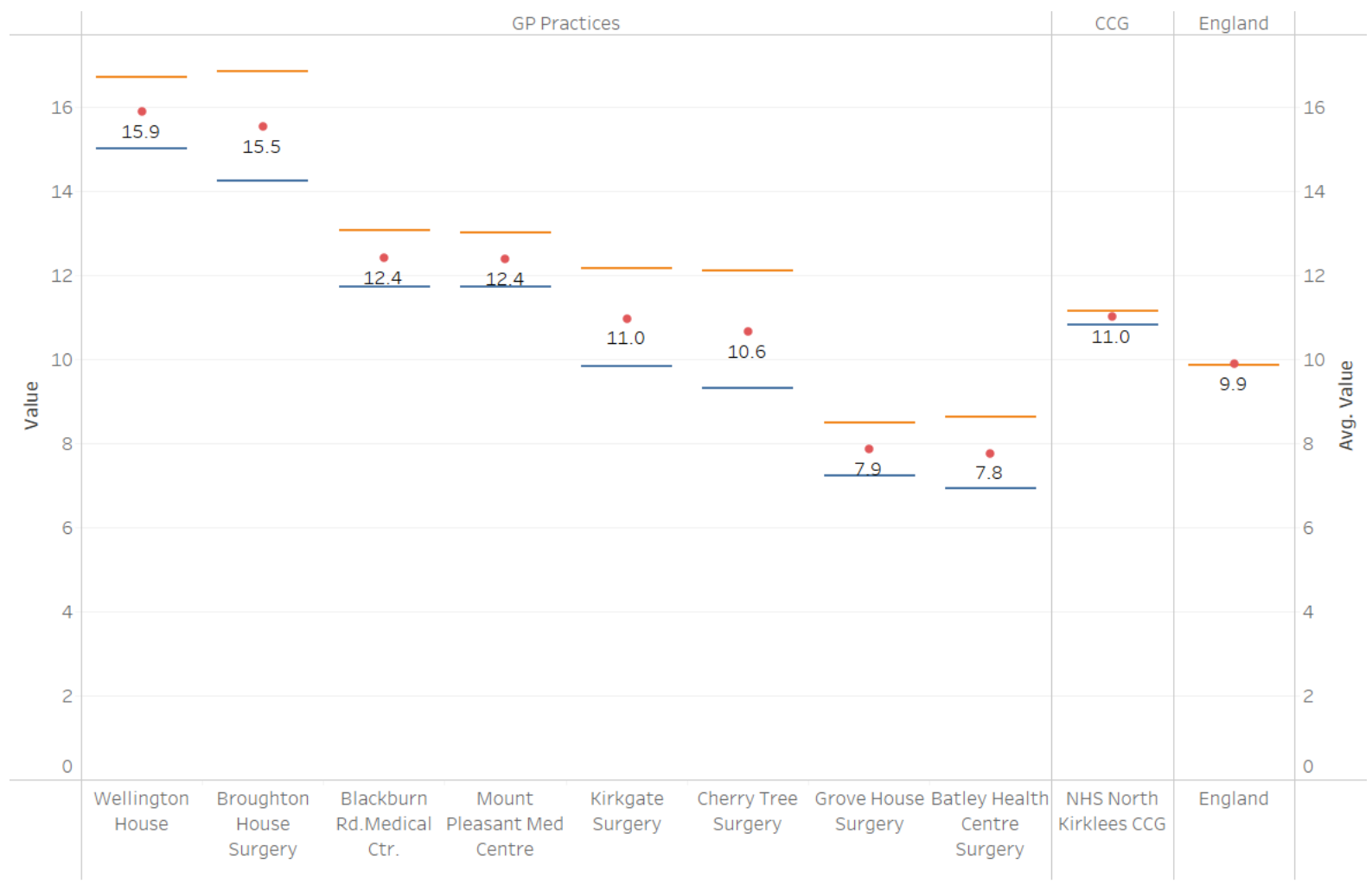
Large variation in depression prevalence across the PCN



- **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?**
 - Two practices (Wellington House & Broughton House) have much higher depression rates than the wider PCN and CCG. Two practices (Grove House & Batley Health Centre) fall below both the CCG and national average prevalence rates.

Depression prevalence >18s, 2017/18



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

However, depression reviews for new patients are frequently carried out



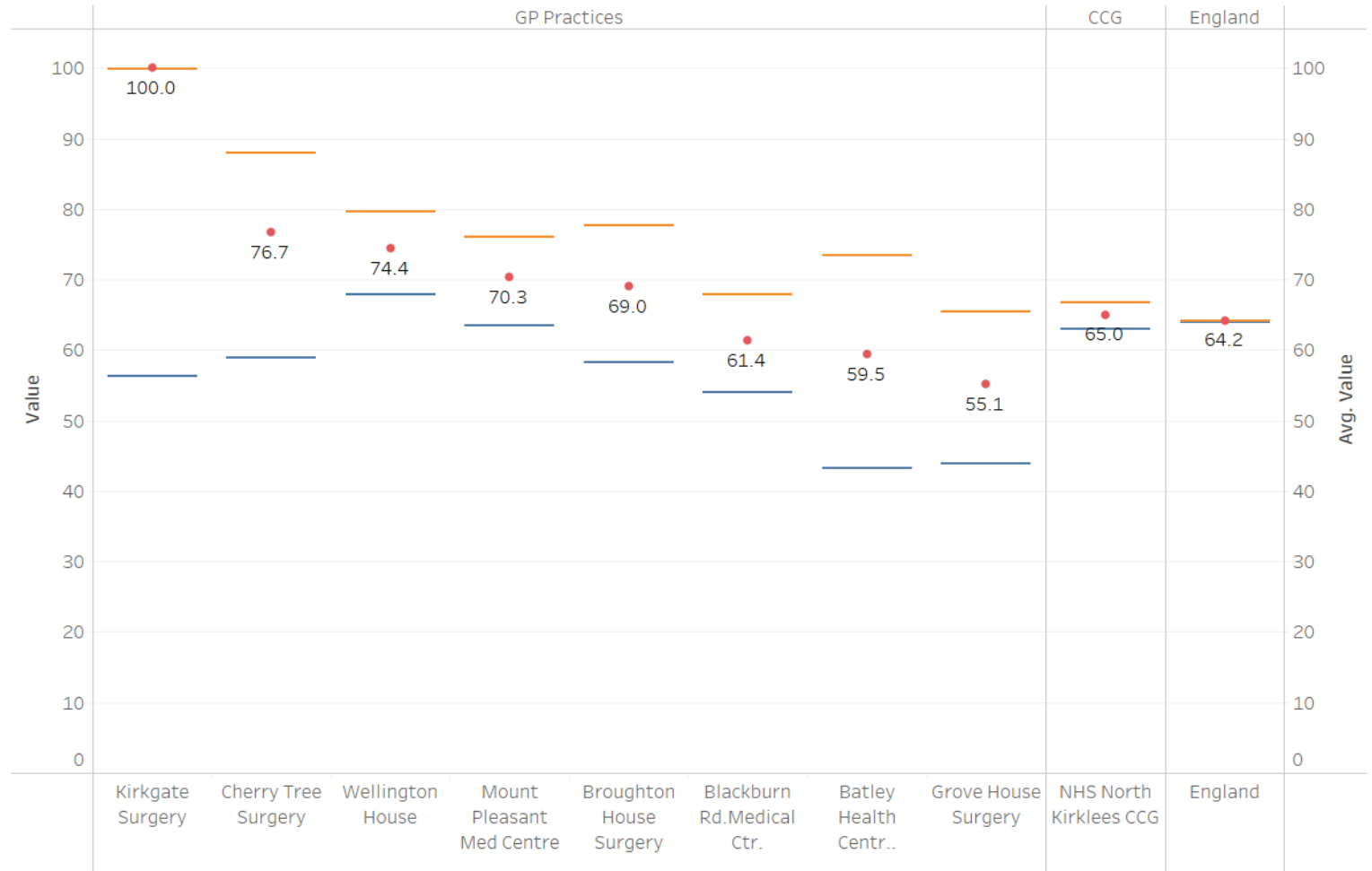
- **What does the data tell us?**

- Most practices deliver reviews of new depression patients within 56 days
- Five of the eight practices are above both the CCG and national averages.

- **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

Depression reviews in newly diagnosed patients within 56 days, 2017/18



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

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.
- 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](#); [Newly diagnosed depression patients receiving a review with 56 days](#)



Priority 5: Childhood obesity



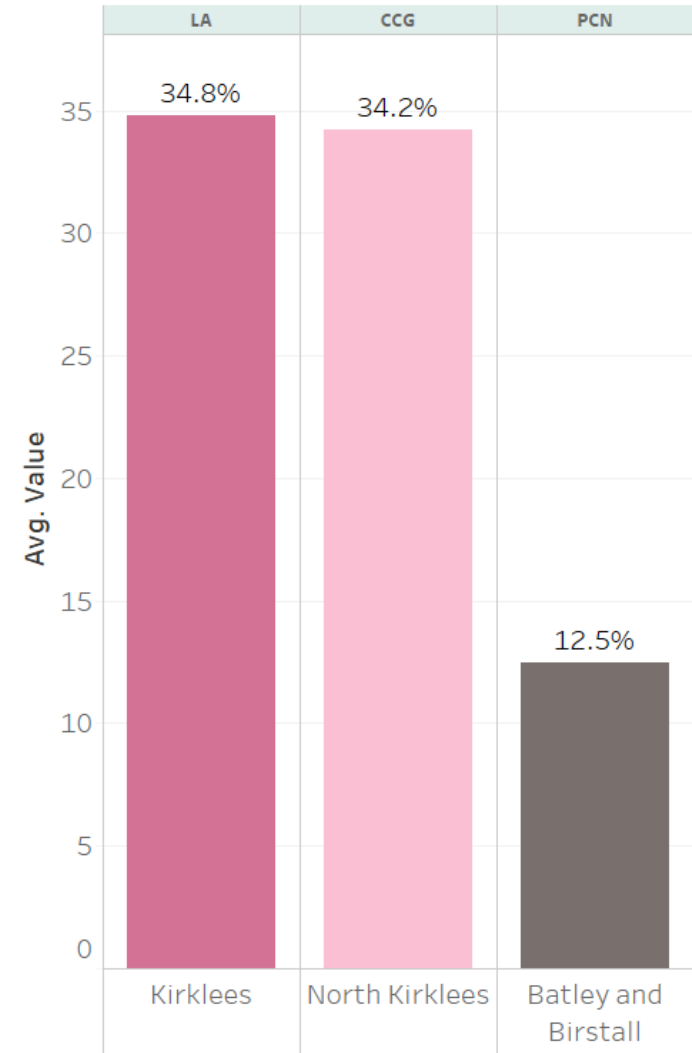
Levels of active travel for children are very low, and portion reporting no physical activity is high



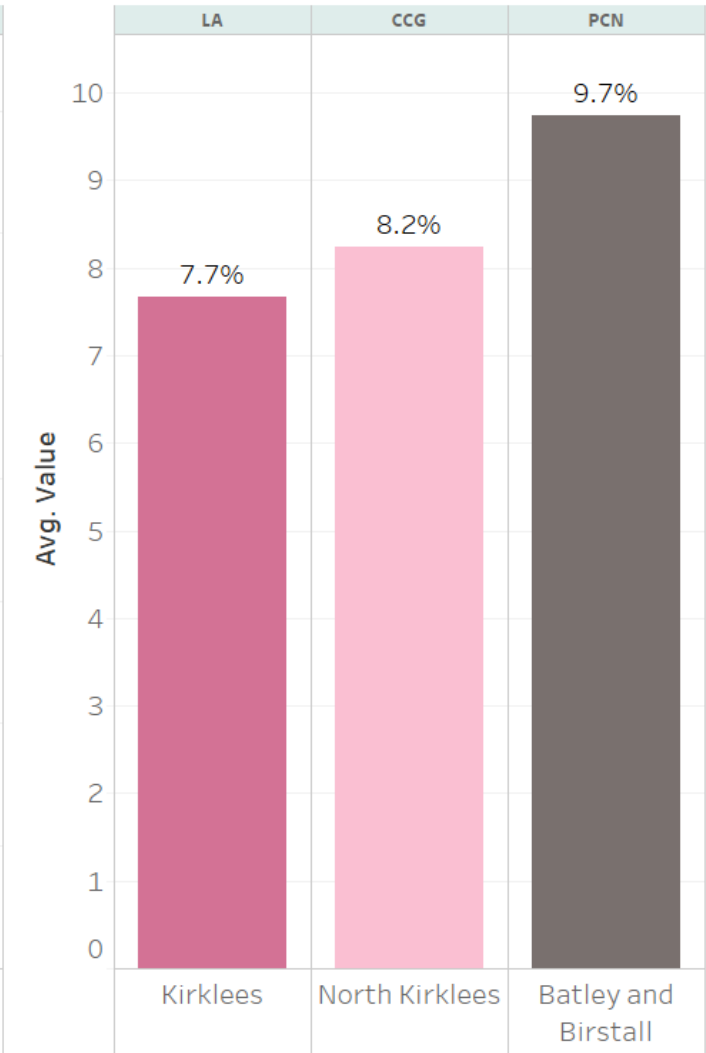
Child active (human powered) travel and physical activity, 2017/18

- **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?**
 - Batley & Birstall have the lowest percentage of child active travel and the highest percentage of children with no physical activity out of all the nine PCNs across North Kirklees and Greater Huddersfield CCGs.

Child Active Travel



Child No Physical Activity



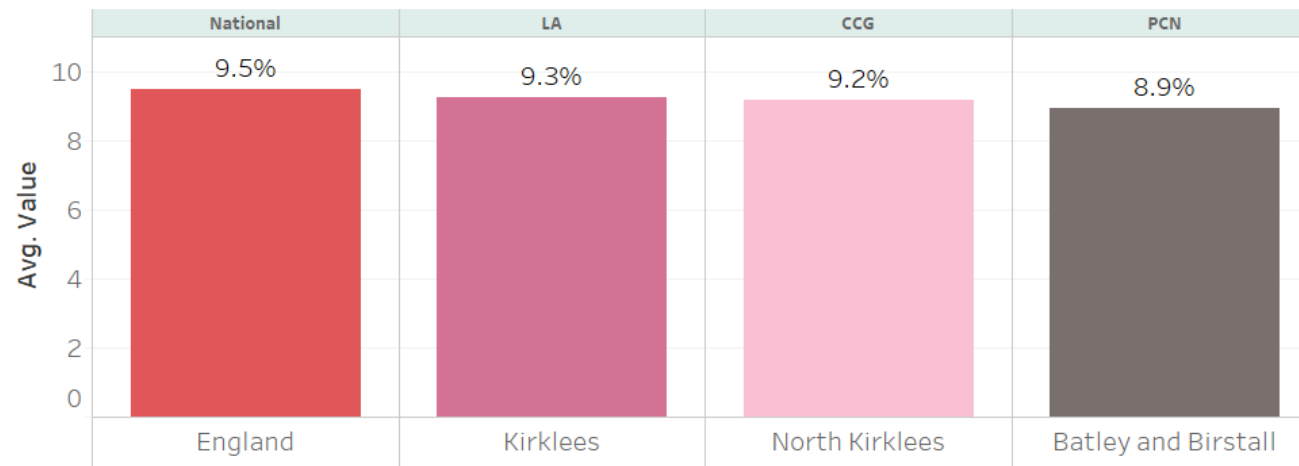
However, current child obesity levels are similar to the wider CCG



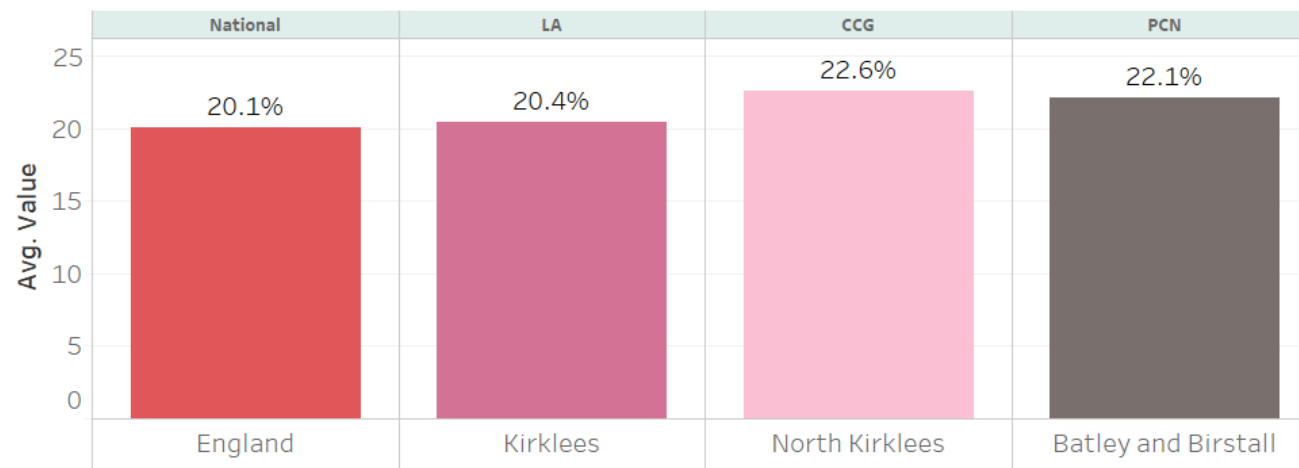
Reception and Year 6 obesity prevalence, 2017/18

- **What does the data tell us?**
 - Obesity levels at reception and year 6 are similar to the wider CCG
 - We saw high levels of adult obesity, meaning that the low activity levels could lead to problems in later life
- **Local context**
 - Locally only one in six (17%) 14-year olds met the recommended level of 60 minutes of physical activity per day, similar to Kirklees overall (18%). One in five (19%) did not take part in any regular exercise.

Reception Obesity



Year 6 Obesity



Opportunities



- **What can be done?**

- Family interventions could provide support to the child and their ecosystem ensuring that a deeper change is achieved, and which can be maintained more successfully in the long-term future.
- Key partners such as schools should maximise opportunities to deliver key messages to raise a better awareness, encourage personal action and signpost where effective help can be accessed.
- Involve 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
- Ensuring strong connections with the (schools) Community Hub within the area will be vital to ensure the correct resource and responses are coordinated across partners

- **What could this mean?**

- Reduction in childhood obesity will mitigate pressures on diabetes, cardiovascular and cancer services.

- **Links and further reading**

- [KJSA re Obesity, Government publication, “Healthy lives, healthy people: a call to action on obesity in England, Kirklees Wellness Service Update Communications,](#)

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

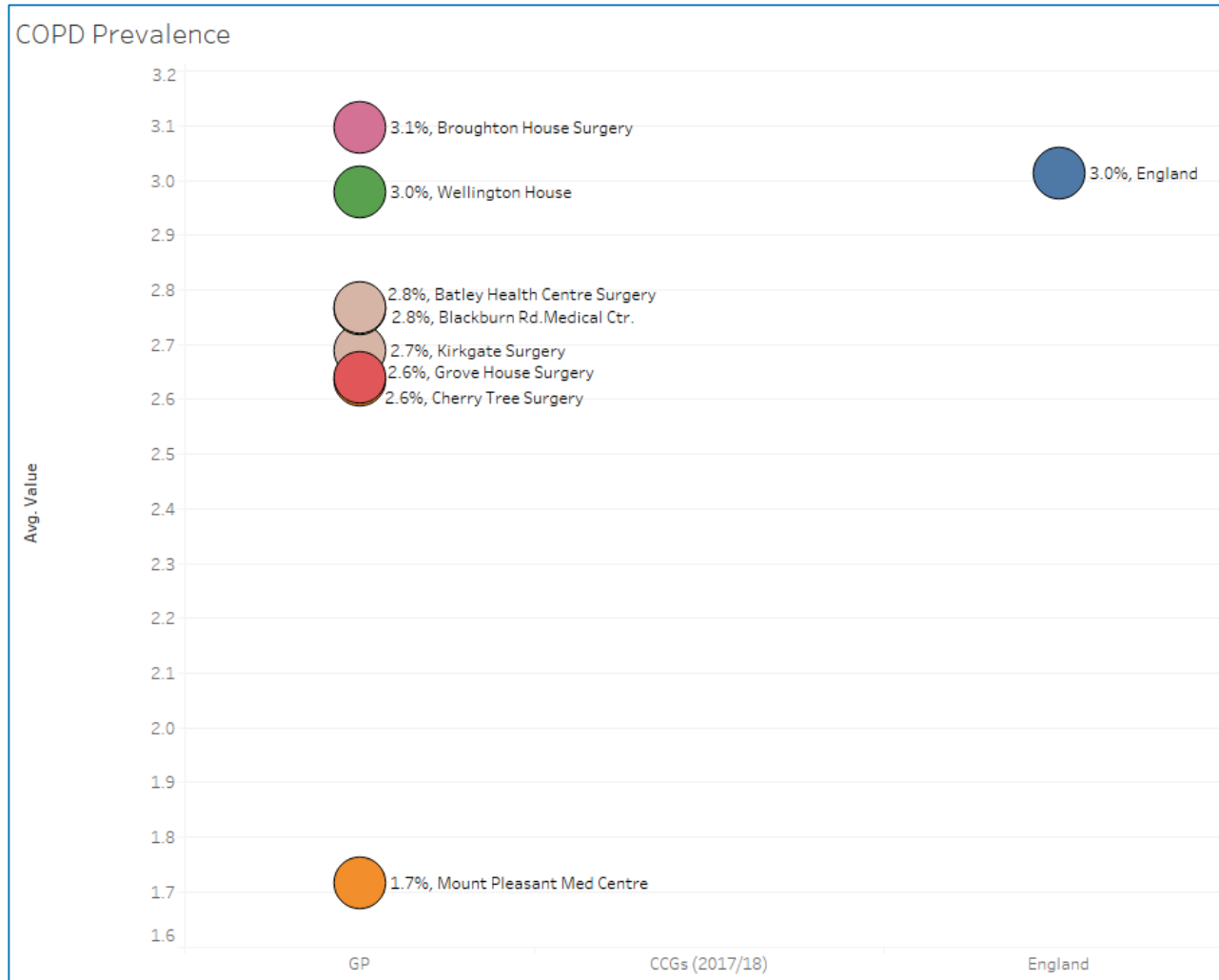


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4. [CHD Prevalence](#)
5. [Child Active Travel](#)
6. [Child Emotional Wellbeing](#)
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COPD Prevalence

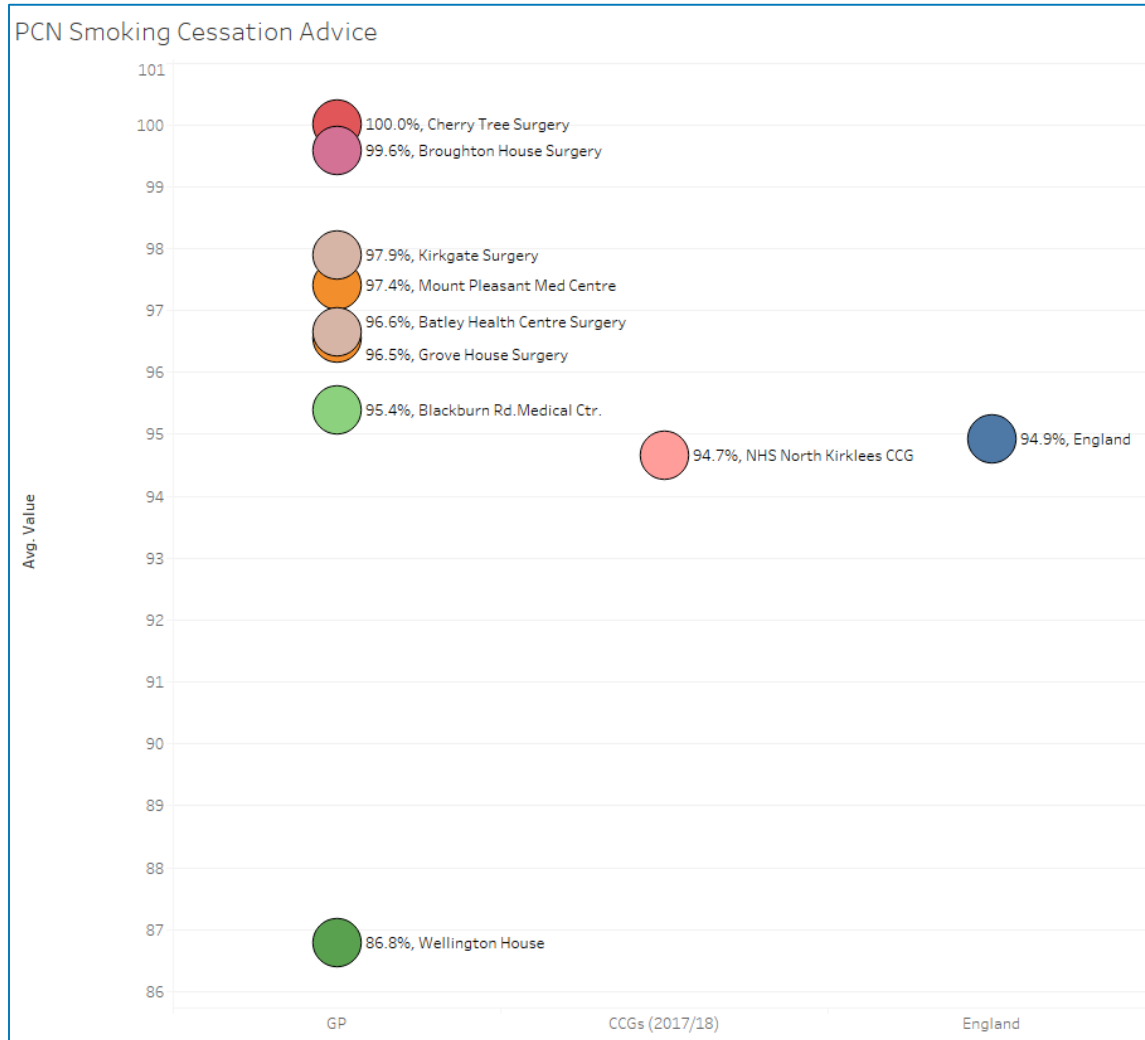
COPD Prevalence (2015)



- 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%. ●
- Six of the eight practices have COPD prevalence rates lower than the national average.
- [Link to Supporting Data](#)

Smoking Cessation

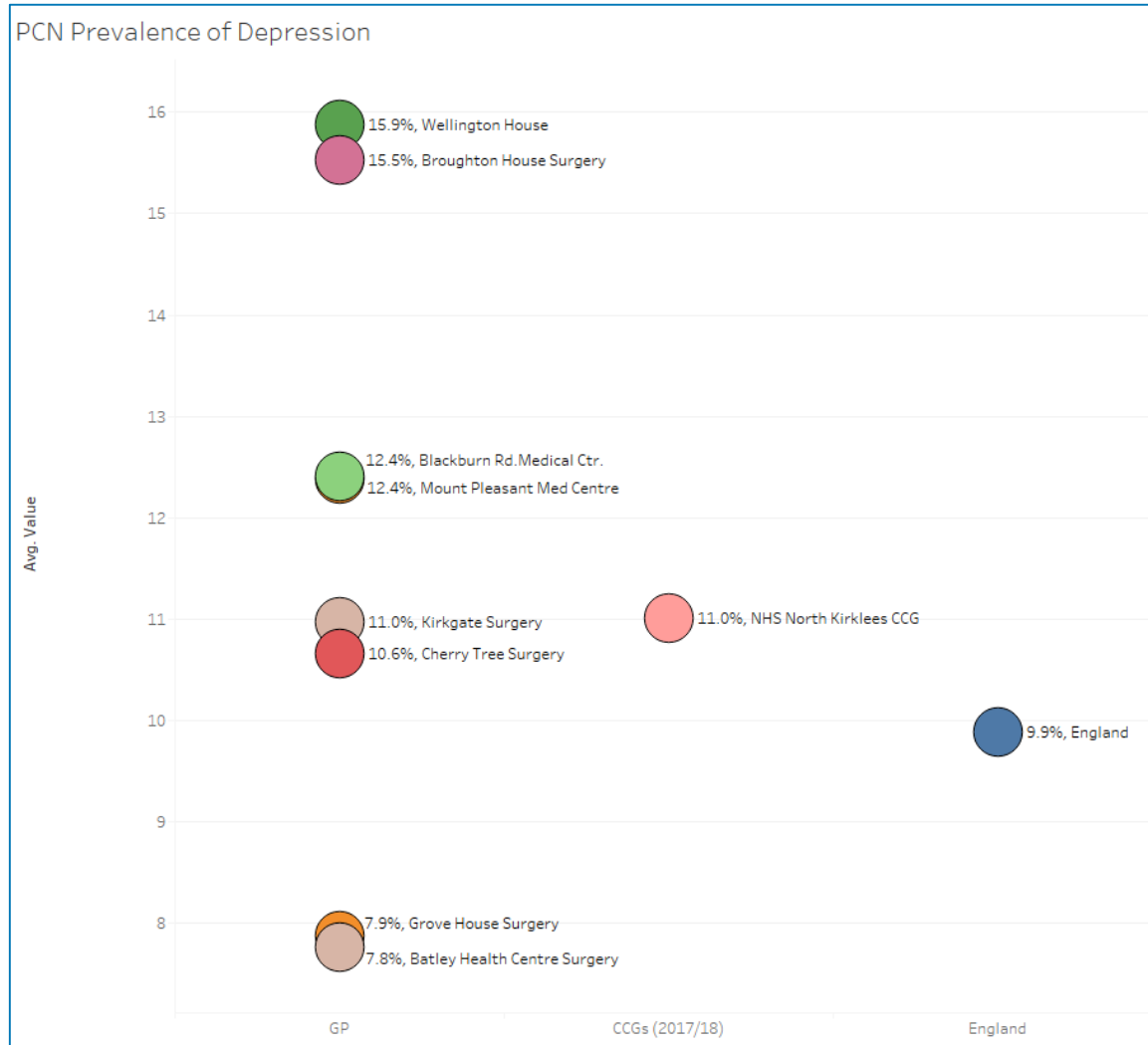
Smoking Cessation (2017-18)



- 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 North Kirklees is 94.7%. ●
- The Wellington House Practice is significantly below the national and regional average measures.
- [Links to Supporting Data](#)

Depression

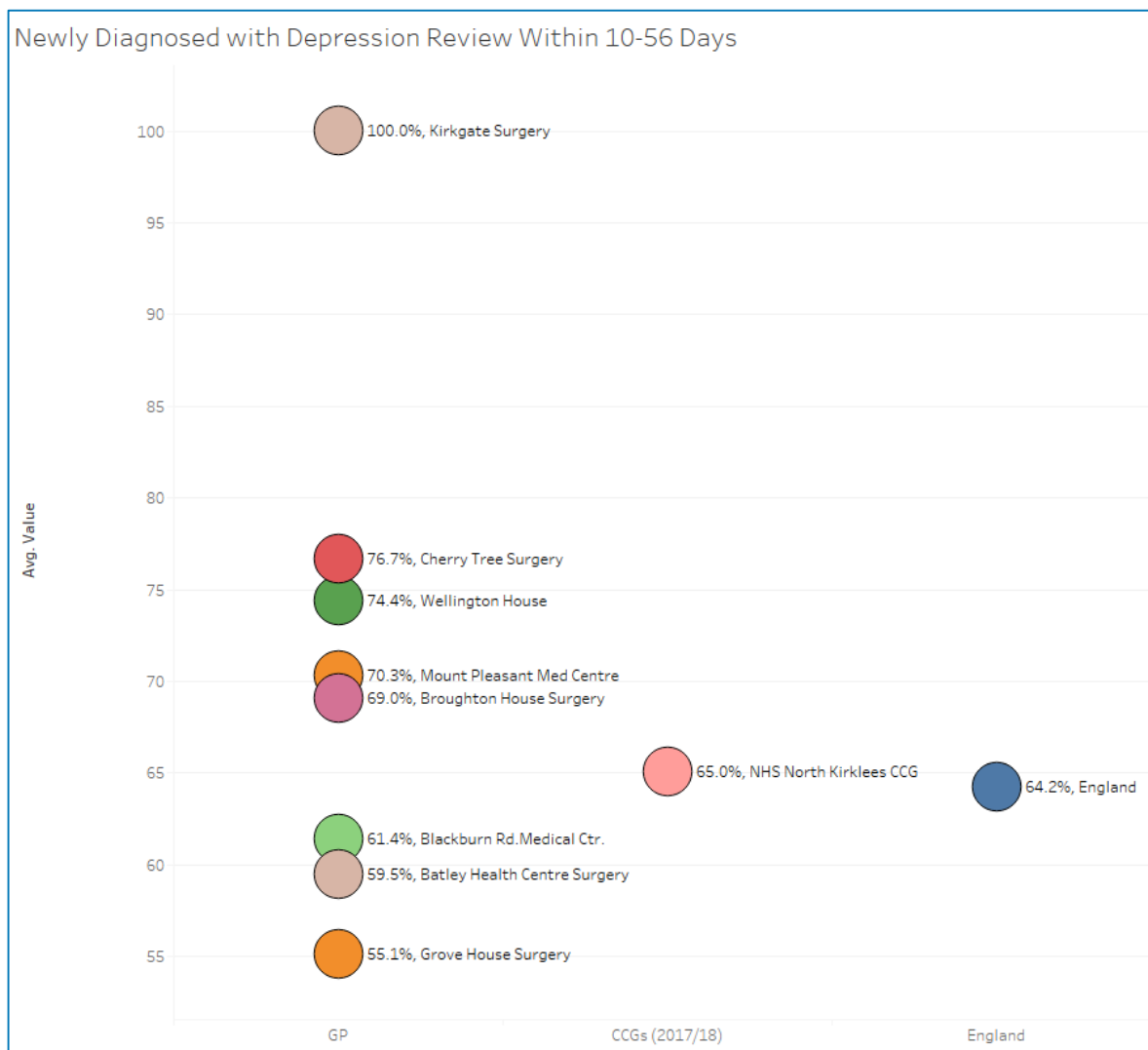
Prevalence of Depression (2017-18)



- 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 North Kirklees is 11.0%. ●
- Four of the eight practices have prevalence rates above the national and regional average measures.
- [Link to Supporting Data](#)

Depression Review within 10-56 Days

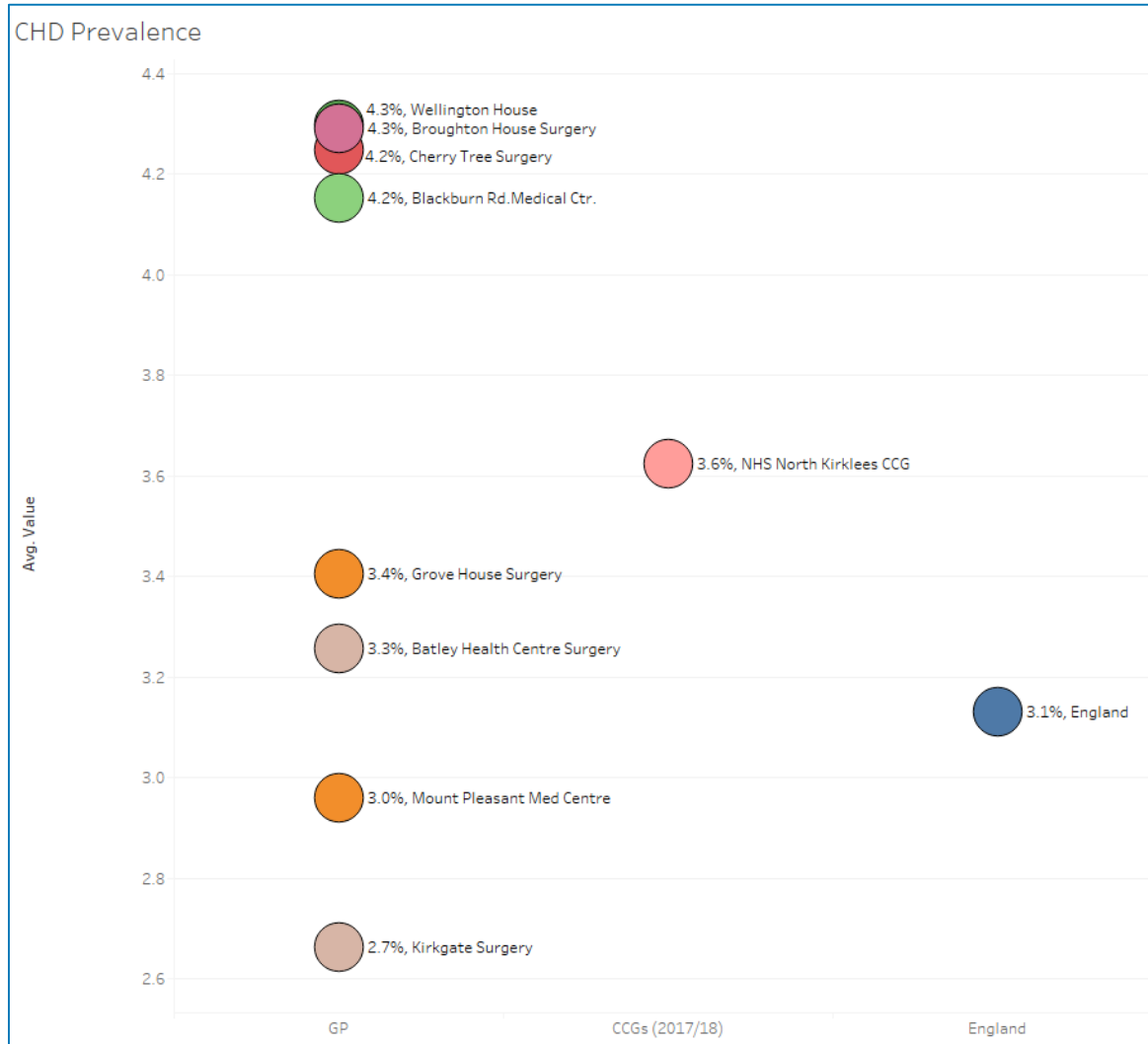
Newly Diagnosed with Depression Review within 10-56 Days (2017-18)



- 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 North Kirklees is 65.0%. ●
- Three of the eight practices fall below the national and regional average position with Kirkgate scoring a 100%.
- [Link to Supporting Data](#)

CHD Prevalence

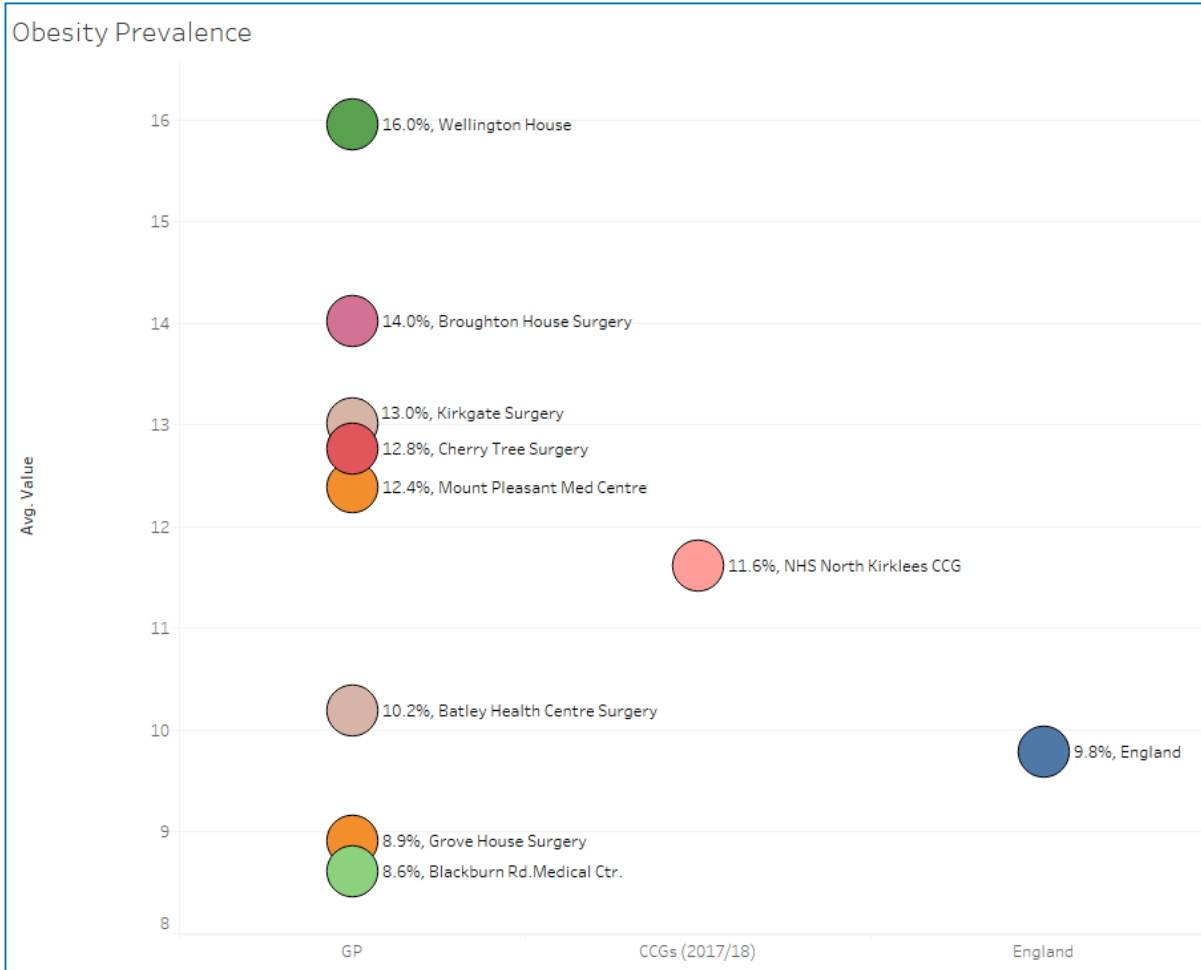
CHD Prevalence (2017-18)



- 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 North Kirklees is 3.6%. ●
- Four of the eight PCN practices have CHD prevalence measures above the national and regional averages.
- [Link to Supporting Data](#)

Obesity Prevalence

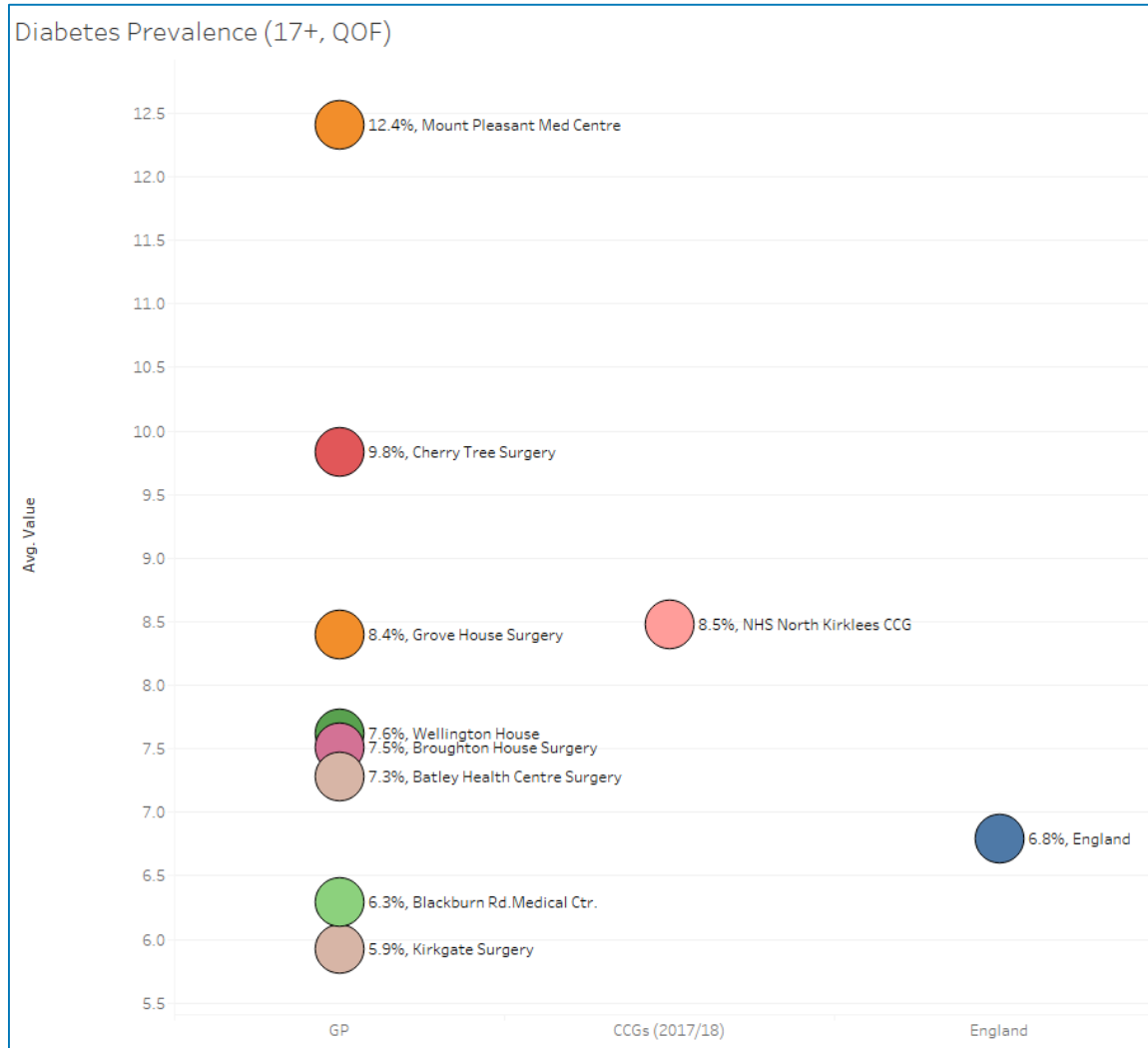
Obesity Prevalence (2017-18)



- 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 North Kirklees is 11.6%.
- Five of the eight practices have obesity prevalence rates above the national and regional measures.
- [Link to Supporting Data](#)

Diabetes Prevalence

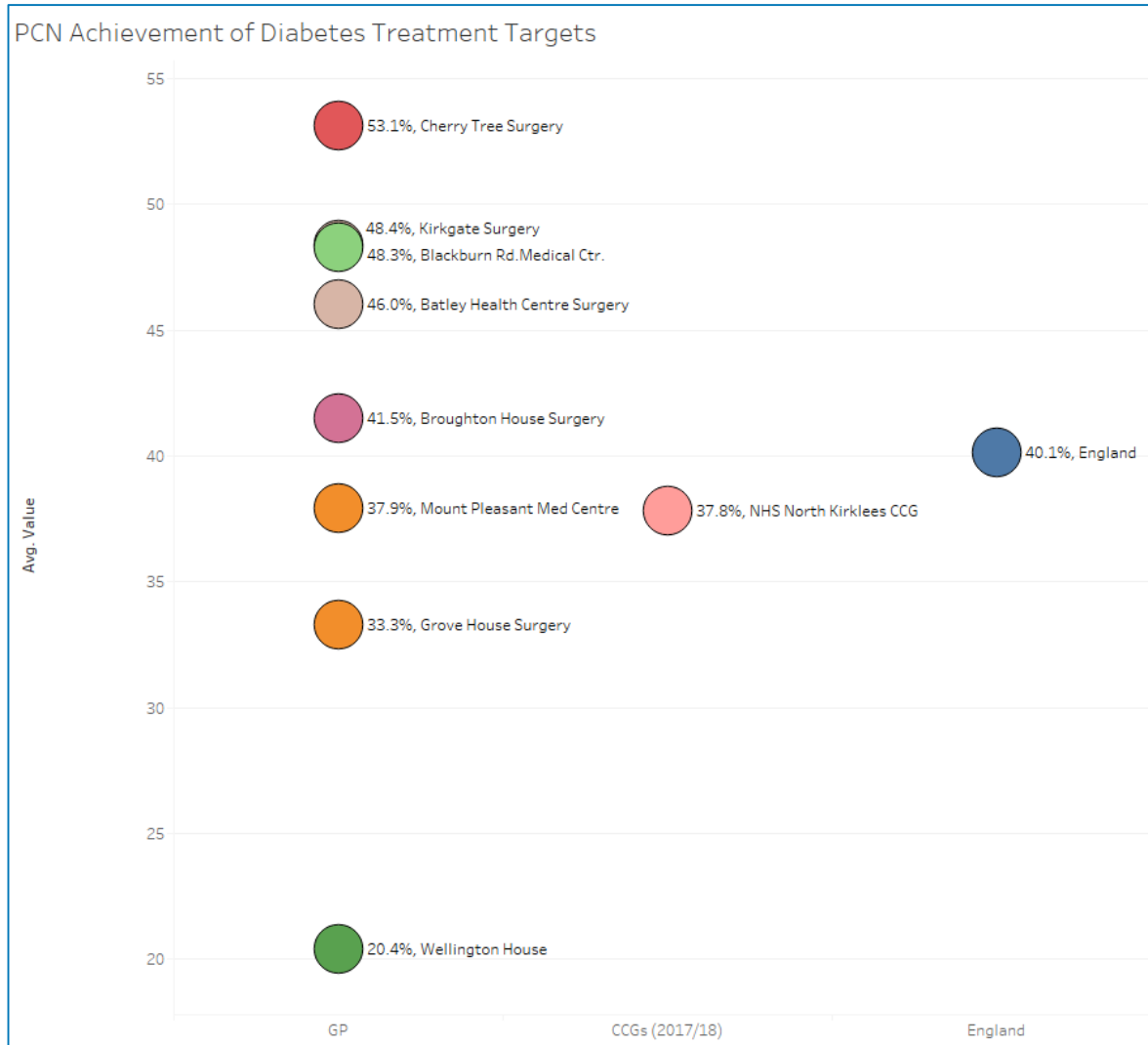
Diabetes Prevalence (2017-18)



- 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 North Kirklees is 8.5%.
- Mount Pleasant Medical Centre has diabetes prevalence rates significantly above the national and regional measures.
- [Link to Supporting Data](#)

Achievement of Diabetes Treatment Targets

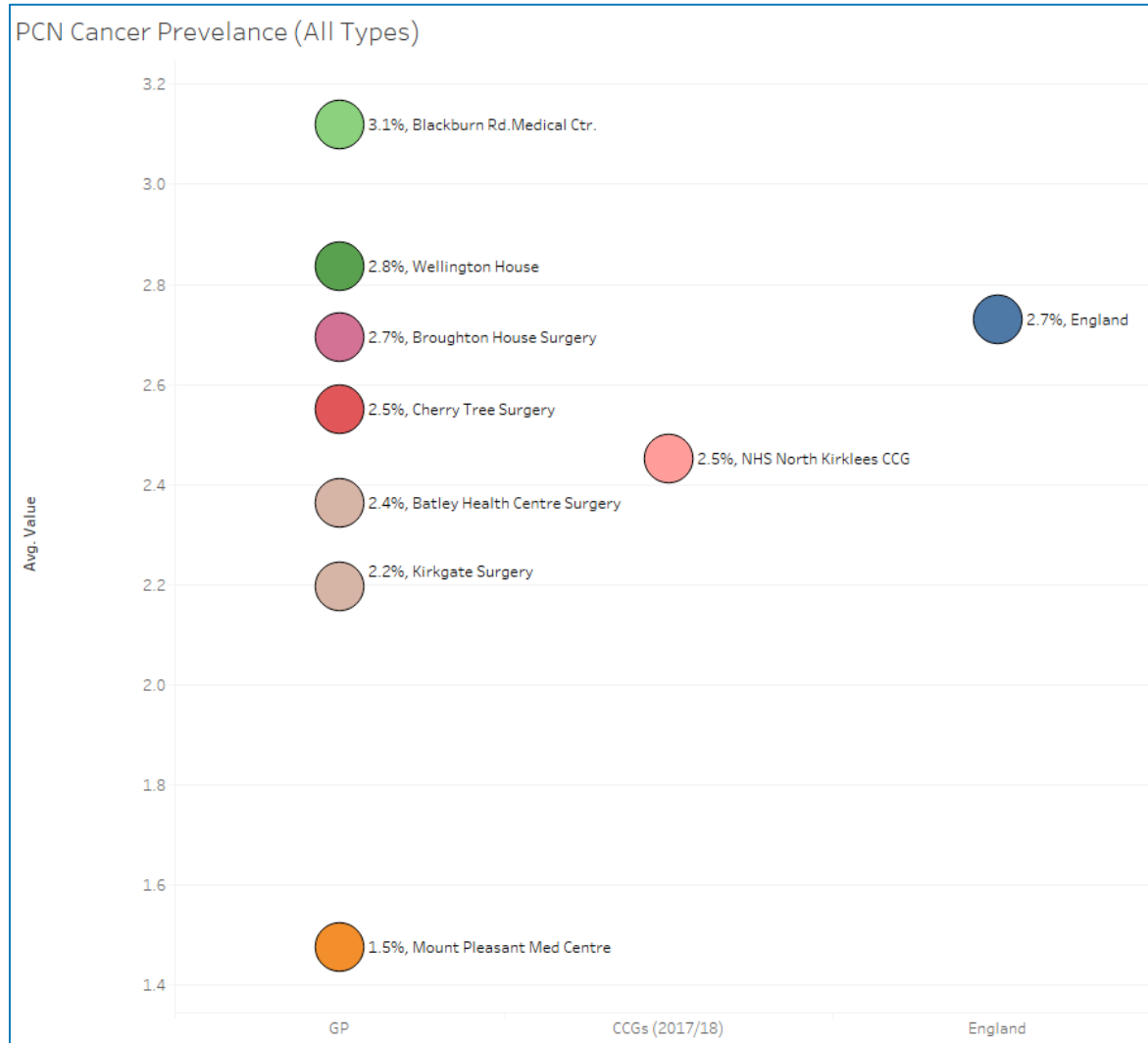
Achievement of Diabetes Treatment Targets (2017-18)



- 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 North Kirklees is 37.8%.
- Wellington House falls significantly below the national and regional average measures.
- [Link to Supporting Data](#)

PCN Cancer Prevalence

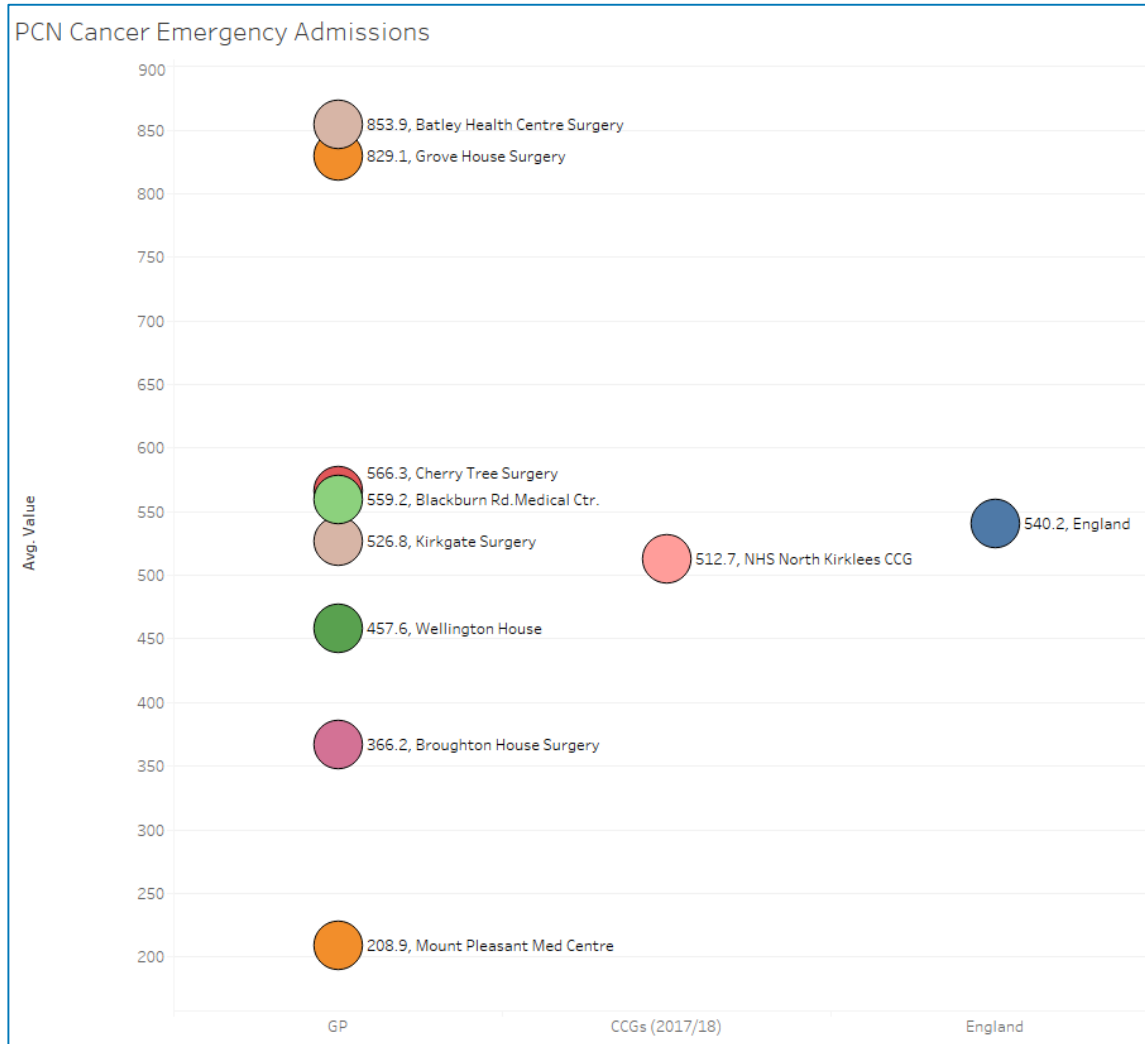
PCN Cancer Prevalence (2017-18)



- 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 North Kirklees is 2.5%.
- Four of the eight practices have prevalence rates above the national and regional measures.
- Mount Pleasant Medical Centre falls significantly below the national and regional average measures.
- [Link to Supporting Data](#)

PCN Cancer Emergency Admissions

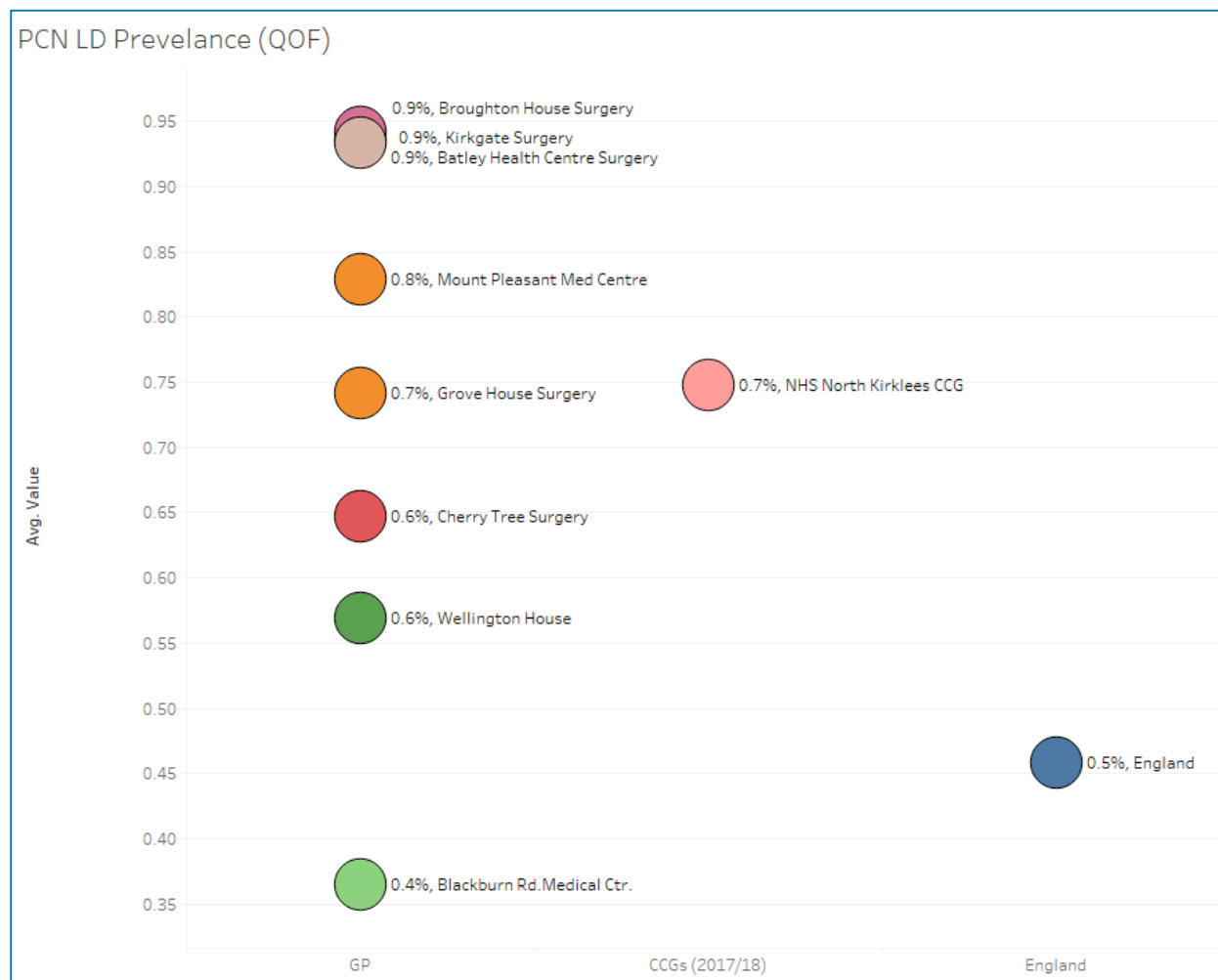
PCN Cancer Emergency Admissions (2017-18)



- 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 North Kirklees is 512.7
- Four of the eight practices are above both regional and national measures. Mount Pleasant has significantly fewer admissions (circa 645) than Batley .
- [Link to Supporting Data](#)

PCN Learning Difficulty Prevalence

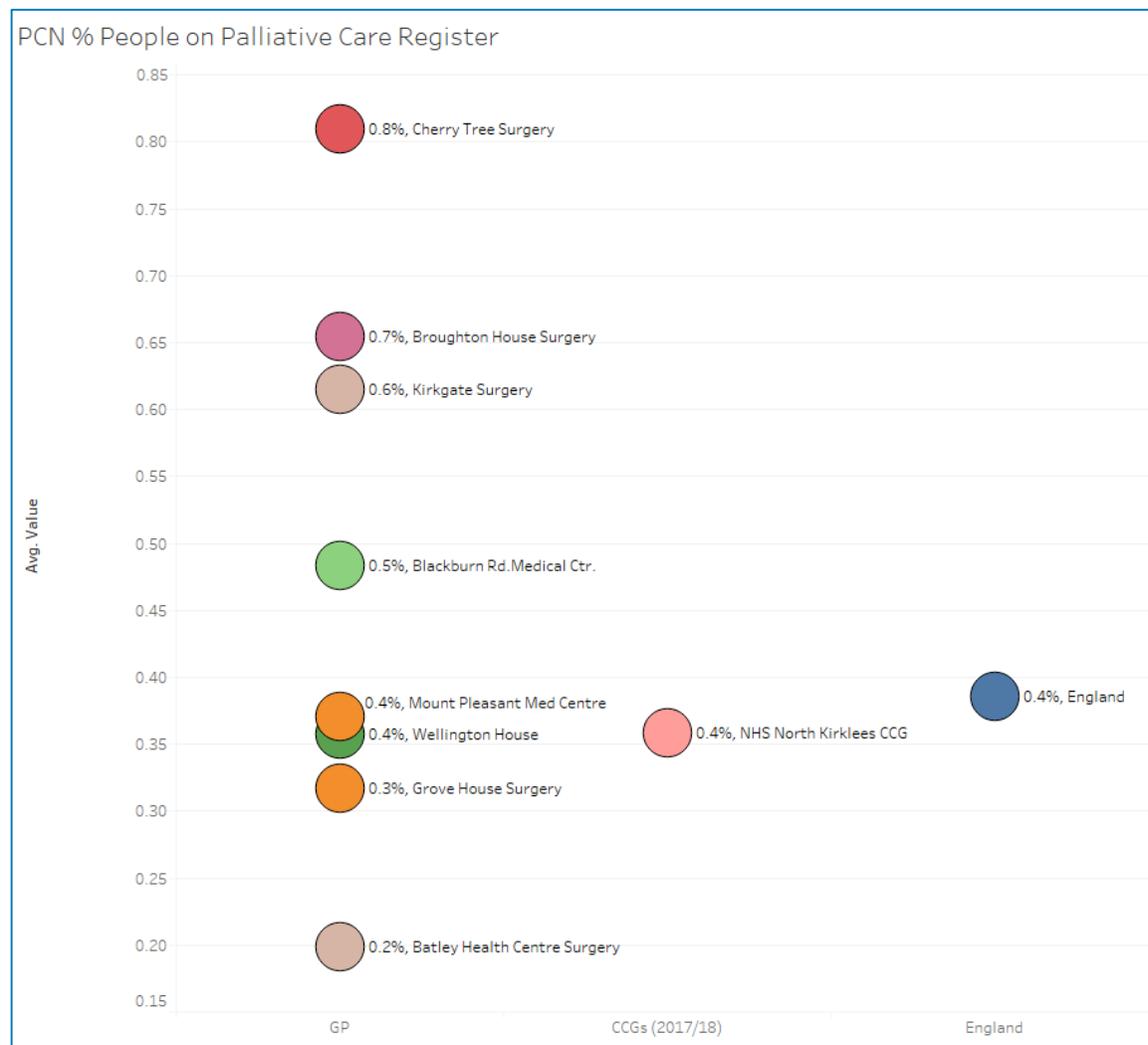
PCN Learning Difficulty Prevalence (2017-18)



- 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 North Kirklees is 0.7%. ●
- Three of the eight PCN practices have LD prevalence rates above the regional and national measures.
- Only Blackburn Road Medical Centre has LD prevalence rates below both the regional and national measures.
- [Link to Supporting Data](#)

PCN % People on Palliative Care Register

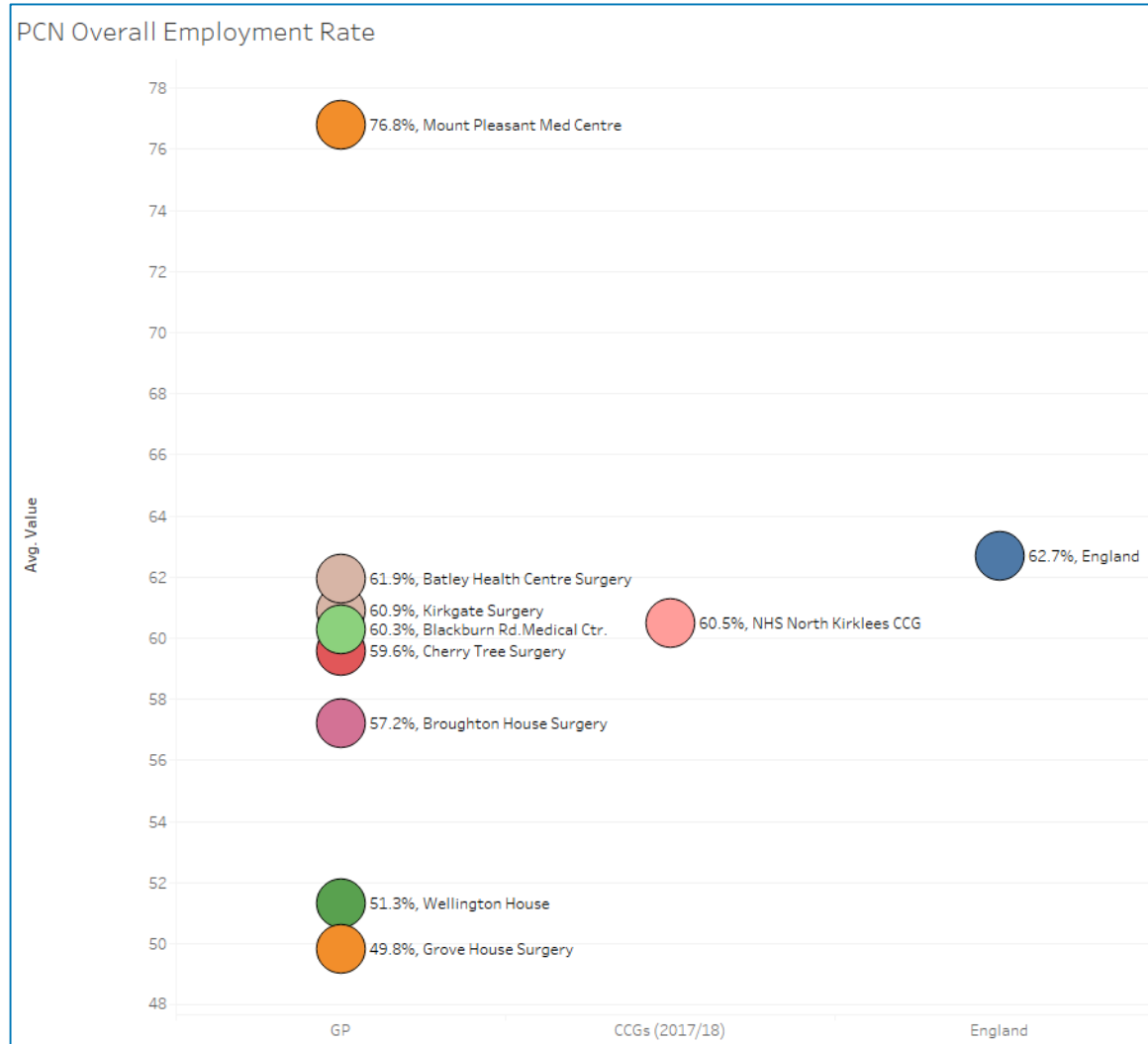
PCN % People on Palliative Care Register (2017-18)



- 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 North Kirklees is 0.4%. ●
- Four of the eight practices are above the regional and national measures.
- Grove House and Batley Health Centre Surgery measure below both the regional and national percentages.
- [Link to Supporting Data](#)

PCN Overall Employment Rate

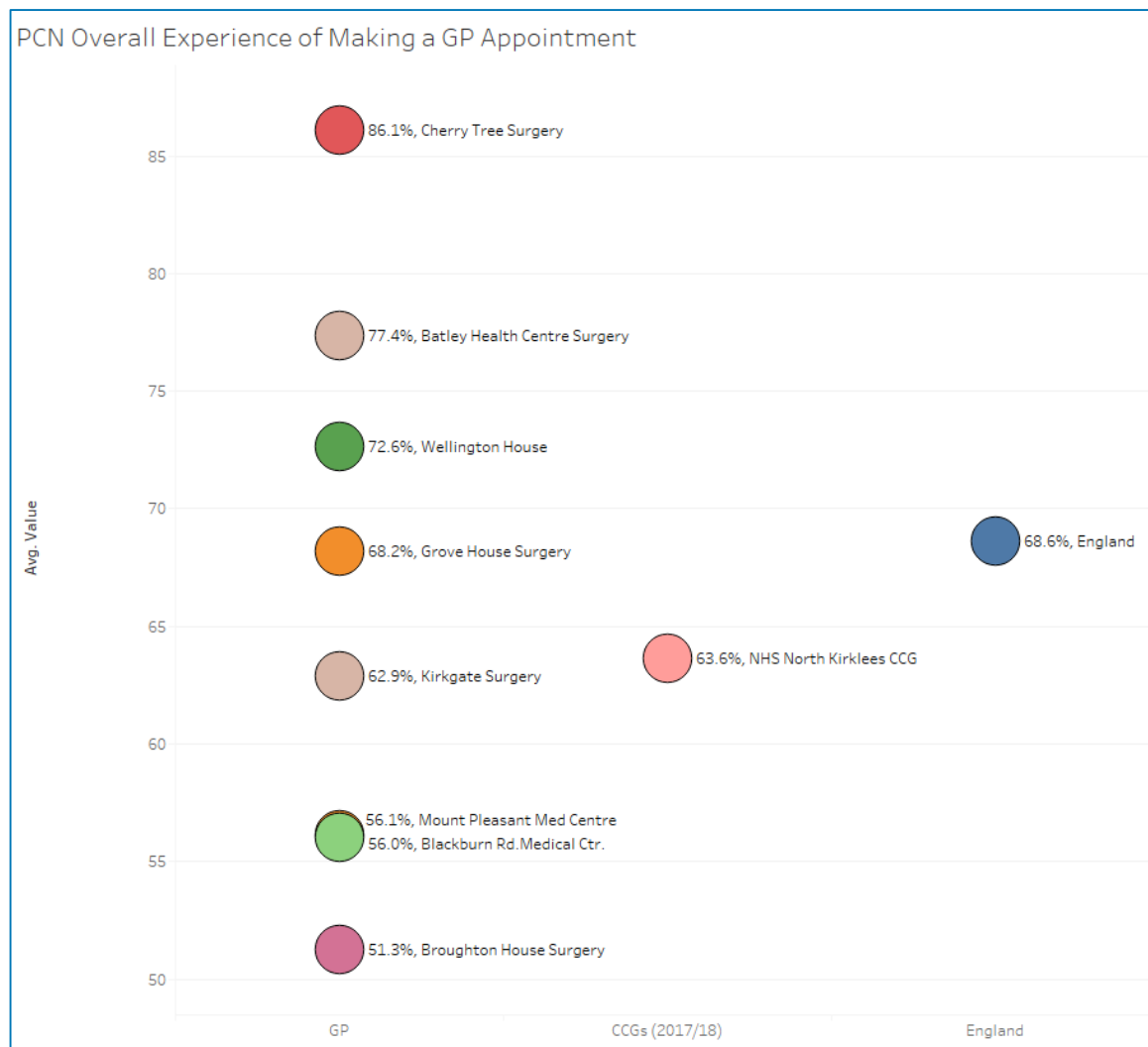
PCN Overall Employment Rate (2018)



- 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 North Kirklees is 60.5%. ●
- Five of the eight PCN practices are showing figures below national and regional levels.
- [Link to Supporting Data](#)

PCN Overall Experience of Making a GP Appointment

PCN Overall Experience of Making a GP Appointment (2018)

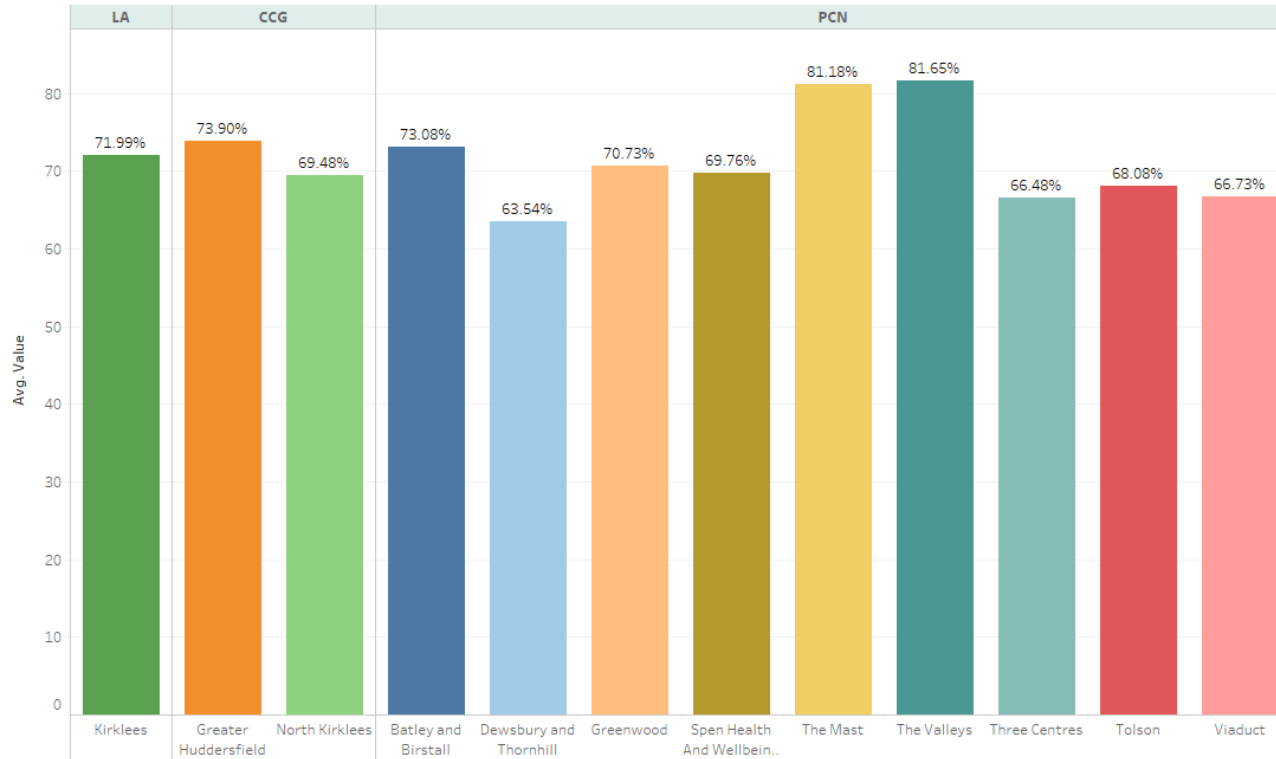


- The chart represents the response to the question: "Overall, how would you describe your experience of making an appointment?".
- The indicator value is the percentage of people who answered this question with either "Very good" or "Fairly good" from all respondents to this question.
- The percentage with a positive experience in England is 68.6% ●
- The percentage with a positive experience in NHS North Kirklees is 63.6%. ●
- Broughton House Surgery has the lowest level response with only 51.3% describing their experience as "Very good" or "Fairly good".
- [Link to Supporting Data](#)

Adults Not Lonely

Adults Not Lonely (2016)

Adults Not Lonely



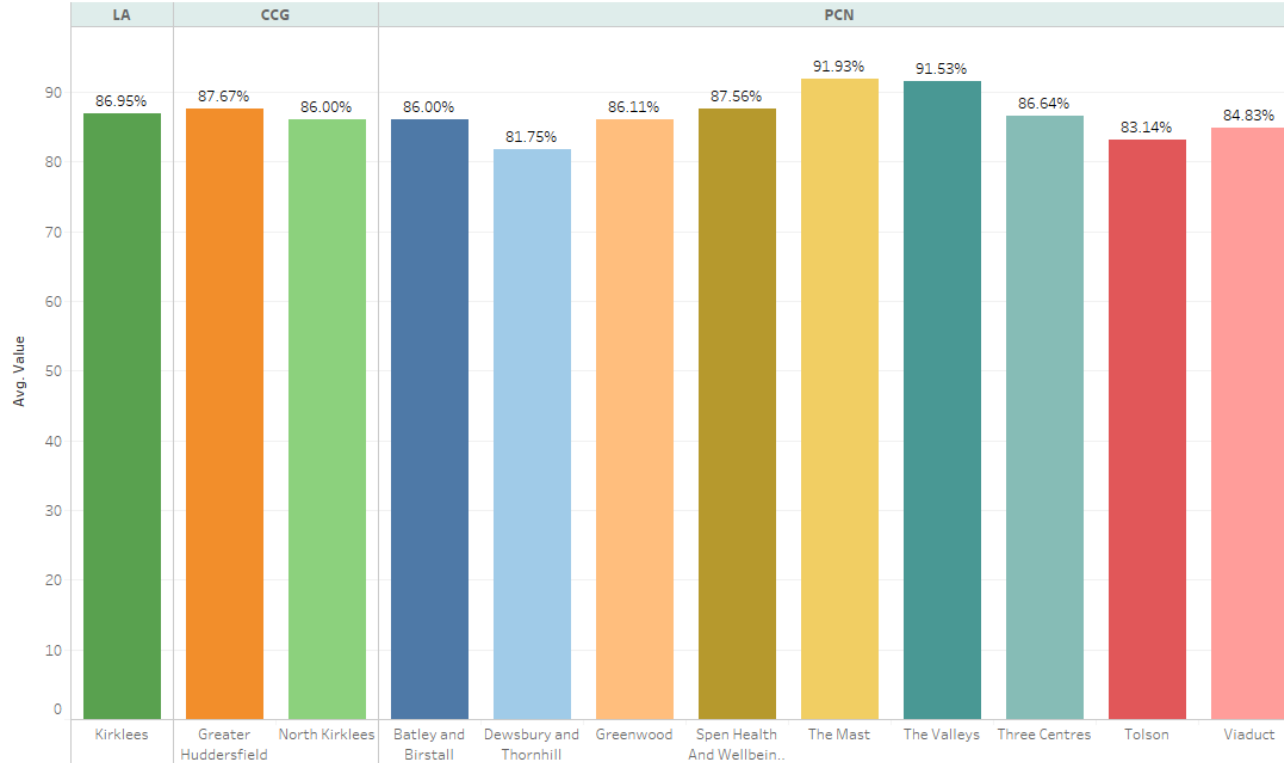
- The chart shows the average of value of adults recorded as not lonely at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of adults recorded as not lonely

Adults Socially Connected



Adults Socially Connected (2016)

Adults Socially Connected



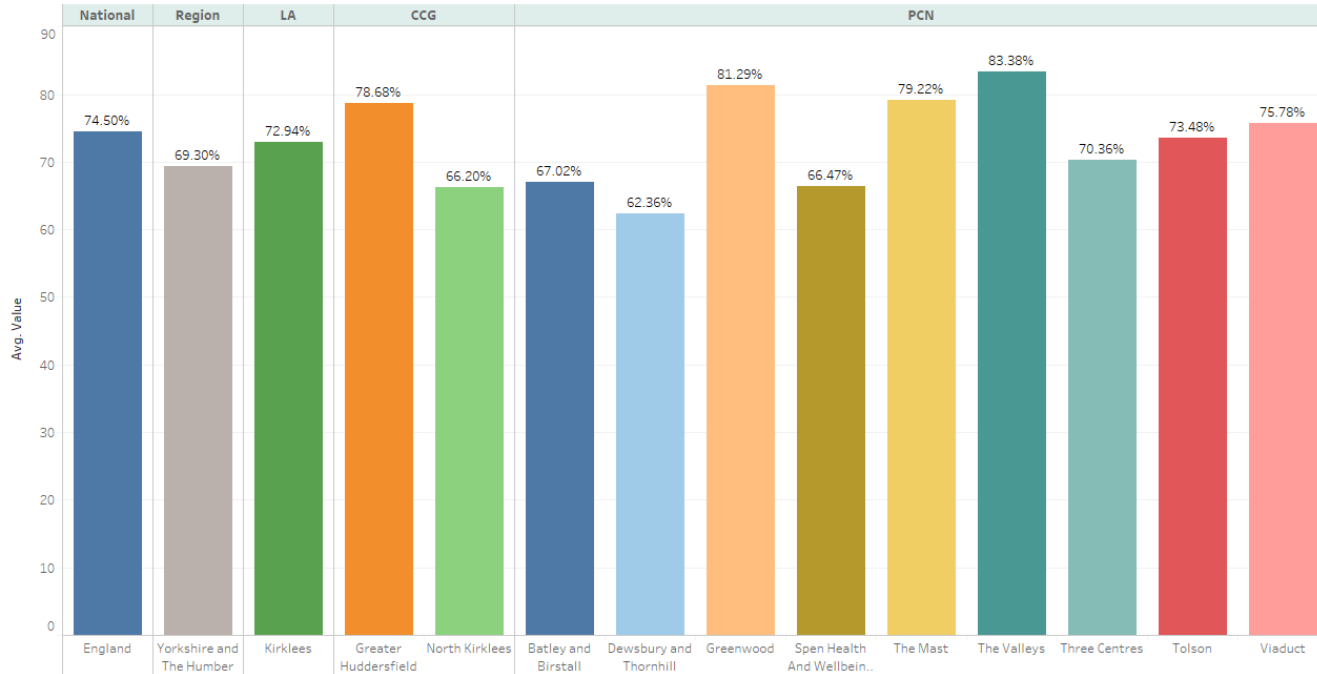
- The chart shows the average of value of adults recorded as socially connected at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage of adults recorded as socially connected.

Breastfeeding Initiation



Breastfeeding Initiation (2016/17)

Breastfeeding Initiation



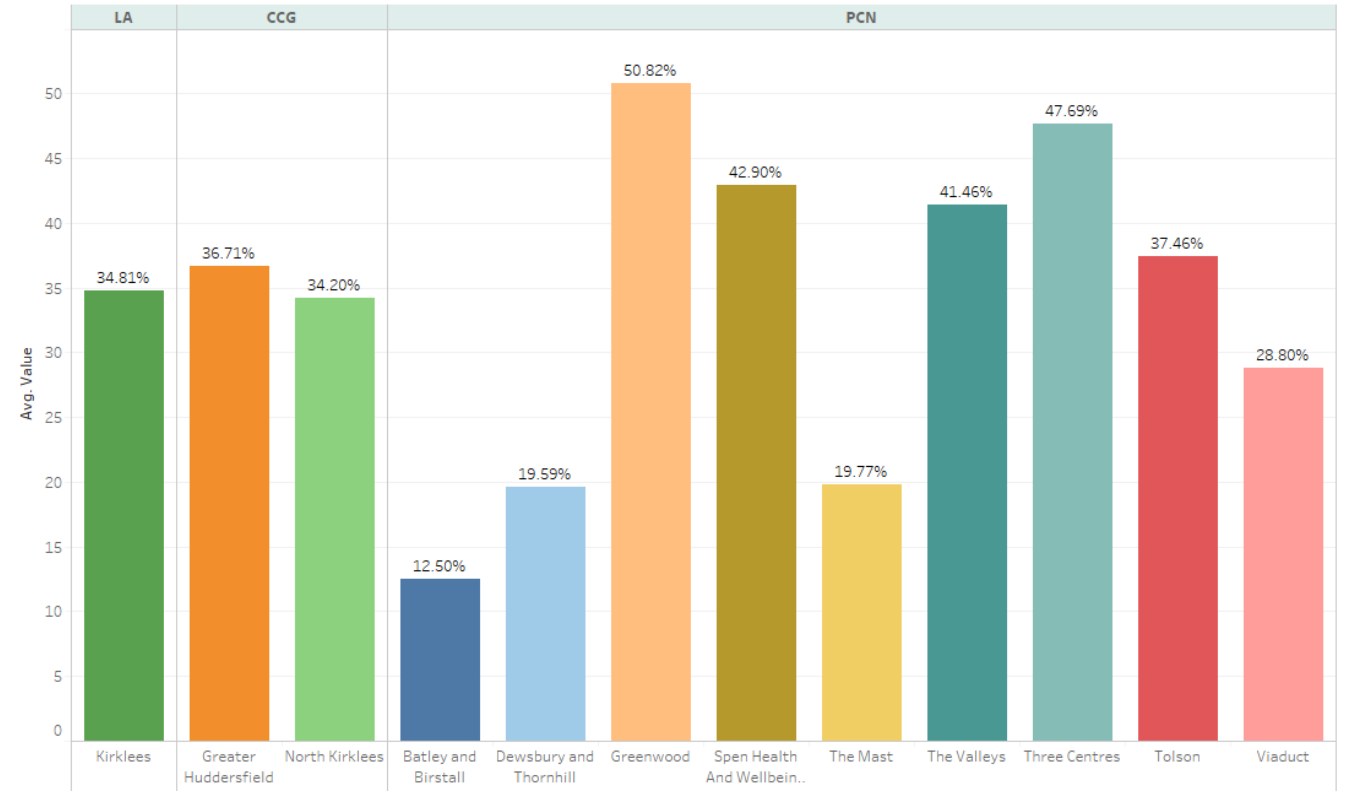
- The chart shows the average of value of breastfeeding initiation connected at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of breastfeeding initiation.

Child Active Travel



Child Active Travel (2019)

Child Active Travel



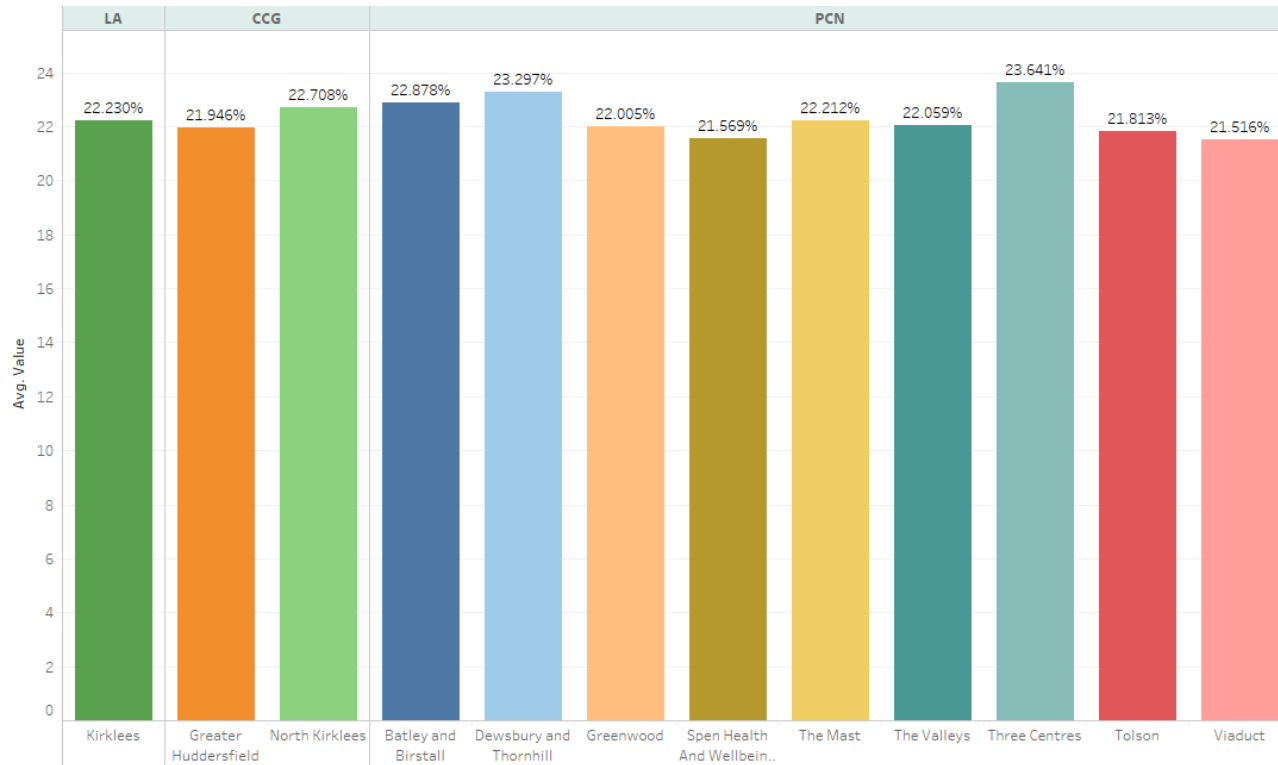
- The chart shows the average of value of children involved in active travel at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Lowest levels of child active travel is at the Batley & Birstall PCN.

Child Emotional Wellbeing



Child Emotional Wellbeing (2019)

Child Emotional Wellbeing

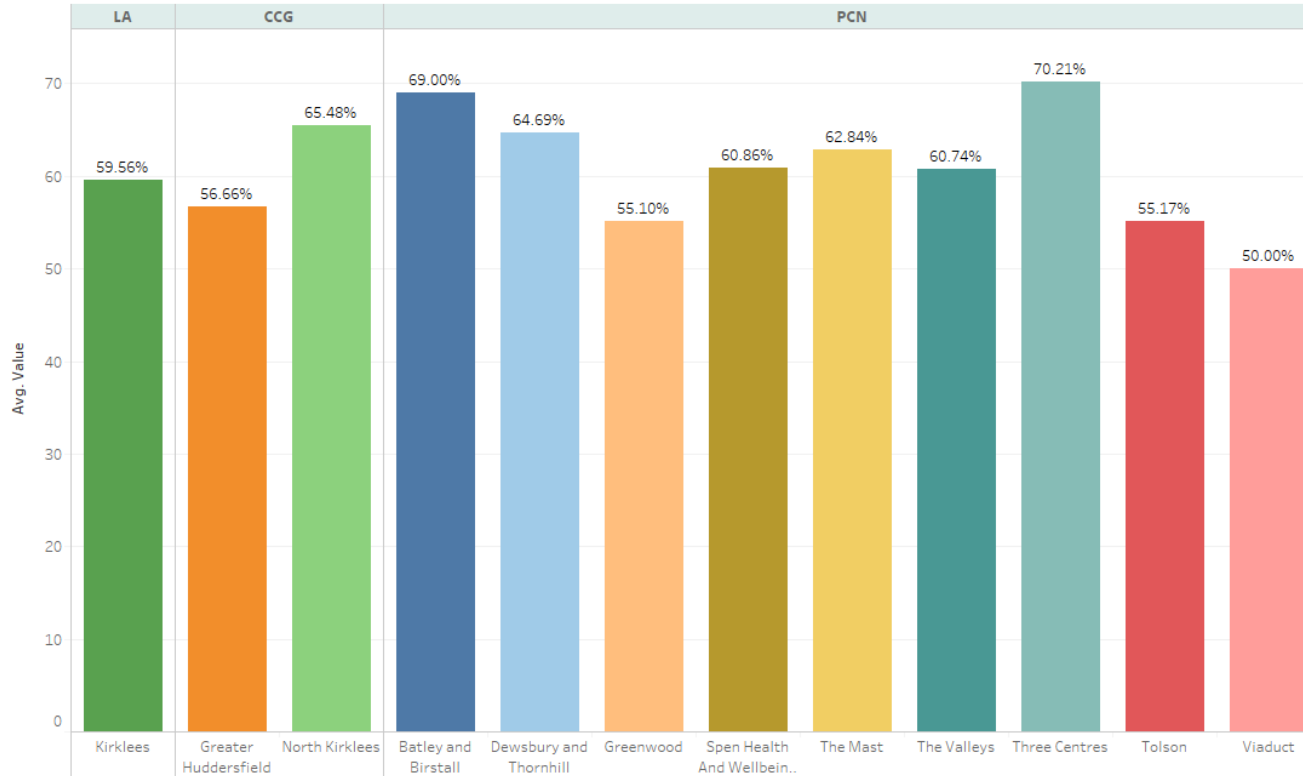


- The chart shows the average of value of child emotional wellbeing recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child emotional wellbeing.

Child High Happiness

Child High Happiness (2019)

Child High Happiness



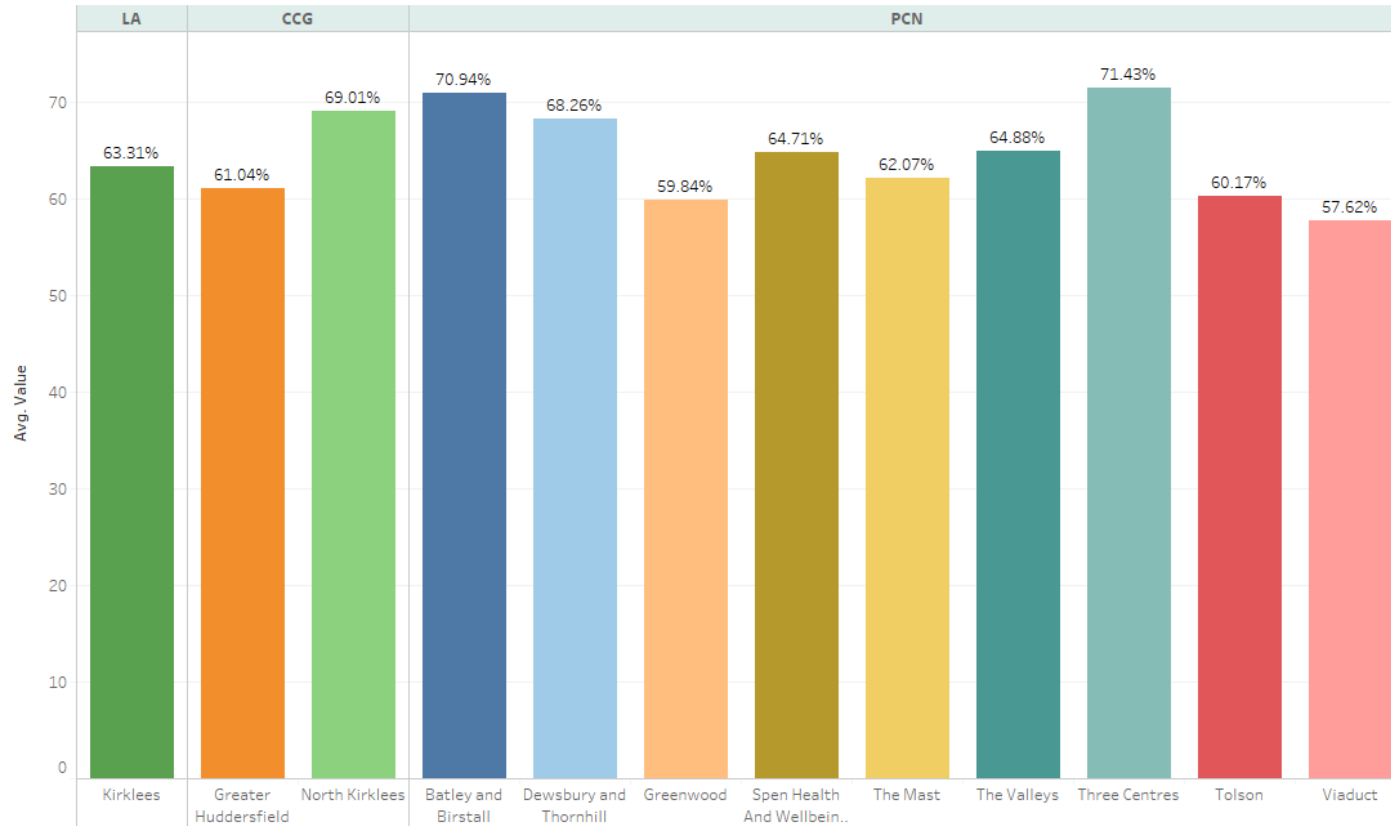
- The chart shows the average value of child high happiness recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high happiness.

Child High Life Satisfaction



Child High Life Satisfaction (2019)

Child High Life Satisfaction



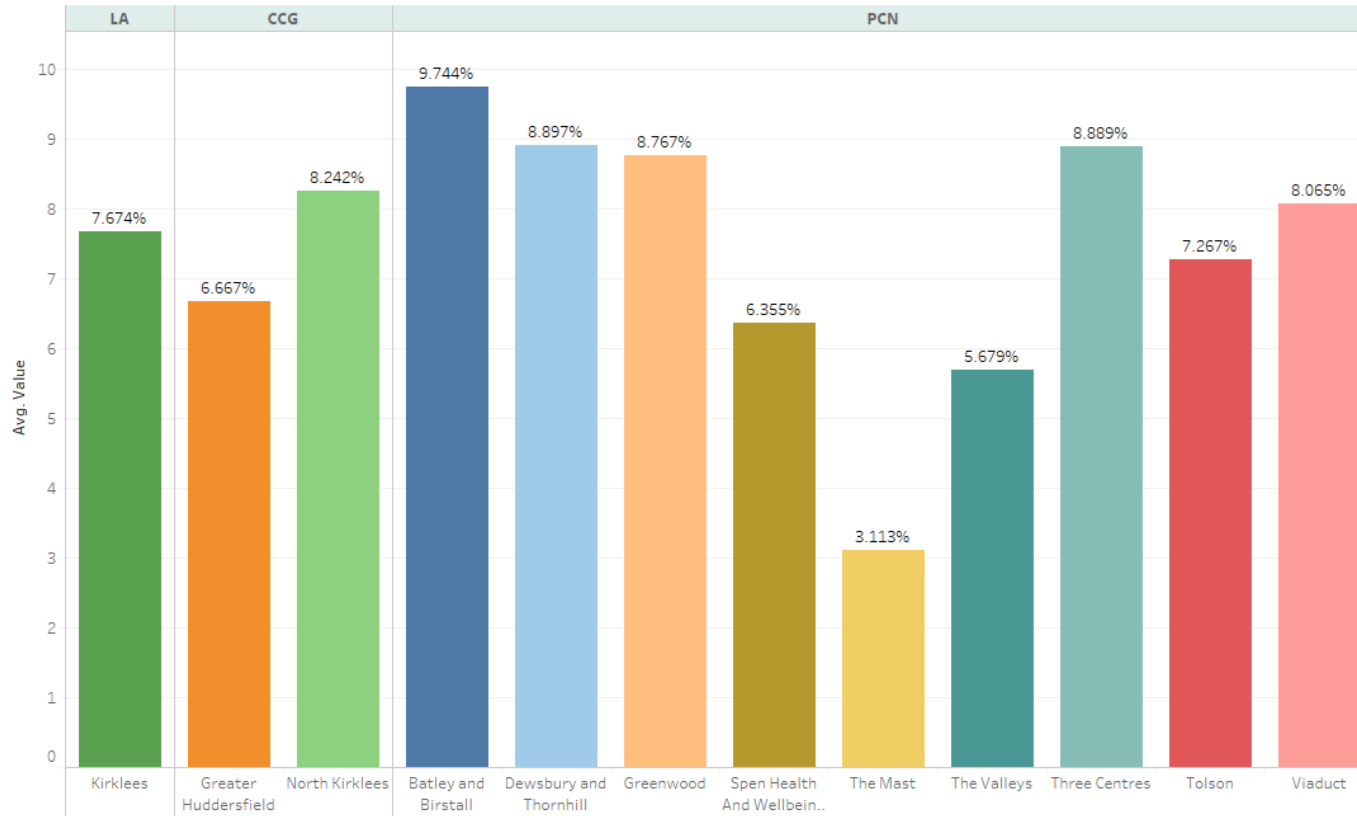
- The chart shows the average value of child high life satisfaction recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high life satisfaction.
-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

Child No Physical Activity



Child No Physical Activity (2019)

Child No Physical Activity



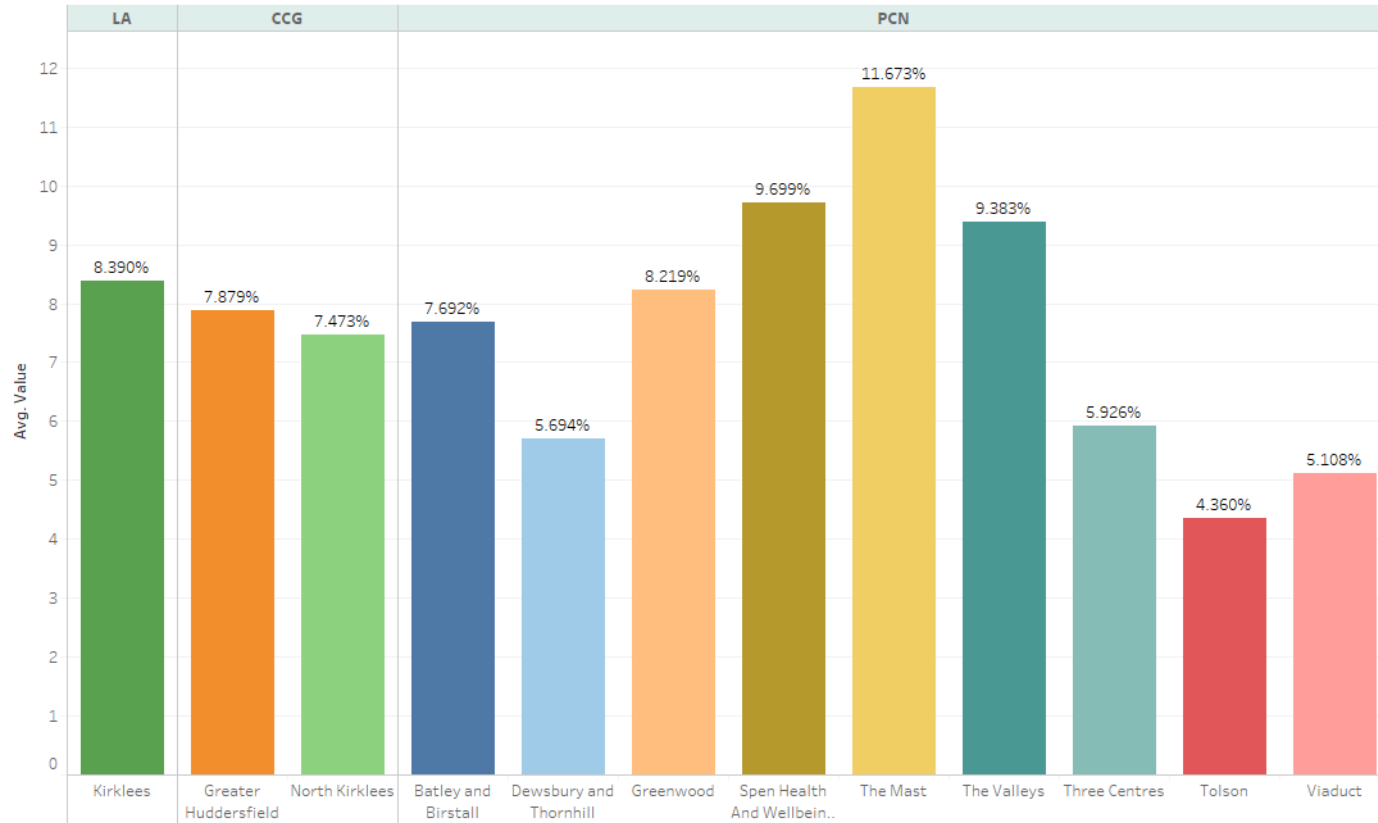
- The chart shows the average value of children with no physical activity recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Batley & Birstall PCN has the highest percentage score for child with no physical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

Child Physically Active



Child Physically Active (2019)

Child Physically Active



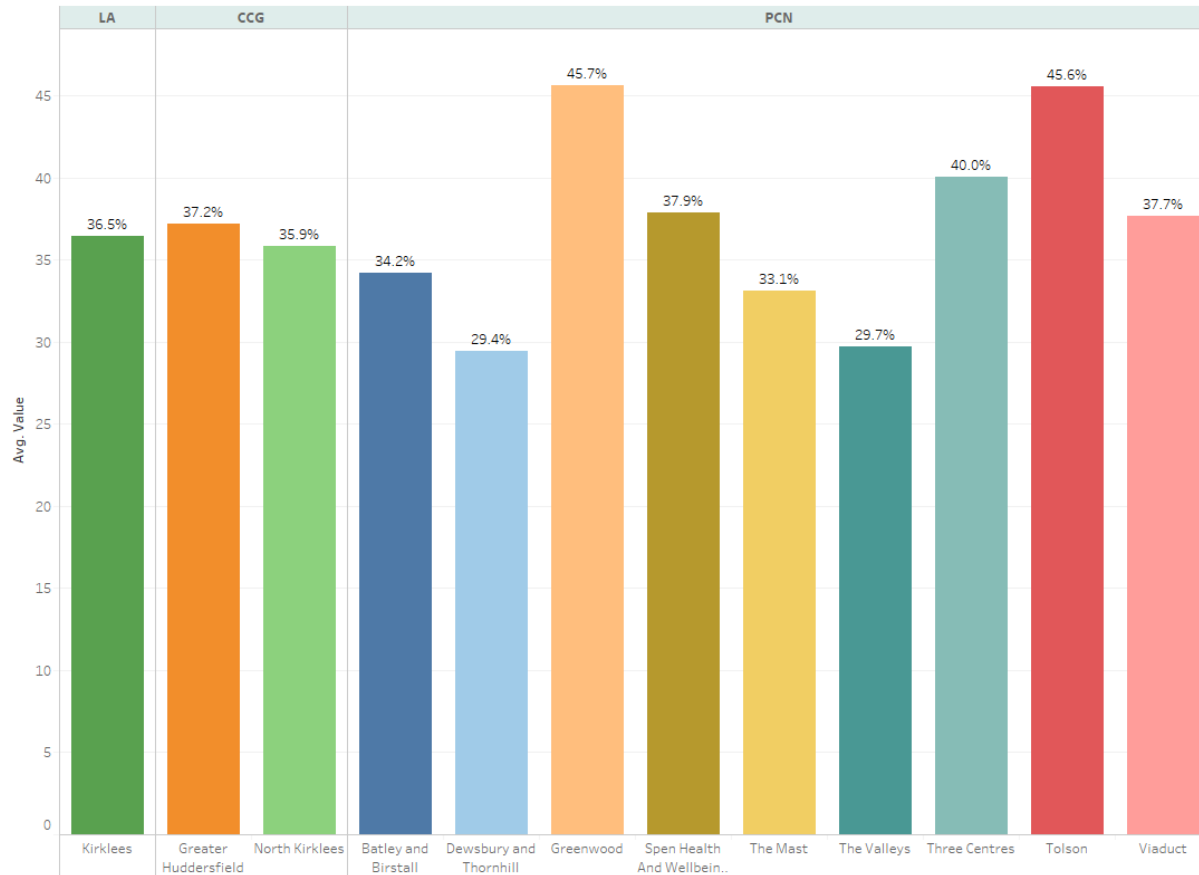
- The chart shows the average value of physically active children recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage score of physically active children.

Deaths Age 85 Plus



Deaths Age 85 Plus (2015-17)

Deaths Age 85 Plus



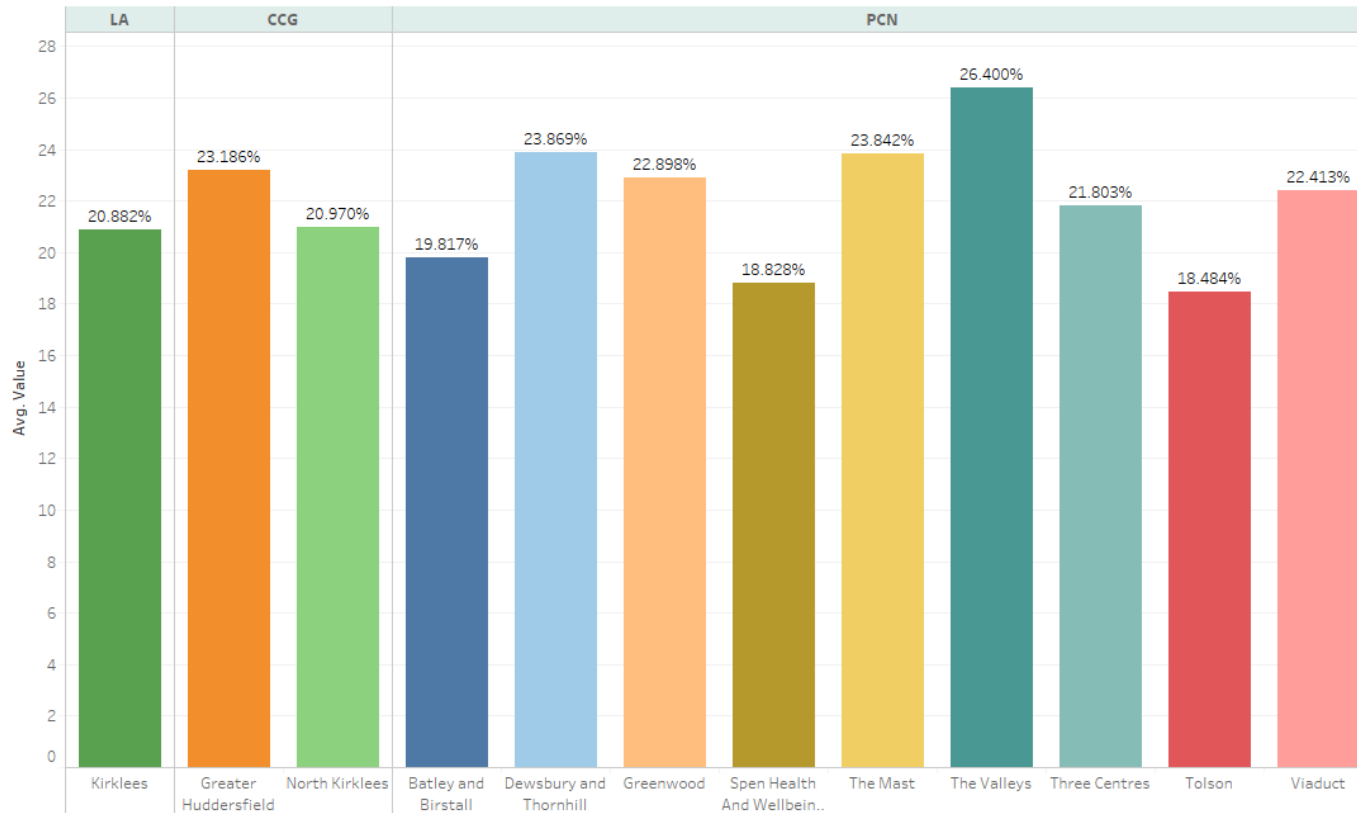
- The chart shows the average deaths over 85 years of age recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the highest percentage score for deaths over 85 years of age.

Deaths at Care Home



Deaths at Care Home (2015-17)

Deaths at Care Home

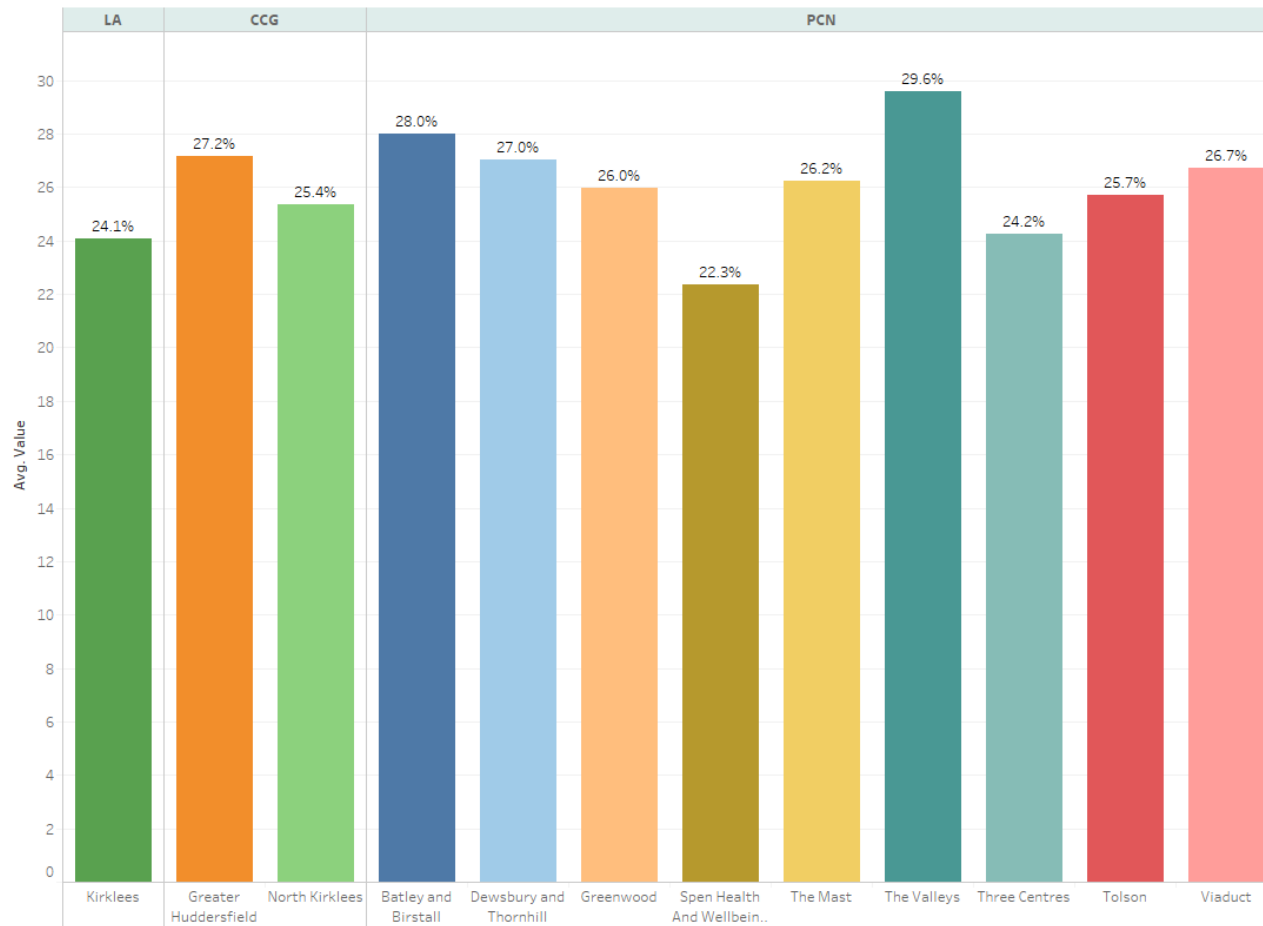


- The chart shows the average value of deaths at care homes recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at care homes.

Deaths at Home

Deaths at Home (2015-17)

Deaths at Home

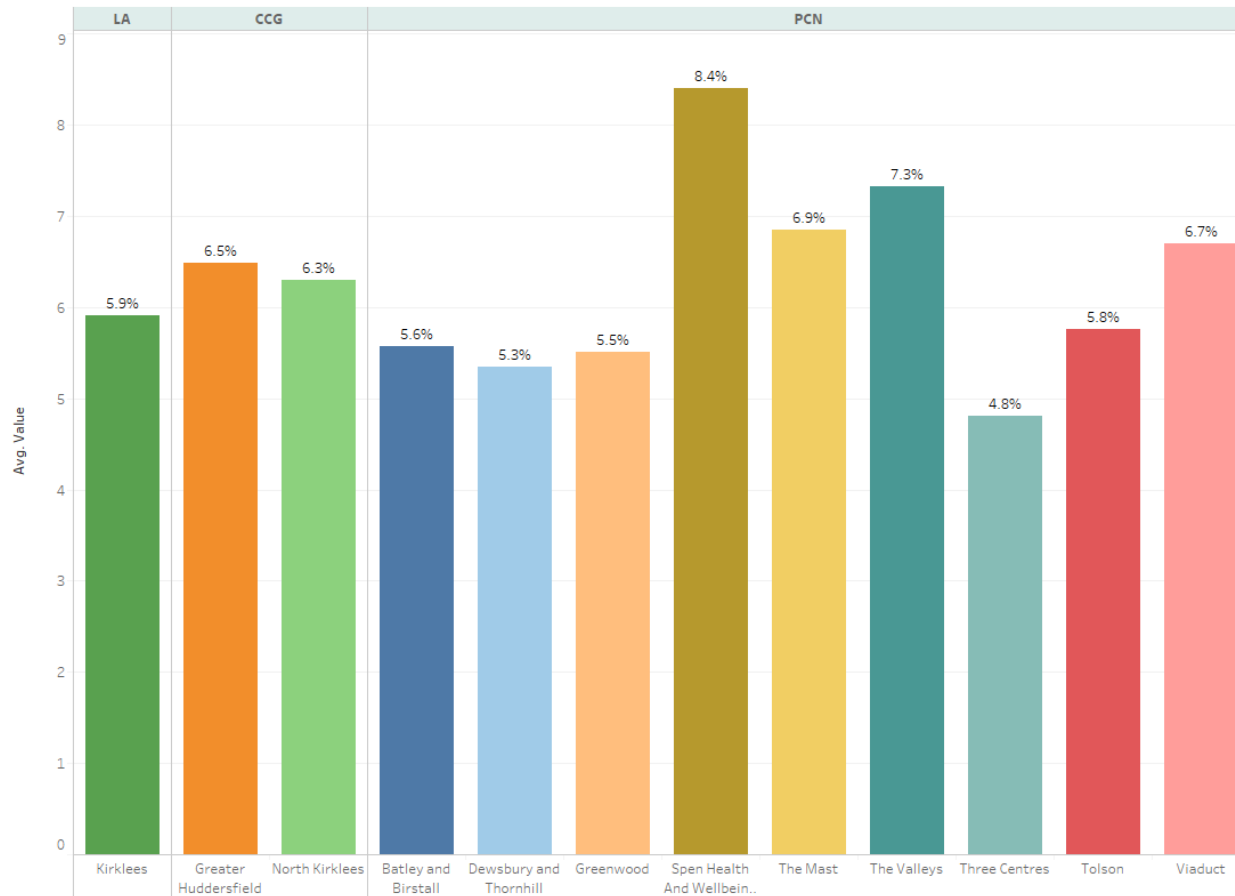


- The chart shows the average value of deaths at home recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at home.

Deaths at Hospice

Deaths at Hospice (2015-17)

Deaths at Hospice

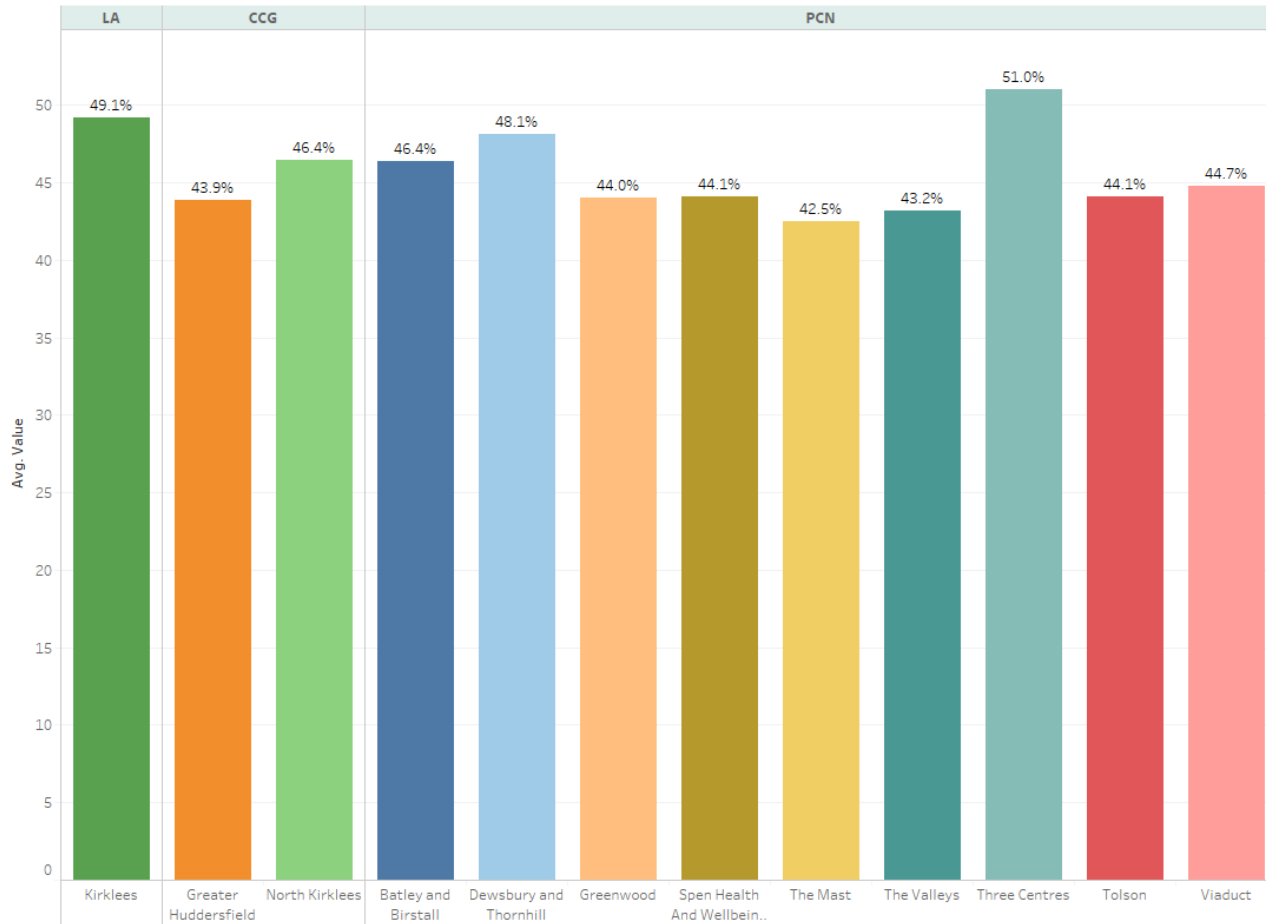


- The chart shows the average value of deaths at a hospice recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Batley & Birstall PCN has the highest percentage score for deaths at a hospice.

Deaths at Hospital

Deaths at Hospital (2015-17)

Deaths at Hospital

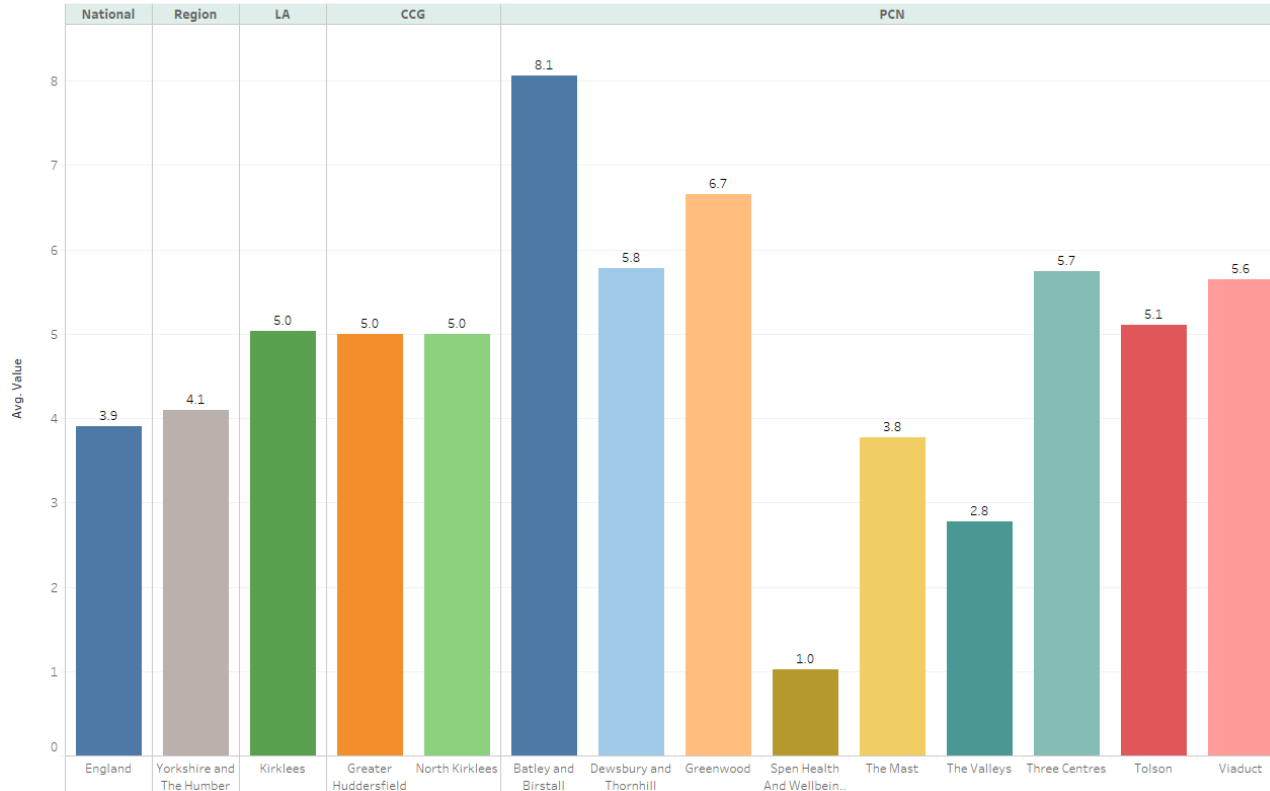


- The chart shows the average value of deaths at a hospital recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- 3 Centre PCN has the highest percentage score for deaths at a hospital.

Infant Mortality

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

Infant Mortality (rate per 1000 live births)

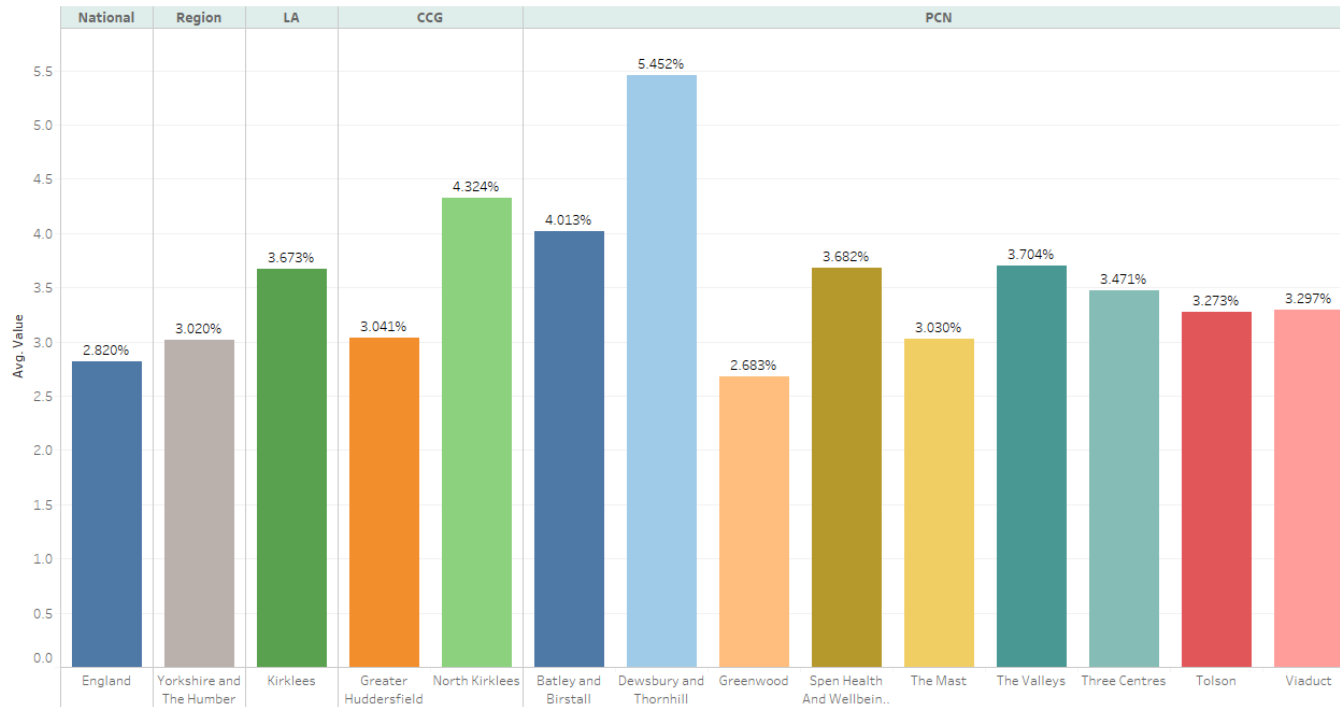


- The chart shows the average value of infant mortality recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the second highest rate per thousand live births for infant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

Low Birthweight Births

Low Birthweight Births (2017)

Low Birthweight Births



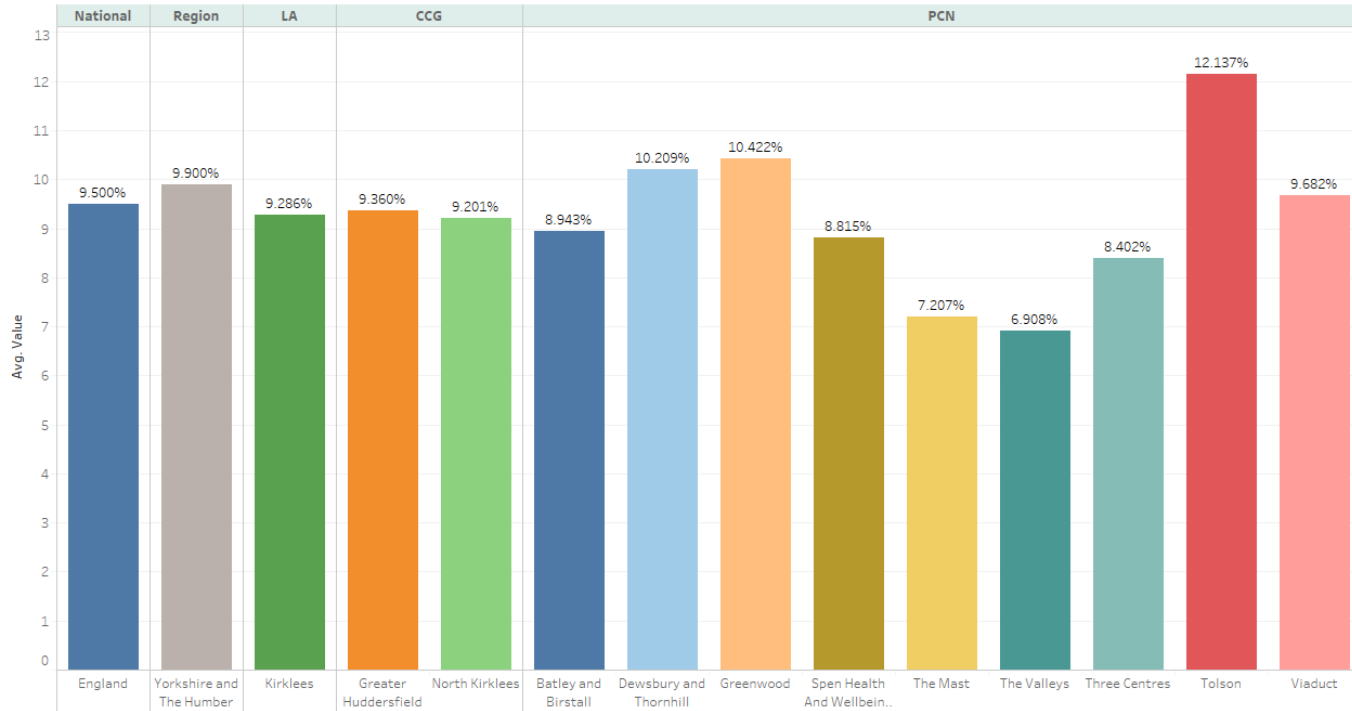
- The chart shows the average value of low birthweight births recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score of low birthweight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

Reception Obesity



Reception Obesity (2017-18)

Reception Obesity



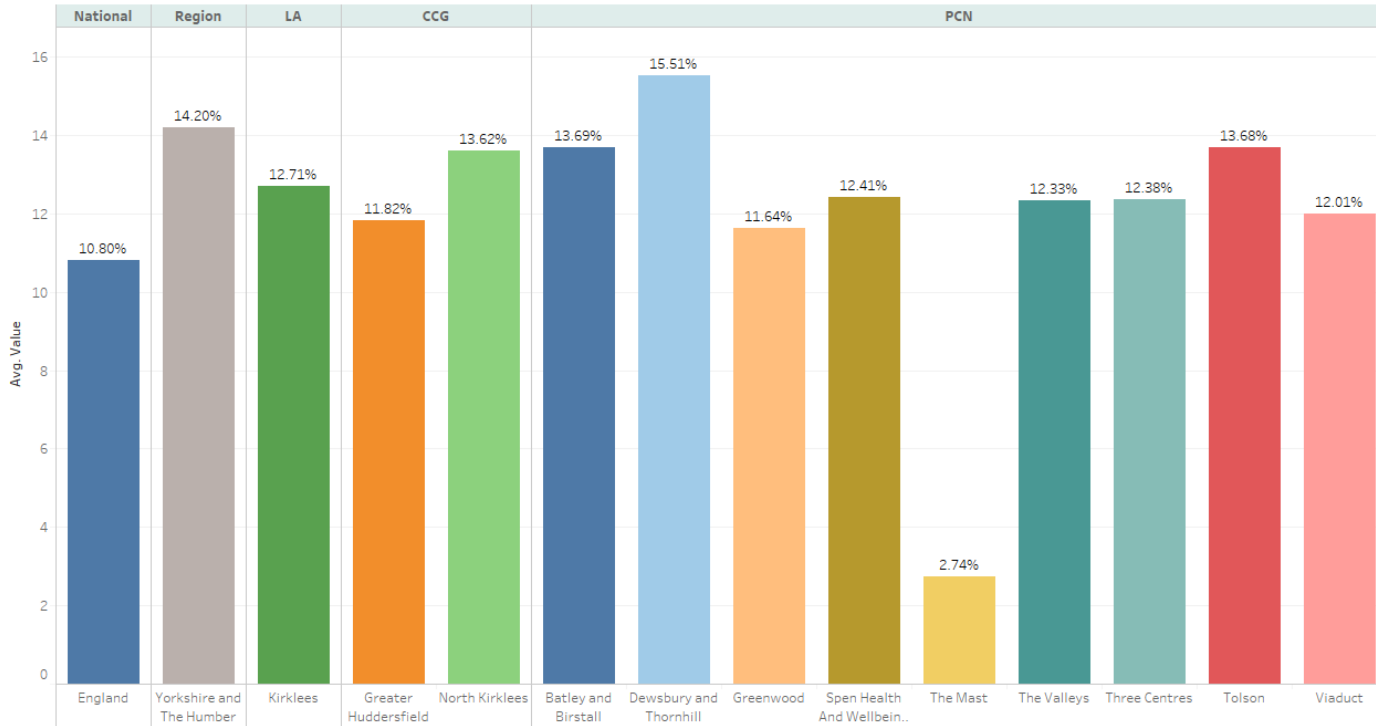
- The chart shows the average value of obesity at reception age at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Tolson PCN has the highest percentage score for obesity at reception age.

Smoking at Time of Delivery



Smoking at Time of Delivery (2018-19)

Smoking at Time of Delivery



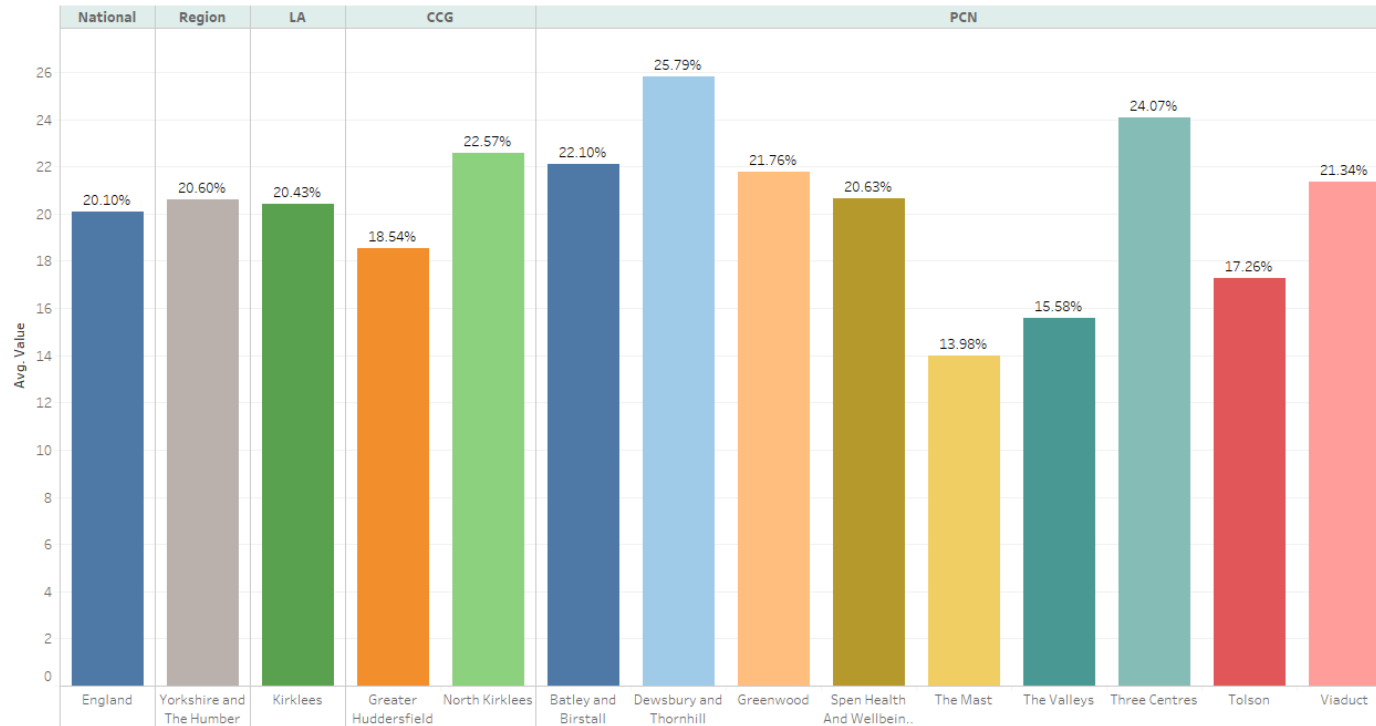
- The chart shows the average value of smoking at time of delivery at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score for smoking at time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

Year 6 Obesity



Year 6 Obesity (2017-18)

Year 6 Obesity



- 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.

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](#)