

Primary Care Network Data Pack

Dewsbury & Thornhill 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. Diabetes prevalence
 2. Mental health
 3. Low birth weight and smoking
 4. Childhood obesity
 5. Access to primary care
- 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.

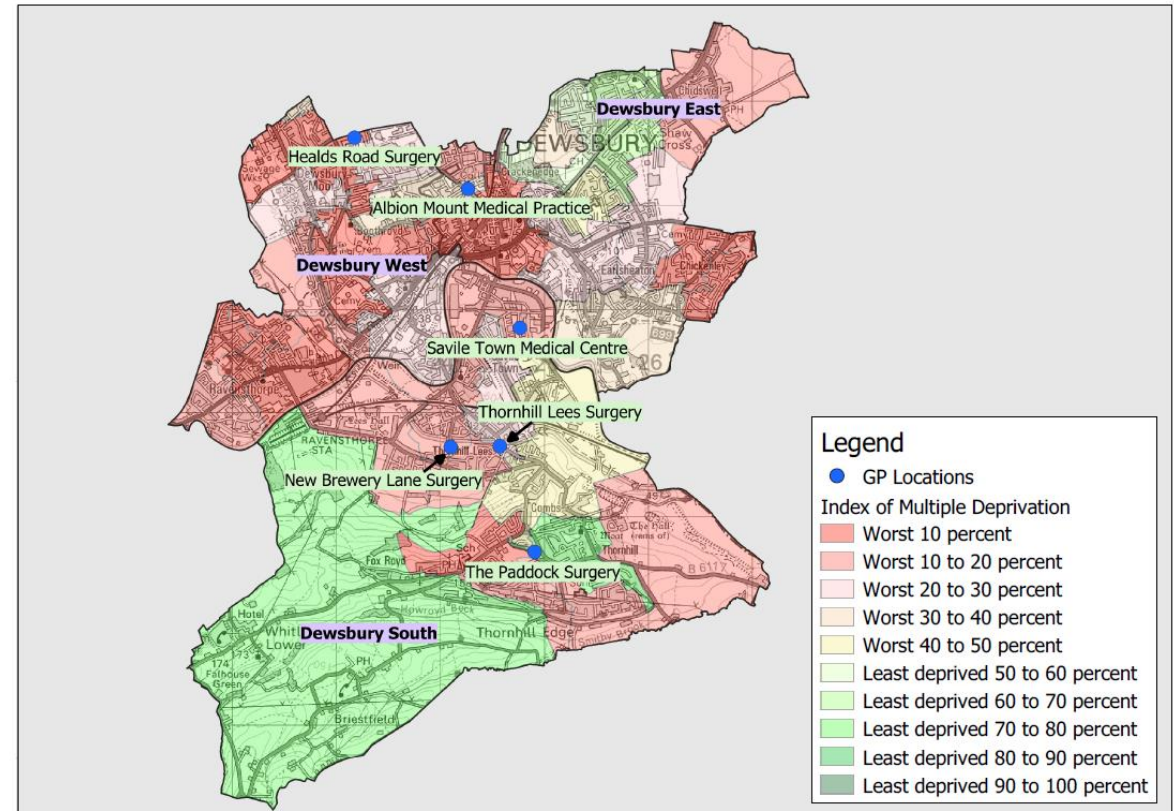
Dewsbury & Thornhill PCN – An Overview

Place Overview

- **Volume of patients** - Dewsbury & Thornhill Primary Care Network has seven practices caring in total for c.40,000 patients. The average per practice (c.5,700) is below the national average (8,035) and also below the local CCG average (7,166).
- **Ethnicity** - The network provides services for a broad range of diverse ethnic groups (i.e. mixed, Asian, black and other non-white) ranging from 12.3% of the Paddock Surgery patient mix to 62.5% of the Saville Town Medical Centre patient mix.
- **QOF** - QOF has been achieved in one of the seven practices (Thornhill Lees Surgery), with the measure of positive patient experience ranging from 50.7% to 93.5%.
- **Life Expectancy** – Male life expectancy across the PCN is on average 77.0 years – below the CCG (77.9 years) and English averages (79.4 years) . All seven of the practices have life expectancy rates below the CCG and national measures.
- Female life expectancy across the PCN is on average 81.2 years – below the CCG (81.3 years) and English averages (83.1 years) . All seven of the practices have life expectancy rates below the national measure.

Network Practice Locations

The map below shows low levels of deprivation around The Dewsbury & Thornhill PCN – the most deprived areas being in the Saville Town Medical Centre and Healds Road Surgery locations.



See Slide 7 for practice breakdown

Place overview broken down by practice



	Savile Town Medical Ctr.	Thornhill Lees Surgery	The Paddock Surgery	The Albion Mount Medical Practice	New Brewery Lane Surgery (Sidings)	Windsor Medical Centre	Healds Road Surgery
PCN Practice (England av. 8,035, NK 7,166)	2,806	4,820	5,829	6,562	7,757	2,032	10,212
Percentage of total PCN pop	7%	12%	15%	16%	19%	5%	26%
Life expectancy years (Male)	76.2	76.8	77.7	76.9	76.7	77.5	76.9
Life expectancy years (Female)	80.9	81.0	81.3	81.2	80.8	82.2	81.0
Deprivation	Second most deprived decile	Third more deprived decile	Fourth more deprived decile	Third more deprived decile	Third more deprived decile	Fourth more deprived decile	Second most deprived decile
Ethnicity Estimate	Mixed	1.7%	1.6%	1.3%	1.6%	1.3%	1.6%
	Asian	60.8%	48.5%	11.0%	31.6%	61.0%	21.4%
	Black	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%
QOF achievement % (out of 559 points)	548.8	559.0	512.3	543.6	541.4	556.7	531.0
Percentage with a +ve experience of practice	51.5%	50.7%	93.5%	76.1%	60.8%	82.3%	57.4%

This chart refers to information summarised in slide 6.

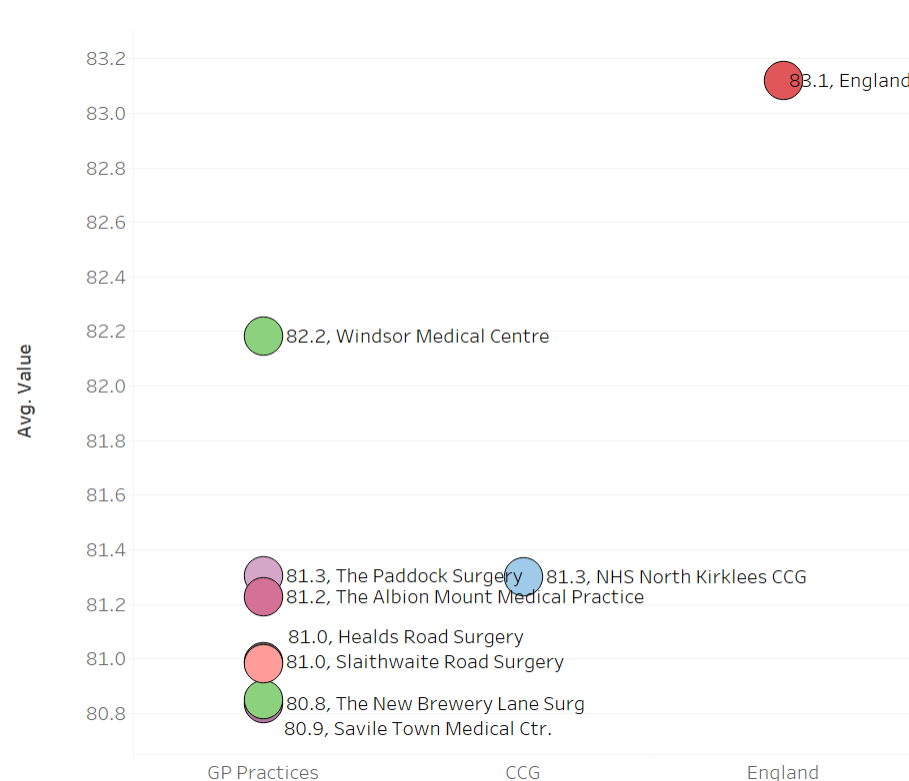
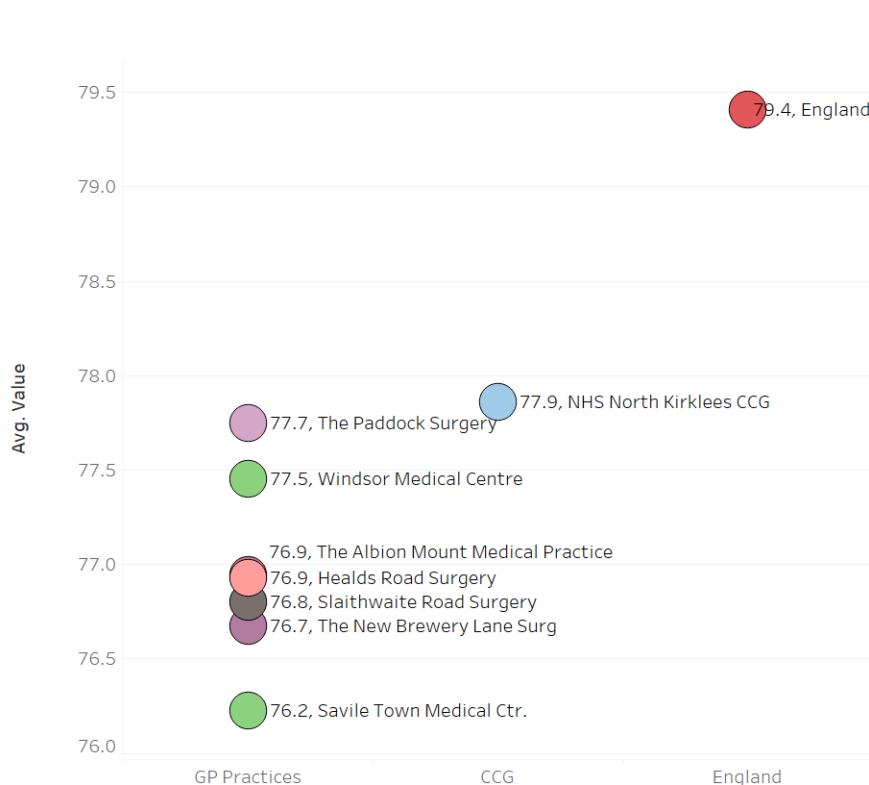
Life expectancy is below the CCG average for almost all practices



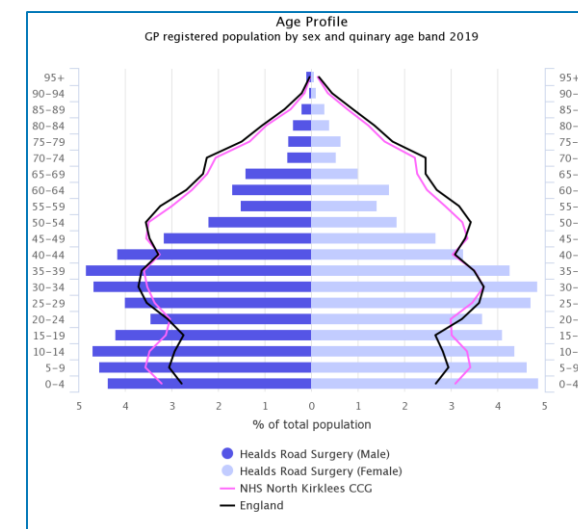
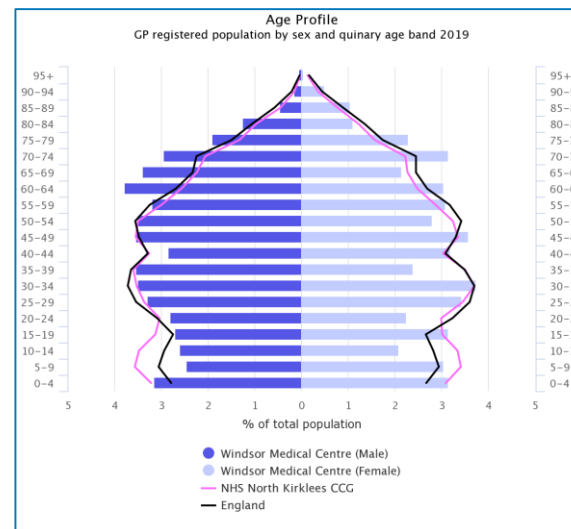
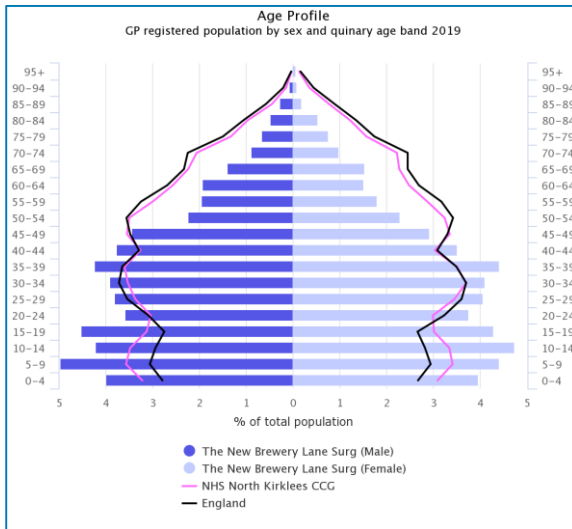
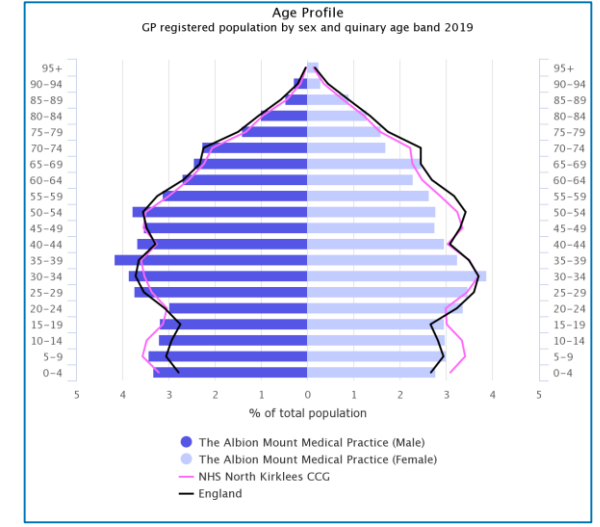
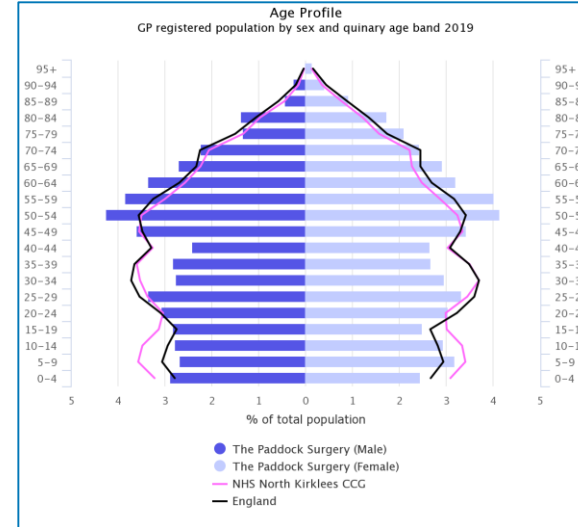
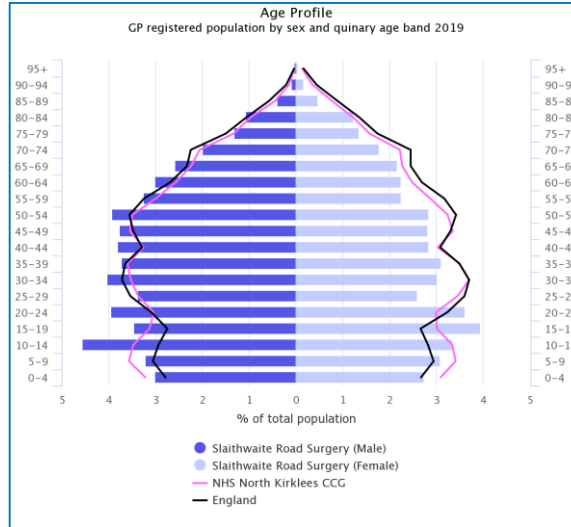
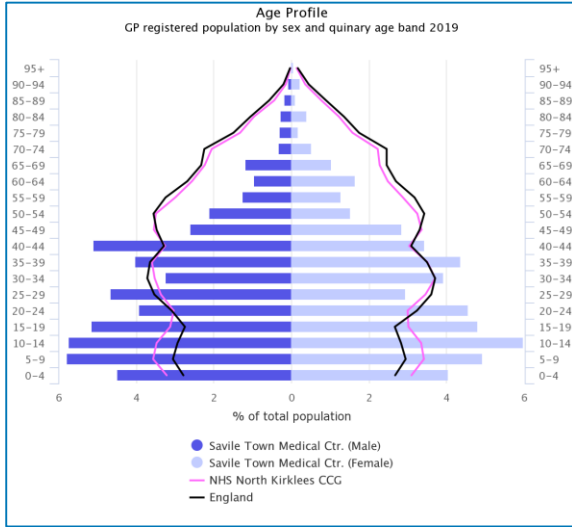
Male life expectancy across the PCN is below the CCG average for all practices, as well as the English average

Female life expectancy is below the CCG average in five practices

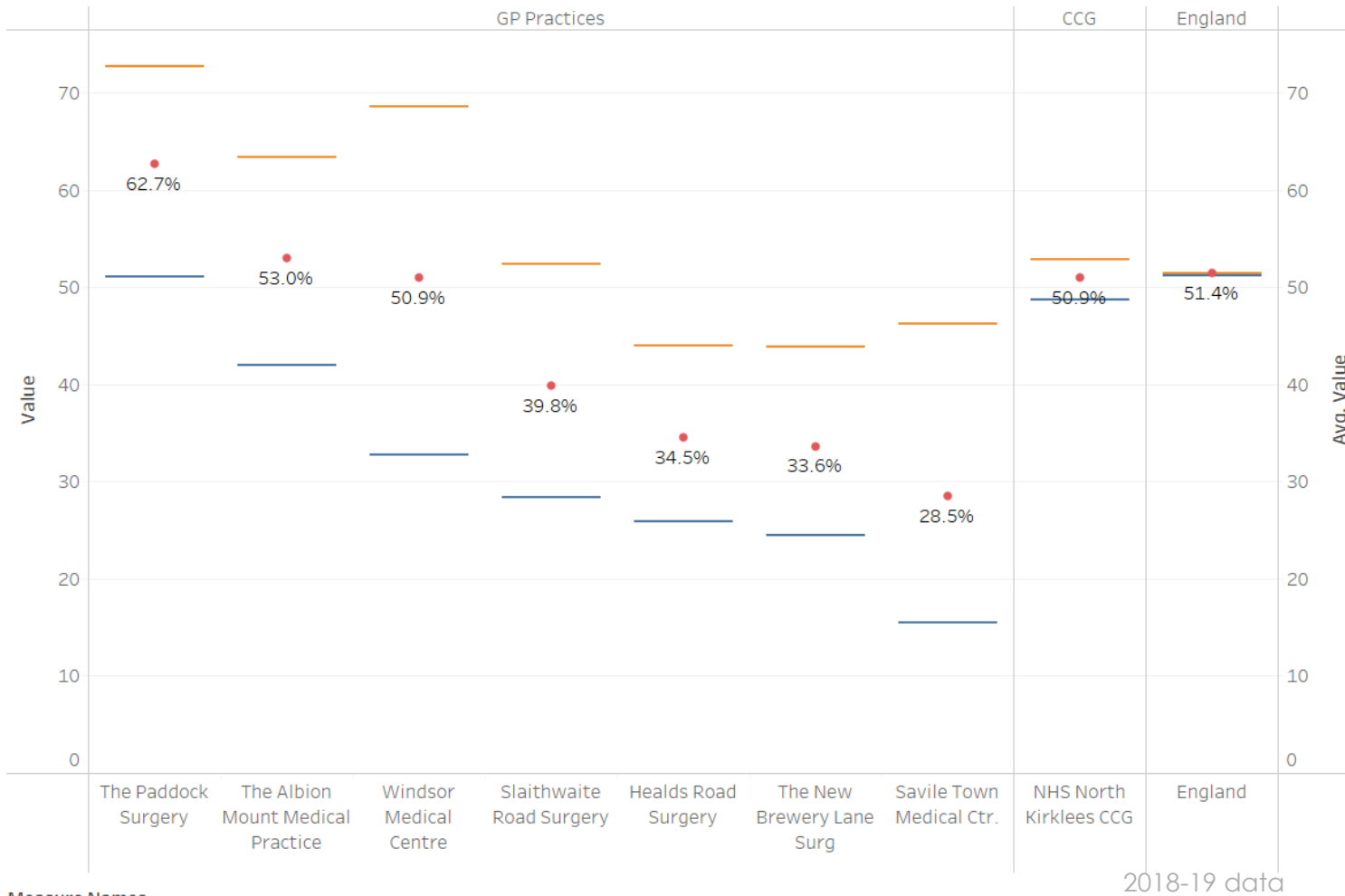
- The below average life expectancy for both male and female reflects the high levels of deprivation experienced within the Dewsbury & Thornhill network which ranges from the fourth more deprived decile at its highest to the second most deprived at its lowest.
- This local gender disparity could provide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



Age profile by practice



51% of the local population lives with a long-term condition



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

- 51.4% of people in the PCN (16+ years) are living with an LTC – on a par with the wider CCG and country. This equates to c.18k people.
- Four of seven practices show average % of people with LTCs lower than the CCG average. 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 Dewsbury & Thornhill PCN priorities. These included a review of:
 - 1. Dewsbury & Thornhill PCN stated priorities (taken from Networks Overview and other PCN communications)**
 - Mental Health
 - Obesity/weight management
 - Diabetes
 - Extended Hours
 - 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

Dewsbury & Thornhill PCN priorities

Priorities focused on in this pack:

1. **Diabetes prevalence**

- PCN identified and data outlier - higher in four of the seven practices, when compared to the wider CCG

2. **Mental health**

- PCN identified and data outlier - All practices apart from 1 in the PCN have mental health condition prevalence that is higher than the CCG average

3. **Low birth weight and smoking**

- Data outlier – prevalence rates for the PCN are above national, regional and CCG averages

4. **Childhood obesity**

- Data outlier – prevalence rates for the PCN are above national, regional and CCG averages

5. **Access**

- PCN identified and data outlier – patients at three of the seven practices have below average satisfaction with making an appointment



Priority 1: Diabetes



Diabetes prevalence significantly higher than CCG in four practices



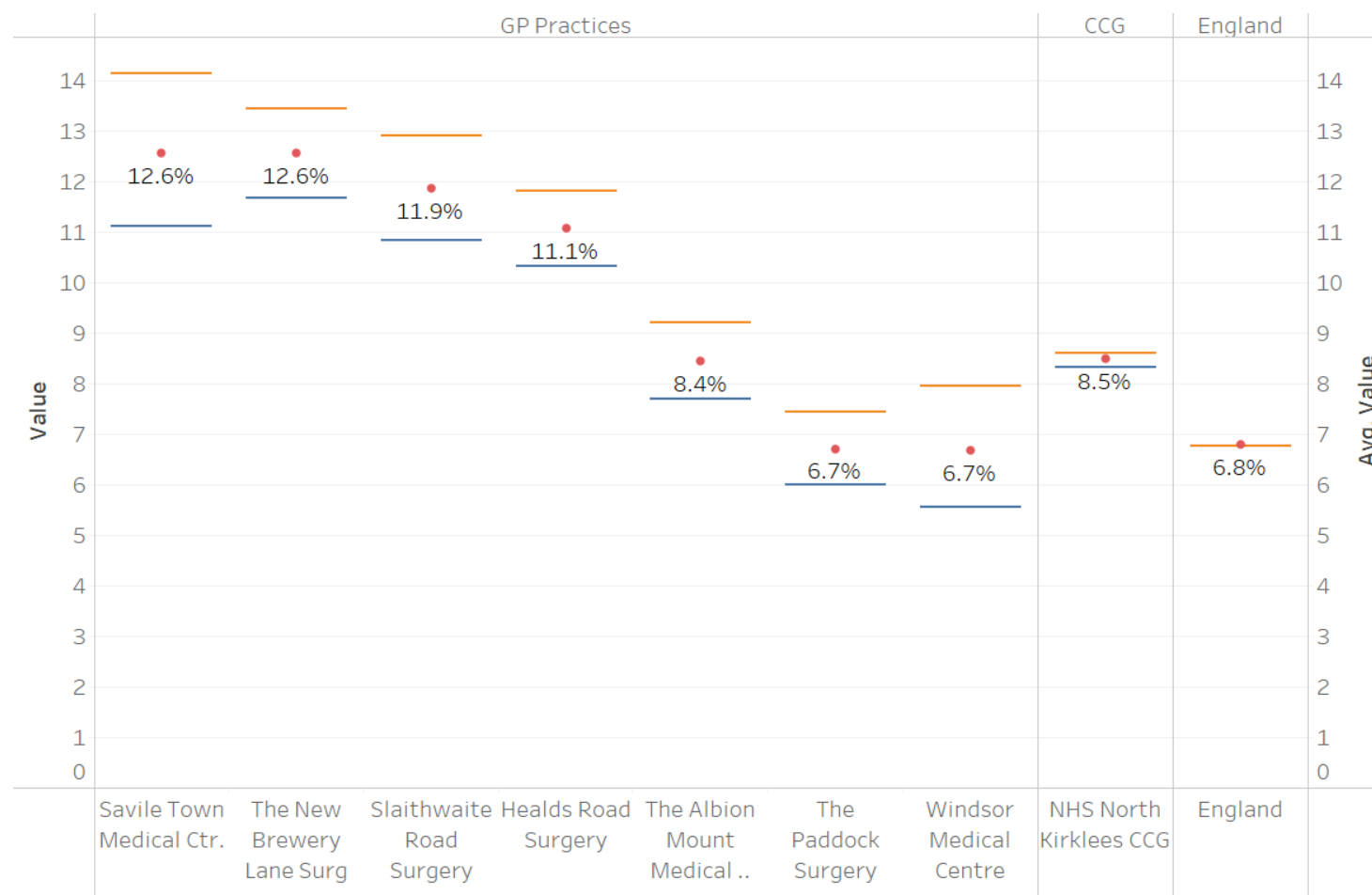
Why is this a priority?

- 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 significantly higher in four of the seven practices, when compared to the wider CCG

Diabetes prevalence, 2017/18



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

Local diabetes prevalence is low but increasing



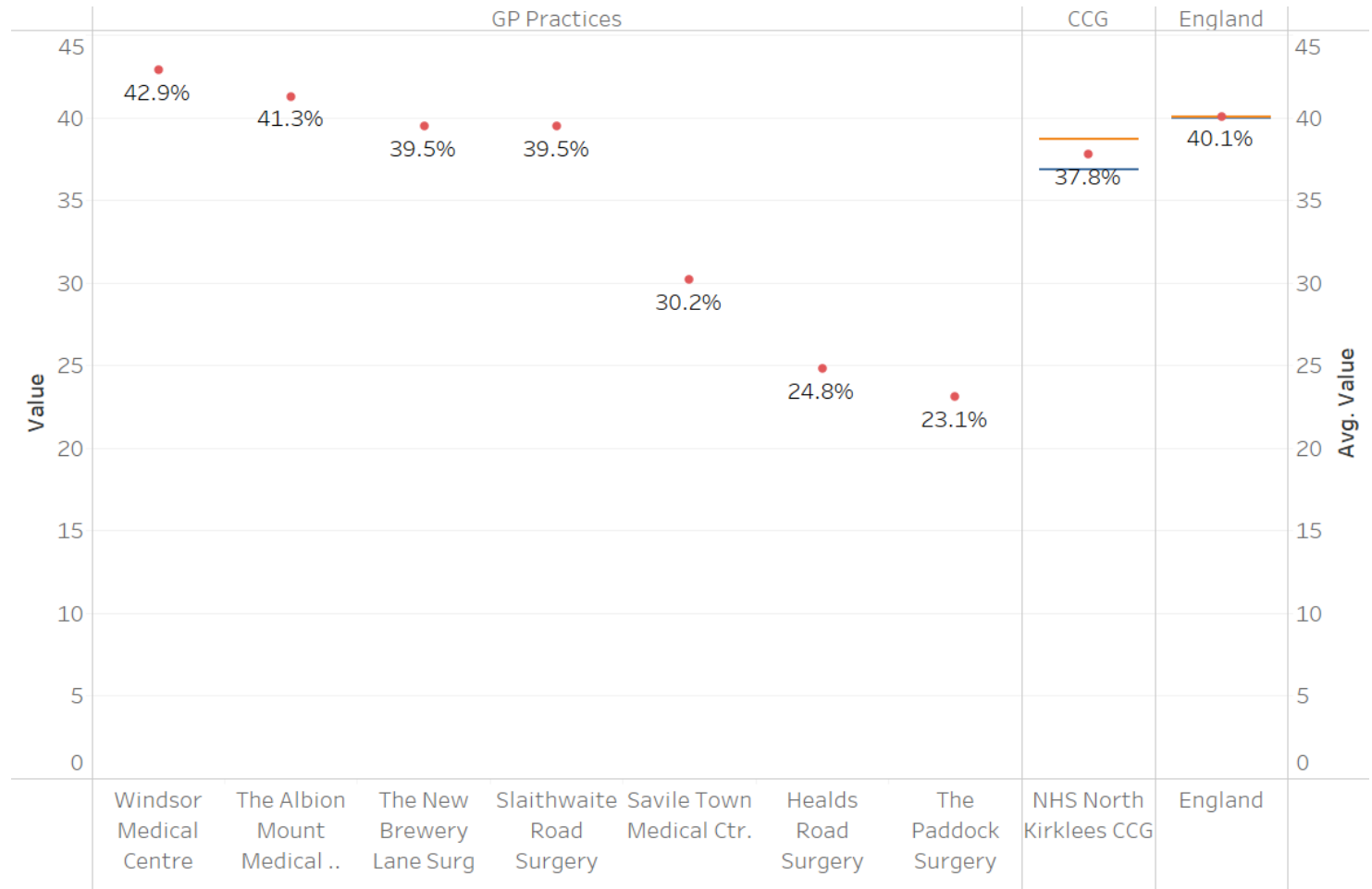
What does the data tell us?

- Only three of seven practices have lower levels of the three type 2 diabetes treatment target (HbA1c (blood sugar), cholesterol and blood pressure) achievement than the broader CCG, suggesting that most practices have processes to manage their diabetes – however some of the lowest treatment achievement is in the practices with highest prevalence

Local context

- Three of the seven practices in the PCN fall below the CCG and England average in terms of treatment achievement.
- On average 34% of type 2 diabetes patients achieved all three (HbA1c (blood sugar), cholesterol and blood pressure) treatment targets in 2017/18, compared to 38% for CCG as a whole.

Diabetes treatment achievement, 2017/18



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

Opportunities

- **What can be done?**

- Suggestions include NHS Rightcare [Diabetes](#) Pathways:

- **NHS Diabetes prevention programmes (NDPP) -**

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

- **What could this mean?**

- Continuing to improve diabetes prevention and treatment will ensure that fewer individuals live with long-term disabilities such as blindness, impotency, kidney failure. This will also decrease the cost associated to the care of those disabilities.

- **Links and further reading**

- [KJSA re Diabetes, Diabetes prevalence trend, Link to supporting treatment data, https://www.diabetes.org.uk/resources-s3/2017-11/south_asian_report.pdf](#)



Priority 2: Mental health



Most practices have higher mental health prevalence than the wider CCG



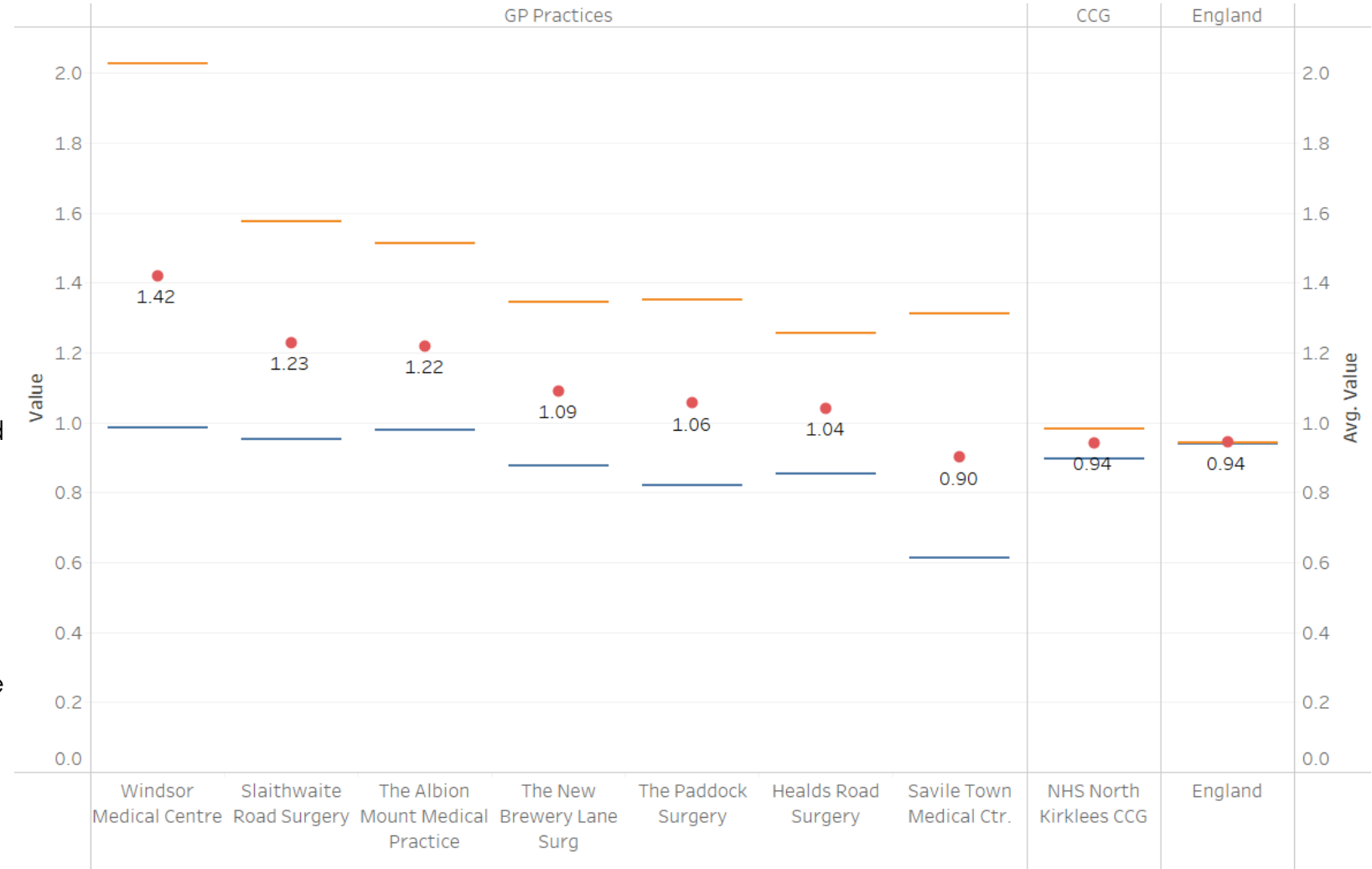
Why is this a priority?

- 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?

- Mental health conditions prevalence measures the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.
- All practices apart from 1 in the PCN have mental health condition prevalence that is higher than the CCG average. 1.14% of people in the PCN compared to 0.94% in the wider CCG
- Due to the wide spread of prevalence in any given practice, these differences are not statistically significant

Mental health conditions prevalence, 2017/18



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



Loneliness and isolation as contributor to MH

- What does the data tell us?**

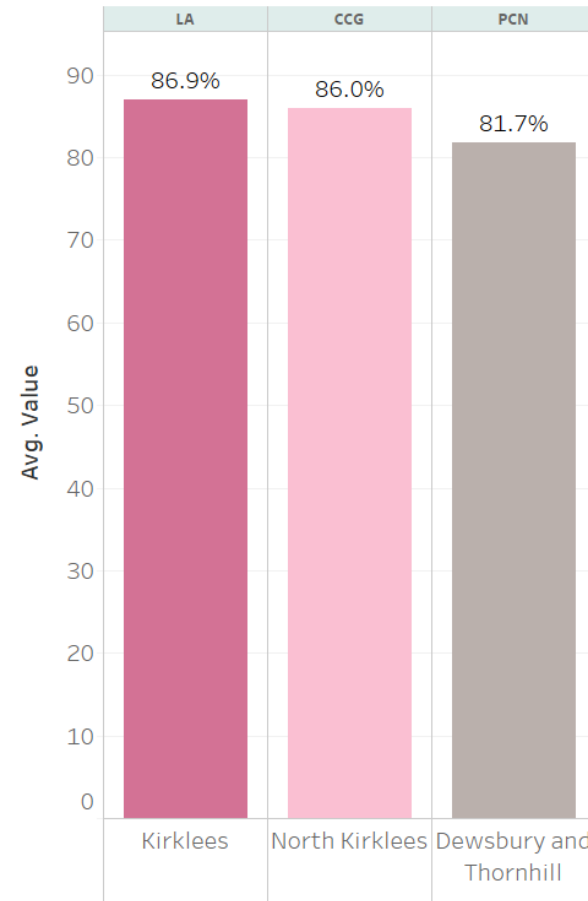
- Depression prevalence is the same as the wider CCG, as are depression reviews
- However when we look at social connection, people in the PCN and less likely to be socially connected than the wider area, and also less likely to consider themselves not lonely

- Local context**

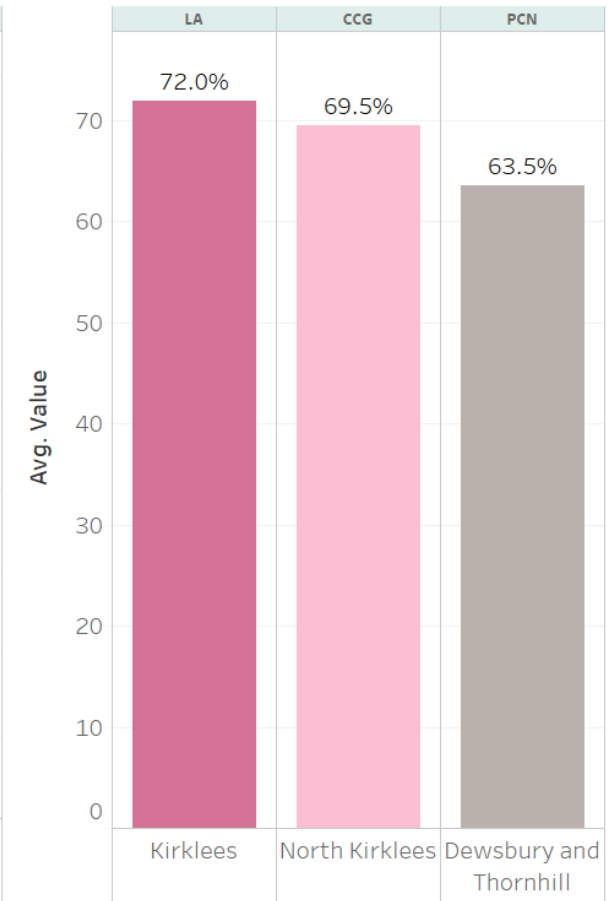
- A significantly higher proportion of people report being lonely all or most of the time in North Kirklees (8%) compared to Greater Huddersfield (6%).
- Loneliness is highly related to deprivation, with the proportion reporting being lonely all or most of the time around ten times higher in the most deprived groups compared to the least deprived groups (11% vs 1% in North Kirklees).
- Social connectedness is at 86% for North Kirklees slightly below the Greater Huddersfield percentage of 88% and is significantly higher for older adults across both CCGs (91% for ages 65+, 86% for ages 18-64).

Adult social connection and loneliness, local data

Adults Socially Connected



Adults Not Lonely



Opportunities

- **What can be done?**

- 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
- As outlined in the Kirklees mental health strategy implement targeted interventions for vulnerable individuals at risk.
- Increase greater awareness, reduce the stigma and encouraging individuals suffering from mental health issues 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.
- Development of community assets including people, organisations, institutions, the local economy, environment and culture that are key to connecting people and enhancing community cohesion.

- **What could this mean?**

- Reducing the impact of mental health 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 3: Low birthweight and maternal smoking at delivery

The PCN sees larger portion of low birthweight births than CCG



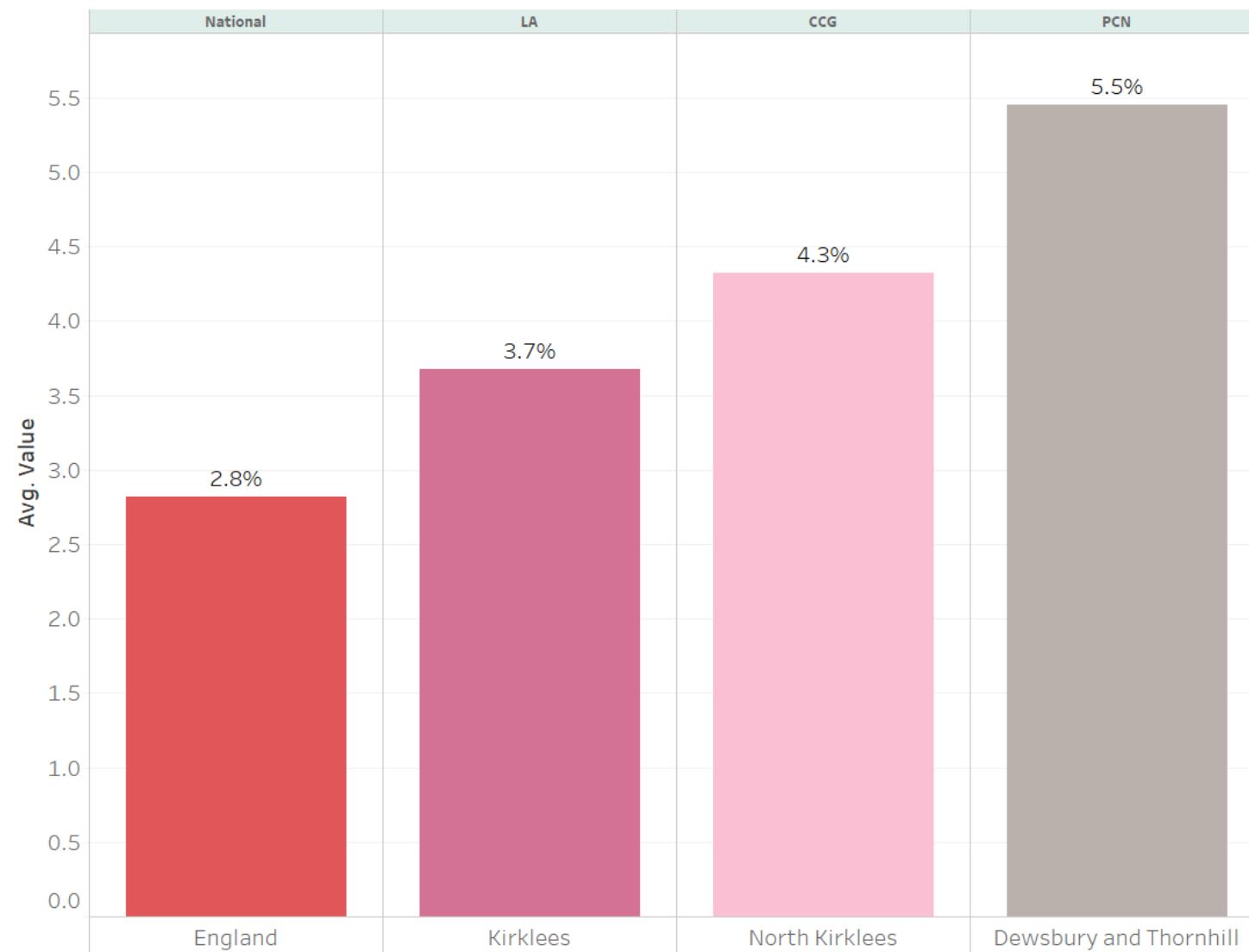
- **Why is this a priority?**

- Low birth weight reflects the health of mothers and babies and is associated with poor outcomes for babies including increased infant mortality.
- Smoking in pregnancy has detrimental effects for the growth and development of the baby and health of the mother. It can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

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

- The Dewsbury & Thornhill PCN has the highest percentage of low birth weight babies in the both the North Kirklees and Greater Huddersfield areas with a rate which is above both the regional and national measures.

Prevalence of low birth weight, local data

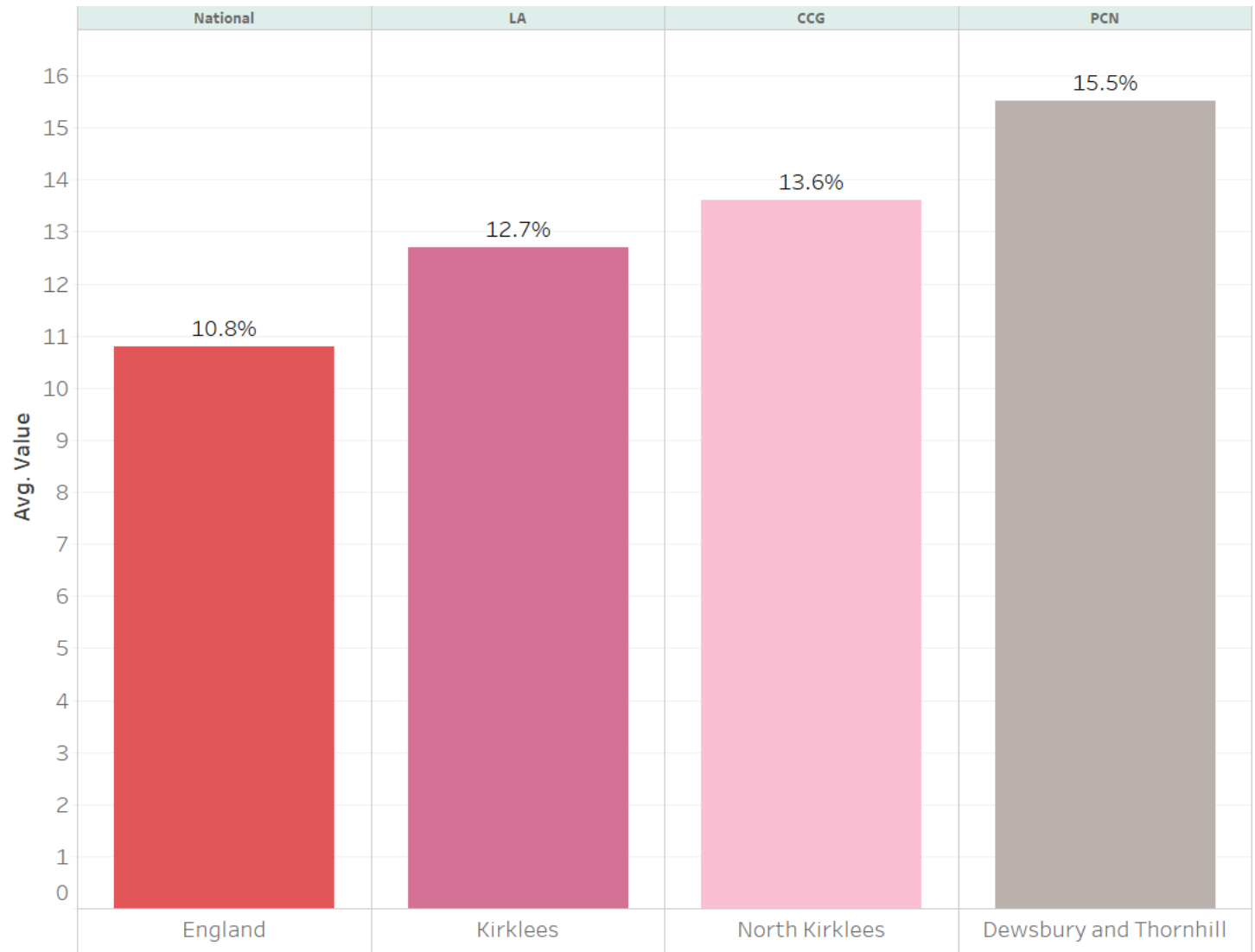


Smoking at time of delivery is high



- **What does the data tell us?**
 - The rate of mothers smoking at birth is c. 50% higher than the English average – and two percentage points up on the wider CCG
- **Local context**
 - There is a disparity in the rate of women smoking during their pregnancy. For example, women of South Asian ethnicity tend to smoke less overall whether it is at time of delivery or not.
 - The local rate of smoking during pregnancy is therefore higher if we exclude South Asian from this analysis.

Percentage of mothers smoking at delivery, local data



Opportunities

- **What can be done?**

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

- **What could this mean?**

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

- **Links and further reading**

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



Priority 4: Childhood obesity



Child obesity levels are high



Reception and year 6 obesity prevalence, local data

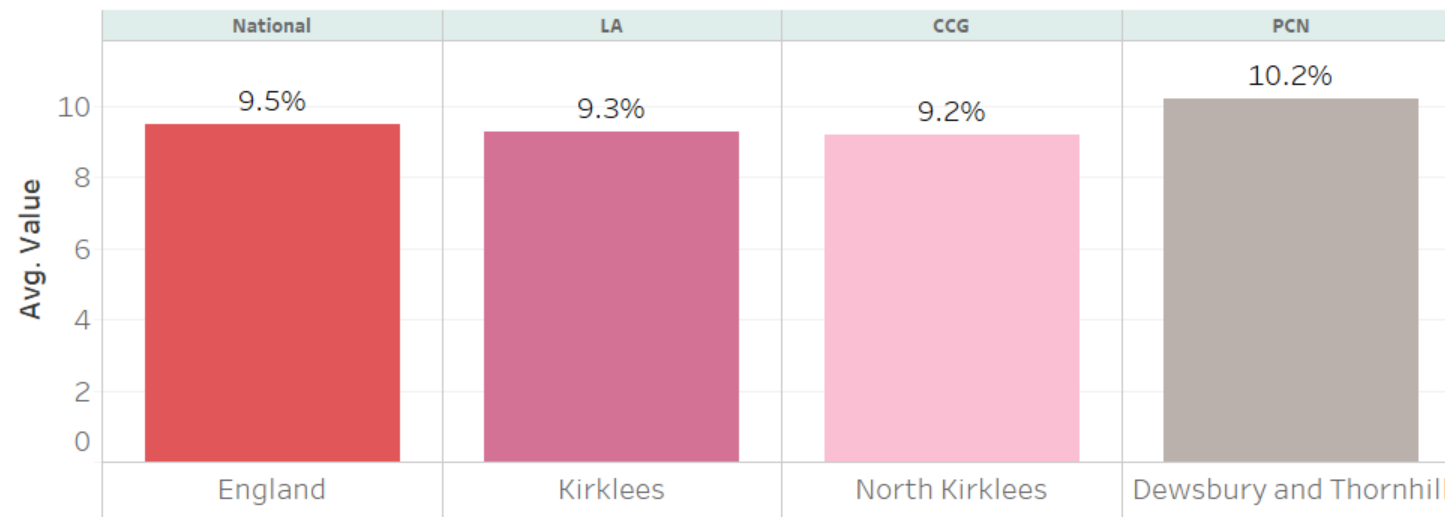
Why is this a priority?

- 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.

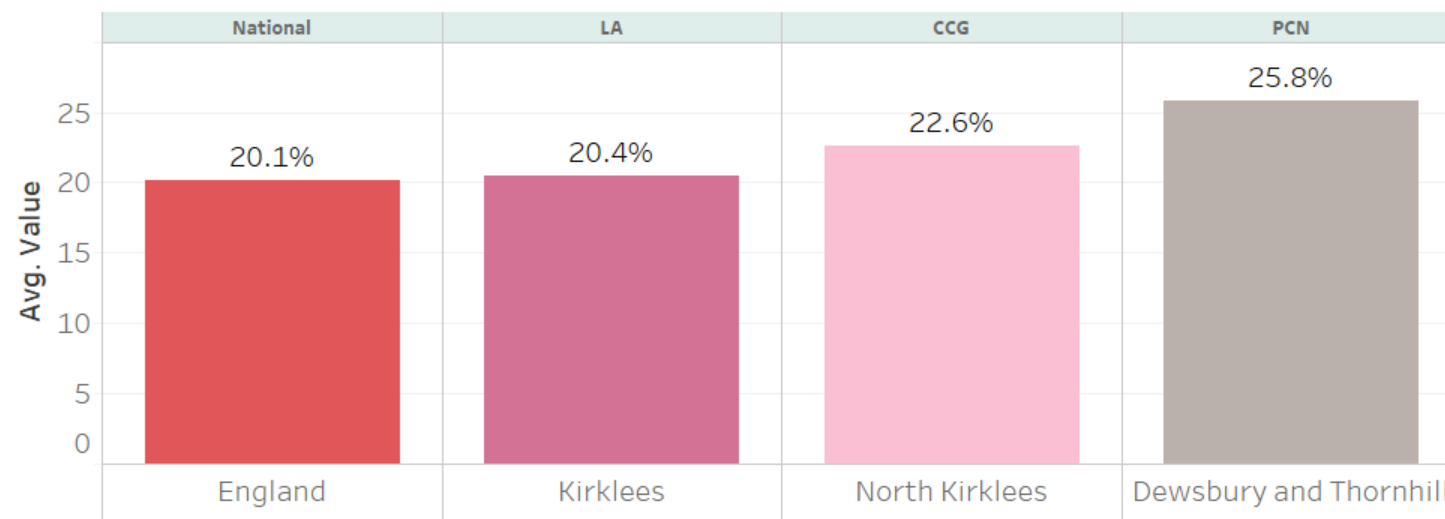
What does the data tell us?

- Dewsbury & Thornhill PCN has the highest level of reception age obesity in North Kirklees and is higher than both the regional and national measures.
- The position at year 6 shows Dewsbury & Thornhill PCN to have the highest levels in both North Kirklees and Greater Huddersfield with levels 28% above the national average.

Reception Obesity



Year 6 Obesity



Activity levels are low for children

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

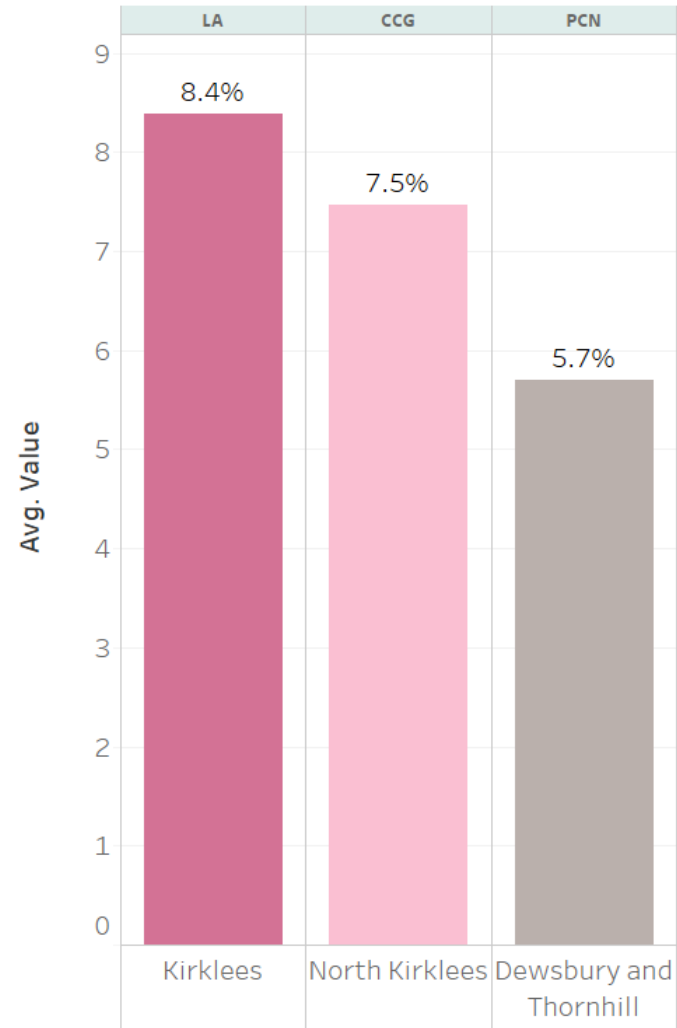
- The cohort of children who are physically active is lower than both the Regional and CCG as a whole (5.7% vs 7.5%).
 - However, the cohort of children with no physical activity is also higher than the CCG (6.7% vs 8.8%).
 - This suggests a target approach to these families and children.

- **Local context**

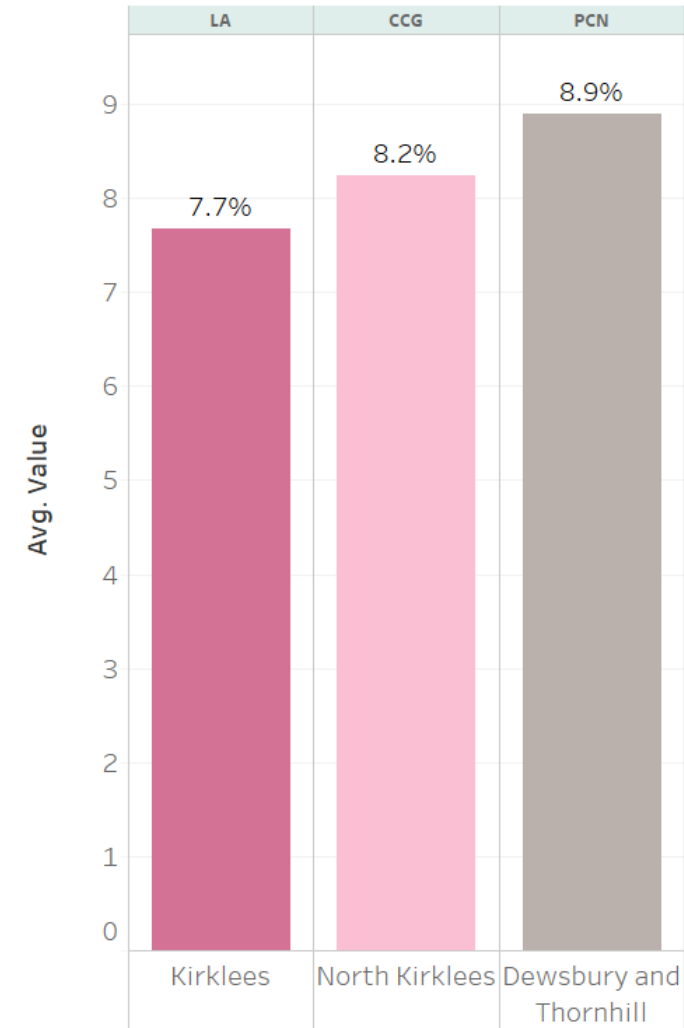
- Locally only one in six (17%) 14-year olds met the recommended level of 60 minutes of physical activity per day, similar to Kirklees overall (18%). One in five (19%) did not take part in any regular exercise.

Child activity levels, local data

Child Physically Active



Child No Physical Activity



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,](#)



Priority 5: Access to primary care



Several practices' patients think the experience of making an appointment is poor



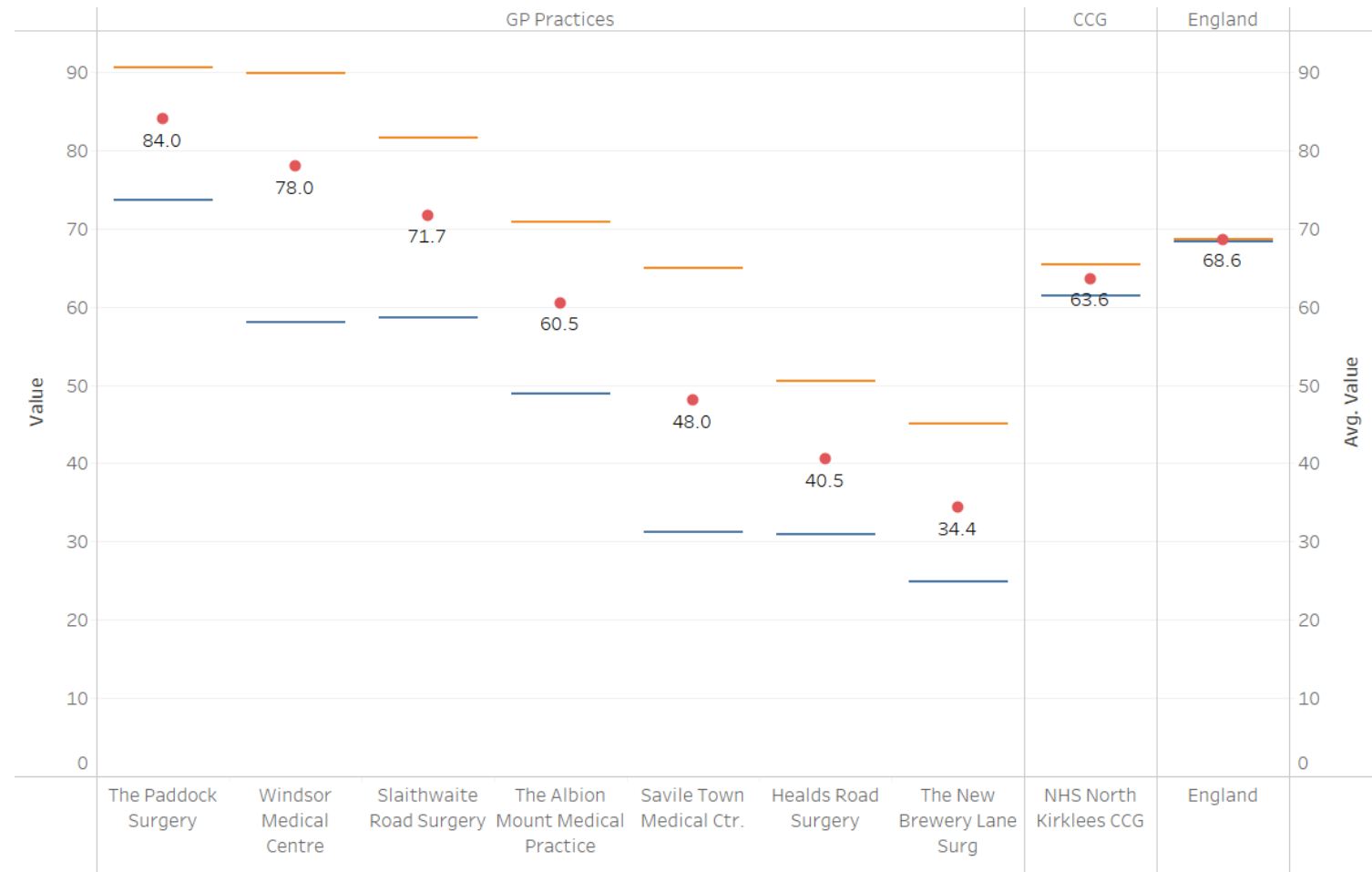
- **Why is this a priority?**

- Access to primary care is key to ensure that patients are accessing the care they require at the point of need. Poor access to primary care often leads to patients visiting inappropriate healthcare services.

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

- Three out of the seven practices have large portions of their populations that below average satisfaction with making an appointment. The New Brewery Lane Surgery satisfaction score is 34.2 percentage points below the national average.

Experience of making an appointment in primary care, 2017/18



Measure Names

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

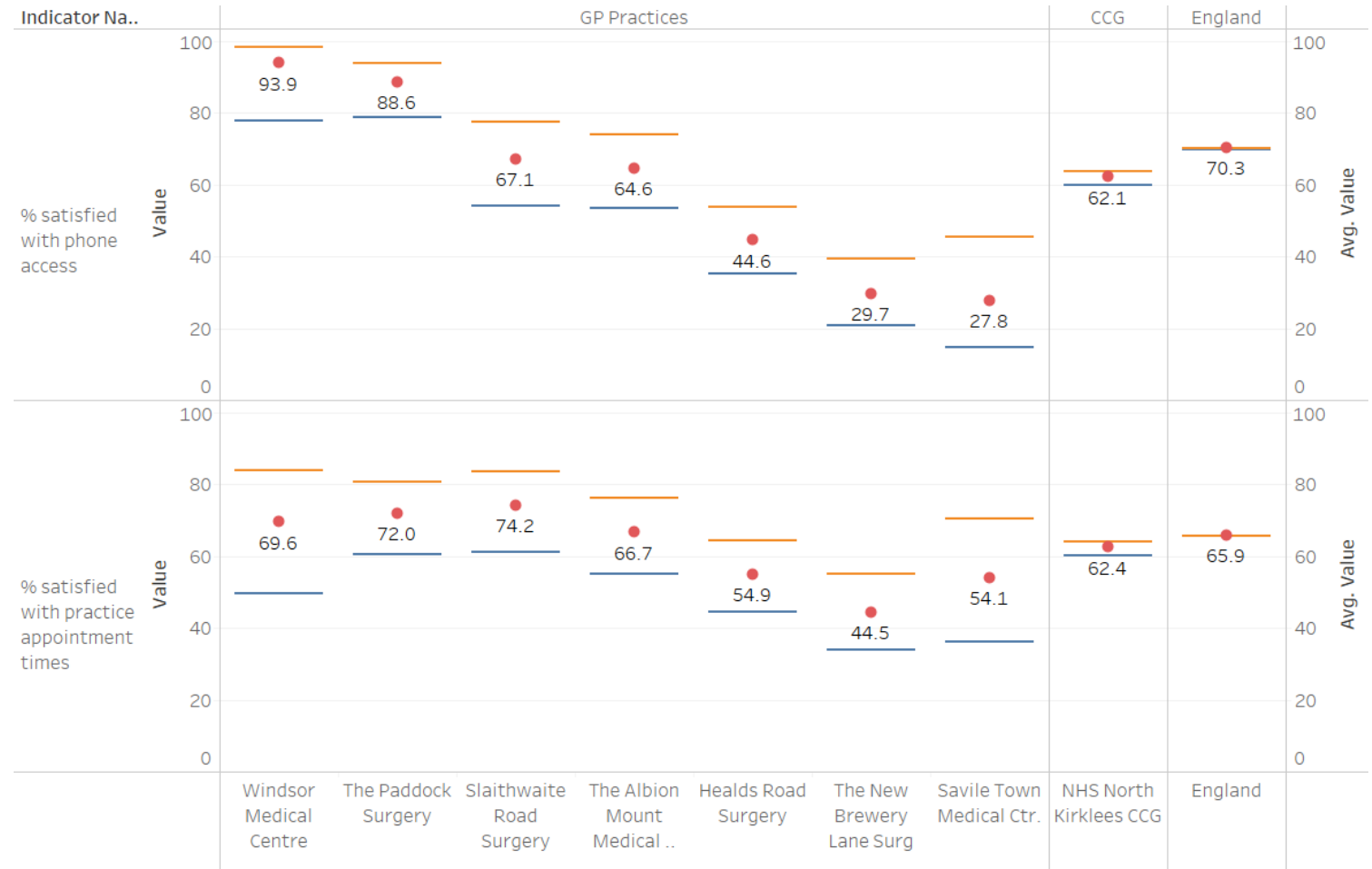
Patients not satisfied with phone access, and appointment times



What does the data tell us?

- Again we see that there are some practices whose patients are not satisfied with phone access, and to a lesser extent practice appointment times.
- A significantly high number of patients in Savile Town Medical Centre reported being dissatisfied with the phone access.
- The New Brewery Lane Surgery scores low regarding practice appointment times being 21.4 percentage points below the national average. This is in keeping with their low score regarding the overall experience of making primary care appointments.

Satisfaction with phone access, satisfaction with appointment times, 2017/18



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

Opportunities

- **What can be done?**

- Review process and capacity for appointment booking services
- Review times when care is provided (e.g. how many practices are open for extended hours) as well as proportion of appointments which can be pre-booked.
- Improve services advertisement to improve their utilisation, e.g. primary care answer phones signposting to triage platforms such as 111 which will also help patients access care out of hours if there is a clinical need.
- Link directly with the Primary Care team digital lead
- Pilot work already explored within the Greenwood network (Greater Huddersfield) would be beneficial to potentially replicate model which aimed to improve performance across the network utilising practice from the highest performer.

- **What could this mean?**

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

- **Links and further reading**

- [% reporting good overall experience of making appointment; % who have a positive experience of their GP practice; % satisfied with practice appointment times; GP Patient survey results](#)



Appendix 1: Other areas of analysis

—

Supplementary Analytics

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

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

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

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

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

Chart Contents

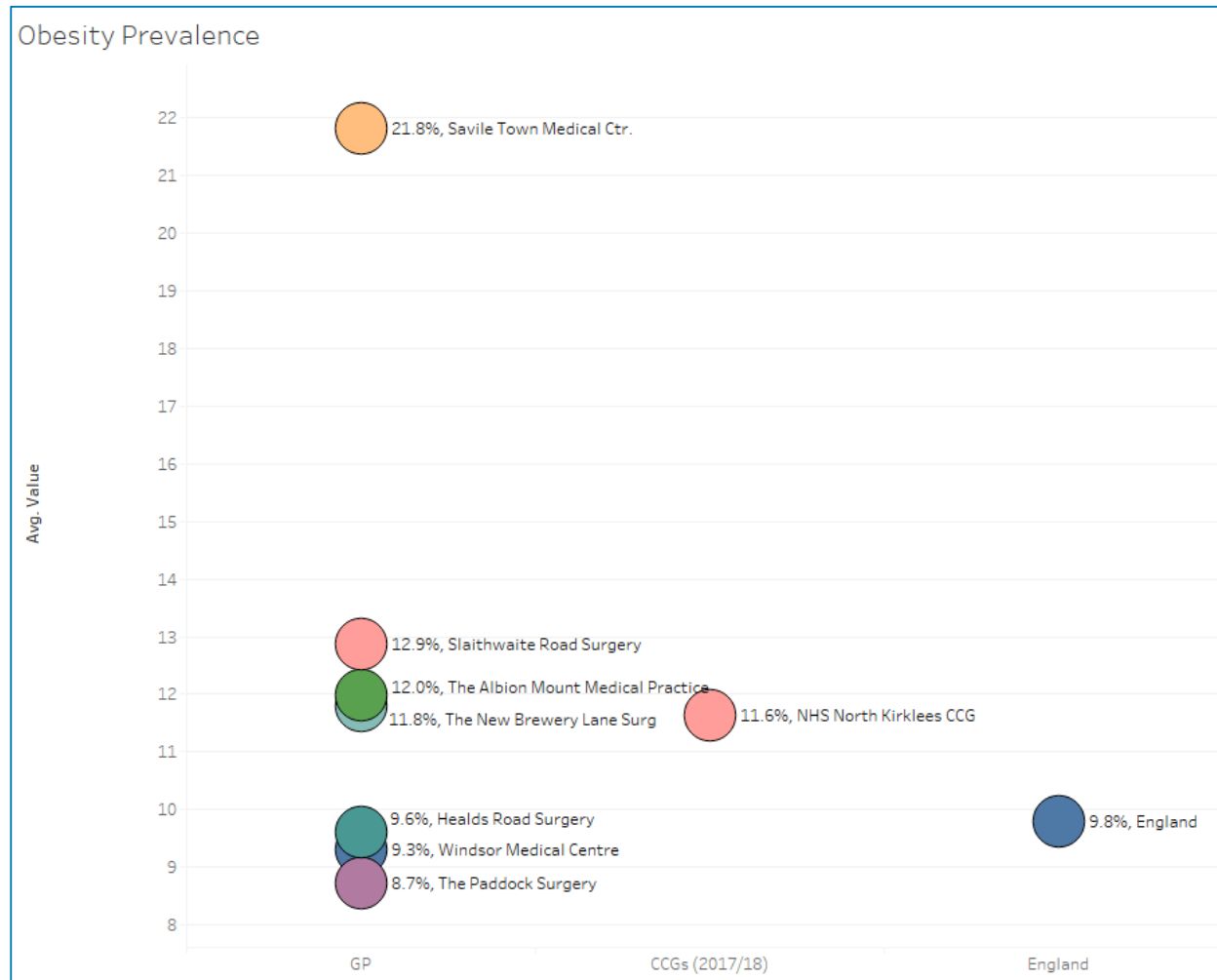


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4. [CHD Prevalence](#)
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Obesity Prevalence

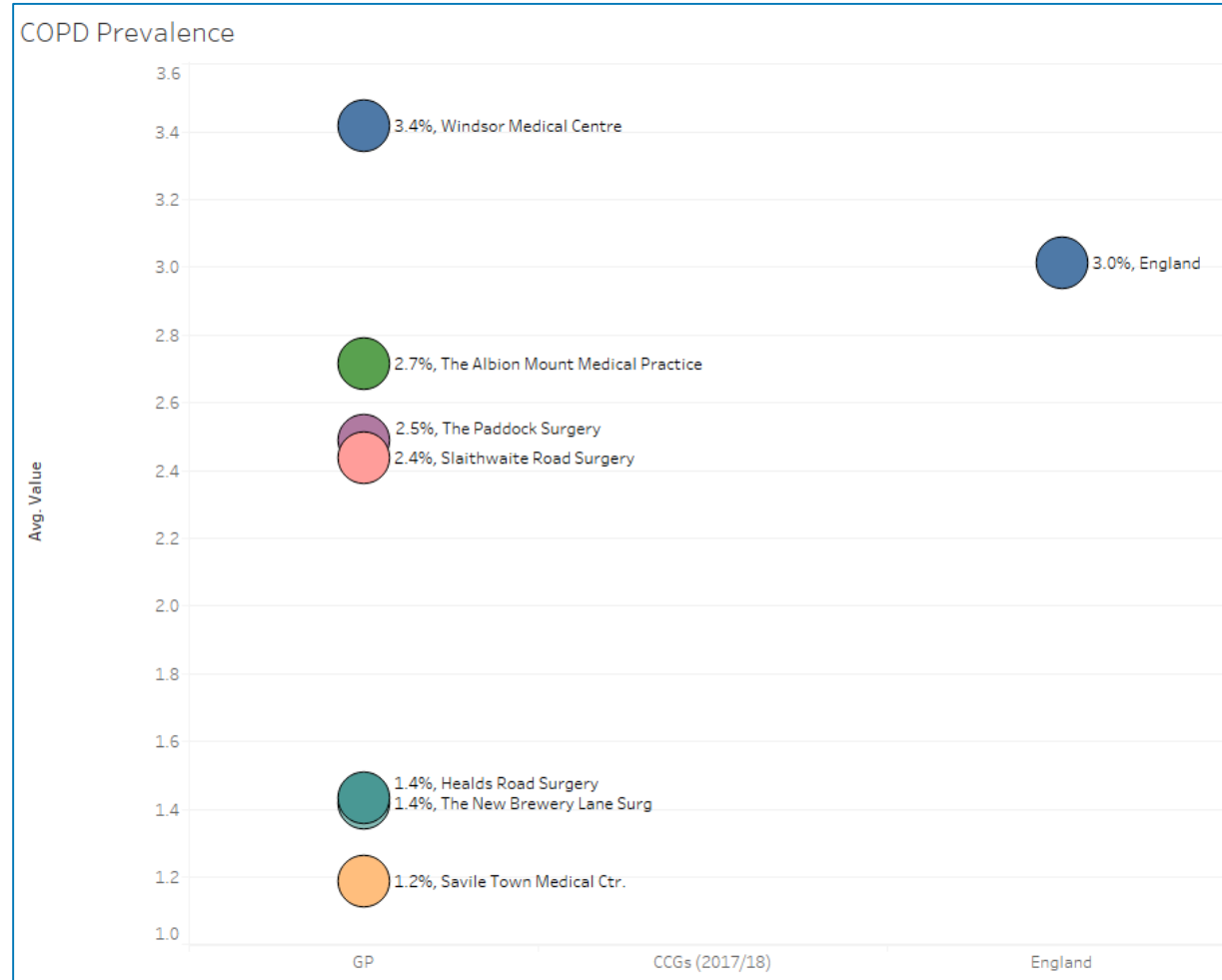
Obesity Prevalence (2017-18)



- 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 North Kirklees is 11.6%.
- Savile Town Medical Centre has obesity prevalence rates significantly above the national and regional measures.
- [Link to supporting data](#)

COPD Prevalence

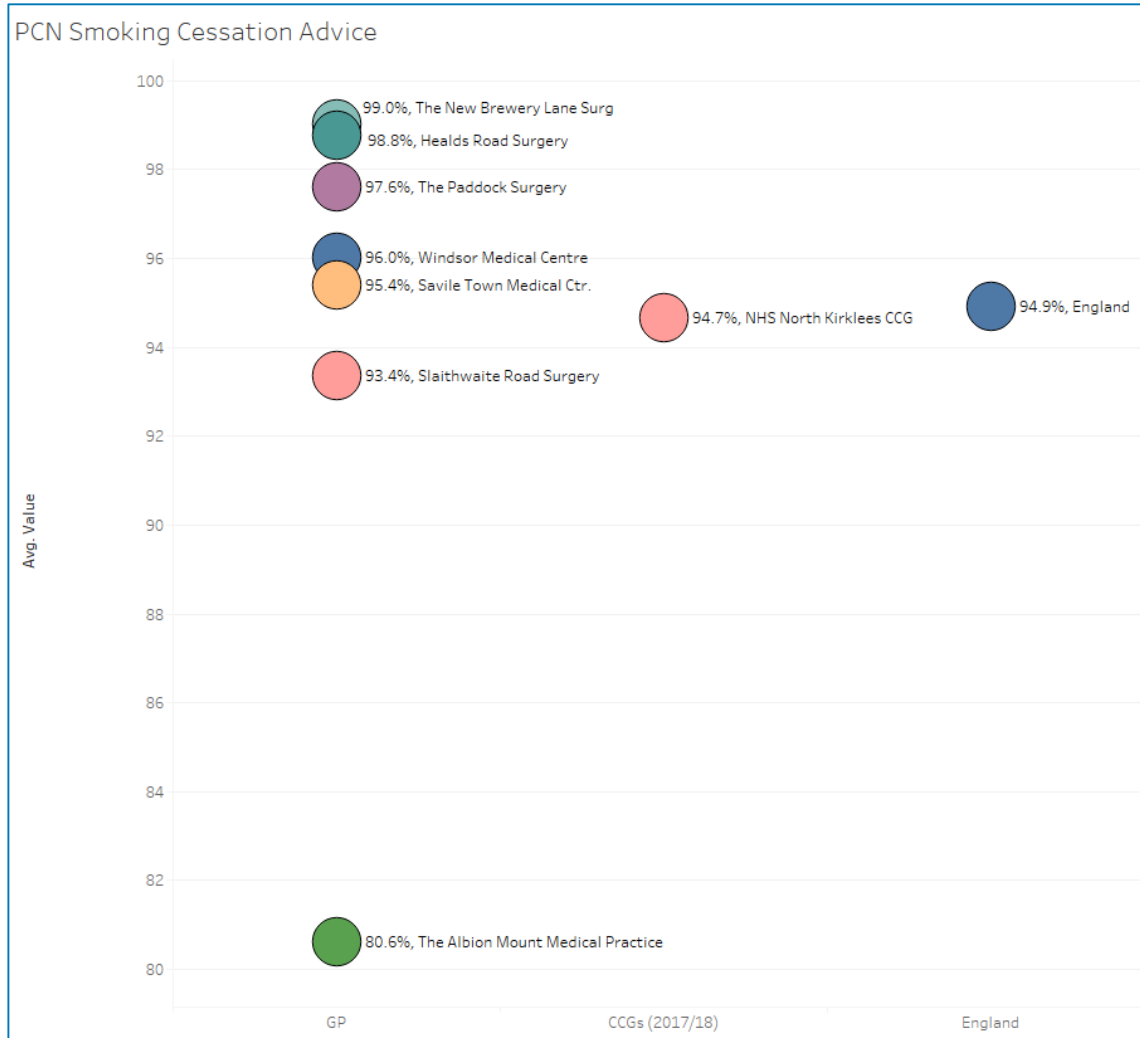
COPD Prevalence (2015)



- 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%. ●
- Windsor Medical Centre is the only network practice with prevalence rates above the national average measures.
- [Link to supporting data](#)

Smoking Cessation

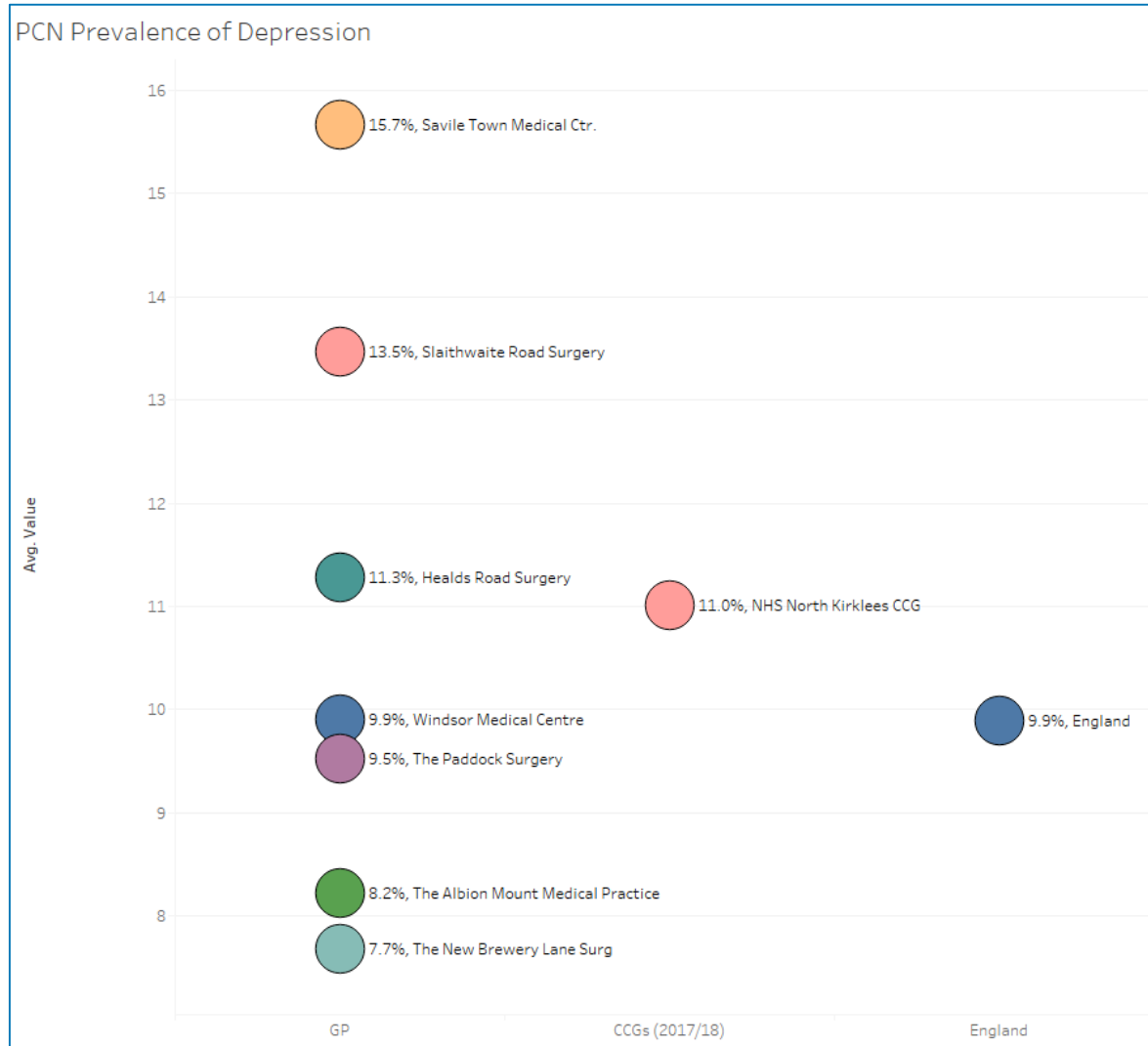
Smoking Cessation (2017/18)



- 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 Albion Mount Medical Practice is significantly below the national and regional average measures.
- [Link to supporting data](#)

Depression

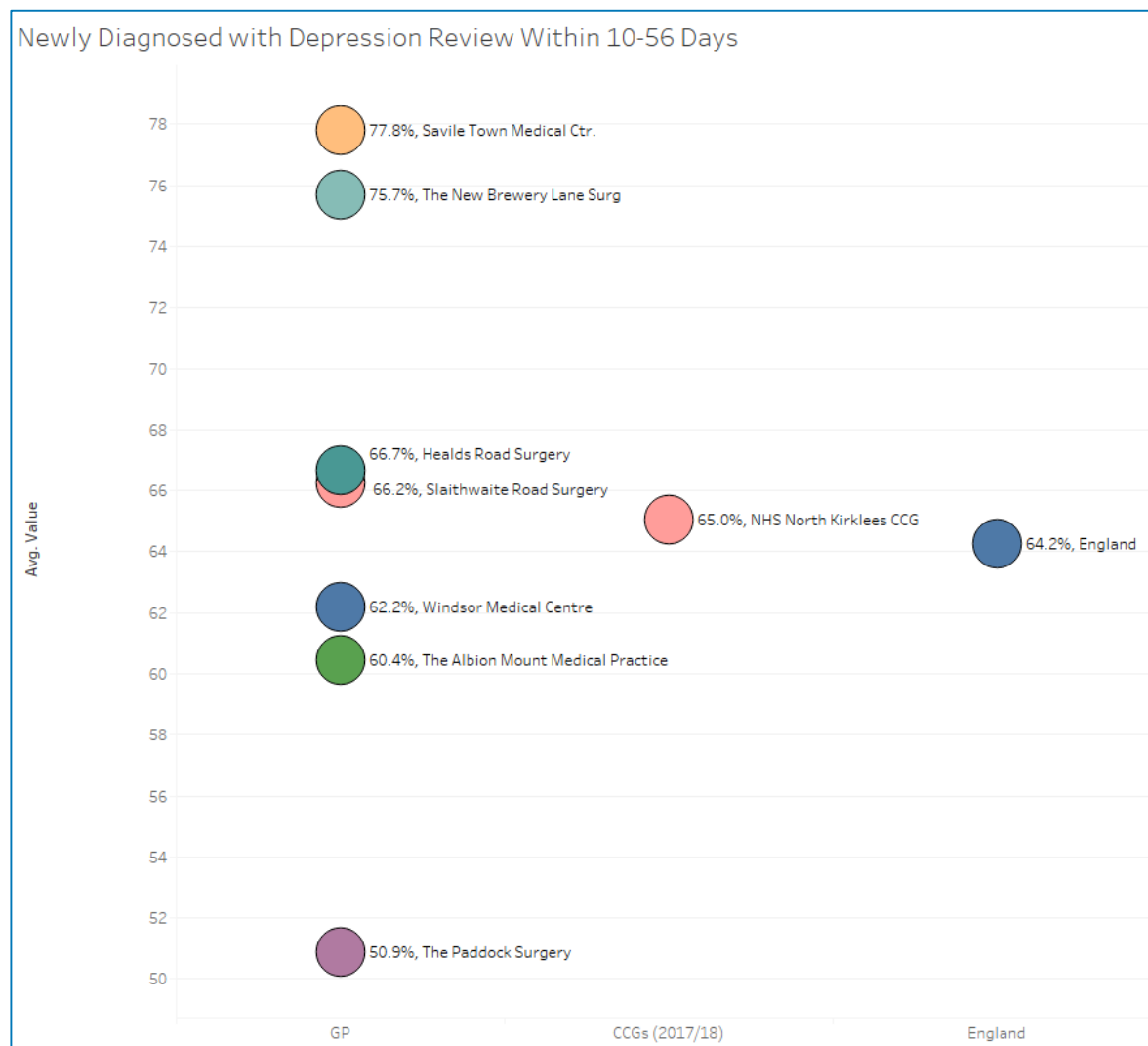
Prevalence of Depression (2017-18)



- 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%. ●
- Three of the seven practices have prevalence rates above the national and regional average measures.
- [Link to Supporting Data](#)

Depression Review within 10-56 Days

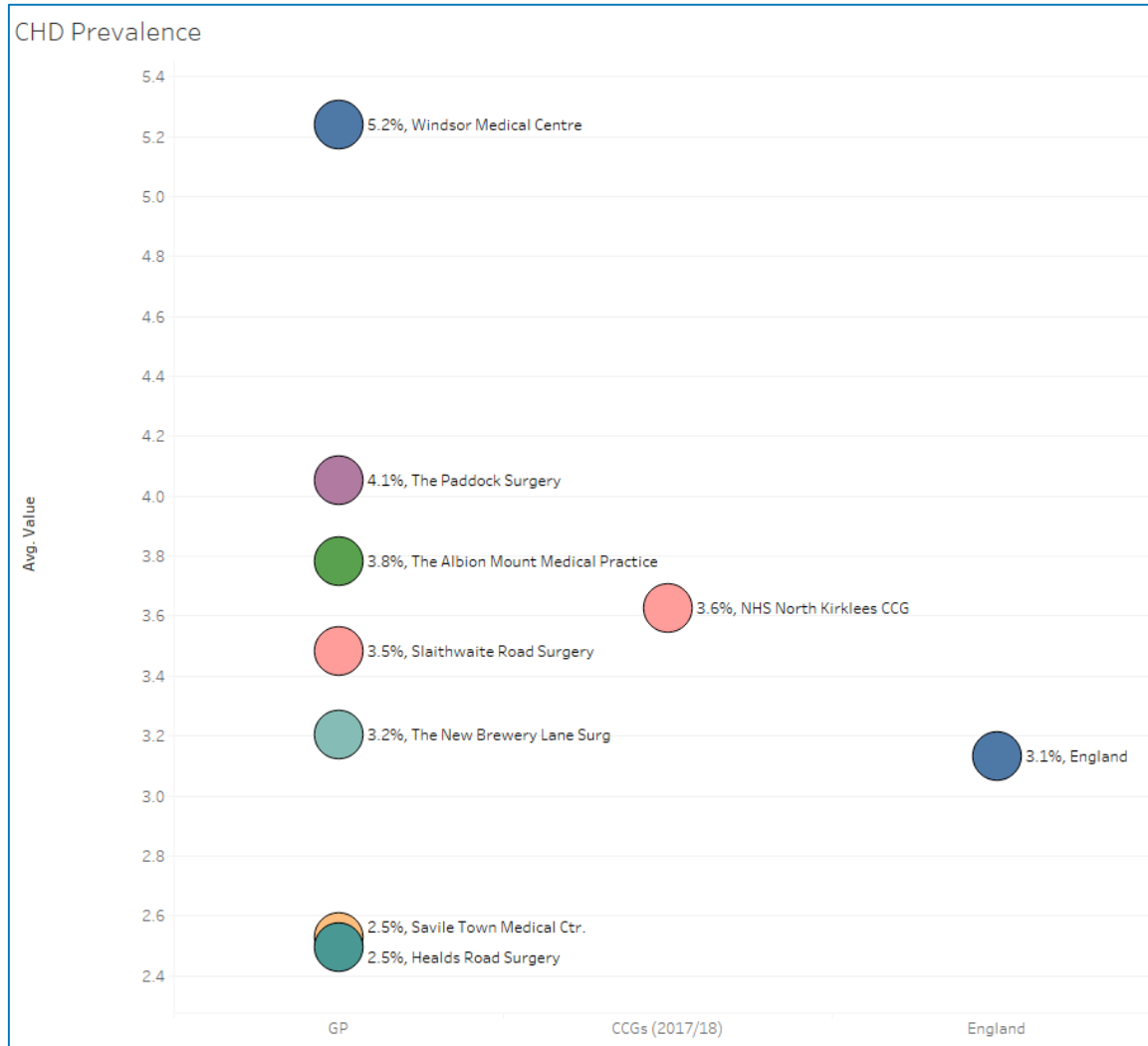
Newly Diagnosed with Depression Review within 10-56 Days (2017-18)



- 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%. ●
- The Paddock Surgery is significantly lower than the other network practices and the regional and national measures.
- [Link to Supporting Data](#)

CHD Prevalence

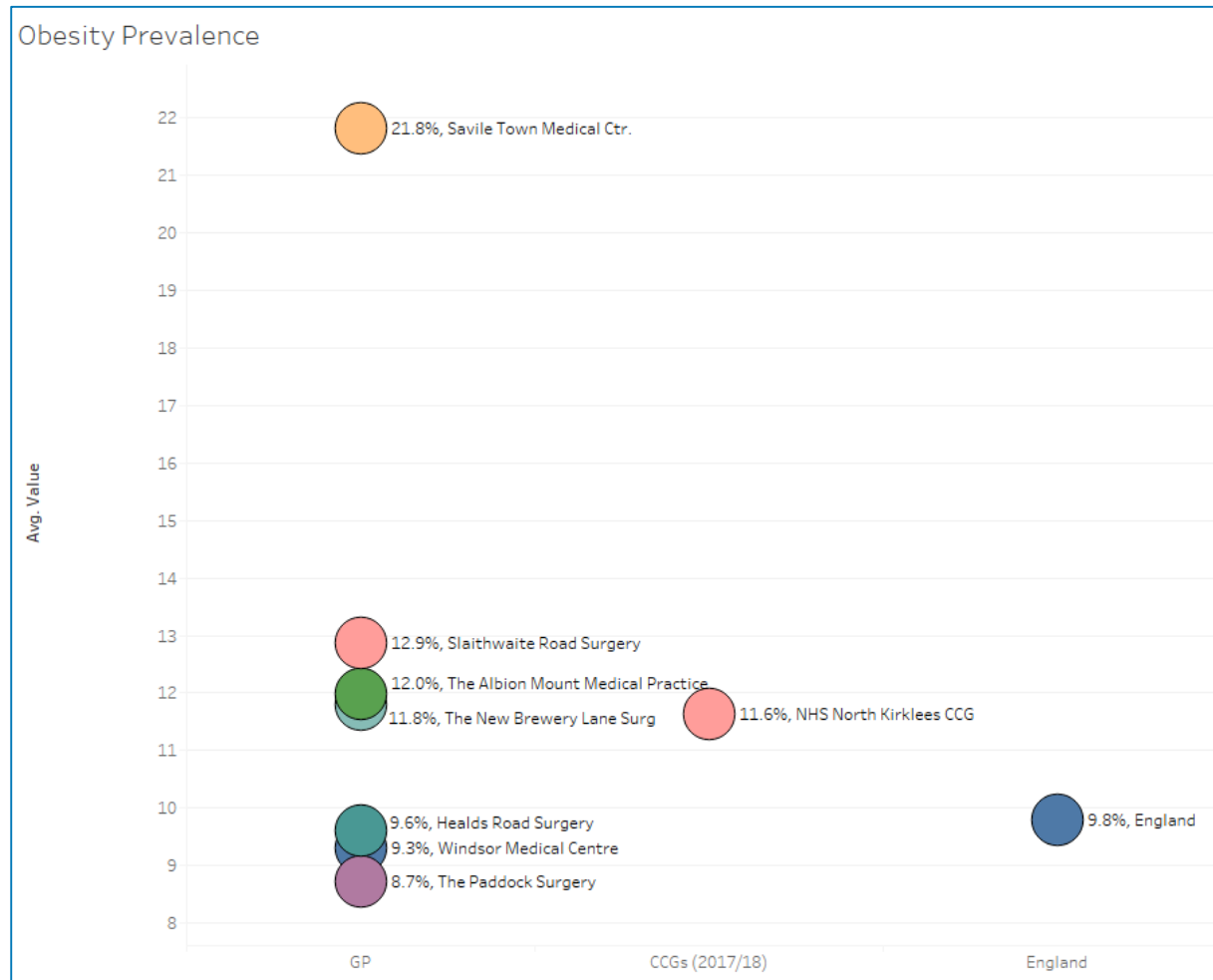
CHD Prevalence (2017-18)



- 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%. ●
- The Windsor Medical Centre is significantly higher than the other network practices and the regional and national measures.
- [Link to Supporting Data](#)

Obesity Prevalence

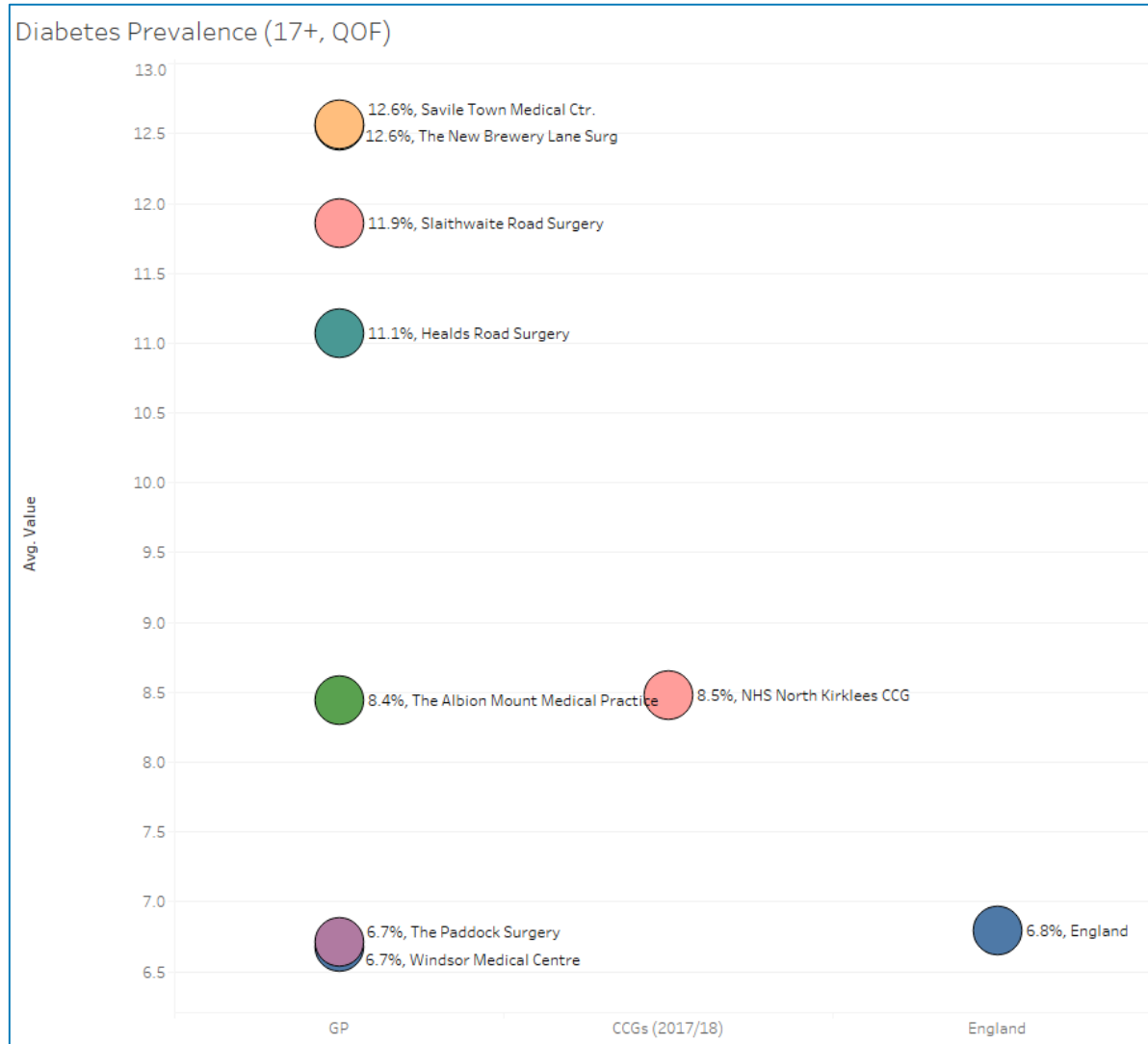
Obesity Prevalence (2017-18)



- 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%.
- Savile Town Medical Centre has a significantly higher prevalence rate than the other network practices and the regional and national measures.
- [Link to Supporting Data](#)

Diabetes Prevalence

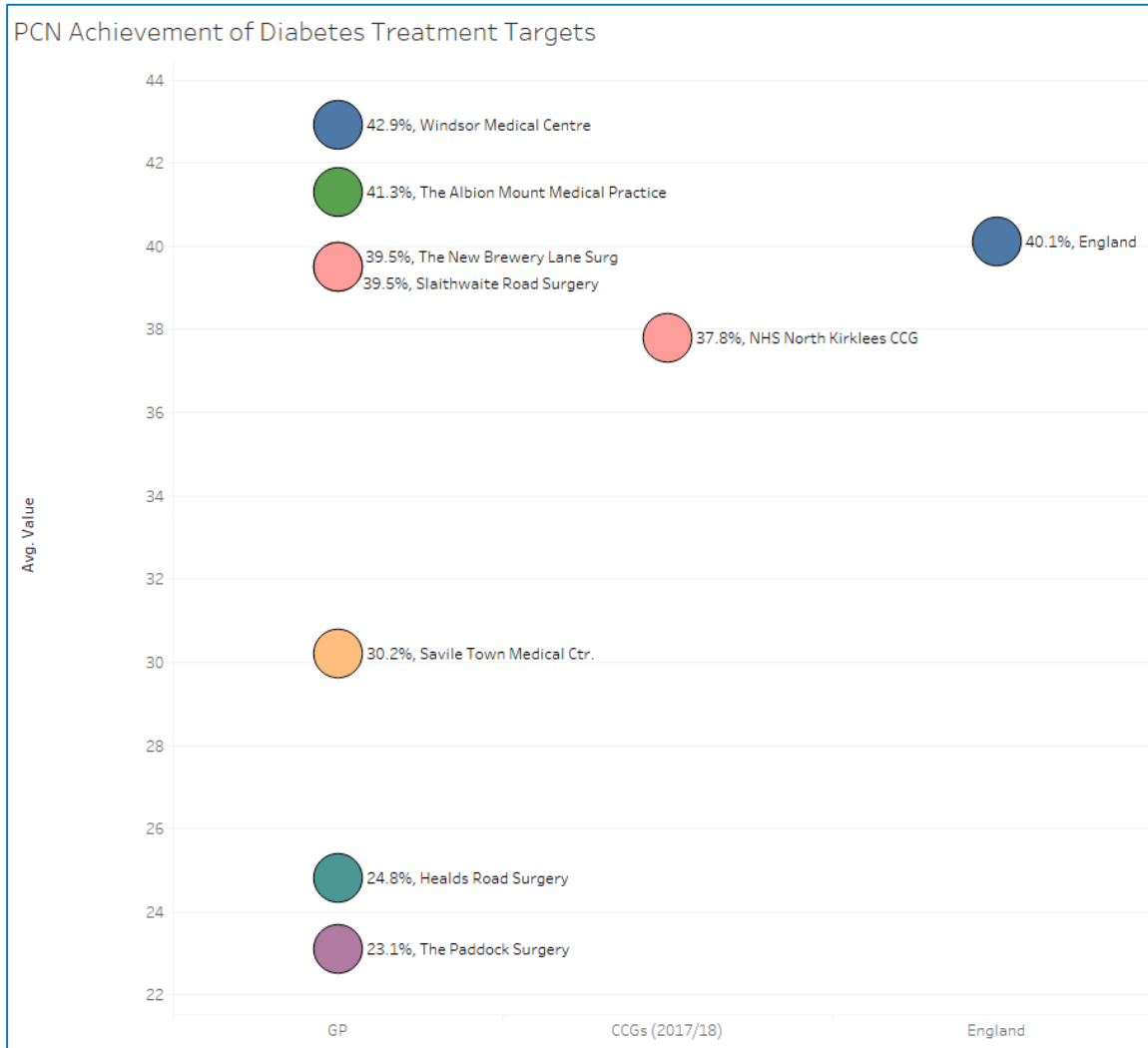
Diabetes Prevalence (2017-18)



- 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%. ●
- Four of the seven practices have diabetes prevalence rates above the regional and national measures.
- [Link to Supporting Data](#)

Achievement of Diabetes Treatment Targets

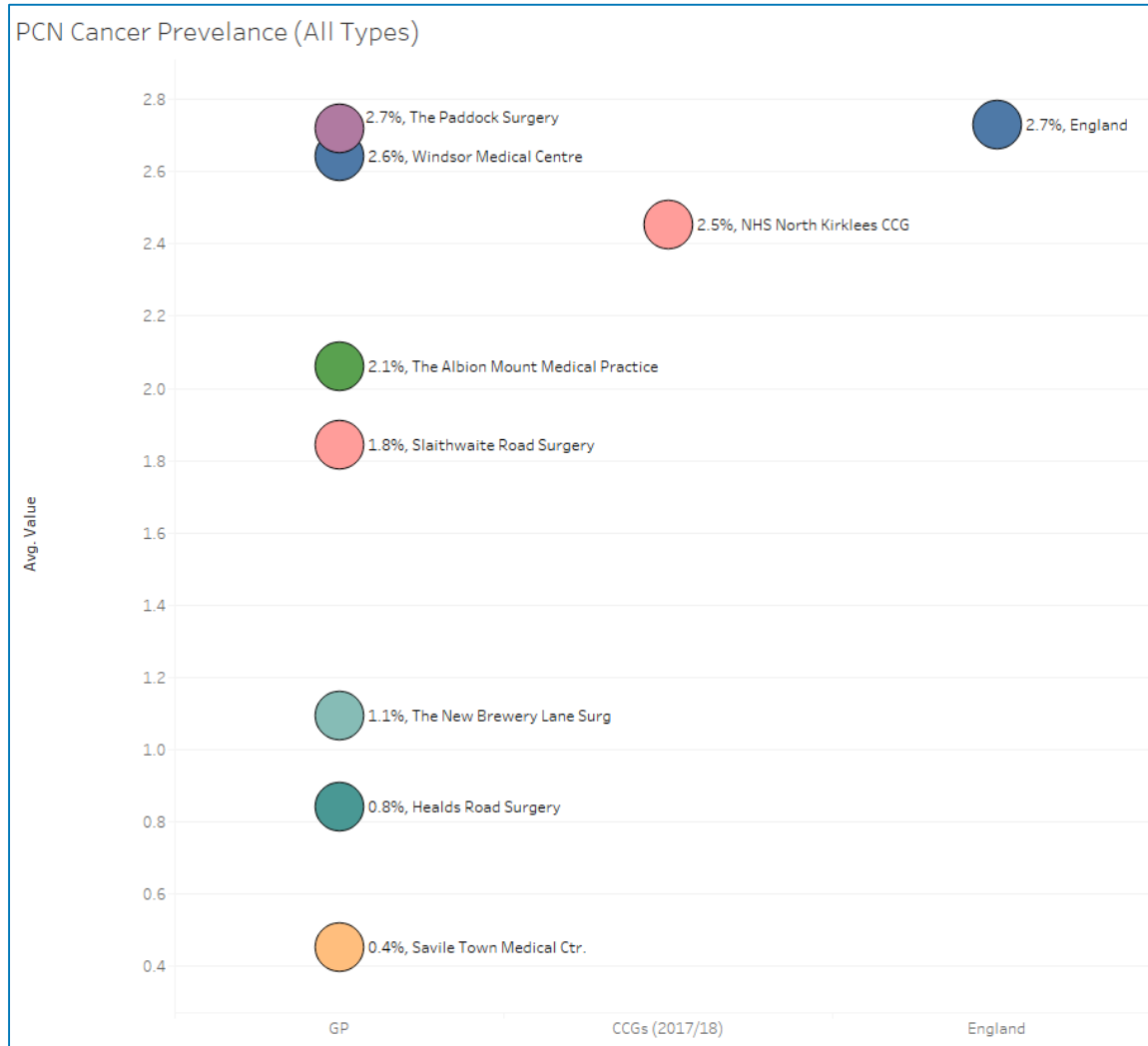
Achievement of Diabetes Treatment Targets (2017-18)





- 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%. ●
- Three of the seven practices have achievement rates below the regional and national measures.
- [Link to Supporting Data](#)

PCN Cancer Prevalence

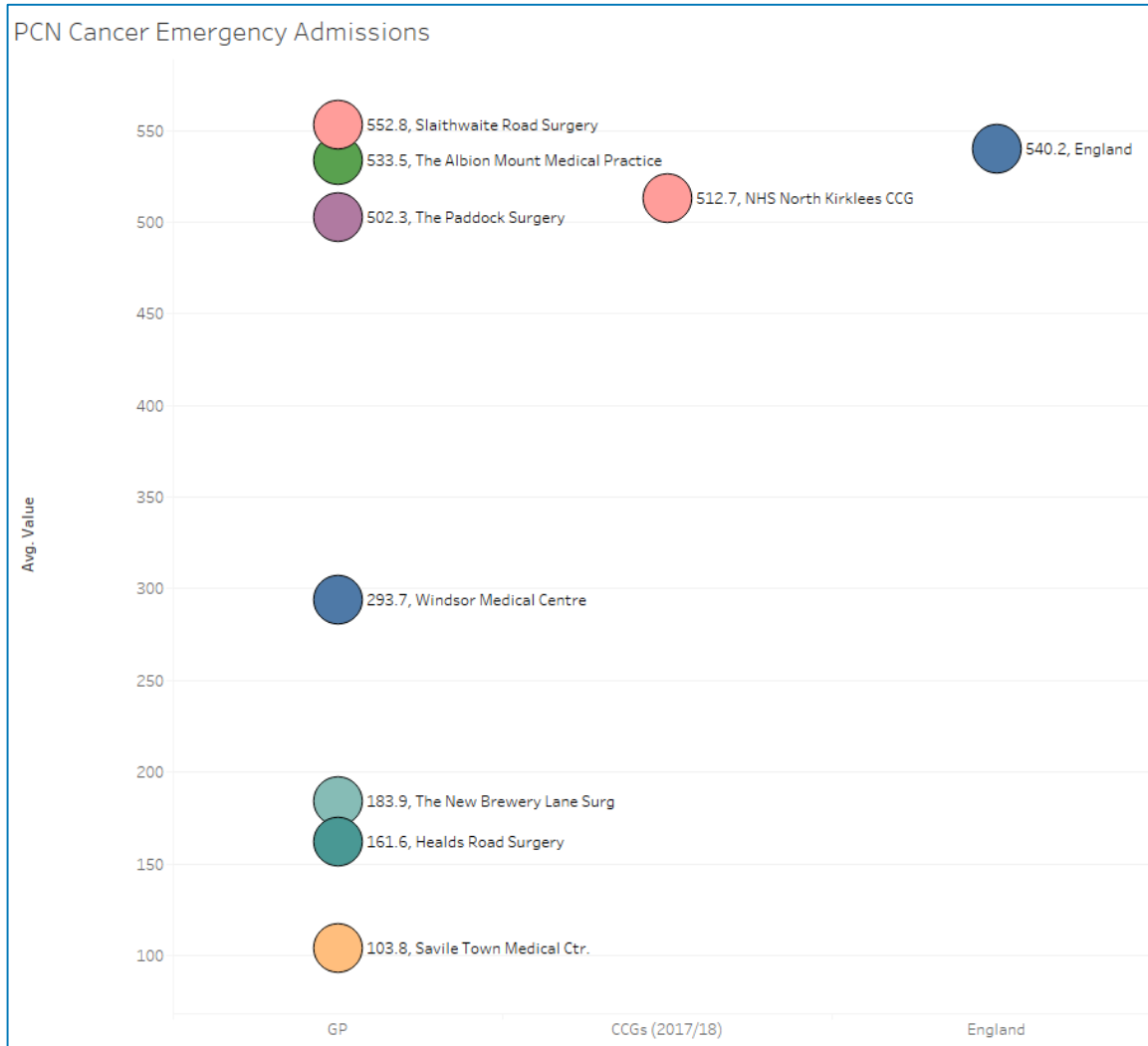
PCN Cancer Prevalence (2017-18)



- 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%. 
- Five of the seven practices have prevalence rates below the national and regional measures.
- [Link to Supporting Data](#)

PCN Cancer Emergency Admissions

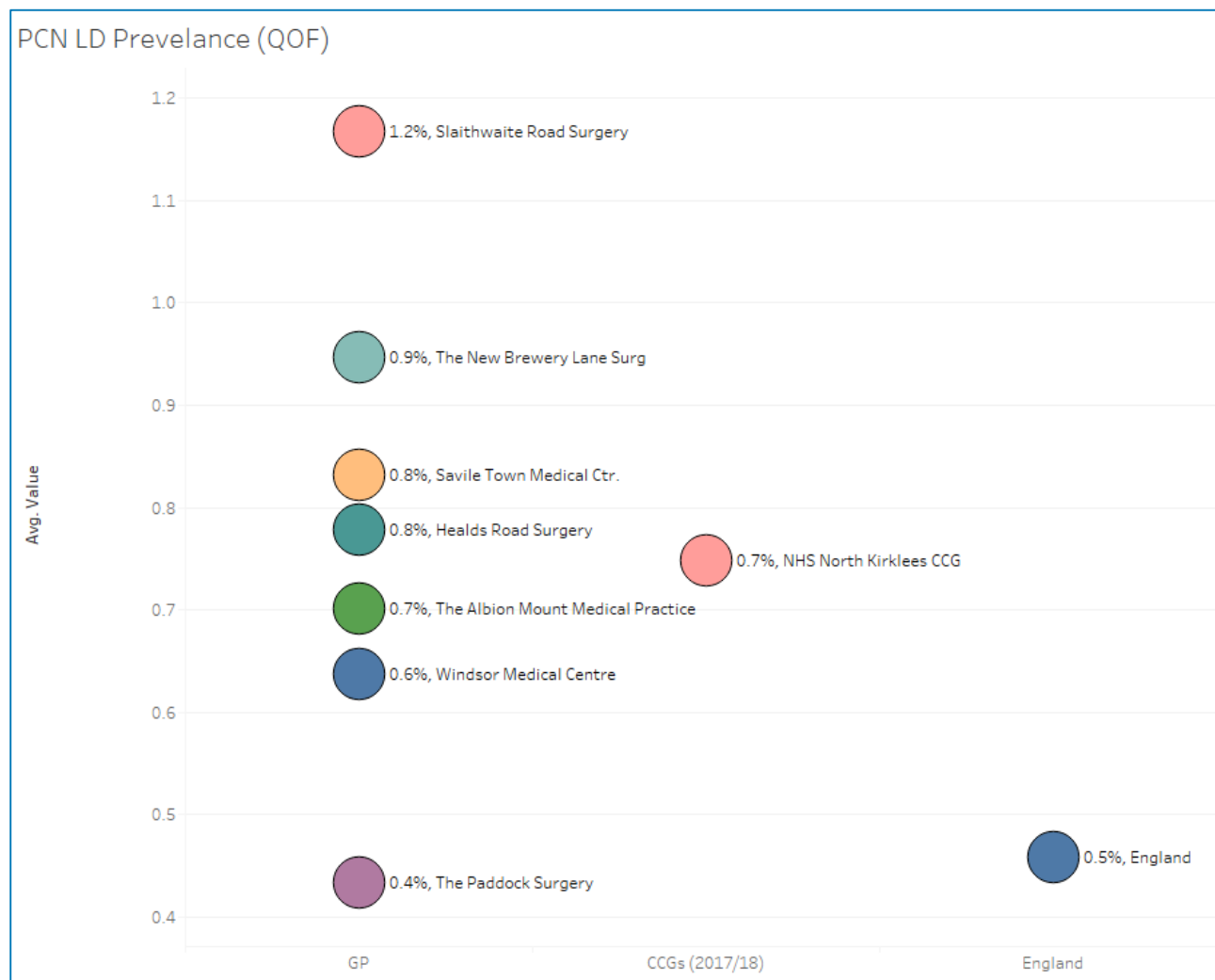
PCN Cancer Emergency Admissions (2017-18)



- 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
- Savile Town Medical Centre has significantly fewer admissions (circa 449) than Slaithwaite Road Surgery .
- [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%. ●
- Four of the seven network practices have prevalence rates above the regional and national measures.
- [Link to Supporting Data](#)

PCN % People on Palliative Care Register

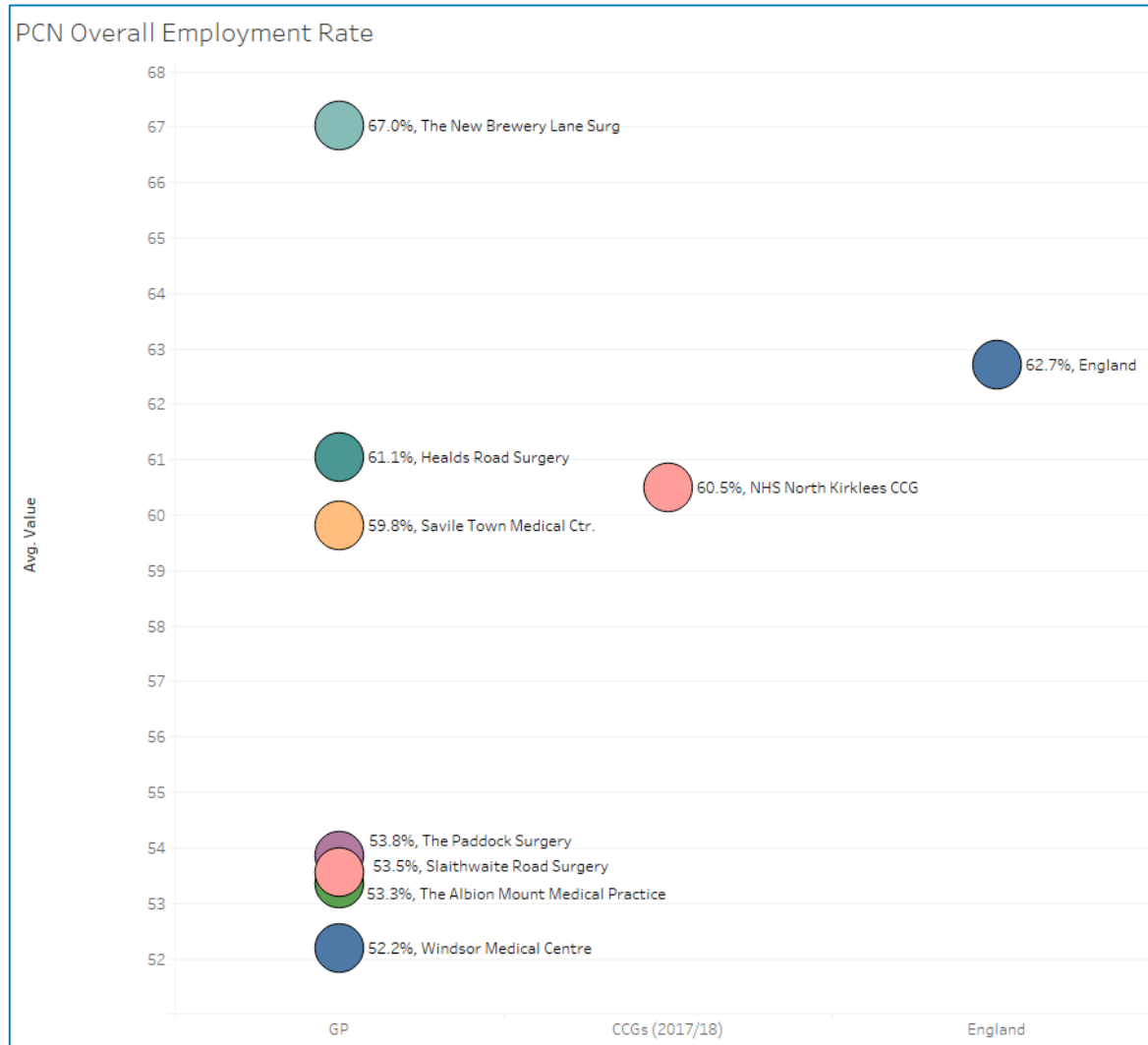
PCN % People on Palliative Care Register (2017-18)





- 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%. ●
- Two of the seven practices are above the regional and national measures.
- [Link to Supporting Data](#)

PCN Overall Employment Rate

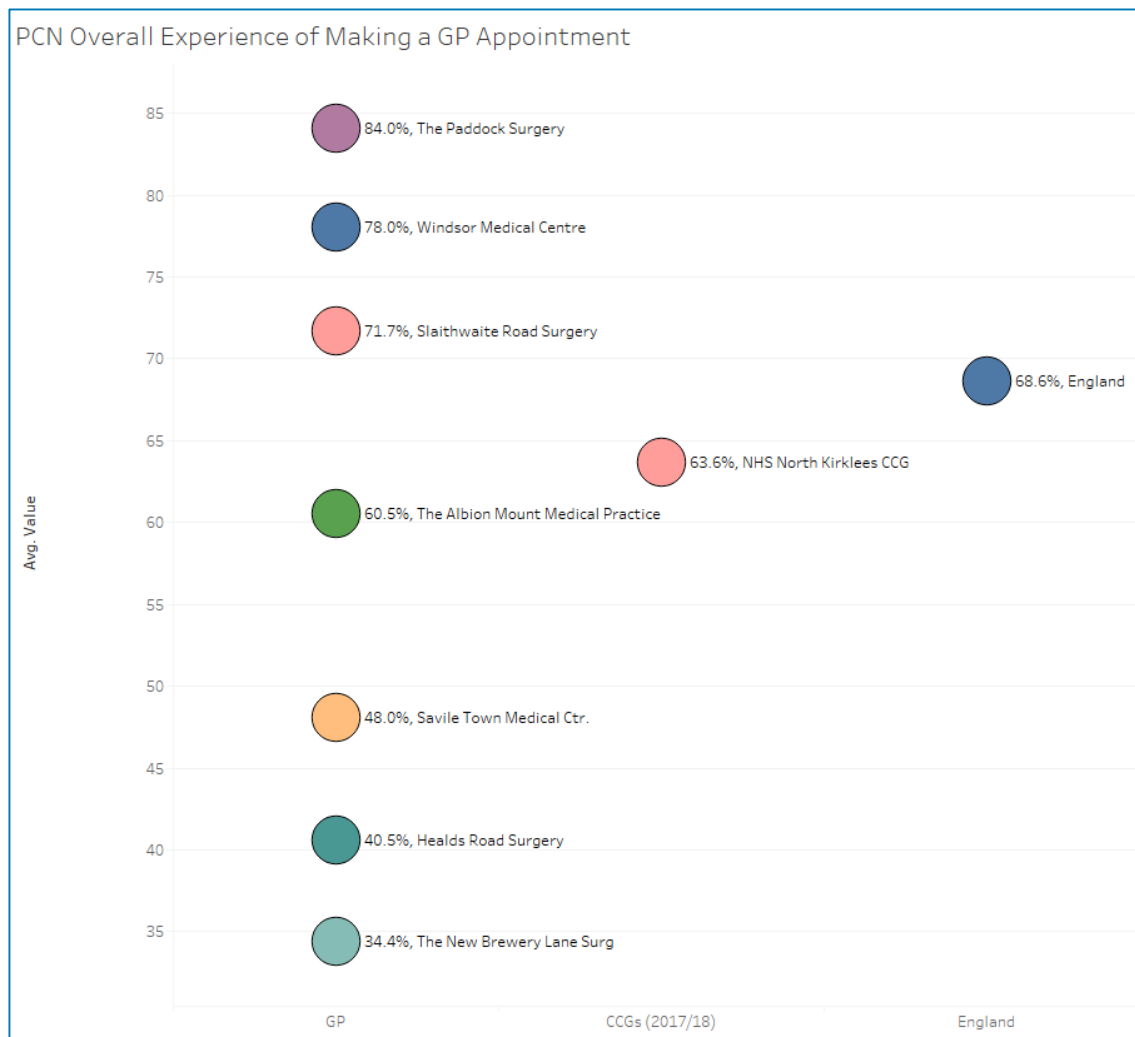
PCN Overall Employment Rate (2017-18)





- 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 North Kirklees is 60.5%. 
- Five of the seven 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 (2017-18)



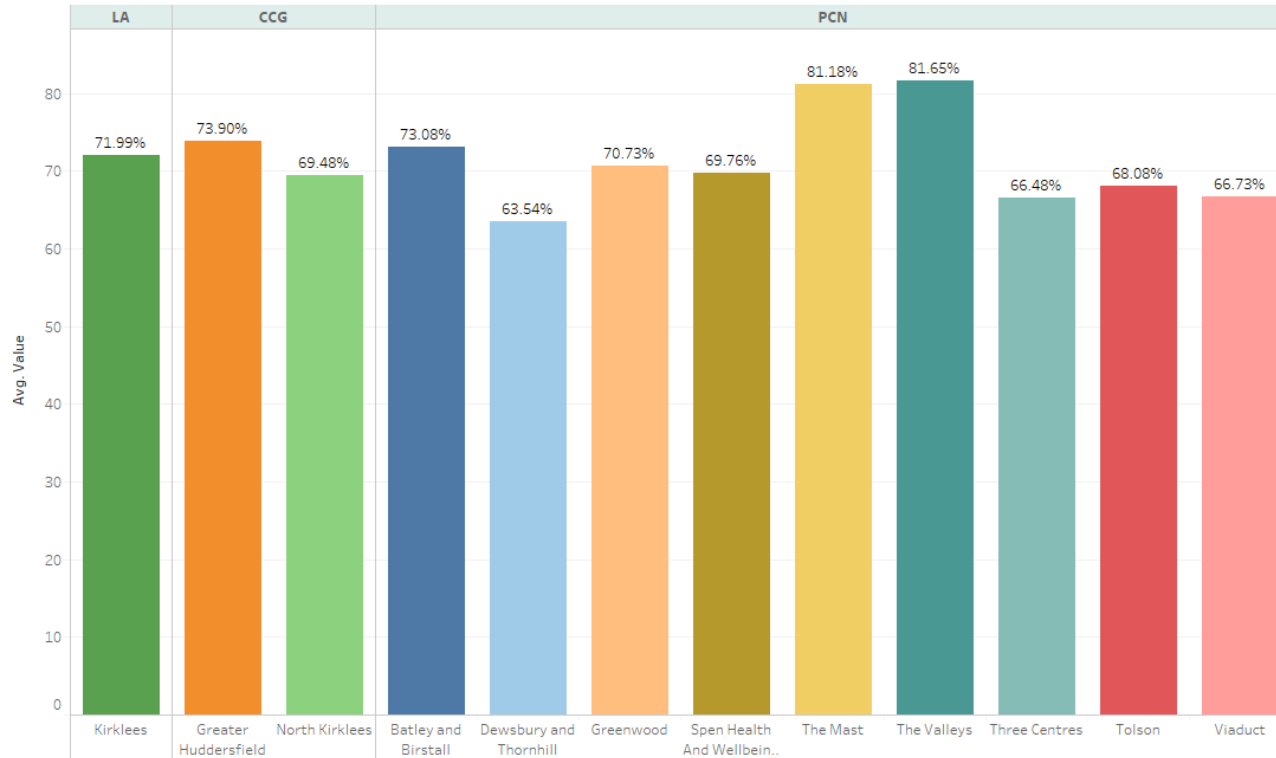
- The chart represents the response to the question: "Overall, how would you describe your experience of making an appointment?".
- The indicator value is the percentage of people who answered this question with either "Very good" or "Fairly good" from all respondents to this question.
- The percentage with a positive experience in England is 68.6% 
- The percentage with a positive experience in NHS North Kirklees is 63.6%. 
- The New Brewery Lane Surgery has the lowest level response with only 34.4% describing their experience as "Very good" or "Fairly good".
- [Link to supporting data](#)

Adults Not Lonely



Adults Not Lonely (2016)

Adults Not Lonely



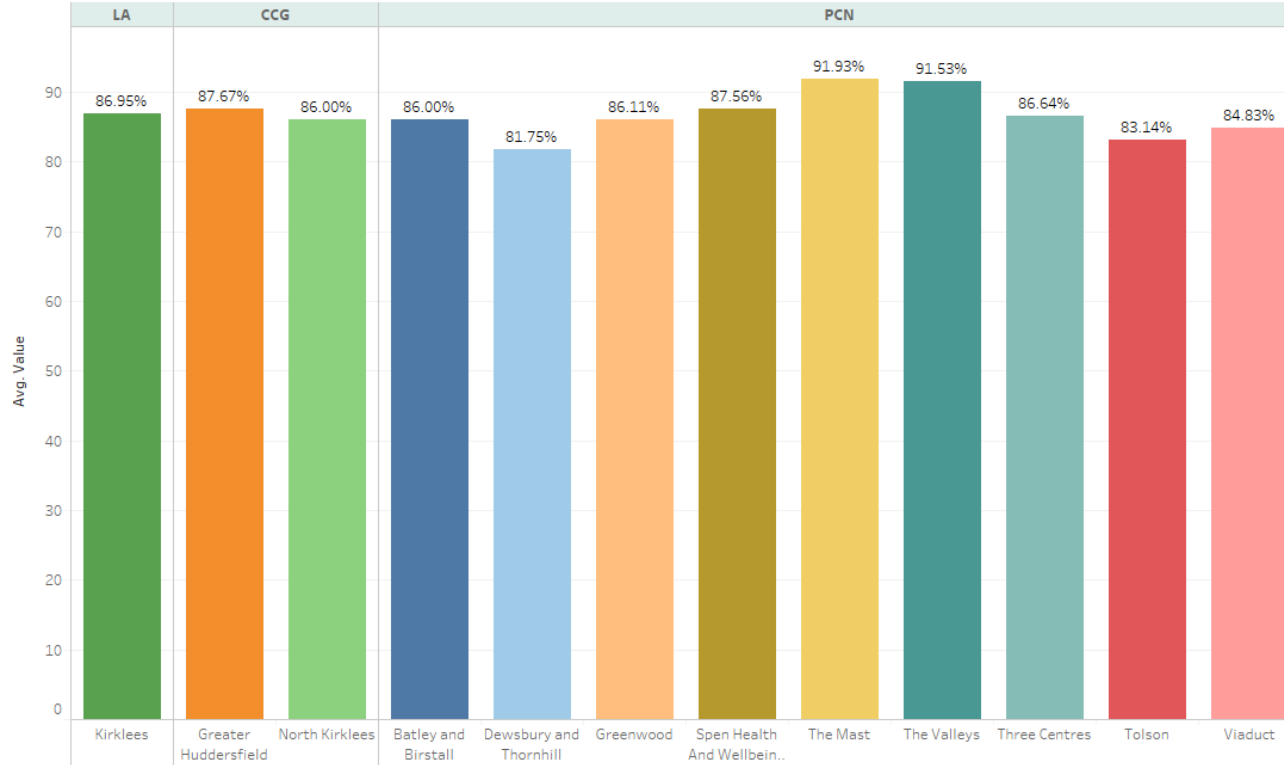
- The chart shows the average of value of adults recorded as not lonely at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of adults recorded as not lonely

Adults Socially Connected



Adults Socially Connected (2016)

Adults Socially Connected

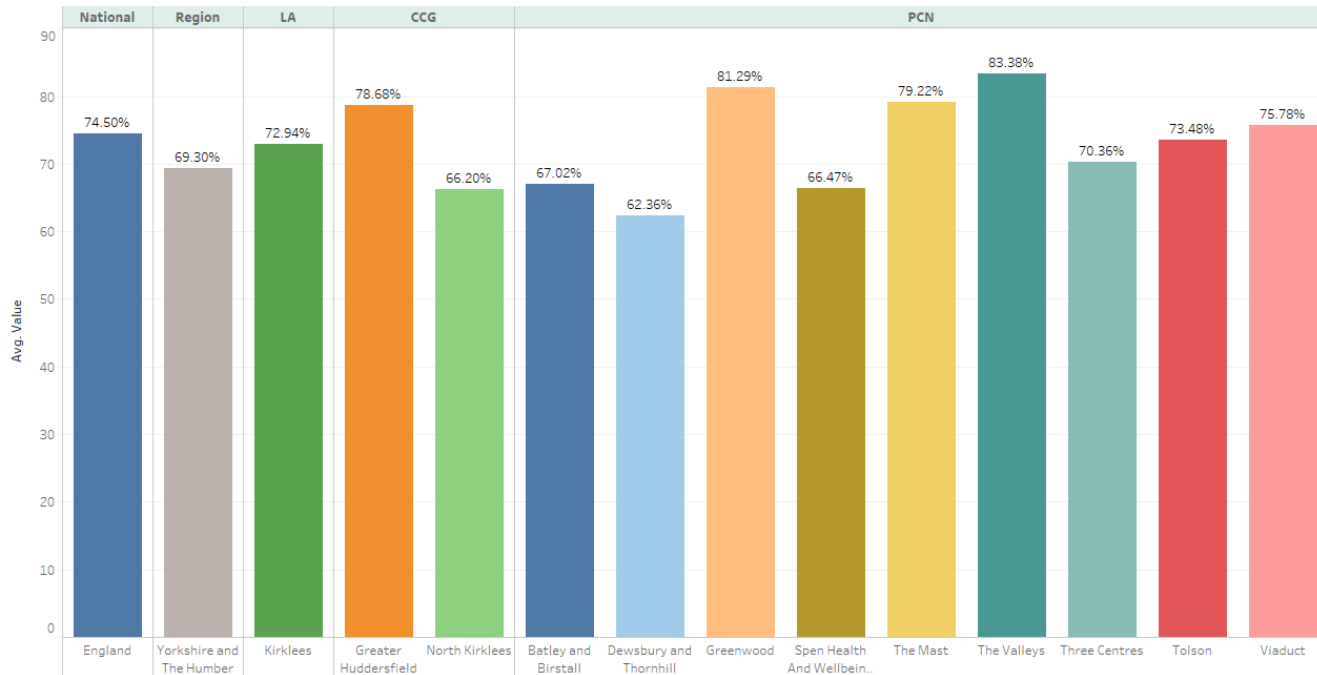


- The chart shows the average of value of adults recorded as socially connected at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage of adults recorded as socially connected.

Breastfeeding Initiation

Breastfeeding Initiation (2016/17)

Breastfeeding Initiation



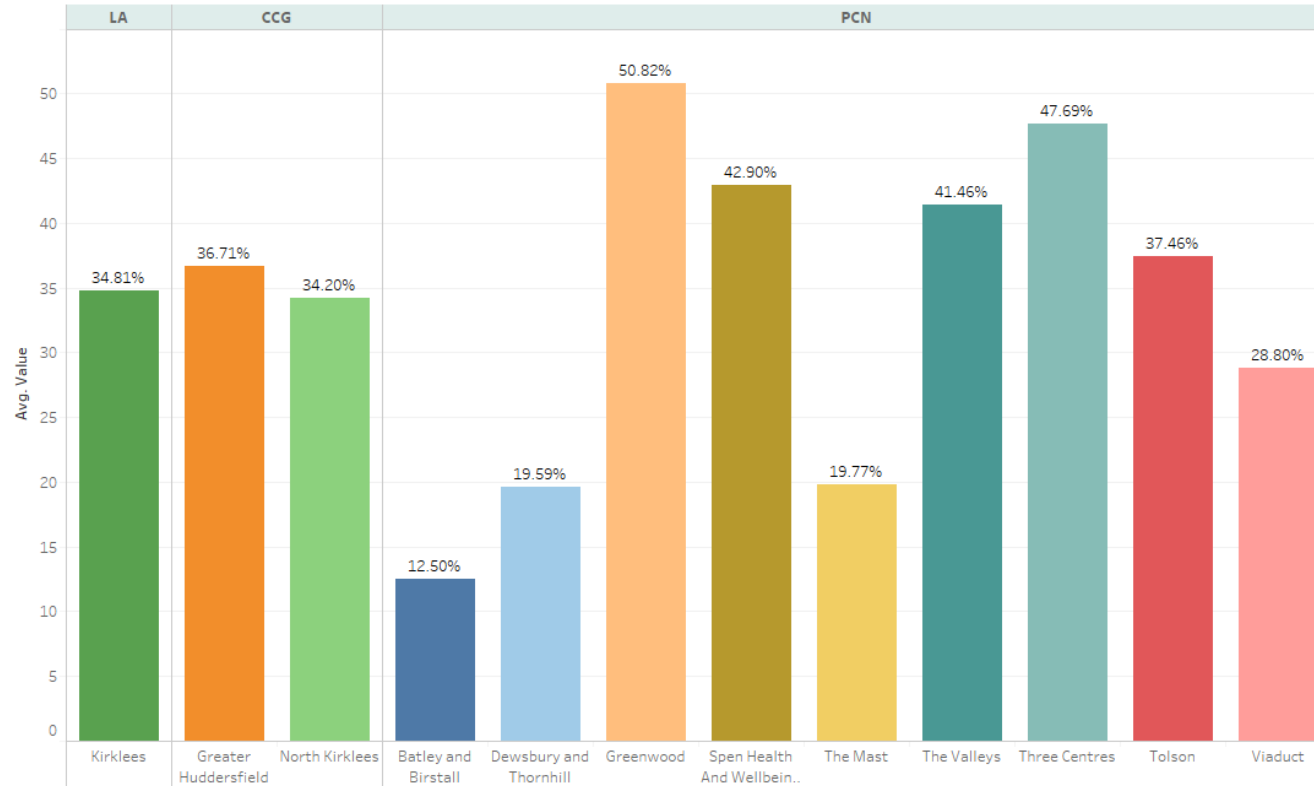
- The chart shows the average of value of breastfeeding initiation connected at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of breastfeeding initiation.

Child Active Travel



Child Active Travel (2019)

Child Active Travel



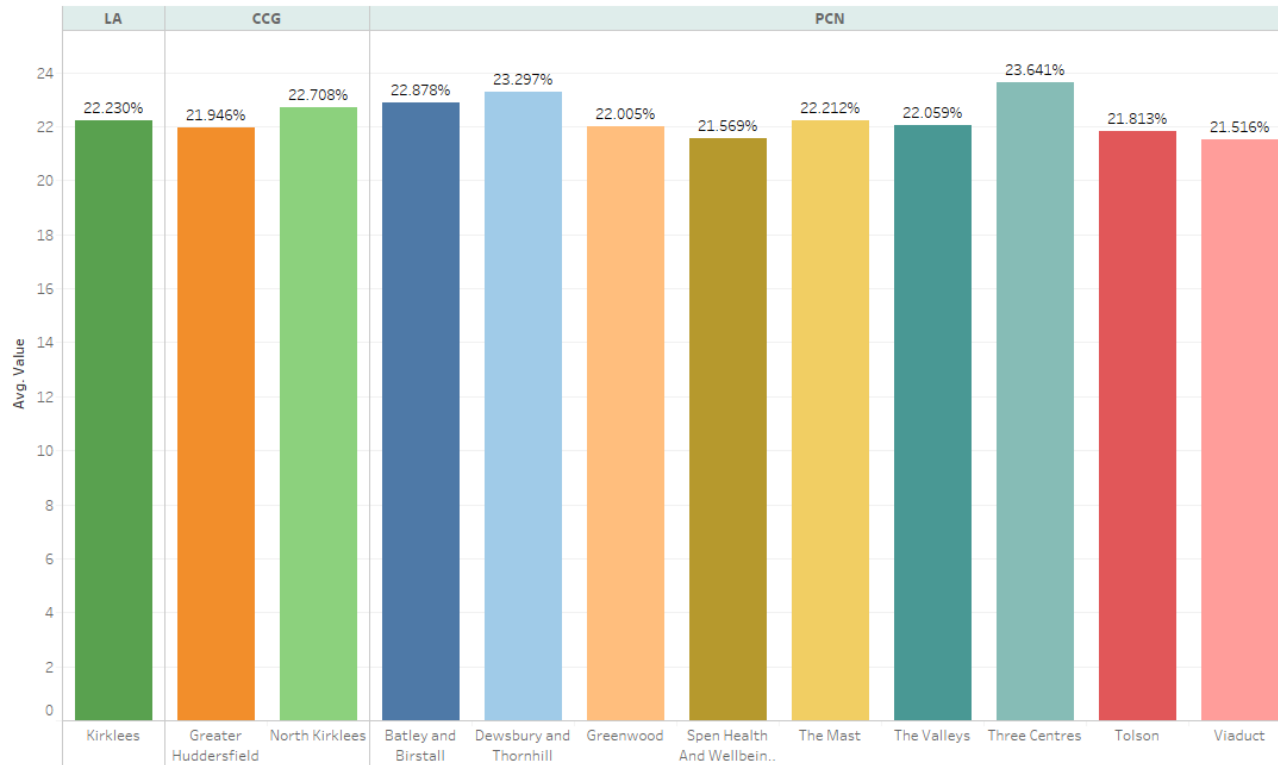
- The chart shows the average of value of children involved in active travel at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Lowest levels of child active travel is at the Bartley & Birstall PCN.

Child Emotional Wellbeing



Child Emotional Wellbeing (2019)

Child Emotional Wellbeing

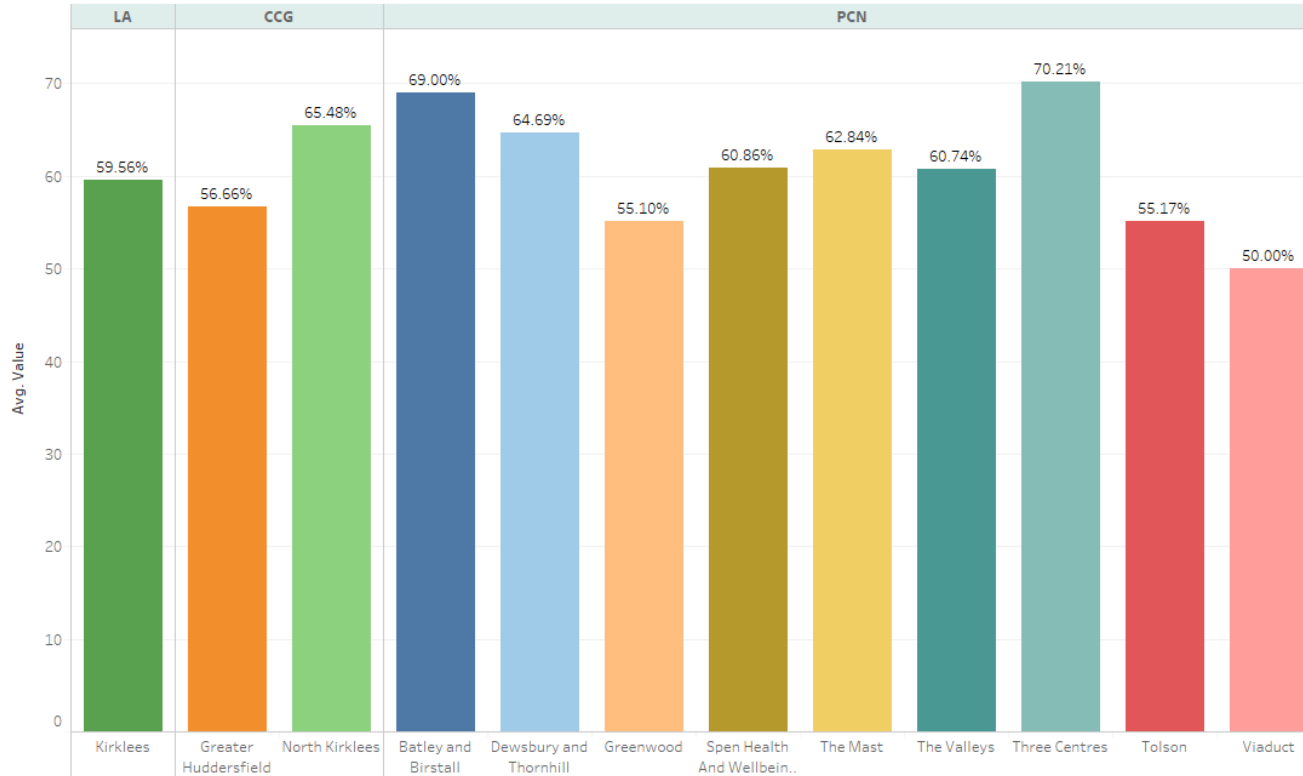


- The chart shows the average of value of child emotional wellbeing recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child emotional wellbeing.

Child High Happiness

Child High Happiness (2019)

Child High Happiness



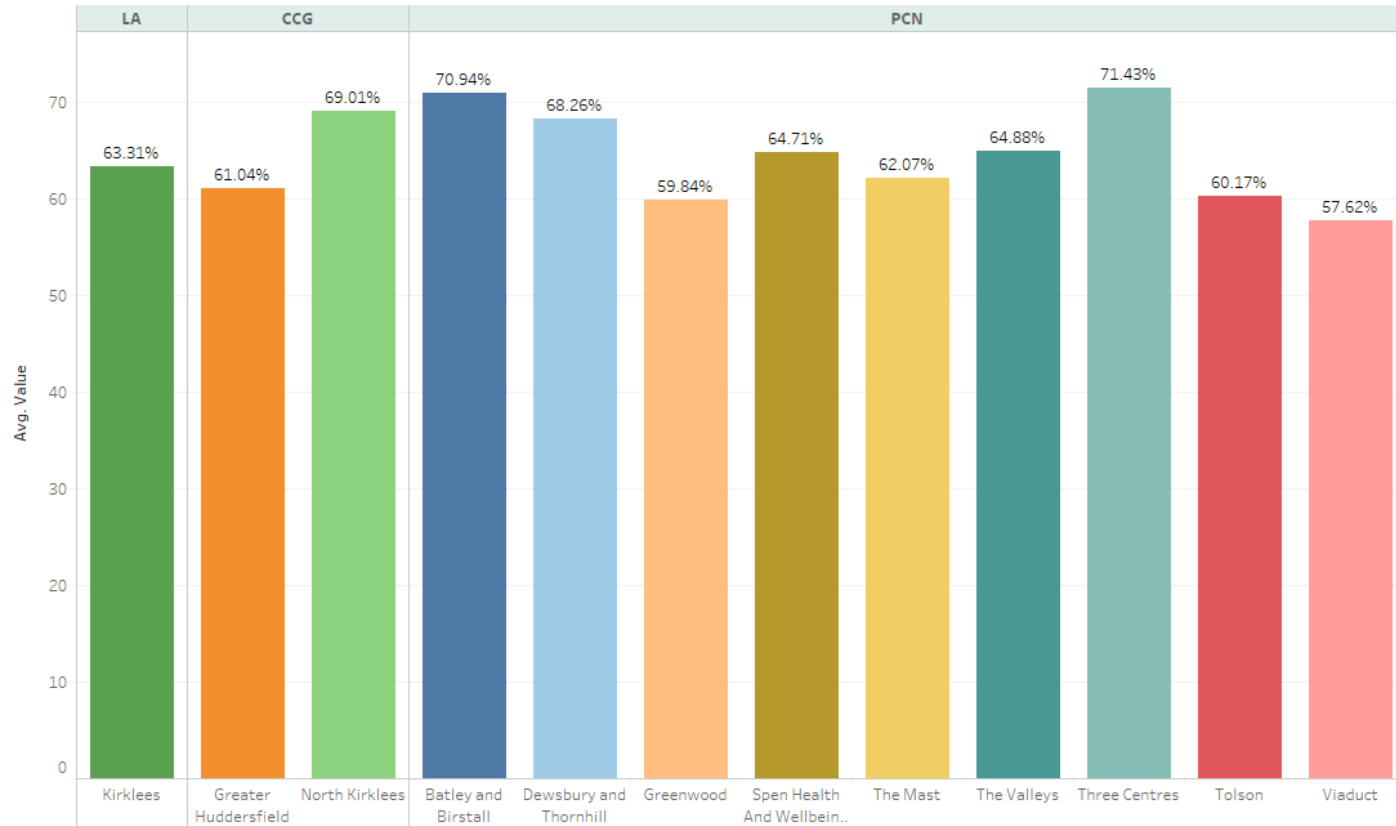
- The chart shows the average value of child high happiness recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high happiness.

Child High Life Satisfaction



Child High Life Satisfaction (2019)

Child High Life Satisfaction



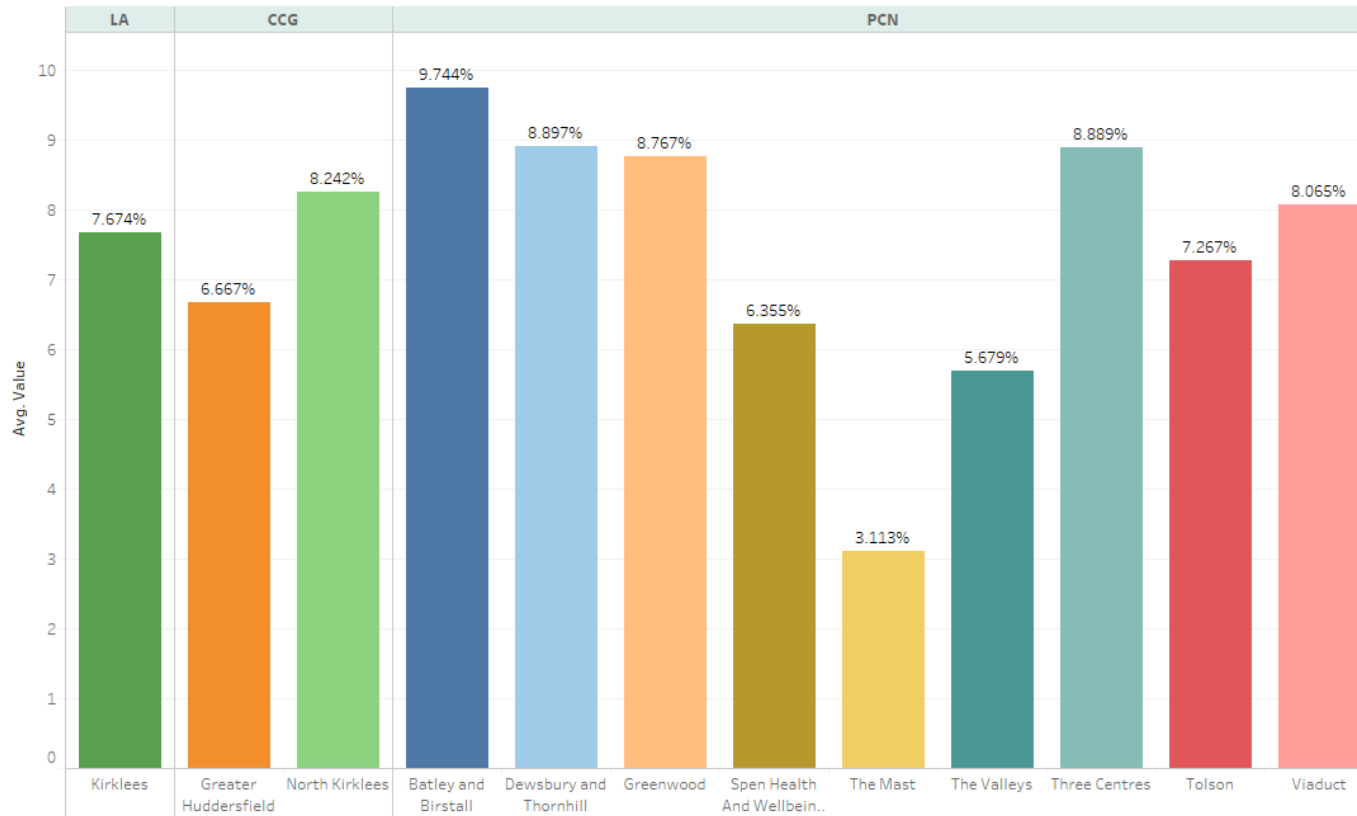
- The chart shows the average value of child high life satisfaction recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high life satisfaction.
-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

Child No Physical Activity



Child No Physical Activity (2019)

Child No Physical Activity



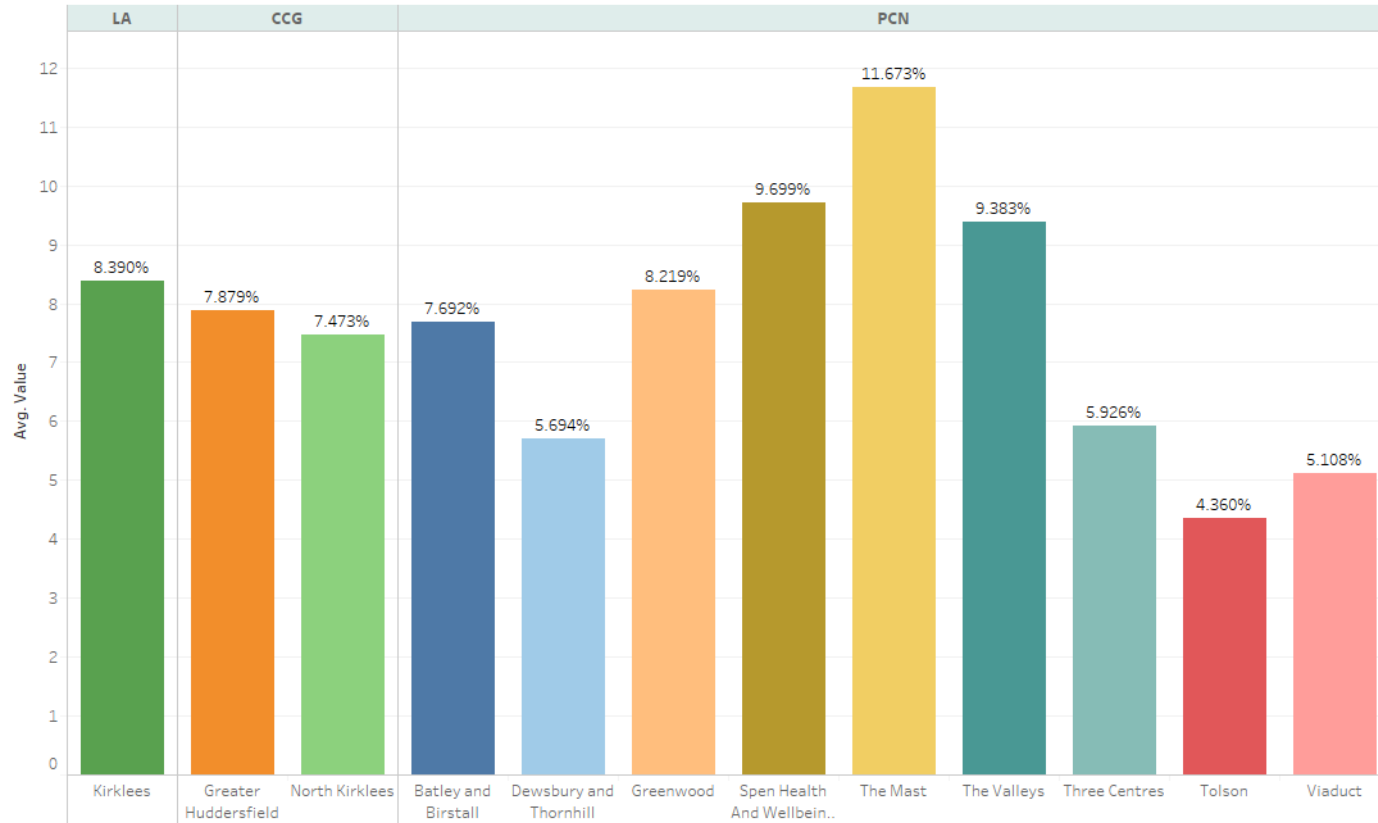
- The chart shows the average value of children with no physical activity recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Batley & Birstall PCN has the highest percentage score for child with no physical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

Child Physically Active



Child Physically Active (2019)

Child Physically Active

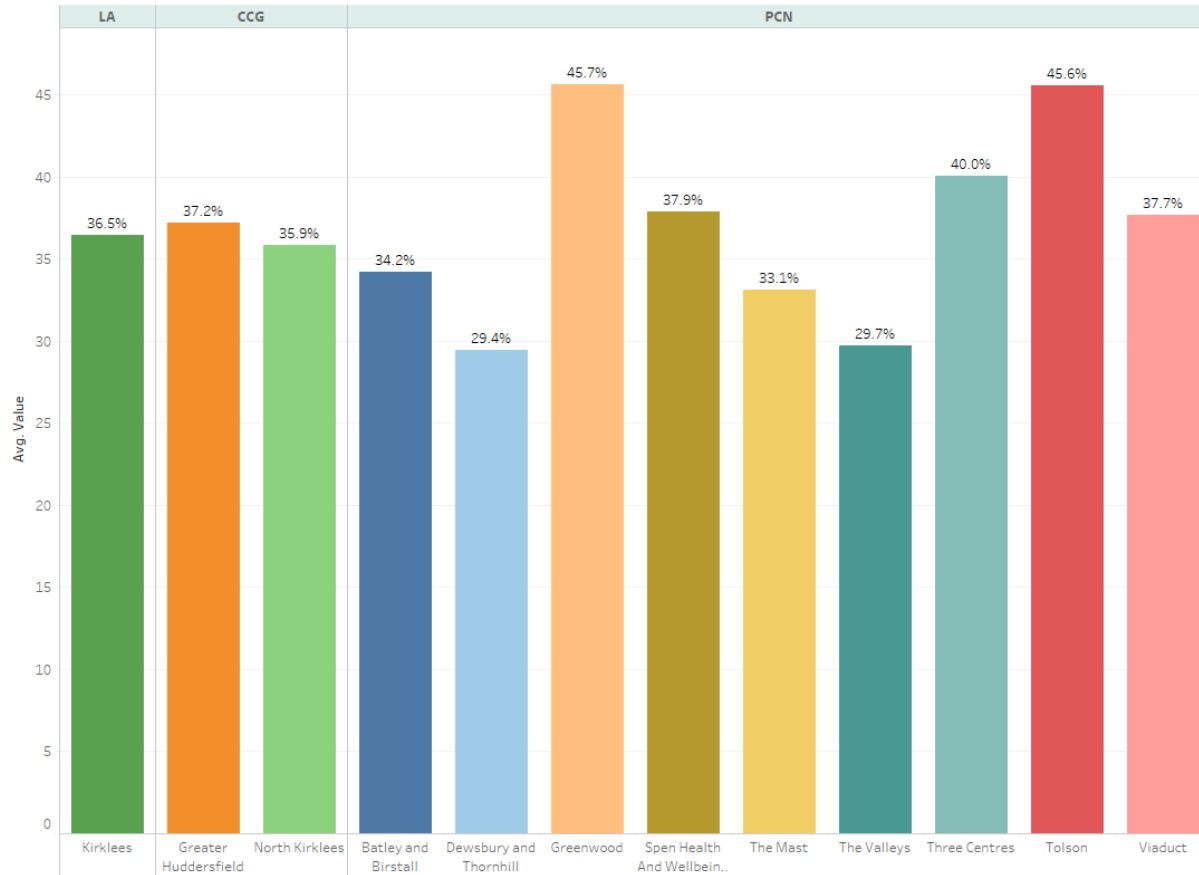


- The chart shows the average value of physically active children recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage score of physically active children.

Deaths Age 85 Plus

Deaths Age 85 Plus (2015-17)

Deaths Age 85 Plus



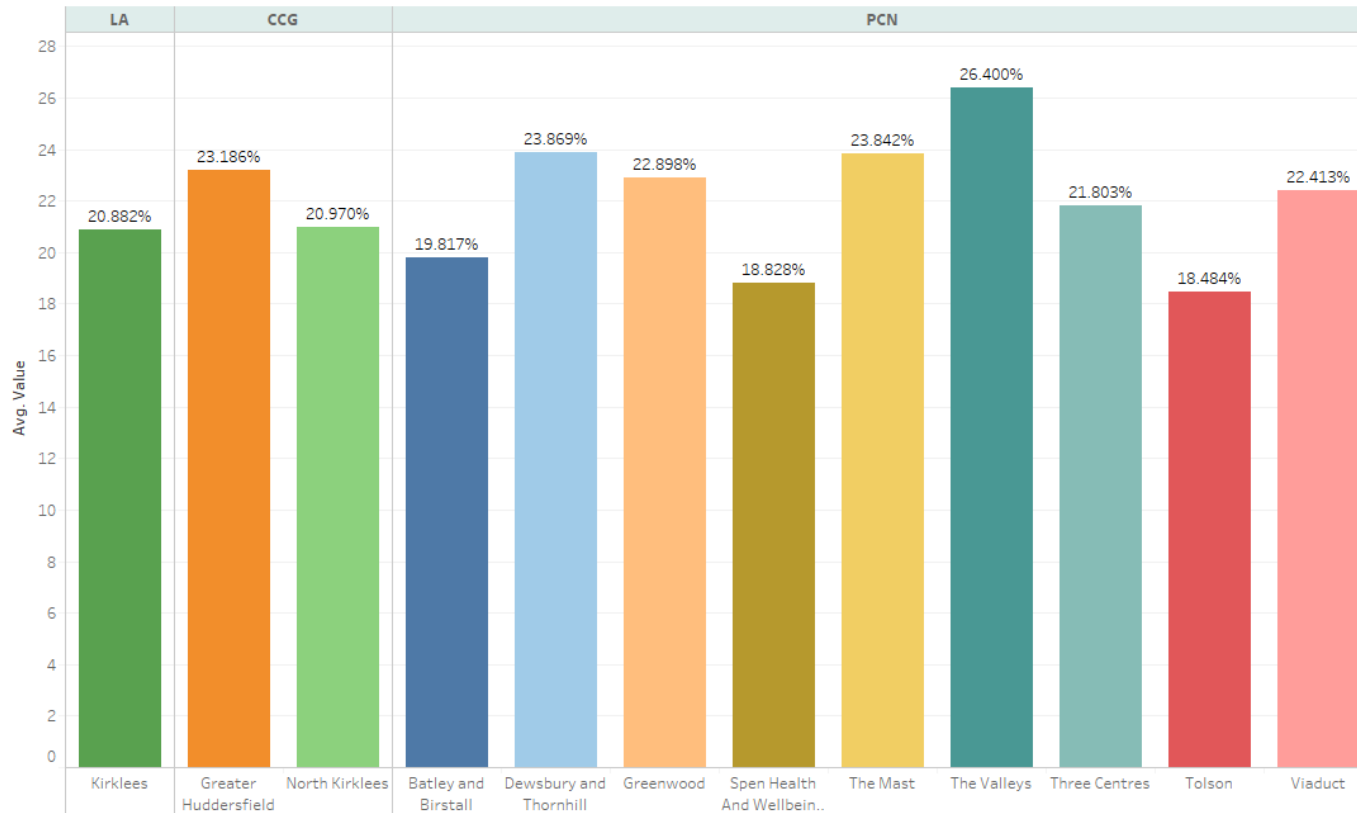
- The chart shows the average deaths over 85 years of age recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the highest percentage score for deaths over 85 years of age.

Deaths at Care Home



Deaths at Care Home (2015-17)

Deaths at Care Home



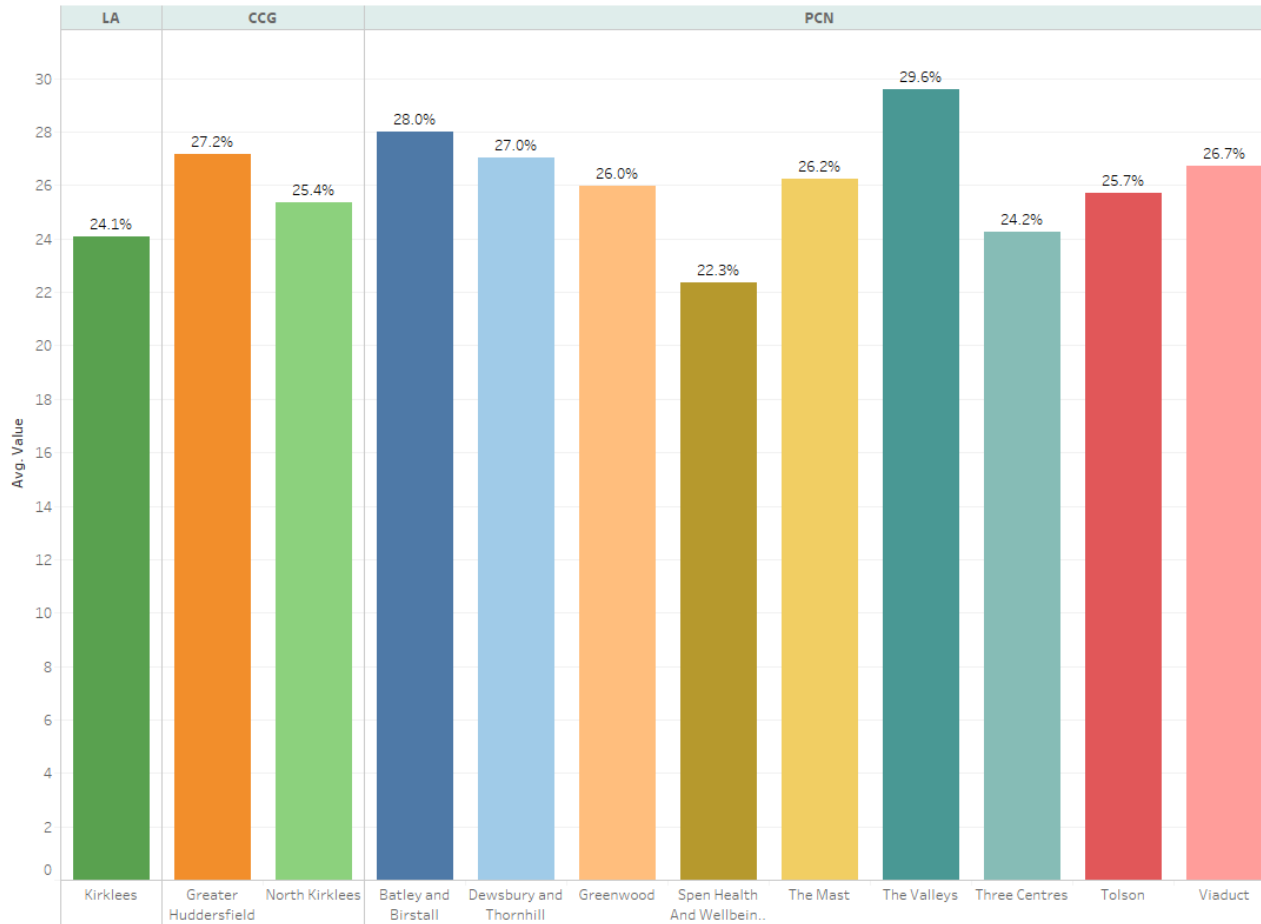
- The chart shows the average value of deaths at care homes recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at care homes.

Deaths at Home



Deaths at Home (2015-17)

Deaths at Home

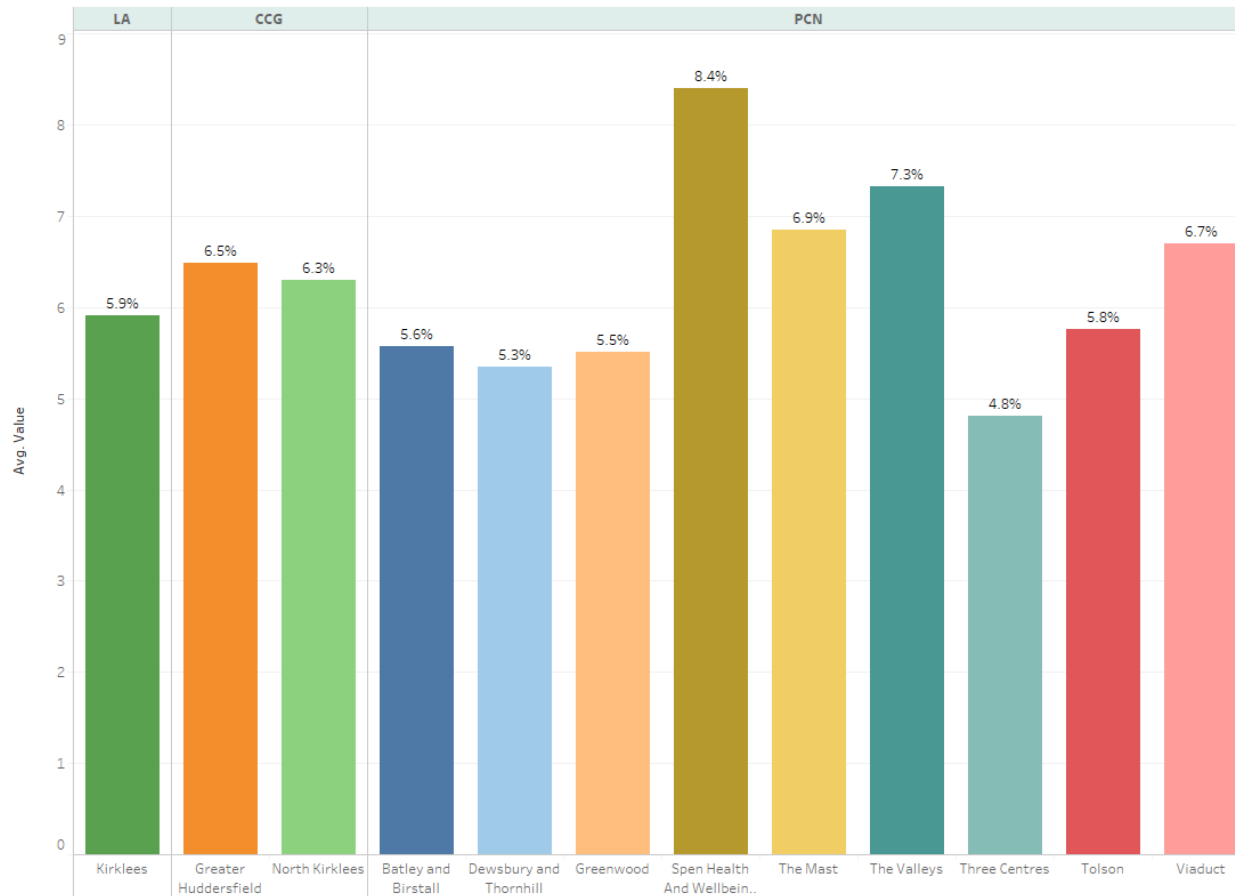


- The chart shows the average value of deaths at home recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at home.

Deaths at Hospice

Deaths at Hospice (2015-17)

Deaths at Hospice

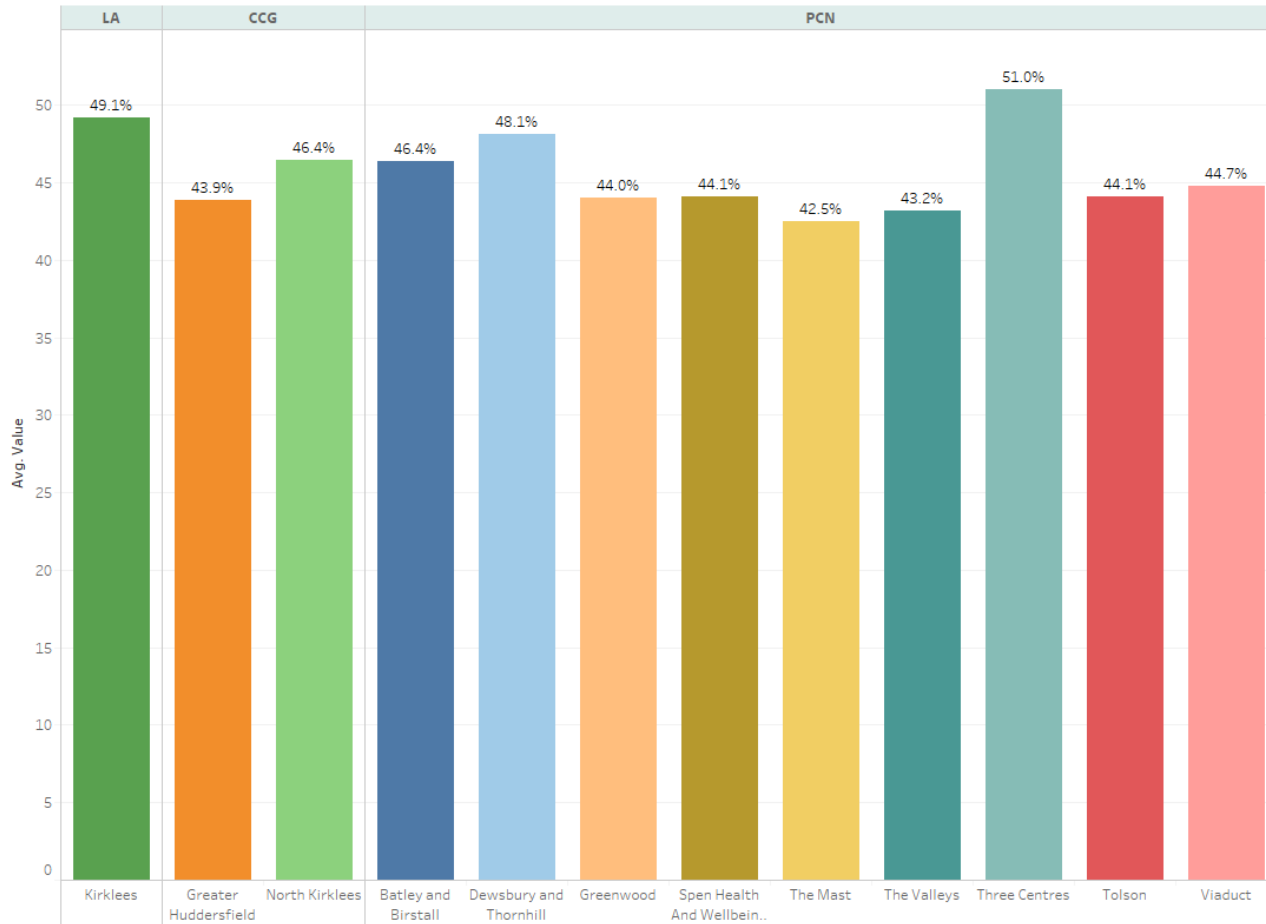


- The chart shows the average value of deaths at a hospice recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Spen PCN has the highest percentage score for deaths at a hospice.

Deaths at Hospital

Deaths at Hospital (2015-17)

Deaths at Hospital

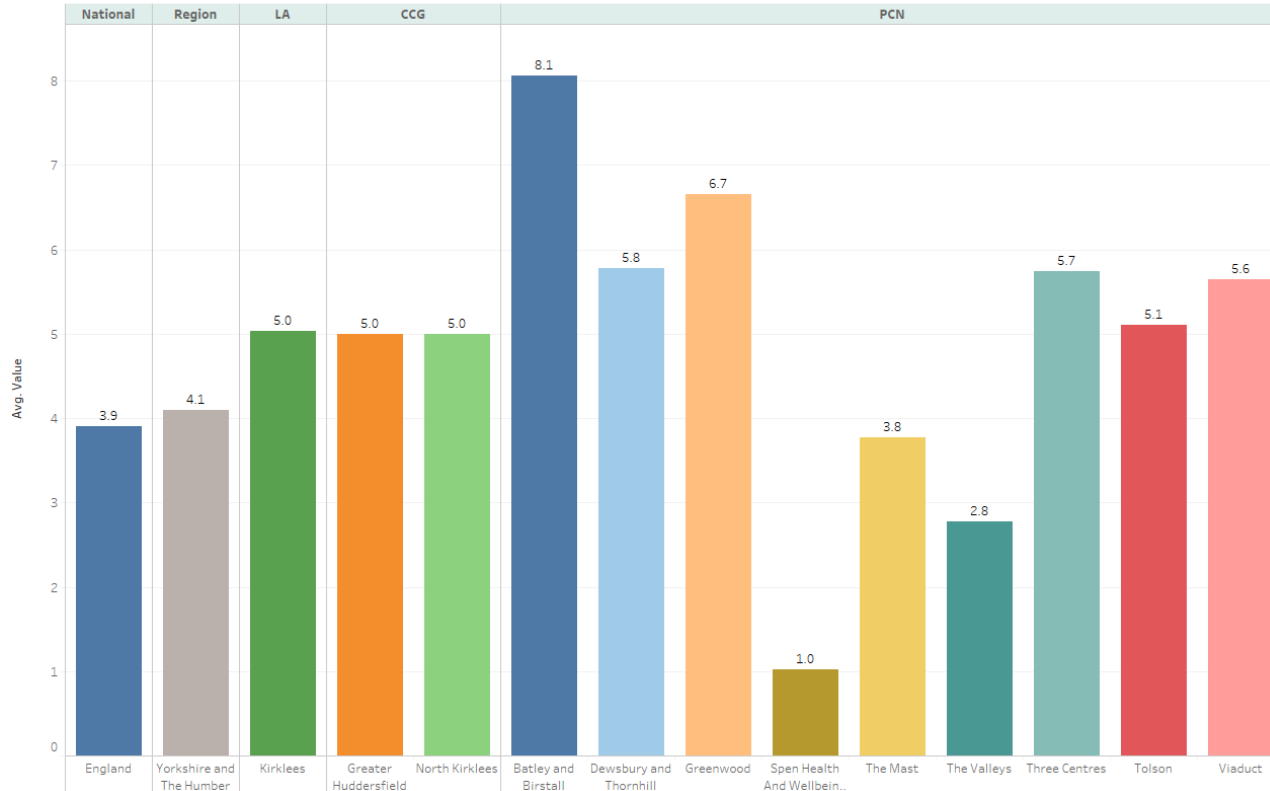


- The chart shows the average value of deaths at a hospital recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- 3 Centre PCN has the highest percentage score for deaths at a hospital.

Infant Mortality

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

Infant Mortality (rate per 1000 live births)

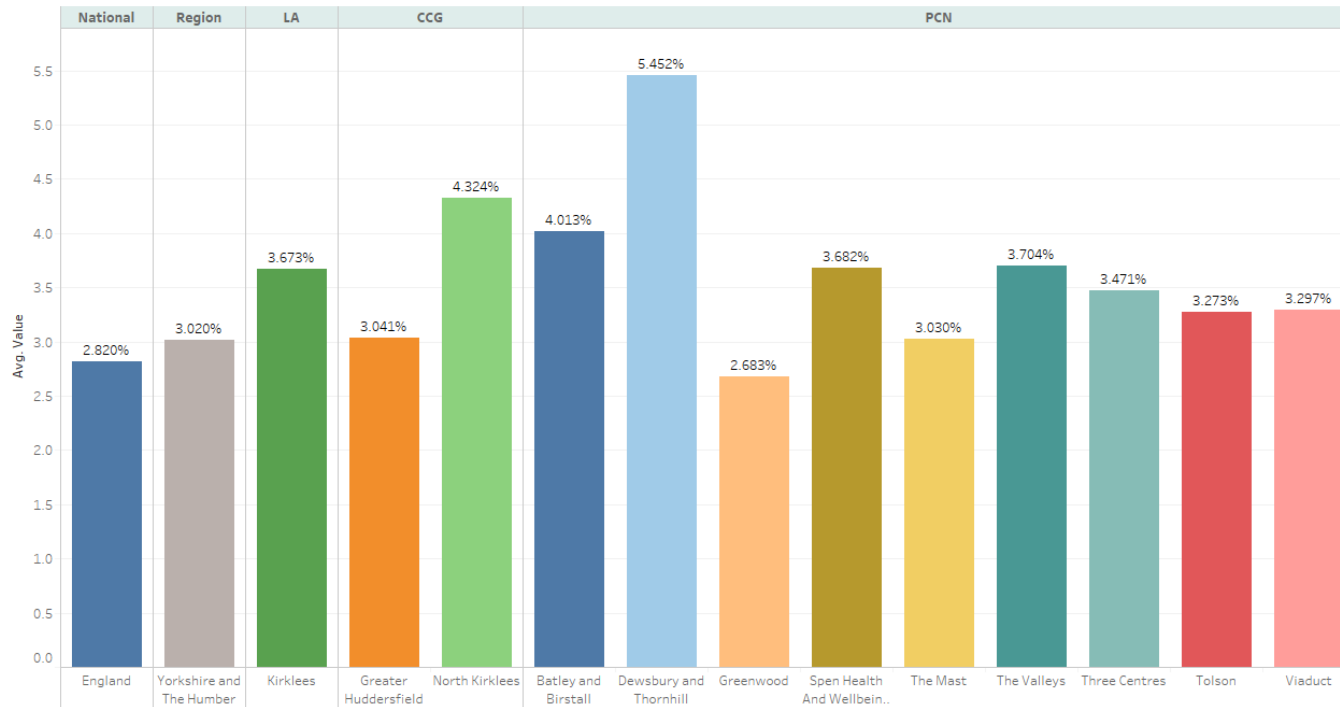


- The chart shows the average value of infant mortality recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the second highest rate per thousand live births for infant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

Low Birthweight Births

Low Birthweight Births (2017)

Low Birthweight Births



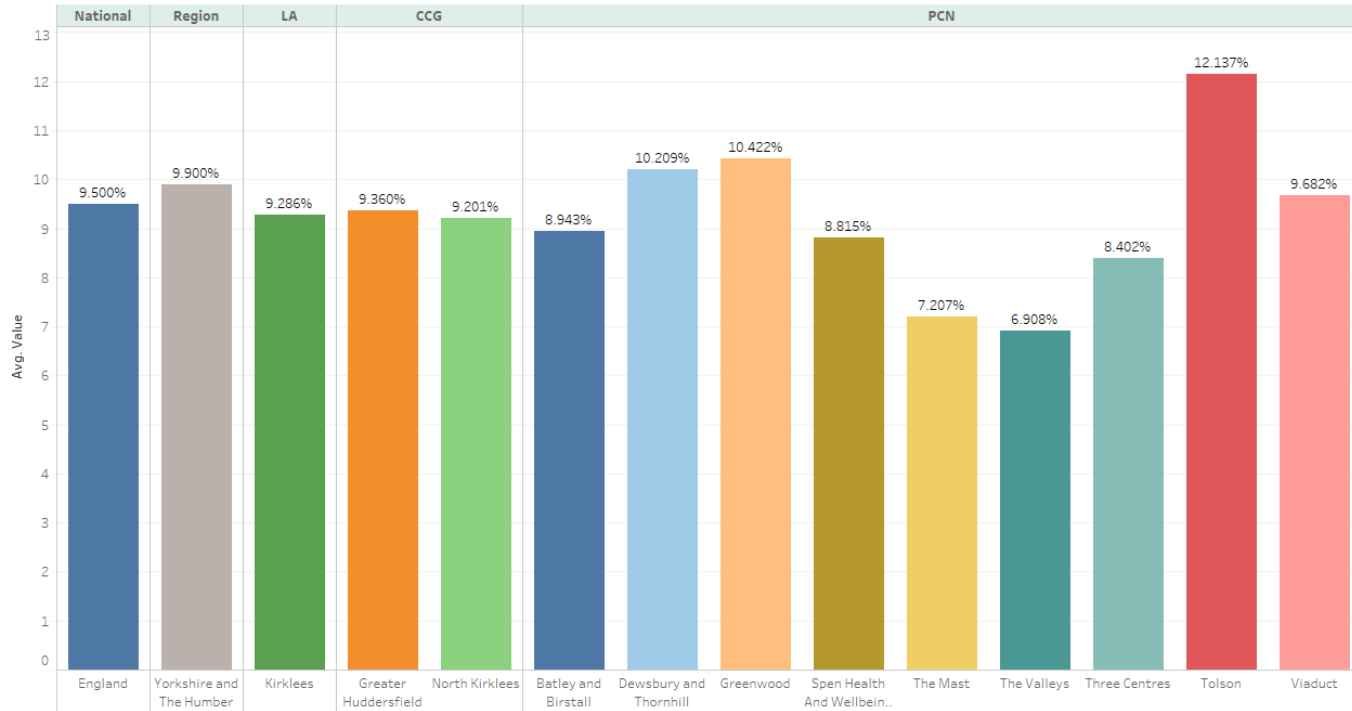
- The chart shows the average value of low birthweight births recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score of low birthweight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

Reception Obesity



Reception Obesity (2017-18)

Reception Obesity



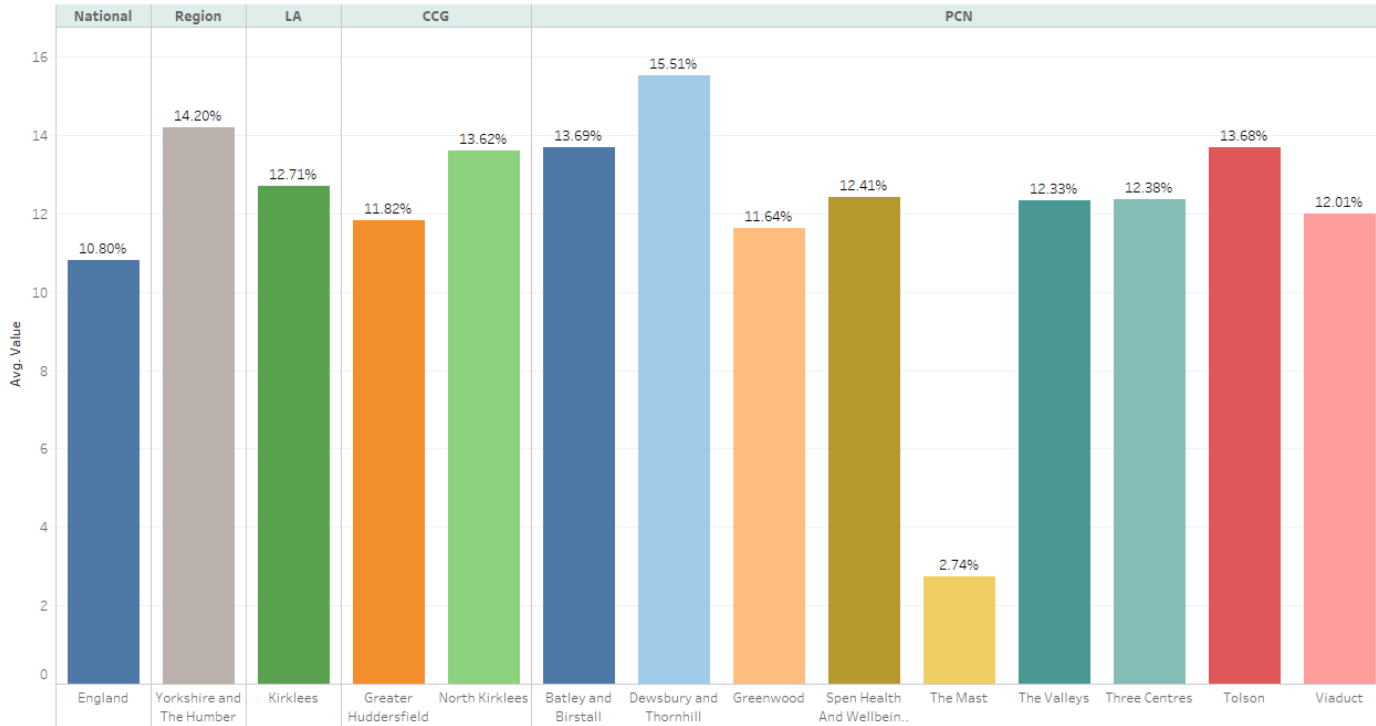
- The chart shows the average value of obesity at reception age at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Tolson PCN has the highest percentage score for obesity at reception age.

Smoking at Time of Delivery



Smoking at Time of Delivery (2018-19)

Smoking at Time of Delivery



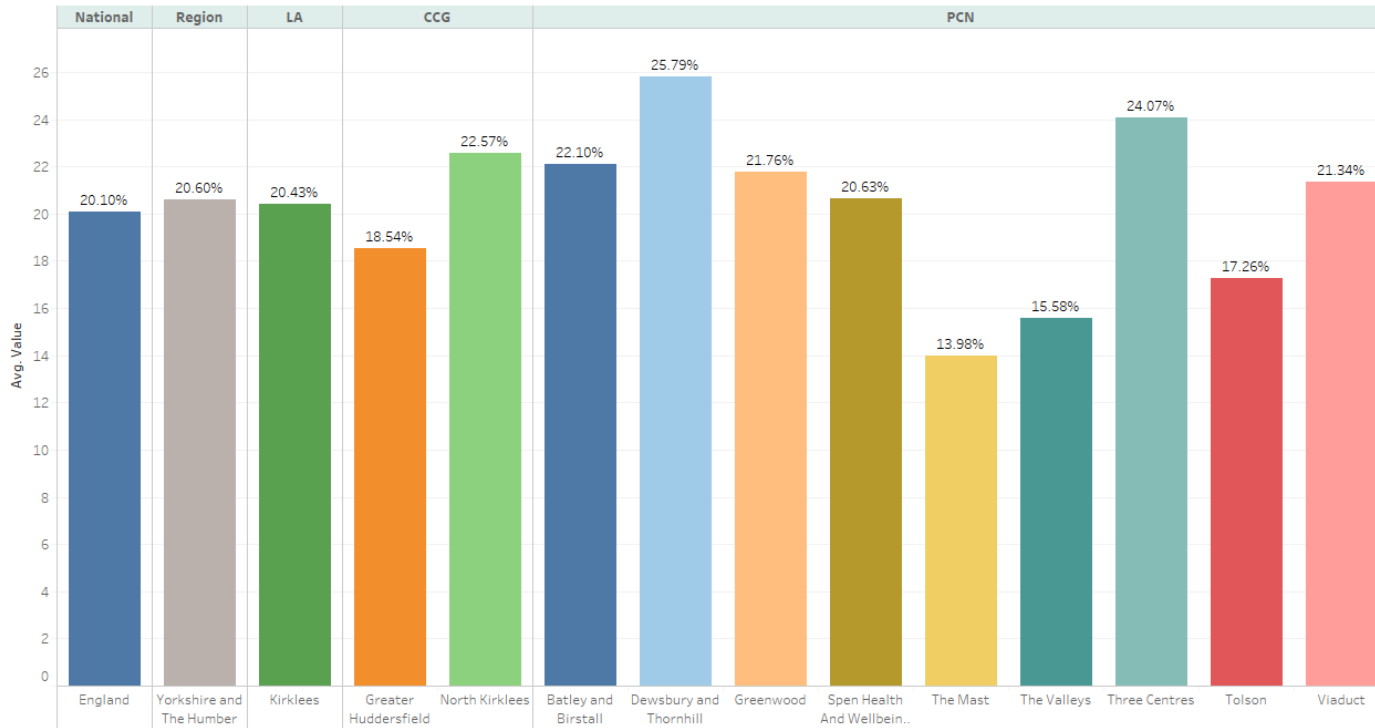
- The chart shows the average value of smoking at time of delivery at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score for smoking at time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