

Primary Care Network Data Pack

3 Centres Primary Care Network



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



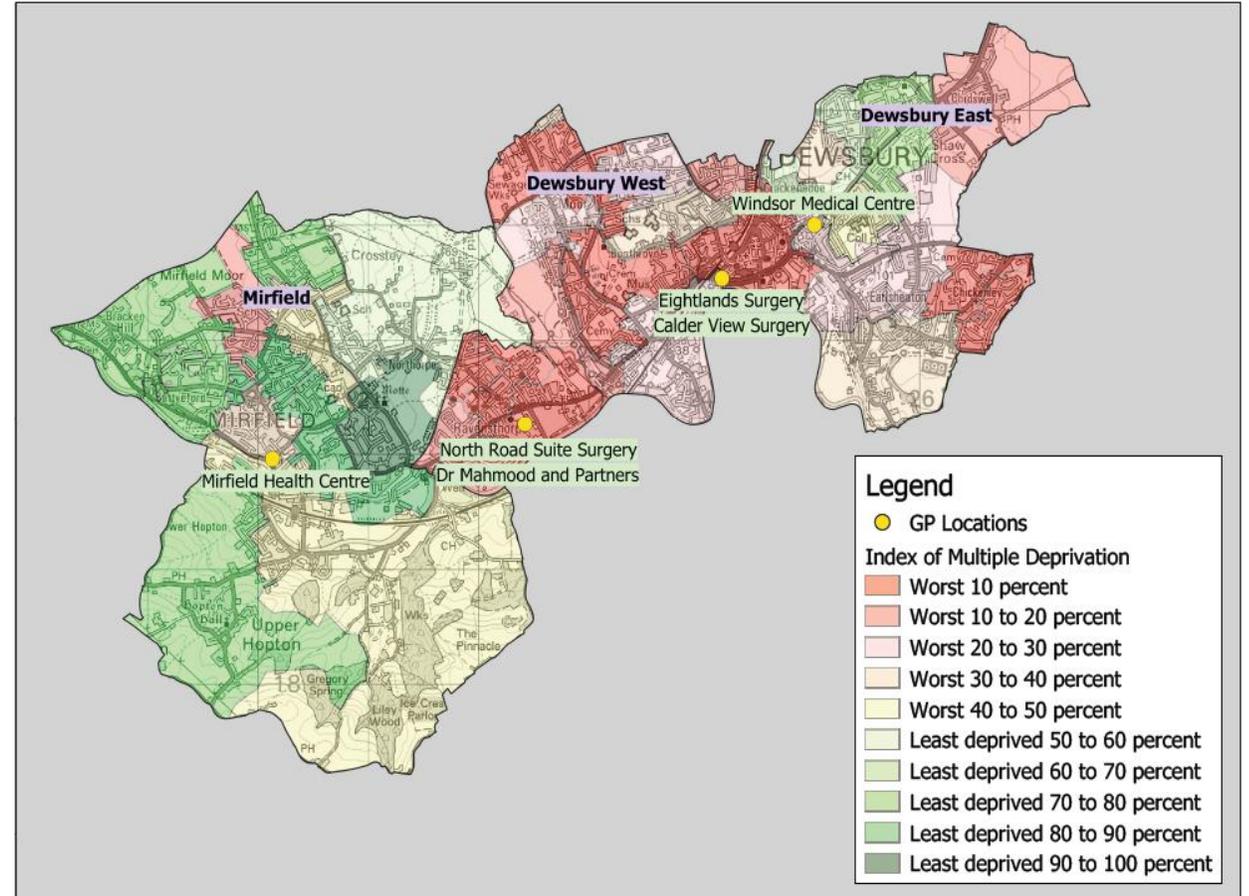
- This pack represents the start of the process to help drive PCN development by :
 - providing high level priorities as to the direction of travel relating to population needs
 - providing links to key areas of work with the system
 - Offering ideas of shared practice to be adapted
- The five priority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

3 Centres PCN: Introduction

Place Overview

- The 3 Centres Primary Care Network comprises of 5 practices with a combined patient list size of circa 42,500 patients with an average list size (8,500) being above the national average (8,035) and above the NHS North Kirklees CCG average (7,166) but is skewed by the large Mirfield practice.
- The PCN ethnicity comprises in the main of a mixed and Asian patient mix, ranging from 3.2% at the Mirfield Health Centre to 63% at the Dr Mahmood & Partners Practice.
- Levels of deprivation measured within the PCN range from the very lowest most deprived decile (Dr Mahmood & Partners) up to the third less deprived decile (Mirfield).
- QOF has not been achieved by any of the five practices, with the measure of positive patient experience ranging from 50.4% to 90.9%.

Network Practice Locations



See Slide 7 for practice breakdown

Place overview broken down by practice



		Dr Mahmood & Partners	Calder View Surgery	Eightlands Surgery	North Road Suite Surgery	Mirfield Health Centre
PCN Practice (England av. 8,035, NK 7,166)		4,246	5,485	6,690	8,720	17,376
Percentage of total PCN pop		10%	13%	16%	21%	41%
Life expectancy years (Male)		76.3	76.5	76.8	77.4	79.7
Life expectancy years (Female)		79.0	81.6	81.5	80.5	82.3
Deprivation		Most deprived decile	Third more deprived decile	Third more deprived decile	Second most deprived decile	Third less deprived decile
Ethnicity Estimate	Mixed	2.4%	1.8%	1.8%	2.0%	1.5%
	Asian	60.6%	29.6%	28.7%	37.4%	1.7%
	Black	0.0%	0.0%	0.0%	0.0%	0.0%
	Other non-white	1.3%	0.0%	0.0%	1.0%	0.0%
QOF achievement % (out of 559 points)		538.2	476.8	557.0	553.4	555.0
Percentage with a +ve experience of practice		50.4%	90.9%	56.8%	77.5%	65.4%

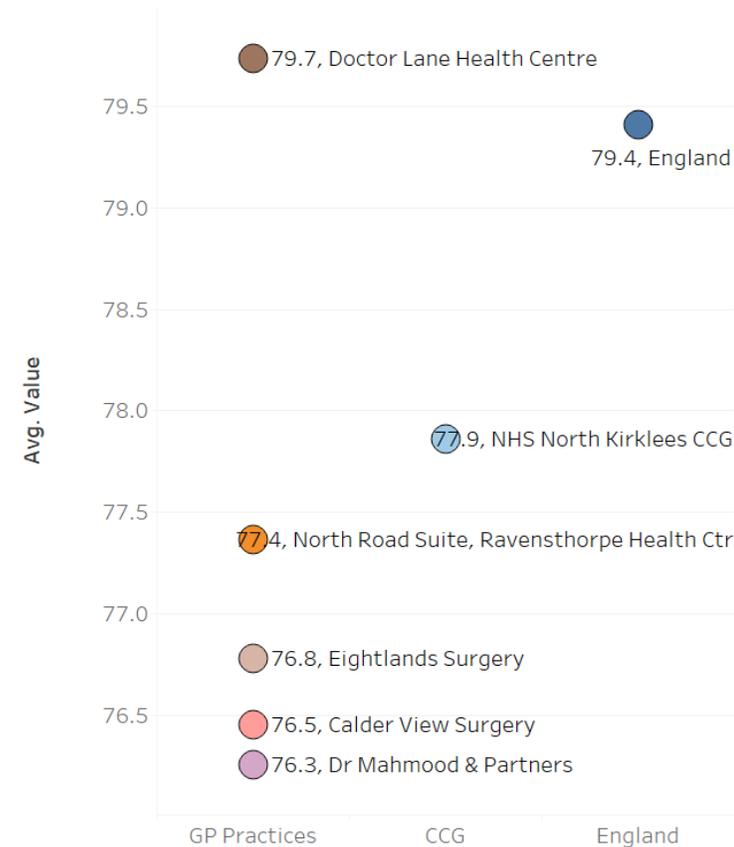
This chart refers to information summarised in slide 6

There is a broad spread of life expectancy across PCN practices

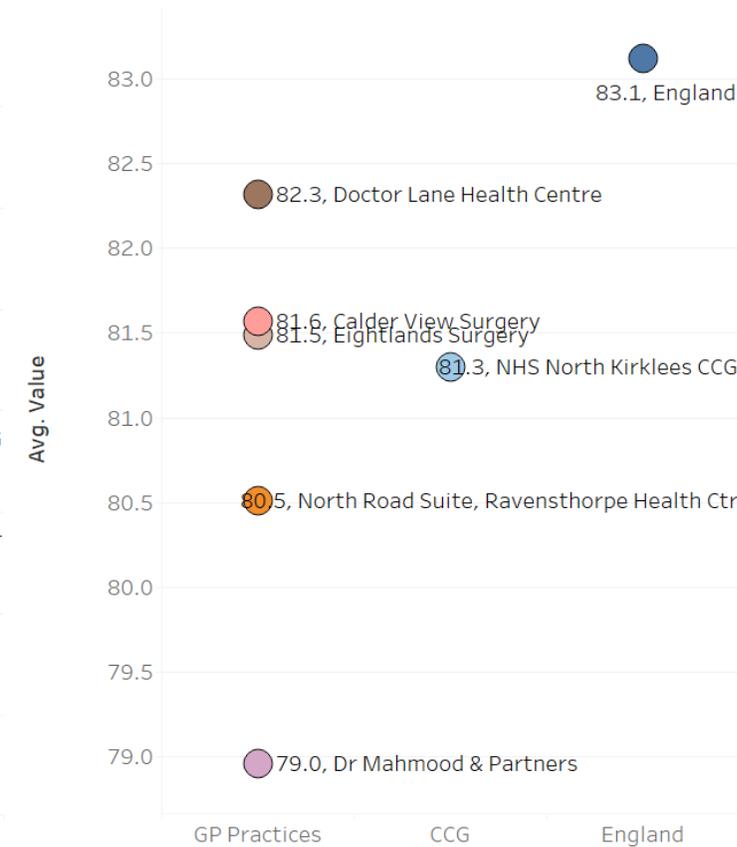


Male and female life expectancy across PCN practices, 2010-14 data

Life Expectancy - Male

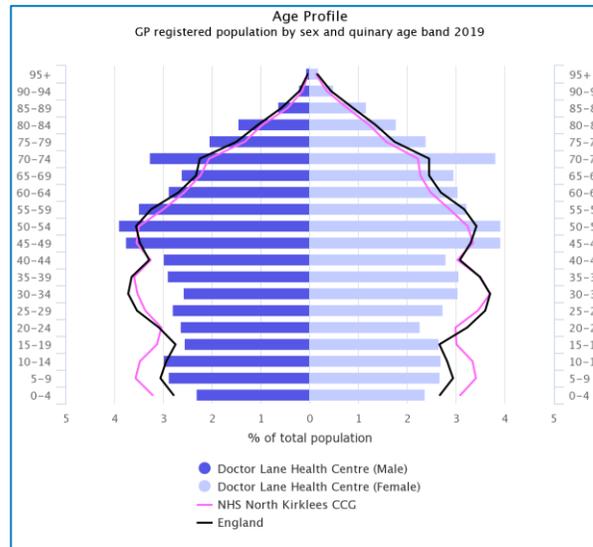
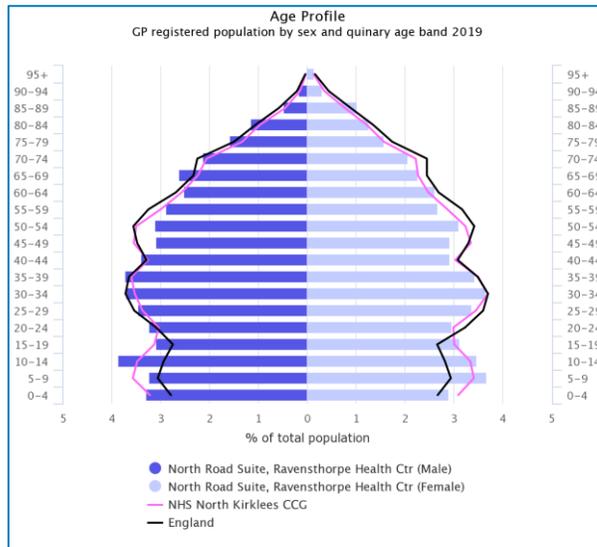
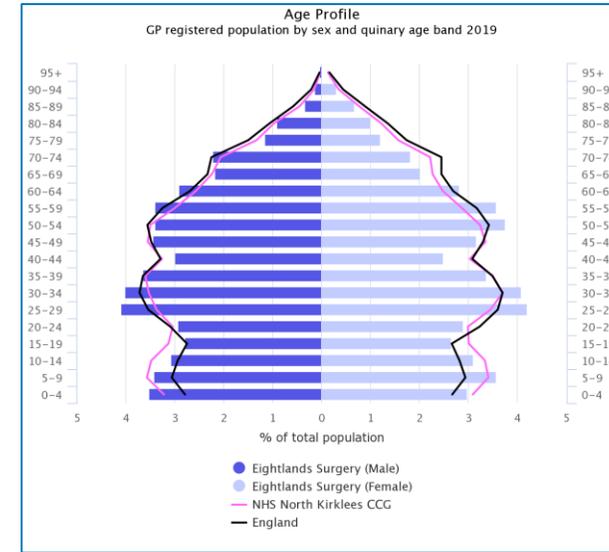
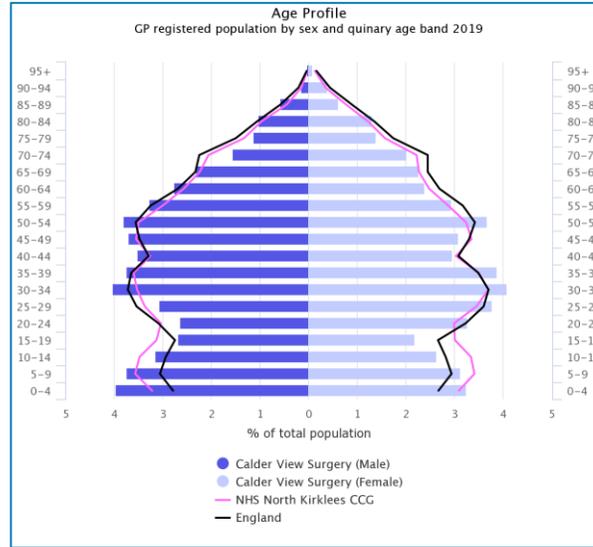
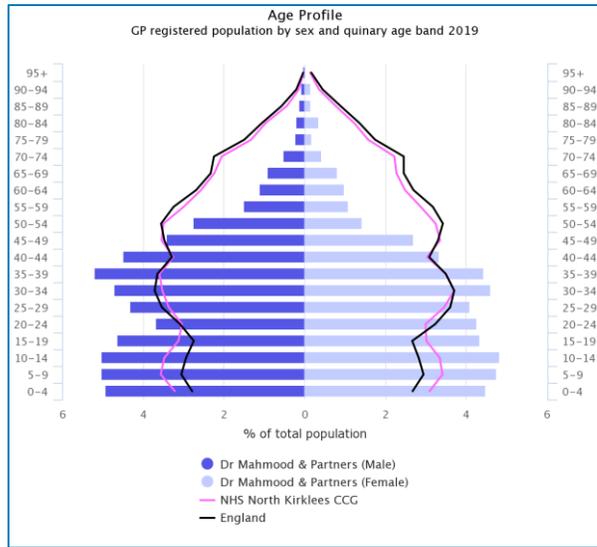


Life Expectancy - Female

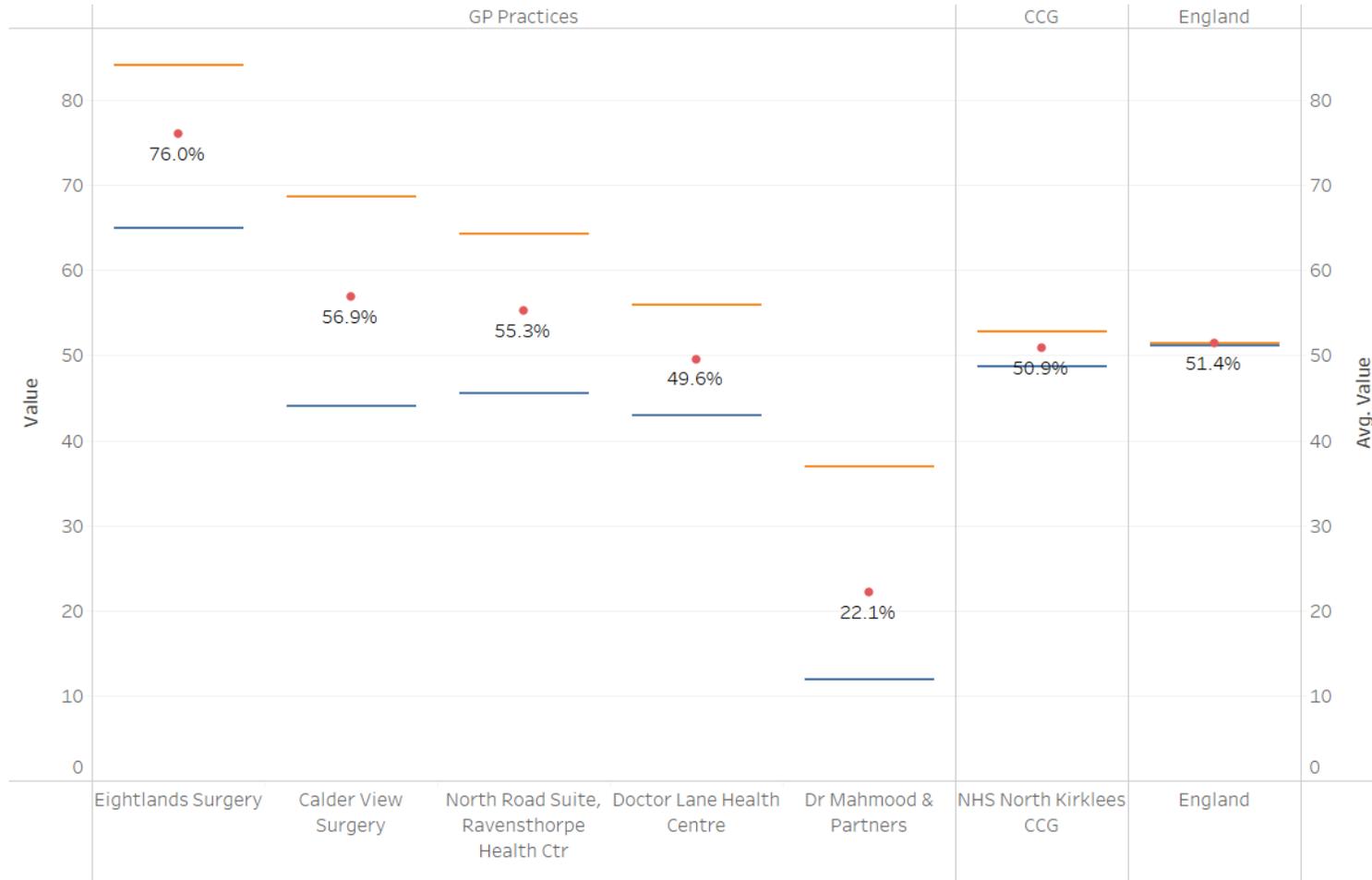


- Average male life expectancy across the PCN is 77.3 years – below the CCG (77.9) and the English averages (79.4). (confidence intervals are not available for this data) .
 - Dr Lane has male LE that exceeds both local and national averages
- Average female life expectancy across the PCN is 81 years – close to the CCG average (81.3) and below the national average (83.1)

Age profile by practice



The PCN sees a broad spread of people living with a long term condition by practice



2018-19 data

- 52% of the 3 Centres population (16+ years) live with a long-term condition, compared to 50.9% of the wider CCG. This equates to c.22k people.
- The broad spread of values across practices is notable and presents the PCN with a challenge to a single strategy – The practice with the highest % of people with an LTC is more than 50 percentage points higher than the lowest practice.
- There has been no significant change to this metric for the PCN over recent years, despite decreasing values at national level
- A significantly higher rate of 3+ LTCs is observed in those of Asian ethnicity and those living in the most deprived areas.
- Locally, 1 in 4 working age people have three or more long term health conditions. The most common include mental health, back pain, MSK, chronic pain & high blood pressure Source : Kirklees JSNA
- [Link to supporting data](#)

Ambulatory care sensitive conditions



Data not publicly available at GP practice level



PCN Priority Areas



Priority areas: Criteria for prioritisation

- We used a range of approaches to develop the potential 3 Centres PCN priorities. These included a review of:

1. **3 Centres PCN stated priorities (taken from Networks Overview and other PCN communications)**

- Team Building Exercise
- Sharing Workforce
- Dermatology Community Service
- Developing a Leadership Structure
- Wound Care
- Healthy Hearts
- Respiratory



2. **Variation in performance from CCG average (where data available)**

- Significant variation from CCG average where a majority of practices lie outside the 95% confidence interval for a metric



3. **Results of other analysis.** e.g. disparity in gender life expectancy

- [Rightcare](#) was used to validate this selection process and add to the short list as required. The Right care priorities for the CCG for 'Spend and Outcomes' are Mental Health, Endocrine and Respiratory; for 'Outcomes' is Cancer; and for 'Spend' are MSK, Circulation, Trauma & Injuries and Respiratory.
- Consideration is being given to the appropriate platforms to ensure PCNs have access to relevant data and insights on an ongoing basis.

3 Centres PCN priorities

Priorities focused on in this pack:

1. **Depression prevalence**

- Outlier compared to CCG - 3 PCN practices are over the CCG average

2. **Smoking prevalence**

- Outlier compared to CCG - 4 PCN practices are over the CCG average

3. **Obesity prevalence**

- Outlier compared to CCG - 3 PCN practices are over the CCG average

4. **Childhood obesity**

- Outlier compared to CCG – 1.5% points above the CCG average

5. **Access to primary care**

- Outlier compared to CCG - 3 PCN practices are below the CCG average



Priority 1: Depression prevalence



High depression prevalence

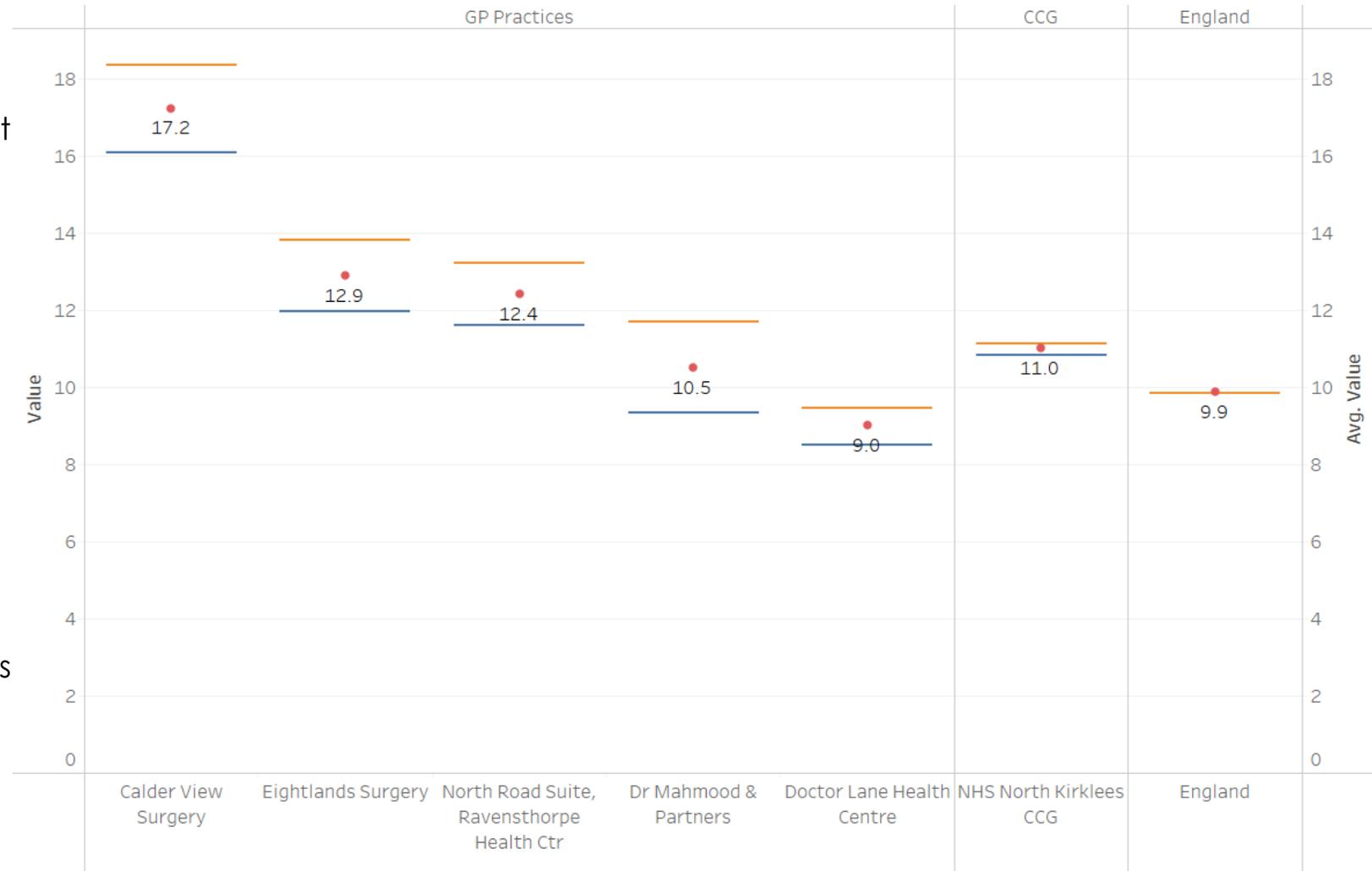
Why is this a priority?

- 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?

- Three out of five practices have statistically higher depression prevalence when compared to the CCG average
- Calder View Surgery has a particularly high depression prevalence, 1.7 times higher than the England average.
- In contrast, Doctor Lane Health Centre has the lowest prevalence rate of all the PCN, almost 1 percentage point lower than the England average and 7 percentage points lower than Calder View Surrey.

Depression prevalence, 2017/18



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

Depression reviews for newly diagnosed patients are carried out in most practices



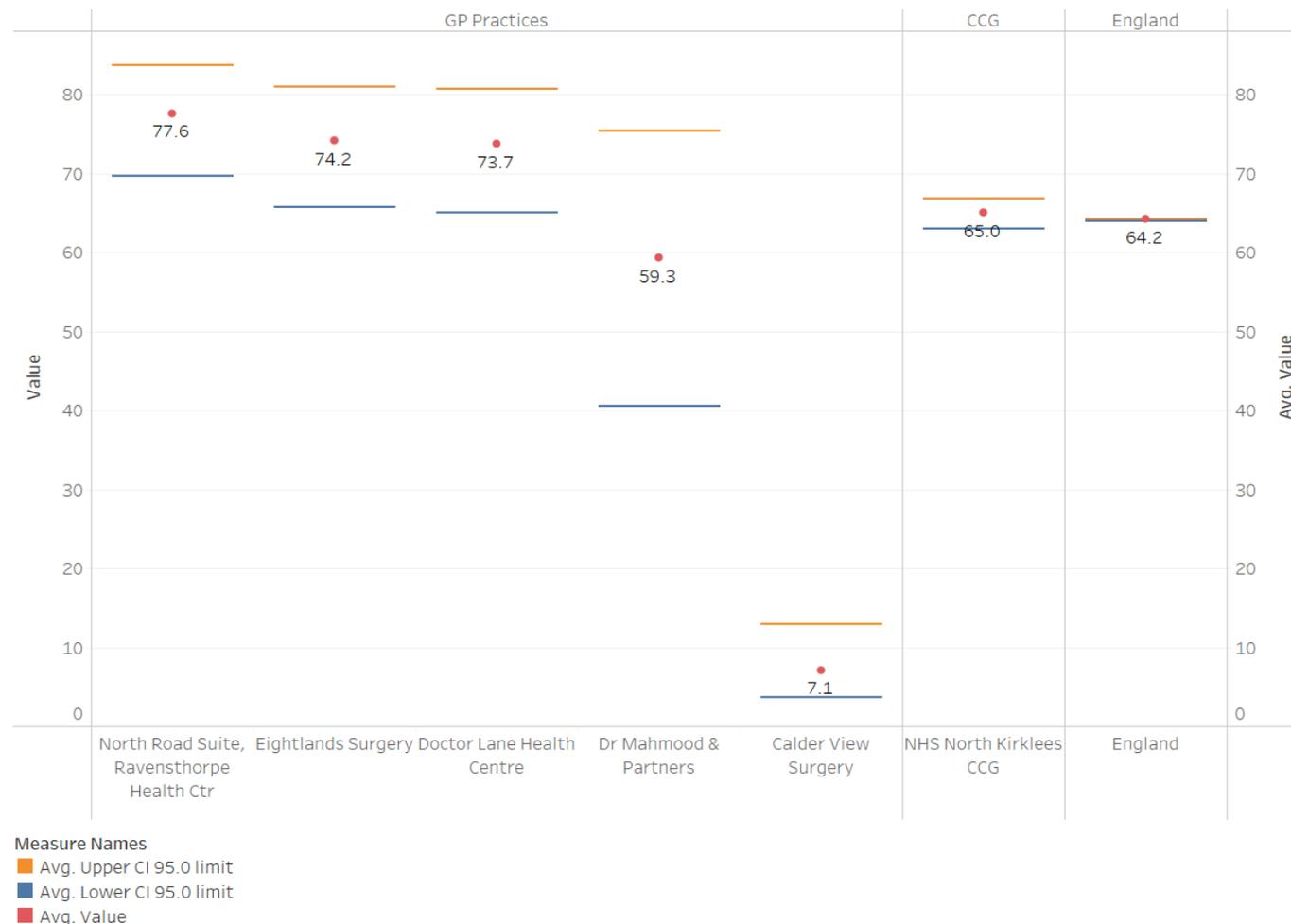
What does the data tell us (cont'd)?

- Most practices deliver reviews of new depression patients within 56 days
- However one practice reports very low levels of reviews, as well as having the highest depression prevalence

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

Newly diagnosed depression patients receiving a review with 56 days, 2017/18



There is large variance in the level of anti-depressant prescribing



Data not publicly available at GP practice level

Opportunity



- **What can be done?**

- As outlined in the Kirklees mental health strategy implement targeted interventions for vulnerable individuals at risk of developing depression.
- Increase greater awareness, reduce the stigma and encouraging individuals suffering from depression to seek care via campaigns and local initiatives such as Time to Change.
- Ensure that service provision is proportionate to the population health need to improve early access to treatment.
- 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 Yasmeeen.
- 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 2: Smoking prevalence



Smoking prevalence is high

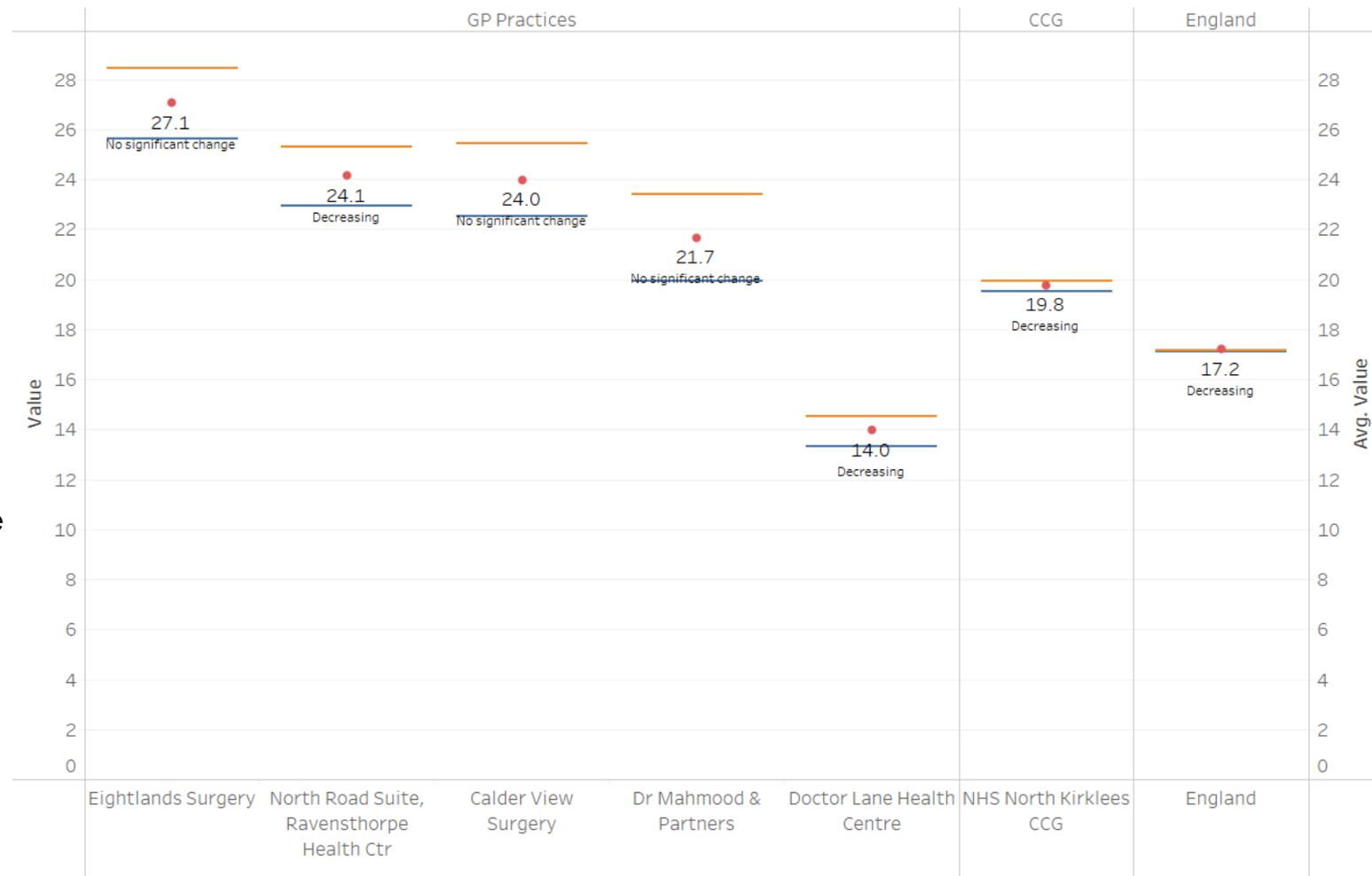
Why is this a priority?

- Smoking is the single greatest cause of preventable illness and early death.

What does the data tell us?

- Four practices have average smoking prevalence values higher than the CCG. Three of these are significantly higher.
- Although North Road and Doctor Lane smoking prevalence is decreasing, the other practices have shown no change in trend recent years
- There is a variation in the population in terms of smoking prevalence. Groups of individuals who are more likely to smoke tend to be more deprived areas and suffer from mental health conditions. These individuals also experience greater difficulty to quit smoking.

Smoking prevalence, 2017/18



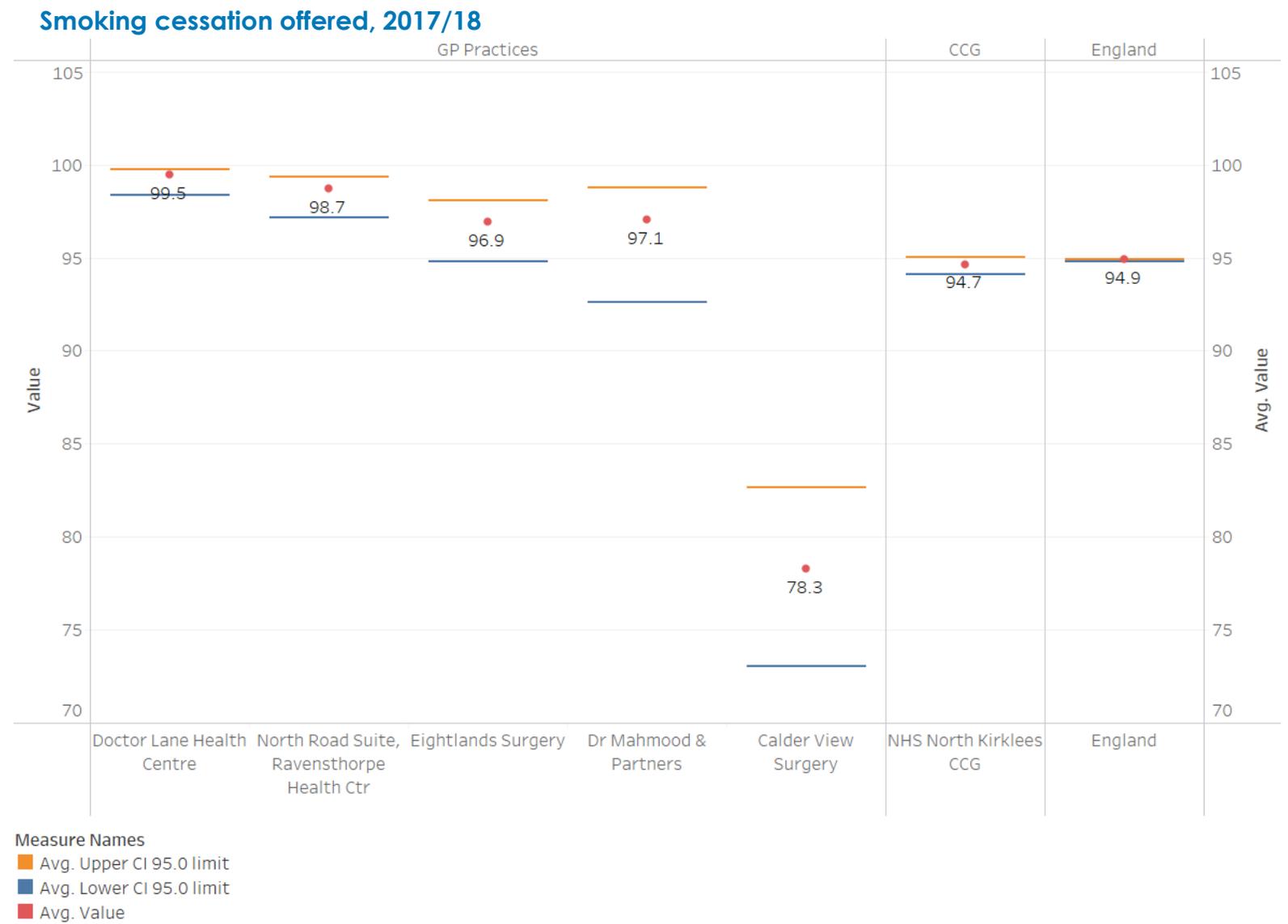
Measure Names
■ Avg. Upper CI 95.0 limit
■ Avg. Lower CI 95.0 limit
● Avg. Value

However, smoking cessation has been offered to most people



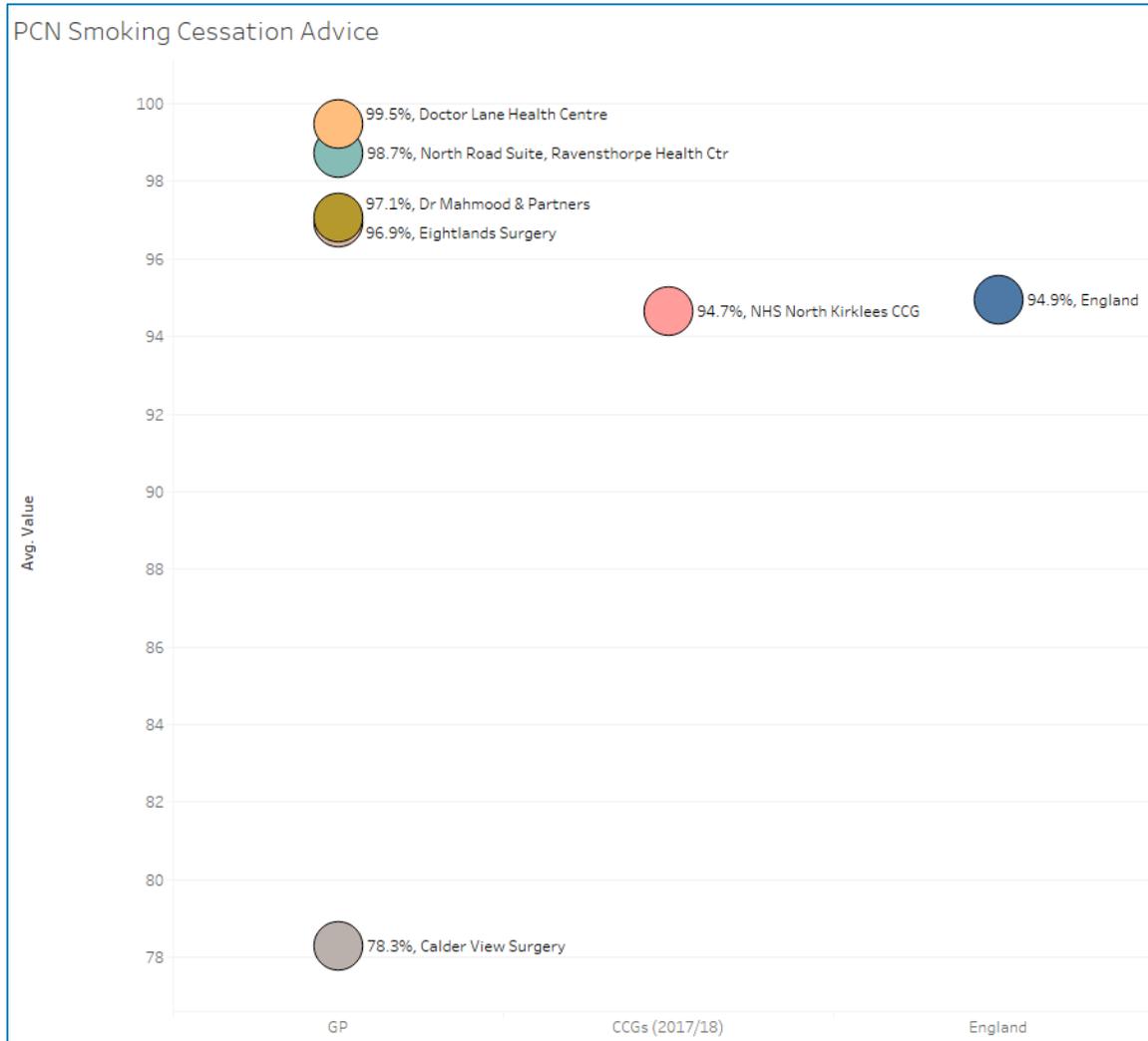
• **What does the data tell us (cont'd)?**

- Smoking cessation has been offered to a high portion of patients in all practices (with the exception of Calder View)
- Despite this, smoking prevalence is high, suggesting that alternative approaches should be pursued



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 Calder View Surgery is significantly below the national and regional average measures.
- [Link to supporting data](#)

Opportunity

- **What can be done?**

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

- **What could this mean?**

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

- **Links and further reading**

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



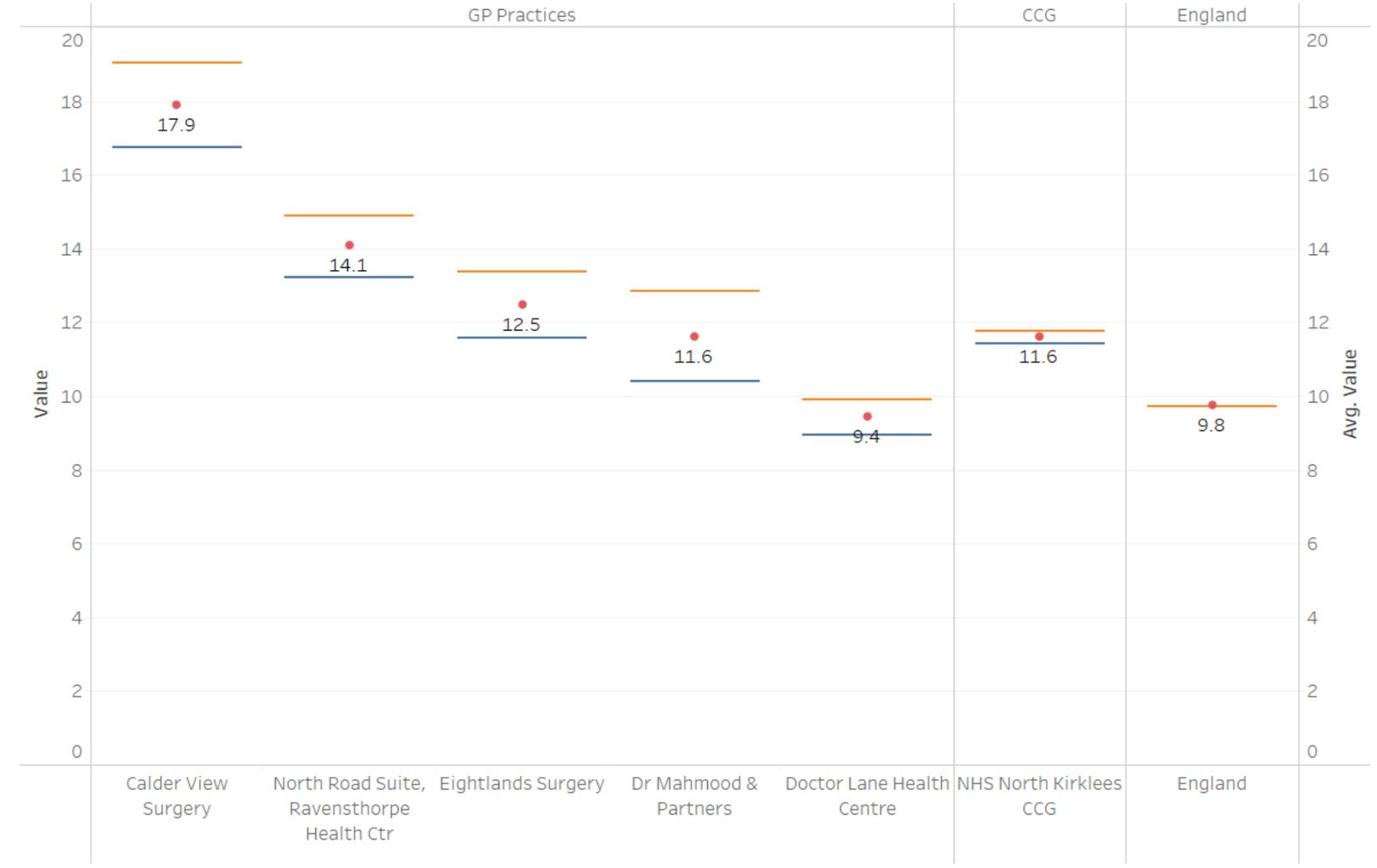
Priority 3: Adult obesity prevalence



Obesity prevalence is high

- **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?**
 - Three fifths of the PCN's practices have higher rates of adult obesity than the CCH as a whole
 - Calder View and North Road have much higher rates. In fact, Calder View Surgery's obesity prevalence is 8 percentage points higher than the England average.

Obesity prevalence (18+), 2017/18

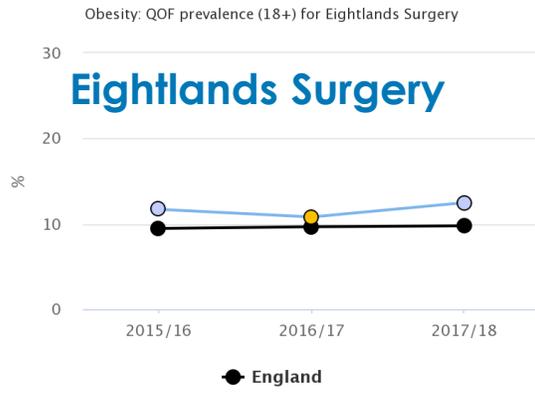


Measure Names
■ Avg. Upper CI 95.0 limit
■ Avg. Lower CI 95.0 limit
■ Avg. Value

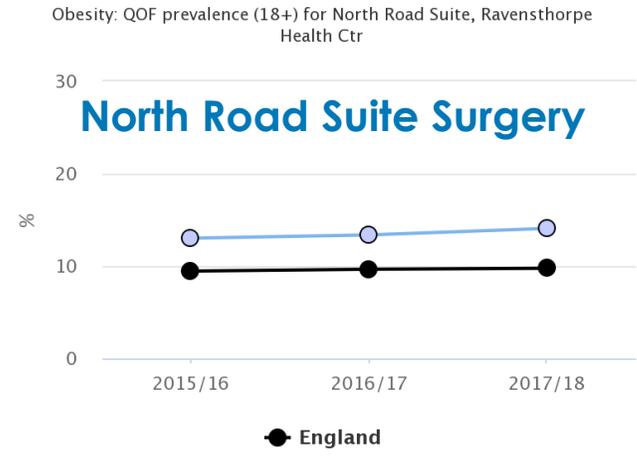
Adult Obesity prevalence by practice (vs English average)



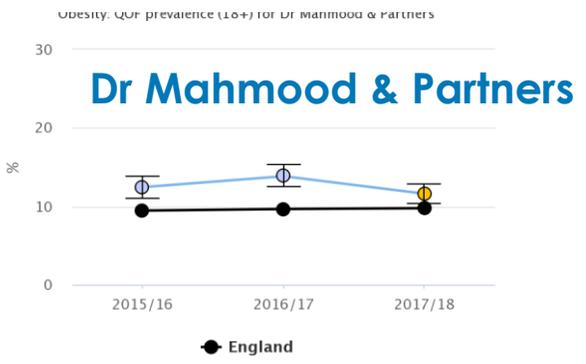
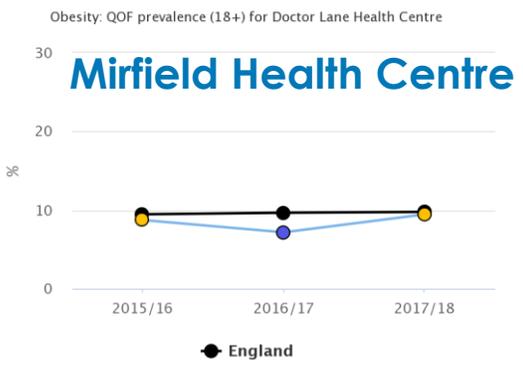
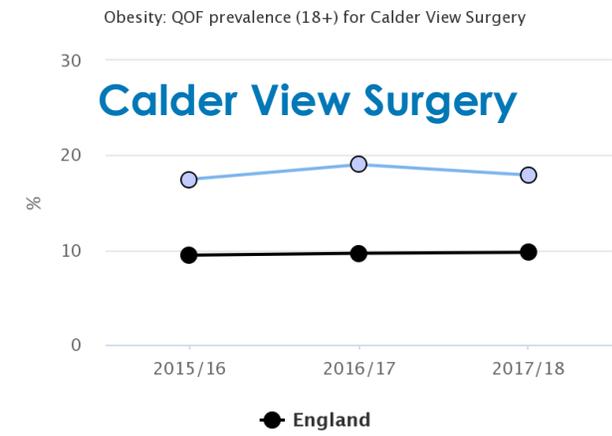
LOWER PREVALENCE



AVERAGE PREVALENCE



HIGHER PREVALENCE



Dr Mahmood & Partners 2017/18 obesity prevalence is in line with the national average despite having a high mixed and Asian population of over 64%. North Road Suite Surgery has shown an increase in obesity prevalence every year since 2015/16.

The increase in part is due to rising obesity levels, an ageing population and a growing population of south Asian origin.

People from south Asian and black ethnic groups have a greater chance of developing Type 2 diabetes than people from white ethnic groups.

Opportunity



- **What can be done?**

- 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](#)



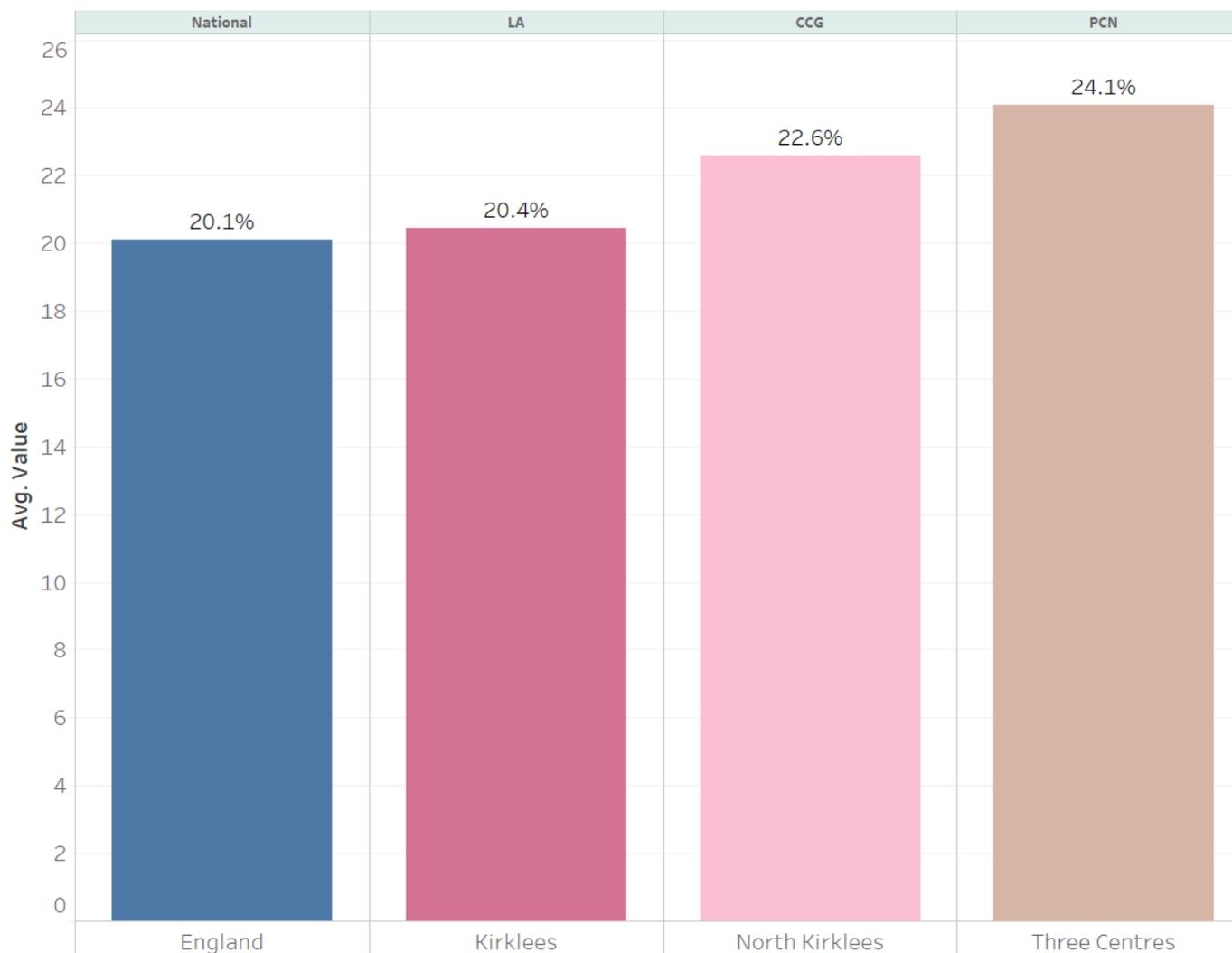
Priority 4: Child obesity



Child obesity

- **Why is this a priority?**
 - Research suggests that the earlier the onset of obesity in an individual or child's life, the greater is the difficulty to revert back to a healthier state.
 - Obesity is a risk factor for diabetes, cardiovascular disease (including heart attacks and stroke) and some cancers, so rising levels of obesity are a key concern.
 - The likelihood of a child being obese is strongly linked to a parent being overweight or obese.
- **What does the data tell us?**
 - Almost one in four of 3 Centres year 6 children are obese – the second highest rate seen across all Kirklees PCNs
 - This is four percentage points higher than the national average

Year 6 obesity, locally sourced PH data



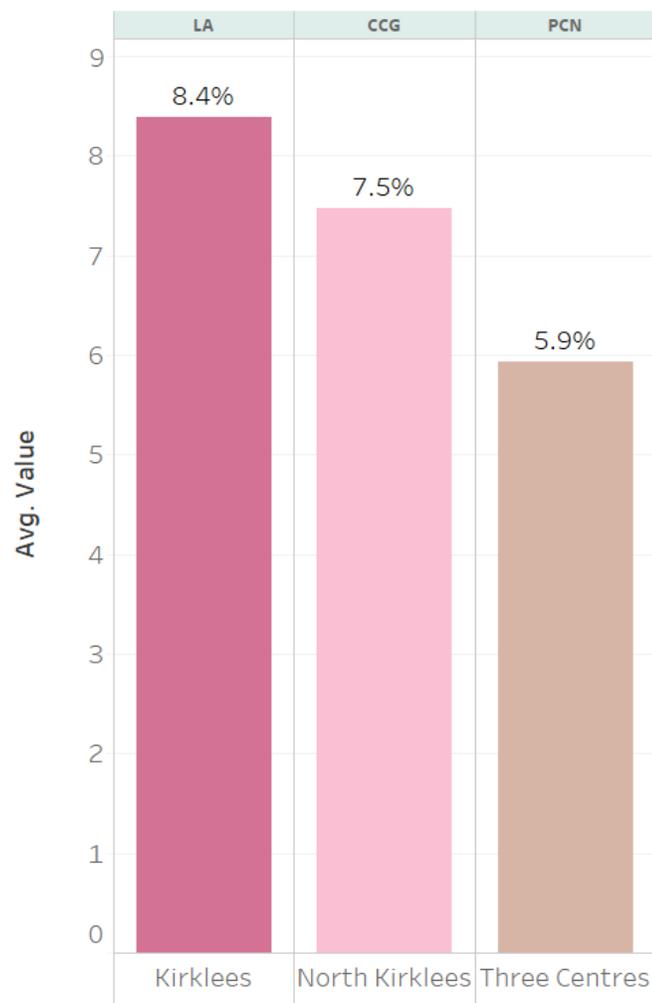
2017-18 data

High numbers of inactive children

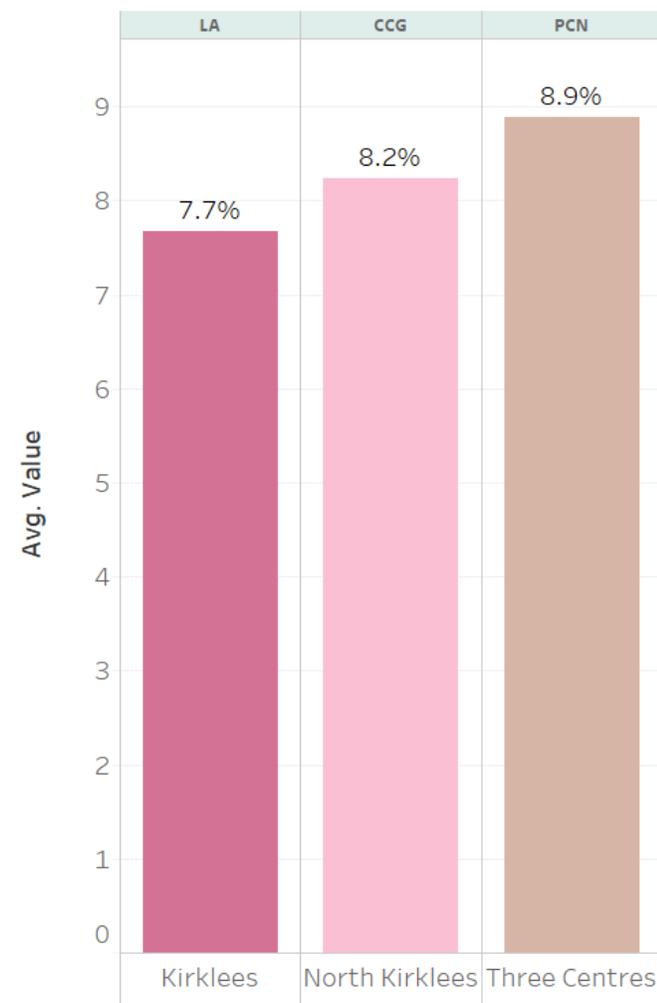
- **What does the data tell us (cont'd)?**
 - The PCN sees both a low portion of children who are physically active and a high portion of inactive children, when compared to the wider CCG and Local Authority
- A life course perspective can increase our understanding of childhood obesity. There is now strong evidence that pre -and early life factors are involved in the development of childhood obesity, and that obesity often begins early in life.

Child activity levels, locally sourced PH data

Child Physically Active



Child No Physical Activity



2019 data

2019 data

Opportunity



- **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

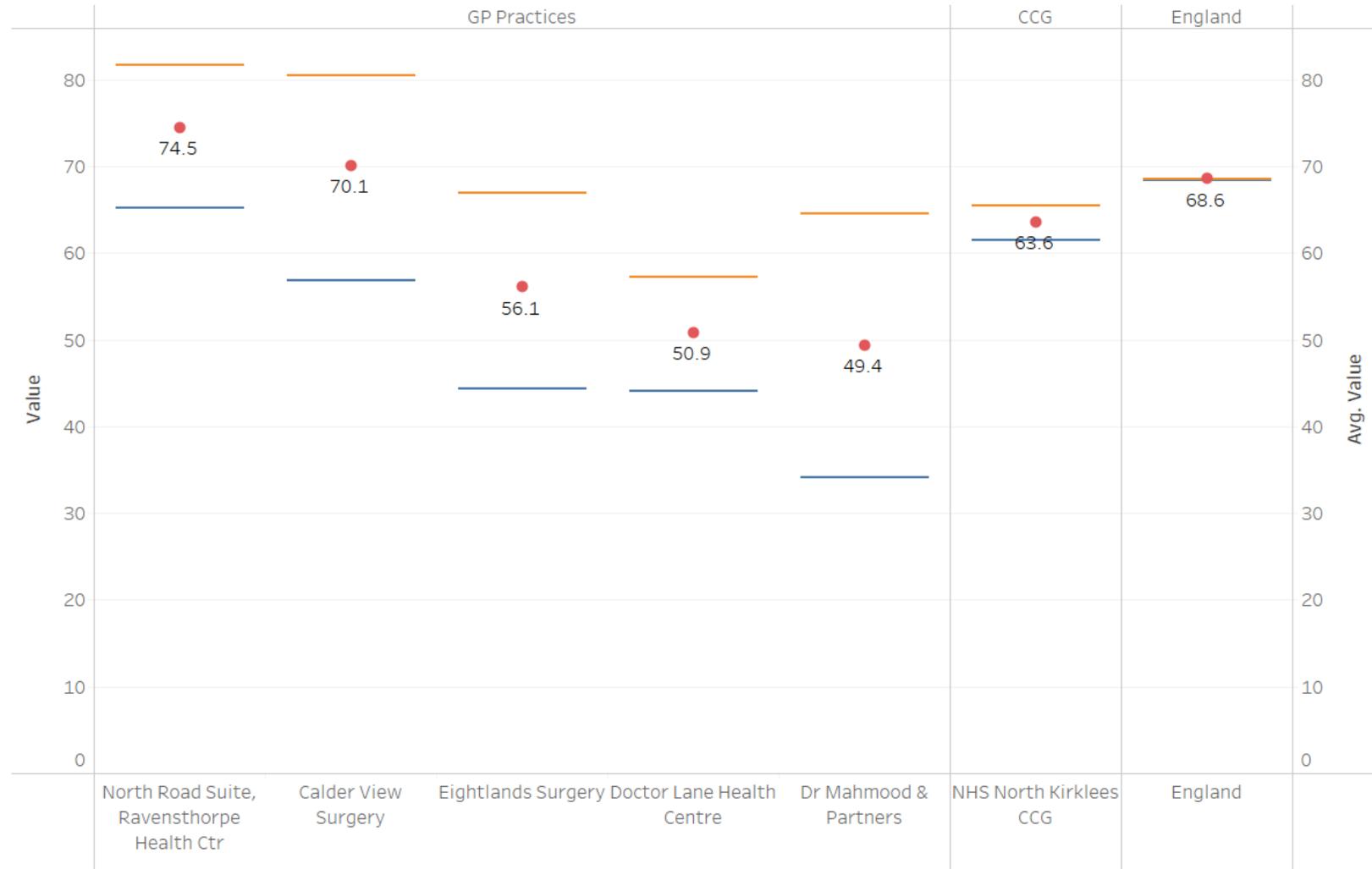


Patient's experience of making a GP appointment is not universally good



- 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 five practices' patients report below average satisfaction with making an appointment, when compared to the wider CCG. In fact, Dr Mahmood & Partners's satisfaction scores are 19 percentage points under the national average. More than half of their patient report being dissatisfied with their experience of making an appointment.

Overall experience of making an appointment, 2017/18



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

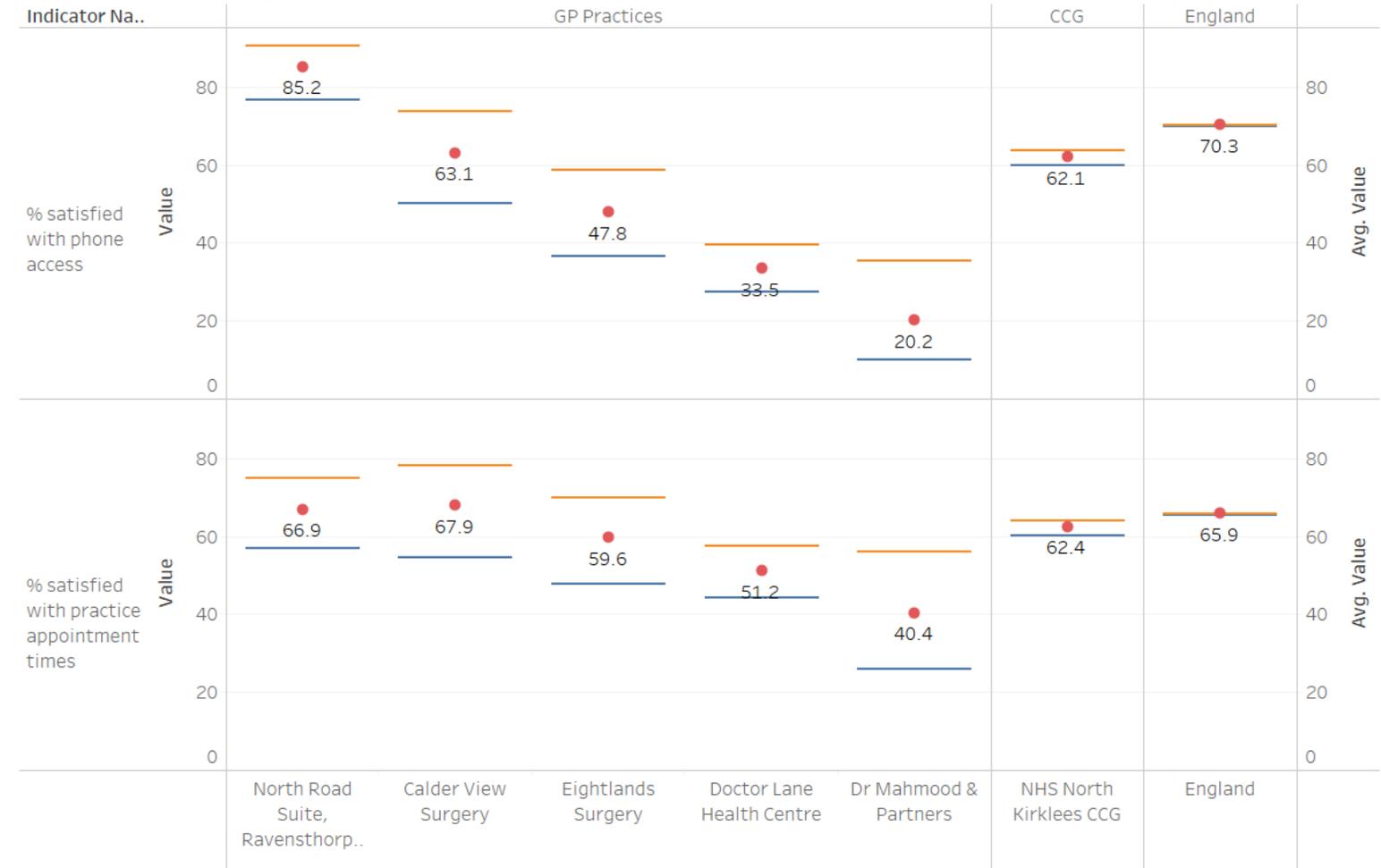
Low satisfaction scores on phone access and appointment times



What does the data tell us (cont'd)?

- Three of five practices report below the CCG average for both phone access and appointment times
- A significantly high number of patients in Dr Mahmood & Partners health centre reported being dissatisfied with the phone access
- In addition only 63% of Eightlands and 69% of Dr Mahmood's practice patients report that they have 'had enough support from local services or organisations to help them manage their condition (or conditions)?'

Satisfaction with phone access and with appointment times



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

2018-19 data

Opportunity



- **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 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.

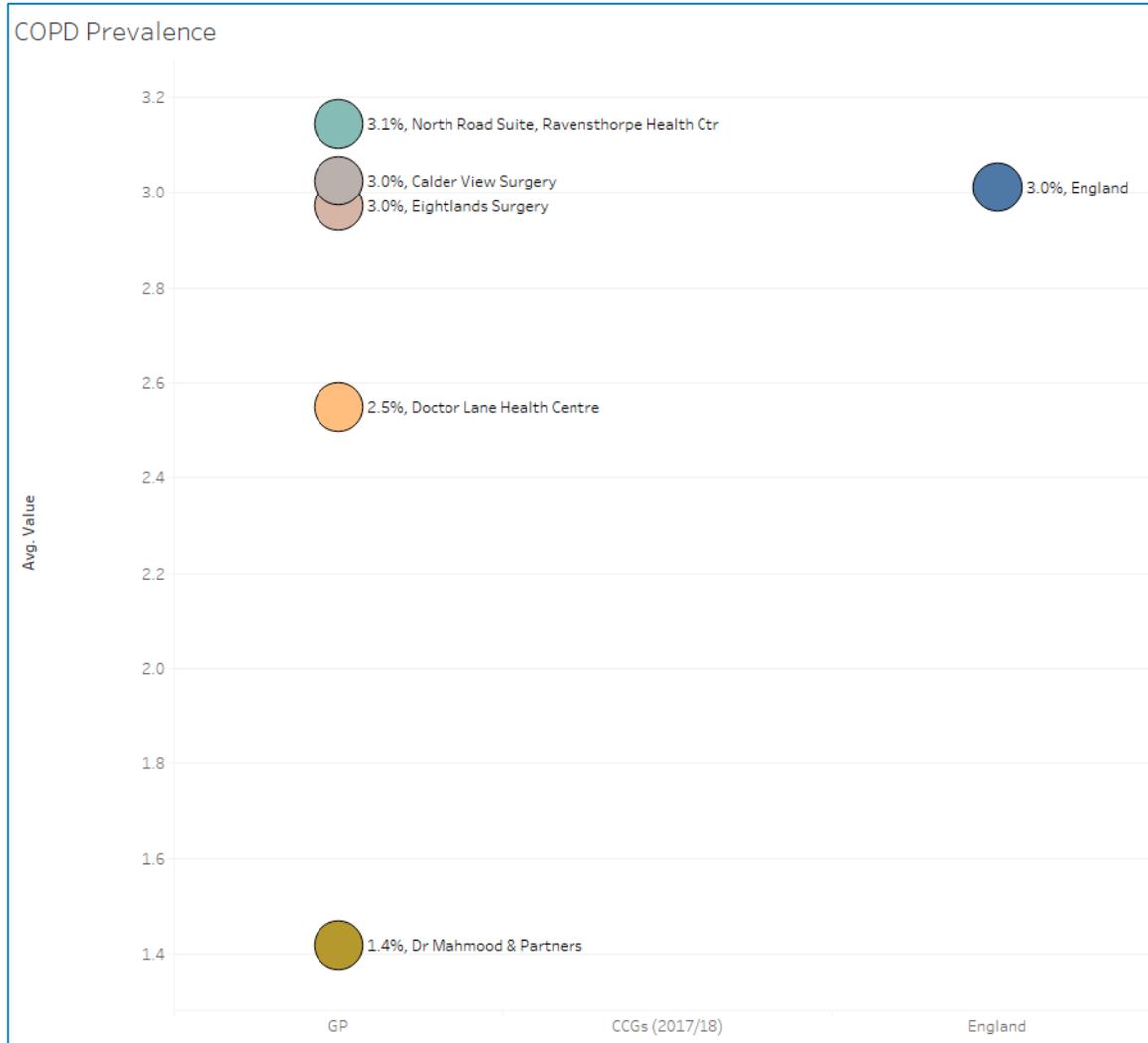
Chart Contents

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27. [PCN Cancer Emergency Admissions](#)
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COPD Prevalence

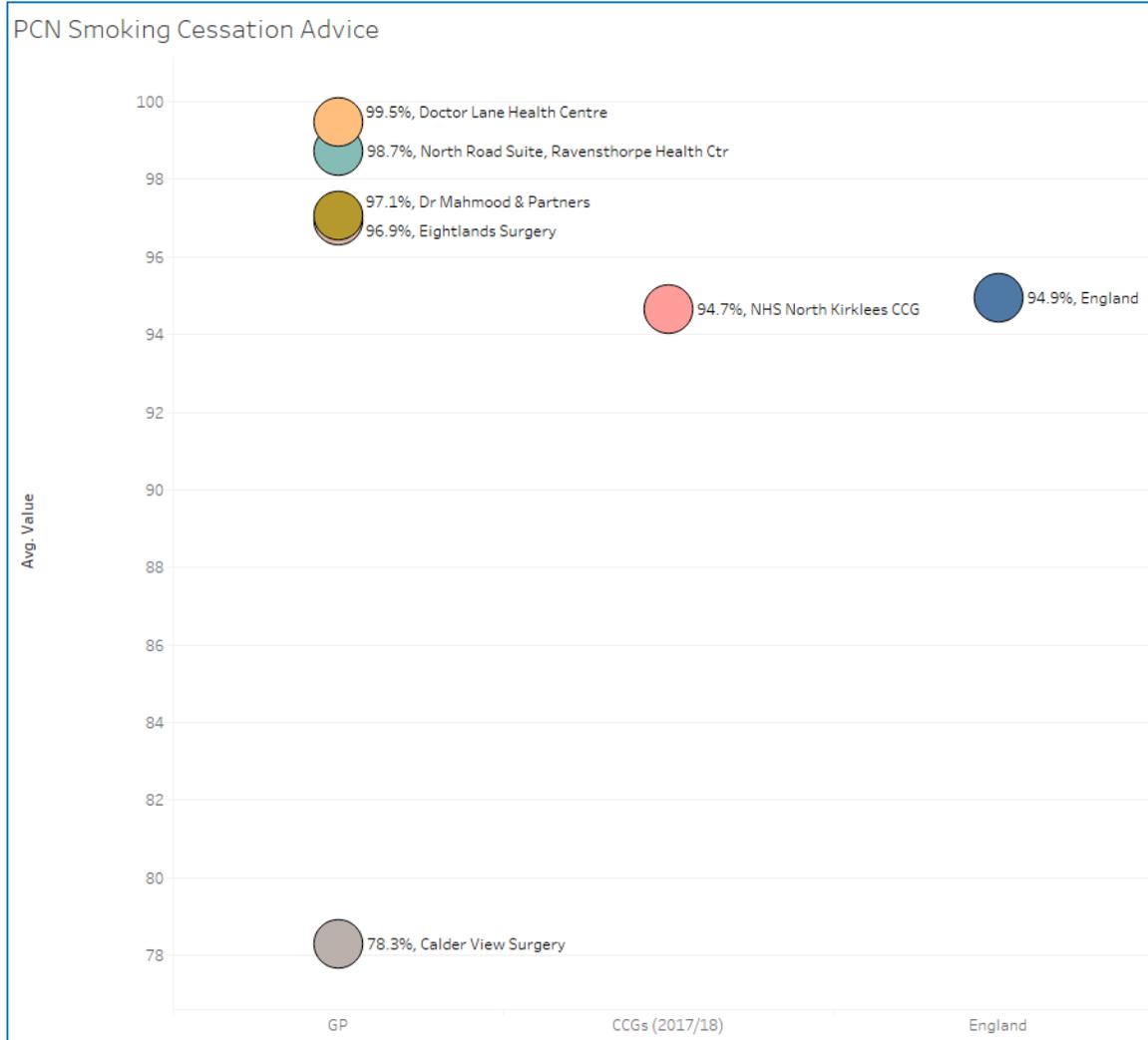
COPD Prevalence (2015)



- The chart represents the percentage of patients with COPD, as recorded on practice disease registers.
- Most patients with COPD are managed by GPs and members of the primary healthcare team with onward referral to secondary care when required.
- The COPD Prevalence percentage for England is 3%. ●
- Dr Mahmood Partners practice is significantly lower than the other network practices and the national average measures.
- [Link to Supporting Data](#)

Smoking Cessation

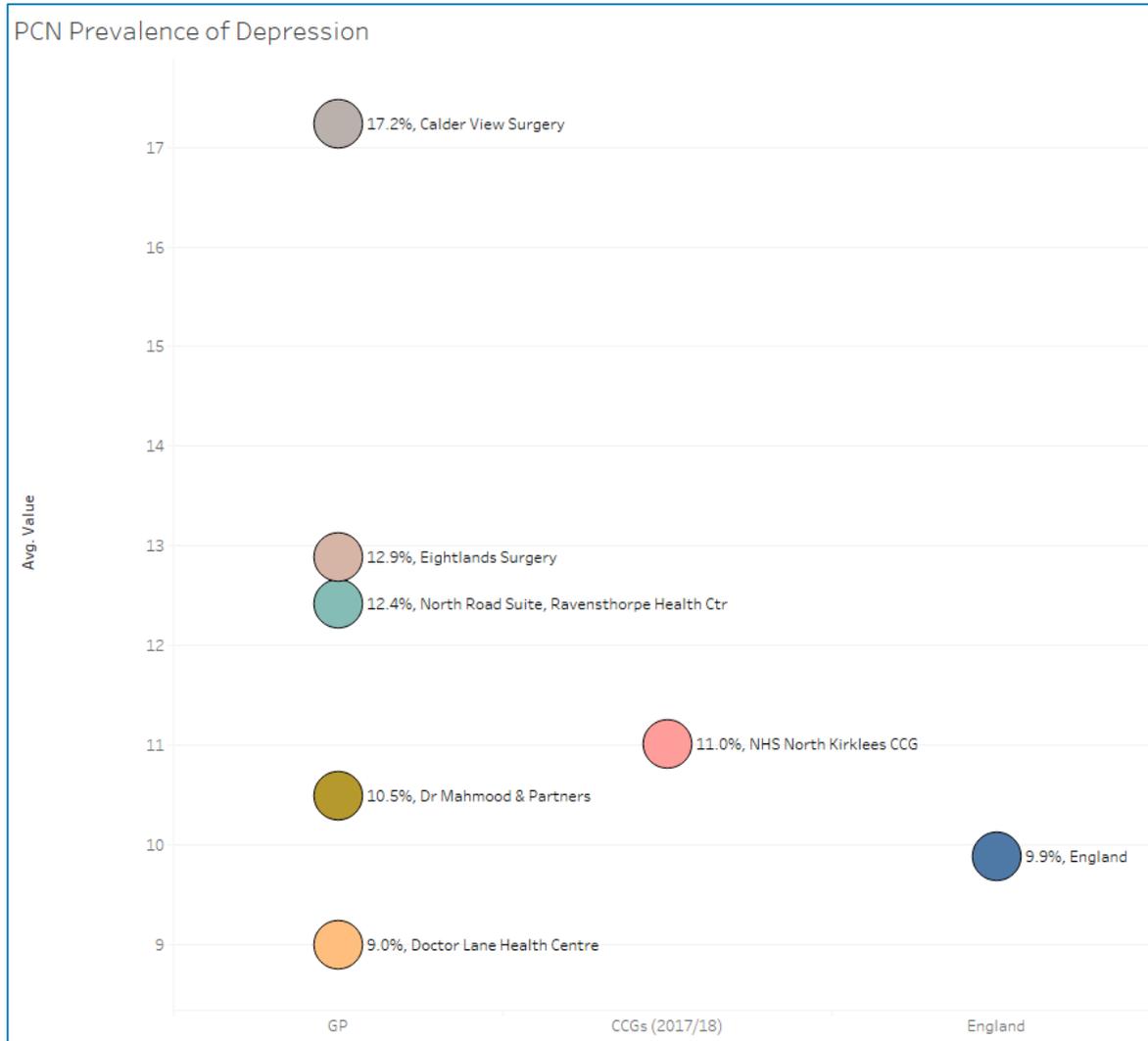
Smoking Cessation (2017-18)



- 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 Calder View Surgery is significantly below the national and regional average measures.
- [Links to Supporting Data](#)

Depression

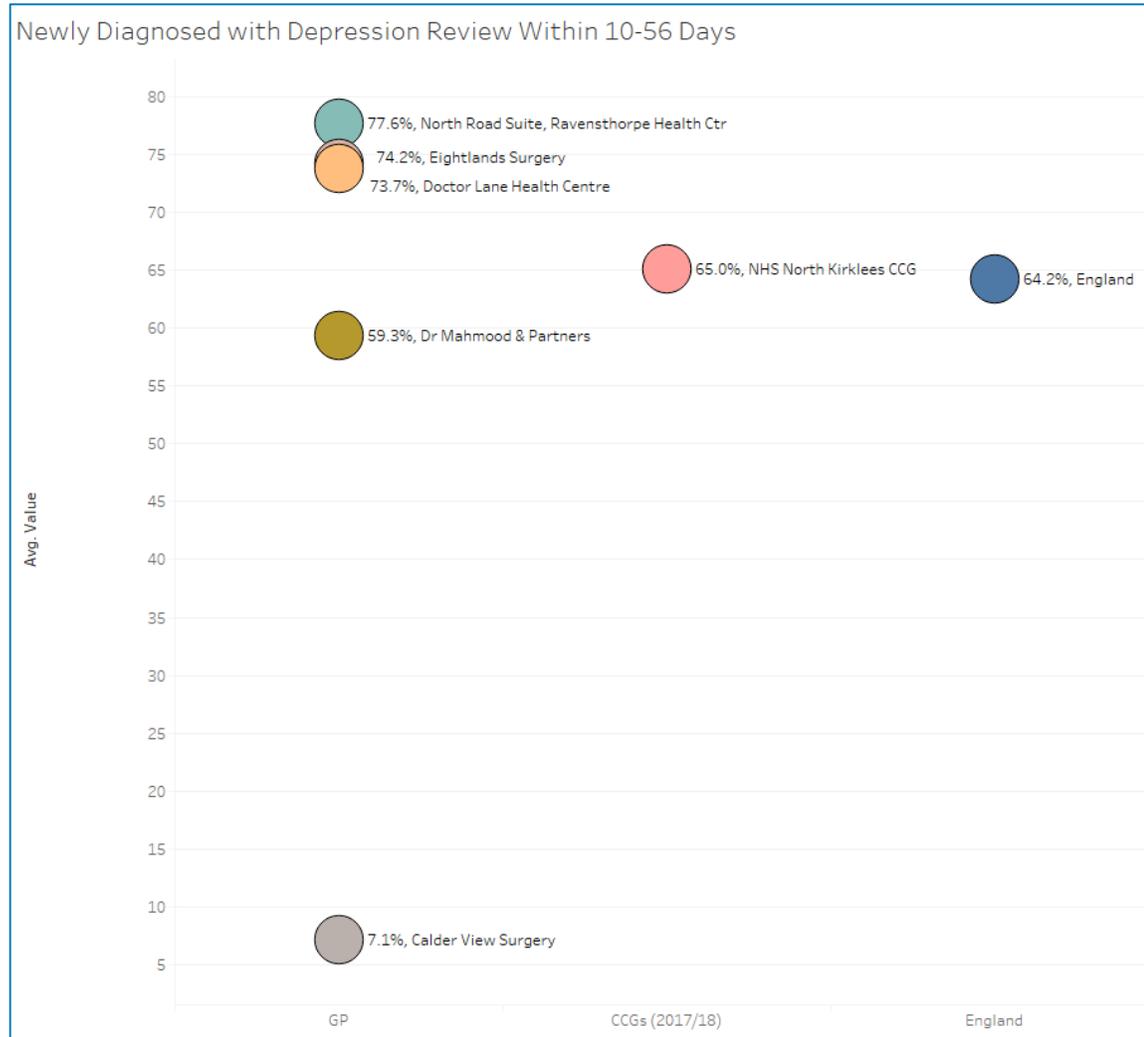
Prevalence of Depression (2017-18)



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

Depression Review within 10-56 Days

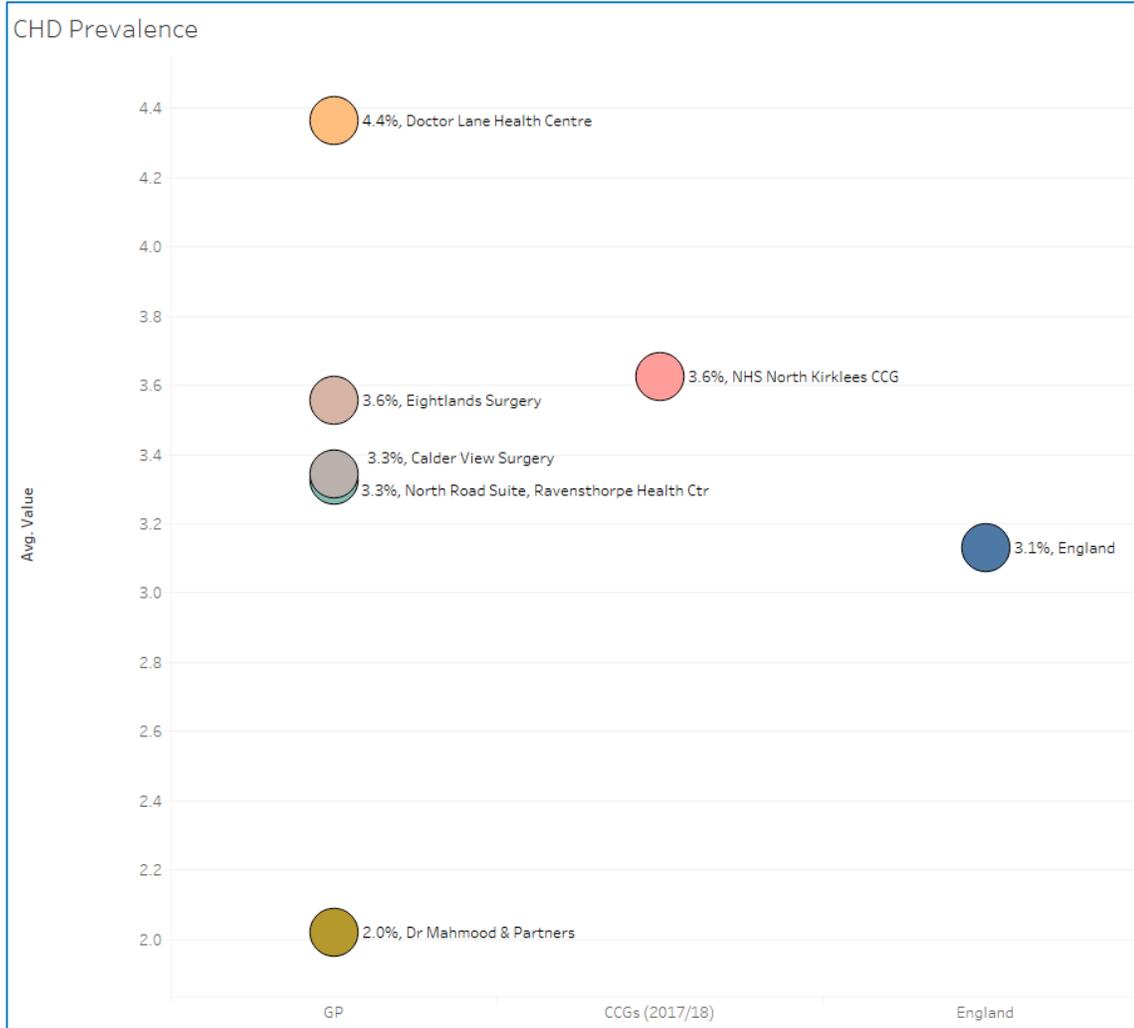
Newly Diagnosed with Depression Review within 10-56 Days (2017-18)



- 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%. ●
- Calder View Surgery is significantly lower than the regional and national measures
- [Link to Supporting Data](#)

CHD Prevalence

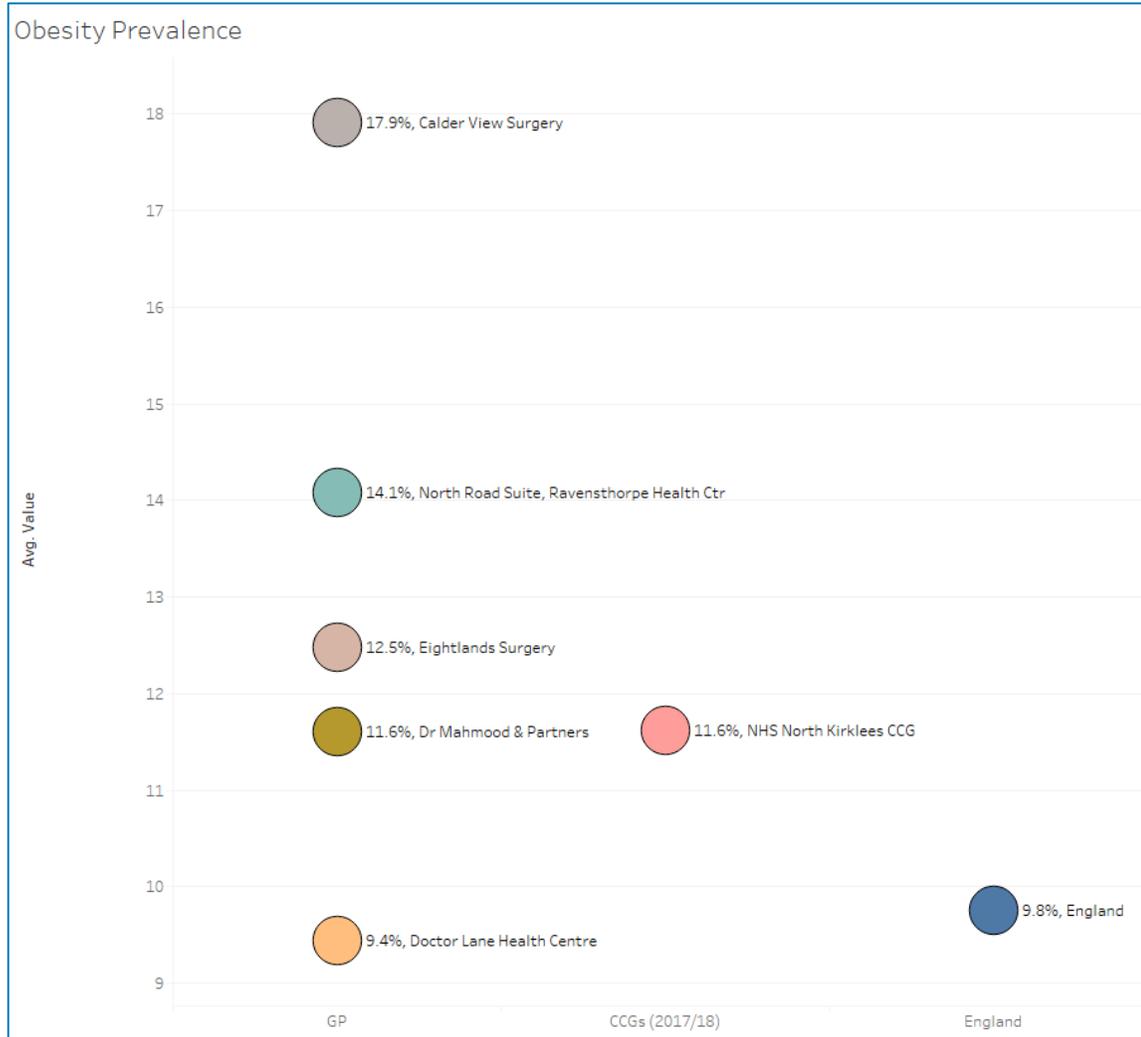
CHD Prevalence (2017-18)



- 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%. ●
- Dr Mahmood & Partners are significantly lower than the other network practices and the regional and national measures.
- [Link to Supporting Data](#)

Obesity Prevalence

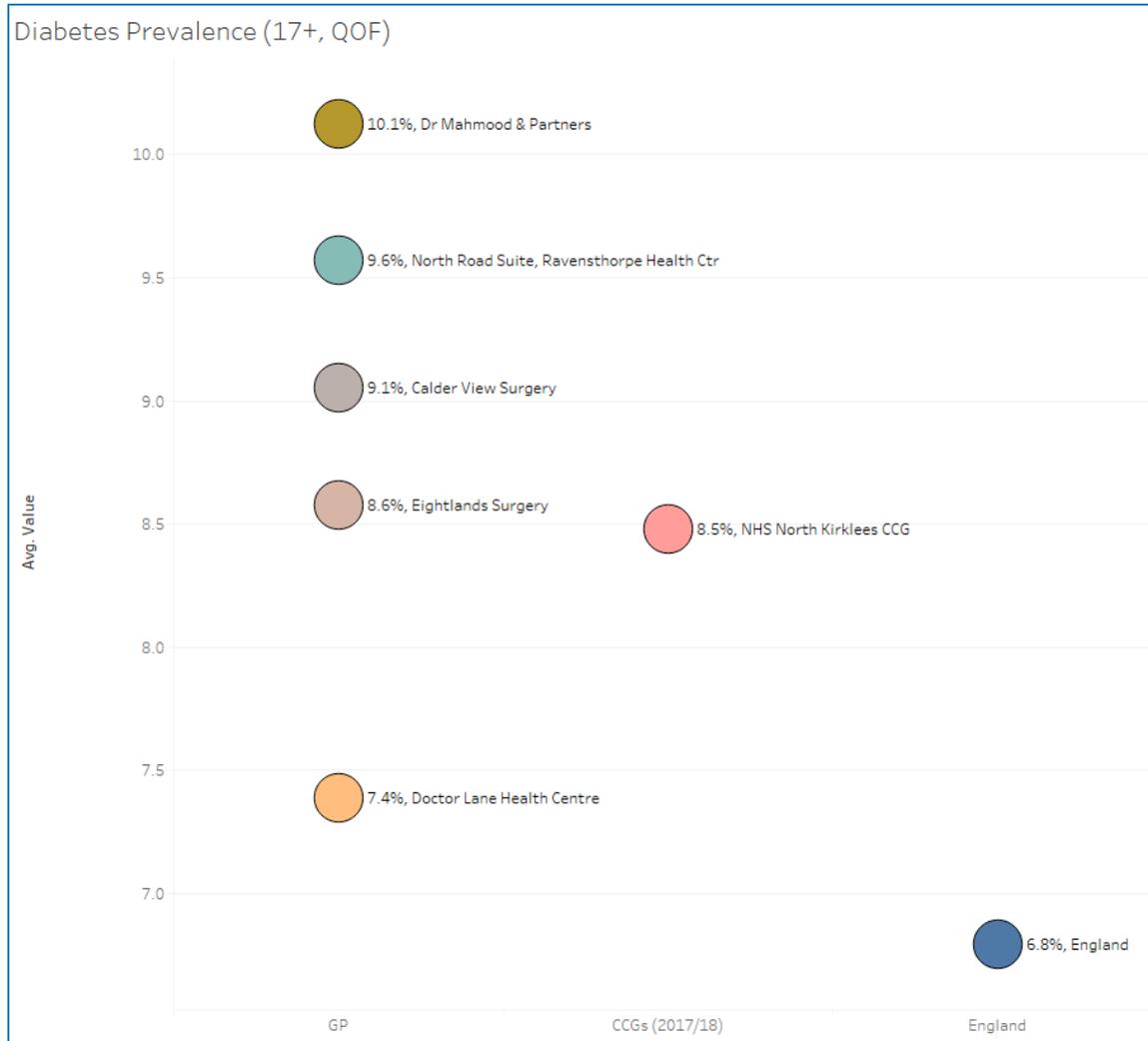
Obesity Prevalence (2017-18)



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

Diabetes Prevalence

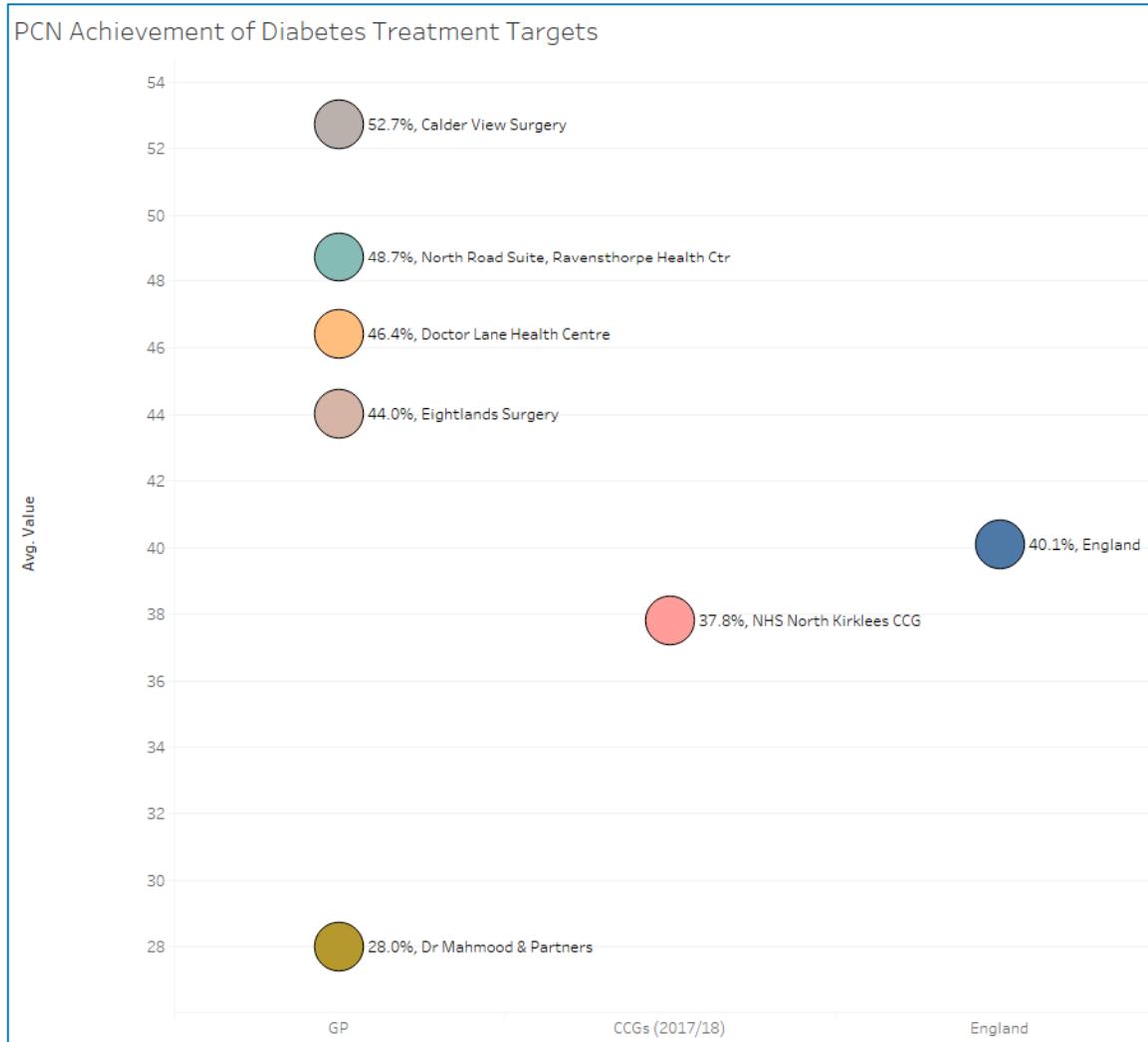
Diabetes Prevalence (2017-18)



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

Achievement of Diabetes Treatment Targets

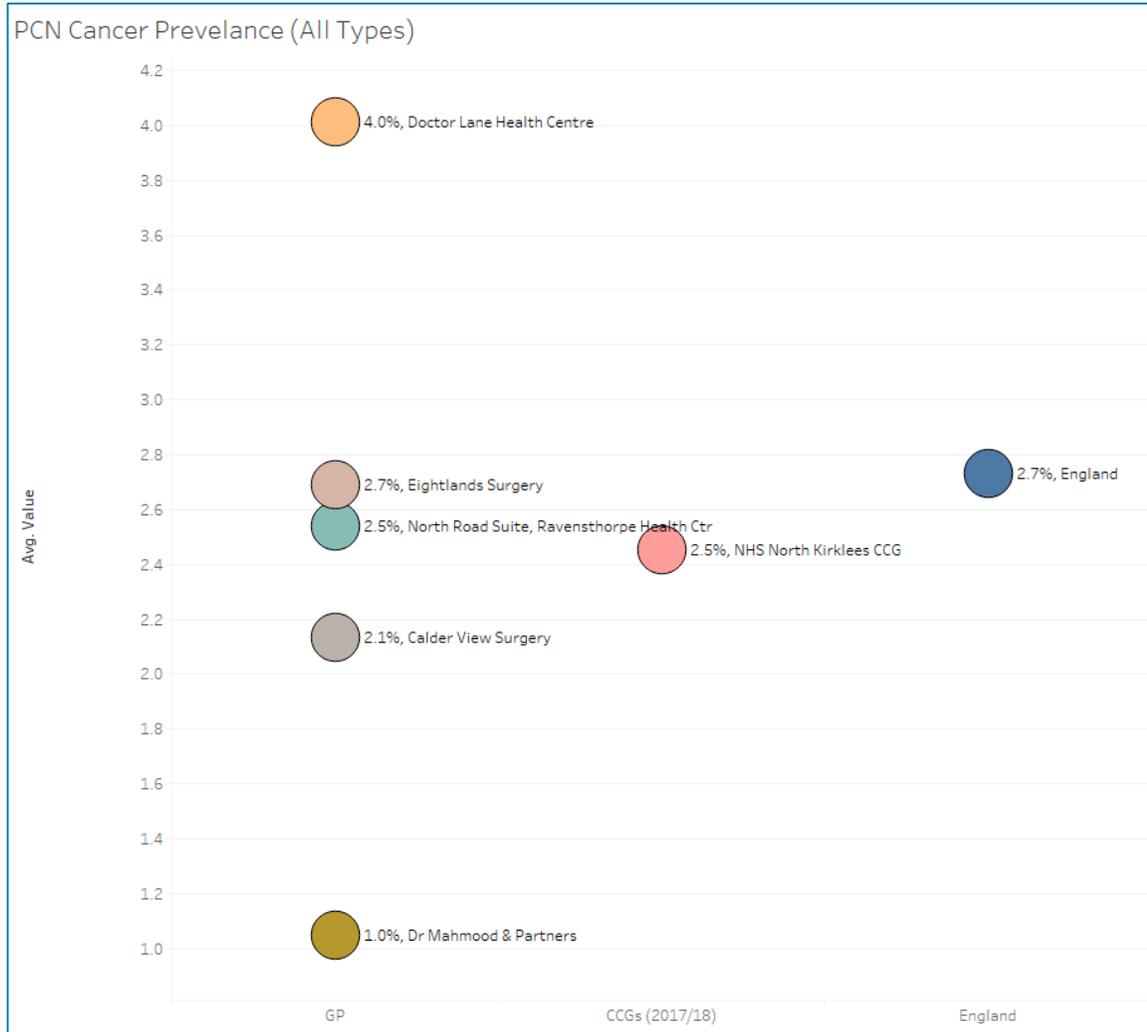
Achievement of Diabetes Treatment Targets (2017-18)



- 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%.
- Dr Mahmood & Partners falls below the measures achieved by the other network practices and the regional and national measures.
- [Link to Supporting Data](#)

PCN Cancer Prevalence

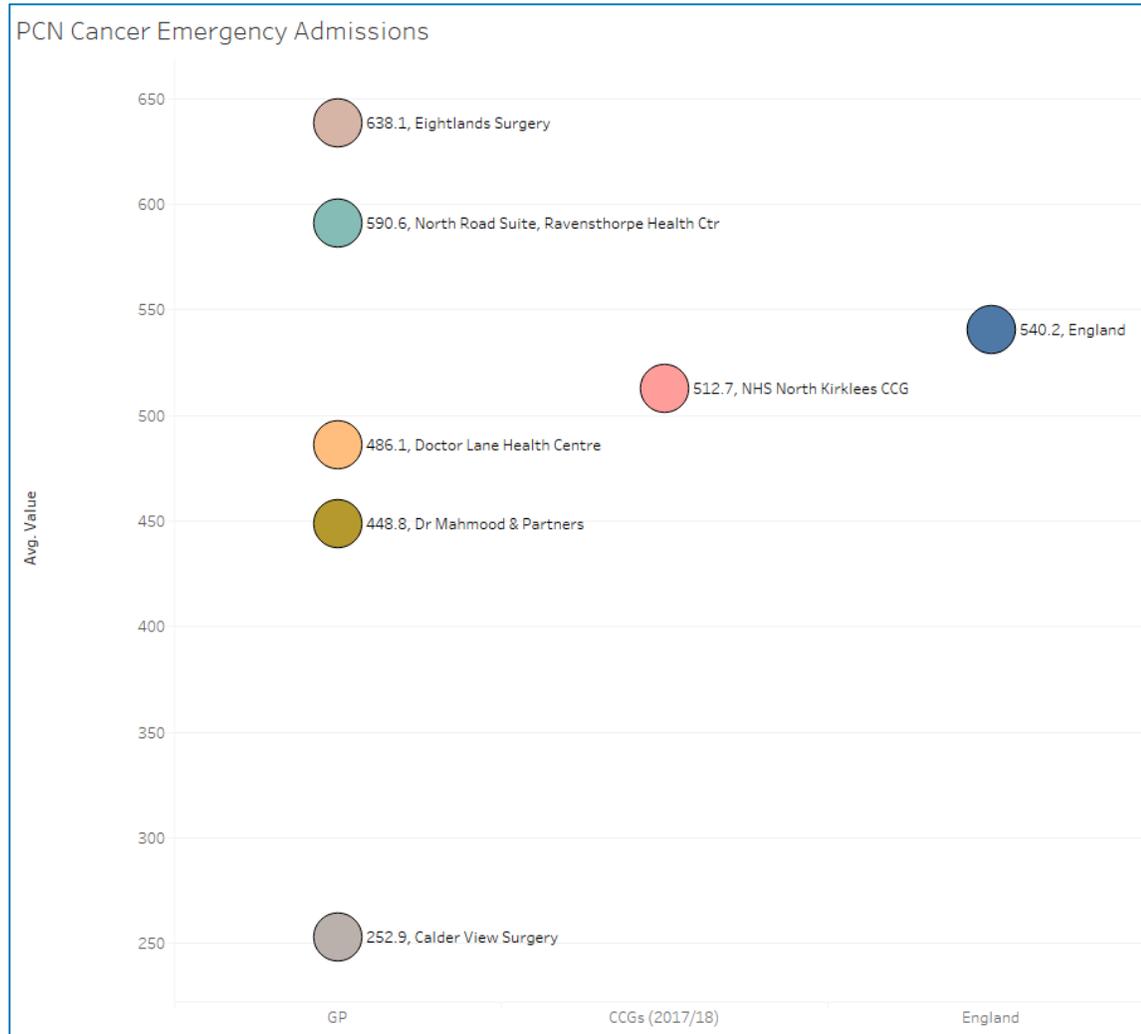
PCN Cancer Prevalence (2017-18)



- 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%.
- One of the five practices has a prevalence rate above the national and regional measures.
- Dr Mahmood & Partners falls below the measures achieved by the other network practices and the regional and national measures.
- [Link to Supporting Data](#)

PCN Cancer Emergency Admissions

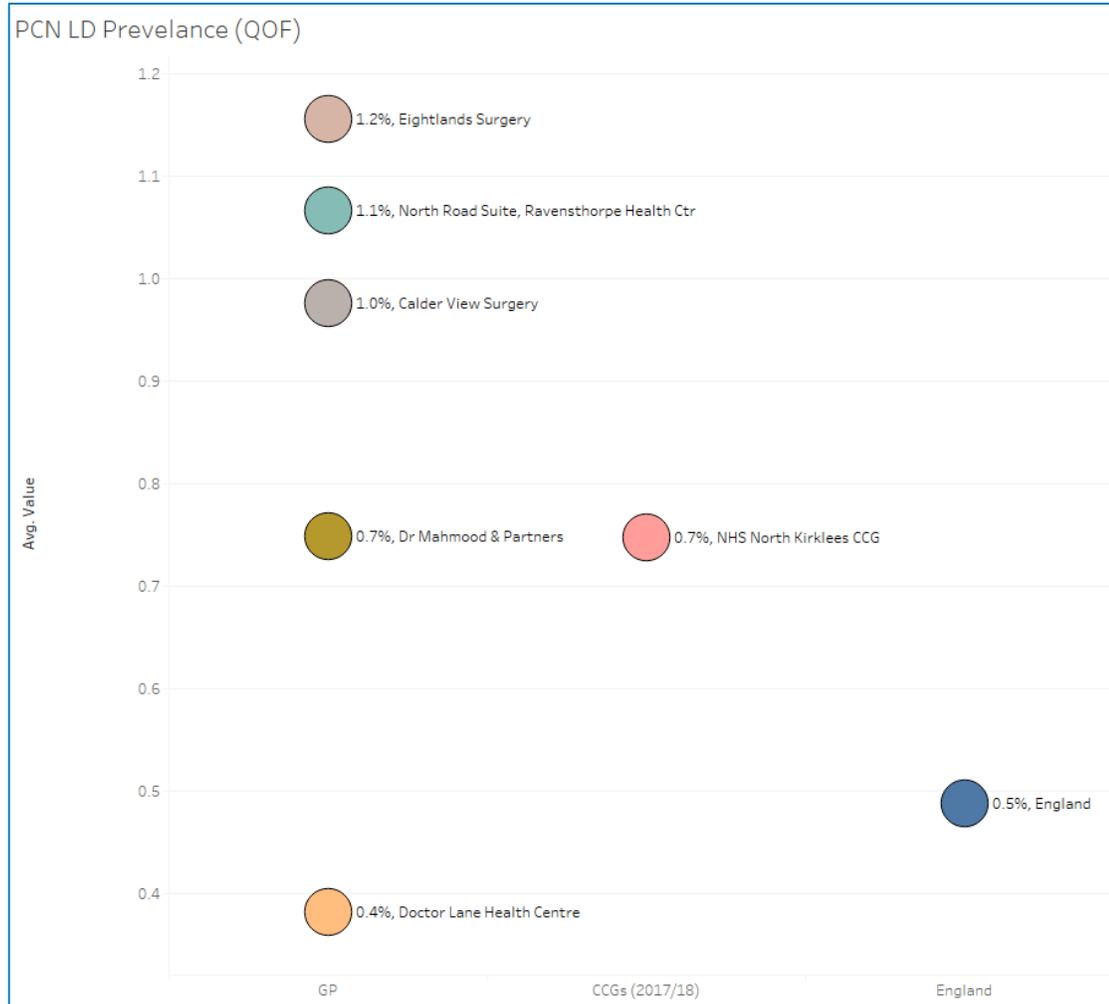
PCN Cancer Emergency Admissions (2017-18)



- 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
- Calder View Surgery has significantly fewer admissions (circa 385) than Eightlands .
- [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 five network practices have prevalence rates above the regional and national measures.
- [Link to Supporting Data](#)

PCN % People on Palliative Care Register

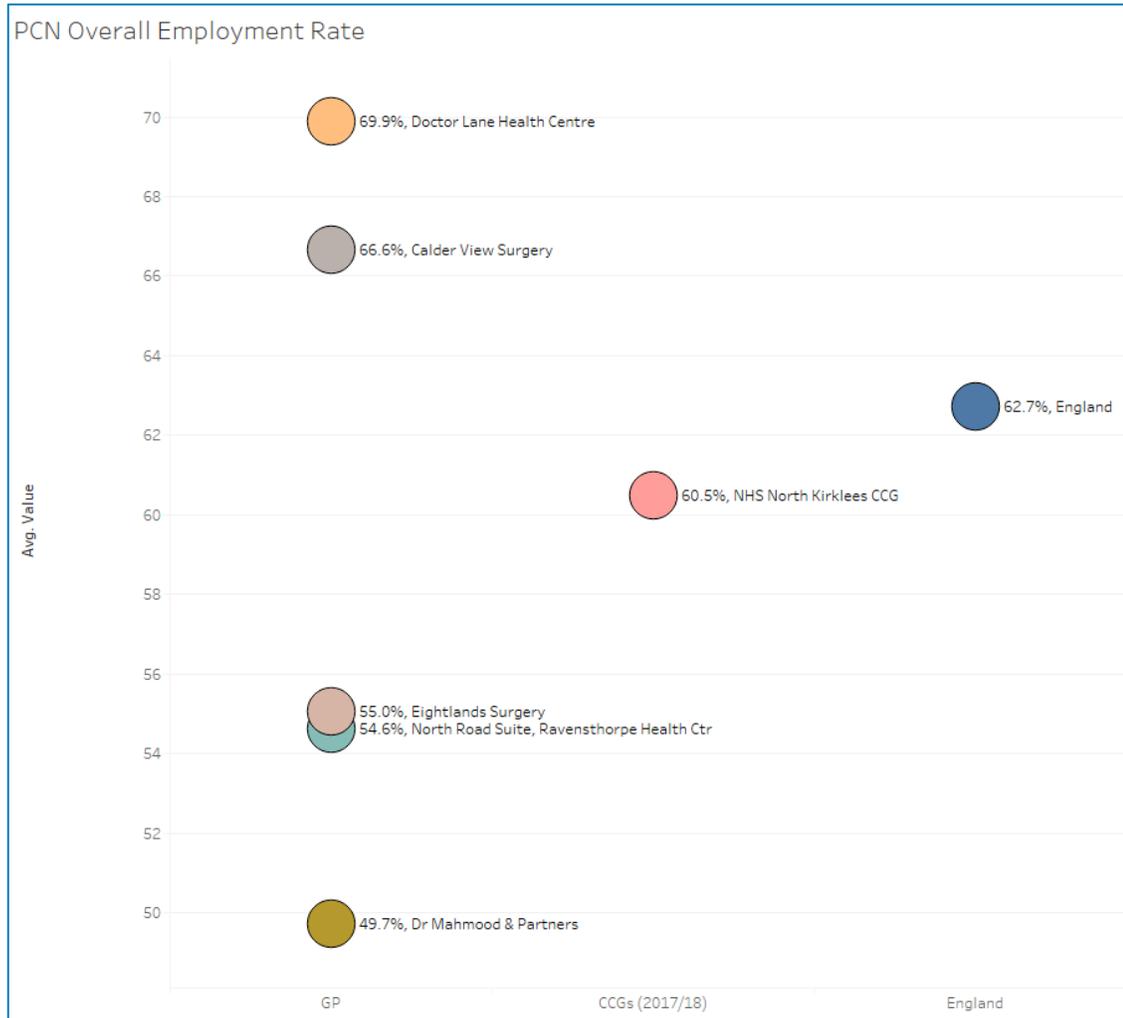
PCN % People on Palliative Care Register (2017-18)



- 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%. ●
- Dr Mahmood and partners are the only network practice below both the regional and national measures.
- [Link to Supporting Data](#)

PCN Overall Employment Rate

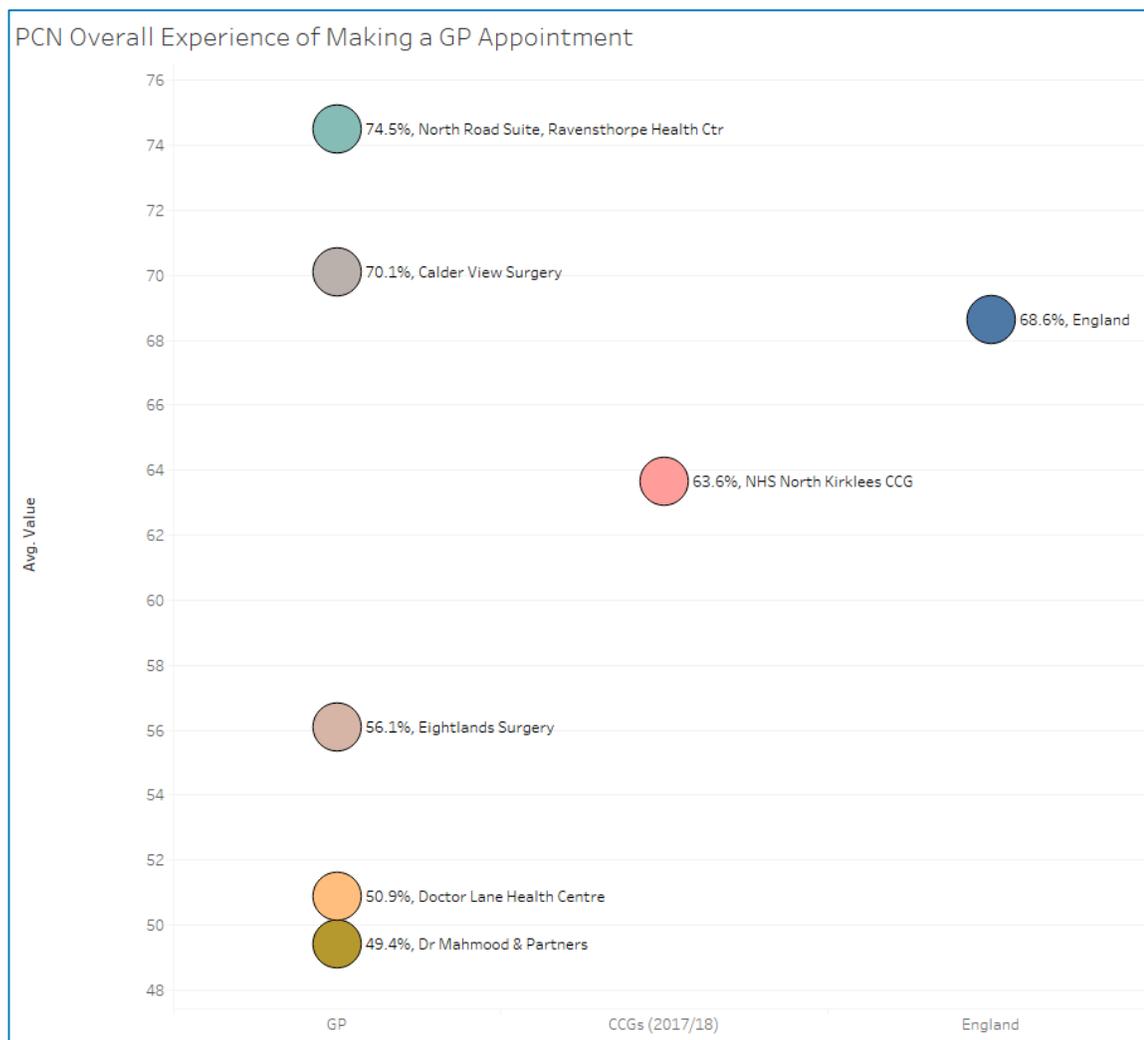
PCN Overall Employment Rate (2018)



- 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%. 
- Three of the five 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)

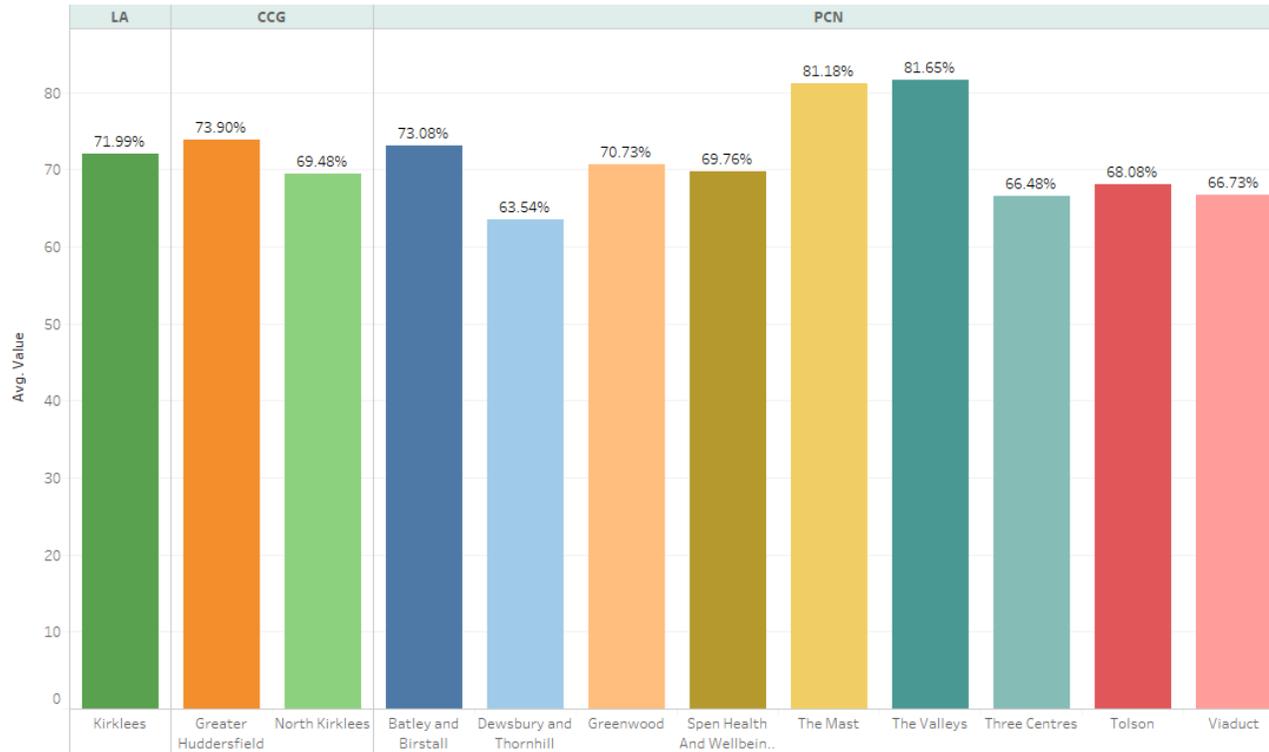


- The chart represents the response to the question: "Overall, how would you describe your experience of making an appointment?".
- The indicator value is the percentage of people who answered this question with either "Very good" or "Fairly good" from all respondents to this question.
- The percentage with a positive experience in England is 68.6% 
- The percentage with a positive experience in NHS North Kirklees is 63.6%. 
- Dr Mahmood and Partners has the lowest level response with only 49.4% describing their experience as "Very good" or "Fairly good".
- [Link to Supporting Data](#)

Adults Not Lonely

Adults Not Lonely (2016)

Adults Not Lonely



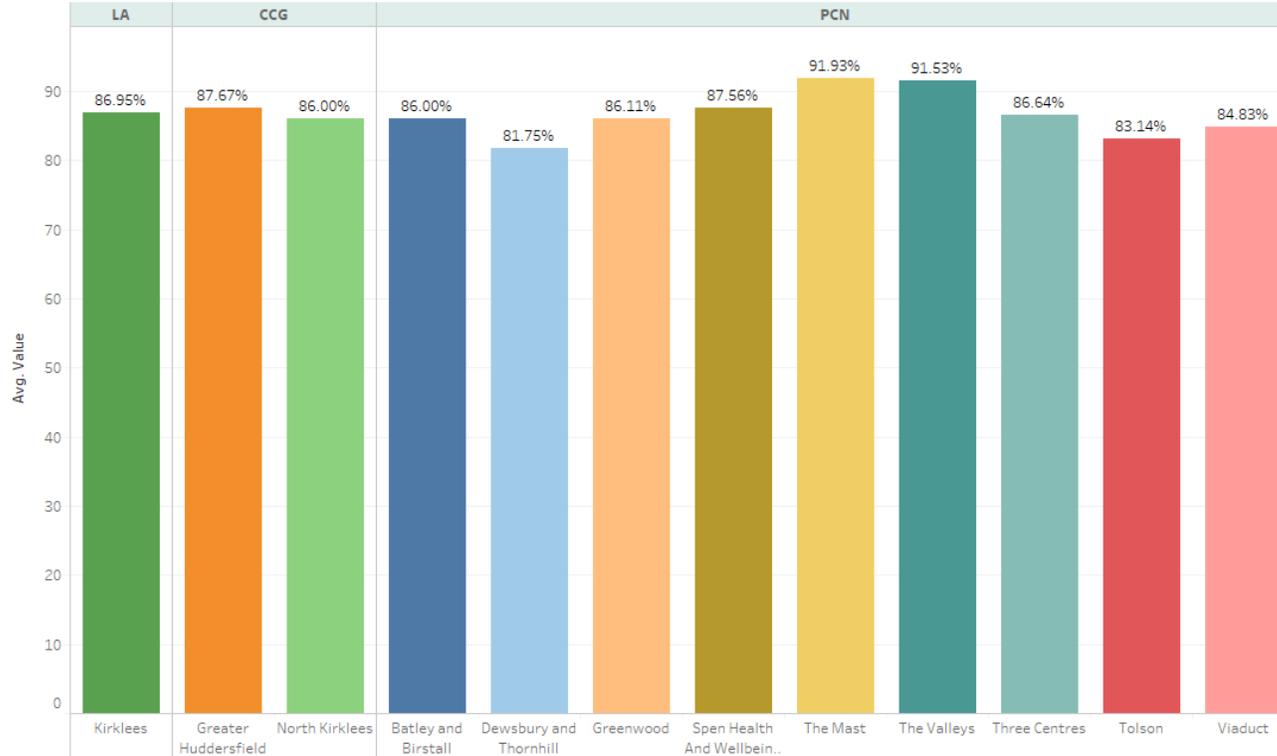
- The chart shows the average of value of adults recorded as not lonely at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of adults recorded as not lonely

Adults Socially Connected



Adults Socially Connected (2016)

Adults Socially Connected

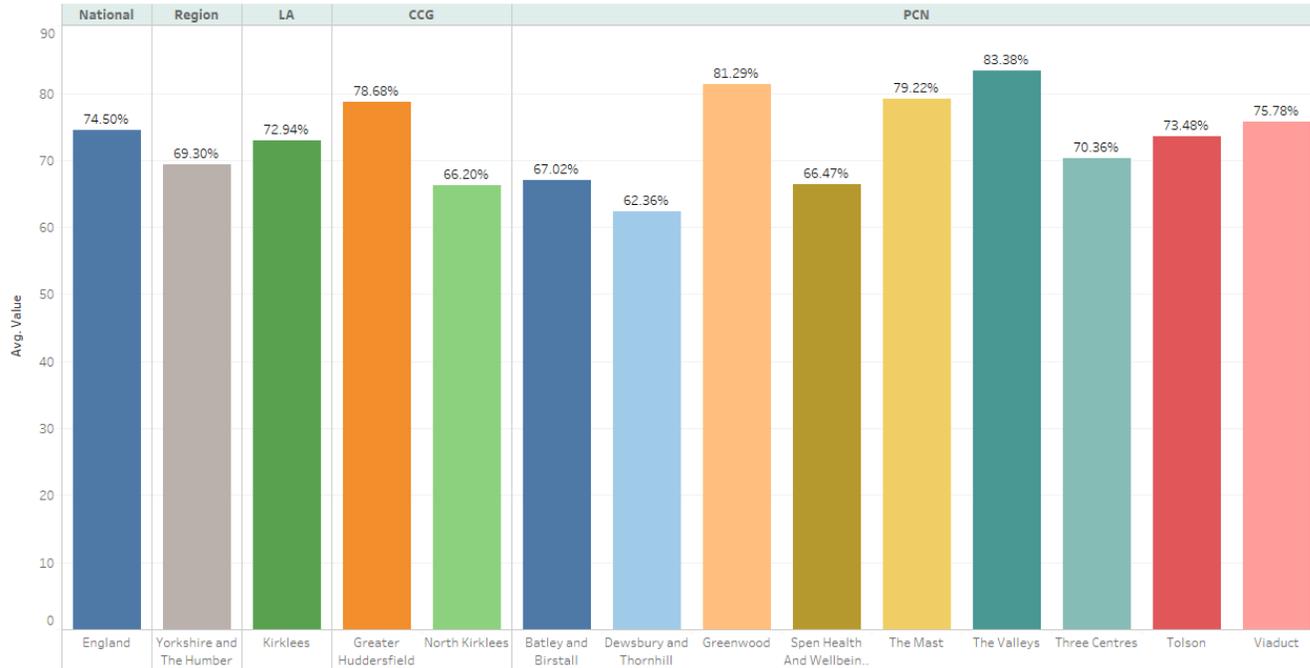


- The chart shows the average of value of adults recorded as socially connected at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage of adults recorded as socially connected.

Breastfeeding Initiation

Breastfeeding Initiation (2016/17)

Breastfeeding Initiation



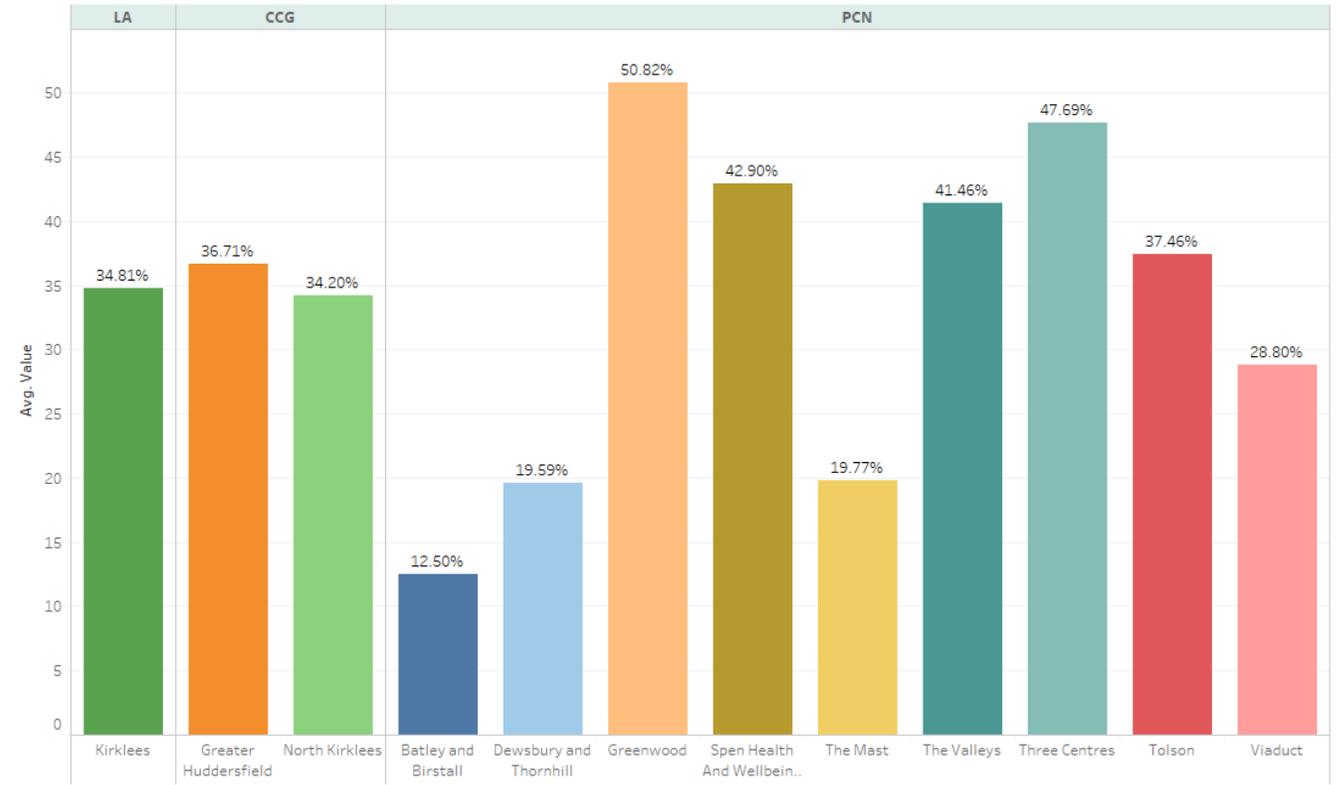
- The chart shows the average of value of breastfeeding initiation connected at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage of breastfeeding initiation.

Child Active Travel



Child Active Travel (2019)

Child Active Travel



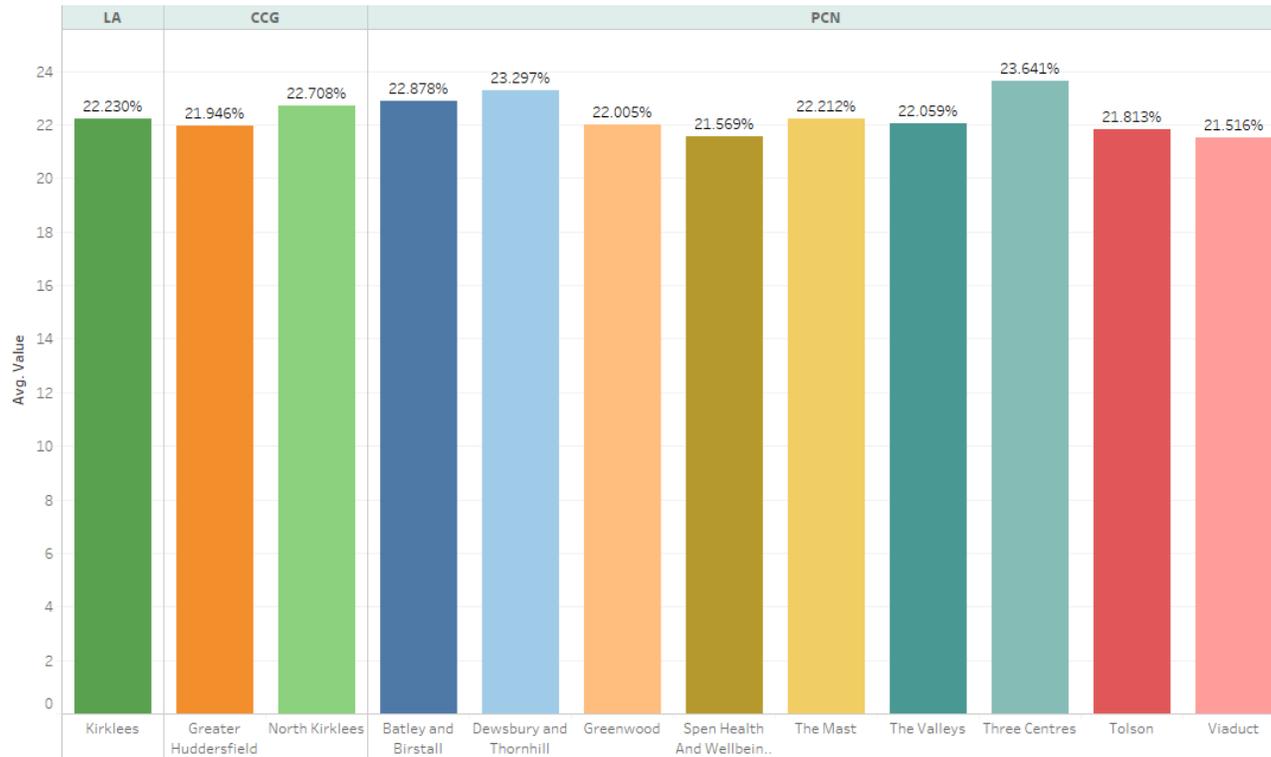
- The chart shows the average of value of children involved in active travel at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Lowest levels of child active travel is at the Bartley & Birstall PCN.

Child Emotional Wellbeing



Child Emotional Wellbeing (2019)

Child Emotional Wellbeing



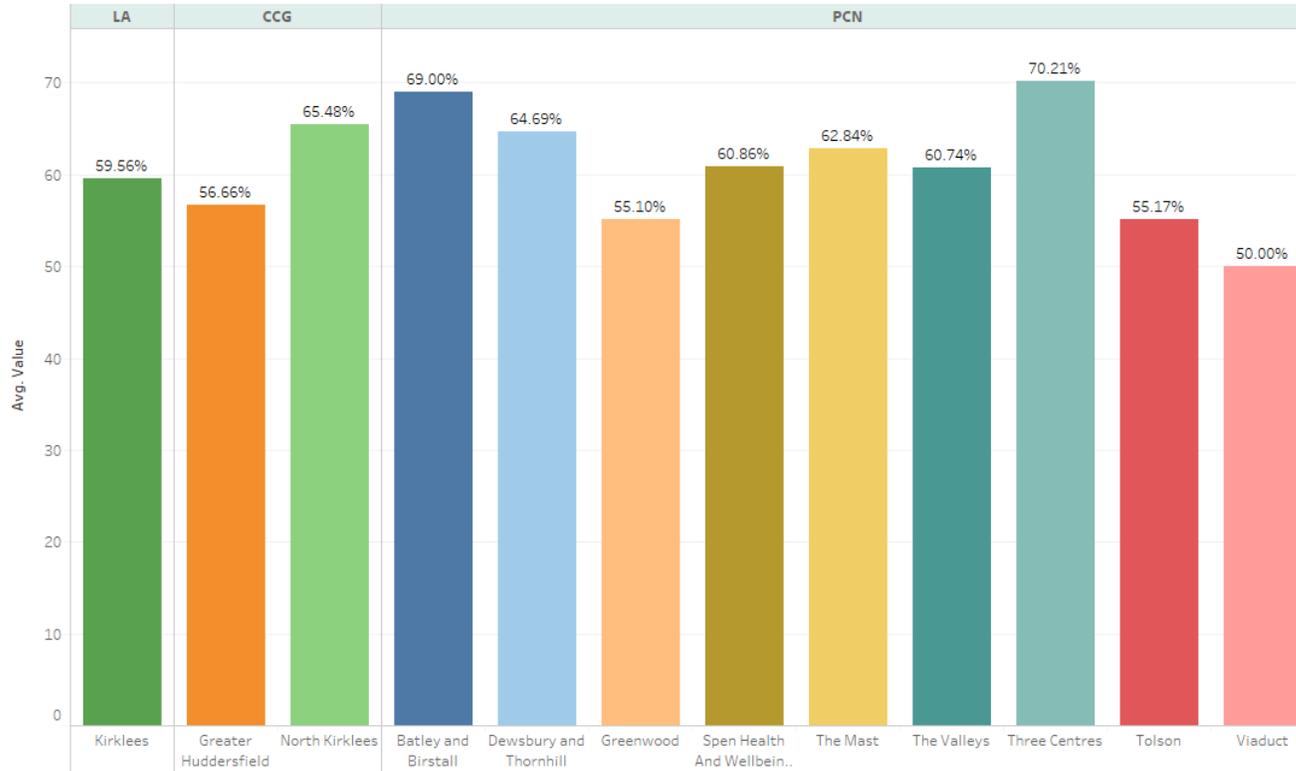
- The chart shows the average of value of child emotional wellbeing recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child emotional wellbeing.

Child High Happiness



Child High Happiness (2019)

Child High Happiness



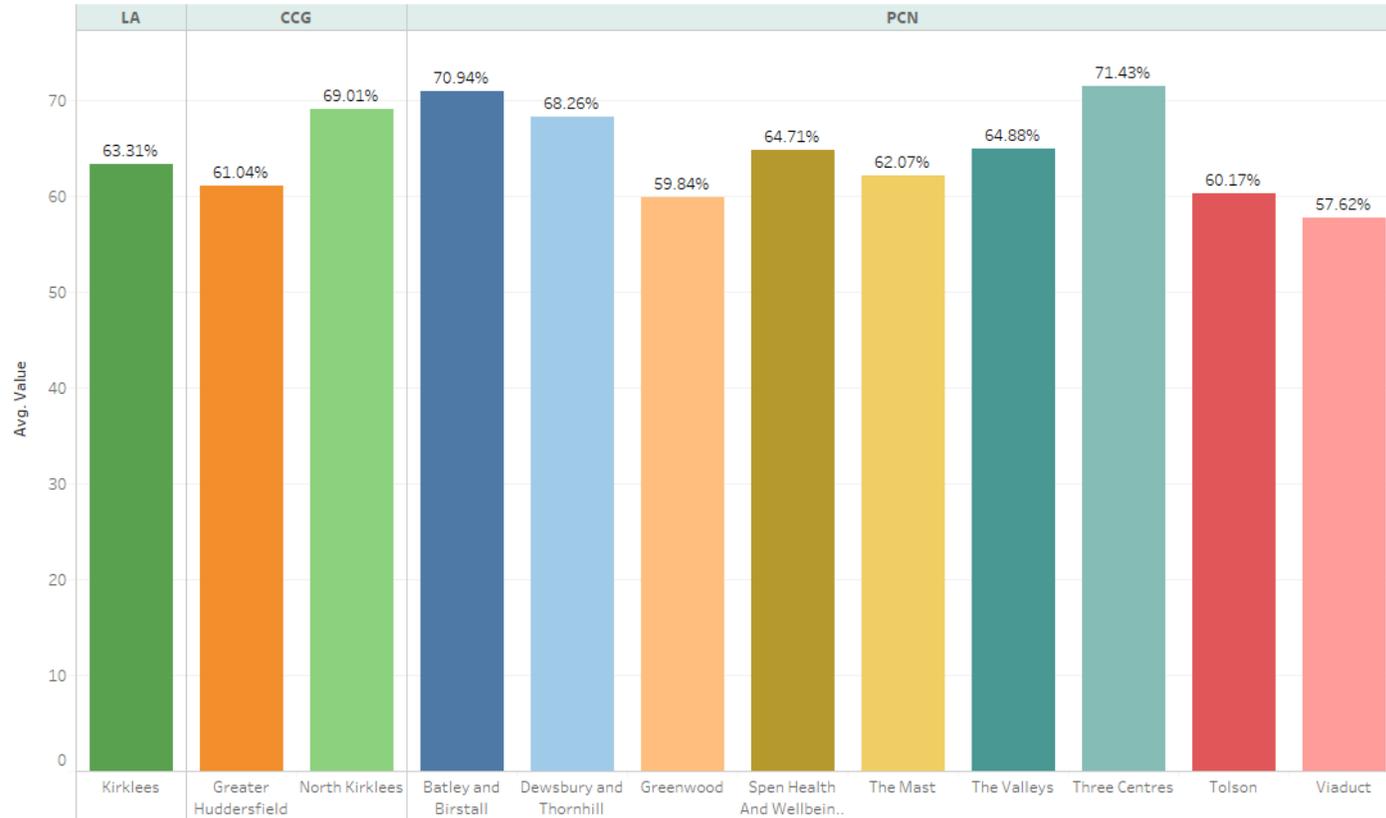
- The chart shows the average value of child high happiness recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high happiness.

Child High Life Satisfaction



Child High Life Satisfaction (2019)

Child High Life Satisfaction



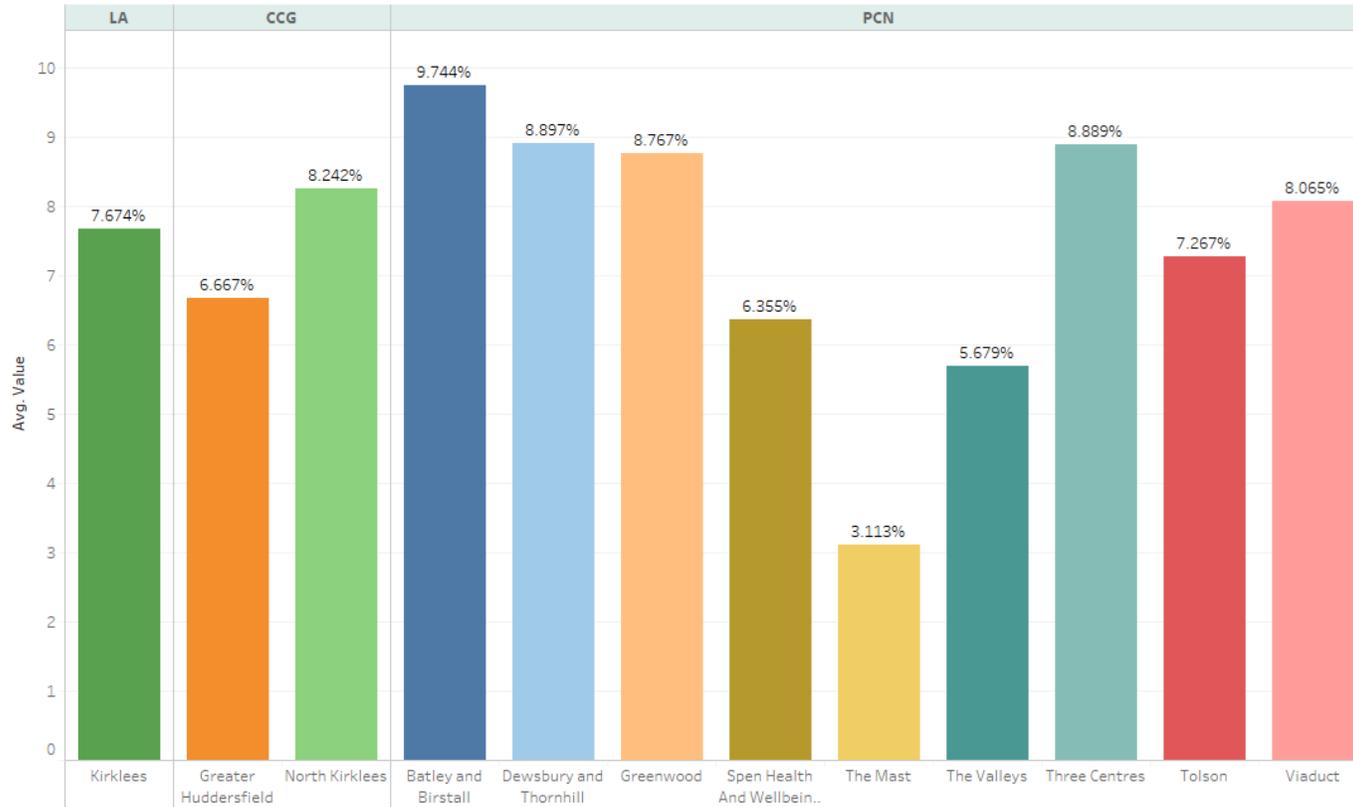
- The chart shows the average value of child high life satisfaction recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Three Centre PCN has the highest percentage score for child high life satisfaction.
-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

Child No Physical Activity



Child No Physical Activity (2019)

Child No Physical Activity



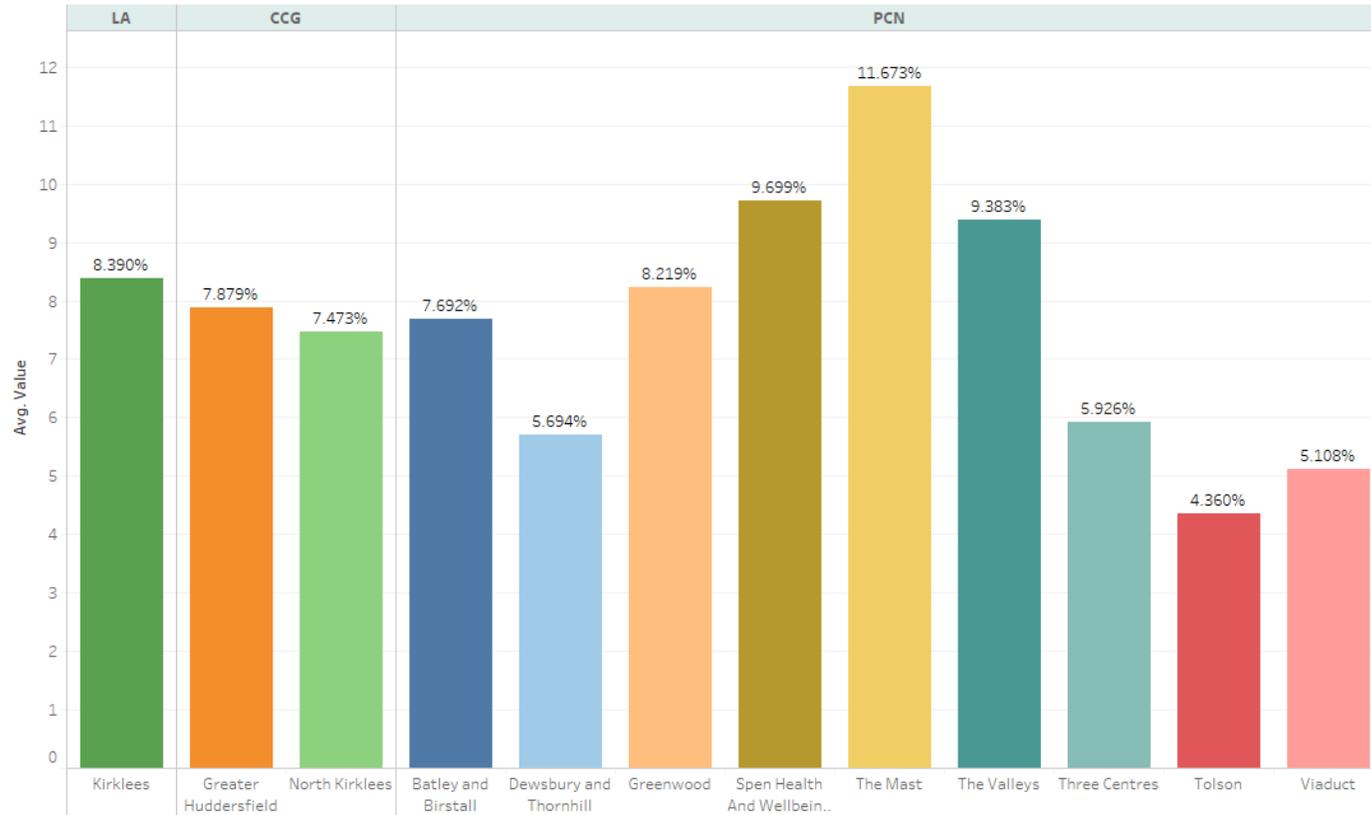
- The chart shows the average value of children with no physical activity recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Batley & Birstall PCN has the highest percentage score for child with no physical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

Child Physically Active



Child Physically Active (2019)

Child Physically Active

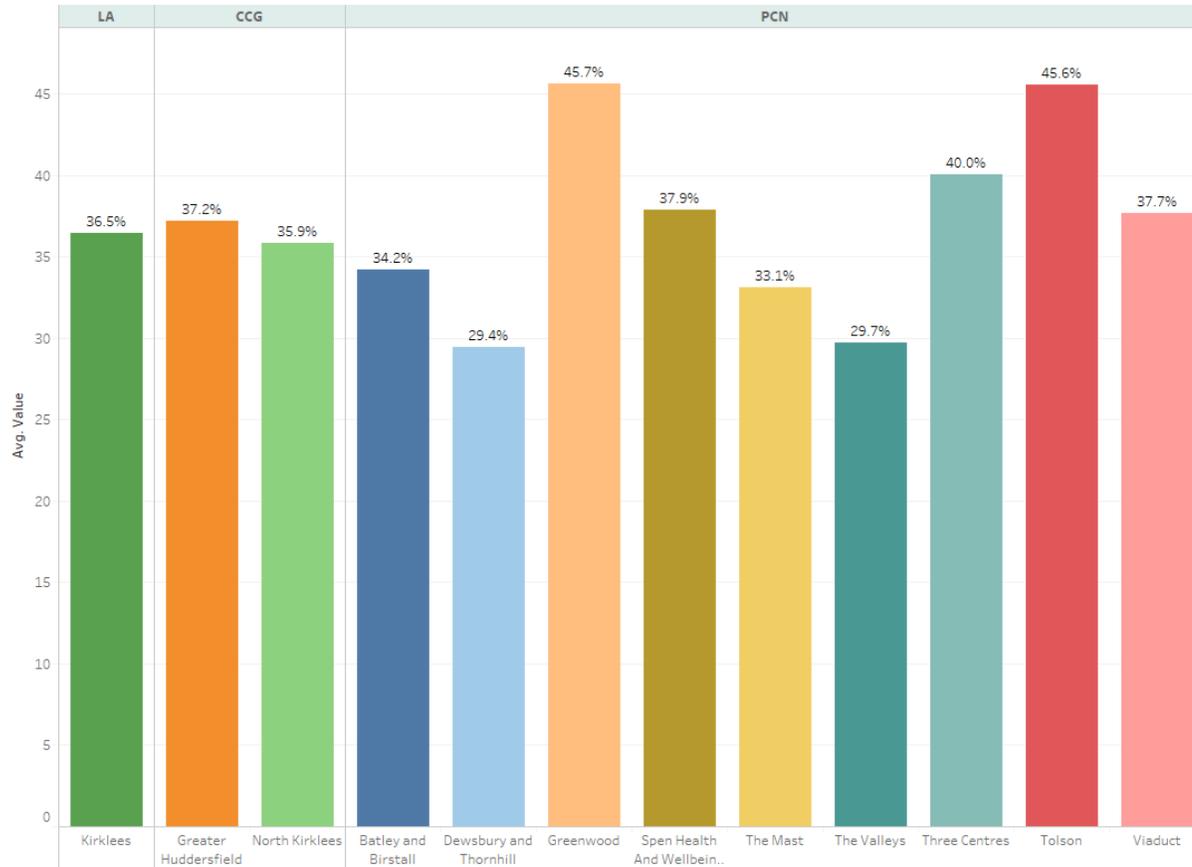


- The chart shows the average value of physically active children recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Mast PCN has the highest percentage score of physically active children.

Deaths Age 85 Plus

Deaths Age 85 Plus (2015-17)

Deaths Age 85 Plus



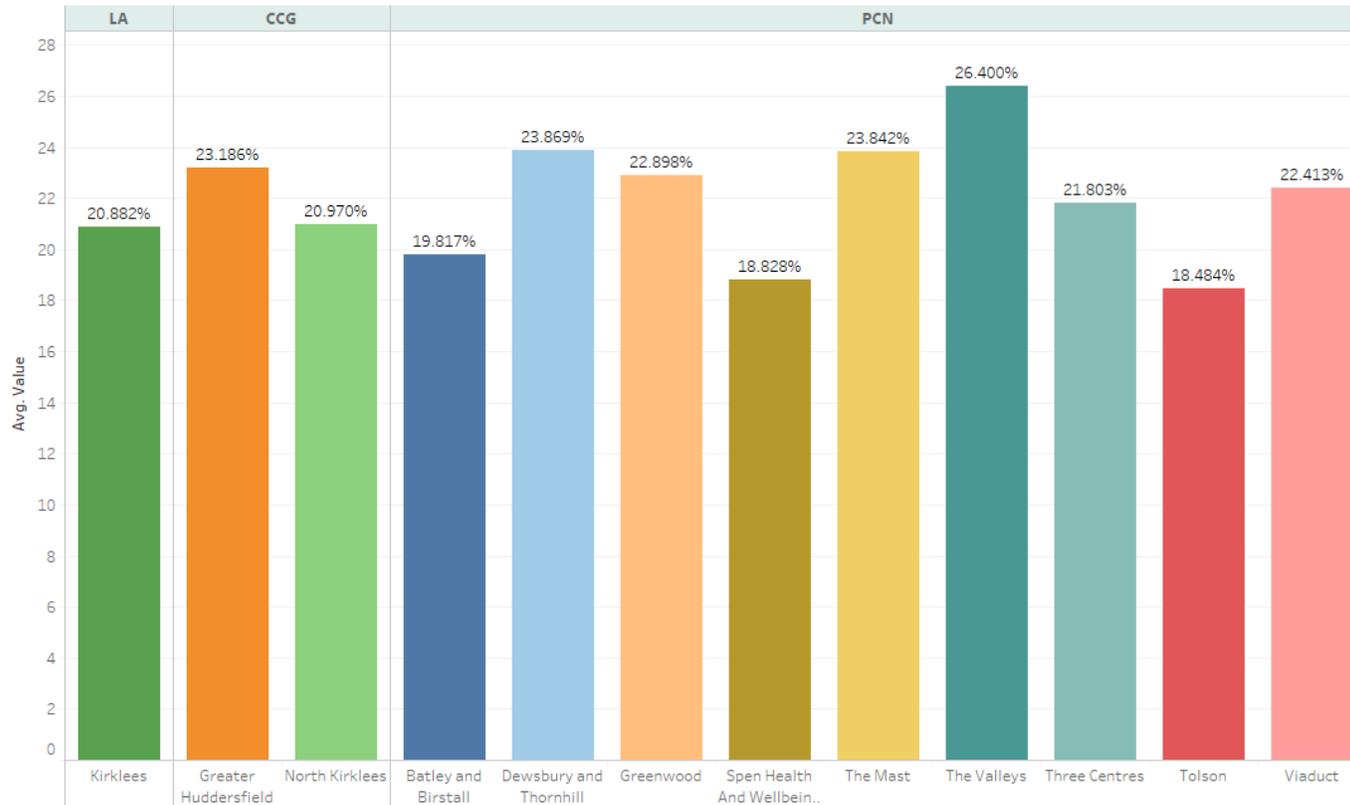
- The chart shows the average deaths over 85 years of age recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the highest percentage score for deaths over 85 years of age.

Deaths at Care Home



Deaths at Care Home (2015-17)

Deaths at Care Home

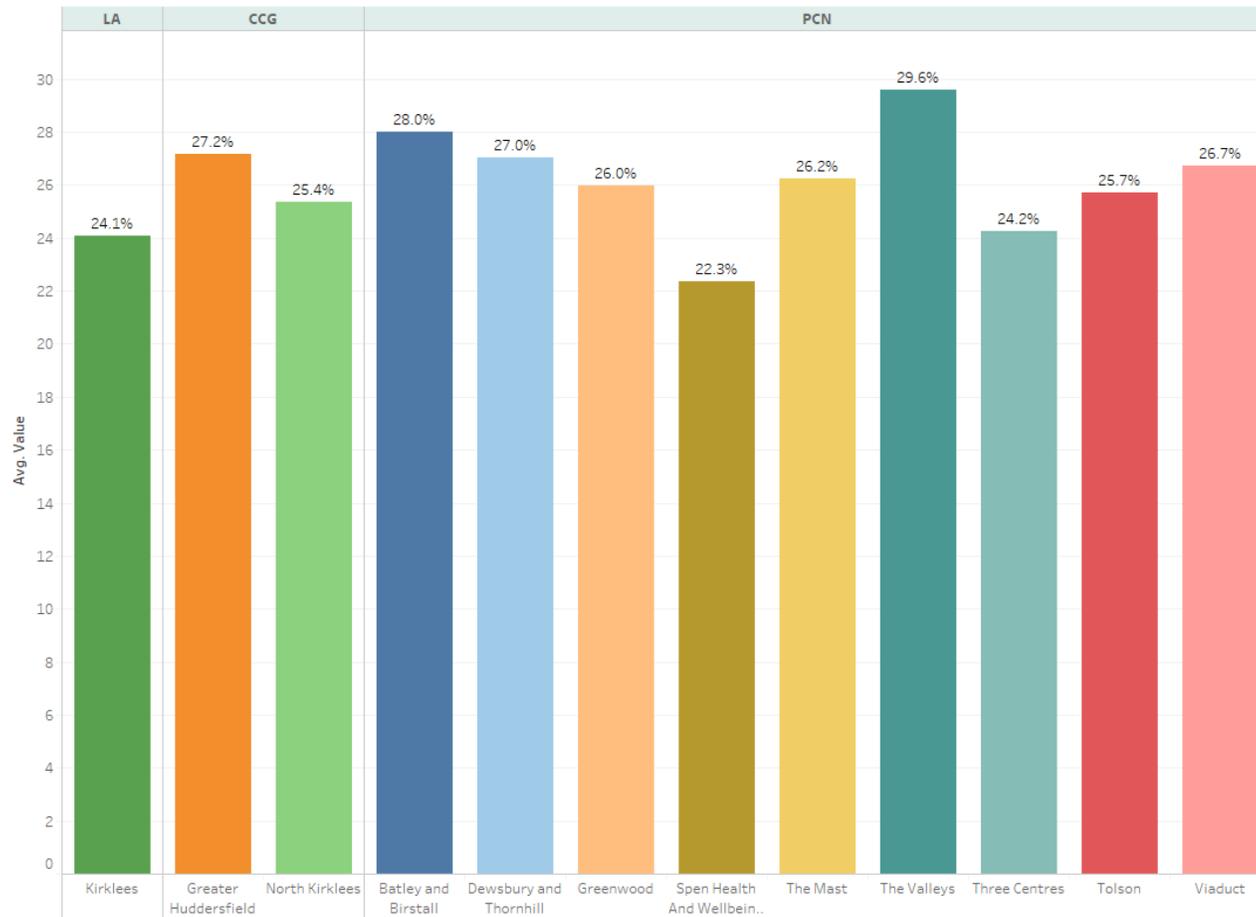


- The chart shows the average value of deaths at care homes recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at care homes.

Deaths at Home

Deaths at Home (2015-17)

Deaths at Home



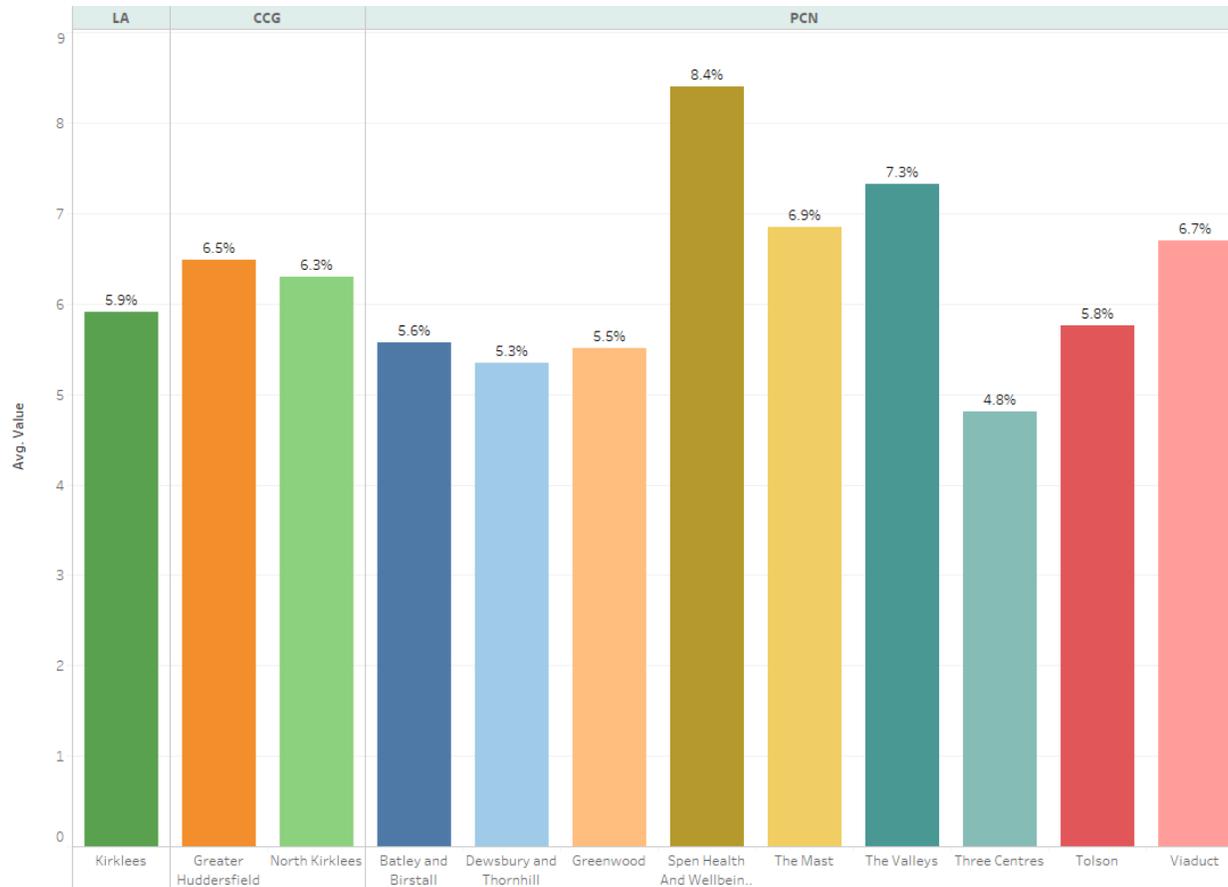
- The chart shows the average value of deaths at home recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- The Valleys PCN has the highest percentage score for deaths at home.

Deaths at Hospice



Deaths at Hospice (2015-17)

Deaths at Hospice



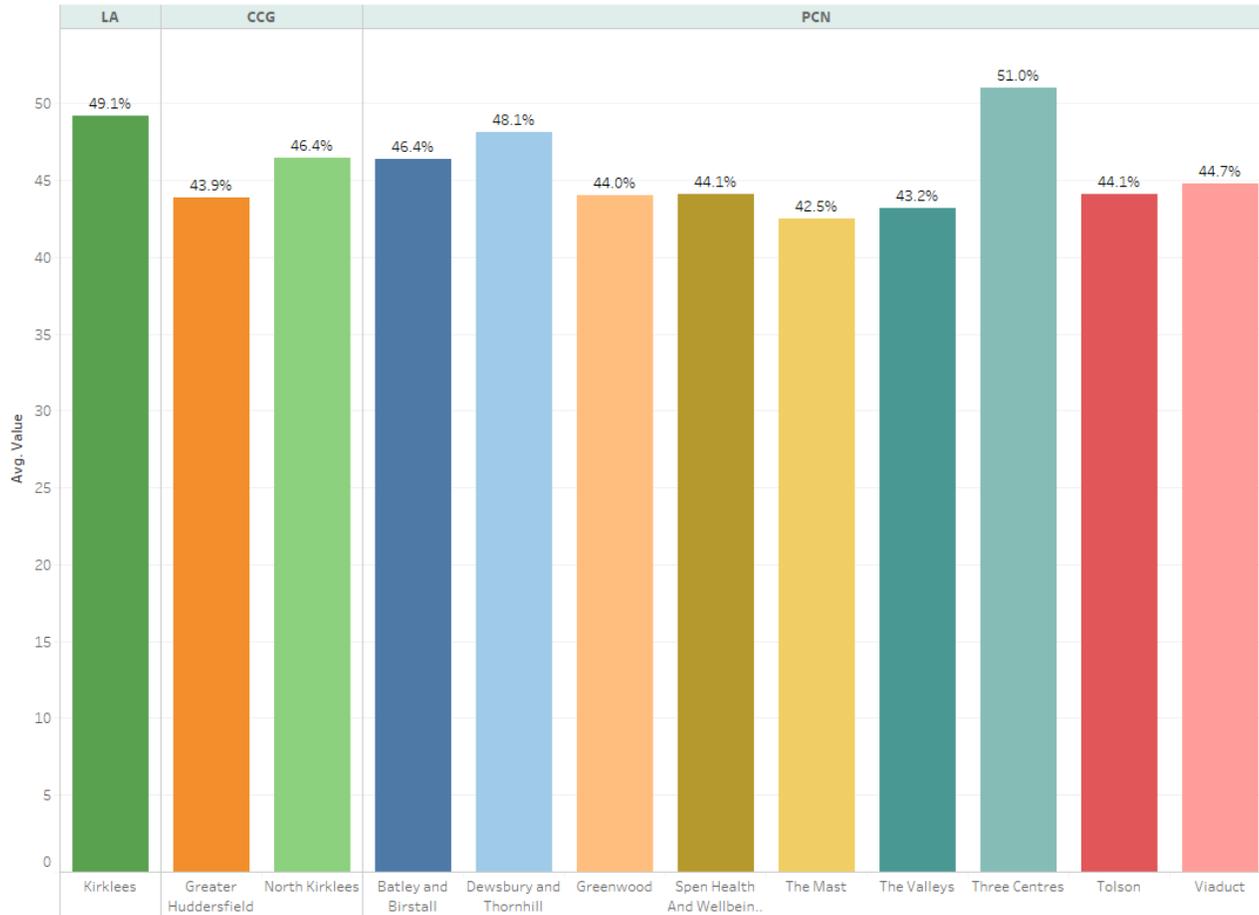
- The chart shows the average value of deaths at a hospice recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Spen PCN has the highest percentage score for deaths at a hospice.

Deaths at Hospital



Deaths at Hospital (2015-17)

Deaths at Hospital

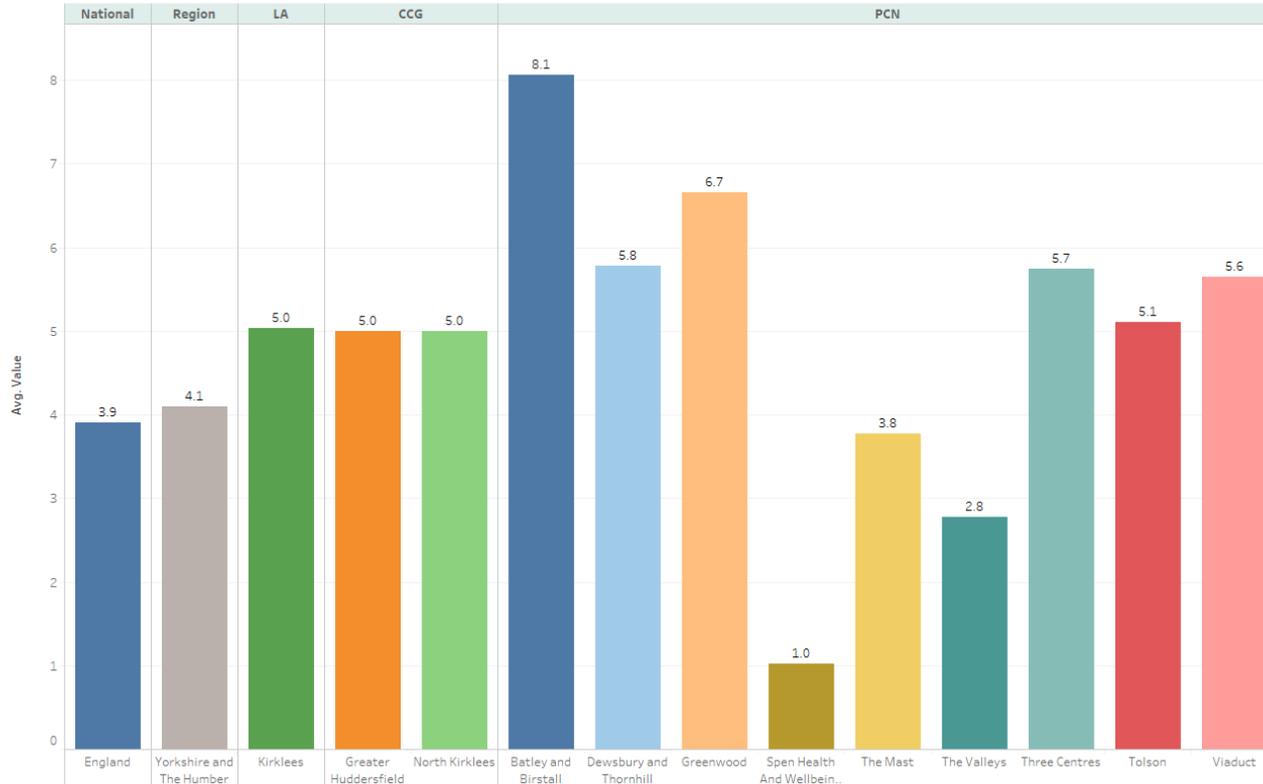


- The chart shows the average value of deaths at a hospital recorded at a PCN level, with comparisons to the regional Kirklees figure and the values for Greater Huddersfield CCG and North Kirklees CCG.
- 3 Centre PCN has the highest percentage score for deaths at a hospital.

Infant Mortality

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

Infant Mortality (rate per 1000 live births)

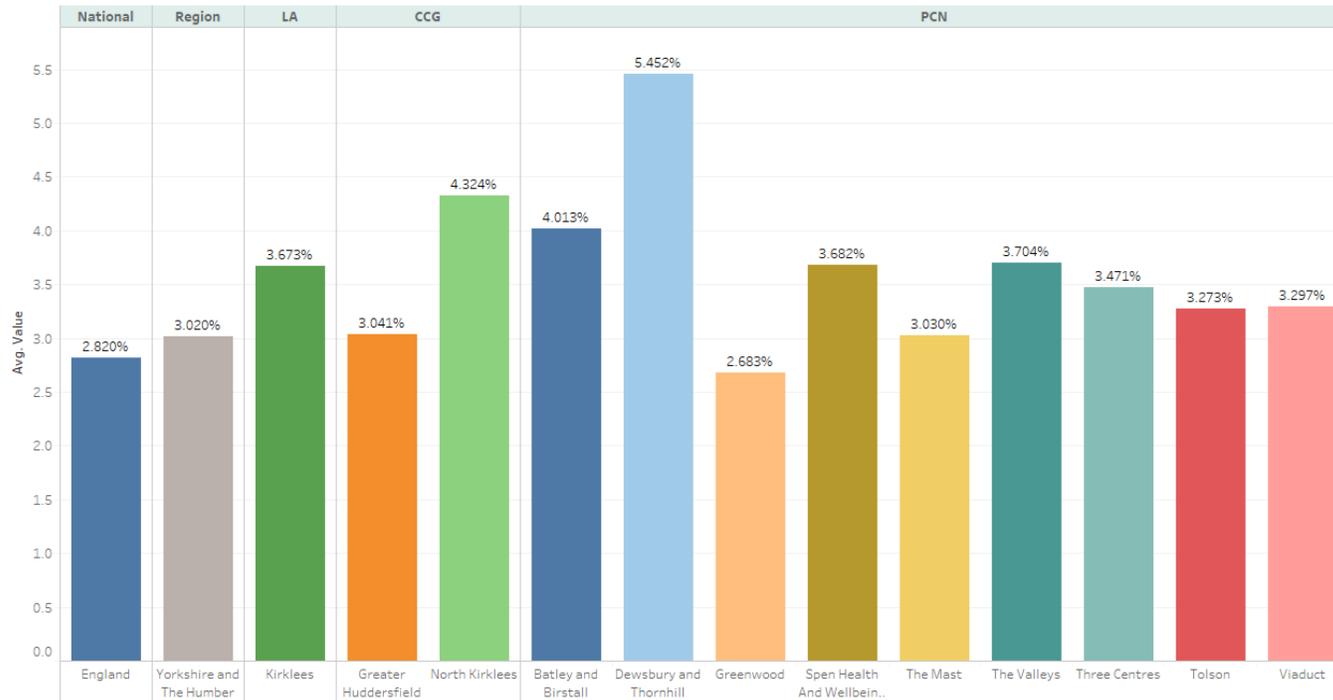


- The chart shows the average value of infant mortality recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Greenwood PCN has the second highest rate per thousand live births for infant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

Low Birthweight Births

Low Birthweight Births (2017)

Low Birthweight Births



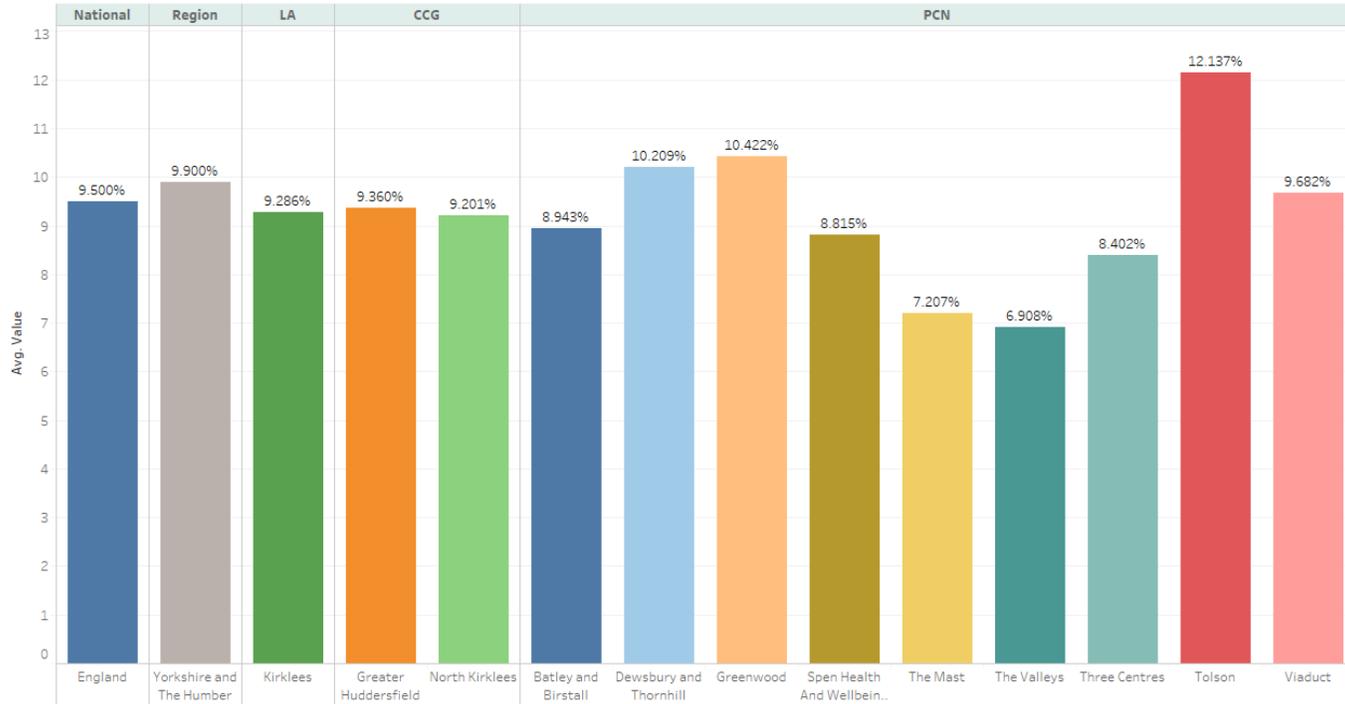
- The chart shows the average value of low birthweight births recorded at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score of low birthweight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

Reception Obesity



Reception Obesity (2017-18)

Reception Obesity



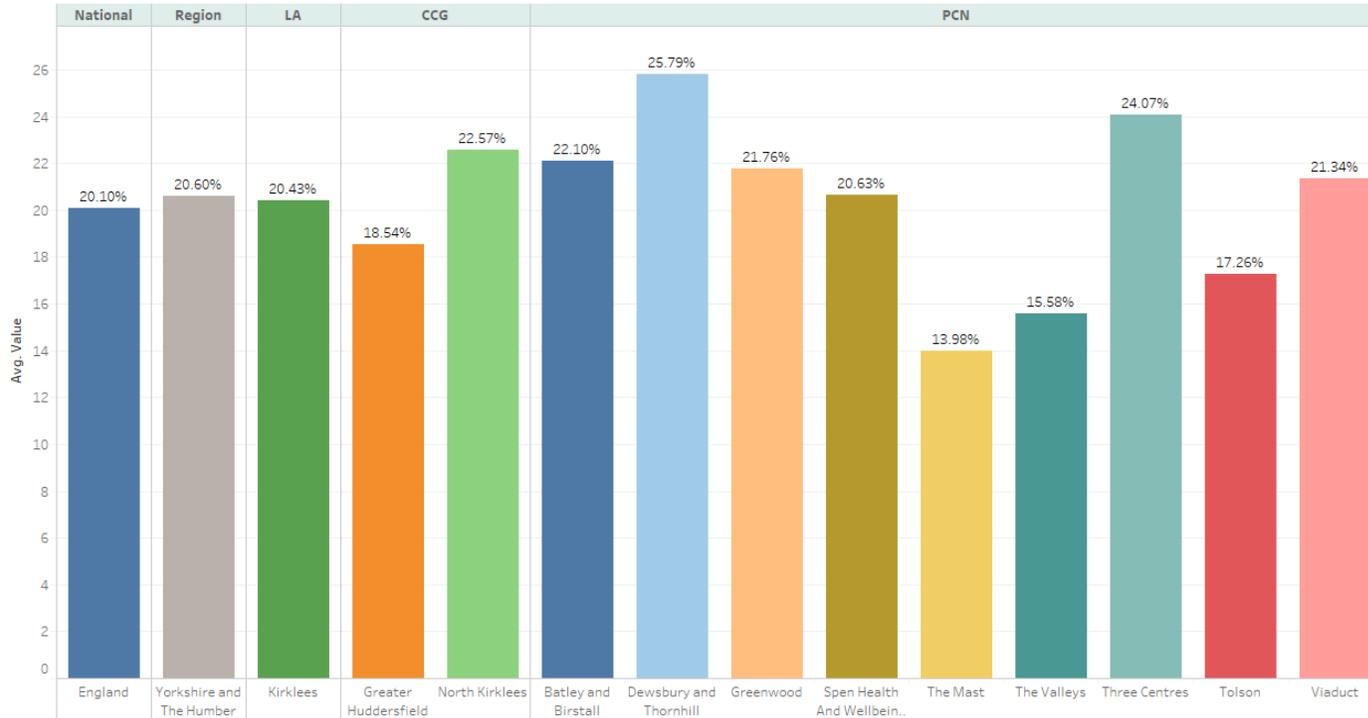
- The chart shows the average value of obesity at reception age at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Tolson PCN has the highest percentage score for obesity at reception age.

Year 6 Obesity



Year 6 Obesity (2017-18)

Year 6 Obesity



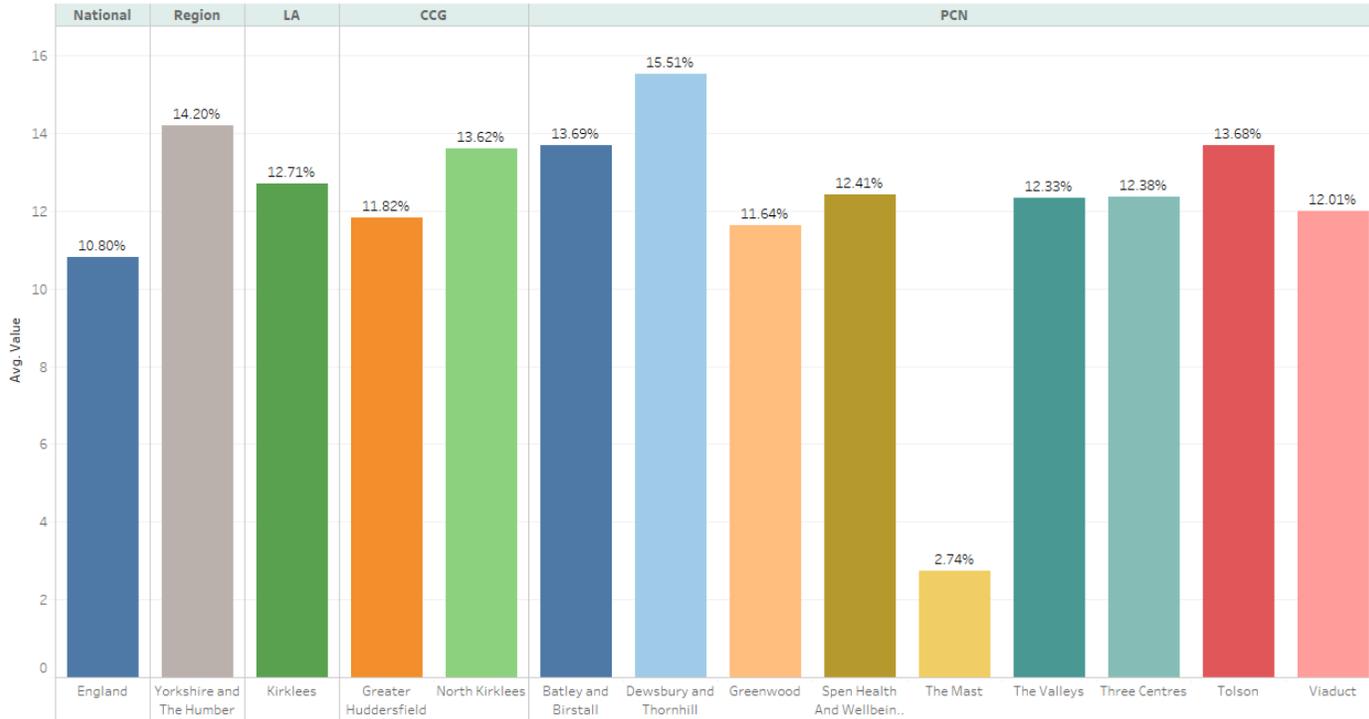
- The chart shows the average value of obesity at year 6 at a PCN level, with comparisons to the national, Yorkshire & Humber, regional Kirklees and the values for Greater Huddersfield CCG and North Kirklees CCG.
- Dewsbury & Thornhill PCN has the highest percentage score year 6 obesity levels.

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.

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](#)