Integrated Care System
Nottingham & Nottinghamshire

PRIMARY CARE NETWORKS

HEALTH AND CARE PROFILE

Version 1.8

Ashfield South PCN

Prepared by Nottinghamshire County Council and Nottingham City Council, Public Health Intelligence

Purpose of this profile

- These profiles are a detailed view covering the various aspects of the health, wellbeing and social care of the different Primary Care Networks (PCNs)
- They are intended to help inform the needs of the local population, to assist and support the planning of local services
- They will allow organisations and teams working in PCNs to develop tailored approaches to engagement and communications and understand issues unique to each population
- The intention is that they are conversation starters for local government, health and social services and the community

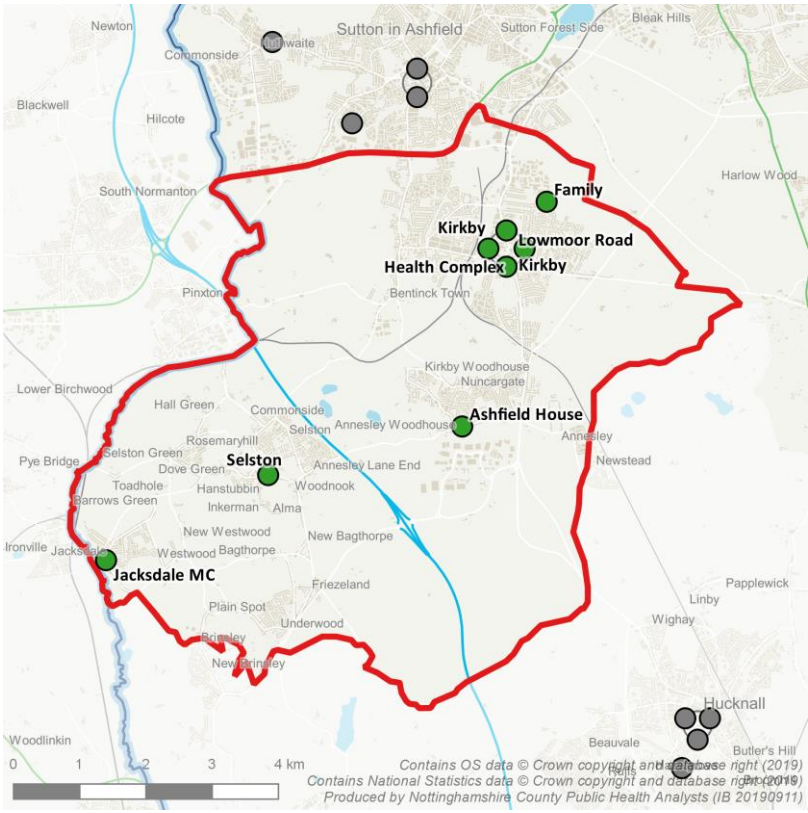
What does this profile reveal about this PCN

- This PCN is responsible for 12% of the registered patients in Mid Notts ICP making it the smallest of the 6 PCNs in this ICP.
- The population age structure is typical of the PCN generally with a slightly older age profile than England; it is predominantly white and has some areas of deprivation.
- Life Expectancy and Healthy Life Expectancy is poor compared with national figures; on average, health may begin to decline around age 60.
- Prevalence of chronic illnesses like diabetes, heart disease and COPD are higher than average as are obesity and smoking prevalence.
- Primary care (as measured by QOF) is generally as good or better than England but worse for some aspects of disease management.

Ashfield South PCN

Quick statistics for this PCN

- There are a total of 38,802 patients registered with practices in this PCN. Of these 90% live within the nominal PCN boundary.
- 81% of the population resident within the PCN boundary are registered with its GP practices.
- The PCN has a very similar structure to the ICP population, though fewer young adults and more older people compared to England.
- 3.6% of the population provide 50 hours or more of unpaid care each week, higher than the ICP and England average.
- BME groups form only 1.9% of the resident population, lower than the ICP and much lower than England.
- Asian and mixed ethnic groups form the predominant BME groups in the area.
- 7.5% of people rate their health as 'bad' or 'very bad', higher than both the ICP and England average.
- The area is slightly less deprived than the ICP, with 23% of the population living in living in areas defined as the most deprived 20% in England.
- Under half of school children achieve five A* - C grade GCSEs; this compares with 56.6% for England.
- Incidence of cancer is comparable to the England average
- All-age death rates for all causes and cancer are higher than England.
- The death rate from all causes among people aged under 75 is comparable with England.
- Primary care (as measured by QOF) is at least as good as England in most areas of disease management.

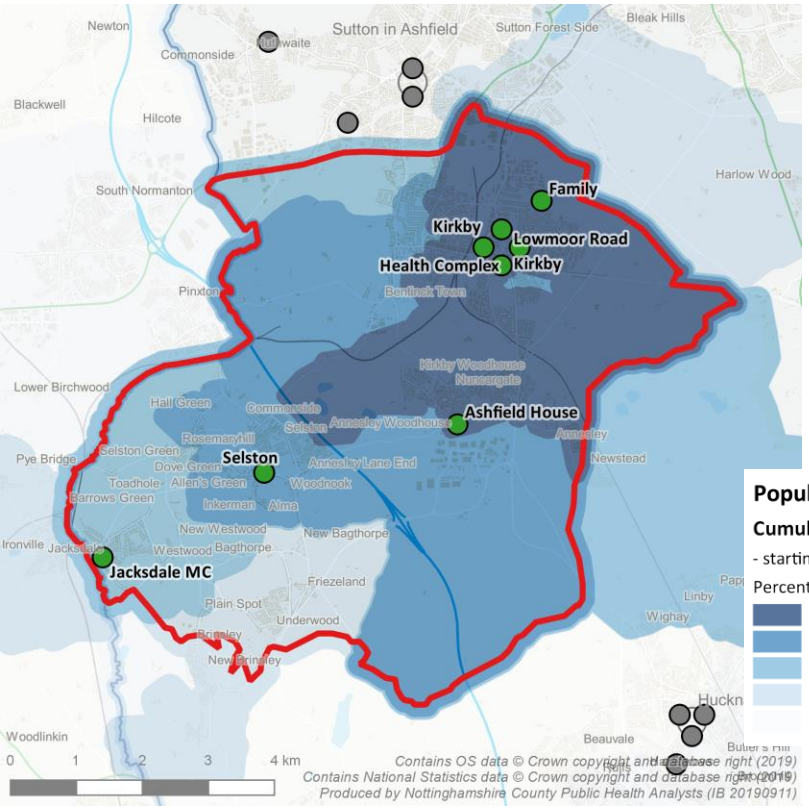


This PCN boundary covers the southern half of Ashfield District, excluding Hucknall. It contains a mix of mid-sized towns and villages.

- There are 8 GP practices in this PCN (shown in green).

Ashfield South PCN

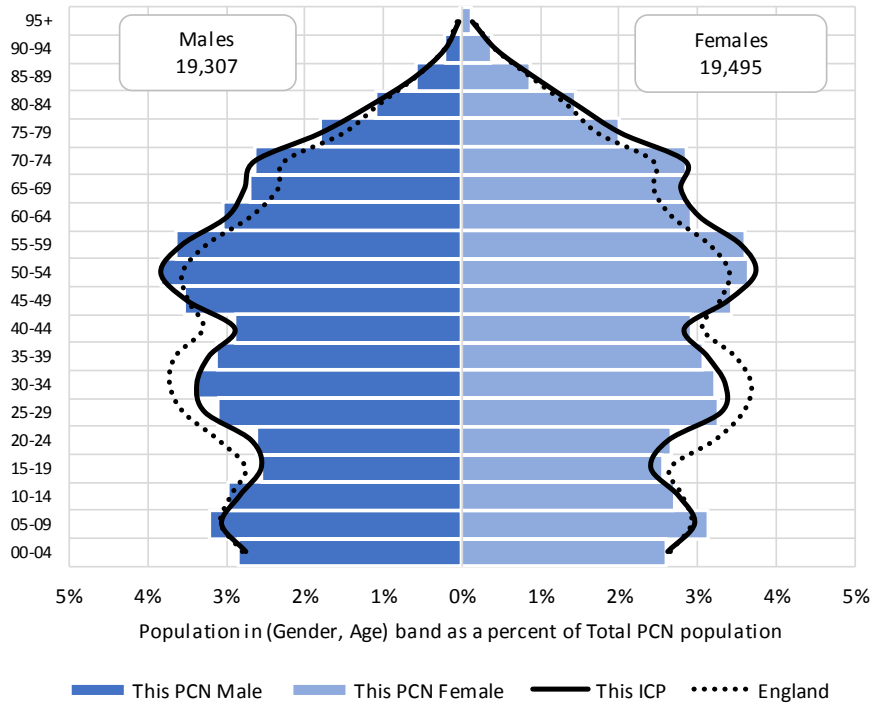
Patient population density



The nominal area for this PCN covers the southern half of Ashfield District, excluding Hucknall. It contains a mix of mid-sized towns and villages.

- There are 8 GP practices in this PCN.
- 90% of patients registered with the practices live within the boundary.
- 81% of people resident within the boundary area are registered with PCN practices.

Patient population pyramid



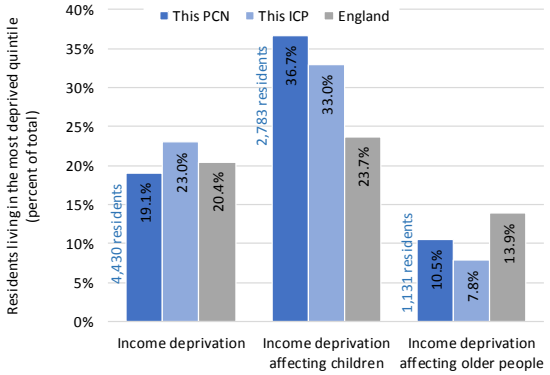
Source: NHS Digital 'Patients registered at GP practices' (April 2019 extract)

This chart shows the April 2019 GP registered population for the PCN, ICP and England.

- There are a total of 38,802 patients registered with the GP practices
- Overall the population profile is similar to the ICP population structure.
- The proportion of adults aged 15 to 44 is lower than the England population.

Ashfield South PCN

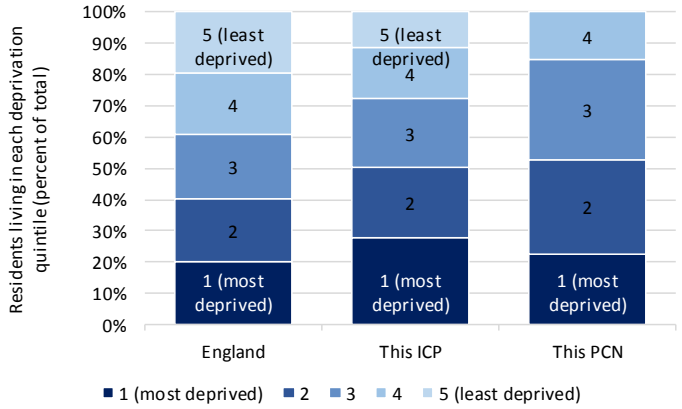
Deprivation (Income Domain)



Source: MHCLG Indices of Income Deprivation (2019) (including ONS Population Estimates 2015), ICP spatial boundary, locally agreed PCN spatial boundaries

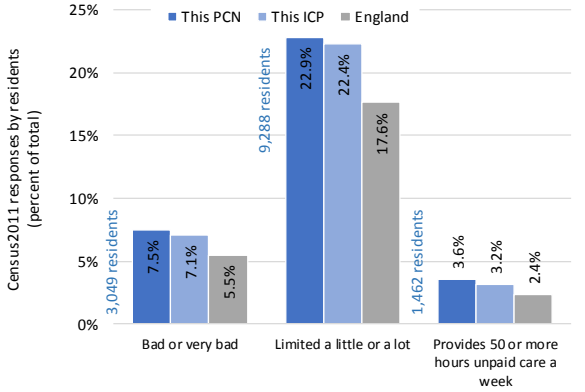
- Over one third of children in this PCN are living in areas defined as the most deprived 20% in England (Income domain).
- This is higher than for the ICP and England

Deprivation (Index of Multiple Deprivation)



Source: MHCLG Index of Multiple Deprivation (IMD) (2019) (including ONS Population Estimates 2015), ICP spatial boundary, locally agreed PCN spatial boundaries

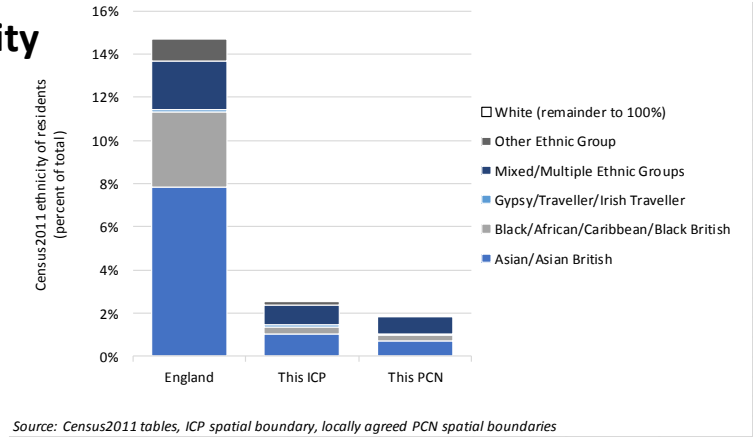
Self reported health and care



Source: Census2011 tables, ICP spatial boundary, locally agreed PCN spatial boundaries

- Compared to the ICP and England, higher proportions of this PCN population report that their health is bad or very bad, or that their daily activities are limited by health or disability.

Ethnicity



Source: Census2011 tables, ICP spatial boundary, locally agreed PCN spatial boundaries

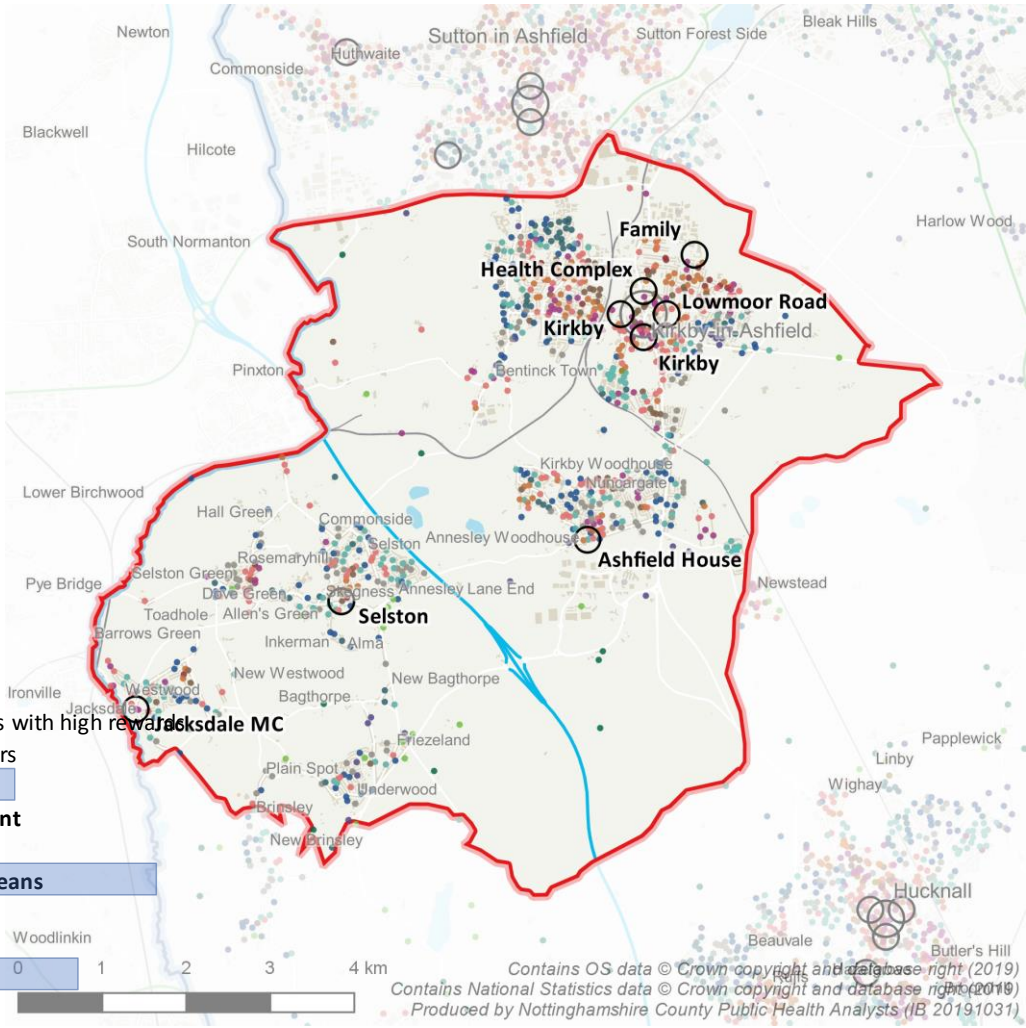
- Under 2% of the resident population is from a BME background
- This is lower than across the ICP.

Ashfield South PCN

Mosaic population groups

Mosaic groups are a way to segment the population into 15 groups based on their common characteristics

- The predominant groups are Group H, K and E making up 50% of the population. They comprise financially stable younger homemakers, and settled older home owners.
- Groups L,M,N, and O, with perhaps more limited resources and greater health needs make up 30% of the population.
- These less affluent groups tend to be clustered in the larger towns.



Percent		Group Type Name	One Line Description
0.3%	A	Country Living	Well-off owners in rural locations enjoying the benefits of country life
1.3%	B	Prestige Positions	Established families in large detached homes living upmarket lifestyles
0.0%	C	City Prosperity	High status city dwellers living in central locations and pursuing careers with high rewards
5.1%	D	Domestic Success	Thriving families who are busy bringing up children and following careers
15.2%	E	Suburban Stability	**Mature suburban owners living settled lives in mid-range housing**
11.8%	F	Senior Security	**Elderly people with assets who are enjoying a comfortable retirement**
1.2%	G	Rural Reality	Householders living in inexpensive homes in village communities
18.2%	H	Aspiring Homemakers	**Younger households settling down in housing priced within their means**
0.0%	I	Urban Cohesion	Residents of settled urban communities with a strong sense of identity
0.2%	J	Rental Hubs	Educated young people privately renting in urban neighbourhoods
16.6%	K	Modest Traditions	**Mature homeowners of value homes enjoying stable lifestyles**
7.8%	L	Transient Renters	Single people privately renting low cost homes for the short term
12.6%	M	Family Basics	**Families with limited resources who have to budget to make ends meet**
5.7%	N	Vintage Value	Elderly people reliant on support to meet financial or practical needs
3.9%	O	Municipal Challenge	Urban renters of social housing facing an array of challenges

Ashfield South PCN

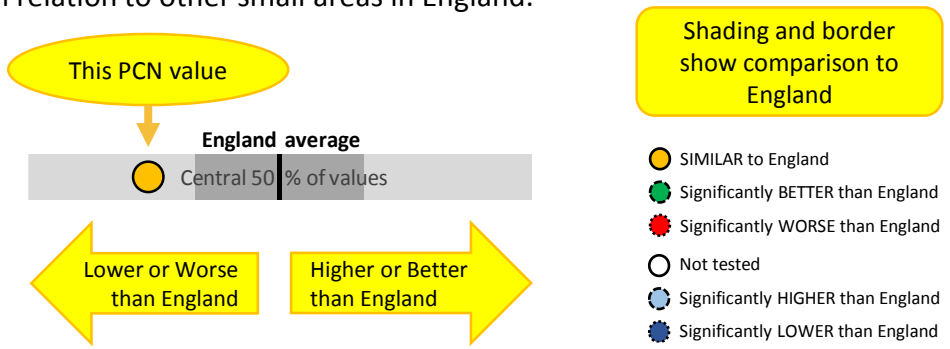
Public Health England Local Health Indicators

Local Health is a collection of health information to help understand the health and wider determinants of health of populations in small geographical areas.

Local Health contains indicators relate to Population and demographic factors, Wider determinants of health and Health outcomes and are split across four domains:

- Our Community
- Behavioural risk factor and child health
- Disease and poor health
- Life expectancy and causes of death

Values for PCNs are estimated using the small area data and are compared to the overall England value. The spine chart shows how these values vary in relation to other small areas in England.



These indicators are based on resident populations which should not differ greatly from the registered population unless the registered population has a wide spatial distribution.

Features to note for this PCN

- Life expectancy at birth for Females is higher than for Males
  - Life expectancy for Males in 2013-17 was 78.9 years
  - … and for Females was 83.2 years
- Females live in poor health for longer than Males
  - The gap between Life expectancy and Healthy life expectancy in 2009-13 was 18.8 years for Males
  - … and 21.2 years for Females.
- However, Healthy life expectancy is significantly lower than England for both males and females.
- This population experiences moderate deprivation and has a range of health issues; local health indicators are generally comparable to or worse than England averages.
- Areas where this PCN fares worse than England include:
  - Income deprivation, fuel poverty and child development
  - high teenage motherhood
  - Emergency admissions for a range of conditions
  - High limiting long-term illness and back pain prevalence
  - Higher death rates and lower healthy life expectancy

Ashfield South PCN

Public Health England Local Health Indicators

Our Community

England average
Central 50% of values

SIMILAR to England
Significantly BETTER than England
Significantly WORSE than England
Not tested
Significantly HIGHER than England
Significantly LOWER than England

	Indicator	Sex	PCN value	England value	England Lowest or Worst	England range	England Highest or Best	Units	To be Better value should be ...	Period
Our community	Percentage of the total resident population who are 0-15 years of age	Persons	18.1	19.1	11.9		27.5	Proportion, %	-	2017
	Percentage of the total resident population who are 16-24 years of age	Persons	9.5	10.9	6.8		24.0	Proportion, %	-	2017
	Percentage of the total resident population who are 25-64 years of age	Persons	52.0	51.9	43.3		62.7	Proportion, %	-	2017
	Percentage of the total resident population who are 65 and over	Persons	20.3	18.0	6.7		32.2	Proportion, %	-	2017
	Percentage of the total resident population aged 85 and over	Persons	2.1	2.4	0.7		5.2	Proportion, %	-	2017
	Black and Minority Ethnic (BME) Population	Persons	1.9	14.6	1.0		67.9	Proportion, %	-	2011
	Percentage of population whose ethnicity is not 'White UK'	Persons	3.3	20.2	2.3		79.7	Proportion, %	-	2011
	Proficiency in English, % of people who cannot speak English well or at all	Persons	0.3	1.7	0.1		9.6	Proportion, %	-	2011
	Index of Multiple Deprivation Score 2015, IMD	Persons	22.9	21.8	54.3		4.9	Score, Score	Lower is better	2015
	Income deprivation, English Indices of Deprivation 2015	Persons	15.6	14.6	35.6		3.9	Proportion, %	Lower is better	2015
	Child Poverty, English Indices of Deprivation 2015, IDACI	Persons	22.6	19.9	44.7		4.0	Proportion, %	Lower is better	2015
	Child Development at age 5 (%)	Persons	55.1	60.4	40.0		80.5	Proportion, %	Higher is better	2013/14
	GCSE Achievement (5A*-C including English & Maths)	Persons	49.9	56.6	31.7		82.3	Proportion, %	Higher is better	2013/14
	Unemployment (% of the working age population claiming out of work benefit)	Persons	1.6	1.9	5.8		0.4	Proportion, %	Lower is better	2017/18
	Long-Term Unemployment- rate per 1,000 working age population	Persons	3.5	3.6	14.9		0.0	Crude rate per 1,000	Lower is better	2017/18
	Fuel poverty	Not applicable	11.6	11.1	20.6		6.2	Proportion, %	Lower is better	2016
	Percentage of households in Poverty	Not applicable	19.5	21.1	42.6		10.6	Proportion, %	Lower is better	2013/14
	Older people living alone, % of people aged 65 and over who are living alone	Persons	29.4	31.5	47.9		21.6	Proportion, %	Lower is better	2011
	Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI	Persons	16.0	16.2	46.3		5.4	Proportion, %	Lower is better	2015

Ashfield South PCN

Public Health England Local Health Indicators
Behavioural risk factors and child health

England average
Central 50% of values

SIMILAR to England
Significantly BETTER than England
Significantly WORSE than England
Not tested
Significantly HIGHER than England
Significantly LOWER than England

	Indicator	Sex	PCN value	England value	England Lowest or Worst	England range	England Highest or Best	Units	To be Better value should be ...	Period
Behavioural risk factors and child health	Deliveries to teenage mothers, five year aggregate	Female	**2.0**	1.1	3.8		0.0	Proportion, %	Lower is better	2011/12 - 15/16
	Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	Female	**62.4**	63.2	37.3		91.3	Crude rate per 1,000	-	2011 - 15
	Low birth weight of term babies, five year aggregate	Persons	**2.9**	2.8	5.3		1.1	Proportion, %	Lower is better	2011 - 15
	Emergency admissions aged under 5 years old, three year average	Persons	**162.5**	149.2	268.9		63.7	Crude rate per 1,000	Lower is better	2013/14 - 15/16
	A&E attendances in under 5 years old, three year average	Persons	**431.0**	551.6	1,093.2		249.8	Crude rate per 1,000	Lower is better	2013/14 - 15/16
	Admissions for injuries in under 5 years old, five year aggregate	Persons	**118.8**	138.8	264.6		63.1	Crude rate per 10,000	Lower is better	2011/12 - 15/16
	Admissions for injuries in under 15 years old, five year aggregate	Persons	**95.2**	110.1	188.8		59.8	Crude rate per 10,000	Lower is better	2011/12 - 15/16
	Admissions for injuries in 15-24 years old, five year aggregate	Persons	**143.5**	137.0	262.9		62.4	Crude rate per 10,000	Lower is better	2011/12 - 15/16
	Obese children Reception Year, three year average	Persons	**10.0**	9.5	15.3		4.1	Proportion, %	Lower is better	2015/16 - 17/18
	Children with excess weight Reception Year, three year average	Persons	**24.1**	22.4	31.0		13.4	Proportion, %	Lower is better	2015/16 - 17/18
	Obese children Year 6, three year average	Persons	**20.7**	20.0	30.2		8.8	Proportion, %	Lower is better	2015/16 - 17/18
	Children with excess weight Year 6, three year average	Persons	**35.3**	34.2	45.8		20.0	Proportion, %	Lower is better	2015/16 - 17/18
	Smoking prevalence at age 15 - regular smokers (modelled estimates)	Persons	**5.5**	5.4	11.3		1.8	Proportion, %	Lower is better	2014
	Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	Persons	**7.6**	8.2	14.2		3.7	Proportion, %	Lower is better	2014

Ashfield South PCN

Public Health England Local Health Indicators

Disease and poor health

England average
Central 50% of values

SIMILAR to England
Significantly BETTER than England
Significantly WORSE than England
Not tested
Significantly HIGHER than England
Significantly LOWER than England

	Indicator	Sex	PCN value	England value	England Lowest or Worst	England range	England Highest or Best	Units	To be Better value should be ...	Period
Disease and poor health	Emergency hospital admissions for all causes, all ages, standardised admission ratio	Persons	**106.7**	100.0	159.0		64.9	ISR per 100	Lower is better	2013/14 - 17/18
	Emergency hospital admissions for coronary heart disease, standardised admission ratio	Persons	**104.8**	100.0	196.3		51.6	ISR per 100	Lower is better	2013/14 - 17/18
	Emergency hospital admissions for stroke, standardised admission ratio	Persons	**97.3**	100.0	163.7		61.6	ISR per 100	Lower is better	2013/14 - 17/18
	Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	Persons	**95.8**	100.0	192.9		49.7	ISR per 100	Lower is better	2013/14 - 17/18
	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	Persons	**123.7**	100.0	295.5		27.0	ISR per 100	Lower is better	2013/14 - 17/18
	Incidences of all cancers, standardised incidence ratio	Persons	**104.4**	100.0	124.8		80.1	ISR per 100	Lower is better	2012 - 16
	Incidence of breast cancer, standardised incidence ratio	Female	**87.5**	100.0	140.6		60.4	ISR per 100	Lower is better	2012 - 16
	Incidence of colorectal cancer, standardised incidence ratio	Persons	**110.9**	100.0	146.6		59.1	ISR per 100	Lower is better	2012 - 16
	Incidence of lung cancer, standardised incidence ratio	Persons	**113.2**	100.0	224.8		43.8	ISR per 100	Lower is better	2012 - 16
	Incidence of prostate cancer, standardised incidence ratio	Male	**104.2**	100.0	153.2		54.5	ISR per 100	Lower is better	2012 - 16
	Hospital stays for self harm, standardised admission ratio	Persons	**113.6**	100.0	245.4		26.4	ISR per 100	Lower is better	2013/14 - 17/18
	Hospital stays for alcohol-related harm (Narrow definition), standardised admission ratio	Persons	**104.2**	100.0	180.5		55.6	ISR per 100	Lower is better	2013/14 - 17/18
	Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	Persons	**102.5**	100.0	175.4		58.2	ISR per 100	Lower is better	2013/14 - 17/18
	Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	Persons	**90.4**	100.0	162.6		56.3	ISR per 100	Lower is better	2013/14 - 17/18
	Percentage of people who reported having a limiting long-term illness or disability	Persons	**22.9**	17.6	26.8		10.0	Proportion, %	Lower is better	2011
	Back pain prevalence in people of all ages	Persons	**18.7**	16.9	20.7		12.4	Crude rate, %	Lower is better	2012
	Severe back pain prevalence in people of all ages	Persons	**11.7**	10.2	13.5		6.8	Crude rate, %	Lower is better	2012

Public Health England Local Health Indicators

Life expectancy and cause of death

England average
Central 50 % of values

SIMILAR to England
Significantly BETTER than England
Significantly WORSE than England
Not tested
Significantly HIGHER than England
Significantly LOWER than England

	Indicator	Sex	PCN value	England value	England Lowest or Worst	England range	England Highest or Best	Units	To be Better value should be ...	Period
Life expectancy and causes of death	Life expectancy at birth, (upper age band 90+)	Male	78.9	79.5	73.2		84.3	Life expectancy, Years	Higher is better	2013 - 17
	Life expectancy at birth, (upper age band 90+)	Female	83.2	83.1	77.8		88.5	Life expectancy, Years	Higher is better	2013 - 17
	Deaths from all causes, all ages, standardised mortality ratio	Persons	105.8	100.0	163.7		65.7	ISR per 100	Lower is better	2013 - 17
	Deaths from all causes, under 75 years, standardised mortality ratio	Persons	103.4	100.0	188.0		55.8	ISR per 100	Lower is better	2013 - 17
	Deaths from all cancer, all ages, standardised mortality ratio	Persons	110.4	100.0	150.2		69.5	ISR per 100	Lower is better	2013 - 17
	Deaths from all cancer, under 75 years, standardised mortality ratio	Persons	107.6	100.0	166.6		59.5	ISR per 100	Lower is better	2013 - 17
	Deaths from circulatory disease, all ages, standardised mortality ratio	Persons	93.4	100.0	163.6		61.6	ISR per 100	Lower is better	2013 - 17
	Deaths from circulatory disease, under 75 years, standardised mortality ratio	Persons	95.4	100.0	216.3		40.6	ISR per 100	Lower is better	2013 - 17
	Deaths from coronary heart disease, all ages, standardised mortality ratio	Persons	95.1	100.0	185.8		53.7	ISR per 100	Lower is better	2013 - 17
	Deaths from stroke, all ages, standardised mortality ratio	Persons	84.3	100.0	190.0		44.0	ISR per 100	Lower is better	2013 - 17
	Deaths from respiratory diseases, all ages, standardised mortality ratio	Persons	110.4	100.0	194.7		50.7	ISR per 100	Lower is better	2013 - 17
	Deaths from causes considered preventable, all ages, standardised mortality ratio	Persons	103.9	100.0	200.1		52.3	ISR per 100	Lower is better	2013 - 17
	Life expectancy at birth, (upper age band 85+)	Male	78.6	79.1	72.9		84.4	Life expectancy, Years	Higher is better	2009 - 13
	Life expectancy at birth, (upper age band 85+)	Female	82.3	83.0	77.7		88.9	Life expectancy, Years	Higher is better	2009 - 13
	Healthy life expectancy, (upper age band 85+)	Male	59.8	63.5	52.7		71.9	Life expectancy, Years	Higher is better	2009 - 13
	Healthy life expectancy, (upper age band 85+)	Female	61.0	64.8	53.4		73.1	Life expectancy, Years	Higher is better	2009 - 13
	Disability free life expectancy, (Upper age band 85+)	Male	59.9	64.1	54.3		71.4	Life expectancy, Years	Higher is better	2009 - 13
	Disability free life expectancy, (Upper age band 85+)	Female	61.7	65.0	55.5		72.0	Life expectancy, Years	Higher is better	2009 - 13

Ashfield South PCN

Social care measures

These are local breakdowns of datasets relating to the Short and Long Term Support (SALT) submissions for the national collection. Two years of data are combined (2017/18 and 2018/19) and include cross-border City and County residents.

Measure 1: Adults (aged 18+) supported in long-term residential and nursing care at the year-end 31 March

1A: Younger adults (aged 18-64)	1B: Older adults (aged 65 and over)
189.0 per 100,000 residents (95 clients)	**1,069.5** per 100,000 residents (185 clients)
This rate is higher than England	This rate is lower than England
England: 122.9 per 100,000 residents	England: 1,478.7 per 100,000 residents

Measure 2: Adults (aged 18+) accessing long-term community support at the year-end 31 March

2A: Younger adults (aged 18-64)	2B: Older adults (aged 65 and over)
656.5 per 100,000 residents (330 clients)	**2,370.4** per 100,000 residents (410 clients)
This rate is similar to England	This rate is similar to England
England: 630.3 per 100,000 residents	England: 2,327.7 per 100,000 residents

Measure 3: Long-term support needs of adults (aged 18+) met by admission to residential and nursing care homes

Lower rates are considered better

3A: Younger adults (aged 18-64)	3B: Older adults (aged 65 and over)
19.9 per 100,000 residents (10 clients)	**318.0** per 100,000 residents (55 clients)
This rate is similar to England	This rate is better than England
England: 13.9 per 100,000 residents	England: 582.8 per 100,000 residents

Measure 4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Higher percentages are considered better

4: Older adults (aged 65 and over)
83.3 percent (50 clients)
This percentage is similar to England
England Value: 82.7 percent

Ashfield South PCN

Quality outcomes framework (QOF)

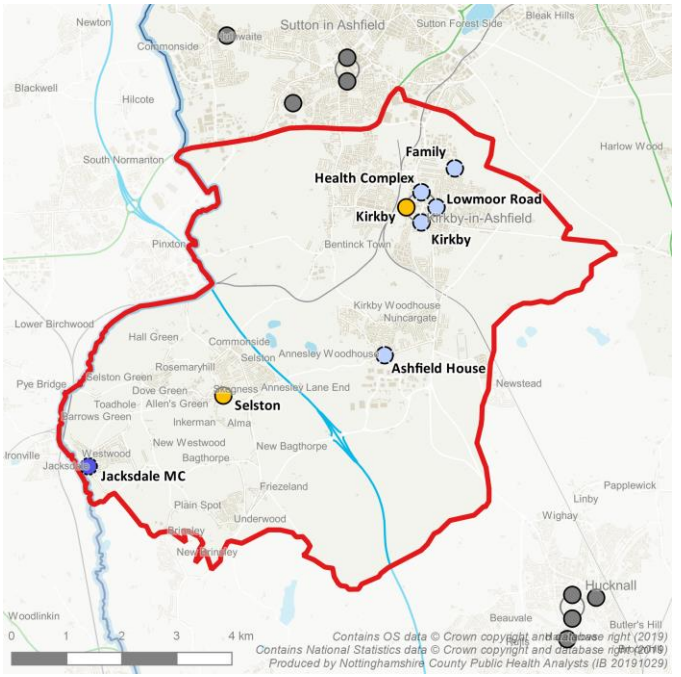
- The QOF is a performance, management and payment system for General Practices.

- GPs keep a record of people with specific diseases such as
  - chronic chest disease (COPD)
  - diabetes
  - heart disease (CHD)
  - mental health
  - dementia
  - atrial fibrillation
  - asthma
  - learning disability
  - osteoporosis
  - palliative care, and
  - smoking

- These registers are used to calculate recorded disease prevalence, which is compared to England in these profiles.

- The data in this profile is for the year 2018/19. The figures may be under estimates due to people not presenting to their GP, not being diagnosed or not being recorded.

COPD prevalence

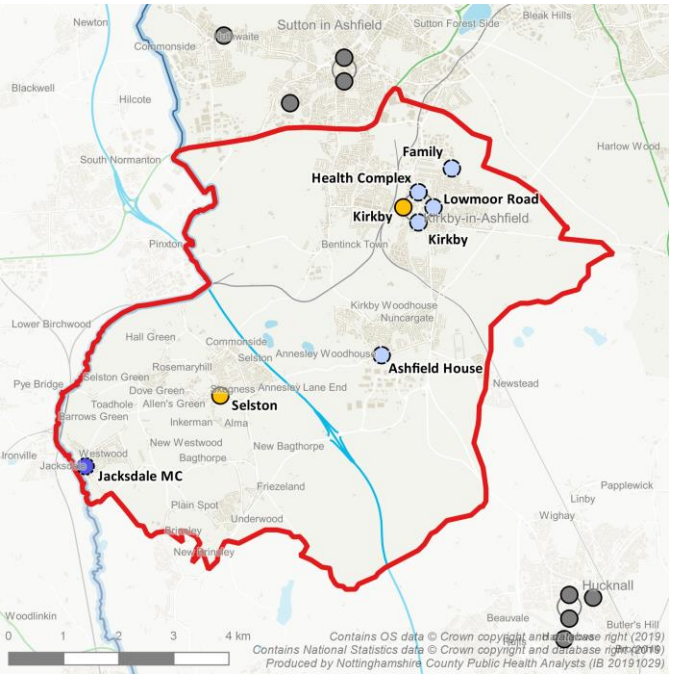


COPD is the name for a collection of chronic chest diseases. People with COPD have difficulties breathing due to a narrowing of their airways. Smoking is the main cause of COPD – more than 4 out of 5 people who develop the disease are, or have been smokers.

- The PCN population with QOF data had a higher prevalence of COPD than England.
- 90.2% of patients had their diagnosis confirmed by post bronchodilator spirometry, lower than the England average of 96.3%.
- 71.2% of patients had received an influenza vaccination; lower than the England average of 78.4%

Ashfield South PCN

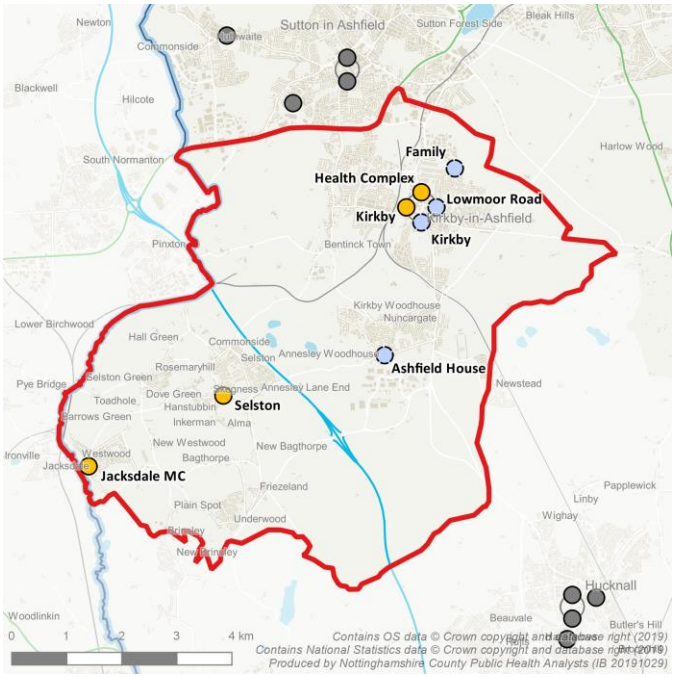
Diabetes prevalence



Type 2 diabetes is linked to many health complications such as heart disease, eye problems, kidney disease and problems with circulation. It is important that diabetes is diagnosed early and well managed.

- The PCN population had a higher prevalence of diabetes than the England population
- 69.5% of patients had well controlled (HbA1c of 64mg or less) blood sugar, similar to the England average.
- The record of foot examination (73.4%) was lower than England (81.7%).
- Referral to structured education (51.3%) was lower than England (70.5%).

CHD prevalence

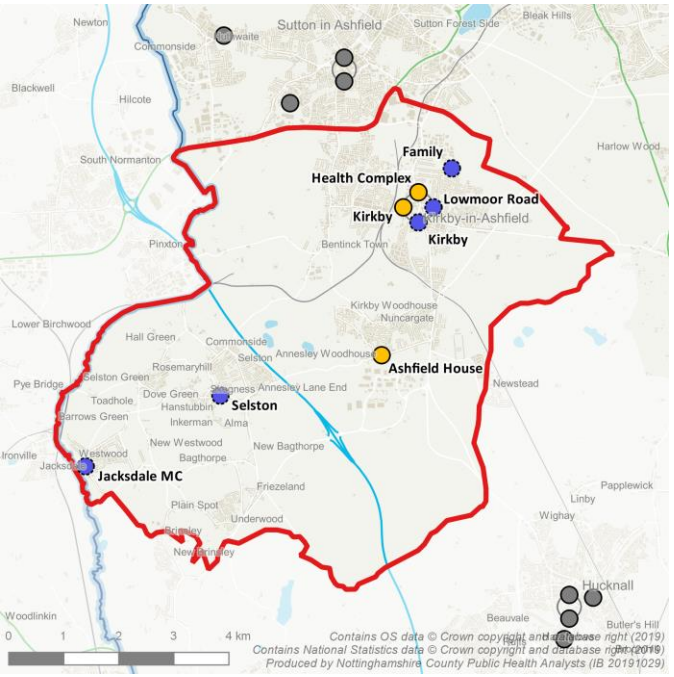


Coronary heart disease is caused by a build up of fatty deposits on the walls of the arteries around the heart (coronary arteries). Smoking, high blood pressure, lack of exercise, diabetes or being overweight or obese all increase the risk of CHD.

- The PCN population had a higher prevalence than the England population; 3.9% compared with 3.1%
- 84% of CHD patients had well controlled blood pressure, better than the England average (80.6%).
- 80.3% of CHD patients had taken aspirin or anti-clotting medication. This is similar to the England average (79.6%).

Ashfield South PCN

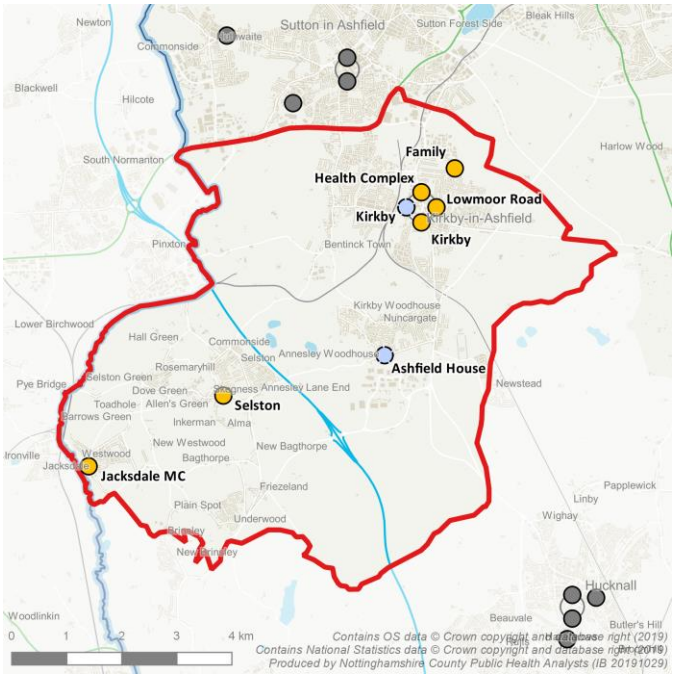
Mental health prevalence



This includes all patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses. Mental illness can result in high levels of disability and a reduced quality of life for patients, families and carers.

- The PCN population had a lower prevalence than England; 0.7% compared to 1% for England.
- 84.8% of patients had a comprehensive care plan. This is better than England (70.5%).
- 92.5% of eligible women in this group had a cervical smear in the previous 5 years comparable to 94% in England. Two practices were significantly lower than England.

Dementia prevalence

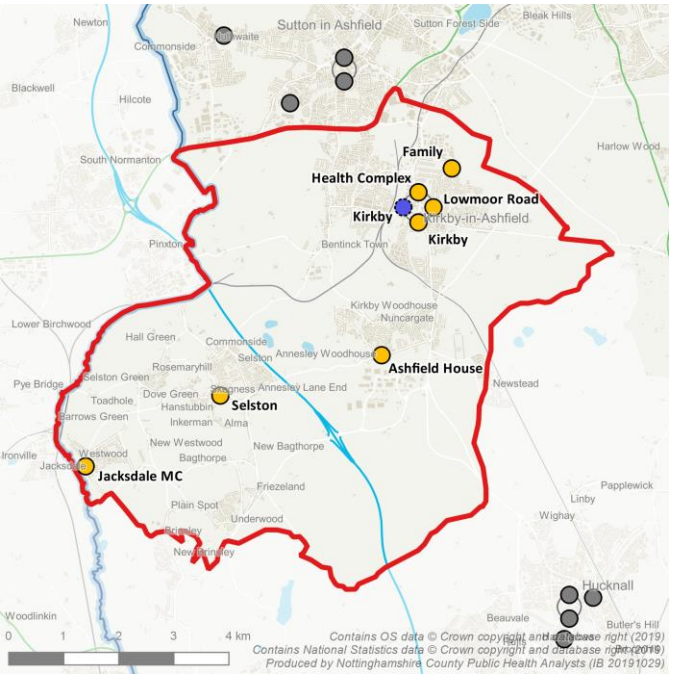


Dementia affects the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement.

- The PCN population had a higher prevalence than England; 0.9% compared to 0.8% for England.
- 73.9% of patients had a face-to-face review in the previous 12 months. This is higher than the England average of 70.3%.
- 93.4% of patients newly diagnosed with dementia had records of key test results soon after diagnosis; better than the England average (83.7%).

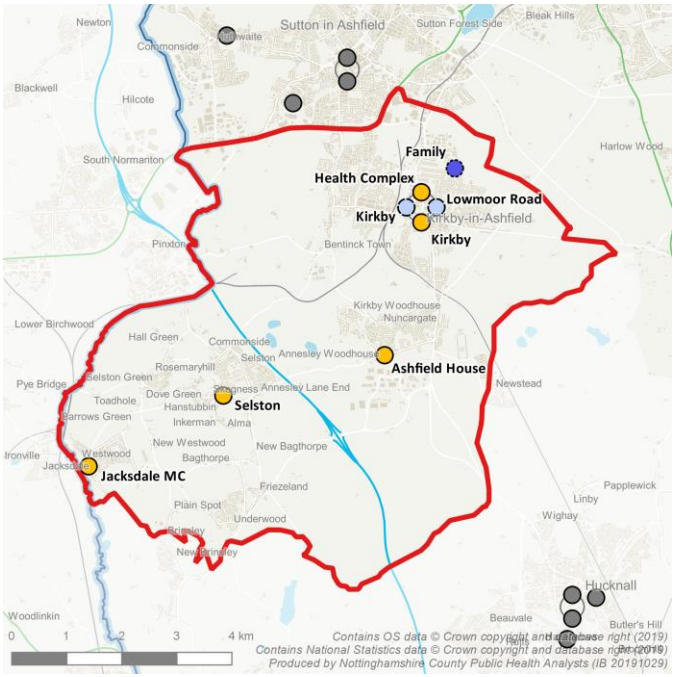
Ashfield South PCN

Atrial fibrillation prevalence



- The PCN population had a similar prevalence to England; 1.9% compared with 2.0%
- The proportion having their risk of stroke assessed (74.5%) was lower than the England average (82.1%).
- Anticoagulant treatment of at risk patients (79.3%) was similar to the England average (81.1%).

Asthma prevalence

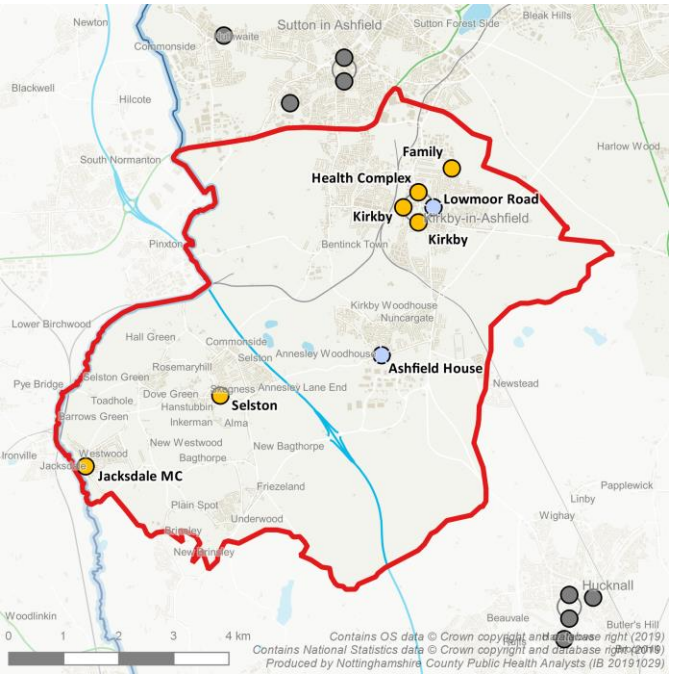


Asthma is a common respiratory condition which responds well to appropriate management and which is principally managed in primary care.

- The PCN population had a higher prevalence (6.3%) than England (6.0%)
- Recording of smoking status (age 14-19 years) was similar to the England average; 76.6% compared to 78%.
- Asthma review had been carried out in 90.9% of patients comparable to the England average (91.6%)
- Recorded variability/reversibility (88.1%) was similar to the England average (88.5%).

Ashfield South PCN

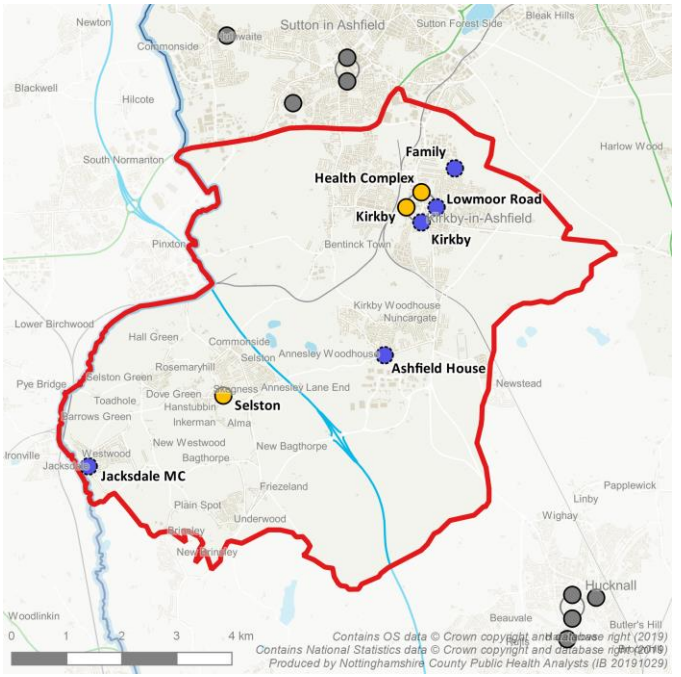
Learning disabilities prevalence



People with learning disabilities are among the most vulnerable and socially excluded in our society. Virtually all people with learning disabilities are now living in the community and depend on general practice for their primary care needs.

- The PCN population had a prevalence of 0.7%; higher than the England average (0.5%)

Osteoporosis (secondary prevention) prevalence

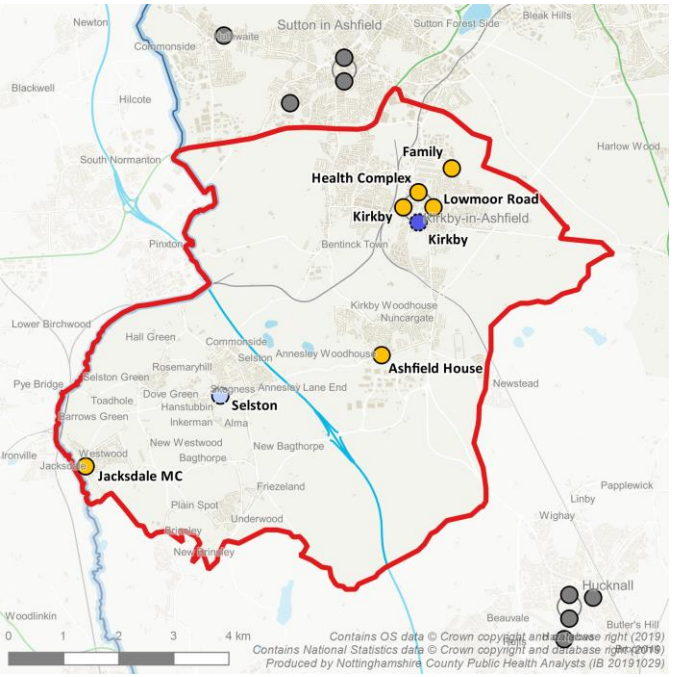


Osteoporotic fragility fractures can cause substantial pain and severe disability and are associated with decreased life expectancy. They occur most commonly in the spine, hip and wrist. They also occur in the arm, pelvis, ribs and other bones.

- The PCN population had a significantly lower prevalence (0.5%) than England (0.8%).
- The proportion of people age 50-74 treated with bone sparing agent (61.6%) was lower than the England average (68.1%).
- The proportion of those treated that were age 75 or over was similar to England; 89.8% compared with 90.6%.

Ashfield South PCN

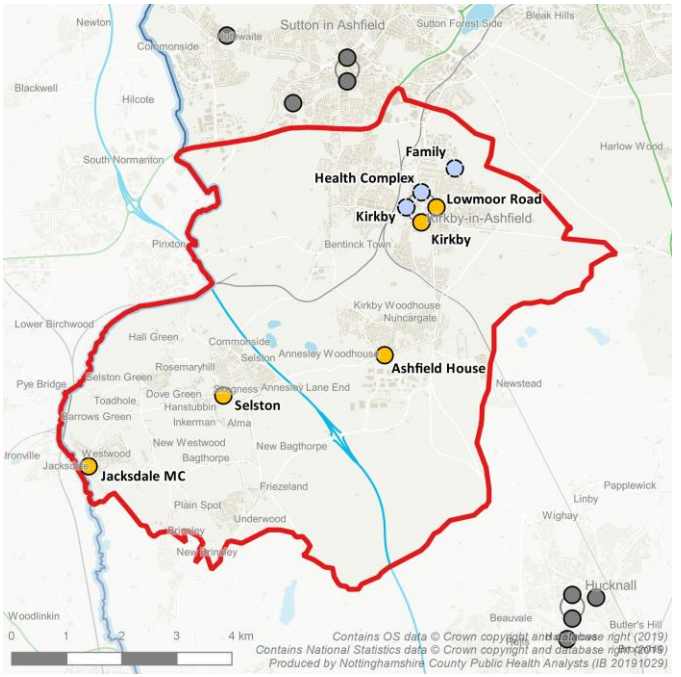
Palliative care prevalence



Palliative or end of life care is the active total care of patients with life-limiting disease and their families by a multi-professional team

- The prevalence of patients receiving palliative care is significantly higher than the England average; 0.5% compared to 0.4%.

Smoking prevalence



The percentage of patients age 15 and over with current status of smoker recorded in last 2 years. High risk smokers are those with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months

- The PCN population had a significantly higher smoking prevalence than England; 19.2% compared with 16.6%
- A significantly higher proportion of high risk smokers were offered support and treatment in the last 12 months (82.4%) compared to the England average (79.7%)

QOF Prevalence - PCN overview - all QOF disease registers

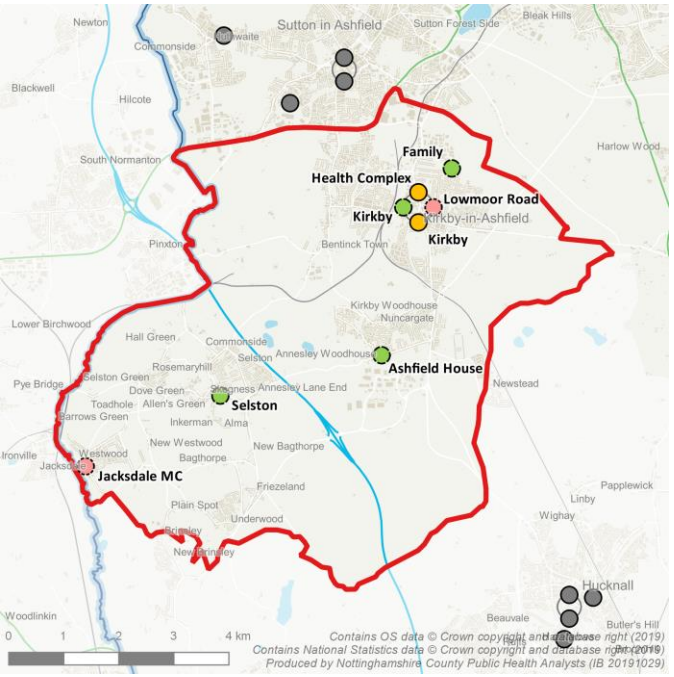
QOF disease registers			Ashfield South PCN			England
DOMAIN DESCRIPTION	INDICATOR GROUP DESCRIPTION	Age band	Number on disease register	Percent of age specific practice population	Compared to ENGLAND this PCN prevalence is significantly ...	ENGLAND
Clinical	Hypertension	All ages	6,054	15.6	Higher	14.0
Clinical	Depression	18 and over	3,557	11.5	Higher	10.7
Clinical	Diabetes mellitus	17 and over	2,534	8.1	Higher	6.9
Clinical	Asthma	All ages	2,458	6.3	Higher	6.0
Clinical	Chronic kidney disease	18 and over	1,733	5.6	Higher	4.1
Clinical	Secondary prevention of coronary heart disease	All ages	1,520	3.9	Higher	3.1
Clinical	Cancer	All ages	1,199	3.1	Similar	3.0
Clinical	Chronic obstructive pulmonary disease	All ages	1,061	2.7	Higher	1.9
Clinical	Atrial fibrillation	All ages	749	1.9	Similar	2.0
Clinical	Stroke and transient ischaemic attack	All ages	765	2.0	Higher	1.8
Clinical	Mental health	All ages	270	0.7	Lower	1.0
Clinical	Epilepsy	18 and over	291	0.9	Higher	0.8
Clinical	Heart failure	All ages	391	1.0	Similar	0.9
Clinical	Dementia	All ages	358	0.9	Higher	0.8
Clinical	Rheumatoid arthritis	16 and over	263	0.8	Similar	0.8
Clinical	Peripheral arterial disease	All ages	251	0.6	Similar	0.6
Clinical	Learning Disability	All ages	267	0.7	Higher	0.5
Clinical	Osteoporosis: secondary prevention of fragility fractures	50 and over	76	0.5	Lower	0.8
Clinical	Palliative care	All ages	190	0.5	Higher	0.4
Public Health	Obesity	18 and over	4,758	15.4	Higher	10.1
Public Health	Cardiovascular disease – primary prevention	30 to 74	290	1.3	Higher	1.1
Public Health	Smoking	15 and over	6,162	19.2	Higher	16.6

QOF Treatment - by practice – selected QOF disease domains - relative to England

			Percent of age specific practice population receiving intervention		Significance compared to England								
indicator group code	indicator code	indicator description	England	This PCN	PCN Value compared to England	Ashfield House	Family	Kirkby	Lowmoor Road	Selston	Health Care Complex	Jacksdale MC	Kirkby
DM	DM002	BP < 150/90 mmHg L12m	86.5	86.9	Similar	Similar	Worse	Similar	Similar	Similar	Better	Similar	Better
	DM003	BP < 140/80 mmHg L12m	70.7	73.6	Better	Better	Worse	Similar	Better	Similar	Better	Similar	Better
	DM004	Cholesterol <5mmol/l L12m	71.0	68.2	Worse	Worse	Better	Worse	Similar	Similar	Better	Similar	Worse
	DM006	Treated with an ACE-I or ARB (diagnosis of nephropathy or micro-albuminuria)	78.7	85.5	Better	Similar	Better	Similar	Similar	Similar	Similar	Better	Better
	DM007	HbA1c <= 59mmol/mol L12m	61.1	59.4	Similar	Similar	Similar	Similar	Worse	Worse	Similar	Similar	Similar
	DM008	HbA1c <= 64mmol/mol L12m	69.2	69.5	Similar	Similar	Better	Similar	Similar	Worse	Similar	Similar	Similar
	DM009	HbA1c <= 75mmol/mol L12m	80.1	81.9	Better	Similar	Better	Similar	Similar	Similar	Similar	Similar	Better
	DM012	Record of foot examination and risk classification in L12m	81.7	73.4	Worse	Worse	Worse	Worse	Worse	Similar	Better	Worse	Similar
	DM014	Referral to structured education programme (within 9m of entry to register) in L12m	70.5	51.3	Worse	Worse	Worse	Similar	Similar	Worse	Worse	Worse	Similar
	DM018	Influenza immmunisation received during last winter	73.4	75.1	Similar	Similar	Better	Worse	Similar	Similar	Similar	Similar	Better
AST	AST002	Recorded variability/reversibility (3m before/anytime after diagnosis) (age 8 or over)	88.5	88.1	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Better
	AST003	Asthma review including the 3 RCP questions in L12m	91.6	90.9	Similar	Similar	Similar	Similar	Worse	Similar	Similar	Similar	Similar
	AST004	Record of smoking status in L12m (age 14-19)	78.0	76.6	Similar	Similar	Similar	Worse	Similar	Similar	Worse	Similar	Similar
CHD	CHD002	BP < 150/90 mmHg L12m	80.6	84.0	Better	Similar	Similar	Better	Worse	Similar	Better	Worse	Better
	CHD005	Record of treatment aspirin, anti-platelet or anti-coagulant being taken in L12m	79.6	80.3	Similar	Similar	Similar	Similar	Worse	Better	Similar	Worse	Better
	CHD007	Influenza immmunisation received during last winter	71.0	72.8	Similar	Similar	Similar	Worse	Similar	Similar	Better	Similar	Better
COPD	COPD002	Record of diagnosis confirmation (spirometry) (3m before or 12m after) entry to register	96.3	90.2	Worse	Worse	Similar	Similar	Worse	Similar	Similar	Similar	Similar
	COPD003	Received a review (including MRC dyspnoea scale) in L12m	78.1	76.7	Similar	Similar	Similar	Similar	Worse	Similar	Similar	Similar	Similar
	COPD004	Record of FEV_1 in L12m	78.0	78.2	Similar	Similar	Similar	Similar	Worse	Similar	Similar	Worse	Better
	COPD005	Record of oxygen saturation in L12m (for those with MRC grade 3 or greater)	70.0	70.8	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	COPD007	Influenza immmunisation received during last winter	78.4	71.2	Worse	Similar	Similar	Similar	Worse	Similar	Worse	Similar	Similar
AF	AF006	Stroke risk assessed using CHA2DS2-VASc in L12m	82.1	74.5	Worse	Similar	Similar	Similar	Similar	Similar	Worse	Similar	Similar
	AF007	Anti-coagulant treatment for patients with CHA2DS2-VASc > 2	81.1	79.3	Similar	Similar	Similar	Worse	Similar	Similar	Worse	Similar	Similar
MH	MH002	Comprehensive care plan agreed in L12m	70.5	84.8	Better	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Better
	MH003	Record of BP in L12m	94.5	100.0	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	MH007	Record of alcohol consumption in L12m	82.8	96.3	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	MH008	Record of cervical screening in L5y (women aged 25 to 64)	94.0	92.5	Similar	Similar	Similar	Similar	Worse	Worse	Similar	Similar	Similar
	MH009	Record of serum creatinine and TSH in L9m (patients on lithium therapy)	85.7	90.5	Better	Similar	Similar	Better	Similar	Similar	Similar	Similar	Similar
	MH010	Record of lithium levels in therapeutic range in L4m (patients on lithium therapy)	92.2	94.7	Better	Similar	Similar	Similar	Better	Similar	Similar	Similar	Similar
DEM	DEM004	Review (face-to-face) in L12m	70.3	73.9	Better	Better	Similar	Similar	Worse	Better	Better	Similar	Better
	DEM005	Record of various tests/vitamin levels (12m before or 6m after register entry) in L12m	83.7	93.4	Better	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
OST	OST002	Treated with appropriate bone-sparing agent (aged 50-74 with confirmed diagnosis)	68.1	61.6	Worse	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	OST005	Treated with appropriate bone-sparing agent (aged 75 or over with confirmed diagnosis)	90.6	89.8	Similar	Similar	Worse	Similar	Similar	Similar	Similar	Similar	Similar
SMOK	SMOK002	Record of smoking status in L12m (with any one of a list of conditions)	82.2	82.9	Similar	Similar	Similar	Similar	Similar	Worse	Similar	Similar	Similar
	SMOK004	Current smokers offered support and treatment in L24m (aged 15 or over)	80.8	76.5	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	SMOK005	Current smokers offered support and treatment in L12m (with any one of a list of conditions)	79.7	82.4	Better	Similar	Similar	Similar	Similar	Better	Better	Better	Better

Ashfield South PCN

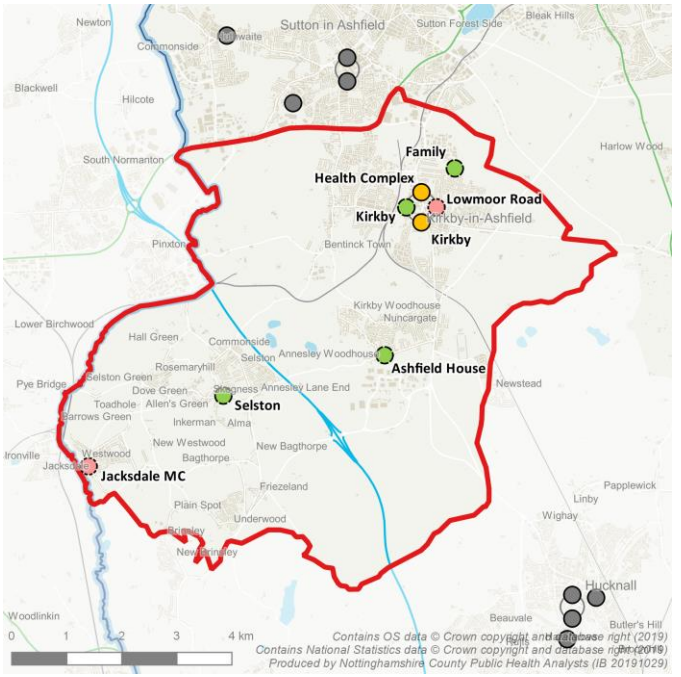
DTAP 5yrs immunisation uptake



Diphtheria is a highly contagious bacterial infection that mainly affects the nose and throat.

- The practices achieved 89% immunisation uptake at age 5 during 2018/19, not reaching 90% coverage.
- Two practices did not reach 90% coverage.

MMR uptake



MMR is a combined vaccine that protects against three separate illnesses; measles, mumps and rubella (German measles). These are highly infectious conditions that can have serious, potentially fatal, complications.

- The practices achieved 90.9% immunisation uptake at age 5 during 2018/19
- Two practices did not reach 90% coverage.

Childhood Vaccinations and Immunisations – PCN overview

Child Vaccinations and Immunisations		Ashfield South PCN			England
Coverage at age	Intervention	Number eligible	Percent receiving intervention	Coverage Band	England Value
12 months	6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	403	94.5	90-95%	91.7
	Hepatitis B (included in 6-in-1 from August 2017)			No data	
	Meningococcal B	403	93.8	90-95%	91.8
	Pneumococcal disease (primary course)	403	94.3	90-95%	92.3
	Rotavirus (primary course)	403	93.1	90-95%	90.0
24 months	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	436	96.1	95+%	94.2
	Hepatitis B (included in 6-in-1 from August 2017)			No data	
	Haemophilus Influenzae type b and meningococcal group C (booster)	436	94.5	90-95%	90.3
	Measles/mumps/rubella	436	93.1	90-95%	90.0
	Pneumococcal disease (booster)	436	94.3	90-95%	89.9
5 years	Diphtheria, tetanus, pertussis and polio (booster)	462	89.0	<90%	**84.1**
	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	462	98.7	95+%	94.5
	Haemophilus Influenzae type b and meningococcal group C (booster)	462	96.5	95+%	92.2
	Measles/mumps/rubella (first dose)	462	98.5	95+%	94.3
	Measles/mumps/rubella (second dose)	462	90.9	90-95%	**86.5**

Childhood Vaccinations and Immunisations - by practice

Child Vaccinations and Immunisations

Coverage at age	Intervention	Coverage Band: This PCN	Ashfield House	Family	Kirkby	Lowmoor Road	Selston	Health Care Complex	Jacksdale MC	Kirkby
12 months	6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	90-95%	90-95%	95+%	90-95%	95+%	90-95%	95+%	90-95%	90-95%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Meningococcal B	90-95%	90-95%	90-95%	90-95%	95+%	90-95%	95+%	90-95%	90-95%
	Pneumococcal disease (primary course)	90-95%	90-95%	95+%	90-95%	95+%	90-95%	95+%	90-95%	90-95%
	Rotavirus (primary course)	90-95%	90-95%	90-95%	90-95%	95+%	<90%	95+%	90-95%	90-95%
24 months	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	95+%	90-95%	95+%	95+%	95+%	90-95%	95+%	95+%	90-95%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	No data	No data	95+%	No data	No data	No data	95+%	No data
	Haemophilus Influenzae type b and meningococcal group C (booster)	90-95%	95+%	90-95%	95+%	<90%	90-95%	95+%	90-95%	95+%
	Measles/mumps/rubella	90-95%	90-95%	90-95%	90-95%	<90%	90-95%	95+%	<90%	95+%
	Pneumococcal disease (booster)	90-95%	95+%	90-95%	95+%	<90%	90-95%	95+%	90-95%	95+%
5 years	Diphtheria, tetanus, pertussis and polio (booster)	<90%	95+%	95+%	90-95%	<90%	95+%	90-95%	<90%	95+%
	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	95+%	95+%	95+%	95+%	95+%	95+%	95+%	95+%	95+%
	Haemophilus Influenzae type b and meningococcal group C (booster)	95+%	95+%	95+%	95+%	95+%	95+%	90-95%	90-95%	95+%
	Measles/mumps/rubella (first dose)	95+%	95+%	95+%	95+%	95+%	95+%	95+%	95+%	95+%
	Measles/mumps/rubella (second dose)	90-95%	95+%	95+%	90-95%	<90%	95+%	90-95%	<90%	95+%

Where to look for more information about this profile

Links to downloadable versions of this and other ICS PCN profiles, along with a glossary and list of data sources, can be found on the Nottinghamshire County Insight page:

- PCN Health and Care Profiles
- https://nottinghamshireinsight.org.uk

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Integrated Care System
Nottingham & Nottinghamshire

PCN Profiles

Mid. Notts. ICP
Mansfield and Ashfield CCG
Ashfield South PCN

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