Integrated Care System
Nottingham & Nottinghamshire

# PRIMARY CARE NETWORKS

## HEALTH AND CARE PROFILE

## Version 1.8

## Central Neighbourhood

**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 Neighbourhood

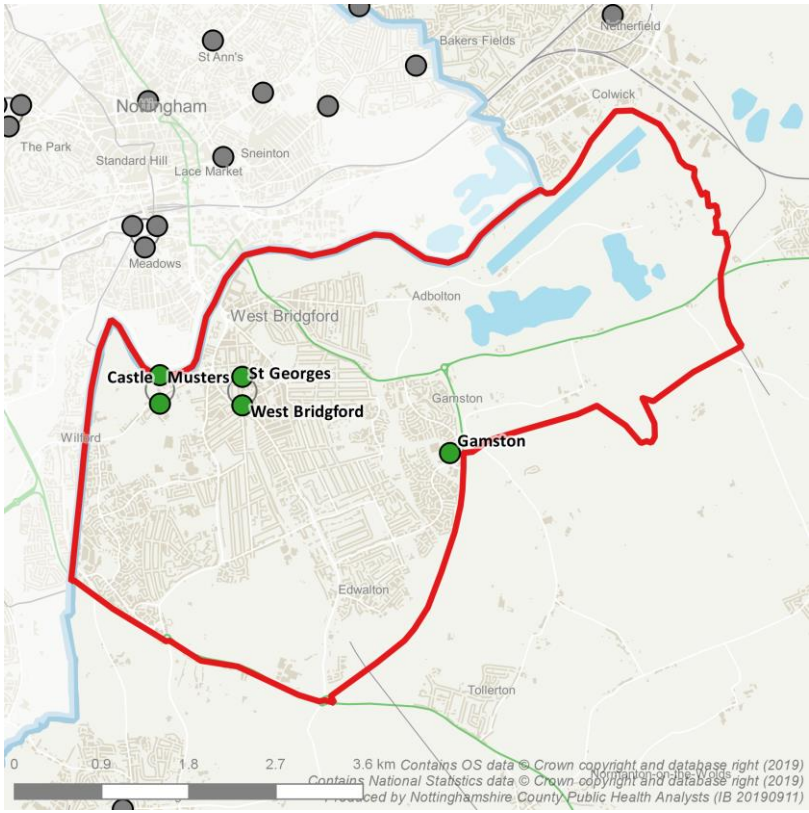
- This Neighbourhood is responsible for 13% of the registered patients in South Notts ICP and 38% of the registered patients of Rushcliffe PCN.
- The population structure is typical of a younger population; it is relatively ethnically diverse compared to the rest of Rushcliffe and very affluent.
- Life Expectancy and Healthy Life Expectancy compare well with national figures, the population live long and healthy lives.
- Prevalence of asthma, chronic kidney disease and cancer is higher than nationally but primary care (as measured by QOF) is at least as good as England and better in many disease areas.

# Central Neighbourhood



## Quick statistics for this Neighbourhood (NHD)

- There are 48,286 patients registered with practices in this NHD; 38% of the PCN registered population.
- Of these 86% live within the nominal NHD boundary.
- 93.6% of the population resident within the NHD boundary are registered with its GP practices.
- Compared to the ICP as a whole, the NHD has a higher proportion of children under 15 and a similar proportion aged 20 to 35 years.
- 1.5% of the population provide 50 hours or more of unpaid care each week. Lower than 2.4% for England.
- BME groups form 13% of the resident population making the area the most culturally diverse in Rushcliffe.
- Asian and mixed ethnic groups form the predominant BME groups in the area.
- 3.5% of people rate their health as 'bad' or 'very bad'. This is lower than the ICP (5%) and England average (5.5%).
- The area is relatively affluent, containing none of the 20% most deprived areas in England.
- Over 80% of school children achieve five A* - C grade GCSEs; this compares 56.65 for England.
- The area has a high proportion of elderly people living alone.
- Incidence of all types of cancer is similar or lower than the England average.
- All-age death rates for all causes and the main causes of death are lower or similar to England.
- The death rate from all causes among people aged under 75 is lower of similar to England.



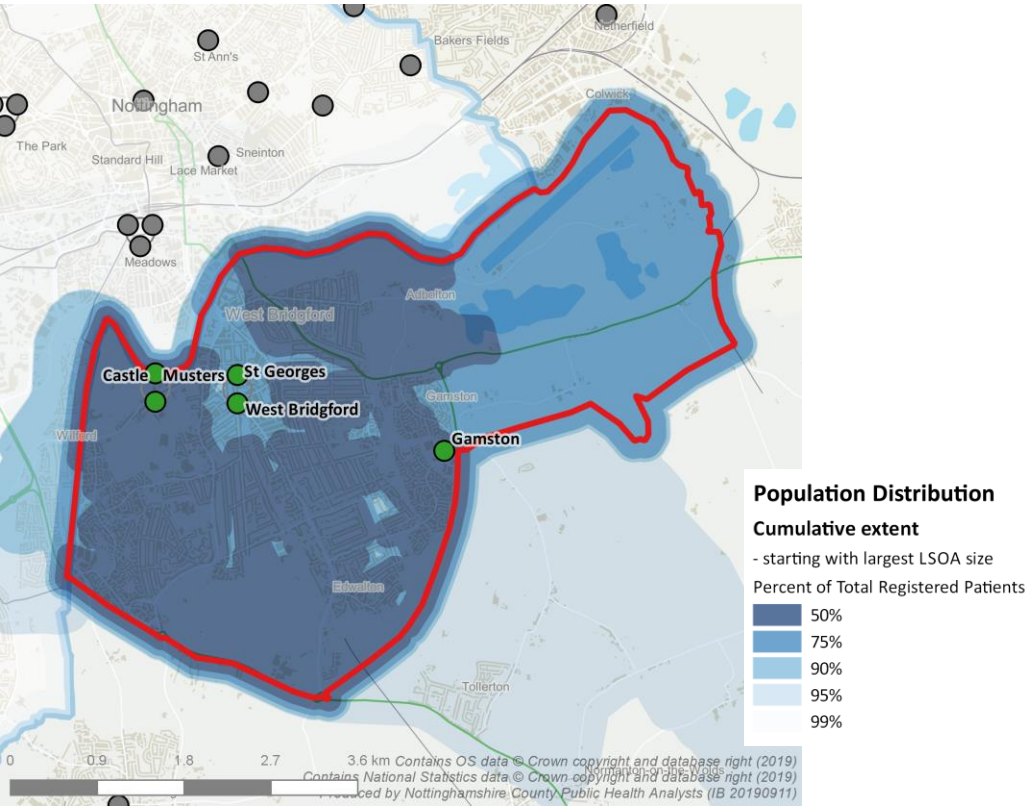

This NHD boundary covers West Bridgford and Gamston within Rushcliffe District and is largely urban.

- There are 5 GP practices in this NHD (shown in green).

# Central Neighbourhood



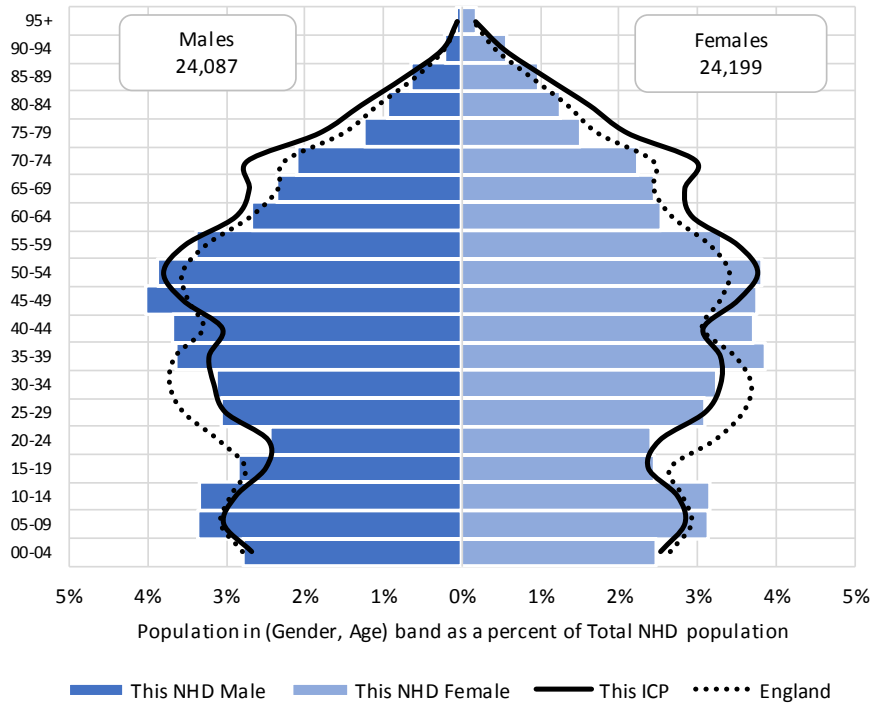
## Patient population density




The nominal area for this NHD covers West Bridgford and Gamston and is largely urban.

- There are 5 GP practices in this NHD.
- 86% of patients registered with the practices live within the boundary.
- 93.6% of people living within the boundary area are registered with NHD practices.

## Patient population pyramid




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

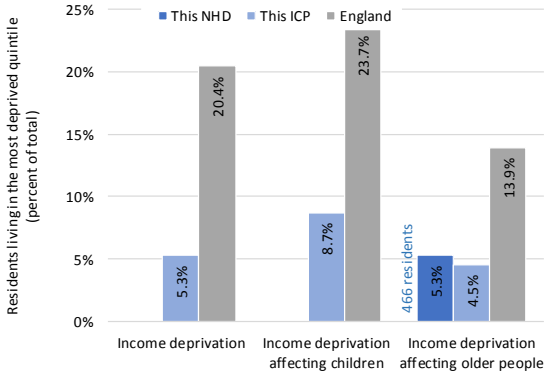
This chart shows the April 2019 GP registered population for the NHD, ICP and England.

- There are a total of 48,286 patients registered with the 5 GP practices.
- Overall, the population profile shows a higher proportion of children and older working age adults than the ICP and England.
- The proportion of people age 65 plus is lower than the ICP population.

# Central Neighbourhood



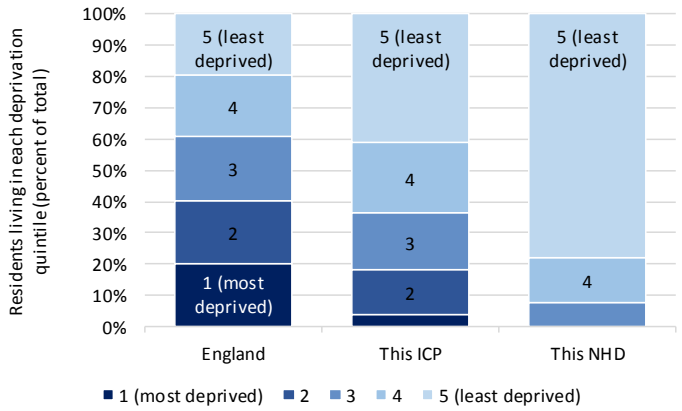
## Deprivation (Income Domain)




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

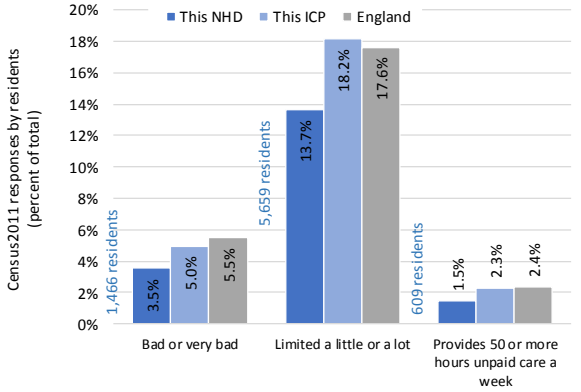
- There are no children in this NHD living in areas defined as the most deprived 20% in England.
- The proportion of older people living with income deprivation is slightly higher than the ICP average but lower than England.

## Deprivation (Index of Multiple Deprivation)




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

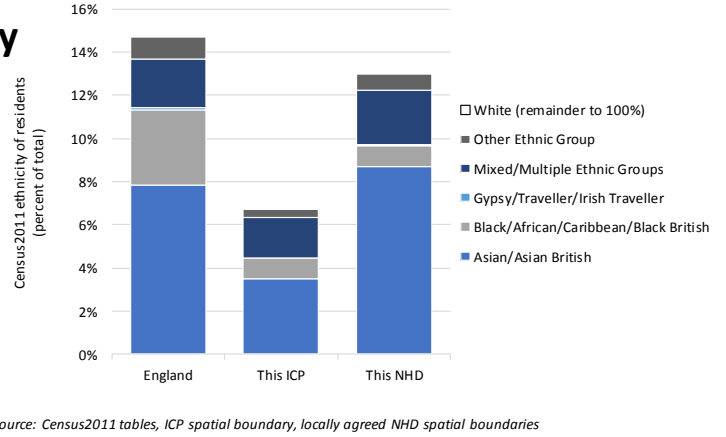
## Self reported health and care




*Source: Census2011 tables, ICP spatial boundary, locally agreed NHD spatial boundaries*

- Compared to the ICP and England, lower proportions of this NHD 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 NHD spatial boundaries*

- 13% of the resident population is from a BME background.
- This is double the ICP average and similar to England.

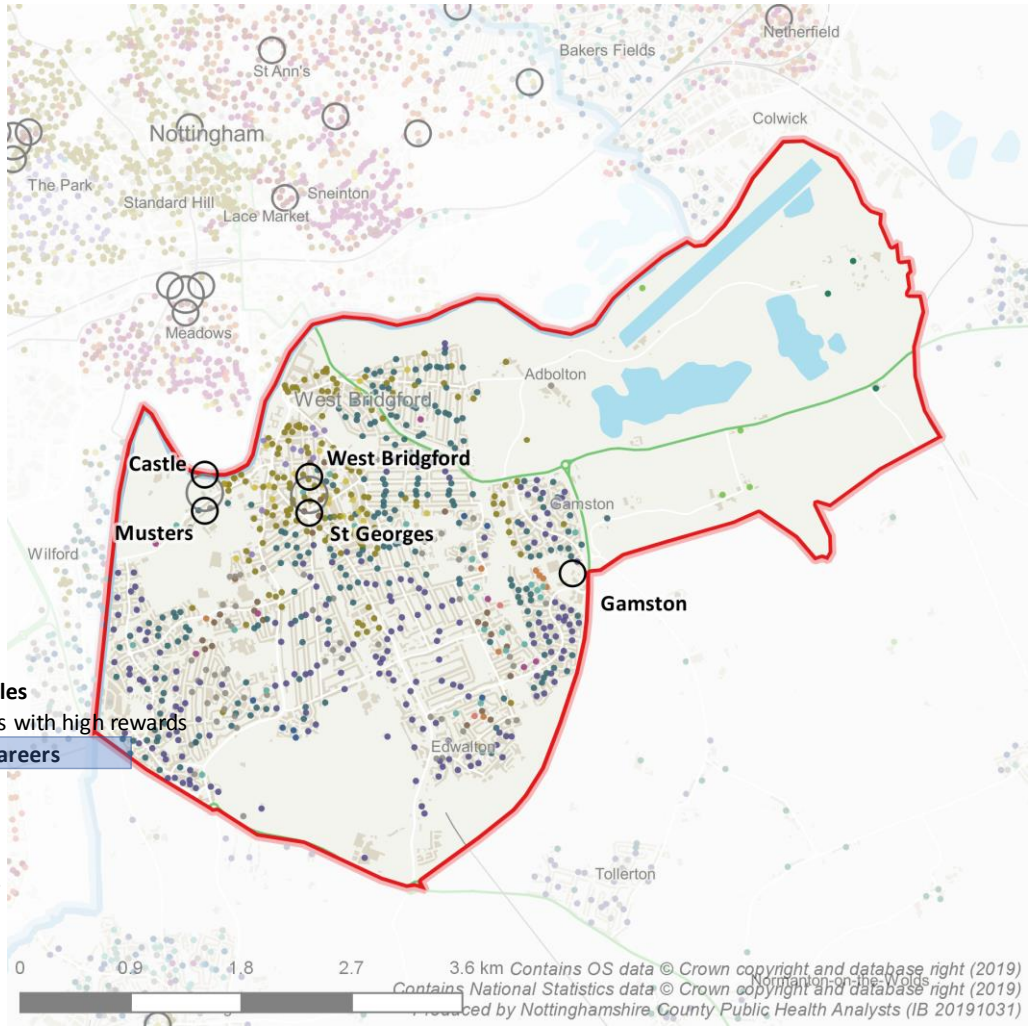
# Central Neighbourhood



## 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 D and B making up over 55% of the population. They comprise affluent families.
- There is a significant population of young people living in rented accommodation (Group J).
- Groups L,M,N, and O, with perhaps more limited resources and greater health needs make up a 6% of the population.




| Percent | Group Type Name | One Line Description |
|---|---|---|
| 0.1% | A Country Living | Well-off owners in rural locations enjoying the benefits of country life |
| **22.2%** | B Prestige Positions | **Established families in large detached homes living upmarket lifestyles** |
| 1.2% | C City Prosperity | High status city dwellers living in central locations and pursuing careers with high rewards |
| **35.3%** | D Domestic Success | **Thriving families who are busy bringing up children and following careers** |
| 1.4% | E Suburban Stability | Mature suburban owners living settled lives in mid-range housing |
| 7.9% | F Senior Security | Elderly people with assets who are enjoying a comfortable retirement |
| 0.3% | G Rural Reality | Householders living in inexpensive homes in village communities |
| 3.7% | H Aspiring Homemakers | Younger households settling down in housing priced within their means |
| 3.0% | I Urban Cohesion | Residents of settled urban communities with a strong sense of identity |
| **18.8%** | J Rental Hubs | **Educated young people privately renting in urban neighbourhoods** |
| 0.2% | K Modest Traditions | Mature homeowners of value homes enjoying stable lifestyles |
| 0.9% | L Transient Renters | Single people privately renting low cost homes for the short term |
| 0.7% | M Family Basics | Families with limited resources who have to budget to make ends meet |
| 4.2% | N Vintage Value | Elderly people reliant on support to meet financial or practical needs |
| 0.0% | O Municipal Challenge | Urban renters of social housing facing an array of challenges |

# Central Neighbourhood



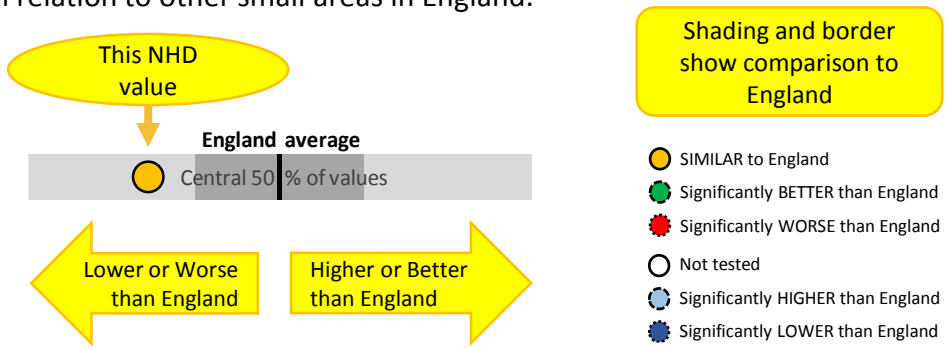
## Public Health England Local Health Indicators

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 NHDs 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 NHD

- Life expectancy at birth for Females is 3 years longer than for Males
  - Life expectancy for Males in 2013-17 was 82.0 years
  - … and for Females was 85.0 years
- Females live in poor health for longer than Males
  - The gap between Life expectancy and Healthy life expectancy in 2009-13 was 13.6 years for Males
  - … and 15.7 years for Females
- Generally, the population is relatively affluent and in good health; local health indicators are generally comparable to or better than England averages.
- The NHD area has a higher than average proportion of elderly people living alone; 34.9% compared to 31.5% for England.

# Central Neighbourhood



## 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 | 19.9 | 19.1 | 11.9 | | 27.5 | Proportion, % | - | 2017 |
| | Percentage of the total resident population who are 16-24 years of age | Persons | 11.7 | 10.9 | 6.8 | | 24.0 | Proportion, % | - | 2017 |
| | Percentage of the total resident population who are 25-64 years of age | Persons | 52.4 | 51.9 | 43.3 | | 62.7 | Proportion, % | - | 2017 |
| | Percentage of the total resident population who are 65 and over | Persons | 16.1 | 18.0 | 6.7 | | 32.2 | Proportion, % | - | 2017 |
| | Percentage of the total resident population aged 85 and over | Persons | 2.7 | 2.4 | 0.7 | | 5.2 | Proportion, % | - | 2017 |
| | Black and Minority Ethnic (BME) Population | Persons | 12.9 | 14.6 | 1.0 | | 67.9 | Proportion, % | - | 2011 |
| | Percentage of population whose ethnicity is not 'White UK' | Persons | 17.1 | 20.2 | 2.3 | | 79.7 | Proportion, % | - | 2011 |
| | Proficiency in English, % of people who cannot speak English well or at all | Persons | 0.6 | 1.7 | 0.1 | | 9.6 | Proportion, % | - | 2011 |
| | Index of Multiple Deprivation Score 2015, IMD | Persons | 6.7 | 21.8 | 54.3 | | 4.9 | Score, Score | Lower is better | 2015 |
| | Income deprivation, English Indices of Deprivation 2015 | Persons | 6.6 | 14.6 | 35.6 | | 3.9 | Proportion, % | Lower is better | 2015 |
| | Child Poverty, English Indices of Deprivation 2015, IDACI | Persons | 5.3 | 19.9 | 44.7 | | 4.0 | Proportion, % | Lower is better | 2015 |
| | Child Development at age 5 (%) | Persons | 73.1 | 60.4 | 40.0 | | 80.5 | Proportion, % | Higher is better | 2013/14 |
| | GCSE Achievement (5A*-C including English & Maths) | Persons | 81.9 | 56.6 | 31.7 | | 82.3 | Proportion, % | Higher is better | 2013/14 |
| | Unemployment (% of the working age population claiming out of work benefit) | Persons | 0.9 | 1.9 | 5.8 | | 0.4 | Proportion, % | Lower is better | 2017/18 |
| | Long-Term Unemployment- rate per 1,000 working age population | Persons | 2.3 | 3.6 | 14.9 | | 0.0 | Crude rate per 1,000 | Lower is better | 2017/18 |
| | Fuel poverty | Not applicable | 10.7 | 11.1 | 20.6 | | 6.2 | Proportion, % | Lower is better | 2016 |
| | Percentage of households in Poverty | Not applicable | 15.9 | 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 | 34.9 | 31.5 | 47.9 | | 21.6 | Proportion, % | Lower is better | 2011 |
| | Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI | Persons | 12.1 | 16.2 | 46.3 | | 5.4 | Proportion, % | Lower is better | 2015 |

# Central Neighbourhood



## 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 | #N/A | 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 | 52.7 | 63.2 | 37.3 | | 91.3 | Crude rate per 1,000 | - | 2011 - 15 |
| | Low birth weight of term babies, five year aggregate | Persons | 2.6 | 2.8 | 5.3 | | 1.1 | Proportion, % | Lower is better | 2011 - 15 |
| | Emergency admissions aged under 5 years old, three year average | Persons | 86.4 | 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 | 470.8 | 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 | 77.4 | 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 | 59.8 | 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 | 78.4 | 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 | 4.3 | 9.5 | 15.3 | | 4.1 | Proportion, % | Lower is better | 2015/16 - 17/18 |
| | Children with excess weight Reception Year, three year average | Persons | 13.8 | 22.4 | 31.0 | | 13.4 | Proportion, % | Lower is better | 2015/16 - 17/18 |
| | Obese children Year 6, three year average | Persons | 8.8 | 20.0 | 30.2 | | 8.8 | Proportion, % | Lower is better | 2015/16 - 17/18 |
| | Children with excess weight Year 6, three year average | Persons | 19.2 | 34.2 | 45.8 | | 20.0 | Proportion, % | Lower is better | 2015/16 - 17/18 |
| | Smoking prevalence at age 15 - regular smokers (modelled estimates) | Persons | 5.0 | 5.4 | 11.3 | | 1.8 | Proportion, % | Lower is better | 2014 |
| | Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates) | Persons | 7.1 | 8.2 | 14.2 | | 3.7 | Proportion, % | Lower is better | 2014 |

# Central Neighbourhood



## Public Health England Local Health Indicators

## Disease and poor health

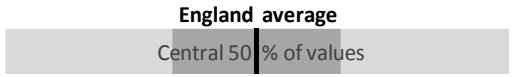
England average
Central 50% of values

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 | 71.9 | 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 | 73.8 | 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 | 83.5 | 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 | 71.0 | 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 | 46.1 | 100.0 | 295.5 | | 27.0 | ISR per 100 | Lower is better | 2013/14 - 17/18 |
| | Incidences of all cancers, standardised incidence ratio | Persons | 99.7 | 100.0 | 124.8 | | 80.1 | ISR per 100 | Lower is better | 2012 - 16 |
| | Incidence of breast cancer, standardised incidence ratio | Female | 113.5 | 100.0 | 140.6 | | 60.4 | ISR per 100 | Lower is better | 2012 - 16 |
| | Incidence of colorectal cancer, standardised incidence ratio | Persons | 111.9 | 100.0 | 146.6 | | 59.1 | ISR per 100 | Lower is better | 2012 - 16 |
| | Incidence of lung cancer, standardised incidence ratio | Persons | 65.1 | 100.0 | 224.8 | | 43.8 | ISR per 100 | Lower is better | 2012 - 16 |
| | Incidence of prostate cancer, standardised incidence ratio | Male | 97.5 | 100.0 | 153.2 | | 54.5 | ISR per 100 | Lower is better | 2012 - 16 |
| | Hospital stays for self harm, standardised admission ratio | Persons | 65.2 | 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 | 86.3 | 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 | 74.9 | 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 | 85.4 | 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 | 13.7 | 17.6 | 26.8 | | 10.0 | Proportion, % | Lower is better | 2011 |
| | Back pain prevalence in people of all ages | Persons | 15.9 | 16.9 | 20.7 | | 12.4 | Crude rate, % | Lower is better | 2012 |
| | Severe back pain prevalence in people of all ages | Persons | 9.1 | 10.2 | 13.5 | | 6.8 | Crude rate, % | Lower is better | 2012 |

## Public Health England Local Health Indicators

## Life expectancy and cause of death




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 | 82.0 | 79.5 | 73.2 | | 84.3 | Life expectancy, Years | Higher is better | 2013 - 17 |
| | Life expectancy at birth, (upper age band 90+) | Female | 85.0 | 83.1 | 77.8 | | 88.5 | Life expectancy, Years | Higher is better | 2013 - 17 |
| | Deaths from all causes, all ages, standardised mortality ratio | Persons | 83.7 | 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 | 76.7 | 100.0 | 188.0 | | 55.8 | ISR per 100 | Lower is better | 2013 - 17 |
| | Deaths from all cancer, all ages, standardised mortality ratio | Persons | 93.5 | 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 | 91.0 | 100.0 | 166.6 | | 59.5 | ISR per 100 | Lower is better | 2013 - 17 |
| | Deaths from circulatory disease, all ages, standardised mortality ratio | Persons | 79.2 | 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 | 62.3 | 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 | 76.1 | 100.0 | 185.8 | | 53.7 | ISR per 100 | Lower is better | 2013 - 17 |
| | Deaths from stroke, all ages, standardised mortality ratio | Persons | 74.9 | 100.0 | 190.0 | | 44.0 | ISR per 100 | Lower is better | 2013 - 17 |
| | Deaths from respiratory diseases, all ages, standardised mortality ratio | Persons | 73.4 | 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 | 75.2 | 100.0 | 200.1 | | 52.3 | ISR per 100 | Lower is better | 2013 - 17 |
| | Life expectancy at birth, (upper age band 85+) | Male | 81.1 | 79.1 | 72.9 | | 84.4 | Life expectancy, Years | Higher is better | 2009 - 13 |
| | Life expectancy at birth, (upper age band 85+) | Female | 84.5 | 83.0 | 77.7 | | 88.9 | Life expectancy, Years | Higher is better | 2009 - 13 |
| | Healthy life expectancy, (upper age band 85+) | Male | 67.6 | 63.5 | 52.7 | | 71.9 | Life expectancy, Years | Higher is better | 2009 - 13 |
| | Healthy life expectancy, (upper age band 85+) | Female | 68.8 | 64.8 | 53.4 | | 73.1 | Life expectancy, Years | Higher is better | 2009 - 13 |
| | Disability free life expectancy, (Upper age band 85+) | Male | 67.7 | 64.1 | 54.3 | | 71.4 | Life expectancy, Years | Higher is better | 2009 - 13 |
| | Disability free life expectancy, (Upper age band 85+) | Female | 68.0 | 65.0 | 55.5 | | 72.0 | Life expectancy, Years | Higher is better | 2009 - 13 |

# Central Neighbourhood



## 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) |
|---|---|
| **215.0** per 100,000 residents (115 clients) | **1,142.7** per 100,000 residents (160 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) |
|---|---|
| **607.7** per 100,000 residents (325 clients) | **2,356.8** per 100,000 residents (330 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) |
|---|---|
| **28.0** per 100,000 residents (15 clients) | **464.2** per 100,000 residents (65 clients) |
| This rate is worse than England | This rate is similar to 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) |
|---|
| **80.6** percent (25 clients) |
| This percentage is similar to England |
| England Value: 82.7 percent |

# Central Neighbourhood



## Quality outcomes framework (QOF)

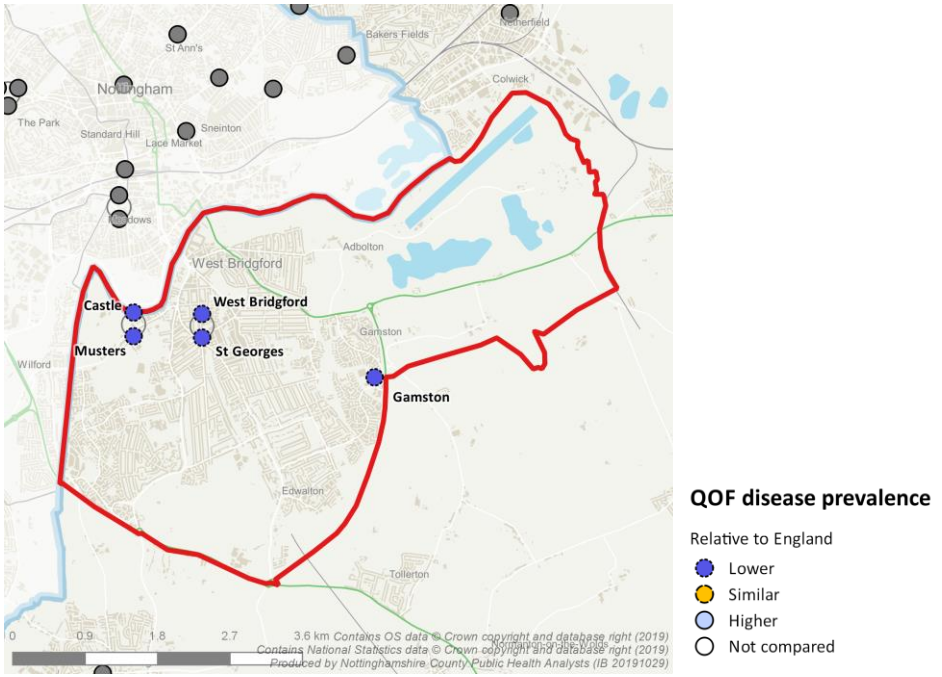
- The QOF is a performance, management and payment system for General Practices.

- 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



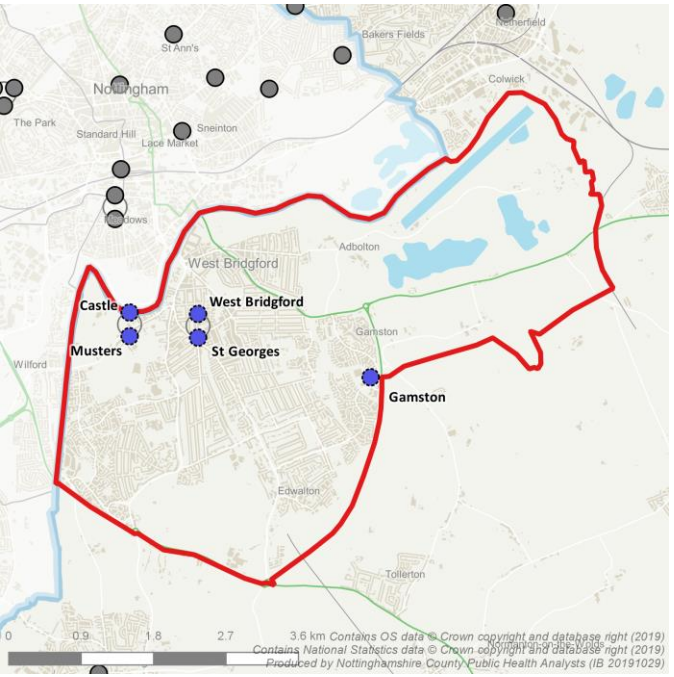

COPD is the name for a collection of chronic chest diseases. People with COPD have difficulties breathing due to a narrowing of their airways. Smoking is the main cause of COPD – more than 4 out of 5 people who develop the disease are, or have been smokers.

- The NHD population with QOF data had a lower prevalence of COPD (1.1%) than England (1.9%).
- 94.2% of patients had their diagnosis confirmed by post bronchodilator spirometry. This is similar to the England average of 96.3%.
- 85.2% of patients had received an influenza vaccination. This is better than the England average of 78.4%.

# Central Neighbourhood



## Diabetes prevalence




**QOF disease prevalence**

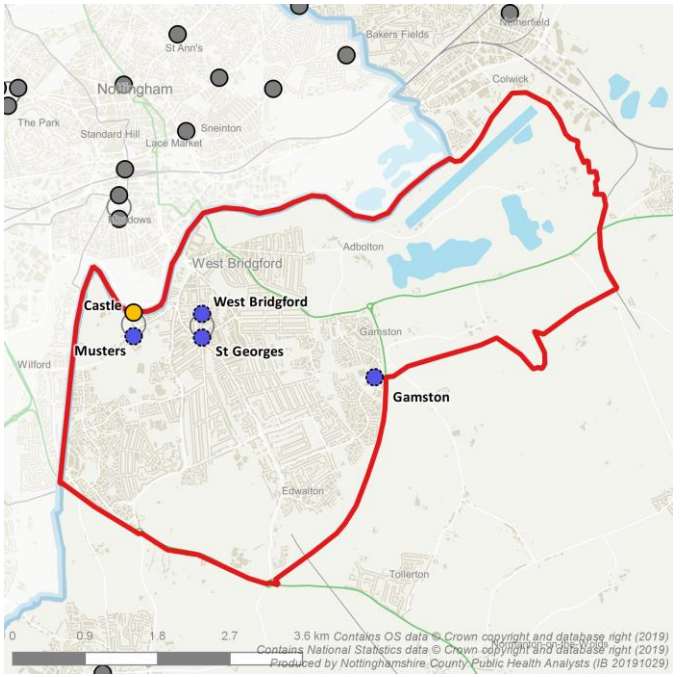
Relative to England

- Lower
- Similar
- Higher
- Not compared

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 NHD population had a lower prevalence of diabetes (5%) than the England population (6.9%).
- Control of diabetes was generally better or similar to the England average across a range of measures.
- However, referral to structured education was worse (58.2%) compared to 70.5% for England.

## CHD prevalence




**QOF disease prevalence**

Relative to England

- Lower
- Similar
- Higher
- Not compared

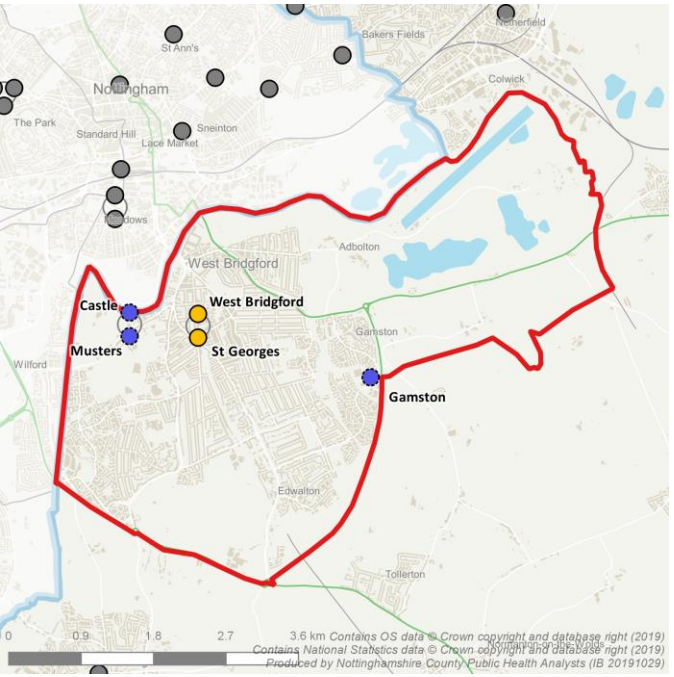
Coronary heart disease is caused by a build up of fatty deposits on the walls of the arteries around the heart (coronary arteries). Smoking, high blood pressure, lack of exercise, diabetes or being overweight or obese all increase the risk of CHD.

- The NHD population had a lower prevalence (2.8%) than the England population (3.1%).
- 79.6% of CHD patients had well controlled blood pressure. This is similar to the England average (80.6%).
- 86.1% of CHD patients had taken aspirin or anti-clotting medication. This is better than the England average (71%).

# Central Neighbourhood



## Mental health prevalence




**QOF disease prevalence**

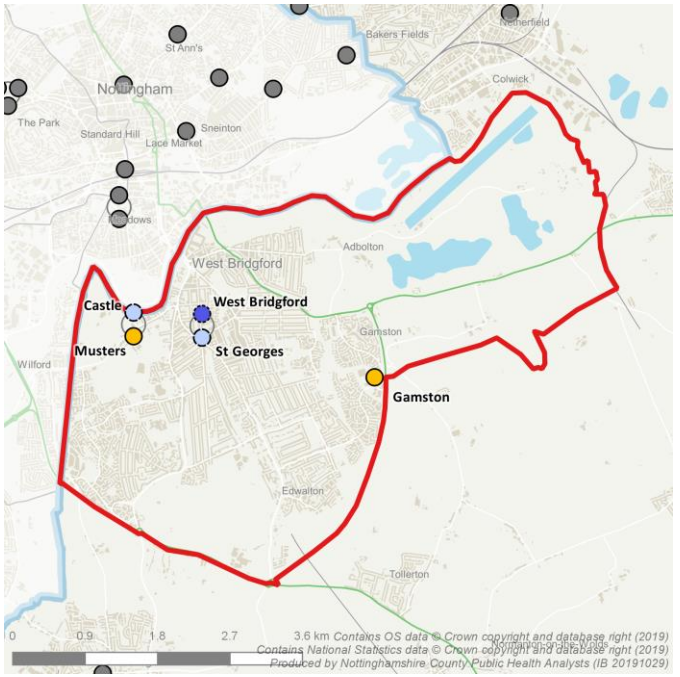
Relative to England

- Lower
- Similar
- Higher
- Not compared

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 NHD population had a lower prevalence than England; 0.8% compared to 1% for England.
- 83.5% of patients had a comprehensive care plan. This is better than England (70.5%).
- 97.5% of eligible women in this group had a cervical smear in the previous 5 years compared to 94% in England. One practice was significantly lower than England.

## Dementia prevalence




**QOF disease prevalence**

Relative to England

- Lower
- Similar
- Higher
- Not compared

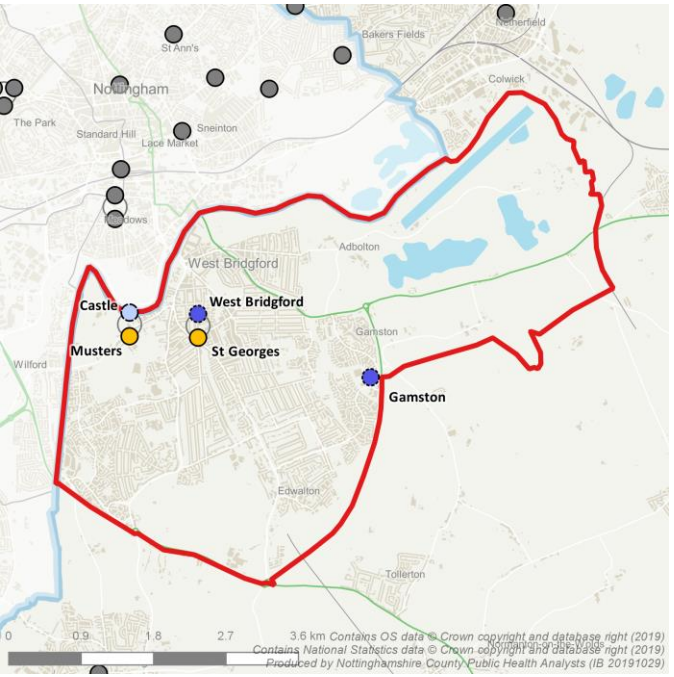
Dementia affects the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement.

- The NHD population had a higher prevalence (0.9%) than England (0.8%).
- 78.8% of patients had a face-to-face review in the previous 12 months. This is better than the England average of 70.3%.
- 86.4% of patients newly diagnosed with dementia had records of key test results soon after diagnosis, similar to the England average (83.7%).

# Central Neighbourhood



## Atrial fibrillation prevalence




**QOF disease prevalence**

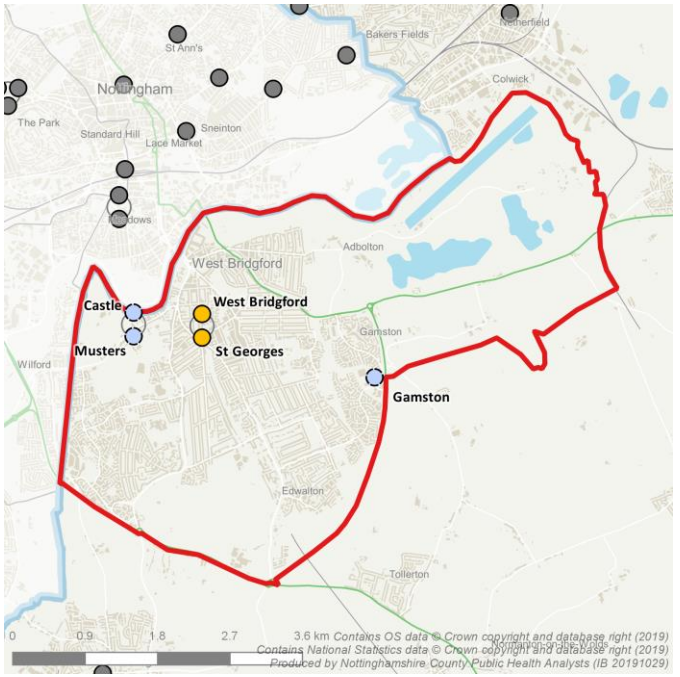
Relative to England

- Lower
- Similar
- Higher
- Not compared

AF is the most common sustained cardiac arrhythmia. Men are more commonly affected than women and the prevalence increases with age. In people who have had a stroke, concurrent AF is linked with a higher rate of mortality, disability, longer hospital stay and lower rate of discharge home.

- The NHD population had the same prevalence as England; 2.0%.
- The proportion having their risk of stroke assessed (90.3%) was better than the England average (82.1%).
- Anticoagulant treatment of at risk patients (87.2%) was better than the England average (81.1%).

## Asthma prevalence




**QOF disease prevalence**

Relative to England

- Lower
- Similar
- Higher
- Not compared

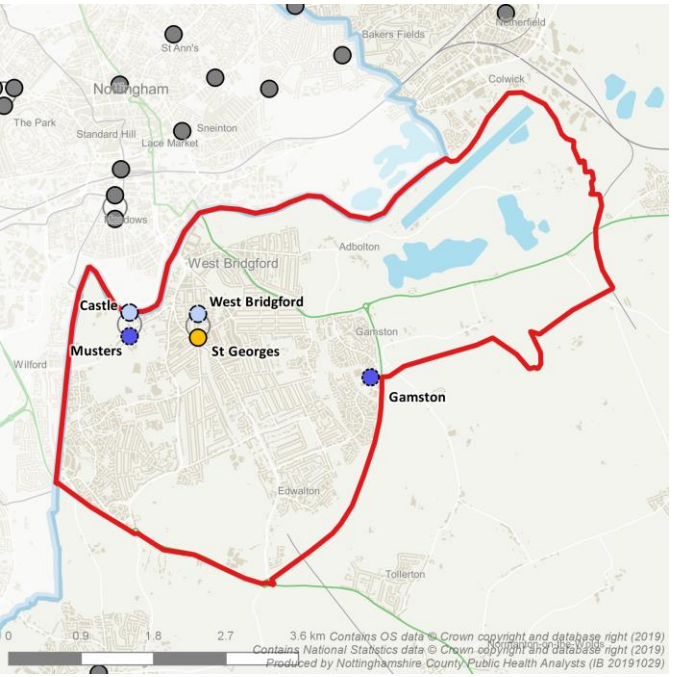
Asthma is a common respiratory condition which responds well to appropriate management and which is principally managed in primary care.

- The NHD population had a higher prevalence (6.3%) than England (6.0%).
- Recording of smoking status (age 14-19 years) was better than the England average; 86.1% compared to 78%.
- Asthma review had been carried out in 94.1% of patients comparable to the England average (91.6%).
- Recorded variability/reversibility (92.1%) was better than the England average (88.5%).

# Central Neighbourhood



## Learning disabilities prevalence




**QOF disease prevalence**

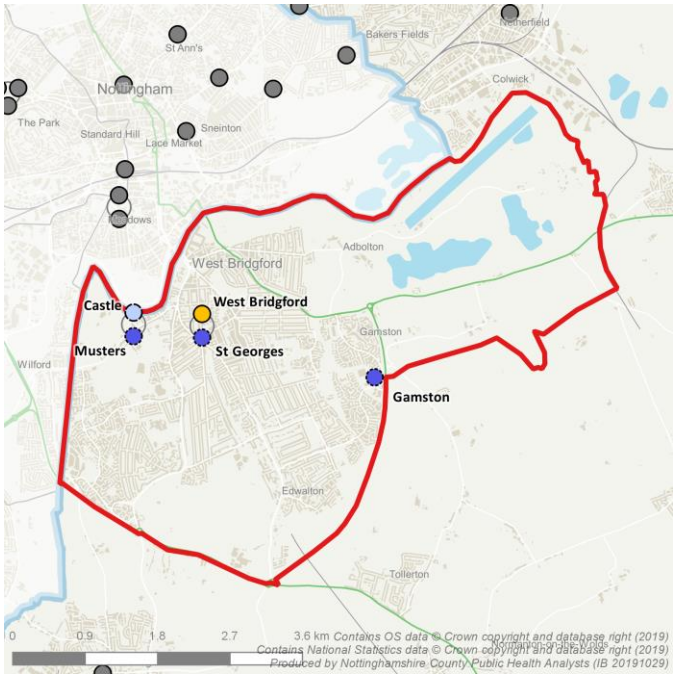
Relative to England

- Lower
- Similar
- Higher
- Not compared

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 NHD population had a prevalence 0.6%; higher than the England average (0.5%).

## Osteoporosis (secondary prevention) prevalence




**QOF disease prevalence**

Relative to England

- Lower
- Similar
- Higher
- Not compared

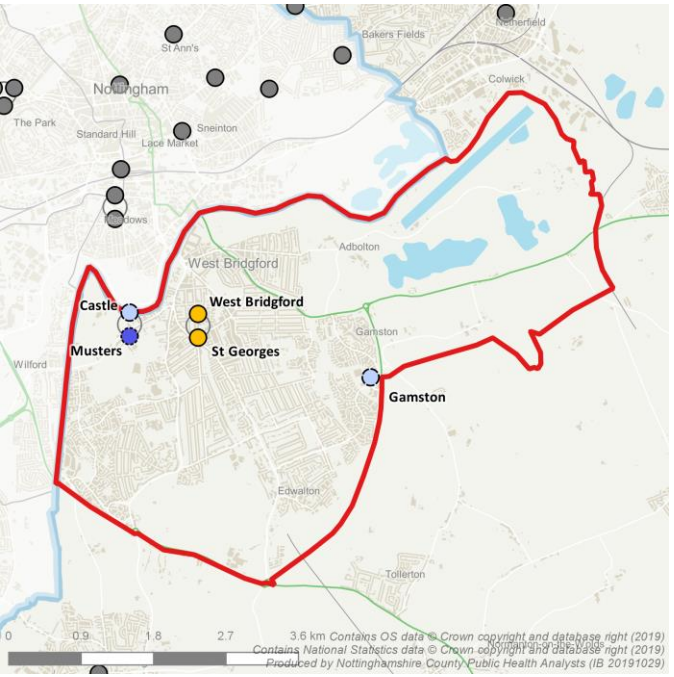
Osteoporotic fragility fractures can cause substantial pain and severe disability and are associated with decreased life expectancy. They occur most commonly in the spine, hip and wrist. They also occur in the arm, pelvis, ribs and other bones.

- The NHD population the same prevalence (0.8%) as England (0.8%).
- The proportion of people age 50-74 treated with bone sparing agent (77.7%) was better than the England average (68.1%).
- The proportion of those treated that were age 75 or over was similar to England; 92.2% compared with 90.6%.

# Central Neighbourhood



## Palliative care prevalence




**QOF disease prevalence**

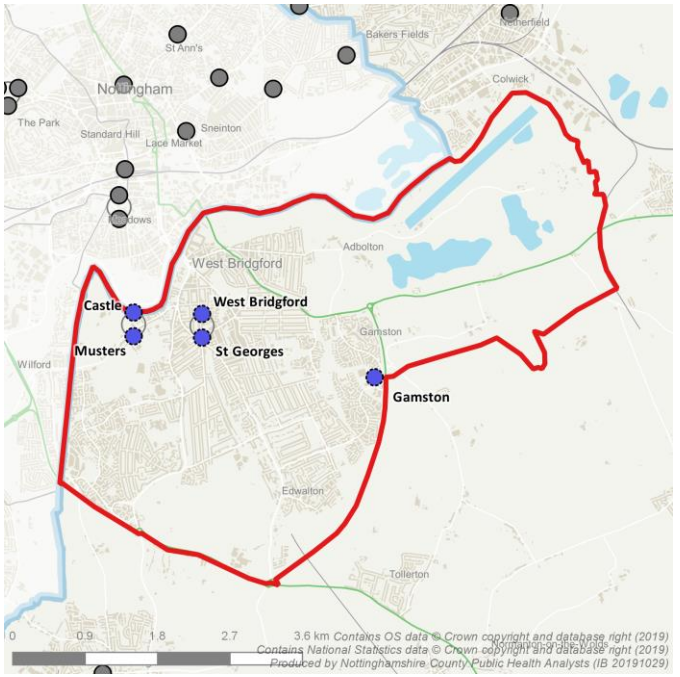
Relative to England

- Lower
- Similar
- Higher
- Not compared

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




**Prevalence**

Relative to England

- Lower
- Similar
- Higher
- Not compared

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 NHD population had a significantly lower smoking prevalence than England; 8.7% compared with 16.6%.
- A significantly higher proportion of high risk smokers were offered support and treatment in the last 12 months (84.3%) compared to the England average (79.7%).

# QOF Prevalence - NHD overview - all QOF disease registers

| QOF disease registers | | | Central Neighbourhood | | | England |
|---|---|---|---|---|---|---|
| DOMAIN DESCRIPTION | INDICATOR GROUP DESCRIPTION | Age band | Number on disease register | Percent of age specific practice population | Compared to ENGLAND this NHD prevalence is significantly ... | ENGLAND |
| Clinical | Hypertension | All ages | 5,597 | 11.6 | Lower | 14.0 |
| Clinical | Depression | 18 and over | 3,416 | 9.0 | Lower | 10.7 |
| Clinical | Diabetes mellitus | 17 and over | 1,923 | 5.0 | Lower | 6.9 |
| Clinical | Asthma | All ages | 3,065 | 6.3 | Higher | 6.0 |
| Clinical | Chronic kidney disease | 18 and over | 1,814 | 4.8 | Higher | 4.1 |
| Clinical | Secondary prevention of coronary heart disease | All ages | 1,348 | 2.8 | Lower | 3.1 |
| Clinical | Cancer | All ages | 1,521 | 3.1 | Higher | 3.0 |
| Clinical | Chronic obstructive pulmonary disease | All ages | 525 | 1.1 | Lower | 1.9 |
| Clinical | Atrial fibrillation | All ages | 942 | 2.0 | Similar | 2.0 |
| Clinical | Stroke and transient ischaemic attack | All ages | 783 | 1.6 | Lower | 1.8 |
| Clinical | Mental health | All ages | 388 | 0.8 | Lower | 1.0 |
| Clinical | Epilepsy | 18 and over | 279 | 0.7 | Similar | 0.8 |
| Clinical | Heart failure | All ages | 442 | 0.9 | Similar | 0.9 |
| Clinical | Dementia | All ages | 438 | 0.9 | Higher | 0.8 |
| Clinical | Rheumatoid arthritis | 16 and over | 225 | 0.6 | Lower | 0.8 |
| Clinical | Peripheral arterial disease | All ages | 208 | 0.4 | Lower | 0.6 |
| Clinical | Learning Disability | All ages | 291 | 0.6 | Higher | 0.5 |
| Clinical | Osteoporosis: secondary prevention of fragility fractures | 50 and over | 138 | 0.8 | Similar | 0.8 |
| Clinical | Palliative care | All ages | 230 | 0.5 | Higher | 0.4 |
| Public Health | Obesity | 18 and over | 2,795 | 7.4 | Lower | 10.1 |
| Public Health | Cardiovascular disease – primary prevention | 30 to 74 | 217 | 0.8 | Lower | 1.1 |
| Public Health | Smoking | 15 and over | 3,446 | 8.7 | Lower | 16.6 |

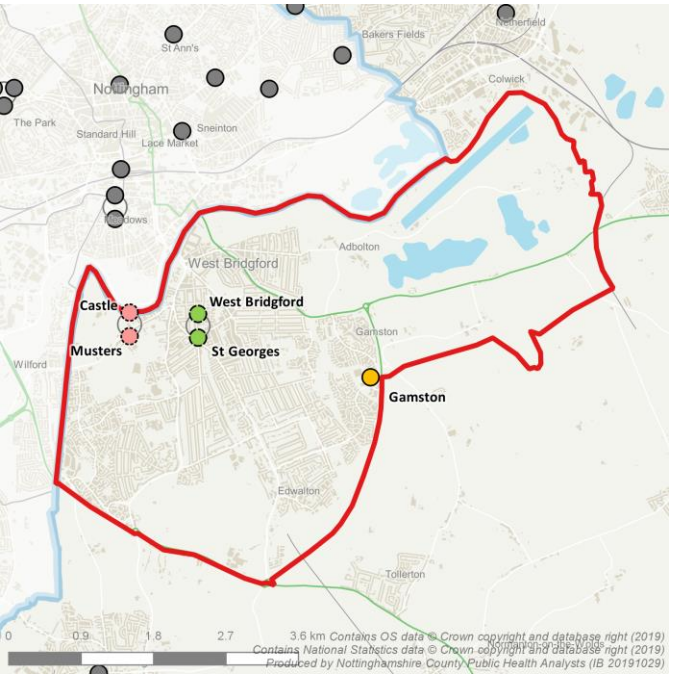
# QOF Treatment - by practice – selected QOF disease domains - relative to England

| | | | Percent of age specific practice population receiving intervention | | Significance compared to England | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| indicator group code | indicator code | indicator description | England | This NHD | NHD Value compared to England | St Georges | Musters | Castlecare | West Bridgford | Gamston |
| DM | DM002 | BP < 150/90 mmHg L12m | 86.5 | 90.4 | Better | Similar | Similar | Better | Similar | Better |
| | DM003 | BP < 140/80 mmHg L12m | 70.7 | 75.0 | Better | Better | Similar | Similar | Worse | Better |
| | DM004 | Cholesterol <5mmol/l L12m | 71.0 | 76.7 | Better | Better | Better | Better | Better | Similar |
| | DM006 | Treated with an ACE-I or ARB (diagnosis of nephropathy or micro-albuminuria) | 78.7 | 82.6 | Similar | Similar | Similar | Better | Similar | Similar |
| | DM007 | HbA1c <= 59mmol/mol L12m | 61.1 | 67.6 | Better | Better | Similar | Better | Similar | Similar |
| | DM008 | HbA1c <= 64mmol/mol L12m | 69.2 | 75.0 | Better | Better | Similar | Better | Similar | Better |
| | DM009 | HbA1c <= 75mmol/mol L12m | 80.1 | 86.1 | Better | Better | Similar | Better | Better | Better |
| | DM012 | Record of foot examination and risk classification in L12m | 81.7 | 89.5 | Better | Better | Better | Better | Similar | Better |
| | DM014 | Referral to structured education programme (within 9m of entry to register) in L12m | 70.5 | 58.2 | Worse | Similar | Similar | Worse | Similar | Similar |
| | DM018 | Influenza immmunisation received during last winter | 73.4 | 83.6 | Better | Better | Better | Better | Better | Better |
| AST | AST002 | Recorded variability/reversibility (3m before/anytime after diagnosis) (age 8 or over) | 88.5 | 92.1 | Better | Similar | Similar | Better | Similar | Similar |
| | AST003 | Asthma review including the 3 RCP questions in L12m | 91.6 | 94.1 | Better | Better | Similar | Similar | Similar | Similar |
| | AST004 | Record of smoking status in L12m (age 14-19) | 78.0 | 86.1 | Better | Better | Better | Better | Better | Better |
| CHD | CHD002 | BP < 150/90 mmHg L12m | 80.6 | 79.6 | Similar | Similar | Similar | Similar | Similar | Similar |
| | CHD005 | Record of treatment aspirin, anti-platelet or anti-coagulant being taken in L12m | 79.6 | 86.1 | Better | Better | Similar | Better | Similar | Similar |
| | CHD007 | Influenza immmunisation received during last winter | 71.0 | 81.3 | Better | Better | Similar | Better | Similar | Similar |
| COPD | COPD002 | Record of diagnosis confirmation (spirometry) (3m before or 12m after) entry to register | 96.3 | 94.2 | Similar | Similar | Similar | Worse | Similar | Similar |
| | COPD003 | Received a review (including MRC dyspnoea scale) in L12m | 78.1 | 88.4 | Better | Better | Similar | Better | Similar | Similar |
| | COPD004 | Record of FEV_1 in L12m | 78.0 | 79.2 | Similar | Similar | Similar | Similar | Similar | Similar |
| | COPD005 | Record of oxygen saturation in L12m (for those with MRC grade 3 or greater) | 70.0 | 78.1 | Similar | Similar | Similar | Similar | Similar | Similar |
| | COPD007 | Influenza immmunisation received during last winter | 78.4 | 85.2 | Better | Similar | Similar | Similar | Similar | Similar |
| AF | AF006 | Stroke risk assessed using CHA2DS2-VASc in L12m | 82.1 | 90.3 | Better | Similar | Better | Similar | Similar | Similar |
| | AF007 | Anti-coagulant treatment for patients with CHA2DS2-VASc > 2 | 81.1 | 87.2 | Better | Similar | Similar | Similar | Similar | Similar |
| MH | MH002 | Comprehensive care plan agreed in L12m | 70.5 | 83.5 | Better | Similar | Similar | Similar | Similar | Similar |
| | MH003 | Record of BP in L12m | 94.5 | 100.0 | Similar | Similar | Similar | Similar | Similar | Similar |
| | MH007 | Record of alcohol consumption in L12m | 82.8 | 87.8 | Similar | Similar | Similar | Similar | Similar | Similar |
| | MH008 | Record of cervical screening in L5y (women aged 25 to 64) | 94.0 | 97.5 | Better | Similar | Better | Better | Similar | Better |
| | MH009 | Record of serum creatinine and TSH in L9m (patients on lithium therapy) | 85.7 | 89.0 | Better | Similar | Similar | Better | Similar | Similar |
| | MH010 | Record of lithium levels in therapeutic range in L4m (patients on lithium therapy) | 92.2 | 96.1 | Better | Better | Better | Similar | Better | Better |
| DEM | DEM004 | Review (face-to-face) in L12m | 70.3 | 78.8 | Better | Similar | Better | Better | Better | Better |
| | DEM005 | Record of various tests/vitamin levels (12m before or 6m after register entry) in L12m | 83.7 | 86.4 | Similar | Similar | Similar | Similar | Similar | Similar |
| OST | OST002 | Treated with appropriate bone-sparing agent (aged 50-74 with confirmed diagnosis) | 68.1 | 77.7 | Better | Similar | Better | Similar | Similar | Similar |
| | OST005 | Treated with appropriate bone-sparing agent (aged 75 or over with confirmed diagnosis) | 90.6 | 92.2 | Similar | Similar | Similar | Similar | Similar | Similar |
| SMOK | SMOK002 | Record of smoking status in L12m (with any one of a list of conditions) | 82.2 | 85.2 | Similar | Similar | Similar | Similar | Similar | Similar |
| | SMOK004 | Current smokers offered support and treatment in L24m (aged 15 or over) | 80.8 | 78.3 | 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 | 84.3 | Better | Better | Similar | Better | Better | Better |

# Central Neighbourhood



## DTAP 5yrs immunisation uptake




**Vaccinations and Immunisations**

**Coverage**

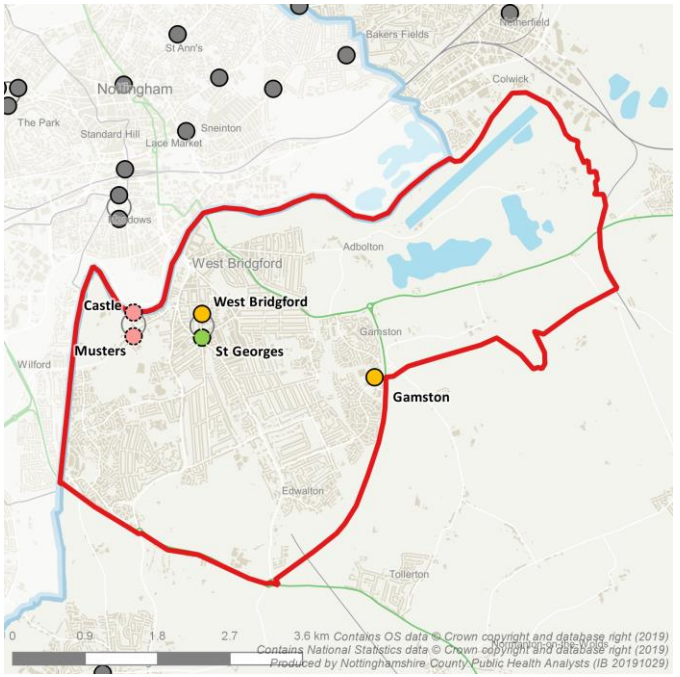
Relative to 95%

- Less than 90%
- Between 90% - 95%
- 95% and over
- No data

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

- The practices achieved immunisation uptake at age 5 of 88.4% during 2018/19, not reaching 90% coverage.
- Two of the 5 practices did not reach 90% coverage.

## MMR uptake




**Vaccinations and Immunisations**

**Coverage**

Relative to 95%

- Less than 90%
- Between 90% - 95%
- 95% and over
- No data

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 89.8% immunisation uptake at age 5 during 2018/19, not reaching 90% coverage.
- Two of the 5 practices did not reach 90% coverage.

# Childhood Vaccinations and Immunisations – NHD overview

| Child Vaccinations and Immunisations | | Central Neighbourhood | | | 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) | 517 | 95.9 | 95+% | 91.7 |
| | Hepatitis B (included in 6-in-1 from August 2017) | | | No data | |
| | Meningococcal B | 517 | 96.3 | 95+% | 91.8 |
| | Pneumococcal disease (primary course) | 517 | 96.1 | 95+% | 92.3 |
| | Rotavirus (primary course) | 517 | 95.0 | 90-95% | 90.0 |
| 24 months | 5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b) | 511 | 97.7 | 95+% | 94.2 |
| | Hepatitis B (included in 6-in-1 from August 2017) | | | No data | |
| | Haemophilus Influenzae type b and meningococcal group C (booster) | 511 | 96.5 | 95+% | 90.3 |
| | Measles/mumps/rubella | 511 | 95.7 | 95+% | 90.0 |
| | Pneumococcal disease (booster) | 511 | 96.7 | 95+% | 89.9 |
| 5 years | Diphtheria, tetanus, pertussis and polio (booster) | 619 | 88.4 | <90% | **84.1** |
| | 5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b) | 619 | 96.9 | 95+% | 94.5 |
| | Haemophilus Influenzae type b and meningococcal group C (booster) | 619 | 94.7 | 90-95% | 92.2 |
| | Measles/mumps/rubella (first dose) | 619 | 97.3 | 95+% | 94.3 |
| | Measles/mumps/rubella (second dose) | 619 | 89.8 | <90% | **86.5** |

# Childhood Vaccinations and Immunisations - by practice

## Child Vaccinations and Immunisations

| Coverage at age | Intervention | Coverage Band | | | | | |
|---|---|---|---|---|---|---|---|
| | | This NHD | St Georges | Musters | Castlecare | West Bridgford | Gamston |
| 12 months | 6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B) | 95+% | 95+% | 90-95% | 95+% | 90-95% | 95+% |
| | Hepatitis B (included in 6-in-1 from August 2017) | No data | No data | No data | No data | No data | No data |
| | Meningococcal B | 95+% | 95+% | 90-95% | 95+% | 90-95% | 95+% |
| | Pneumococcal disease (primary course) | 95+% | 95+% | 90-95% | 95+% | 90-95% | 95+% |
| | Rotavirus (primary course) | 90-95% | 95+% | 90-95% | 90-95% | 90-95% | 95+% |
| 24 months | 5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b) | 95+% | 95+% | 95+% | 95+% | 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 |
| | Haemophilus Influenzae type b and meningococcal group C (booster) | 95+% | 95+% | 95+% | 90-95% | 95+% | 90-95% |
| | Measles/mumps/rubella | 95+% | 95+% | 95+% | 90-95% | 95+% | 90-95% |
| | Pneumococcal disease (booster) | 95+% | 95+% | 95+% | 90-95% | 95+% | 90-95% |
| 5 years | Diphtheria, tetanus, pertussis and polio (booster) | <90% | 95+% | <90% | <90% | 95+% | 90-95% |
| | 5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b) | 95+% | 95+% | 90-95% | 95+% | 95+% | 95+% |
| | Haemophilus Influenzae type b and meningococcal group C (booster) | 90-95% | 95+% | 90-95% | 90-95% | 95+% | 90-95% |
| | Measles/mumps/rubella (first dose) | 95+% | 95+% | 95+% | 95+% | 95+% | 95+% |
| | Measles/mumps/rubella (second dose) | <90% | 95+% | <90% | <90% | 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

Prepared by Nottinghamshire County Public Health Intelligence Team

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Integrated Care System
Nottingham & Nottinghamshire

# NHD Profiles

South Notts. ICP
Rushcliffe CCG
**Central Neighbourhood**

Version v1.8