Integrated Care System
Nottingham & Nottinghamshire

PRIMARY CARE NETWORKS

HEALTH AND CARE PROFILE

Version 1.8

North 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

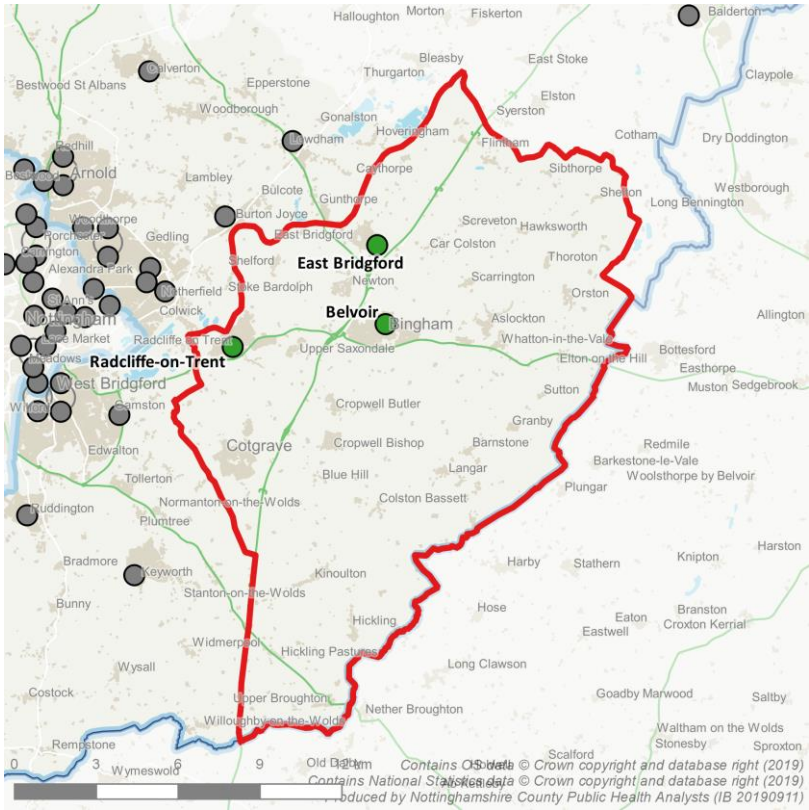
What does this profile reveal about this Neighbourhood

- This Neighbourhood is responsible for 11% of the registered patients in South Notts ICP and 31% of the Rushcliffe PCN.
- The population structure is typical of an aging population; it is predominantly white, affluent and in good health.
- Life Expectancy compares with national figures and Healthy Life Expectancy is better than average with health beginning to decline around age 67.
- Prevalence of circulatory diseases 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.

North Neighbourhood

Quick statistics for this Neighbourhood (NHD)

- There are 39,760 patients registered with practices in this NHD; 49% males and 51% females. Of these, 94% live within the nominal NHD boundary.
- 94% 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 older people and a lower proportion of working age people.
- 2.2% of the population provide 50 hours or more of unpaid care each week, similar to the ICP and England average.
- BME groups form 2.9% of the resident population, less than half the ICP proportion (6.7%).
- Asian and mixed ethnic groups form the predominant BME groups in the area.
- 4.6% of people rate their health as 'bad' or 'very bad', slightly lower than the England average (5.5%).
- The area is relatively affluent, with no areas defined as within the most deprived 20% of areas in England.
- Over 73% of school children achieve five A* - C grade GCSEs; this compares 56.6% in England.
- Incidence of all cancers is similar or better than England.
- All-age death rates for all causes and the main causes of death are similar or better than the England average.
- The death rate from all causes and selected causes among people aged under 75 is better or similar to the England average.
- Back pain prevalence and severe back pain prevalence is significantly higher than England.

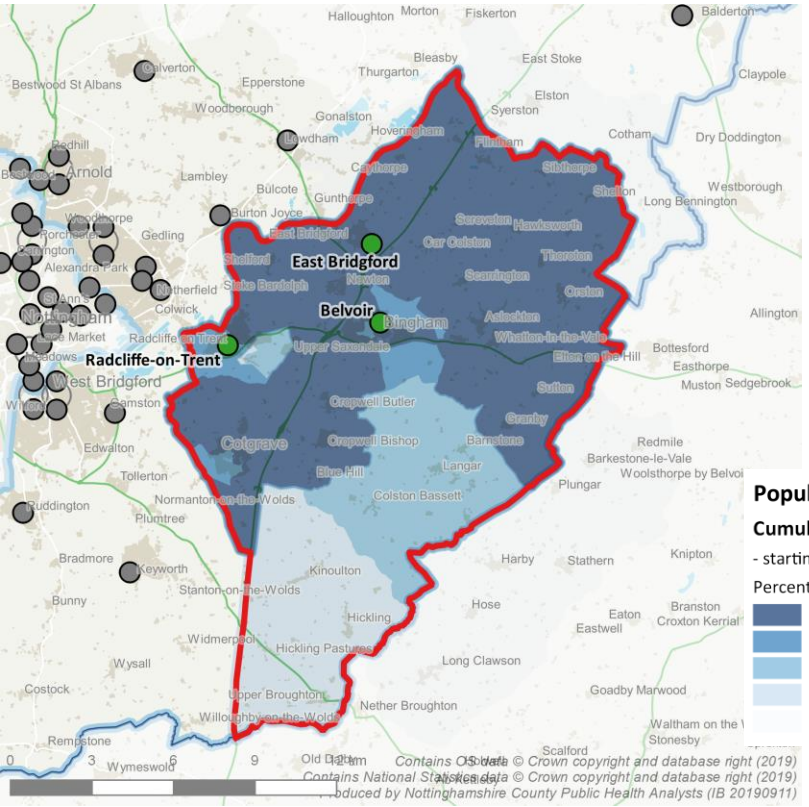


This NHD boundary covers small towns and villages in south east Rushcliffe.

- There are 3 GP practices in this NHD (shown in green).

North Neighbourhood

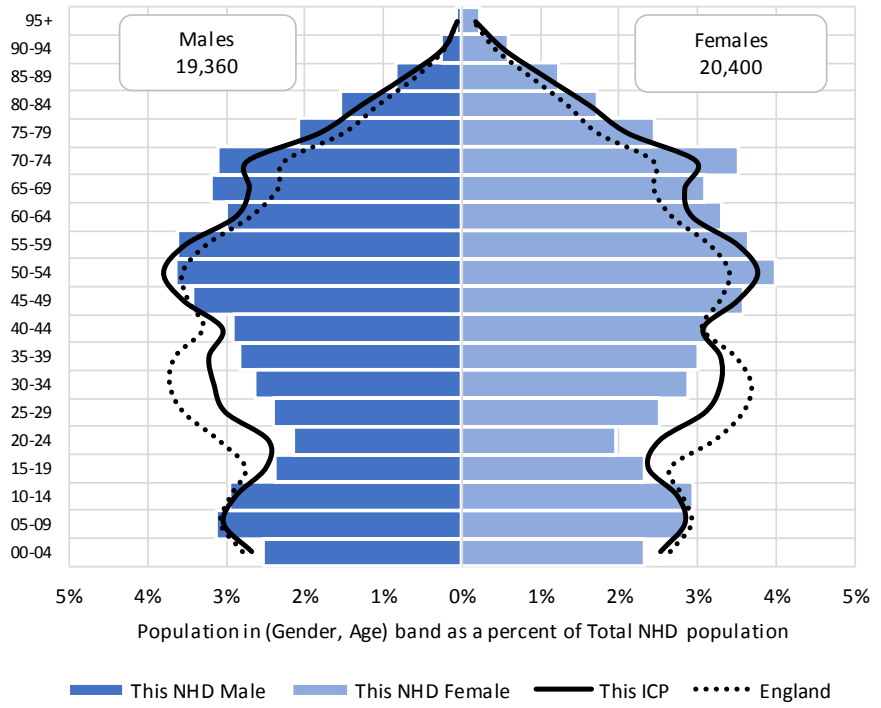
Patient population density



The nominal area for this NHD covers small towns and villages in south east Rushcliffe.

- There are 3 GP practices in this NHD covering 31% of Rushcliffe PCN.
- 94% of patients registered with the practices live within the boundary.
- 94% of people living within the boundary area are registered with NHD practices.

Patient population pyramid



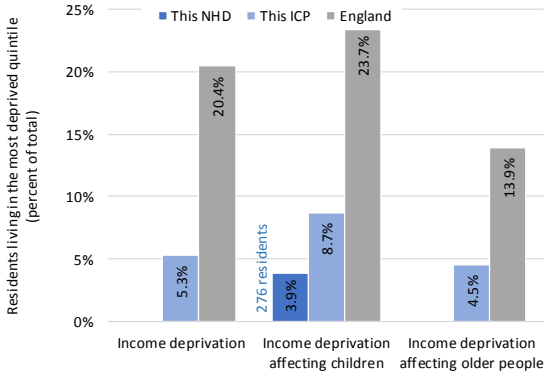
Source: NHS Digital 'Patients registered at GP practices' (April 2019 extract)

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

- There are a total of 39,760 patients registered with the GP practices.
- Overall the population profile shows a smaller proportion of young working age adults than the ICP and England.
- The proportion of elderly people is higher than the ICP population.

North Neighbourhood

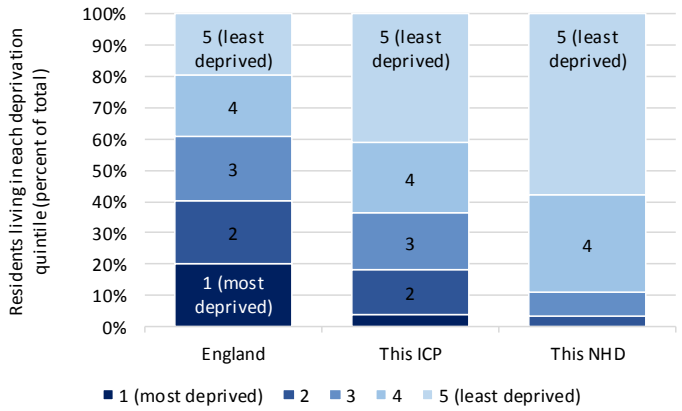
Deprivation (Income Domain)



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

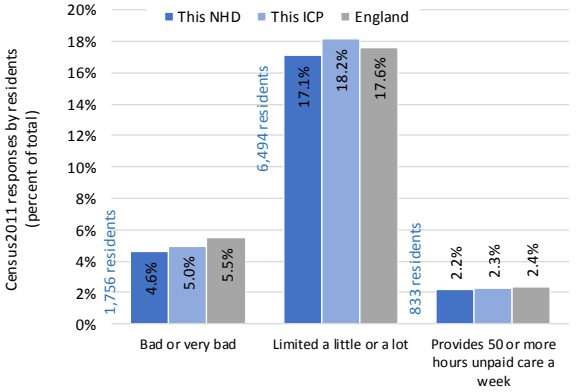
- The NHD is relatively affluent with no areas defined as those in the 20% most deprived areas in England.
- This is lower than for the ICP and England.

Deprivation (Index of Multiple Deprivation)



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

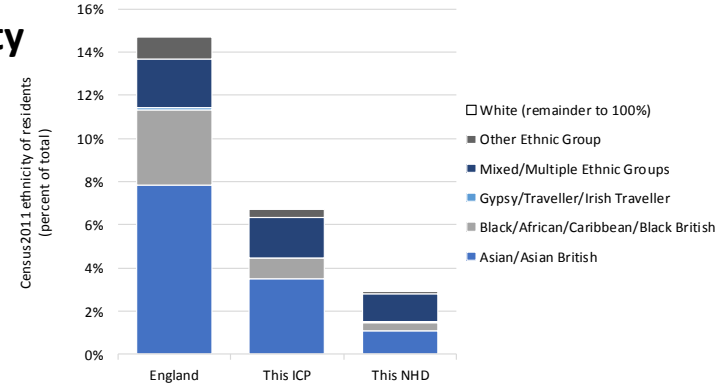
Self reported health and care



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

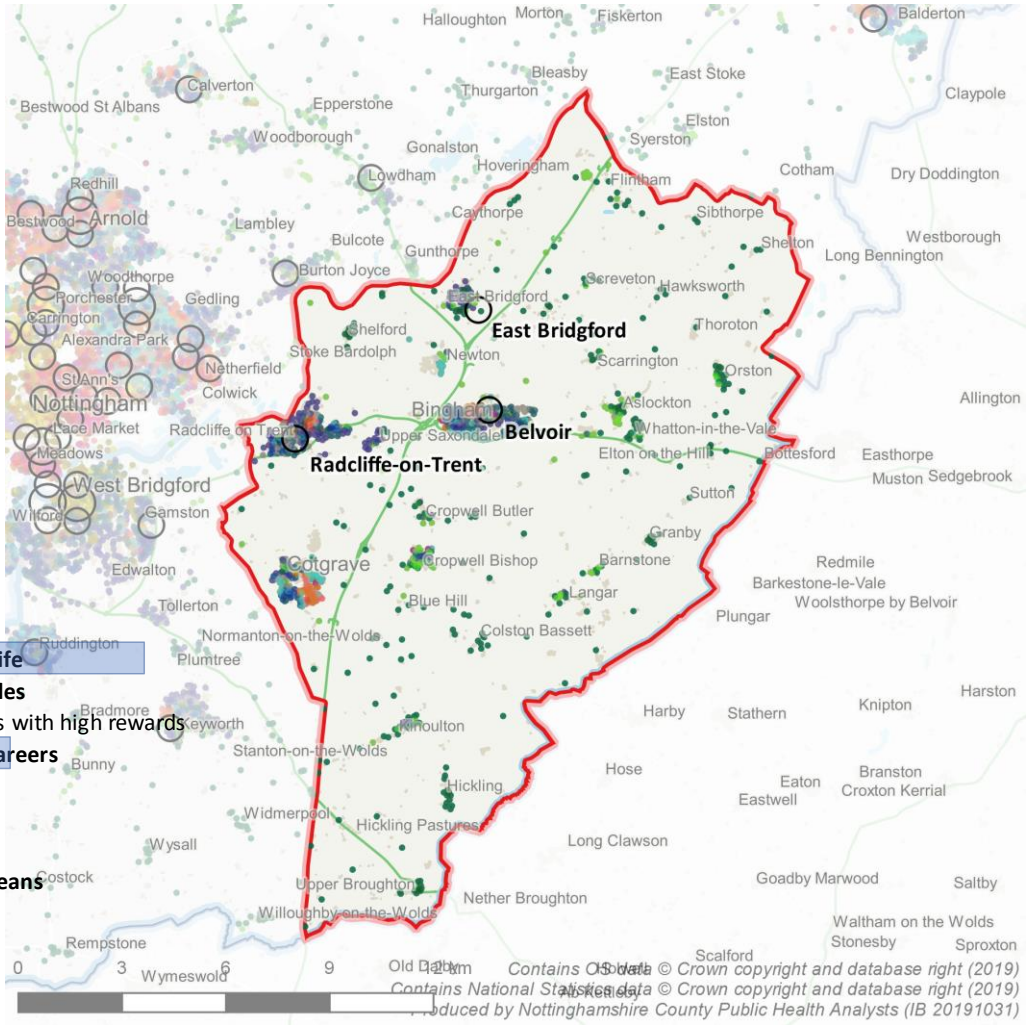
- 2.9% of the resident population is from a BME background.
- This is less than half the ICP and Rushcliffe PCN proportion.

North 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 A, D, H and B making up almost 60% of the population. They comprise well-off and aspiring home owners raising families in desirable locations.
- Groups L,M,N, and O, with perhaps more limited resources and greater health needs make up 11.6% of the population.
- These less affluent groups tend to be clustered in Cotgrave and Radcliffe-on-Trent.



Percent		Group Type Name	One Line Description
18.0%	A	**Country Living**	**Well-off owners in rural locations enjoying the benefits of country life**
12.3%	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
15.1%	D	**Domestic Success**	**Thriving families who are busy bringing up children and following careers**
5.8%	E	Suburban Stability	Mature suburban owners living settled lives in mid-range housing
9.2%	F	Senior Security	Elderly people with assets who are enjoying a comfortable retirement
10.7%	G	**Rural Reality**	**Householders living in inexpensive homes in village communities**
13.3%	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
0.7%	J	Rental Hubs	Educated young people privately renting in urban neighbourhoods
3.2%	K	Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles
1.3%	L	Transient Renters	Single people privately renting low cost homes for the short term
6.6%	M	Family Basics	Families with limited resources who have to budget to make ends meet
3.4%	N	Vintage Value	Elderly people reliant on support to meet financial or practical needs
0.4%	O	Municipal Challenge	Urban renters of social housing facing an array of challenges

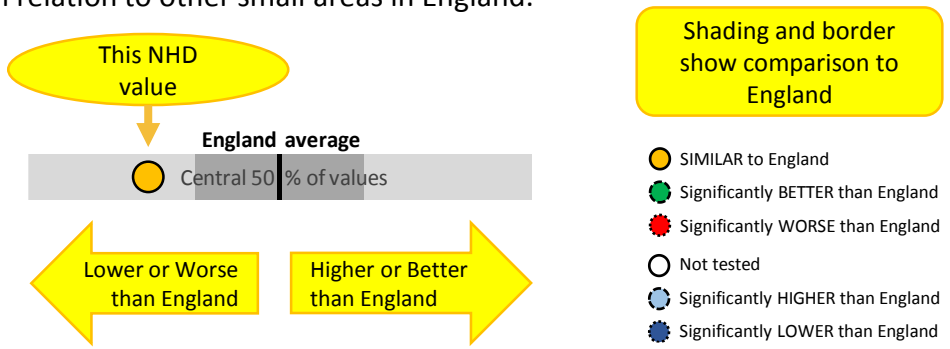
Public Health England Local Health Indicators

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.

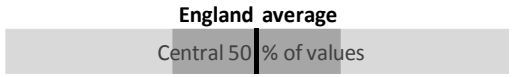
Features to note for this NHD

- Life expectancy at birth for Females is higher than for Males
  - Life expectancy for Males in 2013-17 was 80.5 years
  - … and for Females was 84.4 years
- Females live in poorer health for longer than Males
  - The gap between Life expectancy and Healthy life expectancy in 2009-13 was 13.3 years for Males
  - … and 15.6 years for Females.
- The population is generally affluent and in good heath.
- Incidence and death rates from a range of cancers are similar to or lower than England.
- Prevalence of back pain and severe back pain is higher than England.
- Death rates from all causes and selected causes are similar to or better than the England averages.

North Neighbourhood

Public Health England Local Health Indicators

Our Community

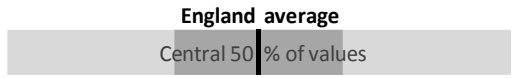


SIMILAR to England
Significantly BETTER than England
Significantly WORSE than England
Not tested
Significantly HIGHER than England
Significantly LOWER than England

	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	18.0	19.1	11.9		27.5	Proportion, %	-	2017
	Percentage of the total resident population who are 16-24 years of age	Persons	7.8	10.9	6.8		24.0	Proportion, %	-	2017
	Percentage of the total resident population who are 25-64 years of age	Persons	51.3	51.9	43.3		62.7	Proportion, %	-	2017
	Percentage of the total resident population who are 65 and over	Persons	22.9	18.0	6.7		32.2	Proportion, %	-	2017
	Percentage of the total resident population aged 85 and over	Persons	3.0	2.4	0.7		5.2	Proportion, %	-	2017
	Black and Minority Ethnic (BME) Population	Persons	2.9	14.6	1.0		67.9	Proportion, %	-	2011
	Percentage of population whose ethnicity is not 'White UK'	Persons	4.8	20.2	2.3		79.7	Proportion, %	-	2011
	Proficiency in English, % of people who cannot speak English well or at all	Persons	0.2	1.7	0.1		9.6	Proportion, %	-	2011
	Index of Multiple Deprivation Score 2015, IMD	Persons	9.2	21.8	54.3		4.9	Score, Score	Lower is better	2015
	Income deprivation, English Indices of Deprivation 2015	Persons	7.7	14.6	35.6		3.9	Proportion, %	Lower is better	2015
	Child Poverty, English Indices of Deprivation 2015, IDACI	Persons	9.7	19.9	44.7		4.0	Proportion, %	Lower is better	2015
	Child Development at age 5 (%)	Persons	66.5	60.4	40.0		80.5	Proportion, %	Higher is better	2013/14
	GCSE Achievement (5A*-C including English & Maths)	Persons	73.4	56.6	31.7		82.3	Proportion, %	Higher is better	2013/14
	Unemployment (% of the working age population claiming out of work benefit)	Persons	1.0	1.9	5.8		0.4	Proportion, %	Lower is better	2017/18
	Long-Term Unemployment- rate per 1,000 working age population	Persons	2.0	3.6	14.9		0.0	Crude rate per 1,000	Lower is better	2017/18
	Fuel poverty	Not applicable	9.1	11.1	20.6		6.2	Proportion, %	Lower is better	2016
	Percentage of households in Poverty	Not applicable	13.3	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	26.8	31.5	47.9		21.6	Proportion, %	Lower is better	2011
	Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI	Persons	8.4	16.2	46.3		5.4	Proportion, %	Lower is better	2015

Public Health England Local Health Indicators

Behavioural risk factors and child health



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	**1.2**	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	**60.2**	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	**95.6**	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	**440.8**	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	**98.2**	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	**80.2**	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	**102.0**	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	**6.7**	9.5	15.3		4.1	Proportion, %	Lower is better	2015/16 - 17/18
	Children with excess weight Reception Year, three year average	Persons	**17.3**	22.4	31.0		13.4	Proportion, %	Lower is better	2015/16 - 17/18
	Obese children Year 6, three year average	Persons	**12.4**	20.0	30.2		8.8	Proportion, %	Lower is better	2015/16 - 17/18
	Children with excess weight Year 6, three year average	Persons	**25.3**	34.2	45.8		20.0	Proportion, %	Lower is better	2015/16 - 17/18
	Smoking prevalence at age 15 - regular smokers (modelled estimates)	Persons	**5.3**	5.4	11.3		1.8	Proportion, %	Lower is better	2014
	Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	Persons	**7.5**	8.2	14.2		3.7	Proportion, %	Lower is better	2014

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	69.9	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	78.3	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	77.0	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	84.2	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	46.9	100.0	295.5		27.0	ISR per 100	Lower is better	2013/14 - 17/18
	Incidences of all cancers, standardised incidence ratio	Persons	95.5	100.0	124.8		80.1	ISR per 100	Lower is better	2012 - 16
	Incidence of breast cancer, standardised incidence ratio	Female	112.8	100.0	140.6		60.4	ISR per 100	Lower is better	2012 - 16
	Incidence of colorectal cancer, standardised incidence ratio	Persons	96.6	100.0	146.6		59.1	ISR per 100	Lower is better	2012 - 16
	Incidence of lung cancer, standardised incidence ratio	Persons	71.4	100.0	224.8		43.8	ISR per 100	Lower is better	2012 - 16
	Incidence of prostate cancer, standardised incidence ratio	Male	96.5	100.0	153.2		54.5	ISR per 100	Lower is better	2012 - 16
	Hospital stays for self harm, standardised admission ratio	Persons	85.6	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	83.1	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	70.2	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	75.5	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	17.1	17.6	26.8		10.0	Proportion, %	Lower is better	2011
	Back pain prevalence in people of all ages	Persons	18.1	16.9	20.7		12.4	Crude rate, %	Lower is better	2012
	Severe back pain prevalence in people of all ages	Persons	10.6	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	80.5	79.5	73.2		84.3	Life expectancy, Years	Higher is better	2013 - 17
	Life expectancy at birth, (upper age band 90+)	Female	84.4	83.1	77.8		88.5	Life expectancy, Years	Higher is better	2013 - 17
	Deaths from all causes, all ages, standardised mortality ratio	Persons	92.5	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	84.4	100.0	188.0		55.8	ISR per 100	Lower is better	2013 - 17
	Deaths from all cancer, all ages, standardised mortality ratio	Persons	94.7	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	96.8	100.0	166.6		59.5	ISR per 100	Lower is better	2013 - 17
	Deaths from circulatory disease, all ages, standardised mortality ratio	Persons	94.6	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	71.9	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	93.3	100.0	185.8		53.7	ISR per 100	Lower is better	2013 - 17
	Deaths from stroke, all ages, standardised mortality ratio	Persons	116.2	100.0	190.0		44.0	ISR per 100	Lower is better	2013 - 17
	Deaths from respiratory diseases, all ages, standardised mortality ratio	Persons	74.2	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	81.5	100.0	200.1		52.3	ISR per 100	Lower is better	2013 - 17
	Life expectancy at birth, (upper age band 85+)	Male	79.4	79.1	72.9		84.4	Life expectancy, Years	Higher is better	2009 - 13
	Life expectancy at birth, (upper age band 85+)	Female	83.6	83.0	77.7		88.9	Life expectancy, Years	Higher is better	2009 - 13
	Healthy life expectancy, (upper age band 85+)	Male	66.1	63.5	52.7		71.9	Life expectancy, Years	Higher is better	2009 - 13
	Healthy life expectancy, (upper age band 85+)	Female	68.0	64.8	53.4		73.1	Life expectancy, Years	Higher is better	2009 - 13
	Disability free life expectancy, (Upper age band 85+)	Male	66.0	64.1	54.3		71.4	Life expectancy, Years	Higher is better	2009 - 13
	Disability free life expectancy, (Upper age band 85+)	Female	67.2	65.0	55.5		72.0	Life expectancy, Years	Higher is better	2009 - 13

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)
32.7 per 100,000 residents (15 clients)	**890.0** per 100,000 residents (165 clients)
This rate is lower 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)
446.7 per 100,000 residents (205 clients)	**1,699.1** per 100,000 residents (315 clients)
This rate is lower than England	This rate is lower than 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)
N/A per 100,000 residents (low number of clients)	**404.6** per 100,000 residents (75 clients)
Not compared (value suppressed)	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)
75.8 percent (25 clients)
This percentage is similar to England
England Value: 82.7 percent

Quality outcomes framework (QOF)

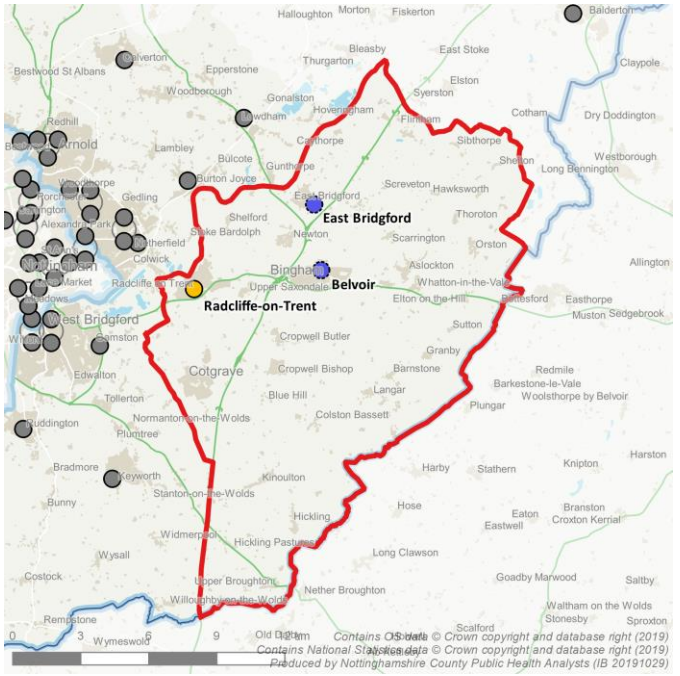
- The QOF is a performance, management and payment system for General Practices.

- 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

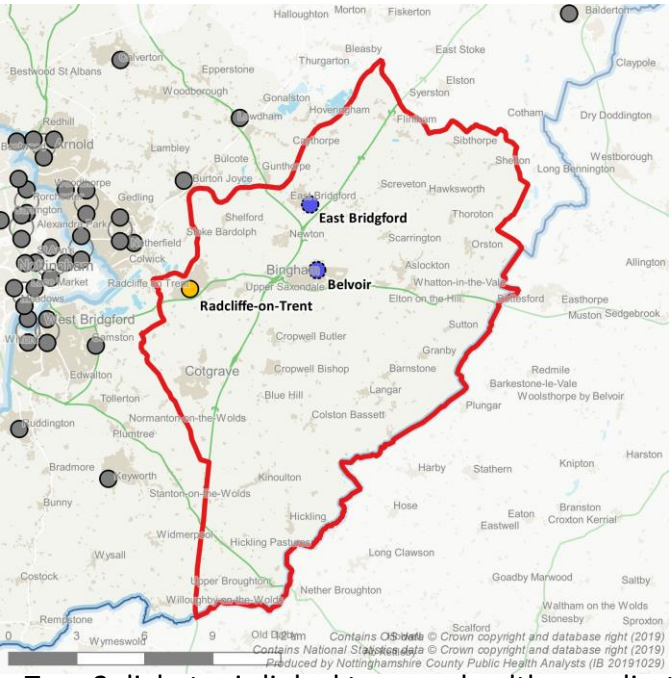


COPD is the name for a collection of chronic chest diseases. People with COPD have difficulties breathing due to a narrowing of their airways. Smoking is the main cause of COPD – more than 4 out of 5 people who develop the disease are, or have been smokers.

- The NHD population had a similar prevalence (2%) of COPD to England (1.9%).
- 97.5% of patients had their diagnosis confirmed by post bronchodilator spirometry, similar to the England average of 96.3%.
- 87.3% of patients had received an influenza vaccination; higher than the England average of 78.4%.

North Neighbourhood

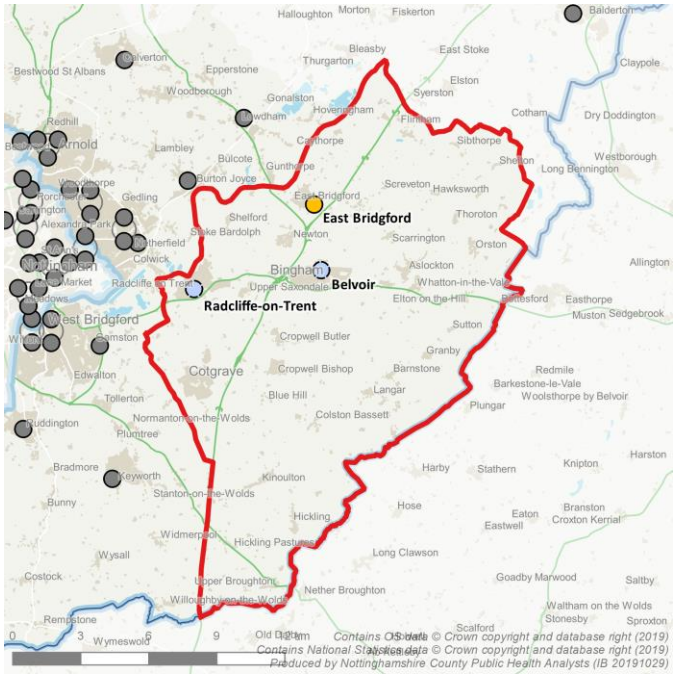
Diabetes prevalence



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 NHD population had a lower prevalence of diabetes (6.3%) than the England population (6.9%).
- 74.3% of patients had well controlled (HbA1c of 64mg or less) blood sugar, better than the England average.
- The uptake of influenza immunisation (81.3%) was better than England.
- However, referral to structured education (35.5%) was lower than England(79.6%).

CHD prevalence

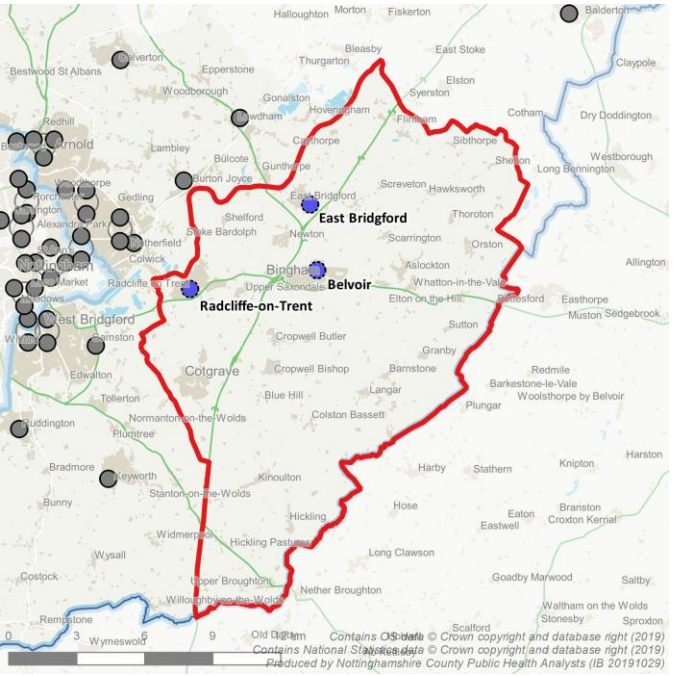


Coronary heart disease is caused by a build up of fatty deposits on the walls of the arteries around the heart (coronary arteries). Smoking, high blood pressure, lack of exercise, diabetes or being overweight or obese all increase the risk of CHD.

- The NHD population had a higher prevalence than the England population; 3.7% compared with 3.1%.
- 87.2% of CHD patients had well controlled blood pressure, better than the England average (80.6%).
- 87.2% of CHD patients had taken aspirin or anti-clotting medication. This is better than the England average (79.6%).

North Neighbourhood

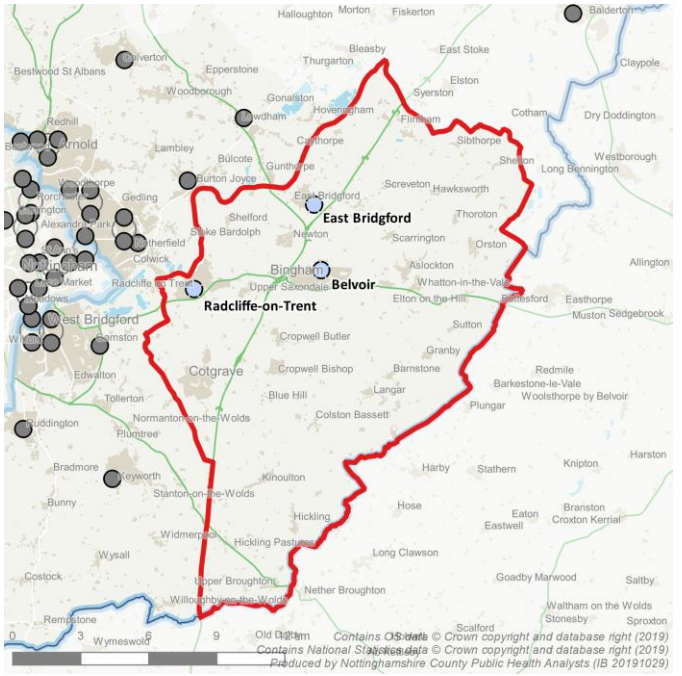
Mental health prevalence



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 NHD population had a lower prevalence than England; 0.57% compared to 1% for England.
- 70.8% of patients had a comprehensive care plan, similar to England (70.5%).
- 91.5% of eligible women in this group had a cervical smear in the previous 5 years, lower than the average of 94% in England. One practice was significantly lower than England.

Dementia prevalence

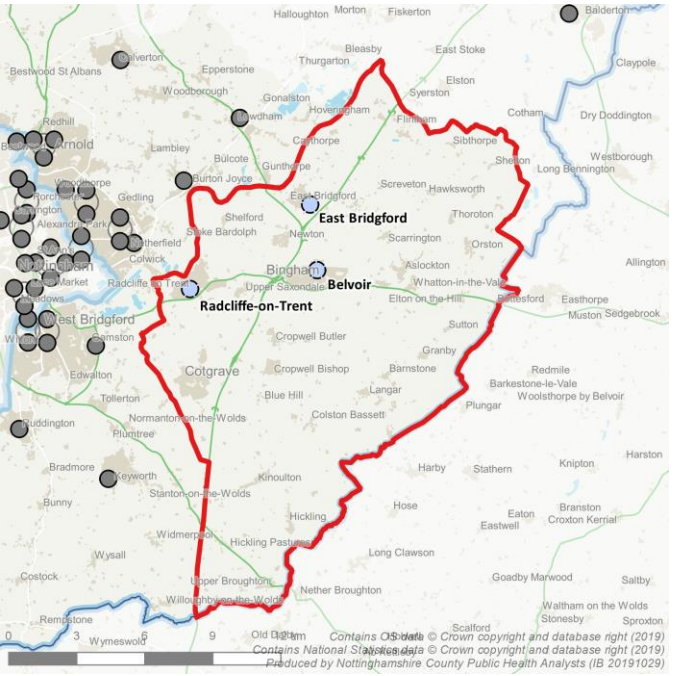


Dementia affects the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement.

- The NHD population had a higher prevalence than England; 1.2% compared to 0.8% for England.
- 79.8% of patients had a face-to-face review in the previous 12 months. This is higher than the England average of 70.3%.
- 85.3% of patients newly diagnosed with dementia had records of key test results soon after diagnosis; similar to the England average (83.7%).

North Neighbourhood

Atrial fibrillation prevalence



QOF disease prevalence

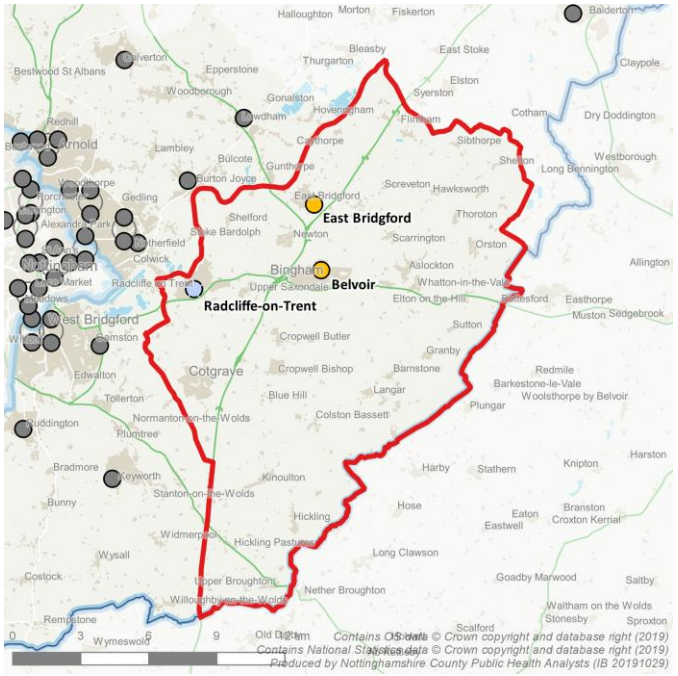
Relative to England

- 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 a significantly higher prevalence than England; 2.7% compared with 2.0%.
- The proportion having their risk of stroke assessed (92.3%) was higher than the England average (82.1%).
- Anticoagulant treatment of at risk patients (90.1%) was higher than the England average (81.1%).

Asthma prevalence



QOF disease prevalence

Relative to England

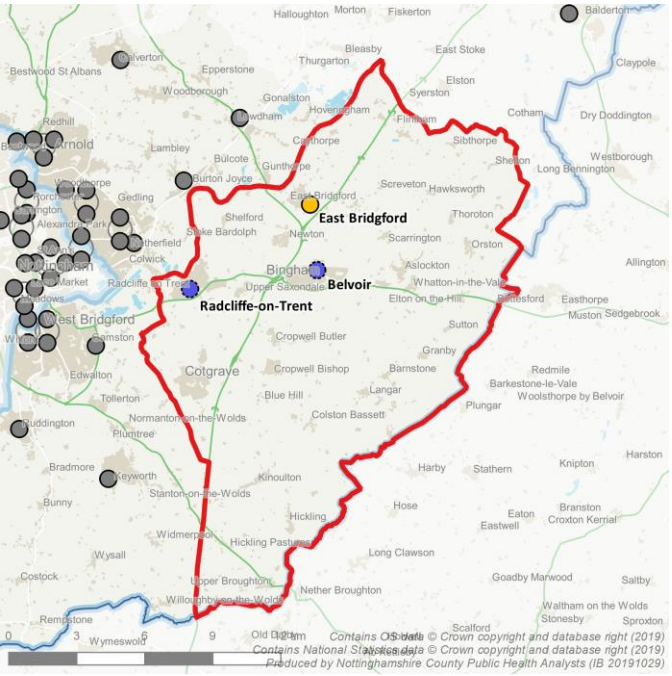
- Lower
- Similar
- Higher
- Not compared

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 similar prevalence (6.1%) to England (6.0%).
- Recording of smoking status (age 14-19 years) was better than the England average; 85.7% compared to 78%.
- Asthma review had been carried out in 93.4% of patients comparable to the England average (91.6%).
- Recorded variability/reversibility (92.9%) was better than the England average (88.5%).

North Neighbourhood

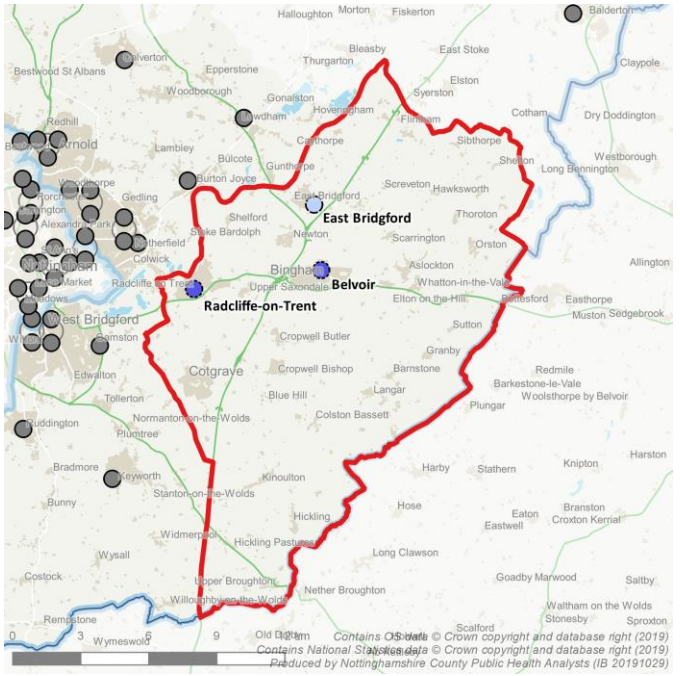
Learning disabilities prevalence



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 NHD population had a prevalence 0.4%; lower than the England average (0.5%).

Osteoporosis (secondary prevention) prevalence

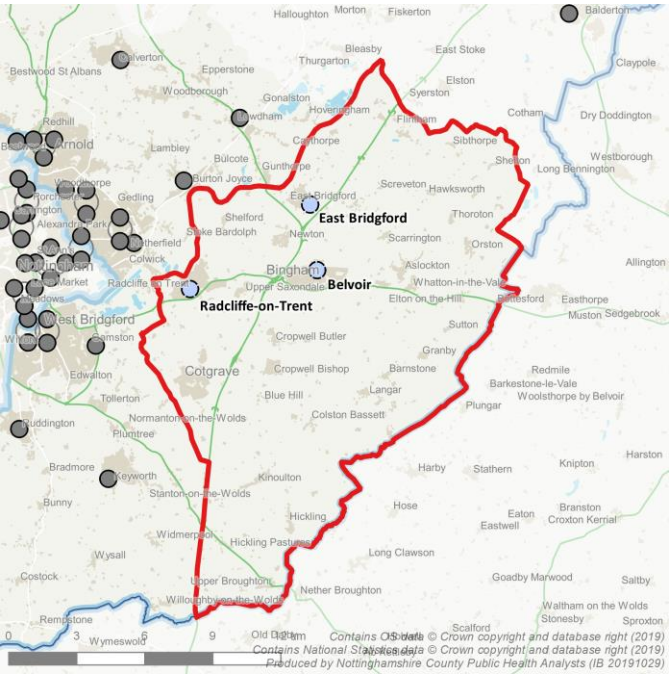


Osteoporotic fragility fractures can cause substantial pain and severe disability and are associated with decreased life expectancy. They occur most commonly in the spine, hip and wrist. They also occur in the arm, pelvis, ribs and other bones.

- The NHD population had a significantly lower prevalence (0.4%) than England (0.8%).
- The proportion of people age 50-74 treated with bone sparing agent (72.1%) was similar to the England average (68.1%).
- The proportion of those treated that were age 75 or over was similar to England; 88.4% compared with 90.6%.

North Neighbourhood

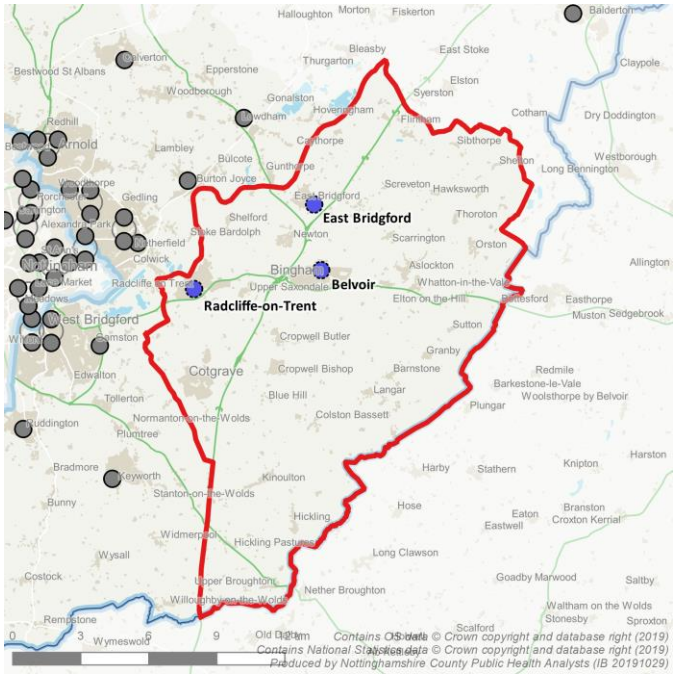
Palliative care prevalence



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; 0.9% 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 NHD population had a significantly lower smoking prevalence than England; 11.9% compared with 16.6%.
- A significantly higher proportion of high risk smokers were offered support and treatment in the last 12 months (84.6%) compared to the England average (79.7%).

QOF Prevalence - NHD overview - all QOF disease registers

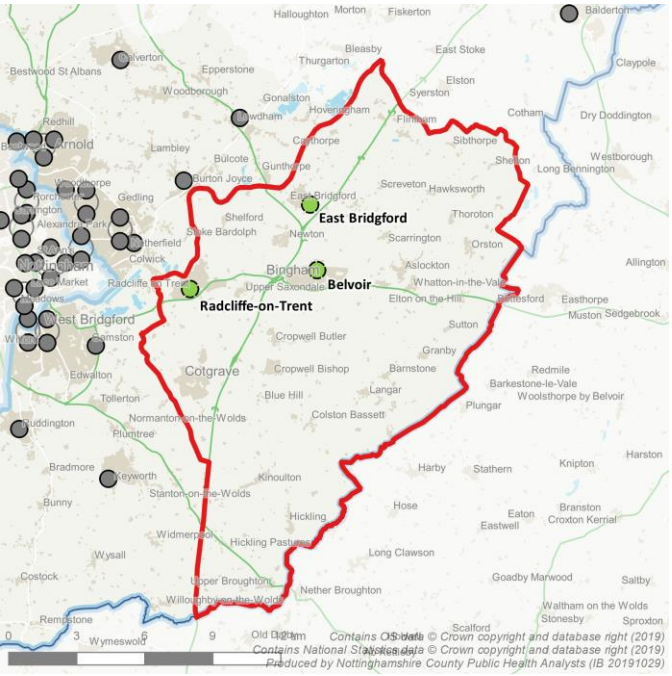
QOF disease registers			North Neighbourhood			England
DOMAIN DESCRIPTION	INDICATOR GROUP DESCRIPTION	Age band	Number on disease register	Percent of age specific practice population	Compared to ENGLAND this NHD prevalence is significantly ...	ENGLAND
Clinical	Hypertension	All ages	6,034	15.2	Higher	14.0
Clinical	Depression	18 and over	2,843	8.9	Lower	10.7
Clinical	Diabetes mellitus	17 and over	2,037	6.3	Lower	6.9
Clinical	Asthma	All ages	2,422	6.1	Similar	6.0
Clinical	Chronic kidney disease	18 and over	1,896	5.9	Higher	4.1
Clinical	Secondary prevention of coronary heart disease	All ages	1,457	3.7	Higher	3.1
Clinical	Cancer	All ages	1,552	3.9	Higher	3.0
Clinical	Chronic obstructive pulmonary disease	All ages	797	2.0	Similar	1.9
Clinical	Atrial fibrillation	All ages	1,089	2.7	Higher	2.0
Clinical	Stroke and transient ischaemic attack	All ages	924	2.3	Higher	1.8
Clinical	Mental health	All ages	227	0.6	Lower	1.0
Clinical	Epilepsy	18 and over	224	0.7	Similar	0.8
Clinical	Heart failure	All ages	422	1.1	Higher	0.9
Clinical	Dementia	All ages	467	1.2	Higher	0.8
Clinical	Rheumatoid arthritis	16 and over	256	0.8	Similar	0.8
Clinical	Peripheral arterial disease	All ages	210	0.5	Lower	0.6
Clinical	Learning Disability	All ages	159	0.4	Lower	0.5
Clinical	Osteoporosis: secondary prevention of fragility fractures	50 and over	79	0.4	Lower	0.8
Clinical	Palliative care	All ages	359	0.9	Higher	0.4
Public Health	Obesity	18 and over	4,026	12.6	Higher	10.1
Public Health	Cardiovascular disease – primary prevention	30 to 74	244	1.0	Similar	1.1
Public Health	Smoking	15 and over	3,940	11.9	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	Belvoir	East Bridgford	Radcliffe-on-Trent
DM	DM002	BP < 150/90 mmHg L12m	86.5	88.8	Better	Better	Similar	Better
	DM003	BP < 140/80 mmHg L12m	70.7	70.7	Similar	Similar	Similar	Better
	DM004	Cholesterol <5mmol/l L12m	71.0	72.6	Similar	Better	Similar	Similar
	DM006	Treated with an ACE-I or ARB (diagnosis of nephropathy or micro-albuminuria)	78.7	85.5	Better	Similar	Similar	Better
	DM007	HbA1c <= 59mmol/mol L12m	61.1	66.7	Better	Better	Better	Better
	DM008	HbA1c <= 64mmol/mol L12m	69.2	74.3	Better	Better	Better	Better
	DM009	HbA1c <= 75mmol/mol L12m	80.1	84.4	Better	Better	Better	Better
	DM012	Record of foot examination and risk classification in L12m	81.7	88.1	Better	Better	Similar	Better
	DM014	Referral to structured education programme (within 9m of entry to register) in L12m	70.5	35.5	Worse	Worse	Worse	Worse
	DM018	Influenza immmunisation received during last winter	73.4	81.3	Better	Better	Better	Better
AST	AST002	Recorded variability/reversibility (3m before/anytime after diagnosis) (age 8 or over)	88.5	92.9	Better	Better	Similar	Better
	AST003	Asthma review including the 3 RCP questions in L12m	91.6	93.4	Better	Similar	Better	Similar
	AST004	Record of smoking status in L12m (age 14-19)	78.0	85.7	Better	Better	Better	Better
CHD	CHD002	BP < 150/90 mmHg L12m	80.6	87.2	Better	Better	Better	Better
	CHD005	Record of treatment aspirin, anti-platelet or anti-coagulant being taken in L12m	79.6	87.2	Better	Better	Similar	Similar
	CHD007	Influenza immmunisation received during last winter	71.0	80.8	Better	Better	Similar	Similar
COPD	COPD002	Record of diagnosis confirmation (spirometry) (3m before or 12m after) entry to register	96.3	97.5	Similar	Similar	Similar	Similar
	COPD003	Received a review (including MRC dyspnoea scale) in L12m	78.1	84.3	Better	Better	Similar	Better
	COPD004	Record of FEV_1 in L12m	78.0	76.0	Similar	Similar	Similar	Similar
	COPD005	Record of oxygen saturation in L12m (for those with MRC grade 3 or greater)	70.0	80.7	Better	Similar	Similar	Similar
	COPD007	Influenza immmunisation received during last winter	78.4	87.3	Better	Better	Similar	Similar
AF	AF006	Stroke risk assessed using CHA2DS2-VASc in L12m	82.1	92.3	Better	Similar	Better	Better
	AF007	Anti-coagulant treatment for patients with CHA2DS2-VASc > 2	81.1	90.1	Better	Better	Similar	Similar
MH	MH002	Comprehensive care plan agreed in L12m	70.5	70.8	Similar	Similar	Similar	Similar
	MH003	Record of BP in L12m	94.5	100.0	Similar	Similar	Similar	Similar
	MH007	Record of alcohol consumption in L12m	82.8	95.2	Similar	Similar	Similar	Similar
	MH008	Record of cervical screening in L5y (women aged 25 to 64)	94.0	91.5	Worse	Similar	Similar	Worse
	MH009	Record of serum creatinine and TSH in L9m (patients on lithium therapy)	85.7	88.9	Better	Better	Better	Worse
	MH010	Record of lithium levels in therapeutic range in L4m (patients on lithium therapy)	92.2	96.6	Better	Better	Similar	Better
DEM	DEM004	Review (face-to-face) in L12m	70.3	79.8	Better	Better	Better	Better
	DEM005	Record of various tests/vitamin levels (12m before or 6m after register entry) in L12m	83.7	85.3	Similar	Similar	Similar	Similar
OST	OST002	Treated with appropriate bone-sparing agent (aged 50-74 with confirmed diagnosis)	68.1	72.1	Similar	Similar	Similar	Better
	OST005	Treated with appropriate bone-sparing agent (aged 75 or over with confirmed diagnosis)	90.6	88.4	Similar	Similar	Similar	Similar
SMOK	SMOK002	Record of smoking status in L12m (with any one of a list of conditions)	82.2	82.4	Similar	Similar	Similar	Similar
	SMOK004	Current smokers offered support and treatment in L24m (aged 15 or over)	80.8	78.1	Similar	Similar	Similar	Similar
	SMOK005	Current smokers offered support and treatment in L12m (with any one of a list of conditions)	79.7	84.6	Better	Better	Better	Better

North Neighbourhood

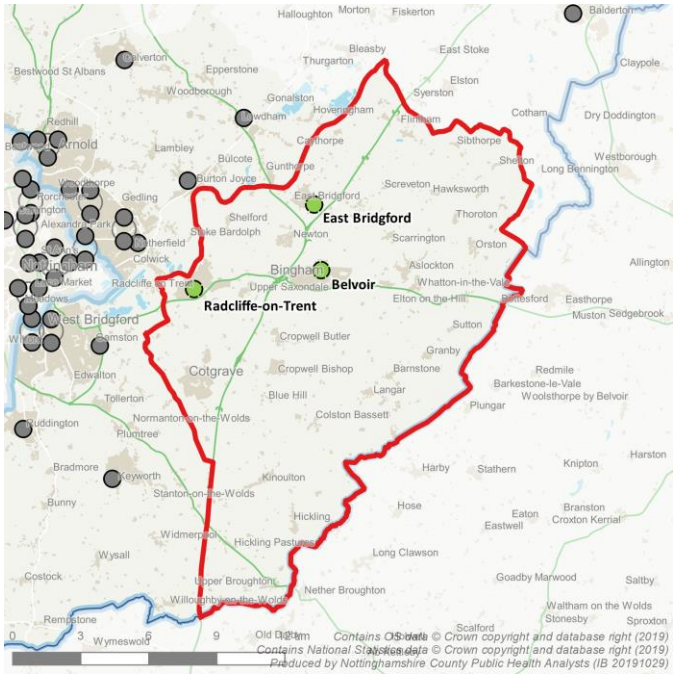
DTAP 5yrs immunisation uptake



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

- The practices achieved immunisation uptake at age 5 of 96.6% during 2018/19.

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 96.8% immunisation uptake at age 5 during 2018/19.

Childhood Vaccinations and Immunisations – NHD overview

Child Vaccinations and Immunisations		North 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)	377	96.3	95+%	91.7
	Hepatitis B (included in 6-in-1 from August 2017)			No data	
	Meningococcal B	377	96.8	95+%	91.8
	Pneumococcal disease (primary course)	377	96.8	95+%	92.3
	Rotavirus (primary course)	377	95.5	95+%	90.0
24 months	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	368	97.8	95+%	94.2
	Hepatitis B (included in 6-in-1 from August 2017)			No data	
	Haemophilus Influenzae type b and meningococcal group C (booster)	368	97.3	95+%	90.3
	Measles/mumps/rubella	368	96.5	95+%	90.0
	Pneumococcal disease (booster)	368	97.0	95+%	89.9
5 years	Diphtheria, tetanus, pertussis and polio (booster)	465	96.6	95+%	**84.1**
	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	465	98.7	95+%	94.5
	Haemophilus Influenzae type b and meningococcal group C (booster)	465	97.8	95+%	92.2
	Measles/mumps/rubella (first dose)	465	98.7	95+%	94.3
	Measles/mumps/rubella (second dose)	465	96.8	95+%	**86.5**

Childhood Vaccinations and Immunisations - by practice

Child Vaccinations and Immunisations

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

- ph.info@nottscc.gov.uk

Integrated Care System
Nottingham & Nottinghamshire

NHD Profiles

South Notts. ICP
Rushcliffe CCG
North Neighbourhood

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