Integrated Care System
Nottingham & Nottinghamshire

PRIMARY CARE NETWORKS

HEALTH AND CARE PROFILE

Version 1.5

City South PCN

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

Purpose of this profile

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

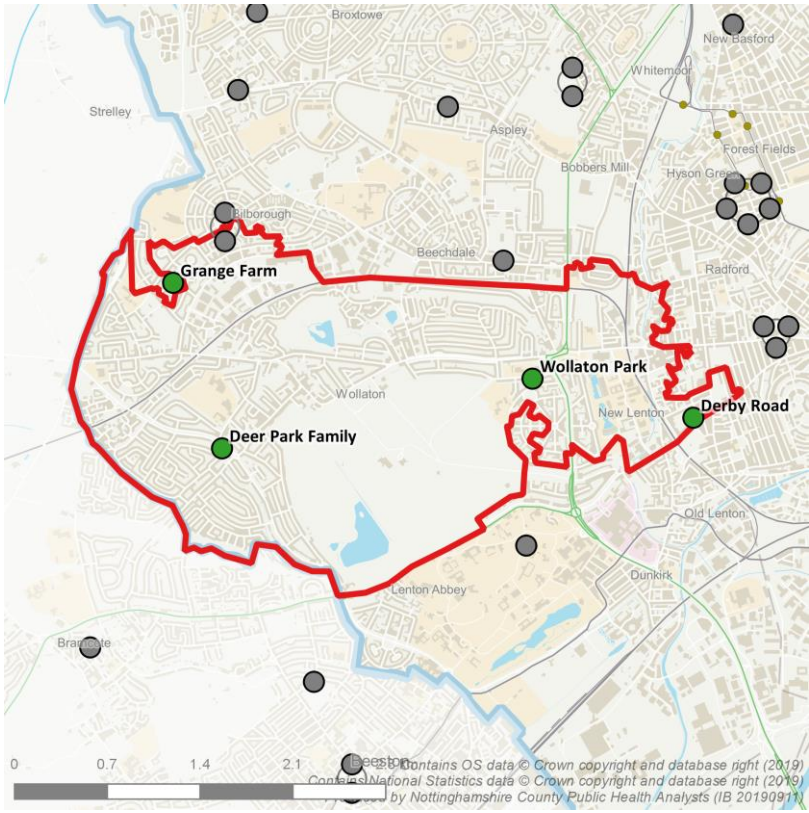
What does this profile reveal about this PCN

- This PCN is responsible for 9% of the registered patients in Nottingham City ICP making it one of the smaller of the 6 PCNs in the ICP.
- The population age structure is typical of an aging population; it is multicultural and reasonably affluent.
- Life Expectancy and Healthy Life Expectancy compare with national figures, though on average, healthy life is shorter; with health beginning to decline around age 64.
- Prevalence of many chronic conditions is lower or similar to England, though prevalence of heart disease and learning disability is higher.
- Primary care disease management (as measured by QOF) is at least as good as England in some cases but less good for diabetes, heart disease and osteoporosis treatment.
- Immunisation uptake is poor.

City South PCN

Quick statistics for this PCN

- There are a total of 36,636 patients registered with practices in this PCN. Of these, 51% live within the nominal PCN boundary.
- 50% of the population living within the PCN boundary are registered with its GP practices.
- Compared to the ICP as a whole, the PCN has a lower proportion of young people age 15-39 years and a higher proportion of older adults and elderly people.
- 2.3% of the population provide 50 hours or more of unpaid care each week, comparable with the ICP and England average.
- BME groups form 32% of the resident population. This is slightly higher than the ICP average and double the England average.
- Asian and British Asian groups form the predominant BME group, followed by Black and Mixed ethnicity groups.
- 5.1% of people rate their health as 'bad' or 'very bad', slightly lower than the ICP and England average.
- The area is relatively affluent compared with the ICP, with 18% of the population living in areas defined as the most deprived 20% in England.
- Child development at age 5 is lower than the England average; 55.1% compared with 60.4%.
- Use of residential and nursing homes is lower than average.
- Incidence of cancer significantly lower than England.
- All-age death rates for all causes and selected causes are lower than or similar to England.
- The death rate from all causes among people aged under 75 is similar to England.

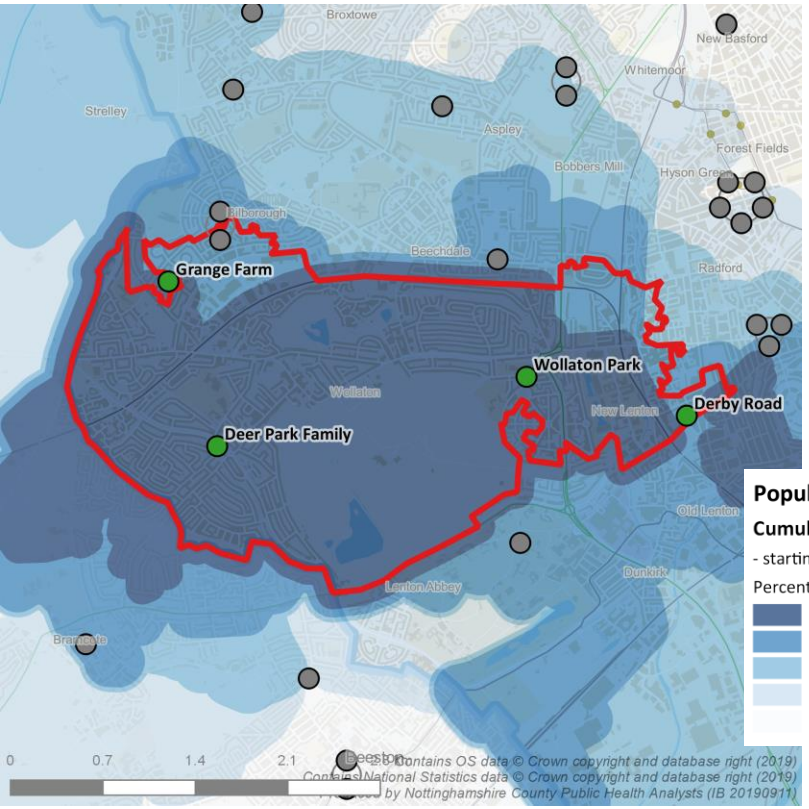


This PCN boundary covers Wollaton and parts of Lenton, Radford and Bilborough to the west of the city.

- There are 4 GP practices in this PCN (shown in green).

City South PCN

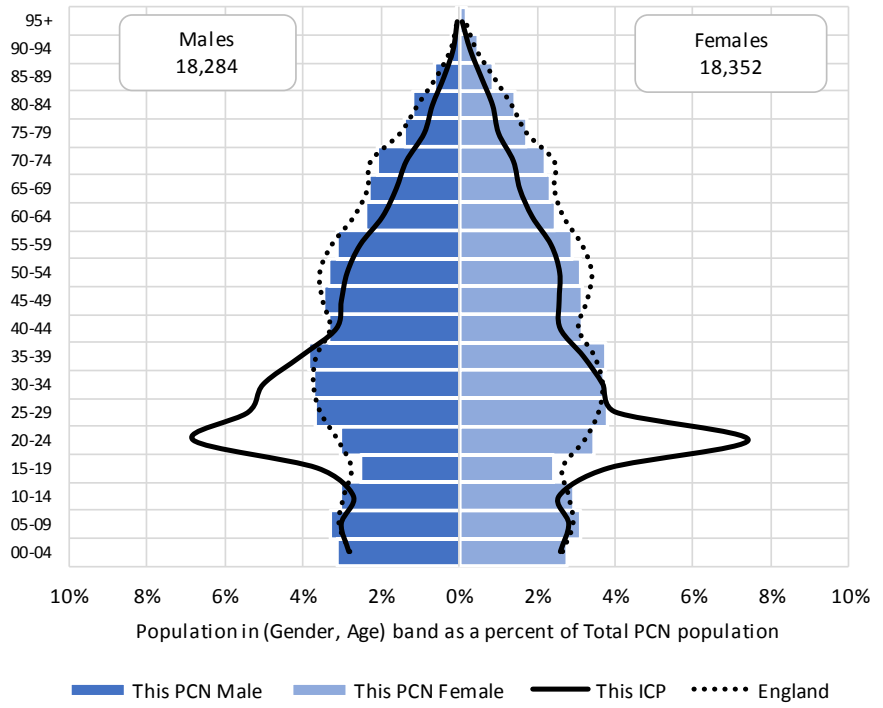
Patient population density



This PCN boundary covers Wollaton and parts of Lenton, Radford and Bilborough to the west of the city.

- There are 4 GP practices in this PCN (shown in green).
- 51% of patients registered with the practices live within the boundary.
- 50% of people resident within the boundary area are registered with PCN practices.

Patient population pyramid



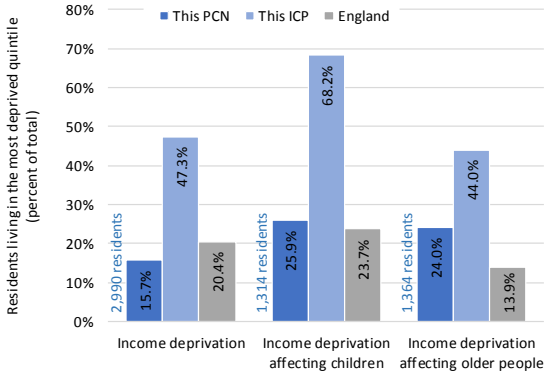
Source: NHS Digital 'Patients registered at GP practices' (April 2019 extract)

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

- There are a total of 36,636 patients registered with the GP practices.
- Overall the population profile shows a lower proportion of young people age 15-39 years than the ICP.
- The proportion of people over 40 years is higher than the ICP.

City South PCN

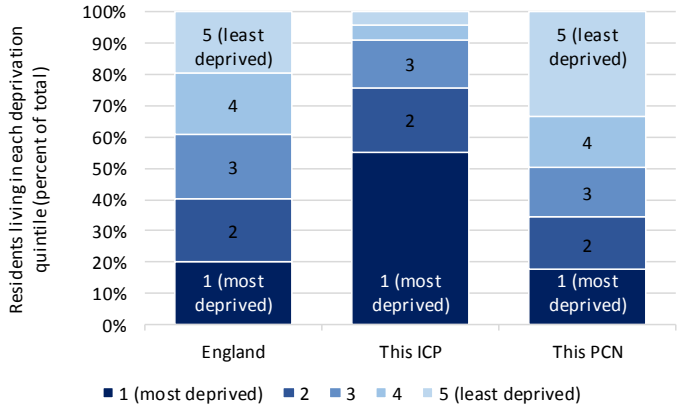
Deprivation (Income Domain)



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

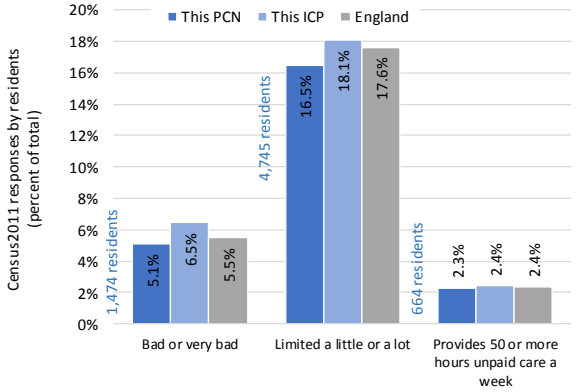
- 25.9% of children in this PCN are living in areas defined as the most deprived 20% in England.
- This is much lower than the ICP and similar to England.

Deprivation (Index of Multiple Deprivation)



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

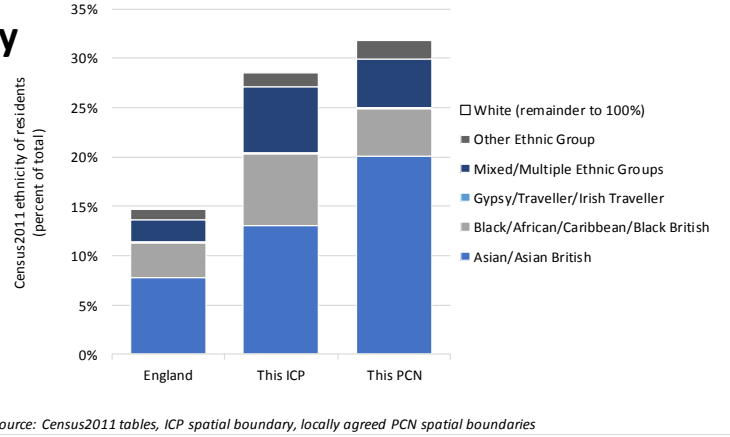
Self reported health and care



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

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

Ethnicity



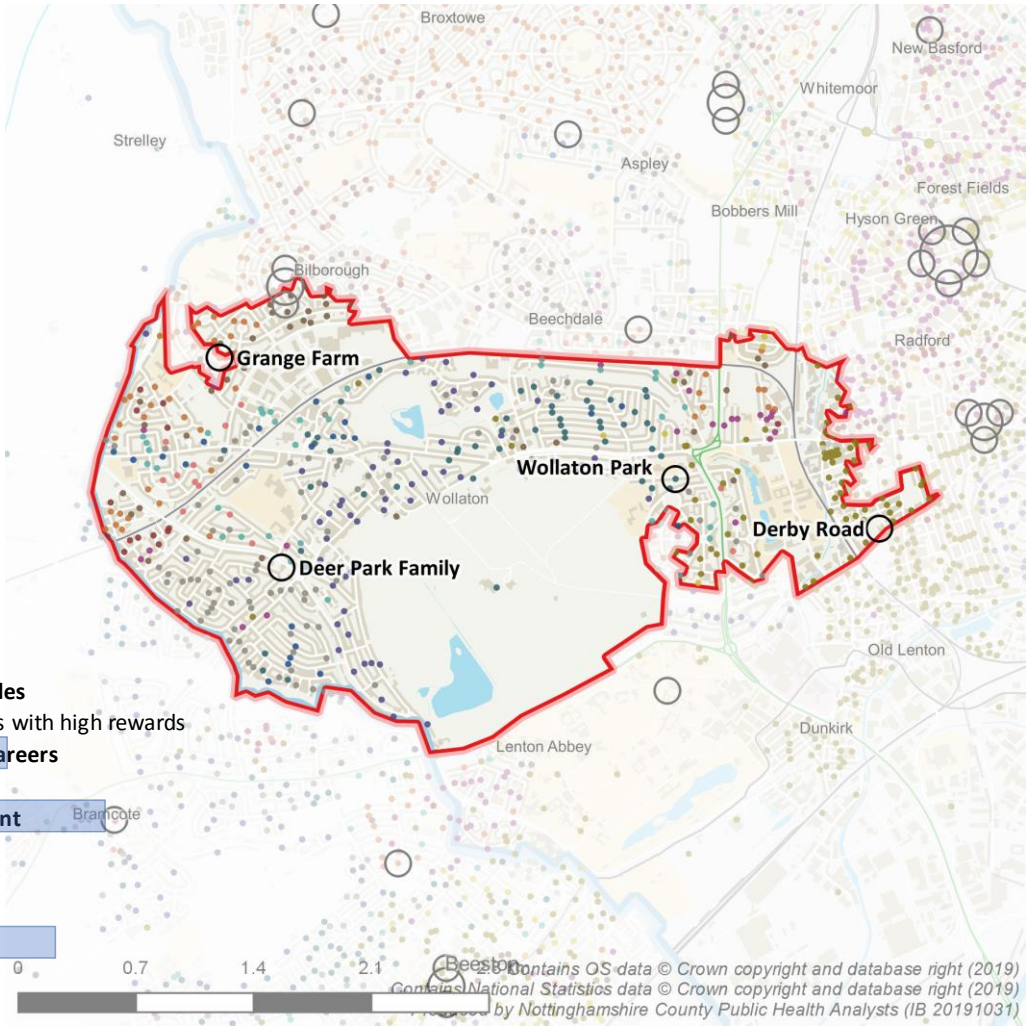
Source: Census2011 tables, ICP spatial boundary, locally agreed PCN spatial boundaries

- Almost one third of the resident population is from a BME background.
- This is slightly higher than the ICP.

Mosaic population groups

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

- Groups F, D and B, making up over a third (37%) of the population comprise well-off families and older people in sought after locations around Wollaton Park.
- Group J, the second largest single group are young professional people and students, tend to live in the Lenton / Radford area, closer to the town centre.
- Groups M, N and O, with perhaps more limited resources and greater health needs, make up almost a fifth of the population. They tend to live in Bilborough.



Percent		Group Type Name	One Line Description
0.0%	A	Country Living	Well-off owners in rural locations enjoying the benefits of country life
11.8%	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
12.0%	D	Domestic Success	**Thriving families who are busy bringing up children and following careers**
4.6%	E	Suburban Stability	Mature suburban owners living settled lives in mid-range housing
13.7%	F	Senior Security	**Elderly people with assets who are enjoying a comfortable retirement**
0.0%	G	Rural Reality	Householders living in inexpensive homes in village communities
6.4%	H	Aspiring Homemakers	Younger households settling down in housing priced within their means
1.5%	I	Urban Cohesion	Residents of settled urban communities with a strong sense of identity
12.9%	J	Rental Hubs	**Educated young people privately renting in urban neighbourhoods**
2.2%	K	Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles
3.8%	L	Transient Renters	Single people privately renting low cost homes for the short term
9.4%	M	Family Basics	Families with limited resources who have to budget to make ends meet
6.5%	N	Vintage Value	Elderly people reliant on support to meet financial or practical needs
2.9%	O	Municipal Challenge	Urban renters of social housing facing an array of challenges

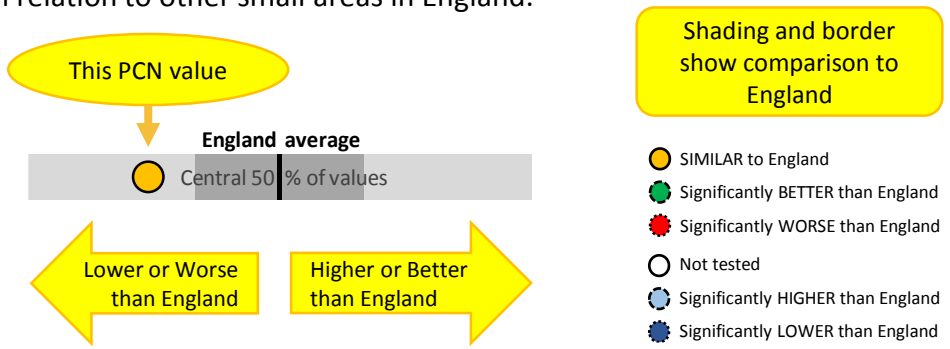
Public Health England Local Health Indicators

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



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

Features to note for this PCN

- Life expectancy at birth for Females is higher than for Males
  - Life expectancy for Males in 2013-17 was 79.1 years
  - … and for Females was 84.5 years
- Females live in poor health for longer than Males
  - The gap between Life expectancy and Healthy life expectancy in 2009-13 was 17.1 years for Males
  - … and 21.6 years for Females.
- Life Expectancy for men and women was comparable to England but Healthy Life Expectancy was lower for both men and women.
- Generally, the population is relatively affluent and in good health; local health indicators are generally comparable to or better than England averages.
- Areas where this PCN fares worse than England include:
  - Child development at age 5
  - Long term unemployment and fuel poverty
  - Proportion of older people living alone
  - Low birth weight babies
  - Smoking prevalence at age 15
  - Disability free life expectancy for men

Public Health England Local Health Indicators

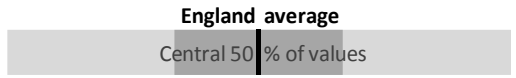
Our Community

England average
Central 50% of values

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

	Indicator	Sex	PCN value	England value	England Lowest or Worst	England range	England Highest or Best	Units	To be Better value should be ...	Period
Our community	Percentage of the total resident population who are 0-15 years of age	Persons	18.9	19.1	11.9		27.5	Proportion, %	-	2017
	Percentage of the total resident population who are 16-24 years of age	Persons	20.5	10.9	6.8		24.0	Proportion, %	-	2017
	Percentage of the total resident population who are 25-64 years of age	Persons	45.3	51.9	43.3		62.7	Proportion, %	-	2017
	Percentage of the total resident population who are 65 and over	Persons	15.3	18.0	6.7		32.2	Proportion, %	-	2017
	Percentage of the total resident population aged 85 and over	Persons	2.4	2.4	0.7		5.2	Proportion, %	-	2017
	Black and Minority Ethnic (BME) Population	Persons	32.4	14.6	1.0		67.9	Proportion, %	-	2011
	Percentage of population whose ethnicity is not 'White UK'	Persons	37.8	20.2	2.3		79.7	Proportion, %	-	2011
	Proficiency in English, % of people who cannot speak English well or at all	Persons	2.7	1.7	0.1		9.6	Proportion, %	-	2011
	Index of Multiple Deprivation Score 2015, IMD	Persons	22.3	21.8	54.3		4.9	Score, Score	Lower is better	2015
	Income deprivation, English Indices of Deprivation 2015	Persons	14.0	14.6	35.6		3.9	Proportion, %	Lower is better	2015
	Child Poverty, English Indices of Deprivation 2015, IDACI	Persons	19.8	19.9	44.7		4.0	Proportion, %	Lower is better	2015
	Child Development at age 5 (%)	Persons	55.1	60.4	40.0		80.5	Proportion, %	Higher is better	2013/14
	GCSE Achievement (5A*-C including English & Maths)	Persons	59.1	56.6	31.7		82.3	Proportion, %	Higher is better	2013/14
	Unemployment (% of the working age population claiming out of work benefit)	Persons	2.0	1.9	5.8		0.4	Proportion, %	Lower is better	2017/18
	Long-Term Unemployment- rate per 1,000 working age population	Persons	5.5	3.6	14.9		0.0	Crude rate per 1,000	Lower is better	2017/18
	Fuel poverty	Not applicable	13.2	11.1	20.6		6.2	Proportion, %	Lower is better	2016
	Percentage of households in Poverty	Not applicable	25.8	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	35.2	31.5	47.9		21.6	Proportion, %	Lower is better	2011
	Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI	Persons	16.8	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	**1.3**	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	**50.7**	63.2	37.3		91.3	Crude rate per 1,000	-	2011 - 15
	Low birth weight of term babies, five year aggregate	Persons	**3.8**	2.8	5.3		1.1	Proportion, %	Lower is better	2011 - 15
	Emergency admissions aged under 5 years old, three year average	Persons	**93.1**	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	**555.8**	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	**108.6**	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	**85.2**	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	**87.4**	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	**9.7**	9.5	15.3		4.1	Proportion, %	Lower is better	2015/16 - 17/18
	Children with excess weight Reception Year, three year average	Persons	**21.3**	22.4	31.0		13.4	Proportion, %	Lower is better	2015/16 - 17/18
	Obese children Year 6, three year average	Persons	**18.1**	20.0	30.2		8.8	Proportion, %	Lower is better	2015/16 - 17/18
	Children with excess weight Year 6, three year average	Persons	**31.5**	34.2	45.8		20.0	Proportion, %	Lower is better	2015/16 - 17/18
	Smoking prevalence at age 15 - regular smokers (modelled estimates)	Persons	**8.7**	5.4	11.3		1.8	Proportion, %	Lower is better	2014
	Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	Persons	**9.3**	8.2	14.2		3.7	Proportion, %	Lower is better	2014

Public Health England Local Health Indicators

Disease and poor health

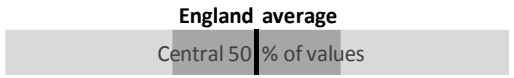
England average: Central 50 % of values

- 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	85.6	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	99.5	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	104.0	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	94.8	100.0	192.9		49.7	ISR per 100	Lower is better	2013/14 - 17/18
	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	Persons	82.8	100.0	295.5		27.0	ISR per 100	Lower is better	2013/14 - 17/18
	Incidences of all cancers, standardised incidence ratio	Persons	91.1	100.0	124.8		80.1	ISR per 100	Lower is better	2012 - 16
	Incidence of breast cancer, standardised incidence ratio	Female	80.7	100.0	140.6		60.4	ISR per 100	Lower is better	2012 - 16
	Incidence of colorectal cancer, standardised incidence ratio	Persons	87.0	100.0	146.6		59.1	ISR per 100	Lower is better	2012 - 16
	Incidence of lung cancer, standardised incidence ratio	Persons	98.4	100.0	224.8		43.8	ISR per 100	Lower is better	2012 - 16
	Incidence of prostate cancer, standardised incidence ratio	Male	97.1	100.0	153.2		54.5	ISR per 100	Lower is better	2012 - 16
	Hospital stays for self harm, standardised admission ratio	Persons	87.9	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	106.3	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	95.3	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	84.4	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	17.3	17.6	26.8		10.0	Proportion, %	Lower is better	2011
	Back pain prevalence in people of all ages	Persons	15.7	16.9	20.7		12.4	Crude rate, %	Lower is better	2012
	Severe back pain prevalence in people of all ages	Persons	9.6	10.2	13.5		6.8	Crude rate, %	Lower is better	2012

Public Health England Local Health Indicators

Life expectancy and cause of death



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	79.1	79.5	73.2		84.3	Life expectancy, Years	Higher is better	2013 - 17
	Life expectancy at birth, (upper age band 90+)	Female	84.5	83.1	77.8		88.5	Life expectancy, Years	Higher is better	2013 - 17
	Deaths from all causes, all ages, standardised mortality ratio	Persons	87.5	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	93.4	100.0	188.0		55.8	ISR per 100	Lower is better	2013 - 17
	Deaths from all cancer, all ages, standardised mortality ratio	Persons	93.3	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	93.4	100.0	166.6		59.5	ISR per 100	Lower is better	2013 - 17
	Deaths from circulatory disease, all ages, standardised mortality ratio	Persons	95.9	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	105.4	100.0	216.3		40.6	ISR per 100	Lower is better	2013 - 17
	Deaths from coronary heart disease, all ages, standardised mortality ratio	Persons	99.4	100.0	185.8		53.7	ISR per 100	Lower is better	2013 - 17
	Deaths from stroke, all ages, standardised mortality ratio	Persons	80.4	100.0	190.0		44.0	ISR per 100	Lower is better	2013 - 17
	Deaths from respiratory diseases, all ages, standardised mortality ratio	Persons	88.1	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	94.1	100.0	200.1		52.3	ISR per 100	Lower is better	2013 - 17
	Life expectancy at birth, (upper age band 85+)	Male	78.5	79.1	72.9		84.4	Life expectancy, Years	Higher is better	2009 - 13
	Life expectancy at birth, (upper age band 85+)	Female	84.7	83.0	77.7		88.9	Life expectancy, Years	Higher is better	2009 - 13
	Healthy life expectancy, (upper age band 85+)	Male	61.4	63.5	52.7		71.9	Life expectancy, Years	Higher is better	2009 - 13
	Healthy life expectancy, (upper age band 85+)	Female	63.1	64.8	53.4		73.1	Life expectancy, Years	Higher is better	2009 - 13
	Disability free life expectancy, (Upper age band 85+)	Male	62.5	64.1	54.3		71.4	Life expectancy, Years	Higher is better	2009 - 13
	Disability free life expectancy, (Upper age band 85+)	Female	63.7	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)
25.0 per 100,000 residents (10 clients)	**606.5** per 100,000 residents (55 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)
550.1 per 100,000 residents (220 clients)	**4,080.3** per 100,000 residents (370 clients)
This rate is lower than England	This rate is higher 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)	**716.8** per 100,000 residents (65 clients)
Not compared (value suppressed)	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)
75.8 percent (25 clients)
This percentage is similar to England
England Value: 82.7 percent

City South PCN

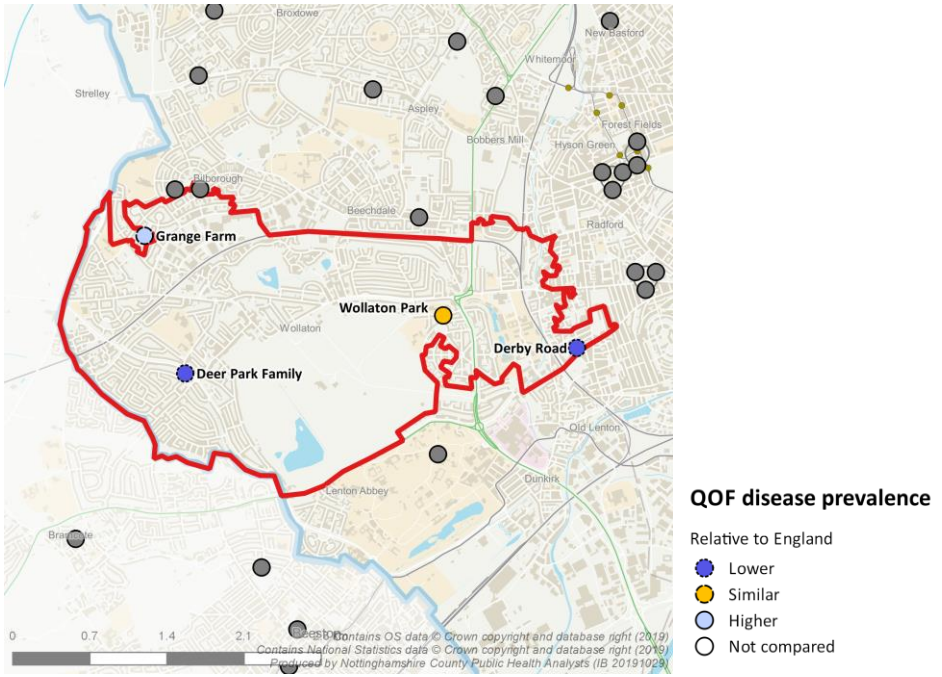
Quality outcomes framework (QOF)

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

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

- These registers are used to calculate recorded disease prevalence, which is compared to England in these profiles.
- The data in this profile is for the year 2018/19. The figures may be under estimates due to people not presenting to their GP, not being diagnosed or not being recorded.

COPD prevalence

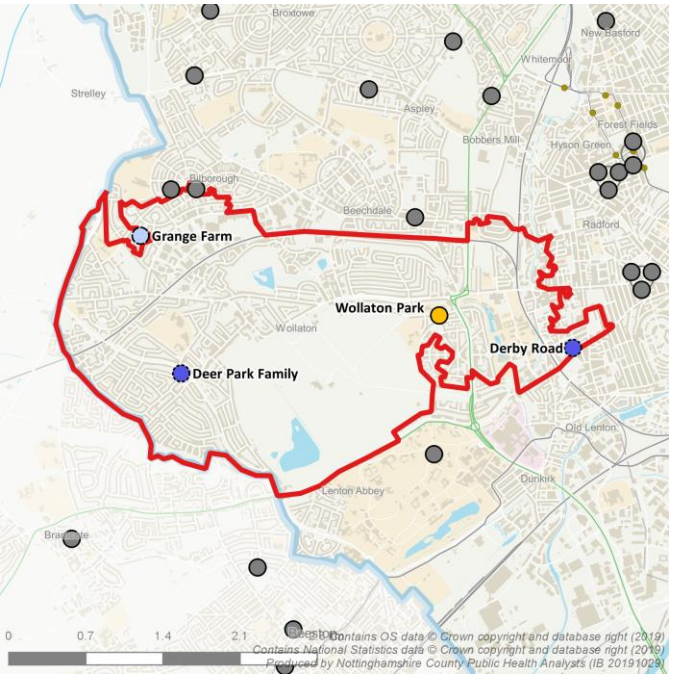


COPD is the name for a collection of chronic chest diseases. People with COPD have difficulties breathing due to a narrowing of their airways. Smoking is the main cause of COPD – more than 4 out of 5 people who develop the disease are, or have been smokers.

- The PCN population had a lower prevalence of COPD (1.5%) than England (1.9%).
- 94.2% of patients had their diagnosis confirmed by post bronchodilator spirometry, similar to the England average of 96.3%.
- 68.5% of patients had received an influenza vaccination; lower than the England average of 78.4%.

City South PCN

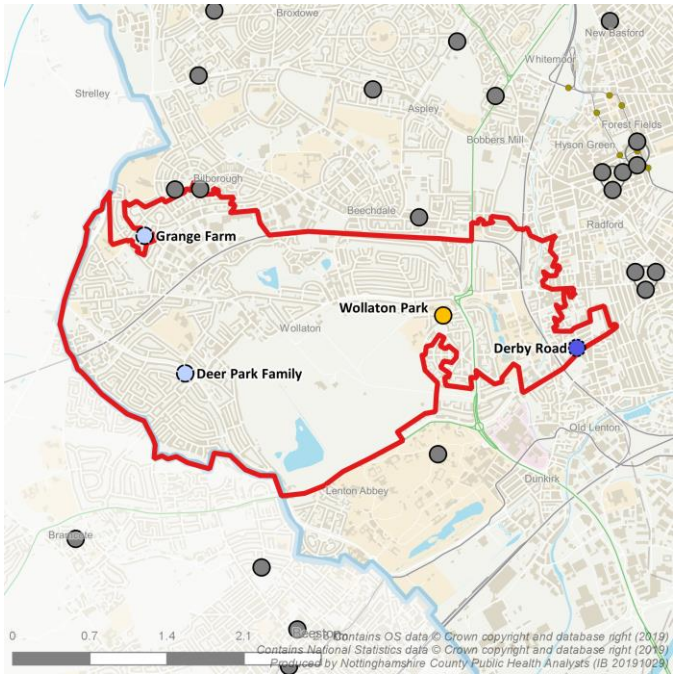
Diabetes prevalence



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

- The PCN population had a lower prevalence of diabetes than the England population (6.5% compared to 6.9%).
- 64.7% of patients had well controlled (HbA1c of 64mg or less) blood sugar, worse than the England average.
- The uptake of influenza immunisation (71%) was lower than England.
- Good blood pressure control was lower than England.

CHD prevalence

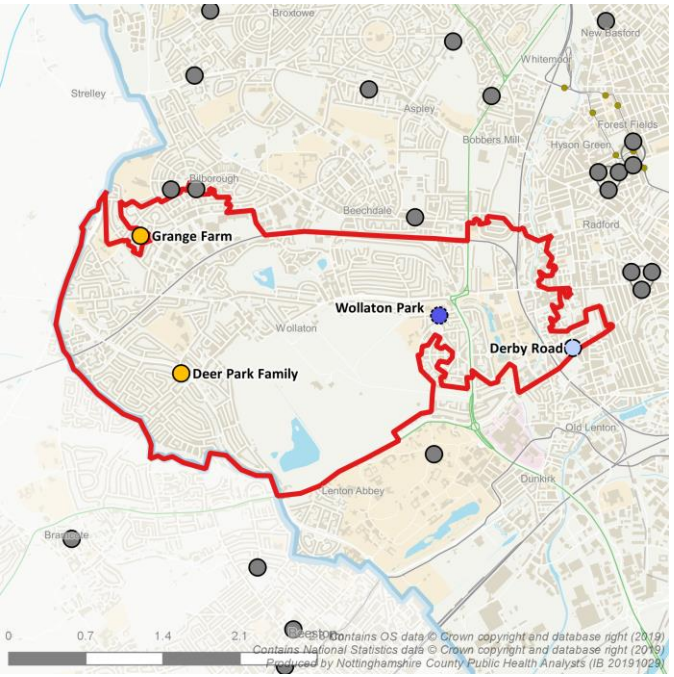


Coronary heart disease is caused by a build up of fatty deposits on the walls of the arteries around the heart (coronary arteries). Smoking, high blood pressure, lack of exercise, diabetes or being overweight or obese all increase the risk of CHD.

- The PCN population had a higher prevalence than the England population; 3.3% compared with 3.1%.
- 77.8% of CHD patients had well controlled blood pressure, similar to the England average (80.6%).
- 73% of CHD patients had taken aspirin or anti-clotting medication. This is lower than the England average (79.6%).

City South PCN

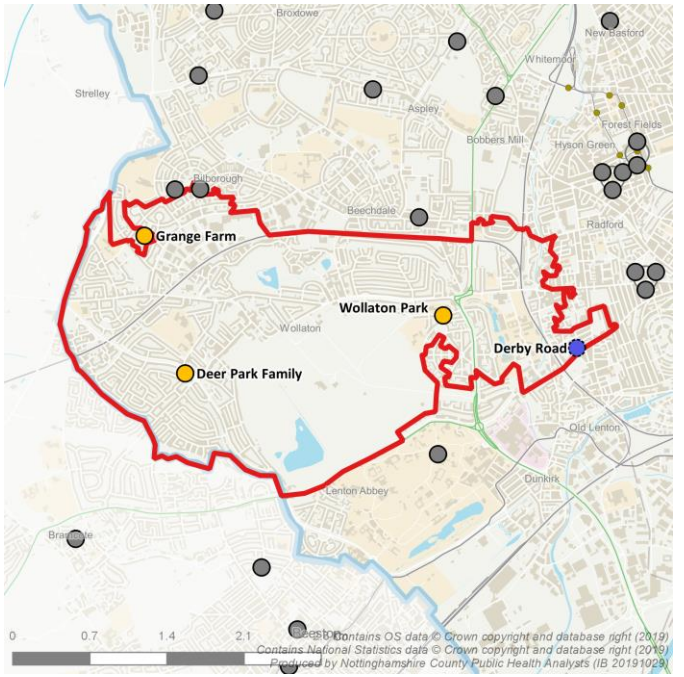
Mental health prevalence



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

- The PCN population had a similar prevalence than England; 0.9% compared to 1% for England.
- 60.5% of patients had a comprehensive care plan. This is similar to England (70.5%).
- 91.4% of eligible women in this group had a cervical smear in the previous 5 years; lower than the England average (94%).

Dementia prevalence

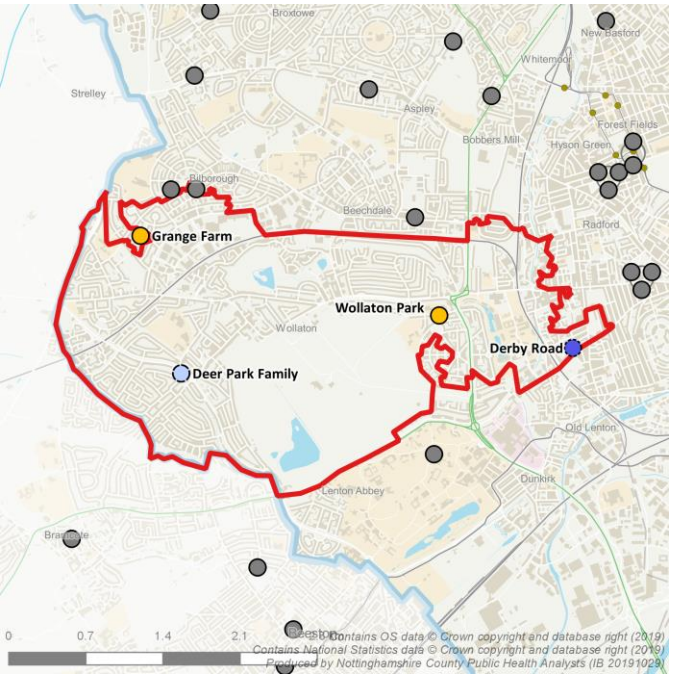


Dementia affects the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement.

- The PCN population had the same prevalence as England; 0.8%.
- 71.1% of patients had a face-to-face review in the previous 12 months. This is similar to the England average of 70.3%.
- 75.5% of patients newly diagnosed with dementia had records of key test results soon after diagnosis; lower than the England average (83.7%).

City South PCN

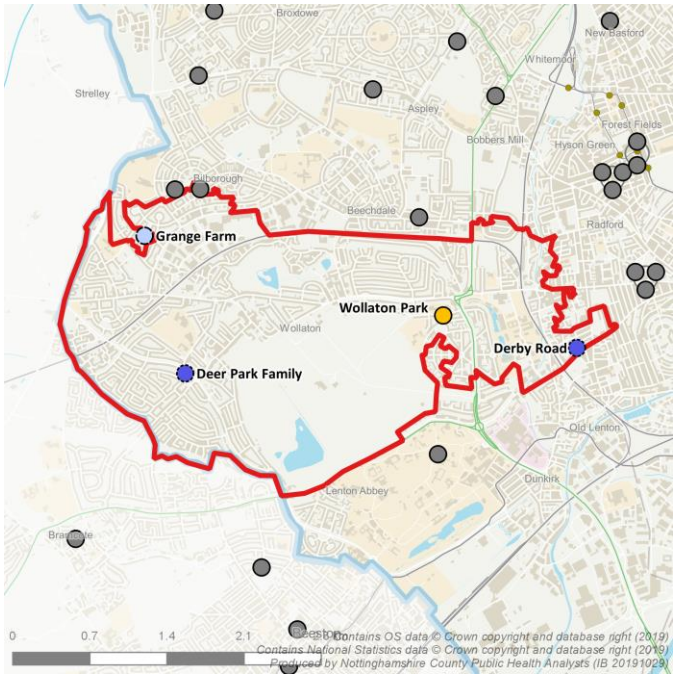
Atrial fibrillation prevalence



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 PCN population had the same prevalence than England; 2.0%.
- The proportion having their risk of stroke assessed (71.2%) was lower than the England average (82.1%).
- Anticoagulant treatment of at risk patients (68.5%) was lower than the England average (81.1%).

Asthma prevalence

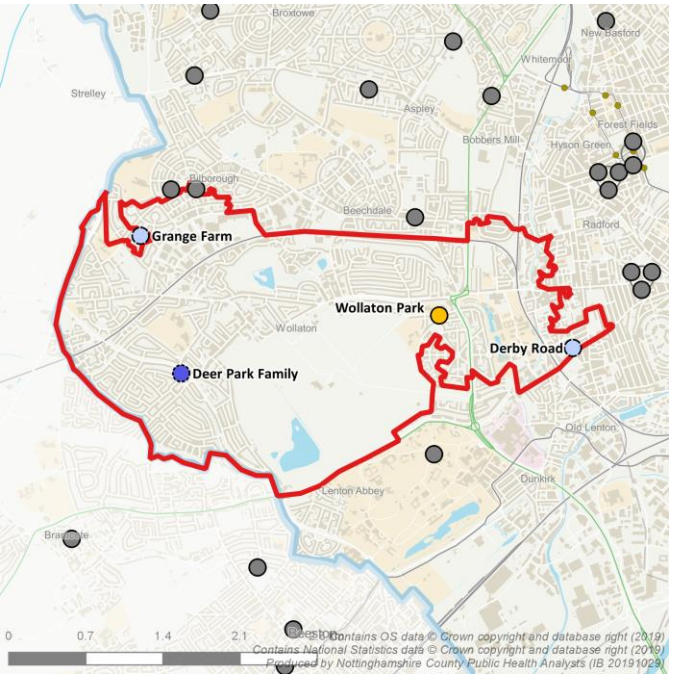


Asthma is a common respiratory condition which responds well to appropriate management and which is principally managed in primary care.

- The PCN population had a lower prevalence (5.8%) than England (6.0%).
- Recording of smoking status (age 14-19 years) was the same as the England average; 78%.
- Asthma review had been carried out in 90.1% of patients, comparable to the England average (91.6%).
- Recorded variability/reversibility (87.6%) was similar to the England average (88.5%).

City South PCN

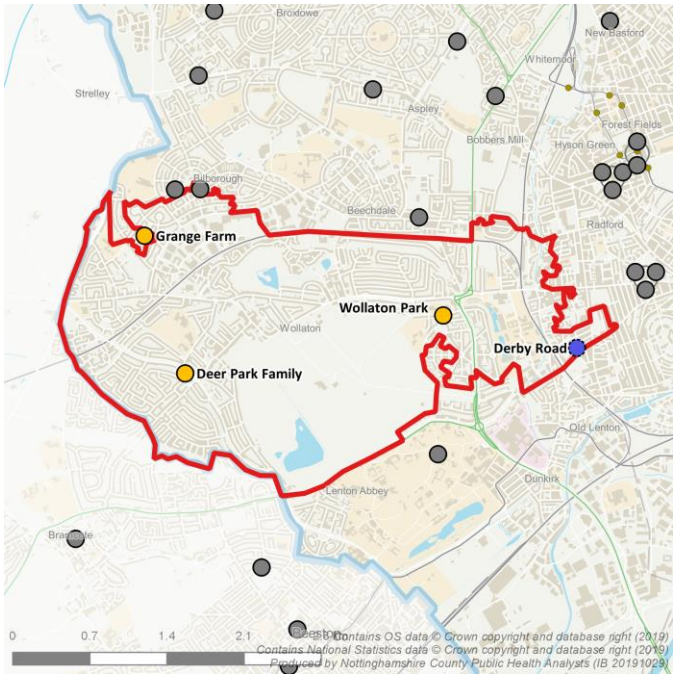
Learning disabilities prevalence



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

- The PCN population had a prevalence of 0.6%; higher than the England average (0.5%).

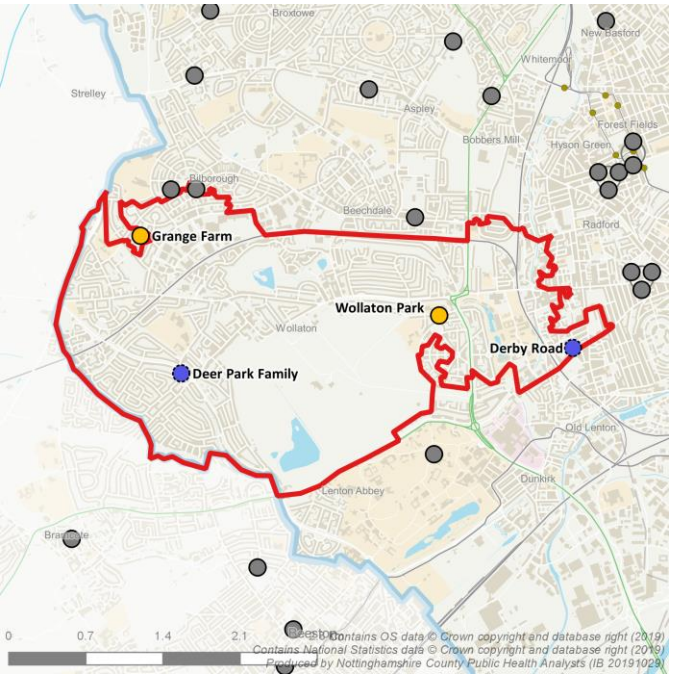
Osteoporosis (secondary prevention) prevalence



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

- The PCN population had a significantly lower prevalence (0.5%) than England (0.8%).
- The proportion of people age 50-74 treated with bone sparing agent (60%) was lower than the England average (68.1%).
- The proportion of those treated that were age 75 or over was lower than England; 75.5% compared with 90.6%.

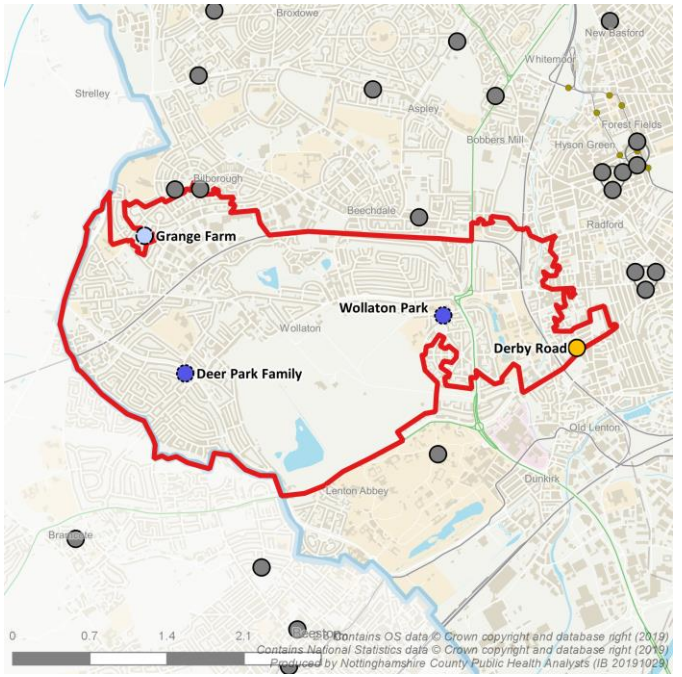
Palliative care prevalence



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 lower than the England average; 0.3% compared to 0.4%.

Smoking prevalence



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

- The PCN population had a significantly lower smoking prevalence than England; 13.8% compared with 16.6%.
- A similar proportion of high risk smokers were offered support and treatment in the last 12 months (80.1%) compared to the England average (79.7%).

QOF Prevalence - PCN overview - all QOF disease registers

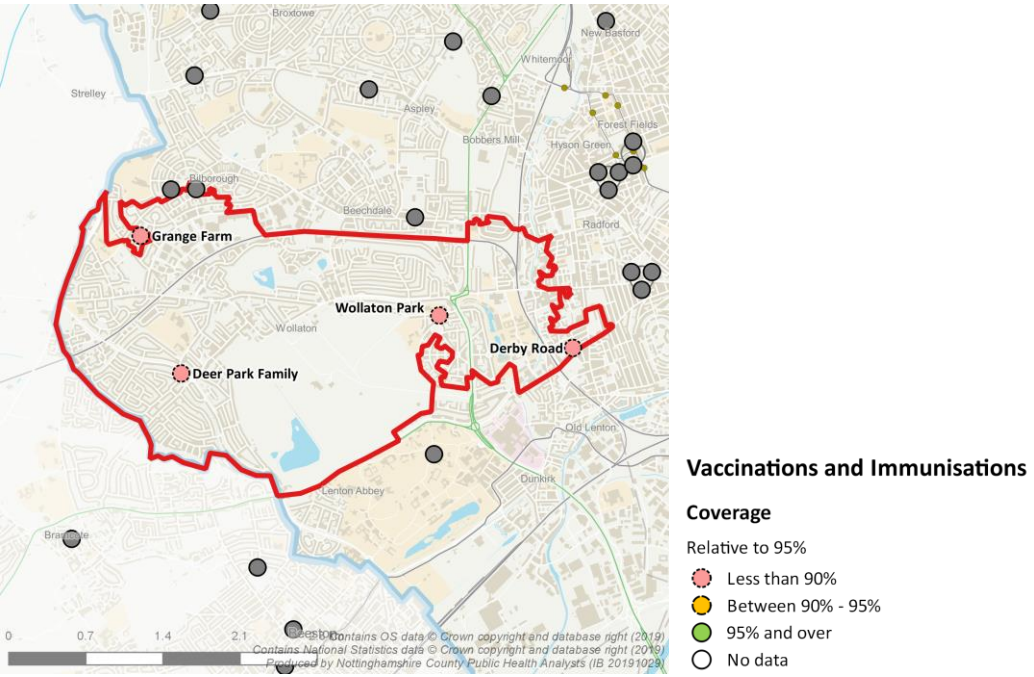
QOF disease registers			City South PCN			England
DOMAIN DESCRIPTION	INDICATOR GROUP DESCRIPTION	Age band	Number on disease register	Percent of age specific practice population	Compared to ENGLAND this PCN prevalence is significantly ...	ENGLAND
Clinical	Hypertension	All ages	4,808	13.1	Lower	14.0
Clinical	Depression	18 and over	2,315	8.0	Lower	10.7
Clinical	Diabetes mellitus	17 and over	1,898	6.5	Lower	6.9
Clinical	Asthma	All ages	2,117	5.8	Lower	6.0
Clinical	Chronic kidney disease	18 and over	941	3.3	Lower	4.1
Clinical	Secondary prevention of coronary heart disease	All ages	1,211	3.3	Higher	3.1
Clinical	Cancer	All ages	1,020	2.8	Lower	3.0
Clinical	Chronic obstructive pulmonary disease	All ages	563	1.5	Lower	1.9
Clinical	Atrial fibrillation	All ages	729	2.0	Similar	2.0
Clinical	Stroke and transient ischaemic attack	All ages	682	1.9	Similar	1.8
Clinical	Mental health	All ages	335	0.9	Similar	1.0
Clinical	Epilepsy	18 and over	239	0.8	Similar	0.8
Clinical	Heart failure	All ages	278	0.8	Lower	0.9
Clinical	Dementia	All ages	277	0.8	Similar	0.8
Clinical	Rheumatoid arthritis	16 and over	185	0.6	Lower	0.8
Clinical	Peripheral arterial disease	All ages	161	0.4	Lower	0.6
Clinical	Learning Disability	All ages	225	0.6	Higher	0.5
Clinical	Osteoporosis: secondary prevention of fragility fractures	50 and over	60	0.5	Lower	0.8
Clinical	Palliative care	All ages	115	0.3	Lower	0.4
Public Health	Obesity	18 and over	2,726	9.5	Lower	10.1
Public Health	Cardiovascular disease – primary prevention	30 to 74	206	1.0	Similar	1.1
Public Health	Smoking	15 and over	4,130	13.8	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 PCN	PCN Value compared to England	Derby Road	Deer Park	Wollaton Park	Grange Farm
DM	DM002	BP < 150/90 mmHg L12m	86.5	83.5	Worse	Worse	Similar	Similar	Worse
	DM003	BP < 140/80 mmHg L12m	70.7	64.4	Worse	Worse	Better	Worse	Similar
	DM004	Cholesterol <5mmol/l L12m	71.0	65.3	Worse	Worse	Similar	Similar	Worse
	DM006	Treated with an ACE-I or ARB (diagnosis of nephropathy or micro-albuminuria)	78.7	84.4	Better	Better	Similar	Similar	Similar
	DM007	HbA1c <= 59mmol/mol L12m	61.1	55.9	Worse	Worse	Similar	Similar	Worse
	DM008	HbA1c <= 64mmol/mol L12m	69.2	64.7	Worse	Worse	Similar	Similar	Worse
	DM009	HbA1c <= 75mmol/mol L12m	80.1	77.2	Worse	Worse	Similar	Similar	Worse
	DM012	Record of foot examination and risk classification in L12m	81.7	76.2	Worse	Worse	Better	Better	Worse
	DM014	Referral to structured education programme (within 9m of entry to register) in L12m	70.5	67.0	Similar	Similar	Better	Worse	Similar
	DM018	Influenza immmunisation received during last winter	73.4	71.0	Worse	Worse	Better	Better	Worse
AST	AST002	Recorded variability/reversibility (3m before/anytime after diagnosis) (age 8 or over)	88.5	87.6	Similar	Worse	Better	Similar	Similar
	AST003	Asthma review including the 3 RCP questions in L12m	91.6	90.1	Similar	Worse	Similar	Similar	Similar
	AST004	Record of smoking status in L12m (age 14-19)	78.0	78.0	Similar	Worse	Better	Similar	Worse
CHD	CHD002	BP < 150/90 mmHg L12m	80.6	77.8	Similar	Similar	Similar	Similar	Similar
	CHD005	Record of treatment aspirin, anti-platelet or anti-coagulant being taken in L12m	79.6	73.0	Worse	Worse	Similar	Better	Worse
	CHD007	Influenza immmunisation received during last winter	71.0	64.3	Worse	Similar	Worse	Similar	Worse
COPD	COPD002	Record of diagnosis confirmation (spirometry) (3m before or 12m after) entry to register	96.3	94.2	Similar	Worse	Worse	Similar	Similar
	COPD003	Received a review (including MRC dyspnoea scale) in L12m	78.1	77.3	Similar	Worse	Similar	Better	Worse
	COPD004	Record of FEV_1 in L12m	78.0	69.0	Worse	Similar	Worse	Similar	Worse
	COPD005	Record of oxygen saturation in L12m (for those with MRC grade 3 or greater)	70.0	76.8	Similar	Similar	Similar	Similar	Similar
	COPD007	Influenza immmunisation received during last winter	78.4	68.5	Worse	Worse	Similar	Similar	Worse
AF	AF006	Stroke risk assessed using CHA2DS2-VASc in L12m	82.1	71.2	Worse	Worse	Worse	Similar	Worse
	AF007	Anti-coagulant treatment for patients with CHA2DS2-VASc > 2	81.1	68.5	Worse	Worse	Similar	Similar	Worse
MH	MH002	Comprehensive care plan agreed in L12m	70.5	60.5	Similar	Similar	Similar	Similar	Similar
	MH003	Record of BP in L12m	94.5	93.9	Similar	Similar	Similar	Similar	Similar
	MH007	Record of alcohol consumption in L12m	82.8	84.8	Similar	Similar	Similar	Similar	Similar
	MH008	Record of cervical screening in L5y (women aged 25 to 64)	94.0	91.4	Worse	Similar	Similar	Similar	Similar
	MH009	Record of serum creatinine and TSH in L9m (patients on lithium therapy)	85.7	84.0	Similar	Worse	Similar	Similar	Similar
	MH010	Record of lithium levels in therapeutic range in L4m (patients on lithium therapy)	92.2	91.4	Similar	Similar	Similar	Similar	Worse
DEM	DEM004	Review (face-to-face) in L12m	70.3	71.1	Similar	Worse	Better	Better	Worse
	DEM005	Record of various tests/vitamin levels (12m before or 6m after register entry) in L12m	83.7	75.5	Worse	Worse	Similar	Similar	Worse
OST	OST002	Treated with appropriate bone-sparing agent (aged 50-74 with confirmed diagnosis)	68.1	60.0	Worse	Worse	Similar	Similar	Worse
	OST005	Treated with appropriate bone-sparing agent (aged 75 or over with confirmed diagnosis)	90.6	84.4	Worse	Similar	Similar	Similar	Worse
SMOK	SMOK002	Record of smoking status in L12m (with any one of a list of conditions)	82.2	81.6	Similar	Similar	Similar	Similar	Similar
	SMOK004	Current smokers offered support and treatment in L24m (aged 15 or over)	80.8	75.0	Similar	Similar	Similar	Similar	Similar
	SMOK005	Current smokers offered support and treatment in L12m (with any one of a list of conditions)	79.7	80.1	Similar	Worse	Better	Similar	Similar

City South PCN

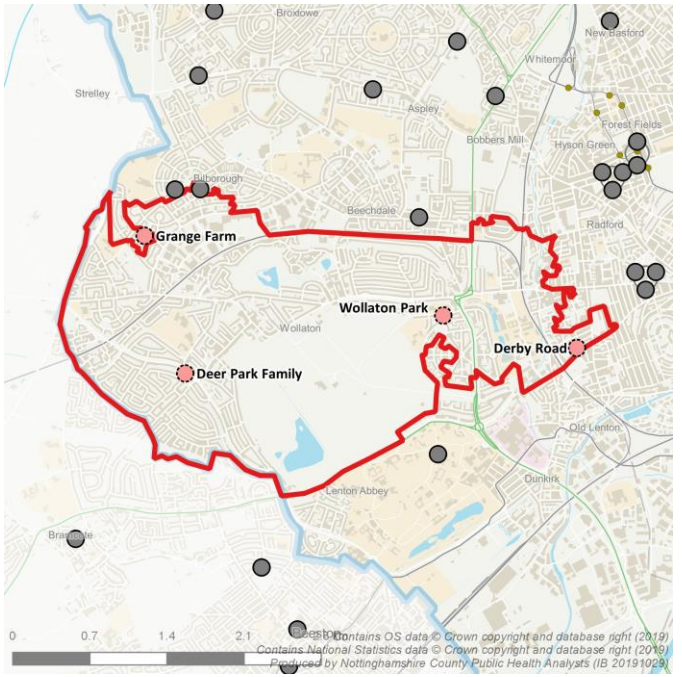
DTAP 5yrs immunisation uptake



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

- The practices achieved immunisation uptake at age 5 of 76.6% during 2018/19, not reaching 90% coverage.
- None of the four practices in the PCN reached 90% coverage.

MMR uptake



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

- The practices achieved immunisation uptake at age 5 of 81.8% during 2018/19, not reaching 90% coverage.
- None of the four practices in the PCN reached 90% coverage.

Childhood Vaccinations and Immunisations – PCN overview

Child Vaccinations and Immunisations		City South PCN			England
Coverage at age	Intervention	Number eligible	Percent receiving intervention	Coverage Band	England Value
12 months	6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	394	93.7	90-95%	91.7
	Hepatitis B (included in 6-in-1 from August 2017)			No data	
	Meningococcal B	394	92.4	90-95%	91.8
	Pneumococcal disease (primary course)	394	92.1	90-95%	92.3
	Rotavirus (primary course)	394	90.6	90-95%	90.0
24 months	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	425	94.6	90-95%	94.2
	Hepatitis B (included in 6-in-1 from August 2017)			No data	
	Haemophilus Influenzae type b and meningococcal group C (booster)	425	88.9	<90%	90.3
	Measles/mumps/rubella	425	88.7	<90%	90.0
	Pneumococcal disease (booster)	425	88.7	<90%	89.9
5 years	Diphtheria, tetanus, pertussis and polio (booster)	406	76.6	<90%	**84.1**
	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	406	93.1	90-95%	94.5
	Haemophilus Influenzae type b and meningococcal group C (booster)	406	88.9	<90%	92.2
	Measles/mumps/rubella (first dose)	406	93.8	90-95%	94.3
	Measles/mumps/rubella (second dose)	406	81.8	<90%	**86.5**

Childhood Vaccinations and Immunisations - by practice

Child Vaccinations and Immunisations

Coverage at age	Intervention	Coverage Band: This PCN	Derby Road	Deer Park	Wollaton Park	Grange Farm
12 months	6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	90-95%	90-95%	90-95%	90-95%	90-95%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	No data	95+%	No data	No data
	Meningococcal B	90-95%	90-95%	90-95%	90-95%	90-95%
	Pneumococcal disease (primary course)	90-95%	90-95%	<90%	90-95%	90-95%
	Rotavirus (primary course)	90-95%	<90%	90-95%	90-95%	<90%
24 months	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	90-95%	90-95%	90-95%	95+%	90-95%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	<90%	<90%	No data	95+%
	Haemophilus Influenzae type b and meningococcal group C (booster)	<90%	<90%	<90%	95+%	<90%
	Measles/mumps/rubella	<90%	<90%	<90%	95+%	<90%
	Pneumococcal disease (booster)	<90%	<90%	<90%	95+%	<90%
5 years	Diphtheria, tetanus, pertussis and polio (booster)	<90%	<90%	<90%	<90%	<90%
	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	90-95%	95+%	90-95%	90-95%	90-95%
	Haemophilus Influenzae type b and meningococcal group C (booster)	<90%	<90%	90-95%	<90%	<90%
	Measles/mumps/rubella (first dose)	90-95%	95+%	90-95%	90-95%	<90%
	Measles/mumps/rubella (second dose)	<90%	<90%	<90%	<90%	<90%

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

PCN Profiles

Nottingham City ICP
Nottingham City CCG
City South PCN

Version v1.5