

PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE Version 1.5

Bestwood and Sherwood 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 13% of the registered patients in Nottingham City ICP.
- The population age structure is fairly typical of a young population in having a higher proportion of children and working age adults; it is ethnically diverse and experiences significant deprivation.
- Life Expectancy for men and Healthy Life Expectancy for men and women is lower than England; on average, health may begin to decline around age 60.
- Prevalence of many chronic long term conditions is lower than nationally, though smoking prevalence is high.
- Primary care disease management (as measured by QOF) is generally as good as England and better in some disease areas.
- Vaccination uptake rates are poor.

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Quick statistics for this PCN

- There are a total of 49,572 patients registered with practices in this PCN. Of these, 66% live within the nominal PCN boundary.
- 70% of the population resident within the PCN boundary are registered with its GP practices.
- Compared to the ICP as a whole, the PCN has a higher proportion of children and older working age adults. The proportion of people age 15-24 years is lower than both the ICP and England.
- 2.2% of the population provide 50 hours or more of unpaid care each week, comparable to the ICP and England average.
- BME groups form 26% of the resident population, comparable to the ICP average and higher than England.
- Asian and Asian British form the predominant BME groups in the area followed by Black and Mixed ethnic groups.

- 6% of people rate their health as 'bad' or 'very bad', comparable with the ICP and England.
- The area is less deprived than the ICP, with 45% of the population living in areas defined as the most deprived 20% in England.
- Just over 40% of school children achieve five A* - C grade GCSEs; this is lower than England (56.6%).
- Use of residential and nursing home care is high.
- Incidence of lung cancer is higher than expected compared to the England average.
- All-age death rates for all causes selected causes are higher than England.
- The death rate from all causes and selected causes among people aged under 75 is higher than England.



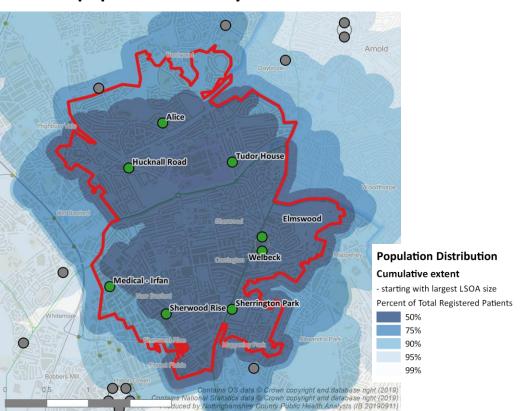
This PCN boundary covers Bestwood, Sherwood, Basford and Berridge in the north east of the City.

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



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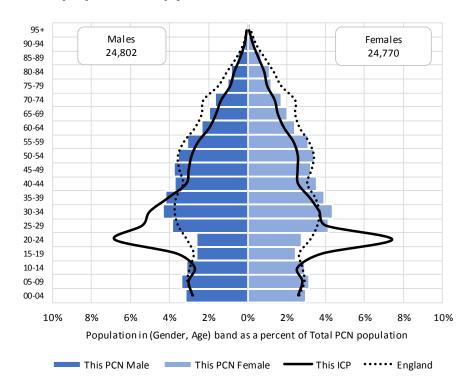
Patient population density



This PCN boundary covers Bestwood, Sherwood, Basford and Berridge in the north east of the City.

- There are 8 GP practices in this PCN (shown in green).
- 66% of patients registered with the practices live within the boundary.
- 70% of people resident within the boundary area are registered with PCN practices.

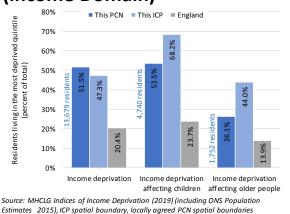
Patient population pyramid



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.

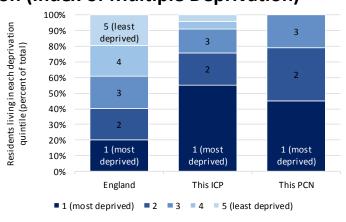
- There are a total of 49,572 patients registered with the GP practices
- The PCN has a higher proportion of children and a much higher proportion older working age adults compared to the ICP.
- The proportion of people age 15-24 years is lower than both the ICP and England.

Deprivation (Income Domain)



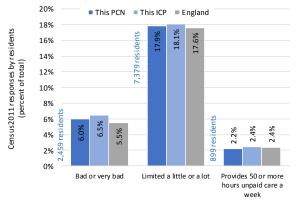
- 53.5% of children in this PCN are living in areas defined as the most deprived 20% in England.
- This is lower than for the ICP but higher than England.

Deprivation (Index of Multiple Deprivation)



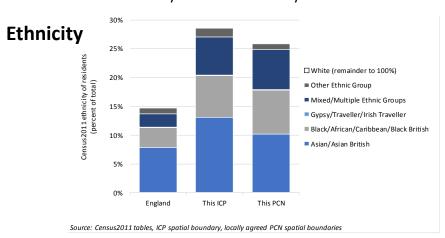
Source: MHCLG Index of Multiple Deprivation (IMD) (2019) (including ONS Population Estimates 2015), ICP spatial boundary, locally agreed PCN spatial boundaries

Self reported health and care



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

 Compared to the ICP and England, similar 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.



- 26% of the resident population is from a BME background.
- This is similar to the ICP but higher than England.



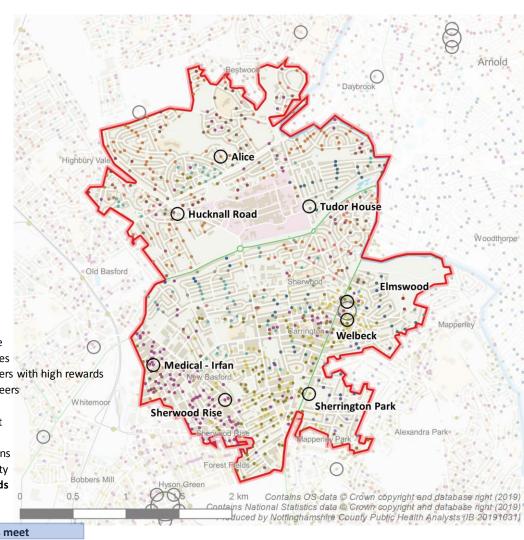
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Mosaic population groups

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

- The predominant group is Group M; together with Groups N and O, they have more limited resources and greater health needs; they make up 33% of the population. They tend to live in the northern half of the PCN.
- Groups L and J make up 32% of the population and includes younger people in private rented accommodation. Group L tend to live in the New Basford area and Group J in Sherwood and Carrington.

Percent		Group Type Name	One Line Description						
0.0%	Α	Country Living	Well-off owners in rural locations enjoying the benefits of country life						
1.2%	В	Prestige Positions	Established families in large detached homes living upmarket lifestyles						
1.1%	С	City Prosperity	High status city dwellers living in central locations and pursuing careers wit						
5.0%	D	Domestic Success	Thriving families who are busy bringing up children and following careers						
1.7%	Ε	Suburban Stability	Mature suburban owners living settled lives in mid-range housing						
3.5%	F	Senior Security	rly people with assets who are enjoying a comfortable retirement						
0.0%	G	Rural Reality	Householders living in inexpensive homes in village communities						
8.6%	Н	Aspiring Homemakers	Younger households settling down in housing priced within their means						
9.2%	1	Urban Cohesion	Residents of settled urban communities with a strong sense of identity						
14.2%	J	Rental Hubs	Educated young people privately renting in urban neighbourhoods						
4.4%	K	Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles						
17.7%	L	Transient Renters	Single people privately renting low cost homes for the short term						
22.5%	М	Family Basics	Families with limited resources who have to budget to make ends meet						
6.7%	N	Vintage Value	Elderly people reliant on support to meet financial or practical needs						
3.5%	0	Municipal Challenge	Urban renters of social housing facing an array of challenges						





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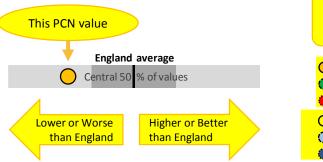
Public Health England Local Health Indicators

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.



Shading and border show comparison to England

- SIMILAR to England
- Significantly BETTER than England
- Significantly WORSE than England
- Not tested
- Significantly HIGHER than England
- Significantly LOWER than 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 76.7 years, significantly lower than England...
 - o ... and for Females was 81.9 years
- Females live in poor health for longer than Males
 - The gap between Life expectancy and Healthy life expectancy in 2009-13 was 17.9 years for Males
 - o ... and 21.4 years for Females.
- Generally, the population is relatively deprived and in poor health; local health indicators are generally worse than or similar to England averages.
- Areas where this PCN fares better or as well as England despite higher levels of deprivation include:
 - Proportion of households in poverty
 - A&E attendances and admissions for injuries in children
 - Smoking prevalence at age 15
 - Emergency admissions for selected conditions
 - Breast, colorectal and prostate cancer incidence
 - Back pain and severe back pain prevalence



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

Public Health England Local Health Indicators **Our Community**

England average

O SIMILAR to England

O Not tested

Significantly BETTER than England

Significantly HIGHER than England

Significantly WORSE than England

Significantly LOWER than England

ı	Indicator		PCN value	England value	England Lowest or Worst	England range	England Highest or Best	Units	To be Better value should be	Period
	Percentage of the total resident population who are 0-15 years of age	Persons	21.0	19.1	11.9	•	27.5	Proportion, %	-	2017
	Percentage of the total resident population who are 16-24 years of age	Persons	12.2	10.9	6.8		24.0	Proportion, %	-	2017
	Percentage of the total resident population who are 25-64 years of age	Persons	54.9	51.9	43.3		62.7	Proportion, %	-	2017
	Percentage of the total resident population who are 65 and over	Persons	11.8	18.0	6.7		32.2	Proportion, %	-	2017
	Percentage of the total resident population aged 85 and over	Persons	1.8	2.4	0.7		5.2	Proportion, %	-	2017
	Black and Minority Ethnic (BME) Population	Persons	26.4	14.6	1.0		67.9	Proportion, %	-	2011
	Percentage of population whose ethnicity is not 'White UK'	Persons	33.3	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
unity	Index of Multiple Deprivation Score 2015, IMD	Persons	32.6	21.8	54.3		4.9	Score, Score	Lower is better	2015
ommo	Income deprivation, English Indices of Deprivation 2015	Persons	21.8	14.6	35.6	•	3.9	Proportion, %	Lower is better	2015
Our	Child Poverty, English Indices of Deprivation 2015, IDACI	Persons	30.7	19.9	44.7	•	4.0	Proportion, %	Lower is better	2015
	Child Development at age 5 (%)	Persons	54.9	60.4	40.0	•	80.5	Proportion, %	Higher is better	2013/14
	GCSE Achievement (5A*-C including English & Maths)	Persons	40.4	56.6	31.7	•	82.3	Proportion, %	Higher is better	2013/14
	Unemployment (% of the working age population claiming out of work benefit)	Persons	3.4	1.9	5.8		0.4	Proportion, %	Lower is better	2017/18
	Long-Term Unemployment- rate per 1,000 working age population	Persons	9.7	3.6	14.9	•	0.0	Crude rate per 1,000	Lower is better	2017/18
	Fuel poverty	Not applicable	15.3	11.1	20.6	•	6.2	Proportion, %	Lower is better	2016
	Percentage of households in Poverty	Not applicable	26.1	21.1	42.6	O	10.6	Proportion, %	Lower is better	2013/14
	Older people living alone, % of people aged 65 and over who are living alone	Persons	36.3	31.5	47.9	•	21.6	Proportion, %	Lower is better	2011
	Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI	Persons	22.4	16.2	46.3		5.4	Proportion, %	Lower is better	2015



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

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

England average

Central 50 % of values

O SIMILAR to England
Significantly BETTER than England
Significantly HIGHER than England
Significantly WORSE 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
Deliveries to teenage mothers, five year aggregate	Female	1.4	1.1	3.8	O	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	71.5	63.2	37.3	0	91.3	Crude rate per 1,000	-	2011 - 15
Low birth weight of term babies, five year aggregate	Persons	3.1	2.8	5.3	\circ	1.1	Proportion, %	Lower is better	2011 - 15
Emergency admissions aged under 5 years old, three year average	Persons	93.0	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	568.1	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	112.8	138.8	264.6		63.1	Crude rate per 10,000	Lower is better	2011/12 15/16
Admissions for injuries in under 15 years old, five year aggregate	Persons	94.2	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	150.4	137.0	262.9	O	62.4	Crude rate per 10,000	Lower is better	2011/12 15/16
Obese children Reception Year, three year average	Persons	10.9	9.5	15.3	0	4.1	Proportion, %	Lower is better	2015/16 17/18
Children with excess weight Reception Year, three year average	Persons	25.3	22.4	31.0	•	13.4	Proportion, %	Lower is better	2015/16 17/18
Obese children Year 6, three year average	Persons	24.5	20.0	30.2	•	8.8	Proportion, %	Lower is better	2015/16 17/18
Children with excess weight Year 6, three year average	Persons	39.8	34.2	45.8	•	20.0	Proportion, %	Lower is better	2015/16 17/18
Smoking prevalence at age 15 - regular smokers (modelled estimates)	Persons	6.5	5.4	11.3	0	1.8	Proportion, %	Lower is better	2014
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	Persons	8.1	8.2	14.2		3.7	Proportion, %	Lower is better	2014



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

Public Health England Local Health Indicators **Disease and poor health**

England average

Central 50 % of values

Significantly BETTER than England
Significantly WORSE than England
Significantly WORSE 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
Emergency hospital admissions for all causes, all ages, standardised admission ratio	Persons	96.2	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	98.0	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	109.9	100.0	163.7	O	61.6	ISR per 100	Lower is better	2013/14 - 17/18
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	Persons	105.6	100.0	192.9	O	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	129.0	100.0	295.5		27.0	ISR per 100	Lower is better	2013/14 - 17/18
Incidences of all cancers, standardised incidence ratio	Persons	104.0	100.0	124.8	O	80.1	ISR per 100	Lower is better	2012 - 16
Incidence of breast cancer, standardised incidence ratio	Female	101.5	100.0	140.6		60.4	ISR per 100	Lower is better	2012 - 16
Incidence of colorectal cancer, standardised incidence ratio	Persons	109.0	100.0	146.6	0	59.1	ISR per 100	Lower is better	2012 - 16
Incidence of lung cancer, standardised incidence ratio	Persons	124.7	100.0	224.8		43.8	ISR per 100	Lower is better	2012 - 16
Incidence of prostate cancer, standardised incidence ratio	Male	98.8	100.0	153.2		54.5	ISR per 100	Lower is better	2012 - 16
Hospital stays for self harm, standardised admission ratio	Persons	144.5	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	129.3	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	107.7	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	84.1	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-termillness or disability	Persons	17.7	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	10.3	10.2	13.5		6.8	Crude rate, %	Lower is better	2012



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Public Health England Local Health Indicators Life expectancy and cause of death

England average

Central 50 % of values

Significantly BETTER than England
Significantly HIGHER than England
Significantly WORSE 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 at birth, (upper age band 90+)	Male	76.7	79.5	73.2		84.3	Life expectancy, Years	Higher is better	2013 - 1
Life expectancy at birth, (upper age band 90+)	Female	81.9	83.1	77.8	0	88.5	Life expectancy, Years	Higher is better	2013 - 1
Deaths from all causes, all ages, standardised mortality ratio	Persons	116.5	100.0	163.7	•	65.7	ISR per 100	Lower is better	2013 - 1
Deaths from all causes, under 75 years, standardised mortality ratio	Persons	124.4	100.0	188.0	•	55.8	ISR per 100	Lower is better	2013 - 1
Deaths from all cancer, all ages, standardised mortality ratio	Persons	116.3	100.0	150.2	•	69.5	ISR per 100	Lower is better	2013 - 1
Deaths from all cancer, under 75 years, standardised mortality ratio	Persons	119.4	100.0	166.6	•	59.5	ISR per 100	Lower is better	2013 - 1
Deaths from circulatory disease, all ages, standardised mortality ratio	Persons	112.7	100.0	163.6	•	61.6	ISR per 100	Lower is better	2013 - 1
Deaths from circulatory disease, under 75 years, standardised mortality ratio	Persons	127.2	100.0	216.3	•	40.6	ISR per 100	Lower is better	2013 - 1
Deaths from coronary heart disease, all ages, standardised mortality ratio	Persons	125.8	100.0	185.8	•	53.7	ISR per 100	Lower is better	2013 - 1
Deaths from stroke, all ages, standardised mortality ratio	Persons	86.2	100.0	190.0		44.0	ISR per 100	Lower is better	2013 - 1
Deaths from respiratory diseases, all ages, standardised mortality ratio	Persons	108.0	100.0	194.7	C	50.7	ISR per 100	Lower is better	2013 - 1
Deaths from causes considered preventable, all ages, standardised mortality ratio	Persons	123.1	100.0	200.1	•	52.3	ISR per 100	Lower is better	2013 - 1
Life expectancy at birth, (upper age band 85+)	Male	76.9	79.1	72.9	•	84.4	Life expectancy, Years	Higher is better	2009 - 1
Life expectancy at birth, (upper age band 85+)	Female	81.8	83.0	77.7	0	88.9	Life expectancy, Years	Higher is better	2009 - 1
Healthy life expectancy, (upper age band 85+)	Male	58.9	63.5	52.7		71.9	Life expectancy, Years	Higher is better	2009 - 1
Healthy life expectancy, (upper age band 85+)	Female	60.4	64.8	53.4	•	73.1	Life expectancy, Years	Higher is better	2009 - 3
Disability free life expectancy, (Upper age band 85+)	Male	60.3	64.1	54.3	•	71.4	Life expectancy, Years	Higher is better	2009 - 3
Disability free life expectancy, (Upper age band 85+)	Female	61.3	65.0	55.5	•	72.0	Life expectancy, Years	Higher is better	2009 - 1



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

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.

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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)									
388.3 per 100,000 residents (220 clients)	4,026.3 per 100,000 residents (410 clients)									
This rate is higher than England	This rate is higher 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)									
776.7 per 100,000 residents (440 clients)	4,222.7 per 100,000 residents (430 clients)									
This rate is higher 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)

61.8 per 100,000 residents
(35 clients)

1,129.3 per 100,000 residents
(115 clients)

This rate is worse than England

England: 13.9

England: 582.8

per 100,000 residents

per 100,000 residents

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)

74.1 percent
(20 clients)

This percentage is similar to England

England Value: 82.7 percent

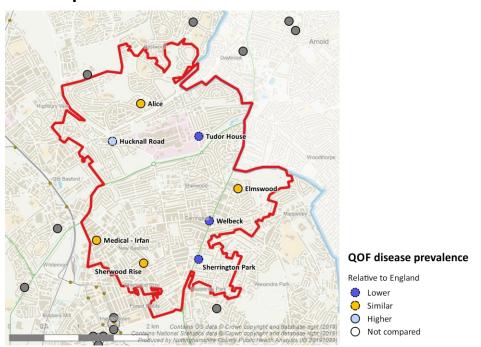


PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

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



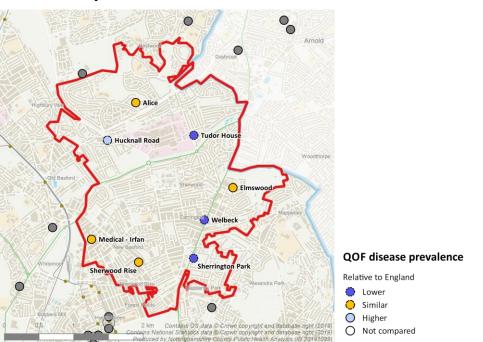
COPD is the name for a collection of chronic chest diseases. People with COPD have difficulties breathing due to a narrowing of their airways. Smoking is the main cause of COPD – more than 4 out of 5 people who develop the disease are, or have been smokers.

- The PCN population had a lower prevalence of COPD (1.7%) than England (1.9%).
- 95.8% of patients had their diagnosis confirmed by post bronchodilator spirometry, similar to the England average of 96.3%.
- 80.8% of patients had received an influenza vaccination; similar to the England average of 78.4%.



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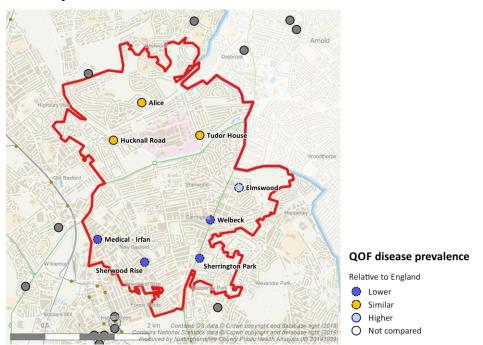
Diabetes prevalence



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 (6.6%) than the England population (6.9%).
- 66.4% of patients had well controlled (HbA1c of 64mg or less) blood sugar, lower than the England average.
- The uptake of influenza immunisation (78%) was better than England.
- Control of blood pressure below 140/80mmHg was lower than England.

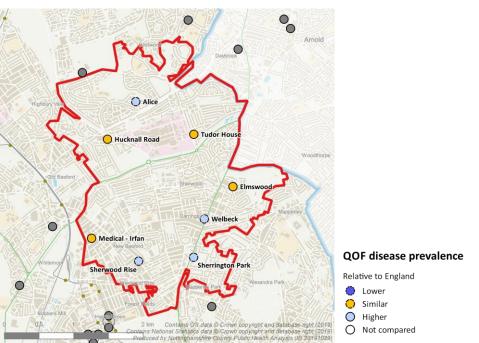
CHD prevalence



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 lower prevalence than the England population;
 2.8% compared with 3.1%.
- 80.7% of CHD patients had well controlled blood pressure, similar to the England average (80.6%).
- 77% of CHD patients had taken aspirin or anti-clotting medication. This is similar to the England average (79.6%).

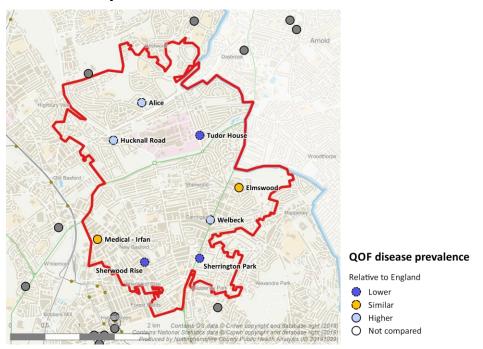
Mental health prevalence



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 higher prevalence than England; 1.2% compared to 1% for England.
- 64.7% of patients had a comprehensive care plan. This is similar to England (70.5%).
- 94.1% of eligible women in this group had a cervical smear in the previous 5 years, comparable to 94% in England.

Dementia prevalence



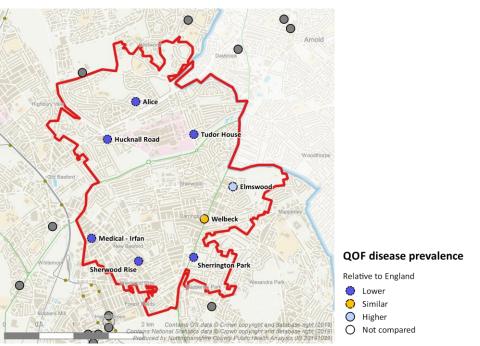
Dementia affects the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement.

- The PCN population had the same prevalence as England; 0.8%.
- 71% of patients had a face-to-face review in the previous 12 months. This is similar to the England average of 70.3%.
- 84% of patients newly diagnosed with dementia had records of key test results soon after diagnosis; similar to the England average (83.7%).



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

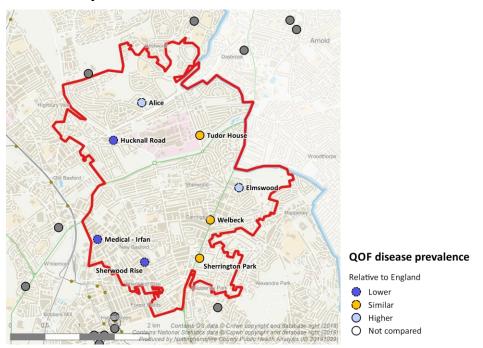
Atrial fibrillation prevalence



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 a significantly lower prevalence than England;
 1.5% compared with 2.0%.
- The proportion having their risk of stroke assessed (80.8%) was lower than the England average (82.1%).
- Anticoagulant treatment of at risk patients (80.4%) was similar to the England average (81.1%).

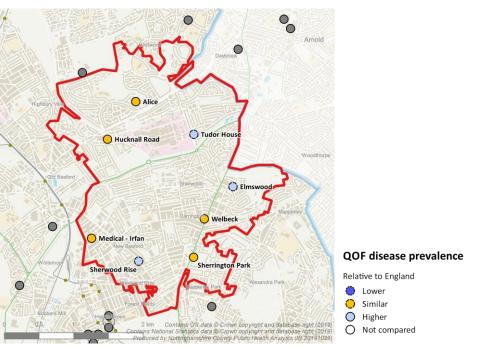
Asthma prevalence



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

- The PCN population had a lower prevalence (5.8%) than England (6.0%).
- Recording of smoking status (age 14-19 years) was better than the England average; 81.8% compared to 78%.
- Asthma review had been carried out in 91.4% of patients, comparable to the England average (91.6%).
- Recorded variability/reversibility (87.8%) was similar to the England average (88.5%).

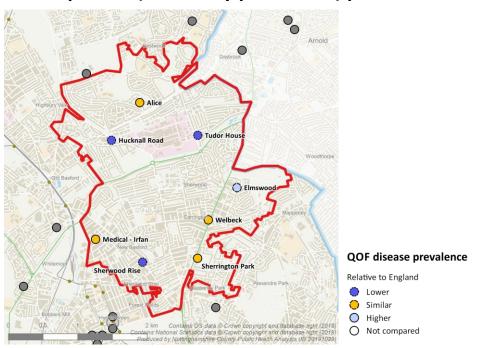
Learning disabilities prevalence



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

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

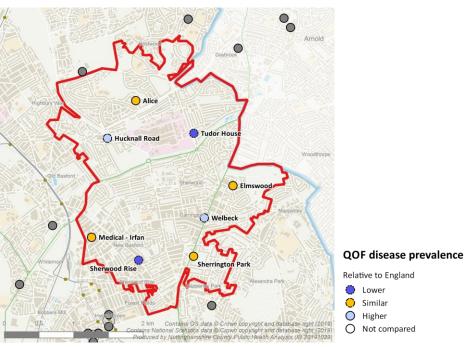
Osteoporosis (secondary prevention) prevalence



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

- The PCN population had the same prevalence as England (0.8%).
- The proportion of people age 50-74 treated with bone sparing agent (71.4%) was similar to the England average (68.1%).
- The proportion of those treated that were age 75 or over was similar to England; 87.6% compared with 90.6%.

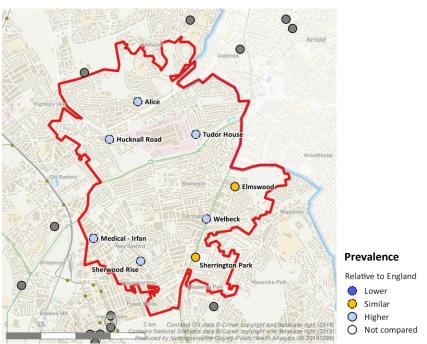
Palliative care prevalence



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

• The prevalence of patients receiving palliative care is similar to the England average; 0.5% compared to 0.4%.

Smoking prevalence



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

- The PCN population had a significantly higher smoking prevalence than England; 20.2% compared with 16.6%.
- A similar proportion of high risk smokers were offered support and treatment in the last 12 months (78.9%) compared to the England average (79.7%).



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

QOF Prevalence - PCN overview - all QOF disease registers

QOF dise	ase registers		Bestwood	Bestwood and Sherwood PCN					
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	5 ,770	11.6	Lower	14.0			
Clinical	Depression	18 and over	3,961	10.2	Lower	10.7			
Clinical	Diabetes mellitus	17 and over	2,599	6.6	Lower	6.9			
Clinical	Asthma	All ages	2,889	5.8	Lower	6.0			
Clinical	Chronic kidney disease	18 and over	1,190	3.1	Lower	4.1			
Clinical	Secondary prevention of coronary heart disease	All ages	1,378	2.8	Lower	3.1			
Clinical	Cancer	All ages	1,185	2.4	Lower	3.0			
Clinical	Chronic obstructive pulmonary disease	All ages	833	1.7	Lower	1.9			
Clinical	Atrial fibrillation	All ages	741	1.5	Lower	2.0			
Clinical	Stroke and transient ischaemic attack	All ages	822	1.7	Similar	1.8			
Clinical	Mental health	All ages	572	1.2	Higher	1.0			
Clinical	Epilepsy	18 and over	346	0.9	Higher	0.8			
Clinical	Heart failure	All ages	390	0.8	Lower	0.9			
Clinical	Dementia	All ages	414	0.8	Similar	0.8			
Clinical	Rheumatoid arthritis	16 and over	281	0.7	Similar	0.8			
Clinical	Peripheral arterial disease	All ages	263	0.5	Lower	0.6			
Clinical	Learning Disability	All ages	351	0.7	Higher	0.5			
Clinical	Osteoporosis: secondary prevention of fragility fractures	50 and over	119	0.8	Similar	0.8			
Clinical	Palliative care	All ages	224	0.5	Similar	0.4			
Public Health	Obesity	18 and over	3,979	10.3	Similar	10.1			
Public Health	Cardiovascular disease – primary prevention	30 to 74	312	1.1	Similar	1.1			
Public Health	Smoking	15 and over	8,121	20.2	Higher	16 .6			



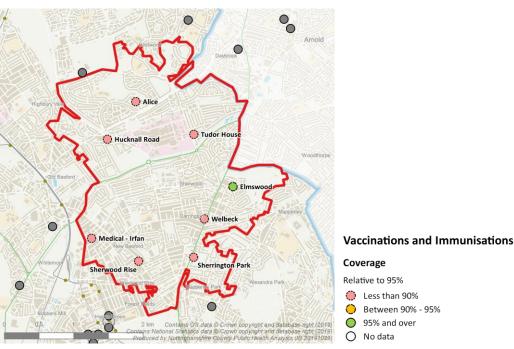
PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

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

			specific populatio	t of age practice n receiving ention	Significance compared to England								
indicator group code	indicator code	indicator description	England	This PCN	PCN Value compared to England	Elmswood	Hucknall Road	MC - Irfan	Tudor House	Sherwood Rise	Welbeck	Sherrington Park	Alice
DM	DM002	BP < 150/90 mmHg L12m	86.5	86.1	Similar	Similar	Worse	Similar	Better	Better	Similar	Better	Similar
	DM003	BP < 140/80 mmHg L12m	70.7	68.4	Worse	Similar	Worse	Better	Better	Better	Similar	Better	Similar
	DM004	Cholesterol <5mmol/l L12m	71.0	69.2	Worse	Better	Worse	Similar	Similar	Better	Worse	Similar	Similar
	DM006	Treated with an ACE-I or ARB (diagnosis of nephropathy or micro-albuminuria)	78.7	77.9	Similar	Similar	Worse	Similar	Similar	Similar	Similar	Similar	Similar
	DM007	HbA1c <= 59mmol/mol L12m	61.1	58.2	Worse	Similar	Worse	Better	Worse	Similar	Similar	Similar	Similar
	DM008	HbA1c <= 64mmol/mol L12m	69.2	66.4	Worse	Similar	Worse	Similar	Worse	Similar	Similar	Similar	Similar
	DM009	HbA1c <= 75mmol/mol L12m	80.1	79.3	Similar	Similar	Worse	Similar	Similar	Similar	Similar	Similar	Worse
	DM012	Record of foot examination and risk classification in L12m	81.7	82.5	Similar	Similar	Worse	Similar	Better	Better	Similar	Similar	Similar
	DM014	Referral to structured education programme (within 9m of entry to register) in L12m	70.5	68.3	Similar	Similar	Similar	Similar	Worse	Better	Worse	Similar	Similar
	DM018	Influenza immmunisation received during last winter	73.4	78.0	Better	Better	Better	Similar	Similar	Better	Similar	Better	Similar
AST	AST002	Recorded variability/reversibility (3m before/anytime after diagnosis) (age 8 or over)	88.5	87.8	Similar	Worse	Worse	Similar	Better	Better	Better	Similar	Similar
-	AST003	Asthma review including the 3 RCP questions in L12m	91.6	91.4	Similar	Similar	Similar	Similar	Similar	Better	Similar	Similar	Worse
	AST004	Record of smoking status in L12m (age 14-19)	78.0	81.8	Better	Better	Similar	Similar	Better	Better	Similar	Similar	Similar
CHD	CHD002	BP < 150/90 mmHg L12m	80.6	80.7	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	CHD005	Record of treatment aspirin, anti-platelet or anti-coagulant being taken in L12m	79.6	77.0	Similar	Similar	Worse	Better	Similar	Better	Similar	Similar	Similar
	CHD007	Influenza immmunisation received during last winter	71.0	68.7	Similar	Worse	Worse	Better	Similar	Better	Similar	Similar	Similar
COPD	COPD002	Record of diagnosis confirmation (spirometry) (3m before or 12m after) entry to register	96.3	95.8	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Worse
		Received a review (including MRC dyspnoea scale) in L12m	78.1	83.3	Better	Similar	Similar	Similar	Better	Similar	Similar	Better	Similar
		Record of FEV 1 in L12m	78.0	78.0	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	COPD005	-	70.0	72.0	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	COPD007	Influenza immmunisation received during last winter	78.4	80.8	Similar	Similar	Similar	Similar	Similar	Better	Similar	Better	Similar
AF	AF006	Stroke risk assessed using CHA2DS2-VASc in L12m	82.1	80.8	Similar	Worse	Similar	Similar	Similar	Better	Worse	Similar	Similar
	AF007	Anti-coagulant treatment for patients with CHA2DS2-VASc > 2	81.1	80.4	Similar	Worse	Worse	Better	Worse	Better	Similar	Better	Similar
МН	MH002	Comprehensive care plan agreed in L12m	70.5	64.7	Similar	Similar	Similar	Worse	Similar	Similar	Similar	Similar	Similar
	MH003	Record of BP in L12m	94.5	80.4	Worse	Similar	Worse	Similar	Similar	Worse	Similar	Similar	Similar
	MH007	Record of alcohol consumption in L12m	82.8	80.4	Similar	Similar	Similar	Similar	Similar	Worse	Similar	Similar	Similar
	MH008	Record of cervical screening in L5y (women aged 25 to 64)	94.0	94.1	Similar	Similar	Similar	Worse	Similar	Similar	Similar	Similar	Similar
	MH009	Record of serum creatinine and TSH in L9m (patients on lithium therapy)	85.7	81.8	Worse	Similar	Worse	Similar	Similar	Similar	Similar	Similar	Similar
	MH010	Record of lithium levels in therapeutic range in L4m (patients on lithium therapy)	92.2	91.3	Similar	Similar	Worse	Similar	Better	Similar	Worse	Similar	Similar
DEM	DEM004	Review (face-to-face) in L12m	70.3	71.0	Similar	Similar	Worse	Better	Similar	Better	Better	Similar	Similar
	DEM005	Record of various tests/vitamin levels (12m before or 6m after register entry) in L12m	83.7	84.0	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
OST	OST002	Treated with appropriate bone-sparing agent (aged 50-74 with confirmed diagnosis)	68.1	71.4	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	OST005	Treated with appropriate bone-sparing agent (aged 75 or over with confirmed diagnosis)	90.6	87.6	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
SMOK		Record of smoking status in L12m (with any one of a list of conditions)	82.2	80.1	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar
		Current smokers offered support and treatment in L24m (aged 15 or over)	80.8	75.9	Similar	Worse	Similar	Similar	Similar	Similar	Similar	Similar	Similar
		Current smokers offered support and treatment in L12m (with any one of a list of conditions)	79.7	78.9	Similar	Worse	Worse	Better	Similar	Similar	Similar	Better	Similar
		222 (mail any one of a not of conditions)		. 5.5									

PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

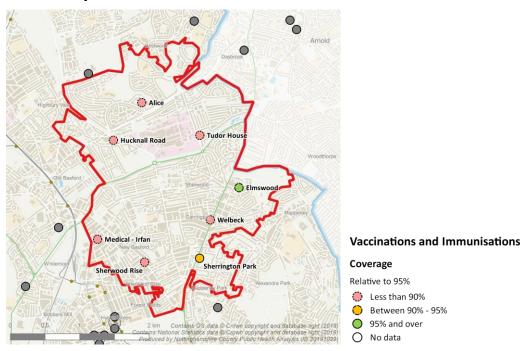
DTAP 5yrs immunisation uptake



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

- The PCN practices achieved immunisation uptake at age 5 of 83.1% during 2018/19, not reaching 90% coverage.
- Seven of the 8 practices did not reach 90% coverage.

MMR uptake



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

- The PCN practices achieved immunisation uptake at age 5 of 84.9% during 2018/19, not reaching 90% coverage.
- Six of the 8 practices did not reach 90% coverage.



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

Childhood Vaccinations and Immunisations – PCN overview

Child Vacci	inations and Immunisations	Bestwood	England		
Coverage at Int	tervention	Number eligible	Percent receiving intervention	Coverage Band	England Value
	in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	593	89.2		91.7
He	epatitis B (included in 6-in-1 from August 2017)			No data	
Me	eningococcal B	593	89.9	<90%	91.8
Pn	neumococcal disease (primary course)	593	90.1	90-95%	92.3
Ro	otavirus (primary course)	593	87.4	<90%	90.0
24 months 5-i	in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	597	92.8	90-95%	94.2
He	epatitis B (included in 6-in-1 from August 2017)			No data	
На	aemophilus Influenzae type b and meningococcal group C (booster)	597	88.4	<90%	90.3
Me	easles/mumps/rubella	597	88.8	<90%	90.0
Pn	neumococcal disease (booster)	597	88.6	<90%	89.9
5 years Di	phtheria, tetanus, pertussis and polio (booster)	602	83.1	<90%	84.1
5-i	in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	602	94.0	90-95%	94.5
На	aemophilus Influenzae type b and meningococcal group C (booster)	602	89.2	<90%	92.2
	easles/mumps/rubella (first dose)	602	94.4	90-95%	94.3
Me	easles/mumps/rubella (second dose)	602	84.9	<90%	86.5



PRIMARY CARE NETWORKS HEALTH AND CARE PROFILE

Childhood Vaccinations and Immunisations - by practice

Child	Vaccinations	and Immunisations

Coverage Band

•			i							
Coverage at age	Intervention	This PCN	Elmswood	Hucknall Road	MC - Irfan	Tudor House	Sherwood Rise	Welbeck	Sherringt on Park	Alice
12 months	6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	<90%	95+%	90-95%	<90%	<90%	<90%	90-95%	90-95%	<90%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	No data	No data	No data	No data	<90%	No data	No data	No data
	Meningococcal B	<90%	95+%	90-95%	<90%	<90%	<90%	<90%	90-95%	<90%
	Pneumococcal disease (primary course)	90-95%	95+%	90-95%	<90%	<90%	<90%	90-95%	90-95%	<90%
	Rotavirus (primary course)	<90%	95+%	<90%	<90%	<90%	<90%	<90%	<90%	<90%
24 months	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	90-95%	90-95%	90-95%	90-95%	90-95%	90-95%	90-95%	95+%	95+%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	No data	95+%	No data	No data	95+%	No data	No data	No data
	Haemophilus Influenzae type b and meningococcal group C (booster)	<90%	90-95%	<90%	<90%	<90%	90-95%	<90%	90-95%	90-95%
	Measles/mumps/rubella	<90%	90-95%	<90%	<90%	<90%	90-95%	<90%	90-95%	<90%
	Pneumococcal disease (booster)	<90%	90-95%	<90%	<90%	<90%	90-95%	<90%	90-95%	<90%
5 years	Diphtheria, tetanus, pertussis and polio (booster)	<90%	95+%	<90%	<90%	<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+%	95+%	95+%
	Haemophilus Influenzae type b and meningococcal group C (booster)	<90%	95+%	<90%	<90%	90-95%	<90%	95+%	90-95%	90-95%
	Measles/mumps/rubella (first dose)	90-95%	95+%	90-95%	<90%	95+%	90-95%	95+%	95+%	95+%
	Measles/mumps/rubella (second dose)	<90%	95+%	<90%	<90%	<90%	<90%	<90%	90-95%	<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

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PCN Profiles

Nottingham City ICP
Nottingham City CCG
Bestwood and Sherwood PCN

Version v1.5