

**PRIMARY CARE NETWORKS  
HEALTH AND CARE PROFILE  
Version 1.5**

**Radford and Mary Potter PCN**

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

### Purpose of this profile

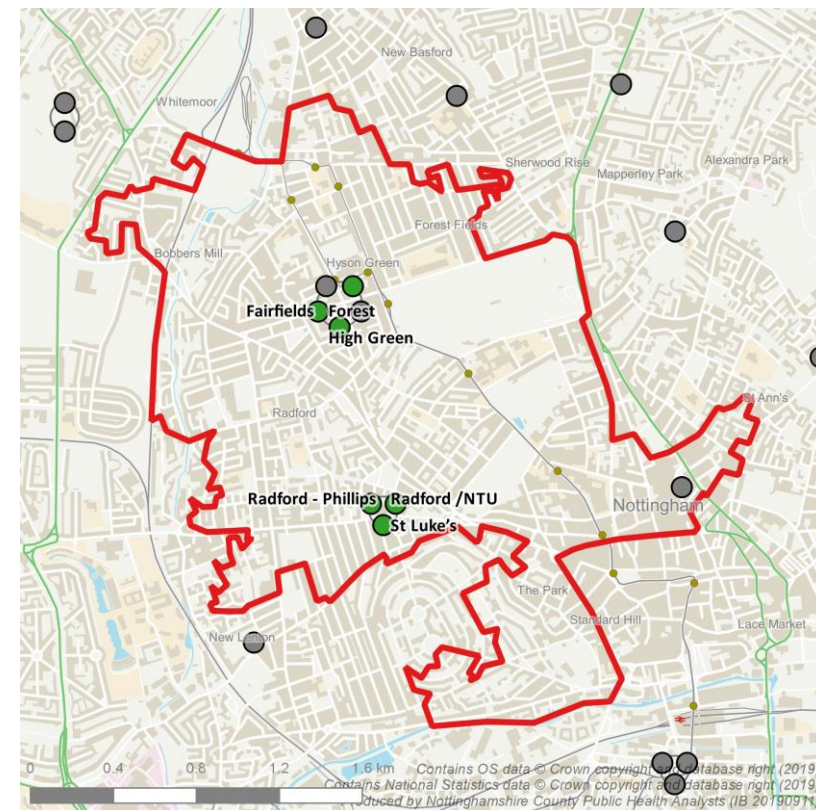
- These profiles are a detailed view covering the various aspects of the health, wellbeing and social care of the different Primary Care Networks (PCNs)
- They are intended to help inform the needs of the local population, to assist and support the planning of local services
- They will allow organisations 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 differs from the ICP population in having a lower proportion of children and older people and a very high proportion of young adults; it is more ethnically diverse and more deprived than the ICP.
- Life Expectancy and Healthy Life Expectancy are lower than England; on average, health may begin to decline around age 55.
- Prevalence of chronic long term conditions is lower than nationally, as is obesity, though this is likely to be due to the very high proportion of young people. Smoking prevalence is high.
- Primary care disease management (as measured by QOF) is generally as good or better than England in many disease areas but diabetes management is not as good as England.
- Vaccination uptake rates are poor.

### Quick statistics for this PCN

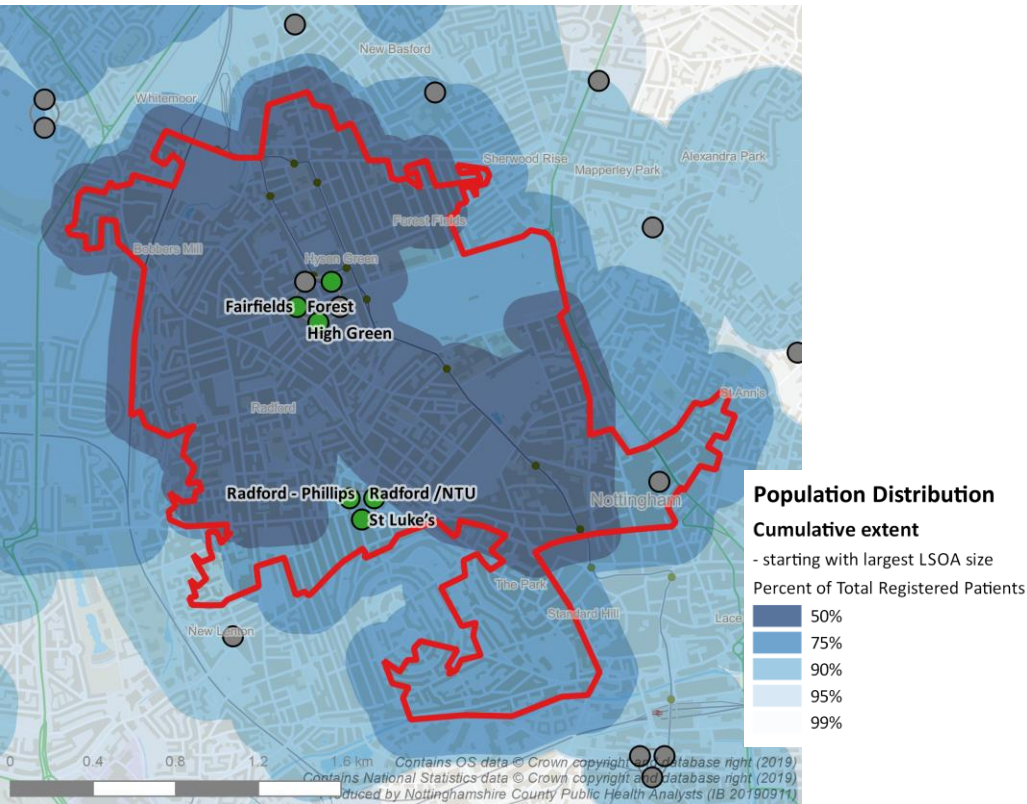
- There are a total of 49,313 patients registered with practices in this PCN; 48% female and 52% male. Of these 66% live within the nominal PCN boundary.
- 55% of the population resident within the PCN boundary are registered with its GP practices.
- Compared to the ICP as a whole, the PCN has a lower proportion of children under 15 and people over 45 years and a very high proportion (25%) of young people age 20-24 years.
- Only 1.4% of the population provide 50 hours or more of unpaid care each week, lower than the ICP and England average.
- BME groups form 46% of the resident population, much higher than the ICP and England average.
- Asian groups form the predominant BME group in the area, followed by Black and Mixed ethnic groups.
- 5.3% of people rate their health as 'bad' or 'very bad', slightly lower than the ICP and England average.
- The area is more deprived than the ICP, with 66% of the population living in areas defined as the most deprived 20% in England.
- Only 31.7% of school children achieve five A\* - C grade GCSEs; compared with 56.6% in England.
- The PCN is a high user of residential and nursing home care.
- Incidence of all cancers is similar to England but lung cancer is higher than expected.
- All-age death rates for all causes and selected causes are higher than England.
- The death rate from all causes and circulatory disease among people aged under 75 is higher than England.



This PCN boundary covers parts of Radford, Hyson Green, Forest Fields and St Anns.

- There are 6 GP practices in this PCN (shown in green).

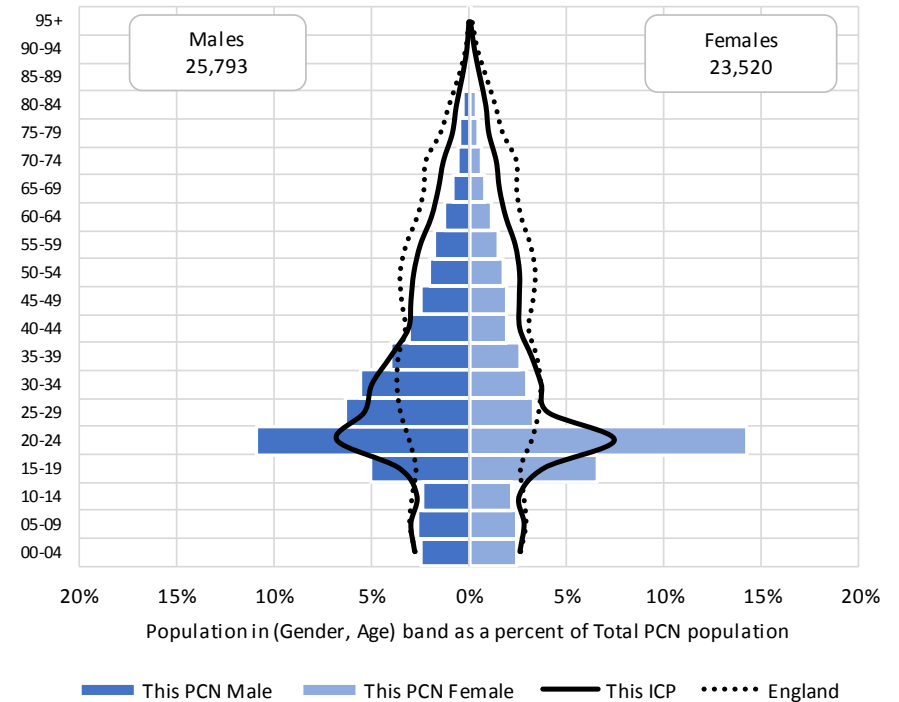
## Patient population density



This PCN boundary covers parts of Radford, Hyson Green, Forest Fields and St Anns.

- There are 6 GP practices in this PCN (shown in green).
- 66% of patients registered with the practices live within the boundary.
- 61% of people resident within the boundary area are registered with PCN practices.

## Patient population pyramid

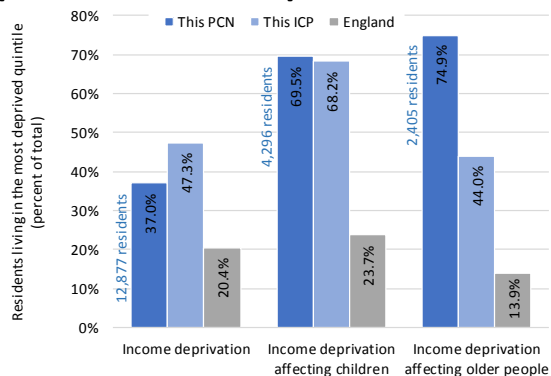


Source: NHS Digital 'Patients registered at GP practices' (April 2019 extract)

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

- There are a total of 49,313 patients registered with the GP practices.
- Overall the population profile shows a lower proportion of children and older people over 45 years than the ICP and England.
- The proportion young people (20-24 years) is high compared with the ICP.

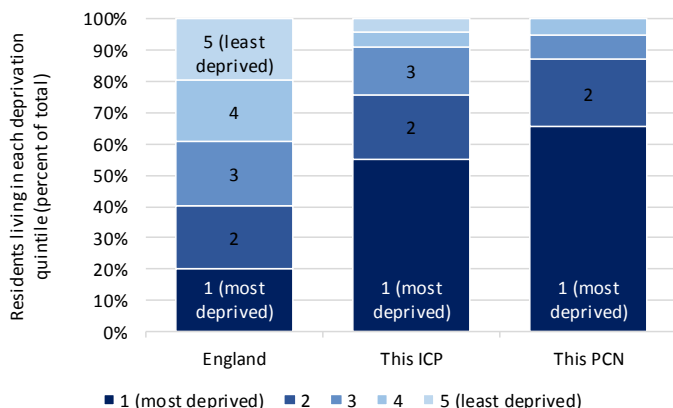
### Deprivation (Income Domain)



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

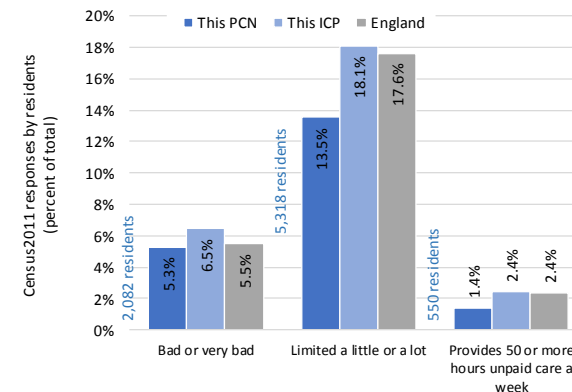
- 69.5% of children in this PCN are living in areas defined as the most deprived 20% in England.
- This is similar to the ICP and higher than England.

### 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

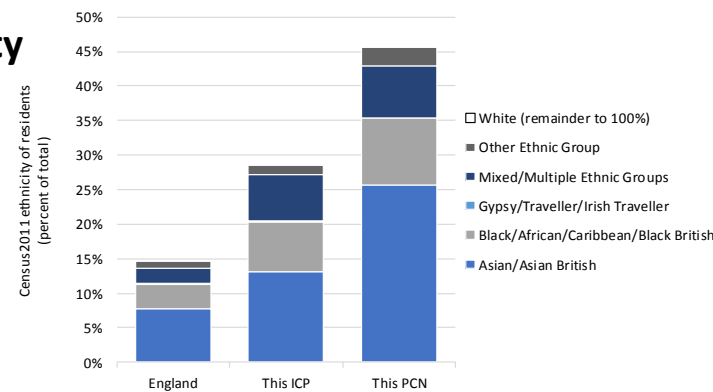
### Self reported health and care



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

- Compared to the ICP and England, 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

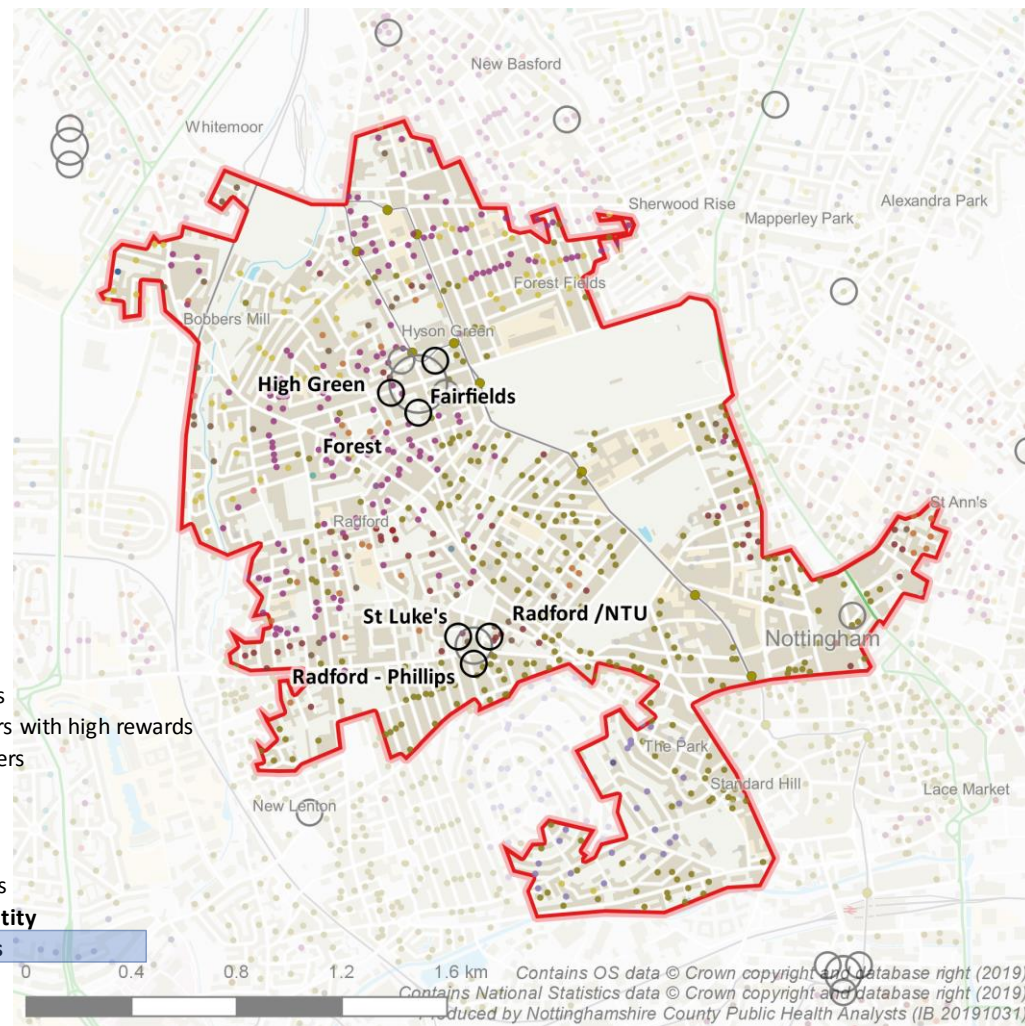
- 46% of the resident population is from a BME background.
- This is higher than across the ICP and England.

### 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 J and L, making up 58% of the population. They comprise young people, most likely students and young working people in private rented accommodation.
- Groups M, N and O, with perhaps more limited resources and greater health needs make up 14% of the population.
- Group I is the third largest group and is multicultural and may have specific health needs.

Percent	Group Type Name	One Line Description
0.0%	<b>A Country Living</b>	Well-off owners in rural locations enjoying the benefits of country life
0.1%	<b>B Prestige Positions</b>	Established families in large detached homes living upmarket lifestyles
1.9%	<b>C City Prosperity</b>	High status city dwellers living in central locations and pursuing careers with high rewards
0.0%	<b>D Domestic Success</b>	Thriving families who are busy bringing up children and following careers
0.1%	<b>E Suburban Stability</b>	Mature suburban owners living settled lives in mid-range housing
0.0%	<b>F Senior Security</b>	Elderly people with assets who are enjoying a comfortable retirement
0.0%	<b>G Rural Reality</b>	Householders living in inexpensive homes in village communities
1.8%	<b>H Aspiring Homemakers</b>	Younger households settling down in housing priced within their means
<b>10.9%</b>	<b>I Urban Cohesion</b>	<b>Residents of settled urban communities with a strong sense of identity</b>
<b>35.7%</b>	<b>J Rental Hubs</b>	<b>Educated young people privately renting in urban neighbourhoods</b>
0.2%	<b>K Modest Traditions</b>	Mature homeowners of value homes enjoying stable lifestyles
<b>22.4%</b>	<b>L Transient Renters</b>	<b>Single people privately renting low cost homes for the short term</b>
3.1%	<b>M Family Basics</b>	Families with limited resources who have to budget to make ends meet
3.4%	<b>N Vintage Value</b>	Elderly people reliant on support to meet financial or practical needs
7.8%	<b>O Municipal Challenge</b>	Urban renters of social housing facing an array of challenges



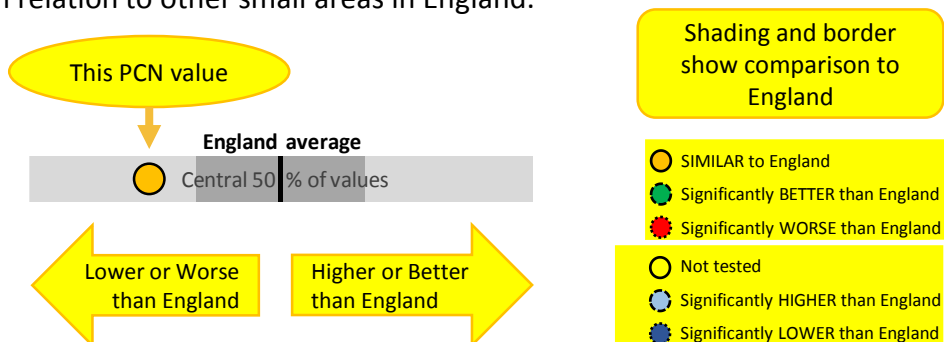
### Public Health England Local Health Indicators

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 74.5 years
  - ... and for Females was 79.5 years
- Females live in poor health for longer than Males
  - The gap between Life expectancy and Healthy life expectancy in 2009-13 was 19.2 years for Males
  - ... and 24.2 years for Females.
- Life Expectancy and Healthy Life Expectancy are lower than expected for both men and women.
- 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:
  - A&E attendances and admissions for injuries in children
  - Smoking prevalence at age 15
  - Incidence of cancer
  - Hospital stays for self harm
  - Prevalence of limiting long term illness and back pain
  - Deaths from cancer under 75 years.



### Public Health England Local Health Indicators Our Community



Indicator	Sex	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	13.2	19.1	11.9		27.5	Proportion, %	-	2017
Percentage of the total resident population who are 16-24 years of age	Persons	42.0	10.9	6.8		24.0	Proportion, %	-	2017
Percentage of the total resident population who are 25-64 years of age	Persons	39.7	51.9	43.3		62.7	Proportion, %	-	2017
Percentage of the total resident population who are 65 and over	Persons	5.1	18.0	6.7		32.2	Proportion, %	-	2017
Percentage of the total resident population aged 85 and over	Persons	0.6	2.4	0.7		5.2	Proportion, %	-	2017
Black and Minority Ethnic (BME) Population	Persons	43.2	14.6	1.0		67.9	Proportion, %	-	2011
Percentage of population whose ethnicity is not 'White UK'	Persons	51.8	20.2	2.3		79.7	Proportion, %	-	2011
Proficiency in English, % of people who cannot speak English well or at all	Persons	5.5	1.7	0.1		9.6	Proportion, %	-	2011
<b>Our community</b> Index of Multiple Deprivation Score 2015, IMD	Persons	39.0	21.8	54.3		4.9	Score, Score	Lower is better	2015
Income deprivation, English Indices of Deprivation 2015	Persons	19.4	14.6	35.6		3.9	Proportion, %	Lower is better	2015
Child Poverty, English Indices of Deprivation 2015, IDACI	Persons	34.4	19.9	44.7		4.0	Proportion, %	Lower is better	2015
Child Development at age 5 (%)	Persons	36.2	60.4	40.0		80.5	Proportion, %	Higher is better	2013/14
GCSE Achievement (5A*-C including English & Maths)	Persons	31.7	56.6	31.7		82.3	Proportion, %	Higher is better	2013/14
Unemployment (% of the working age population claiming out of work benefit)	Persons	3.1	1.9	5.8		0.4	Proportion, %	Lower is better	2017/18
Long-Term Unemployment- rate per 1,000 working age population	Persons	9.1	3.6	14.9		0.0	Crude rate per 1,000	Lower is better	2017/18
Fuel poverty	Not applicable	16.7	11.1	20.6		6.2	Proportion, %	Lower is better	2016
Percentage of households in Poverty	Not applicable	44.9	21.1	42.6		10.6	Proportion, %	Lower is better	2013/14
Older people living alone, % of people aged 65 and over who are living alone	Persons	42.9	31.5	47.9		21.6	Proportion, %	Lower is better	2011
Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI	Persons	39.6	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
Deliveries to teenage mothers, five year aggregate	Female	2.0	1.1	3.8		0.0	Proportion, %	Lower is better	2011/12 - 15/16
Crude fertility rate: live births per 1,000 women aged 15-44 years. five year aggregate	Female	35.9	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	100.6	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	713.3	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	133.4	138.8	264.6		63.1	Crude rate per 10,000	Lower is better	2011/12 - 15/16
Admissions for injuries in under 15 years old, five year aggregate	Persons	96.0	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	68.1	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	12.3	9.5	15.3		4.1	Proportion, %	Lower is better	2015/16 - 17/18
Children with excess weight Reception Year, three year average	Persons	24.3	22.4	31.0		13.4	Proportion, %	Lower is better	2015/16 - 17/18
Obese children Year 6, three year average	Persons	28.1	20.0	30.2		8.8	Proportion, %	Lower is better	2015/16 - 17/18
Children with excess weight Year 6, three year average	Persons	43.6	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	6.7	8.2	14.2		3.7	Proportion, %	Lower is better	2014

Behavioural risk factors and child health

### Public Health England Local Health Indicators Disease and poor 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
Emergency hospital admissions for all causes, all ages, standardised admission ratio	Persons	90.7	100.0	159.0		64.9	ISR per 100	Lower is better	2013/14 - 17/18
Emergency hospital admissions for coronary heart disease, standardised admission ratio	Persons	144.5	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	136.9	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	125.4	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	175.8	100.0	295.5		27.0	ISR per 100	Lower is better	2013/14 - 17/18
Incidences of all cancers, standardised incidence ratio	Persons	103.1	100.0	124.8		80.1	ISR per 100	Lower is better	2012 - 16
Incidence of breast cancer, standardised incidence ratio	Female	88.2	100.0	140.6		60.4	ISR per 100	Lower is better	2012 - 16
Incidence of colorectal cancer, standardised incidence ratio	Persons	89.7	100.0	146.6		59.1	ISR per 100	Lower is better	2012 - 16
Incidence of lung cancer, standardised incidence ratio	Persons	131.5	100.0	224.8		43.8	ISR per 100	Lower is better	2012 - 16
Incidence of prostate cancer, standardised incidence ratio	Male	107.1	100.0	153.2		54.5	ISR per 100	Lower is better	2012 - 16
Hospital stays for self harm, standardised admission ratio	Persons	94.3	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	147.2	100.0	180.5		55.6	ISR per 100	Lower is better	2013/14 - 17/18
Hospital stays for alcohol-related harm (Broad definition), standardised admission ratio	Persons	139.1	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	99.2	100.0	162.6		56.3	ISR per 100	Lower is better	2013/14 - 17/18
Percentage of people who reported having a limiting long-term illness or disability	Persons	13.1	17.6	26.8		10.0	Proportion, %	Lower is better	2011
Back pain prevalence in people of all ages	Persons	12.3	16.9	20.7		12.4	Crude rate, %	Lower is better	2012
Severe back pain prevalence in people of all ages	Persons	7.7	10.2	13.5		6.8	Crude rate, %	Lower is better	2012

Disease and poor health

### 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 at birth, (upper age band 90+)	Male	74.5	79.5	73.2		84.3	Life expectancy, Years	Higher is better	2013 - 17
Life expectancy at birth, (upper age band 90+)	Female	79.5	83.1	77.8		88.5	Life expectancy, Years	Higher is better	2013 - 17
Deaths from all causes, all ages, standardised mortality ratio	Persons	135.8	100.0	163.7		65.7	ISR per 100	Lower is better	2013 - 17
Deaths from all causes, under 75 years, standardised mortality ratio	Persons	144.4	100.0	188.0		55.8	ISR per 100	Lower is better	2013 - 17
Deaths from all cancer, all ages, standardised mortality ratio	Persons	115.2	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	115.1	100.0	166.6		59.5	ISR per 100	Lower is better	2013 - 17
Deaths from circulatory disease, all ages, standardised mortality ratio	Persons	154.6	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	174.5	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	164.6	100.0	185.8		53.7	ISR per 100	Lower is better	2013 - 17
Deaths from stroke, all ages, standardised mortality ratio	Persons	145.2	100.0	190.0		44.0	ISR per 100	Lower is better	2013 - 17
Deaths from respiratory diseases, all ages, standardised mortality ratio	Persons	139.4	100.0	194.7		50.7	ISR per 100	Lower is better	2013 - 17
Deaths from causes considered preventable, all ages, standardised mortality ratio	Persons	143.4	100.0	200.1		52.3	ISR per 100	Lower is better	2013 - 17
Life expectancy at birth, (upper age band 85+)	Male	73.8	79.1	72.9		84.4	Life expectancy, Years	Higher is better	2009 - 13
Life expectancy at birth, (upper age band 85+)	Female	79.8	83.0	77.7		88.9	Life expectancy, Years	Higher is better	2009 - 13
Healthy life expectancy, (upper age band 85+)	Male	54.6	63.5	52.7		71.9	Life expectancy, Years	Higher is better	2009 - 13
Healthy life expectancy, (upper age band 85+)	Female	55.5	64.8	53.4		73.1	Life expectancy, Years	Higher is better	2009 - 13
Disability free life expectancy, (Upper age band 85+)	Male	56.7	64.1	54.3		71.4	Life expectancy, Years	Higher is better	2009 - 13
Disability free life expectancy, (Upper age band 85+)	Female	57.3	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)

**174.2** per 100,000 residents  
(130 clients)

**2,382.0** per 100,000 residents  
(105 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)

**562.8** per 100,000 residents  
(420 clients)

**5,444.6** per 100,000 residents  
(240 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)

**60.3** per 100,000 residents  
(45 clients)

**453.7** per 100,000 residents  
(20 clients)

This rate is worse than England

This rate is similar to England

England: 13.9  
per 100,000 residents

England: 582.8  
per 100,000 residents

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

Higher percentages are considered better

4: Older adults (aged 65 and over)

**71.4** percent  
(15 clients)

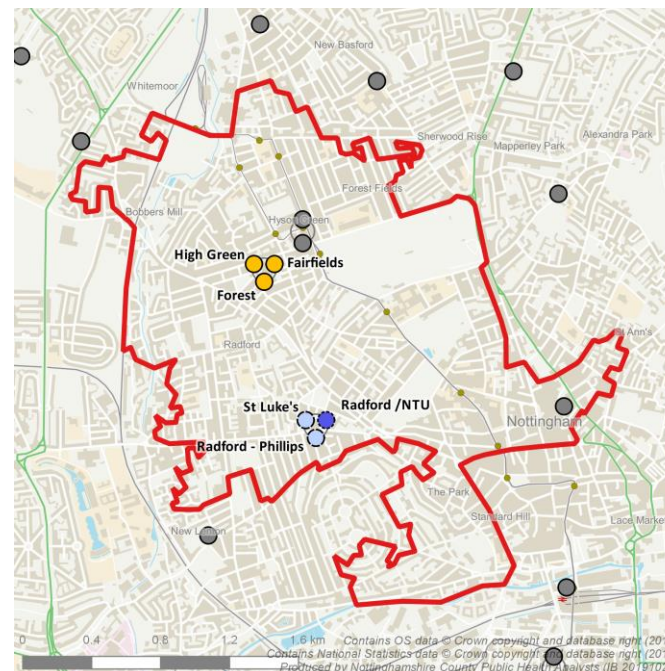
This percentage is similar to England

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.
- Prevalence does not take age profile into account so the very high proportion of 20-24 year olds may mask higher levels of disease in older people in this PCN.
- 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



#### QOF disease prevalence

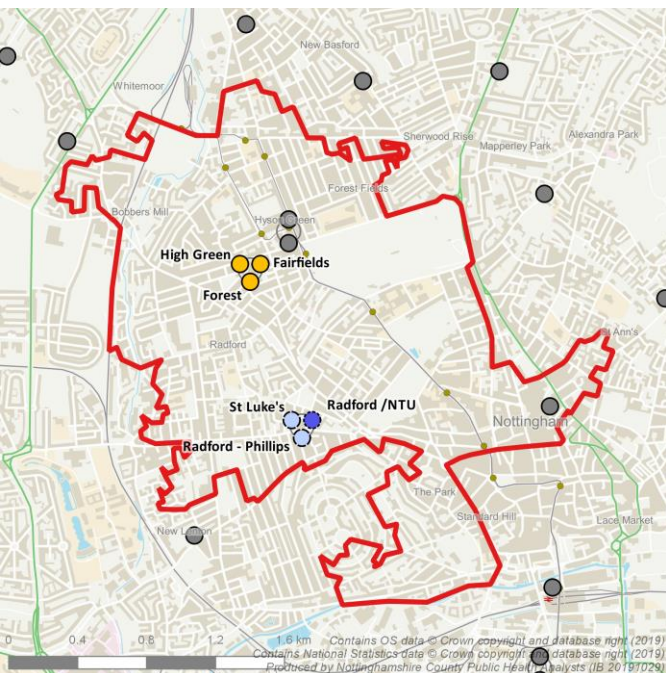
Relative to England

- Lower
- Similar
- Higher
- Not compared

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 than England (0.8% compared to 1.9%).
- 96.4% of patients had their diagnosis confirmed by post bronchodilator spirometry, similar to the England average of 96.3%.
- 77.1% of patients had received an influenza vaccination; similar to the England average of 78.4%.

## Diabetes prevalence

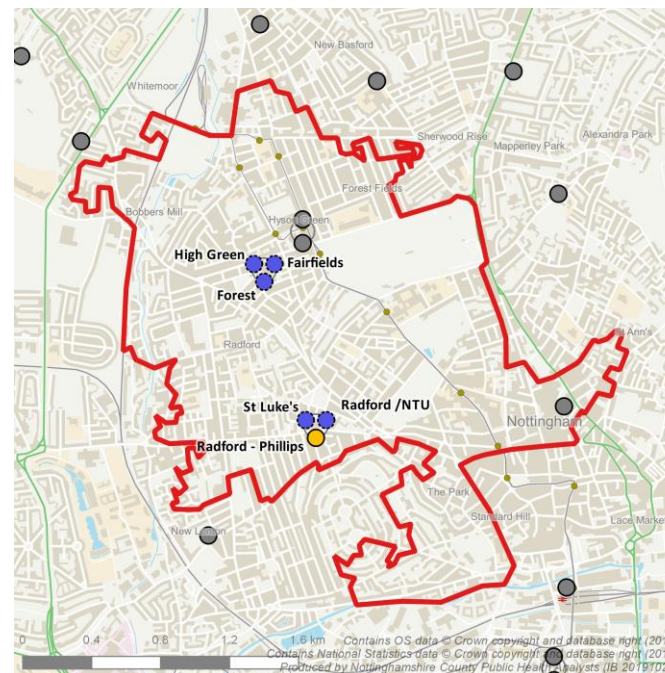


### QOF disease prevalence

Relative to England

- Lower
- Similar
- Higher
- Not compared

## CHD prevalence



### QOF disease prevalence

Relative to England

- Lower
- Similar
- Higher
- Not compared

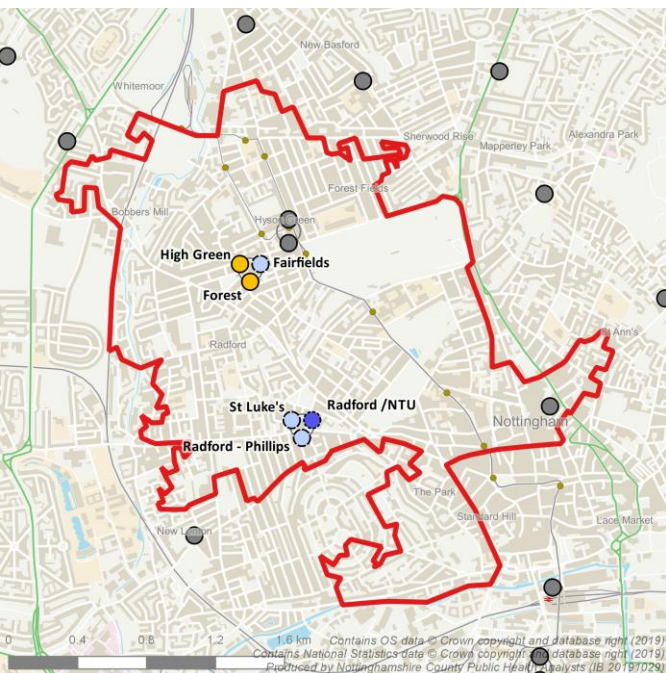
Type 2 diabetes is linked to many health complications such as heart disease, eye problems, kidney disease and problems with circulation. It is important that diabetes is diagnosed early and well managed.

- The PCN population had a lower prevalence of diabetes (4.9%) than the England population (6.9%).
- 63.6% of patients had well controlled (HbA1c of 64mg or less) blood sugar, lower than the England average.
- The uptake of influenza immunisation (71.9%) was similar to England.
- Blood pressure control was worse than England.

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; 1.5% compared with 3.1%.
- 81.7% of CHD patients had well controlled blood pressure, similar to the England average (80.6%).
- 84.1% of CHD patients had taken aspirin or anti-clotting medication. This is better than the England average (79.6%).

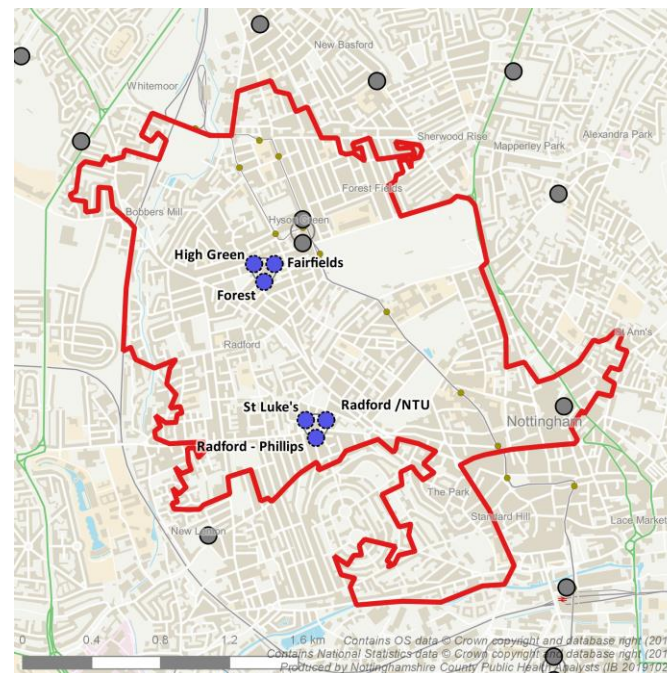
## Mental health prevalence



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 the same prevalence than England; 1.0%.
- 69.4% of patients had a comprehensive care plan. This is similar to England (70.5%).
- 95.5% of eligible women in this group had a cervical smear in the previous 5 years, comparable with 94% in England.

## Dementia prevalence

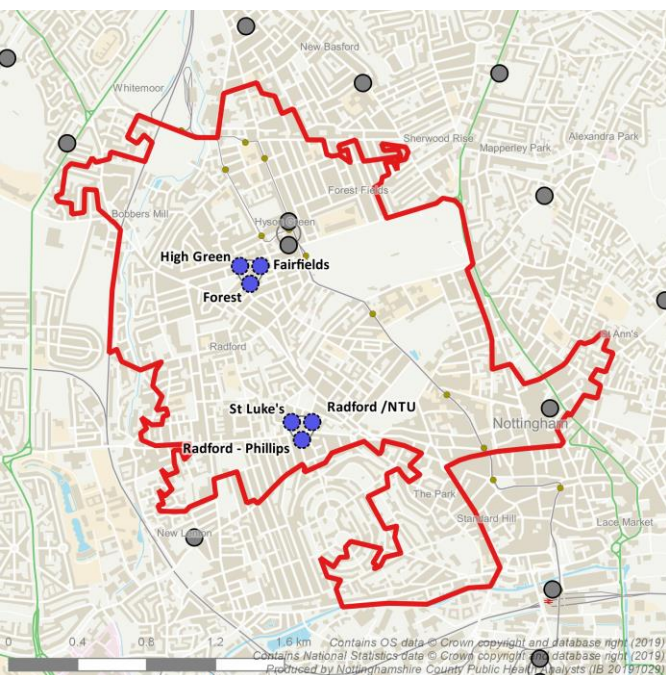


Dementia affects the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement.

- The PCN population had a lower prevalence than England; 0.3% compared to 0.8% for England.
- 74.8% of patients had a face-to-face review in the previous 12 months. This is higher than the England average of 70.3%.
- 93.8% of patients newly diagnosed with dementia had records of key test results soon after diagnosis; higher than the England average (83.7%).



## Atrial fibrillation prevalence



### QOF disease prevalence

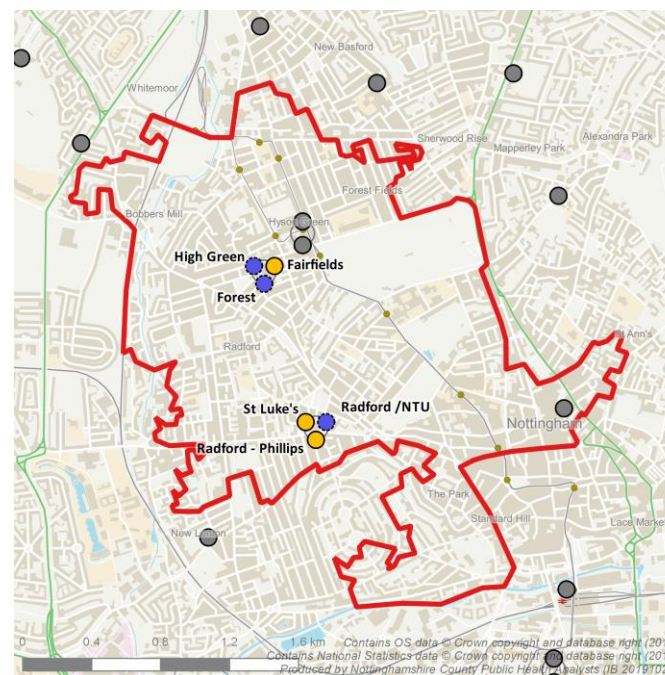
Relative to England

- 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 PCN population had a significantly lower prevalence than England; 0.5% compared with 2.0%.
- The proportion having their risk of stroke assessed (80.1%) was similar to the England average (82.1%).
- Anticoagulant treatment of at risk patients (77.4%) was similar to the England average (81.1%).

## Asthma prevalence



### QOF disease prevalence

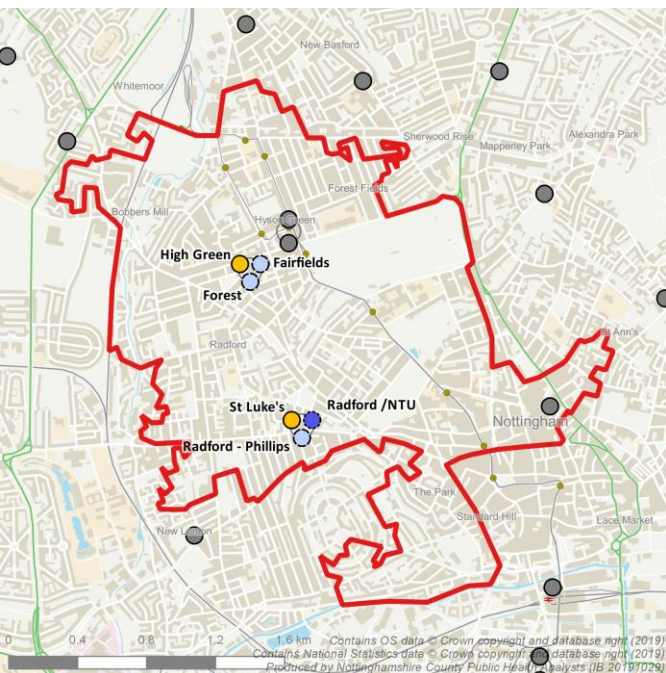
Relative to England

- 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 PCN population had a lower prevalence (4.1%) than England (6.0%).
- Recording of smoking status (age 14-19 years) was lower than the England average; 71.3% compared to 78%.
- Asthma review had been carried out in 91.2% of patients, comparable to the England average (91.6%).
- Recorded variability/reversibility (89.4%) was similar to the England average (88.5%).

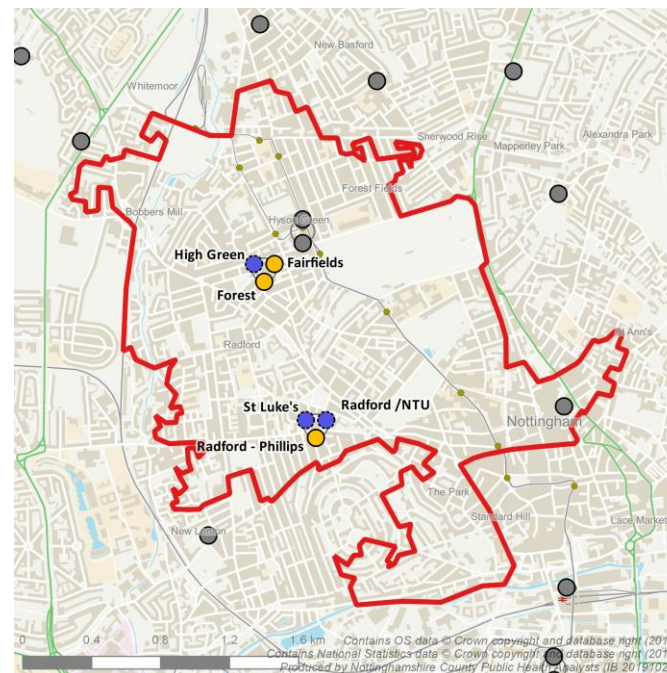
### Learning disabilities prevalence



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 0.4%; lower than the England average (0.5%).

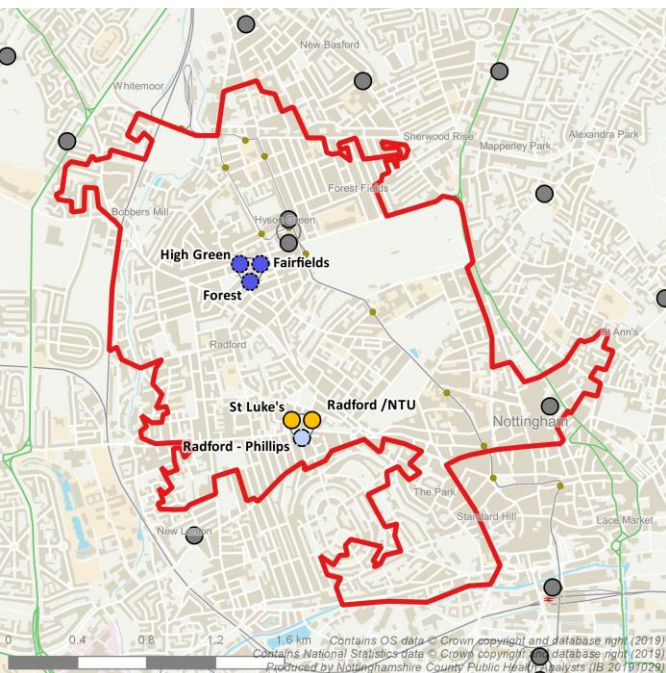
### Osteoporosis (secondary prevention) prevalence



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 PCN population had a significantly lower prevalence (0.4%) than England (0.8%).
- The proportion of people age 50-74 treated with bone sparing agent (67.1%) was similar to the England average (68.1%).
- The proportion of those treated that were age 75 or over was similar to England; 90.5% compared with 90.6%.

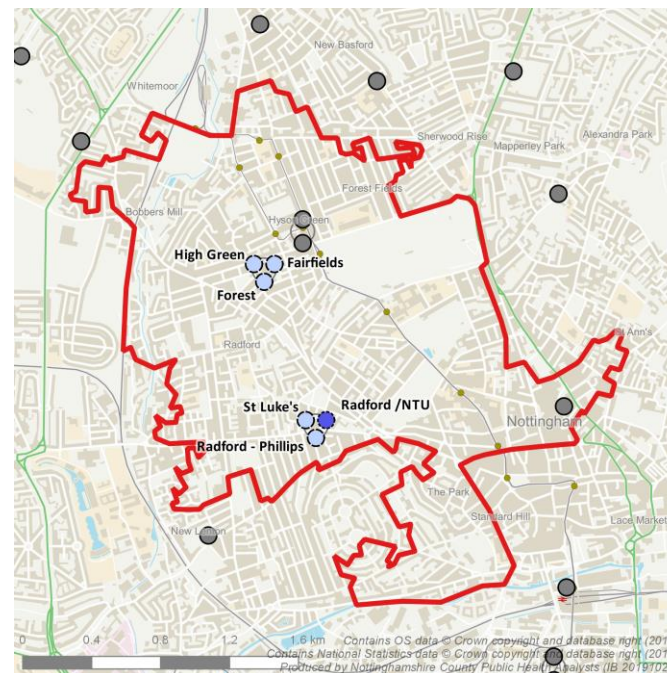
### Palliative care prevalence



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 higher smoking prevalence than England; 21% compared with 16.6%.
- A significantly lower proportion of high risk smokers were offered support and treatment in the last 12 months (76.7%) compared to the England average (79.7%).

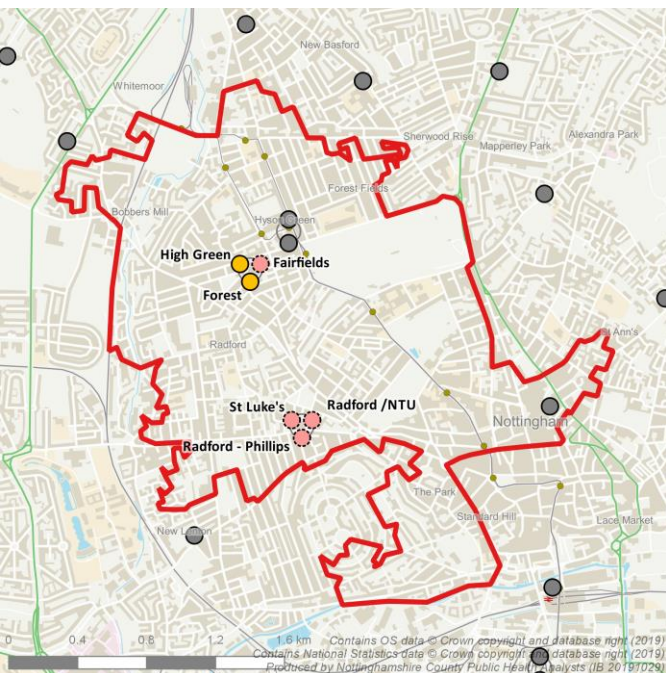
### QOF Prevalence - PCN overview - all QOF disease registers

QOF disease registers			Radford and Mary Potter 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	3,310	6.7	Lower	14.0
Clinical	Depression	18 and over	3,323	8.1	Lower	10.7
Clinical	Diabetes mellitus	17 and over	2,021	4.9	Lower	6.9
Clinical	Asthma	All ages	2,042	4.1	Lower	6.0
Clinical	Chronic kidney disease	18 and over	599	1.5	Lower	4.1
Clinical	Secondary prevention of coronary heart disease	All ages	735	1.5	Lower	3.1
Clinical	Cancer	All ages	493	1.0	Lower	3.0
Clinical	Chronic obstructive pulmonary disease	All ages	403	0.8	Lower	1.9
Clinical	Atrial fibrillation	All ages	257	0.5	Lower	2.0
Clinical	Stroke and transient ischaemic attack	All ages	371	0.8	Lower	1.8
Clinical	Mental health	All ages	485	1.0	Similar	1.0
Clinical	Epilepsy	18 and over	187	0.5	Lower	0.8
Clinical	Heart failure	All ages	175	0.4	Lower	0.9
Clinical	Dementia	All ages	124	0.3	Lower	0.8
Clinical	Rheumatoid arthritis	16 and over	150	0.4	Lower	0.8
Clinical	Peripheral arterial disease	All ages	126	0.3	Lower	0.6
Clinical	Learning Disability	All ages	214	0.4	Lower	0.5
Clinical	Osteoporosis: secondary prevention of fragility fractures	50 and over	27	0.4	Lower	0.8
Clinical	Palliative care	All ages	148	0.3	Lower	0.4
Public Health	Obesity	18 and over	2,522	6.2	Lower	10.1
Public Health	Cardiovascular disease – primary prevention	30 to 74	224	1.2	Similar	1.1
Public Health	Smoking	15 and over	8,831	21.0	Higher	16.6

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

indicator group code	indicator code	indicator description	Percent of age specific practice population receiving intervention		Significance compared to England						
			England	This PCN		PCN Value compared to England	Radford - Phillips	Forest	Fairfields	Radford /NTU	St Luke's
DM	DM002	BP < 150/90 mmHg L12m	86.5	84.7	Worse	Similar	Similar	Worse	Similar	Better	Worse
	DM003	BP < 140/80 mmHg L12m	70.7	63.6	Worse	Worse	Similar	Worse	Worse	Similar	Worse
	DM004	Cholesterol <5mmol/l L12m	71.0	67.5	Worse	Worse	Similar	Similar	Worse	Better	Similar
	DM006	Treated with an ACE-I or ARB (diagnosis of nephropathy or micro-albuminuria)	78.7	74.4	Similar	Worse	Similar	Similar	Similar	Similar	Similar
	DM007	HbA1c <= 59mmol/mol L12m	61.1	54.3	Worse	Worse	Worse	Similar	Worse	Similar	Worse
	DM008	HbA1c <= 64mmol/mol L12m	69.2	62.0	Worse	Worse	Worse	Similar	Worse	Similar	Worse
	DM009	HbA1c <= 75mmol/mol L12m	80.1	75.2	Worse	Worse	Worse	Similar	Worse	Similar	Similar
	DM012	Record of foot examination and risk classification in L12m	81.7	84.9	Better	Better	Better	Similar	Worse	Better	Similar
	DM014	Referral to structured education programme (within 9m of entry to register) in L12m	70.5	72.5	Similar	Similar	Similar	Better	Similar	Similar	Similar
DM018	Influenza immunisation received during last winter	73.4	71.9	Similar	Better	Similar	Similar	Worse	Worse	Worse	
AST	AST002	Recorded variability/reversibility (3m before/anytime after diagnosis) (age 8 or over)	88.5	89.4	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	AST003	Asthma review including the 3 RCP questions in L12m	91.6	91.2	Similar	Similar	Similar	Similar	Better	Similar	Worse
	AST004	Record of smoking status in L12m (age 14-19)	78.0	71.3	Worse	Similar	Worse	Similar	Worse	Similar	Worse
CHD	CHD002	BP < 150/90 mmHg L12m	80.6	81.7	Similar	Similar	Similar	Similar	Worse	Similar	Similar
	CHD005	Record of treatment aspirin, anti-platelet or anti-coagulant being taken in L12m	79.6	84.1	Better	Similar	Similar	Similar	Similar	Better	Similar
	CHD007	Influenza immunisation received during last winter	71.0	77.7	Better	Similar	Better	Similar	Similar	Better	Similar
COPD	COPD002	Record of diagnosis confirmation (spirometry) (3m before or 12m after) entry to register	96.3	96.4	Similar	Similar	Similar	Similar	Worse	Similar	Similar
	COPD003	Received a review (including MRC dyspnoea scale) in L12m	78.1	78.7	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	COPD004	Record of FEV_1 in L12m	78.0	79.8	Similar	Better	Similar	Similar	Similar	Similar	Similar
	COPD005	Record of oxygen saturation in L12m (for those with MRC grade 3 or greater)	70.0	71.9	Similar	Similar	Similar	Better	Worse	Worse	Similar
	COPD007	Influenza immunisation received during last winter	78.4	77.1	Similar	Better	Better	Worse	Similar	Similar	Worse
AF	AF006	Stroke risk assessed using CHA2DS2-VASc in L12m	82.1	80.1	Similar	Similar	Similar	Worse	Similar	Similar	Worse
	AF007	Anti-coagulant treatment for patients with CHA2DS2-VASc > 2	81.1	77.4	Similar	Similar	Similar	Worse	Similar	Similar	Worse
MH	MH002	Comprehensive care plan agreed in L12m	70.5	69.4	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	MH003	Record of BP in L12m	94.5	100.0	Similar	Not Tested	Similar	Similar	Similar	Similar	Similar
	MH007	Record of alcohol consumption in L12m	82.8	88.9	Similar	Not Tested	Similar	Similar	Similar	Similar	Similar
	MH008	Record of cervical screening in L5y (women aged 25 to 64)	94.0	95.5	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	MH009	Record of serum creatinine and TSH in L9m (patients on lithium therapy)	85.7	86.3	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	MH010	Record of lithium levels in therapeutic range in L4m (patients on lithium therapy)	92.2	92.3	Similar	Better	Similar	Better	Worse	Similar	Similar
DEM	DEM004	Review (face-to-face) in L12m	70.3	74.8	Better	Better	Better	Similar	Similar	Better	Better
	DEM005	Record of various tests/vitamin levels (12m before or 6m after register entry) in L12m	83.7	93.8	Better	Similar	Similar	Similar	Better	Similar	Similar
OST	OST002	Treated with appropriate bone-sparing agent (aged 50-74 with confirmed diagnosis)	68.1	67.1	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	OST005	Treated with appropriate bone-sparing agent (aged 75 or over with confirmed diagnosis)	90.6	90.5	Similar	Better	Similar	Similar	Similar	Similar	Similar
SMOK	SMOK002	Record of smoking status in L12m (with any one of a list of conditions)	82.2	81.2	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	SMOK004	Current smokers offered support and treatment in L24m (aged 15 or over)	80.8	78.6	Similar	Similar	Similar	Similar	Similar	Similar	Similar
	SMOK005	Current smokers offered support and treatment in L12m (with any one of a list of conditions)	79.7	76.7	Worse	Similar	Better	Worse	Worse	Better	Worse

## DTAP 5yrs immunisation uptake

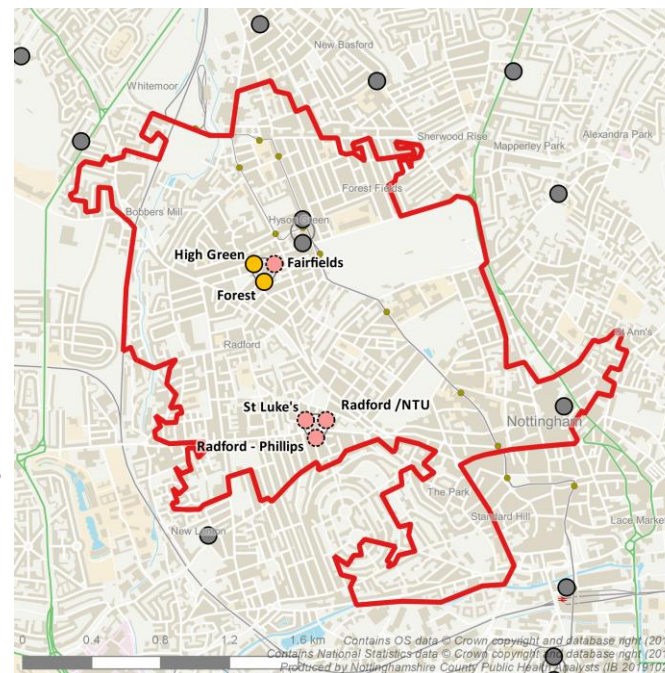


### Vaccinations and Immunisations

#### Coverage

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

## MMR uptake



### Vaccinations and Immunisations

#### Coverage

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

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

- The PCN practices achieved immunisation uptake at age 5 of 82% during 2018/19, not reaching 90% coverage.
- Four of the six practices did not reach 90% coverage.

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 83.7% during 2018/19, not reaching 90% coverage.
- Four of the six practices failed to reach 90% coverage.

### Childhood Vaccinations and Immunisations – PCN overview

Child Vaccinations and Immunisations		Radford and Mary Potter PCN			England	
		Number eligible	Percent receiving intervention	Coverage Band	England Value	
Coverage at age	12 months	6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	499	88.0	<90%	91.7
		Hepatitis B (included in 6-in-1 from August 2017)			No data	
		Meningococcal B	499	88.8	<90%	91.8
		Pneumococcal disease (primary course)	499	90.2	90-95%	92.3
		Rotavirus (primary course)	499	80.6	<90%	90.0
24 months	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	Hepatitis B (included in 6-in-1 from August 2017)	524	89.5	<90%	94.2
		Haemophilus Influenzae type b and meningococcal group C (booster)	524	85.5	<90%	90.3
		Measles/mumps/rubella	524	85.1	<90%	90.0
		Pneumococcal disease (booster)	524	85.3	<90%	89.9
					No data	
5 years	Diphtheria, tetanus, pertussis and polio (booster)	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	478	82.0	<90%	84.1
		Haemophilus Influenzae type b and meningococcal group C (booster)	478	95.6	95+%	94.5
		Measles/mumps/rubella (first dose)	478	89.1	<90%	92.2
		Measles/mumps/rubella (second dose)	478	97.1	95+%	94.3
			478	83.7	<90%	86.5

### Childhood Vaccinations and Immunisations - by practice

Child Vaccinations and Immunisations		Coverage Band						
		This PCN	Radford - Phillips	Forest	Fairfields	Radford /NTU	St Luke's	High Green
Coverage at age	Intervention							
<b>12 months</b>	6-in-1 (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and Hepatitis B)	<90%	90-95%	90-95%	<90%	<90%	<90%	90-95%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	No data	95+%	95+%	No data	No data	95+%
	Meningococcal B	<90%	90-95%	<90%	<90%	<90%	<90%	90-95%
	Pneumococcal disease (primary course)	90-95%	90-95%	90-95%	<90%	<90%	<90%	90-95%
	Rotavirus (primary course)	<90%	<90%	<90%	<90%	<90%	<90%	<90%
<b>24 months</b>	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	<90%	95+%	<90%	<90%	90-95%	<90%	90-95%
	Hepatitis B (included in 6-in-1 from August 2017)	No data	No data	No data	95+%	No data	No data	95+%
	Haemophilus Influenzae type b and meningococcal group C (booster)	<90%	90-95%	<90%	<90%	<90%	<90%	90-95%
	Measles/mumps/rubella	<90%	<90%	<90%	<90%	<90%	<90%	90-95%
	Pneumococcal disease (booster)	<90%	90-95%	<90%	<90%	<90%	<90%	<90%
<b>5 years</b>	Diphtheria, tetanus, pertussis and polio (booster)	<90%	<90%	90-95%	<90%	<90%	<90%	90-95%
	5-in-1 (Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b)	95+%	95+%	90-95%	90-95%	95+%	<90%	95+%
	Haemophilus Influenzae type b and meningococcal group C (booster)	<90%	90-95%	90-95%	<90%	90-95%	<90%	<90%
	Measles/mumps/rubella (first dose)	95+%	95+%	95+%	95+%	95+%	90-95%	95+%
	Measles/mumps/rubella (second dose)	<90%	<90%	90-95%	<90%	<90%	<90%	90-95%



## Where to look for more information about this profile

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

- [PCN Health and Care Profiles](#)
- <https://nottinghamshireinsight.org.uk>

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# PCN Profiles

Nottingham City ICP  
Nottingham City CCG  
**Radford and Mary Potter PCN**

Version v1.5