

# North Primary Care Network Health Profile 2020

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## North Primary Care Network

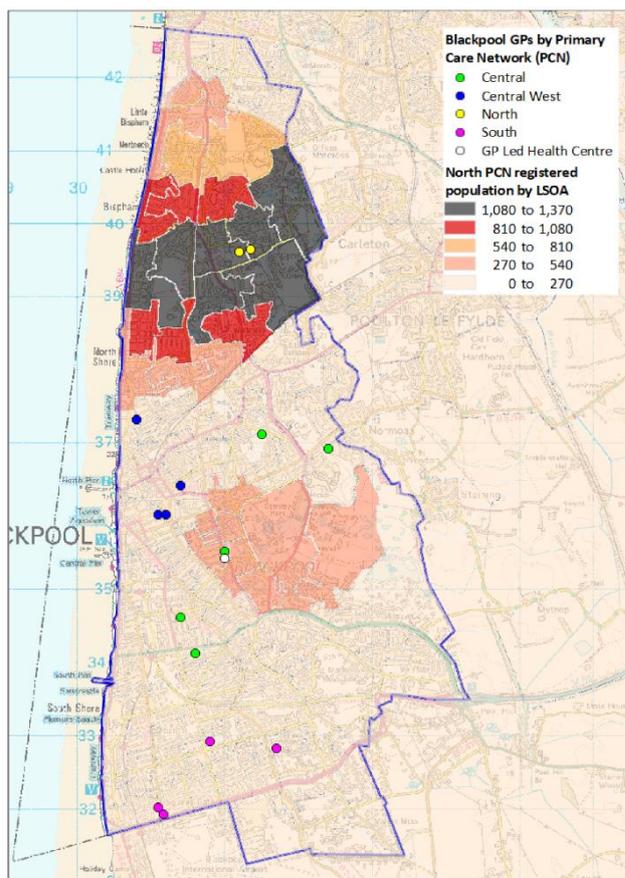
### Profile Summary

Demographic and health profile of the North Primary Care Network (PCN) in Blackpool based on the two GP practices in the network and their registered populations.

- P81072 – Glenroyd Medical Centre
- P81681 – North Shore Surgery

The practices are based within Ingthorpe ward.

Data from Public Health England’s GP Practice Profile and NHS Digital QOF has been used to create an estimation of the health needs and disease burden for this network compared to Blackpool CCG and England as a whole.



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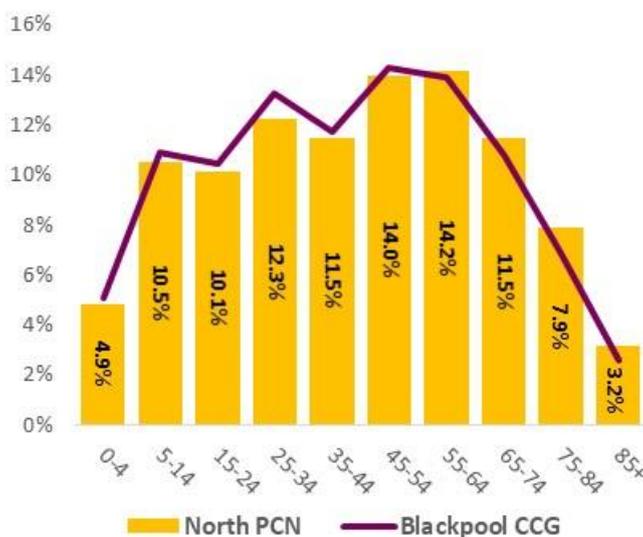
### Population

Figure 1: Registered population, 2019

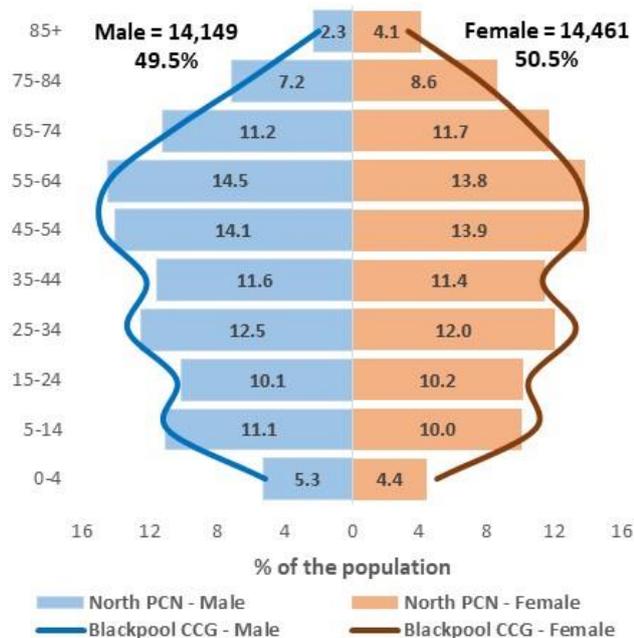
	England	Blackpool CCG		North PCN	
All ages		174,971		28,610	
0-4	6.0%	8,891	5.1%	1,388	4.9%
5-14	12.1%	19,094	10.9%	3,018	10.5%
15-24	11.8%	18,292	10.5%	2,903	10.1%
25-34	13.6%	23,255	13.3%	3,505	12.3%
35-44	12.7%	20,565	11.8%	3,291	11.5%
45-54	13.8%	25,011	14.3%	4,003	14.0%
55-64	11.8%	24,338	13.9%	4,053	14.2%
65-74	9.9%	18,862	10.8%	3,279	11.5%
75-84	5.8%	12,067	6.9%	2,255	7.9%
85+	2.4%	4,596	2.6%	915	3.2%
<18	21.4%	33,272	19.0%	5,251	18.4%
18+	78.6%	141,699	81.0%	23,359	81.6%
65+	18.2%	35,525	20.3%	6,449	22.5%

Source: NHS Digital, Pts registered at a GP Practice, December 2019

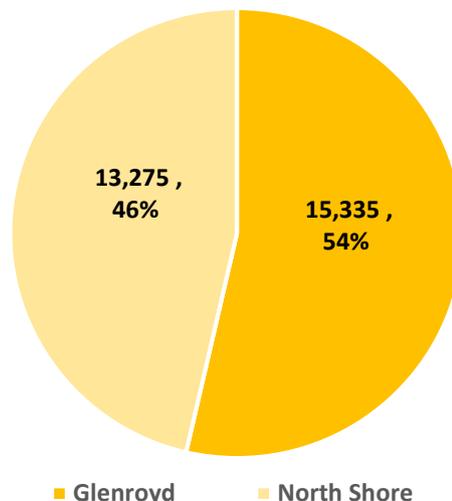
Figure 2: Proportion of population by age group, 2019



**Figure 3: North PCN population by gender, 2019**



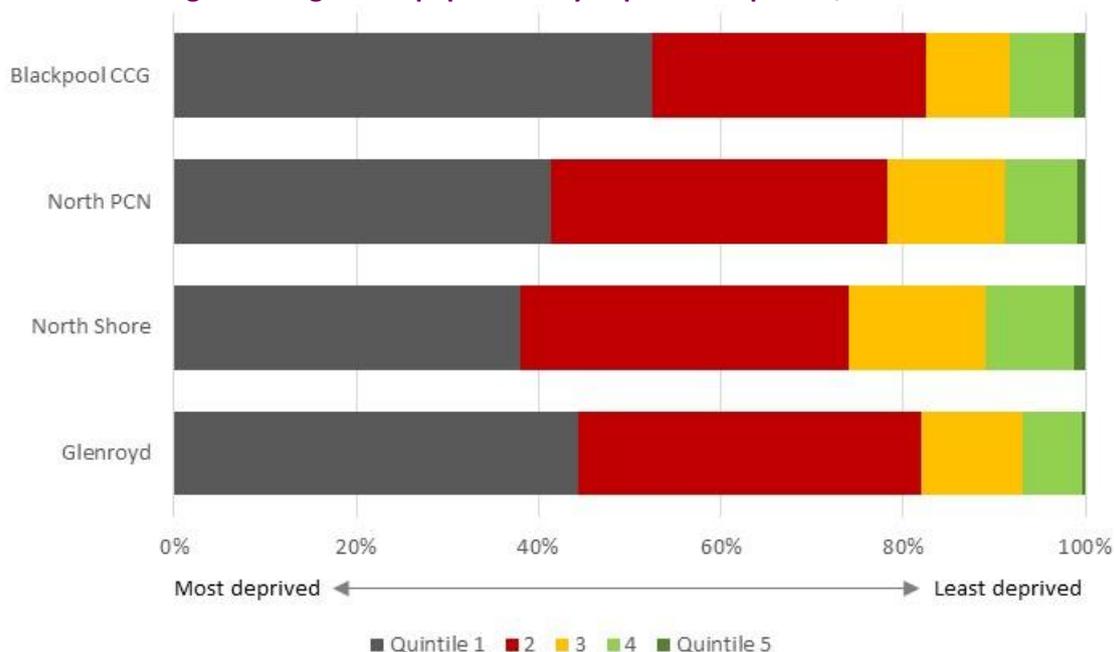
**Figure 4: North PCN population by GP Practice, 2019**



- North PCN has a registered population of 28,610, accounts for less than a fifth (16.4%) of Blackpool CCGs registered population and is the smallest PCN in Blackpool.
- 1,647 (5.7%) registered patients live outside Blackpool CCG area.
- North PCN has a significantly higher proportion of older age adults aged 65 and over (22.5%) when compared to Blackpool CCG as a whole (20.3%). North PCN also has the greatest proportion of older people of all the PCN’s.
- Conversely, the proportion aged under 40 is significantly lower than the Blackpool average, 43.9% compared to 46.0%.
- Both practices within the PCN have similar age profiles.

### Deprivation and Life Expectancy

**Figure 5: Registered population by deprivation quintile, IMD 2019**

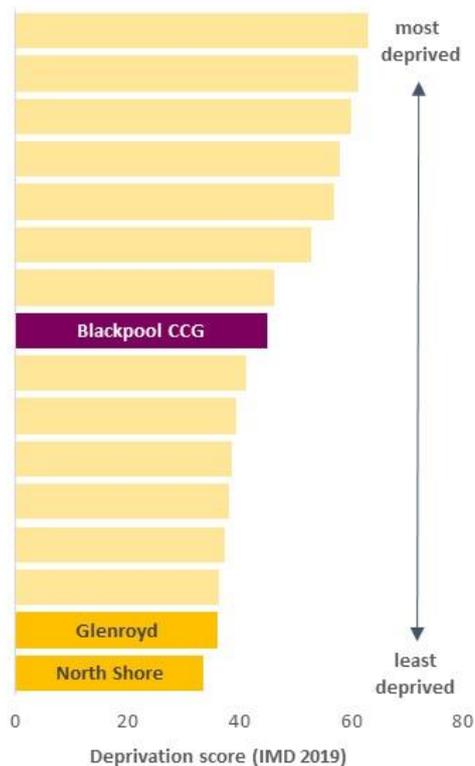


Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

Life expectancy at birth quantifies the differences between areas in years of life and is one of the key measures of health in a population. For men in Blackpool life expectancy is 74.5 years, for women it is 79.5, these are the lowest life expectancies for both men and women of all upper tier local authorities. Not only do people in Blackpool live shorter lives, they also spend a greater proportion of their lifespan in poor health and with a disability.

- North PCN is the least disadvantaged PCN in Blackpool, 41% (11,860) of the registered population live in the most deprived 20% of areas in the country.
- In comparison, 53% of the CCG registered population live in the most deprived areas.
- Less than 1% of North’s population live in the least disadvantaged areas.
- Within the PCN, North Shore has fewer registered patients in the most deprived areas (38%) than Glenroyd (44%).
- Life expectancy in North PCN is higher than the Blackpool average for males and females. For males it is 76.5 years in Glenroyd practice and 77.1 years at North Shore. For females it is 80.5 years at Glenroyd and 80.6 years at North Shore.

Figure 6: GP practice deprivation score



## General Practice profile summaries

The profile presents a range of primary care network-level indicators drawn from the latest available data on PHE’s National General Practice Profiles, including:

- Health determinants and behaviours
- Cardiovascular disease and risk factors
- Respiratory disease
- Cancer
- Estimated disease prevalence
- Mental health

For each indicator the colour coding shows whether the measure for that area is statistically above or below the comparator. The benchmark is the national average. If it cannot be determined if there is a significant difference the area is either left uncoloured or low-high/good-bad is visualised in five shades of blue or purple for equally-sized groups of ranked values.

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Quintiles: Best    Worst Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing

## Health determinants and behaviours

- 55.5% of the population of North PCN have a long standing health condition. This is lower than the Blackpool average but similar to the England average of 52% and is the lowest of all the PCN's in Blackpool.
- A quarter of the population report having a long-term musculoskeletal (MSK) problem.
- North PCN also has the highest proportion reporting deafness or hearing loss,
- The proportion of people in paid work/full time education is higher than the Blackpool average, the proportion of unemployed is lower (3.1% compared to 4.8%).
- Almost a quarter (23%) of people in the PCN have a caring responsibility, but this varies widely from 20% in Glenroyd to 27% in North Shore.

**Figure 7: Health determinants**

Indicator	Period	England	Blackpool CCG	North PCN	Glenroyd	North Shore
Working status - Paid work or full-time education (Persons, 16+ yrs)	2019	63.3	53.4	58.3	57.2	59.6
Working status - Unemployed (Persons, 16+ yrs)	2019	3.8	4.8	3.1	3.3	2.9
% with caring responsibility (Persons, 16+ yrs)	2019	16.9	21.9	23.0	19.6	27.1
% with long-standing health condition (Persons, 16+ yrs)	2019	51.5	60.8	55.7	49.5	63.3
% reporting a long-term MSK problem (Persons, 16+ yrs)	2019	18.8	23	25.4	25.7	25.0
% reporting blindness or partial sight (Persons, 16+ yrs)	2019	1.6	2.4	1.7	1.9	1.5
% reporting deafness or hearing loss (Persons, 16+ yrs)	2019	6.2	7.7	11.4	9.6	13.4

**Smoking** is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease and is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

**Obesity** is a priority area for Government with national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.<sup>1</sup>

**Alcohol** misuse is the fifth biggest risk factor for death, ill-health and disability across all ages in the UK. Its misuse has health and social consequences borne by individuals, their families, and the wider community. While data on alcohol is unavailable at PCN level, rates of admissions and mortality from alcohol related causes are significantly high throughout the whole of Blackpool.

**Figure 8: Health behaviours**

Indicator	Period	England	Blackpool CCG	North PCN	Glenroyd	North Shore
GP patient survey: smoking prevalence (Persons, 16+ yrs)	2019	14.4	19.4	13.2	14.3	11.8
GP patient survey: ex-smoking prevalence (Persons, 16+ yrs)	2019	26.7	32.2	29.5	26.3	33.3
Estimated smoking prevalence (QOF) (Persons, 15+ yrs)	2018/19	16.7	25.5	20.4 (4,974)	19.7	21.3
Obesity: QOF prevalence (Persons, 18+ yrs)	2018/19	10.1	14.2	13.5 (3,171)	13.1	13.9

<sup>1</sup> PHE, Public Health Outcomes Framework, Health Improvement

- Over 3,000 (13.5%) of people are recorded as obese (BMI≥30) in North PCN. This is the lowest rate of all the PCN's in Blackpool.
- There are almost 5,000 recorded smokers in North PCN, a fifth of the registered population. While this is the lowest rate of all the PCNs in Blackpool and significantly lower than the Blackpool average, it is still significantly higher than the national average of 16.7%

## Burden of disease

People are living longer but spending more years in ill-health and for several conditions and the overall health burden is increasing. Sickness and chronic disability are causing a much greater proportion of the burden of disease as people are living longer with several illnesses. Across Blackpool this burden happens at a much earlier age than in other areas. While the most common causes of premature death are heart disease, lung cancer, stroke, COPD and dementia the most common causes of burden for people are back pain, poor mental health, skin conditions and sight and hearing loss. These problems tend to attract less attention than the causes of early death but together they account for a huge amount of ill health.

- North PCN generally has the higher rates of diagnosed illnesses than Blackpool averages and significantly higher rates than are seen nationally.
- While North PCN has higher rates of diagnosed illness, premature mortality (under age 75) from circulatory disease, respiratory disease and cancer is lower than the Blackpool average (figure 15).
- The higher rates of diagnosed cardiovascular disease, respiratory disease and other long-term conditions may be attributable to the older population in the PCN.
- Cancer rates are significantly higher than national averages and may be attributable to an older population. Screening rates are generally similar to or above national averages.
- Rates of depression, serious mental illness and proportions reporting long-term mental health problems are lower than the Blackpool average but still higher than national averages.
- While disease prevalence from QOF registers gives diagnosed illness in the area, modelled disease estimates can give an indication of the overall disease prevalence. While not directly comparable (due to different age ranges used) they are a useful comparison of the overall burden of disease (figure 13).

## Cardiovascular Disease

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. Blackpool has significantly high rates of premature mortality from CVD, the second highest rate in the country in 2016-18.

**Figure 9: Cardiovascular disease**

Indicator	Period	England	Blackpool CCG	North PCN	Glenroyd	North Shore
CHD: QOF prevalence (Persons, All ages)	2018/19	3.1	4.5	4.7 (1,356)	4.6	4.8
Heart Failure: QOF prevalence (Persons, All ages)	2018/19	0.9	1.7	2.0 (566)	2.3	1.6
Heart Failure w LVD: QOF prevalence (Persons, All ages)	2018/19	0.3	0.7	0.7 (188)	0.9	0.4
Atrial fibrillation: QOF prevalence (Persons, All ages)	2018/19	2.0	2.5	2.8 (803)	2.7	2.9
Estimated prevalence of atrial fibrillation (Persons, All ages)	2019	2.5	2.9	-	3.2	3.2
Stroke: QOF prevalence (Persons, All ages)	2018/19	1.8	2.3	2.5 (708)	2.4	2.5
Diabetes: QOF prevalence (Persons, 17+ yrs)	2018/19	6.9	8.1	8.0 (1,912)	8.0	8.1
Hypertension: QOF prevalence (Persons, All ages)	2018/19	14.0	17.8	19.5 (5,629)	18.9	20.2

- Diagnosed disease rates of all CVD in North PCN are generally higher than Blackpool averages and significantly higher than national averages.
- Both practices within the PCN have similar levels of CVD.

## Respiratory Disease

Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases. Blackpool has significantly high rates of premature mortality from respiratory disease and the trend has been increasing over the last 5 years, particularly in males.

**Figure 10: Respiratory disease**

Indicator	Period	England	Blackpool CCG	North PCN	Glenroyd	North Shore
Asthma: QOF prevalence (Persons, All ages)	2018/19	6.0	7.3	7.0 (2,008)	7.7	6.0
COPD: QOF prevalence (Persons, All ages)	2018/19	1.9	3.7	3.8 (1,094)	4.0	3.6

## Other long-term conditions

In England, more than 15 million people have a long term condition - a health problem that can't be cured but can be controlled by medication or other therapies. This figure is set to increase over the next 10 years, particularly those people with 3 or more conditions at once. Long term conditions can affect many parts of a person's life, from their ability to work and have relationships to housing and education opportunities. Care of people with long term conditions accounts for 70% of the money spent on health and social care in England<sup>2</sup>.

**Figure 11: Other long-term conditions**

Indicator	Period	England	Blackpool CCG	North PCN	Glenroyd	North Shore
Diabetes: QOF prevalence (Persons, 17+ yrs)	2018/19	6.9	8.1	8.0 (1,912)	8.0	8.1
Rheumatoid Arthritis: QOF prevalence (Persons, 16+ yrs)	2018/19	0.8	0.9	1.0 (232)	1	0.9
Osteoporosis: QOF prevalence (Persons, 50+ yrs)	2018/19	0.8	0.9	1.6 (202)	2.7	0.3
CKD: QOF prevalence (Persons, 18+ yrs)	2018/19	4.1	7.1	9.3 (2,185)	9.4	9.2

## Cancer

Cancer is a clinical priority and it is recognised that the principal active management of cancers occurs in the secondary care setting. General practice, however, has a key role in the referral and subsequent support of these patients and in ensuring that care is appropriately co-ordinated. Across Blackpool, premature mortality from cancer is significantly high for both males and females and incidence and prevalence rates are higher

<sup>2</sup> Dept of Health & Social Care, [2010 to 2015 government policy: long term health conditions](#), May 2015

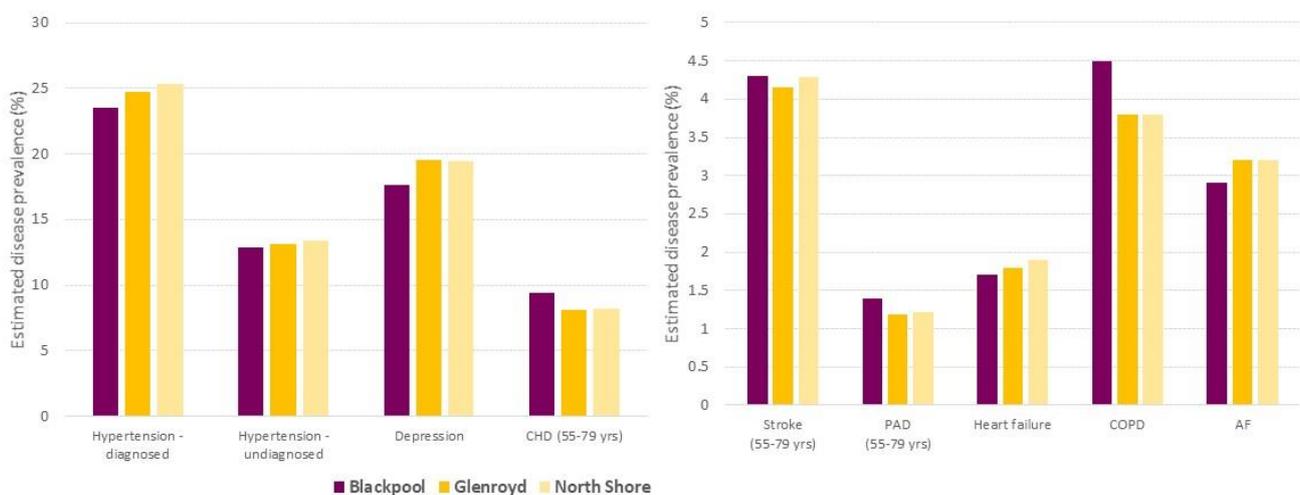
than national averages. Conversely, screening rates across all cancer screening programmes are lower in Blackpool than across the country as a whole.

- North PCN has a higher cancer prevalence rate than the Blackpool and national average; there were 153 new cases diagnosed in 2017/18.
- However, premature mortality from cancer is lower than the Blackpool average (figure15).
- Screening rates across all three programmes are above Blackpool averages and only significantly below the national average for breast cancer screening.
- The trend across screening programmes is generally increasing in North PCN, except in breast screening in North Shore Surgery, which has seen a gradual decline since 2014/15.

**Figure 12: Cancer**

Indicator	Period	England	Blackpool CCG	North PCN	Glenroyd	North Shore
Cancer: QOF prevalence (Persons, All ages)	2018/19	3.0	3.5	3.8 (1,096)	4.1	3.4
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	2018/19	72.6	70.9	74.7 (5,288)	75.3	74.0
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2018/19	71.6	63.7	67.5 (2,775)	72.5	61.0
Females, 50-70, screened for breast cancer within 6 months of invitation (uptake, %)	2018/19	72.4	64.7	76.0 (740)	77.4	61.0
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2018/19	60.5	57.6	59.0 (2,984)	60.0	57.7
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2018/19	60.4	56.1	57.8 (1,375)	58.8	56.6
Number of emergency admissions with cancer (Number per 100,000 population) (Persons, All ages)	2018/19	549	619	541 (156)	608	461

**Figure 13: Estimated disease prevalence**



## Mental Health

One in four adults experiences at least one diagnosable mental health problem in any given year and mental health problems represent the largest single cause of disability in the UK. Half of all mental health problems have been established by the age of 14 with one in ten children aged 5-16 having a diagnosable problem. Children from low income families are at highest risk. One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people. In addition, people with long term physical illnesses suffer more complications if they also develop mental health problems.<sup>3</sup>

Blackpool has significantly higher rates of diagnosed mental health problems than the national average and the claimant rate for employment support allowance for mental and behavioural disorders is the highest in the country.<sup>4</sup> There have been 51 suicides across the town in 2016-18 with rates significantly higher than the national average.

- Almost 500 people have been diagnosed with schizophrenia, bipolar affective disorder and other psychoses in North PCN.
- The proportion diagnosed with dementia is significantly higher than the national average and the highest of the PCNs in Blackpool.
- Over 500 people were newly diagnosed with depression in 2018/19 and a 14% of adults (3,298) have diagnosed depression in the PCN.
- 12% of people within North PCN also self-report long term mental health problems.
- There were 13 suicides/undetermined injury in the PCN in the 5 year period 2014-2018.

**Figure 14: Mental health**

Indicator	Period	England	Blackpool CCG	North PCN	Glenroyd	North Shore
% reporting a long-term mental health problem (Persons, 16+ yrs)	2019	9.9	14.6	12.2	14.0	10.3
Depression: QOF recorded prevalence (Persons, 18+ yrs)	2018/19	10.7	17.3	14.0 (3,298)	15.1	12.8
Depression: QOF recorded incidence - new diagnosis (Persons, 18+ yrs)	2018/19	1.7	2.7	2.2 (526)	3.1	1.2
Mental Health: QOF prevalence (Persons, all ages)	2018/19	0.96	1.6	1.7 (497)	2.0	1.4
Dementia: QOF prevalence (Persons, all ages)	2018/19	0.8	1.1	1.3 (378)	1.1	1.5
% reporting Alzheimer's disease or dementia (Persons, 16+)	2019	0.7	0.4	1	0.0	2.1

## Premature Mortality

The overall mortality rate across Blackpool is significantly higher than the national average and there is a slightly increasing trend while the national trend is decreasing, so the gap between Blackpool and England is growing. The under 75 premature mortality rate shows a similar pattern, being significantly higher than average with a widening gap between Blackpool and England.

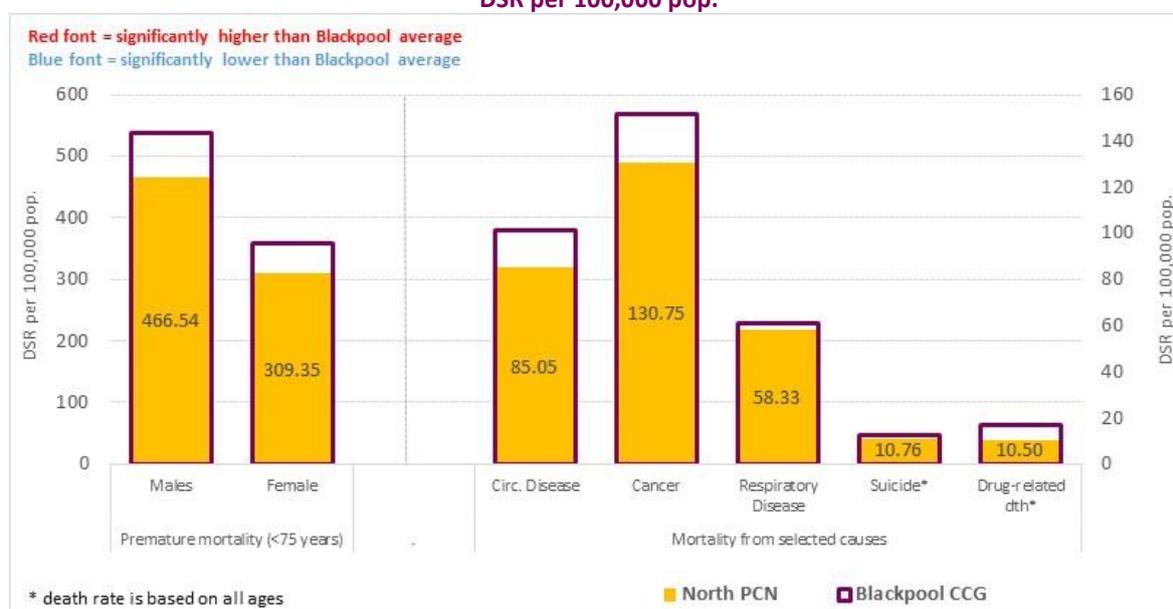
<sup>3</sup> Mental Health Taskforce Strategy, The Five Year Forward View for Mental Health, February 2016

<sup>4</sup> PHE, Mental Health And Wellbeing JSNA Profile

Premature mortality is a good indicator of the overall health of a population. One in 3 deaths in Blackpool occurs among people who are under the age of 75 and over two thirds (70%) of these deaths are caused by diseases and illnesses that are largely avoidable, including cancer, heart disease, stroke and respiratory disease. That’s because many of the direct causes, such as cancer and heart disease are preceded by long periods of ill-health mostly caused by lifestyle risk factors such as poor diet, smoking and low physical activity. Premature mortality rates in people with a serious mental illness (SMI) are also higher than the general population for many of the leading causes of death; partly reflecting the higher levels of smoking and substance misuse including alcohol in those with an SMI.<sup>5</sup>

- There are approximately 350 deaths per year in North PCN.
- Of the 1,743 deaths in 2014-18, 30% were aged under 75 years. This compares with 36% across Blackpool and 32% nationally.
- Overall, premature mortality in North PCN is lower for both males and females than the Blackpool average and is more in line with national averages.
- The most common causes of premature mortality are similar to those seen nationally; cancer (34%), circulatory disease (22%) and respiratory disease (15%).
- Premature mortality rates for selected causes are lower in North PCN than across Blackpool but not significantly so.
- There are approximately 35 premature deaths from cancer per year and 23 premature deaths from circulatory disease.
- There were 14 drug related deaths over the 5 year period, a lower rate than the Blackpool average of 17.1 per 100,000 population, but still higher than the national average of 6.5.
- North PCN has the second lowest suicide and drug related death rates of the PCN’s in Blackpool.

**Figure 15: Premature mortality from all causes and by selected causes, 2014-18**  
DSR per 100,000 pop.



## Mosaic Profile

A MOSAIC profile provides a synthetic estimate of lifestyle and health behaviours by Group and Type within the community by combining six categories of data; demographics, socio-economics and consumption,

<sup>5</sup> PHE, Health Profile for England, 2018, [Chapter 2: trends in mortality](#)

financial measures, property characteristics, property value and location. The estimates are based on the population characteristics of the area, they are **not** the actual behaviour of the area's population. The comparison for the estimates is the **national average**.

MOSAIC profiles will be added in due course as the data becomes available.