Fylde & Wyre CCG Mini Summary Profile 2017/18

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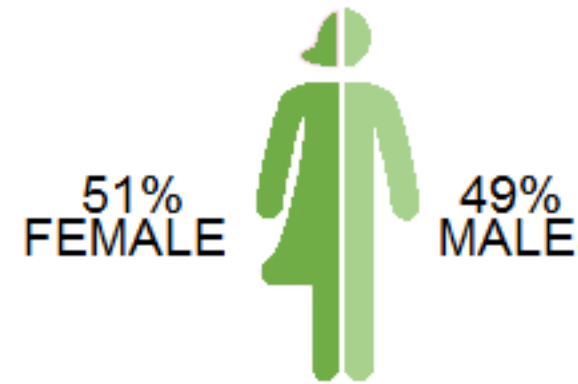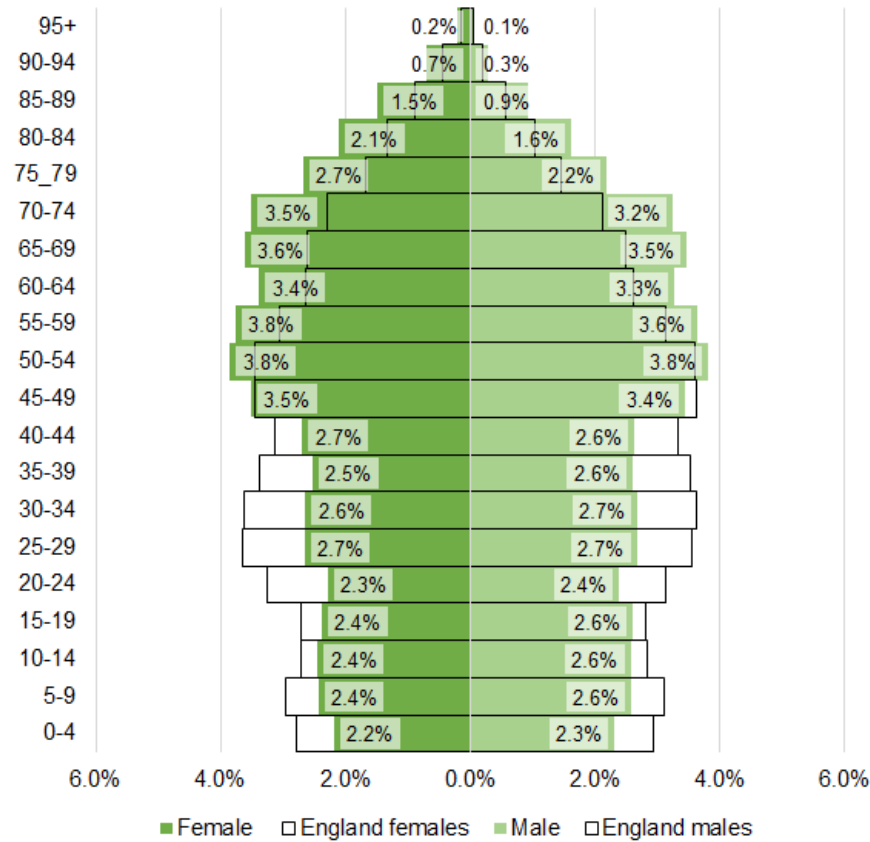
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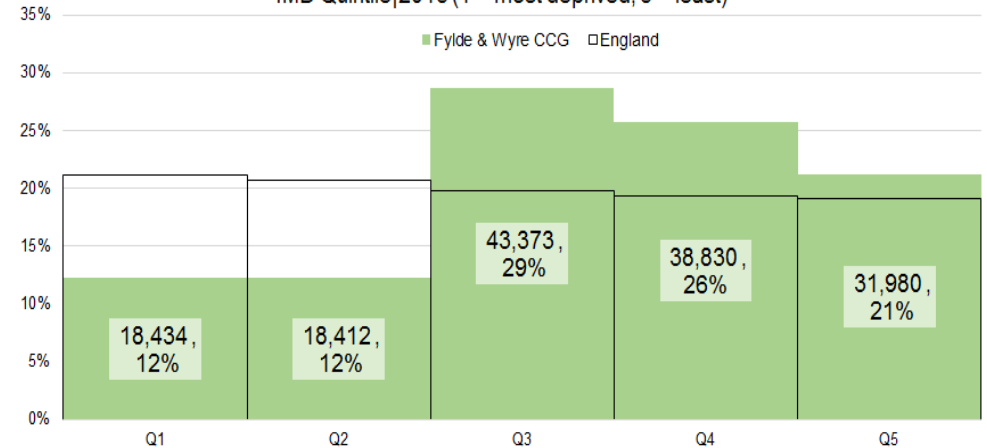 **Business Intelligence**

Date : September 2017

Lancashire
County
Council

The Fylde & Wyre Clinical Commissioning Group (CCG)

- The boundary of the Fylde & Wyre CCG encompasses the district of Fylde and a large proportion of the Wyre district

- The CCG consists of 19 GP practices providing primary care to over 150,000 registered patients

- Blackpool Teaching Hospitals NHS Foundation Trust is the main provider of secondary health care for the area operating three main sites : Blackpool Victoria Hospital, Clifton Hospital and Fleetwood Hospital

- Lancashire Care Foundation Trust is the main provider of inpatient & specialist community mental health and Learning and disability services.

- 50% of the registered population live within the district of Wyre with a further 48% living in Fylde

- 26% of registered patients are aged 65 or over, with 15% aged 15 or under

- Using Census 2011 figures, it's estimated that around 4% of the registered population are from a BME (Including white non-British) ethnicity

- The 2015 IMD indicates that the Fylde district is one of the least deprived in England

- 24% of the registered population live within LSOAs considered to be within deprivation quintiles 1 or 2

- The 65+ resident populations of the Fylde and Wyre districts are estimated to increase by 16% over the next 10 years

Legend

⊙ Towns and settlements

▭ CCG boundary

▭ District boundaries

Appendix A provides a more detailed breakdown of these figures

Registered population on a page (April 2017)

April 2017 population pyramid - Fylde & Wyre CCG Vs England

Age	Female	Male
95+	0.2%	0.1%
90-94	0.7%	0.3%
85-89	1.5%	0.9%
80-84	2.1%	1.6%
75_79	2.7%	2.2%
70-74	3.5%	3.2%
65-69	3.6%	3.5%
60-64	3.4%	3.3%
55-59	3.8%	3.6%
50-54	3.8%	3.8%
45-49	3.5%	3.4%
40-44	2.7%	2.6%
35-39	2.5%	2.6%
30-34	2.6%	2.7%
25-29	2.7%	2.7%
20-24	2.3%	2.4%
15-19	2.4%	2.6%
10-14	2.4%	2.6%
5-9	2.4%	2.6%
0-4	2.2%	2.3%

■ Female □ England females ■ Male □ England males

51% FEMALE **49% MALE**

Marmot review stages of life	Fylde & Wyre	% of total	England	% of total	Significance
Infant (<1)	1,220	0.81%	593,000	1.03%	Low
Start well (1-19)	28,250	18.69%	12,592,281	21.82%	Low
Live well (20-64)	82,229	54.42%	34,494,358	59.78%	Low
Age well (65+)	39,413	26.08%	10,020,629	17.37%	High

Proportion of registered patients by national deprivation quintile
IMD Quintile|2015 (1 = most deprived, 5 = least)

■ Fylde & Wyre CCG □ England

Quintile	Value	%
Q1	18,434	12%
Q2	18,412	12%
Q3	43,373	29%
Q4	38,830	26%
Q5	31,980	21%

If the CCG was a village of 100 people……

The People	
Living in most deprived areas (20% most deprived nationally)	12
Male life expectancy at birth	78.5
Female life expectancy at birth	82.1
Children aged under 5	4
Children and young people aged 5-18	14
People aged 19-65	57
People aged 66-80	18
People aged over 80	7
Spend (£) on total healthcare per head (2015)	£1,170
60+ persons living in pension credit households	5
16-64 year olds Long term unemployed	2
Adults who are obese	19
Estimated 15+ smoking	15
Under 16 year olds in low income families	2
The Health	
People aged 65+ with recorded dementia	1
People over 17 years diagnosed with diabetes	6
Additional people with undiagnosed diabetes	2
People with diagnosed CHD	5
People with diagnosed Asthma	7
People with diagnosed severe mental illness	1
People with diagnosed cancer	3
People who have had a stroke	3
People with diagnosed hypertension	18
Adults with diagnosed depression	9

District health

Using Public Health England's (PHE) [Health Profiles](#) tool alongside the Quality and Outcomes Framework QoF) disease registers, it is possible obtain a good understanding of the key health issues affecting the main local authority areas of the Fylde & Wyre CCG. Highlighting key areas public health, primary care and social are professionals may wish to address.

Appendix B found at the end of this document provides a more detailed breakdown of the PHE health profile indicators, whilst appendix C provides a full breakdown of the latest QoF disease registers. It is important to note that some of these indicators may have been updated since the last refresh of this tool.

Our communities

- **Deprivation**: Whilst at a district level the areas of Fylde and Wyre do not seem particularly deprived. 32% of those living in Wyre and 16% living in Fylde, live in some of the most deprived neighbourhoods (LSAOs) in England.
- **Children in poverty (under 16s)**: Both of the Fylde and Wyre districts have significantly lower levels of children living in poverty (under 16s) than the England average.
- **GCSE achieved (5A*-C inc. Eng & Maths)**: Wyre recorded significantly more pupils achieving 5 GCSEs at grades A*-C than the England average
- **Violent crime (violence offences):** Fylde and Wyre both have a significantly lower violent crime rates than the England average
- **Long term unemployment:** Fylde and Wyre both significantly lower rate of long term unemployment than the England average

Children's and Young People's Health

- **Smoking status at time of delivery:** Both districts have significantly higher levels of women smoking at the time of delivery than the England average.
- **Breastfeeding initiation:** The Wyre district recorded a significantly smaller proportion of new mothers' breastfeeding within 48 hours of delivery than the England average.
- **Obese children (Year 6):** 15% of Year-6 school children from Fylde and 17% from Wyre are estimated to be obese.
- **Alcohol-specific hospital stays (under 18):** Wyre recorded a significantly higher under 18 alcohol-specific hospital stay rate than the England average

Adult Health & lifestyle

- **Percentage of physically active adults:** Significantly fewer adults in Wyre are believed to physically active compared to the national average
- **Obese adults:** Over 3/4 of adults living in both Fylde and Wyre districts are estimated to be living with excess weight.

Disease & Poor Health

- **Hospital stays for self-harm:** Both districts have significantly higher rates of hospital stays for self-harm than the England average
- **Admission episodes for alcohol-related conditions (Narrow):** Wyre has significantly higher rates of hospital episodes for alcohol-related conditions than the England average
- **Incidence of TB :** Both districts have significantly lower TB incidence rates than the England average

- **New STI (exc Chlamydia aged under 25) :** Both districts have significantly lower new STI diagnosis rates than England.
- **QoF recorded disease prevalence :** The Fylde & Wyre CCG has significantly higher levels of recorded disease prevalence for the following conditions :
  - Atrial Fibrillation
  - Coronary heart disease
  - Heart failure
  - Hypertension
  - Peripheral arterial disease
  - Stroke and transient ischaemic attack
  - Asthma
  - Chronic obstructive pulmonary disease (COPD)
  - Obesity (18+)
  - Cancer
  - Diabetes mellitus (17+)
  - Dementia
  - Depression (18+)
  - Epilepsy (18+)
  - Mental health
  - Osteoporosis (50+)
  - Rheumatoid Arthritis (16+)

However it should be noted, that for certain conditions, high recorded disease prevalence could be a reflection of effective diagnosis and screening practices.

Life Expectancy & Causes of death

- **Life expectancy at birth – FEMALES:** Wyre have significantly lower life expectancy at birth estimates for females, than the England average
- **Suicide rate :** Both districts have suicide rates in line with the national average
- **Under 75 mortality rate: cardiovascular:** Wyre has significantly higher premature cardiovascular mortality rates than the England average
- **Killed and seriously injured on roads:** Both districts have recorded significantly higher killed and seriously injured on roads rates, than the England average

CCG Outcomes

NHS England's CCG outcomes tool provides interactive access to key data for CCGs across five domains :

- Domain 1 – Preventing people from dying prematurely
- Domain 2 – Enhancing quality of life for people with long-term conditions
- Domain 3- Helping people to recover from episodes of ill health or following injury
- Domain 4 – Ensuring that people have a positive experience of care
- Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

Across the five domains the Fylde & Wyre CCG ranks within the worse quartile in England for the following indicators :

	Indicator	Notes
Domain 1	1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare - Female / male (2014)	The CCG falls within the worse quartile in England for males and its rate for both males and females is declining.
	1.5 Mortality within 30 days of hospital admission for stroke (2015/16)	The CCG rate is improving
	1.7 Under 75 mortality rates from liver disease (2015)	The CCG rate has significantly increased
	1.8 Emergency admission for alcohol related liver disease (2015 - 2016 (Oct - Sep))	The CCG rate is increasing
	1.14 Maternal smoking at delivery (2016/17 Q2)	The CCG rate is increasing
	1.17 Record of stage of cancer at diagnosis (2014)	The CCG rate has significantly declined
	1.18 Percentage of cancers detected at stage 1 and 2 (2014)	The CCG rate is declining
	1.21 All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over (April 2012 to March 2015)	The CCG rate is improving
Domain 2	2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (2015 - 2016 (Oct - Sep))	The CCG rate is improving
	2.10 Access to psychological therapies services by people from Black and Minority Ethnic (BME) groups (2015/16)	The CCG rate has significantly improved
	2.11a Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment (2015 - 2015 (Jan - Dec))	The CCG rate is improving
	2.11b Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable improvement following completion of treatment (2015 - 2015 (Jan - Dec))	The CCG rate is improving
Domain 3	3.3 Elective Hip replacement (Primary) procedures - patient reported outcomes measures (PROMS) (2014/15)	The CCG rate is declining
	3.3 Elective knee procedures - patient reported outcomes measures (PROMS) (2014/15)	The CCG rare is improving

	3.4 Emergency admissions for children with lower respiratory tract infections (2015 - 2016 (Oct - Sep))	The CCG rare is improving
	3.6 People who have had an acute stroke who receive thrombolysis (2015/16)	The CCG rate is declining
	3.11 Hip fracture: collaborative orthogeriatric care (2015)	The CCG rate has significantly declined and its cluster average score also falls within the worse quartile
	3.12 Hip fracture: timely surgery (2015)	
	3.13 Hip fracture: multifactorial falls risk assessment (2015)	The CCG has significantly declined and its cluster average score also falls within the worse quartile
	3.15 Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission (2013 - 2016 (Oct - Sep))	The CCG rate is improving
	3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over	The CCG rate is increasing
	3.18 Hip fracture: care process composite indicator (2015)	The CCG rate is declining
Domain 5	5.4 Incidence of Healthcare Associated Infection (HCAI) – C. difficile (Apr 2013 - Dec 2016)	

Additional analysis found that the CCG has seen a significant decline in performance against the following indicators :

- 1.12 People with serious mental illness (SMI) who have received the complete list of physical checks
- 2.4 Percentage of people with diabetes who have received nine care processes

Whilst on a positive note the CCG had shown significantly improvement against the below indicators :

- 1.2 Under 75 mortality from cardiovascular disease
- 3.7 People with stroke who are discharged from hospital with a joint health and social care plan
- 3.8 People who have a follow-up assessment between 4 and 8 months after initial admission for stoke

Cluster Analysis

CCGs across England have been grouped into clusters of similar types, with the Fylde and Wyre CCG falling into the *pyramid* cluster defined as smaller *CCGs with older populations and more rural geographies.* The CCG was found to have a worse outcome than the cluster average, for 42 out of 67 indicators.

Local comparisons

Looking at the indicator data for other fix CCGs of Lancashire shows that all six recorded significantly worse rates than the England average for the following indicators :

- 1.21 All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over (April 2012 to March 2015)
- 2.11a Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment (2015)
- 2.11b Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable improvement following completion of treatment (2015)
- 3.4 Emergency admissions for children with lower respiratory tract infections (2015 - 2016 (Oct - Sep))

Whilst Fylde & Wyre was the only CCG to record a rate for indicator 3.3 Elective knee procedures - patient reported outcomes measures (PROMS) (2014/15), that was significantly above the England national average.

Appendices

Appendix A : Fylde & Wyre patient and population breakdown and projections plus deprivation scores

Indicator	Source	CCG total	2017/18 update						England	Year data relates to	Notes
			Fylde		Wyre		Other				
			Count	Indicator value	Count	Indicator value	Count	Indicator value			
Local population make up											
Registered Population	NHS Digital	151,112	71,816	48%	74,964	50%	4,332	3%	58,328,549	April - 2017	Based on patient LSOA
Proportion of patients aged 65 years and over	NHS Digital	39,413	26% of the total registered population						17%	April - 2017	
Proportion of patients aged 15 and under	NHS Digital	21,943	15% of the total registered population						17%	April - 2017	
Estimated BME population based on Census 2011 (including white non-British)	Census	5,975	3,542	5%	2,434	3%	-		20%	2011	CCG figure based on district residents only. District figures are estimated by applying the 2011 district % of persons from a BME background to the total registered population
Migrant GP Registrations per 1,000 resident population[1]	ONS	561 | 3.00	223	2.88	338	3.08	-		12.56	Mid-2014 to Mid-2015	CCG figure based on the districts' resident patients and GP practice location. It should be noted that GP registration is not compulsory. There may also be a time lag between the migration event and actual registration.
Indicator	**Source**	**CCG total**	**Score**	**Indicator value**	**Score**	**Indicator value**	**Score**	**Indicator value**	**National district average**	**Year data relates to**	**Notes**
Deprivation											
IMD 2015 average Score and quintile[2]	Department for communities and Local Government	18.05	14.38	2	19.39	3	-		19.46	2015	IMD Quintile 2015 (1 = most deprived, 5 = least)
Proportion of patients in living within LSOA within IMD quintiles 1 and 2	Department for communities and Local Government / HSCIC	36,846 | 24%	11,142	16%	23,671	32%	2,033	1%	42%	April - 2017	Calculated using LSOA deprivation 2015 score and the April 2017 registered population by LSOA. IMD Quintile 2015 (1 = most deprived, 5 = least)
Indicator	**Source**	**CCG 2016 & 2026 projected pop.**	**2017 projected pop.**	**2026 Projected pop.**	**2017 projected pop.**	**2026 Projected pop.**	**Score**	**Indicator value**	**National district average**	**Year data relates to**	**Notes**
Population projections											
Population projections : CCG patients and district residents aged 15 and under	ONS	26,751 | 27,446 | 3% ▲	12,299	12,617 | 3% ▲	17,347	17,801 | 3% ▲		-	10,601,230 | 11,249,608 | 6% ▲	2017 compared to 2026	2017 projected population estimate compared to the 2026 projected population (based on the 2012 Mid-year population estimates)
Population projections : CCG patients and district residents aged 16 to 64	ONS	96,245 | 94,101 | -2% ▼	44,637	43,511 | -3% ▼	62,582	61,366 | -2% ▼		-	34,975,958 | 35,891,570 | 3% ▲	2017 compared to 2026	2017 projected population estimate compared to the 2026 projected population (based on the 2012 Mid-year population estimates)
Population projections : CCG patients and district residents aged 65 and over	ONS	45,414 | 52,753 | 16% ▲	21,034	25,031 | 19% ▲	29,621	33,644 | 14% ▲		-	10,063,227 | 11,994,067 | 19% ▲	2017 compared to 2026	2017 projected population estimate compared to the 2026 projected population (based on the 2012 Mid-year population estimates)
Population projections : CCG patients and district residents	ONS	168,411 | 174,300 | 3% ▲	77,971	81,159 | 4% ▲	109,550	112,810 | 3% ▲		-	55,640,415 | 59,135,245 | 6% ▲	2017 compared to 2026	2017 projected population estimate compared to the 2026 projected population (based on the 2012 Mid-year population estimates)

1. The completeness of these data depends on all patients registering with an NHS GP when they move to England and Wales or Northern Ireland. However, it is known that registration patterns vary by sex and age group. Therefore, the usefulness of these data as an indicator of migration is limited by some groups being less likely to register with a GP than others. For example, young men are less likely to register with a GP than other groups.

2. Population weighted average of the combined scores for the LSOAs in a larger area.

The average score summary measure is calculated by averaging the LSOA scores in each larger area after they have been population weighted. The resultant scores for the larger areas are then ranked, where the rank of 1 (most deprived) is given to the area with the highest score.

This gives a measure of the whole area covering both deprived and non-deprived areas. The main difference from the average rank measure described above is that more deprived LSOAs tend to have more 'extreme' scores than ranks. So highly deprived areas will not tend to average out to the same extent as when using ranks; highly polarised areas will therefore tend to score higher on the average score measure than on the average rank.

Appendix B : Summary of PHE 2017 District Health Profiles for Fylde and Wyre Districts

Domain		Indicator	Period	England		North West region		Lancashire (12)		Flyde		Wyre	
				Value	Change	Value	Change	Value	Change	Value	Change	Value	Change
Our communities	1	Deprivation	2015	21.80	-	-	-	-	-	14.40	-	19.40	-
	2	Children in low income families (under 16s)	2014	20.1%	↓	22.8%	↓	19.1%	↓	13.6%	↑	18.6%	↑
	3	Statutory homelessness	2015/16	0.90	↓	1.0	-	0.3	-	0.4	-	*	-
	4	GCSE achieved (5A*-C inc. Eng & Maths)	2015/16	57.8%	-	56.6%	-	58.4%	-	56.6%	-	61.0%	-
	5	Violent crime (violence offences)	2015/16	17.20	↑	17.3	↑	15.1	↑	11.4	↑	12.4	↑
	6	Long term unemployment	2016	3.70	↓	3.9	↓	2.8	↓	1.9	↓	2.4	↓
C&YP's Health	7	Smoking status at time of delivery	2015/16	10.6%	↓	13.7%	↓	*	*	16.4%	↓	16.4%	-
	8	Breastfeeding initiation	2014/15	74.3%	↑	64.6%	↑	69.1%	↑	77.0%	-	67.7%	-
	9	Obese children (Year 6)	2015/16	19.8%	↑	20.6%	↑	18.9%	↑	15.0%	↑	16.9%	-
	10	Alcohol-specific hospital stays (under 18)	13/14-15/	37.4	-	54.1	-	57.3	-	98.7	-	85.9	-
	11	Under 18 conceptions	2015	20.8	↓	24.7	↓	25.1	↓	16.3	↓	21.1	↓
Adult's Health & Lifestyle	12	Smoking prevalence	2016	15.5%	-	16.8%	-	16.0%	-	18.2%	-	16.2%	-
	13	Percentage of physically active adults	2016/16	64.9%	-	63.4%	-	64.9%	-	65.4%	-	59.3%	-
	14	Excess weight in adults	2013-15	64.8%	-	66.6%	-	66.7%	-	68.1%	-	65.0%	-
Disease & Poor Health	15	Cancer diagnoised at early stage	2015	52.4%	-	50.8%	-	49.4%	-	44.3%	-	48.8%	-
	16	Hospital stays for self-harm	2015/16	196.5	-	250.0	-	235.0	-	257.0	-	277.5	-
	17	Admission episodes for alcohol-related conditions (Narro	2015/16	647.0	-	737.0	-	669.0	-	700.0	-	752.0	-
	18	Recorded diabetes	2014/15	6.4%	↑	6.7%	↑	6.7%	↑	6.5%	↑	7.1%	↑
	19	Incidence of TB	2013-15	12.0	-	9.0	-	6.3	-	2.6	-	1.8	-
	20	New STI (exc Chlamydia aged under 25)	2016	795.0	↓	727.0	↓	627.0	↓	622.0	-	644.0	-
	21	Hip fractures in people aged 65 and over	2015/16	589.0	-	618.0	-	564.0	-	560.0	-	591.0	-
Life Expectancy & Causes of Death	22	Excess winter deaths (three year)	2012/15	19.6	-	20.1	-	18.8	-	23.1	-	16.3	-
	23	Life expectancy at birth - MALES	2013-15	79.5	-	78.1	-	78.5	-	79.4	-	79.2	-
	24	Life expectancy at birth - FEMALES	2013-15	83.1	-	81.8	-	82.1	-	82.5	-	82.4	-
	25	Infant mortality	2013-15	3.90	-	4.2	-	4.6	-	3.2	-	4.8	-
	26	Suicide rate	2013-15	10.1	-	11.3	-	11.6	-	11.7	-	9.2	-
	27	Under 75 mortality rate: cardiovascular	2013-15	74.6	-	88.5	-	85.0	-	70.5	-	86.3	-
	28	Under 75 mortality rate: cancer	2013-15	138.8	-	153.9	-	143.4	-	136.1	-	142.0	-
	29	Killed and seriously injured on roads	2013-15	38.50	-	39.4	-	58.1	-	63.6	-	58.9	-

* Value suppressed due to small count

Source : http://fingertips.phe.org.uk/profile/health-profiles

Value statistically significantly worse than England average
Value not statistically significantly different from England average
Value statistically signifcantly better than England average

Appendix C : Fylde & Wyre CCG Quality and Outcomes Framework (QOF) recorded disease prevalence, benchmarked against England

Condition	Number on disease register	Prevalence	England prevalence	Compared to the England prevalence
Cardiovascular				
AF - Atrial Fibrillation	3,859	2.56%	1.71%	High
CHD - Coronary Heart Disease	7,723	5.12%	3.20%	High
HF - Heart Failure	2,251	1.49%	0.76%	High
HYP - Hypertension	26,833	17.78%	13.81%	High
PAD - Peripheral Arterial Disease	1,611	1.07%	0.61%	High
STIA - Stroke and Transient Ischaemic Attack	3,860	2.56%	1.74%	High
Respiratory				
AST - Asthma	10,111	6.70%	5.91%	High
COPD - Chronic Obstructive Pulmonary Disease	4,183	2.77%	1.85%	High
Lifestyle				
OB - Obesity (18+)	14,323	11.53%	9.45%	High
High dependency and other long term conditions				
CAN-Cancer	5,265	3.49%	2.42%	High
CKD-Chronic Kidney Disease (18+)	8,750	7.04%	4.10%	High
DM - Diabetes Mellitus (17+)	4,210	2.64%	6.55%	High
PC - Palliative Care	3,149	2.80%	0.34%	High
Mental health and neurology				
Dementia	1,833	1.21%	0.76%	High
DEP - Depression (18+)	13,398	10.78%	8.26%	High
EP - Epilepsy (18+)	1,185	0.95%	0.80%	High
LD - Learning Disabilities	547	0.36%	0.46%	Low
MH - Mental Health	1,506	1.00%	0.90%	High
Musculoskeletal				
OST - Osteoporosis (50+)	321	0.45%	0.31%	High
RA - Rheumatoid Arthritis (16+)	1,201	0.94%	0.73%	High

Please note patients can appear on multiple disease registers and being significantly above England, could be interpreted as a positive, depending on the condition.