

Long-term conditions in Chorley and South Ribble CCG

This local summary report forms part of the joint strategic needs assessment (JSNA) for long-term conditions in Lancashire 2013. Below is a list of indicators with comparator values for Lancashire and England. The areas are ordered left to right with the area on the left having the worst or equal worst value of the three and the area on the right having the best or equal best. All values for this local area are shaded light blue so you can find them easily. If a comparator area has a value that is significantlyⁱ worse or better than this area then its cell is shaded red for worse or green for better.

Page two of this summary provides an explanation of the key points and the impact these may have on the population and healthcare services. The intention is for these summary reports to be used to aid commissioning decisions in local areas in conjunction with the recommendations of the long-term conditions JSNA for Lancashire.

Indicator	Values		
	Worse	← →	Better
% people reporting long-term illness (daily activities limited by a LTC) ⁱⁱ	Lan14: 20.6%	CSR: 18.4%	Eng: 17.6%
% people reporting bad or very bad health ⁱⁱ	Lan14: 6.7%	CSR: 5.5%	Eng: 5.5%
% unpaid carer hours per week ⁱⁱ	Lan14: 11.3%	CSR: 11.2%	Eng: 10.2%
Ratio of recorded/expected prevalence of CHD ⁱⁱⁱ	Eng: 0.74	Lan14: 0.81	CSR: 0.91
Ratio of recorded/expected prevalence of COPD ⁱⁱⁱ	Eng: 0.56	CSR: 0.66	Lan14: 0.70
Ratio of recorded/expected prevalence of hypertension ⁱⁱⁱ	Lan14: 0.54	CSR: 0.55	Eng: 0.55
Ratio of recorded/expected prevalence of stroke ⁱⁱⁱ	Eng: 0.85	Lan14: 0.87	CSR: 0.92
Confidence in managing own health ^{iv}	Lan14: 92.2%	Eng: 92.7%	CSR: 93.8%
Unemployment rate for people with LLTI 2011 ^v	Eng: 10.8%	Lan12: 9.1%	CH: 8.0% SR: 6.3%
Ratio of unemployment rates for those with compared to those without LLTI 2011 ^v	Eng: 1.8		Lan14: 1.8
Potential years of life lost (PYLL) from causes considered amenable to healthcare - males ^{vi}	Lan14: 3,029	CSR: 2,792	Eng: 2,325
Potential years of life lost (PYLL) from causes considered amenable to healthcare - females ^{vi}	Lan14: 2,227	CSR: 1,765	Eng: 1,844
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ^{vii}	Lan14: 1,043	CSR: 958	Eng: 801
Unplanned hospitalisation for asthma, diabetes and epilepsy in under-19s ^{viii}	Lan14: 488	CSR: 391	Eng: 321
Emergency readmissions within 30 days of discharge from hospital ^{ix}	Lan14: 12.5	Eng: 11.8	CSR: 11.2
Total admissions for long-term neurological conditions per 1,000 population ^x	CSR: 7.0	Lan14: 6.7	Eng: 5.7
Mean length of stay for inpatients with long-term neurological conditions ^{xi}	CSR: 13.3	Eng: 10.6	Lan14: 11.3
Emergency bed days for long-term conditions per 1,000 population ^{xii}	CSR: 521	Lan14: 514	Eng: 473
In the last 6 months patients consider they have had enough support from local services or organisations to help manage their long-term health condition(s) ^{iv}	Eng: 64.0%	CSR: 65.8%	Lan14: 66.3%
Recorded prevalence of CHD ^{xiii}	CSR: 4.2%	Lan14: 4.2%	Eng: 3.4%
Recorded prevalence of COPD ^{xiii}	Lan14: 2.2%	CSR: 2.0%	Eng: 1.7%
Recorded prevalence of hypertension ^{xiii}	CSR: 14.4%	Lan14: 14.1%	Eng: 13.6%
Recorded prevalence of stroke ^{xiii}	Lan14: 2.0%	CSR: 1.9%	Eng: 1.7%

So what does it all mean?

Compared to Lancashire and the rest of the country, Chorley and South Ribble CCG performs reasonably well on 13 out of 23 indicators; for 12 indicators it is worse than England. For the following three indicators the CCG is worse than England and Lancashire:

- the mean length of stay for inpatients with long-term neurological conditions;
- emergency bed days for long term conditions per 1,000 population; and
- recorded prevalence of hypertension.

Hypertension is a major risk factor for other long-term conditions; increasing the screening and diagnosis of hypertension through public health campaigns will bring further health benefits in the district.

Positives

The percentage of people reporting 'bad or very bad' health is better than Lancashire-14^{xiv} but no different to England; within the CCG South Ribble has the second lowest, and Chorley the third lowest percentage in Lancashire-14. Enabling people to take responsibility for their own health and encouraging modification of negative health behaviours (such as stopping smoking) may also play a part in reducing the percentage further.

The emergency readmissions rate within 30 days of discharge from hospital in the CCG is better than for Lancashire-14 and England. Patients may be receiving additional care and support following discharge from hospital, including community-based services or third sector involvement.

In females, the potential years of life lost from causes considered amenable to healthcare is better than Lancashire and similar to England. Screening programmes (for prostate and bowel cancer for example), blood pressure checking and general health campaigns may reduce the potential number of years of life lost for males and increase the standing of the CCG.

For more information please see the [Lancashire long-term conditions JSNA web pages](#). There are long-term conditions reports for each the [six clinical commissioning groups](#), and summary reports for local authority areas in Lancashire-12 in the [health and wellbeing sections](#) of each area profile.. Please direct all queries to jsna@lancashire.gov.uk.

Key facts

18.4% of the CCG population report their daily activities are limited by a long-term illness – this is the second lowest rate out of the eight Lancashire CCGs

Compared to England, a higher proportion of estimated cases of chronic obstructive pulmonary disease (COPD) are being diagnosed, but compared to Lancashire a lower proportion are being diagnosed; this is the third lowest rate out of the Lancashire CCGs

Compared to Lancashire, a higher proportion of estimated cases of hypertension are being diagnosed; ranking the CCG the fourth highest in Lancashire

In males the number of potential years of life lost from causes considered amenable to healthcare is 20% higher when compared to the figure for England

Unplanned hospitalisation for asthma, diabetes and epilepsy in under-19s is the third lowest within the Lancashire CCGs

The recorded prevalence of CHD, COPD and stroke is higher than the England prevalence; the third equal highest prevalence of CHD within the Lancashire CCGs

Notes: ⁱAPHO, Technical briefing 3: Commonly used public health statistics and their confidence intervals, Mar 2008. ⁱⁱ2011 Census. ⁱⁱⁱ2011 recorded vs expected. ^{iv}GP Patient Survey 2012/13. ^vONS, 2011. DC6302EW - economic activity by hours worked by sex by long-term health problem or disability. LLTI = limiting long-term illness. ^{vi}Directly standardised potential years of life lost (PYLL) rate (DSR) per 100,000 European population, 2011. Health and Social Care Information Centre (HSCIC). ^{vii}DSR for all ages per 100,000 population, 95% confidence intervals (CIs), 2011/12. Hospital Episode Statistics (HES), ONS mid-year population estimates and GP population counts from NHAIS (Exeter). ^{viii}Indirectly standardised rate (ISR) per 100,000 population, 95% CIs, 2011/12. Hospital Episode Statistics (HES), ONS mid-year population estimates and GP population counts from NHAIS (Exeter). ^{ix}[Percentage of emergency admissions](#) (ISR), (excludes cancer and obstetrics), 2010/11. ^xTotal admissions per 1,000 population, 2011/12. HSCIC, NHS comparators. ^{xi}Mean length of stay Apr 2010-Mar 2011. HSCIC. ^{xii}Emergency bed days per 1,000 population, Apr 2010-Mar 2011, HSCIC, NHS comparators. ^{xiii}Quality and Outcomes Framework (QOF) for Apr 2011-Mar 2012, HSCIC. ^{xiv}Lancashire-12 refers to the 12 districts within Lancashire County Council; Lancashire-14 incorporates the unitary authorities of Blackpool and Blackburn with Darwen.