

Mid Dorset Locality profile narrative 2020 template

Public Health Dorset
January 2020

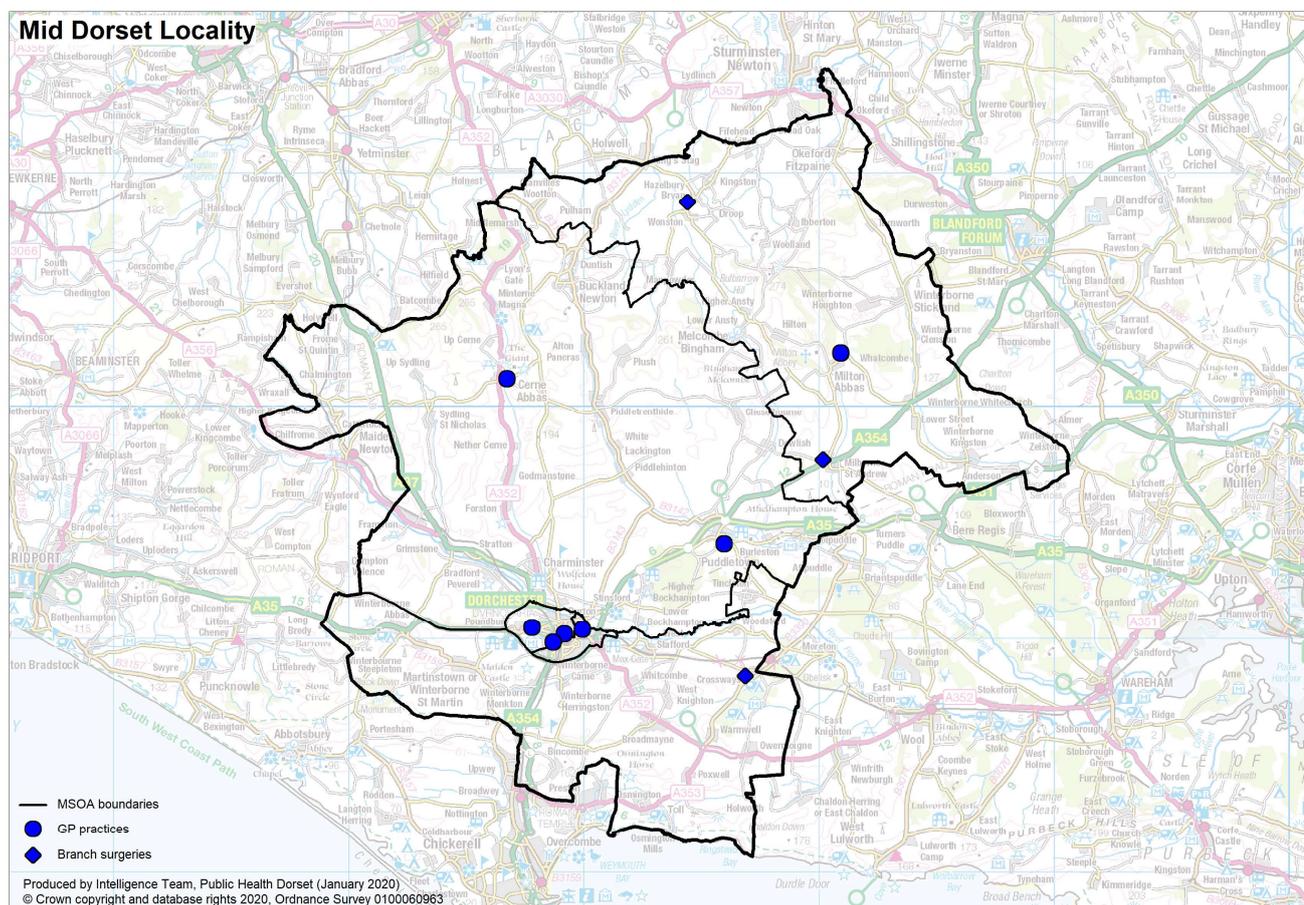


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1. Introduction

Background

- 1.1 During the summer of 2019 a review of Locality Profile narratives was carried out with key stakeholders across the health and care system in Dorset and Bournemouth, Christchurch and Poole (BCP). A summary of findings from the engagement can be found [here](#).
- 1.2 Informed by stakeholder feedback, this edition of the Locality profile narratives:
 - Provides commentary on a wider range of indicators (from [Local Health](#)), presenting these by life course to increase the emphasis on wider determinants of health and wellbeing
 - Uses global burden of disease (GBD)¹ as a means of exploring in more detail specific areas of Local Health and general practice based data.
- 1.3 As with the previous versions of the narratives, these updates are based on data from two key sources: [Local Health](#) and General practice based data from <https://fingertips.phe.org.uk/profile/general-practice>.
- 1.4 In keeping with previous versions of the Locality narratives, localities across Dorset are defined as groupings of middle super output areas (MSOAs). These areas (MSOAs) are a census reporting unit of approximately 5,000 people².
- 1.5 *The aim of the Locality Profiles is to support those working in localities to identify what is working well and to highlight issues to be addressed in the Locality.*
- 1.6 Alongside the narratives for the Localities a wider range of data is being made available through Tableau public dashboards to aid you in identifying issues and opportunities in your Locality. The [Locality profiles](#) web pages contain:
 - Locality narratives (this document)
 - Dashboards with a wide range of supporting data
 - An overview of the data sources and metadata.
- 1.7 The local health system is actively developing information tools for the Integrated Care System. The emergent suite of Population Health Management (PHM) tools will, in time, provide up-to-date data for Dorset. We anticipate future versions of the narratives will align more closely with the Dorset PHM tools as these become established.

Structure of narrative

- 1.8 The narrative contains the following sections:
 - Locality basics – geography and demography
 - Wider determinants of wellbeing
 - Starting well – child and adolescent year indicators
 - Living well – the adult and working years indicators
 - Ageing well - the later working and retirement years indicators
 - Healthy places – presenting a range of indicators that impact across the life course
 - A focus on the major causes of population disability adjusted life years – the Global Burden of Disease (GBD):
 - Cancer and non-cancerous tumours;
 - Cardiovascular diseases;
 - Musculoskeletal disorders;

¹ Disease burden is the impact of a health problem on a given population. Measuring this allows the burden of disease to be compared between different areas and helps with predicting future health care needs. Probably the most well-known assessment of disease burden is the Global Burden of Disease (GBD) Study carried out by the World Health Organisation.

² Middle super output areas (MSOAs) are a census reporting unit of approximately 5,000 people. The 13 Localities across Dorset are each defined as aggregations of MSOAs. More detail on MSOAs and census output areas can be found here <https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeography#super-output-area-soa>

Last accessed 8/10/2019.

- Neurological disorders;
- Mental Health; and
- Chronic Respiratory diseases.

2. Locality basics – geography and demography

- 2.1 The population of Mid Dorset is approximately 48,300 (ONS 2017 Mid-Year Estimates), this being the third smallest population of the 13 Dorset Localities.
- 2.2 The Mid Dorset Locality is made up of five areas (MSOAs). The Locality is coterminous with the area covered by the Mid Dorset Primary Care Network (PCN), this is shown in the map on the rear page of this document.
- 2.3 Mid Dorset has a slightly older population than that of Dorset overall, which itself is older than that of England.
- 2.4 The age-sex structure of Mid Dorset is characterised by:
- Fewer (lower proportion of total) males and females than the Dorset average in the under fives;
 - Fewer (lower proportion of total) male and female younger adults than the Dorset average in the 15 - 19 years age group through to 35 – 39 years age group;
 - More males and females (higher proportion of total) than the Dorset average from the 45 – 49 years age group and at all age bands older than this; and
 - Compared with other Dorset Localities, Mid Dorset has one of the highest proportions of the total population (for both males and females) for the 50-54 (8%) and 55-59 (8%) years age bands³.
- 2.5 The areas that make up the Locality range in population from 7,752 in Bulbarrow Lydden Vale and Abbey (the smallest) to 11,667 in Piddle Cerne & Frome Valleys⁴.

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<https://public.tableau.com/profile/public.health.dorset#!/vizhome/JSNALocalityPopulationPyramid/MYEPopulationestimatesforLocalities> last accessed 26/01/2020

⁴ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 26/01/2020

3. Wider determinants of wellbeing

Key findings



Mid Dorset has significantly higher rates of Emergency admissions in under 5s and the 4th highest rate of the 13 Dorset Localities



Admissions for injuries for Children are significantly higher in Mid Dorset

Emergency hospital admissions for hip fracture in persons 65 years and above is significantly higher in Dorchester West



The percentage of people aged 65 and over living alone is highest in:

- Dorchester West
- Dorchester East.

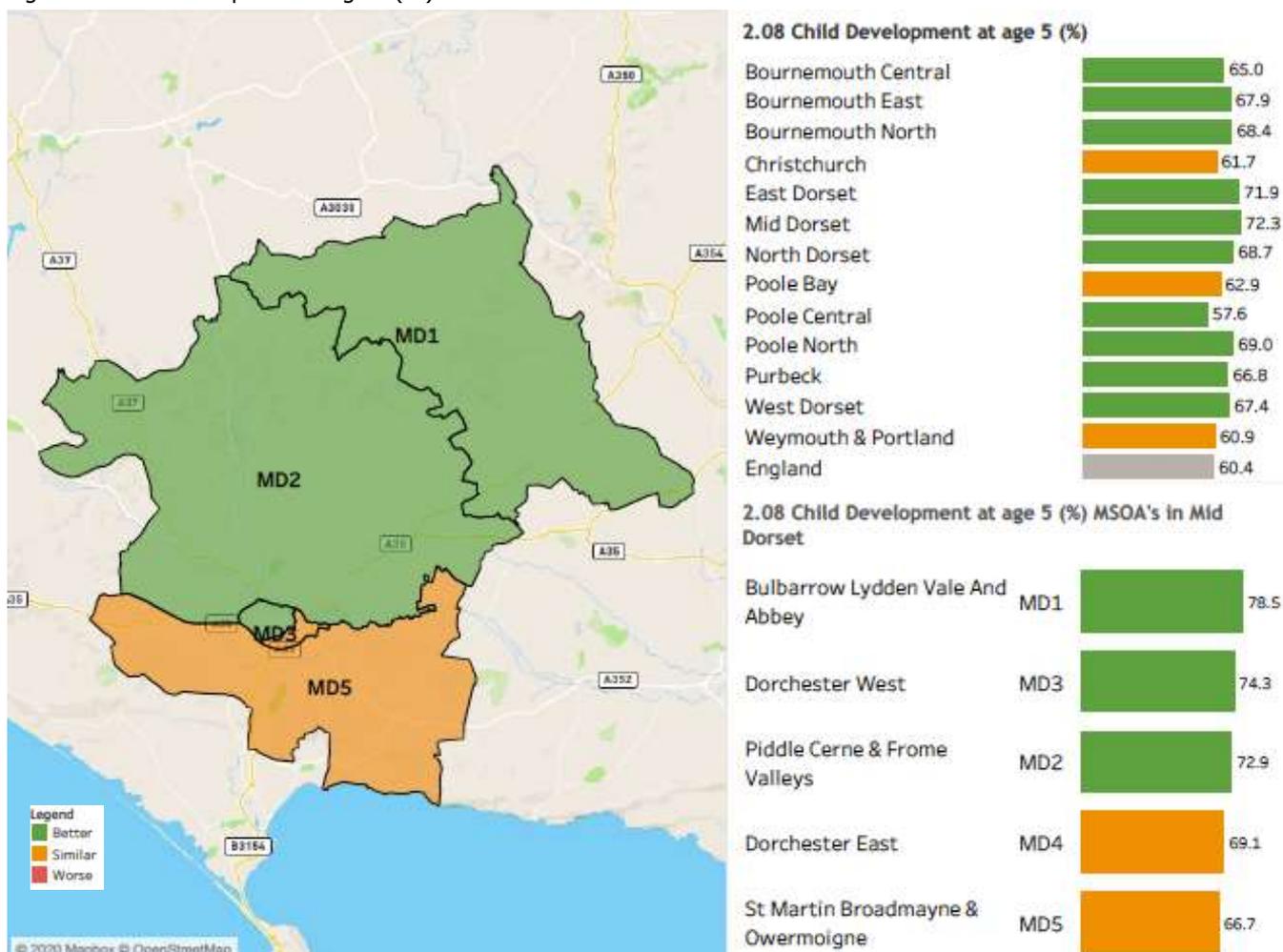


Starting well – child and adolescent year indicators

- 3.1 At the Locality level, Mid Dorset is similar to England averages for:
 - Low birthweight babies; and
 - Deliveries to teenage mothers.
- 3.2 Whilst the Locality is similar to England for the percentage of births that are low birth weight the Locality has the joint 4th highest percentage of the 13 Dorset Localities; within the Locality the percentage for the area Bulbarrow Lydden Vale And Abbey is amongst the highest 20% of areas across Dorset.
- 3.3 Whilst the Locality is similar to England for the *percentage of births to teenage mothers*, *Dorchester West is significantly greater than the England average* and is amongst the highest 20% of areas across Dorset
- 3.4 The percentage of 'children reaching a good level of development at 5 years' is significantly better than the England average for Mid Dorset overall, however the Locality level hides some variation across the five areas (see Figure 1 over-page):
 - Significantly higher (better) in
 - Bulbarrow Lydden Vale And Abbey;
 - Dorchester West; and
 - Piddle Cerne & Frome Valleys
 - Similar level (to England) found in Dorchester East and St Martin Broadmayne & Owermoigne

- The percentage ranging from a high of 78.5% in Bulbarrow Lydden Vale And Abbey (amongst the top 10% of all areas in Dorset) to 66.7% in St Martin Broadmayne & Owermoigne.

Figure 1: Child Development at age 5 (%) in Mid Dorset



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 05/02/2020

- 3.5 At the Locality level, whilst Mid Dorset is significantly better (lower) than the England average for *A&E attendances in under 5s (Crude rate per 1000)* the Locality has the 4th highest rate of the 13 Dorset Localities and *Dorchester West* is amongst the highest 20% of areas across Dorset.
- 3.6 Mid Dorset is significantly higher (better) than the England average for GCSE achievement and is joint highest of the 13 Dorset Localities; *Dorchester East* is both significantly higher than the England level and amongst the highest 20% of areas across Dorset.
- 3.7 Mid Dorset is significantly better (lower percentages of families living in deprived families) than England for child poverty; all the areas within the Locality are significantly lower than England.
- 3.8 At the Locality level, *Mid Dorset is significantly worse than the England average for a number of hospital admissions indicators:*
- Emergency admissions in under 5s (Crude rate per 1000) (the Locality has the 4th highest rate of the 13 Dorset Localities with 3 of the 5 areas being significantly higher than England and Martin Broadmayne & Owermoigne in the highest 10% of areas across Dorset;*
 - Admissions for injuries in under 5s (Crude rate/100,000 aged 0-4), (the Locality is mid range amongst the 13 Dorset Localities (6th highest) with a wide range within the Locality, from*

- 205 in Piddle Cerne & Frome Valleys (significantly higher than England and amongst the highest 20% of areas across Dorset); down to
 - 116 in Bulbarrow Lydden Vale And Abbey (amongst the lowest 20% of areas across Dorset)
 - Admissions for injuries in under 15s (Crude rate/100,000 aged 5-14), the Locality is mid range amongst the 13 Dorset Localities (7th highest) with a wide range within the Locality, from
 - 150 in Piddle Cerne & Frome Valleys (significantly higher than England and amongst the highest 20% of areas across Dorset); down to
 - 105 in Dorchester East (amongst the lowest 30% of areas across Dorset)
 - Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000), (the Locality being 4th highest of the 13 Dorset Localities with Piddle Cerne & Frome Valleys again being significantly higher than England and amongst the highest 20% of areas across Dorset).
- 3.9 Childhood Immunisation Rates for MMR Dose 2 (percentage of children immunised by 5 years old) in Mid Dorset are at or above the target level of 95% in six of the eight practices, ranging in 2018/19 from a low of 92% in Atrium Health Centre to 100% in Puddletown Surgery. All eight practices recorded considerable increases in 2018/19 from the previous year⁵.

Living well – the adult and working years indicators

- 3.10 The *percentage of the working age claiming out of work benefits* is significantly better (lower) for Mid Dorset Locality (and the five areas that comprise the Locality) than England and joint lowest of the 13 Localities in Dorset.
- 3.11 Modelled estimates of obese adults, healthy eating and binge drinking in adults all suggest that the areas within the Locality are all similar to England as a whole. This is of particular concern as we are faced with a national obesity epidemic and unhealthy eating and inactivity are at health damaging levels both locally and nationally.
- 3.12 Data collated by Dorset Public Health Intelligence team can provide insights into the use of Substance misuse services by residents in the Locality. Analysis of this shows the number of residents from Mid Dorset in treatment for alcohol dependency to have increased over the last five years, in line with figures for Dorset as a whole. The rate for Mid Dorset is –AWAITING DATA -- highest across the 13 Dorset Localities (latest data, 2017/18).
- 3.13 Using information from the Primary Care Network profiles produced by the Dorset Intelligence and Insight Service some real time data at locality level can be accessed. Please note that this is a developing area and not all information is complete. There are also no national or regional comparators at this point.
- 3.14 Information from 9/12/19 showed that for the Mid Dorset population nearly –AWAITING DATA -- had at least one long-term condition. This was showing as the –AWAITING DATA -- highest figure for Dorset overall. –AWAITING DATA -- were the biggest contributors.

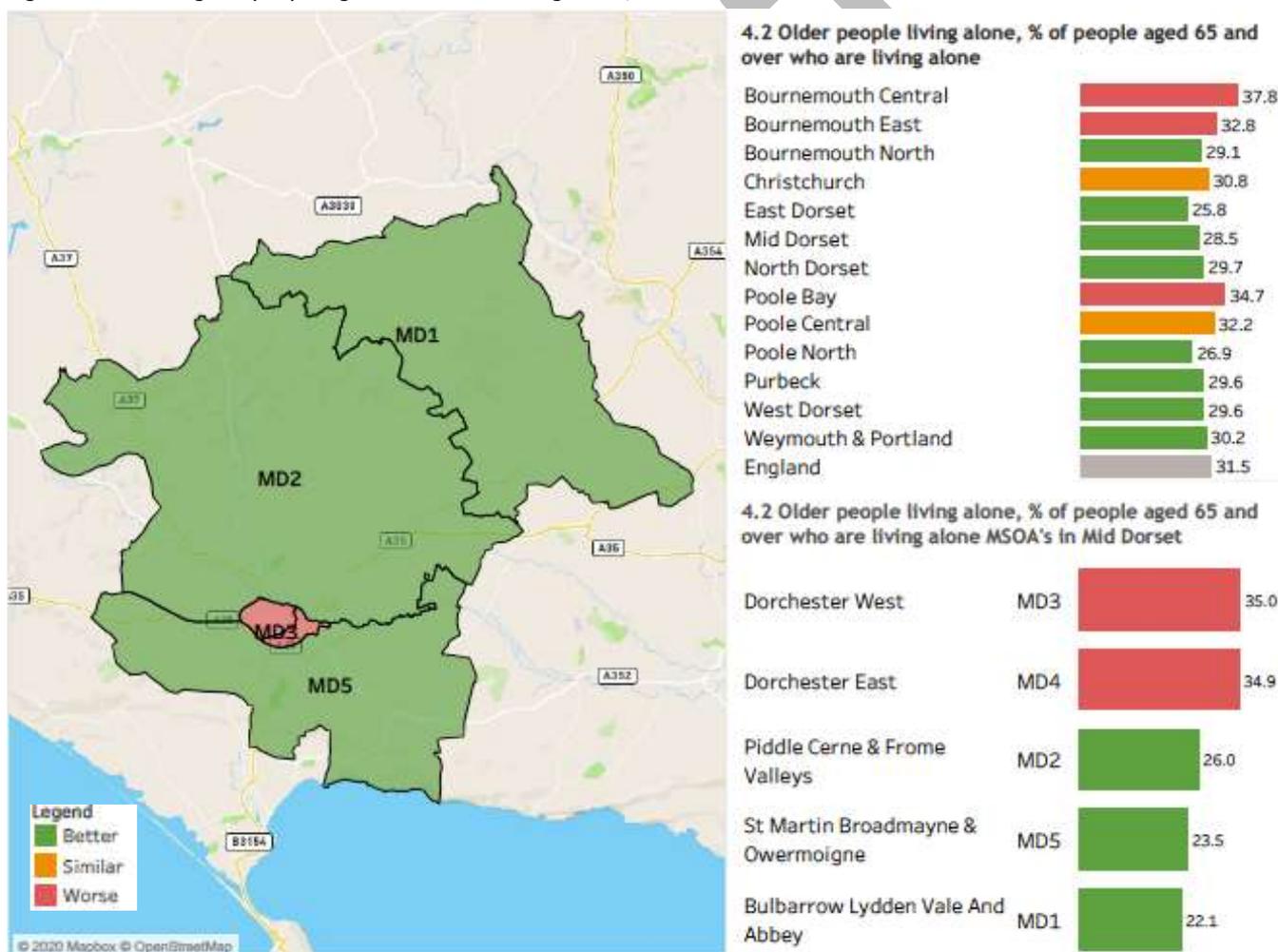
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<https://public.tableau.com/profile/public.health.dorset#!/vizhome/ChildImmunisationatPracticeLevel201819/TrendanalysisbyLocality> last accessed 05/02/2020

Ageing well - the later working and retirement years indicators

- 3.15 At the Locality level, Mid Dorset has a significantly better (lower) score for older people in deprivation (indicator 4.1) than England. This is reflected in significantly lower levels in each of the five areas that make up the Locality. The Locality has the 3rd lowest score of the 13 Dorset Localities.
- 3.16 At the Locality level, Mid Dorset is significantly lower than the England average for the *percentage of people aged 65 and over living alone* and ranks 3rd lowest of the 13 Dorset Localities. However, as shown in Figure 2 below, there is some variation across the Locality from a low of 22% in Bulbarrow Lydden Vale And Abbey to 35% in Dorchester West. The percentage for both *Dorchester West and Dorchester East is significantly higher than that for England*.
- 3.17 The percentage of people aged 65 and over living alone has been used as a crude indicator of areas where vulnerable older people may be living. Increasingly though as the population ages, many people will be living ‘frailty free’ until much older age.

Figure 2: Percentage of people aged 65 and over living alone, 2011 Census



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 05/02/2020

- 3.18 At the locality level, *Emergency hospital admissions for hip fracture in persons 65 years and over* (indicator 4.3) in Mid Dorset is similar to the England average with the Locality ranking 6th highest of the 13 Dorset Localities. The ratio is significantly higher than the England level in *Dorchester West*, this area’s score being amongst the highest 20% of areas across Dorset.
- 3.19 Emergency admissions for hip fracture are linked with falls and osteoporosis. Maintaining good levels of physical activity is important at all stages in life; exercising regularly reduces the rate of bone loss and conserves bone tissue, lowering the risk of fractures. Physical activity also helps reduce the risk of falling.

Healthy places

- 3.20 The income deprivation (indicator 5.2) in Mid Dorset is better (lower) than the England average, the Locality has the joint 3rd lowest percentage of people living in income-deprived households of the 13 Dorset Localities. All five areas within the Locality are significantly lower than the England average.
- 3.21 The proportion of people in Mid Dorset providing at least an hour of unpaid care per week is similar to the England average with this being found in each of the five areas within the Locality.
- 3.22 People providing unpaid care to family and /or friends may find that their opportunities for paid work are limited. Lack of support to carers coupled with isolation of the carer may also have negative impacts on the carers' health and wellbeing.

Themes to consider for locality initiatives:

1. Mid Dorset has significantly higher rates of Emergency admissions in under 5s and the 4th highest rate of the 13 Dorset Localities
2. Admissions for injuries for Children are significantly higher across Mid Dorset
3. The percentage of people aged 65 and over living alone in Dorchester West and Dorchester East is significantly higher than that for England
4. Emergency hospital admissions for hip fracture in persons 65 years is significantly higher than the England level in Dorchester West

Getting started - some resources for planning actions:

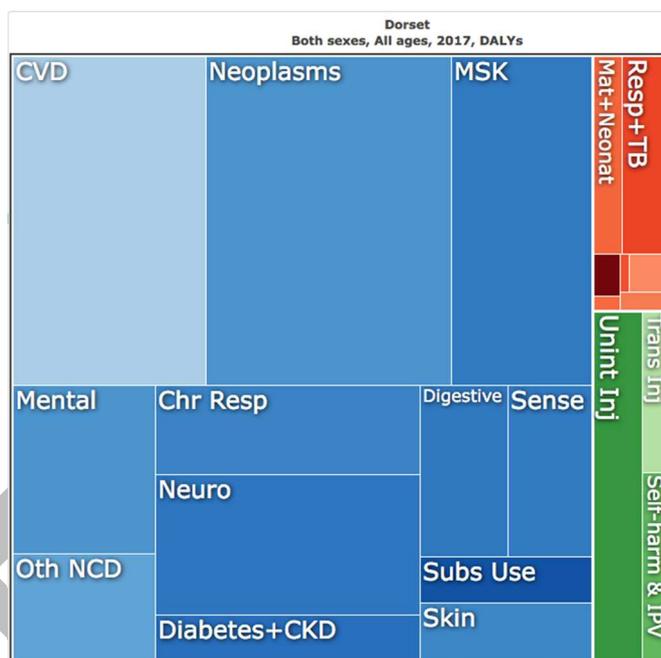
- > [Local action on health inequalities: research evidence supporting action to reduce health inequalities](#)
- >> [Combating loneliness A guide for local authorities](#)
- >>> The Dorset Locality Profiles website provides [interactive dashboard](#) with more detailed data
- >>>> Your Dorset Public Health Link worker will support local actions, please contact xxxxx

4. Global burden of disease

Introduction

4.1 Disease burden is the impact of a health problem on a given population. Measuring this allows the burden of disease to be compared between different areas and helps with predicting future health care needs.

4.2 Probably the most well-known assessment of disease burden is the Global Burden of Disease (GBD) Study carried out by the World Health Organisation. GBD researchers first devised the concept of Disability-Adjusted Life-Years (DALYs). DALYs combine years of life lost from premature death and years of life lived in less than full health⁶. These disabilities can be physical or mental. One DALY can be thought of as one lost year of 'healthy' life.



4.3 The 'GBD compare' tool enables international down to England Local Authority level comparison of disease burden. The top causes of total disability adjusted life years (lost) (DALYs) in Dorset County Council area (2017) are as follows:

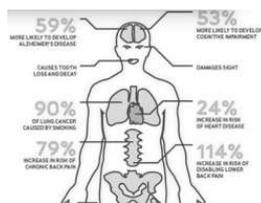
- Cancers & benign tumours (20%);
- Cardiovascular diseases (CVD) (16%);
- Musculoskeletal disorders (MSK) (12%);
- Neurological disorders (9%);
- Mental Health (6%); and
- Chronic respiratory disease (6%)⁷.

4.4 In this section we consider the above GBD causes using a combination of the Local Health indicators and GP practice profile data. The GP practice profiles data from PHE fingertips relates to periods during which there were 8 practices in the Mid Dorset Locality.

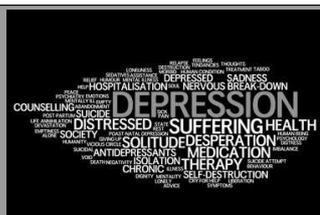
⁶ https://www.who.int/healthinfo/global_burden_disease/about/en/ last accessed 3rd December 2019

⁷ Source: <https://vizhub.healthdata.org/gbd-compare/> last accessed 5th December 2019, figures for each cause are the percentage of total disability adjusted life years (lost) (DALYs) in Dorset County Council area (2017)

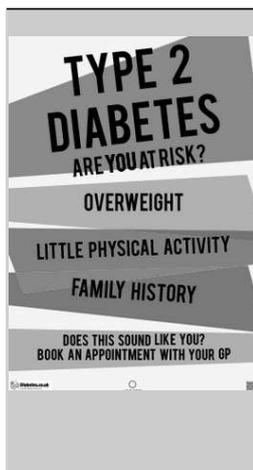
Key findings



Smoking prevalence is relatively low in the Locality but varies across the practices from 11% in Cerne Abbas Surgery to **17% for Fordington Surgery**

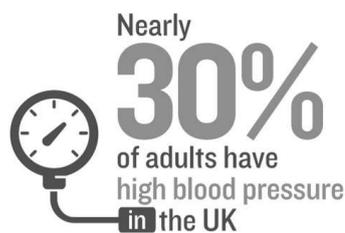


Adult depression is significantly high for Fordington Surgery



Newly diagnosed diabetics referred to an education programme within 9 months decreased in 6 of 8 practices. **Milton Abbas Medical Practice and Atrium Health Centre achieved only 1 in 4**

Blood pressure control for Mid Dorset Diabetics varies considerably from **67% for Fordington Surgery** to 82% for Atrium Health Centre



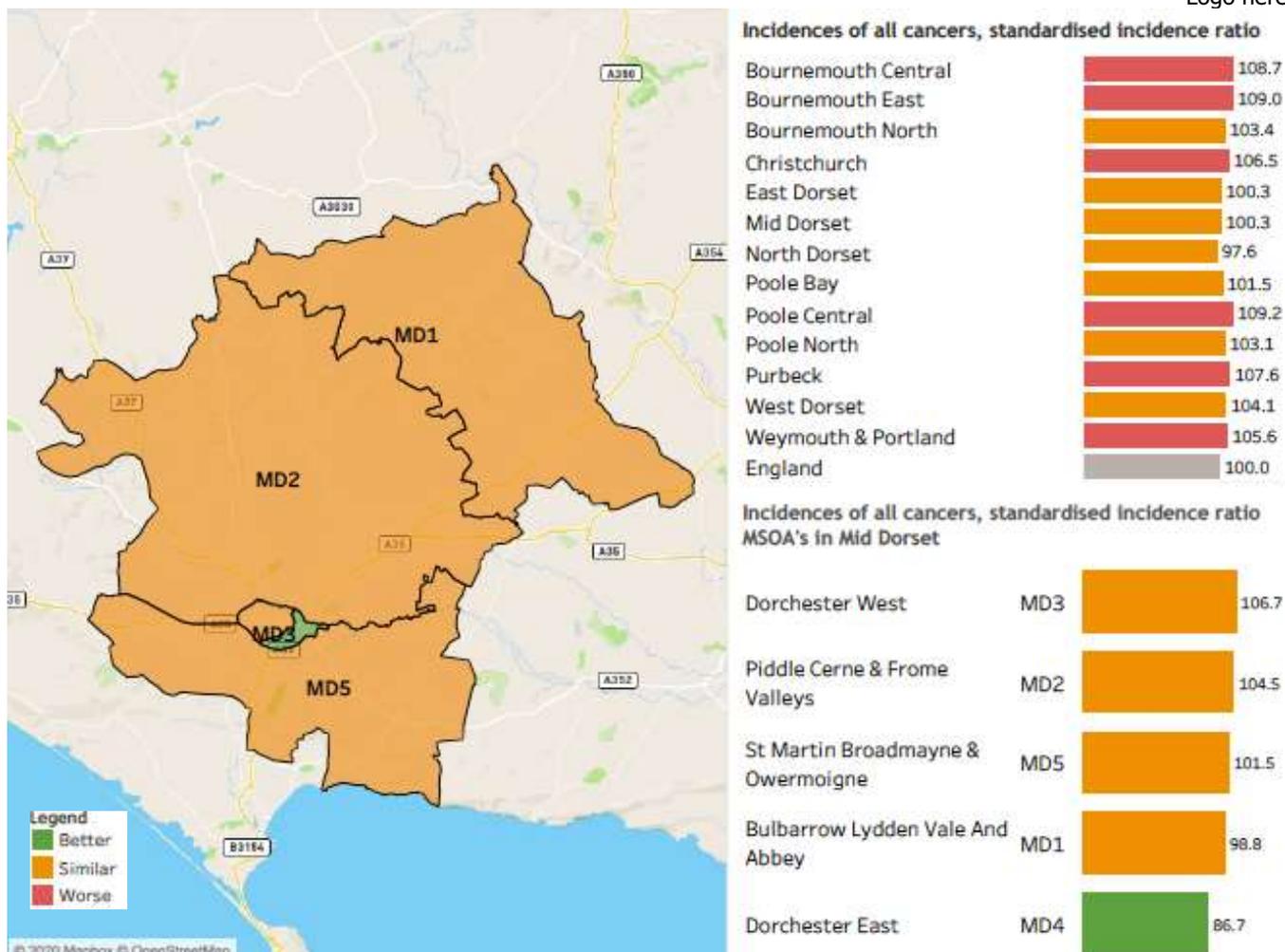
Cancers and benign tumours

- 4.5 When cells divide and grow excessively; they can be benign (not cancerous) or malignant (cancerous).
- 4.6 Figure 3 (over-page) shows similar to expected new cancer cases for the Mid Dorset Locality and within the locality, significantly lower than expected⁸ levels of new cancers in Dorchester East.

Figure 3 New cases of cancers, standardised incidence ratio 2012-16⁹

⁸ Comparing actuals to the number that would be expected if the area had the same age-sex specific rates as England overall

⁹ For more detail see <https://fingertips.phe.org.uk/profile/local-health/data#page/6/gid/1938133184/pat/101/par/E07000223/ati/8/are/E05007562/iid/93234/age/1/sex/4>



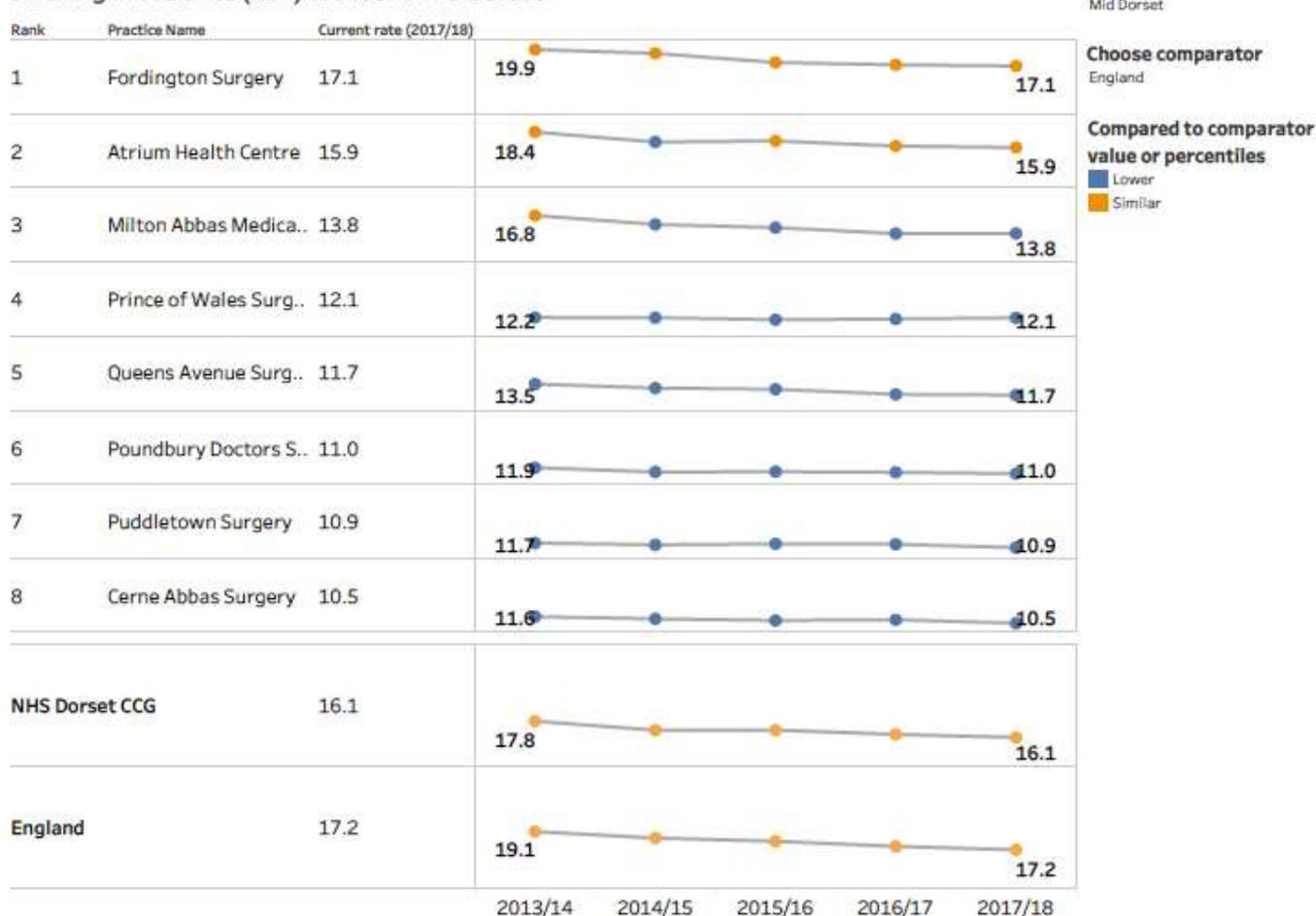
Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 05/02/2020

- 4.7 The category of cancers comprises a wide range of cancers with the largest three being:
- Lung cancer (3.5% of Dorset total all cause DALYs)
 - Colon and rectum cancer (2%)
 - Breast cancer (2%).
- 4.8 Smoking is a key risk factor in many cancers. It causes at least 15 different types of cancer and around 7 in 10 lung cancer cases in the UK¹⁰.
- 4.9 Smoking prevalence in six of the eight practices in Mid Dorset is significantly lower than the England average; the other two being similar. See figure 4 over-page.

Figure 4: Percentage of general practice registered patients 15 years and over recorded as current smokers

¹⁰ <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/how-does-smoking-cause-cancer> last accessed 5th December 2019

Smoking Prevalance (15+) Trends in Mid Dorset



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeSmokingprevalence201718/SmokingPrevalance15> last accessed 05/02/2020

- 4.10 The number of years spent smoking affects cancer risk; smoking one pack a day for 40 years is even more dangerous than smoking two packs a day for 20 years.
- 4.11 It's never too late to stop. Smokers should be encouraged to speak to their GP or pharmacist, or visit NHS Smokefree for free support to help stop. The more cigarettes smoked a day, the higher the risk of cancer, so reducing the number of cigarettes you smoke a day can be a good first step.
- 4.12 Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>).

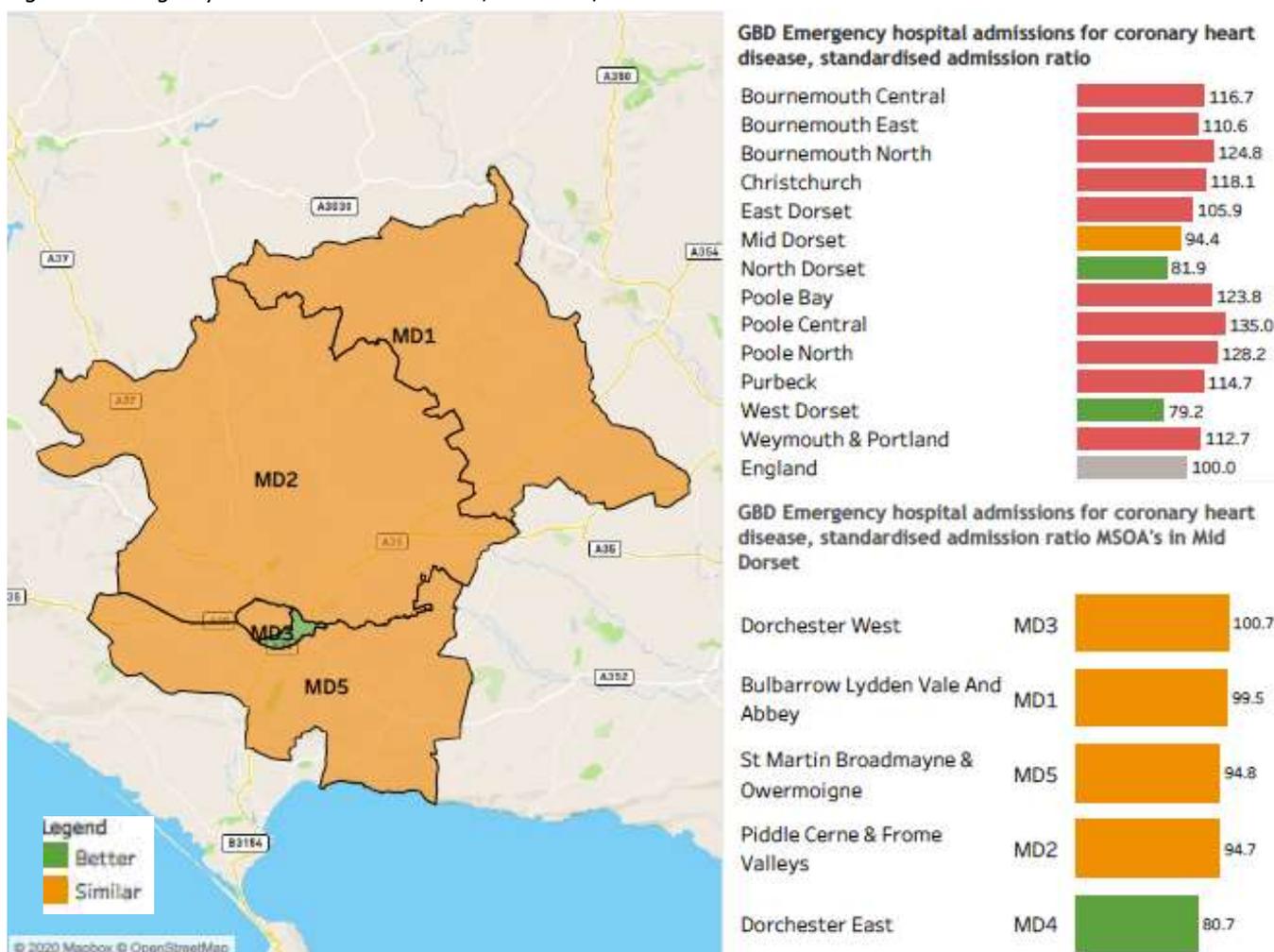
Cardiovascular diseases

- 4.13 Two thirds of the DALYs relating to cardiovascular diseases in Dorset are attributable to coronary heart disease (7% of the Dorset total all cause DALYs) and stroke (4%).

Coronary heart disease

- 4.14 Nationally, 1 in 6 men and 1 in 10 women die from coronary heart disease.
- 4.15 Emergency admissions for Coronary Heart Disease (CHD) can give an indication as to how well the condition is being managed.
- 4.16 At the Mid Dorset Locality level, Emergency admissions for CHD are similar to expected compared with the England average.
- 4.17 As we see from Figure 5 over-page, admissions are significantly lower in Dorchester East, this being amongst the lowest 20% of areas across Dorset.

Figure 5: Emergency admissions for CHD, 2013/14 – 2017/18¹¹



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 05/02/2020

Stroke

1 in 6 men
1 in 5 women
will have a stroke by the age of 75

Stroke is one of the largest causes of disability - half of all stroke survivors have a disability.

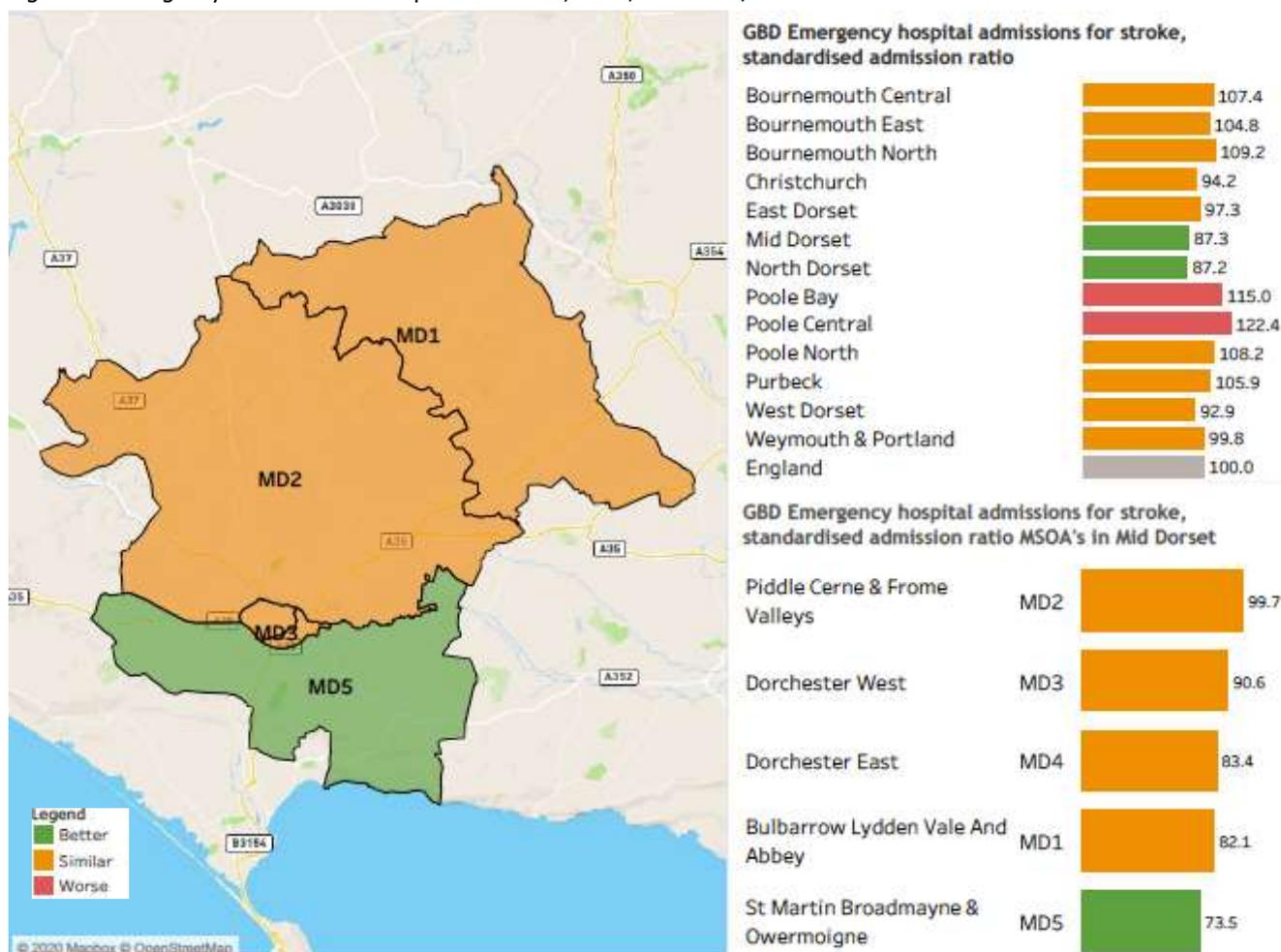
4.18 Emergency admissions for Stroke can give an indication as to how well cerebrovascular diseases (CVD) such as stroke are being managed.

4.19 At the Mid Dorset Locality level, Emergency admissions for Stroke are significantly lower than the England value, and 2nd lowest of the 13 Dorset Localities.

4.20 Emergency admissions for stroke are similar in the four areas of the Locality to the England average, and significantly lower in St Martin Broadmayne & Owermoigne (amongst the lowest 10% of areas in Dorset) (see Figure 6).

¹¹ This standardised admission ratio allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. For more detail see: <https://fingertips.phe.org.uk/profile/local-health/data#page/6/gid/1938133184/pat/101/par/E07000223/ati/8/are/E05007562/iid/93229/age/1/sex/4>

Figure 6: Emergency admissions to hospital for stroke, 2013/14 – 2017/18¹²



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 05/02/2020

4.21 The main risk factors for CVD¹³ are:

- High blood pressure
- Smoking
- High cholesterol
- Diabetes and
- Inactivity.

4.22 Many people with [type 2 diabetes](#) are also overweight or obese, which is also a risk factor for CVD. Type 2 diabetes is largely preventable. Increasing levels of diabetes in the population place a growing burden on the health and care system.

4.23 In the next section we examine how well diabetes is being managed in the Locality.

Diabetes management

4.24 Effective control and monitoring of diabetes can reduce mortality and morbidity. Type 2 diabetes is both preventable and can be controlled by lifestyle interventions (improved diet and increased physical activity). Much of the management and monitoring of diabetic

¹² This standardised admission ratio allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. For more detail see:

<https://fingertips.phe.org.uk/profile/local-health/data#page/6/gid/1938133184/pat/101/par/E07000223/ati/8/are/E05007562/iid/93231/age/1/sex/4>

¹³ <https://www.nhs.uk/conditions/cardiovascular-disease/> last accessed 17th December 2019

patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

- 4.25 In keeping with Dorset overall and England as a whole, the recorded prevalence of diabetes amongst adults in the Locality has increased in recent years. Dorset overall this has increased from 5.3% in 2009/10 to 6.4% in 2017/18.
- 4.26 In Mid Dorset Locality the prevalence of diabetes has increased in line with national trends. Levels across the practices are broadly similar to those for England (6 out of 8 practices similar with Queens Avenue Surgery and Prince of Wales Surgery significantly lower)).
- 4.27 Newly diagnosed patients with diabetes referred to an education programme within 9 months is a national indicator that provides an indication of how well patients are supported in primary care¹⁴. This measure shows decreases (Figure 7 over-page) in six of the eight Mid Dorset practices over the last 5 years.
- 4.28 There is wide variation across the 8 Mid Dorset practices for this indicator:
- 100% of newly diagnosed patients with diabetes in Prince of Wales Surgery were referred to an education programme within 9 months (2017/18)
 - Prince of Wales Surgery and Cerne Abbas Surgery had percentages significantly higher than that for England overall (2017/18)
 - The lowest percentage (24% in 2017/18) was recorded in Atrium Health Centre, the percentage for this practice being consistently below the England level

Figure 7: Percentage of newly diagnosed diabetic patients referred to structured education programme within 9 months of entry onto diabetes register

¹⁴ <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000002/pat/152/par/E38000045/ati/7/are/J81613/iid/91238/age/187/sex/4> last accessed 17th December 2019



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 05/02/2020

- 4.29 Exception reporting was introduced into the Quality and Outcomes Framework to allow practices to pursue quality improvement and not be penalised when patients do not attend for review, or a medication cannot be prescribed due to a contraindication or side-effect¹⁵.
- 4.30 It has been suggested that patients noted as exceptions may not be receiving routine care and hence are more likely to have poorer outcomes¹⁶; alternative approaches should be used to engage those patients who do not attend medical check-ups.
- 4.31 *Fordington Surgery, Prince of Wales Surgery and Queens Avenue Surgery all showed significantly higher diabetes exception rates in 2017/18 than the England average. The lowest in the Locality was 10% (Atrium Health Centre), the highest 23% (Fordington Surgery).*
- 4.32 *Sugar control across the Mid Dorset practices is generally similar to that for England with the exception of Poundbury Doctors Surgery/Cornwall Road Medical Practice, which is consistently significantly lower than the England level.*
- 4.33 *Blood pressure control for Mid Dorset Diabetics is significantly higher than England for Atrium Health Centre and Milton Abbas Medical Practice, but significantly lower for*

¹⁵ <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000003/pat/152/par/E38000045/ati/7/are/J81613/iid/248/age/1/sex/4> last accessed 10 October 2019

¹⁶ <https://www.hsj.co.uk/comment/time-to-scrap-gp-exception-reporting/5023669.article> last accessed 10 October 2019

Poundbury Doctors Surgery/Cornwall Road Medical Practice and Fordington Surgery (2017/18 data), see Figure 8 below)¹⁷.

Figure 8: Percentage of diabetic patients achieving blood pressure control in Mid Dorset Locality



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 05/02/2020

4.34 People with diabetes and high blood pressure are more at risk of having a heart attack or stroke¹⁸. The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size), is consistently significantly higher in five of the eight Mid Dorset practices than the England average.

¹⁷ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 23/01/2020

¹⁸ <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/blood-pressure> last accessed 12 October 2019

Musculoskeletal disorders

- 4.35 Low back pain (6% of total Dorset DALYs) and neck pain (2%) comprise ¾ of all musculoskeletal disorder DALYs.
- 4.36 40% of NHS sickness absence is due to musculoskeletal issues. Good musculoskeletal health can prevent (or reduce the impacts of) low back and neck pain.
- 4.37 The Limiting long-term illness or disability indicator from Local Health gives a proxy measure of the impact of low back and neck pain (and other conditions).
- 4.38 *One in five people in Mid Dorset reported have a limiting long term illness or disability, at 18.9% this is significantly higher than the England average.*
- 4.39 Figure 9 below shows considerable variation within the Locality. The highest proportion is found in *Dorchester West (22.2% being significantly higher than England and in the highest 30% of areas across Dorset)*; the lowest in *Piddle Cerne & Frome Valleys (16.7% being significantly lower than England and in the lowest 20% of areas across Dorset).*

Musculoskeletal health: National picture

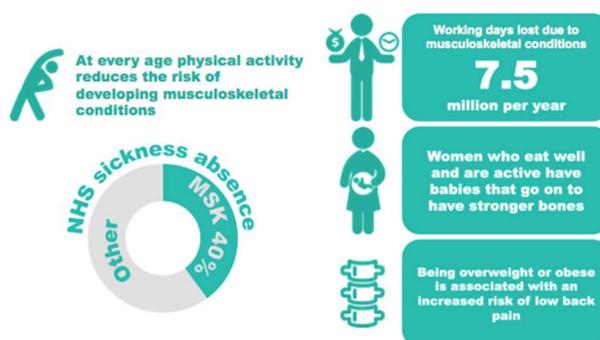
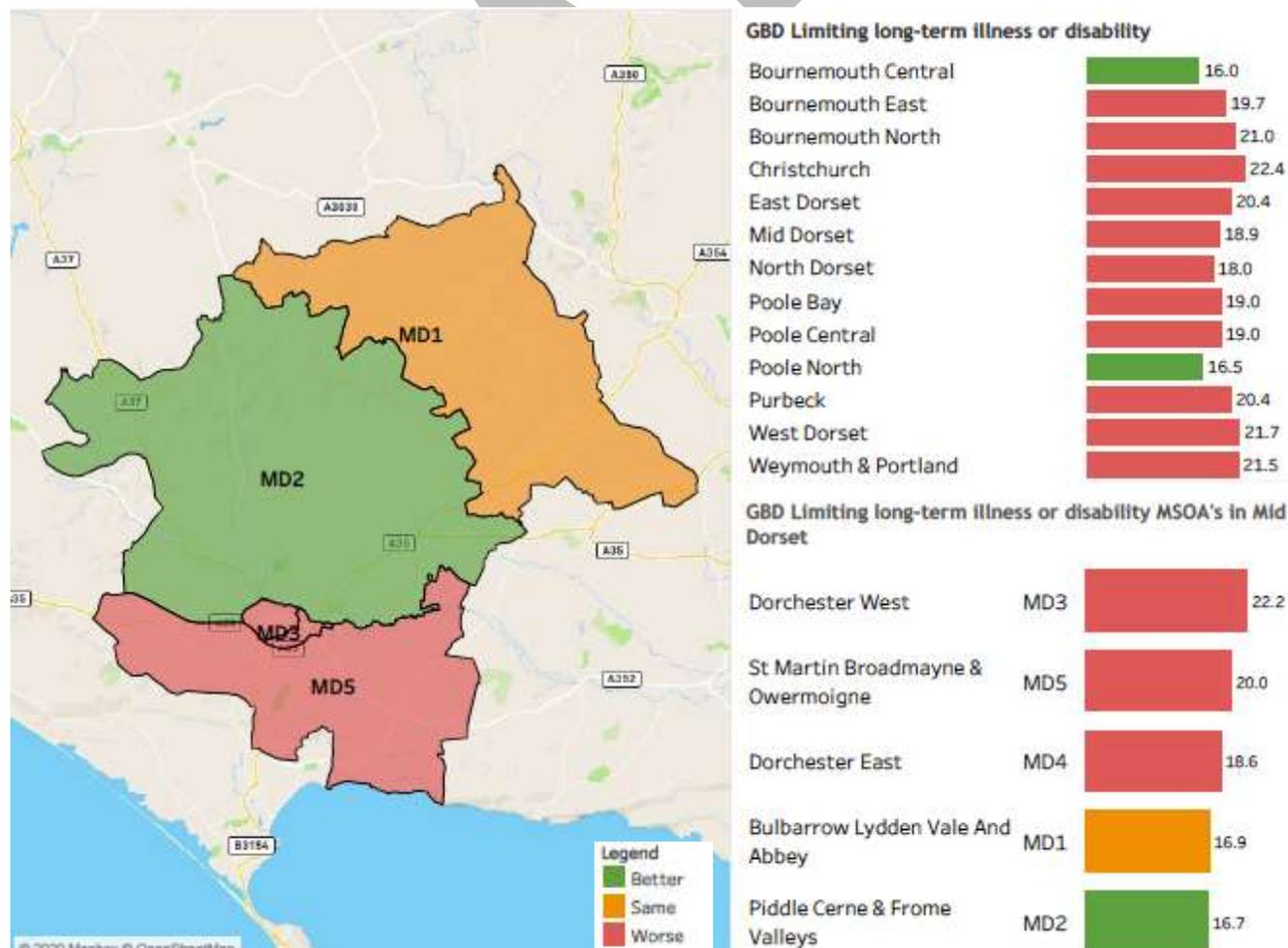


Figure 9 Percentage of residents with a long term limiting illness (LTLI), 2011 Census



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 05/02/2020



4.40 Keeping fit and active, and avoiding long periods of sedentary behaviour are key to maintaining good musculoskeletal health.

4.41 Livewell Dorset provides help and advice on becoming more active (<https://www.livewelldorset.co.uk/get-active/>).

4.42 NHS employers are encouraging the workforce to become more active through workplace wellbeing initiatives. The STP / ICS is encouraged to reach out to support other employers in making the case for promoting workplace wellbeing.

Neurological disorders

4.43 Almost half of the DALYs arising from neurological disorders in Dorset are accounted for by Alzheimers and other dementias (5% of all cause DALYs in Dorset).

4.44 The onset and progression of some dementias can be prevented through lifestyle interventions. The risk of dementia can be reduced by:

- eating a healthy, balanced diet
- maintaining a healthy weight
- exercising regularly
- keeping alcohol to a minimum
- stopping smoking
- keeping blood pressure at a healthy level¹⁹.

4.45 In keeping with national and Dorset wide trends, the prevalence of dementia recorded by Mid Dorset practices has increased over recent years.

4.46 *Fordington Surgery recorded significantly higher levels of dementia than the England and Dorset averages (2017/18).*

4.47 There is variation across the Mid Dorset practices in terms of the percentage of dementia patients with a care plan reviewed in the past 12 months.

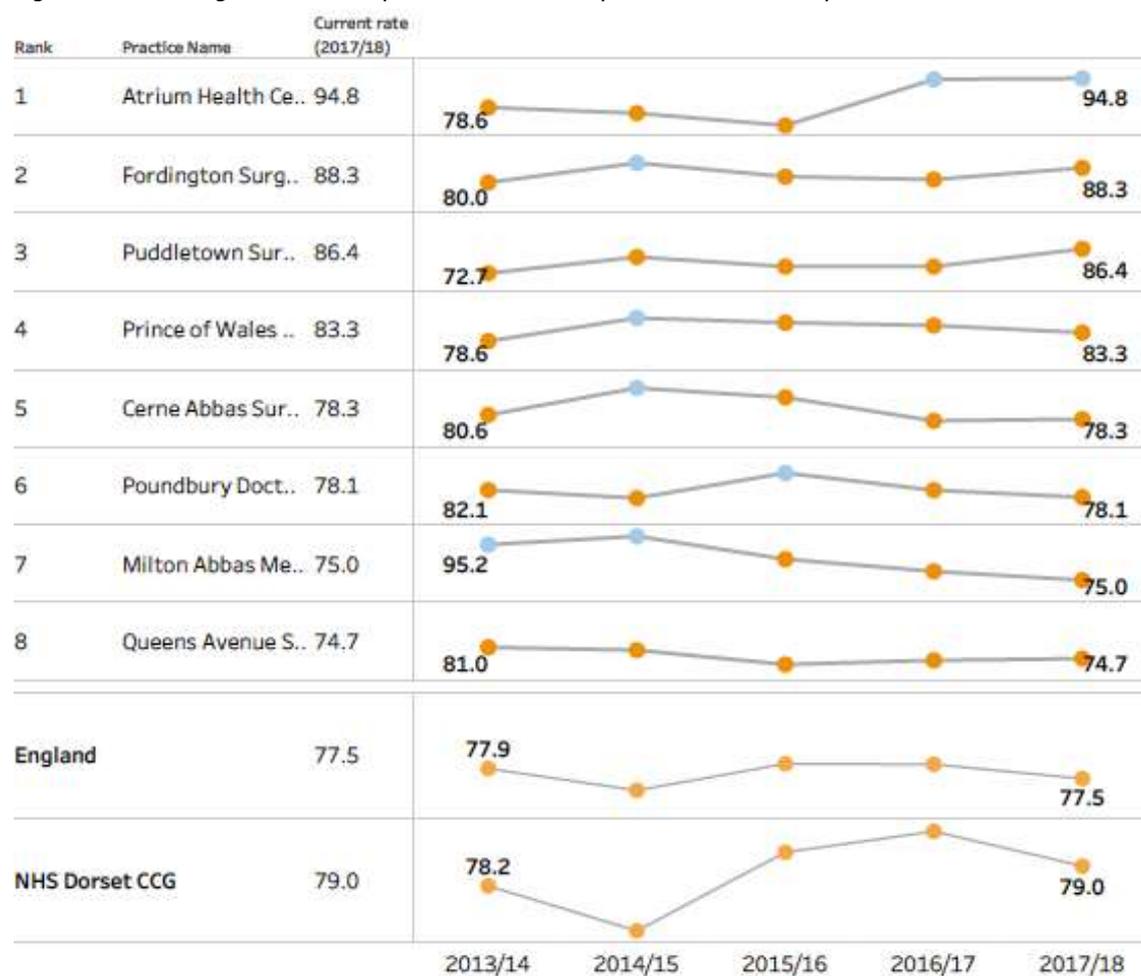
4.48 In Figure 10 (over-page) we see that:

- Proportions have increased in 4 of the 8 practices

¹⁹ <https://www.nhs.uk/conditions/dementia/dementia-prevention/> last accessed 17th December 2019

- Atrium Health Centre achieved a significantly higher level than England (2017/18).

Figure 10 Percentage of dementia patients with a care plan reviewed in the previous 12 months



■ Lower
 ■ Similar
 ■ Higher

Source:

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 05/02/2020

- 4.49 The percentage of dementia patients with a care plan reviewed in the past 12 months indicator includes those patients that the practice has identified as being 'exceptions'²⁰.
- 4.50 Exception rates in Mid Dorset practices are consistently similar to, or lower than, the England average. Rates vary across the Mid Dorset practices from 0% for the Cerne Abbas Surgery to 13% for the Fordington Surgery²¹.
- 4.51 Loneliness and depression are noted by NICE as important risk factors for dementia. Reducing the number of people with depression is important as depression may reduce the resilience to dementia onset and progression²².
- 4.52 Figure 11 over-page shows the *prevalence of adult depression* to have fallen between 2009/10 and 2012/13, and then risen through to 2017/18 in the 8 Mid Dorset practices.
- 4.53 There is considerable variation across the 8 Mid Dorset practices:

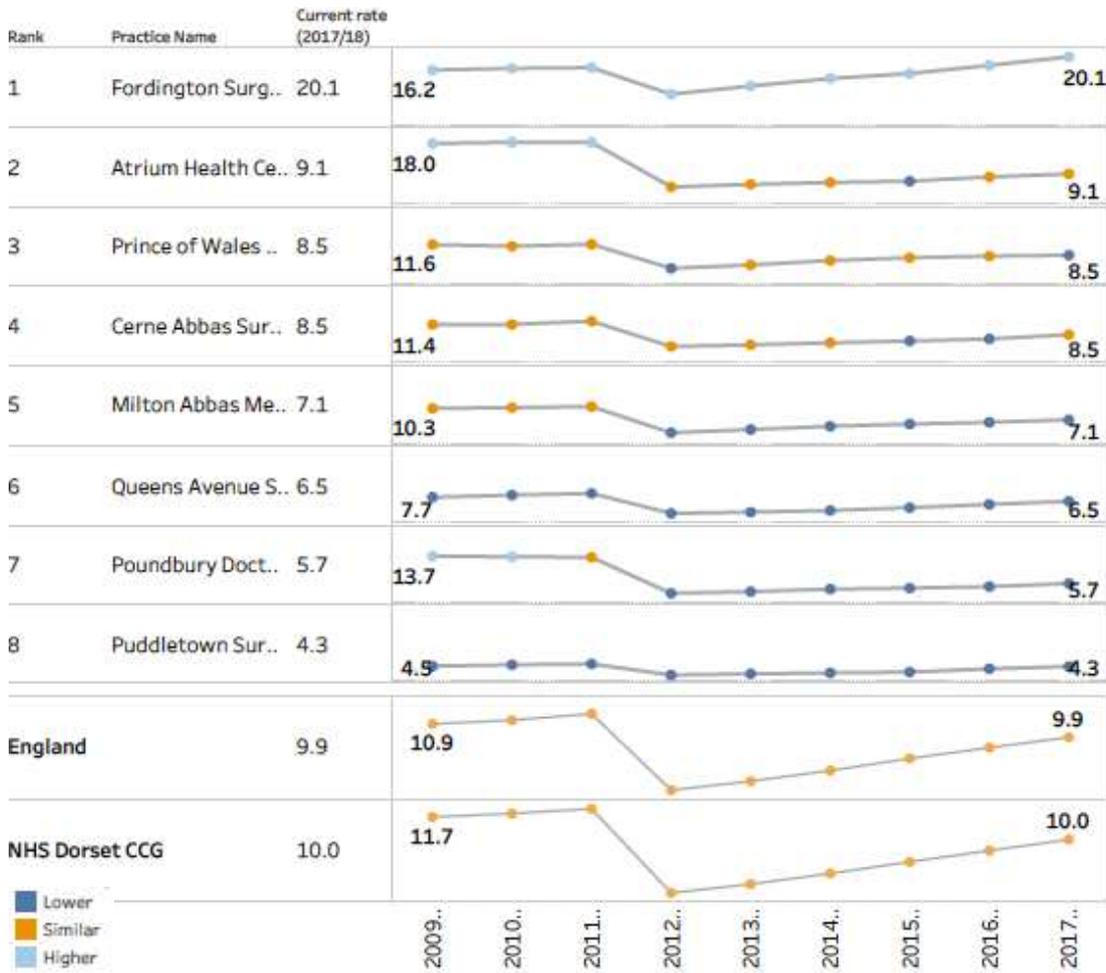
²⁰ <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000003/pat/152/par/E38000045/ati/7/are/J81613/iid/248/age/1/sex/4> last accessed 10 October 2019

²¹ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 5th December 2019

²² <https://www.nice.org.uk/guidance/ng16> last accessed 17th December 2019

- Puddletown Surgery, Poundbury Doctors Surgery/Cornwall Road Medical Practice, Queens Avenue Surgery and Milton Abbas Medical Practice are consistently significantly lower than England and Dorset levels
- The lowest being Puddletown Surgery at 4.3% (2017/18); and
- The highest being Fordington Surgery at 20%.

Figure 11: Percentage of patients aged 18 years and over with recorded depression



<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes>
last accessed 05/02/2020

Chronic respiratory diseases

- 4.54 The largest disease in this category is chronic obstructive pulmonary disease (COPD) which accounts for 70% of chronic respiratory diseases (4.2% of all causes DALYs for Dorset).

Chronic obstructive pulmonary disease (COPD)

- 4.55 Nationally, 3,000,000 people are estimated to have COPD, of which only one third are diagnosed.
- 4.56 Emergency admissions for COPD can give an indication as to how well the condition is being managed. Factors outside of the health service such as the availability of community support services will also impact on emergency admissions.
- 4.57 At the Mid Dorset Locality level, Emergency admissions for COPD are significantly better (lower) than the England average; the Locality is ranked 3rd lowest of the 13 Dorset Localities.
- 4.58 Lung cancer is closely associated with COPD. The incidence of lung cancer is significantly better (lower) in Mid Dorset (compared with England). The locality has the lowest level of the 13 Dorset Localities with no areas within the locality showing significantly higher rates than the England average²³.
- 4.59 Smoking is an important risk factor in developing COPD and lung cancer. We see at point 4.9 that in line with England and Dorset as a whole, smoking prevalence has shown a small decrease over the last five years in Mid Dorset.
- 4.60 As the levels of smoking decrease we are left with 'harder to quit' smokers. For these people the standard smoking cessation support offer may not work and different approaches may be required.
- 4.61 Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>)

²³ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 5th December 2019

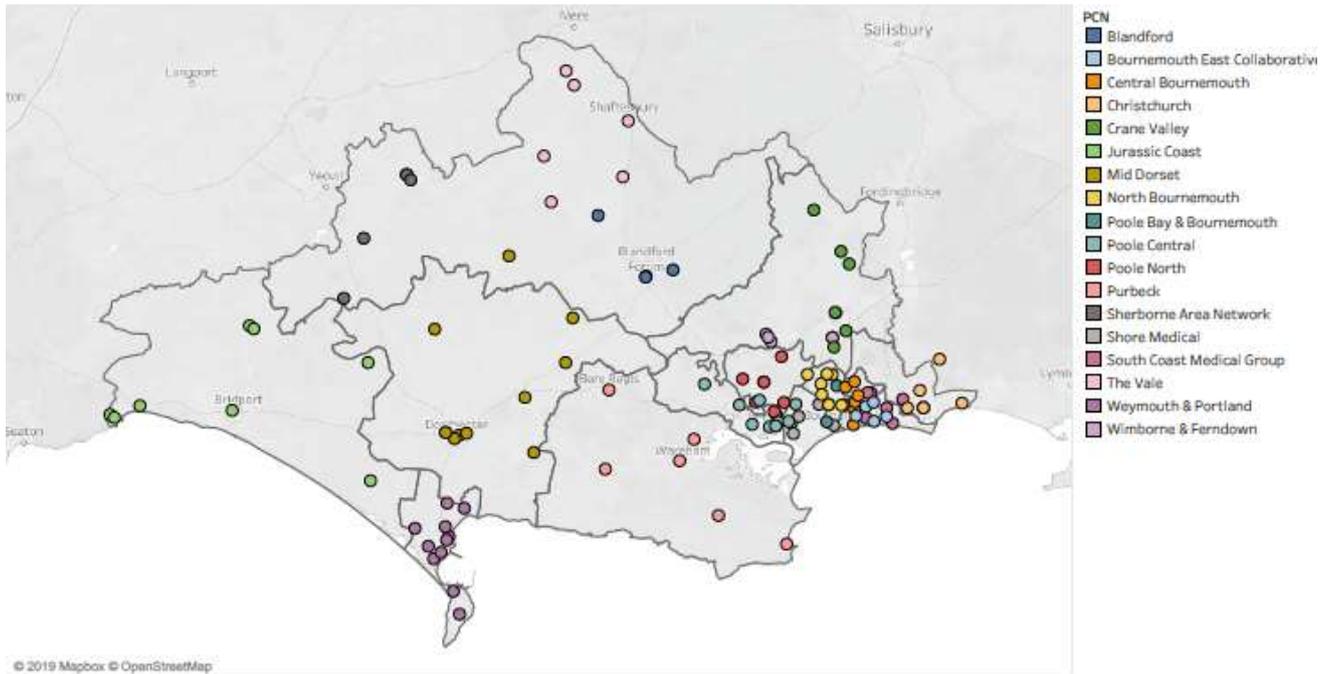
Themes to consider for locality initiatives:

1. Smoking prevalence is relatively low in the Locality but varies across the practices from 11% in Cerne Abbas Surgery to 17% for Fordington Surgery
2. Prevalence of adult depression varies across the 8 Mid Dorset practices: The lowest being Puddletown Surgery at 4.3% (2017/18); and the highest being Fordington Surgery at 20%.
3. The percentage of newly diagnosed patients with diabetes referred to an education programme within 9 months has decreased in six of the eight Mid Dorset practices over the last 5 years. Milton Abbas Medical Practice and Atrium Health Centre achieved only 1 in 4.
4. Blood pressure control for Mid Dorset Diabetics varies considerably from 67% for Fordington Surgery to 82% for Atrium Health Centre

Getting started - some resources for planning actions:

- > [Local Health and Care Planning: Menu of preventative interventions](#) provides evidence based interventions to improve health and deliver (NHS) savings within 5 years. This covers key lifestyle topics and sections directly addressing a number of the GBD topics.
- >> "[If You Could Do One Thing...](#)" details nine local actions to reduce health inequalities
- >>> WessexVoices contains [key reading](#) with resources on 'people powered health'
- >>>> The Dorset Locality Profile website provides an [interactive dashboard](#) with more detailed data
- >>>>> Your Public Health Dorset Link worker will support local actions, please contact xxxxx

GP practices and branch surgeries by Primary Care Network



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CCG Locality Boundaries based on MSOAs

