

Locality profiles narrative 2020 template

Public Health Dorset
January 2020

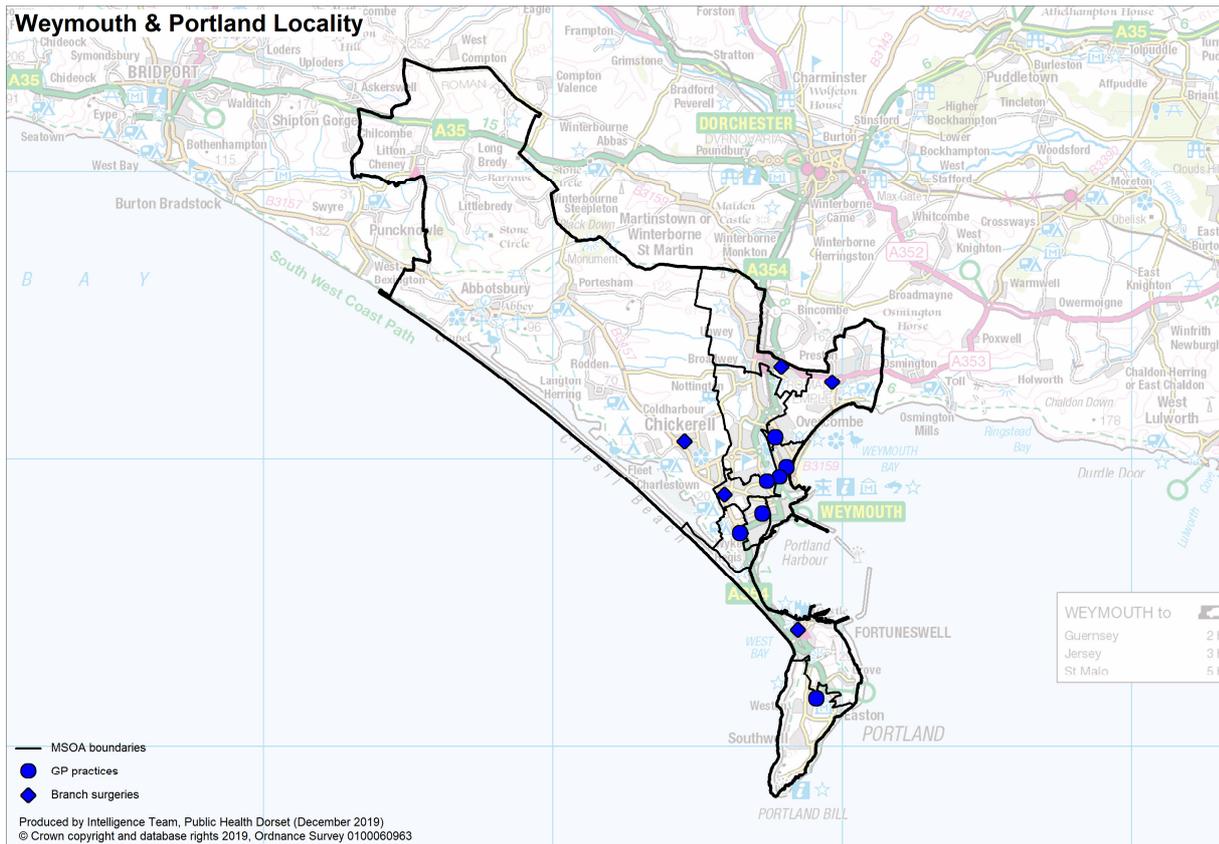


Table of contents

1. Introduction	2
2. Locality basics – geography and demography.....	3
3. Wider determinants of wellbeing	4
4. Global burden of disease	10

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 timely 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;

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.

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

2. Locality basics – geography and demography

- 2.1 The population of Weymouth and Portland is approximately 73,700 (ONS 2017 Mid-Year Estimates).
- 2.2 The Weymouth and Portland Locality is made up of 10 areas (MSOAs). The Locality is coterminous with the area covered by the Weymouth and Portland Primary Care Network (PCN), this is shown in the map on the rear page of this document.
- 2.3 Weymouth and Portland, in keeping with Dorset as a whole, has an older population than that of England.
- 2.4 The age-sex structure of Weymouth and Portland is broadly similar to that for Dorset, with the following notable differences:
 - Fewer (lower proportion of total) males and females in the 20-24 years age group than the Dorset average;
 - Fewer males and females in the 30-39 years age group but in particular for males;
 - More males and females (higher proportion of total) between 45 and 74 years; and
 - Fewer 80 years and over, for both males and females.
- 2.5 The areas that make up the Locality range in population from 5,301 in Underhill Fortuneswell & The Grove (the smallest) to 9,581 in Melcombe Regis & Weymouth East.

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3. Wider determinants of wellbeing

Key findings



Weymouth and Portland areas of highest income deprivation are:

- Underhill Fortuneswell & The Grove
- Melcombe Regis & Weymouth East
- Upwey Broadway & Littlemoor
- Westham East & West



Admissions for injuries for Children are significantly higher across Weymouth and Portland

Unemployment is highest in Melcombe Regis & Weymouth East



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

- Melcombe Regis & Weymouth East
- Underhill Fortuneswell & The Grove
- Westham East & West.



Starting well – child and adolescent year indicators

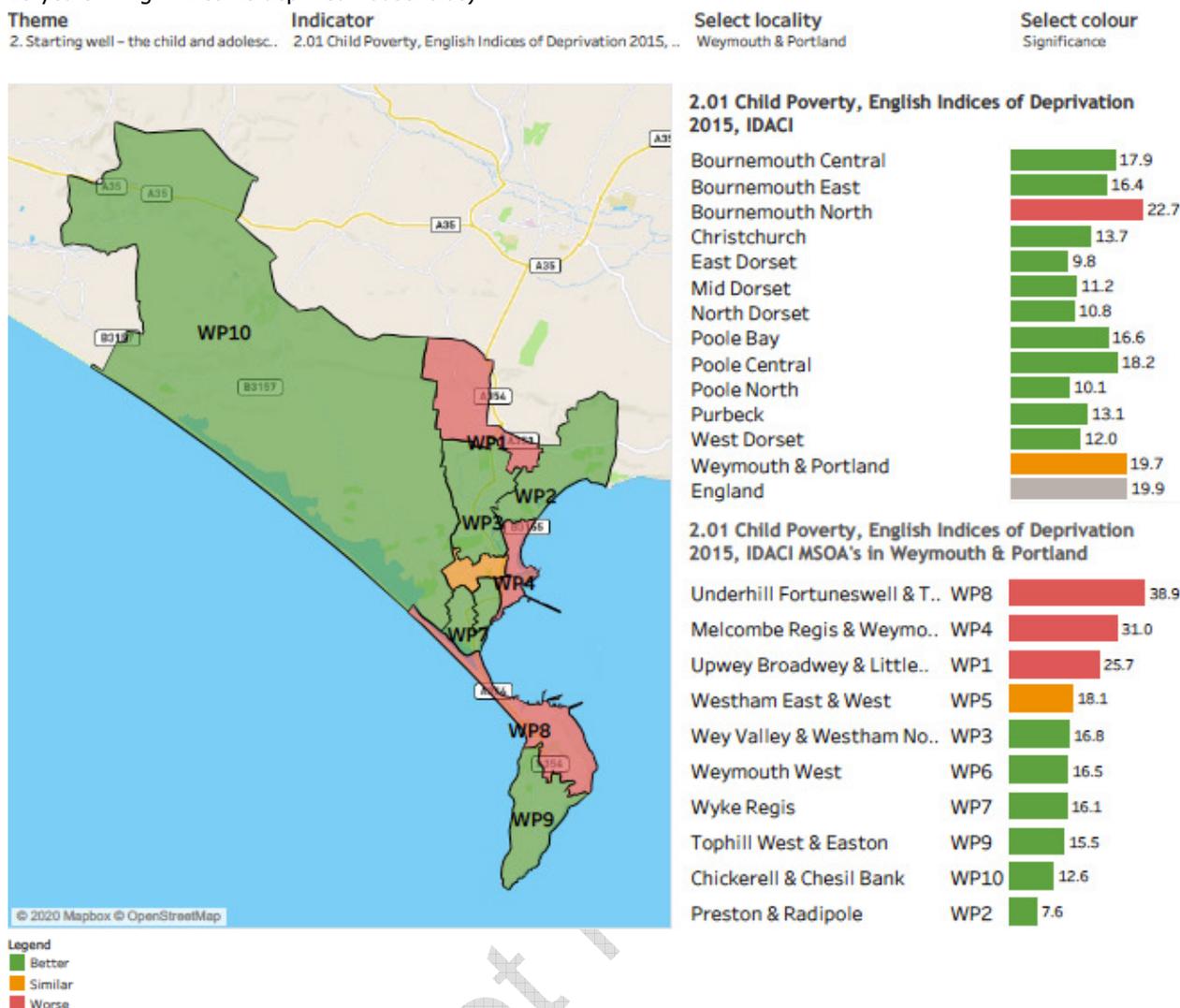
3.1 At the Locality level, Weymouth and Portland is similar to England averages for:

- Child Poverty (IMD, 2015)
- Deliveries to teenage mothers
- Low birthweight babies
- Child development at age 5
- GCSE Achievement.

3.2 The above Locality level averages 'mask' some areas of concern:

- Whilst child poverty in some parts of Weymouth and Portland is lower than the England average, the following three areas are significantly worse compared with England (see figure 1 over page):
 - *Underhill Fortuneswell & The Grove*
 - *Melcombe Regis & Weymouth East*
 - *Upwey Broadway & Littlemoor.*
- *Underhill Fortuneswell & The Grove, and Melcombe Regis & Weymouth East are both in the worst 10% of areas in Dorset for this measure.*

Figure 1: Child Poverty in Weymouth and Portland, 2015 English Indices of Deprivation IDACI (percentage of children aged 0–15 years living in income deprived households)



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 5/12/2019

- 3.3 Whilst the *percentage of deliveries to teenage mothers* for Weymouth and Portland is similar to the England average, the percentage in *Tophill West & Easton* is significantly higher than England and is one of the worse 10% of areas across Dorset.
- 3.4 The percentage of '*children reaching a good level of development at 5 years*' is similar to England for Weymouth and Portland overall, however the Locality level hides the following notable area differences:
- Significantly higher (better) in Weymouth West and Wyke Regis; and
 - Lower (worse) percentages in Underhill Fortuneswell & The Grove.
- 3.5 Whilst GCSE achievement is similar at Locality level to that for England, the Locality has the third lowest percentage of the 13 localities across Dorset and achievement is notably worse in Wyke Regis and Underhill Fortuneswell & The Grove (both in the lowest 10% of all Dorset areas).
- 3.6 At the Locality level, whilst Weymouth and Portland is significantly better (lower) than the England average for A&E attendances in under 5s (Crude rate per 1000) the Locality has the highest rate in Dorset with 5 of the areas in Weymouth and Portland having rates in the highest 10% of areas in Dorset.
- 3.7 At the Locality level, Weymouth and Portland is significantly worse than the England average for a number of hospital admissions indicators:
- Emergency admissions in under 5s (Crude rate per 1000)

- *Admissions for injuries in under 5s (Crude rate per 10,000), the Locality also being the highest of the 13 Dorset Localities*
 - *Admissions for injuries in under 15s (Crude rate/100,000 aged 0-17)), the Locality also being the highest of the 13 Dorset Localities*
 - *Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000).*
- 3.8 Childhood Immunisation Rates for MMR Dose 2 (percentage of children immunised by 5 years old) in Weymouth & Portland are below the target level of 95% in all practices, ranging in 2017/18 from a low of 68% in Wyke Regis Health Centre to a high in the Locality of 87% in Cross Road Surgery³.

Living well – the adult and working years indicators

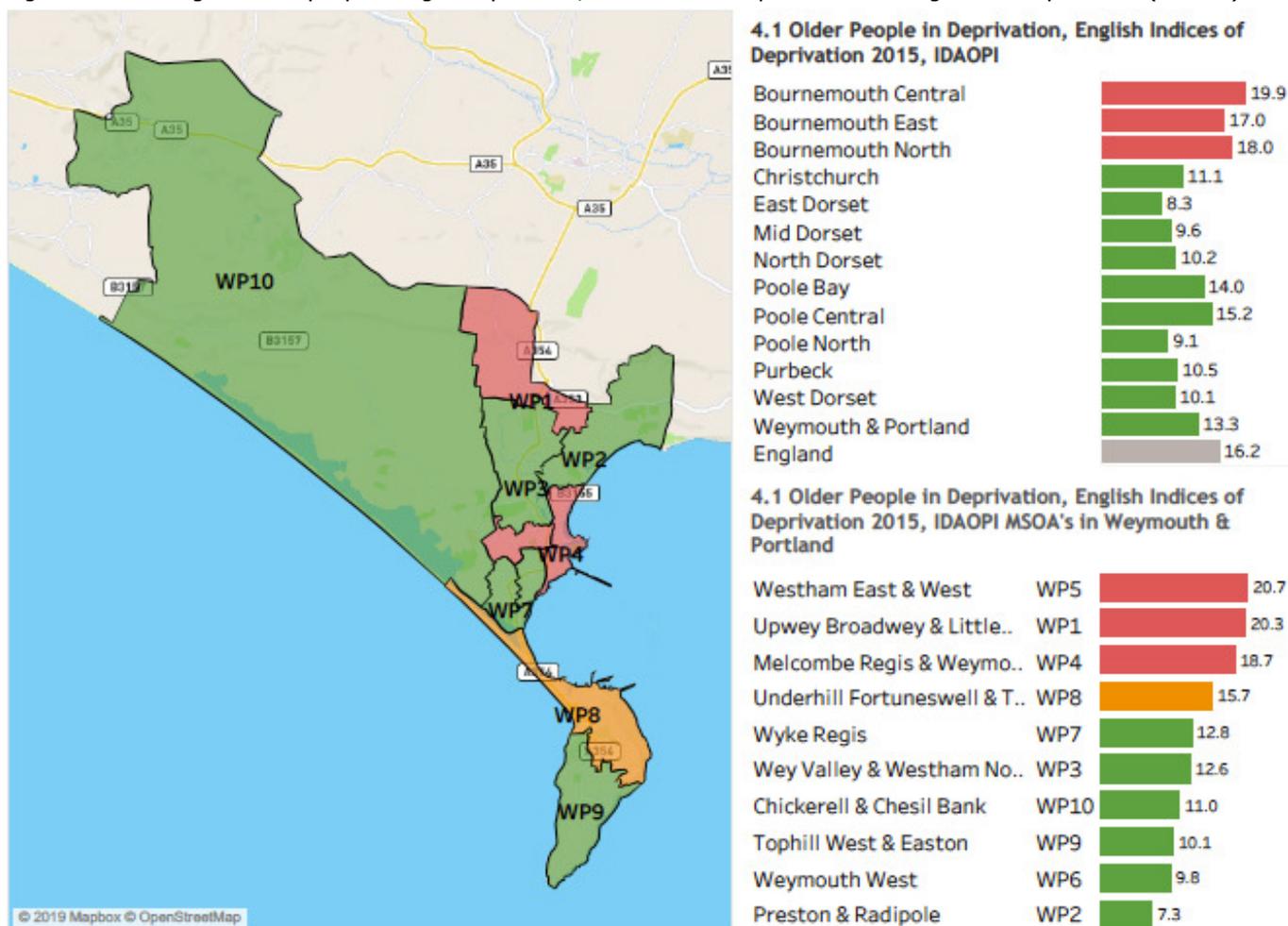
- 3.9 Whilst the *percentage of the working age claiming out of work benefits* is significantly better for Weymouth and Portland Locality than England the Locality is the fourth highest of the 13 Localities in Dorset. Notably, the *percentage is significantly higher in Melcombe Regis & Weymouth East, this being amongst the highest 10% of areas in Dorset.*
- 3.10 Modelled estimates of obese adults, healthy eating and binge drinking in adults all suggest that the Locality as a whole and the areas within it 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.
- 3.11 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 Weymouth and Portland 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 Weymouth and Portland is X highest across the 13 Dorset Localities (latest data, 2017/18). Within the Locality (Will complete with data from Hayley).
- 3.12 Insert similar short paragraph based on crime and safety partnership data. Meeting arranged for 16th January to discuss data availability.
- 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 Weymouth and Portland population nearly 44% had at least one long-term condition. This was showing as the second highest figure for Dorset overall. Depression and asthma were the biggest contributors.
- 3.15 The prevalence of depression was given as 22.3% but these patients accounted for 33% of primary care appointments and 29% of emergency department visits. Between 45-64 years was the most common age group for depression in this locality.

Ageing well - the later working and retirement years indicators

- 3.16 At the Locality level, Weymouth and Portland has a significantly better (lower) score for *older people in deprivation* (indicator 4.1) than England. As shown in figure 2:
- *Westham East & West, Upwey Broadway & Littlemoor and Melcombe Regis & Weymouth East are significantly higher (worse) than England;*
 - Underhill Fortuneswell & The Grove is similar to England; and
 - The remaining areas are significantly better (lower older person deprivation) than the England average.

³ Link to Imms and Vac Tableau, currently at <https://public.tableau.com/profile/public.health.dorset#!/vizhome/ChildImmunisationatPracticeLevel201718/TrendanalysisbyLocality>

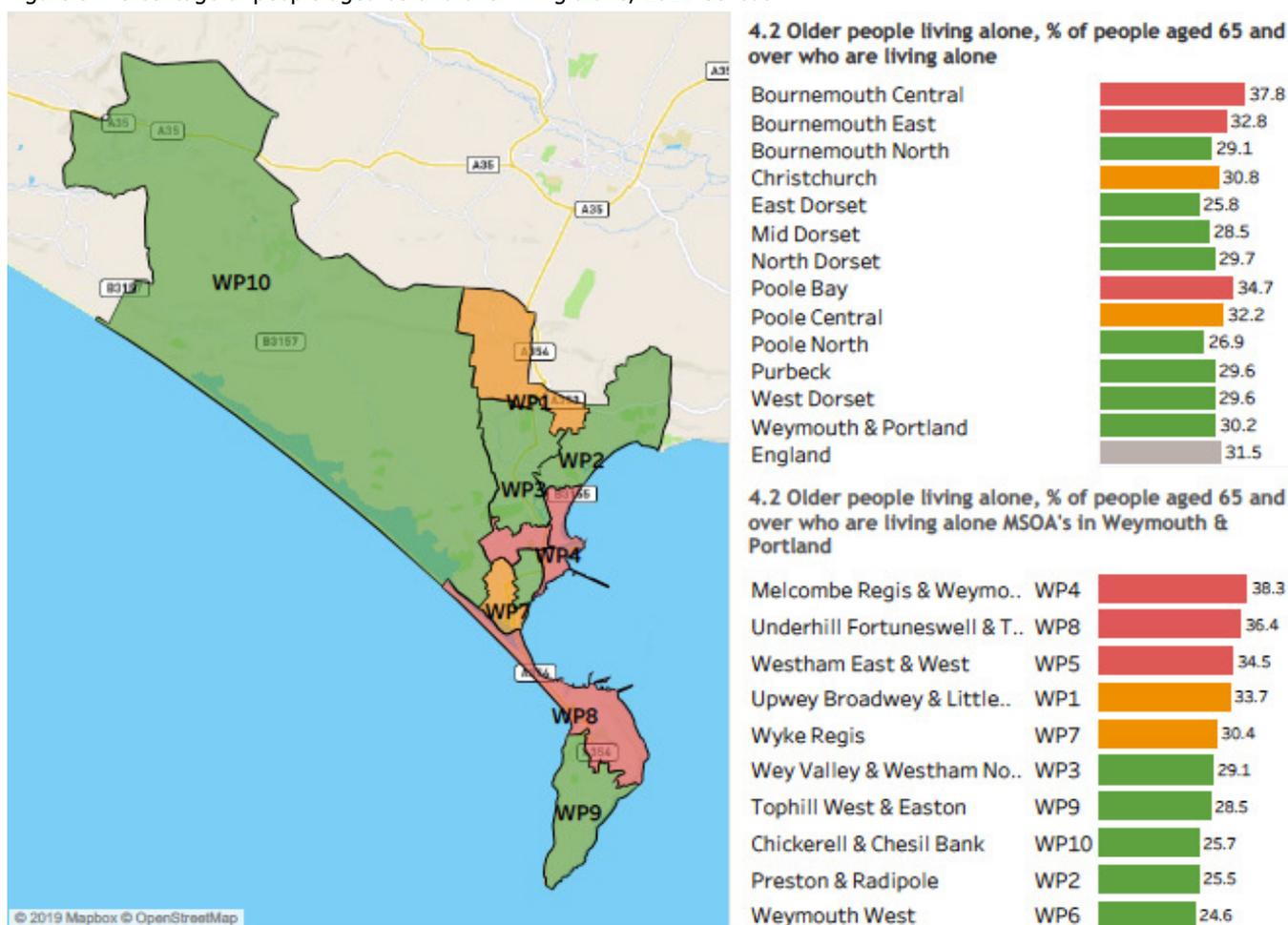
Figure 2: Percentage of older people living in deprivation, 2015 Income Deprivation Affecting Older People Index (IDAOP1)⁴



3.17 At the Locality level, Weymouth and Portland is significantly lower than the England average for the percentage of people aged 65 and over living alone and ranks middle order amongst the 13 Dorset Localities. However, as shown in Figure 3 overpage, the *percentage of older people living alone is significantly higher than England overall in Melcombe Regis & Weymouth East, Underhill Fortuneswell & The Grove and Westham East & West.*

⁴ IDAOP1) is a subset of the English Indices of Deprivation using the Income Deprivation Domain (based on the percentage of the population aged 60 and over who receive income support, income based job seekers allowance, pension credit or child tax credit claimants aged 60 and over and their partners (if also aged 60 or over)

Figure 3: 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 5/12/2019

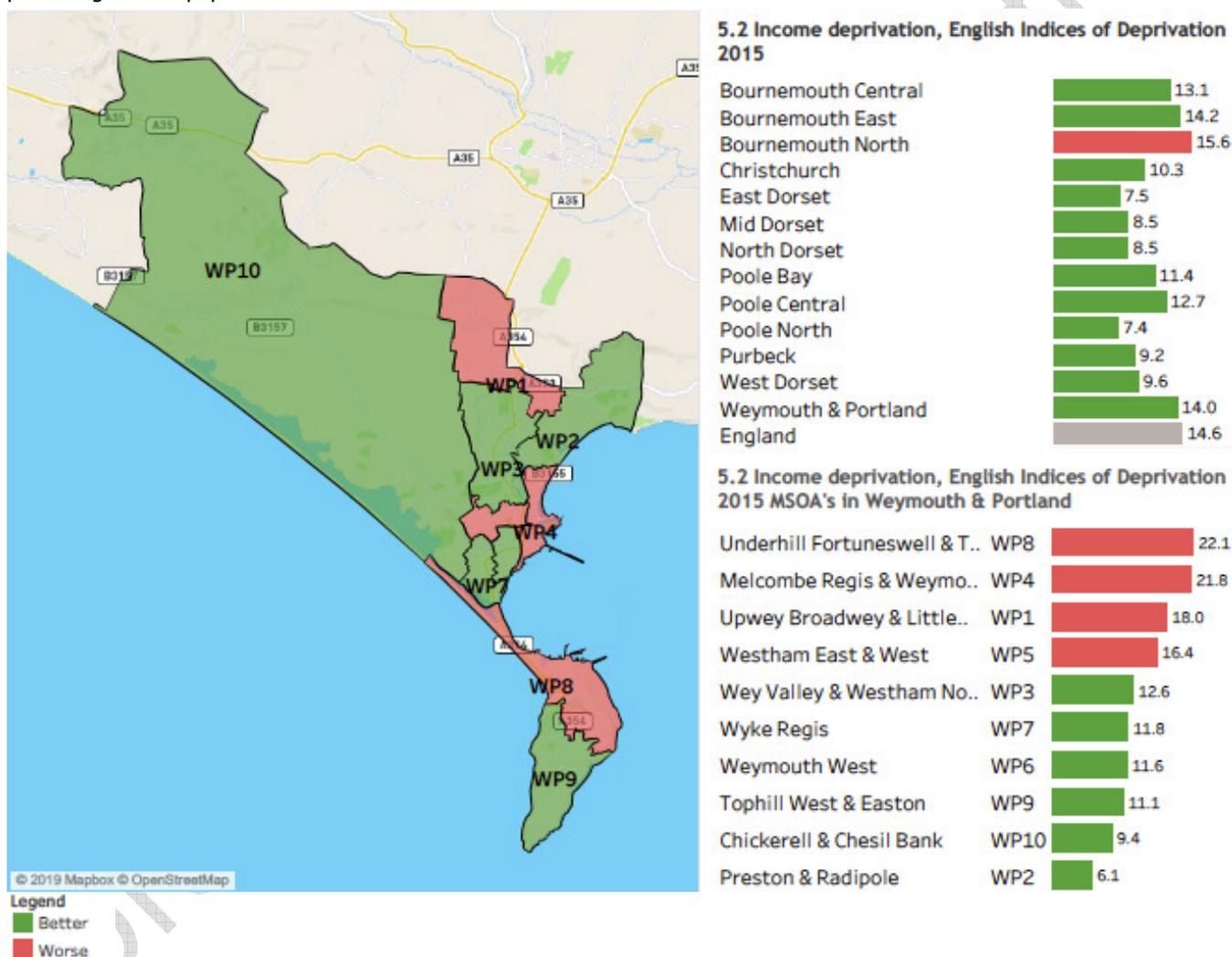
- 3.18 The percentage of people aged 65 and over living alone has been used as a crude indicator of areas where vulnerable older people may be living. Increasingly though as the population ages, many people will be living 'frailty free' until much older age.
- 3.19 At the locality level, *Emergency hospital admissions for hip fracture in persons 65 years and over* (indicator 4.3) in Weymouth and Portland are similar to the England average with the Locality ranking 6th highest of the 13 Dorset Localities. Within the locality *significantly higher than England average levels are found in:*
- *Upwey Broadway & Littlemoor; and*
 - *Melcombe Regis & Weymouth East.*
- 3.20 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

3.21 Whilst income deprivation (indicator 5.2) in Weymouth and Portland is better (lower) than the England average, the Locality has the third highest percentage of people living in income-deprived households of the 13 Dorset Localities. As we see in the following figure, within the *Locality income deprivation is significantly worse (higher) than the England average in the following MSOAs:*

- Underhill Fortuneswell & The Grove
- Melcombe Regis & Weymouth East
- Upwey Broadway & Littlemoor
- Westham East & West.

Figure 4: Income deprivation, English Indices of Deprivation 2015, People living in income-deprived households as a percentage of the population



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 5/12/2019

3.22 *There is a significantly higher proportion of people in Weymouth and Portland providing at least an hour of unpaid care per week, than the England average and the locality ranks 3rd highest of the 13 Dorset localities. Six of the 10 areas within the locality have significantly higher levels of people providing at least an hour of unpaid care per week than the England average.*

3.23 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. Weymouth and Portland areas of high income deprivation are:
 - Underhill Fortuneswell & The Grove
 - Melcombe Regis & Weymouth East
 - Upwey Broadwey & Littlemoor
 - Westham East & West
2. Admissions for injuries for Children are significantly higher across Weymouth and Portland
3. There is high unemployment in Melcombe Regis & Weymouth East
4. There are high percentages of people aged 65 and over living alone in
 - Melcombe Regis & Weymouth East
 - Underhill Fortuneswell & The Grove
 - Westham East & 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

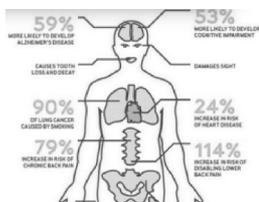
- 4.1 Disease burden is the impact of a health problem on a given population. Measuring this allows the burden of disease to be compared between different areas and helps with predicting future health care needs.
- 4.2 Probably the most well-known assessment of disease burden is the Global Burden of 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 health⁵. 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%)⁶.

⁵ https://www.who.int/healthinfo/global_burden_disease/about/en/ last accessed 3rd December 2019

⁶ 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)

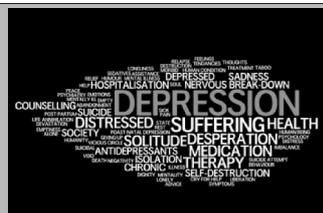
4.4 In this section we consider the above GBD causes using a combination of the Local Health indicators and GP practice profile data. The GP practice profiles data from PHE fingertips relates to periods during which there were 7 practices in the Weymouth and Portland Locality. The Abbotsbury Road Surgery closed in March 2019 and patients were allocated across the remaining 6 practices in the Locality.

Key findings

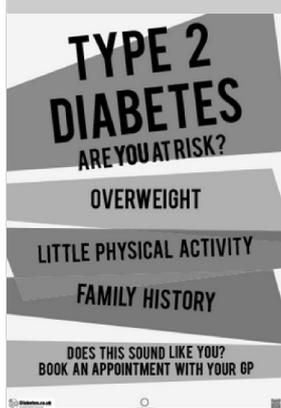


Smoking prevalence is consistently and significantly higher in the following Weymouth and Portland practices:

- Royal Manor Health Care
- Bridges Medical Centre
- Abbotsbury Road Surgery

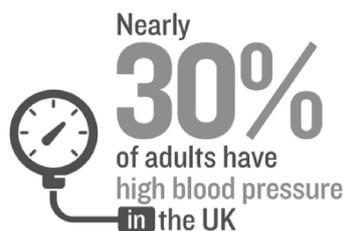


Adult depression is significantly higher for all Weymouth and Portland practices



The increase in prevalence of recorded diabetes is considerably higher in all Weymouth and Portland practices than the Dorset average

The prevalence of **hypertension is significantly higher** in all Weymouth and Portland practices than the England average



Cancers and benign tumours

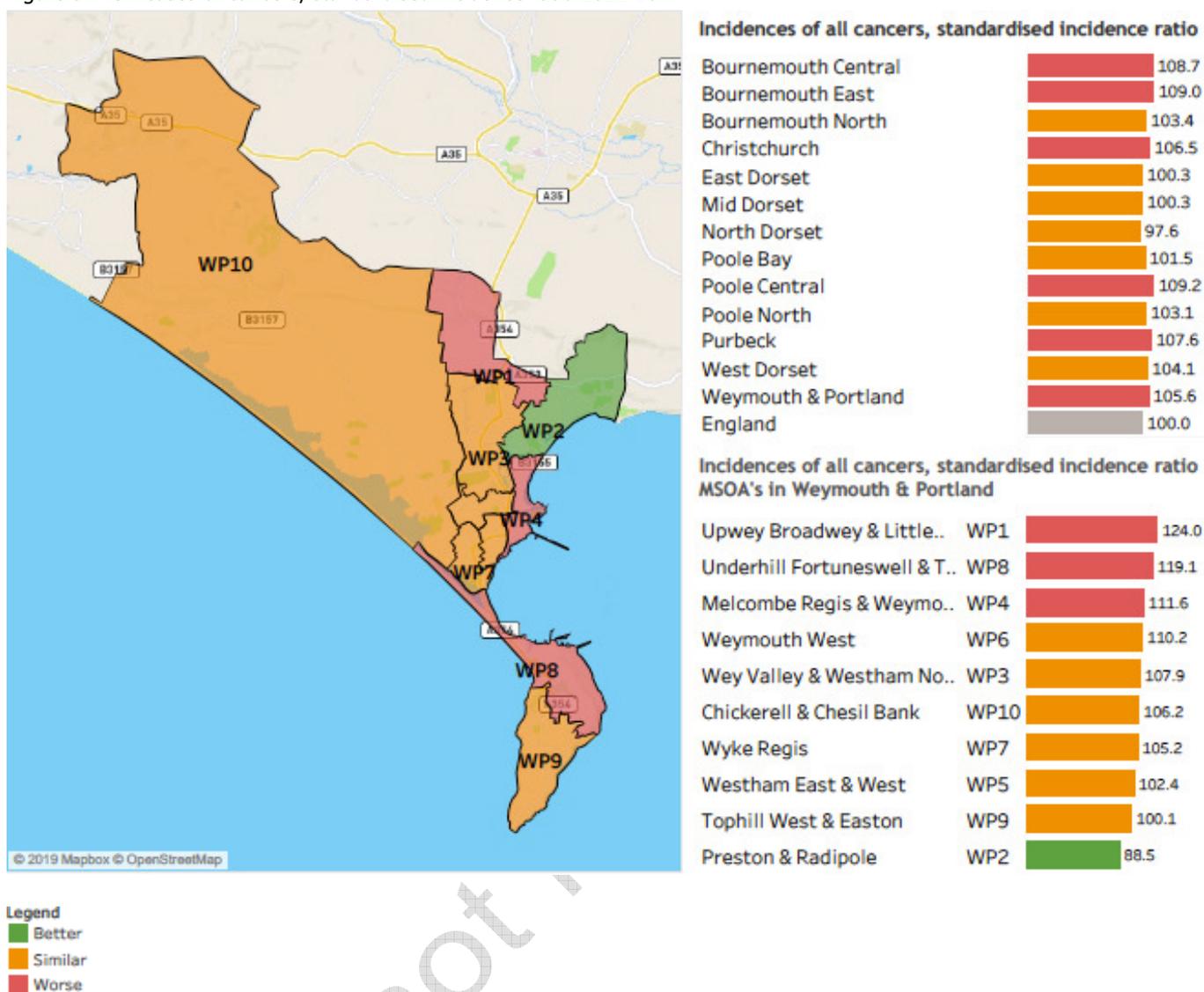
4.5 When cells divide and grow excessively; they can be benign (not cancerous) or malignant (cancerous).

4.6 Figure 5 shows *significantly higher than expected new cancer cases* for the Weymouth and Portland Locality and within the locality, significantly higher than expected⁷ levels of new cancers in:

- *Upwey Broadway & Littlemoor*
- *Underhill Fortuneswell & The Grove*
- *Melcombe Regis & Weymouth East.*

⁷ Comparing actuals to the number that would be expected if the area had the same age-sex specific rates as England overall

Figure 5: New cases of cancers, standardised incidence ratio 2012-16⁸



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes>

- 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 UK⁹.
- 4.9 *Smoking prevalence in four of the seven practices in Weymouth and Portland is higher than the England average; in three of these practices it has declined in line with national trends in recent years but is consistently significantly higher than the England average. See figure 6 over-page.*

⁸ 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>

⁹ <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/how-does-smoking-cause-cancer> last accessed 5th December 2019

Figure 6: Percentage of general practice registered patients 15 years and over recorded as current smokers



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeSmokingprevalence201718/SmokingPrevalance15>

- 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/>).

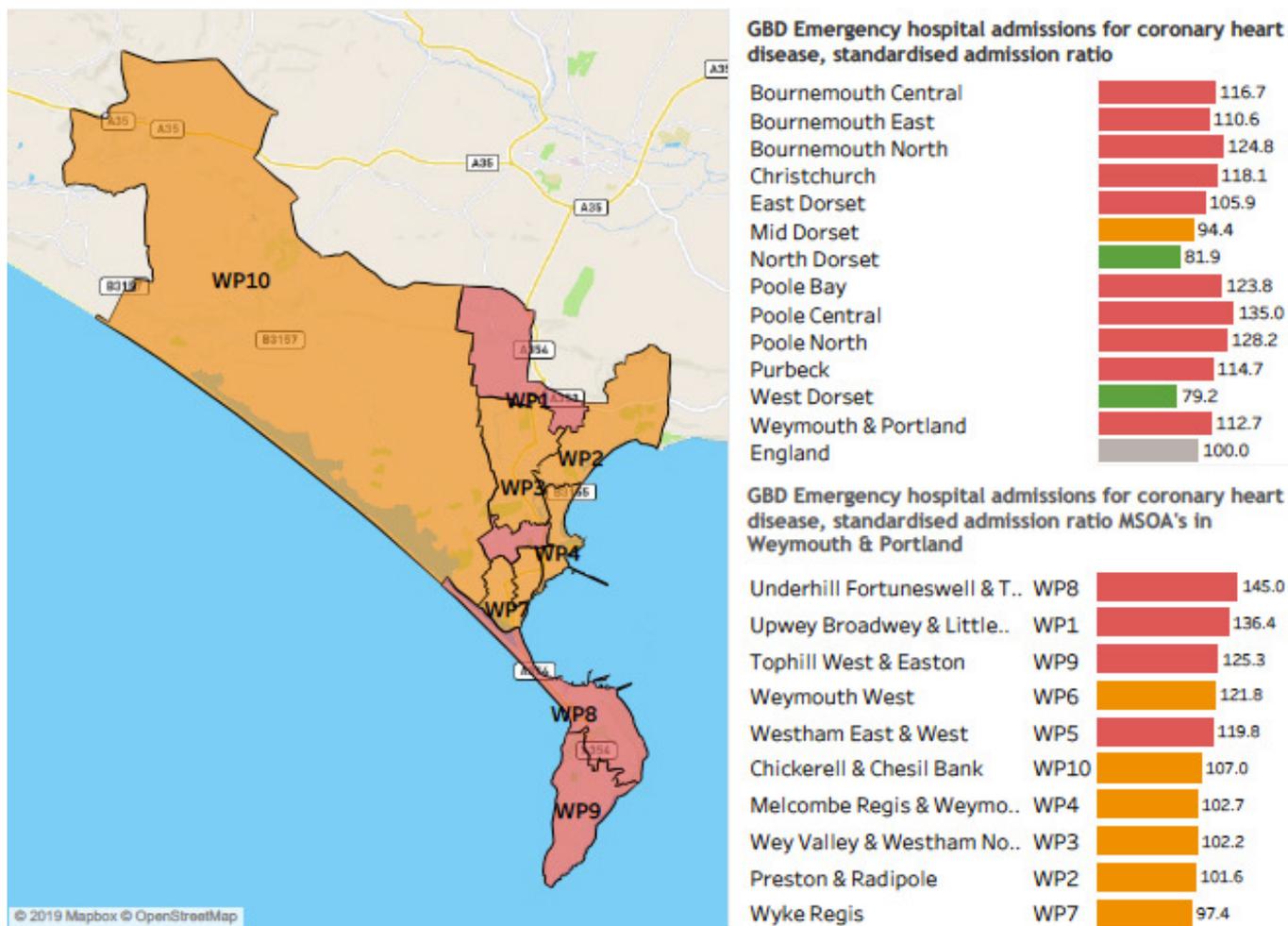
Cardiovascular diseases

- 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 Weymouth and Portland Locality level, Emergency admissions for CHD are significantly higher than expected compared with the England average.*
- 4.17 As we see from the following figure, admissions are significantly higher in four of the ten areas within the Locality.

Figure 7: Emergency admissions for CHD, 2013/14 – 2017/18¹⁰

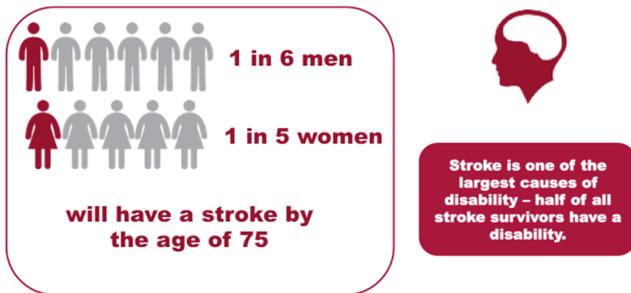


Legend
■ Similar
■ Worse

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 4th December 2019

¹⁰ 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>

Stroke

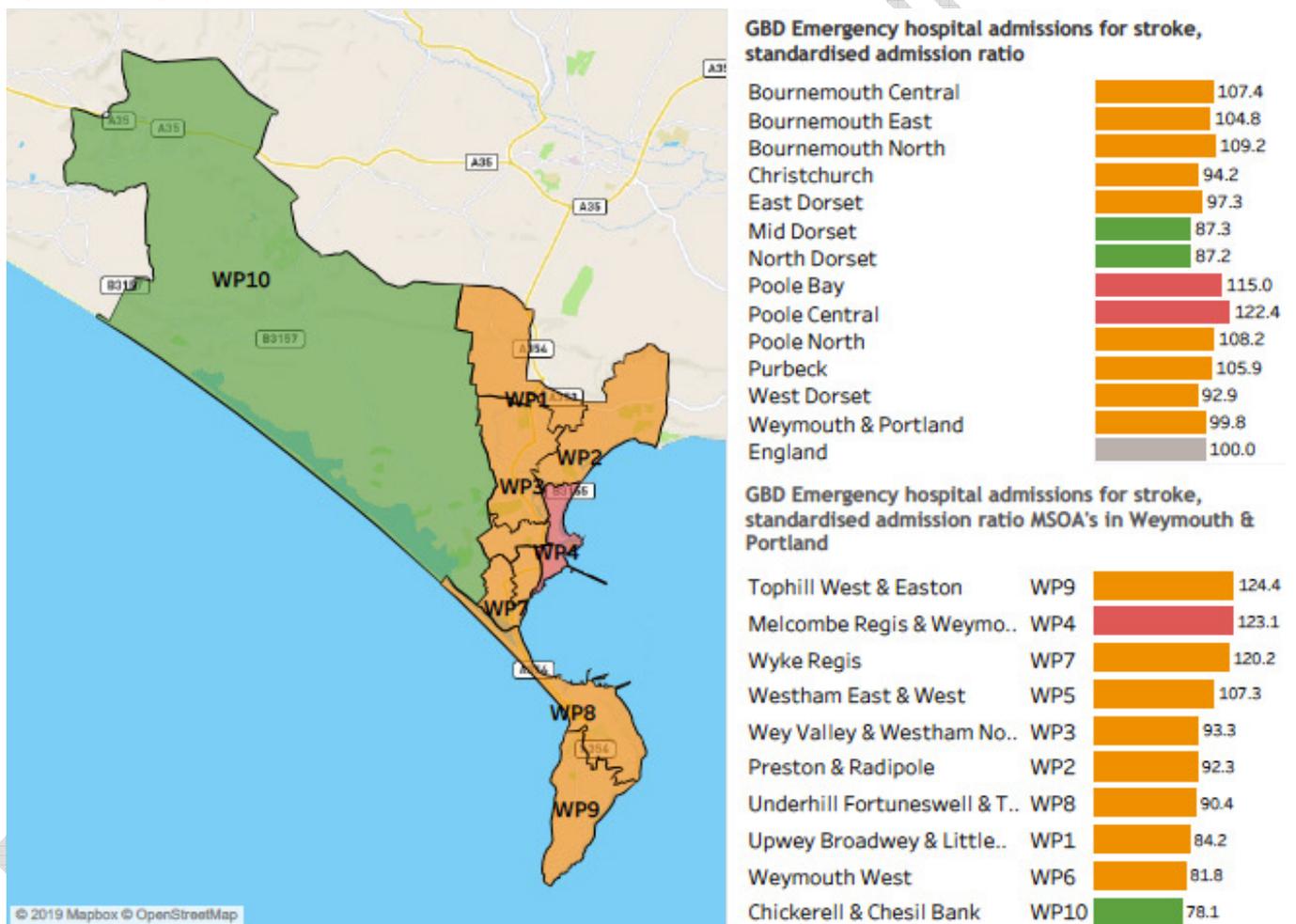


4.19 At the Weymouth and Portland Locality level, Emergency admissions for Stroke are similar to the England average, and similar to other Dorset localities.

4.20 Emergency admissions for stroke are significantly lower in Chickerell and Chesil Beach than England (see figure 8) but *Melcombe Regis & Weymouth East* is significantly higher (worse).

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

Figure 8: Emergency admissions to hospital for stroke, 2013/14 – 2017/18¹¹



Legend
 Better
 Similar
 Worse

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 4th December 2019

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/93231/age/1/sex/4>

- 4.21 The main risk factors for CVD¹² 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.

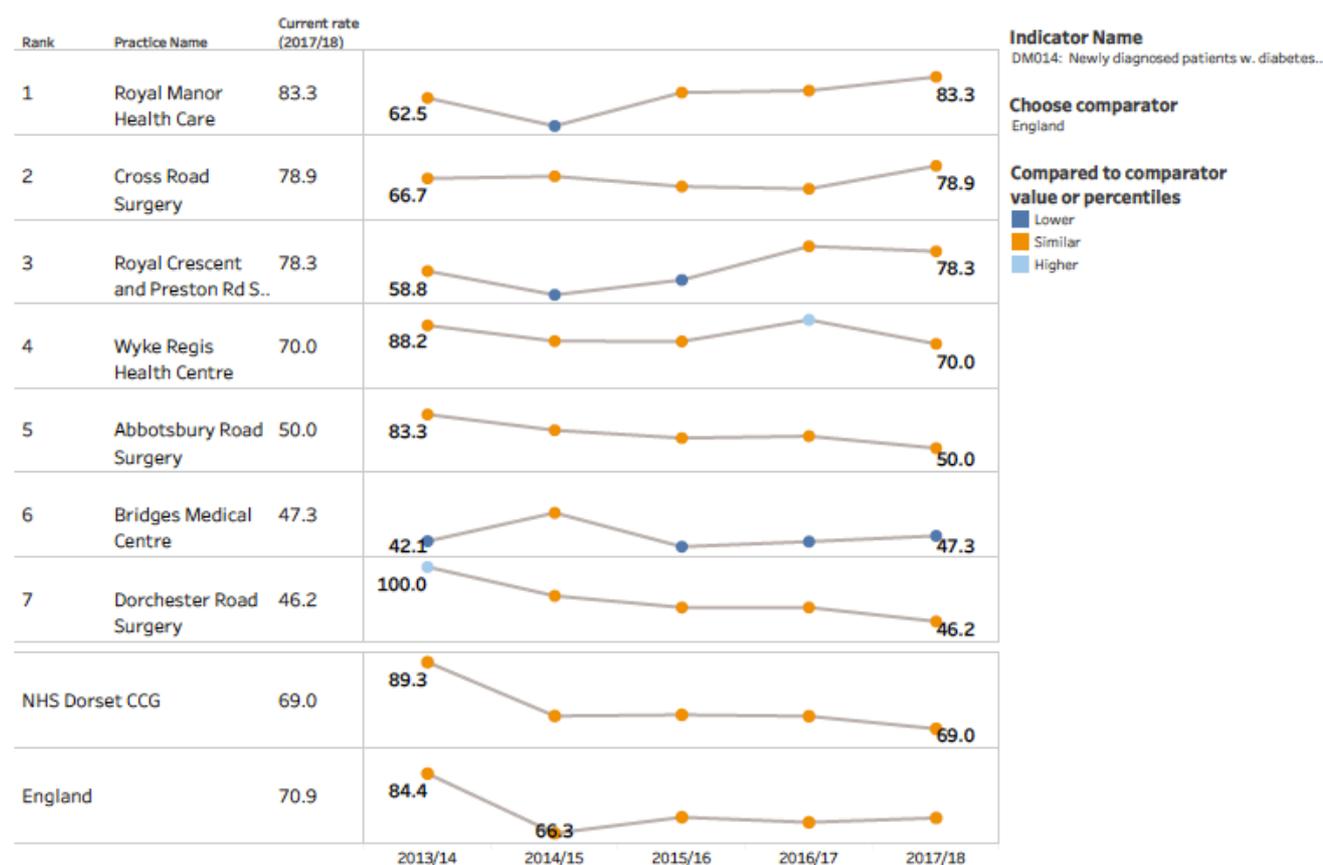
Diabetes management

- 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 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 2017/18 the *recorded prevalence of diabetes was significantly higher than the England average for Royal Manor Health Centre, Bridges Medical Centre and Abbotsbury Road Surgery.*
- 4.27 In the case of Royal Manor Health Centre, the prevalence of diabetes has been significantly high over the last 7 years.
- 4.28 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 care¹³. This measure shows an increase (Figure 9) in three of the Weymouth and Portland practices over the last 5 years:
- Royal Manor Health Care
 - Cross Road Surgery
 - Royal Crescent and Preston Rd Surgery.
- 4.29 The pattern is inconsistent across the seven practices though, with *half or less than half of patients newly diagnosed in three of the practices being referred to an education programme within 9 months of diagnosis.*

¹² <https://www.nhs.uk/conditions/cardiovascular-disease/> last accessed 17th December 2019

¹³ <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

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



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement>

- 4.30 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-effect¹⁴.
- 4.31 It has been suggested that patients noted as exceptions may not be receiving routine care and hence are more likely to have poorer outcomes¹⁵; alternative approaches should be used to engage those patients who do not attend medical check-ups.
- 4.32 *Five of the seven Weymouth and Portland practices showed significantly higher diabetes exception rates in 2017/18 than the England average.*
- 4.33 Blood pressure control for Weymouth Diabetics is generally better than England and Dorset averages, and sugar control generally similar¹⁶.
- 4.34 People with diabetes and high blood pressure are more at risk of having a heart attack or stroke¹⁷. *The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size), is consistently significantly higher in Weymouth and Portland practices than the England average.*

¹⁴ <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

¹⁵ <https://www.hsj.co.uk/comment/time-to-scrap-gp-exception-reporting/5023669.article> last accessed 10 October 2019

¹⁶ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 5th December 2019

¹⁷ <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.

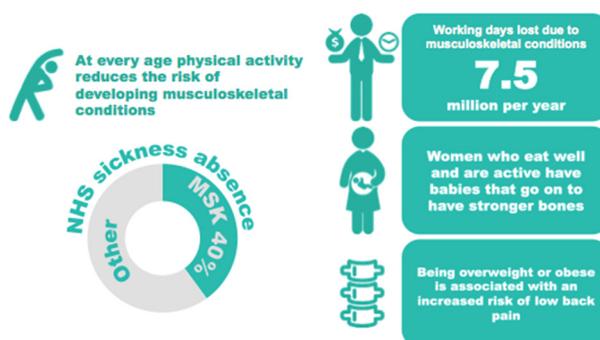
4.36 40% of NHS sickness absence is due to musculoskeletal issues. Good musculoskeletal health can prevent (or reduce the impacts of) low back and neck pain.

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 Weymouth and Portland reported have a limiting long term illness or disability, at 21.5% this is significantly higher than the England average.*

4.39 *LTLI is significantly worse across all of the 10 areas in the Locality.*

Musculoskeletal health: National picture



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 level¹⁸.

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

4.46 Over the last 5 years the following practices have consistently recorded *significantly higher levels of dementia than the England average*:

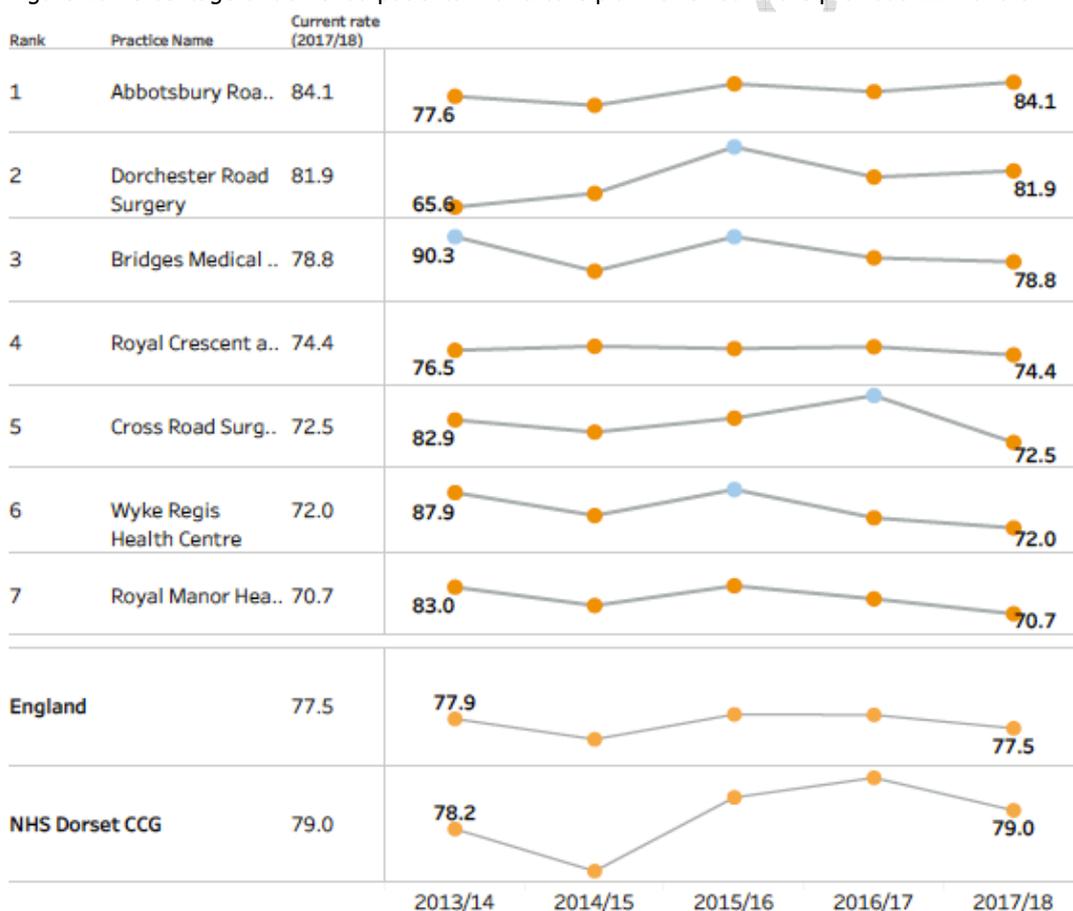
- *Dorchester Road Surgery*
- *Royal Crescent and Preston Rd Surgery*
- *Bridges Medical Centre.*

4.47 There is considerable variation across the Weymouth and Portland practices in terms of the percentage of dementia patients with a care plan reviewed in the past 12 months.

4.48 In the following time series chart (Figure 10) we can see that:

- Proportions have increased over the 5 year period in Abbotsbury Road and Dorchester Road Surgeries
- The other practices have shown decreases over this period.

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



Similar
Higher

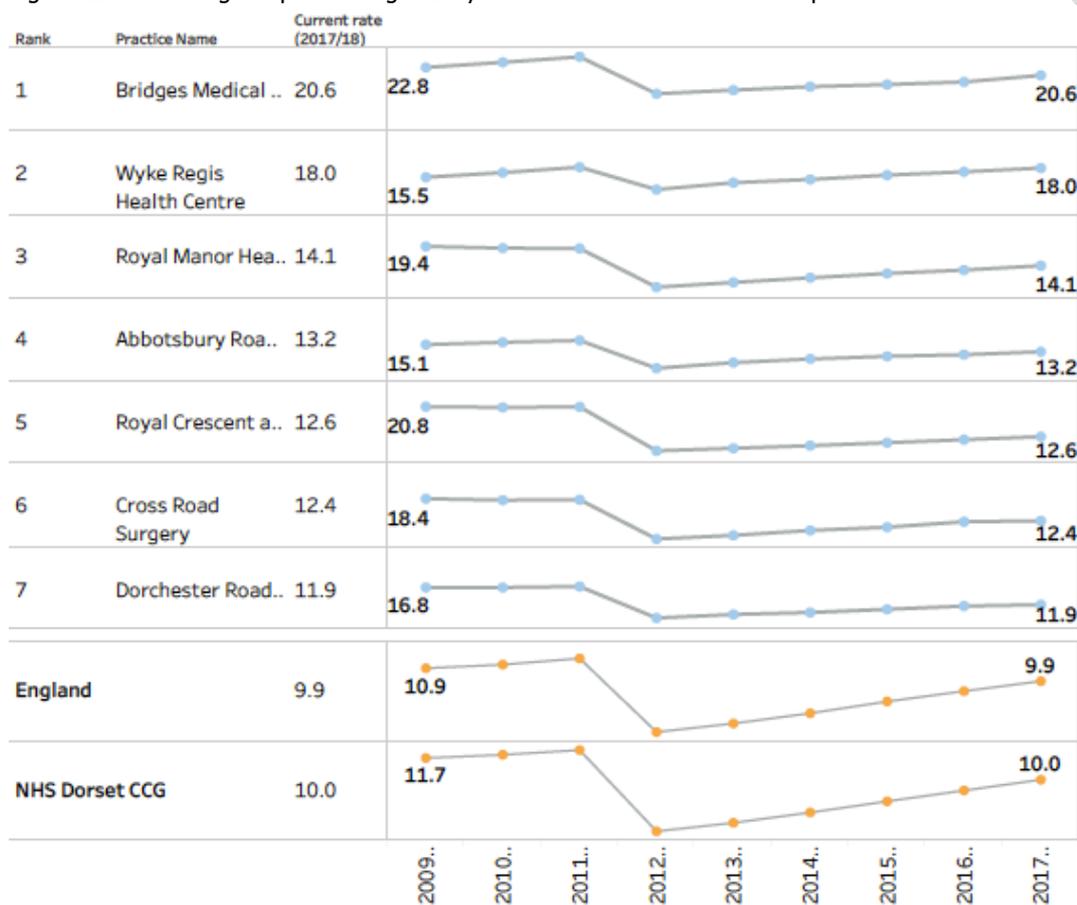
Source:

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

¹⁸ <https://www.nhs.uk/conditions/dementia/dementia-prevention/> last accessed 17th December 2019

- 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’¹⁹.
- 4.50 Exception rates in Weymouth and Portland practices are consistently similar to, or lower than, the England average. *In line with the figures for England overall, exception rates for dementia indicators have increased over the last 7 years*²⁰.
- 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 progression²¹.
- 4.52 The following chart shows the *prevalence of adult depression* to have fallen between 2009/10 and 2012/13, and then risen through to 2017/18 in the 7 Weymouth and Portland practices, and for *all practices to consistently have significantly higher rates than the England average*.

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



Higher

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 5th December 2019

¹⁹ <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

²⁰ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 5th December 2019

²¹ <https://www.nice.org.uk/guidance/ng16> last accessed 17th December 2019

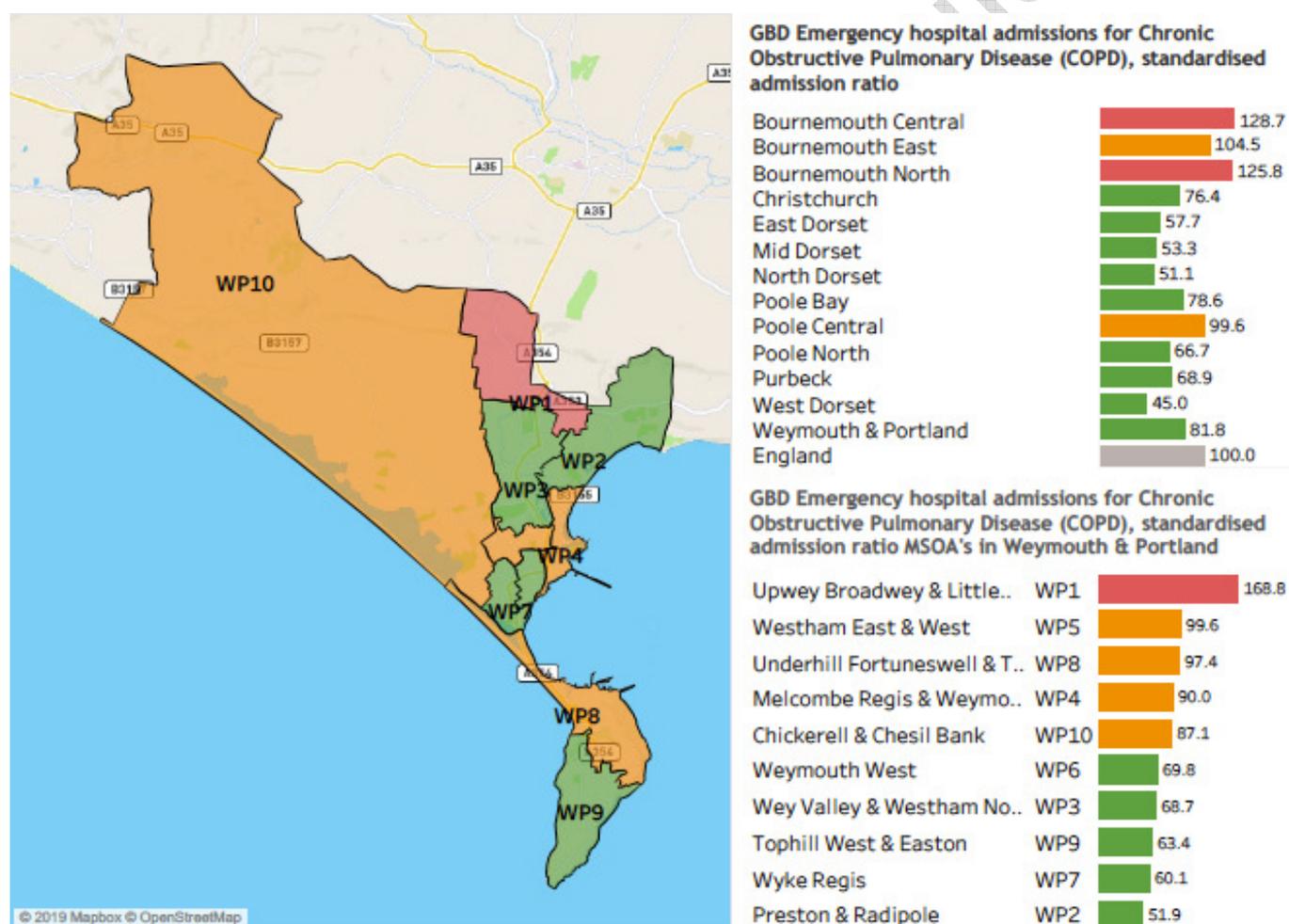
Chronic respiratory diseases

- 4.53 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)

- 4.54 Nationally, 3,000,000 people are estimated to have COPD, of which only one third are diagnosed.
- 4.55 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.
- 4.56 At the Weymouth and Portland Locality level, Emergency admissions for COPD are significantly better (lower) than the England average; the Locality is ranked 5th highest of the 13 Dorset Localities.

Figure 12 Emergency hospital admissions for COPD²²



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

- 4.57 As we see from figure 12, whilst many of the areas in Weymouth and Portland have significantly lower (or similar) levels of emergency COPD admissions compared with

²² Standardised admissions ratio. This compares actual admissions to that which would be expected if the age-sex specific rates for England were applied to the local population.

England, these are *significantly higher in Upwey Broadwey and Littlemoor*. The ratio in Upwey Broadwey and Littlemoor is in the highest 10% of areas in Dorset.

- 4.58 Lung cancer is closely associated with COPD. The incidence of lung cancer is significantly better (lower) in Weymouth and Portland (compared with England) 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 4.10 that in line with England and Dorset as a whole, smoking prevalence has shown a small decrease over the last five years in Weymouth and Portland.
- 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/>)

Themes to consider for locality initiatives:

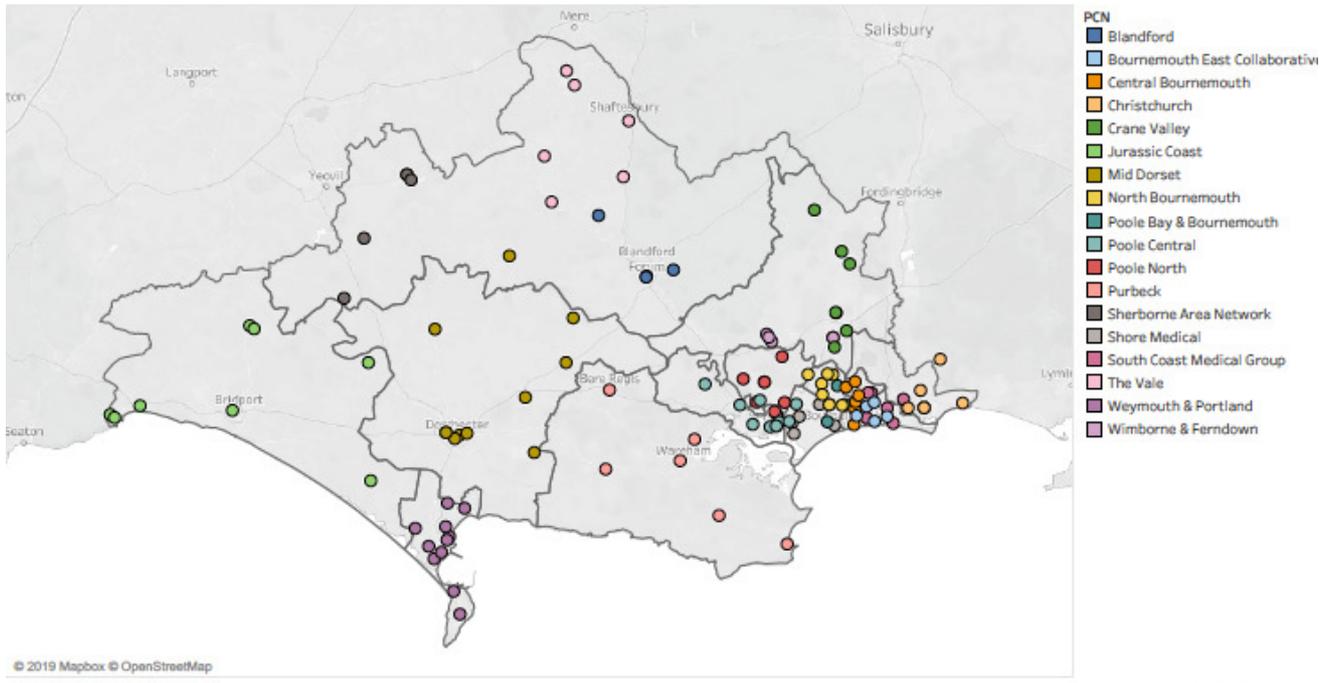
1. Long term limiting illness levels are high across Weymouth and Portland
2. Smoking prevalence is consistently and significantly higher in the following Weymouth and Portland practices:
 - Royal Manor Health Care
 - Bridges Medical Centre
 - Abbotsbury Road Surgery
3. Adult depression is significantly higher for all Weymouth and Portland practices
4. The increase in prevalence of recorded diabetes is considerably higher in all Weymouth and Portland practices than the Dorset average
5. The prevalence of hypertension is significantly higher in all Weymouth and Portland practices than the England average.

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 Dorset Public Health Link worker will support local actions, please contact xxxxx

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

GP practices and branch surgeries by Primary Care Network



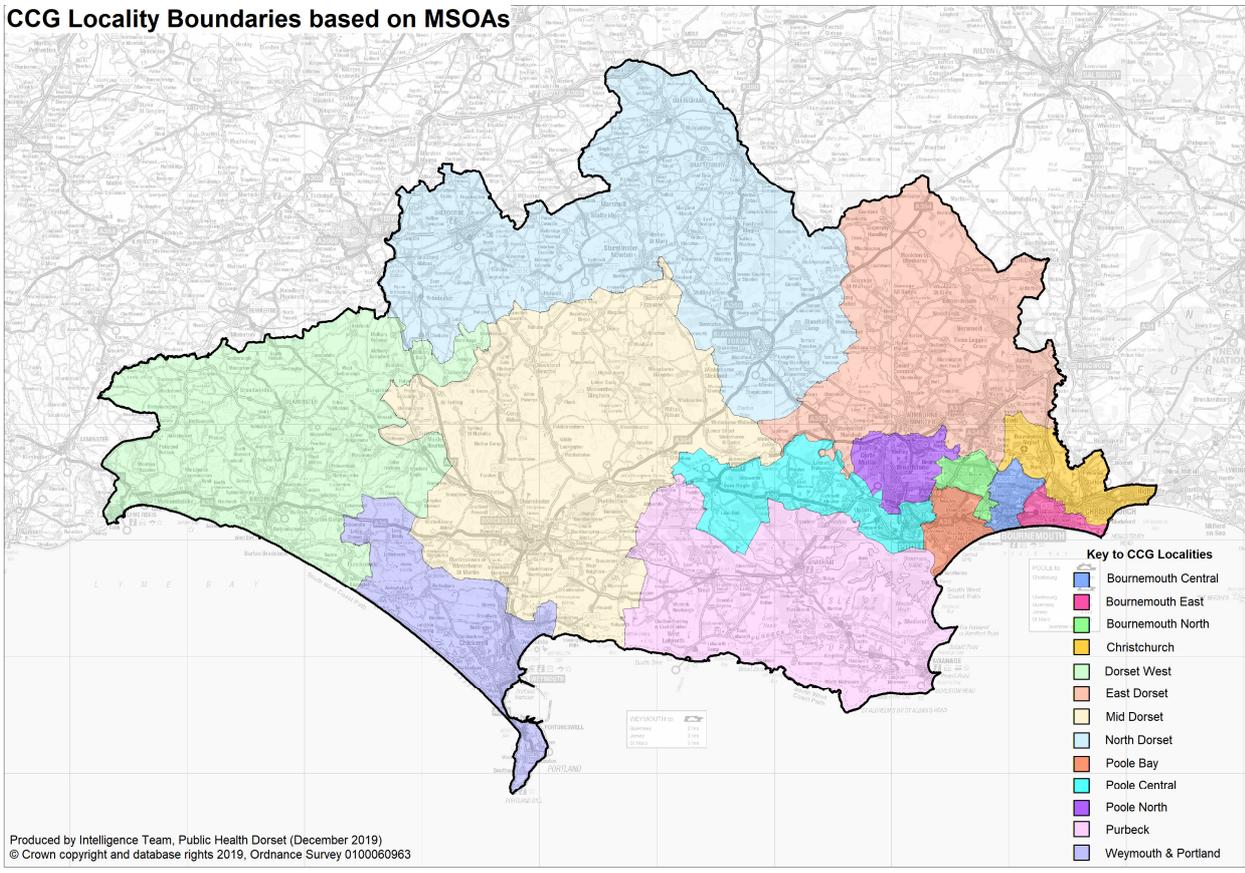
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CCG Locality Boundaries based on MSOAs



Produced by Intelligence Team, Public Health Dorset (December 2019)
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