

East Dorset Locality profile narrative 2020 template

Public Health Dorset
January 2020

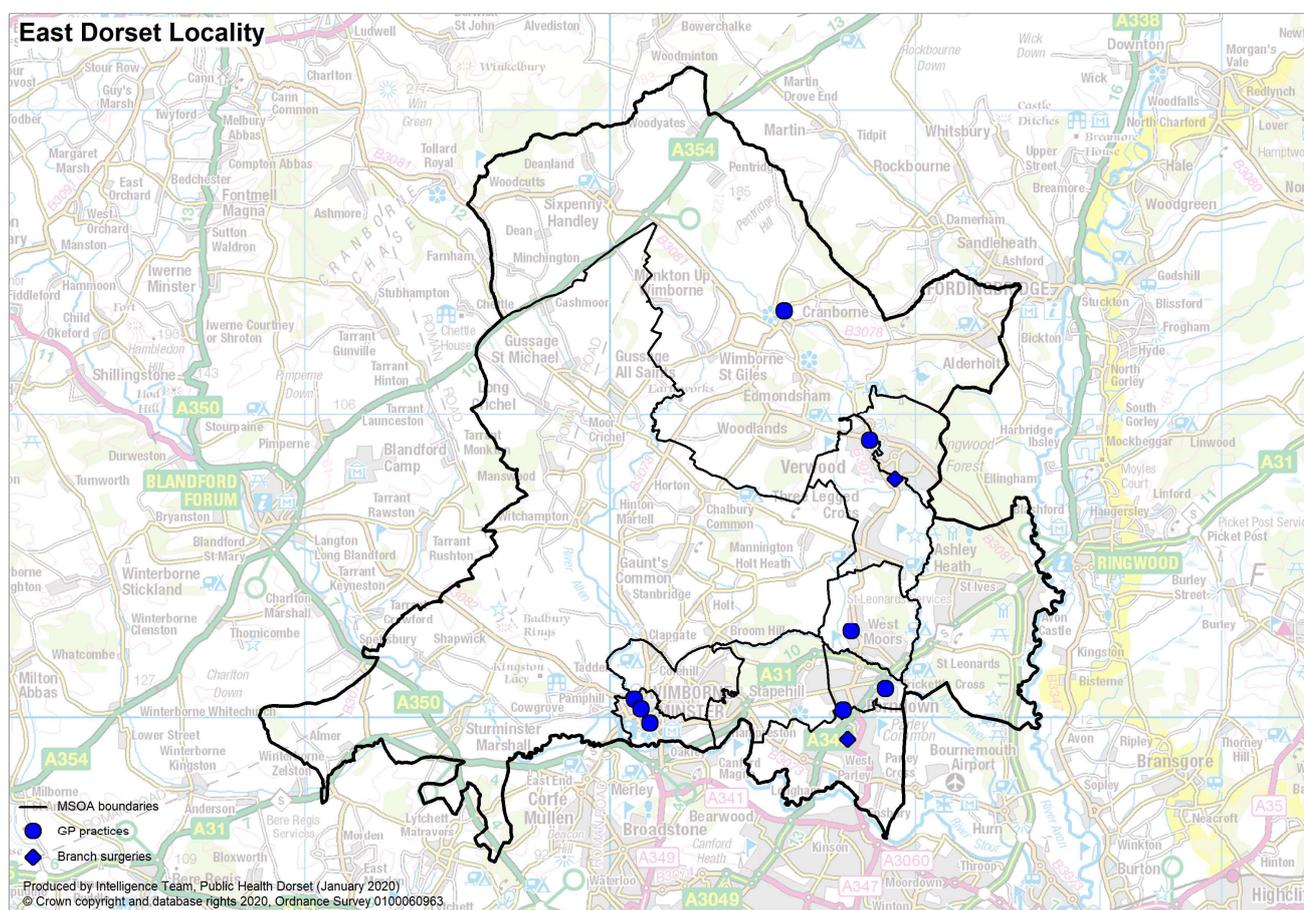


Table of contents

1. Introduction	2
2. Locality basics – geography and demography.....	33
3. Wider determinants of wellbeing	44
4. Global burden of disease	1010

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 East Dorset is approximately 79,200 (ONS 2017 Mid-Year Estimates), this being the 3rd highest population of the 13 Dorset Localities.
- 2.2 The East Dorset Locality is made up of eleven areas (MSOAs). The Locality is coterminous with the area covered by the East Dorset Primary Care Network (PCN), this is shown in the map on the rear page of this document.
- 2.3 East Dorset has a considerably older population than that of Dorset overall, which itself is older than that of England.
- 2.4 The age-sex structure of East Dorset is characterised by:
 - Fewer (lower proportion of total) males and females than the Dorset average in all five year age bands up to and including 45-49 years;
 - More males and females (higher proportion of total) than the Dorset average from the 50 – 54 years age group and at all age bands older than this; and
 - Compared with other Dorset Localities, East Dorset has one of the highest proportions of the total population (for both males and females) for the 65-69 (8%), 70-74 (8%) and 80 and over (9% for males, 11% for females) years age bands³.
- 2.5 The areas that make up the Locality range in population from 5,499 in Colehill (the smallest) to 9,082 in Longham & West Parley⁴.

3

<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



Emergency admissions in the under 5s are significantly higher than England in **Ferndown and Wimborne Minster** (both in the highest 30% of areas across Dorset)



Admissions for injuries for young people (15 – 24 yrs) in East Dorset is significantly worse than the England average; **Ferndown** is in the top 20% of areas across Dorset and **Wimborne Minster** the top 30%

The percentage of **people aged 65 and over living alone** varies with 9 out of 11 areas below the England percentage and **Wimborne Minster** higher and amongst the highest 10% of areas across Dorset



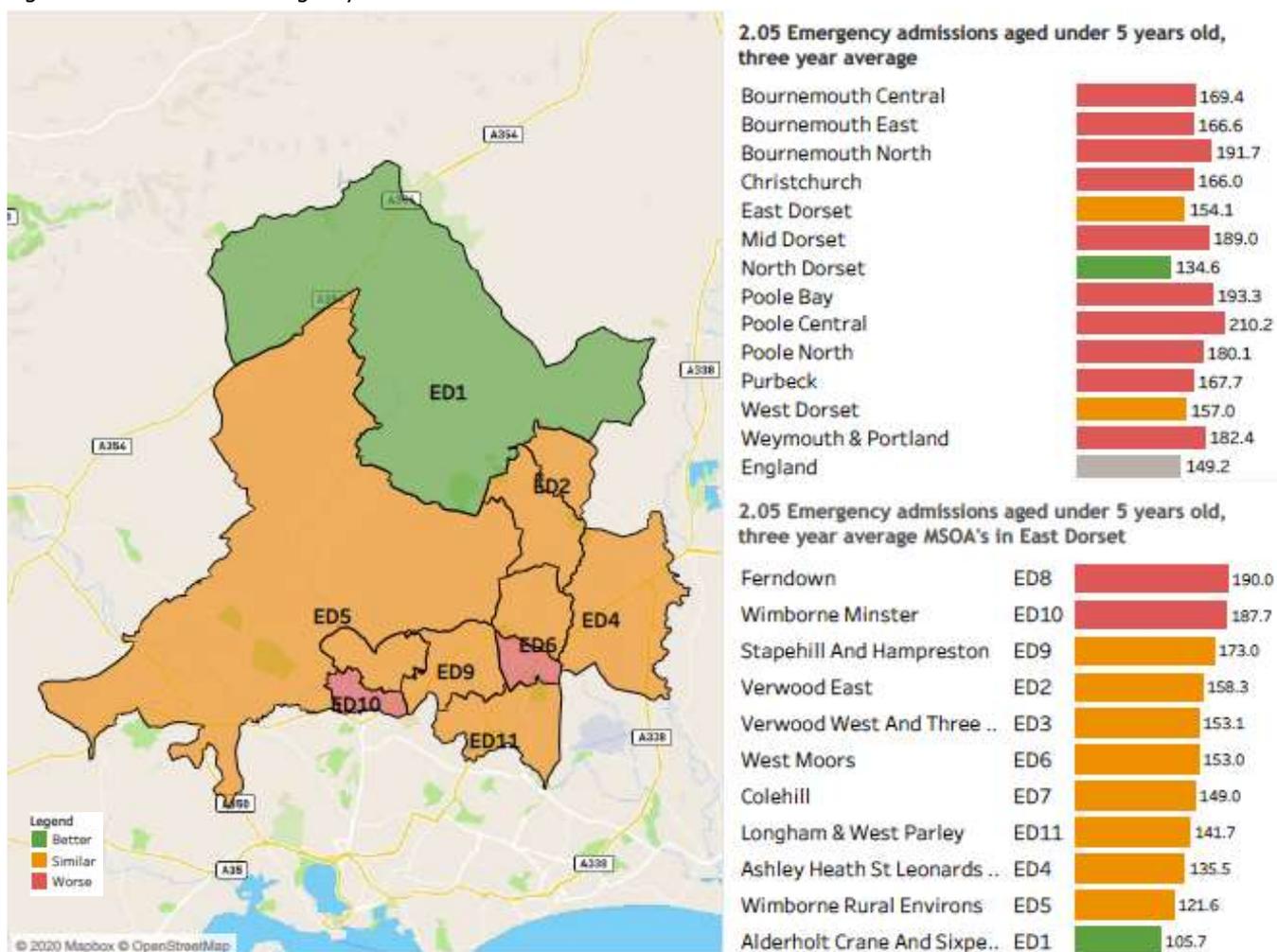
People providing **at least an hour of unpaid care per week** is significantly higher than the England average, with **Ferndown and West Moors** in the highest 10% of areas across Dorset



Starting well – child and adolescent year indicators

- 3.1 At the Locality level, East Dorset is similar to England averages for:
- Low birthweight babies;
 - Admissions for injuries in the under 5s;
 - Emergency admissions in the under 5s; and
 - Admissions for injuries in the under 15s.
- 3.2 Locality level averages may 'even out' variation across the areas within a Locality.
- 3.3 East Dorset has the 4th highest percentage of births that are of low weight across the 13 Dorset Localities. In keeping with the Locality percentage, all 11 areas within the Locality are statistically similar to England.
- 3.4 The rate of admissions for injuries in under 5s varies considerably across the 11 areas within the Locality. At Locality level East Dorset has the second lowest rate of the 13 Dorset Localities. The lowest rate in the Locality is found in Alderholt Crane And Sixpenny, at 63.5 per 1,000 this is significantly lower than the England level and amongst the lowest 10% of areas across Dorset. The highest in the Locality is nearly three times higher; Ferndown is amongst the highest 30% of areas in Dorset with a rate of 184 per 1,000.
- 3.5 Figure 1 over-page shows wide variation in crude rates of emergency admissions in the under 5s, from
- A low in Alderholt (significantly lower than England and amongst the lowest 10% of areas across Dorset); to
 - Significantly higher than England in Ferndown and Wimborne Minster (both in the highest 30% of areas across Dorset).

Figure 1: Crude rate of emergency admissions in under 5s in East Dorset



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020

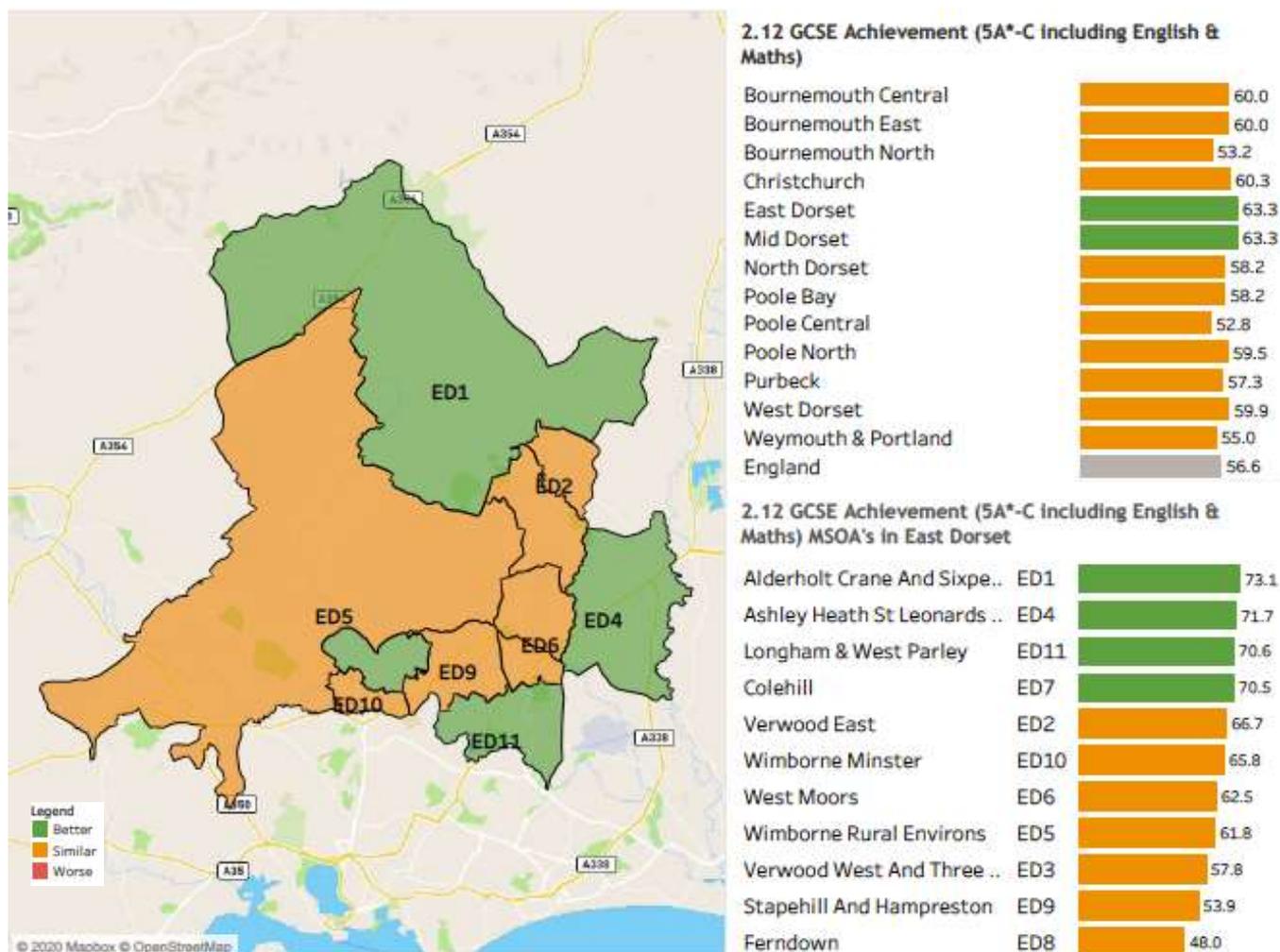
3.6 The rate of admissions for injuries in under 15s varies considerably across the 11 areas within the Locality:

- At Locality level East Dorset has the 3rd lowest rate of the 13 Dorset Localities;
- The lowest rate in the Locality is found in West Moors, at 74.5 per 1,000 this is significantly lower than the England level and amongst the lowest 10% of areas across Dorset.
- The highest in the Locality is nearly three times higher; Wimborne Rural Environs is amongst the highest 30% of areas in Dorset with a rate of 137 per 1,000.

3.7 East Dorset is significantly better than England for the following measures:

- *Child Poverty* (lowest ranking of the 13 Dorset Localities with 10 of the 11 areas being significantly better than England. The exception, *Ferndown*, being amongst the highest scoring 20% of areas across Dorset and statistically similar to England);
- The rate of A&E attendances in under 5 year olds (lowest ranking of the 13 Dorset Localities with all 11 areas being significantly better than England);
- Child development at age 5 (2nd highest of the 13 Dorset Localities with some variation across the 11 areas from a low of 59% in Longham & West Parley to 89% in Wimborne Rural Environs); and
- GCSEs achievement (jointly highest achievement of the 13 Dorset Localities though as we see in Figure 2 over-page there is considerable variation across the areas within the Locality).

Figure 2: GCSEs achievement in East Dorset



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020

- 3.8 At the Locality level, *East Dorset is significantly worse than the England average for admissions for injuries in 15 - 24 year olds (Crude rate per 10,000), (this being driven by Ferndown (top 20% of areas across Dorset) and Wimborne Minster (top 30% of areas across Dorset) both being significantly higher than Dorset.*
- 3.9 Childhood Immunisation Rates for MMR Dose 2 (percentage of children immunised by 5 years old) in East Dorset are at or above the target level of 95% in four of the nine practices, ranging in 2018/19 from a low of 91% in the Barcellos Family Practice and Quarter Jack Surgery to 98% in Walford Mill Medical Centre, West Moors Group Practice and Verwood Surgery. All nine 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 for East Dorset Locality (and the eleven areas that comprise the Locality) than England and joint lowest across 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 --- THIS SECTION IS A WORK IN PROGRESS AND WILL BE UPDATED ---

⁵

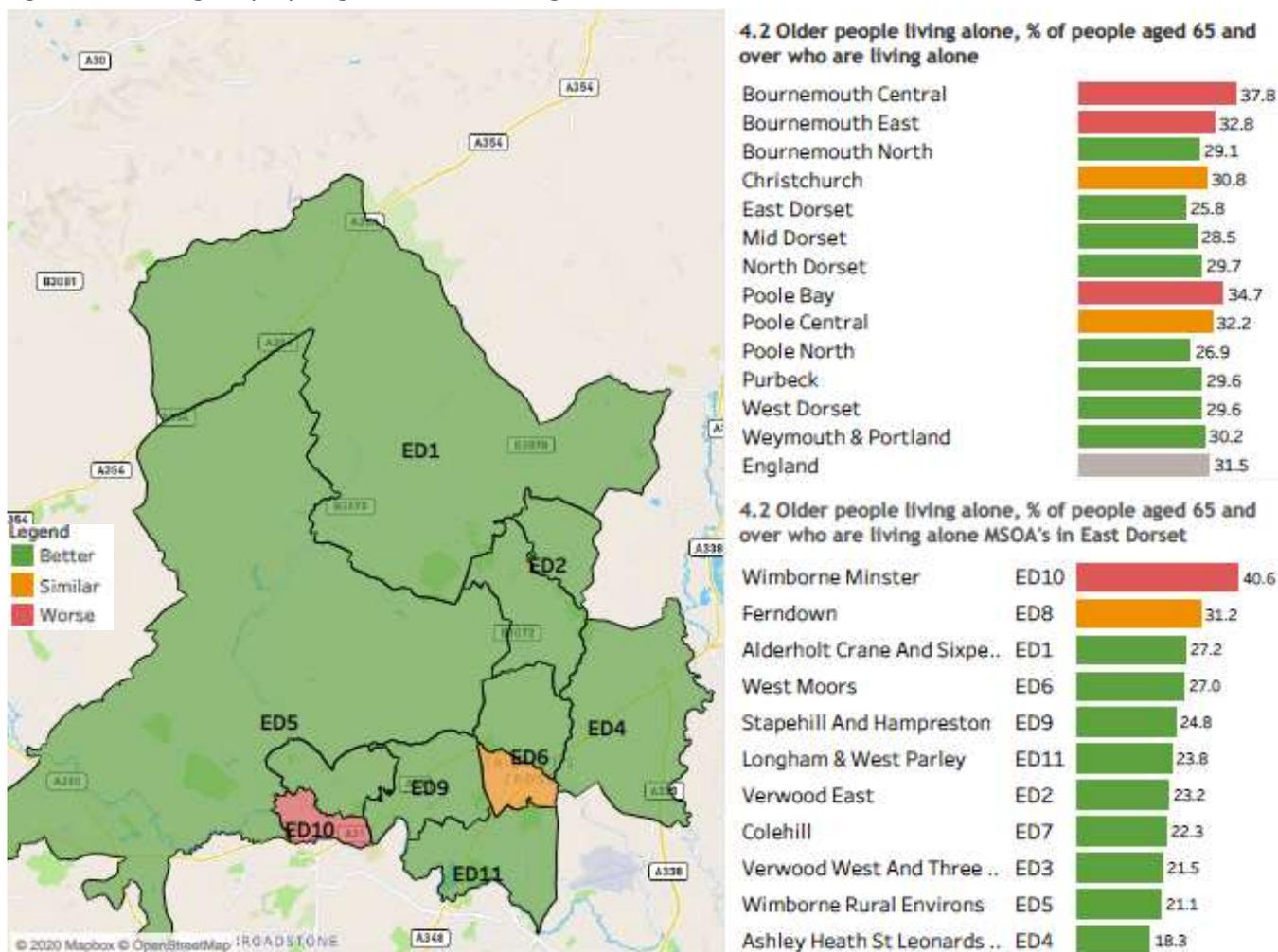
<https://public.tableau.com/profile/public.health.dorset#!/vizhome/ChildImmunisationatPracticeLevel201819/TrendanalysisbyLocality> last accessed 23/01/2020

[P11] **Ageing well - the later working and retirement years indicators**

- 3.13 At the Locality level, East Dorset has a significantly better (lower) score for older people in deprivation (indicator 4.1) than England. The Locality has the lowest level of the 13 Dorset Localities with this being reflected in significantly lower levels in each of the eleven areas that make up the Locality.
- 3.14 At the Locality level, East Dorset is significantly lower than the England average for the *percentage of people aged 65 and over living alone* and has the lowest percentage of the 13 Dorset Localities. However, as shown in Figure 3 over-page, there is considerable variation across the Locality with 9 out of 11 areas being significantly below the England percentage and *Wimborne Minster significantly higher and amongst the highest 10% of areas across Dorset*.
- 3.15 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.

DRAFT

Figure 3: Percentage of people aged 65 and over living alone, 2011 Census



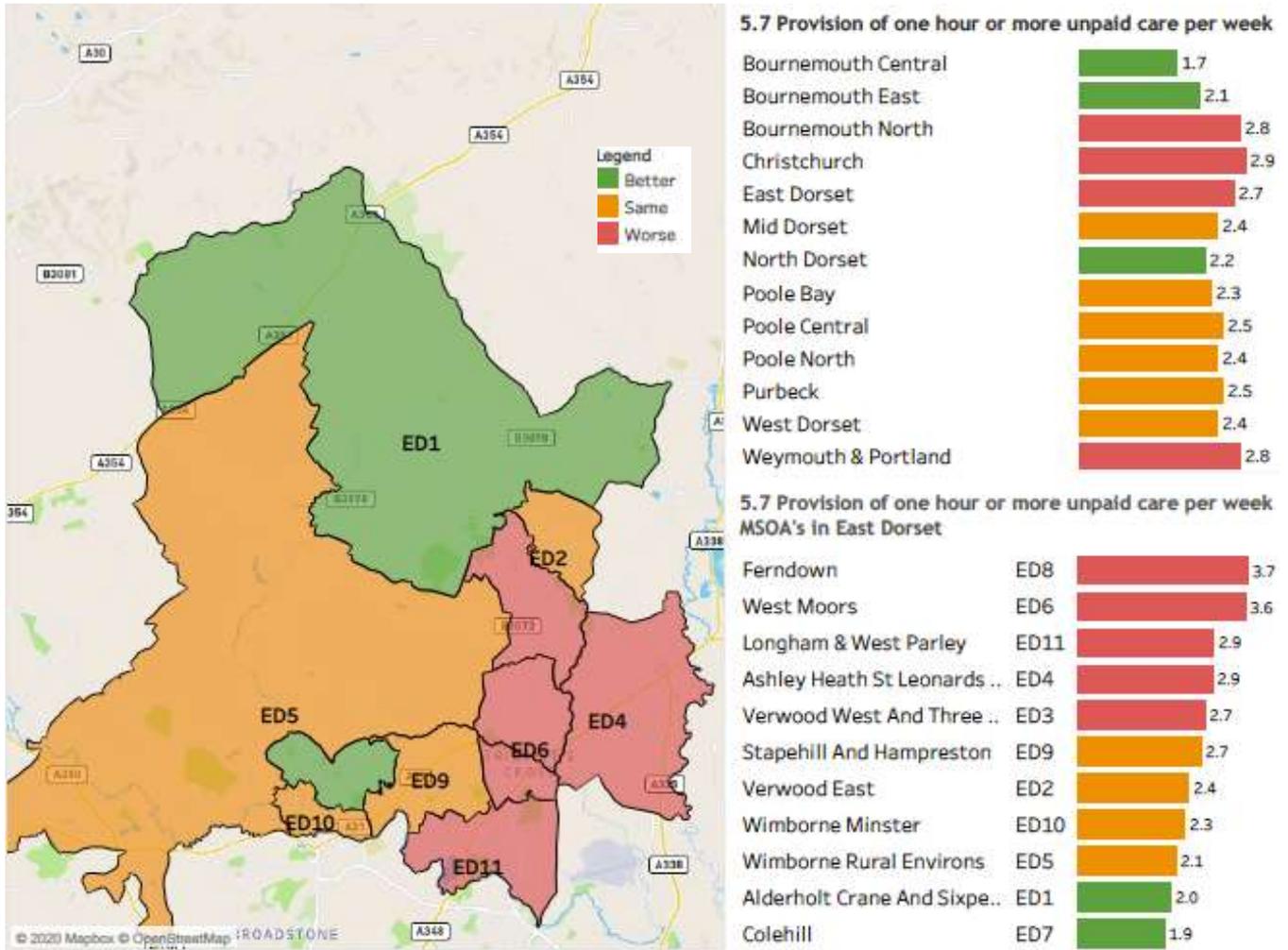
Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020

- 3.16 At the locality level, *Emergency hospital admissions for hip fracture in persons 65 years and over* (indicator 4.3) in East Dorset is significantly similar to the England average with the Locality middle ranking across the 13 Dorset Localities. Nine of the 11 areas in the Locality are similar to England with Wimborne Rural Environs significantly lower and *Longham & West Parley* significantly higher than England.
- 3.17 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

- 3.18 The income deprivation (indicator 5.2) in East Dorset is better (lower) than the England average, the Locality has the 2nd lowest percentage of people living in income-deprived households of the 13 Dorset Localities. All eleven areas within the Locality are significantly lower than the England average.
- 3.19 The proportion of people in East Dorset providing at least an hour of unpaid care per week is significantly higher than the England average with the Locality ranking 4th highest of the 13 Dorset Localities. Ferndown and West Moors are in the highest 10% of areas across Dorset for this measure and are two of five areas within the Locality that are significantly higher than the England average (see Figure 4 over-page).
- 3.20 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.

Figure 4: Proportion of people in East Dorset providing at least an hour a week of unpaid care



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020



Themes to consider for locality initiatives:

1. Emergency admissions in the under 5s are significantly higher than England in Ferndown and Wimborne Minster (both in the highest 30% of areas across Dorset).
2. East Dorset is significantly worse than the England average for admissions for injuries in 15 - 24 year olds Ferndown (top 20% of areas across Dorset) and Wimborne Minster (top 30% of areas across Dorset).
3. There is considerable variation across the Locality in the percentage of people aged 65 and over living alone with 9 out of 11 areas being significantly below the England percentage and Wimborne Minster significantly higher and amongst the highest 10% of areas across Dorset.
4. The proportion of people in East Dorset providing at least an hour of unpaid care per week is significantly higher than the England average with the Locality ranking 4th highest of the 13 Dorset Localities. Ferndown and West Moors are in the highest 10% of areas across Dorset for this measure and are two of five areas within the Locality that are significantly higher than the England

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

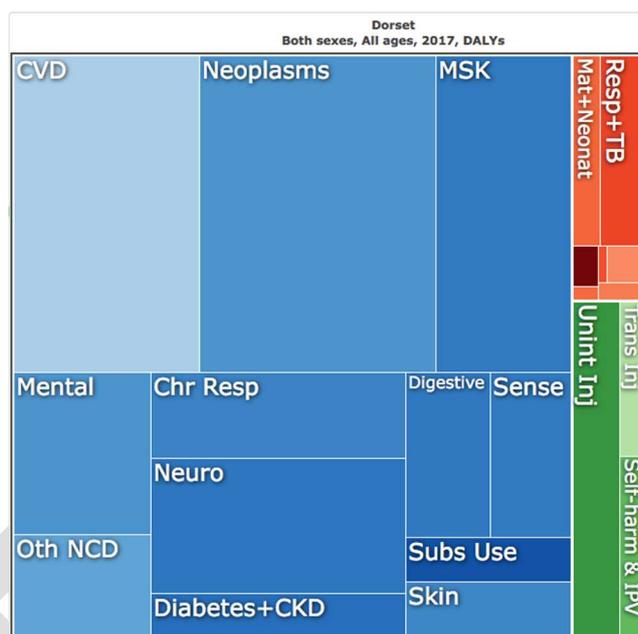
4.1 Disease burden is the impact of a health problem on a given population. Measuring this allows the burden of disease to be compared between different areas and helps with predicting future health care needs.

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 9 practices in the East 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)

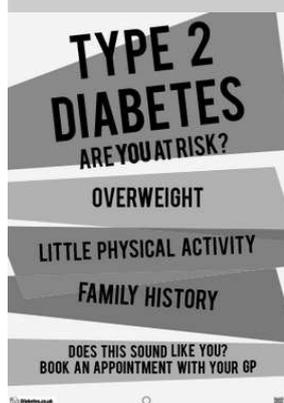
Key findings



One in five (20.4%) reported have a **limiting long term illness** or disability, significantly higher than for England. Six areas in the Locality have significantly higher levels, with **West Moors and Ferndown being amongst the highest 10% of areas** across Dorset



CHD Emergency admissions are significantly higher in East Dorset compared with the England: significantly high levels are shown in **Staplehill & Hampreston, Ferndown and West Moors**



Newly diagnosed **diabetics referred to an education programme** within 9 months has **decreased in 8 out of 9 practices** over the last 5 years. The **Cranborne Practice is significantly lower**

Dementia in East Dorset practices has increased over recent years; **Orchid House Surgery, West Moors Group Practice and Penny's Hill Practice** consistently record significantly higher levels



Cancers and benign tumours

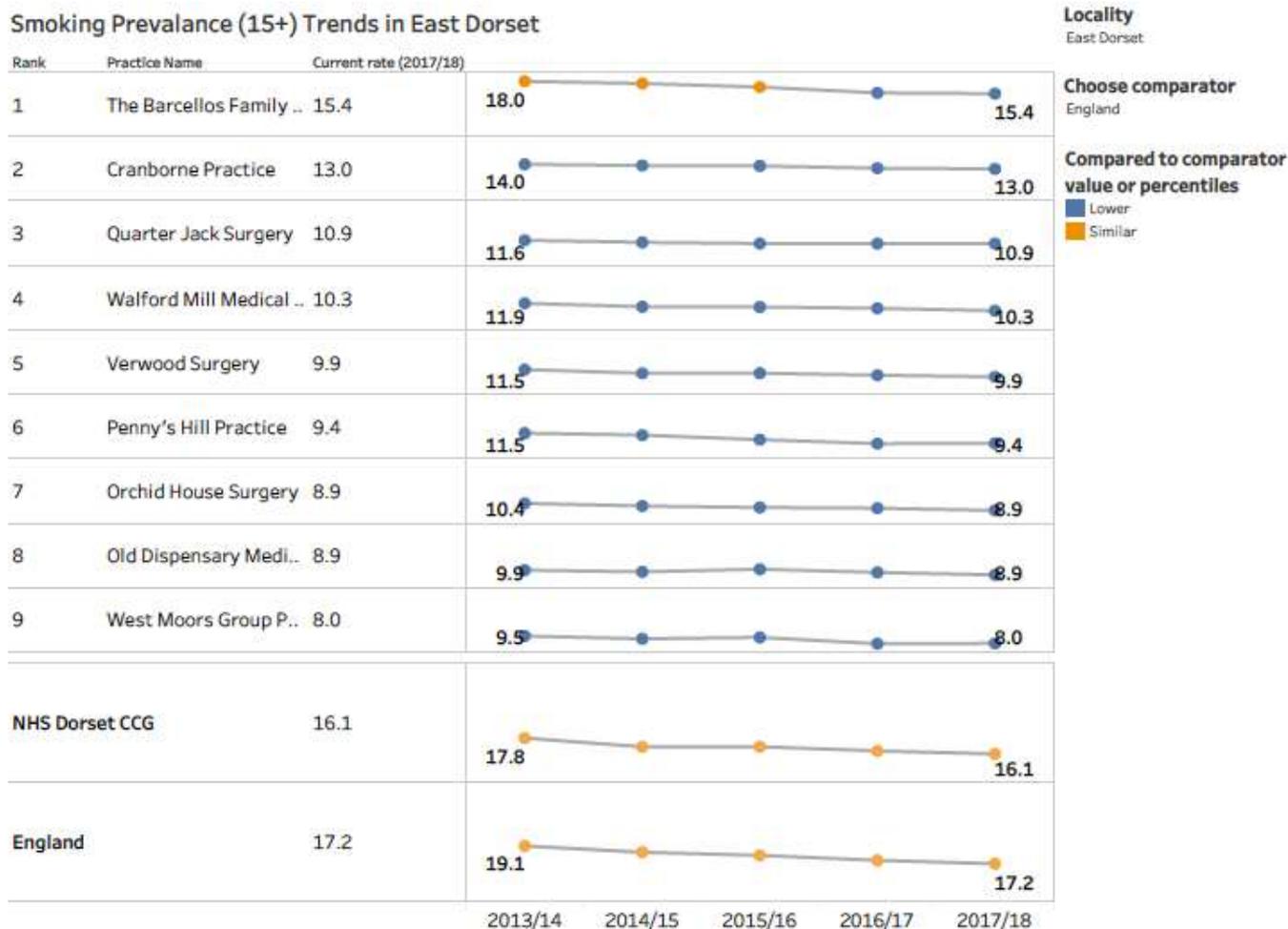
- 4.5 When cells divide and grow excessively; they can be benign (not cancerous) or malignant (cancerous).
- 4.6 East Dorset has (significantly) similar to England levels of expected⁸ new cancer cases and the joint 2nd lowest of the 13 Dorset Localities⁹
- 4.7 The category of cancers comprises a wide 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 all nine practices in East Dorset is significantly lower than the England average. In keeping with national trends we see in Figure 5 below a downward trend in smoking prevalence across these practices.

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

⁹ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020

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

Figure 5: 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> last accessed 06/02/2020

- 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/>).

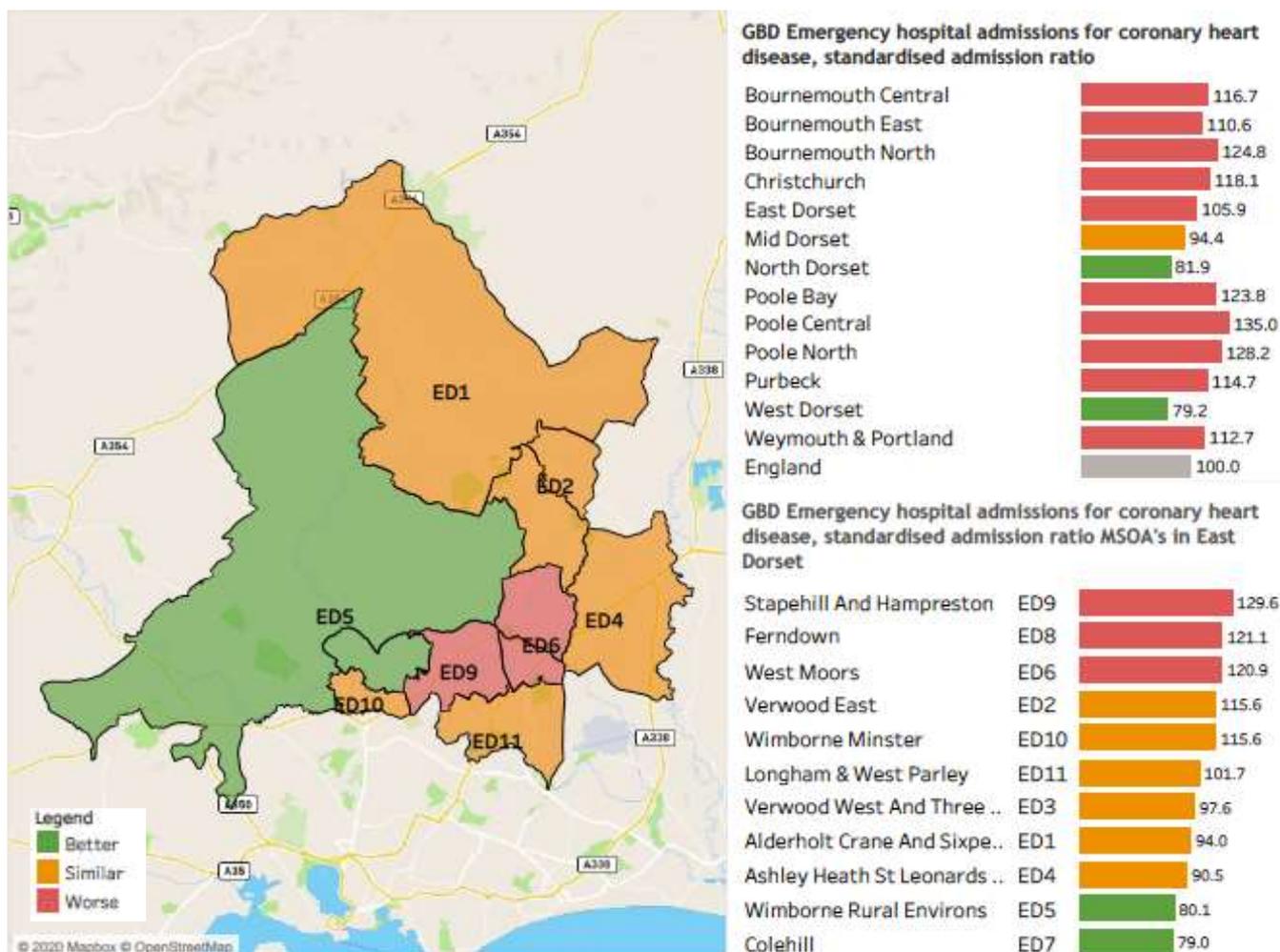
Cardiovascular diseases

- 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 East Dorset 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 *Stapehill & Hampreston, Ferndown and West Moors*

Figure 6: Emergency admissions for CHD, 2013/14 – 2017/18¹¹



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020

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.

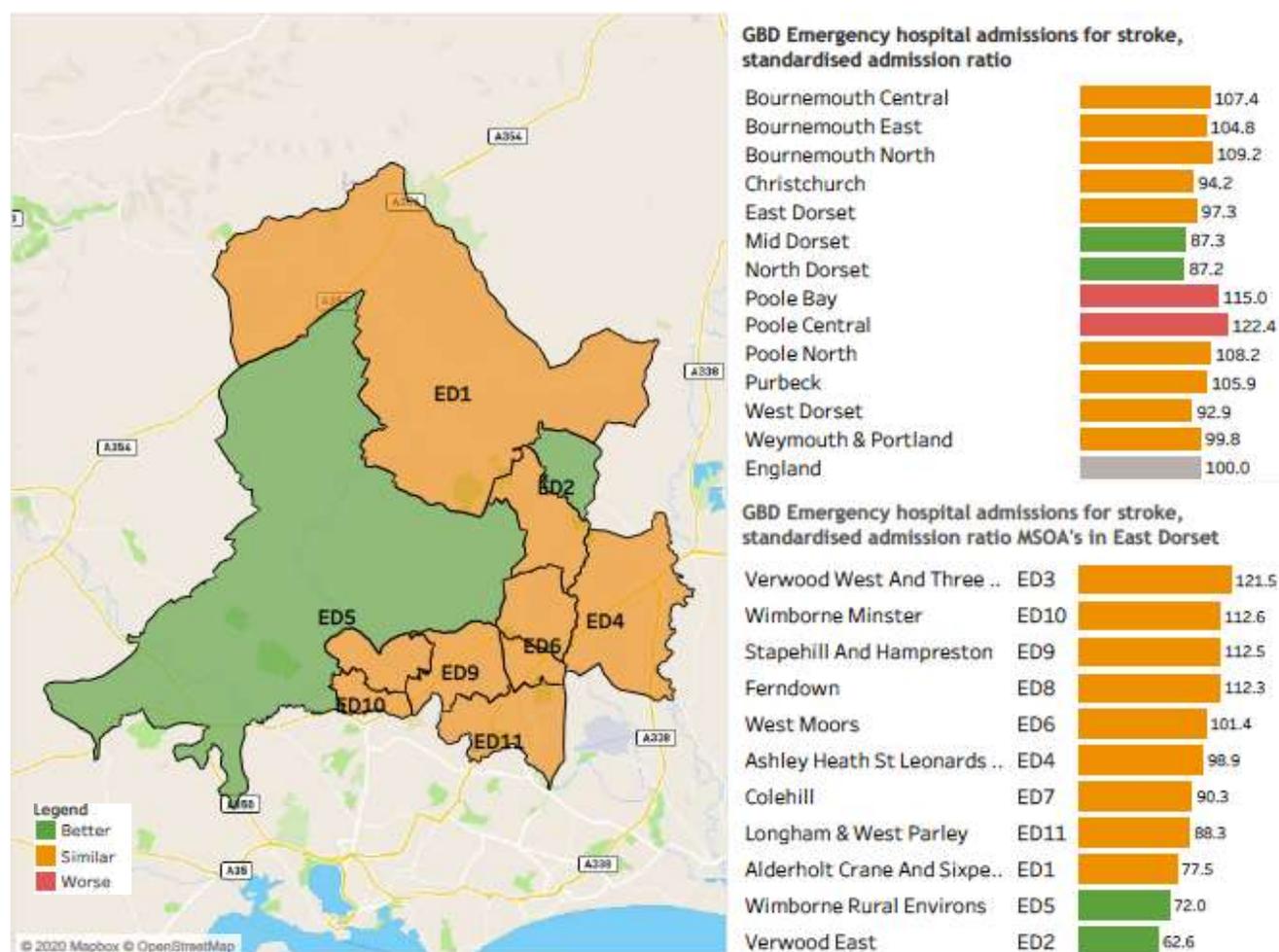
(CVD) such as stroke are being managed.

4.18 Emergency admissions for Stroke can give an indication as to how well cerebrovascular diseases

4.19 At the East Dorset Locality level, Emergency admissions for Stroke are similar to the England average, the Locality ranking 5th lowest of the 13 Dorset localities.

4.20 Emergency admissions for stroke are statistically similar in 9 of the 11 areas of the Locality to the England average and significantly better in 2 (Wimborne Rural Environs and Verwood East (see Figure 7).

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

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020

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.

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>

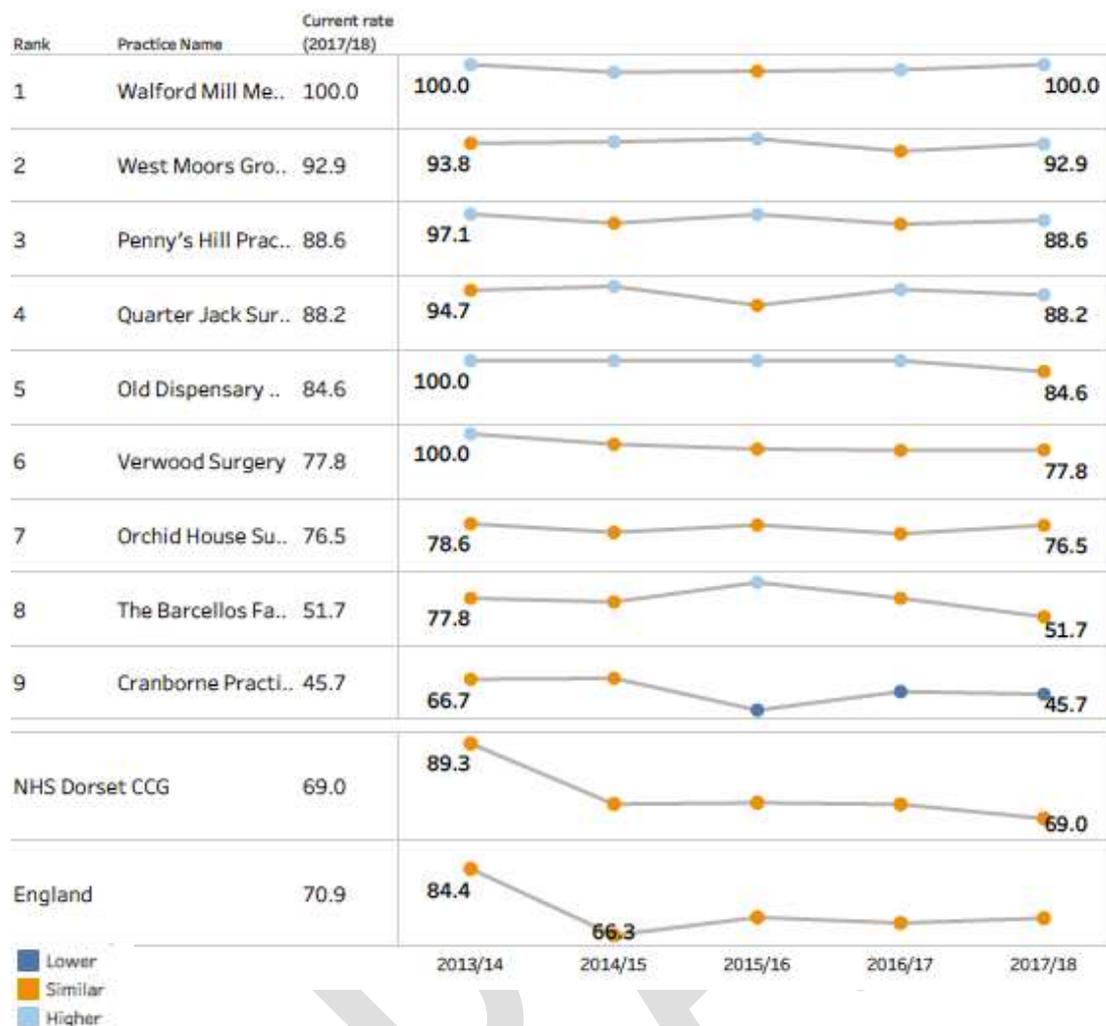
¹³ <https://www.nhs.uk/conditions/cardiovascular-disease/> last accessed 17th December 2019

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 East Dorset Locality the *prevalence of diabetes* has increased in line with national trends. Comparison with England and Dorset as a whole shows significantly higher prevalence for:
- *Orchid House Surgery;*
 - *West Moors Group Practice; and*
 - *Penny's Hill Practice.*
- 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 8 over-page) in eight of the nine East Dorset practices over the last 5 years.
- 4.28 There is considerable variation across the East Dorset practices for this measure:
- In 2017/18 four practices achieved significantly higher percentages than England and Dorset overall:
 - Walford Mill Medical Centre (consistently achieving 100%);
 - West Moors Group Practice;
 - Penny's Hill Practice; and
 - Quarter Jack Surgery
 - *The Cranborne Practice is significantly lower than England and has decreased from 67% in 2013/14 to 46% in 2017/18.*

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

Figure 8: 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> last accessed 06/02/2020

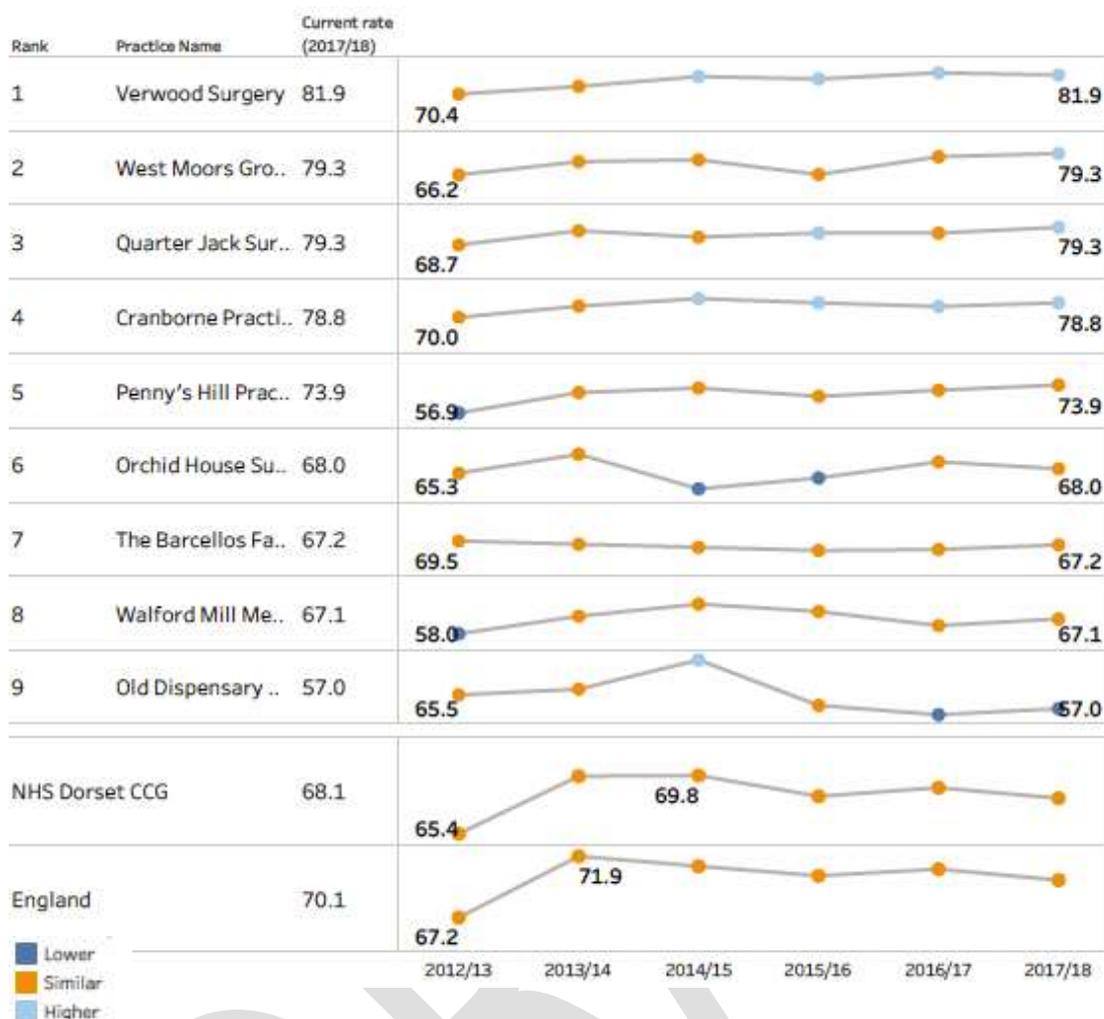
- 4.29 Exception reporting was introduced into the Quality and Outcomes Framework to allow practices to pursue quality improvement and not be penalised when patients do not attend for review, or a medication cannot be prescribed due to a contraindication or side-effect¹⁵.
- 4.30 It has been suggested 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 *Old Dispensary Medical Practice, Cranborne Practice and Barcellos Family Practice have all recorded significantly higher than England diabetes exception rates over the last three years.*
- 4.32 *Sugar control across the East Dorset practices is generally similar to that for England and Dorset; Penny's Hill Practice being significantly higher and Old Dispensary Medical Practice significantly lower.*
- 4.33 *Blood pressure control for East Dorset Diabetics is significantly higher than England for Verwood Surgery, West Moors Group Practice, Quarter Jack Surgery and Cranborne*

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

Practice, but *significantly lower in Old Dispensary Medical Practice* (2017/18 data), see Figure 9 below)¹⁷.

Figure 9: Percentage of diabetic patients achieving blood pressure control in East Dorset Locality



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 06/02/2020

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 seven of the nine East Dorset practices than the England average. The percentage is similar for the Old Dispensary Medical Practice and consistently lower for the Cranborne Practice.

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 East Dorset reported have a limiting long term illness or disability, at 20.4% this is significantly higher than the England average, with the Locality jointly 5th highest of the 13 Dorset Localities.*
- 4.39 As shown in Figure 10 below there is considerable variation across the Locality in percentage reporting LTLI:
 - Six areas have *significantly higher levels of LTLI than England, with West Moors and Ferndown being amongst the highest 10% of areas across Dorset*
 - Three are significantly lower than England with Colehill being amongst the lowest 10% of areas across Dorset.

Musculoskeletal health: National picture

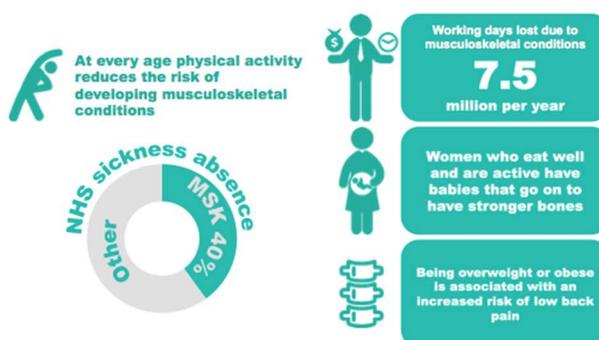
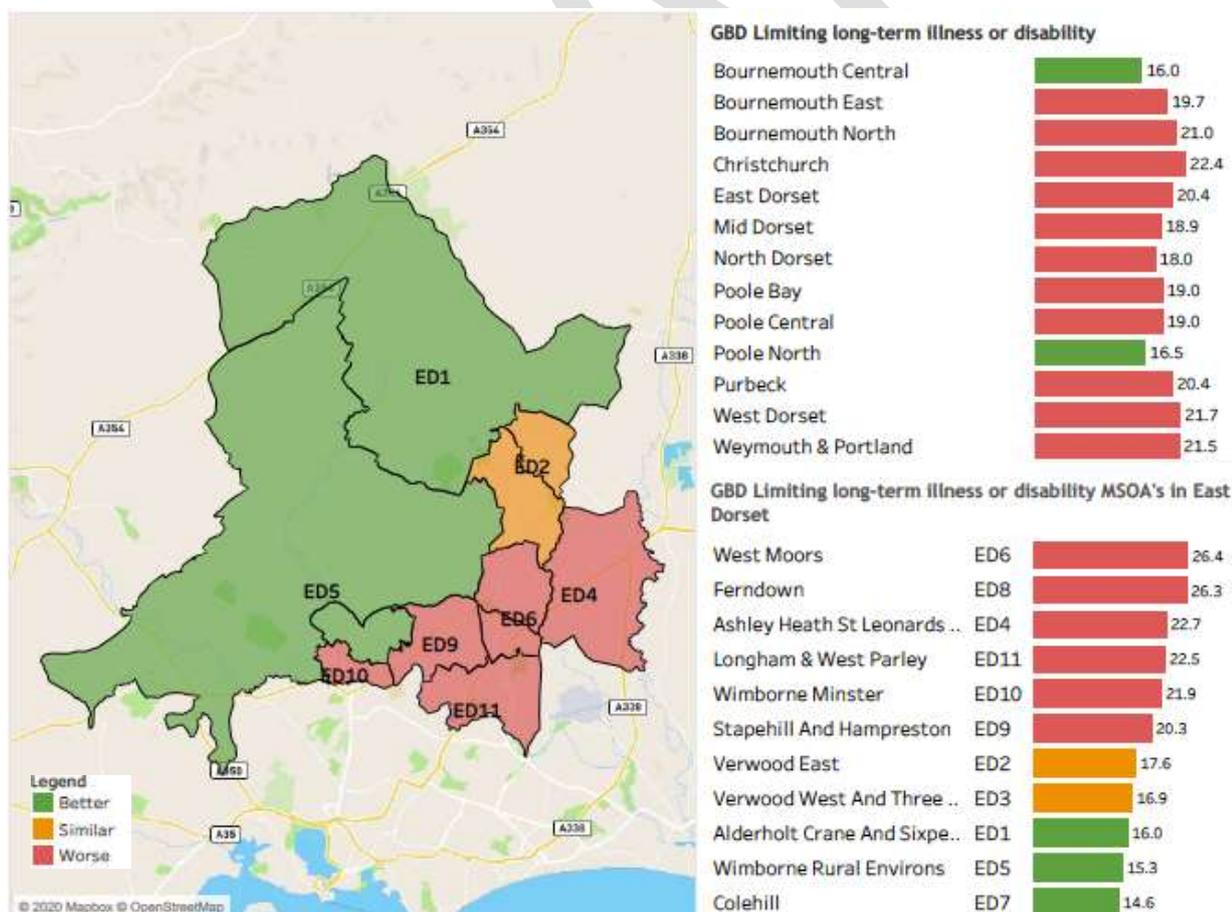


Figure 10: Long term limiting illness, East Dorset, 2011 Census



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 06/02/2020



- 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.

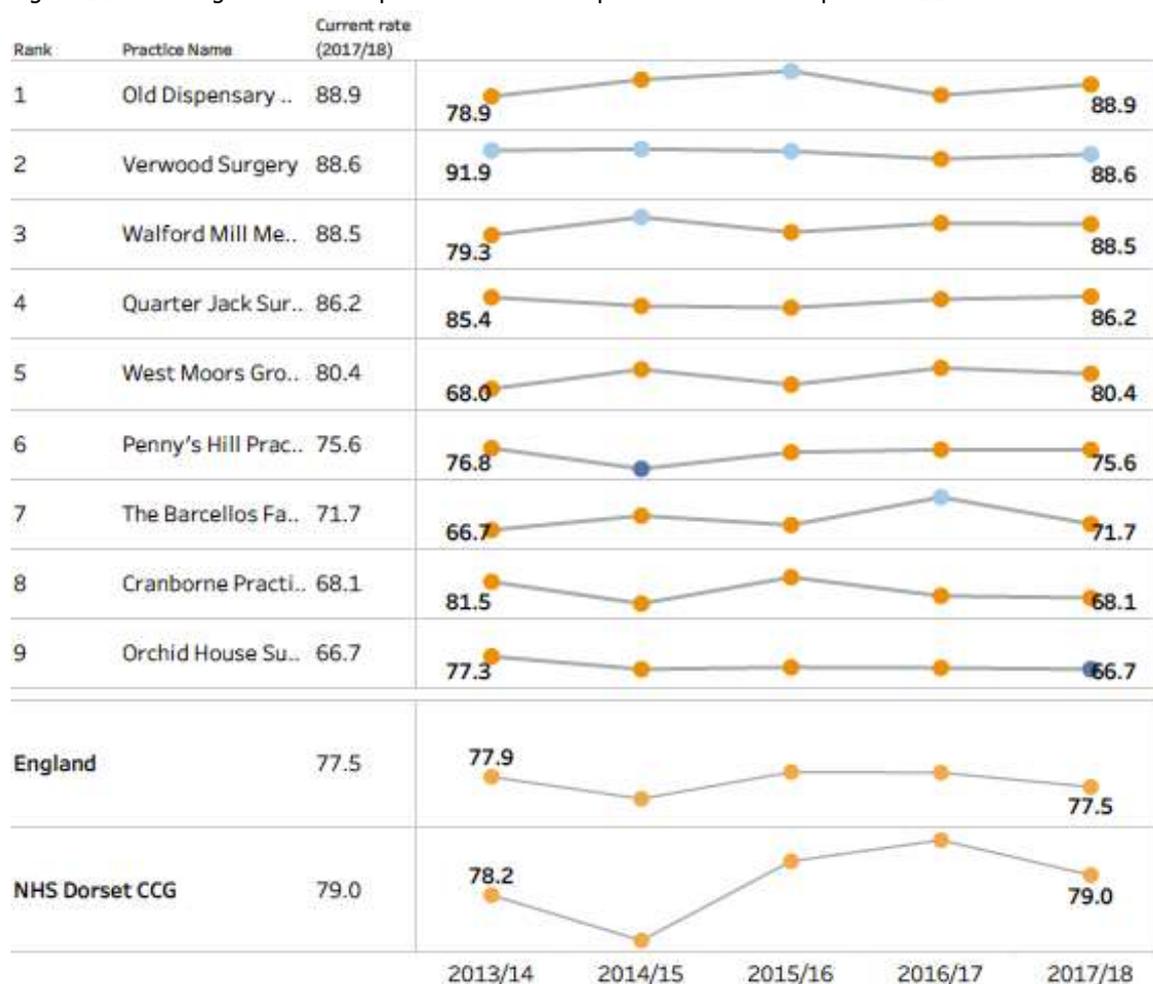
Neurological disorders

- 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 East Dorset practices has increased over recent years in 8 of the 9 practices, the exception being the Old Dispensary Medical Practice.
- 4.46 *Orchid House Surgery, West Moors Group Practice and Penny's Hill Practice* consistently record *significantly higher levels of dementia than the England average*.
- 4.47 There is variation across the East Dorset practices in terms of the *percentage of dementia patients with a care plan reviewed in the past 12 months*. In Figure 11 (over-page) we see:
- Proportions have *decreased in 4 of the 9 practices*

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

- *Orchid House Surgery achieved a significantly lower level than the England average (latest data).*

Figure 11 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 06/02/2020

- 4.48 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.
- 4.49 Exception rates in East Dorset practices are consistently similar to, or lower than, the England average. *In line with the increase in figures for England overall, exception rates for dementia indicators have shown an increase over the last 7 years in 7 of the 9 East Dorset practices*²¹.
- 4.50 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.
- 4.51 Figure 12 (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 9 East 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

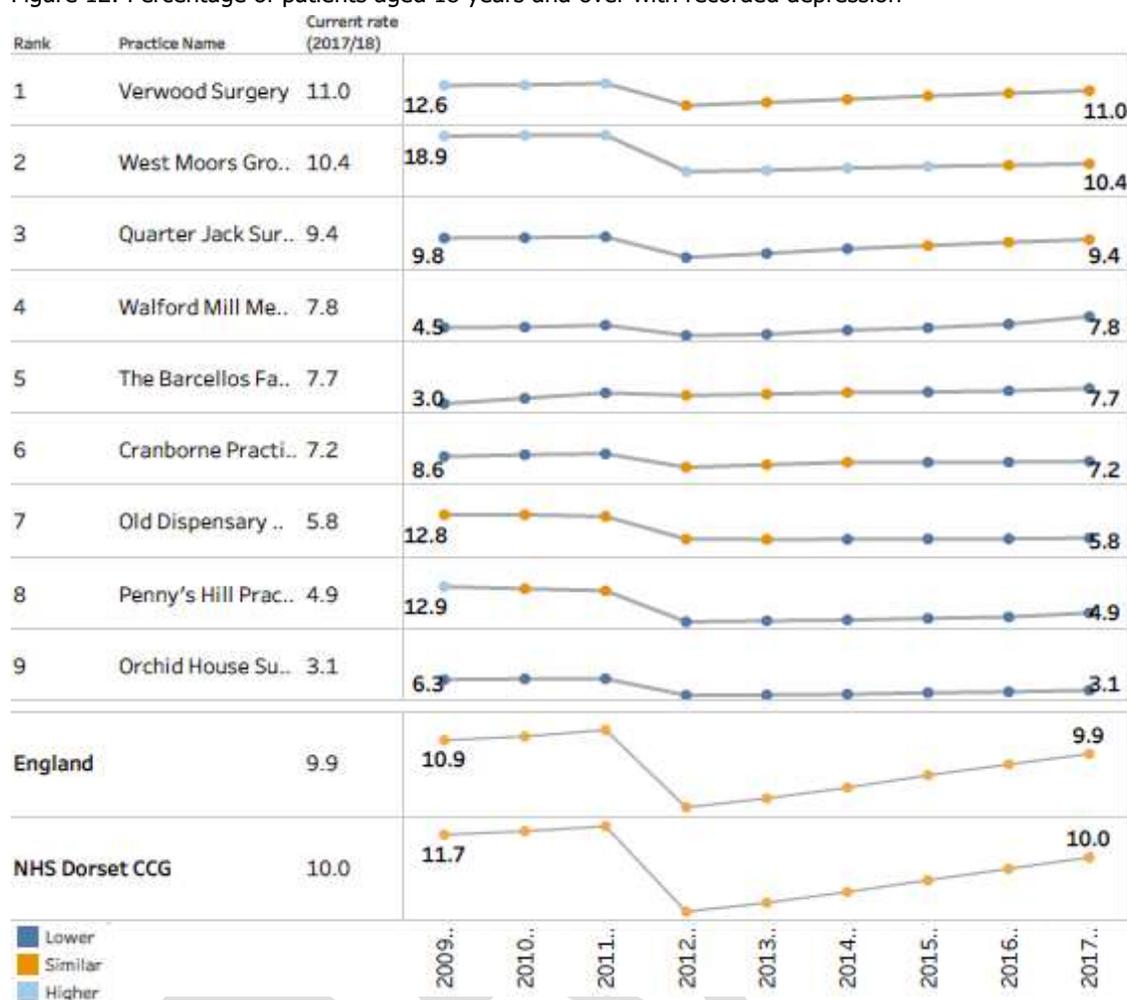
²¹ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 5th December 2019

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

4.52 There is variation across the 9 East Dorset practices:

- From a low of 3% in Orchid House Surgery; to
- 11% in Verwood Surgery.

Figure 12: 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 06/02/2020

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 East Dorset Locality level, Emergency admissions for COPD are significantly better (lower) than the England average; the Locality is ranked 4th lowest of the 13 Dorset Localities.

4.57 Lung cancer is closely associated with COPD. The incidence of lung cancer is significantly better (lower) in East Dorset (compared with England) with no areas within the locality

showing significantly higher rates than the England average and the Locality 4th lowest of the 13 Dorset Localities²³.

- 4.58 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 East Dorset.
- 4.59 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.
- 4.60 Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>)

Themes to consider for locality initiatives:

1. Emergency admissions for CHD are significantly higher than expected in East Dorset compared with the England average. Within the Locality, significantly high levels are shown in Stapehill & Hampreston, Ferndown and West Moors
2. Newly diagnosed patients with diabetes referred to an education programme within 9 months has decreased in eight of the nine East Dorset practices over the last 5 years. The Cranborne Practice is significantly lower than England and has decreased from 67% in 2013/14 to 46% in 2017/18
3. One in five (20.4%) people in East Dorset reported have a limiting long term illness or disability, significantly higher than the England average. Six areas within the Locality have significantly higher levels, with West Moors and Ferndown being amongst the highest 10% of areas across Dorset
4. In keeping with national and Dorset wide trends, the prevalence of dementia recorded by East Dorset practices has increased over recent years; Orchid House Surgery, West Moors Group Practice and Penny's Hill Practice consistently record significantly higher levels

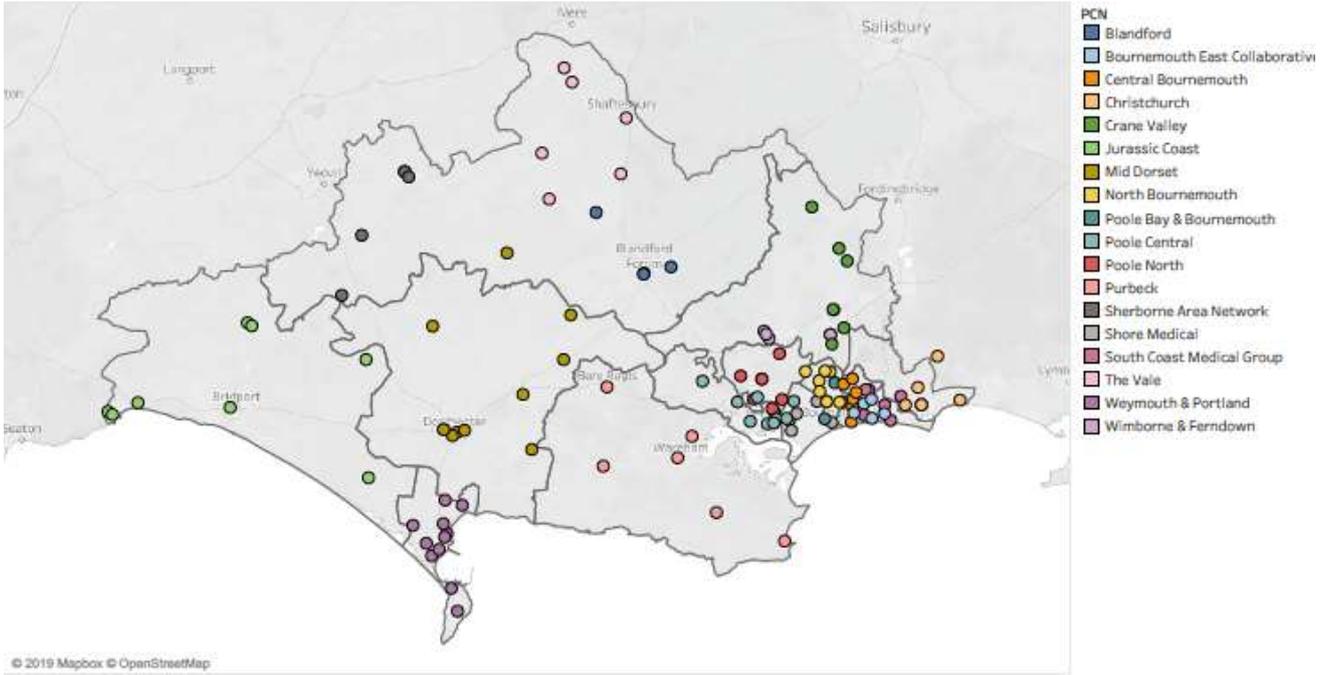
1

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



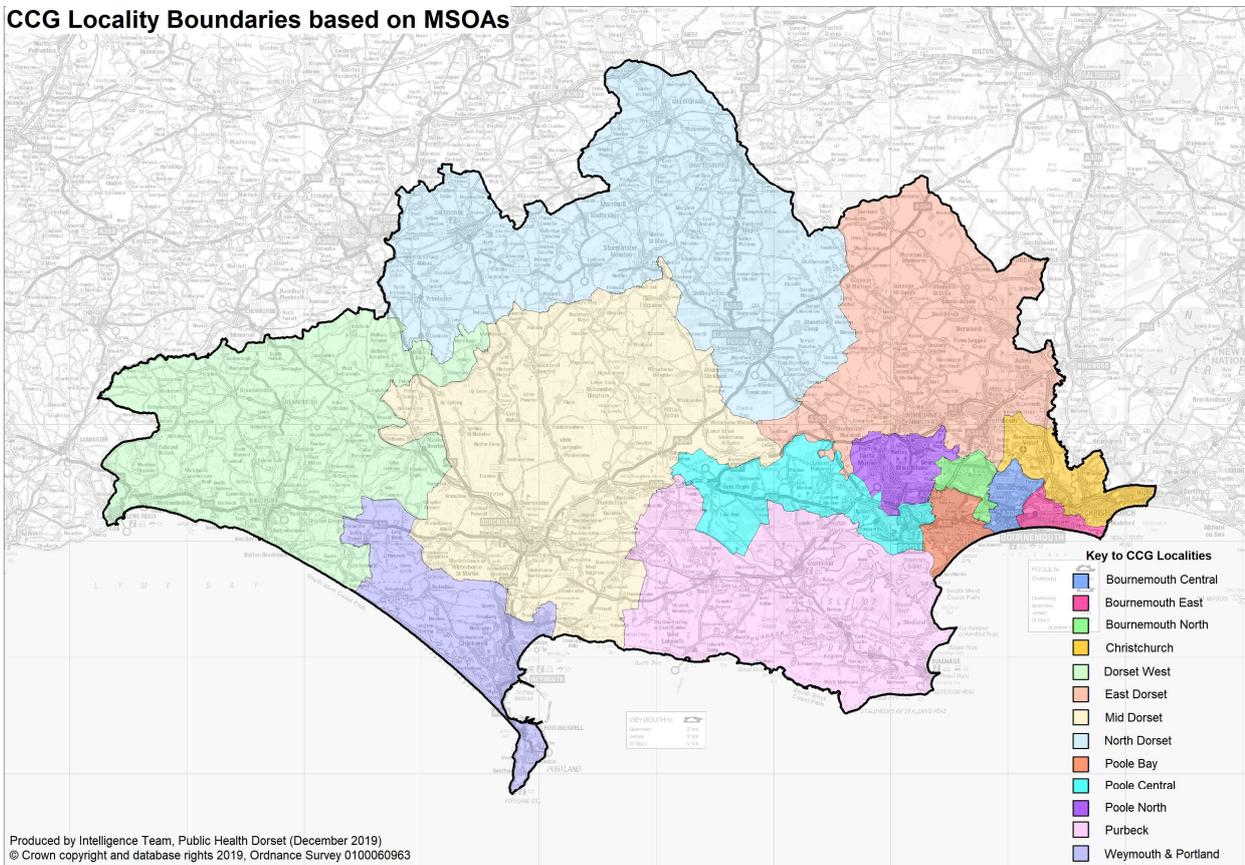
© 2019 Mapbox © OpenStreetMap

Created and maintained by the Public Health Dorset Intelligence Team
 last updated 16/12/2019

www.publichealthdorset.org.uk

[@HealthyDorset](#)
[@publichealthdorset](#)

CCG Locality Boundaries based on MSOAs



Produced by Intelligence Team, Public Health Dorset (December 2019)
 © Crown copyright and database rights 2019, Ordnance Survey 0100060963