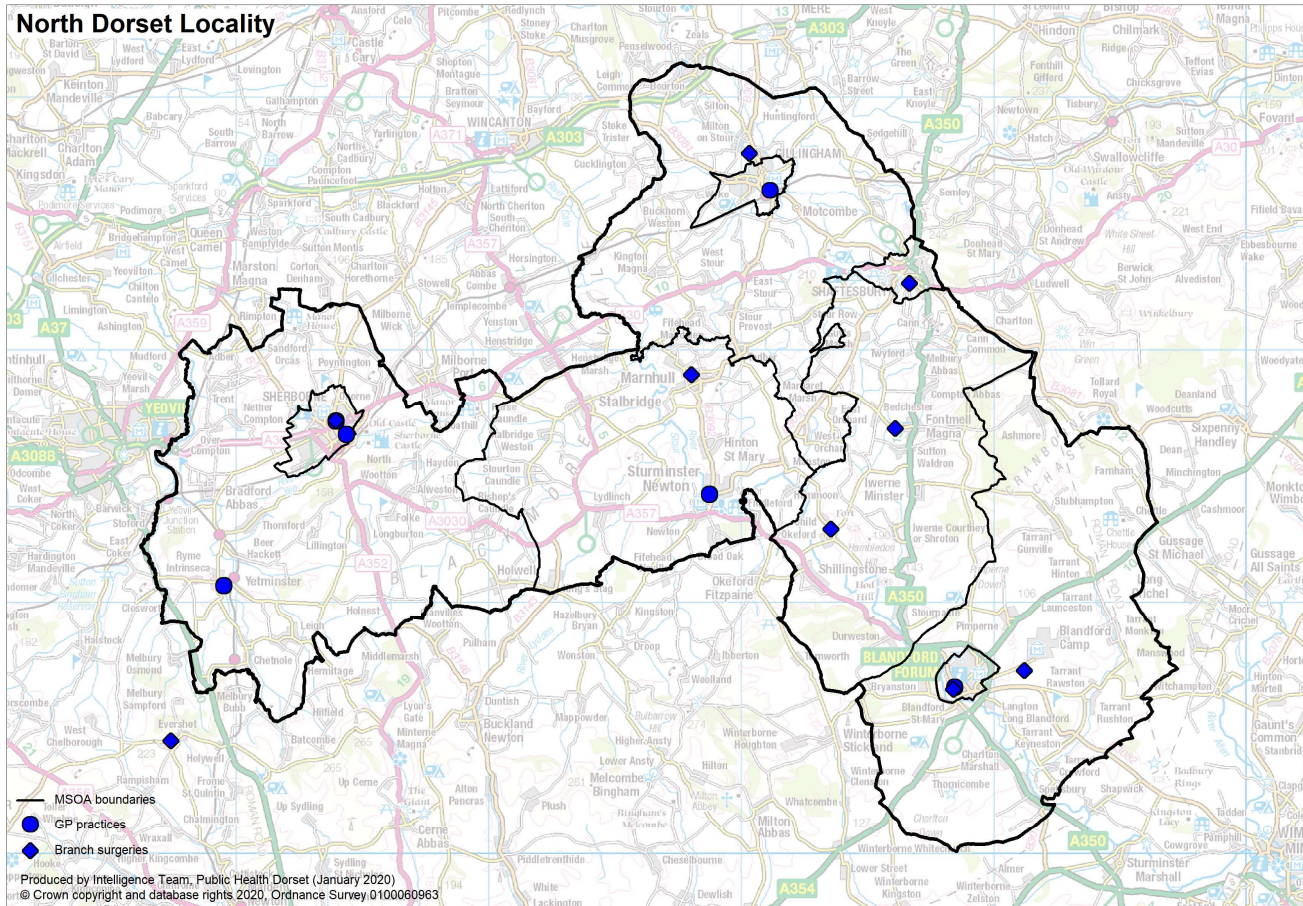


# North Dorset Locality profile narrative 2020 template

Public Health Dorset  
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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)<sup>1</sup> 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 people<sup>2</sup>.
- 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;

<sup>1</sup> 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.

<sup>2</sup> 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 North Dorset is approximately 80,500 (ONS 2017 Mid-Year Estimates), making it the second largest population of the 13 Dorset Localities.
- 2.2 The North Dorset Locality is made up of nine medium super output areas (MSOAs). The Locality is coterminous with the area covered by the North Dorset Primary Care Network (PCN), this is shown in the map on the rear page of this document.
- 2.3 North Dorset has a similar population to that of Dorset overall, which is older than that of England.
- 2.4 The age-sex structure of North Dorset is characterised by:
- Fewer (lower proportion of total) males and females aged under 5 years than the Dorset average;
  - More males and females (higher proportion of total) than the Dorset average in the 10 -14 years in particular in the 15 – 19 years age groups;
  - Fewer (lower proportion of total) males and females than the Dorset average in adults aged between 20 - 24 years through to the 40 - 44 years age group; and
  - Slightly more males and females (higher proportion of total) than the Dorset average in the 60 - 64 years age group through to and including those aged 80 and over<sup>3</sup>.
- 2.5 The areas that make up the Locality range in population from 7,255 in Beacon & Hill Forts (the smallest) to 10,561 in Sturminster and Stalbridge <sup>4</sup>.

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

<sup>4</sup> <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 is lower than England. However, **Blandford, and Blandford Environs Cranborne Chase and the Tarrant** are both higher than the England average



Sherborne Rural Environs is higher than England for **GCSE achievement** and amongst the highest 10% of areas across Dorset; the lowest, **Beacon and Hill Forts** is worse than England and amongst the bottom 10% of areas across Dorset

North Dorset is below England for the percentage of **people aged 65 and over living alone**. However this varies from 24% in Blandford Environs Cranborne Chase and the Tarrant to **37% in Sherborne** (in the highest 20% of areas across Dorset

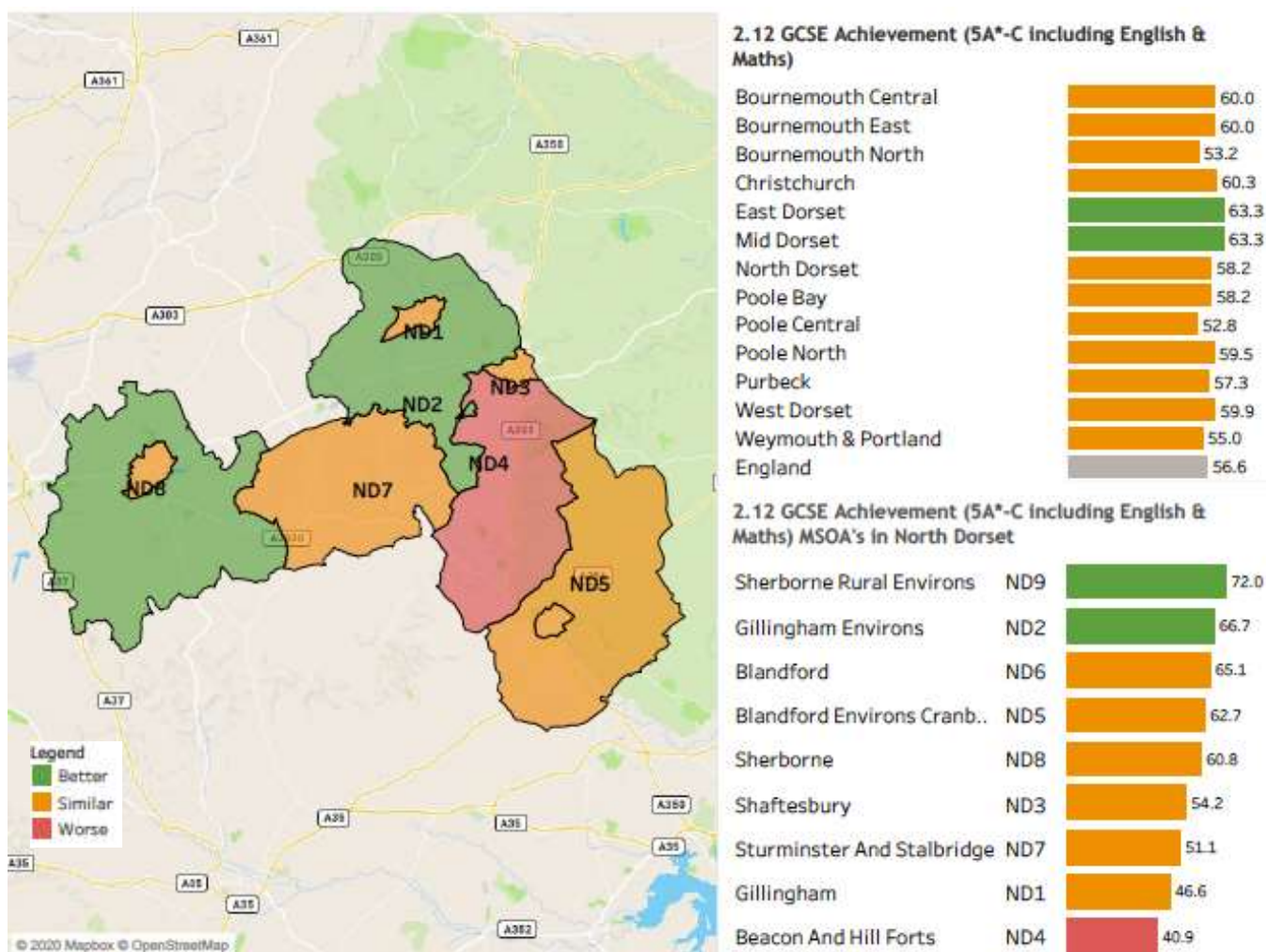
People providing **at least an hour of unpaid care per week** ranges from 1.8% in the Gillingham Environs to **2.8% in Sturminster & Stalbridge** (significantly above England).



#### Starting well – child and adolescent year indicators

- 3.1 At the Locality level, North Dorset is similar to England averages for:
- Low birthweight babies
  - GCSE Achievement
  - Admissions for injuries in the 15 – 24 years age group.
- 3.2 These Locality level comparisons hide features of the areas within the Locality:
- Whilst the *percentage of low weight babies* is similar to the England average the Locality has the joint lowest percentage of the 13 Dorset Localities and variation within the Locality is considerable:
    - From a high of 3.9% in *Beacon and Hill Forts* (amongst the highest 10% of areas across Dorset);
    - To a low of 1.2% in Gillingham Environs (amongst the lowest 10% of areas across Dorset).
  - North Dorset is jointly 5<sup>th</sup> lowest across the 13 Dorset Localities *for GCSE achievement*. As shown in Figure 1 over-page, the highest achieving area in the Locality, Sherborne Rural Environs, is significantly higher than the England average (and amongst the highest 10% of areas across Dorset). The lowest achieving area, *Beacon and Hill Forts*, is significantly worse than the England average and amongst the bottom 10% of areas across Dorset.
  - *Admissions for injuries in 15-24 years old* is significantly higher than the England average in Sherborne Environs, and Sturminster and Stalbridge.

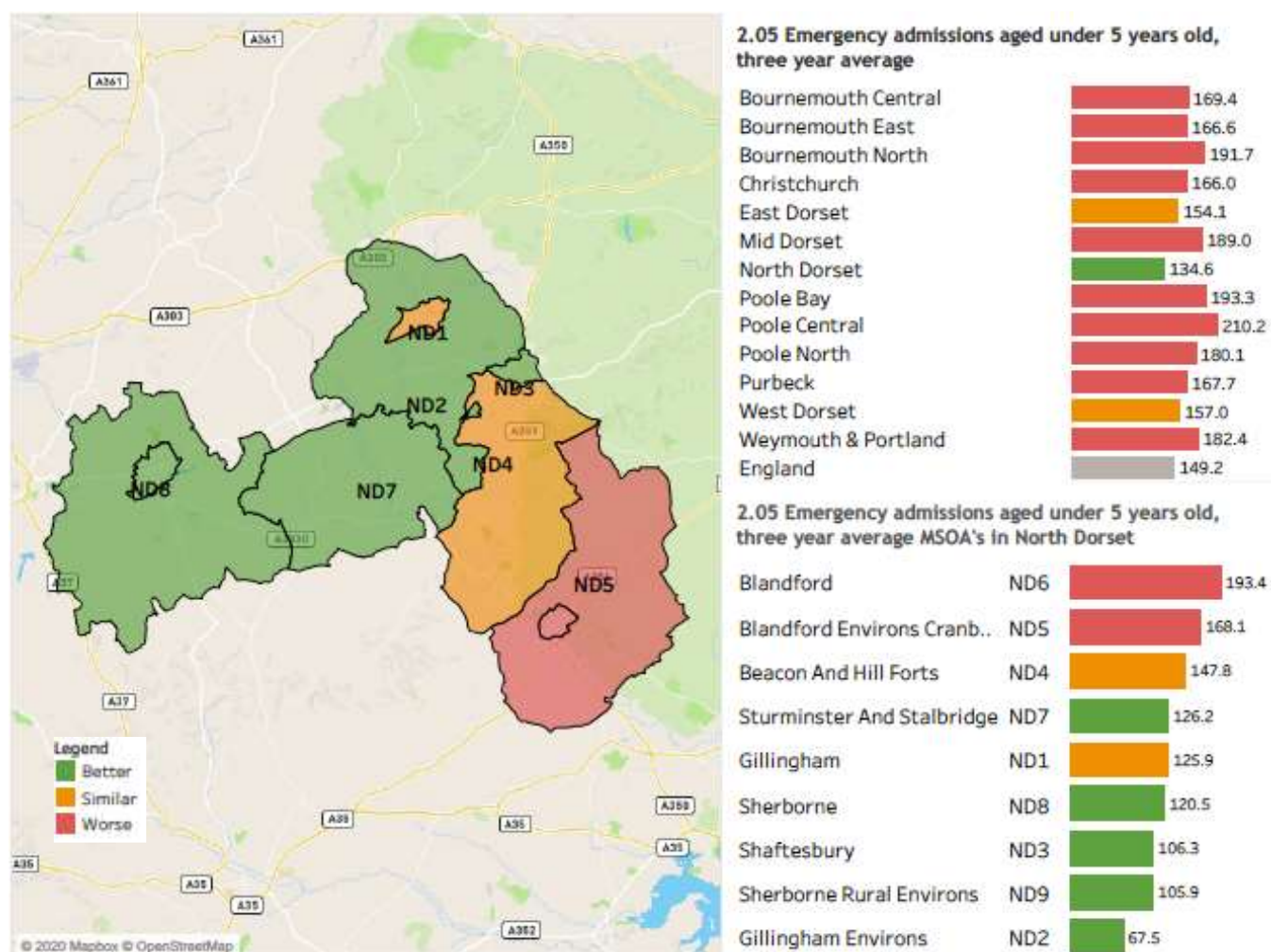
Figure 1: GCSE achievement (5 A\*-C including Maths and English) in North Dorset



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 31/01/2020

- 3.3 Child poverty in North Dorset is better (lower) than the England average, with the Locality having the 3<sup>rd</sup> lowest percentage of the 13 Dorset Localities. All 9 areas within the Locality are significantly better than the England average.
- 3.4 The percentage of 'children reaching a good level of development at 5 years' is significantly better than the England average for North Dorset overall, with the Locality having the 5<sup>th</sup> highest of the 13 Dorset Localities.
- 3.5 The rate of A&E attendances in the under 5 year olds is significantly better (lower) for North Dorset Locality than the England average. The locality has the 5<sup>th</sup> lowest rate of the 13 Dorset Localities and all 9 of the areas within the Locality are significantly better than the England average.
- 3.6 The rate of *emergency admissions in the under 5 year olds* is significantly better (lower) for North Dorset Locality than the England average. The locality has the lowest rate of the 13 Dorset Localities and is the only one to be significantly better than the England average. Figure 2 over-page shows there is considerable variation across the areas within the Locality:
  - *Blandford, and Blandford Environs Cranborne Chase and the Tarrant are significantly higher than the England average*
  - The five areas with the lowest rates are amongst the lowest 10% of areas across Dorset.

Figure 2: Emergency admissions aged under 5 years old in North Dorset



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 31/01/2020

3.8 At the Locality level, North Dorset is significantly worse than the England average for a number of hospital admissions indicators:

- Admissions for injuries in under 5 years old (Crude rate per 10,000 aged 0-4) (this being driven by Blandford being in the top 30% of areas across Dorset)
- Admissions for injuries in under 15s (Crude rate/10,000 aged 0-14), (this being driven by Blandford Environs Cranborne Chase and the Tarrant being in the highest 30% of areas across Dorset).

3.9 Childhood Immunisation Rates for MMR Dose 2 (percentage of children immunised by 5 years old) in North Dorset are at or above the target level of 95% in six of the nine practices, ranging in 2018/19 from a low of 89% in Blackmore Vale Partnership to 100% in New Land Surgery and Yetminster Health Centre. All practices recorded considerable increases in 2018/19 from the previous year<sup>5</sup>.

### **Living well – the adult and working years indicators**

3.10 The percentage of the working age claiming out of work benefits is significantly lower (better) for North Dorset Locality (and the nine areas that comprise the Locality) than England and joint 2<sup>nd</sup> 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

<sup>5</sup>

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/ChildImmunisationatPracticeLevel201819/TrendanalysisbyLocality> last accessed 31/01/2020

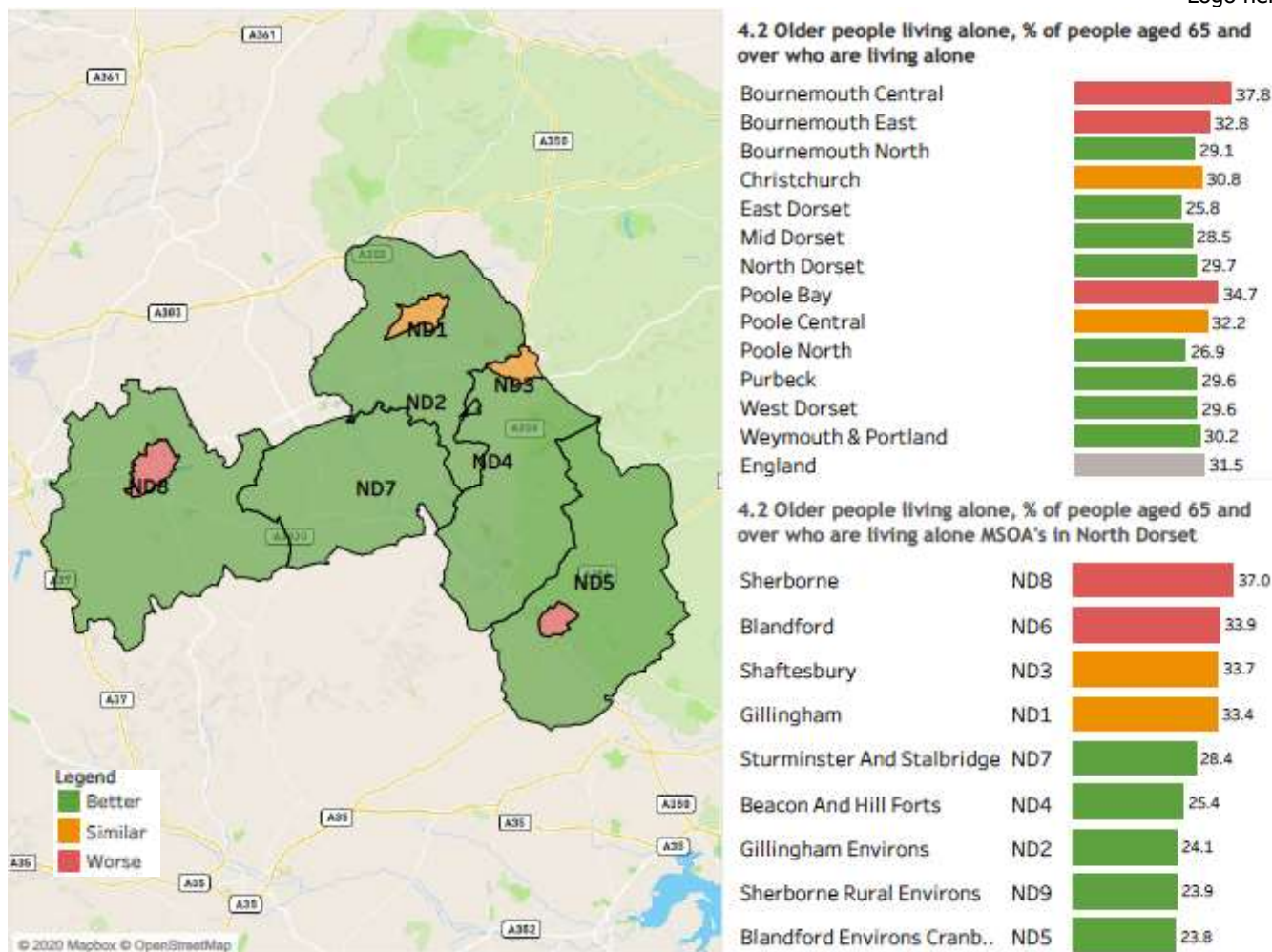
concern as we are faced with a national obesity epidemic and unhealthy eating and inactivity are at health damaging levels both locally and nationally.

- 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 North 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 North Dorset is -- AWAITING DATA-- highest across the 13 Dorset Localities (latest data, 2017/18).
- 3.13 --- THIS SECTION IS A WORK IN PROGRESS AND WILL BE UPDATED ---

### ***Ageing well - the later working and retirement years indicators***

- 3.14 At the Locality level, North 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 all nine of the areas that make up the Locality. The Locality has the 5<sup>th</sup> lowest percentage of the 13 Dorset Localities.
- 3.15 At the Locality level, North Dorset 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 over-page, there is some variation across the Locality from a low of 24% in Blandford Environs Cranborne Chase and the Tarrant (significantly lower than England average) to 37% in Sherborne (*significantly higher than England and amongst the highest 20% of areas across Dorset*).
- 3.16 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.
- 3.17 At the locality level, *Emergency hospital admissions for hip fracture in persons 65 years and over* (indicator 4.3) in North Dorset is significantly lower than the England average with the Locality ranking 3<sup>rd</sup> lowest of the 13 Dorset Localities.
- 3.18 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.

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



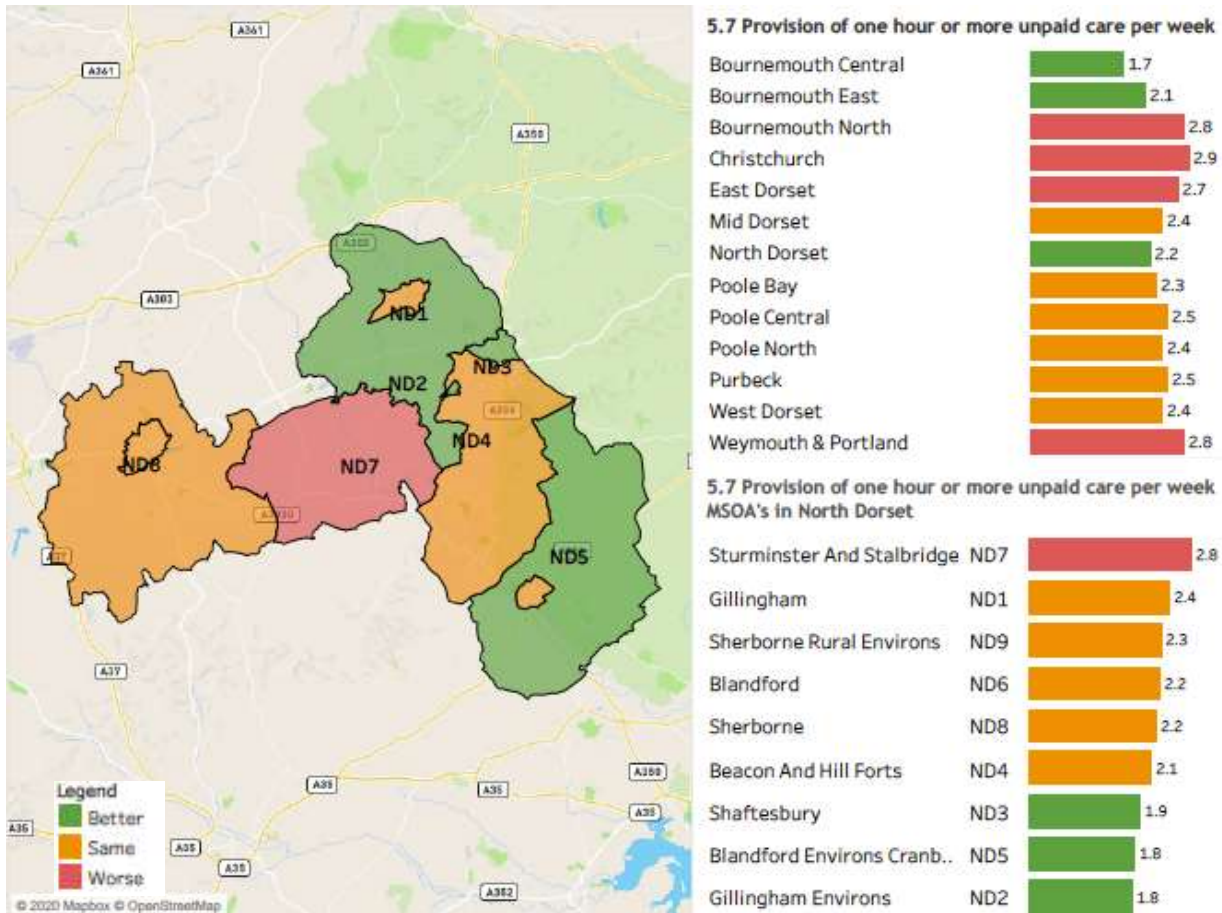
Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 31/01/2020

### Healthy places

- 3.19 The income deprivation (indicator 5.2) in North Dorset is better (lower) than the England average, the Locality has the joint third lowest percentage of people living in income-deprived households of the 13 Dorset Localities. All nine areas within the Locality are significantly lower than the England average.
- 3.20 The *proportion of people in North Dorset providing at least an hour of unpaid care per week* is significantly lower than the England average, with the Locality having the third lowest percentage of the 13 Dorset Localities. Within the Locality however the percentage ranges considerably from 1.8% in the Gillingham Environs, and Blandford Environs Cranborne Chase and & the Tarrant (both significantly lower than England) to 2.8% in Sturminster & Stalbridge (significantly above England, see *Figure 4 below*).
- 3.21 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 North 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 03/02/2020

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**Themes to consider for locality initiatives:**

1. Low weight babies is similar to England with the Locality having the joint lowest percentage of the 13 Dorset Localities, However, Beacon and Hill Forts is amongst the highest 10% of areas across Dorset
2. The highest achieving area for *GCSE achievement*, Sherborne Rural Environs is higher than England and amongst the highest 10% of areas across Dorset; the lowest, *Beacon and Hill Forts is significantly worse than England and amongst the bottom 10% of areas across Dorset*
3. Emergency admissions in the under 5 year olds is lower than England with five areas within the Locality amongst the lowest 10% of areas across Dorset. However, Blandford, and Blandford Environs Cranborne Chase and the Tarrant are both higher than the England average
4. North Dorset is significantly lower than England average for the *percentage of people aged 65 and over living alone*. However there is considerable variation, from 24% in Blandford Environs Cranborne Chase and the Tarrant (lower than England) to 37% in *Sherborne (higher than England and amongst the highest 20% of areas across Dorset*
5. The proportion of people providing at least an hour of unpaid care per week is lower than the England average. Within the Locality this ranges considerably from 1.8% in the Gillingham Environs, and Blandford Environs Cranborne Chase and & the Tarrant (both lower than England) to 2.8% in Sturminster & Stalbridge (significantly above 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



- 4.3 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%)<sup>7</sup>.
- 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 North Dorset Locality.

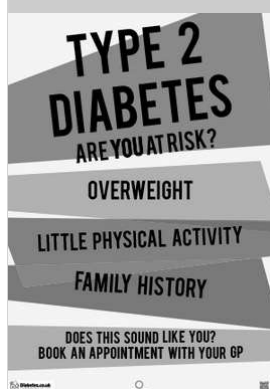
### Key findings



One in five (18%) reported have a **limiting long term illness** or disability, significantly higher than for England. LTLI is worse in: **Gillingham; Sherborne; Sturminster and Stalbridge; Beacon and Hill Forts; and Blandford**



**Smoking prevalence** varies across the practices from a low of 9% for Yetminster Health Centre to **16% for Stalbridge Surgery**



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 **Blackmore Vale Partnerships and New Land Surgery** are **significantly lower**

The **percentage of dementia patients with a care plan reviewed in the past 12 months** has **decreased in 7 of the 9 practices** and is significantly **lower for the Blackmore Vale Partnership (65%)**.



### Cancers and benign tumours

- 4.5 When cells divide and grow excessively; they can be benign (not cancerous) or malignant (cancerous).
- 4.6 The level of expected<sup>8</sup> new cancer cases for the North Dorset Locality is similar to that for England overall, with the ratio being the lowest of the 13 Dorset Localities. Within the Locality, all nine areas are similar to England with 4 of the 9 areas (Shaftesbury, Blandford

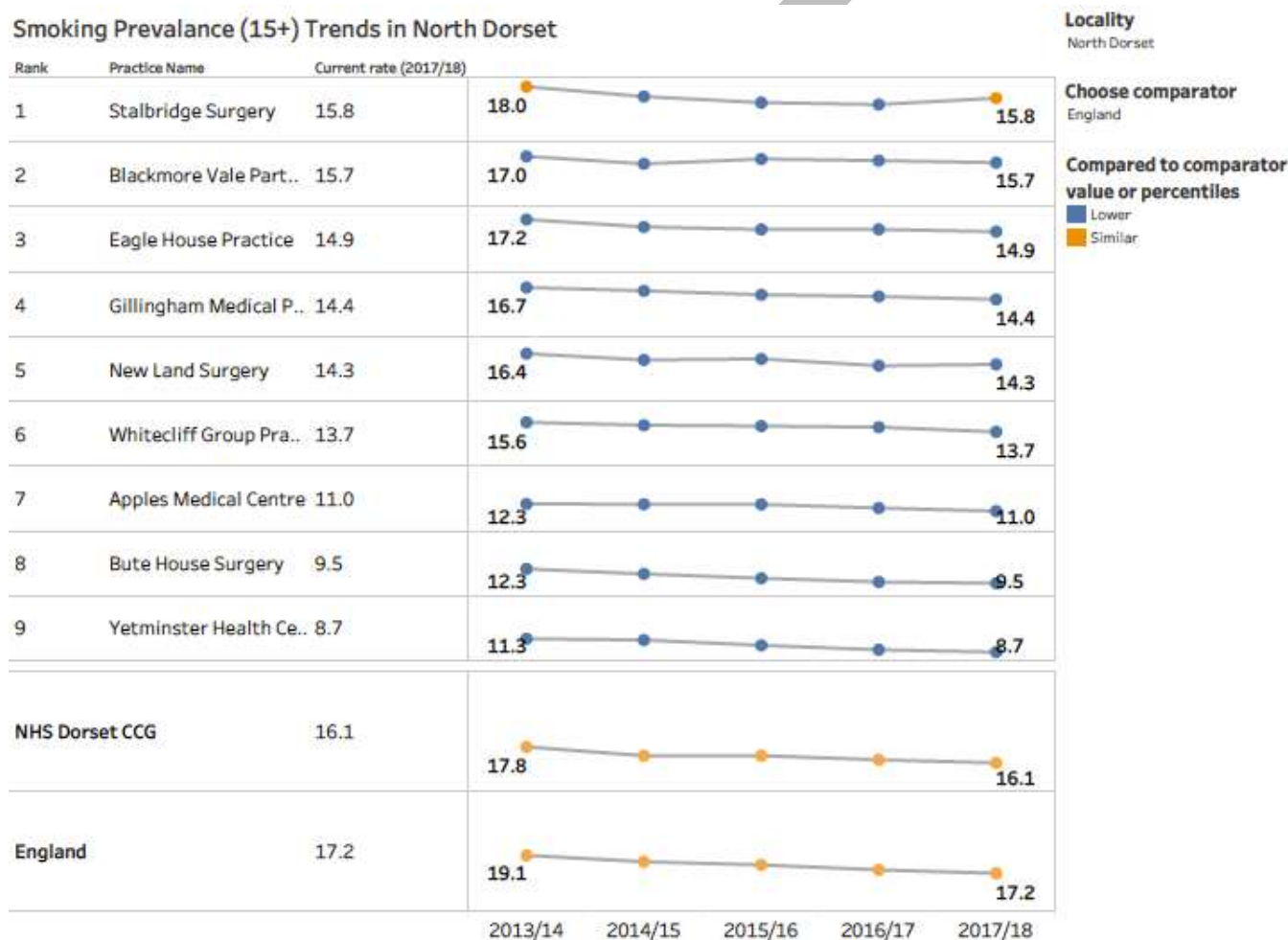
<sup>7</sup> Source: <https://vizhub.healthdata.org/gbd-compare/> last accessed 5<sup>th</sup> December 2019, figures for each cause are the percentage of total disability adjusted life years (lost) (DALYs) in Dorset County Council area (2017)

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

Environs, Cranborne Chase & The Tarrant, Sherborne, and Sturminster & Stalbridge) being amongst the lowest 10% of areas across Dorset<sup>9</sup>.

- 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 UK<sup>10</sup>.
- 4.9 Whilst smoking prevalence in the 9 practices in North Dorset is consistently, significantly lower than the England average, there is a wide range across the practices from a low of 9% for Yetminster Health Centre to 16% for Stalbridge Surgery (see figure 5 below).

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/GPPPracticeSmokingprevalence201718/SmokingPrevalance15> last accessed 03/02/2020

- 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

<sup>9</sup> : <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 03/02/2020

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

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/>).

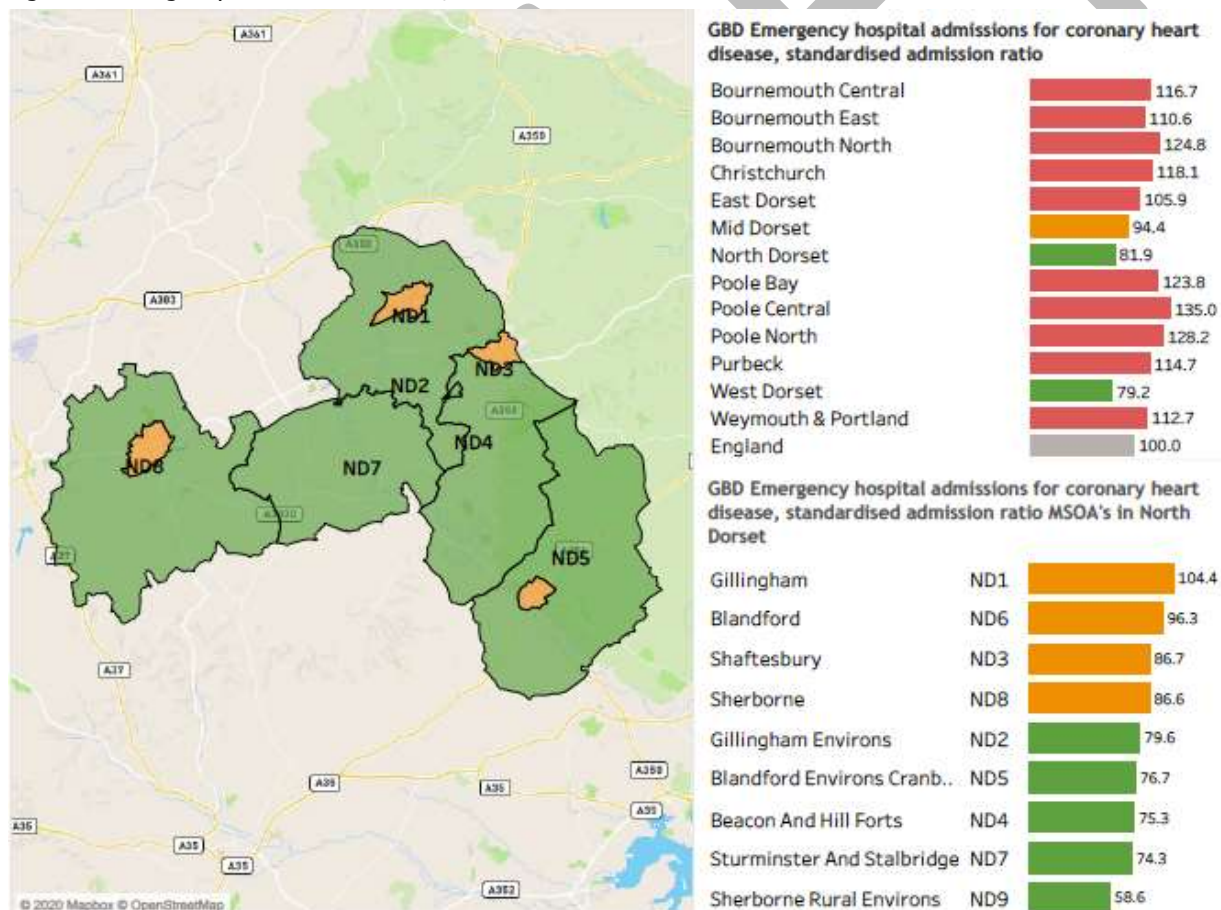
### Cardiovascular diseases

- 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 North Dorset Locality level, Emergency admissions for CHD are significantly lower than expected compared with the England average.*
- 4.17 As we see in figure 6 below, the ratio for the Locality is the 2<sup>nd</sup> lowest of the 13 Dorset Localities and all the 9 areas within the Locality are similar or lower than the England average. Five of the 9 areas in North Dorset have ratios in the lowest 10% of areas across Dorset.

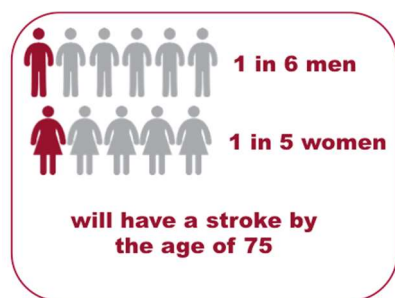
Figure 6: Emergency admissions for CHD, 2013/14 – 2017/18<sup>11</sup>



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 03/02/2020

<sup>11</sup> 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



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 North Dorset Locality level, Emergency admissions for Stroke are significantly lower than the England average, and the lowest of the 13 Dorset Localities.

4.20 The main risk factors for CVD<sup>12</sup> are:

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

4.21 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.

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

### **Diabetes management**

4.23 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.

4.24 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. For Dorset overall this has increased from 5.3% in 2009/10 to 6.4% in 2017/18.

4.25 In North Dorset Locality the prevalence of diabetes has increased in line with national trends. Levels across the 9 practices are similar to those for England overall, with the following exceptions:

- The lowest prevalence in the Locality is recorded in Bute House Surgery, at 5.6% this is significantly below the England average; and
- The highest in Gillingham Medical Centre, at 8.4% this is significantly above the England and Dorset averages.

4.26 *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 care<sup>13</sup>. This measure shows *decreases (Figure 7 over-page) in eight of the nine North Dorset practices over the last 5 years.*

4.27 The most recent data (2017/18) shows four of the nine practices as having higher percentages of newly diagnosed diabetic patients referred to a structured educational

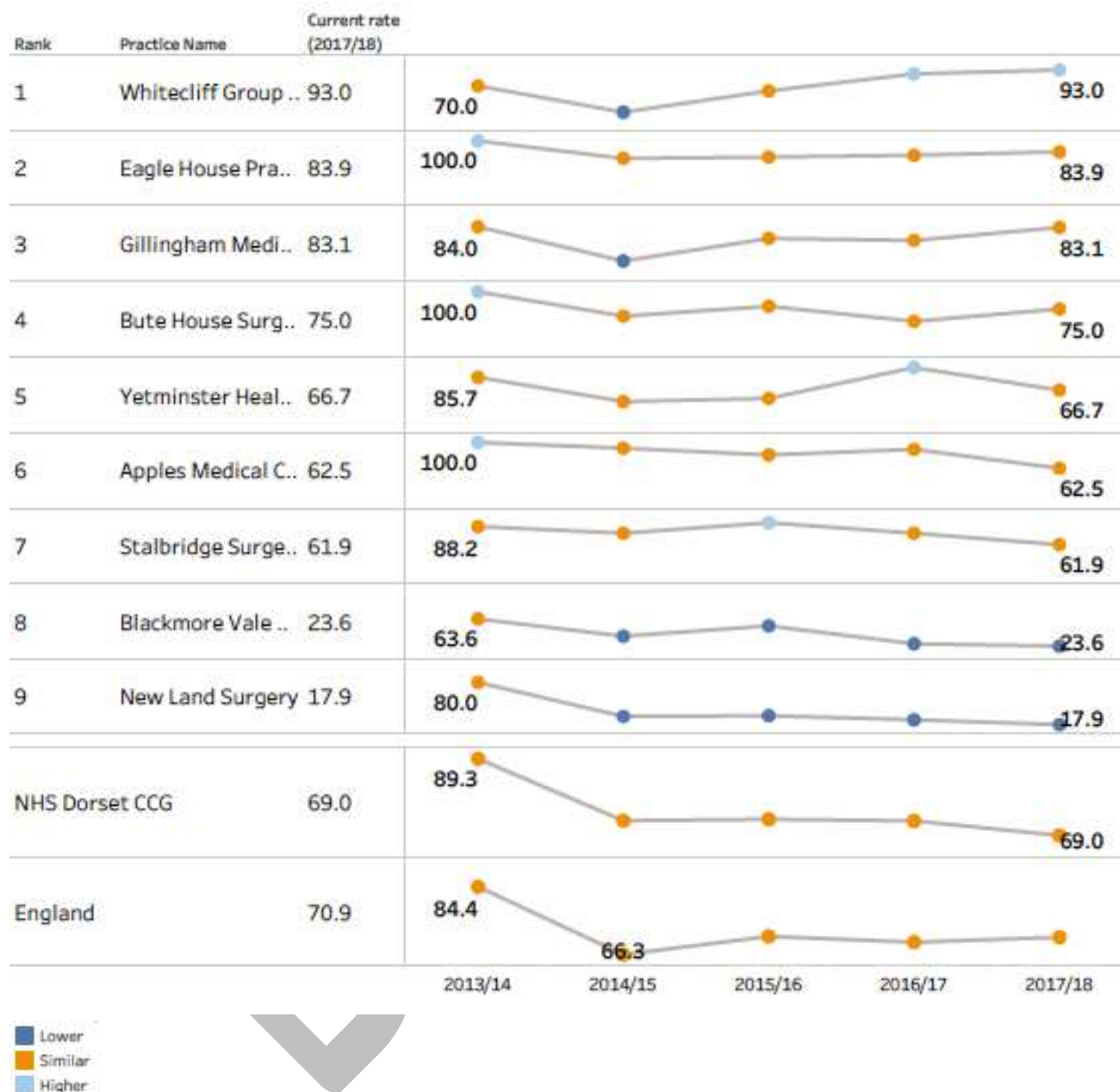
<sup>12</sup> <https://www.nhs.uk/conditions/cardiovascular-disease/> last accessed 17<sup>th</sup> December 2019

<sup>13</sup> <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 17<sup>th</sup> December 2019

programme within 9 months of entry onto the register, than England and Dorset averages. Percentages are consistently *significantly lower than England and Dorset averages for the following:*

- *Blackmore Vale Partnerships; and*
- *New Land Surgery.*

Figure 7: 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 03/02/2020

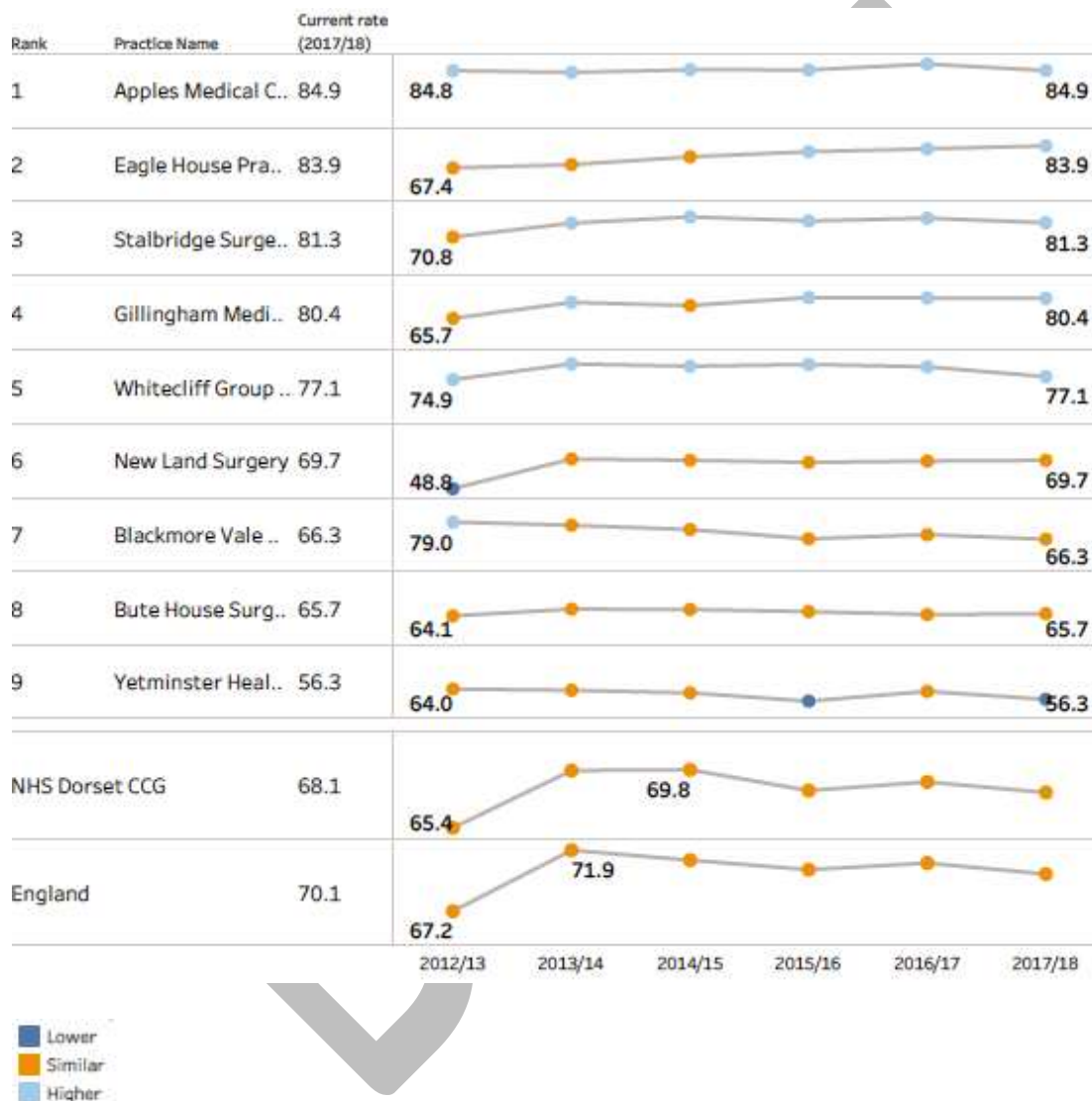
4.28 Exception reporting was introduced into the Quality and Outcomes Framework to allow practices to pursue quality improvement and not be penalised when patients do not attend for review, or a medication cannot be prescribed due to a contraindication or side-effect<sup>14</sup>.

<sup>14</sup> <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/qid/2000003/pat/152/par/E38000045/ati/7/are/J81613/iid/248/age/1/sex/4> last accessed 10 October 2019



- 4.29 It has been suggested that patients noted as exceptions may not be receiving routine care and hence are more likely to have poorer outcomes<sup>15</sup>; alternative approaches should be used to engage those patients who do not attend medical check-ups.
- 4.30 *Blackmore Vale Partnership showed significantly higher diabetes exception rates in 2017/18 than the England and Dorset averages.*
- 4.31 Sugar control across the North Dorset practices is significantly higher than the England average in two of the 9 North Dorset practices, and similar in the reminder.
- 4.32 Blood pressure control for North Dorset Diabetics is significantly higher than England and Dorset averages for five of the 9 practices, similar for 3 with Yetminster Health Centre significantly lower than the England and Dorset averages, see Figure 8 below)<sup>16</sup>.

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



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 03/02/2020

- 4.33 People with diabetes and high blood pressure are more at risk of having a heart attack or stroke<sup>17</sup>. The *percentage of patients with established hypertension, as recorded on*

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

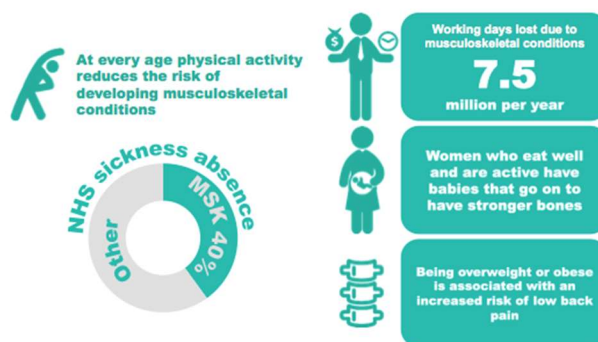
<sup>16</sup> <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 03/02/2020

practice disease registers (proportion of total list size), is consistently significantly higher in seven of the nine North Dorset practices than the England average<sup>18</sup>.

### Musculoskeletal disorders

- 4.34 Low back pain (6% of total Dorset DALYs) and neck pain (2%) comprise ¾ of all musculoskeletal disorder DALYs.
- 4.35 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.
- 4.36 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).
- 4.37 Nearly one in five people in North Dorset reported having a limiting long term illness or disability, at 18% this is significantly higher than the England average. The Locality has the 3<sup>rd</sup> lowest percentage of the 13 Localities across Dorset.
- 4.38 LTLI is significantly worse than the England average across five of the nine areas in the Locality:
  - Gillingham;
  - Sherborne;
  - Sturminster and Stalbridge;
  - Beacon and Hill Fords; and
  - Blandford.

### Musculoskeletal health: National picture



**Effective interventions for MSK prevention**

PHE's ROI tool shows that for every £1 invested in...

- STarT Back (Stratified Risk Assessment and Care), saves £226 in healthcare savings, quality of life year & productivity gains
- Self-referral to physiotherapy, saves £99 in healthcare
- ESCAPE-pain, saves £5 in healthcare savings
- PhysioDirect, saves £47 in healthcare savings & quality of life year gains

<sup>17</sup> <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/blood-pressure> last accessed 12 October 2019

<sup>18</sup> <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 03/02/2020

- 4.39 Keeping fit and active, and avoiding long periods of sedentary behaviour are key to maintaining good musculoskeletal health.
- 4.40 Livewell Dorset provides help and advice on becoming more active (<https://www.livewelldorset.co.uk/get-active/>).

4.41 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**

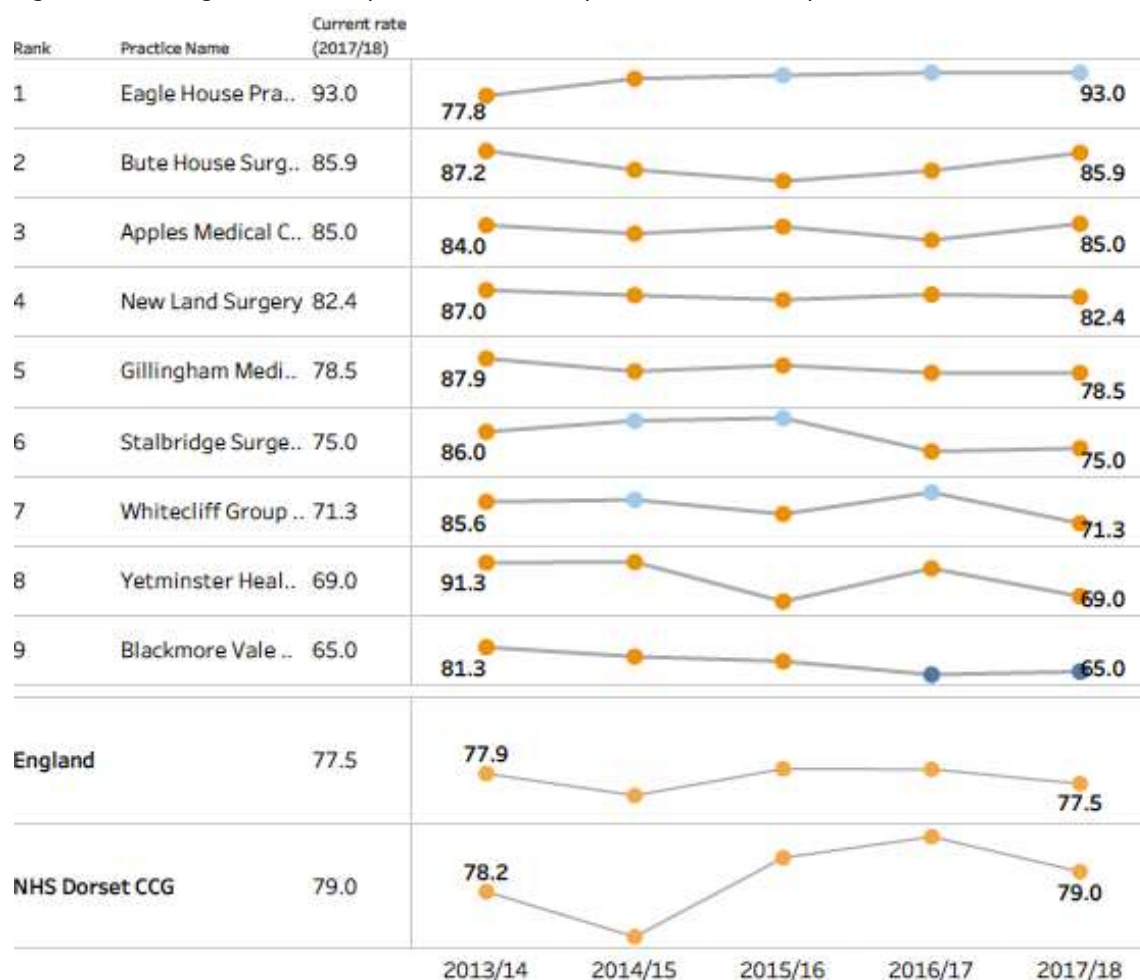
- 4.42 Almost half of the DALYs arising from neurological disorders in Dorset are accounted for by Alzheimers and other dementias (5% of all cause DALYs in Dorset).
- 4.43 The onset and progression of some dementias can be prevented through lifestyle interventions. The risk of dementia can be reduced 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 level<sup>19</sup>.
- 4.44 In keeping with national and Dorset wide trends, the prevalence of dementia recorded by North Dorset practices has increased over recent years.
- 4.45 There is variation across the North Dorset practices in terms of the *percentage of dementia patients with a care plan reviewed in the past 12 months*. In Figure 9 (over-page) we see that:
- *Proportions have decreased in 7 of the 9 practices*
  - Percentages are similar in 7 of the practices with
    - The percentage significantly higher than England and Dorset averages for the Eagle House Practice (93%); and
    - *Significantly lower for the Blackmore Vale Partnership (65%).*
- 4.46 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’<sup>20</sup>.
- 4.47 Exception rates in North Dorset practices are consistently similar to, or lower than, the England average. In contrast with the increase in figures for England overall, exception rates for dementia indicators have shown a decline over the last 7 years in three of the nine North Dorset practices<sup>21</sup>.

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

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

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

Figure 9 Percentage of dementia patients with a care plan reviewed in the previous 12 months



- Lower
- Similar
- Higher

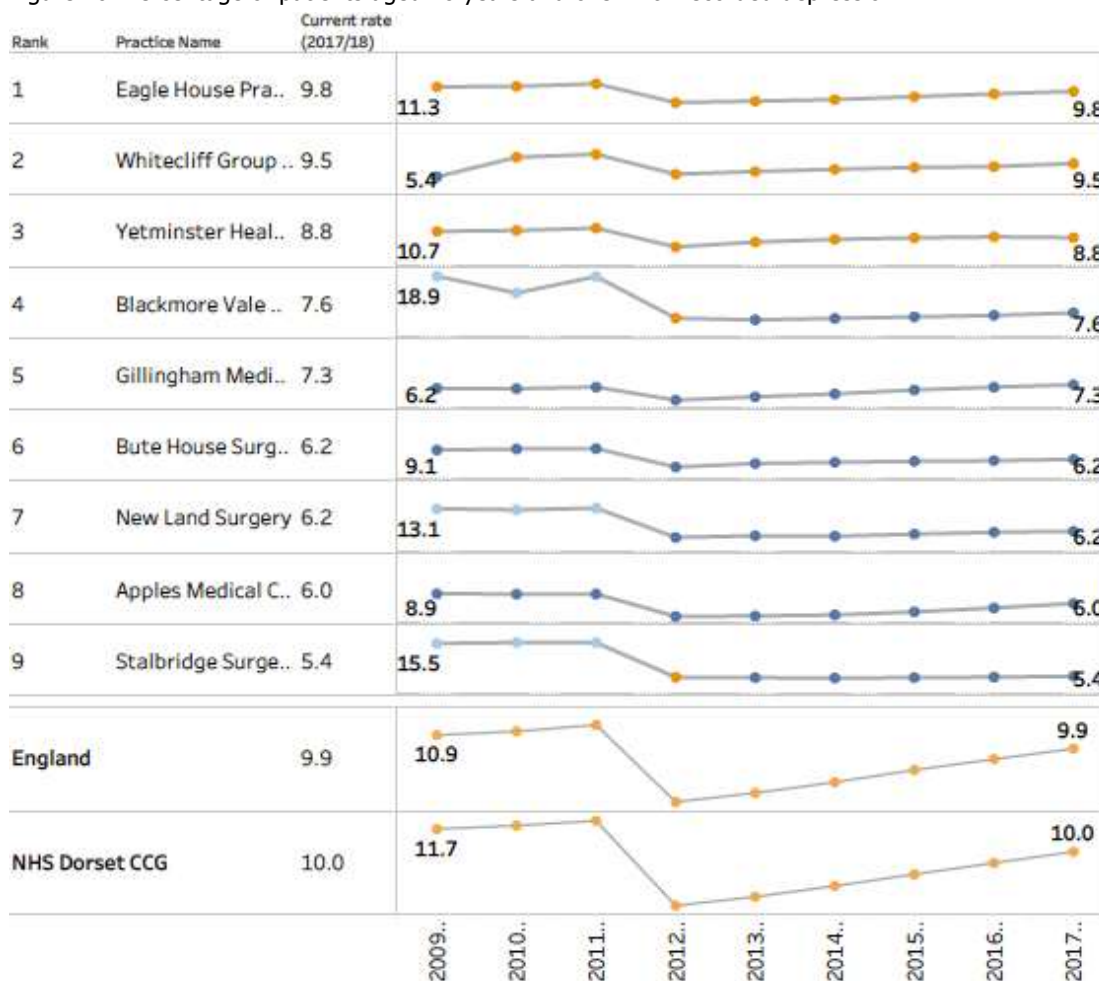
Source:

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 03/02/2020

- 4.48 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 progression<sup>22</sup>.
- 4.49 Figure 10 (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 North Dorset practices.
- 4.50 There is variation across the North Dorset practices:
- Six of the practices consistently have significantly lower rates of recorded depression than the England average;
  - The other three being similar
  - The North Dorset percentage ranges from:
    - 5.4% for Stalbridge Surgery; to
    - 9.8% for the Eagle House Surgery.

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

Figure 10: Percentage of patients aged 18 years and over with recorded depression



<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 03/02/2020

### **Chronic respiratory diseases**

4.51 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)**

4.52 Nationally, 3,000,000 people are estimated to have COPD, of which only one third are diagnosed.

4.53 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.

4.54 At the North Dorset Locality level, Emergency admissions for COPD are significantly better (lower) than the England average; the Locality is ranked 2<sup>nd</sup> lowest of the 13 Dorset Localities.

- 4.55 Lung cancer is closely associated with COPD. The incidence of lung cancer is significantly better (lower) in North Dorset (compared with England) with no areas within the locality showing significantly higher rates than the England average<sup>23</sup>.
- 4.56 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 North Dorset.
- 4.57 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.
- 4.58 Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>)

#### Themes to consider for locality initiatives:

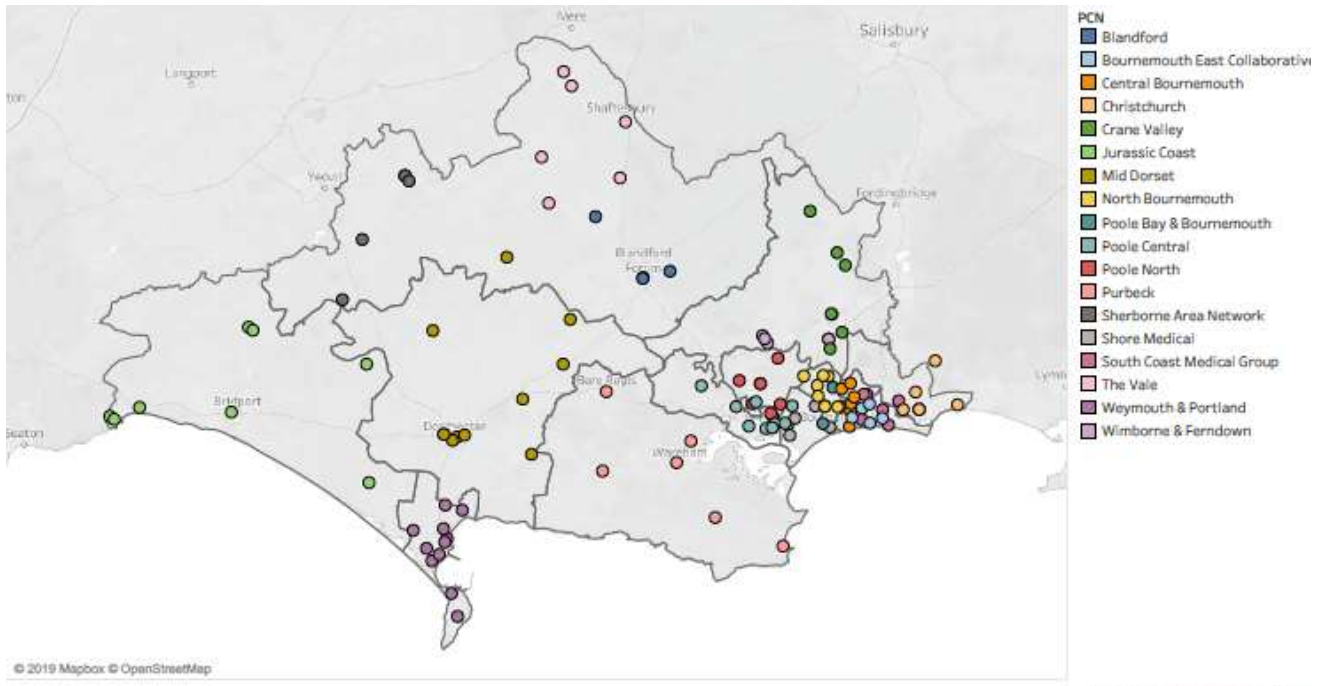
1. Smoking prevalence in the 9 practices in North Dorset is consistently lower than in England average, but there is a wide range across the practices from a low of 9% for Yetminster Health Centre to 16% for Stalbridge Surgery
2. Newly diagnosed patients with diabetes referred to an education programme within 9 months shows decreases in eight of the nine North Dorset practices over the last 5 years. Percentages are consistently lower than England and Dorset averages for Blackmore Vale Partnerships; and New Land Surgery.
3. *Nearly one in five people in North Dorset reported have a limiting long term illness or disability, at 18% this is higher than the England average. LTLI is significantly worse than the England average in:*
  - *Gillingham;*
  - *Sherborne;*
  - *Sturminster and Stalbridge;*
  - *Beacon and Hill Forts; and*
  - *Blandford.*
4. There is variation across the practices in terms of the percentage of dementia patients with a care plan reviewed in the past 12 months. Proportions have decreased in 7 of the 9 practices and are significantly lower for the Blackmore Vale Partnership (65%).

#### 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

<sup>23</sup> <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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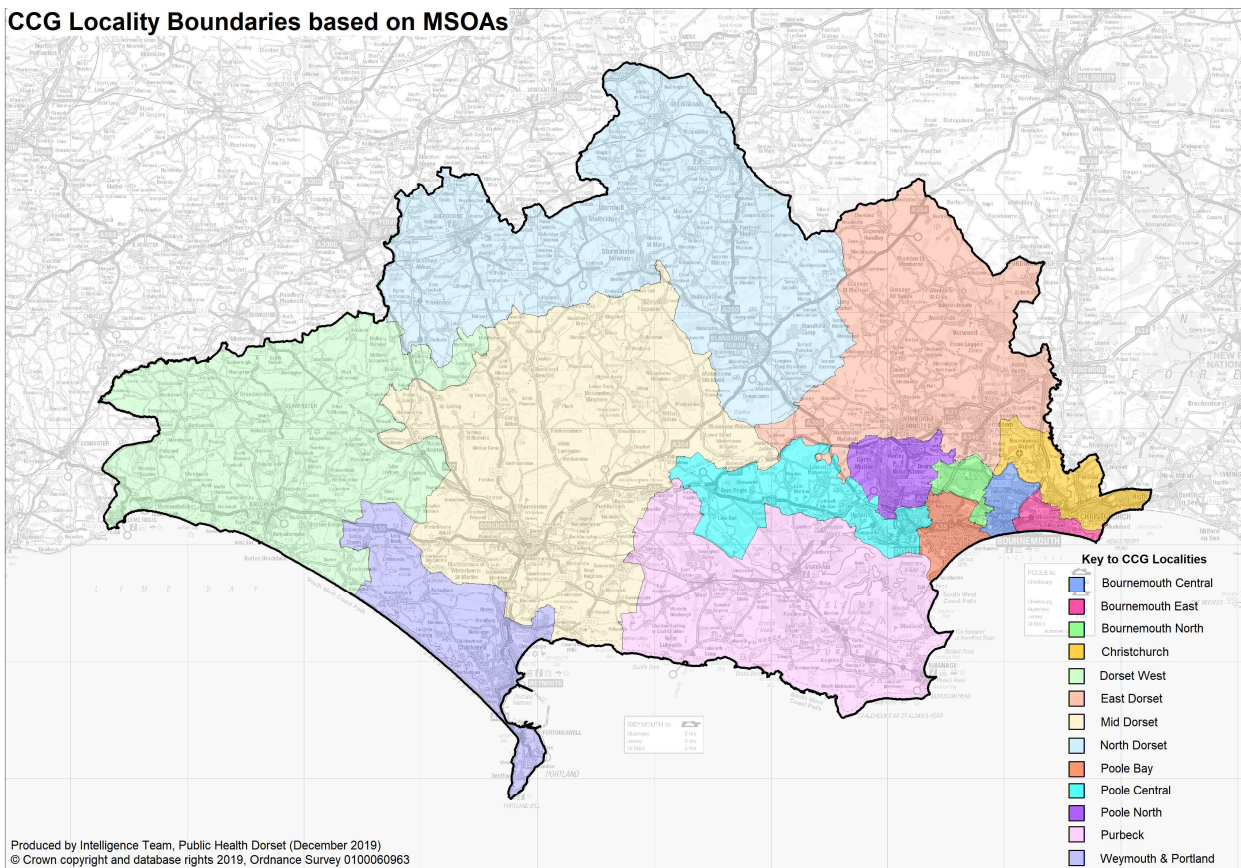
[www.publichealthdorset.org.uk](http://www.publichealthdorset.org.uk)

 @HealthyDorset  
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Created and maintained by the Public Health Dorset Intelligence Team  
Last updated 16/12/2019



### CCG Locality Boundaries based on MSOAs



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