LSMP LCP Health and Wellbeing profile 2018

The Leeds Student Medical Practice (LSMP) LCP population are mainly living in the mid-range deprivation areas of Leeds with a quarter living in the 2nd most deprived parts of Leeds. As a student practice, the age structure is bound to be very different to Leeds, with the vast majority of patients being young people.

Many indicators for LSMP fluctuate greatly or are very low due to the skewed age ranges in the population. Some indicators simply don't apply to such a population and they are not shown in this report.

In Leeds ethnicity recording by GPs has been improving steadily; fewer patients have no ethnicity record and accuracy is improving which contributes to increases in ethnic categories. The LSMP population change over time shows evidence of students joining and leaving the practice as expected. All categories are rising at more or less the same speed.

Smoking in LCP populations is very strongly linked to deprivation but the good news is the most deprived LCPs that have the highest rates are showing slightly faster declines than the least deprived – smoking cessation efforts are focussed in deprived parts of the city. Smoking rates for this LCP are extremely low.

Adult obesity in LSMP is around the Leeds level, but fluctuating widely. The number of obese smokers is low but more or less static over time.
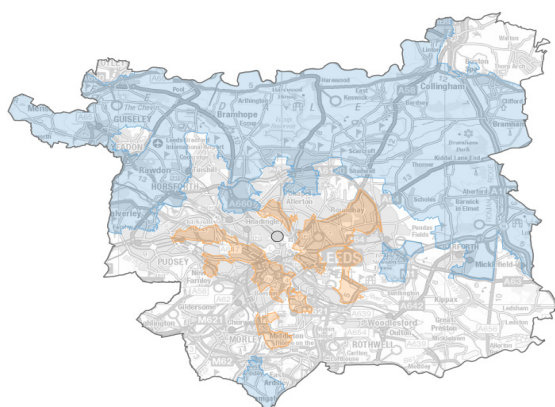
Diabetes, Coronary Heart Disease (CHD) and COPD rates are all very low as would be expected in such a young population. The Leeds cancer rate is rising, likely due to improvements in treatment and survival. It is rising in all LCPs, but the some of the highest rates are found in the least deprived. This is thought to be due to early presentation and treatment in less deprived populations who are perhaps more likely to seek early diagnosis. The LSMP rate is extremely low, again due to the skewed age range of the population.

Mortality rates generally are falling across the city, and they are clearly related to deprivation, this LCP doesn't really figure in mortality or life expectancy data as any results are too imprecise to be of any use.

This report focuses on health indicators for patients of the practices that comprise LSMP LCP, because Leeds contains such variation the data for all other LCPs is provided as a backdrop.

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Contents

This map shows the most and least deprived fifths of Leeds in orange and blue.

The populations of these practices (or branches) make up the data for this LCP: B86110. They are also shown on the map.

In this report Local Care Partnerships (LCPs) are groups of practices, **the patients registered at these practices make up the LCP populations**. In a small number of cases branches of a single practice are in more than one LCP, when this happens the practice population of the practice is allocated to the nearest branch to their home address LSOA centroid, and from there attributed to the LCP for that branch. **The defintion of LCPs might be switched to a geographical footprint alternative later in 2018, an updated report will be issued should this happen.**

Much of the data in this profile is produced with the outputs of the quarterly data extraction programme run by the Public Health Intelligence Team on GP practice systems in Leeds. **Credits:** Quarterly data extraction programme data (populations, ethnicity, mental health, smoking, copd, chd, diabetes, obesity, cancer), supplied by James Womack Public Health Information Manager (Data & Systems). Life expectancy source: ONS deaths extract, GP registered populations by Richard Dixon Public Health Intelligence Manager. Mortality source: ONS and GP registered, by Richard Dixon. Child obesity source: National Child Measurement Programme. Report produced by Adam Taylor - Senior Information Analyst Adam.Taylor@leeds.gov.uk.

How to read this report

The report highlights a specific LCP throughout while displaying all others for context. Leeds is always represented by a dark grey line, and the most deprived fifth of Leeds as a dotted line.

| |
|---|
| Most deprived |
| 2nd most deprived |
| Mid range |
| 2nd least deprived |
| Least deprived |

The proportions of each LCP population who live in these areas are shown below. The LCP classed as the most deprived is 'Harehills' and in the chart around 90% of its population are living in the most deprived 5th of Leeds. The least deprived LCP is 'Wetherby' where almost 80% of patients live in the least deprived fifth of the city.

Leeds is split into five areas by deprivation, from the most deprived 5th of Leeds to the least deprived 5th using these colour codes in this report:
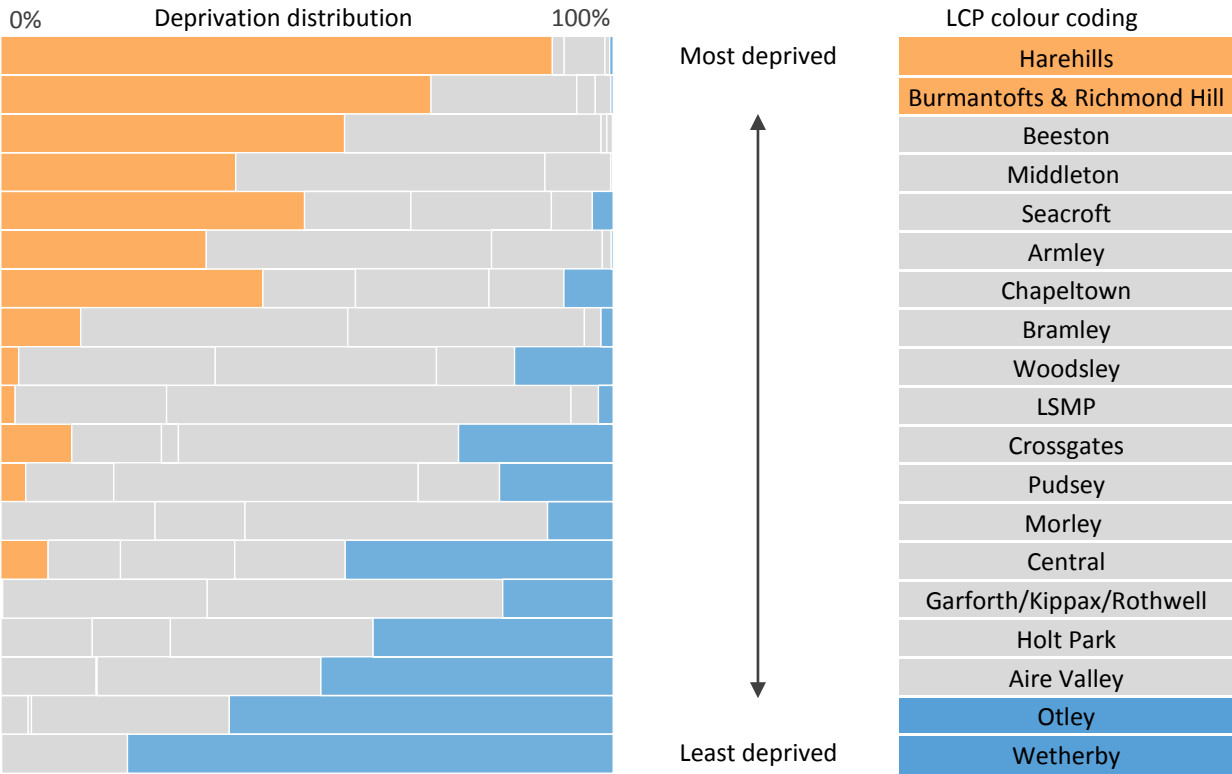
In this way the LCPs have been ranked in order of deprivation, and in this report always appear in that order - from most to least deprived - to illustrate any relationships with deprivation.

Highlighting this LCP: This LCP is highlighted with markers, they also indicate when the LCP is significantly different to Leeds:

Not significantly different to Leeds when hollow.
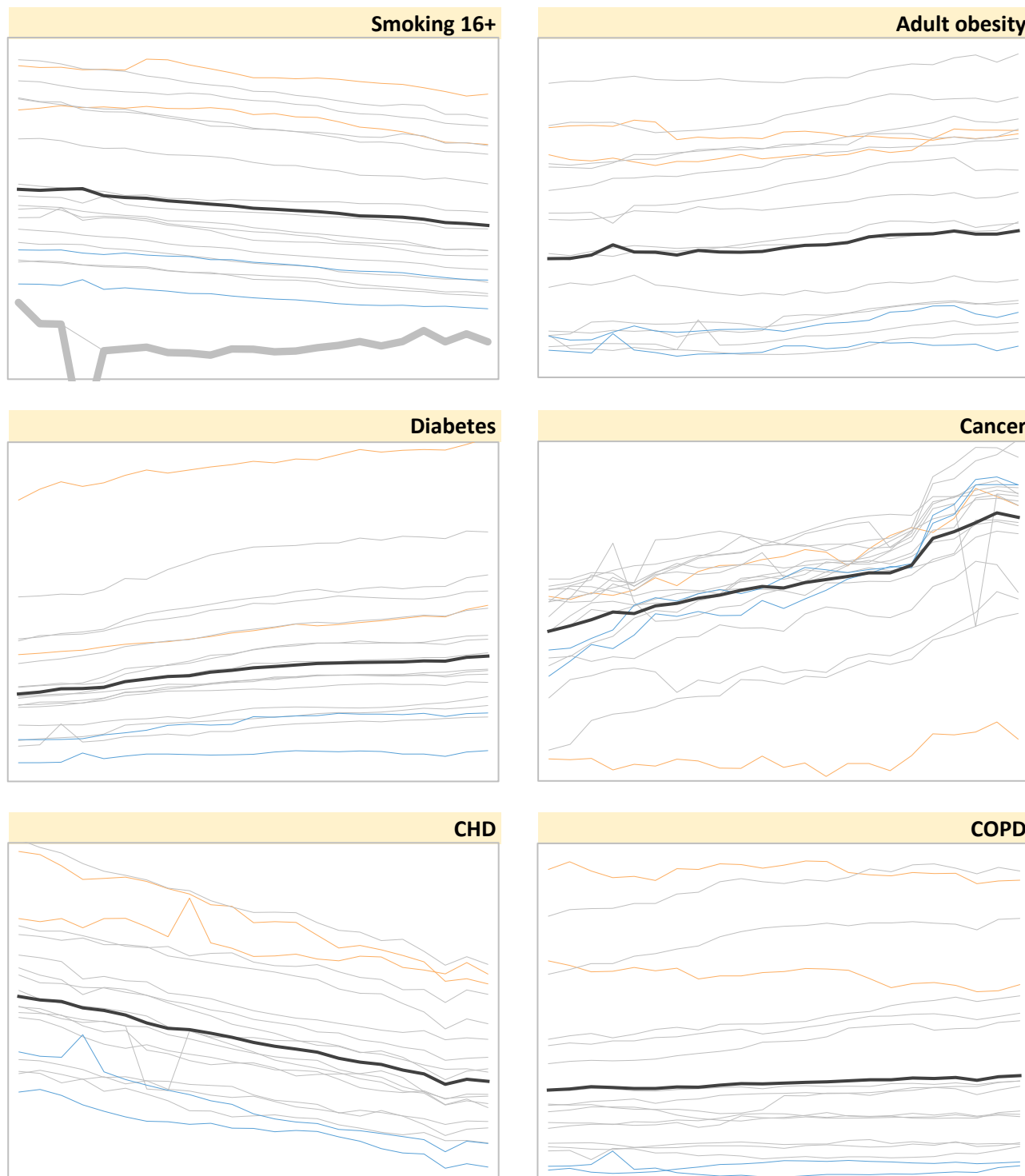
Significantly different to Leeds when solid.
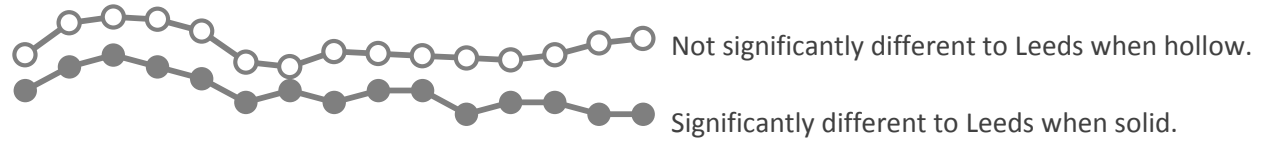
The LCP name will be highlighted in any ranking charts, the LCP will be outlined in any bar charts, and the report text will refer to the LCP.

Deprivation notes: The Index of Multiple Deprivation 2015 was weighted with mid 2015 practice populations to generate the five deprivation areas in Leeds.

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Summary of data in this report

All ages unless specified

All LCPs are displayed as thin lines showing the range of data in the city. Leeds is a dark grey line. This LCP is highlighted as a thick line. All data here is age standardised rates per 100,000

Smoking 16+

Adult obesity

Diabetes

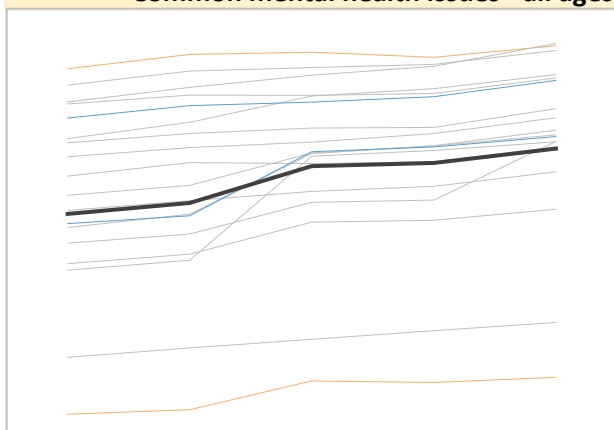**Cancer**

CHD

COPD

Note: Spikes and drop-outs are commonly the result of incomplete data collections affecting numerators and denominators in certain practices, sometimes due to changeovers in practice software systems.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

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Summary of data in this report

All LCPs are displayed as thin lines showing the range of data in the city. Leeds is a dark grey line. This LCP is highlighted as a thick line. All data here is age standardised rates per 100,000
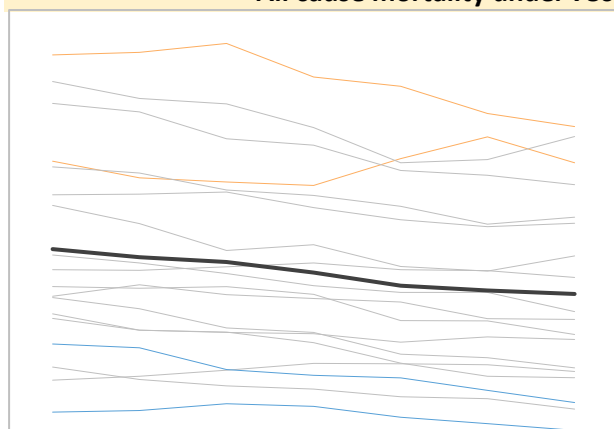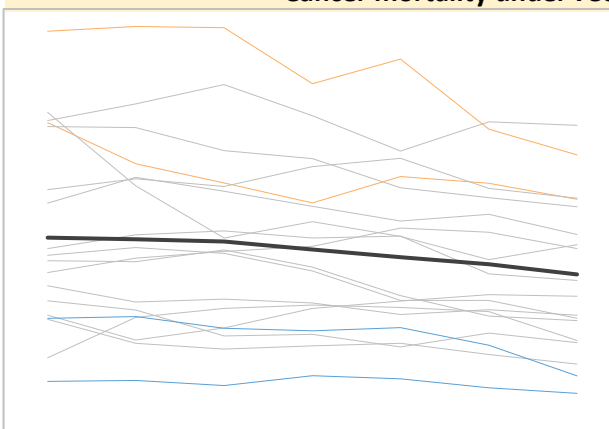
Common mental health issues - all ages
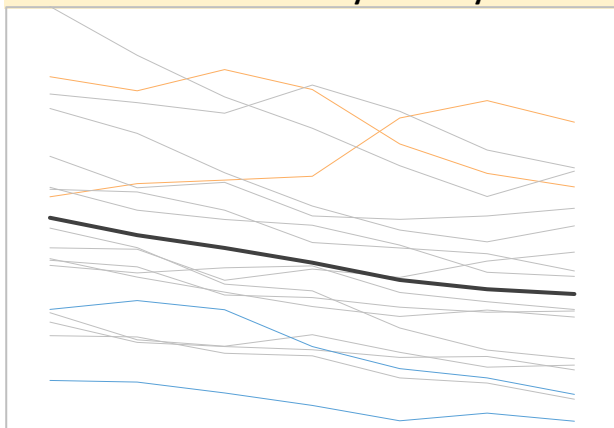
Severe mental health issues 18+
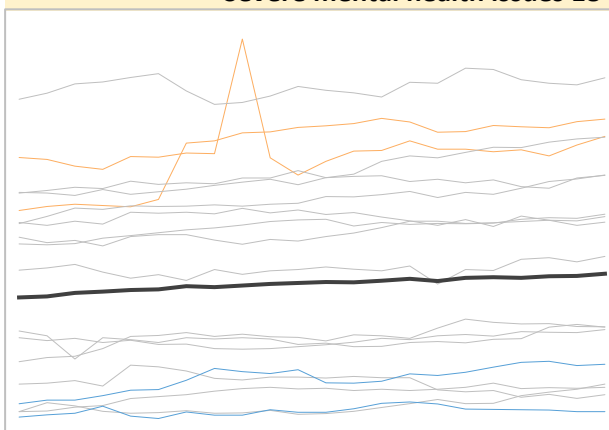
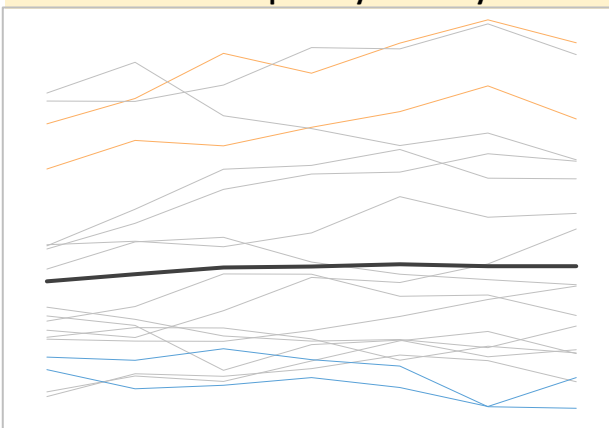**All cause mortality under 75s**

Cancer mortality under 75s

Circulatory mortality under 75s

Respiratory mortality under 75s

Note: Spikes and drop-outs are commonly the result of incomplete data collections affecting numerators and denominators in certain practices, sometimes due to changeovers in practice software systems.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

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Age structure and deprivation compared to Leeds (January 2018)

*Generally speaking the most deprived LCPs have younger populations than the least deprived.*

Age structure of this LCP, compared to Leeds
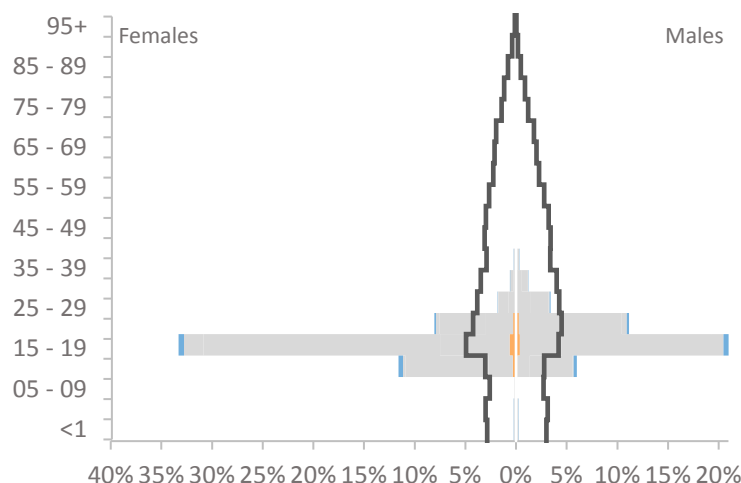
The age and gender proportions of this LCP are shown as shaded areas in colours corresponding to the deprivation fifths of Leeds in the chart below. Leeds is overlaid as a black outline.

LSMP is composed almost entirely of young adults, the majority live in areas which are not at the extreme ends of the deprivation range.
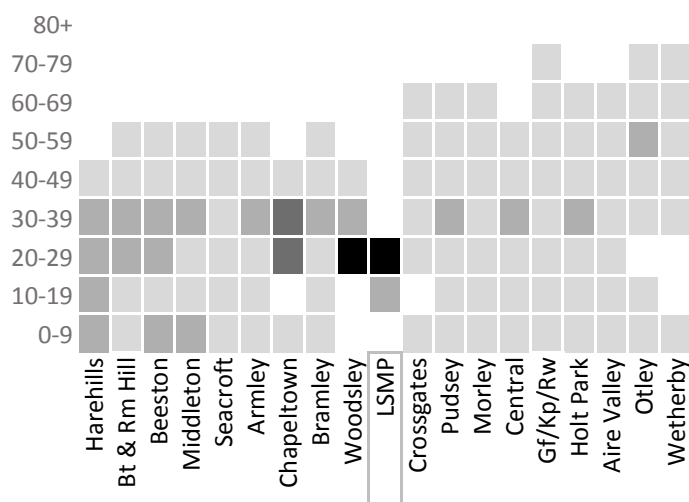
Deprivation in this LCP population
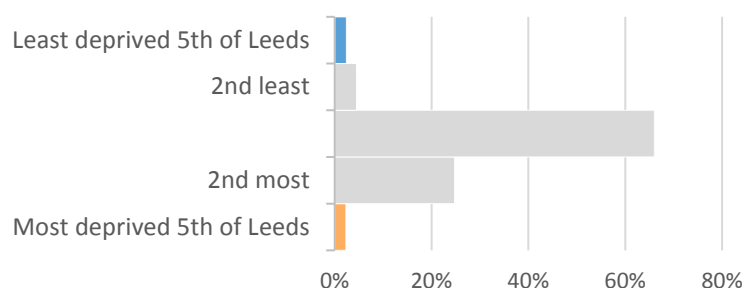
The population of this LCP live in areas of Leeds which can be divided into five groups of most to least deprived.
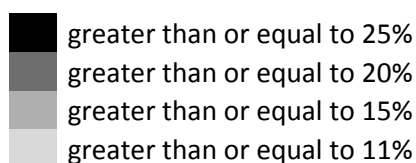
In LSMP LCP 66% of the population live in the middle deprivation fifth of Leeds.

Age structures of each LCP compared

This table shows the agebands contributing the most to each LCP population. The most deprived LCPs have a more concentrated younger population, while less deprived LCPs have increasingly older populations.

The 20-29 year ageband in LSMP is the largest in this LCP.

■	greater than or equal to 25%
■	greater than or equal to 20%
■	greater than or equal to 15%
□	greater than or equal to 11%

Deprivation notes: The Index of Multiple Deprivation 2015 was weighted with mid 2015 practice populations to generate the five deprivation group areas in Leeds.

LCP ethnicity change over time - categories (mid 2013 to early 2018)

The LSMP population change over time shows evidence of students joining and leaving the practice as expected. All categories are rising at more or less the same speed. In Leeds only around 12% of patients are without a recorded ethnicity now.

The main chart excludes the 'White background' category to expose detail - here it is shown alongside all categories.

- Asian Background
- Black Background
- Blank, not known, not recorded
- Chinese & Other Background
- Mixed Background
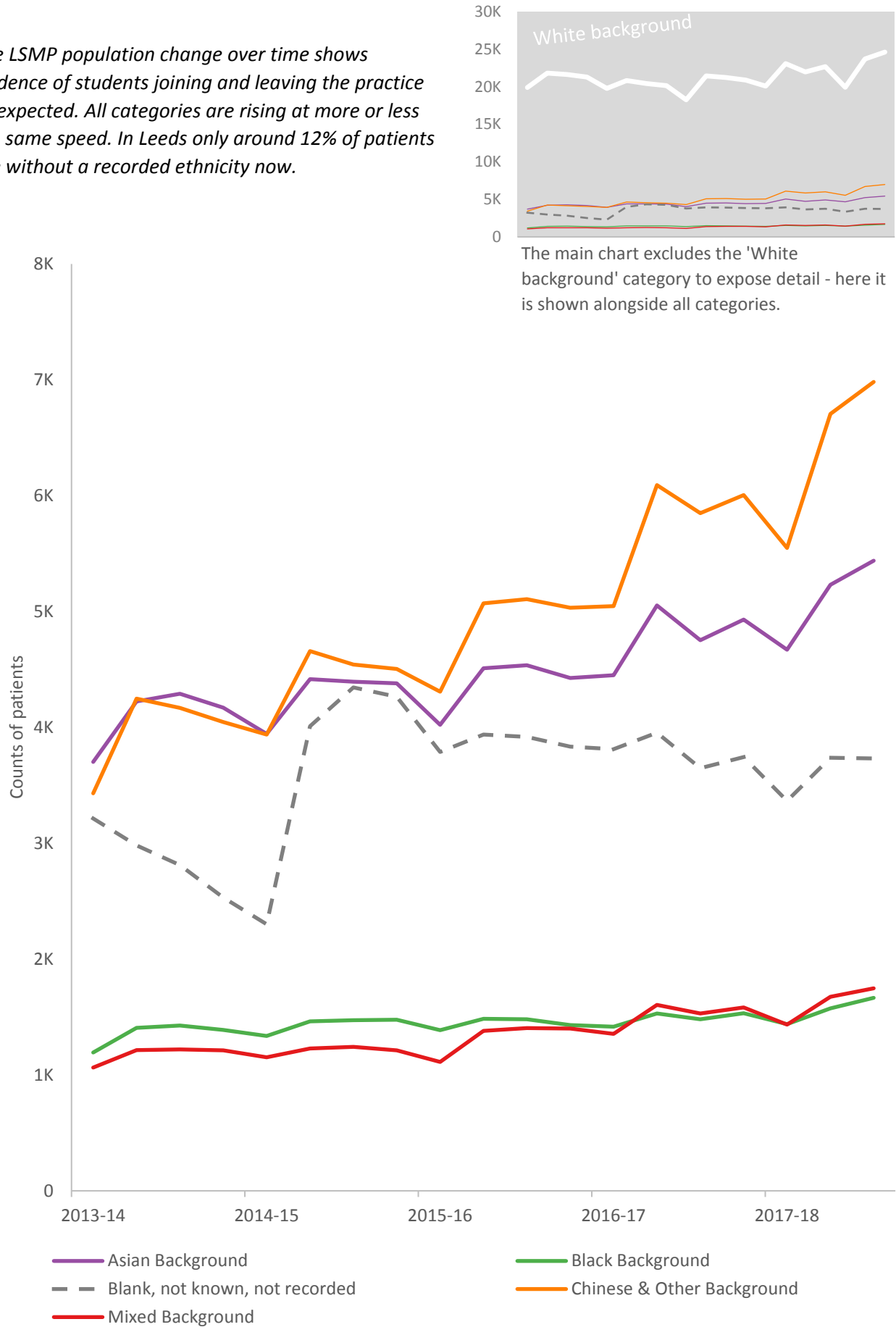
Source: Leeds GPs quarterly data extraction programme

Population change over time

Most LCPs have a larger population than they had in 2013. Generally speaking the least deprived have seen an increase in elderly patients but barely any change in children, while the opposite is likely in more deprived LCPs.

Leeds population size change over time - in 10yr age bands
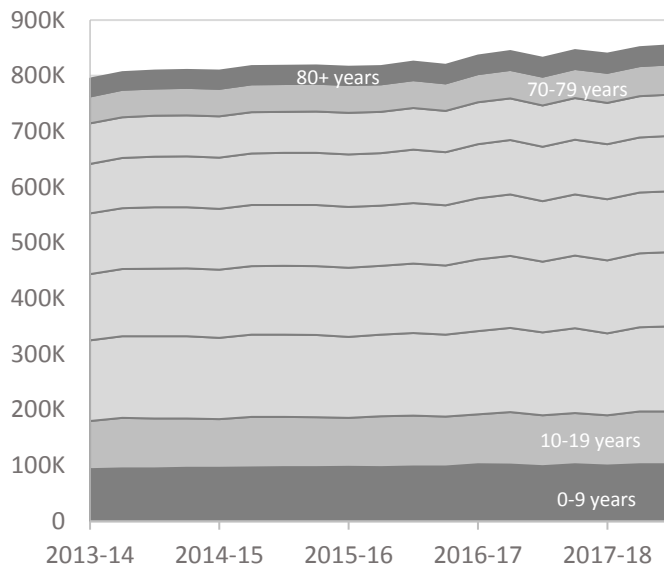
The population of Leeds (registered with a Leeds GP) over the last four years. The very oldest and youngest age bands are shaded. Overall, Leeds shows a constant increase of around 6% in the time period shown, while the age band to grow the most was the 30-39 year olds.

As usual the variations at local level tell a different story.

LCP % change in 0-9 year old population between 2015 and 2018
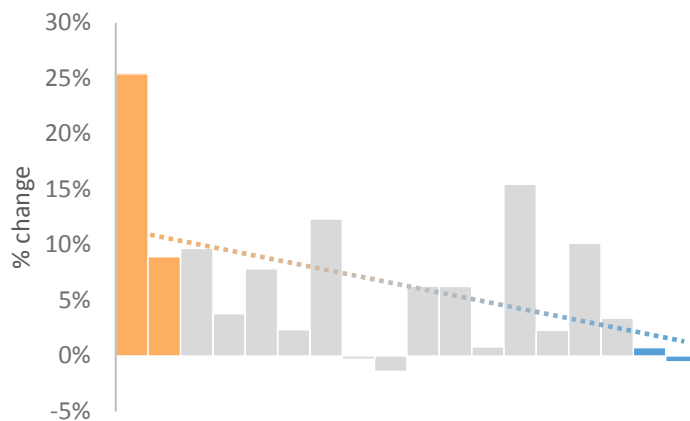
There is a visible but weak pattern in the increase of the proportion of young children in the more deprived LCPs, while the less deprived LCPs have seen smaller increases. 'Harehills' stands out as having the largest increases in the city.

The way the older population of each LCP has changed is slightly different.

## LCP % change in the over 70s
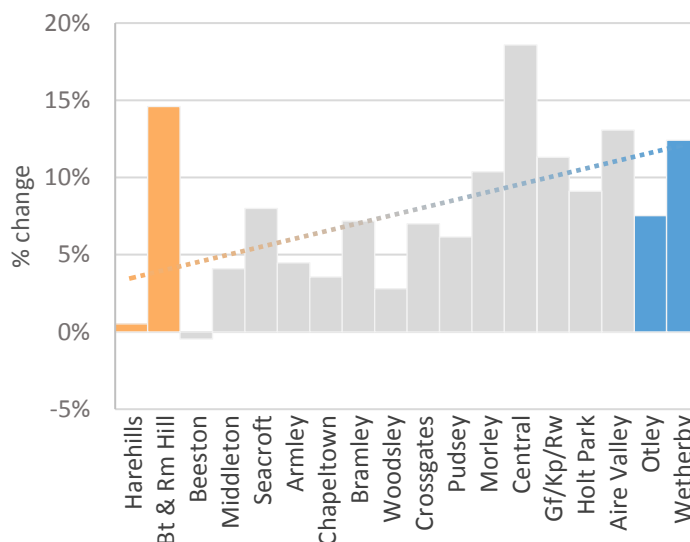
Very generally speaking (and overlooking the obvious growth in 'Burmantofts and Richmond Hill' which is a large change in proportion but quite low counts), the least deprived LCPs have seen a larger change in their older populations compared to the more deprived LCPs - 'Harehills' and 'Beeston' have barely changed.

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Source: Leeds GPs quarterly data extraction programme

Asthma in children

Rates are generally falling, and change is happening slowest in the least deprived areas but LCP rates are all quite similar.

Change of rates over time

(Age standardised rates per 100,000)

Leeds range ———
Most deprived 5th ·········
This LCP ○——●——○
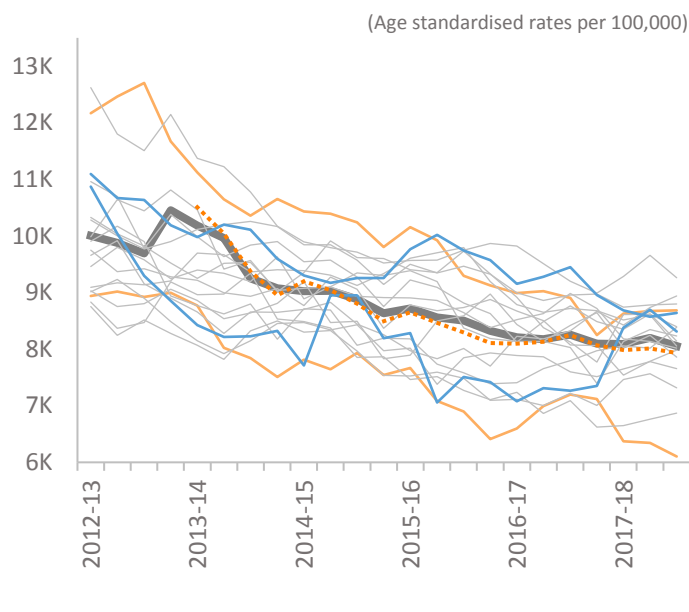
In a time series we can see rates have been falling for many years, and the LCPs are falling at more or less the same rate - except the least deprived ones which are dropping more slowly.

Rates in LSMP are extremely variable due to the low number of children, it is not shown here..
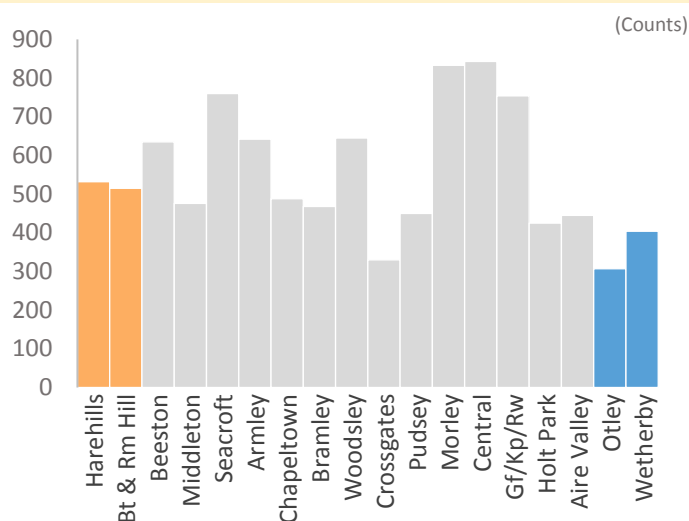
Most recent rates compared
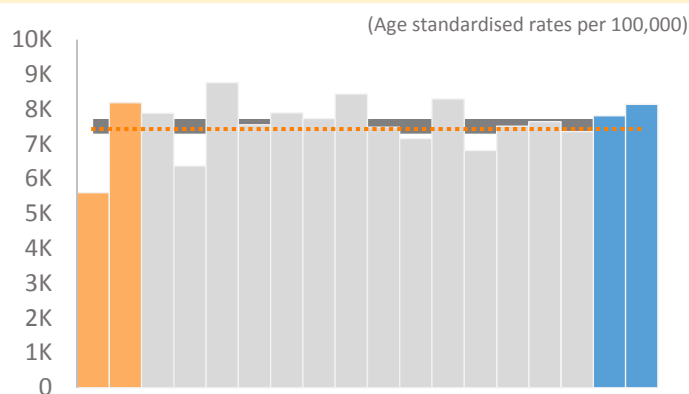
(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a very weak relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a slight increase in size from left to right.

Asthma *counts* per LCP

(Counts)

This chart shows the numbers of patients recorded with childhood asthma in the LCPs. Despite similar rates the differing age structures result in a slight drop as deprivation falls, probably reflecting differences in age structure.

Note that LSMP is not shown here, the student medical practice does not contain enough data.

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.
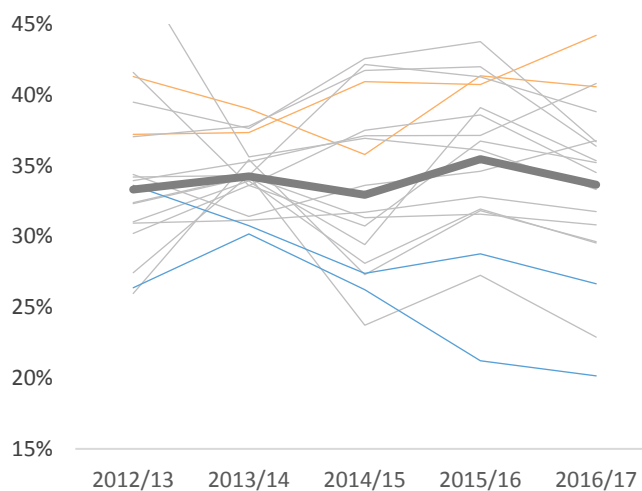
Obesity in children

Rates are generally falling in Reception classes, but Year 6 rates are much more variable with changes related to deprivation levels.
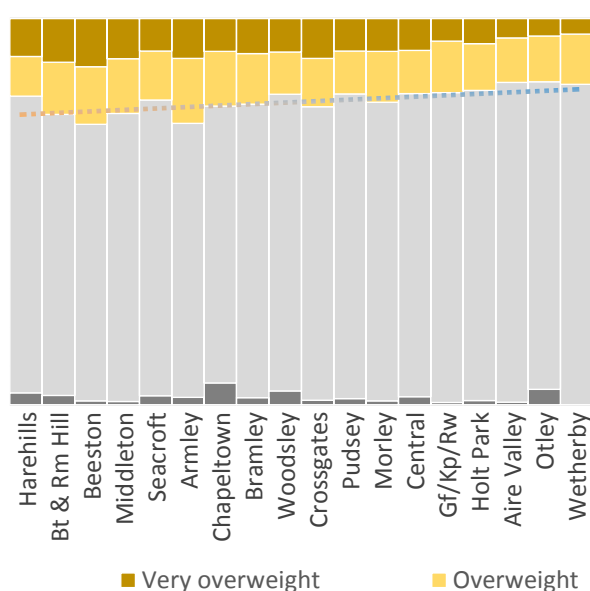
Reception - Overweight or very overweight
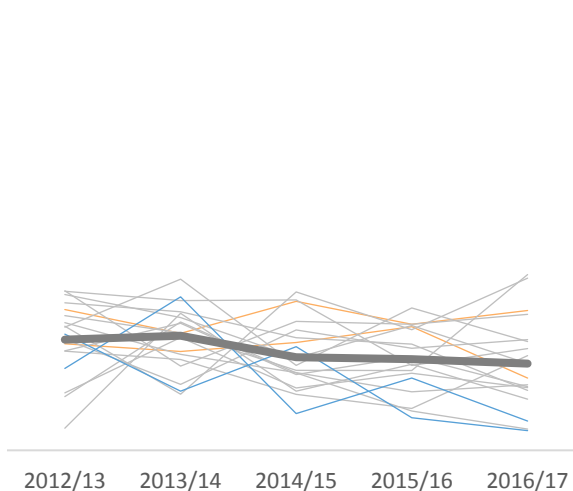
Year 6 - Overweight or very overweight

Reception - weight category proportions (16/17)

Year 6 - weight category proportions (16/17)

■ Very overweight   ■ Overweight   ■ Healthy Weight   ■ Underweight
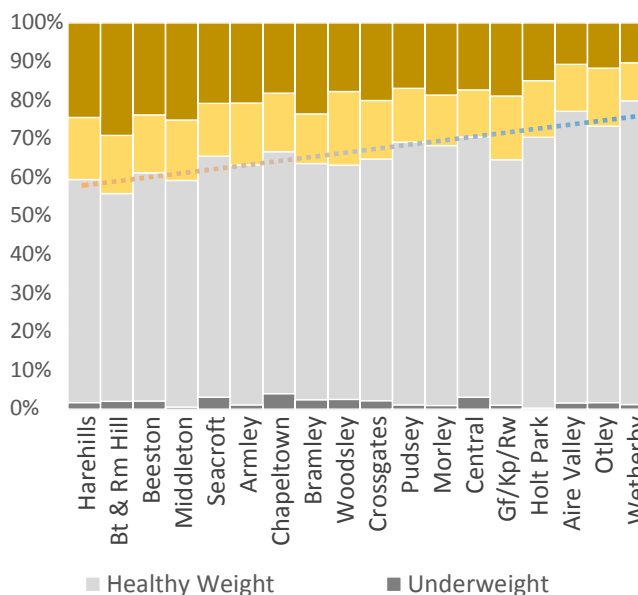
Leeds shows a slow reduction in the proportion of Reception children who are classed as 'Overweight or Very Overweight'. The LCPs show quite a lot of variation as numbers are quite low overall. The breakdown of proportions per LCP shows a slight reduction in 'overweight or very overweight' as deprivation falls.

'Overweight or Very Overweight' children in year 6 are becoming slowly more prevalent in Leeds. The LCPs again show quite a lot of fluctuation. There is a strong relationship between deprivation levels and 'Overweight or Very Overweight' proportions.

Source: National Child Measurement Programme. Note that LSMP is not shown here, the student medical practice does not contain enough data for NCMP. NCMP data is aggregated by LSOA to LCP footprint, not by LCP practice membership.

Smoking (16+)

Rates are generally falling, and change is happening fastest in most deprived areas. Smoking is most common in younger age bands in the most deprived areas.

Change of rates over time

(Age standardised rates per 100,000)

Leeds range	———
Most deprived 5th	··········
This LCP	o——●——o
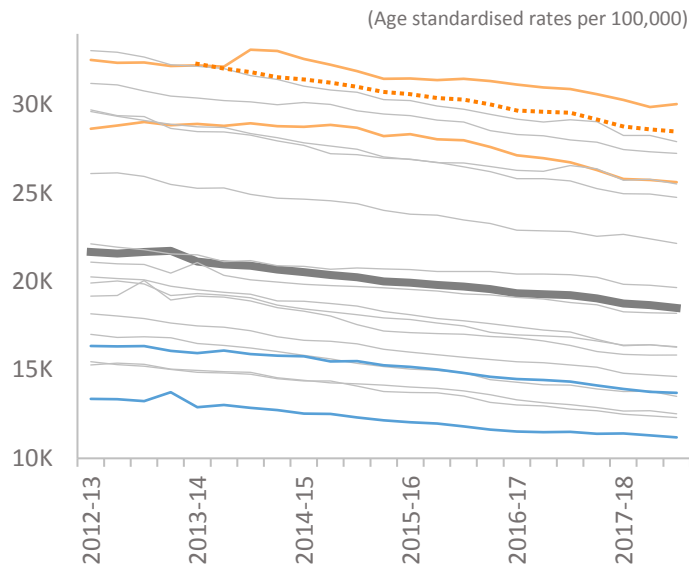
In a time series we can see rates have been falling for many years, and in general the most deprived LCPs are falling at a slightly faster rate than the least deprived ones.

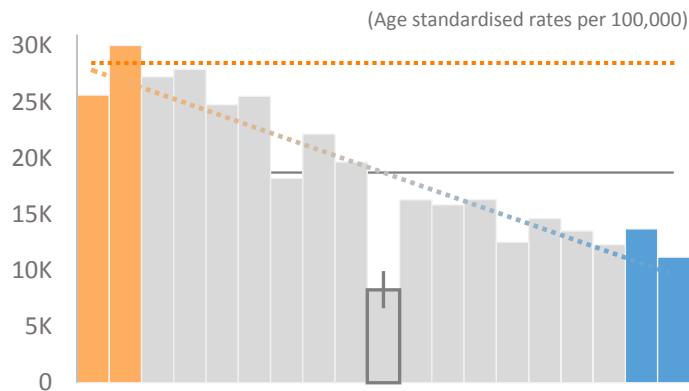Most recent data shows this LCP to be significantly below Leeds, but it is not displayed on the chart as it is such a low rate.

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

LCP Smoking populations by ageband
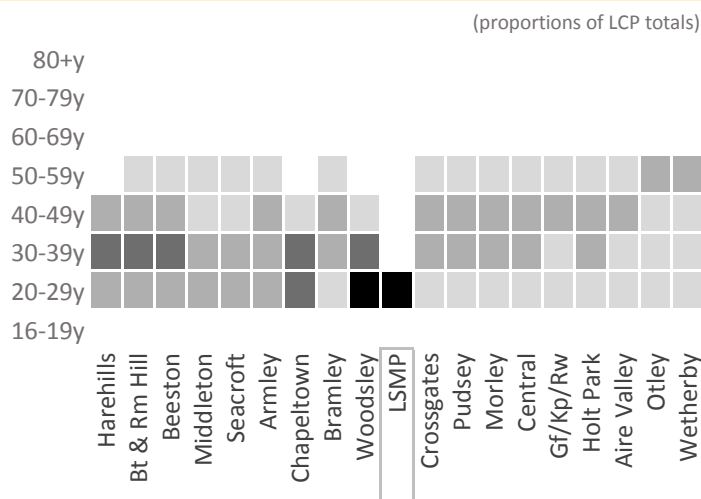
(proportions of LCP totals)

This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 82.0% of the LCP total.

■	greater than or equal to 30%
■	greater than or equal to 25%
■	greater than or equal to 20%
■	greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

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Obesity (adults)

Rates are generally climbing, although some areas are showing a levelling off and perhaps a decline in recent quarters.

Change of rates over time

(Age standardised rates per 100,000)
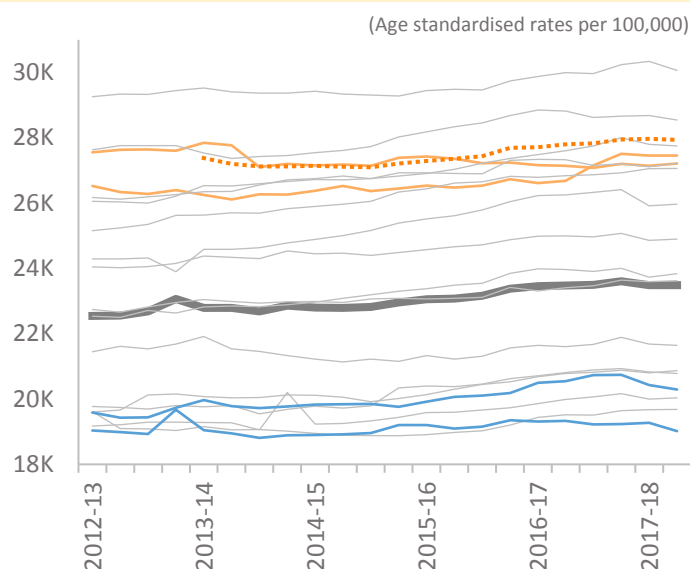
In a time series we can see there doesn't seem to be a relationship between rate of change and levels of deprivation for this indicator. All LCPs are slowly rising, except for Burmantofts and Richmond Hill LCP which is showing a slow but steady fall.

LSMP data is not shown as it fluctuates so greatly due to low number.

Leeds range	———
Most deprived 5th	········
This LCP	○—●—○

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

LCP Obesity populations by ageband
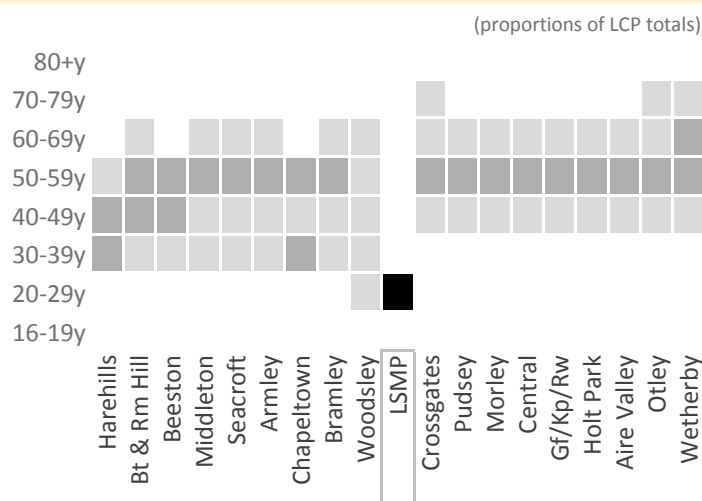
(proportions of LCP totals)

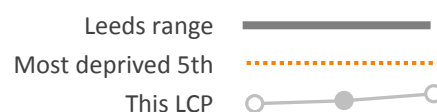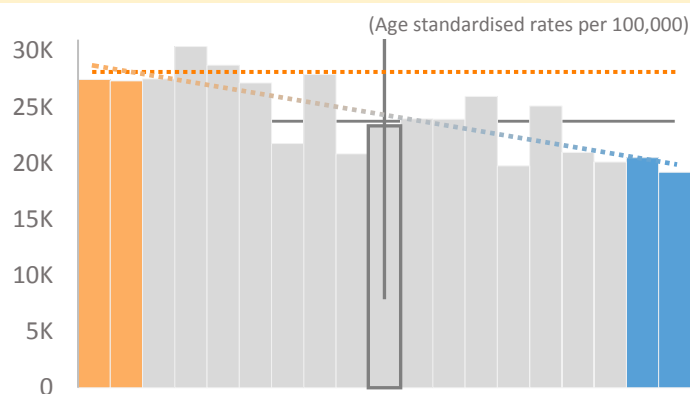This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 71.4% of the LCP total.
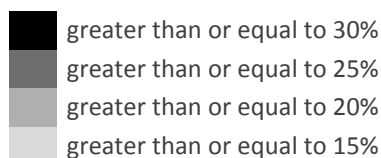
■ (black)	greater than or equal to 30%
■ (dark grey)	greater than or equal to 25%
■ (grey)	greater than or equal to 20%
■ (light grey)	greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Obese smokers (adults for whom both records were updated within 12 months)

There are more women than men who have a BMI above 30 and are current smokers. The gender difference is seen in most LCPs and is slightly more pronounced in the most deprived.
(recent large changes in the data are due to data collection issues)

Obese smokers in Leeds, by gender and deprivation
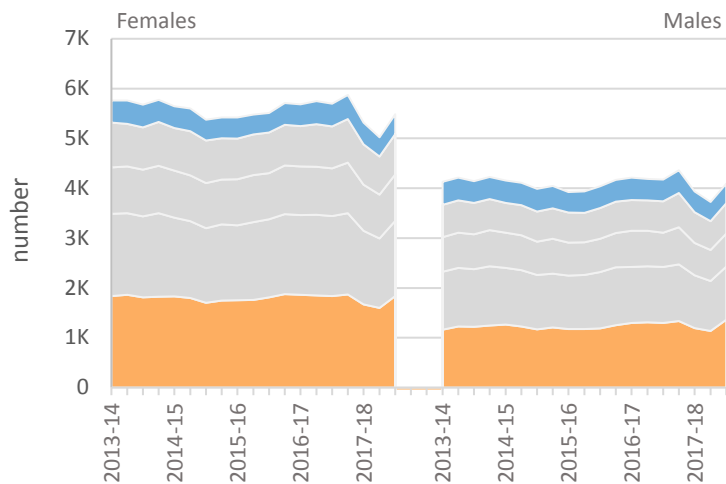
In January 2018 there were 9,573 patients inside Leeds who smoked and were classified as obese.

These charts show the number fluctuating over time, and that there have always been large numbers from more deprived areas (orange layer). Women (who are more likely to be clinically obese) outnumber men in this group.

Obese smokers in this LCP, by gender and deprivation

LSMP LCP

These charts show the number of obese smokers in this LCP, by gender and deprivation.

In LSMP the women slightly outnumber the men in this category. Despite the fluctuations the overall pattern is quite steady for men and increasing for women.

LCP Obese smokers by age band

(proportions of LCP totals)
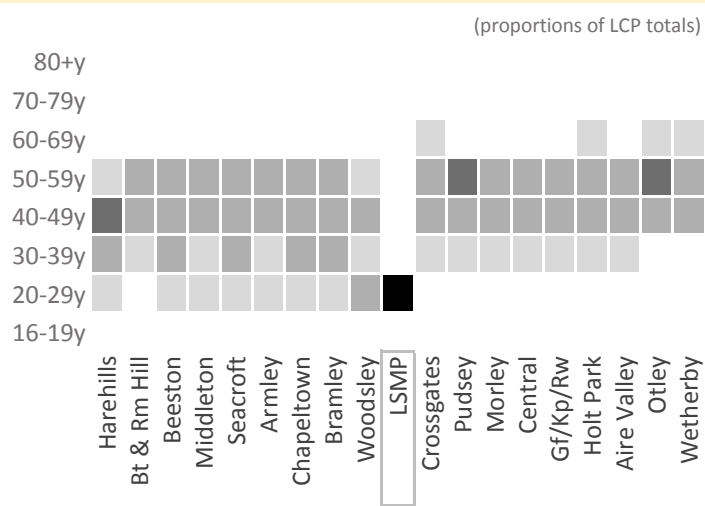
This table shows the agebands within each LCP that contribute the most to each LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 77.5% of the LCP total.

■ greater than or equal to 30%
■ greater than or equal to 25%
■ greater than or equal to 20%
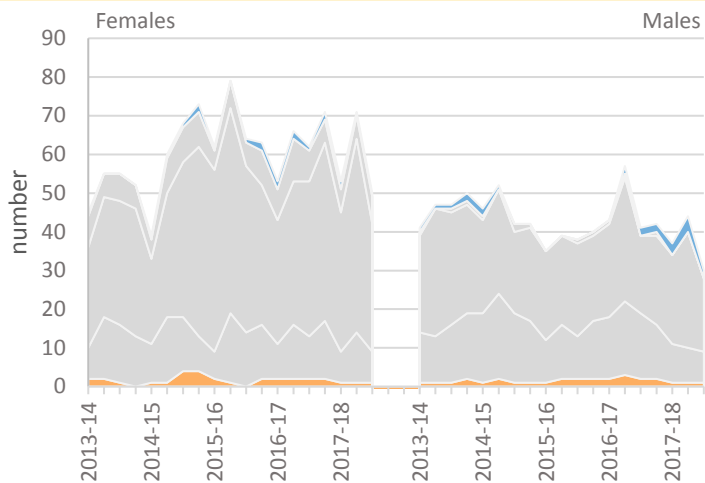■ greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Diabetes (all ages)

Diabetes in Leeds is very strongly linked to deprivation with the highest rates and fastest rises in the most deprived LCPs, while rates are almost static in Wetherby.

Change of rates over time

(Age standardised rates per 100,000)
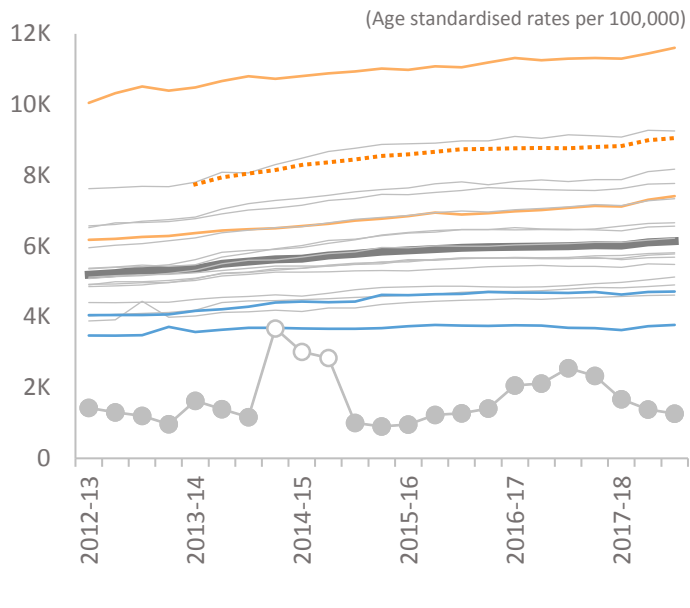
In a time series we can see in general the most deprived LCPs are rising at a much faster rate than the least deprived ones. In Wetherby LCP the rate is virtually static and perhaps now showing a downward trend.

Most recent data shows this LCP to be significantly below Leeds.

Leeds range

Most deprived 5th

This LCP

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a very strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a clear reduction in size from left to right.

LCP Diabetes populations by ageband
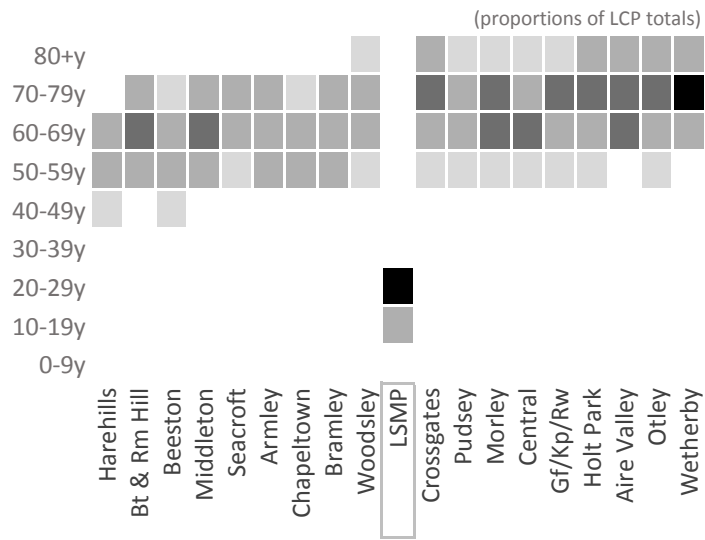
(proportions of LCP totals)

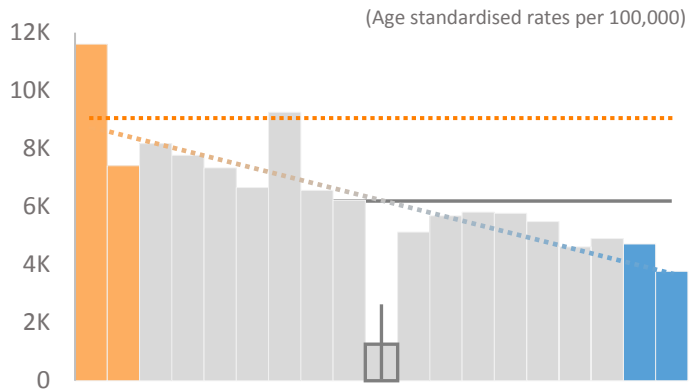This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 62.3% of the LCP total.

greater than or equal to 30%

greater than or equal to 25%

greater than or equal to 20%

greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

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CHD (all ages)

CHD rates in Leeds are all falling steadily and at the same speed, except for Burmantofts and Richmond Hill which is falling much faster than other LCPs. Rates are generally higher in more deprived areas.

Change of rates over time

(Age standardised rates per 100,000)
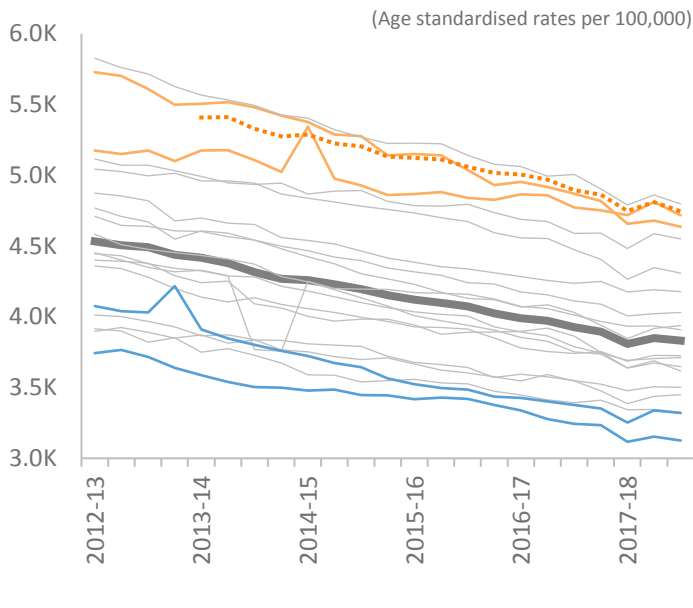
In a time series we can see that almost all LCPs are falling at an equal rate, except for 'Harehills' LCP which appears to be making a much slower drop.

Most recent data shows this LCP to be significantly below Leeds, but it is not displayed on the chart as it is such a low rate.

Leeds range	———
Most deprived 5th	········
This LCP	○——●——○

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a clear relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large decrease from left to right.

LCP CHD populations by ageband

(proportions of LCP totals)

This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 50.0% of the LCP total.
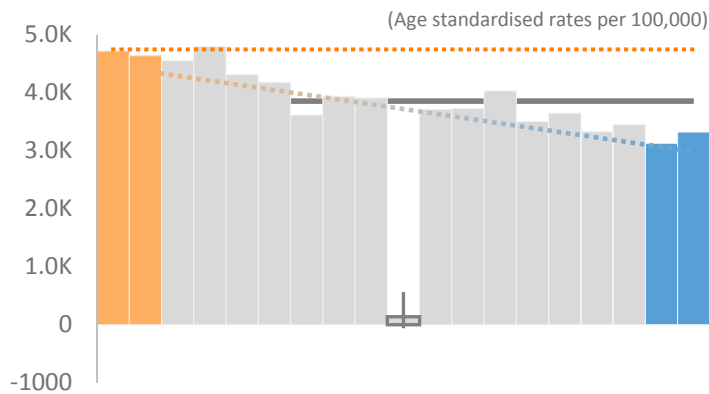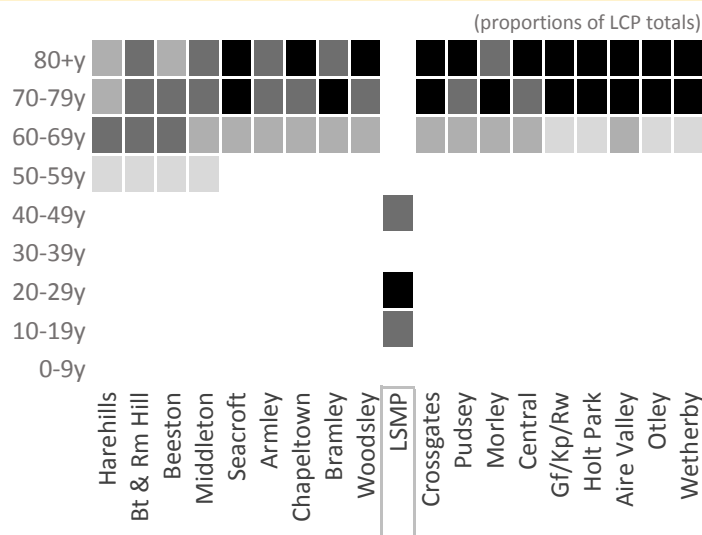
■	greater than or equal to 30%
■	greater than or equal to 25%
■	greater than or equal to 20%
■	greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

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COPD (all ages)

COPD rates in Leeds are very strongly linked to deprivation with large differences from most to least deprived. Many of the most deprived LCPs have rates which are increasing steadily, but interestingly the two most deprived LCPs are the only in the city to have falling rates.

Change of rates over time

(Age standardised rates per 100,000)
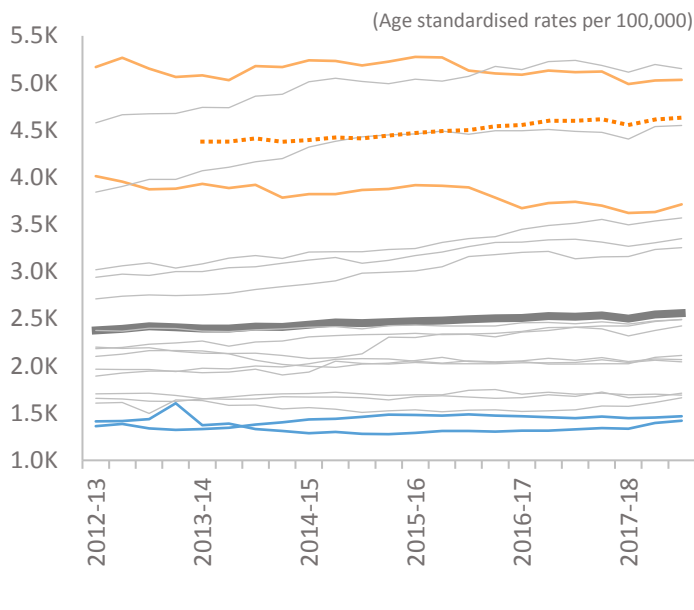
In a time series we can see in general the most deprived LCPs are rising at a faster rate than others, except for 'Burmantofts and Richmond Hill' and 'Harehills' which are notably falling in recent years.

Most recent data shows this LCP to be significantly below Leeds, but it is not displayed on the chart as it is such a low rate.

Leeds range ——————
Most deprived 5th ....
This LCP ○───●───○

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a very strong relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a large fall from left to right.

LCP COPD populations by ageband

(proportions of LCP totals)

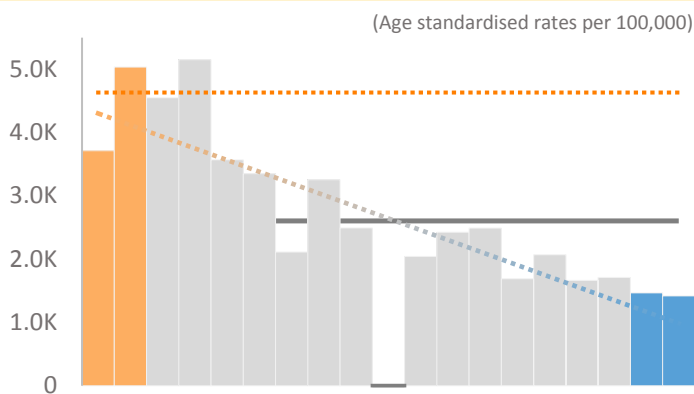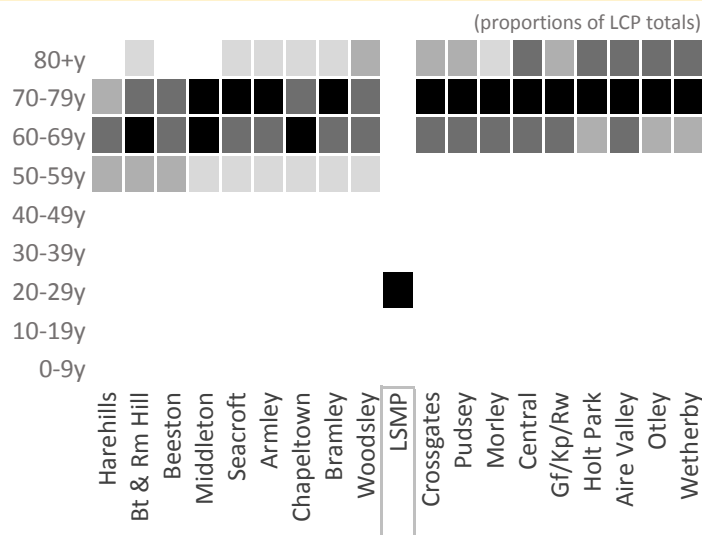This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 100.0% of the LCP total.

■ greater than or equal to 30%
■ greater than or equal to 25%
■ greater than or equal to 20%
■ greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Cancer (all ages)

Cancer rates in Leeds are linked to deprivation but not in the usual way: the least deprived LCPs have some of the highest rates. This is thought to be due to late diagnosis leading to higher mortality rates in more deprived areas.

Change of rates over time

(Age standardised rates per 100,000)
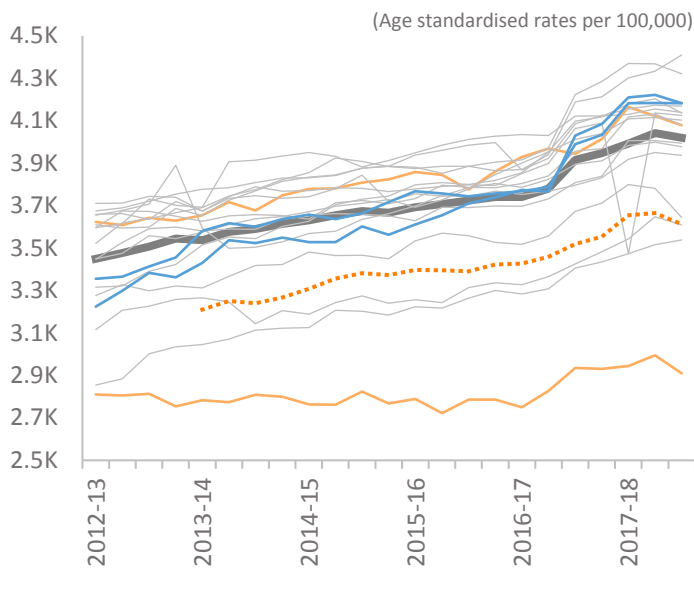
In a time series we can see in general all LCPs are growing at about the same rate - except for Harehills LCP which until recently has been static.

LSMP rates fluctuate a lot due to the unique age structure of this LCP, it is not shown here.

Leeds range
Most deprived 5th
This LCP

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are following a very weak inverse relationship with deprivation.

The LCPs are shown in descending order of deprivation and the bars show a slight increase in size from left to right.

LCP Cancer populations by ageband

(proportions of LCP totals)

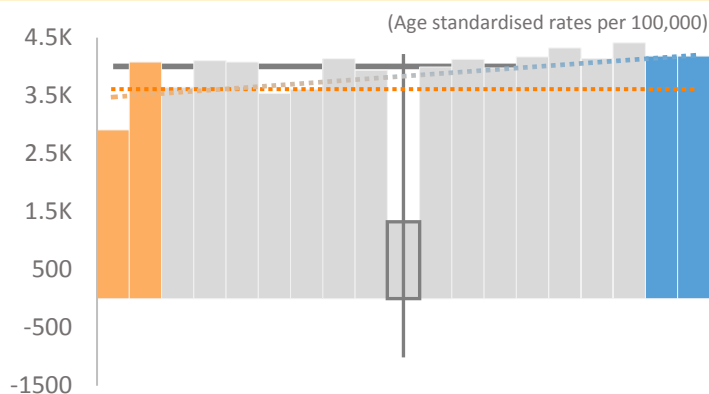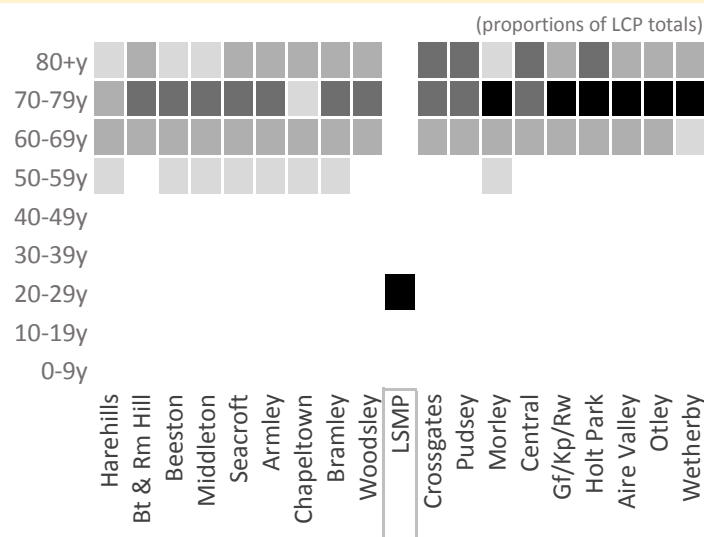This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 72.0% of the LCP total.

greater than or equal to 30%
greater than or equal to 25%
greater than or equal to 20%
greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

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Common mental health issues (all ages)

The Leeds rate is slowly rising, but the time series is too short to draw many other conclusions.

Change of rates over time

(Age standardised rates per 100,000)

Leeds range

Most deprived 5th

This LCP

Due to changes in processes, this is a short time series but we can see that most LCPs are rising slowly.

Most recent data shows this LCP to be significantly below Leeds.

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from January 2018 we can see that rates are not varying in a manner related to deprivation.

The LCPs are shown in descending order of deprivation and the bars are not really varying consistently.

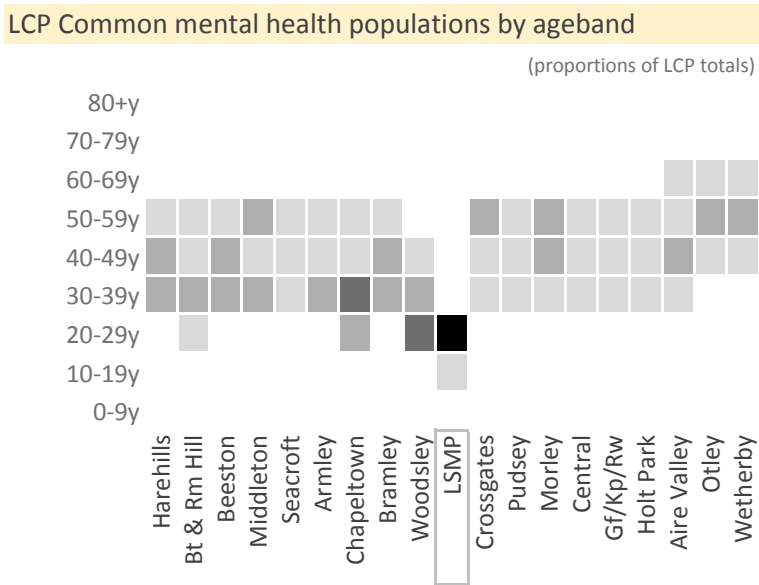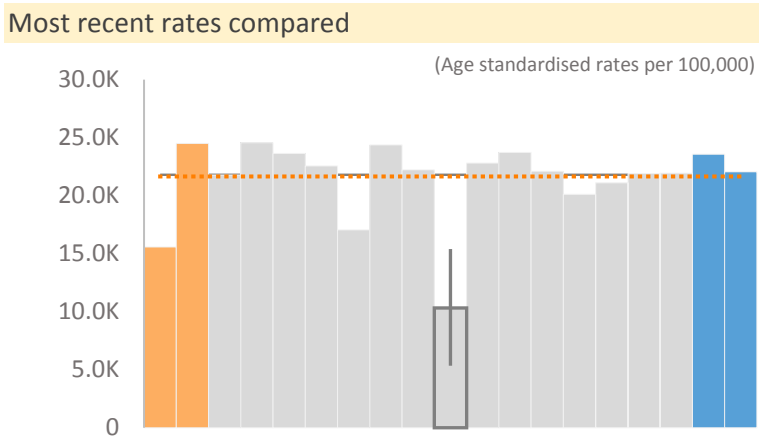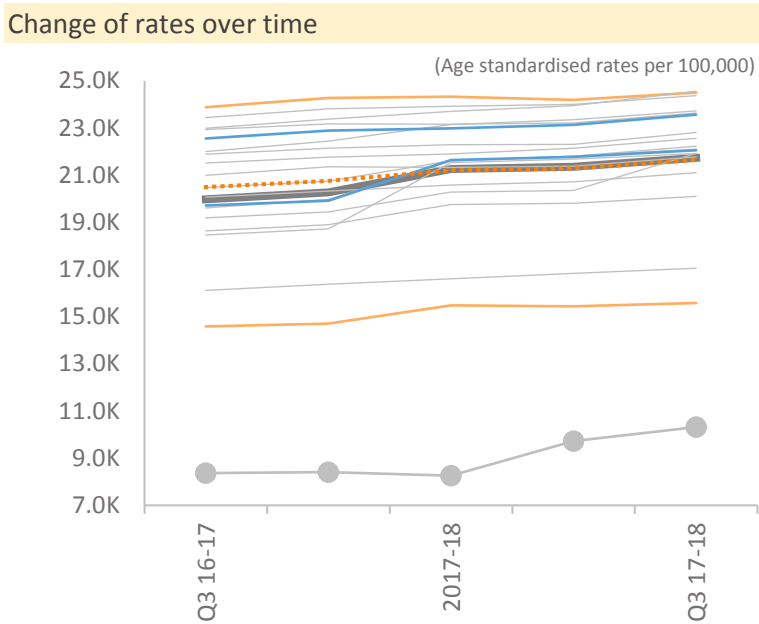## LCP Common mental health populations by ageband

(proportions of LCP totals)

This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 78.3% of the LCP total.

greater than or equal to 30%

greater than or equal to 25%

greater than or equal to 20%

greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Severe mental health issues (18+)

Severe mental health rates show a strong link to deprivation except for 'Central' LCP that has quite a high rate for its position in the deprivation rank.
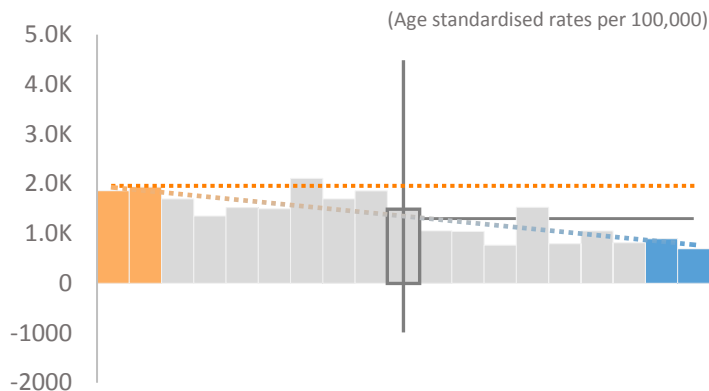
Change of rates over time

(Age standardised rates per 100,000)
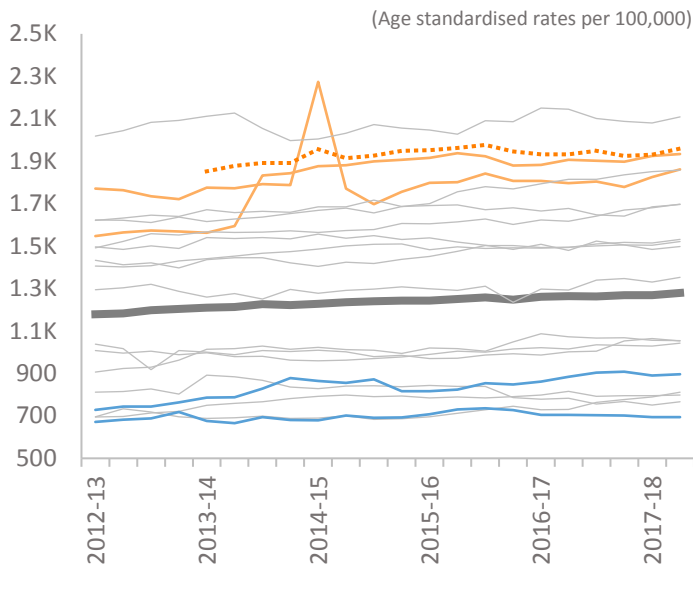
In a time series we can see that all LCPs are following a similar very slow rate of increase.

Most recent data shows this LCP not to be significantly different to Leeds. The rate fluctuates a lot due to the narrow agebands of this LCP and is not shown.

Leeds range	──────
Most deprived 5th	·········
This LCP	○──●──○

Most recent rates compared

(Age standardised rates per 100,000)

Looking at the most recent data from October 2017 we can see that rates are actually quite strongly related to deprivation, with some exceptions notably 'Central' LCP.

The LCPs are shown in descending order of deprivation and the bars

LCP populations recorded with severe mh, by ageband
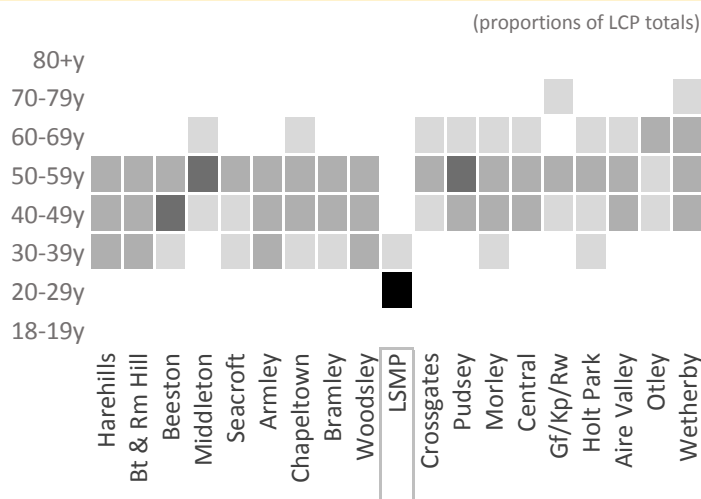
(proportions of LCP totals)

This table shows the agebands within each LCP that contribute the most to the LCP total.

The largest group in LSMP LCP is the 20-29y ageband with 72.1% of the LCP total.

⬛ (black)	greater than or equal to 30%
◼ (dark grey)	greater than or equal to 25%
▪ (grey)	greater than or equal to 20%
▫ (light grey)	greater than or equal to 15%

This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

All cause mortality (under 75s)

Mortality rates show a very strong link to deprivation. Most LCPs are falling steadily, and some of those with the highest rates appear to be dropping slightly faster.
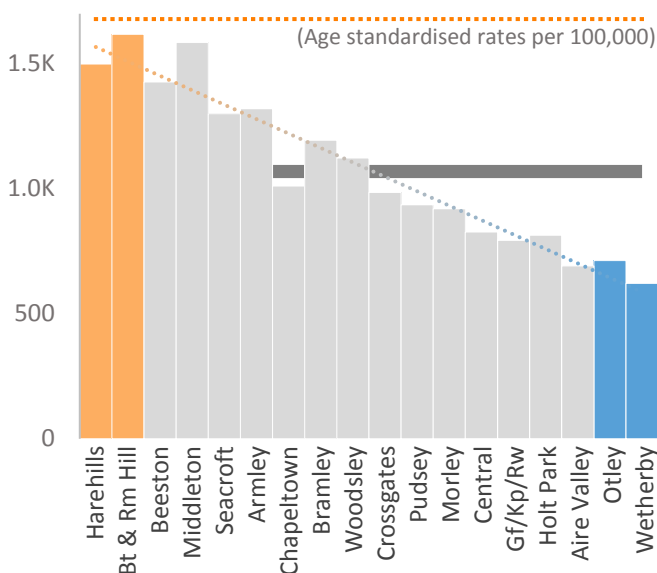
Change of mortality rates over time

(Age standardised rates per 100,000)
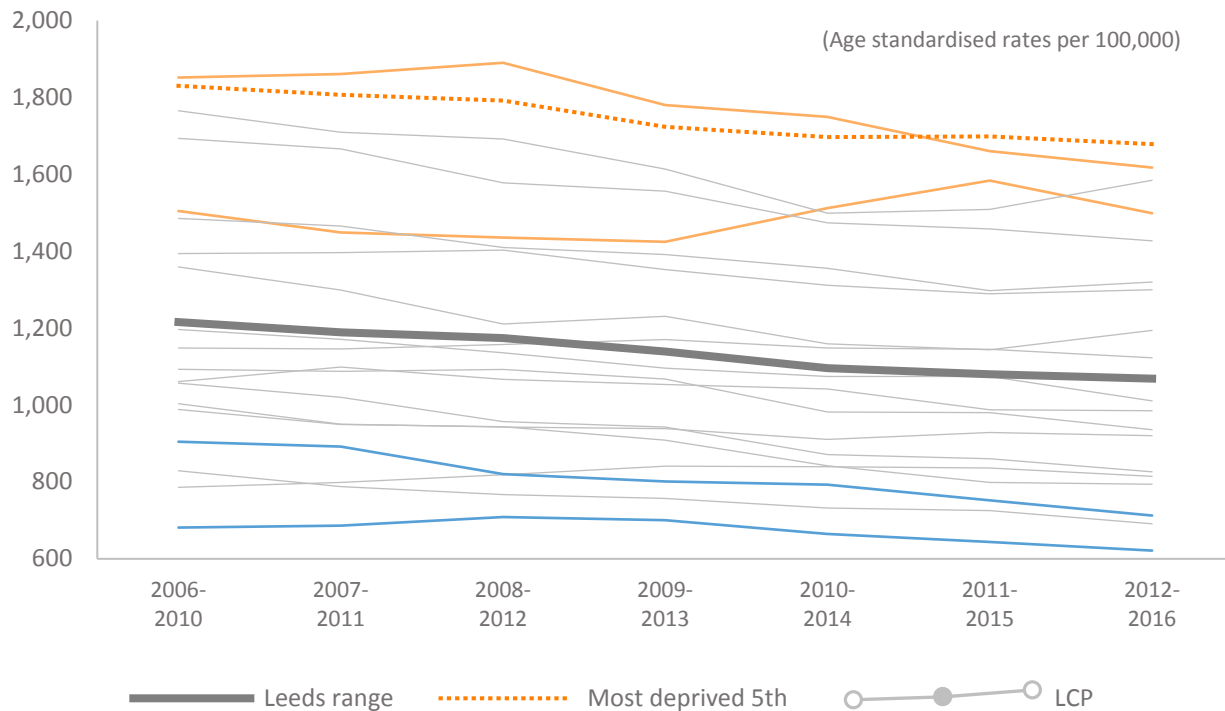
In a time series we can see that almost all LCPs are decreasing, with slightly faster drops in those with the highest rates. However the Harehills LCP stands out as for its recent increases.

The LSMP population is so young that mortality rates are very low with very wide confidence intervals, it is not shown in this chart.

Most recent mortality rates compared

Looking at the most recent mortality data, we can see that rates are very strongly related to deprivation (except for LSMP which is not shown due to very low rates)
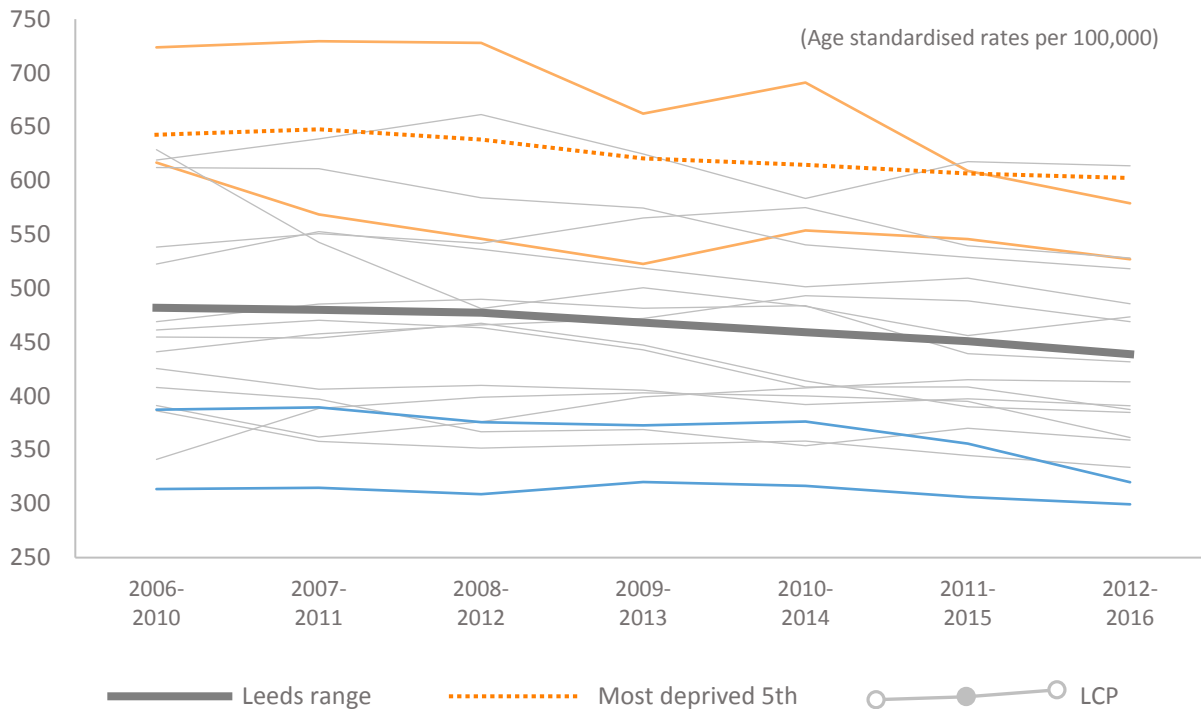
(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

Cancer mortality (under 75s)

Cancer mortality rates show a very strong link to deprivation. LCPs show some variation in change, some rising and some falling. The most deprived seem to be falling slightly faster overall.

Change of mortality rates over time

(Age standardised rates per 100,000)

Legend: Leeds range — Most deprived 5th ········ LCP ○—●—○

In a time series we can see that almost all LCPs are fluctuating, with slightly faster drops in those with the highest rates. However the Chapeltown LCP stands out as for its recent steady increases.

The LSMP population is so young that mortality rates are very low with very wide confidence intervals, it is not shown in this chart.

Most recent mortality rates compared

(Age standardised rates per 100,000)
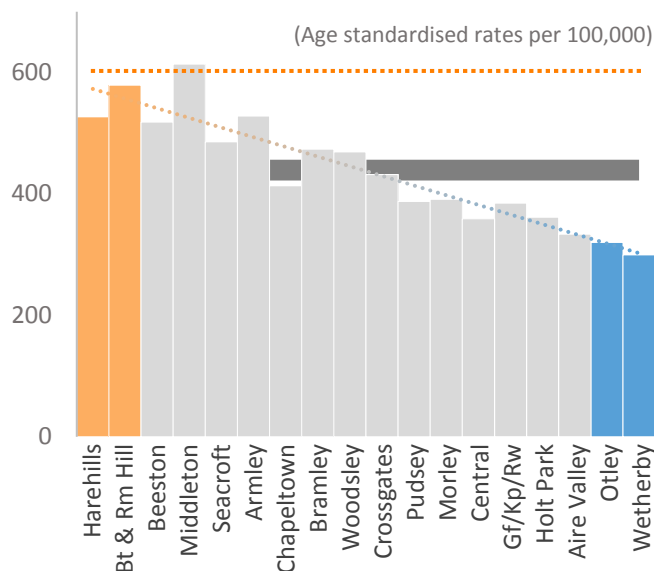
Looking at the most recent mortality data, we can see that rates are very strongly related to deprivation (except for LSMP which is not shown due to very low rates)
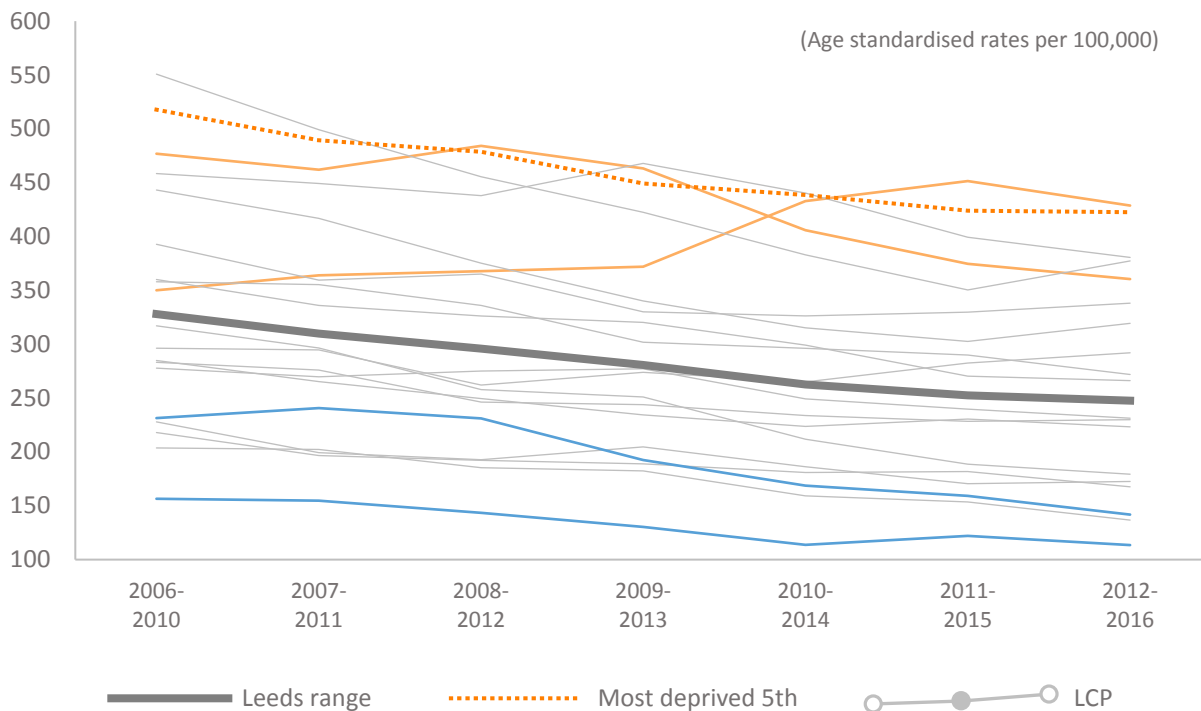
(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

Circulatory disease mortality (under 75s)

Circulatory mortality rates show an extremely strong link to deprivation. LCPs show some variation in change, some rising and some falling with the most deprived falling slightly faster overall except for the growing Harehills.
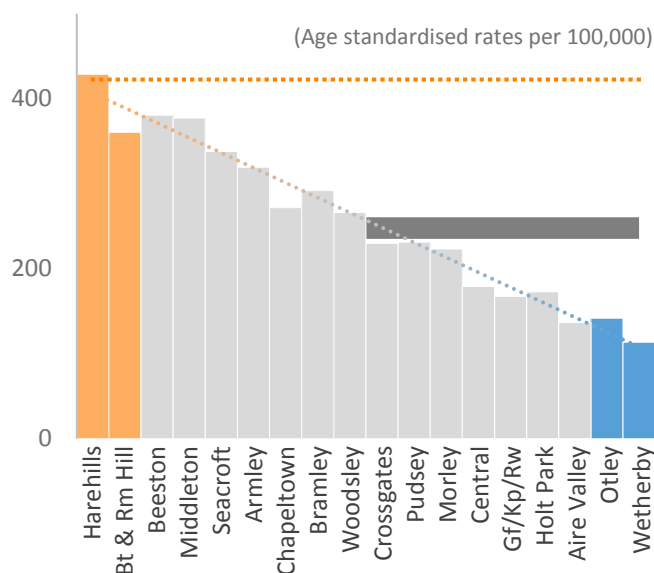
Change of mortality rates over time

In a time series we can see that almost all LCPs are falling slowly, with some recent increases especially 'Harehills' LCP.

The LSMP population is so young that mortality rates are very low with very wide confidence intervals, it is not shown in this chart.

Most recent mortality rates compared

Looking at the most recent mortality data, we can see that rates are extremely strongly related to deprivation (except for LSMP which is not shown due to very low rates)

(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

Respiratory disease mortality (under 75s)

Respiratory disease mortality rates show a very strong link to deprivation. There are some stark differences between the most and least deprived LCPs.

Change of mortality rates over time

(Age standardised rates per 100,000)

Leeds range   Most deprived 5th   LCP
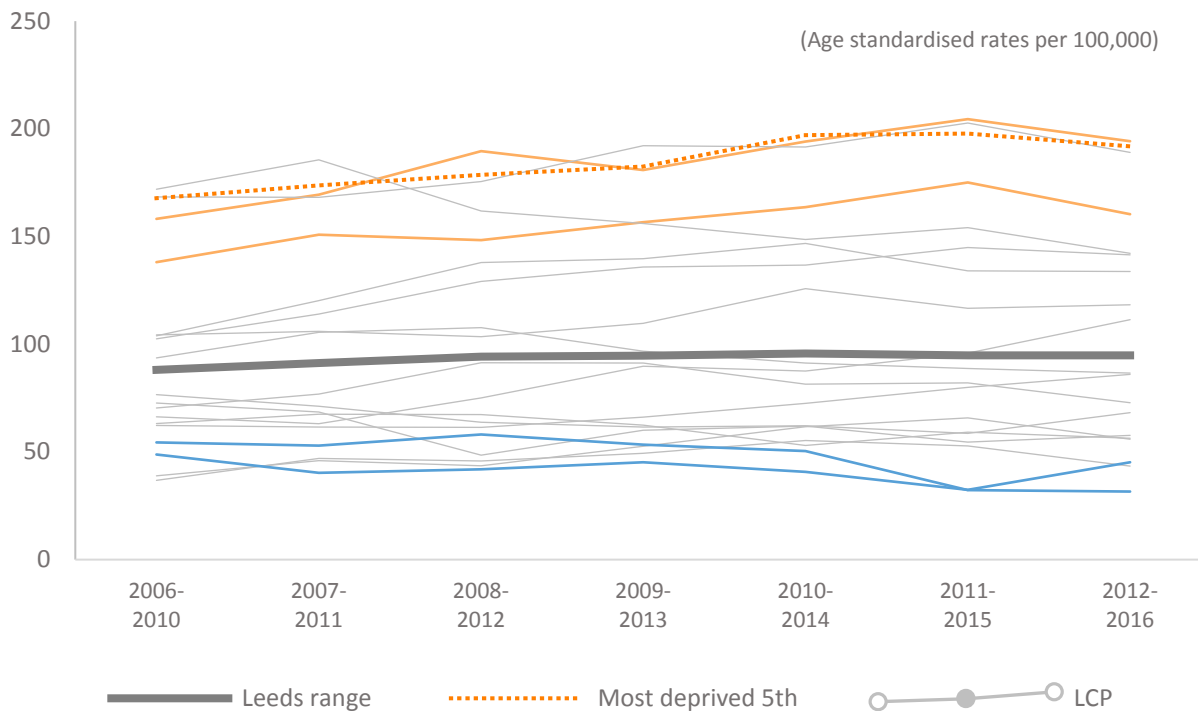
In a time series we can see that almost all LCPs are changing steadily, those with the highest rates are climbing fastest.

The LSMP population is so young that mortality rates are very low with very wide confidence intervals, it is not shown in this chart.

Most recent mortality rates compared


(Age standardised rates per 100,000)

Looking at the most recent mortality data, we can see that rates are very strongly related to deprivation (except for LSMP which is not shown due to very low rates)

(The LCPs are shown in descending order of deprivation)

Source: ONS, GP registered

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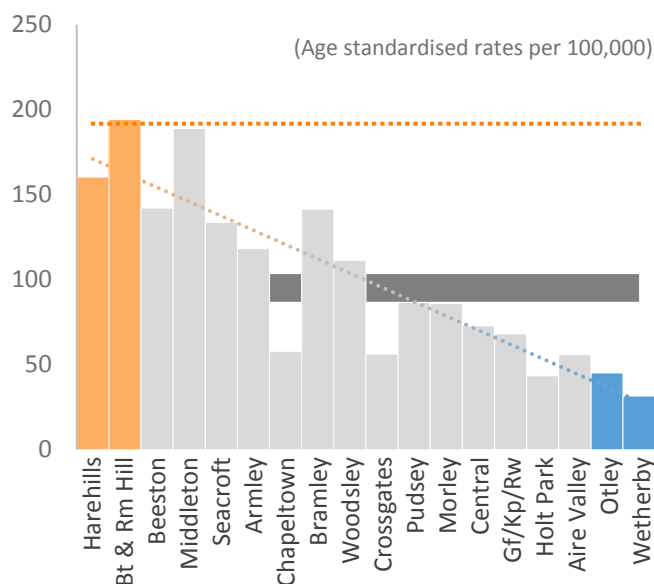
Life expectancy for women and men, 2014-2016

For both genders there is a clear relationship between deprivation and life expectancy. Male life expectancy is poorer overall and the difference between the sexes is slightly more pronounced in the most deprived LCPs. LSMP has such a young age profile that life expectancy calculations are unreliable, it is not shown here.
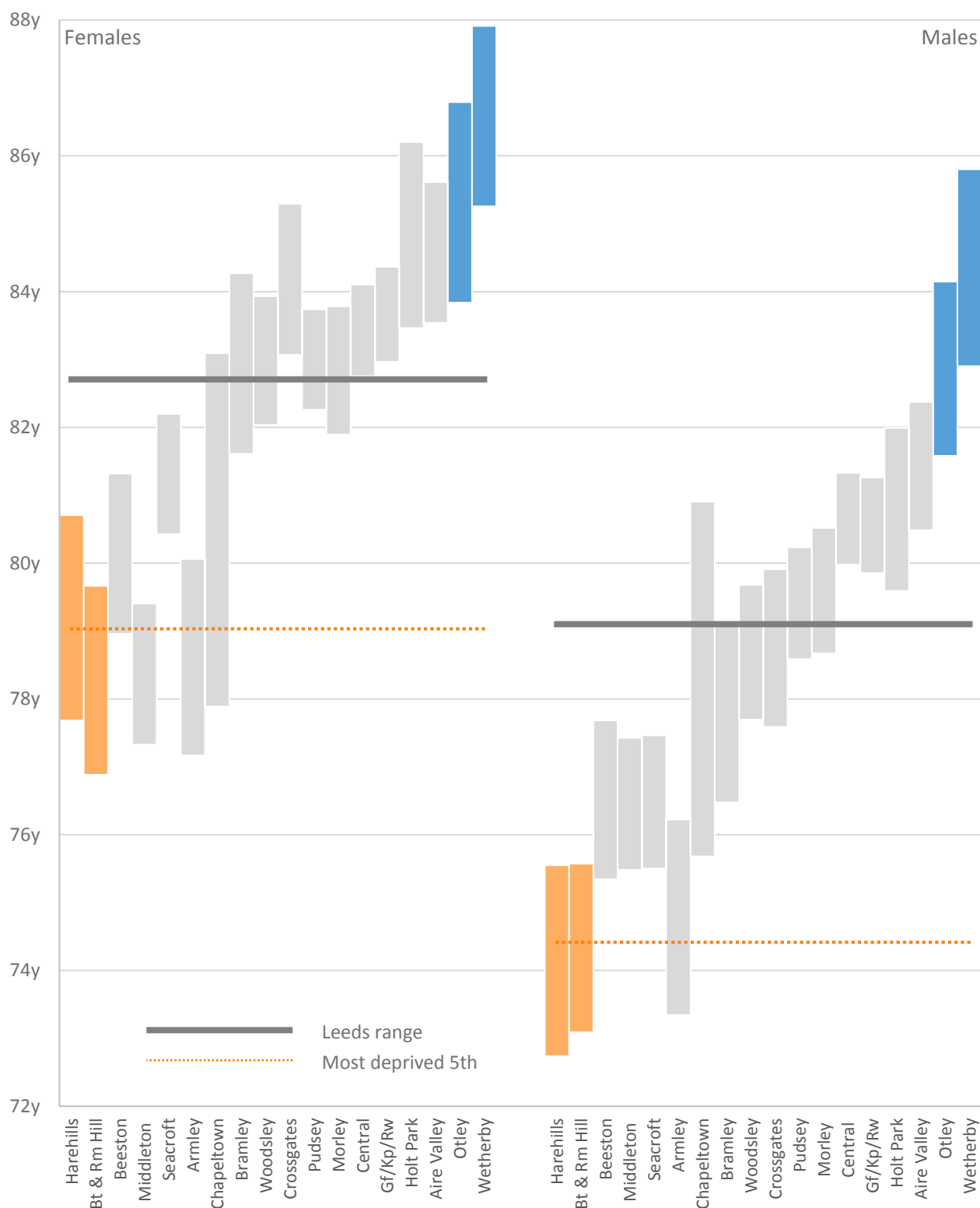
Bars in this chart encompass 95% confidence intervals, Leeds and deprived Leeds have very narrow confidence intervals and can be illustrated with a line. Source: ONS deaths extract, GP registered populations.