Bramley, Wortley and Middleton Primary Care Network introduction

Summary of report

The Bramley, Wortley and Middleton PCN population is similar to Leeds but with slightly more children, and fewer elderly. The majority of these patients live in the second most deprived fifth of Leeds, but a large number are in the most deprived fifth too.

The PCN has a greater proportion of "White British" patients than Leeds. Most GP recorded conditions are significantly above Leeds and following the same trends, cancer though is average. The PCN has a frailty rate which is as high as other much more deprived PCNs, but under 75 mortality rates are average or slightly above average.

Life expectancy is increasing slowly and around the Leeds average.

Practices in this PCN when this report data was made

This report uses GP recorded data for groups of practices called Primary care networks (PCNs). Most of the data in this report represents the combined registered populations of the practices making up the PCN. Collating and producing data for this report was concluded in early 2020 when the PCN memberships had been stable for some time. The following practices were aggregated to create PCN data for this profile:

B86071 Whitehall Surgery, B86104 Bramley Village Health & Wellbeing Centre (Branches - Middleton Park Surgery (Grange Medicare) Cottingley Community Centre, B86655 The Beech Tree Medical Practice, B86672 Hawthorn Surgery

PCN footprints

PCN footprints: Some data - Life Expectancy for instance - cannot be made by registered populations and instead is produced for the *area* that the PCN covers which is called its *footprint.*   A PCN footprint is the area of Leeds where the PCN has more registered patients than eny other PCN. Data reported by footprints represents all patients living in the area regardless of which PCN they are registered to. PCN footprints do not overlap and cover the entirety of Leeds.

Deprivation in this report

The Index of Multiple Deprivation 2019 (IMD2019) is used in this report to relate differences in health data to variations in patient environments. Each PCN has a calculated deprivation score which is created using the **July 2015** practice population size and locations, PCNs are ranked by their deprivation score in many charts to investigate relationships with deprivation. July 2015 population data is used because it matches the denominators used by the IMD2019 itself.

Note that PCN *registered* populations can live far from their GP practice and experience a wide variety of deprivation conditions.
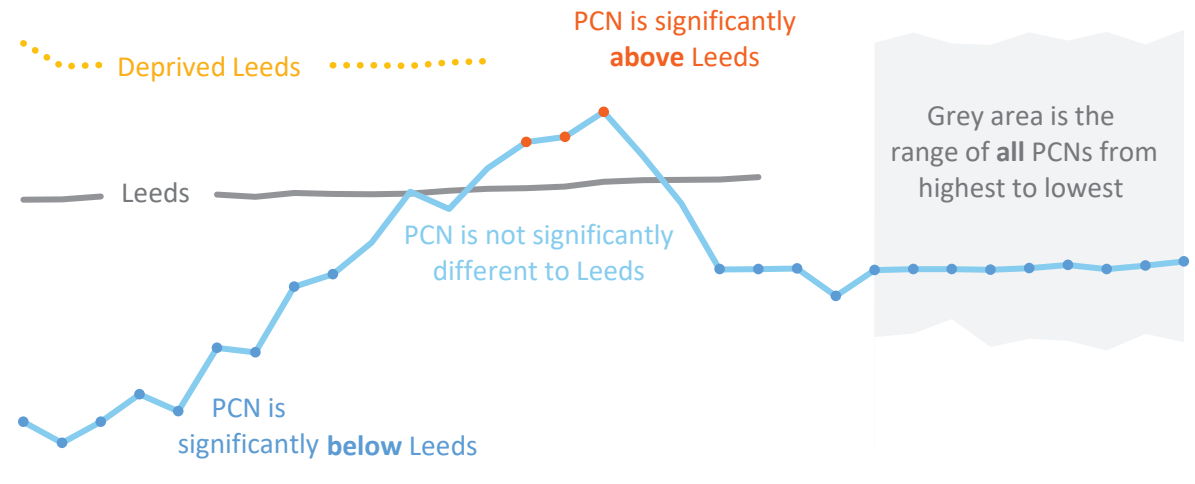
Bramley, Wortley and Middleton Primary Care Network

* Some datasets cannot be grouped by practice and are shown by PCN *footprint* area instead. See Introduction page for more details.
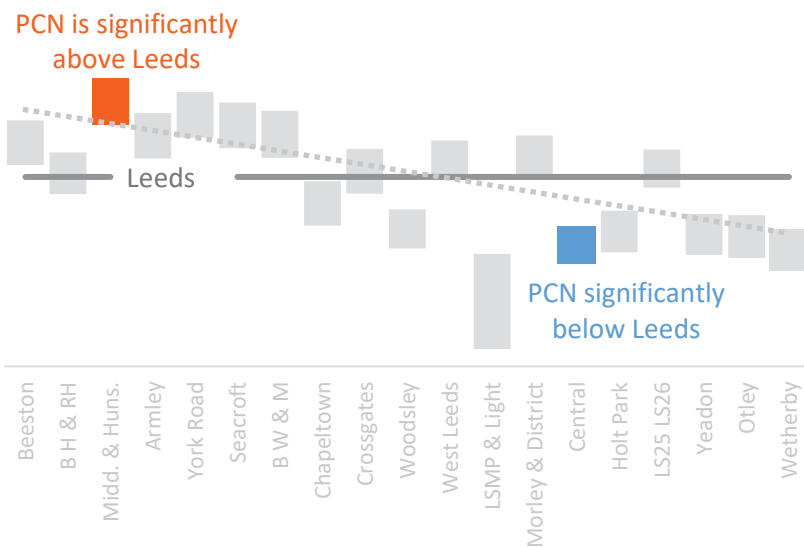
About the charts used in this profile

Charts use consistent colours throughout this profile, and text about the PCN will be in blue. Colours have been chosen to work with the most common forms of colour blindness.
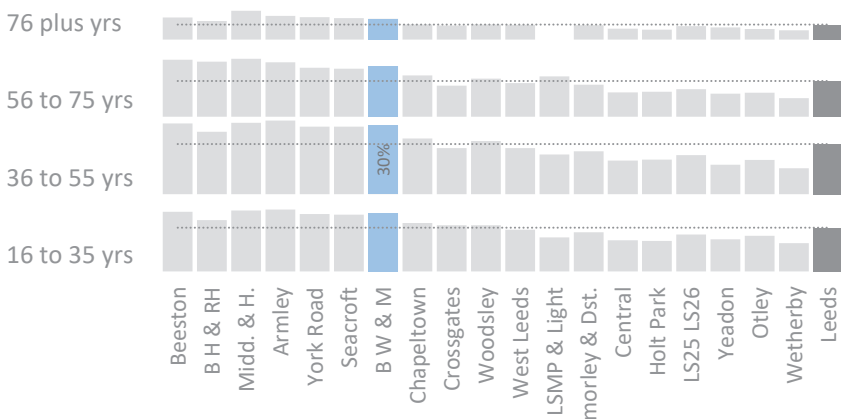
Time series chart example

Deprived Leeds

PCN is significantly **above** Leeds

Grey area is the range of **all** PCNs from highest to lowest

Leeds

PCN is not significantly different to Leeds

PCN is significantly **below** Leeds

Comparing rates, PCNs ranked by deprivation example

PCN is significantly above Leeds

Leeds

PCN significantly below Leeds

Beeston | B H & RH | Midd. & Huns. | Armley | York Road | Seacroft | B W & M | Chapeltown | Crossgates | Woodsley | West Leeds | LSMP & Light | Morley & District | Central | Holt Park | LS25 LS26 | Yeadon | Otley | Wetherby

In this chart PCNs are shown in order of deprivation with the **most deprived on the left**. Middleton & Hunslet PCN is orange because it is significantly higher than Leeds, Central PCN is significantly lower than Leeds and therefore blue.

The dotted line is a best fit through all PCN rates and in this case slopes downward because less deprived PCN populations have lower rates.

% of agebands with condition example

76 plus yrs

56 to 75 yrs

36 to 55 yrs

30%

16 to 35 yrs

Beeston | B H & RH | Midd. & H. | Armley | York Road | Seacroft | B W & M | Chapeltown | Crossgates | Woodsley | West Leeds | LSMP & Light | morley & Dst. | Central | Holt Park | LS25 LS26 | Yeadon | Otley | Wetherby | Leeds

The proportion of each ageband with this condition. In this example more deprived PCN populations have larger rates in all agebands but the rate is quite steady for over 75s in all PCNS.

Leeds is shown as dark grey bars and dotted lines, the chosen PCN is highlighted in blue and the ageband with the highest prevalence in the PCN is labelled with prevalence percentage.

## Age structure and deprivation compared to Leeds

Age structure of this PCN, compared to **Leeds in grey**
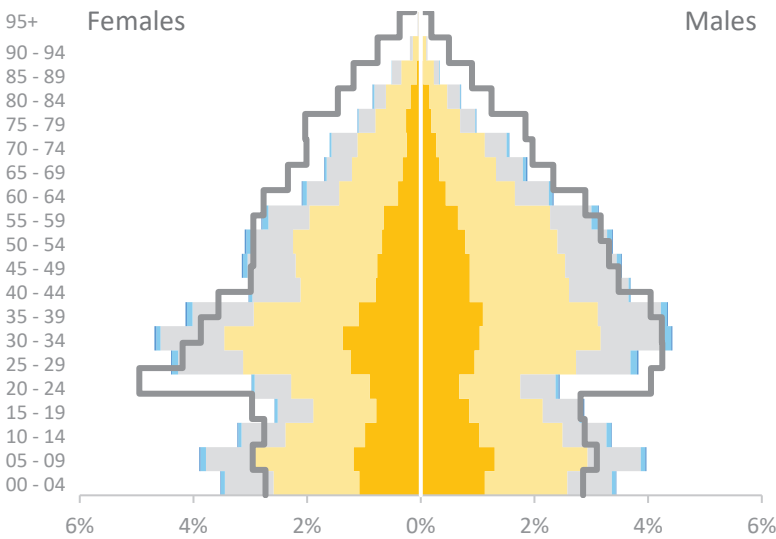
The age and genders proportions of this PCN are shown as shaded areas. The colours correspond to deprivation levels in Leeds as in the chart below.

Bramley, Wortley and Middleton Primary Care Network is similar to Leeds with more children, fewer very young adults, and slightly fewer aged 60 or more.
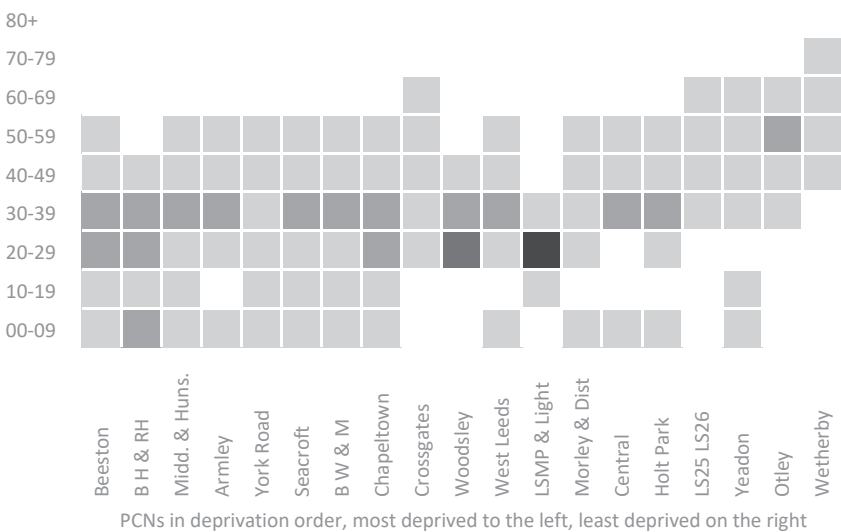
Deprivation in this PCN population
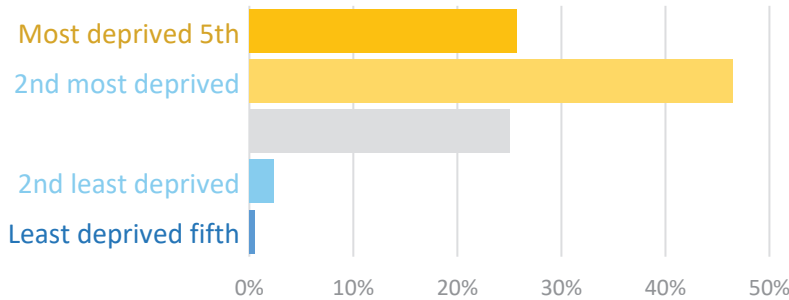
Leeds can be divided into five groups, from **most** to **least** deprived.

Most patients in this PCN live within the second most deprived areas of Leeds, or surroundings.

Lees deprived PCNs have older populations

This table shows the agebands that dominate PCN populations. The least deprived PCNs have populations that are less diverse in age.

The 30-39 ageband is the largest in this PCN.

■	greater than or equal to 30%
■	greater than or equal to 20%
■	greater than or equal to 15%
■	greater than or equal to 11%

January 2020 population data 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.

PCN ethnicity change over time

Ethnicity is recorded in very high detail by Leeds GPs, when aggregated it can provide a simple picture of the population changing over time.

How these details are grouped to make Black and minority ethnic (BAME) can effect the outcome. These charts compare the *"White British"* group with *all remaining ethnic types* combined into BAME. The third category shows patients with no recorded ethnicity, this has steadily improved in Leeds helping to reveal the true picture.

PCN BAME change over time

In 2020 this PCN has a smaller proportion of BAME patients than Leeds. 20% compared to 29%

The PCN has a much larger "White British" proportion than Leeds, and a very high rate of recording..

- Unknown, not recorded
- White British
- BAME

Leeds BAME change over time

29% of the Leeds registered population falls into the BAME category in 2020.

Improvements in recording have resulted in increases for both the "White British" and "BAME" categories.

- Unknown, not recorded
- White British
- BAME

B W & M

Leeds overall
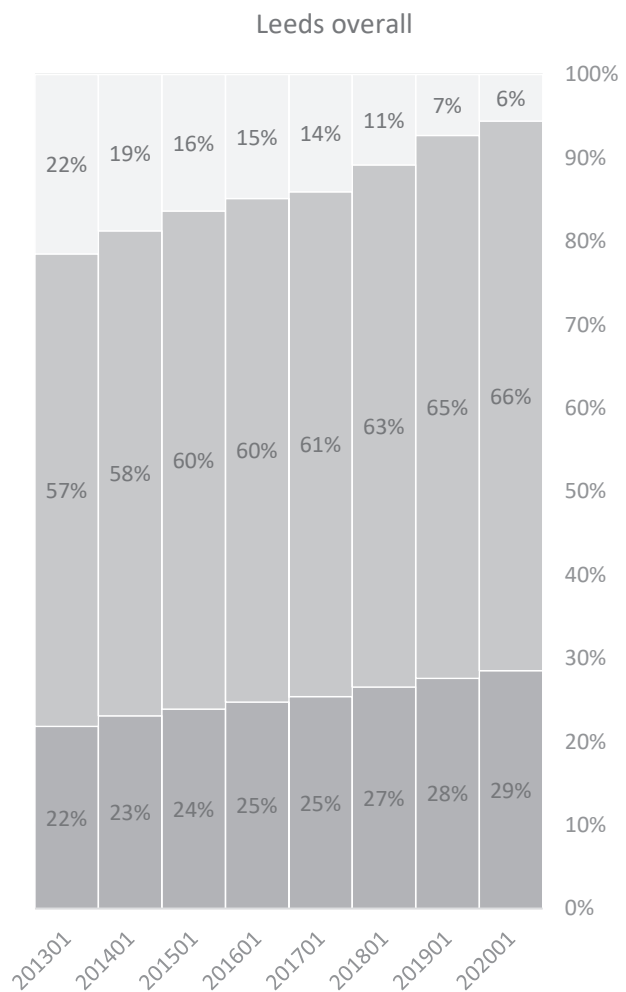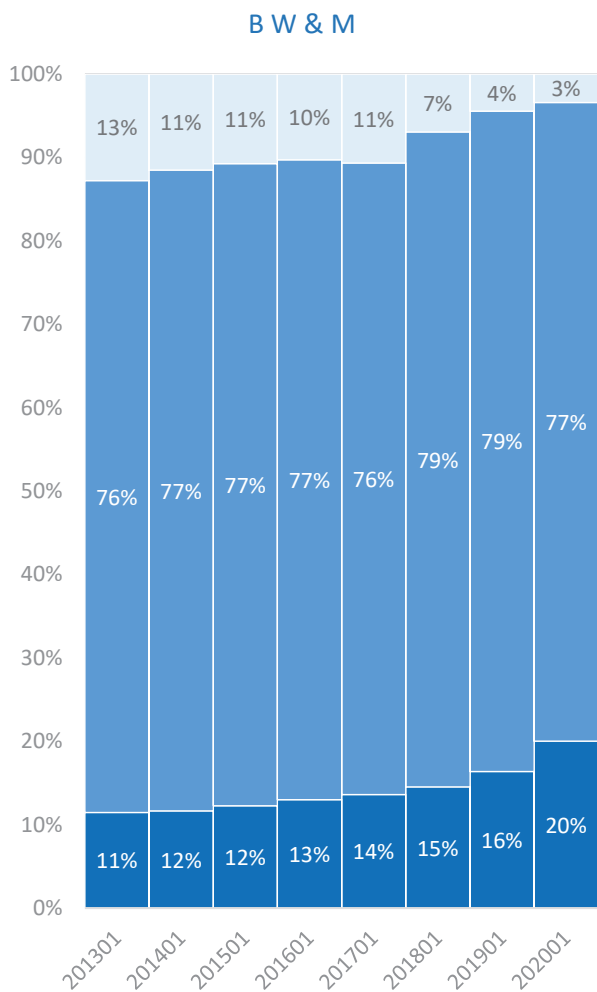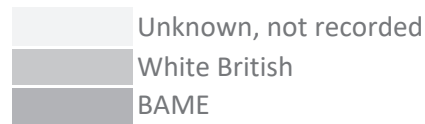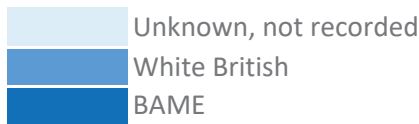
Population change over time - the very young, and the elderly

PCN population age change over time

In 2020 this PCN has a larger proportion of young patients than Leeds, 15% compared to 12%

In terms of the older population, 8% of the PCN are aged 70 or more - smaller than Leeds at 11%
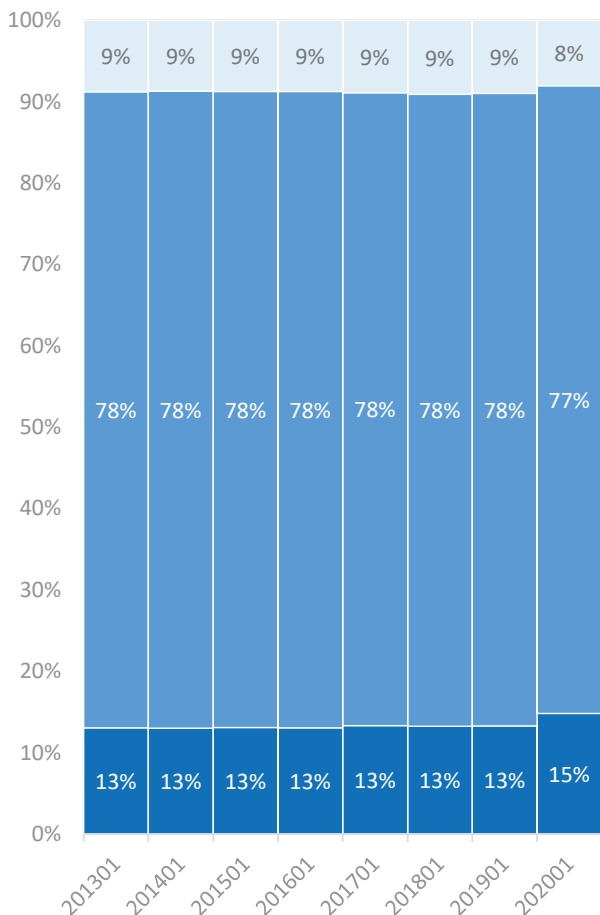
Leeds population age change over time

Leeds registered patients are remarkably stable in terms of the overall proportions of the youngest and oldest agebands.
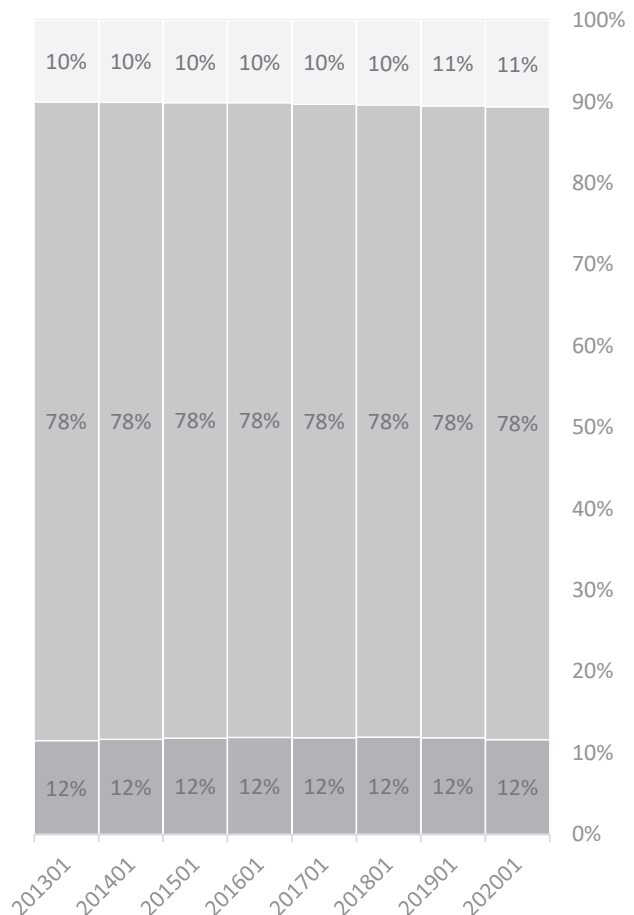
The over 70s group has only increased from 10% to 10.6% in the chart below but that is a change in number of people from 80,465 to 92,065.
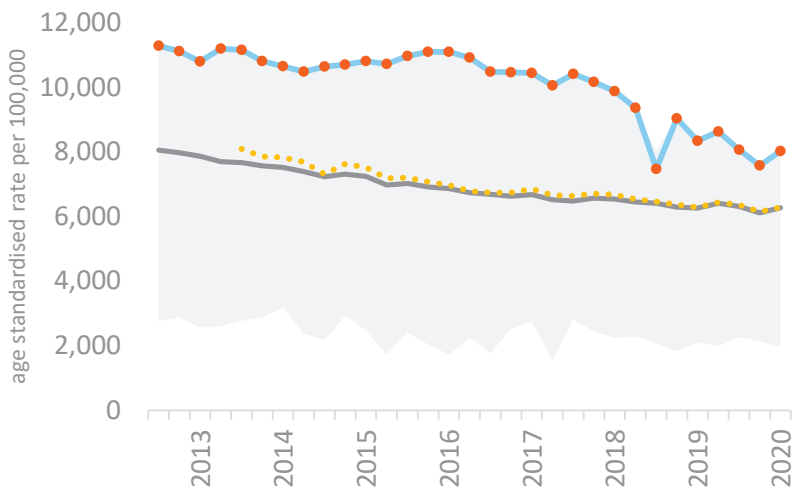
Legend (PCN):
- 70 years and older
- 10-69 years
- 0-9 years

Legend (Leeds):
- 70 years and older
- 10-69 years
- 0-9 years

B W & M

	201301	201401	201501	201601	201701	201801	201901	202001
70 years and older	9%	9%	9%	9%	9%	9%	9%	8%
10-69 years	78%	78%	78%	78%	78%	78%	78%	77%
0-9 years	13%	13%	13%	13%	13%	13%	13%	15%

Leeds overall

	201301	201401	201501	201601	201701	201801	201901	202001
70 years and older	10%	10%	10%	10%	10%	10%	11%	11%
10-69 years	78%	78%	78%	78%	78%	78%	78%	78%
0-9 years	12%	12%	12%	12%	12%	12%	12%	12%

Asthma in children

### Change of asthma rates over time (under 16s)

In a time series we can see that generally rates have been falling for many years.

This PCN has been far above the Leeds rate for many years but is now falling quite quickly. However it is still significantly above the city rate.
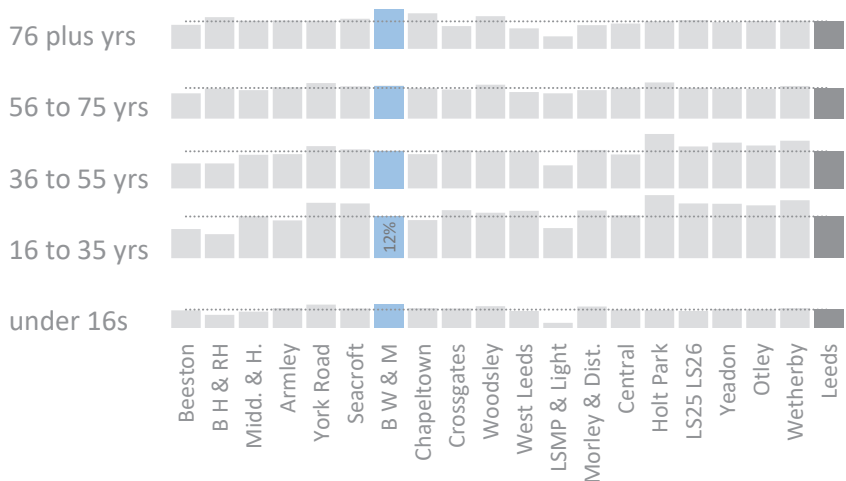
Deprived Leeds is barely different to Leeds overall, and falling at the same speed.

Under 16s rates compared (January 2020) - ranked by deprivation
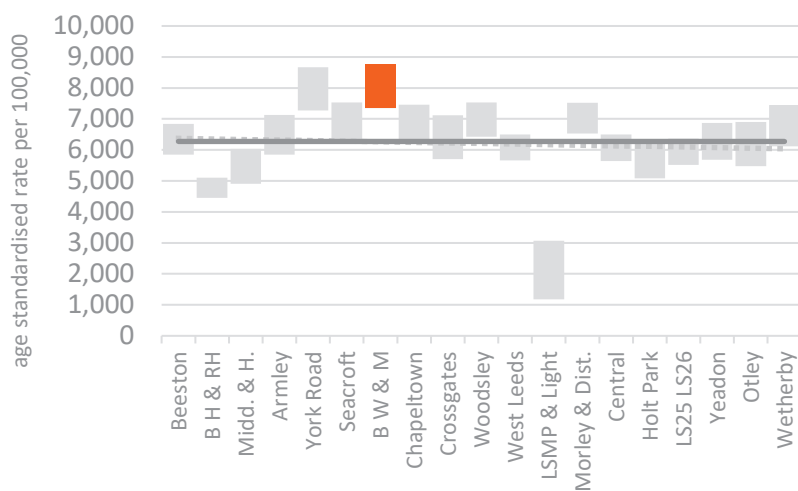
Overall, in January 2020, rates of asthma in children don't display a relationship with deprivation - the grey dotted line is virtually horizontal.

Asthma is more common in less deprived populations (January 2020)

The proportion of each ageband who have asthma. In general it is more prevalent in middle aged groups in less deprived PCN populations.

Interestingly this PCN has very average asthma rates except for the 76+ ageband which is very high.

The ageband with the highest asthma rate in this PCN is 16 to 35 years, with a rate of 12%

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.

Child obesity in Reception and Year 6

PCN footprints

Obesity % - Reception over time

Leeds has hovered around 10% obesity in Reception classes for years. Deprived areas are higher and rising steadily, while the PCNs are slowly diverging.
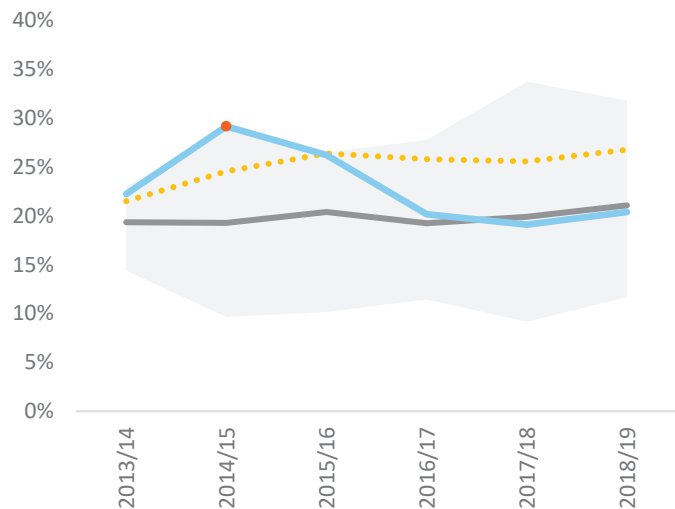
This PCN has fluctuated over time but is still very close to the Leeds rate.
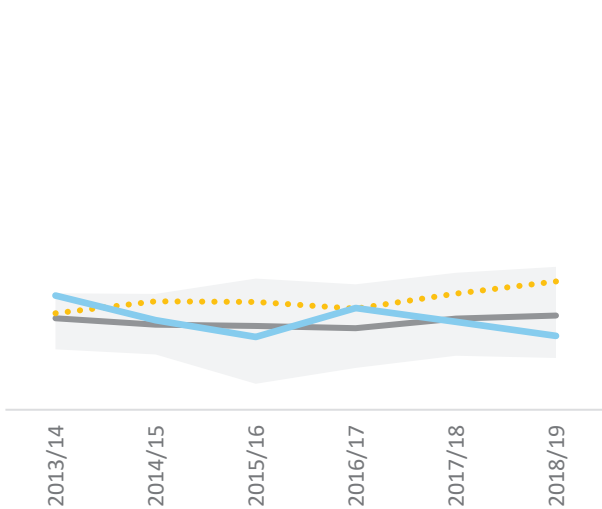
### Obesity % - Year 6 over time

Leeds has risen a little from around 19% to 21% in the chart below, and rates in deprived areas are much higher.

The PCN was very high some years ago but has now fallen to Leeds rates and is very close to average.

Obesity % - PCNs reception in 2018-2019

Reception rates of obesity are higher for more deprived PCNs and lower for less deprived - the chart generally slopes from left to right. The relationship is clear but not that strong.
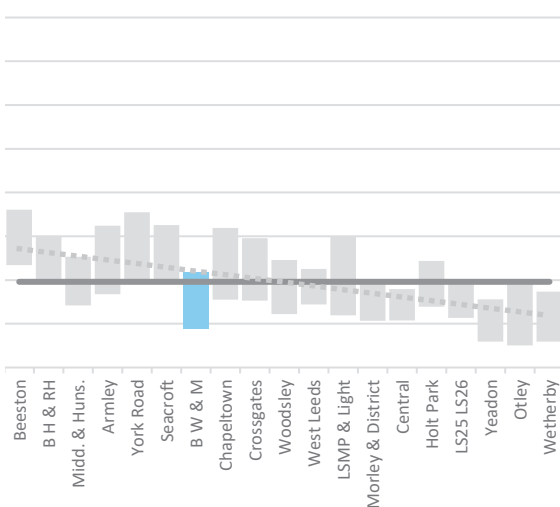
Obesity % - PCNs Year 6 in 2018-2019

The Year 6 data has a much stronger relationship with deprivation - the dashed line slopes steeply, and around half of PCNs have a higher Year 6 rate than the highest Reception rate.
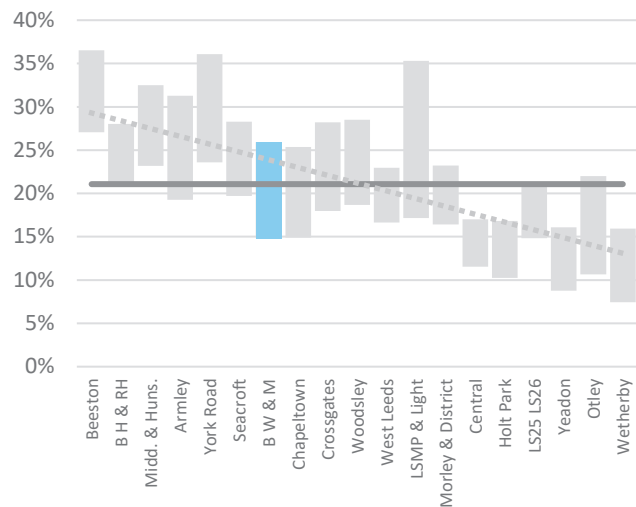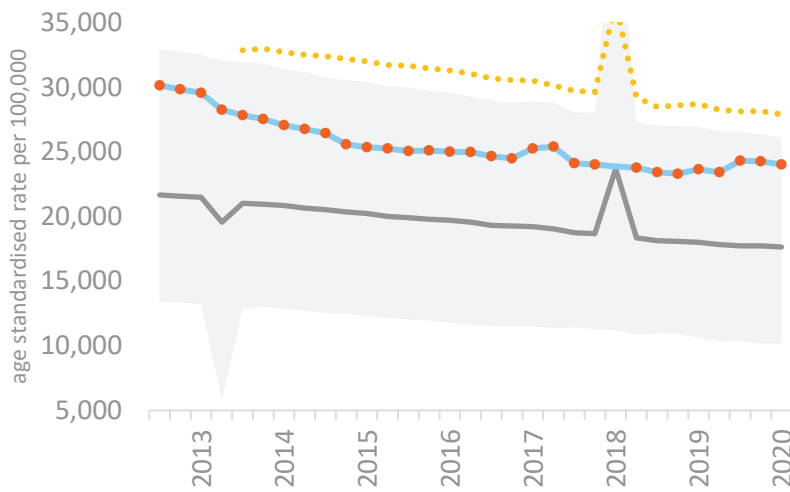
PCN NCMP data shows the students resident inside the PCN footprint, regardless of where their school is located. NCMP data is collected annually and sent to NHS Digital for national collation. NHS Digital return the processed data to local authorities and this is presented here.

Smoking (adults)

Change of smoking rates over time (adults)

In a time series we can see that rates have been falling steadily for many years.

This PCN has been far above the Leeds rate for many years and falling quite quickly, however it has recently begun to rise.

Deprived Leeds is very different to Leeds overall with much higher rates of smoking, however it is falling more quickly than Leeds overall.

Adult rates compared (January 2020) - ranked by deprivation
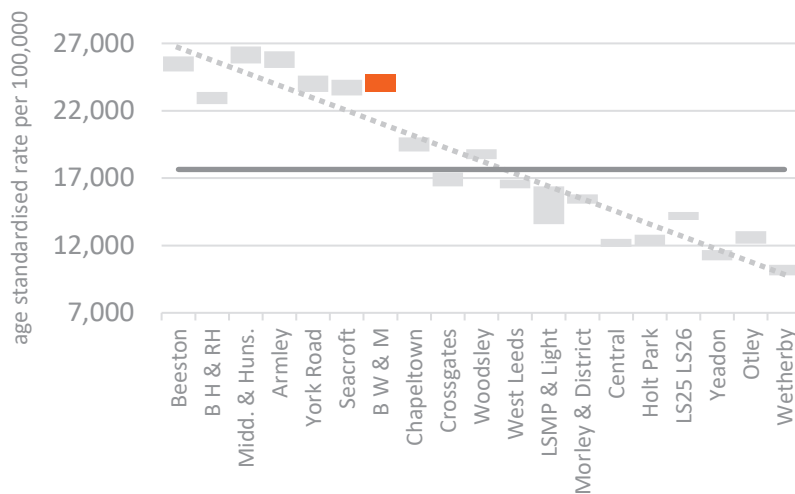
Overall, in January 2020, rates of smoking display an extremely strong relationship with deprivation - the grey dotted line slopes sharply.

Smoking is more common in all age groups as deprivation increases
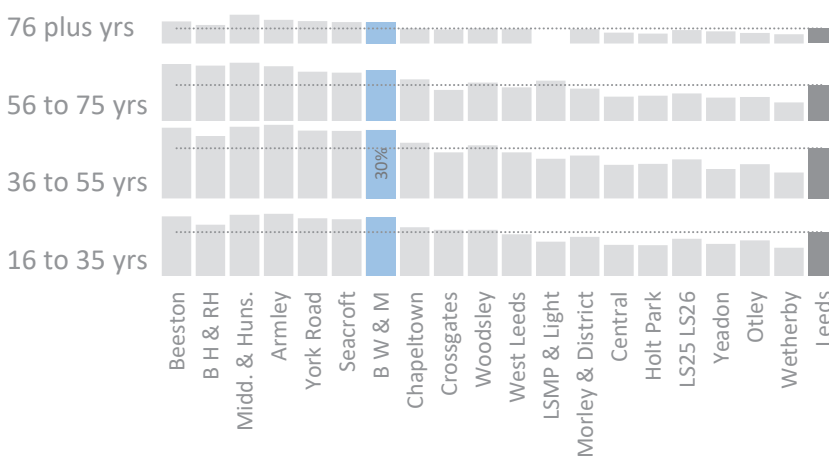
The proportion of each ageband who smoke. More deprived PCN populations generally have larger smoking rates in all agebands.

This PCN has high smoking rates in all agebands, except 76+ which is average.

The ageband with the highest smoking rate is 36 to 55 years, with a rate of 30%

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 (adults where BMI>30)
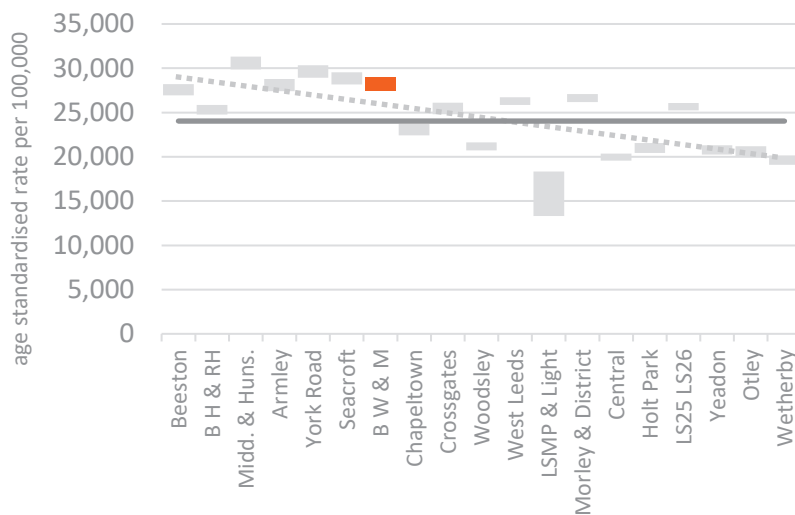
Change of obesity rates over time (adults)
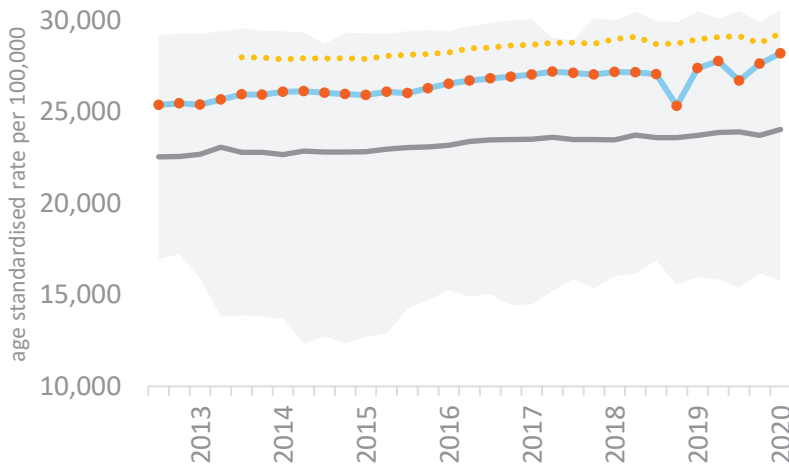
In a time series we can see that rates have been rising slowly for many years.

This PCN has been far above the Leeds rate for many years and rising more quickly too.
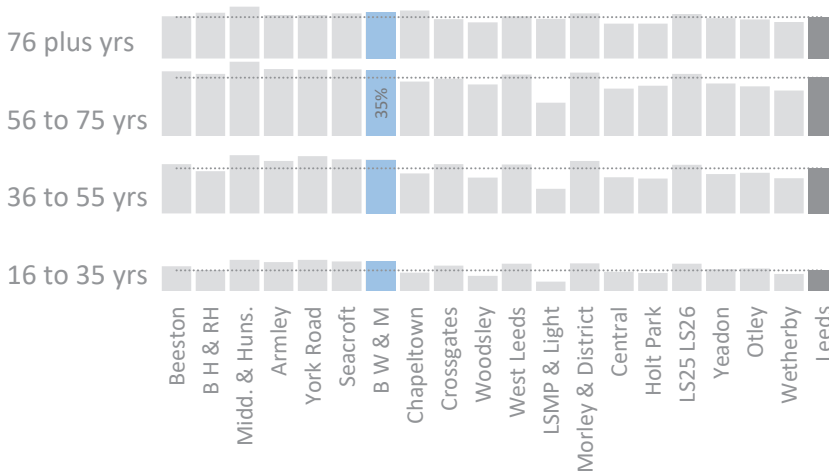
Deprived Leeds is much higher than Leeds overall, and rising at the same speed.

Adult rates compared (January 2020) - ranked by deprivation

Overall, in January 2020, rates of adult obesity display a reasonably strong relationship with deprivation - the grey dotted line is sloped but there is variation.

Obesity is more common in middle age as deprivation increases

The proportion of each ageband who are obese. More deprived PCN populations generally have larger obesity rates in all agebands. Older agebands tend to be more obese.

This PCN has above average obesity rates for all agebands, younger ages have more prevalence.

The ageband with the highest Obesity rate is 56 to 75 years, with a rate of 35%

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 (where both records were updated within 12 months)

PCN registered

Obese smokers in **Leeds**, *counts* by gender and deprivation
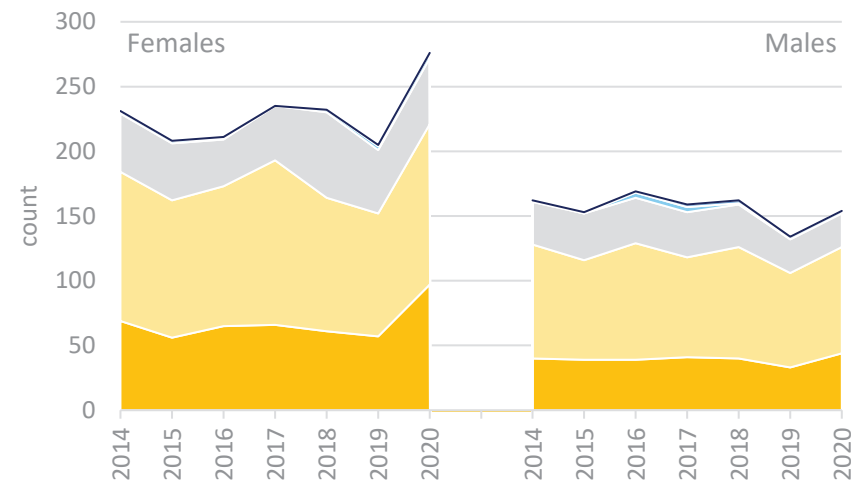

Females — Males
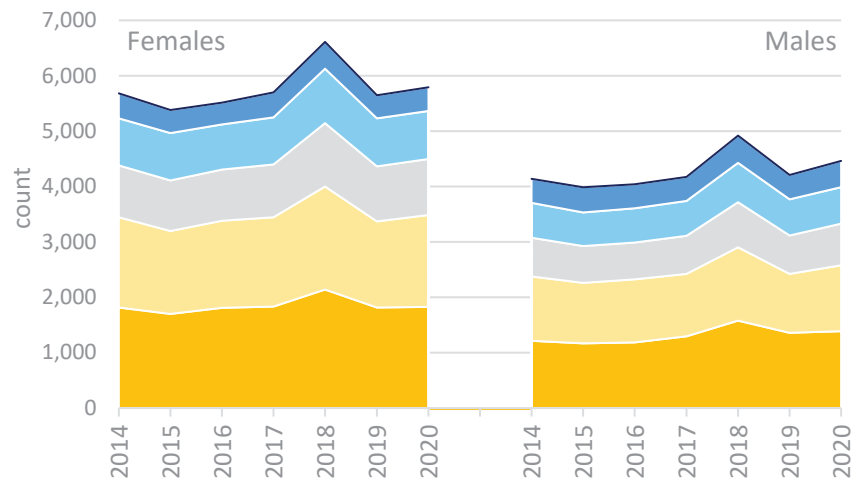
In January 2020 there were 10,252 Leeds registered and resident patients recorded as being obese and current smokers.

56% of these patients are female.

These charts show the numbers gradually rising since 2014, and the most deprived 5th of Leeds (dark orange) has always had the most patients.

Obese smokers, *counts* **in this PCN** by gender and deprivation

Females — Males

In this PCN…

These charts show the number of obese smokers in this PCN, by gender and deprivation.
In this PCN the female obese smokers outnumber the males greatly, and the overall trend was moving very slightly downward until 2020.

The most deprived part of this PCN was mainly static until recently, the 2nd most deprived areas were declining slowly.

Obese smokers are older in less deprived PCNs
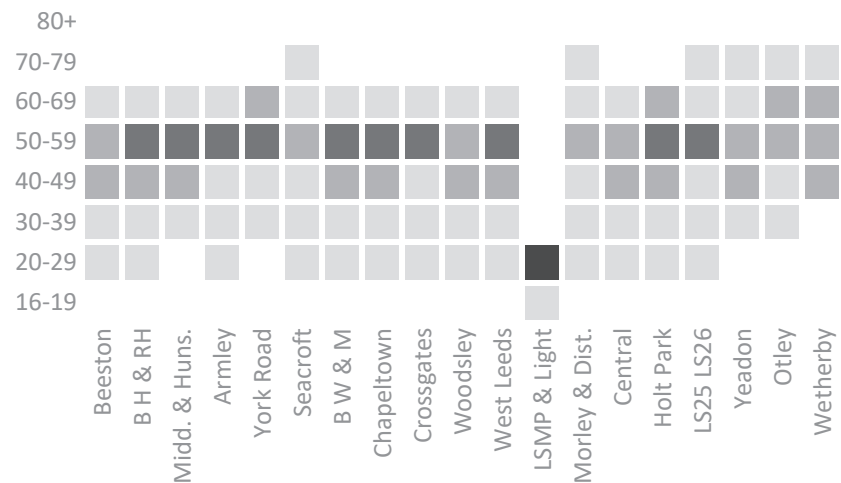
This table shows the agebands within each PCN that contribute the most to the PCN total of obese smokers.

For instance, the 50-59 ageband contains between 25% and 30% of the obese smoker population for most PCNs.

- greater than or equal to 30%
- greater than or equal to 25%
- greater than or equal to 20%
- greater than or equal to 10%

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)

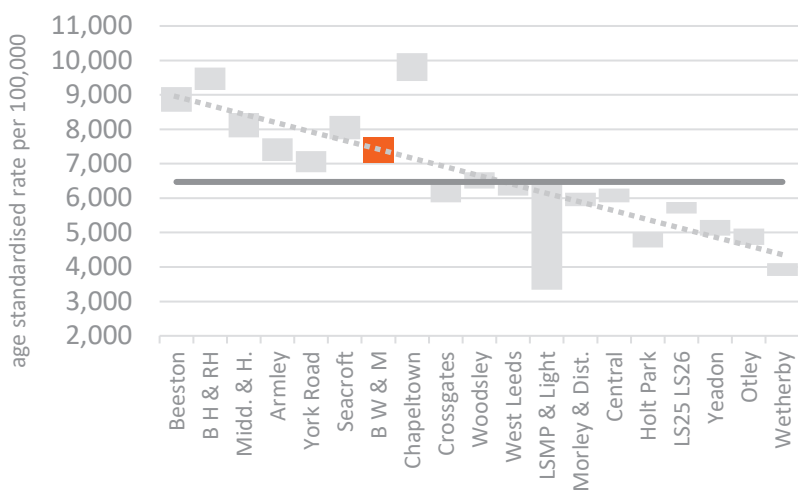## Change of diabetes rates over time
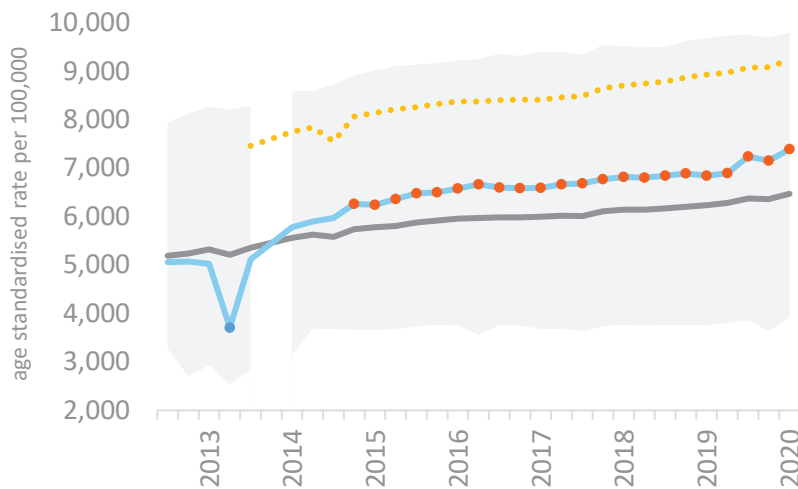
In a time series we can see that rates have been rising steadily for many years.

This PCN has been significantly above the Leeds rate for several years and is rising at the same rate.
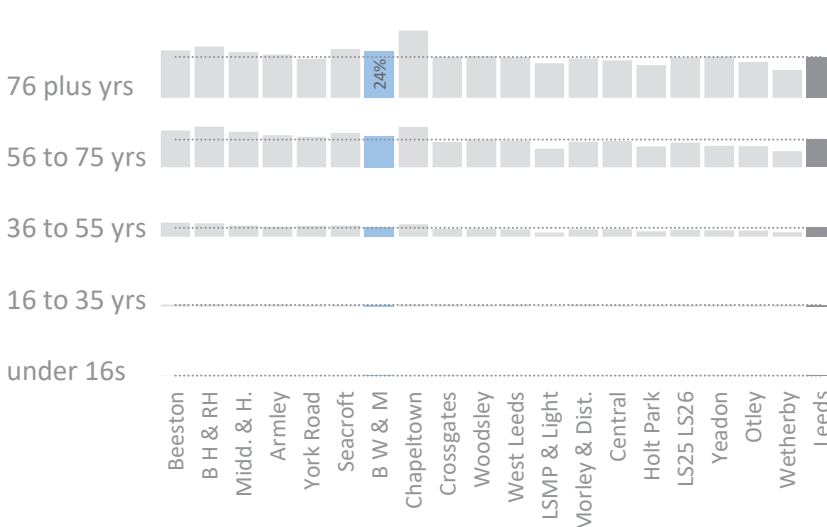
Deprived Leeds is much higher than Leeds overall, and rising more quickly.

Rates compared (January 2020) - ranked by deprivation

Overall, in January 2020, rates of adult diabetes display a very strong relationship with deprivation - the grey dotted line is clearly sloped.

Diabetes in older age is more common as deprivation increases

The proportion of each ageband recorded with diabetes. In general it is more prevalent in older age groups in more deprived PCN populations.

This PCN has above average diabetes rates for older agebands, younger ages are similar to Leeds.

The ageband with the highest diabetes rate is 76 plus years, with a rate of 24%

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.

Coronary heart disease (CHD) all ages
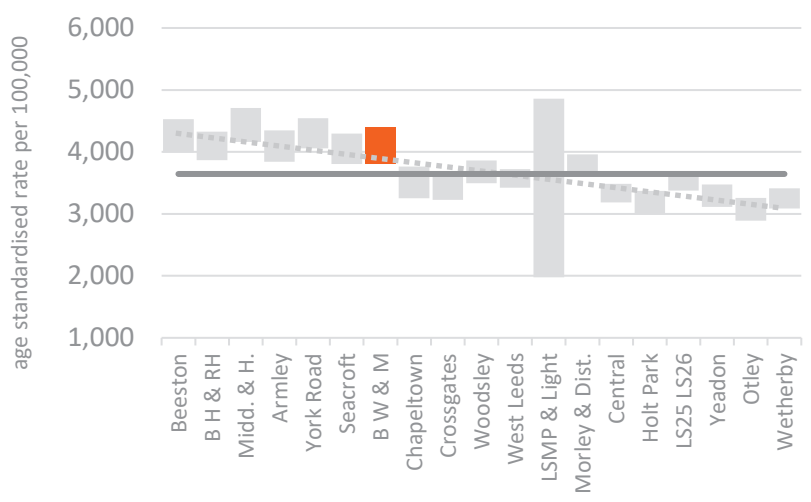
Change of CHD rates over time
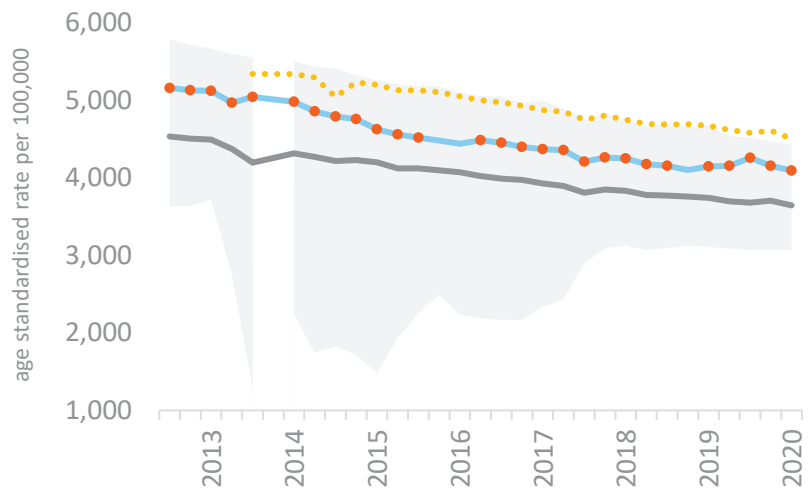
In a time series we can see that rates have been falling slowly for many years.

This PCN has been significantly above the Leeds rate for several years and is falling at more or less the same rate.
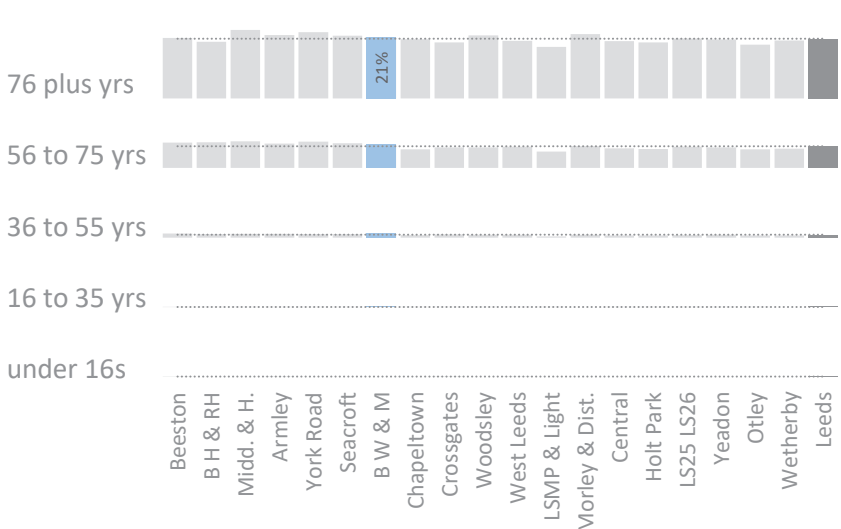
Deprived Leeds is much higher than Leeds overall, and falling slightly more quickly.

Rates compared (January 2020) - ranked by deprivation

Overall, in January 2020, rates of CHD display a clear relationship with deprivation - the grey dotted line is clearly sloping.

CHD in older age is slightly more common as deprivation increases

The proportion of each ageband recorded with CHD. It is very prevalent in the oldest age groups, slightly more so in more deprived PCN populations.

This PCN has average CHD rates for all agebands.

The ageband with the highest CHD rate is 76 plus years, with a rate of 21%

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.

Chronic obstructive pulmonary disorder (COPD) all ages

## Change of COPD rates over time
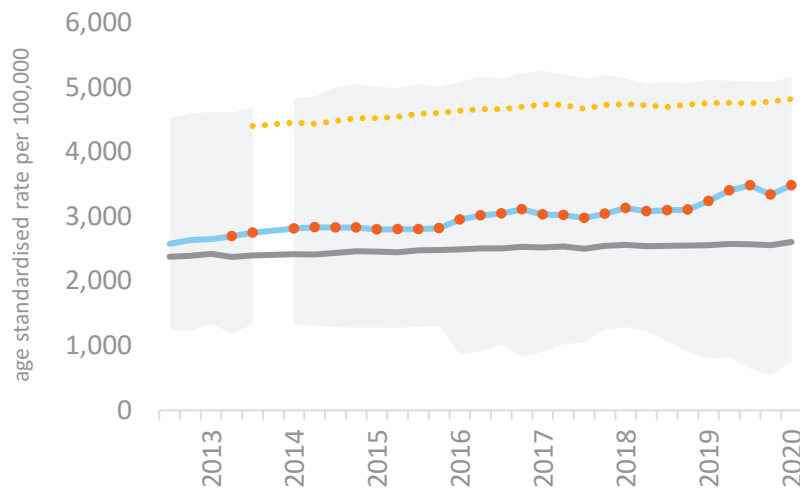
In a time series we can see that rates have been very slowly increasing for many years.

This PCN has been significantly above the Leeds rate for several years and is rising much more quickly in recent years.
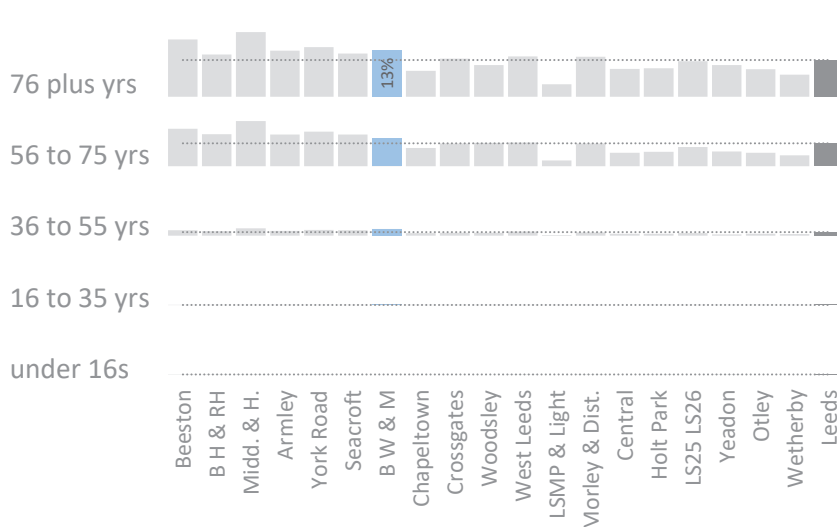
Deprived Leeds is much higher than Leeds overall, and rising while Leeds is almost static.

Rates compared (January 2020) - ranked by deprivation
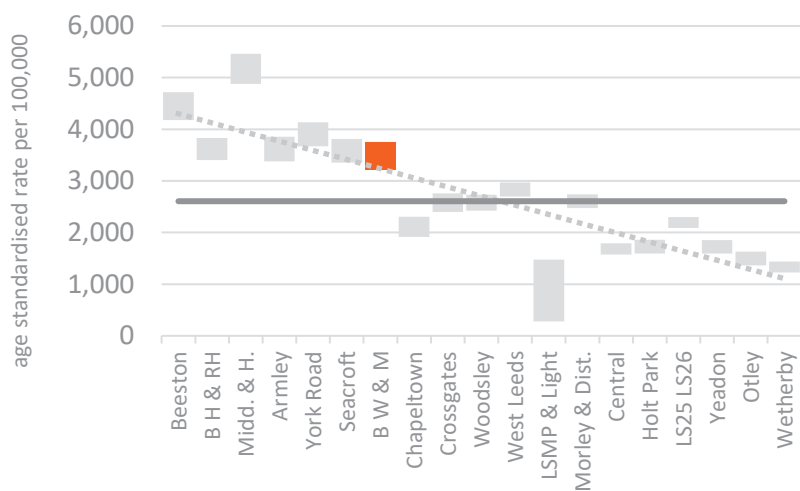
Overall, in January 2020, rates of COPD display a very strong relationship with deprivation - the grey dotted line is clearly sloping.

COPD is more common in older more deprived populations

The proportion of each ageband recorded with COPD. It is very prevalent in the oldest age groups, less so in the least deprived PCN populations.

This PCN has well above average COPD rates for older agebands.

The ageband with the highest COPD rate is 76 plus years, with a rate of 13%

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)

Change of Cancer rates over time
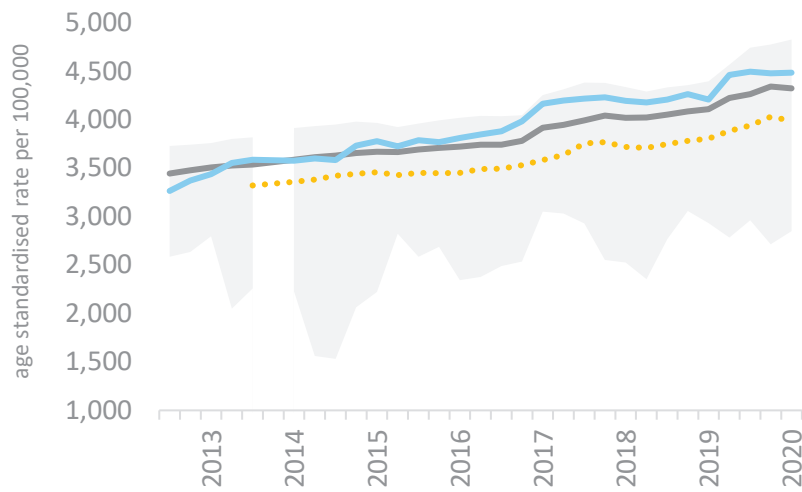
In a time series we can see that rates have been climbing steadily for many years.

This PCN has been slightly above the Leeds rate for several years but is not significantly higher.

Deprived Leeds is lower than Leeds overall, this is thought to be due to higher cancer mortality, possibly a result of late diagnosis.

Rates compared (January 2020) - ranked by deprivation
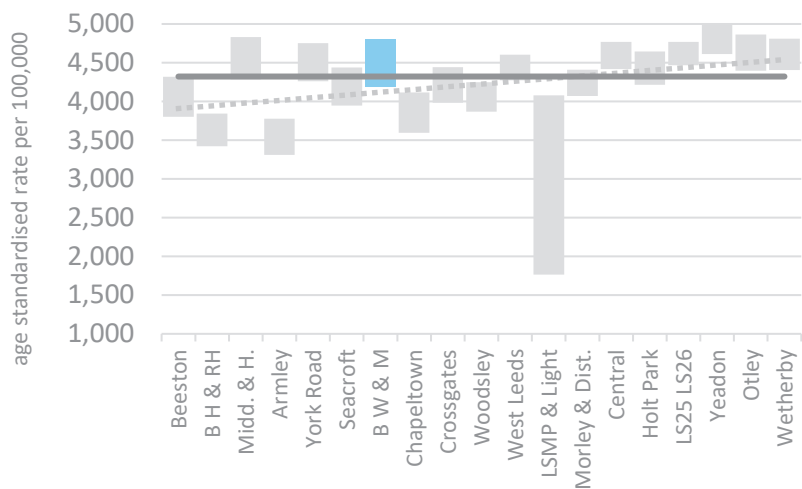
Overall, in January 2020, rates of cancer display a weak inverted relationship with deprivation - the grey dotted line is sloped slightly showing lower rates in more deprived PCN populations.

Cancer is more common in older less deprived populations
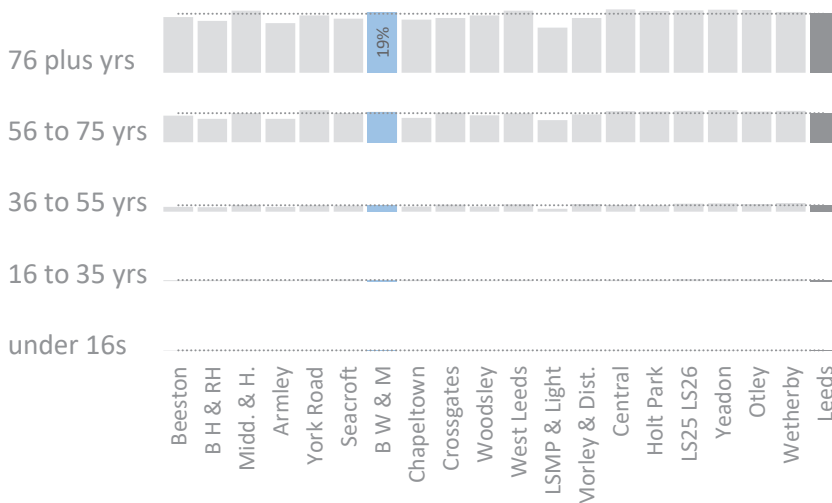
The proportion of each ageband recorded with cancer. It is very prevalent in the oldest age groups, more so in the least deprived PCN populations.

This PCN has average cancer rates in all agebands.

The ageband in this PCN with the highest Cancer rate is 76 plus years, with a rate of 19%

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.

Common mental health issues (CMH) all ages

PCN registered

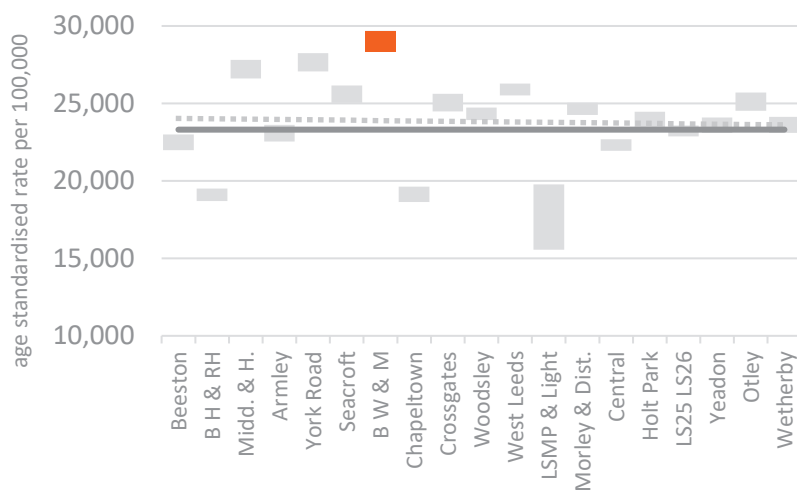### Change of common mental health rates over time
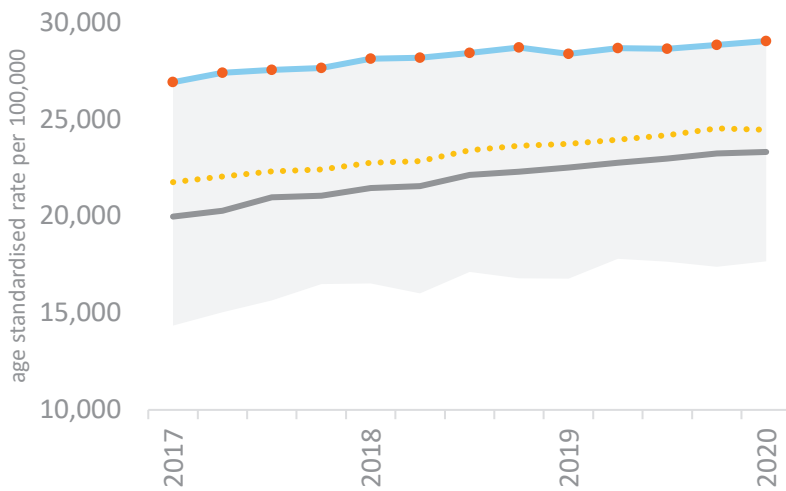
In a time series we can see that rates have been climbing steadily for many years.

This PCN has been significantly above the Leeds rate, and the highest in the city for several years.

Deprived Leeds is higher than Leeds overall and increasing at the same rate.

Rates compared (January 2020) - ranked by deprivation

Overall, in January 2020, rates of common mental health don't really display a relationship with deprivation - the grey dotted line barely slopes and PCN rates vary a lot. This may indicate low recording or presentations in some areas.

CMH does not vary much by age group or deprivation
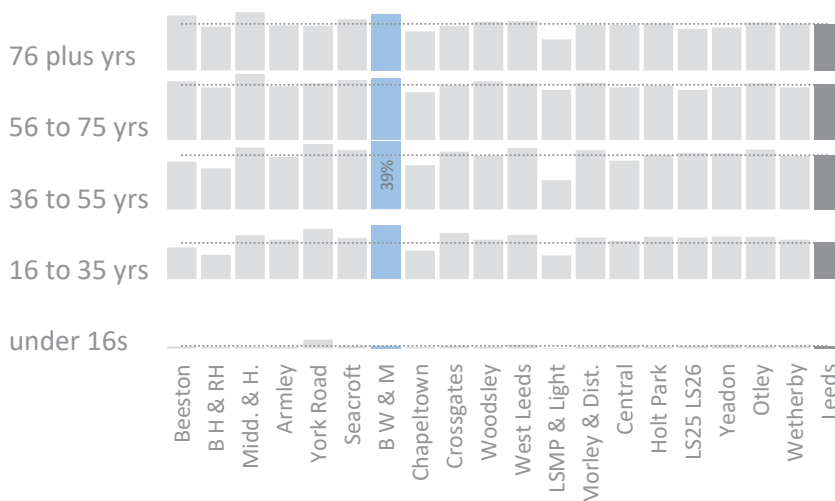
The proportion of each ageband recorded with common mental health issues. It is very prevalent in most age groups.

This PCN has very high CMH rates for all agebands especially 16-55 years.

The ageband in this PCN with the highest rate of recorded common mental health issues is 36 to 55 years, with a rate of 39%
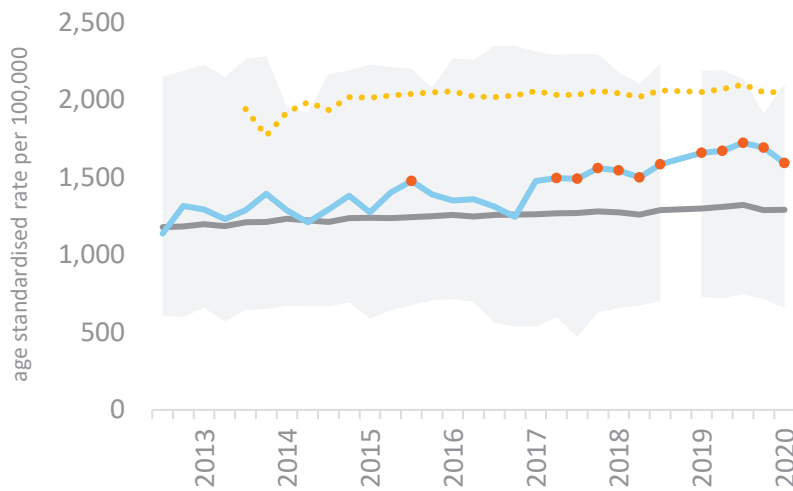
This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.

Severe mental health issues (SMH) ages 18+

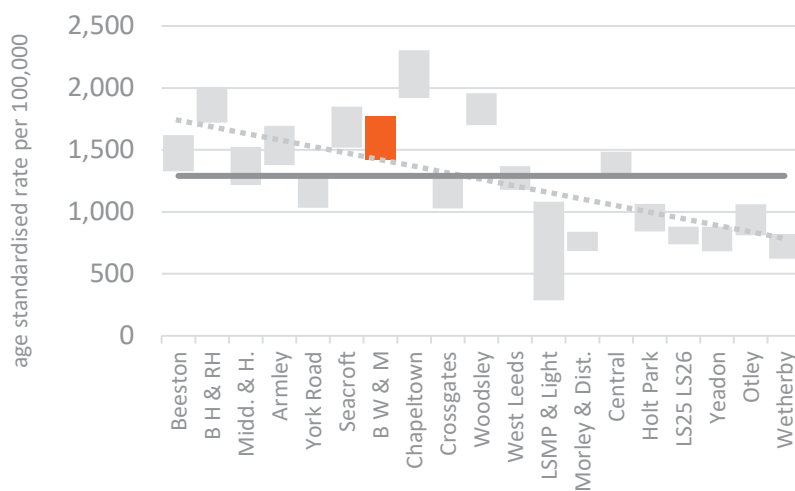## Change of severe mental health rates over time (18+)

In a time series we can see that rates have been climbing very slowly for many years.

This PCN has been higher than Leeds for years and is now significantly above the city.

Deprived Leeds is much higher than Leeds overall and increasing at the same slow rate.

Rates compared (January 2020) - ranked by deprivation

Overall, in January 2020, rates of severe mental health display a very strong relationship with deprivation - the grey dotted line slopes steeply.

SMH is more common in older more deprived populations
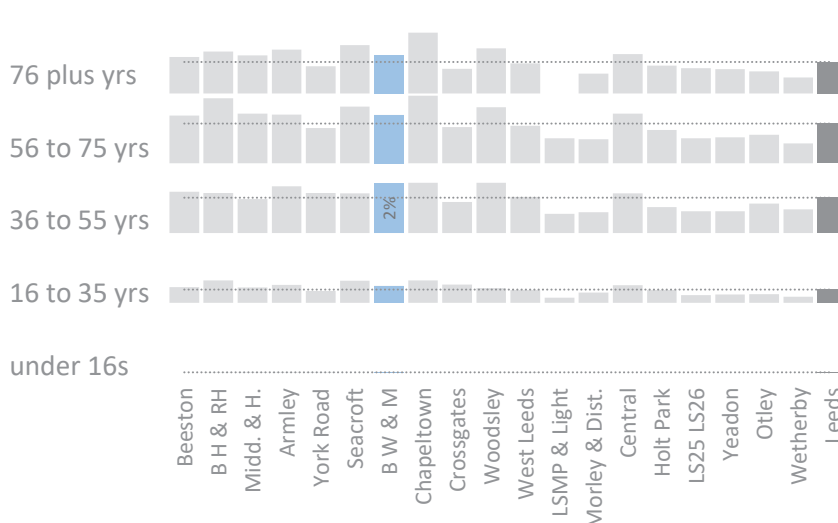
The proportion of each ageband recorded with serious mental health issues. It is prevalent in the older age groups, more so in the most deprived PCN populations.

This PCN has above average SMH rates for all agebands especially 36-55.

The ageband in this PCN with the highest rate of recorded severe mental health issues is 36 to 55 years, with a rate of 2%

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.

Frailty - moderate and severe, March 2019

### Moderate frailty, age standardised rates per 1,000
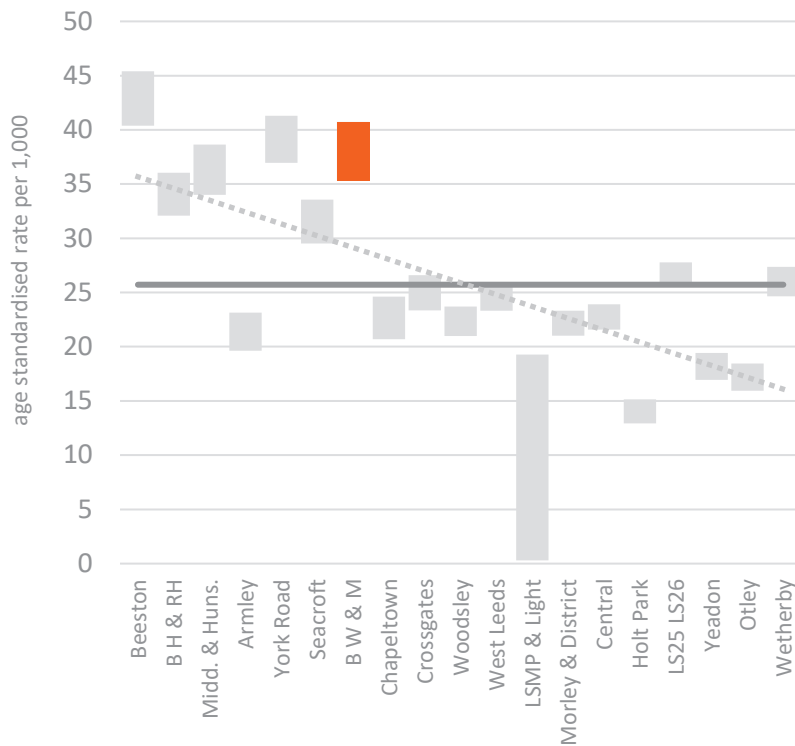
Moderate frailty rates per 1,000 show a strong relationship with deprivation.

Despite outliers the picture is of higher rates in more deprived PCN populations, and lower rates in less deprived PCNs.

'LSMP & The Light' PCN has a very low rate and a very wide range of confidence, the population contains few elderly patients hence the wide range.

Wetherby PCN however has an average rate of frailty despite its position as least deprived PCN population in the city.

Severe frailty, age standardised rates per 1,000
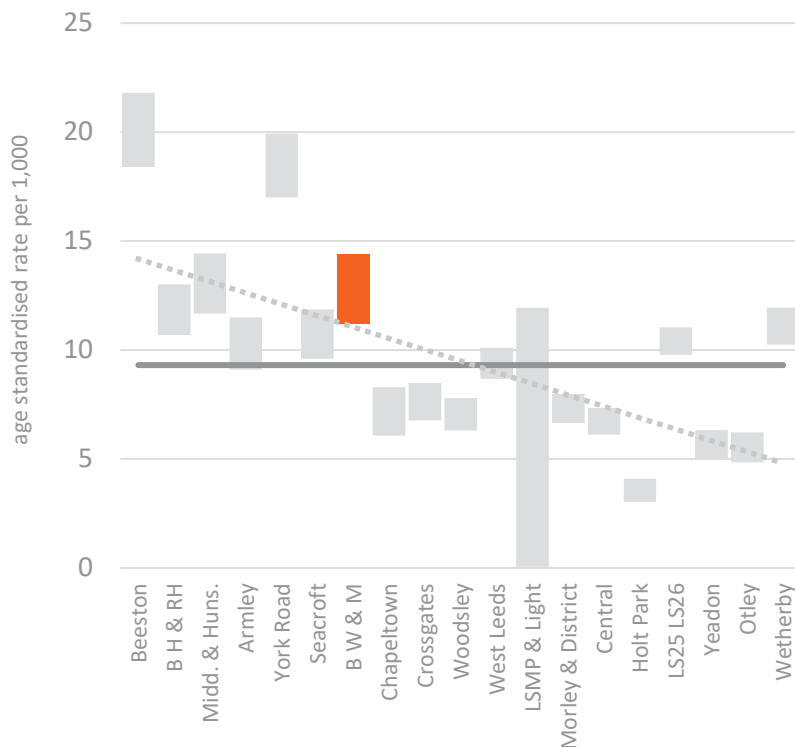
Severe frailty also has a strong relationship with deprivation, and again Wetherby PCN stands out as having a rate well above average.
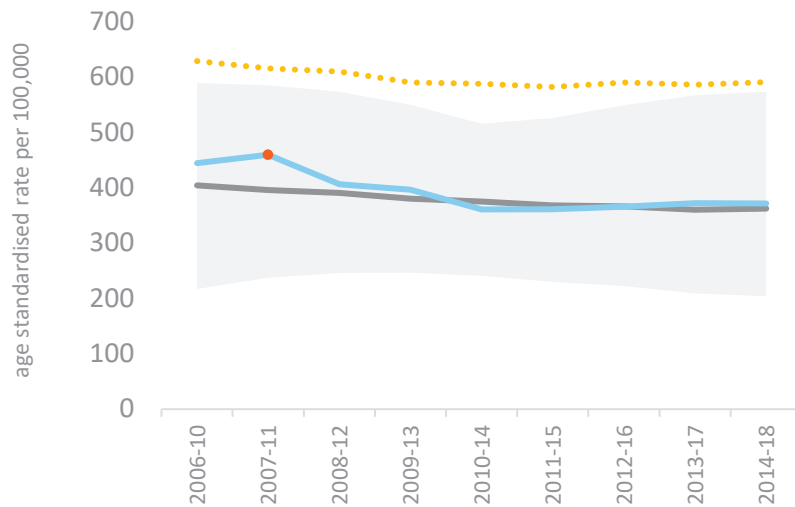
Age standardisation of this data has removed age as a factor in differences so there is another reason for this. It could perhaps be improved recording or presentation by patients.

Source: Leeds Data model March 2019

All cause mortality (under 75s)
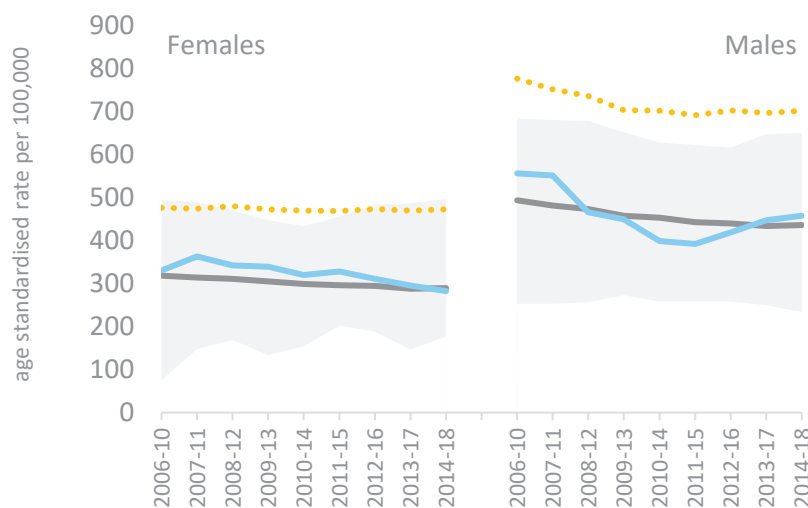
Change in overall mortality rate over time

In a time series we can see that rates have been dropping very slowly for many years.

This PCN has always been close to the city average, recent data perhaps shows slow increases.

Deprived Leeds is much higher than Leeds overall and decreasing at the same slow rate.
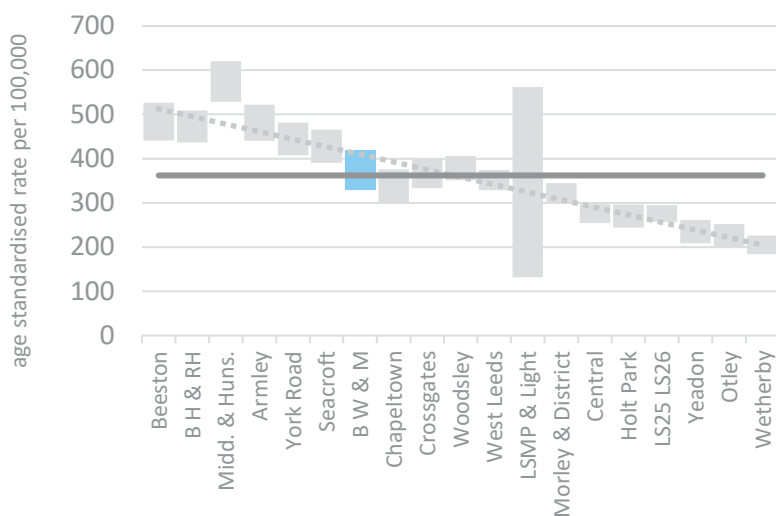
Female and male rates over time

An overall mortality rate often hides very different rates for the different sexes. Here are the separate female and male rates.

Female data is dropping very slowly but male mortality recently has risen fast, driving the overall increases in mortality for the PCN.

Rates compared (2014-18) - ranked by deprivation

Overall mortality rates are shown here for all PCNs, there is a strong and consistent link with deprivation where less deprived PCN populations have lower mortality rates.
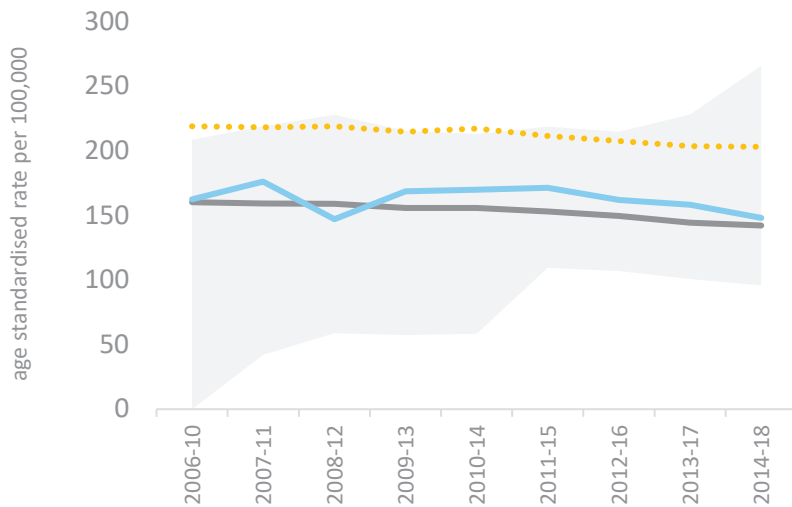
Two PCNs have a rate higher than this PCN, and six are lower.

Source: ONS, GP registered populations

Cancer mortality (under 75s)

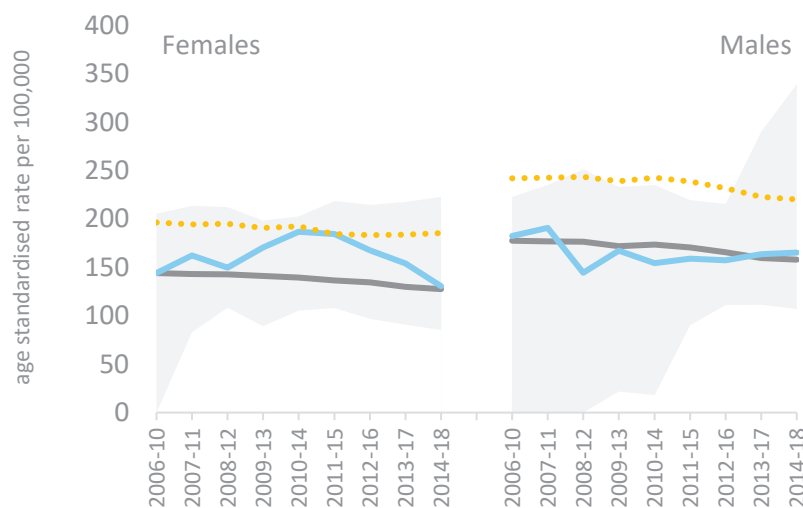### Change in overall mortality rate over time

In a time series we can see that rates have been falling very slowly for many years.

This PCN has been slightly higher than Leeds for many years, but in recent data it is perhaps falling closer to average.
Deprived Leeds is much higher than Leeds overall and decreasing at the same slow rate.
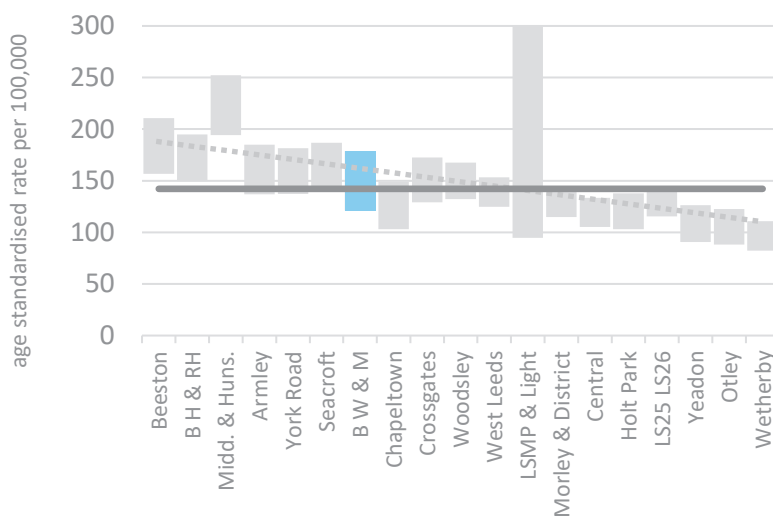
Female and male rates over time

An overall mortality rate often hides very different rates for the different sexes. Here are the separate female and male rates.

Female rates have been very variable but never significantly above Leeds. Male rates are steadier.

Rates compared (2014-18) - ranked by deprivation

Overall mortality rates are shown here for all PCNs, there is a clear and consistent link with deprivation where less deprived PCN populations have lower mortality rates.
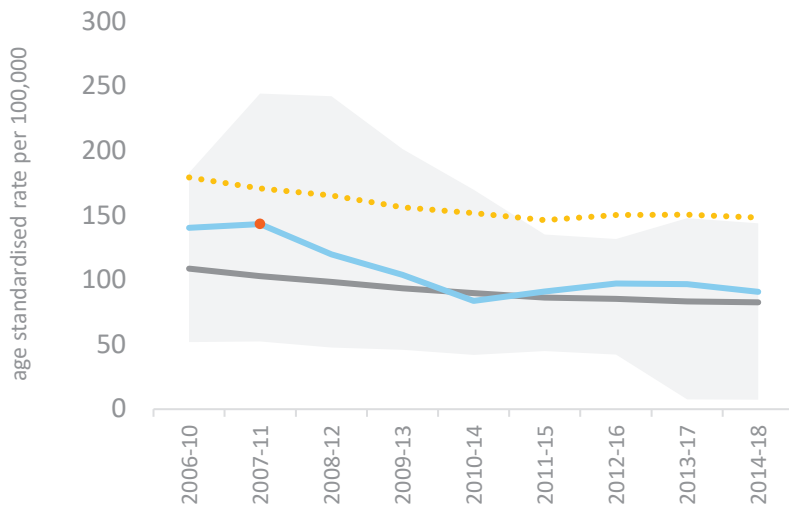
This PCN has a rate significantly higher than two of the least deprived PCNs.

Source: ONS, GP registered populations

Circulatory disease mortality (under 75s)

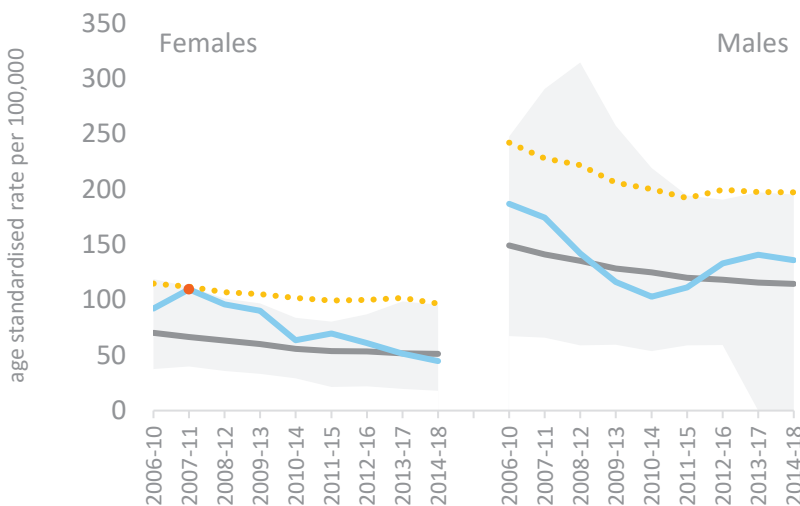## Change in overall mortality rate over time

In a time series we can see that rates have been falling very slowly for many years.

This PCN has always been slightly above the Leeds rate, but it is falling more quickly than the city and is now very close to average.
Deprived Leeds is much higher than Leeds overall and decreasing at the same slow rate.

Female and male rates over time

An overall mortality rate often hides very different rates for the different sexes. Here are the separate female and male rates.

Female rates have fallen slowly in recent years and are now slightly below Leeds. However male rates have fluctuated a lot but are still around the city average.

Rates compared (2014-18) - ranked by deprivation
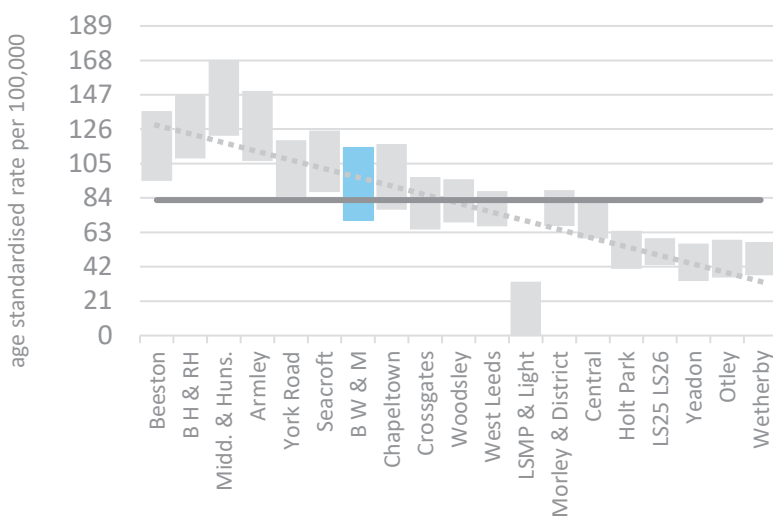
Overall mortality rates are shown here for all PCNs, there is a clear and consistent link with deprivation where less deprived PCN populations have lower mortality rates.
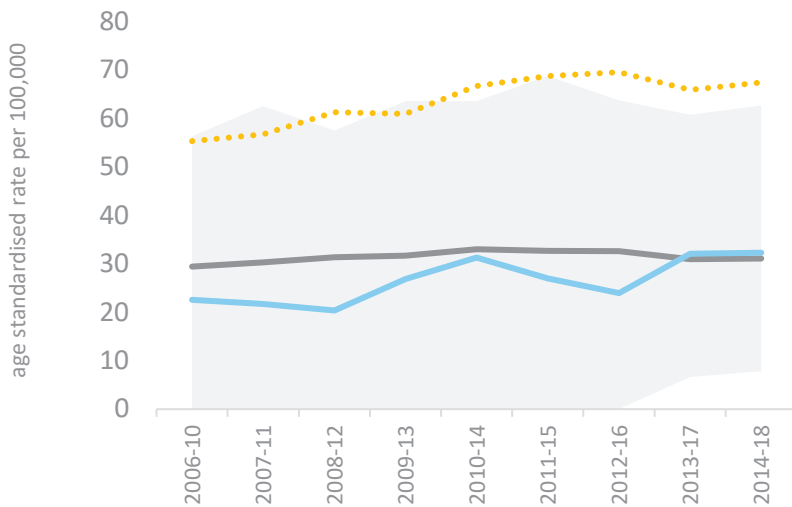
This PCN has an average rate that is significantly higher than six less deprived PCNs.

Source: ONS, GP registered populations

Respiratory disease mortality (under 75s)

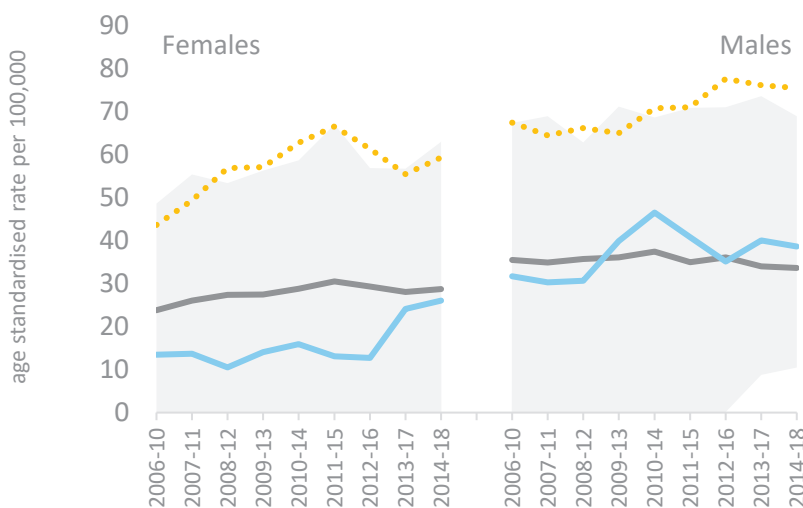## Change in overall mortality rate over time

In a time series we can see that the Leeds rate has been rising very slowly for many years.

This PCN has always been slightly below the Leeds rate, but it is has recently climbed and matched it.

Deprived Leeds is much higher than Leeds overall and increasing much more quickly.

Female and male rates over time

An overall mortality rate often hides very different rates for the different sexes. Here are the separate female and male rates.

Female rates have risen in recent years and are now close to Leeds. However male rates have fluctuated a lot but are still around the city average.

Rates compared (2014-18) - ranked by deprivation
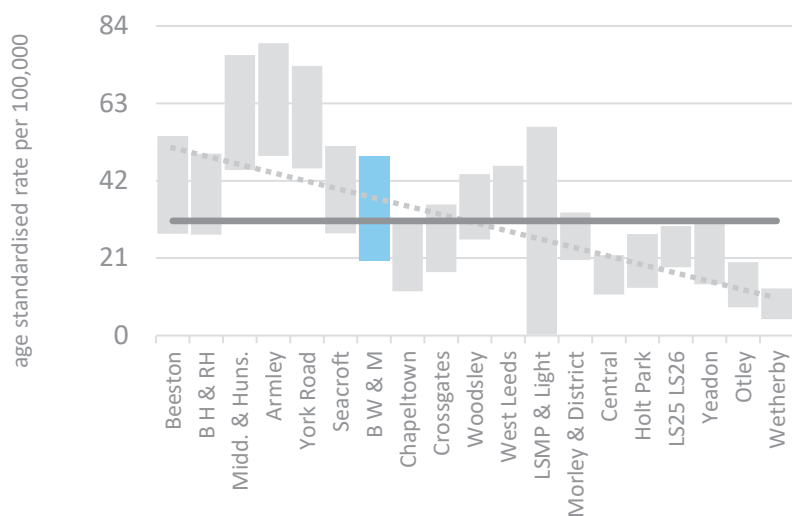
Overall mortality rates are shown here for all PCNs, there is a relatively consistent link with deprivation where less deprived PCN populations have lower mortality rates.
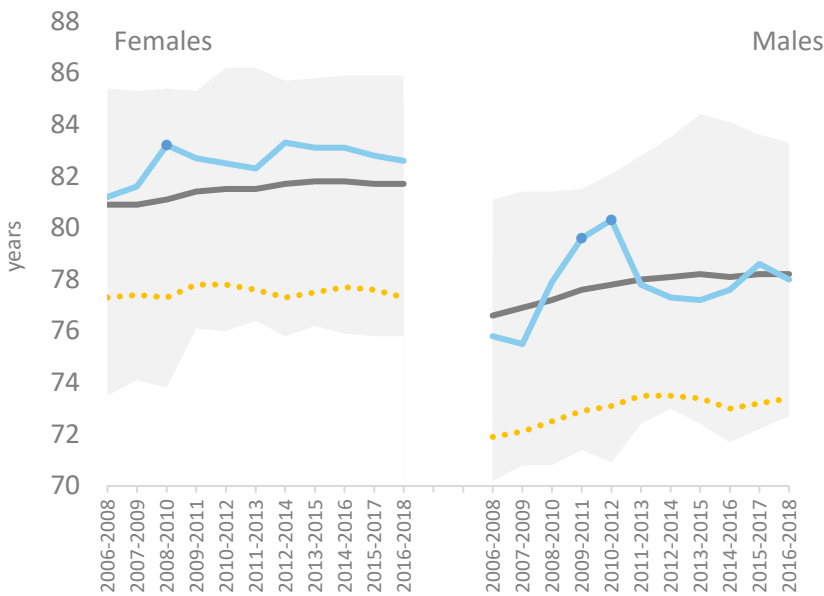
There is a clear and strong link between deprivation and mortality. This PCN has an average rate that is significantly higher than the two least deprived PCNs.

Source: ONS, GP registered populations

Life expectancy

## Change in life expectancy over time

In a time series we can see that rates have been climbing slowly for many years. Male figures are improving more quickly but still generally lower than females.

This PCN has been around Leeds levels or higher for a long time, both sexes are following the same trend as Leeds.

Deprived Leeds is much lower than Leeds overall and more or less static while Leeds slowly improves.

Female and male life expectancy in 2016-18, all PCNs
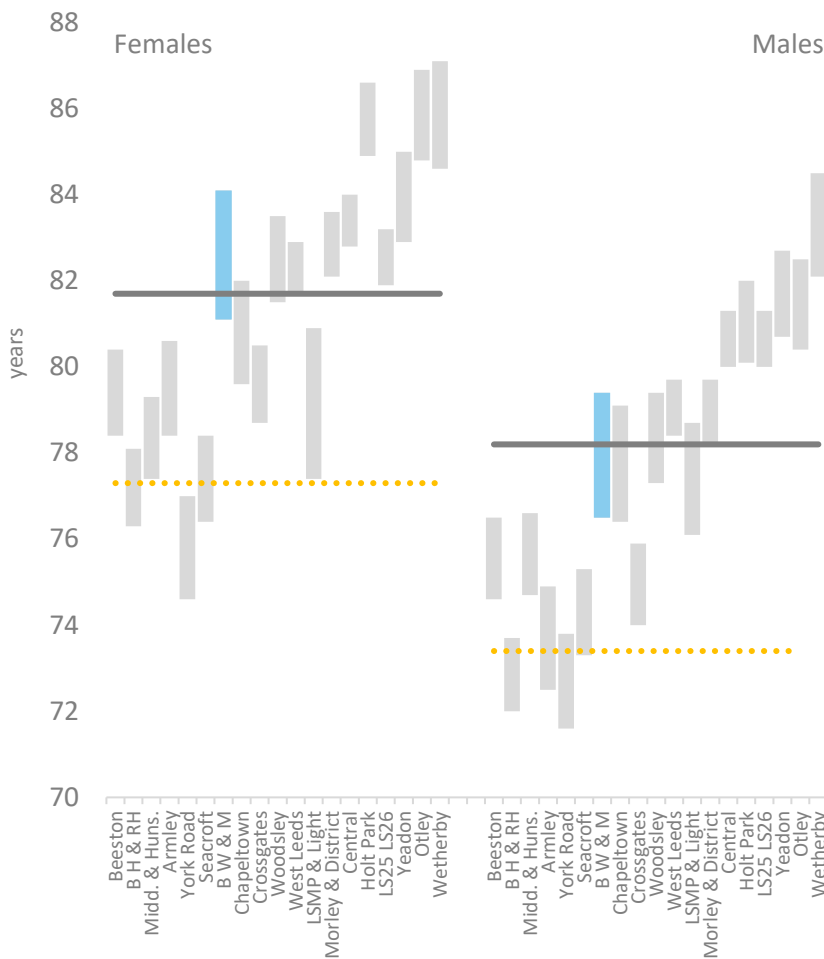
Life expectancy 95% confidence interval ranges are shown here. PCNs are ranked by *footprint* deprivation scores and those with lower deprivation have much higher life expectancy.

The link to deprivation is especially clear for males.

In 2016-18 the PCN footprint is no different to that of Leeds. Female life expectancy is very close to being significantly higher than Leeds.

The PCN footprint has life expectancies which are very different to similar PCNs such as Chapeltown and Seacroft.

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.
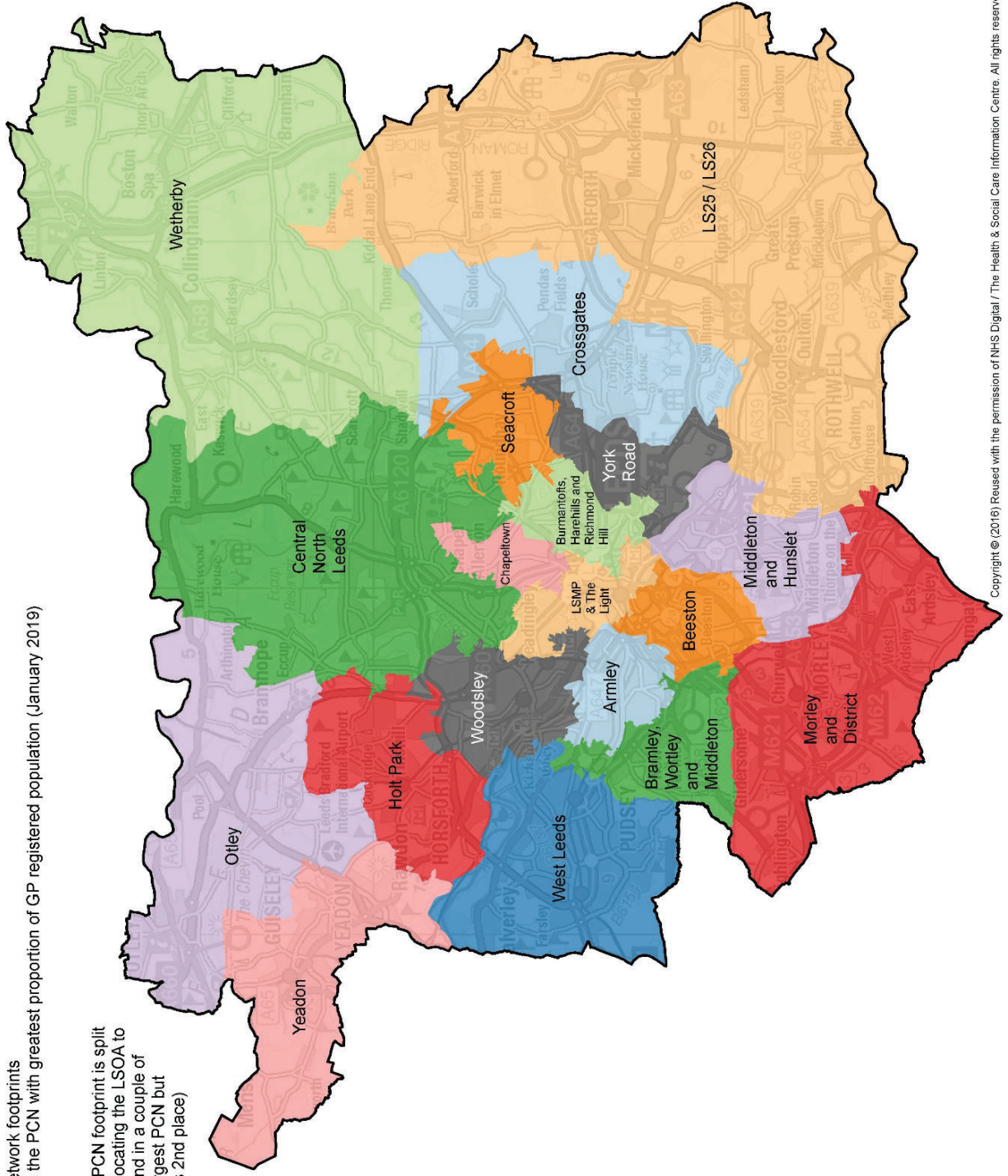
PCN footprints

Leeds Primary Care Network footprints
LSOAs are allocated to the PCN with greatest proportion of GP registered population (January 2019)

(13 instances where a PCN footprint is split into two are fixed by allocating the LSOA to the 2nd largest PCN, and in a couple of cases this is the 3rd largest PCN but virtually the same % as 2nd place)

Small areas called LSOAs were allocated to the PCN with the most registered patients living there.

Some small adjustments were made to ensure PCN footprints were contiguous areas. It is possible for a practice to be located in another PCN footprint.

Wetherby

LS25 / LS26

Crossgates

Seacroft

York Road

Central North Leeds

Harewood

Burmantofts, Harehills and Richmond Hill

Chapeltown

Middleton and Hunslet

LSMP & The Light

Beeston

Branhope

Armley

Woodsley

Bramley, Wortley and Middleton

Holt Park

Morley and District

HORSFORTH

Otley

West Leeds

GUISELEY

PUDSEY

Yeadon