Holt Park Primary Care Network introduction

Summary of report

Holt Park PCN has fewer young adults than most PCNs and most patient live in less deprived parts of Leeds, the “White British” ethnic group is larger here than in Leeds.

All heath conditions are significantly better than Leeds, except for cancer which is average and common mental health conditions which are significantly higher than the city. Cancer rates tend to be higher in less deprived populations, this is thought to be due to earlier presentation and improved survival rates.

Frailty and under 75 mortality rates are very good, and life expectancy is also very high.

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:
B86004 High Field Surgery, B86044 Ireland Wood & Horsforth Medical Practice, B86074 Fieldhead 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.

Holt Park Primary Care Network

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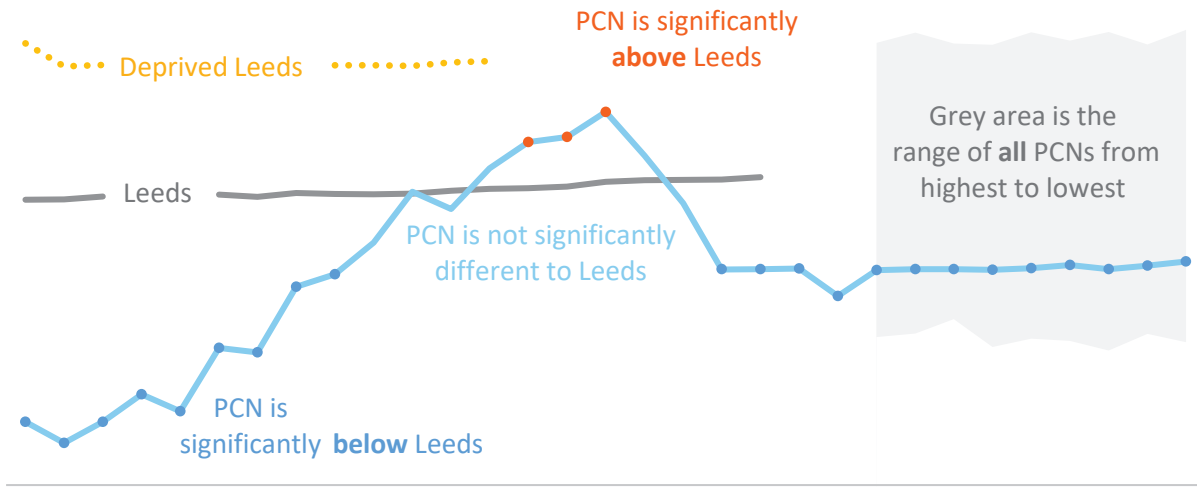
* Some datasets cannot be grouped by practice and are shown by PCN *footprint* area instead. See Introduction page for more details.

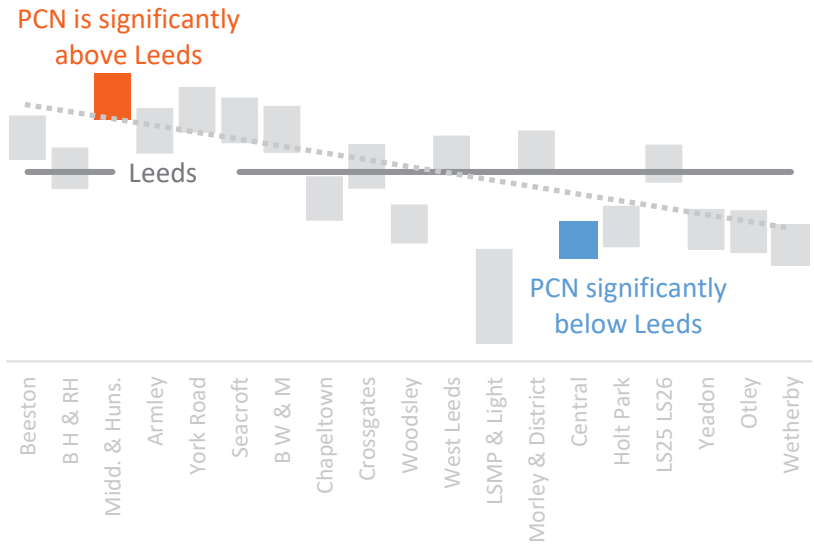
About the charts used in this profile

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



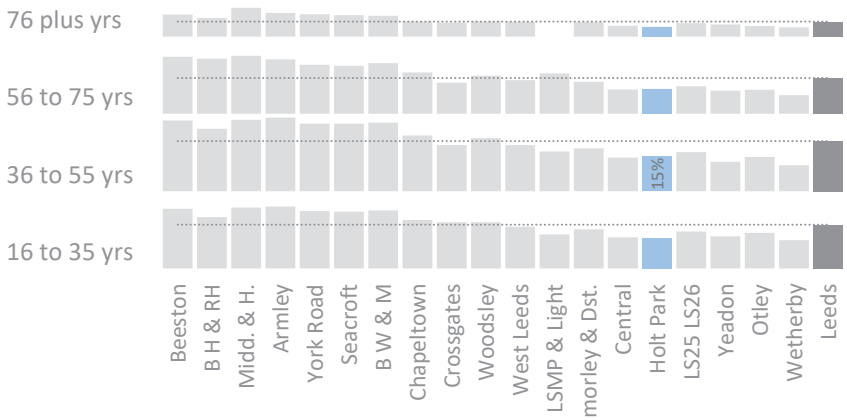
Comparing rates, PCNs ranked by deprivation example



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



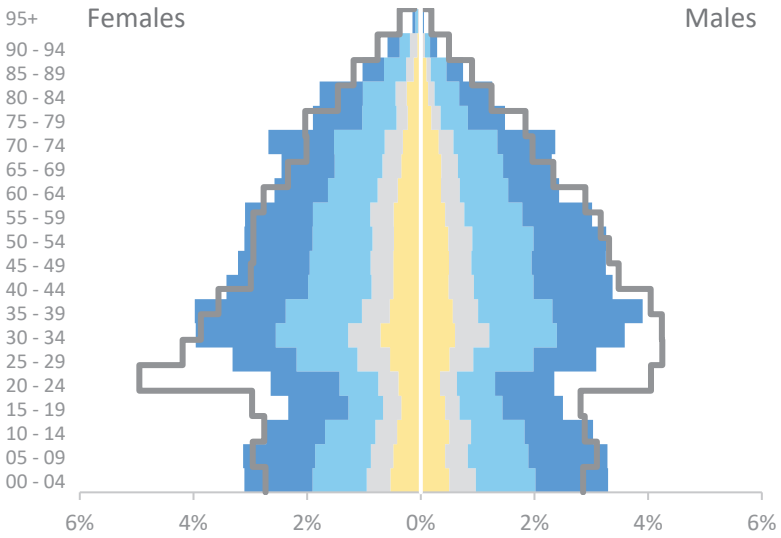
The proportion of each ageband with this condition. In this example more deprived PCN populations have larger rates in all agebands but the rate is quite steady for over 75s in all PCNS.

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

PCN registered

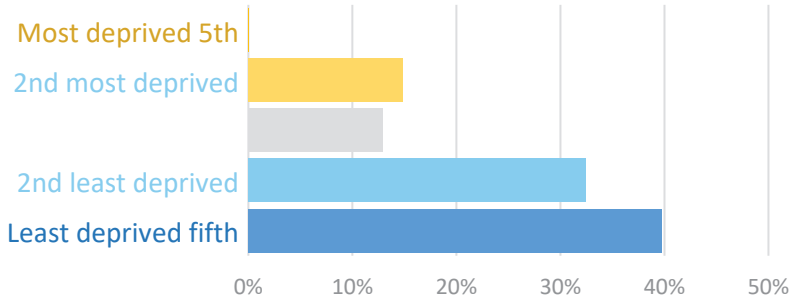
Age structure of this PCN, compared to **Leeds in grey**



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.

Holt Park Primary Care Network is similar to Leeds except it has slightly more young children, fewer aged 15-29, and more aged 70-74.

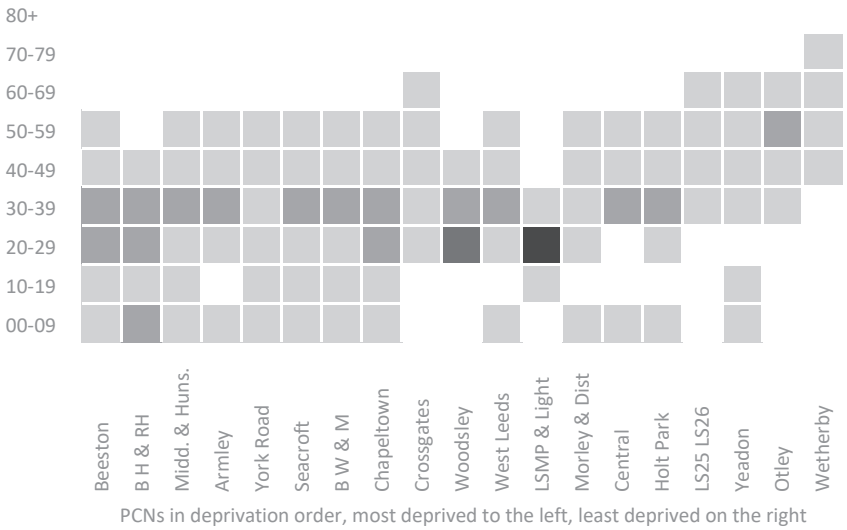
Deprivation in this PCN population



Leeds can be divided into five groups, from **most** to **least** deprived.

Most PCN patients live in the least deprived areas of Leeds, virtually none within the most deprived fifth.

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.

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

PCN registered

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

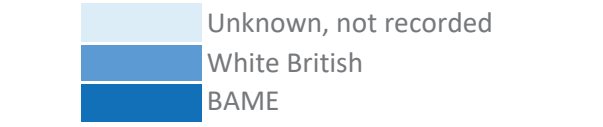
In 2020 this PCN has a much smaller proportion of BAME patients than Leeds. 17% compared to 29%

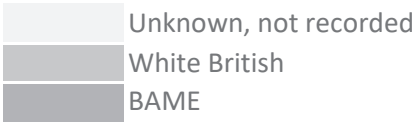
The PCN shows a dramatic change in recording rates and currently a lower BAME proportion than Leeds.

Leeds BAME change over time

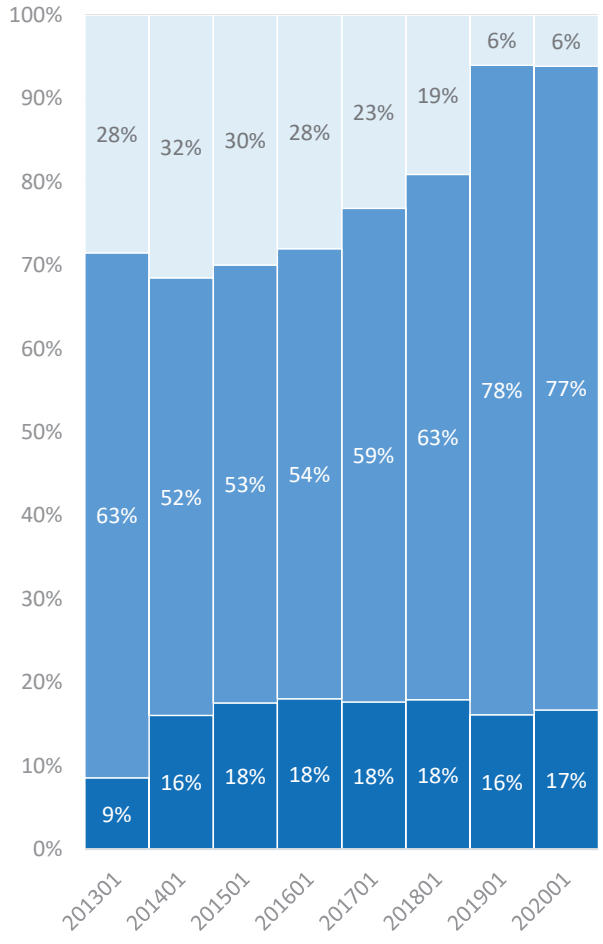
29% of the Leeds registered population falls into the BAME category in 2020.

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

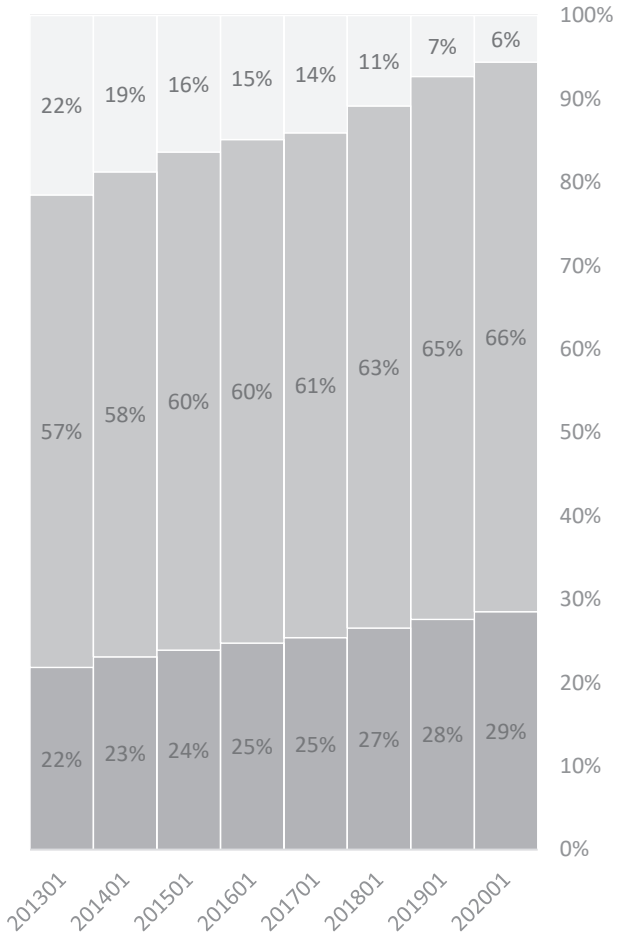




Holt Park



Leeds overall



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

PCN registered

PCN population age change over time

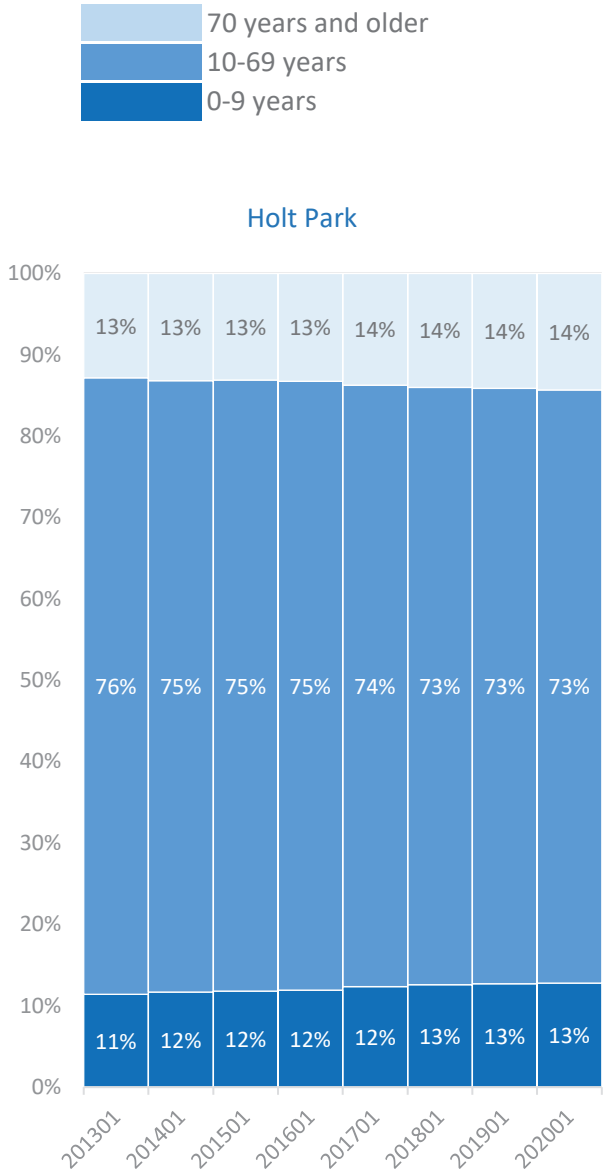
In 2020 this PCN has a similar proportion of young patients to Leeds, 13% compared to 12%

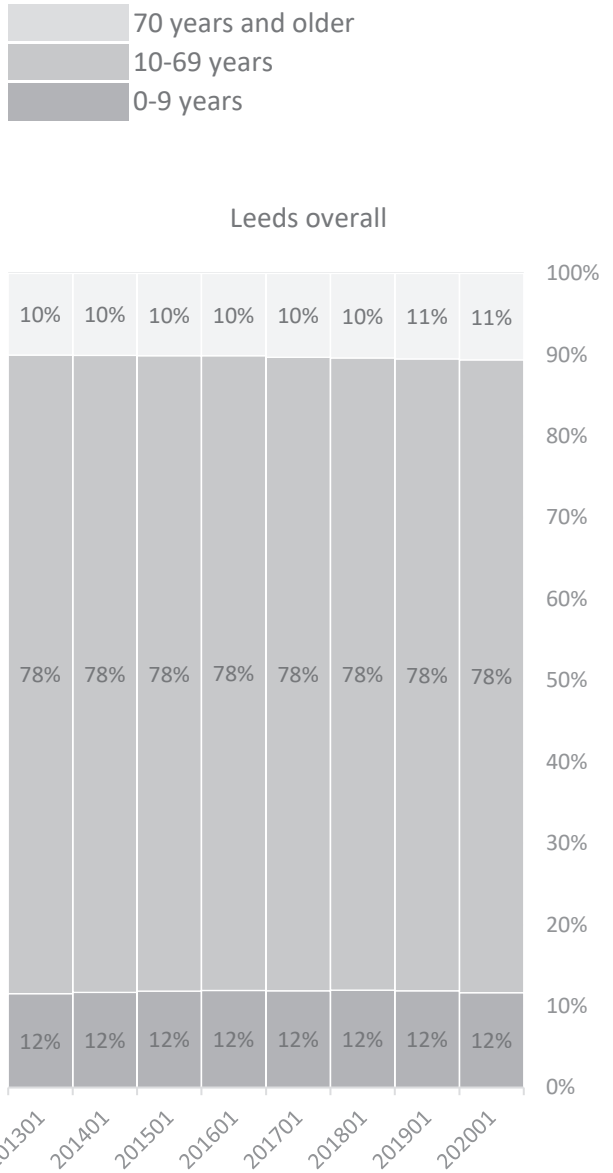
In terms of the older population, 14% of the PCN are aged 70 or more - larger than Leeds at 11%

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.

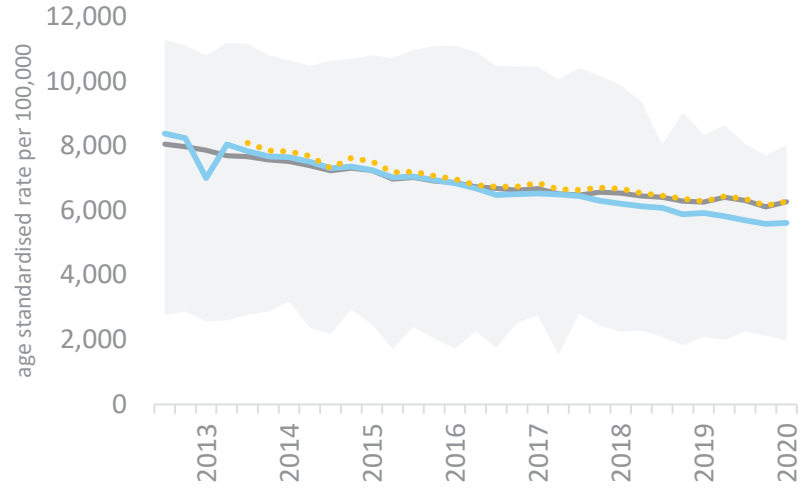




Asthma in children

PCN registered

Change of asthma rates over time (under 16s)

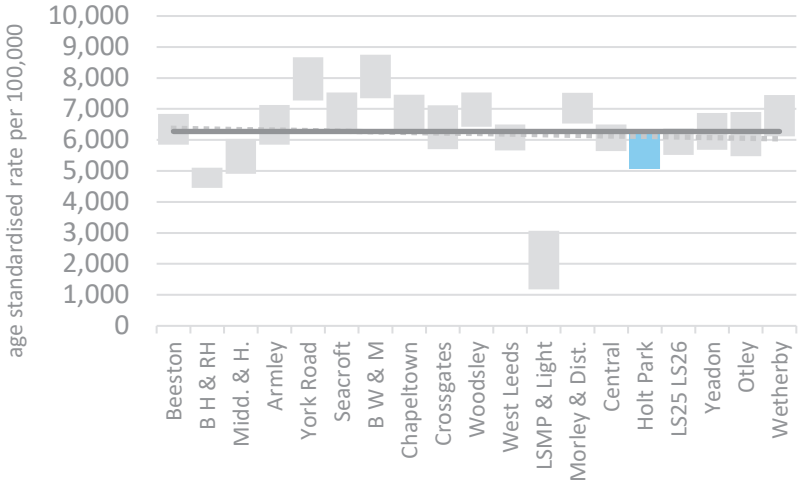


In a time series we can see that generally rates have been falling for many years.

This PCN is virtually identical to the Leeds rates and has been for some time.

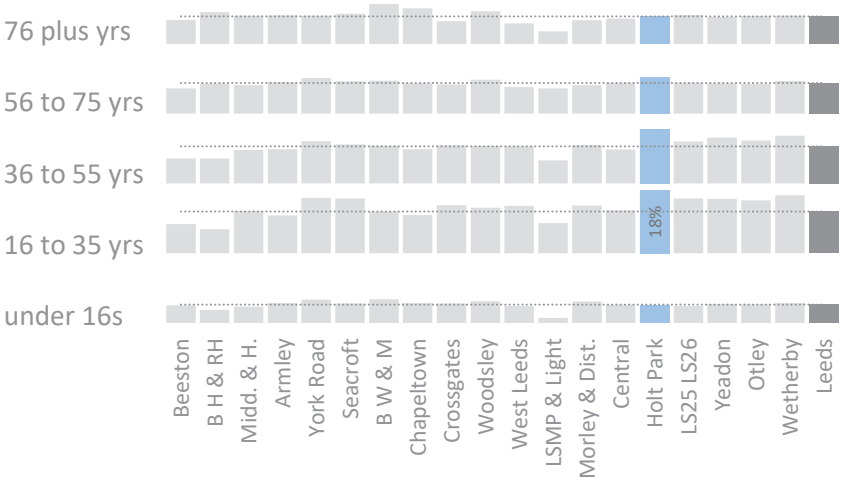
Deprived Leeds is barely different to Leeds overall, and falling at the same speed.

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.
This PCN has well above average asthma rates in 16 to 55 year agebands.

The ageband with the highest asthma rate in this PCN is 16 to 35 years, with a rate of 18%

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.

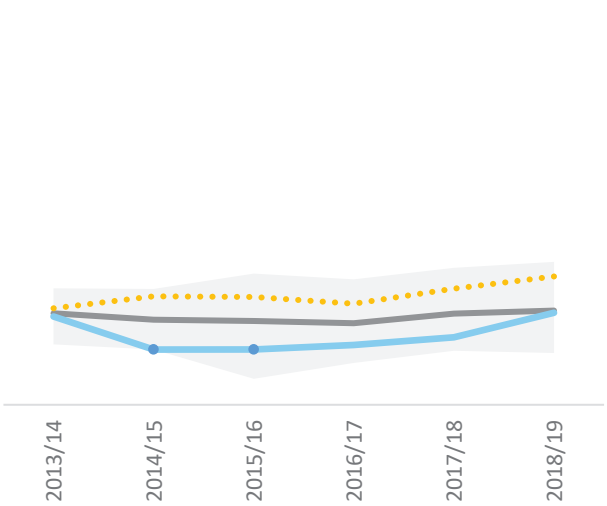
Child obesity in Reception and Year 6

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.

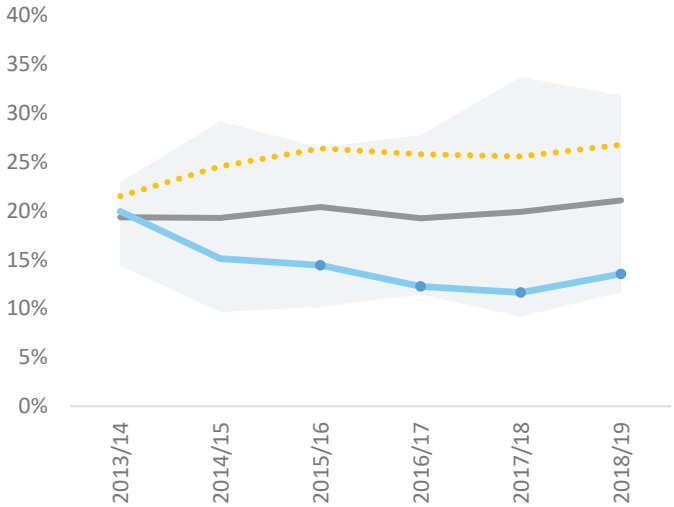
Reception rates were much lower than Leeds but have slowly risen over time and now match Leeds.



Obesity % - Year 6 over time

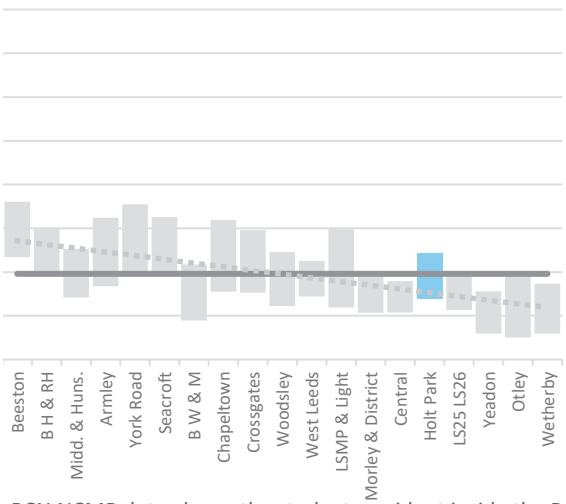
Leeds has risen a little from around 19% to 21% in the chart below, and rates in deprived areas are much higher.

Year 6 rates in this PCN have been falling steadily while Leeds barely moves. The PCN has been significantly below the city since 2015/16.



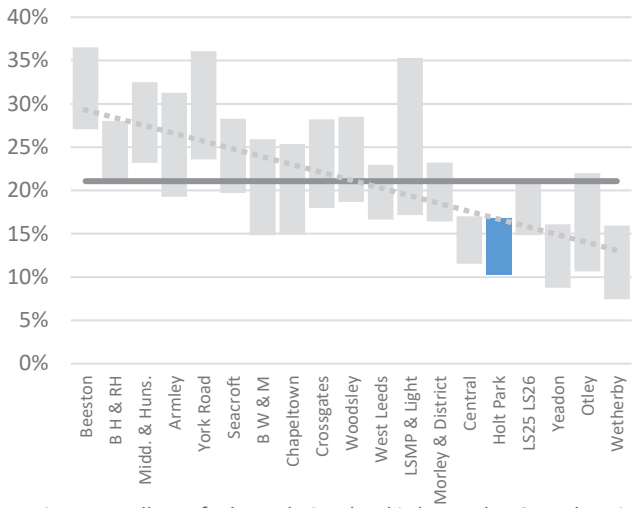
Obesity % - PCNs reception in 2018-2019

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.

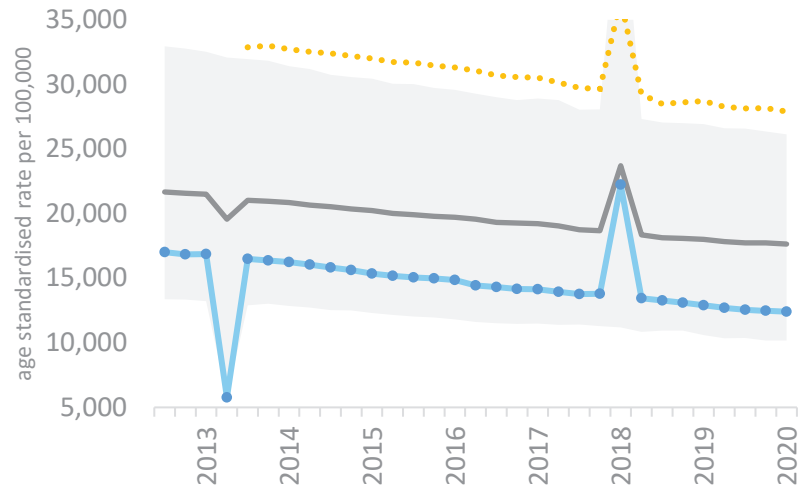


PCN NCMP data shows the students resident inside the PCN footprint, regardless of where their school is located. NCMP data is collected annually and sent to NHS Digital for national collation. NHS Digital return the processed data to local authorities and this is presented here.

Smoking (adults)

PCN registered

Change of smoking rates over time (adults)

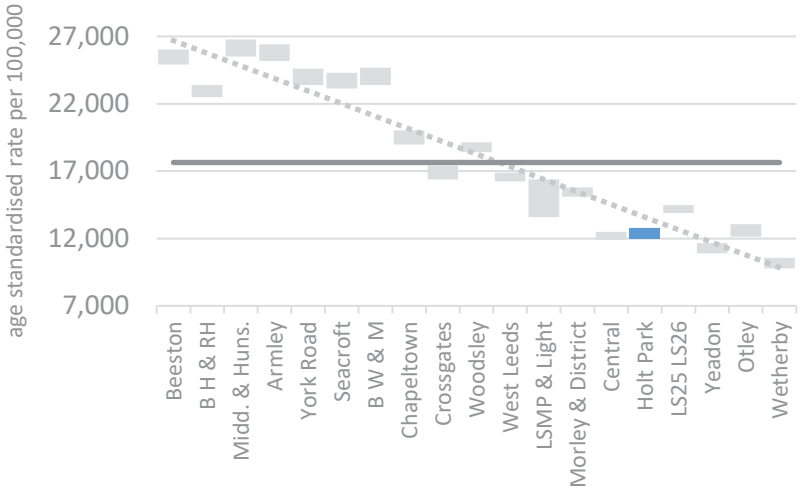


In a time series we can see that rates have been falling steadily for many years.

This PCN has been well below the Leeds trajectory for years and is falling more quickly too.

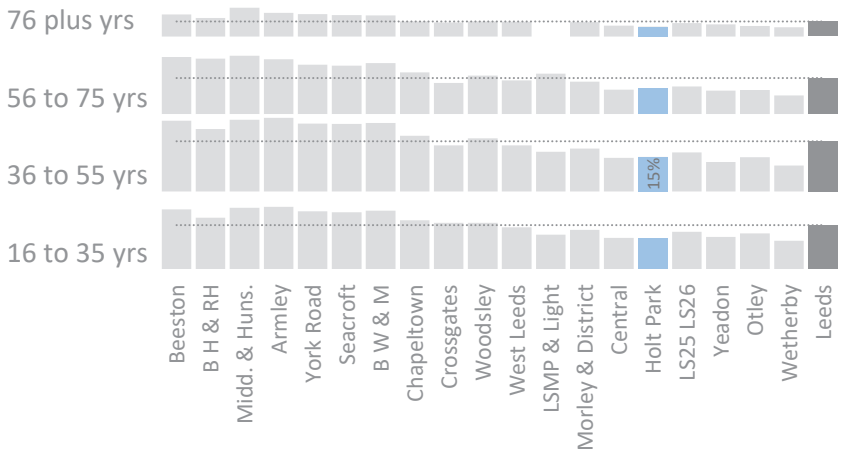
Deprived Leeds is very different to Leeds overall with much higher rates of smoking, however it is falling more quickly than Leeds overall.

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 well below average smoking rates in all agebands.

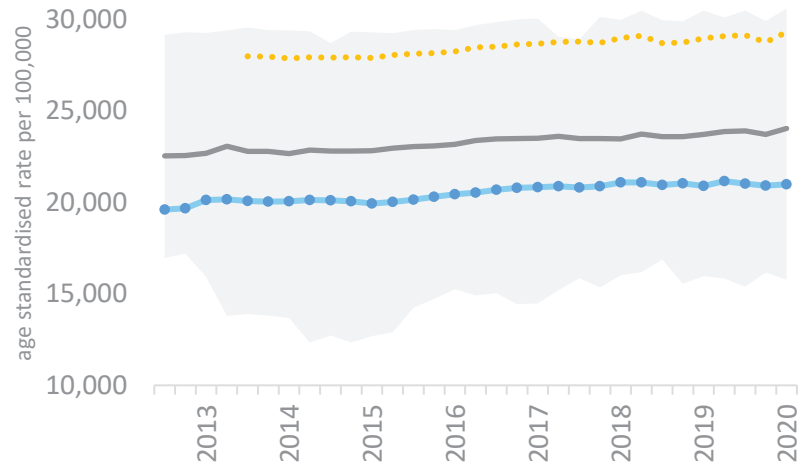
The ageband with the highest smoking rate is 36 to 55 years, with a rate of 15%

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.

Obesity (adults where BMI>30)

PCN registered

Change of obesity rates over time (adults)

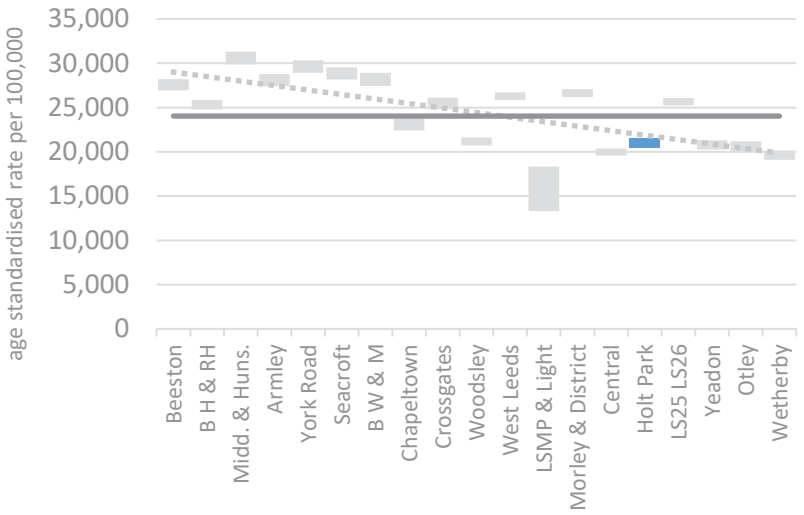


In a time series we can see that rates have been rising slowly for many years.

This PCN has been well below the Leeds trajectory for years and recently has levelled off.

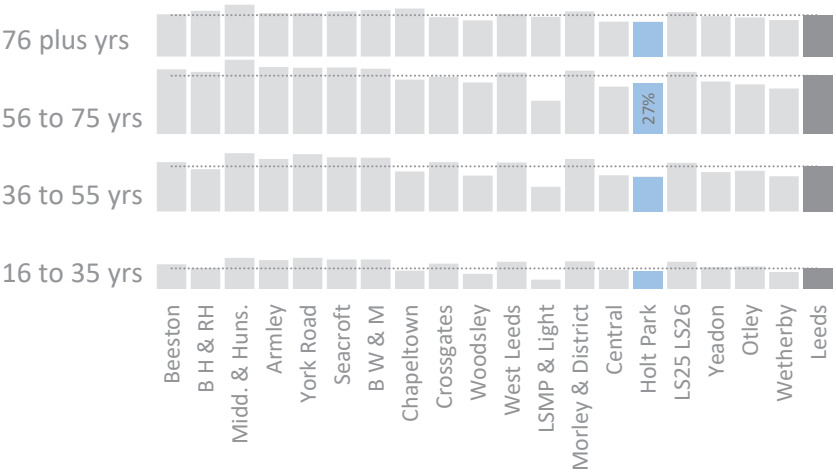
Deprived Leeds is much higher than Leeds overall, and rising at the same speed.

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.
Holt Park PCN has slightly below average obesity rates in all agebands.

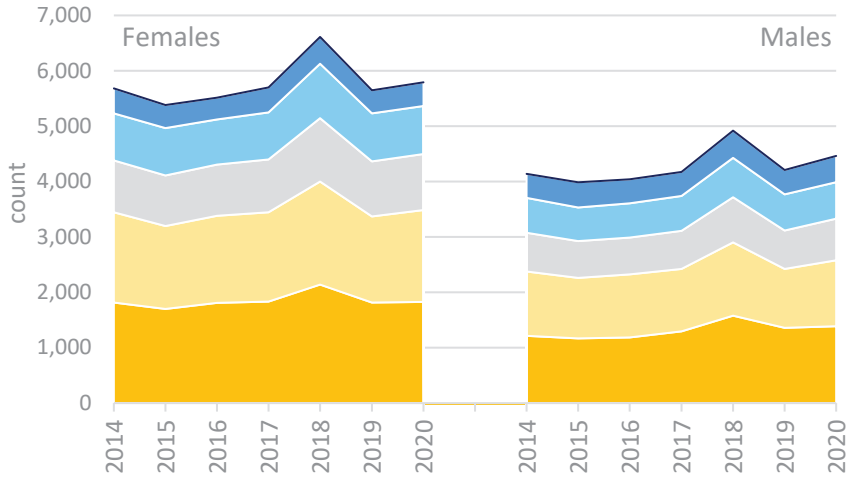
The ageband with the highest Obesity rate is 56 to 75 years, with a rate of 27%

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

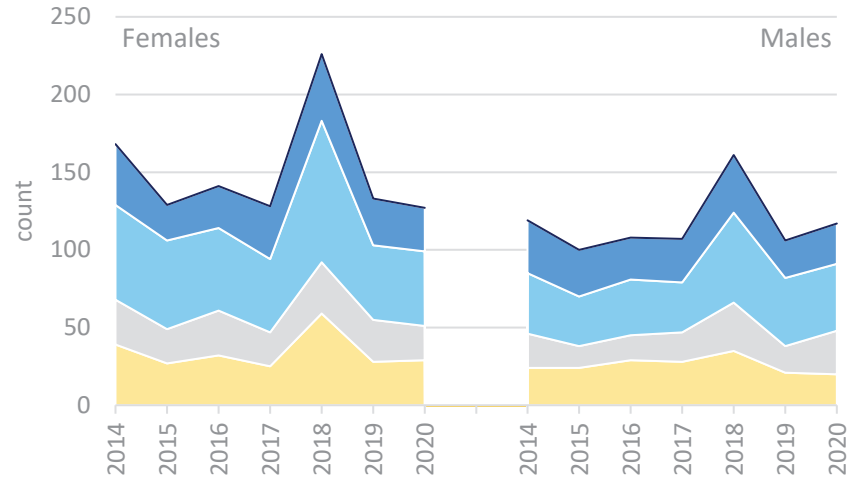


In January 2020 there were 10,252 Leeds registered and resident patients recorded as being obese and current smokers.

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

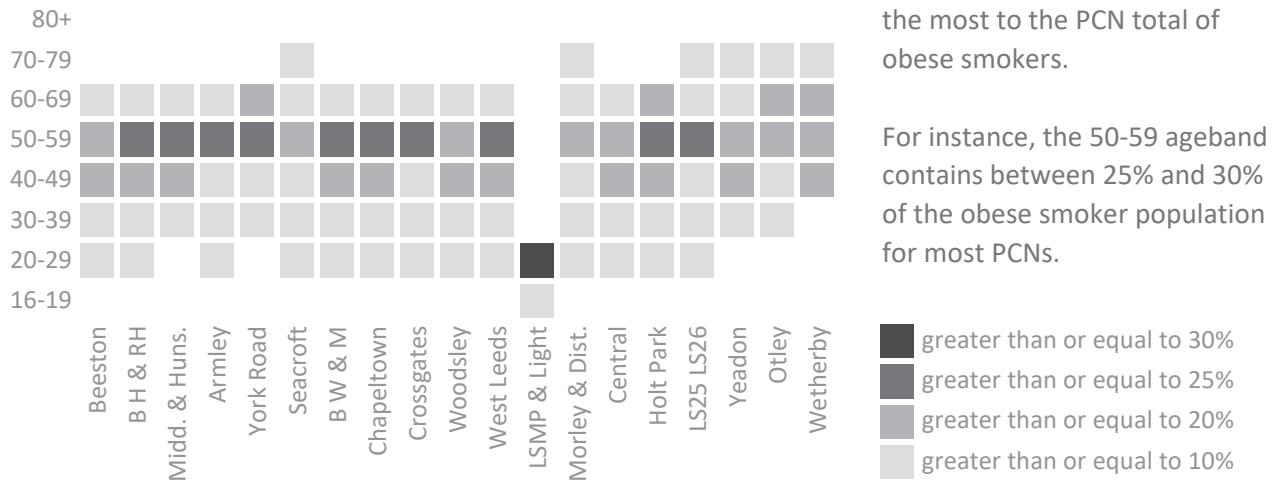


In this PCN…

These charts show the number of obese smokers in this PCN, by gender and deprivation. Female and male numbers are very similar, which is quite different to most PCNs. Female numbers are declining though while male numbers climb.

The most deprived parts of this population are either static or declining, which is also different to many PCNs.

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.

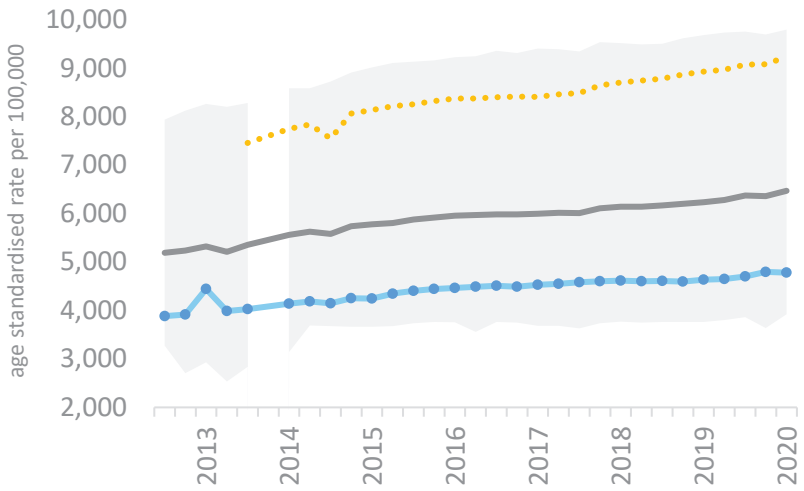
For instance, the 50-59 ageband contains between 25% and 30% of the obese smoker population for most PCNs.

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)

PCN registered

Change of diabetes rates over time

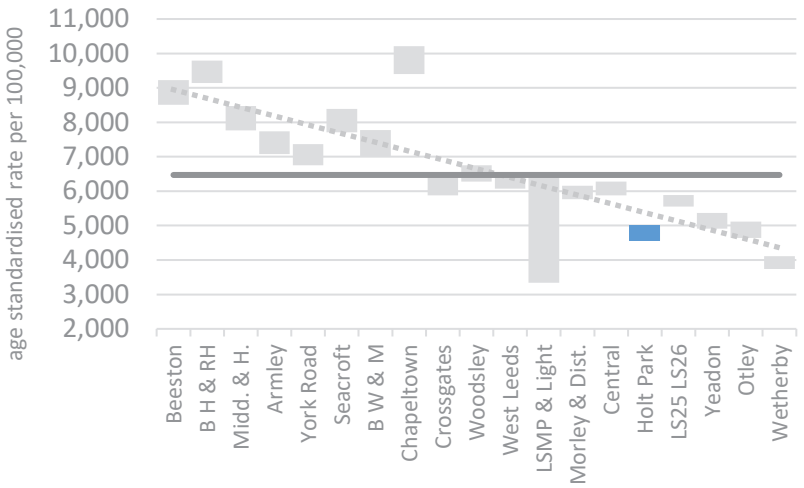


In a time series we can see that rates have been rising steadily for many years.

This PCN has been significantly below the Leeds trajectory for years and is increasing at the same rate.

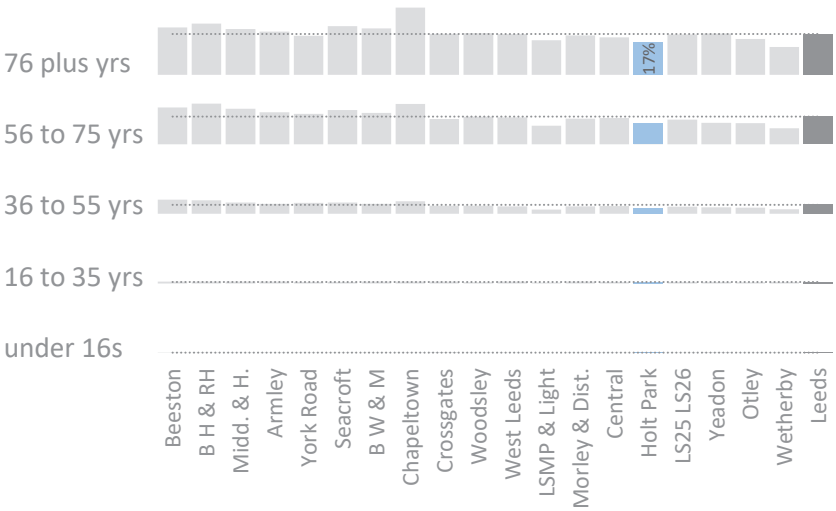
Deprived Leeds is much higher than Leeds overall, and rising more quickly.

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 below average diabetes rates for all agebands.

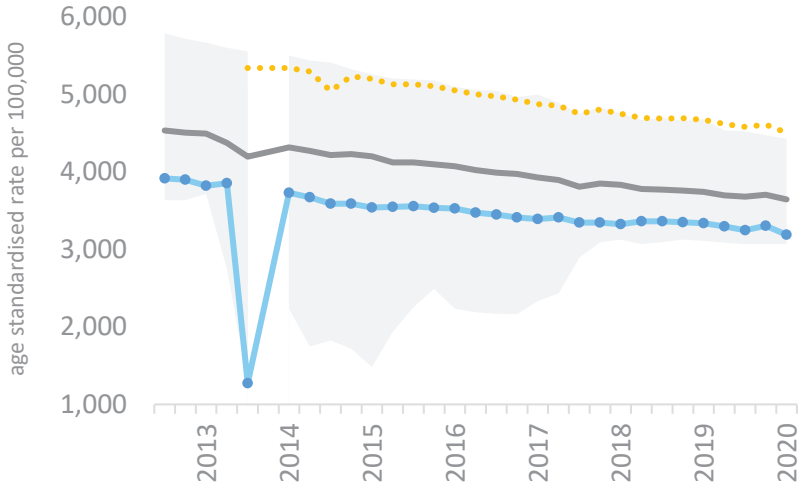
The ageband with the highest diabetes rate is 76 plus years, with a rate of 17%

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

PCN registered

Change of CHD rates over time

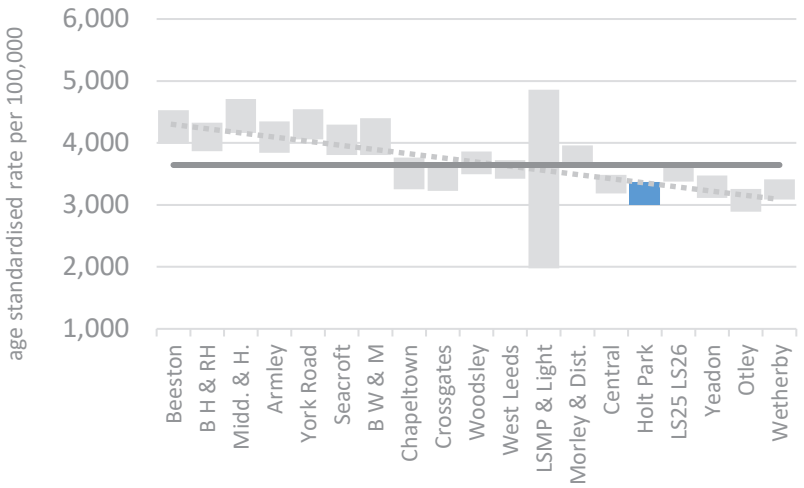


In a time series we can see that rates have been falling slowly for many years.

This PCN has been significantly below the Leeds trajectory for years but is decreasing more slowly.

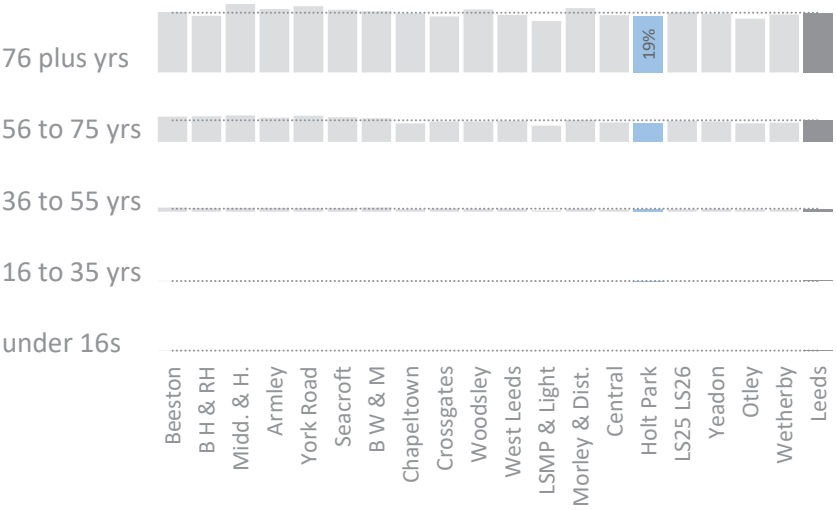
Deprived Leeds is much higher than Leeds overall, and falling slightly more quickly.

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.

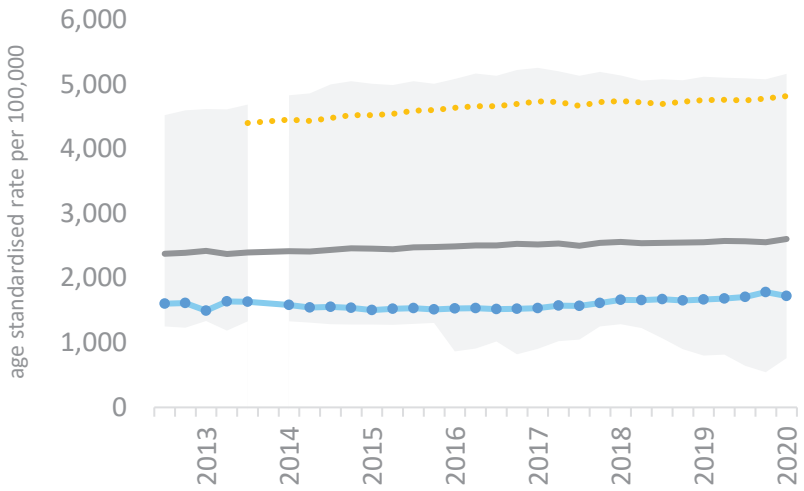
The ageband with the highest CHD rate is 76 plus years, with a rate of 19%

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.

Chronic obstructive pulmonary disorder (COPD) all ages

PCN registered

Change of COPD rates over time

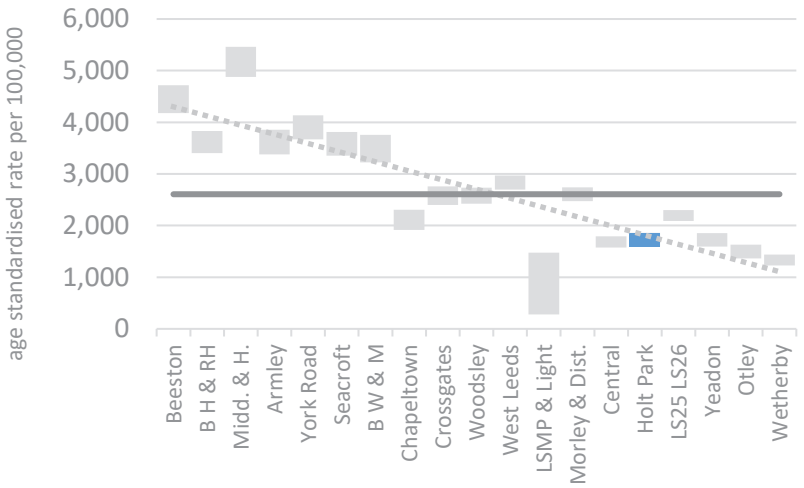


In a time series we can see that rates have been very slowly increasing for many years.

This PCN has been below the Leeds trajectory for years and recently has begin to climb more quickly than the city.

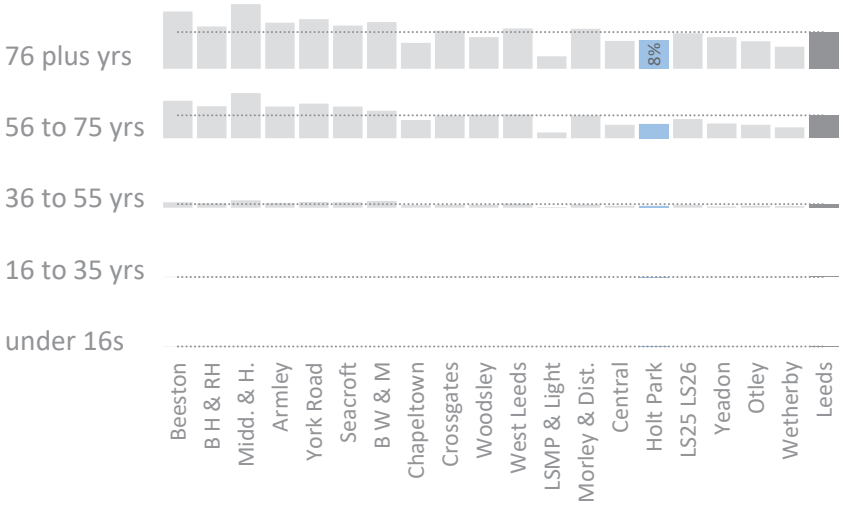
Deprived Leeds is much higher than Leeds overall, and rising while Leeds is almost static.

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 below average COPD rates for all agebands.

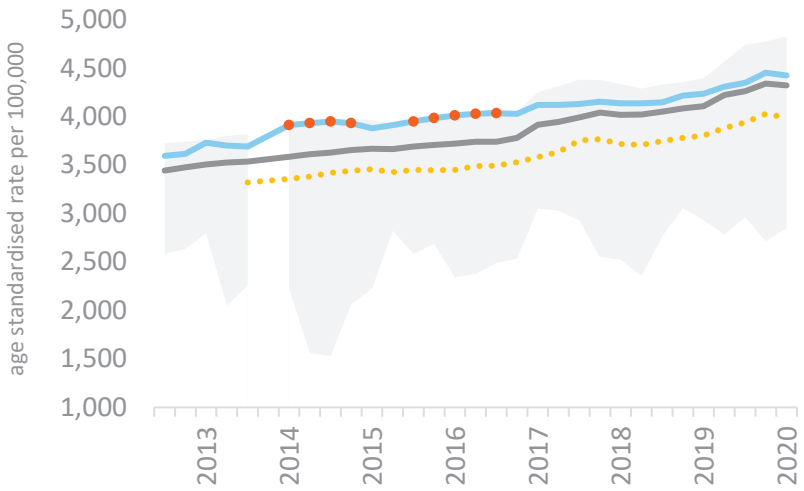
The ageband with the highest COPD rate is 76 plus years, with a rate of 8%

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)

PCN registered

Change of Cancer rates over time

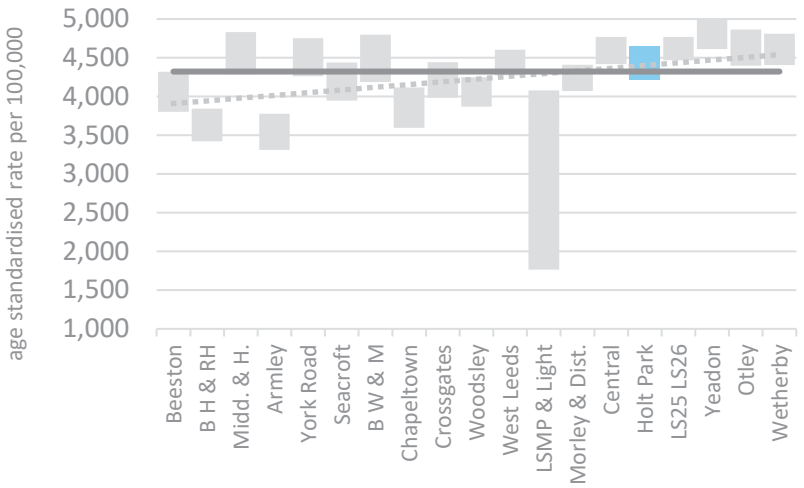


In a time series we can see that rates have been climbing steadily for many years.

This PCN was above Leeds for years but Leeds rose to meet it and they are no longer significantly different.

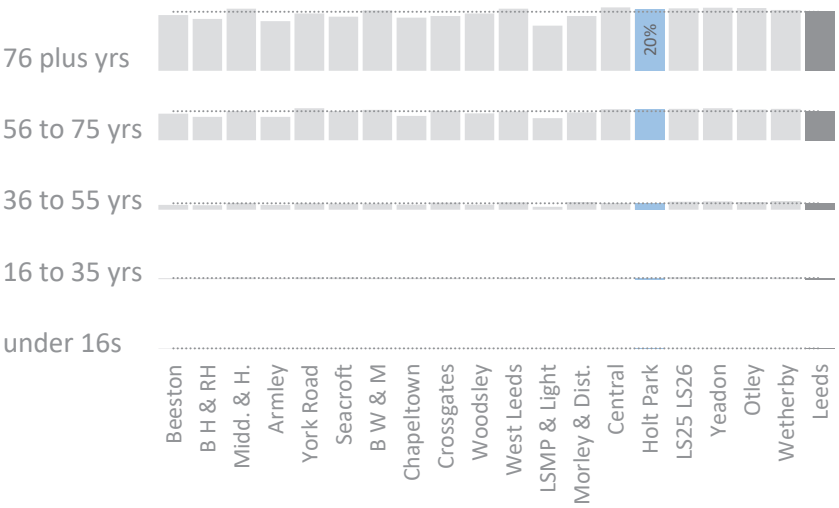
Deprived Leeds is lower than Leeds overall, this is thought to be due to higher cancer mortality, possibly a result of late diagnosis.

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.

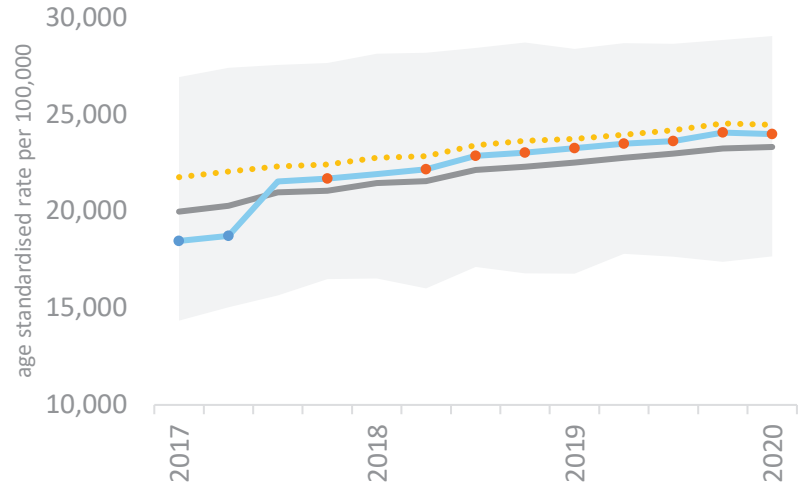
The ageband in this PCN with the highest Cancer rate is 76 plus years, with a rate of 20%

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

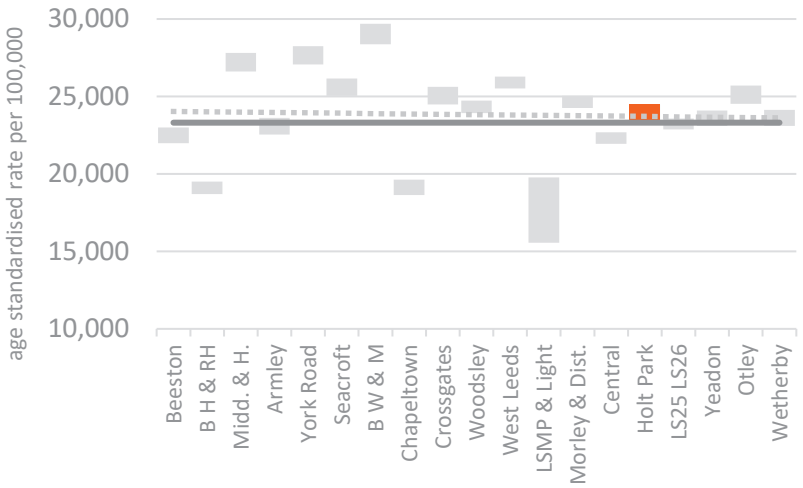


In a time series we can see that rates have been climbing steadily for many years.

This PCN has been above Leeds for several years and rising at about the speed.

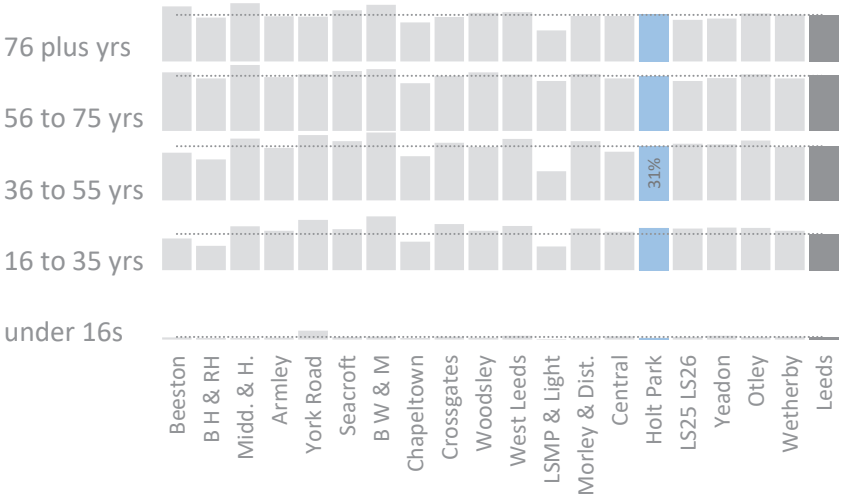
Deprived Leeds is higher than Leeds overall and increasing at the same rate.

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 average CMH rates for most agebands.

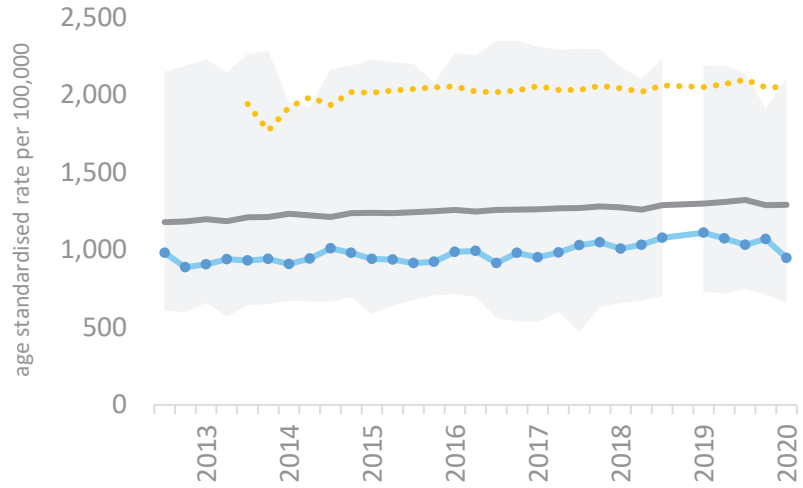
The ageband in this PCN with the highest rate of recorded common mental health issues is 36 to 55 years, with a rate of 31%

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+

PCN registered

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

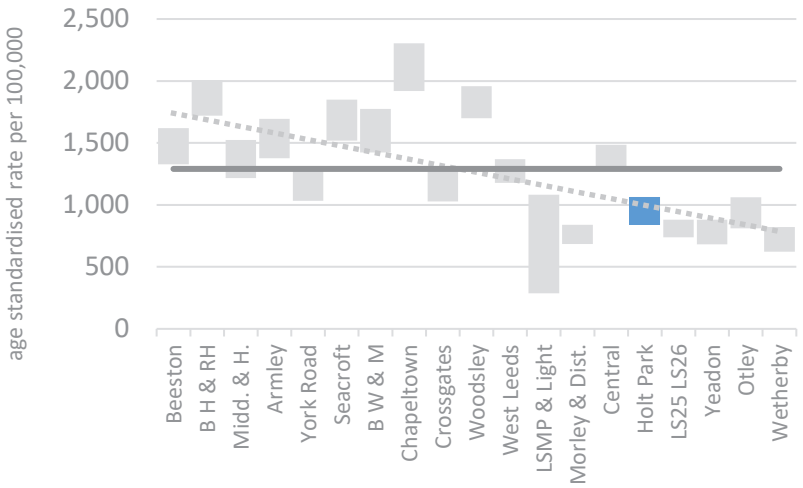


In a time series we can see that rates have been climbing very slowly for many years.

This PCN has been significantly below Leeds for many years, and generally changing at the same rate.

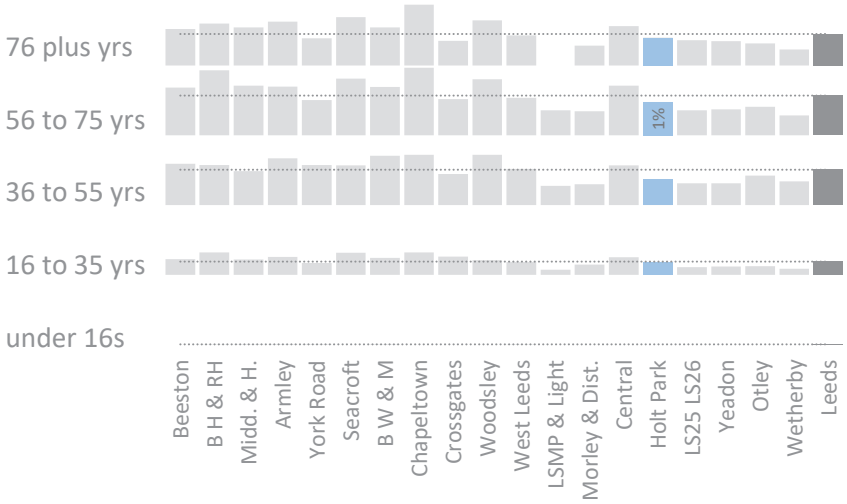
Deprived Leeds is much higher than Leeds overall and increasing at the same slow rate.

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 below average SMH rates for some agebands and average for old or young extremes.

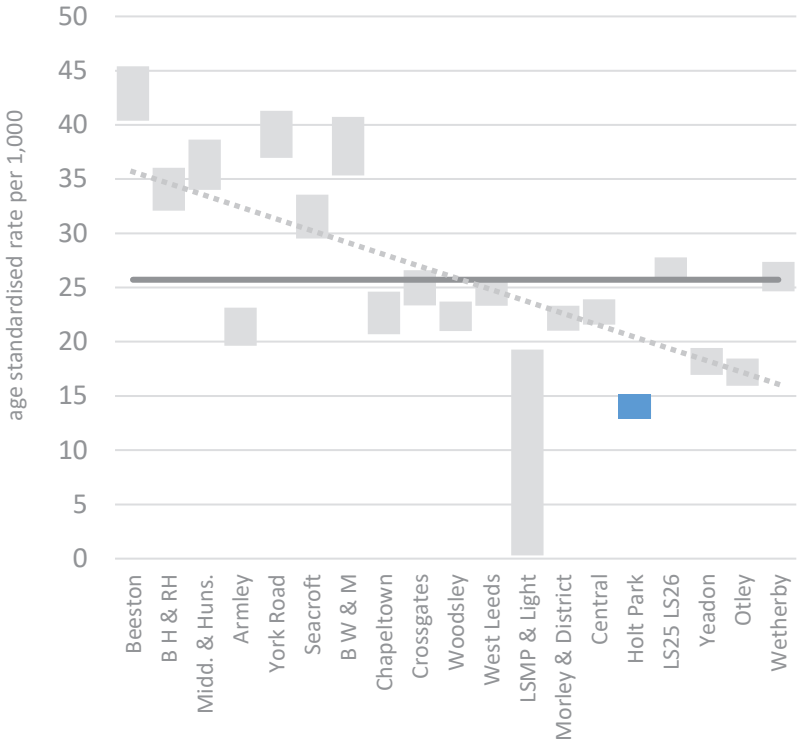
The ageband in this PCN with the highest rate of recorded severe mental health issues is 56 to 75 years, with a rate of 1%

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

PCN registered

Moderate frailty, age standardised rates per 1,000



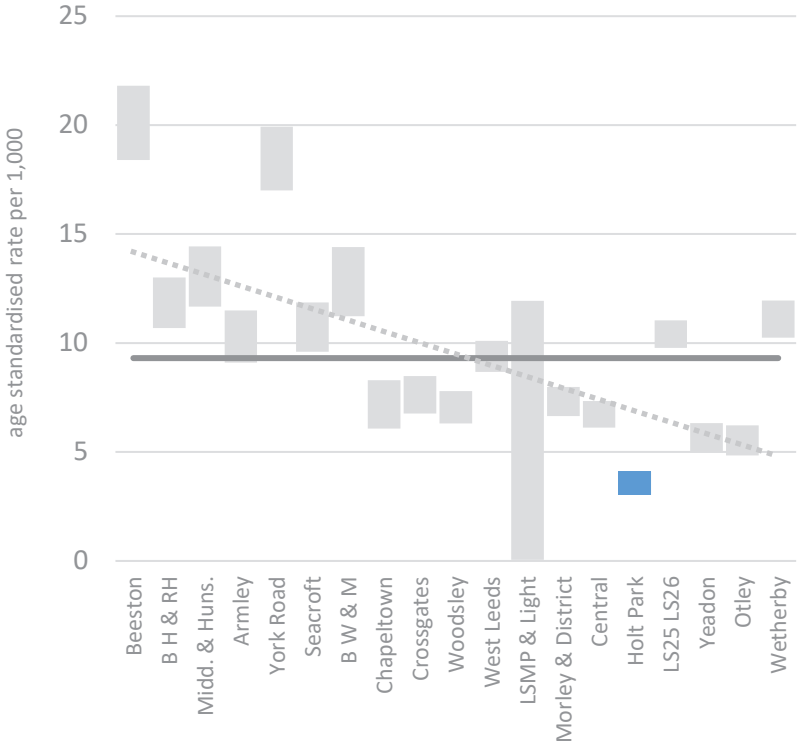
Moderate frailty rates per 1,000 show a strong relationship with deprivation.

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.

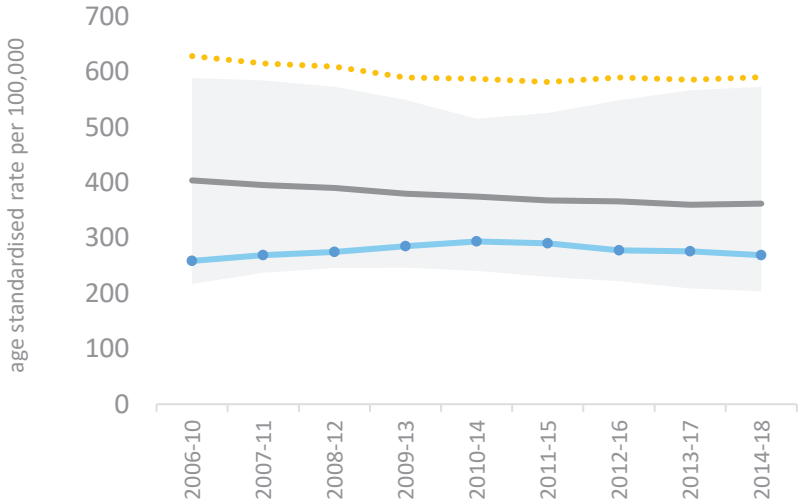
Age standardisation of this data has removed age as a factor in differences so there is another reason for this. It could perhaps be improved recording or presentation by patients.

Source: Leeds Data model March 2019

All cause mortality (under 75s)

PCN *footprints*

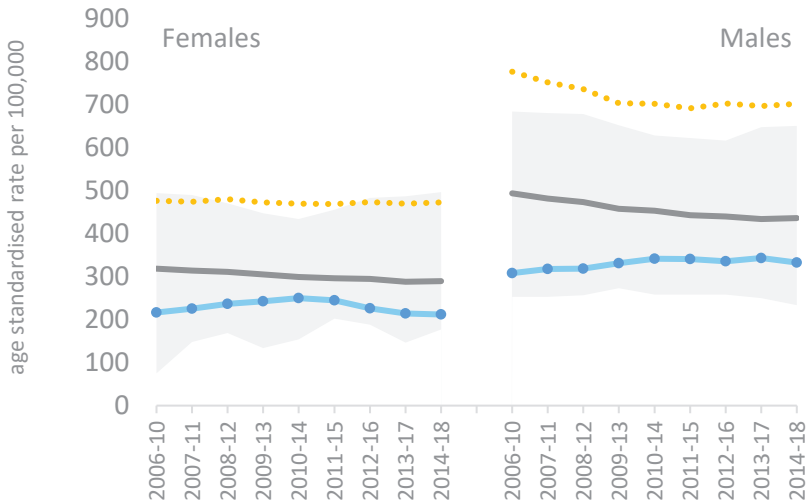
Change in overall mortality rate over time



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

This PCN has always been significantly below the city average, and despite recent gains is more or less static over this time period.
Deprived Leeds is much higher than Leeds overall and decreasing at the same slow rate.

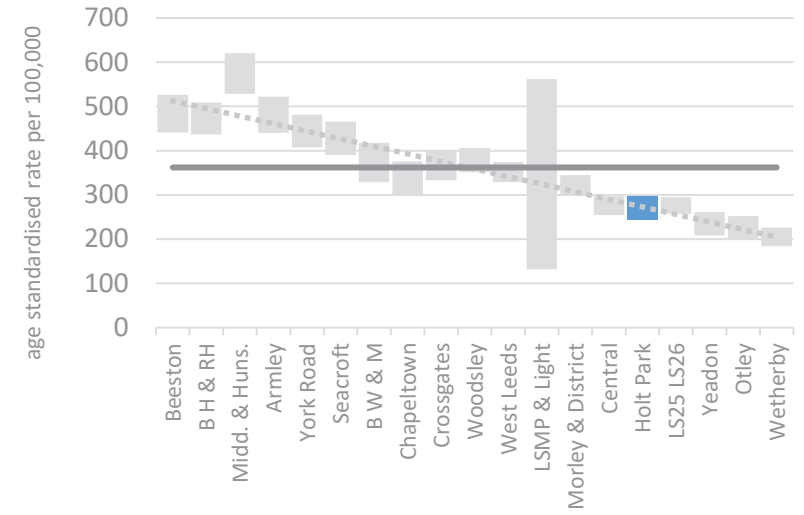
Female and male rates over time



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

Both mortality rates are far below Leeds, but the male rate increases are cancelling any improvements in female rates.

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.

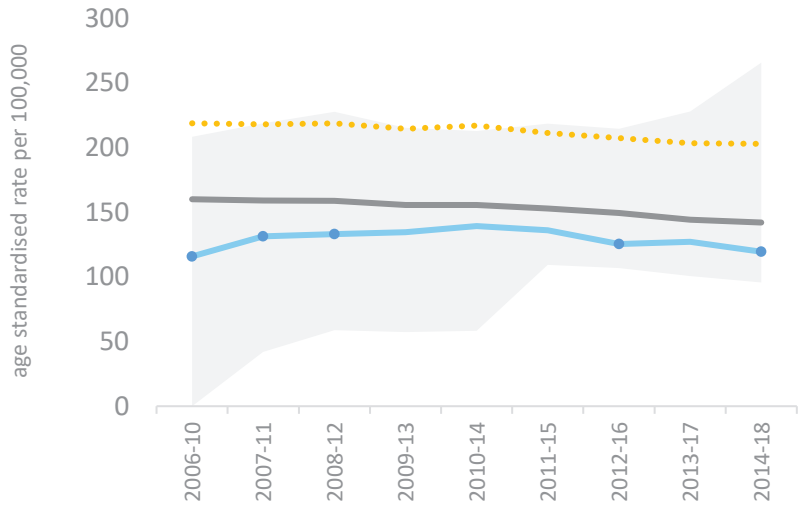
This PCN is where we expect it to be, and is significantly lower than several more deprived PCNs.

Source: ONS, GP registered populations

Cancer mortality (under 75s)

PCN *footprints*

Change in overall mortality rate over time

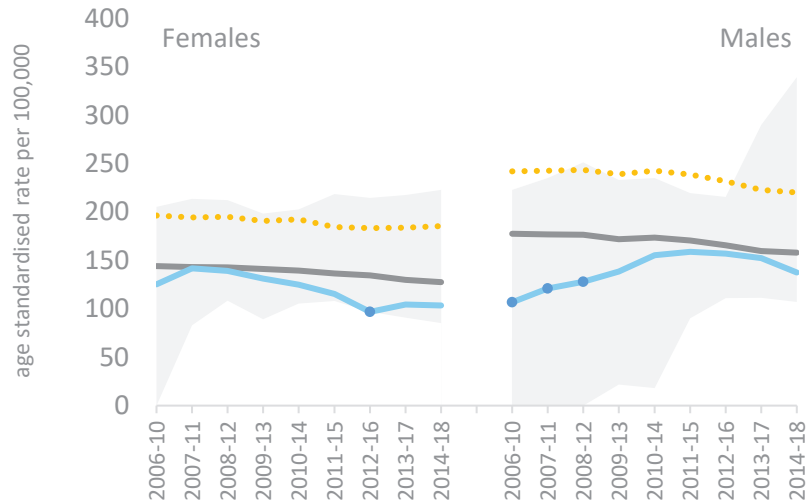


In a time series we can see that rates have been falling very slowly for many years.

This PCN has been near or below the Leeds rate for many years, but has barely changed while Leeds has dropped.

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

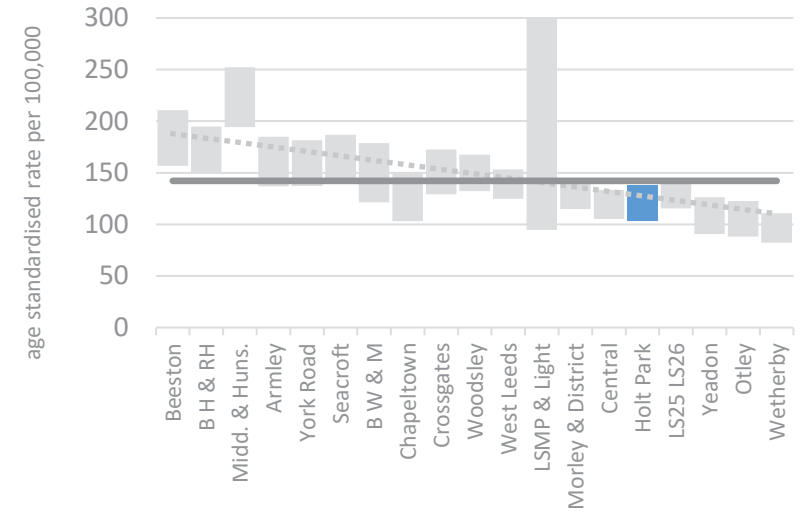
Female and male rates over time



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

Both sexes show fluctuations, male rates worsened steadily and are now improving. Female rates overall are improving slowly.

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.

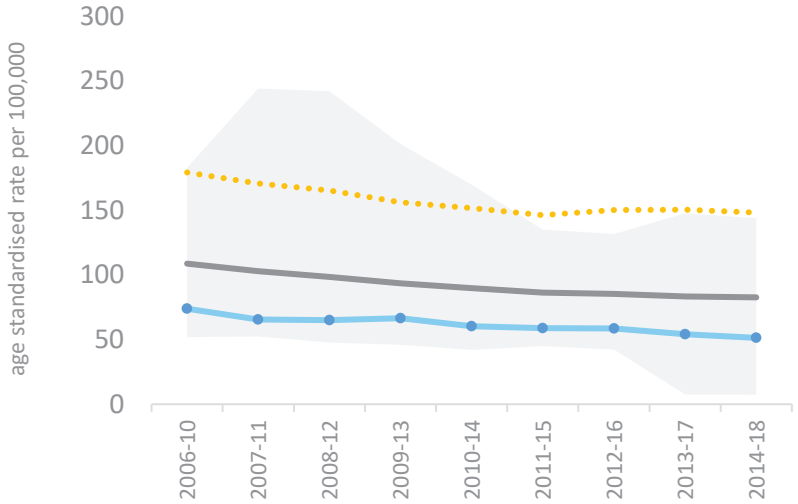
This PCN has an average rate, and is significantly below four more deprived PCNs.

Source: ONS, GP registered populations

Circulatory disease mortality (under 75s)

PCN *footprints*

Change in overall mortality rate over time

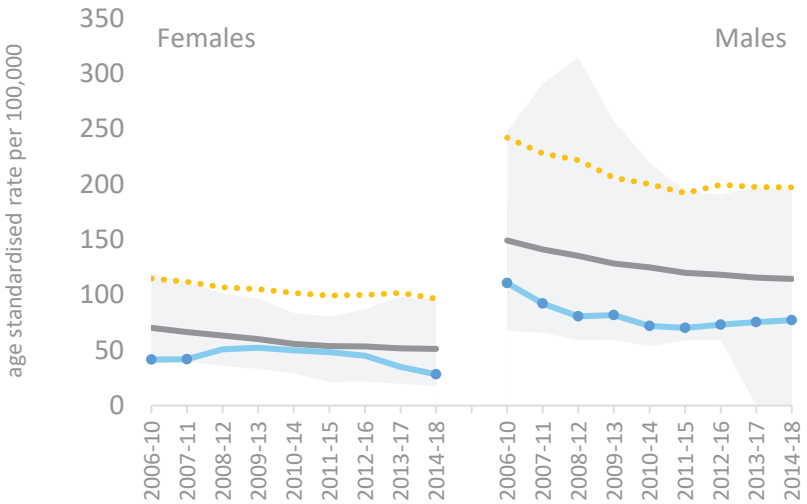


In a time series we can see that rates have been falling very slowly for many years.

This PCN has been significantly below the Leeds rate for many years, and has been falling at more or less the same rate.

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

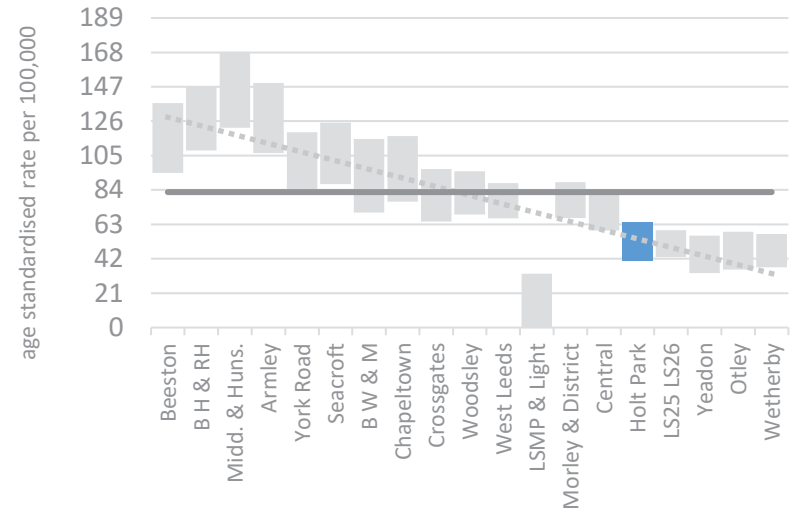
Female and male rates over time



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

Male rates have been significantly below those of Leeds for years but appear to be on the increase recently, female rates rose and fell but are now once again significantly below the city.

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.

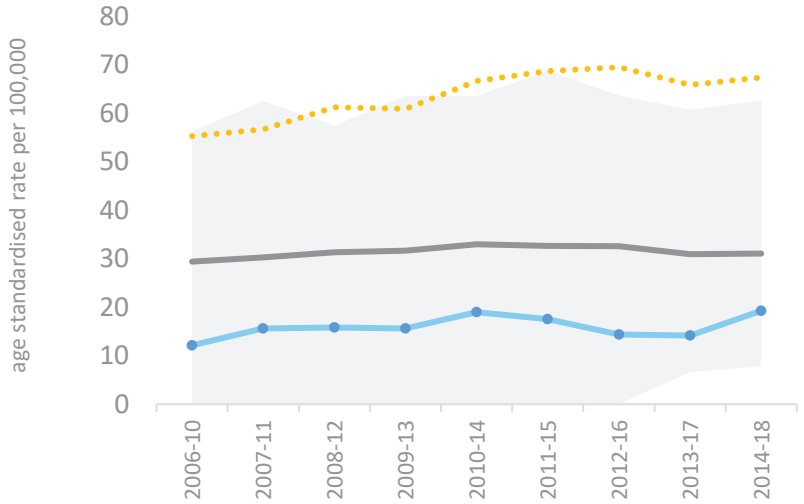
This PCN has a well below average rate that is significantly below twelve more deprived PCNs.

Source: ONS, GP registered populations

Respiratory disease mortality (under 75s)

PCN *footprints*

Change in overall mortality rate over time

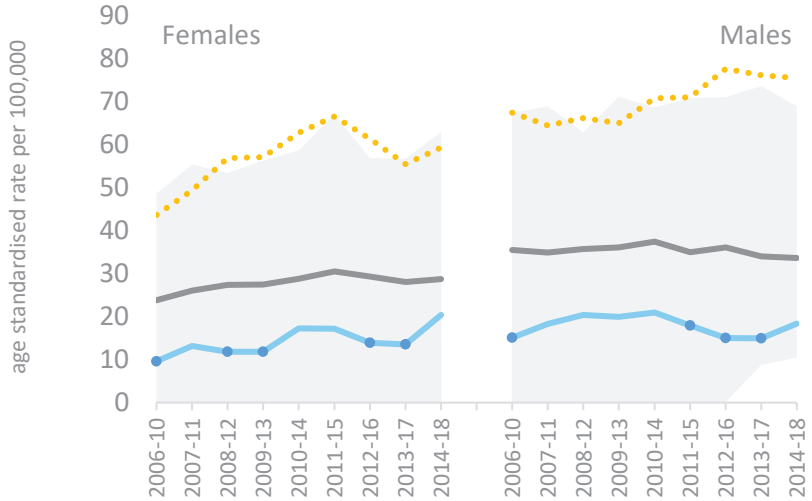


In a time series we can see that the Leeds rate has been rising very slowly for many years.

This PCN has been significantly below the Leeds rate for many years, but isclimbing at a slightly faster rate.

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

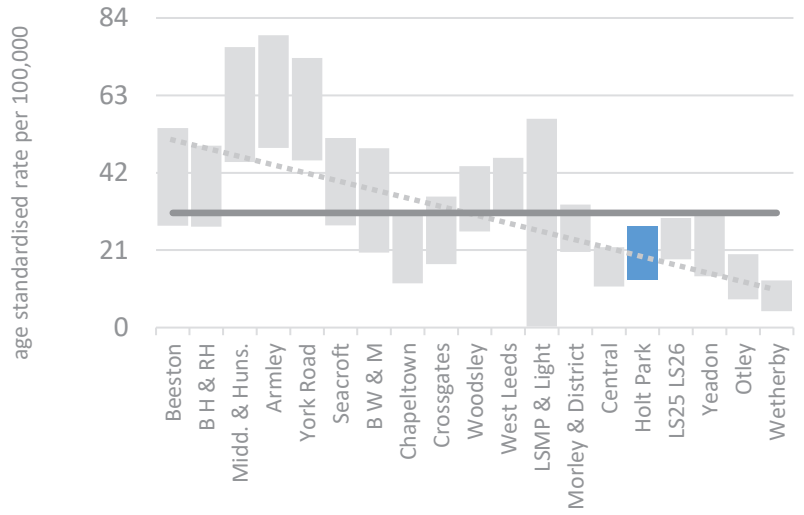
Female and male rates over time



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

Male and female rates have both been increasing - female rates more quickly - and neither are currently significantly different to Leeds.

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.

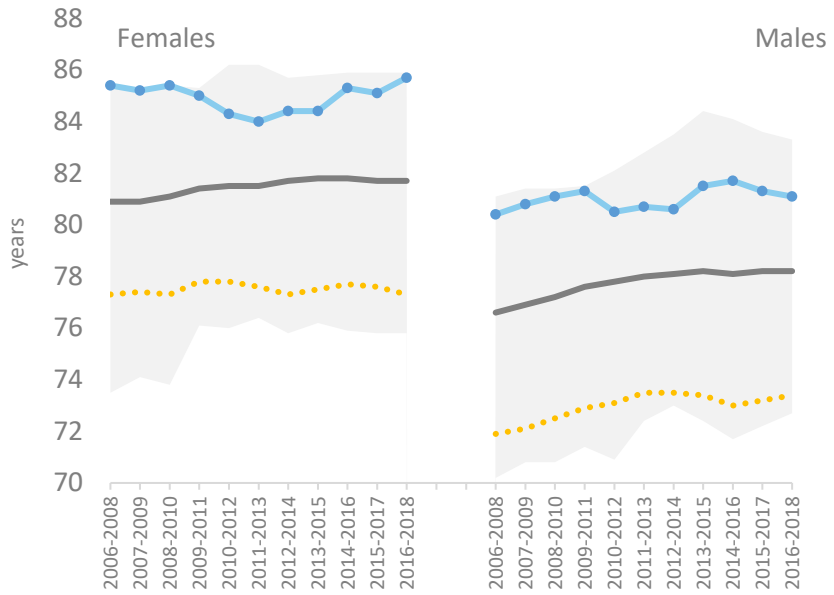
There is a clear and strong link between deprivation and mortality. This PCN overall has a slightly below average rate that is significantly below other more deprived PCNs.

Source: ONS, GP registered populations

Life expectancy

PCN *footprints*

Change in life expectancy over time

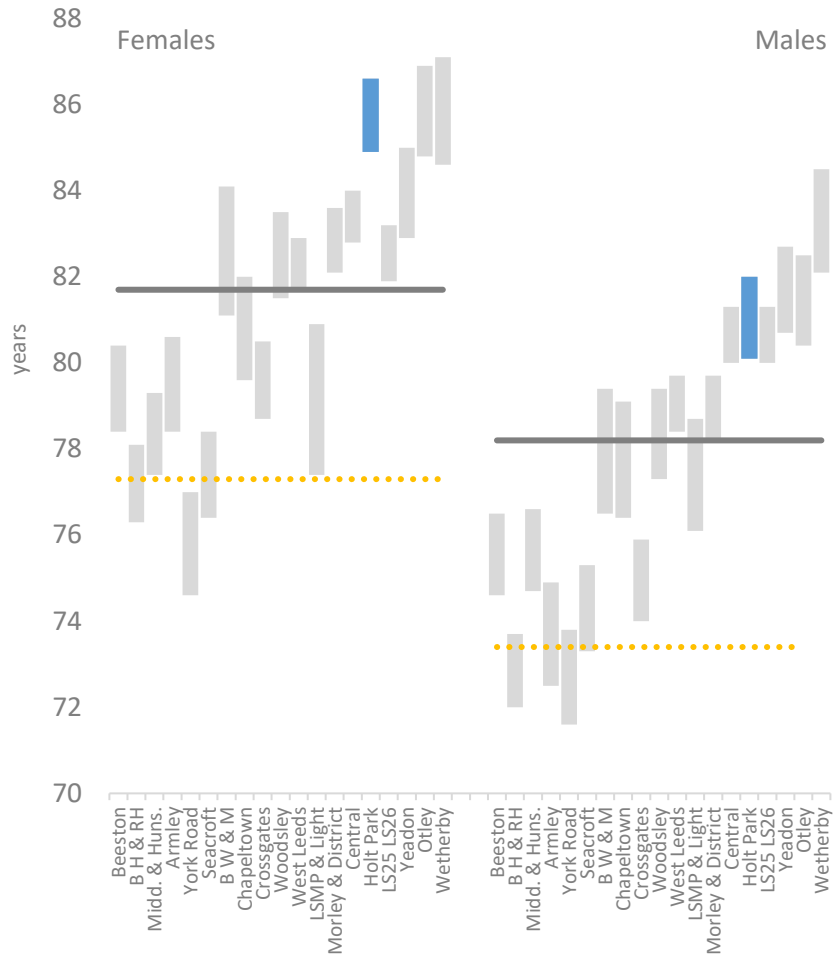


In a time series we can see that rates have been climbing slowly for many years. Male figures are improving more quickly but still generally lower than females.

This PCN has been significantly above Leeds levels for a long time, male data is improving slowly, but female LE is more or less static.

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 female life expectancy is more or less the same as it was in 2008-10. The PCN has always had a very high LE so it is not realistic to expect continuous improvement.

The PCN footprint has female LE which is significantly above similar PCN Central, and almost higher than Yeadon. Male LE is still high but actually is significantly below Wetherby.

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

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 contigious areas. It is possible for a practice to be located in another PCN footprint.

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)