

## Middleton and Hunslet Primary Care Network introduction

### Summary of report

Middleton and Hunslet PCN has an age structure very close to that of Leeds, the vast majority of whom are living in the most deprived parts of the city. There are a greater proportion of White British than in Leeds.

GP recorded conditions are all very high, significantly above Leeds, except for cancer and serious mental health issues. The PCN population has very high rates of frailty, and under 75 mortality is the highest in the city mainly due to respiratory and circulatory disease.

Life expectancy is low but for men at least it is a little higher than other PCNs with similar levels of deprivation.

### 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:

B86035 Whitfield Practice, B86042 Lingwell Croft Surgery, B86096 Arthington Medical Centre, B86633 Drs Khan and Muneer, B86642 Church Street

### 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 any 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.

## Middleton and Hunslet Primary Care Network

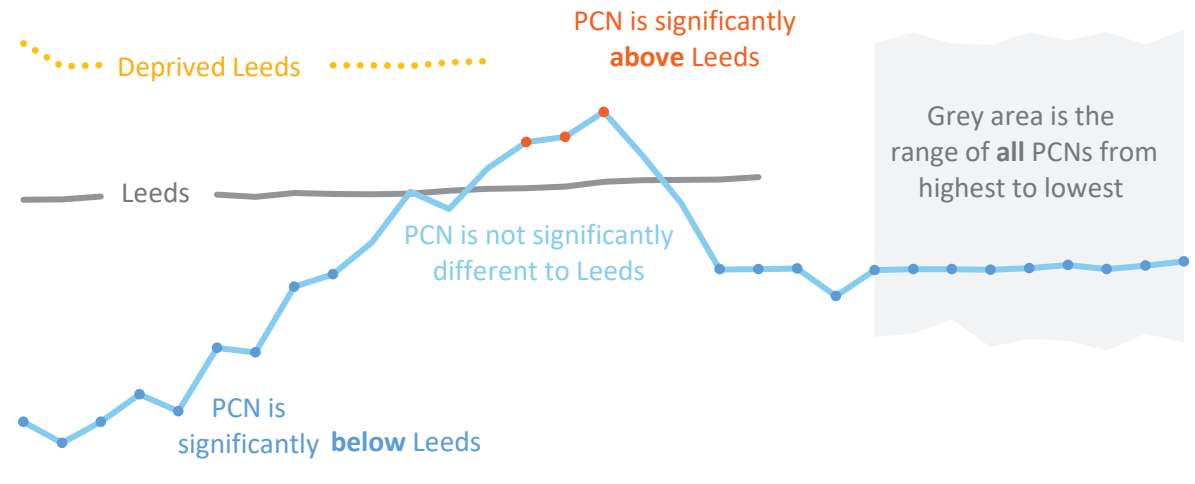
	Introduction	1
	Contents	2
	About the charts in this report	3
Demographics	Age structure	4
	Black and Minority Ethnic patients (BAME)	5
	Population change over time	6
Health	Asthma	7
	Child obesity (NCMP)*	8
	Smoking	9
	Obesity	10
	Obese smokers	11
	Diabetes	12
	Coronary Heart Disease (CHD)	13
	Chronic Obstructive Pulmonary Disorder (COPD)	14
	Cancer	15
	Common mental health	16
	Severe mental health	17
	Frailty	18
Mortality	All cause mortality (under 75s)*	19
	Cancer mortality (under 75s)*	20
	Circulatory mortality (under 75s)*	21
	Respiratory mortality (under 75s)*	22
	Life expectancy*	23
Map of PCN footprints	Map of PCN footprints*	24

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

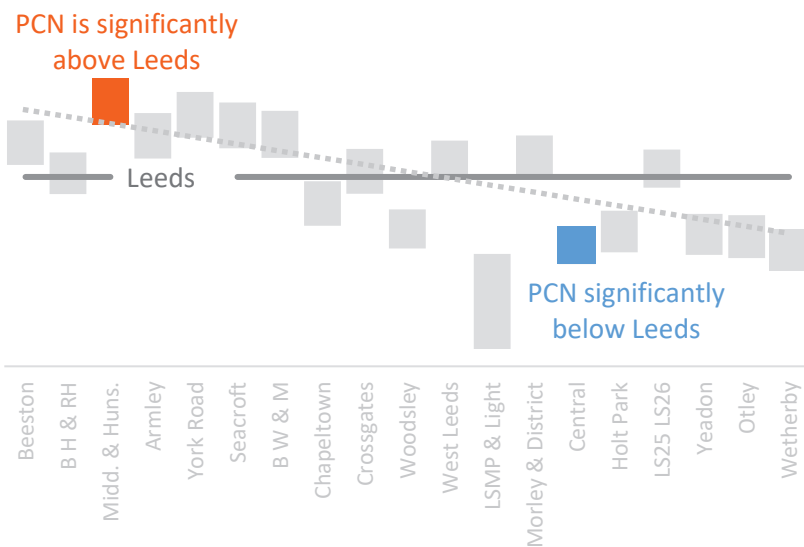
## About the charts used in this profile

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



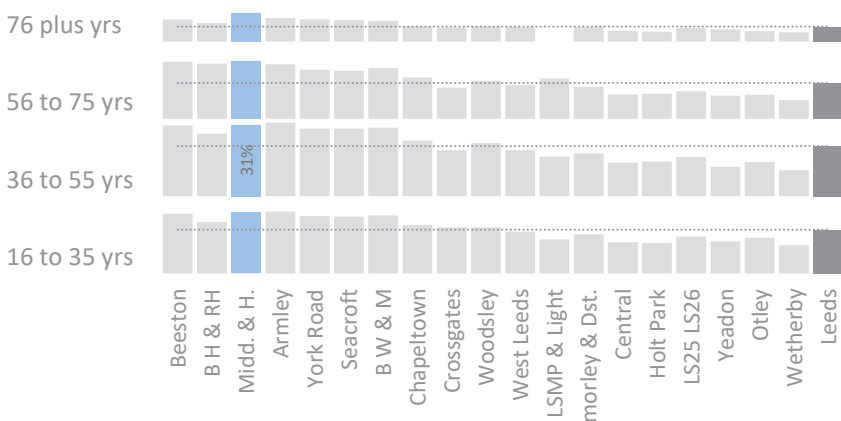
### Comparing rates, PCNs ranked by deprivation example



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

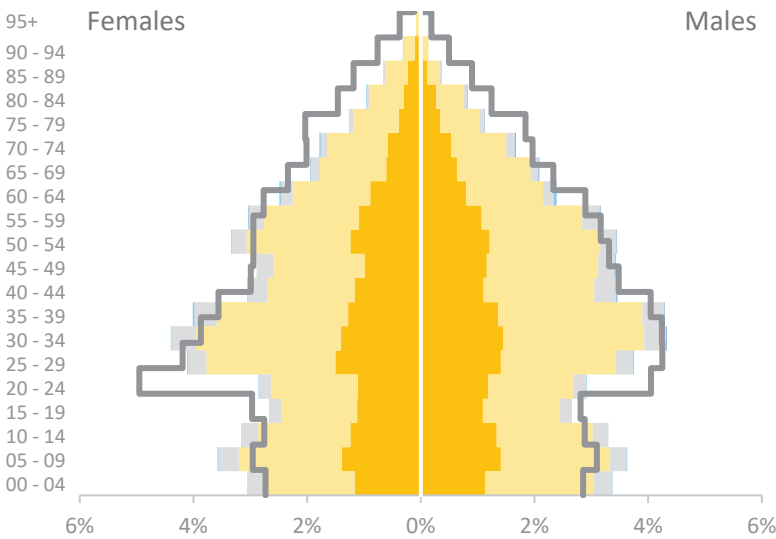


The proportion of each ageband with this condition. In this example more deprived PCN populations have larger rates in all agebands but the rate is quite steady for over 75s in all PCNs.

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

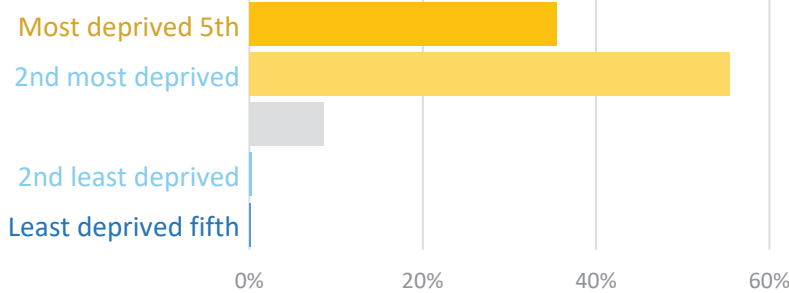
Age structure of this PCN, compared to Leeds in grey



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.

Middleton and Hunslet Primary Care Network is similar to Leeds with slightly more children, fewer young adults, and slightly fewer aged 65 or more.

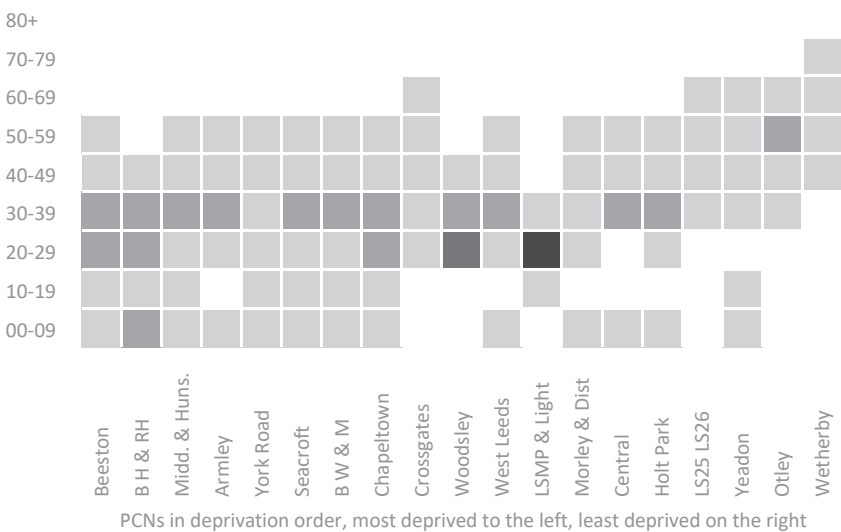
Deprivation in this PCN population



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

In this PCN the population are almost entirely within the two most deprived fifths of Leeds.

Leeds 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

PCN registered

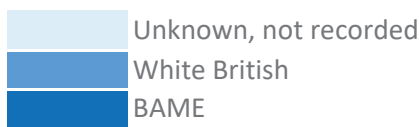
Ethnicity is recorded in very high detail by Leeds GPs, when aggregated it can provide a simple picture of the population changing over time.

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 smaller proportion of BAME patients than Leeds. 23% compared to 29%

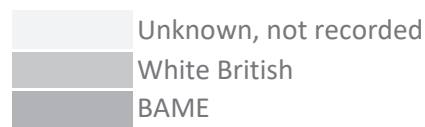
The PCN shows a fall of BAME proportion and a very high rate of recording.



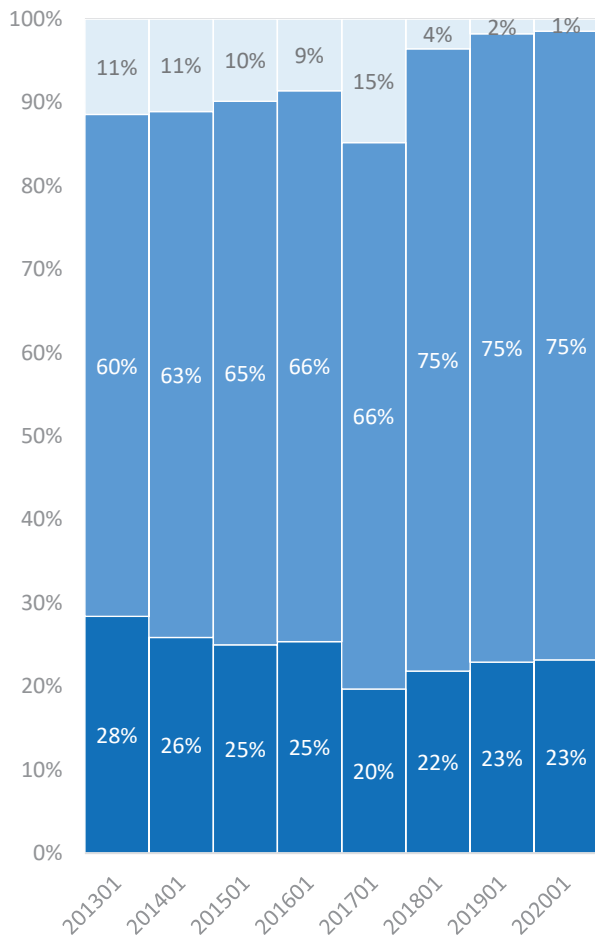
### Leeds BAME change over time

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

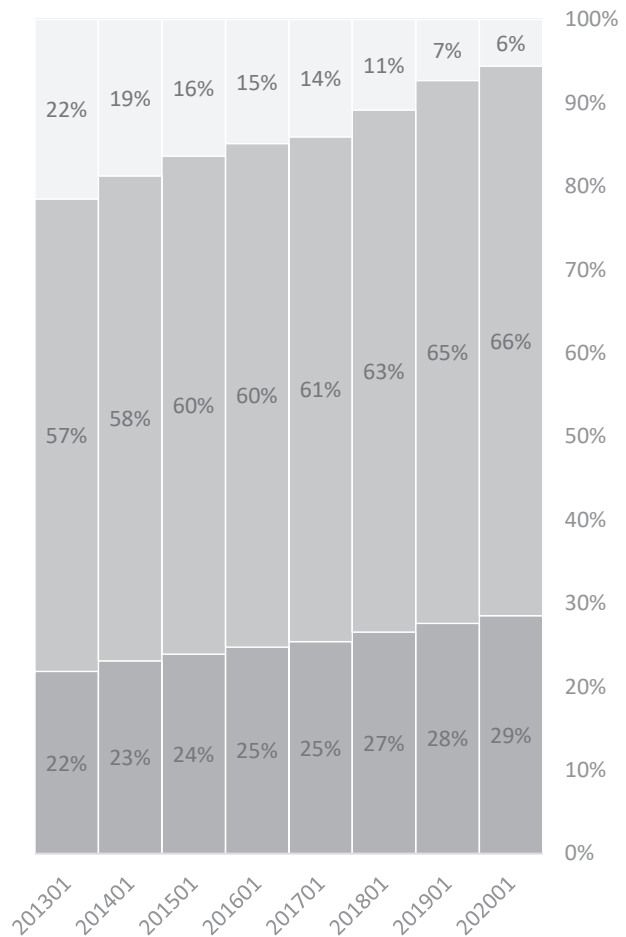
Improvements in recording have resulted in increases for both the "White British" and "BAME" categories.



Midd. & Huns.



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 larger proportion of young patients than Leeds, 14% compared to 12%

In terms of the older population, 9% of the PCN are aged 70 or more - smaller than Leeds at 11%

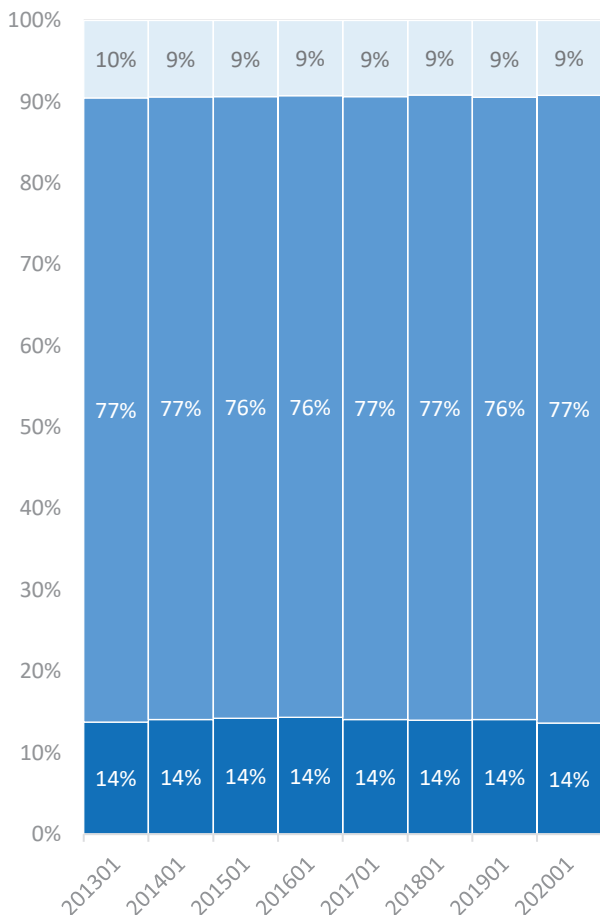
**Leeds population age change over time**

Leeds registered patients are remarkably stable in terms of the overall proportions of the youngest and oldest agebands.

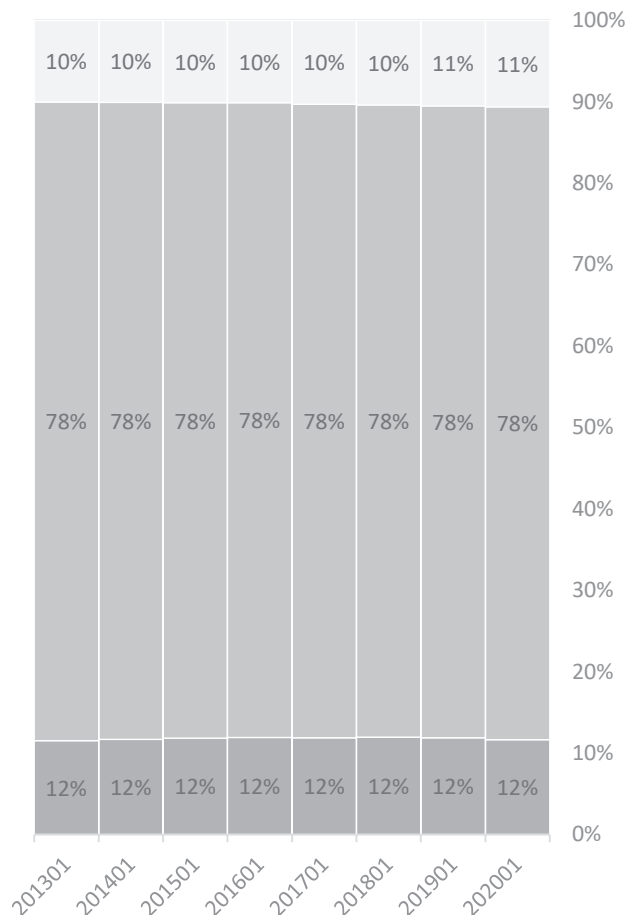
The over 70s group has only increased from 10% to 10.6% in the chart below but that is a change in number of people from 80,465 to 92,065.



Midd. & Huns.



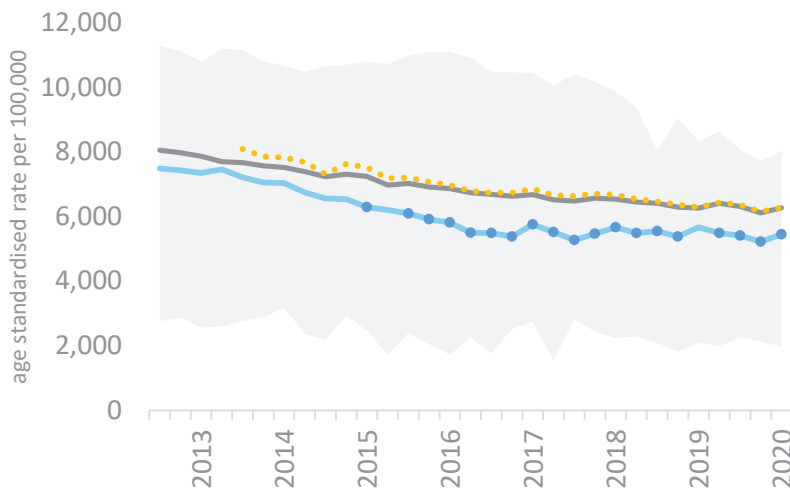
Leeds overall



## Asthma in children

PCN registered

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

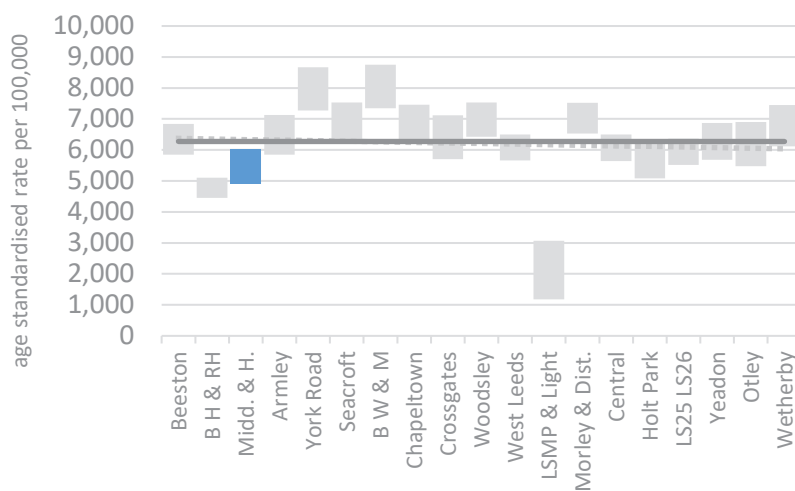


In a time series we can see that generally rates have been falling for many years.

This PCN has been significantly below the overall Leeds rate for years, however it appears to be more or less static recently.

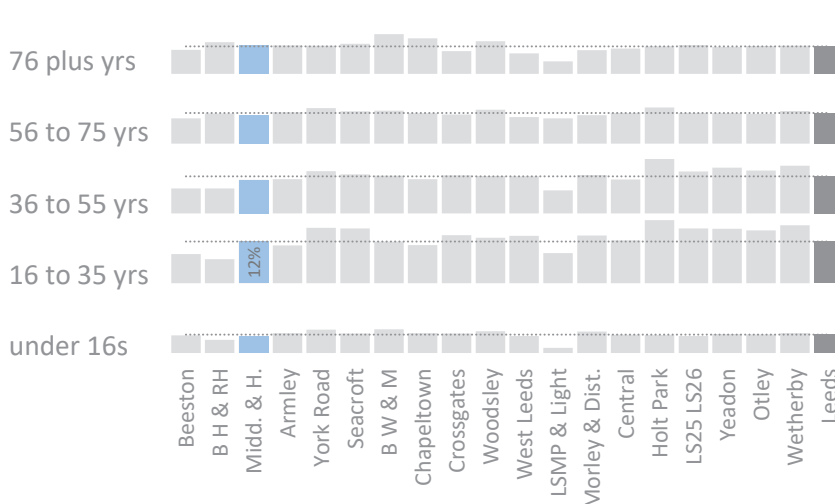
Deprived Leeds is barely different to Leeds overall, and falling at the same speed.

### 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 slightly below average rates of asthma in all agebands.

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.

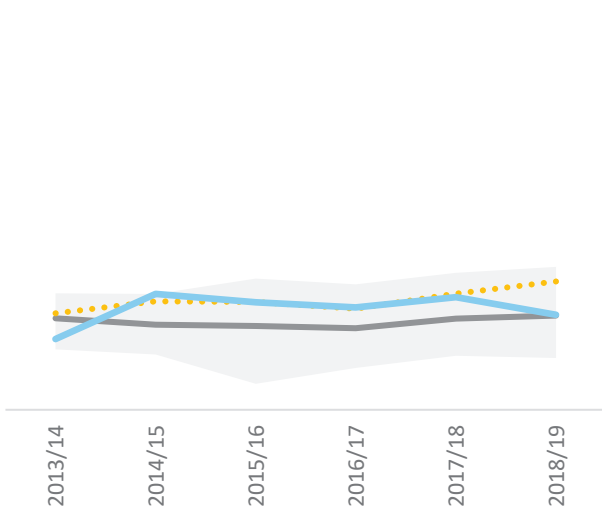
## Child obesity in Reception and Year 6

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.

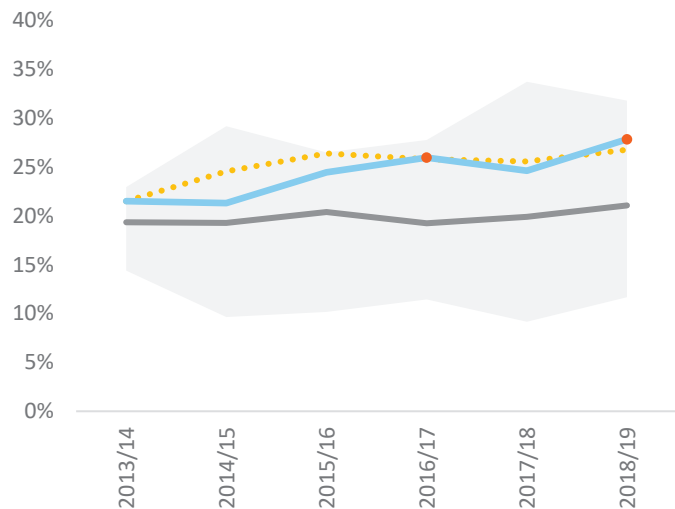
This PCN used to be equal to the deprived rate and much higher than the city rate, but in recent data has come down to match Leeds.



### Obesity % - Year 6 over time

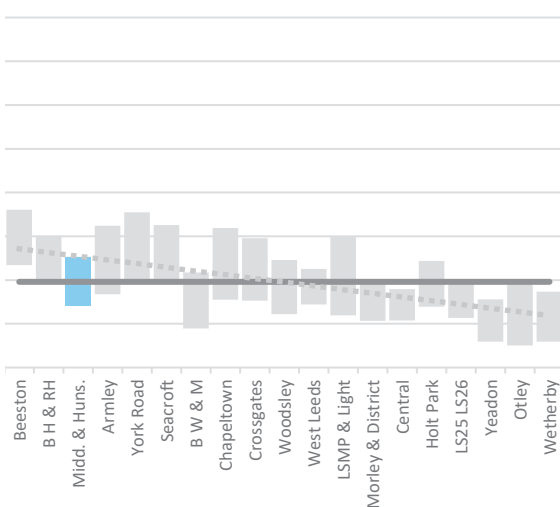
Leeds has risen a little from around 19% to 21% in the chart below, and rates in deprived areas are much higher.

This PCN is climbing steadily and is now one of the highest in the city - higher now than the deprived areas figure.



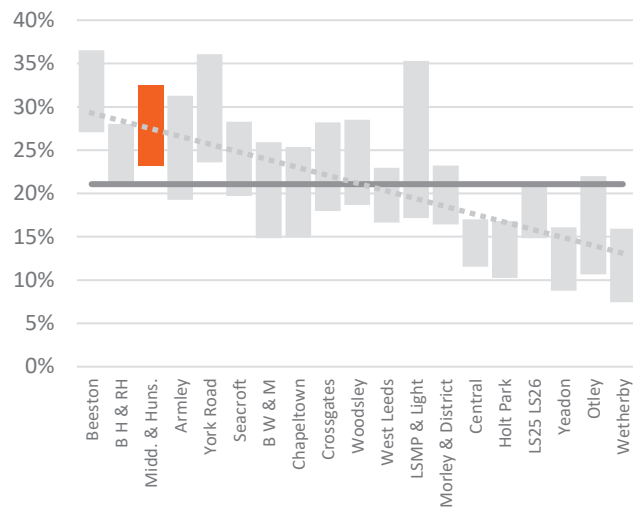
### Obesity % - PCNs reception in 2018-2019

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.



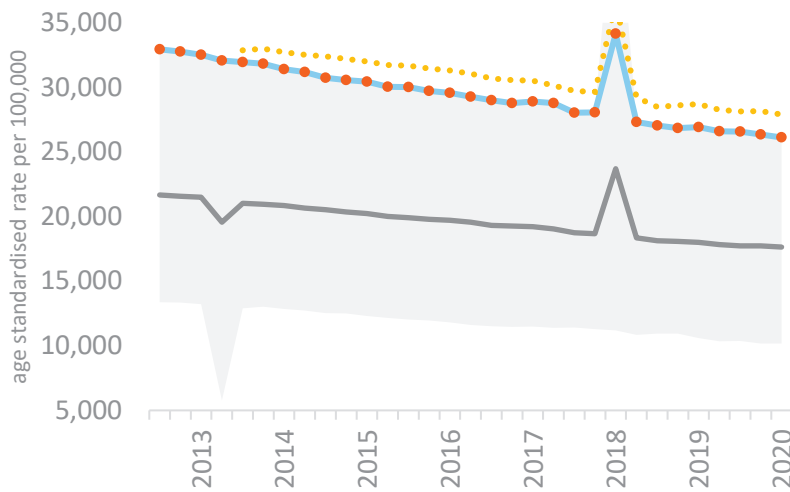
PCN NCMP data shows the students resident inside the PCN footprint, regardless of where their school is located. NCMP data is collected annually and sent to NHS Digital for national collation. NHS Digital return the processed data to local authorities and this is presented here.



## Smoking (adults)

PCN registered

### Change of smoking rates over time (adults)

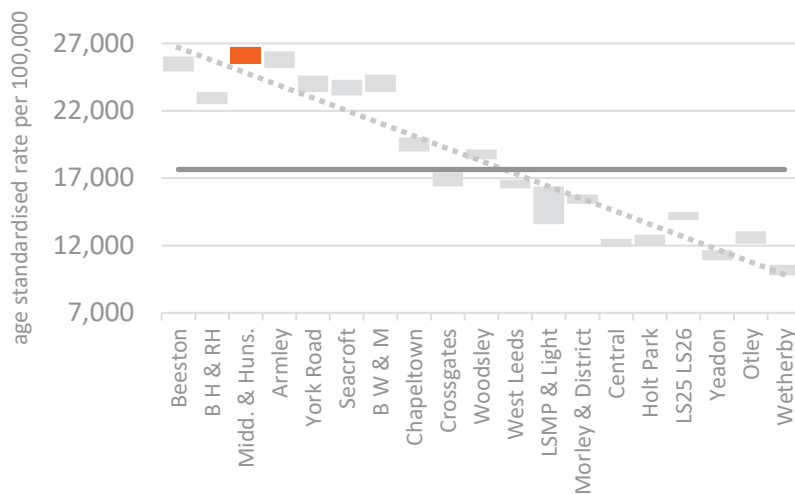


In a time series we can see that rates have been falling steadily for many years.

This PCN has been significantly above the overall Leeds rate for years. It is falling more quickly than Leeds though.

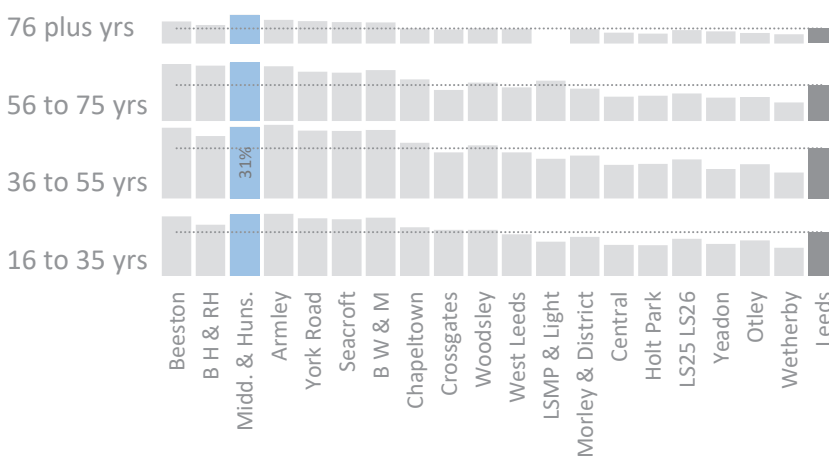
Deprived Leeds is very different to Leeds overall with much higher rates of smoking, however it is falling more quickly than Leeds overall.

### 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.

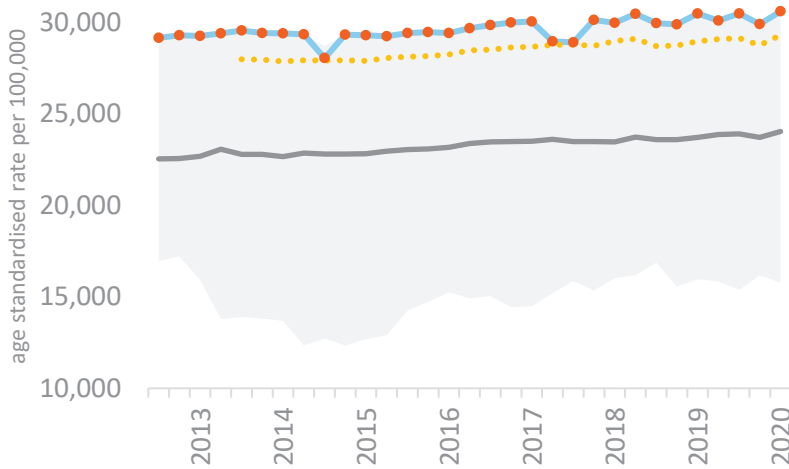
The ageband with the highest smoking rate is 36 to 55 years, with a rate of 31%

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.

## Obesity (adults where BMI>30)

PCN registered

### Change of obesity rates over time (adults)

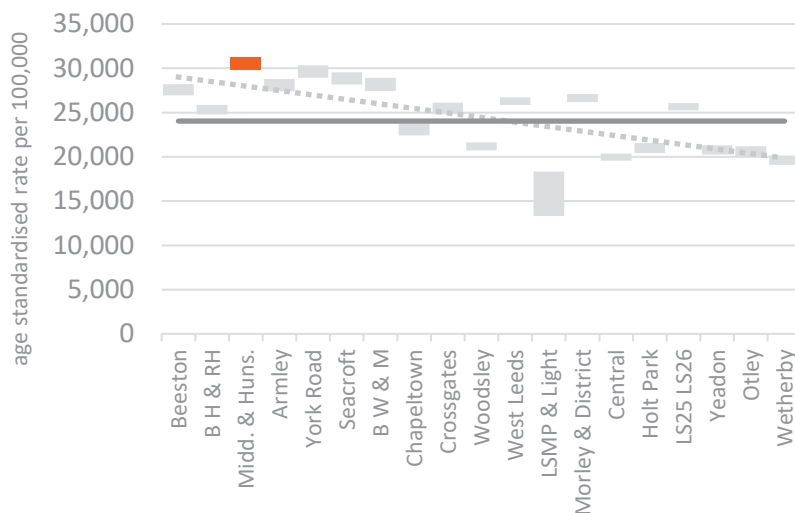


In a time series we can see that rates have been rising slowly for many years.

This PCN has been significantly above the overall Leeds rate for years and is usually the highest in the city.

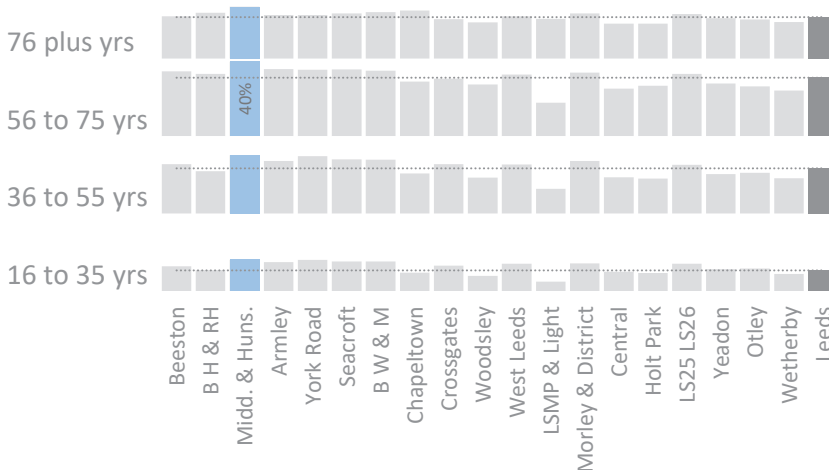
Deprived Leeds is much higher than Leeds overall, and rising at the same speed.

### 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.

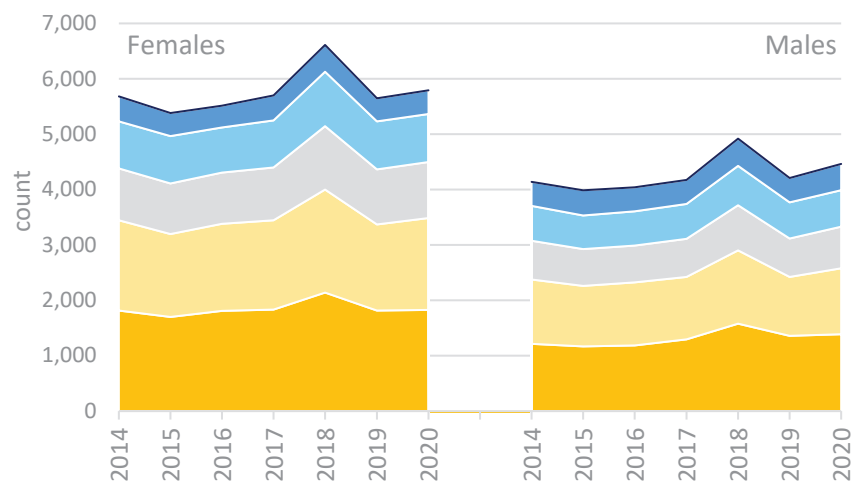
This PCN has very high rates of obesity in all agebands.

The ageband with the highest Obesity rate is 56 to 75 years, with a rate of 40%

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**

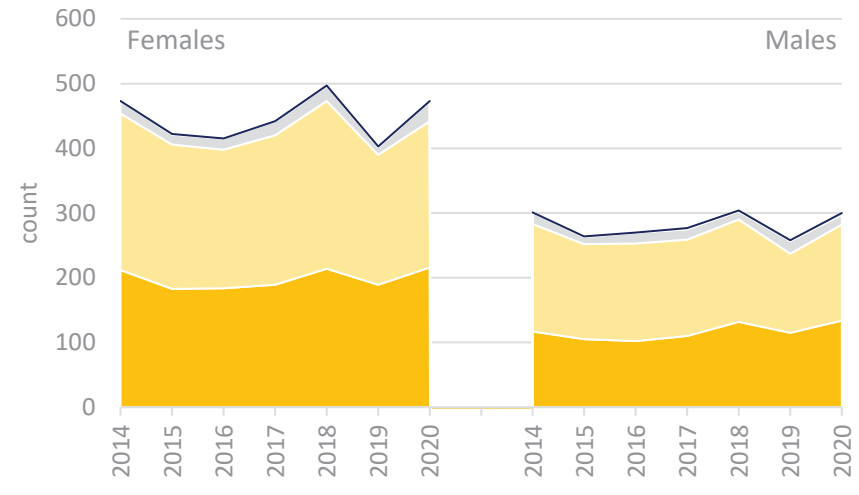


In January 2020 there were 10,252 Leeds registered and resident patients recorded as being obese and current smokers.

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**



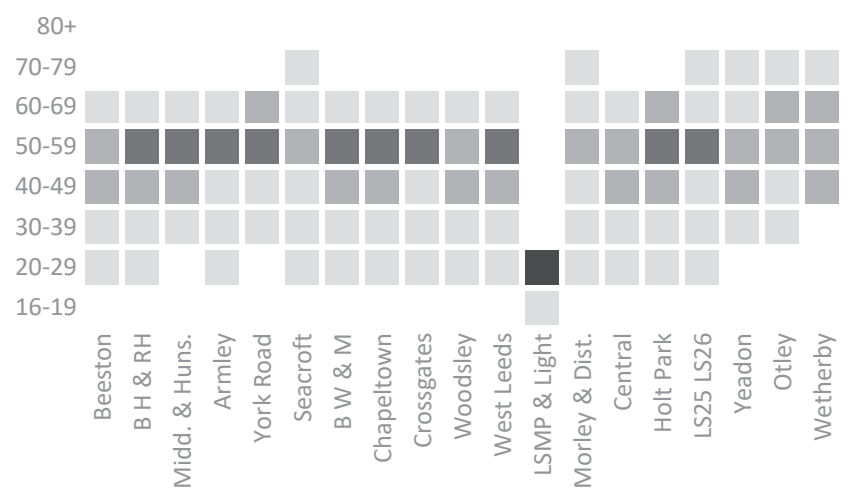
**In this PCN...**

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

In this PCN the female obese smokers outnumber the males greatly, and the overall trend is moving very slightly downwards.

This is despite the numbers of obese smokers in the most deprived fifth increasing slowly over time.

**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.

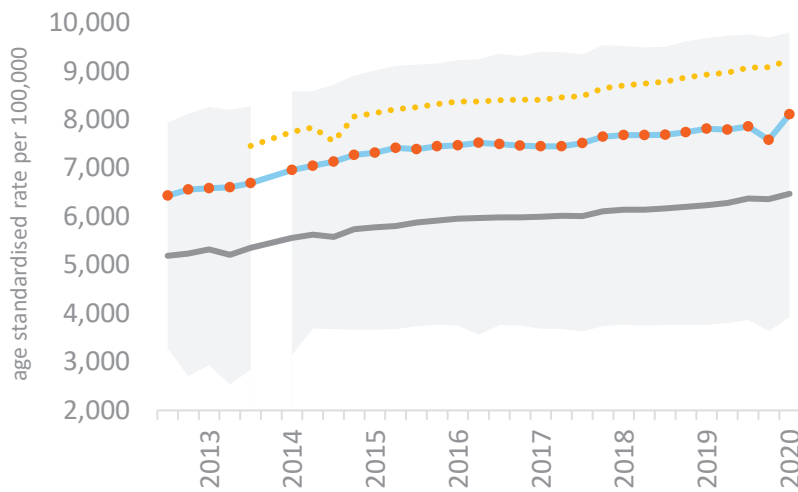
- greater than or equal to 30%
- greater than or equal to 25%
- greater than or equal to 20%
- greater than or equal to 10%

*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)

PCN registered

### Change of diabetes rates over time

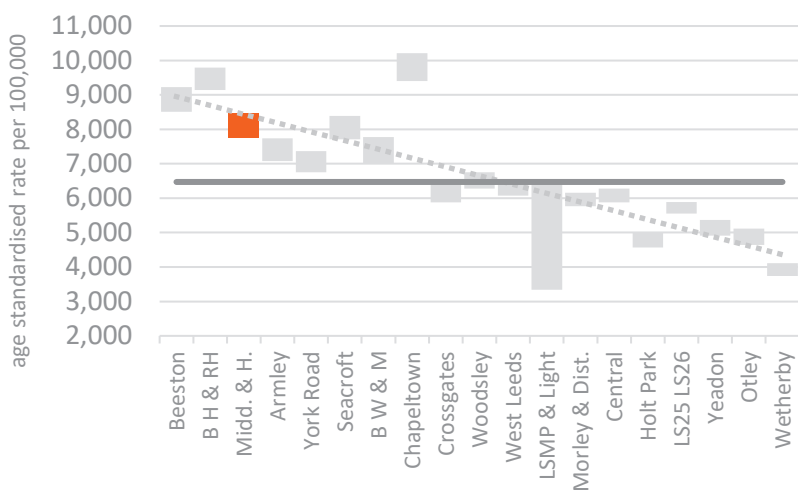


In a time series we can see that rates have been rising steadily for many years.

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

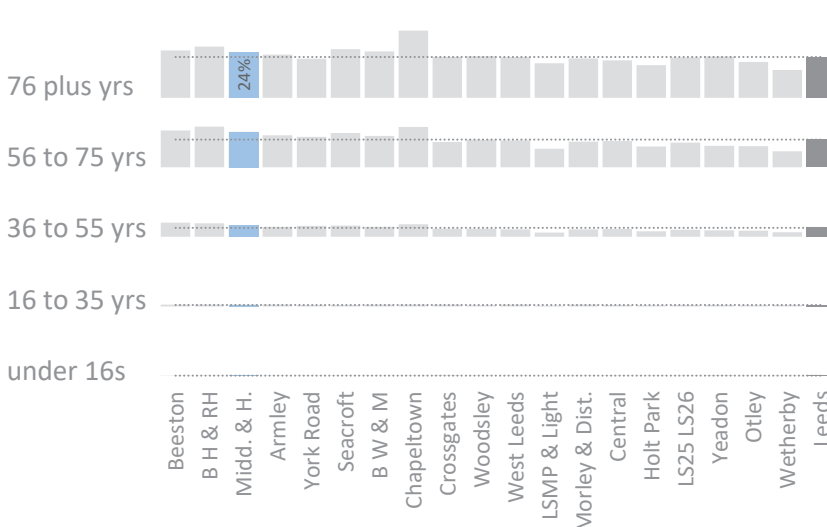
Deprived Leeds is much higher than Leeds overall, and rising more quickly.

### 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 above average rates of diabetes in older agebands.

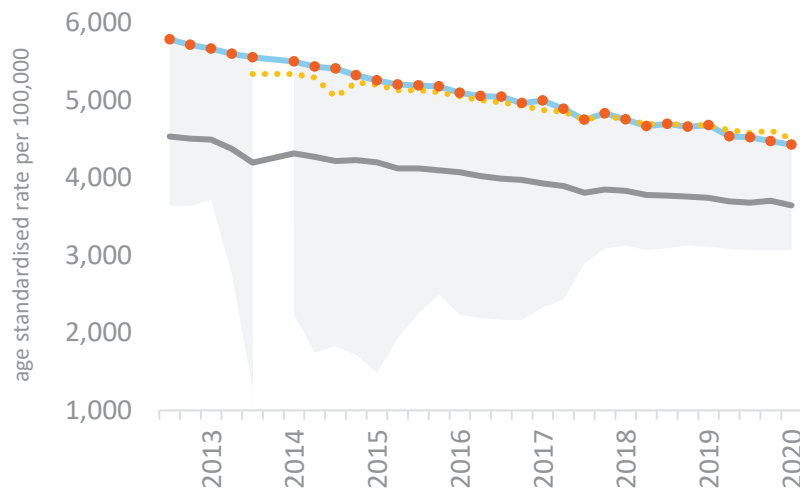
The ageband with the highest diabetes rate is 76 plus years, with a rate of 24%

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

PCN registered

### Change of CHD rates over time

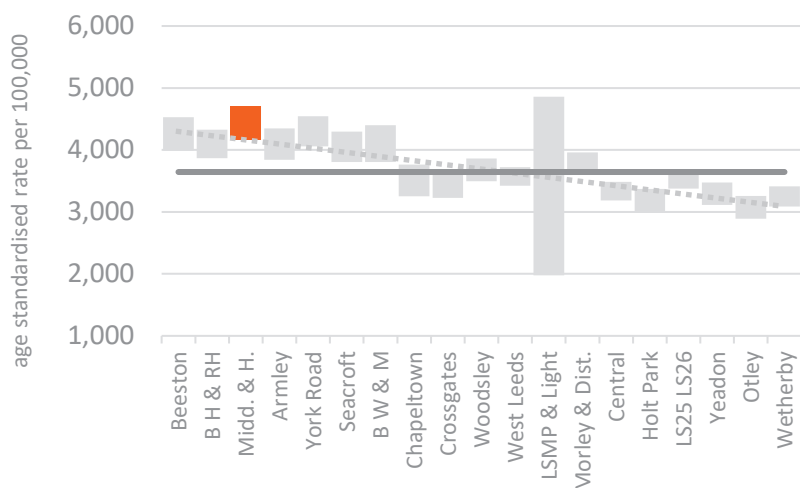


In a time series we can see that rates have been falling slowly for many years.

This PCN has been significantly above the overall Leeds rate for years and is decreasing more quickly.

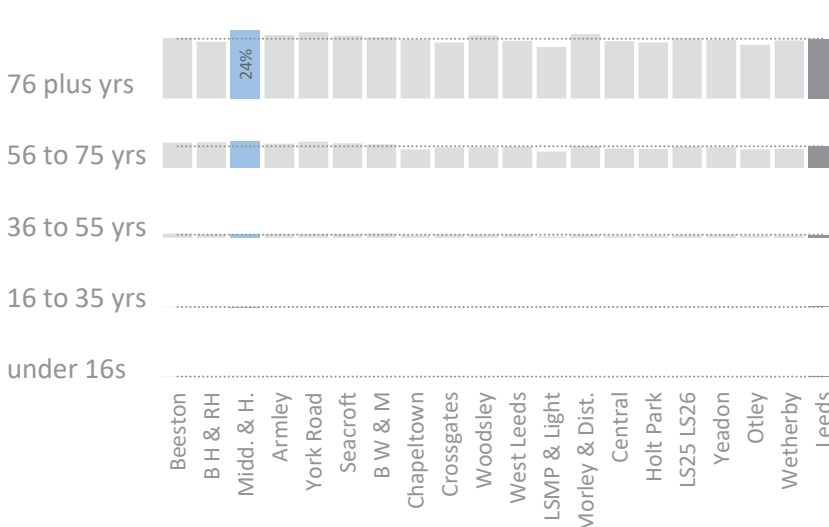
Deprived Leeds is much higher than Leeds overall, and falling slightly more quickly.

### 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 above average rates of CHD in older agebands, especially 76+.

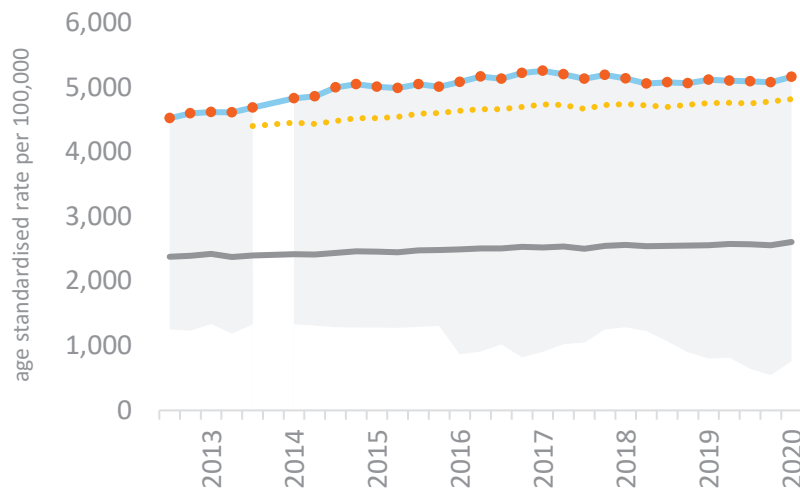
The ageband with the highest CHD rate is 76 plus years, with a rate of 24%

*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.*

## Chronic obstructive pulmonary disorder (COPD) all ages

PCN registered

### Change of COPD rates over time

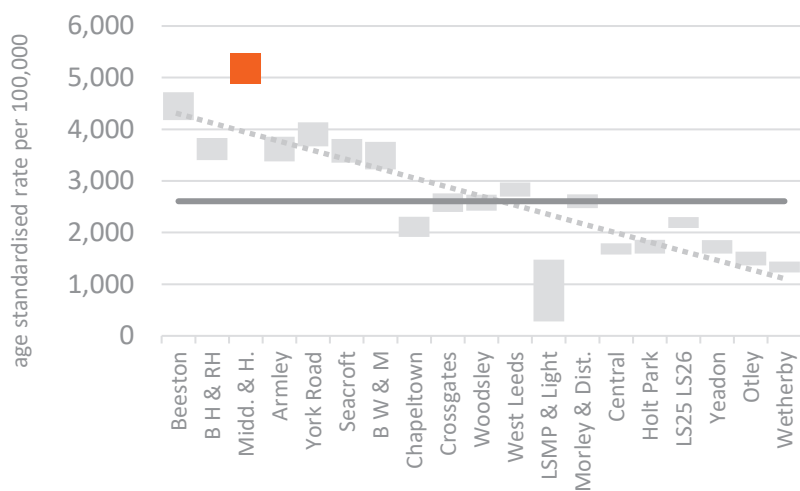


In a time series we can see that rates have been very slowly increasing for many years.

This PCN has been highest in the city for many years and is increasing more quickly.

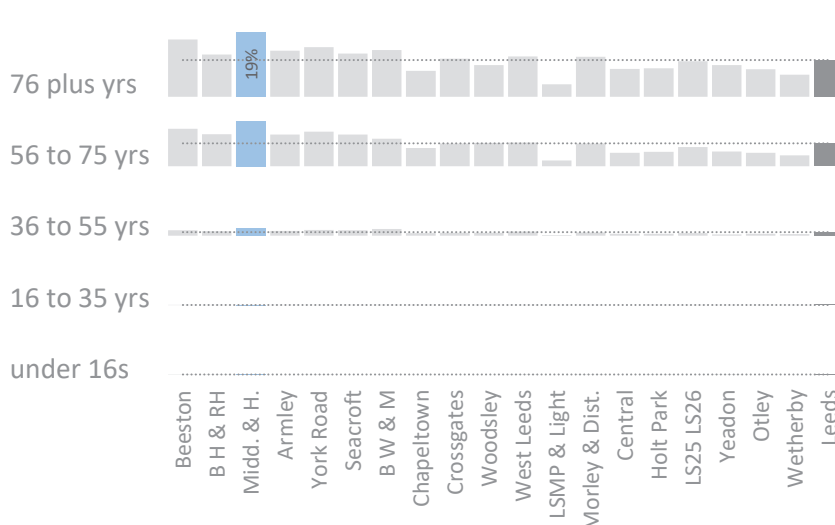
Deprived Leeds is much higher than Leeds overall, and rising while Leeds is almost static.

### 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 double the average rates of COPD in older agebands.

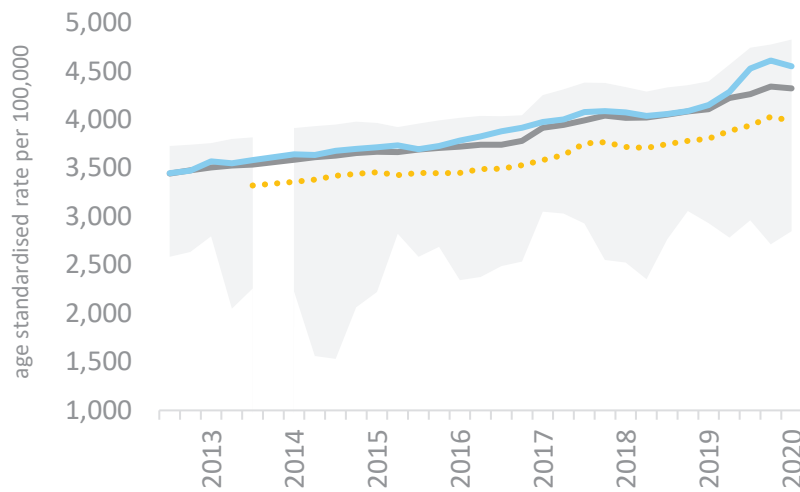
The ageband with the highest COPD rate is 76 plus years, with a rate of 19%

*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.*

## Cancer (all ages)

PCN registered

### Change of Cancer rates over time

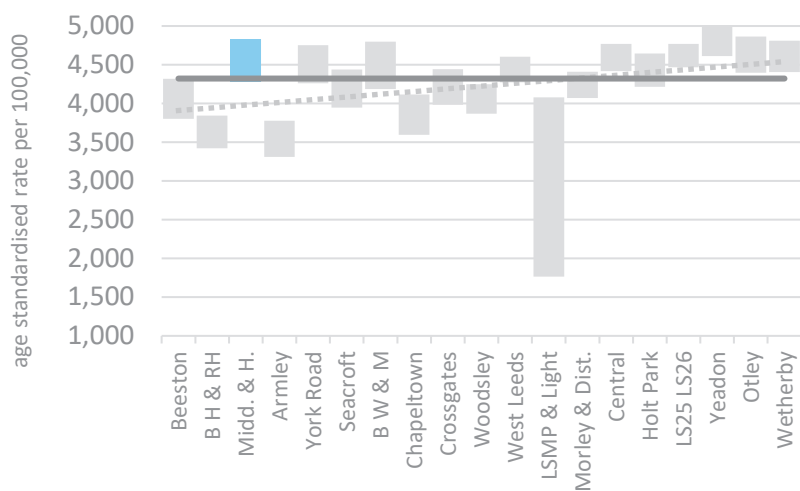


In a time series we can see that rates have been climbing steadily for many years.

This PCN has been close to Leeds for years and following much the same increases.

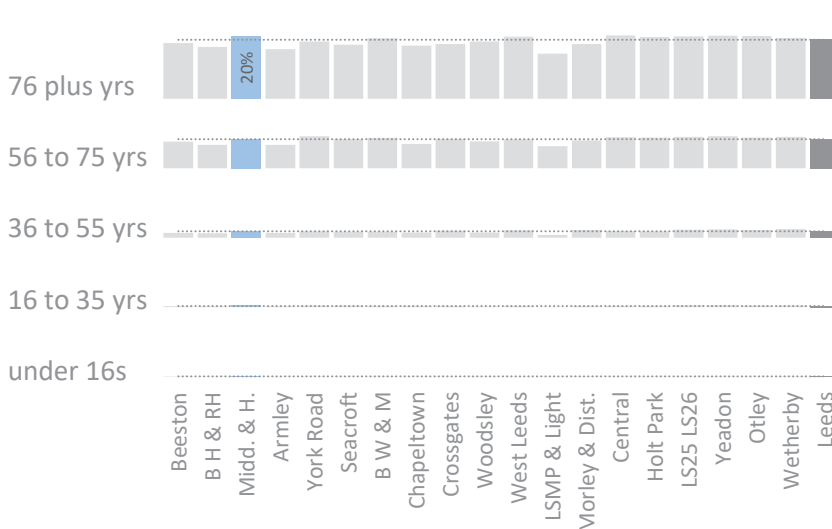
Deprived Leeds is lower than Leeds overall, this is thought to be due to higher cancer mortality, possibly a result of late diagnosis.

### 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 rates of cancer in all agebands.

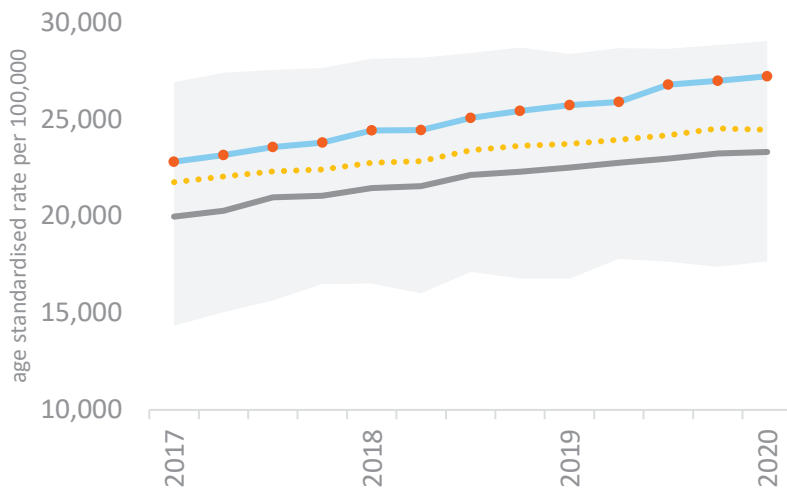
The ageband in this PCN with the highest Cancer rate is 76 plus years, with a rate of 20%

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

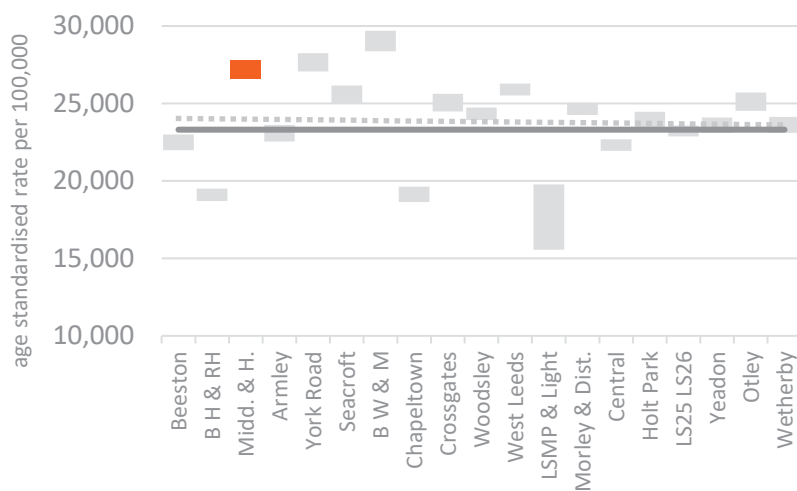


In a time series we can see that rates have been climbing steadily for many years.

This PCN has always been significantly above the Leeds rate, and climbing more quickly.

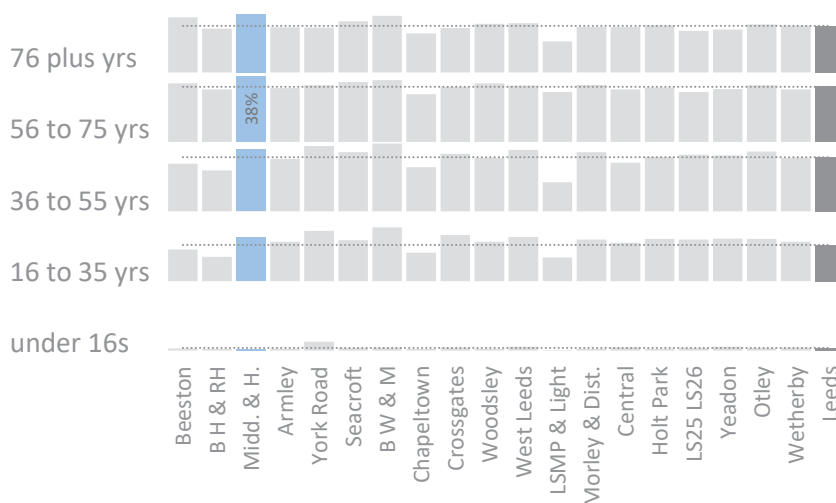
Deprived Leeds is higher than Leeds overall and increasing at the same rate.

### 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 well above average rates of CMH in all adult agebands.

The ageband in this PCN with the highest rate of recorded common mental health issues is 56 to 75 years, with a rate of 38%

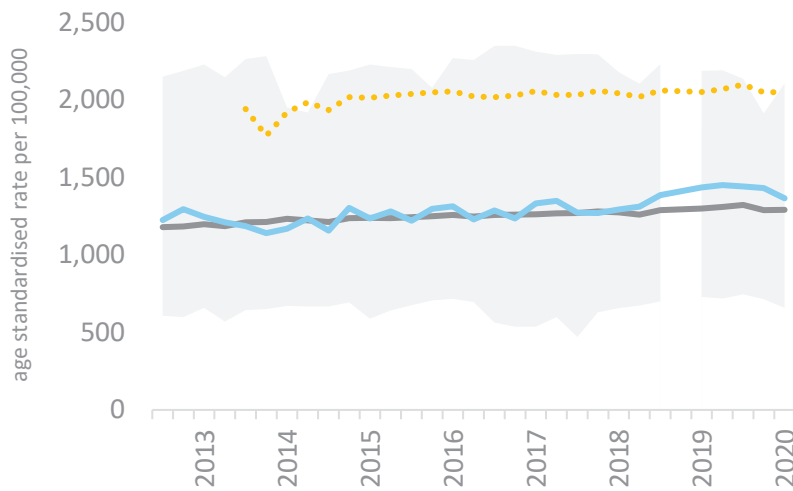
*This data is collected from practices quarterly and therefore only contains records where patients are presenting and have been questioned. Certain population groups are known to visit their GP rarely.*



## Severe mental health issues (SMH) ages 18+

PCN registered

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

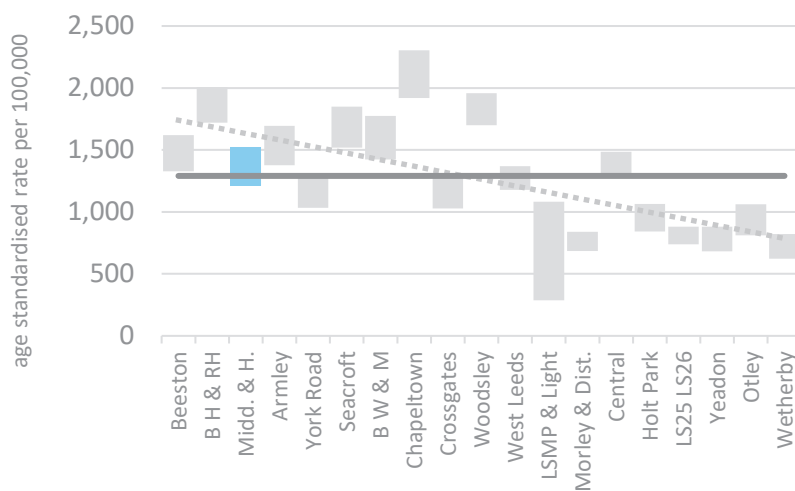


In a time series we can see that rates have been climbing very slowly for many years.

This PCN has always been close to the Leeds rate, and is following the general trend.

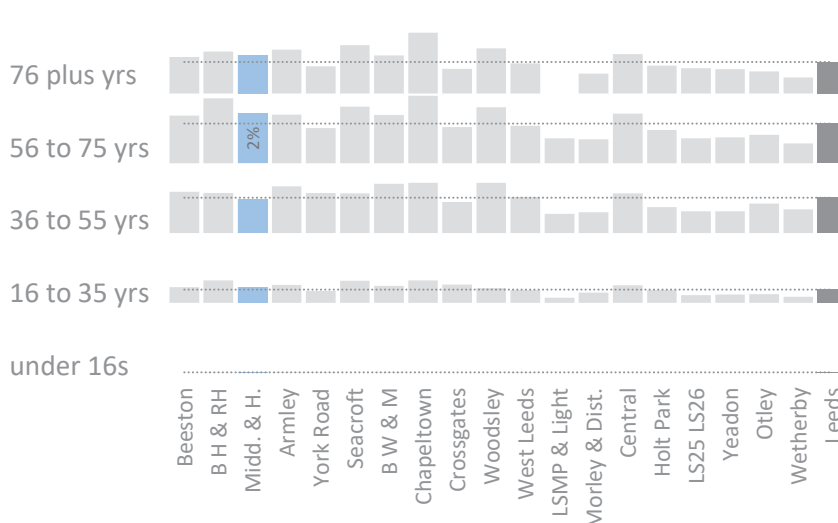
Deprived Leeds is much higher than Leeds overall and increasing at the same slow rate.

### 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.

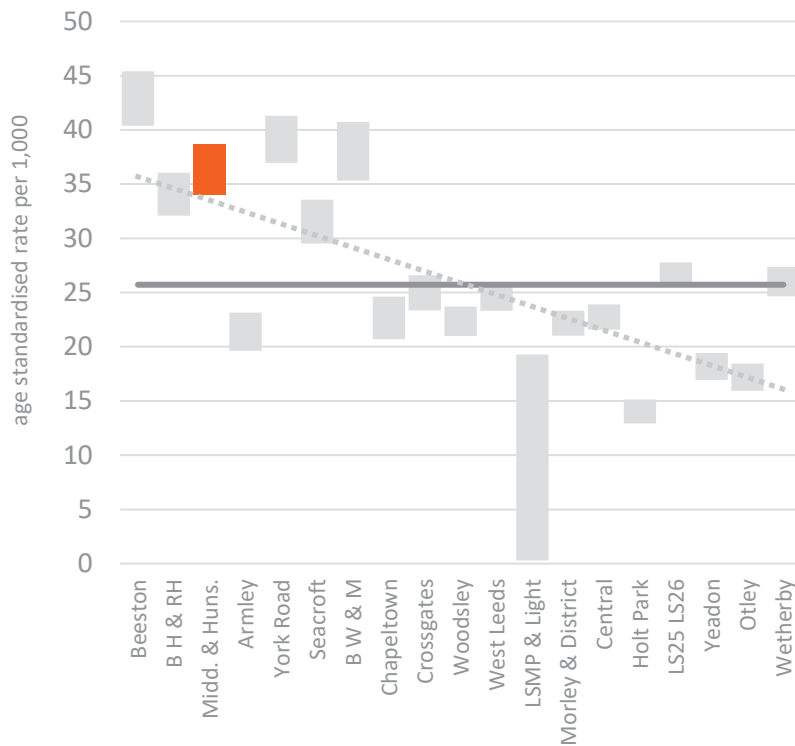
This PCN has well above average rates of SMH in older agebands.

The ageband in this PCN with the highest rate of recorded severe mental health issues is 56 to 75 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 PCN registered

Moderate frailty, age standardised rates per 1,000



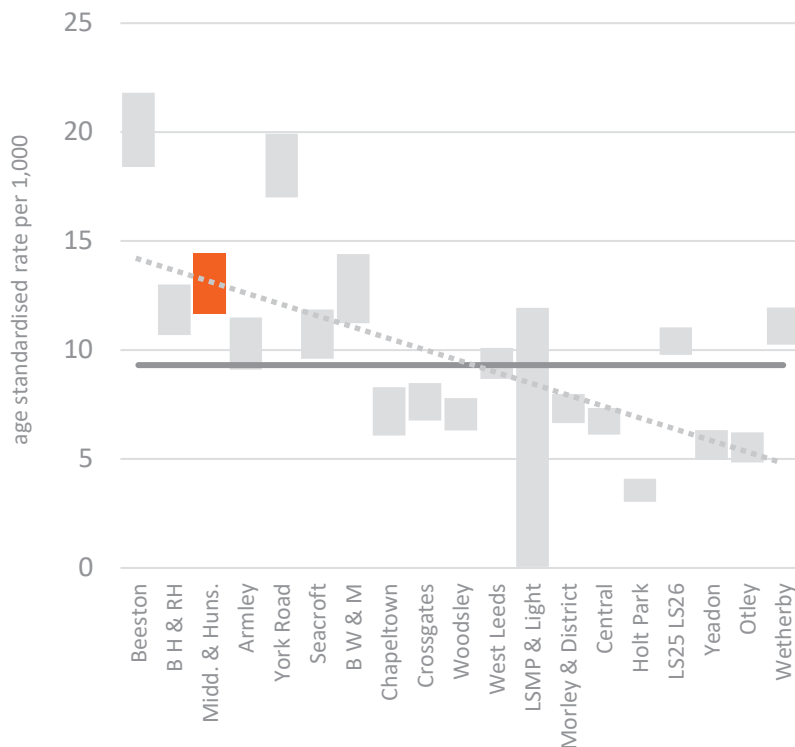
Moderate frailty rates per 1,000 show a strong relationship with deprivation.

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.

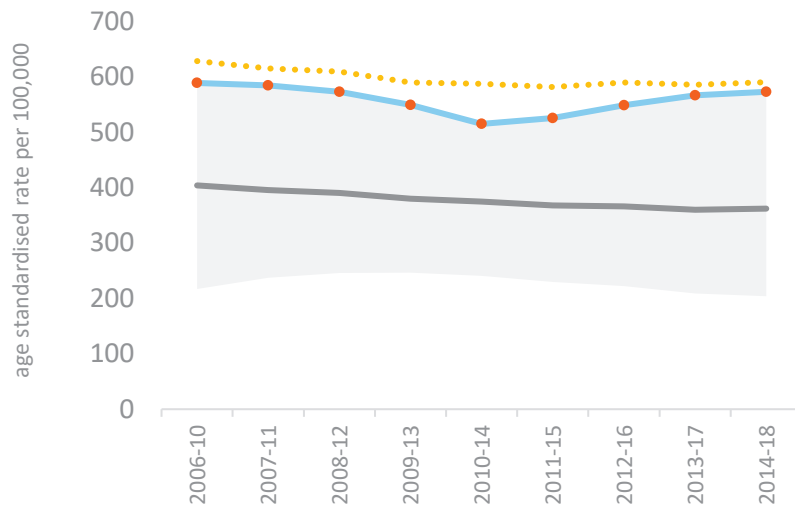
Age standardisation of this data has removed age as a factor in differences so there is another reason for this. It could perhaps be improved recording or presentation by patients.

Source: Leeds Data model March 2019

## All cause mortality (under 75s)

PCN footprints

### Change in overall mortality rate over time

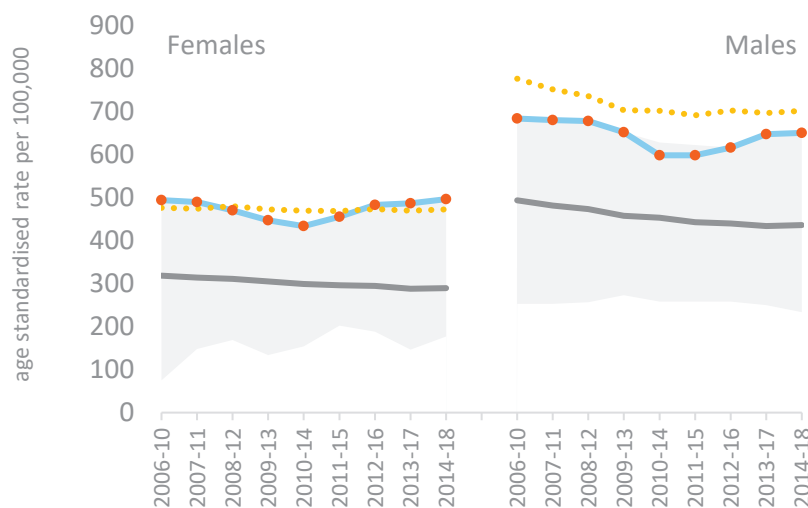


In a time series we can see that rates have been dropping very slowly for many years.

This PCN has always had the highest mortality rate in the city, and in recent years has been increasing steadily.

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

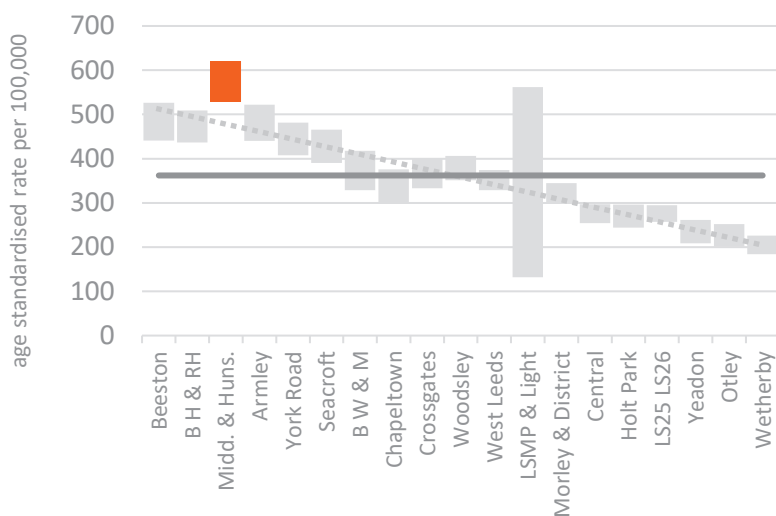
### Female and male rates over time



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

Male and female rates are very different but both are always highest in the city and increasing since around 2011.

### 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.

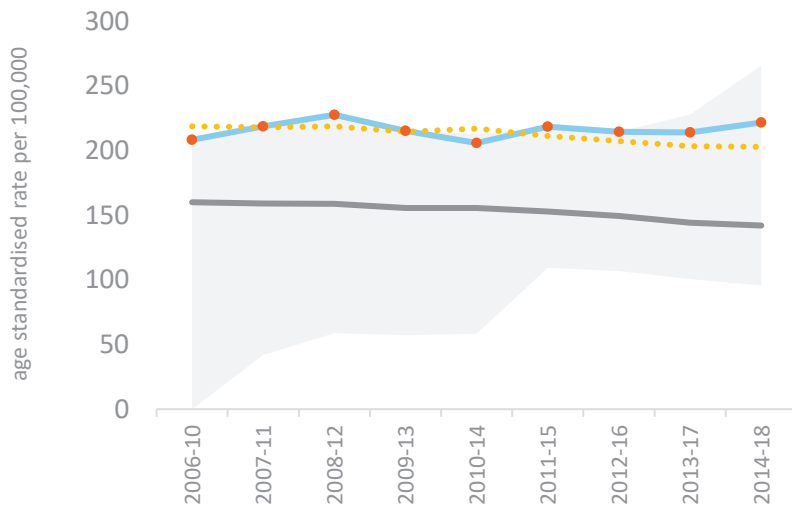
This PCN has the highest rate in the city, it is actually significantly higher than any other PCN (except special case LSMP & Light)

Source: ONS, GP registered populations

## Cancer mortality (under 75s)

PCN footprints

### Change in overall mortality rate over time

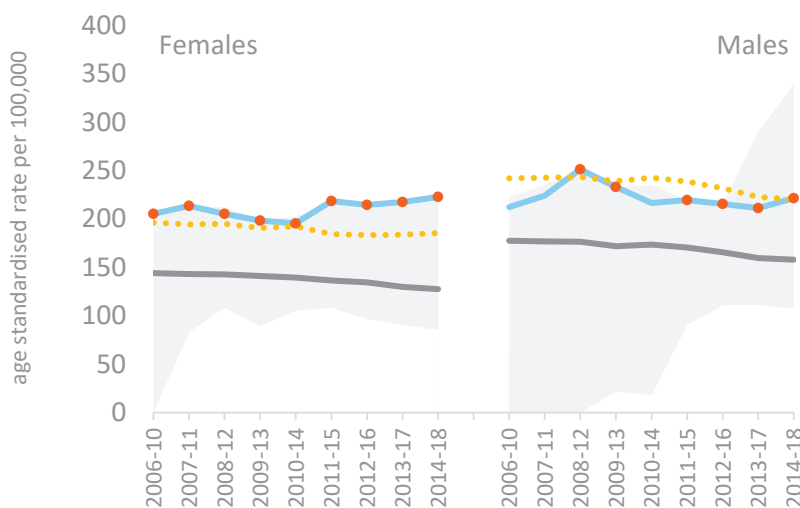


In a time series we can see that rates have been falling very slowly for many years.

This PCN was extremely high for many years, but in recent data it no longer holds this position.

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

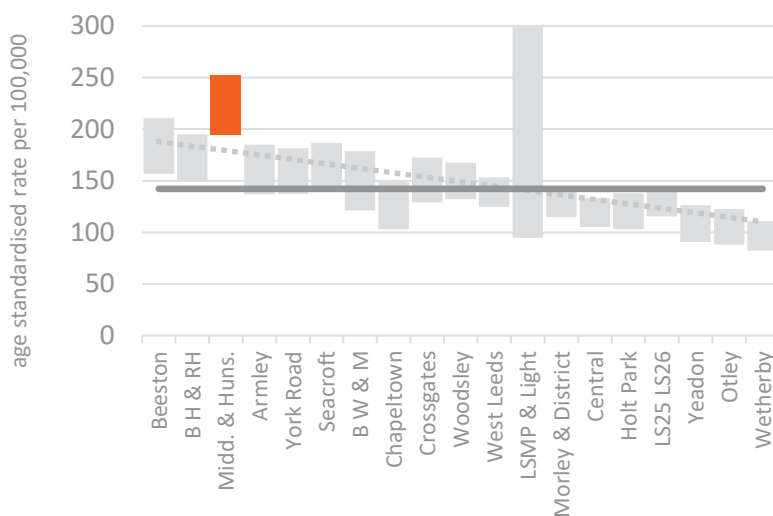
### Female and male rates over time



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

Male and female rates are both very high. Female rates slowly increasing while male rates are steady and now higher than those of Deprived Leeds.

### 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.

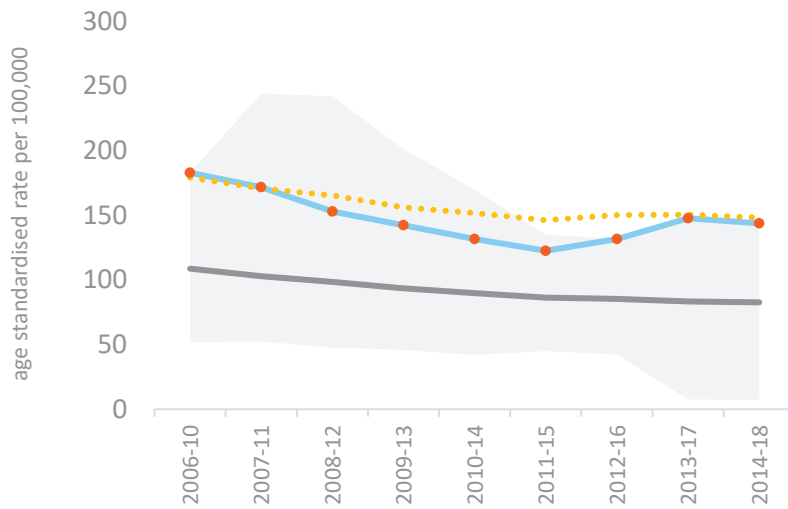
This PCN has a rate significantly higher than almost all PCNs in the city.

Source: ONS, GP registered populations

## Circulatory disease mortality (under 75s)

PCN footprints

### Change in overall mortality rate over time

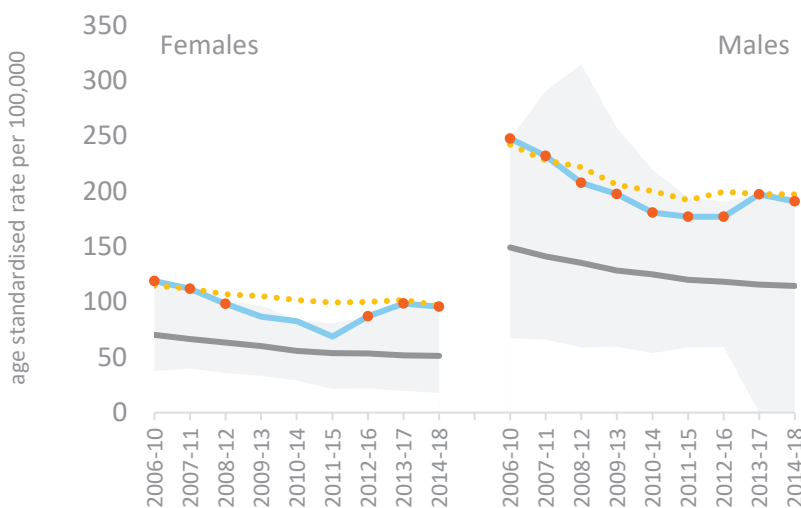


In a time series we can see that rates have been falling very slowly for many years.

This PCN has always been above the Leeds rate, and in general is falling faster than Leeds.

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

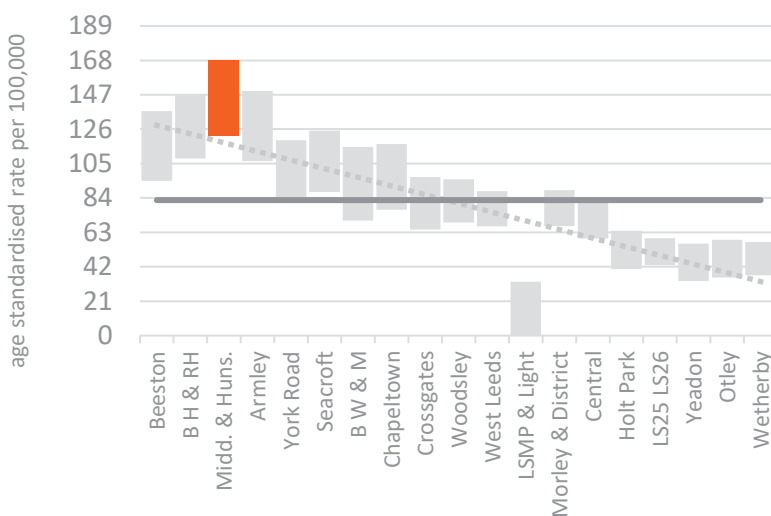
### Female and male rates over time



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

The male and female rates are very different but generally both are nearly highest in the city. Both sexes have the same improvement followed by increase in recent data.

### 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.

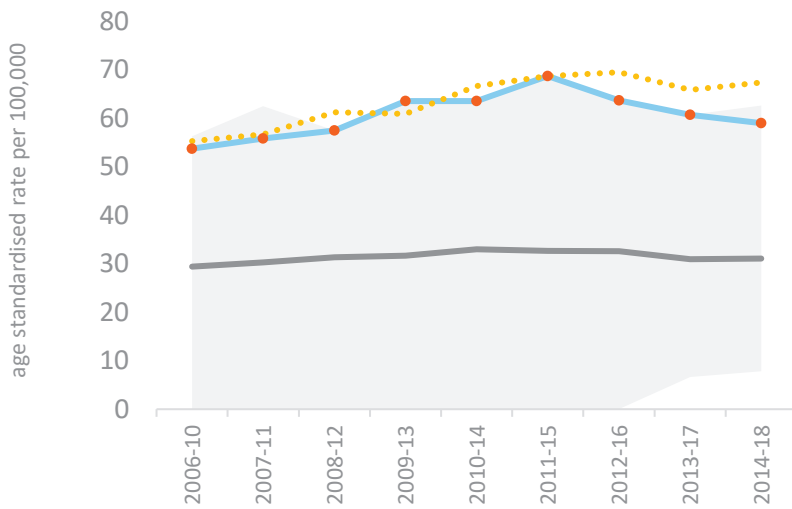
This PCN has a rate significantly higher than thirteen less deprived PCNs.

Source: ONS, GP registered populations

## Respiratory disease mortality (under 75s)

PCN footprints

### Change in overall mortality rate over time

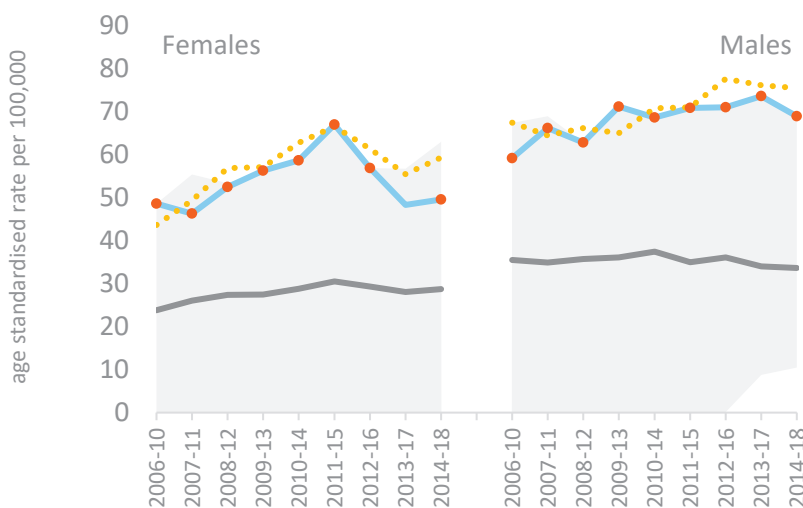


In a time series we can see that the Leeds rate has been rising very slowly for many years.

This PCN has always been far above the Leeds rate, and although falling steadily its is still virtually highest in Leeds.

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

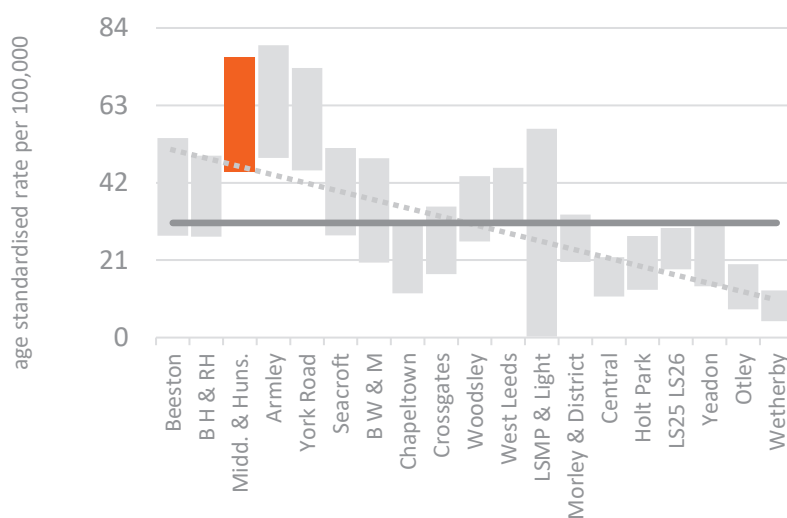
### Female and male rates over time



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

The male and female rates are nearly highest in the city. Falls in the female mortality rate have driven the PCN improvements.

### 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.

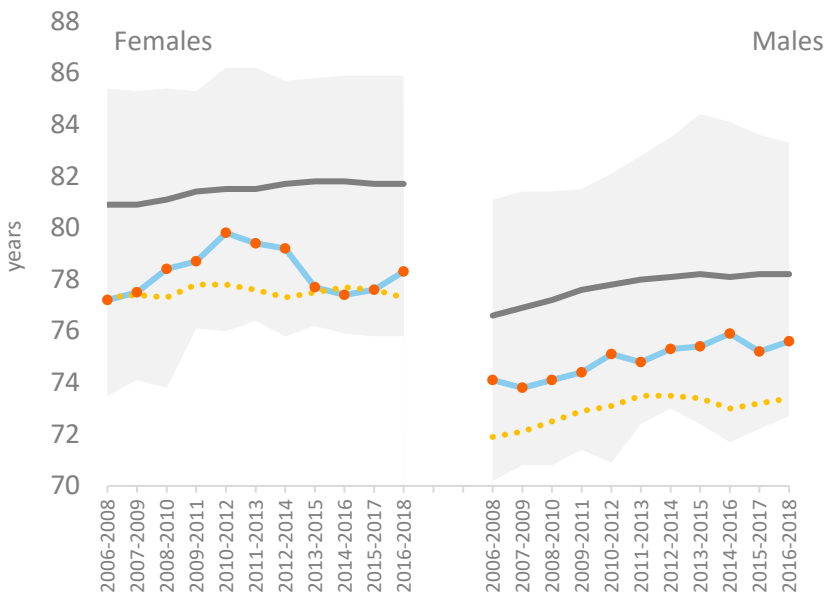
There is a clear and strong link between deprivation and mortality. This PCN has a rate significantly higher than twelve less deprived PCNs.

Source: ONS, GP registered populations

# Life expectancy

PCN footprints

## Change in life expectancy over time

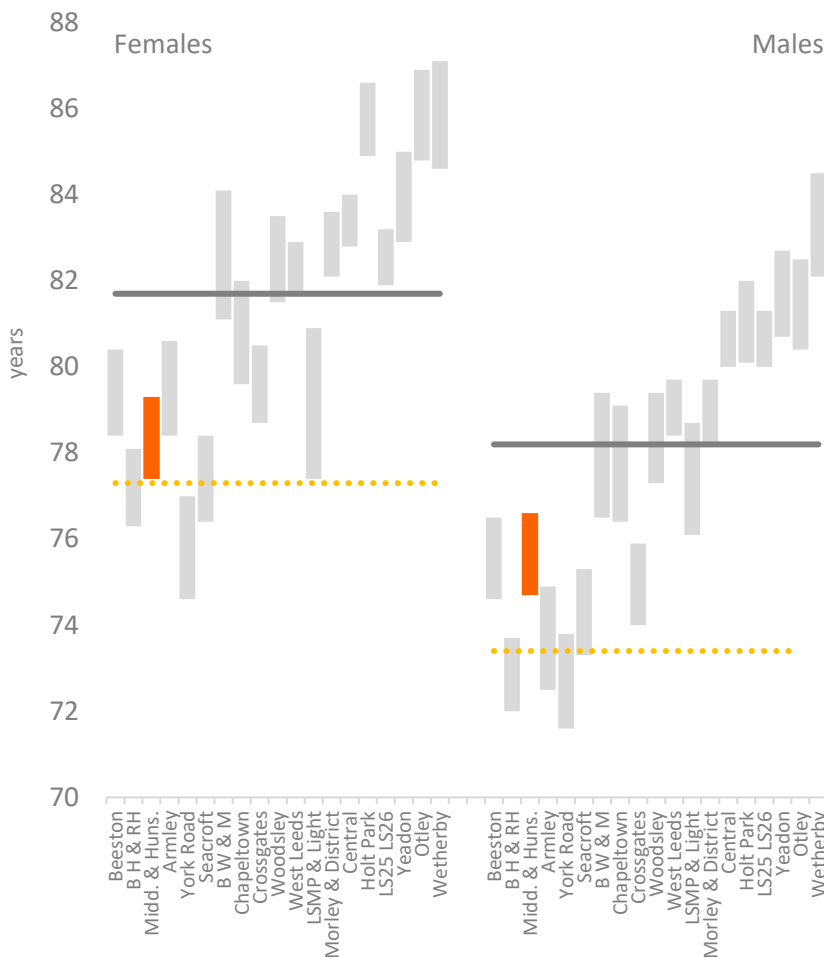


In a time series we can see that rates have been climbing slowly for many years. Male figures are improving more quickly but still generally lower than females.

This PCN has always been significantly below the Leeds figures, female LE is only slightly higher now than it was in 2007.

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 male and female life expectancy figures are significantly different, but closer than many deprived PCNs in Leeds.

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.

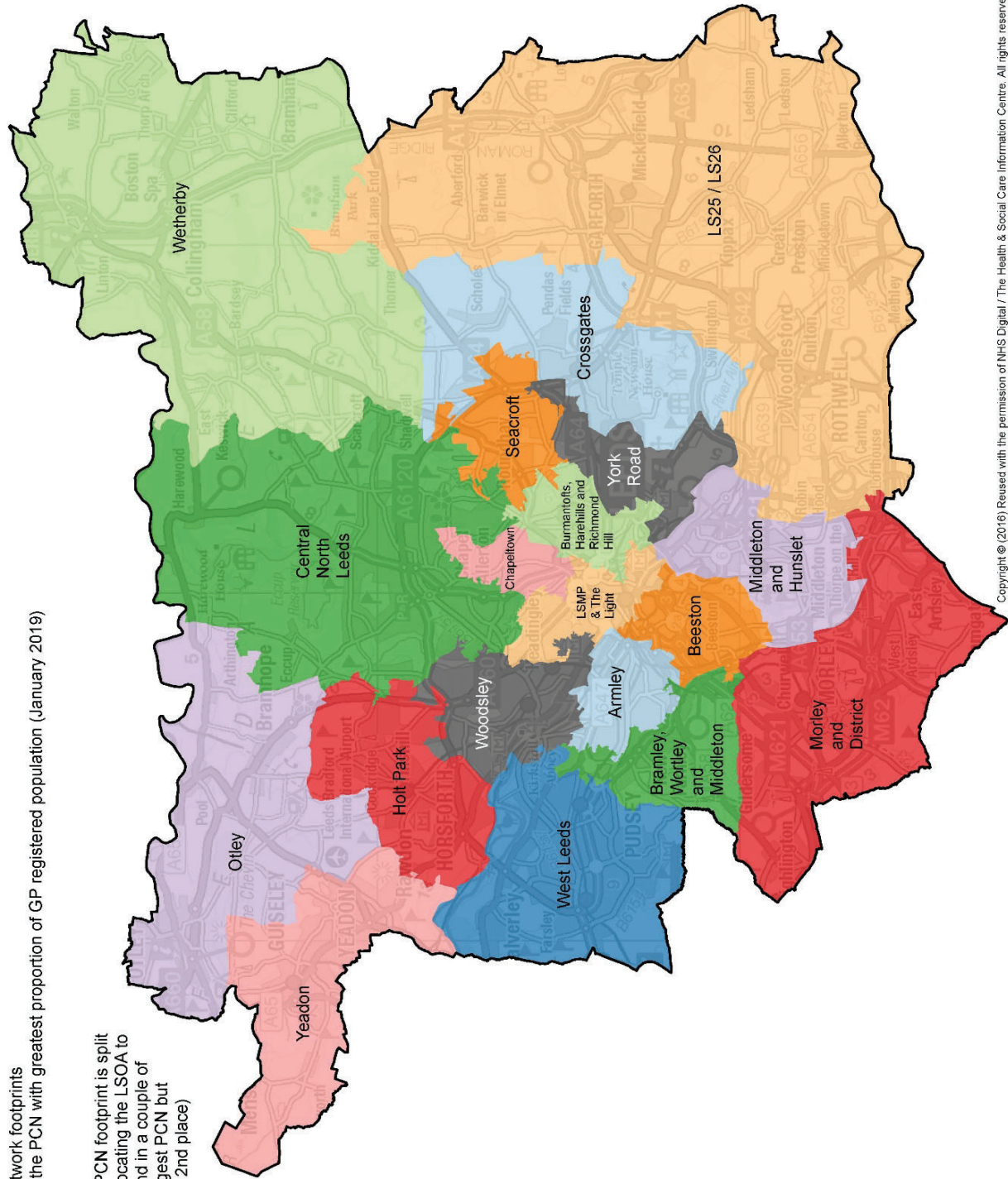
**PCN footprints**

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 contiguous 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)



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