GP Joint Strategic Needs Assessment: a comparison of Halton practice profiles

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Description	This Joint Strategic Needs Assessment (JSNA) provides an overview of some of the key areas of public health need for the patient population of Halton using the most recently available data. Alongside other information this document provides a summary of data on cancer screening, flu immunisation, CVD and COPD, obesity, alcohol, smoking, A&E admissions and hospital admissions across Halton. We have included data collected from the 14 GP practices, local and national averages, and targets to highlight areas for improvement. Please refer to the accompanying pack for a summary of data specific to your practice only. Results across several public health domains can also be found in the published National General Practice Profiles (https://fingertips.phe.org.uk/profile/general-practice) .
Questions & Feedback	Email: Health.Intelligence@halton.gov.uk
Related documents	Joint Strategic Needs Assessment for Halton https://www3.halton.gov.uk/Pages/health/JSNA.aspx

Halton Area Pack

This is the fifth JSNA for GP practices in Halton. The aim of collating this data is to help identify which services are working effectively including which prevention and screening measures are used the most. It also highlights areas where resources may need to be focused to optimise the health of the Halton population.

This pack includes:

- Summary of the GP JSNA for Halton
- GP JSNA – A Comparison of Halton Practice Profiles

Please refer to the GP Pack for:

- Summary of the JSNA for your practice only

We hope you find this JSNA useful and informative to enable positive change for your patients.

GP JSNA Halton Summary

This section is a summary of the GP JSNA for Halton Local Authority. For the full report on each GP practice in Halton that includes charts and date ranges, please refer to the next section 'JSNA – A Comparison of Halton Practice Profiles'. For a summary of the JSNA for your GP practice only, please see the GP Pack.

The following is a summary of cancer screening, immunisation, obesity, alcohol and smoking rates for Halton as a whole. We have also included a summary of statistics relating to chronic diseases.

All data in this pack and the accompanying JSNA for Halton is for GP registered practice populations for 2021/22 unless otherwise stated.

Cancer Screening

The cervical cancer screening coverage for those aged 25-49 screened within 3.5 years was **71.3%.** This **did not meet** the **80%** national target.

The cervical cancer screening coverage for those aged 50-64 screened within 5.5 years was **72.1%.** This **did not meet** the **80%** national target.

The breast screening coverage for those aged 50-71 screened within the last 3 years was **72.3%.** This **met** the national minimum standard of **70%.**

The bowel cancer screening uptake for those aged 60-74 screened within 6 months of invite was **68.5%.** This **met** the **60%** national target**.**

Cancer Profile

The two-week referral rate of **3,937 per 100,000 population** was **higher** than the England referral rate of **3,389 per 100,000 population**.

The percentage of all two week referrals that were subsequently diagnosed with cancer (conversion rate) was **6%**. This was **lower** than the England average of **7.1%**.

The proportion of new cancer cases treated that were referred through the two week wait route (detection rate) was **48.6%.** This was **lower** than the England average of **52.9%**.

The rate of emergency hospital admissions with a diagnostic code that includes cancer was **380 per 100,000 population**. This was **lower** than the England rate of **456 per 100,000 population.**

The rate of emergency presentations, i.e. people diagnosed with cancer via an emergency route, was **91.7** per 100,000 population. This was **higher** than the England average of **87.1 per 100,000 population**.

Flu Vaccination

Uptake in the over 65s was **81.6%** which **did not meet** the national target of **85%**. The England average was **82.3%**.

Uptake in pregnant women was **31.6%** which **did not meet** the national target of **75%**. The England average was **37.9%**.

Uptake in at-risk patients aged under 65 was **50.6%** which **did not meet** the national target of **75%**. The England average was **52.9%**.

Uptake in children aged 2-3 was **40%** which **did not meet** the national target of **70%**. The England average was **50.1%**

MMR Vaccinations

Uptake at age 2 was **91.1%** which **did not meet** the national target of **95%**. The England average was **89.2%**.

Uptake of 1st dose of MMR vaccination by age 5 was **95.3%** which **met** the national target of **95%**. The England average was **93.4%**.

Uptake for both doses of MMR at age 5 was **89.7%** which **did not meet** the national target of **95%**. The England average was **85.7%**.

Chronic Diseases

CHD prevalence was **4.2%**. This was higher than the England average of **3.0%**.

Diabetes prevalence was **8.4**%. This was higher than the England average of **7.3%**.

Hypertension prevalence was **16%**. This was higher than the England average of **14%.**

The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years was **87.9%.** This was higher than the England average of **85.7%**

The percentage of patients with hypertension in whom the last blood pressure (measured in the previous 12 months) is 150/90 mmHg or less was **60.8%.** This was lower than the England average of **64.1%**

COPD prevalence was **2.9%**. This was higher than the England average of **1.9%**.

Obesity

12.4% of adults aged 18 and over were obese. The national average was **9.7%**.

Note: This is likely to be a significant under-recording but is the only data routinely available at GP practice or electoral ward level. Data for Halton local authority (from the Active Lives Survey) shows 32.3% of adults (aged 18+) were obese. This rate was statistically significantly higher than England.

Results from the National Child Measurement Programme showed that **26.6%** of 5 year olds were classed as overweight or obese. The England average was **22.3%**.

The percentage of overweight or obese 11 year olds was **42.2%**. This was higher than the England average of **37.8%**.

Alcohol and Smoking

The rate of hospital admission episodes for alcohol-specific conditions in Halton was **995 per 100,000 population.** The Halton value was statistically significantly higher than the England average of **626 per 100,000 population.**

Smoking prevalence amongst patients aged 15 and over was **17.4%.** The England average was **15.2%.**

In the preceding 24 months, smoking cessation support and treatment was offered to **71%** of current smokers aged 15 and over. The England average was **74%**.

A&E attendances and emergency hospital admissions

The rate of A&E attendances was **768 per 1,000 population**. This was higher than the England average of **432 per 1,000 population**.

The average rate of emergency admissions of 0-4 year olds was **179 per 1,000 population** which was **higher** than the England average of **140 per 1,000 population.**

Halton had **755** emergency admissions due to injuries in patients aged under 15. This represents a rate of **106 per 1,000 population.** This was **higher** than the England average of **83 per 1,000 population**.

Health Checks

In Halton, **7%** of the eligible population were invited for a Health Check in 2021/22, which was **lower** to the England average of **9%**.

In Halton, **5%** of eligible patients received a Health Check. This was **higher** than the England average of **3%**. However the programme aims to cover 20% of the eligible population each year which was not reached.

Recommendations

Halton performed above the national average for:

- MMR vaccinations occur at age 2, 1st dose by age 5 and 2nd dose by age 5. However, they were below target for MMR vaccination at age 2 and second dose by age 5.
- Providing blood pressure checks for people aged 45 and over.
- For Breast cancer screening uptake the national target of 70% was ~~also~~ exceeded.

Halton met the national target for:

- Bowel cancer screening uptake. Although the uptake was below the national average of 69.6%, the target of 60% was achieved.
- Breast cancer screening coverage. At **72.3%** (national target of 70%), it was higher than the national average of 63.1%

Areas for further development include:

- Cancer screening
  - We needed to screen **1,902** (8.7%) more patients aged 25-49 and **972** (7.9%) more patients aged 50-64 on the Cervical Cancer Screening Programme in order to meet the national target of 80% coverage. Coverage has been declining year on year; it is key that women have access to screening and that practices are promoting and enabling attendance.

- Flu Vaccinations needed in order to meet the national target for uptake:
  - We needed to vaccinate **827** (3.4%) more over 65s to meet the 85% target.
  - We needed to vaccinate **688** (43.4%) more pregnant women to meet the 75% target.
  - We needed to vaccinate **5,552** (24.4%) more at-risk patients aged under 65 to meet the 75% target.
  - We needed to vaccinate **994** (35%) more 2-3 year olds to meet the 70% target.

- MMR Vaccinations needed in order to meet the national target for uptake:
  - We needed to complete **55** (3.9%) more vaccinations for 24 month olds to meet the target of 95%.
  - We needed to complete **81** (5.3%) more 2nd dose vaccinations for 5 year olds to meet the target of 95%.

- Smoking cessation
  - Ensure smoking cessation is offered to all current smokers. On average in Halton, 71% of smokers were offered support or treatment, which is slightly lower than the England average of 74%.

- Blood Pressure
  - In 2021/22, there were **21,573** adults in Halton on primary care registers with hypertension. This represents **16%** of the Halton GP population. Modelled estimates indicated that **27%** of

patients at Halton GP practices are expected to have hypertension.[1] This means approximately **14,900** patients in Halton may have undiagnosed hypertension.

- Ensure blood pressure readings are offered to all patients with hypertension. In 2021/22, Halton performed below the England average for this QOF measure (60.8% of patients had readings, compared to the national average of 64.1%).

- Health Checks
  - The national recommendation is that 20% of the eligible population are invited for a health check each year (so that all eligible patients will be invited over the 5 year coverage period). During 2021/22 just 7% were invited. There is also an issue with coding of opportunistic health checks in GP practices; patients are recorded as having had a check but not always an invite. This is causing uptake figures for some practices of over 100%; the data is submitted nationally for performance monitoring so is potentially skewing the information for Halton.

[1] https://www.gov.uk/government/publications/hypertension-prevalence-estimates-for-local-populations#full-publication-update-history PHE, released Oct-16, updated Feb-2020

JSNA – A Comparison of Practice Profiles

The following report provides additional data on Halton's health needs as a whole and for each individual practice. The report provides information on several aspects of health and is presented as follows:

1.0 Cancer screening
- 1.1 Executive Summary
- 1.2 Cervical Screening Programme
- 1.3 Breast Screening Programme
- 1.4 Bowel Screening Programme

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- 3.1 Children
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- 5.1 Chronic heart disease
- 5.2 Diabetes
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- 5.4 Blood pressure checks
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6.0 Lifestyle
- 6.1 Obesity
- 6.2 Smoking
- 6.3 Alcohol

7.0 A&E attendances and emergency hospital admissions
- 7.1 A&E attendances

1.0 Cancer Screening

1.1 Executive Summary

Background

Screening programmes for breast, cervical and bowel cancer are effective in detecting disease and reducing mortality. Increasing screening coverage ensures that more people benefit from screening services and helps to reduce health inequalities. The data in this report relates to the Halton GP average; some, but not all, of the data is also available at GP practice level.

Aim

This report will reflect the screening uptake by patients across Halton. The report is produced annually (where possible) to help GPs and their practice team improve cancer screening rates amongst their patients.

Results

- **Cervical screening results**
  71.3% of the eligible patients aged 25-49 and **72.1%** aged 50-64 have an in date cervical screen (excluding those who have had a total hysterectomy). This is **8.7% and 7.9% lower** respectively than the national target of 80%. The practice with the highest screening coverage was **Upton Rocks** at **79.9%** for women aged 25-49 and **Fir Park** at **78.5%** for women aged 50-64. The lowest level of screening for women aged 25-49 and 50-64 was at **Newtown** practice with **62.9%** and **62.5%** coverage respectively.
- **Breast screening results**
  The Halton average coverage was **72.3%.** This is **above** the national target of 70%. However only four of the fourteen practices achieved this national minimum standard. The highest coverage was at **Fir Park** at **82.6%** and the lowest coverage was at **Oaks Place** at **25%.**
- **Bowel screening results**
  The average uptake for Halton was **65%**, which was **above** the national target of 60%. The practice with the highest uptake was **Fir Park** at **70%**. The lowest uptake was at Hough Green with **58.5%** uptake.

1.2 The Cervical Screening Programme

Women aged 25-64 are invited for regular smear tests. Women aged 25-49 are invited to attend every 3 years and women aged 50-64 are invited to attend every 5 years. Cervical screening identifies pre-cancerous cell changes that can be investigated and treated as needed.

Key facts

- Cervical cancer is the 14th most common cancer in UK women and is more common amongst women aged 30 to 34. (Cancer Research UK (CRUK)).
- For women aged 25 to 49, cervical screening rates have fallen since April 2019 in Halton, Cheshire & Merseyside and England as a whole (Figure 1). For women aged 50 to 64, rates have fallen almost every year since 2012 for Halton, Cheshire and Merseyside and England as a whole (Figure 2).
- The proportion of cervical cancers detected by screening has gradually increased in Cheshire and Merseyside since 2009 and the latest information for 2016 shows that around 40% are diagnosed via screening (CancerData).
- In England cervical screening currently prevents 70% of cervical cancer deaths (NHS England).
- Between 2018 and 2020 there were 12.4 diagnoses of cervical cancer per 100,000 women in Halton. In comparison the incidence rate for England was 9.3 per 100,000 (CancerData).

In screening programmes, the term 'coverage' refers to percentage of the eligible population who have had a recorded test result with the recommended time frame. In the late 1990s, national cervical screening coverage was above 80%. This figure has been gradually declining since then. The Halton coverage rate for 2021/22 was 71.3% for women aged 25-49, higher than the England average of 68.8% (Figure 1). For women aged 50-64, the Halton average coverage was 72.1%, lower than the England average of 75% (Figure 2). The national coverage target for cervical screening is 80%. This shows there is room for improvement at both local and national levels.

Figure 1: Cervical screening coverage age 25-49: Halton, Cheshire & Merseyside and England (2012/13-2021/22)

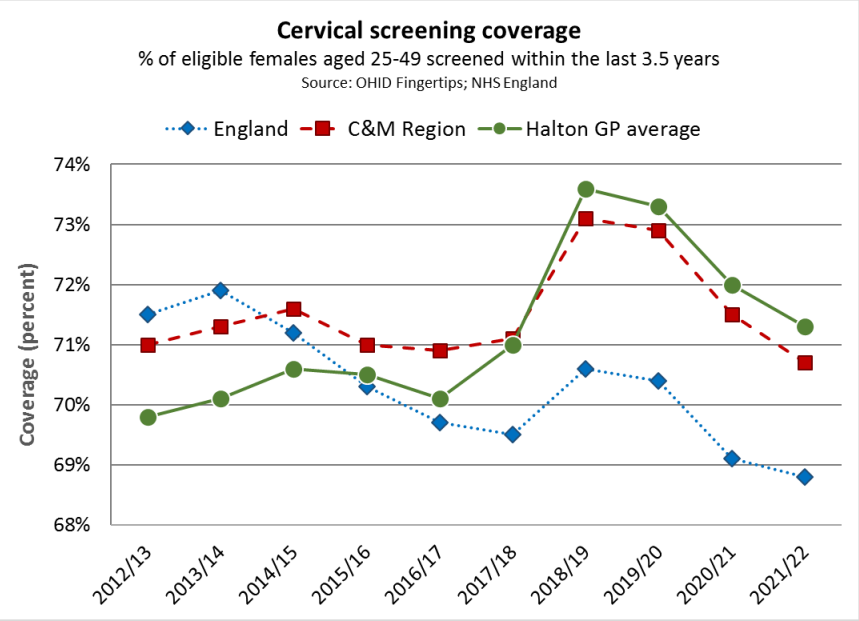


Figure 2: Cervical screening coverage age 50-64: Halton, Cheshire & Merseyside and England (2012/13-2021/22)

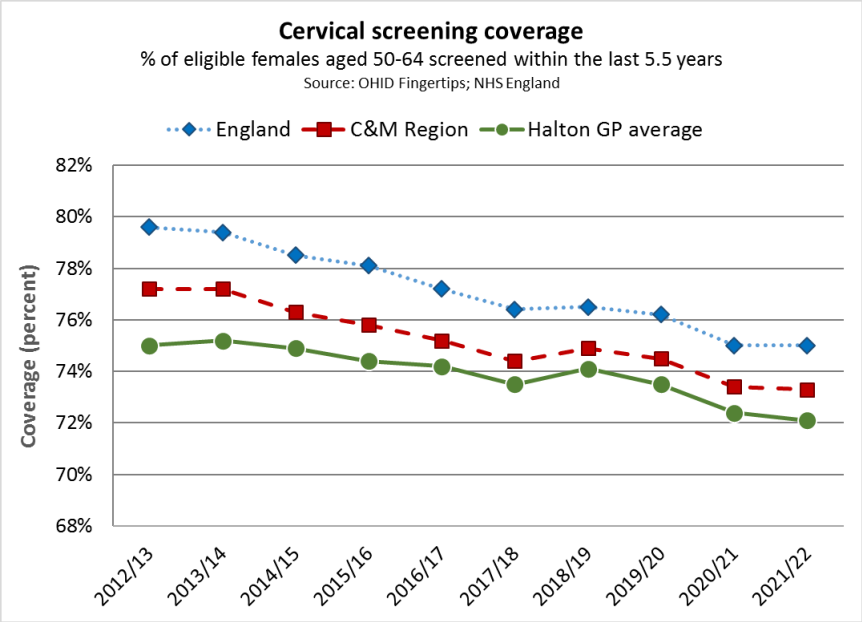


Figure 3 shows the cervical screening coverage at GP practice level for women aged 25 to 49. No practice in Halton met the national target. The highest coverage was Upton Rocks practice with 79.9% screened, the lowest coverage was Newtown with 62.9% screened.

Figure 3: Cervical Screening Coverage (%) for women aged 25-49 in Halton GP Practices, 2021/22

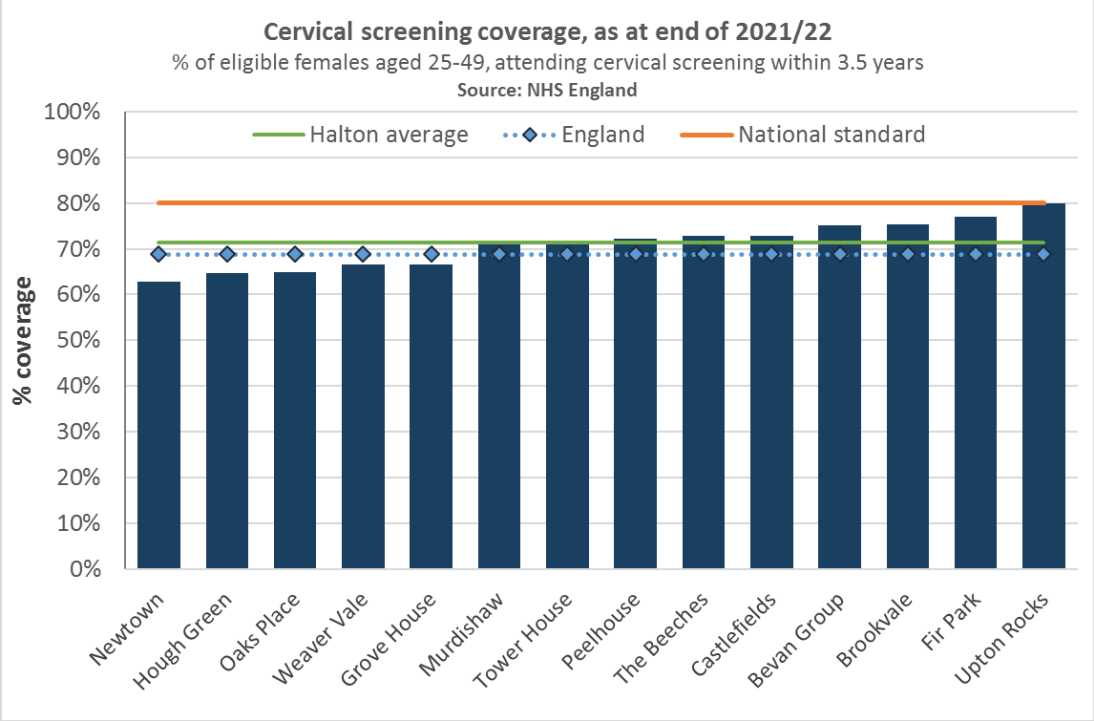
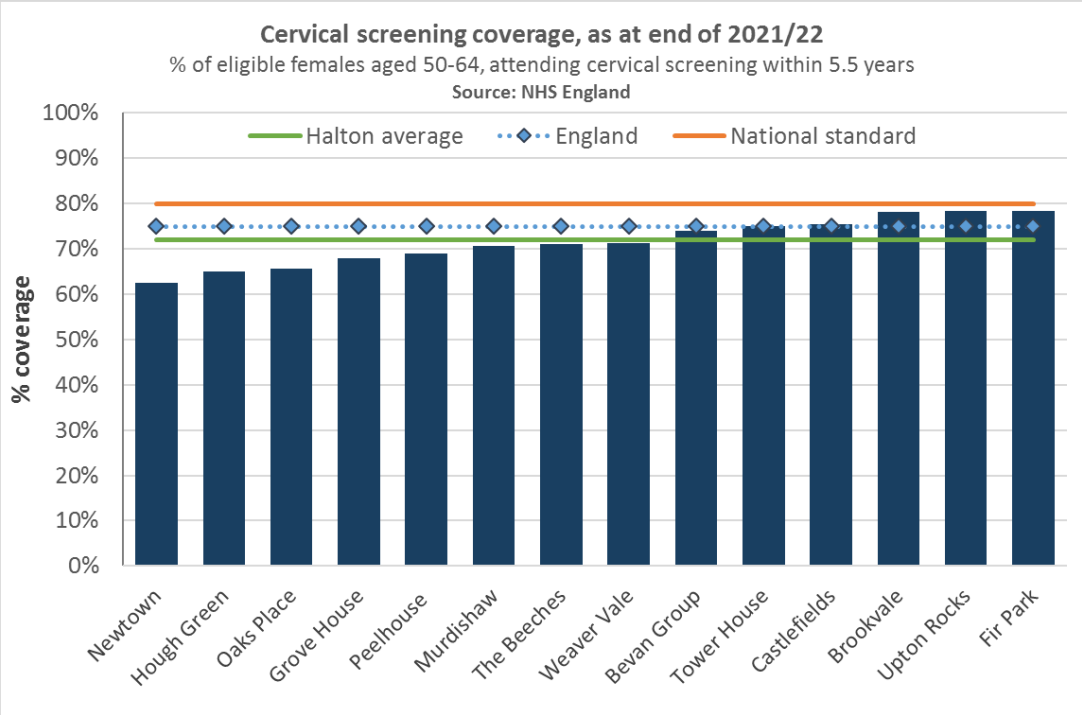


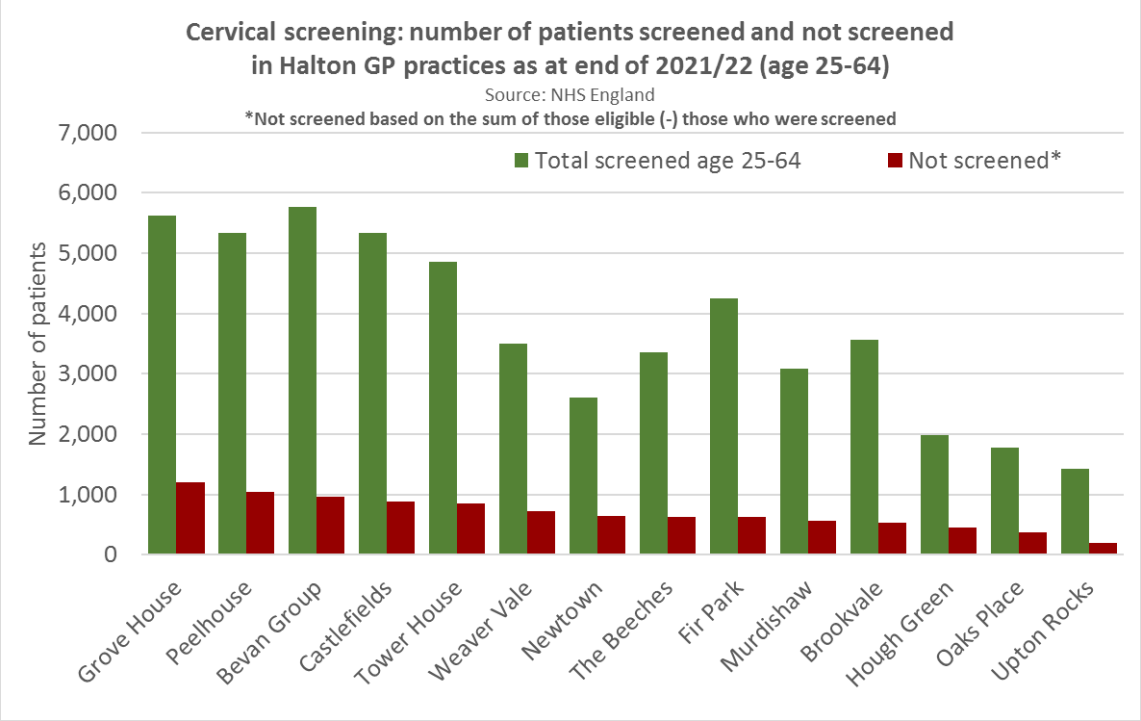
Figure 4 shows the cervical screening coverage at GP practice level for women aged 50 to 64. No practice in Halton met the national standard/target. The highest coverage was Fir Park practice with 78.5% screened, the lowest coverage was Newtown with 62.5% screened.

Figure 4: Cervical Screening Coverage (%) for women aged 50-64 in Halton GP Practices, 2021/22



Bevan Group, Grove House and Peelhouse practices screened the greatest number of women, although their large practice populations mean that they also have the highest number of women without an up to date smear test (Figure 5). This demonstrates that although practices have a large eligible population and screen greater numbers, they may not necessarily have greater percentage coverage. As at the end of 2021/22, there were an estimated 9,704 eligible women in Halton who did not have an up-to-date smear test.

Figure 5: Cervical Screening Coverage (patient numbers) in Halton GP Practices, 2021/22



Personalised care adjustments

Personalised care adjustments (PCA) data presents information on numbers of patients with specific clinical conditions who are not included in QOF indicator data used to measure achievement.

PCA data is available for cervical screening, but not bowel or breast, as it is performed within GP practice by practice staff. Therefore, it is included in the Quality and Outcomes Framework (QOF) data submitted by practices.

Table 1 shows the PCA rates for Halton practices. The highest was The Beeches Practice with a rate of 16.9%; the lowest was observed in patients at Upton Rocks with a rate of 2.1%. These patients are then not included in overall coverage rates.

Table 1: Practice personalised care adjustment rates, 2021/22 (Source: QOF, NHS Digital)

GP	PCAs	PCA rate (%)
Upton Rocks	19	2.1
Bevan Group	139	3.7
Oaks Place	56	5.3
Brookvale	126	5.7
Newtown	102	6.0
Hough Green	91	7.3
Weaver Vale	191	8.5
Peelhouse	341	9.8
Tower House	313	9.9
Castlefields	426	12.8
Murdishaw	264	13.6
Grove House	524	14.5
Fir Park	405	14.7
The Beeches	373	16.9
Halton	**3370**	**10.0**
Cheshire & Merseyside		**9.0**
England		**9.6**

1.3 The Breast Cancer Screening Programme

The NHS Breast Screening Programme invites women aged between 50 and 71 to attend for a mammogram every 3 years. An extension programme - to include women aged 47-73 - was rolled out in Halton in 2012 and remains in place. However, as this is a part of a trial[2] to examine the effectiveness of offering some women 1 extra screen between the ages of 47 and 49, and 1 between the ages of 71 and 73, the official screening programme data is still published for just 50-70 year olds.

[2] The trial began in 2009, eventually involving about five-sixths of the 78 NHS breast screening centres in England and by the time randomisation ended in March 2020 it had randomised more than 4 million women to receive, or not receive, one additional breast screening invitation. The AgeX Trial will continue until its planned end date of 2026 to enable an extensive evaluation of its impacts.

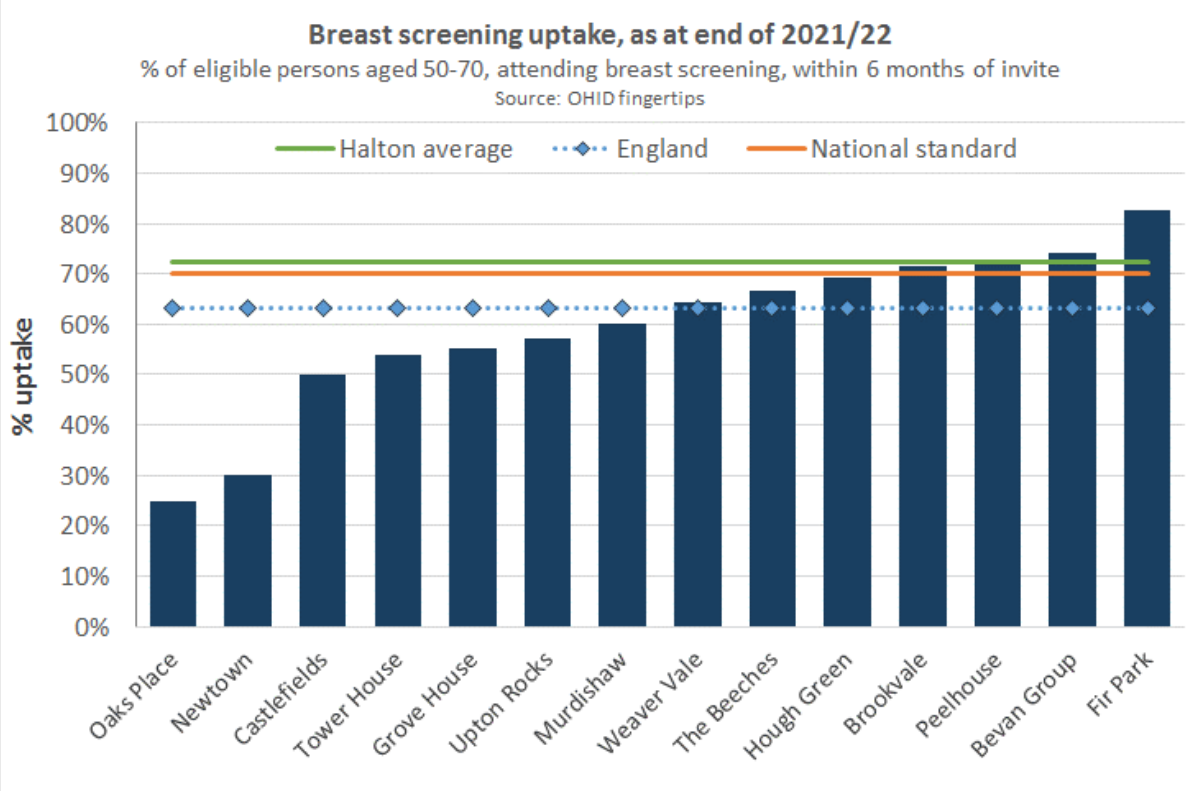
Key facts

- Breast screening aims to detect early stage breast cancer, improving survival (CRUK).
- Breast cancer incidence is strongly related to age, with the highest incidence rates being in older people; on average around a quarter of new cases were in people aged 75 and over (CRUK).
- Men can develop breast cancer, but few are affected so there is currently no screening programme in place for them.
- In Halton in 2020, the female breast cancer incidence rate was 164.0 per 100,000 population compared to 140.8 per 100,000 for England (CancerData, PHE).
- In 2020 there were 23 deaths from breast cancer in Halton, which corresponds to a standardised mortality rate of 36.8 females per 100,000 population compared to the England mortality rate of 34.3 per 100,000 (CancerData, PHE).

Breast cancer screening is performed and recorded both as coverage over a 36 month period and each year as uptake. By the end of the 3 year period, all eligible women at a practice should have been invited and screened. Some women are exempt from screening, for example, those who have had a bilateral mastectomy**.**

Halton achieved an average of 72.3% coverage in breast cancer screening; this is above the national target of 70%. Four of the fourteen practices met or exceeded the national minimum standard (Figure 6).

Figure 6: Breast screening uptake in Halton by GP Practice, 2021/22



Between 2012/13 and 2021/22, Halton exceeded the national minimum standard of 70% for breast cancer screening uptake in all years apart from 2015/16 and 2020/21.

From 2012/13 to 2021/22, eleven of the practices in Halton have seen reductions in breast screening uptake; notably Oaks Place and Newtown. Only 3 practices saw improvements between these dates.

Of the 14 practices, Fir Park practice has seen the greatest improvement in screening rates, with an increase of 23.5% in uptake, resulting in the practice now exceeding the national target.

Table 2: Breast cancer screening uptake in Halton by GP Practice, 2012/13 – 2021/22(OHID)

GP	2012/13	2021/22	% change
Bevan Group	79.1%	74.1%	-6.3%
Castlefields	68.0%	50.0%	-26.5%
Fir Park	66.9%	82.6%	23.5%
The Beeches	67.7%	66.7%	-1.5%
Peelhouse	74.5%	72.0%	-3.3%
Weaver Vale	67.4%	64.3%	-4.6%
Tower House	73.3%	53.8%	-26.5%
Newtown	66.0%	30.0%	-54.5%
Grove House	70.6%	55.3%	-21.7%
Murdishaw	69.5%	60.0%	-13.7%
Brookvale	68.3%	71.4%	4.6%
Hough Green	68.7%	69.2%	0.8%
Oaks Place	59.3%	25.0%	-57.9%
Upton Rocks	71.8%	57.1%	-20.5%
Halton	**70.2%**	**72.3%**	**3.0%**

Increase in %
No change in %
Reduction in %

1.4 The Bowel Screening Programme

Men and women aged between 60 and 74 are invited to complete a Faecal Immunochemical Test (FIT) at home every 2 years. Anyone with a positive result is contacted for further investigation and treatment as necessary.

Key Facts

- Bowel cancer is the fourth most common cancer in the UK (CRUK).
- Screening aims to detect bowel cancer at an early stage.
- Early stage diagnosis improves survival: 5 year survival ranges from 92% at stage 1 (early stage) to 10% at stage 4 (CRUK).
- In 2020, there were 75 new cases of bowel cancer in Halton, representing a standardised incidence rate of 60.0 per 100,000 compared to 63.3 per 100,000 in England (CancerData).
- In 2020 there were 32 deaths from bowel cancer in men and women, giving Halton a standardised mortality rate of 27.3 per 100,000. This is similar to the England rate of 27.2 per 100,000 (CancerData).
- The independent expert screening committee has recommended that bowel cancer screening in England should in future start 10 years earlier at age 50. There is a gradual roll out programme which started in 2021/22 and will be completed by 2024/25.

The information in Table 3 shows the percentage of eligible persons aged 60-74, screened for bowel cancer during 2021/22, within 6 months of invitation.

In 2021/22, the average uptake for bowel cancer screening Halton was 65%**,** which corresponded to 9,504 individuals being screened. The practice with the lowest bowel screening uptake was Hough Green with 58.5%; the highest uptake was in patients at Fir Park at 70% (Table 3). The national target is 60%, which was met by 13 out of 14 practices. All practices have seen an increase in uptake rates since 2009/10.

Table 3: Bowel cancer screening uptake for Halton by GP practice, 2009/10-2021/22 (Source: OHID)

	2021/22			% change since 2009/10
GP name	**Screened**	**Invited**	**Uptake**	
Hough Green	240	410	58.5%	29.0%
Murdishaw	547	911	60.0%	30.8%
Newtown	478	785	60.9%	31.1%
Grove House	968	1577	61.4%	22.3%
The Beeches	598	965	62.0%	28.9%
Brookvale	573	906	63.2%	41.3%
Oaks Place	154	240	64.2%	52.6%
Peelhouse	1077	1672	64.4%	32.9%
Castlefields	845	1297	65.2%	52.2%
Upton Rocks	196	297	66.0%	4.9%
Weaver Vale	667	997	66.9%	40.7%
Bevan Group	1122	1639	68.5%	21.7%
Tower House	1061	1532	69.3%	27.7%
Fir Park	978	1398	70.0%	21.7%
Halton	**9,504**	**14,626**	**65.0%**	**30.2%**
England	**3,652,242**	**5,246,371**	**69.6%**	**26.3%**

2.0 Cancer Profile

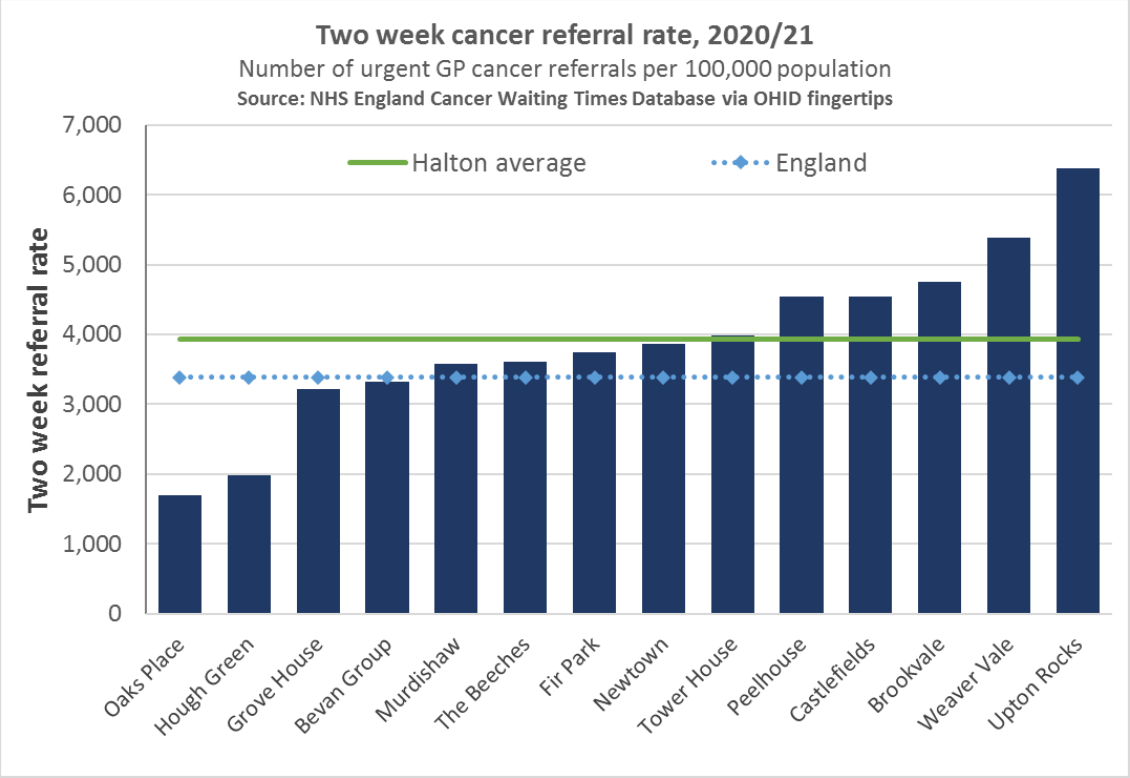
2.1 Two week referrals

The Two-Week Wait appointment system was introduced so that anyone with symptoms that might indicate cancer could be seen by a specialist as quickly as possible. The data below shows the rate of two week referrals (number of referrals per 100,000 population) for 2020/21.

The Halton average rate was 3,937 per 100,000, statistically significantly higher than the England average of 3,389. The practice with the lowest referral rate was Oaks Place (1,702). Upton Rocks had the highest referral rate, 6,373 per 100,000 population.

Referral rates may be expected to be higher in practices with high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages. The number of referrals may also be affected by the socio-economic make-up of the practice population. However, Upton Rocks has a relatively low proportion of over 65s (13% compared to 17% England average) and does not have a high deprivation score.

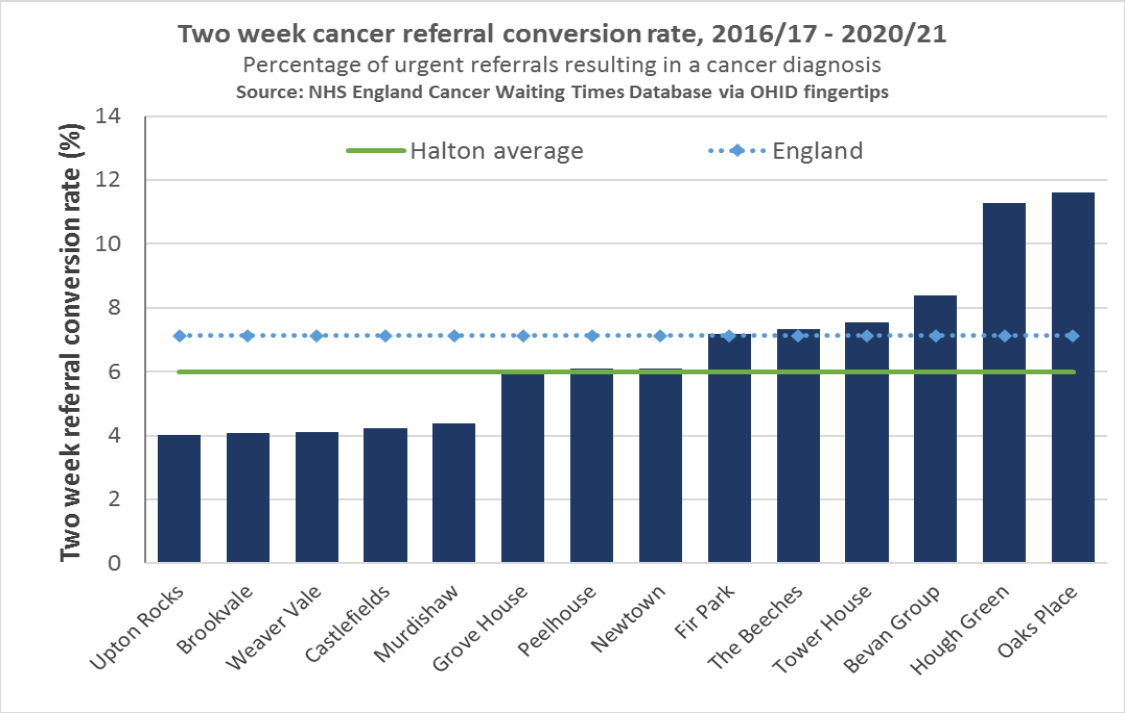
Figure 7: Two week cancer referral rate in Halton by GP, 2020/21



2.2 Conversion rate

The 'conversion rate' is the proportion of Two Week Wait referrals resulting in a diagnosis of cancer. Either an unusually high or an unusually low conversion rate may merit further investigation. Figure 8 shows that Bevan Group, Hough Green and Oaks Place practices had significantly higher conversion percentages than the England average, whereas Upton Rocks, Brookvale, Weaver Vale, Castlefields, Murdishaw saw the lowest.

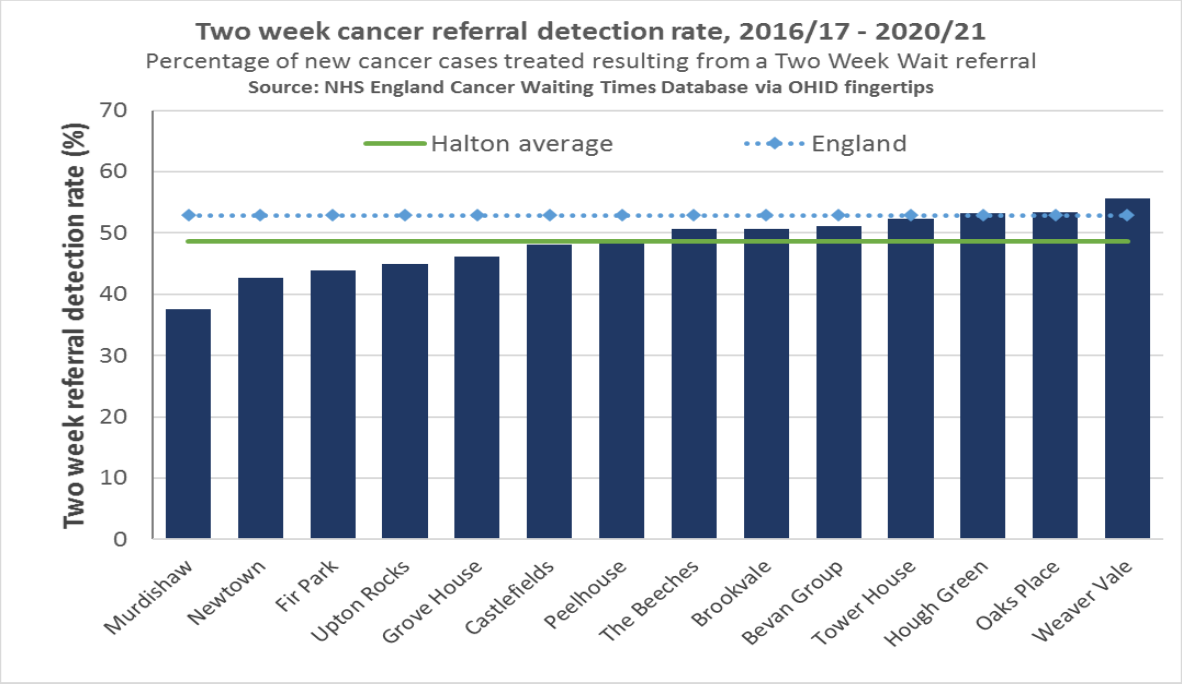
Figure 8: Two week wait conversion rate by GP, 2016/17 to 2020/21



2.3 Detection rate

The detection rate measures the proportion of new cancer cases treated who were referred through the Two Week Wait referral route. This varies by cancer type and so will depend on the case-mix of cancers diagnosed in persons registered at the practice. Figure 9 shows the detection proportion ranges from 37.5% at Murdishaw to 55.6% at Weaver Vale. The Halton average of 47% is lower than the England average of 52.9%.

Figure 9: Percentage of new cancer cases treated resulting from a Two Week Wait referral by GP, 2016/17 to 2020/21

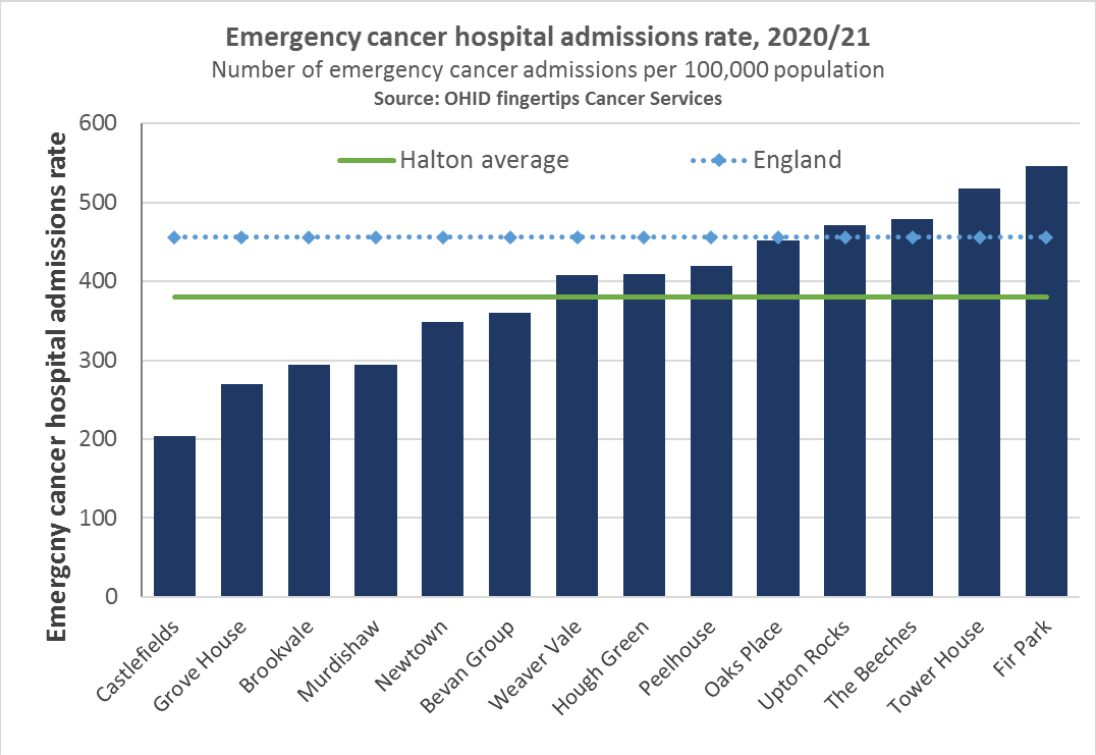


2.4 Emergency hospital admissions

The data below shows the number of inpatient or day-case emergency admissions, with a diagnostic code that includes cancer, per 100,000 GP registered population. These may occur at any stage of the cancer pathway and will include persons diagnosed with cancer in prior years. This indicator may be expected to be higher in practices with a higher proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages.

Figure 10 shows Fir Park and Tower House have the highest rates of emergency cancer admissions. Both practices have a higher proportion of patients aged 65 and over than the national average.

Figure 10: Emergency cancer hospital admissions by GP, 2020/21

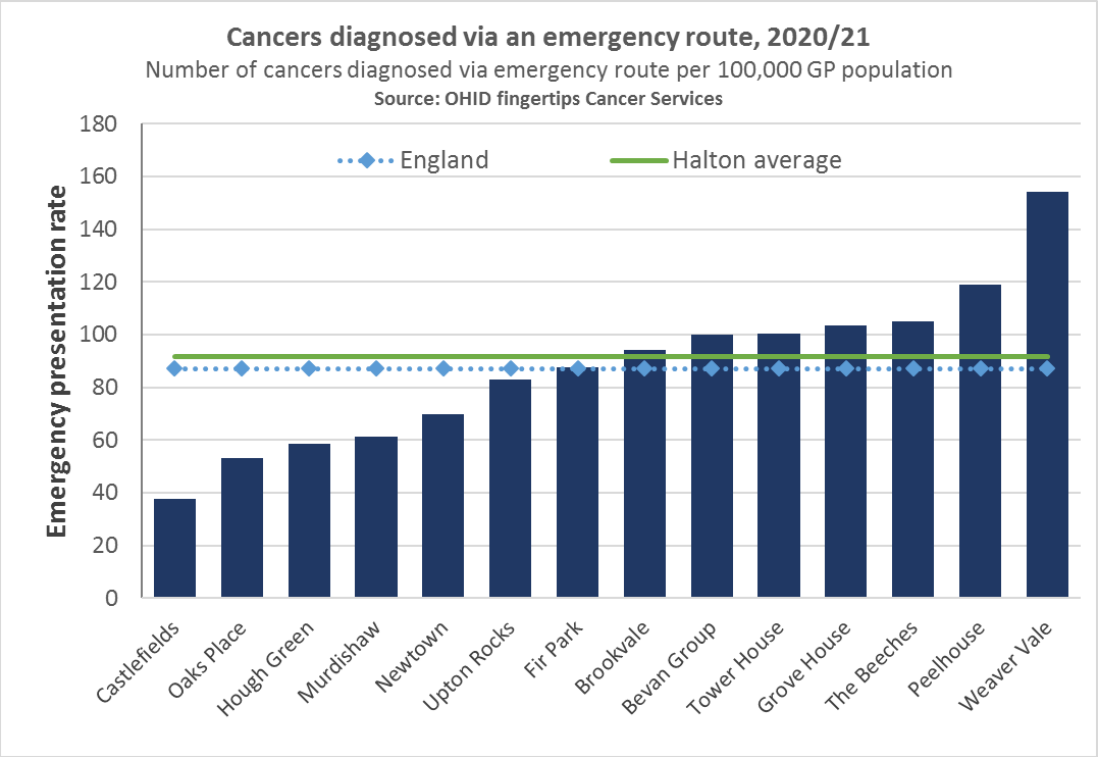


2.5 Emergency presentations

This measure looks at the rate of people diagnosed with cancer via an emergency route, per 100,000 people registered at the GP practice. Emergency presentation is linked to lower short term survival in newly diagnosed patients. It is strongly affected by case-mix. Higher emergency presentations can be expected in practices who have a higher proportion of older patients (aged 65+). The mix of tumour types is also highly significant, for example, lung cancers have a higher fraction of emergency presentations while breast cancers have a low fraction of emergency presentations.

Figure 11 shows although the Halton rate of 91.7 per 100,000 population is similar to the England average of 87.1, there is a noticeable range of rates between GP practices in Halton. The lowest rate was seen in patients from Castlefields (37.8) and the highest at Weaver Vale (154.3). Both practices have slightly lower registered populations aged 65+ than the Halton and England averages. The difference could therefore be due to the mix of tumour types.

Figure 11: Rate of cancers diagnosed via an emergency route, by GP 2020/21



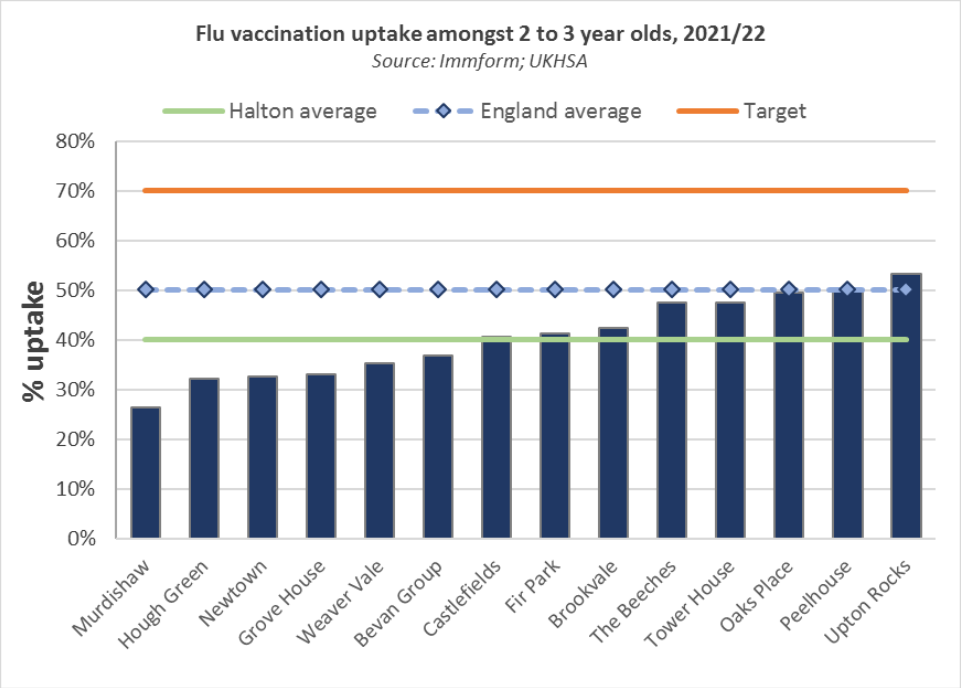
3.0 Influenza Vaccination

Every year the NHS offers an influenza vaccine to those considered at risk of becoming seriously ill or dying from seasonal influenza, which is usually a mild disease. Those considered at risk include the over 65s, children, pregnant women and people under 65 with a long term condition. The results presented here are from the period between 1st September 2021 and 28th February 2022. This report compares the rates of vaccination by practice with the Halton average, national average and national target.

3.1 Children

The Halton average uptake in children aged 2-3 was 40%. This was lower than the England average of 50.1%. Practice uptake ranged from 26.3% to 53.2%. No practice achieved the target of 70% uptake.

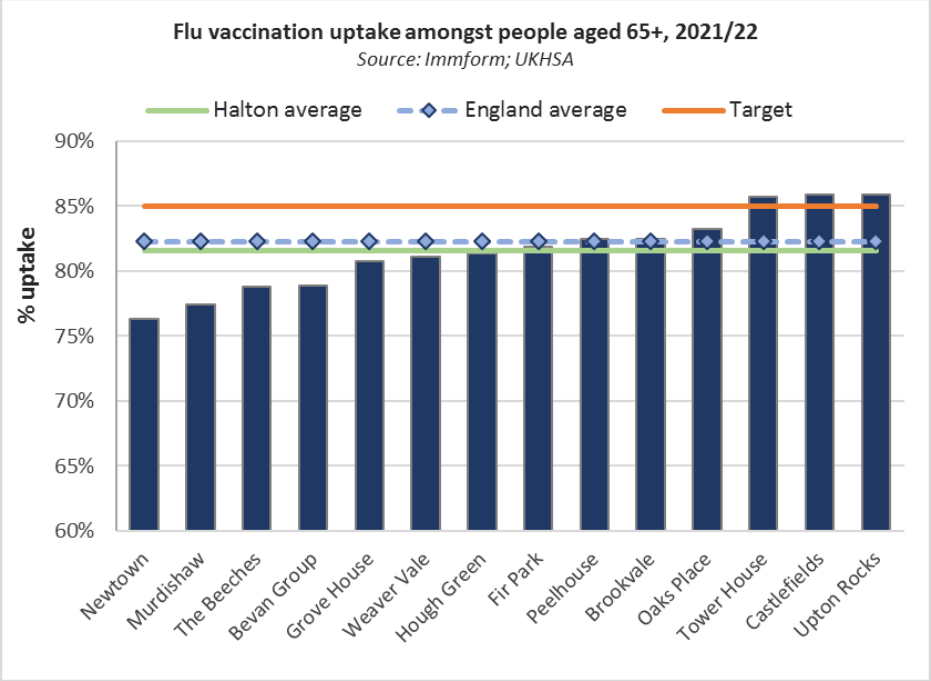
Figure 12: Uptake of flu vaccination in children aged 2-3 years, by practice 2021/22



3.2 Aged 65 and over

The Halton average uptake was 81.6%, which was the slightly lower than the England average of 82.3%. Practice uptake ranged from 76.3% to 85.9%. Three practices achieved the 85% target (Figure 13): Upton Rocks, Castlefields and Tower House.

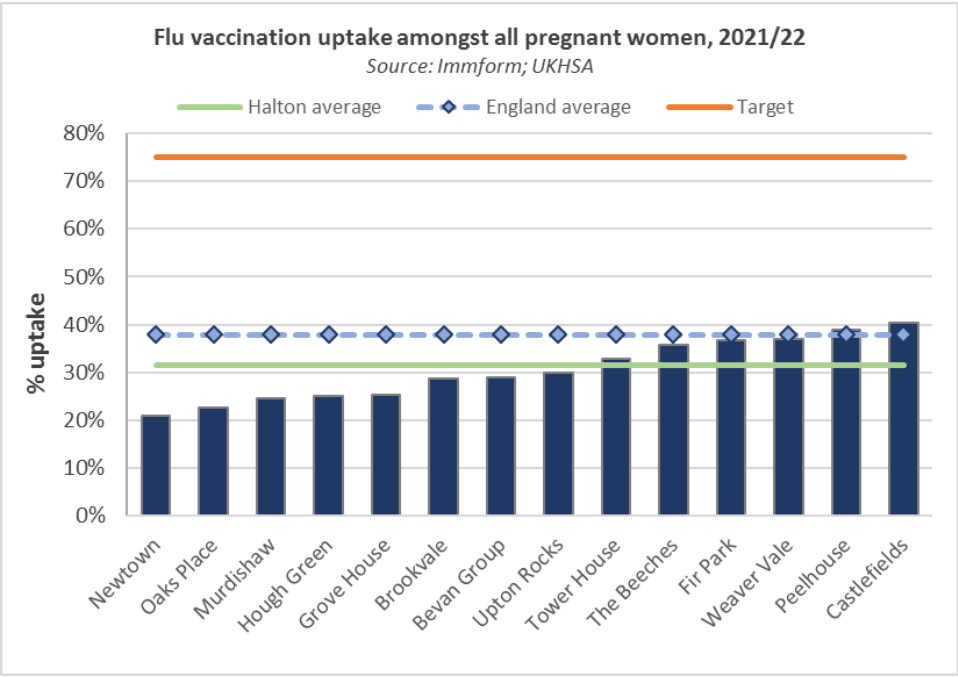
Figure 13: Vaccination uptake in 2021/22 flu season, for those aged 65 year and over, by practice



3.3 Pregnant women

The Halton average uptake was 31.6%. This was lower than the England average of 37.9%. No practice achieved the national target of 75% uptake but two practices had a higher uptake than the England average (Peelhouse and Castlefields). Practice uptake ranged from 20.9% to 40.5%.

Figure 14: Vaccination uptake amongst all pregnant women, by practice 2021/22



3.4 Aged under 65 "at risk"

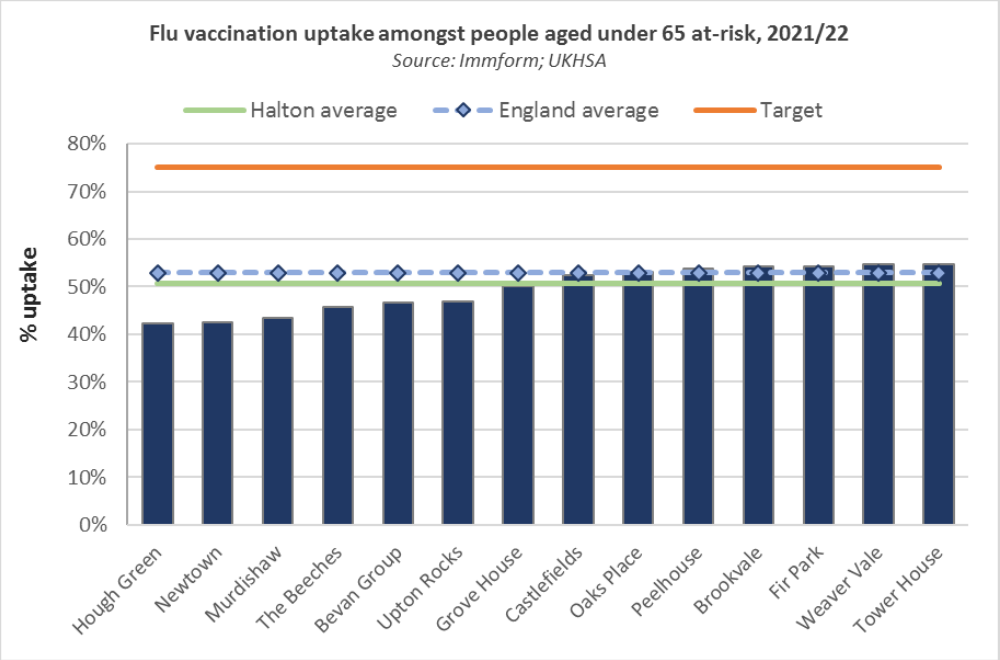
%; no practice met the national target of 75%.

Uptake varies by condition with the highest overall uptake rates seen in patients with Chronic Kidney Disease (CKD), Diabetes and those who are immunosuppressed. Uptake was lowest amongst patients with Chronic Liver Disease and carers under the age of 65. To see a breakdown of uptake rates for different long term conditions see Section 3.3.

Figure 15 shows uptake in 'at-risk' patients aged under 65. The Halton average uptake was 50.6%. This was lower than the England average of 52.9%. Practice uptake ranged from 42.3% to 54.8%; no practice met the national target of 75%.

Uptake varies by condition with the highest overall uptake rates seen in patients with Chronic Kidney Disease (CKD), Diabetes and those who are immunosuppressed. Uptake was lowest amongst patients with Chronic Liver Disease and carers under the age of 65. To see a breakdown of uptake rates for different long term conditions see Section 3.3.

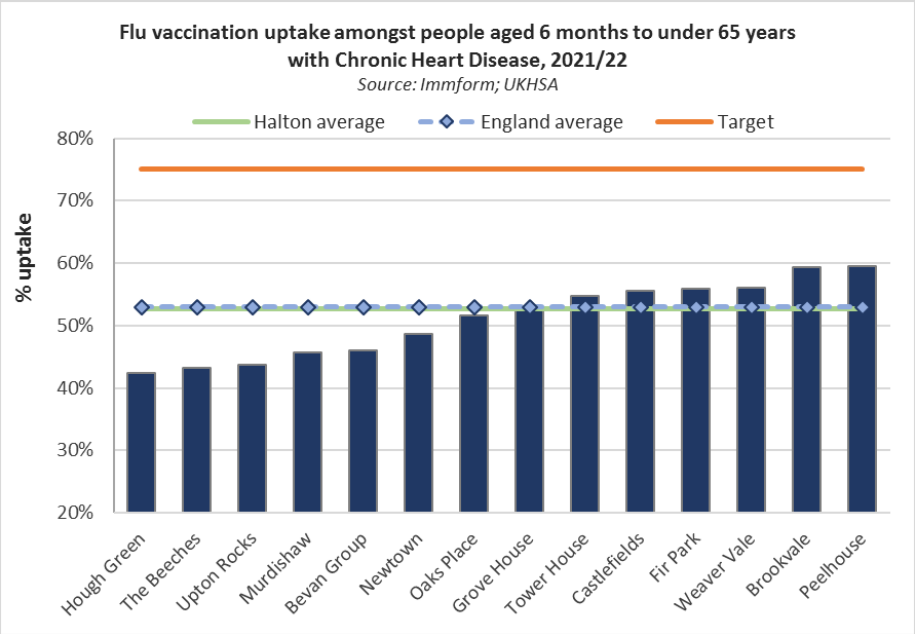
Figure 15: Vaccination uptake for all at risk patients aged under 65, by practice 2021/22



3.5 Groups with long term conditions

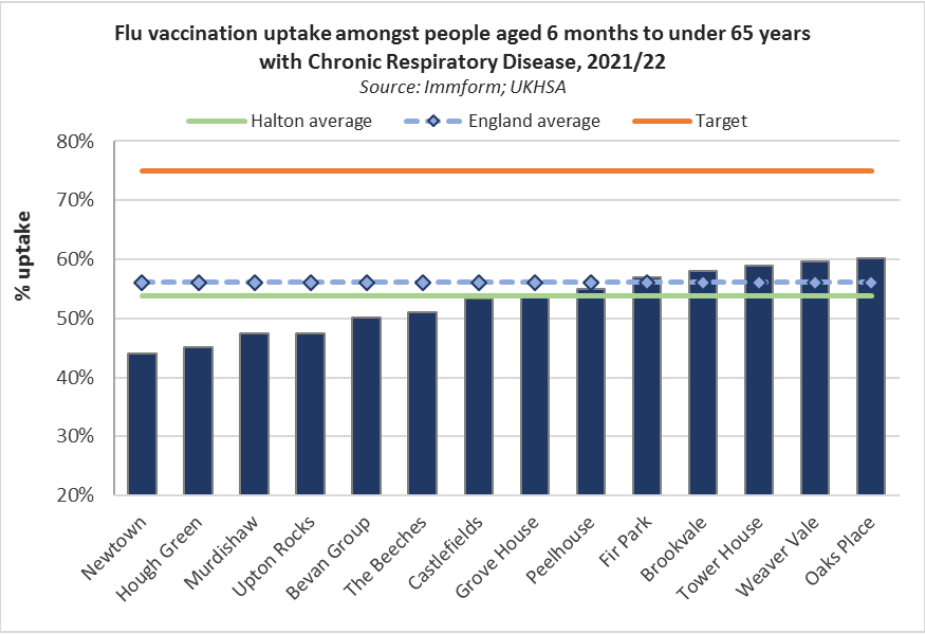
No practice achieved the target of 75% uptake in under 65s with chronic heart disease. Practice uptake ranged from 42.3% to 59.4% (Figure 16). The Halton average was 52.8%: this was fractionally lower than the England average of 53.0%.

Figure 16: Uptake in patients aged 6 months to 64 years with Chronic Heart Disease, by practice 2021/22



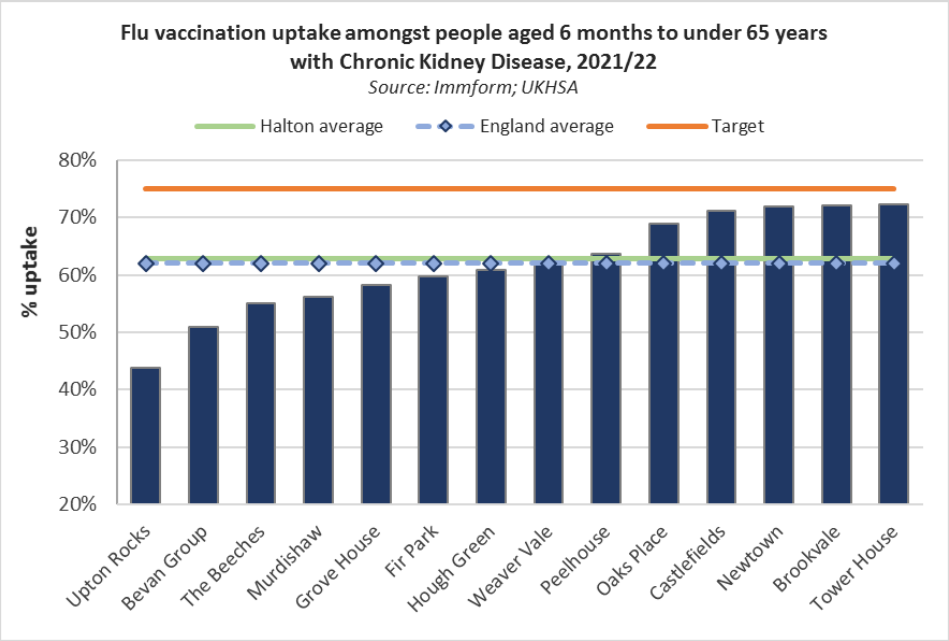
No practice achieved the target of 75% uptake in under 65s with chronic respiratory disease. Practice uptake ranged from 44.1% to 60.1% (Figure 17). The Halton average was 53.8%, lower than the England average of 56.1%.

Figure 17: Uptake in patients aged between 6 months and 64 years with Chronic Respiratory Disease, by practice 2021/22



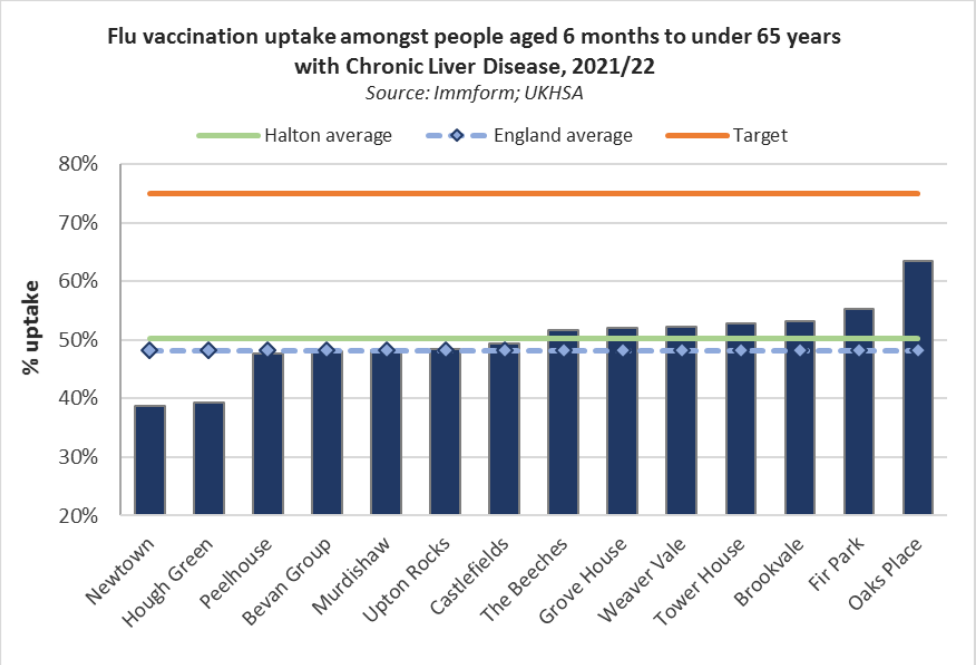
No practice in Halton to achieve the target of 75% uptake in under 65s with chronic kidney disease. Practice uptake ranged from 43.8% to 72.3% (Figure 18). The Halton average was 62.8%, slightly higher than the England average of 62%.

Figure 18: Uptake in patients aged 6 months to 64 years with Chronic Kidney Disease (CKD), by practice 2021/22



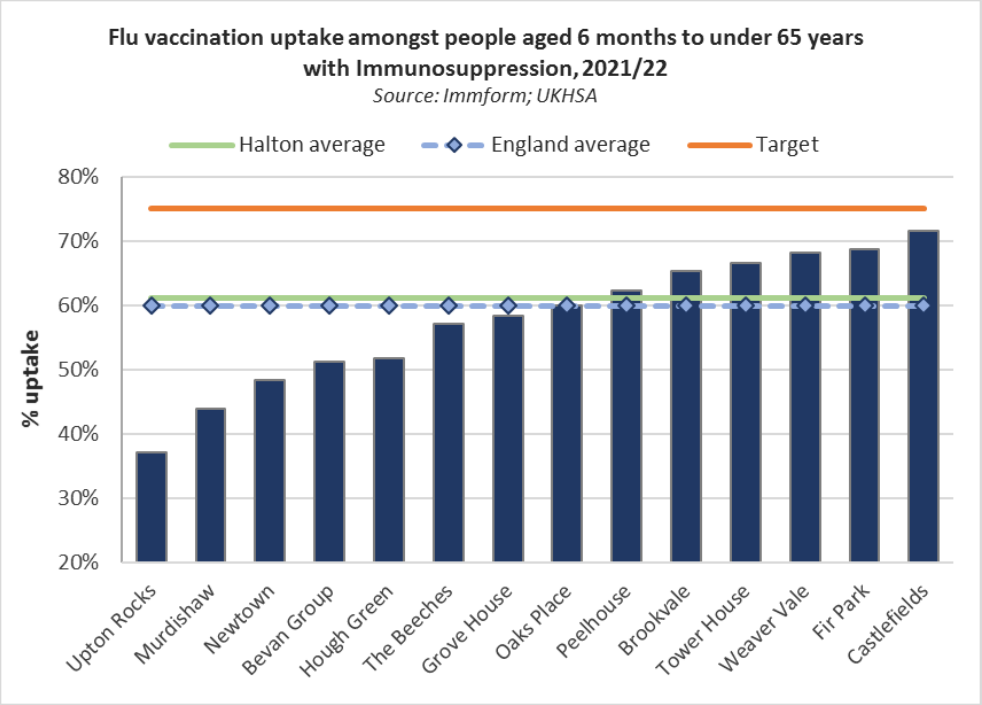
No practice in Halton achieved the target of 75% uptake in under 65s with chronic liver disease. Practice uptake ranged from 38.6% to 63.4% (Figure 19). The Halton average was 50.3%, higher than the England average of 48.2%.

Figure 19: Uptake in patients aged 6 months to 64 years with Chronic Liver Disease, by practice 2021/22



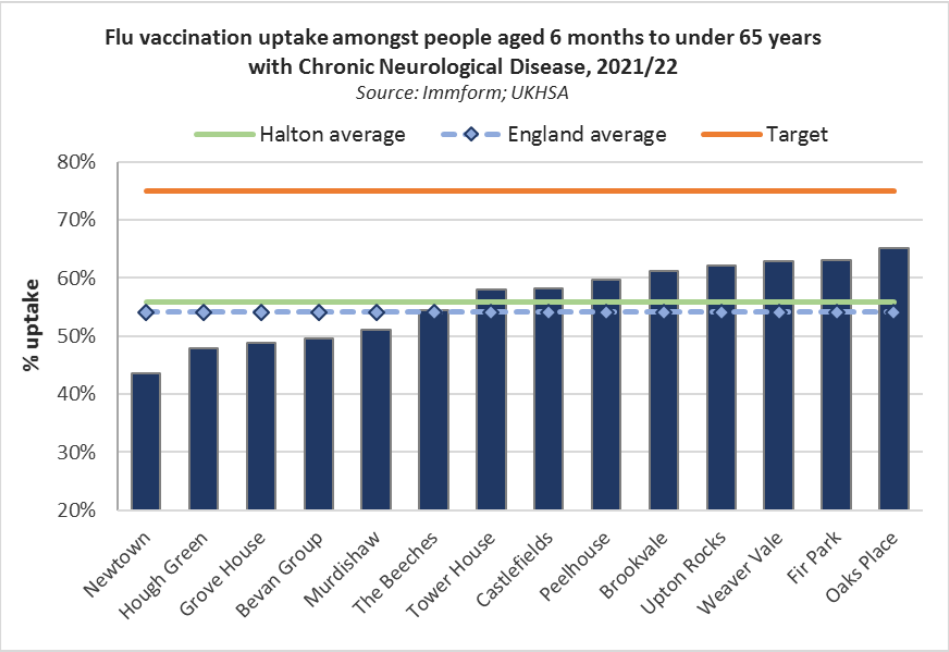
No practice in Halton met the target of 75% in under 65s with immunosuppression. Practice uptake ranged from 37% to 71.6% (Figure 20). The Halton average was 61.1%, higher than the England average of 59.4%.

Figure 20: Uptake in patients aged 6 months to 64 years with Immunosuppression, by practice 2021/22



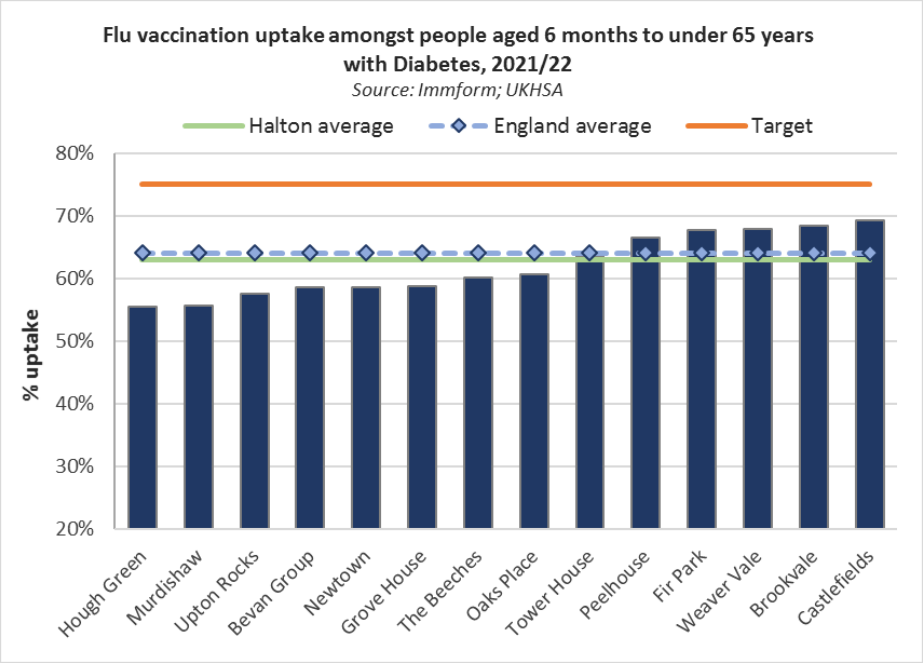
No practice in Halton met the target of 75% in under 65s with chronic neurological disease. Practice uptake ranged from 43.5% to 65.2% (Figure 21). The Halton average was 55.8%, lower than the England average of 54.1%.

Figure 21: Uptake in patients aged between 6 months and 64 years with Chronic Neurological Disease, by practice 2021/22



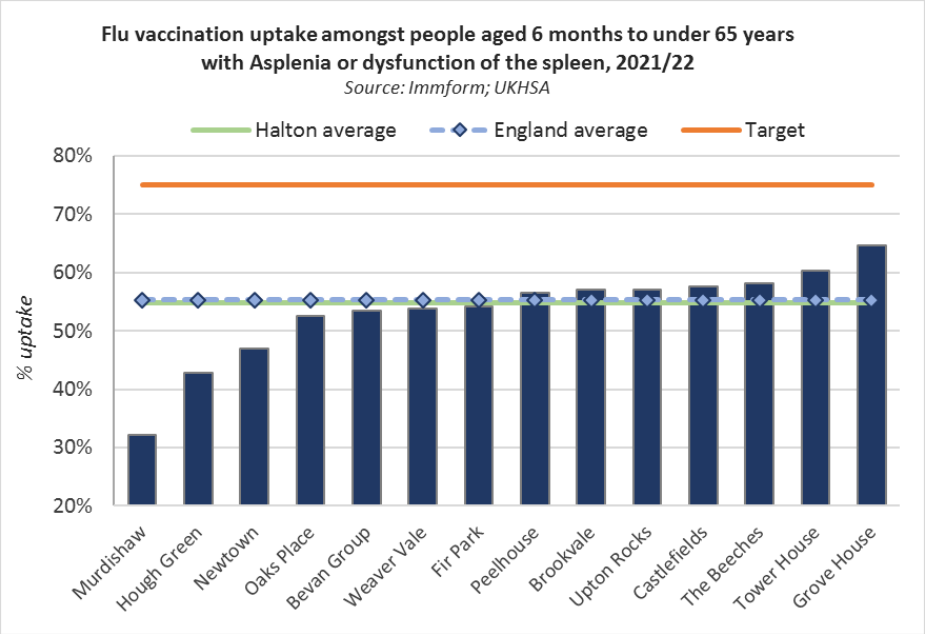
No practice in Halton achieved the target of 75% in under 65s with diabetes. Practice uptake ranged from 55.6% to 69.2% (Figure 22). The Halton average was 63%, lower than the England average of 64.1%.

Figure 22: Uptake in patients aged 6 months to 64 years with Diabetes, by practice 2021/22



No practice in Halton met the target of 75% in under 65s with asplenia or dysfunction of the spleen. Practice uptake ranged from 32.1% to 64.7% (Figure 23). The Halton average was 54.9%, slightly lower than the England average of 55.3%.

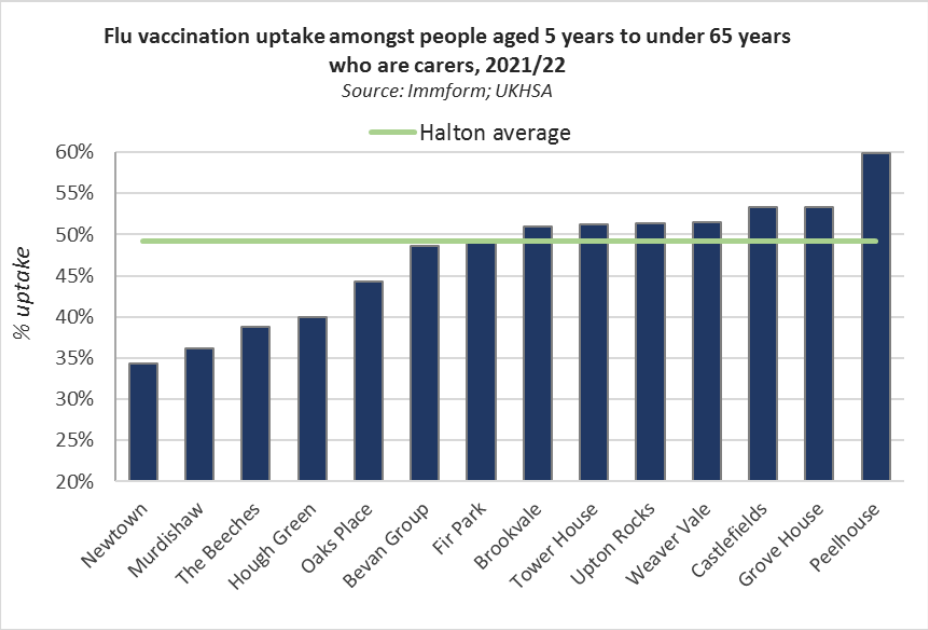
Figure 23: Uptake in patients aged 6 months to 64 years with Asplenia or dysfunction of the spleen, by practice 2021/22



3.6 Carers

Carers are considered an important population requiring influenza vaccination because of their role in caring for vulnerable people, whose welfare may be at risk if their main carer becomes unwell. The Halton average for uptake in carers (aged under 65) was 49.2%. Practice uptake ranged from 34.4% to 59.8%. (Figure 24). No data was available for England as a whole and there is no national target.

Figure 24: Uptake in carers, by practice 2021/22



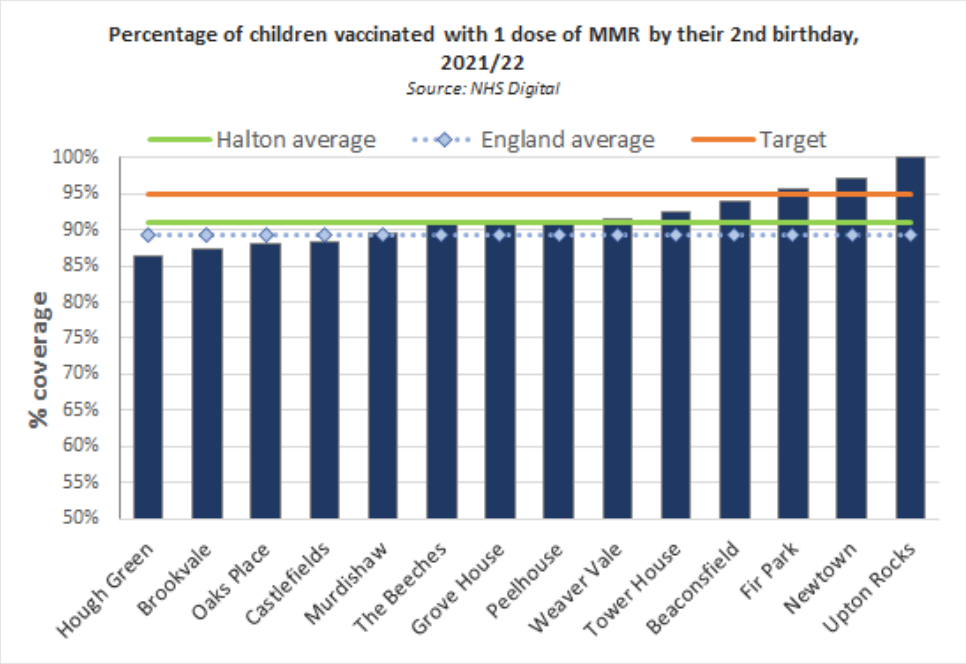
4.0 MMR Vaccination

MMR is a combined vaccine that protects against measles, mumps and rubella. The full course of MMR vaccination requires two doses, the first at age one and the other before starting school, usually at 3 years 4 months. There is a national target for 95% of the eligible population being vaccinated.

4.1 Age 2

MMR uptake at age 2 was higher in Halton (91.1%) than in England as a whole (89.2%). Practice uptake ranged from 86.5% to 100% (Figure 25), with 11 practices failing to meet the national 95% uptake target.

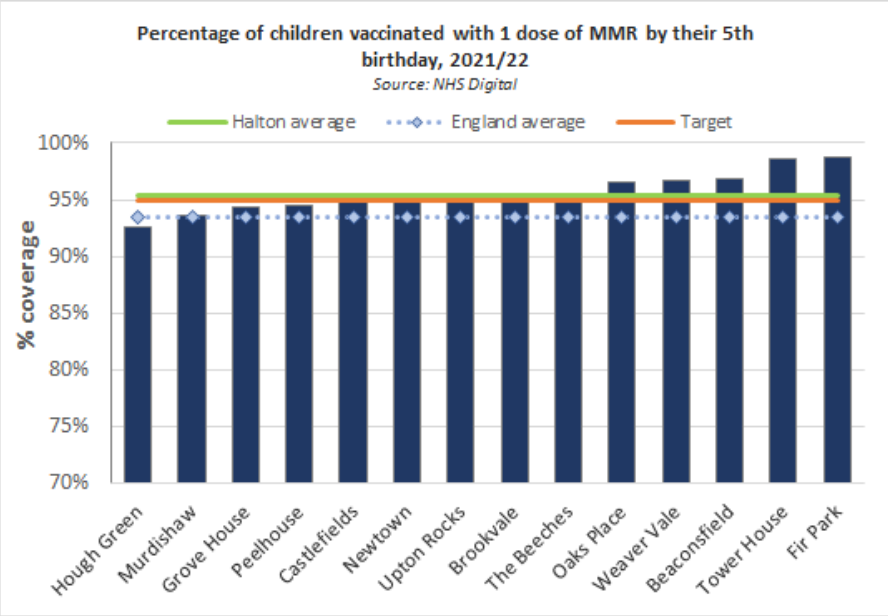
Figure 25: Percentage uptake of MMR vaccine by 2 years of age 2021/22



4.2 Age 5 – 1st dose

Ten practices met or exceeded the 95% target uptake for MMR 1st dose by 5 years of age and Halton as a whole achieved the target (95.3%). Practice uptake ranged from 92.6% to 98.8% (Figure 26). 4 practices failed to meet the national 95% uptake target.

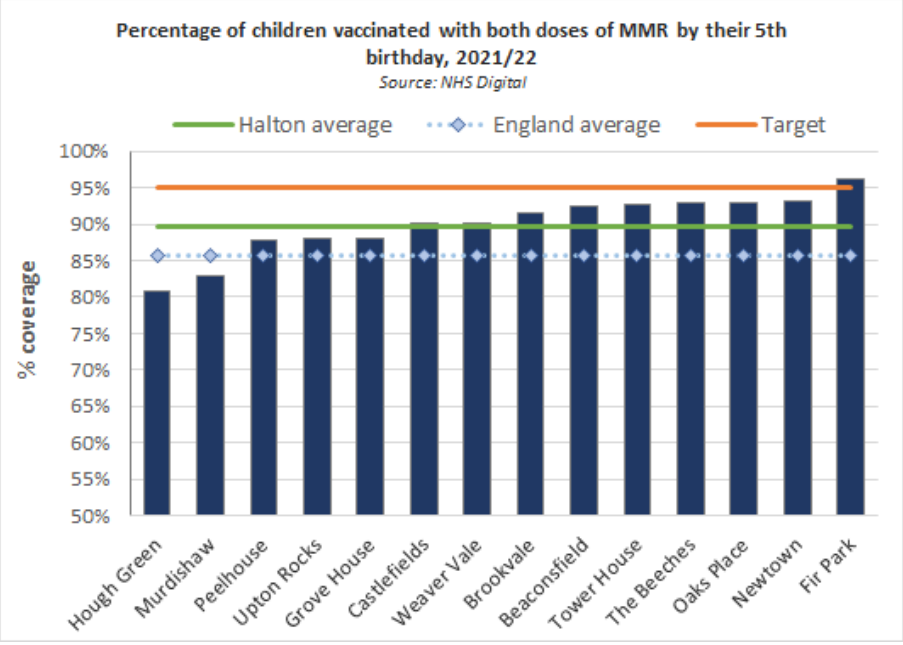
Figure 26: Percentage uptake of MMR 1st dose by 5 years of age 2021/22



4.3 Age 5 – both doses

Practice uptake ranged from 80.9% to 96.3%, with only Fir Park meeting the target. Uptake for Halton as a whole was 89.7%. This was higher than the England average but failed to meet the national 95% uptake target (Figure 27).

Figure 27: Percentage uptake of MMR both doses by 5 years of age 2021/22



5.0 Chronic Diseases

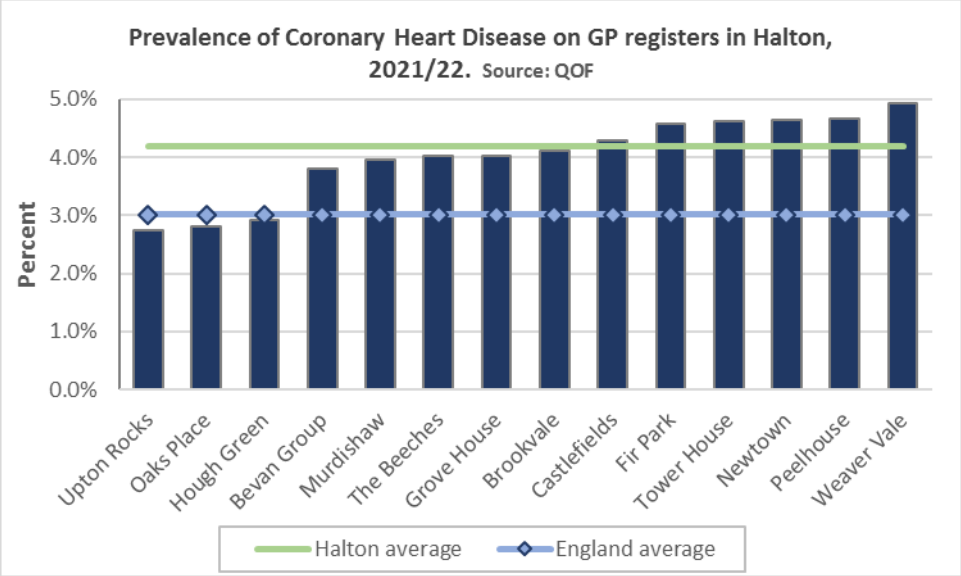
Data below is taken from the Quality and Outcomes Framework, which includes a number of indicators covering:

- prevalence of certain conditions
- management of some of the most common chronic conditions, for example asthma and diabetes
- management of major public health concerns, for example smoking and obesity
- providing preventative services such as screening or blood pressure checks

5.1 Coronary heart disease

Coronary heart disease (CHD) is the single most common cause of premature death in the UK. The research evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve quality of life. The information below shows the percentage of patients at each practice in Halton with CHD, as recorded on the practice disease register.

Figure 28: Prevalence of CHD on GP registers in Halton, 2021/22

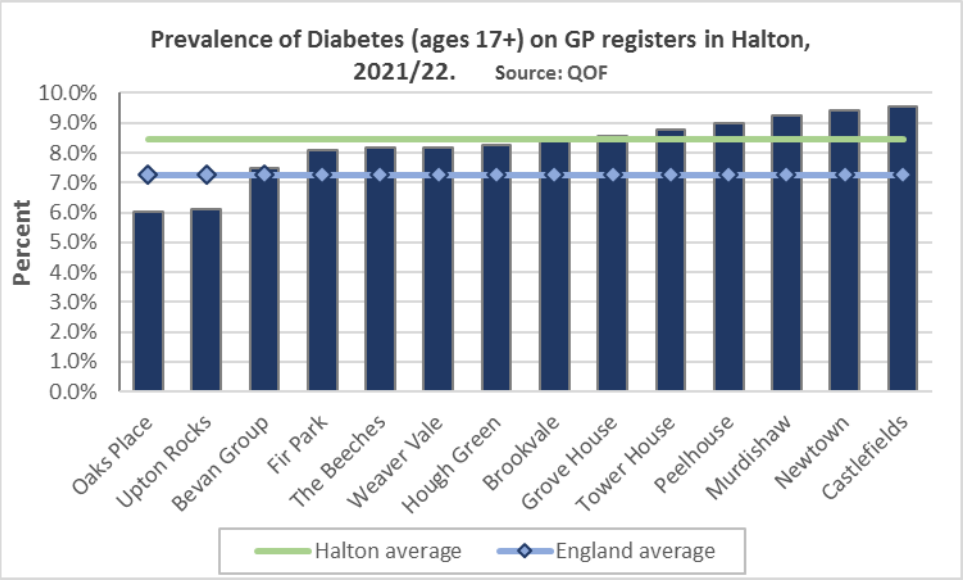


The prevalence of CHD in Halton (4.2%) is higher than the England average (3.0%). Only 3 practices in Halton have a CHD prevalence which is lower than the England average. Prevalence in Halton ranges from 2.7% in Upton Rocks to 4.9% in Weaver Vale.

5.2 Diabetes

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

Figure 29: Prevalence of Diabetes (ages 17+) on GP registers in Halton, 2021/22

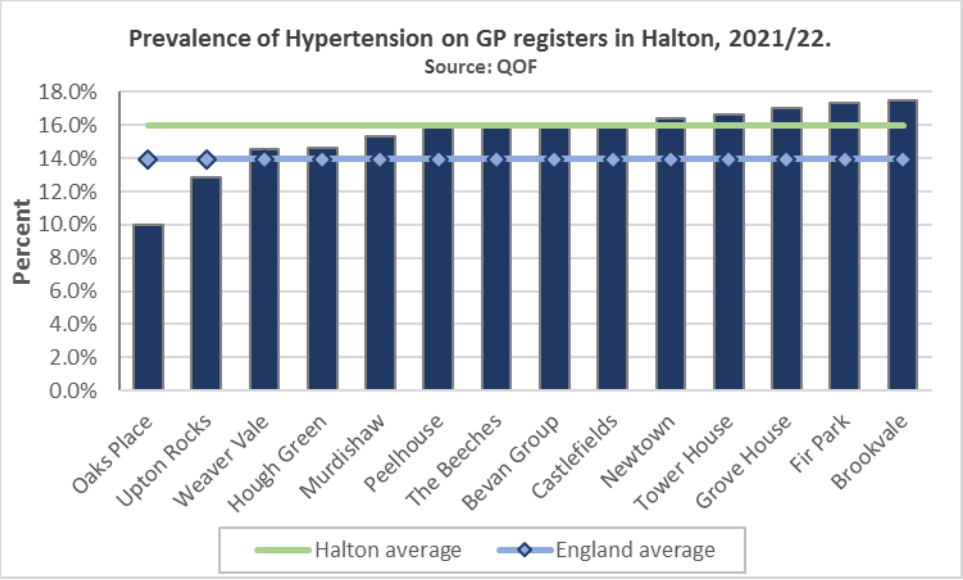


The prevalence of Diabetes in Halton (8.4%) is higher than the England average (7.3%). Only 2 practices have prevalence below the England average. Prevalence in Halton ranges from 6% in Oaks Place to 9.5% in Castlefields.

5.3 Hypertension

High blood pressure (hypertension) is a risk factor for many cardiovascular diseases, including coronary heart disease and stroke. Figure 30 below shows the percentage of patients with established hypertension, as recorded on practice disease registers.

Figure 30: Prevalence of Hypertension on GP registers in Halton, 2021/22

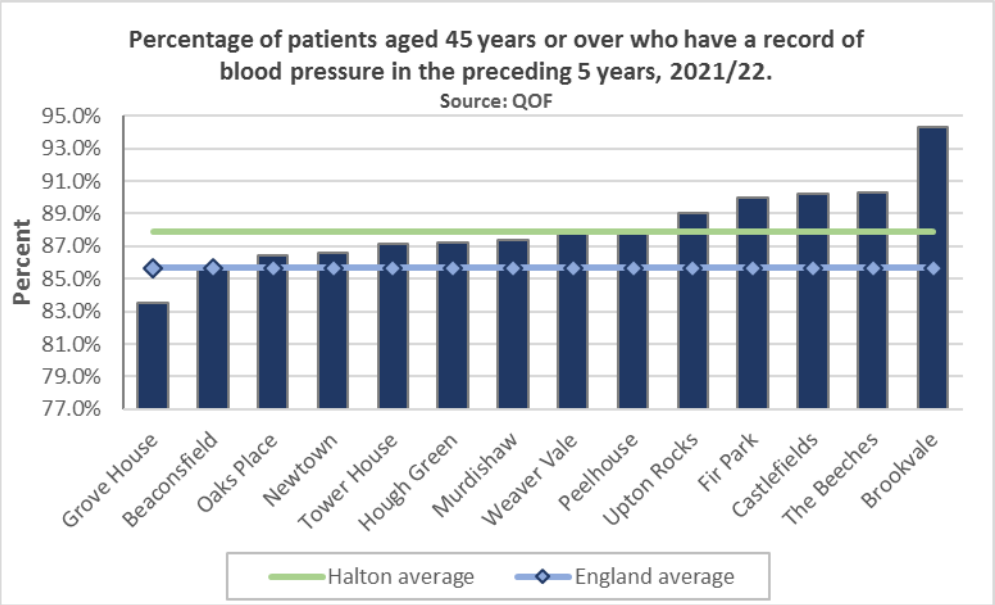


The prevalence of hypertension in Halton (16.0%) is higher than the England average (14.0%). Only 2 practices in Halton have a hypertension prevalence which is lower than the England average. The prevalence in Halton ranges from 10% in Oaks Place to 17.5% in Brookvale.

5.4 Blood pressure checks

Figure 31 shows the percentage of patients at each practice aged 45 or above, who have a record of a blood pressure check in the last 5 years.

Figure 31: Percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years, 2021/22



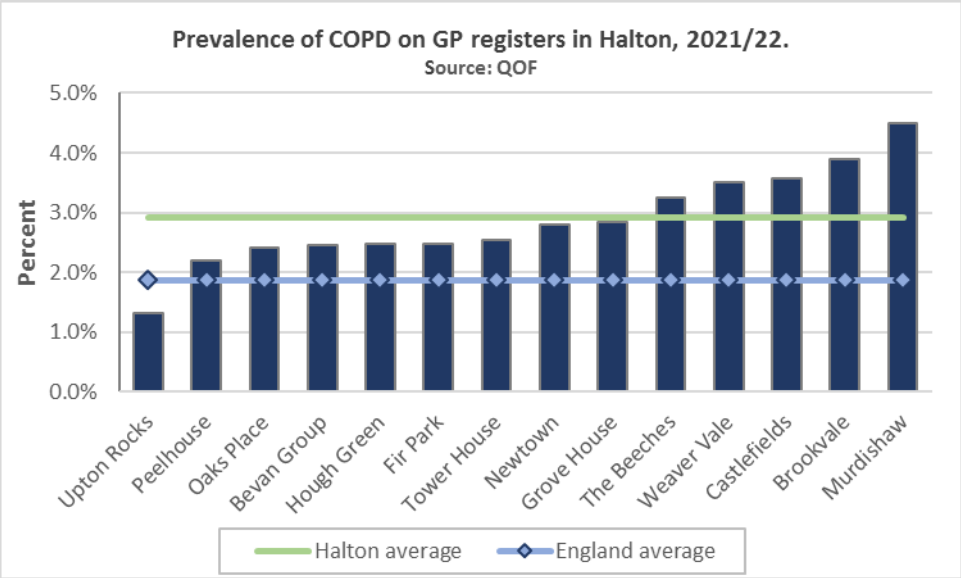
The percentage of patients aged 45+ with a recorded blood pressure in the preceding 5 years in Halton (87.9%) is higher than the England average (85.7%). The percentage ranged from 83.5% in Grove House to 94.3% in Brookvale.

The lack of face-to-face GP appointments during the COVID-19 pandemic has probably had an impact on the figures for the majority of the GP practices.

5.5 COPD

Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with a high mortality. The majority of patients with COPD are managed by GPs and members of the primary healthcare team with onward referral to secondary care when required.

Figure 32: Prevalence of COPD on GP registers in Halton, 2021/22



The prevalence of COPD in Halton (2.9%) is higher than the England average (1.9%). Only 1 practice in Halton had a COPD prevalence which is lower than the England average. Prevalence in Halton ranges from 1.3% in Upton Rocks, to 4.5% in Murdishaw.

6.0 Lifestyle

6.1 Obesity

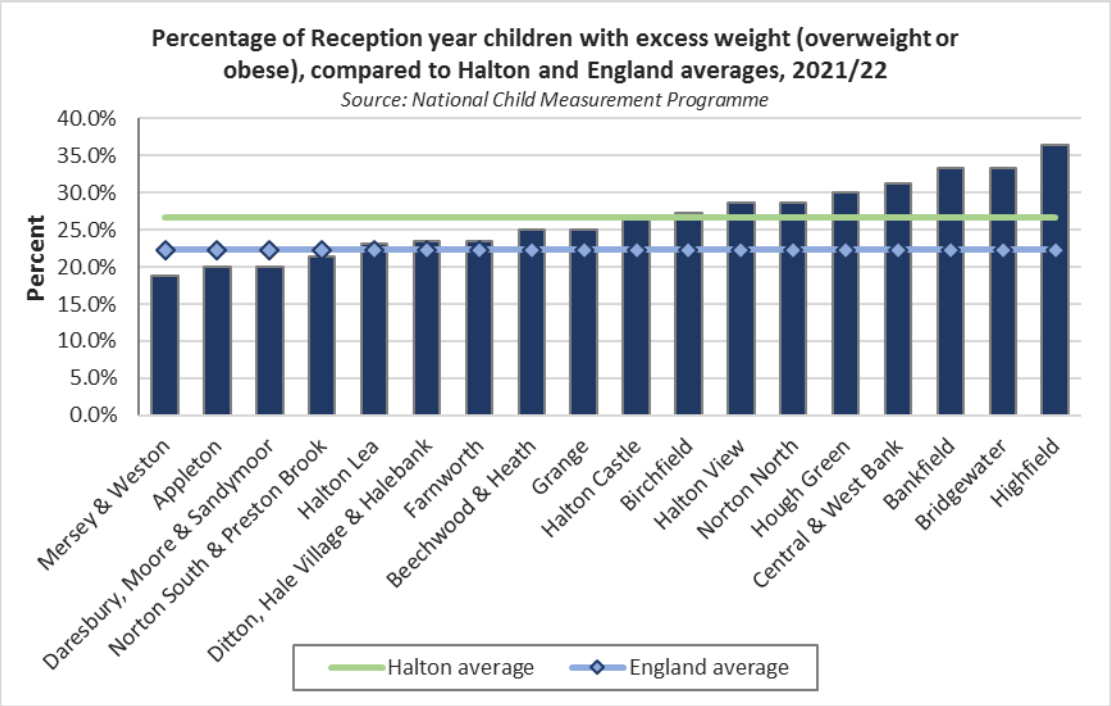
Children with Excess Weight

As part of the National Child Measurement Programme the weight and height of children in Reception Class (ages 4 and 5) and Year 6 (ages 10 and 11) are measured, and their BMI calculated. The data is used to observe numbers of overweight and obese children in the UK to help with service planning.

Figure 33 shows that during 2021/22, 26.6% of Halton's 4-5 year olds were overweight or obese, which was statistically significantly higher than the England average of 22.3%. This was a statistically significantly higher rate. Only 4 electoral wards had rates below the England average.

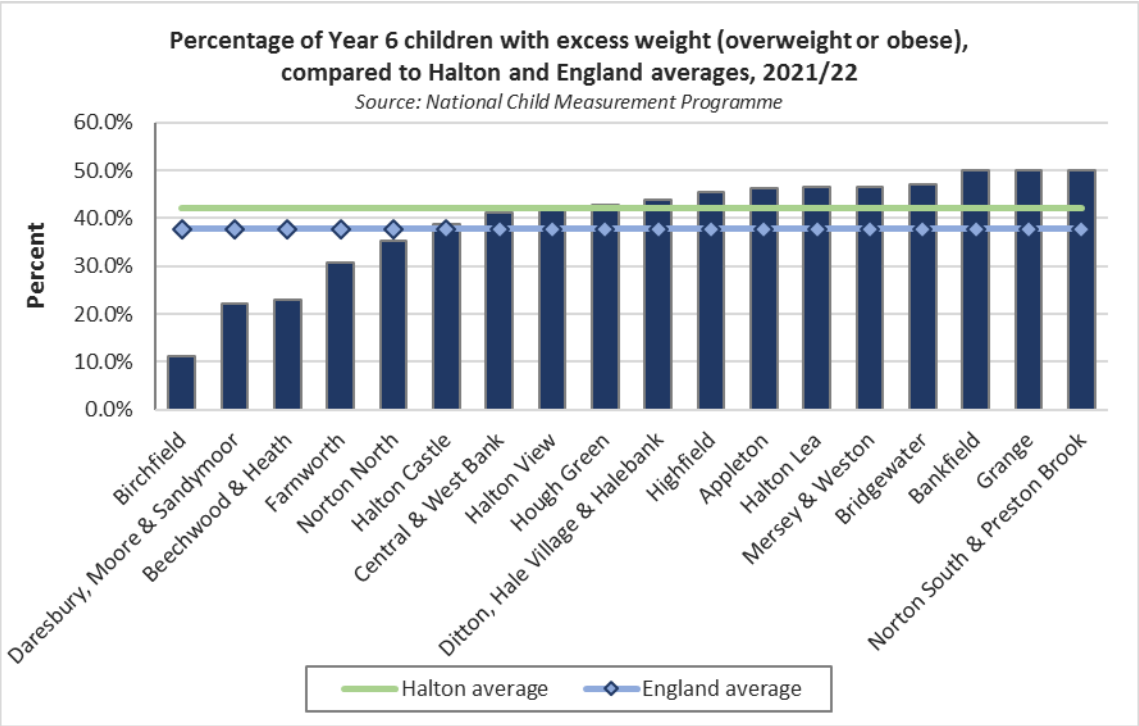
Note - data is only available at electoral ward level. Information on the GP practice the child is registered with is not available as part of the programme dataset.

Figure 33: Percentage of children in reception (aged 4-5) with excess weight, 2021/22, by ward



In 2021/22, 42.2% of Halton's 10-11 year olds were overweight or obese. This was statistically significantly higher than the England average of 37.8% (Figure 34).

Figure 34: Percentage of children in year 6 (aged 10-11) with excess weight, 2021/22, by ward

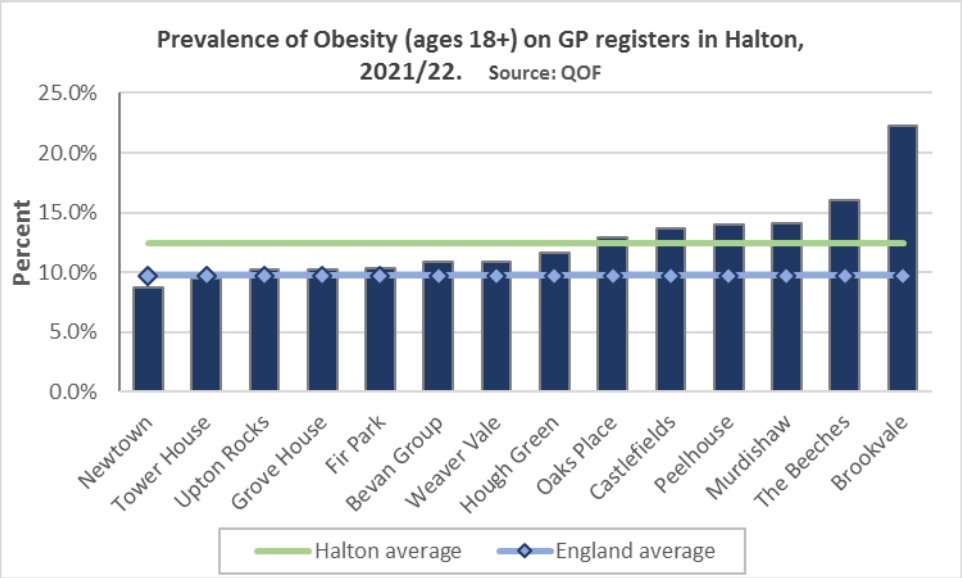


Obesity in Adults (aged 18+)

Public Health England state that obesity prevalence in the QOF records is generally regarded as an underestimate of the true levels of obesity in the practice population. For example 2021/22 Active Lives Survey[3] obesity prevalence was 32.3%. However, the Active Lives Survey data is only available at local authority level. Therefore the only data at a lower than local authority level is GP practice level via QOF.

Prevalence in Halton (12.4%) is higher than the England average (9.7%). All but two of the practices – Newtown and Tower House - had higher prevalence than the England average of 9.7%. The prevalence among registered patients at Halton GP practices ranged from 8.7% at Newtown practice to 22.2% at Brookvale practice (Figure 35).

Figure 35: Percentage of over 18s classed as obese, by practice, 2021/22



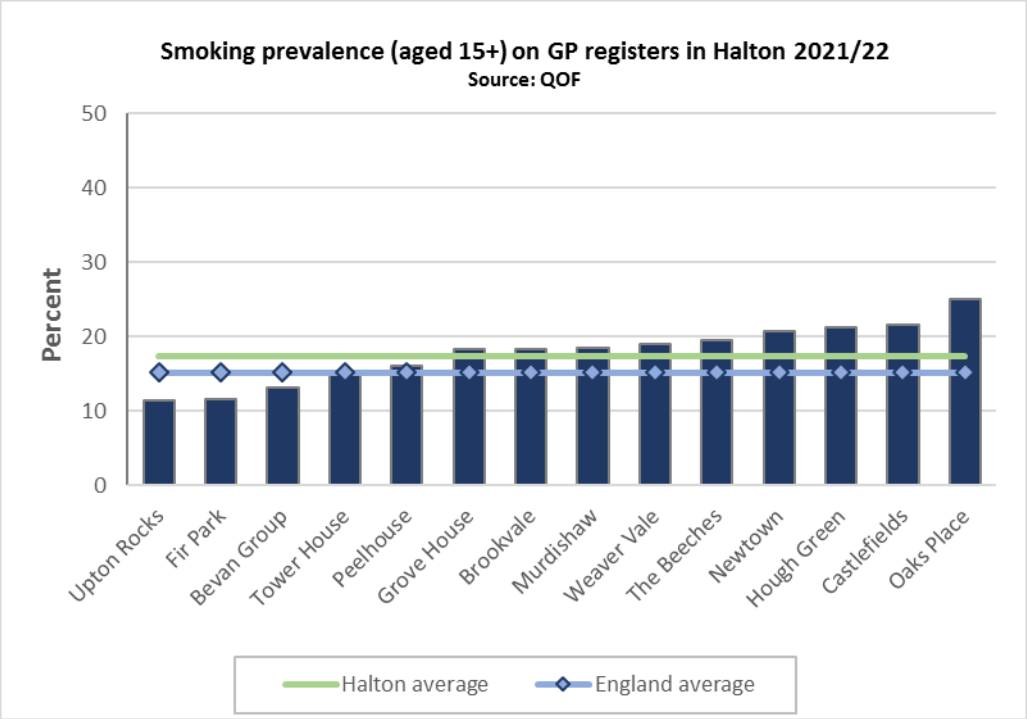
3 Sport England via OHID Fingertips https://fingertips.phe.org.uk/search/adult%20obese#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/93881/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

6.2 Smoking

Smoking prevalence

According to QOF data, 17.4% of people registered at Halton practices are current smokers. This is higher than the England average (15.2%).

Figure 36: Percentage of people aged 15+ years classed as a current smoker, by practice, 2021/22

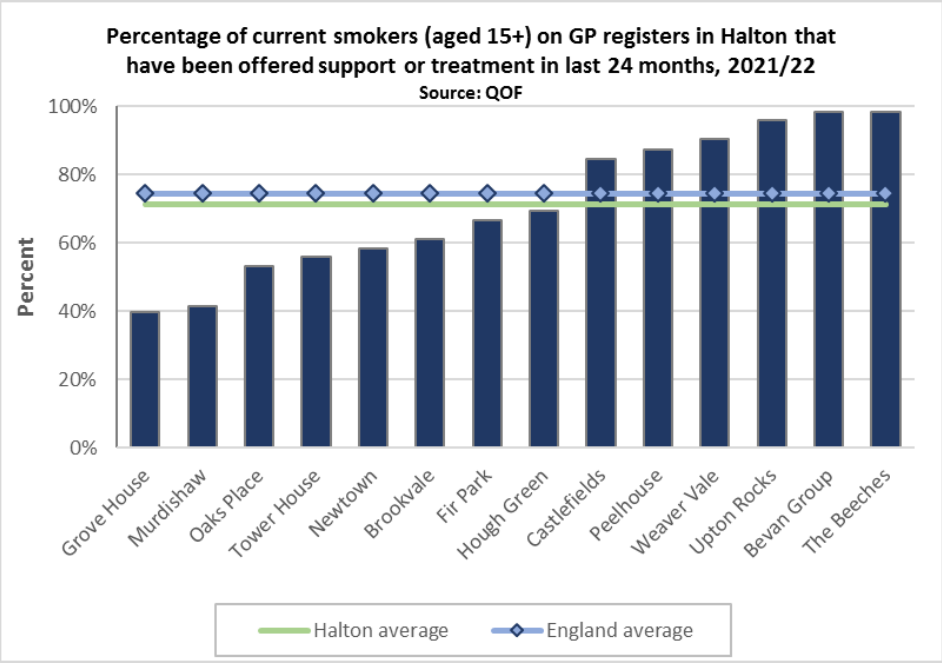


Smoking prevalence among Halton practices ranged from 11.5% in Upton Rocks practice to 25% in Oaks Place. Ten out of the fourteen practices had a prevalence higher than the England average.

Smoking cessation

Current smokers who are offered support or treatment at their GP practice in the last 24 months to the end of March 2022, is shown in Figure 37. On average in Halton, 71% of smokers were offered support or treatment, which is slightly lower than the England average of 74%. This ranges from 40% in Grove House practice to 98% in Bevan Group and The Beeches.

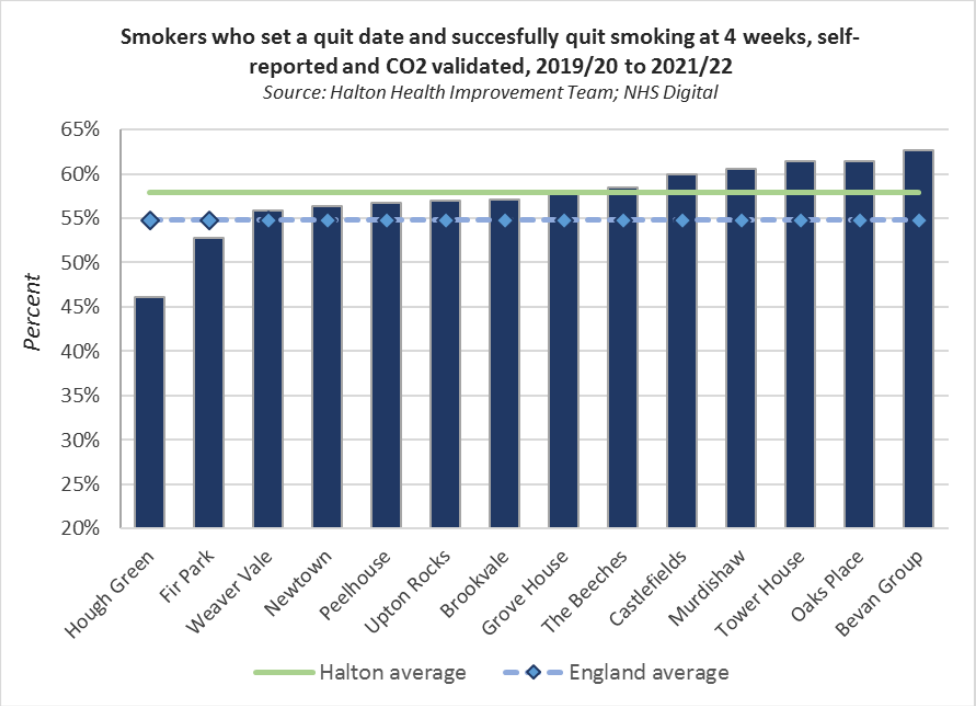
Figure 37: Percentage of current smokers (aged 15+) on GP registers that have been offered support or treatment in the last 24 months



Smoking cessation is measured as the proportion of over 18s setting a quit date, who then successfully stop smoking at 4-week follow-up (self-reported).

On average 58% of smokers in Halton who set a quit date are successful when monitored 4 weeks after their quit date. This is slightly higher than the England average of 55%. Practice rates varied from 46% to 63% (Figure 38).

Figure 38: Proportion of smokers, aged 16+, who set a quite date who are successful at 4 weeks, by practice, 2019/20 to 2021/22



6.3 Alcohol

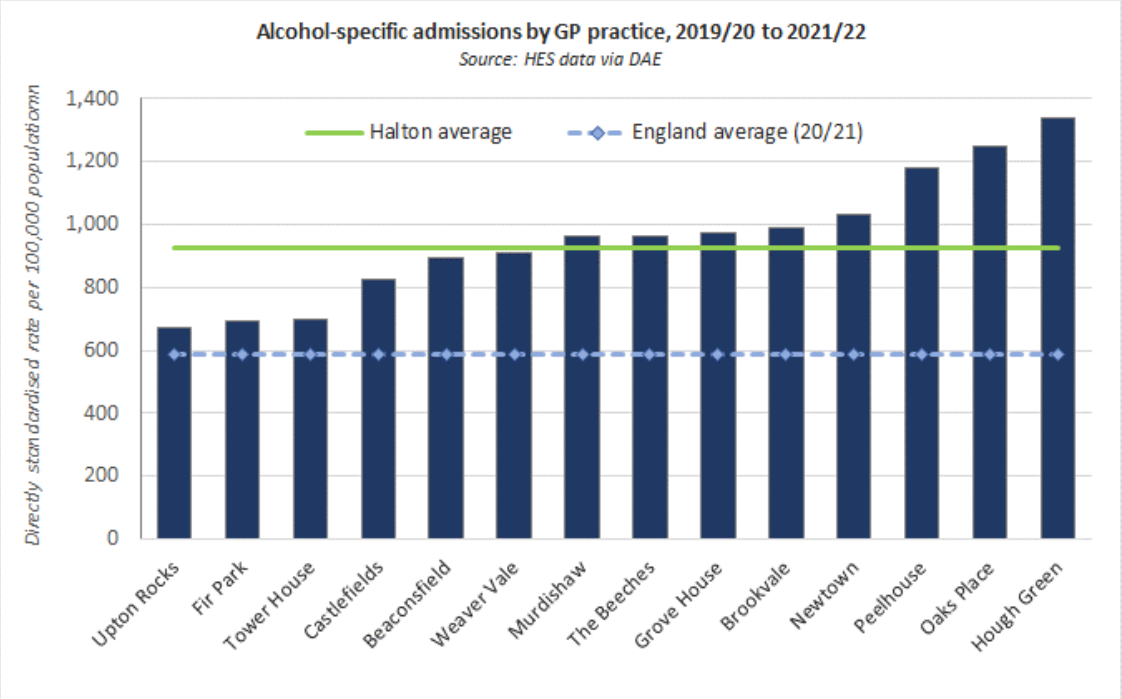
Alcohol-specific admissions to hospital are an indication of excessive alcohol consumption. Figure 39 shows the admission rates for the patient population of each GP practice. These rates were calculated using alcohol attributable fractions.

- Alcohol Attributable Fractions (AAFs) are used to express the extent to which alcohol contributes to a health outcome, such as alcohol poisoning, non-alcohol poisoning, road traffic injuries, falls, drownings, violence, and other unintentional or intentional injuries.

- Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. The alcohol-attributable fraction is 1.0 because all cases (100%) are caused by alcohol.

Upton Rocks had the lowest rate of alcohol-specific hospital admissions, with a rate of 671 per 100,000. The highest rate of 1,340 per 100,000 was in Hough Green practice. The Halton average was 928 per 100,000. The England average is available for 2020/21 and was 587 per 100,000 population; Halton rates are statistically significantly higher.

Figure 39: Rate of admissions episodes for alcohol-specific conditions, 2019/20-2021/22

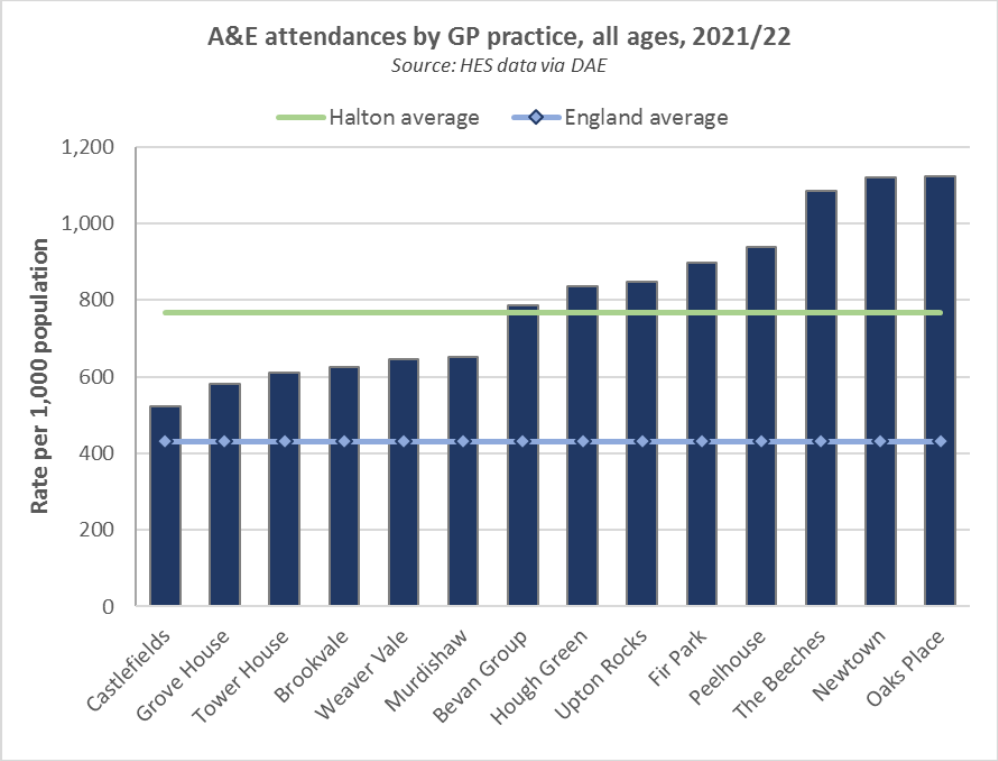


7.0 A&E attendances and emergency hospital admissions

7.1 A&E attendances

There were 102,960 A&E attendances amongst Halton GP registered patients during 2021/22. This equates to a rate of 768 per 1,000 GP registered population, which was higher than the England average of 432 per 1,000. Figure 40 shows that the rate varied between practices from 521 in those registered at Castlefields, to 1,122 at Oaks Place; all practices had higher rates than the England average.

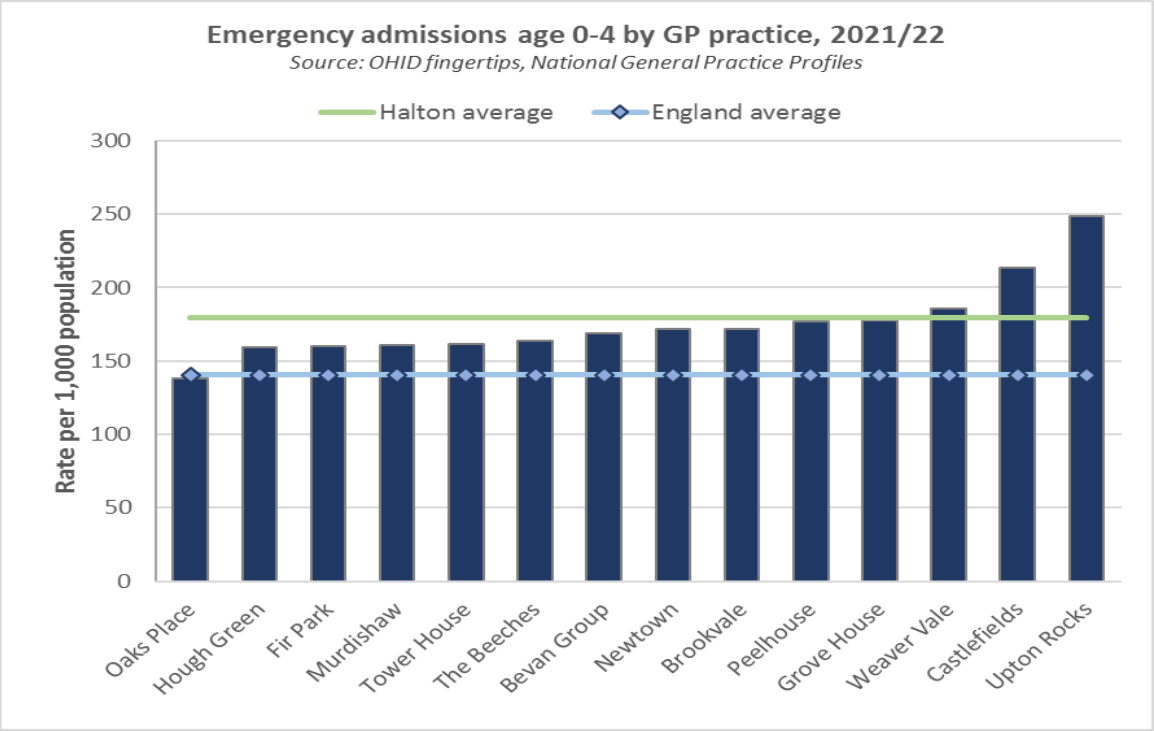
Figure 40: A&E attendances by GP practice in Halton 2021/22



7.2 Emergency hospital admissions in children 0-4

There were 3,860 emergency hospital admissions in children aged 0-4 in Halton GP registered patients during 2021/22. This equates to a rate of 179 per 1,000 GP registered population, which was higher than the England average of 140 per 1,000. Figure 41 shows that the rate varied between practices from 138 in those registered at Oaks Place, to 249 at Upton Rocks; all but one practice had higher rates than the England average.

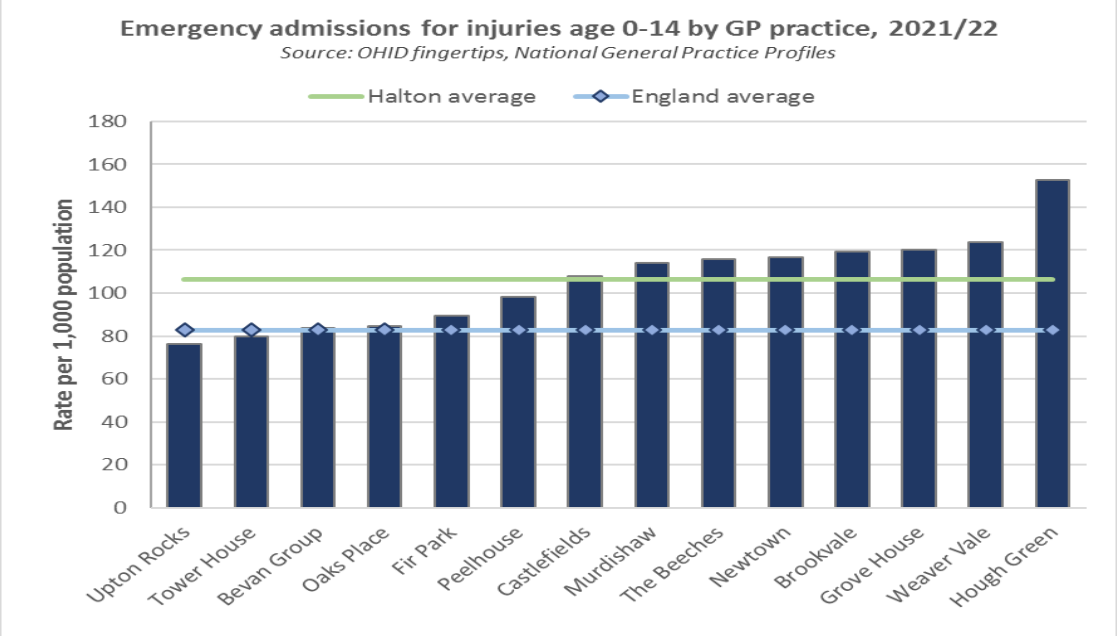
Figure 41: Emergency admissions age 0-4 by GP practice in Halton 2021/22



7.3 Emergency hospital admissions for injuries in children 0-14

There were 755 emergency hospital admissions for injuries in children aged 0-14 in Halton GP registered patients during 2021/22. This equates to a rate of 106 per 1,000 GP registered population, which was higher than the England average of 83 per 1,000. Figure 42 shows that the rate varied between practices from 76 in those registered at Upton Rocks, to 153 at Hough Green; all but two practices had higher rates than the England average.

Figure 42: Emergency admissions for injuries age 0-14 by GP practice in Halton 2021/22



8.0 Breastfeeding

Breastfeeding is associated with both short and long term benefits for mothers and their babies. It is recorded both at the birth visit and the 6-8 week baby check. Figure 43 shows the percentage of mothers who stated they breastfed or mixed fed when asked at their birth visit, by their ward of residence in 2021/22: on average 49.5% said they breast or mixed fed in Halton. The lowest rate was observed in Hough Green (32.8%). Farnworth had the highest rate with 65.1% of mothers stating that they breastfed at their birth visit, with higher rates also occurring in Grange (64.3%) and Beechwood (63.5%).

Figure 43: Percentage of mothers breastfeeding (birth visit), by ward (2021/22)

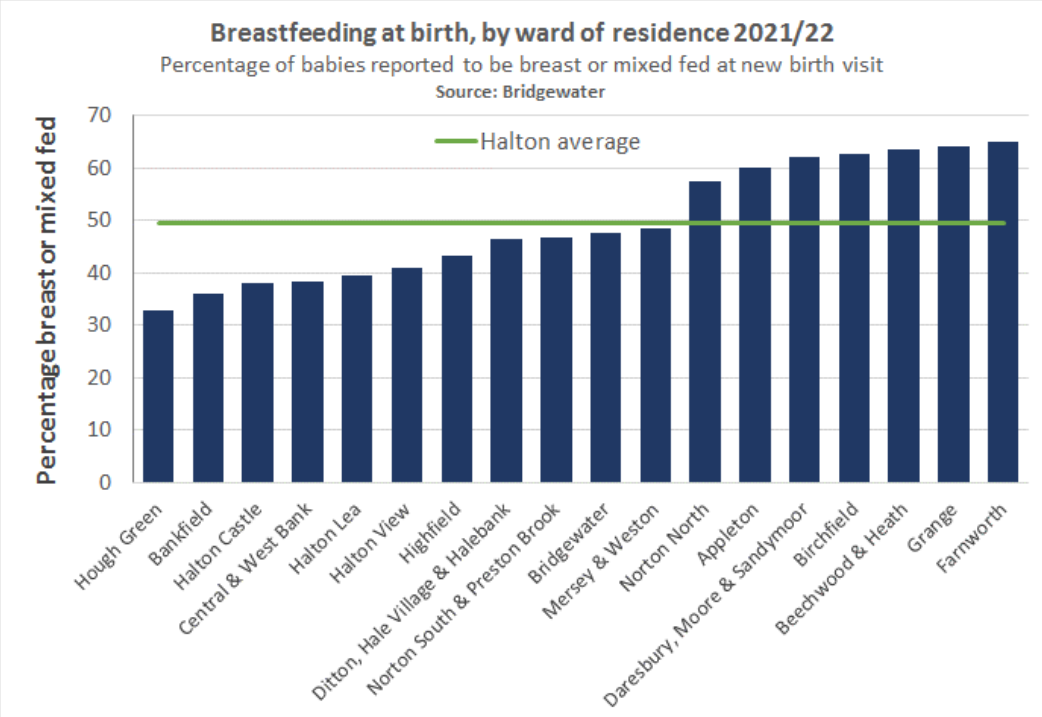
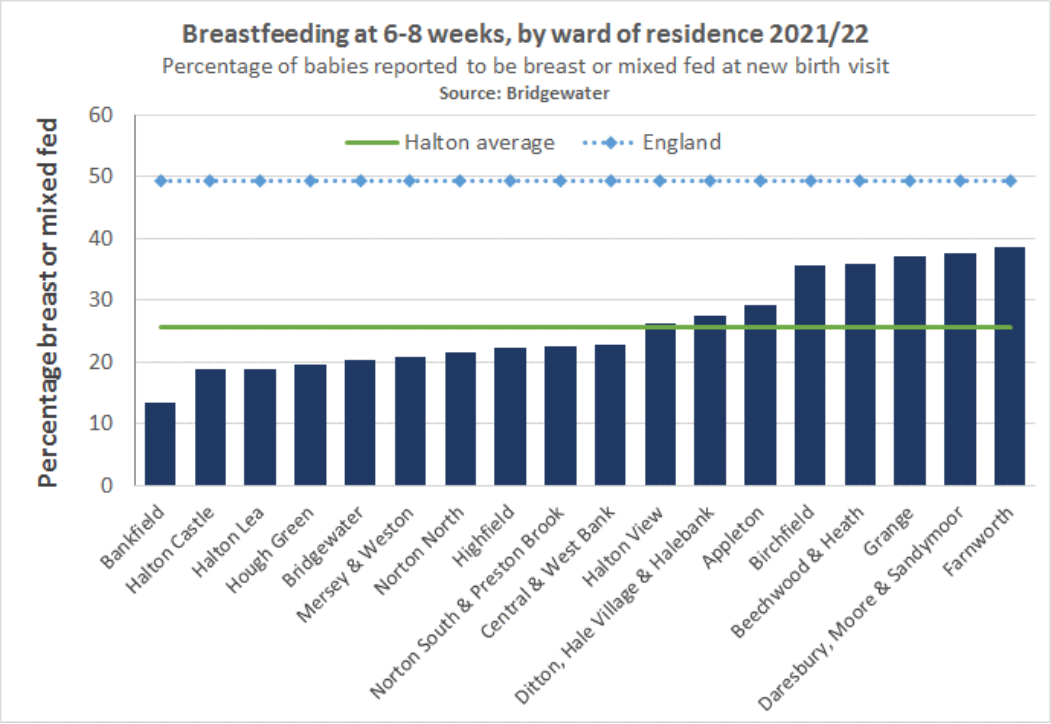


Figure 44 shows the percentage of mothers still breastfeeding (exclusive or mixed feeding) at their 6-8 week check.

Exclusive breastfeeding means that the infant receives only breast milk (including expressed breast milk). Mixed feeding means that the infant receives both breast milk and any other food or liquid before 6 months of age.

Across Halton for 2021/22, 25.7% of mothers were still breastfeeding at 6-8 weeks. Bankfield ward had the lowest rate of breastfeeding at 13.5%. The highest percentage of 38.8% was in Farnworth. The national average for mothers breastfeeding at 6-8 weeks was 49.3%.

Figure 44: Percentage of infants breastfed at 6-8 weeks, by GP practice (2021/22)



9.0 Health Checks

The NHS Health Check is a national risk assessment and prevention programme. Everyone between the ages of 40 and 74, who has not already been diagnosed with a long-term conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions. They will be assessed through a combination of their personal details, family history of illness, smoking, alcohol consumption, physical activity, body mass index (BMI), blood pressure and cholesterol. They should then be provided with individually tailored advice to help motivate and support them make any necessary lifestyle changes to manage their risk. Where additional testing and follow up is needed, people are supported through primary care services. People aged 65–74 will be told about the signs and symptoms of dementia and informed about memory clinics if needed.

Table 4: Eligible population and uptake of health checks as a proportion of invites, by practice (2021/22)

GP Code	GP Name	Total eligible patients	Number of invites	Number of health checks delivered	% of eligible population invited	% eligible population receiving a health check
N81037	The Beeches	1,492	1	47	0%	3%
N81651	Upton Rocks	791	2	58	0%	7%
N81066	Grove House	2,907	17	67	1%	2%
N81011	Bevan Group	3,648	27	87	1%	2%
N81057	Tower House	2,852	32	48	1%	2%
N81054	Weaver Vale	1,677	25	87	1%	5%
N81064	Newtown	1,287	20	92	2%	7%
N81045	Peelhouse	3,122	55	110	2%	4%
N81072	Murdishaw	1,290	56	173	4%	13%
N81035	Fir Park	1,997	300	92	15%	5%
N81119	Hough Green	875	138	110	16%	13%
N81019	Castlefields	2,386	543	231	23%	10%
N81096	Brookvale	1,386	433	92	31%	7%
N81619	Oaks Place	655	334	82	51%	13%
Extra done in the community			555	555		
Halton		**36,276**	**2,538**	**1,931**	**7%**	**5%**
England					**9%**	**3%**

Table 4 shows the number of eligible people who were invited for and received health checks in Halton's GP practices during 2021/22. The Health Check Programme aims to cover the eligible population over a 5 year period i.e. 20% of the eligible population invited for NHS Health Checks each year. Overall, 7% of the eligible population were invited in 2021/22, compared to 9% in England. These figures varied from 51% at Oaks Place to less than 1% at The Beeches. Overall in

Halton, 5% of eligible patients received a health check, which was higher than the England average of 3%. The proportion varied by practice, from 2% in Grove House, Bevan Group and Tower House, up to 13% in Murdishaw, Hough Green and Oaks Place.

The date in Table 4 shows that there is currently an issue where not all opportunistic health checks delivered in practices are coded as invitations, meaning there are many practices showing uptakes of over 100%.