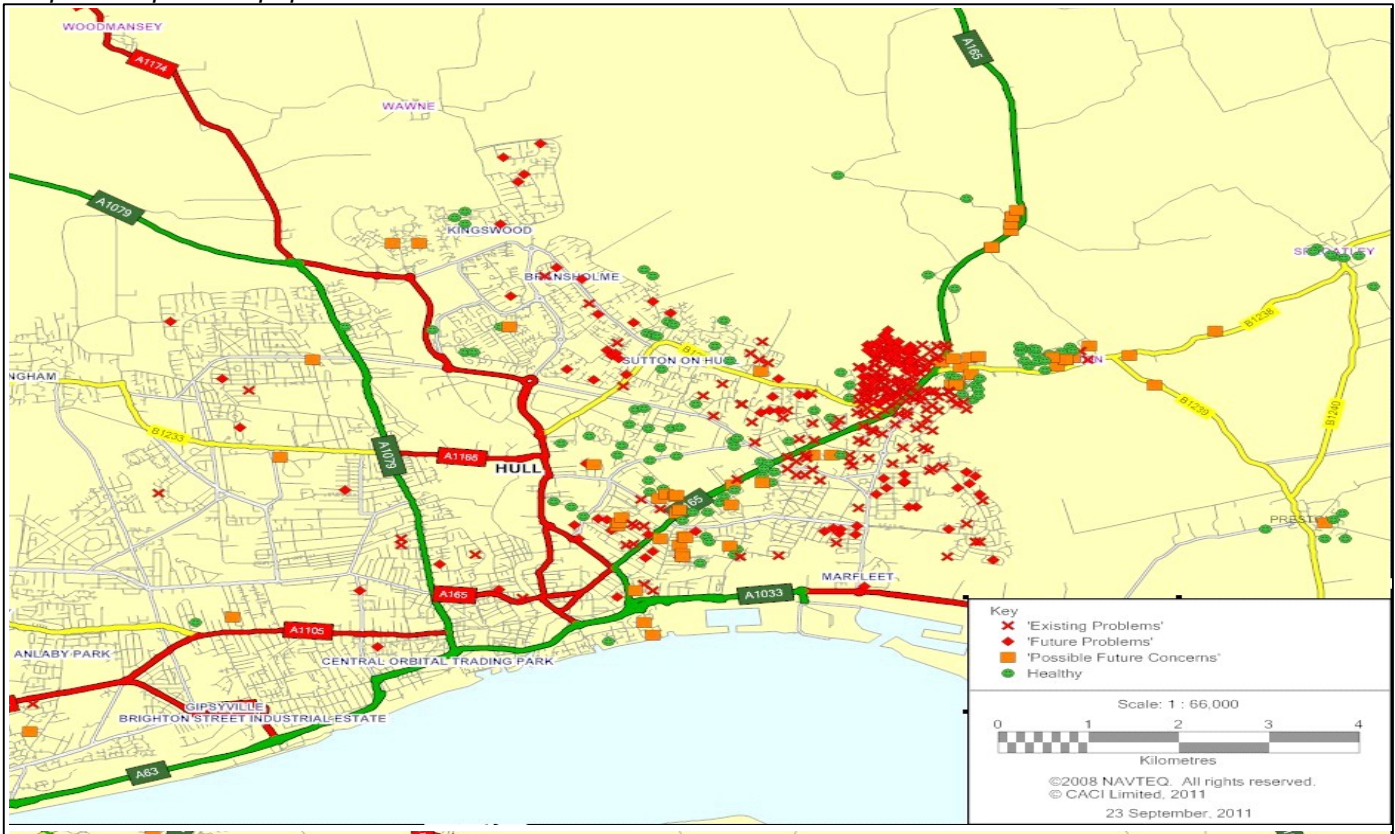


1 GP Practice Demographics

Map of GP practice population Health ACORN characteristics



Note: points on the map represent postcodes. More than one patient may be resident at each point.

Key to map

Existing Problems		Healthy	
Future Problems		Possible Future Concern	

GP practice Health ACORN characteristics comparison to Hull

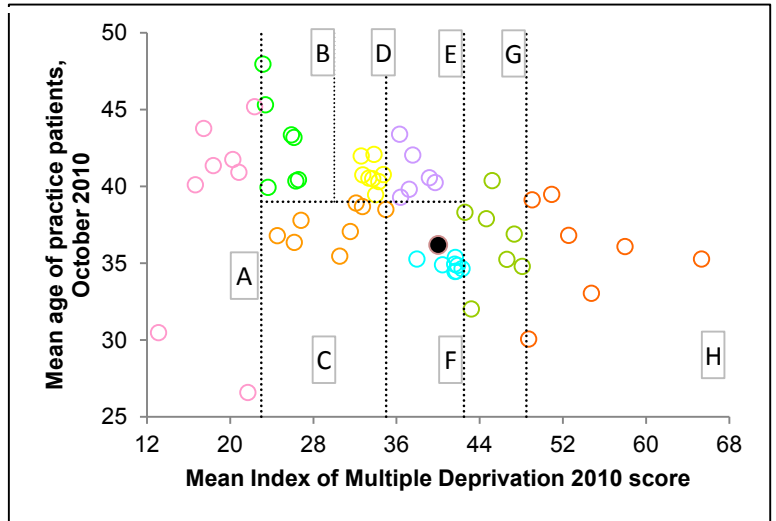
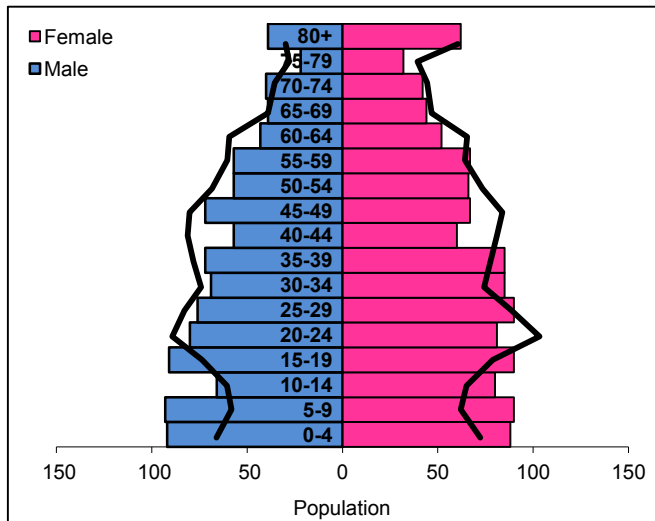


Practice Demographics

GP Practice Population	2,246	% Resident within Hull	91.0
Practice Group (A-H)	F	WTE GPs/ 1,000 population	1.00

Population pyramid for selected practice (bars) and Hull (lines)

Mean deprivation and ages of patients for all general practices (selected practice denoted by solid circle) Letter represents practice grouping



## 2 Lifestyle

Risk factor	Significantly lower (-2 SD)	Not Sig Diff	Significantly higher (+2 SD)	Practice N	Practice %	Hull %	Practice Group %
BMI >25							
Smoking prevalence							
Physical activity							
Alcohol units							

*available following completion of 2011 health and lifestyle survey*

## 3 Child Immunisations

Measure (age in brackets)	Significantly lower (-2 SD)	Not Sig Diff	Significantly higher (+2 SD)	Practice %	Hull %	Practice Group %
DTP (1)				96.1	96.2	95.3
Polio (1)				96.1	96.2	95.3
Pneumococcal (1)				96.1	95.6	93.6
HaemInf (1)				96.1	95.9	95.3
Men C (1)				96.1	95.4	94.0
Pneumococcal (2)				84.4	93.0	92.8
HibMenC (2)				84.4	95.1	95.2
MMR (2)				87.5	93.7	94.6
Polio (5)				100.0	89.3	88.4
DTP (5)				100.0	89.6	88.4
MMR (5)				100.0	87.9	88.1

z score (i.e. distance from Hull mean)

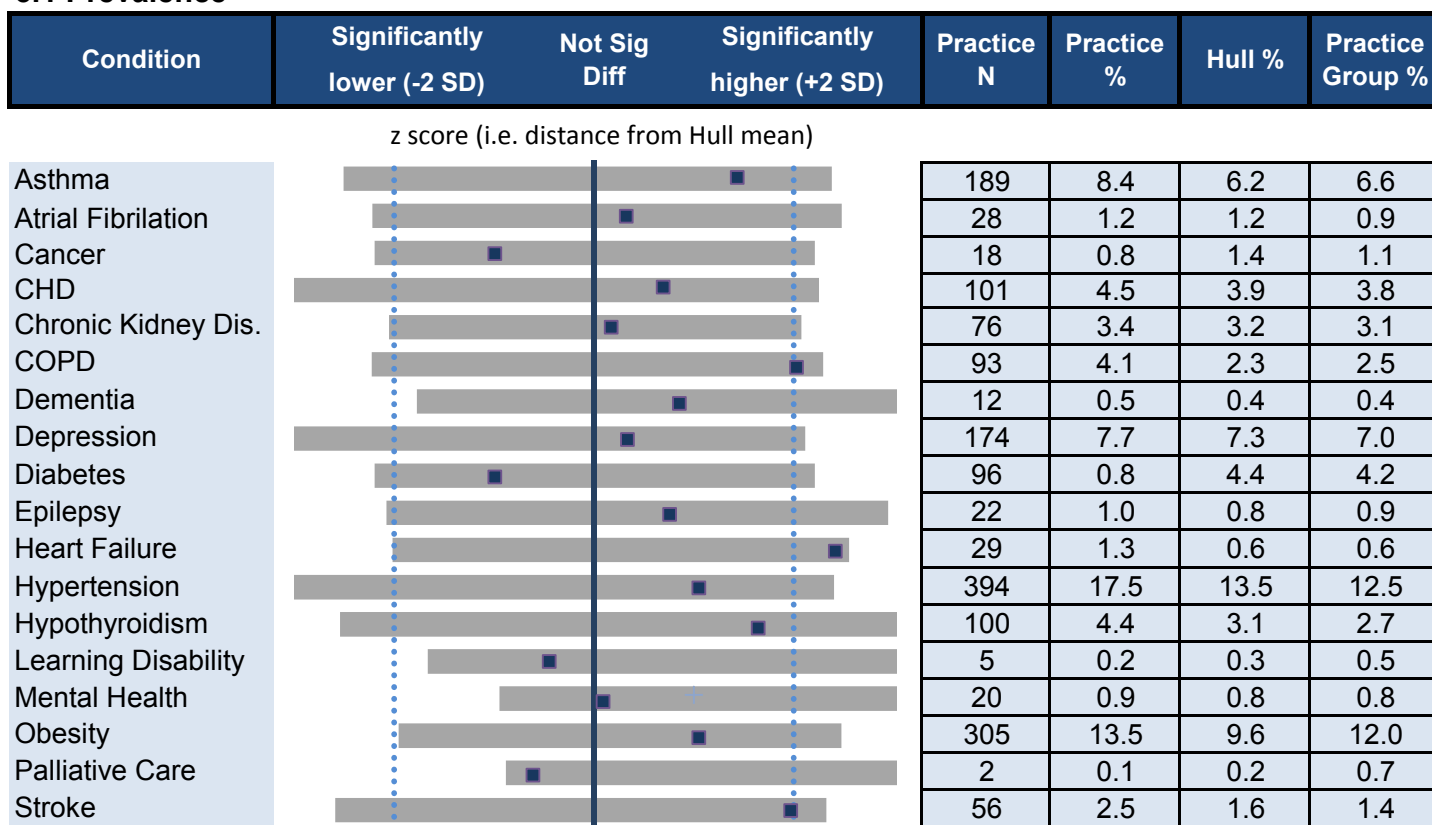
## 4 Percentage of women attending cancer screening

Measure	Significantly lower (-2 SD)	Not Sig Diff	Significantly higher (+2 SD)	Practice %	Hull %	Target %	Practice Group %
Breast screening				65.5	72.2	70.0	68.2
Cervical screening				80.1	78.7	80.0	79.0

z score (i.e. distance from Hull mean)

## 5 Quality & Outcomes Framework

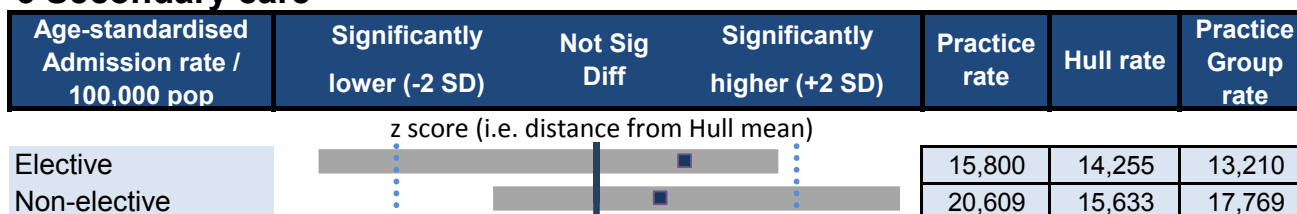
### 5.1 Prevalence



### 5.2 QOF and Modelled Prevalence Comparison

	Practice Model		Practice Group Model %	Hull Model %	Practice Modelled undiagnosed n (model - QOF) N
	Number	%			
Asthma	210	9.3	9.2	9.1	21
Atrial Fibrillation	26	1.1	0.9	1.2	-2
Cancer	22	1.0	0.9	1.1	4
CHD	108	4.8	3.8	4.7	7
Chronic Kidney Dis.	88	3.9	3.2	4.1	12
COPD	64	2.8	2.1	2.4	-29
Dementia	27	1.2	0.8	1.2	15
Epilepsy	16	0.7	0.7	0.8	-6
Heart Failure	29	1.3	1.0	1.3	0
Hypertension	470	20.9	19.5	22.8	76
Hypothyroidism	41	1.8	1.6	1.9	-59
Learning Disability	36	1.6	1.7	1.7	31
Mental Health	8	0.3	0.4	0.4	-12
Palliative Care	27	1.2	0.8	1.1	25
Stroke	37	1.6	1.4	1.7	-19

## 6 Secondary care



## Notes and Data Sources

**grey bar:** range of z-scores (from low to high)

**blue square:** GP practice z-score

**blue solid vertical line:** Hull mean

**blue dotted vertical lines:** if grey line or blue square crosses either of these then the value is significantly lower (left line) or higher (right line) from Hull mean

**z scores:** measurement of the distance of a value from the mean (average) in units of standard deviations. A positive (higher) z score represents a value above the mean; a negative (lower) z score represents a value lower than the mean. A z-score of +2 or -2 indicates that the value is statistically significantly different to the mean (at the 95% confidence interval)

### Data Sources & Notes (to update)

Section	Indicator	Source	Period
1	GP Practice Population	GP registered population	Oct 2010
	Proportion resident within Hull LA boundary		
	Practice Group	see note 1	
	Dominant Health ACORN Group	see note 2	Oct 2010
	Number of GPs per 1,000 population	GP registered population	Oct 2010
Open Exeter		Sep 2011	
2	Indicators to follow		
3	Childhood Immunisations by age	Child Health Information system (SystemOne)	2010-2011 financial year
4	Breast cancer screening	KC62 return; data accessed via Open Exeter	2007/08 - 2009/10
	Cervical cancer screening	KC53 return; data accessed via Open Exeter	2005/06-2010/11
5	QOF prevalence	QMAS	Mar 2011
	QOF modelled prevalence (see note 3)	QMAS	Mar 2011
		GP registered population	Apr 2011
6	Secondary care	GP registered population	Oct 2010
		HES	2010-11 financial year

#### note 1

General practices in Hull differ with regard to their registered population in terms of deprivation and age of patients. Whilst general practices can be compared, it is better and easier to try to compare like-with-like. Therefore the general practices in Hull have been grouped according to the average deprivation score of their patients and the average age of their patients. The Index of Multiple Deprivation 2010 has been used to measure deprivation. Nationally, a deprivation score has been assigned to each of 163 lower layer super output areas (LLSOAs) within Hull. An average of 1,500 residents live in each LLSOA in Hull. A deprivation score has been determined for each registered patient based on their postcode (and their LLSOA); a higher deprivation score denotes increased deprivation. There is an assumption that the average deprivation score for the LLSOA is representative for each registered patient and this might not be the case (the patients registered at a specific practice may be more deprived than the average for their area).

#### note 2

Health ACORN geo-demographic profiles indicate where current and future health needs are likely to be greatest. These classifications use various data to create groups of people who are deemed to be similar with regard to certain characteristics. In general, the type of information used are responses from the 2001 Census, and information relating to employment, car ownership, financial behaviour, health and hospital admissions, shopping behaviour, and for health specifically information from food consumption, and health and lifestyle surveys. The proportions of the resident population within each category will depend on levels of deprivation as well as the age structure of the population. ACORN classifications are applied at a geographical basis, and there will be some people living in the area whose characteristics are very much different from the dominant ACORN category for that area. Therefore, the classifications for a particular area should be used as a guide only as to the characteristics of residents. This has been applied to the GP registered population as at October 2010

#### note 3

Modelled QOF prevalences are based on a series of models developed by Doncaster PCT  
<http://www.doncaster.nhs.uk/about-us/our-roles-directories/public-health/public-health-intelligence-evaluation-team/tools-resources/qof-benchmarking-tool/user-guides-qof/images/favicon.ico>