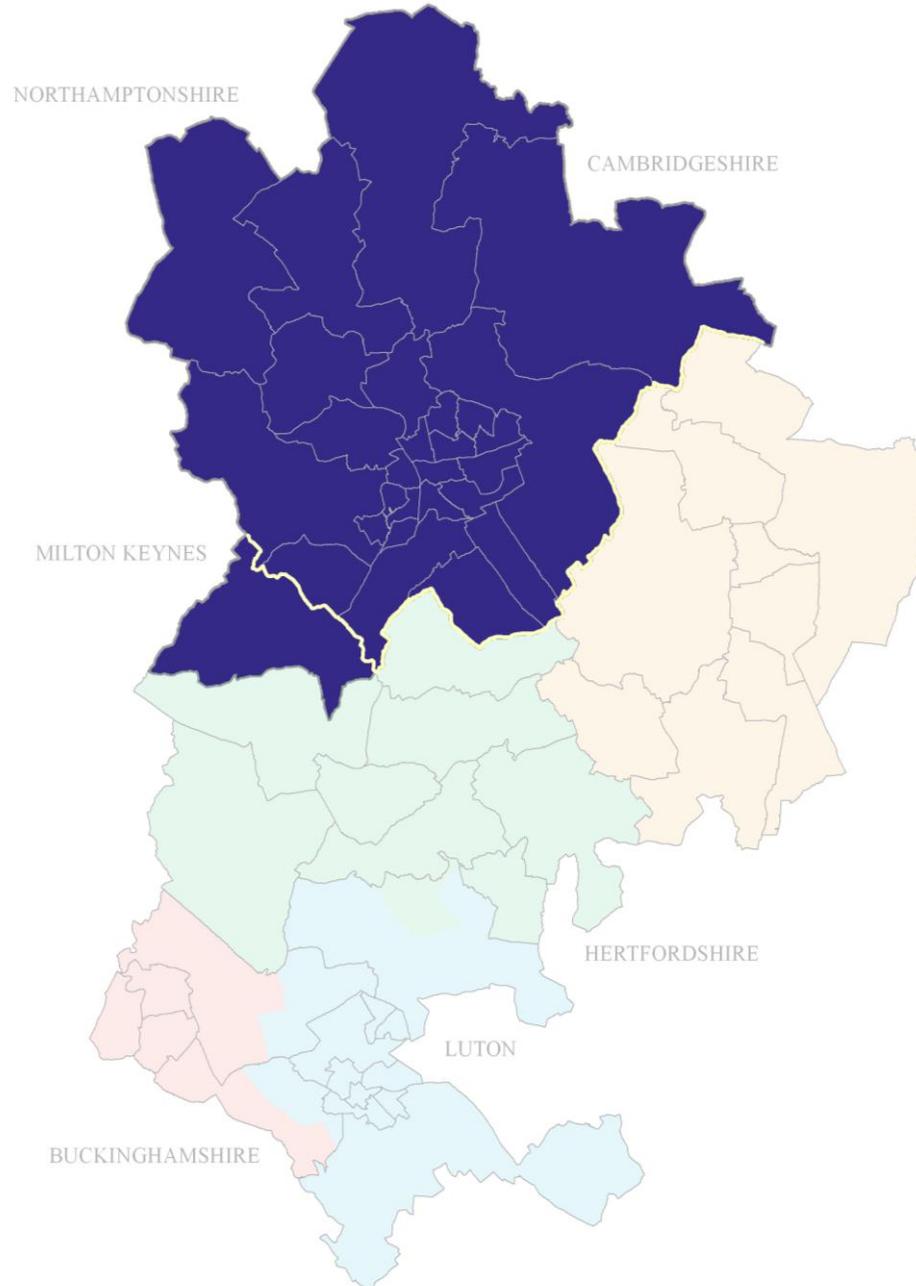


Bedford



Bedford Borough Council and
Central Bedfordshire Council
working together

LOCALITY PROFILE

PROFILE FOR

BEDFORD LOCALITY 2013

Public Health Evidence & Intelligence
Directorate of Public Health

Policy & Document	Bedford Locality – Locality Profile 2013 (Phase 1)
Operational & Management	Multidisciplinary Partnership working
Purpose of Document	To provide information about the health needs of the local population in order to support GP commissioners to develop their commissioning priorities
Title	Bedford Locality – Locality Profile 2013
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Foreword

This Locality Profile has been designed to support locality GP commissioners develop priorities, assess practice by practice variations, identify inequalities and compliment the JSNA. It brings together granular information about the health needs of the population and in this phase 1 report there is a focus on the major causes of premature mortality. The report has been compiled by the Core Public Health team at Bedford Borough and Central Bedfordshire Councils.

The Department of Health has recently published 'Living Well for Longer' which is about reducing avoidable, premature mortality caused by the big killer diseases. 'Premature Mortality' is death aged under 75 years and it is envisioned that England's premature mortality will become the lowest amongst our European peers but it has been shown that we have a long way to go. The Longer Lives report compares overall and specific disease premature mortality from similarly deprived local authorities and shows that Bedford Borough is 14th out of 15 similar local authorities for overall premature mortality. We aim to improve.

Within this locality profile report the small area data can provide within-area variation which can be lost in large scale data, which may hide pockets of differing results. It is part of the Director of Public Health's role to have a particular focus on ensuring disadvantaged groups and receiving the attention they need with the aim of reducing health inequalities.

Of importance in reducing premature mortality is a focus on lifestyle choices people make such as smoking, poor diet, inactivity and excessive alcohol consumption all which all play their part in determining poor health. On average people with all four of these unhealthy behaviours die fourteen years earlier than those with none of the behaviours. In this locality profile report we also look at health behaviours: smoking, obesity, alcohol and NHS Health Checks.

It is intended that subsequent phases of the locality report will concentrate on children and wider determinants of health as well as being an update of phase 1.

I am pleased to introduce this locality profile.



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Bedford Locality Summary

Population

- Bedford Locality's registered population is 172,935. 'British White' is the biggest ethnic group but there is a sizeable BME group.
- 11 of the LSOAs in Bedford Locality are in the 20% most deprived nationally.

Health Inequalities

- Average life expectancy for males in Bedford Locality of 78.76 years is slightly better than the England figure (78.58 years). For males 15 practices are below the England average (66% of the population). There is a large (9 year) gap in life expectancy between the best and worst practices (75.7 to 84.7 years). For females the gap in life expectancy is still quite large at 5.7 years (80.5 to 86.2) and the average is similar to England.
- For both males and females Ashburnham Road has the lowest life expectancy and Wootton Health Living Centre has the highest.

Mortality and Morbidity

- The highest causes of mortality in Bedford Locality are caused by circulatory disease, respiratory disease and cancer:

Cardio-vascular diseases

- It is thought that approximately 2,900 people have undiagnosed coronary heart disease and 26,400 undiagnosed hypertension in Bedford Locality

- Queen's Park Health Centre for CHD emergency admission, Phoenix Primary for stroke and Sharnbrook Surgery, Ashburnham Road Surgery, Rothesay Surgery and Tredget & Partner for heart failure have statistically higher rates than the averages for both Bedford Locality and Bedfordshire CCG. There is wide variation but it seems the practices who have higher emergency admissions have worse CQRS results
- The mortality rate for CVD for the most deprived 20% LSOAs in Bedford Locality is 950/100,000 compared to 620/100,000 for the 80% least deprived (2009-12). This applies to 20 LSOAs in Bedford Locality

Respiratory

- The proportion of CQRS exceptions and incomplete data varies considerably from practice to practice
- The main causes of premature respiratory death are COPD (43%), pneumonia (25%) and interstitial pulmonary diseases (11%) in Bedford Locality
- For COPD emergency admission, London Road Health Centre has a statistically higher rate than the average for Bedfordshire CCG; there is wide variation
- Bedford Locality is statistically lower for those that have asthma with measures of variability aged greater than 8 years (Asthma 8) than the England average

Diabetes

- The data suggests there are about 940 patients who have undiagnosed diabetes in Bedford Locality, a tenth of the number of diagnosed diabetics
- CQRS indicators on HbA1c, hypertension, micro-albuminuria, cholesterol, depression and smoking status are statistically lower than the England average

Cancer

- The prevalence for Cancers in Bedford Locality is 1.8% (3,096) similar to 1.8% for England
- All admissions for cancer seem to vary greatly from practice to practice
- The Bedford Locality suspected cancer that is confirmed (conversion percentage) is statistically similar to the average for England. However, Cater Street Surgery, Cranfield Surgery, De Parys Medical Centre, Goldington Road (Dr Toovey) and St John's Street Surgery have statistically higher proportions compared with England

- 27,760 (19%) patients are on the CQRS register for smoking in Bedford Locality. It is similar to the BCCG's rate of 19%
- If half the quitters in Bedford Locality remain non-smokers in one year (415) around 17 will not get AMI, COPD, lung cancer or stroke that would otherwise have done. This will also save 20 life-years. Additionally, around £103,750 would be saved in health care costs
- Bedford Locality missed their stop-smoking target of 4-weeks quits for 2012/13 by 102 patients; however, a wide range of results was seen
- There are about 20,593 (16.6%) of adults who binge drink (Bedford Borough Council estimate) compared with 20% for England

Recommendations

Cardio-vascular disease

- Improve Primary Prevention
- Identify patients with disease in the population early – Increase uptake of NHS Health Checks in the population
- Improve Quality of care for people with cardiovascular disease by improving blood pressure and cholesterol control
- Standardise treatment of care for commonly encountered clinical conditions such as Stable and Unstable angina and Heart failure

Respiratory disease

- Maintain the Smoking cessation services
- Improve quality of care for people with COPD and Asthma in primary care by regular review of management

Diabetes

- Primary Prevention – Improving healthy lifestyle in patients with disease by encouraging healthy eating habits and reducing weight
- Early Diagnosis – Increased uptake of NHS Health Checks to improve early diagnosis of patients with latent diabetes as well as people with high risk of developing diabetes
- Quality in Primary care – Improved Glycaemic Control in diabetics in primary care
- Using standardised protocols to improve care of diabetics in the community

Cancer

- Encouraging more people to quit smoking in areas where prevalence of smokers is high
- Improving awareness of cancer and increasing early detection and treatment of cancer
- Improving early diagnosis and treatment of cancer in primary care by improving training in this area

Smoking

- Stop smoking services should be prioritised by all practices

Obesity

- GPs should be encouraged to increase the completeness of the BMI register
- Patients who are obese need to be referred to the community based obesity services

Alcohol

- Promotion of Healthy lifestyle by primary care clinicians