

PCBC Data Pack Longton Cottage Hospital

Summary

- **Coronary Heart Disease, Diabetes Mellitus and Hypertension are of high prevalence in the Longton locality.**
- **Stoke on Trent has a high number of deprived neighborhoods, performing particularly poorly in GCSE results, violent crime, obesity, smoking, infant mortality and life expectancy.**
- **More appointments at Longton Cottage are attended by patients from a deprived area than patients from the least deprived areas.**
- **62% of appointments are attended by females and the majority of which are aged 50+.**
- **The over 70s will see the largest population increase over the next 5 years.**
- **MSK, Rheumatology, Physiotherapy have the most appointments attended at Longton Cottage Hospital. X-Ray activity not available at this time.**
- **67% of appointments are attended by patients living within 2.5 miles of Longton Cottage Hospital.**
- **60% of service users recorded they were married or in a civil relationship.**
- **Just over 60% stated their religion as either CofE, Roman Catholic or Christian. 30% did not state religion.**
- **92% of service users stated British as their ethnicity.**

Longton Cottage Hospital and Area Health Services



Services at Longton Cottage Hospital

Asylum Seeker Service	Phlebotomy
Audiology	Physiotherapy
Diabetes	Respiratory (Chronic Obstructive Pulmonary Disease)
Dietetics	Rheumatology (including Drug Monitoring)
INR	Speech & Language Therapy
Musculoskeletal Interface Service	Ultrasound Scanning
Occupational Therapy	X-Ray

Feedback from the pre-consultation

Longton Cottage
Community Beds
Walk-in-Centre/Minor Injuries Unit
Audiology
Phlebotomy
GP – out of hour's service
Mental Health Services
Nursing clinic
X-ray
Outpatients
Palliative Care

Most common services in order of prevalence

Changing/improving the delivery/design of local health services

The suggestions made by participants for improving delivery of local health services within Longton Cottage hospital:-

- Hubs of services should be considered, with onsite facilities for X-rays and blood analysis.
- Better communication between Longton Cottage Hospital and other partner organisations. For example a fully joined up IT system to all partner organisations.
- Ask other clinics to provide information about their services/clinics that can be advertised to all patients.
- Better communication and coordination between community services.
- Publicise available services to increase public awareness, including UHNM outreach services.
- Use social media to highlight what services are available.
- Navigation of services and information needs to be improved.
- Understand where a GP can refer or signpost patients to.
- The Cancer & Supportive Therapy team attend different premises each day of the week. Set days might work better.
- Better home assessment to prevent unnecessary attendance at A&E.
- Joint working between health and social care.

Changing/improving the delivery/design of local health services (2)

The suggestions made by participants for improving delivery of local health services within Longton Cottage hospital:-

- Nurse led clinics could reduce GP workload.
- Holistic approach to care – mental and physical health.
- Self-help groups in the form of a care-hub, where individual could self-refer.
- Good news stories about health care and hospitals in the press.
- Longton Methodist Central Hall is a big enough facility.
- Good quality care following hospital discharge.
- Care package needs to be put together well and quickly. Develop this with carers as well as individuals.
- Use email or skype for consultations.
- Utilise other advice such as pharmacy, online appointments with GP to reduce GP workload.
- Remove specialist clinics from health centres.
- Travel to specialist care.

Changing/improving the delivery/design of local health services (3)

The suggestions made by participants for improving delivery of local health services within Longton Cottage hospital:-

- Several services in one clinic is better for patients.
- Utilise wider services more – Citizens Advice Bureau, Age UK, voluntary sector.
- Have voluntary services (such as Citizens Advice Bureau) on site
- A care hub that includes support for mental health.
- Invest in the prevention agenda, including childhood obesity.
- Consider health promotion and education. A possibility could be ‘Health Champions’.
- Community bus to move patients around health services.
- The Council should take some responsibility for community bus routes.
- Volunteer car scheme to help patients travel outside set boundaries.
- Spend money wisely. The majority of the general public want every service on their doorstep. The NHS can’t afford that so we need the public need to get real with our expectations.

Health Profile

Stoke on Trent Unitary Authority

Life Expectancy at birth in Stoke is **76.4 years (males)** and **81.0 years (females)** Both are lower than the regional and England average. The rate of **Infant mortality was the highest in England** (period 2013-15).

22.7% of children in Y6 in Stoke are obese, higher than England average of 19.8%

Despite a younger population only **48%** of adults report they are **physically active** compared with 57% for England

7.6% of adults in Stoke were recorded as having **diabetes** in 2014/15 (England – 6.4%). **Latest QOF data for 2016/17 shows prevalence has increased to 7.95% (18,223 people)**

The rate of admissions for **alcohol-related harm in Stoke is high at 1,058 admissions per 100,000 people**. The England rate is 647 per 100,000. The rate of increase in admissions is much higher in Stoke than in England or West Midlands over the period 2008/09 to 2015/16 (**23.7% increase in rate of alcohol related admissions in Stoke, 8.5% in West Midlands and 6.8% in England**)

Self harm rates increased substantially in Stoke between 2012/13 and 2015/16.

20.3% of adults in Stoke smoke. The England average is 15.5%

Disease Prevalence of Longton Locality

Conditions with a higher prevalence than Stoke on Trent and England

- Coronary heart disease
- Diabetes Mellitus
- Hypertension

Conditions with a higher prevalence than England

- Peripheral Arterial Disease
- Stroke and Transient Ischaemic Attacks
- Asthma
- COPD
- Obesity
- Depression
- Learning Disabilities
- Epilepsy
- Rheumatoid Arthritis

Conditions with a lower prevalence than England

- Palliative Care
- Dementia
- Mental Health

Deprivation

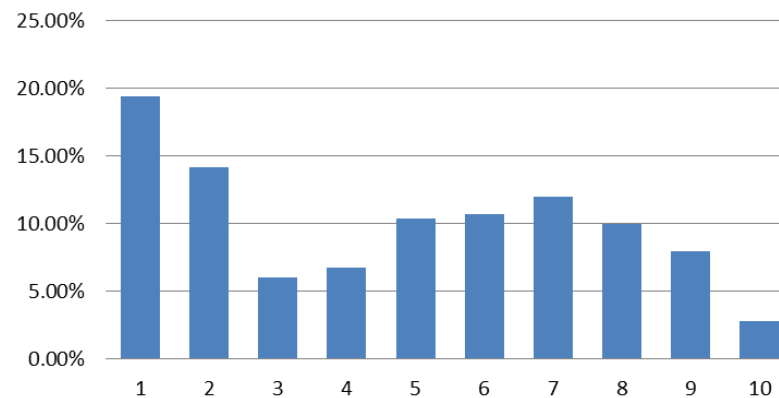
Stoke on Trent Unitary Authority

Compared with benchmark Better Similar Worse Not Compared

Indicator	Period	Stoke		Region England		England		Range	Best
		Recent Trend	Count	Value	Value	Value	Value		
Deprivation score (IMD 2015)	2015	-	-	34.4	-	21.8	42.0		5.7
Children in low income families (under 16s)	2014	↓	14,350	27.9%	23.5%	20.1%	39.2%		7.0%
Statutory homelessness	2016/17	↑	151	1.4	1.1*	0.8	9.6		0.0
GCSEs achieved	2015/16	-	1,211	48.4%	54.8%	57.8%	44.8%		74.6%
Violent crime (violence offences)	2015/16	↑	8,556	34.1	17.0	17.2	36.7		6.7
Long term unemployment	2016	↓	788	5.0*	6.3*	3.7*	13.8		0.7
Smoking status at time of delivery - current method	2016/17	↓	663	20.0%	11.8%	10.7%	28.1%		2.3%
Smoking status at time of delivery - historical method	2016/17	↓	663	19.3%	11.4%*	10.5%	28.1%		2.3%
Breastfeeding initiation	2014/15	↓	1,734	48.4%	66.8%	74.3%	47.2%		92.9%
Obese children (Year 6)	2016/17	↑	683	24.5%	22.4%	20.0%	29.2%		11.3%
Hospital stays for alcohol-specific conditions (under 18s)	2013/14 - 15/16	-	58	34.7	32.6	37.4	115.1		10.8
Under 18 conceptions	2015	↓	111	26.9	23.7	20.8	43.8		5.7
Smoking prevalence in adults	2016	-	-	20.3%	15.4%	15.5%	24.2%		7.4%
Percentage of physically active adults - current method	2015/16	-	-	57.5	62.5	64.9	53.9		73.7
Percentage of physically active adults - historical method	2015	-	-	48.2%	55.1%	57.0%	44.8%		69.8%
Excess weight in Adults - current method	2015/16	-	-	66.9%	63.9%	61.3%	73.4%		42.7%
Excess weight in adults - historical method	2013 - 15	-	-	68.5%	66.8%	64.8%	76.2%		46.5%
Cancer diagnosed at early stage	2015	-	499	48.6%	52.1%	52.4%	41.6%		60.4%
Hospital stays for self-harm	2015/16	-	923	361.2	208.9	196.5	635.3		55.7
Hospital stays for alcohol-related harm	2015/16	-	2,494	1,058	728	647	1,163		390
Recorded diabetes	2014/15	↑	16,987	7.6%	7.3%	6.4%	8.9%		3.7%
Incidence of TB	2014 - 16	-	89	11.8	12.7	10.9	69.0		1.3
New sexually transmitted infections (STI)	2016	↑	1,008	624	686	795	3,288		344
Hip fractures in people aged 65 and over	2015/16	-	281	708	619	589	820		391
Estimated dementia diagnosis rate (aged 65+)	2017	-	2,466	84.0%	65.6%	67.9%	53.8%		90.8%
Life expectancy at birth (Male)	2013 - 15	-	-	76.4	78.7	79.5	74.3		83.4
Life expectancy at birth (Female)	2013 - 15	-	-	81.0	82.7	83.1	79.4		86.4
Infant mortality	2014 - 16	-	83	7.9	6.0	3.9	7.9		1.6
Killed and seriously injured on roads	2013 - 15	-	137	18.2	33.9	38.5	74.0		11.8
Suicide rate	2014 - 16	-	57	8.9	10.0	9.9	18.3		6.1
Smoking related deaths	2014 - 16	-	1,505	393.0	270.7	272.0	499.3		162.5
Under 75 mortality rate: cardiovascular	2014 - 16	-	567	91.7	78.0	73.5	141.3		45.6
Under 75 mortality rate: cancer	2014 - 16	-	1,055	170.8	141.9	136.8	195.3		100.0
Excess winter deaths	Aug 2013 - Jul 2016	-	357	15.4	18.3	17.9	28.9		7.4

Longton Cottage Hospital Service Use

Service Use by Deprivation Decile



Deprivation Decile Measures

- 1 = Most Deprived Areas
- 10 = Least Deprived Areas

Stoke on Trent significantly worst in

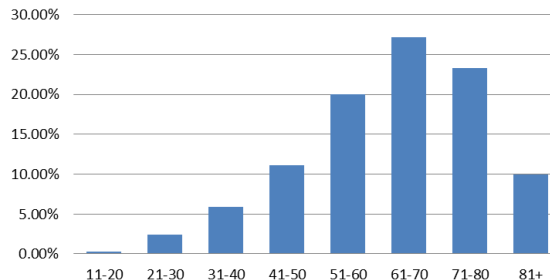
- GCSEs
- Violent Crime
- Breastfeeding
- Obesity
- Hospital Stays for Self Harm
- Physical Activity
- Smoking
- Infant Mortality
- Life Expectancy (Male and Female)

Demographics

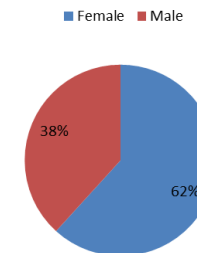
Longton Locality Registered Population

Practice Code	Practice Name	List Size
M83004	Mayfield Surgery	11720
M83028	Glebedale Medical Practice	7563
M83068	Belgrave Medical Practice	11590
M83090	Dunrobin Medical Practice	5653
M83126	Longton Hall Surgery	6323
M83712	Dr Sinha's Surgery	2641
M83725	Dr Mir's Surgery	3107
Total		48597

Age of Service Users



Gender of Service Users



Population Projections CCG Level

Percentage Change (2017-2022)



- Longton Locality has a registered GP population of circa 48,500 patients.
- The Age of patients accessing services at Longton Cottage Hospital is generally over 50 year olds.
- More Females than Males access services at Longton Cottage Hospital.
- The population of North Staffordshire will increase by almost 9,000 in people aged 70+ by 2022.

Service Utilisation at Longton Cottage Hospital

Utilisation Activity of Services (Data Received)

Delivery	Service	2016				2017				Grand Total
		Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	
Outpatient	Audiology	334	381	327	32					1074
	Drug Monitoring		951	921	918	938	910	836	542	6016
	Musc Interface Service		319	429	455	412	435	547	346	2943
	Rheum Main Specialty		42	48	54	57	35	54	46	336
Grand Total		334	1693	1725	1459	1407	1380	1437	934	10369

Average Utilisation of Services where no Data Received

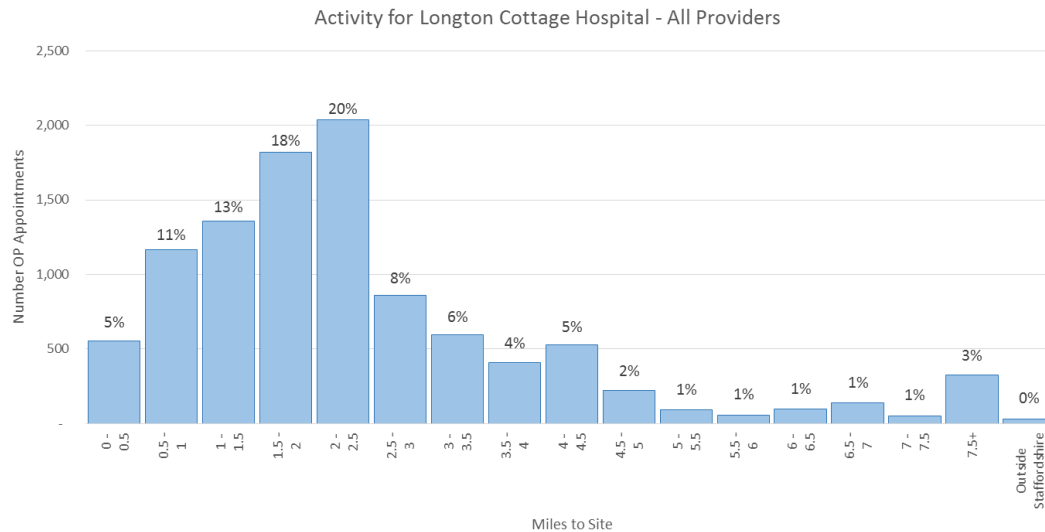
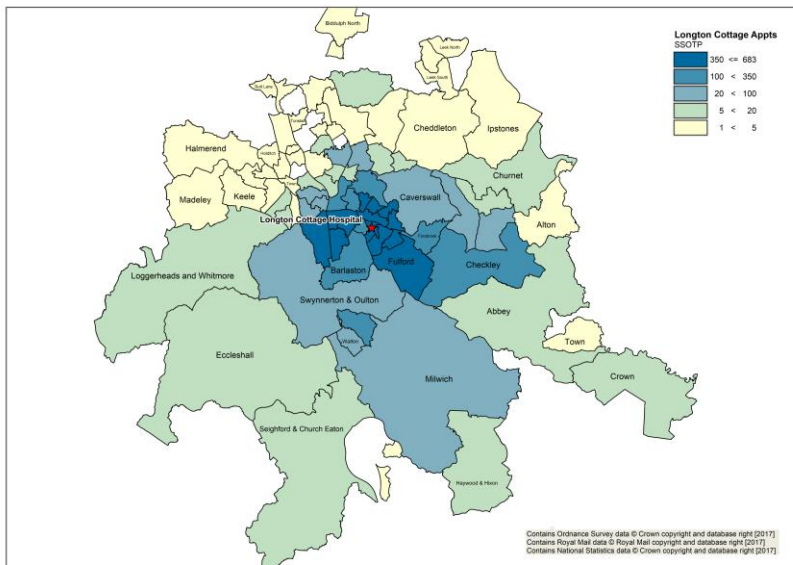
Service	Avg Weekly Appointments
Diabetes	16
Phlebotomy	40
Physiotherapy	88
Asylum Seeker Service	5
Speech and Language	5
Total	154

Services where no Data Received

INR
Dietetics
Occupational Therapy
Respiratory
Ultrasound
Xray

Travel Analysis

Service User Travel Distance



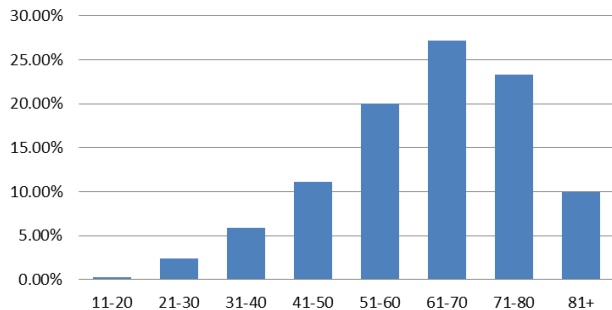
Patient Transport Services Patient Distance Travel

Service	0-5	6-10	Total
Diabetic Clinic	100%	0%	100%
MSK	60%	40%	100%
Outpatients	93%	7%	100%
Physiotherapy	100%	0%	100%
Respiratory	100%	0%	100%
Rheumatology	97%	3%	100%
Xray	94%	6%	100%
Grand Total	93%	7%	100%

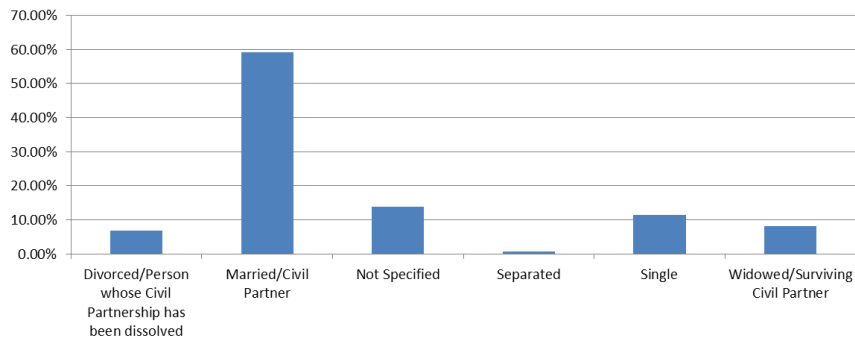
- 67% of appointments at Longton Cottage Hospital are accessed by patients within 2.5 miles.
- 93% of patients using the Non Emergency Patient Transport Service to Longton Cottage Hospital are within 5 miles.

Equality

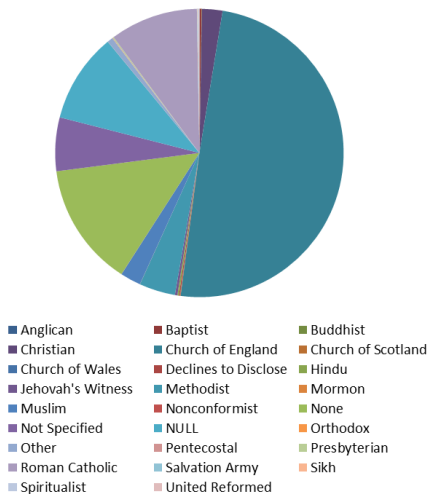
Age of Service Users



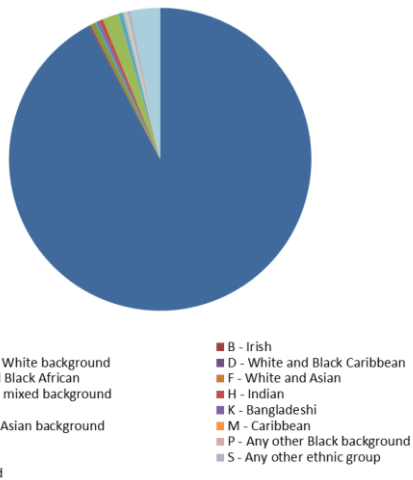
Marriage/Civil Partnership of Service Users



Religion of Service Users



Ethnicity of Service Users



Gender of Service Users

