

PCBC Data Pack Leek Moorlands Hospital

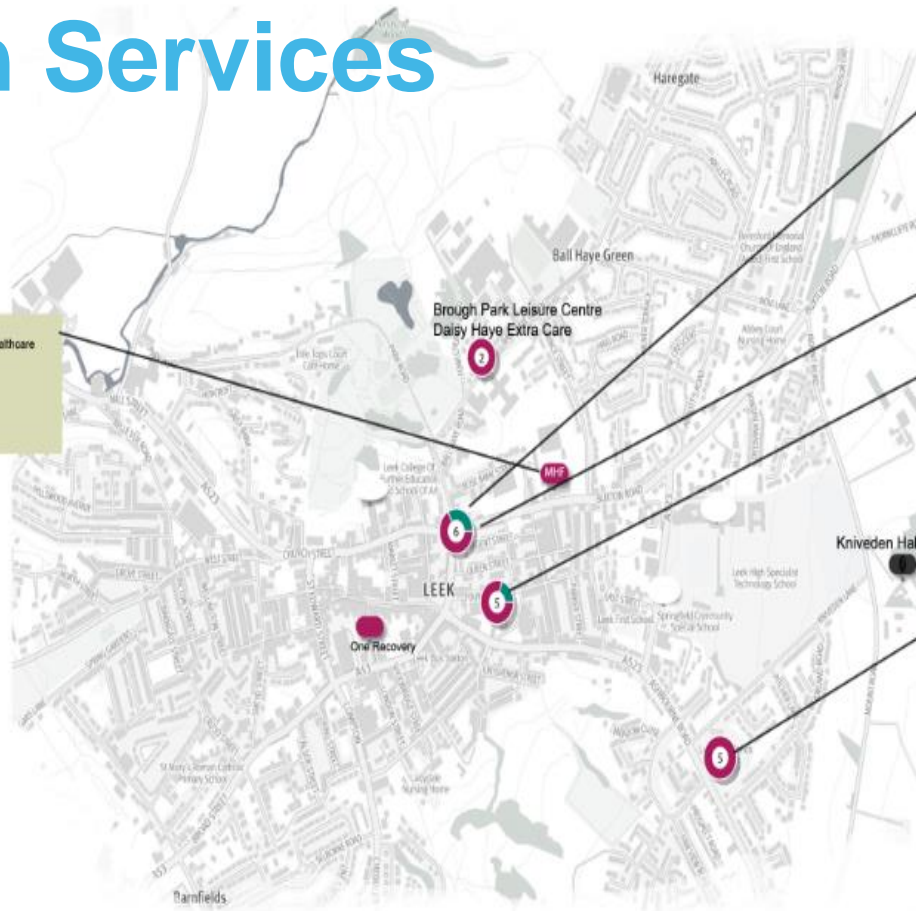
Summary

- **Asthma, Cancer, Coronary Heart Disease, Depression, Diabetes, Epilepsy, Obesity and Stroke are of high prevalence in the Staffordshire Moorlands locality than of England.**
- **Staffordshire Moorlands performs poorly compared to England in breastfeeding, excess winter deaths, recorded diabetes and smoking at time of delivery.**
- **Leek Hospital is attended by patients from more least deprived areas than most deprived.**
- **Male and Female appointments are attended fairly equally and the age distribution of service users is also well distributed amongst the 10 year age groups.**
- **The over 70s will see the largest population increase over the next 5 years.**
- **A varied number of services operate from Leek Moorlands Hospital with MSK, Rheumatology, Physiotherapy and the Minor Injuries Unit (MIU) being particularly well utilised.**
- **45% of appointments are attended by patients living within 2.5 miles of Leek Moorlands Hospital. 29% of attendances are from patients travelling 7.5 miles or more, mainly for the MIU.**
- **57% of service users recorded they were married or in a civil relationship.**
- **68% stated their religion as either CofE, Roman Catholic or Christian.**
- **56% of service users stated British as their ethnicity. 38% did not state their ethnicity.**

Leek Health Services



Eaton House
North Staffs Combined Healthcare Services



Moorland Medical Centre



Park Medical Centre



Leek Health Centre



Leek Hospital

- Outpatient Services**
- Carers Hub
 - Colorectal
 - Dermatology
 - ENT
 - Falls
 - General Medicine
 - General Surgery
 - Gynae
 - Health Visitors
 - Ophthalmology
 - Orthopaedics
 - Paediatric
 - Paediatric Occupational Therapy
 - Impact Pain
 - Podiatry
 - Renal
 - Respiratory
 - Diabetic
 - INR
 - Memory Clinic
 - District Nursing
 - Rheumatology
 - Multiple Sclerosis
 - Physiotherapy
 - Neurology
 - Pulmonary Rehab
 - Cardiology
 - Weight Management
 - Speech Therapy
 - Ultrasound



Minor Injuries & Illnesses Unit

- X-ray facilities
- Assessment, diagnosis and treatment for broken bones/fractures
- Advice/Treatment for muscle and joint injuries e.g. sprains & strains.
- Emergency contraception and advice
- Advice for bites, stings allergy related issues
- The unit can help to treat, ear, throat, urine, eye and some skin infections
- Wounds requiring insertion/removal of stitches and special care

Kniveden Hall

LEEK

One Recovery

Brough Park Leisure Centre
Daisy Haye Extra Care

Services at Leek Moorlands Hospital

Audiology	INR (Anticoagulation)	Pulmonary Rehabilitation
Cardiology / Heart Failure	Memory Clinic	Rehabilitation
Carers Hub	Minor Injuries and Illness Unit	Renal Clinic
Colorectal	Multiple Sclerosis	Respiratory
Dermatology	Musculoskeletal Interface Service	Rheumatology (including Drug Monitoring)
Diabetes	Nephrology	School health
District Nursing	Neurology	Speech Therapy
Ear, Nose and Throat (ENT)	Occupational Therapy	Spirometry Clinic
General Medicine	Ophthalmology	Supportive Therapies
General Surgery	Oxygen Clinic	Trauma & Orthopaedics
Geriatric Medicine	Paediatrics	Ultrasound
Gynaecology	Paediatric Occupational Therapy	Weight Management
Health Visitors	Physiotherapy	X-ray
Impact Pain	Podiatry	

Feedback from the pre-consultation

Leek Moorlands	
Community Beds	Minor Surgery
Walk in Centre/Minor Injuries Unit	Oncology
Memory Clinics – Dementia	Palliative Care
X-ray and scan facilities	Smoking Cessation Service
Phlebotomy	Cardiology
GP	Counselling
Physiotherapy	District Nurse
Audiology	Family Planning
Post-Operative Care	Occupational Therapy
Sexual Health Services	Podiatry
Antenatal care	Pulmonary Rehabilitation
Diabetes	Speech Therapy
Eyes	Urology
Dermatology	
Dialysis	
Falls Clinics	

Most common services in order of prevalence (from top left hand column to bottom right)

Changing/improving the delivery/design of local health services

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

- Bring consultants to Leek rather than making patients travel.
- GP available daily including weekends.
- Develop the infrastructure for discharge to assess (D2A).
- A doctor in the minor injuries unit who can give patients medication, so that there is no need for patients to travel to Haywood or UHNM.
- We could have blood tests at the hospital rather than waiting up to 3 weeks at the Doctors surgery.
- what about the socially and mentally inept who are deemed to be capable of living alone but struggle with life and quite often call emergency services putting pressure A & E services we need a service which evaluates these people correctly.
- Keep and maintain all services provided by Leek Moorlands Hospital.
- Maintain the fullest possible range of services to shorten waiting lists and help mitigate bed blocking in UHNM and County Hospital.
- Keep the wards that are open running, particularly during winter when it is difficult to reach UHNM.
- Find ways of using the Leek Moorlands Hospital buildings more effectively e.g., GP surgery, dentists, rent rooms to private physicians to offset costs.
- Make use of the new extension by having more clinics there.

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

The options that the public suggested for improving delivery of local health services within Leek Moorlands hospital:-

- Moorlands hospital has recently had significant investment. The building substance and facilities are in excellent order. The aim must be to use this as a rural centre of excellence.
- As the wards have now been closed, could the substantial space be used for residential elderly care/palliative care, either privately or public funded. This way the facility would not decay as in being left unoccupied and all other services currently run there would dovetail nicely with the needs of older citizens.
- Wards at Leek Moorland could be used as an interim measure to take elderly patients who are taking up medical beds at UHNM whilst they are waiting for adaptations or a place in the care home. It would cut costs in the area and ensure that Leek Moorlands is utilised fully. Many occupational therapy and physiotherapy treatments are also on hand for elderly patients.
- One ward could be used for intermediate care for patients well enough to be discharged from UHNM but not well enough to go straight home. One ward could be used for patients suffering from dementia.
- Hold clinics three or four times a month. This would probably suit many patients even if the waiting time for an appointment was longer. Those needing more urgent attention could still use UHNM.
- Bring all local services under one roof in The Moorlands and work more 'smartly', sharing resources and back office functions.
- Rehabilitation beds would help to reduce pressure on acute hospital beds and provide time needed to get care packages in place.
- Maintaining and improving local services to relieve A&E and bed blocking at more major hospitals if necessary with more local funding via increased rates.

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

The options that the public suggested for improving delivery of local health services within Leek Moorlands hospital:-

- MRI (there is a machine on a lorry that could be hired to come to the Moorlands). We need a bigger hospital to serve our area which could take in patients from neighbouring/bordering counties of Cheshire and Derbyshire to make it viable.
- Up to date scanning and X-ray facilities, with opening times extended to five full days and possibly weekends.
- People need to be educated about what an emergency is and where they can go to access the appropriate treatment quickly rather than wait for two weeks or more to see a GP.
- Raise awareness of hearing loss. This will save money, as it is known those with untreated hearing loss have more appointments for all health conditions due to not having heard properly.
- Day Care centre for dementia sufferers, to give carers respite for one day.
- Community Mental health centre which includes a crisis centre, that is open 24/7 and can provide support i.e., early intervention, eating disorders and substance misuse.
- Create community hub for both young, school age and elderly people.
- The charity - Borderland Voices - Arts for Health and Mental Well-being -could provide, with minimal financial support, varied arts-based activities. These, with their essential social element, benefit many people including the elderly, infirm, isolated and those with mental health issues.
- Follow up/monitoring, routine care and dealing with lower level conditions should, as far as possible, be in Leek/as local as possible.
- More joined up thinking is needed, with multidiscipline outpatients appointments available to address patients with more than one condition. It seems at the moments that each discipline works in a silo.

Changing/improving the delivery/design of local health services (4)

The options that the public suggested for improving delivery of local health services within Leek Moorlands hospital:-

- Expand local services and increase car park capacity.
- Buy supplies in bulk.
- Tax new house builders to pay for hospital.
- Upgrade urgent care to include children under 5 years old.
- Colorectal can be done locally.
- Keep clinics local to avoid time off work.
- Make prescriptions available at Leek Hospital.
- Deliver podiatry in GP practice.
- Link all NHS computers.
- **Make it illegal to sue the NHS and then less time, money and effort could be spent fending off litigation and more on the job in hand, and medical staff would be permanent instead of agency.**

Recognition of geographical location and expanse of the Moorland's area should be addressed as a special needs area. Priority given to those increasing elderly, immobile residents who are both unable to travel to hospital centres some distance away under their own steam or whose family members cannot visit and support which is an extremely important aid to the patient's health/possible recovery/mental wellbeing. For the younger family, the emergency walk-in accident department is indispensable, again due to both the Moorland location and time issues associated with speedy attention, now recognised as so important to successful treatment outcomes.

Health Profile

Staffordshire Moorlands District Council

Life Expectancy at birth is **80.1 years (males)** and **82.8 years (females)**. This equates to 4 years of extra life for males and over 1 year for females when compared with Stoke.

Smoking at the time of delivery remains an issue in Staffordshire Moorlands with 14% of mothers recorded as smokers (England – 10.6%, Stoke 19.1%)

Diabetes is also higher than the England average. **7.5% of adults** in Staffordshire Moorlands were recorded as having **diabetes** in 2014/15 (England – 6.4%)

Alcohol related harm admissions are similar to the England average, but admissions **for self-harm are worse**. The rate of admissions for self-harm in 2015/16 was 233.1 admissions per 100,000 compared with 196.5 per 100,000 in England

Excess Winter deaths looks at the ratio of extra deaths from all causes that occur in winter months compared with the expected number of deaths. Staffordshire Moorlands benchmarks above the England average for the period August 2012 to July 2015

Disease Prevalence of Staffs Moorlands Locality

Conditions with a higher prevalence than England

- Asthma
- Atrial Fibrillation
- Cancer
- Coronary Heart Disease
- Depression
- Diabetes
- Epilepsy
- Hypertension
- Obesity
- Palliative Care
- Stroke

Conditions with a lower prevalence than England

- Chronic Kidney Disease
- COPD
- Dementia
- Learning Difficulties
- Mental Health
- Osteoporosis

Deprivation

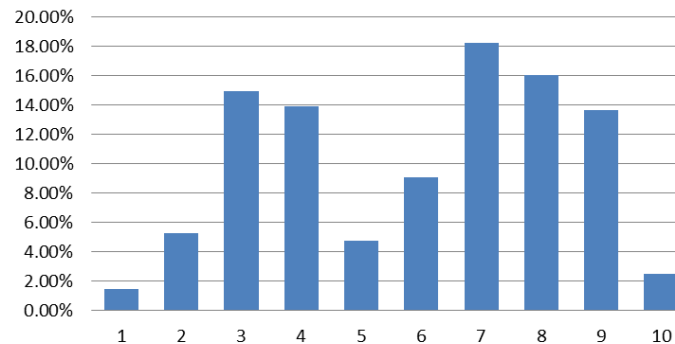
Staffordshire Moorlands District Council

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

Indicator	Period	Staffs Moor		Region England		England		Range	Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest		
Deprivation score (IMD 2015)	2015	-	-	15.2	-	21.8	42.0		5.0
Children in low income families (under 16s)	2014	→	1,905	12.8%	23.5%	20.1%	39.2%		6.6%
Statutory homelessness	2015/16	-	-	*	1.0*	0.9	-	Insufficient number of values for a spine chart	-
GCSEs achieved	2015/16	-	560	58.8%	54.8%	57.8%	44.8%		78.7%
Violent crime (violence offences)	2015/16	↑	1,437	14.7	17.0	17.2	36.7		4.5
Long term unemployment	2016	↓	85	1.5*	6.3*	3.7*	13.8		0.4
Smoking status at time of delivery	2015/16	→	110	14.2%	13.1%*	10.6%*	26.0%		1.8%
Breastfeeding initiation	2014/15	-	494	62.4%	66.8%	74.3%	47.2%		92.9%
Obese children (Year 6)	2015/16	→	171	19.4%	22.1%	19.8%	28.5%		9.4%
Hospital stays for alcohol-specific conditions (under 18s)	2013/14 - 15/16	-	19	34.8	32.6	37.4	121.3		10.5
Under 18 conceptions	2015	↓	35	21.5	23.7	20.8	43.8		5.4
Smoking prevalence in adults	2016	-	-	9.0%	15.4%	15.5%	25.7%		4.9%
Percentage of physically active adults	2015	-	-	60.7%	55.1%	57.0%	44.8%		69.8%
Excess weight in adults	2013 - 15	-	-	64.9%	66.8%	64.8%	76.2%		46.5%
Cancer diagnosed at early stage	2015	-	210	46.4%	52.1%	52.4%	39.0%		63.1%
Hospital stays for self-harm	2015/16	-	204	233.1	208.9	196.5	635.3		55.7
Hospital stays for alcohol-related harm	2015/16	-	665	654	728	647	1,163		374
Recorded diabetes	2014/15	↑	5,716	7.5%	7.3%	6.4%	9.2%		3.3%
Incidence of TB	2013 - 15	-	10	3.4	14.4	12.0	85.6		0.0
New sexually transmitted infections (STI)	2016	→	189	316	686	795	3,288		223
Hip fractures in people aged 65 and over	2015/16	-	139	644	619	589	820		312
Life expectancy at birth (Male)	2013 - 15	-	-	80.1	78.7	79.5	74.3		83.4
Life expectancy at birth (Female)	2013 - 15	-	-	82.8	82.7	83.1	79.4		86.7
Infant mortality	2013 - 15	-	13	5.3	5.7	3.9	8.2		0.8
Killed and seriously injured on roads	2013 - 15	-	81	27.6	33.9	38.5	103.7		10.4
Suicide rate	2013 - 15	-	26	9.8	10.3	10.1	17.4		5.6
Smoking related deaths	2013 - 15	-	-	-	280.9	283.5	-	Insufficient number of values for a spine chart	-
Under 75 mortality rate: cardiovascular	2013 - 15	-	188	59.7	78.9	74.6	137.6		43.1
Under 75 mortality rate: cancer	2013 - 15	-	384	122.6	143.6	138.8	194.8		98.6
Excess winter deaths	Aug 2012 - Jul 2015	-	288	29.6	20.4	19.6	36.0		6.9

Leek Moorlands Hospital Service Use

Service Use by Deprivation Decile



Deprivation Decile Measures

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

Staffordshire Moorlands worst in

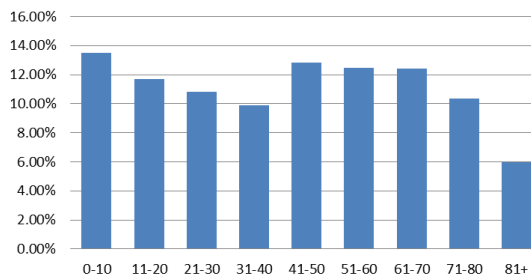
- Smoking at time of delivery
- Breastfeeding
- Recorded Diabetes
- Excess Winter Deaths

Demographics

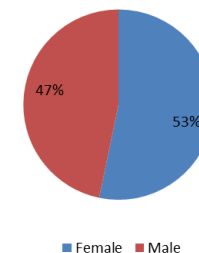
Staffordshire Moorlands Locality Registered Population

Practice Code	Practice Name	List Size
M83011	Werrington Village Surgery	7824
M83096	The Tardis Surgery	6264
M83103	Allen Street Surgery	4111
M83108	Well Street Practice	7454
M83121	Tean Surgery	6056
M83122	Waterhouses Medical Practic	3199
M83640	Alton Primary Care Centre	2558
Total		37466

Age of Service Users



Gender of Service Users



Population Projections CCG Level

Percentage Change (2017-2022)



- Staffordshire Moorlands Rural Locality has a registered GP population of circa 37,466 patients.
- The Age of patients accessing services at Leek Moorlands Hospital covers all age bands, in the main due to the Minor Injuries Unit activity..
- Service usage at Leek Moorlands Hospital is split fairly evenly between Males and Females.
- The population of North Staffordshire will increase by almost 9,000 in people aged 70+ by 2022.

Service Utilisation at Leek Moorlands Hospital

Utilisation Activity of Services (Data Received)

Delivery	Service	2016				2017				Grand Total
		Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	
Elective	Geriatric Medicine		119	84						203
	Rehabilitation				95	90	57			242
MIU	Leek MIU		3733	4063	3469	3440	3983	3649	2188	24525
Outpatient	General Surgery	20	52	39	46	27	24	22	34	264
	Colorectal Surgery	2	8	5	7	10	23	26	29	110
	Trauma & Orthopaedics	36	29	27	29					121
	ENT	121	85	87	64	65	56	47	45	570
	Ophthalmology	93	85	76	75	53	73	32	20	507
	Community Paediatrics	33	35	30	43	35	40	25	42	283
	Cardiology				8	11				19
	Dermatology	99	117	119	174	85	105	74		773
	Nephrology					13	29	31	34	107
	Neurology	7	7	24	25	37	33	28	32	193
	Rheumatology			1						1
	Gynaecology	93	93	77	84	70	70	62	78	627
	Drug Monitoring		449	424	413	431	373	391	251	2732
	IMPACT		103	92	84	52	60	89	45	525
	Musc Interface Service		214	227	250	221	232	231	170	1545
Rheum Main Specialty		138	119	89	130	118	94	82	770	
Grand Total		504	5267	5494	4955	4770	5276	4801	3050	34117

Average Utilisation of Services where no Data Received

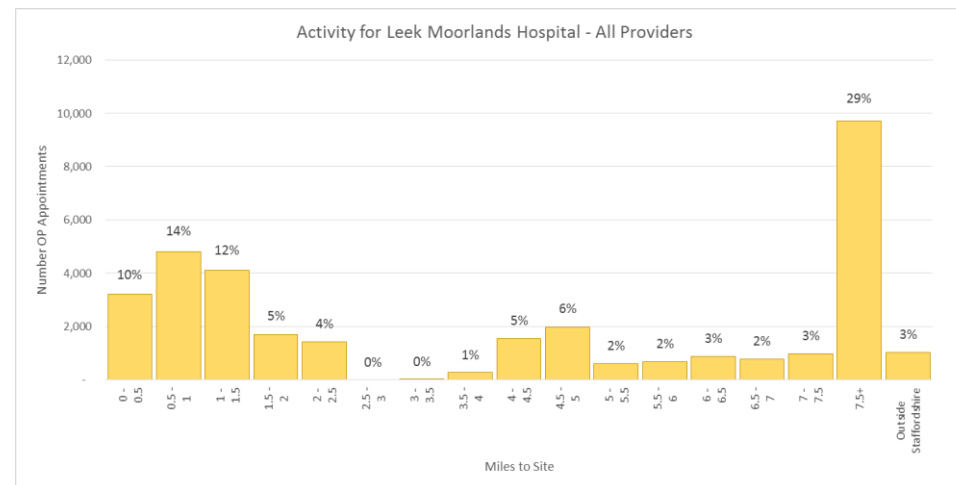
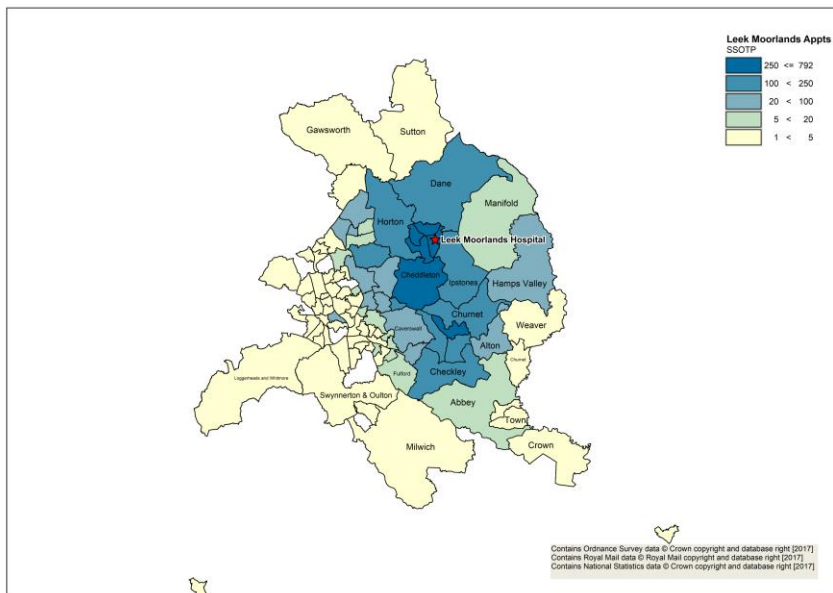
Service	Avg Weekly Appointments
Diabetes Clinic	24
Diabetic Eye Screening	31
EMI - Memory Clinic	7
Eye Consultant Clinic	24
General Surgery (Lumps & Bumps)	18
Multiple Sclerosis (UHNM)	7
Oxygen clinic	6
Physiotherapy	144
Pulmonary Rehab	6
Respiratory	8
Spirometry clinic	8
Total	283

Services where no Data Received

Audiology	Obstetrics/Ultrasound
Cardiac New Heart Failure	Podiatry
Carers Hub	Privitera Surgical
District Nursing Dressing Clinics	Renal Clinic
Health Visitors - Development Check	Speech and Language Therapy
Heart Failure Clinic	Supportive Therapies
Lifestyle Clinic	Xray
Occupational Therapy	

Travel Analysis

Service User Travel Distance



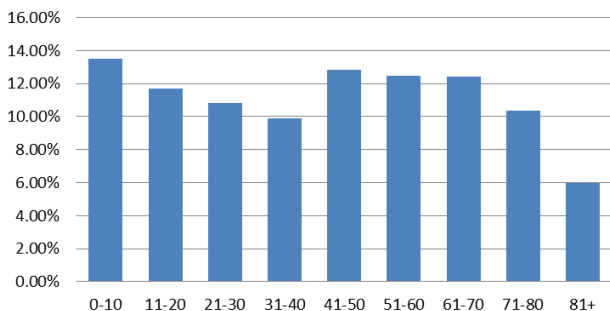
Patient Transport Services Patient Distance Travel

- 45% of appointments at Leek Moorlands Hospital are accessed by patients within 2.5 miles.
- 29% of appointments are accessed by patients travelling 7.5 miles or further. This activity is in the main within the Minor Injuries Unit.
- 99% of patients using the Non Emergency Patient Transport Service to Leek Moorlands Hospital are within 15 miles. Staffordshire Moorlands is a rural district and longer journey times would be expected.

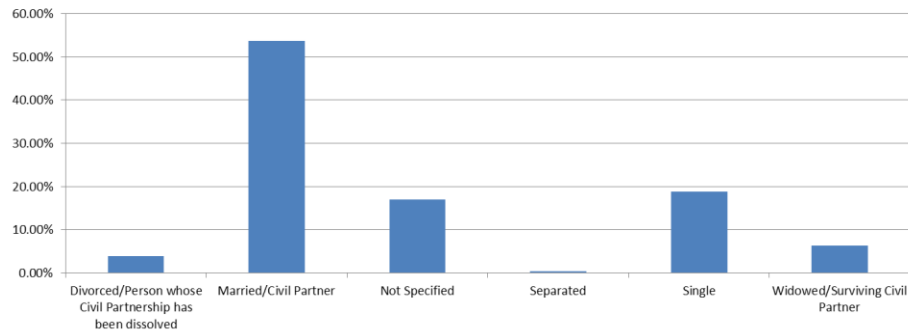
Service	0-5	6-10	11-15	16-20	Total
Dermatology	0%	100%	0%	0%	100%
Diabetic Clinic	25%	0%	75%	0%	100%
Ear Nose & Throat	0%	100%	0%	0%	100%
Memory Clinic	0%	0%	100%	0%	100%
Ophthalmology	78%	0%	11%	11%	100%
Outpatients	47%	35%	18%	0%	100%
Physiotherapy	0%	100%	0%	0%	100%
Respiratory	13%	75%	13%	0%	100%
Rheumatology Doctor	50%	0%	50%	0%	100%
Rheumatology Nurse	50%	0%	50%	0%	100%
Saddler Ward	0%	0%	100%	0%	100%
XRay and Ultrasound	49%	11%	40%	0%	100%
Grand Total	43%	25%	31%	1%	100%

Equality

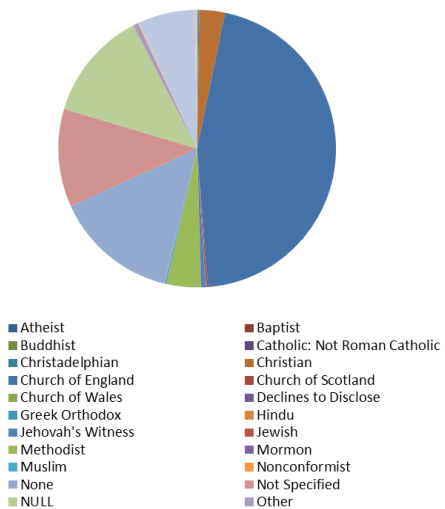
Age of Service Users



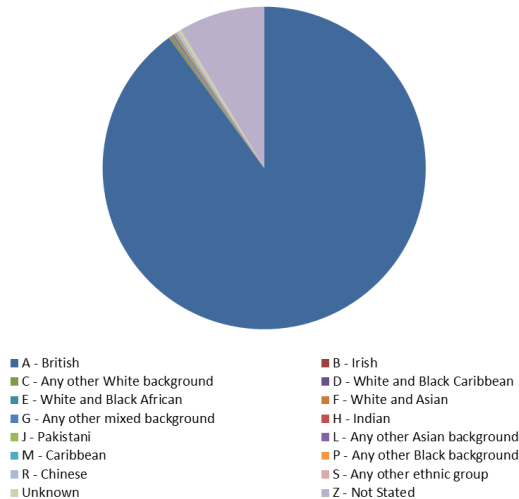
Marriage/Civil Partnership of Service Users



Religion of Service Users



Ethnicity of Service Users



Gender of Service Users

