

Cantab PCN - what the pack is

The PCN pack includes the **main sources** of data that are available to us, or can be modelled, at **GP level**.

There are **gaps in the data** e.g. no data from GP clinical systems, no community services and some other service data. We are **not** able to **link data**.

Interpretation needs care, e.g. GP QOF prevalence data are not age-weighted and hence should show more disease for relatively older practice populations.

The data are all **derived** from data that are produced for other purposes - i.e. they are not designed for setting PCN priorities or needs assessment, but they can paint a quantitative picture.

Your **local knowledge** and interpretation are **critical** to test these data and to add meaning and context. So do our data present a picture you recognise? What else do we need to know?

In the pack practices are **compared** against the PCN, the PCN is compared against the South Alliance and the South Alliance against the CCG. In this summary we compare to all of these areas for each organisational unit.

Cantab PCN - what the pack shows

Overall it is a healthy PCN, with a relatively young age profile, but there may be some issues to investigate further (see priorities slide).

Short term population growth is factor.

Relatively ethnically diverse.

Relatively low levels of deprivation but some small areas with higher deprivation and 'urban' deprivation.

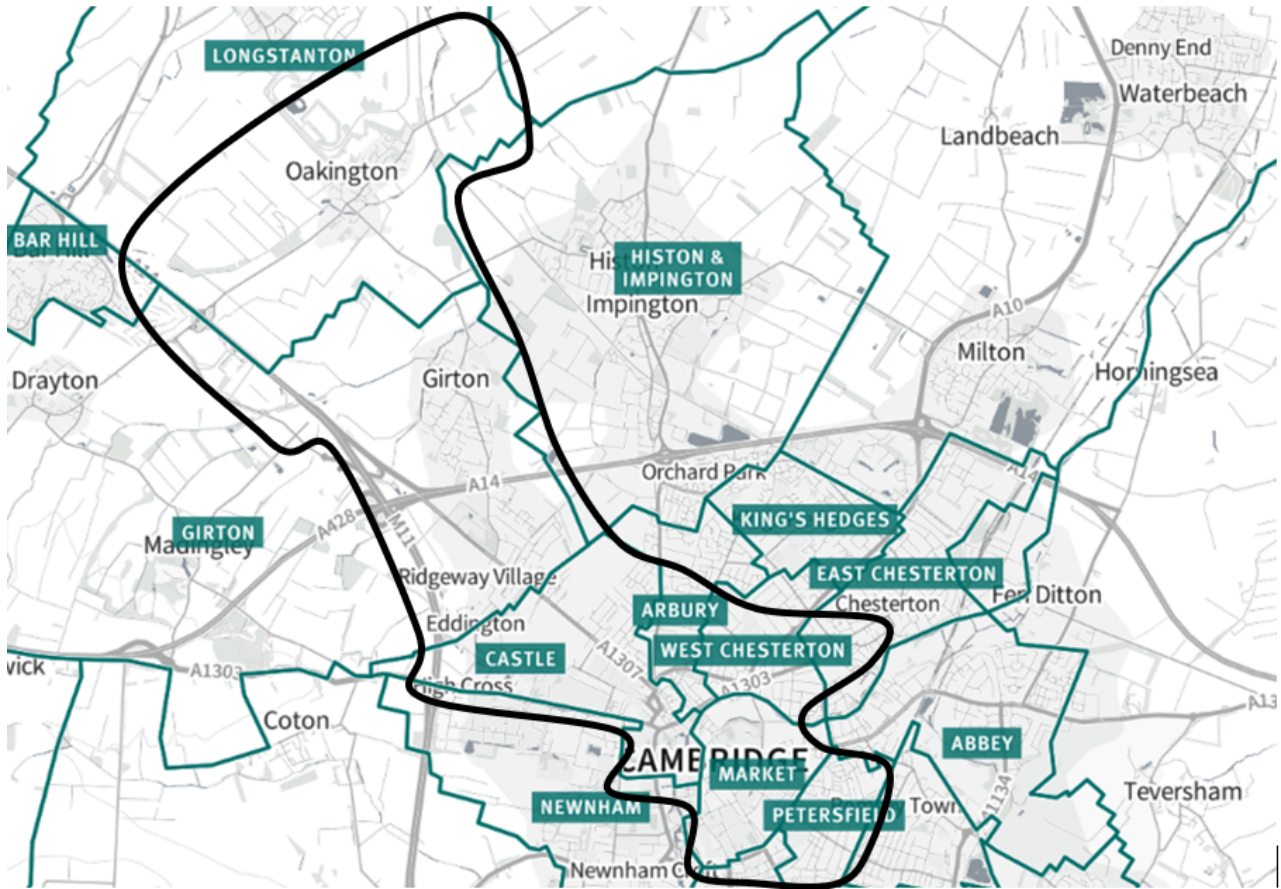
Smoking prevalence and substance misuse may be issues in some areas.

The disease burden is highest where the population is the oldest, as we'd expect.

High rates of older social care users

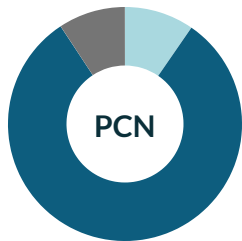
Hospital activity rates vary across the patch, but are generally low.

Cantab PCN - Map



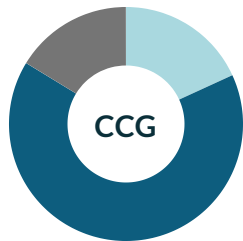
The black line indicates the core area for Cantab PCN - 80% of the population registered with Cantab PCN practices live within this boundary.

Cantab PCN - Demography



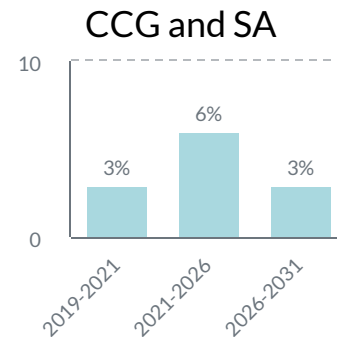
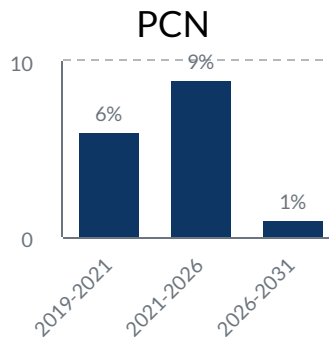
PCN

81%
AGED 16-64
YEARS

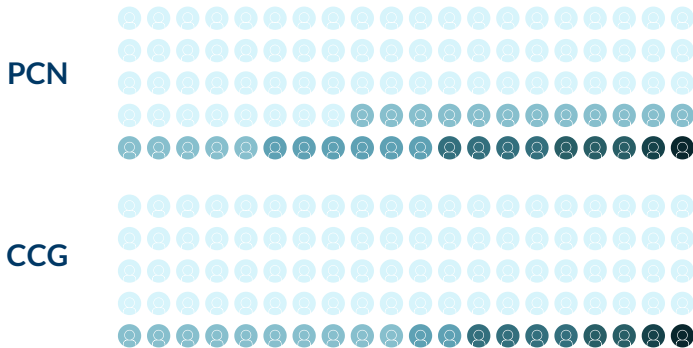


CCG

66%
AGED 16-64
YEARS



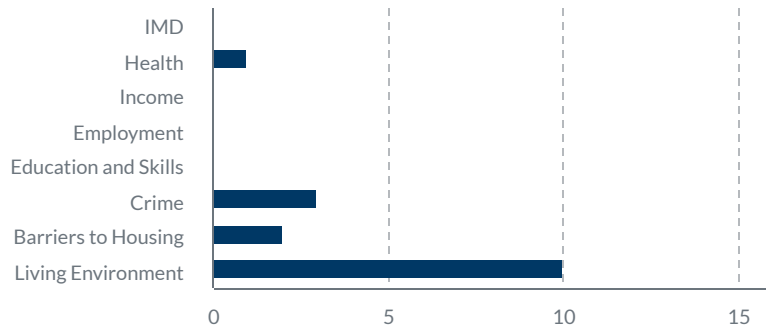
PCN to grow by **16%** by 2026
compared with 9% for the CCG



67% White British in the PCN
compared with 80% for the CCG

Pockets of deprivation

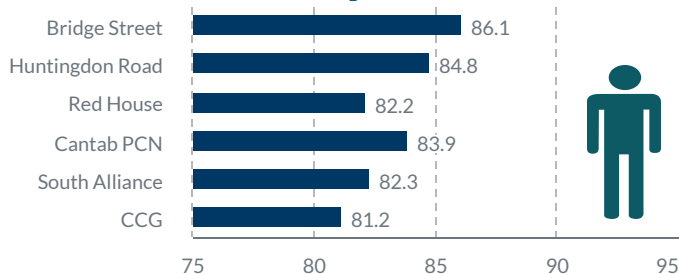
'core' LSOAs in most deprived quintile:



Living environment is 'indoors' sub domain -
quality of housing

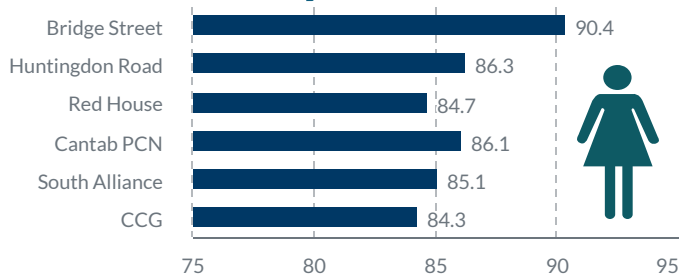
Cantab PCN - Outcomes

Average male life expectancy at birth is **83.9 years**



significantly higher than South Alliance and CCG

Average female life expectancy at birth is **86.1 years**



significantly higher than the CCG

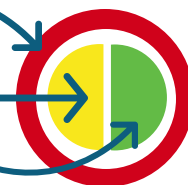


All age all cause mortality rate at Red House is high compared with the PCN but similar to the South Alliance and Cambridgeshire and Peterborough.

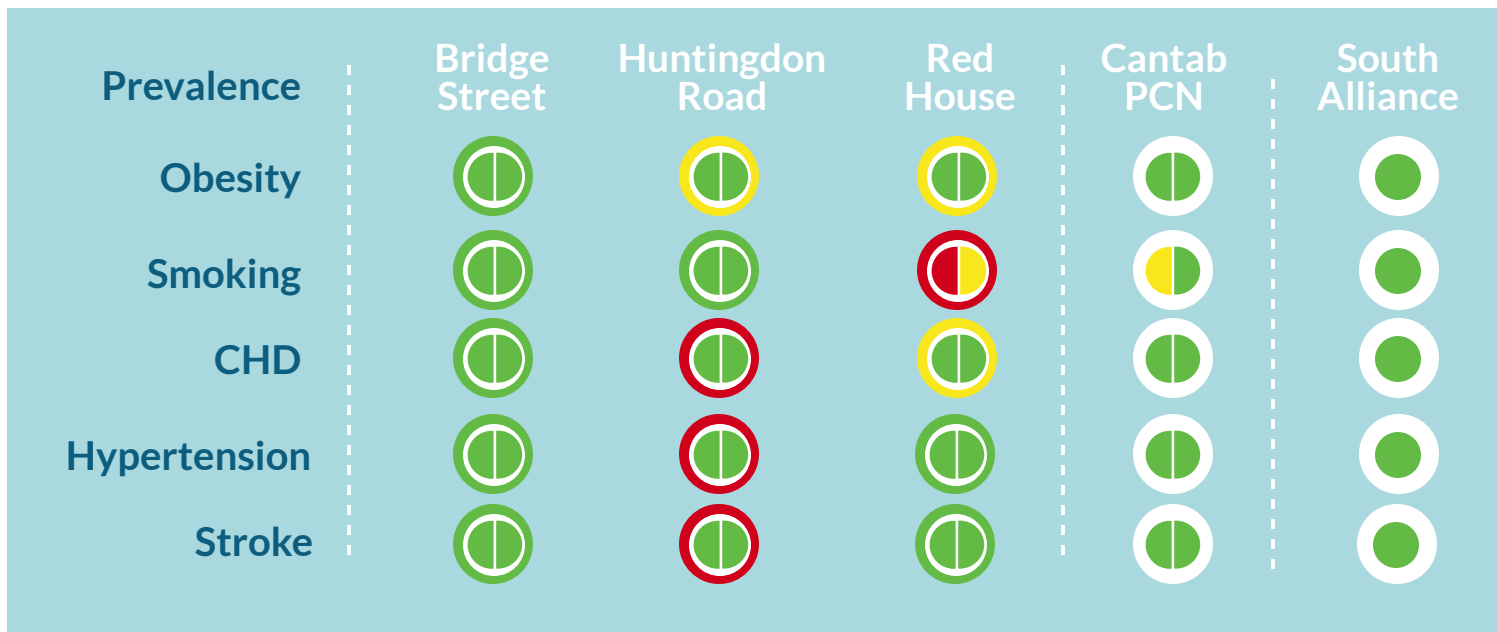
Key: c/w PCN

c/w Alliance

c/w CCG



Cantab PCN Prevalence of risk factors and cardiovascular disease

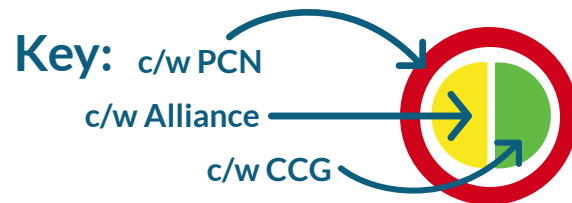


Smoking prevalence is high at Red House compared with the PCN and the South Alliance but similar to Cambridgeshire and Peterborough overall.

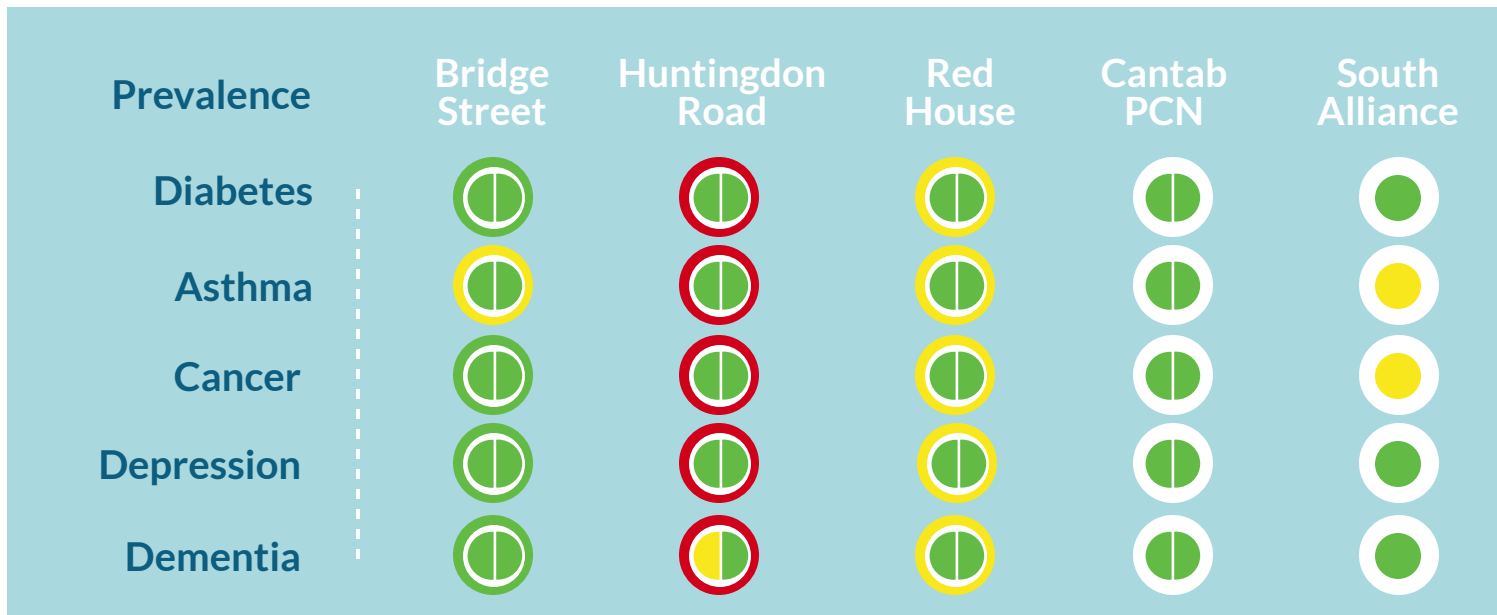
Red House is the most deprived practice in the PCN with deprivation levels similar to Cambridgeshire and Peterborough as a whole.

Prevalence of CVD is high at Huntingdon Road relative to the PCN, but not the South Alliance and Cambridgeshire and Peterborough.

QOF GP prevalence data are not age-weighted, i.e. more older people = more disease



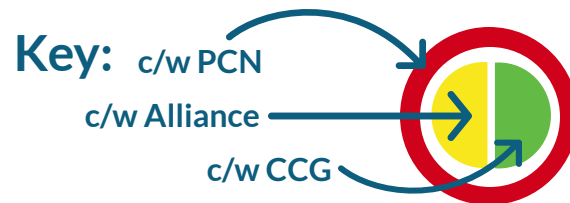
Cantab PCN Prevalence of selected diseases



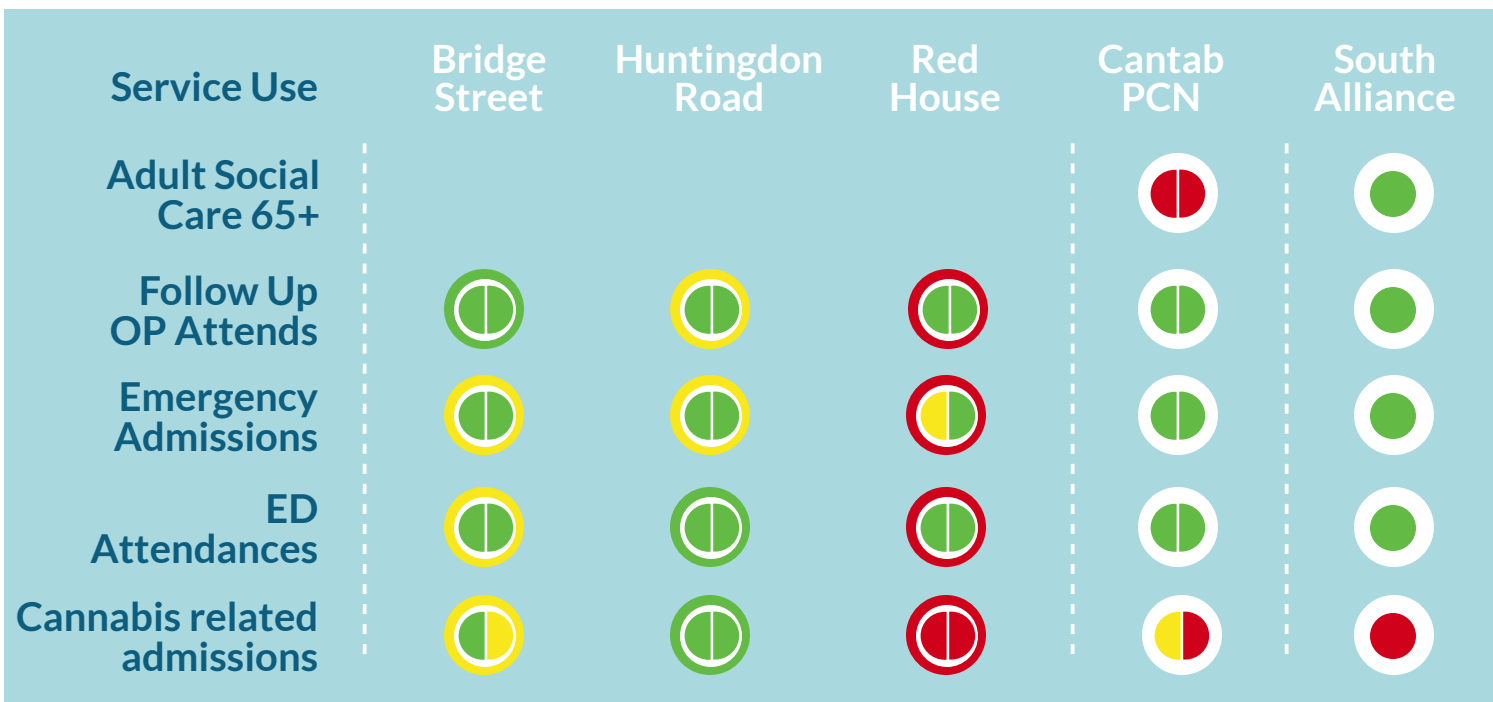
At Huntingdon Road, disease prevalence is high compared with the PCN but lower than South Alliance and Cambridgeshire and Peterborough.

Huntingdon Road has an older population - particularly 85+

QOF GP prevalence data are not age-weighted, i.e. more older people = more disease



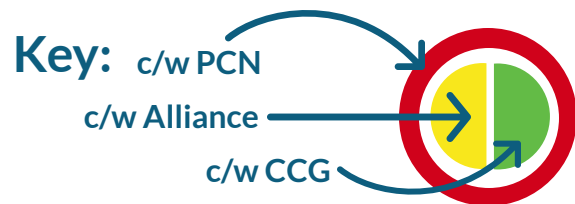
Cantab PCN - Service Use



PCN has high crude rate of older social care users - practices linked to care homes with residents registered at the practice - burden on GPs, needs managing.

Red House has high hospital use rates compared with the PCN but low compared with the South Alliance and Cambridgeshire and Peterborough.

PCN has a high rate of cannabis related admissions concentrated at Red House and less so Bridge Street.



Cantab PCN - Priorities

Student mental health and well-being.

Within-PCN disease burden is highest at Huntingdon Road – largely due to older age population profile.

Drugs and alcohol - high rate of hospital admissions with substance misuse

Care for the elderly, care homes interface and dementia care

Older social care use needs further investigation

Hospital activity rates vary across the patch, but are generally low

Focus on maintaining health and wellbeing and disease prevention in a working-age population

New Communities Darwin Green / Eddington - loneliness / social isolation? Service configuration and healthy environments / neighbourhoods.

Deprivation pockets - gap of four years in male life expectancy between least and most deprived practices.

Patients living in relatively deprived parts of Arbury, West Chesterton and East Chesterton wards