

Borderline LCG - Public Health measures

Definitions and notes

Demography

- The registered population is taken quarterly from the local Exeter system. Data for cross-border practices are not available from Exeter. The proportions by age band are presented and shaded in blue where they are higher than the CCG average. This gives a visual guide as to whether a practice has a younger or older population than the LCG average. The weighted capitation is taken from the 2012/13 Resource Allocation, provided by the Department of Health.
- The geographical wards that contain the majority of residents that are registered with LCG practices are provided in order to show population forecasts and teenage conceptions.
- Population forecasts are from Cambridgeshire County Council's Research and Performance Team, and include known population changes, such as housing developments, migration and natural change. The data presented are mid 2010 based.
- The Index of Multiple Deprivation score combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. The small area deprivation data are applied proportionally to the Attribution Data Set (ADS) practice populations by the Association of Public Health Observatories (APHO). LCG score is average of practice scores. The higher the score the greater the level of relative deprivation.
- The Income Deprivation Affecting Children Index (IDACI) is the number of children aged 0–15 years living in income deprived households as a proportion of all children aged 0–15 years. Small area level deprivation data are applied proportionally to the ADS practice populations. LCG score is average of practice scores.
- The Income Deprivation Affecting Older People Index (IDAOPI) number of adults aged 60 years or over living in pension credit (guarantee) households as a proportion of all people aged 60 years or over. Small area level deprivation data are applied proportionally to the ADS practice populations. LCG score is average of practice scores.
- Practice life expectancy at birth uses mortality data, taken from the Primary Care Mortality Database (Open Exeter), by sex and age group for deaths registered in the relevant calendar years. The registered GP practice is assigned to these records. The data relate to deaths in people that are registered with NHS Cambridgeshire and NHS Peterborough only. The corresponding registered population used to complete the calculations are the quarterly age sex breakdowns compiled by Serco. The analysis is based on abridged life table approach, carried out using the SEPHO LE calculator.

Births

- Births data are taken from the monthly Public Health Births File from ONS. GP practice was assigned using NHS number and matching against the quarterly Exeter downloads (patient registration system). For the time period 2009 to 2011 3.5% of records across Cambridgeshire and Peterborough were unable to be assigned to a practice.
- Birth rate is the number of live births between the years 2009 and 2011 divided by the female population aged 15 to 44 years, presented as a rate per 1,000. The female population data are taken from the quarterly Exeter downloads (July 09, July 10 and July 11).
- Low birth weight is the proportion of births (live or stillbirth) weighing under 2,500g (where a birthweight is recorded) of all live and still births (where a birthweight is recorded). Over the time period 2009 to 2011 1.7% of births that were assigned to a practice did not have a birthweight recorded against them. The majority of these are in Fenland, and are as a result of birthweight being added at a later date to births that occur at the Queen Elizabeth Hospital. The annual extract of births has all birthweights included but does not contain the NHS number or registered GP practice of the baby, therefore it is not possible to use this data source for LCG profiles.

Recorded Prevalence (QOF)

- The recorded prevalence of diseases is the percentage of patients as recorded on practice disease registers as a proportion of total list size (or appropriate age band). It is important to note that this may not reflect true prevalence in the population.
- The data are not age standardised so practices with older populations may have higher prevalence for diseases that predominantly affect older people.
- The data are also reliant on the ascertainment and quality of recording within individual practices.

Mortality

- Deaths data are taken from the Primary Care Mortality Database, which already has GP practice assigned. The data relate to deaths in people that are registered with NHS Cambridgeshire and NHS Peterborough only. The corresponding registered population are taken from the quarterly age sex breakdowns compiled by Serco. Directly Age Standardised rates per 100,000 population were calculated for all age all cause mortality, all cause mortality in people aged under 75 years, circulatory disease mortality (underlying cause ICD10 code I*), cancer mortality (ICD10 C*) and respiratory disease mortality (ICD10 code J*). Data are for the time period 2009 to 2011.

Methods

- Directly age standardised rate - allows direct comparison of incidence rates between populations of differing age structures. The rates are derived using the European Standard Population, and are expressed as a rate per 100,000.
- Confidence intervals - are a measure of assurance that a particular value lies within a defined range. This allows chance variation to be taken into account. 95% confidence intervals have been used in this report. Where a value, such as a death rate, and its confidence intervals lie outside the comparison rate it can be stated that there is a statistical significant difference in the rates.