



Westhoughton
NEIGHBOURHOOD PLAN



Summary highlights

Taken as a whole the Westhoughton neighbourhood has a slightly older list than is average for Bolton practices; 20% of patients are aged 65+ in Stable Fold Surgery and 19% in Unsworth Group Practice compared to 16% across Bolton.

Challenges

- Overall, 15.3% hypertension.
- Depression is higher in Westhoughton (10.7%)

Health priorities

- Smoking
- Alcohol
- Depression
- Hypertension
- Asthma
- Coordination of care for elderly in nursing homes

Statutory service issues

- Unsworth finds the admissions avoidance team and ease of referral impressive and it was happy with the way in which patients were monitored by the team. However Stable Fold Surgery have had experience of unnecessary requests for review
- INT is not as successful as it could be. The variation in clinical systems and roles and responsibilities within the INT are problematic.
- Specific issues with communication/feedback and lack of access records/shared information

Voluntary sector

- The role of the Community Asset Navigator to improve access to VCS was welcomed
- Easier access to information on the voluntary offer is required

Priority actions

1. Improve utilisation of VCS services for priority areas (including through CAN)
2. Tackling issues with coordination between practices and community/social services

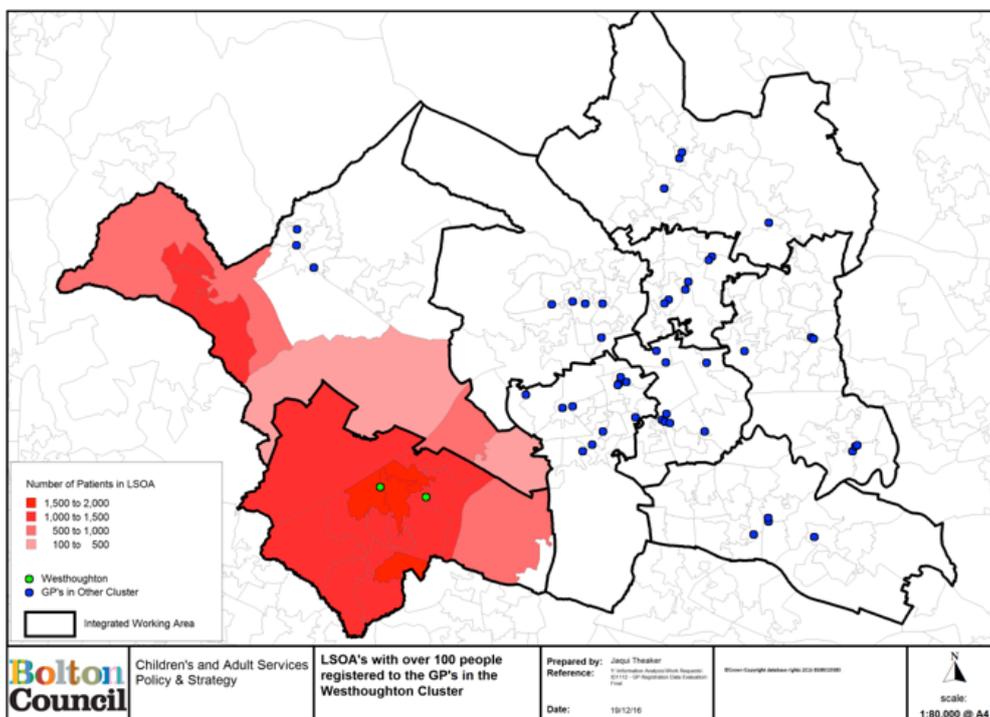
Demographics

The Westhoughton neighbourhood currently has a patient population of 27,766.

The neighbourhood contains two practices:



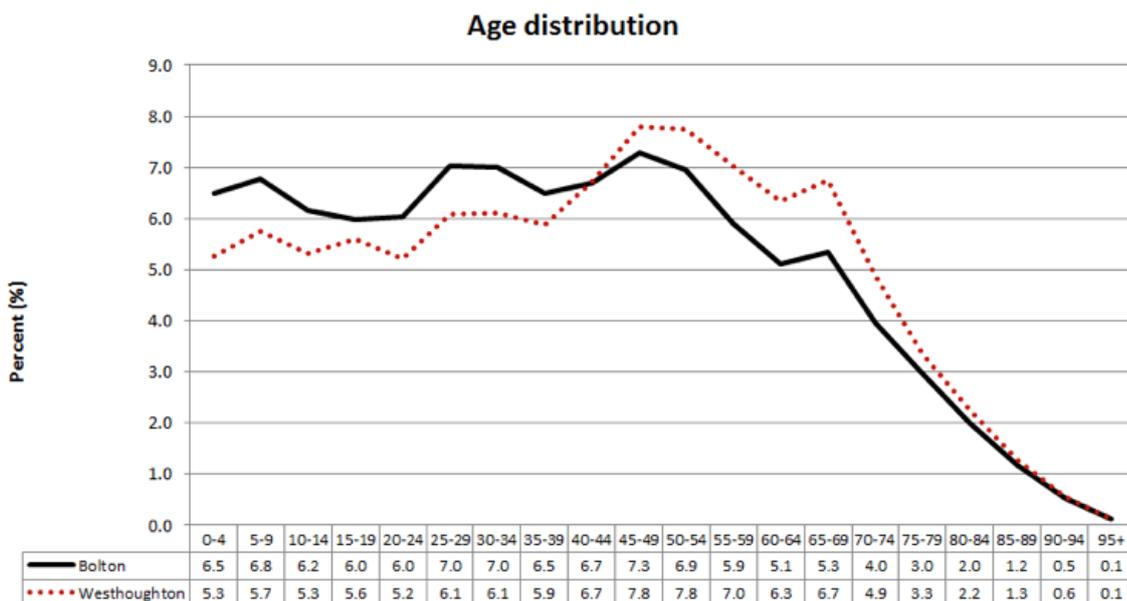
- Unsworth Group Practice
20,300
- Stable Fold Surgery
7,400¹



¹ National General Practice Profiles – <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

Resident population by key Census age groups			
Age	Stable Fold Surgery	Unsworth Group Practice	Westhoughton Neighbourhood
0-4 years	357	1,097	1,454
5-14 years	760	2,293	3,053
Under 19 years	1,365	4,070	5,435
65+ years	1,506	3,788	5,294
75+ years	589	1,492	2,081
85+ years	155	385	540

Taken as a whole the Westhoughton neighbourhood has a slightly older list than is average for Bolton practices; 20% of patients are aged 65+ in Stable Fold Surgery and 19% in Unsworth Group Practice compared to 16% across Bolton.



Deprivation and economic activity

On the whole, 60.9% of the patients within the Westhoughton neighbourhood are in work, either participating in paid work or in full time education. This is slightly more but similar to what is seen overall locally (59.1%)².

The Westhoughton neighbourhood has a lower IMD 2015 score (15.9) than is average for Bolton (28.4), reflecting the fact that Westhoughton is one of the lesser deprived areas of Bolton.

Ethnicity

In Bolton as a whole 18.1% of the population are from Black and Minority Ethnic (BME) communities. The GP practices making up the Westhoughton neighbourhood all have a much lower proportion of people from BME backgrounds, as do the Wards within these boundaries (Westhoughton South (3.8%) and Westhoughton North and Chew Moor (4.6%)). Overall, the Westhoughton neighbourhood has a BME population of 5.1% which equates to around 1,420 people.

As is to be expected given the smaller than average BME population, there are few local residents within the Westhoughton neighbourhood whose main language is not English – 1.4%, or 367 people; across the borough 2.3% of the population do not have English as their main language.

Child health

For all A&E attendances under 18 years old, Bolton has a higher rate (362 per 1,000) than Unsworth Group Practice (350) and a lower rate than Stable Fold Surgery (402). Stable Fold Surgery have the higher rate of the two practices, despite having a smaller proportion of younger patients on the practice list. Westhoughton as a whole (364) has a similar rate to the Bolton average (362).

Westhoughton's rate of child admissions shows a broadly similar pattern to that seen locally. Within the neighbourhood, Stable Fold Surgery has slightly higher child attendance/admission rates with the exception of those for injuries.

20.5% of children in reception year in Bolton are classified as obese; in Westhoughton it is less than this, at 18.1%. Similarly, the proportion of children in Year 6 in Westhoughton is also less than the borough average, with 33.2% of Year 6 children considered to be obese in Westhoughton compared to 34.5% in Bolton.

The percentage of teenage mothers in Westhoughton is 0.6%, less than half of the average in Bolton (1.6%).

Child Health: Hospital activity (2012/13 – 2014/15)							
	Stable Fold Surgery		Unsworth Group Practice		Westhoughton neighbourhood		Bolton
	Number	Rate*	Number	Rate*	Number	Rate*	Rate*
A&E attendances (<18)	1,673	402	4,277	350	5,950	364	362
Emergency respiratory admissions (<18)	29	4.2	79	3.9	108	4.0	4.9
Emergency admissions for asthma, diabetes or epilepsy (<18)	25	3.6	55	2.7	80	2.9	3.6
Admissions due to injury (<18)	49	11.8	168	13.7	217	13.2	13.7

*Rate per 1,000 population

² National General Practice Profiles – <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

Health profile

General health

General health in Westhoughton is slightly better than average in Bolton. Life expectancy for a typical male in Bolton is 78.1 years; in the Westhoughton neighbourhood it is 81.7. Similarly, life expectancy for females in Bolton is 81.6 years; in Westhoughton it is higher, at 84.1.

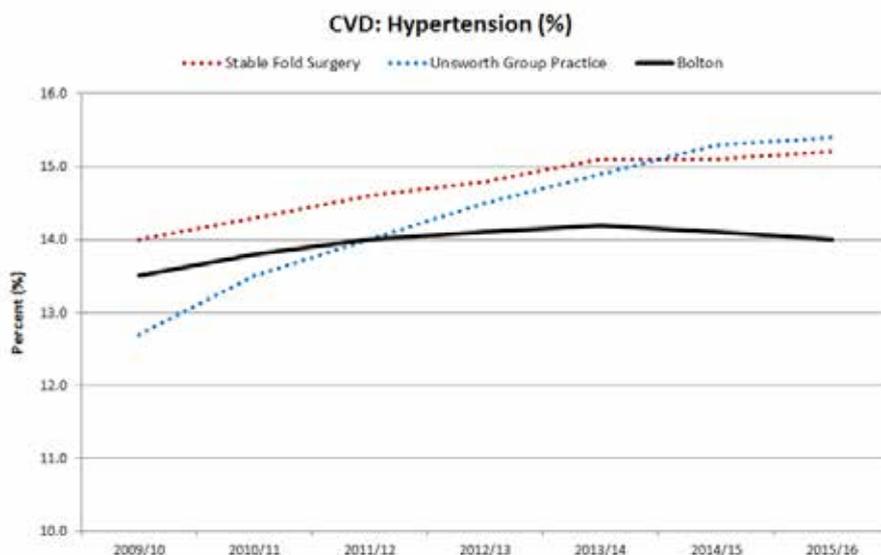
Furthermore, 5.5% of patients have bad or very bad health, compared to 6.6% for Bolton, and 17.1% of people in Westhoughton suffer from a limiting long term illness or disability, which is close to 20% in Bolton.

Bolton's biggest killers are CVD, cancer, and respiratory disease and these are conditions very strongly associated with poor lifestyle behaviours. The physical health conditions that are increasing in Bolton are diabetes, which is increasing in line with obesity, liver disease as a result of alcohol misuse, and skin cancer³.

CVD: Risk factors

CVD: Hypertension

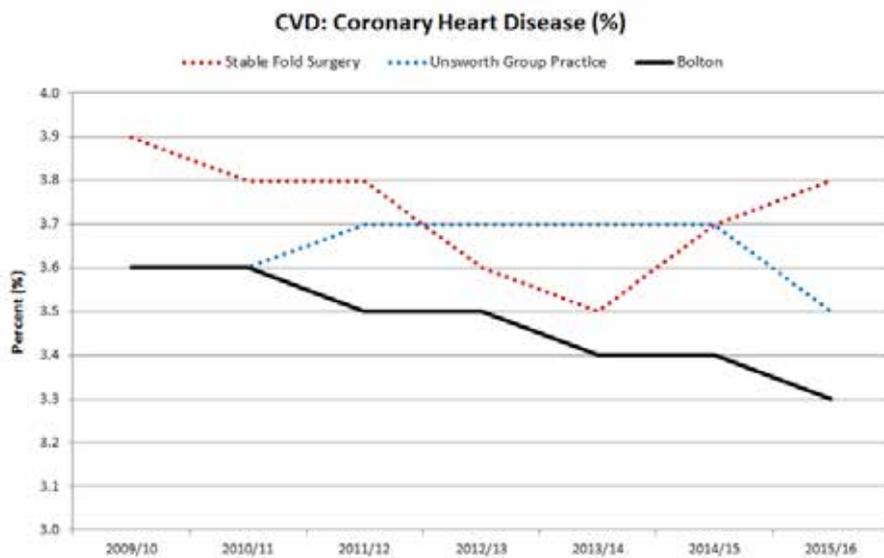
Overall, 15.3% (4,235 people) of Westhoughton practices have hypertension; this proportion is higher than average for Bolton (14.0%). The two Westhoughton practices have similar prevalence's (Unsworth Group Practice (15.4%); Stable Fold Surgery (15.2%)). We have seen increases in the prevalence of hypertension in Bolton, with a more significant rise than average within Westhoughton over the last six years.



CVD: Coronary Heart Disease (CHD)

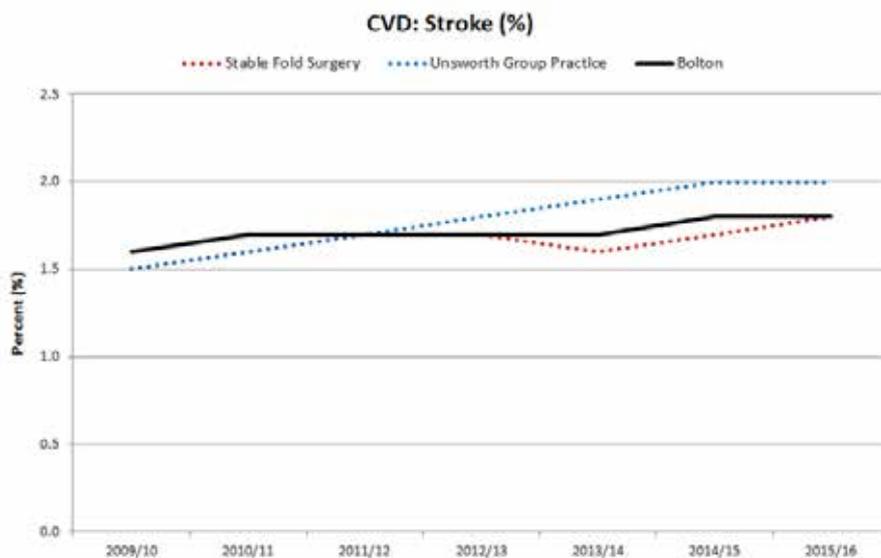
Within the Westhoughton neighbourhood around 990 patients registered at the two practices have CHD. The prevalence for CHD for all ages is 3.6%, which is typical for Bolton (3.3%).

³ National General Practice Profiles – <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>



CVD: Stroke

The stroke prevalence for Westhoughton (1.9%) is similar to what we see locally (1.8%) and nationally (1.7%). This equates to 535 people in the Westhoughton neighbourhood.



Obesity

Westhoughton (10.5%) has a lower prevalence of obese patients (aged 18+) than typical for Bolton (12.2%). This equates to 2,310 obese patients in the Westhoughton neighbourhood. Over recent years Bolton has seen a decrease in the levels of obesity, but the prevalence still remains higher than the national average (9.5%)⁴.

The previous indicator (aged 16+) has been retired; as such no comparable trend data is currently available.

⁴ National General Practice Profiles – <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

Estimated smoking prevalence

Public Health England (PHE) estimates the national smoking prevalence to currently be 18.1% with Bolton having the somewhat higher rate of 20.5%. Westhoughton neighbourhood has an estimated prevalence (15.5%) significantly lower than the local and national average with both practices having almost identical rates and equating to 3,580 people.

Heart failure and atrial fibrillation

Central/Great Lever has a similar prevalence of heart failure (0.8%) and a slightly lower prevalence of atrial fibrillation (1.0%) when compared to Bolton as a whole (0.8%, 1.5%).

CVD (2015/16)							
	Stable Fold Surgery		Unsworth Group Practice		Westhoughton neighbourhood		Bolton
	Number	%	Number	%	Number	%	%
Hypertension	1,126	15.2	3,109	15.4	4,235	15.3	14.0
CHD	279	3.8	712	3.5	991	3.6	3.3
Stroke	136	1.8	399	2.0	535	1.9	1.8
Obesity (18+)	465	7.7	1,849	11.5	2,314	10.5	12.2
Smoking	979	15.6	2,597	15.4	3,576	15.5	20.5
Heart Failure	49	0.7	223	1.1	272	1.0	0.8
Atrial Fibrillation	127	1.7	390	1.9	517	1.8	1.5

Cancer

The prevalence of all cancers in Westhoughton (3.1%) is around one percentage point higher than seen in Bolton (2.2%).

Cancer prevalence for all ages (2015/16)		
	Number	%
Stable Fold Surgery	219	3.0
Unsworth Group Practice	629	3.1
Westhoughton neighbourhood	848	3.1

Respiratory disease

COPD (Chronic Obstructive Pulmonary Disease)

COPD within the Westhoughton neighbourhood (2.1%) is similar to what we see across Bolton (2.3%). This is likely a balancing of the lower smoking prevalence and the older age profile.

Asthma

In Bolton there are currently around 19,500 people on the asthma disease register (aged 8 years and over). This is likely a slight underestimation of true prevalence. The Asian Pakistani community demonstrates the highest levels of asthma and chronic cough in Bolton.

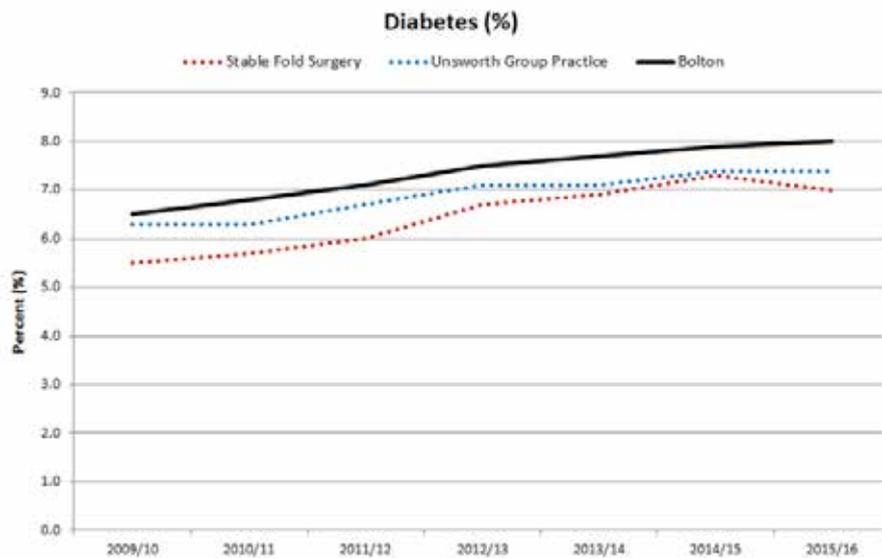
The prevalence of asthma within the Westhoughton neighbourhood is marginally higher than we see in Bolton overall (6.4%) with 7.2% of the practice population on the asthma disease register; equating to around 2,000 patients.

Asthma/COPD prevalence for all ages (2015/16)				
	Asthma		COPD	
	Number	%	Number	%
Stable Fold Surgery	496	6.7	159	2.1
Unsworth Group Practice	1,493	7.4	416	2.1
Westhoughton neighbourhood	1,989	7.2	575	2.1

Diabetes

The number of people diagnosed with diabetes increases each year; nationally, the pace of the increase has been approximately 25% over the past six years. Commissioners need to ensure service capacity to cope with rising numbers of diabetes patients. Type 2 diabetes is by far the most prevalent diabetes and the one that is increasing. Local diabetes prevention strategies aiming to reduce the incidence of Type 2 diabetes need to engage especially with deprived communities.

Smoking, obesity, hypertension and CHD are all associated with diabetes. The QOF prevalence of diabetes within the Westhoughton neighbourhood is lower than that of Bolton. Between the two practices Westhoughton sees a prevalence of 7.3% whereas Bolton as a whole is almost 8.0%. The practices combined have 1,642 patients on their register; however the number of people estimated to be diabetic is higher. Evidence suggests that being of South Asian ethnicity increases the likelihood of developing diabetes and it should be noted that the population of the Westhoughton neighbourhood boundary is predominantly White British⁵.



Chronic Kidney Disease (CKD)

The main cause of CKD is diabetes. Considering Westhoughton's lower than average rate of diabetes, CKD follows a similar pattern. Westhoughton as a whole has a prevalence of 5.7% which equates to 1,268 people – this accounts for over three quarters of the diabetes register in Westhoughton.

Diabetes/CKD prevalence for patients aged 18+ (2015/16)				
	Diabetes		CKD	
	Number	%	Number	%
Stable Fold Surgery	431	7.0	362	6.0
Unsworth Group Practice	1,211	7.4	906	5.6
Westhoughton neighbourhood	1,642	7.3	1,268	5.7

⁵ Nomis official labour market statistics – <https://www.nomisweb.co.uk>

Mental health and depression

Depression is higher in Westhoughton (10.7%) than is average for Bolton (9.1%), with a register size of 2,370, however this may be an underestimation.

The prevalence of severe mental illness across Bolton, as measured by QOF, is recorded as 0.9%. Westhoughton neighbourhood has a lower rate than Bolton at 0.6%, equating to 160 patients within the Westhoughton practices that have a recorded severe mental health issue.

Mental Health Indicators: QOF register prevalence 2015/16							
	Stable Fold Surgery		Unsworth Group Practice		Westhoughton Neighbourhood		Bolton
	Number	(%)	Number	(%)	Number	(%)	(%)
Depression	530	8.8	1,839	11.4	2,369	10.7	9.1
Mental health problems (severe)	55	0.74	103	0.51	158	0.6	0.90

Lifestyle

The percentage of adults that eat healthily in Westhoughton (25.8%) is fairly typical of Bolton (24.6%). The proportion of adults in Westhoughton that binge drink is higher, at 25.8%, than in Bolton, at 24.6%.

Housing

Westhoughton has a higher proportion of homes with central heating (97.9%) than Bolton overall (97%). Households with overcrowding are much less common in the neighbourhood (3.2%) than across Bolton (6.9%). This reflects the affluence of the area.

There is a 4.2% higher than locally average proportion of pensioners living alone in Central/Great Lever, at 38.2%.

SECTION 2

NEIGHBOURHOOD SURVEY

Health priorities

The Westhoughton neighbourhood stated its most urgent health needs to be:

- Smoking
- Alcohol
- Depression
- Hypertension
- Asthma
- Coordination of care for elderly in nursing homes

Statutory sector

In terms of working alongside public sector services, Unsworth finds the admissions avoidance team and ease of referral impressive and it was happy with the way in which patients were monitored by the team. However Stable Fold Surgery have had experience of unnecessary requests for review – bearing in mind the intensive level of care provided by the team.

Both practices feel that the INT is not as successful as it could be. The variation in clinical systems and roles and responsibilities within the INT are problematic. They are concerned with communication with the team, voicing that unless the practice is able to get to know other health care professional (HCP), integration will be difficult. Constantly changing personnel also prevents effective integration. The neighbourhood also finds that there is a tendency of INTs to generate extra work for the practice, including visits. Westhoughton's INT currently only involves the practices, community pharmacy and social workers – they feel it should expand to include voluntary sector services.

INT's could be made more effective with improved communication between the team and the practice, possibly with a named individual for contact at the practices. Also, Westhoughton suggests a facility whereby patients could contact the INT themselves should any problems arise that can be dealt with by them, rather than deflected back to the practices.

Currently, a problem faced by Westhoughton is that to call the GP surgery is very often the default response to any problem, causing unmanageable workloads, such as extra visits.

The practical issues that the neighbourhood predicts may prevent changes to ways of working are location, coordination, reliability, skills/competencies, responsibility and contracts/KPIs. The ability to meet with other teams in the neighbourhood to build relationships and improve communication would help to resolve the issues identified. With regard to KPIs, decreasing paperwork and targets would help to free up time to provide patient centred good quality care.

For Westhoughton, a potential concern is the safety of patient data on integrated computer records – liaison needs to be in an efficient and safe manner. Also, any new integrations should not increase GP workloads, including clinical and administrative time.

If the issues for the neighbourhood were fixed, the system would have effective communication leading to ease of referral and a sense of everyone being involved in the same team with the same goals – improving patient care.

Success would be defined and measured by considering:



- Patient feedback and outcomes – whether patients feel more in control of their own health
- Fewer crises/unplanned requests
- Fewer individuals/teams/organisations involved in resolving situations
- Staff feedback
- Fewer incidents/interventions
- Reduced/optimised prescribing

Voluntary services

Services the neighbourhood is interested in utilising include befriending services, support for patients returning from hospital and food parcel deliveries. There are also calls for engagement of more community services locally to help people with smoking or drinking habits – health issues which the neighbourhood is concerned about.

The neighbourhood describes its knowledge of the voluntary sector as generally poor. Practices need more input into what community services do and how they are run; secondary care lacks the knowledge and expertise to run community services efficiently. They suggest that increased communication may improve this, such as face-to-face meetings, up to date electronic lists of services available and how to contact. Communication could also increase between the voluntary sector themselves and patients to improve awareness, such as through local media, and by having a community asset navigator available for patients to contact themselves.

For Westhoughton, a community asset navigator would ideally provide an easy referral process with prompt assessment. There should be good communication between the CAN and the practice team, to enable a free flow of ideas and support. However the CAN should be local to the area in order to be up to date with what goes on. They also need to be accessible since the window of opportunity to get patients to see someone is very small; asking them to book into see someone 2-3 weeks in advance usually means they DNA.

An issue raised by Westhoughton is that the voluntary services should not be used as a way of saving money at the expense of clinical care. Also, a community setting for services should not make their patients travel to Bolton; there should be in house services such as counselling.



The Westhoughton neighbourhood identified their special interests to be in:

- Joint injections
- Dermatology
- Insulin initiation
- Coil fitting
- IUDs
- Training GPs/ANPs

Neighbourhood leadership

Westhoughton is concerned that the neighbourhood would require input from GPs at each practice, needs to be funded so backfill can occur.

In terms of non-clinical work, the neighbourhood manager could do admin work, although overseen by practice managers.



The Bolton Hub

Bold St, Bolton BL1 1LS

www.boltongpfederation.co.uk