

## POPULATION:

### OX12 AREA – WANTAGE AND GROVE AND SURROUNDING VILLAGES

NHS England Population Health Management Flatpack - Suggested metrics for the assessment of population health.



#### Health and Care Inequalities

Category	Metric
Deprivation	Index of Multiple Deprivation (2015)
Vulnerable population groups	Learning Disability Prevalence; Care Home Patients
Employment	Income, Hours worked
Population demographics	Population numbers, Age, Gender, Ethnicity, Population Change, Immigration
Education	Information education as a wider determinant of health
Built and natural environment	Wider determinants of health linked to the physical environment
Crime and criminal justice	

#### Enhanced Experience of Care

Category	Metric
Secondary Care service User Experience	PRMOS, Cancer patient experience survey, CQC (leadership and care quality by broad specialty)
Primary Care Experience	Written complaints, Patient satisfaction surveys, Extended access, CQC data
Friends and Family Test	Friends and family test for: General practice, Ambulance, A&E, Community, Dental, Inpatient, Maternity, Mental Health and Outpatient

#### Improve the Health and Wellbeing of the population

Category	Metric
Disease Prevalence	Cancer, CVD, Stroke, Asthma, COPD, Diabetes, Overall MH, Dementia, COPD
Risk Factor Prevalence	Smoking, Obesity, Hypertension, Alcohol and substance misuse, physical activity
Overall health outcomes	Life Expectancy (Males and Females); Infant Mortality

#### Improving Quality

Category	Metric
Access to preventative interventions	Immunisation, Smoking cessation, Diabetes Prevention Programme
Access to effective treatments	Medications prescribed to those with LTCs known to be effective (e.g. AF, Hypertension, CHD) Access to effective services for those with LTCs e.g. pulmonary rehabilitation, smoking cessation
Access to screening and diagnostics	Cancer Screening AAA screening

Overall access to services	Mapping of geographic access to services considered alongside deprivation. Mapping of public transport access to services
Outcome framework metrics	Adult Social Care Outcomes Framework, NHS Outcomes Framework Public Health Outcomes Framework
<b>Reduced per capita cost of care and improved productivity</b>	
<b>Category</b>	<b>Metric</b>
Unwarranted variation in activity	Unplanned emergency hospital admissions Delayed transfers of care
Unwarranted variation in spend	Length of stay for hospital admissions
<b>Increase the well-being and engagement of the workforce</b>	
<b>Category</b>	<b>Metric</b>
Workforce	Primary Care Workforce
	Numbers and experience of Doctors by speciality, Nurses by area of work, Senior managers, technicians and admin staff. Turnover of all groups (& where they move to)

## OX12 Population Health Profile Summary of trend data

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### Summary

Wantage and Grove generally perform well compared to national averages for health outcomes. The area is relatively affluent, with low unemployment, high salaries, and few low-income families. The built environment is generally health promoting, and risk factors for disease are lower than national averages. However, the population is ageing, with a high proportion of the population aged over 65 years. Rates of cancer, diabetes, atrial fibrillation, depression and dementia are increasing over time. Diabetes, depression and hypertension account for a high burden of disease in the area, affecting around 6%, 9% and 14% of the population respectively. Whilst the district performs well on lifestyle factors such as healthy eating and physical activity compared to national figures, still around 20% of children have excess weight at the start of primary school, rising to around 30% at the end of primary school.

Patient survey and inspection data generally shows good provision and experience of healthcare services in the area. Delivery of treatment, diagnosis and screening is either similar or higher than national averages. Most people in Wantage and Grove live within 10-15 minutes of a GP surgery, health centre, dentist or pharmacy via public transport. However, journey time to an acute hospital is more limited, taking more than 30 minutes by public transport. Emergency hospital admissions, use of urgent care and out of hours GP services is generally lower than the County and national averages. The CCG predict a shortfall in the number of GPs needed for the population in the coming years, however changes to service provision and workforce training maybe used to ensure health needs are met with the best use of resources.

## Health and Care Inequalities

### Deprivation

Wantage and Grove are **among the least deprived areas of the County**, with significantly lower levels of low-income families compared to the national average. Levels of homelessness and overcrowding in the district is significantly lower than England and the South East. Fuel poverty in the district is also low.

### Vulnerable population groups

The proportion of people with a learning disability in Wantage and Grove is similar to the national average, at almost 0.5%. However, the **proportion of people living in nursing homes is significantly higher than the national average, at around 0.7%** compared to 0.5% nationally.

**Around 20% of the population in OX12 have caring responsibilities**, which is similar to the national average. The proportion of young carers and total unpaid carers is significantly lower in the Vale of White Horse, compared to the national average.

### Employment

The proportion of the population in work or full-time education is similar in Wantage and Grove to the national average. Importantly, **the level of unemployment is very low** and significantly lower than the national average. Average weekly earnings in the district are increasing and are significantly higher than England.

### Population demographics

In line with national trends, **the population in OX12 is aging** and the proportion of people aged 65 and above is steadily increasing. Currently **around 20% of the population in OX12 is aged 65+**, and this is significantly higher than the national average. The area has a lower proportion of people of working age compared to the County average, and the population has low ethnic diversity.

### Education

District level data shows similar school attainment scores for pupils completing state secondary school qualifications as compared to national averages. Levels of pupil absence in the Vale of White Horse are also similar to national figures.

### Built and natural environment

District level data shows **good levels of active travel**, with higher rates of cycling compared to the national average. However, the roads in the district are a cause for concern, with **deaths and serious injury on the roads persistently significantly higher than national averages**.

National scoring of health promoting and health harming environmental factors (such as density of off-licences/fast food/gambling outlets or health assets such as green space/leisure centres/health providers), places Wantage and Grove towards the best performing deciles in the Country. Wantage and Grove are in the best performing decile for distance to off-licence and tobacconist (i.e. longer distance/low density). Grove compares better than Wantage for distance to fast food outlets (i.e. higher density of fast food outlets in Wantage compared to Grove). **Access to leisure facilities is high in Wantage, although access to green space could be improved**. Air pollution is generally low. Overall, the retail and physical environment is towards the better performing end of the scale for health impact (on-balance a health promoting environment). **Access to affordable homes is a significant issue in the district, with affordability of home ownership amongst the worst in the country. Housing developments are planned in Wantage and Grove**, with just over 500 homes planned for Grove Airfield, and around 500 planned for North East Wantage by 2022.

### Crime and criminal justice

**Rates of violent crime and hospital admissions for violence are low** in the Vale of White Horse compared to national figures and hospital admissions are decreasing over time. Re-offending is also lower than national data, at around 20%. The rates of violent and sexual offences are however increasing over time, in-line with national trends.

## Enhanced Experience of Care

## Secondary Care service User Experience

The Care Quality Commission has inspected two residential homes; three nursing homes; five homecare agencies; two dentists and the two GP surgeries in Wantage and Grove. The Community Hospital has not been inspected by the CQC. **All but one service (a nursing home) have an overall GOOD rating, with services considered safe, effective, caring, responsive and well-led.**

The Care Quality Commission has **inspected the provider of community and mental health services in Oxfordshire – Oxford Health NHS Foundation Trust. The overall rating for the Trust is GOOD.** Separate analysis of community services finds improvements are needed in community inpatient services and urgent care. However, these scores apply to services provided by the Trust across Oxfordshire, Berkshire, Buckinghamshire, Milton Keynes, Swindon, Wiltshire, Bath and North East Somerset. This does not apply to the in-patient service in Wantage as the CQC have not inspected this community hospital. Community health services for adults and community end of life care have been rated GOOD overall, and community health services for children and young people have been rated OUTSTANDING overall.

A review of mental health services has identified wards for people with a learning disability or autism, as requiring improvement. However, all other mental health services are rated GOOD overall:

- Acute wards for adults of working age and psychiatric intensive care units
- Long-stay or rehabilitation mental health wards for working age adults
- Forensic inpatient or secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems
- Community based mental health services for adults of working age
- Mental health crises services and health-based places of safety
- Specialist community mental health services for children and young people
- Community based mental health services for older people
- Community mental health services for people with a learning disability or autism

**A Community Mental Health patient survey with 225 responses from people receiving community mental health services from this OH NHS Trust found an overall GOOD experience of care** (November 2018). The patient ratings were about the same as other Trusts for the care and support received from staff; organisation, planning, reviewing and continuity of care; crisis care and involvement in treatment decisions. The one area rated worse than other trusts was around explanations of therapies other than medicine, and how therapies are explained in ways patients can understand.

<https://www.cqc.org.uk/provider/RNU/survey/6>

## Primary Care Experience

**GP Survey data from Wantage and Grove practices, suggests that the proportion of patients who are satisfied with phone access to the surgery is consistently higher than national average**, with over 90% of survey respondents reporting very or fairly easy access. Satisfaction with available appointment times is similar to national figures. Overall, more than 75% of survey respondents report very good or fairly good experience of making appointments.

## Friends and Family Test

Friends and family test data is only available at national level, and therefore is less helpful for identifying areas for improvement at local level. Nationally, A&E services, the ambulance service, community and mental health services, dental and GP services are rated. Of over 1 million responses in the latest monthly data (February 2019), 85% would recommend urgent care services, and 89% would recommend mental health services to friends and family. For all other services, more than 90% of respondents would recommend these to friends and family.

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## Improve the Health and Wellbeing of the population

### Disease Prevalence

The overall proportion of people with a long-standing health condition in Wantage and Grove GP practices is similar to the national average at around 50%. **Rates of cancer, diabetes, atrial fibrillation, depression and dementia are increasing over time.** Coronary heart disease is steadily declining, and rates of stroke, heart failure, and asthma remain stable. Current cancer prevalence is higher in Wantage and Grove compared to national figures, at around 3.5% compared to 2.7%. Prevalence of Diabetes, Chronic Obstructive Pulmonary Disease and Serious Mental Illness is significantly below the national average. Currently prevalence of dementia is similar to national figures at 1% of the total practice population. Around 5.5% of the adult population have diagnosed diabetes.

New diagnosis of depression in adults has been stable over the past couple of years, with less than 1.5% of adults on the practice list being newly diagnosed per year. **The overall prevalence of depression is currently around 9% of the adult practice population.** The prevalence of mental health and emotional disorders in children is measured at County level. In Oxfordshire, around 8% of children aged 5-16 have a diagnosed mental health disorder, compared to over 9% nationally. **Hospital admissions for self-harm in people aged 10-24 years is increasing steadily over time, both nationally and in Oxfordshire. Currently, just over 400 per 100,000 young people are admitted to hospital for self-harm in Oxfordshire per year – this is not significantly different to national rates.** Suicide rates in the district are also similar to national and County levels.

Maternal health indicators at district level are good; with significantly higher rates of breast feeding initiation, and significantly lower rates of smoking at delivery and under 18 conceptions compared to national data.

### Risk Factor Prevalence

**Levels of adult obesity, smoking, physical inactivity and overweight or obese children are significantly lower in the district compared to national averages.** Healthy eating and levels of physical activity is significantly higher in the district compared to national data. However, still around **20% of children have excess weight at the start of primary school, rising to around 30% at the end of primary school.**

**Similarly to national figures, around 14% of adults have hypertension – a leading risk factor for heart attacks and strokes. Around 12% of the adult population are estimated to have undiagnosed hypertension.** Overall, hospital admissions due to alcohol is significantly lower in the district compared to national levels. However, admissions in those under 18 years is similar, although decreasing over time.

### Improving overall health outcomes

**Life expectancy** for men (almost 82 years) and women (85 years) in Wantage and Grove practice populations is higher than the national average (79.4 and 83.1 respectively). Premature mortality from conditions considered preventable is declining year on year and is significantly lower in the Vale of White Horse compared to national data. **Health related quality of life scores for older people are significantly higher in the district compared to national data.** Infant mortality is similar in the district to national rates and is declining over time.

## Improving Quality

### Access to preventative interventions

Uptake of the Flu vaccine for eligible people is similar to the national average at around 85% in Wantage and Grove practice populations. **Around 95% of smokers are offered treatment and support to quit,** this is similar to national data. **Care for people with type-2 diabetes is generally good with almost 70% of patients in Wantage and Grove practices receiving 8 diabetes care processes\*.** This is higher than the national

average of almost 60%. Currently, 35-45% of diabetes patients are achieving treatment targets\*\*, similar to national figures.

\* The National Institute for Health and Care Excellence (NICE) recommends nine care processes for diabetes. These are five risk factors (body mass index, blood pressure, smoking, glucose levels (Hba1c) and cholesterol) and four tests to identify early complications (urine albumin creatinine ratio, serum creatinine, foot nerve and circulation examination and eye screening (held by NHSEDES).

\*\* NICE recommends treatment targets for Hba1c (glucose control), blood pressure and serum cholesterol: Target Hba1c reduces the risk of all diabetic complications, target blood pressure reduced the risk of vascular complications and reduced the progression of eye disease and kidney failure and target cholesterol reduced the risk of vascular complications.

### Access to effective treatments

Prescriptions of effective treatments for Coronary Heart Disease (CHD), Stroke, Heart Failure (HF) and Atrial fibrillation (AF) are not significantly different in Wantage and Grove practices as compared to national data. For those with CHD, Stroke, and HF, the proportion of those in need who are treated is generally stable over time, at around 90% for CHD and Stroke, and around 80% for those with HF. The proportion of those with AF receiving effective treatment is steadily rising from around 75% to almost 85% over the past three years.

### Access to screening and diagnostics

**A statistically significantly higher proportion of eligible women are screened for breast cancer in Wantage and Grove practices compared to nationally**, at around 80% compared to 72% nationally. Screening within 6 months of invitation fluctuates over time, however the most recent data shows rates above the England average in Wantage and Grove practices. **Cervical cancer screening in Wantage and Grove practice populations is also higher than national rates, however in-line with the picture nationally, rates are declining year on year.** The proportion of eligible people receiving bowel cancer screening aged 60-69 years is similar or higher than national levels, persistently at around 60%. Bowel cancer screening of those aged 60-74 years has been increasing recently from a lower baseline, to over 60% currently.

District level data shows statistically significantly higher rates of AAA screening in the Vale of White Horse at 88% compared to around 80% nationally. The rates of AAA screening has been increasing in the district over the past three years.

### Overall access to services

As identified by Public Health England Shape atlas, there are twenty-seven health assets in Wantage/Grove area; 2 GP practices; 5 health centres/clinic sites; 4 pharmacies; 1 community hospital; 4 care homes; 5 dental practices and 6 opticians. However, the clinic health centre/clinics and GP practices are all at the Mably Way centre.

**Most of Wantage and Grove is within 10 minutes of a GP practice via public transport**, although the South of Wantage is closer to 15 minutes journey time via public transport. Most of Wantage and Grove are also within 15 minutes of the Health Centre or community hospital by public transport. **However, access to hospitals outside of Wantage and Grove, including A&E access is more limited with more than 30 minutes journey time by public transport. Most of Wantage and Grove are within 10 minutes of a dentist or pharmacy via public transport.**

### Outcome framework metrics

Outcome framework indicators are addressed under other aspects of this PHM framework.

### Reduced per capita cost of care and improved productivity

#### Unwarranted variation in activity

**Rates of emergency hospital admissions in Wantage and Grove wards is better or similar to the national average for: all causes, coronary heart disease, stroke, heart attack and chronic obstructive pulmonary disease (Oxfordshire JSNA 2018). Newbury and Church street practice populations use A&E and minor**

**injuries units at rates below the CCG average.** The lower use of A&E and MIU does not correlate with a higher use of GP out of hours services, as Newbury and Church street practice populations also **use GP out of hours services at rates below the CCG average.** Use of urgent care and out of hours GP service correlates with higher levels of deprivation. Of the A&E attendances in 2018 by Wantage and Grove practice patients, 23% were admitted. This is not significantly different to the CCG average, suggesting an appropriate use of A&E services. A significantly lower proportion of Wantage and Grove patients leave A&E without being seen compared to the CCG average (around 0.88% compared to 1.6%), potentially indicating appropriate use, or lower needs of people attending.\*

\*A high proportion of people leaving A&E before being seen can indicate either that A&E is being used inappropriately by those that could be better served by alternative care, (for example 111 advice, pharmacy or other non-emergency care), or it can indicate higher needs as we know that certain patients, such as those with substance misuse or mental health problems maybe less likely to be able to wait to be seen.

**Elective and emergency admissions and A&E attendances for children under the age of 18 is below the national average for patients in Wantage and Grove practices, although the rates are steadily increasing over time.** Admissions due to injury in children and injury due to falls in older people fluctuate over time. However, the latest data show rates that are significantly lower than the national average.

### **Unwarranted variation in spend**

The length of stay in hospital for Newbury and Church Street practice patients is statistically lower than expected and has declined steadily over the past five years. Current average (median) length of stay for patients at these practices is one day. (Dr Foster data, 2019).

### **Workforce**

In 2017 the CCG South West locality conducted a survey of member practices' current GP staffing and estates capacity, and forecast GP retirements over the next 2 years. At this time there were 13.28 full-time equivalent GPs (2,206 patients per GP) in Wantage. There were 2 planned retirements in 2017/18, and one each in 2018/19 and 2019/2020. **CCG forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively.** At the time of the survey, there were 7 full-time equivalent nurses (4,161 patients per nurse), and 5.3 health care assistants/phlebotomists. **The CCG predicts that some of the additional forecast GP recruitment will be replaced by non-GP staff who can undertake a focused range of 'traditional' GP activities and consultations, for example physiotherapists, clinical pharmacists and nurse practitioners/nurses with enhanced training.**

Since 2016, CCG Sustainability and Transformation Funding has been used to upskill existing practice staff across the whole locality, for example:

- Training new or existing healthcare assistants and practice nurses
- Enhanced training for reception teams or care navigators
- To provide additional resources at practice level to establishing triage systems for urgent appointments.

# Appendix 1

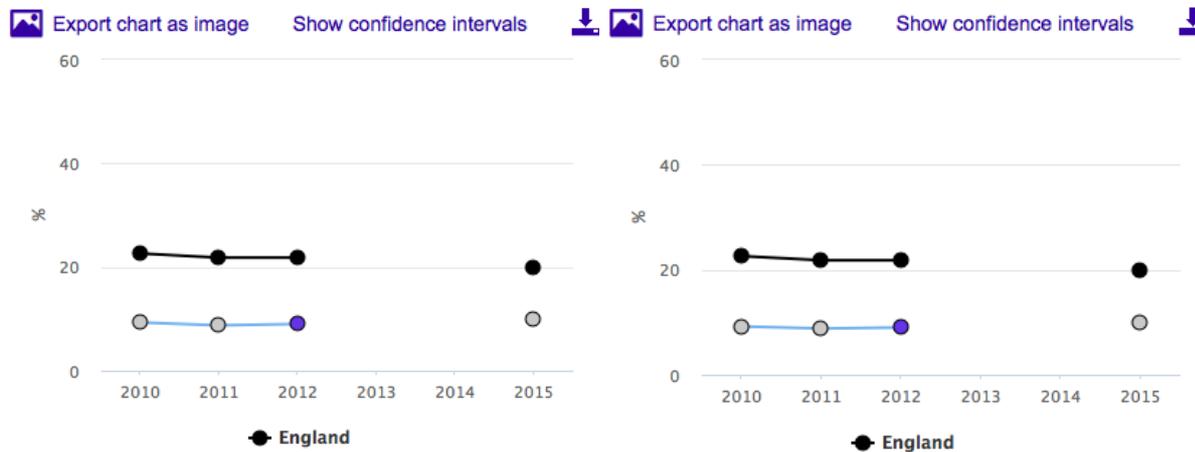
## Trend data

### Population

Deprivation	Index of Multiple Deprivation (2015)	Assigned to practice at MSOA level also available at LSOA level
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Wantage and Grove are among the least deprived areas of the County, with significantly lower levels of low-income families compared to the national average. Levels of homelessness and overcrowding in the district is significantly lower than England and the South East. Fuel poverty in the district is also low.

**IDACI (Income Depr. - Children)** Newbury Street Practice      **IDACI (Income Depr. - Children)** Church Street Practice



**IDAOP (Income Depr. - Older People)** Church Street Practice      **IDAOP (Income Depr. - Older People)** Newbury Street Practice

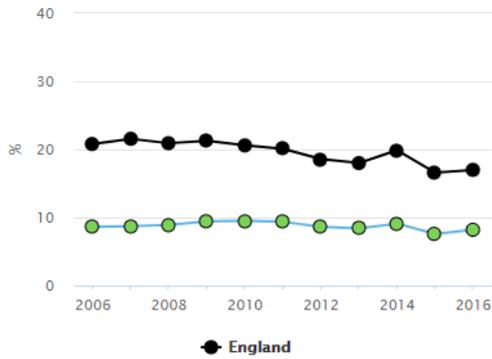


## 1.01i - Children in low income families (all dependent children under 20) New data

Vale of White Horse

Proportion - %

Export chart as image [Show confidence intervals](#) Export chart as CSV file



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	South East region	England
2006	2,190	8.6%	8.3%	9.0%	14.4%	20.8%
2007	2,220	8.7%	8.4%	9.1%	14.9%	21.6%
2008	2,285	8.9%	8.6%	9.3%	14.5%	20.9%
2009	2,440	9.4%	9.1%	9.8%	15.4%	21.3%
2010	2,485	9.5%	9.2%	9.9%	15.0%	20.6%
2011	2,460	9.4%	9.0%	9.7%	14.6%	20.1%
2012	2,275	8.6%	8.3%	9.0%	13.6%	18.6%
2013	2,215	8.4%	8.1%	8.7%	13.2%	18.0%
2014	2,365	9.1%	8.8%	9.5%	14.4%	19.9%
2015	1,960	7.6%	7.2%	7.9%	12.3%	16.6%
2016	2,130	8.2%	7.9%	8.6%	12.7%	17.0%

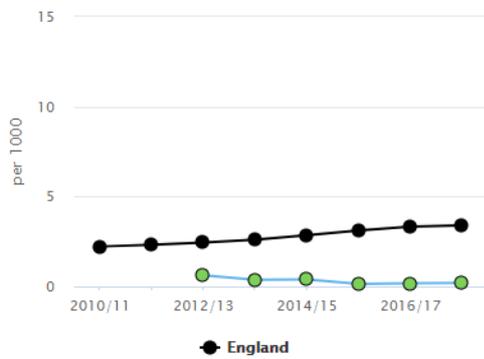
Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

## Statutory homelessness - households in temporary accommodation New data

Vale of White Horse

Crude rate - per 1000

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Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	South East region	England
2010/11	-	-	-	-	1.1	2.2
2011/12	-	-	-	-	1.2	2.3
2012/13	30	0.6	0.4	0.9	1.3	2.4
2013/14	19	0.4	0.2	0.6	1.4	2.6
2014/15	20	0.4	0.2	0.6	1.6	2.8
2015/16	7	0.1	0.1	0.3	1.9*	3.1
2016/17	9	0.2	0.1	0.3	2.2*	3.3
2017/18	10	0.2	0.1	0.3	2.2	3.4

Source: Ministry of Housing, Communities & Local Government

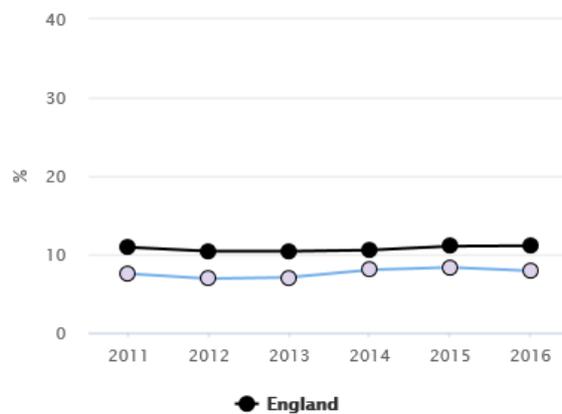
Quintiles: Best      Worst  Not applicable

Trends for Vale of White Horse All in South East regio

### Fuel poverty New data

Vale of White Horse

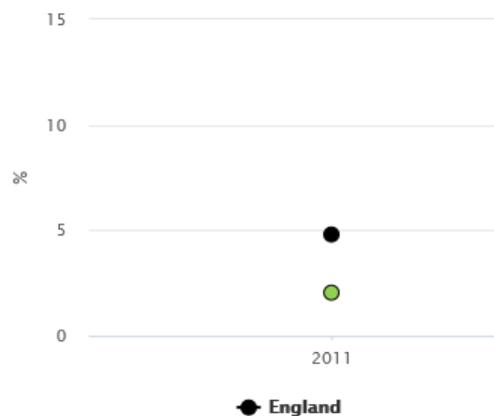
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### Overcrowded households New data

Vale of White Horse

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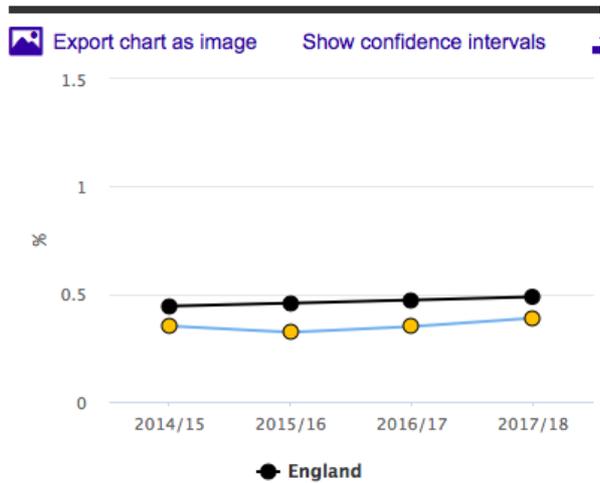


Lowest quintile in England – Fuel Poverty

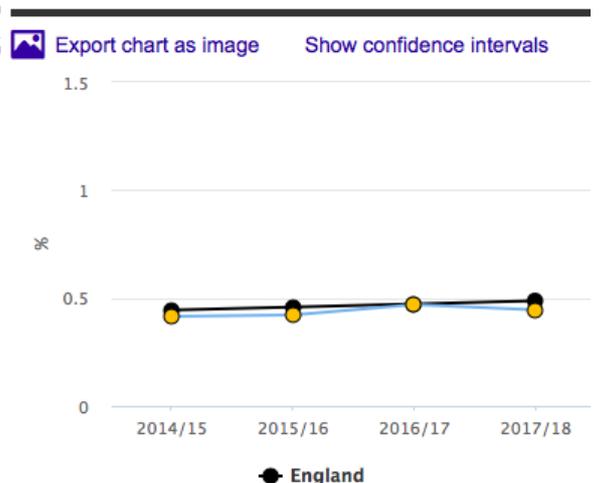
Vulnerable population groups	Learning Disability Prevalence Care Home Patients	Learning Disability Profiles <a href="https://fingertips.phe.org.uk/profile/learning-disabilities">https://fingertips.phe.org.uk/profile/learning-disabilities</a> GP reported prevalence, QOF, GP Practice Level Data <a href="https://fingertips.phe.org.uk/profile/general-practice">https://fingertips.phe.org.uk/profile/general-practice</a>
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The proportion of people with a learning disability in Wantage and Grove is similar to the national average, at almost 0.5%. However, the proportion of people living in nursing homes is significantly higher than the national average, at around 0.7% compared to 0.5% nationally.

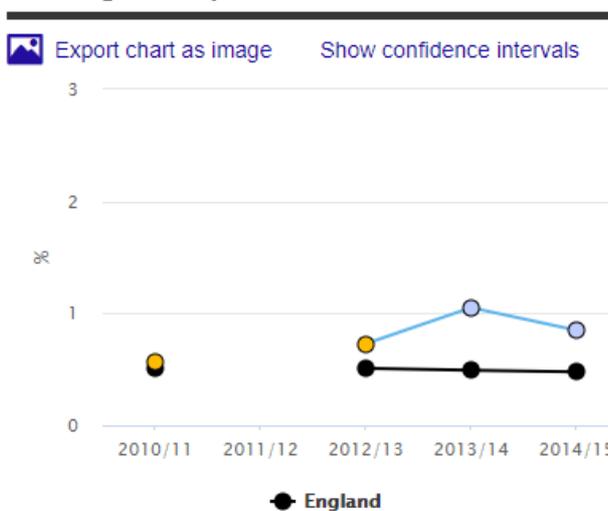
**Learning disability: QOF prevalence** Newbury Street



**Learning disability: QOF prevalence** Church Street



**Nursing home patients** Newbury Street Practice

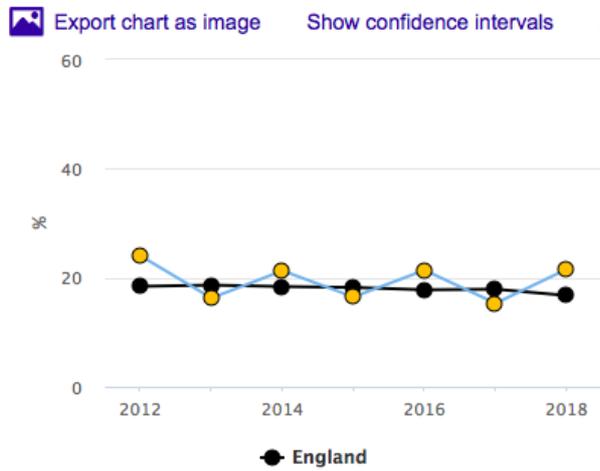


**Nursing home patients** Church Street Practice

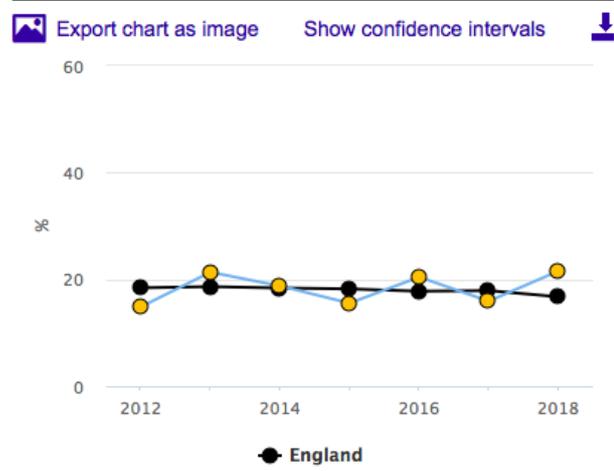


Around 20% of the population in OX12 have caring responsibilities, which is similar to the national average. The proportion of young carers and total unpaid carers is significantly lower in the Vale of White Horse, compared to the national average.

### % with caring responsibility Newbury Street Practice



### % with caring responsibility Church Street Practice



### Children providing unpaid care (aged 0-15) New data Vale of White Horse

Proportion - %



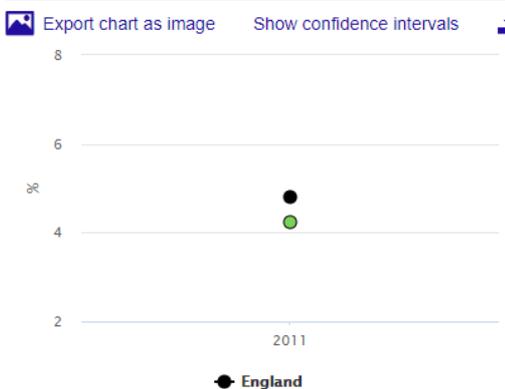
Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2011	196	0.85%	0.74%	0.97%	1.06%*	1.11%

Source: Census

### Young people providing unpaid care (aged 16-24) New data Vale of White Horse

Proportion - %



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2011	498	4.2%	3.9%	4.6%	4.2%*	4.8%

Source: Census

Young people providing 20+ hours/week of unpaid care (aged 16-24) New data Vale of White Horse Proportion - %

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2011	92	0.8%	0.6%	1.0%	1.0%*	1.3%

Source: Census

Unpaid carers New data Vale of White Horse Proportion - %

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2011	2,220	1.83%	1.76%	1.91%	2.01%	2.37%

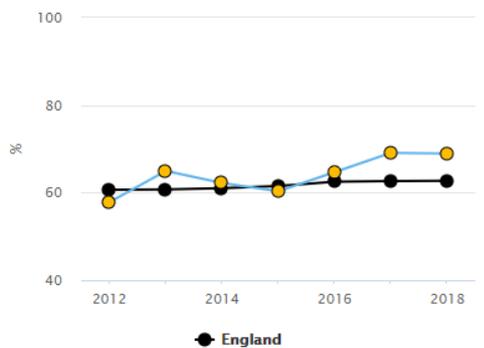
Source: Census

Employment	Income, Hours worked	<a href="https://www.ons.gov.uk/employmentandlabourmarket">https://www.ons.gov.uk/employmentandlabourmarket</a> <a href="https://fingertips.phe.org.uk/profile/wider-determinants/">https://fingertips.phe.org.uk/profile/wider-determinants/</a>
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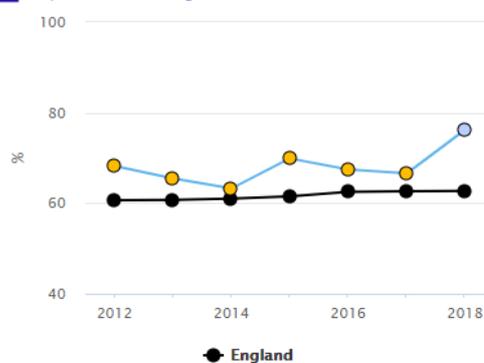
The proportion of the population in work or full-time education is similar in Wantage and Grove to the national average. Importantly, the level of unemployment is very low and significantly lower than the national average. Average weekly earnings in the district are increasing and are significantly higher than England.

Working status - Paid work or full-time education New data Newbury : Working status - Paid work or full-time education New data Church Street

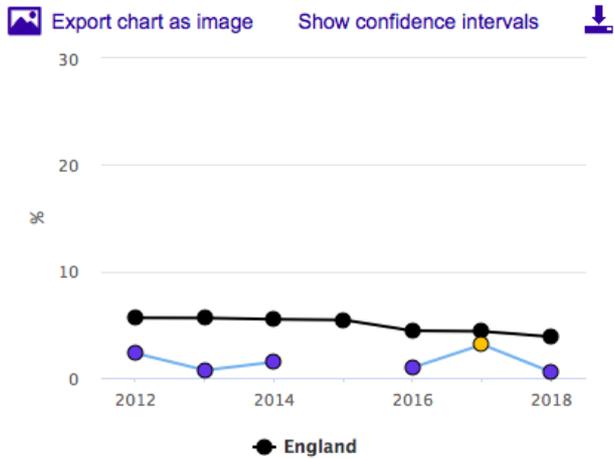
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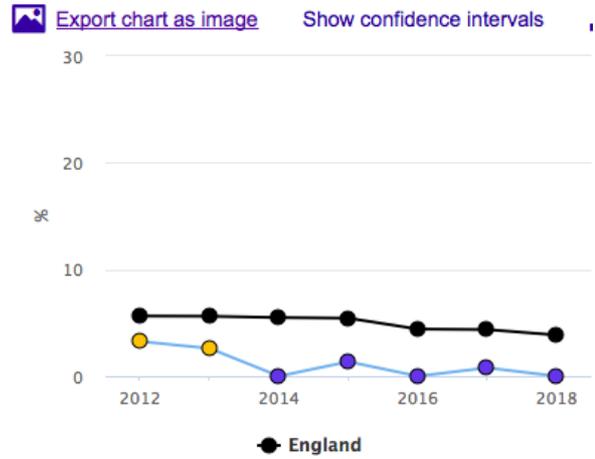
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### Working status - Unemployed Newbury Street Practice

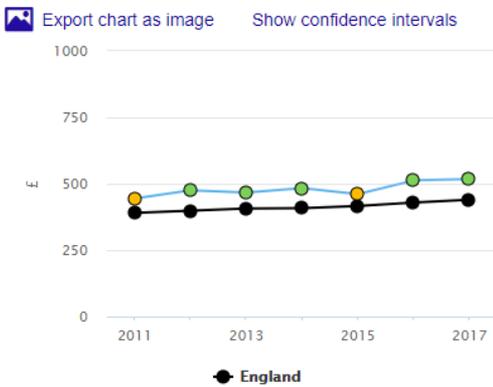


### Working status - Unemployed Church Street Practice



### Average weekly earnings Vale of White Horse

Median - £



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2011	-	£445.0	£383.1	£506.9	£428.0	£390.0
2012	-	£475.7	£415.1	£536.3	£434.6	£398.0
2013	-	£467.1	£414.0	£520.2	£435.6	£406.4
2014	-	£483.3	£429.3	£537.3	£441.9	£408.2
2015	-	£461.2	£401.5	£520.9	£453.7	£415.8
2016	-	£512.4	£451.1	£573.7	£463.8	£429.4
2017	-	£517.5	£454.6	£580.4	£473.8	£440.2

Source: Annual Survey of Hours and Earnings (ASHE), Office for National Statistics

Population demographics	Population numbers, Age, Gender, Ethnicity, Population Change, Immigration	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity">https://www.ons.gov.uk/peoplepopulationandcommunity</a>
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In line with national trends, the population in OX12 is aging and the proportion of people aged 65 and above is steadily increasing. Currently around 20% of the population in OX12 is aged 65+, and this is significantly higher than the national average. The area has a lower proportion of people of working age compared to the County average, and the population has low ethnic diversity.

95+  
90-94  
85-89  
80-84  
75-79  
70-74  
65-69  
60-64  
55-59  
50-54  
45-49  
40-44  
35-39  
30-34  
25-29  
20-24  
15-19  
10-14  
5-9  
0-4

### Registered Persons

<b>Newbury Street Practice</b>	15,446
<b>NHS Oxfordshire CCG</b>	10,326 (average)
<b>ENGLAND</b>	8,035 (average)

### K84019 - Newbury Street Practice

<b>QOF achievement</b>	554.1 (out of 559)
<b>Life expectancy (Male)</b>	81.9 years
<b>Life expectancy (Female)</b>	85.0 years
<b>% having a positive experience of their practice</b>	68.8%



### Ethnicity Estimate

1.1% asian, 1.6% other non-white ethnic groups

### Registered Persons

<b>Church Street Practice</b>	14,378
<b>NHS Oxfordshire CCG</b>	10,326 (average)
<b>ENGLAND</b>	8,035 (average)

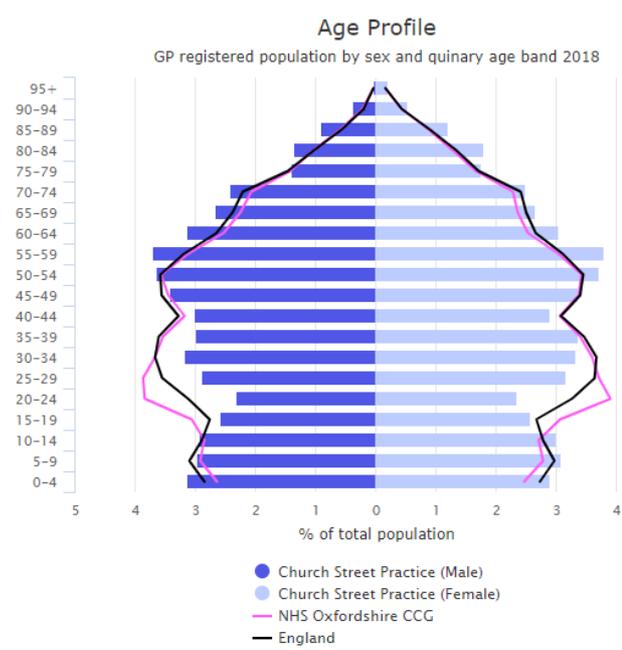
### K84033 - Church Street Practice

<b>QOF achievement</b>	558.7 (out of 559)
<b>Life expectancy (Male)</b>	81.7 years
<b>Life expectancy (Female)</b>	85.0 years
<b>% having a positive experience of their practice</b>	91.9%

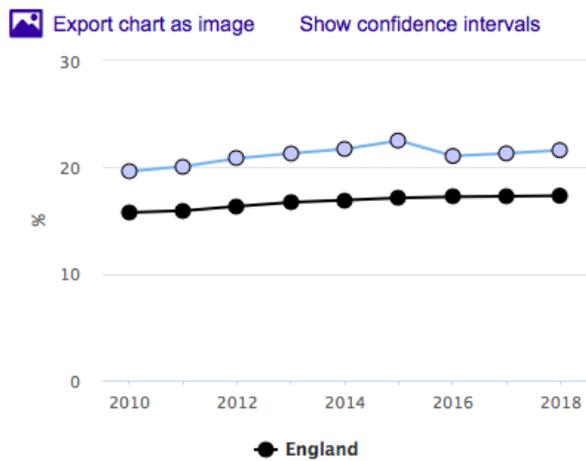


### Ethnicity Estimate

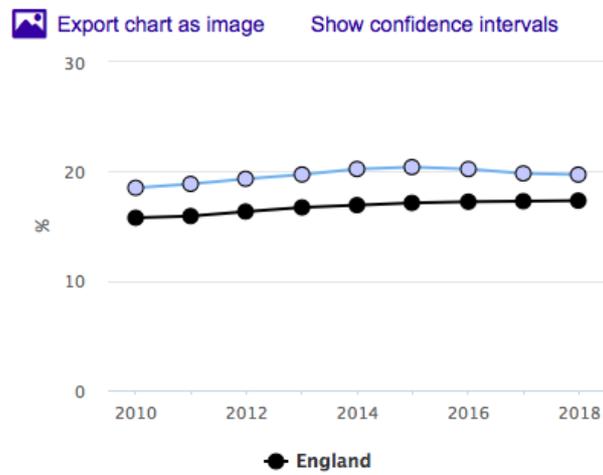
1.1% asian, 1.5% other non-white ethnic groups



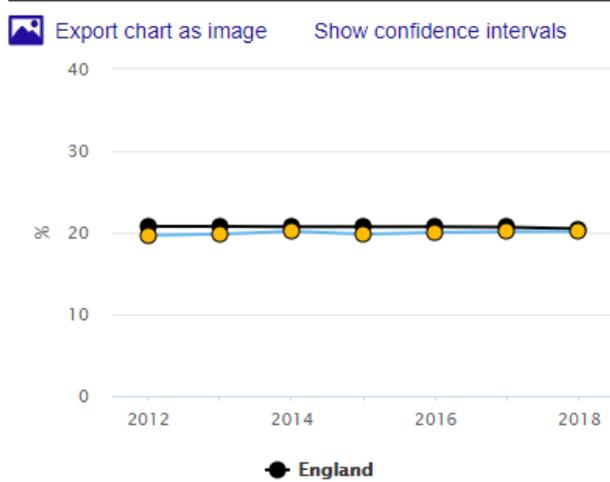
**% aged 65+ years** Newbury Street Practice



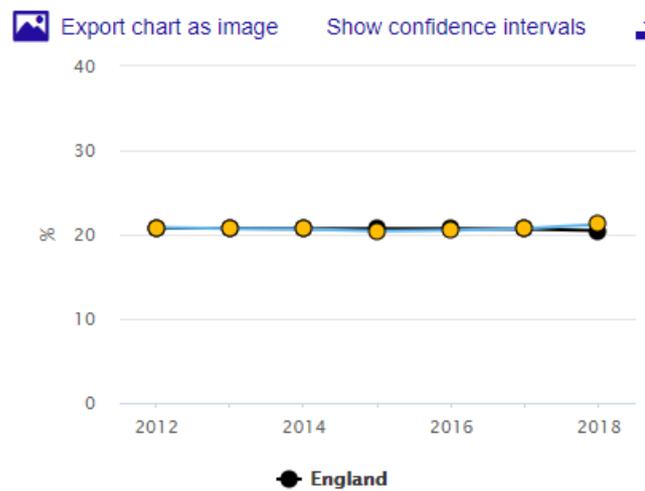
**% aged 65+ years** Church Street Practice



**% aged under 18 years** Newbury Street Practice



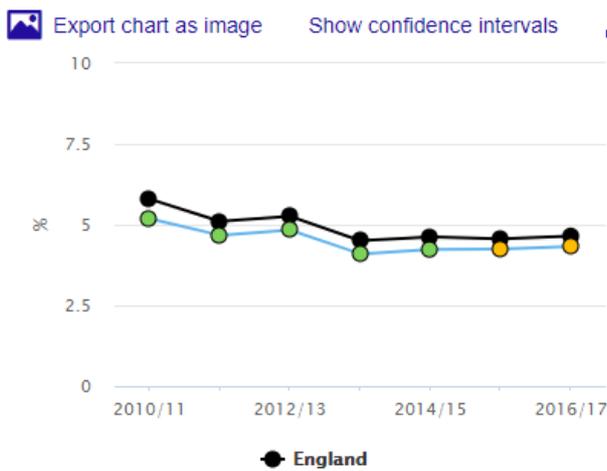
**% aged under 18 years** Church Street Practice



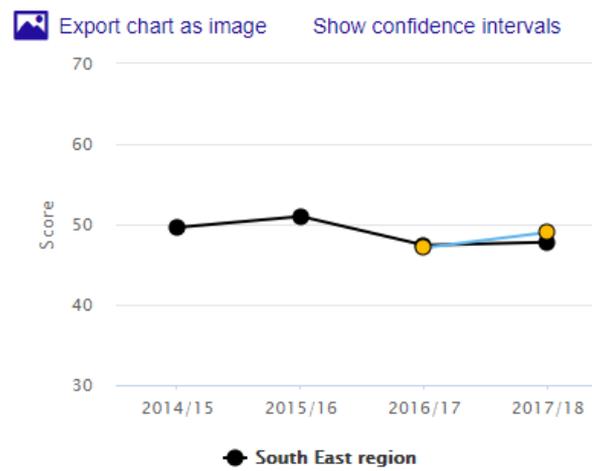
Education	Information education as a wider determinant of health	<a href="https://www.compare-school-performance.service.gov.uk/">https://www.compare-school-performance.service.gov.uk/</a>
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District level data shows similar school attainment scores for pupils completing state secondary school qualifications as compared to national averages. Levels of pupil absence in the Vale of White Horse are also similar to national figures.

### 1.03 - Pupil absence New data Vale of White Horse



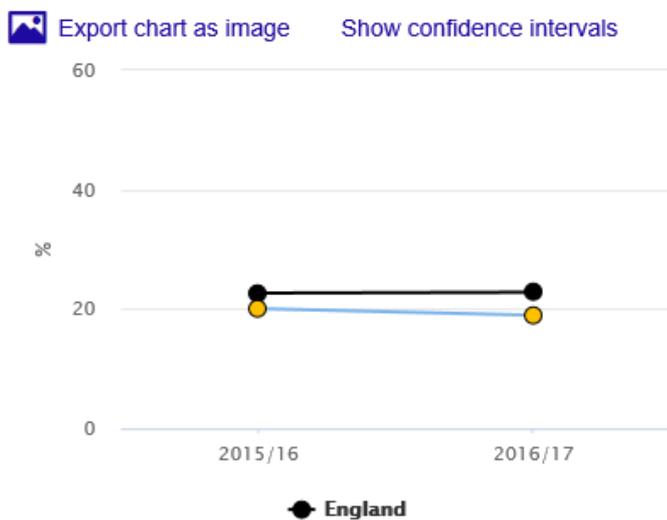
### Average Attainment 8 score Vale of White Horse



Built and natural environment	Information on the wider determinants of health that are linked to the physical environment in which people work and live	<a href="https://fingertips.phe.org.uk/profile/wider-determinants/">https://fingertips.phe.org.uk/profile/wider-determinants/</a>
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District level data shows good levels of active travel, with higher rates of cycling compared to the national average. However, the roads in the district are a cause for concern, with deaths and serious injury on the roads persistently significantly higher than national averages.

### Percentage of adults walking for travel at least three days per week Vale of White Horse



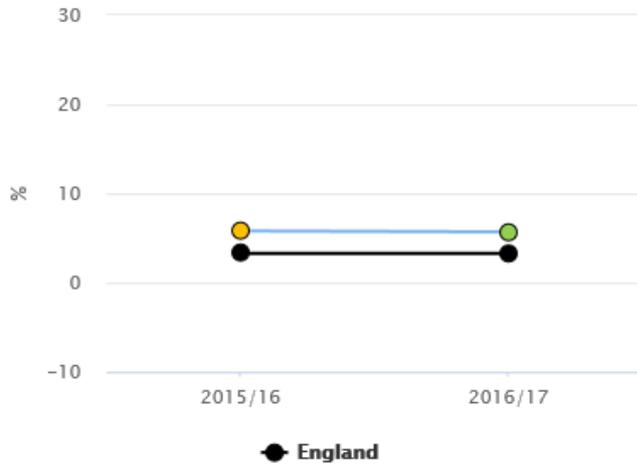
Recent trend: –

Period	Count	Value
2015/16	-	20.1%
2016/17	-	19.0%

Source: Department for Transport (based on Active

## Percentage of adults cycling for travel at least three days per week Vale of White Horse

 Export chart as image
  Show confidence intervals
  Export chart as CSV file



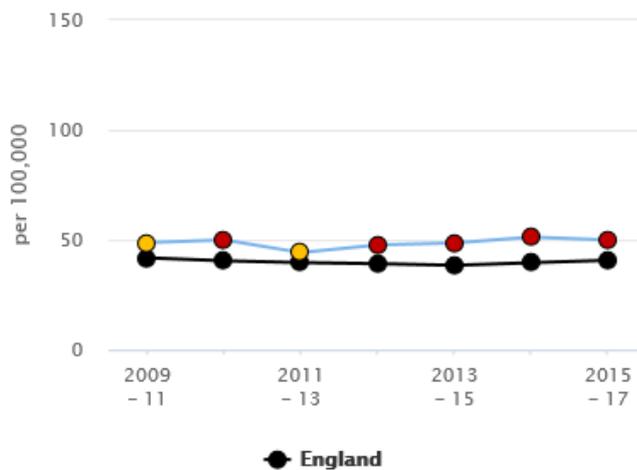
Recent trend: –

Period		Count	Value
2015/16	<span style="color: yellow;">●</span>	-	5.8%
2016/17	<span style="color: green;">●</span>	-	5.7%

Source: Department for Transport (based on Active

## Killed and seriously injured (KSI) casualties on the roads Vale of White Horse

 Export chart as image
  Show confidence intervals
  Export chart as CSV file



Recent trend: –

Period		Count	Value
2009 - 11	<span style="color: yellow;">●</span>	177	48.8
2010 - 12	<span style="color: red;">●</span>	183	50.0
2011 - 13	<span style="color: yellow;">●</span>	163	44.3
2012 - 14	<span style="color: red;">●</span>	177	47.8
2013 - 15	<span style="color: red;">●</span>	182	48.7
2014 - 16	<span style="color: red;">●</span>	195	51.4
2015 - 17	<span style="color: red;">●</span>	193	50.0

Source: Department for Transport

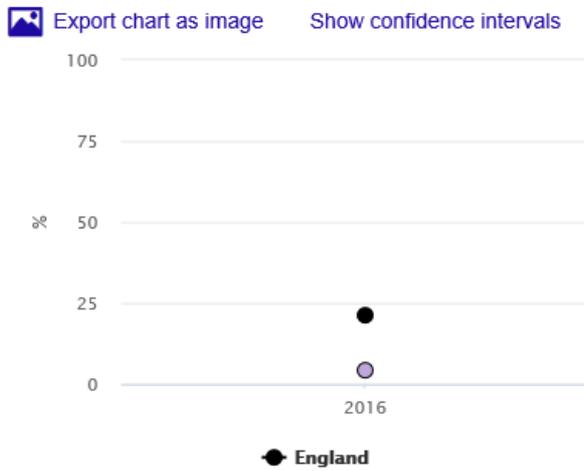
The Access to Healthy Assets & Hazards index is comprised of three domains: access to retail services (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists), access to health services (GP surgeries, A&E hospitals, pharmacies, dentists and leisure centres), and physical environment (access to green spaces, and three air pollutants: NO<sub>2</sub> level, PM<sub>10</sub> level, SO<sub>2</sub> level). The AHAAH index provides a summary of an area's relative performance on these indicators (the second and third domains conceptualised as health promoting and the first (access to retail) as health demoting). It therefore provides information on how conducive to good health an area is relative to other areas, for the specific indicators.

[https://maps.cdrc.ac.uk/#/indicators/ahah\\_physical/default/BTTTTFT/12/-1.3619/51.6375/](https://maps.cdrc.ac.uk/#/indicators/ahah_physical/default/BTTTTFT/12/-1.3619/51.6375/)

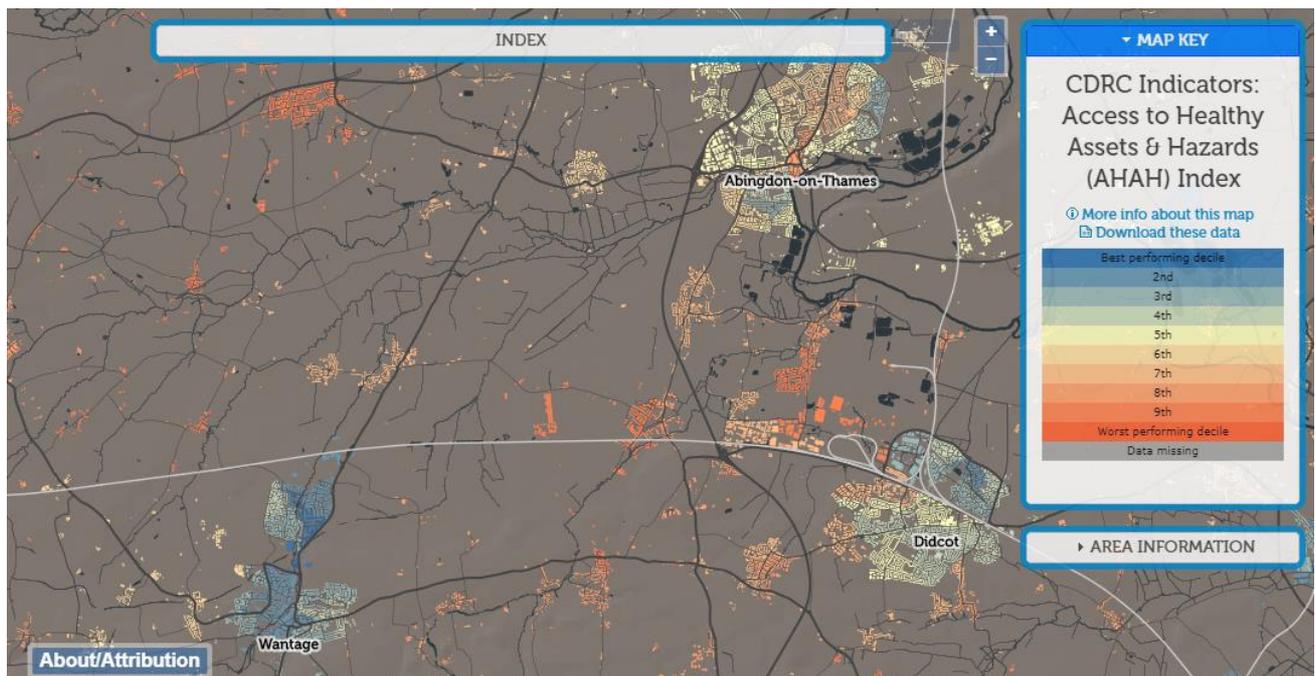
Quintiles: Best      Worst  Not applicable

Trends for **Vale of White Horse** All in South East reg

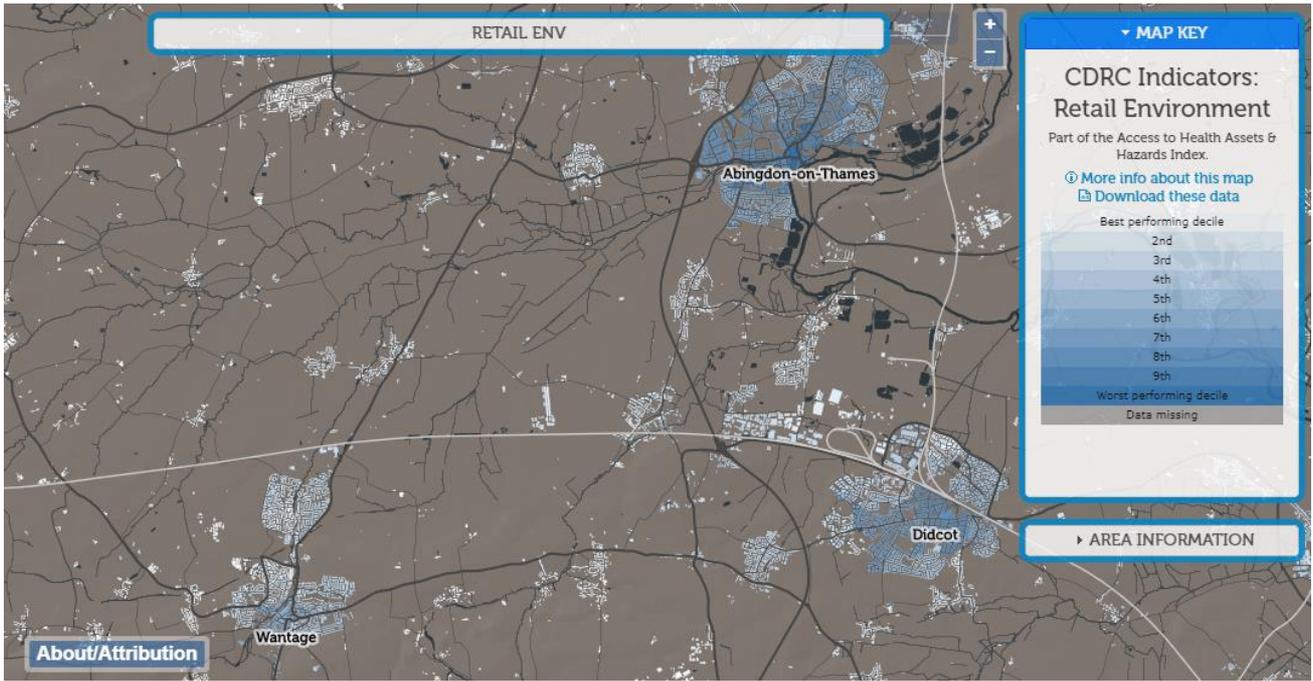
### Access to Healthy Assets & Hazards Index



Overall health and hazards score places Wantage and Grove towards the best performing deciles in the Country (i.e. a generally health promoting rather than health harming environment).

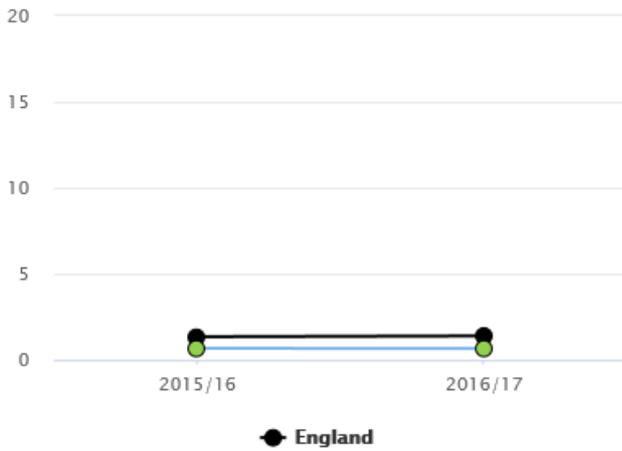


Wantage and Grove are in the best performing decile for distance to off-licence and tobacconist (longer distance). Grove compares better than Wantage for distance to fast food outlets (higher density of fast food outlets in Wantage). Overall, the retail environment is towards the better (health promoting) performing end of the scale.



### Number of premises licensed to sell alcohol per square kilometre Vale of White Horse

[Export chart as image](#)   
 [Show confidence intervals](#)   
 [Export chart as CSV file](#)



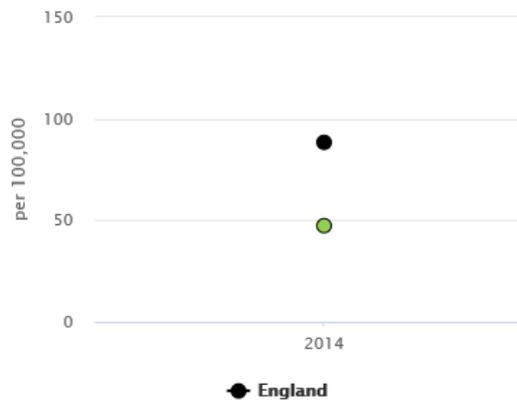
Recent trend: —

Period		Count	Value
2015/16	●	392	0.7
2016/17	●	382	0.7

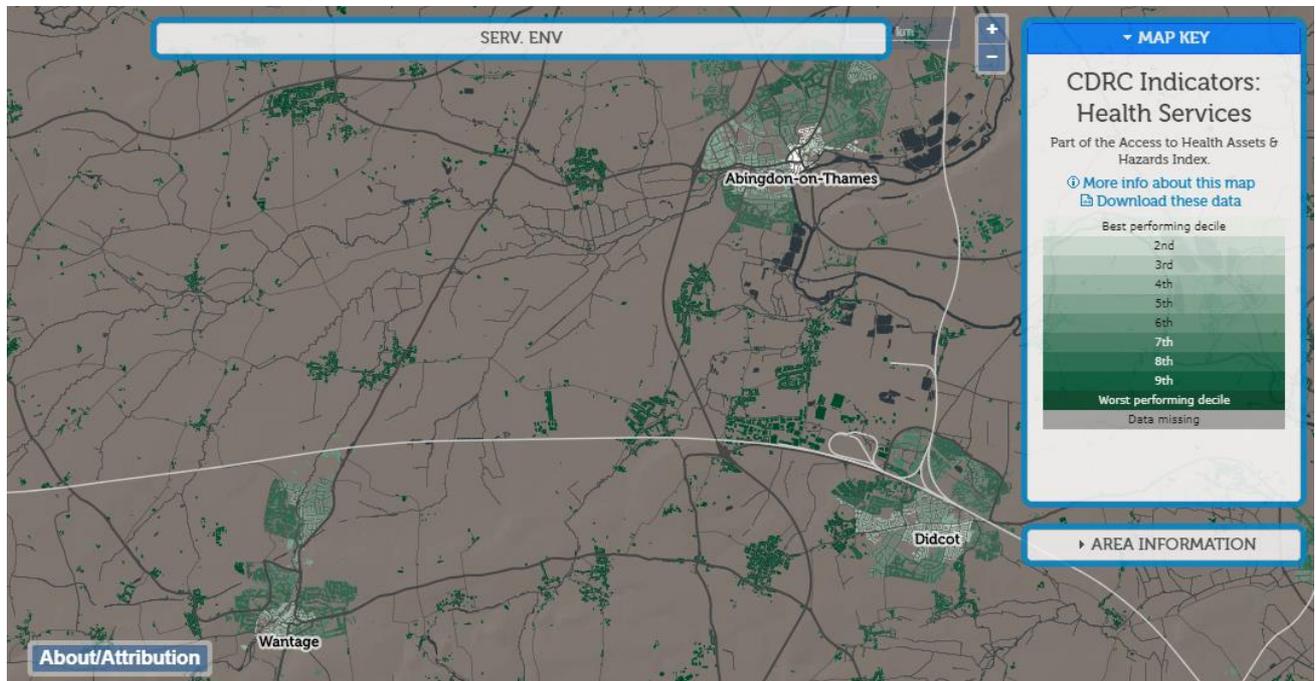
Source: Public Health England: Risk Factors Intelligence (Home Office).

### Density of fast food outlets Vale of White Horse

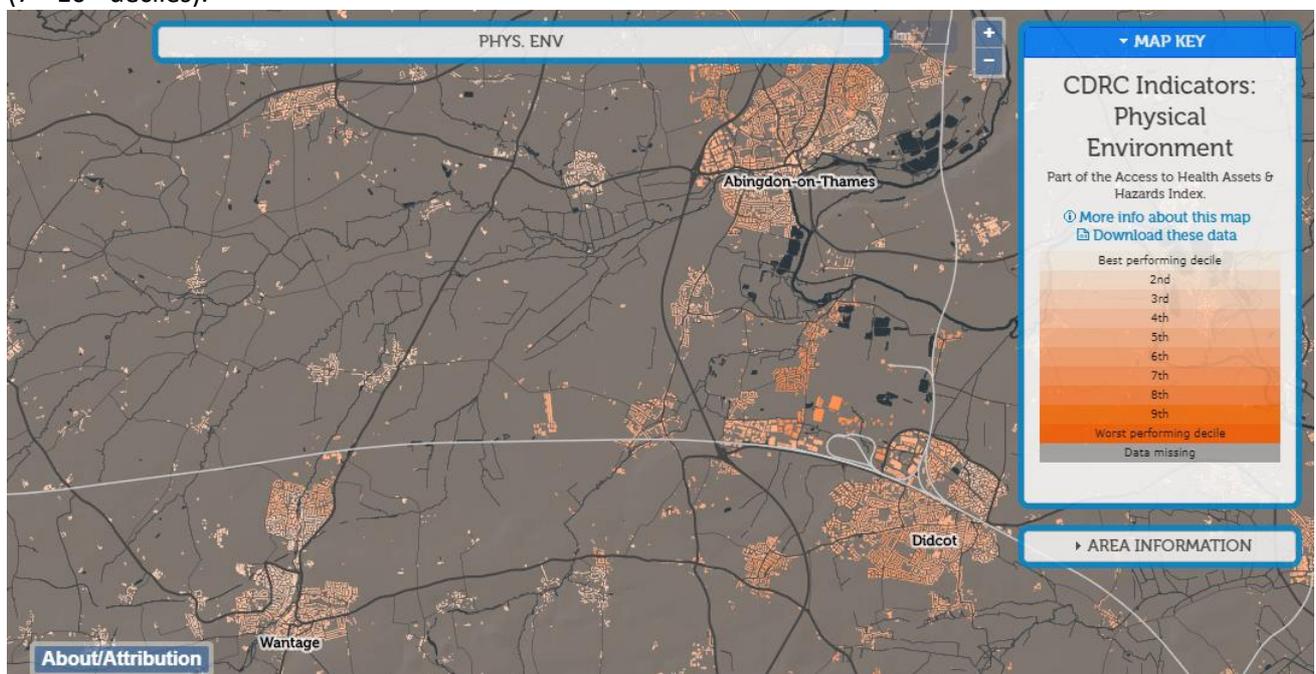
[Export chart as image](#)   
 [Show confidence intervals](#)



Access to health services varies across Wantage and Grove, with GP's and dentists harder to access in the South of Wantage. Hospital and A&E access is low in Wantage and Grove, similarly to other rural towns. Pharmacy access is higher in areas of Wantage compared to Grove. Access to leisure facilities is high in Wantage. The overall access to health services varies from the 4<sup>th</sup> to the 8<sup>th</sup> decile across Wantage and Grove.



The overall physical environment in Wantage and Grove is towards the better performing deciles – ranging between 3<sup>rd</sup> and 5<sup>th</sup> deciles. Air pollution is generally low, although access to green space scores less well (7<sup>th</sup>-10<sup>th</sup> deciles).



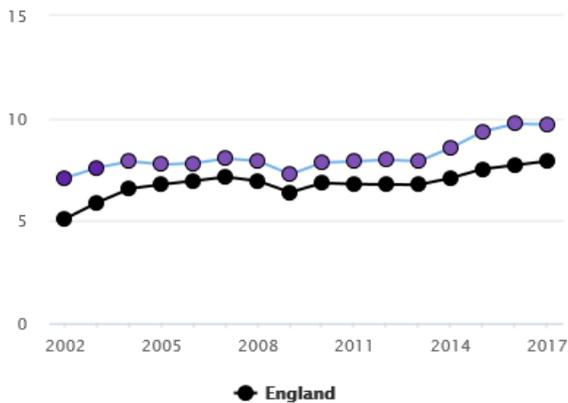
Access to affordable homes is a significant issue in the district as a whole, with affordability of home ownership amongst the worst in the country.

Quintiles: Best     Worst  Not applicable

Trends for **Vale of White Horse** All in South East region

### Affordability of home ownership Vale of White Horse

 Export chart as image [Show confidence intervals](#) 



Highest quintile – affordable homes

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**Housing developments are planned in Wantage and Grove**, with just over 500 homes planned for Grove Airfield, and around 500 planned for North East Wantage by 2022. Population forecasts estimate an increase of 23,000 people in the Vale of White Horse by 2023.

## Health and Wellbeing Place Profile for South West Oxfordshire 2018

Over the next five years, 2018 to 2022, the areas with the largest numbers of additional homes are expected to be:

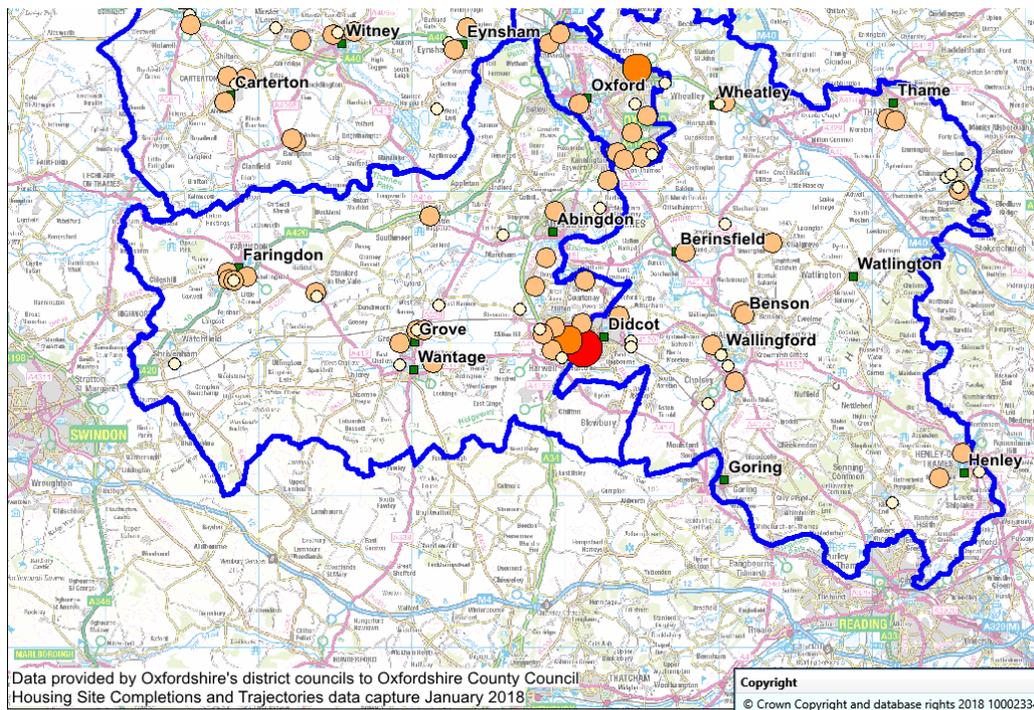
South Oxfordshire (to 2022)

- Great Western Park, Didcot (over 1,000 homes)
- North East Didcot (over 300 homes)
- Sites over 200 homes (within this timeframe) in Benson, Thame, Harpsden, Wallingford.

Vale of White Horse (to 2022)

- Harwell to the West of Great Western Park (two schemes 600 + 500 homes)
- Grove (Grove Airfield, over 500 homes)
- North East Wantage (around 500 homes)

**Figure 1 Expected housing growth (homes per site) April 2017 to March 2022**



## Population forecast

Oxfordshire County Council’s updated local population forecasts include the expected housing growth (as of January 2018) in adopted and draft district local plans.

Between 2018 and 2023, the population of Vale of White Horse district is expected to increase from **134,800 to 157,800**, by 23,000 people (+17%).

Over this 5-year period there are expected to be an additional 300 babies aged under 1 and 800 older people aged 85+.

This forecast is very dependent on the growth in new housing in the area and is likely to be a “higher growth” scenario. A comparison between the County Council housing-led forecasts and the ONS trend-based projections (which do not take into account housing growth) for Vale of White Horse shows:

- Overall a significantly higher growth in overall population, young people, babies and working age people forecast for Vale of White Horse District by the County Council forecasts (based on expected growth in housing).
- A similar increase in the oldest aged group (aged 85+) predicted by both the County Council and ONS.

**Table 1 Vale of White Horse district: Predicted growth in population to 2023 for selected age groups, Oxfordshire County Council housing-led forecasts vs ONS projections**

Vale of White Horse	Oxfordshire County Council (housing led)					ONS	
	2013	2018	2023	2018 to 2023	%	2018 to 2023	%
babies aged	1,400	1,500	1,800	300	20%	-	0%

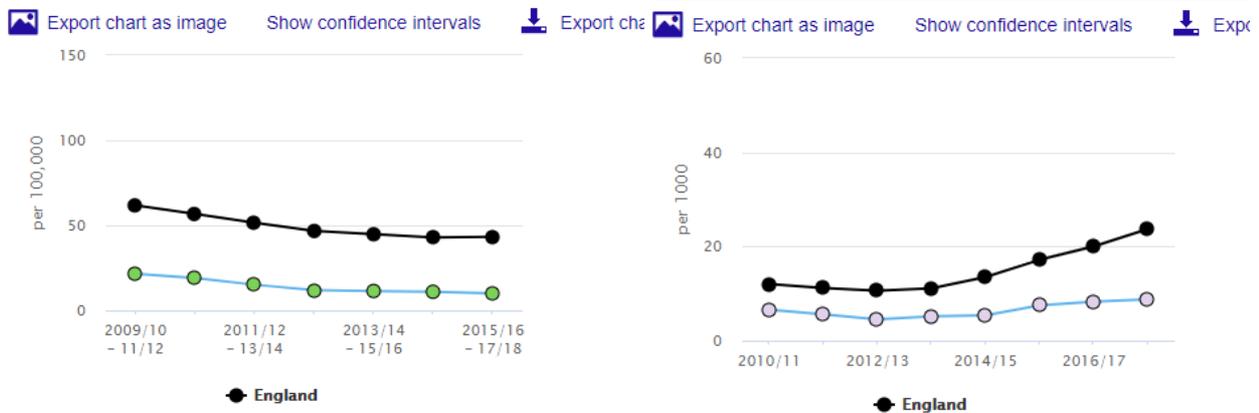
under 1							
aged 0-17	26,700	28,700	34,000	5,300	18%	1,100	4%
aged 18-64	73,200	79,100	93,100	14,000	18%	1,000	1%
aged 65+	23,700	26,900	30,600	3,700	14%	2,700	10%
aged 85+	3,200	3,900	4,700	800	21%	700	18%
all ages	123,500	134,800	157,800	23,000	17%	4,800	4%

Sources: Oxfordshire County Council housing-led forecasts (released Apr18); ONS 2016-based population projections; totals may not sum due to rounding

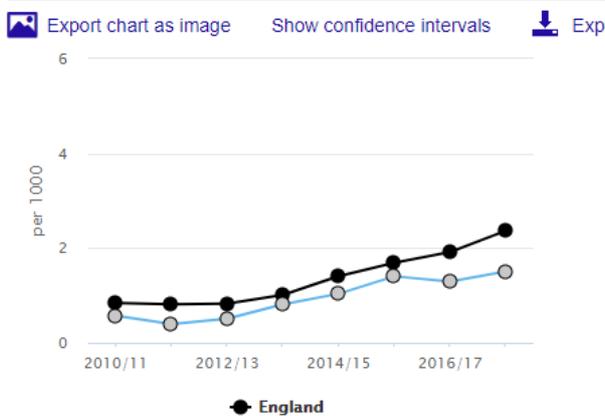
Crime and criminal justice	<a href="https://fingertips.phe.org.uk/profile/wider-determinants/">https://fingertips.phe.org.uk/profile/wider-determinants/</a>
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Rates of violent crime and hospital admissions for violence are low in the Vale of White Horse compared to national figures and hospital admissions are decreasing over time. Re-offending is also lower than national data, at around 20%. The rates of violent and sexual offences are however increasing over time, in-line with national trends.

**Violent crime: Rate of hospital admissions for violence** **Violent crime: Rate of violent offences** Vale of White Horse



**Violent crime: Rate of sexual offences** Vale of White Horse



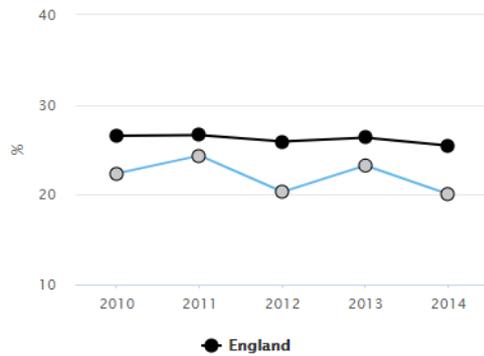
## Re-offending: Percentage of offenders who re-offend

New data

Vale of White Horse

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: →

Period	Count	Value	Lower CI	Upper CI	South East region	England
2010	178	22.4%	19.6%	25.4%	24.9%*	26.5%
2011	186	24.3%	21.4%	27.5%	25.0%*	26.6%
2012	142	20.3%	17.5%	23.5%	24.7%*	25.9%
2013	172	23.2%	20.3%	26.4%	24.6%	26.4%
2014	127	20.1%	17.1%	23.4%	23.6%	25.4%

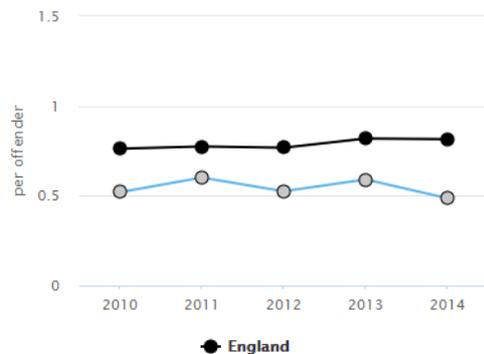
Source: Ministry of Justice

## Re-offending: Average number of re-offences per offender

Vale of White Horse

Crude rate - per offender

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: →

Period	Count	Value	Lower CI	Upper CI	South East region	England
2010	414	0.52	0.47	0.57	0.74	0.76
2011	459	0.60	0.55	0.66	0.75	0.77
2012	367	0.53	0.47	0.58	0.76	0.77
2013	437	0.59	0.54	0.65	0.79	0.82
2014	308	0.49	0.43	0.54	0.78	0.82

Source: Ministry of Justice

## Enhanced Experience of Care

Category	Metric	Measure / Data source
Secondary Care service User Experience	PRMOS, Cancer patient experience survey, CQC (leadership and care quality by broad specialty)	CQC insight tool <a href="https://qrp.cqc.org.uk/Login.aspx?ReturnUrl=%2f">https://qrp.cqc.org.uk/Login.aspx?ReturnUrl=%2f</a>

The Care Quality Commission has inspected two residential homes; three nursing homes; five homecare agencies; two dentists and the two GP surgeries in Wantage and Grove. The Community Hospital has not been inspected by the CQC. All but one service (a nursing home) have an overall GOOD rating, with services considered safe, effective, caring, responsive and well-led.

<https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

Key

Green = Good

Amber = Requires improvement

Red = Inadequate

Rating	Safe	Effective	Caring	Responsive	Well-led	Overall

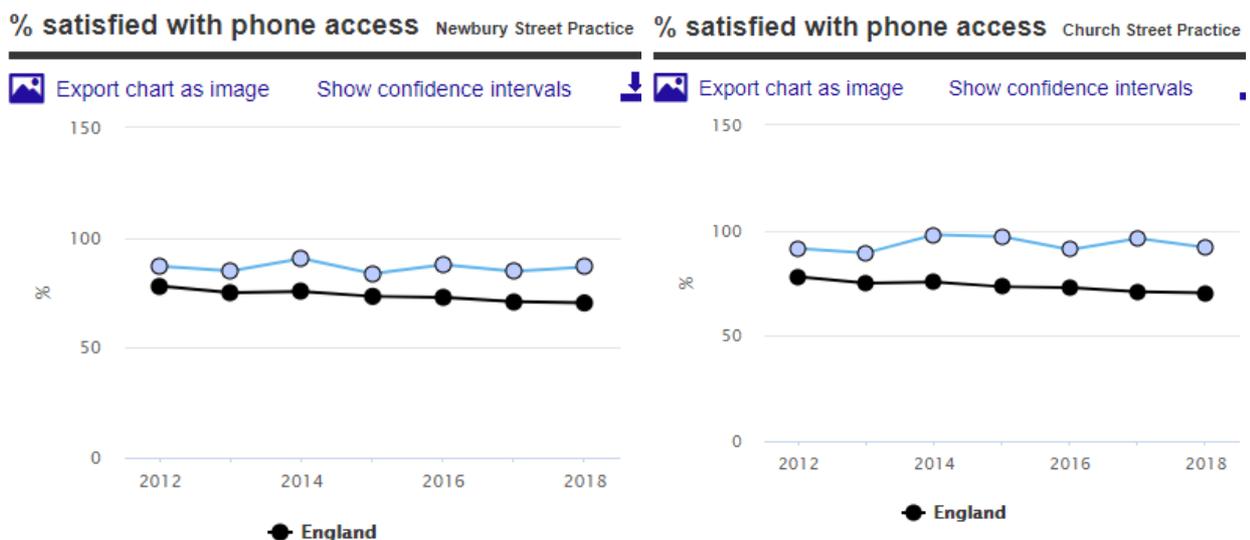


<https://www.cqc.org.uk/provider/RNU/survey/6#undefined>

[www.cqc.org.uk/cmhsurvey](http://www.cqc.org.uk/cmhsurvey)

<p>Primary Care Experience</p>	<p>Written complaints, Patient satisfaction surveys, Extended access, CQC data</p>	<p>GP Patient Survey            All data at the GP Hub  <a href="https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub">https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub</a>            GP practice profiles – PHE Fingertips  <a href="https://fingertips.phe.org.uk/profile/general-practice">https://fingertips.phe.org.uk/profile/general-practice</a></p>
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GP Survey data from Wantage and Grove practices, suggests that the proportion of patients who are satisfied with phone access to the surgery is consistently higher than national average, with over 90% of survey respondents reporting very or fairly easy access. Satisfaction with available appointment times is similar to national figures. Overall, more than 75% of survey respondents report very good or fairly good experience of making appointments.



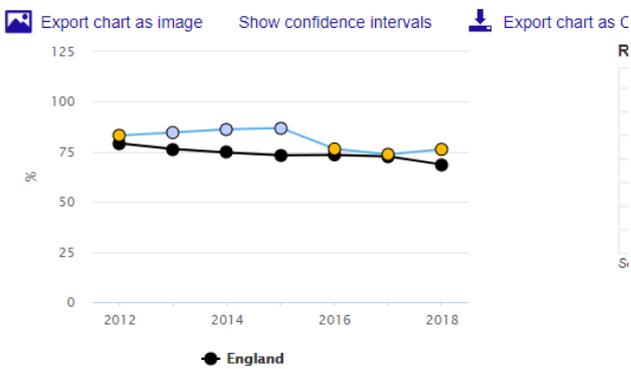
% satisfied with practice appointment times **Newbury**



% satisfied with practice appointment times **Church**



% reporting good overall experience of making appointment



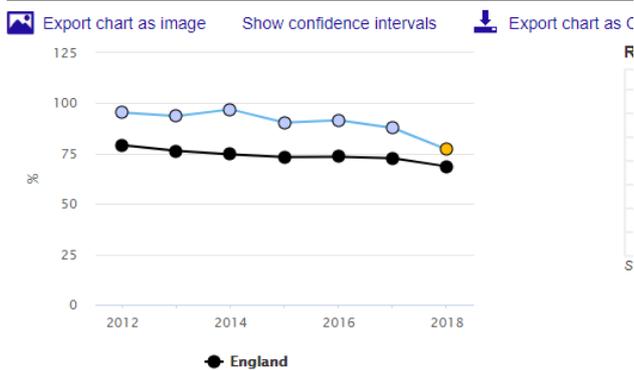
<https://www.gp-patient.co.uk/SurveysAndReports>

Total survey forms distributed	281	230				
Total completed forms received	133	114				
Response rate (%)	47%	50%				
Practice name	NEWBURY STREET PRACTICE	CHURCH STREET PRACTICE			NEWBURY STREET PRACTICE	CHURCH STREET PRACTICE
Ease of getting through to someone at GP practice on the phone - Total responses	204	184	Helpfulness of receptionists at GP practice - Total responses		204	184
% Very easy	22%	28%	% Very helpful		46%	47%
% Fairly easy	62%	62%	% Fairly helpful		49%	44%
% Not very easy	12%	7%	% Not very helpful		3%	4%
% Not at all easy	1%	1%	% Not at all helpful		1%	0%
% Haven't tried	4%	2%	% Don't know		1%	4%
Ease of getting through to someone at GP practice on the phone - Total responses excluding those who haven't tried	197	180	Helpfulness of receptionists at GP practice - Total responses excluding those who don't know		201	176
	<b>% Easy (total)</b>			<b>% Helpful</b>	<b>% Helpful (total)</b>	
	87%	92%			96%	96%

95% confidence interval		Lower limit	79%	84%	95% confidence interval		Lower limit	90%	89%
		Upper limit	92%	96%			Upper limit	99%	99%
Method of booking general practice appointment in the past 12 months - Total responses			202	184	Awareness of online services offered by GP practice - Total responses			200	182
% In person			40%	30%	% Booking appointments online			39%	57%
% By phone			82%	87%	% Ordering repeat prescriptions online			42%	61%
% By automated telephone booking			0%	2%	% Accessing medical records online			15%	7%
% Online including on an app			11%	13%	% None of these			4%	3%
% Via another route, such as NHS 111			5%	4%	% Don't know			38%	30%
% Doesn't apply / none of these			11%	11%					
Ease of using GP practice's website to look for information or access services - Total responses			203	182	Use of general practice online services in past 12 months - Total responses			202	180
% Very easy			7%	12%	% Booking appointments online			14%	17%
% Fairly easy			13%	22%	% Ordering repeat prescriptions online			20%	23%
% Not very easy			6%	3%	% Accessing medical records online			4%	1%
% Not at all easy			1%	0%	% None of these			71%	72%
% Haven't tried			73%	63%					
Ease of using GP practice's website to look for information or access services - Total responses excluding those who haven't tried			55	68					
		<b>% Easy (total)</b>	74%	92%					
95% confidence interval		Lower limit	56%	77%					
		Upper limit	86%	98%					
Satisfaction with general practice appointment times - Total responses			188	165	Awareness of general practice appointment times - Total responses			199	179
% Very satisfied			22%	24%	% Before 8am on at least one weekday			2%	3%
% Fairly satisfied			41%	46%	% Weekdays between 8am and 6.30pm			59%	69%
% Neither satisfied nor dissatisfied			19%	20%	% After 6.30pm on a weekday			14%	18%
% Fairly dissatisfied			7%	6%	% On a Saturday			19%	18%
% Very dissatisfied			10%	3%	% On a Sunday			0%	0%
% I'm not sure when I can get an appointment			1%	0%	% Don't know			38%	29%
Satisfaction with general practice appointment times - Total responses excluding those not sure when they can get an appointment			185	165					
		<b>% Satisfied (total)</b>	64%	70%					
95% confidence interval		Lower limit	54%	59%					
		Upper limit	73%	79%					

Have a preferred GP to see or speak to - Total responses	199	178	Frequency of seeing preferred GP - Total responses		104	100	
% Yes, for all appointments	30%	24%	% Always or almost always		20%	25%	
% Yes, for some appointments but not others	22%	32%	% A lot of the time		28%	34%	
% No	48%	44%	% Some of the time		38%	19%	
% There is usually only one GP in my GP practice	0%	0%	% Never or almost never		10%	11%	
			% I have not tried		3%	11%	
Have a preferred GP to see or speak to - Total responses excluding those with one GP in GP practice	199	178	Frequency of seeing preferred GP - Total responses excluding those who have not tried		101	89	
	<b>% Yes (total)</b>		<b>% Always / A lot</b>	<b>% See their preferred GP always, almost always or a lot of the time (total)</b>			
		52%	56%		51%	66%	
<b>95% confidence interval</b>	Lower limit	43%	45%	<b>95% confidence interval</b>	Lower limit	38%	52%
	Upper limit	62%	66%		Upper limit	63%	79%

#### % reporting good overall experience of making appointment



Friends and Family Test	Friends and family test for: General practice, Ambulance, A&E, Community, Dental, Inpatient, Maternity, Mental Health and Outpatient	<a href="https://www.england.nhs.uk/fft/friends-and-family-test-data/">https://www.england.nhs.uk/fft/friends-and-family-test-data/</a>
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Friends and family test data is only available at national level, and therefore is less helpful for identifying areas for improvement at local level. Nationally, A&E services, the ambulance service, community and mental health services, dental and GP services are rated. Of over 1 million responses in the latest monthly data (February 2019), 85% would recommend urgent care services, and 89% would recommend mental health services to friends and family. For all other services, more than 90% of respondents would recommend these to friends and family.

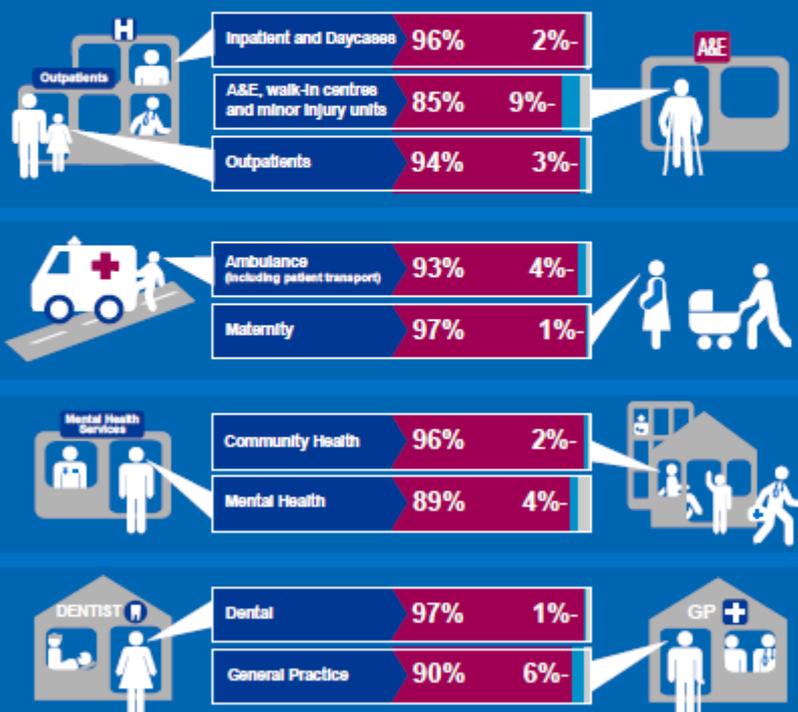
# Friends and Family Test



February 2019

This month there were **1,246,736** responses to the Friends and Family Test. The following numbers show the proportion of responses that would recommend or not recommend these services to a friend or family member.\*

Recommend  
Not Recommend  
Neither/ Don't know



\*Please note that some of these people may have responded to adapted versions of the Friends and Family Test recommend question to support an Inclusive approach.

[www.england.nhs.uk/FFTdata](http://www.england.nhs.uk/FFTdata)

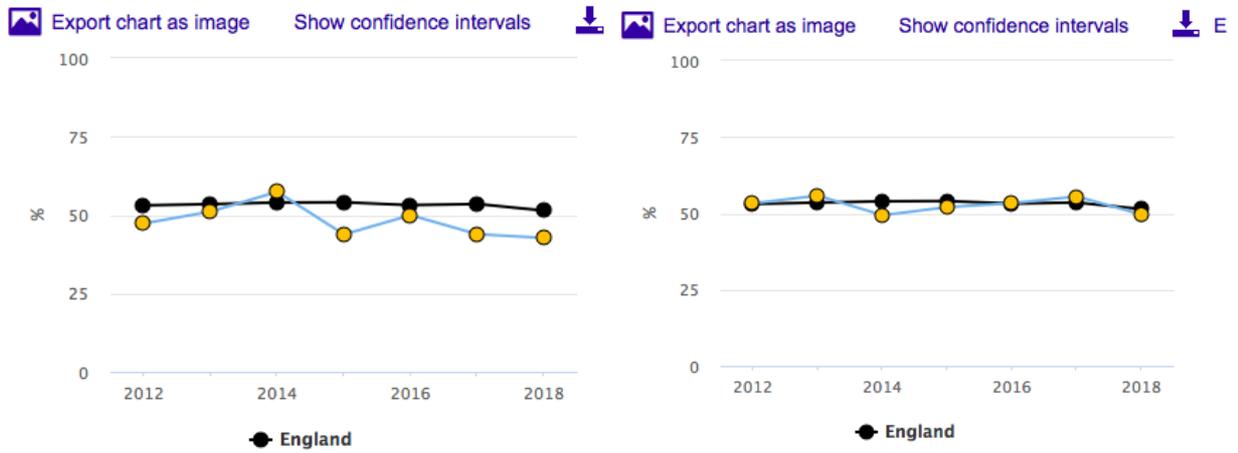
## Improve the Health and Wellbeing of the population

Category	Metric	Measure / Data source
Disease Prevalence	Cancer, CVD, Stroke, Asthma, COPD, Diabetes, Overall MH, Dementia	GP reported disease prevalence, practice Level Data <a href="https://fingertips.phe.org.uk/profile/general-practice">https://fingertips.phe.org.uk/profile/general-practice</a> Disease specific profiles <a href="https://fingertips.phe.org.uk/">https://fingertips.phe.org.uk/</a>

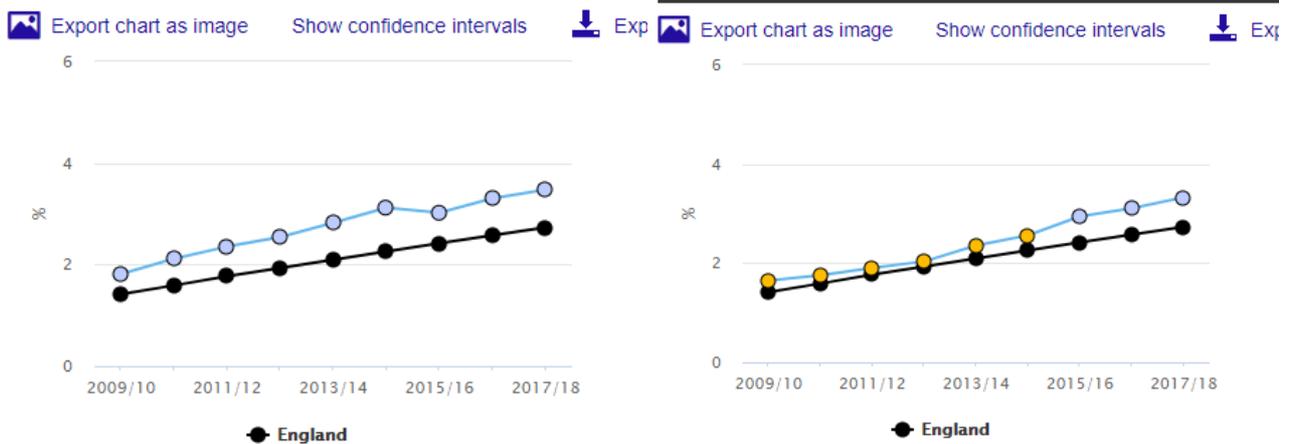
The overall proportion of people with a long-standing health condition in Wantage and Grove GP practices is similar to the national average at around 50%. Rates of cancer, diabetes, atrial fibrillation, depression and dementia are increasing over time. Coronary heart disease is steadily declining, and rates of stroke, heart failure, and asthma remain stable. Current cancer prevalence is higher in Wantage and Grove compared to national figures, at around 3.5% compared to 2.7%. Prevalence of Diabetes, Chronic Obstructive Pulmonary Disease and Serious Mental Illness is significantly below the national average. Currently prevalence of

dementia is similar to national figures at 1% of the total practice population. Around 5% of the adult population have diagnosed diabetes.

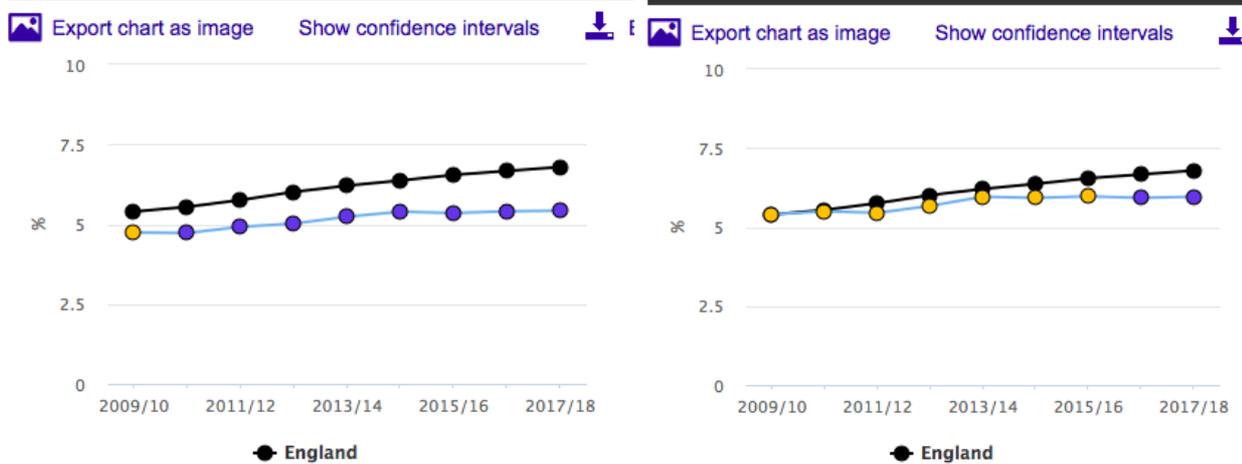
**% with a long-standing health condition** Newbury Str **% with a long-standing health condition** Church Street I



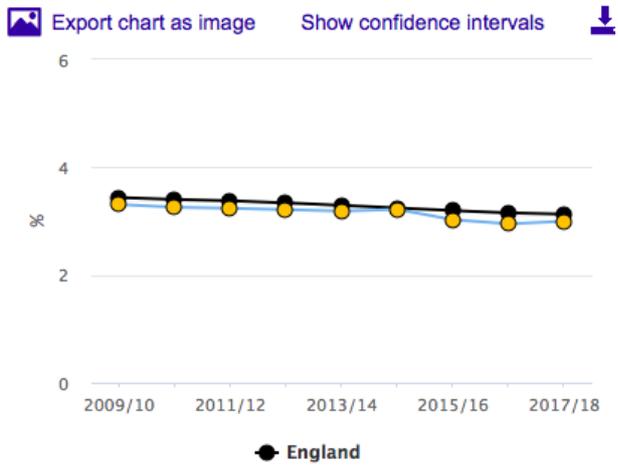
**Cancer: QOF prevalence (all ages)** New data Newbury **Cancer: QOF prevalence (all ages)** New data Church :



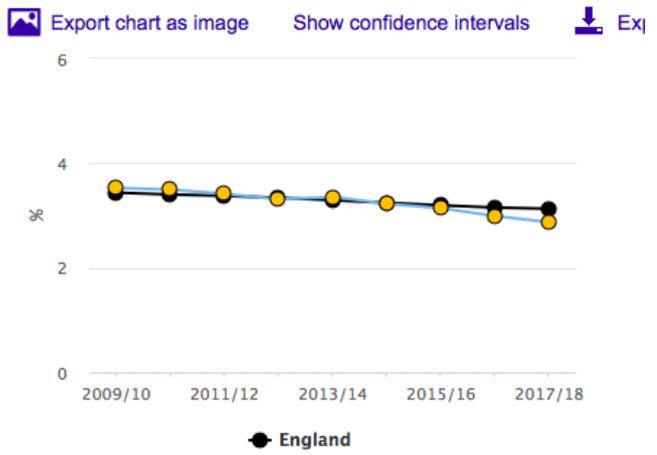
**Diabetes: QOF prevalence (17+)** Newbury Street Practice **Diabetes: QOF prevalence (17+)** Church Street Practice



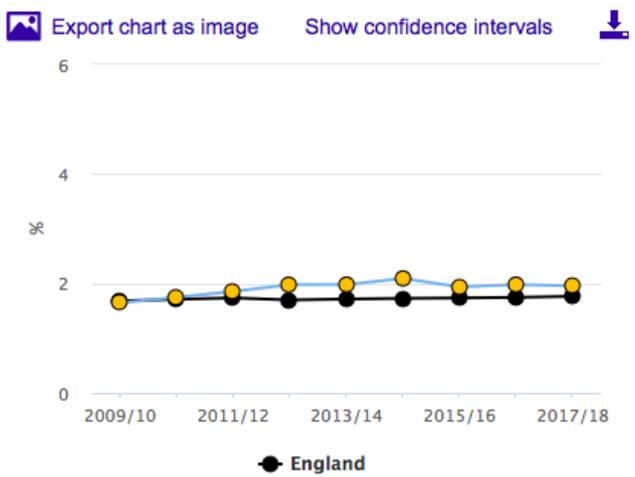
**CHD: QOF prevalence (all ages)** Newbury Street Practice



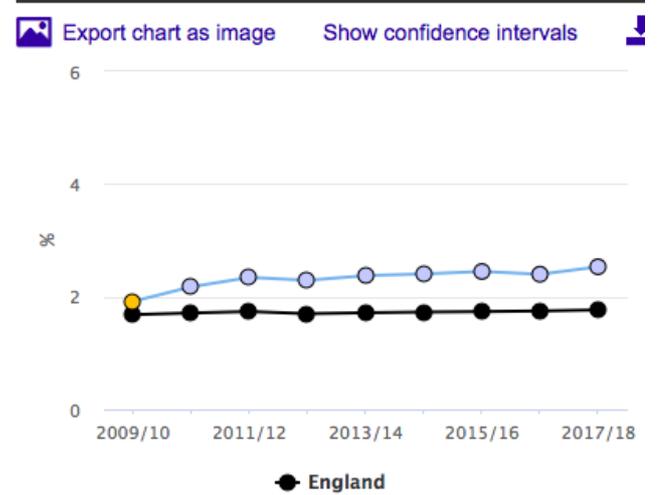
**CHD: QOF prevalence (all ages)** Church Street Practice



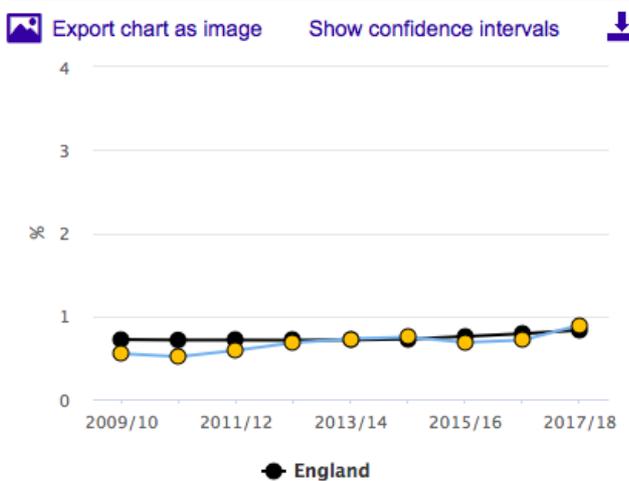
**Stroke: QOF prevalence (all ages)** Newbury Street Practice



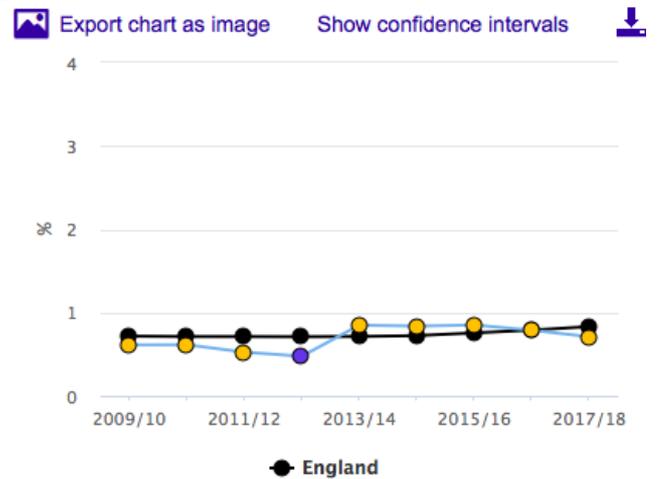
**Stroke: QOF prevalence (all ages)** Church Street Practice



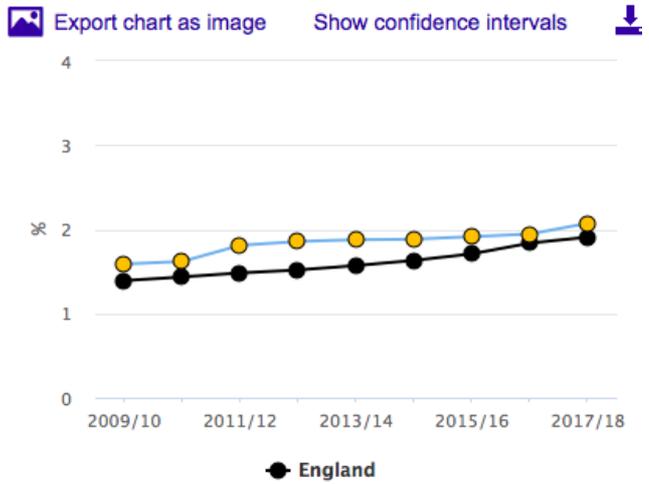
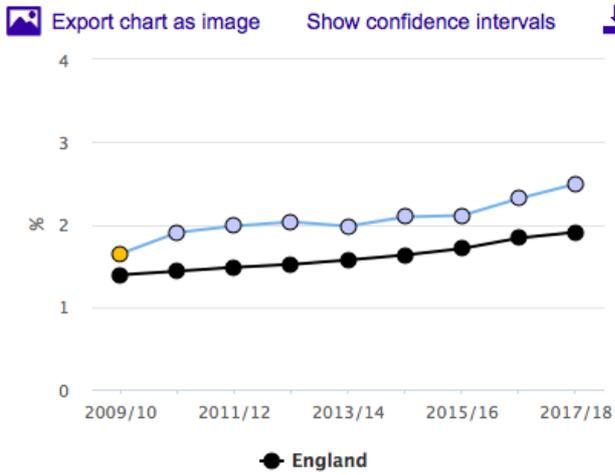
**Heart Failure: QOF prevalence (all ages)** Newbury Str



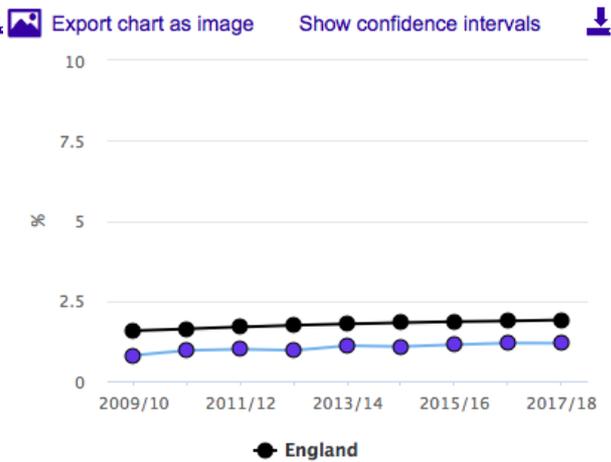
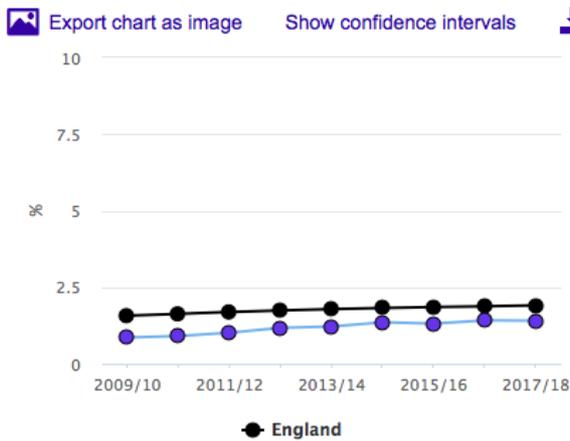
**Heart Failure: QOF prevalence (all ages)** Church Str



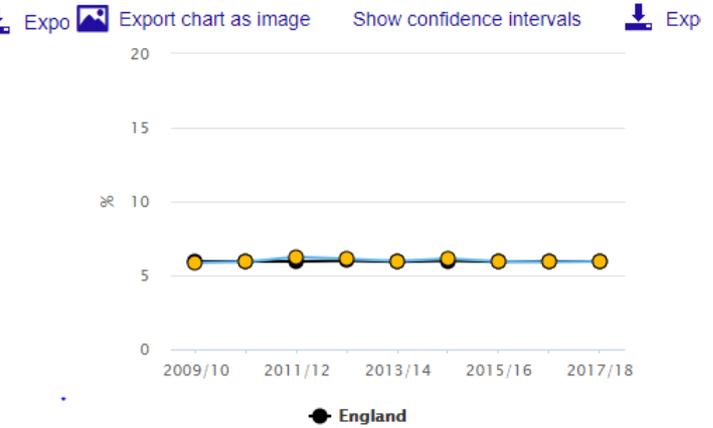
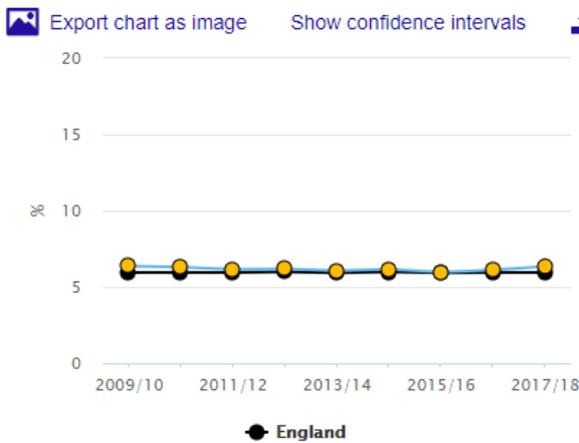
**Atrial fibrillation: QOF prevalence** Newbury Street Practi **Atrial fibrillation: QOF prevalence** Church Street Practic



**COPD: QOF prevalence (all ages)** Newbury Street Practi **COPD: QOF prevalence (all ages)** Church Street Practic

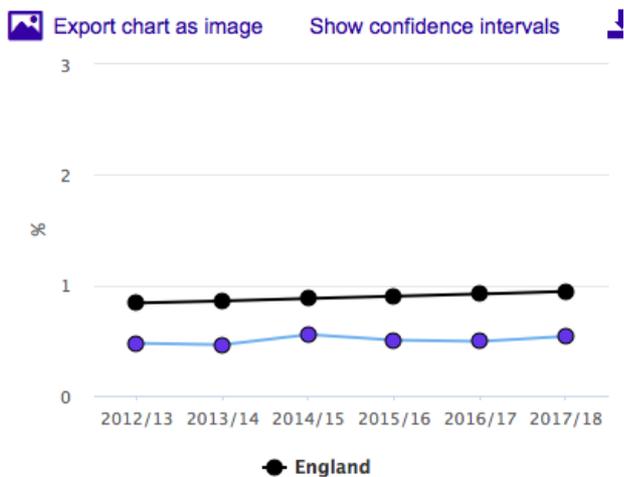


**Asthma: QOF prevalence (all ages)** Newbury **Asthma: QOF prevalence (all ages)** Church

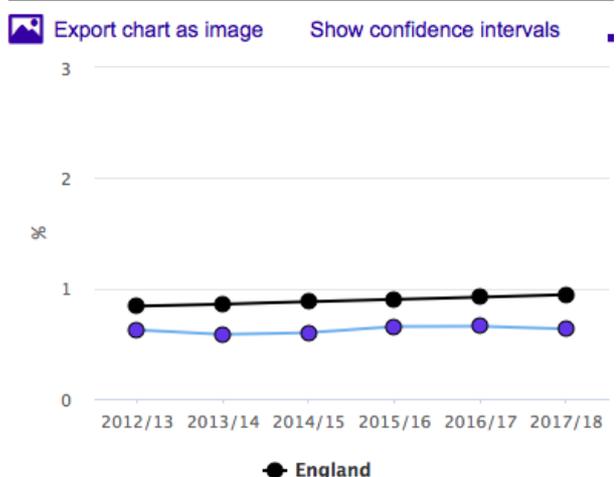


Mental Health

### Mental Health: QOF prevalence (all ages) Newbur



### Mental Health: QOF prevalence (all ages) Church



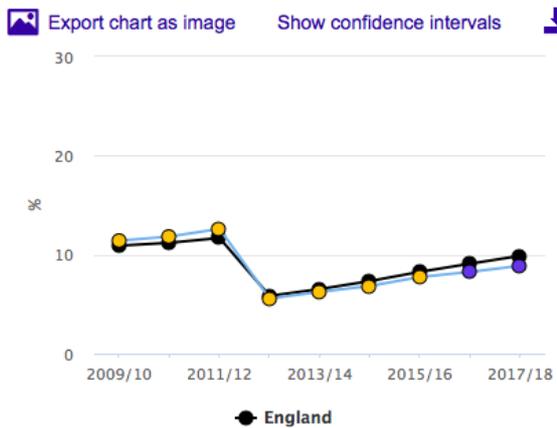
Trends for **K84019 - Newbury Street Practice**

All in Oxford

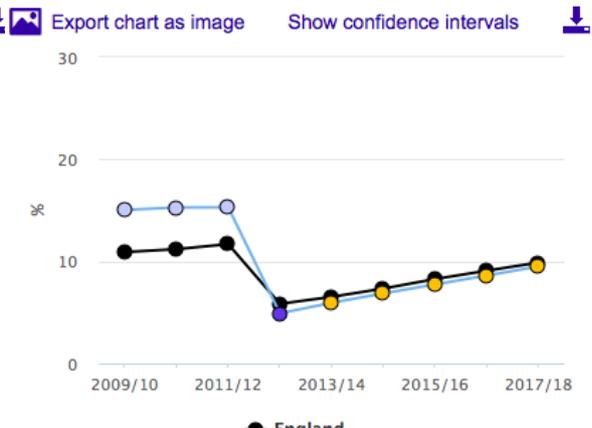
Trends for **K84033 - Church Street Practice**

All in Oxford

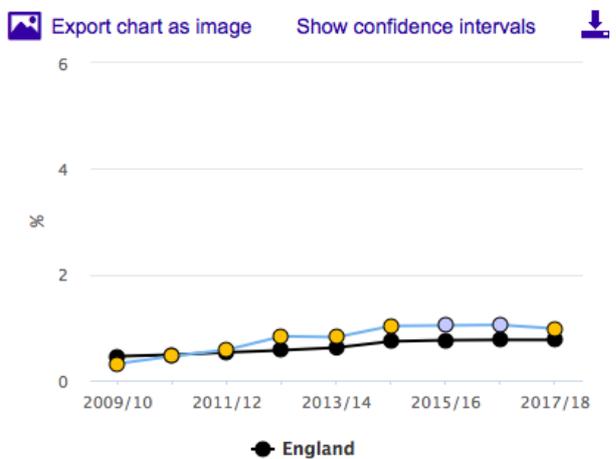
### Depression: Recorded prevalence (aged 18+) N



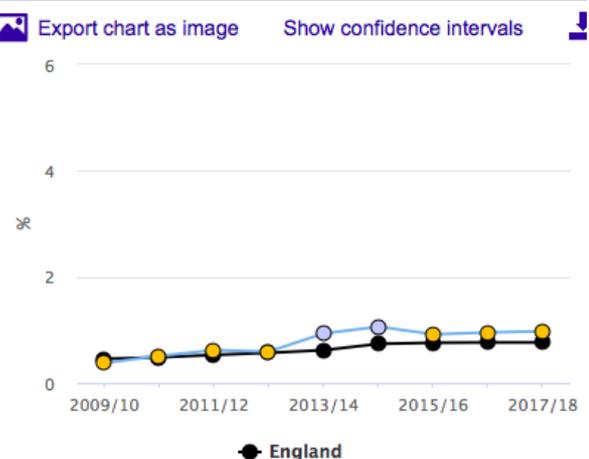
### Depression: Recorded prevalence (aged 18+) Ch



### Dementia: QOF prevalence (all ages) Newbury Street I



### Dementia: QOF prevalence (all ages) Church Street I

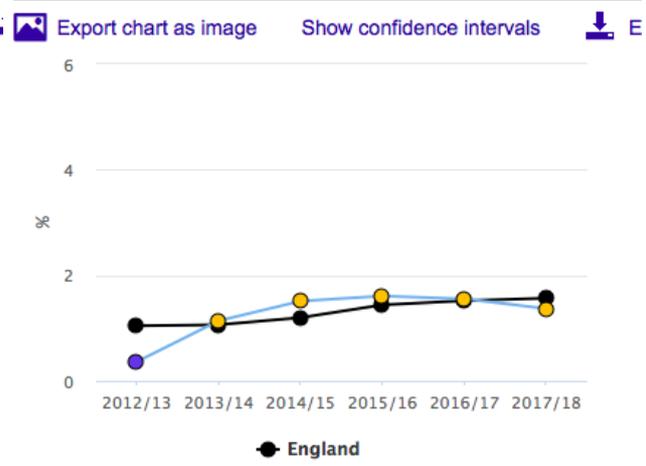
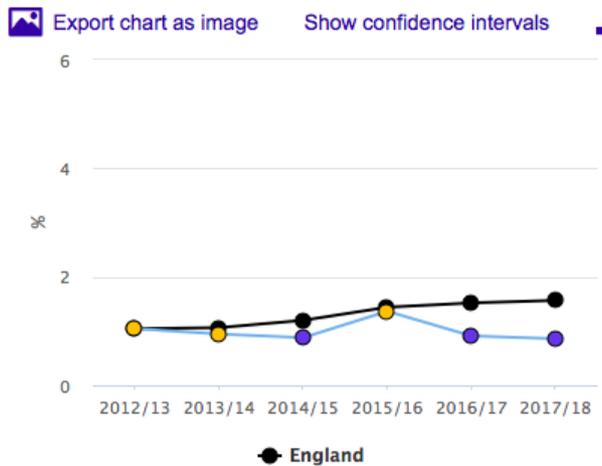


New diagnosis of depression in adults has been stable over the past couple of years, with less than 1.5% of adults on the practice list being newly diagnosed per year. The overall prevalence of depression is currently around 10% of the adult practice population. The prevalence of mental health and emotional disorders in

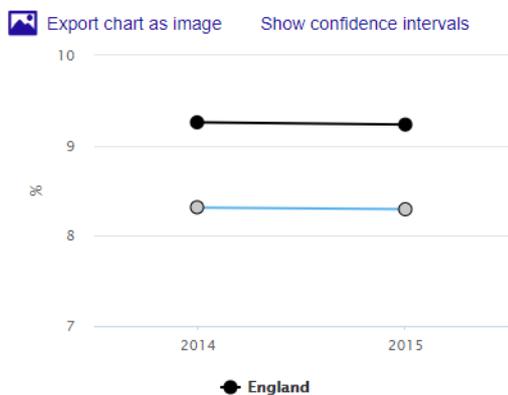
children is measured at County level. In Oxfordshire, around 8% of children aged 5-16 have a diagnosed mental health disorder, compared to over 9% nationally. Hospital admissions for self-harm in people aged 10-24 years is increasing steadily over time, both nationally and in Oxfordshire. Currently, just over 400 per 100,000 young people are admitted to hospital for self-harm in Oxfordshire per year – this is not significantly different to national rates. Suicide rates in the district are also similar to national and County levels.

Trends for **K84019 - Newbury Street Practice** All in Oxfordshire Trends for **K84033 - Church Street Practice** All in Oxfordshire

**Depression: QOF incidence (18+) - new diagnosis** **Depression: QOF incidence (18+) - new diagnosis**



**Estimated prevalence of mental health disorders in children and young people: % population aged 5-16** Oxfordshire Proportion - %

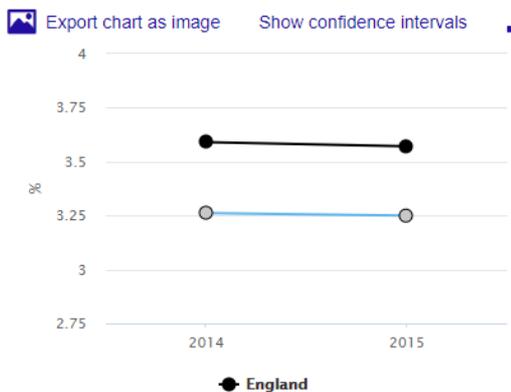


Recent trend: –

Period	Count	Value	Lower CI	Upper CI	South East region	England
2014	7,623	8.3%*	-	-	8.5%*	9.3%*
2015	7,703	8.3%*	-	-	8.5%*	9.2%*

Source: Estimated

**Estimated prevalence of emotional disorders: % population aged 5-16** Oxfordshire Proportion - %



Recent trend: –

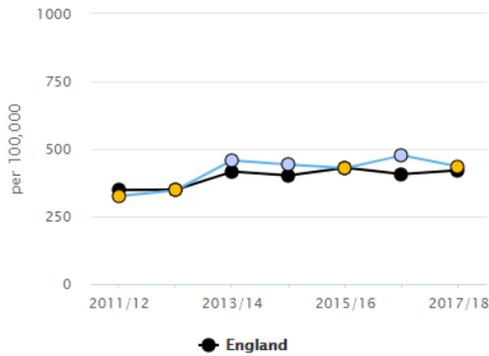
Period	Count	Value	Lower CI	Upper CI	South East region	England
2014	2,991	3.3%*	-	-	3.3%*	3.6%*
2015	3,018	3.2%*	-	-	3.3%*	3.6%*

Source: Estimated

## Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 Oxfordshire

Directly standardised rate - per 100,000

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Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2011/12	422	325.1	294.8	357.7	350.9	347.4
2012/13	449	346.8	315.5	380.5	350.6	348.9
2013/14	583	457.6	421.1	496.4	422.7	415.8
2014/15	569	442.1	406.5	480.1	415.0	401.9
2015/16	552	429.0	393.8	466.4	469.3	430.5
2016/17	619	475.9	439.1	515.0	449.0	407.1
2017/18	558	435.4	400.0	473.2	467.6	421.2

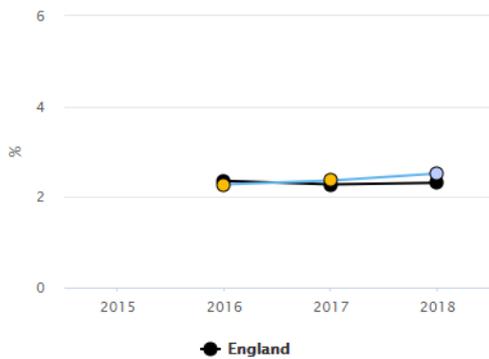
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

## School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)

Oxfordshire

Proportion - %

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Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2016	845	2.28%	2.13%	2.43%	2.39%	2.36%
2017	902	2.37%	2.22%	2.52%	2.25%	2.27%
2018	965	2.52%	2.37%	2.68%	2.31%	2.31%

Source: Department for Education special educational needs statistics <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

## Mental Wellbeing in 15 year olds: Mean wellbeing (WEMWBS-14) score Oxfordshire

Mean -

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East region	England
2014/15	-	47.8	47.3	48.3	47.5	47.6

Source: What About YOUTH (WAY) survey 2014/15

## Suicide: age-standardised rate per 100,000 population (3 year average) 2015 - 17

[Export table as image](#) [Export table as CSV file](#)

Area	Recent Trend	Count	Value
England	–	13,846	9.6
Oxfordshire	–	164	9.2
Cherwell	–	42	11.0
Oxford	–	32	8.0
South Oxfordshire	–	26	7.4
Vale of White Horse	–	27	7.9
West Oxfordshire	–	37	13.1

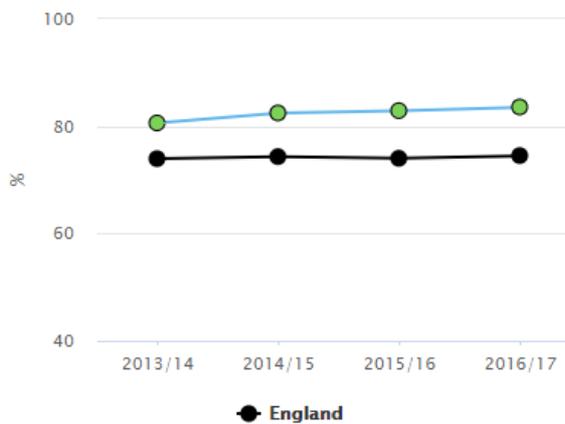
Source: Public Health England (based on ONS source data)

## Maternal health

Maternal health indicators at district level are good; with significantly higher rates of breast feeding initiation, and significantly lower rates of smoking at delivery and under 18 conceptions compared to national data.

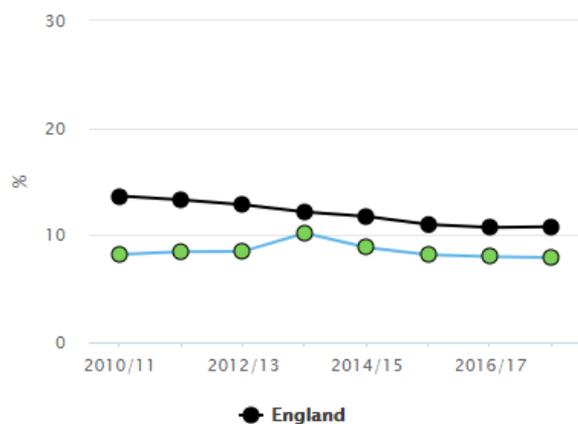
### Breastfeeding initiation Vale of White Horse

[Export chart as image](#) [Show confidence intervals](#)



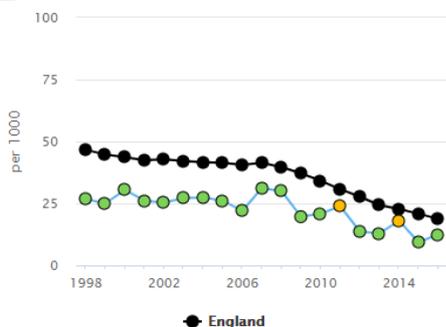
### Smoking status at time of delivery Vale of White Horse

[Export chart as image](#) [Show confidence intervals](#) [Download](#)



### Under 18s conception rate / 1,000 (PHOF indicator 2.04) Vale of White Horse

[Export chart as image](#) [Show confidence intervals](#) [Export chart as](#)

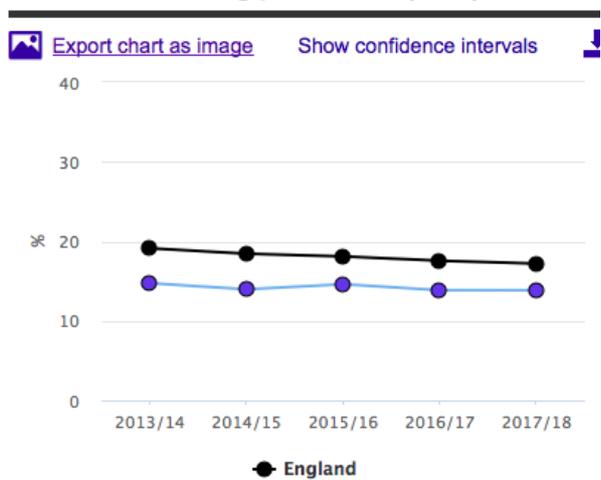


<p>Risk Factor Prevalence</p>	<p>Smoking, Obesity, Hypertension, Alcohol and substance misuse, physical activity</p>	<p>GP reported prevalence, QOF  GP Practice Level Data  <a href="https://fingertips.phe.org.uk/profile/general-practice">https://fingertips.phe.org.uk/profile/general-practice</a>  Local tobacco control profiles  <a href="https://fingertips.phe.org.uk/profile/tobacco-control">https://fingertips.phe.org.uk/profile/tobacco-control</a>  Childhood obesity profiles  <a href="https://fingertips.phe.org.uk/profile/national-child-measurement-programme">https://fingertips.phe.org.uk/profile/national-child-measurement-programme</a>  Local alcohol profiles  <a href="https://fingertips.phe.org.uk/profile/local-alcohol-profiles">https://fingertips.phe.org.uk/profile/local-alcohol-profiles</a>  Physical activity  <a href="https://fingertips.phe.org.uk/profile/physical-activity">https://fingertips.phe.org.uk/profile/physical-activity</a></p>
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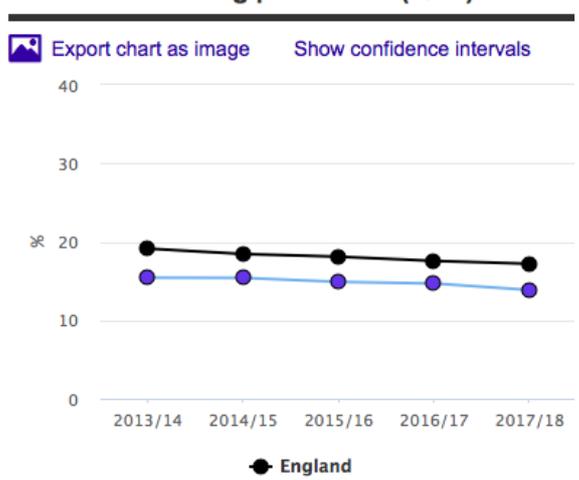
Levels of adult obesity, smoking, physical inactivity and overweight or obese children are significantly lower in the district compared to national averages. Healthy eating and levels of physical activity is significantly higher in the district compared to national data. However, still around 20% of children have excess weight at the start of primary school, rising to around 30% at the end of primary school.

Similarly to national figures, around 15% of adults have hypertension – a leading risk factor for heart attacks and strokes. Around 12% of the adult population are estimated to have undiagnosed hypertension. Overall, hospital admissions due to alcohol is significantly lower in the district compared to national levels. However, admissions in those under 18 years is similar, although decreasing over time.

**Estimated smoking prevalence (QOF) Newbury Str**



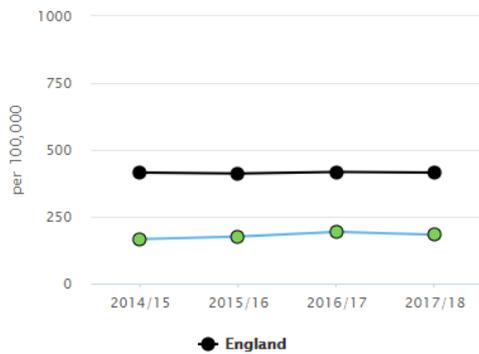
**Estimated smoking prevalence (QOF) Church Str**



## Emergency hospital admissions for COPD Vale of White Horse

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: -

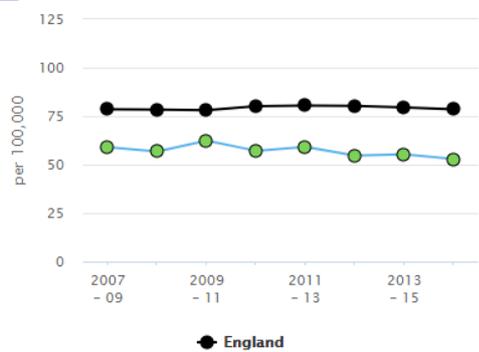
Period	Count	Value	Lower CI	Upper CI	South East region	England
2014/15	123	167	139	199	299	415
2015/16	135	175	147	208	292	411
2016/17	151	193	163	227	313	417
2017/18	148	183	155	215	304	415

Source: Hospital Episode Statistics (HES)

## Lung cancer registrations Vale of White Horse

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: -

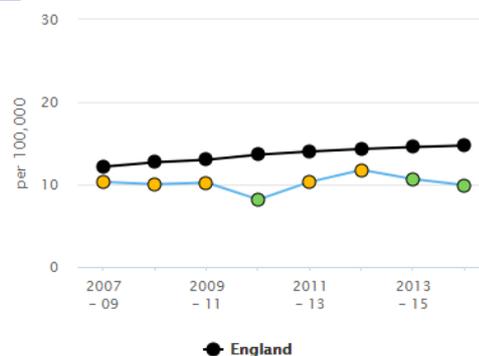
Period	Count	Value	Lower CI	Upper CI	South East region	England
2007 - 09	184	58.9	49.8	68.0	64.3	78.6
2008 - 10	182	56.8	48.0	65.6	64.8	78.4
2009 - 11	204	62.4	53.3	71.5	64.7	78.0
2010 - 12	194	57.1	49.3	65.9	66.4	80.1
2011 - 13	208	59.2	51.3	67.9	66.5	80.5
2012 - 14	199	54.6	47.2	62.9	66.7	80.4
2013 - 15	202	55.3	47.8	63.6	66.7	79.4
2014 - 16	197	52.8	45.6	60.9	66.8	78.6

Source: PHE - National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS)

## Oral cancer registrations Vale of White Horse

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: -

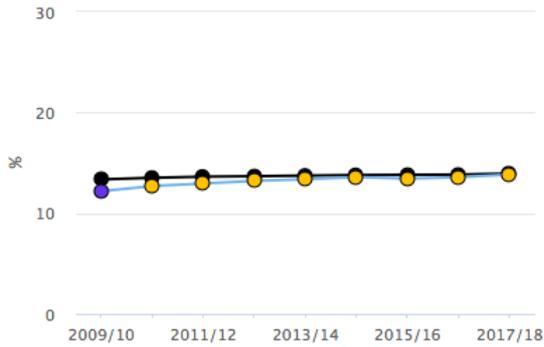
Period	Count	Value	Lower CI	Upper CI	South East region	England
2007 - 09	35	10.3	6.4	14.3	11.2	12.2
2008 - 10	35	10.0	6.2	13.9	11.7	12.7
2009 - 11	37	10.2	6.4	14.0	12.0	13.0
2010 - 12	30	8.2	5.5	11.7	12.5	13.6
2011 - 13	38	10.3	7.3	14.2	12.9	14.0
2012 - 14	43	11.8	8.5	15.9	13.1	14.3
2013 - 15	40	10.7	7.6	14.5	13.1	14.5
2014 - 16	38	9.9	7.0	13.6	13.5	14.7

Source: PHE - National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS)

### Hypertension: QOF prevalence (all ages) Newbury

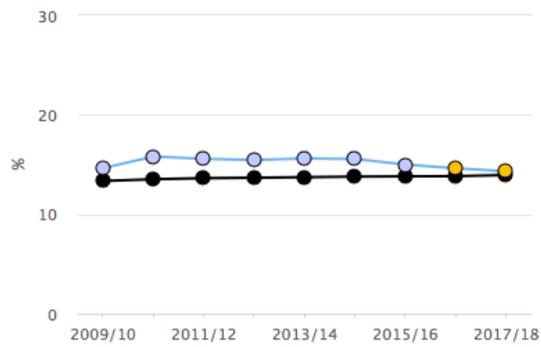
### Hypertension: QOF prevalence (all ages) Church Street Practice

Export chart as image Show confidence intervals



England

Export chart as image Show confidence intervals Export chart as image

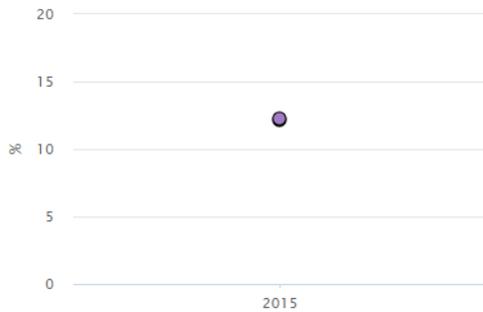


England

### Estimated prevalence of undiagnosed hypertension (16+) Newbury Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



England

Recent trend: -

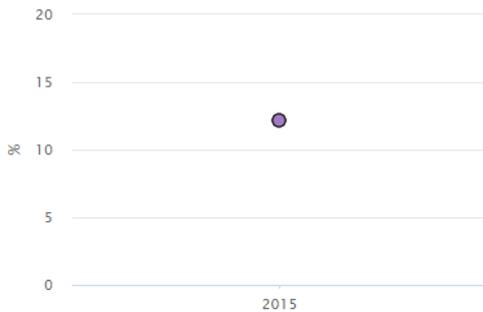
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2015	-	12.3%	11.3%	13.3%	-	12.2%

Source: Imperial College London

### Estimated prevalence of undiagnosed hypertension (16+) Church Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



England

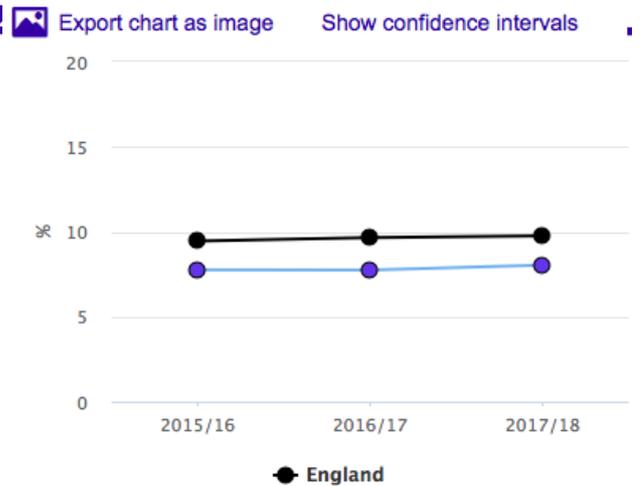
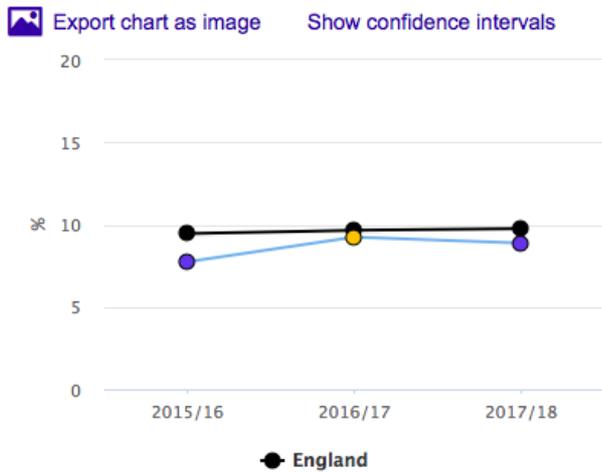
Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2015	-	12.2%	11.3%	13.2%	-	12.2%

Source: Imperial College London

### Obesity: QOF prevalence (18+) Newbury Street Practice

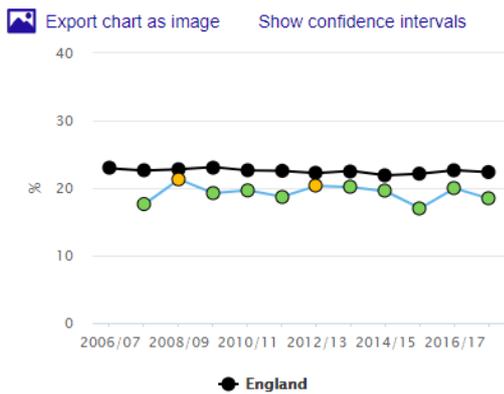
### Obesity: QOF prevalence (18+) Church Street Practice



### Reception: Prevalence of overweight (including obesity) New data

Vale of White Horse

Proportion - %



Recent trend: →

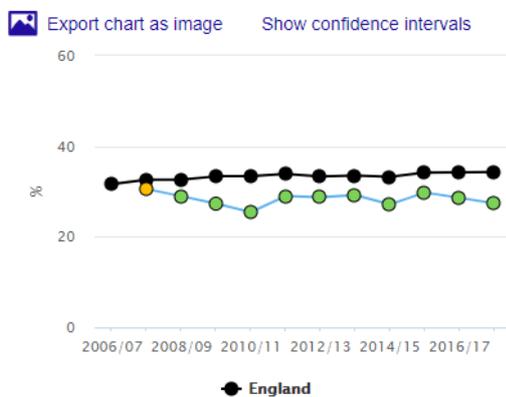
Period	Count	Value	Lower CI	Upper CI	South East region	England
2006/07	-	*	-	-	*	22.9%
2007/08	199	17.6%	15.5%	20.0%	20.4%	22.6%
2008/09	250	21.3%	19.0%	23.7%	21.8%	22.8%
2009/10	217	19.3%	17.1%	21.7%	21.6%	23.1%
2010/11	250	19.7%	17.6%	21.9%	20.9%	22.6%
2011/12	241	18.7%	16.7%	21.0%	20.7%	22.6%
2012/13	279	20.4%	18.3%	22.6%	20.3%	22.2%
2013/14	269	20.1%	18.1%	22.4%	20.5%	22.5%
2014/15	267	19.5%	17.5%	21.7%	20.3%	21.9%
2015/16	250	17.0%	15.2%	19.0%	20.9%	22.1%
2016/17	286	20.0%	18.0%	22.1%	21.4%	22.6%
2017/18	263	18.5%	16.5%	20.6%	20.6%	22.4%

Source: NHS Digital, National Child Measurement Programme

### Year 6: Prevalence of overweight (including obesity) New data

Vale of White Horse

Proportion - %



Recent trend: →

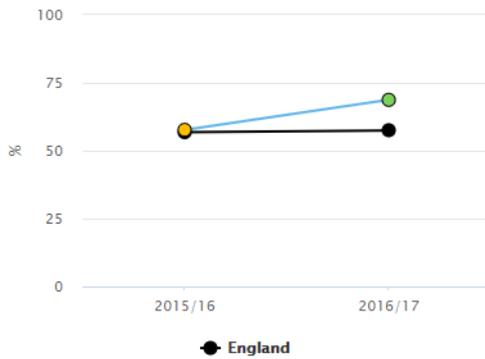
Period	Count	Value	Lower CI	Upper CI	South East region	England
2006/07	-	*	-	-	*	31.7%
2007/08	331	30.5%	27.9%	33.3%	29.7%	32.6%
2008/09	277	29.0%	26.2%	31.9%	30.1%	32.6%
2009/10	283	27.3%	24.7%	30.1%	31.0%	33.4%
2010/11	269	25.5%	22.9%	28.2%	30.6%	33.4%
2011/12	303	29.0%	26.3%	31.8%	30.8%	33.9%
2012/13	305	28.7%	26.1%	31.5%	29.8%	33.3%
2013/14	328	29.2%	26.6%	31.9%	30.3%	33.5%
2014/15	325	27.2%	24.7%	29.7%	30.1%	33.2%
2015/16	366	29.8%	27.3%	32.4%	30.8%	34.2%
2016/17	348	28.6%	26.1%	31.2%	30.6%	34.2%
2017/18	348	27.4%	25.0%	29.9%	30.8%	34.3%

Source: NHS Digital, National Child Measurement Programme

## 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) Vale of White Horse

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: --

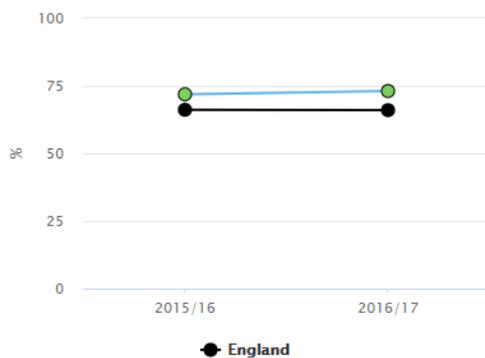
Period	Count	Value	Lower CI	Upper CI	South East region	England
2015/16	-	57.7%	53.3%	61.9%	59.5%	56.8%
2016/17	-	68.7%	64.5%	72.7%	60.2%	57.4%

Source: Public Health England (based on Active Lives, Sport England)

## 2.13i - Percentage of physically active adults Vale of White Horse

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: --

Period	Count	Value	Lower CI	Upper CI	South East region	England
2015/16	-	71.9%	67.7%	75.6%	68.7%	66.1%
2016/17	-	73.1%	68.9%	76.9%	68.9%	66.0%

Source: Public Health England (based on Active Lives, Sport England)

## 2.13ii - Percentage of physically inactive adults Vale of White Horse

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: --

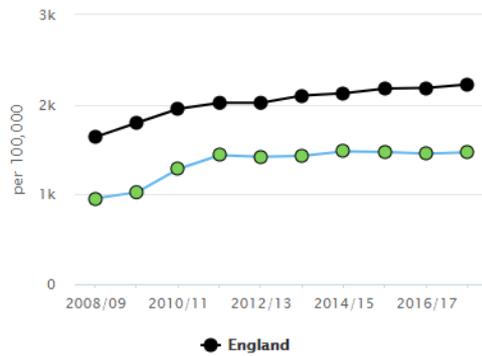
Period	Count	Value	Lower CI	Upper CI	South East region	England
2015/16	-	14.2%	11.3%	17.8%	20.2%	22.3%
2016/17	-	16.3%	13.3%	19.9%	19.3%	22.2%

Source: Public Health England (based on Active Lives, Sport England)

## Admission episodes for alcohol-related conditions (Broad) Vale of White Horse

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: --

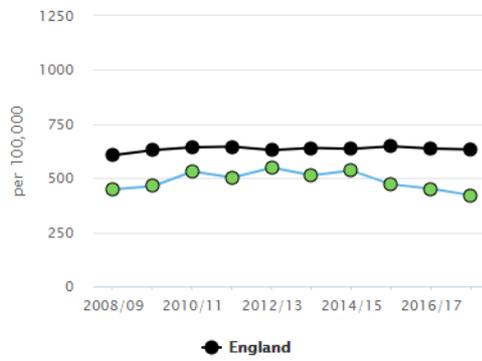
Period	Count	The recent trend cannot be calculated for this value type				South East region	England
2008/09	1,082	955	899	1,014	1,284	1,639	
2009/10	1,176	1,024	966	1,085	1,383	1,797	
2010/11	1,501	1,284	1,219	1,351	1,509	1,954	
2011/12	1,692	1,437	1,369	1,507	1,614	2,020	
2012/13	1,704	1,420	1,353	1,489	1,616	2,020	
2013/14	1,726	1,429	1,362	1,498	1,696	2,101	
2014/15	1,829	1,479	1,412	1,549	1,708	2,126	
2015/16	1,848	1,472	1,405	1,541	1,768	2,179	
2016/17	1,863	1,455	1,389	1,523	1,804	2,185	
2017/18	1,937	1,470	1,405	1,537	1,827	2,224	

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

## Admission episodes for alcohol-related conditions (Narrow) Vale of White Horse

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: --

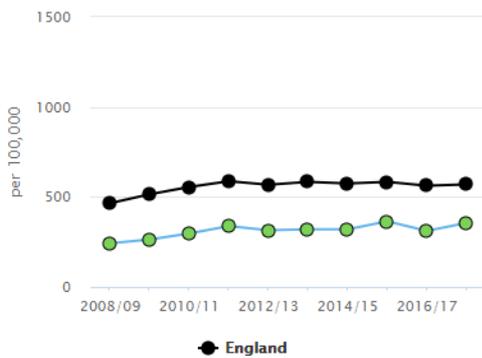
Period	Count	Value	Lower CI	Upper CI	South East region	England
2008/09	516	448	410	489	493	606
2009/10	536	463	425	504	506	629
2010/11	626	531	490	574	518	643
2011/12	599	502	463	544	524	645
2012/13	661	549	508	592	513	630
2013/14	617	513	473	555	525	640
2014/15	657	534	494	577	519	635
2015/16	586	471	434	511	526	647
2016/17	573	451	415	490	525	636
2017/18	549	421	386	458	515	632

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

## Admission episodes for alcohol-specific conditions Vale of White Horse

Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



Recent trend: --

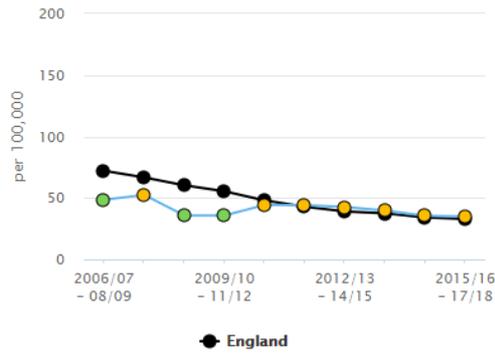
Period	Count	Value	Lower CI	Upper CI	South East region	England
2008/09	282	243	215	273	337	465
2009/10	310	264	235	295	361	515
2010/11	350	298	267	331	385	555
2011/12	399	337	305	372	439	587
2012/13	380	315	284	348	417	568
2013/14	381	319	288	353	446	584
2014/15	391	320	289	354	424	576
2015/16	450	364	331	399	448	583
2016/17	391	311	281	344	439	563
2017/18	459	356	324	390	454	570

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Admission episodes for alcohol-specific conditions - Under 18s Vale of White Horse

Crude rate - per 100,000

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

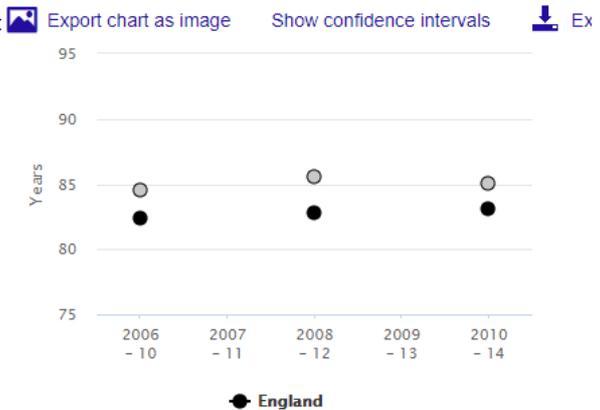
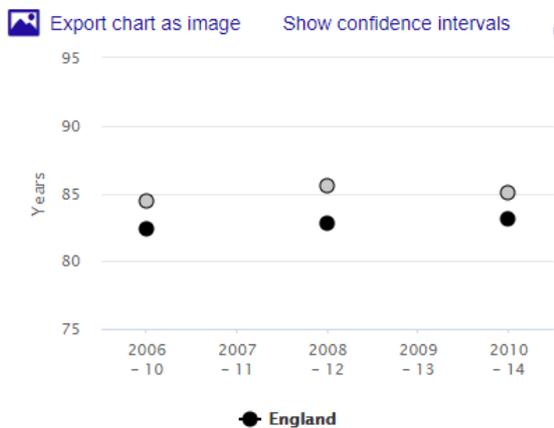
Period	Count	Value	Lower CI	Upper CI	South East region	England
2006/07 - 08/09	38	48.5	34.3	66.6	61.1	72.1
2007/08 - 09/10	41	52.4	37.6	71.1	57.1	66.7
2008/09 - 10/11	28	35.8	23.8	51.7	50.2	60.3
2009/10 - 11/12	28	35.6	23.6	51.4	45.2	55.4
2010/11 - 12/13	35	44.3	30.8	61.5	40.5	48.0
2011/12 - 13/14	35	44.0	30.6	61.2	39.1	42.8
2012/13 - 14/15	34	42.5	29.4	59.4	38.0	39.0
2013/14 - 15/16	32	39.6	27.1	56.0	36.5	37.4
2014/15 - 16/17	29	35.5	23.8	51.0	33.9	34.2
2015/16 - 17/18	29	34.8	23.3	50.0	32.3	32.9

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

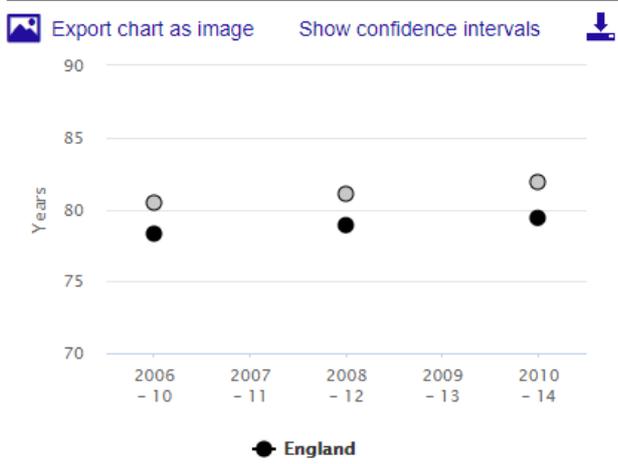
Improving overall health outcomes	Life Expectancy (Males and Females) Infant Mortality	Local authority level information <a href="https://fingertips.phe.org.uk/">https://fingertips.phe.org.uk/</a> <a href="https://healthierlives.phe.org.uk/">https://healthierlives.phe.org.uk/</a>
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Life expectancy for men (almost 82 years) and women (85 years) in Wantage and Grove practice populations is higher than the national average (79.4 and 83.1 respectively). Premature mortality from conditions considered preventable is declining year on year and is significantly lower in the Vale of White Horse compared to national data. Health related quality of life scores for older people are significantly higher in the district compared to national data. Infant mortality is similar in the district to national rates and is declining over time.

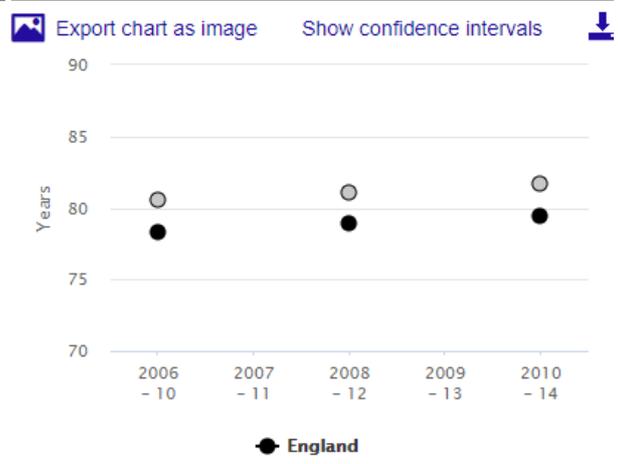
Life expectancy - MSOA based (Female) Newbury Street | Life expectancy - MSOA based (Female) Church Street f



### Life expectancy - MSOA based (Male) Newbury Street

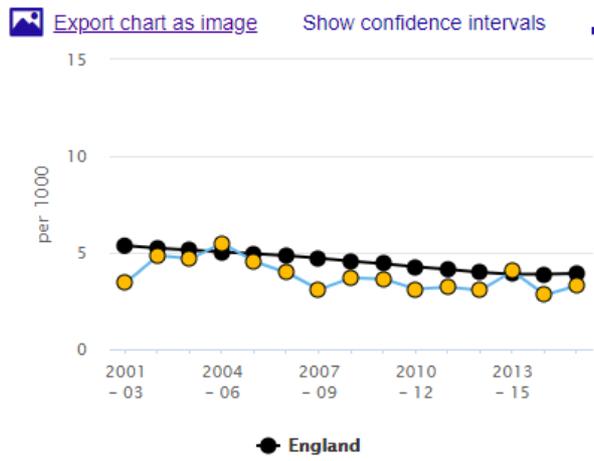


### Life expectancy - MSOA based (Male) Church Street

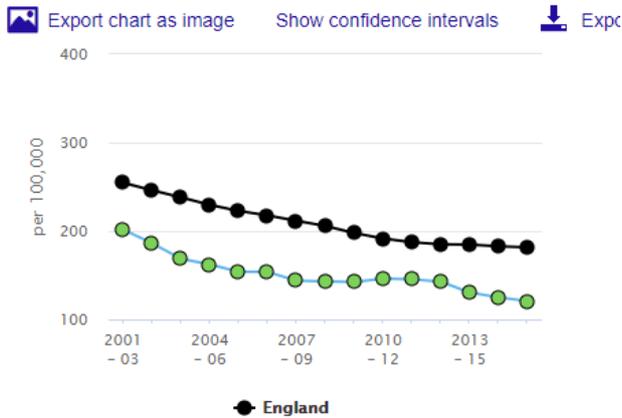


Vale of White Horse:

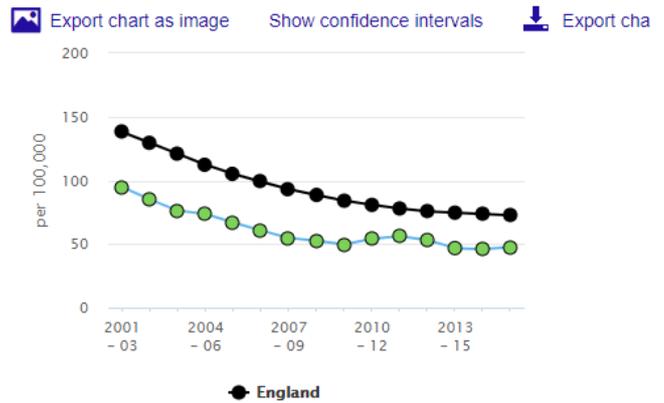
### Infant mortality Vale of White Horse



### Mortality rate from causes considered preventable

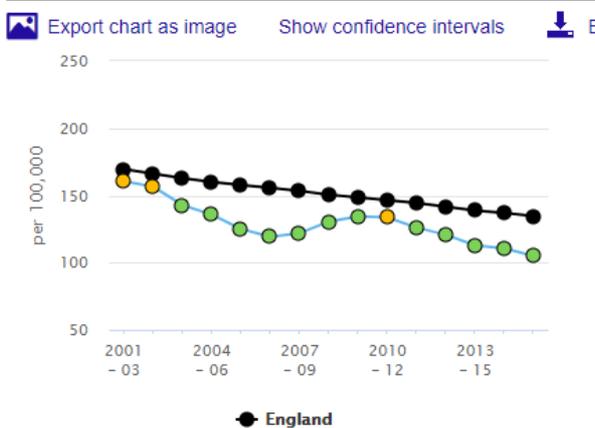


### Under 75 mortality rate from all cardiovascular diseases

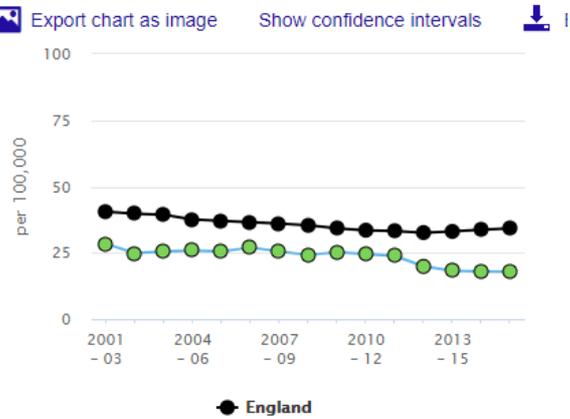


### Under 75 mortality rate from cancer

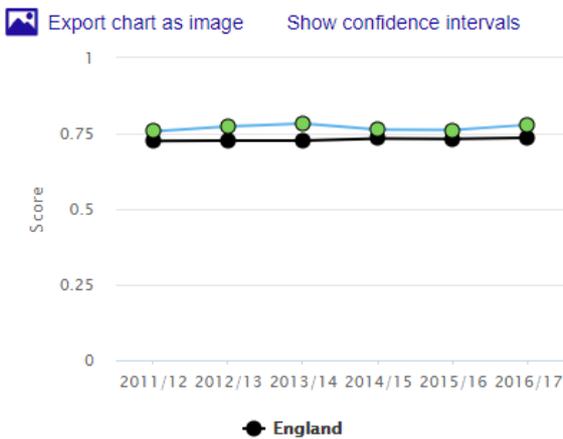
Vale of White Horse



### Under 75 mortality rate from respiratory disease



### Health related quality of life for older people



## Improving Quality

Category	Metric	Measure / Data source
Access to preventative interventions	Immunisation Smoking cessation Diabetes Prevention Programme	Public Health Outcomes Framework <a href="https://fingertips.phe.org.uk/">https://fingertips.phe.org.uk/</a> GP Practice Profiles <a href="https://fingertips.phe.org.uk/profile/general-practice">https://fingertips.phe.org.uk/profile/general-practice</a>

Uptake of the Flu vaccine for eligible people is similar to the national average at around 85% in Wantage and Grove practice populations. Around 95% of smokers are offered treatment and support to quit, this is similar to national data. Care for people with type-2 diabetes is generally good with almost 70% of patients in Wantage and Grove practices receiving 8 diabetes care processes\*. This is higher than the national average of almost 60%. Currently, 35-45% of diabetes patients are achieving treatment targets\*\*, similar to national figures.

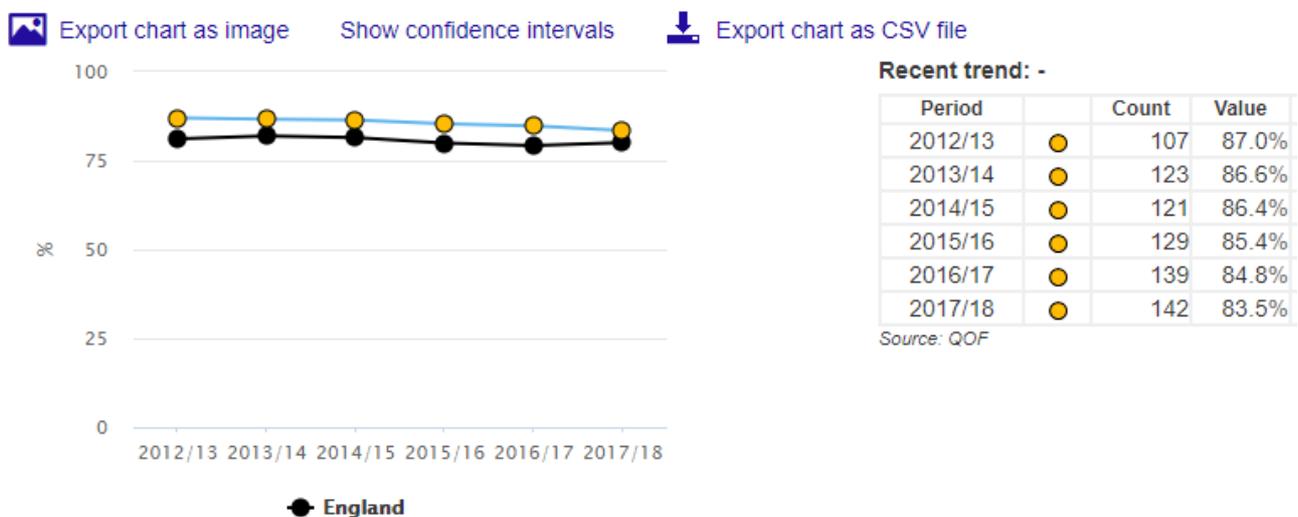
\* The National Institute for Health and Care Excellence (NICE) recommends nine care processes for diabetes. These are five risk factors (body mass index, blood pressure, smoking, glucose levels (Hba1c) and cholesterol) and four tests to identify early complications (urine albumin creatinine ratio, serum creatinine, foot nerve and circulation examination and eye screening (held by NHSEDES).

\*\* NICE recommends treatment targets for Hba1c (glucose control), blood pressure and serum cholesterol: Target Hba1c reduces the risk of all diabetic complications, target blood pressure reduced the risk of vascular complications and reduced the progression of eye disease and kidney failure and target cholesterol reduced the risk of vascular complications.

### COPD007: Influenza immunisation given 1 Aug - 31 Mar (den. incl. exc.) Newbury Street Practice

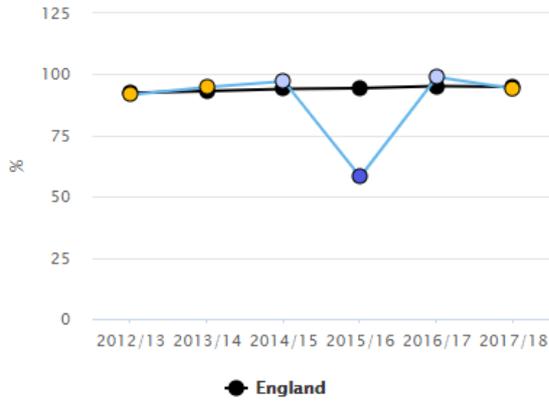


### COPD007: Influenza immunisation given 1 Aug - 31 Mar (den. incl. exc.) Church Street Practice



**SMOK005: cessation support and treatment offered (certain conditions), den. incl. exc.** Newbury Street Practice

Export chart as image Show confidence intervals Export chart as CSV file



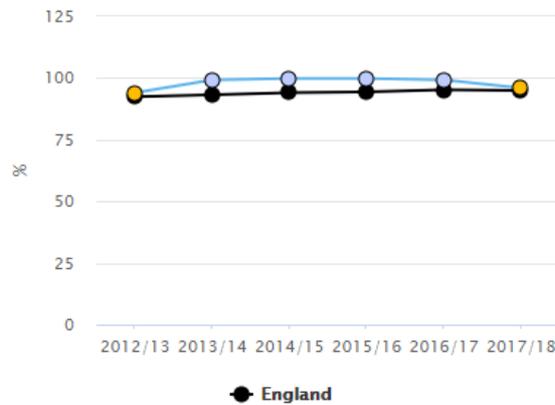
Recent trend: -

Period	Count	Value	Lower CI	Upper CI
2012/13	254	91.7%	87.8%	94.4%
2013/14	251	94.7%	91.3%	96.8%
2014/15	272	97.1%	94.5%	98.5%
2015/16	221	58.2%	53.1%	63.0%
2016/17	345	98.9%	97.1%	99.6%
2017/18	339	94.2%	91.2%	96.2%

Source: QOF

**SMOK005: cessation support and treatment offered (certain conditions), den. incl. exc.** Church Street Practice

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

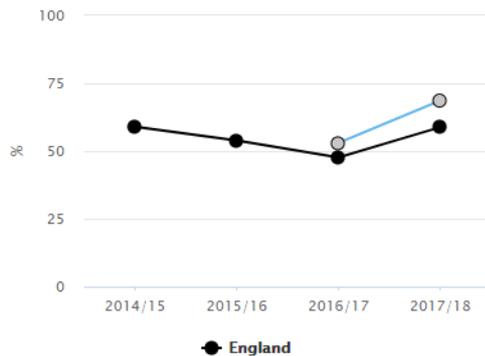
Period	Count	Value	Lower CI	Upper CI
2012/13	330	94.0%	91.0%	96.1%
2013/14	355	99.2%	97.6%	99.7%
2014/15	376	99.7%	98.5%	100%
2015/16	360	99.7%	98.4%	100%
2016/17	362	99.2%	97.6%	99.7%
2017/18	357	96.0%	93.5%	97.5%

Source: QOF

**People with type 2 diabetes who received all 8 care processes** Newbury Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

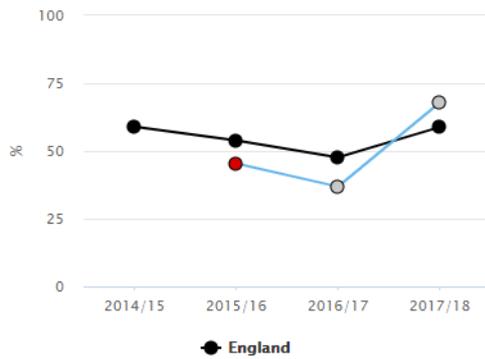
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2014/15	-	-	-	-	-	59.0%
2015/16	-	-	-	-	-	53.9%
2016/17	310	53.0%*	-	-	-	47.7%*
2017/18	405	68.6%*	-	-	-	58.8%*

Source: National Diabetes Audit

People with type 2 diabetes who received all 8 care processes Church Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

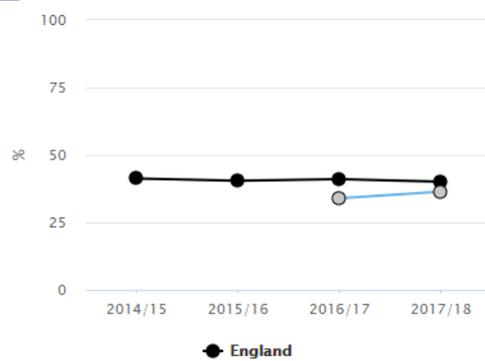
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2014/15	-	-	-	-	-	59.0%
2015/16	250	45.4%	41.3%	49.5%	-	53.9%
2016/17	210	36.8%*	-	-	-	47.7%*
2017/18	410	67.8%*	-	-	-	58.8%*

Source: National Diabetes Audit

People with type 2 diabetes who achieved all three treatment targets Newbury Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

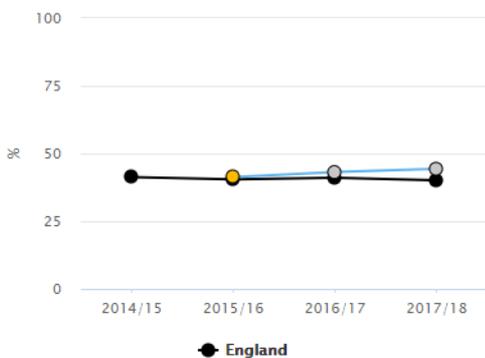
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2014/15	-	-	-	-	-	41.3%
2015/16	-	-	-	-	-	40.4%
2016/17	185	33.9%*	-	-	-	41.1%*
2017/18	195	36.4%*	-	-	-	40.1%*

Source: National Diabetes Audit

People with type 2 diabetes who achieved all three treatment targets Church Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2014/15	-	-	-	-	-	41.3%
2015/16	216	41.3%	37.2%	45.6%	-	40.4%
2016/17	235	43.1%*	-	-	-	41.1%*
2017/18	255	44.3%*	-	-	-	40.1%*

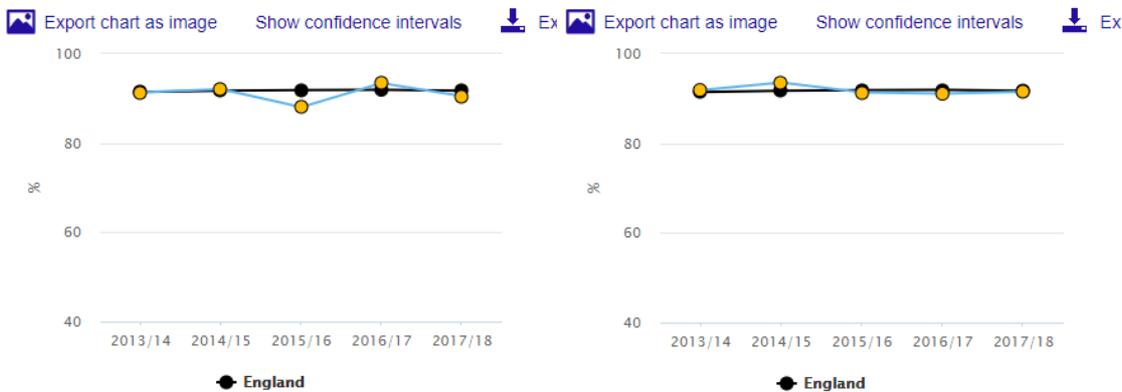
Source: National Diabetes Audit

Access to effective treatments	Medications prescribed to those with LTCs known to be effective (e.g. AF, Hypertension, CHD) Access to effective services for those with LTCs e.g. pulmonary rehabilitation, smoking cessation	GP Practice Profiles <a href="https://fingertips.phe.org.uk/profile/general-practice">https://fingertips.phe.org.uk/profile/general-practice</a>
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Prescriptions of effective treatments for Coronary Heart Disease (CHD), Stroke, Heart Failure (HF) and Atrial fibrillation (AF) are not significantly different in Wantage and Grove practices as compared to national data. For those with CHD, Stroke, and HF, the proportion of those in need who are treated is generally stable over

time, at around 90% for CHD and Stroke, and around 80% for those with HF. The proportion of those with AF receiving effective treatment is steadily rising from around 75% to almost 85% over the past three years.

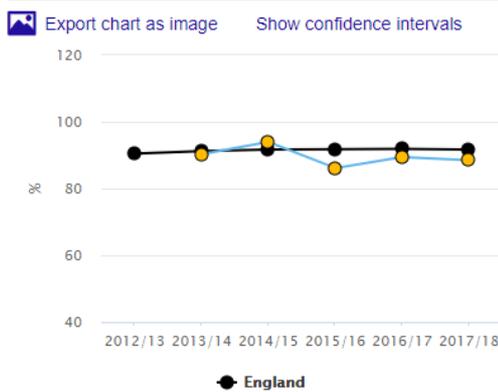
**CHD005: Record that aspirin, APT or ACT is taken**



**STIA007: Record that an anti-platelet agent or an anti-coagulant is taken (den. incl. exc.)** New data

Newbury Street Practice

Proportion - %



Recent trend: -

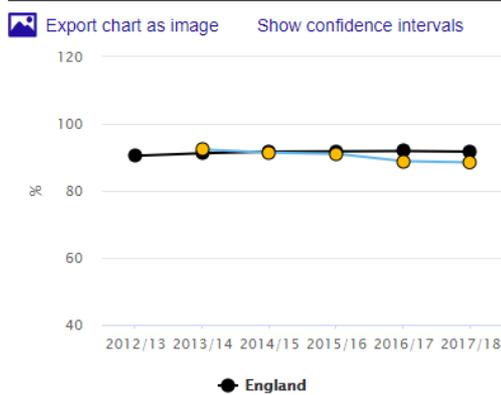
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2012/13	-	-	-	-	90.8%	90.5%
2013/14	130	90.3%	84.3%	94.1%	91.2%	91.3%
2014/15	140	94.0%	88.9%	96.8%	91.0%	91.7%
2015/16	168	86.2%	80.6%	90.3%	90.3%	91.8%
2016/17	178	89.4%	84.4%	93.0%	91.1%	91.9%
2017/18	177	88.5%	83.3%	92.2%	90.8%	91.7%

Source: QOF

**STIA007: Record that an anti-platelet agent or an anti-coagulant is taken (den. incl. exc.)** New data

Church Street Practice

Proportion - %



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2012/13	-	-	-	-	90.8%	90.5%
2013/14	182	92.4%	87.8%	95.3%	91.2%	91.3%
2014/15	182	91.5%	86.7%	94.6%	91.0%	91.7%
2015/16	182	91.0%	86.2%	94.2%	90.3%	91.8%
2016/17	175	88.8%	83.7%	92.5%	91.1%	91.9%
2017/18	200	88.5%	83.7%	92.0%	90.8%	91.7%

Source: QOF

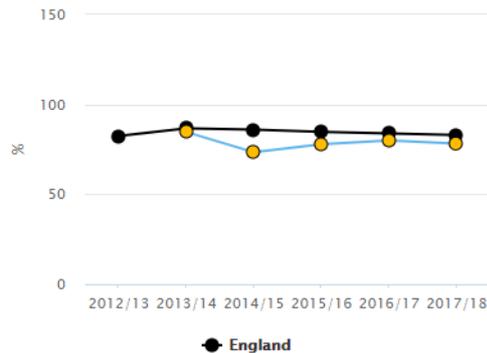
### HF003: Heart failure w LVD: treated with ACE-I or ARB (den. incl. exc.)

**New data**

Newbury Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2012/13	-	-	-	-	80.9%	82.4%
2013/14	11	84.6%	57.8%	95.7%	85.0%	86.7%
2014/15	11	73.3%	48.0%	89.1%	83.2%	86.0%
2015/16	14	77.8%	54.8%	91.0%	82.9%	84.7%
2016/17	16	80.0%	58.4%	91.9%	84.0%	83.9%
2017/18	36	78.3%	64.4%	87.7%	84.4%	83.0%

Source: QOF

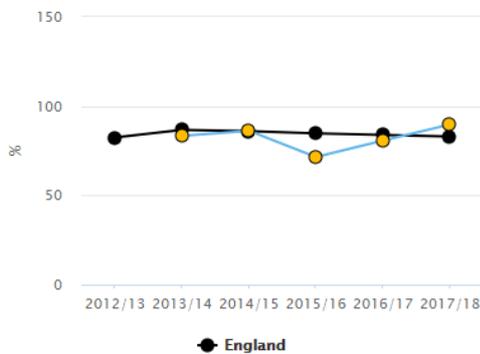
### HF003: Heart failure w LVD: treated with ACE-I or ARB (den. incl. exc.)

**New data**

Church Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2012/13	-	-	-	-	80.9%	82.4%
2013/14	25	83.3%	66.4%	92.7%	85.0%	86.7%
2014/15	25	86.2%	69.4%	94.5%	83.2%	86.0%
2015/16	25	71.4%	54.9%	83.7%	82.9%	84.7%
2016/17	25	80.6%	63.7%	90.8%	84.0%	83.9%
2017/18	26	89.7%	73.6%	96.4%	84.4%	83.0%

Source: QOF

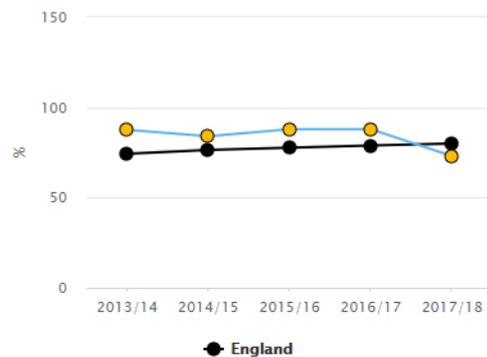
### HF004: Heart failure w LVD: treatment w ACE inh. or ARB, and beta-blocker (den.incl.exc.)

**New data**

Church Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2013/14	21	87.5%	69.0%	95.7%	70.5%	74.3%
2014/15	21	84.0%	65.3%	93.6%	72.4%	76.3%
2015/16	22	88.0%	70.0%	95.8%	71.1%	77.7%
2016/17	22	88.0%	70.0%	95.8%	74.0%	78.8%
2017/18	19	73.1%	53.9%	86.3%	75.2%	79.9%

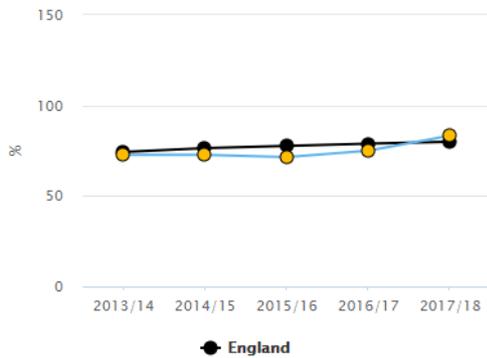
Source: QOF

**HF004: Heart failure w LVD: treatment w ACE inh. or ARB, and beta-blocker (den.incl.exc.)** New data

Newbury Street Practice

Proportion - %

Export chart as image    Show confidence intervals    Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2013/14	8	72.7%	43.4%	90.3%	70.5%	74.3%
2014/15	8	72.7%	43.4%	90.3%	72.4%	76.3%
2015/16	10	71.4%	45.4%	88.3%	71.1%	77.7%
2016/17	12	75.0%	50.5%	89.8%	74.0%	78.8%
2017/18	30	83.3%	68.1%	92.1%	75.2%	79.9%

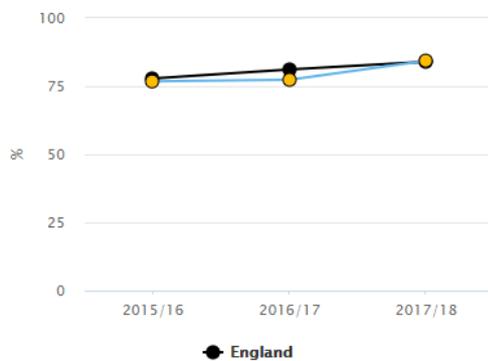
Source: QOF

**AF007: treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (den.incl.exc.)** New data

Newbury Street Practice

Proportion - %

Export chart as image    Show confidence intervals    Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2015/16	185	76.8%	71.0%	81.7%	76.5%	77.9%
2016/17	232	77.3%	72.3%	81.7%	79.8%	81.2%
2017/18	275	84.4%	80.0%	87.9%	83.1%	84.0%

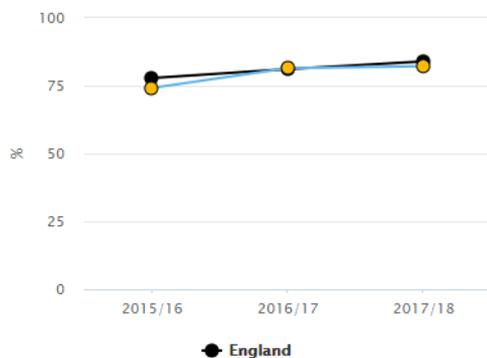
Source: QOF

**AF007: treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (den.incl.exc.)** New data

Church Street Practice

Proportion - %

Export chart as image    Show confidence intervals    Export chart as CSV file



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2015/16	158	74.2%	67.9%	79.6%	76.5%	77.9%
2016/17	185	81.5%	75.9%	86.0%	79.8%	81.2%
2017/18	208	82.2%	77.0%	86.4%	83.1%	84.0%

Source: QOF

Access to screening and diagnostics	Cancer Screening AAA screening	Public Health Outcomes Framework <a href="https://fingertips.phe.org.uk/">https://fingertips.phe.org.uk/</a>
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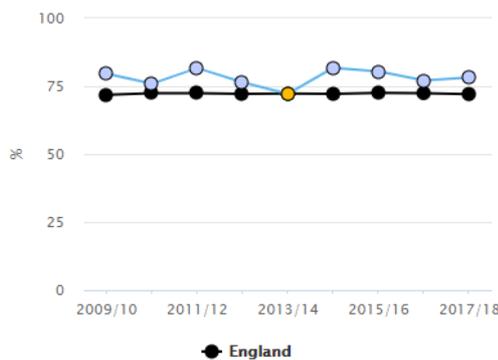
A statistically significantly higher proportion of eligible women are screened for breast cancer in Wantage and Grove practices compared to nationally, at around 80% compared to 72% nationally. Screening within 6 months of invitation fluctuates over time, however the most recent data shows rates above the England average in Wantage and Grove practices. Cervical cancer screening in Wantage and Grove practice populations is also higher than national rates, however in-line with the picture nationally, rates are declining year on year. The proportion of eligible people receiving bowel cancer screening aged 60-69 years is similar

or higher than national levels, persistently at around 60%. Bowel cancer screening of those aged 60-74 years has been increasing recently from a lower baseline, to over 60% currently.

District level data shows statistically significantly higher rates of AAA screening in the Vale of White Horse at 88% compared to around 80% nationally. The rates of AAA screening has been increasing in the district over the past three years.

**Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)** Newbury Street Practice Proportion - %

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



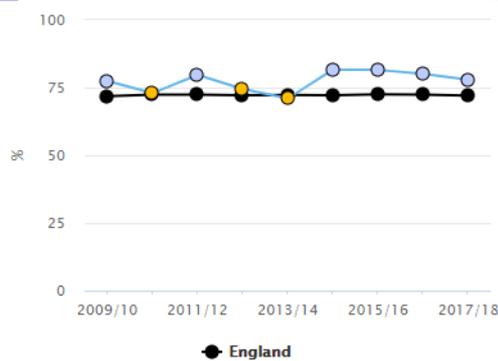
Recent trend: ➔

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	1,222	79.6%	77.5%	81.5%	74.0%	71.8%
2010/11	1,153	75.9%	73.7%	78.0%	73.9%	72.4%
2011/12	1,259	81.6%	79.6%	83.5%	74.4%	72.4%
2012/13	1,206	76.4%	74.3%	78.5%	74.2%	72.1%
2013/14	1,127	72.2%	69.9%	74.4%	74.9%	72.3%
2014/15	1,297	81.7%	79.7%	83.6%	76.0%	72.2%
2015/16	1,738	80.4%	78.7%	82.0%	76.1%	72.5%
2016/17	1,661	77.1%	75.3%	78.8%	75.6%	72.5%
2017/18	1,677	78.2%	76.4%	79.9%	74.0%	72.1%

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)** Church Street Practice Proportion - %

[Export chart as image](#) [Show confidence intervals](#) [Export chart as CSV file](#)



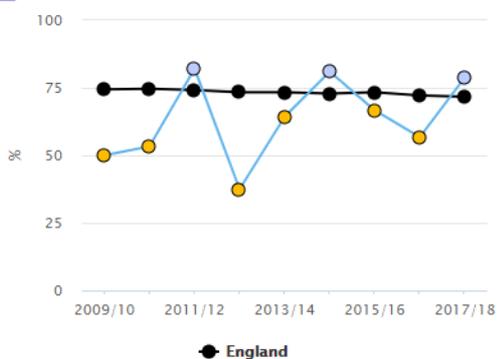
Recent trend: ⬆

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	1,227	77.5%	75.3%	79.5%	74.0%	71.8%
2010/11	1,176	73.0%	70.7%	75.1%	73.9%	72.4%
2011/12	1,313	79.7%	77.7%	81.6%	74.4%	72.4%
2012/13	1,263	74.5%	72.4%	76.5%	74.2%	72.1%
2013/14	1,239	71.0%	68.8%	73.1%	74.9%	72.3%
2014/15	1,462	81.6%	79.8%	83.4%	76.0%	72.2%
2015/16	1,498	81.5%	79.7%	83.3%	76.1%	72.5%
2016/17	1,535	80.1%	78.2%	81.8%	75.6%	72.5%
2017/18	1,525	78.0%	76.1%	79.7%	74.0%	72.1%

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)** Newbury Street Practice Proportion - %

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Recent trend: ➔

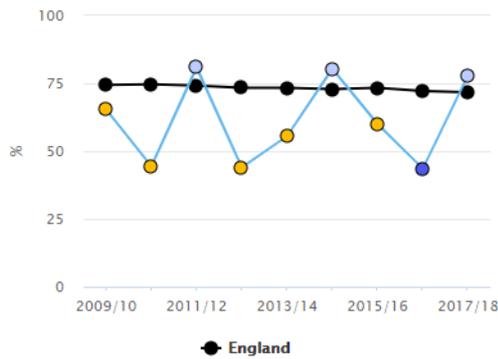
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	6	50.0%	25.4%	74.6%	76.4%	74.4%
2010/11	8	53.3%	30.1%	75.2%	77.6%	74.6%
2011/12	1,240	82.1%	80.1%	84.0%	76.0%	74.2%
2012/13	6	37.5%	18.5%	61.4%	74.1%	73.4%
2013/14	9	64.3%	38.8%	83.7%	76.8%	73.3%
2014/15	1,268	81.0%	79.0%	82.8%	75.9%	72.8%
2015/16	26	66.7%	51.0%	79.4%	75.7%	73.3%
2016/17	21	56.8%	40.9%	71.3%	73.6%	72.2%
2017/18	1,620	78.9%	77.1%	80.6%	73.5%	71.7%

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

### Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %) Church Street Practice

Proportion - %

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Recent trend: ↗

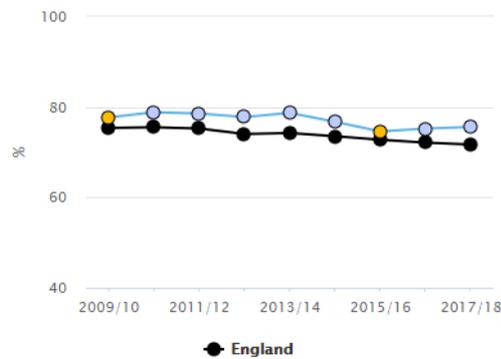
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	17	65.4%	46.2%	80.6%	76.4%	74.4%
2010/11	8	44.4%	24.6%	66.3%	77.6%	74.6%
2011/12	1,292	80.9%	78.9%	82.8%	76.0%	74.2%
2012/13	11	44.0%	26.7%	62.9%	74.1%	73.4%
2013/14	20	55.6%	39.6%	70.5%	76.8%	73.3%
2014/15	1,408	80.4%	78.4%	82.2%	75.9%	72.8%
2015/16	27	60.0%	45.5%	73.0%	75.7%	73.3%
2016/17	17	43.6%	29.3%	59.0%	73.6%	72.2%
2017/18	1,448	77.9%	75.9%	79.7%	73.5%	71.7%

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

### Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) Newbury Street Practice

Proportion - %

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Recent trend: ↓

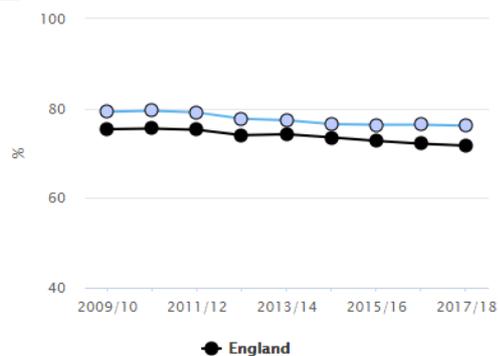
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	2,049	77.7%	76.1%	79.3%	75.4%	75.4%
2010/11	2,116	78.8%	77.3%	80.3%	76.2%	75.5%
2011/12	2,107	78.6%	77.0%	80.1%	75.9%	75.2%
2012/13	2,131	77.8%	76.2%	79.3%	74.4%	74.1%
2013/14	2,116	78.7%	77.1%	80.2%	74.2%	74.2%
2014/15	2,106	76.7%	75.1%	78.3%	73.3%	73.5%
2015/16	2,814	74.6%	73.2%	75.9%	72.5%	72.8%
2016/17	2,815	75.2%	73.8%	76.6%	71.6%	72.1%
2017/18	2,870	75.6%	74.2%	76.9%	71.1%	71.7%

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

### Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) Church Street Practice

Proportion - %

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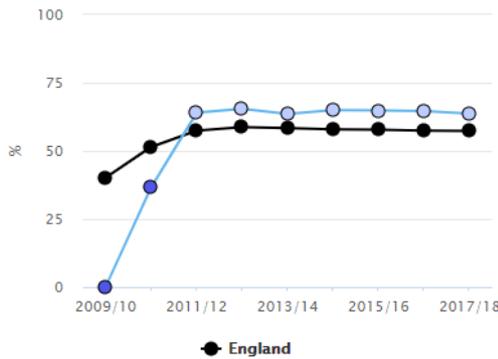
Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	2,400	79.3%	77.8%	80.7%	75.4%	75.4%
2010/11	2,445	79.5%	78.0%	80.9%	76.2%	75.5%
2011/12	2,459	79.1%	77.6%	80.5%	75.9%	75.2%
2012/13	2,426	77.7%	76.2%	79.1%	74.4%	74.1%
2013/14	2,429	77.4%	75.9%	78.8%	74.2%	74.2%
2014/15	2,448	76.5%	75.0%	77.9%	73.3%	73.5%
2015/16	2,555	76.3%	74.9%	77.7%	72.5%	72.8%
2016/17	2,709	76.4%	74.9%	77.7%	71.6%	72.1%
2017/18	2,817	76.2%	74.8%	77.5%	71.1%	71.7%

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)** Newbury Street Practice Proportion - %

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Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	3	0.2%	0.1%	0.6%	3.8%	40.2%
2010/11	567	36.6%	34.2%	39.0%	34.4%	51.4%
2011/12	981	64.1%	61.6%	66.4%	57.3%	57.4%
2012/13	979	65.4%	63.0%	67.8%	59.7%	58.8%
2013/14	943	63.5%	61.1%	66.0%	59.1%	58.4%
2014/15	963	65.0%	62.6%	67.4%	59.4%	57.9%
2015/16	1,231	64.8%	62.6%	66.9%	59.6%	57.8%
2016/17	1,196	64.6%	62.4%	66.8%	58.9%	57.4%
2017/18	1,167	63.6%	61.4%	65.8%	58.3%	57.3%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)** Church Street Practice Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



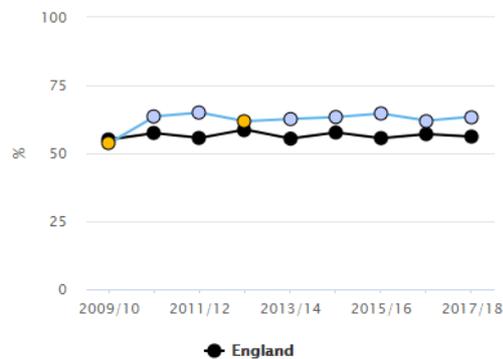
Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	6	0.4%	0.2%	1.0%	3.8%	40.2%
2010/11	458	32.9%	30.5%	35.5%	34.4%	51.4%
2011/12	838	58.6%	56.0%	61.1%	57.3%	57.4%
2012/13	898	61.6%	59.1%	64.1%	59.7%	58.8%
2013/14	882	60.5%	58.0%	63.0%	59.1%	58.4%
2014/15	913	61.4%	58.9%	63.9%	59.4%	57.9%
2015/16	946	61.6%	59.1%	64.0%	59.6%	57.8%
2016/17	925	59.2%	56.8%	61.6%	58.9%	57.4%
2017/18	992	60.2%	57.8%	62.6%	58.3%	57.3%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)** Newbury Street Practice Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



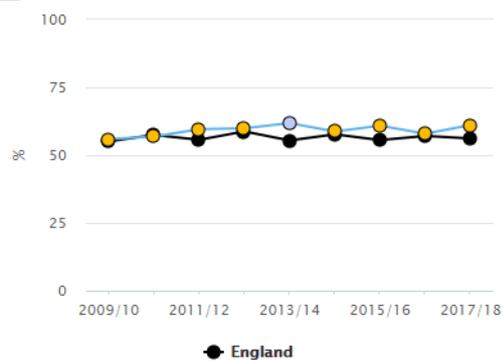
Recent trend: →

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	36	53.7%	41.9%	65.1%	53.6%	55.1%
2010/11	591	63.5%	60.4%	66.6%	56.4%	57.5%
2011/12	473	65.0%	61.4%	68.4%	57.3%	55.6%
2012/13	438	61.8%	58.1%	65.3%	58.5%	58.7%
2013/14	460	62.6%	59.0%	66.0%	57.3%	55.4%
2014/15	475	63.3%	59.8%	66.7%	58.3%	57.6%
2015/16	605	64.6%	61.5%	67.6%	58.1%	55.6%
2016/17	583	62.0%	58.9%	65.1%	57.3%	57.0%
2017/18	555	63.4%	60.2%	66.6%	57.3%	56.1%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)** Church Street Practice Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: →

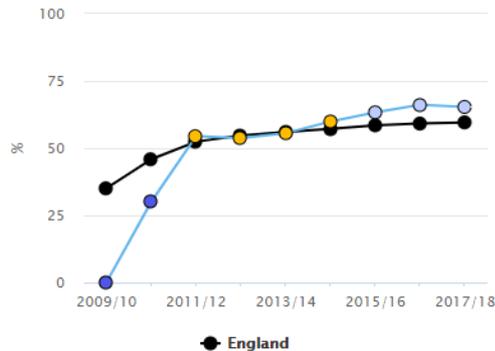
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	38	55.9%	44.1%	67.1%	53.6%	55.1%
2010/11	472	56.9%	53.5%	60.2%	56.4%	57.5%
2011/12	425	59.5%	55.9%	63.1%	57.3%	55.6%
2012/13	405	59.9%	56.2%	63.5%	58.5%	58.7%
2013/14	454	61.8%	58.2%	65.2%	57.3%	55.4%
2014/15	452	58.8%	55.3%	62.2%	58.3%	57.6%
2015/16	462	60.9%	57.4%	64.3%	58.1%	55.6%
2016/17	455	57.9%	54.4%	61.3%	57.3%	57.0%
2017/18	519	61.1%	57.7%	64.3%	57.3%	56.1%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) Newbury Street Practice

Proportion - %

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Recent trend: ↑

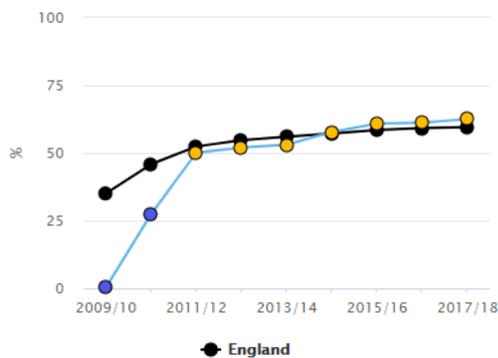
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	3	0.1%	0.1%	0.4%	3.3%	35.0%
2010/11	626	30.0%	28.1%	32.0%	29.3%	45.9%
2011/12	1,132	54.4%	52.3%	56.6%	49.5%	52.4%
2012/13	1,116	53.8%	51.6%	55.9%	49.8%	54.7%
2013/14	1,158	55.6%	53.5%	57.7%	52.2%	56.0%
2014/15	1,269	59.9%	57.8%	62.0%	55.8%	57.2%
2015/16	1,710	63.3%	61.5%	65.1%	58.7%	58.5%
2016/17	1,779	66.1%	64.3%	67.9%	60.6%	59.1%
2017/18	1,775	65.3%	63.5%	67.1%	60.8%	59.6%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) Church Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: ↑

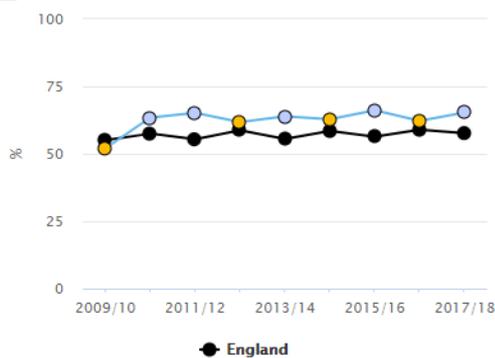
Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	8	0.4%	0.2%	0.8%	3.3%	35.0%
2010/11	526	27.4%	25.5%	29.5%	29.3%	45.9%
2011/12	976	50.1%	47.9%	52.3%	49.5%	52.4%
2012/13	1,014	52.0%	49.8%	54.2%	49.8%	54.7%
2013/14	1,064	53.0%	50.9%	55.2%	52.2%	56.0%
2014/15	1,193	57.7%	55.6%	59.9%	55.8%	57.2%
2015/16	1,291	60.8%	58.7%	62.9%	58.7%	58.5%
2016/17	1,353	61.2%	59.1%	63.2%	60.6%	59.1%
2017/18	1,465	62.6%	60.6%	64.5%	60.8%	59.6%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %) Newbury Street Practice

Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



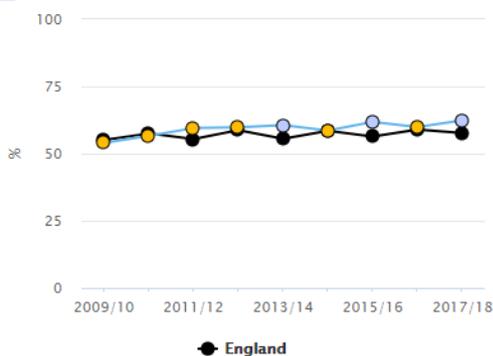
Recent trend: →

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	39	52.0%	40.9%	62.9%	53.4%	55.1%
2010/11	626	63.4%	60.4%	66.4%	56.3%	57.5%
2011/12	477	65.2%	61.6%	68.5%	57.2%	55.4%
2012/13	465	61.8%	58.3%	65.2%	58.7%	58.8%
2013/14	632	63.9%	60.9%	66.8%	57.3%	55.6%
2014/15	631	62.8%	59.8%	65.8%	58.8%	58.5%
2015/16	924	66.1%	63.6%	68.6%	59.0%	56.4%
2016/17	860	62.2%	59.6%	64.7%	58.9%	59.0%
2017/18	884	65.3%	62.8%	67.8%	59.5%	57.7%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)** Church Street Practice Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



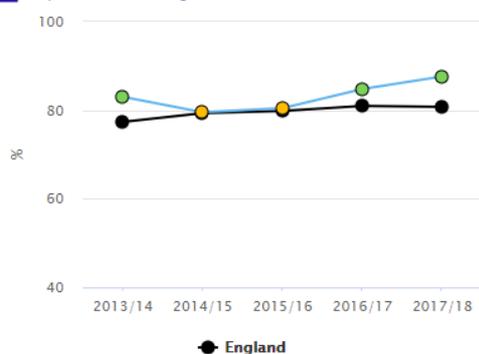
Recent trend: →

Period	Count	Value	Lower CI	Upper CI	NHS Oxfordshire CCG	England
2009/10	40	54.1%	42.8%	64.9%	53.4%	55.1%
2010/11	517	56.6%	53.4%	59.8%	56.3%	57.5%
2011/12	426	59.5%	55.9%	63.0%	57.2%	55.4%
2012/13	438	59.8%	56.2%	63.2%	58.7%	58.8%
2013/14	589	60.6%	57.5%	63.6%	57.3%	55.6%
2014/15	612	58.6%	55.6%	61.5%	58.8%	58.5%
2015/16	671	61.8%	58.9%	64.7%	59.0%	56.4%
2016/17	682	59.9%	57.1%	62.7%	58.9%	59.0%
2017/18	753	62.4%	59.6%	65.1%	59.5%	57.7%

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Abdominal Aortic Aneurysm Screening - Coverage** Vale of White Horse Proportion - %

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: ↑

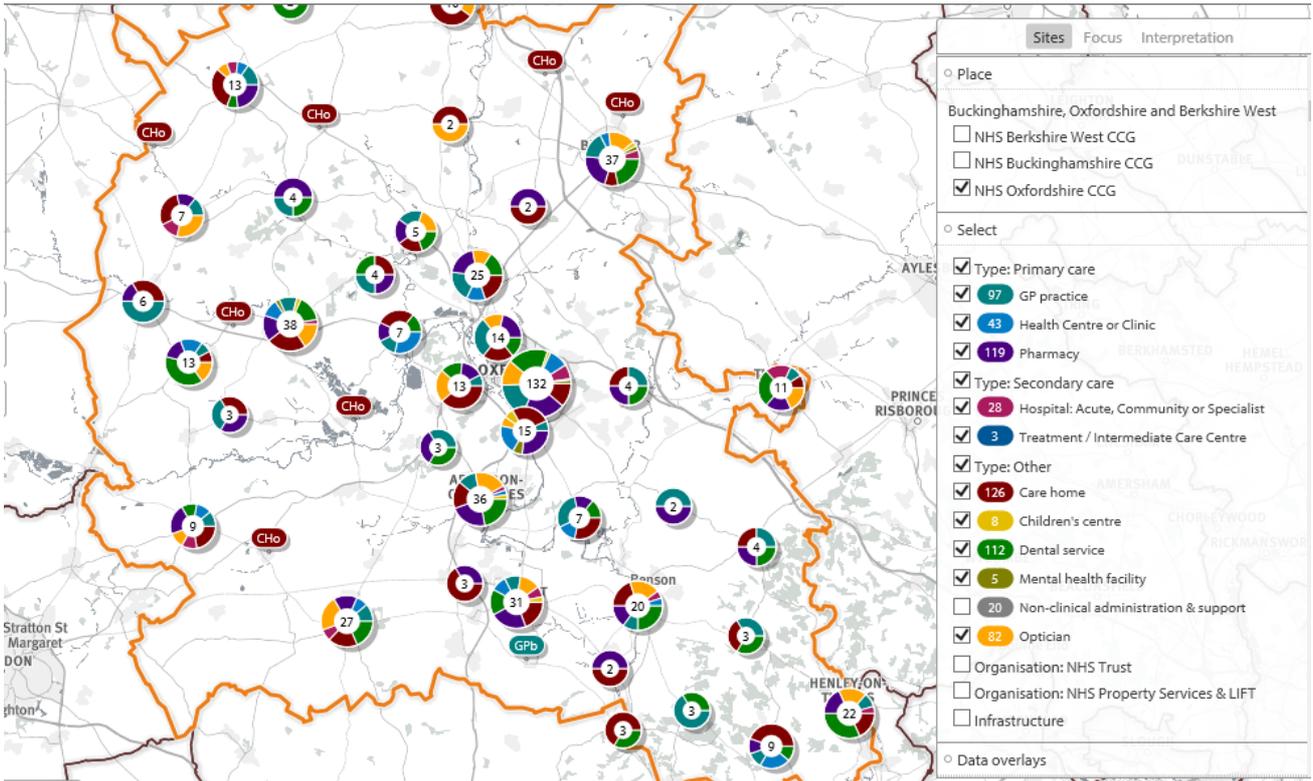
Period	Count	Value	Lower CI	Upper CI	South East region	England
2013/14	654	83.0%	80.2%	85.5%	80.2%*	77.4%
2014/15	594	79.5%	76.5%	82.3%	80.1%*	79.4%
2015/16	617	80.4%	77.5%	83.1%	80.6%	79.9%
2016/17	612	84.8%	82.0%	87.2%	81.3%*	80.9%*
2017/18	616	87.6%	85.0%	89.9%	82.0%*	80.8%*

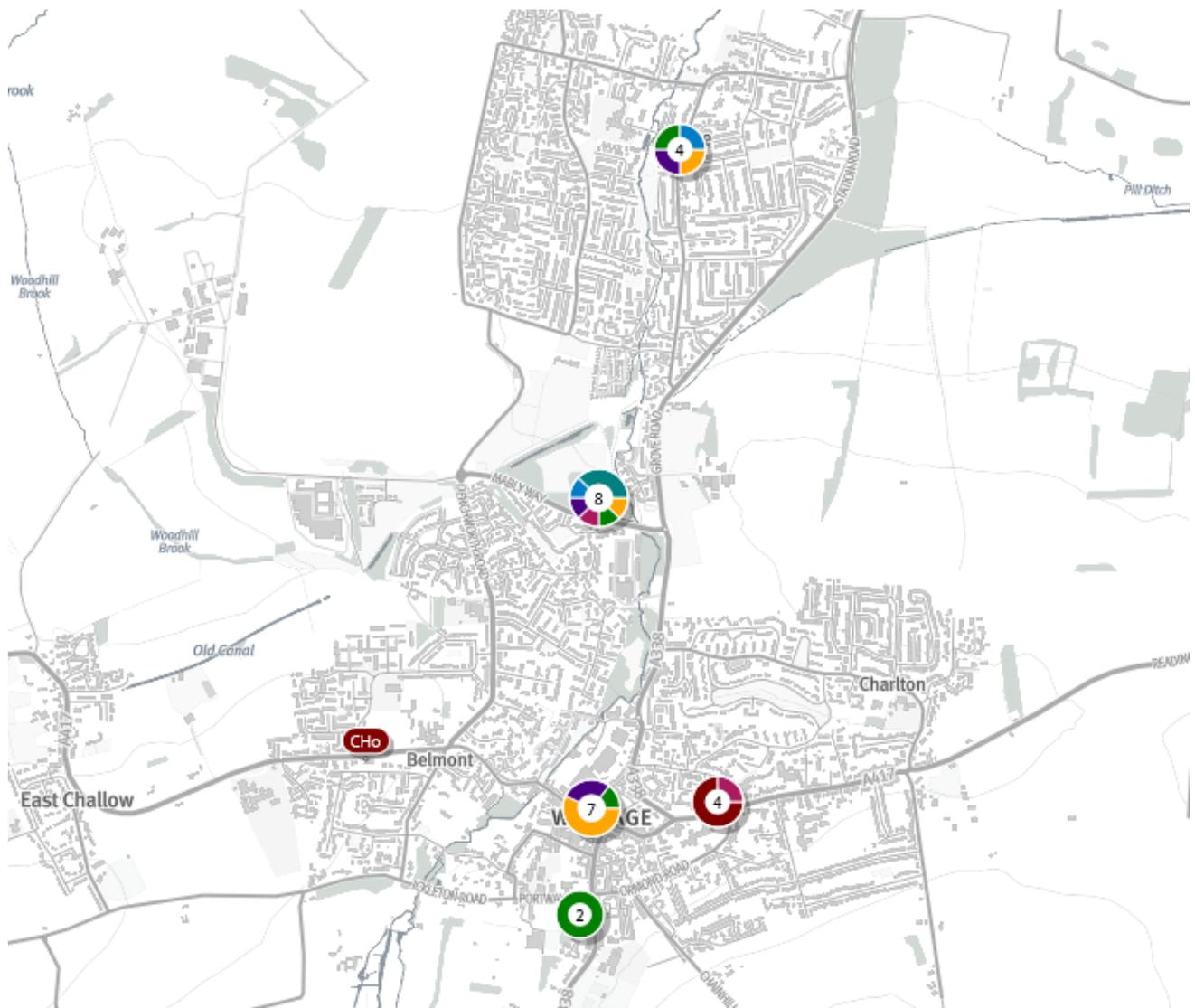
Source: Screening Management and Referral Tracking (SMaRT) database via PHE

Overall access to services	Mapping of geographic access to services considered alongside deprivation. Mapping of public transport access to services	SHAPE Atlas – mapping software (PHE) <a href="https://shapeatlas.net/">https://shapeatlas.net/</a>
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As identified by Public Health England Shape atlas, there are twenty-seven health assets in Wantage/Grove area; 2 GP practices; 5 health centres/clinic sites; 4 pharmacies; 1 community hospital; 4 care homes; 5 dental practices and 6 opticians. However, the clinic health centre/clinics and GP practices are all at the Mably Way centre.

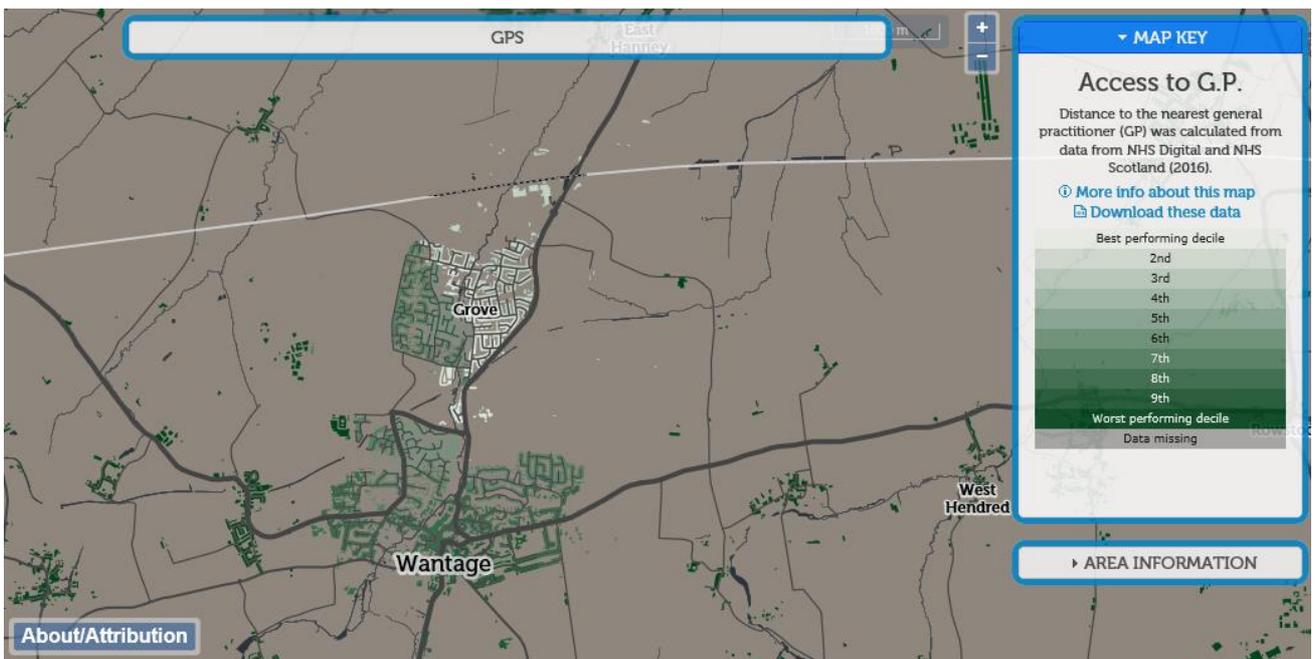
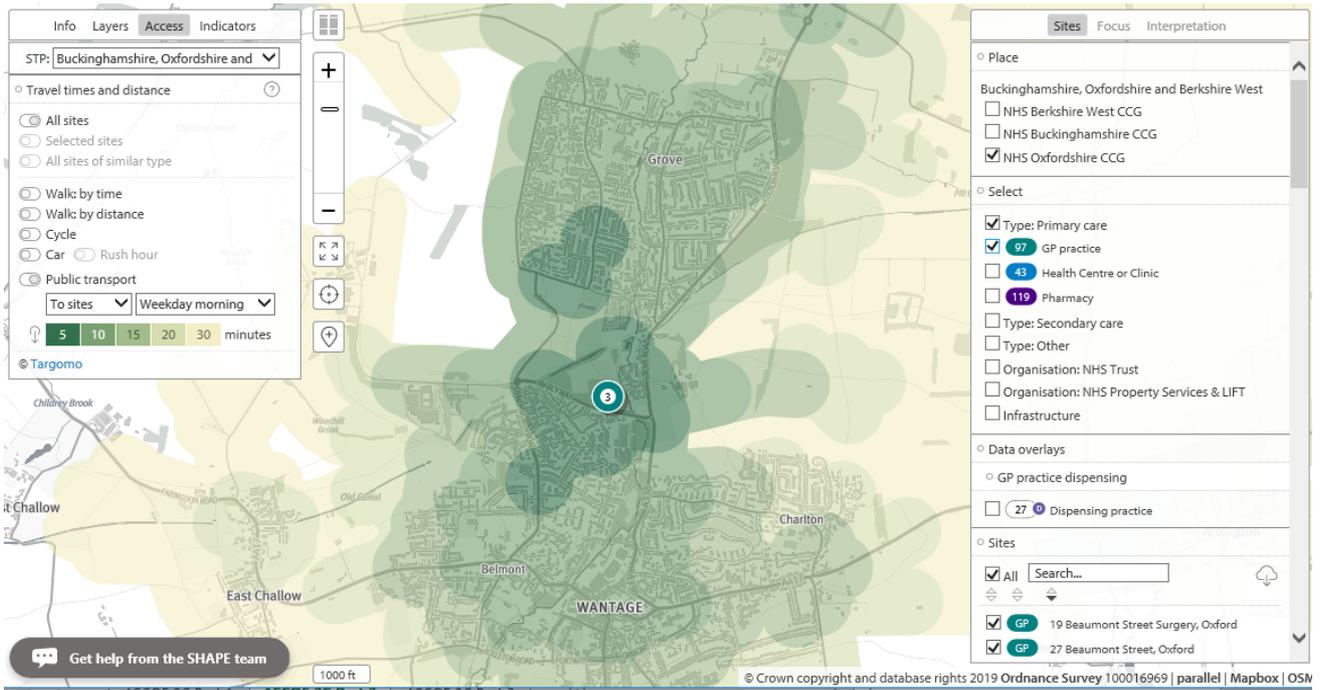
Most of Wantage and Grove is within 10 minutes of a GP practice via public transport, although the South of Wantage is closer to 15 minutes journey time via public transport. Most of Wantage and Grove are also within 15 minutes of the Health Centre or community hospital by public transport. However, access to hospitals outside of Wantage and Grove, including A&E access is more limited with more than 30 minutes journey time by public transport. Most of Wantage and Grove are within 10 minutes of a dentist or pharmacy via public transport.



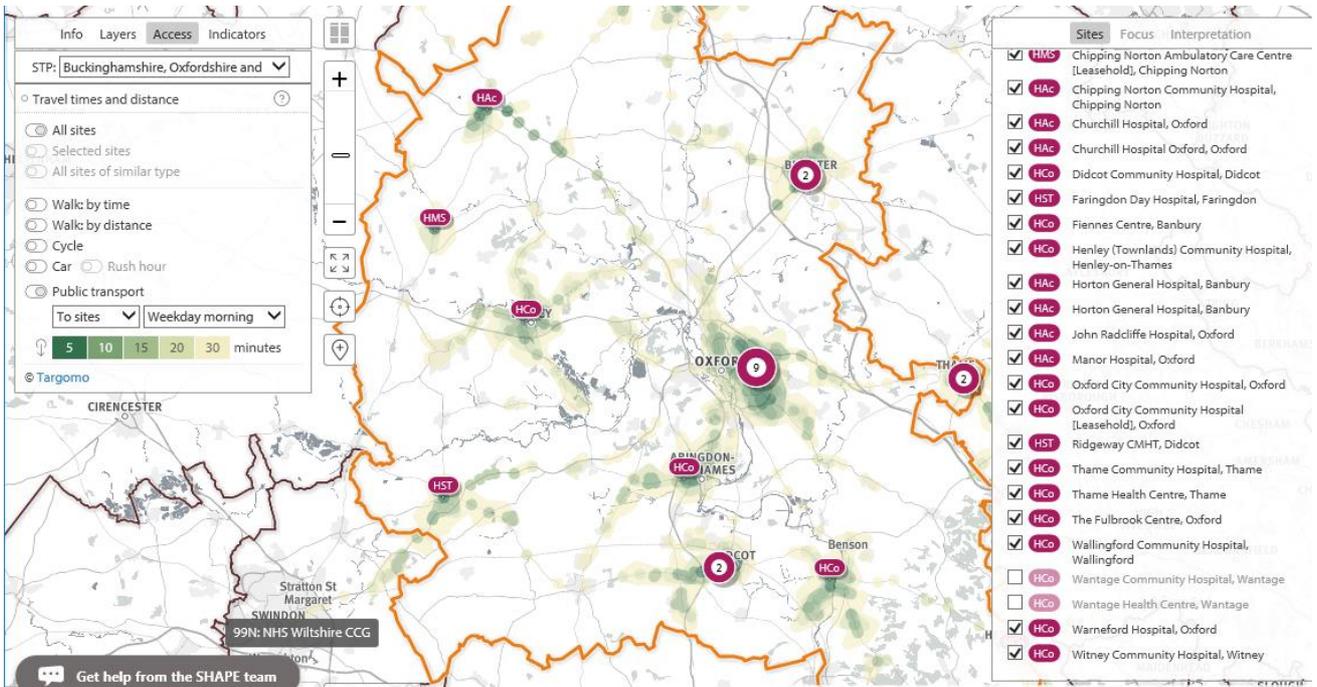
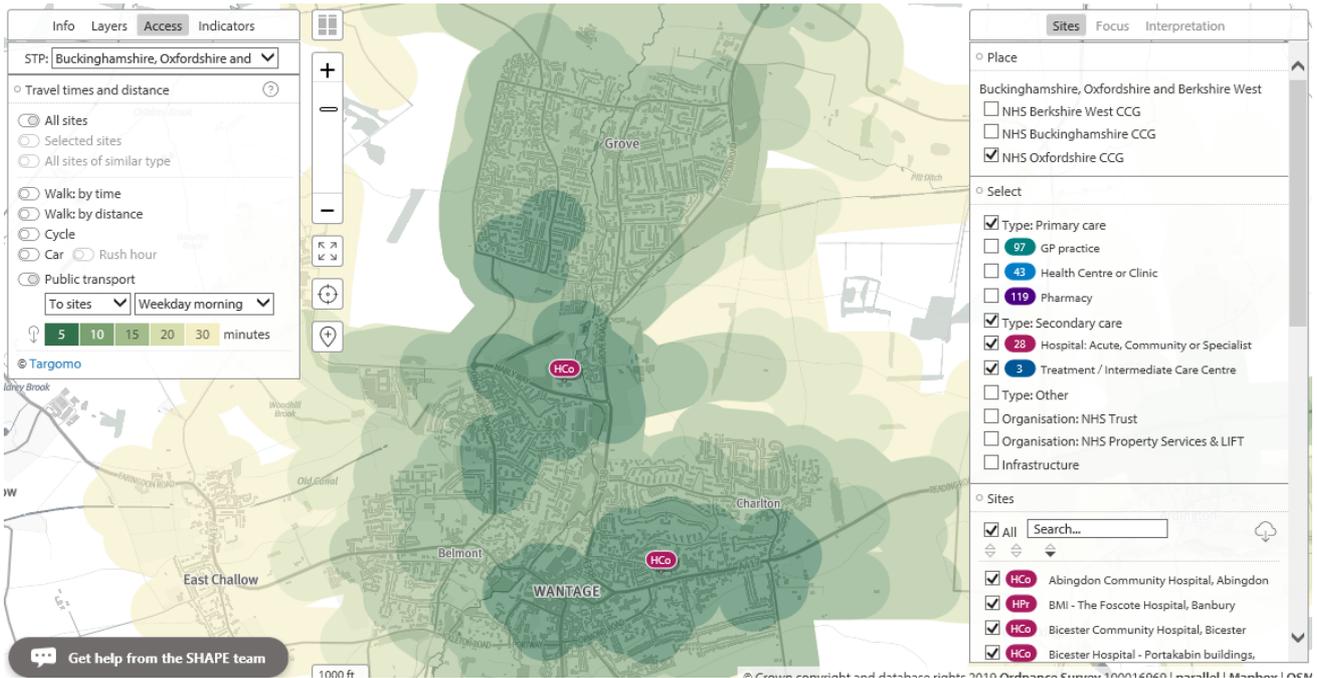


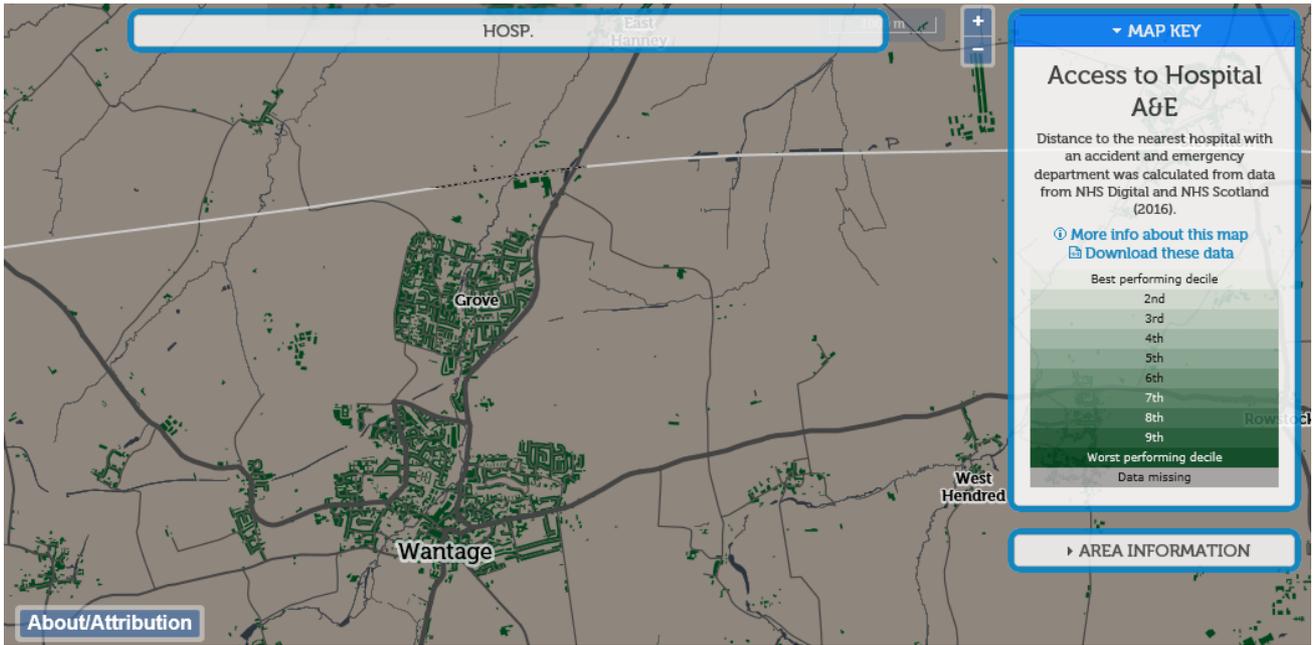
- 2 GP Practice: Church Street Practice; Newbury Street Practice
- 5 Health Centre or Clinic: The Mably Way Health Centre
- 4 Pharmacy: Bretts Pharmacy; Lloyds Pharmacy; Boots; Cleggs Pharmacy
- 1 Community Hospital: Wantage Community Hospital
- 4 Care Home: Wantage Nursing Home, Stirlings; St Katharine's House; Framland
- 5 Dental Service: Cherry Tree Dental Practice; The Health Centre; Dental Surgery (Wantage); Portway House Dental Surgery; Wantage House Dental Practice
- 6 Optician: Millbrook Opticians; Robert Stanley Opticians; Scrivens Opticians; Campbells Opticians; Specsavers (Wantage); Boots Opticians (Wantage)

**GP access:**

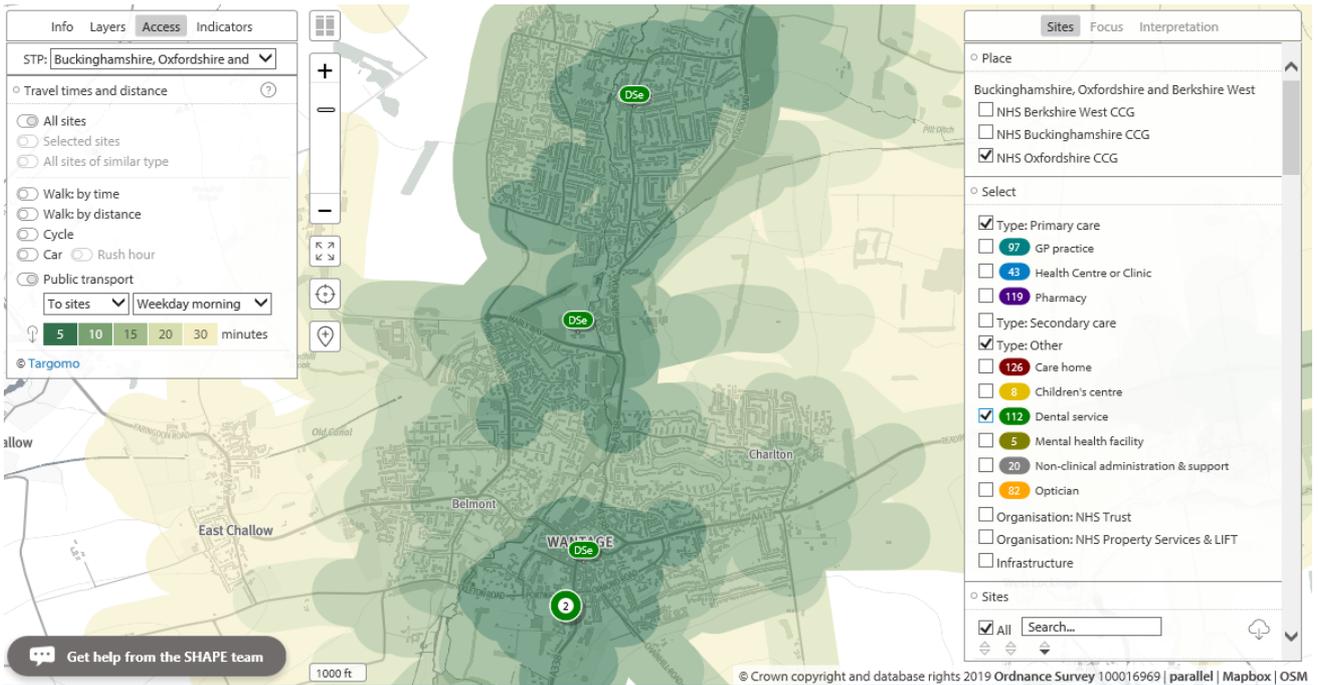


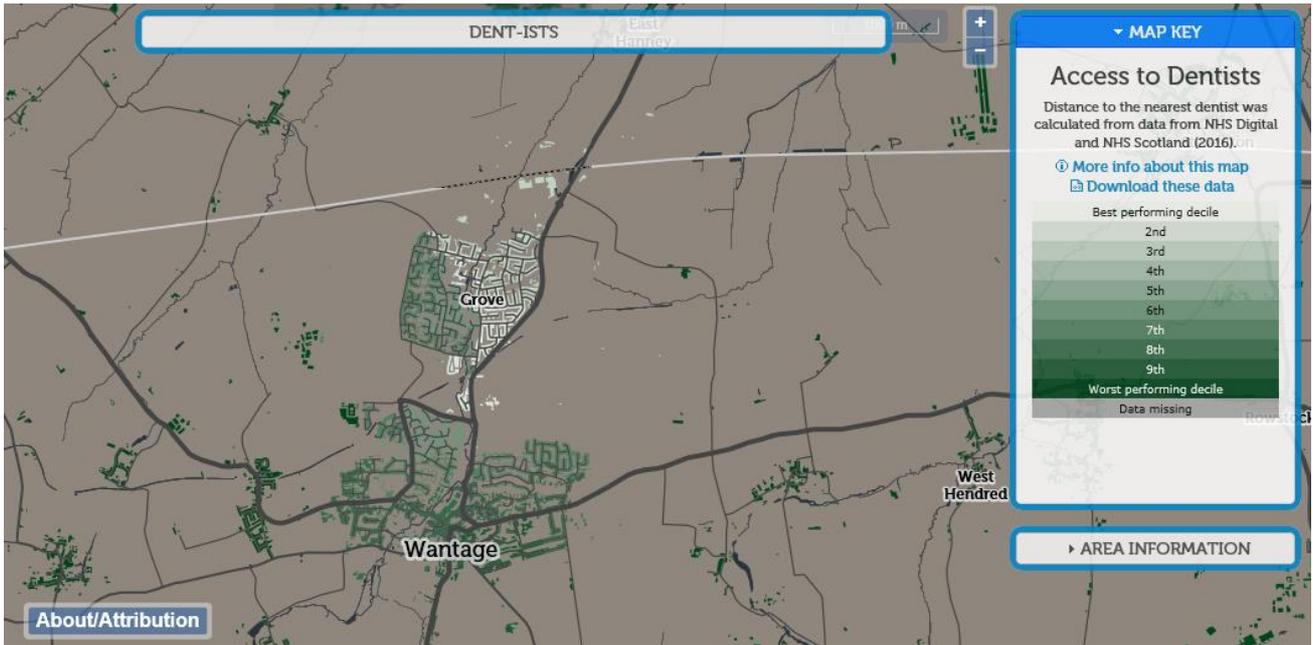
**Hospital access:**



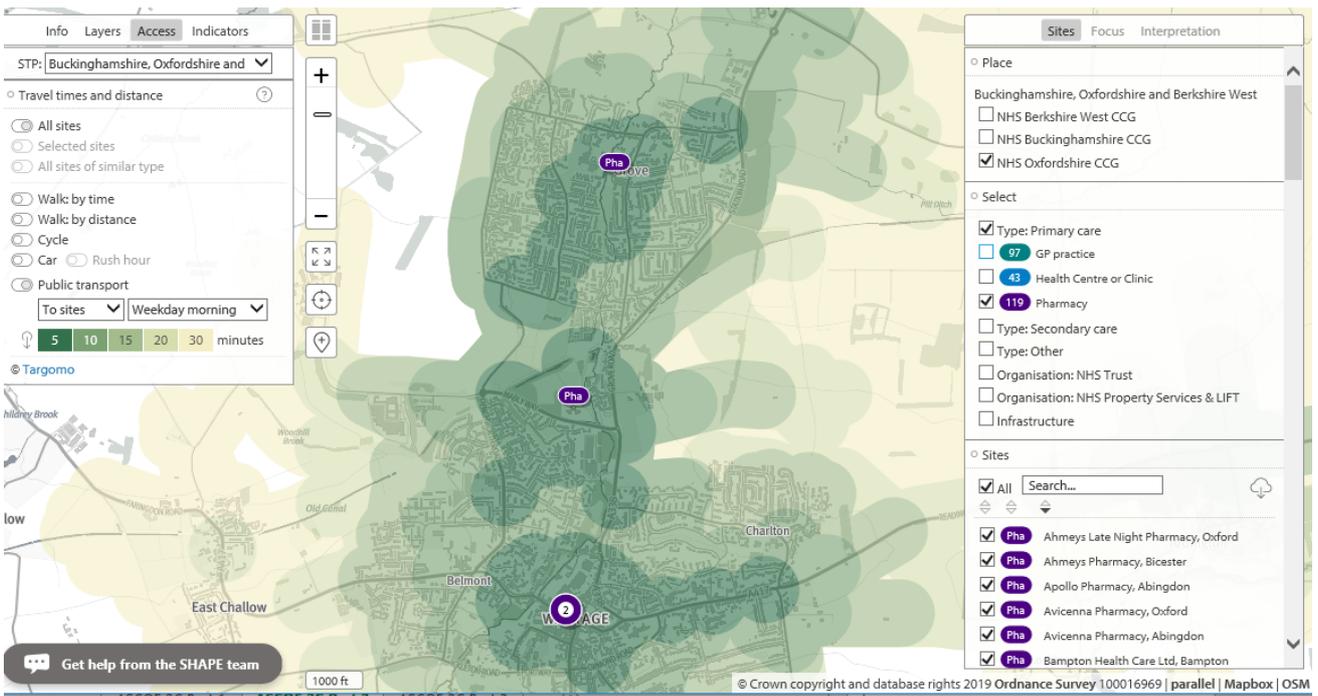


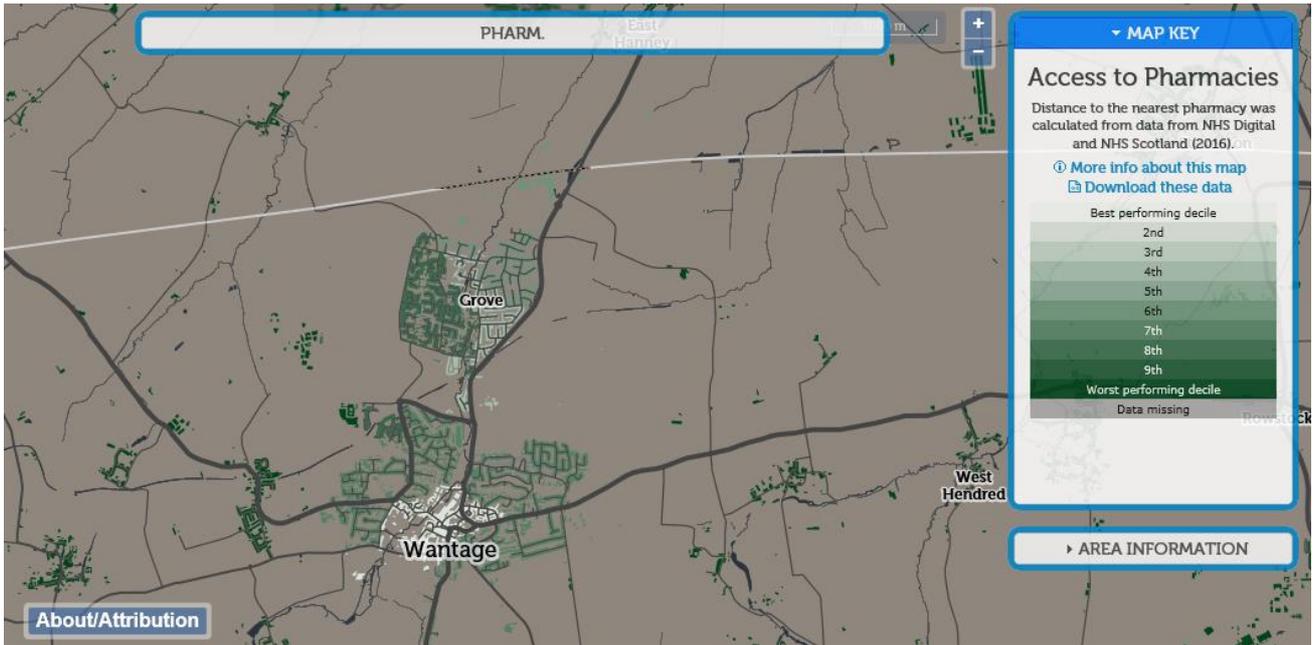
**Access to dentists:**





## Access to Pharmacists:





Outcome framework metrics	Adult Social Care Outcomes Framework NHS Outcomes Framework Public Health Outcomes Framework	<a href="#">Adult Social Care Outcomes Framework</a> <a href="#">NHS Outcomes Framework</a> <a href="#">Public Health Outcomes Framework</a>
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Indicators addressed under other aspects of this PHM framework.

### Reduced per capita cost of care and improved productivity

Category	Metric	Measure / Data source
Unwarranted variation in activity	Unplanned emergency hospital admissions Delayed transfers of care	Local Health

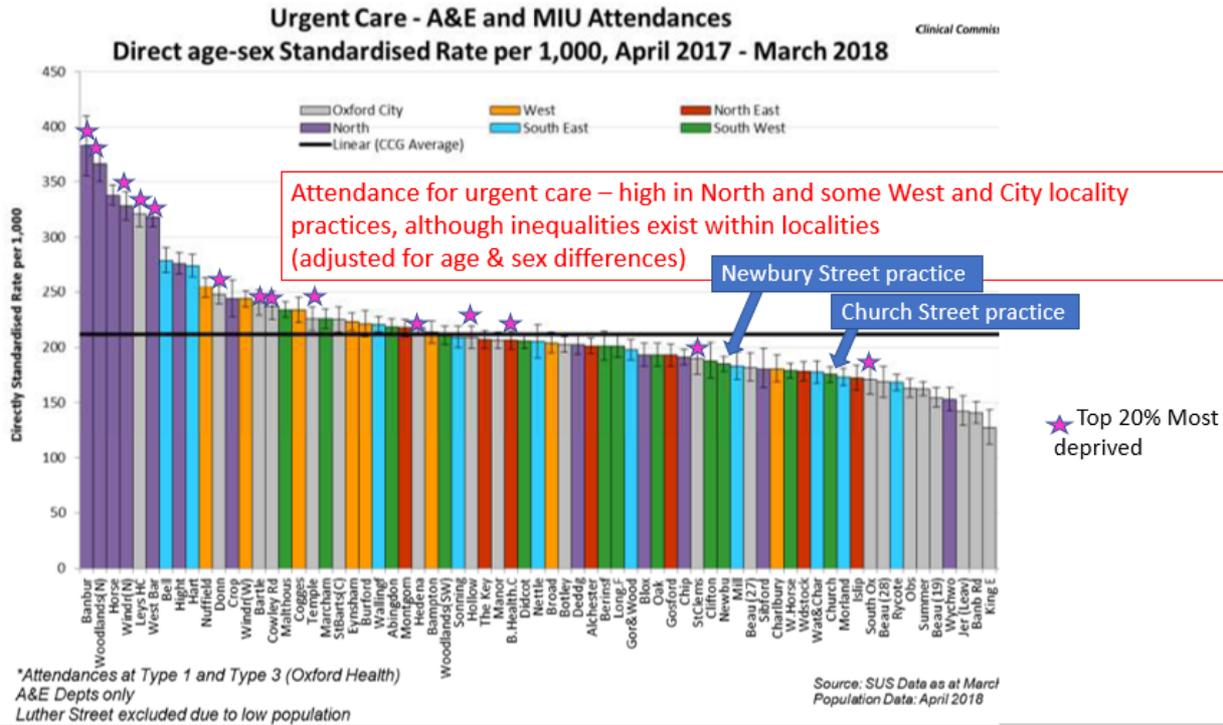
Rates of emergency hospital admissions in Wantage and Grove wards is better or similar to the national average for: all causes, coronary heart disease, stroke, heart attack and chronic obstructive pulmonary disease (Oxfordshire JSNA 2018).

Indicator	Grove North	Wantage & Grove Brook	Wantage Charlton
Emergency hospital admissions for all causes	Better	Better	Better
Emergency hospital admissions for CHD	Similar	Better	Better
Emergency hospital admissions for stroke	Similar	Similar	Similar
Emergency hospital admissions for MI	Similar	Similar	Similar
Emergency hospital admissions for COPD	Better	Better	Better

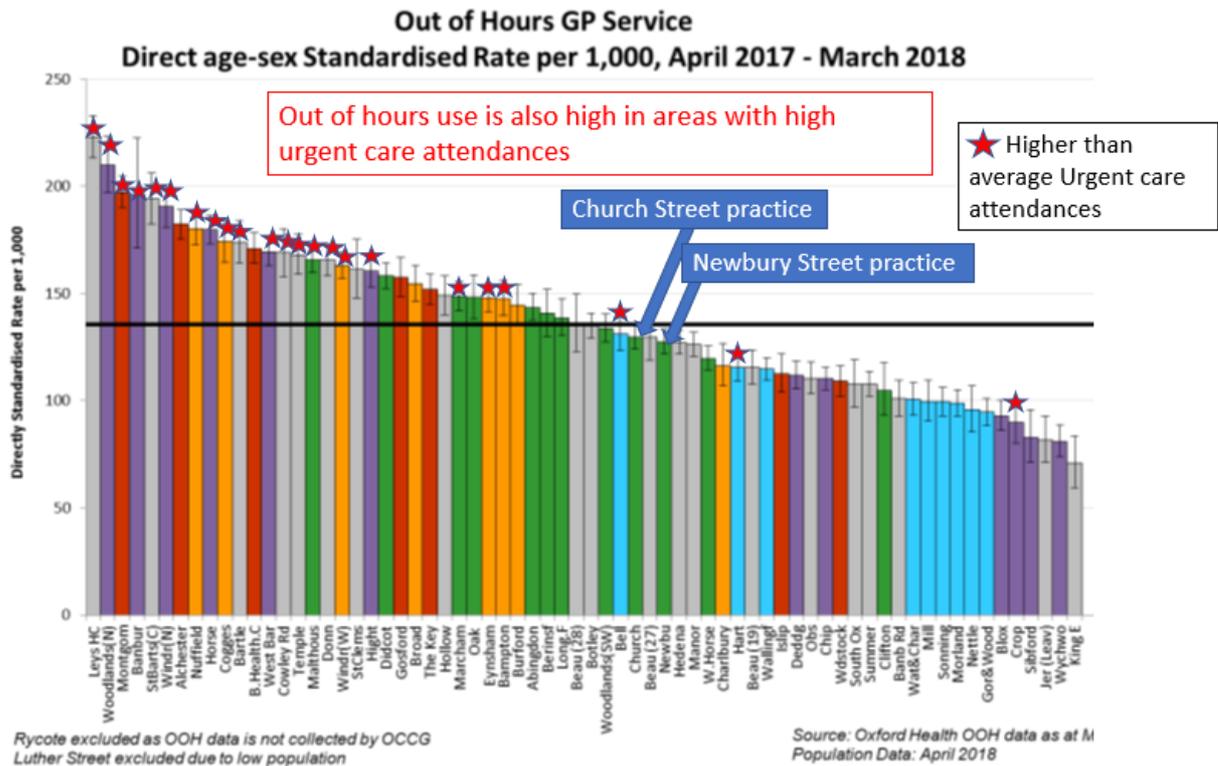
PHE Local Health data. Obtained for the Oxfordshire JSNA 2018.

Newbury and Church street practice populations use A&E and minor injuries units at rates below the CCG average.

(South West Oxfordshire Locality Group GP Commissioning Support Pack 2018-19).



The lower use of A&E and MIU does not correlate with a higher use of GP out of hours services, as Newbury and Church street practice populations also use GP out of hours services at rates below the CCG average. Use of urgent care and out of hours GP service correlates with higher levels of deprivation.

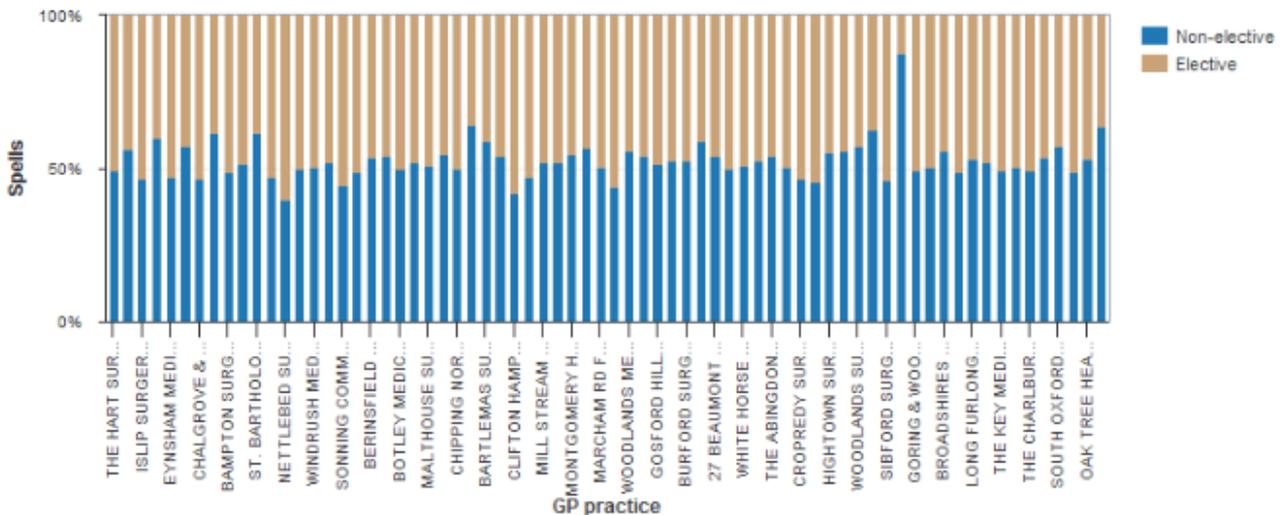


(South West Oxfordshire Locality Group GP Commissioning Support Pack 2018-19).

In line with the CCG average, of Wantage and Grove GP patients spending time in hospital, around half are elective, and half non-elective (2018 data, Dr Foster).

#### Diagnoses | VOLUME + | Feb 2018 - Jan 2019 | GP practice

GP practice: THE HART SURGERY (K84001), DIDCOT HEALTH CENTRE PRACTICE (K84002), ISLIP SURGERY (K84003), DONNINGTON  
Analyse by: GP practice Analyse by: Admission type Benchmark year: Data year Measure: Spells Chart type: Percent

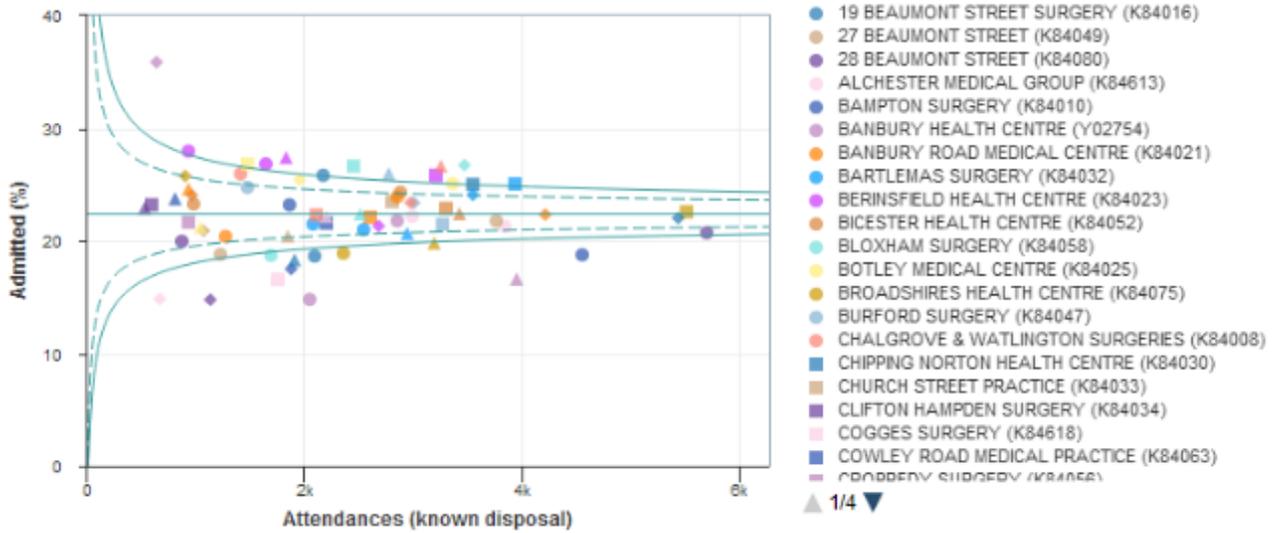


Church Street: 54% non-elective, 46% elective  
 Newbury Street: 52% non-elective, 48% elective  
 Oxfordshire CCG: 53% non-elective 47% elective

Of the A&E attendances in 2018 by Wantage and Grove practice patients, 23% were admitted. This is not significantly different to the CCG average, suggesting an appropriate use of A&E services.

### A&E attendances | Conversion to inpatient | Feb 2018 - Jan 2019 | GP practice

GP practice: THE HART SURGERY (K84001), DIDCOT HEALTH CENTRE PRACTICE (K84002), ISLIP SURGERY (K84003), DONNING  
 Analyse by: GP practice Group by: GP practice



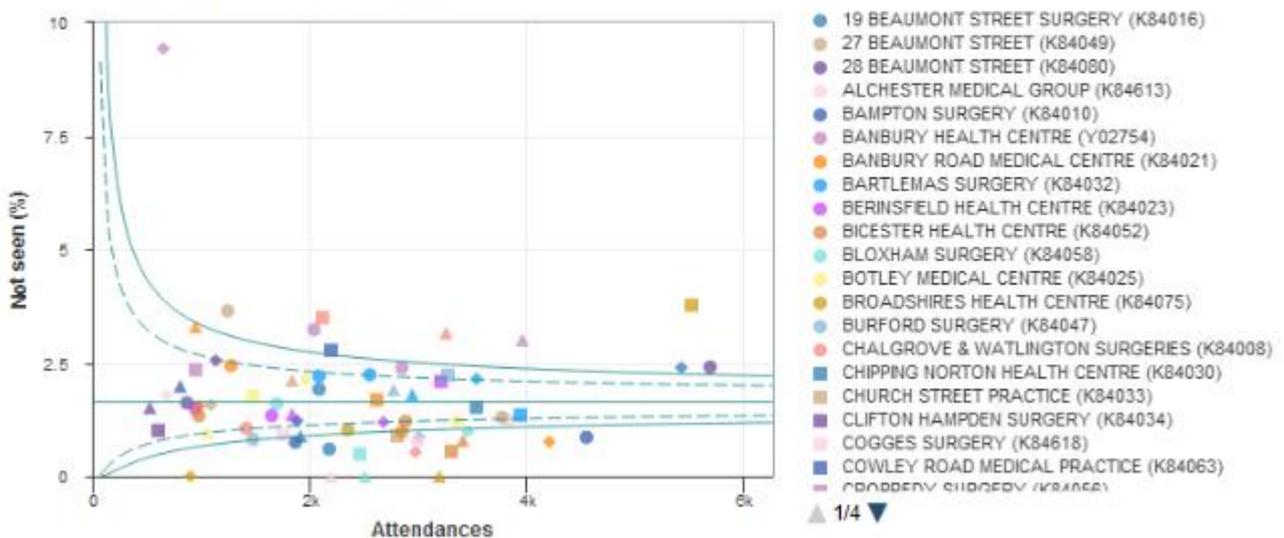
Church Street: 23% (95%CI: 22%-25%)  
 Newbury Street: 23% (95%CI: 22%-25%)  
 Oxfordshire CCG: 22% (95%CI: 22%-23%)

A significantly lower proportion of Wantage and Grove patients leave A&E without being seen compared to the CCG average (around 0.88% compared to 1.6%), potentially indicating appropriate use, or lower needs of people attending.\*

\*A high proportion of people leaving A&E before being seen can indicate either that A&E is being used inappropriately by those that could be better served by alternative care, (for example 111 advice, pharmacy or other non-emergency care), or it can indicate higher needs as we know that certain patients, such as those with substance misuse or mental health problems maybe less likely to be able to wait to be seen.

### A&E attendances | Left without being seen | Feb 2018 - Jan 2019 | GP practice

GP practice: THE HART SURGERY (K84001), DIDCOT HEALTH CENTRE PRACTICE (K84002), ISLIP SURGERY (K84003), DONNING  
 Analyse by: GP practice Group by: GP practice

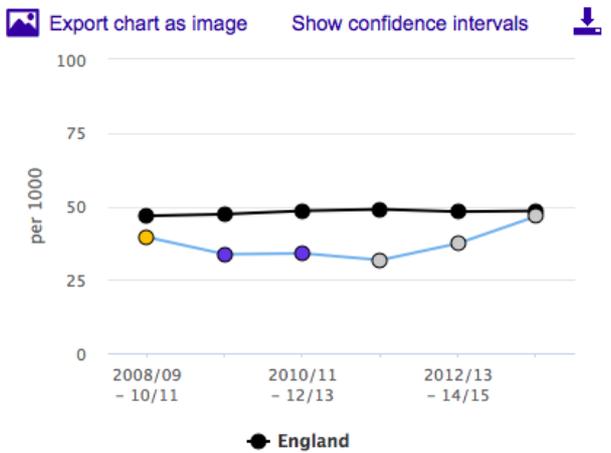


Church Street: 0.89% (95%CI: 0.57-1.25)  
 Newbury Street: 0.87% (95%CI: 0.57-1.20)  
 Oxfordshire CCG: 1.64% (95%CI: 1.58-1.70)

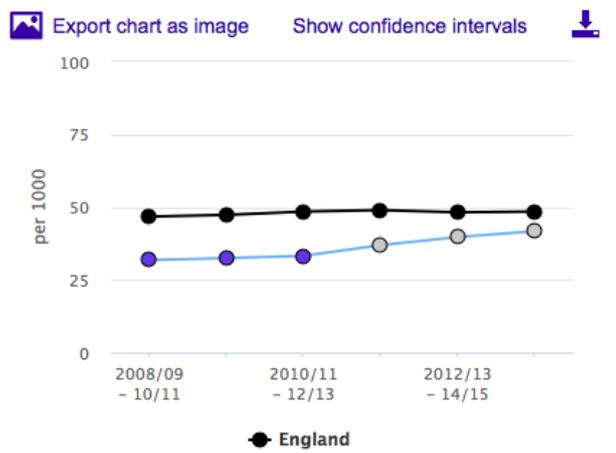
Elective and emergency admissions and A&E attendances for children under the age of 18 is below the national average for patients in Wantage and Grove practices, although the rates are steadily increasing over time.

Trends for **K84019 - Newbury Street Practice** All in Oxfordshire Trends for **K84033 - Church Street Practice** All in Oxfordshire

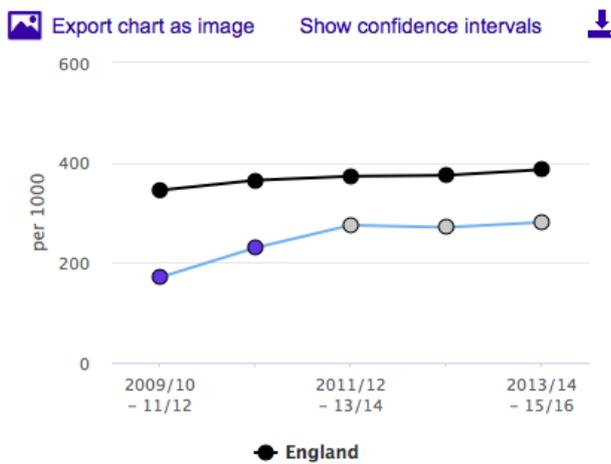
**Elective hospital admissions for all causes (<18)**



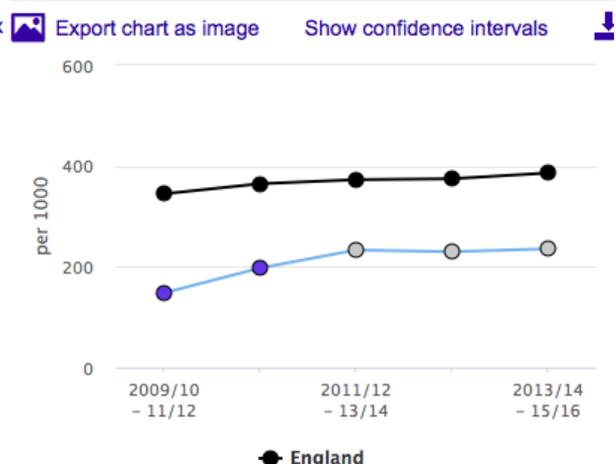
**Elective hospital admissions for all causes (<18)**



**A&E attendances (<18) Newbury Street Practice**



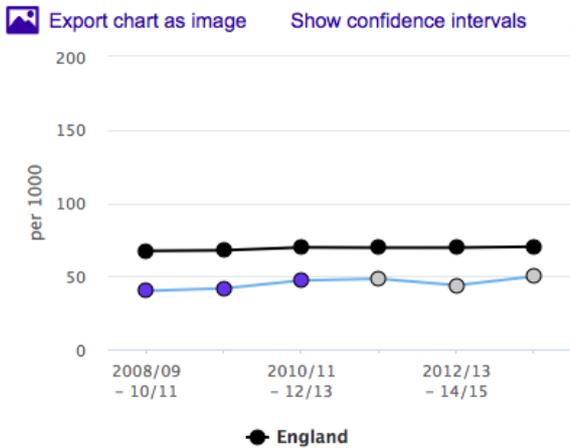
**A&E attendances (<18) Church Street Practice**



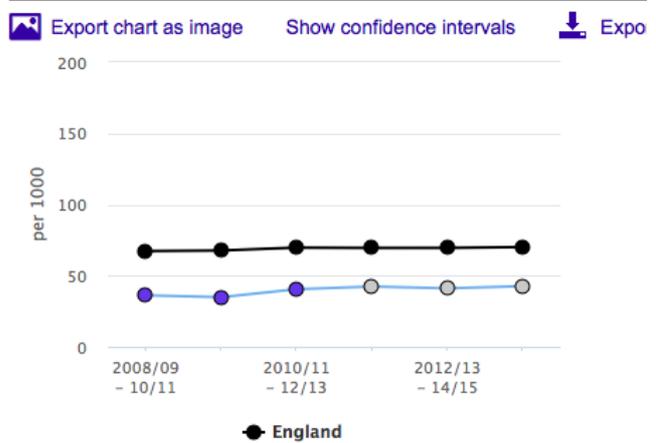
Trends for **K84019 - Newbury Street Practice** All in Oxford

Trends for **K84033 - Church Street Practice** All in Oxfordshire re

### Emergency hospital admissions for all causes (<18)

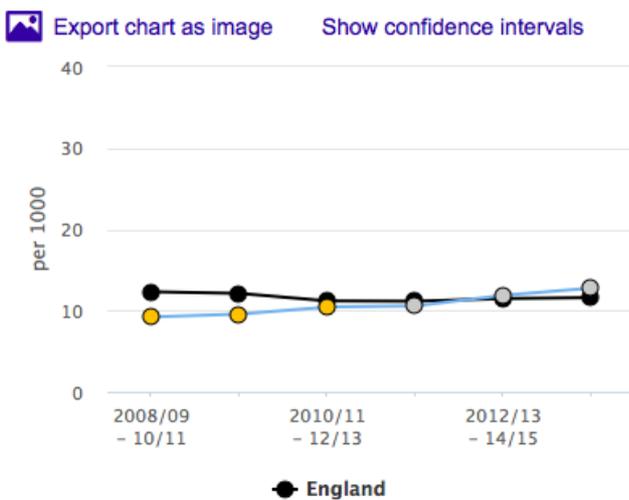


### Emergency hospital admissions for all causes (<18)

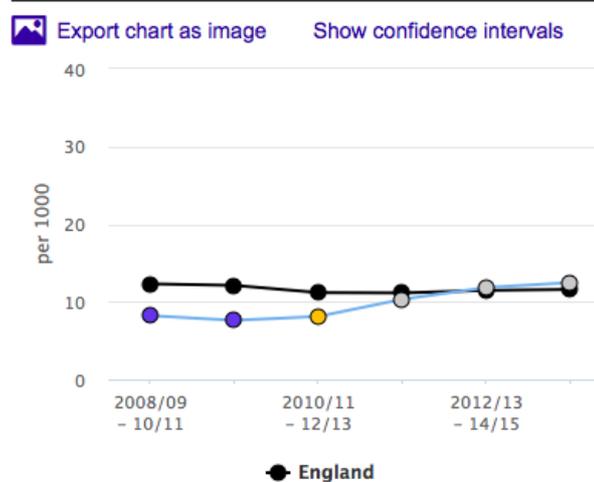


Admissions due to injury in children and injury due to falls in older people fluctuate over time. However, the latest data show rates that are significantly lower than the national average.

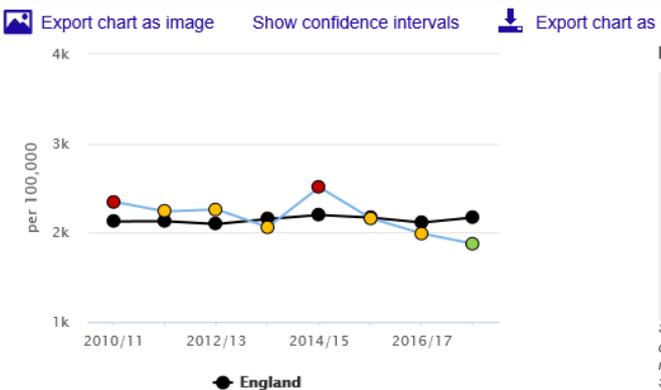
### Admissions due to injury (<18) Newbury Street Practice



### Admissions due to injury (<18) Church Street Practice



### Injuries due to falls in people aged 65 and over Vale of White Horse



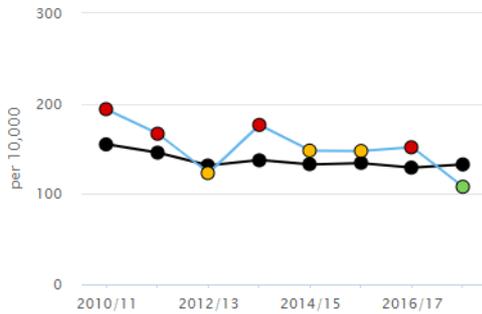
## 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)

New data

Vale of White Horse

Crude rate - per 10,000

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	South East region	England
2010/11	261	193.2	170.5	218.1	149.4	154.9
2011/12	226	166.7	145.7	189.9	143.9	145.6
2012/13	165	123.5	105.4	143.9	128.0	131.5
2013/14	232	176.4	154.5	200.7	137.7	137.7
2014/15	194	148.0	127.9	170.4	136.1	132.6
2015/16	194	147.6	127.5	169.9	142.1	134.1
2016/17	202	151.6	131.4	174.1	137.3	129.2
2017/18	144	107.9	91.0	127.1	140.9	132.7

Source: Hospital Episode Statistics (HES)

● England

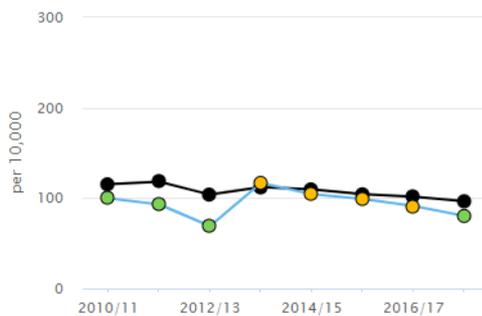
## 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

New data

Vale of White Horse

Crude rate - per 10,000

Export chart as image Show confidence intervals Export chart as CSV file



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	South East region	England
2010/11	214	99.8	86.9	114.1	111.1	115.2
2011/12	201	93.1	80.7	106.9	114.8	118.3
2012/13	150	69.0	58.4	80.9	99.3	103.9
2013/14	257	116.8	102.9	132.0	107.9	112.2
2014/15	231	104.3	91.3	118.7	103.6	109.6
2015/16	223	99.0	86.4	112.8	98.7	104.2
2016/17	210	91.3	79.3	104.5	96.5	101.5
2017/18	190	80.2	69.2	92.5	92.8	96.4

Source: Hospital Episode Statistics (HES)

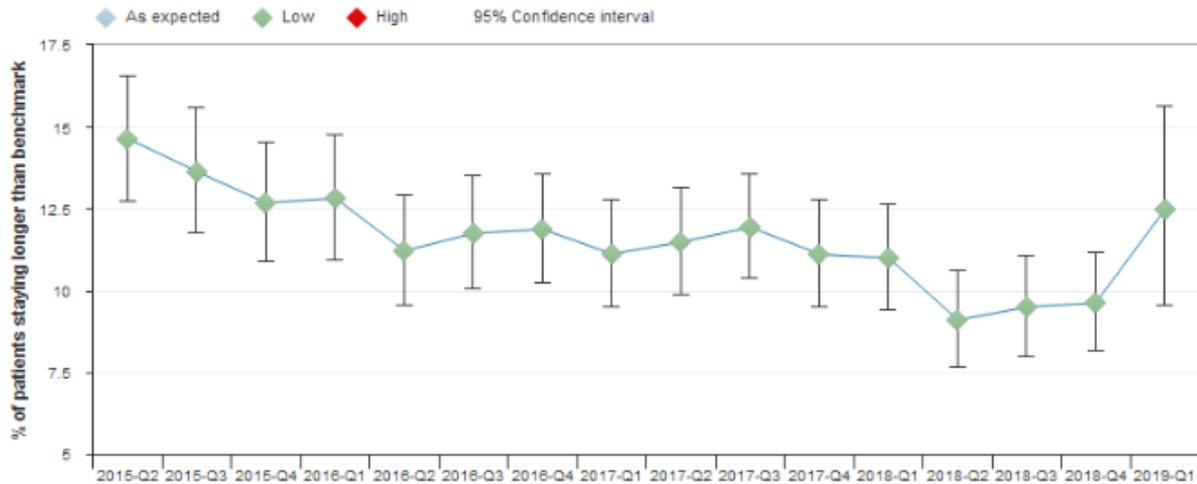
● England

Unwarranted variation in spend	Length of stay for hospital admissions	
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The length of stay in hospital for Newbury and Church Street practice patients is statistically lower than expected and has declined steadily over the past five years. Current average (median) length of stay for patients at these practices is one day. (Dr Foster data, 2019).

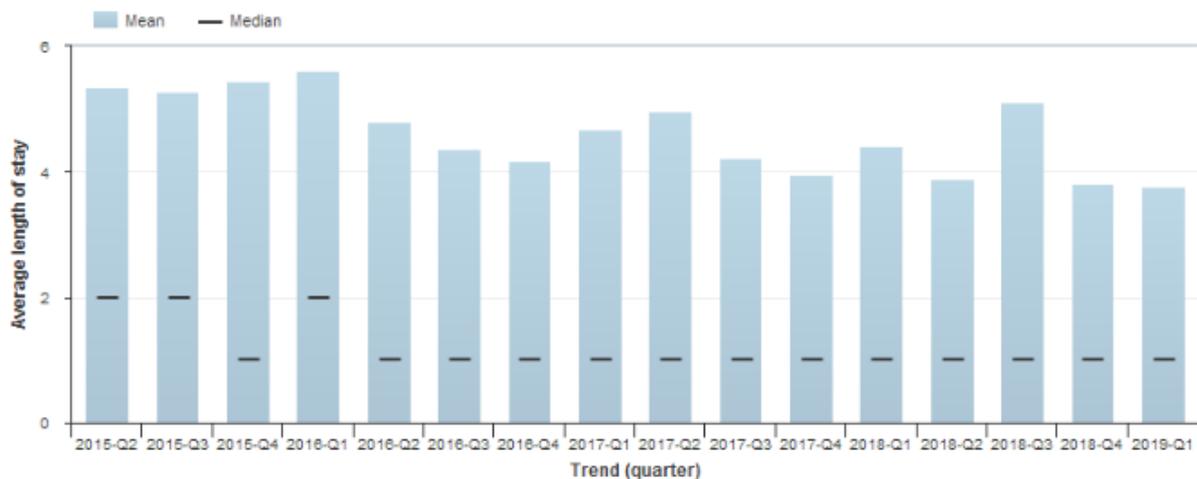
**Diagnoses | Length of stay (upper quartile) | History (Apr 2015 to most recent) | Trend (quarter)**

GP practice: NEWBURY STREET PRACTICE (K84019), CHURCH STREET PRACTICE (K84033) | Prescribed specialised services: PSS excluded  
 Analyse by: Trend (quarter) Measure: Rate Benchmarks: Query scope Order chart by: Trend (quarter) Show: All Benchmark year: Data year



**Diagnoses | Length of stay (average) | History (Apr 2015 to most recent) | Trend (quarter)**

GP practice: NEWBURY STREET PRACTICE (K84019), CHURCH STREET PRACTICE (K84033) | Prescribed specialised services: PSS excluded  
 Analyse by: Trend (quarter) Measure: Mean Order chart by: Trend (quarter)



Workforce	Primary Care Workforce	<a href="https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub">https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub</a>
	Numbers and experience of Doctors by speciality, Nurses by area of work, Senior managers, technicians and admin staff. Turnover of all groups (& where they move to)	<a href="https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics">https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics</a> More information can be requested from NHS Digital

In 2017 the CCG South West locality conducted a survey of member practices' current GP staffing and estates capacity, and forecast GP retirements over the next 2 years. At this time there were 13.28 full-time equivalent GPs (2,206 patients per GP) in Wantage. There were 2 planned retirements in 2017/18, and one each in 2018/19 and 2019/2020. CCG forecasting predicts a shortfall in Wantage GPs (excluding retirements)

of 2.7 and 4.8 by 2022 and 2027 respectively. At the time of the survey, there were 7 full-time equivalent nurses (4,161 patients per nurse), and 5.3 health care assistants/phlebotomists. The CCG predicts that some of the additional forecast GP recruitment will be replaced by non-GP staff who can undertake a focused range of 'traditional' GP activities and consultations, for example physiotherapists, clinical pharmacists and nurse practitioners/nurses with enhanced training.

Since 2016, CCG Sustainability and Transformation Funding has been used to upskill existing practice staff across the whole locality, for example:

- Training new or existing healthcare assistants and practice nurses
- Enhanced training for reception teams or care navigators
- To provide additional resources at practice level to establishing triage systems for urgent appointments.

**Locality Place Based Primary Care Plan: South West Oxfordshire Locality. OCCG January 2018**

## Additional sources of Information

Name	Overview	Link
Public Health Fingertips Profiles	A rich source of indicators across a range of health and wellbeing themes. With these profiles you can: Browse indicators at different geographical levels, Benchmark against the regional or England average, Export data to use locally.	<a href="https://fingertips.phe.org.uk">https://fingertips.phe.org.uk</a>
NHS Right Care Products	A number of useful products to support needs assessment. Including: <ul style="list-style-type: none"> <li>• CCG and STP data packs - The information in these packs include headline opportunities, improvement opportunity tables and pathways on a page.</li> <li>• Atlas of Variation - to be used as a stimulus to start a search for unwarranted variation,</li> </ul>	<a href="https://www.england.nhs.uk/rightcare/products/">https://www.england.nhs.uk/rightcare/products/</a>
PHE Segment Tool	Information on life expectancy and the causes of death that are driving inequalities in life expectancy at national, regional and local area levels. Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities.	<a href="https://fingertips.phe.org.uk/profile/segment">https://fingertips.phe.org.uk/profile/segment</a>
SHAPE Atlas Tool	Informs and supports the strategic planning of services and assets across a whole health system. Facilitates scenario planning and option appraisal at a system level.	<a href="https://shapeatlas.net">https://shapeatlas.net</a>
STP/ICS Data Packs from NHS Improvement	The data packs draw together in one place relevant data and indicators to aid the understanding of gaps and the development of transformational solutions.	<a href="https://future.nhs.uk/connect.ti/STPanalytics/view?objectid=341843&amp;exp=e1">https://future.nhs.uk/connect.ti/STPanalytics/view?objectid=341843&amp;exp=e1</a>
Primary Care Web Tool	This site provides a web portal for Primary Care data accessible to GP practice staff, CCGs area and regional teams of NHS England and other approved stakeholder organisations	<a href="https://www.primarycare.nhs.uk/default.aspx">https://www.primarycare.nhs.uk/default.aspx</a>