

Primary Care Equity Datapack

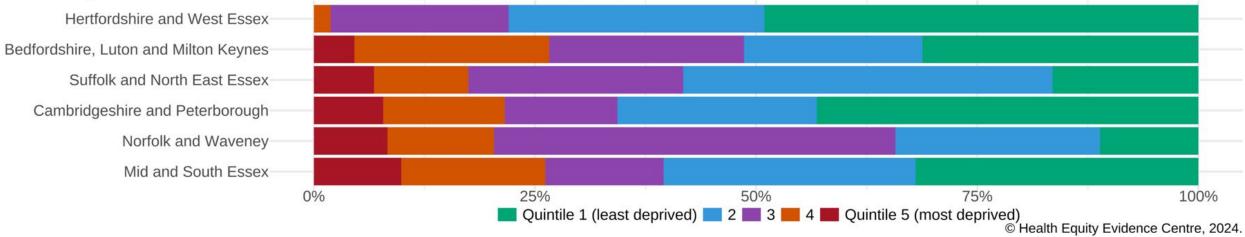
Data from latest period for Bedfordshire, Luton and Milton Keynes

Introduction

- Strong primary care is associated with more equitable health outcomes.
- A key role of commissioners is to ensure the equitable distribution of resources across the system.
- We present the latest NHS primary care data, using Index of Multiple Deprivation (IMD) to examine inequalities existing in primary care access, experience and outcomes, across the following categories:
 - **Resources (supply)**: Payments, Workforce
 - **Population (demand)**: Disease prevalence, Health-related behaviours
 - Service quality: QOF achievement
 - Access: Patient experience, Appointments
 - Impact on secondary care: Emergency admissions, A&E attendances
- For further information or to discuss the results, please contact <u>Dr John Ford</u>

ICB Overview

Percentage of practices in each IMD quintile by ICB (East of England)



Each practice in England is assigned an Index of Multiple Deprivation based on the population served, which we divide into deprivation quintiles. 5% of practices in Bedfordshire, Luton and Milton Keynes serve the most deprived quintile of patients in England. If data for the most deprived quintile is missing, we use the second most deprived. If both are missing, we omit the data point from the figure.

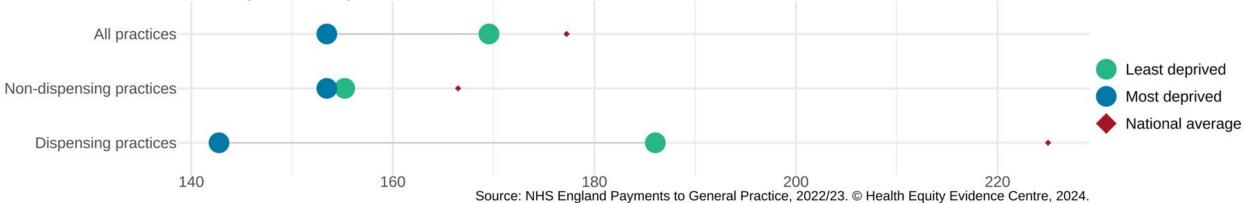
Inequality in Life Expectancy

Life expectancy by practice, birth cohort 2016-20 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD quintiles Male Female 75.0 77.5 80.0 82.5 Source: Office for Health Improvements and Disparities National GP Profiles, 2022/23. © Health Equity Evidence Centre, 2024.

Average life expectancy for men is 75.1 in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 81.3 in the least deprived 20%.

Inequality in NHS Payments

Mean payment per weighted patient, 2022/23 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD quintiles



Average payment per weighted patient is £153.45 in the most deprived 20% of practices, versus £169.54 in the least deprived 20%. If there are no dispensing practices in the most deprived quintile, we use the second most deprived. If both are missing, we omit the data point from the figure.

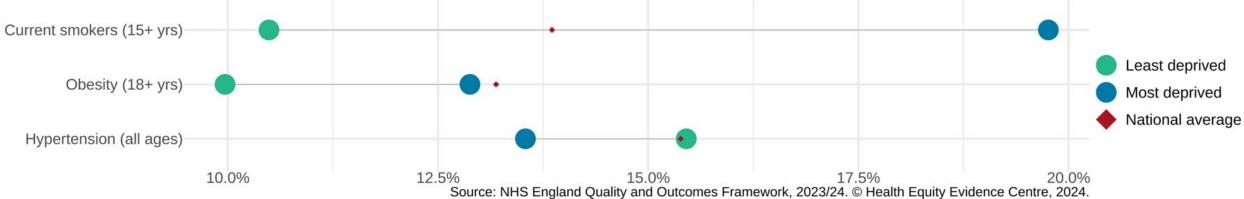
Inequality in Workforce

Average staff FTE per 10,000 weighted patients, 2023/24 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD guintiles Fully-qualified permanent GPs GPs in training grade & locuums Least deprived Nurses Most deprived Direct patient care National average Admin/Non-clinical PCN-funded staff (all types) 2.5 0.0 5.0 7.5 10.0 12.5 Source: NHS England GP Workforce & PCN Workforce, 2023-24. © Health Equity Evidence Centre, 2024.

Average fully-qualified GPs FTE per 10,000 weighted patients is 3.4 per weighted patient in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 3.5 in the least deprived 20%.

Inequality in Health-related Behaviours

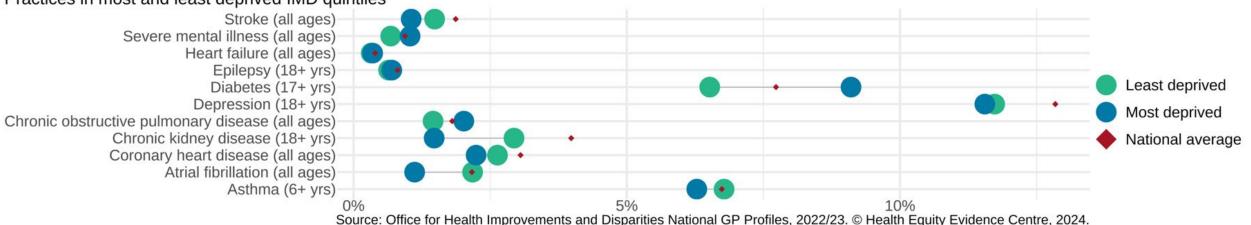
Average prevalence of health-related behaviours, 2024 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD quintiles



Average prevalence of current smokers (15+ years) is 19.8% in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 10.5% in the least deprived 20%.

Inequality in Disease Prevalence

Average disease prevalence, 2023 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD guintiles

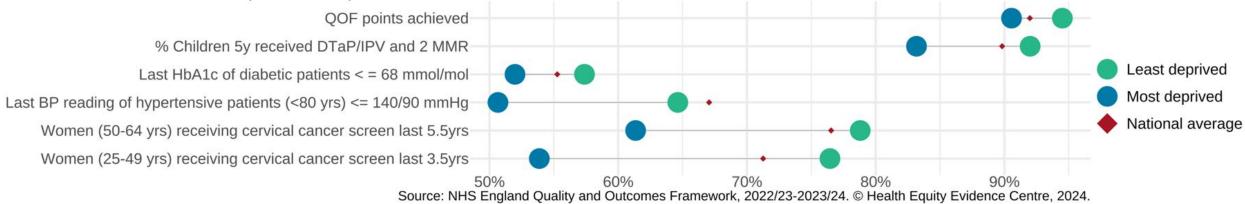


Average prevalence of diabetes (17+ years) is 9.1% in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 6.5% in the least deprived 20%.

Average prevalence of depression (18+ years) is 11.6% in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 11.7% in the least deprived 20%.

Inequality in Quality of Service

Average % achievement of QOF domains, 2023/24 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD quintiles



Average QOF points achieved is 90.6% in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 94.5% in the least deprived 20%.

Inequality in Patient Experience

Average patient experience, 2023/24 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD quintiles Overall satisfaction 'Good' or 'Outstanding' CQC rating Confidence and trust Continuity of care Experience of contacting the surgery 40% Source: Ipsos GP Patient Survey, 2024 & CQC, 2023. © Health Equity Evidence Centre, 2024.

Average % of practices receiving 'Good' or 'Outstanding' CQC ratings is 100% in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 96% in the least deprived 20%. Average % of patients describing their overall satisfaction as 'Good' is 60.8% in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 70% in the least deprived 20%.

Least deprived

Most deprived

National average

Inequality in Appointments

Median appointments and DNAs per 10,000 weighted patients, March 2024 (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD quintiles



Average number of Face-to-Face appointments per 10,000 weighted patients is 930.4 in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 1281.4 in the least deprived 20%.

Inequality in Impact on Secondary Care

Median emergency admissions or A&E attendances, latest period (Bedfordshire, Luton and Milton Keynes) Practices in most and least deprived IMD quintiles Number of emergency admissions with cancer Emergency admissions (0-4 yrs) A&E attendances (0-4 yrs) 200 Source: Office for Health Improvements and Disparities National GP Profiles, 2022/23. © Health Equity Evidence Centre, 2024.

Average number of emergency admissions (0-4 years) is 176.5 in the most deprived 20% of practices in Bedfordshire, Luton and Milton Keynes, versus 163.9 in the least deprived 20%.

Acknowledgements

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- The views expressed in this publication are those of the Health Equity Evidence Centre and not necessarily those of NHS England.