

# Primary Care Equity Datapack

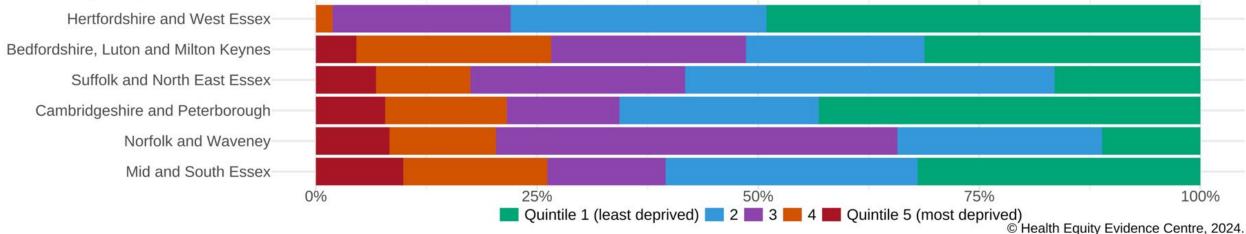
Data from latest period for Suffolk and North East Essex

#### 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 Dr John Ford

#### **ICB** Overview

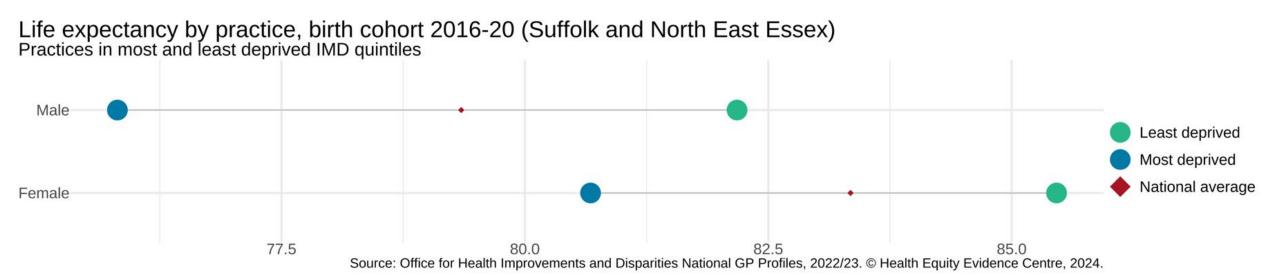




Each practice in England is assigned an Index of Multiple Deprivation based on the population served, which we divide into deprivation quintiles.

7% of practices in Suffolk and North East Essex 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.

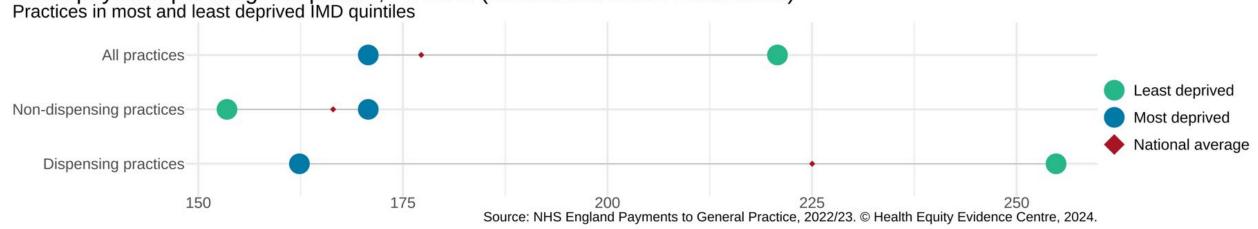
# Inequality in Life Expectancy



Average life expectancy for men is 75.8 in the most deprived 20% of practices in Suffolk and North East Essex, versus 82.2 in the least deprived 20%.

## Inequality in NHS Payments

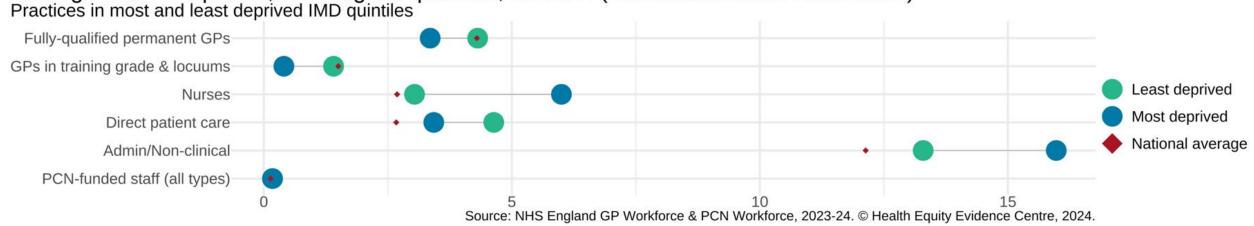
Mean payment per weighted patient, 2022/23 (Suffolk and North East Essex)



Average payment per weighted patient is £170.77 in the most deprived 20% of practices, versus £220.78 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.

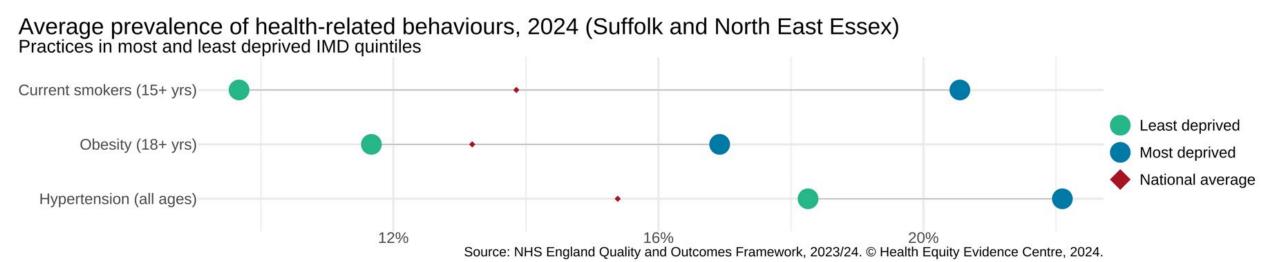
# Inequality in Workforce

Average staff FTE per 10,000 weighted patients, 2023/24 (Suffolk and North East Essex)



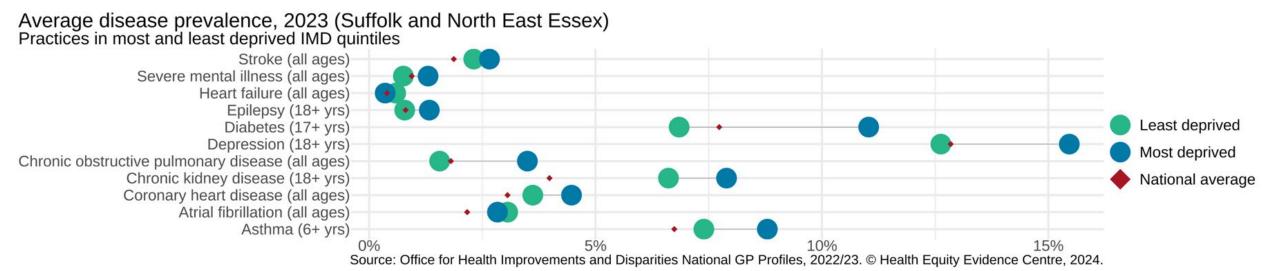
Average fully-qualified GPs FTE per 10,000 weighted patients is 3.4 per weighted patient in the most deprived 20% of practices in Suffolk and North East Essex, versus 4.3 in the least deprived 20%.

# Inequality in Health-related Behaviours



Average prevalence of current smokers (15+ years) is 20.5% in the most deprived 20% of practices in Suffolk and North East Essex, versus 9.7% in the least deprived 20%.

### Inequality in Disease Prevalence

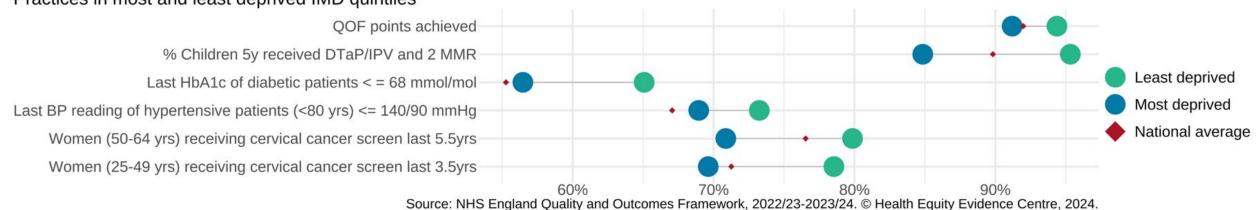


Average prevalence of diabetes (17+ years) is 11% in the most deprived 20% of practices in Suffolk and North East Essex, versus 6.8% in the least deprived 20%.

Average prevalence of depression (18+ years) is 15.5% in the most deprived 20% of practices in Suffolk and North East Essex, versus 12.6% in the least deprived 20%.

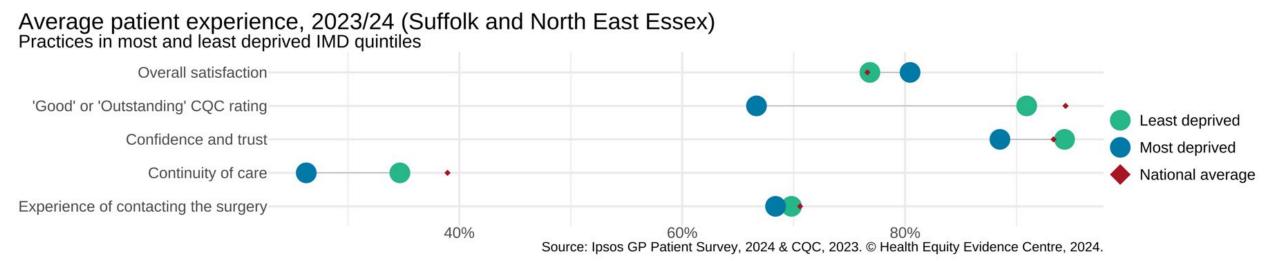
# Inequality in Quality of Service

Average % achievement of QOF domains, 2023/24 (Suffolk and North East Essex) Practices in most and least deprived IMD quintiles



Average QOF points achieved is 91.2% in the most deprived 20% of practices in Suffolk and North East Essex, versus 94.4% in the least deprived 20%.

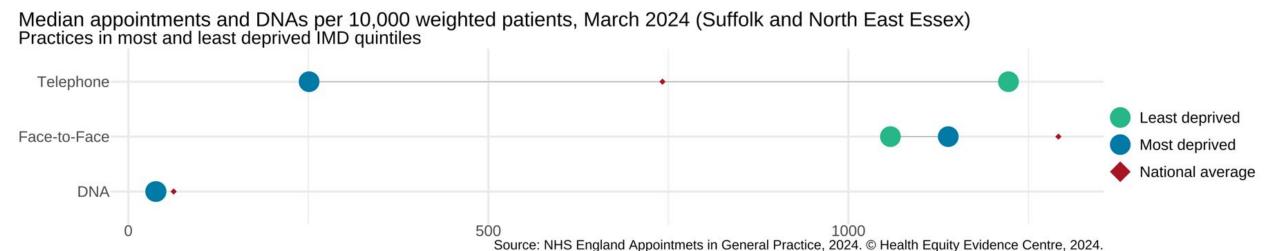
# Inequality in Patient Experience



Average % of practices receiving 'Good' or 'Outstanding' CQC ratings is 66.7% in the most deprived 20% of practices in Suffolk and North East Essex, versus 90.9% in the least deprived 20%.

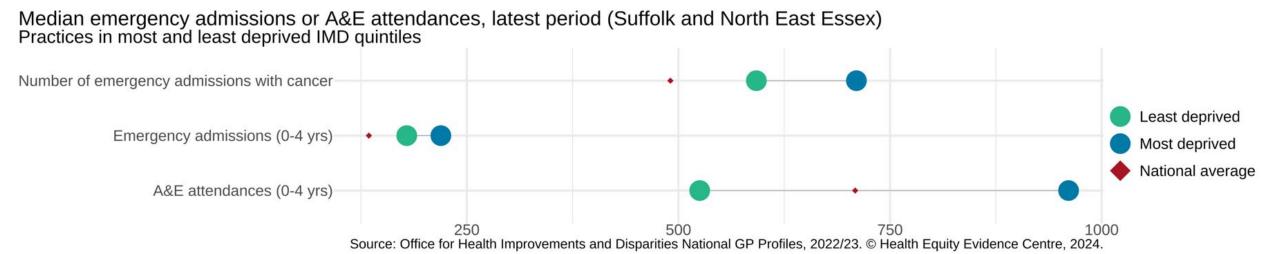
Average % of patients describing their overall satisfaction as 'Good' is 80.4% in the most deprived 20% of practices in Suffolk and North East Essex, versus 76.8% in the least deprived 20%.

# Inequality in Appointments



Average number of Face-to-Face appointments per 10,000 weighted patients is 1138.7 in the most deprived 20% of practices in Suffolk and North East Essex, versus 1058.4 in the least deprived 20%.

# Inequality in Impact on Secondary Care



Average number of emergency admissions (0-4 years) is 219.3 in the most deprived 20% of practices in Suffolk and North East Essex, versus 179.1 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.