# PRIMARY CARE PROFILES

**Version 0.3**

HEREFORDSHIRE COUNCIL STRATEGIC INTELLIGENCE TEAM

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## SUMMARY – KEY MESAGES

*Demography*

Herefordshire is a predominantly rural county, with the 4th lowest population density in England, although the population has risen 8% since the 2001 census from 174,900 to 188,100.

Individuals aged 65 and over account for 23% of the population, including 5,900 residents aged 85 plus. By 2020 the 65-84 years old population is expected to increase by 9.4% whilst over 85 year olds population is expected to increase by 13.3%; a 0.4% drop is predicted in the 15-64 year old age group.

The greatest levels of deprivation in the county are in Leominster and South Wye, while the lowest levels are evident in and around the north and east of Hereford and around Ledbury. This is reflected at the locality level.

There are 24 GP practices across Herefordshire with 183,100 registered patients.

For the younger age cohorts (<18) the proportion of patients recorded at the majority of practices are below the national average, while for older cohorts (65+) the proportions were higher than the national figure. Compared to similar CCGs Herefordshire has a lower proportion of younger individuals (<15) and a higher proportion of older people (65+).

Across the county 57% of registered patients have long term medical conditions (LTC) compared to the national figure of 54%, although at the practice level only the proportions at Greyfriars in Hereford and Alton Street in Ross-on-Wye were significantly higher than the national figure. Contrary to national patterns levels of LTC in Herefordshire show no correlation with age or deprivation. There is no significant difference between prevalence of LTC in Herefordshire and comparator CCGs.

*Life and healthy life expectancy*

The life expectancy in Herefordshire is 79.7 years for males and 83.7 years for females both of which are higher than the England average of 79.2 for males and 83.0 for females. In relation to localities, for both males and females the highest life expectancy was in Ledbury while the lowest was in the City. Lower life expectancy for both males and females was observed in areas with the highest level of deprivation.

For both males and females the average healthy life expectancy is 65 and 67 years respectively, which are both higher than regional and national figures. In relation to localities, for both males and females the highest life expectancy is in Ledbury while the lowest is in the City. Lower life healthy expectancy for both males and females are observed in areas with the highest level of deprivation.

*Mortality, disease prevalence and long term conditions*

The key killers across Herefordshire are cardiovascular disease, cancers, respiratory diseases and dementia. There are 7,680 years of potential life lost per annum, of which 70% were due to cancers and circulatory diseases; 30% of all mortality in Herefordshire occurs in in people under 75.

The prevalence of **cancer** across Herefordshire practices ranges between 2.0% and 3.9% with the county level of 3.1% being higher than the national figure with only one practice (Kingstone) reporting a prevalence lower than the national figure; ten practices recorded figures significantly higher than the national prevalence. The highest prevalence occurred in the Leominster locality which, along with Ledbury, reported average levels significantly higher than for England as a whole. In line with the national pattern all Herefordshire practices have shown an increase in cancer prevalence between 2009 and 2015. Cancer prevalence shows a strong correlation with the older age cohort (65+).

The prevalence of **coronary heart disease** (CHD) in Herefordshire practices varies between 2.5% and 4.3% with a county wide figure of 3.5% being marginally higher than that for England overall (3.2%). Since 2009 the prevalence of CHD has fallen in the majority of practices with the exceptions being at practices in Hereford and Leominster. The Leominster locality shows the highest CHD prevalence and was the only locality to show an increase since 2009. No correlation is evident between CHD and smoking, although there are clear relationships between CHD and hypertension and the proportion older individuals (65+ years).

**Stroke** prevalence in Herefordshire is 2.2% across all ages, which is significantly higher than the national prevalence of 1.7%. With the exception of Quay House, all practices across the county report stroke prevalence above the national rate. At the locality level the highest average stroke prevalence occurred in Leominster. Since 2009 stroke prevalence has increased in the majority of practices. Stroke prevalence is correlated to both age and hypertension.

**Hypertension** is relatively common in Herefordshire practice with prevalence ranging between 13.5% at King Street Surgery in Hereford and 19.3% at Weobley, with more than half of practices returning figures higher than the national prevalence of 13.8%; the county prevalence is 16.0%. The highest prevalence in the localities is in the Golden Valley, although no great differences are evident between all five localities. In line with the national pattern the prevalence of hypertension has increased at the majority of Herefordshire practices since 2009 with those at Colwall and Pendeen increasing at four times the national rate.

Across Herefordshire practices the prevalence of **diabetes** varies between 4.9% at Colwall to 7.3% at Greyfriars in Hereford. The county prevalence of 6.4% is the same as the national figure. At the locality level only Leominster is above the national figure. Since 2009 all but one practice (Kington) have reported an increase in diabetes prevalence with the Mortimer Practice in Kingsland reporting a 39% increase.

The prevalence of **dementia** varies across the county from 1.2% at Colwall to 1.5% in Ledbury, while the Leominster locality has the highest average prevalence. Since 2009, with the exception of Nunwell Surgery in Bromyard, all practices followed the national trend of increasing prevalence of with rates at Golden Valley and Fownhope practices more than doubling. Some correlation is evident between dementia and the prevalence of stroke, hypertension and old age.

Overall disease prevalence all practices in the Leominster locality are relatively high, with Meads at Kington recording the highest overall prevalence. In terms of localities the highest overall prevalence occurs at Leominster.

In General, adult A&E attendances across Herefordshire for all conditions and injuries are lower than the national figure.

*Healthy Lifestyles*

The GP Patient Survey (GPPS) indicates that the prevalence of **smoking** across Herefordshire is 13.5% compared to a national prevalence of 16.4%, while the prevalence in both Herefordshire and nationally have shown general falls since 2011. In Herefordshire the highest rate of smoking is recorded in Hereford practices and City is the only locality which reported a smoking prevalence above the national figure. Smoking prevalence has fallen in the majority of practices while the biggest fall at the locality level was in the City. Smoking prevalence is higher in areas of high depravation.

In line with the national trend **alcohol** related mortality rates have shown a fall in Herefordshire since 2008 with a rate of 39 per 100,000 population recorded in 2014. Over the same period alcohol related hospital admissions have remained relatively steady in Herefordshire while both national and regional rates have increased; the Herefordshire rate is significantly lower than both regional and national rates. Across Hereford GP practices the five highest admission rates occurred in Hereford. The rate of alcohol related hospital admissions are correlated to high levels of smoking and greater levels of deprivation.

Levels of **obesity** vary across Herefordshire from 4.3% at Colwall to 17.6% at Belmont with the highest locality prevalence evident in the City. Obesity prevalence has fallen in most practices since 2009, mirroring the national trend, and the current Herefordshire prevalence (9.3%) is similar to the national figure (9.0%). The relationship between the proportion of patients within the most deprived quartile in each practice and obesity is also strong.

In relation to **activity** in 2014/15 38% of individuals across Herefordshire were classified as 'active', 27% as 'inactive', while 21 and 14% were classified as 'moderately active' and 'moderately inactive' respectively. A wide variability in the prevalence of active individuals was evident between GP practices throughout Herefordshire with a range of between 25% in Westfield surgery in Leominster to 61% at Ledbury Market Surgery. The range for inactive individuals ranges from 10% in the Mortimer Medical Practice in Kingsland to 41% at Kington. Greatest levels of inactivity are recorded in Hereford and Leominster.

*GP practice Quality of service*

Across the county over 75% of patients consider the overall service from their practice as very good or fairly good, with 15 practices scoring 90% or more (Weobley reported 100%); the figure for Herefordshire as a whole is 91% compared to 85% nationally. Across Herefordshire six practices (Kington, Westfield Walk, King Street, St Katherines, Belmont and Moorfield House) reported lower proportions of respondents considering their practice to be very good compared to the national figure. When considering the combined good data the proportions recorded at 11 practices were significantly higher than the national figure, with only the proportion at Kington being significantly lower.

*Wider Determinants of Health*

The Herefordshire Core Strategy proposes to deliver 16,500 new homes across the county by 2031. In Hereford this will lead to an estimated population increase of 25% which equates to the requirement for the provision of two additional practices in the city. An estimated population increase of 12% in rural areas indicates a need to increase primary care capacity across the county.

Generally, schools across the county are performing well. New primary schools and an increase in secondary school capacity is planned to satisfy the increasing demands of an increasing population.

The proportion of people in employment or full time education across Herefordshire as a whole is less than the national average with the lowest proportion in Ross-on-Wye. The unemployment rate across the Herefordshire GP practices range from 1.0% at Weobley to 10.9% at Belmont; the Herefordshire level was 3.5% which is lower than the national rate of 5.4%. Across the county 4.5% of 16 to 18 year olds are not in employment, education and training (NEET) which is higher than both neighbouring counties and the West Midlands overall. Earnings are persistently low and the gap between Herefordshire's earnings and those of the West Midlands and England as a whole is getting wider.

Transport infrastructure is to be improved under the Local Transport Plan, with projects identified across the county. This will improve traffic management in Hereford and aim to reduce the need to travel by car in the market towns. Where new housing and commercial developments are located transport infrastructure will created which encourages walking and cycling. This will have the added benefit of improvement of air quality in urban areas.

*Nursing and Residential Homes*

Across Herefordshire there are 85 establishments providing care in nursing and residential homes with a capacity for the elderly of 1,658 beds. Proposed developments will result in a projected capacity in 2020 of 1,763, representing a proportional increase of 6.3%. However, it is estimated that by 2020 the population of those over 65 will increase by 13% and over 75s by 15% indicating that the current increase

in capacity planned on care home places for the elderly over this period is unlikely to keep pace with the demand of the aging population in Herefordshire.

*Provision of Community Pharmacies*

Herefordshire has a good network of pharmaceutical service providers with 27 pharmacies across the county, one of which is a 100 hour pharmacy. Each Herefordshire pharmacy dispenses on average 6,800 items per month in comparison to national and regional average of 6,628 and 6,359 respectively. There are 11 dispensing GP practices across the county which provide dispensing services at 15 sites in primarily rural areas. The current provision of community pharmacies and dispensing GPs is sufficient for present requirements although, as the population is expected to both age and grow over the coming years the associated increase in pressure on existing services will need to be addressed across the county.

# INTRODUCTION

Herefordshire Council's Strategic Intelligence Team (SIT) has been commissioned to produce a report describing the primary care services across Herefordshire CCG. The Strategic Intelligence service undertakes independent research for the Council and a number of other stakeholders, as well as providing expert professional advice on research design, and all aspects of data collection, analysis and the interpretation of statistics, data and other intelligence.

## HEREFORDSHIRE POPULATION OVERVIEW

Herefordshire is a predominantly rural county, with the 4th lowest population density in England. Since 2001 the Herefordshire population had grown from 174,900 to 188,100[1] in 2015 which represents an 8% increase compared to population growth of 11% observed in England and Wales over the same period – see Table 1. If recent (last five years) demographic trends were to continue and nationally determined assumptions about future fertility, mortality and migration were to be realised, the total population of Herefordshire is likely to increase by 2% from 188,100 in 2015 to 192,300 in 2019, and to 205,600 people by 2034, an increase of 9%. This growth rate would be equivalent to an average annual increase of 0.5% over this 20-year period, although this is lower than the projected annual rate of growth for England as a whole of 0.7%[2].

***Table 1: Estimated headline population figures for Herefordshire, mid-2001 to mid-2015.***

| *Herefordshire* | *2001* | *2015* | *Change (%)* |
|---|---|---|---|
| *All Persons* | 174,900 | 188,100 | 7.0 |
| *Males* | 85,400 | 93,100 | 8.3 |
| *Females* | 89,500 | 95,000 | 5.7 |
| *Young people (0-19)* | 41,600 | 39,900 | -4.1 |
| *Older people (65+)* | 33,700 | 43,900 | 30.3 |
| *90+* | 1,300 | 2,100 | 61.5 |

A comprehensive overview will be able to predict the structure and characteristics of the Herefordshire population and determine how changes are likely to impact upon specific population groups. Some of the key headlines of the population demographics include:

- In 2015 the county's over 65s account for 23% of the population (43,900 persons), compared to 18% nationally. This includes, 5,900 residents aged 85 and over.
- By 2034 the proportion of 0-15 year olds in the Herefordshire population is predicted to fall from 19.4% in 2015 to 16.1% in 2034.
- In contrast, over the same period, the proportion of 65-84 years olds is expected to increase from 17.0% to 24.7%.
- The 2011 census shows that Herefordshire has a small but growing ethnic minority profile (6.4% of the county population) with people of 'white: other' origin (i.e. not British; Irish; Gypsy or Irish Traveller) making up the largest single minority group in the county, of which over half are from Poland.
- In 2010-12 the average life expectancy for males in Herefordshire was 79.7 years compared with 79.2 years for England, and for females, life expectancy was 83.7 years compared to 83.0 for England.

[1] Annual 2015 Mid-Year Population Estimates for the UK, Office for National Statistics © Crown Copyright

[2] The Population of Herefordshire, 2016. Strategic Intelligence Team, Herefordshire Council.

- There will be substantially more people living to what is currently considered to be extreme old age (90+).
- Herefordshire as a whole experiences fairly 'average' levels of deprivation. Twelve areas in Herefordshire were amongst the 25% most deprived nationally in terms of multiple deprivation (out of a total of 116 in the county).
- Five of these areas are in south Hereford, two in north Hereford, three in Leominster and one in both Ross-on-Wye and Bromyard.
- There is consistent correlation between higher mortality rates and higher levels of deprivation, a pattern particularly evident in Belmont, St Martins and Hinton, Leominster South and Ross-on-Wye West Wards.

Table 2 shows the estimated spread of age ranges across Herefordshire in five year age groups by gender mid-year 2015. It shows that:

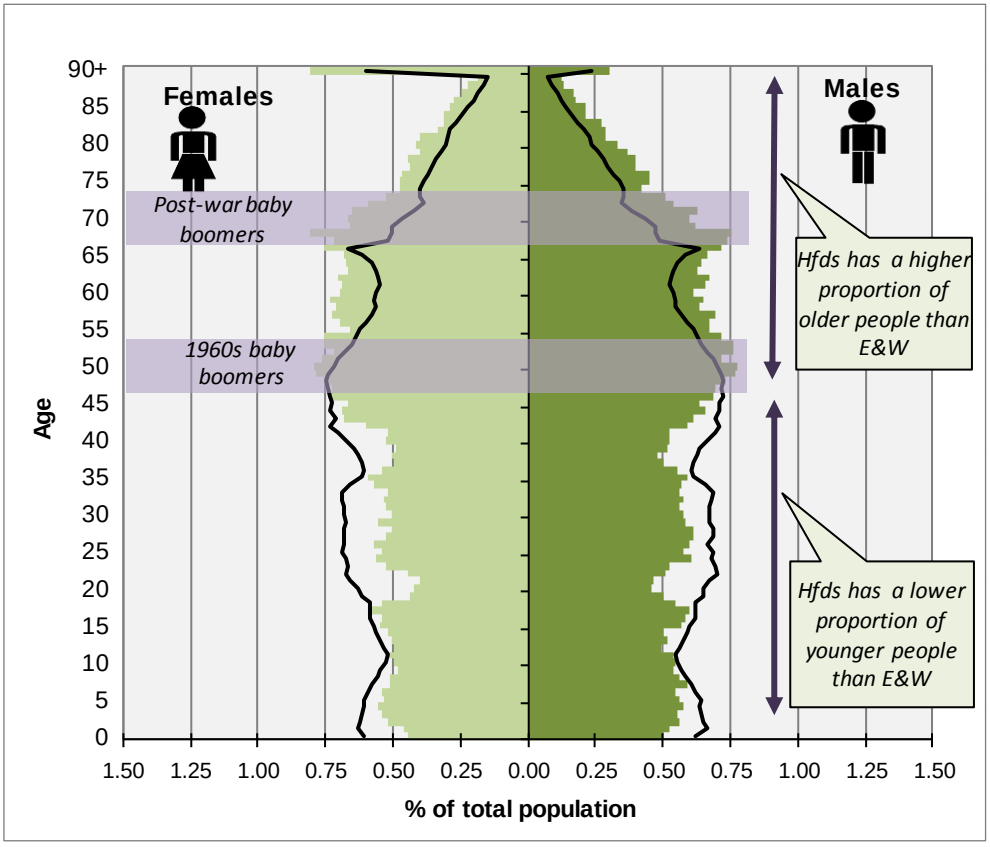
- Over 55% of the population is represented by persons of working age (20 – 64 years old), of which 50.14% were male and 49.95% female.
- The less than 20 year old cohort represents 21% of the population while those 65 years and over represent 23% of all individuals.
- Currently 50.5% of the population are female and 49.5% male. This is comparable to national figures and is not expected to change significantly in the years to come.
- The gender split will however vary in terms of the proportion of each sex within age bands as depicted in Figure 1.

***Table 2: Mid-Year 2015 Population Estimates of Herefordshire.***

| Age-group | Numbers in Herefordshire | | | Percentage of total | | |
|---|---|---|---|---|---|---|
| | Persons | Males | Females | Persons | Males | Females |
| Under 1 | 1,800 | 900 | 800 | 1.0% | 0.5% | 0.4% |
| 1-4 | 8,100 | 4,200 | 3,900 | 4.3% | 2.2% | 2.1% |
| 5-9 | 10,100 | 5,300 | 4,800 | 5.4% | 2.8% | 2.6% |
| 10-14 | 9,700 | 4,900 | 4,800 | 5.2% | 2.6% | 2.6% |
| 15-19 | 10,200 | 5,300 | 5,000 | 5.4% | 2.8% | 2.7% |
| 20-24 | 9,200 | 4,800 | 4,400 | 4.9% | 2.6% | 2.3% |
| 25-29 | 10,700 | 5,600 | 5,100 | 5.7% | 3.0% | 2.7% |
| 30-34 | 10,300 | 5,400 | 5,000 | 5.5% | 2.9% | 2.7% |
| 35-39 | 9,900 | 5,000 | 4,900 | 5.3% | 2.7% | 2.6% |
| 40-44 | 11,100 | 5,500 | 5,700 | 5.9% | 2.9% | 3.0% |
| 45-49 | 13,500 | 6,600 | 6,900 | 7.2% | 3.5% | 3.7% |
| 50-54 | 14,200 | 7,000 | 7,100 | 7.5% | 3.7% | 3.8% |
| 55-59 | 12,900 | 6,300 | 6,600 | 6.9% | 3.3% | 3.5% |
| 60-64 | 12,500 | 6,100 | 6,400 | 6.6% | 3.2% | 3.4% |
| 65-69 | 13,400 | 6,600 | 6,800 | 7.1% | 3.5% | 3.6% |
| 70-74 | 10,500 | 5,100 | 5,500 | 5.6% | 2.7% | 2.9% |
| 75-79 | 8,100 | 3,900 | 4,200 | 4.3% | 2.1% | 2.2% |
| 80-84 | 6,000 | 2,600 | 3,300 | 3.2% | 1.4% | 1.8% |
| 85-89 | 3,800 | 1,500 | 2,300 | 2.0% | 0.8% | 1.2% |
| 90+ | 2,100 | 600 | 1,500 | 1.1% | 0.3% | 0.8% |
| All ages | 188,100 | 93,100 | 95,000 | 100.0% | 49.5% | 50.5% |

Source: ONS 2015 mid-year estimates © Crown copyright

***Figure 1: Population Pyramid for Mid-Year 2014 Population Estimates for Herefordshire (bars) Compared to Estimate for England & Wales (lines).***




Source: ONS 2015 mid-year estimates © Crown copyright

The health and social care needs of an individual in Herefordshire will change substantially during their lifetime and consequently one of the key characteristics of a population overview is the age profile.

Figure 2 provides a comparison of the 2015 age profile with future predicted profiles which reveals some changes of note in the spread of the population between age bands.

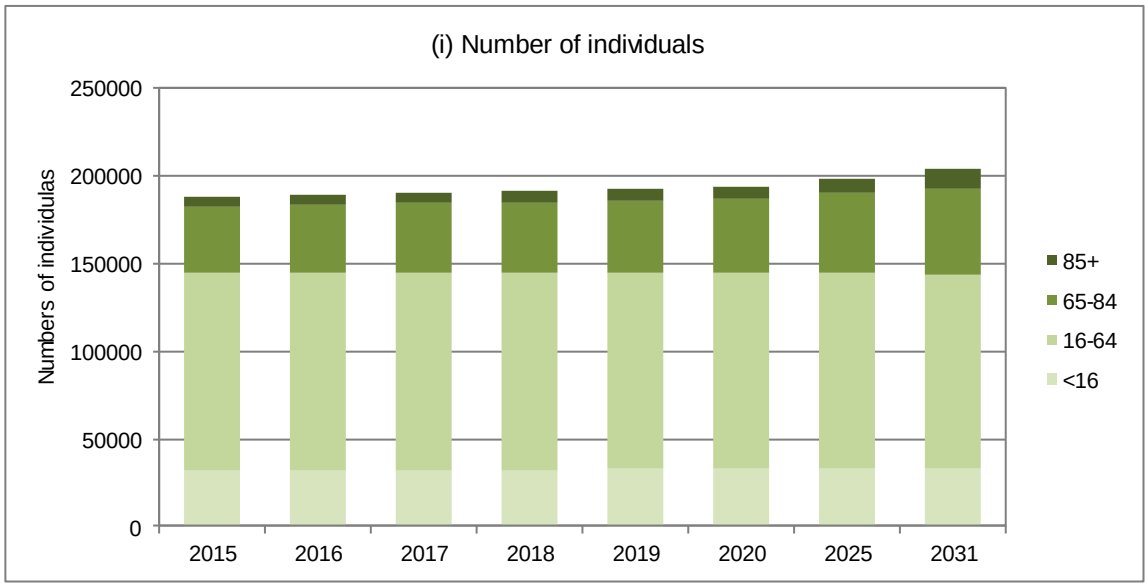
By 2020:

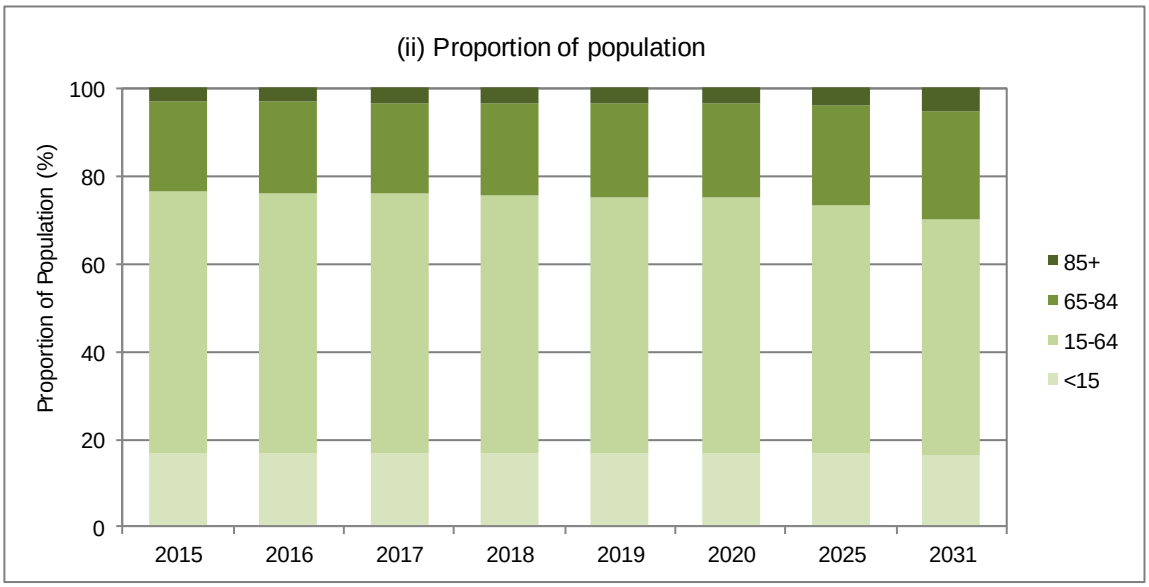
- The population of <16 year olds is predicted to increase by 3.8%;
- The population of the 16-64 years old cohort is predicted to decrease by 0.4%;
- The population of the 65-84 years old cohort is predicted to increase by 9.4%;
- The population of 85+ year olds is predicted to increase by 13.3%.

By 2031:

- The population of <16 year olds is predicted to increase by 4.7%;
- The population of the 16-64 years old cohort is predicted to decrease by 2.4%;
- The population of the 65-84 years old cohort is predicted to increase by 30.7%;
- The population of over 85+ year olds is predicted to increase by 80.0%.

***Figure 2: Herefordshire population projections.***




Sources: ONS 2015 Sub-national population projections © Crown copyright.

In broad terms, there will be more people living beyond 65 years and fewer people of working age which will be compounded by the low birth rate.

The changes in older population are likely to increase demand on health and care services in managing long-term conditions such as coronary heart disease, diabetes, respiratory disorders, obesity, dementia, mental health, sensory impairment and incontinence. These problems will be further exacerbated by the fact that it is anticipated that more people over the age of 65 may potentially be living alone and require carers to enable them to continue living independently.

## OBJECTIVE 1 - DEMOGRAPHIC INFORMATION

### INTRODUCTION

Responsibilities for commissioning primary care services transferred to NHS England when Clinical Commissioning Groups (CCGs) were created in April 2013. Herefordshire CCG plays a key role in improving care, for example, by commissioning an extended hour's service. There are 24 GP practices across Herefordshire (see Figure 3) which are aligned to one of five locality groups the population and geographical size of which vary. The five localities are listed below with location of practices covered indicated:

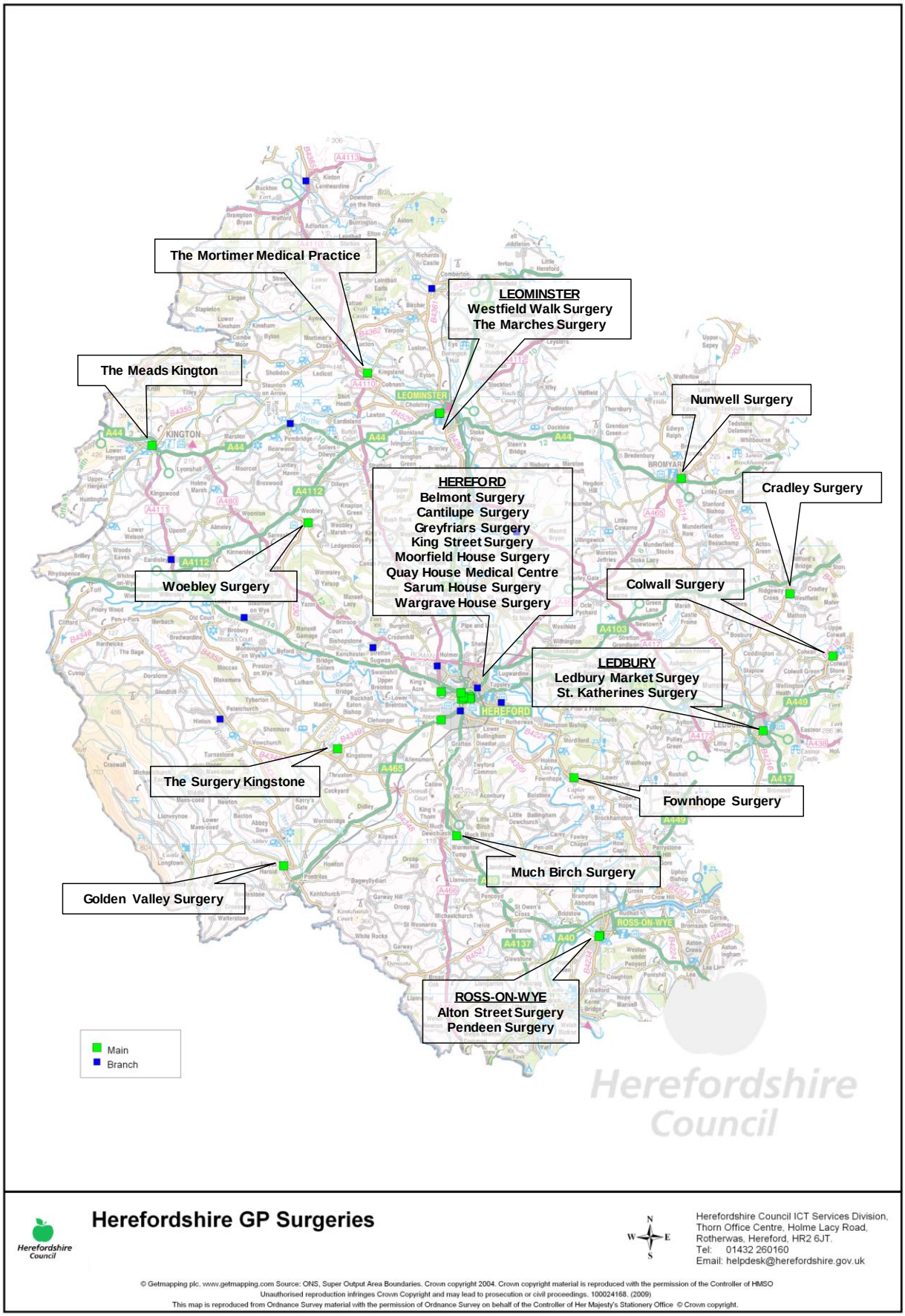
- Hereford (Hereford City north and south).
- Ledbury (Ledbury, Bromyard, Colwall, Cradley).
- Ross (Ross-on-Wye).
- Leominster (Leominster, Kington, Weobley, Kingsland).
- Golden Valley (Golden Valley, Much Birch, Kingstone and Fownhope).

### LIST SIZE

A total of 183,098 patients is registered with Herefordshire GP practices - the numbers registered within each locality and each GP practice are given in Table 3, while the proportions of the total number of registered patients in Herefordshire in each locality and GP surgery are displayed in Figure 4. The data indicates that the highest number of patients (75,868) is registered within the City which represents 41.4% of all registered patient in Herefordshire. This is clearly related to the urban nature of the locality. Similarly, relatively high numbers are also registered in the moderately urbanised localities of Leominster (39,607) and Ledbury (29,247), representing 21.6 and 16.0% of the total registered GP patients respectively. The numbers of registered patients in the more rural localities of Ross and Golden Valley are lower with 19,614 in Golden Valley and 18,614 in Ross, which represent 10.8 and 10.2% of total respectively.

The number of patients registered at each GP practice range between 3,037 (Colwall) and 14,768 (Moorfield House) with an average over the county of 7,629 per practice being 4% higher than the average for England (7,324 per practice). Generally, the highest number of patients per practice are registered within the city (9,484 per practice), again reflecting the urban nature of the locality. However, the average number of registered patients per practice in the Ross locality (9,307) is relatively high despite having the lowest number of patients of the five localities. This is a facet of the locality being covered by only two GP practices which is reflected in the high numbers of patients at both practices. The lowest number of registered patients is evident in the Golden Valley locality.

***Figure 3: Location of GP practices across Herefordshire.***




**Herefordshire GP Surgeries**

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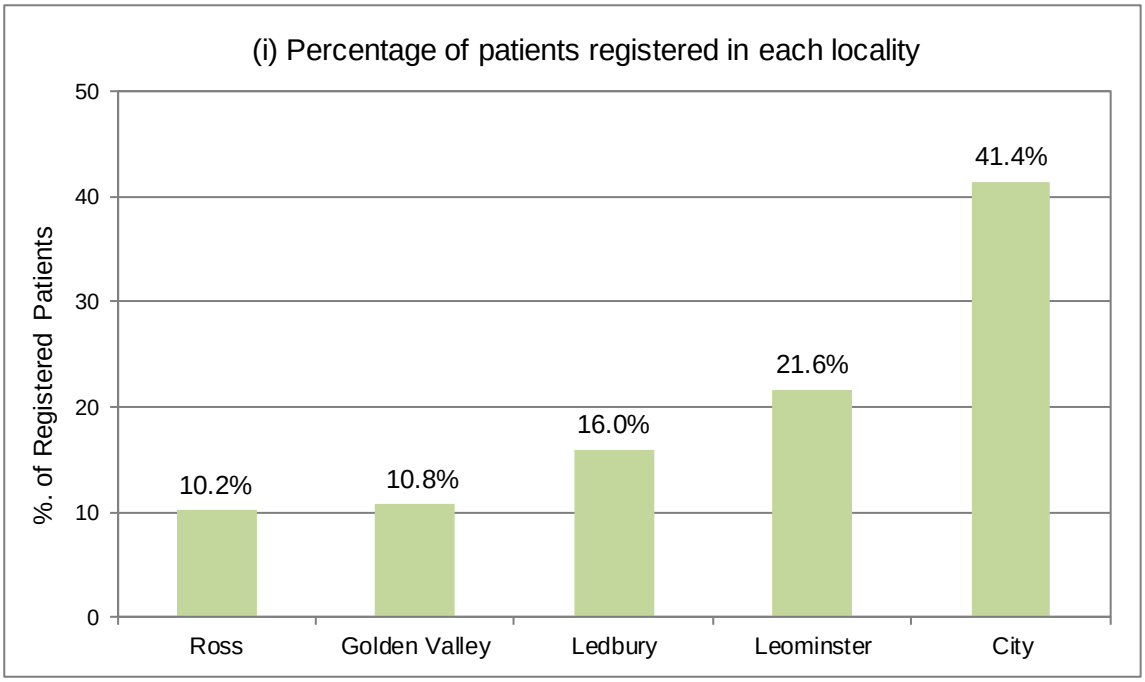
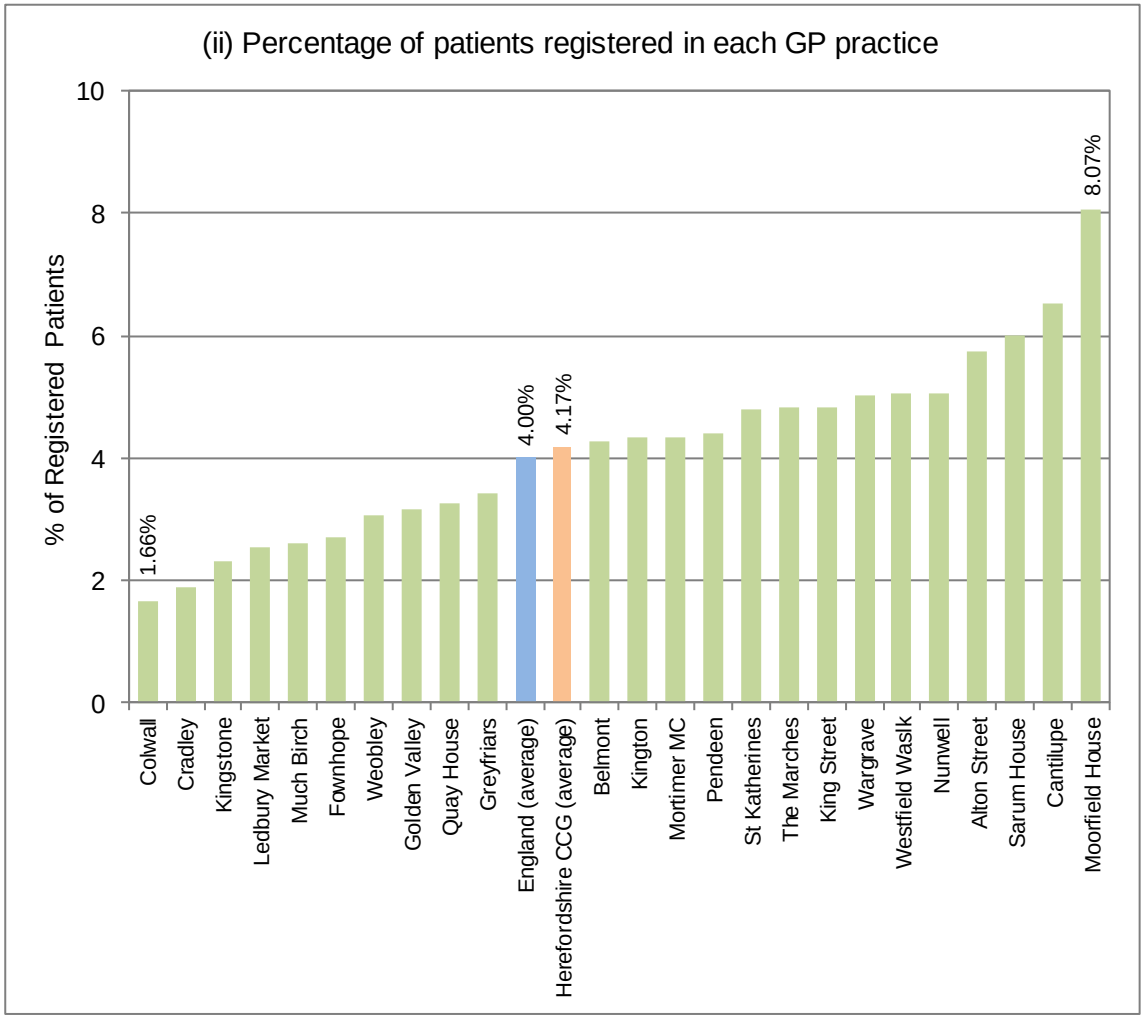
***Table 3: Mid-Year 2013 Population Estimates for each GP Practice within Herefordshire***

| Locality | No. of registered patients | Surgery | No. of registered patients |
|---|---|---|---|
| **Ross** | 18,614 | Alton Street Surgery | 10,537 |
| | | Pendeen Surgery | 8,077 |
| **Golden Valley** | 19,762 | Fownhope Surgery | 4,939 |
| | | Golden Valley Practice | 5,823 |
| | | Much Birch Surgery | 4,758 |
| | | The Surgery, Kingstone | 4,242 |
| **City** | 75,868 | Belmont Medical Centre | 7,851 |
| | | Cantilupe Surgery | 11,961 |
| | | Moorfield House | 14,768 |
| | | Greyfriars Surgery | 6,259 |
| | | King Street Surgery | 8,857 |
| | | Quay House Medical Centre | 5,978 |
| | | Sarum House Surgery | 10,992 |
| | | Wargrave House | 9,202 |
| **Leominster** | 39,607 | The Meads, Kington | 7,945 |
| | | The Marches Surgery | 8,853 |
| | | The Mortimer Medical Centre | 7,966 |
| | | Weobley Surgery | 5,604 |
| | | Westfield Walk Surgery | 9,239 |
| **Ledbury** | 29,247 | Colwall Surgery | 3,037 |
| | | Cradley Surgery | 3,471 |
| | | Ledbury Market Surgery | 4,665 |
| | | Nunwell Surgery | 9,267 |
| | | St. Katherines Surgery | 8,807 |
| **Total** | 183,098 | | |
| | | Herefordshire CCG Average | 7,629 |
| | | England Average | 7,324 |

Source: Quality of Outcomes Framework 2014/15

***Figure 4: Percentage of patients registered in Herefordshire localities and GP practices.***




Source: Quality of Outcomes Framework 2014/15

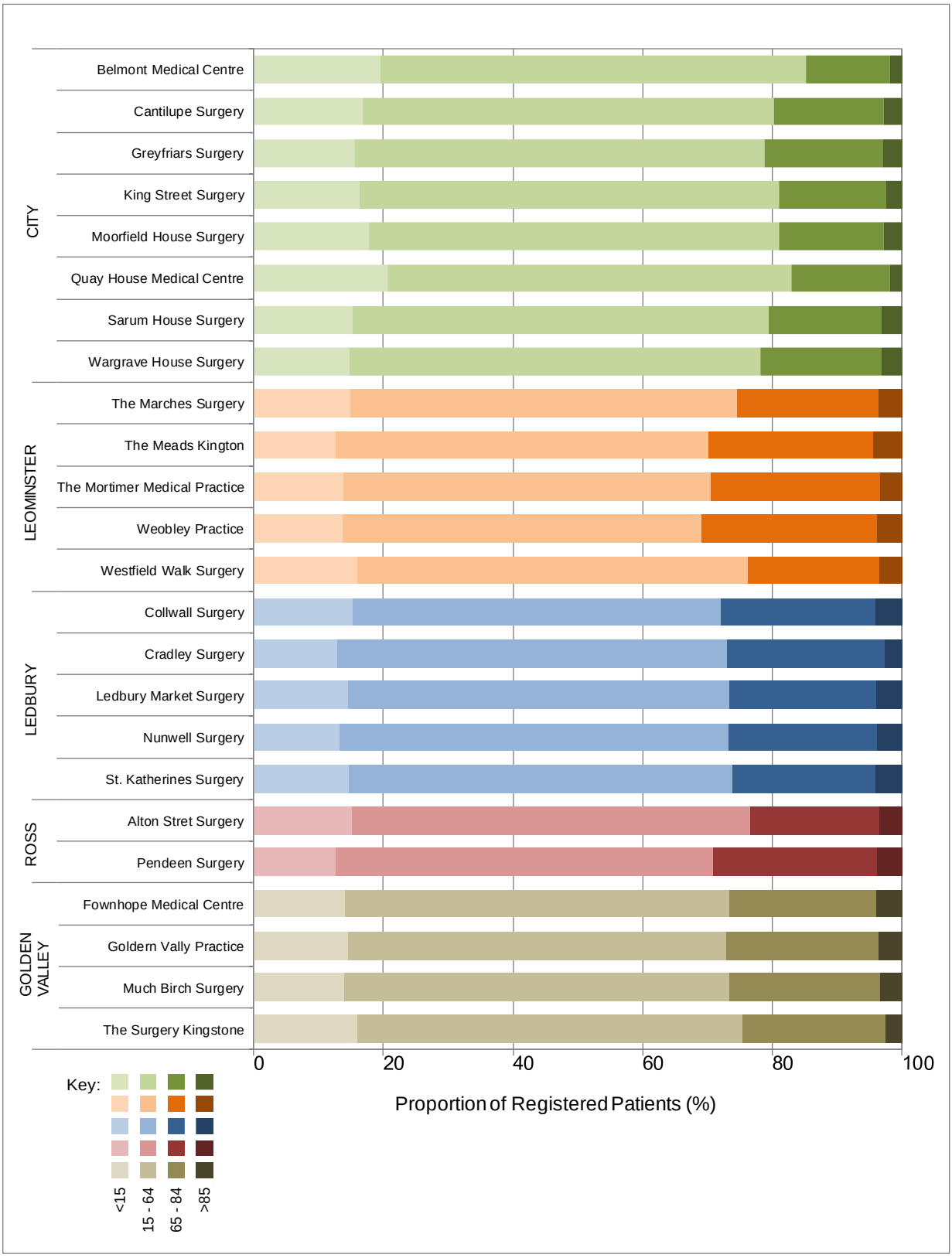
## AGE PROFILE

The age profile for registered patients at each GP practice is illustrated in Figure 5 with the population cohorts of less than 15 years, 15 to 64 years, 64 to 85 years and over 85 years plotted. The age profiles at all practices are broadly similar, with a high correlation evident in the proportional distribution of the four cohorts within each practice (*r* range between 0.93 and 0.99). However, closer examination indicates that that there are subtle differences between city practices and those in other localities with higher proportions of the younger cohort present in the city combined with lower proportions of older age cohorts compared to practices in other localities. These observations are reinforced when the mean proportion represented by each age cohort in the five localities are examined (Figure 6) and are discussed in more detail below.

The age profile in Herefordshire was compared with comparative data from areas identified as being those most similar (nearest neighbour) to Herefordshire as identified by the Chartered Institute of Public Finance and Accounting (CIPFA). Nearest neighbours are determined with reference to a range of socio-economic factors such as population characteristics, employment profile, housing and mortality. The CIPFA comparator group as determined by nearest neighbour consists of (in descending order of similarity) Shropshire, South Cheshire, Bath and North East Somerset, Wiltshire and East Leicestershire and Rutland[3]. The comparison of Herefordshire data with the selected comparator group is shown in Figure 7 which indicates that the demographic patterns are broadly similar between all comparators. However, Herefordshire has the greatest proportion of older individuals i.e.65+ years (24.3%) coupled with a relatively low proportion of young people i.e. <15 years (14.9%) which reinforces the observation that Herefordshire supports an aging population.

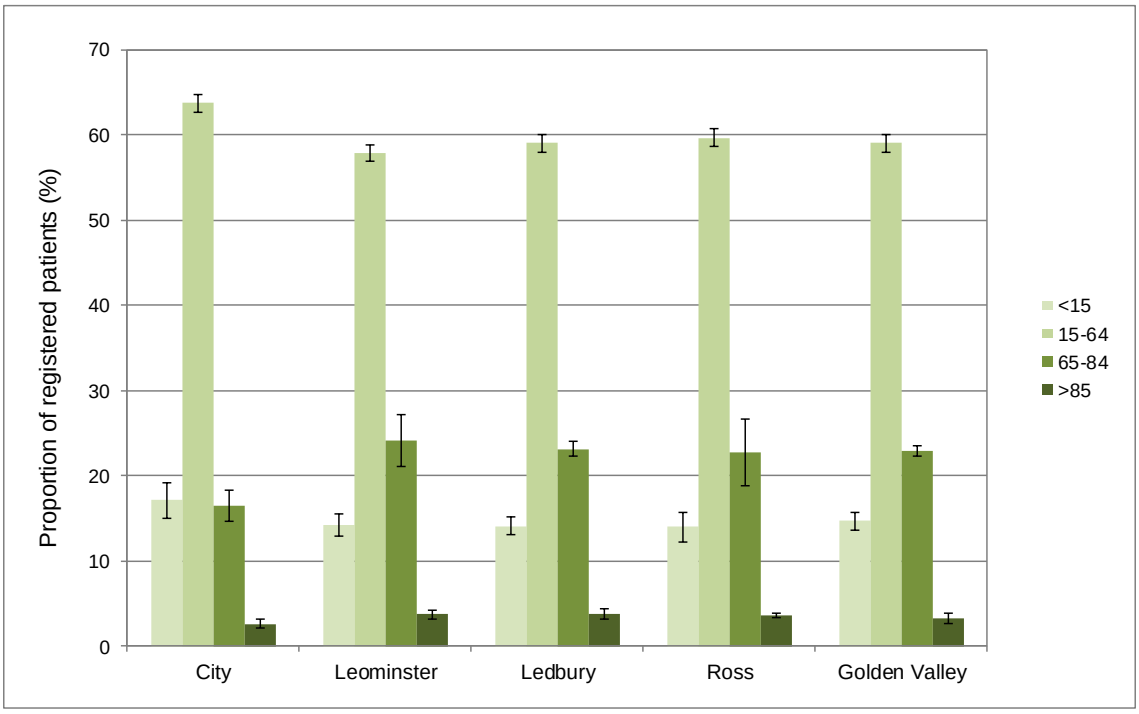
[3] For more information relating to data used to determine CIPFA nearest neighbours comparators see: http://www.cipfastats.net/default_view.asp?content_ref=18003

***Figure 5: Proportion of patients in age cohorts <15 years, 15 – 64 years, 65 – 84 years and >85 years registered in Herefordshire GP practices.***



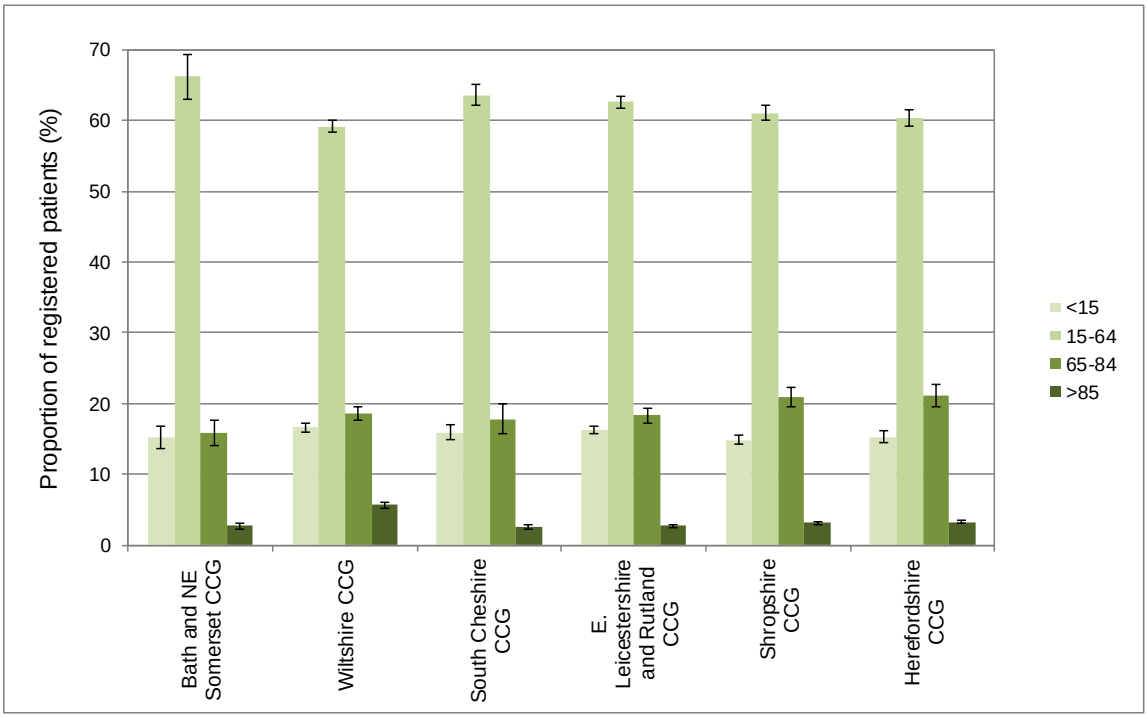

Source: Quality of Outcomes Framework 2014/15

***Figure 6: Mean proportion of patients in age cohorts <15 years, 15 – 64 years, 65 – 84 years and >65 years registered in Herefordshire GP practices (error bars represent standard deviation).***




Source: Quality of Outcomes Framework 2014/15

***Figure 7: Mean proportion of patients in age cohorts <15 years, 15 – 64 years, 65 – 84 years and >85 years registered in Herefordshire CCG and comparator CCGs (error bars represent 95% confidence limits).***



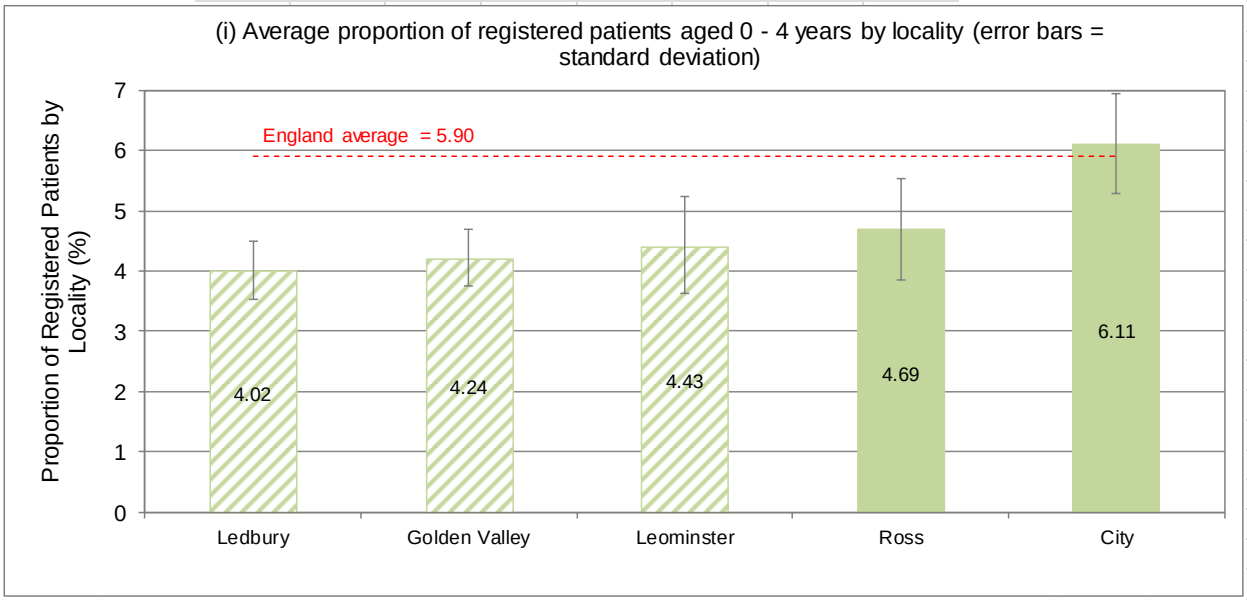

Source: Quality of Outcomes Framework 2014/15

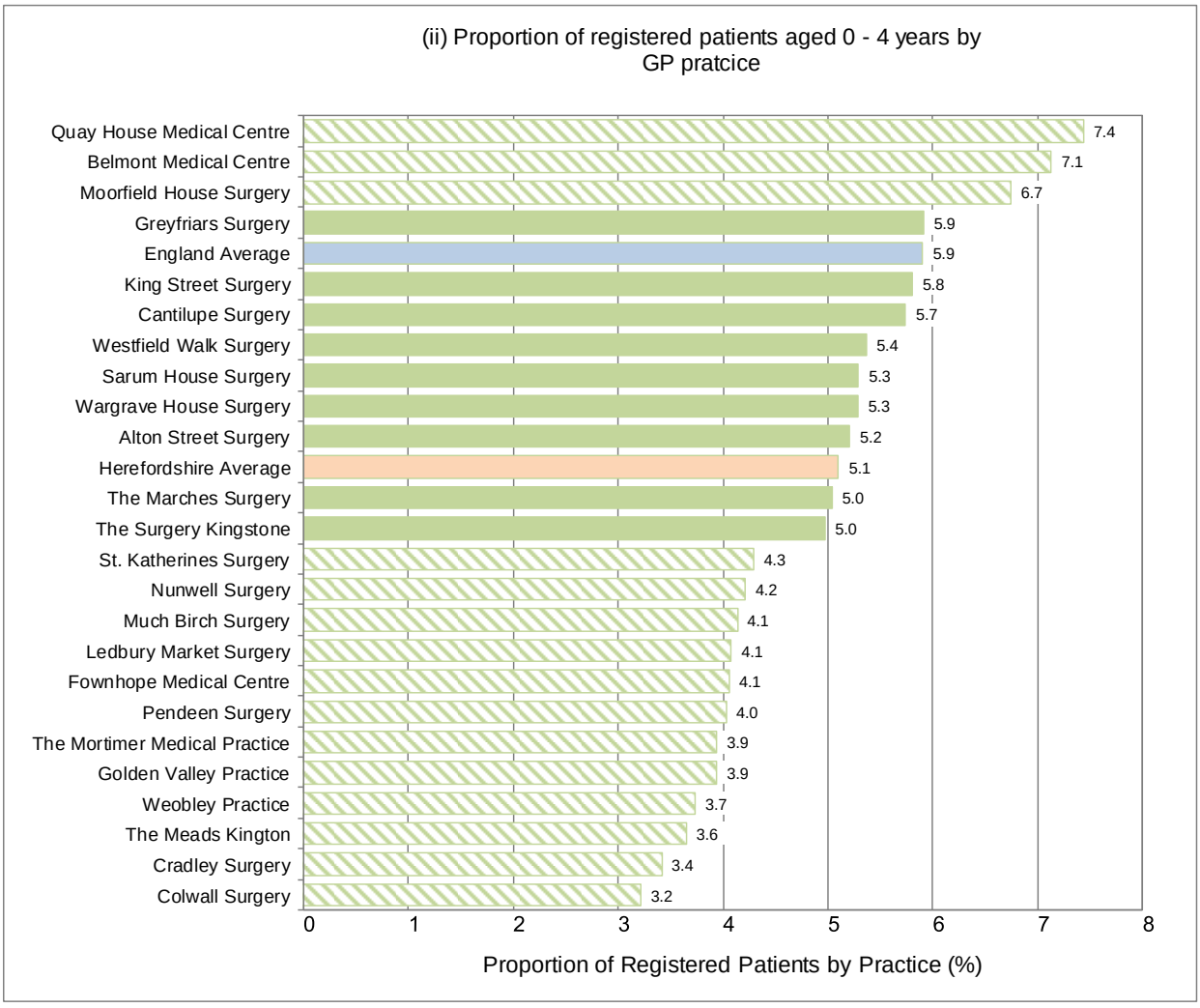
Detailed breakdown of the age profile for each practice and locality are illustrated in Figures 8 – 13 with data compared to England national averages. From these figures it is evident that for the younger cohorts the proportion of patients recorded at the majority of practices are below the national average per practice, with a considerable number of practices significantly different from the national average. When examining the patterns discussed above, for the 0 – 4 cohort four city practices have proportions higher than the national average, resulting in the average for the City locality exceeding the national average (Figure 8). The average number of 0 – 4 year olds in the Ledbury, Golden Valley and Ledbury localities were significantly lower than the national average. Overall, the average proportion of 0 – 4 years olds is significantly higher in the city that in other localities (ANOVA: $df = 4, 19$; $p > 0.01$). A similar pattern was evident for the <18 year old cohort with higher proportions evident in the city (ANOVA: $df = 4, 19$; $p = 0.01$), although the average proportion of registered patients per practice were less than the national average in all localities (Figure 9). The highest proportions of individuals of working age (18-65 years) were evident in the city where the average was significantly higher than in other localities (ANOVA: $df = 4, 19$; $p = <0.001$). For those of retirement age (65+ years) the average proportion of registered patients in all localities were higher than the national average reflecting the observation that, with the exception of Quay House, all proportions were significantly higher than the national average (Figure 10). The average proportion of the 65+ years cohort reported in the city (19.1%) was significantly lower than in other localities (ANOVA: $F = 4, 19$; $p < 0.001$).

These patterns reflect the nature of the population throughout the county with the city having a younger profile, with relatively high proportions of young adults, while rural villages and dispersed areas having higher proportions of individuals of older working and early retirement age; the market towns and other areas (which include larger villages like Colwall and Credenhill) have a profile more similar to the county overall, but with relatively high proportions of elderly people (85+ years)[4].

[4] "The Population of Hereford 2016. " Herefordshire Strategic Intelligence Team.

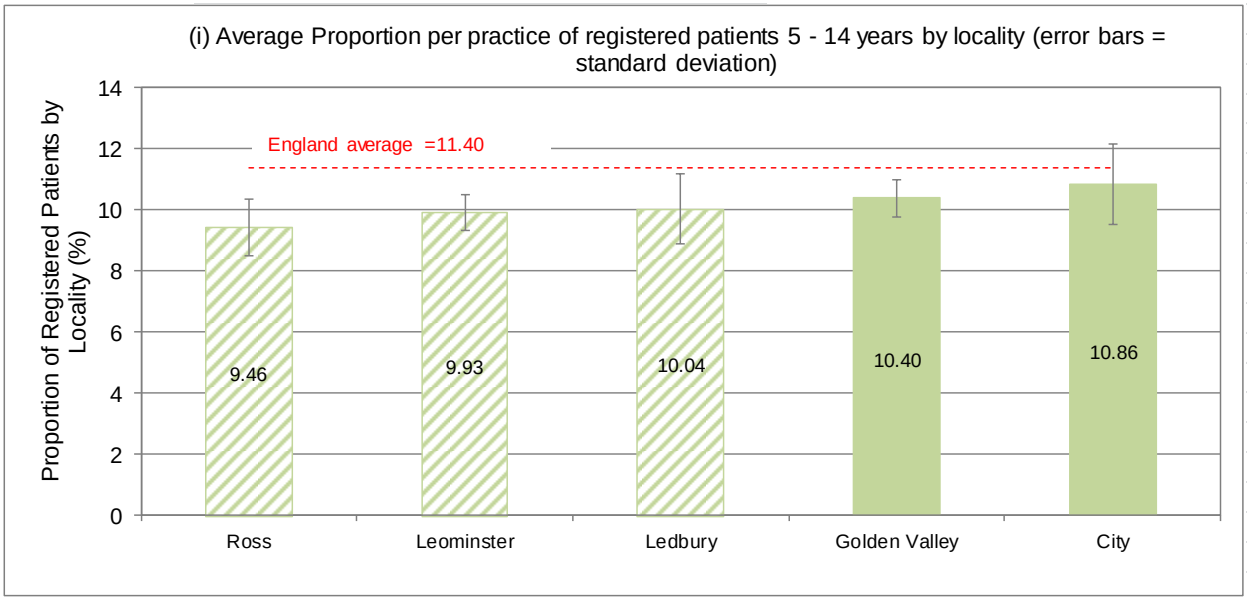
***Figure 8: Percentage of patients aged 0 – 4 years registered in Herefordshire localities and GP practice (shaded bars = significantly different from England average).***

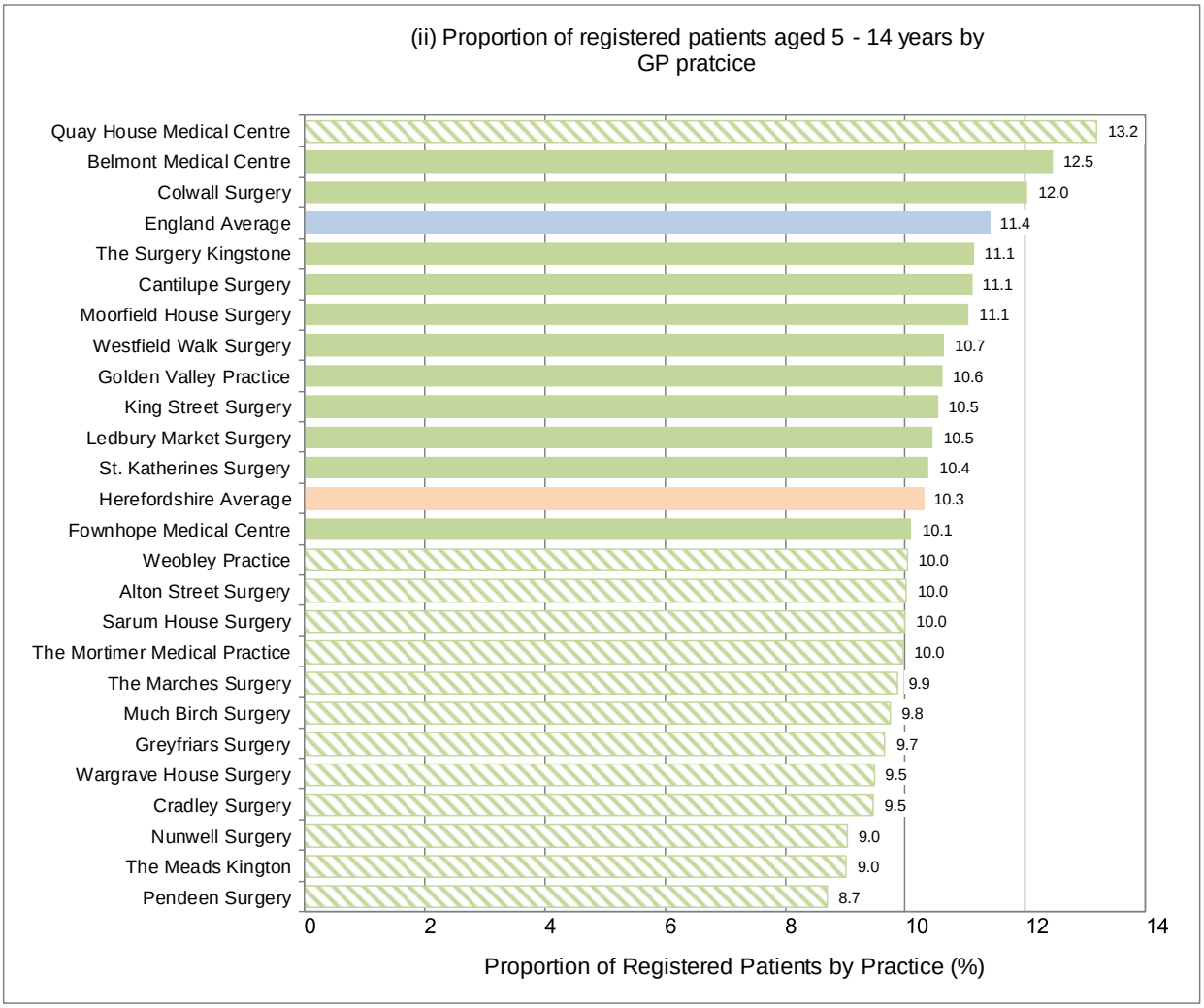



Source: Quality of Outcomes Framework 2014/15

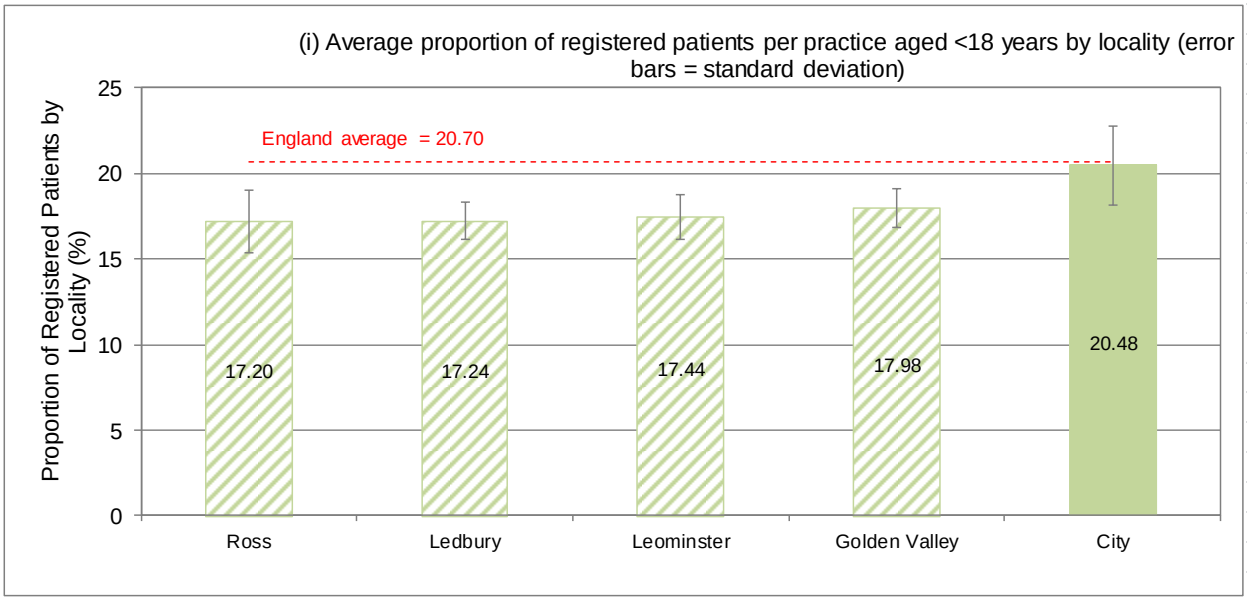
***Figure 9: Percentage of patients aged 5 - 14 years registered in Herefordshire localities and GP practices (shaded bars = significantly different from England average).***

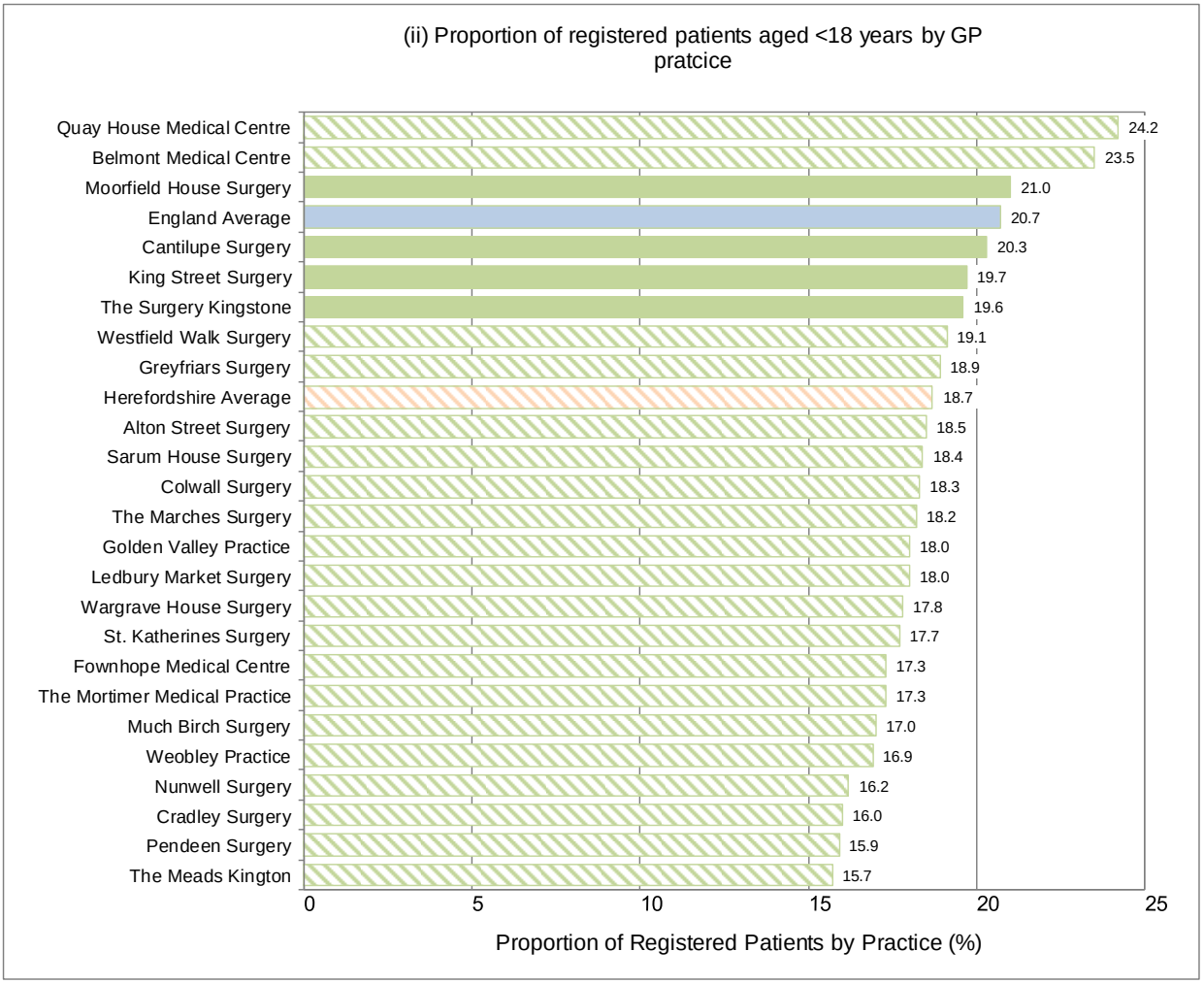



Source: Quality of Outcomes Framework 2014/15

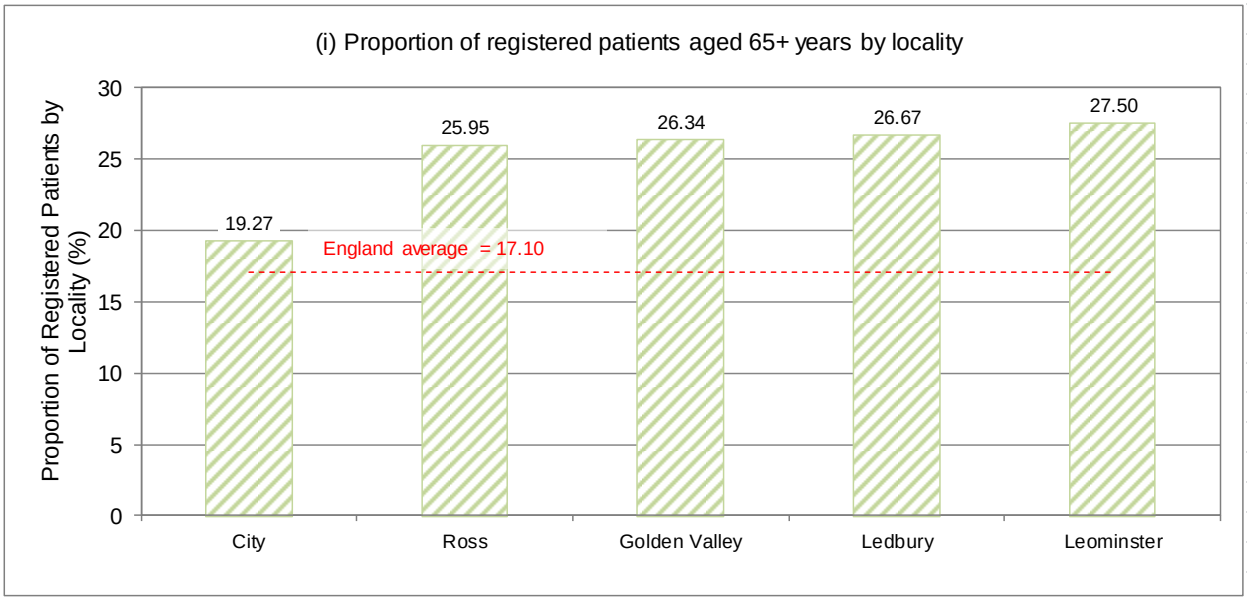
***Figure 10: Percentage of patients aged <18 years registered in Herefordshire localities and GP practices (shaded bars = significantly different from England average).***

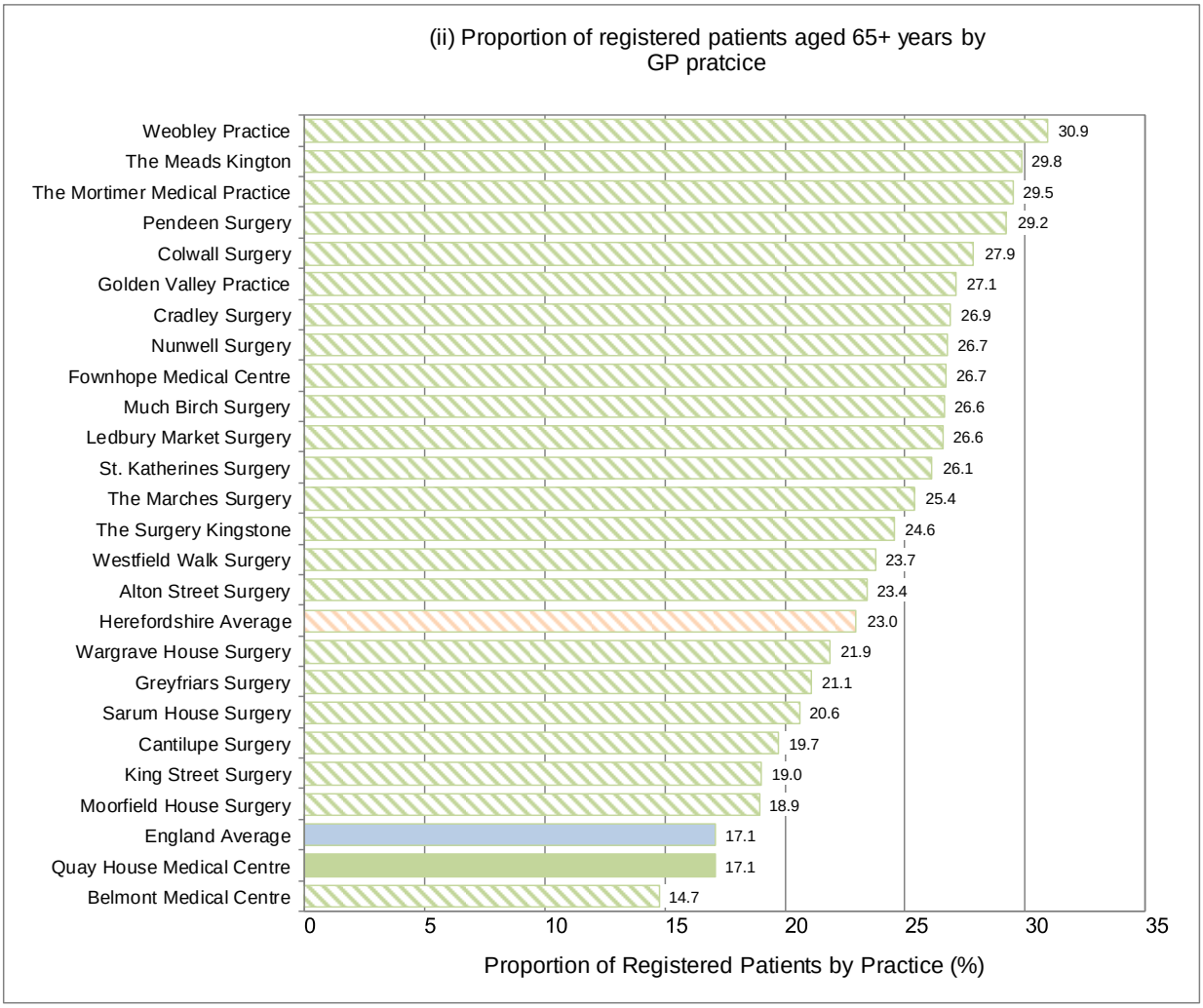



Source: Quality of Outcomes Framework 2014/15

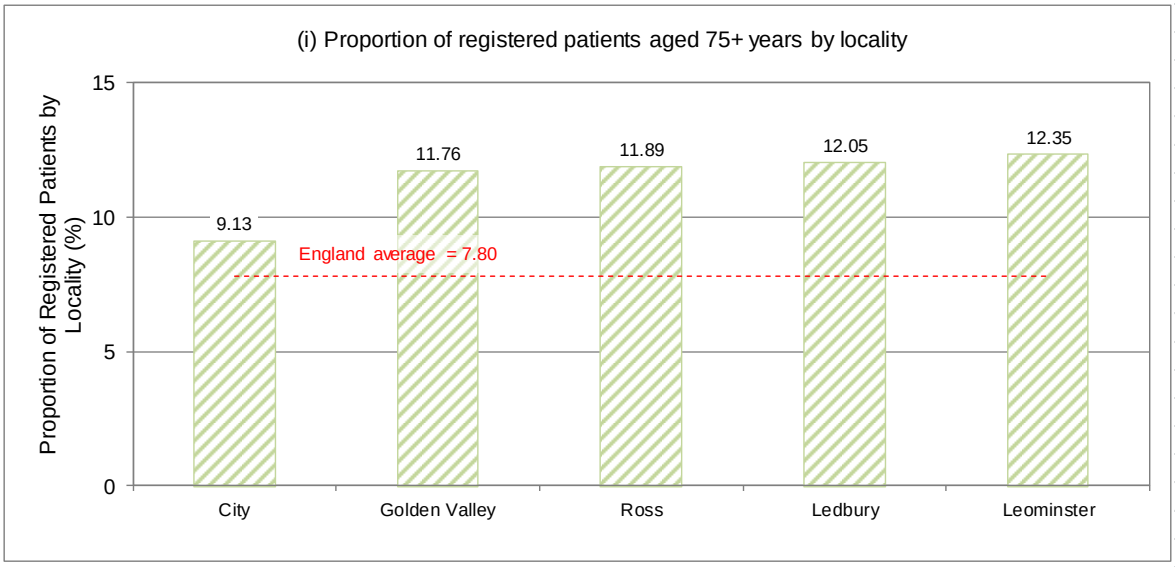
***Figure 11: Percentage of patients aged 65+ years registered in Herefordshire localities and GP practices (shaded bars = significantly different from England average).***

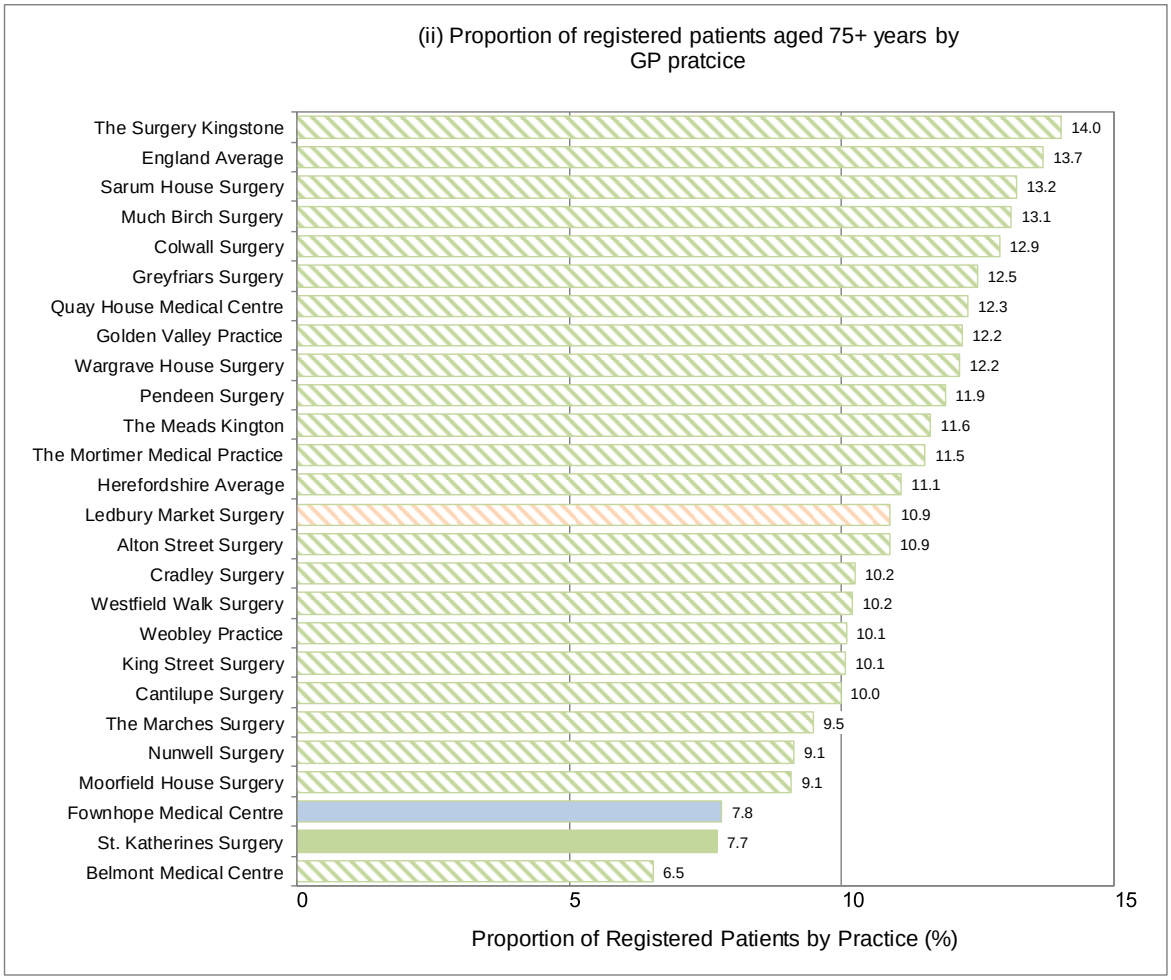



Source: Quality of Outcomes Framework 2014/15

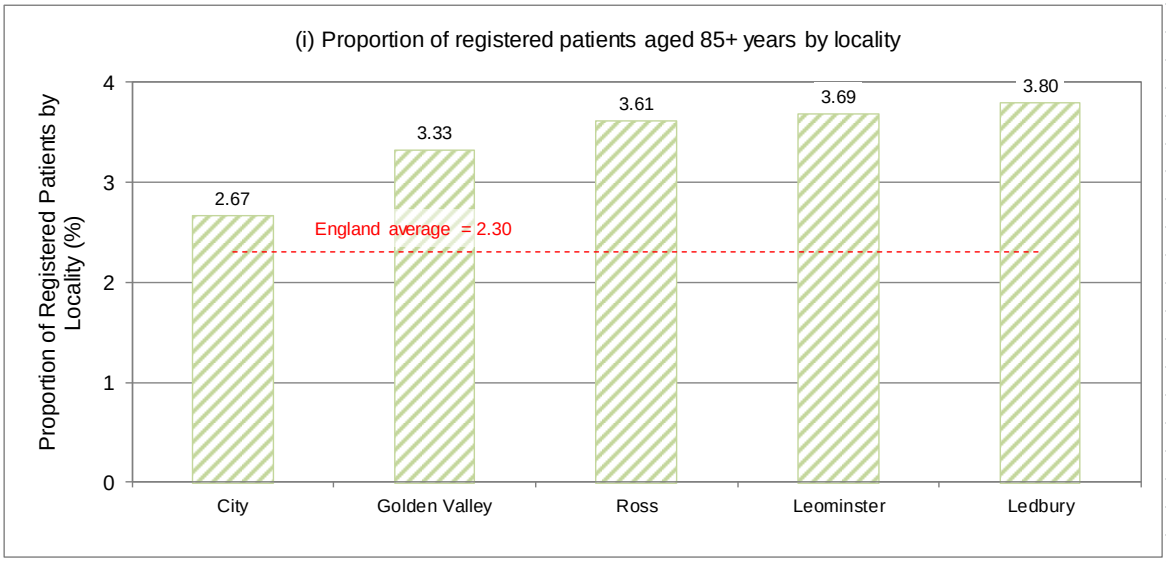
***Figure 12: Percentage of patients aged 75+ years registered in Herefordshire localities and GP practices (shaded bars = significantly different from England average).***

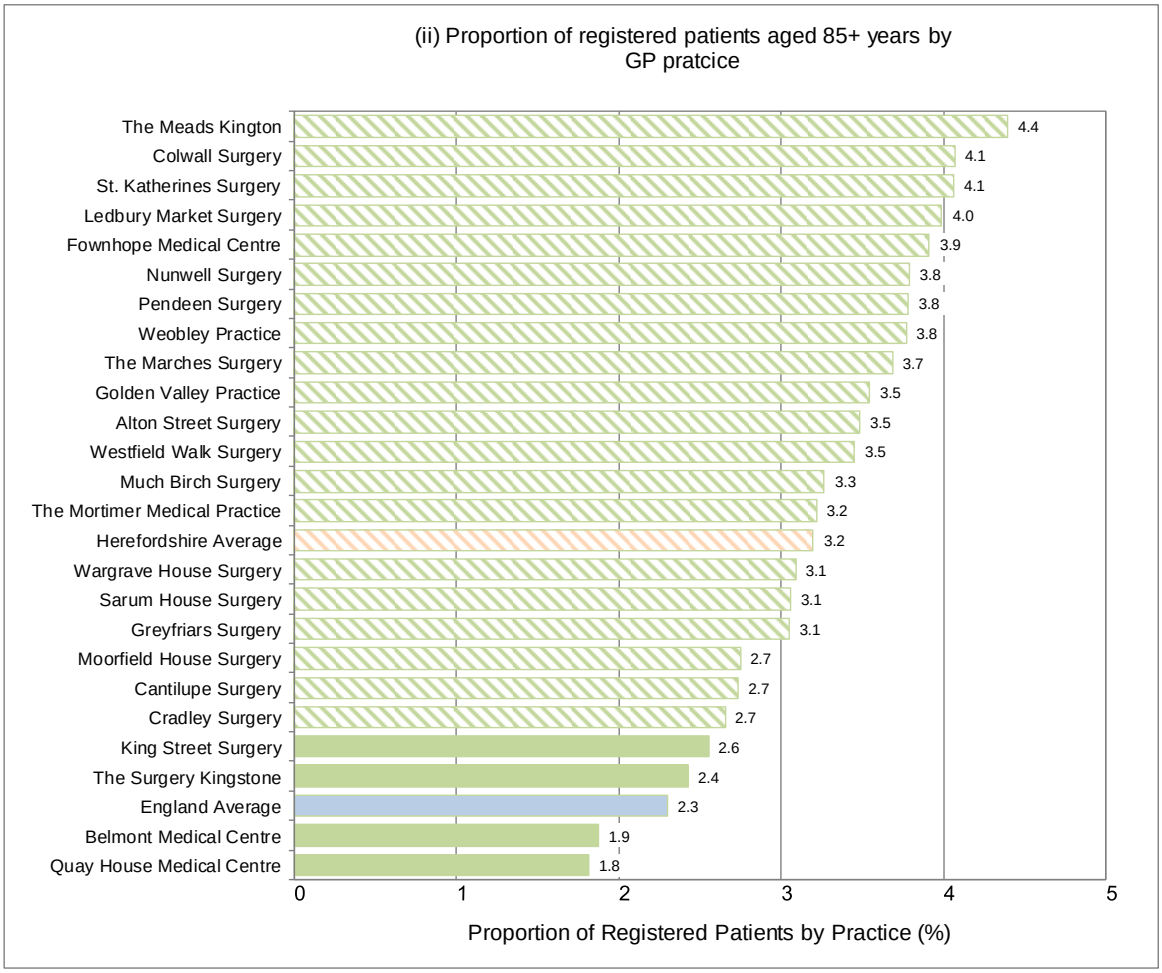



Source: Quality of Outcomes Framework 2014/15

***Figure 13: Percentage of patients aged 85+ years registered in Herefordshire localities and GP practices (shaded bars = significantly different from England average).***




Source: Quality of Outcomes Framework 2014/15

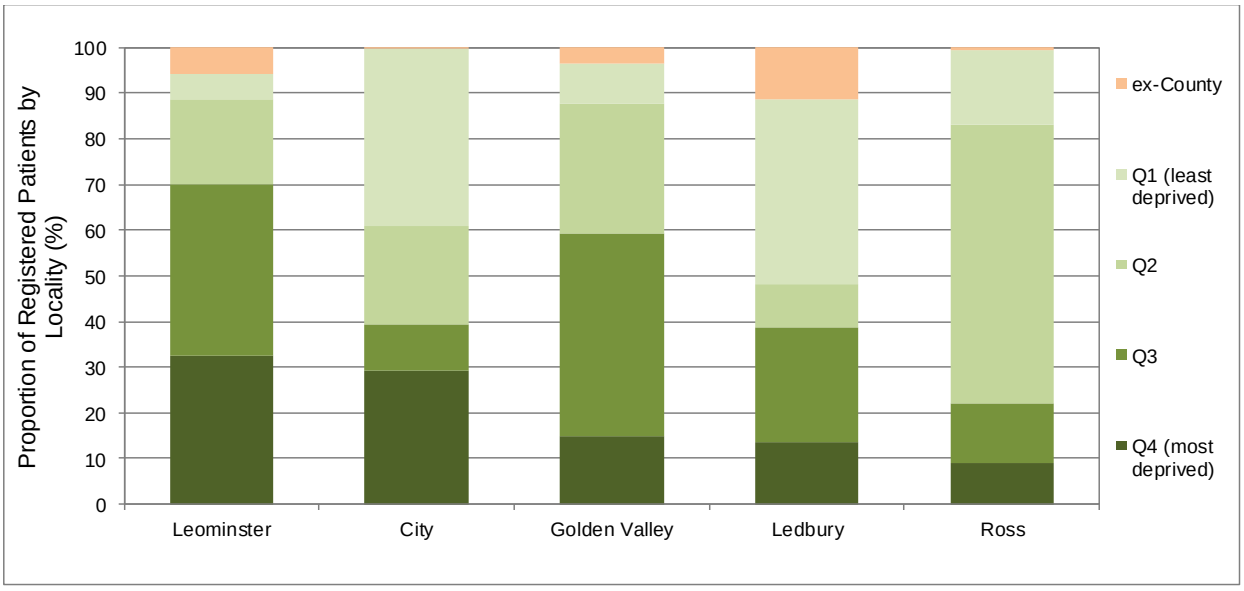
## DEPRIVATION WITHIN HEREFORDSHIRE CCG

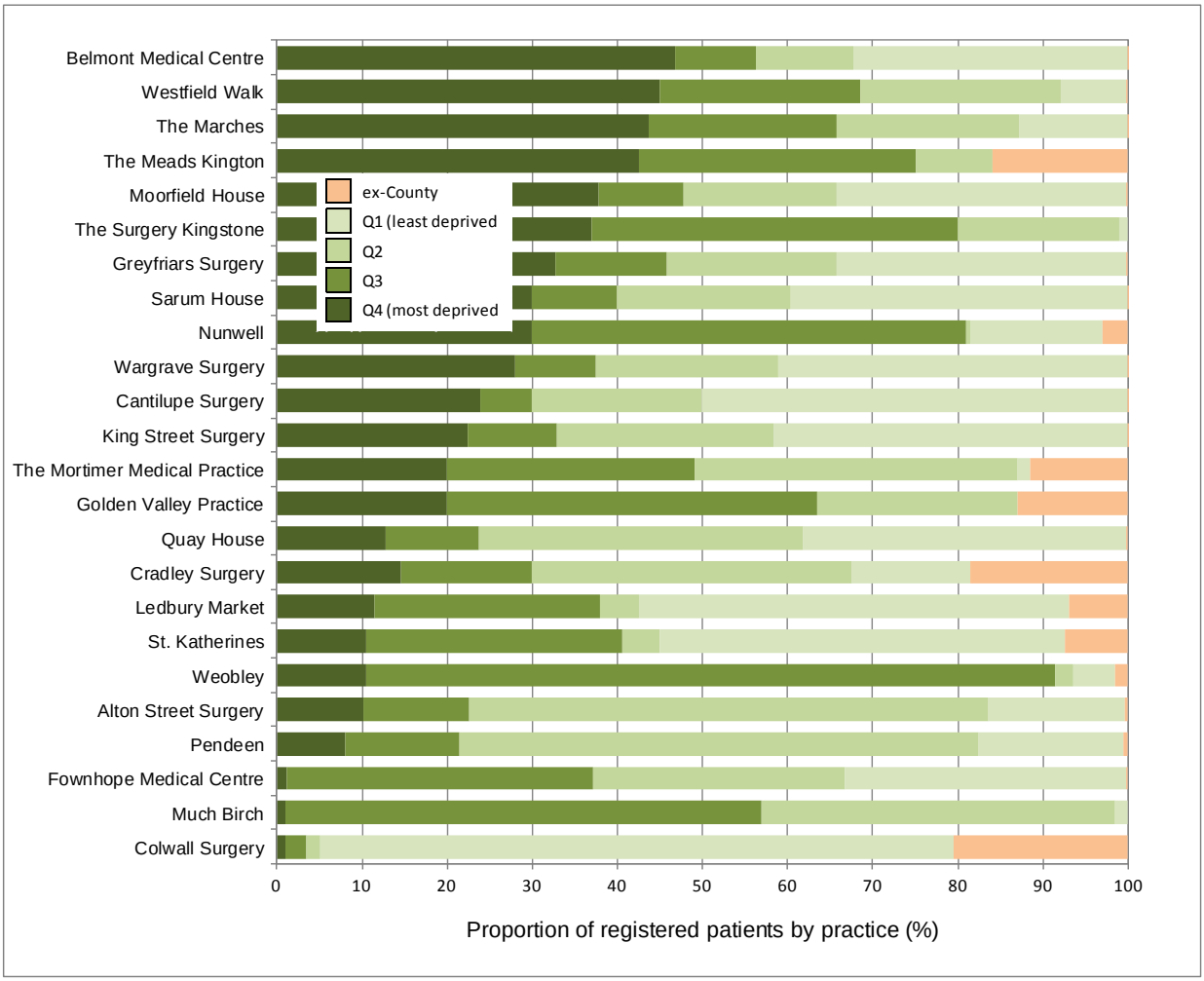
Based on the Indices of Multiple Deprivation (IMD 2015), the extent of deprivation of a population may be gauged by assigning each registered patient to a deprivation quartile via their postcode of residence. The index encompasses seven different socio-economic indicators from which an overall relative measure of deprivation is derived[5]. The distribution of registered patients at each GP practice to each of the quartiles is shown in Figure 14. The proportions of patients registered at each practice within the most deprived quartile range from 0.6% to 47%, with the greatest proportions evident at Belmont practice, which serves predominantly the South Wye area of Hereford City and Westfield Walk and The Marches practices which both serve Leominster market town. The lowest level of deprivation was clearly evident at Colwall where over 70% of the registered patients are in the least deprived quartile; the next highest proportions of patients in this category are at two practices serving Ledbury (St. Katherines and Ledbury Market).

When examining the levels of deprivation by locality it is evident that the highest proportion of patients in the most deprived quartile is in Leominster (32%), while the lowest is in Ross (93%) (Figure 14). The highest proportion of patients in the least deprived quartile is evident at Ledbury (40%), while a similarly high proportion was reported in the City (39%); the lowest proportion occurs in Leominster (5%).

[5] The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOA1)). It is a combined measure of deprivation based on a total of 37 separate indicators that have been grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area. For more details refer to: https://factsandfigures.herefordshire.gov.uk/about-a-topic/inequalities-and-deprivation/index-of-multiple-deprivation.aspx.

***Figure 14: Registered Population Deprivation by Herefordshire Practice, April 2015.***




Source: Department for Communities and Local Government

When looking at the overall IDM 2015 scores the greatest levels of deprivation are recorded in the two surgeries in Leominster mirroring the fact that much of Leominster is characterised as being within the 25% most deprived areas of England (Figure 15). A marginally lower IDM 2015 score was recorded at Belmont Medical Centre which serves south Hereford including Newton Farm which is amongst the 10% most deprived areas of England. However, along with Kington, these three practices are the only ones in Herefordshire with an IDM 2015 score greater than the England average of 21.8, while the county average is 19.7. The lowest IMD 2015 score was recorded at Colwall (12.9), while the scores for the two practices in Ledbury were also low. When examining IMD 2015 by locality indicates that the highest level of deprivation occurred in the Leominster (22.8) and the lowest in Ledbury (16.5).[6]

Generally, these patterns reflect overall patterns of deprivation throughout the county as indicated by deprivation levels at Lower Layer Super Output Area (LSOA)[7] level as indicated in Figure 16 which shows deprivation across Herefordshire by national decile. Although most areas of the county are in the middle deprivation deciles high levels of deprivation occur in urban areas, particularly in south Hereford, Leominster, Bromyard and Ross-on-Wye. Lower levels of deprivation are evident in and around the north and east of Hereford city and in the east of the county, particularly around Ledbury[8].

No data is available describing the deprivation status of registered patients residing outside of the Herefordshire boundaries, who represent 3% of the total Herefordshire CCG population. The highest proportions of registered patients residing outside of the county are evident at practices with in Ledbury locality where practices are close to the Worcestershire border over which any patient will travel to their nearest GP practice. This pattern is particularly evident at Colwall where over 20% of patients are from out with the county with many registered patients coming from the Malvern area.

When comparing the IMD 2015 score for Herefordshire with the CIPFA comparator group it is evident that the level of deprivation is considerably greater in the county compared to others in the group, although scores for all six CCGs are less than the national average (Figure 17). A notable fact is that the IMD 2015 score closest to Herefordshire is recorded in Shropshire which is considered to be the county most similar to Herefordshire according to CIPFA nearest neighbour criteria.

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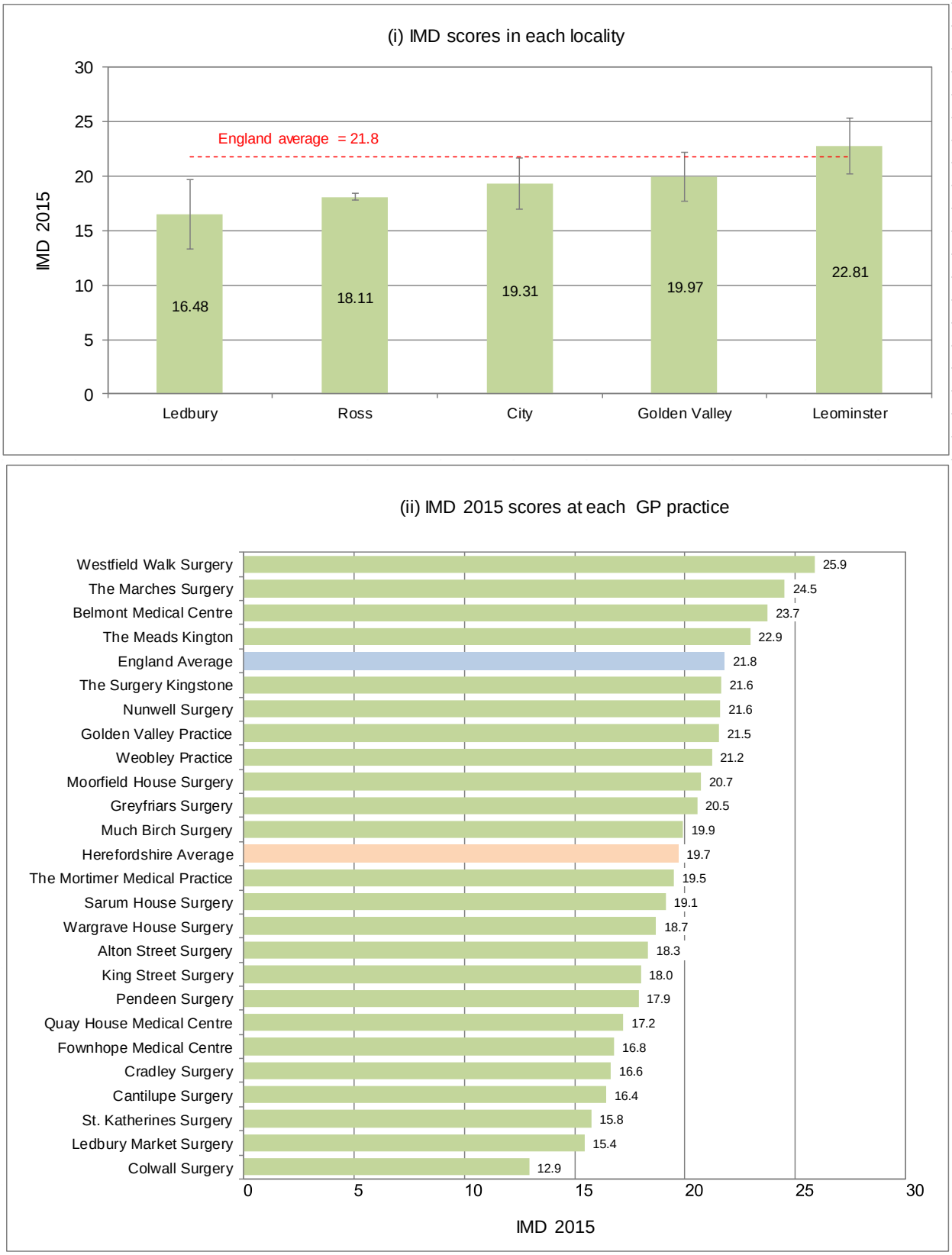
[6] For further details on deprivation and inequalities see Herefordshire Joint Strategic Needs Assessment 2016: https://factsandfigures.herefordshire.gov.uk/media/47888/understanding_herefordshire-jsna_2016.pdf

[7] LSOAs are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales; there is a LSOA for each postcode in England and Wales.

[8] However, in general there appear to be lower levels of deprivation in and around Hereford city and in the east of the county than there are in the west.

***Figure 15: Indices of Multiple Deprivation in Herefordshire, April 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 16. Distribution of the IMD 2015 by national decile for Herefordshire LSOAs.***

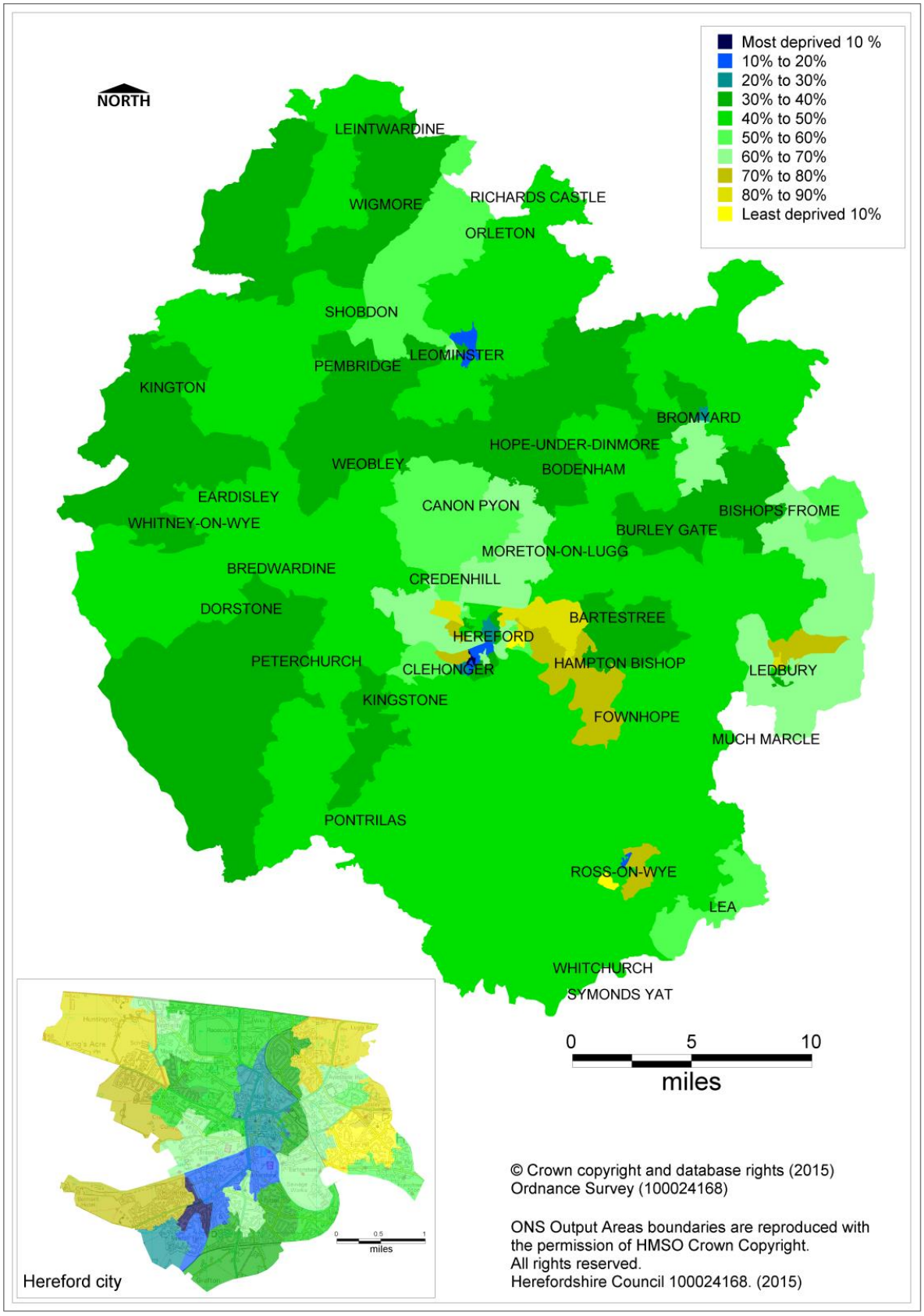
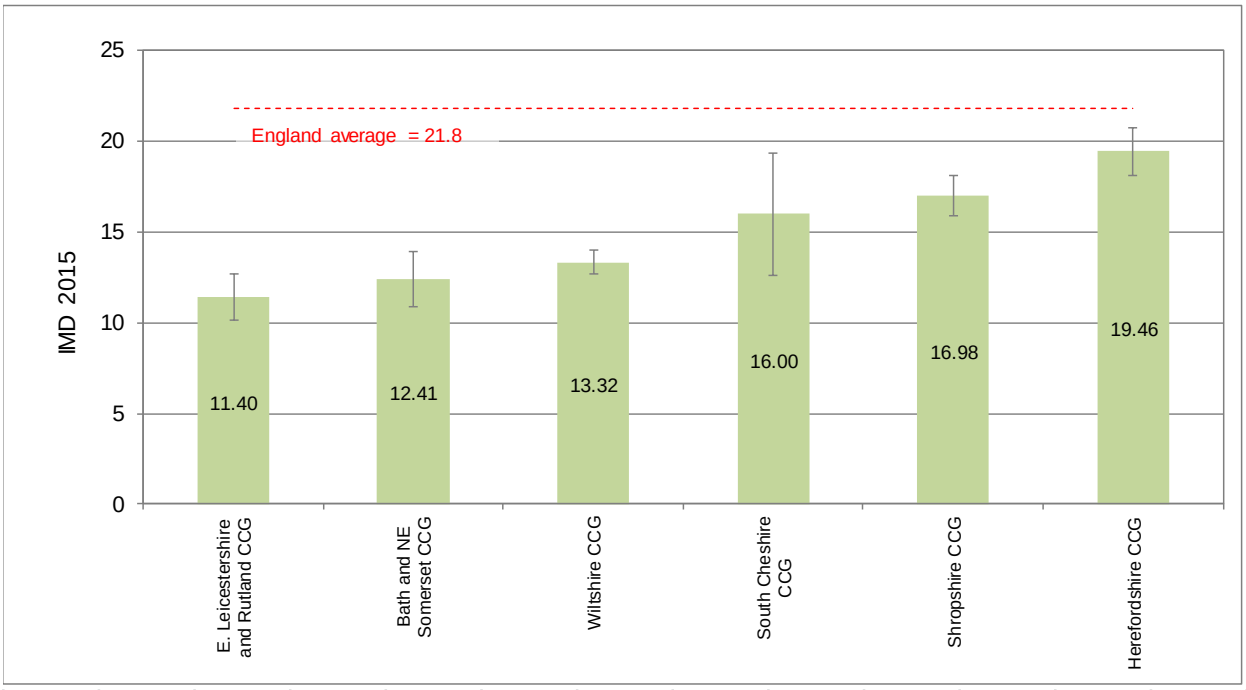


***Figure 17: Indices of Multiple Deprivation in Herefordshire CCG and comparator CCGs, April 2015***



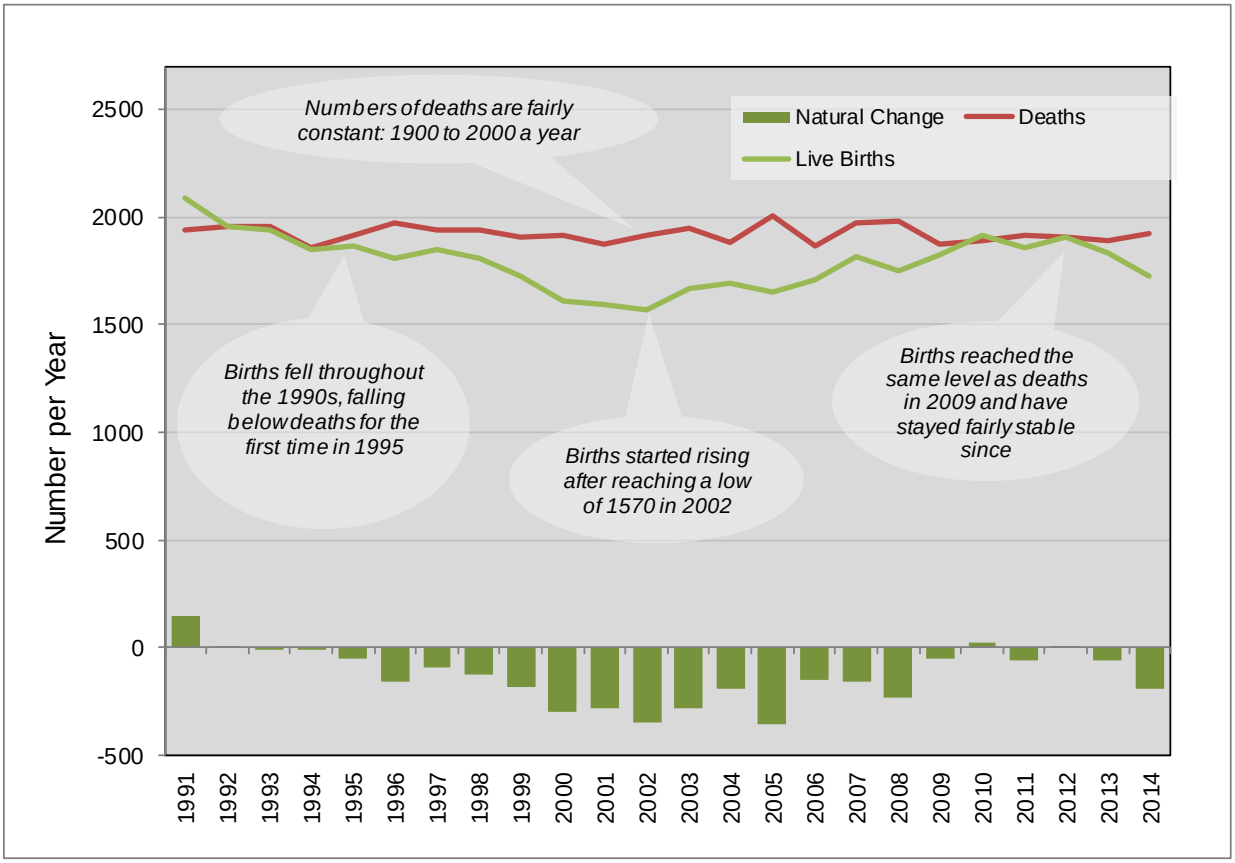

Source: Quality of Outcomes Framework 2014/15

## OBJECTIVE 2 – LIFE EXPECTANCY/MORTALITY

Population size and structure is determined by a number of primary factors such as birth and death rates and life expectancy. As discussed above Herefordshire has an aging population structure. However, despite this, the number of deaths per year has remained relatively consistent, primarily due to increased life expectancy. Consequently, natural changes in population size are dependent on numbers of births each year.

Between 1991 and 2002 births in Herefordshire fell by 25% (Figure 18) mirroring the national trend of declining fertility rates which was partly attributed to a generation of women putting off having children until later in life. Subsequently, birth rates began rising as a combination of this older generation starting to have children and women then in their twenties were not putting off starting a family as long as their predecessors. However, more recently, a further increase in the birth rate has been driven by an increase in the number of women of child-bearing age living in the county, particularly in relation to growing numbers of eastern European women settling in Herefordshire. This resulted in the birth rate rising by 22% from a low of 1,570 in 2002 to 1,900 in 2010, with the rate subsequently plateauing at around 1,800 to 1,900 per year.

***Figure 18: Births, deaths and natural change in Herefordshire's population, 1991 to 2014.***




Source: Vital Statistics Output Branch, ONS © Crown copyright

The overall patterns describing life expectancy and mortality in Herefordshire can be summarised below.

People born in Herefordshire in 2010-12 could expect to live for:

- 79.7 years (males) and 83.7 years (females) in total;
- 65.3 years (males) and 66.9 years (females) in good health;
- 65.5 years (males) and 66.6 years (females) without a disability.

Between 2010 and 2014 the average number of deaths was 1,900 per year, which equates to an age-standardised mortality rate of 880 per 100,000 of population.

In 2014 the key killers were:

- cardiovascular disease (32%);
- cancers (28%);
- respiratory diseases (12%);
- dementia (7%).

In 2014 deaths of people under the age of 75 years accounted for 30% of all mortality in the county.

Between 2010 and 2014, the county lost 7,680 years of potential life, of which 70% were due to cancers and circulatory diseases.

Almost 20% of mortality in Herefordshire is considered preventable through individual behaviour or public health measures e.g. lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases.

These factors are discussed in more details below.

## LIFE EXPECTANCY

For those born in Herefordshire in 2010-12 the average life expectancy was 79.7 years for males and 83.7 years for females, both of which are higher than the England averages of 78.9 for males and 82.8 for females[9]. Consequently, life expectancy for males born in Herefordshire is currently around 5% lower than that for females, which is broadly in line with national trends.

Where males are concerned the highest life expectancies were recorded at Colwall, Ledbury Market and Ledbury St. Katherines practices, while the lowest tended to be in Hereford city practices (Figure 19). As a result the average male life expectancy in the Ledbury locality (81.4) was significantly higher than in others, while the average life expectancy in the City locality (78.2) was significantly lower than elsewhere (ANOVA: df = 4, 19; $p < 0.001$). A similar pattern was evident for females with life expectancy in the City locality also significantly lower than elsewhere (Figure 20) with the highest average female life expectancy recorded in Ledbury (ANOVA: df = 4, 19; $p < 0.001$) indicating a close correlation in the pattern of life expectancy in both genders across the county ($r = 0.84$).

There is clear correlation between life expectancy and the proportion of the patients at each practice within the most deprived quartile deprivation in both male ($r = -0.54$) and female ($r = -0.52$) patients[10]. This finding is in line with those published by Public health England which indicated that individuals born in the most deprived areas of Herefordshire have a shorter (4-5 years) life expectancy than those living in the least deprived areas[11, 12].

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[9] Population weighting applying Middle Super Output Area (MSOA) life expectancy to GP registered patients.

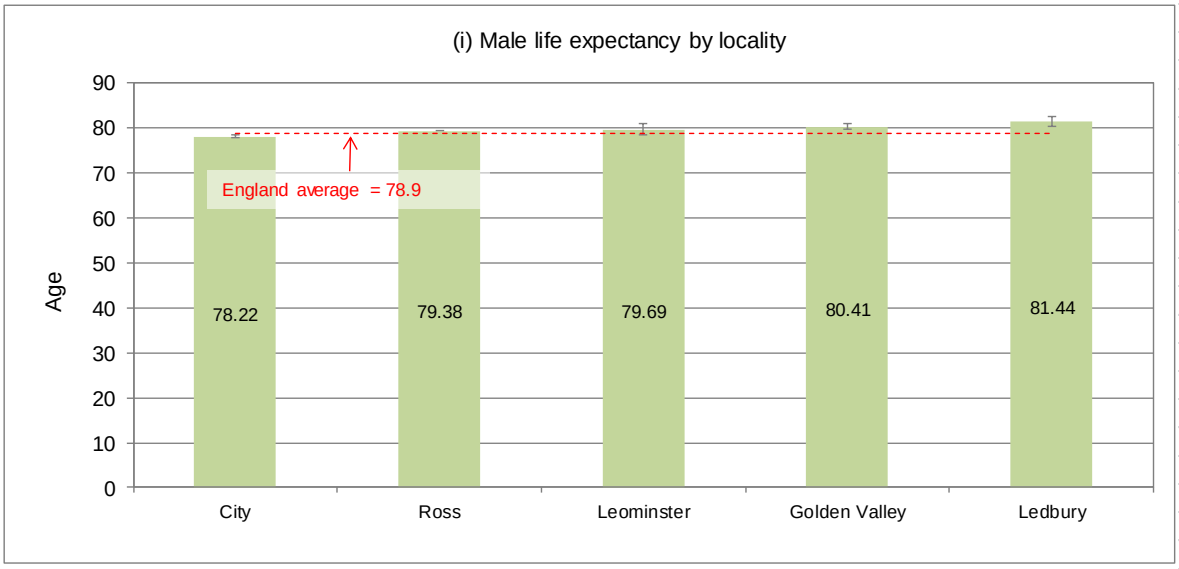
[10] Due to the fact that in the majority of cases a condition will be related to a variety of causative factors the relation to any single factor is likely to be low. Consequently, in health studies, statistical relationships are often weak with the magnitude of correlation coefficients (*r*) typically being lower than 0.3. Furthermore, as the correlations calculated throughout this document are from whole population data the influence of cohort specific factors (e.g. smoking, age, deprivation, etc.) is reduced. Therefore, although correlation coefficients given may be relatively low they can be taken as a general indicator of the existence of significant associations. See: A. Tsanas, M.A. Little, P.E. McSharry, "A methodology for the analysis of medical data", Chapter 7 in Handbook of Systems and Complexity in Health, Springer, 2013; B. Shyti, Elona Fetahu, E. Fetahu. Spatial statistical methods in the analysis of Public Health data", European Scientific Journal July 2015 edition vol.11, No.21 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431).

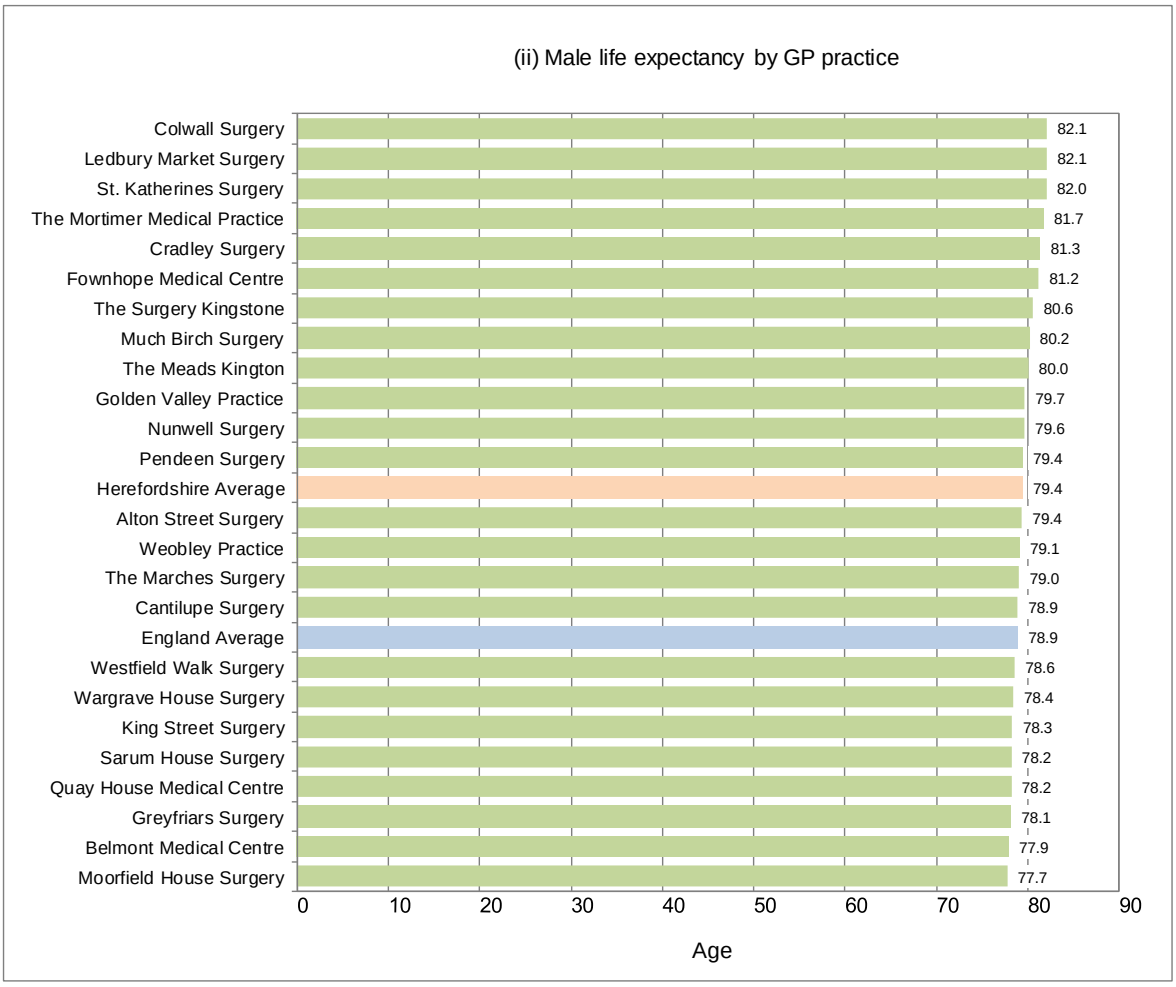
[11] https://factsandfigures.herefordshire.gov.uk/about-a-topic/health-and-well-being/life-expectancy.aspx

When comparing the life expectancy for Herefordshire with the CIPFA comparator group it is evident that for both males and females in the county life expectancy is broadly similar to those in the comparator CCGs (Figure 21). In all areas both genders life expectancy is close to the national average and in most cases the reported levels were marginally higher than the England average.

[12] Scatter plots illustrating relationship between various metrics discussed throughout this document are given in Appendix 1.

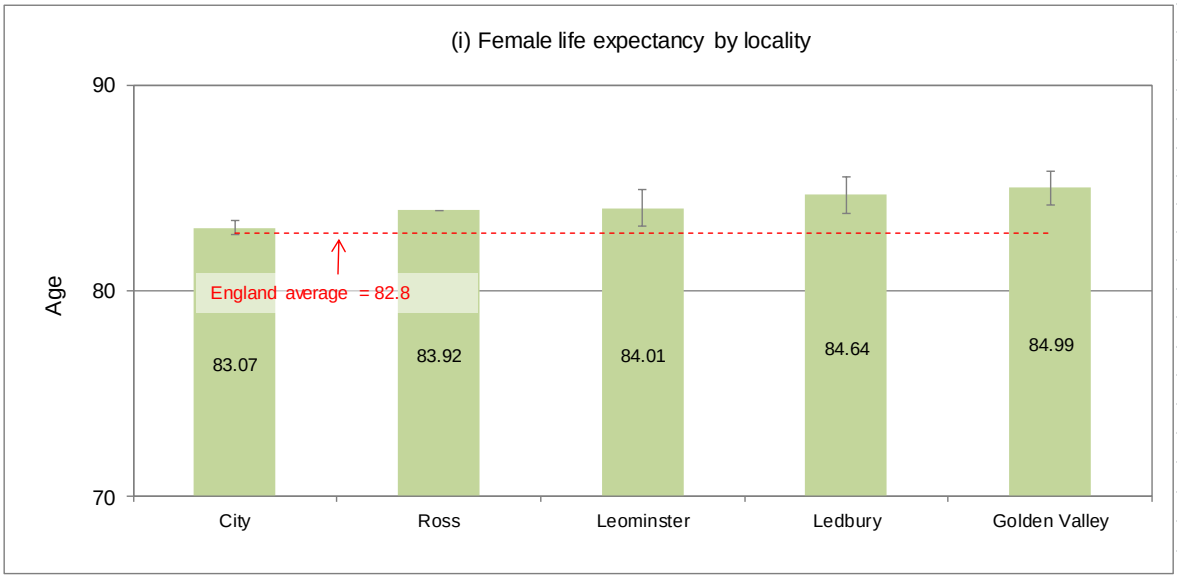
***Figure 19: Life expectancy of male patients registered in Herefordshire localities and GP practices, 2008 - 2012.***

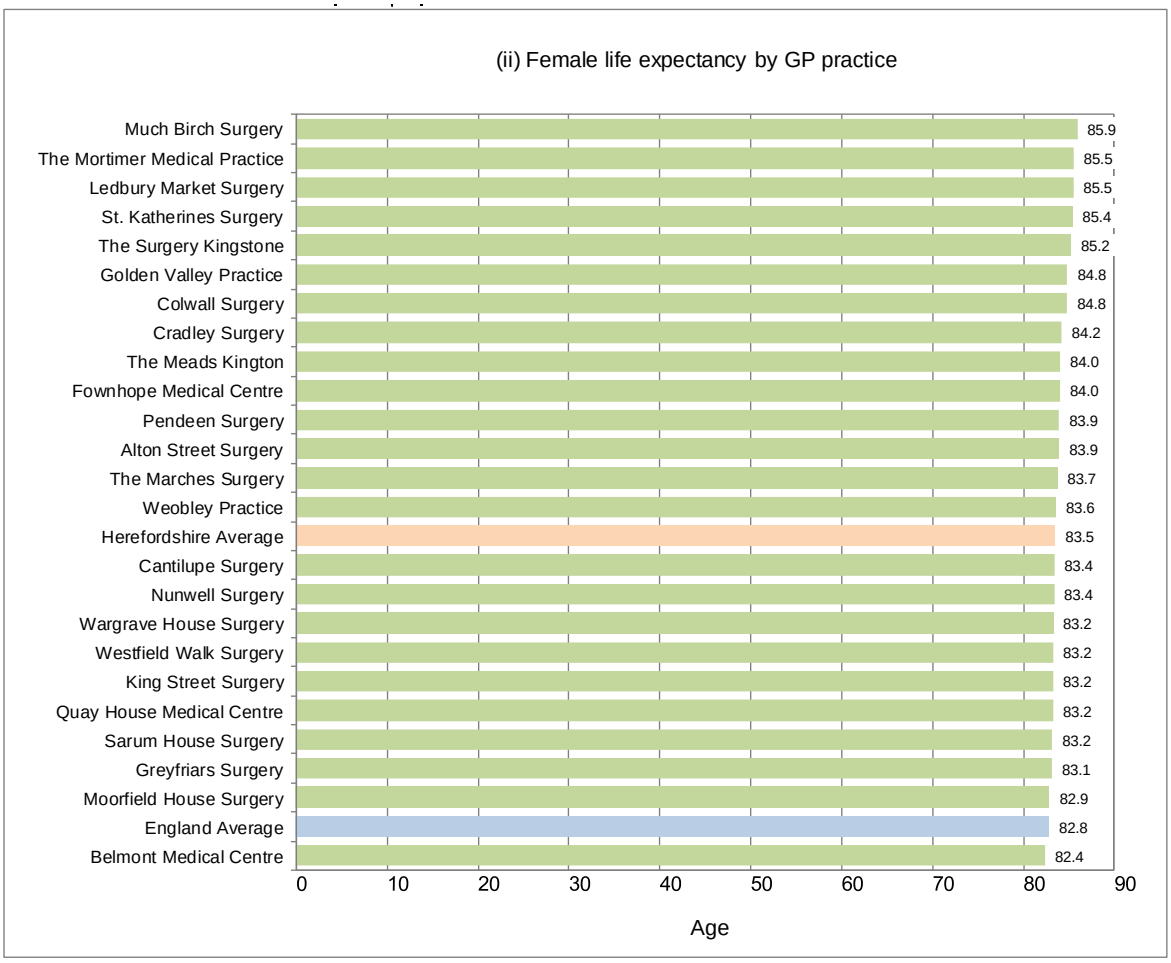



Source: Quality of Outcomes Framework 2014/15

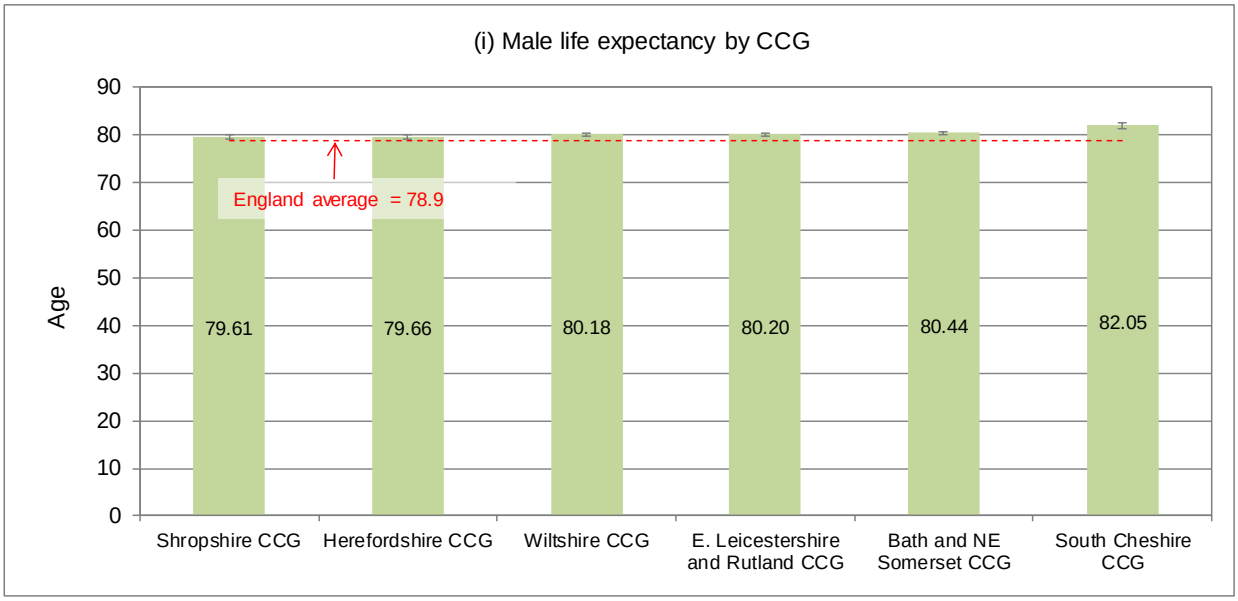
***Figure 20: Life expectancy of female patients registered in Herefordshire localities and GP practices, 2008 - 12.***

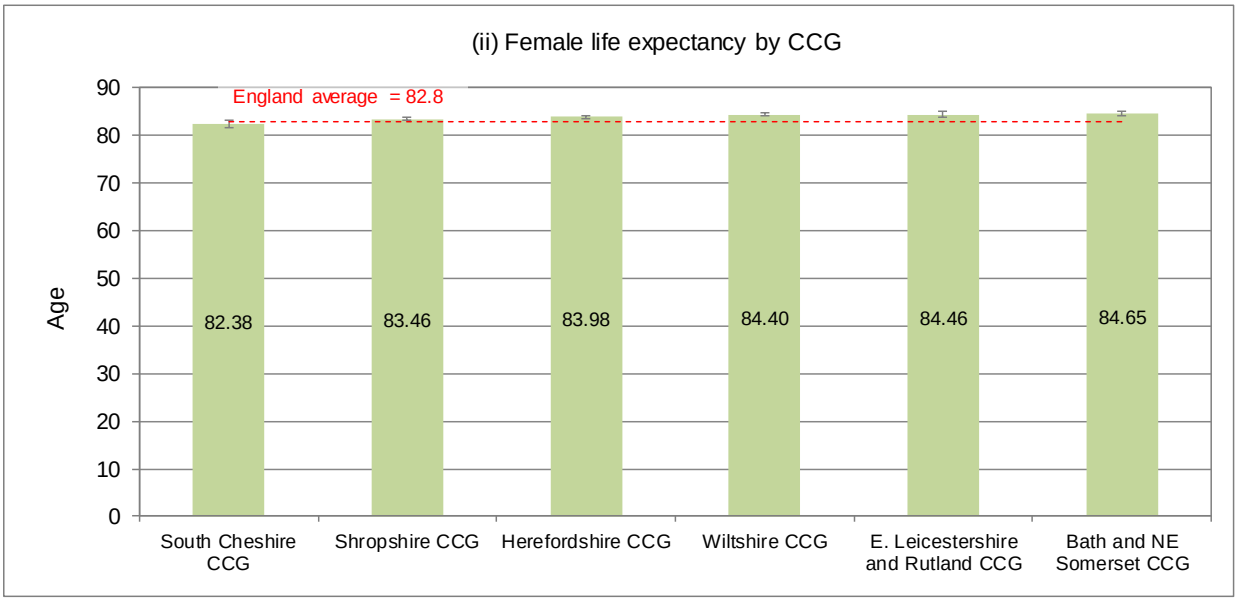



Source: Quality of Outcomes Framework 2014/15

***Figure 21: Mean life expectancy of male and female patients registered in Herefordshire CCG and comparator CCGs, 2008 – 12.***




Source: Quality of Outcomes Framework 2014/15

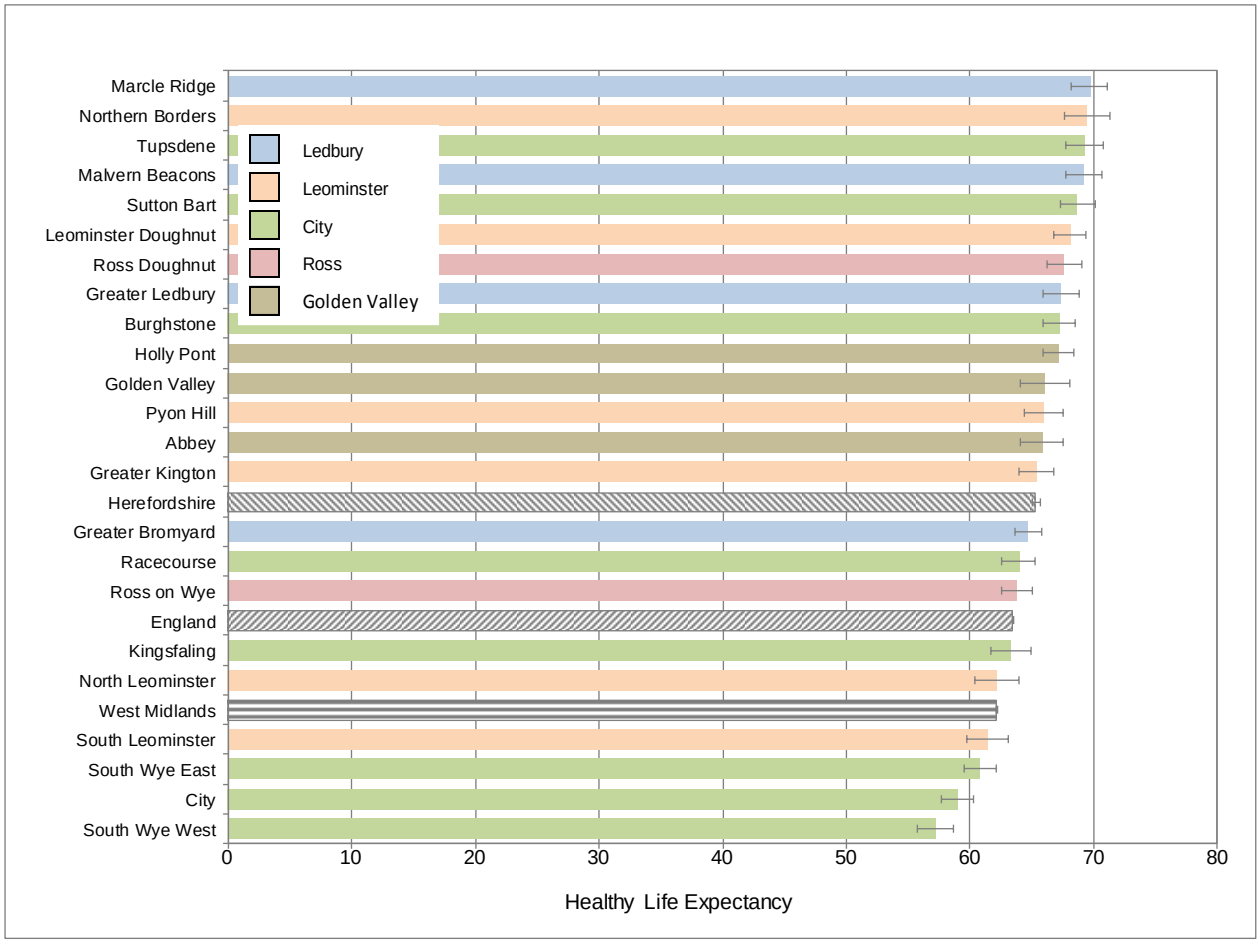
## HEALTHY LIFE EXPECTANCY

Health expectancy combines life expectancy and population data with data on the health of a population to give an index of the expected remaining years of healthy life. Healthy Life Expectancy (HLE) is calculated by the Office for National Statistics (ONS) and defines healthy life as years in good or fairly good self-perceived general health. ONS have published HLE data for 2009-13 by Middle Super Output Area (MSOA)[13] level which, although not being specific to GP practices, can be generally assigned to the

[13] MSOAs - are statistical geographic boundaries designed to improve the reporting of small area statistics in England and Wales; the minimum population is 5,000 and the mean is 7,200.

Herefordshire localities. The average HLE for Herefordshire over this period was 65.3 years for males which was significantly higher than both the national and regional figures which were 63.5 and 62.2 years respectively. The highest HLE of 69.7 years was recorded at Marcle Ridge, although in 14 of the 23 MSOAs the HLE was over 65 years, all of which were significantly higher than the national and regional figures (Figure 22). The only MSOAs to report HLEs below 60 years were City and South Wye West, both within Hereford, which were the only areas where the HLE was significantly lower than the regional figure; other low HLEs were recorded at South Wye East in Hereford and South Leominster. When the data are combined at the locality level it is evident that the lowest HLEs are within City and Leominster, although all locality HLEs are higher than the national figure of 63.5 years (Figure 23).

***Figure 22: Healthy life expectancy of male patients by MSOA, 2009 – 13. (MSOAs colour coded according to locality)***




Source: Office for National Statistics

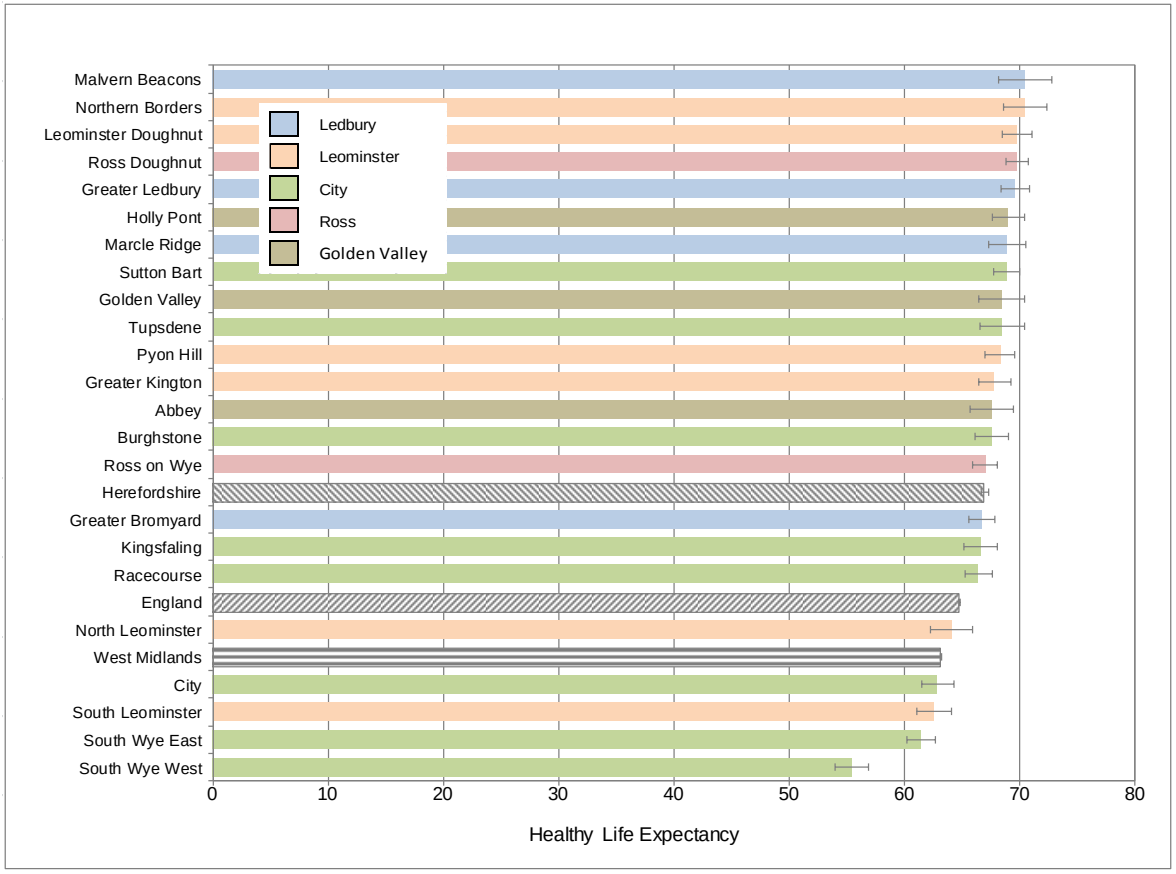
***Figure 23: Healthy life expectancy of male patients by locality, 2009 – 13.***


Source: Strategic Intelligence Team, Herefordshire Council

For females the HLE across Herefordshire as a whole over this period was 67.0 years which was significantly higher than both the national and regional figures of 64.8 and 63.2 years respectively. The highest HLE of 70.5 years was recorded at Malvern Beacons and at Northern Borders, although 18 MSOAs reported HLEs over 65 years, all of which were significantly higher than the national and regional figures (Figure 24). The only HLE below 60 years was recorded in South Wye (55.5 years), while other reported figures less than 65 years were from South Wye East and City in Hereford and also South Leominster and North Leominster. At the locality level City had the lowest HLE (64.7 years) which was marginally less than the national figure, while other localities have average HLEs above the national figure (Figure 25).

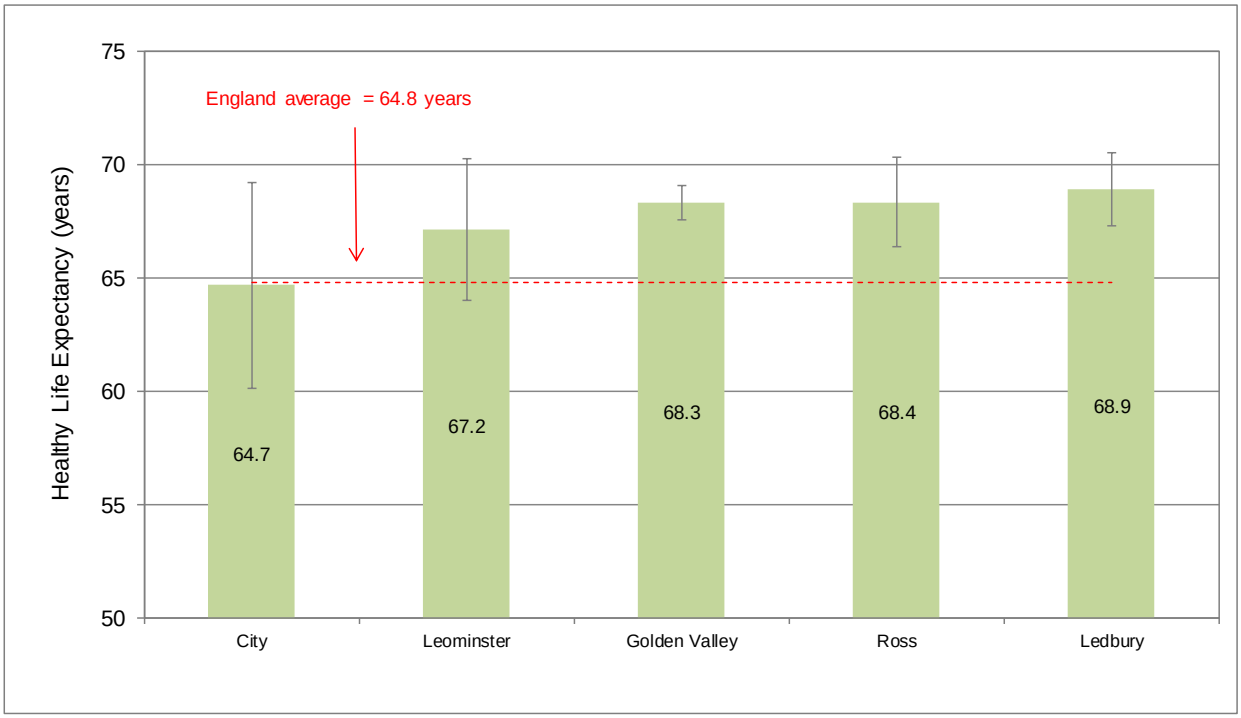
The male and female HLEs recorded in the each MSOA showed a very strong correlation ($r$ = 0.92), while a high correlation was evident between the genders at the locality level ($r$ = 0.69). When comparing the locality HLEs with the proportion of the population of each locality within the most deprived quartile there were moderately to strong negative correlations for both males ($r$ = -0.63) and females ($r$ = -0.49) indicating a negative relationship between healthy life expectancy and deprivation.

***Figure 24: Healthy life expectancy of female patients by MSOA, 2009 – 13. (MSOAs colour coded according to locality)***




Source: Office of National Statistics

***Figure 25: Healthy life expectancy of female patients by locality, 2009 – 13.***




Source: Strategic Intelligence Team, Herefordshire Council

## MORTALITY

There are approximately 1,900 deaths per year among Herefordshire residents which represents a mortality rate 9% below the national level. In 2012, the directly standardised all age, all-cause mortality rate was approximately 880 deaths per 100,000 population. Seasonal mortality is seen each year in England and Wales, with a higher number of deaths in winter months compared to the summer. Additionally, peaks of mortality above this expected higher level typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza.

The three main disease groups of circulatory diseases, neoplasms (cancers) and respiratory diseases account for around 75% of all mortality in Herefordshire.

The premature mortality rate (deaths under 75 years) in Herefordshire is approximately 220 deaths per 100,000 population which is appreciably lower than the rate for England and Wales by 15%. In total there were approximately 7,100 years of life lost (YLL) per annum between 2010 and 2012 - 36% were due to cancer and a further 20% to circulatory diseases.

Premature mortality and consequently lost years of potential life are more prevalent among males.

Approximately 350 people die each year in Herefordshire from preventable causes representing almost 20% of mortality across the county. These cases are considered to be preventable through individual lifestyle behaviour or public health measures, particularly in relation to lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases.

## OBJECTIVE 3 – MORBIDITY

### LONG TERM MEDICAL CONDITIONS

A long term condition (LTC) is defined as a condition that cannot, at present be cured but can be controlled by medication and/r other therapies. Examples of LTC are diabetes, heart disease and chronic obstructive pulmonary disease. These are considered generically in this section with others discussed in more detail below. Nationally, people with LTC account for 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days[14].

In Herefordshire, the proportion of registered patients in each GP practice with LTC varies between 47.6 and 72.9% with a countywide average of 56.6% compared to a national average of 54.0%. This represents a relatively small range across the county with the highest proportion (Greyfriars Surgery) being one and a half times the lowest (Kingstone) (Figure 26). Although over half of the surgeries reported proportions of patients with long term conditions higher than the England average only two practices (Greyfriars and Alton Street) had prevalence significantly higher than this national average.

When looking at proportion of lists with LTC there is no significant difference between reported levels in the five localities (ANOVA: df = 4, 19; $p = 0.341$). The levels of LTC in Ledbury and Leominster are fractionally lower than the national average; in other localities the national figure is exceeded, although no proportion is significantly higher than the England average.

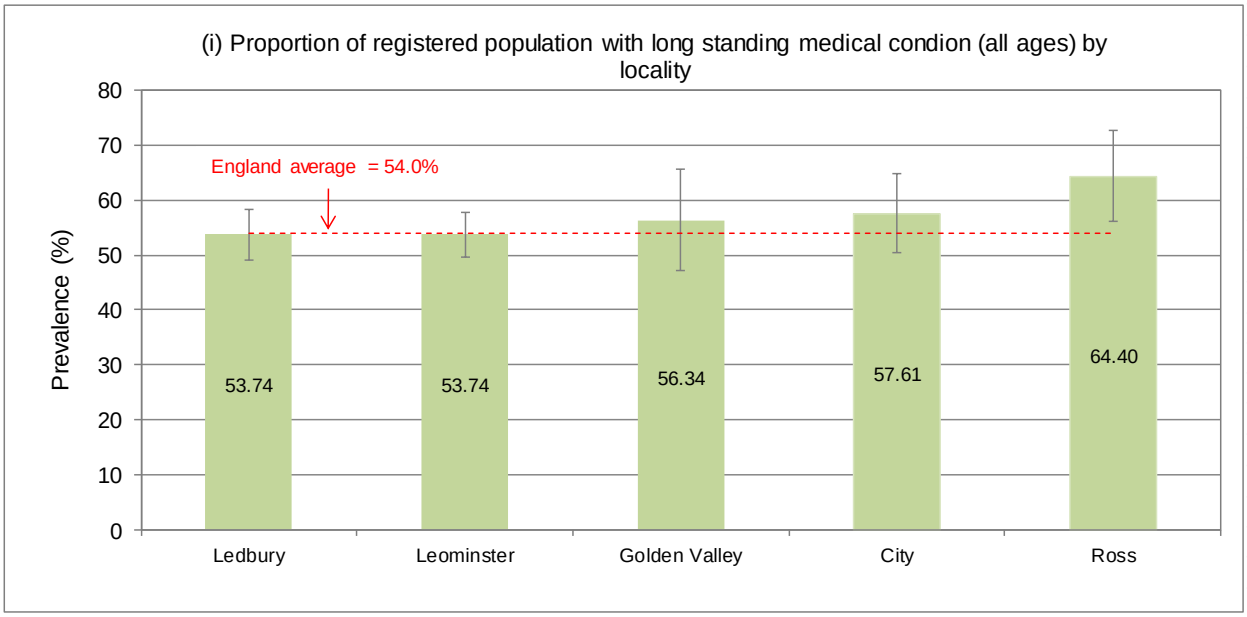
There is no correlation between the proportions of registered patients at each practice with LTC and other factors such as age and deprivation. This pattern does not appear to follow the national pattern of LTC being more prevalent in older people (58% of people over 60 compared to 14% under 40) and in more deprived groups (people in the poorest social class have a 60% higher prevalence than those in the richest social class)[15].

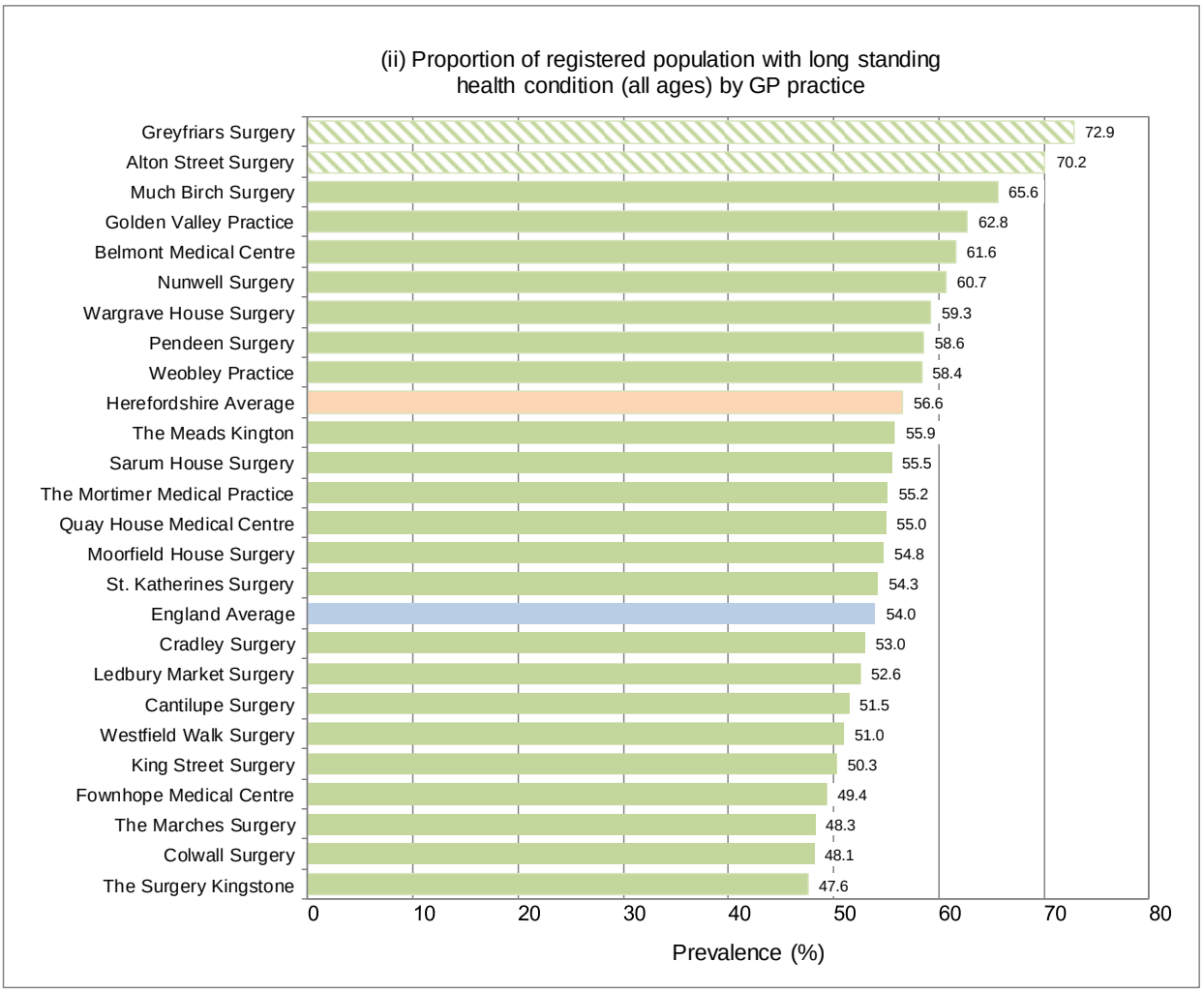
Although the mean proportion of those with LTC in Herefordshire is higher than in other CCGs within the CIPFA comparator group there is no significant difference between the means for the six CCGs (ANOVA: df = 5, 196; $p = 0.119$). Similarly, no difference is evident between the national average and the mean proportions in the comparator CCGs (Figure 27).

[14] http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity. Accessed 6th May 2016.

[15] Department of Health (2012). Report. Long-term conditions compendium of Information: 3rd edition.

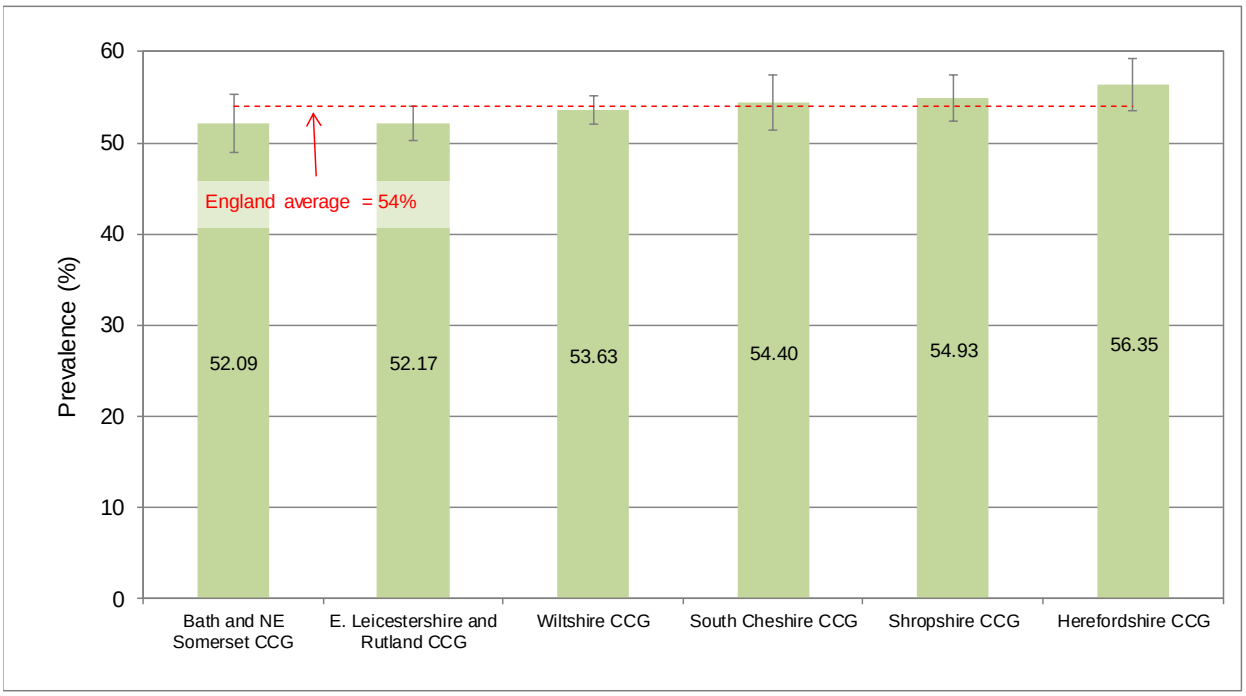
***Figure 26: Proportion of registered patients suffering long term medical conditions, 2014 - 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 27: Mean proportion of registered patients with long term medical conditions registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

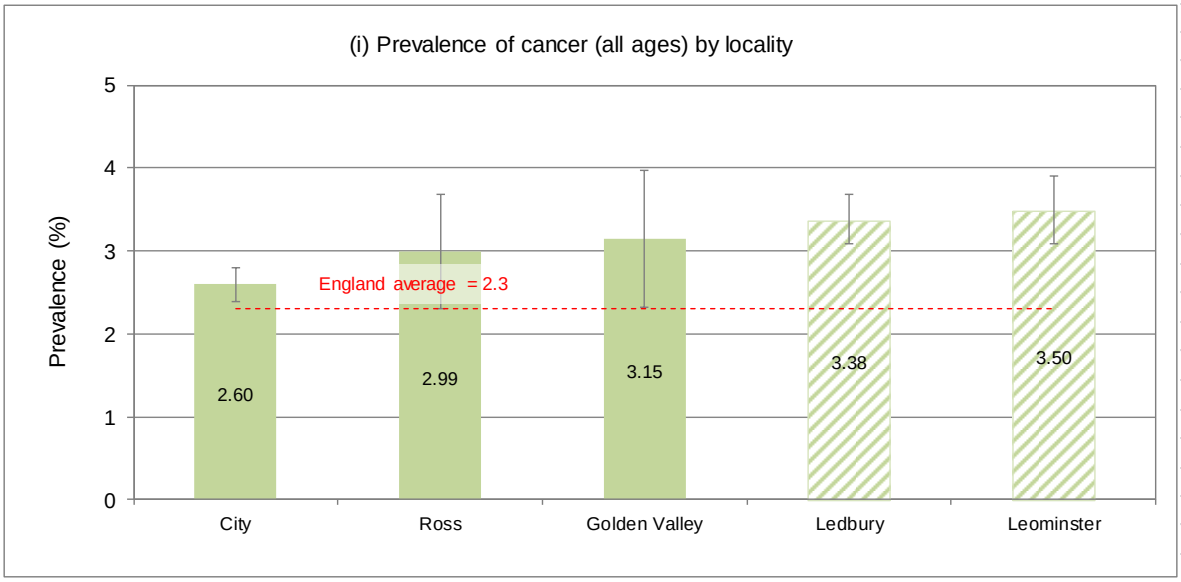
## CANCER

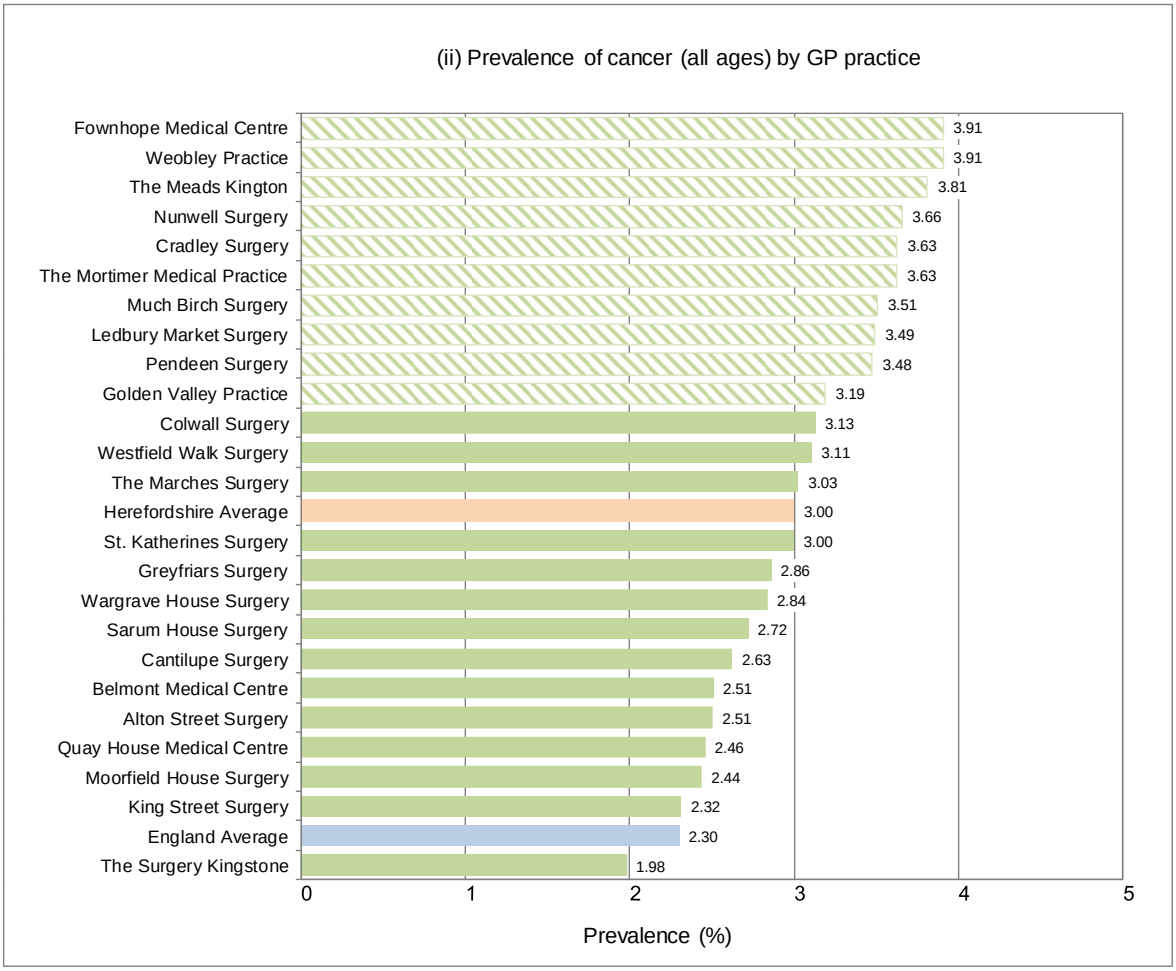
There are over 200 different types of cancer, each with its own methods of diagnosis and treatment. Apart from infectious diseases, most illnesses (including cancer) are multifactorial. This means that there are many factors involved, in other words and there is no single cause for any one type of cancer. Some of the known causes of cancer include alcohol, asbestos, diet, being overweight, natural and manmade radiation, smoking, ultraviolet light (including sun exposure and use of sun beds) and viruses such as human papilloma virus (HPV).

The latest cancer prevalence data comes from the Quality and Outcomes Framework (QoF), which provides the proportion of patients on GP practice lists with a diagnosis of cancer (excluding non-melanotic skin cancers) covering the financial year 2014 - 2015. Prevalence of cancer across Herefordshire GP practices ranged from 2% at Kingstone to 3.9% at Fownhope with a county average of 3.0% (Figure 28). Compared to the England average of 2.3% all but one (Kingstone) of the 24 practices in Herefordshire had cancer prevalence higher than the national level.

When looking at cancer prevalence in the localities it is evident that average prevalence in all localities are higher than the national average. Cancer prevalence in the city is lower than elsewhere and is significantly lower than in Ledbury and Leominster (ANOVA: df = 4, 19; $p < 0.016$) - with all eight city surgeries reporting cancer prevalence lower than the county average. Conversely, the highest average prevalence is in Leominster locality where all five surgeries reported levels exceeding the county average.

***Figure 28: Prevalence of cancer in patients of all ages registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***



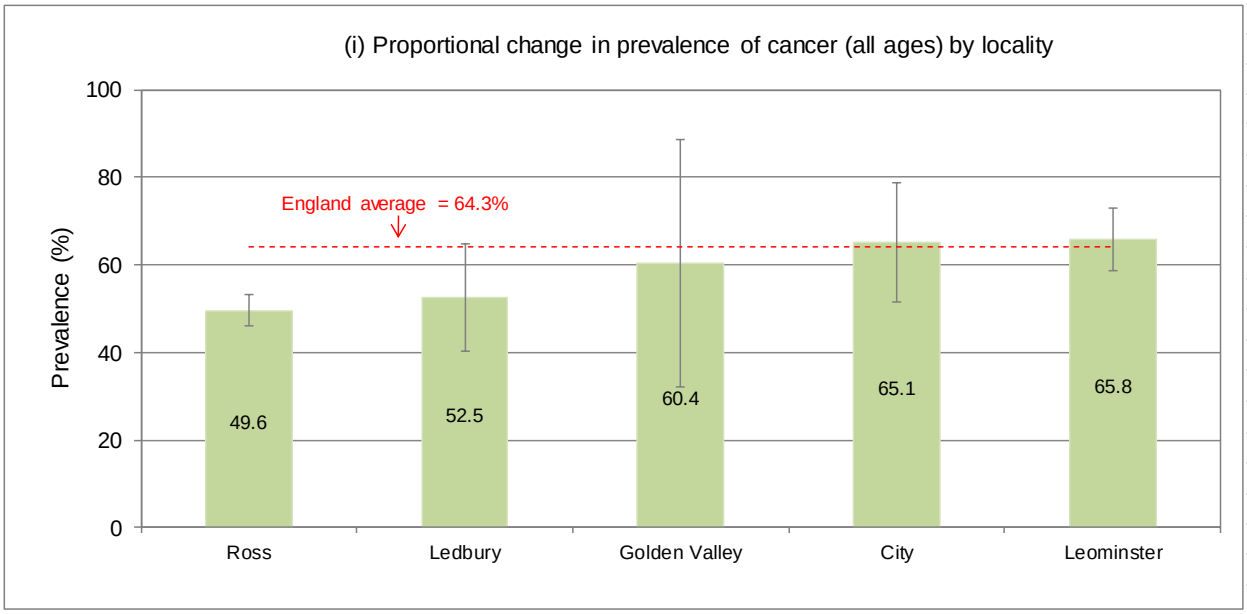

Source: Quality of Outcomes Framework 2014/15

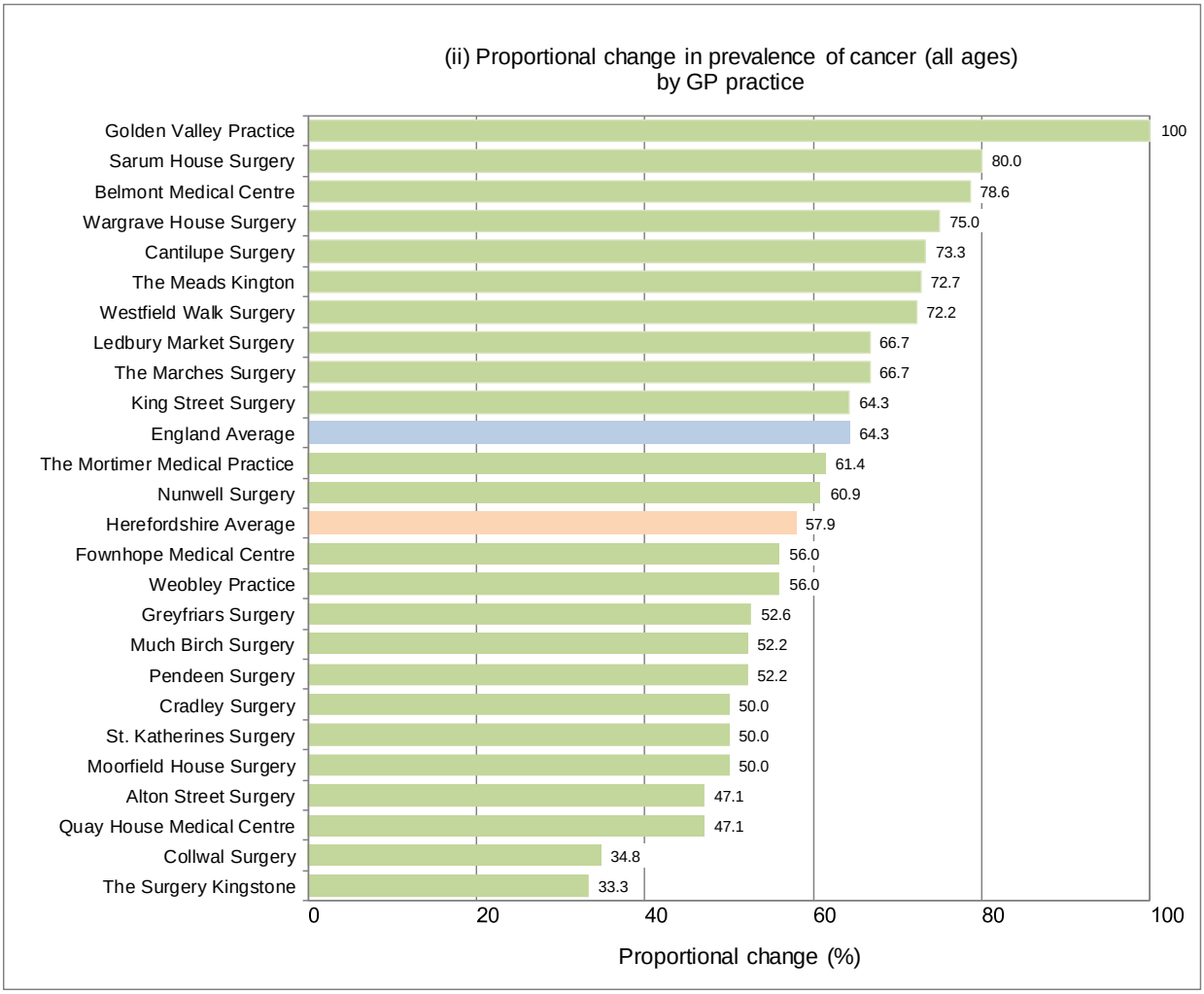
The prevalence of cancer in all Herefordshire GP practices increased between 2009/10 and 2014/15 with the highest proportional increase recoded at Fownhope where the rate doubled, while over this period the lowest change was observed at Kingstone where prevalence increase by one third. A 64.3% increase in cancer prevalence was also observed nationally, while over Herefordshire as a whole the increase was 57.9% (Figure 29). When looking at the average increases in cancer prevalence in the localities the highest was observed at Leominster, although this was marginally higher than that reported for City, although while these two averages were slightly higher than the national average they were not significantly different than the averages returned for the other three localities (Figure 29).

When comparing the prevalence of cancer across Herefordshire with the CIPFA comparator group it is evident that the cancer prevalence in Herefordshire is higher than elsewhere, although the levels in all CCGs within the comparator group exceeded the English average (Figure 30). Increases in cancer prevalence between 2009/10 and 2014/15 were also reported in comparator CCGs ranging from 41% to 71%, with the Herefordshire increase approximately average for the comparator group as a whole (Figure 31).

When looking at relationships between cancer prevalence and possible causative factors no correlations were evident between prevalence of cancer and levels of deprivation or smoking across the county, although there was a strong relationship between the proportion of older individuals (65+ years) registered at each practice and cancer prevalence ($r$ = 0.79). As this age group is estimated to rise considerably over the next few years it is likely that there will be an increase in the pressure from retirees on services involved in cancer care in Herefordshire. However, it should also be considered that the general rise in cancer prevalence may be related to increased levels of screening and successful detection rates.

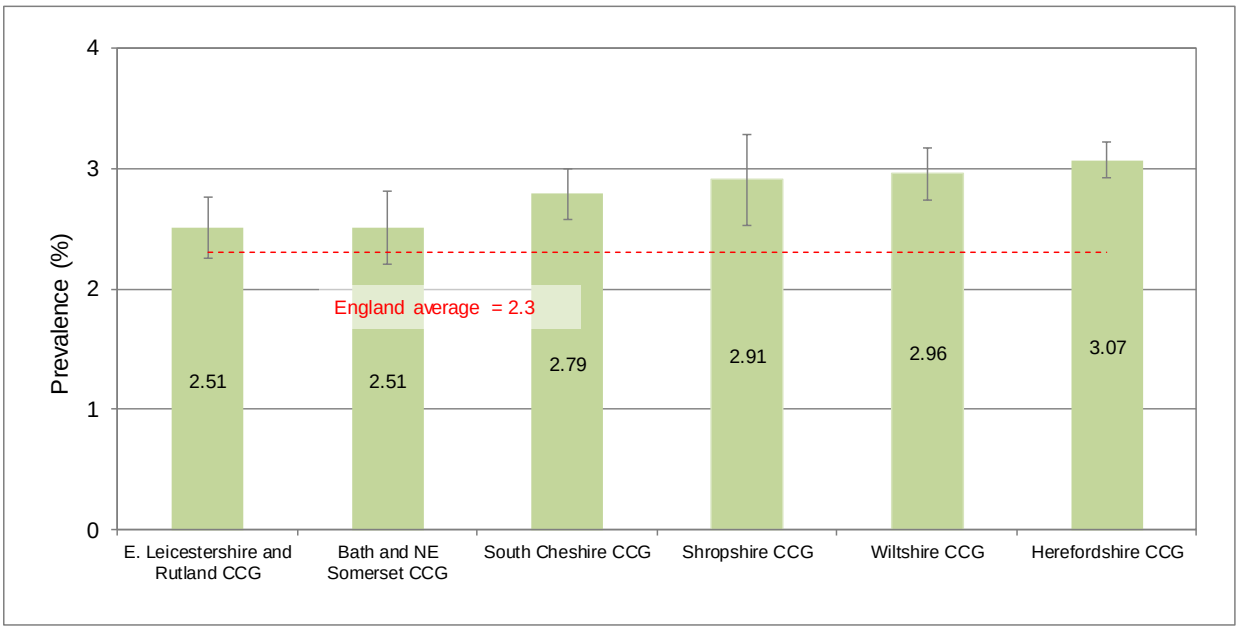
***Figure 29: Proportional change in cancer prevalence between 2009/10 and 2014/15 in patients of all ages registered in Herefordshire localities and GP practices.***



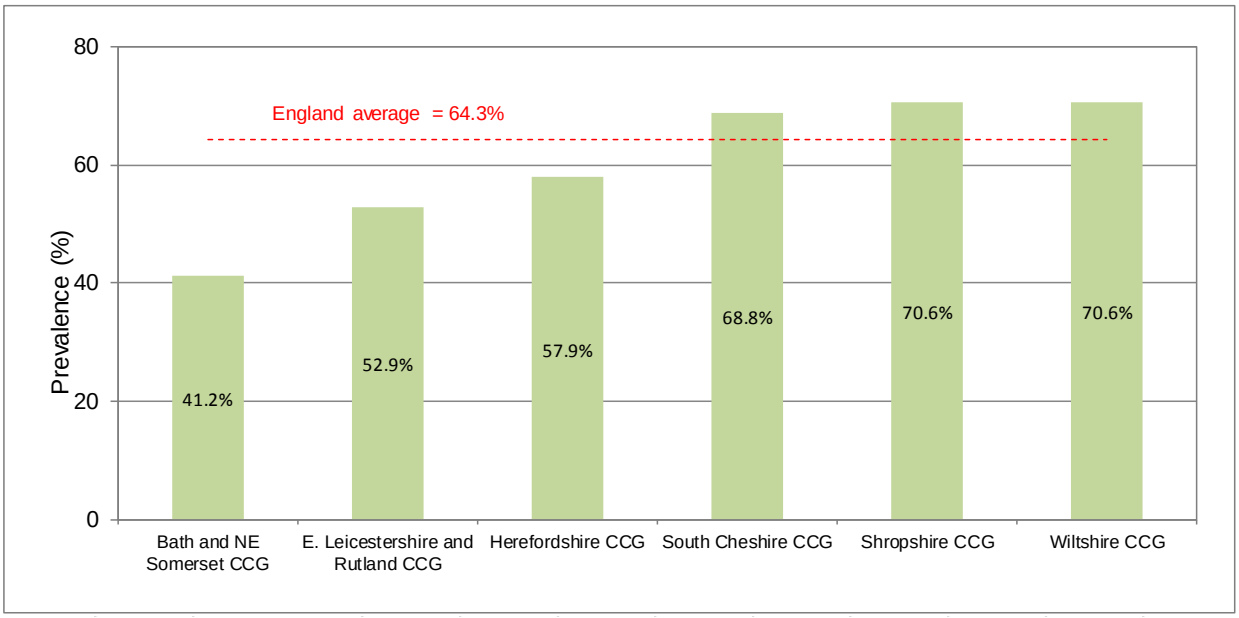

Source: Strategic Intelligence Team, Herefordshire Council

***Figure 30: Mean prevalence of cancer in patients of all ages registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 31: Proportional change in cancer prevalence between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***




Source: Strategic Intelligence Team, Herefordshire Council

## CORONARY HEART DISEASE (CHD)

Coronary heart disease (CHD) is the term describing what happens when blood supply to the heart is blocked or interrupted by a build-up of fatty substances in the coronary arteries. Over time, arterial walls can become furred up with fatty deposits and if the coronary arteries become narrow due to a build-up of these deposits, the blood supply to the heart will be restricted. Symptoms may include angina (chest pains), although if a coronary artery becomes completely blocked it can cause a heart attack. Coronary heart disease is the second largest killer and a major cause of hospital admission in Herefordshire.

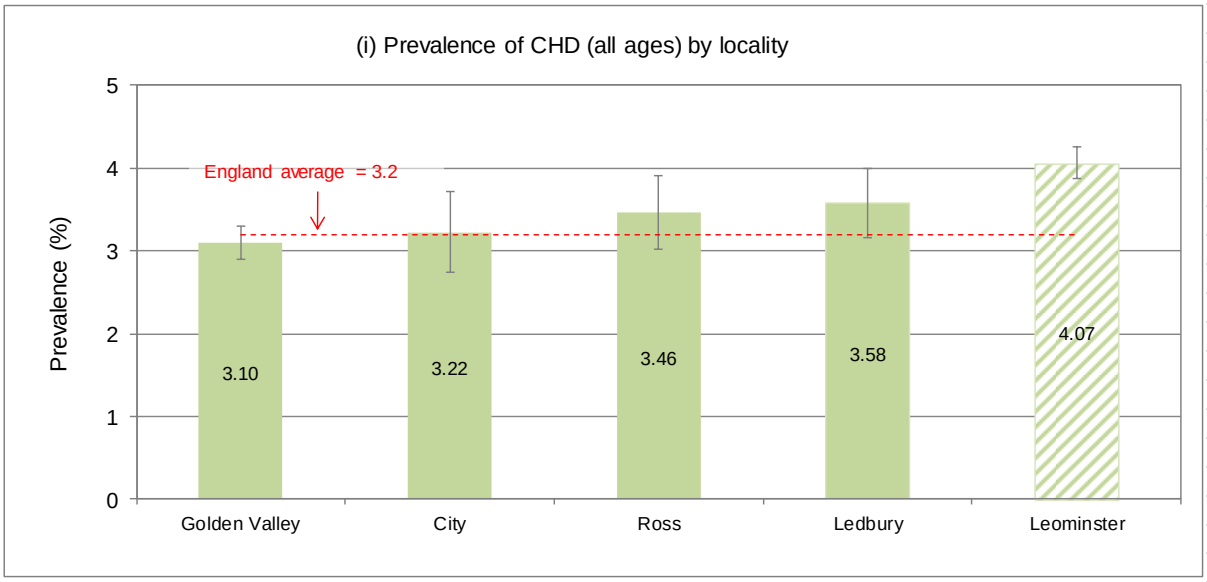
The latest CHD prevalence data comes from the Quality and Outcomes Framework (QoF), which provides the proportion of patients on GP practice lists with a diagnosis of CHD covering the financial year 2014 - 2015. Across Herefordshire CHD prevalence ranged between 2.46% at Quay House Medical Centre to 4.25% at Kington (Figure 32). Just over half of Herefordshire practices reported CHD prevalence higher than the England average of 3.2% resulting in the Herefordshire average prevalence (3.5%) being marginally higher than the national average.

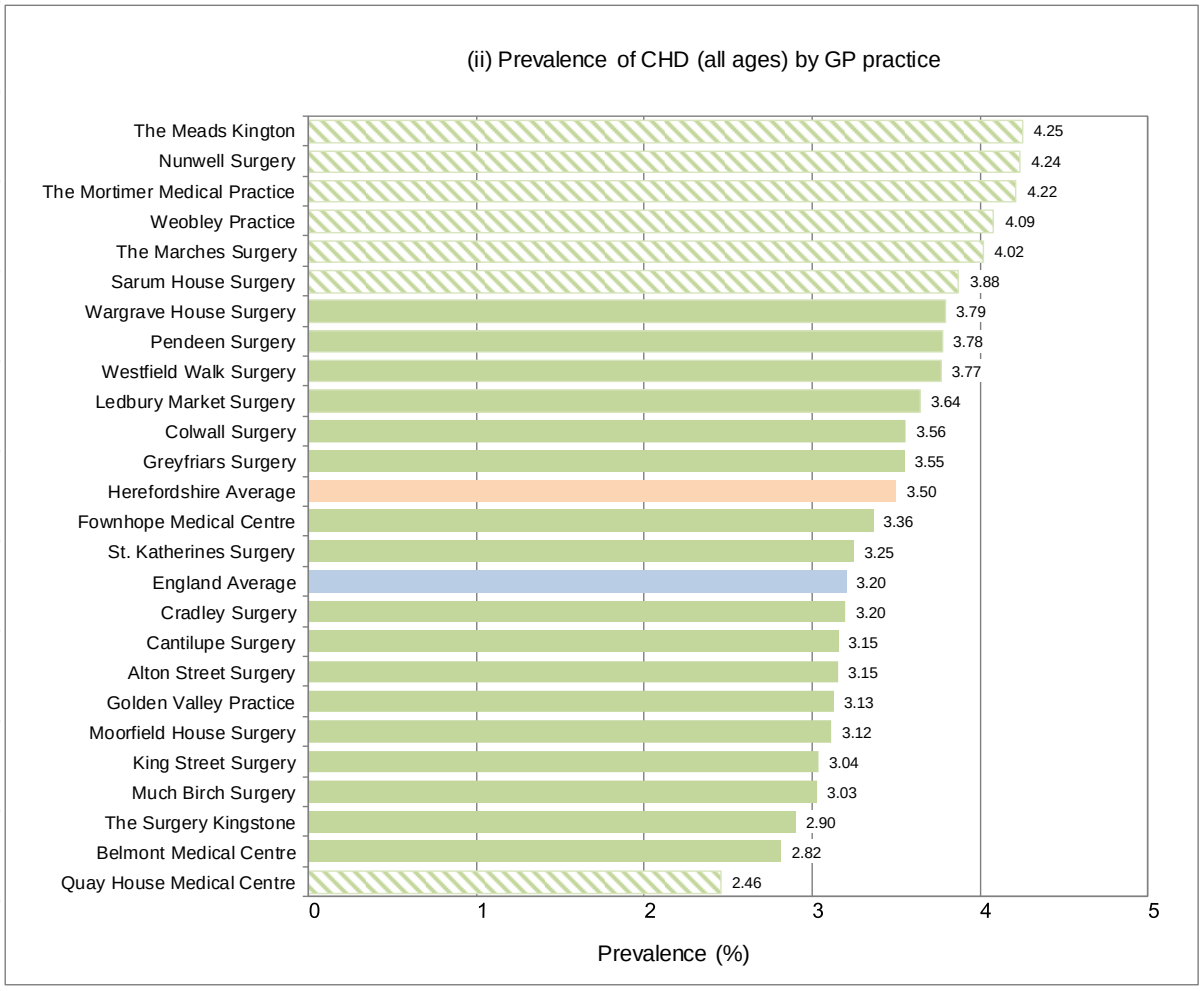
When looking at CHD prevalence in the localities it is evident that average levels are generally close to the national average. The only exception is Leominster where the average of 4.07% is significantly higher than the national average. This is not surprising as four of the five practices in the locality reported prevalence significantly higher than the national average. Similarly, the rate of prevalence in Leominster is significantly higher than that recorded in Golden Valley and City (ANOVA: df = 4, 19; $p < 0.007$).

When looking relationships between CHD prevalence and possible causative factors no correlation was evident between prevalence and levels of smoking ($r = -0.07$), which is surprising as smoking is identified as a particular risk factor for CHD. However, there was a relationship between CHD prevalence and the prevalence of hypertension ($r = 0.51$), while a lower correlation was evident with prevalence of diabetes ($r = 0.28$); both of these factors are high risk factors for CHD. The proportion of older individuals (65+ years) registered at each practice also showed a high correlation to prevalence of CHD ($r = 0.61$). As the 65+ age group is estimated to rise appreciably over time in Herefordshire there is likely to be a concomitant increase in pressure on services involved in coronary care countywide.

Between 2009/10 and 2014/15 CHD prevalence fell in half of the 24 Herefordshire GP practices, while increases were recorded in six practices. The biggest proportional fall (16.7%) occurred at Greyfriars, while the greatest increase was observed at Sarum House (11.0%), with both practices being located in Hereford (Figure 33). Across England as a whole CHD prevalence fell by 5.9%, while in Herefordshire the fall was 2.8%. When looking at the proportional changes in CHD prevalence in the localities only Leominster showed an increase (4.8%) with falls in other localities ranging between 2.9% and 8.3%. (Figure 33).

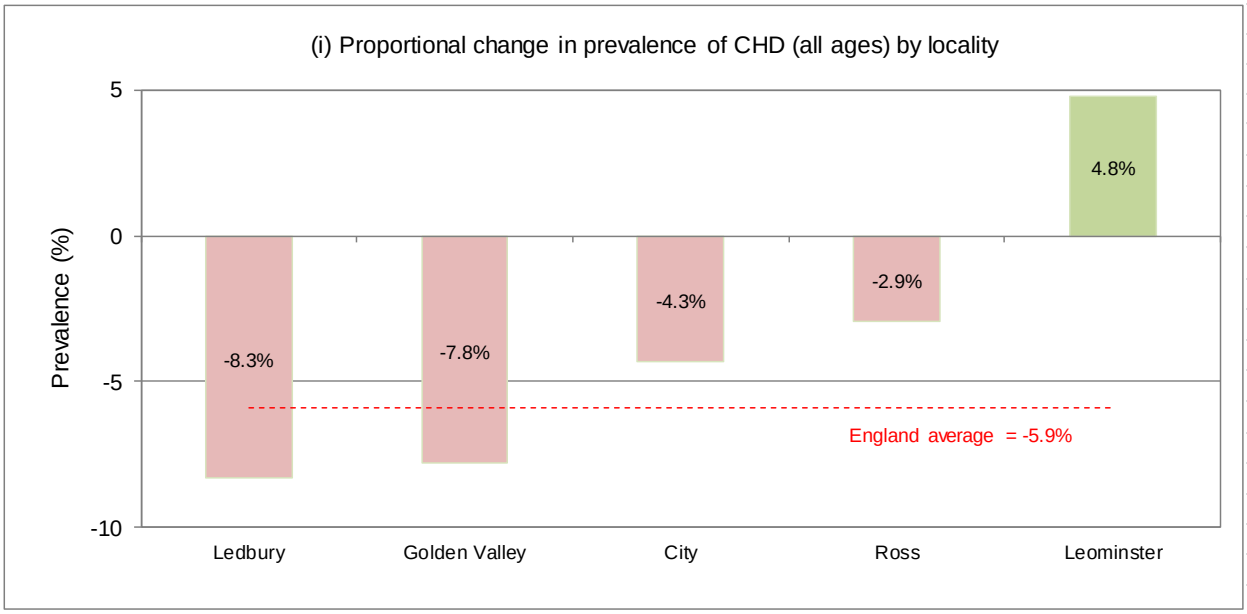
***Figure 32: Prevalence of coronary heart disease (CHD) in patients of all ages registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***

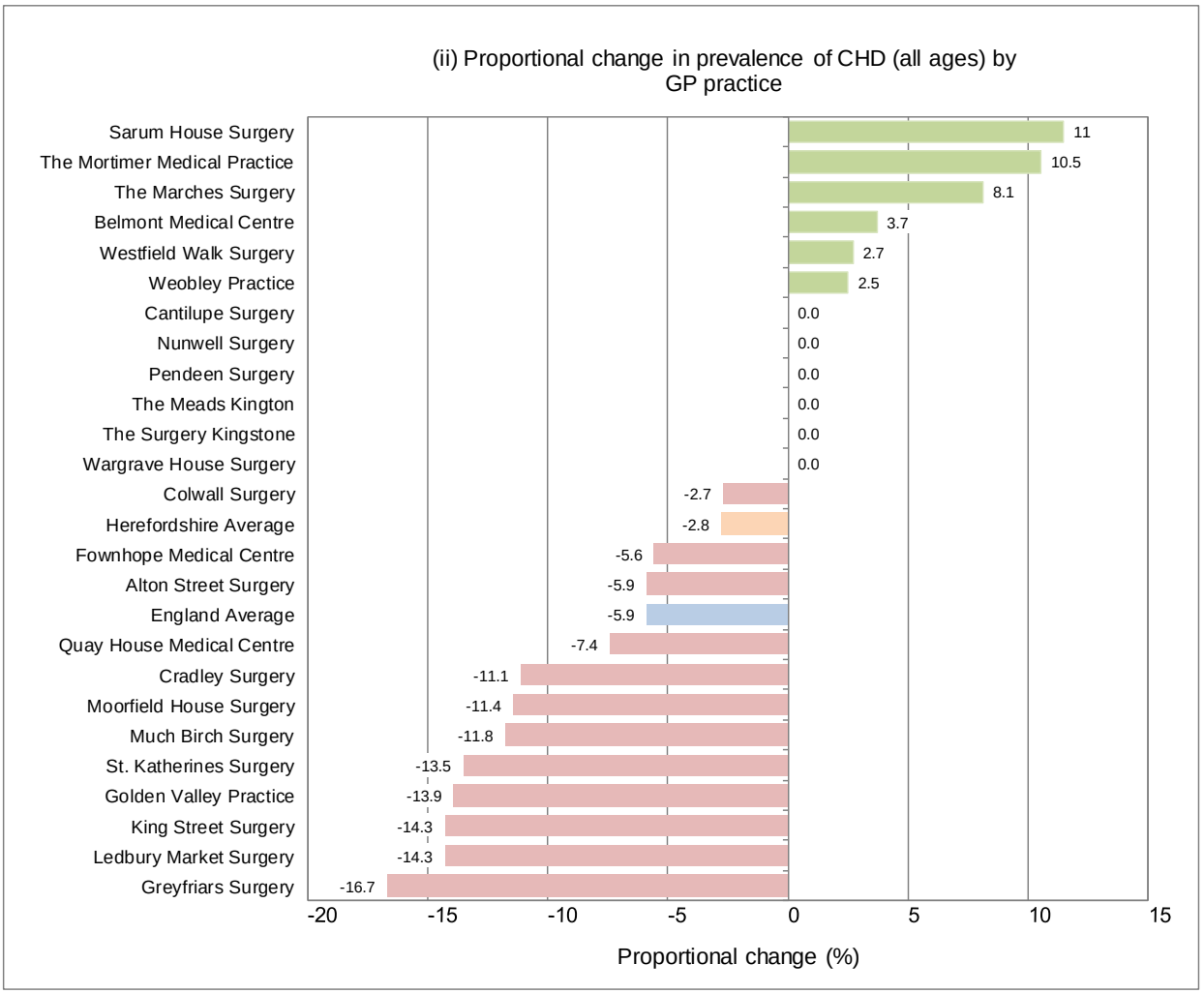



Source: Quality of Outcomes Framework 2014/15

***Figure 33: Proportional change CHD prevalence between 2009/10 and 2014/15 in patients of all ages registered in Herefordshire localities and GP practices.***



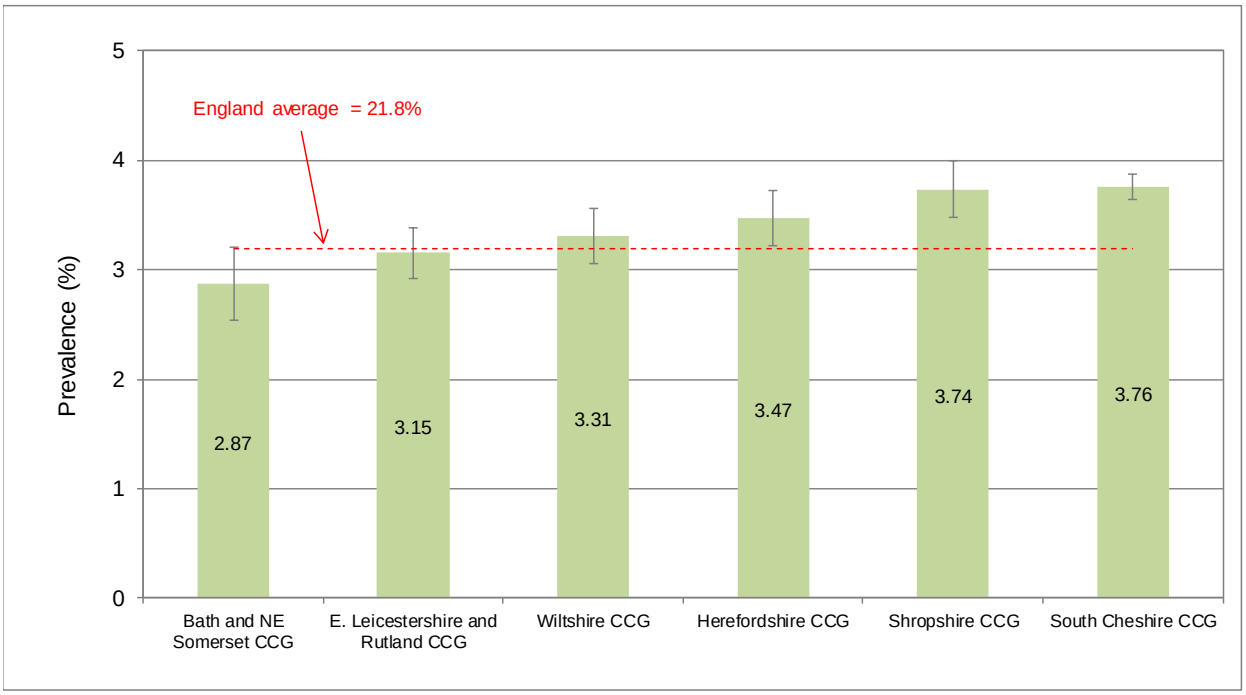




Source: Strategic Intelligence Team, Herefordshire Council

When comparing Herefordshire with the CIPFA comparator group it is evident that CHD prevalence in Herefordshire is approximately average for the CCGs considered (Figure 34). Along with Herefordshire, three out of the five comparator CCGs reported average prevalence higher than the national rate, while the value for East Leicestershire and Rutland was marginally lower than the national average.

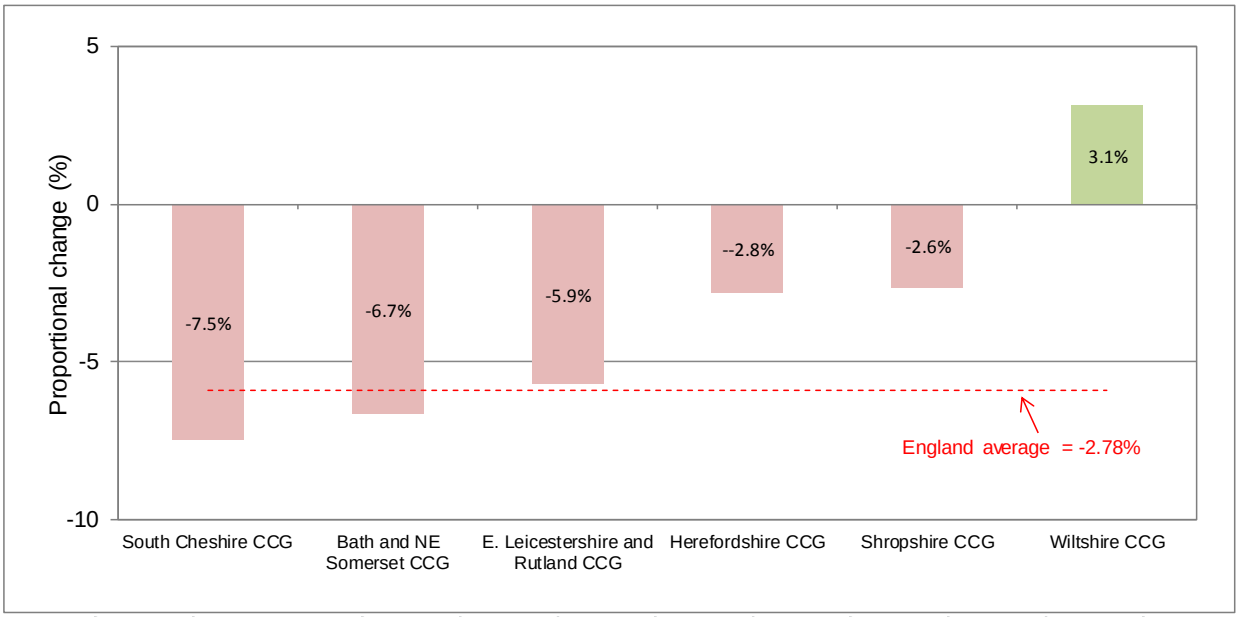
Falls in CHD prevalence between 2009/10 and 2014/15 were observed in the majority of comparator CCGs ranging from 2.6% to 7.5%, the only exception being Wiltshire where a 3.1% increase was recorded. (Figure 35).

***Figure 34: Mean prevalence of coronary heart disease in patients of all ages registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 35: Proportional change in CHD prevalence between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***




Source: Strategic Intelligence Team, Herefordshire Council

## STROKE

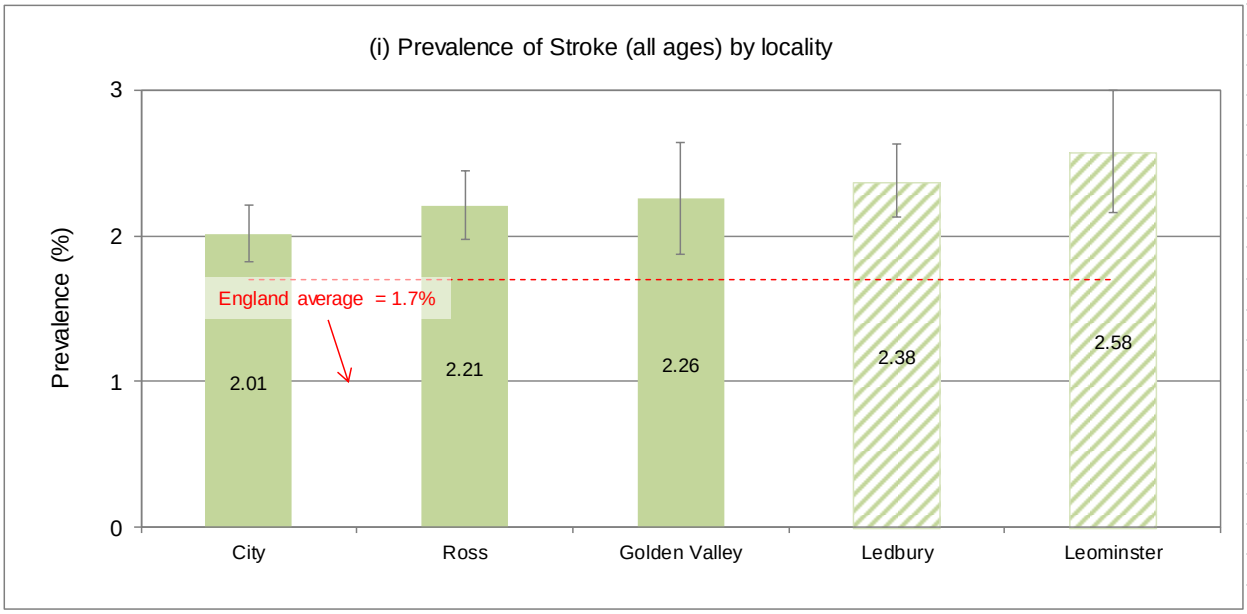
The brain requires a constant supply of blood for it to receive essential oxygen and nutrients. A stroke occurs when the blood supply to any part of the brain is cut off resulting in brain tissue damage.. While predominantly affecting the elderly, approximately 25% of strokes occur in people aged below 65 years. In the UK, it has been estimated that 20,000 strokes occur in those who are 45 and younger every year.

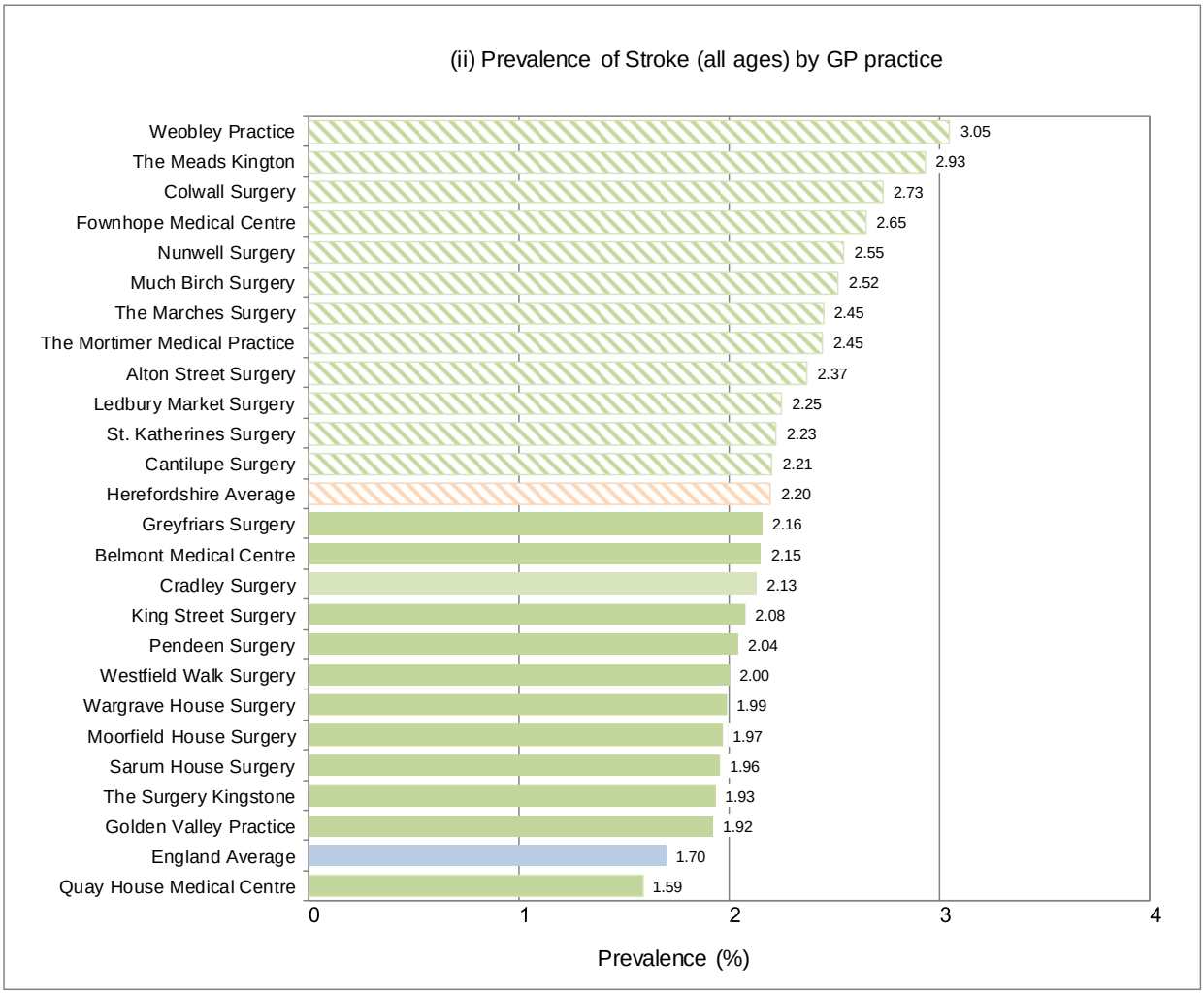
According to GP practice register data (QOF) stroke prevalence in Herefordshire is 2.20 % across all ages, which is significantly higher than the national prevalence of 1.70%. With the exception of Quay House all practices across the county report stoke prevalence above the national prevalence rate, though local prevalence varies widely from 1.59% to 3.05% which represents a ratio between the highest and the lowest levels of prevalence of 1.92 (Figure 36).

When looking at stroke prevalence in the localities it is evident that average levels all exceed the national average, reflecting the fact that all but one practice reported prevalence greater than this figure. The highest prevalence was recorded in Leominster where the average level was significantly higher than the lowest recorded in the city (ANOVA: df = 4, 19; $p < 0.048$).

Stroke prevalence increased in 15 of the 24 Herefordshire GP practices between 2009/10 and 2014/15, while falls were recorded in five practices (Figure 37). Proportionally, the majority of increases were less than 10% with the largest (17%) being recorded at Colwall. Of the practises where stroke prevalence fell over this period three reported proportional changes of over 10% with the greatest fall (15%) observed at Cantilupe Surgery in Hereford. Overall, there was no change in stroke prevalence for Herefordshire which reflects the national pattern. When looking at the proportional changes in stroke prevalence in the localities only City showed a decrease (1.2%) with increases of between 2.7% and 4.8% observed elsewhere, with the greatest increase recorded in Ross (Figure 37).

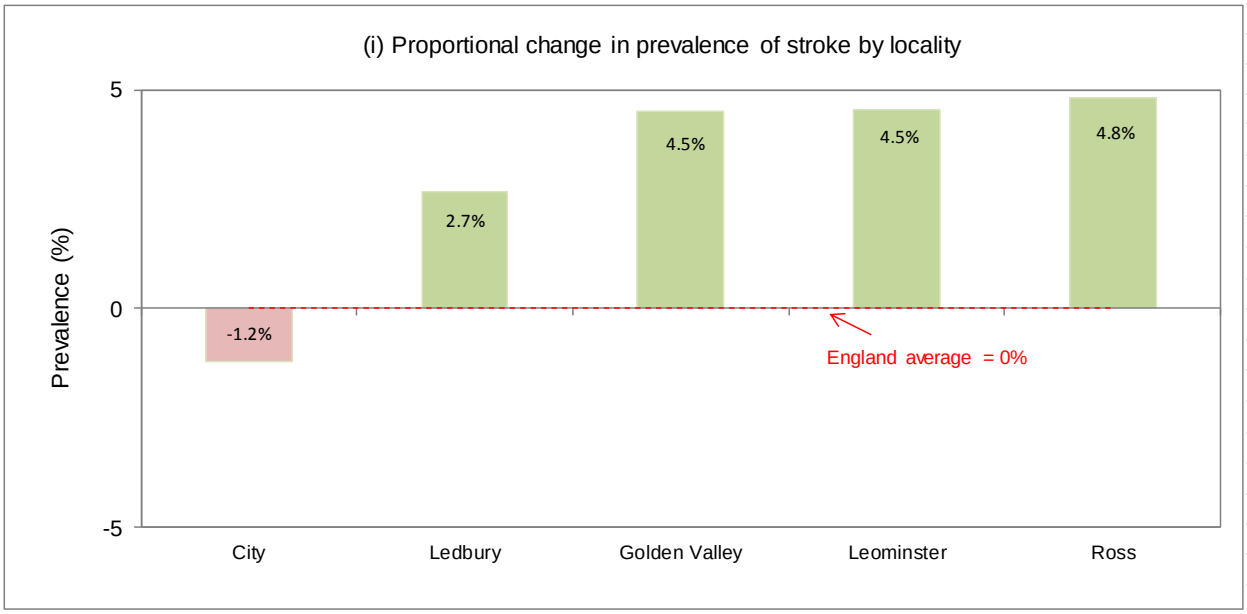
***Figure 36: Prevalence of stroke in patients registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***

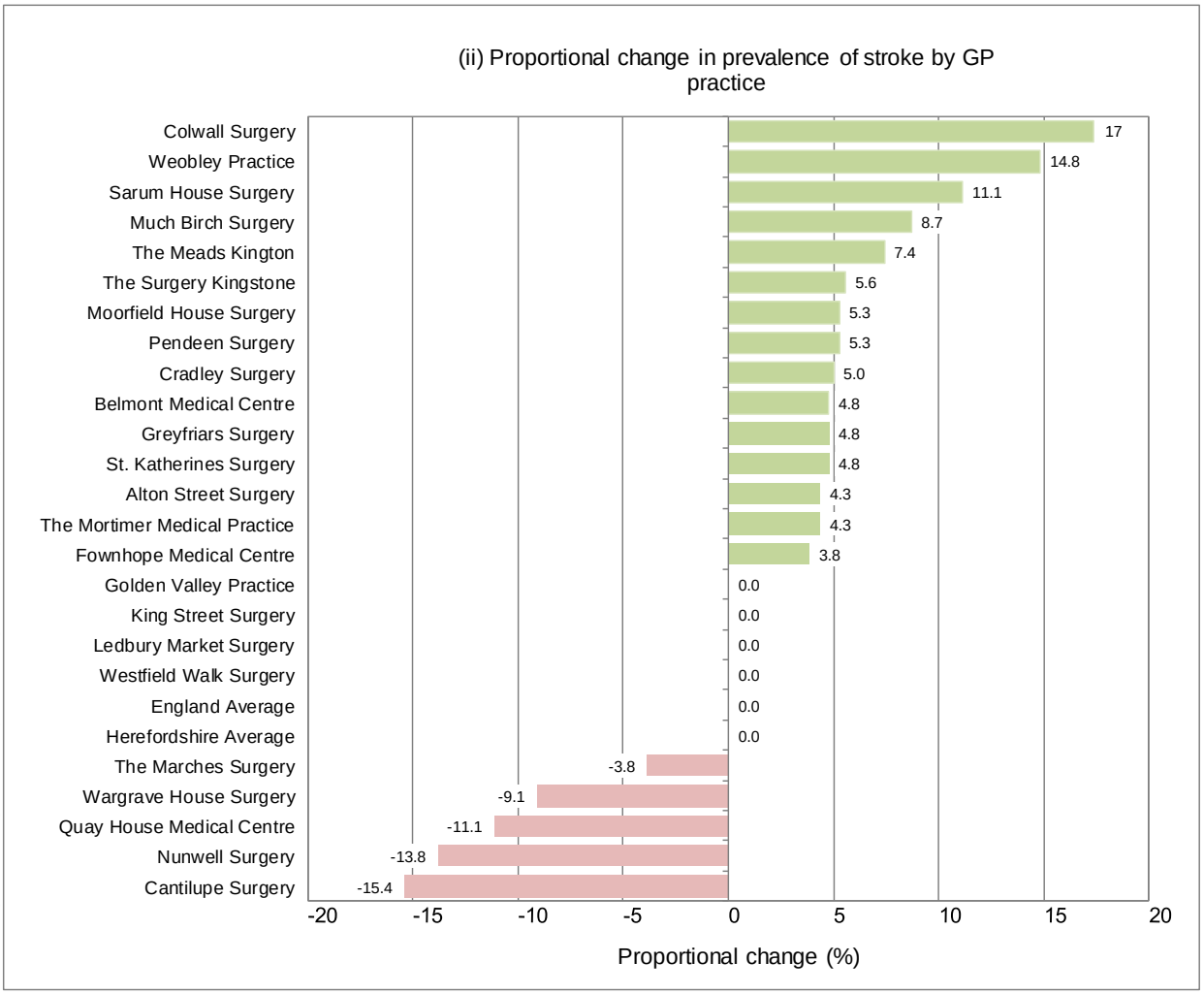



Source: Quality of Outcomes Framework 2014/15

***Figure 37: Proportional change Stroke prevalence between 2009/10 and 2014/15 in patients registered in Herefordshire localities and GP practices.***



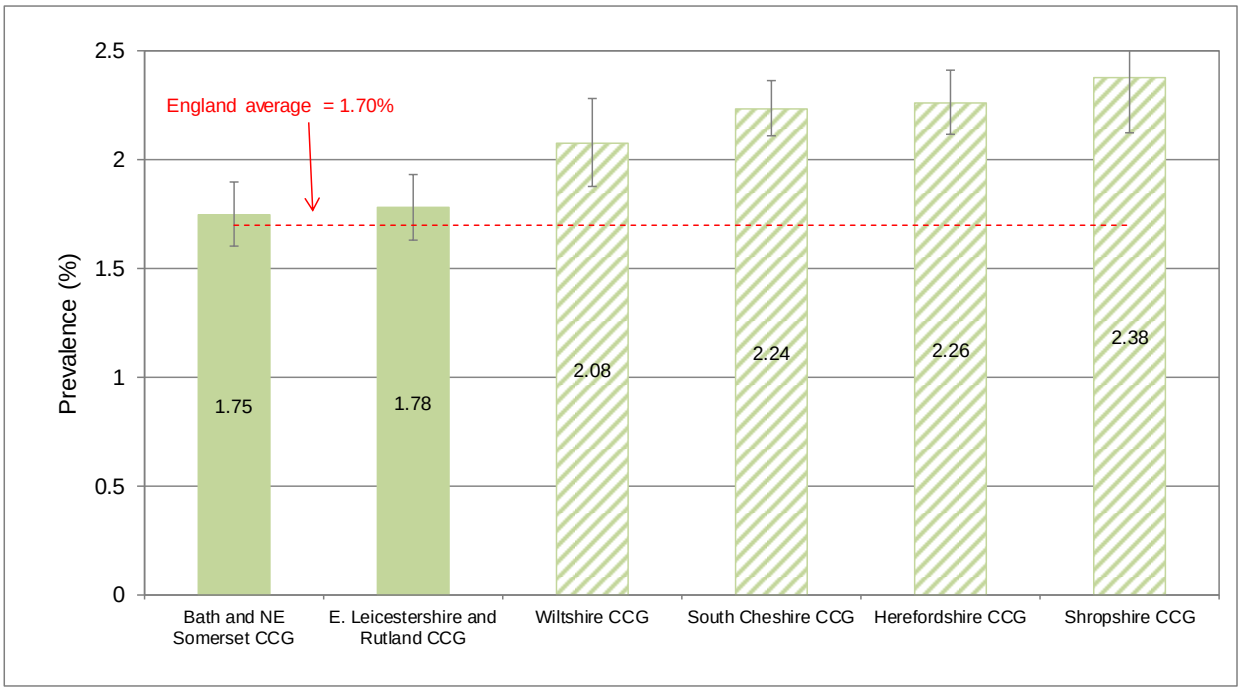




Source: Strategic Intelligence Team, Herefordshire Council

When putting Herefordshire into context with the CIPFA comparator group it is evident that stroke prevalence in Herefordshire is at the higher end of the range. While all reported levels were higher than the England average those for Shropshire, Herefordshire, South Cheshire and Wiltshire were significantly higher than the national average (Figure 38). A reduction in stroke prevalence between 2009/10 and 2014/15 was only observed in one of the comparator group, while three showed increases ranging between 5.9% and 16.7% (Figure 39).

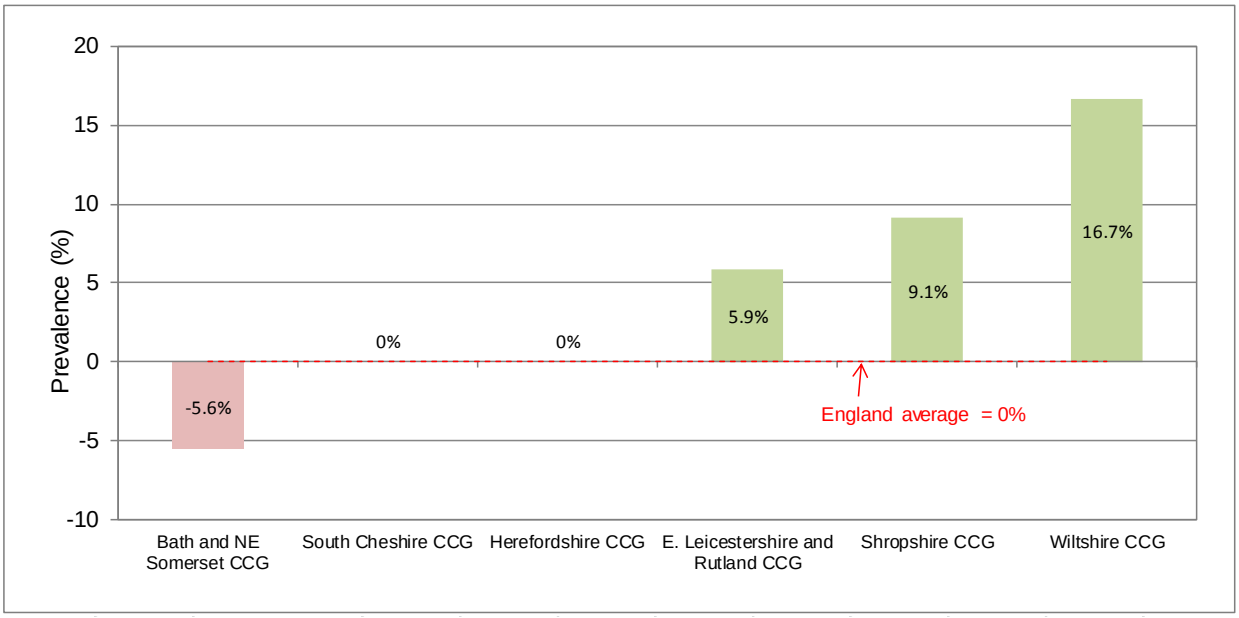
When looking relationships between stroke prevalence and possible causative factors no correlation was evident between prevalence and levels of smoking. However, there was a relationship between stroke prevalence and the proportion older individuals (65+ years) registered at each practice ($r$ = 0.64) and also prevalence of hypertension ($r$ = 0.64). As the 65+ age group is estimated to rise appreciably over time there is likely to be a concomitant increase in pressure on services involved in cerebrovascular care countywide.

***Figure 38: Mean prevalence of stroke in patients registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 39: Proportional change in stroke prevalence between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***




Source: Strategic Intelligence Team, Herefordshire Council

## HYPERTENSION

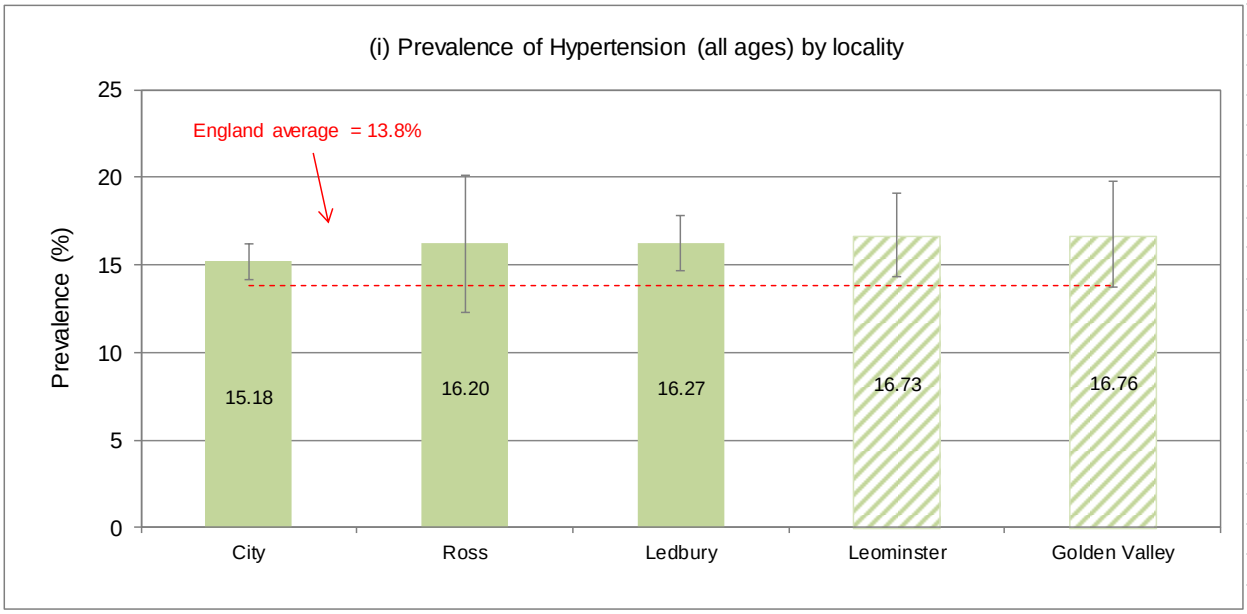
Hypertension (high blood pressure) is one of the leading risk factors for premature death and disability, and can lead to conditions including stroke, heart attack, heart failure, chronic kidney disease and dementia.

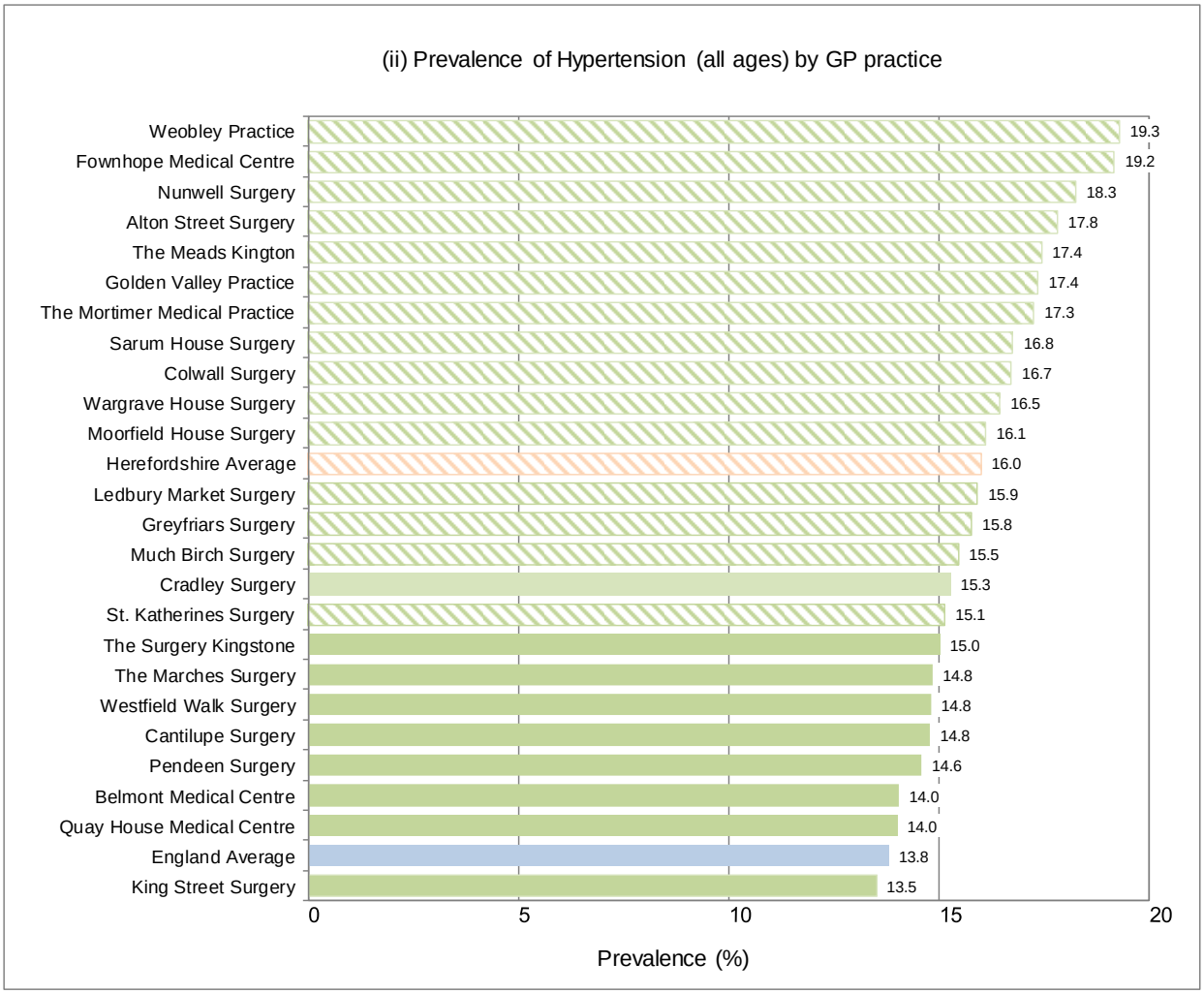
Across Herefordshire the local prevalence of hypertension varies between 13.5% at King Street to 19.3% at Weobley, which represents a ratio between the highest and the lowest levels of prevalence of 1.43 (Figure 40). With the exception of King Street, all practices across the county report hypertension prevalence above the national rate of 13.8%, with 15 practices having a prevalence significantly higher than the national average. Consequently, the county average of 16% is also significantly higher than the national average.

A similar pattern is evident when examining localities with average prevalence being consistently higher than the national average. The highest prevalence was recorded in Golden Valley, although there was no significant differences in the mean prevalence across the localities (ANOVA: df = 4, 19; $p$ = 0.412).

The prevalence of hypertension in eighteen GP practices increased between 2009/10 and 2014/15 with the proportional increases ranging from 1.1% at Alton Street in Ross to 16.0% at Colwall; decreases in hypertension prevalence were recorded at four practices with proportional changes ranging between 1.7% at Golden Valley and 10.3% at Fownhope (Figure 41). An increase of 3.0% was observed nationally, while the increase in Herefordshire CCG as a whole was 3.2%. When looking at the average increases in hypertension prevalence in the localities the highest (13.8%) and lowest (0.9%) was observed in Ross and Golden Valley respectively; this lower proportional change was the only one less than the national (Figure 41).

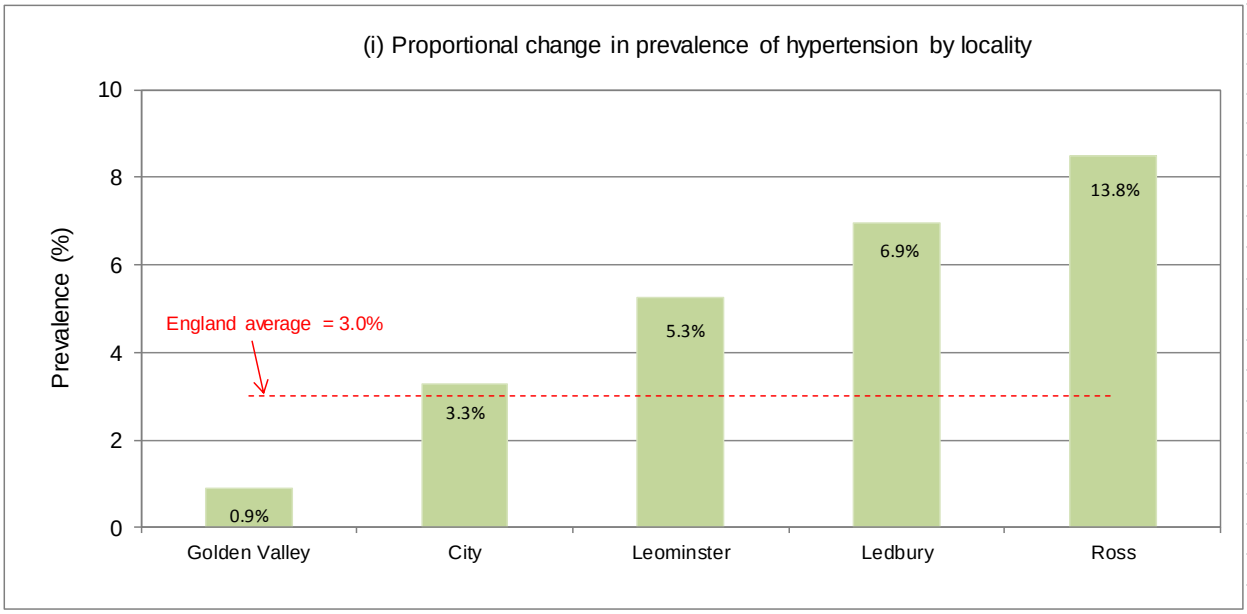
***Figure 40: Prevalence of hypertension in patients of all ages registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***

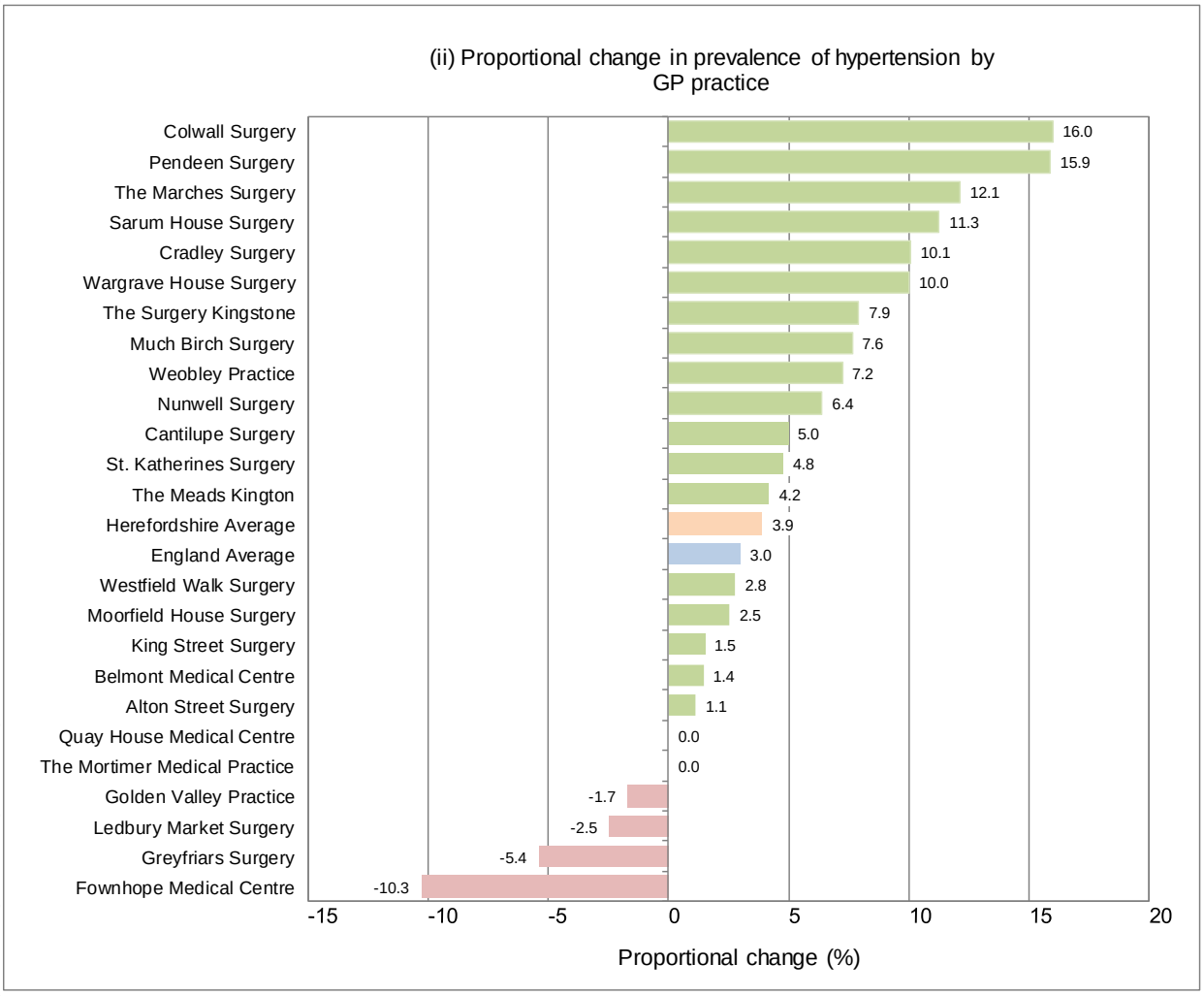



Source: Quality of Outcomes Framework 2014/15

***Figure 41: Proportional change in hypertension prevalence between 2009/10 and 2014/15 in patients registered in Herefordshire localities and GP practices.***



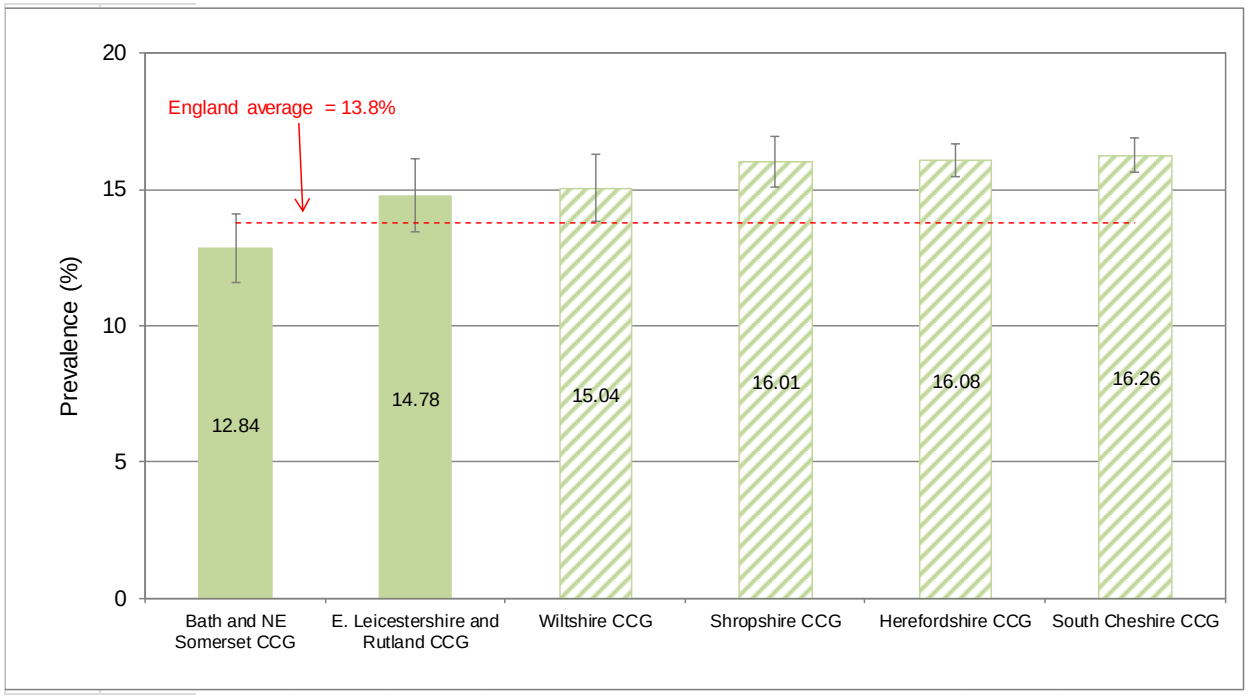




Source: Strategic Intelligence Team, Herefordshire Council

Comparing Herefordshire with the CIPFA comparator group it is evident that hypertension prevalence in Herefordshire is at the higher end of the range, although within the comparator group the Herefordshire average is only significantly higher than that reported in Bath and North East Somerset (Figure 42). The average hypertension prevalence in Shropshire, Herefordshire and South Cheshire were all significantly higher than the national average. When looking at the proportional change in hypertension prevalence between 2009/10 and 2014/15 increases in Shropshire, East Leicestershire and Wiltshire were higher than the national level of 3.0%, ranging between 5.3% and 5.7% which were all higher than that recorded in Herefordshire (3.9%). The increase in South Cheshire of 2.0% was below the national level while there was no change evident in Bath and North East Somerset over this period (Figure 43).

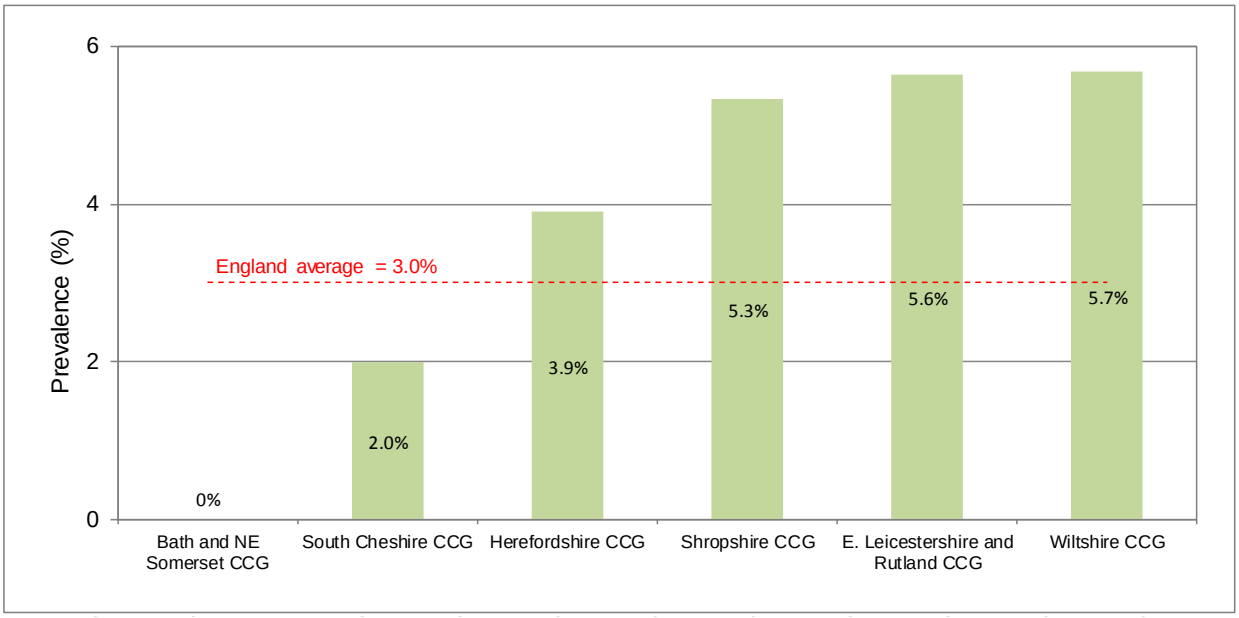
Hypertension is one of the leading risk factors for premature death and disability and can lead to conditions including stroke, heart attack, heart failure, chronic kidney disease and dementia. Clear correlations are evident between hypertension and heart disease($r$ = 0.58) and cerebrovascular disease ($r$ = 0.64), while lower levels of correlation were observed between hypertension and chronic kidney disease ($r$ = 0.20) and dementia ($r$ = 0.19). Old age is considered to be a non-modifiable risk factor in relation to prevalence of hypertension and there is a correlation here between high blood pressure and proportion of individuals over 65 registered at each practice ($r$ = 0.56).

***Figure 42: Mean Prevalence of hypertension in patients of all ages registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 43: Proportional change in hypertension prevalence between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***



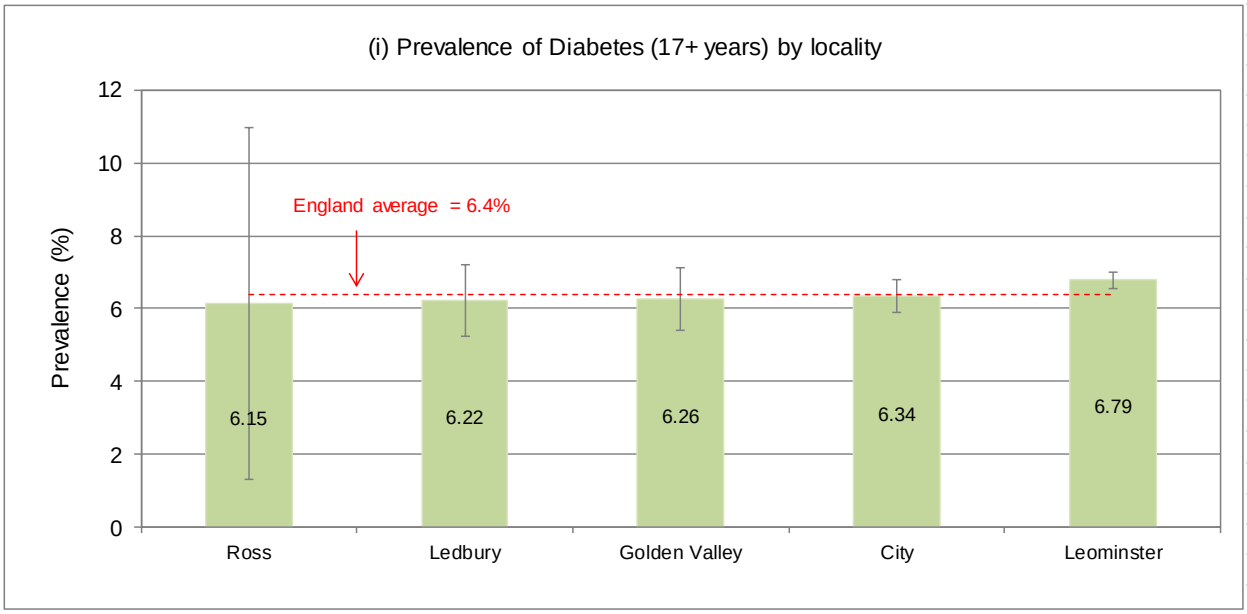

## DIABETES

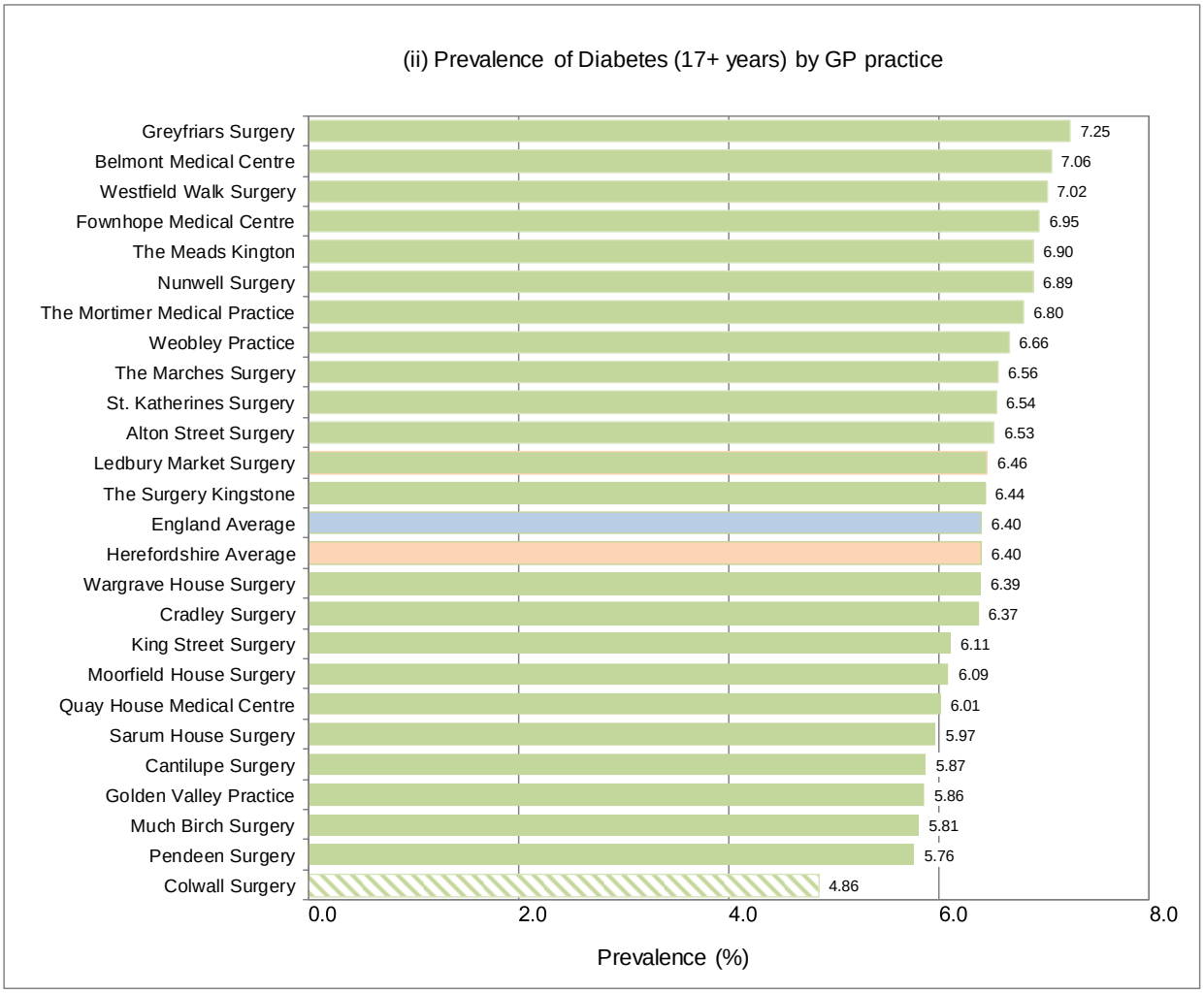
Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are two main types of diabetes, type 1 diabetes and type 2 diabetes. Type 2 diabetes is far more common than type 1 in the UK with around 90% of all adults with diabetes have type 2. There are 3.9 million people living with diabetes in the UK which equates to more than one in 16 people in the UK who has diabetes (diagnosed or undiagnosed). This figure has nearly trebled since 1996, when there were 1.4 million. By 2025, it is estimated that 5 million people in the UK will have diabetes.

The diagnosed prevalence of diabetes is calculated from the returns submitted to the Health and Social Care Information Centre (HSCIC) as part of the Quality and Outcomes Framework (QOF) by each GP practice in which no distinction is made between type 1 or type 2 diabetes. The prevalence of diabetes in Herefordshire ranges between 4.86% at Colwall to 7.25% at Greyfriars Surgery in Hereford; this represents a ratio between the highest and the lowest levels of prevalence of 1.49 (Figure 44). Thirteen out of the 24 practices report diabetes prevalence above the national average (6.4%), although no reported prevalence is significantly higher than the national level. Of those practices reporting prevalence lower than the national average only the level at Colwall was significantly lower. As a result the average for Herefordshire was the same as the national average. When examining diabetes prevalence at the locality level there is no significant difference between the localities (ANOVA: df = 4, 19; $p$ = 0.97), while only Leominster is higher than the national average.

Between 2009/10 and 2014/15 the prevalence of diabetes in all but one practice increased, with proportional changes ranging from 3.2% at Ledbury Market to 38.8% at the Mortimer Medical Practice; at The Meads in Kington there was no change in prevalence of diabetes over this period. The proportional change for Herefordshire CCG as a whole was 14.3% compared to 18.5% nationally. Average increases in diabetes prevalence in the localities ranged between 14.1% in City and 18.0% in Golden Valley, with all increases lower than the national level (Figure 45).

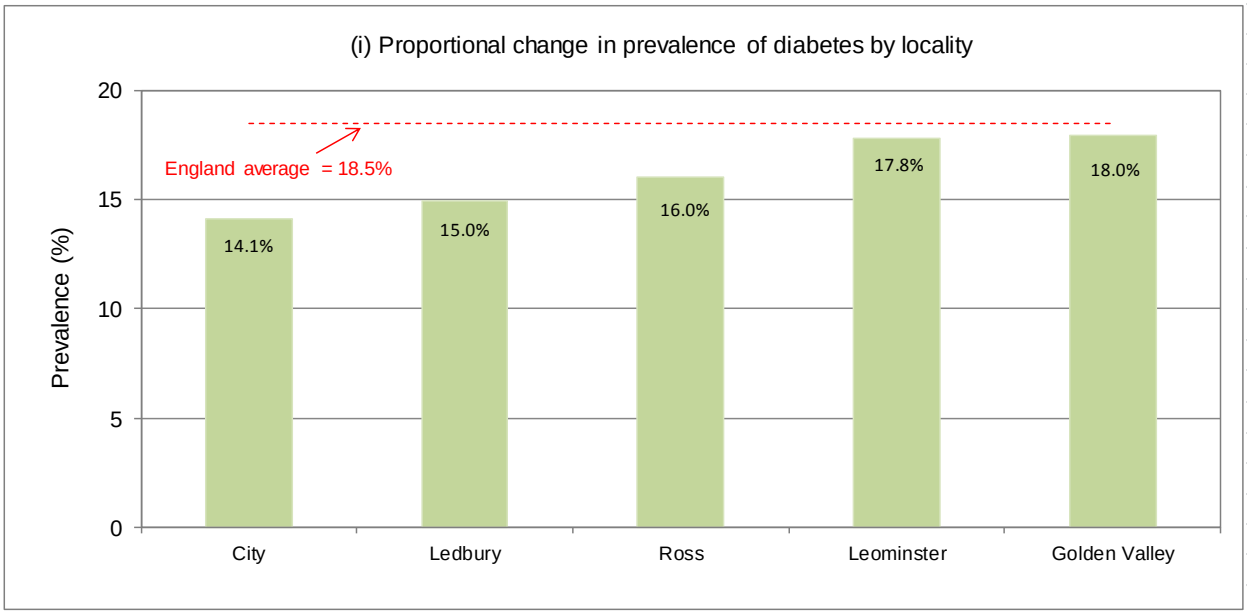
***Figure 44: Prevalence of diabetes in patients 17+ years registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***

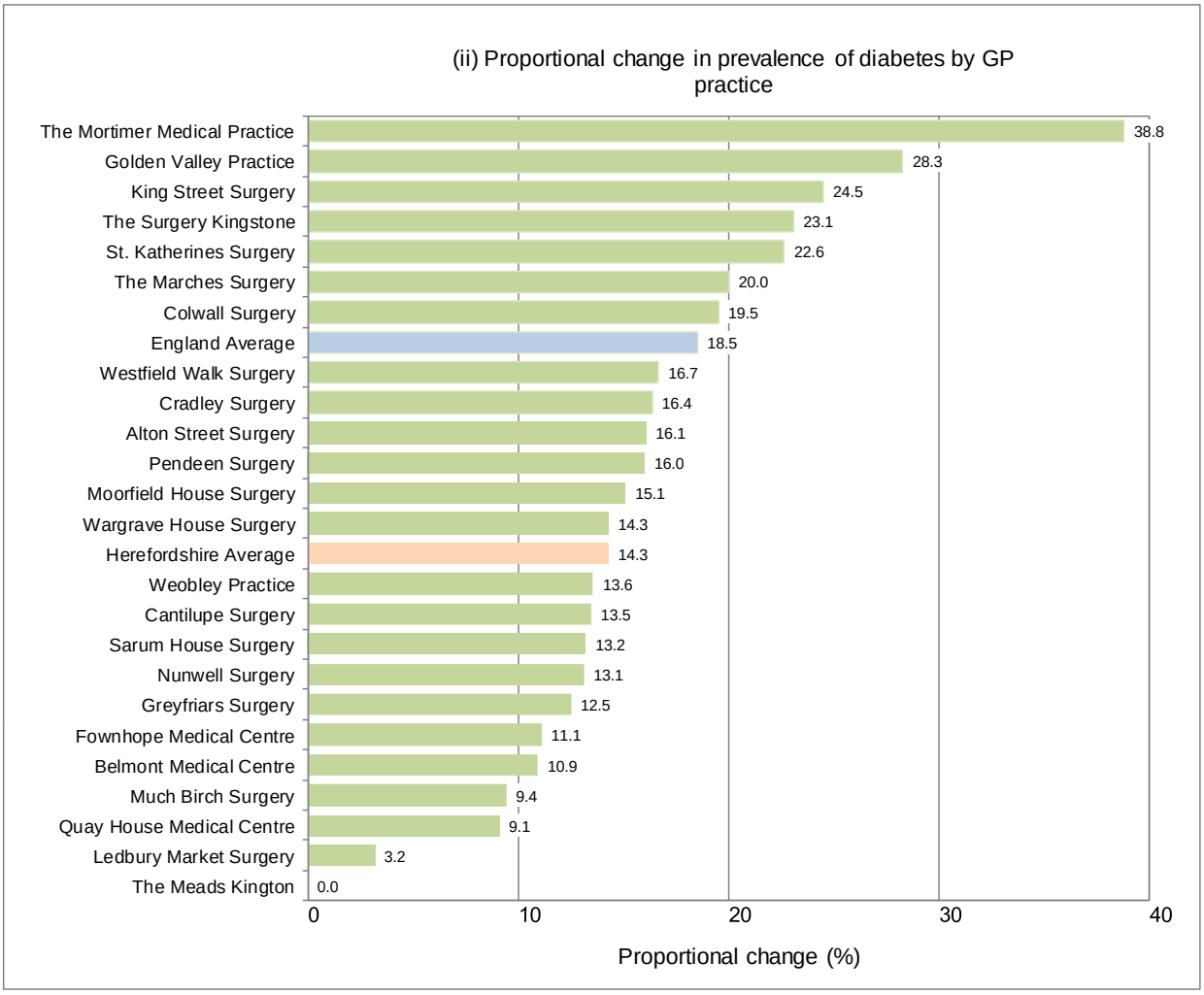



Source: Quality of Outcomes Framework 2014/15

***Figure 45: Proportional change in prevalence of diabetes between 2009/10 and 2014/15 in patients registered in Herefordshire localities and GP practices.***



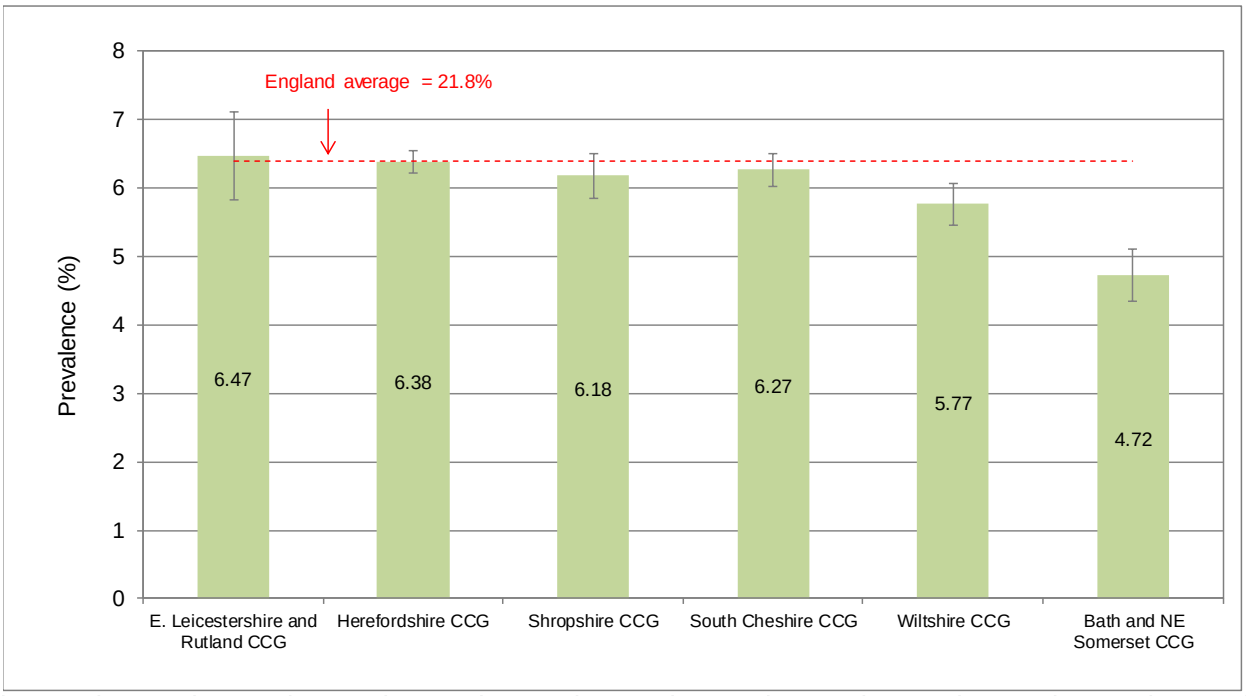




Source: Strategic Intelligence Team, Herefordshire Council

Comparing Herefordshire with the CIPFA comparator group it is evident that diabetes prevalence in Herefordshire is at the higher end of the range (Figure 46), although, as discussed above, it is the same as the national level. However, within the comparator group the Herefordshire average is only significantly higher than that reported in Wiltshire and Bath and North East Somerset, with the latter being significantly lower than all other comparator CCGs. When looking at the proportional change in diabetes prevalence between 2009/10 and 2014/15 the increase in East Leicestershire (25%) was the only one of the comparators to exceed the national level. In other comparators the proportional increase in prevalence of diabetes ranged between 7.0% and 17% compared with 14.3% in Herefordshire (Figure 47).

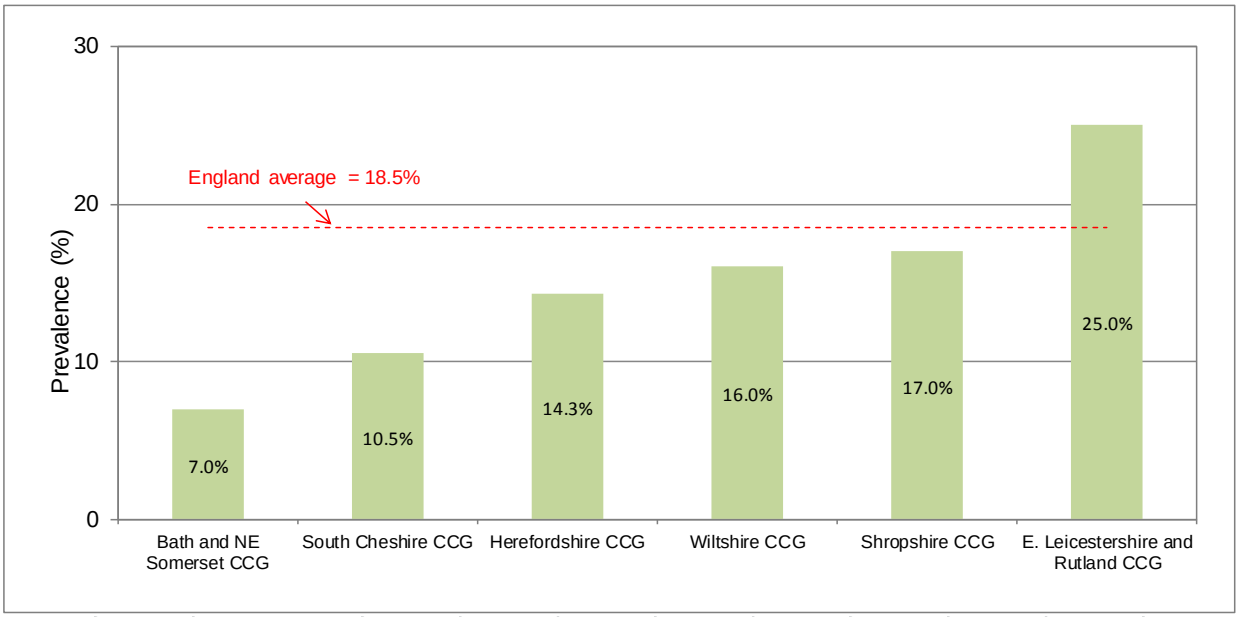
Type 2 diabetes is linked to overweight and obese individuals while age is also a factor. There is a clear correlation between diabetes prevalence and rate of obesity in Herefordshire GP practices ($r$ = 0.57), although no relationship was evident between diabetes prevalence and old age ($r$ = -0.03).

***Figure 46: Mean Prevalence of diabetes in patients of 17+ years registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 47: Proportional change in diabetes prevalence between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***




Source: Strategic Intelligence Team, Herefordshire Council

## DEMENTIA

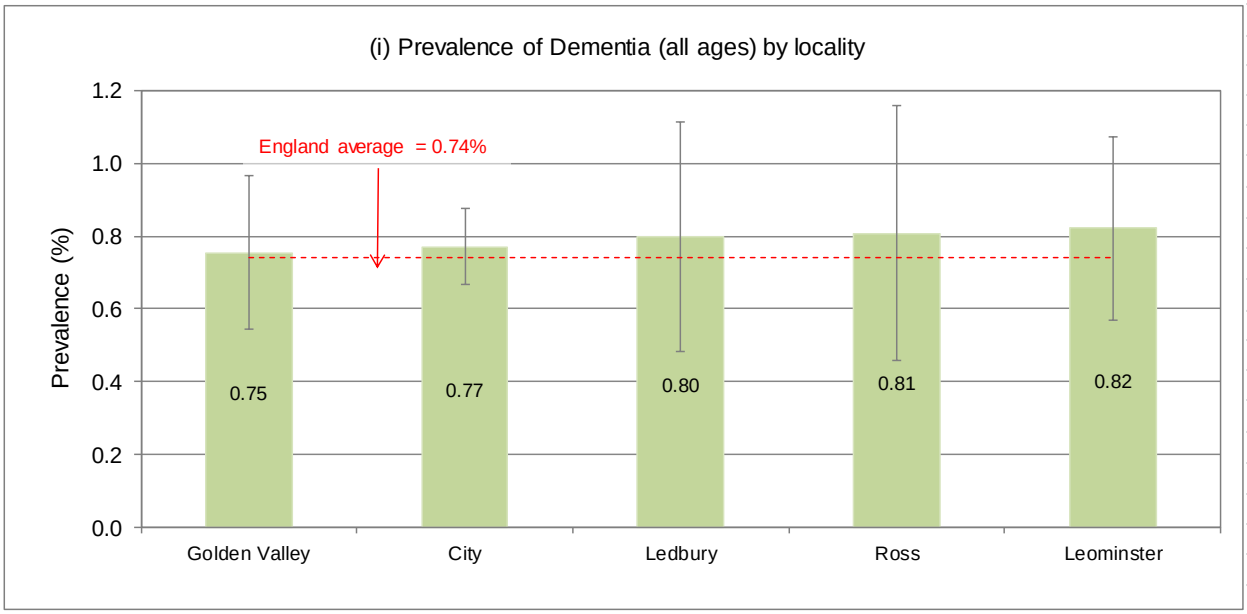
Dementia is caused by gradual changes and damage in the brain. The most common causes of dementia include diseases in which the brain cells degenerate and die more quickly than they would as part of the normal ageing process. The changes usually happen because of a build-up of abnormal proteins in the brain. This damage leads to a decline in a person's mental and, sometimes, physical abilities.

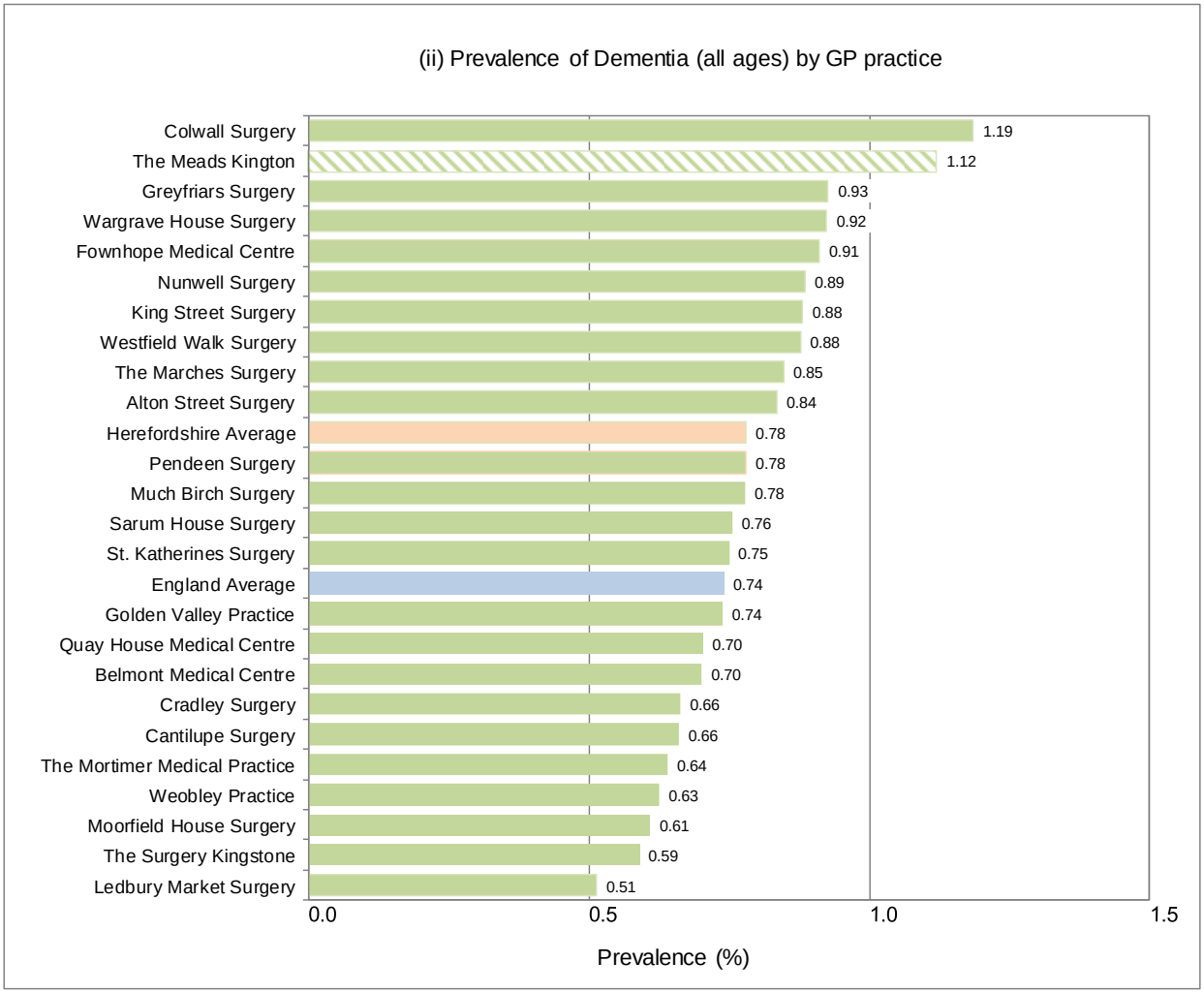
The prevalence of hypertension in Herefordshire practices varies between 0.51% at Ledbury Market to 1.19% at Colwall, which represents a ratio between the highest and the lowest levels of prevalence of 2.3 (Figure 48). Fourteen practices across the county reported dementia prevalence above the national prevalence rate of 0.74%, although only one practice (Kington) had a prevalence significantly higher than the national average. The county average of 0.78% is not significantly higher than the national average.

There is very little variability in the prevalence of dementia in the five localities with a difference of less than 10% observed between the lowest value in the Golden Valley and the highest at Leominster (Figure 48); this is underlined by the observation that there is no significant statistical difference between the prevalence of dementia in the five localities (ANOVA: df = 4, 19; $p$ = 0.975).

Between 2009/10 and 2014/15 the prevalence of dementia increased at al Herefordshire GP practices, with the exception of Nunwell in Bromyard where no change was recorded over this period (Figure 49). The proportional increases ranged from 17% at Cradley to 133% in the Golden Valley practice, with six practices indicating an increase of 100% or more. This increasing prevalence follows the national trend with a 40% recorded for England, while the proportional change for Herefordshire as a whole was 60%. In relation to the localities, the highest average proportional increase was recorded at Golden Valley where the increase of 98% was more than twice that recorded nationally and over 50% greater than the Herefordshire figure of 60% (Figure 49); within the Golden Valley three surgeries (Golden Valley, Fownhope and Kingstone) reported increases of 100% or more. Of the other localities only Ross reported an increase lower than the national figure.

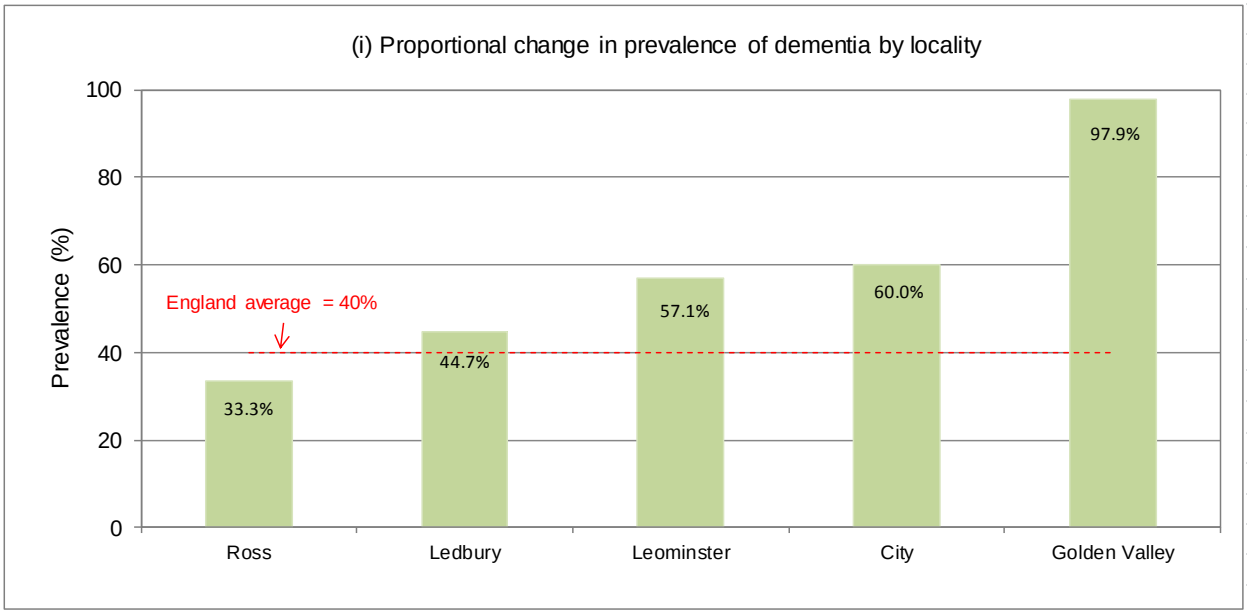
***Figure 48: Prevalence of dementia in patients of all ages registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***

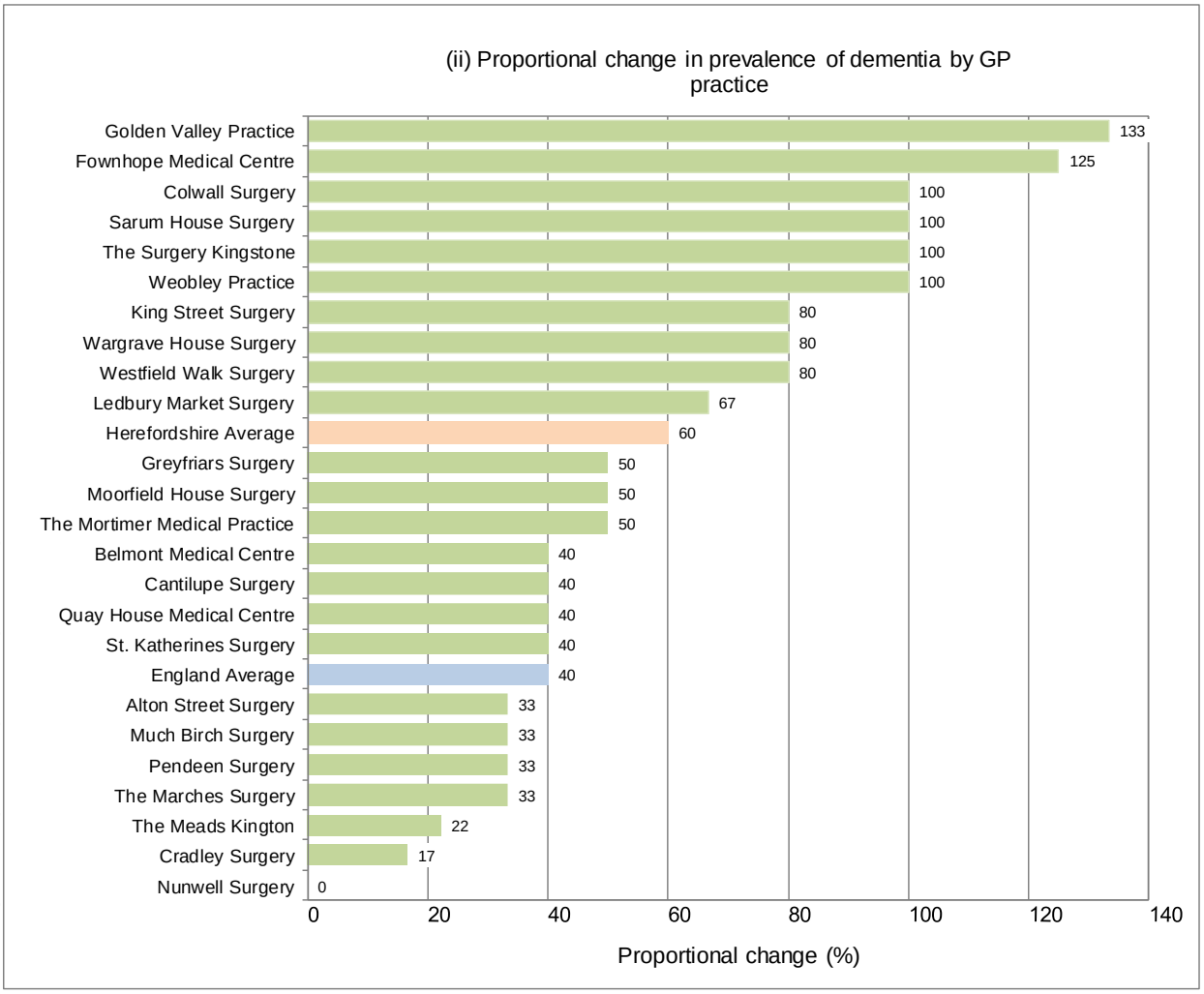



Source: Quality of Outcomes Framework 2014/15

***Figure 49: Proportional change in prevalence of dementia between 2009/10 and 2014/15 in patients registered in Herefordshire localities and GP practices.***



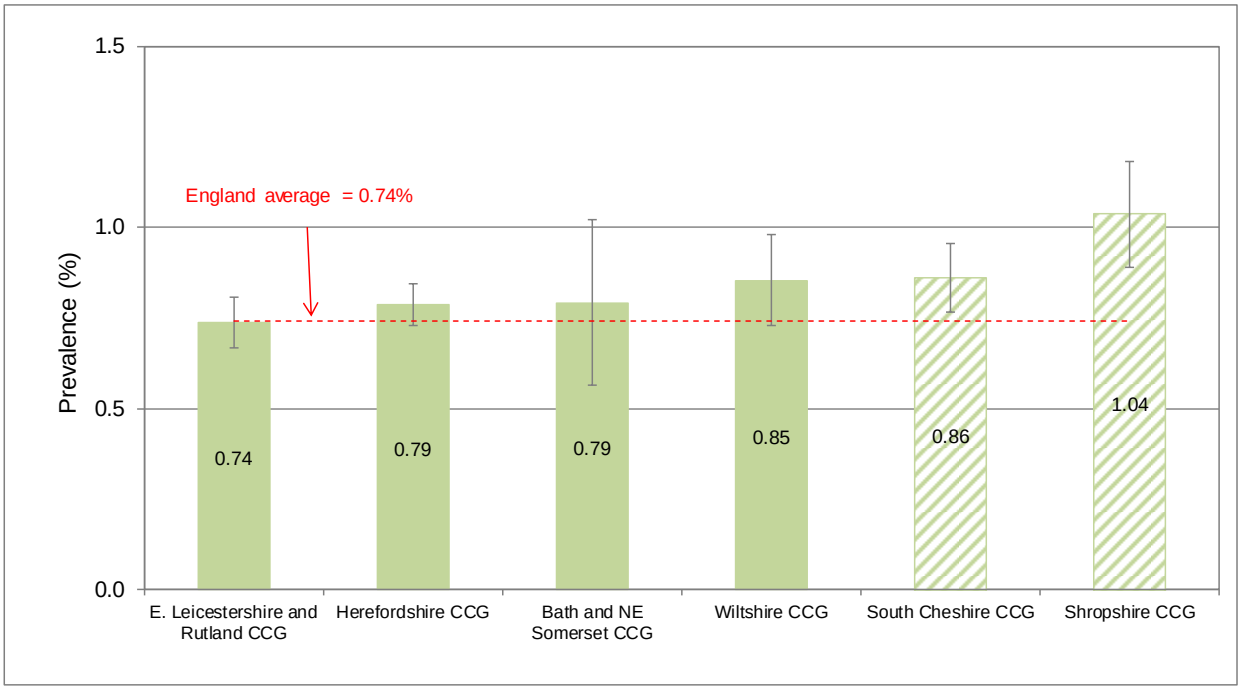




Source: Strategic Intelligence Team, Herefordshire Council

When comparing the prevalence of dementia across Herefordshire with the CIPFA comparator group it is evident that, with the exception of East Leicestershire and Rutland, prevalence in Herefordshire is lower than elsewhere (Figure 50). Although the average for Herefordshire is higher than the national average the difference is not statistically significant, whereas the average prevalence for both South Cheshire and Shropshire are both significantly higher than the national average. When looking at the proportional change in dementia prevalence between 2009/10 and 2014/15 all comparator CCGs considered returned increases greater than the national figure (Figure 51). In Wiltshire CCG the proportional increase of 125% was more than three times the national level, while an appreciable increase (100%) was also evident in Bath and North East Somerset. Proportional increases in dementia prevalence in other comparators were similar to the Herefordshire figure of 60%.

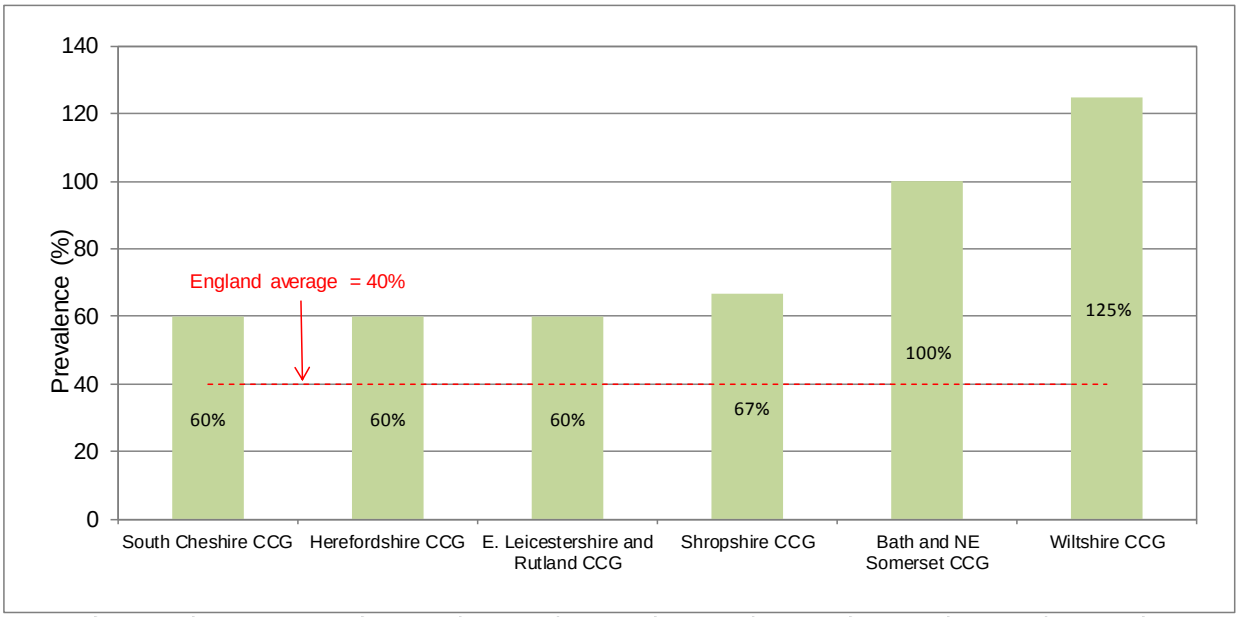
Dementia is linked to strokes and high blood pressure and across Herefordshire there is an appreciable correlation with the prevalence of stroke ($r$ = 0.38), while a lower correlation is evident for hypertension ($r$ = 0.19). A low correlation between dementia and old age (65+) was also observed ($r$ = 0.16).

***Figure 50: Mean Prevalence of dementia in patients of all ages registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 51: Proportional change in dementia prevalence between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***




Source: Strategic Intelligence Team, Herefordshire Council

The temporal trends in the leading chronic diseases in the 24 practices are given in Appendix 2.

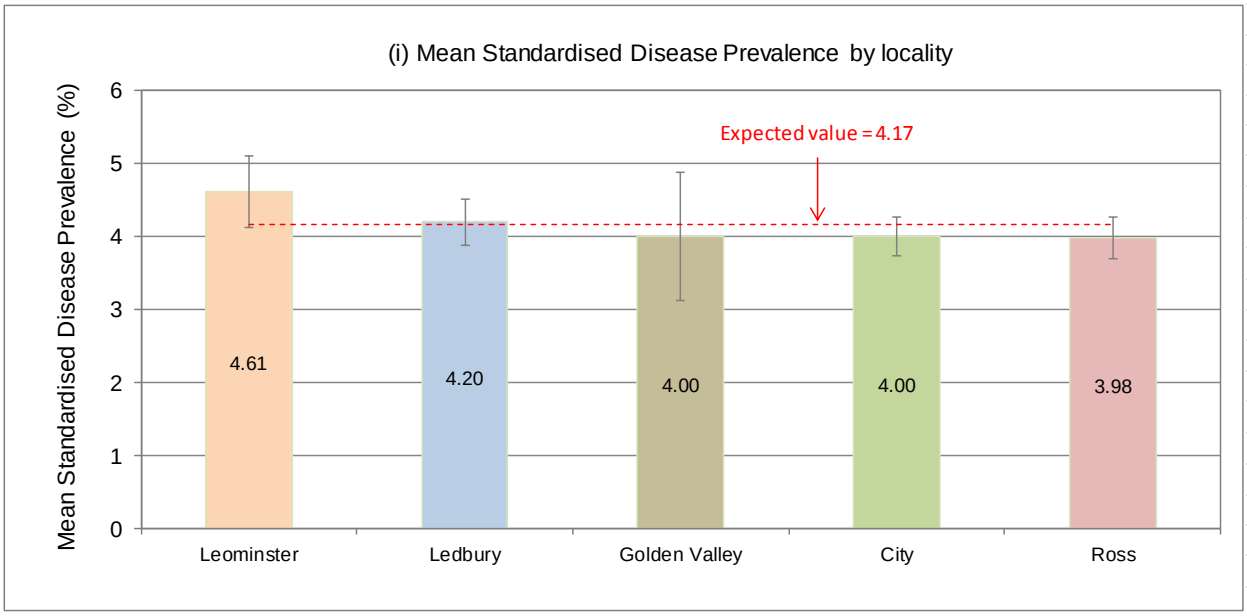
## OVERALL DISEASE PREVALENCE

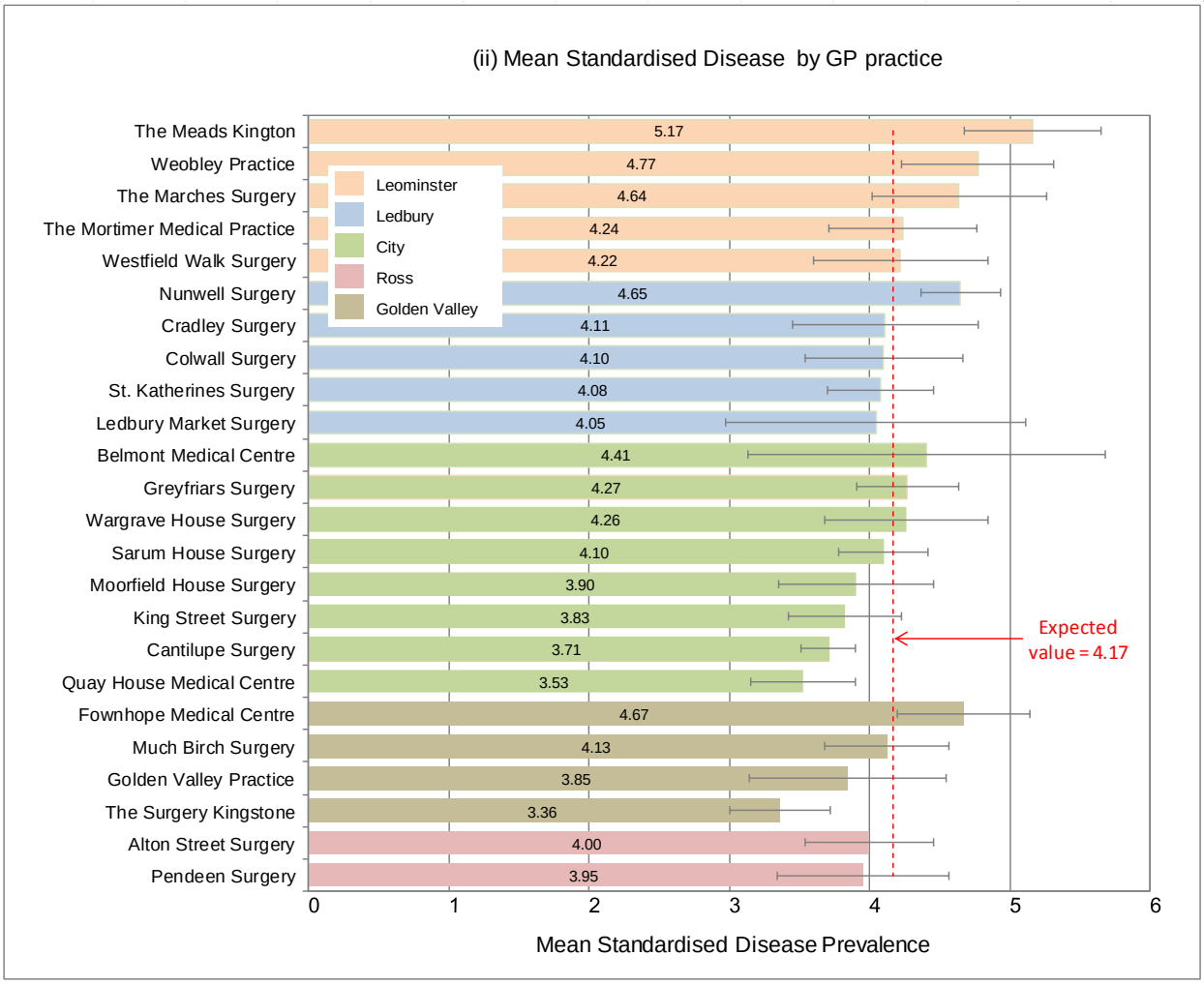
Overall disease prevalence was examined in each practice first by standardising the prevalence of each condition. For each disease this was done by comparing the prevalence of the condition in each practice against the mean prevalence for all practices for that condition. The mean of all standardised disease prevalence was then calculated to give the Mean Standardised Disease Prevalence (SDP) for each practice. The diseases considered are coronary heart disease, hypertension, obesity, chronic kidney disease, diabetes, stroke and cancer.

If the disease prevalence was equal across the county the SDP for each practice would be close to the expected value (EV) of 4.17. At ten practices the SDP exceeded the EV, four of which were significantly higher than the EV (Kington, Weobley, Bromyard and Fownhope). Of the fourteen practices at which the SDP was less than the EV the values at Cantilupe, Quay House and Kingstone were significantly lower than the EV (Figure 52).

When looking at the localities it is evident that all values for SDM in Leominster were greater than the EV, including the two highest at Kington and Weobley. Three out of eight city practices exceeded the EV, although not by a significant margin, while values at Quay House and Cantilupe were significantly lower than the EV. In both Ledbury and the Golden valley only one practice returned an SDP greater than the EV, while all values in Ross were less than the EV. Consequently, the highest mean SDP occurred in Leominster and the lowest in Ross, although none were significantly higher than the EV. Leominster returned the highest overall disease prevalence which mirrors the patterns of individual conditions described above where the Leominster locality had the highest prevalence of all conditions with exception of hypertension where the Leominster had the second highest prevalence.

***Figure 52: Mean standardised disease prevalence in Herefordshire localities and GP practices, 2014 - 2015.***




Source: Strategic Intelligence Team, Herefordshire Council

The differences in SDP across the county were relatively small with the ratio between the highest and lowest values for SDP recorded at practices was 1.53, while between localities the ratio was 1.16. Although this does not mean that patients in Kington are one and a half times more likely to suffer one of the conditions considered compared to patients at Kingstone the patterns may be useful in identifying areas which may be more resource intensive in relation to patient care.

When considering temporal changes in the prevalence of various conditions it is evident that in most cases increases have been observed since 2009/10, although these have been in line with national trends. The exception was coronary heart disease where prevalence fell across Herefordshire as a whole, which again followed the national trend, although the local rate of decrease was lower than in England as a whole. Such information will be useful in identifying disease areas which are of the most concern for Herefordshire, both as a CCG as a whole and more locally and will support the planning process in facilitating targeting of resources in the future

## ACCIDENT AND EMERGENCY ATTENDANCE

In 2015/16 the total number of Accident and Emergency (A&E) attendances at Wye Valley NHS Trust was approximately 54,200[16] of which 11,700 resulted in hospital admission which represents 21.6% of A&E attendances compared to 27.3% nationally[17].

From the lists of practices across Herefordshire CCG there were 52,000 A&E attendances, of which included 42,000 adults and 10,000 under the age of 18[18]. The adult A&E attendance rate varied between 206 per 1,000 population at Golden Valley to 336 per 1,000 population at Wargrave House in Hereford (Figure 53).

The attendance rate for those under 18s across Herefordshire ranged between 197 per 1,000 population at Kington to 450 per 1,000 population at Cradley (Figure 54). Four of the six highest rates were recorded in the Ledbury locality so it is not surprising that when looking at locality attendance rate that the Ledbury rate was the highest.

## EMERGENCY ADMISSIONS

A total of 16,900 emergency admissions of patients registered with Herefordshire GP practices were recorded in 2015/16. Of these, 13,700 (81%) were adults and 3,200 (19%) were under eighteen years, (18s)[13].

The admittance rate for adults varied across Herefordshire between 67 per 1,000 population at Cradley to 135 per 1,000 at Kington (Figure 55). In relation to localities the highest adult admission rate was in Leominster, although there was no significant difference between the rates in the five localities.

For under18s the emergency admission rate varied between 43 per 1,000 population and 154 per 1,000 population at Wargrave House in Hereford (Figure 56). The highest under 18s admission rate in the localities was recorded in City. There was a strong correlation between adult and under 18s admission rates ($r$ = 0.64) at practices across Herefordshire, while very strong correlation ($r$ = 0.81) was evident for the localities.

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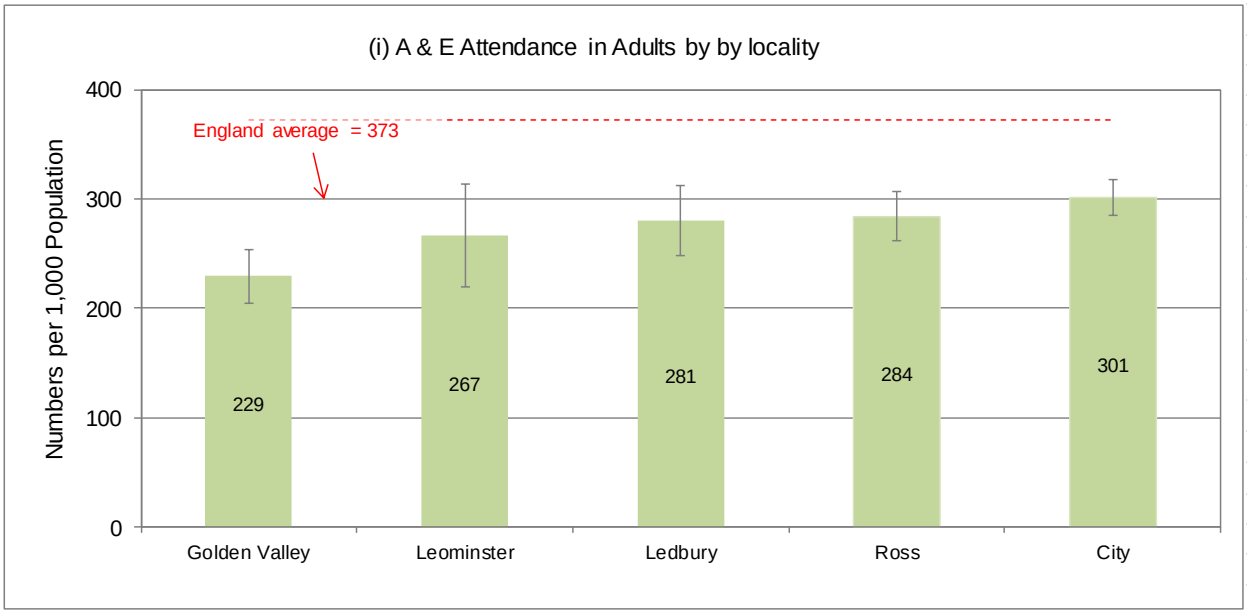
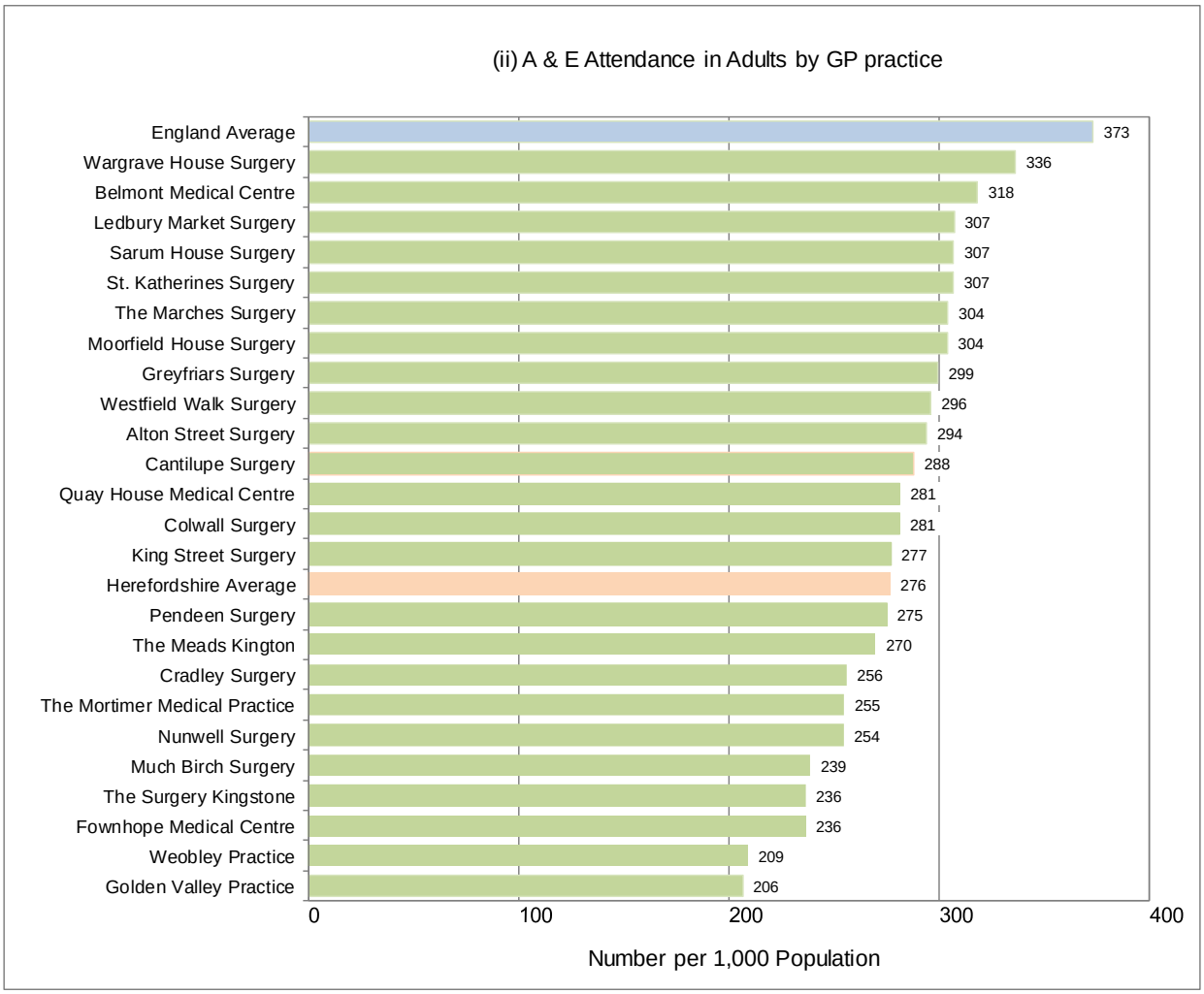
[16] Based on Type 1 A&E department (Major A&E) statistics

[17] A&E Attendances & Emergency Admission statistics, NHS England

[18] HSCIC Hospital Episodes Statistics (HES)

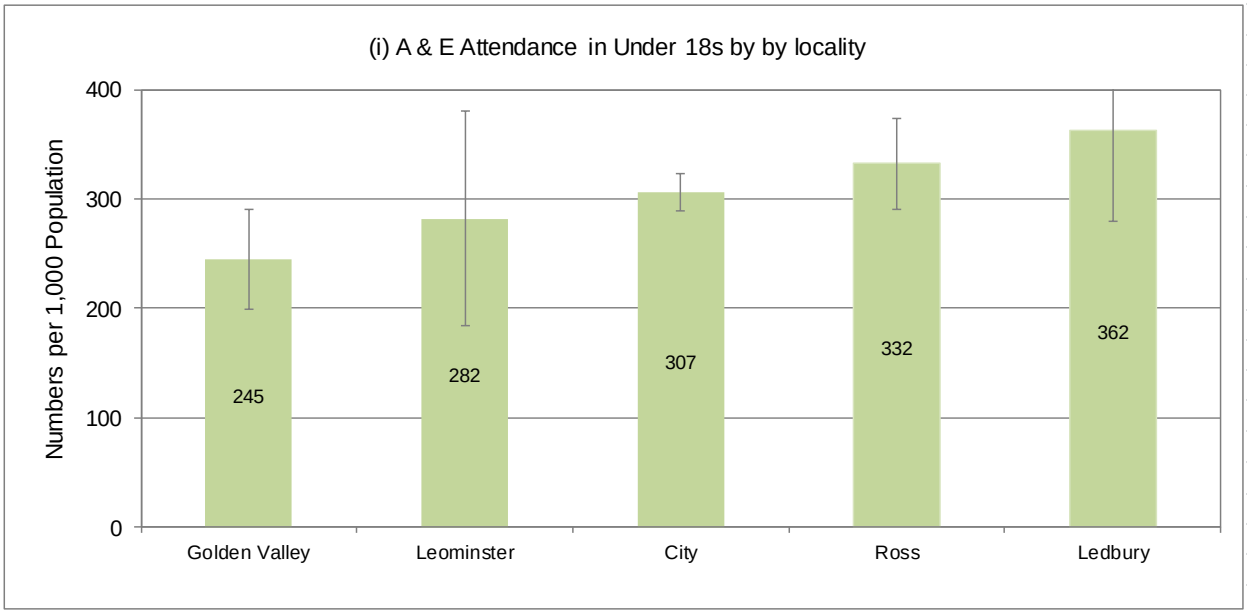
***Figure 53: Adult A & E attendance in Herefordshire localities and GP practices, 2015 - 2016.***

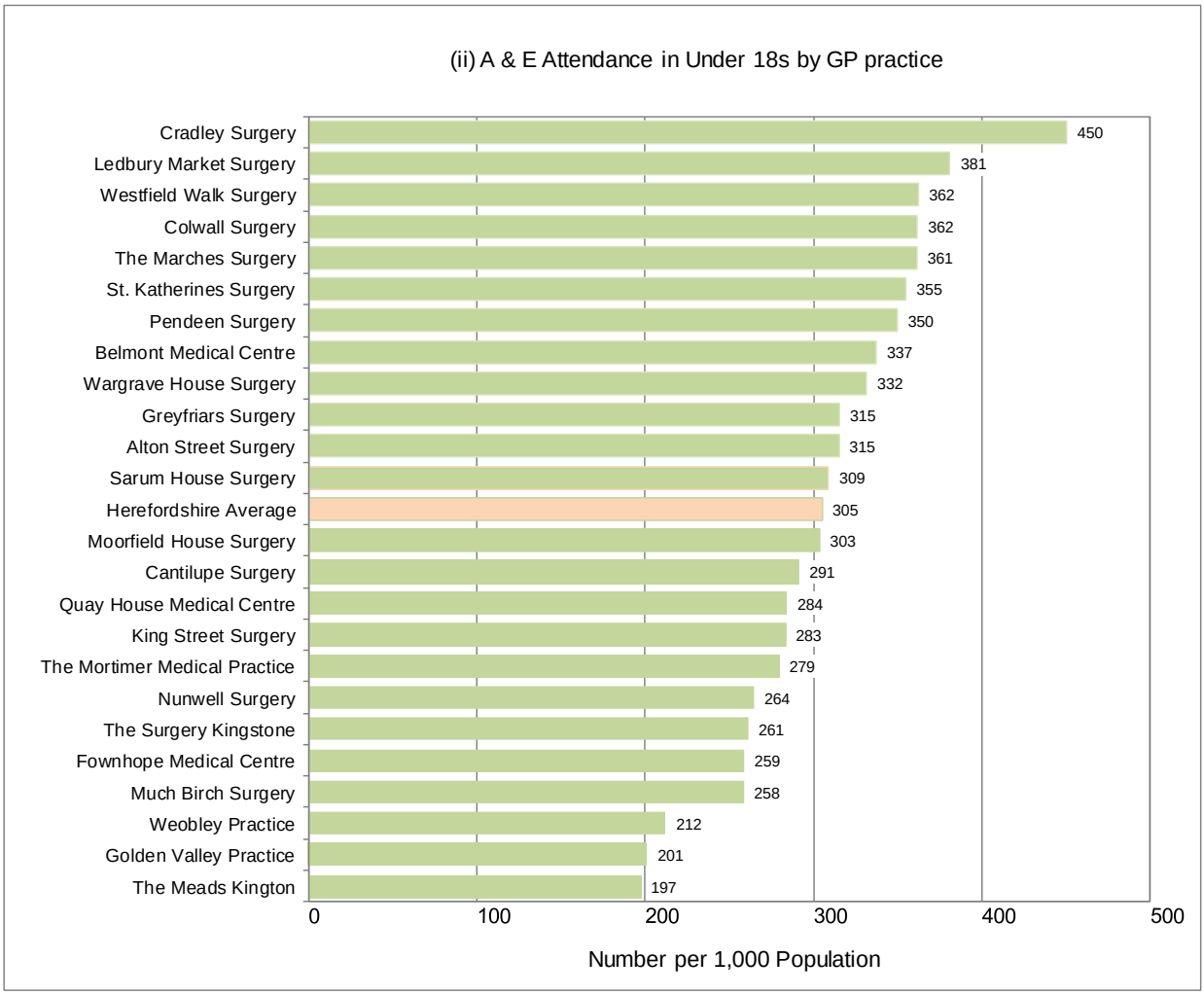



Source: Hospital Episodes Statistics (HES)

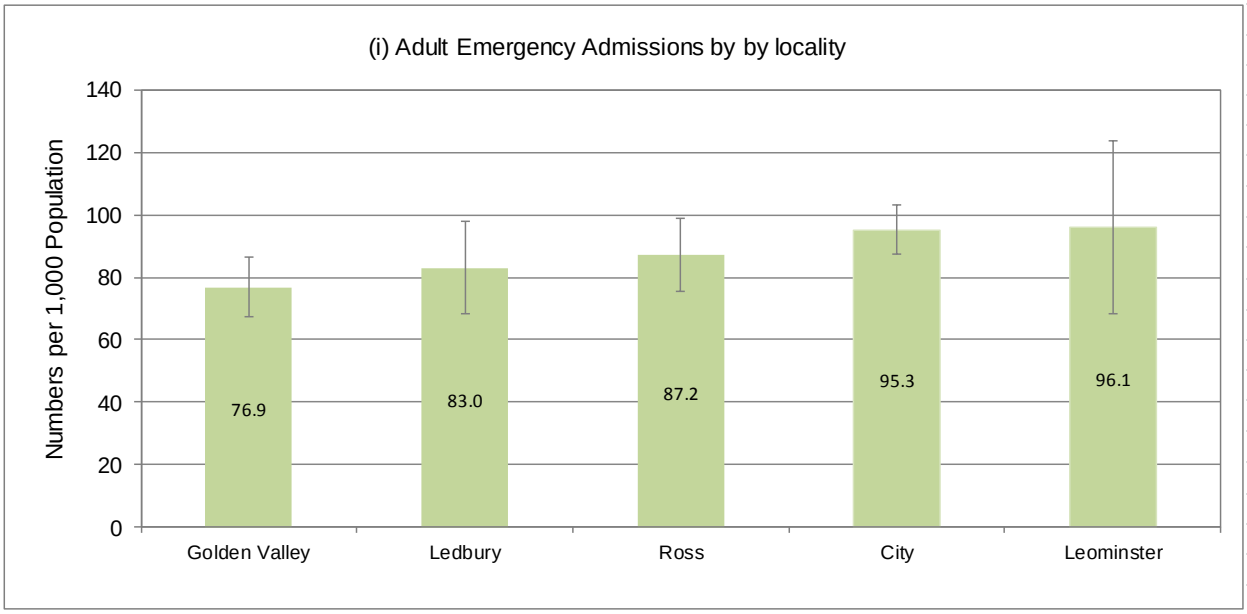
***Figure 54: Under 18s A & E attendance in Herefordshire localities and GP practices, 2015 - 2016.***

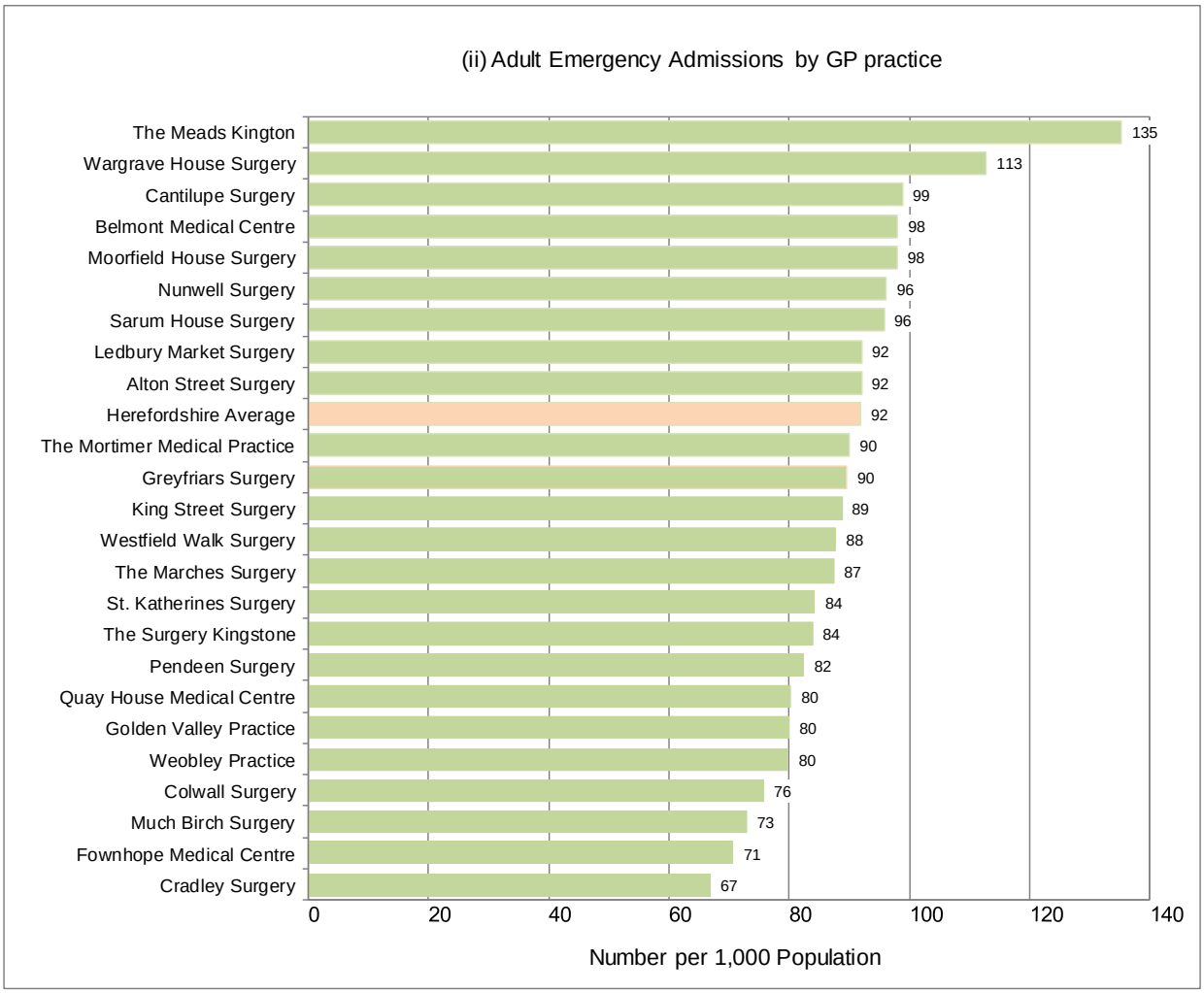



Source: Hospital Episodes Statistics (HES)

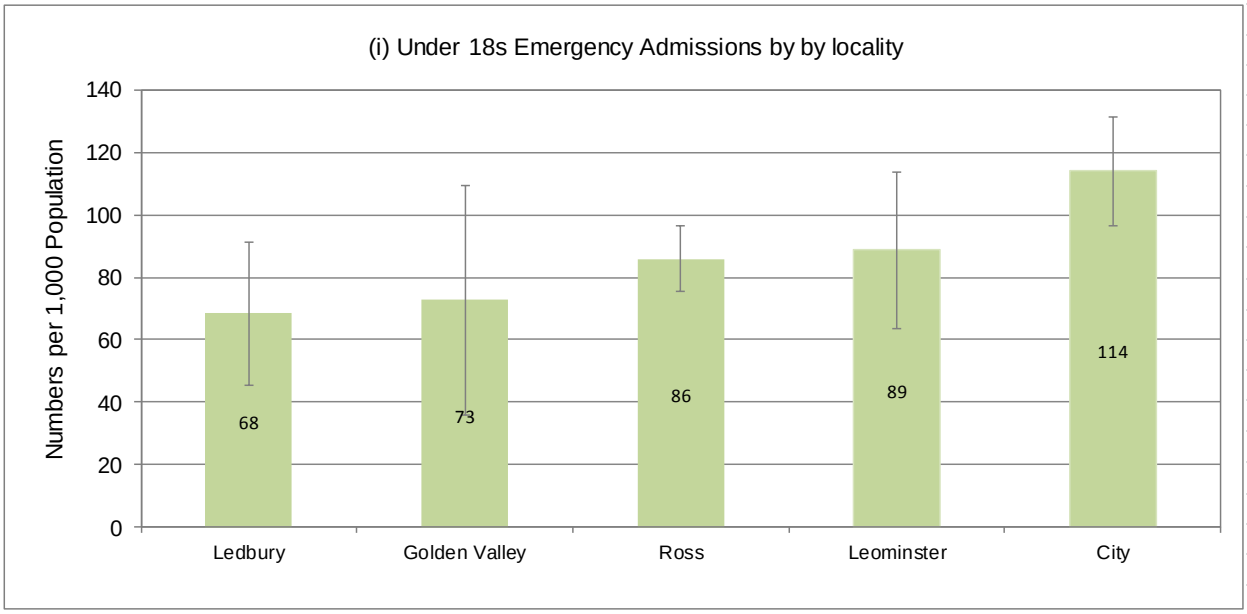
***Figure 55: Adult emergency admissions in Herefordshire localities and GP practices, 2015 - 2016.***

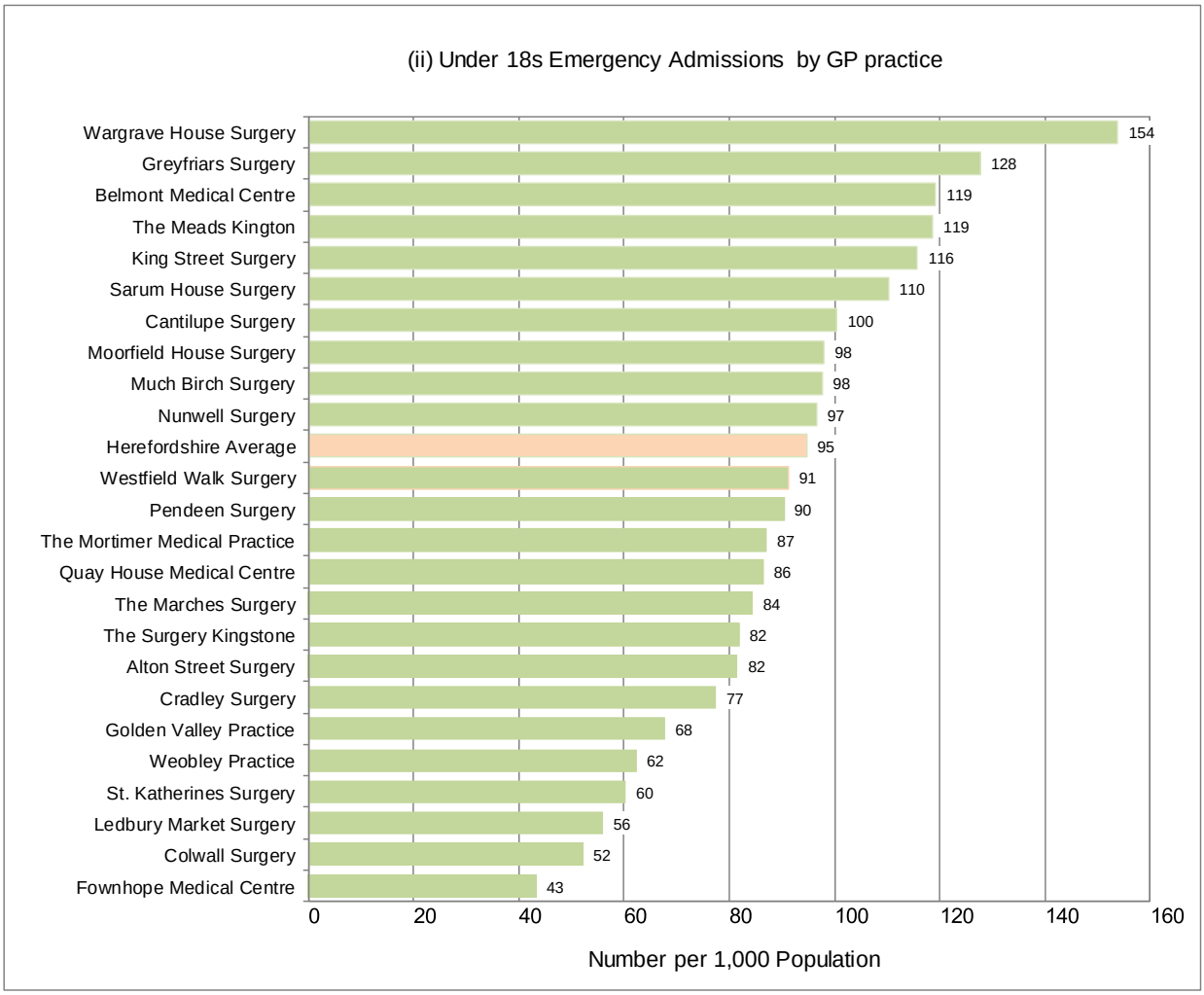



Source: Hospital Episodes Statistics (HES)

***Figure 56: Under 18s emergency admissions in Herefordshire localities and GP practices, 2015 - 2016.***




Source: Hospital Episodes Statistics (HES)

## OBJECTIVE 4 – HEALTHY LIFESTYLE PROFILES

### SMOKING

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

In 2013, there were 464,000 deaths of adults aged 35 and over in England, 242,000 of which were from conditions that can be caused by smoking; out of this total 78,200 (17%) of deaths were estimated to be attributable to smoking[19]. In the same period there were 454,700 hospital admissions attributable to smoking.

During the five years 2009 to 2013 there were on average 307 smoking-attributable deaths per year among Herefordshire residents aged 35+ years which equates to a mean directly standardised mortality rate of around 266 deaths per 100,000 population. Over the same period smoking related hospital admissions rate was around 1,510 admissions per 100,000 Herefordshire population aged 35+ years population[20].

Between 2012 and 2014 there was a directly standardised mortality rate of 232 deaths per 100,000 population attributable to smoking, while in 2014-15 there was a hospital admissions rate of 1,502 per 100,000 population, indicating a fall in smoking related deaths, although hospital admission rates remain consistent[21].

The Herefordshire Health and Well-being survey was undertaken amongst adults (aged 16+) resident in the county in 2011 with the aim of providing health-related lifestyle data for the purposes of strategic planning and resource allocation. The results indicated that the prevalence of smoking in Herefordshire was 21%, with 50% never having smoked (Figure 57). The study also indicated that males (25%) more likely to smoke than females (18%).

Results for 2011/12 from the GP Patient Survey (GPPS) indicated a lower prevalence of smoking compared to the Herefordshire Health and Well-being survey with 16.3% of the population identified as smokers and 28.5% as ex-smokers. According to the GPPS by 2014-15 the proportion of the population of Herefordshire identified as smokers had fallen to 13.5%, although not at a steady rate, while over the same period smoking prevalence in England as a whole fell consistently from 19.1% to 16.4% (Figure 58).

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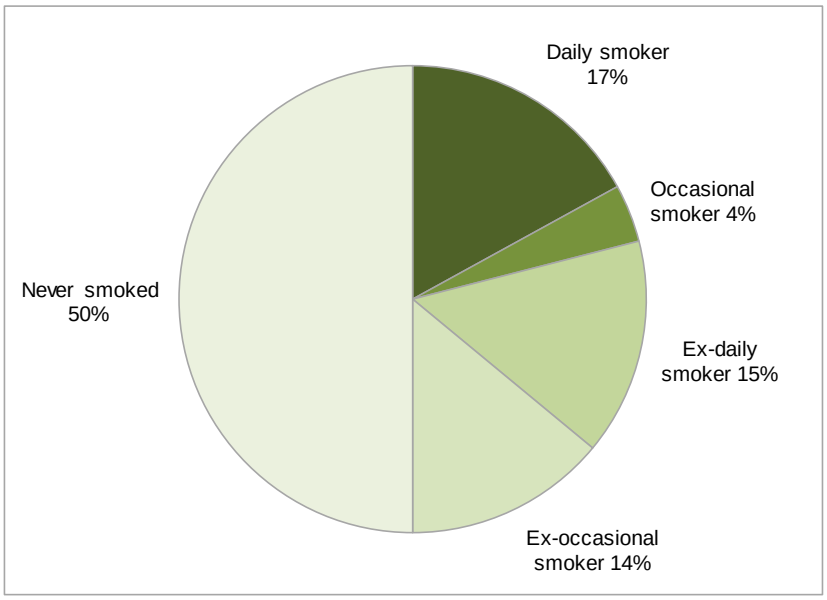
[19] Statistics on Smoking England 2015. HSCIC. Published 29 May 2015.

[20] Smoking in Herefordshire: Overview. Health Intelligence, Public Health Department, Herefordshire Council. July 2015.

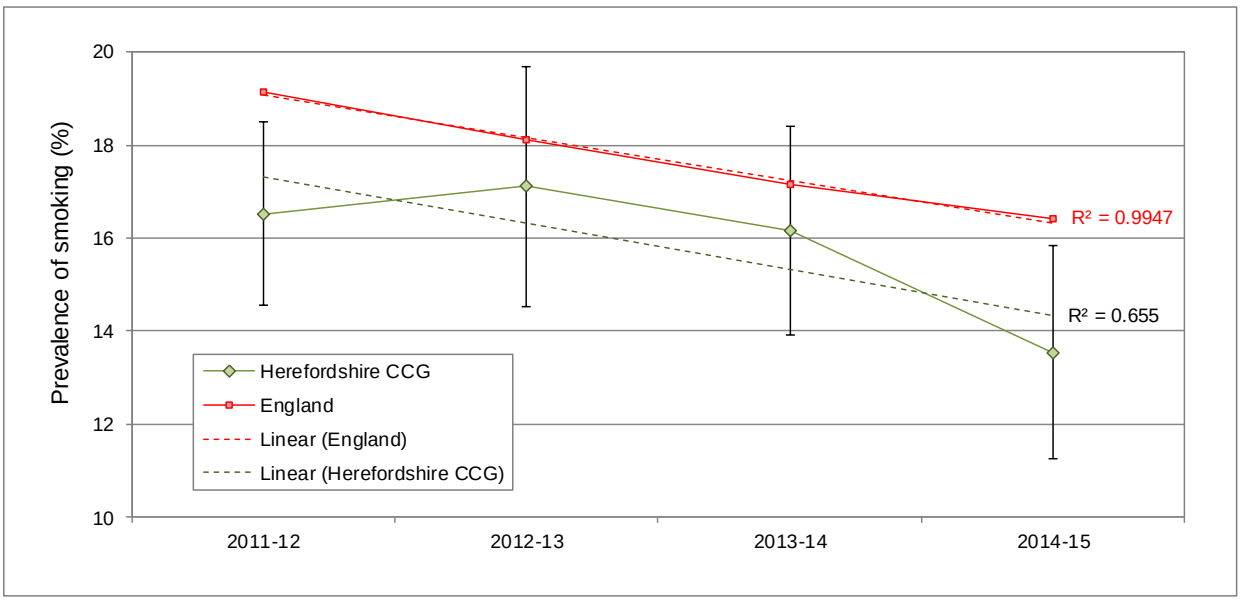
[21] Local Tobacco Control Profiles. PHE

***Figure 57: Self-reported smoking status of adults in Herefordshire, 2011.***




Source: Herefordshire Health and Well-being Survey

***Figure 58: Prevalence of smoking in patients18+ years registered in Herefordshire CCG and England between 2011 - 12 and 2014 - 2015. (Dotted lines represent regression with $R^2$ values indicated)***




Source: General Practice Patient Survey

Across Herefordshire GP practices the proportion of patients recorded as smokers as measured by GPPS in 2014/15 varies between 5.7% in Cradley and 24.2% at Sarum House in Hereford (Figure 58).

Seven practices across the county reported smoking prevalence greater than the national average, although none were significantly higher than the national prevalence (Figure 59). Of the 17 practices where the smoking prevalence is lower than the national level the prevalence at five practices were significantly lower than the national prevalence.

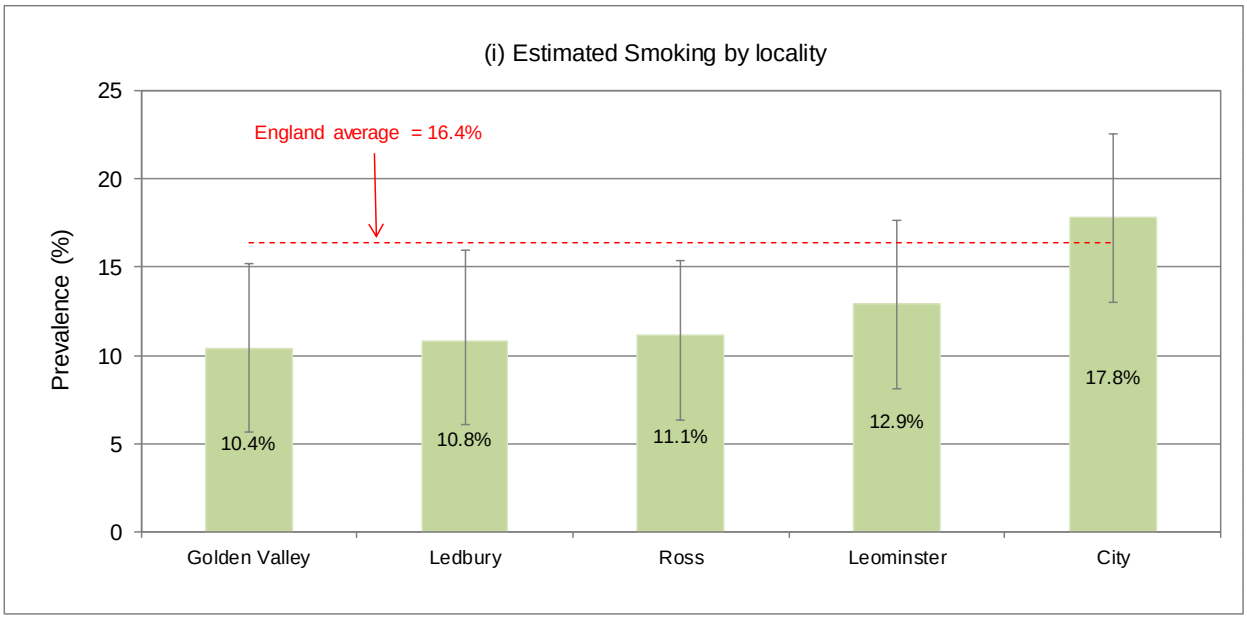
There is some variability in the mean smoking prevalence in the localities with the highest in the City (17.8%) and the lowest in Golden Valley (10.4%), although these differences are not significant (ANOVA: df = 4, 19; $p = 0.08$). The high value in the City reflects the fact that four of the five highest rates were recorded at city practices. However, in all five localities smoking prevalence was not significantly different from the national average.

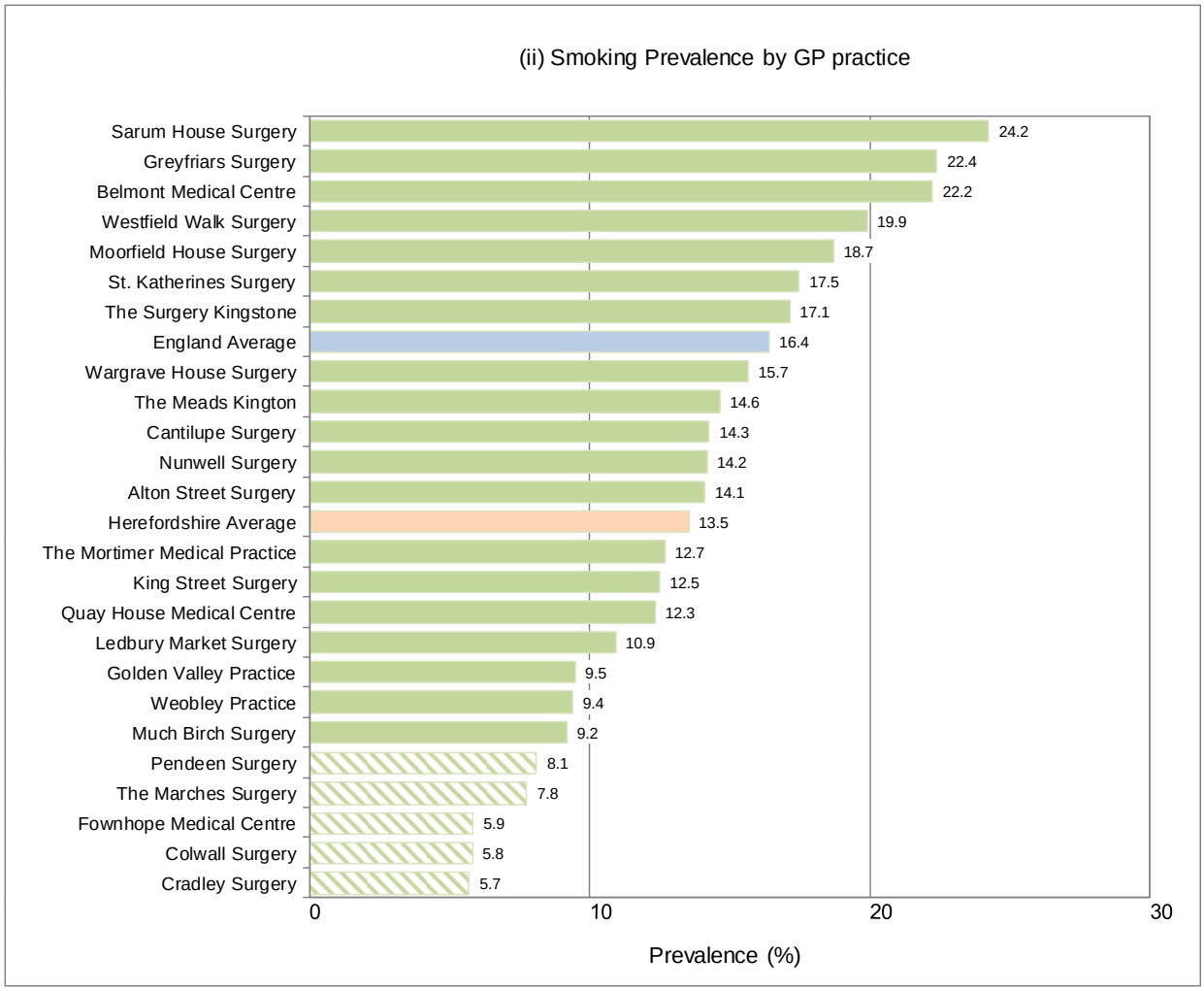
Between 2011/12 and 2014/15 according to the GPPS the proportions of the population at 17 practices recorded as smokers fell by between 0.2% at Nunwell to 61.1% at Cradley (Figure 60). Although some of these falls were marginal, 12 practices recorded decreases greater than 20%. Of the seven practices where smoking increased five recorded increases greater than 15% with the highest at St. Katherines in Ledbury where prevalence almost doubled over this period. Over the county as a whole the proportional change in the prevalence of smoking fell by 10.4% compared with a national fall of 14.3%. Smoking prevalence fell in all five localities with the highest proportional falls recorded in City and Ross where the falls were greater than the national level (Figure 60). The falls in Golden Valley, Ledbury and Leominster were considerable lower and were significantly less than the national level.

When comparing the smoking patterns across Herefordshire with the those in CIPFA comparator group it is evident that there are relatively small differences between the prevalence in the CCGs considered and these are not statistically significant (ANOVA: df = 4, 19; $p = 0.45$). Smoking prevalence in all comparator CCGs were all lower than the national level (Figure 61). When looking at the proportional change in smoking prevalence between 2011/12 and 2014/15 all comparator CCGs considered reported falls with the proportional changes in East Leicestershire and Rutland, Wiltshire and Bath and North East Somerset greater than the national figure (Figure 62). The fall recorded in Shropshire was proportionally greater than that in Hereford, although below the national level, while the fall in South Cheshire was lower than that in Herefordshire.

It is known that smoking is an underlying factor for numerous diseases, particularly cancer, heart disease (CHD) and chronic obstructive pulmonary disease (COPD). However, for cancer, there was a negative correlation with smoking prevalence ($r = -0.61$), while there was no clear relationship between prevalence smoking and heart disease ($r = -0.07$) or COPD ($r = -0.10$) (Figure 63). A strong positive correlation exists ($r = 0.65$) between smoking prevalence at each practice and the proportion of patients within the most deprived quartile among patients, which is in line with the national trend.

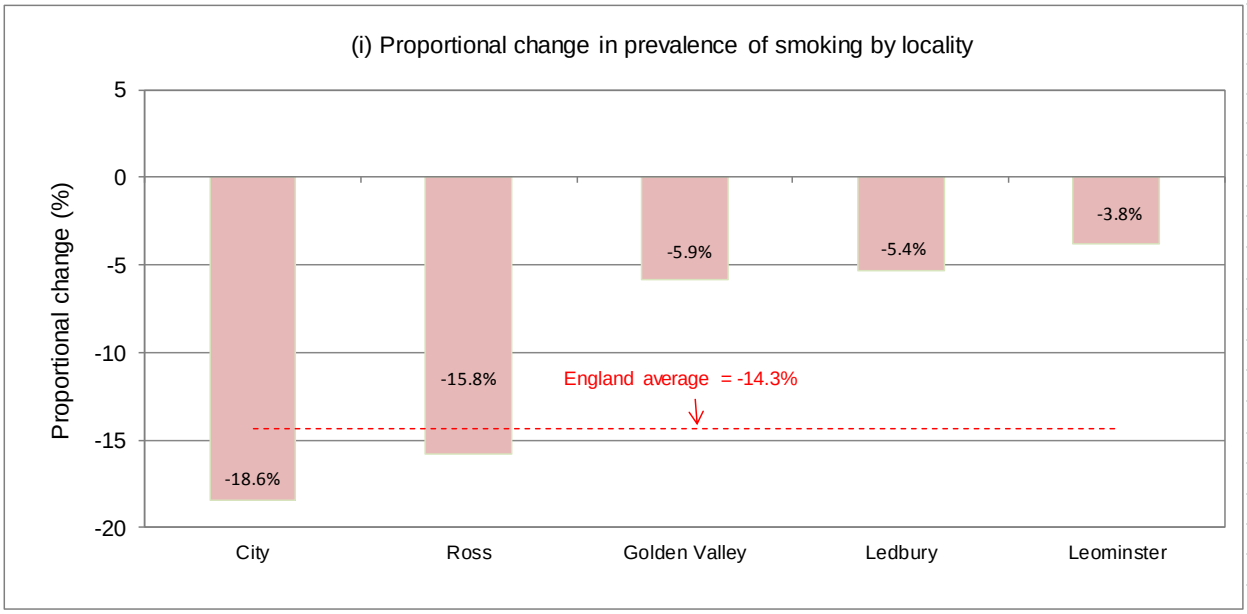
***Figure 59: Prevalence of smoking in patients 18+ years registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***

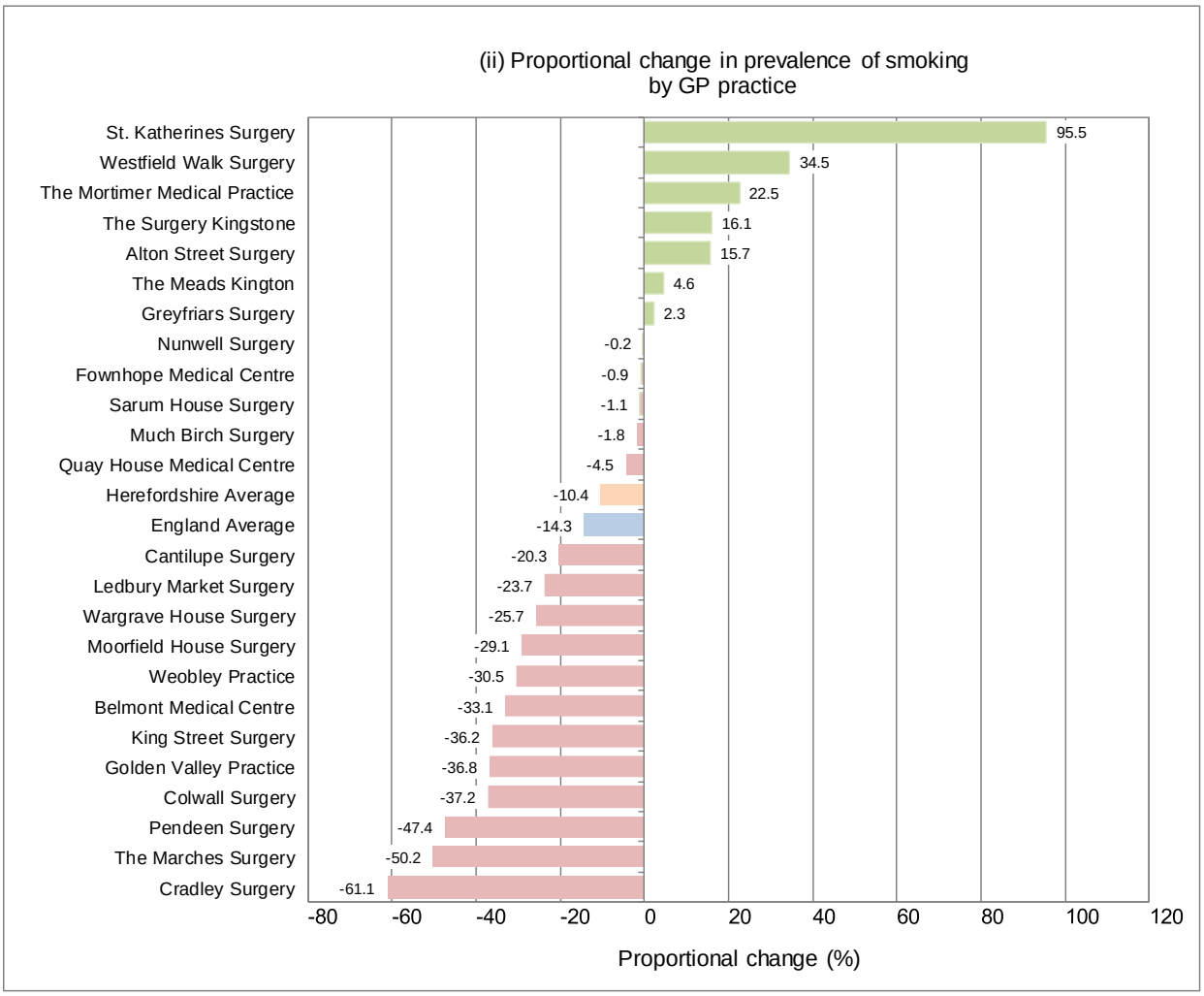



Source: Quality of Outcomes Framework 2014/15

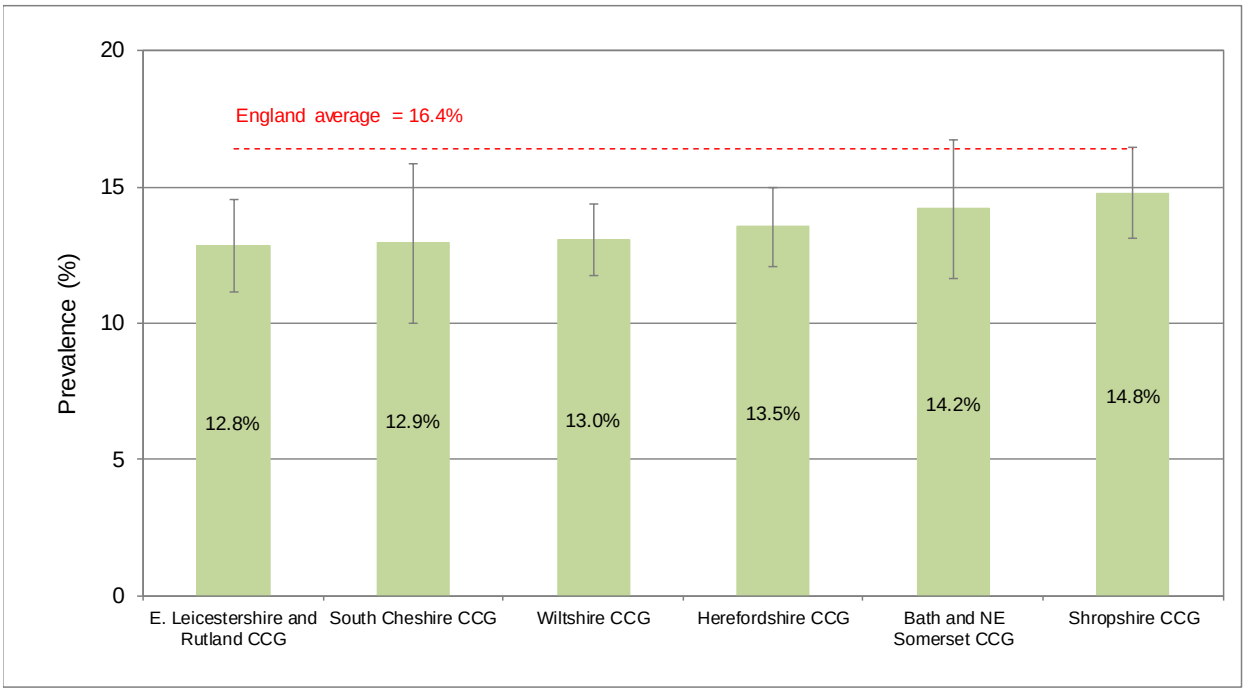
***Figure 60: Proportional change in prevalence of smoking between 2011/12 and 2014/15 in patients registered in Herefordshire localities and GP practices.***



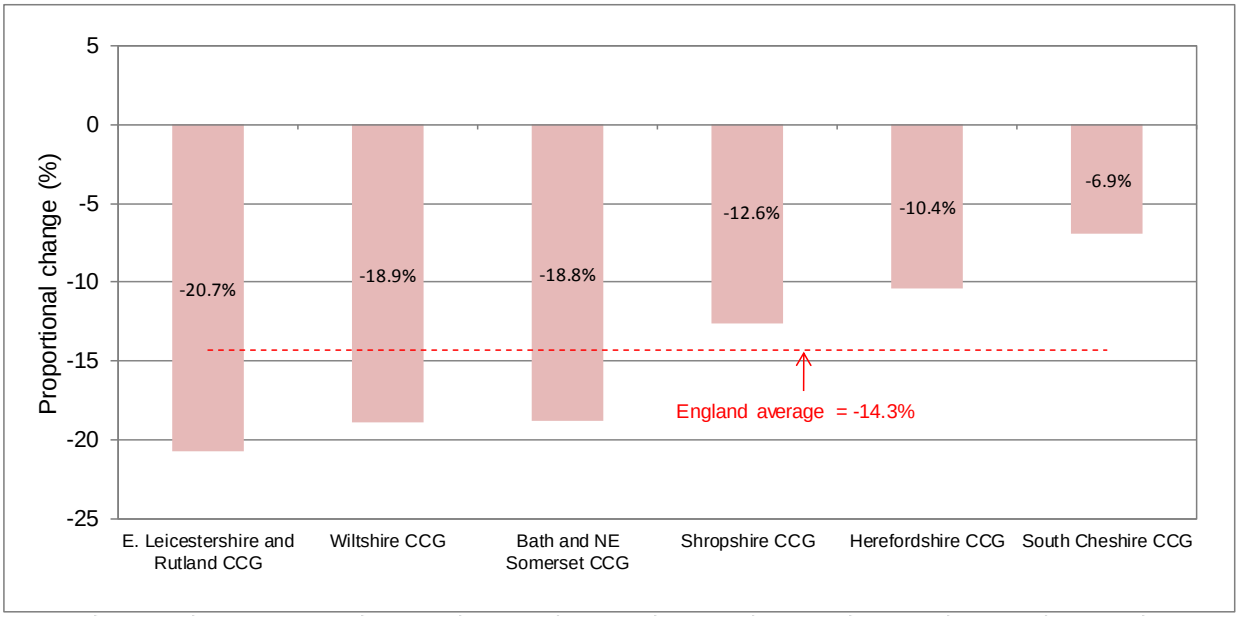

Source: Strategic Intelligence Team, Herefordshire Council

***Figure 61: Mean Prevalence of smoking in patients18+ years registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***



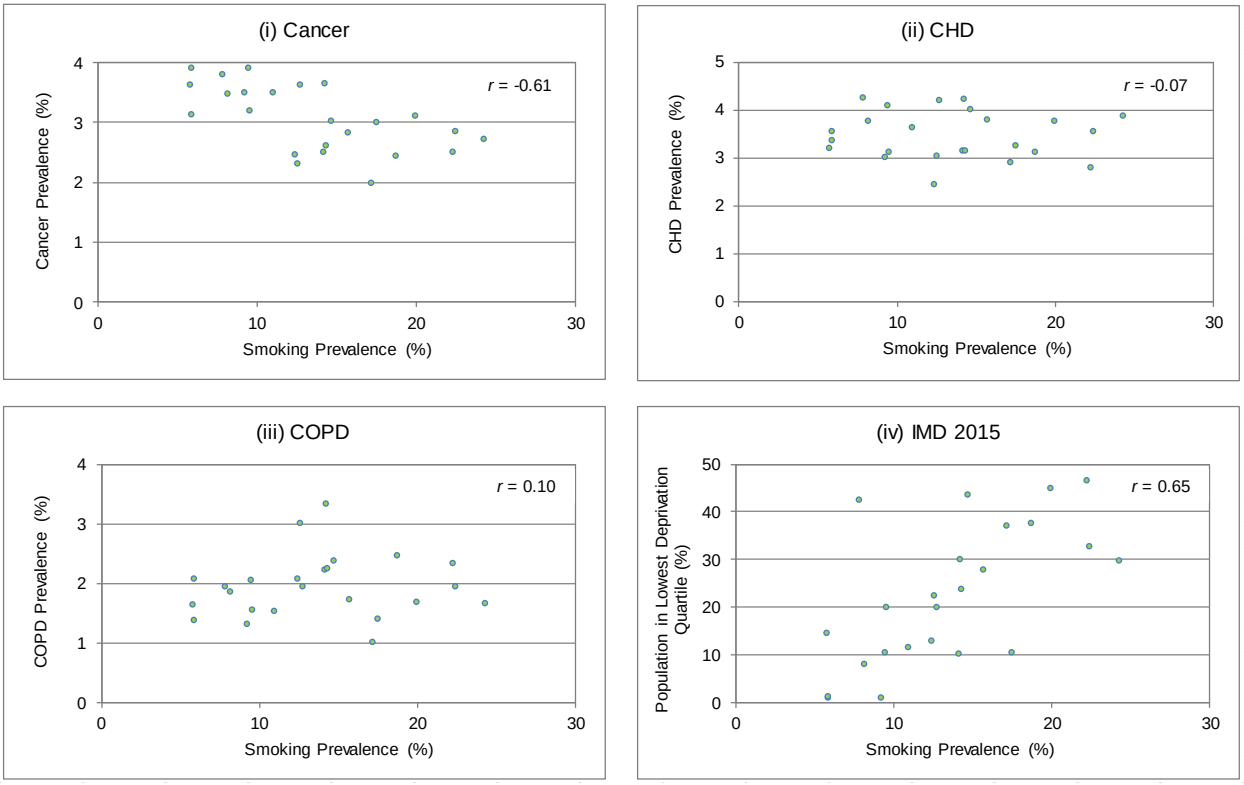

Source: Quality of Outcomes Framework 2014/15

***Figure 62: Proportional change in smoking prevalence between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***




Source: Strategic Intelligence Team, Herefordshire Council

***Figure 63: Prevalence of smoking in patients18+ years registered in Herefordshire GP practices compared to disease prevalence and deprivation, 2014 – 2015 (r = correlation co-efficient).***




Source: Strategic Intelligence Team, Herefordshire Council

## ALCOHOL

Excessive consumption of alcohol is a major preventable cause of premature mortality, disability and injury contributing to hospital admissions and deaths from a diverse range of conditions including alcoholic liver disease. Alcohol problems are widespread and are considered to be the third biggest risk factor for illness and death. Harmful drinking is defined as a pattern of alcohol consumption causing health problems directly related to alcohol. This could include psychological problems such as depression, alcohol-related accidents or physical illness. In the longer term, drinkers may go on to develop high blood pressure, cirrhosis, heart disease and some types of cancer such as mouth, liver, bowel or breast cancer[22].

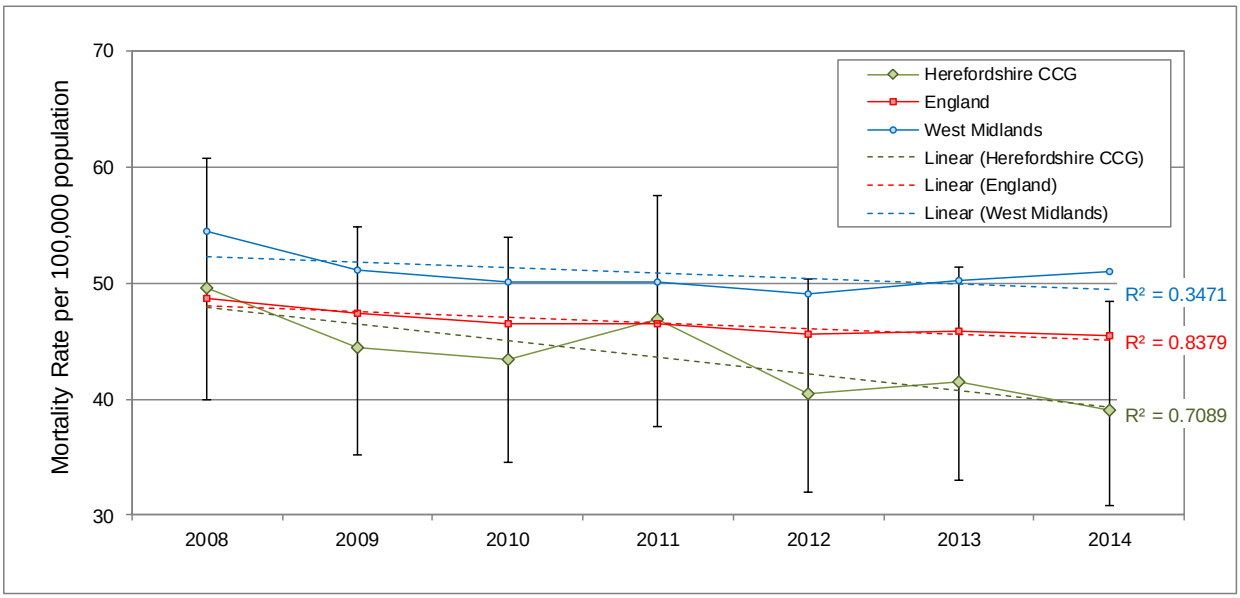
Nationally as many as 1.6 million adults show some sign of alcohol dependence. Alcohol misuse has a harmful impact on both communities and families and from national information it has been shown that alcohol is linked to almost half of all violent assaults, while 27% of serious case reviews mention alcohol misuse. There are also links between poor physical condition and psychological and behavioural problems in children of parents with alcohol problems[23].

[22] National Institute of Health and Care Excellence (2011).

[23] Public Health England (2013).

In 2014 directly standardised alcohol related mortality in Herefordshire was 39.1 per 100,000 of population which is lower than the previous year and continues a decreasing trend observed since 2008 when the rate was 49.6 per 100,000 population. This fall was primarily related to the fall in numbers of male mortalities which has shown a downward trend from a rate of 74.2 per 100,000 in 2008 to 55.9 in 2014; the female alcohol related mortality rate remained relatively steady over this period. Since 2012 the overall mortality rate for Herefordshire has been below the national rate, while since 2008 the local rate has been consistently less than that for the West Midlands, although this was only statistically significant compared to the West Midlands value in 2014 (Figure 64).

***Figure 64: Directly standardised alcohol related mortality rates in Herefordshire CCG, West Midlands and England, 2008 – 2014. (Dotted lines represent regression with $R^2$ values indicated)***

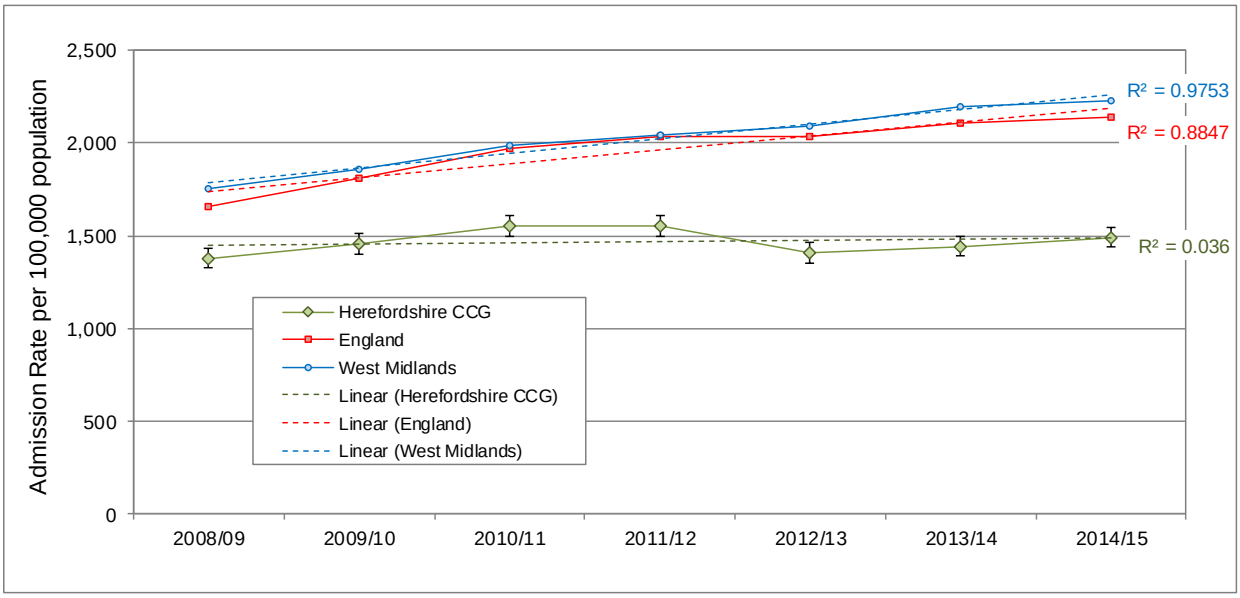



Source: Quality of Outcomes Framework 2014/15

Between 2008/09 and 2014/15 the directly standardised hospital alcohol related admission rate[24] in Herefordshire has shown some variability ranging between 1,554 and 1,380 per 100,000 population in 2008/09 and 2010/11 respectively, although no consistent temporal pattern was evident. In 2014/15 the rate was 1,491 per 100,000 population which is higher than the rate reported for the previous two years, although below a high levels recorded in 2010/11 and 2011/12 (Figure 65). Since 2008/09 the Herefordshire rate has been significantly lower than those recorded for the West Midlands and England which have both shown consistent increasing trends, compared to which the Herefordshire rate can be considered as having remained relatively stable over this period.

[24] The metric employed here is the original indicator (broad measure) used to measure hospital alcohol admissions in the Public Health Outcomes Framework as opposed to the new (narrow measure), as it is considered the original indicator is a better measure of the total burden that alcohol has on community and health services and is therefore more appropriate in relation to assessing importance in the primary care setting.

***Figure 65: Directly standardised alcohol related admission rates in Herefordshire CCG, West Midlands and England, 2008 – 2014. (Dotted lines represent regression with $R^2$ values indicated)***

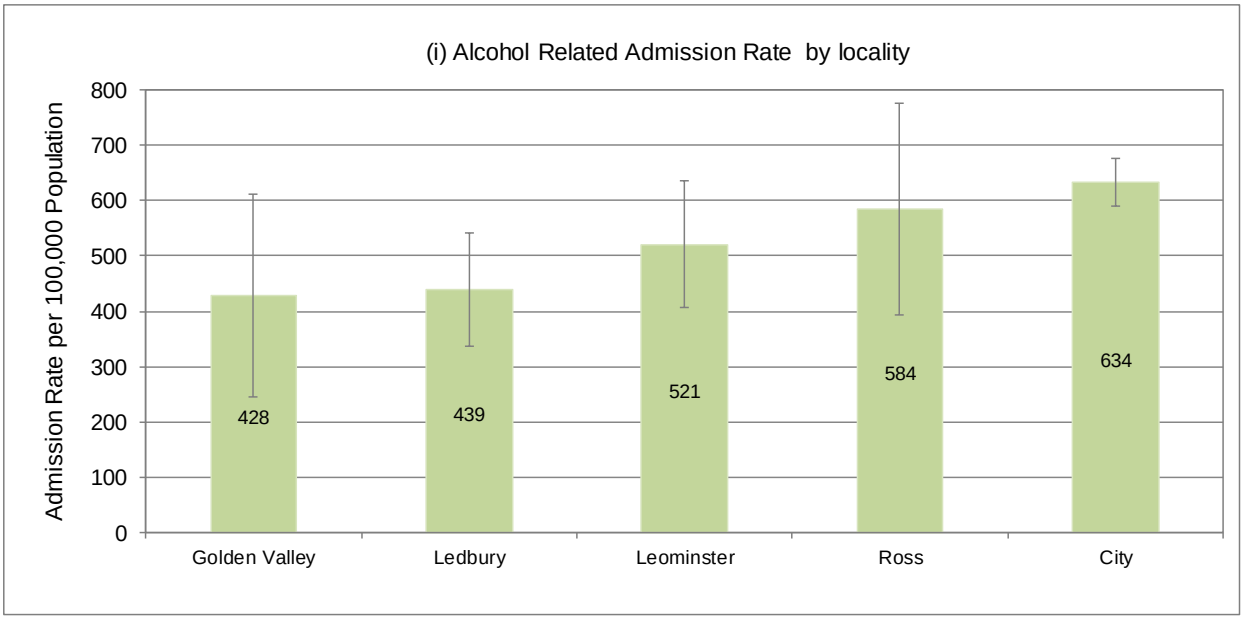


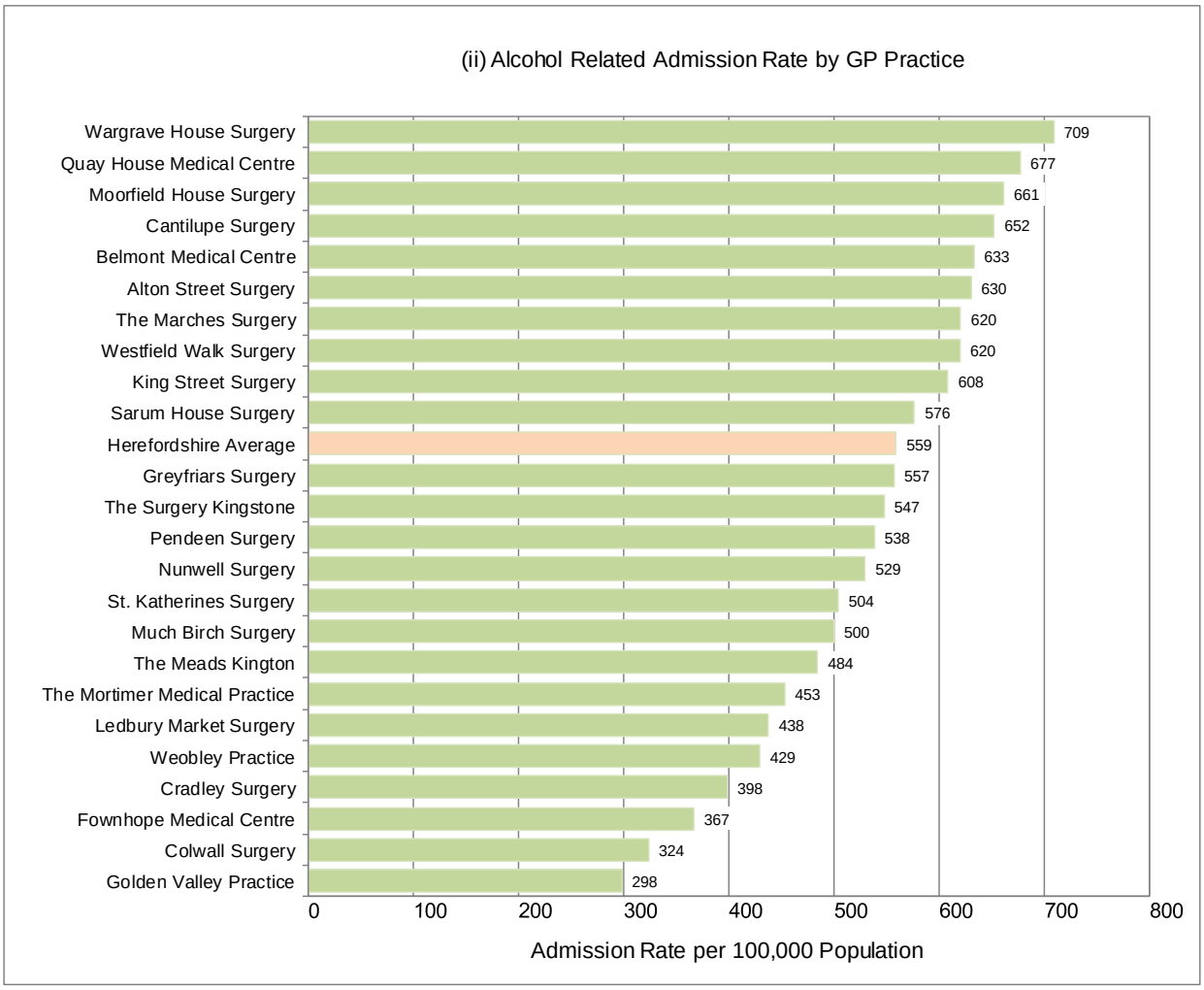

Source: Quality of Outcomes Framework 2014/15

In 2014 the alcohol attributable admissions rate ranged across Herefordshire GP practices from 298 per 100,000 population at Golden Valley Practice to 709 per 100,000 population at Wargrave House in Hereford (Figure 66). The rates at five of the practices were significantly higher than the CCG rate of 559 per 100,000 population, including four surgeries in Hereford; eight practices recorded rates significantly lower than the CCG rate.

The highest average admission rate where localities were concerned occurred in the City, which is not surprising as the rates at seven out of the eight city practices were within the top ten recorded across the CG as a whole. The lowest average rate was recorded in in the Golden Valley where Golden Valley and Fownhope practices recorded two of the three lowest rates. The rate of alcohol related admissions showed correlation to both increased smoking prevalence ($r$ = 0.78) and greater levels of deprivation ($r$ = 0.50).

***Figure 66: Rate of alcohol related hospital admissions across Herefordshire in 2014 (directly age and sex standardised rate per 100,000 population) .***




Source: Quality of Outcomes Framework 2013/14

## OBESITY

Obesity[25] is directly associated with many different illnesses. It is an independent risk factor for cardiovascular diseases, and could increase the likelihood of developing other risk factors such as hypertension (high blood pressure) and type 2 diabetes and may lower life expectancy by 5 to 20 years.

In 2015 the direct cost to the NHS of conditions related to being overweight or obese was £6 billion, which equates to 5% of the entire annual budget of the NHS. These costs are expected to rise and by 2030 the estimate is for obesity to cost the NHS between £10 billion and £12 billion[26]. Obesity is a national issue in the UK and in the 2014 *Health Survey for England*, it was stated that around a quarter of adults in were obese (24% of men and 27% of women). Being overweight was more common than being obese and 41% of men and 31% of women were overweight, but not obese. Among children 17% aged 2 – 15 were obese while an additional 14% were overweight[27, 28]. Obesity levels for both adults and children have shown significant increases since the mid-1990s, and obesity is predicted to affect more than half of adults and a quarter of children by 2050[29].

The Herefordshire Health and Well-being survey indicated that the prevalence of obesity in the county in 2011 was 20%, while a further 34% were overweight (Figure 67). The study also indicated that men were significantly more likely to be overweight than women, although that women were more likely to be obese.

Adult obesity as measured by the Quality and Outcomes Framework (QoF) gives the percentage of patients aged 16 and over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice disease registers. Although this measure is generally regarded as an underestimate of the true levels of obesity in the practice population it is useful in determining indicative temporal and spatial patterns. Between 2009/10 and 2014/15 obesity prevalence in Herefordshire was consistently higher than the national level (Figure 68), although both measures followed similar temporal trends with increases evident up to 2012/13 followed by falls over the subsequent years; a similar decreasing pattern was recorded in the West Midlands from 202/13.

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[25] Body Mass Index (BMI) Classification:
underweight BMI <18.5; healthy weight BMI >18.5 <25; overweight BMI >25 <30; obese BMI >30; morbidly obese BMI >40.

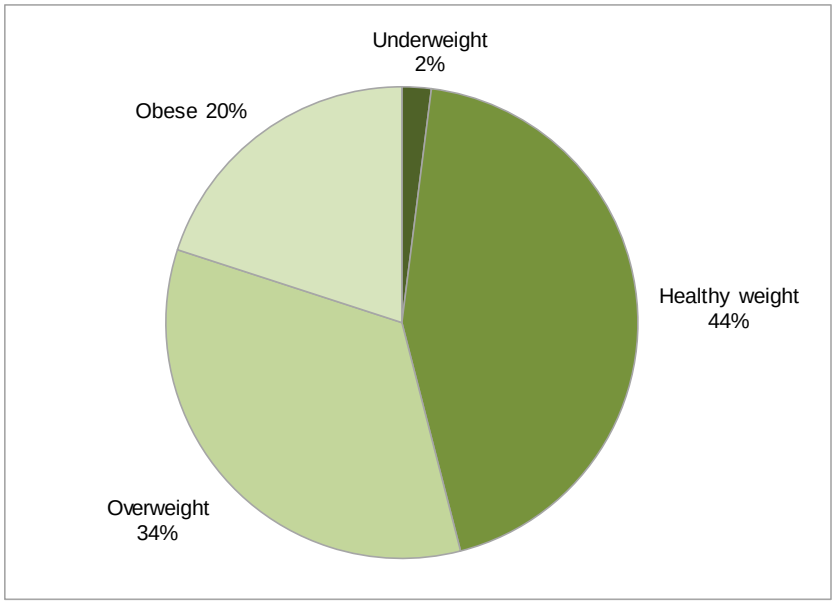
[26] McKinsey: Obesity costs UK society 73 billion per year. Consultancy UK. Available from: http://www.consultancy.uk/news/1278/ mckinsey-obesity-costs-uk-society-73-billion-per-year (accessed 13 May 2016)

[27] Health and Social Care Information Centre (HSCIC). Health Survey for England 2014: Health, social care and lifestyles. Summary of key findings. HSCIC

[28] Health and Social Care Information Centre (HSCIC). National Child Measurement Programme: England, 2013/14 school year. http://www.hscic.gov.uk/catalogue/PUB16070/nati-chil-meas-prog-eng-2013-2014-rep.pdf (accessed 09 Nov 2015).

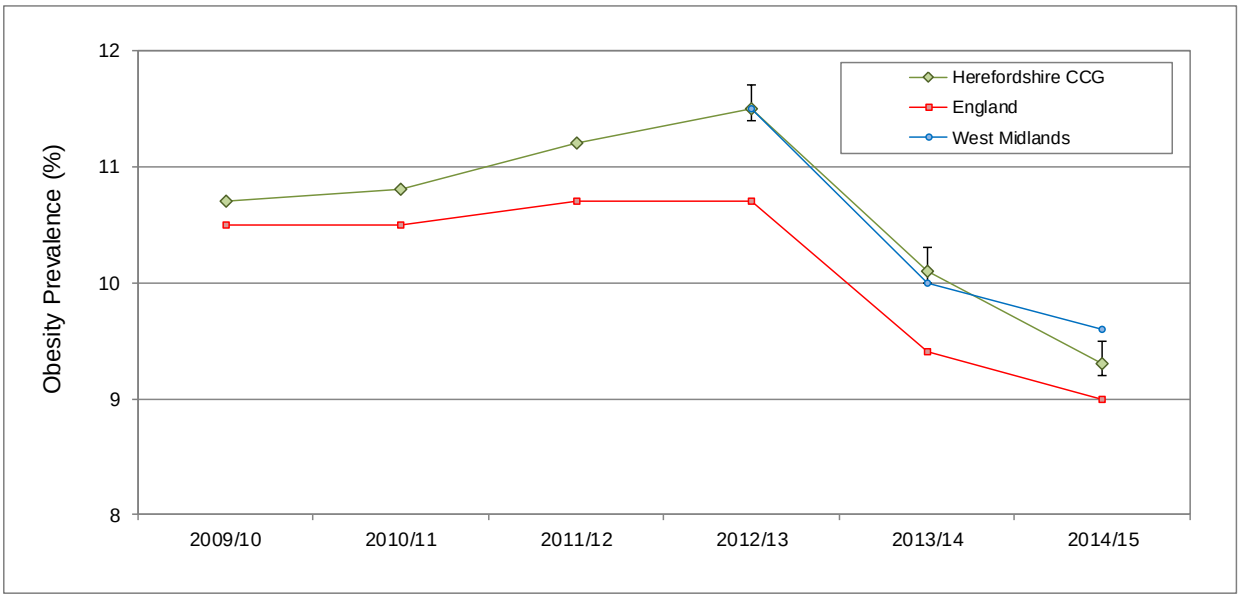
[29] Butland B, Jebb S, Kopelman P, et al. Tackling obesities: future choices – project report (2nd ed). London: Foresight Programme of the Government Office for Science, 2007. www.bis.gov.uk/assets/bispartners/foresight/docs/obesity/17.pdf (accessed 09 Nov 2015).

***Figure 67: Body Mass Index category of adults in Herefordshire, 2011.***




Source: Herefordshire Health and Well-being Survey

***Figure 68: Prevalence of adult obesity in Herefordshire CCG, West Midlands and England, 2009/10 – 2014/15.***




Source: Quality of Outcomes Framework 2014/15

In 2014/15 obesity prevalence across the county as measured by QOF indicated that rates ranged from 4.3% at Colwall to 17.6% at Belmont, although the prevalence at Belmont is over a third greater than the next highest level of 13.0% recorded at The Marches Surgery in Leominster. Six practices returned obesity prevalence significantly higher than the England level of 9.0%, while the prevalence at eight practices were significantly lower than the national rate (Figure 69).

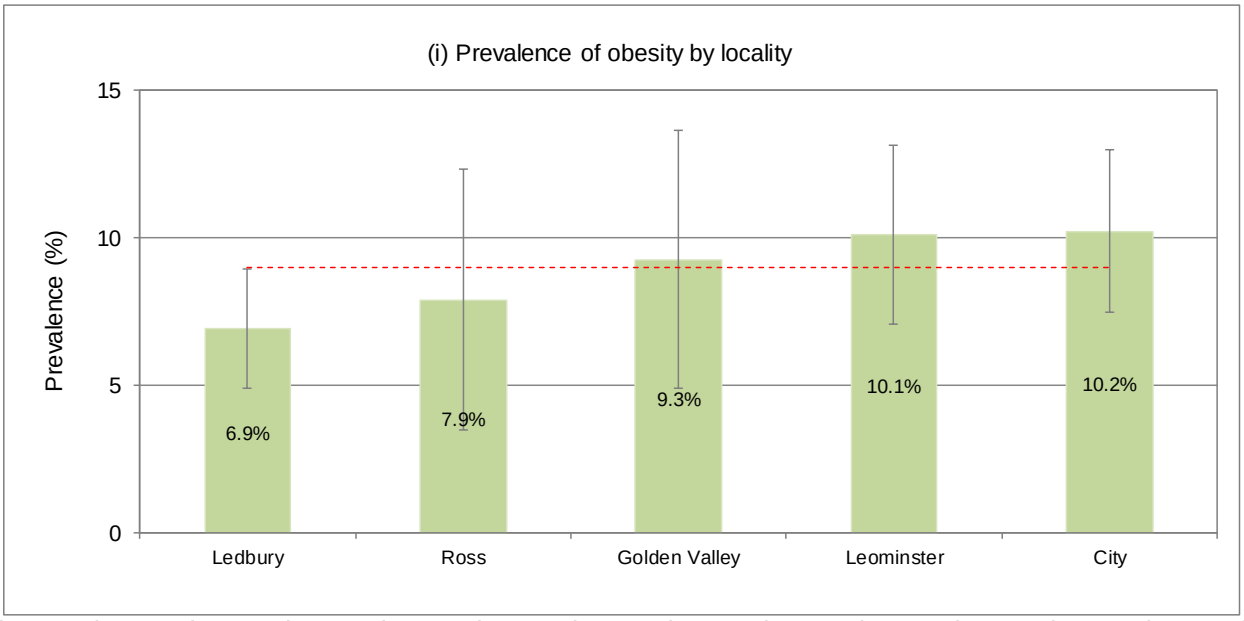
When looking at the locality level there was some variability in the prevalence of obesity ranging from 6.9% at Ledbury to 10.2% in the City (Figure 69), although these differences were not significant (ANOVA: df = 4, 19; $p = 0.25$). The prevalence recorded in Golden Valley, Leominster and City were all slightly higher than the national level, although not significantly so.

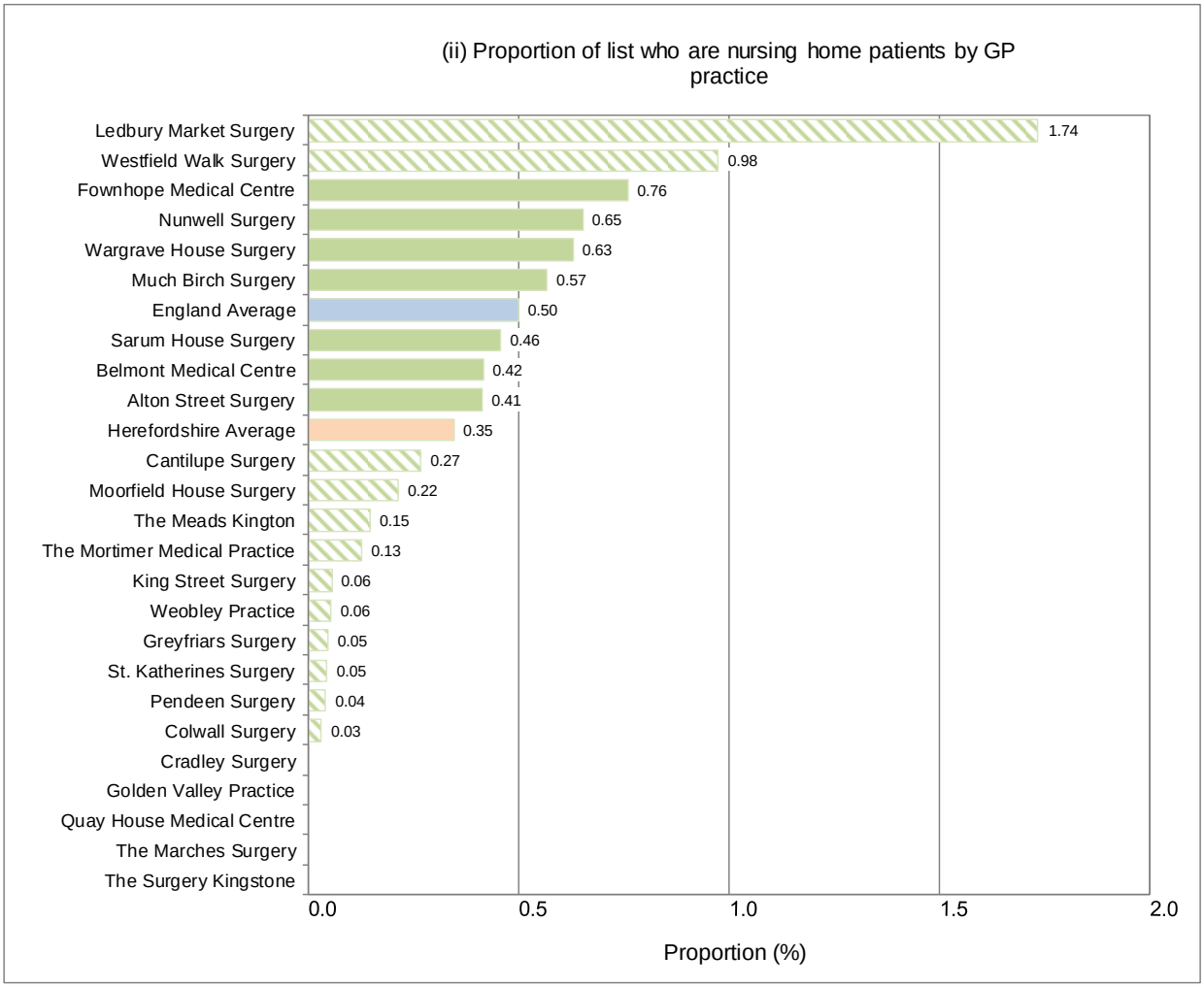
Between 2009/10 and 2014/15 the prevalence of obesity fell in 20 practices with the proportional falls varying between 0.1 and 49.7% at The Marches Surgery in Leominster and Colwall respectively (Figure 70). Although some of these falls were marginal, 10 practices recorded decreases greater than 20%. The prevalence of obesity increased over the same period at the remaining four Herefordshire practices with the highest increase observed at Margrave House (20%). Over the county as a whole the prevalence of obesity fell by 13.1% compared with a national fall of 14.3%. Obesity fell in all five localities with the highest proportional falls recorded in Ledbury (27.4%) which, along with the fall recorded in Ross, were greater than the national level (Figure 70). The falls in City and Leominster were lower than the national level.

The prevalence of obesity across Herefordshire in 2014/15 was higher than those recorded in the CIPFA comparator group, although differences within the group were small ranging between 7.3% in Bath and North East Somerset and 9.2% in Herefordshire (Figure 71). Obesity prevalence in all comparator CCGs were lower than the national level, while the Hereford prevalence was marginally higher than the England value. When looking at the proportional change in prevalence of obesity between 2009/10 and 2014/15 all comparator CCGs showed falls, although only South Cheshire returned a decrease greater than the national figure (Figure 72). Although falls in obesity prevalence were evident in all comparators between 2009/10 and 2014/15 during this period prevalence initially increased in all CCGs reaching maxima in 2012/13 before falling in subsequent two years, which follows the national patterns (see Figure 68).

Obesity can be a contributory factor in a number of conditions such as heart disease, hypertension (high blood pressure) and type 2 diabetes. However, there was no clear relationship between prevalence of obesity and heart disease ($r = 0.02$) or any strong correlation with hypertension ($r = -0.16$) (Figure 73). However, a relatively strong positive correlation exists ($r = 0.57$) between the prevalence of obesity and diabetes at each practice. The relationship between the proportion of patients within the most deprived quartile in each practice and obesity was also relatively strong ($r = 0.52$).

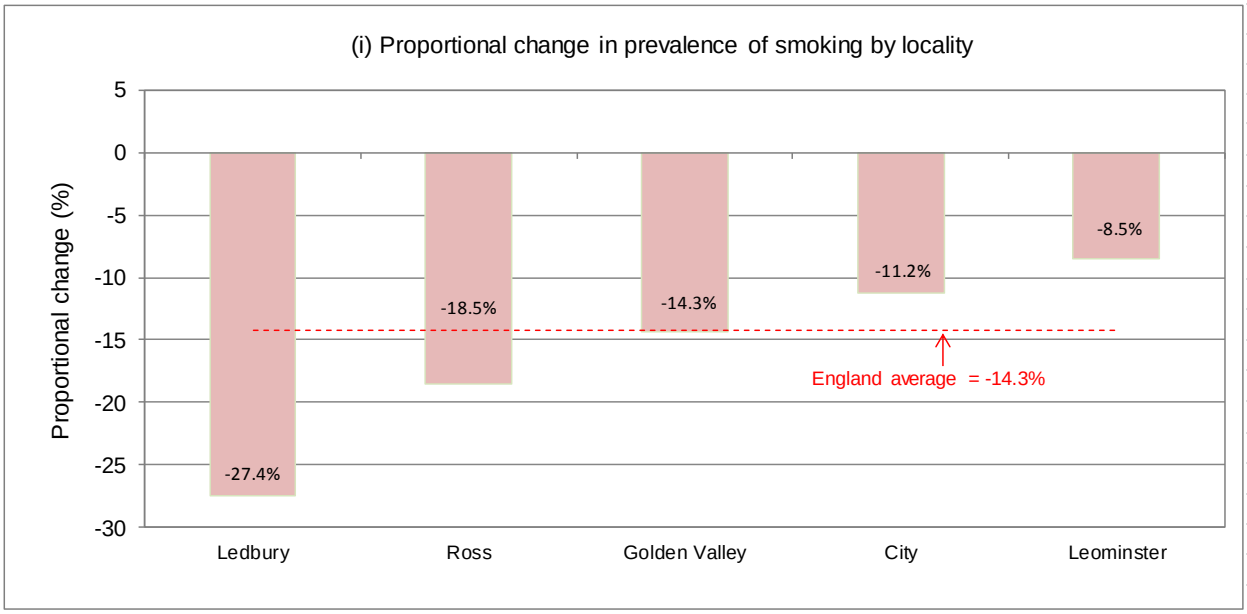
***Figure 69: Prevalence of obesity in patients 16+ years registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***

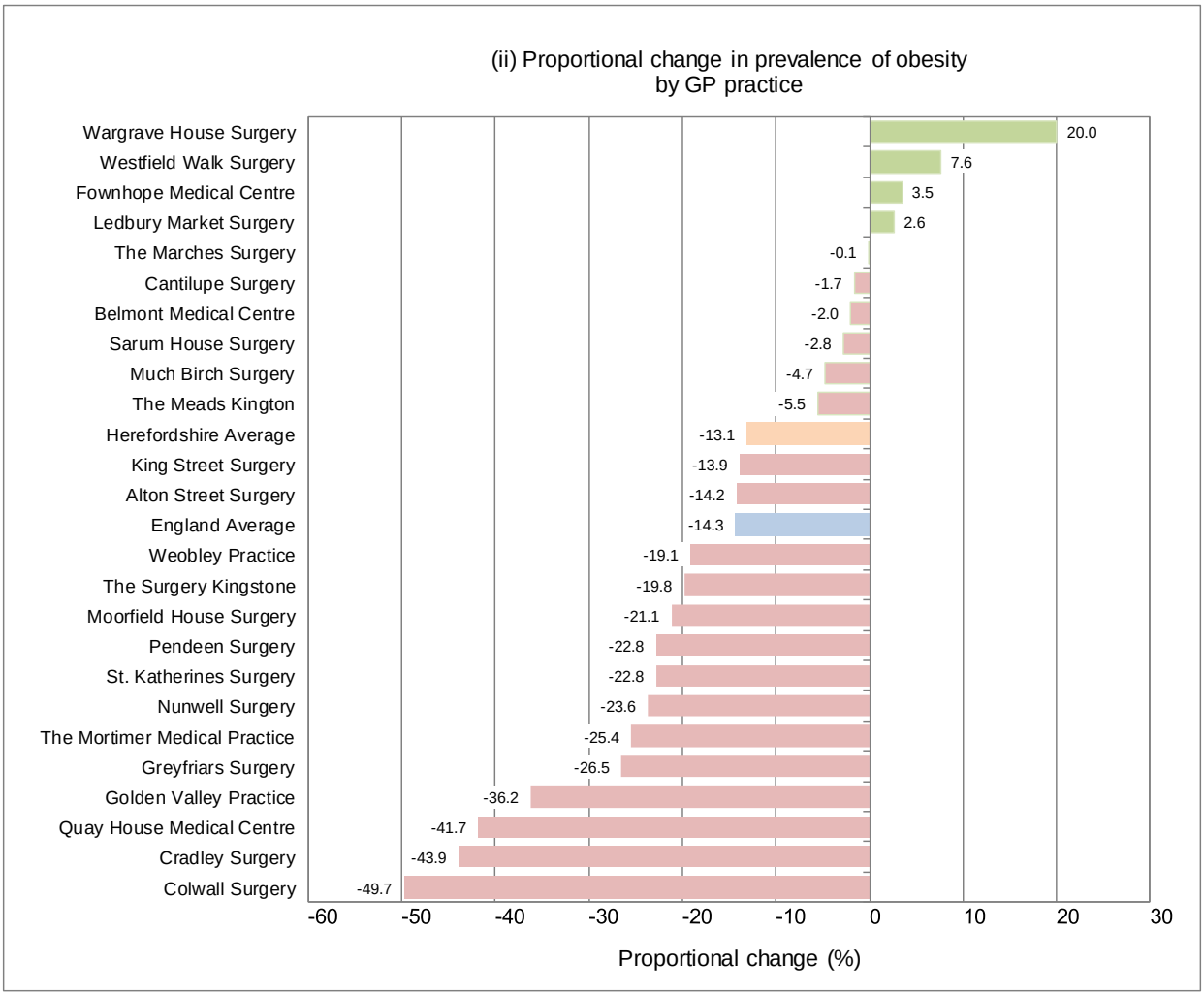



Source: Quality of Outcomes Framework 2014/15

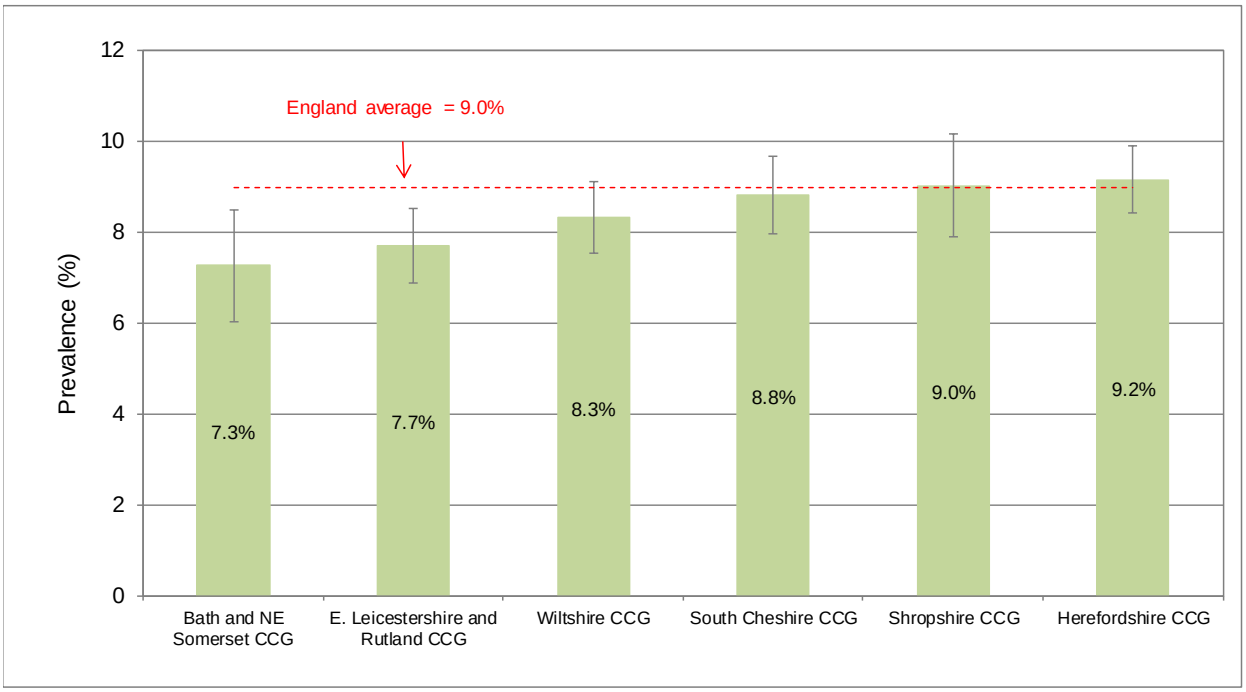
***Figure 70: Proportional change in prevalence of obesity between 2009/10 and 2014/15 patients 16+ years registered in Herefordshire localities and GP practices.***




Source: Strategic Intelligence Team, Herefordshire Council

***Figure 71: Mean Prevalence of obesity in patients16+ years registered in Herefordshire CCG and comparator CCGs, 2014 – 2015.***




Source: Quality of Outcomes Framework 2014/15

***Figure 72: Proportional change in prevalence of obesity between 2009/10 and 2014/15 in Herefordshire CCG and comparator CCGs.***

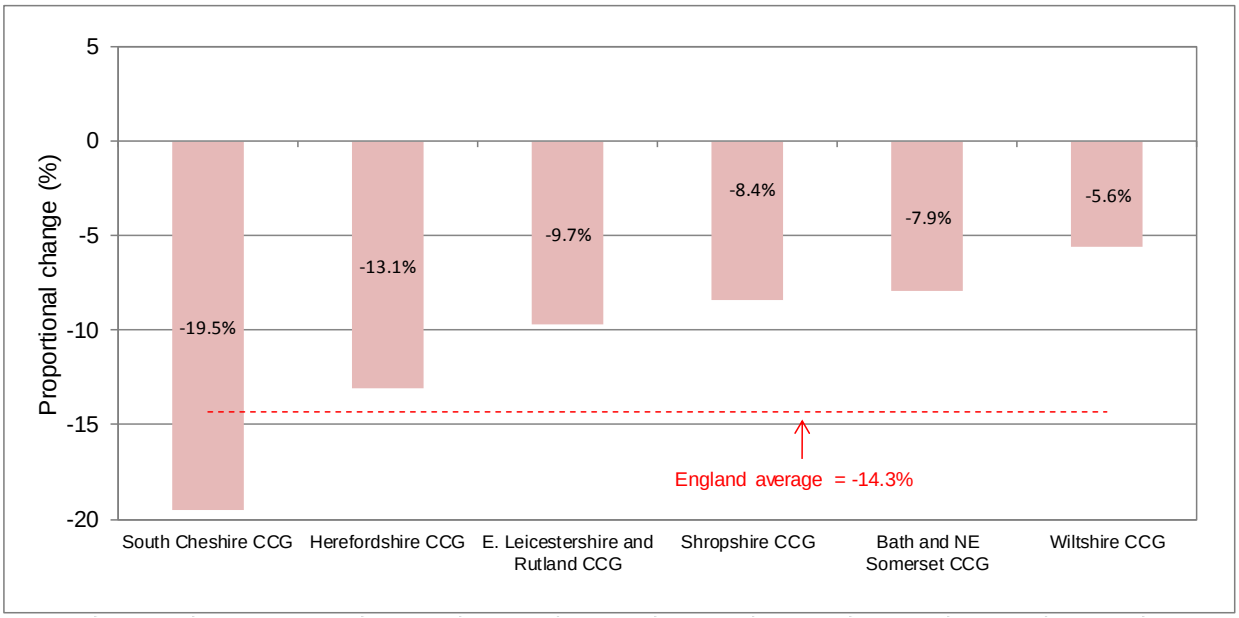
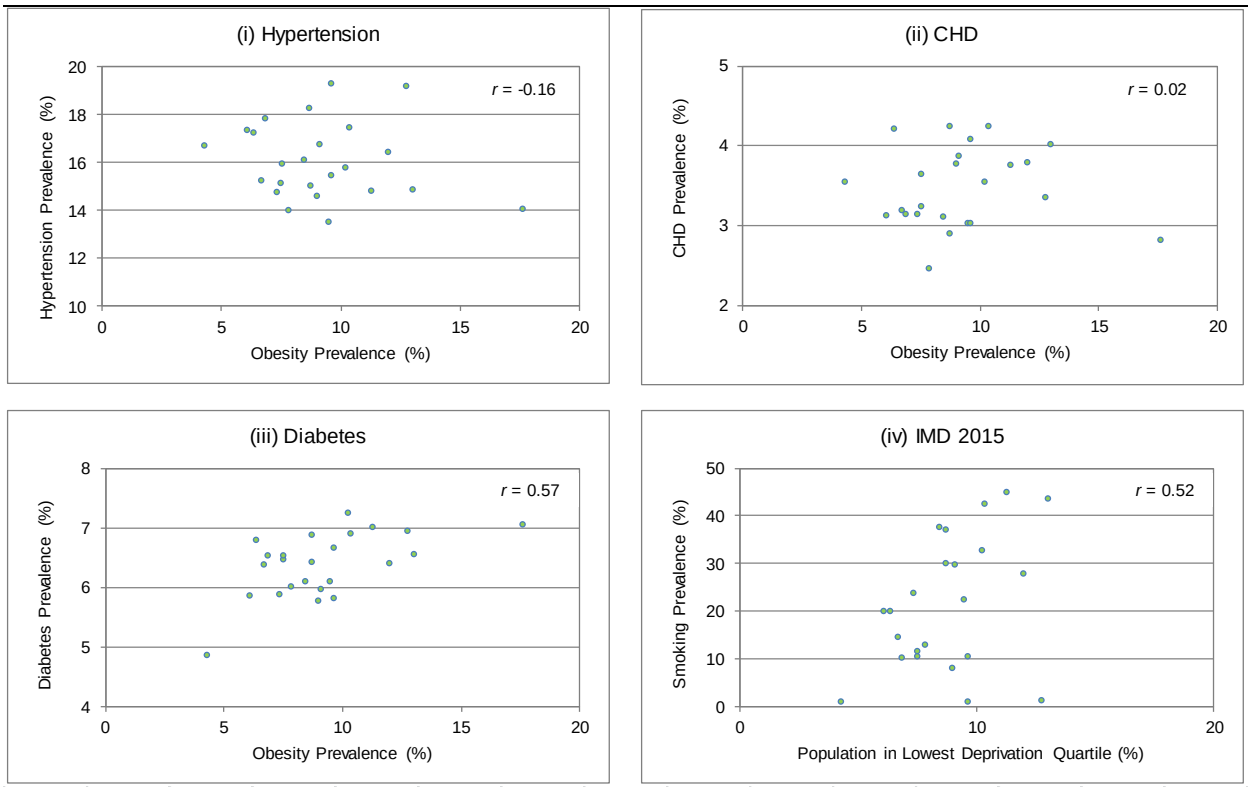


***Figure 73: Prevalence of obesity compared to disease prevalence and deprivation, 2014 – 2015 (r = correlation co-efficient).***




Source: Strategic Intelligence Team, Herefordshire Council

## PHYSICAL ACTIVITY

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon and breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

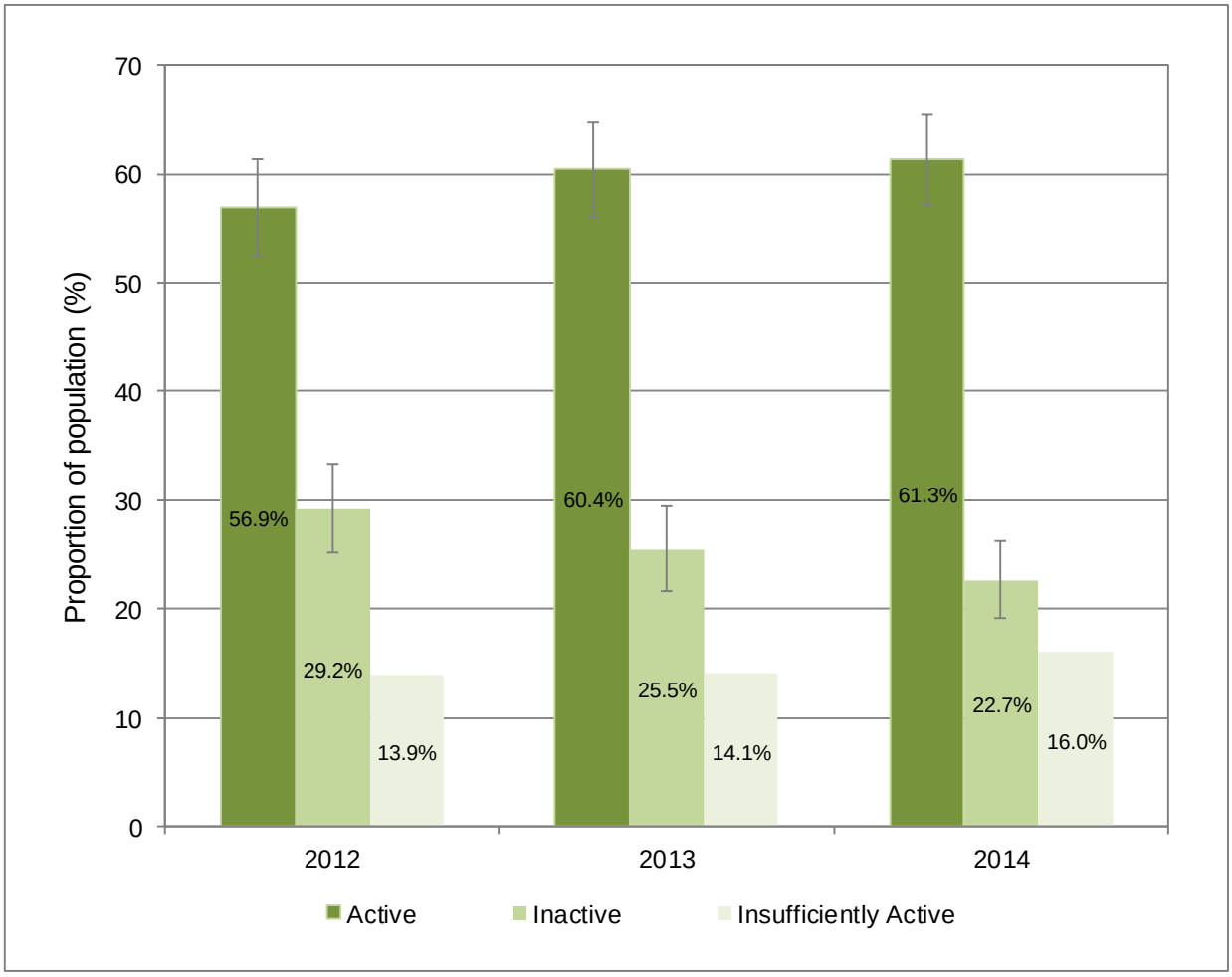
Department of Heath physical activity guidelines recommend that over a week adults should undertake a total of at least 150 minutes of at least moderate physical activity[30]. Moderate activity can be achieved through brisk walking, cycling, gardening and housework, as well as various sports and exercise. Alternately, an adequate level of activity can be achieved over a week by undertaking 75 minutes of vigorous intensity activity such as running, football or swimming. All adults should also aim to improve muscle strength on at least two days a week and minimise sedentary activities.

Sport England commissions the Active Peoples Survey (APS) which provides a comprehensive measure of participation in sport and recreation in England. The main measure is based on the percentage of

[30] Physical activity guidelines for adults (19-64): Factsheet 4. Department of Health, 2011. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931

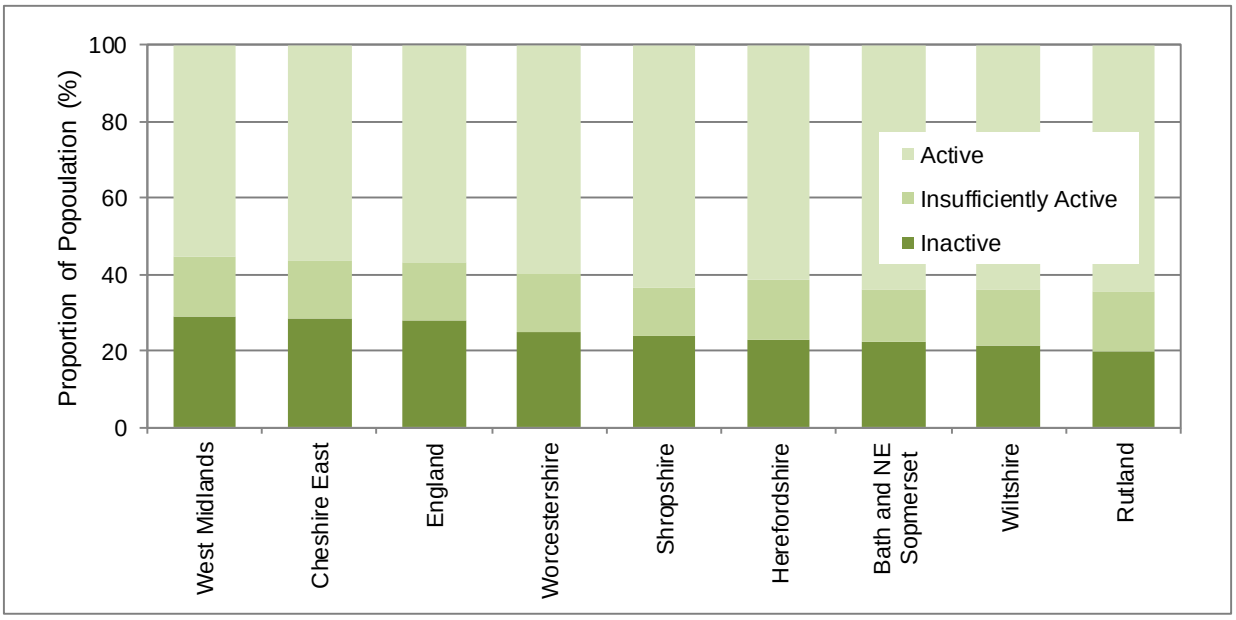
adults playing at least 30 minutes of sport at a moderate intensity on at least four days in the last 28 days (equivalent to 30 minutes on one or more day a week) with the resulting categories: active, insufficiently active and inactive. Between 2012 and 2014 the level of activity increased across Herefordshire from 56.9% to 61.3%, while the level of inactivity fell from 29.2% to 22.7%, although the level of insufficiently active increased from 13.9% to 16.0% (Figure 74). When compared to comparator counties and unitary authorities the level of inactivity in Herefordshire is less than the average for the group, while activity levels are higher than the group average (Figure 75).

***Figure 74: Proportion of population of Herefordshire classed as active or inactive according to Active People Survey, 2012 – 2014.***




Source: Active People Survey, Sport England

***Figure 75: Activity profile of Herefordshire, nationally, regionally and in comparator counties and unitary authorities, 2012 – 2014.***



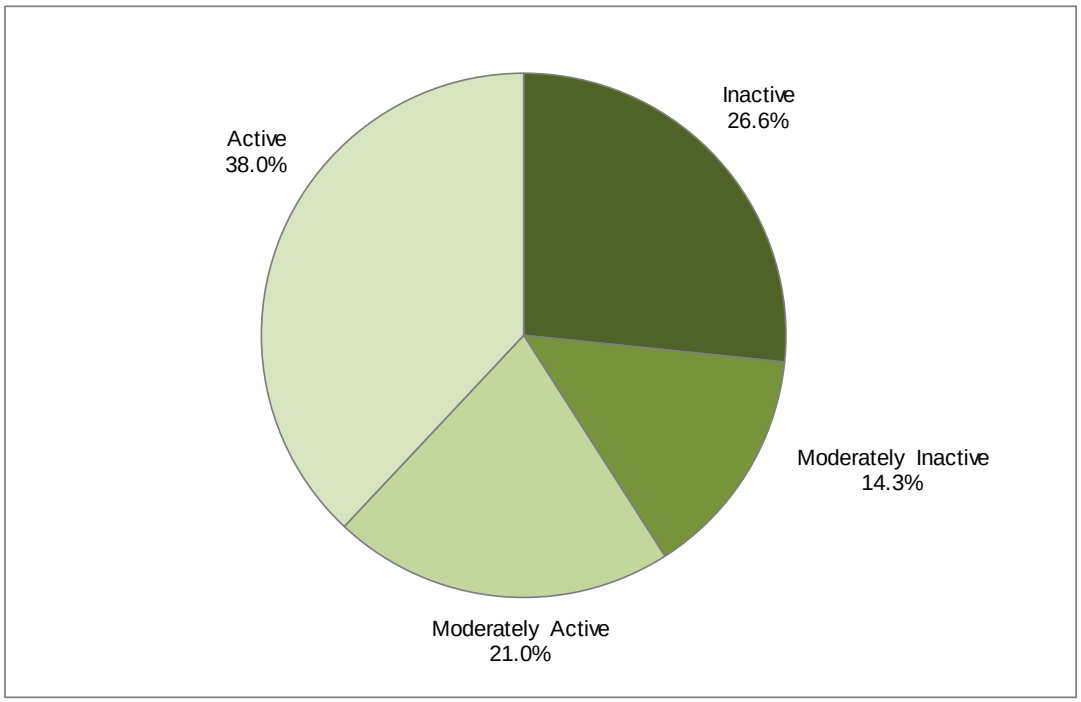

Source: Active People Survey, Sport England

As part of the Health Check Programme patients are assessed for levels of activity by means of the general practice physical activity questionnaire. The questionnaire is a validated screening tool employed in primary care and provides a simple, four level Physical Activity Index (PAI) categorising patients as:

- Inactive: sedentary job and no physical exercise or cycling;
- Moderately inactive: sedentary job and some but <1 hour physical exercise and / or cycling per week or standing job and no physical exercise or cycling;
- Moderately active: sedentary job and 1-2.9 hours physical exercise and / or cycling per week or standing job and some but <1 hour physical exercise and / or cycling per week or physical job and no physical exercise or cycling;
- Active: sedentary job and ≥3 hours physical exercise and / or cycling per week or standing job and 1-2.9 hours physical exercise and/or cycling per week or physical job and some but <1 hour physical exercise and / or cycling per week or heavy manual job.

Among participants in Health Check Programme across Herefordshire in 2014/15 38% of individuals were classified as 'active', 27% as 'inactive', while 21 and 14% were classified as 'moderately active' and 'moderately inactive' respectively (Figure 76). On the basis of the findings of Health Check Programme, there are more Herefordshire residents who are being physically active than inactive.

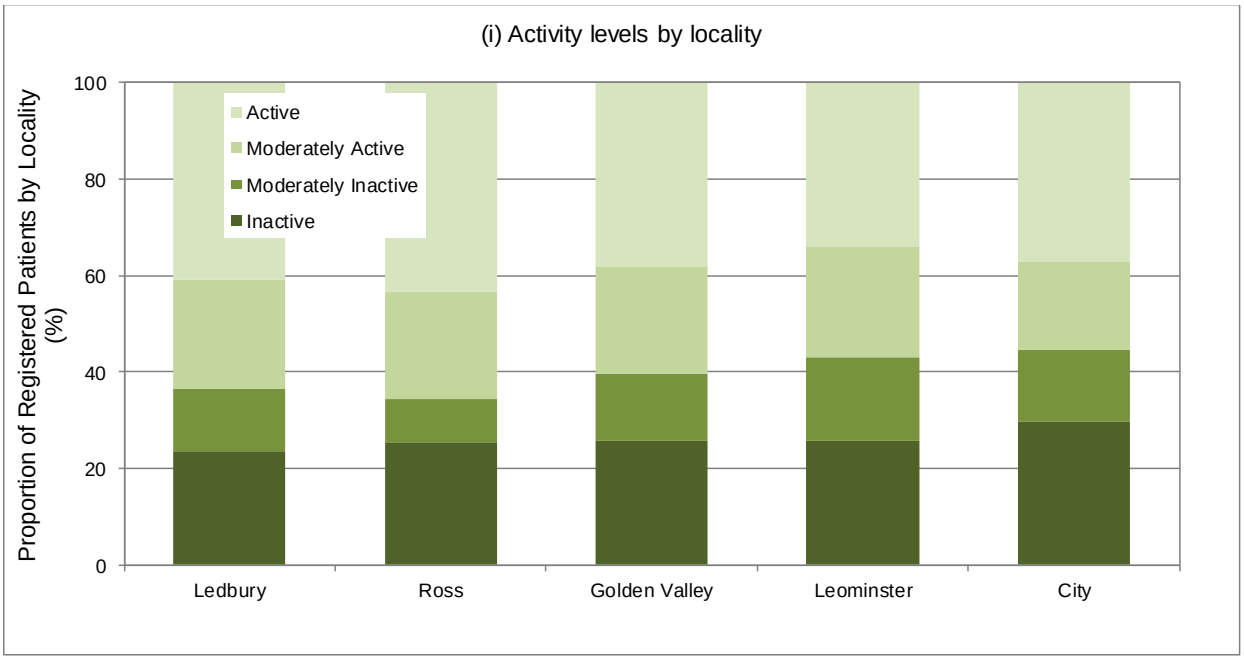
***Figure 76: Proportion of population of Herefordshire classed as active, moderately active, moderately inactive or inactive, 2014/15.***

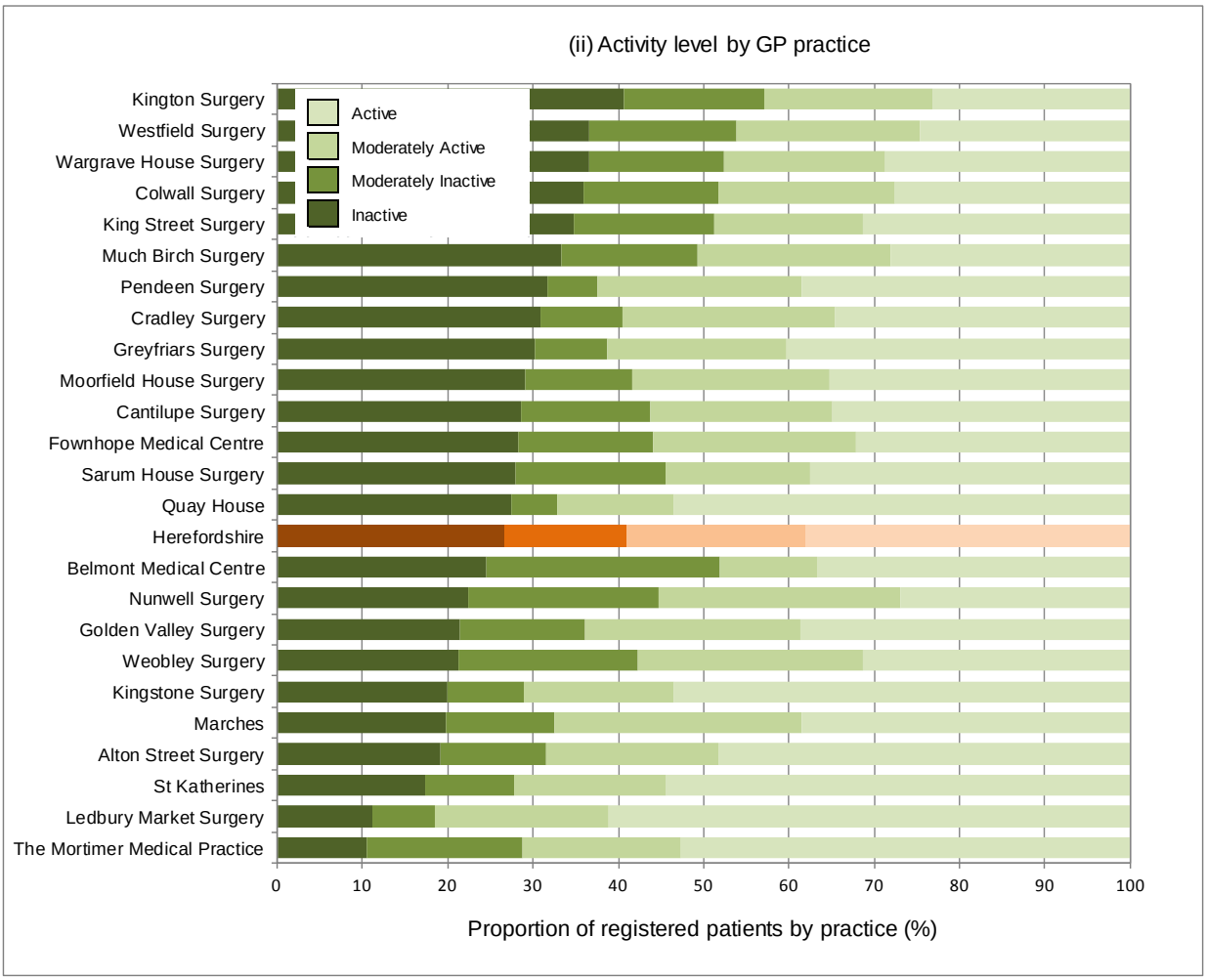



Source: GPPAQ

A wide variability in the prevalence of active individuals was evident between GP practices throughout Herefordshire with a range of between 25% in Westfield surgery in Leominster to 61% at Ledbury Market Surgery (Figure 77). The range for inactive individuals ranges from 10% in the Mortimer Medical Practice in Kingsland to 41% at Kington.

***Figure 77: Distribution of activity levels across Herefordshire by practice, 2014/15.***



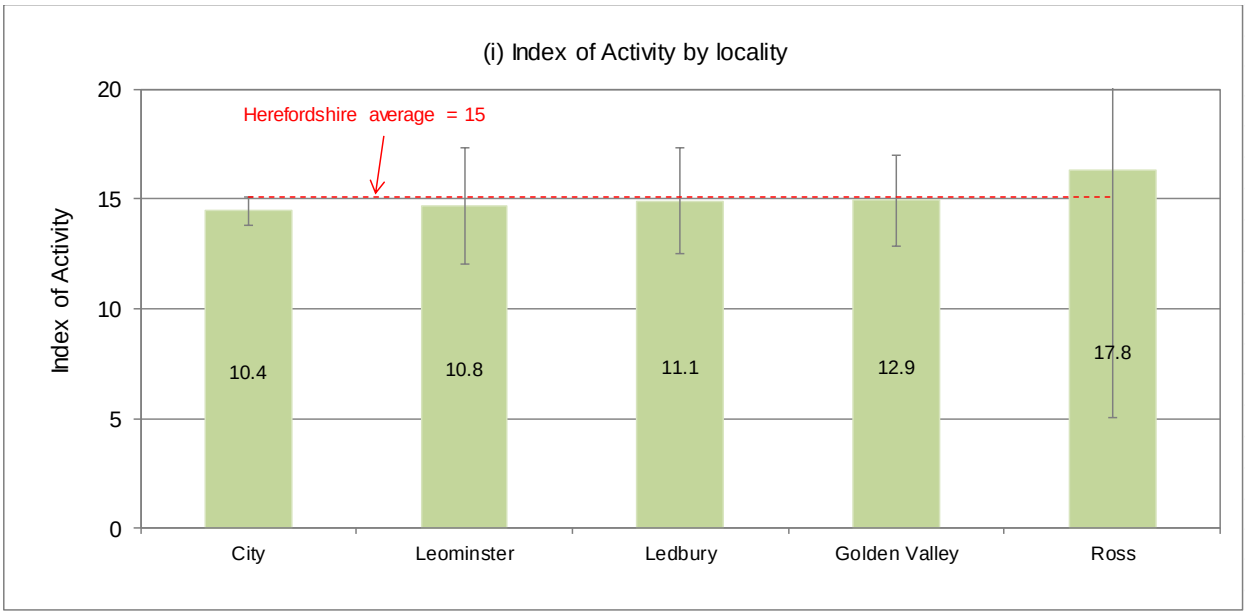



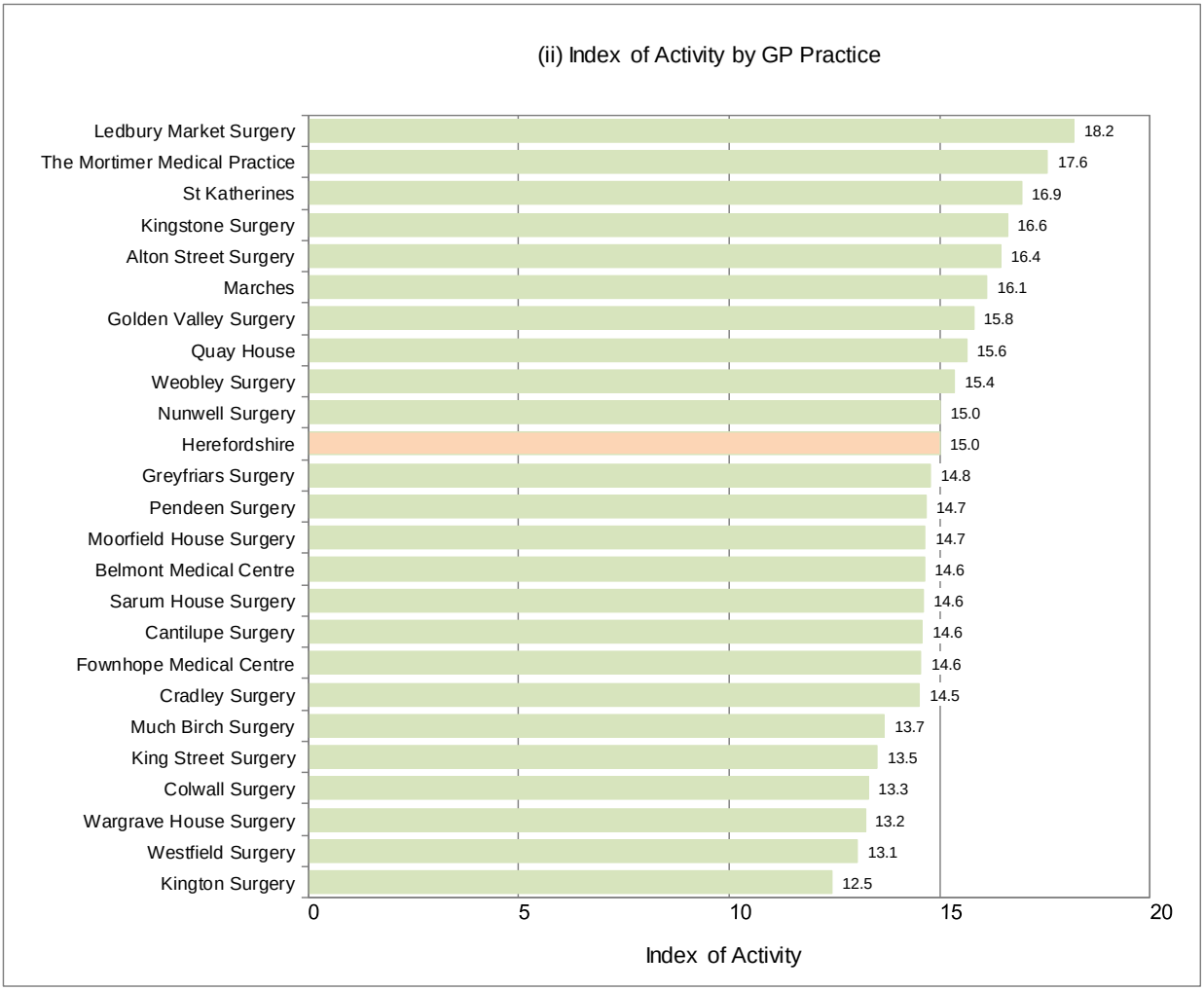

Source: GPPAQ

As an integrated measure of activity an index of activity was calculated for each practice. The index was calculated first by standardising the prevalence of each activity category in each practice to the category means for the county as a whole. The resulting data were than multiplied by a co-efficient factor which increased geometrically from 1 for inactive, 2 for moderately inactive, 4 for moderately active and 8 for active. The resulting products were then summed for each practice to give a figure for the index of activity, with higher values indicating higher levels of activity. The resulting values for the index ranged between 12.5 at Kington to 18.2 at Ledbury Market Street with values at 10 out of 24 practices being higher than the county level (Figure 78). There was no clear spatial pattern in the distribution of high or low values of the index at practices and when examined at the locality level there was no significant difference between the mean values for each locality.

The relationship between levels of activity and obesity is well understood and when looking at the level of activity some correlation was evident between obesity and an inactive lifestyle ($r$ = 0.19) and an active lifestyle ($r$ = -0.29). This gives an indication that where individuals are active prevalence of obesity is lower, which can have implications for other conditions such as cardiovascular diseases, hypertension (high blood pressure) and type 2 diabetes.

***Figure 78: Index of Activity across Herefordshire, 2014/15.***



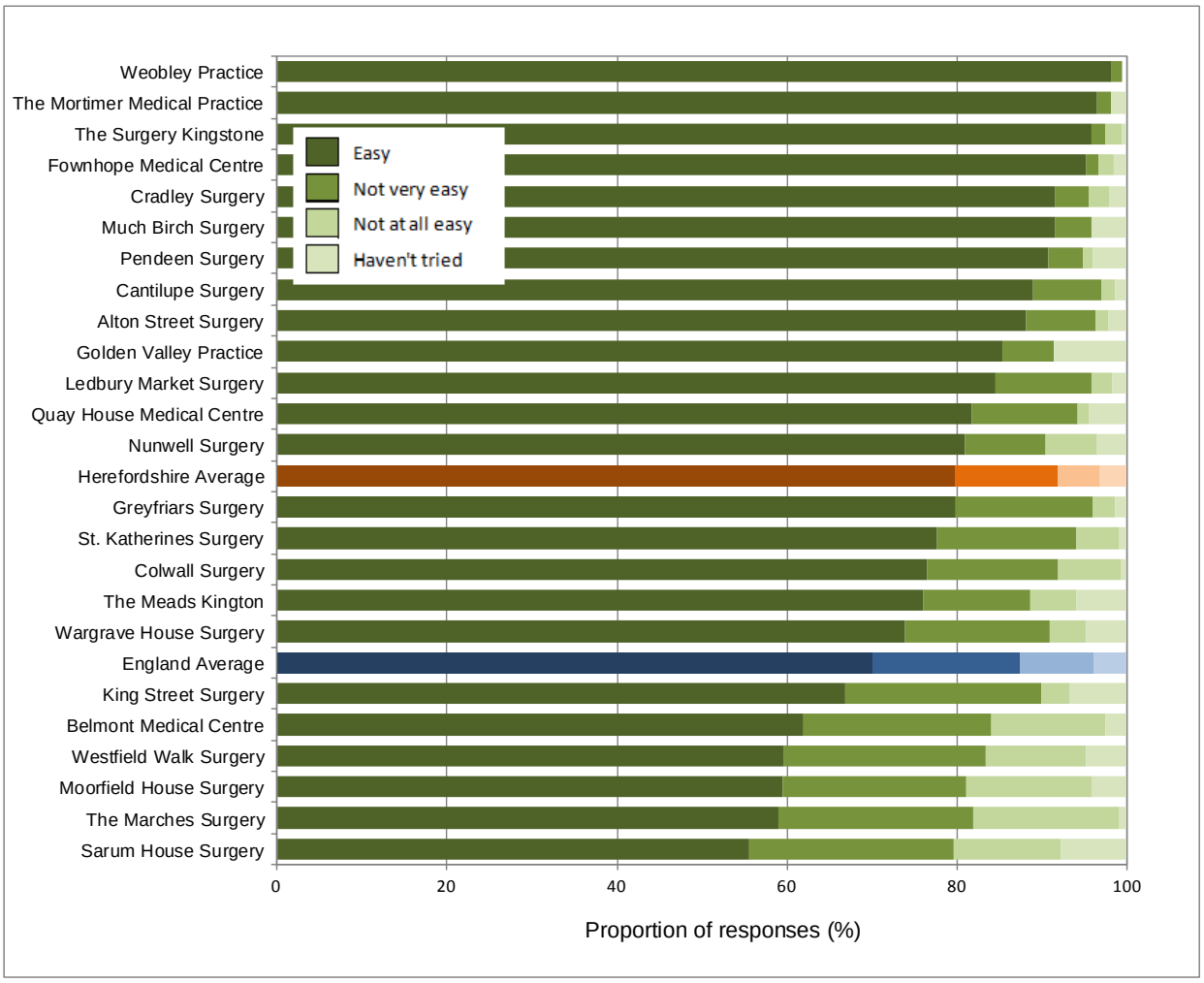

Source: Strategic Intelligence Team, Herefordshire Council

## OBJECTIVE 5 – ACCESS TO GP SERVICES, TIMES AND PATIENT EXPERIENCE

As part of the GP Patient Survey patients were asked to provide responses describing their experience of the service provided by the practice. In 2015/16 a total of 2,836 individuals across Herefordshire completed the survey forms which represented 53% of all forms distributed compared to 39% return rate recorded nationally

Across Herefordshire practices the proportion of respondents who considered that it was easy to get through to their GP practice varied between 56% at Sarum House in Hereford to 98% at Weobley (Figure 79). The Hereford average for easy telephone access was 80% compared to the national proportion of 70%. Six Herefordshire practices returned a rate below the national level, all of which had urban locations, including four from Hereford.

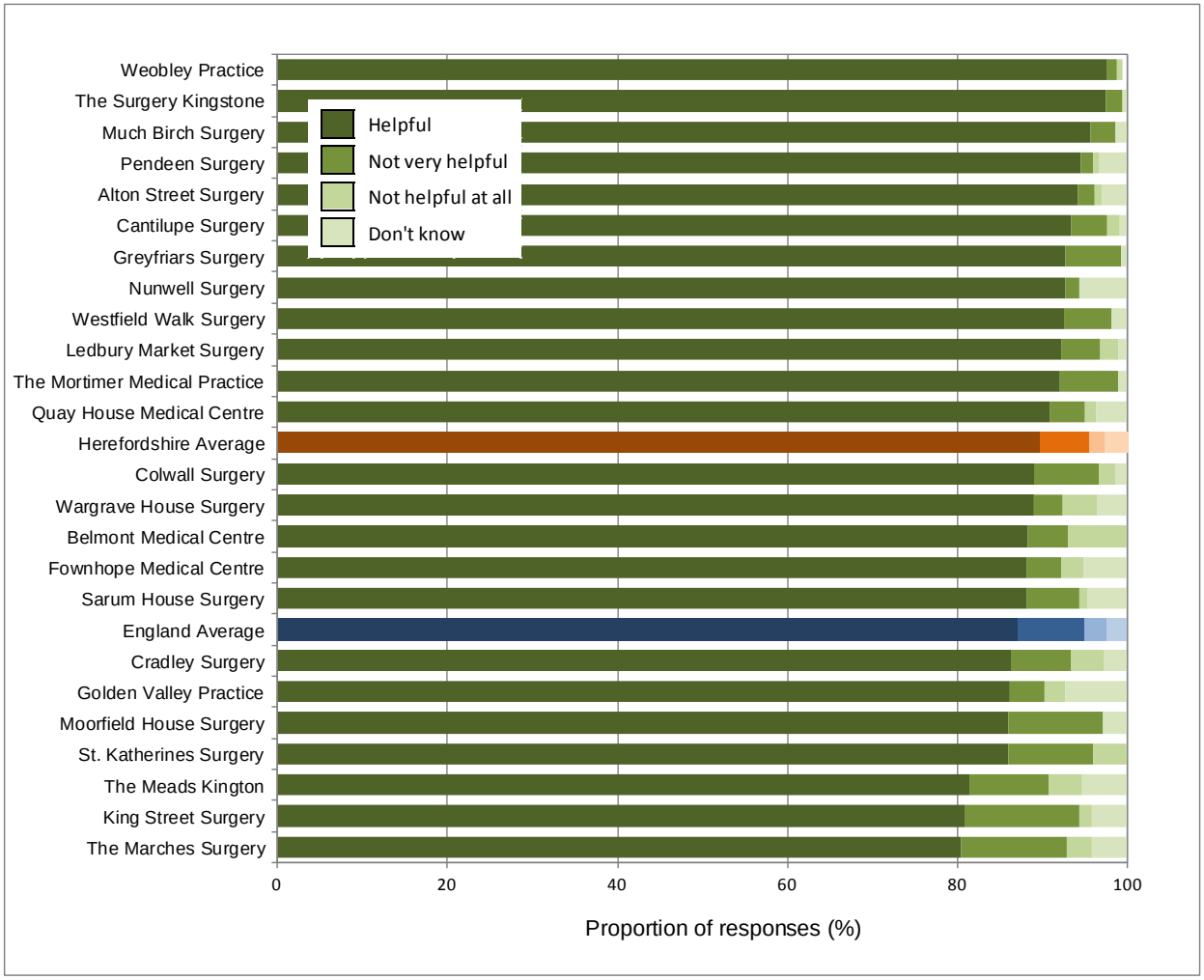
***Figure 79: Ease of getting through to GP surgeries on the telephone, 2015/16.***




Source: GP Patient Survey

The reception staff at each practice were considered as helpful by at least 80% of respondents with the lowest recorded at The Marches surgery in Leominster and the highest of 98% at Weobley (Figure 80). The average proportion of respondents who considered reception staff to be helpful across Herefordshire was 90% compared to 87% nationally; seven Herefordshire practices recorded proportions lower than the national figure. When looking at the proportion of responses which considered reception staff to be not at all helpful the Herefordshire average was 1.8% compared to 2.7% nationally. At seven practices the proportion of respondents considering reception staff as "not helpful at all" was higher than the national figure, with the highest (6.9%) recorded at Belmont; of these seven practices the proportions at four considering reception staff as helpful were below the national figure (St. Katherines, Cradley, Kington and the Marches. No respondents considered reception staff to be no help at all at seven practices

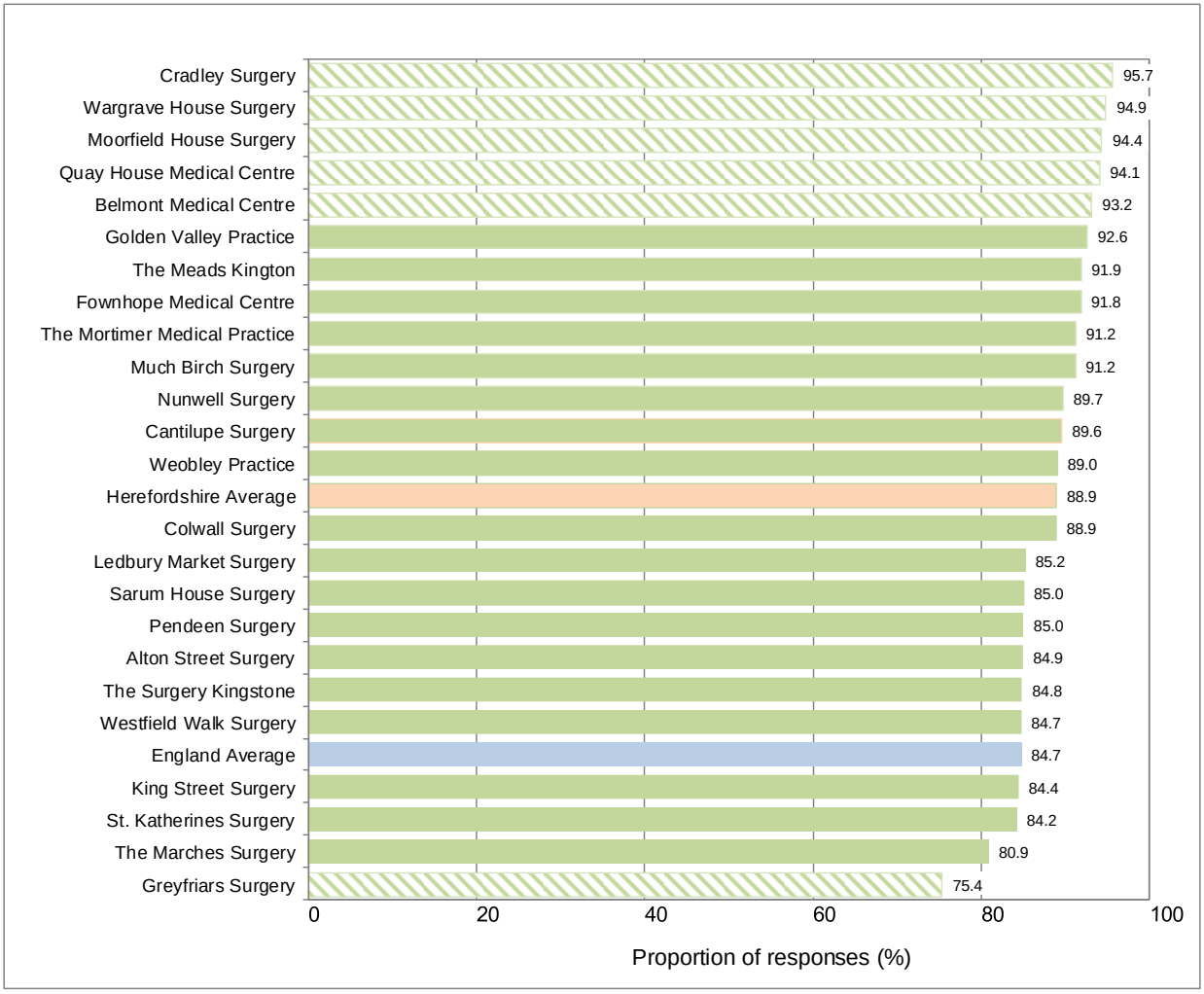
***Figure 80: Helpfulness of surgery reception staff, 2015/16.***




Source: GP Patient Survey

The proportion of respondents able to make an appointment, either face to face or over the telephone, varied across Herefordshire practices from 75% at Greyfriars in Hereford to 96% at Cradley (Figure 81). The Herefordshire average was 89% which was not significantly higher than the national rate of 85%. Five Herefordshire practices (Cradley, Wargrave House, Moorfield House, Quay House and Belmont) reported proportions significantly higher than the national level, while one practice (Greyfriars) returned a proportion significantly lower than the national level.

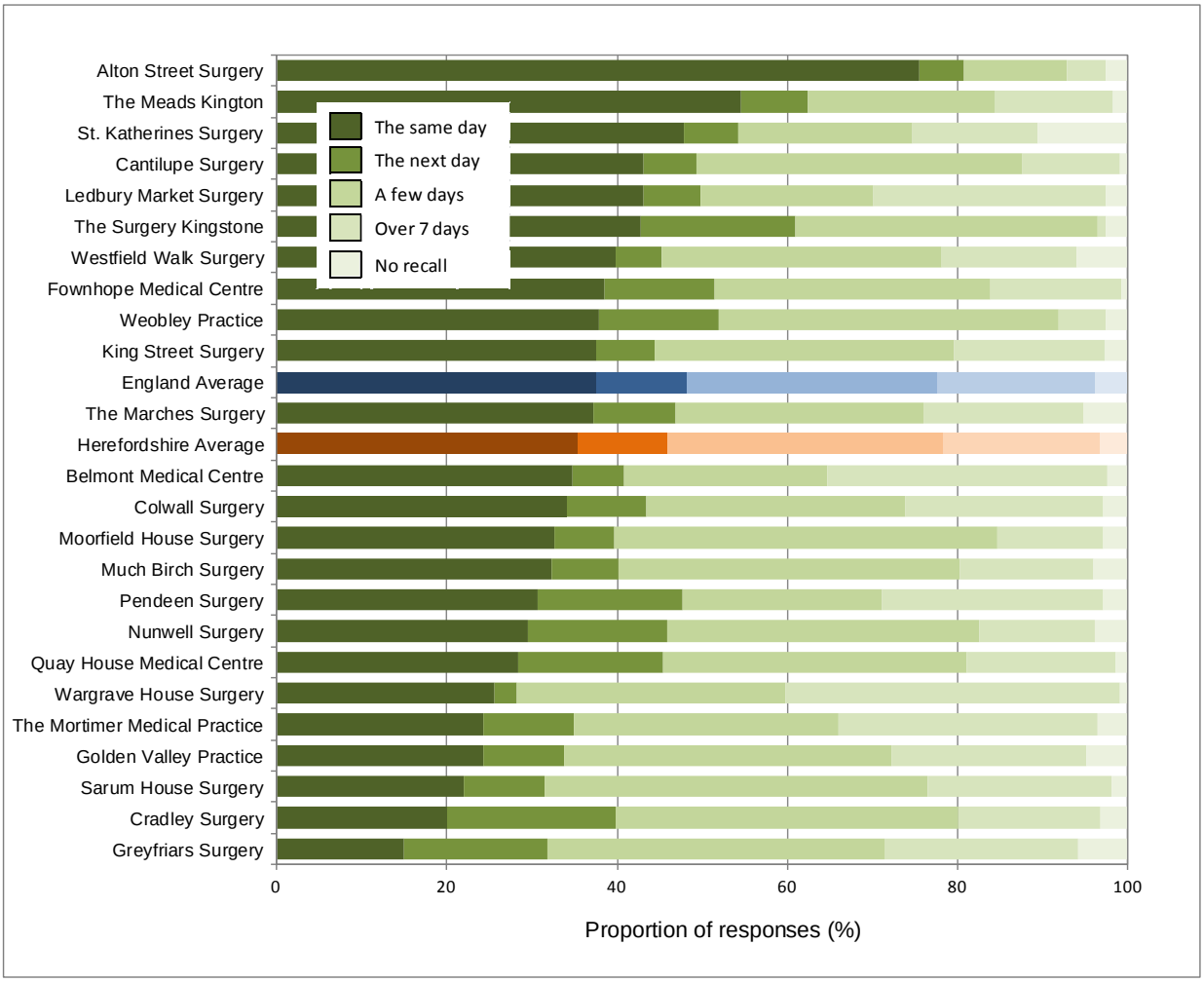
***Figure 81: Proportion of respondents able to get an appointment to see or speak to someone at Herefordshire GP practices, 2015-16. (shaded bars = significantly different from England proportion)***




Source: GP Patient Survey

There was considerable variability in waiting times for appointments, both across Herefordshire and within each practice. At Alton Street Surgery in Ross over 75% of appointments were for the same day they were made, while at Greyfriars in Hereford only 15% of appointments occurred on the same day as booking (Figure 82). For Herefordshire as a whole the average proportion of same day booking/ appointment was 35% compared to the national figure of 38%. For Herefordshire as a whole 46% patients were seen within 2 days with the lowest (28%) and highest (81%) again recorded at Greyfriars and Alton Street respectively. At Kingstone over 96% of appointments occurred within 1 week of booking, although this figure falls appreciably to a minimum of 60% at Wargrave House; the Herefordshire and national figures for appointments timed within 1 week of booking were both 78%.

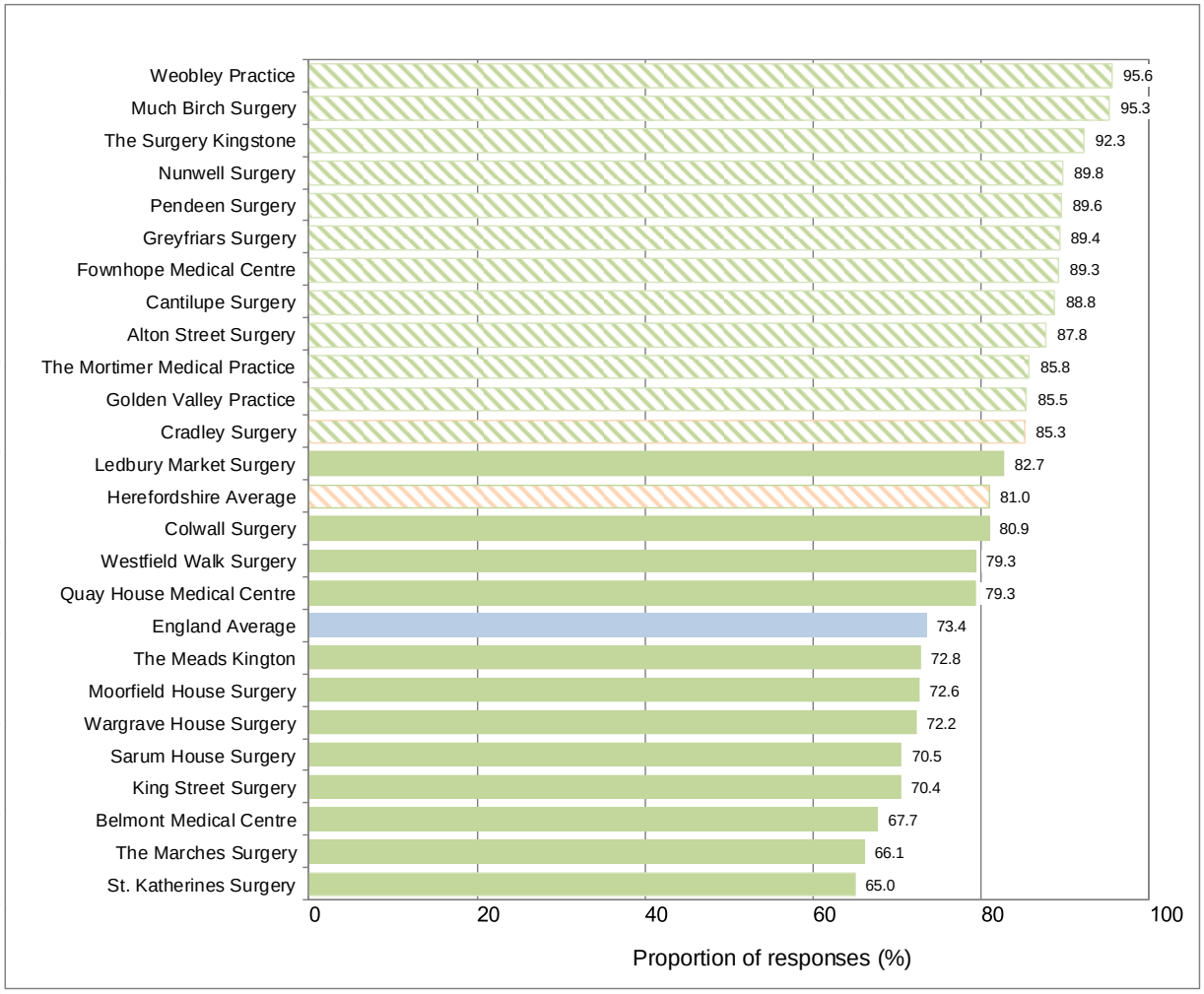
***Figure 82: Waiting time for appointment in Herefordshire GOP practices, 2015/16.***




Source: GP Patient Survey

Overall, throughout Herefordshire, 81% of respondents to the GP Survey in 2015/16 considered that their experience of making an appointment at the GP practice was good, which was significantly higher than the national figure of 73% (Figure 83). The rate reported at Herefordshire practices ranged between 65% at St. Katherines in Ledbury and 96% at Weobley, with 12 out of the 24 practices reporting figures significantly higher than the national figure; no practice returned a figure significantly below the national level.

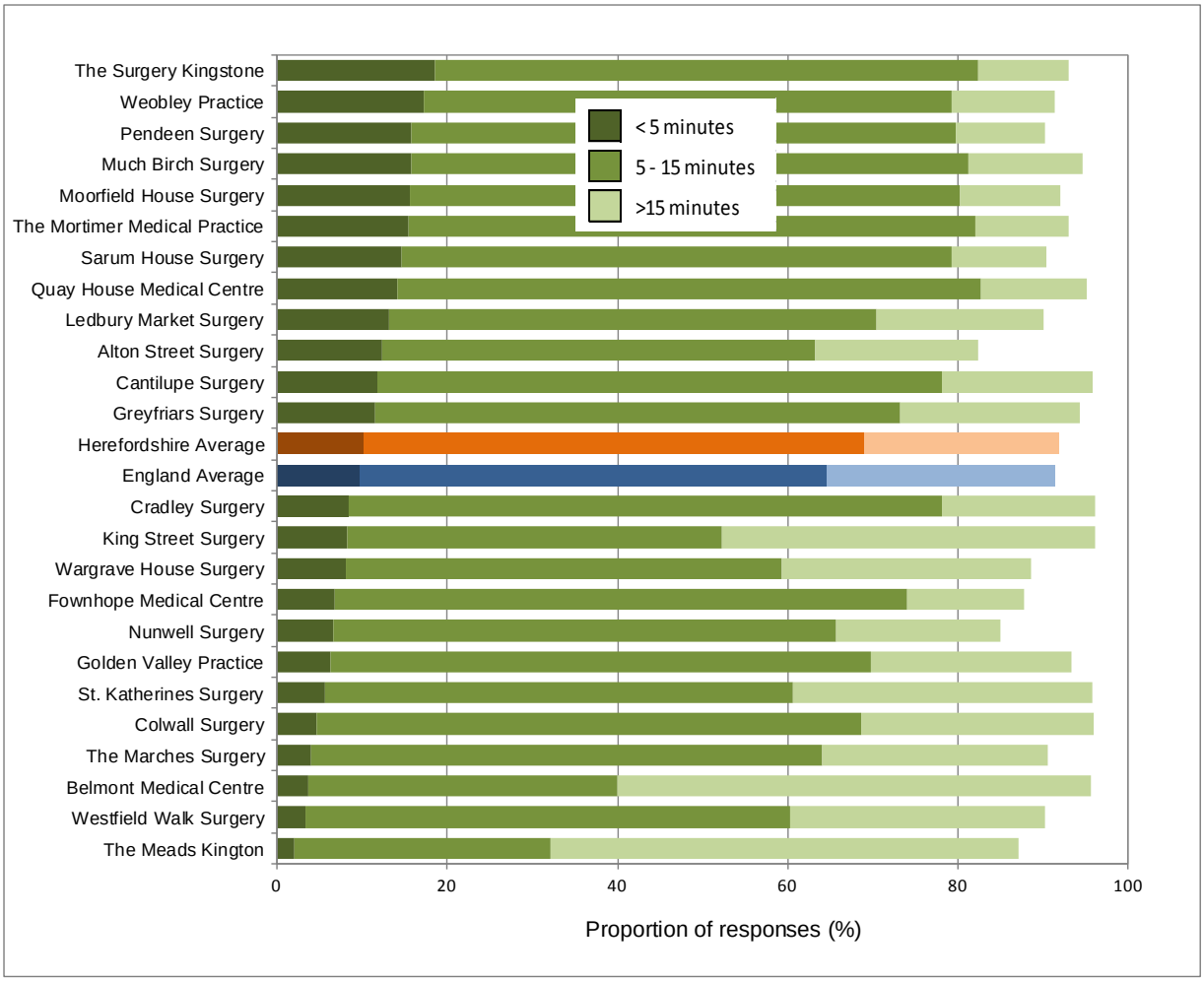
***Figure 83: Proportion of respondents who reported the experience of making an appointment at Herefordshire GP practices as good, 2015-16. (shaded bars = significantly different from England proportion)***




Source: GP Patient Survey

The proportion of patients waiting at the surgery for less than five minutes for their appointment varied from 2.1% at Kington to 18.5% at Kingstone (Figure 84). The proportion for Herefordshire overall was 10.2% compared with the national figure of 9.7%. At 20 out of 24 practices over 60% of patients are seen within 15 minutes, of which five practices (Quay House, Kingstone, Mortimer, Much Birch and Moorfield House) report that over 80% of patients are seen within 15 minutes. Less than 50% of patients are seen within 15 minutes at Belmont and Kington which reported figures of 40% and 32% respectively.

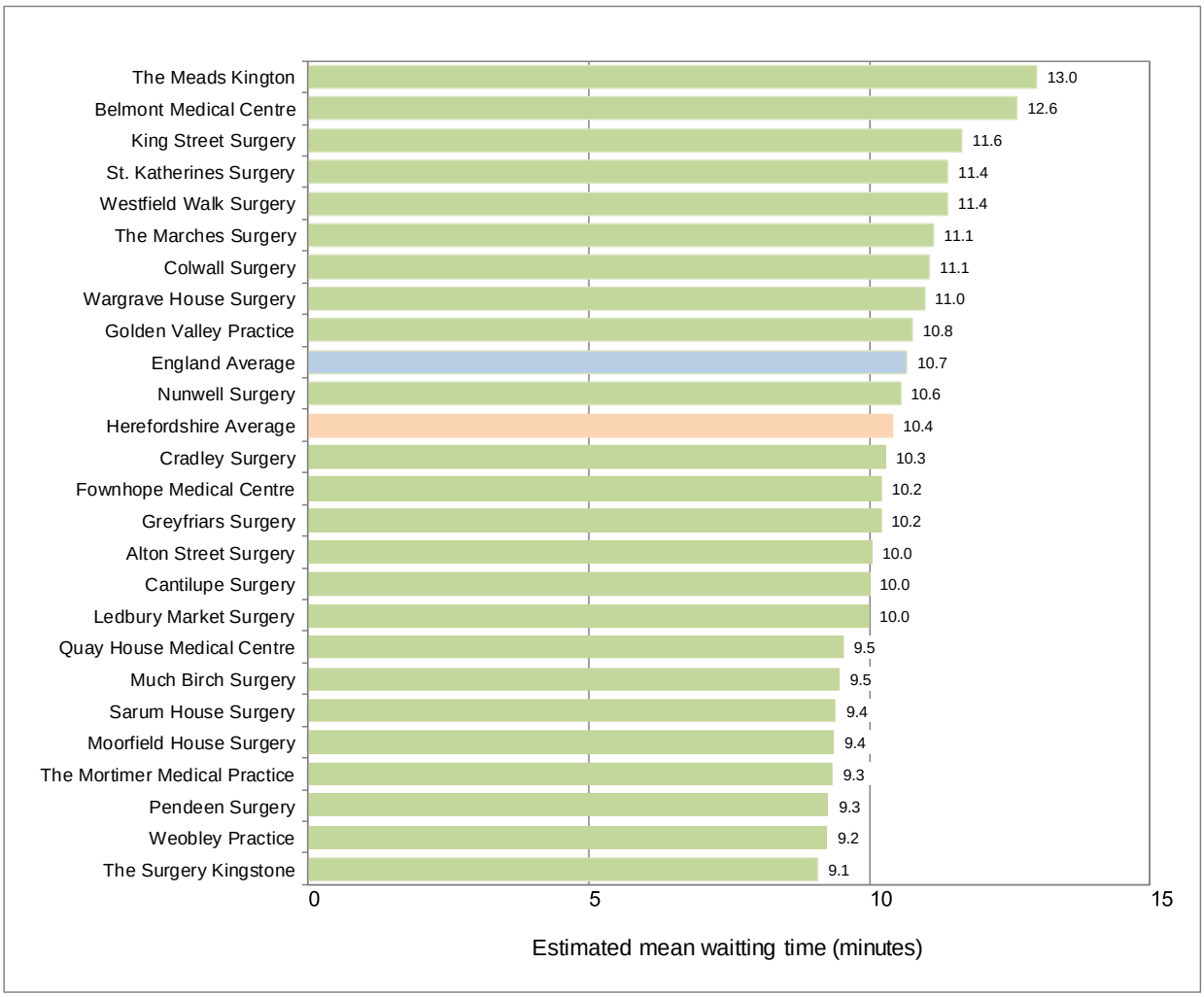
***Figure 84: Waiting times at surgery prior to appointment at Herefordshire GP practices, 2015-16.***




Source: GP Patient Survey

The mean individual waiting time was estimated for each practice. This was calculated by applying a factor to each of the proportions within the three time categories: 2.5 for less than five minutes, 10 for between five and 10 minutes and 15 for over 15 minutes. For each practice the resulting products were then added together and divided by the sum of the proportion of patients within each time category. The highest estimated individual waiting times ranged between 9.1 minutes at Kingstone to 13.0 minutes at Kington (Figure 85). The Herefordshire average was 10.4 minutes compared to the national figure of 10.7 minutes; nine practices returned average waiting times longer than the national figure.

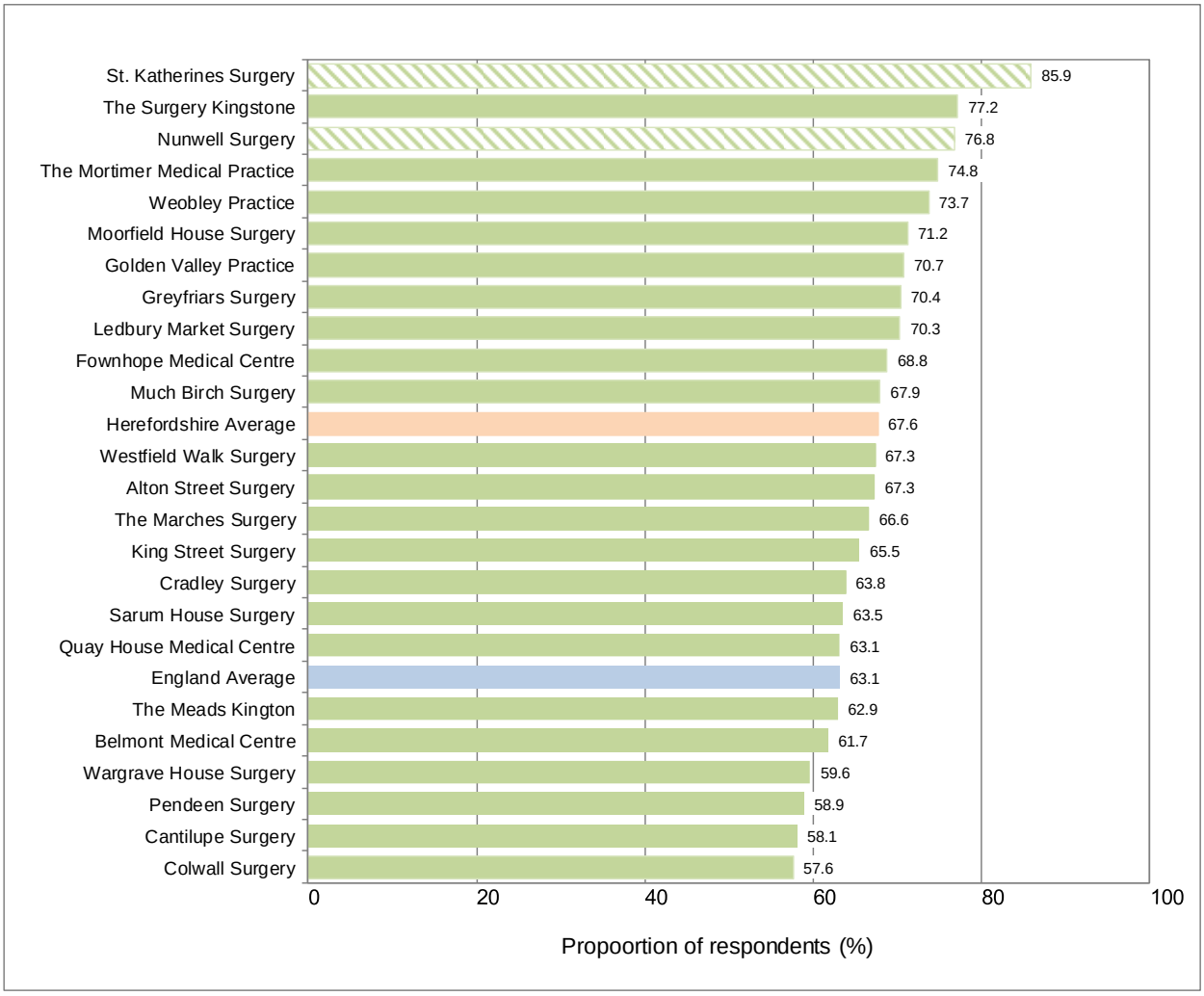
***Figure 85: Estimated mean individual waiting times at surgery prior to appointment at Herefordshire GP practices, 2015-16.***




Source: Strategic Intelligence Team, Herefordshire Council

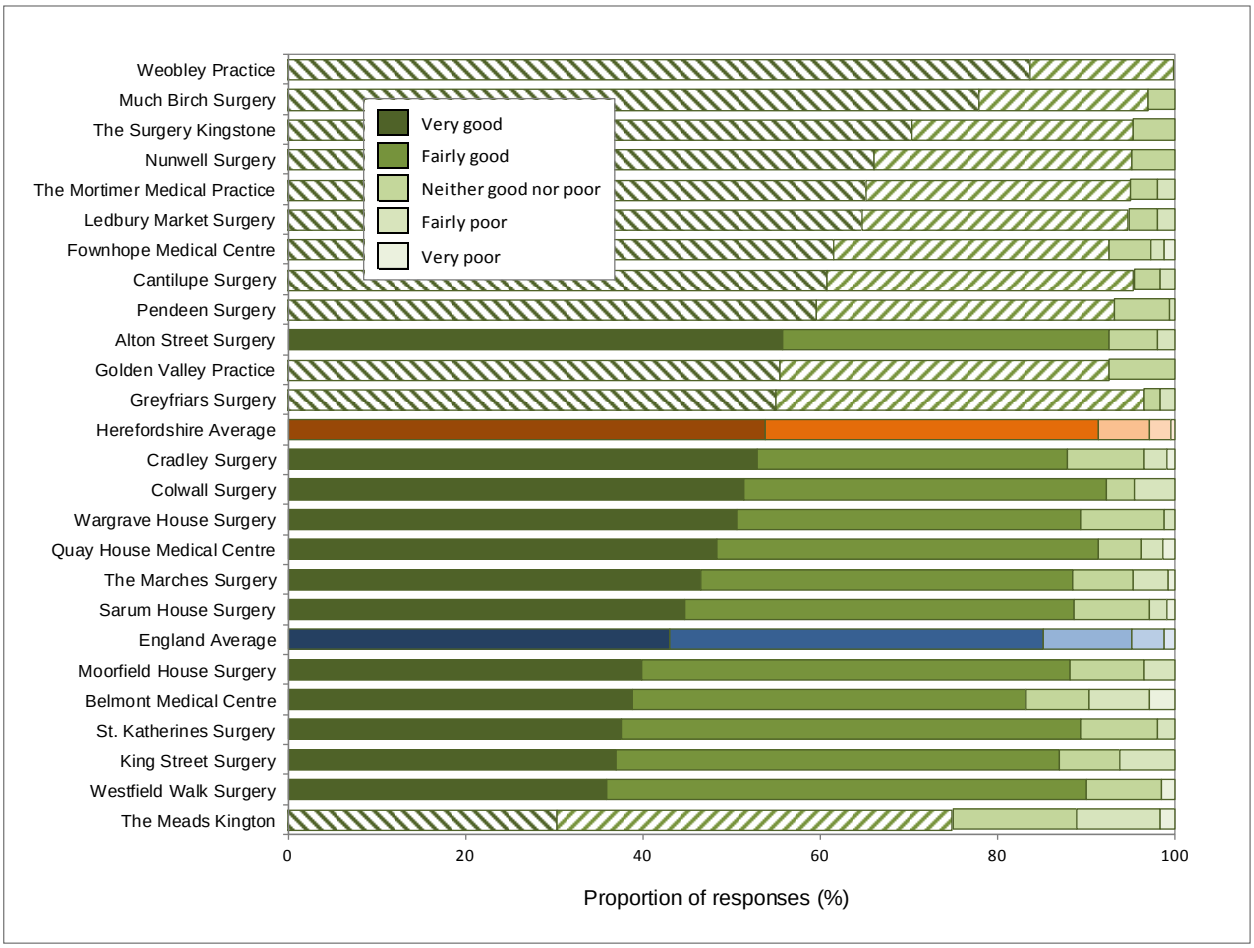
Patients with long term conditions require support from various local services and/or organisations to help manage their long-term health. The GP patient survey asked individual with long term conditions whether the level of support they receive supports their confidence to manage their own long term health. Of the respondents with long term conditions the highest proportion in Herefordshire GP practices of 86% was recorded at St. Katherines in Ledbury, while the lowest was at Colwall with 58% (Figure 86). The Herefordshire figure was 68% compared to the national proportion of 63%. In total 18 Herefordshire practices recorded proportions higher than the national figure, although only two (St Katherines and Nunwell in Bromyard) were significantly higher.

***Figure 86: Respondents with long term condition who think that they have enough support to help manage long-term health condition(s) at Herefordshire GP practices, 2015-16.***



The overall patient experience of their practice was assessed with the level of satisfaction divided in to five categories ranging from very good to very poor. Across Hereford as a whole 54% of respondents graded their practice as very good, compared to 43% nationally (Figure 87). At individual practices the highest proportion considering their practice as very good was recorded at Weobley (84%), while the lowest (30%) was recorded at Kington. However, when combining the very good and fairly good categories all practices achieved 75% or over, with 15 practices scoring 90% or more (Weobley reported 100%); the figure for Herefordshire as a whole was 91% compared to 85% nationally. Across Herefordshire six practices (Kington, Westfield Walk, King Street, St Katherines, Belmont and Moorfield House) reported lower proportions of respondents considering their practice as very good compared to the national figure. When considering the combined good data the proportions recorded at 11 practices were significantly higher than the national figure, while only the proportion at Kington being significantly lower.

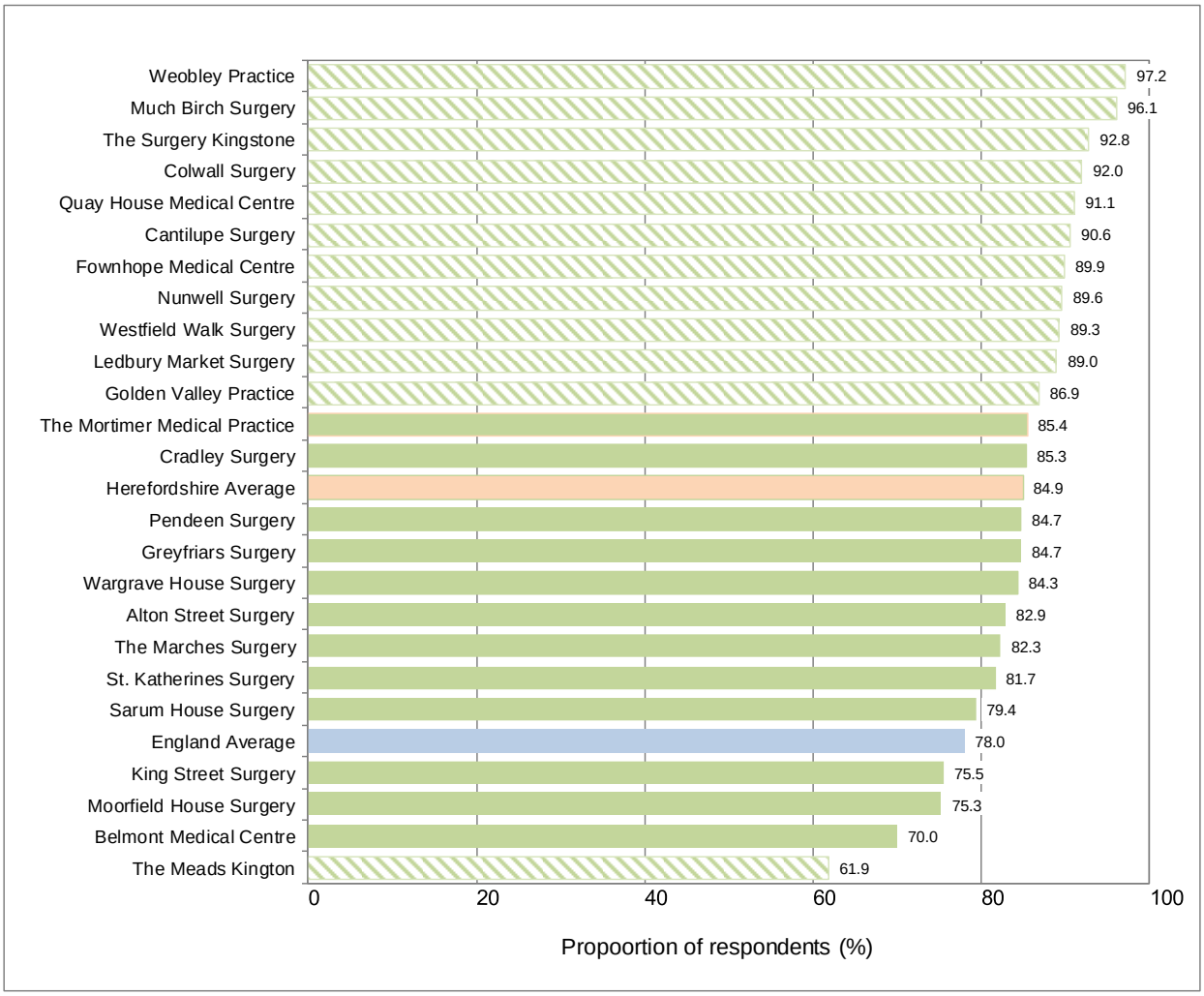
***Figure 87: Overall patient experience of GP practices in Herefordshire, 2015-16. (shaded bars = significantly different from England proportion in relation to combined good categories)***




Source: GP Patient Survey

As part of the GP patient survey individuals were asked whether or not they would recommend their GP practice to someone who has recently moved to the local area. The proportion of respondents in each practice who answered that they would recommend their practice ranged from 62% at Kington to 97% at Weobley with five other practices (Much Birch, Kingstone, Colwall, Quay House and Cantilupe) with over 90% of respondents who would recommend their practice (Figure 88). Across Herefordshire as a whole the proportion was 85%, while nationally the figure was 78%, with only four Herefordshire practices (Kington, Belmont, Moorfield House and King Street) returning proportions lower than the national figure. Eleven practices had proportions of positive responses significantly higher than the national figure, while only the proportion at Kington was significantly lower.

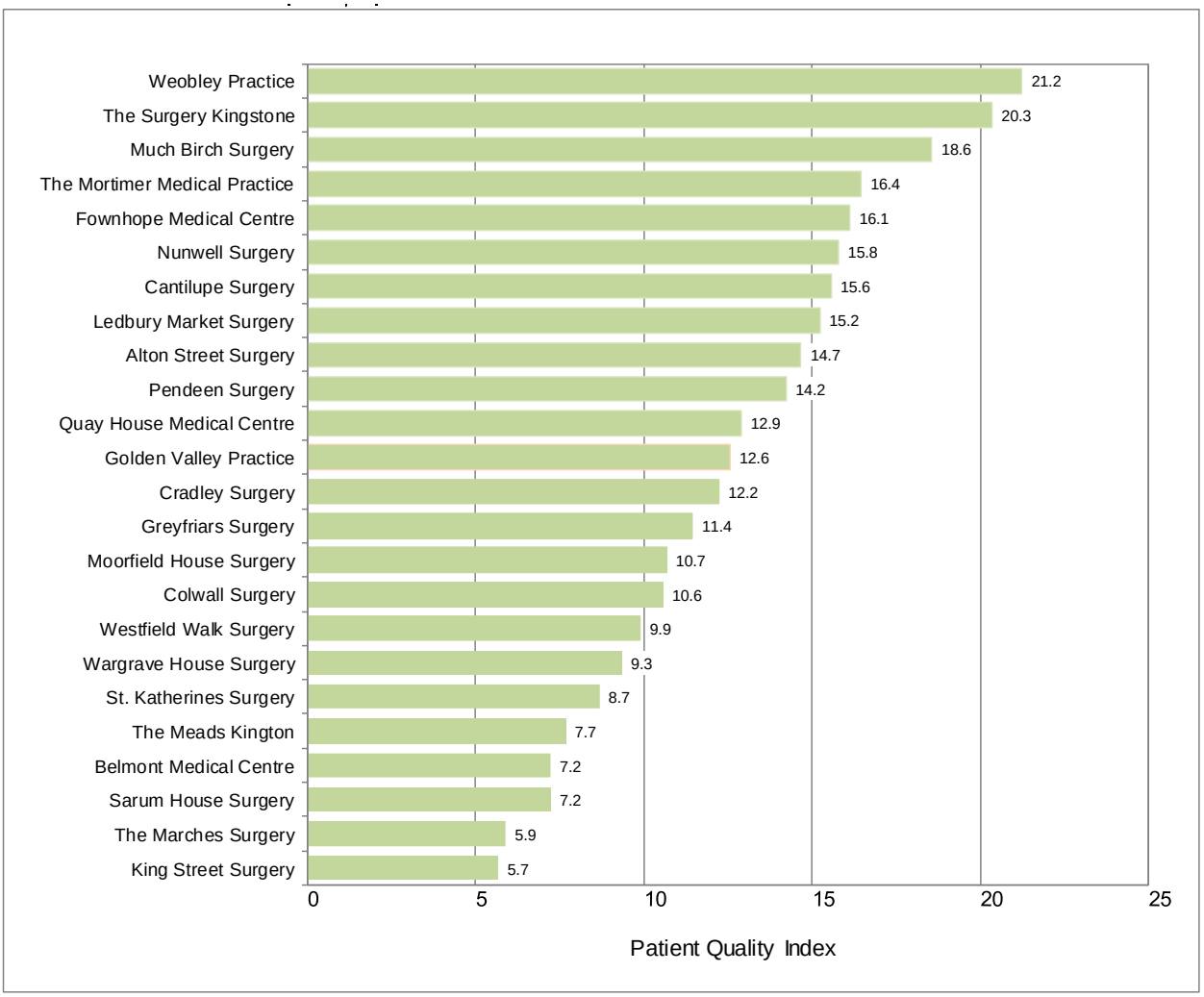
***Figure 88: Proportion of GP survey respondents who would recommend Herefordshire GP practices to others, 2015-16. (shaded bars = significantly different from England proportion)***




Source: GP Patient Survey

The above assessment of the patient experience has been integrated in to a single measure – the Patient Quality Index (PQI). This was calculated initially by applying a rank to the values returned for each practice in the metrics above with a rank of 1 applied to the worst performing practice as perceived by patients increasing to 24 for the best. For each practice the rank for all metrics were summed and the total divided by 9 i.e. the number of metrics considered. The resulting figure represents the PQI for which possible values can range between 1 and 24 which correlate to poor and good perceived quality respectively. The resulting PQI values for Herefordshire practices ranged between 5.7 at King Street in Hereford to 21.2 at Weobley (Figure 89). Weobley scored highly as it was ranked at 20 or above in seven of the metrics including five metrics where the practice was ranked the best. Kingstone and Much Birch practices also scored well with 6 and 4 scores above 20 respectively. Conversely, low values at King Street and The Marches correspond to both practices scoring less than 10 in seven metrics each.

***Figure 89: Patient Quality Index for Herefordshire GP practices, 2015/16.***




Source: Strategic Intelligence Team, Herefordshire Council

## OBJECTIVE 6 - WIDER DETERMINANTS OF HEALTH

### HOUSING

Herefordshire is one of the worst areas within the West Midlands region for housing affordability, where house prices at the lower end of the housing market cost around 8.1 times the annual earnings of the lowest earners. Over the previous decade, Herefordshire's housing affordability has been consistently lower than both the West Midlands and England as a whole. Furthermore, there is a high demand against limited supply. Of the 83,411 residential properties in Herefordshire in May 2015, Council Tax records show that 485 were recorded as being empty.

Across all dwelling sizes, the average rent in Herefordshire (£570 per month) falls just under the mid-way point of all local authorities in England, when ranked in order from lowest to highest – across England (excluding London) average rents range from £395 (Kingston upon Hull) to £1,250 (South Bucks). To add context, the West Midlands region is ranked somewhere in the middle being more expensive than the East Midlands and regions further north, but cheaper than the regions to the south. Within the West Midlands region, Herefordshire is ranked as the third most expensive unitary or shire authority in private rental affordability

By 2031 the population of Herefordshire is predicted to reach between 203,500 and 205,500, an increase of between 9 and 10%. This increase in population will put increased pressure on existing services and infrastructure with the provision of adequate housing being paramount. As part of the Local Plan for Herefordshire the Herefordshire Core Strategy proposes to deliver 16,500 new homes by 2031. This level of new housing development will help to address the current imbalance in the population structure of the county and would be enough to meet demand created by potential population growth over the period, based on both recent demographic trends and economic projections that assume a 10% growth in the number of jobs. Strategic housing allocation sites have been identified around Hereford and the five market towns: Bromyard, Leominster, Ledbury, Ross-on-Wye and Kington and almost a third of all housing will be directed to the rural areas to help to sustain local services, generate new ones and support housing provision for local communities. In addition to the planned developments associated with the towns other smaller housing developments (committed development) are dispersed throughout the county.

Housing affordability is a significant issue in rural Herefordshire, a situation exacerbated by an existing housing mix that is heavily skewed towards higher value properties, together with demand from people moving to rural areas and restricted scope for new house building. As a result, it is recognised that there is a need for market housing priced at a level that can be afforded by local people. On this basis, housing proposals reflect the range that is required for the settlement concerned. In relation to proposals that seek specifically to meet identified local housing needs, those proposed developments must be based on appropriate, compelling evidence of how the proposal meets that need. Consequently, an appropriate mix of housing will be provided, informed by the most up to date Local Housing Market Assessment so that the needs of all sections of the community are met including family homes, affordable housing and dwellings for older persons. In relation to affordable housing the proportion of affordable new dwellings across the county will vary from 25% in Leominster to 40% in Ledbury, Bromyard and Ross-on-Wye. In the financial year 2014-15 the Housing Partnerships team provided 159 new affordable exceeding the target of 140. The homes were delivered throughout the county in both rural and market town locations.

A priority for Herefordshire is to enable people to live independently, and become less reliant on adult social care services. However, there is a shortage of mixed tenure housing (e.g. shared ownership), and affordable housing for people who do not own their own homes, or have life limiting conditions.

Herefordshire's Older People's Housing Strategy and Pathway 2015-2031 builds on and updates the research in the Study of the Housing and Support needs of Older People in Herefordshire. The study

found that older people prefer to live independently in their own homes but need practical support and adaptations to their changing needs, such as better access to their property. Developing the service offer to support independent living depends on creating the right housing mix to meet the future needs and demands of an ageing population. Currently there are two mixed tenure extra care housing schemes operating in the county (Hereford and Ledbury).

The distribution of new dwellings across the county will be 6,500 in Hereford, 4,700 in other urban areas (Bromyard, Kington, Ledbury, Leominster, Ross-on-Wye) and 5,300 in rural settlements, indicating that increases in population will occur throughout the county. However, in relation to the provision of primary care the increased pressure is likely to be felt by the providers in and around Hereford and the market towns.

In Hereford there are three primary sites identified for new housing: Three Elms, Holmer West and Lower Bullingham (Figure 90). Based on the average household size for Herefordshire of 2.34 persons as given in the 2011 Census an increase of 6,500 new dwellings would result in a concomitant population increase of over 15,000. This represents a proportional increase of 25% of the current Hereford population of 60,000, which, if extrapolated against the present situation of eight city GP practices, indicates a requirement for the provision of two additional practices or the appreciable expansion of existing practices. This will be of particular relevance to Lower Bullingham as Belmont is currently the only city practice located south of the River Wye. Similar situations will be presented in the market towns where the new housing developments are likely to result in increase in population of up to11,000 which represents a proportional increase of 39%. In in rural areas an increase in population of 12,000 is possible, representing a 12% proportional rise, which, when combined with the figures for urban areas indicates an appreciably increased pressure on primary care provision across the county.

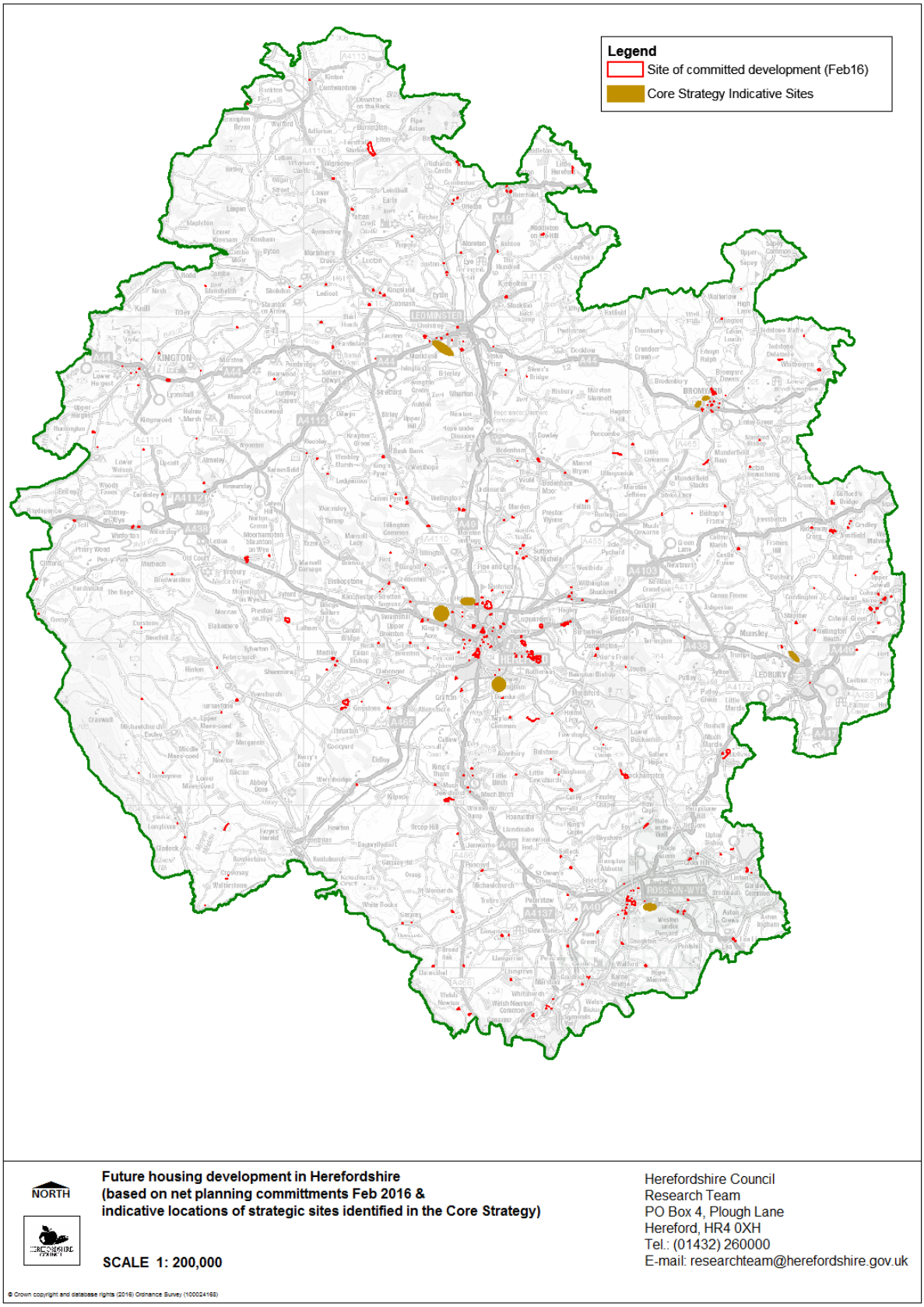
The location and number of proposed new dwellings is given in Table 4 which also indicates the possible associated increase in population, while the locations of proposed sites in Hereford and the market towns are illustrated in Figure 91.

***Table 4: Location of new dwellings and associated population across Herefordshire.***

| Housing Area | Urban | | Rural | |
|---|---|---|---|---|
| | Number of dwellings | Population | Number of dwellings | Population |
| Hereford | 6,500 | 15,200 | 1,870 | 4,400 |
| Leominster | 2,300 | 5,400 | 730 | 1,700 |
| Bromyard | 500 | 1,200 | 364 | 900 |
| Ledbury | 800 | 1,900 | 565 | 1,300 |
| Ross-on-Wye | 900 | 2,100 | 1,150 | 2,700 |
| Kington | 200 | 500 | 200 | 700 |
| Golden Valley | | | 304 | 700 |
| **Total** | **11,200** | **26,300** | **5,300** | **12,400** |

The perceived timescale for the provision of new dwellings is up to 2031 with a stepped rate in construction planned. The stepped target for the first five years of the plan (2011-2016) is for building 600 dwellings per annum (dpa), 850 dpa for years 6-10 (2016-2021), 900 dpa for years 11-15 (2021-2026) and 950 dpa for years 16-20 (2026-2031). This structured plan would mean that the increase in pressure on primary care services would also be gradual, although planning should be undertaken at the earliest opportunity to ensure that the increasing demand does not outstrip health care resources. Within the Core Strategy there is mention made for the provision of health care, although no specific details are given.

***Figure 90: Future housing development in Herefordshire.***




NORTH

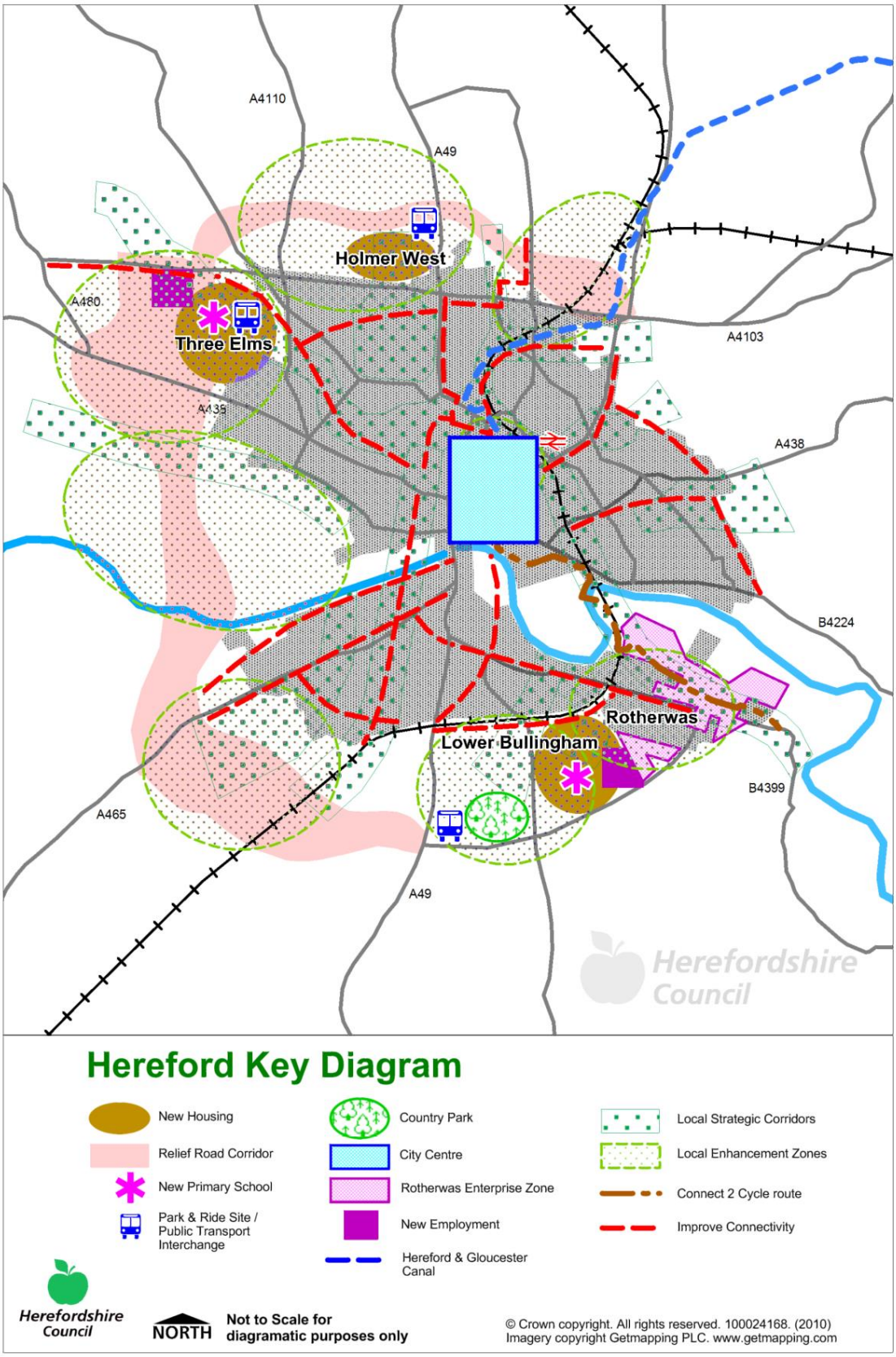
**Future housing development in Herefordshire**
**(based on net planning committments Feb 2016 &**
**indicative locations of strategic sites identified in the Core Strategy)**

**SCALE 1: 200,000**

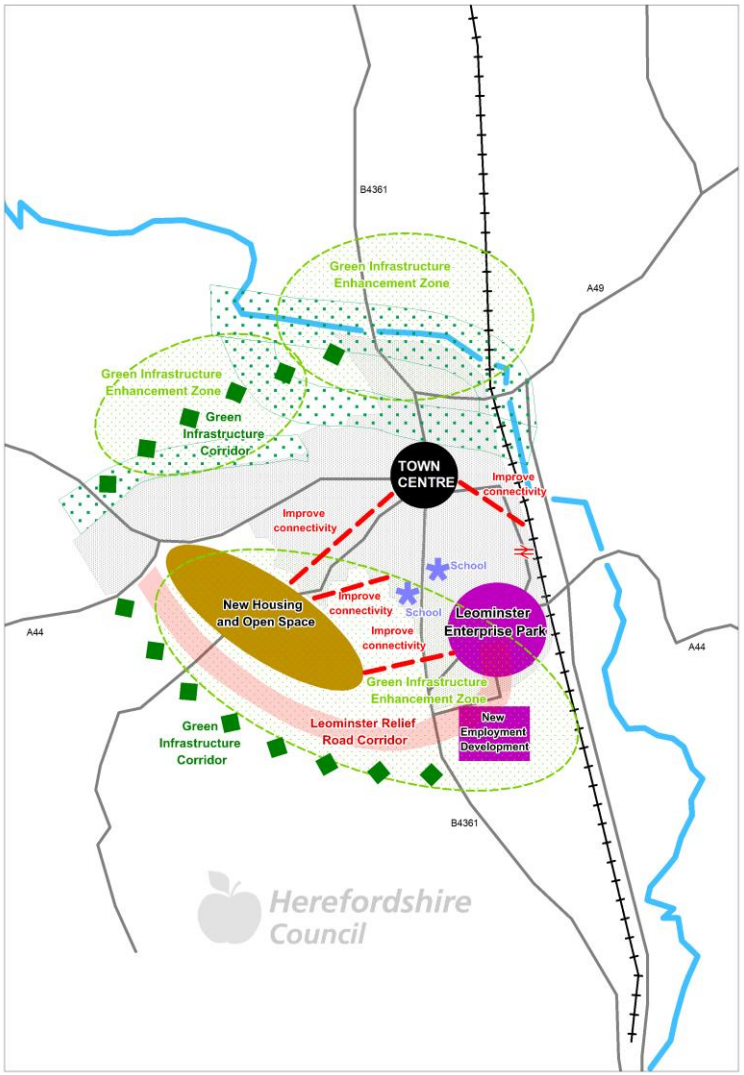
Herefordshire Council
Research Team
PO Box 4, Plough Lane
Hereford, HR4 0XH
Tel.: (01432) 260000
E-mail: researchteam@herefordshire.gov.uk

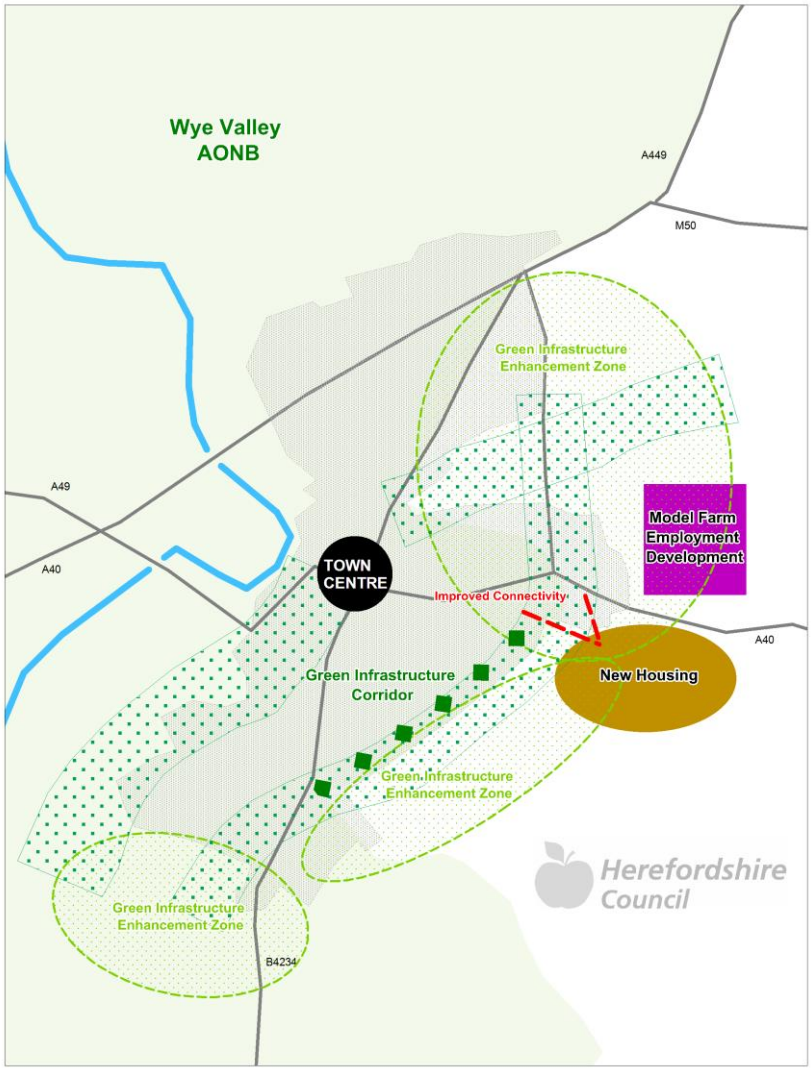
***Figure 91: General location of strategic development areas in Hereford and Market towns.***

***(i) Hereford***



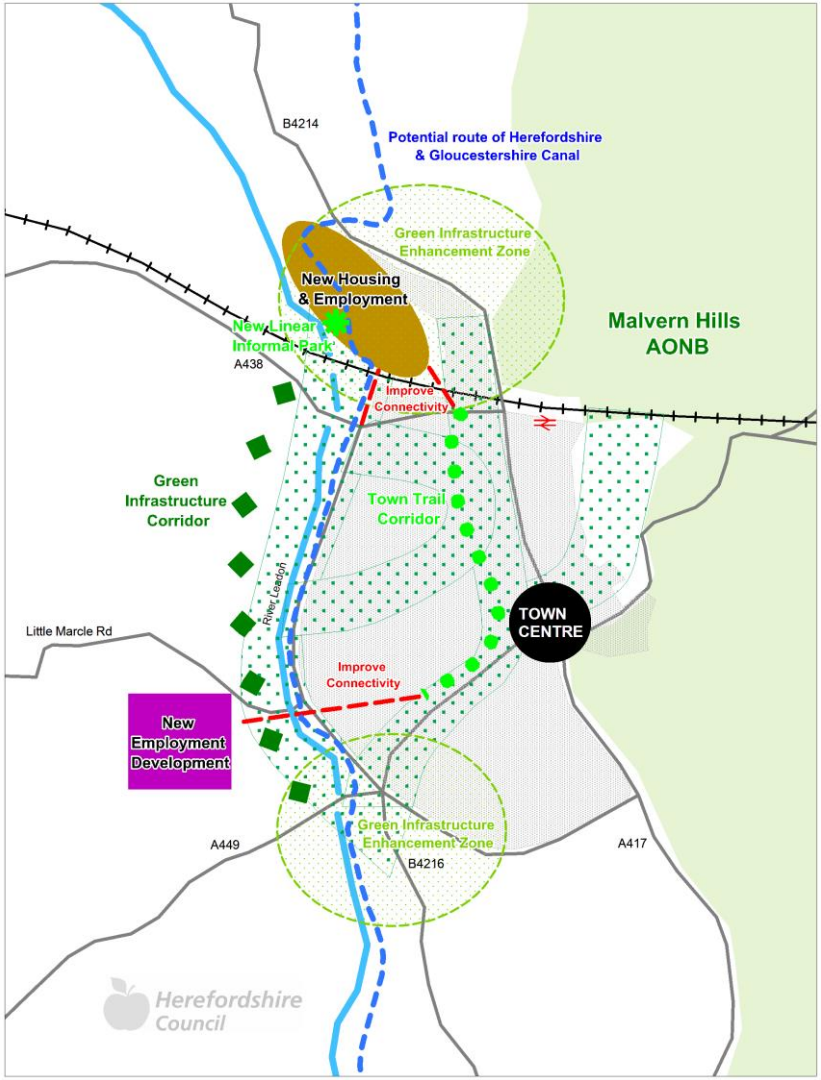
***(ii) Leominster***

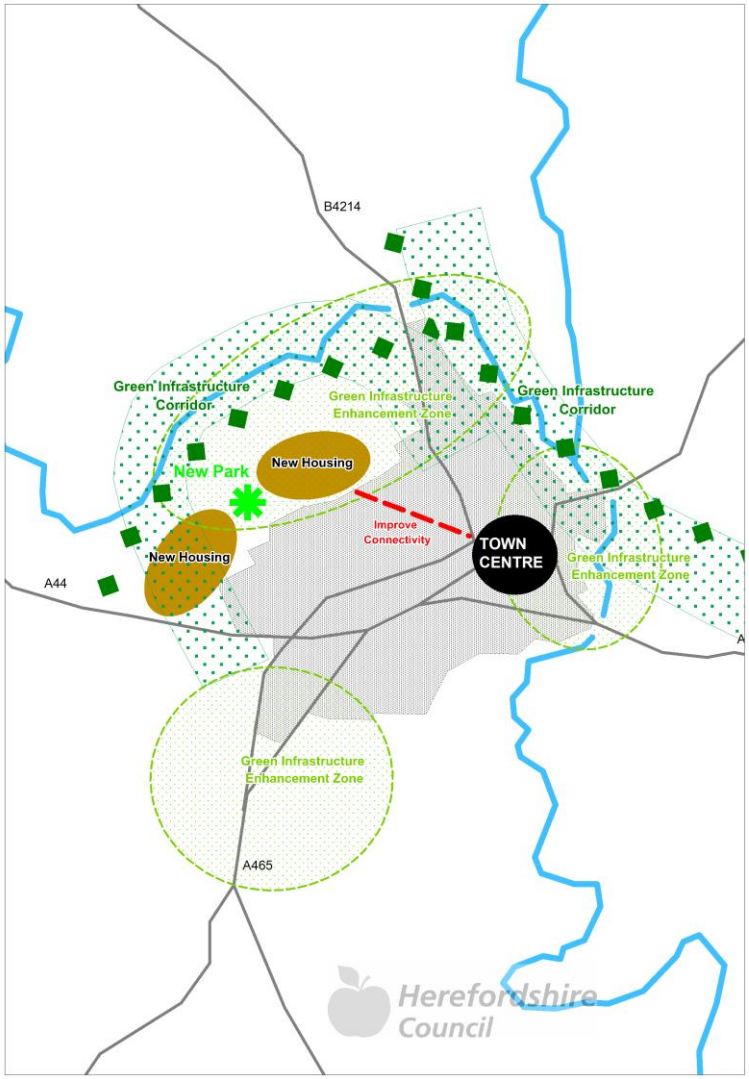



***(iii) Ross-on-Wye***

***(iv) Ledbury***




***(v) Bromyard***

## EDUCATION

In 2014 Herefordshire was home to 40,000 children and young people (CYP) under the age of 20, which represents 22% of total population of the county. It is predicted that by 2031 this figure will rise to over 40,000. Herefordshire's CYP are scattered throughout the county, although there are some areas such as south Hereford, Credenhill and Ridgemoor in Leominster where their numbers represent between 34% and 46% of the total population. Generally, CYP represent the lowest proportions of the resident population in Ross-on-Wye, Bromyard and the most rural areas of the county. In general, children in Hereford and Leominster are most likely to be under 5, with numbers falling at older ages. Children in the other market towns are most likely to be of primary school age and least likely to be aged 16-19. The most rural villages, hamlets and isolated dwellings have the lowest proportions of under 5s but the highest of secondary school age.

The planned increase in housing as discussed above will inevitably lead to a rise in the CYP population in Herefordshire with concomitant increase of pressure on associated service, with education provision being of primary importance. Currently, education provision across Herefordshire for ages of four to 18 (approximately 23,000 pupils) is provided by 99 publicly funded schools including 78 primary schools, 15 secondary schools (five with sixth forms), one All-through school, four special schools and one pupil referral unit. As in the rest of the country a number of Herefordshire's schools have recently become academies, or are in the process of transferring to academy status. In addition to formal schools 96% of 3 and 4 year olds benefit from free early education in Herefordshire, which is the same proportion reported for England as a whole. In the most recent school census of all primary and secondary schools (October 2015) the year groups with the highest number of pupils were Reception (1,976), Year 1 (1,923) and Year 3 (1,900). The significance of the three largest year groups being in the first years of the primary phase reflects the increase in the population of young children seen in Herefordshire, which may have implications for education resources as this cohort ages, a fact that may be exacerbated by increased cohort size due to influx of children associated with the planed home building programme.

Education performance in the county is generally good. At Key Stage 1 (KS1) Herefordshire showed a steady improvement between 2012 to 2015 with the local rates close to or the same as England for all components. At KS2 the proportion of pupils achieving the combined standard of level 4 in reading, writing and mathematics increased from 71% in 2012 to 80% in 2015 compared to England's proportional increase from 75% to 80% for the same period. In 2015 57% of KS4 students achieved five or more GCSE A* to C grades compared to a national figure of 53%. In 2015 the average point score for the county's A level students was 714 compared to an average for England of 700, with 12% of students attaining three or more A grades – the national average was 11%.

Educational inequalities in relation to English as a Foreign Language (EAL), Free School Meals (FSM) and Special Education Needs (SEN) persist with significant variations in educational outcomes being associated with the learners' social background especially socio-economic status[31]. However, evidence suggests that only 10%-20% of the variation can be attributed to schools; therefore addressing inequalities in education requires action outside of schools, as well as within. The Marmot Review recommends that local authorities ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority. This recommendation requires continued work to improve the quality of schools as well as targeted and universal work to ensure that all children receive the best education possible. This includes reducing truancy and exclusion, provision of special education and the support for those placed in the lower sets and positioning for further education at 16 onwards.

[31] For further details on education need and inequalities see Herefordshire Joint Strategic Needs Assessment 2016: https://factsandfigures.herefordshire.gov.uk/media/47888/understanding_herefordshire-jsna_2016.pdf

Pupil forecasts produced in 2013 indicate that the number of primary school age pupils will continue the rise trend that started in 2011, increasing by 14% from their low of 11,900 in 2011 to 13,600 by 2022, although this would still be 4% below the 14,200 places currently available in county primary schools. The number of secondary school pupils will continue to fall until 2016, mirroring the trend seen in primary schools five years earlier. This lowest point of 8,500 pupils would be 13% below the current capacity in Herefordshire's secondary schools (9,800 places). The forecasts suggest that numbers will rise to 9,700 by 2026, 1% below current capacity.

However, the figures above do not take in to account increased in CYP populations associated with the proposed house building programme across the county. Within the Core Strategy reference is made of the need for appropriate contributions towards pre-school facilities and the enhancement of existing primary and secondary school provision. In relation to Hereford the need for two new primary schools, each of 210 places has been identified, one to the north west of the city at Three Elms and one to the south of the River Wye at Lower Bullingham (see Figure 91). In relation to the Three Elms site Whitecross High school is the principal secondary school likely to serve the development. As this school is currently at capacity as part of the development it will be extended to create capacity for an additional form (150 pupils). This is most likely to entail building on the existing school playing fields and therefore new playing fields to serve the larger school will need to be provided adjoining the school.

In the market towns additional provision for primary school resources are outlined in the Core Strategy with a 210 place school planned for Ledbury and a 420 place school planned for Leominster, while in Bromyard it is recognised that local primary school will require additional classroom provision as well as additional contributions to pre-school resources. Where secondary school provision is concerned the need for additional classrooms at John Kyrle High School in Ross-on-Wye has been identified, although in Leominster it is anticipated that the Earl Mortimer College has adequate capacity to cover the new growth of the town.

The increase in school population may also put additional pressure on community health care services such as school nursing and health visiting. Any such increased pressure needs to be taken in to account when planning future health care services and capacity.

## EMPLOYMENT

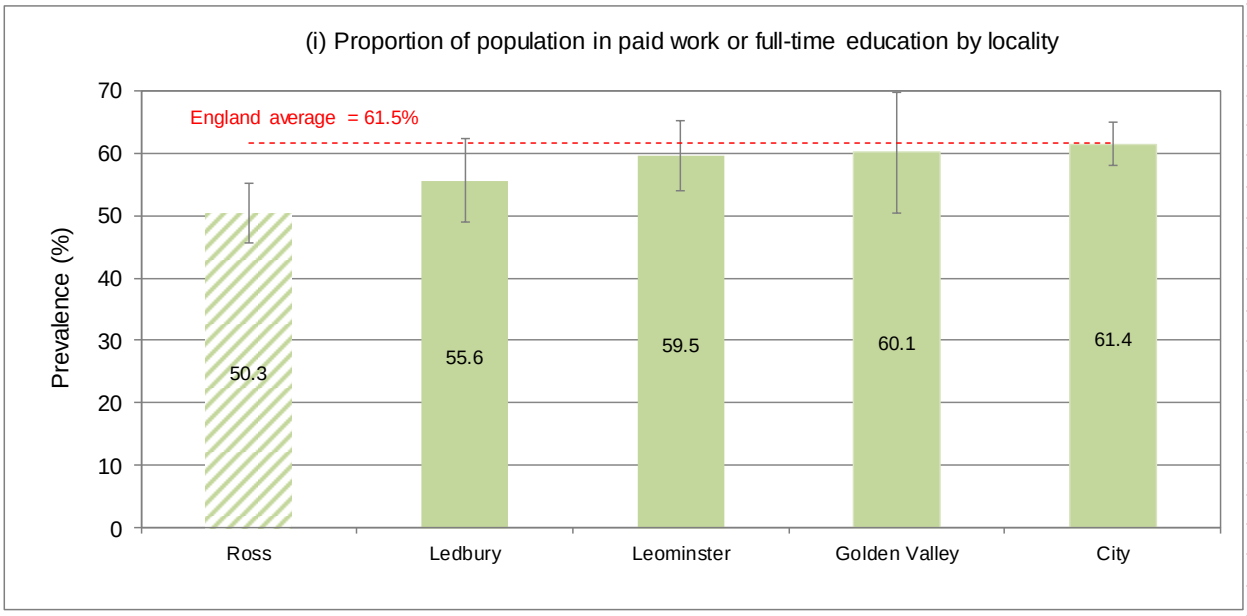
In 2012 across Herefordshire there were an estimated 69,100 employees and a further 4,600 working proprietors taking total employment to 73,700. This was an increase of 1,100 (1.5%) from 2011 (72,600). The three largest sectors in the county are ‘wholesale and retail trade’ (19%), ‘manufacturing’ (16%) and ‘human health and social work’ (15%). Together they account for half of employment in the county. All three account for a greater proportion in Herefordshire than they do across England. Fourteen per cent of all people in employment in the county were employed in the public sector in 2012 (compared to 19% across England) a notable decrease on 2011 (17%). The greatest proportion of workers is employed in Hereford City (42% - or 47% including the Rotherwas industrial estate). Central ward alone in Hereford City accounted for 18% of all employment in the county and Three Elms ward accounted for 12%. Leominster, Ross-on-Wye and Ledbury accounted for 8%, 7% and 6% respectively. Together the rural areas accounted for a third of employment.

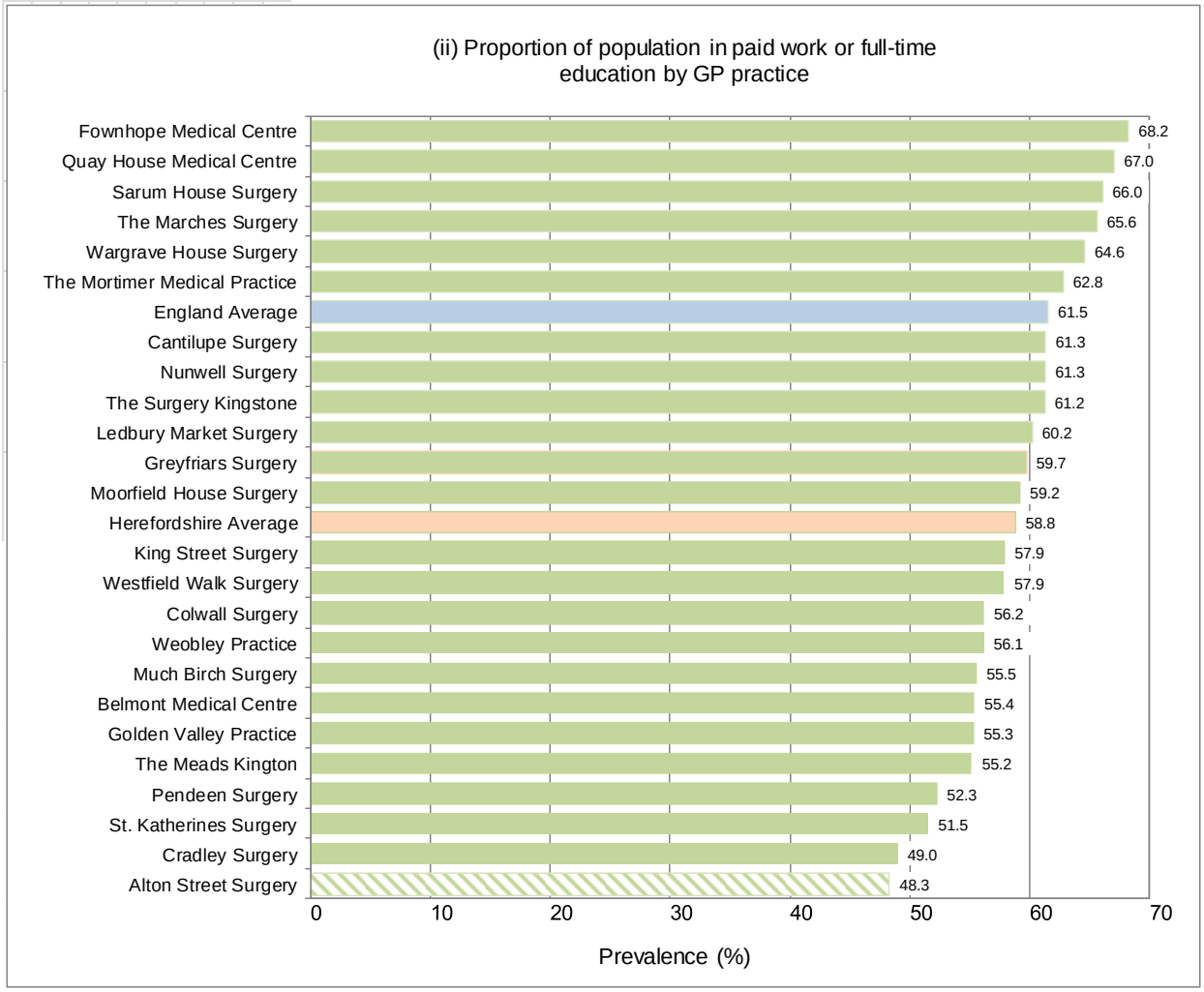
Looking at the level of employment across the Herefordshire GP practices the proportion of registered patients in work or full time education ranged from 48% at Alton Street in Ross-on-Wye to 68% at Fownhope (Figure 92). Ten practices had employment rates greater than 60%, while four had figures less than 55%. The proportion recorded at Alton Street was the only figure significantly below the national level of 62%. In addition to Fownhope of the other practices which returned proportions higher than the national figure three were located in Hereford and one in Leominster. At the other end of the scale the four practices reporting levels of employment below 55% included both Ross-on-Wye practices, Cradley and St. Katherines in Ledbury. When looking at the locality level, the lowest average proportion in work or full-time employed occurred in Ross-on-Wye. Although all localities reported average figures lower than the national level the figure at Ross-on-Wye was the only proportion significantly lower than the national level.

In 2014/15 the unemployment rate across the Herefordshire GP practices ranged from 1.0% at Weobley to 10.9% at Belmont (Figure 93). The Herefordshire level was 3.8% which was lower than the national rate of 5.4%. Low levels of unemployment were also recorded at Pedeen in Ross-on-Wye, Nunwell in Bromyard, Wargrave House in Hereford and the Mortimer Practice in Kingsland. The rate at Belmont was 2.5% higher than the next highest at Alton Street in Ross-on-Wye. It should be noted that the high level of unemployment recorded at the Belmont and Alton Street practices correspond to areas of Herefordshire that are amongst the most deprived nationally according to the employment domain of the Indices of Deprivation 2015 (see Figure 94). The level of employment and unemployment show a moderately strong negative correlation ($r$ = -0.58), although the figures for all localities were less than the national rate.

Earnings are persistently low and the gap between Herefordshire's earnings and those of the West Midlands and England as a whole is getting wider, which is clearly an issue when trying to attract people of working age to settle in the county. By contrast unemployment is lower when compared on these scales as indicated above. Since 2009 the proportion of residents without any qualification has been higher in Herefordshire than in England as a whole. A gap in skills and hard-to-fill vacancies are problematic for businesses. There also remains a demand for migrant labour. Herefordshire has a strong, diverse and independent third sector (voluntary, community & non-profit), with a wide range of voluntary organisations, community groups, social enterprises and housing associations contributing to county life. At the end of 2015 of an estimated 5,770 16 to 18 year olds known to the local authority 260 were estimated to not be in employment, education and training (NEET). This represents 4.5% of this cohort which is higher than both neighbouring Shropshire and Worcestershire which reported figures of 4.0% and 29% respectively, and the overall West Midlands level of 4.3%.

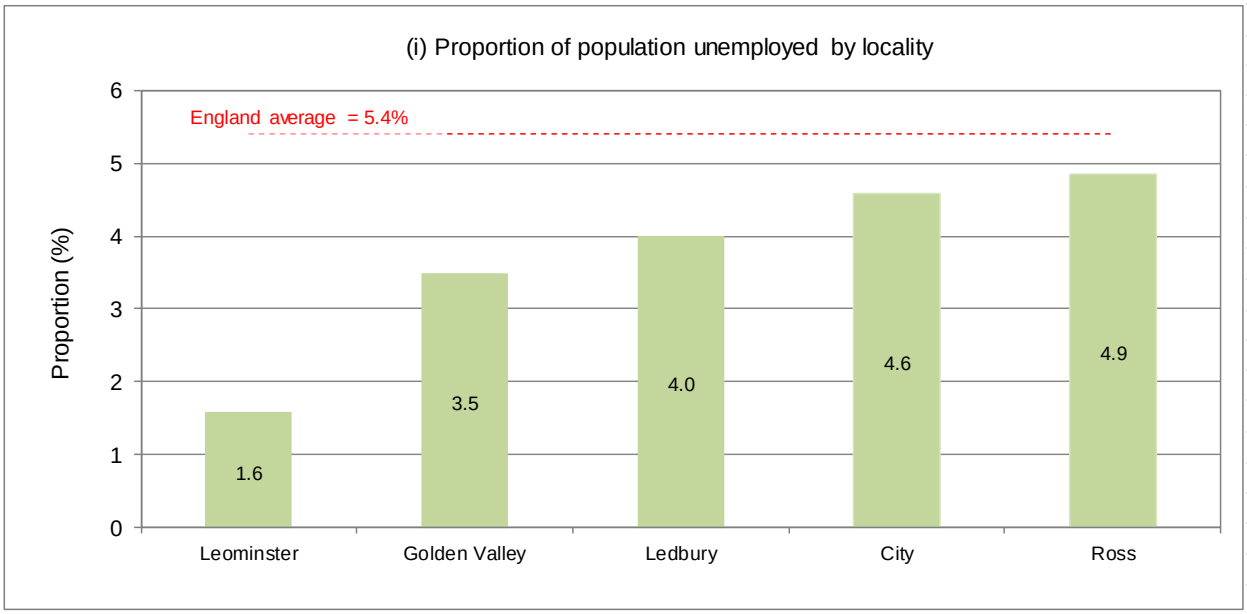
***Figure 92: Proportion of population registered in Herefordshire localities and GP practices in paid work or full-time education, 2014 - 2015 (shaded bars = significantly different from England average).***

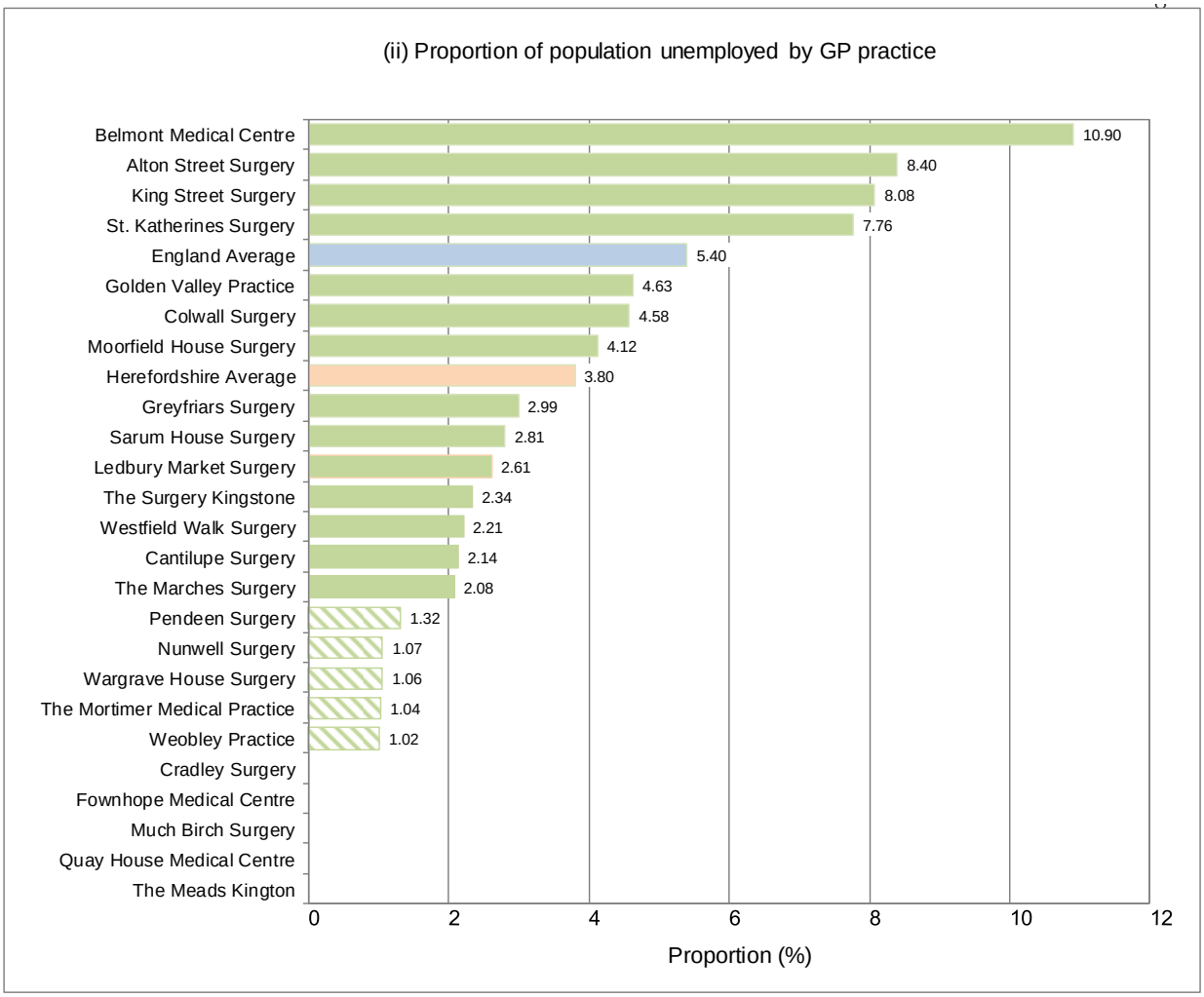



Source: Quality of Outcomes Framework 2014/15

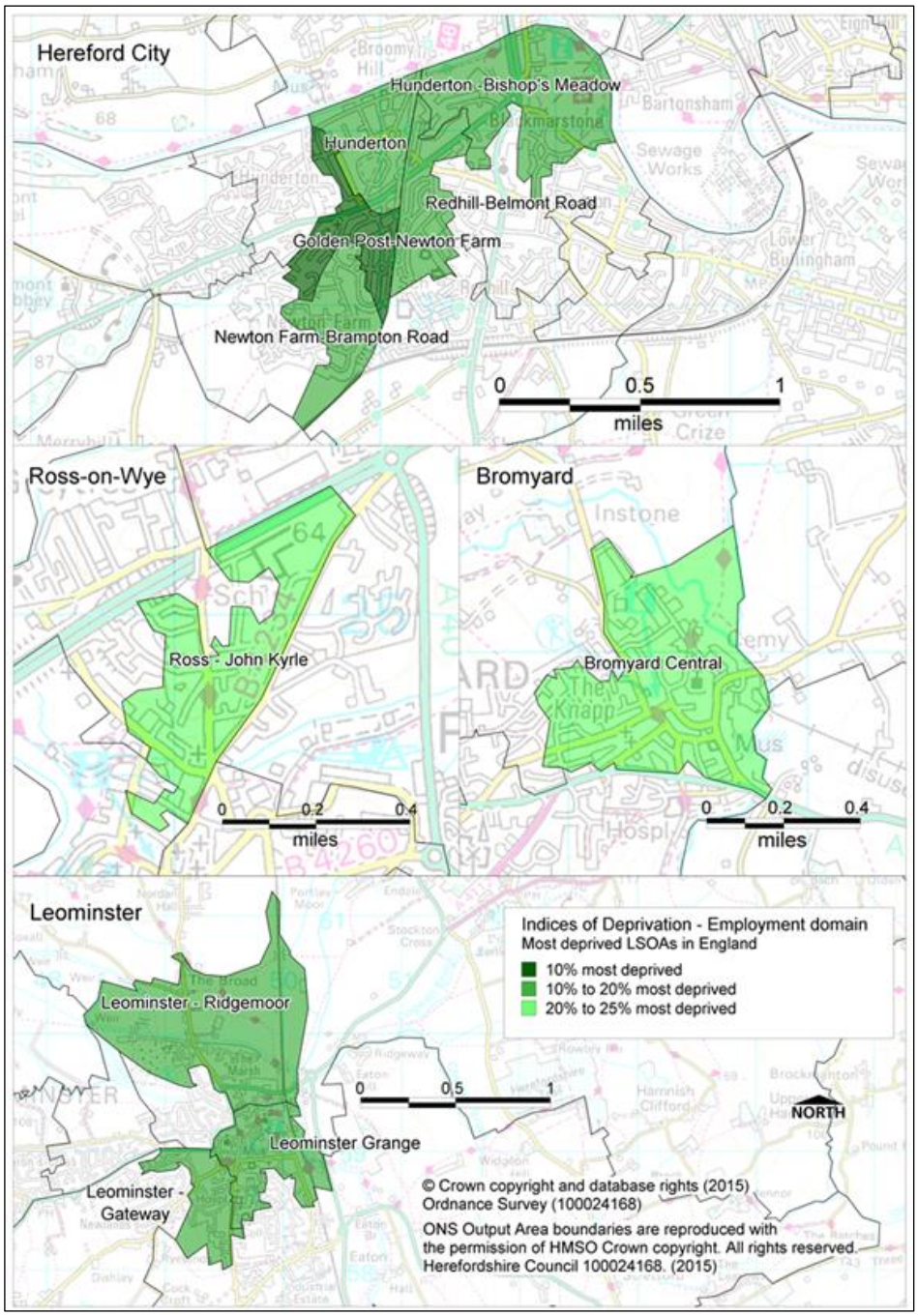
***Figure 93: Unemployed proportion of population registered in Herefordshire localities and GP practices, 2014 - 2015 (shaded bars = significantly different from England average).***




Source: Quality of Outcomes Framework 2014/15

***Figure 94: The most deprived areas of Herefordshire as derived from Indices of Deprivation 2015.***




Source: Department of Communities and Local Government

As part of the Core Strategy new strategic employment land will be delivered  Much of this will be in tandem with the new housing outlined above and will be located at Hereford (15 ha), Leominster (up to10 ha), Ledbury (15 ha), and Ross-on-Wye (10 ha). The Hereford Enterprise Zone at Rotherwas will continue to provide the largest focus for new employment provision in the county. Proposals for employment land provision at Bromyard and Kington will be brought forward through Neighbourhood Development Plans or other Development Plan Documents.

The continuing development of the more traditional employment sectors such as farming and food and drink manufacturing will be supported. The diversification of the business base, through the development

of knowledge intensive industries, environmental technologies and creative industries as well as business hubs, live-work schemes and the adaptive design of residential development, will be facilitated where they do not have an adverse impact on the community or local environment. The provision of high speed broadband to facilitate diversification will be supported.

## TRANSPORT

Transportation and communication infrastructure is a key issue for Herefordshire, as it impacts on employment, health, access to services, quality of life and the county's economic development. Herefordshire is particularly dependent on road transport because of limited public transport links within and outside the county. As a result the transport sector in Herefordshire produces more $CO_2$ per capita than other areas. The county plays a strategic role in facilitating cross boundary links between England and Wales. Whilst vehicle flows along these strategic routes are considered low in a national context, when coupled with local movement, congestion, journey time delays and air pollution they are problematic, notably within Hereford. The A49 through Hereford is a "key junction capacity issue" which should be afforded high priority; it is also an issue for higher than average collision rates through the city[32]. Car ownership and dependency in the county is high due to the lack or limited public transport in rural areas and the need to access services and employment from these areas. The need for significant investment in transport infrastructure is acknowledged, although the current economic climate is likely to affect this.

*Air Quality*

There are relatively low levels of air pollution within Herefordshire, although two areas have been identified as Air Quality Management Areas (AQMA) due to levels of nitrogen oxides (NOx) from vehicle emissions which exceed national standards. These are the A49 road corridor through Hereford and the area of the Bargates road junction in central Leominster. Emissions of carbon dioxide ($CO_2$), whilst decreasing, remain locally higher per head of population (9 tonnes per capita) when compared nationally (7.6 tonnes per capita), 2010. Herefordshire's rural nature and high car dependency has an impact on air quality locally and more widely on climate change.

*Social Isolation*

A recent report[33] emphasised the critical role played by transport in reducing loneliness and social isolation later on in life. There is little evidence linking transport initiatives to the feeling of loneliness but qualitative surveys have noted that residents feel more 'lonely' if they are cut off from major venues of social interaction. People may not be able to access services as a result of social exclusion, particularly if they are disabled, elderly or are unable to navigate and have stopped driving. However, it is also important to note that the inaccessibility of transport does not always result in social exclusion. Community transport in the county provides an essential contribution to supporting people to reach health services and keep health appointments.

*Local Transport Plan (LTP)*

Four out of five households in Herefordshire have access to a road vehicle. Herefordshire is sparsely populated, and given an ageing population structure that live more in rural areas, and the desire for

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[32] Midlands to Wales and Gloucestershire Route Strategy. Highways Agency, April 2015.

[33] Promising approaches to reducing loneliness and isolation in later life. Report published January 2015, by Age UK and Campaign to End Loneliness. Available at: www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

residents to live independently at home for as long as possible, no access to a car or other means of transport (such as buses) can rapidly reverse the benefits of independence. Thus, the availability of appropriate transport options and their accessibility is an important determinant of health and wellbeing as transport is fundamentally an enabler of access to social and economic opportunities.

Herefordshire Council's Local Transport Plan (LTP) aims to support the growth of Hereford by improving traffic management and promoting walking and cycling for the majority of trips. In the market towns the emphasis is on reducing the need to travel by private car by locating new development within walking and cycling distance of existing and new facilities and improving and extending sustainable transport routes. The strategy identifies a number of strategic and non-strategic transport measures (some of which are indicated on the maps in Figure 91) along with smarter travel initiatives to encourage this shift from private cars to public transport, walking and cycling[34].

The role of walking and cycling in creating liveable places, promoting health improvements and social inclusion has not always been recognised. For instance, an hours cycling burns approximately 300 calories and can have a positive effect on how you feel, while regular cyclists enjoy a fitness level equal to that of a person ten years younger. Furthermore, cycling is one of the most sustainable modes of personal transport being not only cheap, it also causes zero emissions, The inclusion of plans encouraging both walking and cycling, allied to reduced urban traffic and associated positive impacts on air quality, will have benefits, particularly in the city and market towns.

It is important that such facilities are in place as incoming population begin to settle in the new housing developments so that the habit of walking and cycling is adopted early, rather than later when it may be more difficult to alter adopted behaviours. Consequently, the early completion of any such transport links should be a priority in in the construction schedule to maximise health benefits and minimise increased pressure of health care resources.

*Access to GP Surgeries*

All of Herefordshire's GP surgeries are readily accessible by car with the majority of journey times being less than 15 minutes (Figure 95). Longer journey times are recorded in the more remote areas, particularly in the west of the county towards the Black Mountains. Journey times by public transport are on average longer than those by car. However, most times are less than 30 minutes, although the majority of these are from starting points in and around Hereford and the market towns (Figure 96). In rural areas remote from main roads public transport journey times can be up to 45 minutes.

[34]For more details on the LTP see: https://www.herefordshire.gov.uk/planning-and-building-control/planning-policy/local-transport-plan-2016-2031

***Figure 95: Vehicle access times to Herefordshire GP surgeries.***

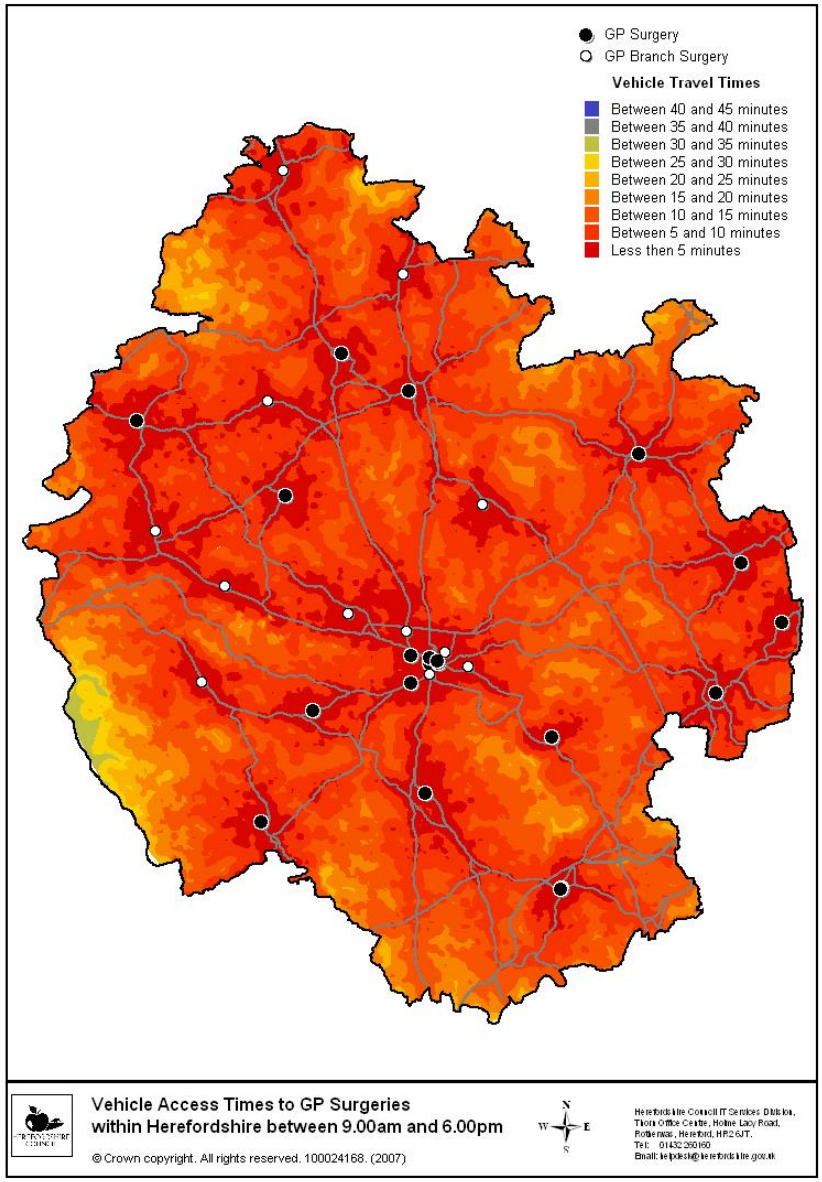
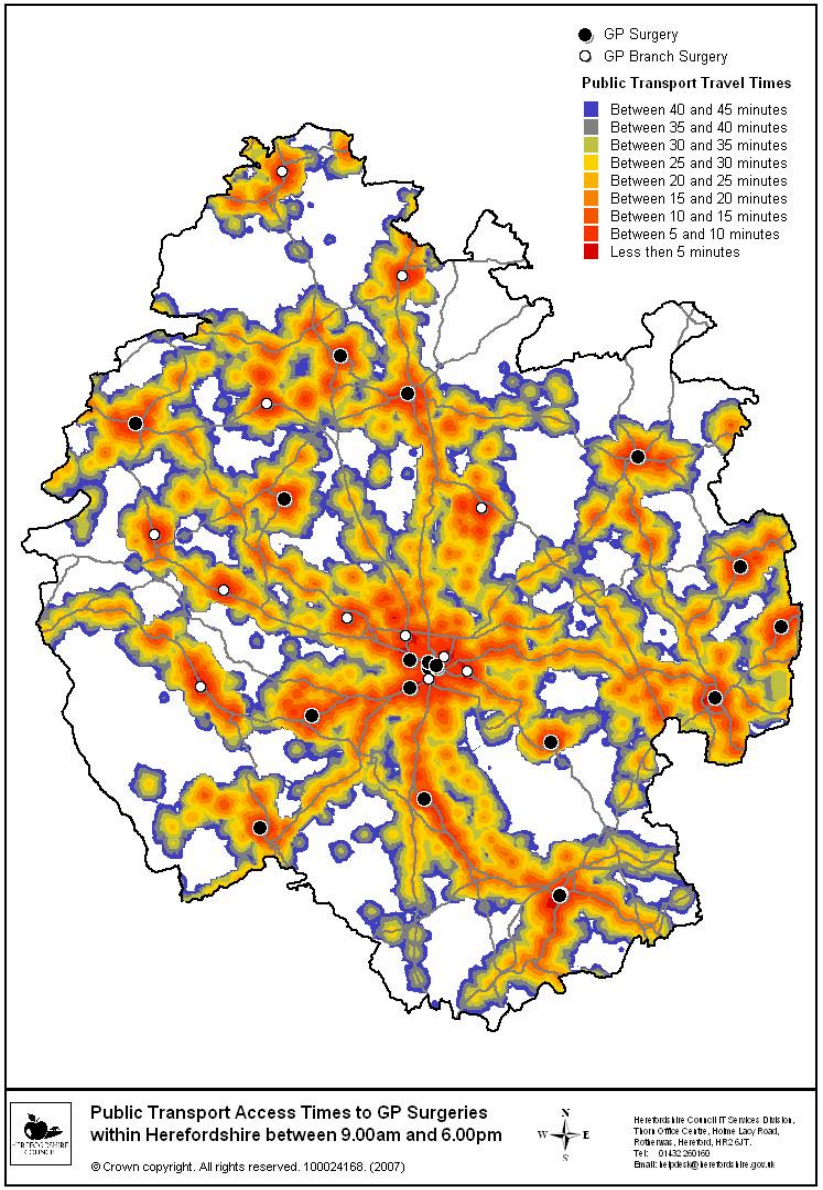


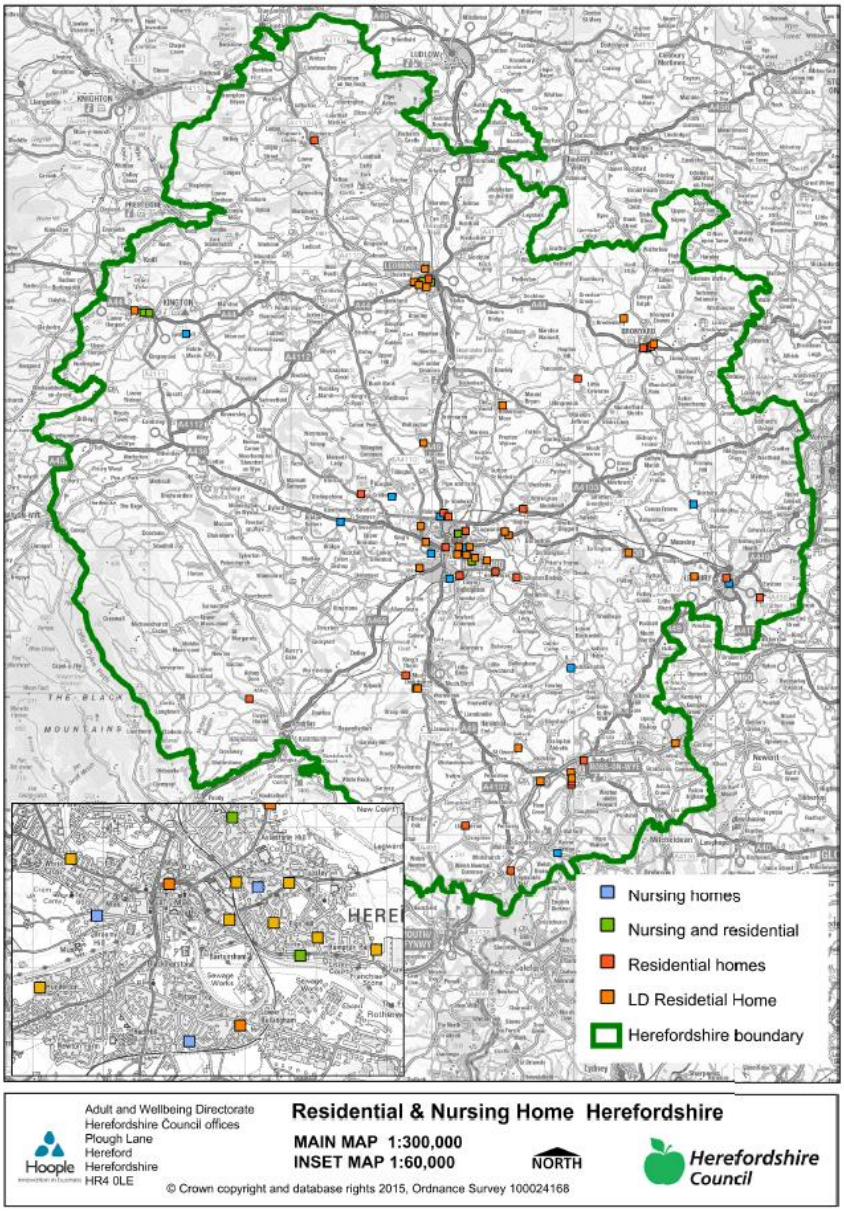

***Figure 96: Public transport access times to Herefordshire GP surgeries.***



## OBJECTIVE 7 - NURSING AND RESIDENTIAL HOMES

Currently across Herefordshire there are 85 establishments providing care in nursing and residential homes. There are 13 nursing homes, 7 nursing and residential homes, 29 residential homes and 36 learning difficulty (LD) residential homes which, combined (as of April 2015), provided a total of 2,039 beds divided between 1,658 older people and 381 young adults, indicating that the overwhelming majority of care home patients are elderly.. Geographically, the homes are spread throughout the county, although there are concentrations in Hereford and the market towns, although the greatest number (29)are situated within the City locality (Figure 97).

***Figure 97: Care homes in Herefordshire.***

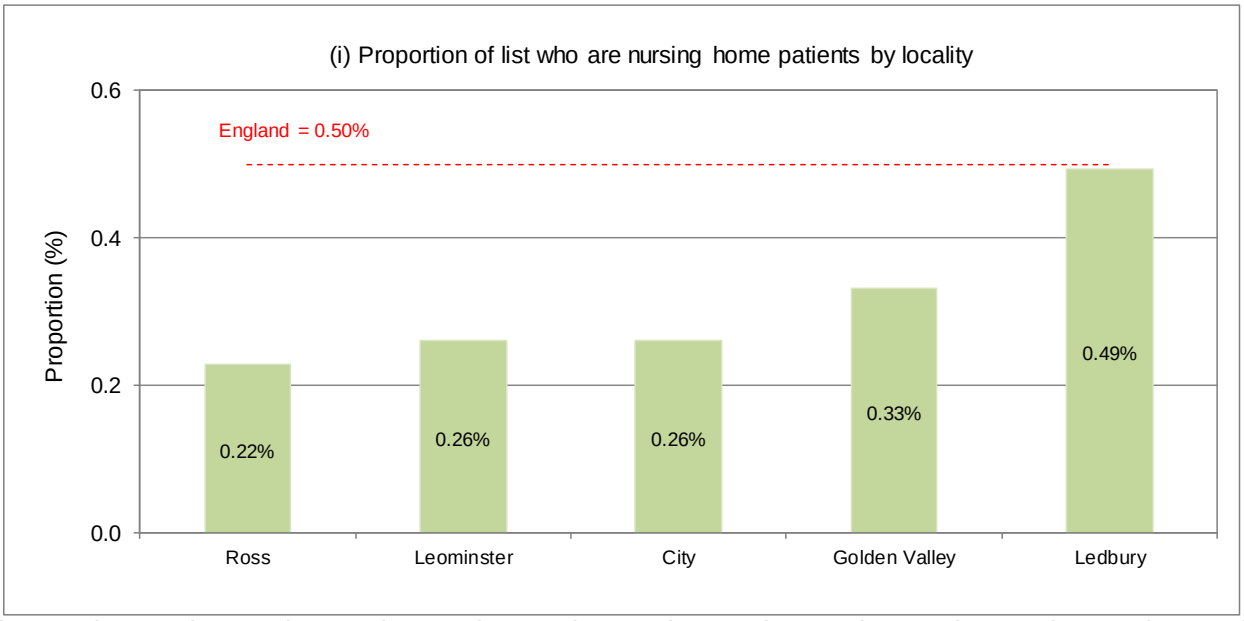


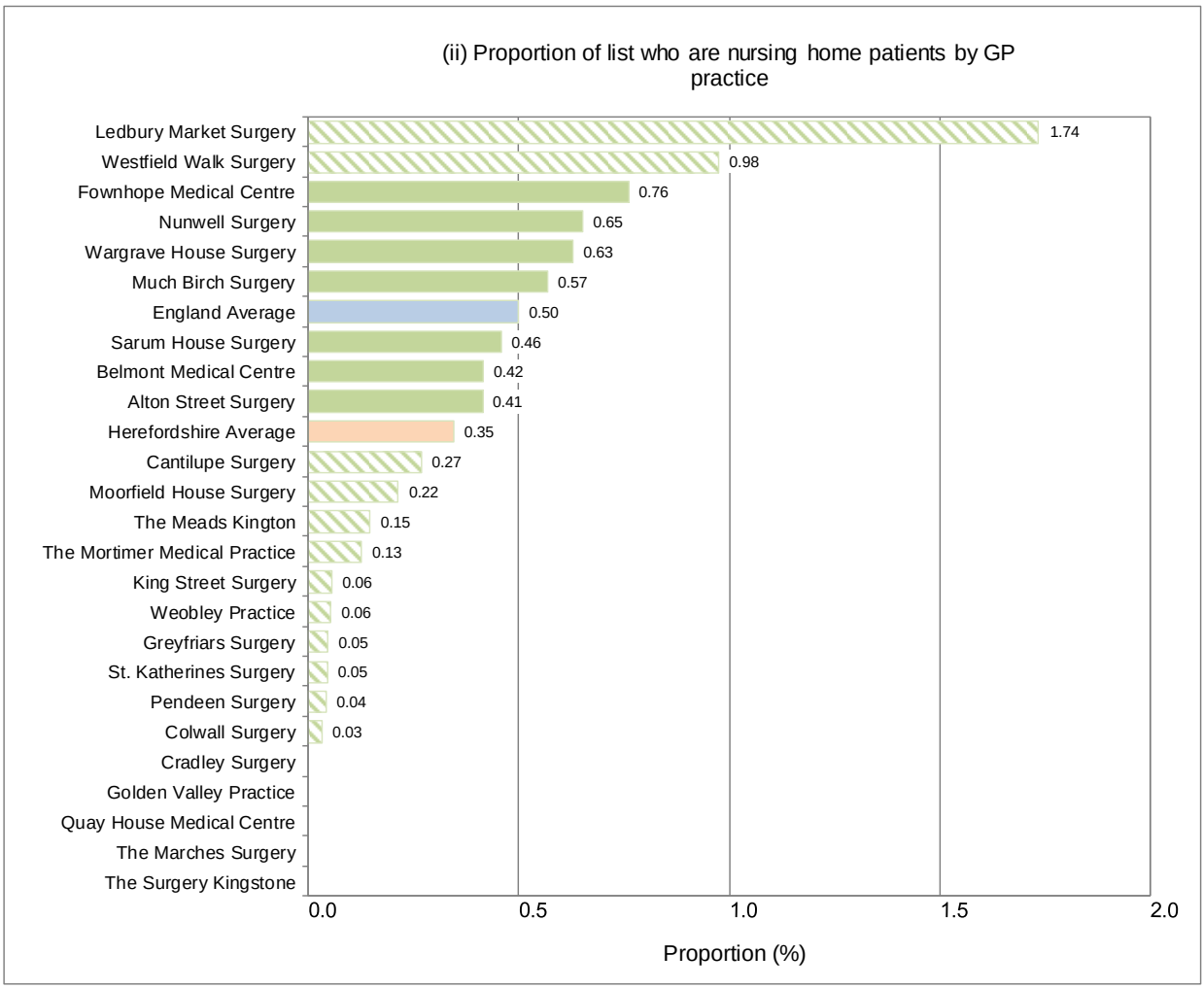
The proportion of GP registered patients at each practice in nursing homes varies from 0 at five practices to 1.7% at Ledbury Market Surgery, a value over 75% more than the next highest (0.98%) recorded at Westfield Walk in Leominster (Figure 98). The pattern in proportions correlate strongly to the count at each surgery ($r$ = 0.94). There is no clear relationship between the numbers of patients in each practice in nursing homes and the number of those aged 65 and over. When looking at the numbers of individuals 65 and over in each practice this does not correlate either to the proportion of each list 65 and over or the total size of each list.

*Future capacity*

In 2015 there were 43,300 individuals aged 65 and over registered at Herefordshire GP practices, which corresponds to 24% of the population of the county as a whole. This number has risen steadily year on year with a proportional increase in numbers of 13% between 2010 and 2015. Future population estimates produced by the Office for National Statistics (ONS) indicate that between 2015 and 2020 numbers of those 65 and over in Herefordshire will increase by 11% and over 75s by 15%. Currently, the care home capacity for the elderly across the county is 1,658 beds with projected capacity in 2020 being 1,763, representing a proportional increase of 6.3%. This indicates that the current increase in capacity planned on care home places for the elderly over this period is unlikely to keep pace with the demand of the aging population in Herefordshire.

***Figure 98: Proportion of population in nursing homes in GP practices and localities., 2014-15. (shaded bars = significantly different from England proportion)***




Source: Quality of Outcomes Framework 2014/15

## OBJECTIVE 8 - PROVISION OF COMMUNITY PHARMACIES

In 2015, Herefordshire Council (Public Health) undertook a Pharmaceutical Needs Assessment (PNA)[35] (put link here). This document reported that there was a network 27 pharmacies across the county, one of which is a 100 hour pharmacy (Asda Supermarket in Hereford) - see Figure 97. Each Herefordshire pharmacy dispenses on average 6,800 items per month in comparison to national and regional average of 6,628 and 6,359 respectively.

There are 11 dispensing GP practices across the county which provide dispensing services at 15 sites in primarily rural areas, although in Kington and Bromyard market towns the dispensing practice and community pharmacy are both located in the towns. The proportion of dispensing practices in Herefordshire (30%) is appreciably higher than both the regional and national prevalence of 6% and 9% respectively, partly due to the county's rurality. Dispensing doctors dispense to just over 49,000 Herefordshire patients and on average each dispensing practice dispenses 7,300 items per month. Approximately 28% (over 960,000 items) of the total Herefordshire prescribed items per annum are dispensed by dispensing doctors. According to the PNA Herefordshire has not been identified as currently requiring additional NHS pharmaceutical service providers. Eighty four percent of patients rated pharmacy/dispensing GP services as either excellent or good.

Across the county 86% of the public use a regular or preferred pharmacy/dispensing practice despite patients having the right to access pharmaceutical services from any community pharmacy, including mail order/wholly internet pharmacy of their choice; within Herefordshire approximately 1% of patients use a distant selling/internet pharmacy. Over 96% (3.37 million items) of items prescribed in the county are dispensed by contractors within the county boundaries.

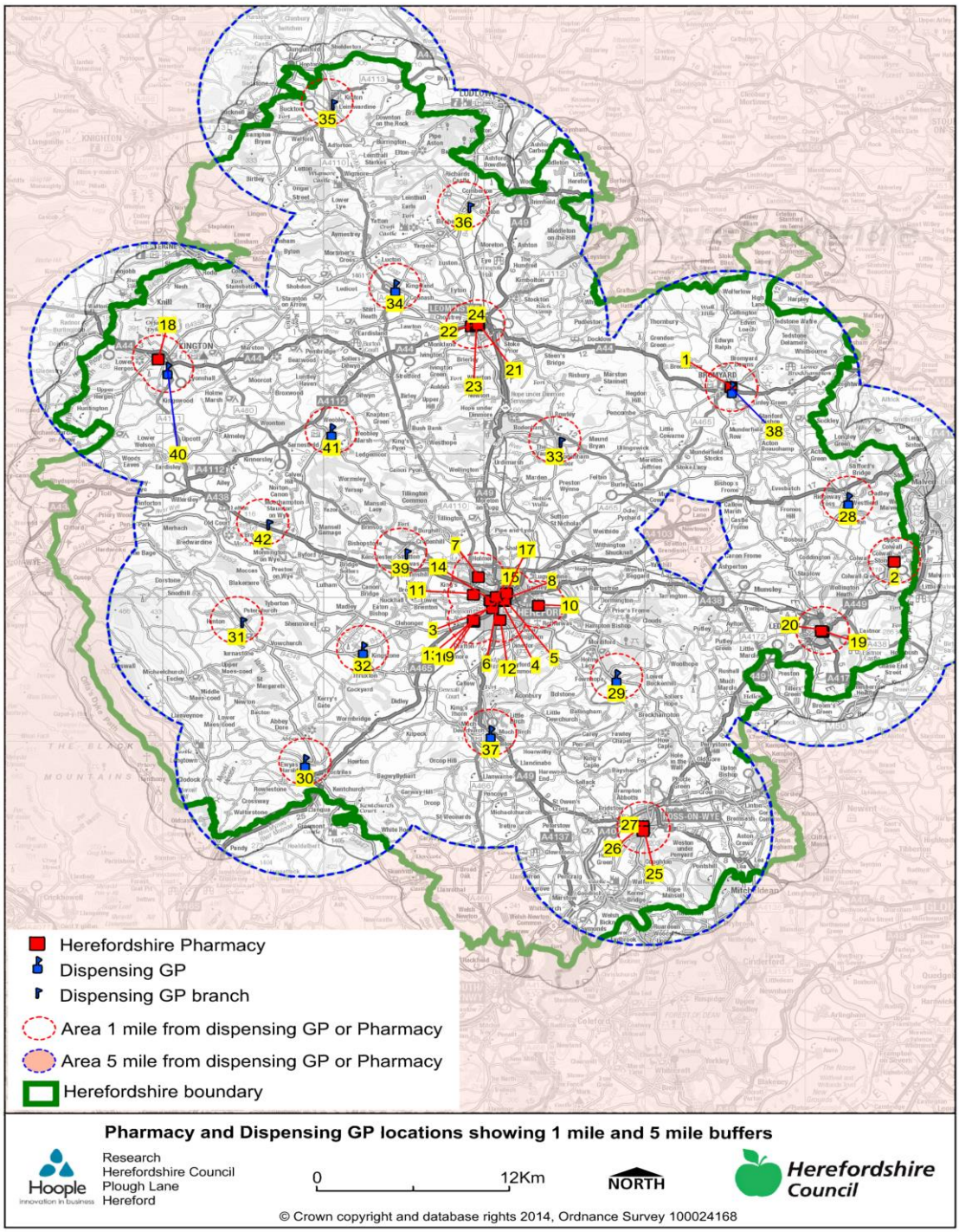
There are no dispensing appliance contractors (DAC) in the Herefordshire, although appliances are available from community pharmacies, dispensing GPs and from DACs outside the county.

Generally, pharmacies and dispensing practice are easily accessible with over 80% of patients being able to reach services within 20 minutes by either car or on foot which represent distances of one mile for walking and five miles for driving. Areas out with these one and five mile "buffer zones" are largely uninhabited and rural in character (see Figure 99). The few residents in such areas fall under the tightly regulated NHS England 'controlled localities' and can choose to access pharmaceutical services through dispensing doctors or community pharmacies or both e.g. patients using a pharmacy for all other pharmaceutical services except dispensing unless out of GP usual hours. Community pharmacies and dispensing GPs offer the added value non-NHS service of home delivery which can help to provide medications to those who do not have access to a car or who are unable to use public transport. This is especially important in areas where the population is ageing and less able to drive or be independently mobile.

[35] The full PNA is available here: https://www.herefordshire.gov.uk/health-and-social-care/health-and-medical-advice/pharmaceutical-needs-assessment

***Figure 99: Herefordshire community pharmacies and dispensing practices mapped with one and five mile walking/driving buffer zones indicated.***

(See Appendix 3 and 4 for reference to contractor identification number and corresponding Herefordshire community pharmacy and dispensing practice)



The single 100 hour pharmacy contract and a number of community pharmacies (with 40 core hour's contract) provide extended access to pharmaceutical services for a large portion of the population. Across the county 77% of the pharmacy contractors are open on a Saturday and access to a pharmacy can be found between the hours of 7am to 10pm which provides good cover for Herefordshire six days a week, both in terms of opening hours and number of locations for patients accessing pharmaceutical services. However, only 19% of pharmacy contractors in Herefordshire are open on a Sunday for six hours per day; these are all located in Hereford, with the rest of the county without a pharmacy open on a Sunday.

Dispensing GP sites provide dispensing services across varied opening times from 2 to 10 hours per day, Monday to Friday for those patients on their dispensing list. There is no dispensing doctor service at weekends but there are 21 and 5 community pharmacies open on Saturday and Sunday respectively, providing pharmaceutical services irrespective of dispensing doctor status. In addition, 11 community pharmacies are open extended hours on weekdays.

The review of accessibility, locations and population density in the PNA concluded that there is currently satisfactory access to NHS pharmaceutical services and dispensing GPs across Herefordshire.

However, there are factors which need to be considered when planning the level of future resources. As discussed above, the population in Herefordshire is expected to both age and grow over the coming years, and, as outlined in the Core Strategy, considerable levels of housing and commercial developments are planned. An increasing population may have the potential to greatly increase the pressure on existing capacity of pharmacy/dispensing services and thus influence the potential need for additional service provision. Furthermore, an ageing population will undoubtedly put further strain on the health and social care services in Herefordshire. As discussed in the Prescriptions Dispensed in the Community[36] such age ranges (especially over 65 year olds) are the most frequent users of pharmacy services and health services in general.

*"Exempt prescription items represent 89.9% of all prescriptions dispensed and give some indication of the proportion of items dispensed for each age group. Note that a patient can be exempt from the prescription charge for more than one reason, although age is likely to be the first exemption to be recorded. Note also that patients aged 16, 17 and 18 are exempt only if they are in full-time education. All patients aged 60 and over (60+) are exempt from prescription charges."*

The next Pharmaceutical Needs Assessment is planned for 2018 which should provide further intelligence on the issue of the provision of pharmacy services across Herefordshire.

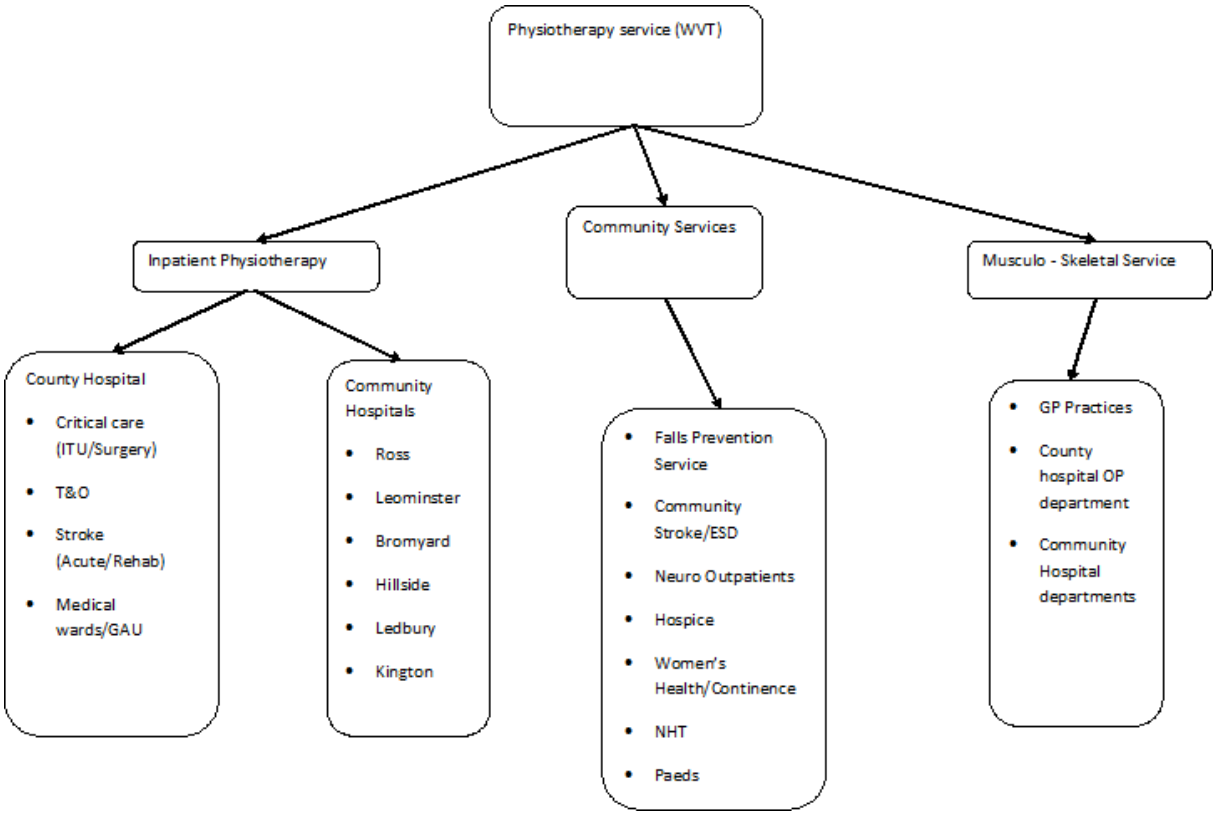
[36] Prescriptions dispensed in the community, Stats for England 2004 – 2014. Accessed 13 April 2016. Available at: http://www.hscic.gov.uk/catalogue/PUB17644/pres-disp-com-eng-2004-14-rep.pdf

## OBJECTIVE 9 - COMMUNITY HEALTH

### PHYSIOTHERAPY SERVICES

Currently, the physiotherapy services provided by Wye Valley Trust (WVT) are comprised of inpatient, community and musculoskeletal services. Inpatient services are provided primarily at the County Hospital in Hereford where treatment is related to critical care (ITU and surgery), trauma and orthopaedics, medical wards, children's ward and strokes. Other inpatient services are provided in the community hospitals/care centres at Hillside in Hereford, Ross, Leominster, Bromyard, Ledbury and Kington. The musculoskeletal physiotherapy service is provided by countywide in-house GP services and also at community hospitals in the market towns supported by rural GP practices. Community services include falls prevention team, community stroke service, neurology outpatients, neighbourhood teams and virtual wards, children's services and also care in hospice setting. A breakdown in the physiotherapy service are shown in Figure 100.

***Figure 100: Herefordshire physiotherapy service – service breakdown.***



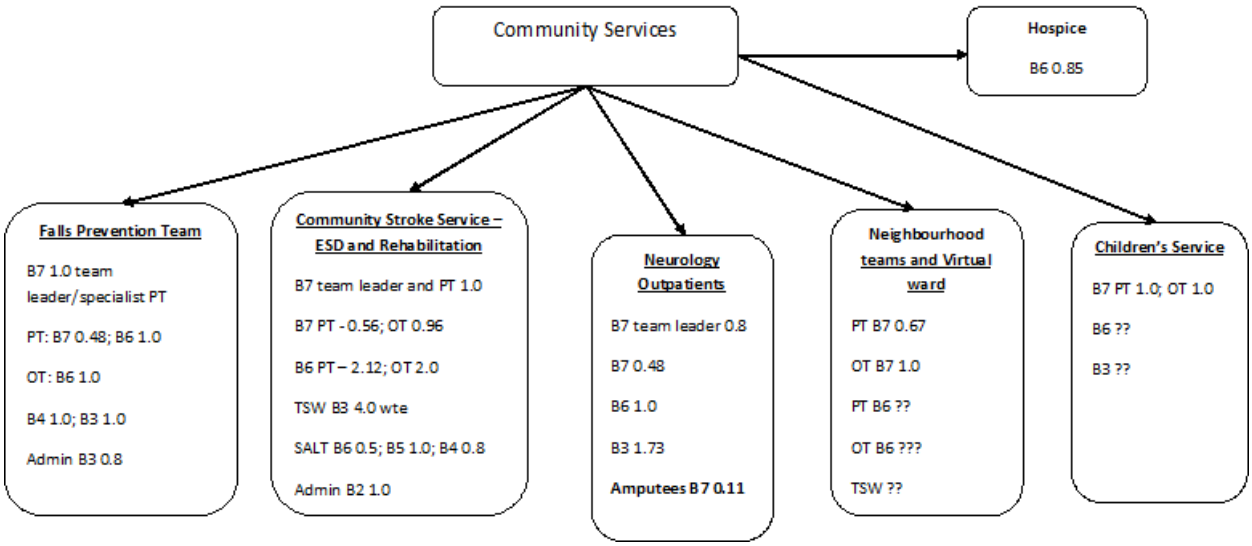

The community services are primarily those which are external to the secondary care hospital environment. These can be delivered in a variety of settings such as the home, in care homes (residential and nursing), services in local Government (leisure facilities), education facilities, services in partnership with local Government (e.g. re-ablement) and services provided within or from community hospitals. In addition, services such as musculoskeletal clinics might, by necessity, be delivered out of a secondary care facility but is still considered as community services.

The physiotherapy service identifies and maximises patients' movement potential through health promotion, preventative healthcare, treatment and rehabilitation. The service assesses current levels of function in patients to identify treatment aims from which a treatment plan is devised. The service provides treatment for a wide spectrum of conditions including musculoskeletal, neurological, rheumatology, paediatrics, mental health, respiratory, palliative care and orthopaedic conditions. All

services are accessible to patients registered with a Herefordshire GP, although some patients from Powys, Shropshire, Gloucestershire and South Worcestershire have access to the services.

The Musculoskeletal Physiotherapy Team provide outpatient care at the County Hospital and a number of sites throughout the county including GP surgeries in Hereford, Fownhope, Much Birch, Kingstone, Ewyas Harold and Weobley/Staunton. In addition services are also offered at community hospitals/care centres in the market towns. Neck and low back pain care is offered by outside contractors under the Any Qualified Provider (AQP) service with nine providers available across the county. The resources for community physiotherapy are illustrated in Figure 101.

***Figure 101: Herefordshire community physiotherapy service – service breakdown and resources.***




The **Falls Prevention Team** is a specialist service based at Leominster Community Hospital which is primarily aimed at older people and aims to promote independence, quality of life and a healthy active lifestyle, prevent falls and falls-related injuries, prevent hospital admissions and facilitate early discharge from care settings and provide a service to meet the need of an ageing and growing population. The team is comprised two full time and one part time physiotherapists, an occupational therapist, nursing and support staff. Specialist physiotherapy clinics are held weekly at Hereford, Ledbury, Leominster, Ross, Bromyard and Kington, while home visits are also undertaken as appropriate. Patients include single, recurrent or pre-fallers with problems with balance, strength and gait deficits, older people with low activity levels, osteoporosis or osteopenia patients, those who experience difficulty getting up from the floor or coping in the event of a fall, individuals with a fear of falling or loss of confidence. Following a comprehensive assessment subsequent treatment may include the prescription of home based individually tailored exercise programmes, one-to-one or group exercise sessions, advice regarding coping strategies, getting up from the floor and lifestyle, assessment and provision of a walking aid, and possible onward referral to community based exercise groups and other agencies.

The **specialist occupational therapist** undertakes home visits as appropriate to assess overall wellbeing with particular reference to managing at home, hobbies and social interests. Recommendations are discussed with the aim of promoting independence, safety, confidence and overall stamina in daily routines. This may include advice, equipment and minor adaptations in the home to meet individual needs and include a short period of rehabilitation ensuring any recommendations/advice meet individual needs. Support workers review patients at home to assist with prescribed home-exercise programmes, install aids to daily living, and give support with increasing confidence and mobility.

## OBJECTIVE 10 - ESTATES STRATEGY

### LOCAL ENHANCED SERVICES (LES)

Enhanced services require a greater level of provision above what is required under core GMS contracts. In Herefordshire the CCG has agreed Local Enhanced Services for 2015/2016 for the following:

- Medicines Assurance Service
- Musculoskeletal
- Community Leg Ulcer Healing Service
- Anticipatory Care Planning
- Community Deep Venous Thrombosis
- Community Anticoagulation Service

Specifications of each are available at: http://www.herefordshireccg.nhs.uk/primary-care

### LOCAL INCENTIVE SCHEME (LIS)

The Local Incentive Scheme (LIS) underpins the delivery of NHS England's strategy to support providers and commissioners within the context of tighter financial constraints. The incentives are to contribute to improved outcomes through improvement in the quality of health services for patients, their families and carers, and reducing health inequalities.

The Herefordshire CCG LIS programme will assist in delivery of key strategic and operational elements central to the primary care strategy including:

- Improved patient experience;
- Higher proportion of patients feeling supported to self-manage their own conditions;
- Access and responsiveness for planned and unplanned care seven days a week;
- Ensuring high quality levels of care – demonstrated through the evolving primary care quality dashboard;
- Improving the ability to manage patients out of hospital nearer to or within their own homes;
- Improving case management by working to locally agreed pathways of care as demonstrated by improved demand management and reduced variation across prescribing and out-patient attendances;
- Better integration with GP out of hours and community teams through the establishment of ICP and link nurse services and improved IT solutions including data sharing agreements.

As with previous Local Incentive Schemes, the CCG has a statutory responsibility to ensure both value for money and clinically effective care. Therefore, in addition to the above, the LIS will work to engage its constituent member practices in a scheme that will:

- Engage them in the decision making of the CCG over and above their commitment through the Herefordshire CCG (HCCG) constitution;
- Deliver key components of the CCG's primary care strategy that are above and beyond GMS contractual arrangements;
- Ensure the delivery of seamless, effective health care outcomes for patients seven days a week.

The LIS is designed to complement:

- The Memorandum of Understanding (MOU) between GP practices and HCCG within the HCCG constitution;

- Existing GMS contractual arrangements and joint primary medical care commissioning with NHS England;
- Local enhanced service agreements with HCCG commissioned through the NHS Standard Contract;
- The development of seven day services across the healthcare system including primary care.

Each of HCCG's 24 practices will be encouraged to sign up to the LIS and be rewarded financially for achieving agreed outcomes. Achievements will also form part of the evolving primary care dashboard, which is already used to demonstrate effective health outcomes and increased quality assurance for patients.

Details of the components of the scheme are available at: http://www.herefordshireccg.nhs.uk/primary-care.

## GOLD STANDARD FRAMEWORK (GSF)

The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best. Through the GSF, palliative care skills for cancer patients can now be used to meet the needs of people with other life-limiting conditions. The GSF provides a framework for a planned system of care in consultation with the patient and family. It promotes better coordination and collaboration between healthcare professionals. The tool helps to optimise out-of-hours' care and can prevent crises and inappropriate hospital admissions.

Across Herefordshire WVT provides community end of life care at Leominster, Ross and Bromyard community hospitals. End of life care is also provided in patient's homes by community nurses. There is a specialist palliative care (SPCT) team to support patients who require complex symptom management both in the community hospitals and in their homes. The SPCT team consists of a consultant in specialist palliative medicine and a lead palliative care nurse who covers both acute

In Herefordshire end of life care within the community is influenced by the GSF with a multidisciplinary approach to care with the needs of the patient central to all care activities. According to the Care Quality Commission (CQC)[37] patients and relatives consider that the care is delivered with compassion and that they are respected and treated with dignity. The community provides a seven day specialist palliative care advice service which considers the needs of the local population when reviewing the service provided. Improvements have been made to the assessment and care planning of patients at the end of life with the development of a multidisciplinary care record for the last days of life. SPCT nursing staff are aligned to GP practices and care homes and specialist nurses support the use of the GSF within the community.

The GSF is in use to support the development of good quality end of life care in the community. The framework is used to help staff identify the needs of patients at each stage of their care through detailed assessment. SPCT nurses work closely with GP practices in using the GSF to support patients at the end of life and regularly attended GSF meetings in the practices they support.

GSF delivers Quality Improvement Programmes within a number of different settings and in order to ensure the integrity and sustainability of this work a Quality Hallmark Accreditation Processes has been developed which enables an organisation to demonstrate sustained best practice. Currently in Herefordshire Stanley House Care Home in Bosbury hold GSF accreditation.

[37] Wye Valley NHS Trust Community End of Life Care CGC Report September 2015.

## URGENT CARE RESPONSE

Urgent care is any form of medical care delivered on an outpatient basis. In this case urgent care describes medical conditions which do not require hospital admission and can be managed without the need for attending an emergency department. Instead the patient is treated using local community services or out-of-hospital facilities. The strategy supports using resources more effectively by directing patients to the most appropriate pathway of care.

Across Herefordshire urgent care is provided in a number of ways:

Access to the **24 GP practices** in Herefordshire is usually from 8.00am to 6.00pm Monday to Friday, although extended hours are provided by some surgeries with extended hours appointments usually booked in advance; each surgery provides on the day emergency appointments.

The **Hereford GP Access Centre** located adjacent to Asda Supermarket is a walk in centre and manages conditions of a low need similar to that which primary care would normally manage such as minor injuries and illnesses including wounds, cuts, bruises, sprains, strains and minor burns. This service is provided by Primecare and is available seven days a week from 8.00am to 8.00pm. Between August 2013 and July 2014 there were just over 31,000 attendances at the walk-in-centre, the majority of which were for people living in or surrounding Hereford City (see Figure 102).**The GPOOH service** is also provided by Primecare and is located adjacent to the A&E department in the County Hospital. The service is available evenings, nights and 24 hours on weekends and bank holidays. Access is also available at other sites across the county such as MIU buildings. GPOOH services manage a wide range of conditions and provide Doctor telephone advice or face-to-face assessments and also provide a telephone assessment service for urgent dental, social care and district nursing referrals. **Minor Injuries Units** (MIUs) are located at the county's four community hospitals/care centres in Ledbury, Leominster, Ross-on-Wye and Kington; the services in Ledbury and Kington are provided by private contractors. These centres manage a range of injuries and ailments such as simple breaks, minor head injuries, burns and emergency contraception. Access at Leominster and Ross-on-Wye is 08.30am to 5.30pm Monday to Friday, 8.00am to 8.00pm seven days a week and 24 hours seven days a week (excluding bank holidays) at Ledbury. Between August 2013 and July 2014 there were 6,350 attendances at the four MIUs in Herefordshire, with most attendances being for people who live close to the units (see Figure 103).

**The Ambulance Service** provides an accident and emergency rapid response service 24 hours a day across Herefordshire. Ambulance staff are called to emergencies and are trained to provide care at the scene of an incident and/or transport the patient to the Accident & Emergency Department. The ambulance service, with trained paramedics and Community First Responders also provide 'See and Treat', 'Hear and Treat' to support care at or close to individual patients homes. The Ambulance Service has also attached Community Paramedics to GP practices in rural areas so that a local response can be provided to urgent need identified either by the ambulance call centre or the GP Practice.

The **Community First Responder Schemes** are teams of volunteers who are trained by West Midlands Ambulance Service to a nationally recognised level and provide lifesaving treatment to people in their local communities. Community First Responders are always backed up with the despatch of the nearest available emergency vehicle.

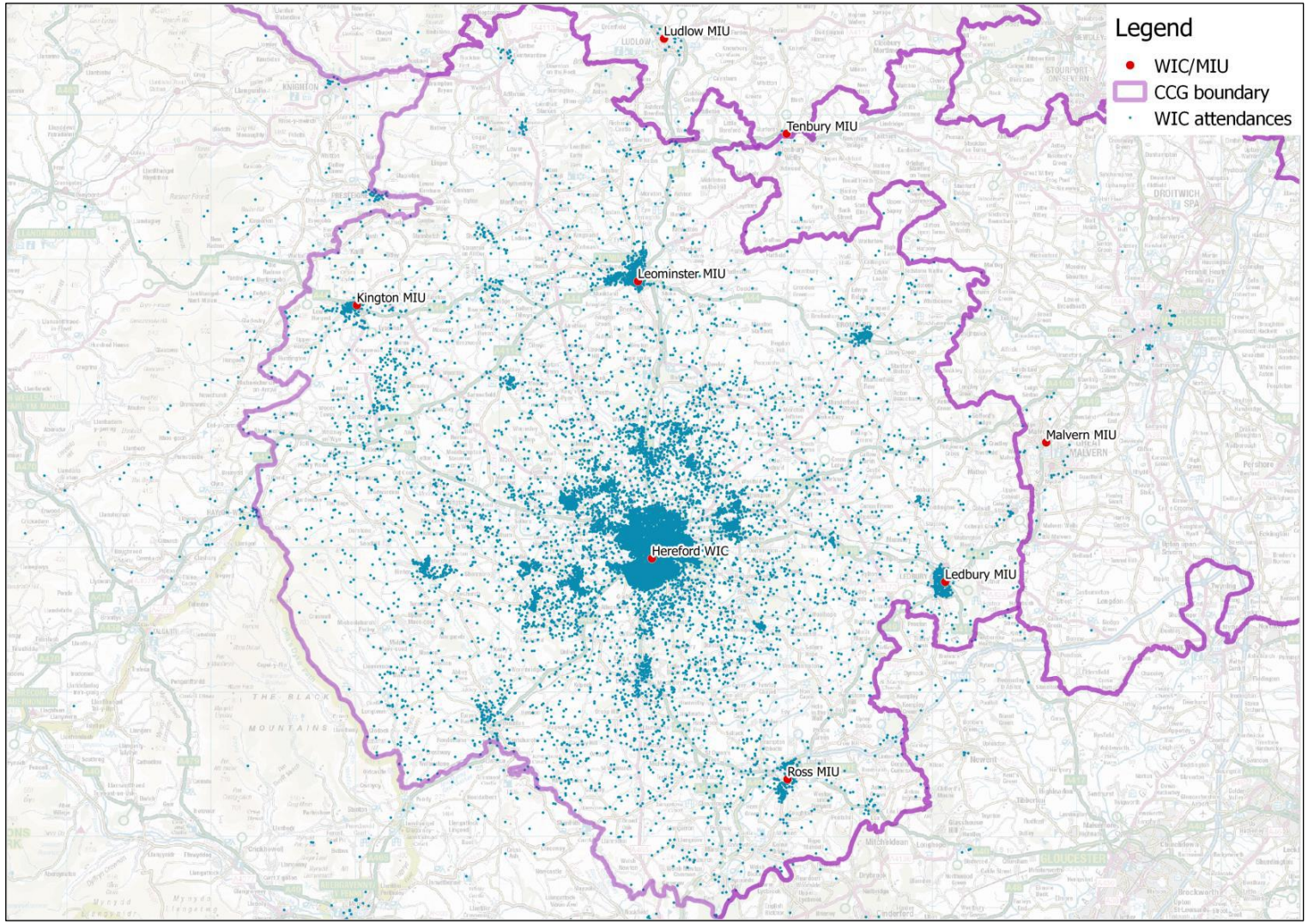
Although not strictly part of the urgent care response service the A&E department is often the destination for patients treated initially in the community by the above services. The department is physically based at the County Hospital with services provided 24 hours a day. The service manages a wide range of typical A&E conditions and there is a full complement of on-site diagnostics able to respond to significant trauma and serious ill health.

*Access*

Journey times to the nearest MIU or the walk-in-centre vary considerable across Herefordshire from less than 5 minutes to over half an hour, with poor access evident in the south west of the county (Figure 104). Where public transport is concerned accessing walk in provision from a rural area is more difficult with journey times from out with the main conurbations frequently in excess of an hour and often more than 2 hours (Figure 105).

***Figure 102: Walk-in Centre (WIC) attendances (August 2013 – July 2014).***

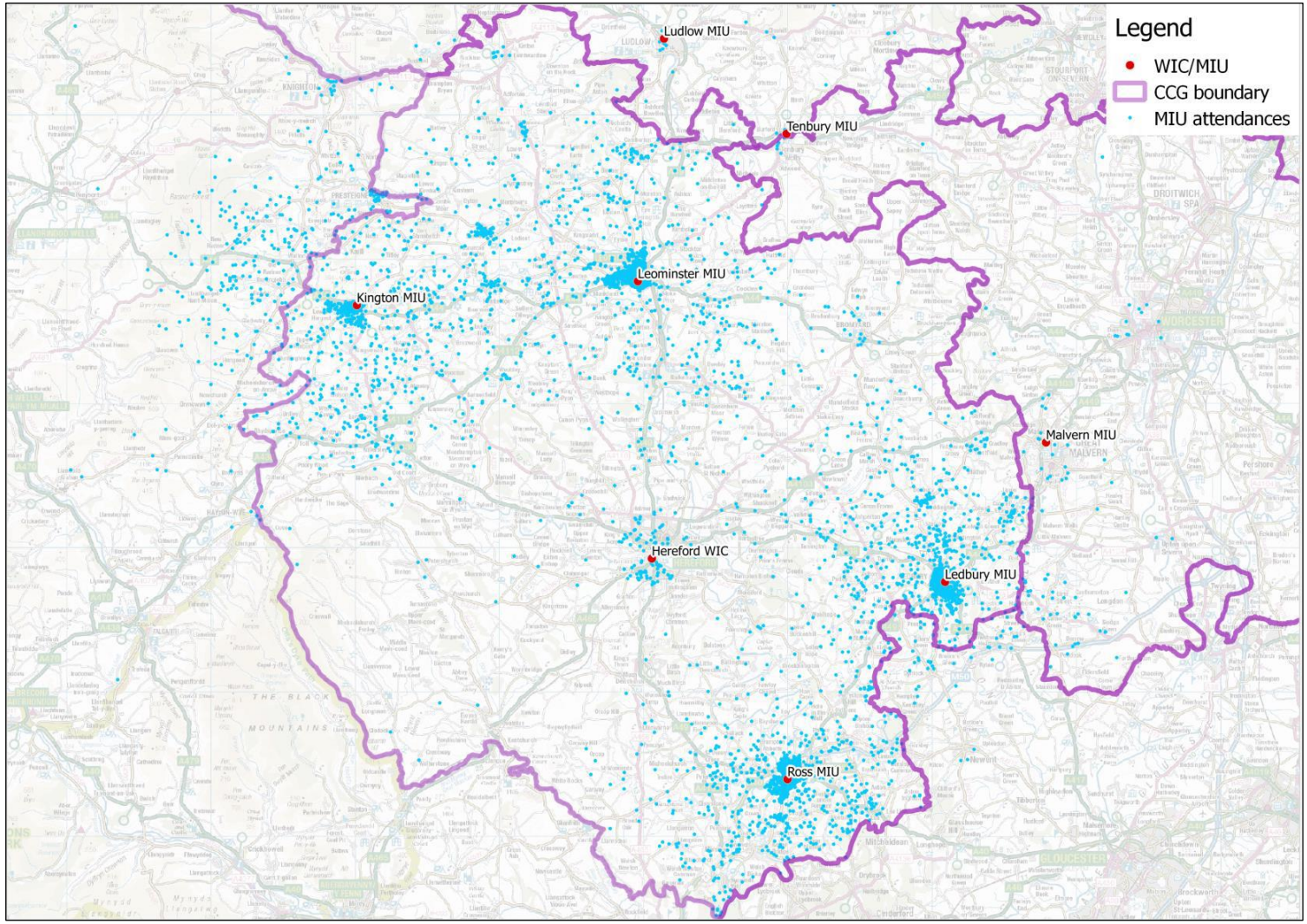
Each dot represents a patient attending the WIC. However the dot does not represent the exact home location of patient (address of patient was only available at census output area (OA) level). For the purposes of mapping each patients dot was randomly distributed within their home OA.




Source: Strategy Unit, Midlands & Lancashire CSU - Urgent care in Herefordshire - Activity, Travel time and demographics.

***Figure 103: Minor Injury Unit (MIU) attendances (August 2013 – July 2014).***

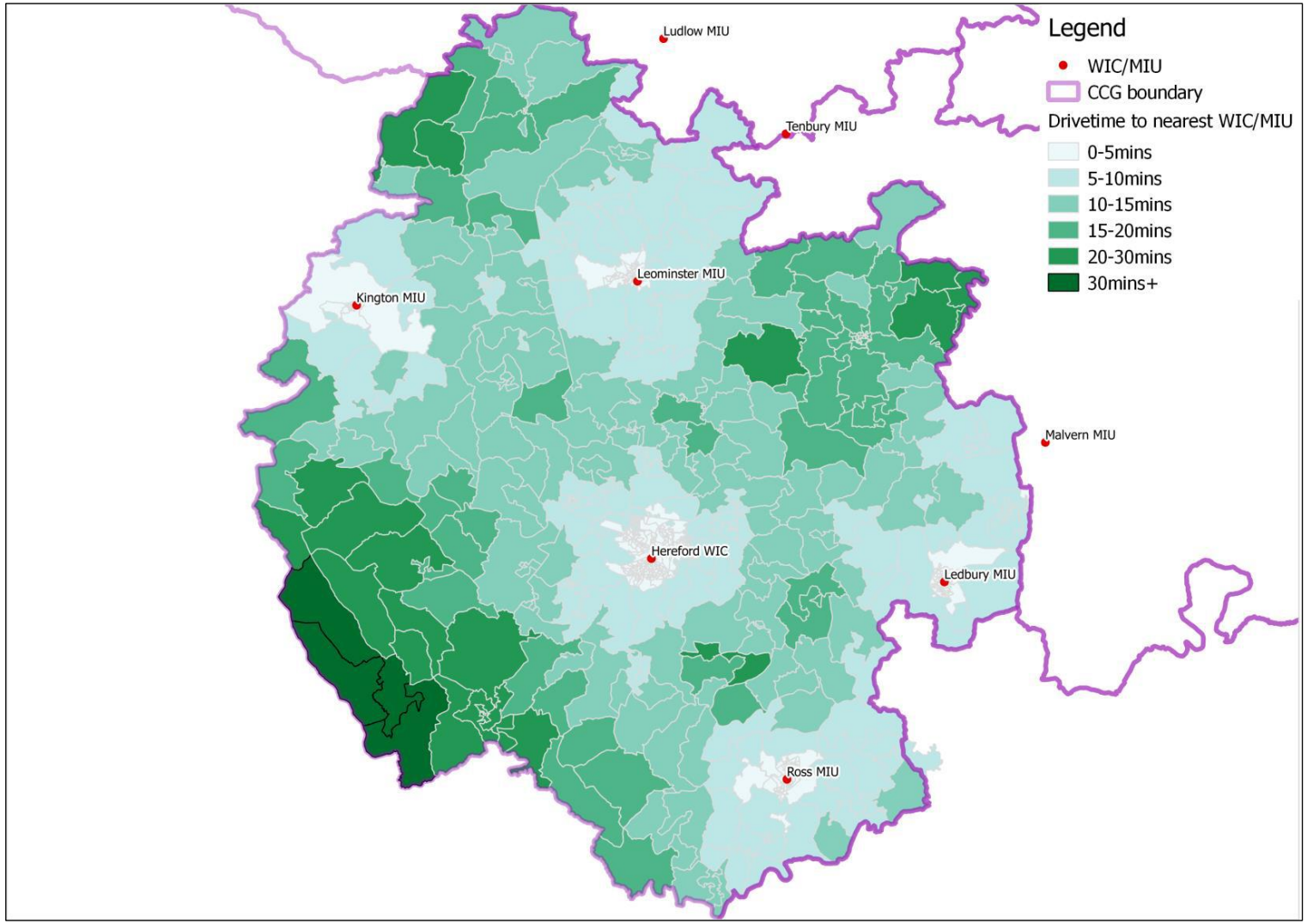
Each dot represents a patient attending the one of the MIUs. However the dot does not represent the exact home location of patient (address of patient was only available at census output area (OA) level). For the purposes of mapping each patients dot was randomly distributed within their home OA.




Source: Strategy Unit, Midlands & Lancashire CSU - Urgent care in Herefordshire - Activity, Travel time and demographics.

***Figure 104: Average drive-times from each Census Output Area (OA) to nearest WIC/MIU.***

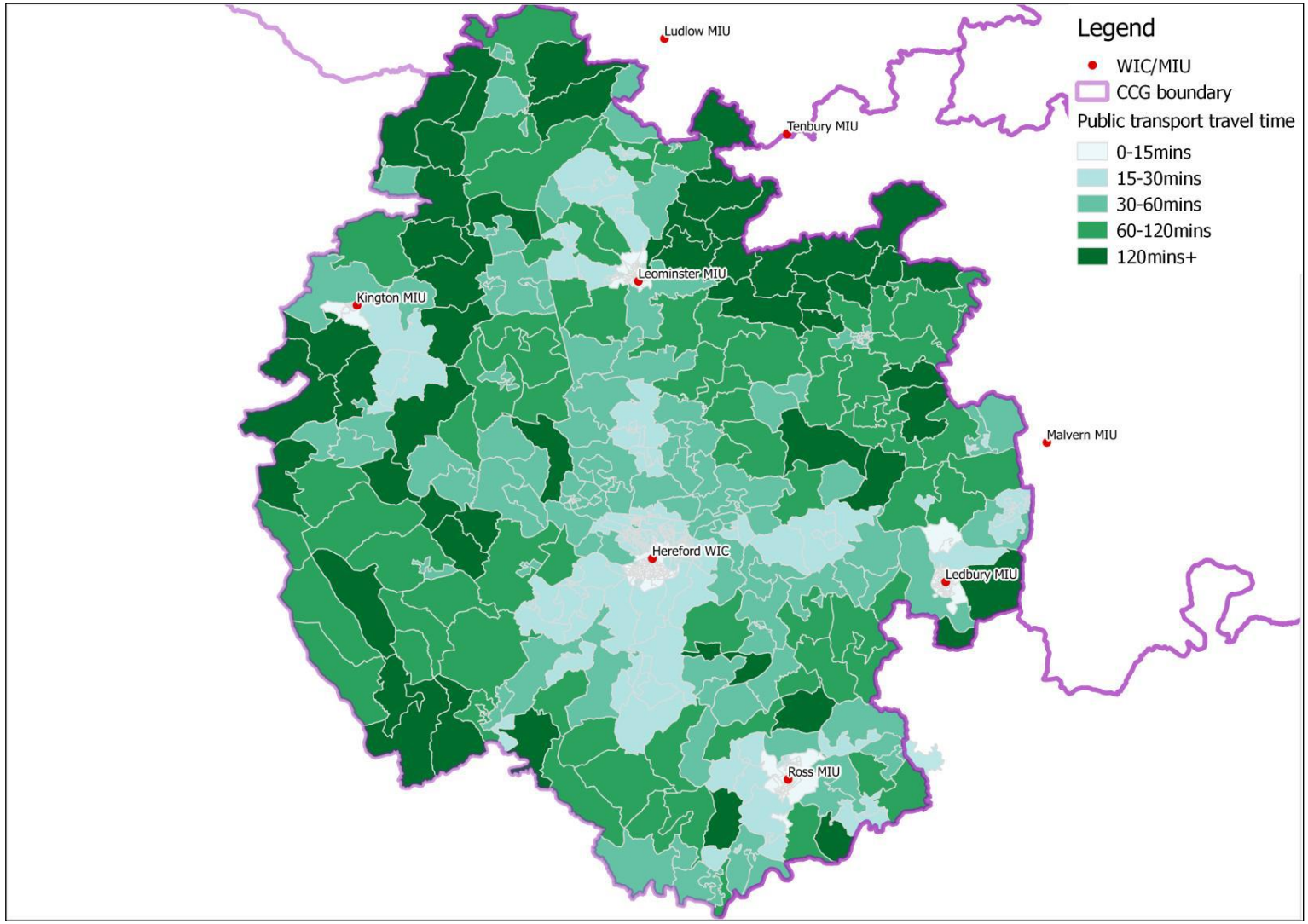
Average drive time is derived by taking the average drive time from each of the postcodes within each OA




Source: Strategy Unit, Midlands & Lancashire CSU - Urgent care in Herefordshire - Activity, Travel time and demographics.

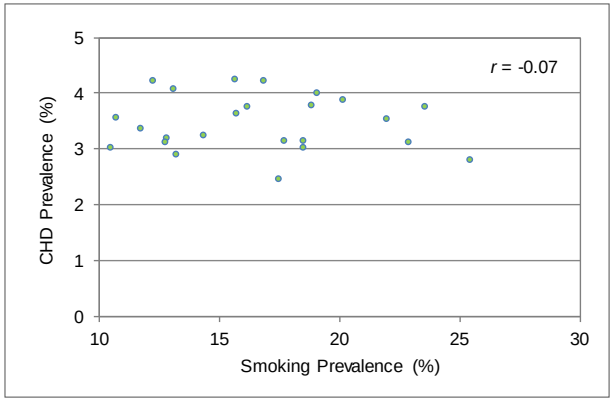
***Figure 105: Average drive-times from each Census Output Area (OA) to nearest WIC/MIU.***

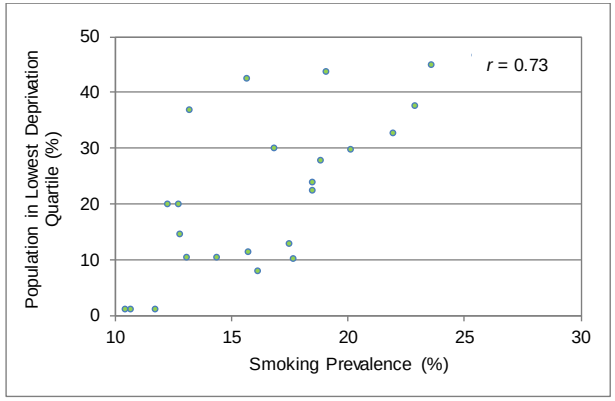
Average drive time is derived by taking the average drive time from each of the postcodes within each OA.

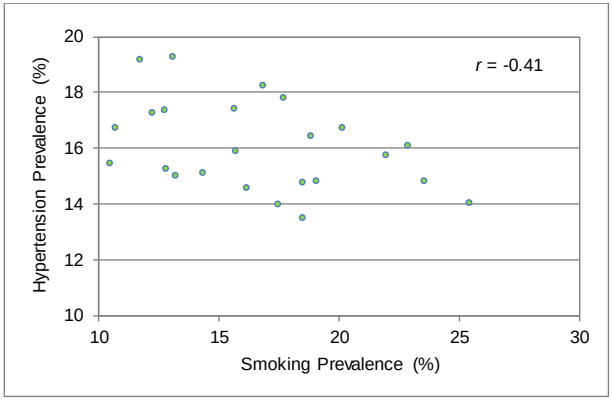


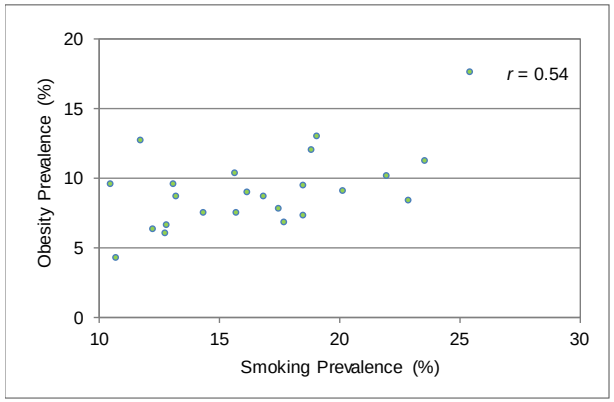

Source: Strategy Unit, Midlands & Lancashire CSU - Urgent care in Herefordshire - Activity, Travel time and demographics.

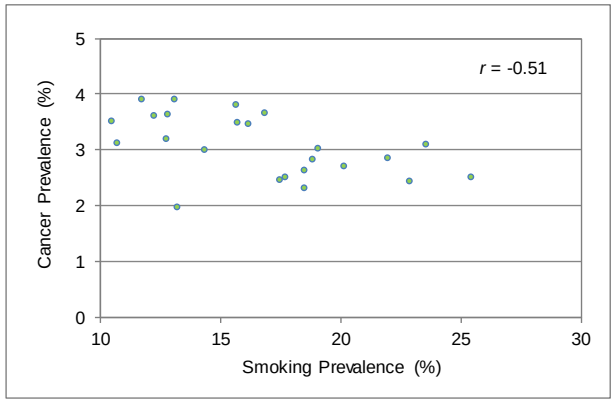
## APPENDIX 1 –RELATIONSHIPS BETWEEN MAJOR DISEASE PREVALENCE AND ALSO CAUSATIVE FACTORS WITH CORRELATION CO-EFFICIENT INDICATED.

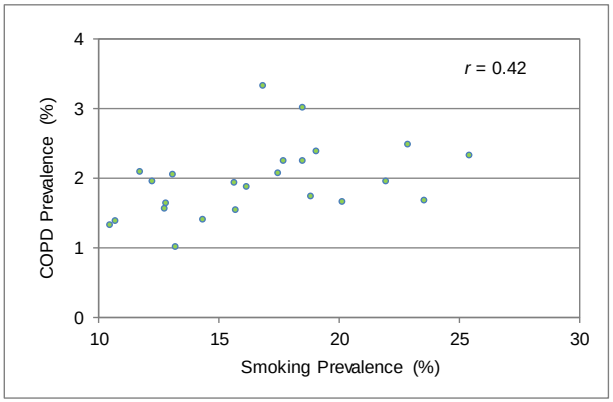


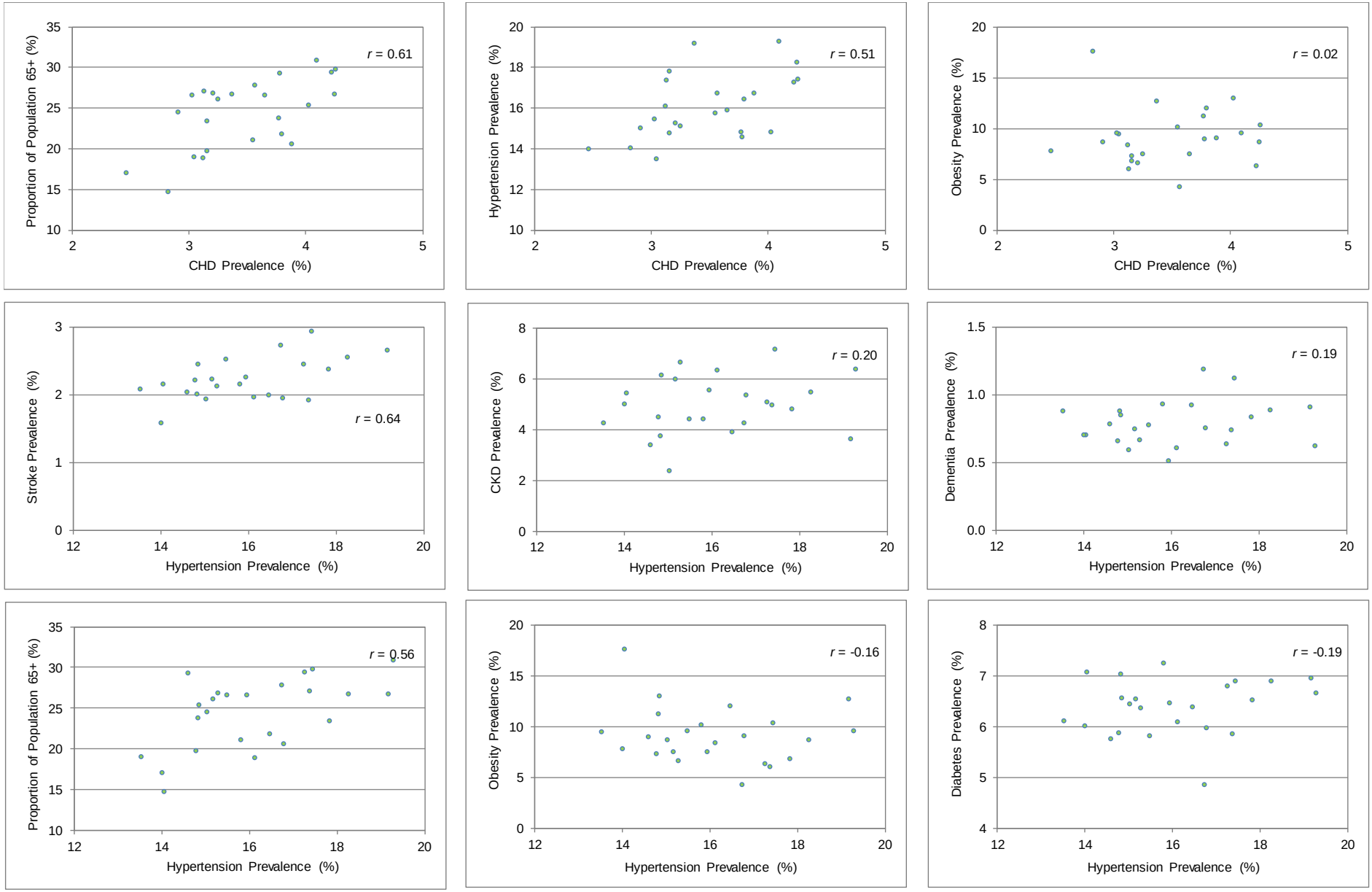



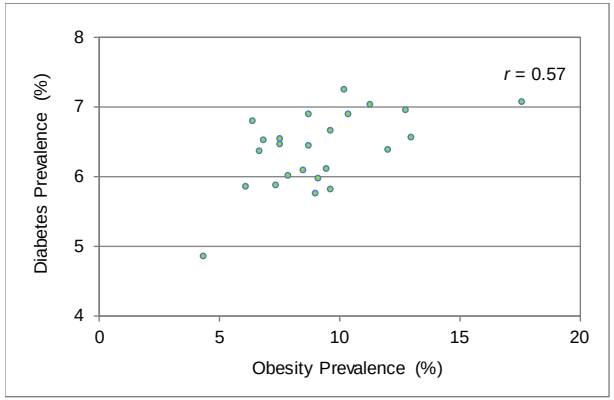



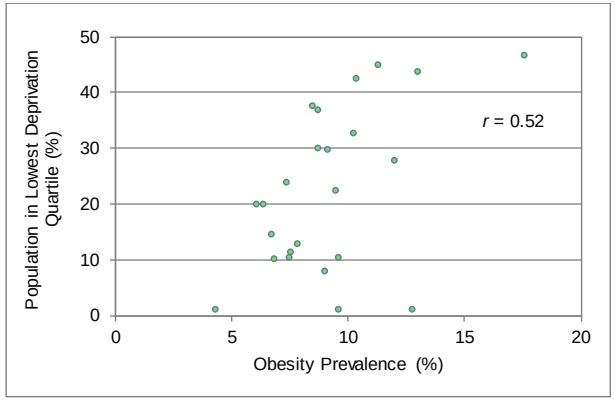



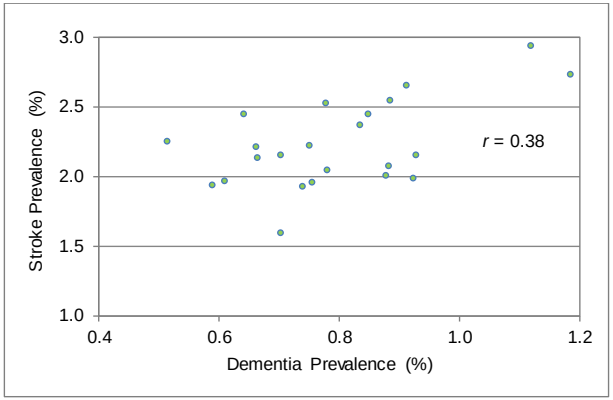



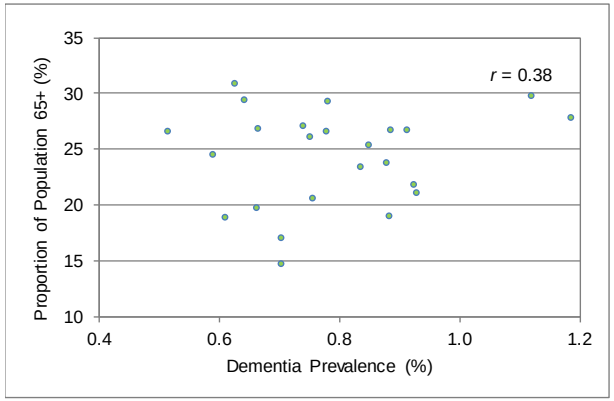



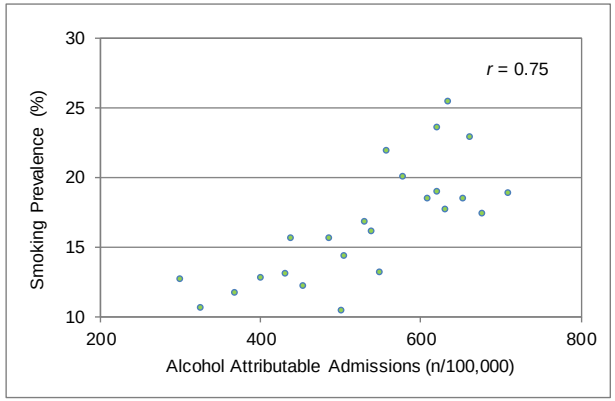

Proportion of Population 65+ (%)
CHD Prevalence (%)
r = 0.61
Hypertension Prevalence (%)
CHD Prevalence (%)
r = 0.51
Obesity Prevalence (%)
CHD Prevalence (%)
r = 0.02
Stroke Prevalence (%)
Hypertension Prevalence (%)
r = 0.64
CKD Prevalence (%)
Hypertension Prevalence (%)
r = 0.20
Dementia Prevalence (%)
Hypertension Prevalence (%)
r = 0.19
Proportion of Population 65+ (%)
Hypertension Prevalence (%)
r = 0.56
Obesity Prevalence (%)
Hypertension Prevalence (%)
r = -0.16
Diabetes Prevalence (%)
Hypertension Prevalence (%)
r = -0.19

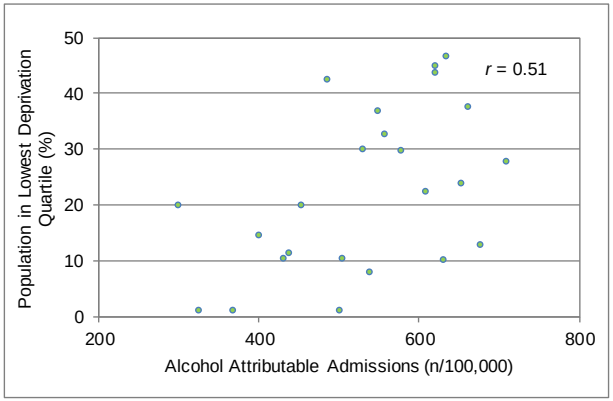

Diabetes Prevalence (%)
Obesity Prevalence (%)
r = 0.57

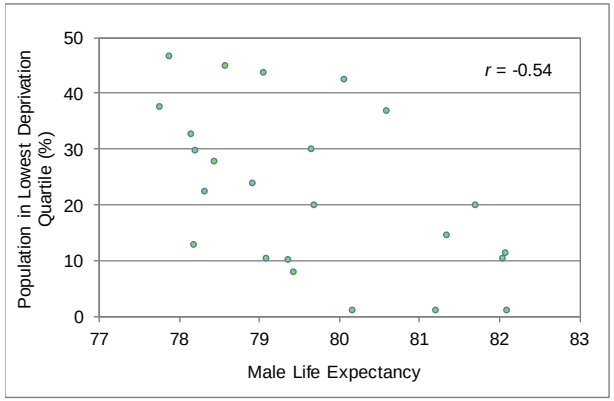

Population in Lowest Deprivation Quartile (%)
Obesity Prevalence (%)
r = 0.52

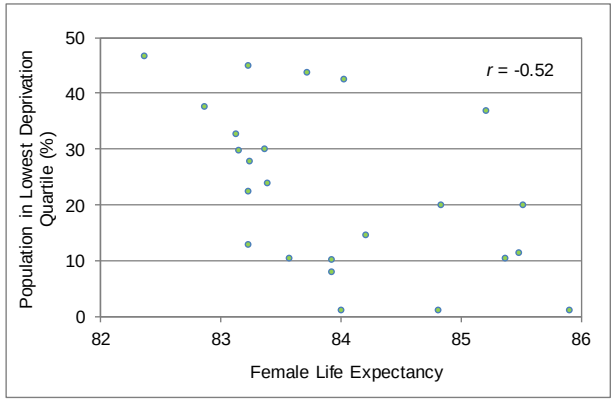

Stroke Prevalence (%)
Dementia Prevalence (%)
r = 0.38


Proportion of Population 65+ (%)
Dementia Prevalence (%)
r = 0.38

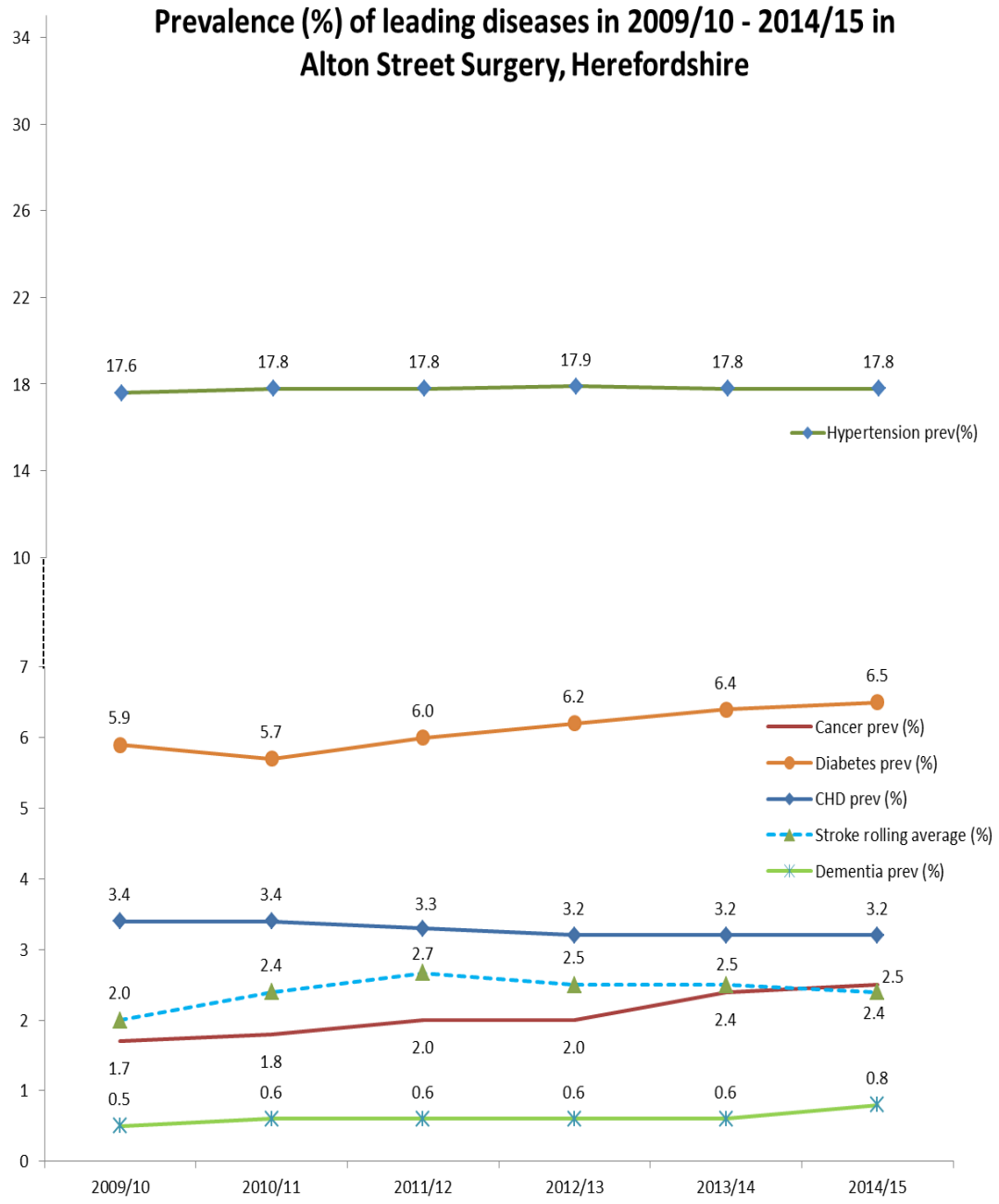

Smoking Prevalence (%)
Alcohol Attributable Admissions (n/100,000)
r = 0.75

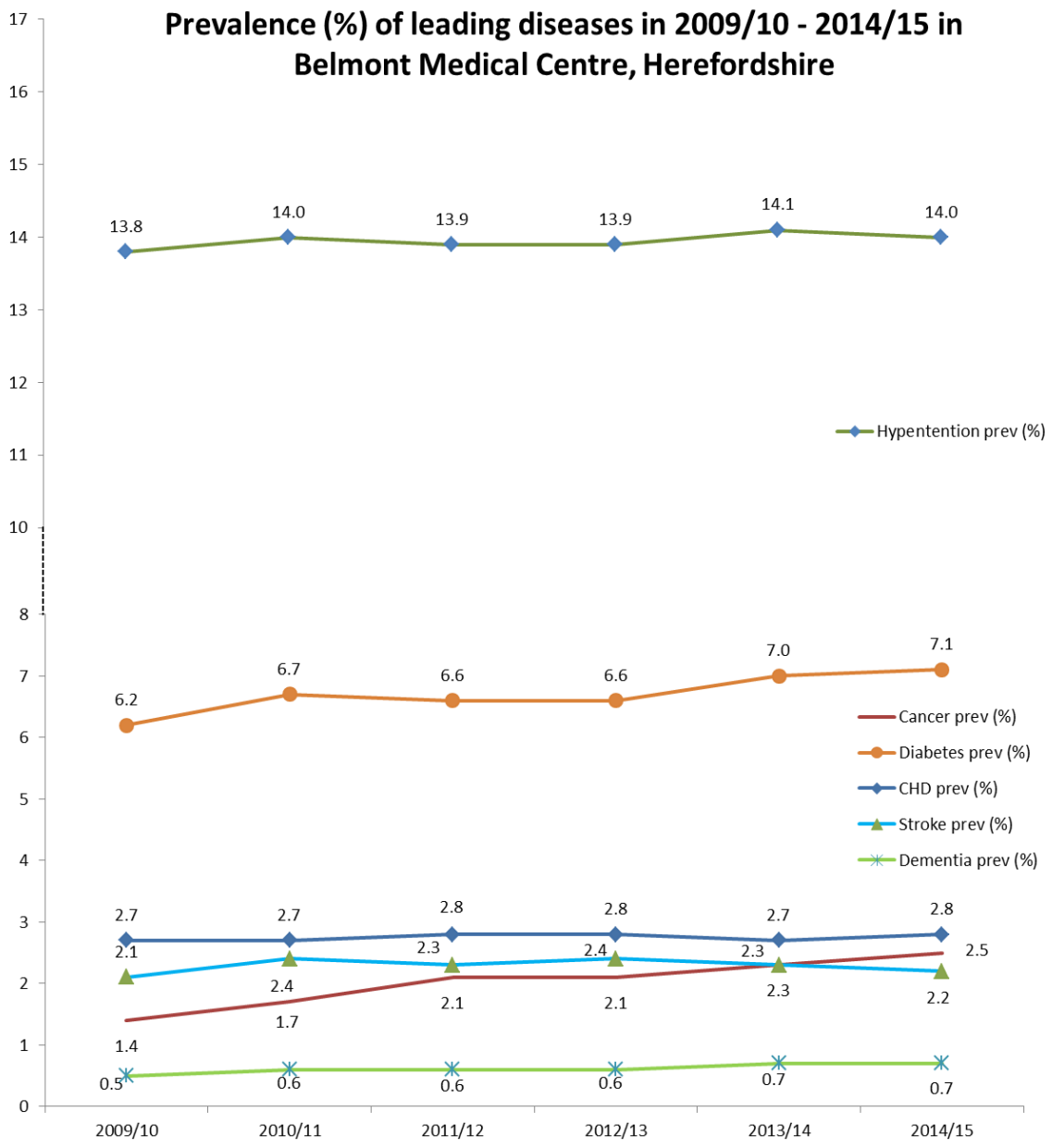

Population in Lowest Deprivation Quartile (%)
Alcohol Attributable Admissions (n/100,000)
r = 0.51

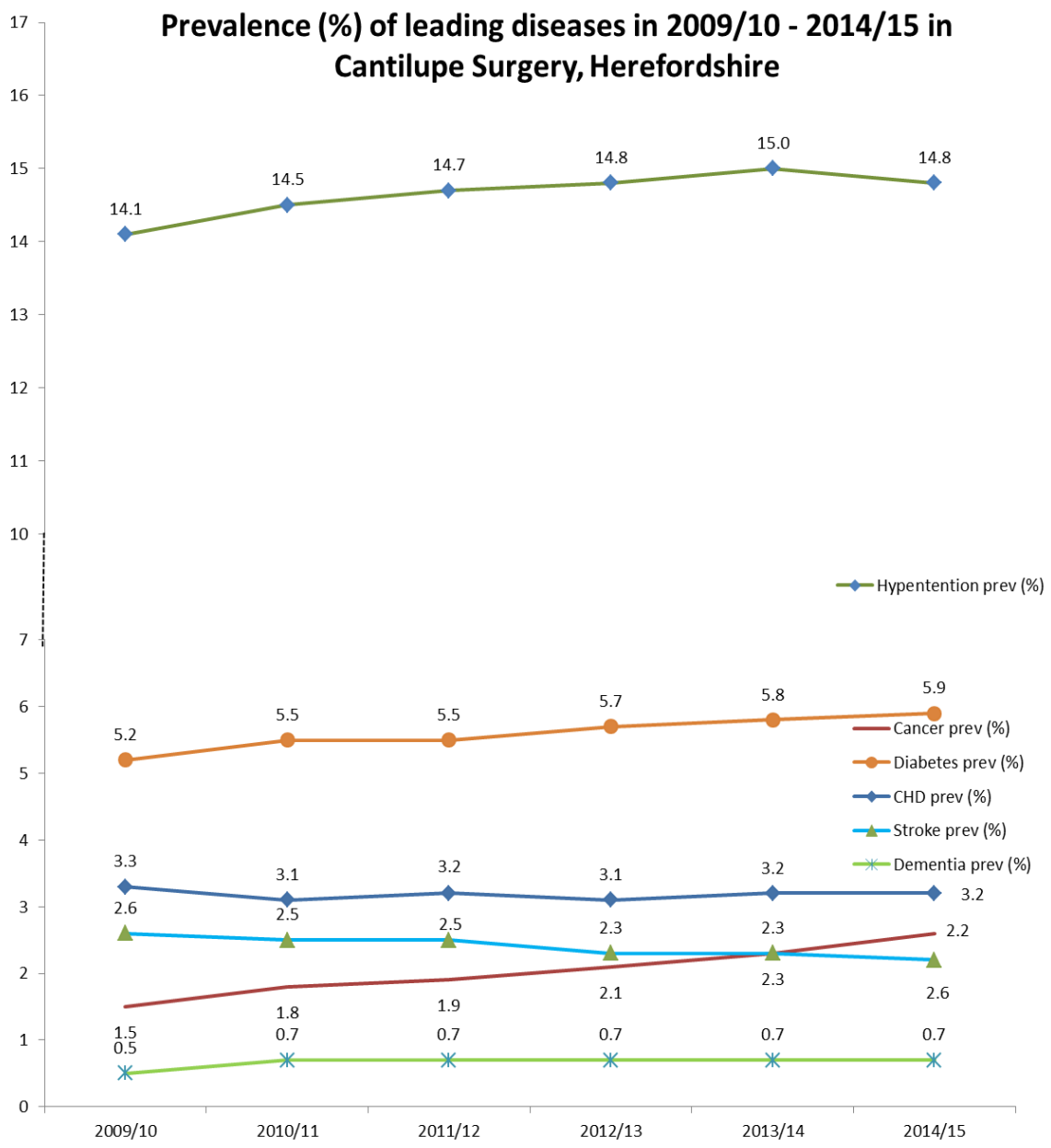

Population in Lowest Deprivation Quartile (%)
Male Life Expectancy
r = -0.54

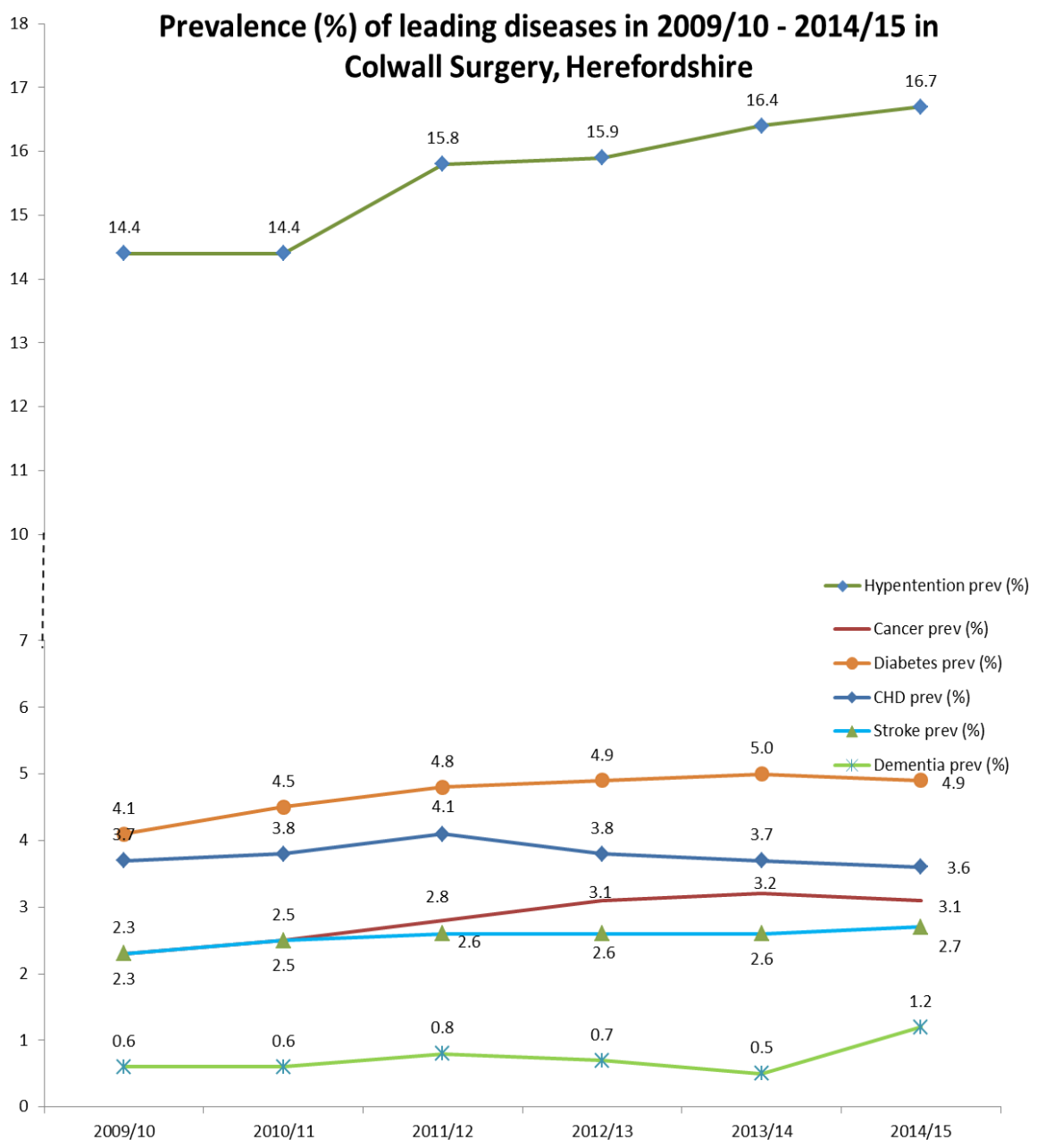

Population in Lowest Deprivation Quartile (%)
Female Life Expectancy
r = -0.52

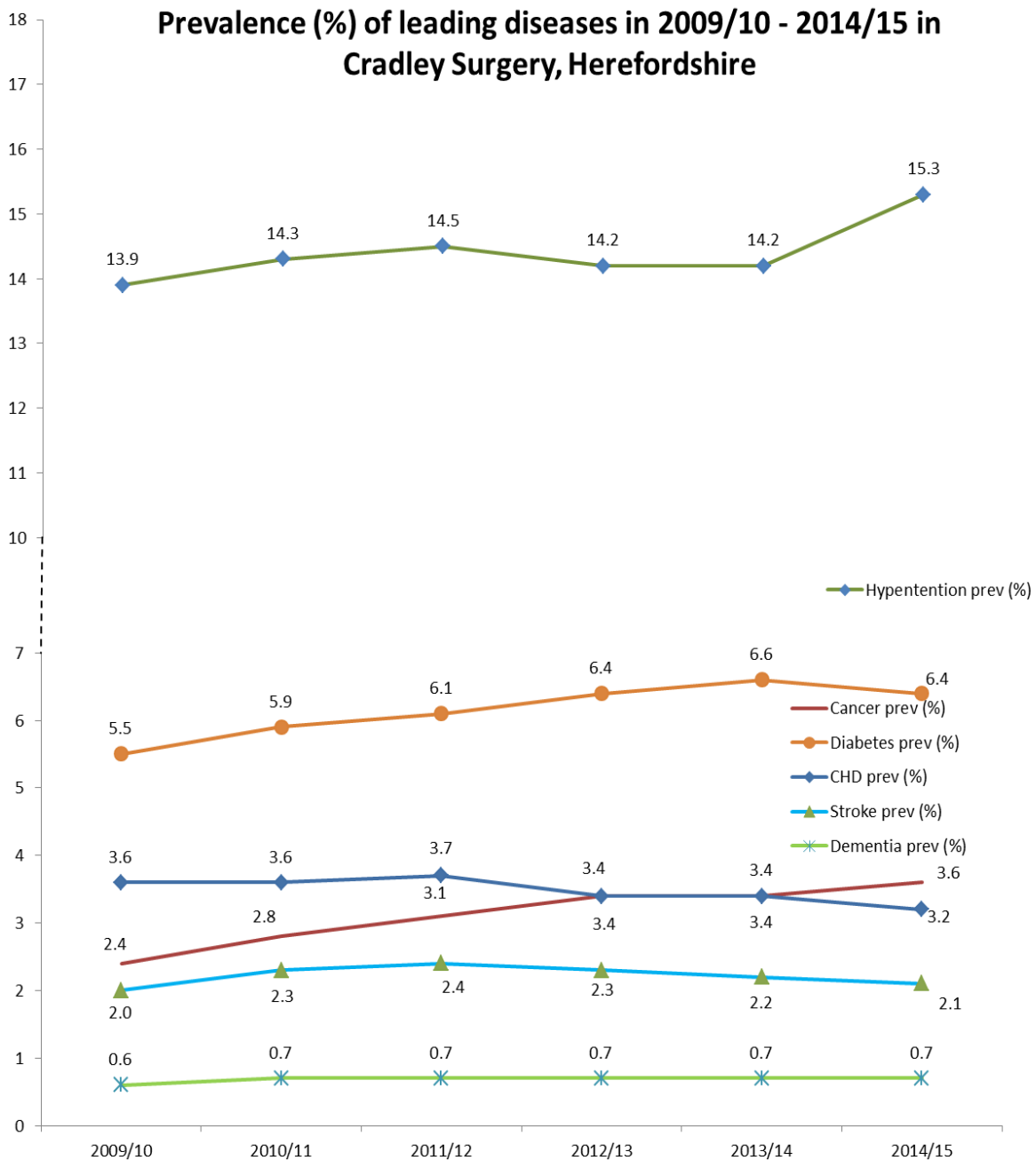
## APPENDIX 2 - TRENDS ANALYSIS OF LEADING CHRONIC DISEASES IN 24 GP SURGERIES IN HEREFORDSHIRE (Data Source: National General Practice Profiles)

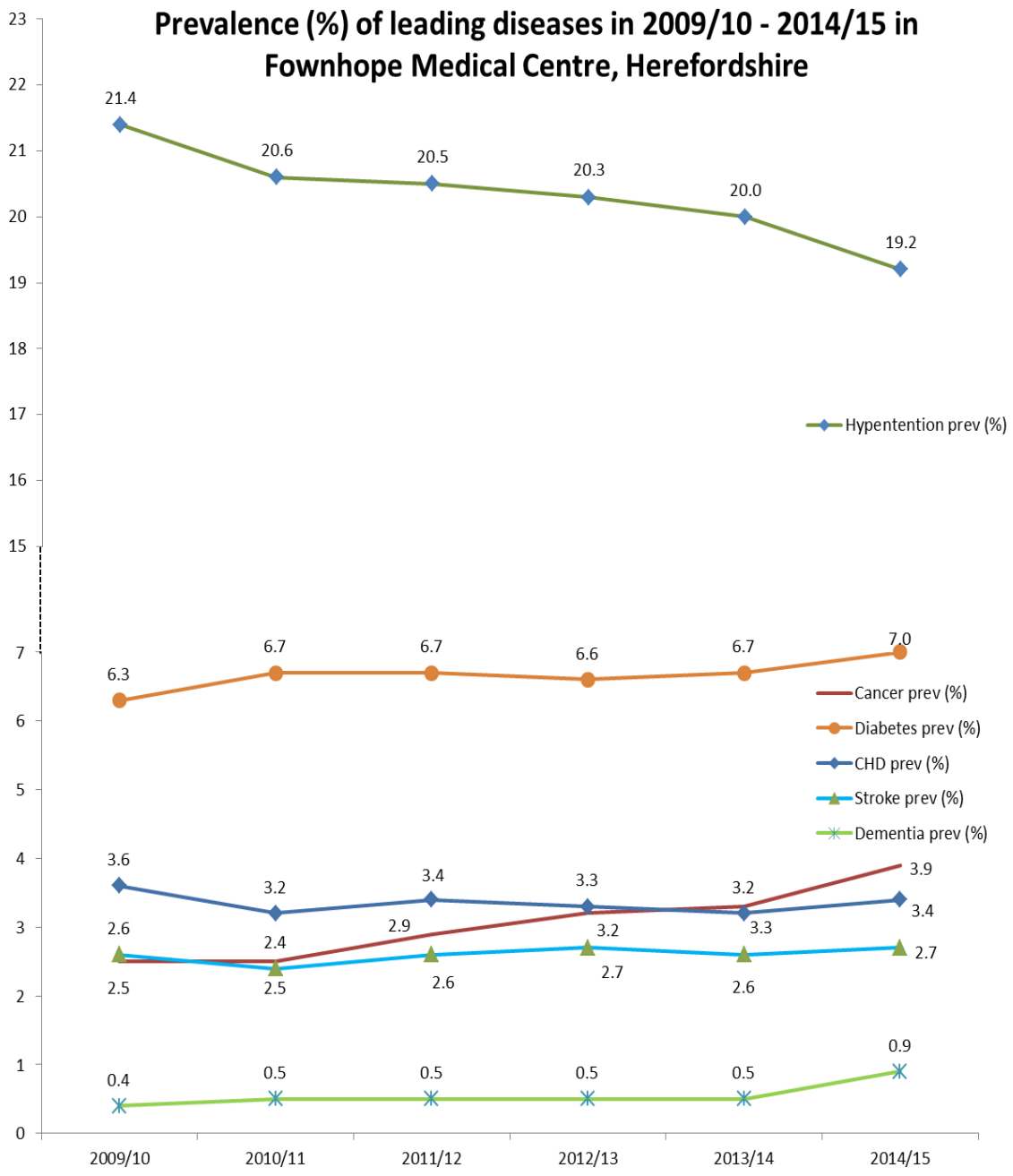


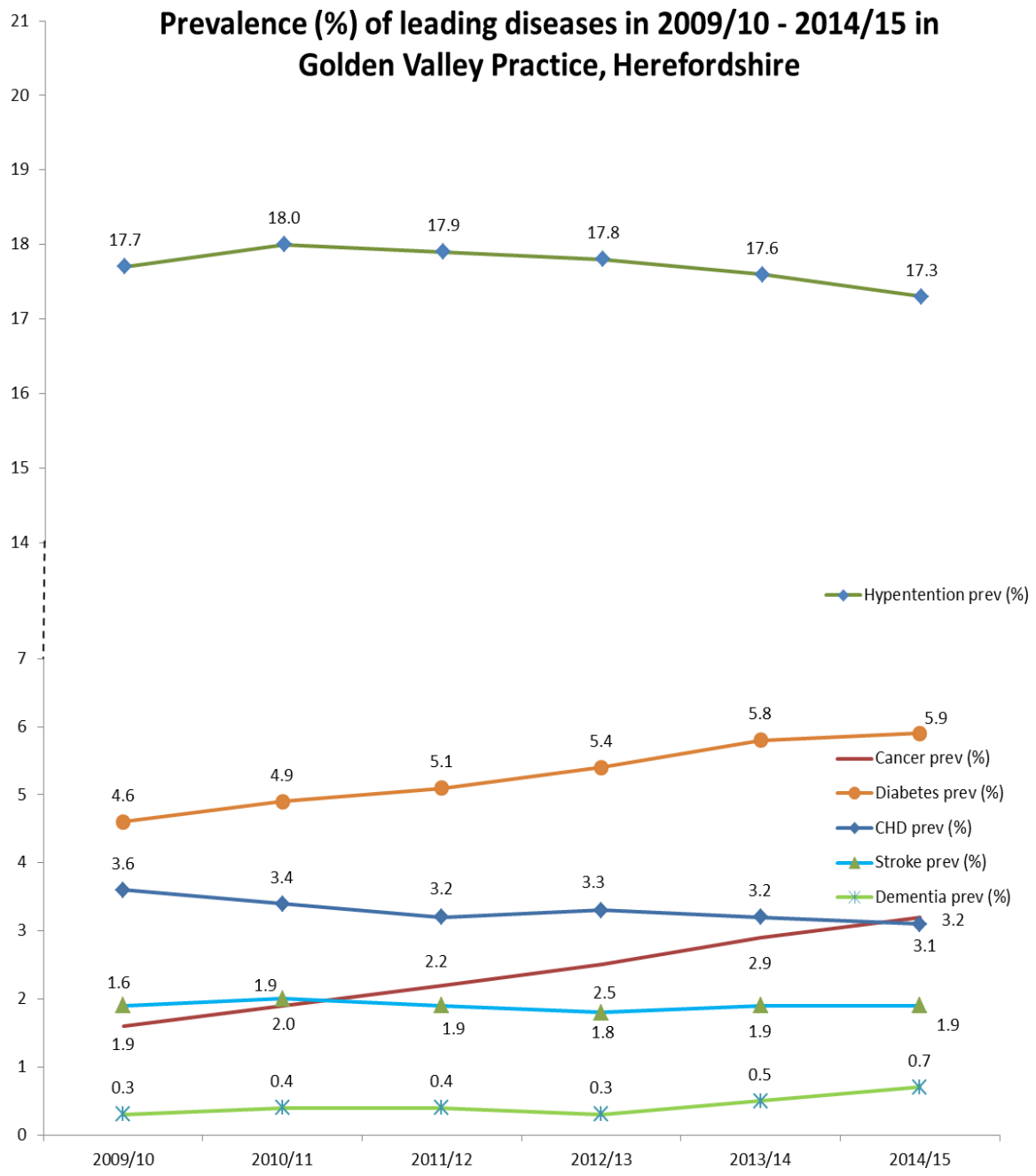

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Belmont Medical Centre, Herefordshire
17
16
15
14
13
12
11
10
8
7
6
5
4
3
2
1
0
13.8
14.0
13.9
13.9
14.1
14.0
Hypentention prev (%)
6.2
6.7
6.6
6.6
7.0
7.1
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
2.7
2.7
2.8
2.8
2.7
2.8
2.1
2.4
2.3
2.4
2.3
2.5
1.4
1.7
2.1
2.1
2.3
2.2
0.5
0.6
0.6
0.6
0.7
0.7
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

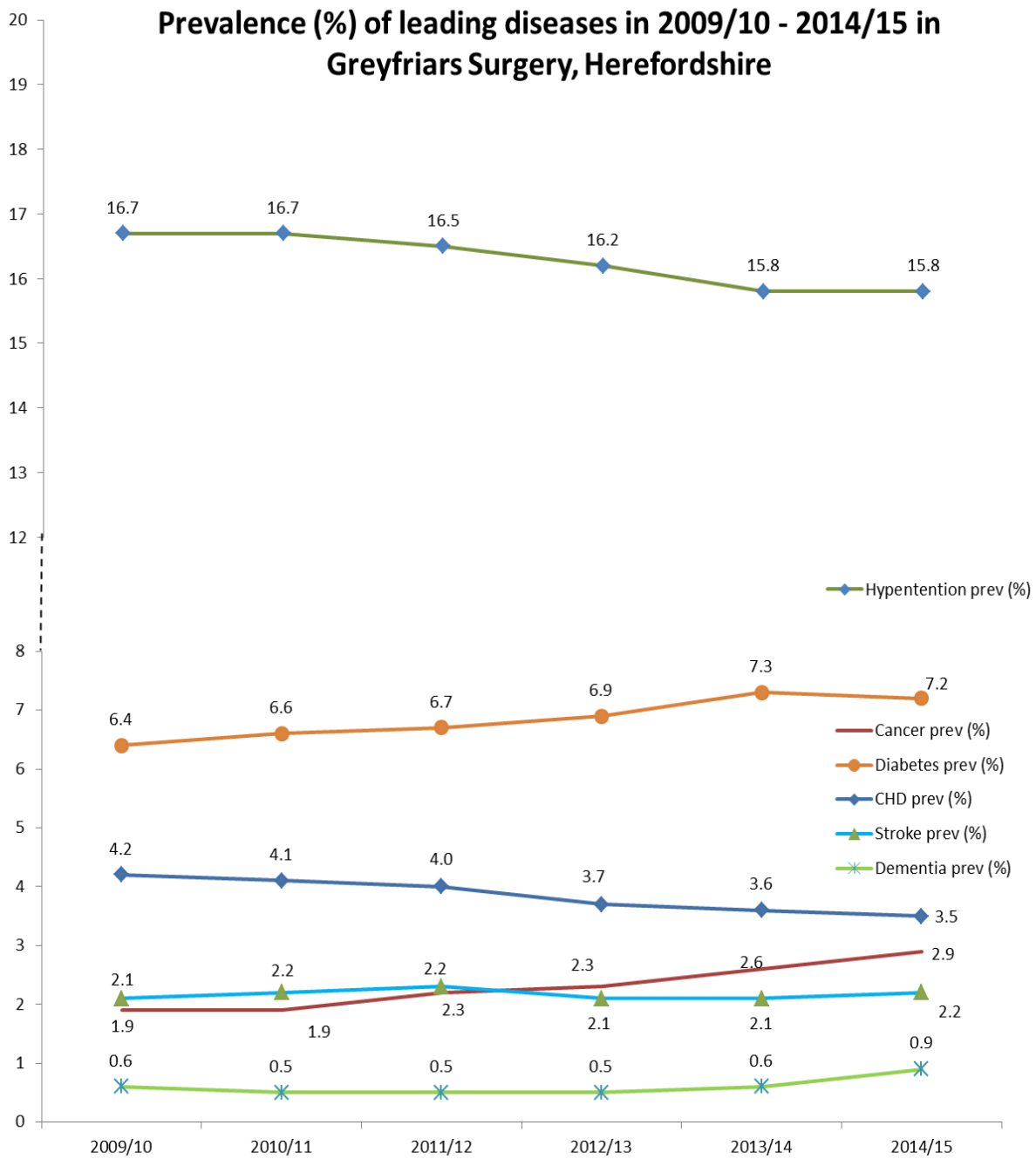

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Cantilupe Surgery, Herefordshire
17
16
15
14
13
12
11
10
7
6
5
4
3
2
1
0
14.1
14.5
14.7
14.8
15.0
14.8
5.2
5.5
5.5
5.7
5.8
5.9
3.3
3.1
3.2
3.1
3.2
3.2
2.6
2.5
2.5
2.3
2.3
2.2
1.5
1.8
1.9
2.1
2.3
2.6
0.5
0.7
0.7
0.7
0.7
0.7
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

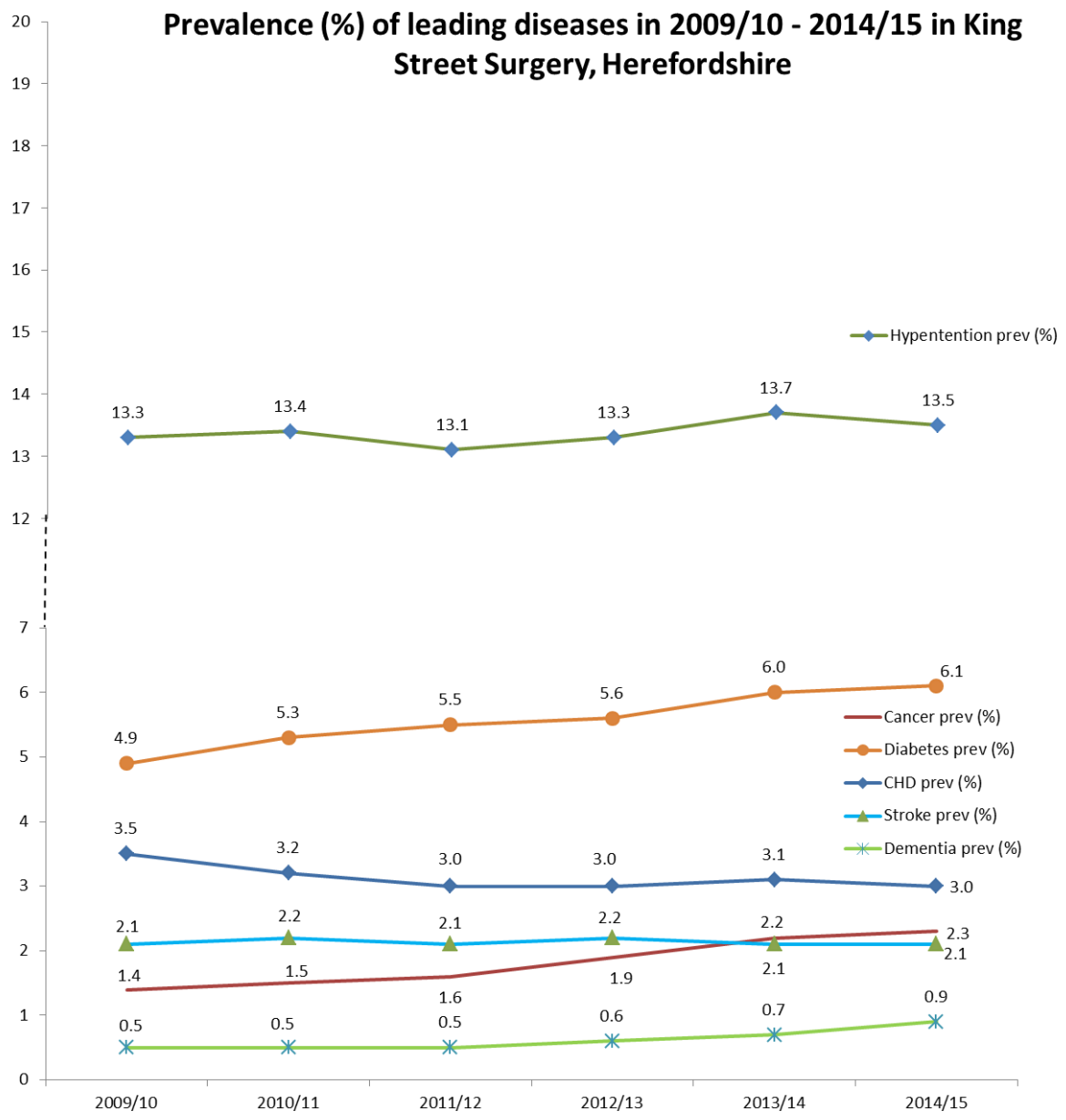

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Colwall Surgery, Herefordshire
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
14.4
14.4
15.8
15.9
16.4
16.7
4.1
4.5
4.8
4.9
5.0
4.9
3.7
3.8
4.1
3.8
3.7
3.6
2.3
2.5
2.8
3.1
3.2
3.1
2.3
2.5
2.6
2.6
2.6
2.7
0.6
0.6
0.8
0.7
0.5
1.2
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

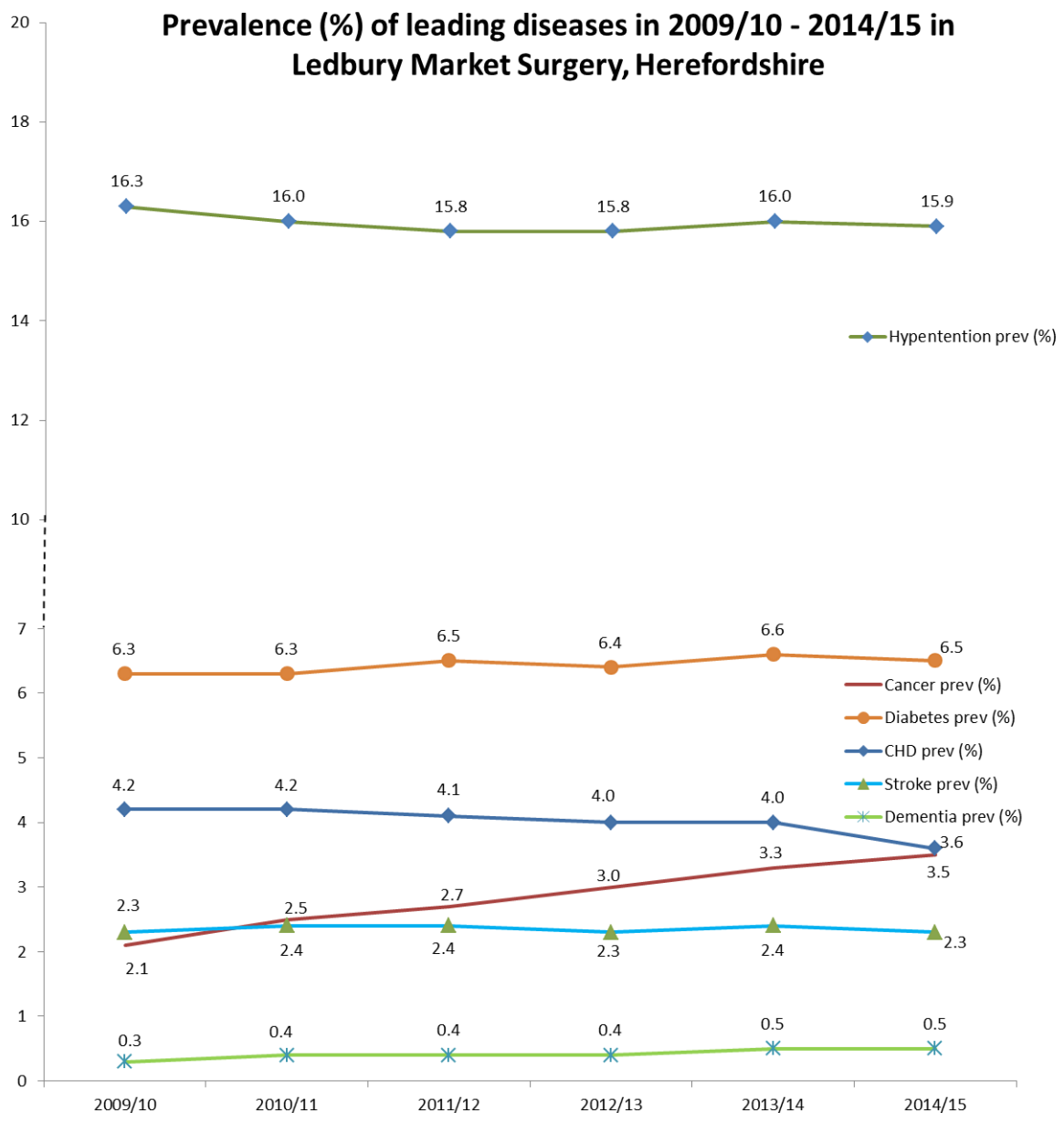

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Cradley Surgery, Herefordshire
18
17
16
15
14
13
12
11
10
7
6
5
4
3
2
1
0
13.9
14.3
14.5
14.2
14.2
15.3
Hypentention prev (%)
5.5
5.9
6.1
6.4
6.6
6.4
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
3.6
3.6
3.7
3.4
3.4
3.2
2.4
2.8
3.1
3.4
3.4
3.6
2.0
2.3
2.4
2.3
2.2
2.1
0.6
0.7
0.7
0.7
0.7
0.7
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

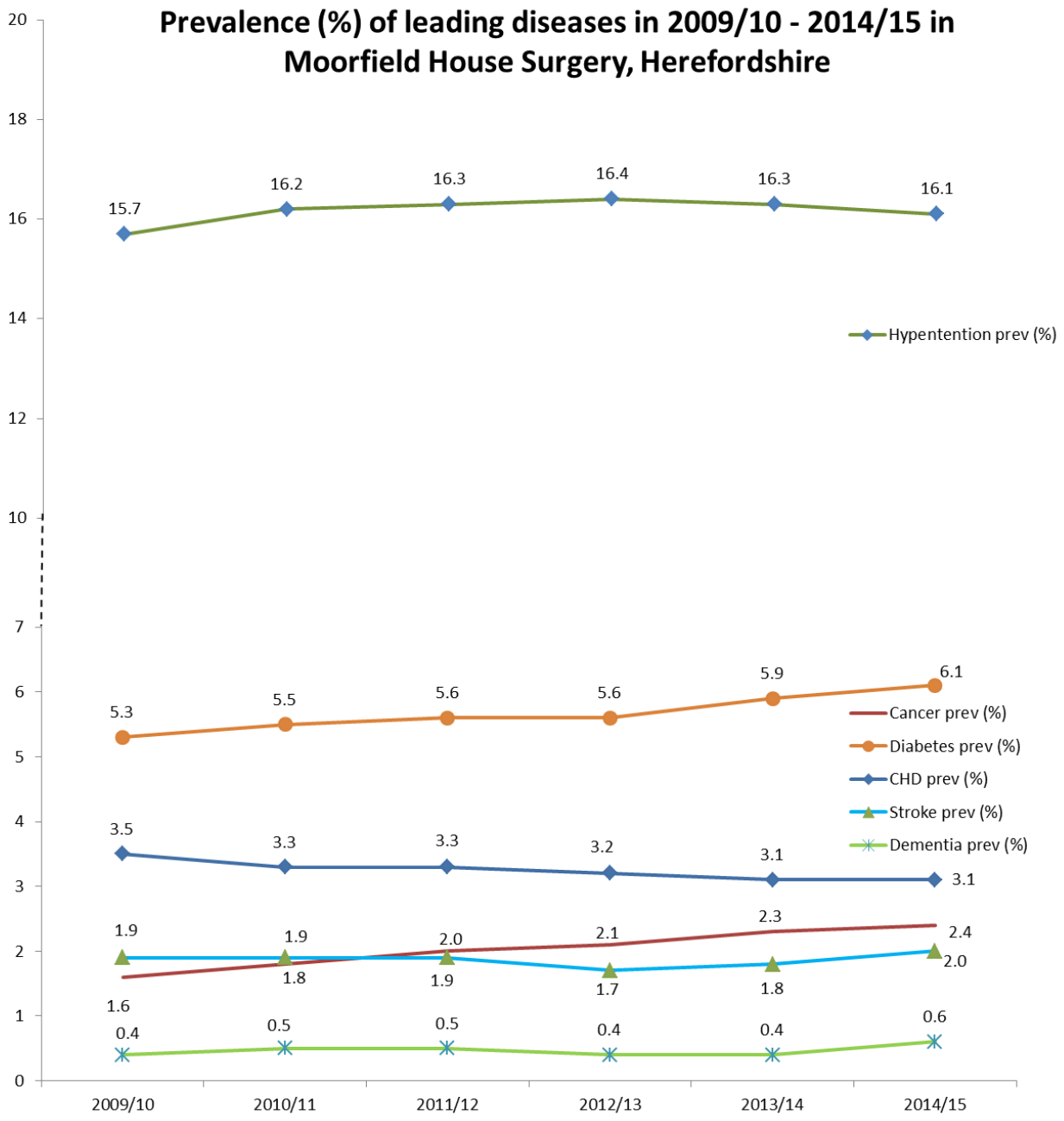

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Fownhope Medical Centre, Herefordshire
23
22
21
20
19
18
17
16
15
7
6
5
4
3
2
1
0
21.4
20.6
20.5
20.3
20.0
19.2
Hypentention prev (%)
6.3
6.7
6.7
6.6
6.7
7.0
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
3.6
3.2
3.4
3.3
3.2
3.4
3.9
2.6
2.4
2.9
3.2
3.3
2.7
2.5
2.5
2.6
2.7
2.6
0.4
0.5
0.5
0.5
0.5
0.9
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

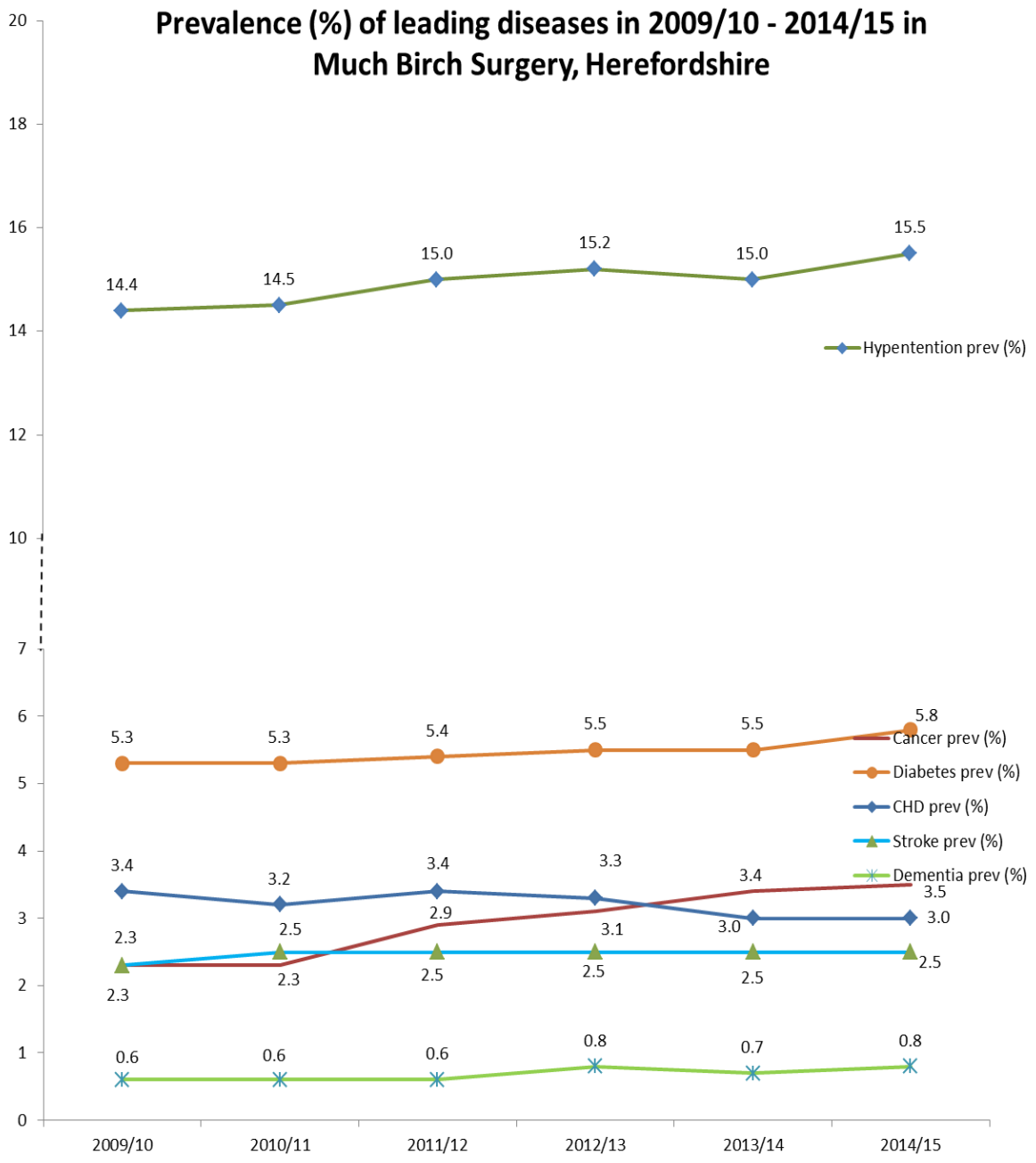

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Golden Valley Practice, Herefordshire
21
20
19
18
17
16
15
14
7
6
5
4
3
2
1
0
17.7
18.0
17.9
17.8
17.6
17.3
4.6
4.9
5.1
5.4
5.8
5.9
3.6
3.4
3.2
3.3
3.2
3.2
1.9
2.0
2.2
2.5
2.9
3.1
1.6
1.9
1.9
1.8
1.9
1.9
0.3
0.4
0.4
0.3
0.5
0.7
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

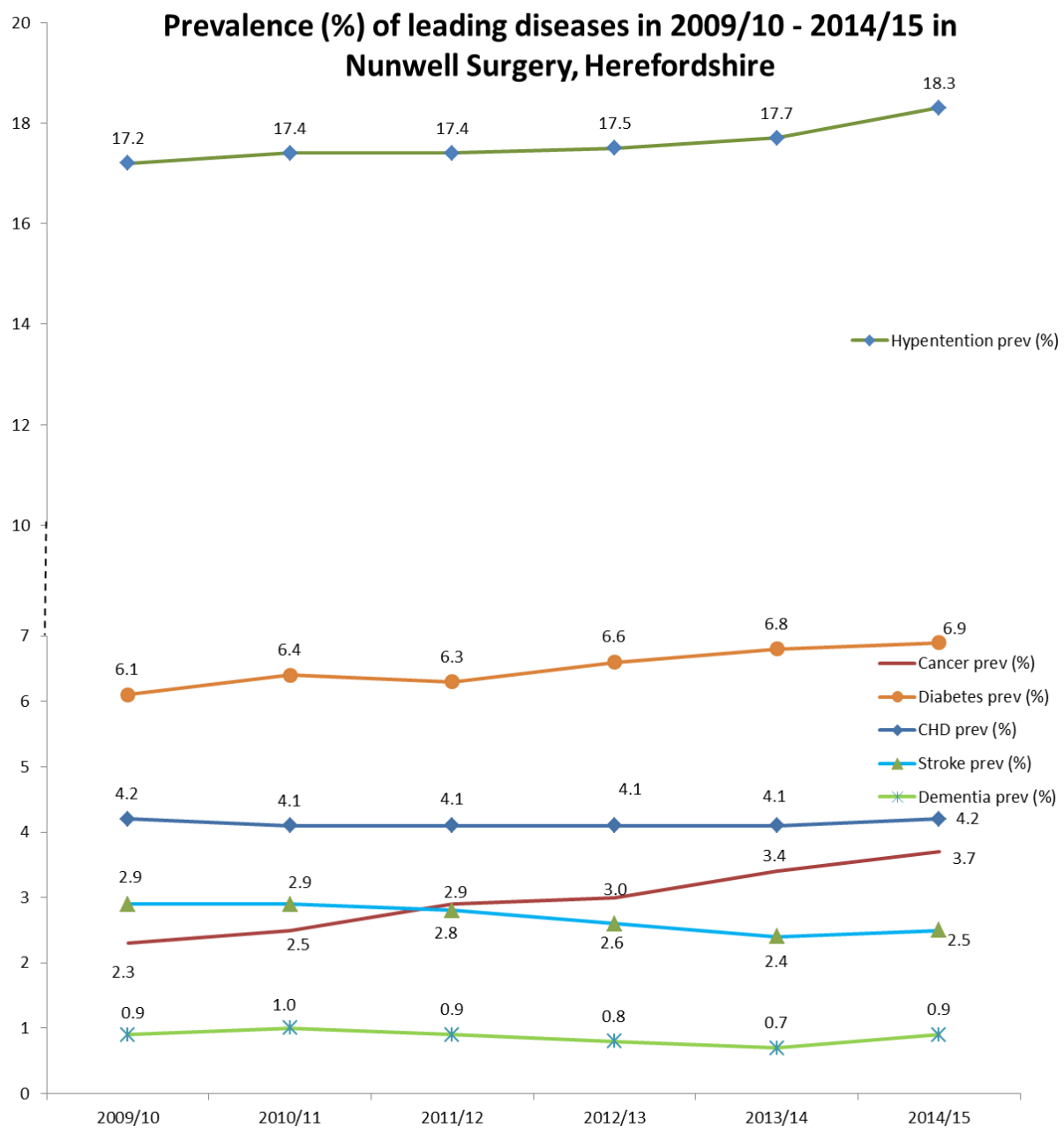

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Greyfriars Surgery, Herefordshire
20
19
18
17
16
15
14
13
12
8
7
6
5
4
3
2
1
0
16.7
16.7
16.5
16.2
15.8
15.8
Hypentention prev (%)
6.4
6.6
6.7
6.9
7.3
7.2
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
4.2
4.1
4.0
3.7
3.6
3.5
2.1
2.2
2.2
2.3
2.6
2.9
1.9
1.9
2.3
2.1
2.1
2.2
0.6
0.5
0.5
0.5
0.6
0.9
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

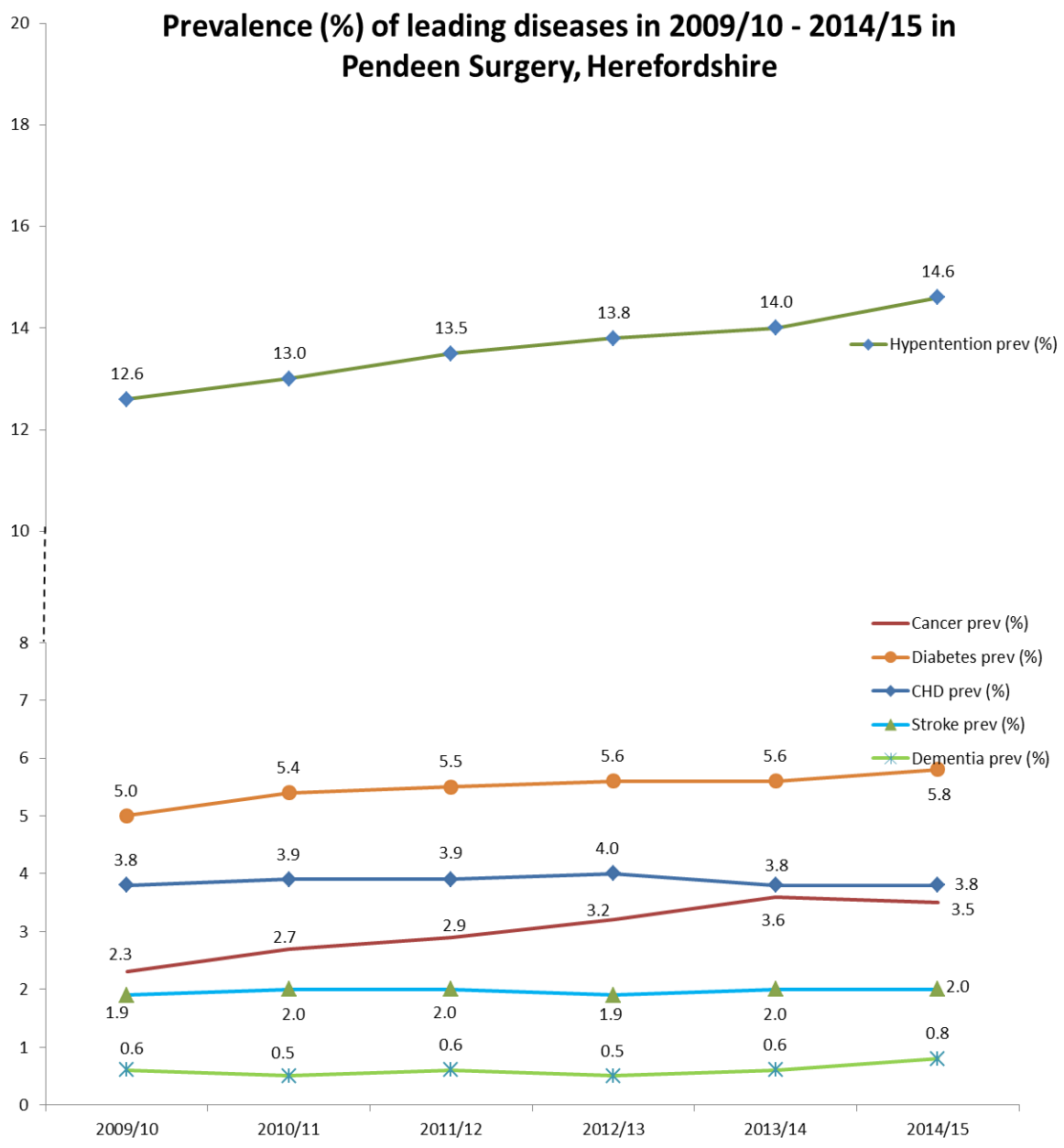

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in King Street Surgery, Herefordshire
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
13.3
13.4
13.1
13.3
13.7
13.5
4.9
5.3
5.5
5.6
6.0
6.1
3.5
3.2
3.0
3.0
3.1
3.0
2.1
2.2
2.1
2.2
2.2
2.1
1.4
1.5
1.6
1.9
2.1
2.3
0.5
0.5
0.5
0.6
0.7
0.9
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

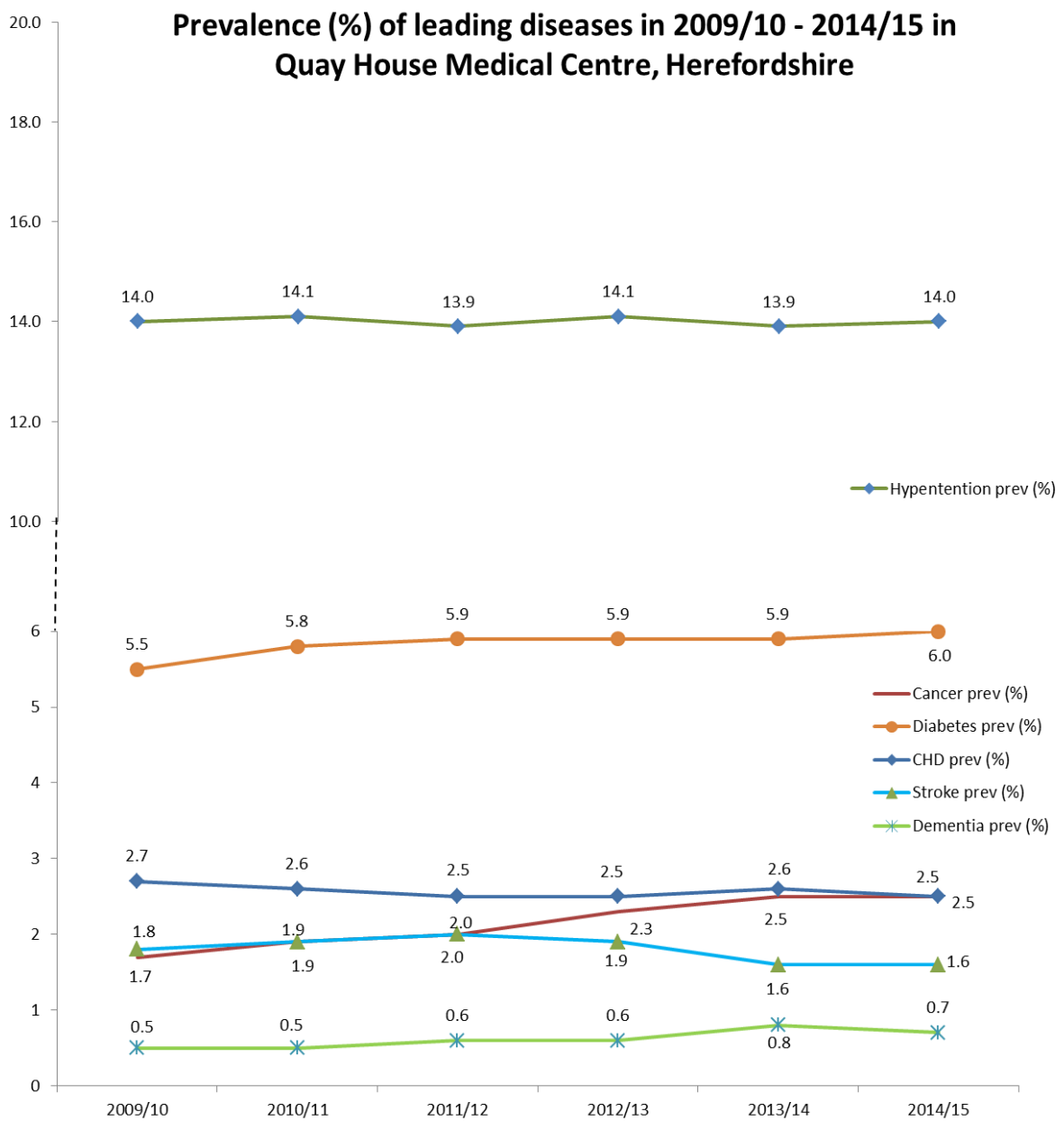

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Ledbury Market Surgery, Herefordshire
20
18
16
14
12
10
7
6
5
4
3
2
1
0
16.3
16.0
15.8
15.8
16.0
15.9
Hypentention prev (%)
6.3
6.3
6.5
6.4
6.6
6.5
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
4.2
4.2
4.1
4.0
4.0
3.6
3.3
3.5
3.0
2.3
2.5
2.7
2.4
2.4
2.3
2.4
2.3
2.1
0.3
0.4
0.4
0.4
0.5
0.5
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

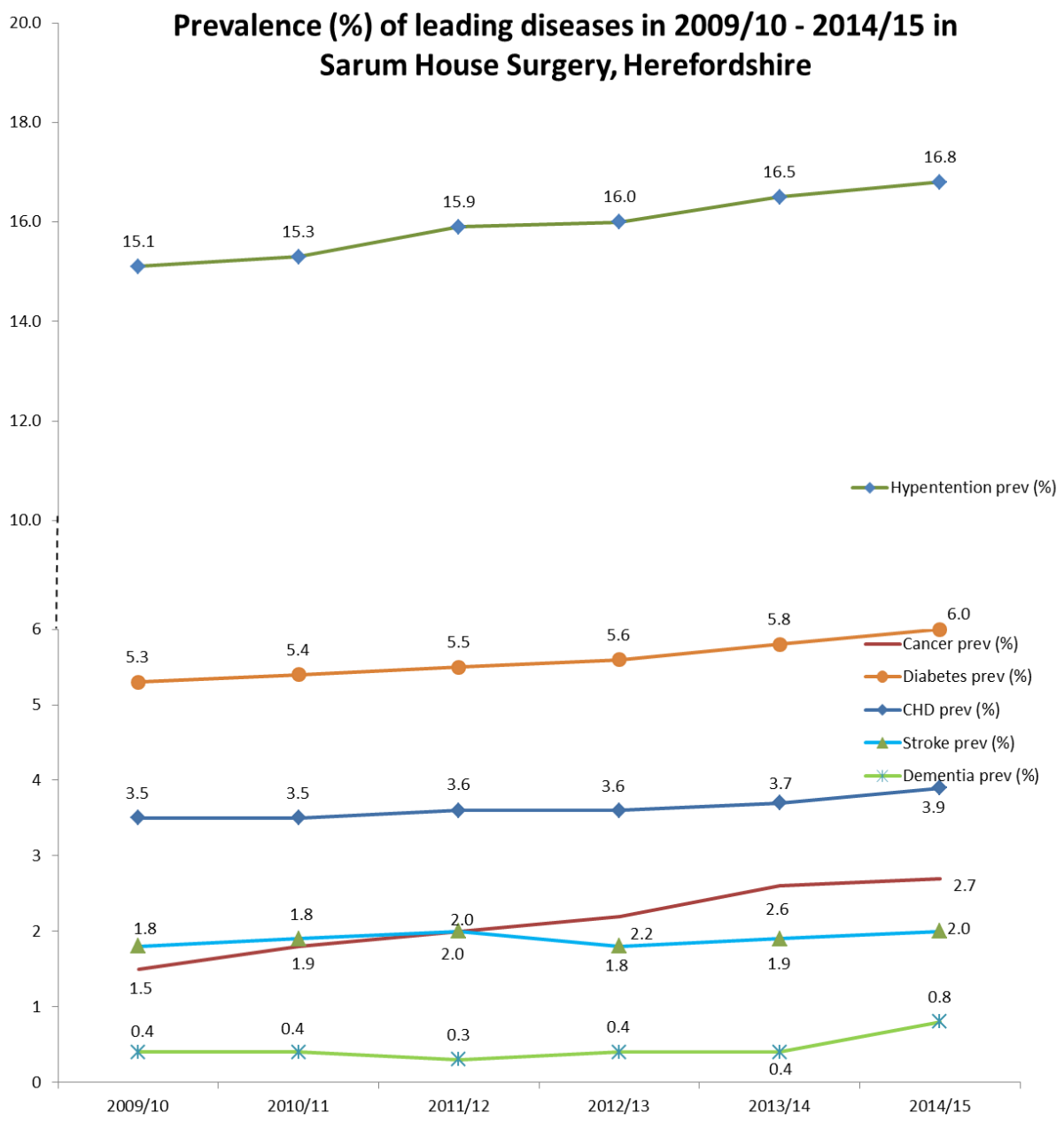

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Moorfield House Surgery, Herefordshire
20
18
16
14
12
10
7
6
5
4
3
2
1
0
15.7
16.2
16.3
16.4
16.3
16.1
Hypentention prev (%)
5.3
5.5
5.6
5.6
5.9
6.1
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
3.5
3.3
3.3
3.2
3.1
3.1
1.9
1.9
2.0
2.1
2.3
2.4
1.6
1.8
1.9
1.7
1.8
2.0
0.4
0.5
0.5
0.4
0.4
0.6
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

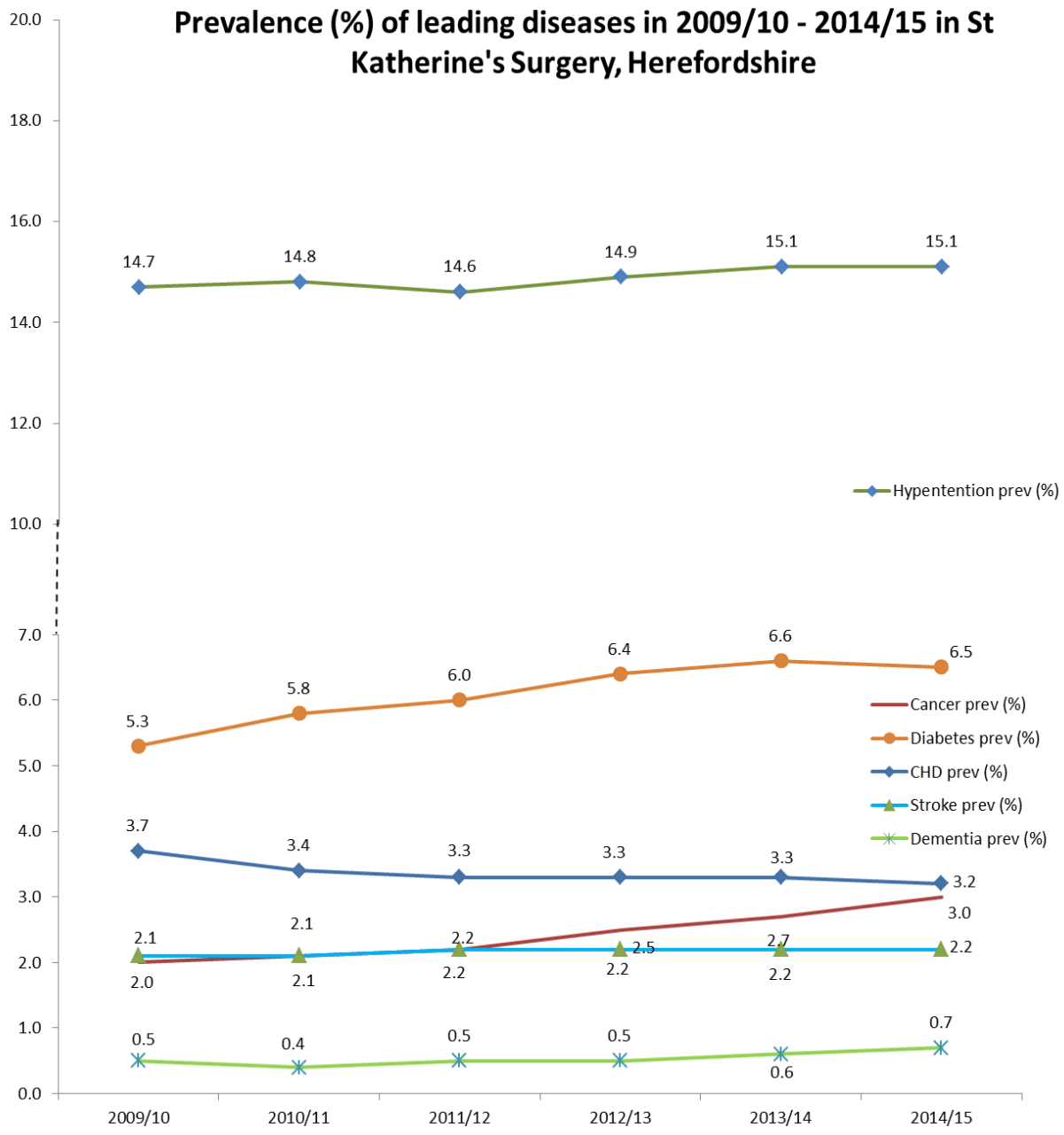

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Much Birch Surgery, Herefordshire
20
18
16
14
12
10
7
6
5
4
3
2
1
0
14.4
14.5
15.0
15.2
15.0
15.5
Hypentention prev (%)
5.3
5.3
5.4
5.5
5.5
5.8
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
3.4
3.2
3.4
3.3
3.4
3.5
3.0
3.0
2.3
2.5
2.9
3.1
2.5
2.5
2.3
2.3
2.5
2.5
2.5
0.6
0.6
0.6
0.8
0.7
0.8
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

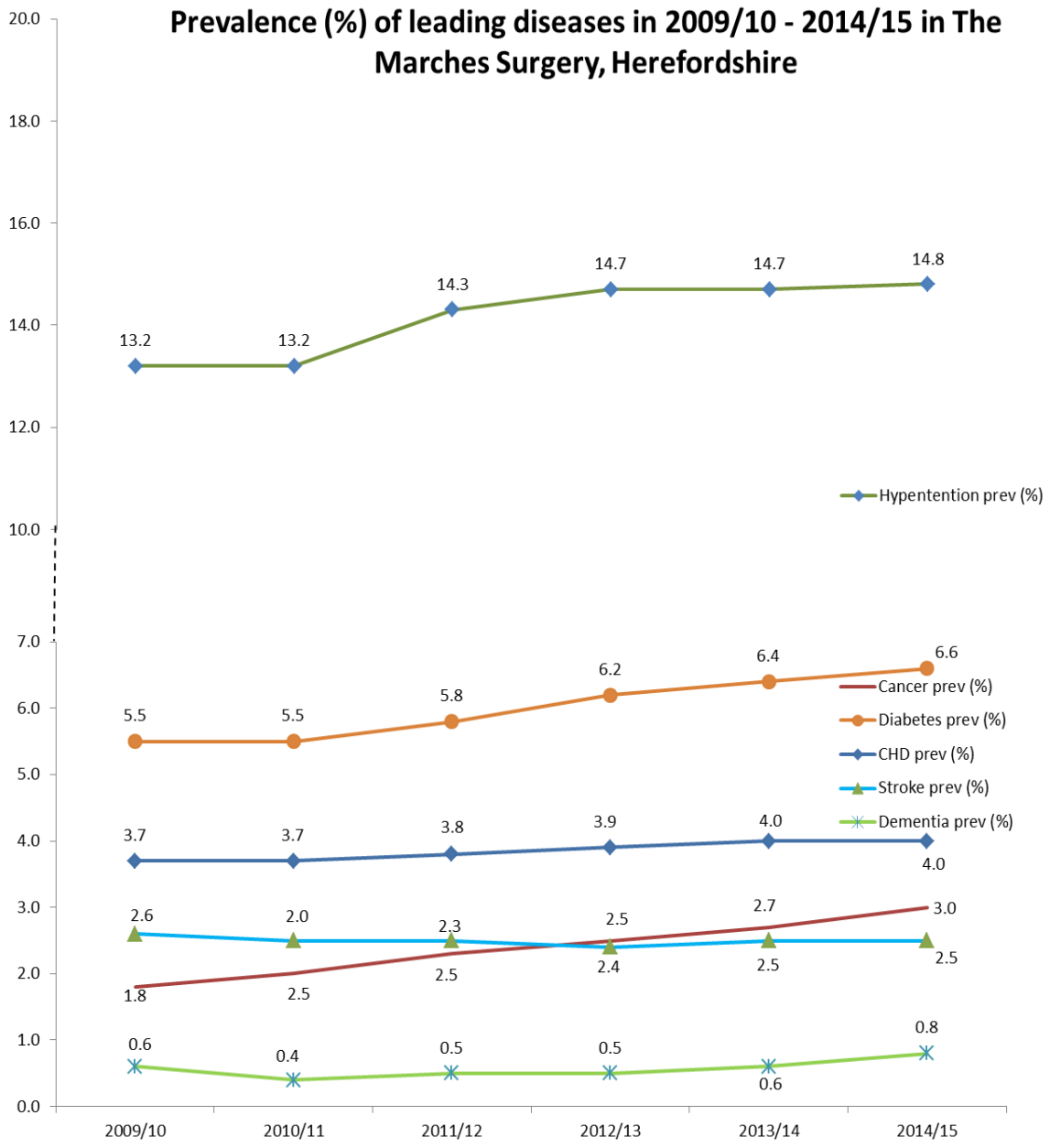

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Nunwell Surgery, Herefordshire
20
18
16
14
12
10
7
6
5
4
3
2
1
0
17.2
17.4
17.4
17.5
17.7
18.3
Hypentention prev (%)
6.1
6.4
6.3
6.6
6.8
6.9
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
4.2
4.1
4.1
4.1
4.1
4.2
2.9
2.9
2.9
3.0
3.4
3.7
2.3
2.5
2.8
2.6
2.4
2.5
0.9
1.0
0.9
0.8
0.7
0.9
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

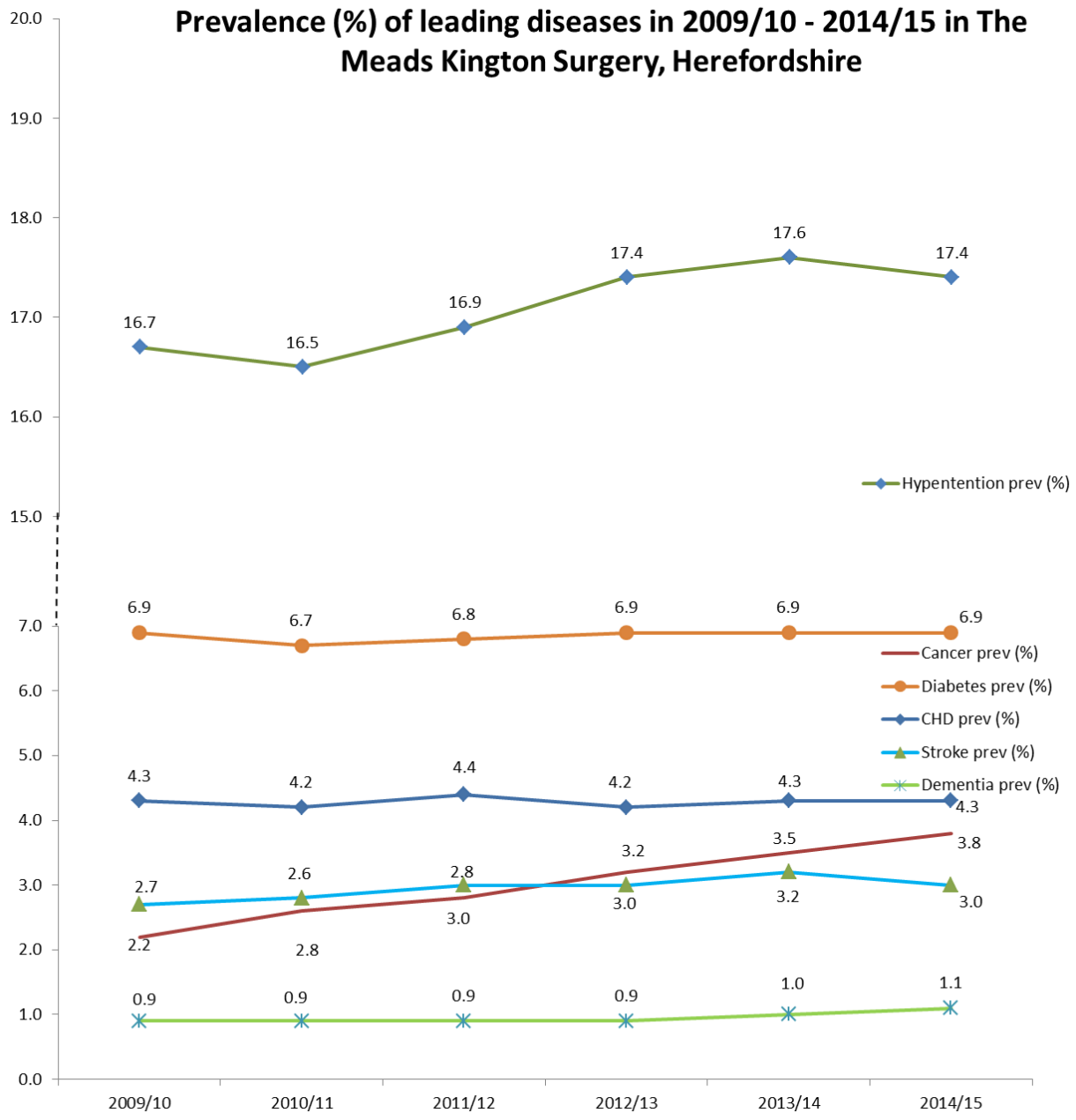

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Pendeen Surgery, Herefordshire
20
18
16
14
12
10
8
7
6
5
4
3
2
1
0
12.6
13.0
13.5
13.8
14.0
14.6
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
5.0
5.4
5.5
5.6
5.6
5.8
3.8
3.9
3.9
4.0
3.8
3.8
2.3
2.7
2.9
3.2
3.6
3.5
1.9
2.0
2.0
1.9
2.0
2.0
0.6
0.5
0.6
0.5
0.6
0.8
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

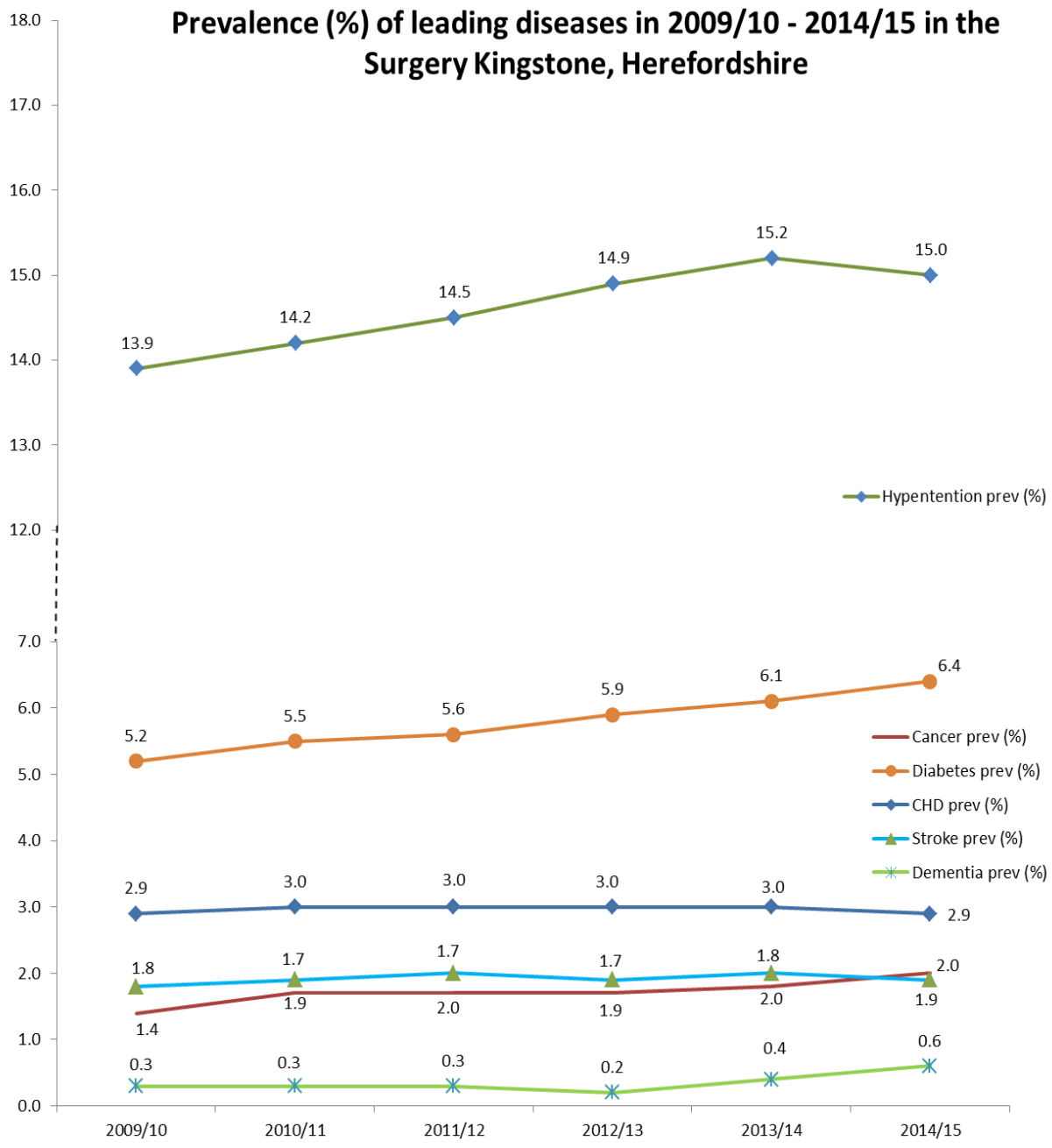

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Quay House Medical Centre, Herefordshire
20.0
18.0
16.0
14.0
12.0
10.0
6
5
4
3
2
1
0
14.0
14.1
13.9
14.1
13.9
14.0
Hypentention prev (%)
5.5
5.8
5.9
5.9
5.9
6.0
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
2.7
2.6
2.5
2.5
2.6
2.5
2.5
1.8
1.9
2.0
2.3
2.5
1.7
1.9
2.0
1.9
1.6
1.6
0.5
0.5
0.6
0.6
0.8
0.7
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

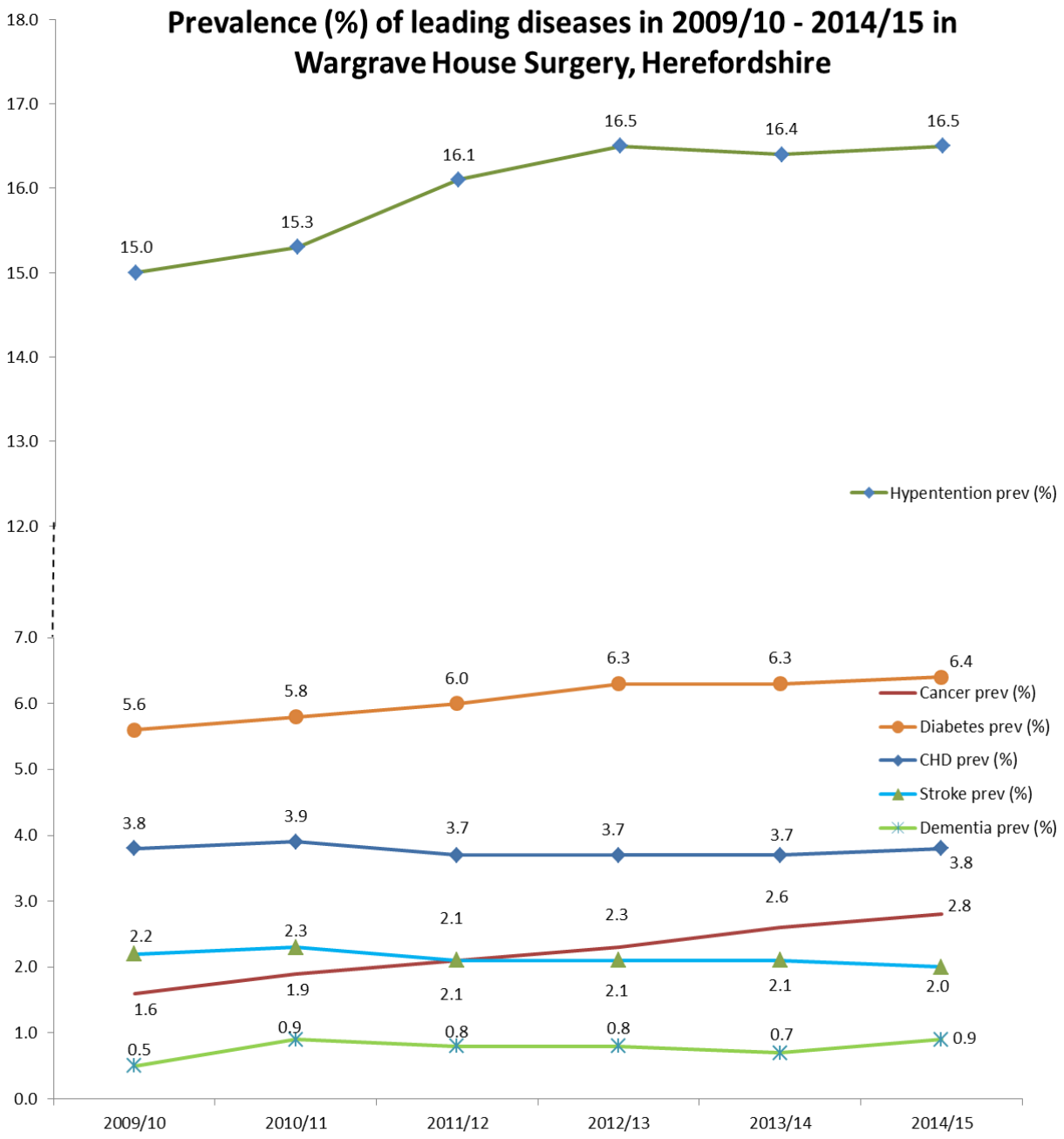

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Sarum House Surgery, Herefordshire
20.0
18.0
16.0
14.0
12.0
10.0
6
5
4
3
2
1
0
15.1
15.3
15.9
16.0
16.5
16.8
Hypentention prev (%)
5.3
5.4
5.5
5.6
5.8
6.0
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
3.5
3.5
3.6
3.6
3.7
3.9
1.8
1.8
2.0
2.2
2.6
2.0
1.5
1.9
2.0
1.8
1.9
2.7
0.4
0.4
0.3
0.4
0.4
0.8
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15

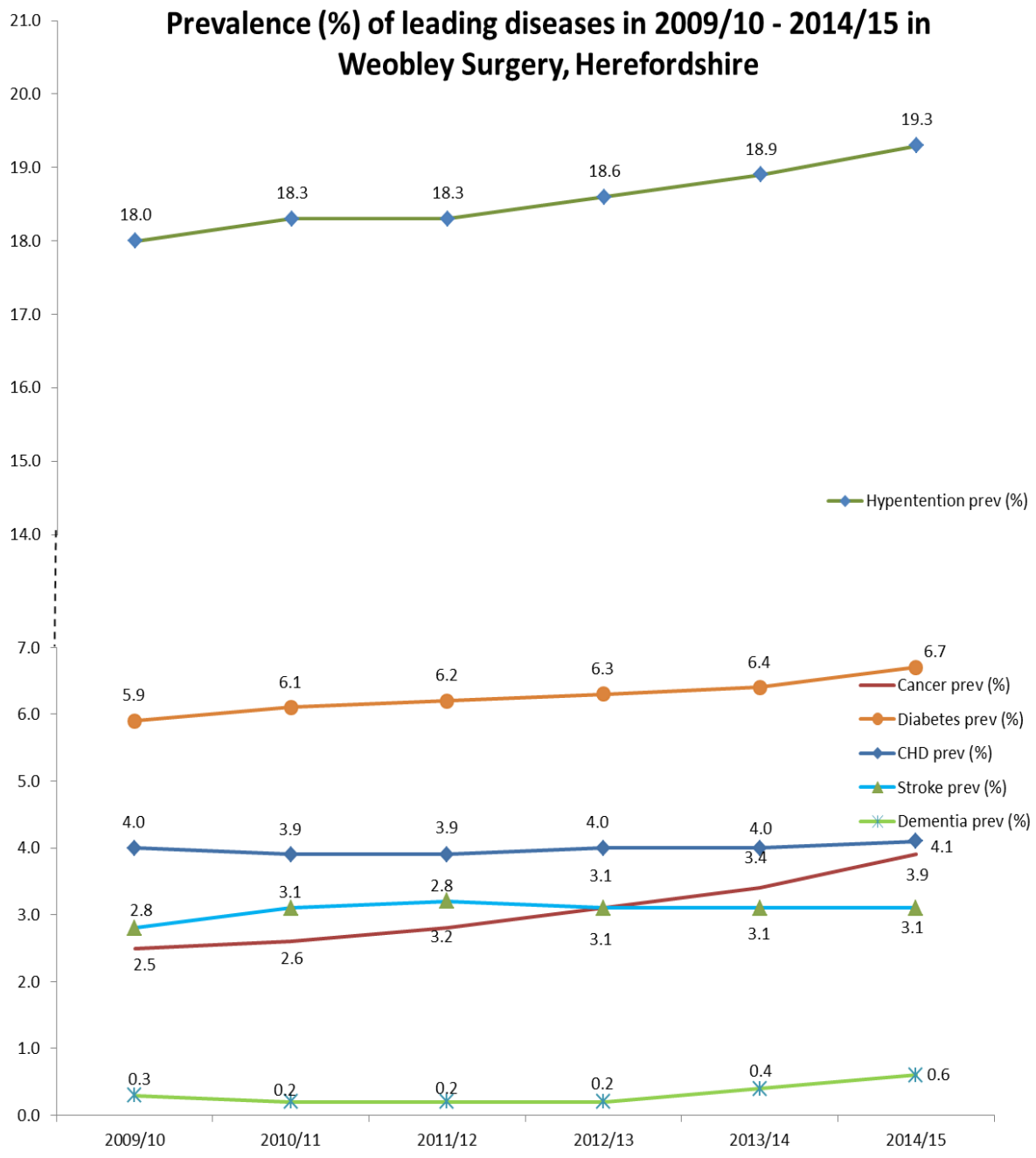

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in St Katherine's Surgery, Herefordshire
20.0
18.0
16.0
14.0
12.0
10.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
14.7
14.8
14.6
14.9
15.1
15.1
5.3
5.8
6.0
6.4
6.6
6.5
3.7
3.4
3.3
3.3
3.3
3.2
2.1
2.1
2.2
2.5
2.7
2.2
2.0
2.1
2.2
2.2
2.2
3.0
0.5
0.4
0.5
0.5
0.6
0.7
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)

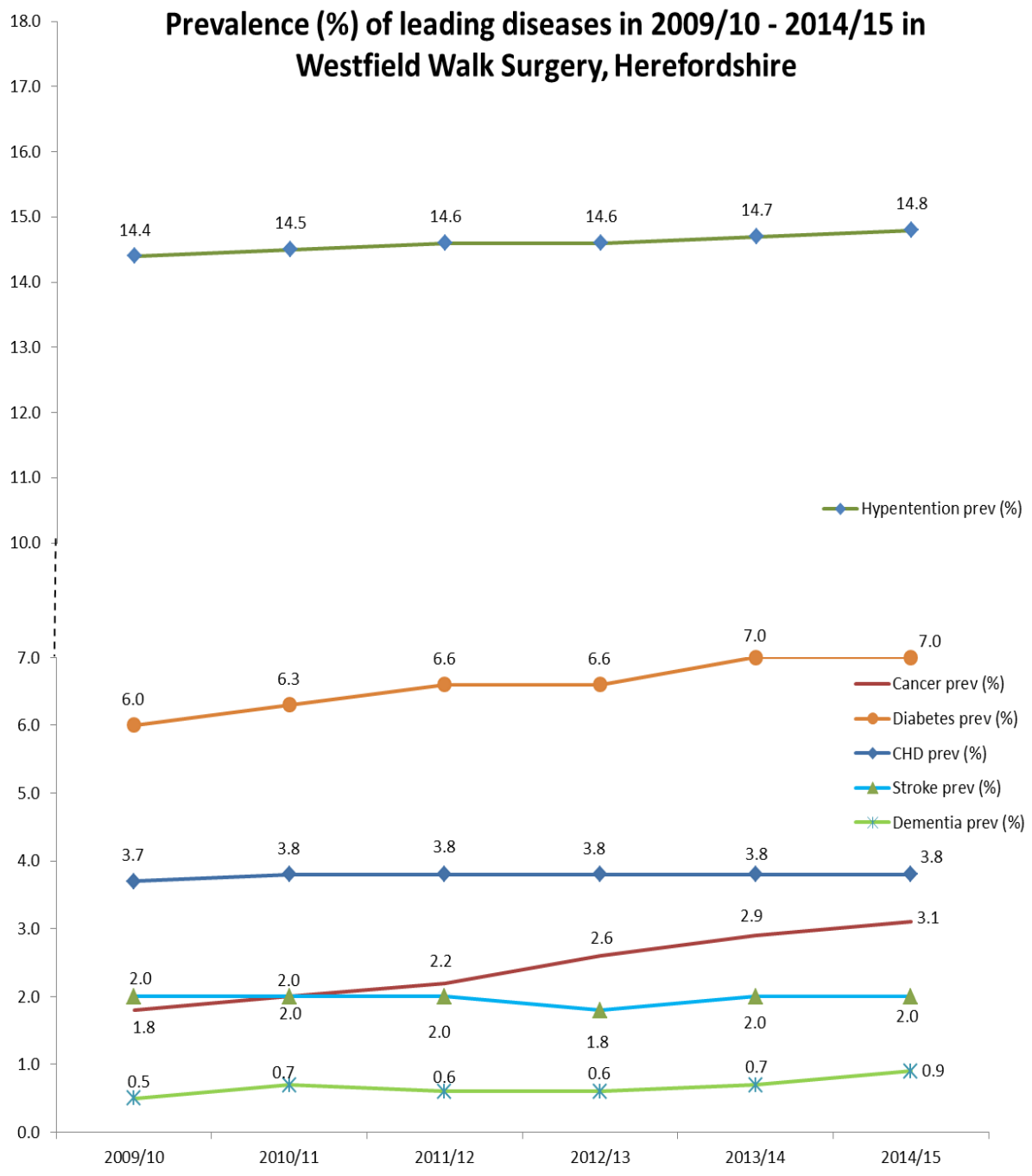

Prevalence (%) of leading diseases in 2009/10 - 2014/15 in The Marches Surgery, Herefordshire
20.0
18.0
16.0
14.0
12.0
10.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
13.2
13.2
14.3
14.7
14.7
14.8
5.5
5.5
5.8
6.2
6.4
6.6
3.7
3.7
3.8
3.9
4.0
4.0
2.6
2.0
2.3
2.5
2.5
2.5
1.8
2.5
2.5
2.4
2.7
3.0
0.6
0.4
0.5
0.5
0.6
0.8
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)


Prevalence (%) of leading diseases in 2009/10 - 2014/15 in The Meads Kington Surgery, Herefordshire
20.0
19.0
18.0
17.0
16.0
15.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
16.7
16.5
16.9
17.4
17.6
17.4
6.9
6.7
6.8
6.9
6.9
6.9
4.3
4.2
4.4
4.2
4.3
4.3
2.7
2.6
2.8
3.2
3.2
3.0
2.2
2.8
3.0
3.0
3.5
3.8
0.9
0.9
0.9
0.9
1.0
1.1
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)


Prevalence (%) of leading diseases in 2009/10 - 2014/15 in the Surgery Kingstone, Herefordshire
18.0
17.0
16.0
15.0
14.0
13.0
12.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
13.9
14.2
14.5
14.9
15.2
15.0
Hypentention prev (%)
5.2
5.5
5.6
5.9
6.1
6.4
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
2.9
3.0
3.0
3.0
3.0
2.9
1.8
1.7
1.7
1.7
1.8
2.0
1.4
1.9
2.0
1.9
2.0
1.9
0.3
0.3
0.3
0.2
0.4
0.6
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15


Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Wargrave House Surgery, Herefordshire
18.0
17.0
16.0
15.0
14.0
13.0
12.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
15.0
15.3
16.1
16.5
16.4
16.5
Hypentention prev (%)
5.6
5.8
6.0
6.3
6.3
6.4
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
3.8
3.9
3.7
3.7
3.7
3.8
2.2
2.3
2.1
2.3
2.6
2.8
1.6
1.9
2.1
2.1
2.1
2.0
0.5
0.9
0.8
0.8
0.7
0.9
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15


Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Weobley Surgery, Herefordshire
21.0
20.0
19.0
18.0
17.0
16.0
15.0
14.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
18.0
18.3
18.3
18.6
18.9
19.3
Hypentention prev (%)
5.9
6.1
6.2
6.3
6.4
6.7
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)
4.0
3.9
3.9
4.0
4.0
4.1
2.8
3.1
2.8
3.1
3.4
3.1
2.5
2.6
3.2
3.1
3.1
3.9
0.3
0.2
0.2
0.2
0.4
0.6
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15


Prevalence (%) of leading diseases in 2009/10 - 2014/15 in Westfield Walk Surgery, Herefordshire
18.0
17.0
16.0
15.0
14.0
13.0
12.0
11.0
10.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
14.4
14.5
14.6
14.6
14.7
14.8
6.0
6.3
6.6
6.6
7.0
7.0
3.7
3.8
3.8
3.8
3.8
3.8
1.8
2.0
2.2
2.6
2.9
3.1
2.0
2.0
2.0
1.8
2.0
2.0
0.5
0.7
0.6
0.6
0.7
0.9
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
Hypentention prev (%)
Cancer prev (%)
Diabetes prev (%)
CHD prev (%)
Stroke prev (%)
Dementia prev (%)

## APPENDIX 3 – PHARMACY CONTRACTOR OPENING HOURS

**There are no pharmacies in the Weobley, Golden Valley or Mortimer areas.*

| | |
|---|---|
| **Yellow** | Pharmacy opens later on weekdays, and open Saturdays and Sundays |
| **Blue** | Pharmacy opens weekdays and open Saturdays |
| **Orange** | Pharmacy opens weekdays only |

**Bromyard Locality**

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | L Rowland & Co (Bromyard) | 35 High St | HR7 4AF | 01885 483291 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-17.30 | Closed |

**Hereford Locality**

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | Asda Stores Ltd | Belmont Rd | HR2 7JE | 01432 346310 | 08.00-23.00 | 07.00-23.00 | 07.00-23.00 | 07.00-23.00 | 07.00-23.00 | 07.00-22.00 | 10.00-16.00 |
| 4 | Boots The Chemist Ltd | 12/13 High St | HR4 9AA | 01432 274941 | 08.30-17.30 | 08.30-17.30 | 08.30-17.30 | 08.30-17.30 | 08.30-17.30 | 08.30-17.30 | 10.00 -16.00 |

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | Chandos Pharmacy | 2/3 Chandos House | HR1 2PR | 01432 272065 | 08.30-18.30 | 08.30-18.30 | 08.30-18.30 | 08.30-18.30 | 08.30-18.30 | Closed | Closed |
| 6 | Chave & Jackson Ltd | 6/7 Broad St | HR4 9AE | 01432 272152 | 09.00-17.30 | 09.00-17.30 | 09.00-17.30 | 09.00-17.30 | 09.00-17.30 | 09.00-17.30 | Closed |
| 7 | Hereford Pharmacy | 96 Grandstand Rd | HR4 9NR | 01432 343121 | 08.45-18.00 | 08.45-18.00 | 08.45-18.00 | 08.45-18.00 | 08.45-18.00 | 09.00-12.30 | Closed |
| 8 | Taylors Chemist | 1-2 St Owens Mews | HR1 2JB | 01432 264242 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00 -13.00 | Closed |
| 9 | L Rowland & Co (Belmont) | Eastholme Ave | HR2 7XT | 01432 356182 | 08.30-18.30 | 08.30-18.30 | 08.30-18.30 | 08.30-18.30 | 08.30-18.30 | 09.00-13.00 | Closed |
| 10 | L Rowland & Co (Hampton Dene Pharmacy) | Gorsty Lane | HR1 1UN | 01432 269101 | 08.30-17.30 | 08.30-17.30 | 08.30-17.30 | 08.30-17.30 | 08.30-17.30 | Closed | Closed |
| 11 | L Rowland & Co (Westfaling Pharmacy) | 100 Westfaling St | HR4 0JF | 01432 271940 | 08.30-13.00 & 14.00-18.30 | 08.30-13.00 & 14.00-18.30 | 08.30-13.00 & 14.00-18.30 | 08.30-13.00 & 14.00-18.30 | 08.30-13.00 & 14.00-18.30 | Closed | Closed |

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Lloyds Pharmacy Ltd | 10 King St | HR4 9BW | 01432 371512 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00 -13.00 | Closed |
| 14 | Sainsburys Ltd Pharmacy | Barton Yard | HR4 0AG | 01432 274821 | 08.00 -12.30 & 13.00-21.00 | 08.00 -12.30 & 13.00-21.00 | 08.00 -12.30 & 13.00-21.00 | 08.00 -12.30 & 13.00-21.00 | 08.00 -12.30 & 13.00-21.00 | 08.00-12.30 & 13.00-20.00 | 10.00-16.00 |
| 15 | Tesco Instore Pharmacy - City | 1 Fryzer Court | HR4 0BW | 01432 291847 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-17.00 | Closed |
| 16 | Tesco Instore Phamacy - Belmont | Abbotts Mead Rd | HR2 7XS | 01432 291647 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-13.30 & 14.00-19.00 | 08.00-19.00 | 10.00-16.00 |
| 17 | Morrisons Pharmacy | Station Approach | HR1 1DN | 01432 341077 | 09.00 -19.00 | 09.00 -19.00 | 09.00 -19.00 | 09.00 -19.00 | 09.00 -19.00 | 09.00 -19.00 | 10.00-16.00 |
| 12 | Wye Valley Pharmacy | 42c Holme Lacy Rd | HR2 6BZ | 01432 342063 | 09.00-17:30 | 09.00-17:30 | 09.00-17:30 | 09.00-17:30 | 09.00-17:30 | Closed | Closed |

**Kington Locality**

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | L Rowland & Co (Kington) | 42 High St | HR5 3BJ | 01544 230348 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-18.30 | 09.00-13.00 & 13.20-17.00 | Closed |

**Ledbury Locality**

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | Boots The Chemist Ltd | 9 High St | HR8 1DS | 01531 632687 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | Closed |
| 2 | Colwall Pharmacy | Fletton House, Walwyn Rd | WR1 3 6QG | 01684 540246 | 09.00-13.30 & 14.00-17.30 | 09.00-13.30 & 14.00-17.30 | 09.00-13.30 & 14.00-17.30 | 09.00-13.30 & 14.00-17.30 | 09.00-13.30 & 14.00-17.30 | 09.00 -12.30 | Closed |
| 20 | Day Lewis Pharmacy | 2 Sear House | HR8 2AA | 01531 632693 | 09.00-12.00 & | 09.00-12.00 & | 09.00-12.00 & | 09.00-12.00 & | 09.00-12.00 & | 09.00-13.00 | Closed |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 13.00-18.00 | 13.00-18.00 | 13.00-18.00 | 13.00-18.00 | 13.00-18.00 | | |

**Leominster Locality**

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | Boots The Chemist Ltd | 18 Corn Square | HR6 8LR | 01568 612721 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | Closed |
| 22 | Westfield Walk Pharmacy | Westfield Walk | HR6 8HD | 01568 610399 | 09.00-19.00 | 09.00-19.00 | 09.00-19.00 | 09.00-19.00 | 09.00-19.00 | 09.00 -12.00 | Closed |
| 23 | Leominster Pharmacy | 21/23 West St | HR6 8EP | 01568 615429 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00-18.00 | 09.00-17.30 | Closed |
| 24 | W.S. & B Rees Chemists | 20 High St | HR6 8LZ | 01568 612306 | 09.00-17.30 | 09.00-17.30 | 09.00-17.30 | 09.00-17.30 | 09.00-17.30 | 09.00-17.00 | Closed |

**Ross-on-Wye Locality**

| ID | Pharmacy Name | Address | Post code | Telephone No | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 | Benjamins Pharmacy | The Community Hospital | HR9 5AD | 01989 562466 | 09.00-18.30 | 09.00-18.30 | 09.00-18.30 | 09.00-18.30 | 09.00-18.30 | Closed | Closed |
| 26 | Boots The Chemist Ltd | 5 Market Place | HR9 5NX | 01989 562798 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 08.30-13.00 & 14.00-17.30 | 10am-4pm |
| 27 | Lloyds Pharmacy Ltd | Pendeen Surgery | HR9 5AI | 01989 562020 | 8.30-18.00 | 08.30-18.00 | 08.30-18.00 | 08.30-18.00 | 08.30-18.00 | Closed | Closed |

## APPENDIX 4– DISPENSING DOCTORS OPENING HOURS

***There are no dispensing doctors in the Ross.***

**Bromyard**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 38 | Nunwell Surgery | 10 Pump Street | HR7 4BZ | 01885 448 785 | 08:30-18:30 | 08:30-18:30 | 08:30-18:30 | 08:30-18:30 | 08:30-18:30 | Closed | Closed |

**Golden Valley**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 | Golden Valley Practice | Ewyas Harold | HR2 0EU | 01981 240 320 | 09:00-13:00 | 09:00-13:00 | 09:00-13:00 | 09:00-13:00 | 09:00-13:00 | Closed | Closed |
| 31 | Golden Valley Practice – Peterchurch Surgery | Closure Place | HR2 0RS | 01981 550 322 | 09:00-13:00 | 09:00-13:00 | 09:00-13:00 | 09:00-13:00 | 09:00-13:00 | Closed | Closed |
| 32 | Kingstone Surgery | Kingstone | HR2 9HN | 01981 540 310 | 08:00-13:30 & 14:00-18:30 | 08:00-13:30 & 14:00-18:30 | 08:00-13:30 & 14:00-18:30 | 08:00-13:30 & 14:00-18:30 | 08:00-13:30 & 14:00-18:30 | Closed | Closed |
| 37 | Much Birch Surgery | | HR2 8HT | 01981 250 215 | 10:00-12:30 | 10:00-12:30 | 10:00-12:30 | 10:00-12:30 | 10:00-12:30 | Closed | Closed |

**Hereford**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Fownhope Medical Centre | Lower Island Orchard, Common Hill | HR1 4PZ | 01432 860 235 | 14:00-16:00 | 14:00-16:00 | 14:00-16:00 | 14:00-16:00 | 14:00-16:00 | Closed | Closed |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Lane | | | | | | | | | |
| 39 | Quay House Medical Centre | Credenhill Surgery | HR4 7EF | 01432 352 600 | 09:00-11:00 | 09:00-11:00 | 09:00-11:00 | 09:00-11:00 | 09:00-11:00 | Closed | Closed |

**Kington**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 40 | Kington Medical Practice | Eardisley Road | HR5 3EA | 01544 230 302 | 09:00-18:00 | 09:00-18:00 | 09:00-18:00 | 09:00-18:00 | 09:00-18:00 | Closed | Closed |

**Ledbury**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 28 | Cradley Surgery | Bosbury Road | WR13 5LT | 01886 880 207 | 08:00-18:00 | 08:00-18:00 | 08:00-18:00 | 08:00-18:00 | 08:00-18:00 | Closed | Closed |

**Leominster**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 33 | The Marches Surgery | Bodenham Surgery | HR1 3LR | 01568 797 000 | 08:30-12:30 | 08:30-12:30 | 02:00-18:00 | 08:30-12:30 | 08:30-12:30 | Closed | Closed |

**Mortimer**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 | Mortimer Medical Practice | Croase Orchard Surgery, Kingsland | HR6 9QL | 01568 702 000 | 08:30-18:00 | 08:30-18:00 | 08:30-18:00 | 08:30-18:00 | 08:30-18:00 | Closed | Closed |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | Mortimer Medical Practice | Leintwardine Surgery | SY7 0LG | 01547 540 355 | 08:30-13:00 & 14:00-18:00 | 08:30-13:00 & 14:00-18:00 | 08:30-13:00 & 14:00-17:30 | 08:30-13:00 & 14:00-18:00 | 08:00-13:00 & 13:30-17:00 | Closed | Closed |
| 36 | Mortimer Medical Practice | Orleton Surgery | SY8 4HW | 01584 831 300 | 08:30-13:00 & 14:00-18:00 | 08:30-13:00 & 14:00-18:00 | 08:30-13:00 | 08:30-13:00 & 15:00-18:00 | 13:30-17:00 | Closed | Closed |

**Weobley**

| ID | Dispensing Doctor Name | Address | Post code | Telephone No | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 41 | Weobley Surgery | Weobley Surgery | HR4 8SN | 01544 318 472 | 08:30-13:00 & 14:45-18:00 | 08:30-13:00 | 08:30-13:00 | 08:30-13:00 & 14:45-18:00 | 08:30-13:00 & 14:45-18:00 | Closed | Closed |
| 42 | Weobley Surgery | Staunton on Wye Surgery | HR4 7LT | 01981 500 227 | 08:30-13:00 | 15:00-18:00 | 08:30-13:00 | 08:30-13:00 | 08:30-13:00 | Closed | Closed |