

Townlands Community Hospital Health Needs Assessment

Contents

List of Tables and Figures	iii
Executive Summary	iv
Introduction	1
Methods.....	2
Sources of data	2
Catchment Area	2
Rationale for using the defined catchment areas.....	5
Strengths and Limitations	6
Results.....	7
Demographics	7
Overview of the Demographics of the Population	7
Age Profile.....	7
Population Projections.....	8
Ethnicity	10
Household composition and provision of unpaid care	11
Wider determinants.....	11
Socio-economic status, poverty and deprivation	12
Isolation.....	14
Lifestyle factors.....	14
Healthy eating and Obesity.....	14
Alcohol	15
Smoking.....	15
Health.....	15
General Health Status	15
Specific Diseases	16
Mortality	18
Hospital Service Use.....	20
Outpatient Attendances	20
Emergency Department Attendances.....	21
Inpatient Admissions.....	21
What are the specific areas of need?	22
Conclusions and Recommendations	23
Appendices.....	24
Appendix 1 – Outpatient appointments between 2008/9 and 2013/14 by specialty.....	24
Appendix 2 – Day case admissions between 2008/9 and 2013/14 by specialty.	28
Appendix 3 – Inpatient admissions between 2008/9 and 2013/14 by specialty.....	31

List of Tables and Figures

Table 1 - List of Electoral Wards included in Townlands Hospital catchment area	3
Table 2 - List of General Practices in Townlands Hospital catchment area. Sub-set of surgeries used in analysis of inpatient and outpatient admissions in bold.	4
Table 3 - Household composition by type and area, 2011	11
Table 4 - Comparison of characteristics of deprivation between Townlands catchment area, Thames Valley and England.	13
Table 5 - Childhood overweight and obesity rates by age group and region, 2010/11-2012/13 data.....	14
Table 6 - Adult lifestyle factors by area. Obesity and binge drinking rates based on 2006-8 data. Admissions for Alcohol related harm based on 2008/9-2012/13 data.	14
Table 7 - Subjective responses to questions on health status, Census, 2011.	15
Table 8 – Comparison of prevalence of specific diseases and conditions in Townlands catchment area, Thames Valley and England. 2013/14 GP Quality Outcome Framework data.	16
Table 9 - Number of outpatient appointments by year for the ten most frequently accessed services. Data from seven GP surgeries in Townlands catchment area.	20
Table 10 - Number of inpatient admissions by year for the ten most frequently accessed services. Data from seven GP surgeries in Townlands catchment area.	22
Figure 1 - Ward Based Catchment area for Townlands Community Hospital. 2013 ward boundaries.	4
Figure 2 – Geospatial mapping of registered general practices within the catchment area. www.doogal.co.uk . .	5
Figure 3 - Population Pyramid for residents living the catchment area for Townlands Community Hospital compared with England, 2013 mid-year estimates	7
Figure 4 - Trend between 2012 to 2037 in overall population and older people population in South Oxfordshire and England relative to 2012	8
Figure 5 - Population Pyramid for the 9 Oxfordshire Wards in the catchment area, comparison between 2011 and 2026.	9
Figure 6 - Ethnicity of population living in Townlands Community Hospital catchment area compared with local region and England, Office for National Statistics, 2011.	10
Figure 7 - Comparison of distribution of population in Townlands catchment area with Thames Valley and England by Socio-Economic Status (NS-SeC). Census, 2011.	12
Figure 8 - Comparison of household deprivation between Townlands catchment area, Thames Valley and England. Census, 2011	13
Figure 9 – Comparison of Standardised Incidence Ratios by cancer type for Townlands catchment area and Thames Valley. Standardised to England (100).....	18
Figure 10 - Comparison of Standardised Mortality Ratios for Townlands catchment area and Thames Valley by cause of death. Mortality rates standardised to England (100).	18
Figure 11 - Comparison of Standardised Mortality Ratios for Premature mortality in Townlands catchment area and Thames Valley by cause of death. Mortality rates standardised to England (100).	19
Figure 12 – Number of Emergency department attendances by year and local provider for residents living in the Townlands Hospital catchment area.	21

Executive Summary

This report provides a Health Needs Assessment for the population living within the local area surrounding Townlands Community Hospital in Henley-on-Thames. The assessment uses a catchment area with a radius of approximately 5-10 miles around the hospital, including residents living in 18 electoral wards or registered at 11 general practices across three counties.

Demographics

The total population living in the catchment area is 90,264. The residents are predominantly White, British, affluent with comparatively low levels of deprivation and living relatively healthy lifestyles. The life expectancy is better than the national average at 81.7 years for males and 85.2 years for females. The area has a high proportion of elderly residents. This proportion will increase over the next 15-20 years. There is expected to be a near three-fold increase in the population aged over 85 years in the next 20 years.

The population has low levels of 'at risk' groups. There are relatively few homes with lone parents with dependent children, few travelling communities and a low proportion of black and ethnic minorities. The 'at risk' group that is particularly prevalent within the area is households with single occupants aged over 65 years.

Health

Across most health metrics, the population living within the catchment area for Townlands Hospital perform significantly better than the national average. Premature mortality and all-cause mortality is lower than the national average as well as the overall prevalence for many conditions. Diseases that have a relatively high incidence or prevalence within the area include cancers (especially breast and prostate cancers), stroke and transient ischaemic attack, hip fracture and depression and dementia.

The population living in the area access a large number of specialist services including a high number of outpatient appointments in trauma and orthopaedics, cardiology, dermatology, obstetrics and gynaecology and urology. The opening of the minor injuries unit has increased the number of emergency attendances within the area, suggesting a previously unmet need for clinic appointments.

Conclusions

Townlands Hospital is strategically located to provide easy access to a range of services to a predominantly elderly population that otherwise require significant travel to other sites in Reading or Oxford. The redevelopment offers the opportunity to provide local services to meet the needs of the local people. This report provides insight into the characteristics of the current population as well as the population likely to live in the area in the coming years.

Introduction

Townlands Community Hospital is located in Henley-on-Thames, South East Oxfordshire. The current hospital provides a range of both inpatient and outpatient services. There is also a minor injuries unit that has opened in recent years, allied health services (physiotherapy, occupational therapy, audiology and optometry) and imaging facilities for plain x-ray.

The Townlands Hospital site is undergoing redevelopment, with a larger facility due to be opened in 2016. The new buildings will offer additional space for services. This needs assessment forms part of the wider project to identify which healthcare services to provide at the redeveloped Townlands Community Hospital in Henley-on-Thames.

Health needs assessments describe the characteristics of a defined population and identify the health characteristics. This information identifies what the current and potential future healthcare resource requirements are. This can then be used in the process of organising which services to commission so as to maximise health benefits. Health Needs Assessments address a wide range of factors, including demographics, health status characteristics as well as the wider determinants of health and lifestyle factors. A needs assessment also aims to look at both physical and mental health.

The purpose of this needs assessment is to establish what the health needs of the population living in the area surrounding Townlands Hospital are. This can be used in combination with information on current services provided at Townlands Hospital to assist in the commissioning of services so as to utilise the space on offer at Townlands Hospital in the most efficient way. Providing services based on the needs of local people enables commissioners to increase accessibility to services and provide services that place local patients at the centre of care.

Methods

Sources of data

Data in this report are extracted from two sources, data from electoral wards and data on patients registered at local general practices. Wards are small geographic areas of approximately 5,500 people (though this varies substantially) that are used for a range of administrative and electoral purposes. However, ward boundaries occasionally change, making them difficult to compare over time. For instance, Public Health Observatory and Census data are presented at ward level. However, Census data are based on the 2011 ward boundaries, whilst data extracted from the Public Health Observatory are based on 2013 boundaries. The same selection of wards is used to obtain information from both sources. There is not expected to be a large discrepancy between the boundaries for the wards between 2011 and 2013.

Additional information on the local population has been obtained from GP surgeries in the Henley area. A total of eleven GP surgeries in Henley-on-Thames and the immediate surrounding area are used. Additional general practices lie within the catchment area but are not included in the analysis as they form part of practice partnerships, with a significant proportion of the practice population living outside the catchment area (for instance Marlow medical practice has a practice in Hambleden). Including data from these additional practices would introduce bias.

Data from GP surgeries include information on the number of patients with long-term conditions, lifestyle factors, number of outpatient appointments attended and the number of inpatient admissions (for seven GP surgeries). Outpatient attendances and inpatient admissions are further broken down by specialty, allowing for a gauge of resource use by specialty.

Where available, data are given for Thames Valley and England. This data allows for comparison of rates for a range of conditions to highlight where the health of the local population differs to that regionally and nationally.

Catchment Area

The exact catchment area that Townlands Hospital serves is difficult to define. Patients from different areas will access different services to a varying degree. For instance, outpatient services are likely to be more heavily used by patients living in and around Reading, as clinics are managed by Royal Berkshire Hospital (RBH) in Reading. The same population are less likely to access the minor injuries unit as the emergency department at RBH may be closer. For the purposes of this Health Needs Assessment, the characteristics of the population living in and around Henley-on-Thames are considered.

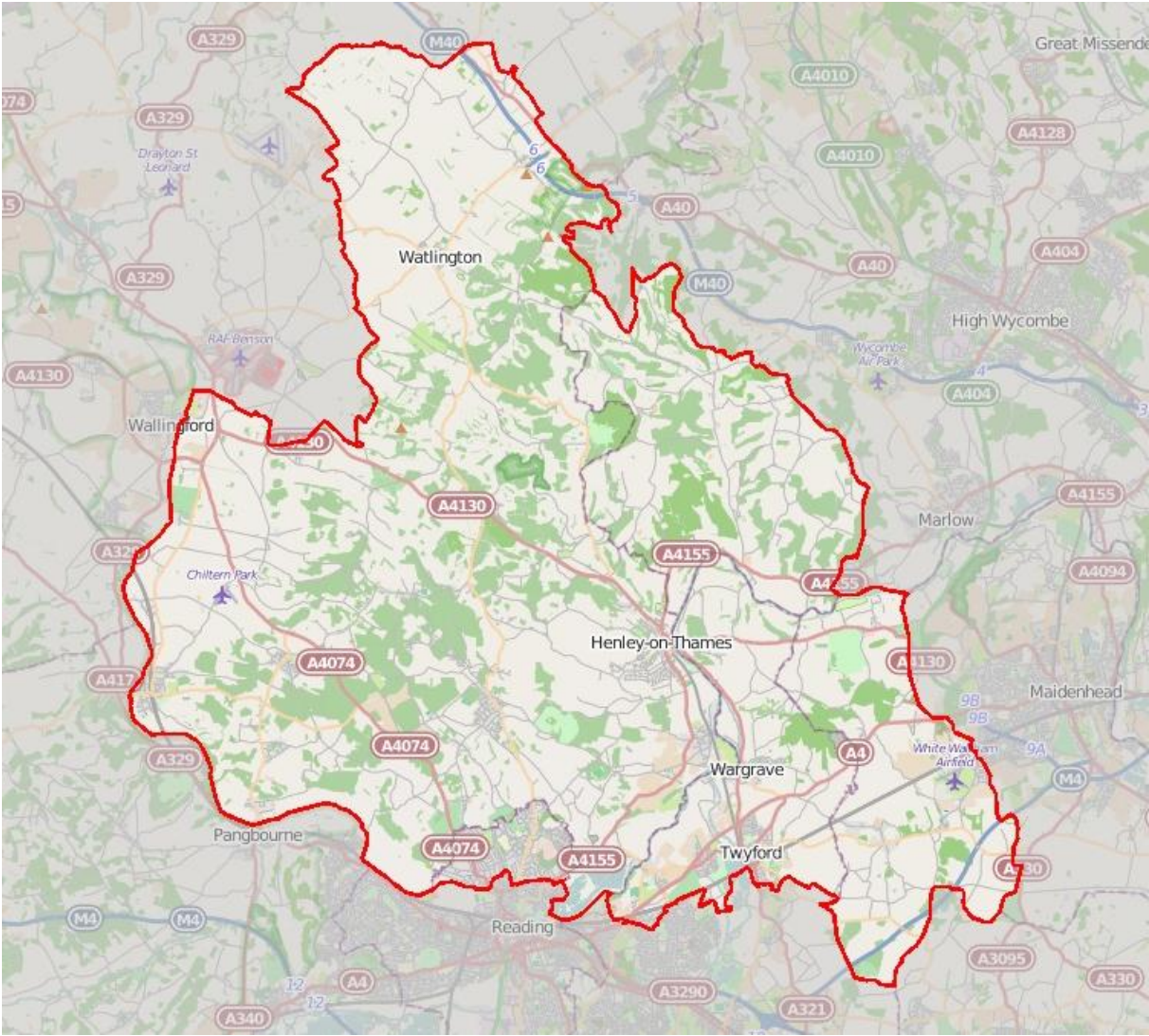
The electoral wards included in the analysis are listed in Table 1. Eighteen wards are included in the analysis, from three counties. The wards included represent the population most likely to access services at Townlands Community Hospital and are shown geographically in figure 1. Consideration of which wards to include is given to geographic distance from Henley, geographic distance to other hospitals and county boundaries. Hospitals in surrounding towns and cities include Royal Berkshire Hospital in Reading to the South and community hospitals in Wallingford, to the North West and Marlow, to the North East.

The two wards of Crowmarsh, South Oxfordshire and Watlington, South Oxfordshire extend north and include areas within the catchment of Wallingford Community Hospital. These two wards are included as significant portions of the wards are within the catchment area for Townlands hospital.

Table 1 - List of Electoral Wards included in Townlands Hospital catchment area

Ward Code	Ward Name	Lower Tier Local Authority; Unitary Authority	County
E05002325	Mapledurham	Reading	Berkshire
E05002329	Peppard	Reading	Berkshire
E05002332	Thames	Reading	Berkshire
E05002364	Hurley and Walthams	Windsor and Maidenhead	Berkshire
E05002365	Hambleden Valley	Wycombe	Buckinghamshire
E05002375	Charvil	Wokingham	Berkshire
E05002387	Remenham, Wargrave and Ruscombe	Wokingham	Berkshire
E05002390	Sonning	Wokingham	Berkshire
E05002393	Twyford	Wokingham	Berkshire
E05006574	Chiltern Woods	South Oxfordshire	Oxfordshire
E05006577	Crowmarsh	South Oxfordshire	Oxfordshire
E05006584	Goring	South Oxfordshire	Oxfordshire
E05006587	Henley North	South Oxfordshire	Oxfordshire
E05006588	Henley South	South Oxfordshire	Oxfordshire
E05006590	Shiplake	South Oxfordshire	Oxfordshire
E05006591	Sonning Common	South Oxfordshire	Oxfordshire
E05006595	Watlington	South Oxfordshire	Oxfordshire
E05006597	Woodcote	South Oxfordshire	Oxfordshire

Figure 1 - Ward Based Catchment area for Townlands Community Hospital. 2013 ward boundaries.



In total, there are eleven general practices registered in the area defined by the eighteen wards listed above, as shown in table 2 and figure 2. Quality Outcome Framework data from all surgeries are analysed to provide an estimate of the prevalence of a number of diseases and conditions.

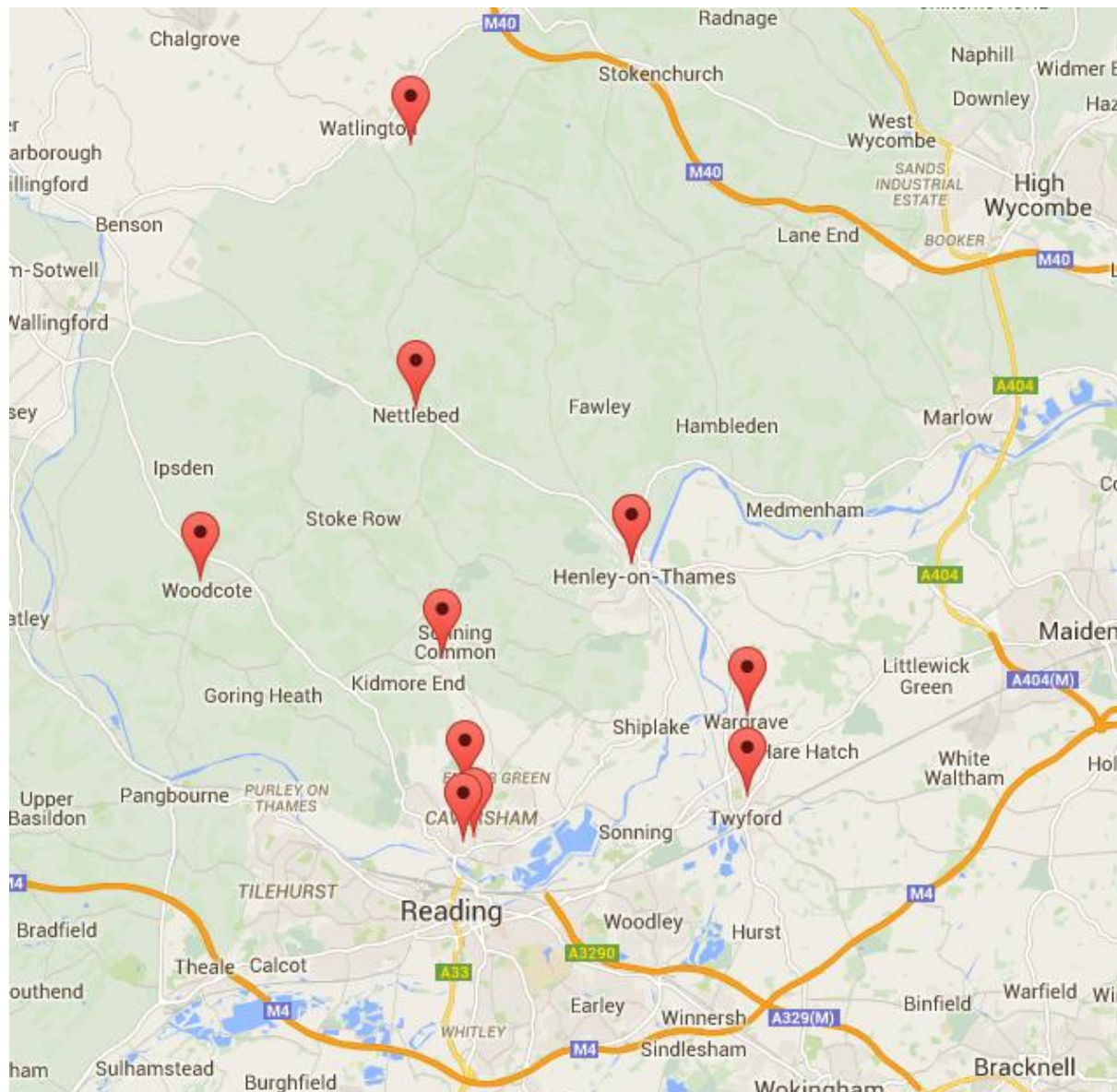
Emergency attendance, inpatient admission data and outpatient appointment data are analysed for patients registered at a selection of seven general practices (surgeries in bold in table 2). This subset is used as analysing data from all eleven practices is impractical.

Table 2 - List of General Practices in Townlands Hospital catchment area. Subset of surgeries used in analysis of inpatient and outpatient admissions in bold.

Practice Code	Practice Name	Location	County
K81014	Baltimore Park Surgery	Caversham	Berkshire
K81041	Emmer Green Surgery	Reading	Berkshire
K81055	Wargrave Surgery	Wargrave	Berkshire
K81070	Twyford Surgery	Twyford	Berkshire
K81647	Peppard Road Surgery	Caversham	Berkshire

K84001	Hart Surgery	Henley-on-Thames	Oxfordshire
K84008	Watlington and Chalgrove Surgeries	Two practices in Watlington and Chalgrove	Oxfordshire
K84015	Nettlebed Surgery	Nettlebed	Oxfordshire
K84020	Sonning Common Health Centre	Sonning Common	Oxfordshire
K84035	Bell Surgery	Henley-on-Thames	Oxfordshire
K84071	Goring and Woodcote Surgery	Two practices in Goring and Woodcote	Oxfordshire

Figure 2 – Geospatial mapping of registered general practices within the catchment area. www.doogal.co.uk.



Rationale for using the defined catchment areas

The catchment area was defined through consultation with the Oxfordshire Clinical Commissioning Group (OCCG), local GPs and members of the steering group. Primarily, analysis is performed on a catchment area defined by the eighteen wards listed in table 1. This area identifies the population living within five to ten miles from Townlands Hospital. The range in distance used relates to the accessibility of Townlands Hospital and the convenience of other hospitals within the region. The

wards of Crowmarsh and Watlington are more peripheral to Townlands Hospital but are included in the analysis as a significant part of these wards lie within the potential catchment area.

Use of this catchment area provides the opportunity to commission and deliver services most appropriate to the population living closest to Townlands Hospital. Whilst services are likely to be accessed by residents living in other wards or registered at other general practices, the catchment area identifies a target population for Townlands Hospital. Expanding the boundaries of the catchment area would incorporate a larger proportion of the population that would be served by the new facilities on the Townlands Hospital site. However, as the catchment area grows, the proportion of the population accessing services across multiple sites increases. As a result, the catchment area used in this needs assessment provides an overview of the population likely to access the majority of services provided at Townlands Hospital.

Strengths and Limitations

The health needs assessment views the health needs of the local population as opposed to the population currently accessing services at Townlands Hospital. This analysis offers commissioners insight into the services that would directly benefit the local population.

Defining a catchment area for a hospital is complex. It would be ideal to generate a catchment area that incorporated all patients that would access services at Townlands. However, for practical purposes, the catchment area is contained to a population that is likely to provide the majority of patients to the hospital. As a result of the catchment area used, there are number of factors to consider whilst reviewing the data:

1. Outpatient services in Townlands Hospital are provided by the Royal Berkshire Hospital. As such, it is likely that a significant proportion of patients seen in clinics will live in Caversham in North Reading and Twyford, in Wokingham. These two areas are not included in the analysis of outpatient use as four additional GP surgeries lie in this geographic area. Inclusion of data from these practices would have been impractical. The demographics and health characteristics of the population that live in these areas are similar to that of the population registered at the seven general practices used in the analysis. It is not expected that inclusion of data from these areas would change the demographic profiles or the service usage.
2. Reading is expected to grow significantly over the coming years, with a large proportion of young residents. As this population grown, it may be expected that an increasing number of residents from Reading would begin to access services at Townlands Hospital. The demographics and subsequent healthcare needs of this population would differ significantly to that of the catchment area used in this report.

This health needs assessment does not consider the current inpatient treatment provided at Townlands Hospital. Assessment of the inpatients currently cared for at Townlands Hospital is not of particular use. Currently, patients are admitted to Townlands from a very wide catchment area, including most areas of Oxfordshire as well as Reading, Wokingham and Windsor and Ascot. This is as a result of needing to fill beds with patients regardless of their usual place of residence. This needs assessment, instead, analyses the admission of patients living in the local area. The aim of this is to identify areas of need that services could be developed to reduce the burden on inpatient services. For instance, by establishing that there are a large number of admissions for trauma and orthopaedics and that hip fracture rates are high within the area, a need is identified for osteoporosis and falls prevention services.

Results

Demographics

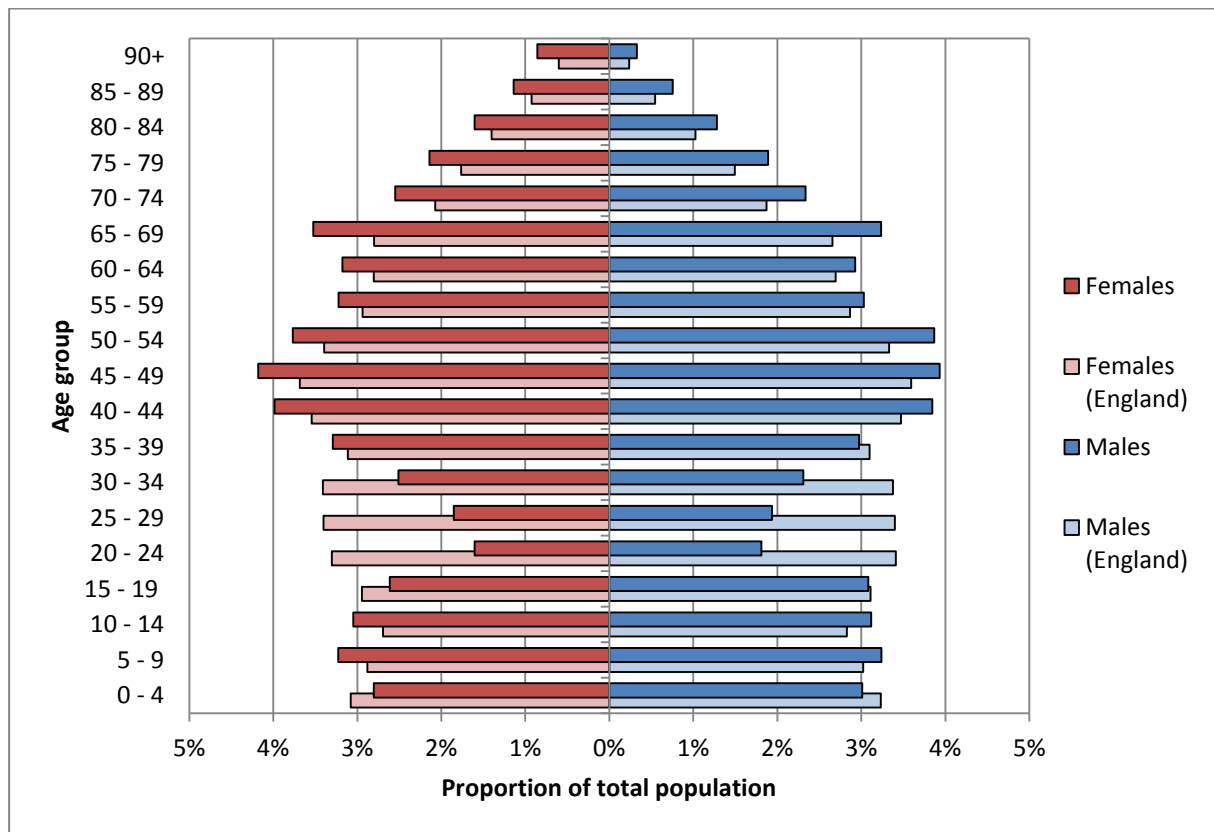
This section describes the key demographics of the population living in the catchment area, including age, ethnicity and household composition.

Overview of the Demographics of the Population

The catchment area includes a total population of 90,264 people living in the 18 wards shown in figure 1. 51.1% of the local population are female. The population living in the catchment area for Townlands Hospital have longer life expectancy compared to the national average. Life expectancy for males in the area is 81.7 years and 85.2 years¹ for females (Local Health data)². In comparison, life expectancy in England for males is 78.9 years and for females is 82.8 years. The gender gap in life expectancy is less than the gap nationally (3.5 years vs. 3.9 years).

Age Profile

Figure 3 - Population Pyramid for residents living the catchment area for Townlands Community Hospital compared with England, 2013 mid-year estimates



The age distribution of the population living in the catchment area of Townlands Hospital by age is shown in figure 3. There are significant differences between the population pyramid for the catchment area and England. The Townlands Hospital catchment has a similar proportion to England for the population aged 0-19. The population pyramid then differs markedly to that of England, with a very low proportion of the population aged 20-34 comparative to England. Only 12% of the

¹ Life expectancy for females is based on data from 17 wards as data from Charvil ward is unavailable.

² Based on weighted average of life expectancy within each ward.

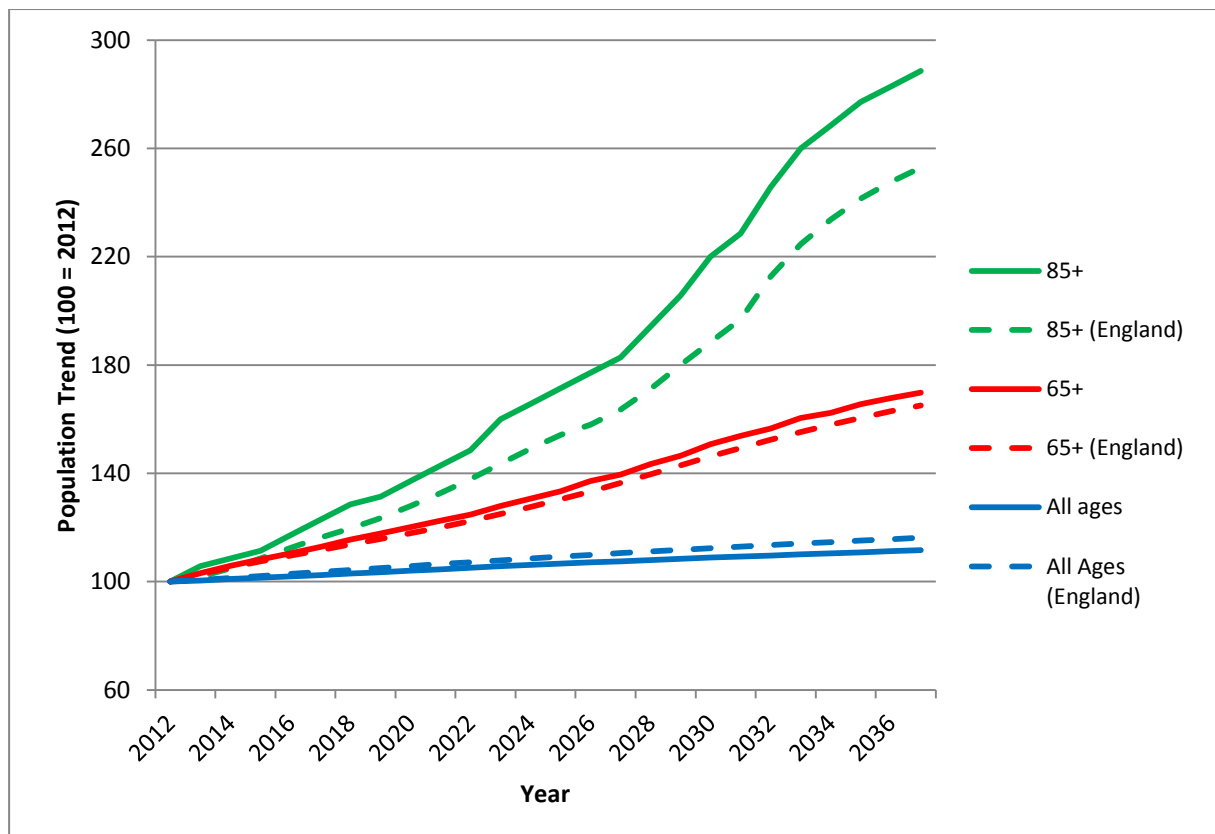
population living in the catchment area for Townlands hospital are aged 20-34, compared to 20.3% nationally.

Conversely, the proportion of the population aged over 40 in the catchment area for Townlands Hospital is markedly higher than that of England (57.6% vs. 49.7% respectively). Furthermore, the proportion of the population that are elderly (aged over 65 years) is higher than that seen across England. Nationally, 17.4% of the population is aged over 65 years compared to 21.6% in the Townlands catchment area. In total, there are over 19,500 people aged over 65 years living in the catchment area for Townlands Hospital.

Population Projections

Population projections are important for understanding what the demographic profile of the area will be in fifteen to twenty years. This information can help to ensure services and facilities are able to accommodate the needs of the population in the future. The population projections offer the opportunity to estimate the absolute number of people living within the catchment area in the future. This allows services to be developed with future capacity considerations in mind.

Figure 4 - Trend between 2012 to 2037 in overall population and older people population in South Oxfordshire and England relative to 2012

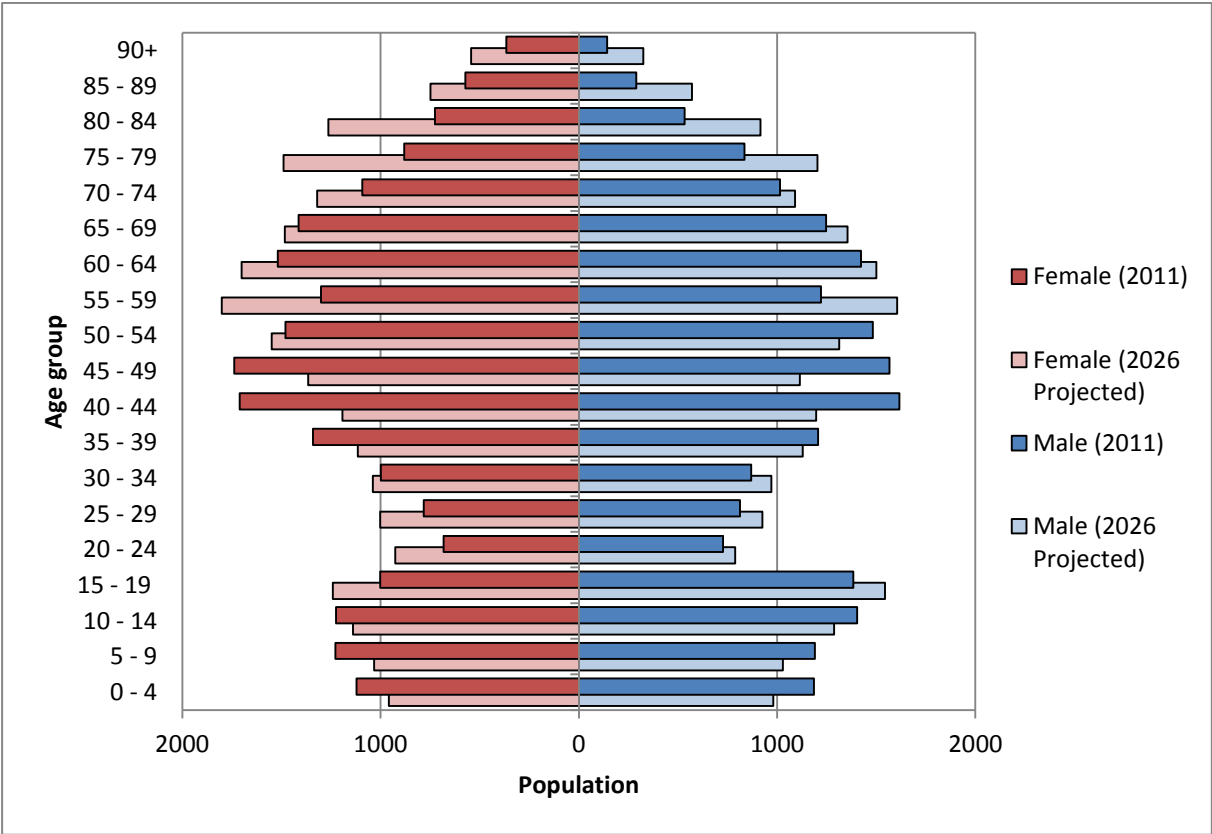


Population projections are available for Lower Tier Local Authorities through to 2037. Population projections are based on expected births and deaths as well as net migration as a result of factors such as changes in housing supply. Analysis of population projections in figure 4 uses data for South Oxfordshire. Nine of the 18 wards lie outside of South Oxfordshire, in four different lower tier local authorities or unitary authorities. The population of these wards are similar in composition to South Oxfordshire. The other four lower tier local authorities or unitary authorities have different profiles to that of South Oxfordshire. Including all five lower tier local authorities or unitary authorities in the analysis would provide an inaccurate result.

The population both within South Oxfordshire as well as the locality around Henley-on-Thames will change significantly over the next two decades. Figure 4 shows the change in population in South Oxfordshire compared to England. The total population of South Oxfordshire is only expected to grow by 12% (from 135,500 to 151,200), compared to 16% nationally. Whilst the total population is expected to grow at a lower rate than England, South Oxfordshire will see a faster rate of growth amongst the elderly population. The number of people aged over 65 years living in South Oxfordshire will increase by 70%, from 25,800 to 43,800. The increase will be more pronounced in those aged over 85 years. South Oxfordshire is expected to see a nearly three-fold rise (288% increase) in the number of people aged over 85 between 2011 and 2037 from 3,500 to 10,100 individuals. The proportion of the over 85 population that are male is expected to increase, from 34.3% to 41.6%. This reflects an increasing proportion of men living past 85 years.

Population projections are available at the ward level for wards in South Oxfordshire (nine of eighteen wards within the catchment area). Data on population projections at ward level in Buckinghamshire and Berkshire are not available. Projections at the ward level are calculated until 2026 and include factors such as the aging population and housing developments. Population projections at the ward level become less accurate beyond 15 years as knowledge of multiple factors, including the housing market and housing developments become less certain.

Figure 5 - Population Pyramid for the 9 Oxfordshire Wards in the catchment area, comparison between 2011 and 2026.



A similar picture to that across South Oxfordshire is observed, with a disproportionate increase in growth amongst the elderly. The population of the nine South Oxfordshire wards within the catchment area will increase from 41,327 to 43,756 (a 5.9% rise). The population will increase amongst 15-34 year olds and 55 year olds and over. The population of children aged less than 15 and adults aged 35 to 54 will decrease (see figure 5).

The result of the growth in elderly population within the area will result in a marked change in appearance of the population pyramid. Figure 5 shows the population pyramid in the nine Oxfordshire wards in 2011 and in 2026. The pyramid shape becomes more columnar in nature with the proportion of the population aged over 65 increasing from 22% to 28% between 2011 and 2026. This observation is consistent across the area and an even greater change is seen by 2037.

Of note is that, across South Oxfordshire, the majority of the expected increase in the over 85 population is expected to occur between 2027 and 2033. This coincides with baby-boomers reaching the age of 85. This steep rise is beyond the range of the projections used in figure 5.

Extending the projections from wards in South Oxfordshire to the whole of the Townlands catchment area, the total population is expected to reach 94,972 by 2026. The population aged over 65 years will increase from 19,530 to 24,752 and the population aged over 85 years will increase from 2,779 to 4,331.

Ethnicity

Figure 6 - Ethnicity of population living in Townlands Community Hospital catchment area compared with local region and England, Office for National Statistics, 2011.

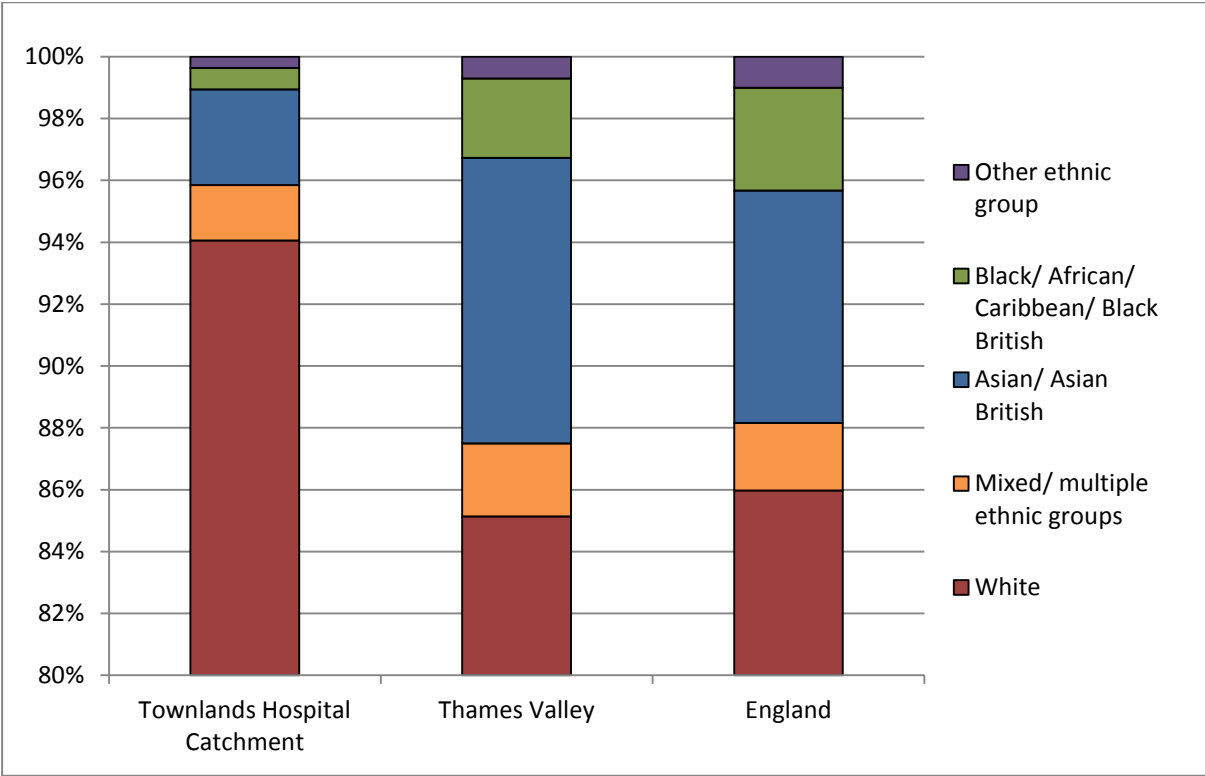


Figure 6 shows the population by broad ethnic group in the Townlands Hospital Catchment area compared to the Thames Valley region³ and England. A high proportion of the population living in the Townlands Hospital catchment area are White (94%). This is higher than both the proportion regionally (85%) and nationally (86%). The proportion of the population that is White, British, living in the catchment area (88%) is higher than the proportion regionally (78%) and nationally (81%).

Analysis of the non-white British population show that few people living in the area are of the Gypsy traveller community (0.1%). Thames Valley (5.6%) and the Townlands Hospital catchment area (4.8%)

³ Thames Valley region includes the counties of Oxfordshire, Buckinghamshire and Berkshire. The total population of the region is 2,060,609, mid-2013 estimates.

both have a higher proportion of the population that are 'White, other' compared to nationally (4.4%). This group includes White, Europeans. The Townlands catchment area has significantly lower proportion of black and ethnic minorities (BMEs). The most significant minority group are the 3.1% of the population that are of Asian ethnicity.

Household composition and provision of unpaid care

A total of 36,234 households are within the catchment area for Townlands Hospital. Table 3 presents the distribution of households by type. The findings are compared to the Thames Valley region and England.

Table 3 - Household composition by type and area, 2011

	Townlands Catchment area	Thames Valley	England
Proportion of households with single occupancy	25.3%	27.0%	30.2%
occupant aged >65	13.1%	11.0%	12.4%
Proportion of households with one family	69.4%	65.0%	61.8%
all occupants aged >65	11.9%	8.2%	8.2%
couple married, in civil partnership or cohabiting	50.7%	48.0%	43.0%
with dependent children	24.1%	22.9%	19.3%
lone parents	6.8%	8.8%	10.6%
with dependent children	4.0%	5.7%	7.2%
Proportion of households with other composition	5.3%	8.0%	7.9%

Census data

Of households in the catchment area for Townlands Hospital, a higher proportion are occupied by adults aged over 65 years (25.0%) compared to England (20.6%). The area also has a higher proportion of homes with a single occupant aged over 65 years (13.1%) compared to England (12.4%). Over half of all households are occupied by families with a couple that are married, in a civil partnership or cohabiting. This is significantly higher than the proportion observed nationally. Conversely, the catchment area has a low proportion of lone parents (6.8%) and lone parents with dependent children (4.0%) compared with England (10.6% and 7.2% respectively).

Assessment of the provision of unpaid care within an area provides insight into the possible unmet need for social care services, including nursing and residential homes as well as care for the disabled. Within the area, a similar proportion of residents provide unpaid care in the home, compared to the national average. Nationally 10.3% of the population provide at least one hour of unpaid care a week. In the Townlands Hospital catchment area, 10.1% of the population provide at least one hour of unpaid care.

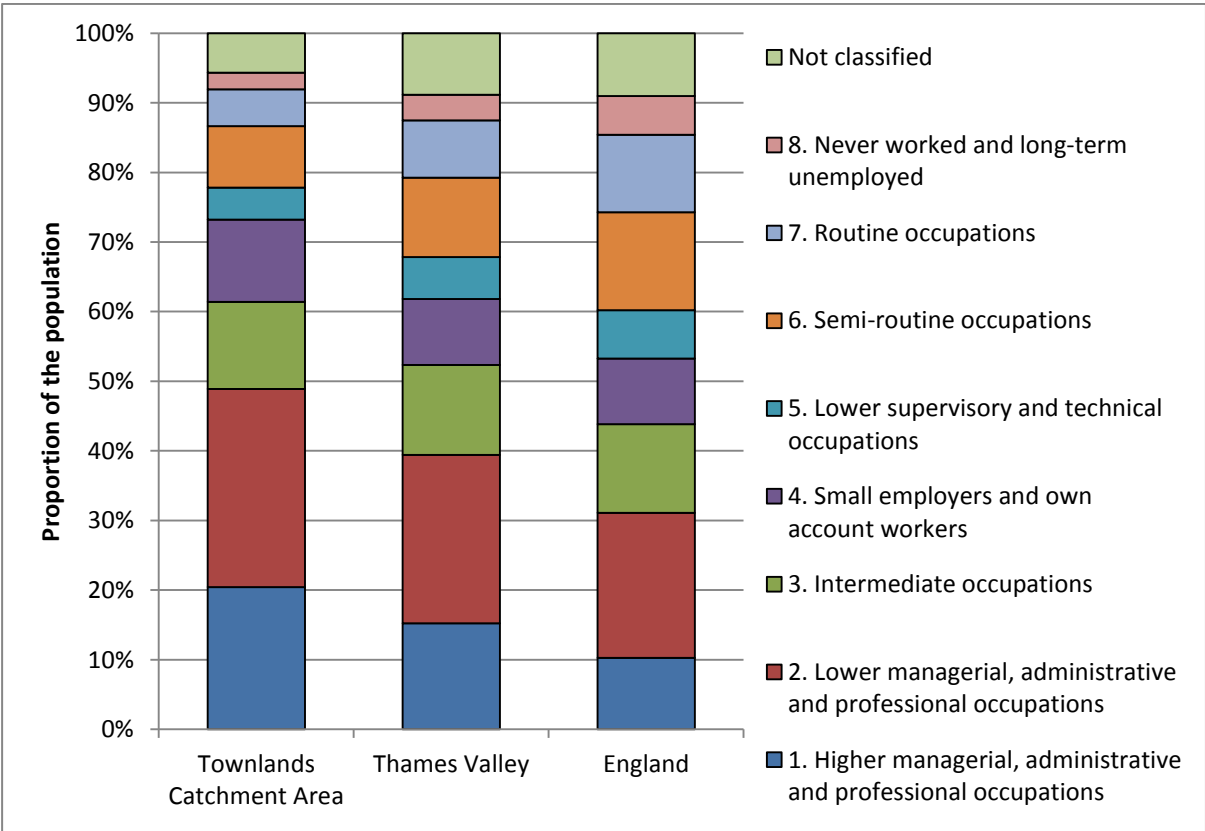
Wider determinants

The wider determinants of health include factors that indirectly influence the health of a population. These include social, environmental, educational and employment factors. The wider determinants of health play an important role in the health of a population. As a consequence, wider determinants are important in understanding what may be driving illness within a population.

Socio-economic status, poverty and deprivation

Socio-economic status is shown to be closely linked to health status with individuals in lower socio-economic groups suffering from worse health. The socio-economic composition of the population of the catchment area is shown in figure 7 and is compared to Thames Valley and England. It can be seen that there are a higher number of people working in managerial and professional occupations in the Townlands catchment area compared to both the Thames Valley and England. Socio-economic groups at increased risk of ill health work in routine and manual jobs or are unemployed. In the Townlands catchment area, 16.5% work in routine and manual jobs compared to 30.8% of the national population.

Figure 7 - Comparison of distribution of population in Townlands catchment area with Thames Valley and England by Socio-Economic Status (NS-SeC). Census, 2011.



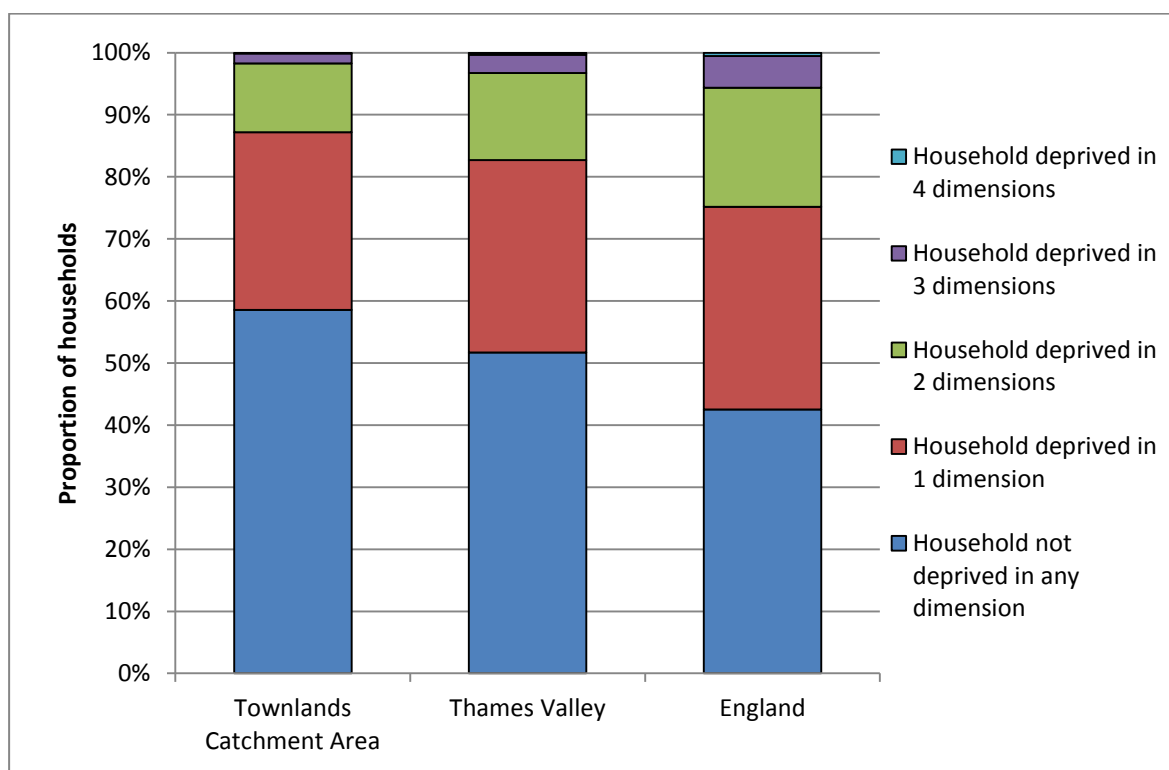
The level of deprivation within a community is associated with poorer health. A range of different tools for measuring deprivation are available to assess the degree of deprivation within an area. This report uses household deprivation based on data from the Census, 2011 and data from the index of multiple deprivation, 2010.

Household deprivation includes four dimensions: employment; education; health and disability; and housing.⁴ Household deprivation assesses the number of deprivation dimensions that households experience. Comparison of the extent of deprivation is shown in figure 8. Levels of deprivation are lower in the Townlands catchment area compared with both Thames Valley and England. Fewer than half of households (42%) in the Townlands catchment area have any level of deprivation. This compares to 48% across Thames Valley and 58% nationally. Few households have deprivation in

⁴ QS119EW – Households by deprivation dimensions. Available online at <https://www.nomisweb.co.uk/census/2011/qs119ew>

multiple dimensions (2 or more dimensions) in the catchment area (13%) compared to Thames Valley (17%) and England (25%).

Figure 8 - Comparison of household deprivation between Townlands catchment area, Thames Valley and England. Census, 2011



Data from the Index of Multiple Deprivation estimates that rates of income deprivation, child poverty and older people in deprivation are all significantly lower than nationally. Additional data on deprivation in table 4 shows that across a range of dimensions, the population living in the catchment area for Townlands Hospital experience significantly lower levels of deprivation compared to the region and nation.

Table 4 - Comparison of characteristics of deprivation between Townlands catchment area, Thames Valley and England.

	Townlands Catchment area	Thames Valley	England
Income deprivation	4.8%	8.3%	14.7%
Older people in deprivation	7.7%	11.4%	18.1%
Long-term Unemployment⁵	2.0	4.4	10.1
Child poverty	5.5%	12.6%	21.8%
Low birth weight	5.4%	7.0%	7.4%
Achieving 5+ A*-C GCSE (including England and Maths)	70.7%	62.5%	58.8%

Data from CLG, Public Health England, ONS, Nomis, DfE

⁵ Claiming Job Seekers allowance for >1 year (rate/1,000)

Isolation

As previously mentioned, there are a high number of households within the Townlands catchment area that are occupied solely by people aged over 65 years (25%). There are also a high number of older people living alone, with 13.1% of all households occupied by a single occupant over the age of 65 years. This population is prone to isolation. Ensuring that services are accessible to the large number of elderly living alone or in homes where all occupants are aged over 65 is important.

Lifestyle factors

An increasing proportion of the national burden of disease is attributed to lifestyle. These lifestyle factors are seen as potential areas for intervention to minimise the risk of an individual developing a health condition in later life. At a population level, interventions can result in reductions in the overall burden of disease. Data on three of the most important lifestyle factors are presented below.

Healthy eating and Obesity

Table 5 shows the percentage of children with excess weight⁶ and obesity at different ages by area. Statistically significantly fewer children in reception and year 6 living in the catchment area for Townlands Hospital have excess weight or obesity compared with England.

Table 5 - Childhood overweight and obesity rates by age group and region, 2010/11-2012/13 data.

	Townlands Catchment area	Thames Valley	England
Obese children (reception year)	6.4%	7.8%	9.4%
Children with excess weight (reception year)	16.9%	19.6%	22.5%
Obese children (year 6)	11.3%	15.9%	19.1%
Children with excess weight (year 6)	24.2%	29.9%	33.5%

HSCIC & PHE data

Adult obesity rates are shown in table 6. Adult obesity rates in the Townlands Hospital catchment area (18.5%) are low compared to the Thames Valley region (21.2%) and nationally (24.1%). A higher proportion of adults have a healthy diet (34.7%) compared with national levels (28.7%).

Table 6 - Adult lifestyle factors by area. Obesity and binge drinking rates based on 2006-8 data. Admissions for Alcohol related harm based on 2008/9-2012/13 data.

	Townlands Catchment Area	Thames Valley	England
Adult Obesity	18.5%	21.2%	24.1%
Healthy Eating Adults (%)	34.7%	30.0%	28.7%
Binge Drinking (%)	18.0%	18.6%	20.0%
Admissions for Alcohol Related Harm (SAR⁷)	51.2	68.1	100

PHE and HSCIC data

⁶ Excess weight includes overweight (BMI 25-29 kg/m²) and obese (BMI ≥30kg/m²) individuals.

⁷ SAR – Standardised Admission Rate, adjusted for age, gender and social deprivation. 100 = England.

Alcohol

Nationally, there has been a gradual reduction in overall consumption of alcohol over the past decade⁸. Data on alcohol related admissions within the Townlands Hospital catchment area is not available. In the Thames Valley region, alcohol related admissions are significantly lower than national levels, 1,355 per 100,000 population compared to 1,890 per 100,000 population respectively in 2012-13⁹.

Binge drinking rates within the area are shown in table 6. Whilst rates of binge drinking are lower compared to the national average, this is not statistically significantly different. Admission rates for alcohol related harm within the catchment area are strongly significantly lower than the national average. The admission rate for alcohol related harm for the population living in the catchment area was 48.8% lower than expected, after adjusting for age, sex and deprivation levels.

Smoking

Data on smoking status is available for six of the seven general practices in the catchment area. 10.2% of individuals aged 16 and over with a recorded smoking status were registered as smokers. This compares with 20% who report smoking nationally. These two estimates of smoking prevalence are not directly comparable due to the different method for calculation. Data from GP surgeries is based on information that patients provide to their doctor and as a result may be lower than the true rate. The figure of 20% for smoking prevalence nationally is based on self-reported smoking status through the anonymous General Lifestyle Survey. Despite this, it would be expected that the true smoking rate amongst the population living in the Townlands Hospital catchment area would be lower than the national average, given the age, ethnic and social status of residents.

Health

General Health Status

Table 7 - Subjective responses to questions on health status, Census, 2011.

	Townlands Catchment Area	Thames Valley	England
Self-reported Health Status			
Bad	2.5%	2.7%	4.3%
Very Bad	0.7%	0.8%	1.3%
Day to day activities			
Limited a little	7.9%	7.7%	9.4%
Limited a lot	5.4%	5.6%	8.5%
Households with at least one person with a long-term condition			
with dependent children	3.1%	3.9%	4.7%

Census data

Data on general health status is taken from the Census, 2011. The Census asks individuals to subjectively measure their health using a range of questions. Responses on overall health status range from very good health to very bad health. This measure provides an overview of the needs expressed by the population and is used in calculating the health dimension in deprivation indices.

⁸ Data from National Food Survey, Expenditure Food Survey and Living Costs and Food Survey

⁹ Data from Health and Social Care Information Centre

Results for individuals living in the catchment area for Townlands Hospital are shown in table 7. Significantly fewer individuals living in the catchment area of Townlands Hospital report their health as bad or very bad (3.1%) compared to nationally (5.6%).

Additional questions from the census also provide information on general health status of an individual. The proportion of individuals whose daily activities are limited a little or a lot by a health condition is significantly lower in the catchment area (13.3%) than nationally (17.9%). Furthermore, the proportion of household with at least one person suffering from a long term condition is significantly lower.

Specific Diseases

Table 8 provides the prevalence for a range of conditions based on data from general practices in the catchment area. These are compared to prevalence within the Thames Valley region and England. Data are not standardised for age but provide information on prevalence that can be used to identify conditions with increased prevalence that require increased resources. *Italic* figures for Townlands catchment area are statistically significantly different prevalence to England.

Table 8 – Comparison of prevalence of specific diseases and conditions in Townlands catchment area, Thames Valley and England. 2013/14 GP Quality Outcome Framework data.

	Townlands Catchment Area	Thames Valley	England
	Prevalence (number)	Prevalence	Prevalence
Coronary Heart Disease	<i>2.7%</i> (2,586)	2.6%	3.3%
Hypertension	<i>13.3%</i> (12,598)	12.1%	13.7%
Transient Ischaemic Attack or Stroke	1.7% (1,575)	1.5%	1.7%
Asthma	<i>6.7%</i> (6,291)	5.8%	5.9%
Chronic Obstructive Pulmonary Disease	<i>1.1%</i> (1,051)	1.2%	1.8%
Diabetes†	<i>4.2%</i> (3,163)	5.2%	6.2%
Cancer	<i>2.8%</i> (2,666)	2.1%	2.1%
Palliative Care	0.3% (252)	0.2%	0.3%
Osteoporosis‡	0.5% (170)	0.4%	0.4%
Dementia	<i>0.8%</i> (711)	0.5%	0.6%
Depression[°]	<i>7.1%</i> (5,279)	6.1%	6.5%

† - Prevalence amongst individuals aged 17 and over, ‡ - Prevalence amongst individuals aged 50 and over, ° - Prevalence amongst individuals aged 18 and over
HSCIC data

Due to no adjustments being made for age, certain conditions that are age related (for example atrial fibrillation, cancer and stroke) have statistically significantly higher prevalence than England. However, other age related conditions (for instance chronic heart disease, hypertension and osteoporosis) do not have a significantly higher prevalence despite the older population. This is likely to be due to other confounding variables such as socio-economic status and ethnicity.

Data in table 8 are based on GP Quality Outcome Framework (QOF). A wider range of conditions are included in the Quality Outcome Framework, however, not all are included in the above analysis as the prevalence estimates derived are likely to be inaccurate. These conditions (such as obesity and mental health conditions) are likely to be more prevalent in the community, but are under-diagnosed in general practice. Under-diagnosis is also still an issue with other conditions included in the analysis (such as dementia) however these are included as reporting is improving. Other data presented in table 8 may also have significant rates of under-diagnosis. Conditions such as osteoporosis and depression have significantly higher prevalence compared to the rates observed in table 8.

Review of the literature estimates approximately 25% of the population aged 50 and over to have osteoporosis.¹⁰ The low prevalence observed in all areas is likely to reflect under-diagnosis due to multiple factors including access to diagnostic facilities and the fact that the majority of diagnoses of osteoporosis occur when individuals sustain a fragility fracture. Early diagnosis offers the possibility to prevent further bone loss and the subsequent probability of a fragility fracture.

Dementia is another condition that is under-diagnosed in the community. Similarly to osteoporosis, dementia is likely to be under-diagnosed due to a range of factors, including importantly, access to a memory clinic. Literature suggests that the prevalence of dementia within the UK population aged 65 and over is approximately 7.1%.¹¹ Using age standardised prevalence estimates from the Dementia UK: Update report, the expected number of individuals living in the Townlands catchment area with dementia is 1,425, equivalent to 1.7% of the total population.

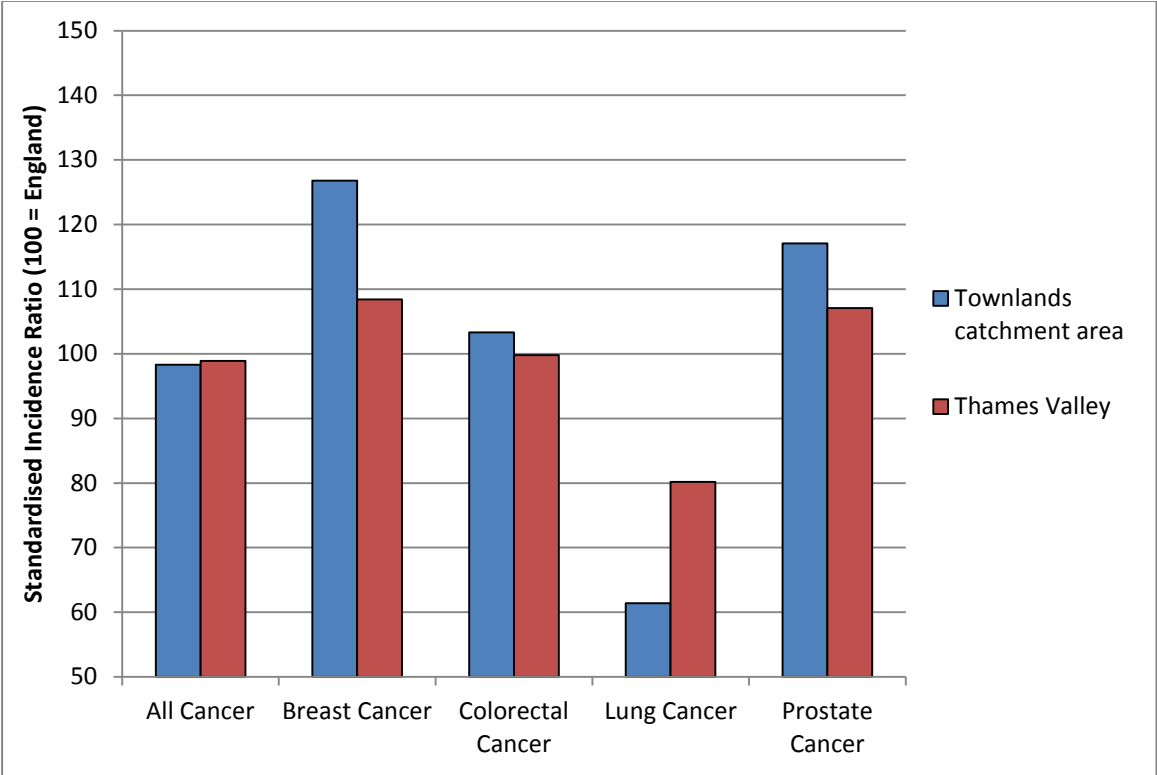
The population living in the catchment area for Townlands Hospital are noted to have significantly higher prevalence of cancer compared to England (2.8% vs. 2.1%). Further analysis of this difference using standardised incidence ratios (SIR) are shown in figure 9. After adjusting for age, the incidence ratio for all cancers in the Townlands catchment area is at the expected level, however there is significant disparity when assessed by cancer type. There are significantly more cases of breast and prostate cancer than expected and significantly fewer cases of lung cancer than expected. Whilst the lower SIR for lung cancer is explained by lower smoking levels, the driver for higher SIR for breast and prostate cancer is unclear.

The observed higher rate of cancer observed in table 8 is likely to be due to the older demographic profile. Furthermore, as figure 10 shows, standardised mortality ratios for all cancers is lower in the catchment area compared to England. There are the expected number of cancer diagnoses in the Townlands catchment area population but a lower than expected mortality from cancer. The lower than expected mortality from cancer is likely to be due to either: earlier diagnosis through screening (reflected by the higher standardised incidence ratio for breast cancer); better disease outcomes; or due to lead time bias.

¹⁰ Strom *et al*, 2011. Osteoporosis: burden, health care provision and opportunities in the EU. Archives of Osteoporosis 6: 59-155.

¹¹ Prine *et al*, 2014. Dementia UK: Update. Second Edition. Alzheimer's Society.

Figure 9 – Comparison of Standardised Incidence Ratios by cancer type for Townlands catchment area and Thames Valley. Standardised to England (100).



Mortality

Standardised mortality rates are shown in figure 10. Standardised mortality rates compare the observed number of deaths within an area with the expected number of deaths based on a reference population. The standardised rate is adjusted to account for differences in age, gender and socio-economic status. As these are the most important confounding variables, the standardised rate reflects how an area is performing against the reference population. The reference population used in this analysis is England.

Within the Townlands Hospital catchment area as well as Thames Valley all-cause mortality and condition specific mortality is significantly lower than England. Mortality from circulatory diseases in the catchment area, especially coronary heart disease, are particularly low, compared to England. It would be expected that the population living within the Townlands Hospital catchment area would have experienced 1,685 deaths from coronary heart disease between 2008-12. The observed number of deaths over this time was 1,122, 33.4% lower than the expected number.

Reducing premature mortality is a key objective of both the NHS and Public Health. Standardised mortality ratios for causes of premature mortality are displayed in figure 11. Across all five measures of premature mortality, both the catchment area for Townlands hospital and Thames Valley are statistically significantly better than England.

Figure 10 - Comparison of Standardised Mortality Ratios for Townlands catchment area and Thames Valley by cause of death. Mortality rates standardised to England (100).

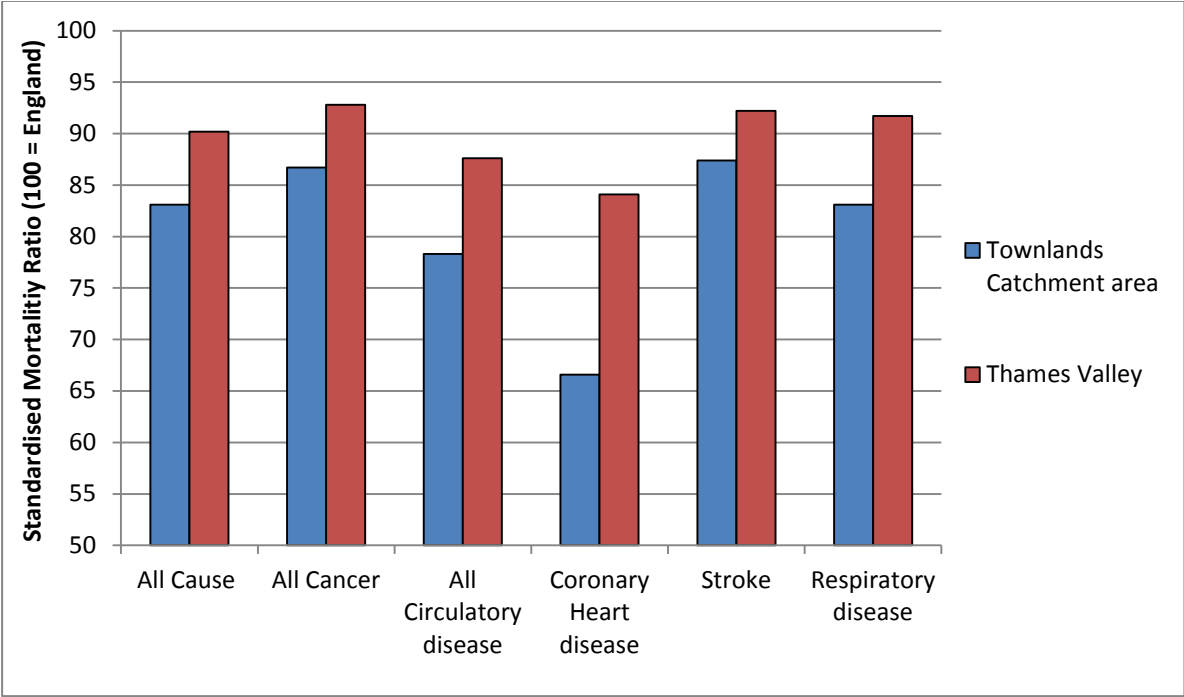
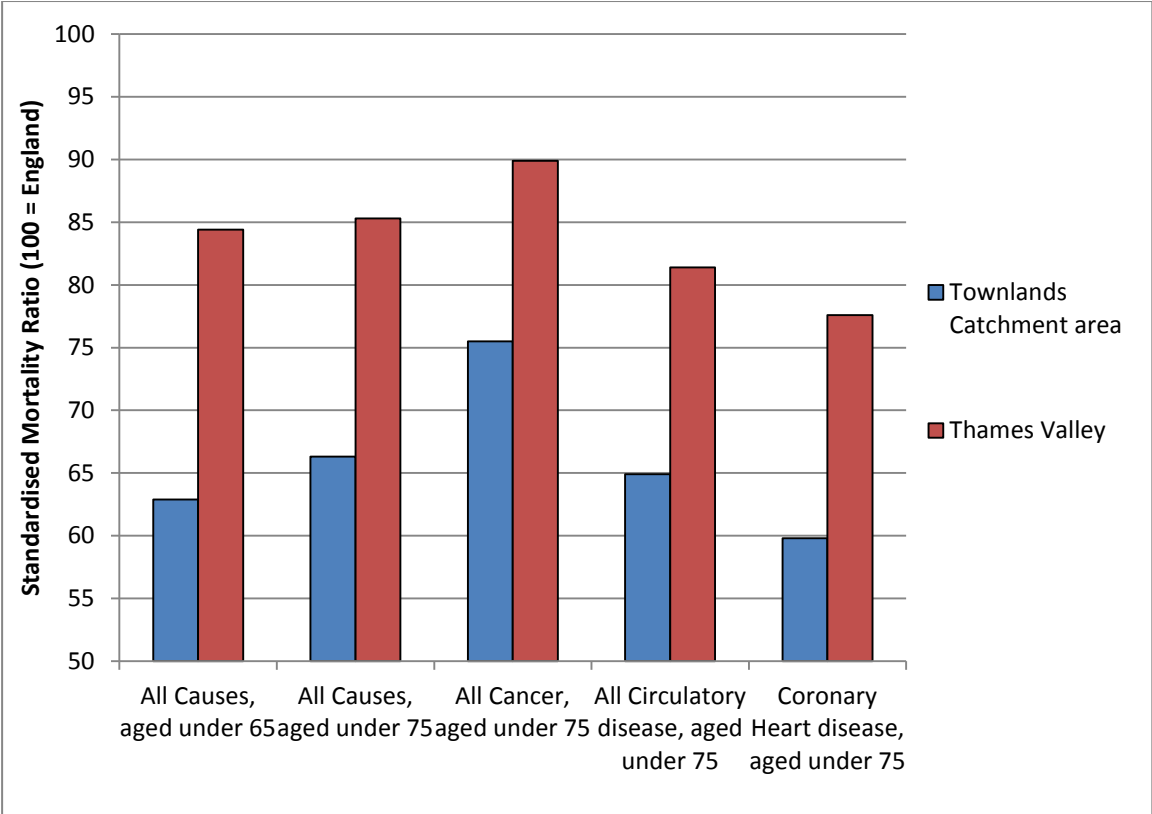


Figure 11 - Comparison of Standardised Mortality Ratios for Premature mortality in Townlands catchment area and Thames Valley by cause of death. Mortality rates standardised to England (100).



Hospital Service Use

Data on outpatient and inpatient admissions are based on seven practices in the catchment area (see table 2), with a combined practice population of 54,834 (as of 1st October 2014). Data are available for the financial years 2008/9 through to 2013/14. Data on inpatient and outpatient attendance provide an overview of the demand that is met by specific services as well as which specialties have high service usage.

Outpatient Attendances

The population living in the catchment area for Townlands Hospital attend a large number of outpatient appointments. Between 2008/9 and 2013/14 a total of 314,267 outpatient appointments were attended by patients living in the catchment area. This figure includes outpatient appointments at all healthcare providers. Table 9 presents the number of appointments per year for the ten specialties in highest demand by number of appointments. A full table of outpatient appointments is available in Appendix 1.

Patients registered at the seven general practices attended, on average, nearly 6,000 Trauma and Orthopaedics appointments per year between 2008/9 and 2013/14. This was the specialty with the most appointments. Other notable specialties with high use include Cardiology (average 2,791 appointments per year), Gynaecology (1,830/year) and Urology (1,632/year).

Table 9 - Number of outpatient appointments by year for the ten most frequently accessed services. Data from seven GP surgeries in Townlands catchment area.

Specialty	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Grand Total
Audiological medicine	1798	1964	3018	3075	3836	3896	17587
Cardiology	2304	2409	3035	3195	2810	2998	16751
Clinical oncology (radiotherapy)	4040	3892	3690	4436	2087	1587	19732
Dermatology	1951	1781	1452	2848	2973	3052	14057
ENT	2023	1530	1371	1624	1786	2051	10385
Gynaecology	1929	1665	1793	1929	1764	1900	10980
Obstetrics	2119	1708	2048	2192	1344	1133	10544
Ophthalmology	5305	4444	4490	5487	5262	5155	30143
Trauma & orthopaedics	5803	5609	5364	5375	6888	6868	35907
Urology	1134	1363	1258	1859	1995	2182	9791
Grand Total	28406	26365	27519	23020	20745	30822	175877

Data from Central Southern Commissioning Support Unit

The figures for outpatient, inpatient and emergency attendance are based on approximated 58% of the total population living in the catchment area. Extending these figures to the whole population, the expected annual outpatient appointment numbers for Trauma and Orthopaedics is over 10,000.

The figures do not give information on the unmet demand that may exist within the population. Furthermore, for outpatient admissions, if a specific service is lacking within the area (or difficult to access) patients may not be seen or be seen in a different service (for instance patients needing incontinence services may be seen in a Geriatric medicine clinic or a urology clinic).

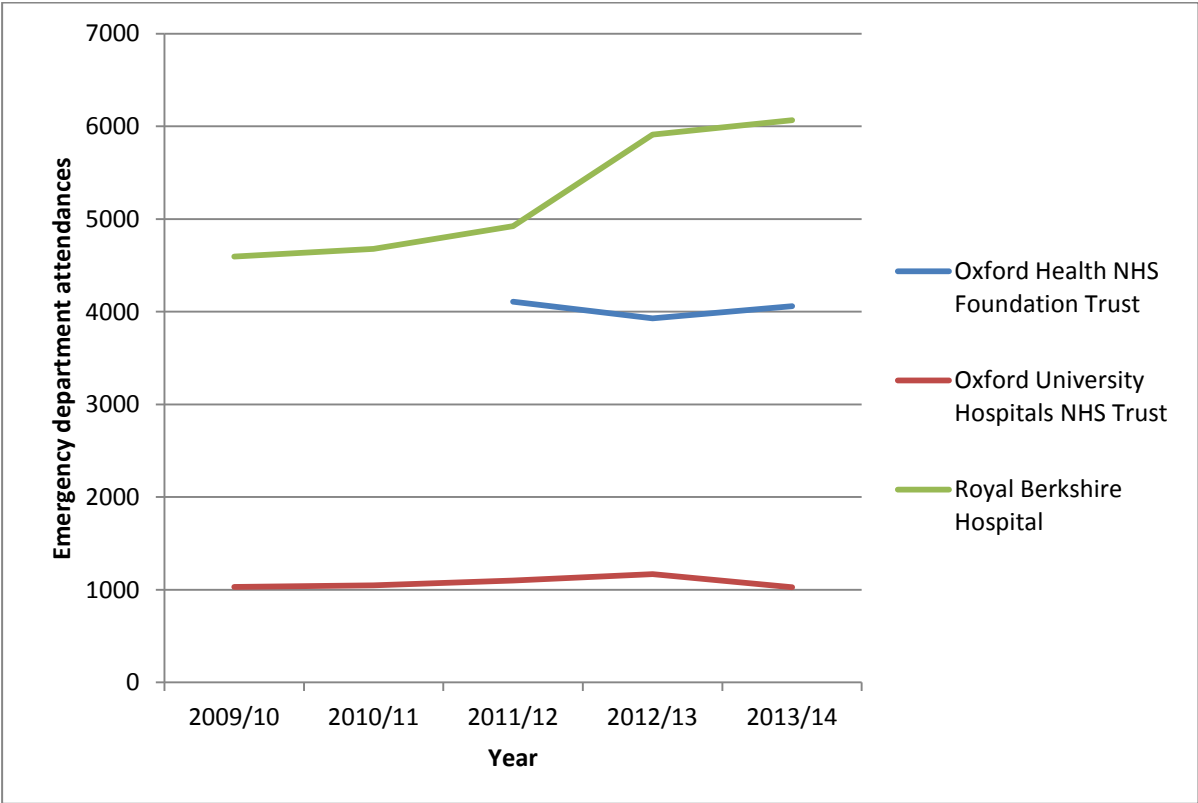
Emergency Department Attendances

Between 2009/10 and 2013/4¹² there were a total of 49,821 emergency attendances. 43,878 of these were emergency attendances at local providers (Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust and Royal Berkshire Hospital), an average of 8,728 attendances per year. The majority of patients (52.3%) attend the emergency department at the Royal Berkshire Hospital. Trends in number of attendances at local emergency facilities are shown in figure 12.

There has been a sharp rise in the number of emergency department attendances within the catchment area from 6,505 in 2009/10 to 12,843 in 2013/14. The increase was most marked between 2010/11 and 2011/12. This rise is likely to reflect a change in provision of services, with the opening of the minor injuries unit (MIU) at Townlands Hospital that is operated by Oxford Health NHS Foundation Trust.

A possible explanation for the significant increase associated with the opening of the MIU is that there was a previously unmet need for emergency appointments. The unit opening resulted in an overall increase in emergency attendances. The opening did not act as a substitute for other services, instead overall demand increased. Comparison with general practice appointments over the same period would allow for further analysis and establish whether the minor injuries unit acted as a substitute for clinic appointments at the local general practices.

Figure 12 – Number of Emergency department attendances by year and local provider for residents living in the Townlands Hospital catchment area.



Inpatient Admissions

Between 2008-09 and 2012-13 annual inpatient admissions ranged from 6,065 to 6,456 admissions per year. There is no apparent trend in the number of admissions per year. The ten specialities with

¹² Data for 2008/9 are incomplete and excluded from analysis

the highest numbers of admissions between 2008-9 and 2013-14 are shown in table 10. Data on inpatient admissions are based on patients registered at seven of the eleven GP surgeries in the catchment area. Day case admissions are excluded. A full list of inpatient admissions by specialty is available in appendix 3.

The data show a large number of inpatient admissions across most of the main specialities, with high numbers of admissions in Trauma and orthopaedics, paediatrics and geriatric medicine.

Expanding this information to include all residents living in the catchment area, annually, increases the number of admission by 71%. For example, there would be expected to be 1,793 General medicine, 1,244 Paediatrics, 1,122 Trauma and Orthopaedic admissions

Table 10 - Number of inpatient admissions by year for the ten most frequently accessed services. Data from seven GP surgeries in Townlands catchment area.

Specialty	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Grand Total
Cardiology	227	232	307	272	280	255	1573
ENT	155	145	131	141	116	164	852
General medicine	929	874	861	941	1373	1301	6279
General surgery	528	497	502	515	483	419	2944
Geriatric medicine	393	453	488	507	382	343	2566
Gynaecology	179	158	176	174	127	173	987
Obstetrics	554	439	436	494	407	400	2730
Paediatrics	767	741	746	785	672	644	4355
Trauma & orthopaedics	697	616	642	675	658	640	3928
Urology	210	235	238	265	244	281	1473
Grand Total	4639	4390	4527	4769	4742	4620	27687

Residents living in the catchment area of Townlands hospital account for a large number of day admissions. Appendix 2 provides a breakdown of day admissions by year and specialty. Nephrology, clinical haematology, clinical oncology as well as surgical specialties have a high number of day admissions. Currently, it would be expected that the majority of these day admissions would take place in secondary or tertiary hospitals (Oxford University Hospitals and Royal Berkshire Hospital).

What are the specific areas of need?

The main challenge facing the area is the aging population and ensuring that services are able to meet the needs of the elderly and continually aging population. Whilst the population that Townlands hospital serves is generally healthy, there are a number of conditions which are higher than expected. These include dementia and depression, stroke and TIA and hip fractures. Whilst cancer incidence within the catchment area is at the expected level, data on mortality and prevalence suggests that patients with cancer are receiving an early diagnosis and good clinical care.

The combination of an engaged population and the redevelopment of the site offers the opportunity to design patient focused services that work to prevent disability from conditions such as stroke and hip fractures. Taking a preventative approach to the health of the population will assist in ensuring sustainability in the face of a burgeoning elderly population. Despite this, there will still be need for more intensive care facilities.

The population living in the catchment area for Townlands Hospital attend a large number of outpatient appointments across a range of specialties for which significant travel into Oxford or Reading is currently required. Providing appropriate services locally, at Townlands Hospital would improve access for the elderly population living in a predominantly rural area.

Conclusions and Recommendations

The health needs assessment identifies an elderly, predominantly White, British population living in the area served by Townlands Community Hospital. This observation extends to South East Oxfordshire and the adjacent wards in Buckinghamshire and Berkshire except for Reading which has a younger, more ethnically diverse population.

Whilst the population is comparatively healthy, there are significant areas where resources can be directed to further improve the health of the local population. These include services aimed at preventing conditions that are more prevalent within the area, including stroke and TIA. Furthermore, the area has a significantly higher rate of depression. Supporting primary care services in managing the mental health of the local population would offer significant health benefits.

The redevelopment at Townlands Hospital offers the opportunity to meet many of the requirements of the local population in a local setting. This report identifies particular need for services targeted towards older people. Examples include providing memory and falls clinics that would identify those at risk of falls and dementia. Targeted treatment offers the possibility to reduce the burden of dementia and fragility fractures. However, data on outpatient attendances suggest significant demand for many of the main medical and surgical specialties.

Whilst there is significant need for services for elderly people, the data also show a large volume of both outpatient and inpatient service use in paediatric and obstetric specialties. The facilities at Townlands can offer a range of services beyond those specifically targeted towards the elderly that would still be of significant benefit to the local population.

Furthermore, the redevelopment offers the opportunity to deliver some routine day treatments in a local setting. Currently, residents are attending a high volume of day admissions for haemodialysis, radio and chemotherapy, day surgery and ophthalmology. Delivering these treatments locally would require significant resources. However, the potential benefit for the local population would be significant.

Appendices

Appendix 1 – Outpatient appointments between 2008/9 and 2013/14 by specialty.

Specialty	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Grand Total
Accident & emergency	6	2	-	4	49	30	91
Adult cystic fibrosis	-	-	-	32	41	42	115
Adult mental illness	1350	1520	1390	801	1259	946	7266
Allergy service	13	9	16	6	3	6	53
Anaesthetics	200	52	81	56	642	882	1913
Anticoagulant service	8	175	219	186	316	294	1198
Audiological medicine	1798	1964	3018	3075	3836	3896	17587
Audiology	5	11	13	5	12	152	198
Blood and marrow transplantation	2	2	14	25	19	12	74
Breast surgery	110	682	781	767	834	984	4158
Burns care	20	71	24	74	32	59	280
Cardiac rehabilitation	-	-	-	-	-	24	24
Cardiac surgery	3	5	1	20	16	32	77
Cardiology	2304	2409	3035	3195	2810	2998	16751
Cardiothoracic surgery	67	84	98	17	17	13	296
Cardiothoracic transplantation	9	10	13	13	26	36	107
Chemical pathology	-	-	-	1	4	12	17
Child and adolescent psychiatry	375	386	390	253	93	158	1655
Clinical genetics	15	66	70	97	91	76	415
Clinical haematology	918	928	1059	1094	771	862	5632
Clinical immunology	30	34	67	34	28	44	237
Clinical immunology and allergy service	1	4	12	9	11	14	51
Clinical neurophysiology	1	125	140	132	159	167	724
Clinical oncology (radiotherapy)	4040	3892	3690	4436	2087	1587	19732
Clinical pharmacology	12	9	11	5	8	3	48
Clinical physiology	329	318	238	2	5	5	897
Clinical psychology	51	31	35	70	54	68	309
Colorectal surgery	158	144	178	162	298	325	1265
Community paediatrics	41	1	3	-	-	-	45
Congenital heart disease service	-	-	-	-	-	3	3
Critical care medicine	2	1	-	2	14	18	37
Dental medicine specialties	22	28	23	14	28	35	150
Dermatology	1951	1781	1452	2848	2973	3052	14057
Diabetic medicine	279	463	381	280	299	370	2072

Diagnostic imaging	153	2338	1716	706	698	1369	6980
Dietetics	26	33	31	62	49	91	292
Endocrinology	257	251	290	310	287	272	1667
ENT	2023	1530	1371	1624	1786	2051	10385
Forensic psychiatry	2	-	2	-	1	3	8
Gastroenterology	798	740	813	992	1082	1191	5616
General medicine	323	132	259	273	364	287	1638
General surgery	1396	977	833	1312	1070	1124	6712
Genitourinary medicine	-	-	3	22	39	46	110
Geriatric medicine	176	214	188	160	270	205	1213
Gynaecological oncology	54	47	48	44	43	46	282
Gynaecology	1929	1665	1793	1929	1764	1900	10980
Haemophilia service	60	52	59	17	14	7	209
Hepatobiliary & pancreatic surgery	-	2	5	11	9	14	41
Hepatology	80	67	71	106	85	68	477
Infectious diseases	56	33	54	55	79	62	339
Interventional radiology	58	109	91	856	701	13	1828
Learning disability	24	36	32	12	22	37	163
Liaison psychiatry	-	-	124	176	-	-	300
Maxillo-facial surgery	6	20	200	243	222	306	997
Medical oncology	220	223	329	355	399	402	1928
Medical ophthalmology	5	2	1	1	-	1	10
Midwifery service	51	191	197	166	509	494	1608
Neonatology	25	24	21	45	40	23	178
Nephrology	559	501	431	537	626	616	3270
Neurology	820	832	836	1008	1025	1120	5641
Neurosurgery	82	62	103	105	122	150	624
Nuclear medicine	-	1	1	-	3	2	7
Obstetrics	2119	1708	2048	2192	1344	1133	10544
Occupational therapy	6	19	28	9	13	25	100
Old age psychiatry	1051	1069	2321	1669	1255	1082	8447
Ophthalmology	5305	4444	4490	5487	5262	5155	30143
Optometry	-	-	-	222	180	168	570
Oral surgery	1012	955	782	751	794	549	4843
Orthodontics	334	304	317	289	312	292	1848
Orthoptics	159	159	181	192	502	790	1983
Orthotics	-	-	-	20	335	331	686
Paediatric audiological medicine	-	-	340	339	72	69	820
Paediatric cardiac surgery	-	1	-	-	14	25	40
Paediatric cardiology	71	62	114	157	145	236	785

Paediatric clinical haematology	8	7	14	14	5	17	65
Paediatric clinical immunology and allergy	35	31	28	30	31	32	187
Paediatric cystic fibrosis	-	-	-	24	20	25	69
Paediatric dentistry	-	6	8	11	10	17	52
Paediatric dermatology	-	9	12	18	23	12	74
Paediatric diabetic medicine	-	-	-	18	21	25	64
Paediatric ear nose and throat	15	280	303	335	108	129	1170
Paediatric endocrinology	25	33	102	91	33	28	312
Paediatric gastroenterology	23	46	82	86	80	94	411
Paediatric infectious diseases	4	14	22	11	21	13	85
Paediatric interventional radiology	-	-	-	-	-	3	3
Paediatric maxillo-facial surgery	-	45	84	77	27	11	244
Paediatric medical oncology	55	52	66	83	26	71	353
Paediatric metabolic disease	-	-	-	12	9	3	24
Paediatric nephrology	-	2	7	4	9	3	25
Paediatric neuro-disability	6	34	37	60	57	59	253
Paediatric neurology	66	48	32	42	38	39	265
Paediatric neurosurgery	8	14	11	10	9	11	63
Paediatric ophthalmology	30	645	776	743	179	75	2448
Paediatric plastic surgery	4	12	17	33	57	76	199
Paediatric respiratory medicine	41	62	64	45	31	30	273
Paediatric rheumatology	4	1	-	-	16	42	63
Paediatric surgery	59	93	79	92	100	120	543
Paediatric thoracic surgery	-	-	-	27	7	5	39
Paediatric trauma and orthopaedics	-	757	798	904	426	363	3248
Paediatric urology	46	103	113	82	51	40	435
Paediatrics	708	645	637	713	626	779	4108
Pain management	73	239	889	1765	508	318	3792
Palliative medicine	73	103	127	180	182	253	918
Physiotherapy	476	511	726	913	382	422	3430
Plastic surgery	635	640	687	714	722	674	4072

Podiatry	20	103	134	196	490	447	1390
Psychotherapy	369	620	769	474	98	28	2358
Rehabilitation service	319	359	446	594	450	516	2684
Respiratory medicine	940	642	691	600	670	996	4539
Respiratory physiology	57	124	137	157	88	81	644
Restorative dentistry	75	109	127	135	102	116	664
Rheumatology	450	510	557	818	843	928	4106
Speech and language therapy	-	2	15	7	7	19	50
Spinal injuries	19	7	10	15	9	8	68
Spinal surgery service	-	-	-	-	-	61	61
Stroke medicine	-	-	-	-	9	64	73
Thoracic surgery	2	4	3	17	17	21	64
Transient ischaemic attack	-	-	-	26	22	45	93
Transplantation surgery	43	100	52	91	110	117	513
Trauma & orthopaedics	5803	5609	5364	5375	6888	6868	35907
Tropical medicine	4	2	5	12	8	10	41
Upper gastrointestinal surgery	63	56	44	30	46	80	319
Urology	1134	1363	1258	1859	1995	2182	9791
Vascular surgery	147	215	186	145	203	253	1149
Unclassified	12	1	4	1	83	519	620
Grand Total	45211	48268	52498	57858	54324	56108	314267

Data from Central Southern Commissioning Support Unit

Appendix 2 – Day case admissions between 2008/9 and 2013/14 by specialty.

Specialty	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Grand Total
Adult cystic fibrosis	-	-	-	1	4	3	8
Adult mental illness	-	-	-	-	-	1	1
Allergy service	-	2	-	1	1	4	8
Anaesthetics	33	18	10	51	14	1	127
Blood and marrow transplantation	-	-	-	1	2	1	4
Breast surgery	4	3	6	4	33	35	85
Burns care	-	-	-	1	-	-	1
Cardiac surgery	-	-	-	-	-	1	1
Cardiology	207	176	235	247	215	203	1283
Cardiothoracic transplantation	1	-	1	1	2	1	6
Chemical pathology	-	-	-	-	1	1	2
Clinical haematology	391	328	315	401	382	624	2441
Clinical immunology	-	-	4	19	36	17	76
Clinical immunology and allergy service	1	-	-	-	-	1	2
Clinical neurophysiology	-	-	-	-	-	2	2
Clinical oncology (previously radiotherapy)	47	70	65	65	1606	1823	3676
Clinical pharmacology	52	47	2	-	-	-	101
Colorectal surgery	6	8	16	21	77	133	261
Dental medicine specialties	-	3	2	1	1	-	7
Dermatology	35	45	44	55	49	60	288
Diabetic medicine	-	1	-	2	-	1	4
Diagnostic imaging	-	-	-	-	90	121	211
Endocrinology	23	19	26	15	20	22	125
ENT	89	103	107	92	88	115	594
Gastroenterology	567	585	625	784	746	873	4180
General medicine	26	35	14	12	5	22	114
General surgery	451	466	493	578	334	305	2627
Geriatric medicine	-	-	-	7	1	-	8
Gynaecological oncology	2	-	-	-	4	1	7
Gynaecology	241	258	185	174	133	114	1105
Hepatology	2	-	-	1	3	18	24
Intermediate care	-	-	-	1	-	-	1
Interventional radiology	26	31	175	164	59	60	515
Maxillo-facial surgery	-	1	9	15	17	49	91
Medical oncology	97	109	210	178	160	161	915
Nephrology	1927	1405	1508	1547	1708	1755	9850
Neurology	13	12	10	19	18	47	119

Neurosurgery	2	2	5	7	5	19	40
Obstetrics	2	-	2	1	1	-	6
Ophthalmology	448	543	480	355	351	427	2604
Oral surgery	90	70	68	68	49	57	402
Paediatric cardiac surgery	-	-	-	-	1	-	1
Paediatric cardiology	2	3	-	1	1	6	13
Paediatric clinical haematology	-	-	-	-	-	1	1
Paediatric clinical immunology and allergy	1	7	14	2	1	8	33
Paediatric cystic fibrosis	-	-	-	5	4	4	13
Paediatric dentistry	-	1	-	3	10	5	19
Paediatric dermatology	-	-	-	1	2	3	6
Paediatric ear nose and throat	5	4	9	10	5	11	44
Paediatric endocrinology	2	3	1	3	1	2	12
Paediatric gastroenterology	1	3	7	9	18	49	87
Paediatric infectious diseases	-	1	2	-	2	1	6
Paediatric maxillo-facial surgery	-	-	-	-	1	-	1
Paediatric medical oncology	21	23	27	91	24	97	283
Paediatric metabolic disease	-	-	-	1	1	-	2
Paediatric nephrology	-	1	-	-	-	-	1
Paediatric neuro-disability	-	-	-	-	-	1	1
Paediatric neurology	4	3	3	1	-	1	12
Paediatric neurosurgery	1	-	-	-	-	1	2
Paediatric ophthalmology	-	-	4	6	5	-	15
Paediatric plastic surgery	7	9	3	6	9	3	37
Paediatric respiratory medicine	5	7	7	1	-	1	21
Paediatric surgery	6	22	12	15	21	15	91
Paediatric thoracic surgery	-	-	-	-	-	1	1
Paediatric trauma and orthopaedics	2	6	9	8	13	10	48
Paediatric urology	6	10	6	2	11	8	43
Paediatrics	19	27	26	16	35	30	153
Pain management	17	17	12	38	80	88	252
Palliative medicine	-	2	-	-	-	-	2
Plastic surgery	117	108	112	102	116	113	668
Podiatric surgery	-	-	-	-	-	4	4
Podiatry	-	-	-	-	3	5	8
Respiratory medicine	12	23	18	23	15	39	130
Respiratory physiology	6	1	5	5	1	5	23

Restorative dentistry	-	5	1	1	1	6	14
Rheumatology	30	38	55	58	79	128	388
Spinal injuries	-	-	1	-	-	1	2
Spinal surgery service	-	-	-	-	-	10	10
Thoracic surgery	-	-	-	1	-	-	1
Transplantation surgery	2	7	1	13	6	6	35
Trauma & orthopaedics	400	418	419	433	445	435	2550
Upper gastrointestinal surgery	2	6	5	7	30	31	81
Urology	471	554	511	339	241	251	2367
Vascular surgery	11	8	13	5	12	12	61
Grand Total	5933	5657	5900	6095	7409	8470	39464

Data from Central Southern Commissioning Support Unit

Appendix 3 – Inpatient admissions between 2008/9 and 2013/14 by specialty.

Specialty	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Grand Total
Accident & emergency	128	127	113	98	142	239	847
Adult cystic fibrosis	-	-	-	4	10	12	26
Adult mental illness	39	29	30	13	74	22	207
Allergy service	1	-	-	-	-	-	1
Anaesthetics	3	4	2	1	-	-	10
Blood and marrow transplantation	1	1	4	3	2	1	12
Breast surgery	4	9	7	8	35	35	98
Burns care	5	10	4	8	4	4	35
Cardiac surgery	1	4	8	9	11	24	57
Cardiology	227	232	307	272	280	255	1573
Cardiothoracic surgery	21	22	19	10	8	5	85
Cardiothoracic transplantation	4	3	4	-	5	6	22
Child and adolescent psychiatry	2	-	3	2	6	2	15
Clinical haematology	46	29	38	35	20	26	194
Clinical immunology	-	-	-	1	-	-	1
Clinical oncology (previously radiotherapy)	65	71	46	48	30	20	280
Clinical pharmacology	-	3	1	-	-	-	4
Colorectal surgery	11	5	17	20	31	46	130
Critical care medicine	12	16	20	25	19	24	116
Dental medicine specialties	-	-	-	-	1	-	1
Dermatology	2	3	-	1	1	-	7
Diabetic medicine	-	1	1	1	4	2	9
Diagnostic imaging	-	-	-	-	2	2	4
Endocrinology	21	13	6	3	7	6	56
ENT	155	145	131	141	116	164	852
Gastroenterology	81	99	122	122	83	33	540
General medicine	929	874	861	941	1373	1301	6279
General surgery	528	497	502	515	483	419	2944
Genitourinary medicine	-	-	1	-	-	-	1
Geriatric medicine	393	453	488	507	382	343	2566
Gynaecological oncology	3	8	7	9	13	9	49
Gynaecology	179	158	176	174	127	173	987
Hepatobiliary & pancreatic surgery	-	-	1	5	1	3	10
Hepatology	2	-	1	-	17	7	27
Infectious diseases	6	3	15	8	11	10	53
Intermediate care	-	2	22	18	19		61
Interventional radiology	2	3	7	9	4	8	33

Learning disability	-	1	-	-	-	-	1
Maxillo-facial surgery	2	3	5	10	20	15	55
Medical oncology	24	21	32	29	21	28	155
Midwifery service	458	340	366	403	389	361	2317
Neonatology	20	20	28	17	52	47	184
Nephrology	33	46	33	49	24	18	203
Neurology	48	44	47	47	29	26	241
Neurosurgery	24	24	23	48	45	36	200
Obstetrics	554	439	436	494	407	400	2730
Old age psychiatry	33	13	15		25	19	105
Ophthalmology	43	37	23	33	49	46	231
Oral surgery	18	33	19	7	4	5	86
Paediatric burns care	-	-	-	-	1	-	1
Paediatric cardiac surgery	-	4	-	-	-	3	7
Paediatric cardiology	3	2	4	8	7	10	34
Paediatric clinical haematology	-	-	-	-	-	1	1
Paediatric clinical immunology and allergy	-	-	-	1	-	-	1
Paediatric cystic fibrosis	-	-	-	1	3	1	5
Paediatric ear nose and throat	4	6	7	7	10	6	40
Paediatric endocrinology	5	-	2	4	-	4	15
Paediatric gastroenterology	-	-	1	2	2	6	11
Paediatric infectious diseases	1	-	-	-	-	2	3
Paediatric intensive care	-	1	1	3	4	4	13
Paediatric medical oncology	6	3	7	17	7	8	48
Paediatric metabolic disease	-	-	-	1	-	-	1
Paediatric nephrology	-	-	-	-	1	1	2
Paediatric neurology	5	7	3	3	1	-	19
Paediatric neurosurgery	2	5	3	1	2	-	13
Paediatric ophthalmology	-	-	-	-	-	2	2
Paediatric plastic surgery	11	14	11	12	9	7	64
Paediatric respiratory medicine	4	5	3	1	1	4	18
Paediatric surgery	9	20	16	19	15	32	111
Paediatric thoracic surgery	-	-	-	4	1	-	5
Paediatric trauma and orthopaedics	5	7	17	14	13	13	69
Paediatric urology	2	3	5	2	4	2	18
Paediatrics	767	741	746	785	672	644	4355

Pain management		4		7	2	2	15
Palliative medicine	6	8	11	3	2	6	36
Plastic surgery	67	76	95	76	77	64	455
Psychotherapy	-	-	2	-	-	1	3
Rehabilitation service	55	54	24	7	8	2	150
Respiratory medicine	73	89	104	115	110	89	580
Respiratory physiology	9	8	13	22	9	8	69
Rheumatology	90	48	25	24	47	41	275
Spinal injuries	-	1	1	1	2	1	6
Spinal surgery service	-	-	-	-	-	3	3
Stroke medicine	-	-	-	-	16	60	76
Thoracic surgery	5	8	11	11	16	22	73
Transplantation surgery	-	5	2	8	10	7	32
Trauma & orthopaedics	697	616	642	675	658	640	3928
Tropical medicine	-	-	1	1	-	-	2
Upper gastrointestinal surgery	5	9	8	11	3	8	44
Urology	210	235	238	265	244	281	1473
Vascular surgery	19	15	13	12	34	42	135
Well babies	230	226	231	130	79	114	1010
Grand Total	6418	6065	6238	6401	6456	6343	37921

Data from Central Southern Commissioning Support Unit