

Case study: Huddersfield Primary Care Trust

Understanding deprivation and its impact for allocating health care resources



Client

Primary Care Trusts (PCTs) are responsible for improving the health of local people. They also work to reduce the health inequalities that exist within communities due to social deprivation or inability to access services as a result of disability, language or geographical isolation. Primary Care is the general name given to those health services provided by GPs, pharmacists, dentists, opticians, community nurses, health visitors, and a range of other specialist services based in the community.

The Central and South Huddersfield Primary Care Trusts hold the NHS budget for the population of 230,000 residents including the Colne Valley, Holme Valley, Kirkburton and Denby Dale areas of West Yorkshire. They are also responsible for purchasing care from hospitals such as Calderdale and Huddersfield NHS Trust and from other specialist bodies such as South-West Yorkshire Mental Health Services NHS Trust.

Challenge

The PCTs required a tool to understand the social, economic and cultural characteristics of the population and the level of deprivation at postcode level. The objective was to see whether a link could be established between deprivation and mortality and whether people living in affluent areas are more likely to live longer than those from poorer neighbourhoods.

Solution

Experian's Mosaic UK classification was appended to the PCTs' mortality data by the patient's postcode. Mosaic profiles of patient data were generated to understand the correlation between mortality and key socio-economic groups.

Mosaic is Experian's award winning segmentation tool that classifies the UK population into 11 groups, and 61 different types based on their social, economic and cultural characteristics.

It is used by the public sector for a range of applications and is an excellent predictor of many variables such as health conditions, crime levels and usage of local authority services. It is commonly used within the health service to map and analyse vulnerability to a range of medical conditions.

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“The Mosaic analysis provides us with a sharper definition of deprivation than can be obtained by using the Indices of Deprivation alone. Its postcode level affluence data is more accurate than usual deprivation measures that are based on council wards. Postcodes cover around 15 homes each, while electoral wards include around 14,000 people. The analysis confirmed the existence of a corridor of deprivation along the main roads to Leeds and Bradford. This was known anecdotally but not measured objectively before.”

Dr Sohail Bhatti
Director of Public Health
Huddersfield Central and South
Primary Care Trusts

Results

The research from Huddersfield showed that deprived areas had a standardised mortality ratio (a measure which cancels out the effect of an area's age and gender profile) of 150, compared with 70 in the affluent areas, and a Huddersfield average of 101. This means that people in more affluent neighbourhoods live an average of five and a half years longer than people from deprived areas.

Hospital admissions with Acute Myocardial Infarction from poorer neighbourhoods were just 38% higher per capita than from affluent areas, but the difference in the death rate was 317%. According to the research, heart-attack victims from poorer neighbourhoods are three times more likely to die once admitted to hospital than those from more affluent neighbourhoods.

Using this analysis the Huddersfield PCTs have been able to calculate mortality rate by postcode to provide a more detailed picture of mortality across the area. This has enabled the trusts to reassess the methods by which resource is allocated across the area to better understand how to redistribute services away from more affluent neighbourhoods towards hard pressed inner city GP practices.

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