

## **A Review of healthcare needs to inform service changes around Chase Community Hospital**

### **Summary**

There are slightly higher proportions of children and older people in the area served by Chase Community Hospital than nationally. Both groups tend to use NHS services more than working aged people. Mortality rates from chronic disease have been falling and life expectancy; with the exception of the Hangers & Forest and Whitehill Deadwater wards; tends to be good compared to the national average.

### **1. Introduction**

#### **1.1. Local health needs**

Chase Community Hospital is located in Whitehill Chase ward and mainly serves the five GP practices in the north east of East Hampshire. Three of these GP practices are located in Whitehill Bordon: Highview Surgery, Woolmer Surgery and Pinehill Surgery. Two GP practices are located slightly further away: Badgerswood Surgery and Liphook Surgery. Defining the area and population who will want to access local services at Chase Hospital is difficult as the hospital does not hold this information in an accessible form. This paper considers the populations of the five Whitehill Bordon wards, the two wards where Badgerswood Surgery and Liphook Surgery are located and adjoining wards which do not have their own GP practice and where residents may therefore be registered with GP practices that use Chase Hospital. The result is that eleven of the East Hampshire's 38 wards are included in this review, though with a particular focus on the Whitehill Bordon wards.

Hampshire Health Overview and Scrutiny Committee asked NHS commissioners to review the health needs of those residents who could be affected by changes in community hospital provision, including people living in electoral wards around Chase Community Hospital. A formal healthcare needs assessment aims to quantify and find the extent of convergence between:

- Supply: what is actually provided in the way of hospital activity.
- Demand: what people might wish to use in a system of healthcare that is free at the point of delivery.
- Need: what people might benefit from.

At a commissioner meeting on 15/6/11 it was agreed that Chase Hospital should remain open, but that there needed to be a review of the services it provides. Various options have been informally discussed. It is important to recognise that Chase Hospital is only one of a number of venues that could be used to provide healthcare that meets the needs of local people.

#### **1.2. Whitehill Bordon's needs**

This paper considers the wards and GP practices of Whitehill Bordon separately where possible and considers the implications of what these data tell us more closely. It should be noted that:

- Generally wards and GP practice data have to be presented separately. This is because the data tend to have been adjusted to allow meaningful comparisons with other areas and cannot be re-combined.

- Wards around Whitehill Bordon remain included to ensure inclusion of all the five GP practices that refer patients to Chase Hospital.
- There is always a tension between a community hospital developing services to meet the most significant local health needs and identifying the critical mass of potential users that can justify the development and sustainability of healthcare services. Relatively affluent areas still need some healthcare.

Every effort has been made to use the most accurate and up to date data available.

Summary information on the data used in this need assessment, including underlying statistical calculations, is not included in this paper. However the sources of data and the time periods that they refer to are specified. NHS Hampshire's Public Health department is available to any issues.

### 1.3. Limitations of locally available data

Figures at sub-district level are not available for some of the challenges facing Whitehill Bordon such as alcohol and drug misuse in young people, sexually transmitted infection rates and low self esteem in young people. Even in the last couple of years the amount of data available below district level has increased dramatically, however there will always be more information that it would be useful to have. This technical needs assessment can complement local intelligence on "what is happening on the ground", not replace it. In fact this paper is designed to stimulate local discussion to achieve the "best fit" for the local population.

## 2. Services provided by Chase Community Hospital

The services currently provided are:

- Twelve inpatient beds for general & stroke rehabilitation, palliative care and care of the frail elderly
- Team base for community nursing and therapy
- Day case unit for a range of therapies including palliative care and management of long term conditions
- Direct access outpatient physiotherapy
- Medical and surgical outpatient service
- Radiology
- (An older person's rapid assessment service that started in April 2009 shut in April 2011)

A commissioner review of the hospital's timetable for room use suggests that the building is currently underutilised. This may be partly because Chase Hospital lies at the edge of three acute trust's catchment areas: Basingstoke and North Hampshire NHS Foundation Trust, Portsmouth Hospitals NHS Trust and Royal Surrey County Hospital.

## 3. Local demand for community hospital services

Engagement on how Chase Hospital should develop in its current form has been ongoing since 2008. GPs, the hospital services provider (now called Southern Health NHS Trust), NHS Hampshire, community leaders, the League of Friends, councillors, local MP and service users have been involved in discussions. Ideas for service developments include: endoscopy services, dermatology, diabetes education services, palliative care, day case treatments such as chemotherapy and blood transfusion, increased diagnostics such as ultrasound and x-rays, and pre-operative assessment.

## 4. Local health needs and service use

### 4.1. Demography

#### 4.1.1. Age structure

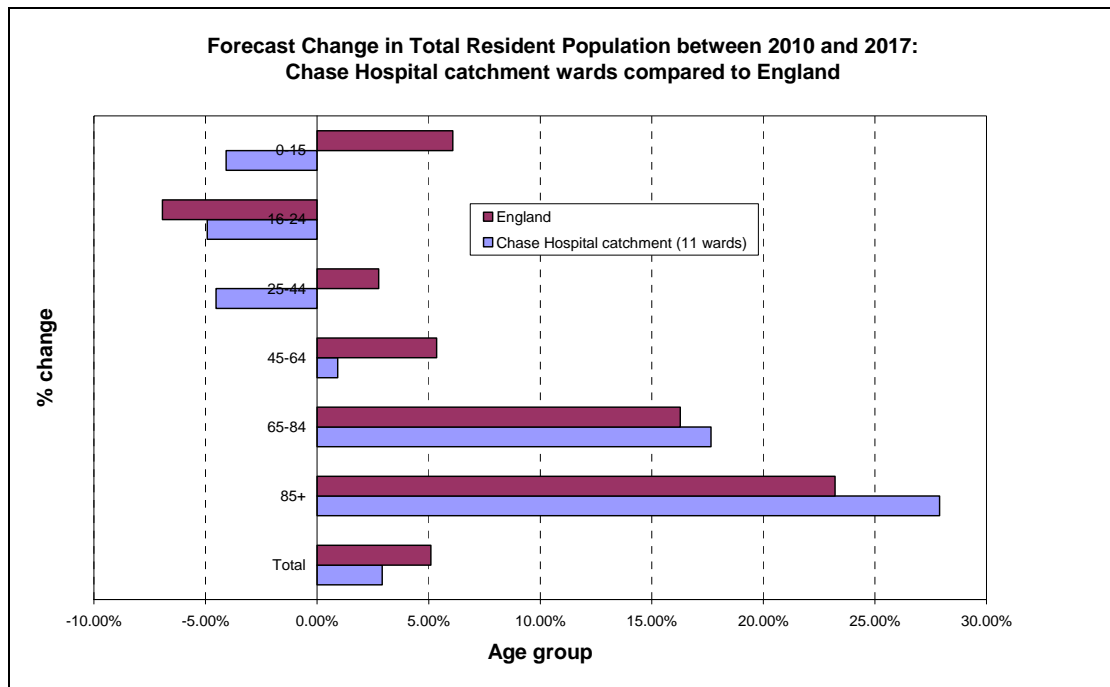
Ward/area	2010				2017, % change on 2010			
	Total	% 0-15	% 65-84	% 85+	0-15 years	65-84 years	85+ years	Total
Bramshott and Liphook	8469	20.8%	17.4%	2.6%	5.1%	27.7%	45.8%	6.86%
Grayshott	2337	17.7%	26.7%	5.6%	-8.0%	4.7%	19.7%	-0.39%
Headley	5443	19.5%	19.6%	2.7%	-6.5%	17.2%	19.2%	-0.83%
Lindford	2761	22.3%	14.4%	1.7%	-3.1%	28.1%	4.3%	0.14%
Selborne	2333	18.0%	20.9%	3.1%	-8.3%	11.6%	30.1%	0.38%
The Hangers and Forest	2437	18.6%	16.7%	3.6%	-13.0%	18.2%	26.1%	-2.74%
Whitehill Chase	2385	20.1%	16.4%	3.3%	-8.8%	15.1%	19.2%	-2.85%
Whitehill Deadwater	2725	24.1%	9.9%	0.4%	-18.9%	12.7%	100.0%	-8.48%
Whitehill Hogmoor	2952	15.7%	13.1%	2.4%	-19.7%	13.7%	43.1%	-0.89%
Whitehill Pinehill	3535	40.9%	4.6%	0.5%	12.4%	6.9%	131.6%	4.90%
Whitehill Walldown	2436	21.6%	10.4%	1.1%	-25.6%	7.5%	-3.7%	-5.18%
Whitehill wards (eco town)	14033	25.5%	10.4%	1.5%	-6.0%	11.9%	39.4%	-1.76%
Wards around Chase Hospital	37813	22.0%	15.7%	2.4%	-4.1%	17.7%	31.0%	0.72%
East Hants (HCC projection)	113446	19.9%	17.5%	2.8%	0.1%	15.8%	27.9%	2.92%
East Hants (ONS projection)	112000	18.0%	16.3%	2.7%	1.0%	22.5%	30.0%	3.40%
Hampshire	1299200	17.4%	15.8%	2.7%	3.1%	21.5%	30.7%	4.82%
England	52198200	17.5%	14.2%	2.3%	6.1%	16.3%	23.2%	5.10%

Decrease in population size. Increase in population of 20% or more.

Data sources: ward level data and East Hampshire from Hampshire County Council. Projections from 1/4/10. ONS projections for East Hampshire, Hampshire and England from May 2010.

The wards surrounding Chase Hospital have higher proportions of children, 65-84 year olds and residents aged 85 plus than England as a whole. The proportion of children (22.0% locally vs. 17.5% nationally) suggests that Chase Hospital may be able to provide more services aimed at young people than at present, though the percentage of under 16s will decrease locally up to 2017 while it will increase nationally. (There is more uncertainty about these projections locally than in most areas of Hampshire because of the potential impact of the Whitehill Bordon eco-town).

The number different healthcare services that Whitehill Bordon's population of 14,033 could sustain is likely to be limited. To put the town's population size into context the average list size for a Hampshire GP practice was 9,078 in April 2011, about two thirds of Whitehill Bordon's current population. In Hampshire 16/145 (11.0%) GP practices have list sizes of over 14,033.



#### 4.1.2. Impact of Whitehill Bordon Eco-Town

The five Whitehill wards face short term population decline with the departure of Ministry of Defence activity. A planned eco-town would reverse this decline and increase the population. The Planning and Urban Design team for the Whitehill Bordon Opportunity Eco-Town at East Hampshire District Council has modelled the potential increase in local population. Their 2010 masterplan<sup>1</sup> estimates that the population will grow from 14,058 in 2015 to 16,798 in 2020, 19,951 in 2024 and 21,937 in 2028. If the development occurs there could be 24,840 people living in the eco-town by 2031, an increase of over 10,000 residents near Chase Hospital. Over the next decade the impact of the eco-town on demand for Chase Hospital services is likely to be limited because:

- Much of the growth of the eco-town is expected in the 2020s and 2030s.
- The current contraction in the construction industry could delay development.
- If the demographic profile of new residents is relatively young, as it is for existing residents, they are likely to be low users of existing Chase Hospital services.
- The eco-town plans include a new primary care centre that would meet some health needs through new GPs, dentists and a children's centre.

We would expect to be closely involved with this planning to ensure that the new population's needs are able to be met at the time of the development. Predicting the future development of Whitehill Bordon is difficult, particularly in the current economic climate. The best current estimate is that the population will not grow by more than about 3,000 people by 2020. If the rate of building work in the eco-town accelerates it will be important to review the range of services available locally at that time.

#### 4.1.3. Ageing population

Even if the eco-town increases the size of the population by 2,000-3,000 people this will probably have less impact on Chase Hospital than the ageing of existing

<sup>1</sup> [http://www.whitehillbordon.com/whitehill\\_bordon\\_opportun/the-latest-version-of-the-masterplan-is-published.html](http://www.whitehillbordon.com/whitehill_bordon_opportun/the-latest-version-of-the-masterplan-is-published.html)  
Last viewed 27/4/11

residents. Of the 11 local wards only Bramshott & Liphook and Whitehall Pinehill are expected to see an increase in 0-15 year olds. The number of those aged 85 or more are expected to increase by 31% between 2010 and 2017, though from a low base. People living around Chase Hospital are currently ageing at a faster rate than English people generally. Whitehill Bordon wards are expected to see a larger drop in the percentage of 0-15 year olds than the area around Chase Hospital as a whole (-6.0% vs. -4.1%), and a larger increase in the percentage of people aged 85+ (39.4% vs. 31.0%).

#### 4.1.4. Life expectancy

Ward/area	Male Life Expectancy (Age)	Female Life Expectancy (Age)	Total of Ethnic Group other than White (%)
Whitehill Chase	79.1	78.9	2.19
Whitehill Deadwater	77.6	78.9	1.99
Whitehill Hogmoor	77.6	84.7	1.78
Whitehill Pinehill	79.6	suppressed	1.68
Whitehill Walldown	75.7	83.9	1.67
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Bramshott And Liphook	79.0	81.5	2.25
Grayshott	78.6	83.2	1.13
Headley	80.1	85.0	1.37
Lindford	80.0	79.9	2.16
Selborne	84.8	89.1	1.86
The Hangers And Forest	69.3	79.0	1.27
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East Hampshire	79.2	82.3	1.6
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Hampshire	79.2	82.8	2.2
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England	77.65	81.8	9.1

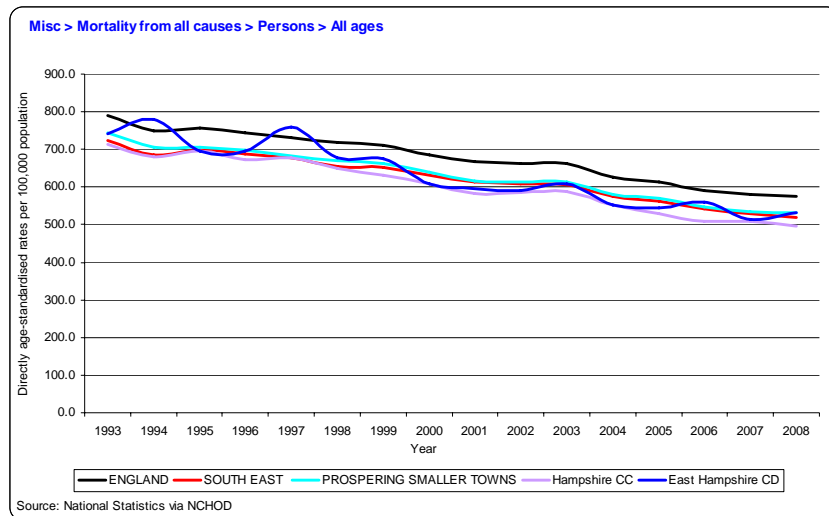
Ward and Hampshire life expectancy data: figures pooled for 2003-7

East Hampshire and England life expectancy data: figures pooled for 2005-7. Source: NCHOD.

Ethnicity data from 2001 Census.

Overall Hampshire residents have significantly better life expectancy than England. However this is not the case locally with the Whitehill Bordon wards generally having life expectancies which are similar to the national average. Headley and Selborne have significantly better life expectancy than England overall. The worst male life expectancy is found in The Hangers and Forest and worst female life expectancy in Whitehill Deadwater. These are the only two examples where life expectancy is significantly lower locally than the English average.

Chart: trends in All Age All Cause Mortality in East Hampshire compared to Hampshire, the South East, Prospering Smaller Towns and England



There has been a clear downward trend in All Age All Cause mortality in East Hampshire. Generally mortality rates have been lower in East Hampshire than nationally. This will push up life expectancy.

## 4.2. Social and economic context

Ward/area	Index of Multiple Deprivation 2010	Resilience to public sector spending cuts	% of children in poverty		Gross weekly pay by residence	% Unemployed	% on Key out of work benefits		% of population living in rural areas	2009 ratio of lower quartile house price to lower quartile earnings
W'hill Chase	-	-	4.9%		-	-	6.7%		-	-
W'hill Deadwater	-	-	23.3%		-	-	10.0%		-	-
W'ill Hogmoor	-	-	10.8%		-	-	5.2%		-	-
W'ill Pinehill	-	-	14.2%		-	-	7.2%		-	-
W'ill Walldown	-	-	8.3%		-	-	5.6%		-	-
B'hott & Liphook	-	-	8.1%		-	-	6.2%		-	-
Grayshott	-	-	2.8%		-	-	4.7%		-	-
Headley	-	-	10.7%		-	-	5.7%		-	-
Lindford	-	-	13.7%		-	-	8.5%		-	-
Selborne	-	-	5.1%		-	-	4.2%		-	-
Hangers & Forest	-	-	5.8%		-	-	4.0%		-	-
East Hampshire	302/326	22/324	8.9%		£564.60	5.1%	5.9%		41%	10.48
Hampshire	-	-	-		£540.70	5.6%	7.2%		23%	8.13
England	-	-	20.90%		£506.00	7.8%	12.0%		19.3%	6.28

Data sources:

**Index of Multiple Deprivation:** DCLG, 2010. Only 24 local authorities in England were less deprived

**Resilience to public sector spending cuts:** Research by Experian following Autumn 2010

Comprehensive Spending Review. Only 21 local authorities in England were more resilient.

<http://www.bbc.co.uk/news/business-11233799> (Last viewed 5/5/11).

**% of children in poverty:** DCLG, 2010. Ward where rate higher than national percentage highlighted in red (Whitehill Deadwater).

**Gross weekly pay:** NOMIS, 2010.

**% unemployed:** NOMIS. East Hampshire and Hampshire data cover Oct 2009-Sept 2009. National figure covers Dec 2010-Feb 2011.

**% on key out of work benefits:** NOMIS, as of August 2010.

**% of population living in rural areas:** Hampshire and East Hampshire from HCC profiles. National figure from Defra Small Statistics Unit. Data from 2001.

**2009 ratio of lower quartile house price to lower quartile earnings:** HCC profiles. 2009 figures.

East Hampshire generally is relatively affluent compared to England, with low levels of deprivation, high levels of resilience to public sector cuts, a low percentage of children in poverty, relatively high wages, low unemployment and a low proportion of residents on key out of work benefits. However, locally to Chase Hospital there are areas with worse economic indicators than East Hampshire as a whole.

- Whitehill Bordon: Whitehill Deadwater, Whitehill Hogmoor and Whitehill Pinehill have higher levels of childhood poverty than East Hampshire overall. Whitehill Deadwater is the only ward to have a higher percentage of children in poverty than the national average. Whitehill Deadwater and Whitehill Pinehill have higher proportions of adults on out of work benefits than the East Hampshire average, though both are lower than the national average.

- Other local wards: Headley and Lindford also have higher levels of childhood poverty than East Hampshire overall. Bramshott & Liphook and Lindford have higher proportions of adults on out of work benefits than East Hampshire overall, though both are lower than the national average.

Grayshott, Selborne and Hangers & Forest have lower rates of children in poverty and adults on key out of work benefits than East Hampshire overall.

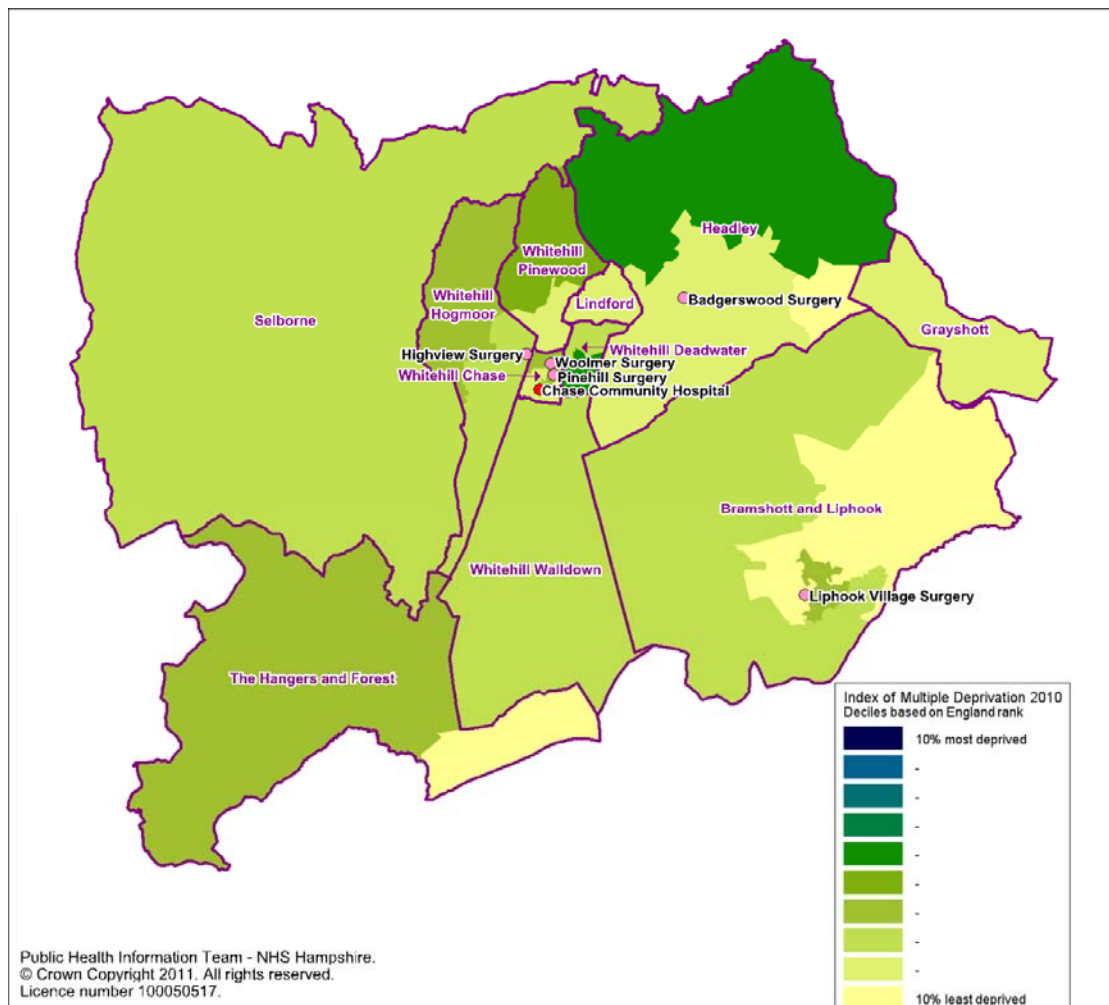
### 4.3. Inequalities

#### 4.3.1. Deprivation

The Index of Multiple Deprivation 2010 provides the best data on deprivation available because:

- It is available for small local areas, lower level super output areas, which cover approximately 1,500 people. This enables a comparison between relatively small areas within the wards near Chase Hospital.
- The index is composed of a number of domains, some of which are relevant to this needs assessment.
- National and local government as well as the NHS use the Index of Multiple Deprivation to make funding decisions based on geographical need.

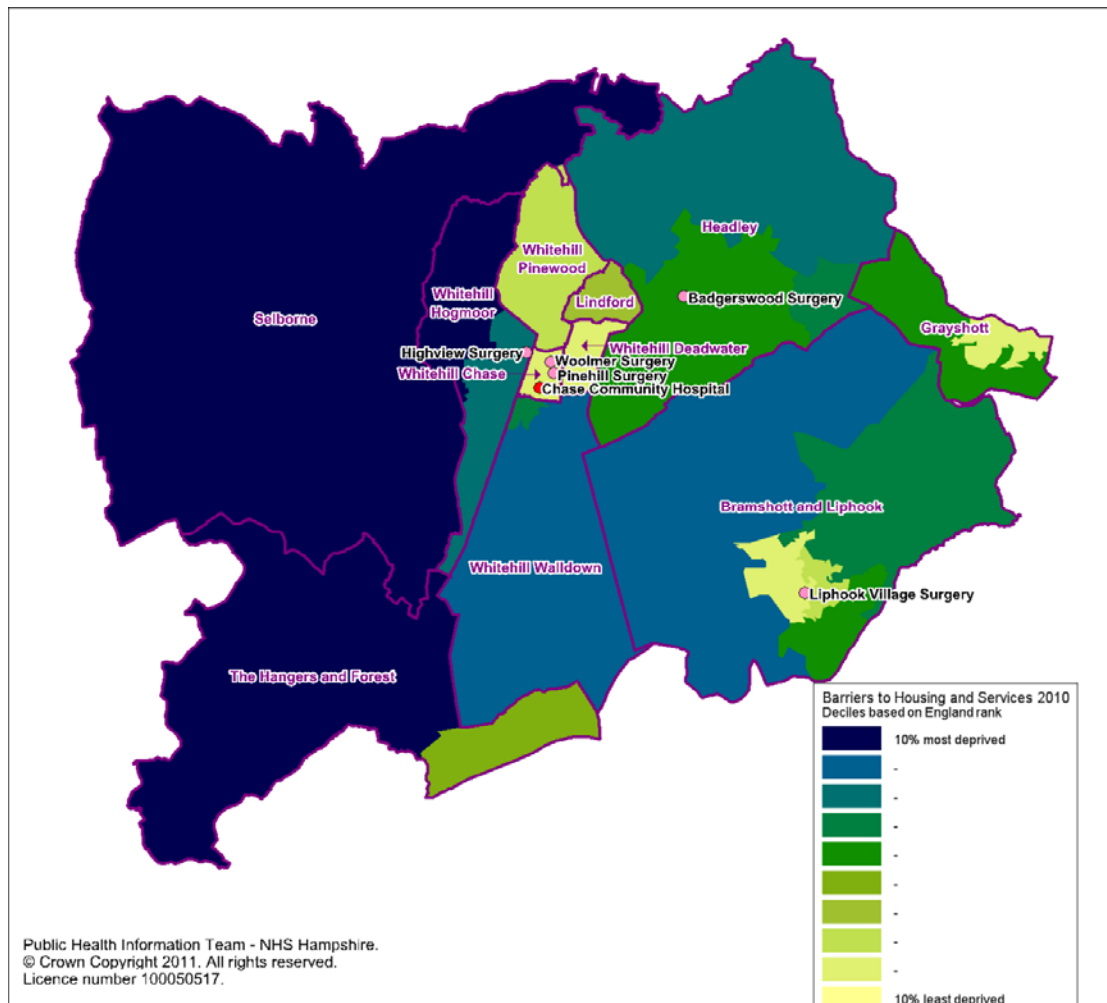
#### Index of Multiple Deprivation 2010 for the wards around Chase Hospital



Chase Hospital is in an area which is among the second least deprived decile of areas nationally. The hospital is adjacent to and area of Whitehill Deadwater which is the most

deprived area near Chase Hospital, being in the fifth most deprived decile nationally (about midway) . Outside Whitehill Bordon a rural area to the north of Headley is the most deprived area near Chase Hospital, being in the fourth most deprived decile nationally.

Barriers to housing and services deprivation for the wards around Chase Hospital

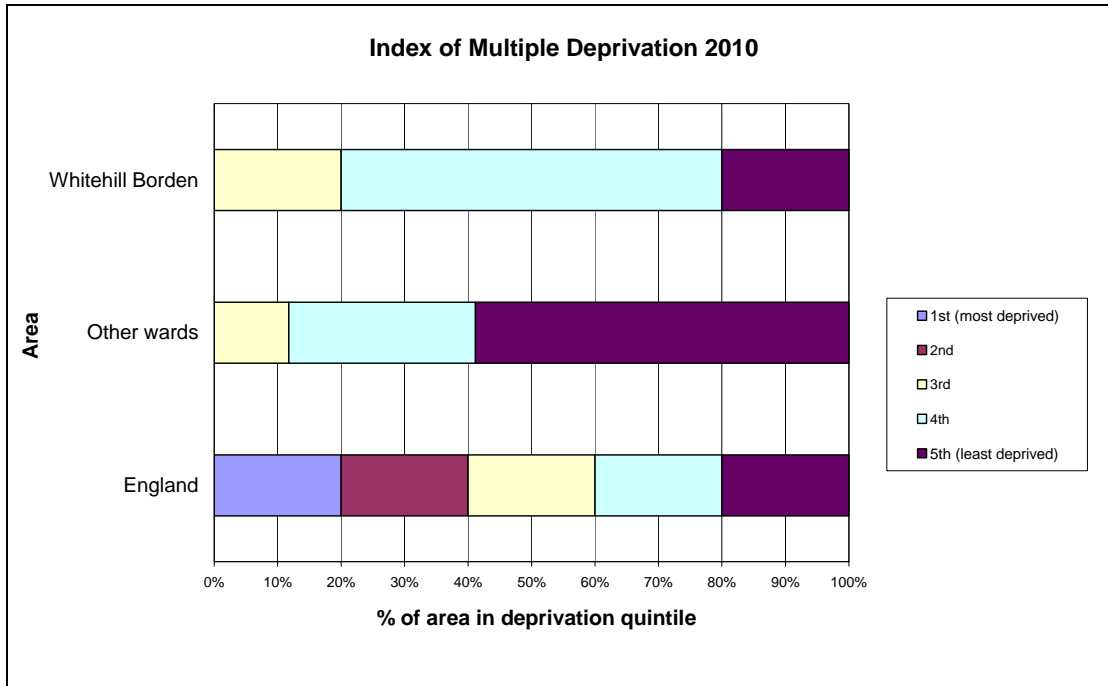


Residents of East Hampshire are more than twice as likely to live in rural areas than is the case nationally (41% vs. 19.3%). This matters as research by the Joseph Rowntree Foundation shows that the cost of covering every day requirements is about 10%-20% higher in rural areas than urban areas<sup>2</sup>. Around Chase Hospital barriers to housing and services closely reflect the rurality of the area. All parts of Selborne and The Hangers & Forest are in the most deprived decile nationally. For residents living rural areas having a community hospital relatively nearby may be important for accessing NHS services, though services can be provided in other settings as well.

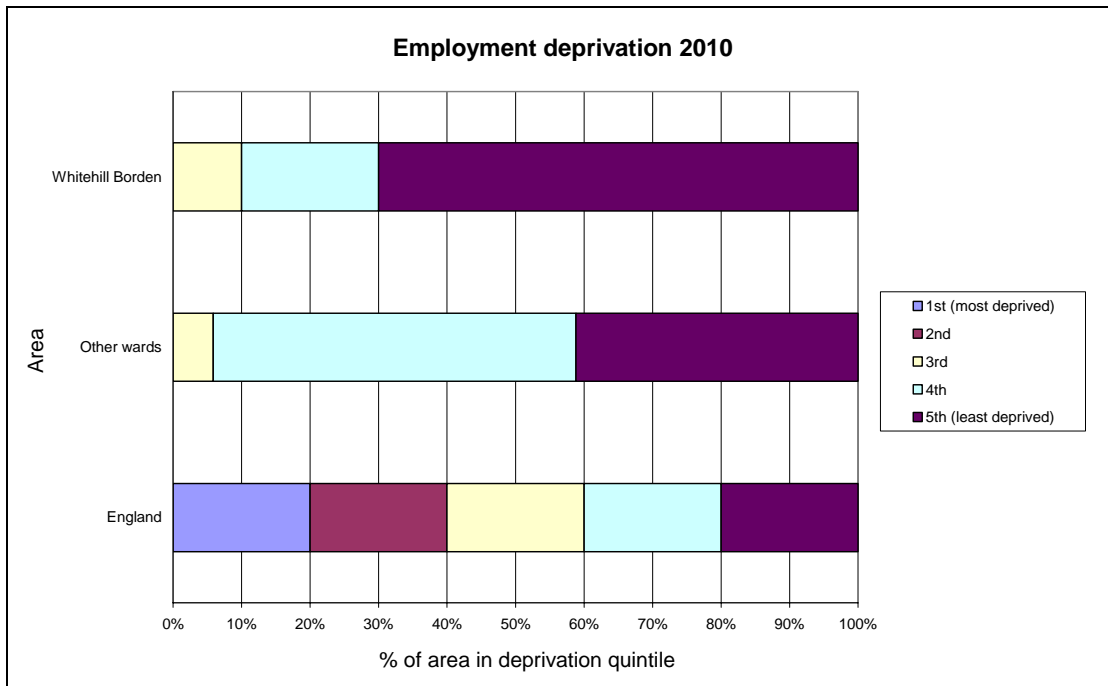
4.3.2. Deprivation in Whitehill Bordon compared to other areas near Chase Hospital

The Index and Multiple Deprivation and some of its more relevant domains are used here to explore local patterns of deprivation and affluence in greater detail.

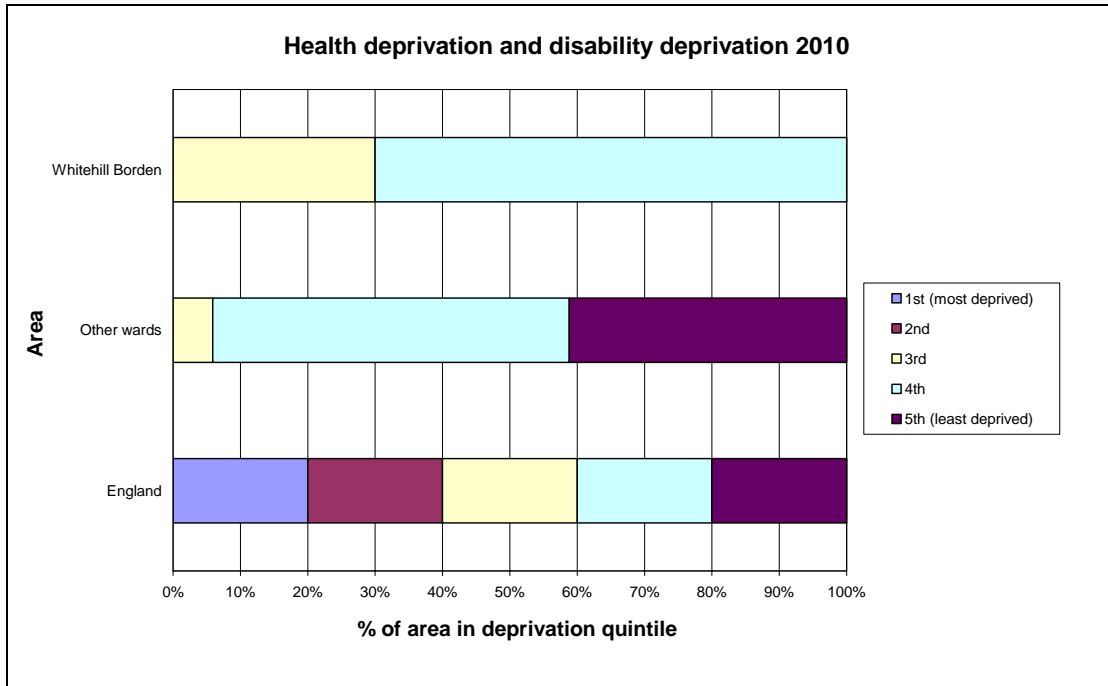
<sup>2</sup> Smith N, Davis A, Hirsh D. A minimum income standard for rural households. Joseph Rowntree Foundation, November 2010. <http://www.jrf.org.uk/publications/minimum-income-rural-households> (Last viewed 5/5/11).



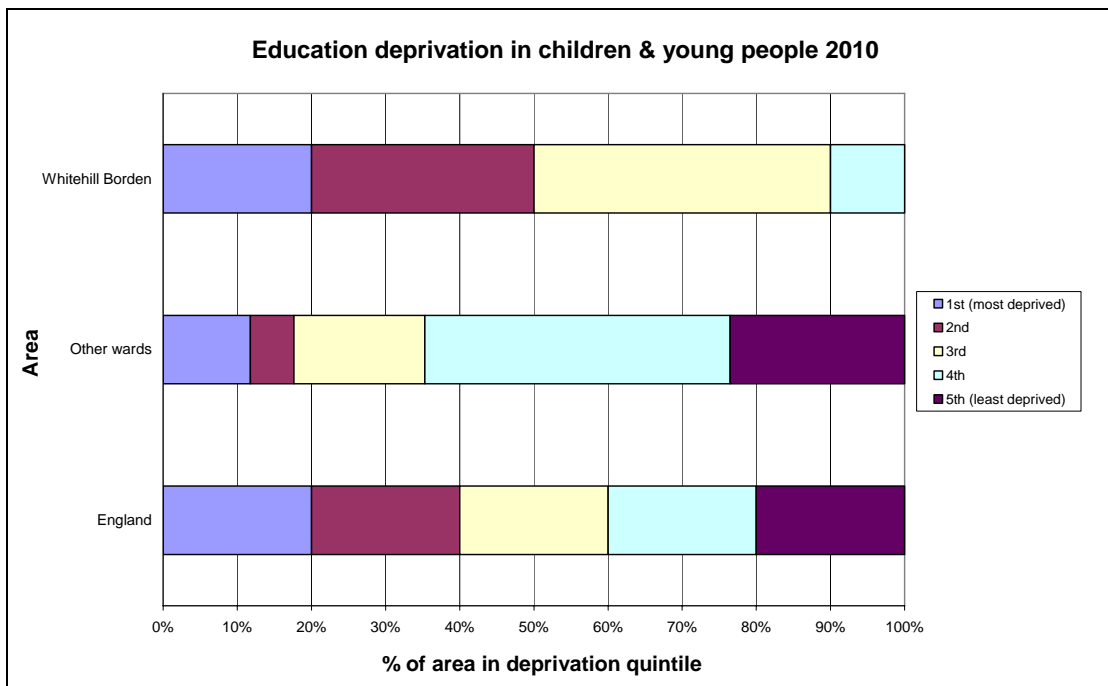
Whitehill Borden is generally less affluent than other areas near Chase Hospital. However only one area of the town, in Whitehill Deadwater, is more deprived than the national average. Generally Whitehill Borden is more affluent than England as a whole.



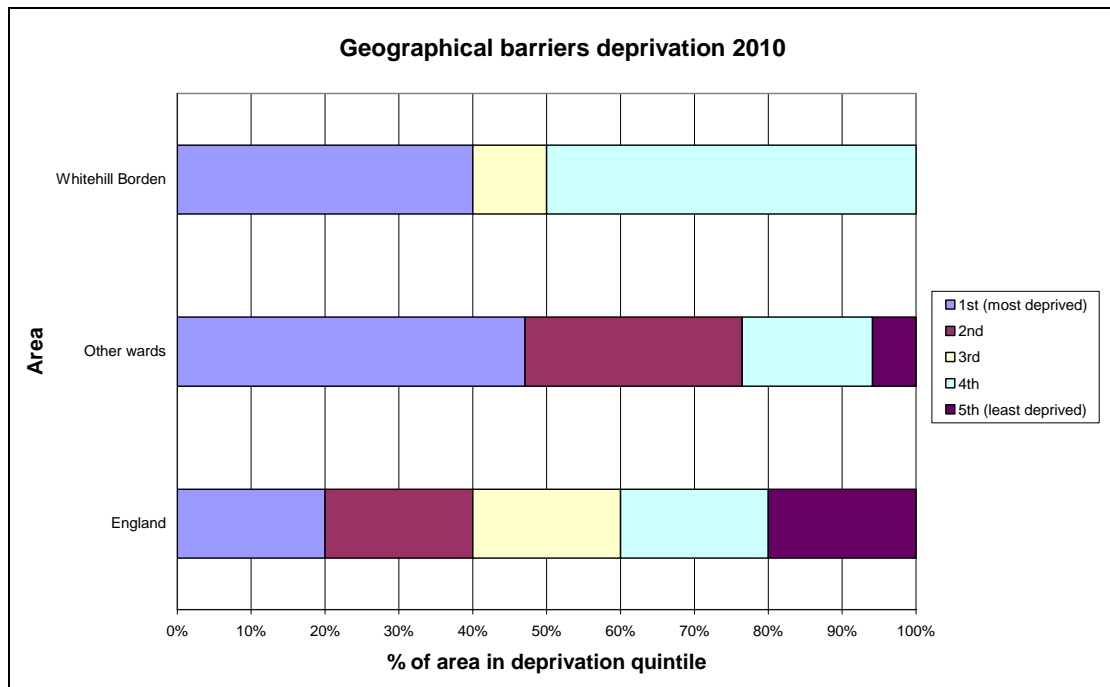
Concerns have been raised about unemployment and the quality of employment for residents of Whitehill Borden. Employment deprivation uses data on Jobseeker's Allowance, Incapacity Benefit, Severe Disablement Allowance, Employment Support Allowance and participation in the New Deal. This is a domain where Whitehill Borden appears to be better off than surrounding wards. The domain does not capture information on the quality of jobs and their associated pay. The wards surrounding Chase Hospital generally have suffered less from unemployment and underemployment than England as a whole.



70% of Whitehill Borden is in the second least deprived quintile nationally for health and disability deprivation, and 30% is in the middle quintile. The town lacks the extremes in very good and poor health seen nationally. Other wards near Chase Hospital have better health with 41.2% being in the least deprived quintile nationally. Generally both Whitehill Borden and its surrounding wards have less health and disability deprivation than seen across England as a whole, though relatively healthy populations still need healthcare.



Concern has been expressed about the quality of children and young people's lives in Whitehill Borden. Though there is not a specific domain on children's health in the Index of Multiple Deprivation there is a sub domain measuring educational attainment. This shows that children in Whitehill Borden tend to have lower levels of educational attainment than the national average while children in surrounding wards tend to have higher levels than the national average. Poor educational attainment is associated with risk factors for health.



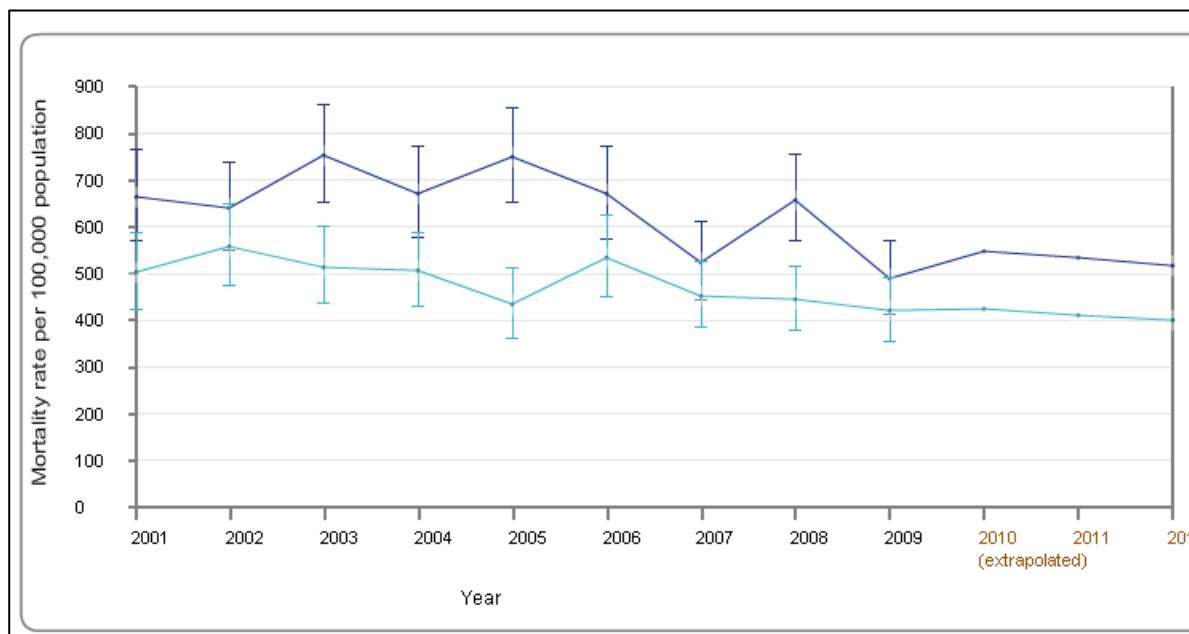
Geographical barriers to services are measured by: road distance to the nearest GP surgery, road distance to the nearest supermarket or convenience store, road distance to the nearest primary school, and road distance to a post office. Both Whitehill Borden and other wards near Chase Hospital have a higher percentage of areas in the most deprived quintile than England as a whole. Rurality is associated with deprivation for this indicator meaning that other wards are more deprived than Whitehill Borden.

Deprivation and health need

In an analysis of which East Hampshire wards had significantly higher health needs than Hampshire as a whole (not shown here) three wards in the area surrounding Chase Hospital were in the district's top five for need: The Hangers & Forest, Whitehill Chase and Whitehill Deadwater. Of these wards two are in Whitehill Borden and one is in the surrounding area. These wards are relatively deprived compared to other local wards. Alton Eastbrooke and Liss, which are not close to Chase Hospital, were estimated to have even higher health needs.

### 4.3.3 Inequalities in mortality rates

Chart: Comparison of All Age, All Cause Mortality rates in East Hampshire's most and least deprived quintiles



The difference in mortality rates between East Hampshire's most and least affluent residents has fluctuated. In 2009 most affluent residents had lower mortality rates, though these were not significantly better than the mortality rates of the most deprived residents. Health inequalities are less pronounced than in some of Hampshire's other districts.

### 4.4. Maternity

Area	Birth rate per 1,000	Infant mortality (<1yr old) Rate per 1,000
East Hampshire	61.97	5.2 (95%CI 2.3-11.4)
Hampshire	61.72	3.5 (95%CI 2.6-4.6)
England	63.85	4.6 (95%CI 4.5-4.8)

Data source:

**Birth rate:** NCHOD, in 11-49 year old women, 2009

**Infant mortality:** NCHOD, 2009

The birth rate in East Hampshire is very similar to that of Hampshire overall and England. The local infant mortality rate is not significantly different from Hampshire or England. Because numbers of infant deaths are very small confidence intervals at a district level are huge.

#### 4.5. Children and young people

Ward/area	Index of Childhood Wellbeing (rank out of English LAs)	% of 5 year olds with tooth decay	% Overweight in Reception	Under 18 conception rate	Emergency admissions for injuries to under 18s	Admissions for alcohol specific conditions in under 18s
Whitehill Chase	-	-		suppressed	-	-
Whitehill Deadwater	-	-		50.6	-	-
Whitehill Hogmoor	-	-		suppressed	-	-
Whitehill Pinehill	-	-		72.9	-	-
Whitehill Walldown	-	-		suppressed	-	-
Bramshott And Liphook	-	-		25.5		
Grayshott	-	-		suppressed		
Headley	-	-		suppressed		
Lindford	-	-	17.86	31.4		
Selborne	-	-		suppressed		
The Hangers And Forest	-	-	20.45	suppressed		
East Hampshire	35/354	0.6	-	26.0	100.5	22.5
Hampshire	-	0.8	-	32.7	117.3	49.8
England	-	1.1	22.6	41.0	117.4	64.5

Data source:

**Index of Childhood Wellbeing:** DCLG 2009,

<http://www.communities.gov.uk/publications/communities/childwellbeing2009> (Last viewed 5.5.11)

**Tooth decay in 5 year olds:** Health Profiles, 2007/8

**% overweight in Reception:** SEPHO, 2005/6-2007/8 pooled. Child Measurement Programme PCT datasets. Much data missed because incomplete. The England figure is for 2007/8.

**Under 18 conception rate:** ONS, 2005-7 for ward level data, 2006-8 for East Hampshire, Hampshire and England. Much ward level data suppressed because of low numbers.

**Emergency admissions for injuries in under 18s:** HES data, 2008/9. Rate per 100,000. Confidence intervals not available so unable to show whether differences are significant.

**Admissions for alcohol specific conditions in under 18s:** NWPFO from HES. 2006/7-2008/9 pooled. Crude rate per 100,000

The Index of Child Wellbeing comprises domains on: maternal wellbeing, health, education, crime, housing, environment and children (at risk of being) in need. Using this index it is estimated that there are only 34 local authorities nationally where it is better to grow up, meaning that East Hampshire is estimated to be in the top 10% of local authorities for quality of childhood. Across the indicators above East Hampshire tends to have better outcomes than Hampshire as a whole and perform significantly better than England. Unfortunately ward level data are limited. The information that is available does not identify any major local problems for young people. Rates of teenage pregnancy in Whitehill Deadwater and Whitehill Pinehill are higher than nationally, though not significantly so. There is no ward in the area surrounding Whitehill Bordon with rates of teenage pregnancy which are as high as the national average. Where figures are suppressed the rate is very low to protect the identities of individuals. Between 2005-7 and 2006-8 the East Hampshire teenage pregnancy rate increased from 24.3 to 26.0 per 1,000. It is important to address this, however the maximal change will be through education and changed expectations of the local young people rather

than from healthcare interventions. A community hospital can have a role in supporting better sexual health in young people.

Ward level data are not available for drug and alcohol misuse.

#### 4.6. Lifestyle

##### Introduction to GP practice data

Sections 4.6 to 4.11 present GP practice level data. GP practice recorded prevalence rates are not adjusted for age and sex. This makes direct comparisons between GP practices a challenge, but does show that ageing has an impact on healthcare demands. In the tables below, data for Whitehill/Bordon GP practices are presented separately to data for the other two referring GP practices close to Chase Hospital. The impact of differing levels of deprivation is difficult to ascertain. The prevalence rates of diseases tend to be similar for Highview and Pinehill, and lower than the other three referring GP practices which have older populations. Woolmer (Riverside Partnership) is very close to Pinehill Surgery geographically and might be expected to serve patients with similar levels of deprivation. However Woolmer's prevalence rates for diseases is far more similar to the two GP practices outside Whitehill Bordon with similar older age profiles.

GP practice/area	Ward of main GP practice	% of patients recorded as current smokers	% of patients whose BMI is recorded as >30
Highview	Whitehill Hogmoor	20.4	11.9
Pinehill	Whitehill Chase	25.9	9.6
Woolmer (Riverside Partnership)	Whitehill Chase	30.7	10.8
Badgerswood/Forest	Headley	27.3	8.7
Liphook	Bramshott & Liphook	29.7	6.5
East Hampshire locality	-	28.0	10.1
A3 GP Commissioning Consortia	-	30.2	10.8
England	-	22.4	10.8

**Smoking data source:** QOF for 2009/10 from QMAS as at July 2010

**Obesity data:** QOF data for 2009/10 from QMAS as at July 2010.

Area	% of adults who smoke, 16yrs +	% of higher risk drinkers, 16 yrs +	% of adults who are obese, 16 yrs +	% of healthy eaters, 16 yrs +	% of physically active adults, 16 yrs +	% involved in drug misuse, 15-64 yrs
East Hampshire	15.3%	3.8%	21.6%	31.5%	13.2%	3.2%
Hampshire	18.1%	3.9%	22.9%	29.0%	12.7%	3.7%
England	22.2%	5.0%	24.2%	28.7%	11.2%	9.8%

Data sources: **Adults who smoke:** Health Profiles, 2006-8; **Higher risk drinking:** NWPFO, alcohol profiles, 2005; **Adult obesity:** Health Profiles, 2006-8; **Healthy eating:** health Profiles, 2006-8; **Physical activity:** Health Profiles, 2007-8; **Drug misuse:** APHO Health Profiles, 2006/7.

With the exception of Highview practice in Whitehill Bordon local rates of smoking are significantly higher than the national average. The percentage of obese patients is generally lower with Badgerswood/Forest, Liphook and Pinehill practices have significantly lower proportions of obese patients than the national average. One GP practice, Highview, has a higher recorded percentage of obese patients than the national average though not significantly so. Pinehill Surgery in Whitehill Bordon has a significantly lower recorded percentage of obese patients than the national average. District level data suggest that, with the exception of physical activity, East Hampshire residents have significantly better lifestyles than the national average. The estimated rate of smoking in East Hampshire (15.3%) is probably more accurate than the QOF registered rate (28.0%) which may include ex-smokers.

#### 4.7. Vascular disease

##### 4.7.1. Circulatory disease and hypertension (high blood pressure)

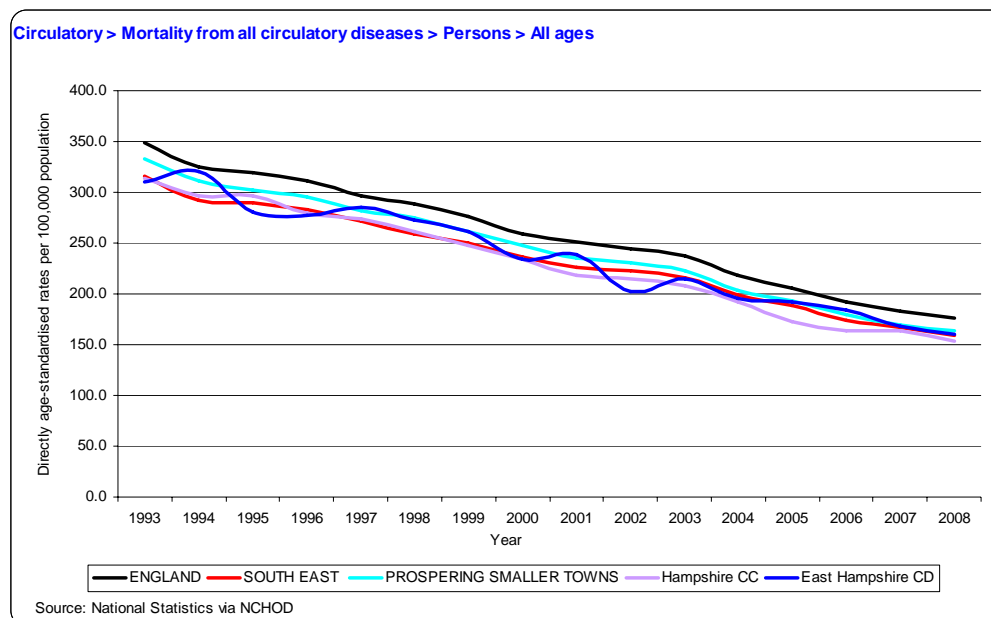
GP practice/area	Hospital admissions for circulatory disease (DSR)	All age, all circulatory disease mortality	Estimated prevalence of hypertension	QOF registered prevalence of hypertension (gap from estimated prevalence)
Highview	1056.4	71.6	15.8	7.2 (8.6)
Pinehill	1025.7	186.1	16.8	10.9 (5.9)
Woolmer (Riverside Partnership)	1242.7	179.8	22.5	14.5 (6.0)
Badgerswood/Forest	1235.4	163.2	22.1	13.2 (6.9)
Liphook	1074.9	102.3	24.9	15.0 (9.9)
East Hampshire locality	942.7	160.5	23.8	13.3 (10.5)
A3 GP Commissioning Consortia	1068.7	157.3	25.9	14.9 (9.0)
Hampshire	1102.5	153.1	24.2	13.7 (10.5)
England	-	174.6	30.5	13.4 (17.1)

**Hospital admission rates:** directly standardised rate per 100,000 for 2007/08 to 2009/10 (pooled). Hampshire used as comparator for statistical significance as English figure unavailable.

**Mortality rates:** directly standardised rate per 100,000 for 2005-2009 (pooled).

**Estimated prevalence:** prevalence models produced by Eastern Region Public Health Observatory. October 2009.  
**QOF registered prevalence:** % of patients on GP registers with condition. Source: QOF data for 2009/10 as at July 2010.

Chart: trends in All Age All Cause Mortality in East Hampshire compared to Hampshire, the South East, Prospering Smaller Towns and England



#### 4.7.2. Coronary Heart Disease

GP practice/area	Estimated prevalence of CHD	QOF registered prevalence of CHD (gap from estimated prevalence)	Hospital admissions for CHD per 100,000 (DSR)	CHD mortality per 100,000 (DSR)
Highview	2.1%	1.2% (0.9%)	391.1	46.6
Pinehill	2.3%	2.0% (0.3%)	387.8	116.3
Woolmer (Riverside Partnership)	3.7%	3.8% (-0.1%)	480.2	87.8
Badgerswood/Forest	3.6%	3.0% (0.6%)	382.2	84.8
Liphook	3.5%	3.5% (0%)	329.4	39.1
East Hampshire locality	3.6%	3.2% (0.4%)	306.3	69.4
A3 GP Commissioning Consortia	4.5%	3.9% (0.6%)	371.9	69.3
Hampshire	3.8%	3.4% (0.4%)	351.3	69
England	5.7%	3.4% (2.3%)	-	83.7

Data sources: same as circulatory disease and hypertension table

#### 4.7.3. Stroke

GP practice/area	Estimated prevalence of stroke	QOF registered prevalence of stroke (gap from estimated prevalence)	Hospital admissions for stroke per 100,000 (DSR)	Stroke mortality per 100,000 (DSR)
Highview	1.0	0.3 (0.7)	41.7	-
Pinehill	1.1	1.0 (0.1)	79.1	34.3
Woolmer (Riverside Partnership)	1.8	1.8 (0.0)	130.3	56.4
Badgerswood/Forest	1.7	1.6 (0.1)	138.1	34.1
Liphook	1.6	1.6 (0.0)	136.2	29.2
East Hampshire locality	1.7	1.7 (0.0)	106.6	50.8
A3 GP Commissioning Consortia	2.1	1.9 (0.2)	109.9	44.2
Hampshire	1.8	1.7 (0.1)	112.1	42.9
England	2.5	1.7 (0.7)	-	44.7

Data sources: same as circulatory disease and hypertension table

#### 4.7.4. Other vascular diseases

GP practice/area	QOF registered prevalence of Atrial Fibrillation	Hospital admissions for Atrial Fibrillation (DSR)	QOF registered prevalence of diabetes	% of eligible diabetics having retinopathy in past 15m	QOF registered prevalence of heart failure
Highview	0.3	25.6	3.2	90.7	0.1
Pinehill	0.7	143.3	3.8	85.2	0.4
Woolmer (Riverside Partnership)	1.5	122.9	4.5	94.7	0.9
Badgerswood/Forest	1.2	151.4	4.2	94.1	0.7
Liphook	1.6	125.0	4.6	76.5	0.7
East Hampshire locality	1.6	106.3	4.0	91.4	0.7
A3 GP Commissioning Consortia	1.8	120.0	4.5	92.9	0.7
Hampshire	1.6	123.2	4.0	92.4	0.7
England	1.4	-	4.3	-	0.7

Data sources: same as circulatory disease and hypertension table.

Between 1993 and 2008 the mortality rate from all circulatory diseases has dropped by about 100 deaths per 100,000 reflecting an impressive improvement in circulatory health. Generally mortality rates from circulatory diseases are lower in East Hampshire than nationally. The estimated prevalence of hypertension, CHD and stroke are significantly lower for all GP practices than is the case nationally. There is only a small gap between estimated and recorded prevalence of stroke locally. The gap is slightly wider for CHD, but the largest gap

seen is for hypertension. Locality Atrial Fibrillation profiles (data not shown here) suggest there is a large amount of undiagnosed heart failure locally too, reflecting a national pattern.

Highview and Pinehill GP practices in Whitehill Bordon have slightly lower recorded prevalence of vascular diseases than the other three GP practices, two of which lie outside Whitehill Bordon. This is likely to reflect their younger age profiles and not necessarily lower levels of health need.

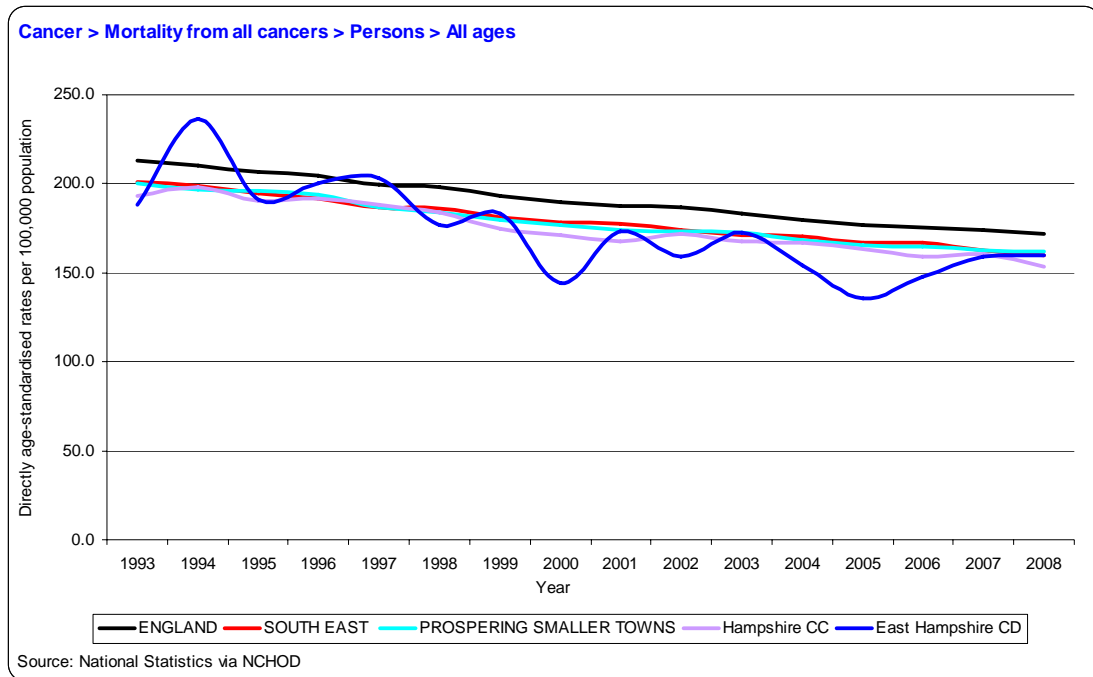
With the exception of Highview (in Whitehill Bordon), hospital admission rates for atrial fibrillation and stroke tend to be higher locally than in East Hampshire as a whole, though not significantly so.

#### 4.8. Cancer

GP practice/area	QOF registered prevalence of cancer	Hospital admissions for cancer (DSR)	All age, all cancer mortality (DSR)	Lung cancer mortality (DSR)		Breast screening in 53-64yr olds in last 3 years	Cervical screening in 25-64yr olds in last 5 years
Highview	1.2	2570.5	82.5	25.0		70.3	81.7
Pinehill	0.8	1941.2	158.6	59.3		82.2	78.8
Woolmer (Riverside Partnership)	1.6	1693.5	175.5	13.5		70.7	80.4
Badgerswood/Forest	1.5	2434.7	138.7	26.2		80.9	81.8
Liphook	1.9	1614.5	119.0	24.6		75.8	83.3
East Hampshire locality	1.6	1807.5	143.6	21.8		78.5	81.6
A3 GP Commissioning Consortia	1.7	1848.1	152.6	29.1		76.9	81.8
Hampshire	1.6	1993.3	151.4	28.9		80.3	81.6
England	1.4	-	171.7	38.2		-	-

Data sources: same as circulatory disease and hypertension table.

Chart: trends in Cancer Mortality in East Hampshire compared to Hampshire, the South East, Prospering Smaller Towns and England



People registered as patients with Woolmer GP Practice in Whitehill Bordon have the highest cancer mortality rate, though this is not significantly different from the national rate. Badgerswood/Forest, Highview and Liphook practices have significantly lower mortality rates than the national average. Despite this, Badgerswood/Forest and Highview practices have significantly higher admission rates for cancer than the national average. As was the case with cardiovascular diseases, Highview and Pinehill GP practices in Whitehill Bordon had the lowest crude prevalence rates of cancer. This reflects their patients' relatively young age profile. There may be a role for Chase Hospital in supporting cancer patients who would benefit from hospital based care while remaining close to home. Uptake rates of breast and cervical screening could benefit, although this is an issue for local GP practices. The cancer mortality rate has dropped in East Hampshire from 188.4 deaths per 100,000 in 1993 to 159.6 deaths per 100,000 in 2008. East Hampshire's cancer mortality is lower than the national average, but has not dropped at the same rate as local (or national) circulatory mortality.

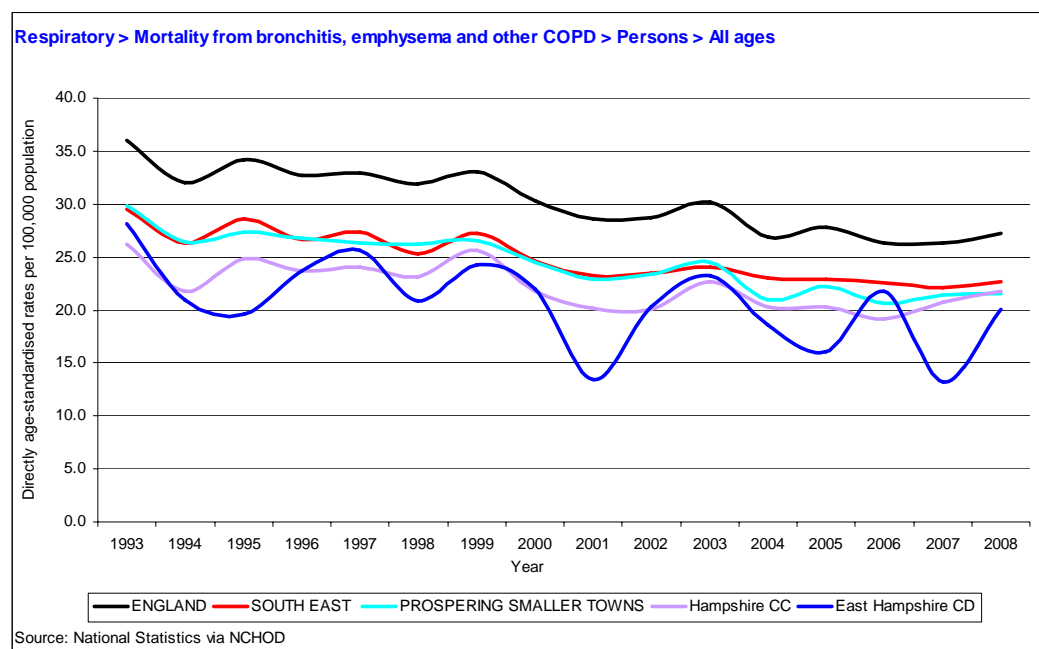
## 4.9. Chronic Obstructive Pulmonary Disease

COPD incorporates emphysema and bronchitis

GP practice/area	Estimated prevalence of COPD	QOF registered prevalence of COPD (gap from estimated prevalence)	Hospital admissions for COPD (DSR)	COPD mortality (DSR)
Highview	1.4	1.0 (0.4)	189.0	-
Pinehill	1.5	1.5 (0.0)	129.5	24.4
Woolmer (Riverside Partnership)	1.9	1.2 (0.7)	110.1	44.9
Badgerswood/Forest	1.9	1.3 (0.6)	91.9	24.5
Liphook	1.8	1.5 (0.3)	45.0	5.0
East Hampshire locality	1.9	1.1 (0.8)	85.9	17.2
A3 GP Commissioning Consortia	3.1	1.5 (1.6)	106.8	21.9
Hampshire	2.4	1.3 (1.1)	120.7	19.6
England	3.6	1.6 (2.0)	-	26.2

Data sources: same as circulatory disease and hypertension table.

Chart: trends in COPD Mortality in East Hampshire compared to Hampshire, the South East, Prospering Smaller Towns and England



The estimated prevalence of COPD is significantly lower for all GP practices that use Chase Hospital than the national average. The East Hampshire mortality rate has declined since 1993 and has remained below the national and South East mortality rates. With the exception of Liphook practice admission rates for COPD are higher than those for East Hampshire as a whole, though not significantly so. Across Whitehill Bordon and other GP practices using Chase Hospital, COPD appears to have significantly less impact on local health, as defined by estimated prevalence, than is seen nationally.

## Declining mortality's impact on healthcare need

The charts above show major reductions in cardiovascular mortality and smaller reductions in cancer mortality and COPD mortality. However this may not lead to a reduction in demand for NHS services if people are living longer, but in poor health. In 2001 female healthy life expectancy at 65 years was 14.1 years in East Hampshire, which was significantly better than the national average. For 65 year old men healthy life expectancy was 15.9 years in East Hampshire, which was similar to the national average. Nationally there is evidence that most people have a decade or so of poor health in old age<sup>3</sup> during which time they may be relatively heavy users of healthcare.

### 4.10. Older people

GP practice	Primary hip replacement procedures (DSR)	Primary knee replacement procedures (DSR)	Cataract removal procedures (DSR)	Over 65yrs admissions for fractured neck of femur (DSR)	Over 65yrs admission for falls (DSR)
Highview	145.5	73.7	670.7	2524.6	3457.0
Pinehill	119.1	111.5	542.5	573.3	969.6
Woolmer (Riverside Partnership)	100.7	80.0	468.3	712.6	1424.0
Badgerswood/Forest	163.5	130.3	536.8	622.9	1612.2
Liphook	62.6	93.3	370.6	223.4	1043.4
East Hampshire locality	102.4	86.0	396.1	455.3	1457.8
A3 GP Commissioning Consortia	102.4	100.4	395.5	448.9	1513.6
Hampshire	91.0	93.5	436.9	407.5	1437.7
England	-	-	-	-	-

Data sources: same as circulatory disease and hypertension table.

Badgerswood/Forest practice in Headley had significantly higher rates of procedures than Hampshire with the exception of primary knee replacement. Highview practice had higher rates for all procedures except primary knee replacement, but these were not significantly different to the Hampshire average because of large confidence intervals around the point estimates. It was only Liphook practice that had any admission rates that were significantly lower than the Hampshire average, for fractured neck of femur and falls. There does not appear to be a pattern of procedures and admissions that can be explained by different activity levels in Whitehill Bordon and surrounding wards.

<sup>3</sup> The Marmot Review. Fair society, healthy lives: executive summary. Strategic Review of Health Inequalities in England post 2010. February 2010 (Fig 1, pg. 11). <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLivesExecSummary.pdf> (Last viewed 10/6/11)

#### 4.11. Mental health

GP practice/area	QOF registered prevalence of severe mental illness	QOF registered prevalence of depression		QOF registered prevalence of dementia		Mortality from suicide and undetermined injury per 100,000 (DSR)
Highview	0.9%	-		0.0%		-
Pinehill	0.6%	-		0.1%		-
Woolmer (Riverside Partnership)	0.8%	-		0.8%		-
Badgerswood/Forest	0.6%	-		0.3%		-
Liphook	1.2%	-		1.4%		-
East Hampshire locality	0.7%	8.5%		0.8%		4.7
A3 GP Commissioning Consortia	0.7%	-		0.7%		-
Hampshire	0.6%	9.4%		0.6%		6.5
England	0.8%	8.5%		0.5%		7.8

Data sources:

**QOF registered prevalence of severe mental illness, depression and dementia:** The Health & Social Care Information Centre's QMAS database, 2009/10.

**Mortality from suicide and undetermined injury:** NCHOD, 2006-8

As would be expected, given their relatively young patient lists, Highview and Pinehill GP practices have the lowest registered prevalence. Badgerswood/Forest GP practice has a significantly lower registered prevalence of dementia than Woolmer and Liphook despite having a similar age profile. Liphook practice has a significantly higher prevalence of severe mental illness. This may reflect an interest in mental health within the practice and higher rates of diagnosis. Chase Hospital may have a role in providing a base for the identification and treatment of dementias as well as mental ill health in people of all ages.

### 5. Estimated impact of ageing on health needs

Many the potential users of community hospitals are older people. The ageing of East Hampshire's population will increase the numbers of older people in need of NHS and social care over time. The Projecting Older People Population Information System (POPPI) provides projections at a district, but not at a ward, level. This makes it impossible to separate out specific information on Whitehill Bordon.

The further into the future a population projection is made the less accurate it will be. The estimates for 2030 are unreliable especially in the light of new demographic data from the 2011 Census or any impacts of the eco-town development. As with the GP practice data, population projections suggest that ageing will have a greater impact on demand for services than differences in deprivation levels within East Hampshire.

## 5.1. Impact of an ageing population up to 2030

Table: the impact of East Hampshire's aging population on healthcare and social care usage

Indicator	Projection by year			Comment
	2010	2020	2030	
<b>Demographics</b>				
% of population aged 65+	East Hampshire: 18.9% Hants: 18.5%	East Hampshire: 23.6% Hants: 22.5%	E Hants: 28.2% Hants: 26.2%	The percentage of older people in East Hampshire is expected to remain slightly higher than in Hampshire overall over the next 20 years.
% of population aged 85+	East Hampshire: 2.7% Hants: 2.7%	East Hampshire: 3.7% Hants: 3.6%	East Hants: 5.7% Hants: 5.3%	People aged 85+ are more likely to have high health needs. The percentage expected to increase at a faster rate than Hampshire's.
<b>Healthcare need</b>				
Limiting long-term illness in people aged 65+	8,083	10,753	13,944	The number of people with a limiting long-term illness is expected to increase by over 2,000 each decade.
Continence. Bladder problem at least once a week, aged 65+	3,453	4,647	6,076	Incontinence can affect people's ability to live independently.
Learning difficulties, aged 65+	438	582	733	The life expectancy of people with learning difficulties is increasing, but so is their need for support in later life.
<b>Social care need</b>				
Unable to manage at least 1 domestic task on own, 65+	8,656	11,786	15,762	Tasks include household shopping and doing the washing up.
Unable to manage at least one self care activity on own, 65+	7,113	9,649	12,931	Self-care includes bathing, dressing and taking medication
Mobility. Unable to manage at least 1 mobility activity, aged 65+	3,932	5,374	7,338	Issues include not being able to get outside to exercise, getting to the toilet and getting in and out of bed. Problems with mobility can be a precursor to needing social care.
<b>Mental health needs</b>				
Depression, number of people 65+	1,811	2,405	3,060	Depression can affect people's ability to carry out activities of daily living and restrict their ability to live independently
Severe depression, number of people 65+	582	767	1,007	This subset of people with depression are even more likely to need extra care.
Dementia	1,521	2,123	3,109	Though difficult to predict it is likely that numbers will increase significantly over the two decades
<b>Healthcare usage</b>				
Living in a care home, with or without nursing, aged 65+. Baseline 2001 Census.	943	1,334	1,994	People in care homes are more likely to need health and social care services than people of the same age living in their own homes.
Hospital admission as a result of falls, aged 65+	446	610	823	People admitted for a fall are less likely to be able to return to independent living and may benefit from step and step down services

## 5.2. Social care needs in older people in East Hampshire

Social care as well as health needs can be relevant for patients receiving care in a community hospital.

Table: social care needs in older people in East Hampshire

Indicator	Local data	Comment
% of older people receiving at least 1 other state benefit in addition to state pension, November 2008	East Hampshire: 23.0% Hampshire: 25.5%	The lower proportion of older people on extra benefits reflects the affluence of the district compared to Hampshire overall.
Tenure, 65-74 years. From 2001 Census	East Hampshire: owned, 85.0%. Rented from council, 0.9%. Hampshire: owned, 82.9%. Rented from council, 5.6%	Older people in East Hampshire are more likely to own their own home than is the case in Hampshire
People aged 65+ living in dwellings without central heating. From 2001 Census.	East Hampshire: 4.3% Hampshire: 6.06%	Housing in East Hampshire is generally of a higher quality than in Hampshire overall. Lack of central heating may be associated with poorer control of chronic diseases.
Household growth up to 2031, proportion of increase in people age 65+, Baseline data from March 2009	East Hampshire: 110% of projected increase in households from people aged 65+, and 71% from people aged 75+ Hampshire: 79% of projected increase in households from people aged 65+, and 50% from people aged 75+	Hampshire County Council data suggests that the percentage of older people is increasing at a faster rate in East Hampshire than Hampshire as a whole and this is reflected in a big increase in the number of older households.

Though older people in East Hampshire tend to have lower levels of health needs than nationally absolute numbers of people needing NHS and social care support will increase as residents tend to be older than in England overall.

## 6. Possibilities for service development

### 6.1 Models of service delivery

Healthcare services have developed since the concept of community hospitals was developed to address local non-acute healthcare needs. Ambulatory care, home based care and telemedicine all now make decisions regarding the use of buildings increasingly challenging.

### 6.2 Establishing new services

As well as the ideas suggested in the local engagement exercise, the following could be considered. It may be possible to provide more support for young people locally through:

- Providing a minor ailments service to reduce emergency admissions (this could be a useful service for people of all ages).
- Sexual health clinics.

Older people might benefit from:

- Maintaining a diabetic retinopathy screening service. There are low uptake rates for Liphook and Pinehill.
- Provision of chemotherapy for cancer patients to reduce hospital admissions. (The feasibility and staffing would need to be carefully considered).
- Early identification and treatment of dementia.
- Early identification and community treatment of mental ill health for people of all ages
- Palliative care in people's homes.

## 7. Conclusions

### 7.1. Deprivation in Whitehill Bordon

This revised needs assessment has examined the health needs of Whitehill Bordon residents in greater detail. The town has a population of approximately 14,000 people and may

increase in size by about 2,000-3,000 by 2020. This population is equivalent to the list size of a large GP practice.

The Index of Multiple Deprivation 2010 shows that Whitehill Bordon is more deprived than its surrounding wards. However the town contains no areas in the most deprived two quintiles nationally and as such it is more affluent than England overall. Information on health and disability deprivation shows that Whitehill Bordon contains no areas in the least deprived quintile nationally, but no areas in the most deprived two quintiles either. Health is better in surrounding wards. Educationally Whitehill Bordon is more deprived than the national average, supporting the suggestion that young people are facing some challenges.

Disease prevalence rates were lowest in Highview and Pinewood GP practices associated with their relatively young patient lists. Both GP practices are in Whitehill Bordon.

The wards surrounding Whitehill Bordon are more deprived than the town. Employment deprivation is higher, though still far lower than the national average. Surrounding wards have more areas which are geographically deprived in terms of access to public services.

In terms of the health needs of local residents, the implications are that:

- The health of residents in Whitehill Bordon is generally not as good as that of residents in surrounding wards. However it is good compared to the national average.
- It is important to supplement the figures presented in this needs assessment with local knowledge of the community. Routinely available data does have gaps.
- In terms of access to NHS services people living in rural areas are more deprived than town residents. Relatively affluent areas still need some healthcare.
- Ageing has a much greater impact on the need for health services than relative deprivation locally.
- Chase Hospital will need to attract patients from beyond Whitehill Bordon if it is to provide services which are more specialised than those provided in general practice.

## 7.2. Healthcare needs that could be addressed in a local community setting

There is a recognition that better use needs to be made of Chase Hospital's facilities. This healthcare needs assessment suggests some areas where opportunities exist.

The area around Chase Hospital has higher proportions of under 16s and higher proportions older people than the English average. The proportion of older people is also expected to increase at a faster rate than is the case nationally. Services could be aimed at these two demographic groups. Up to the 2020s the impact of the Whitehill Bordon Eco-Town on need for healthcare is likely to be limited meaning that there will be time to develop services in response to quickly the eco-town is developed.

Most wards around Chase Hospital are relatively affluent. East Hampshire's economy is strong and the area has generally strong indicators relating to the health of children and young people. People in rural areas can have problems accessing NHS services and Chase Hospital has the potential to provide some services closer to home.

Health needs that might be addressed locally include:

- Geographical need: the Hangers & Forest, Whitehill Chase and Whitehill Deadwater wards have among the highest health needs in East Hampshire.
- Young people: services to reduce teenage conception rates and improve sexual health.
- Vascular diseases: step up and step down services, potentially through virtual wards, to reduce admission rates for atrial fibrillation and stroke.
- Cancer: services to reduce admissions to acute hospitals.
- Older people: earlier identification and treatment of dementia and depression.

When considering potential new or changed services, it will be important to assess whether Chase Hospital is the best location to provide them. This will need to include consideration of whether or not that group of the population will use such services.