

# STP / ICS Pathway Inequities Analysis

This analysis supplements the report titled

*Socio-economic inequalities in access to planned hospital care: causes and consequences*

Prepared for the Midlands Network of Decision Support Units

**11 May 2021**

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**Midlands and Lancashire**  
Commissioning Support Unit

# Document control

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# Introduction

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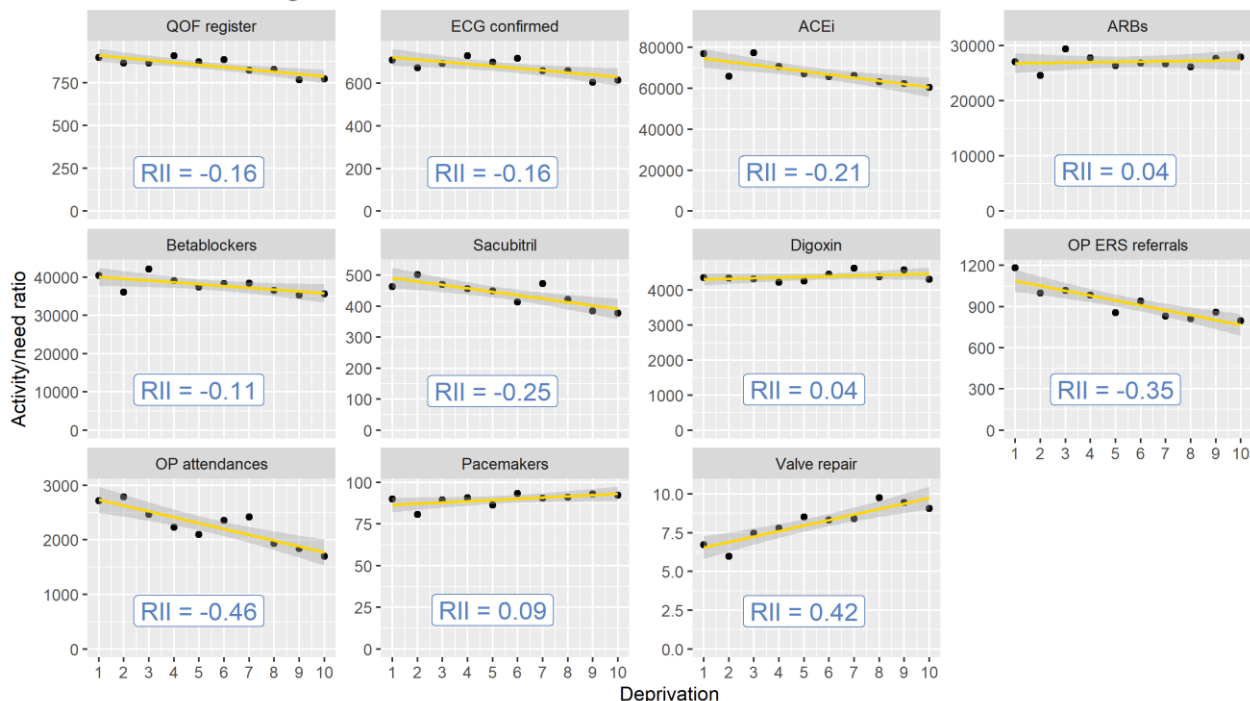
This document supplements the report titled *Socio-economic inequalities in access to planned hospital care: causes and consequences*. It contains an analysis for each STP/ICS in the Midlands region of inequities along four planned care pathways: chronic obstructive pulmonary disease, heart failure, hip arthritis and cataracts.

For information about the methods and datasets used, please read the main report.

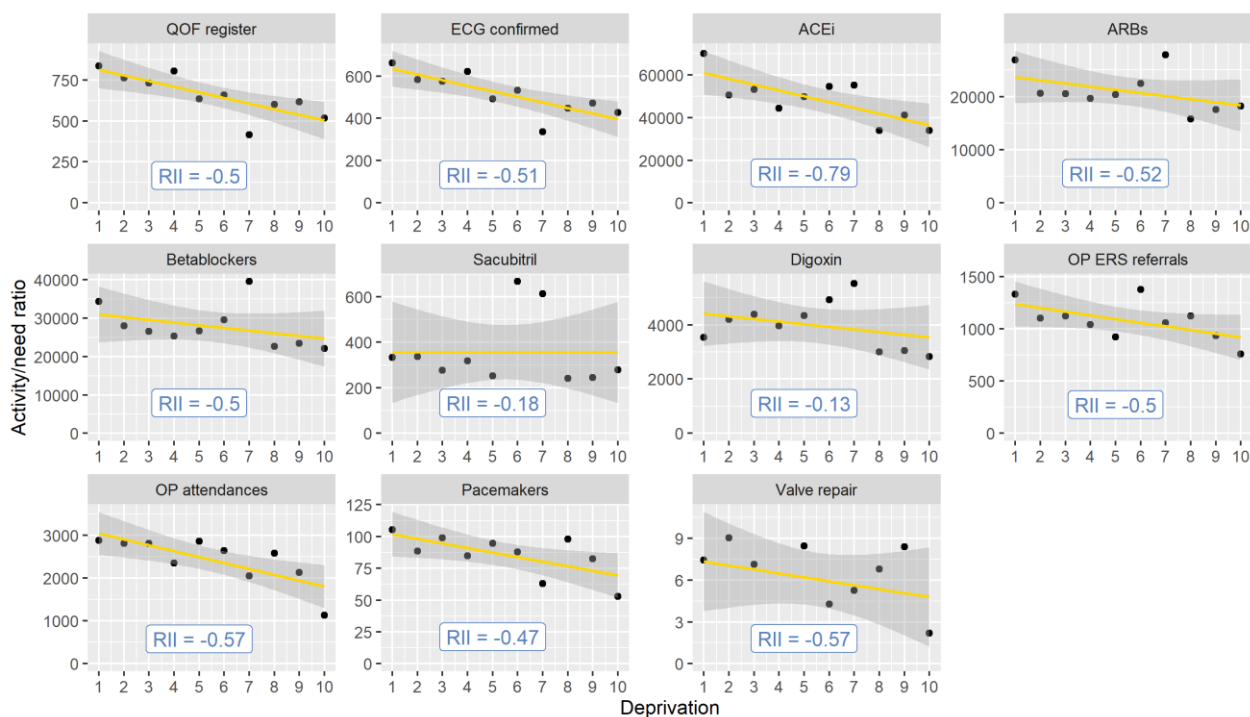
# Birmingham and Solihull

## Heart Failure

### Midlands Region



### BIRMINGHAM AND SOLIHULL STP



## Relative index of inequality (RII) comparisons

Measure	REGION			BIRMINGHAM AND SOLIHULL STP		
	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.50	-0.68	-0.33
ECG confirmed	-0.16	-0.26	-0.05	-0.51	-0.67	-0.34
ACEi	-0.21	-0.33	-0.09	-0.79	-1.04	-0.53
ARBs	0.04	-0.08	0.15	-0.52	-0.78	-0.27
Betablockers	-0.11	-0.22	0.00	-0.50	-0.73	-0.27
sacubitril	-0.25	-0.40	-0.10	-0.18	-0.92	0.57
digoxin	0.04	-0.04	0.12	-0.13	-0.59	0.32
OP ERS referrals	-0.35	-0.53	-0.18	-0.50	-0.75	-0.25
OP attendances	-0.46	-0.68	-0.25	-0.57	-0.96	-0.19
Pacemakers	0.09	0.00	0.18	-0.47	-0.78	-0.17
Valve repair	0.42	0.24	0.60	-0.57	-1.40	0.27

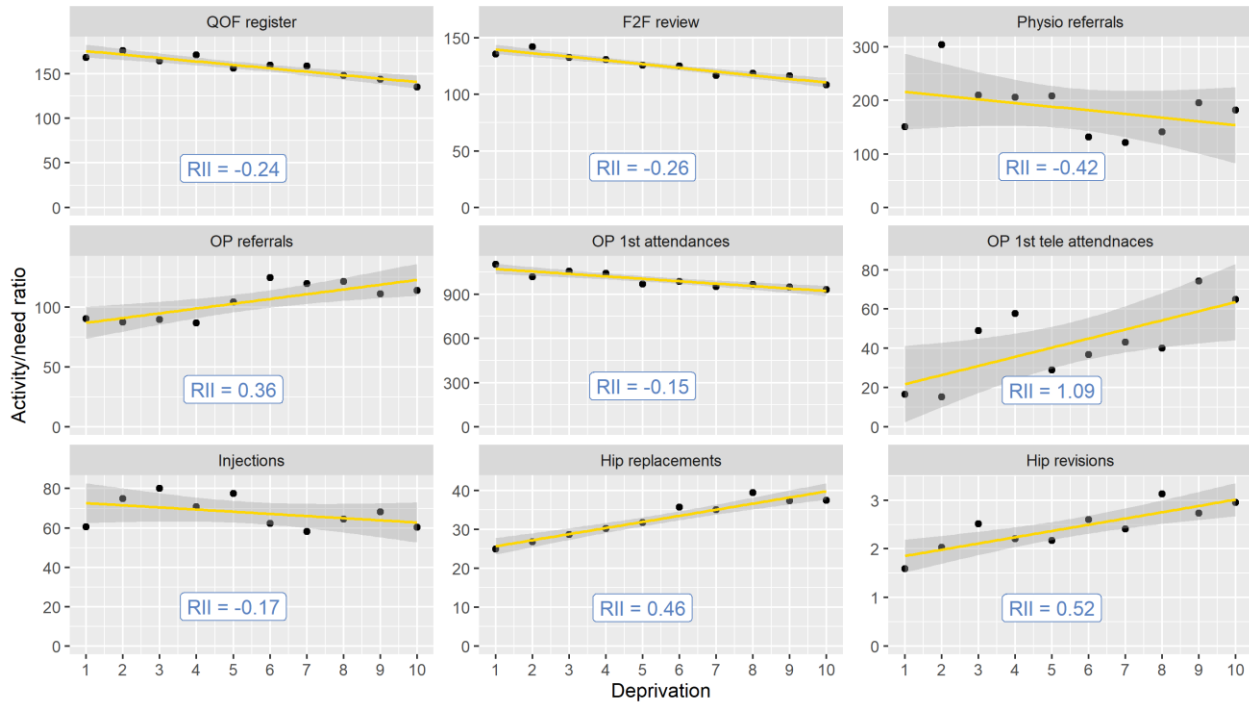
## Summary

The region chart shows that heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

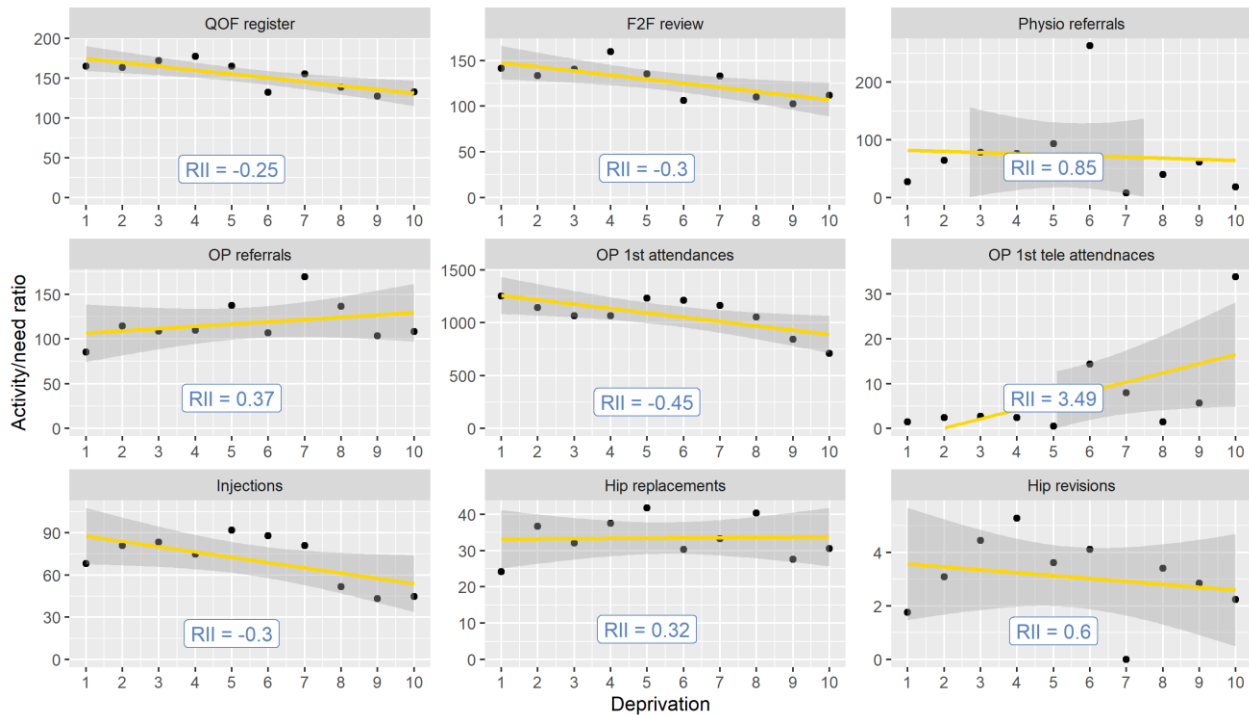
Provision of treatment for heart failure in Birmingham and Solihull STP is significantly skewed towards the most deprived across most activity measures. In contrast to the regional picture this includes surgical treatments at the end of the pathway. The degree of the inequity is also typically higher in Birmingham.

# Hip arthritis

## MIDLANDS REGION



## BIRMINGHAM AND SOLIHULL STP



	REGION			BIRMINGHAM AND SOLIHULL STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.25	-0.45	-0.04
F2F review	-0.26	-0.32	-0.19	-0.30	-0.54	-0.07
Physio referrals	-0.42	-1.16	0.31	0.85	-1.45	3.15
OP referrals	0.36	0.12	0.60	0.37	0.01	0.73
OP attendances	-0.15	-0.22	-0.08	-0.45	-0.69	-0.22
OP telephone attendances	1.09	0.25	1.92	3.49	-0.28	7.26
Injections	-0.17	-0.44	0.10	-0.30	-0.86	0.27
Hip replacement	0.46	0.33	0.59	0.32	-0.15	0.79
Hip revision	0.52	0.26	0.77	0.60	-0.37	1.57

## Summary

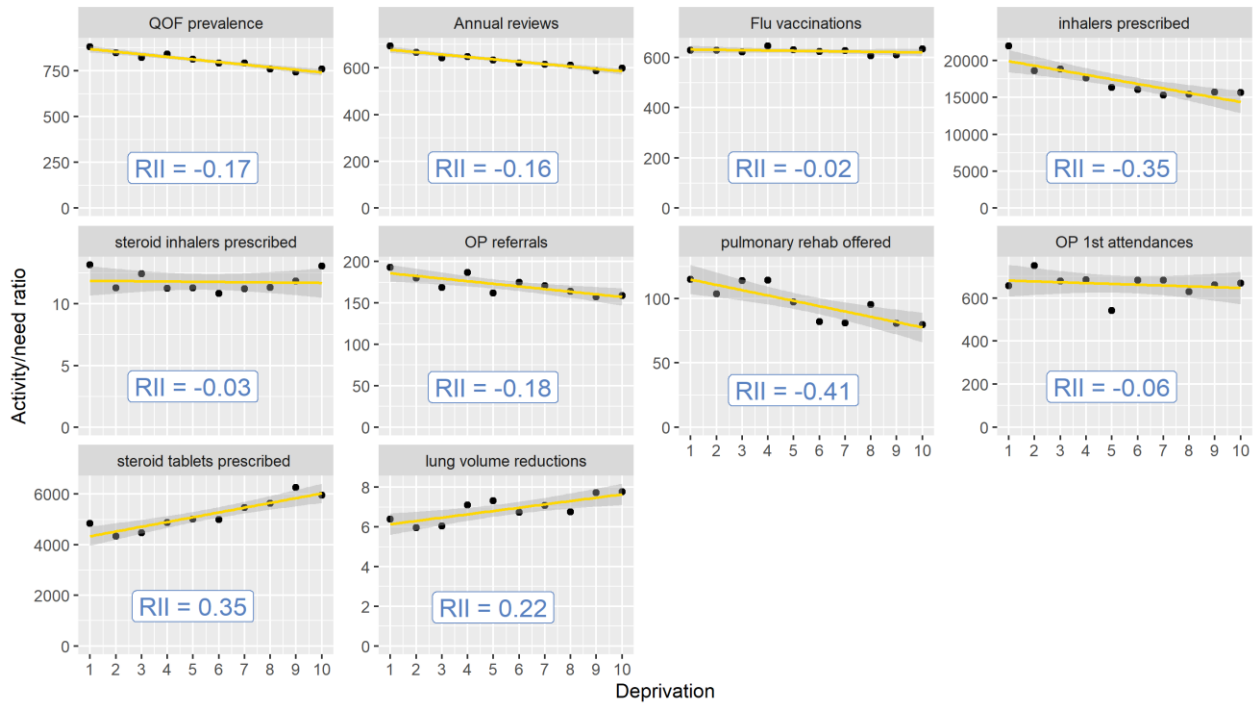
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

Provision of treatment for hip arthritis in Birmingham and Solihull STP shows a similar pattern in the earlier stages of the pathway although those in the least deprived areas do not appear to be less likely to receive a hip replacement.

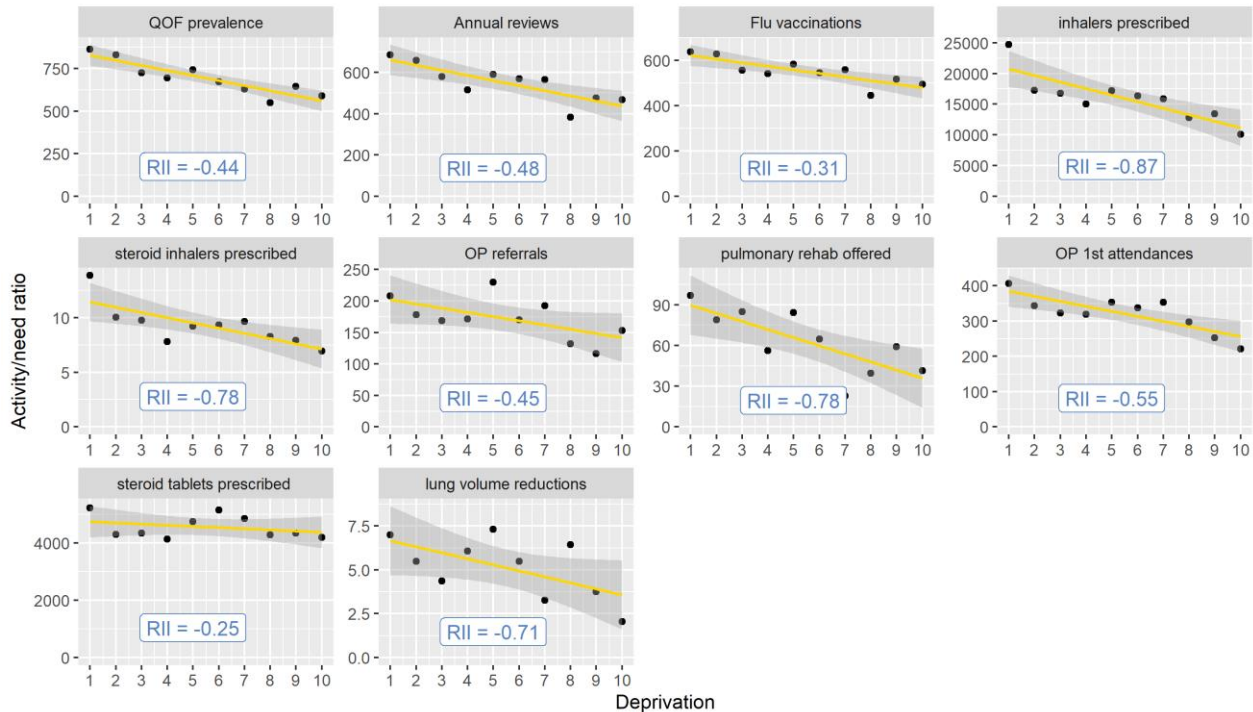


# COPD

## MIDLANDS REGION



## BIRMINGHAM AND SOLIHULL STP



	REGION			BIRMINGHAM AND SOLIHULL STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.44	-0.57	-0.30
Annual review	-0.16	-0.20	-0.12	-0.48	-0.66	-0.29
Flu vaccination	-0.02	-0.07	0.02	-0.31	-0.44	-0.18
Inhalers prescribed	-0.35	-0.52	-0.19	-0.87	-1.09	-0.66
Steroid inhalers prescribed	-0.03	-0.21	0.16	-0.78	-0.96	-0.60
ERS OP referrals	-0.18	-0.29	-0.07	-0.45	-0.74	-0.16
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.78	-1.11	-0.44
1st OP attendances	-0.06	-0.29	0.16	-0.55	-0.71	-0.38
Steroid tablets	0.35	0.22	0.48	-0.25	-0.44	-0.07
Lung volume reduction	0.22	0.07	0.38	-0.71	-1.20	-0.23

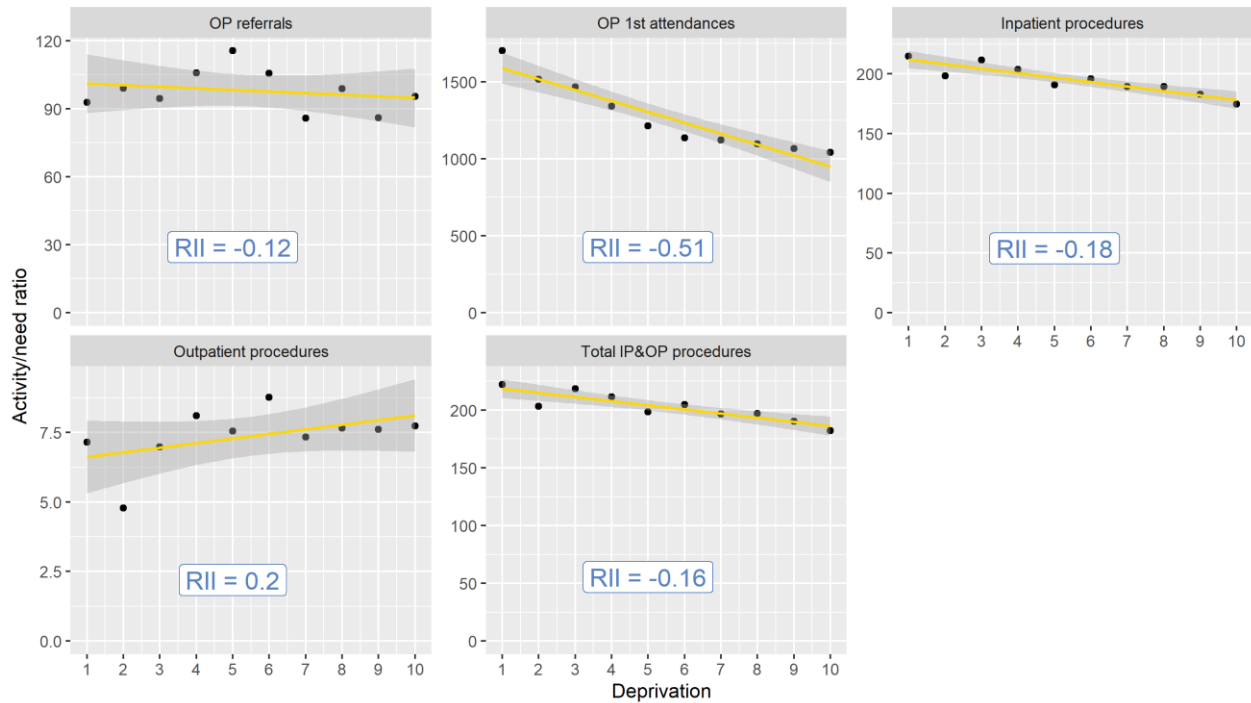
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

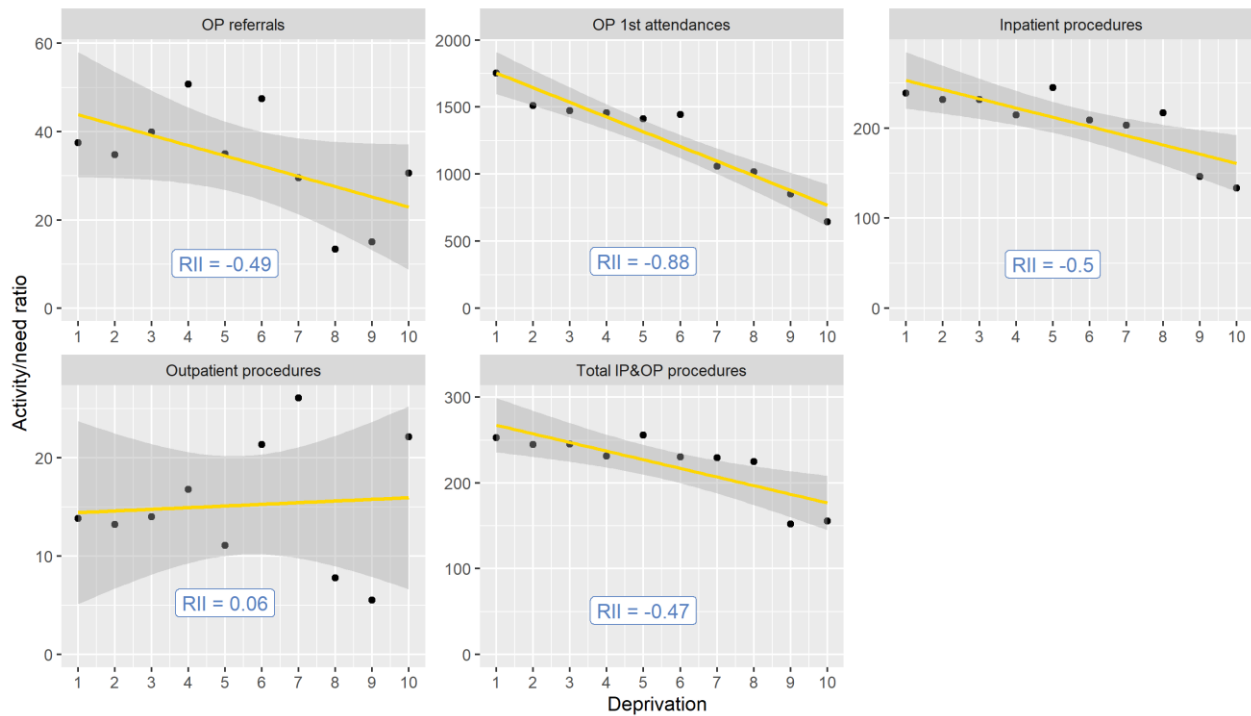
Provision of treatment for COPD in Birmingham and Solihull STP is significantly skewed towards the most deprived patients across all of the activity measures including surgical procedures at the end of the pathway.

# Cataracts

## Midlands Region



## BIRMINGHAM AND SOLIHULL STP



	REGION			BIRMINGHAM AND SOLIHULL STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	-0.49	-1.20	0.22
1st OP attendances	-0.51	-0.70	-0.33	-0.88	-1.15	-0.61
Inpatient procedures	-0.18	-0.25	-0.11	-0.50	-0.80	-0.20
Outpatient procedures	0.20	-0.13	0.53	0.06	-0.90	1.01
Total procedures	-0.16	-0.24	-0.09	-0.47	-0.75	-0.19

## Summary

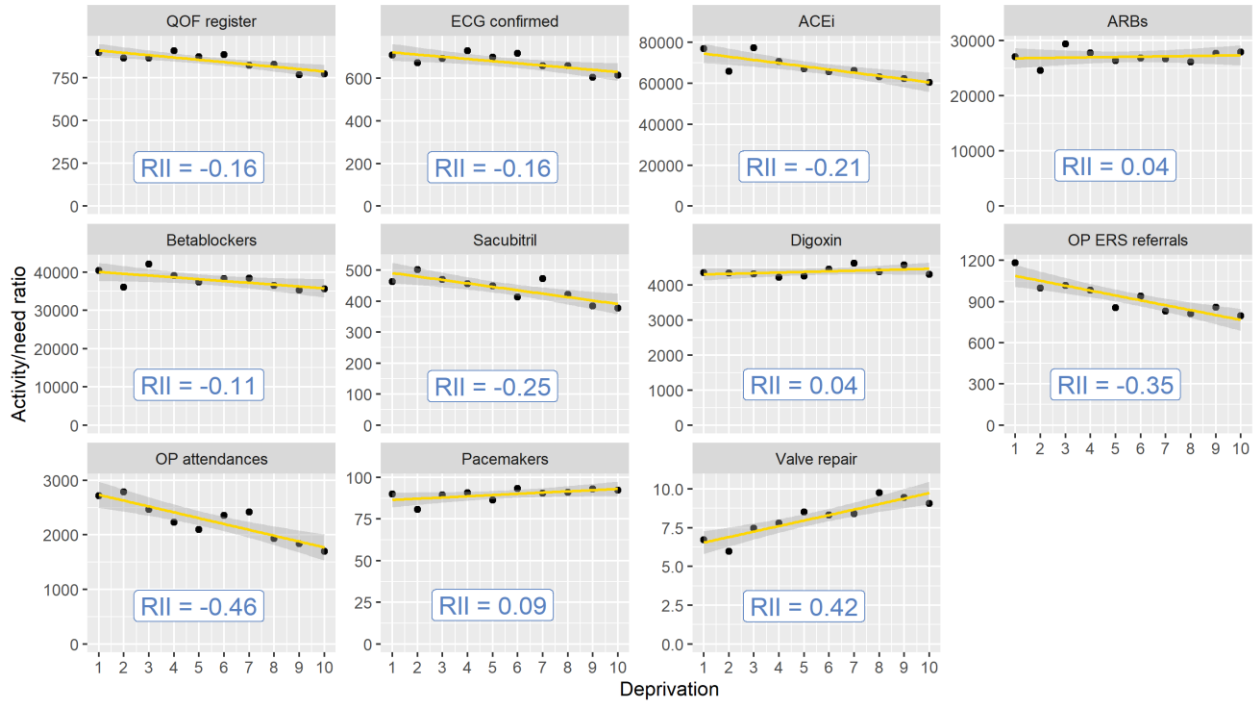
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

A similar pattern is seen in Birmingham and Solihull although the scale of the inequity is greater than that seen regionally.

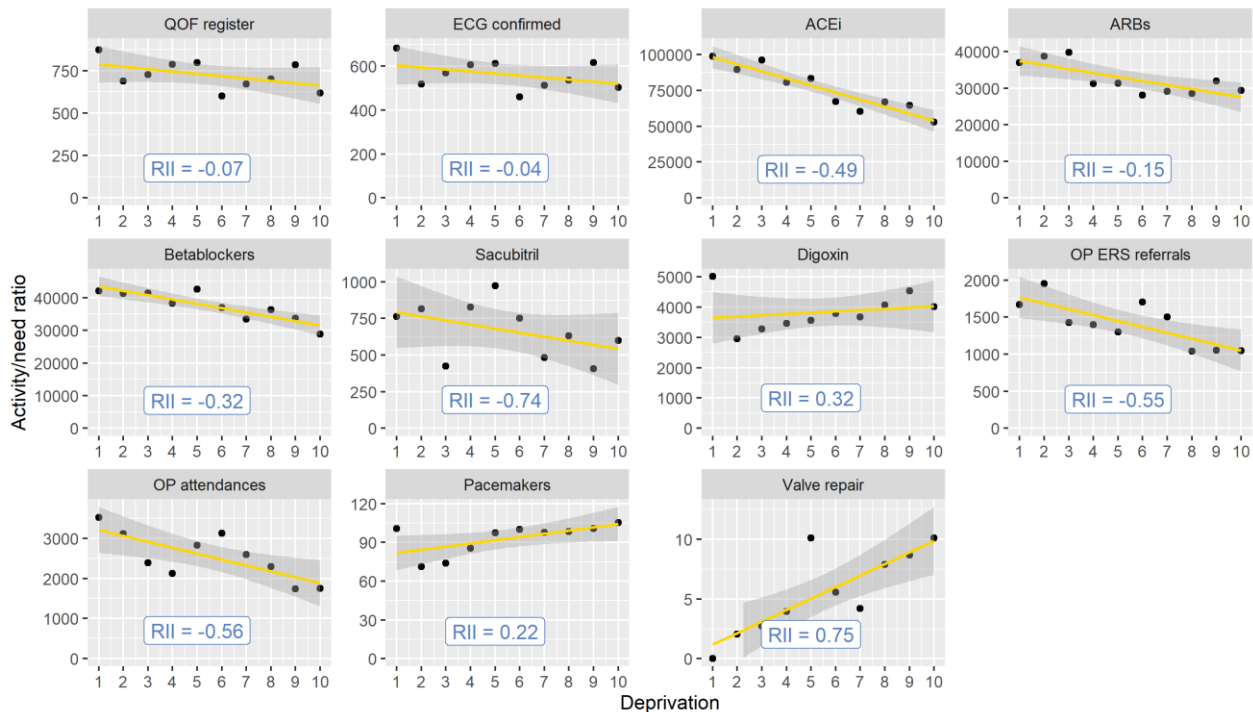
# Coventry and Warwickshire

## Heart Failure

### Midlands Region



### COVENTRY AND WARWICKSHIRE STP



	REGION			COVENTRY AND WARWICKSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.07	-0.31	0.17
ECG confirmed	-0.16	-0.26	-0.05	-0.04	-0.28	0.21
ACEi	-0.21	-0.33	-0.09	-0.49	-0.71	-0.27
ARBs	0.04	-0.08	0.15	-0.15	-0.38	0.08
Betablockers	-0.11	-0.22	0.00	-0.32	-0.49	-0.15
sacubitril	-0.25	-0.40	-0.10	-0.74	-1.40	-0.09
digoxin	0.04	-0.04	0.12	0.32	0.11	0.54
OP ERS referrals	-0.35	-0.53	-0.18	-0.55	-0.90	-0.19
OP attendances	-0.46	-0.68	-0.25	-0.56	-0.92	-0.19
Pacemakers	0.09	0.00	0.18	0.22	0.06	0.39
Valve repair	0.42	0.24	0.60	0.75	-0.11	1.62

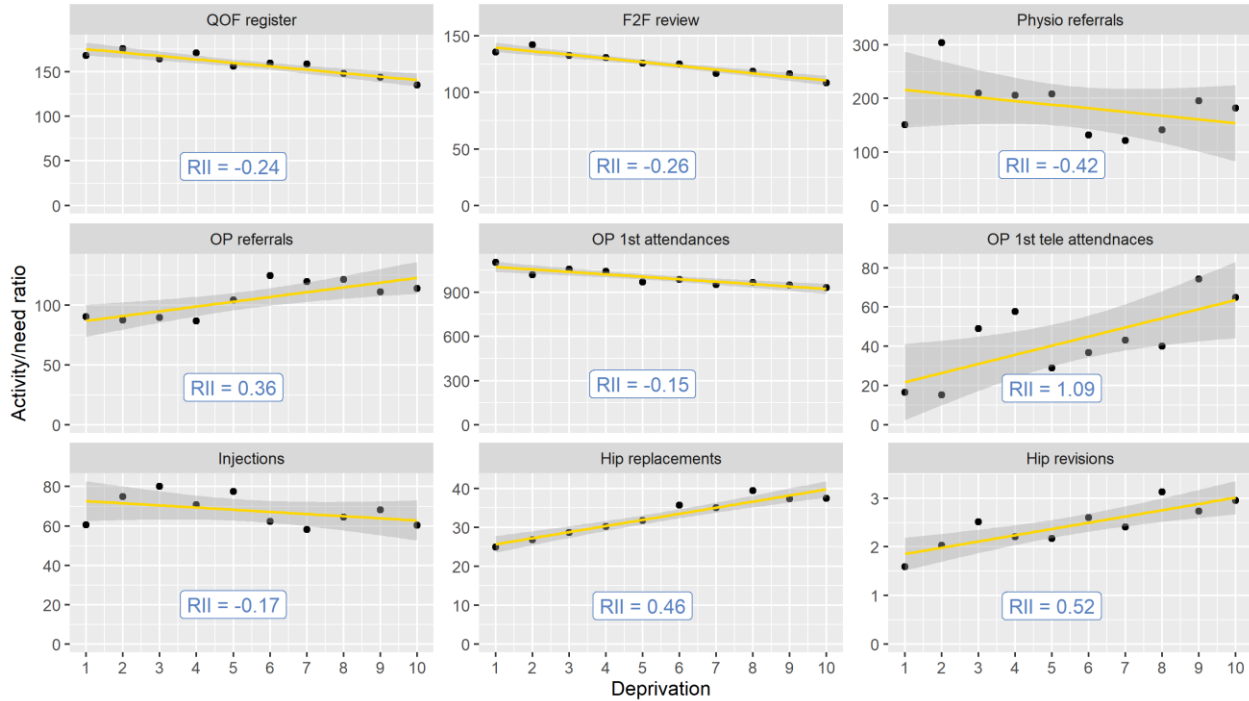
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

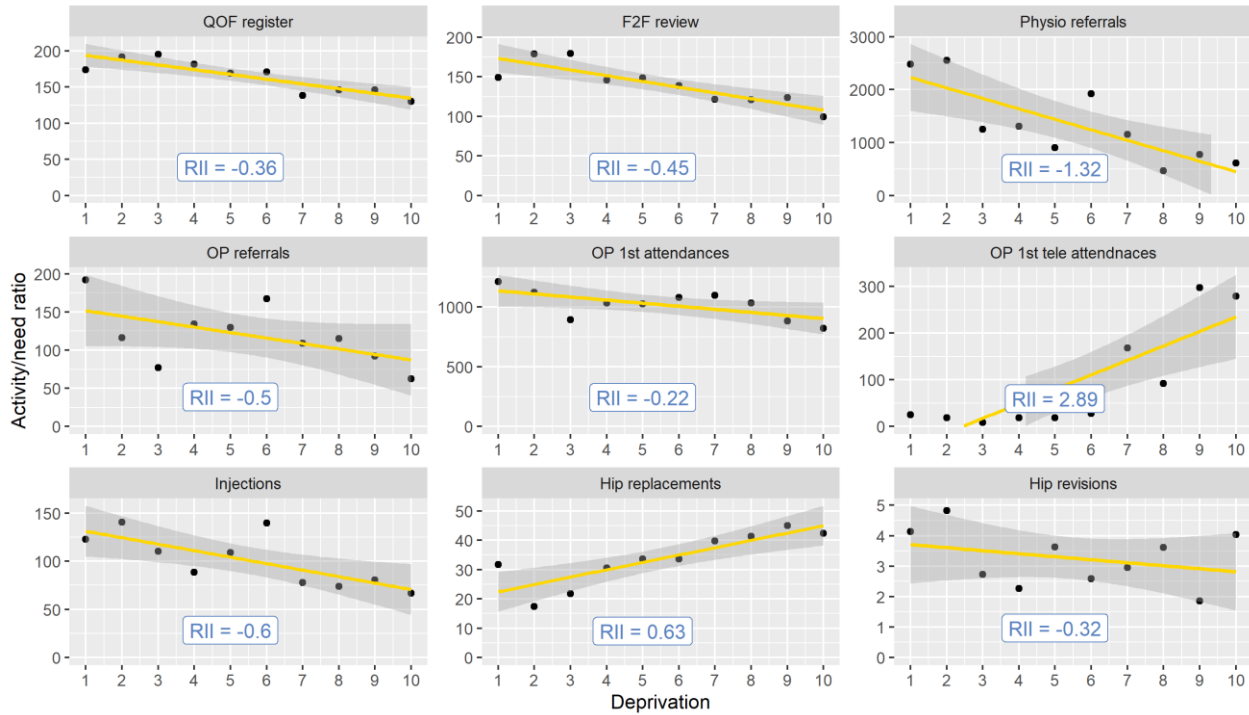
In C&W STP a similar pattern is seen although patients living in the least deprived areas are more likely to receive Digoxin medication which is typically given to when other medications have not been enough to control symptoms. The relative size of the inequity at the surgical end of the pathway also appears to be greater than that seen across the region as a whole.

# Hip arthritis

## MIDLANDS REGION



## COVENTRY AND WARWICKSHIRE STP



	REGION			COVENTRY AND WARWICKSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.36	-0.52	-0.21
F2F review	-0.26	-0.32	-0.19	-0.45	-0.65	-0.24
Physio referrals	-0.42	-1.16	0.31	-1.32	-2.50	-0.15
OP referrals	0.36	0.12	0.60	-0.50	-0.96	-0.03
OP attendances	-0.15	-0.22	-0.08	-0.22	-0.41	-0.04
OP telephone attendances	1.09	0.25	1.92	2.89	1.63	4.15
Injections	-0.17	-0.44	0.10	-0.60	-1.04	-0.16
Hip replacement	0.46	0.33	0.59	0.63	0.38	0.88
Hip revision	0.52	0.26	0.77	-0.32	-1.06	0.42

## Summary

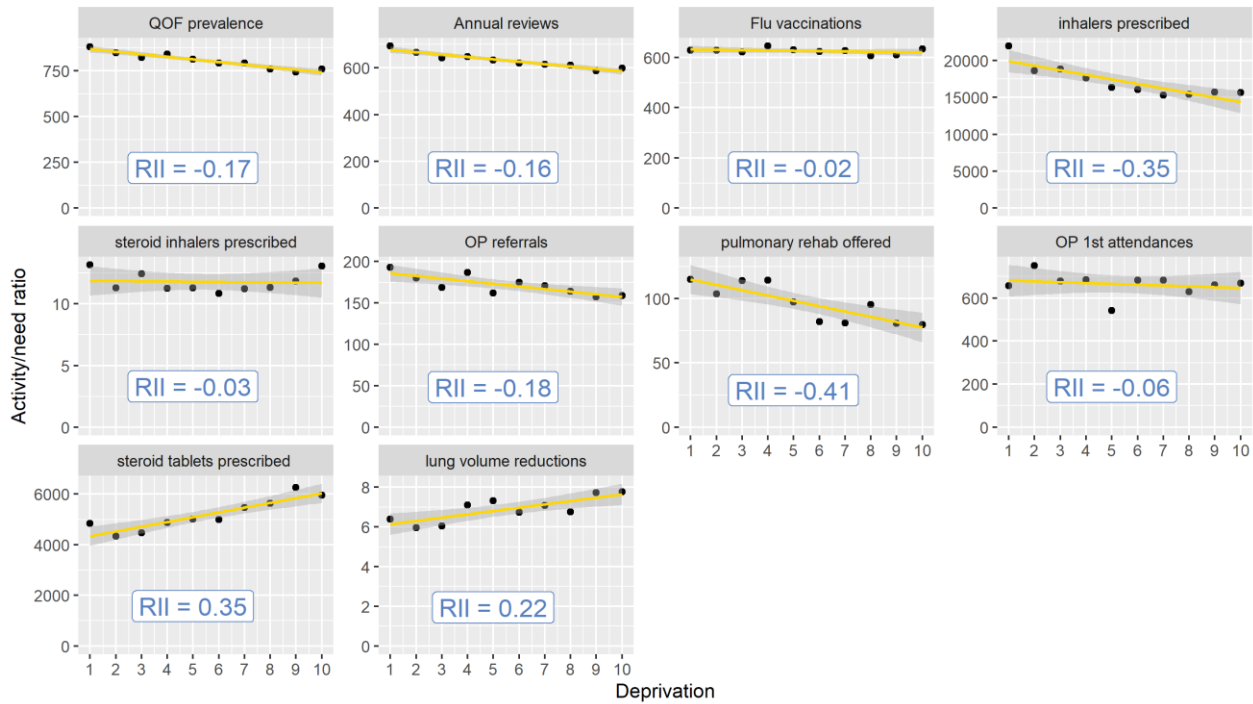
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

Provision of treatment for hip arthritis in Coventry and Warwickshire STP shows a similar pattern to that seen regionally with an exception being that in the STP patients from more deprived areas are less likely to be referred to secondary care.

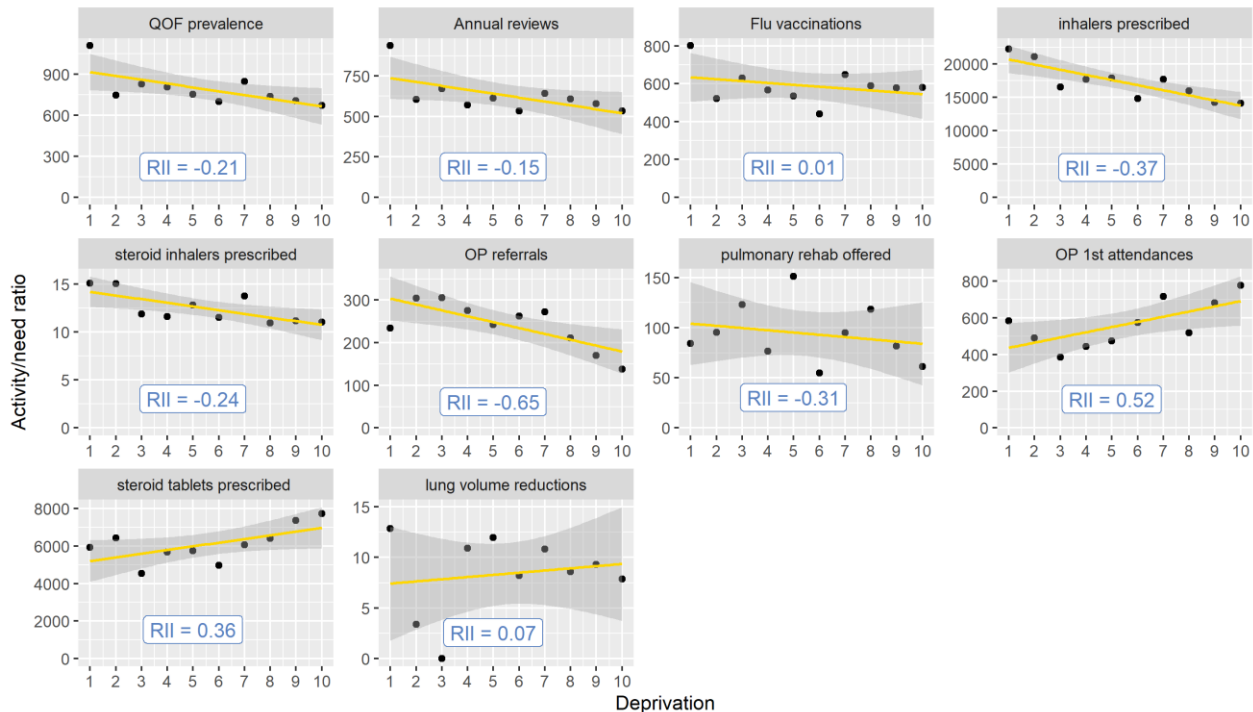


# COPD

## MIDLANDS REGION



## COVENTRY AND WARWICKSHIRE STP



	REGION			COVENTRY AND WARWICKSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.21	-0.42	0.01
Annual review	-0.16	-0.20	-0.12	-0.15	-0.41	0.11
Flu vaccination	-0.02	-0.07	0.02	0.01	-0.26	0.28
Inhalers prescribed	-0.35	-0.52	-0.19	-0.37	-0.54	-0.20
Steroid inhalers prescribed	-0.03	-0.21	0.16	-0.24	-0.46	-0.03
ERS OP referrals	-0.18	-0.29	-0.07	-0.65	-0.89	-0.40
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.31	-1.09	0.47
1st OP attendances	-0.06	-0.29	0.16	0.52	0.15	0.89
Steroid tablets	0.35	0.22	0.48	0.36	0.15	0.57
Lung volume reduction	0.22	0.07	0.38	0.07	-0.80	0.94

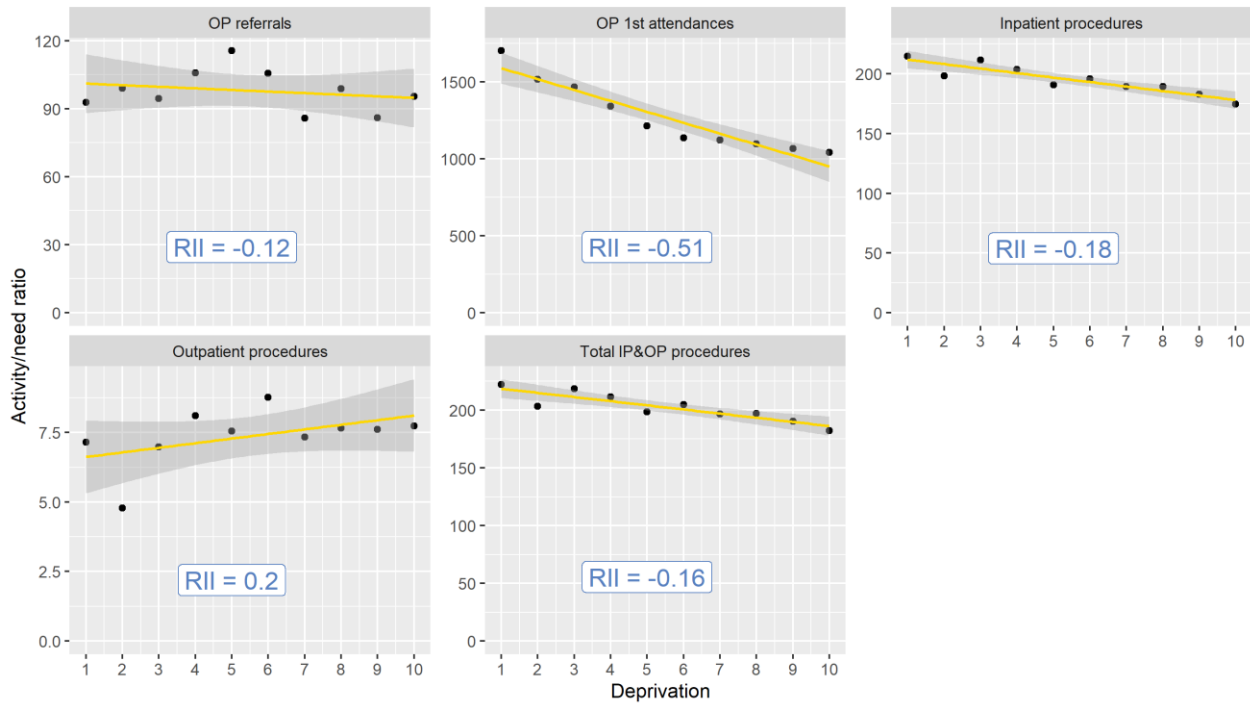
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

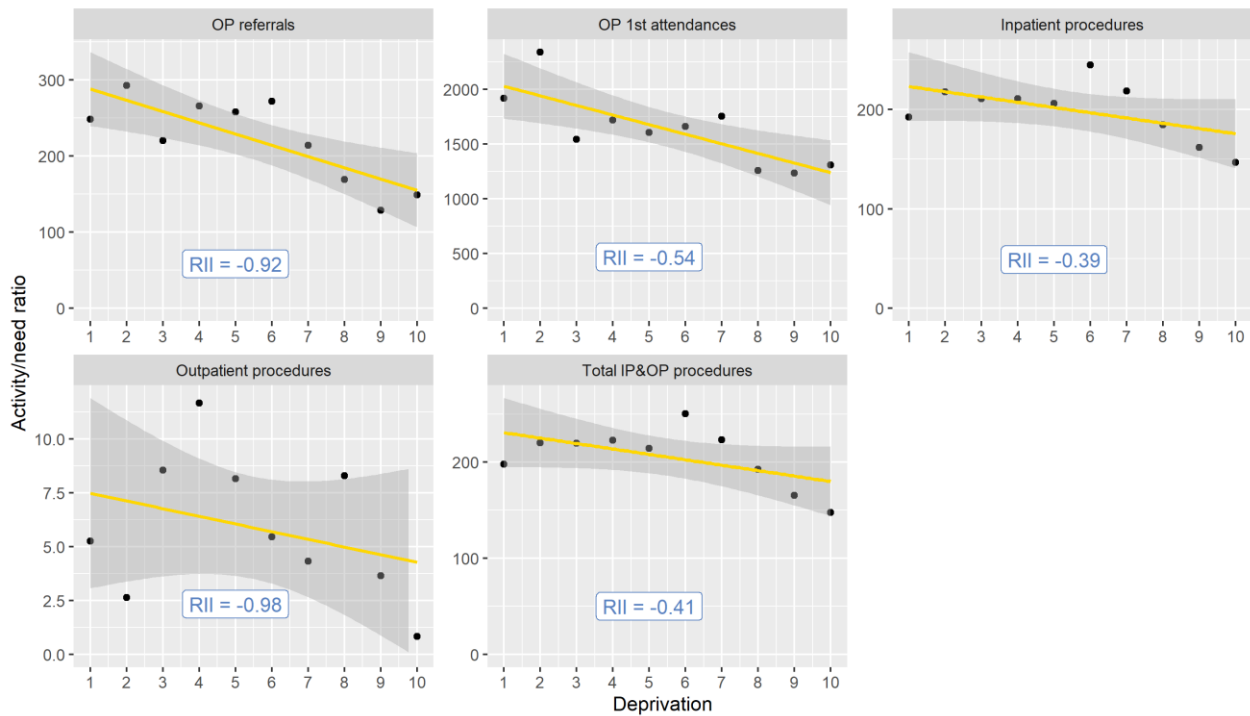
Provision of treatment for COPD in Coventry and Warwickshire STP follows a similar pattern to that seen regionally with the exception that patients from less deprived areas are more likely to see a specialist in an outpatient setting.

# Cataracts

## Midlands Region



## COVENTRY AND WARWICKSHIRE STP



	REGION			COVENTRY AND WARWICKSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	-0.92	-1.22	-0.62
1st OP attendances	-0.51	-0.70	-0.33	-0.54	-0.85	-0.22
Inpatient procedures	-0.18	-0.25	-0.11	-0.39	-0.58	-0.21
Outpatient procedures	0.20	-0.13	0.53	-0.98	-2.05	0.08
Total procedures	-0.16	-0.24	-0.09	-0.41	-0.59	-0.23

## Summary

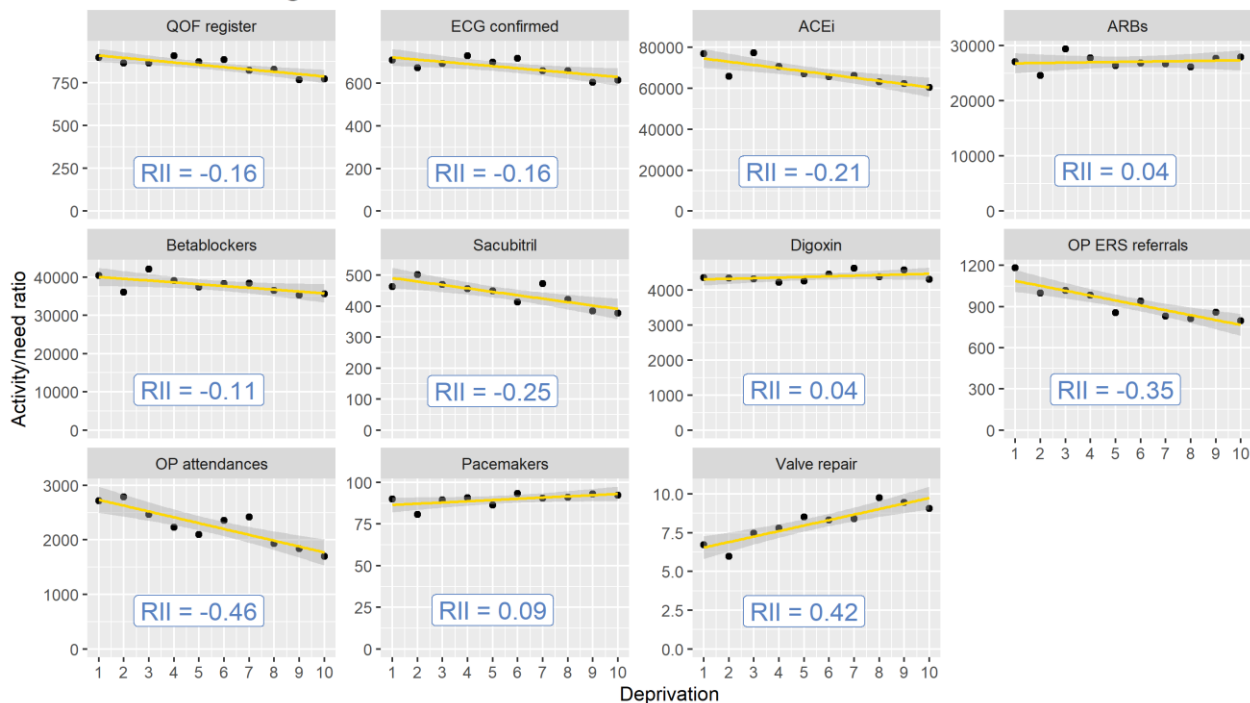
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

A similar pattern is seen in Coventry and Warwickshire although patients from more deprived areas are also more likely to be referred to a specialist.

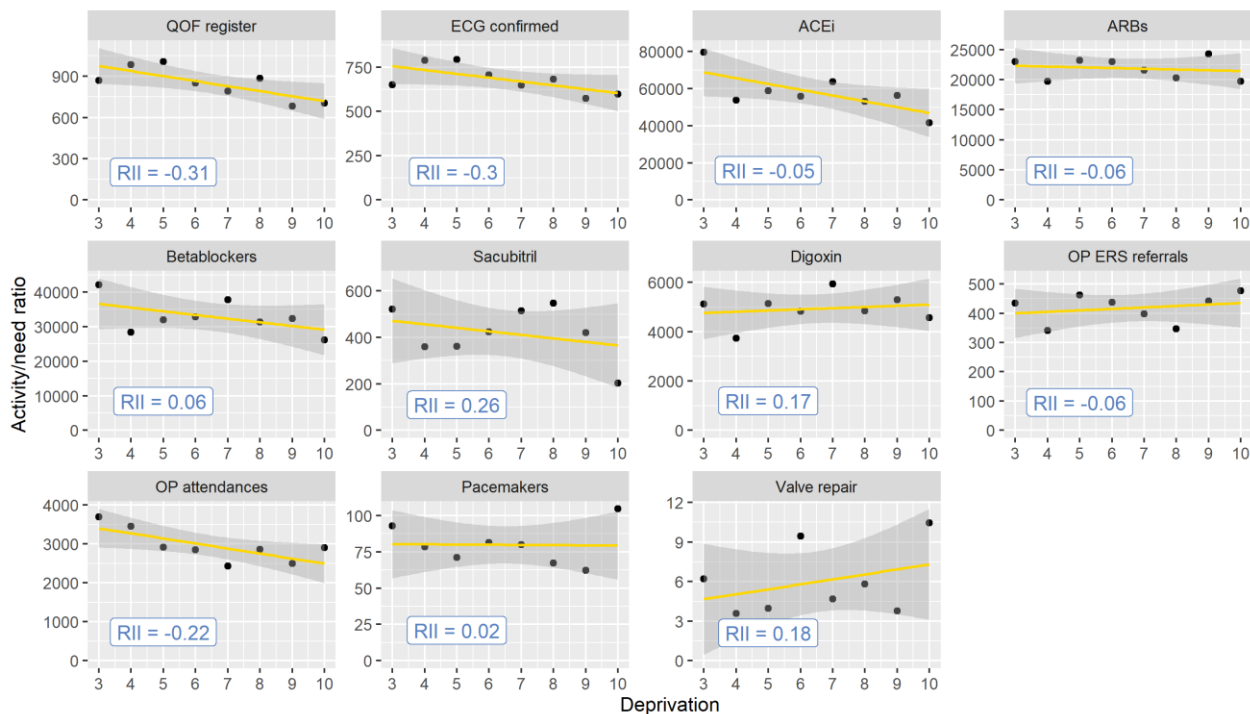
# Hereford and Worcesterhire

## Heart Failure

### Midlands Region



### HEREFORDSHIRE AND WORCESTERSHIRE STP



	REGION			HEREFORDSHIRE AND WORCESTERSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.31	-0.61	-0.02
ECG confirmed	-0.16	-0.26	-0.05	-0.30	-0.49	-0.11
ACEi	-0.21	-0.33	-0.09	-0.05	-0.44	0.35
ARBs	0.04	-0.08	0.15	-0.06	-0.29	0.18
Betablockers	-0.11	-0.22	0.00	0.06	-0.37	0.50
sacubitril	-0.25	-0.40	-0.10	0.26	-0.49	1.00
digoxin	0.04	-0.04	0.12	0.17	-0.32	0.67
OP ERS referrals	-0.35	-0.53	-0.18	-0.06	-0.47	0.36
OP attendances	-0.46	-0.68	-0.25	-0.22	-0.61	0.17
Pacemakers	0.09	0.00	0.18	0.02	-0.42	0.46
Valve repair	0.42	0.24	0.60	0.18	-1.43	1.79

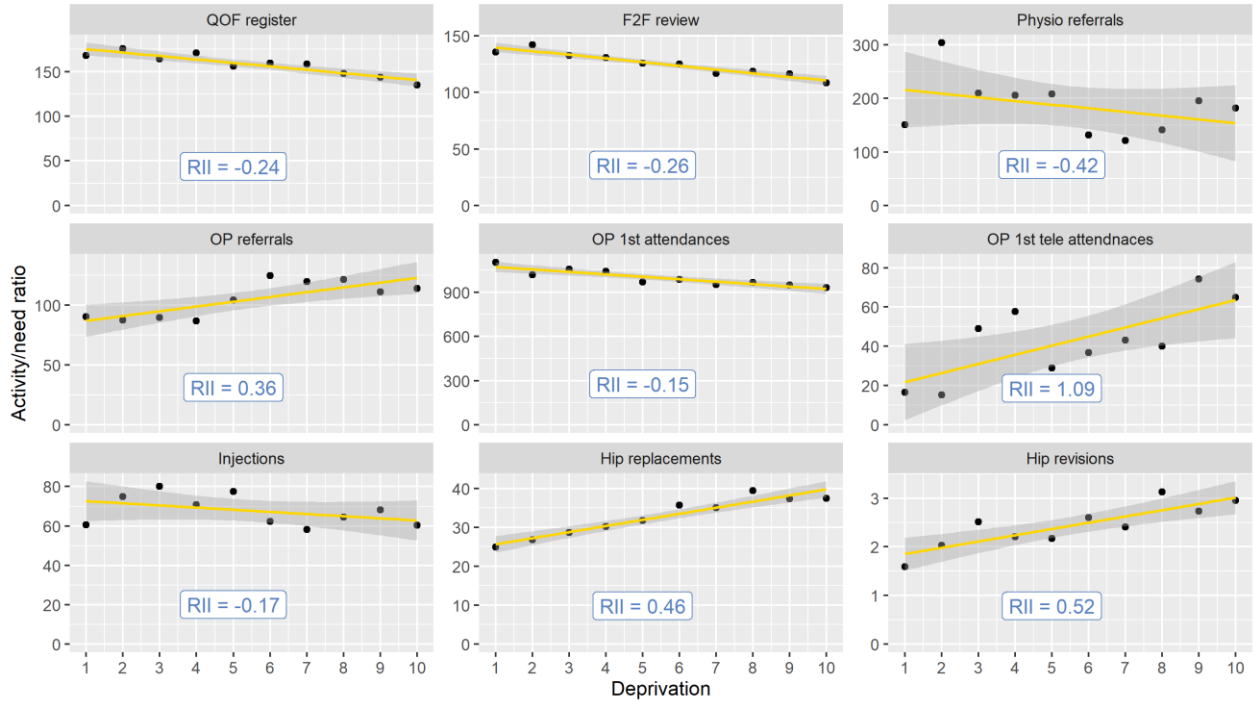
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

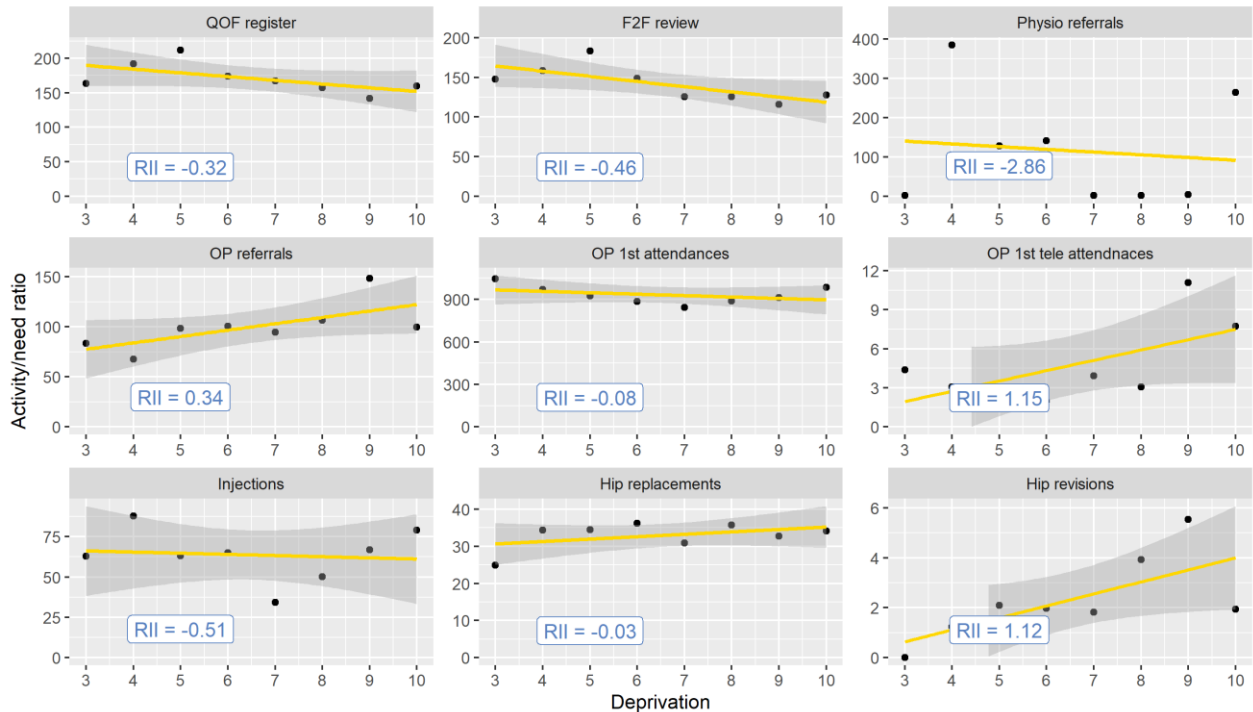
In Herefordshire and Worcestershire STP the pattern is less clear. Whilst, as seen across the region, patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register there does not appear to be significant inequality across the rest of the pathway.

# Hip arthritis

## MIDLANDS REGION



## HEREFORDSHIRE AND WORCESTERSHIRE STP



	REGION			HEREFORDSHIRE AND WORCESTERSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.32	-0.54	-0.11
F2F review	-0.26	-0.32	-0.19	-0.46	-0.76	-0.15
Physio referrals	-0.42	-1.16	0.31	-2.86	-6.86	1.14
OP referrals	0.36	0.12	0.60	0.34	-0.10	0.79
OP attendances	-0.15	-0.22	-0.08	-0.08	-0.26	0.11
OP telephone attendances	1.09	0.25	1.92	1.15	-0.38	2.68
Injections	-0.17	-0.44	0.10	-0.51	-1.57	0.55
Hip replacement	0.46	0.33	0.59	-0.03	-0.29	0.22
Hip revision	0.52	0.26	0.77	1.12	-0.20	2.45

## Summary

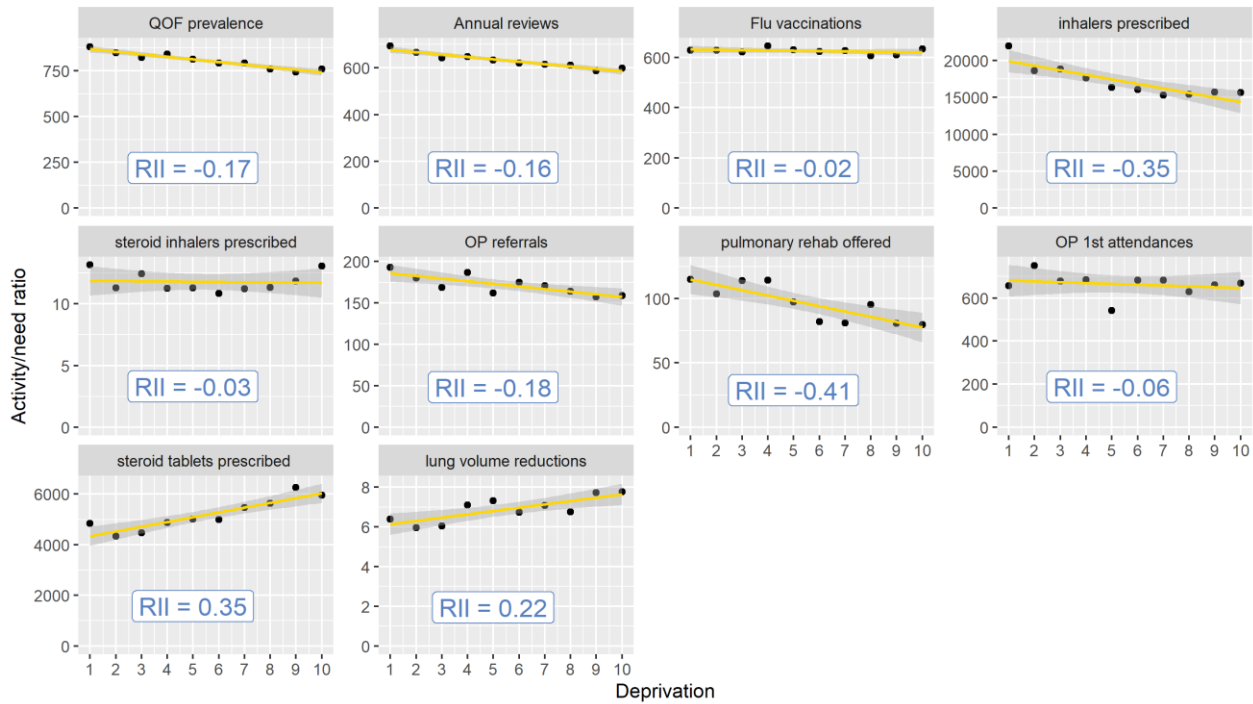
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

Provision of treatment for hip arthritis in Herefordshire and Worcestershire STP shows a similar pattern to that seen regionally with an exception being that in the STP there does not appear to be inequality in the provision of hip replacements.

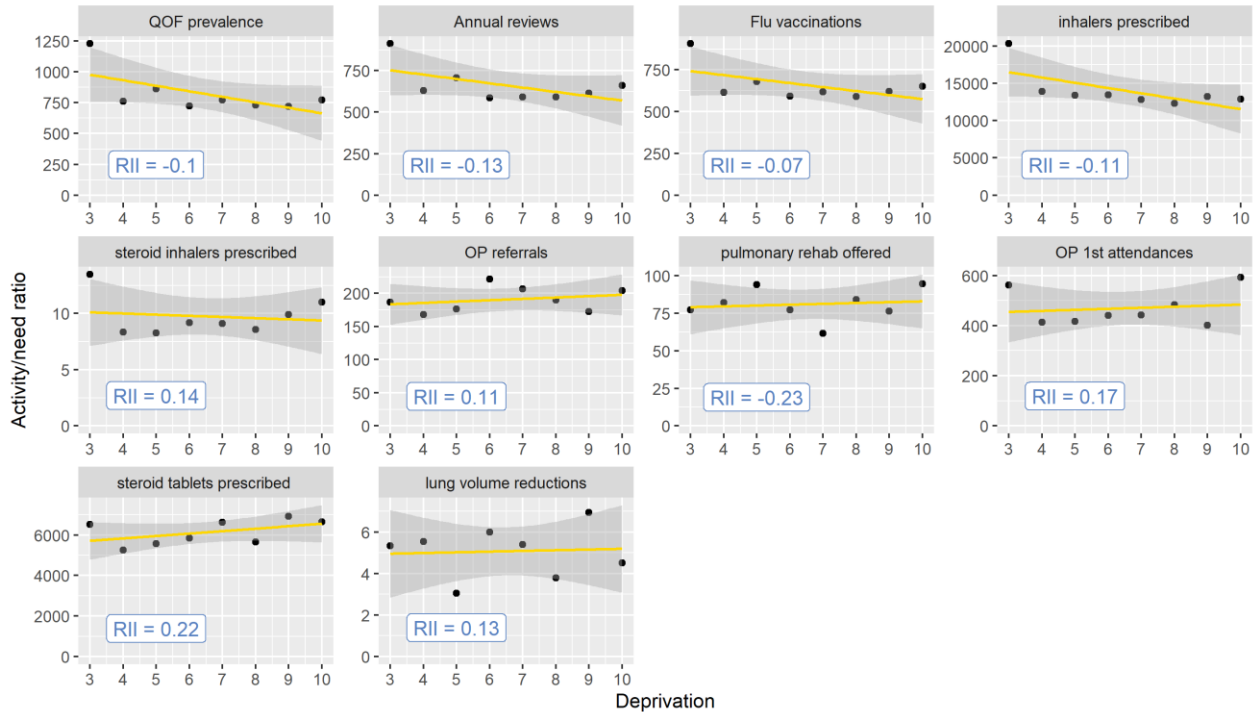


# COPD

## MIDLANDS REGION



## HEREFORDSHIRE AND WORCESTERSHIRE STP



	REGION			HEREFORDSHIRE AND WORCESTERSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.10	-0.31	0.12
Annual review	-0.16	-0.20	-0.12	-0.13	-0.39	0.12
Flu vaccination	-0.02	-0.07	0.02	-0.07	-0.25	0.11
Inhalers prescribed	-0.35	-0.52	-0.19	-0.11	-0.18	-0.04
Steroid inhalers prescribed	-0.03	-0.21	0.16	0.14	-0.07	0.34
ERS OP referrals	-0.18	-0.29	-0.07	0.11	-0.25	0.47
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.23	-0.88	0.41
1st OP attendances	-0.06	-0.29	0.16	0.17	-0.07	0.42
Steroid tablets	0.35	0.22	0.48	0.22	-0.05	0.49
Lung volume reduction	0.22	0.07	0.38	0.13	-0.77	1.04

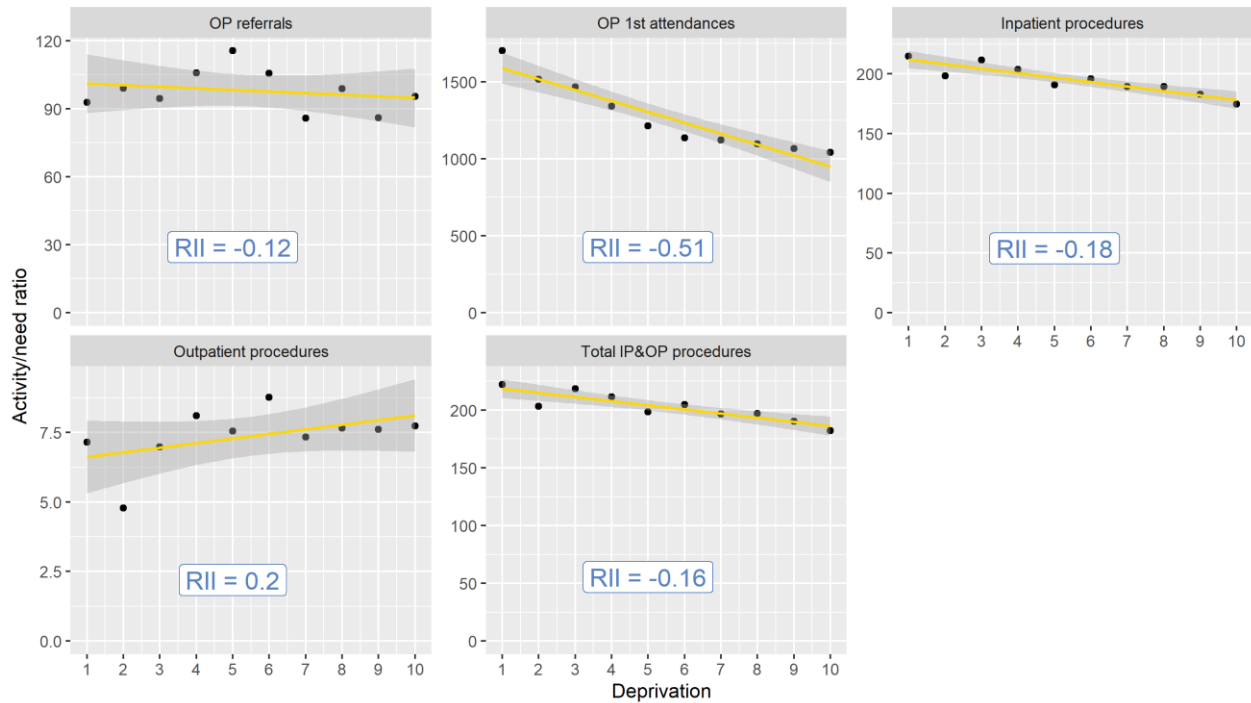
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

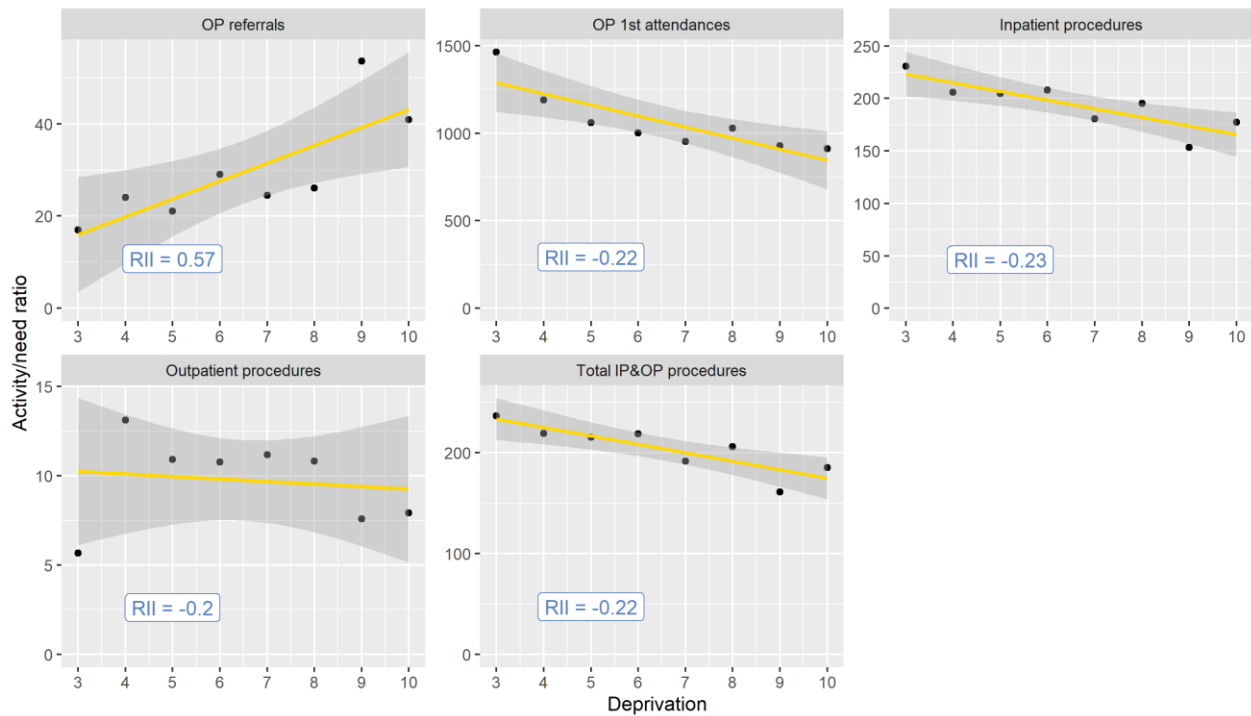
In Herefordshire and Worcestershire STP here does not appear to be significant inequality across the pathway with the exception that patients from more deprived areas are more likely to be prescribed a bronchodilator inhaler.

# Cataracts

## Midlands Region



## HEREFORDSHIRE AND WORCESTERSHIRE STP



	REGION			HEREFORDSHIRE AND WORCESTERSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	0.57	-0.26	1.41
1st OP attendances	-0.51	-0.70	-0.33	-0.22	-0.45	0.02
Inpatient procedures	-0.18	-0.25	-0.11	-0.23	-0.41	-0.04
Outpatient procedures	0.20	-0.13	0.53	-0.20	-0.60	0.20
Total procedures	-0.16	-0.24	-0.09	-0.22	-0.40	-0.05

## Summary

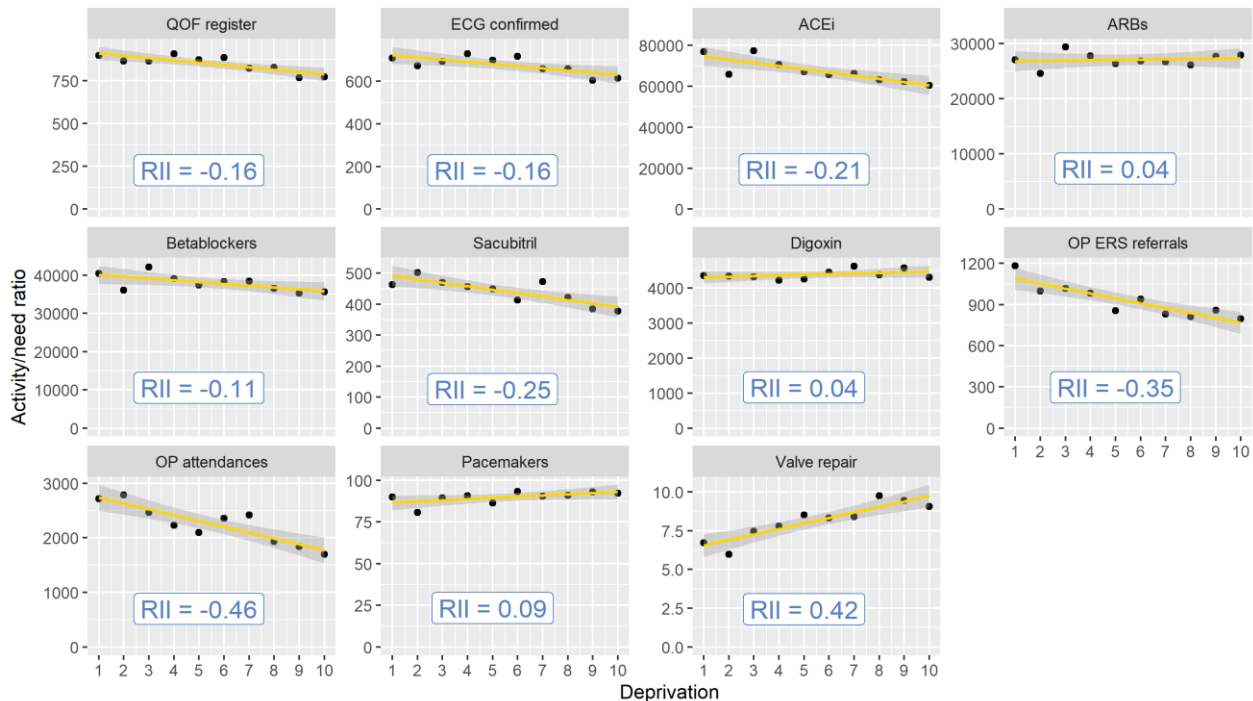
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

In Herefordshire and Worcester STP a similar pattern is seen except that patients from more deprived areas may be less likely to be referred to a specialist.

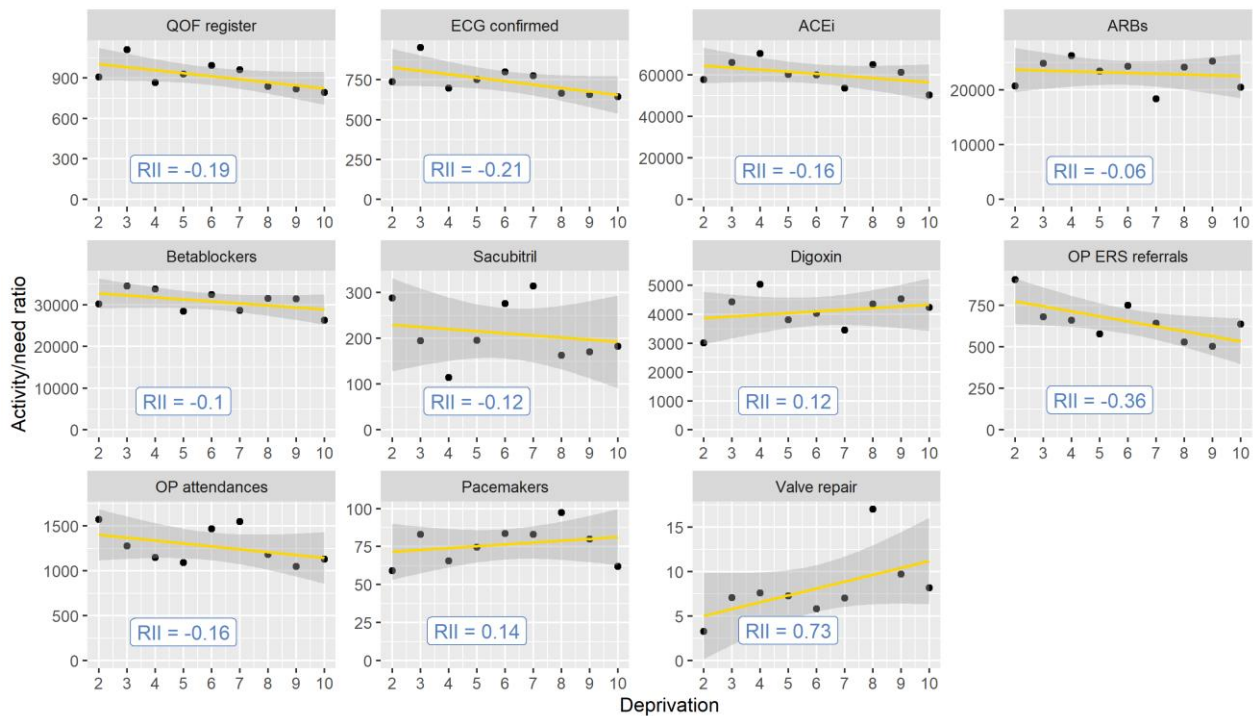
# Derbyshire

## Heart Failure

### Midlands Region



### JOINED UP CARE DERBYSHIRE STP



	REGION			JOINED UP CARE DERBYSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.19	-0.38	0.00
ECG confirmed	-0.16	-0.26	-0.05	-0.21	-0.43	0.01
ACEi	-0.21	-0.33	-0.09	-0.16	-0.50	0.18
ARBs	0.04	-0.08	0.15	-0.06	-0.34	0.23
Betablockers	-0.11	-0.22	0.00	-0.10	-0.38	0.17
sacubitril	-0.25	-0.40	-0.10	-0.12	-0.92	0.68
digoxin	0.04	-0.04	0.12	0.12	-0.23	0.47
OP ERS referrals	-0.35	-0.53	-0.18	-0.36	-1.03	0.31
OP attendances	-0.46	-0.68	-0.25	-0.16	-0.61	0.28
Pacemakers	0.09	0.00	0.18	0.14	-0.25	0.53
Valve repair	0.42	0.24	0.60	0.73	-0.27	1.73

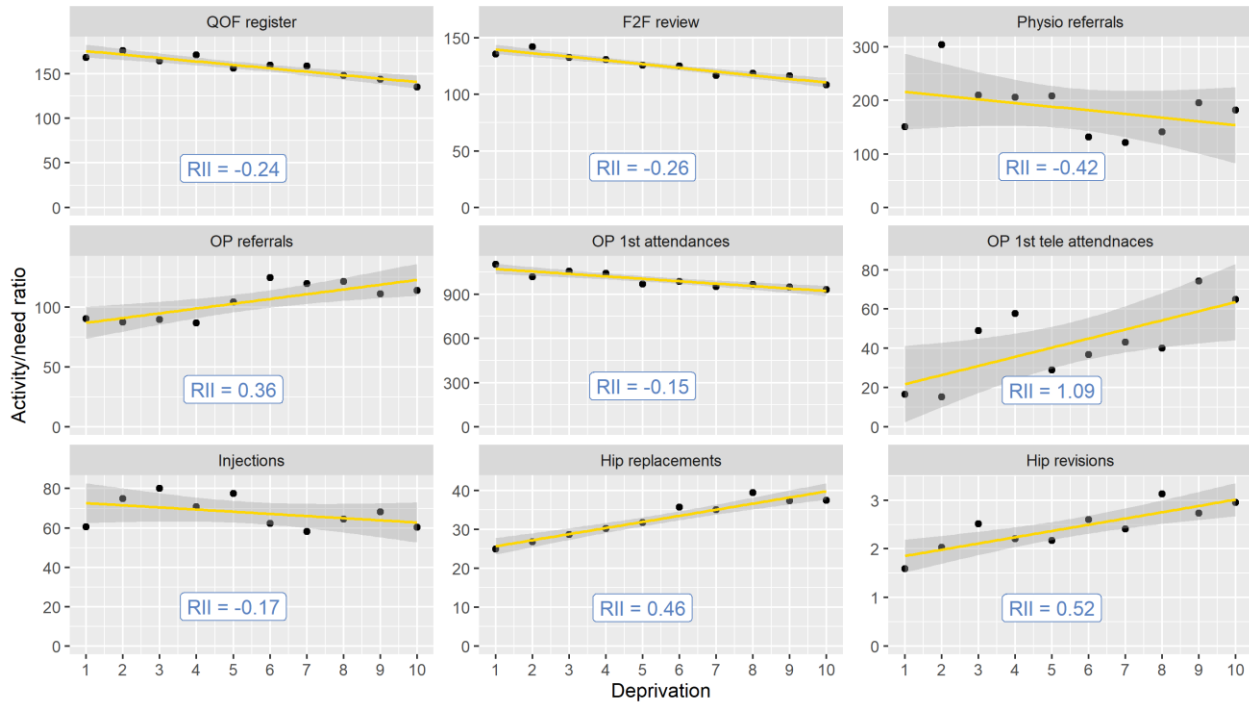
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

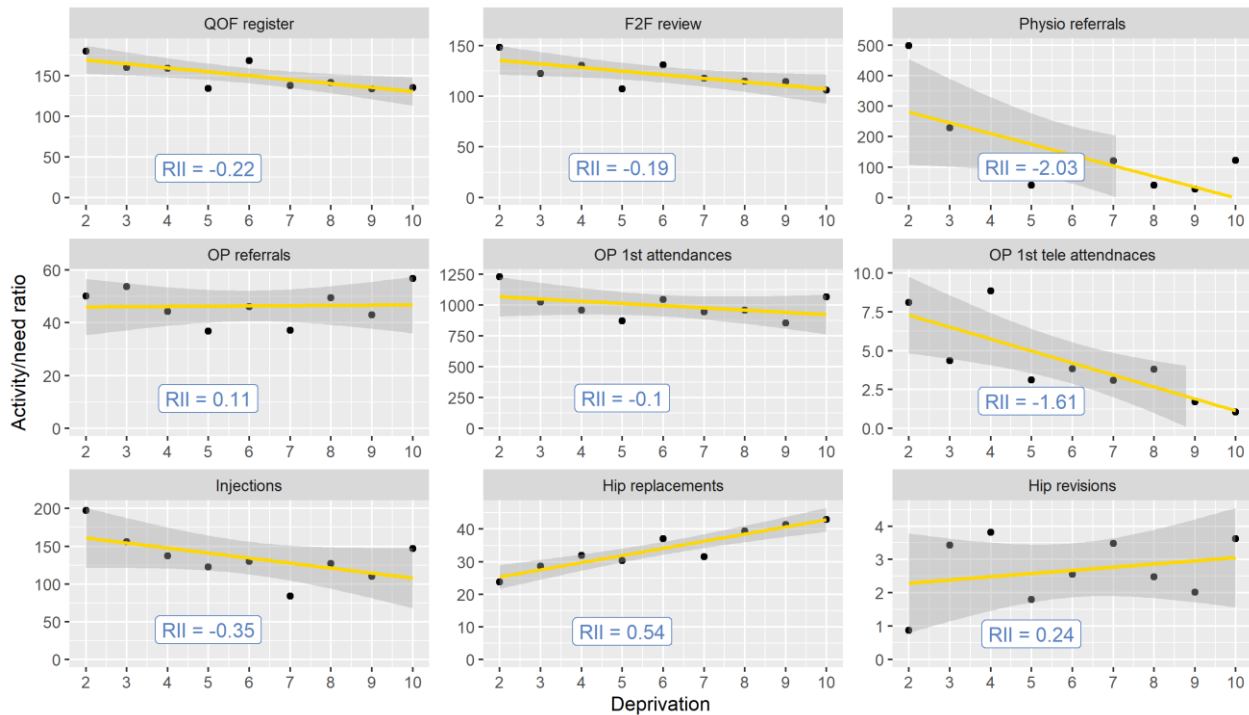
In Derbyshire STP the pattern is less clear. Whilst, as seen across the region, patients living in the most deprived areas are more likely to be identified by GPs there does not appear to be significant inequality across the rest of the pathway.

# Hip arthritis

## MIDLANDS REGION



## JOINED UP CARE DERBYSHIRE STP



	REGION			JOINED UP CARE DERBYSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.22	-0.46	0.02
F2F review	-0.26	-0.32	-0.19	-0.19	-0.43	0.06
Physio referrals	-0.42	-1.16	0.31	-2.03	-4.95	0.88
OP referrals	0.36	0.12	0.60	0.11	-0.33	0.55
OP attendances	-0.15	-0.22	-0.08	-0.10	-0.39	0.19
OP telephone attendances	1.09	0.25	1.92	-1.61	-2.72	-0.50
Injections	-0.17	-0.44	0.10	-0.35	-0.85	0.16
Hip replacement	0.46	0.33	0.59	0.54	0.35	0.73
Hip revision	0.52	0.26	0.77	0.24	-0.74	1.22

## Summary

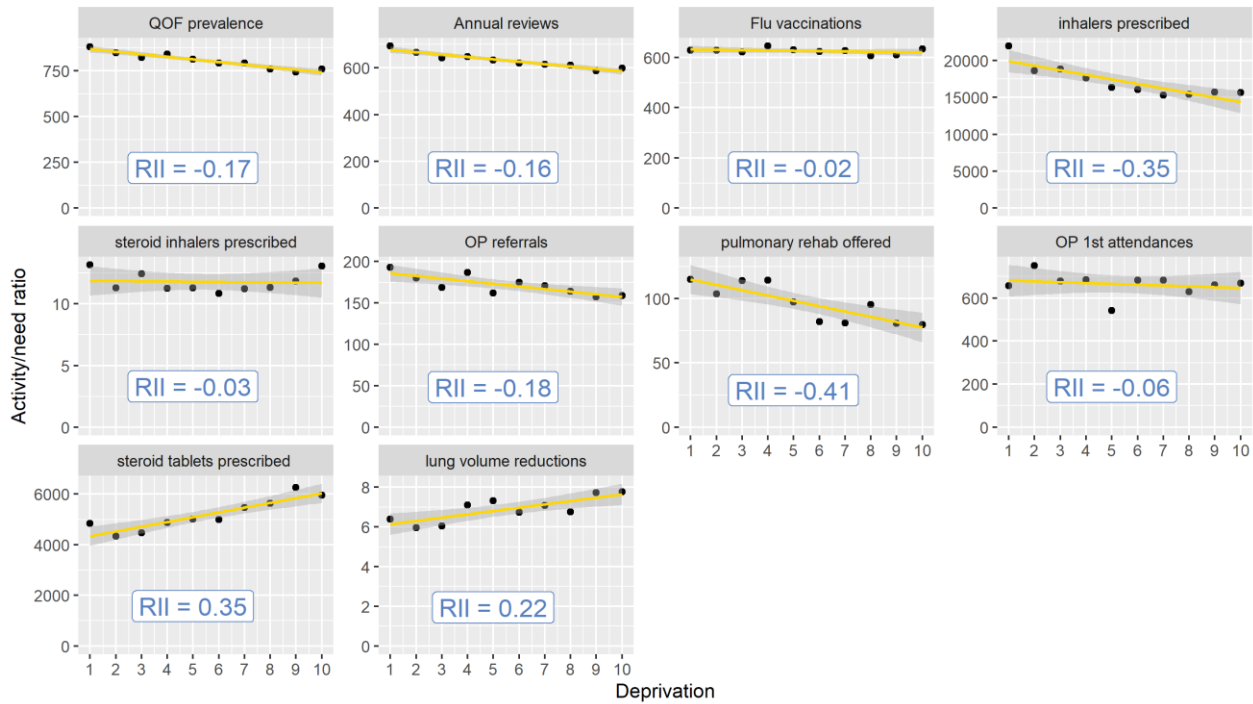
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In Derbyshire patients from more deprived areas are more likely to have a telephone consultation with a specialist which is the opposite to that seen at the regional level. But as seen regionally patients from less deprived areas are more likely to receive a hip replacement.

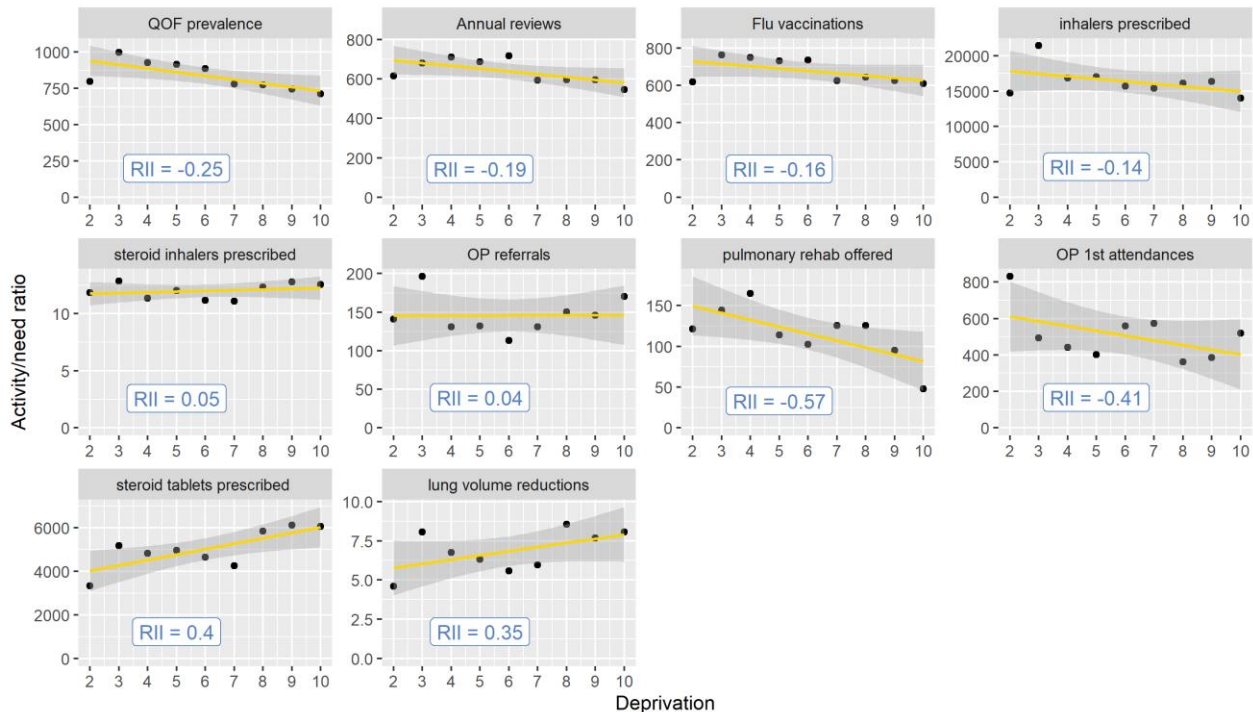


# COPD

## MIDLANDS REGION



## JOINED UP CARE DERBYSHIRE STP



	REGION			JOINED UP CARE DERBYSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.25	-0.45	-0.06
Annual review	-0.16	-0.20	-0.12	-0.19	-0.38	-0.01
Flu vaccination	-0.02	-0.07	0.02	-0.16	-0.37	0.04
Inhalers prescribed	-0.35	-0.52	-0.19	-0.14	-0.39	0.11
Steroid inhalers prescribed	-0.03	-0.21	0.16	0.05	-0.11	0.21
ERS OP referrals	-0.18	-0.29	-0.07	0.04	-0.38	0.47
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.57	-1.06	-0.07
1st OP attendances	-0.06	-0.29	0.16	-0.41	-1.29	0.47
Steroid tablets	0.35	0.22	0.48	0.40	0.09	0.71
Lung volume reduction	0.22	0.07	0.38	0.35	-0.05	0.75

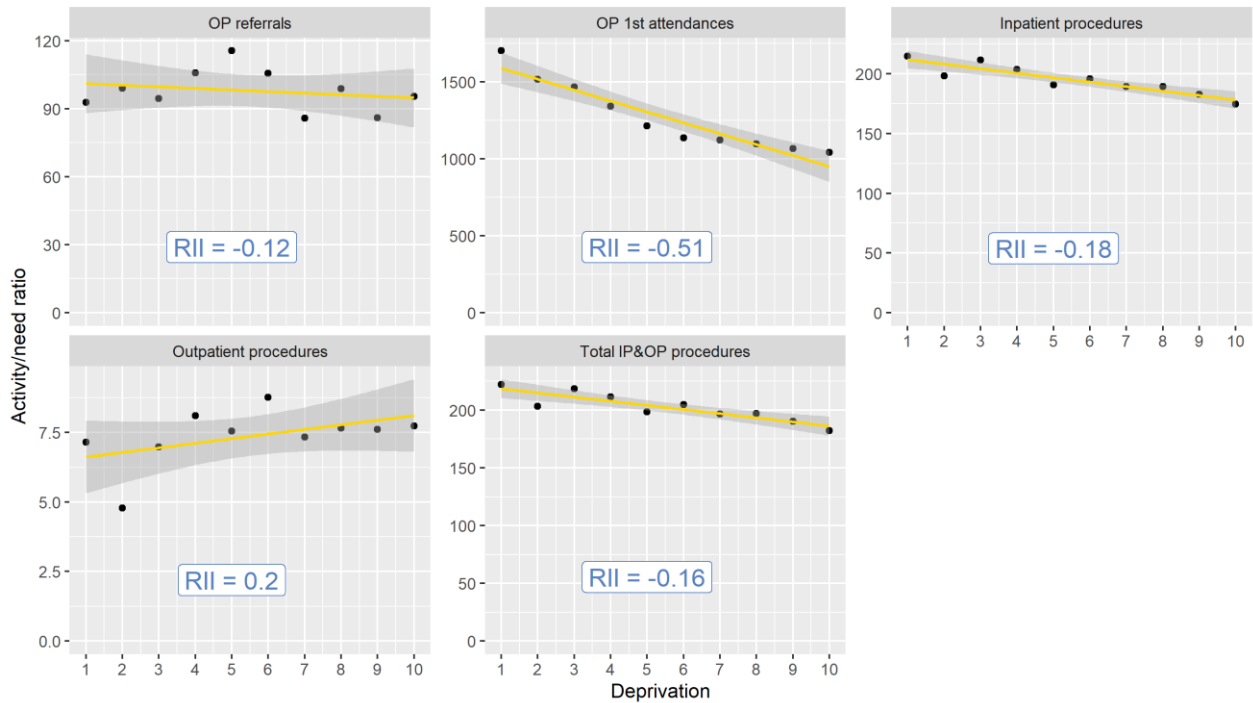
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

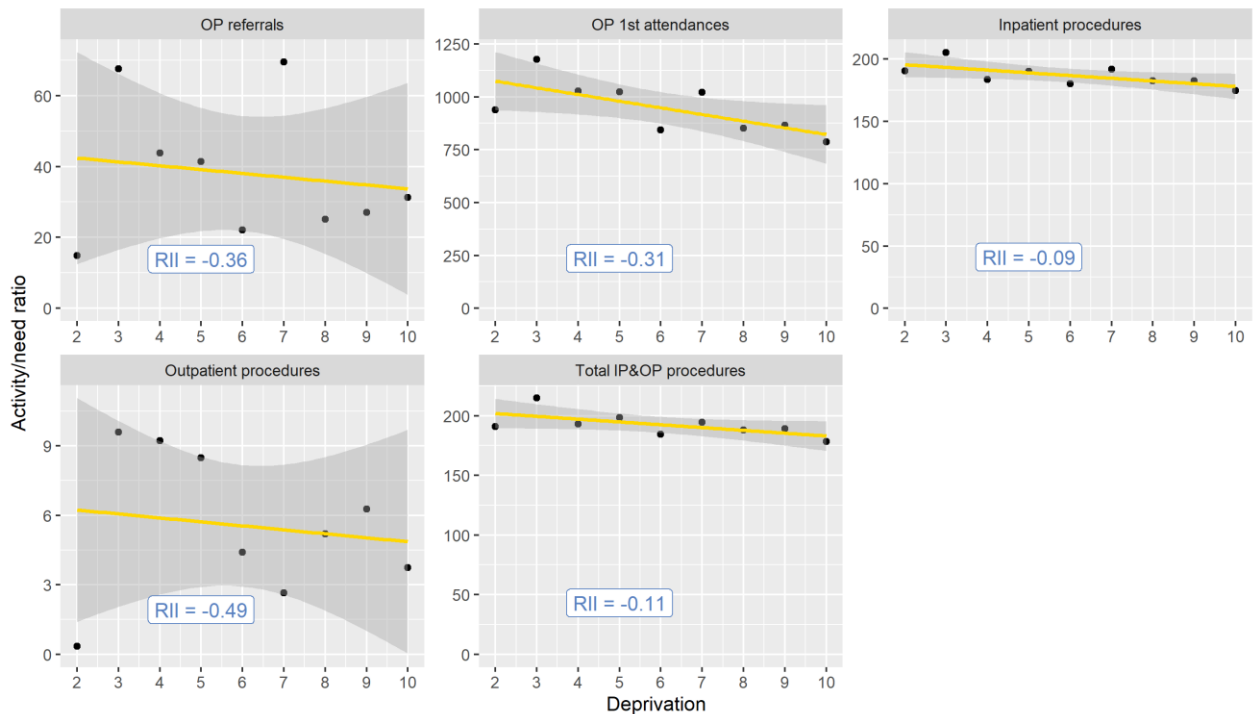
Provision of treatment for COPD in Derbyshire STP follows a similar pattern to that seen regionally with exceptions being that there does not appear to be inequality in bronchodilator inhaler prescribing or referral to a specialist.

# Cataracts

## Midlands Region



## JOINED UP CARE DERBYSHIRE STP



	REGION			JOINED UP CARE DERBYSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	-0.36	-1.54	0.82
1st OP attendances	-0.51	-0.70	-0.33	-0.31	-0.53	-0.09
Inpatient procedures	-0.18	-0.25	-0.11	-0.09	-0.18	-0.01
Outpatient procedures	0.20	-0.13	0.53	-0.49	-1.72	0.74
Total procedures	-0.16	-0.24	-0.09	-0.11	-0.20	-0.01

## Summary

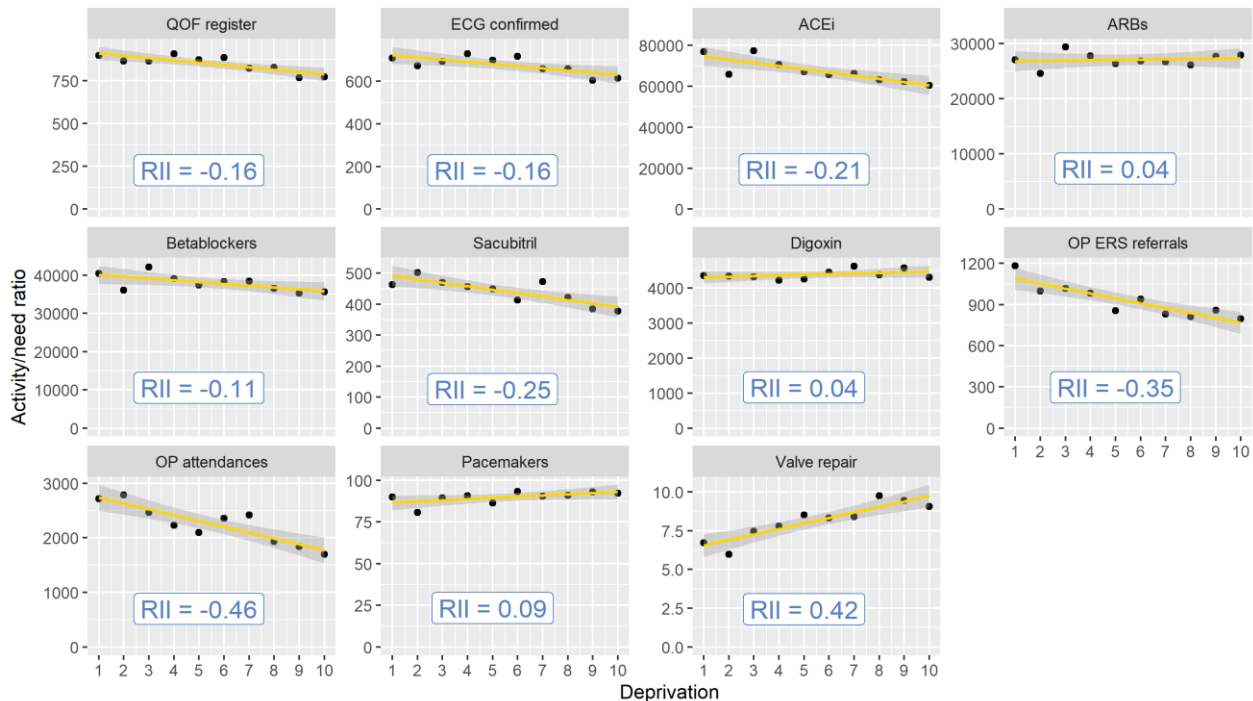
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

A similar pattern is seen in Derbyshire although the scale of the inequity is smaller than that seen regionally.

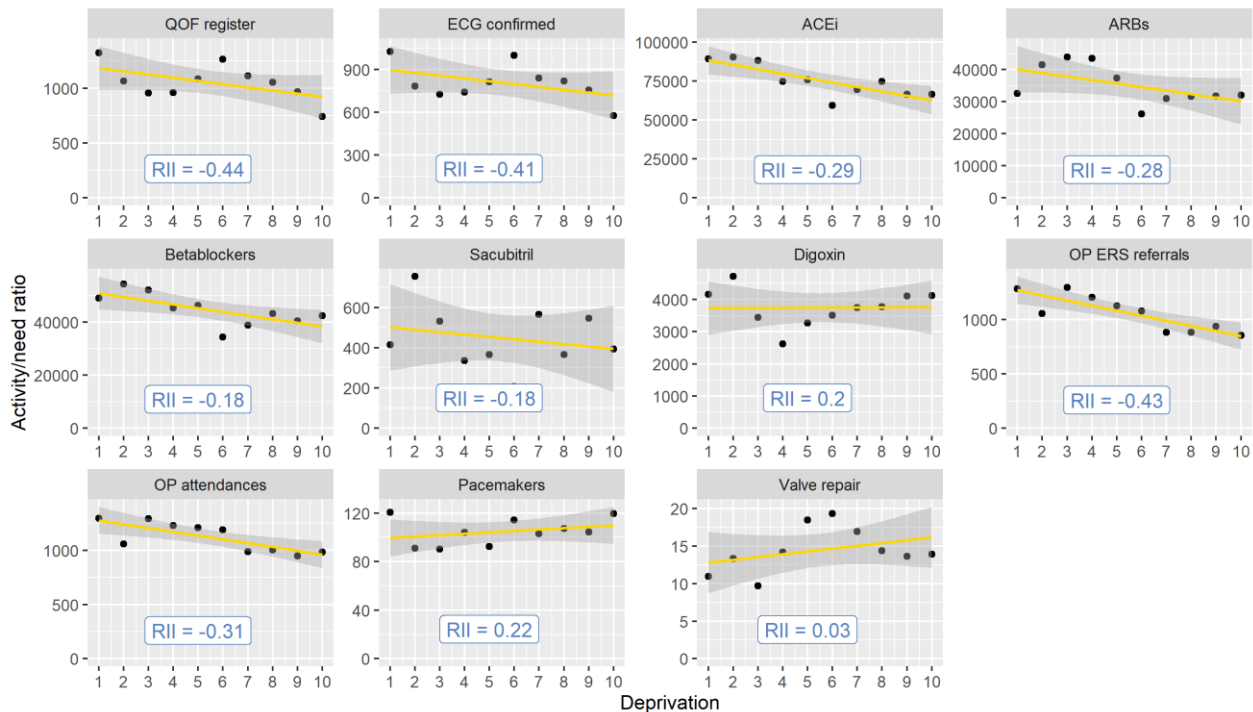
# Leicester, Leicestershire and Rutland

## Heart Failure

### Midlands Region



### LEICESTER LEICESTERSHIRE AND RUTLAND STP



	REGION			LEICESTER LEICESTERSHIRE AND RUTLAND STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.44	-0.74	-0.14
ECG confirmed	-0.16	-0.26	-0.05	-0.41	-0.73	-0.08
ACEi	-0.21	-0.33	-0.09	-0.29	-0.51	-0.07
ARBs	0.04	-0.08	0.15	-0.28	-0.62	0.05
Betablockers	-0.11	-0.22	0.00	-0.18	-0.43	0.08
sacubitril	-0.25	-0.40	-0.10	-0.18	-0.89	0.53
digoxin	0.04	-0.04	0.12	0.20	-0.08	0.49
OP ERS referrals	-0.35	-0.53	-0.18	-0.43	-0.70	-0.17
OP attendances	-0.46	-0.68	-0.25	-0.31	-0.52	-0.10
Pacemakers	0.09	0.00	0.18	0.22	0.05	0.40
Valve repair	0.42	0.24	0.60	0.03	-0.41	0.47

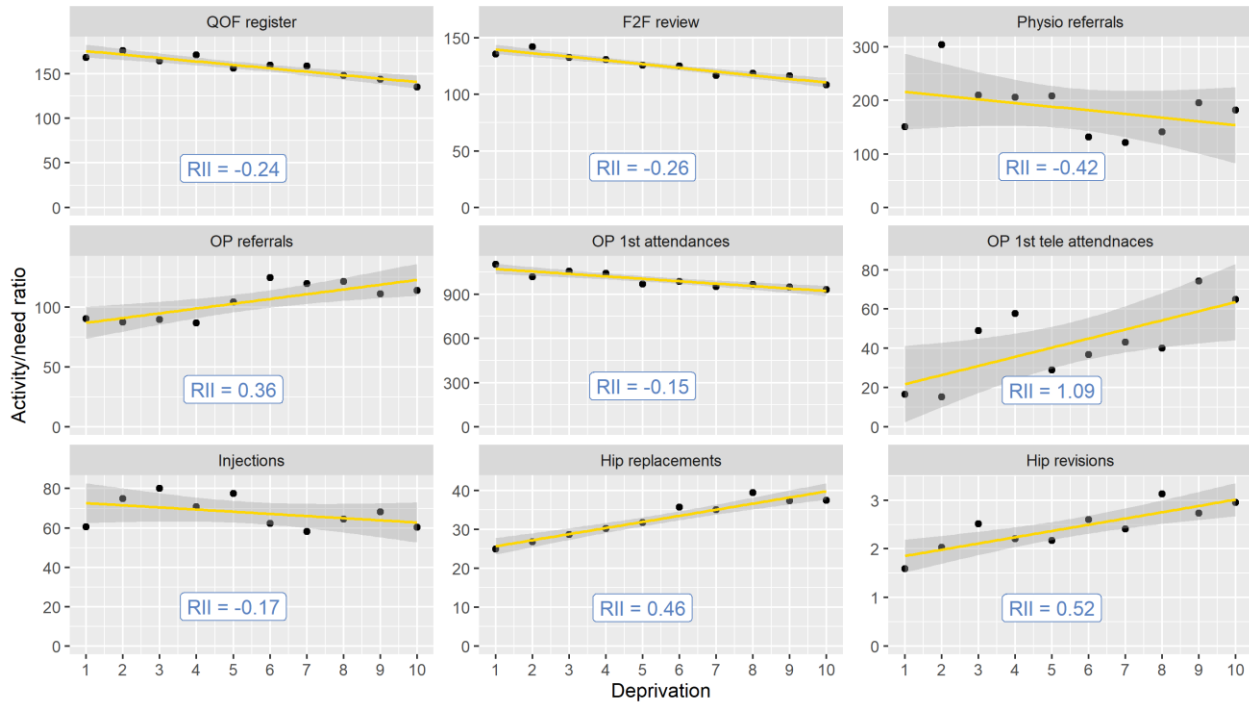
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

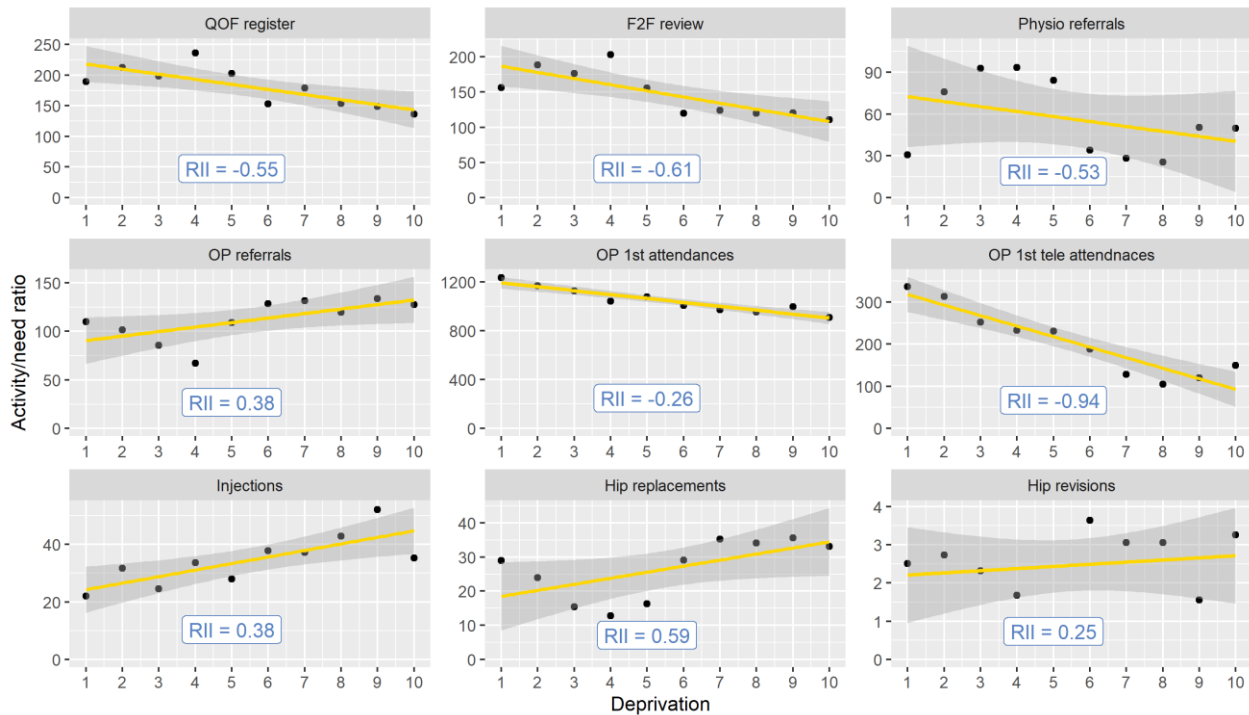
In Leicester, Leicestershire and Rutland STP a similar pattern is seen.

# Hip arthritis

## MIDLANDS REGION



## LEICESTER LEICESTERSHIRE AND RUTLAND STP



	REGION			LEICESTER LEICESTERSHIRE AND RUTLAND STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.55	-0.80	-0.29
F2F review	-0.26	-0.32	-0.19	-0.61	-0.98	-0.23
Physio referrals	-0.42	-1.16	0.31	-0.53	-1.74	0.68
OP referrals	0.36	0.12	0.60	0.38	0.03	0.73
OP attendances	-0.15	-0.22	-0.08	-0.26	-0.38	-0.13
OP telephone attendances	1.09	0.25	1.92	-0.94	-1.74	-0.14
Injections	-0.17	-0.44	0.10	0.38	-0.17	0.93
Hip replacement	0.46	0.33	0.59	0.59	0.04	1.14
Hip revision	0.52	0.26	0.77	0.25	-0.54	1.04

## Summary

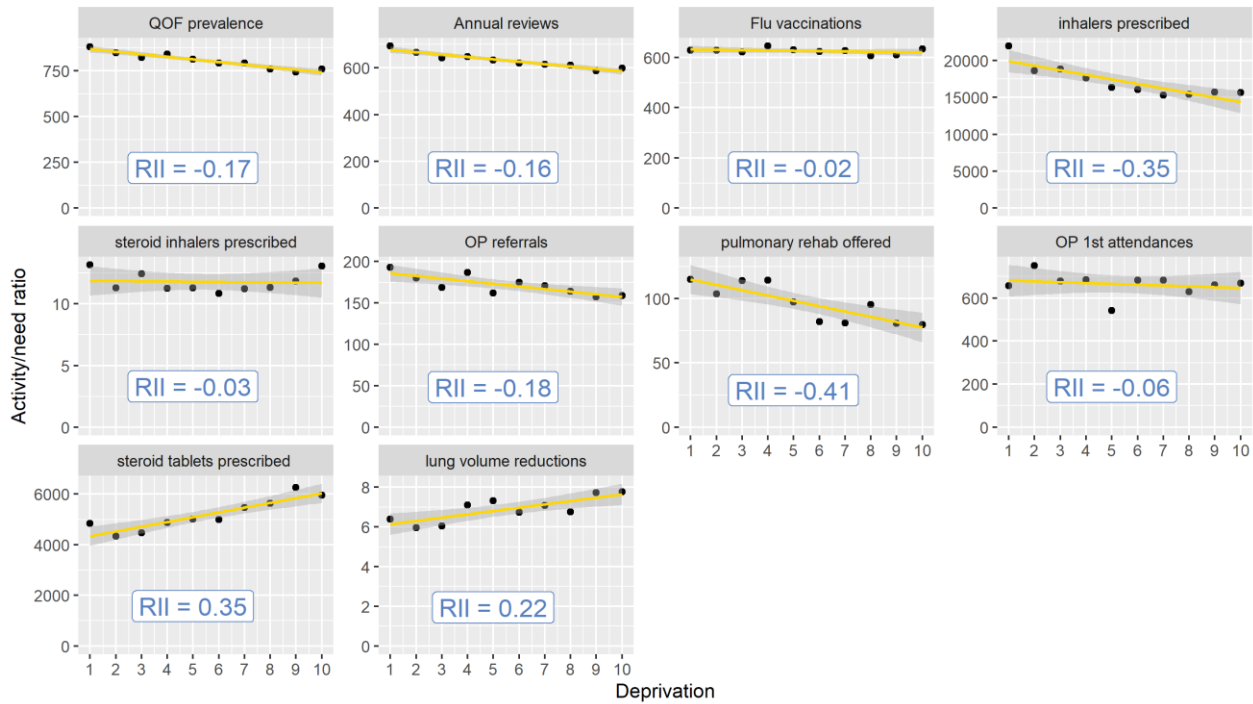
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In Leicester, Leicestershire and Rutland STP a similar pattern is seen with the exception that patients from more deprived areas are more likely to have a telephone consultation with a specialist which is the opposite to that seen at the regional level. The scale of inequality on the first two measures relating to GP identification and review is also greater than that seen regionally.

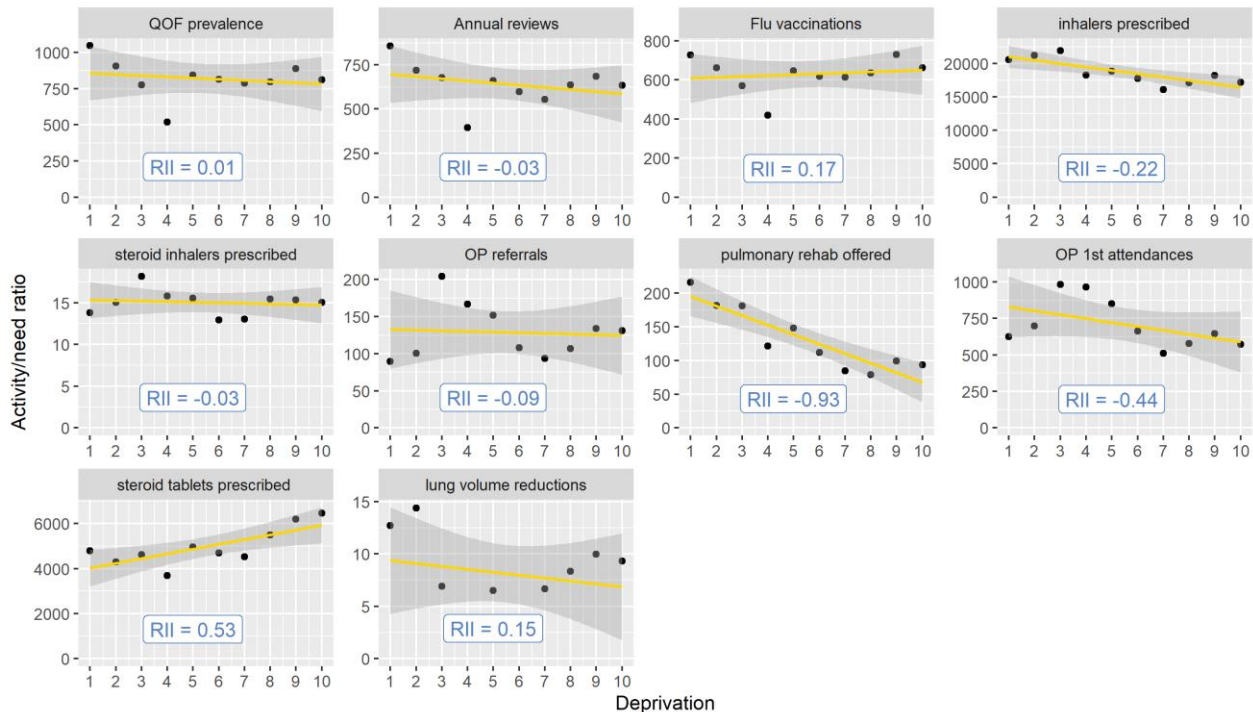


# COPD

## MIDLANDS REGION



## LEICESTER LEICESTERSHIRE AND RUTLAND STP



	REGION			LEICESTER LEICESTERSHIRE AND RUTLAND STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	0.01	-0.35	0.37
Annual review	-0.16	-0.20	-0.12	-0.03	-0.45	0.38
Flu vaccination	-0.02	-0.07	0.02	0.17	-0.14	0.48
Inhalers prescribed	-0.35	-0.52	-0.19	-0.22	-0.43	0.00
Steroid inhalers prescribed	-0.03	-0.21	0.16	-0.03	-0.28	0.23
ERS OP referrals	-0.18	-0.29	-0.07	-0.09	-0.80	0.63
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.93	-1.61	-0.26
1st OP attendances	-0.06	-0.29	0.16	-0.44	-0.99	0.10
Steroid tablets	0.35	0.22	0.48	0.53	0.32	0.75
Lung volume reduction	0.22	0.07	0.38	0.15	-0.78	1.08

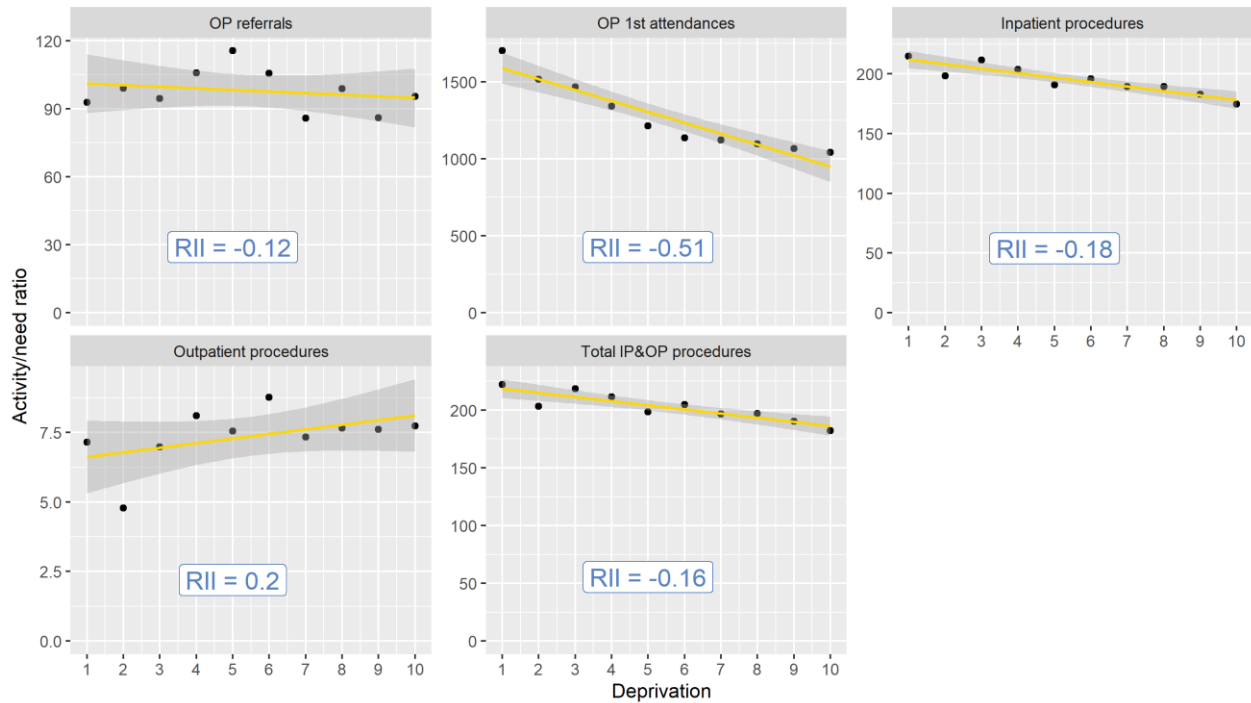
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

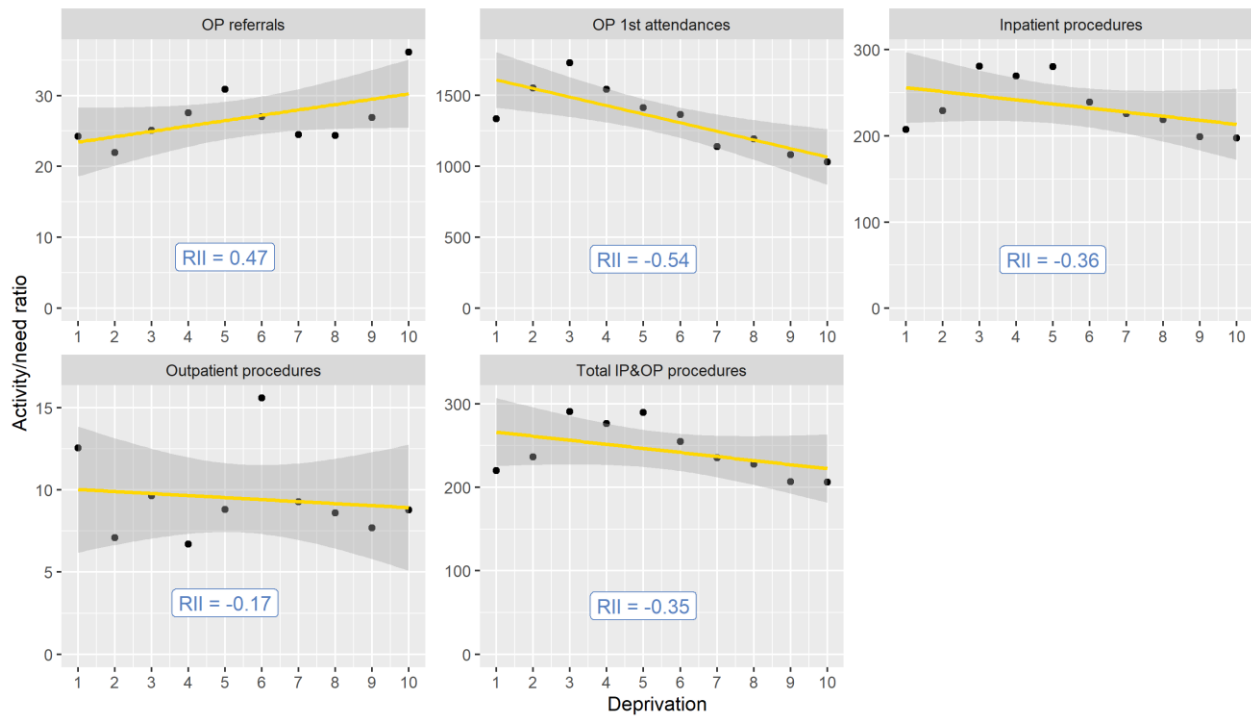
As is the case regionally patients in Leicester, Leicestershire and Rutland STP from more deprived areas are more likely to be prescribed inhalers and be offered pulmonary rehabilitation and less likely to be prescribed steroid tablets but there does not appear to be significant inequality in GP identification or review.

# Cataracts

## Midlands Region



## LEICESTER LEICESTERSHIRE AND RUTLAND STP



	REGION			LEICESTER LEICESTERSHIRE AND RUTLAND STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	0.47	0.17	0.78
1st OP attendances	-0.51	-0.70	-0.33	-0.54	-0.80	-0.27
Inpatient procedures	-0.18	-0.25	-0.11	-0.36	-0.58	-0.14
Outpatient procedures	0.20	-0.13	0.53	-0.17	-0.71	0.38
Total procedures	-0.16	-0.24	-0.09	-0.35	-0.56	-0.14

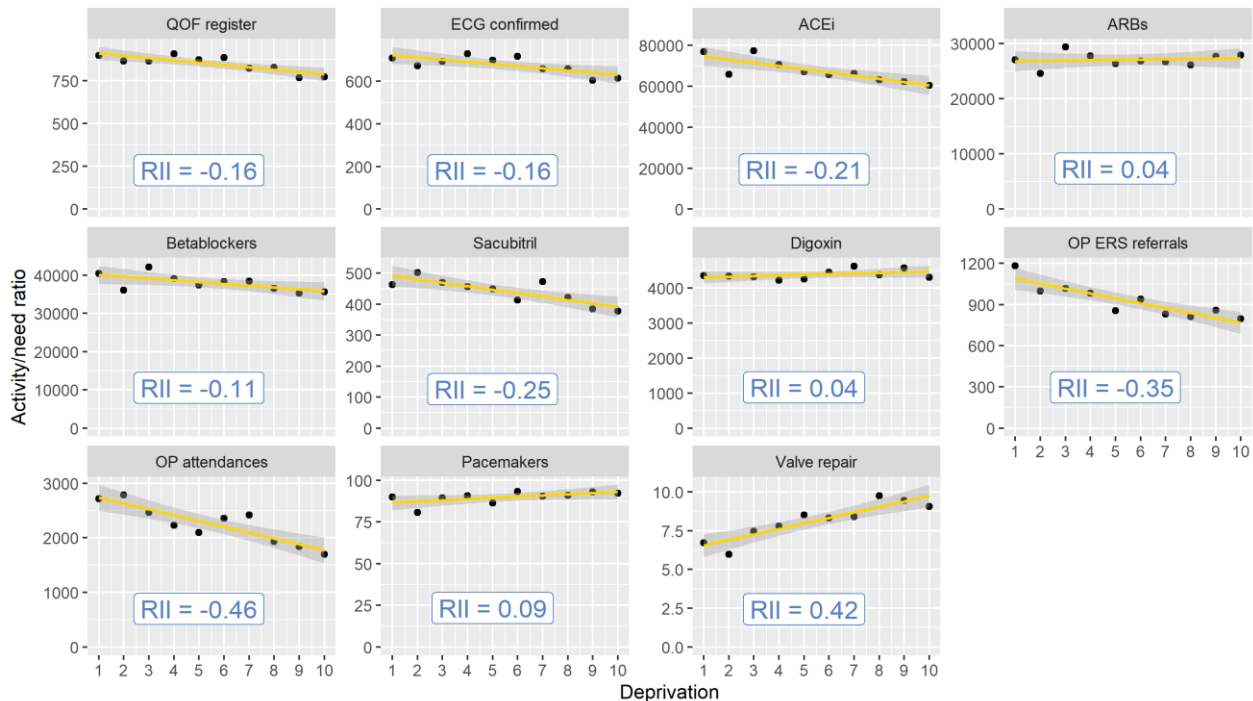
## Summary

The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

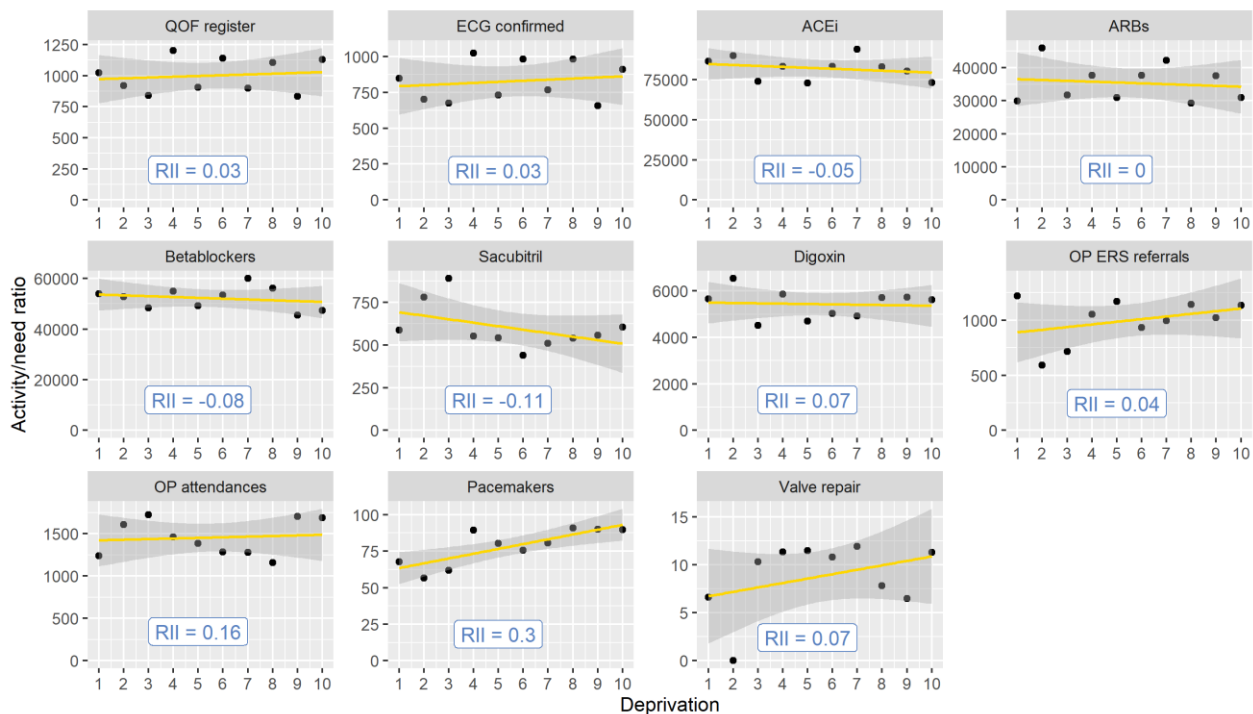
A similar pattern is seen in Leicester, Leicestershire and Rutland STP except that patients in less deprived areas are more likely to be referred to a specialist.

## Heart Failure

### Midlands Region



### LINCOLNSHIRE STP



	REGION			LINCOLNSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	0.03	-0.32	0.38
ECG confirmed	-0.16	-0.26	-0.05	0.03	-0.39	0.46
ACEi	-0.21	-0.33	-0.09	-0.05	-0.28	0.17
ARBs	0.04	-0.08	0.15	0.00	-0.39	0.39
Betablockers	-0.11	-0.22	0.00	-0.08	-0.31	0.15
sacubitril	-0.25	-0.40	-0.10	-0.11	-0.56	0.33
digoxin	0.04	-0.04	0.12	0.07	-0.18	0.32
OP ERS referrals	-0.35	-0.53	-0.18	0.04	-0.32	0.40
OP attendances	-0.46	-0.68	-0.25	0.16	-0.22	0.55
Pacemakers	0.09	0.00	0.18	0.30	0.09	0.51
Valve repair	0.42	0.24	0.60	0.07	-0.66	0.81

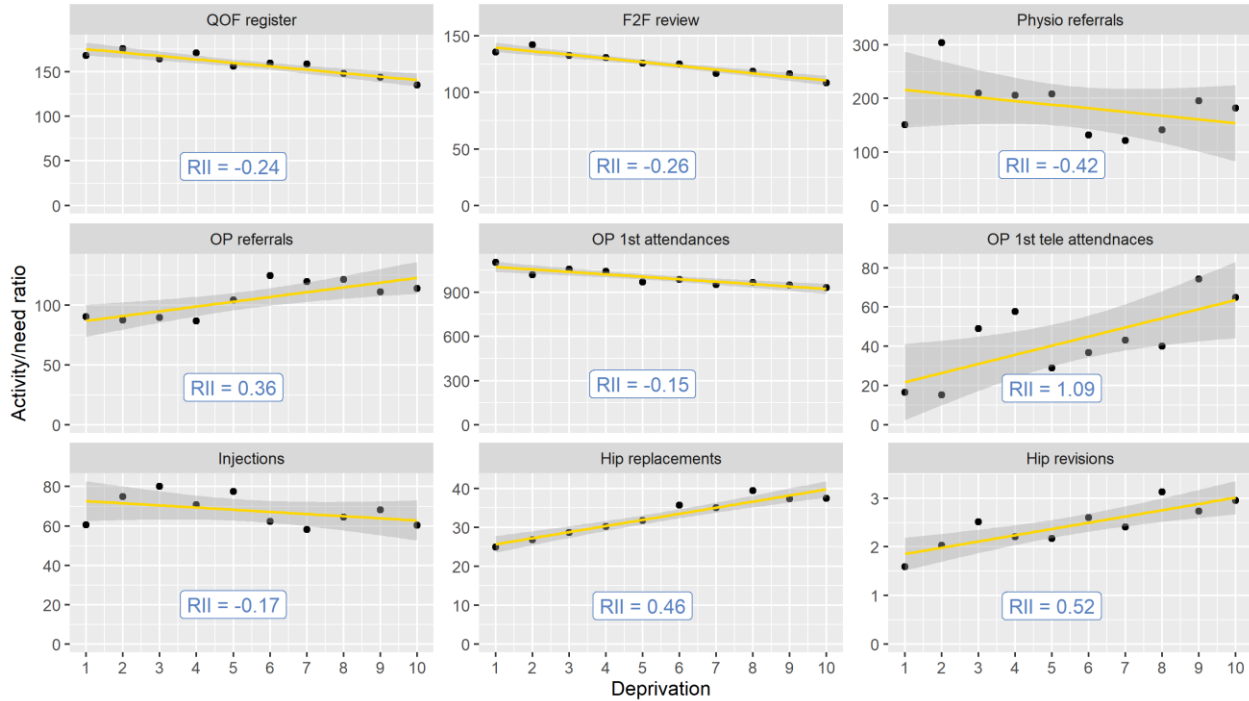
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

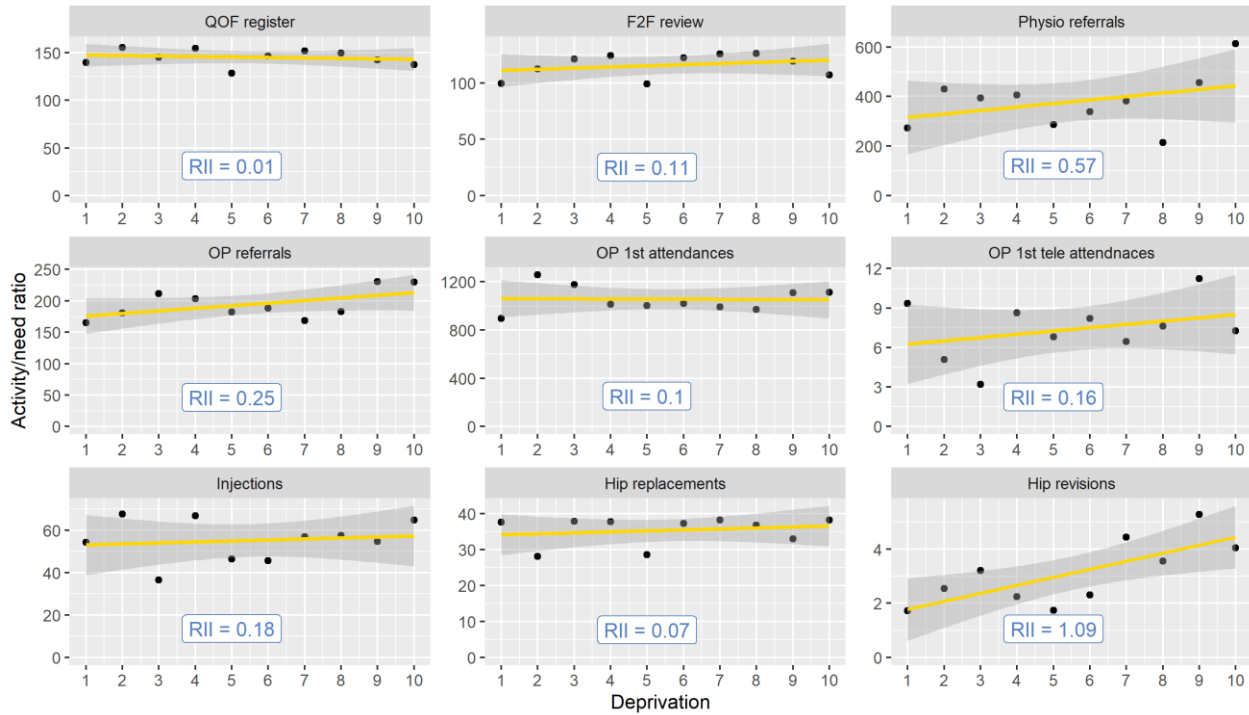
In Lincolnshire STP there does not appear to be significant inequality across the pathway except for in the later stages where patients living in the least deprived areas are more likely to have a pacemaker fitted.

# Hip arthritis

## MIDLANDS REGION



## LINCOLNSHIRE STP



	REGION			LINCOLNSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	0.01	-0.16	0.18
F2F review	-0.26	-0.32	-0.19	0.11	-0.15	0.36
Physio referrals	-0.42	-1.16	0.31	0.57	-0.21	1.36
OP referrals	0.36	0.12	0.60	0.25	-0.02	0.51
OP attendances	-0.15	-0.22	-0.08	0.10	-0.09	0.30
OP telephone attendances	1.09	0.25	1.92	0.16	-0.46	0.77
Injections	-0.17	-0.44	0.10	0.18	-0.20	0.57
Hip replacement	0.46	0.33	0.59	0.07	-0.22	0.36
Hip revision	0.52	0.26	0.77	1.09	0.43	1.75

## Summary

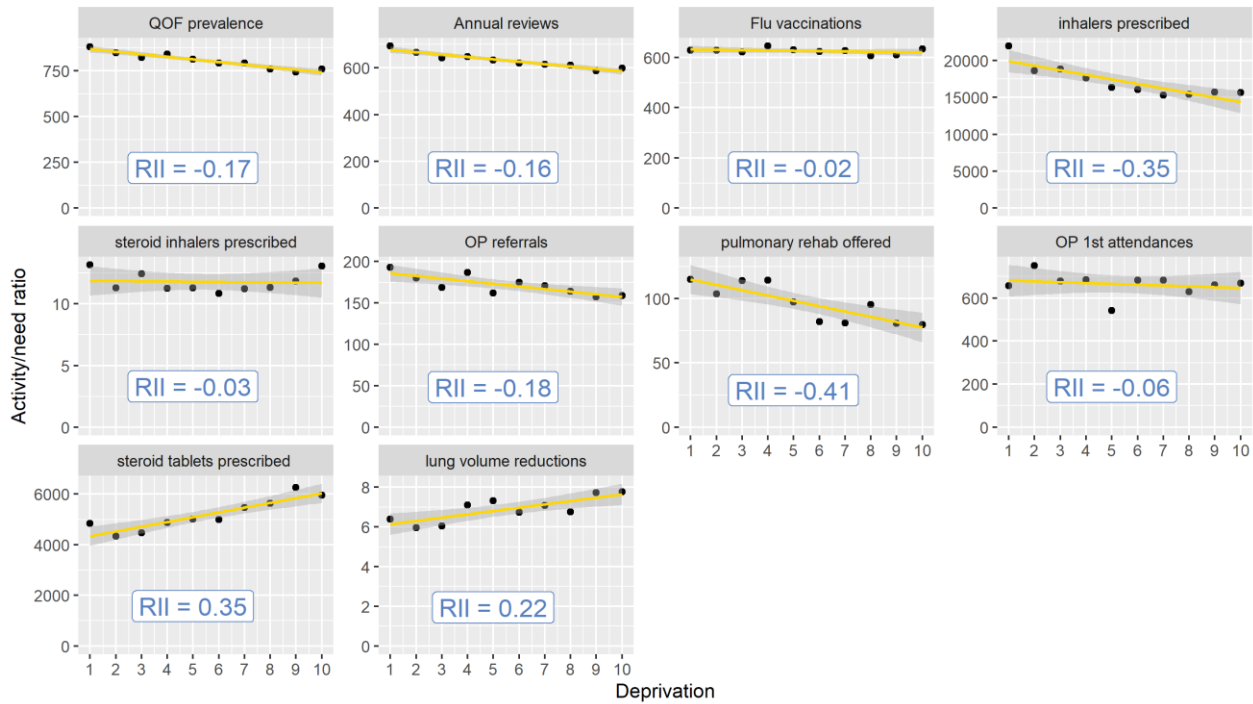
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In Lincolnshire STP there does not appear to be significant inequality on most of the measures, the exception being that patients from less deprived areas are more likely to receive a hip revision.

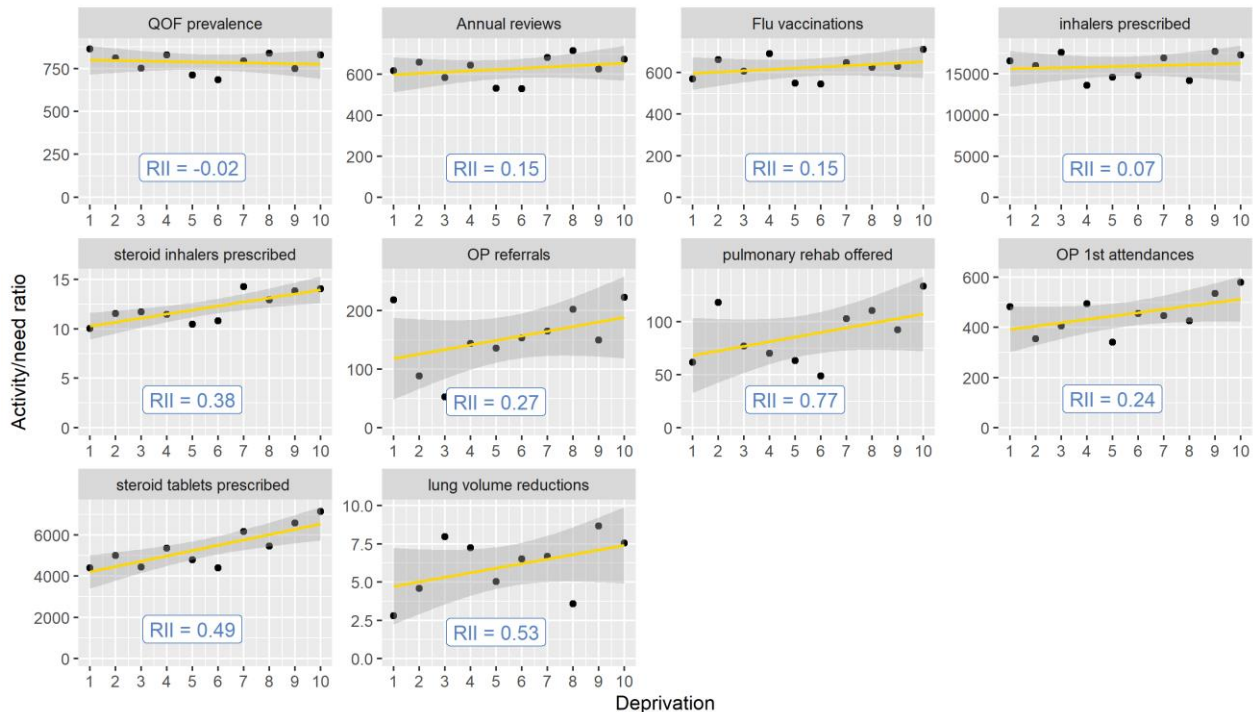


# COPD

## MIDLANDS REGION



## LINCOLNSHIRE STP



	REGION			LINCOLNSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.02	-0.25	0.21
Annual review	-0.16	-0.20	-0.12	0.15	-0.12	0.43
Flu vaccination	-0.02	-0.07	0.02	0.15	-0.08	0.38
Inhalers prescribed	-0.35	-0.52	-0.19	0.07	-0.19	0.32
Steroid inhalers prescribed	-0.03	-0.21	0.16	0.38	0.17	0.59
ERS OP referrals	-0.18	-0.29	-0.07	0.27	-0.45	0.98
Offered pulmonary rehab	-0.41	-0.63	-0.19	0.77	0.10	1.43
1st OP attendances	-0.06	-0.29	0.16	0.24	-0.17	0.65
Steroid tablets	0.35	0.22	0.48	0.49	0.20	0.77
Lung volume reduction	0.22	0.07	0.38	0.53	-0.29	1.35

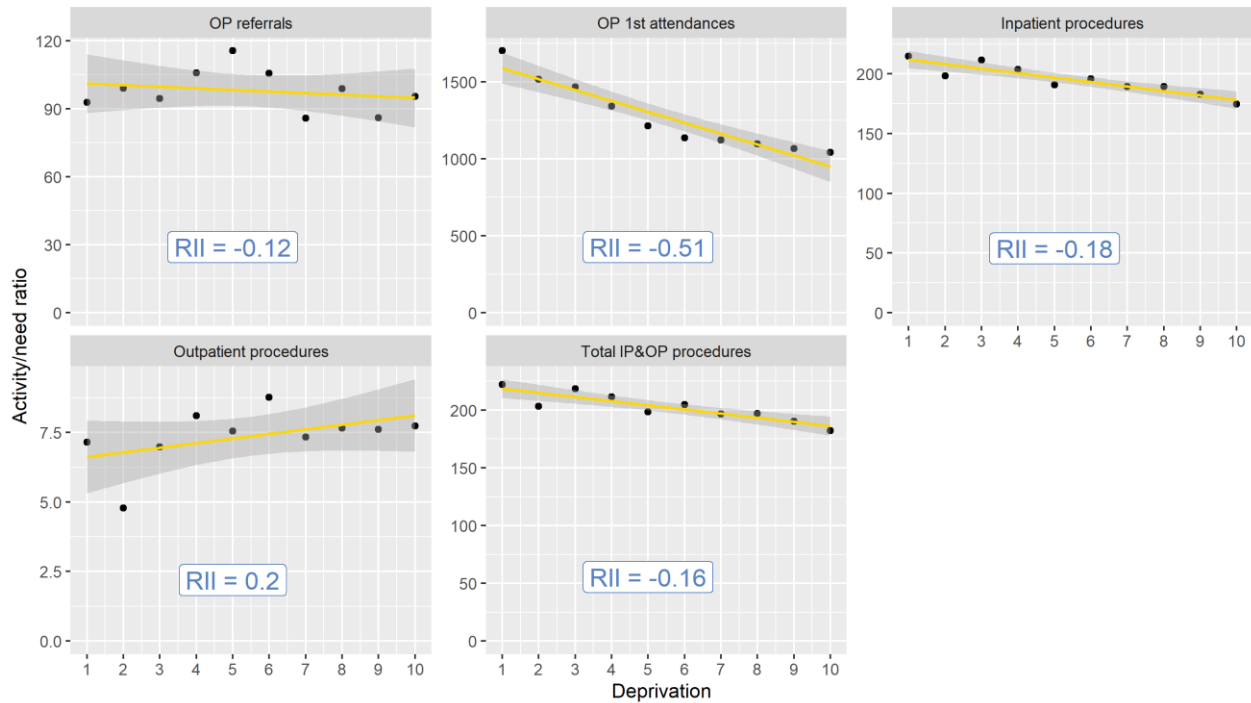
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

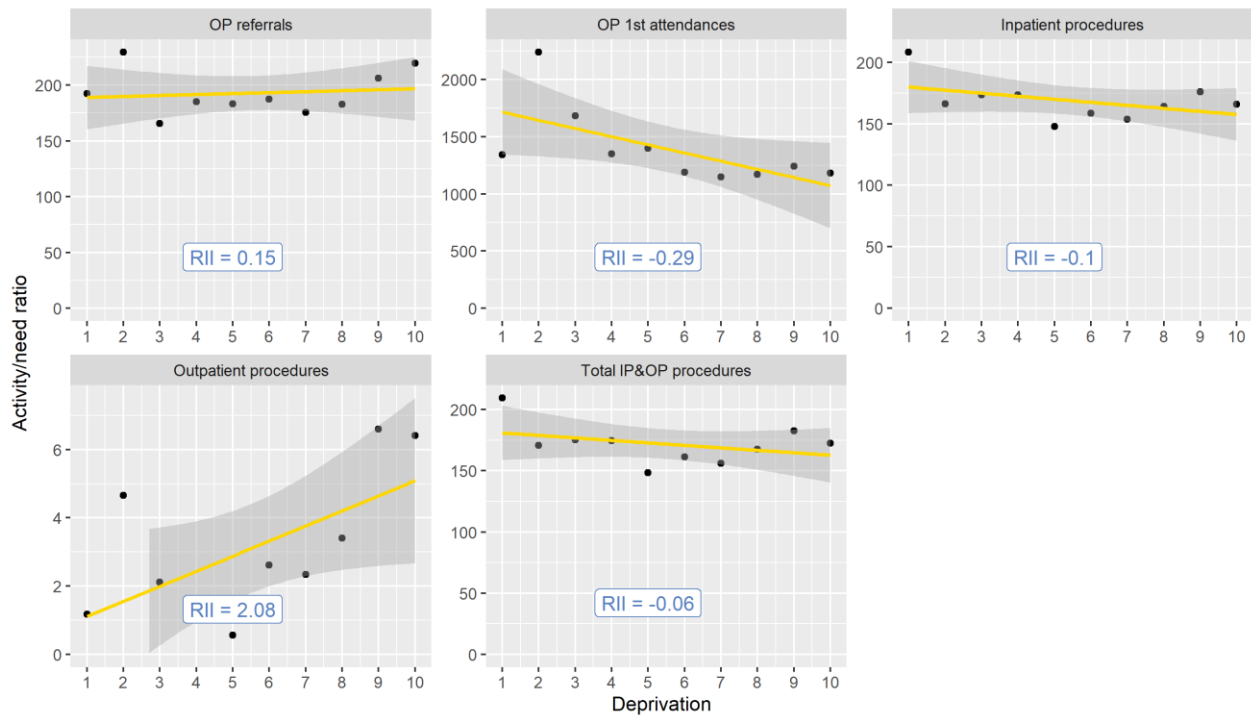
As is the case regionally patients in Lincolnshire STP from more deprived areas are more likely to be prescribed steroid tablets but in contrast they are less likely to be offered pulmonary rehabilitation or prescribed steroid inhalers. There appears to be little inequality across the first three primary care management measures.

# Cataracts

## Midlands Region



## LINCOLNSHIRE STP



	REGION			LINCOLNSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	0.15	-0.05	0.34
1st OP attendances	-0.51	-0.70	-0.33	-0.29	-0.61	0.03
Inpatient procedures	-0.18	-0.25	-0.11	-0.10	-0.36	0.17
Outpatient procedures	0.20	-0.13	0.53	2.08	1.04	3.12
Total procedures	-0.16	-0.24	-0.09	-0.06	-0.33	0.21

## Summary

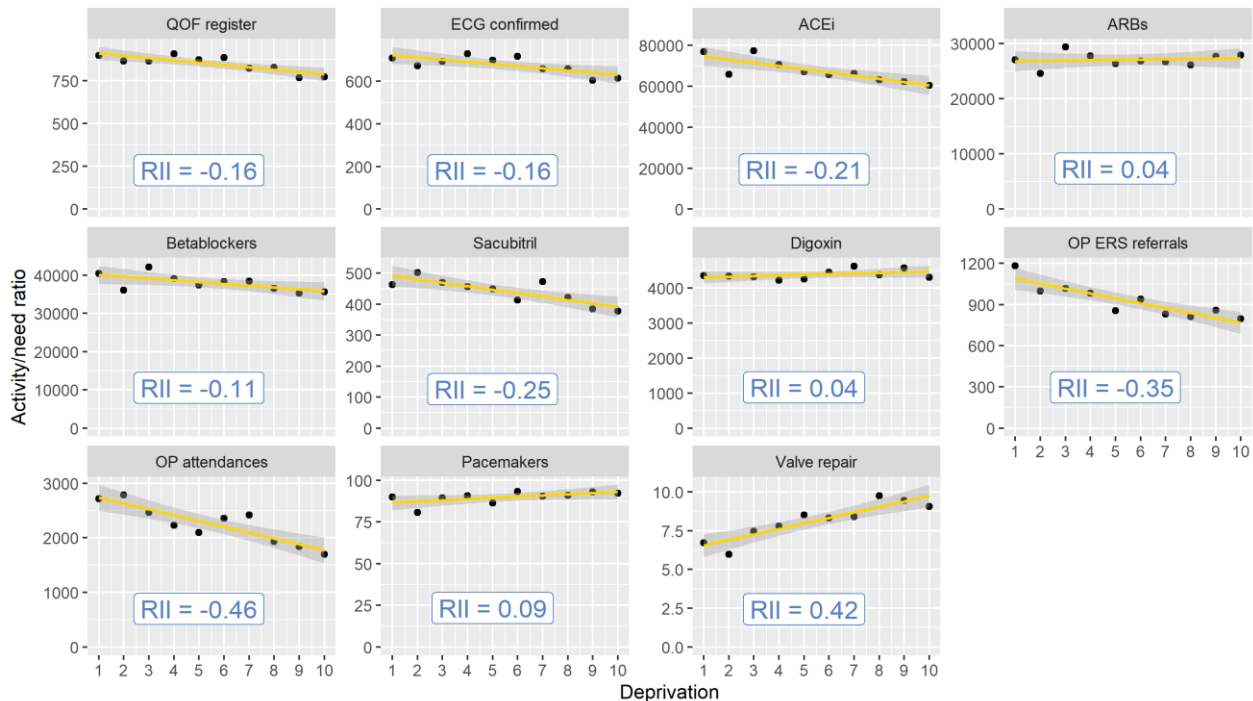
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

There does not appear to be significant inequity on most of the measures in Lincolnshire with the exception that patients from less deprived area are more likely to be treated in an outpatient setting.

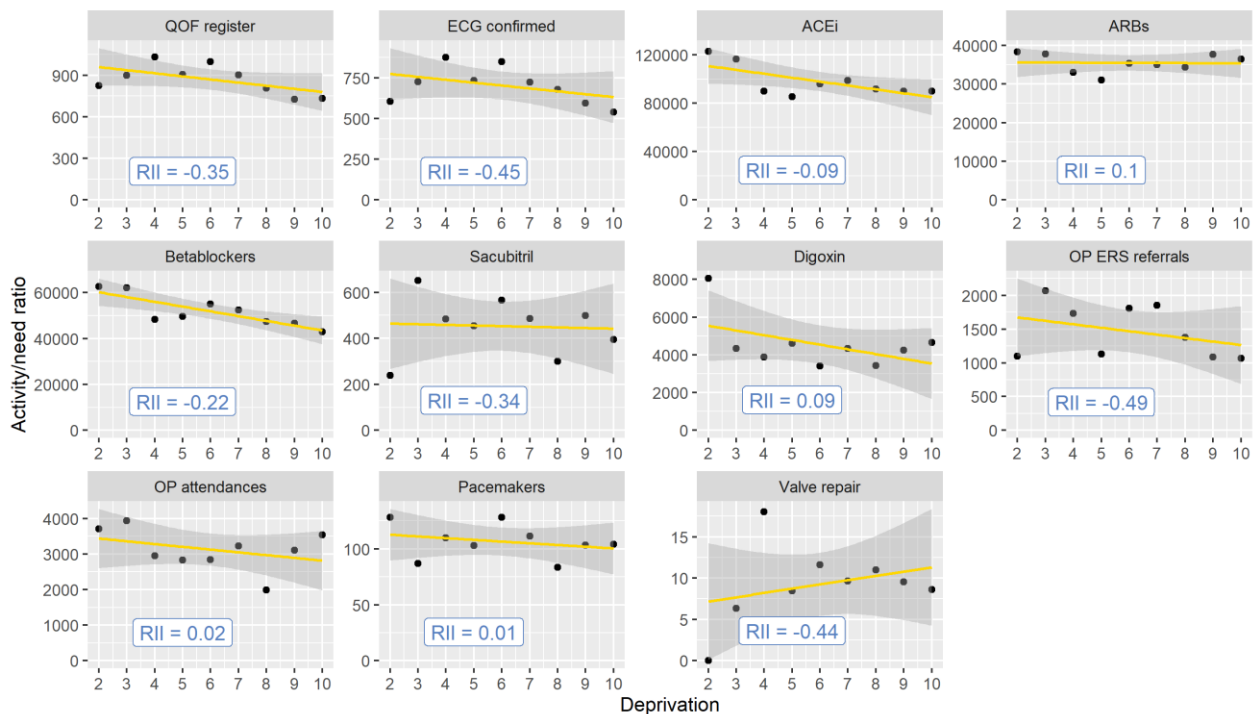
# Northamptonshire

## Heart Failure

### Midlands Region



### NORTHAMPTONSHIRE STP



	REGION			NORTHAMPTONSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.35	-0.60	-0.11
ECG confirmed	-0.16	-0.26	-0.05	-0.45	-0.77	-0.13
ACEi	-0.21	-0.33	-0.09	-0.09	-0.37	0.19
ARBs	0.04	-0.08	0.15	0.10	-0.09	0.30
Betablockers	-0.11	-0.22	0.00	-0.22	-0.49	0.04
sacubitril	-0.25	-0.40	-0.10	-0.34	-0.80	0.13
digoxin	0.04	-0.04	0.12	0.09	-0.25	0.43
OP ERS referrals	-0.35	-0.53	-0.18	-0.49	-1.20	0.22
OP attendances	-0.46	-0.68	-0.25	0.02	-0.45	0.50
Pacemakers	0.09	0.00	0.18	0.01	-0.35	0.36
Valve repair	0.42	0.24	0.60	-0.44	-1.51	0.63

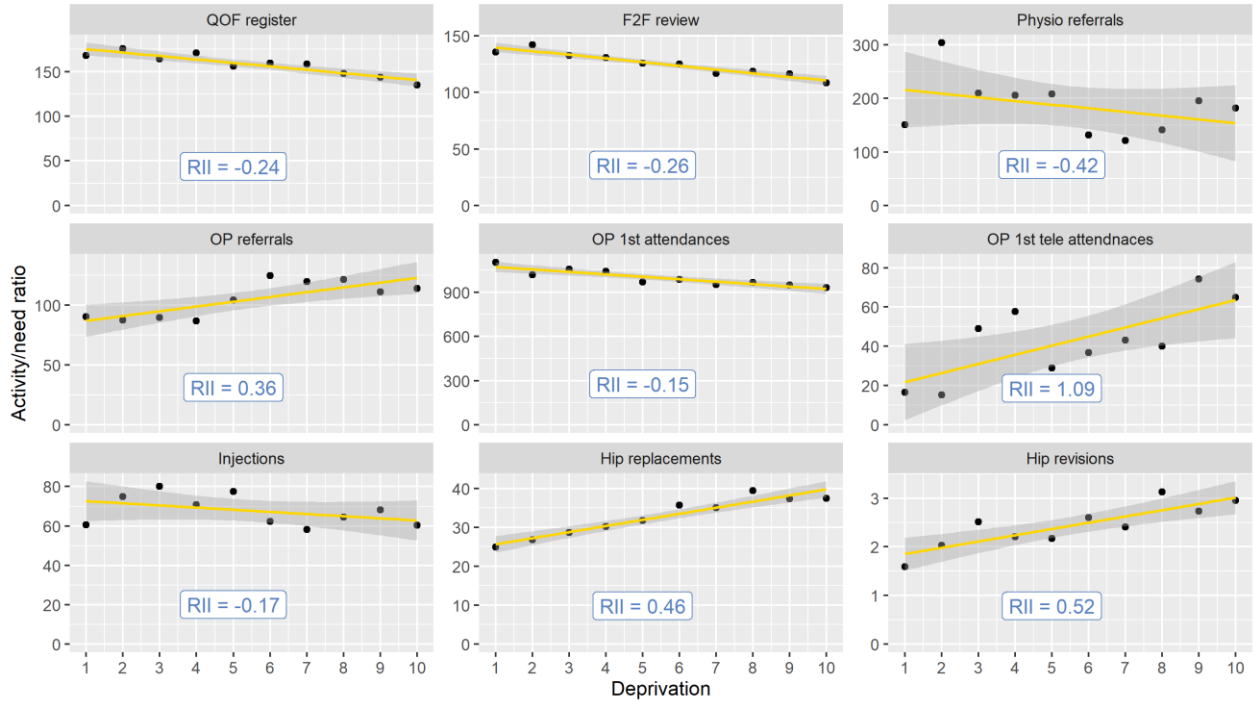
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

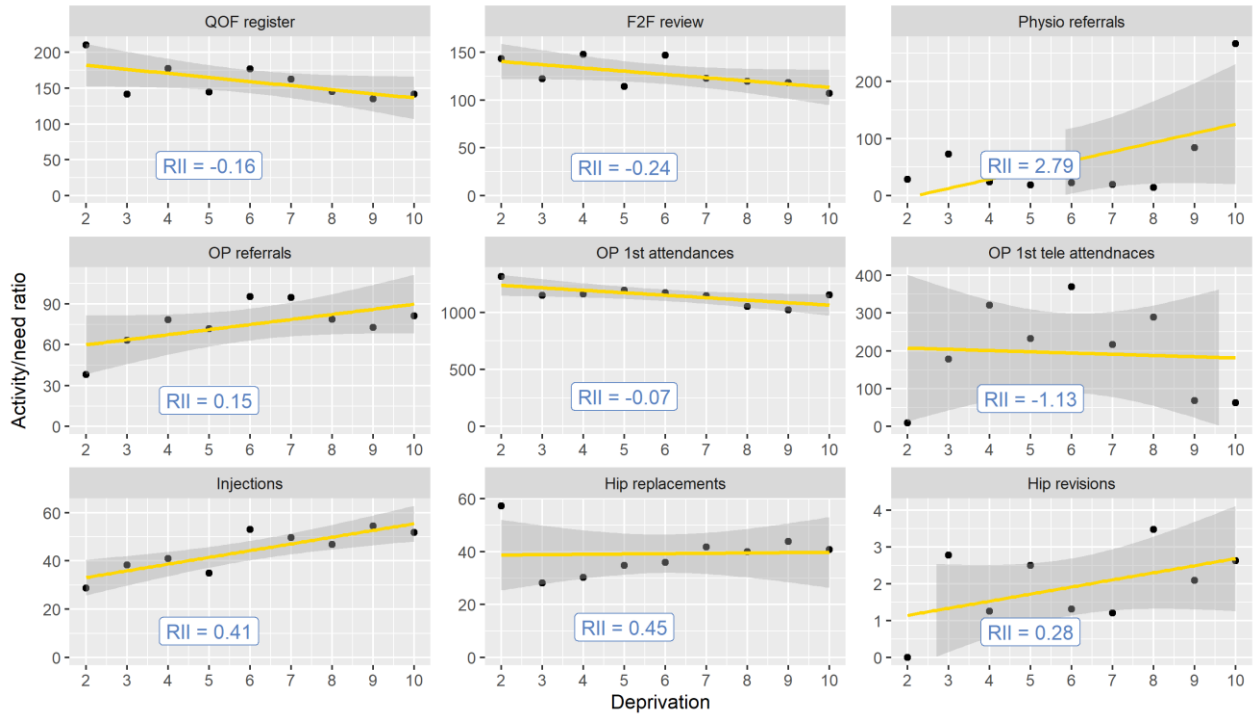
In Northamptonshire STP whilst, as across the region, patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register and have their diagnosis confirmed there does not appear to be significant inequality across the rest of the pathway.

# Hip arthritis

## MIDLANDS REGION



## NORTHAMPTONSHIRE STP



	REGION			NORTHAMPTONSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.16	-0.48	0.16
F2F review	-0.26	-0.32	-0.19	-0.24	-0.56	0.09
Physio referrals	-0.42	-1.16	0.31	2.79	-0.57	6.15
OP referrals	0.36	0.12	0.60	0.15	-0.27	0.57
OP attendances	-0.15	-0.22	-0.08	-0.07	-0.21	0.07
OP telephone attendances	1.09	0.25	1.92	-1.13	-2.45	0.19
Injections	-0.17	-0.44	0.10	0.41	0.09	0.74
Hip replacement	0.46	0.33	0.59	0.45	0.25	0.65
Hip revision	0.52	0.26	0.77	0.28	-0.97	1.53

## Summary

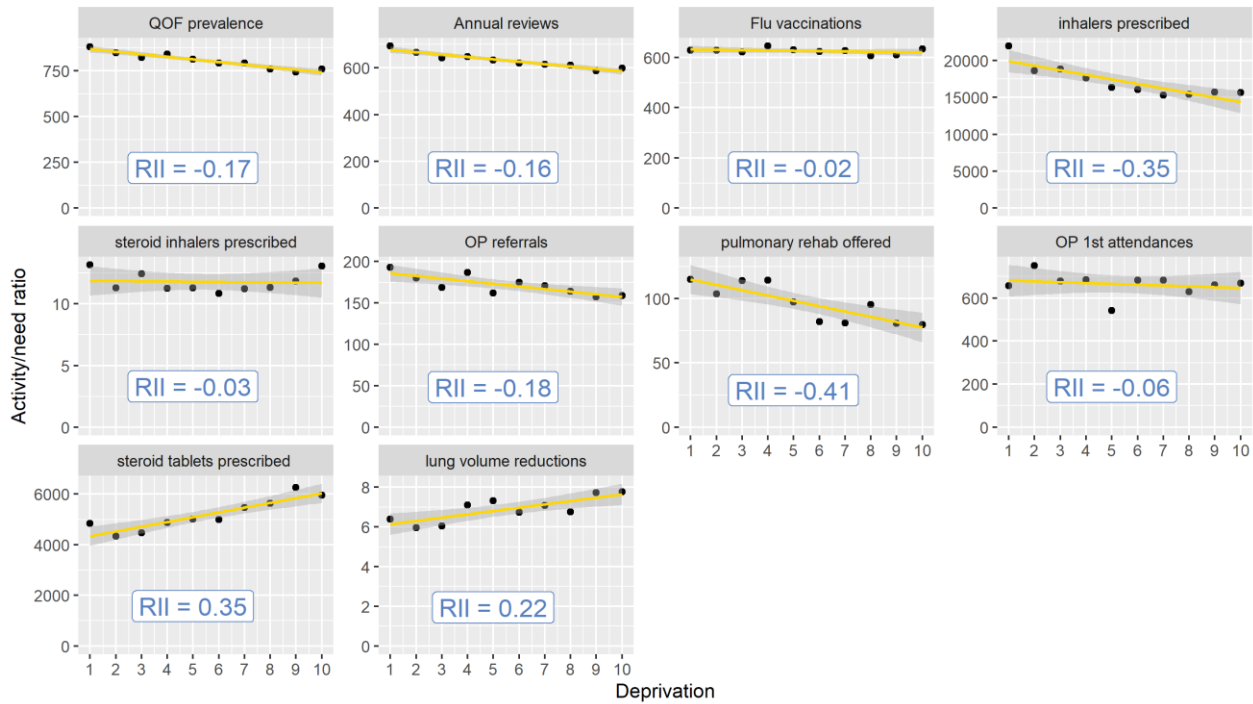
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In Northamptonshire STP patients from less deprived areas are more likely to receive joint injections and hip replacements. On the other measures the charts suggest there may be a degree of inequality they are not statistically significant.

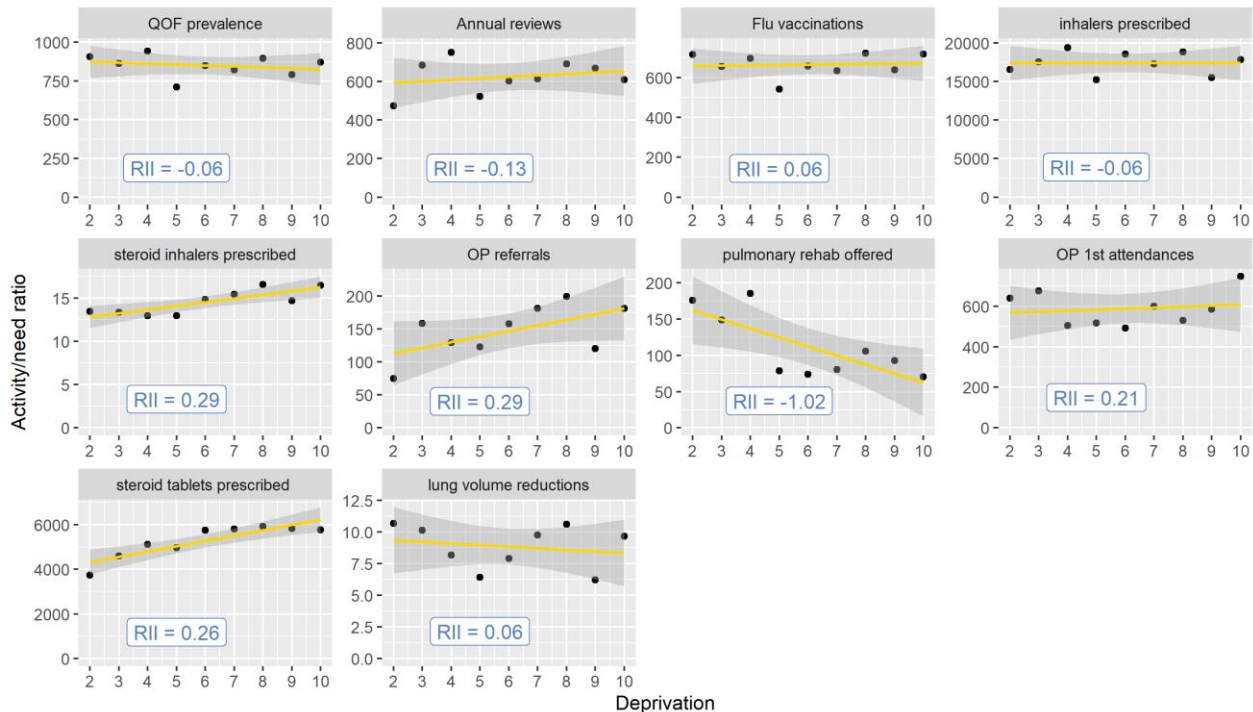


# COPD

## MIDLANDS REGION



## NORTHAMPTONSHIRE STP



	REGION			NORTHAMPTONSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.06	-0.36	0.25
Annual review	-0.16	-0.20	-0.12	-0.13	-0.51	0.26
Flu vaccination	-0.02	-0.07	0.02	0.06	-0.24	0.36
Inhalers prescribed	-0.35	-0.52	-0.19	-0.06	-0.35	0.22
Steroid inhalers prescribed	-0.03	-0.21	0.16	0.29	0.13	0.45
ERS OP referrals	-0.18	-0.29	-0.07	0.29	-0.25	0.83
Offered pulmonary rehab	-0.41	-0.63	-0.19	-1.02	-2.01	-0.02
1st OP attendances	-0.06	-0.29	0.16	0.21	-0.25	0.68
Steroid tablets	0.35	0.22	0.48	0.26	0.12	0.40
Lung volume reduction	0.22	0.07	0.38	0.06	-0.55	0.68

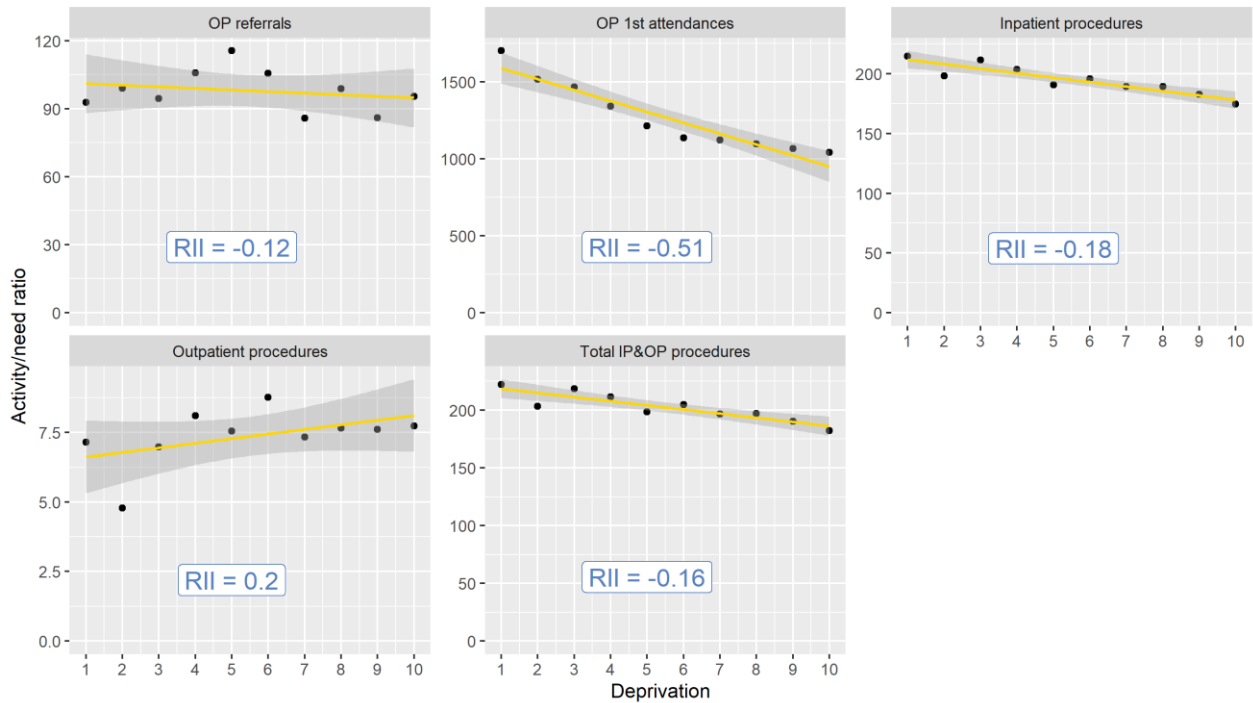
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

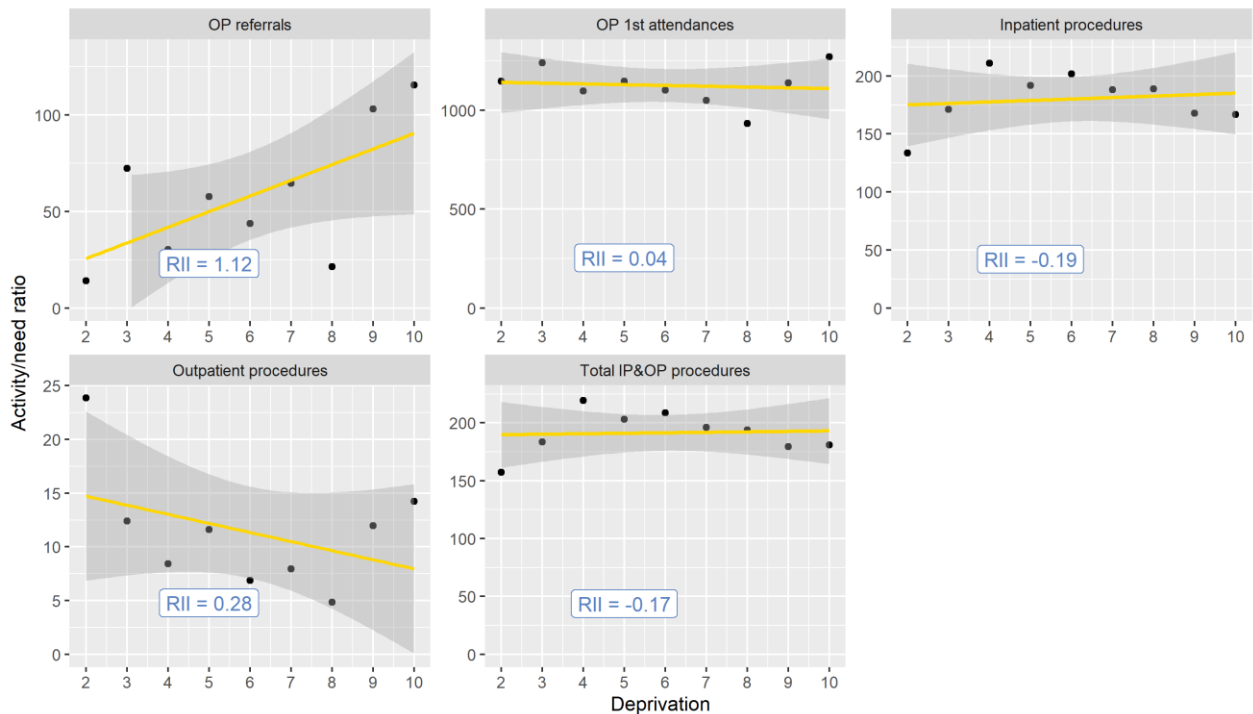
As is the case regionally patients in Northamptonshire STP from more deprived areas are less likely to be prescribed steroid tablets and more likely to be offered pulmonary rehabilitation. Patients from less deprived areas are however more likely to be prescribed steroid inhalers. There does not appear to be significant inequality across other measures.

# Cataracts

## Midlands Region



## NORTHAMPTONSHIRE STP



	REGION			NORTHAMPTONSHIRE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	1.12	-0.02	2.26
1st OP attendances	-0.51	-0.70	-0.33	0.04	-0.23	0.31
Inpatient procedures	-0.18	-0.25	-0.11	-0.19	-0.41	0.03
Outpatient procedures	0.20	-0.13	0.53	0.28	-0.65	1.21
Total procedures	-0.16	-0.24	-0.09	-0.17	-0.34	0.01

## Summary

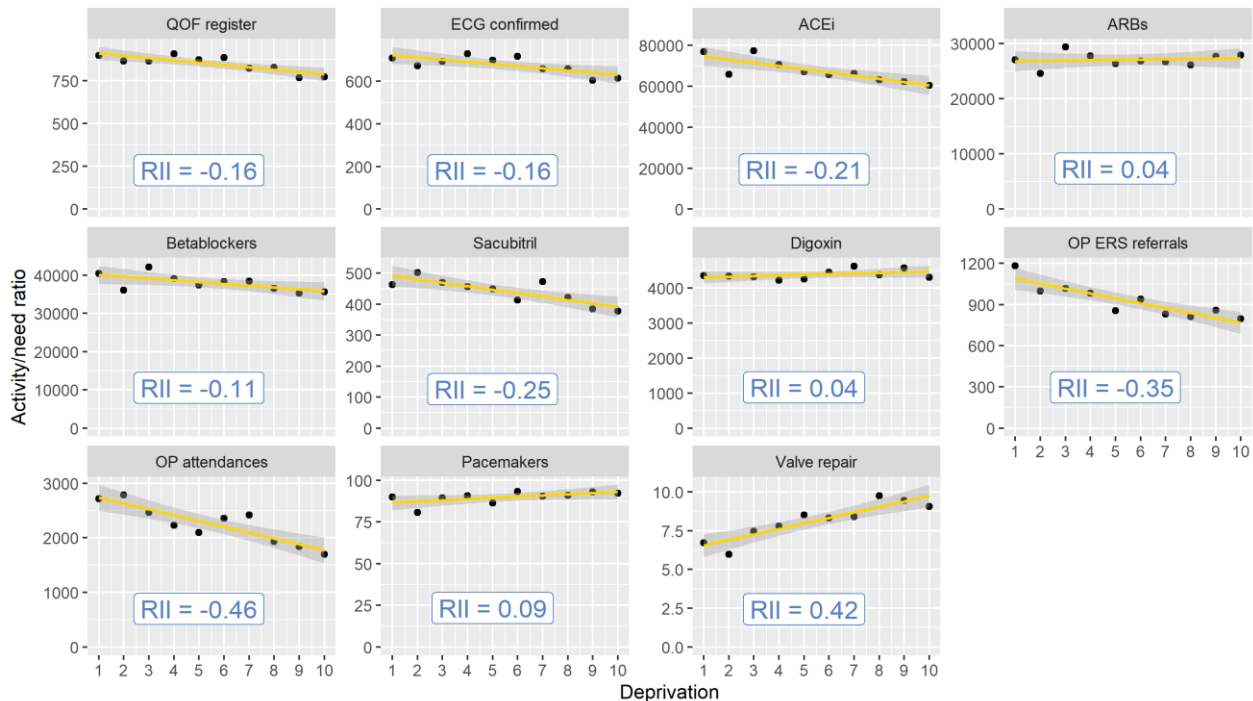
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

There does not appear to be significant inequality on this pathway in Northamptonshire although patients from less deprived areas may be more likely to be referred to a specialist.

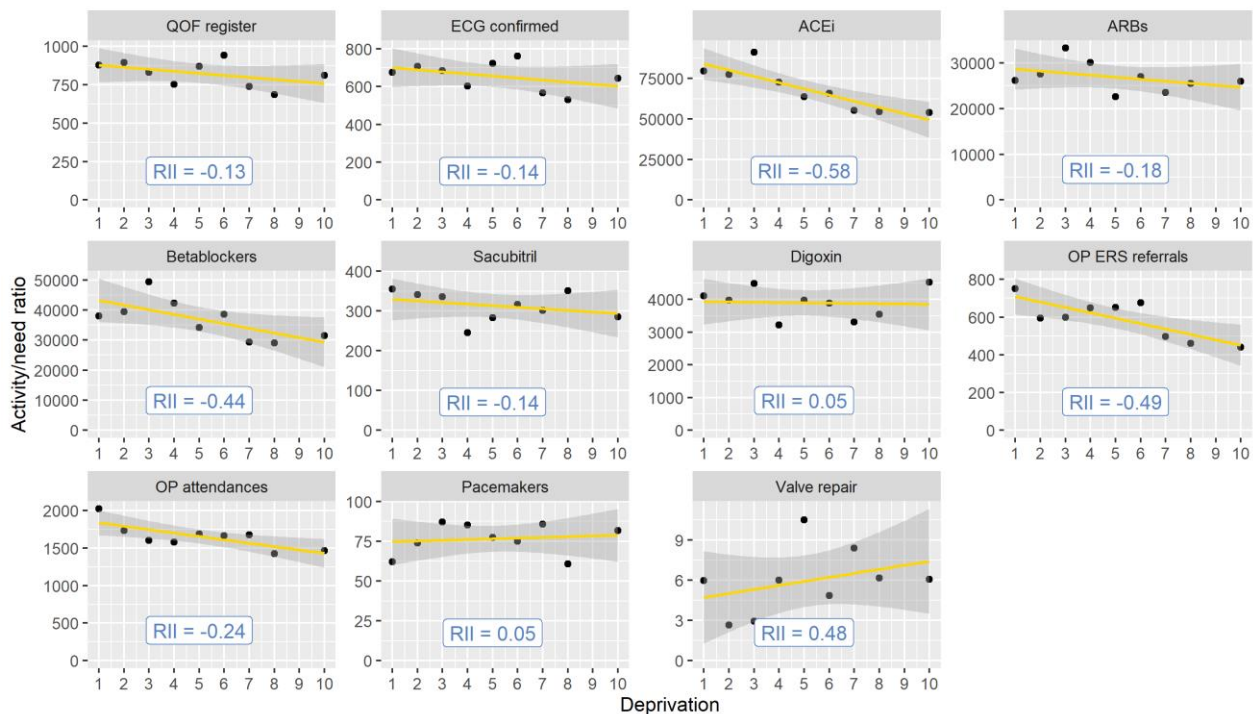
# Nottingham and Nottinghamshire

## Heart Failure

### Midlands Region



### NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP



	REGION			NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.13	-0.38	0.13
ECG confirmed	-0.16	-0.26	-0.05	-0.14	-0.44	0.15
ACEi	-0.21	-0.33	-0.09	-0.58	-0.85	-0.31
ARBs	0.04	-0.08	0.15	-0.18	-0.50	0.15
Betablockers	-0.11	-0.22	0.00	-0.44	-0.81	-0.07
sacubitril	-0.25	-0.40	-0.10	-0.14	-0.45	0.18
digoxin	0.04	-0.04	0.12	0.05	-0.31	0.41
OP ERS referrals	-0.35	-0.53	-0.18	-0.49	-0.81	-0.16
OP attendances	-0.46	-0.68	-0.25	-0.24	-0.43	-0.06
Pacemakers	0.09	0.00	0.18	0.05	-0.28	0.38
Valve repair	0.42	0.24	0.60	0.48	-0.64	1.59

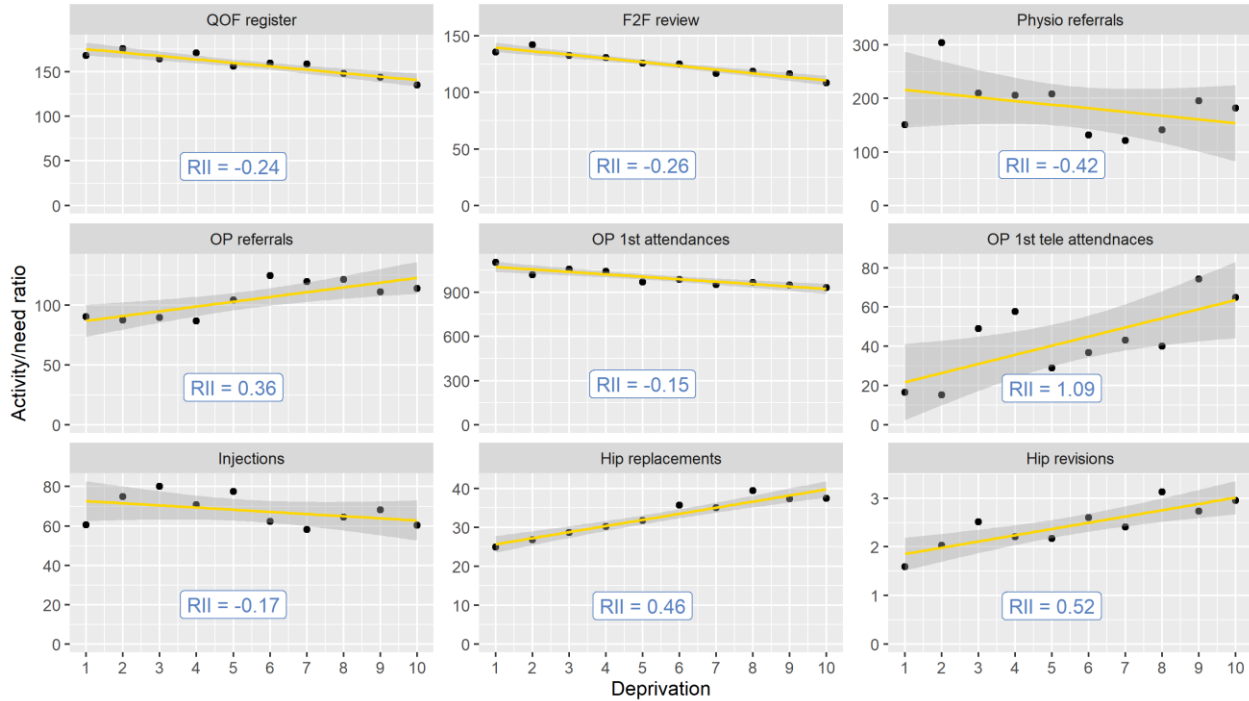
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

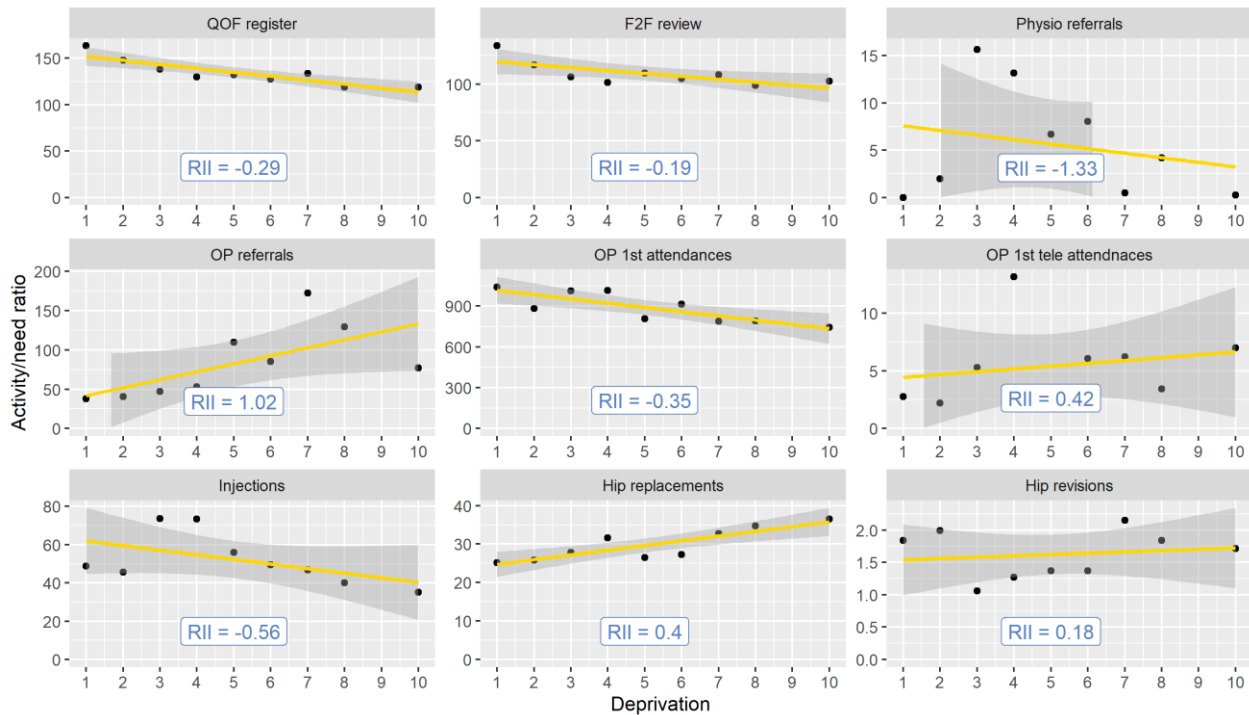
In Nottingham and Nottinghamshire STP there are several areas of inequity across the pathway with patients from more deprived areas more likely to receive some types of medication and more likely to be referred to secondary care. However patients from more deprived areas are not more likely to be identified by their GP and placed on the heart failure register and those from less deprived areas are not more likely to have a surgical procedure.

# Hip arthritis

## MIDLANDS REGION



## NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP



	REGION			NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.29	-0.42	-0.16
F2F review	-0.26	-0.32	-0.19	-0.19	-0.37	-0.01
Physio referrals	-0.42	-1.16	0.31	-1.33	-4.10	1.43
OP referrals	0.36	0.12	0.60	1.02	-0.19	2.22
OP attendances	-0.15	-0.22	-0.08	-0.35	-0.57	-0.13
OP telephone attendances	1.09	0.25	1.92	0.42	-1.24	2.08
Injections	-0.17	-0.44	0.10	-0.56	-1.19	0.08
Hip replacement	0.46	0.33	0.59	0.40	0.17	0.63
Hip revision	0.52	0.26	0.77	0.18	-0.47	0.82

## Summary

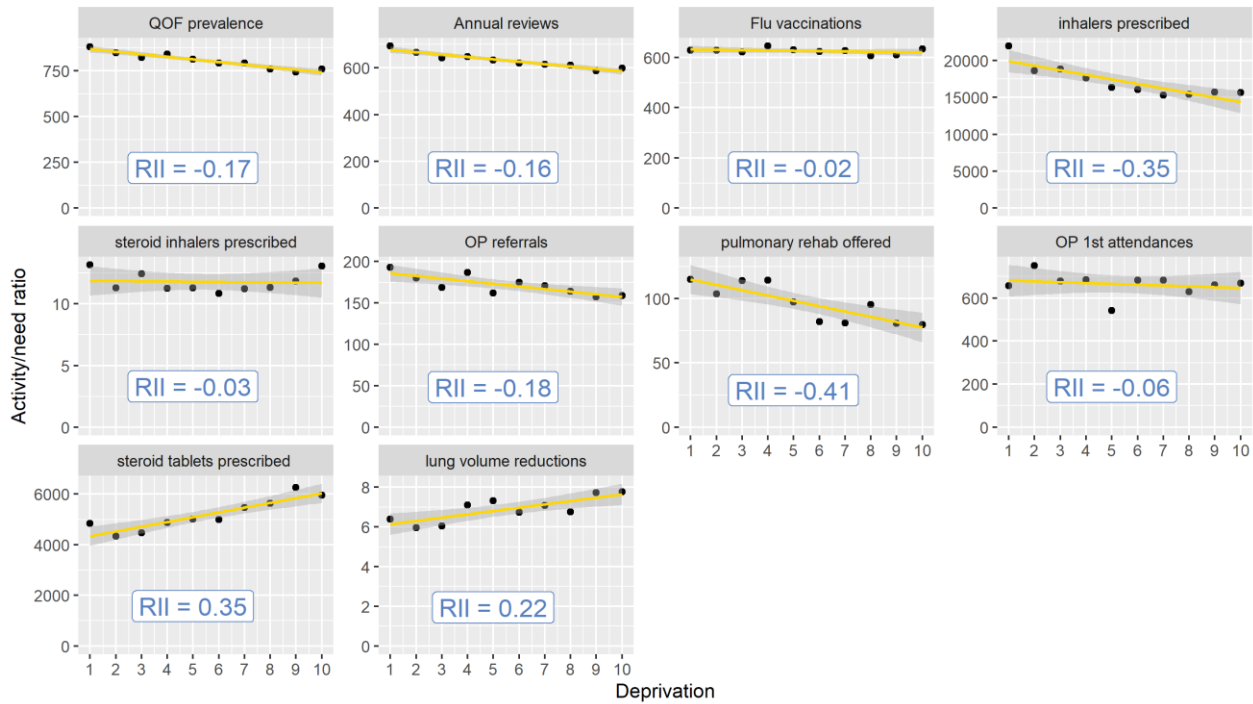
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In Nottingham and Nottinghamshire STP a similar pattern is seen across most measures although not all are significant.

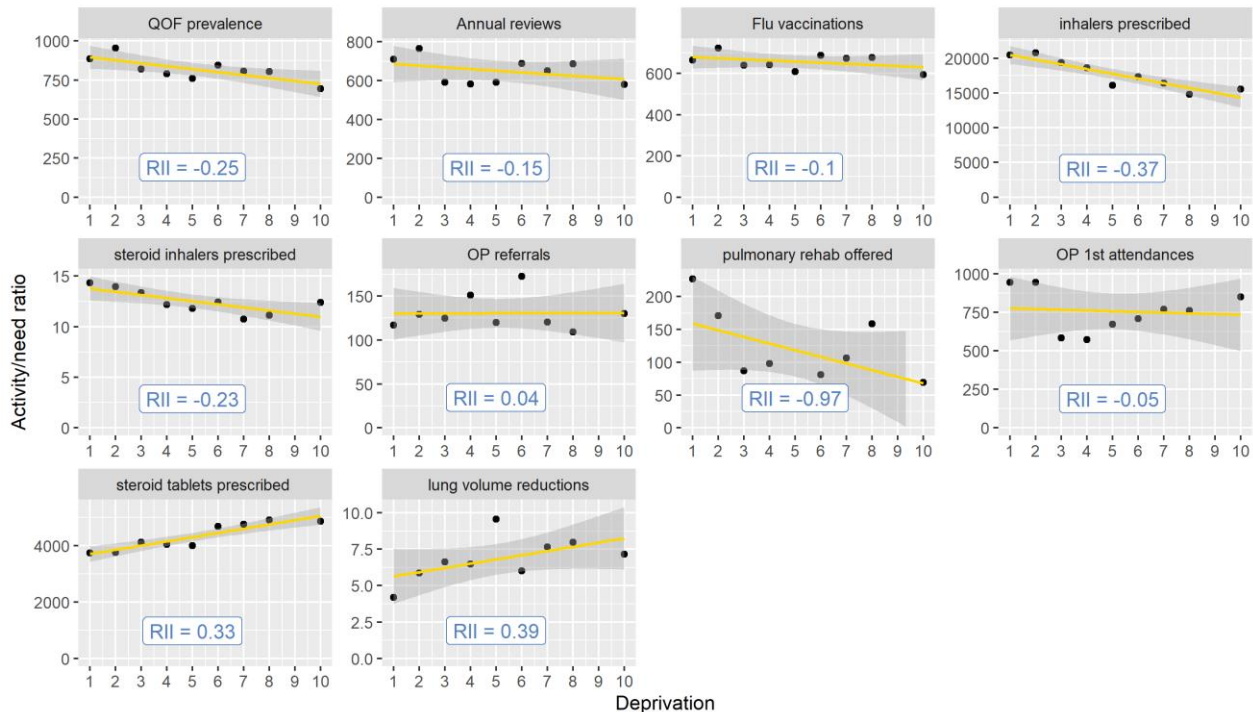


# COPD

## MIDLANDS REGION



## NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP



Measure	REGION			NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP		
	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.25	-0.43	-0.06
Annual review	-0.16	-0.20	-0.12	-0.15	-0.44	0.13
Flu vaccination	-0.02	-0.07	0.02	-0.10	-0.27	0.07
Inhalers prescribed	-0.35	-0.52	-0.19	-0.37	-0.49	-0.25
Steroid inhalers prescribed	-0.03	-0.21	0.16	-0.23	-0.40	-0.06
ERS OP referrals	-0.18	-0.29	-0.07	0.04	-0.37	0.45
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.97	-2.13	0.19
1st OP attendances	-0.06	-0.29	0.16	-0.05	-0.60	0.51
Steroid tablets	0.35	0.22	0.48	0.33	0.21	0.45
Lung volume reduction	0.22	0.07	0.38	0.39	-0.15	0.92

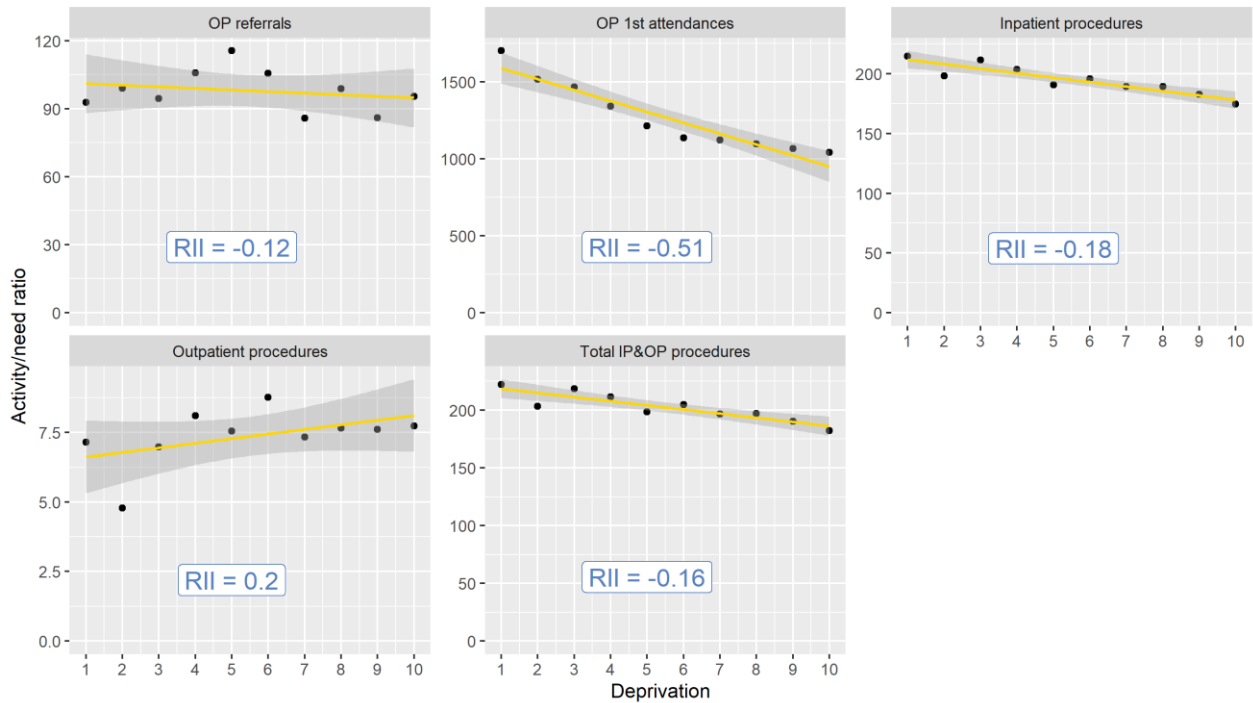
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

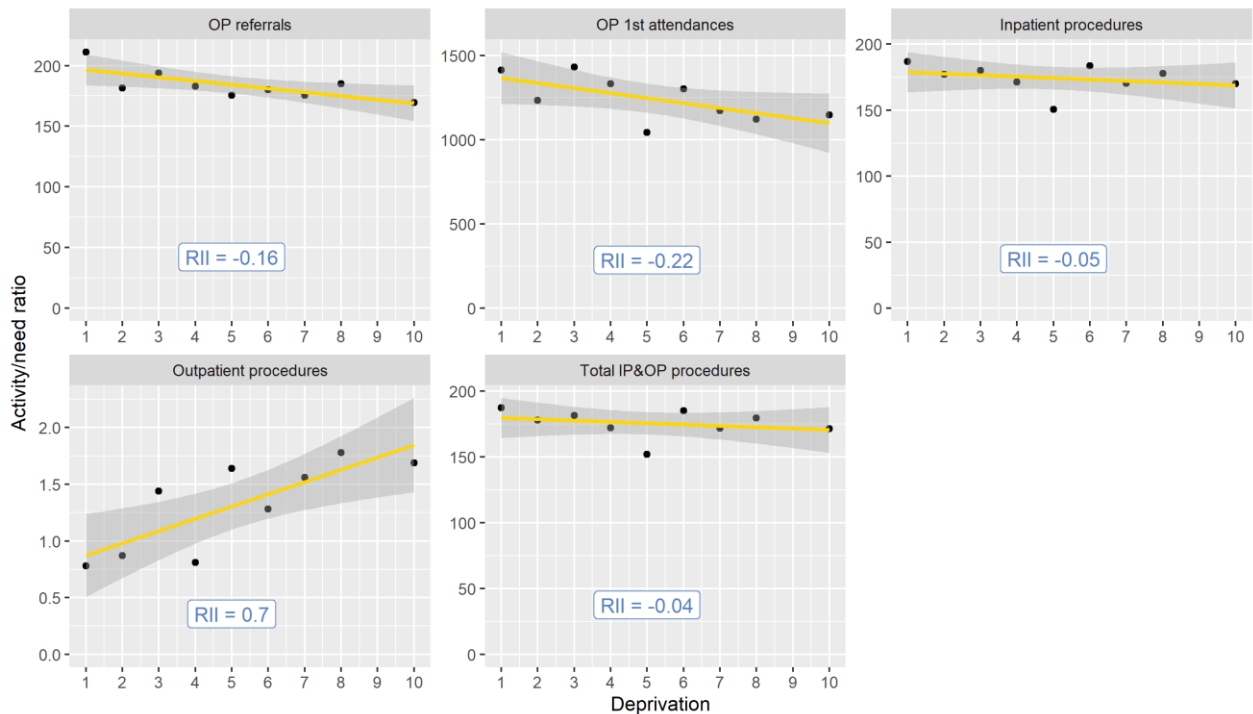
A similar pattern is seen in Nottingham and Nottinghamshire STP across most of the measures although not all are statistically significant.

# Cataracts

## Midlands Region



## NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP



	REGION			NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	-0.16	-0.28	-0.03
1st OP attendances	-0.51	-0.70	-0.33	-0.22	-0.47	0.03
Inpatient procedures	-0.18	-0.25	-0.11	-0.05	-0.23	0.13
Outpatient procedures	0.20	-0.13	0.53	0.70	0.19	1.22
Total procedures	-0.16	-0.24	-0.09	-0.04	-0.22	0.13

## Summary

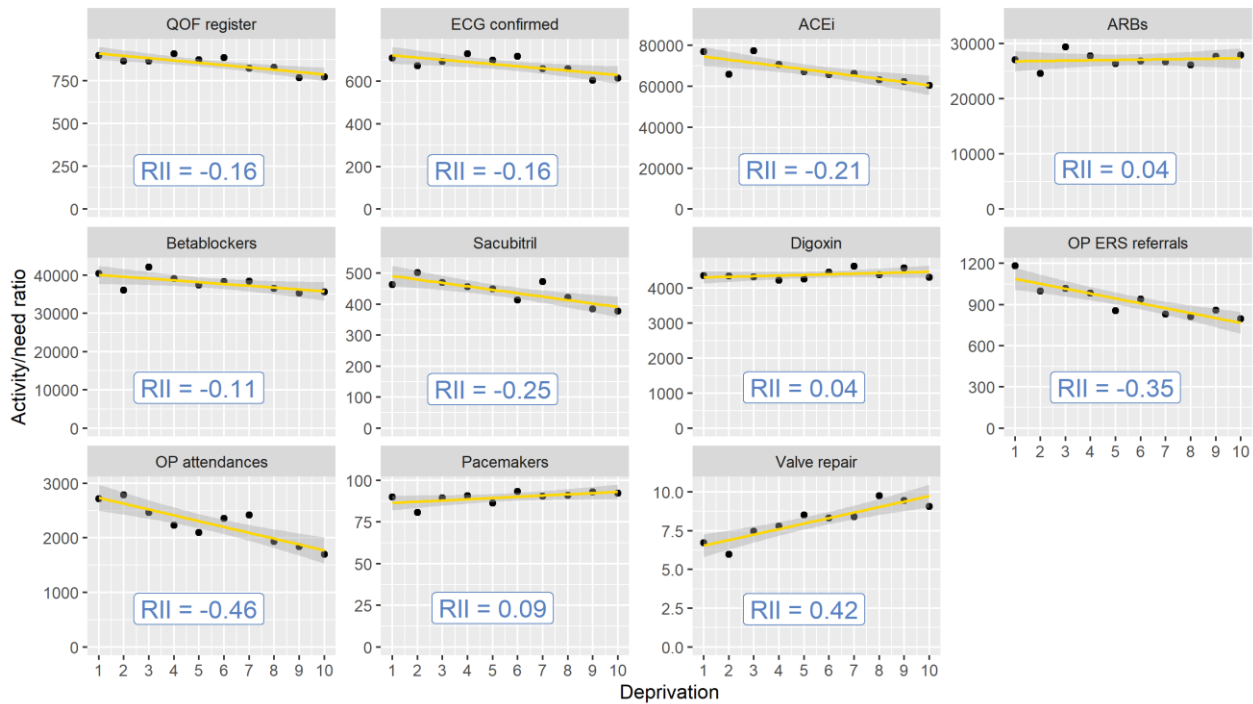
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

In Nottingham and Nottinghamshire STP people living in the least deprived areas are less likely to be referred to a specialist and more likely to receive outpatient surgery.

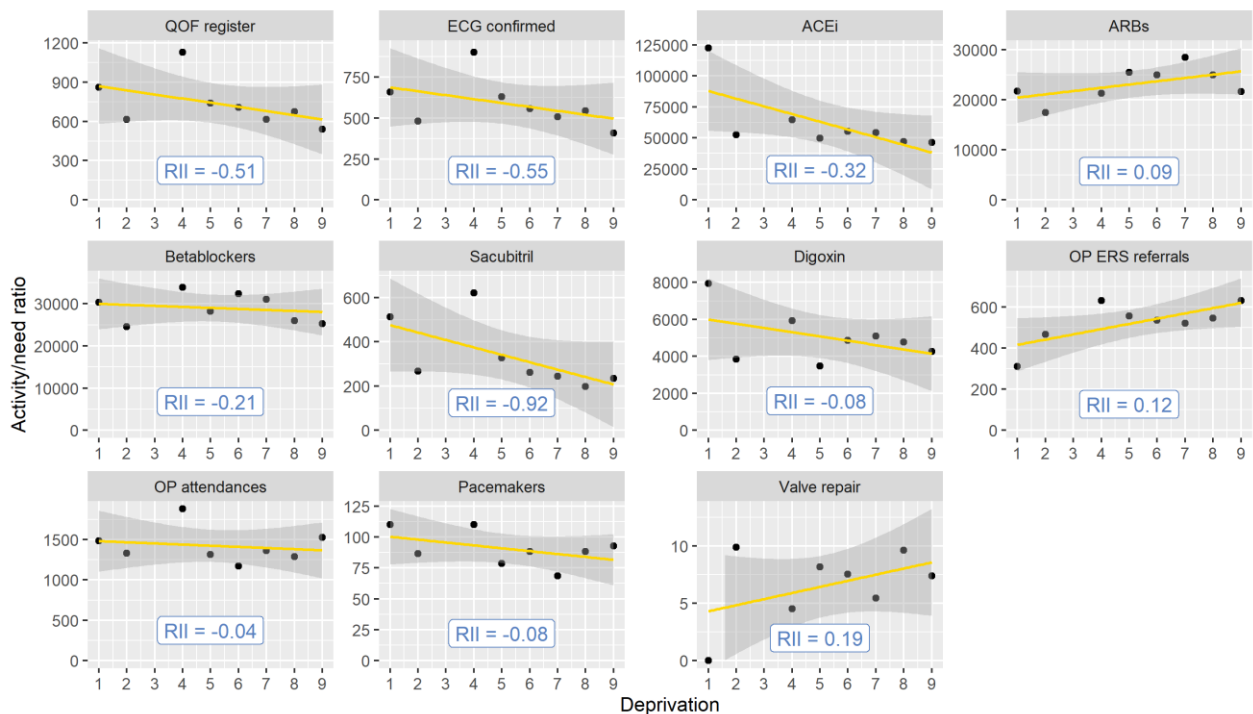
# Shropshire, Telford and Wrekin

## Heart Failure

### Midlands Region



### SHROPSHIRE AND TELFORD AND WREKIN STP



	REGION			SHROPSHIRE AND TELFORD AND WREKIN STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.51	-1.11	0.08
ECG confirmed	-0.16	-0.26	-0.05	-0.55	-1.15	0.05
ACEi	-0.21	-0.33	-0.09	-0.32	-0.77	0.12
ARBs	0.04	-0.08	0.15	0.09	-0.31	0.48
Betablockers	-0.11	-0.22	0.00	-0.21	-0.55	0.13
sacubitril	-0.25	-0.40	-0.10	-0.92	-2.04	0.19
digoxin	0.04	-0.04	0.12	-0.08	-0.59	0.43
OP ERS referrals	-0.35	-0.53	-0.18	0.12	-0.19	0.43
OP attendances	-0.46	-0.68	-0.25	-0.04	-0.57	0.48
Pacemakers	0.09	0.00	0.18	-0.08	-0.51	0.35
Valve repair	0.42	0.24	0.60	0.19	-0.62	1.01

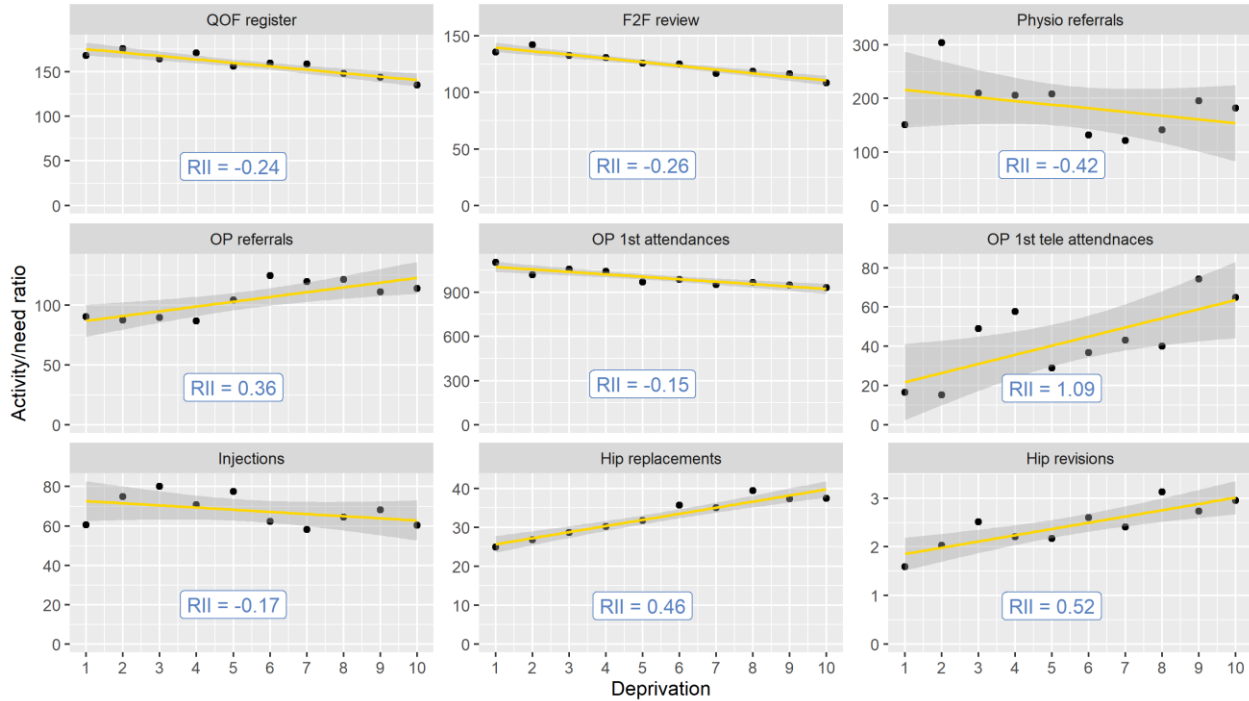
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

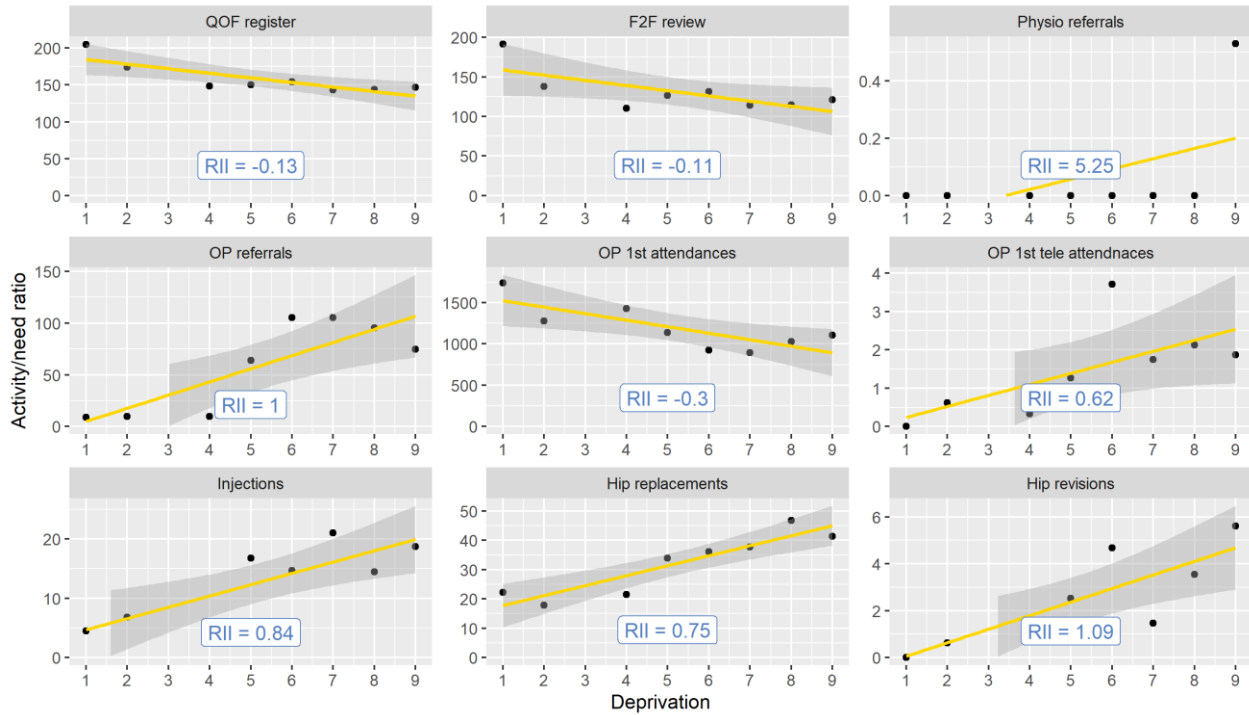
In Shropshire and Telford and Wrekin STP the pattern is less clear. Although there are some measures that appear to suggest some inequality none of them are statistically significant.

# Hip arthritis

## MIDLANDS REGION



## SHROPSHIRE AND TELFORD AND WREKIN STP



	REGION			SHROPSHIRE AND TELFORD AND WREKIN STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.13	-0.30	0.04
F2F review	-0.26	-0.32	-0.19	-0.11	-0.40	0.18
Physio referrals	-0.42	-1.16	0.31	5.25	-1.23	11.73
OP referrals	0.36	0.12	0.60	1.00	-0.31	2.31
OP attendances	-0.15	-0.22	-0.08	-0.30	-0.81	0.21
OP telephone attendances	1.09	0.25	1.92	0.62	-1.27	2.51
Injections	-0.17	-0.44	0.10	0.84	0.00	1.68
Hip replacement	0.46	0.33	0.59	0.75	0.35	1.15
Hip revision	0.52	0.26	0.77	1.09	-0.29	2.46

## Summary

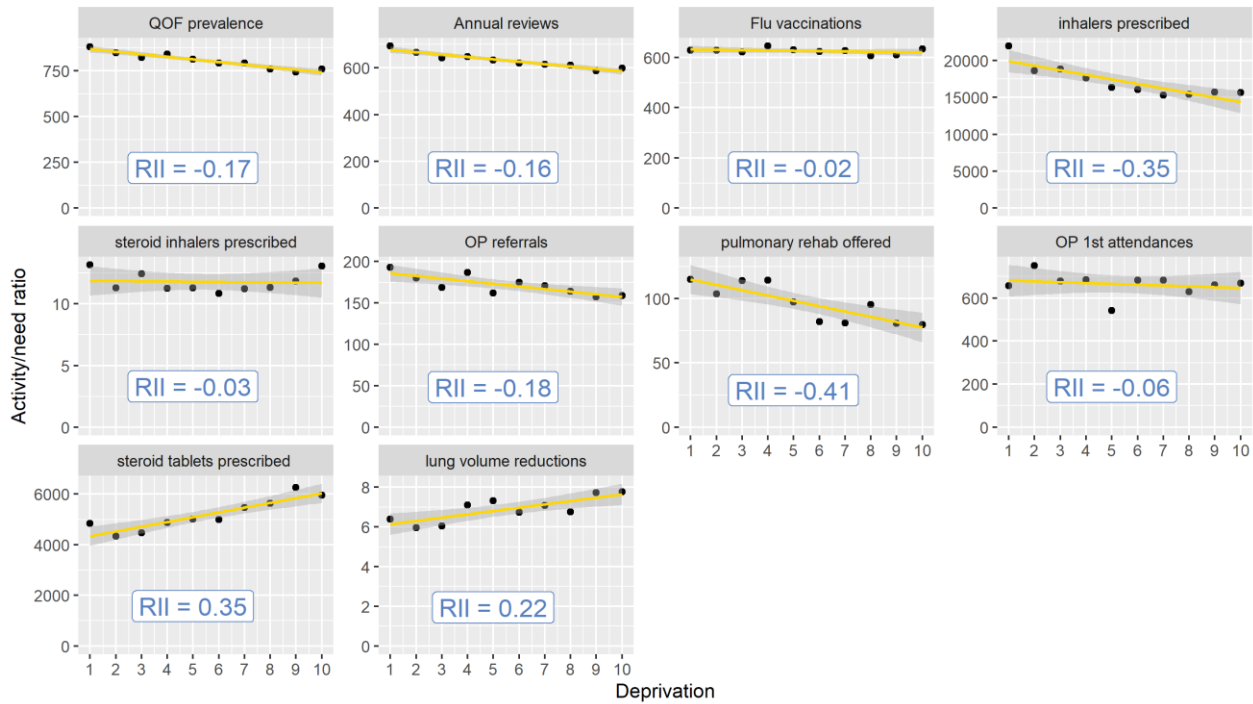
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In Shropshire and Telford and Wrekin STP a similar pattern is seen across most measures although many are not statistically significant. In contrast to the regional pattern patients from less deprived areas are more likely to receive a joint injection.

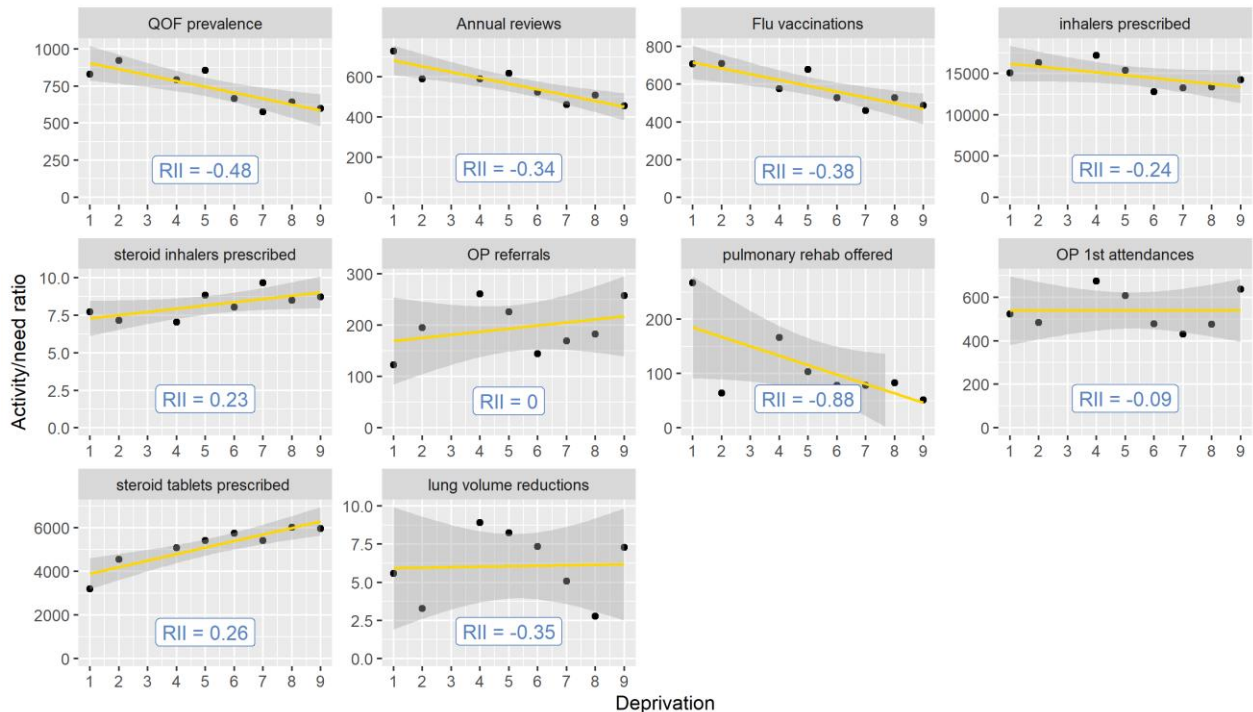


# COPD

## MIDLANDS REGION



## SHROPSHIRE AND TELFORD AND WREKIN STP



	REGION			SHROPSHIRE AND TELFORD AND WREKIN STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.48	-0.75	-0.20
Annual review	-0.16	-0.20	-0.12	-0.34	-0.53	-0.15
Flu vaccination	-0.02	-0.07	0.02	-0.38	-0.69	-0.07
Inhalers prescribed	-0.35	-0.52	-0.19	-0.24	-0.54	0.06
Steroid inhalers prescribed	-0.03	-0.21	0.16	0.23	-0.02	0.48
ERS OP referrals	-0.18	-0.29	-0.07	0.00	-0.81	0.81
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.88	-2.10	0.34
1st OP attendances	-0.06	-0.29	0.16	-0.09	-0.66	0.47
Steroid tablets	0.35	0.22	0.48	0.26	0.07	0.45
Lung volume reduction	0.22	0.07	0.38	-0.35	-1.49	0.80

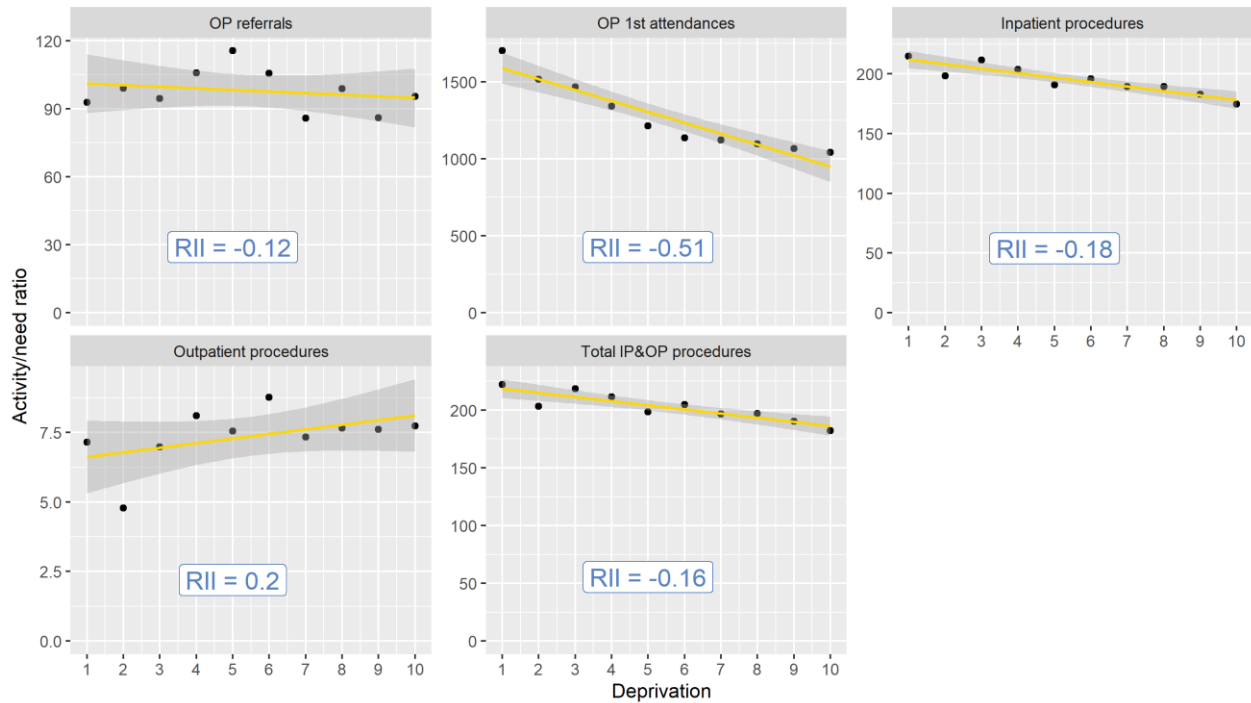
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

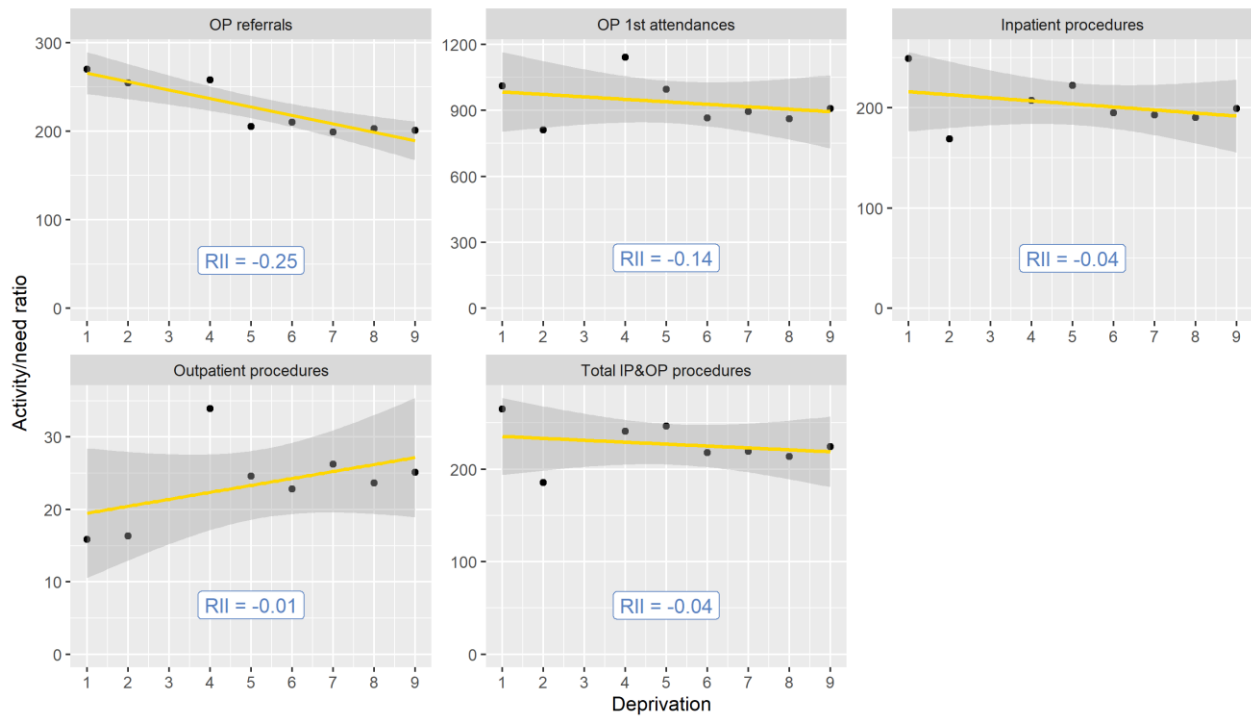
A similar pattern is seen in Shropshire and Telford and Wrekin STP across most of the measures. However there does not appear to be significant inequality in the provision of lung volume reductions or OP referrals.

# Cataracts

## Midlands Region



## SHROPSHIRE AND TELFORD AND WREKIN STP



	REGION			SHROPSHIRE AND TELFORD AND WREKIN STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	<b>-0.25</b>	-0.48	-0.03
1st OP attendances	<b>-0.51</b>	-0.70	-0.33	-0.14	-0.45	0.18
Inpatient procedures	<b>-0.18</b>	-0.25	-0.11	-0.04	-0.26	0.18
Outpatient procedures	0.20	-0.13	0.53	-0.01	-0.57	0.55
Total procedures	<b>-0.16</b>	-0.24	-0.09	-0.04	-0.26	0.19

## Summary

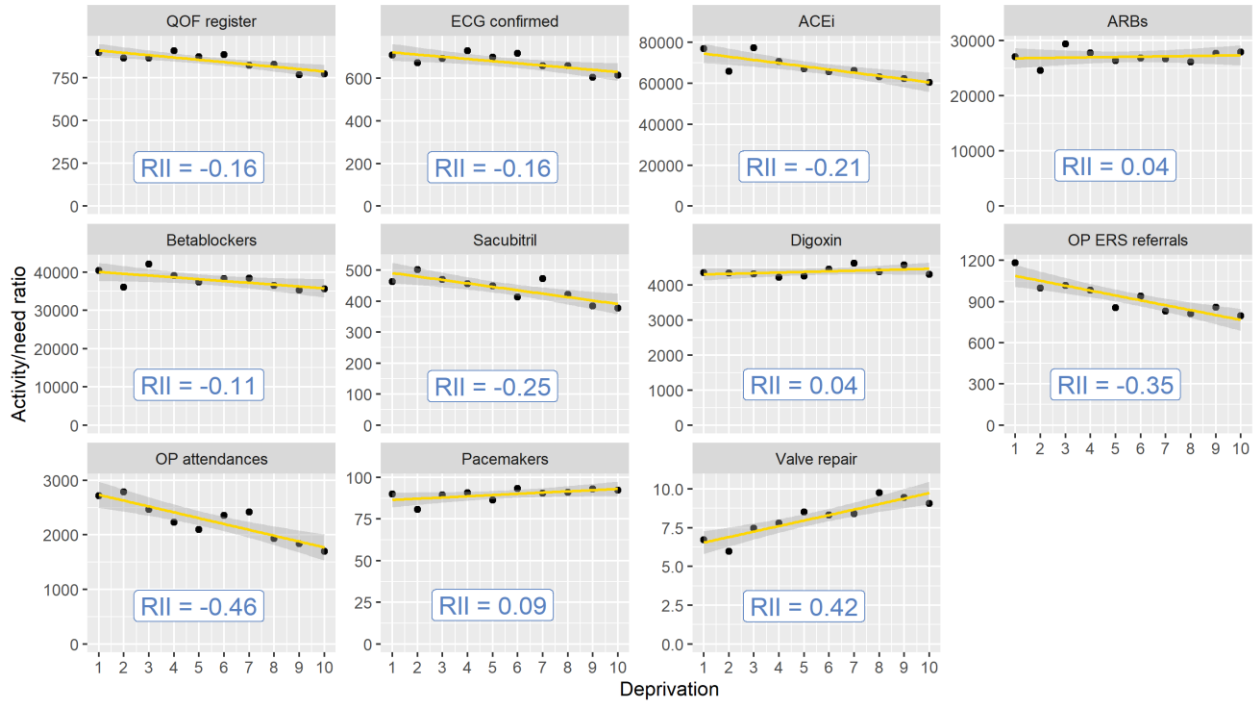
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

In Shropshire and Telford and Wrekin STP there does not appear to be inequality across most measures with the exception that patients from more deprived areas are more likely to be referred to a specialist.

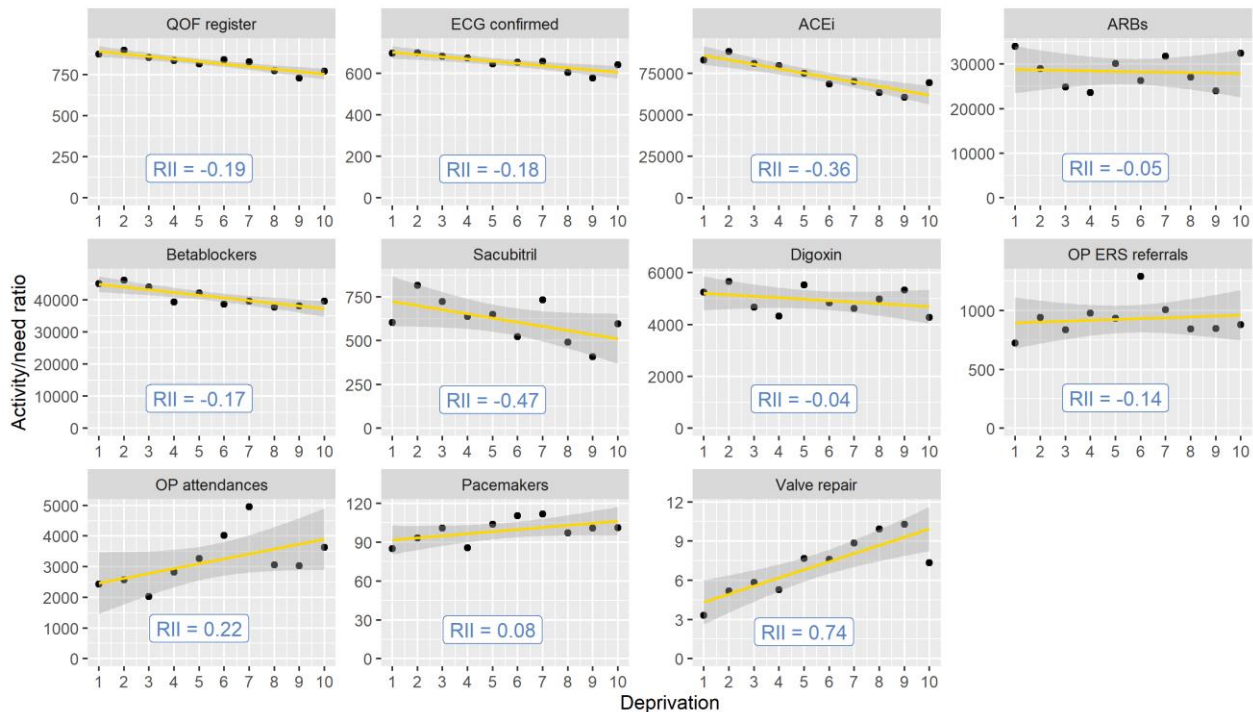
# Staffordshire and Stoke on Trent

## Heart Failure

### Midlands Region



### STAFFORDSHIRE AND STOKE ON TRENT STP



	REGION			STAFFORDSHIRE AND STOKE ON TRENT STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.19	-0.26	-0.12
ECG confirmed	-0.16	-0.26	-0.05	-0.18	-0.26	-0.09
ACEi	-0.21	-0.33	-0.09	-0.36	-0.51	-0.20
ARBs	0.04	-0.08	0.15	-0.05	-0.37	0.26
Betablockers	-0.11	-0.22	0.00	-0.17	-0.30	-0.05
sacubitril	-0.25	-0.40	-0.10	-0.47	-0.94	0.00
digoxin	0.04	-0.04	0.12	-0.04	-0.27	0.19
OP ERS referrals	-0.35	-0.53	-0.18	-0.14	-0.62	0.35
OP attendances	-0.46	-0.68	-0.25	0.22	-0.45	0.88
Pacemakers	0.09	0.00	0.18	0.08	-0.15	0.30
Valve repair	0.42	0.24	0.60	0.74	0.39	1.09

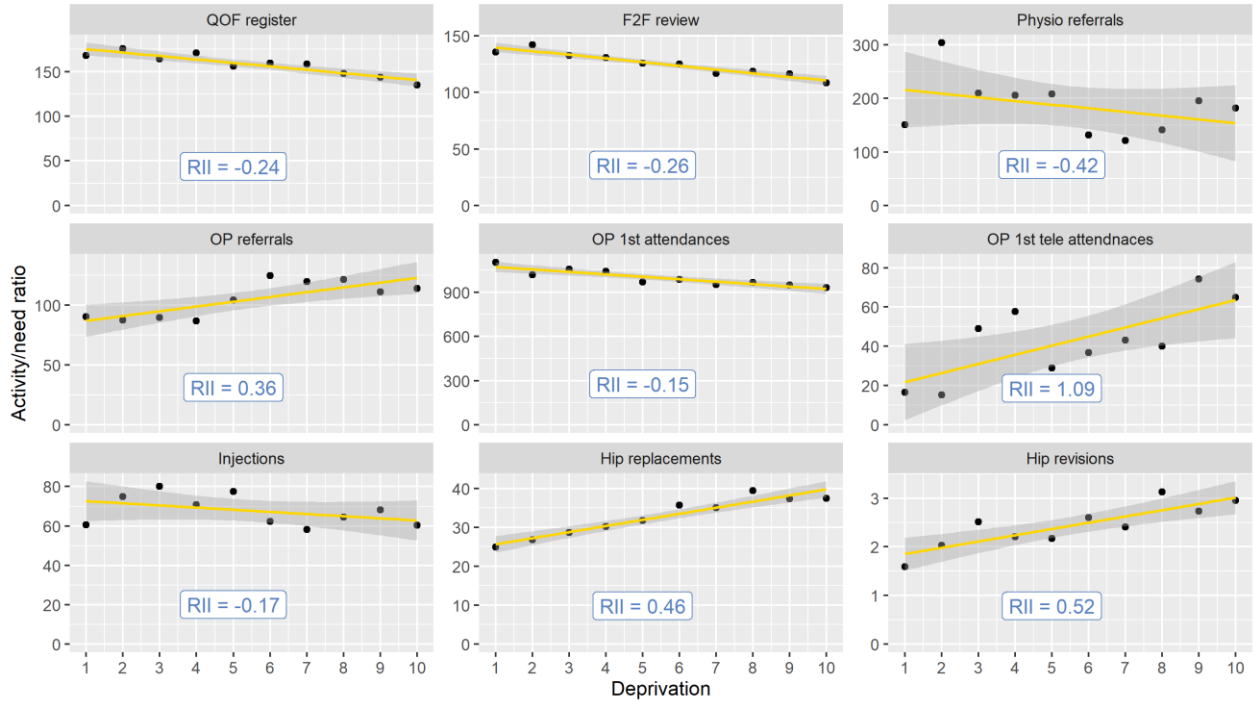
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

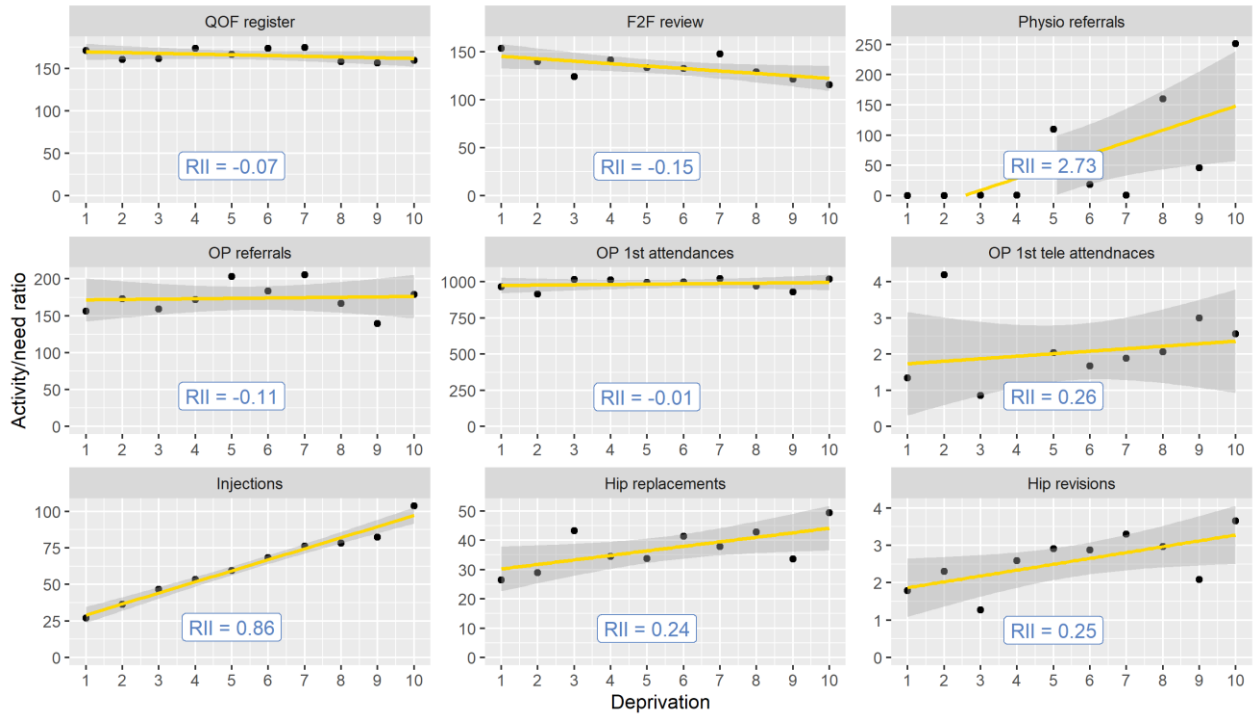
In Staffordshire and Stoke on Trent STP a similar pattern is seen. Although in the STP patients from more deprived areas do not appear to be more likely to be referred to or be seen by a specialist.

# Hip arthritis

## MIDLANDS REGION



## STAFFORDSHIRE AND STOKE ON TRENT STP



	REGION			STAFFORDSHIRE AND STOKE ON TRENT STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.07	-0.19	0.04
F2F review	-0.26	-0.32	-0.19	-0.15	-0.32	0.02
Physio referrals	-0.42	-1.16	0.31	2.73	-0.32	5.78
OP referrals	0.36	0.12	0.60	-0.11	-0.44	0.21
OP attendances	-0.15	-0.22	-0.08	-0.01	-0.11	0.09
OP telephone attendances	1.09	0.25	1.92	0.26	-0.86	1.39
Injections	-0.17	-0.44	0.10	0.86	0.60	1.11
Hip replacement	0.46	0.33	0.59	0.24	-0.13	0.61
Hip revision	0.52	0.26	0.77	0.25	-0.30	0.80

## Summary

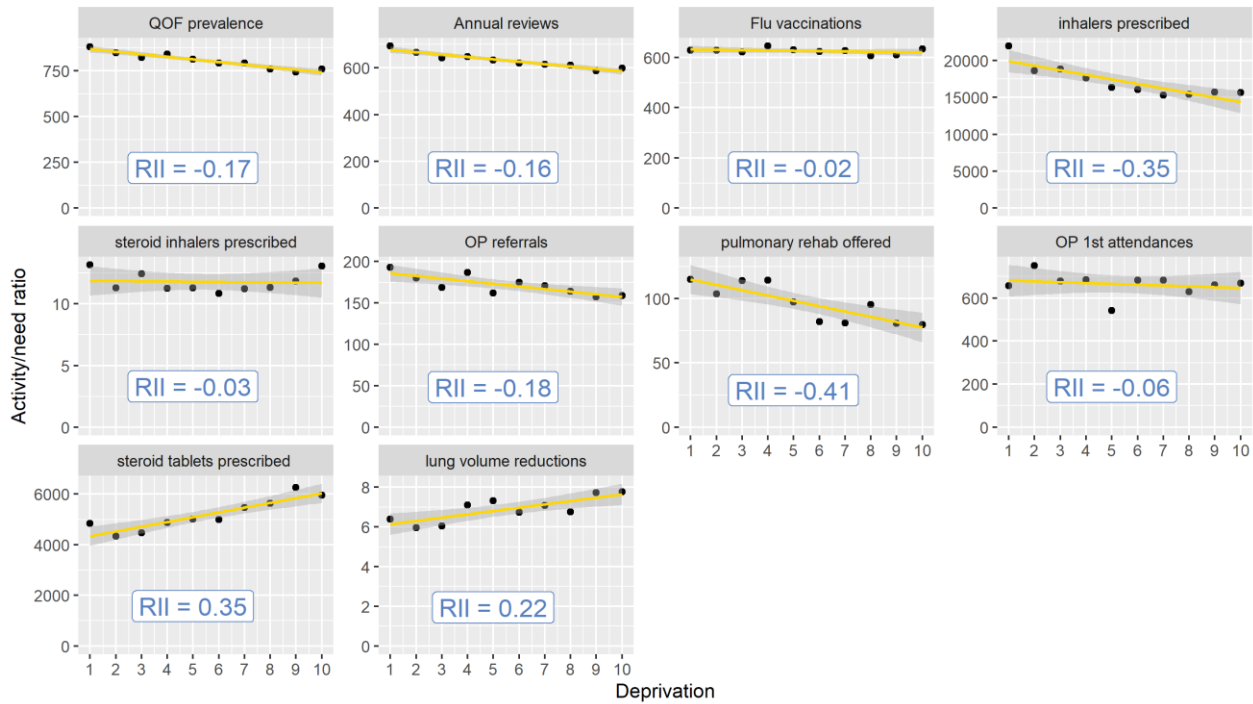
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In Staffordshire and Stoke on Trent there does not appear to be significant inequality within the earlier stages of the pathway but patients from less deprived areas are more likely to receive a joint injection and may be more likely to have a hip replacement or revision.

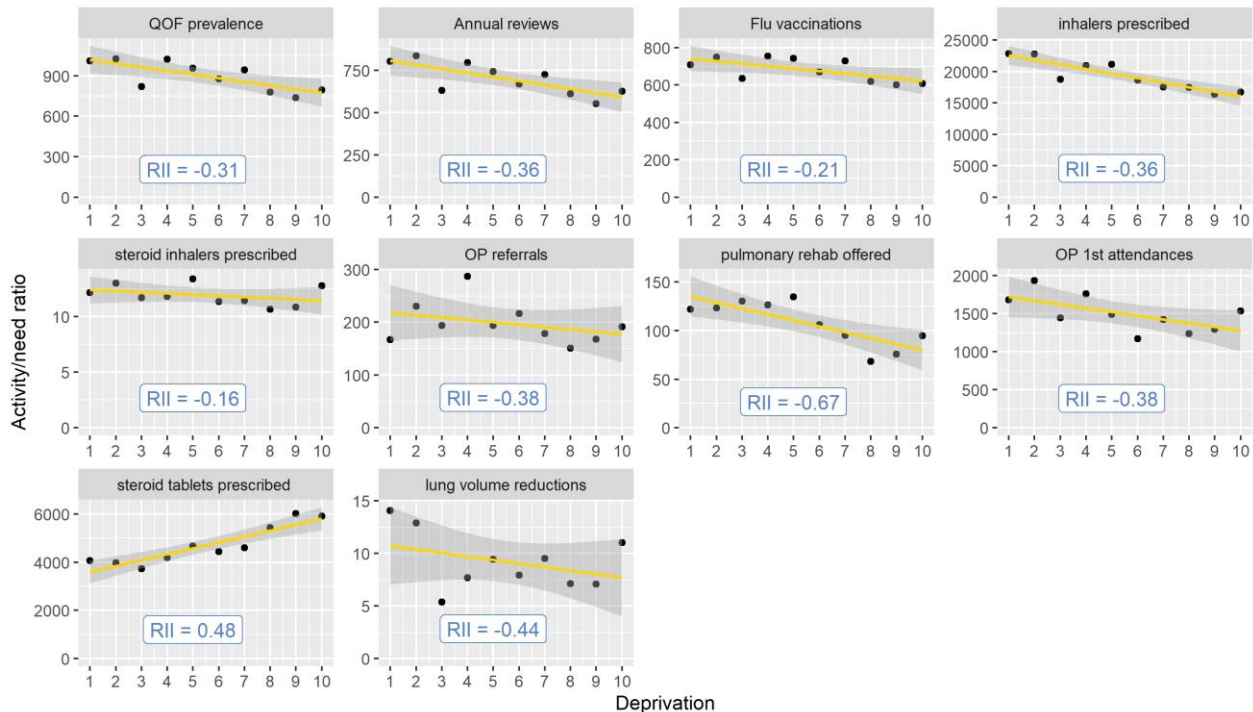


# COPD

## MIDLANDS REGION



## STAFFORDSHIRE AND STOKE ON TRENT STP



	REGION			STAFFORDSHIRE AND STOKE ON TRENT STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.31	-0.50	-0.13
Annual review	-0.16	-0.20	-0.12	-0.36	-0.57	-0.15
Flu vaccination	-0.02	-0.07	0.02	-0.21	-0.37	-0.04
Inhalers prescribed	-0.35	-0.52	-0.19	-0.36	-0.49	-0.23
Steroid inhalers prescribed	-0.03	-0.21	0.16	-0.16	-0.32	0.00
ERS OP referrals	-0.18	-0.29	-0.07	-0.38	-0.80	0.05
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.67	-0.95	-0.39
1st OP attendances	-0.06	-0.29	0.16	-0.38	-0.76	0.00
Steroid tablets	0.35	0.22	0.48	0.48	0.32	0.64
Lung volume reduction	0.22	0.07	0.38	-0.44	-1.08	0.19

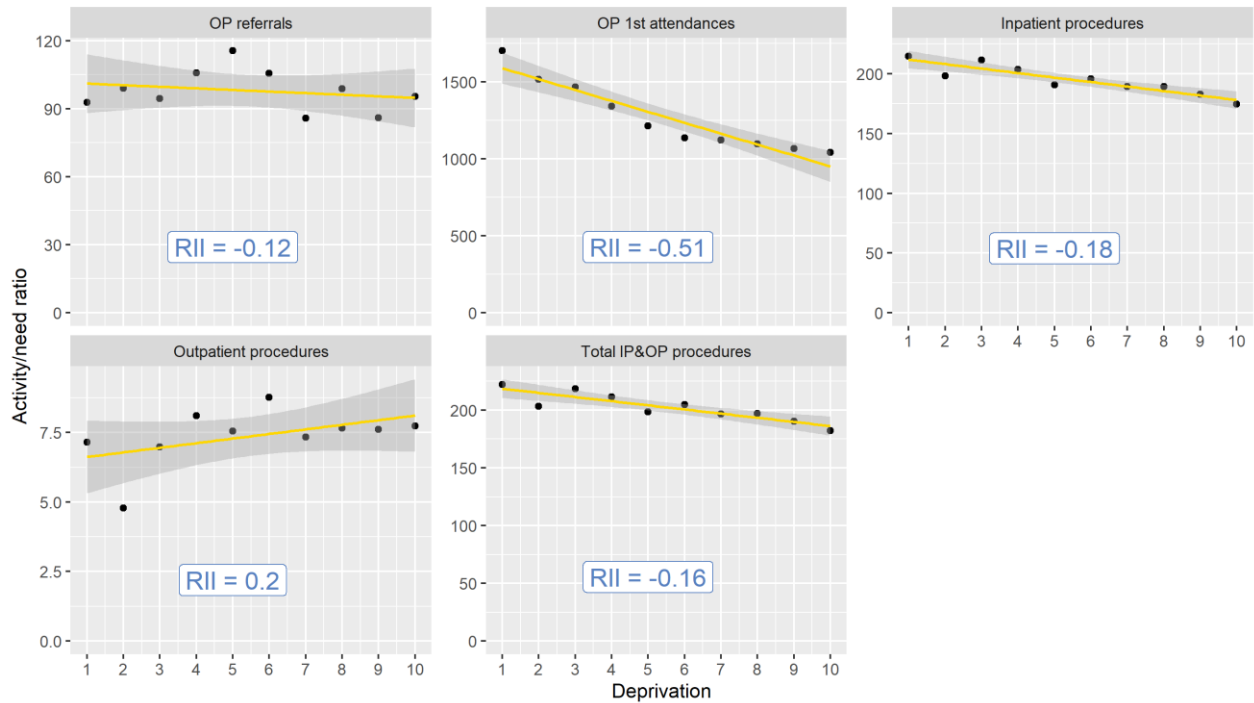
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

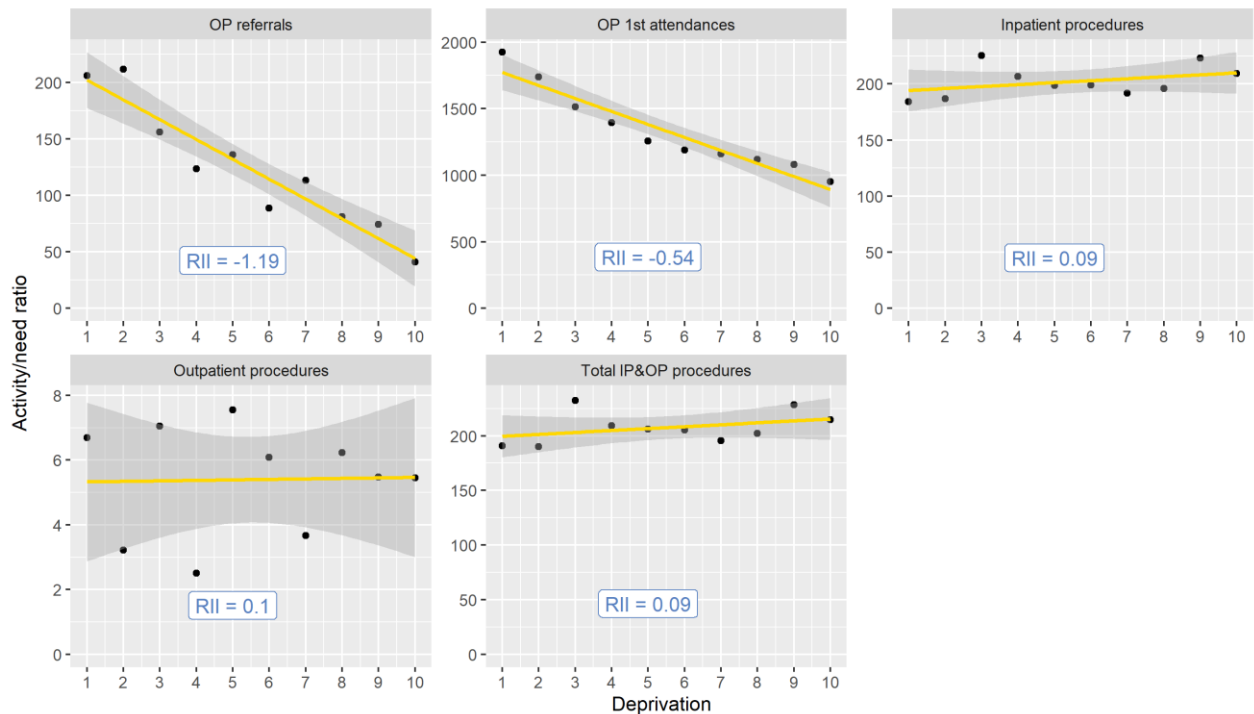
A similar pattern is seen in Staffordshire and Stoke on Trent STP across most of the measures. However there does not appear to be significant inequality in the provision of lung volume reductions or OP referrals. In addition patients living in more deprived areas are more likely to be prescribed Steroid inhalers.

# Cataracts

## Midlands Region



## STAFFORDSHIRE AND STOKE ON TRENT STP



	REGION			STAFFORDSHIRE AND STOKE ON TRENT STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	-1.19	-1.82	-0.56
1st OP attendances	-0.51	-0.70	-0.33	-0.54	-0.83	-0.26
Inpatient procedures	-0.18	-0.25	-0.11	0.09	-0.06	0.24
Outpatient procedures	0.20	-0.13	0.53	0.10	-0.65	0.86
Total procedures	-0.16	-0.24	-0.09	0.09	-0.06	0.25

## Summary

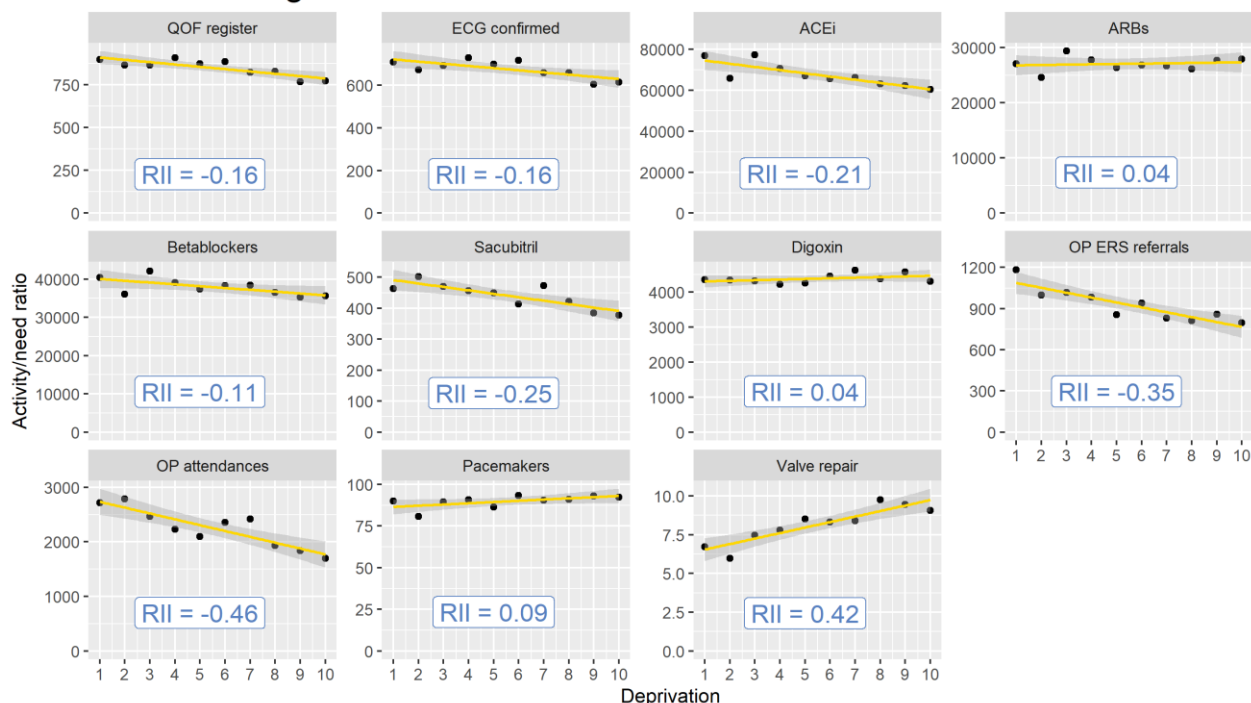
The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

In Staffordshire and Stoke on Trent STP people living in the least deprived areas are less likely to be referred to or be seen by a specialist. There does not appear to be significant inequality in term of provision of treatment.

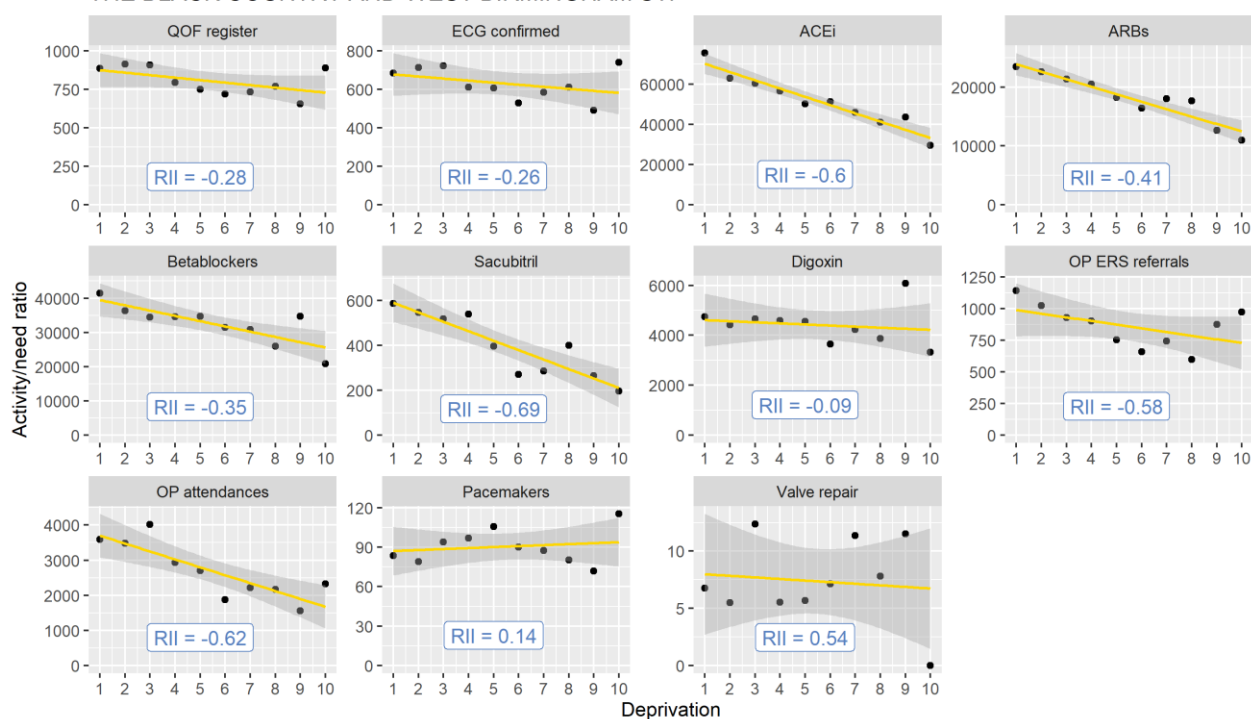
# The Black Country and West Birmingham

## Heart Failure

### Midlands Region



### THE BLACK COUNTRY AND WEST BIRMINGHAM STP



	REGION			THE BLACK COUNTRY AND WEST BIRMINGHAM STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.16	-0.24	-0.09	-0.28	-0.43	-0.13
ECG confirmed	-0.16	-0.26	-0.05	-0.26	-0.44	-0.08
ACEi	-0.21	-0.33	-0.09	-0.60	-0.70	-0.49
ARBs	0.04	-0.08	0.15	-0.41	-0.55	-0.27
Betablockers	-0.11	-0.22	0.00	-0.35	-0.49	-0.22
sacubitril	-0.25	-0.40	-0.10	-0.69	-1.03	-0.35
digoxin	0.04	-0.04	0.12	-0.09	-0.32	0.13
OP ERS referrals	-0.35	-0.53	-0.18	-0.58	-0.74	-0.41
OP attendances	-0.46	-0.68	-0.25	-0.62	-0.96	-0.27
Pacemakers	0.09	0.00	0.18	0.14	-0.12	0.40
Valve repair	0.42	0.24	0.60	0.54	-0.35	1.44

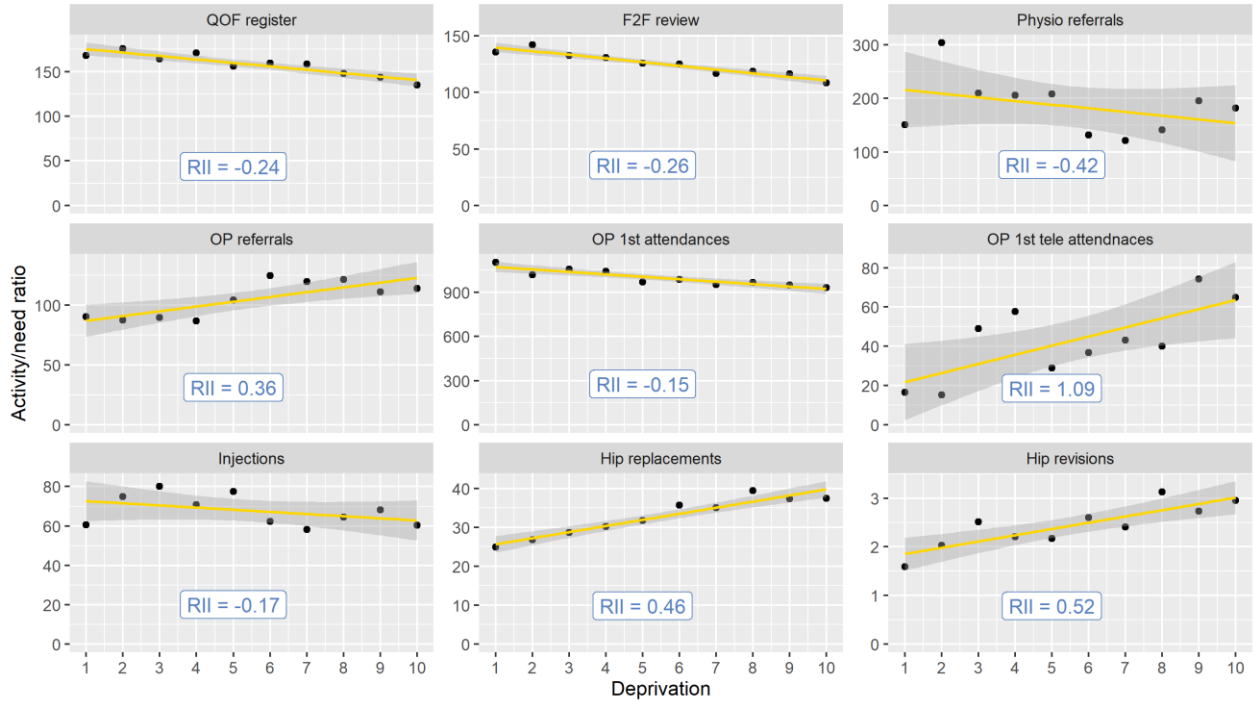
## Summary

The region chart shows heart failure patients living in the most deprived areas are more likely to be identified by GPs and placed on a heart failure register. Heart failure patients living in the most deprived areas are also more likely to have their diagnosis confirmed with ECG, to receive several forms of medication (ACEs, betablockers and Sacubitril), to be referred to secondary care and to be seen by a specialist in an outpatient setting. However, patients with heart failure living in the least deprived areas are more likely to receive treatments in secondary care such as pacemakers and surgical valve repair.

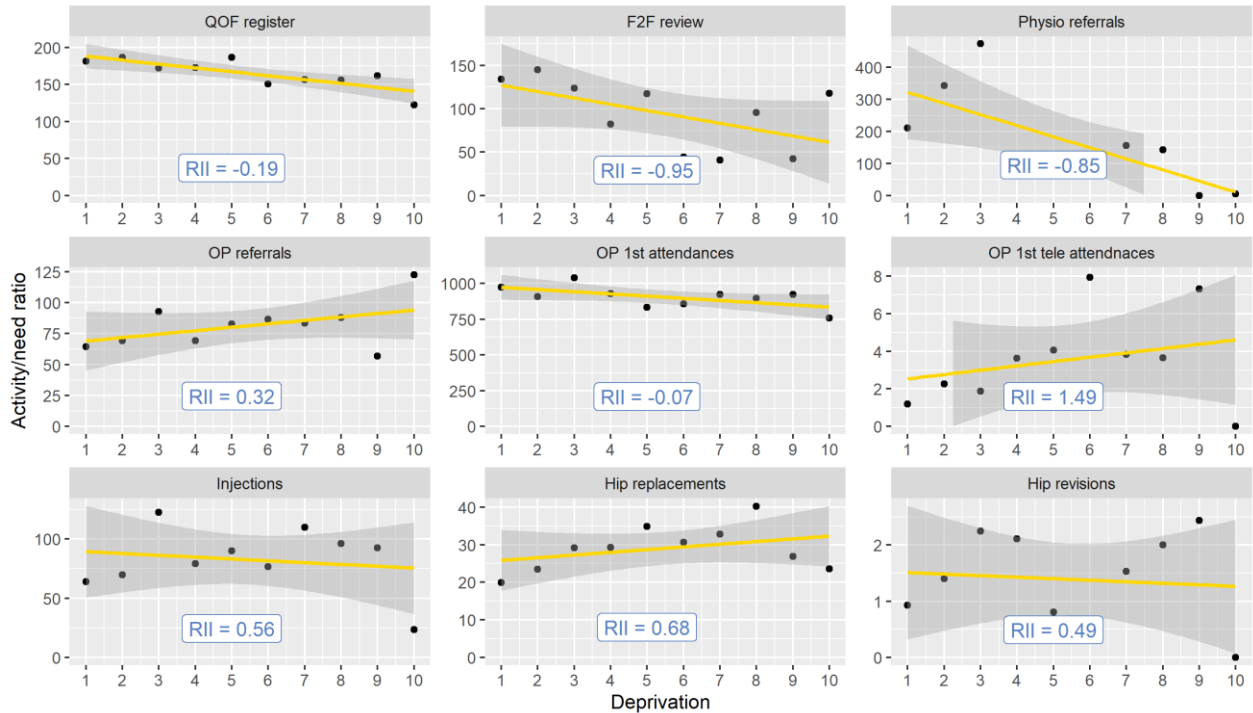
In The Black County and West Birmingham STP a similar pattern is seen across most of the pathway. Although in the STP patients from less deprived areas do not appear to be more likely to receive surgical treatments.

# Hip arthritis

## MIDLANDS REGION



## THE BLACK COUNTRY AND WEST BIRMINGHAM STP



	REGION			THE BLACK COUNTRY AND WEST BIRMINGHAM STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.24	-0.32	-0.16	-0.19	-0.32	-0.05
F2F review	-0.26	-0.32	-0.19	-0.95	-1.54	-0.36
Physio referrals	-0.42	-1.16	0.31	-0.85	-2.15	0.46
OP referrals	0.36	0.12	0.60	0.32	0.02	0.62
OP attendances	-0.15	-0.22	-0.08	-0.07	-0.22	0.07
OP telephone attendances	1.09	0.25	1.92	1.49	0.45	2.53
Injections	-0.17	-0.44	0.10	0.56	0.05	1.06
Hip replacement	0.46	0.33	0.59	0.68	0.44	0.91
Hip revision	0.52	0.26	0.77	0.49	-0.46	1.45

## Summary

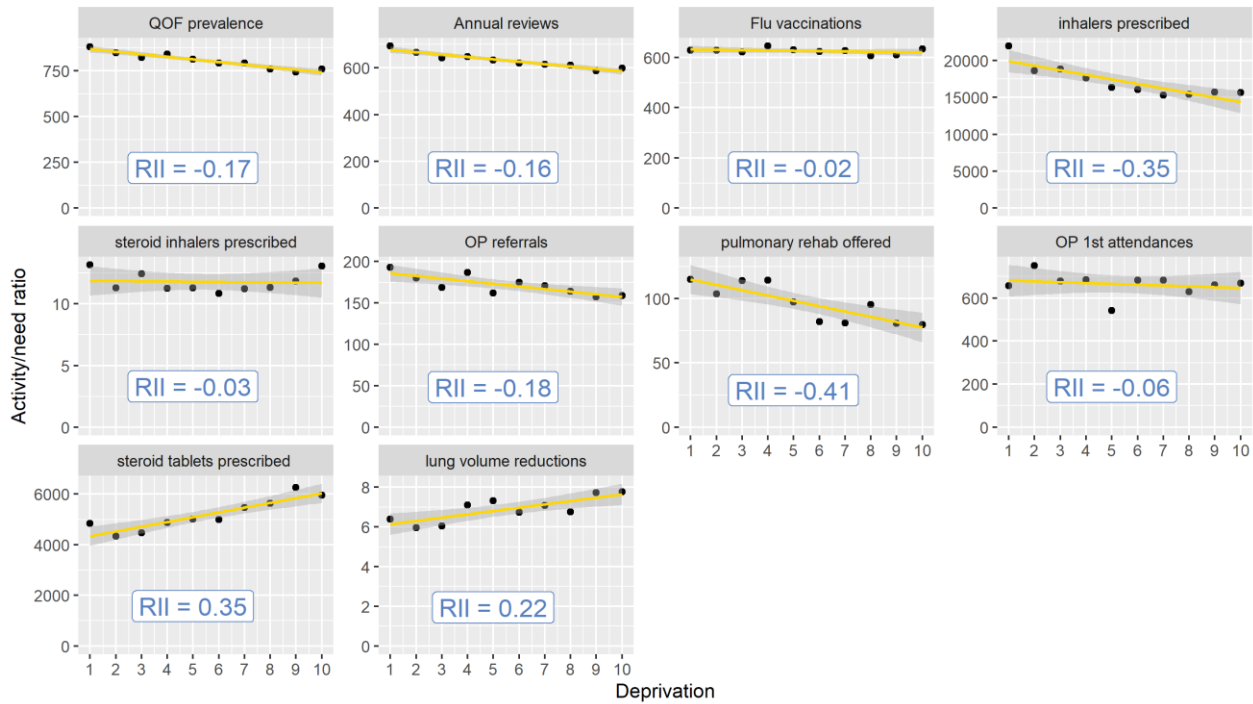
The region chart shows that patients with hip arthritis living in the most deprived areas are more likely to be identified by GPs and placed on an arthritis register. They are also more likely to receive a face-to-face review in primary care and to be seen by a specialist in an outpatient setting. Patients with hip arthritis living in the least deprived areas are however, more likely to receive a telephone consultation from a specialist and are more likely to receive a hip replacement.

In The Black Country and West Birmingham a similar pattern is seen with the exception that patients from less deprived areas are more likely to have a joint injection but are not more likely to have revision surgery.

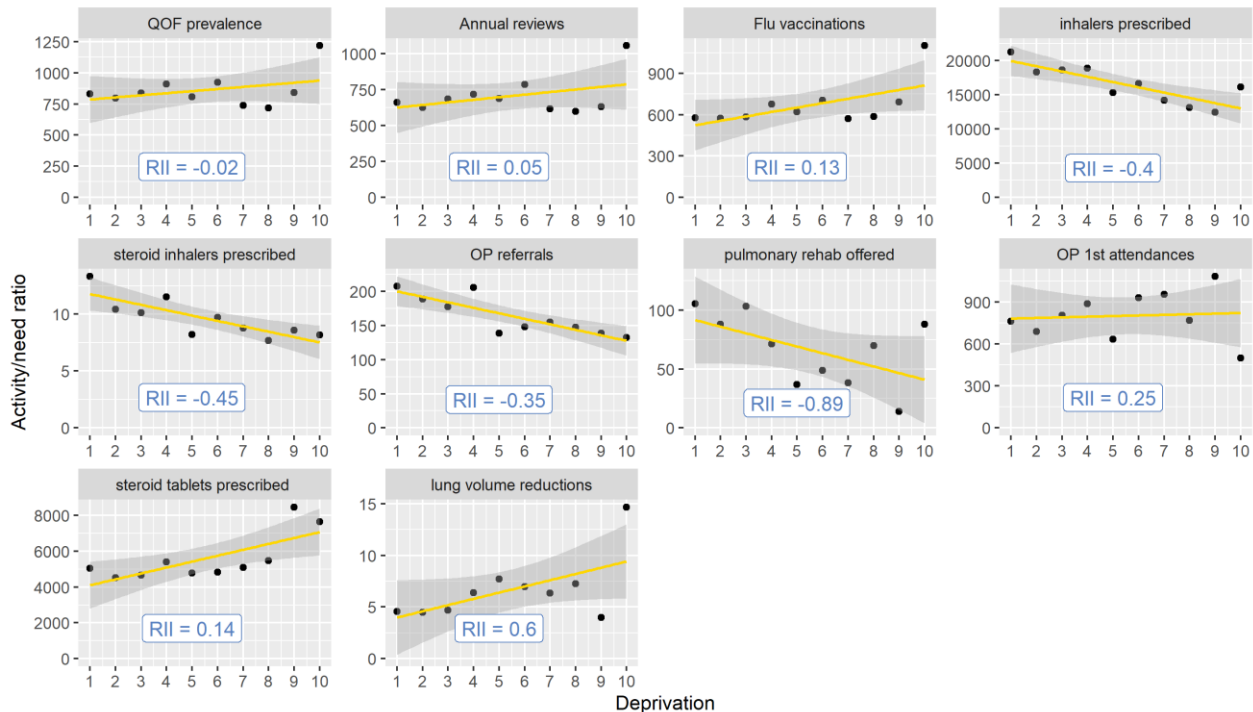


# COPD

## MIDLANDS REGION



## THE BLACK COUNTRY AND WEST BIRMINGHAM STP



	REGION			THE BLACK COUNTRY AND WEST BIRMINGHAM STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
QOF register	-0.17	-0.21	-0.14	-0.02	-0.20	0.17
Annual review	-0.16	-0.20	-0.12	0.05	-0.15	0.25
Flu vaccination	-0.02	-0.07	0.02	0.13	-0.07	0.32
Inhalers prescribed	-0.35	-0.52	-0.19	-0.40	-0.58	-0.22
Steroid inhalers prescribed	-0.03	-0.21	0.16	-0.45	-0.70	-0.21
ERS OP referrals	-0.18	-0.29	-0.07	-0.35	-0.57	-0.13
Offered pulmonary rehab	-0.41	-0.63	-0.19	-0.89	-1.37	-0.40
1st OP attendances	-0.06	-0.29	0.16	0.25	-0.08	0.58
Steroid tablets	0.35	0.22	0.48	0.14	-0.16	0.45
Lung volume reduction	0.22	0.07	0.38	0.60	0.16	1.04

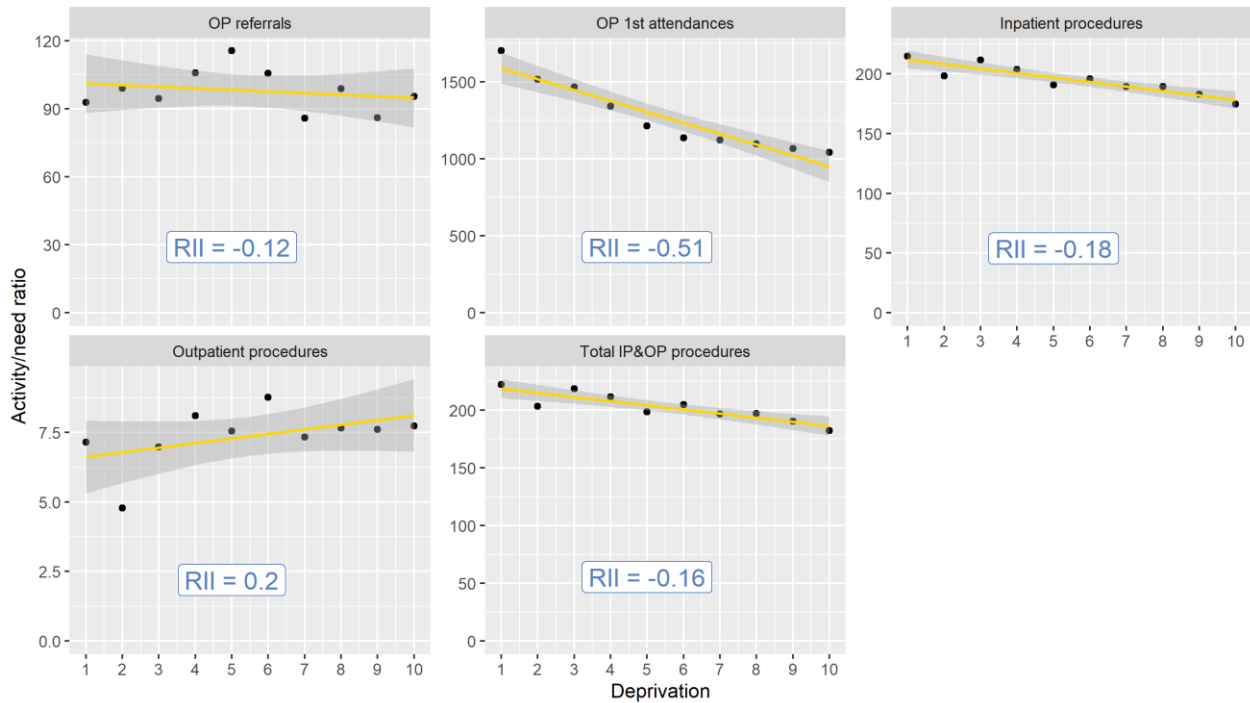
## Summary

The region chart shows that patients with COPD in the most deprived areas are more likely to be identified by their GP and placed on a COPD register than patients in the least deprived areas. Patients with COPD in the most deprived areas are also more likely to receive primary care management (annual reviews and influenza vaccinations), to be prescribed inhalers, to be referred to secondary care and be seen by a specialist in an outpatient setting. However, patients with COPD living in the least deprived areas are more likely to receive treatments in secondary care such as lung volume reduction surgery.

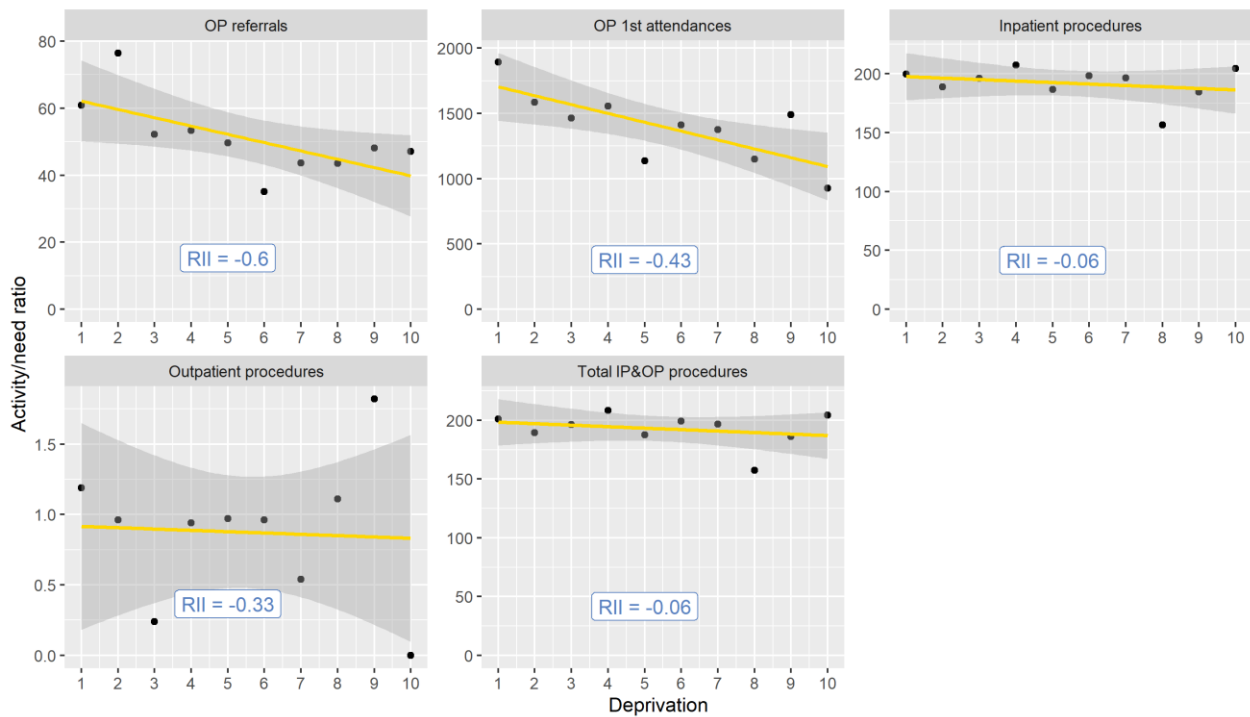
A similar pattern is seen in The Black Country and West Birmingham STP across most of the measures. However there does not appear to be significant inequality in the first three primary care measures. The scale of inequity in provision of lung volume reduction is also greater than that seen across the region.

# Cataracts

## Midlands Region



## THE BLACK COUNTRY AND WEST BIRMINGHAM STP



	REGION			THE BLACK COUNTRY AND WEST BIRMINGHAM STP		
Measure	RII	LCL	UCL	RII	LCL	UCL
ERS OP referrals	-0.12	-0.37	0.14	<b>-0.60</b>	-1.05	-0.16
1st OP attendances	<b>-0.51</b>	-0.70	-0.33	<b>-0.43</b>	-0.63	-0.23
Inpatient procedures	<b>-0.18</b>	-0.25	-0.11	-0.06	-0.21	0.10
Outpatient procedures	0.20	-0.13	0.53	-0.33	-1.26	0.61
Total procedures	<b>-0.16</b>	-0.24	-0.09	-0.06	-0.21	0.10

## Summary

The regional data suggests that patients living in the most deprived areas are more likely to be seen by a consultant in an outpatient setting. Cataract surgery can be delivered in outpatient or an inpatient setting. The data suggests that people living in the most deprived areas are more likely to receive inpatient surgery.

In The Black Country and West Birmingham STP people living in the least deprived areas are more likely to be referred to or be seen by a specialist. There does not appear to be significant inequality in terms of provision of treatment.

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**Midlands and Lancashire**  
**Commissioning Support Unit**