Harlesden
Locality Profile
2012

Directorate of Public Health & Regeneration
NHS Brent
Wembley Centre for Health and Care
Purpose of Document: Developing public health intelligence for identifying health inequalities and supporting healthcare strategy development.

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1 Harlesden Summary

Population
- Harlesden Locality resident population is estimated to be 41,959 and the Harness Cluster GP registered patients are 82,465.
- 80% of registered population live within one-mile radius from their respective general practices.
- The locality population is relatively young with 32% of the residents under 20 years of age, and 70% of residents under 45 years of age.
- Brent is very ethnically diverse. 40% of residents are from black or black British and overall 60% of the population is from a BME group.
- In Brent, 60% of population identify their religion as Christianity, less than 10% Hinduism, and about 12% Islam and a similar proportion are not followers of a religion.
- Harlesden is the most deprived locality in Brent, and also has the highest unemployment level.

Health Inequalities
- The differences in Life Expectancy at Birth between Harlesden Ward (with the lowest life expectancy in the locality for men and women) and the highest ward in Brent, i.e. Dudden Hill Ward for males and Fryent Ward for females, are 13.4 years for males and 9.6 years for females respectively.

Mortality and Morbidity
- Circulatory diseases, cancers and respiratory diseases are the biggest killers in Brent and this also true for the Harlesden Locality.
- Mental health is the largest cause of morbidity and mental health problems affect one in six people in Brent.
- Men aged under 75 in all three Harlesden Locality wards have higher mortality rates than the overall Brent rate.
- There are more than 4,717 patients aged over 17 years with diabetes who are registered with a GP
- The TB notification rate in 2010 for the locality (DSR 135 per 100,000 population) was the second highest amongst the Brent localities, and it was higher than Brent rate (112 per 100,000).
- There are 830 people living with HIV/AIDS in Brent and there are areas in Harlesden Locality where the prevalence is considered very high.

Smoking, Diet and Exercise
- Over one in five people registered with the Harness Cluster GPs is estimated to smoke.
- In Harlesden, about a one-eighth of children in the school reception year and over a one-fourth of the Year-6 children could be obese.
- An estimated 9 out of every 14 people in the Harness Cluster do not eat the recommended amount of fruit and vegetables per week making it the lowest performing in Brent for this indicator.
- It is estimated that only one in six people in this cluster achieve the recommended levels of physical activity.

Coverage of Preventive Services
- Low coverage of preventative services, such as breast, cervical and colorectal cancer screening, and immunisations.

Service Utilisation
- Six out of sixteen general practices in the Harness Cluster had higher A&E attendance rates per 1000 registered patients and eight out of sixteen practices had lower outpatient attendance rates compared to the overall national or Brent rates.
- All wards in Harlesden Locality had higher elective and non-elective admissions compared to the national and Brent admission rates.

Patient Satisfaction
- Harlesden and Stonebridge Wards residents reported relatively low satisfaction with the overall healthcare services (Brent Council Place Survey).
2 Aim of the Locality Profiles

The aim of the locality profiles is to provide information about the health needs of the local population in order to support GP commissioners to develop their commissioning priorities.

The objectives of the locality profiles are:
- To describe the demographic and social characteristic of the local population and assess variations between areas;
- To describe the burden of ill health of the local population and assess variations between practices and areas;
- To describe access to and use of services by locality and assess variations between practices and areas;
- To assess variations in health needs between practices and areas within the locality, as well as between the CCG and England;
- To identify GP practices and areas in which improvements would be likely to have a large impact on improving health and reducing inequalities in the CCG;
- To present the main findings from this work into a clear, concise and accessible report.

3 Harness Cluster – Patient Profiles

- General practices that are member of the Harness Cluster – 16
- General practices that are geographically located in the Harlesden Locality (irrespective of their cluster membership) – 11
- There is one general practice geographically in the locality but it is a member of the cluster other than the Harness Cluster. There are six practices in the Harness Cluster that are not geographically located in Harlesden Locality.
- Services are provided by 31 full-time GPs and 19 part-time GPs.
- Registered population with the Harness Cluster is 82,465; estimated Harlesden Locality resident population for 2011 was 43,425 at the least (to be revised with Census 2011 results).

- Harlesden Locality consists of three Electoral Wards: Stonebridge, Harlesden, and Kensal Green.
- 80% of the people registered with Harness Cluster practices live within 1-mile radius from their registered practices.
- 65% of the Harlesden Locality residents, excluding non-registered residents, are registered with the Harness Cluster GPs.
- 45% of the people registered with the Harness Cluster GPs live within the Harlesden Locality.
Map 1  Harness Co-operative registered patients by locality

Harness Co-operative consortium
combined registered patients by the electoral wards of the patients' residence

70 General Practices with the primary care service contract during 2011/12. Sixteen of them were the member of the Harness Co-op consortium.

Registered Patients
- 6001 - 10000
- 1001 - 6000
- 501 - 1000
- 101 - 500
- 21 - 100
- 5 - 20

Prepared by: Brent Primary Care Trust
NHS Brent, July 2012

Contains data from ONS Connecting for Life and Brent Council. Contains Census2011 Output Area Boundaries 2004 and Royal Mail data.

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HARLESDEN – LOCALITY PROFILE 2012
4 Demography and Socioeconomic Factors

4.1 Population

GLA estimated resident population for 2011 for this locality is approximately 43,425. Stonebridge is the most populous ward in Brent with 6% of the population, while Kensal Green is the least populous with just 4% of the population. The locality has a young population profile, (Figure 1). There are proportionately more children in the locality than in the Borough. Just over a Quarter of the locality’s population is aged under 15 compared to 19% in Brent & London (18% for England). This has implications for childcare and recreation facilities. Availability of childcare was one of the barriers to finding employment highlighted by the “Express yourself” consultation carried out by the Neighbourhood renewal unit in 2004. A third of the population is aged under 20 and 70% are aged under 45. 10% of the population is at pensionable age in the locality, the same as in the borough, compared to 11% and 16% in London and England respectively.

Table 1 Population Estimates in Harlesden Locality, Harness Cluster and in Brent, by Age-group

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Harlesden Locality Residents (to be revised)</th>
<th>Harness Cluster GP Registered Patients</th>
<th>Brent Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Persons</td>
</tr>
<tr>
<td>0-4</td>
<td>2,169</td>
<td>2,128</td>
<td>4,297</td>
</tr>
<tr>
<td>5-9</td>
<td>1,906</td>
<td>1,883</td>
<td>3,790</td>
</tr>
<tr>
<td>10-14</td>
<td>1,623</td>
<td>1,570</td>
<td>3,192</td>
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<tr>
<td>15-19</td>
<td>1,431</td>
<td>1,349</td>
<td>2,780</td>
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<tr>
<td>20-24</td>
<td>1,456</td>
<td>1,433</td>
<td>2,889</td>
</tr>
<tr>
<td>25-29</td>
<td>1,483</td>
<td>1,765</td>
<td>3,248</td>
</tr>
<tr>
<td>30-34</td>
<td>1,469</td>
<td>1,907</td>
<td>3,376</td>
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<tr>
<td>35-39</td>
<td>1,620</td>
<td>1,916</td>
<td>3,536</td>
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<td>40-44</td>
<td>1,657</td>
<td>1,879</td>
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<td>45-49</td>
<td>1,447</td>
<td>1,681</td>
<td>3,128</td>
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<td>50-54</td>
<td>979</td>
<td>1,345</td>
<td>2,324</td>
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<tr>
<td>55-59</td>
<td>711</td>
<td>1,002</td>
<td>1,713</td>
</tr>
<tr>
<td>60-64</td>
<td>592</td>
<td>783</td>
<td>1,375</td>
</tr>
<tr>
<td>65-69</td>
<td>568</td>
<td>679</td>
<td>1,247</td>
</tr>
<tr>
<td>70-74</td>
<td>622</td>
<td>634</td>
<td>1,256</td>
</tr>
<tr>
<td>75-79</td>
<td>451</td>
<td>463</td>
<td>914</td>
</tr>
<tr>
<td>80-84</td>
<td>223</td>
<td>248</td>
<td>471</td>
</tr>
<tr>
<td>85+</td>
<td>74</td>
<td>278</td>
<td>352</td>
</tr>
</tbody>
</table>

All Ages: | 20,482 | 22,942 | 43,425 | 41,959 | 40,506 | 82,465 | 156,500 | 154,700 | 311,200 |

Source: GLA 2011 Round Ward-Level BPO Standard Fertility Population Projections for the localities (to be updated with the further Census 2011 data releases)
4.2 Ethnicity

Brent is an ethnically diverse borough. Harlesden and Stonebridge share a similar ethnic distribution with large Black or Black British and White populations. Kensal Green Ward has a slightly different distribution with approximately half of the population being white and the Black/Black British community making up about 30% of the population. All wards in the locality have a proportionately smaller Asian community than Brent as a whole.

4.3 Religion

About 60% of the population in the locality are Christian, 7% Hindus, 11% Muslim; and a similar percentage of the population did not have any religion.
4.4 Deprivation

The Index of multiple deprivation (IMD) is a Super Output Area (SOA) level measure of deprivation and is made up of seven domains each containing a number of indices. An area with a higher IMD score means that it is more deprived than the other. Stonebridge and Harlesden Wards in this locality had the highest deprivation scores in the borough as measured by the English Indices of Deprivation, 2010. Kensal Green Ward also had a higher IMD score than Brent. Brent has an overall IMD score of 30.5 and ranks 35th most-deprived out of 353 local authorities and Counties in England. Brent is in the top 20 most income deprived local authorities in the country. Just over 16% of Brent’s SOAs are within the top 10% most deprived. Almost 77% of Brent’s SOAs are within the top 10% most deprived in the country for Barriers to Housing and Services.

Figure 4  Deprivation score by Ward in Brent, IMD-2010
Data at lower super output area level was attributed to patients by the postcode where they live. The value for the practice is the average of its patients. Some practices in the Harness Cluster have some of the highest deprivation score in the borough and about 67% of them had a value higher than the borough score.

Figure 5  Deprivation score by GP practice in Brent

Source: IMD 2010 score, APHO Practice Profile 2011
4.5 Economic Activities

Unemployment constitutes a significant risk factor for health as it is associated with general ill health, injuries, poisoning, premature mortality and coronary heart disease. It is also related to depression, anxiety, self harm and suicide. Harlesden Locality has the highest rate of unemployment in the borough.

Figure 6  Distribution of Unemployment in 2001 and JSA Claimants (2009) in Brent by Gender, Ward and Locality

5  Health, Mortality, Morbidity and Other information

5.1 Health status

5.1.1 Self-reported Good Health

Based on information collected about people’s view of their health at the last census in 2001, The London Health Observatory (LHO) have standardised the results and compared them to England as a whole. As a borough Brent has lower than average self reported good health. Harlesden and Stonebridge Wards both have statistically significantly lower than average rates of reported good health.

Figure 7   Self reported Good Health by Ward in Brent
5.1.2 Illness and Incapacity

Similarly, the London health observatory has reported on limiting long term illness, (see figure 8 below). Within the Harlesden Locality, all wards have statistically significant higher levels of limiting long term illness than England.

Figure 8 Reporting of long-term limiting illness by Ward in Brent
Figure 9 (below) shows the total count of Employment and Support Allowance (ESA), incapacity and disability benefit claimants reported by the Directorate of Work and Pensions as at November 2011. Employment and Support Allowance (ESA) is a benefit for people who have a limited capability for work because of a health condition or disability. ESA was introduced in October 2008 and replaces Incapacity Benefit and Income Support paid on incapacity grounds for new customers. The highest numbers of claimants were in Stonebridge, Harlesden and Kilburn Wards.

**Figure 9  Incapacity Benefit Claimants (ESA) by Ward in Brent**
5.2 Health Behaviour

5.2.1 Smoking

Smoking remains the main cause of preventable disease and premature death in the UK. About 8.5 million people in England still smoke and over 80,000 deaths a year are due to smoking in England alone. In Harness, over 73% of practices have rates higher than the value for Brent and in 91% of those practices, it is estimated that at least a fifth of the population smoke.

Figure 10  Smoking Prevalence by GP practice in Harness Cluster, 2004-2006

Other sources estimating smoking prevalence exist such as GP’s quarterly return and QOF’s register of smoking indicators. However, due to various limitations of the data such as very small numbers and issues with data quality and completeness, they have not been included here.
5.2.2 Participation in Physical Activities

The figure below shows the percentage of adults in the local population taking part in at least moderate intensity sport or active recreation for at least 30 minutes duration on at least 3 days a week in the last 4 weeks, estimated using Small Area Estimates produced by Sport England. The denominator is people aged 16 and over. All the practices in Harness have lower values than both the overall borough and London values. On average, only 1 in 6 people belonging to this cluster exercise at the recommended level.

Figure 11 Participation in sport or active recreation by GP practice in Harness Cluster, 2006/07

5.2.3 Healthy Diet

The Public Health Observatories have produced modelled estimates of the percentage of adults in the local population consuming 5 or more portions of fruit and vegetables a day. The denominator is people aged 16 and over. 80% of practices in the Harness Cluster are expected to have a lower prevalence value than the Brent average (37%). On average, 9 out of every 14 people in the Cluster do not eat the recommended amount of fruit and vegetables per week.

Figure 12  Fruit and vegetable consumption by GP practice in Harness Cluster

Source: APHO modelled expected prevalence for 2011
5.2.4 Obesity

Obesity is indicated when an individual’s BMI is over 30. It increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems. The levels of obesity prevalence reported by the GPs in Harness Cluster and Brent as a whole are much lower than the expected prevalence. This disparity is also reflected at regional and national levels. However, thirteen out of sixteen (81% of) Harness Cluster GPs had higher recorded obesity prevalence than the overall Brent CCG prevalence (8.4%).

Figure 13  Observed and Expected Prevalence of Obesity by GP practices in Harness Cluster

Source: QOF Obesity Registers 2010/11 (observed); APHO modelled expected prevalence for 2011 (expected)
In Brent where over a fifth of 10-11 years olds and a tenth of 4-5 years olds are obese; for both the groups of pupils, the obesity prevalence is higher than the national average. In Harlesden, about a one-eighth of children in the school reception year and over a one-fourth of the Year-6 children could be obese.

Figure 14  Percentage of obese children in School Reception and Year-6 by Wards in Brent

Source: National Childhood Measurement Programme, National Obesity Observatory; 2008/09 - 2010/11
5.3 Life Expectancy

Brent has a higher life expectancy at birth compared to London and England although a gap of 13.4 years for males and 9.6 years for females persists between an area with the lowest life expectancy (Harlesden, the second most deprived ward) and an area with the highest life expectancy in Brent, i.e. Dudden Hill Ward for males and Fryent Ward for females.

Map 2  Life Expectancy at Birth for males, by Brent Ward (2005-2009)
In the locality, Harlesden has the lowest life expectancy for both males (71.9) and females (80.6) while Kensal Green has the highest life expectancy for males (76.7) and Stonebridge has the highest for females (87.9).
5.4 Births

Between 2008 and 2010, Harlesden Ward had the highest number of live births (1042) and Stonebridge had the second highest in Brent (899). In contrast, Kenton Ward had the lowest number of live births (377) in Brent. Within the Harlesden Locality, Kensal Green had the lowest number of live births (771). The average birth rate for Brent is approximately 87.5 births per 1000 women aged 15-45 years old.

Figure 15 Number of Live Births by Ward in Brent (2008-2010)
Although low birth weight (LBW) is not a direct measure of ill-health for the infants, it is frequently used as a marker for poor health at birth because it is a leading risk factor for infant mortality and for subsequent morbidity among surviving infants. It can be caused by prematurity, maternal smoking, alcohol & substance misuse and is also seen in mothers aged under 20. Average birth weight after a normal pregnancy is 3400g; low birth weight is defined as being below 2500g. Brent had higher percentage of LBW than England and London values. In the locality, Harlesden had proportions of LBW babies that were higher than the Brent value. Kensal Green had the 3rd lowest proportion of LBW babies amongst the 21 wards in the borough.

Figure 16  Percentage of Low-Birth-Weight Babies by Ward in Brent (2008-2010)
5.5 Mortality

In 2011, there were 1430 deaths recorded in Brent. Circulatory diseases (34%), cancers (30%), respiratory diseases (12%) and diseases of the digestive system (6%) were the most common cause of deaths.

Table 2  Mortality by ICD Chapters in Brent, 2003 to 2011

<table>
<thead>
<tr>
<th>ICD-10 Chapter Name</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the circulatory system</td>
<td>621</td>
<td>593</td>
<td>626</td>
<td>539</td>
<td>548</td>
<td>508</td>
<td>466</td>
<td>570</td>
<td>485</td>
</tr>
<tr>
<td>All cancers (Neoplasms)</td>
<td>478</td>
<td>459</td>
<td>437</td>
<td>390</td>
<td>429</td>
<td>369</td>
<td>405</td>
<td>468</td>
<td>430</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>270</td>
<td>235</td>
<td>246</td>
<td>194</td>
<td>207</td>
<td>186</td>
<td>169</td>
<td>209</td>
<td>171</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>63</td>
<td>90</td>
<td>76</td>
<td>89</td>
<td>86</td>
<td>71</td>
<td>68</td>
<td>69</td>
<td>87</td>
</tr>
<tr>
<td>External causes of morbidity and mortality</td>
<td>64</td>
<td>60</td>
<td>57</td>
<td>56</td>
<td>58</td>
<td>52</td>
<td>54</td>
<td>54</td>
<td>48</td>
</tr>
<tr>
<td>Mental and behavioural disorders</td>
<td>24</td>
<td>27</td>
<td>30</td>
<td>43</td>
<td>36</td>
<td>39</td>
<td>26</td>
<td>39</td>
<td>65</td>
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<tr>
<td>Diseases of the nervous system</td>
<td>43</td>
<td>35</td>
<td>30</td>
<td>40</td>
<td>43</td>
<td>45</td>
<td>33</td>
<td>30</td>
<td>35</td>
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<tr>
<td>Diseases of the genitourinary system</td>
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<td>24</td>
<td>27</td>
<td>29</td>
<td>32</td>
<td>28</td>
<td>20</td>
<td>33</td>
<td>29</td>
</tr>
<tr>
<td>Endocrine, nutritional and metabolic diseases</td>
<td>43</td>
<td>27</td>
<td>29</td>
<td>30</td>
<td>21</td>
<td>31</td>
<td>23</td>
<td>18</td>
<td>12</td>
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<tr>
<td>Certain infectious and parasitic diseases</td>
<td>28</td>
<td>17</td>
<td>30</td>
<td>27</td>
<td>37</td>
<td>25</td>
<td>16</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>19</td>
<td>20</td>
<td>18</td>
<td>27</td>
<td>17</td>
<td>16</td>
<td>20</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>others</td>
<td>36</td>
<td>26</td>
<td>31</td>
<td>29</td>
<td>37</td>
<td>20</td>
<td>26</td>
<td>33</td>
<td>28</td>
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<tr>
<td>Total</td>
<td>1731</td>
<td>1613</td>
<td>1637</td>
<td>1493</td>
<td>1551</td>
<td>1390</td>
<td>1326</td>
<td>1558</td>
<td>1430</td>
</tr>
</tbody>
</table>

Source: ONS Public Health Mortality Extracts
London Health Observatory data for all-causes mortality data for the population aged less than 75 show that all three wards in the Harlesden Locality have higher SMRs than the Brent rate. Compared with the England figure (100), an SMR of 100 indicates that the ward has average mortality, higher than 100 indicates that the ward has higher than average mortality, and lower than 100 indicates lower than average mortality. Rates for men in all three Harlesden Locality wards were higher than Brent, London and England. For women, only Harlesden Ward was higher mortality rate than Brent, London & England although this was not significantly high.

**Figure 17  All Causes of Mortality for Age<75 (2006-2010)**

Source: London Health Programme, March 2012; Data range 2006-2010
5.6 Causes of Mortality by Locality

In 2011, there were 188 deaths recorded in Harlesden locality. Similar to the Brent overall counts, circulatory diseases, cancers and deaths from respiratory diseases were the top three causes of deaths.

Figure 18 Mortality by ICD-10 Chapter by Locality, 2009

Source: ONS Mortality Files, Calendar Year 2011
5.7 Long-Term Conditions and Risk Factors

There are 17 long-term conditions and risk factors monitored as part of the Quality and Outcomes Framework at GP practice level. Table 3 shows the national and Brent CCG level prevalence of these clinical conditions. There are limitations to the data. It should be noted that not everyone with these conditions will be registered with a GP and of those that are, not all will be reported by the GP practice. Also, not all who are registered at a GP practice in one locality also reside in that locality. In many conditions, the true prevalence will be higher than the QOF data suggests. Amongst the consortia in Brent, obesity in patients aged over 16 years was highest in GP practices situated in the Harness Cluster.

Table 3  Prevalence of long term conditions in Harness Cluster, Brent and England (QOF 2010/11)

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Harness Co-operative</th>
<th>Brent</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sum of Register</td>
<td>Prevalence</td>
<td>Sum of Register</td>
</tr>
<tr>
<td></td>
<td>Counts</td>
<td></td>
<td>Counts</td>
</tr>
<tr>
<td>Hypertension</td>
<td>9,100</td>
<td>11.13%</td>
<td>970,554</td>
</tr>
<tr>
<td>Obesity (ages 16+)</td>
<td>7,890</td>
<td>12.42%</td>
<td>668,460</td>
</tr>
<tr>
<td>Diabetes Mellitus (Diabetes) (ages 17+)</td>
<td>4,717</td>
<td>7.56%</td>
<td>376,868</td>
</tr>
<tr>
<td>Depression (ages 18+)</td>
<td>3,727</td>
<td>6.09%</td>
<td>540,071</td>
</tr>
<tr>
<td>Asthma</td>
<td>3,551</td>
<td>4.34%</td>
<td>417,263</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>1,424</td>
<td>1.74%</td>
<td>192,142</td>
</tr>
<tr>
<td>Chronic Kidney Disease (ages 18+)</td>
<td>1,070</td>
<td>1.75%</td>
<td>182,181</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>1,139</td>
<td>1.39%</td>
<td>197,329</td>
</tr>
<tr>
<td>Mental Health</td>
<td>886</td>
<td>1.08%</td>
<td>86,365</td>
</tr>
<tr>
<td>Stroke or Transient Ischaemic Attacks (TIA)</td>
<td>714</td>
<td>0.87%</td>
<td>93,927</td>
</tr>
<tr>
<td>Cancer</td>
<td>768</td>
<td>0.94%</td>
<td>102,383</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>519</td>
<td>0.63%</td>
<td>90,731</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>397</td>
<td>0.49%</td>
<td>75,375</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>398</td>
<td>0.49%</td>
<td>43,900</td>
</tr>
<tr>
<td>Epilepsy (ages 18+)</td>
<td>328</td>
<td>0.54%</td>
<td>38,776</td>
</tr>
<tr>
<td>Learning Disabilities (ages 18+)</td>
<td>243</td>
<td>0.40%</td>
<td>22,091</td>
</tr>
<tr>
<td>Dementia</td>
<td>151</td>
<td>0.18%</td>
<td>28,255</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>42</td>
<td>0.05%</td>
<td>11,554</td>
</tr>
</tbody>
</table>

Data source: QOF 2010/11. NHS Information Centre
Figure 19 Prevalence of Long-Term Conditions in General Practices in Brent by GP Cluster (QOF 2009/10)

Percentage (%)

Harness Co-operative Kilburn Kingsbury Wembley Willesden

Source: QOF 2010/11, NHS Information Centre

Public Health Intelligence Unit, Directorate of Public Health and Regeneration
NHS Brent Teaching Primary Care Trust
5.7.1 Cardiovascular Disease
Cardiovascular disease (CVD) includes all diseases that affect the heart and circulation. Ward level SMRs for circulatory diseases are presented in Figure 20. All wards in Harlesden Locality had SMRs that were higher than all the benchmark values. Only Harlesden was significantly higher than the England as well as the London and Brent values. Harlesden also had the highest SMR of all the wards in the borough whilst Stonebridge and Kensal Green were the 4th and 7th highest respectively.

Figure 20  SMR for Circulatory Diseases by Ward

Source: London Health Programme, March 2012; Data range 2006-2010
Brent CCG is expected to have a lower prevalence (7.8%) of CVD than England (9.44%). Three GP practices in the Harness Cluster are expected to have higher CVD prevalence than the overall Brent CCG expected prevalence rate. Harness Cluster has the 2nd lowest expected prevalence amongst the GP Clusters in Brent.

Figure 21  Estimated CVD prevalence by GP practices in Brent for 2011
5.7.2 Cancer
Cancer is the second biggest killer for each of the five Brent Locality areas. In Harlesden Locality, 1681 residents have been diagnosed with cancer between 1999 and 2010, of these residents up to 66% were still alive at the end of 2010. As on 2010, Harlesden Locality had about 287 persons with cancer per 10,000 residents. Harlesden Ward had lower incidence rates than Brent whilst Stonebridge and Kensal Green Wards had higher or the same rate as Brent. In relation to other wards in the borough, Kensal Green was the 7th highest, Stonebridge the 10th and Harlesden the 17th.

Figure 22  Cancer incidence rate per 10,000 population by Wards, 2006-2010

Source: Thames Cancer Registry, Duration: 2006-2010
Harlesden Ward had the highest SMR from cancer for those aged under 75 when compared with all wards in Brent and was 1.8 times than the borough value. It is interesting to note that although the incidence rate of cancer in Harlesden Locality is not particularly high, they have worse outcomes as Harlesden and Kensal Green wards have the highest SMRs in the borough. This may be due to the type of cancers that occur in the locality, issues regarding access and problems of late diagnosis.

Figure 23  Standardised Mortality Rates by Brent Wards, All Cancers, Ages Under 75 (2006-2010)
Data presented below for the four most common cancers show that for one year relative survival rates, Brent has similar values to North West London, London and England for breast and prostate cancers. One year relative survival rates for trachea, bronchus and lung and colorectal and anal cancers are higher than the benchmark values however the difference between Brent, NWL and London are not statistically significant. For five year relative survival rates, the values for Brent are also similar to the benchmark values however for trachea, bronchus and lung and colorectal and prostate cancers, the values are statistically higher than the England values.

**Figure 24 One and Five Year Relative Survival for the main cancer types**
Early diagnosis of cancer and access to care are linked with better prognosis and lower levels of mortality from cancer. The various cancer screening programmes available in England (breast, cervical and bowel) aim to identify early stage cancer in patients most at risk. Data presented below show the coverage of breast cancer screening for women aged 53 to 70 years old in Brent GP practices. The percentage of the screening programme coverage was about 68% for Brent overall and 62.6% for Harness Co-operative GPs. Only two GPs in the Harness Cluster achieved the 70% coverage target.

**Figure 25  Breast Cancer Screening Coverage (women aged 53-70 years), 2011/12 Q3**

![Breast Cancer Screening Coverage Chart](image-url)
Data for the coverage of cervical cancer screening for women aged 25 to 45 years old in Brent GP practices is presented below. None of the practices in the Harness cluster or anywhere in Brent (except one Kingsbury Cluster GP) achieved the 80% national target. The overall coverage in the Harness Cluster was 69% and in Brent, the figure was 66.3%.

Figure 26  Cervical Cancer Screening Coverage (women aged 25-45 years), 2011/12
The coverage of cervical cancer screening was higher in the older age group. Seven of the sixteen practices in Harness Cluster were able to achieve the 80% target and the overall coverage in Harness Cluster was 78.5% which is higher than the coverage value in Brent of 77.6%.

**Figure 27  Cervical Cancer Screening Coverage (women aged 50-64 years), 2011/12**

Source: KC53, NHS Brent
Data presented below show the coverage of bowel cancer screening for men and women aged 60 to 69 years old in Brent GP practices. None of the practices in Harness Cluster or elsewhere in Brent achieved the 60% target, and two thirds of the practices had uptake values lower than the Brent. The overall uptake in Harness Cluster was 39.1% which is lower than the overall uptake for Brent (42.2%).

Figure 28  Bowel Cancer Screening Coverage (men and women aged 60-69 years), 2011
5.7.3 Diabetes
The reported prevalence of diabetes has been higher in Brent than the London and England values. All but one of the practices in Harness Cluster have reported prevalence of diabetes were higher than Brent value. In spite of the higher observed prevalence of diabetes in Brent, it is estimated that there may be still as many as one in four people with undiagnosed diabetes.

Figure 29  Diabetes prevalence by GP practices in Brent, 2010/11
5.7.4 Mental Health

MINI2000 produces predicted numbers and rates of admissions for mental illnesses severe enough to need hospital treatment from time to time. It was designed to predict the distribution of mental health problems at small area level. The values presented are an index or ratio and it is calculated as the predicted admission rate for the area divided by the predicted admission rate for England. In Harlesden Locality, all three wards are significantly higher than the benchmark values with Harlesden Ward (the second highest ward in the borough) being 71% higher than the England value.

Figure 30  Mental Health Needs Index, 2000 (MINI2000)

Source: Mental Health Observatory, part of the North East Public Health Observatory
Kensal Green Ward had a higher proportion of people claiming incapacity benefits for mental illness among the incapacity benefit claimants than the Brent value and it is in the top five wards in the borough. Stonebridge Ward had similar proportion as to the overall Brent value, and Stonebridge had lower proportion than the overall Brent value.

Figure 31 Incapacity Benefits Claimants for Mental Illness
5.7.5 Sexual Health

5.7.5.1 Sexually Transmitted Infections and Screening
Out of a total of 16,745 sexual health screens of Brent residents carried out in genitourinary medicine (GUM) clinics nationwide, 38.4% were found to be positive with at least one of the STIs mentioned here. This is than the overall positivity rate (proportion of positive tests to all tests) for London (44.6%) and England (55.1%). The positivity rate for Brent (38.4%) during 2011 comprised of 5.7% for Chlamydia, 18.9% for anogenital warts, 8.7% for anogenital herpes, 4.3% for gonorrhoea and 0.8% for infectious syphilis.

Figure 32  Distribution of number of positive screen by age and gender, and proportions of selected STIs diagnosed to all STI diagnosis in 2011
5.7.5.2 HIV Prevalence

In 2010, there were a total of 830 Brent residents with HIV accessing care. The rate of HIV prevalence in Brent as a whole was 3.23 per 1000 population aged 15-69. All areas in the locality had HIV prevalence rate at least 2.5 per 1000. Harlesden and Kensal Green had relatively high rates to the south and west of the wards respectively. National guidelines on HIV testing recommend offering HIV testing to all men and women registering in general practice as well as to general medical admissions in areas where the prevalence of diagnosed HIV infection is >2:1000.

Map 4 Prevalence rate of Brent residents accessing care for HIV/AIDS, 2010
5.7.5.3 Teenage Pregnancy
The majority of conceptions in under 18s are unintended and lead to an abortion. teenage mothers are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Their long-term health, and that of their children, is worse than average. They are also less likely to finish their education, less likely to find a good job and more likely to end up both as single parents and bringing up their children in poverty. The risk of teenage parenthood is greatest for young people who have grown up in poverty and disadvantage or those with poor educational attainment and the children of teenage mothers have a much higher chance of becoming teenage mothers themselves. The Brent rate for Under 18 conceptions is statistically no different than London and England rates. Harlesden had the highest teenage conception rate amongst the localities in Brent accounting for almost 30% of all teenage pregnancies in the borough. The rates for Harlesden and Stonebridge Ward were 78% and 60% higher than the England rate respectively.

Figure 33 Teenage Conception Rates per thousands aged 15-17 (2008-2010)
### 5.7.6 Tuberculosis (TB)

Brent has one of the highest rates of TB in the UK and the true incidence of TB in Brent is expected to be higher because some people remain undiagnosed. In 2010, the TB notification rate in Brent (DSR 112 per 100,000 European Standard population) was three times the London rate (41 per 100,000) and more than seven times the England rate (15 per 100,000). TB notification figures obtained from the London TB Register suggested that the number of TB notifications in Harlesden Locality was the second highest amongst the other Brent localities during 2010.

**Figure 34** TB Notifications directly age-standardised rate per 100,000 European Standard population, 2010

Source: NCHOD (for Brent, London and England). London TB Register, HPA; Mid-year population estimates, ONS (for Brent Wards).
6 Health Service Utilisation

6.1 Outpatient attendances

Figure 35 Outpatient attendance rates by General Practices in the Harness Cluster

Three practices in the Harness Cluster had higher outpatient attendance rates than the Brent rate and ten practices had rates lower than the Brent rate. Brent (Blue reference line) had a higher attendance rate compared to England (Red reference line). The GP list inflation is likely to result in lower rates for some GPs in Brent. Therefore, these rates should be treated with caution.

Table 4 Outpatient Attendances by Top-10 Specialties for Brent

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Attendances</th>
<th>SAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>36,884</td>
<td>121.3</td>
</tr>
<tr>
<td>Adult Mental Illness</td>
<td>31,876</td>
<td>287.4</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>29,040</td>
<td>68.6</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>20,678</td>
<td>107.3</td>
</tr>
<tr>
<td>Cardiology</td>
<td>19,128</td>
<td>149.6</td>
</tr>
<tr>
<td>Midwife Episode</td>
<td>18,537</td>
<td>119.2</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>17,775</td>
<td>72.4</td>
</tr>
<tr>
<td>Dermatology</td>
<td>12,845</td>
<td>73.1</td>
</tr>
<tr>
<td>Nephrology</td>
<td>11,845</td>
<td>260.9</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>11,024</td>
<td>172.5</td>
</tr>
<tr>
<td>Others</td>
<td>208,915</td>
<td>-</td>
</tr>
</tbody>
</table>

The Top-10 high attendance specialties accounted for 50% of total outpatient attendances by the Brent registered patients. Attendance rates for Trauma & Orthopaedics, Obstetrics and Dermatology were lower than expected. Attendance rates for Adult Mental Illness and Nephrology were more than 2.5 times of national rate.
Outpatient attendance rates for all the Brent Wards (except Kenton) were higher than the England rate. The residents of ten out of twenty-one wards had higher outpatient attendance rates than the Brent rate. The residents of Harlesden and Kensal Green Wards had higher outpatient attendance rates than the overall Brent rate.

**Figure 36  Outpatient attendance rates by Ward and Locality**

![Outpatient attendance rates by Ward and Locality graph]

Source: Dr Foster, 2011/2012
6.2 A&E Attendances
A&E attendance rates assigned to the general practices are the directly standardised rates per thousand registered patients. Brent (Blue reference line) had a lower attendance rate compared to England (Red reference line). Twelve out of sixteen GPs in the Harness Cluster had higher A&E attendance rates than the overall Brent rate. The highest A&E attendance rate was almost 1.5 times the Brent rate. It was also the highest rate among all the general practice in Brent. The GP list inflation is likely to result in lower rates for some GPs in Brent. Therefore, these rates should be treated with caution.

Figure 37  A&E attendances per 1000 registered patients with the Harness Cluster by General Practice
### 6.3 Elective and Emergency Inpatient Admissions

#### Figure 38
Elective admission rates by General Practices in the Harness Cluster

Five practices in the Harness Cluster had higher elective admission rates than the Brent admission rate and three had lower than the Brent rate. Brent (Blue reference line) had a lower admission rate compared to England (Red reference line). The GP list inflation is likely to result in lower rates for some GPs in Brent. Therefore, these rates should be treated with caution.

#### Table 5
Elective Admissions by Top-10 Specialties for Brent

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Admissions</th>
<th>SAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterology</td>
<td>5,241</td>
<td>155.1</td>
</tr>
<tr>
<td>Urology</td>
<td>2,997</td>
<td>88.5</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2,993</td>
<td>112.2</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>2,898</td>
<td>64.8</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>2,275</td>
<td>79.6</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1,921</td>
<td>51.2</td>
</tr>
<tr>
<td>Clinical Haematology</td>
<td>1,899</td>
<td>99.7</td>
</tr>
<tr>
<td>Cardiology</td>
<td>1,235</td>
<td>109.7</td>
</tr>
<tr>
<td>ENT</td>
<td>921</td>
<td>58.4</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>911</td>
<td>168.5</td>
</tr>
<tr>
<td>Others</td>
<td>12,842</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Dr Foster, 2011/2012

The Top-10 high admissions specialties accounted for 65% of total elective admissions for the Brent registered patients. Admission rates for Gastroenterology, Paediatrics, Ophthalmology and Cardiology were higher than expected. Admission rates for Paediatrics and Gastroenterology was more than 1.5 times the expected rate.
The overall Brent elective inpatient admission rate was higher than the England rate. The elective inpatient admission rates for the Brent wards varied compared to the England rate. The residents of five out of twenty-one Brent Wards had higher elective inpatient admission rates and six wards had lower rates than the Brent rate. For the Harlesden Locality residents, all the wards had higher rates compared to both the overall Brent and the England rates.

**Figure 39  Elective admission rates by Ward and Locality**
Eight practices in the Harness Cluster had higher emergency admission rates than the Brent admission rate and only one had lower than the Brent rate. Brent (Blue reference line) had a lower admission rate compared to England (Red reference line). The GP list inflation is likely to result in lower rates for some GPs in Brent. Therefore, these rates should be treated with caution.

Table 6 Non-elective Admissions by Top-10 Specialties for Brent

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Admissions</th>
<th>SAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics</td>
<td>7,944</td>
<td>97.7</td>
</tr>
<tr>
<td>Accident &amp; Emergency</td>
<td>5,912</td>
<td>179.9</td>
</tr>
<tr>
<td>General Medicine</td>
<td>5,623</td>
<td>63.2</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>3,365</td>
<td>79.1</td>
</tr>
<tr>
<td>General Surgery</td>
<td>2,406</td>
<td>75.2</td>
</tr>
<tr>
<td>Midwife Episode</td>
<td>1,948</td>
<td>118.6</td>
</tr>
<tr>
<td>Cardiology</td>
<td>1,198</td>
<td>134.3</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>1,138</td>
<td>74.8</td>
</tr>
<tr>
<td>Trauma &amp;</td>
<td>853</td>
<td>50.9</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>652</td>
<td>186.6</td>
</tr>
<tr>
<td>Others</td>
<td>6,079</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Dr Foster, 2011/2012

The Top-10 high admissions specialties accounts for 84% of total non-elective admissions for the Brent registered patients. Admission rates for Accident & Emergency, Gastroenterology, Cardiology and Midwife Episode were higher than expected. Admission rate for Gastroenterology and Accident & Emergency was more than 1.75 times the expected rates.
The overall Brent emergency admission rate was higher than the England rate. The emergency admission rates for the Brent wards varied compared to both the overall Brent and the England rate. The residents of seven out of twenty-one Brent Wards had emergency admission rates same as the overall Brent rate, another eight wards had rates lower than both the overall Brent rate, and another six wards had rates higher than both the overall Brent and the England rates. All the wards in the Harlesden Locality had higher rates compared to both the overall Brent and the England rates.

Figure 41  Emergency admission rates by Ward and Locality
6.4 Access to General Practices in Brent

Results from the general practice patient satisfaction survey have shown considerable variation across practices in 2010/11. The table below gives the practice score for each indicator. The colour coding ranks the practice by quintile for each indicator assessed. There was significant variation in satisfaction ratings between practices. The key issue identified in the Harness Cluster was about patients getting an appointment with a specific GP. For this indicator, the satisfaction rating for 8 out of 16 practices in this cluster were in the bottom 40% of all practices in Brent. The percentage of patients in the cluster satisfied with the opening hours at their practice was relatively high.

Table 7 General practice service access and patient satisfaction (%) for the Harness Cluster GPs compared with Brent, 2010/11

<table>
<thead>
<tr>
<th>Practice name</th>
<th>% Satisfied with Telephone Access</th>
<th>% Able to get Appointment Within 48 Hours</th>
<th>% Able to Book Appointment in Advance</th>
<th>% Able to get an Appointment with a Specific GP</th>
<th>% Satisfied with Opening Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acton Lane Surgery</td>
<td>72%</td>
<td>90%</td>
<td>77%</td>
<td>66%</td>
<td>83%</td>
</tr>
<tr>
<td>Aksyr Medical Practice</td>
<td>61%</td>
<td>63%</td>
<td>64%</td>
<td>67%</td>
<td>73%</td>
</tr>
<tr>
<td>Brent Gp Access Centre</td>
<td>70%</td>
<td>90%</td>
<td>79%</td>
<td>61%</td>
<td>91%</td>
</tr>
<tr>
<td>Brentfield Medical Centre</td>
<td>59%</td>
<td>71%</td>
<td>55%</td>
<td>48%</td>
<td>86%</td>
</tr>
<tr>
<td>Buckingham Road Surgery</td>
<td>80%</td>
<td>85%</td>
<td>91%</td>
<td>81%</td>
<td>83%</td>
</tr>
<tr>
<td>Chaplin Road Surgery</td>
<td>44%</td>
<td>84%</td>
<td>89%</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>Church End Medical Centre</td>
<td>75%</td>
<td>77%</td>
<td>92%</td>
<td>42%</td>
<td>80%</td>
</tr>
<tr>
<td>Church Lane Surgery</td>
<td>76%</td>
<td>83%</td>
<td>69%</td>
<td>60%</td>
<td>82%</td>
</tr>
<tr>
<td>Freuchen Medical Centre</td>
<td>70%</td>
<td>82%</td>
<td>76%</td>
<td>50%</td>
<td>78%</td>
</tr>
<tr>
<td>Harness Harlesden Practice</td>
<td>78%</td>
<td>83%</td>
<td>79%</td>
<td>60%</td>
<td>87%</td>
</tr>
<tr>
<td>Harrow Road Practice</td>
<td>70%</td>
<td>83%</td>
<td>75%</td>
<td>66%</td>
<td>85%</td>
</tr>
<tr>
<td>Hilltop Medical Practice</td>
<td>61%</td>
<td>51%</td>
<td>64%</td>
<td>47%</td>
<td>79%</td>
</tr>
<tr>
<td>Oxgate Gardens Surgery</td>
<td>72%</td>
<td>73%</td>
<td>70%</td>
<td>47%</td>
<td>81%</td>
</tr>
<tr>
<td>Park Road Surgery</td>
<td>26%</td>
<td>74%</td>
<td>78%</td>
<td>47%</td>
<td>80%</td>
</tr>
<tr>
<td>The Stonebridge Practice</td>
<td>62%</td>
<td>46%</td>
<td>49%</td>
<td>64%</td>
<td>77%</td>
</tr>
<tr>
<td>Wembley Park Medical Centre</td>
<td>68%</td>
<td>76%</td>
<td>58%</td>
<td>58%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Fill Format:
- Highest Quintile
- Higher Quintile
- Middle Quintile
- Lower Quintile
- Lowest Quintile
### 6.5 General Practice Performance

#### 6.5.1 Achievements on Quality and Outcomes Framework

Results from the Quality and Outcomes Framework 2010/11 also show considerable variation in performance across practices. Again, the table below gives the practice score for each indicator and the colour coding ranks the practice by quintile for each indicator assessed. Four practices in the cluster achieved particularly low results as their scores for at least 3 of the 5 indicators assessed were in the bottom 40% of all the practices in Brent. On the other hand, most of the scores for the three other practices in the cluster were in top 40%. When compared to all Brent practices, lower percentage of practices in the cluster achieved higher quintiles for clinical, and there by overall QOF points.

<table>
<thead>
<tr>
<th>Practice name</th>
<th>% Clinical Points Achieved</th>
<th>% Organisational Points Achieved</th>
<th>% Patient Experience Points Achieved</th>
<th>% Additional Services Points Achieved</th>
<th>% Overall QOF Points Points Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acton Lane Surgery</td>
<td>92%</td>
<td>99%</td>
<td>83%</td>
<td>90%</td>
<td>92%</td>
</tr>
<tr>
<td>Aksyr Medical Practice</td>
<td>89%</td>
<td>94%</td>
<td>45%</td>
<td>99%</td>
<td>86%</td>
</tr>
<tr>
<td>Brent Gp Access Unit</td>
<td>89%</td>
<td>100%</td>
<td>96%</td>
<td>100%</td>
<td>93%</td>
</tr>
<tr>
<td>Harness-Wembley</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
<td>99%</td>
<td>91%</td>
</tr>
<tr>
<td>Brentfield Medical Centre</td>
<td>87%</td>
<td>99%</td>
<td>47%</td>
<td>100%</td>
<td>91%</td>
</tr>
<tr>
<td>Buckingham Rd Surge</td>
<td>96%</td>
<td>99%</td>
<td>73%</td>
<td>99%</td>
<td>97%</td>
</tr>
<tr>
<td>Pearl Medical Practice</td>
<td>95%</td>
<td>100%</td>
<td>84%</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>Church End Medical Centre</td>
<td>95%</td>
<td>99%</td>
<td>72%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>Church Lane Surgery</td>
<td>95%</td>
<td>100%</td>
<td>88%</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>Frenchen Medical Centre</td>
<td>98%</td>
<td>100%</td>
<td>46%</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>Harness Harlesden Practice</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
<td>98%</td>
<td>90%</td>
</tr>
<tr>
<td>The Surgery</td>
<td>97%</td>
<td>100%</td>
<td>73%</td>
<td>100%</td>
<td>94%</td>
</tr>
<tr>
<td>Hilltop Medical Practice</td>
<td>97%</td>
<td>99%</td>
<td>36%</td>
<td>98%</td>
<td>95%</td>
</tr>
<tr>
<td>Oxgate Gardens Surge</td>
<td>99%</td>
<td>89%</td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>Park Road Surgery</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>98%</td>
<td>90%</td>
</tr>
<tr>
<td>The Stonebridge Practice</td>
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<td>99%</td>
<td>36%</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>Wembley Park Drive Medical Centre</td>
<td>94%</td>
<td>100%</td>
<td>44%</td>
<td>100%</td>
<td>95%</td>
</tr>
</tbody>
</table>

*Fill Format:
  - Highest Quintile
  - Higher Quintile
  - Middle Quintile
  - Lower Quintile
  - Lowest Quintile*
6.5.2 Cancer Screening Programmes

Latest results from the various screening programmes discussed earlier in this document are presented (below) for each practice in the cluster. They have been colour coded to reflect whether the national target has been met, underachieved or failed. Only two practices achieved the breast screening target set nationally. Although 44% of practices met the cervical screening coverage target for women aged 50-64, the most practices had not met or had underachieved targets for women aged 25-49. All of the practices in the cluster had not achieved the national target set for the bowel cancer screening uptakes.

Table 9  Cancer Screening results for the Harness Cluster GPs compared with Brent

<table>
<thead>
<tr>
<th></th>
<th>National/Local Target</th>
<th>Church End Medical Centre</th>
<th>Buckingham Rd Surgery</th>
<th>The Stonebridge Practice</th>
<th>Harness Harlesden Practice</th>
<th>Aksy Medical Practice</th>
<th>Brentfield Medical Centre</th>
<th>Church Lane Surgery</th>
<th>Freuchen Medical Centre</th>
<th>Oxgate Gardens Surgery</th>
<th>Park Road Surgery</th>
<th>The Surgery</th>
<th>Hilltop Medical Practice</th>
<th>Acton Lane Surgery</th>
<th>Pearl Medical Practice</th>
<th>Wembley Park Drive Medical Centre</th>
<th>Brent Gp Access Unit Harness-Wembley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Screening coverage</td>
<td>70%</td>
<td>63%</td>
<td>60%</td>
<td>65%</td>
<td>55%</td>
<td>59%</td>
<td>64%</td>
<td>67%</td>
<td>58%</td>
<td>71%</td>
<td>66%</td>
<td>71%</td>
<td>53%</td>
<td>51%</td>
<td>69%</td>
<td>69%</td>
<td>62%</td>
</tr>
<tr>
<td>(Women aged 53-70, 2011/12 Q3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Screening coverage</td>
<td>80%</td>
<td>75%</td>
<td>78%</td>
<td>76%</td>
<td>77%</td>
<td>72%</td>
<td>63%</td>
<td>73%</td>
<td>62%</td>
<td>68%</td>
<td>61%</td>
<td>69%</td>
<td>77%</td>
<td>67%</td>
<td>67%</td>
<td>64%</td>
<td>54%</td>
</tr>
<tr>
<td>(Women aged 25-49, 2011/12)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Screening coverage</td>
<td>80%</td>
<td>84%</td>
<td>84%</td>
<td>81%</td>
<td>82%</td>
<td>80%</td>
<td>77%</td>
<td>83%</td>
<td>82%</td>
<td>79%</td>
<td>68%</td>
<td>83%</td>
<td>77%</td>
<td>74%</td>
<td>76%</td>
<td>79%</td>
<td>67%</td>
</tr>
<tr>
<td>(Women aged 50-64, 2011/12)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel Cancer Screening uptake</td>
<td>60%</td>
<td>40%</td>
<td>43%</td>
<td>43%</td>
<td>27%</td>
<td>35%</td>
<td>41%</td>
<td>38%</td>
<td>32%</td>
<td>45%</td>
<td>43%</td>
<td>42%</td>
<td>27%</td>
<td>34%</td>
<td>41%</td>
<td>41%</td>
<td>54%</td>
</tr>
<tr>
<td>(Men &amp; women aged 60-69, 2011)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Fill Format

- **National Target Achieved**
- **Underachieved**
- **Fail**
6.5.3 Immunisations for Children and Young-people

The CCG targets for immunisation coverage lie between 90%-95% for all vaccinations detailed in the UK’s immunisation schedule. There is widespread underachievement amongst practices in the cluster for vaccinations due before a child’s second and fifth birthday. Only six practices in the cluster achieved the target for DTaP/IPV/Hib, PCV and MenC vaccinations for children at age 1-year. In addition, only four practices achieved all the targets for vaccinations aimed at children age 2-years and only three practices achieved all the pre-school booster vaccination targets. Vaccination cover by all GPs in the cluster were particularly poor for the HPV vaccines for girls aged 12-13 years and the Td/IPV boosters for young-people aged 13-18 years.

Table 10 Immunisation coverage for the Harness Cluster GPs compared with Brent, 2011/12

<table>
<thead>
<tr>
<th>Age 1yr</th>
<th>Targets for heard immunity</th>
<th>Church End Medical Centre</th>
<th>Buckingham Rd Surgery</th>
<th>The Stonebridge Practice</th>
<th>Harness Harlesden Practice</th>
<th>Aksyr Medical Practice</th>
<th>Brentfield Medical Centre</th>
<th>Church Lane Surgery</th>
<th>Frensham Medical Centre</th>
<th>Oxted Gardens Surgery</th>
<th>Park Road Surgery</th>
<th>The Surgery</th>
<th>Hilltop Medical Practice</th>
<th>Action Lane Surgery</th>
<th>Pearl Medical Practice</th>
<th>Wembley Park Drive Medical Centre</th>
<th>Brent GP Access Unit</th>
<th>Harness-Wembley</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/IPV/Hib</td>
<td>95%</td>
<td>95%</td>
<td>90%</td>
<td>92%</td>
<td>92%</td>
<td>88%</td>
<td>95%</td>
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<td>92%</td>
<td>92%</td>
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<td>91%</td>
<td>100%</td>
<td>96%</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>PCV</td>
<td>95%</td>
<td>95%</td>
<td>90%</td>
<td>95%</td>
<td>92%</td>
<td>93%</td>
<td>95%</td>
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<td>91%</td>
<td>100%</td>
<td>97%</td>
<td>98%</td>
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</tr>
<tr>
<td>MenC</td>
<td>95%</td>
<td>92%</td>
<td>90%</td>
<td>94%</td>
<td>92%</td>
<td>91%</td>
<td>95%</td>
<td>97%</td>
<td>91%</td>
<td>86%</td>
<td>97%</td>
<td>97%</td>
<td>100%</td>
<td>89%</td>
<td>100%</td>
<td>96%</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>Age 2yrs</td>
<td>Hib/MenC - Booster</td>
<td>95%</td>
<td>89%</td>
<td>98%</td>
<td>91%</td>
<td>89%</td>
<td>90%</td>
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<tr>
<td>MMR-1</td>
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<td>89%</td>
<td>89%</td>
<td>88%</td>
<td>87%</td>
<td>88%</td>
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<td>100%</td>
<td>93%</td>
<td>90%</td>
<td>99%</td>
<td>99%</td>
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</tr>
<tr>
<td>PCV - Booster</td>
<td>95%</td>
<td>89%</td>
<td>86%</td>
<td>88%</td>
<td>87%</td>
<td>89%</td>
<td>89%</td>
<td>94%</td>
<td>83%</td>
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<td>98%</td>
<td>95%</td>
<td>94%</td>
<td>98%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Age 5yrs</td>
<td>DTaP/IPV - Booster</td>
<td>95%</td>
<td>94%</td>
<td>92%</td>
<td>84%</td>
<td>76%</td>
<td>90%</td>
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<td>86%</td>
<td>84%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>MMR-2</td>
<td>95%</td>
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<td>92%</td>
<td>82%</td>
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<td>90%</td>
<td>84%</td>
<td>97%</td>
<td>89%</td>
<td>77%</td>
<td>68%</td>
<td>98%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>86%</td>
<td>96%</td>
<td>98%</td>
</tr>
<tr>
<td>Age 12-13yrs</td>
<td>HPV</td>
<td>90%</td>
<td>54%</td>
<td>61%</td>
<td>60%</td>
<td>51%</td>
<td>61%</td>
<td>55%</td>
<td>51%</td>
<td>54%</td>
<td>49%</td>
<td>52%</td>
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<td>43%</td>
<td>55%</td>
<td>52%</td>
<td>54%</td>
<td>53%</td>
</tr>
<tr>
<td>Age 13-18yrs</td>
<td>Td/IPV</td>
<td>90%</td>
<td>48%</td>
<td>31%</td>
<td>33%</td>
<td>28%</td>
<td>29%</td>
<td>32%</td>
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<td>36%</td>
<td>26%</td>
<td>32%</td>
<td>42%</td>
<td>35%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Fill Format
- \textcolor{green}{\textgreater=100\% of target achieved}
- \textcolor{orange}{75\% of target achieved}
- \textcolor{red}{<75\% of target achieved}
7 Others

The Place Survey for 2008/09 organised by the Brent Council suggests that the Harlesden Ward residents had the lowest satisfaction (62%) with GP services and the residents of Fryent Ward residents had the highest satisfaction with GP services (96%). Satisfaction for hospital based services was the lowest amongst the residents of Wembley Central Ward (63%), and the highest amongst the residents of Kilburn Ward (93%). The Wembley Central Ward residents also had the lowest satisfaction (62%) with dental services, and the Mapesbury Ward residents had the highest satisfaction for dental services (90%).

Figure 42  Brent borough residents’ satisfaction with various health services by Ward in Brent

Source: Place Survey 2008/09, The Brent Council
List of information sources

Demography and Census Information
- Registered population
- Resident population
- Ethnicity and religion distribution
- Deprivation by Ward
- Deprivation by General Practice
- Self reported Good Health
- Reporting of long-term limiting illness
- Incapacity Benefit Claimants by Wards in Brent

Health Behaviour
- Smoking
- Participation in Physical activity
- Fruit and vegetable consumption
- Reported prevalence of Obesity
- Percentage of obese and overweight children in Reception and Year 6

Life expectancy
- Life expectancy (males and females)

Births
- Live births
- Low birth weight proportions

Mortality
- All Causes of Mortality for Age<75
- Mortality by ICD and year
- Mortality by ICD by locality

Long-Term Conditions and Risk Factors
- Prevalence of long term conditions in cluster, Brent and England, (QOF)
- Prevalence of Long-Term Conditions in General Practices in Brent by GP cluster (QOF)

Registered population extracts (DBS)
- GLA RND 2010 ward population projections Standard Fertility Rate and LA development adjusted
- Office of National Statistics, Census 2001
- Department of Communities and Local Government, Indices of Deprivation 2010, attributed using the local General Practice Registered population as on April 02, 2012
- Active People Survey Small Area Estimates 2006/07, Sport England, Analyses by London Health Observatory, 2009
- Model-Based Estimates of Healthy Lifestyle Behaviours, Association of Public Health Observatories
- NHS Information Centre, QOF 2010/11
- National Childhood Measurement Programme, National Obesity Observatory
- London Health Observatory (LHO)
- Office of National Statistics (ONS) Birth Registration extract
- Office of National Statistics (ONS) Birth Registration extract
- London Health Observatory (LHO)
- ONS Public Health Mortality Extracts
- ONS Public Health Mortality Extracts
- QMAS database - 2008/09 data as at end of June 2009, Copyright © 2009, The Health and Social Care Information Centre, Prescribing Support Unit
- QMAS database - 2008/09 data as at end of June 2009, Copyright © 2009, The Health and Social Care Information Centre, Prescribing Support Unit
### Cardiovascular Diseases
- Standardised Mortality Ratio for Circulatory Diseases by ward
- Estimated prevalence of CVD by GP practices
- Standardised Mortality Rates by Brent Wards, All Cancers

### Cancer
- Average Cancer incidence rate per 10,000 population
- Standardised Mortality Rates by Wards, All Cancers, Ages Under 75
- One and Five Year Relative Survival for the main cancer types
- Breast Cancer Screening Uptake, (women aged 53-70 years)
- Cervical Cancer Screening Uptake, (women aged 25-45 years)
- Cervical Cancer Screening Uptake, (women aged 50-64 years)
- Bowel Cancer Screening Uptake

### Diabetes
- Diabetes prevalence by GP practices

### Mental Health
- Mental Health Needs Index, 2000 (MINI2000)
- Incapacity Benefits Claimants for Mental Illness

### Sexual Health
- Proportion of selected STIs* diagnosed to all STI diagnosis
- Distribution of number of positive screen by Age and by Gender
- HIV Prevalence
- Teenage Conception rates

### Tuberculosis
- Tuberculosis notifications

### Outpatient attendances
- Outpatient Standardised Attendance Rates by General Practices by Cluster
- Standardised Attendance Ratio (Outpatient) by Ward and Locality

### A&E Attendances
- A&E Attendance Rate by General Practices in Cluster

### Elective and Emergency Inpatient Admissions
- Standardised Admission Ratio (Elective) by General Practices in Cluster
- Standardised Admission Ratio (Elective) by Ward and Locality
- Standardised Admission Ratio (Non-elective) by General Practices in Cluster
- Standardised Admission Ratio (Emergency) by Ward and Locality

### Access to General Practices in Brent
- General practice service access and patient satisfaction (%), Cluster GPs compared to Brent

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**Source Links:**
- London Health Observatory (LHO)
- Association of Public Health Observatories, 2012
- Thames Cancer registry, 2012
- Thames Cancer registry, 2012
- KC63 Statistics, NHS Brent
- KC53 Statistics, NHS Brent
- Bowel Cancer Screening Programme-London Programme Hub
- NHS Information Centre, QOF 2010/11
- Mental Health Observatory. Part of the North East Public Health Observatory.
- DWP (numerator) and ONS Mid-2008 Population Estimates (denominator)
- Genitourinary Medicine Clinic Activity Dataset (GUMCAD), Health Protection Agency
- Genitourinary Medicine Clinic Activity Dataset (GUMCAD), Health Protection Agency
- North West London Health Protection Unit, Health Protection Agency, 2010
- Dr Foster Intelligence, 2011/12
- Dr Foster Intelligence, 2011/12
- Dr Foster Intelligence, 2011/12
- Dr Foster Intelligence, 2011/12
- NHS Comparator, 2010/11
- NHS Comparator, GP Patient Satisfaction Survey 2010/11
GP Performance
QOF Achievements (Domains and overall) Cluster GPs compared with Brent
Cancer Screening coverage, Cluster GPs compared with Brent
Immunisation coverage, Cluster GPs compared with Brent

Others
Proportionate satisfaction for various health services by Ward in Brent

All mapping coordinates and boundaries

NHS Comparator, QOF 2010/11
KC63 and KC53 Statistics, NHS Brent
Brent Information System

Place survey 2009/09, Brent Council
2001 Census, Output area boundaries, Crown Copyright
Glossary

Age Standardised Percentage
An age standardised percentage is a measure used to compare health outcomes in different populations taking into consideration the differences in their age distribution. This is important as age plays a major role in health and it is expected that more younger people than older ones will report good health. In this document, it has been applied to how more or less likely a person living in a ward is to report good health compared to the standard population, in this case England. Compared with the England figure (100), a standardised percentage of 100 indicates that the ward has average good health, higher than 100 indicates that the ward has higher than average good health, and lower than 100 indicates lower than average good health.

Cluster/Consortium
The Practice Based Commissioning Clusters are referred as 'cluster' in this document. Practice Based Commissioning Cluster consisted of a group of general medical practices. Practice Based Commissioning is about engaging the practices and other primary care professionals in the commissioning of services. These are also the same groups as the local clinical commissioning groups. Brent CCG is a federated CCG with the recent organisational changes.

Locality and Ward
Wards are the geographical units within the borough administrative boundaries. Locality is a collection of the wards.

Prevalence
This is defined as the total number of cases in the population, divided by the number of individuals in the population.

Relative survival
Relative survival is defined as the ratio of the proportion of observed survivors (all causes of death) in a cohort of cancer patients to the proportion of expected survivors in a comparable cohort of cancer-free individuals. Thus, one and five year relative survival follows a cohort for up to one year post diagnosis to determine whether they are still alive after one and five years respectively.

Standardised Admission Ratio (SAR)
A standardised admission ratio is a measure used to compare inpatient admissions in different populations. Here, factors that have been adjusted for include practice size, age and sex. Thus, compared with the England figure (100), a standardised ratio of 100 indicates that the population has average good health, higher than 100 indicates that the population has higher than average good health, and lower than 100 indicates lower than average good health.

Standardised Attendance Rate (SAR)
A standardised attendance rate is a measure used to compare inpatient admissions in different populations. Here, factors that have been adjusted for include practice size, age and sex. Thus, compared with the England figure (100), a standardised rate of 100 indicates that the population has average good health, higher than 100 indicates that the population has higher than average good health, and lower than 100 indicates lower than average good health.

Standardised Mortality Ratio (SMR)
An age standardised mortality ratio is a measure used to compare the deaths in different populations taking into the consideration the differences in their age distribution. It is applied to how more or less likely a person living in a ward is to die compared to the standard population, in this case England. Compared with the England figure (100), an SMR of 100 indicates that the ward has average mortality, higher than 100 indicates that the ward has higher than average mortality, and lower than 100 indicates lower than average mortality.

DTaP/IVP/Hib
Diphtheria/Tetanus/Acellular Pertussis/ Polio/Haemophilus Influenza type b vaccine

PCV
Pneumococcal conjugate vaccine

MenC
Meningitis C vaccine

Hib/MenC
Haemophilus Influenza type B/ Meningitis C vaccine (booster)

MMR
Measles/Mumps/Rubella vaccine

HPV
Human Papillomavirus vaccine

Td/IPV
Tetanus/Diphtheria/ inactivated Poliovirus vaccine (booster)