

# Place-Based Needs Assessment Summary

## Lowestoft Primary Care Network





## Contents

.....	1
<b>Introduction</b> .....	4
<b>Demographics</b> .....	5
Population and Population Projections .....	5
Age and Gender .....	5
Ethnicity .....	5
<b>Wider Determinants of Health</b> .....	5
Deprivation .....	5
Mosaic Classification.....	5
Crime.....	6
Housing Affordability .....	6
<b>Primary Care</b> .....	6
Respiratory Health .....	6
Cardiovascular Disease (CVD) .....	6
Obesity .....	7
Smoking and Smoking Cessation .....	7
Mental Health .....	8
<b>Hospital Admissions</b> .....	8
Children and Young People.....	8
Adults .....	8
Older People .....	9
<b>Children and Young People’s Health</b> .....	9
National Child Measurement Programme.....	9
Children in Low-Income Families .....	9
Pregnancy and Birth Indicators.....	9
Early Years Indicators.....	9
<b>Adult Community Services</b> .....	10
<b>Older People’s Health and Wellbeing</b> .....	10
PPV and Seasonal Flu Vaccinations.....	10
Osteoporosis .....	10
Mortality and End of Life Care .....	10

## Introduction

This Place-Based Needs Assessment (PBNA) gives a high-level overview of the Lowestoft Primary Care Network (PCN) locality to support understanding of the area's health needs, and wider determinants of health so that community-based, evidence-led work can be prioritised to improve health and reduce inequalities.

This overview is a summary of the content of the [Place-Based Needs Assessment Dashboards](#) which allow the viewer to focus on a place and the needs of the population in that place. They use publicly available data, enabling comparisons with areas outside Suffolk and with regional and national averages. Publication of the source data may be delayed by some months, and so these dashboards can only give a snapshot in time rather than necessarily reflect the current situation. PBNAs should be considered alongside the work that PCNs are delivering in their areas, which cannot easily be captured in national statistics (for example social prescribing, and health improvement initiatives).

Please note, the data presented within this summary is up to date as of September 2023, but more recent data may be available in the live dashboards. Due to this, users are encouraged to explore the live [PBNA dashboards](#) hyperlinked as '**Microsoft Power BI**' next to the text headings, to do this users should use **Ctrl+click** to open the links for the latest data. Users should also note that links will take them to the relevant PBNA page, however, the user will need to interact with the filters in the dashboard to access data directly relating to the geography or area of interest. Measures of statistical significance are included where possible. Where the word 'significant' is used, this indicates a statistically significant result. Statistically significant results indicate the observed effect or relationship between variables are not due to chance alone, denoted by a p-value of less than 0.05.

If you have any questions about this document or the associated dashboards, please contact [knowledgeandintelligence@suffolk.gov.uk](mailto:knowledgeandintelligence@suffolk.gov.uk)

### Summary of recommended areas of focus

- Lowestoft PCN should consider investigating the higher-than-average prevalence of COPD within the population.
- Lowestoft PCN should consider investigating the higher-than-average prevalence of CVD related conditions within the population.
- Lowestoft PCN should consider investigating the higher-than-average prevalence of obesity within the population as well as consider ways to increase uptake of educational programmes to address healthy behaviours.
- Lowestoft PCN should consider ways to increase the uptake of smoking cessation services.
- Lowestoft PCN should consider ways to support good mental health in the population.
- Lowestoft PCN should consider investigating the higher-than-average prevalence of children considered overweight from the national child measurement programme.

## Demographics

### Population and Population Projections

[Microsoft Power BI](#)

The total population of the Lowestoft PCN locality is estimated to be 74,475 residents according to 2021 census data.

Population projections are only published at a district and borough level (Lower Tier Local Authority / LTLA). The population of East Suffolk is projected to increase by 9.4% between 2023-2043. This includes an increase in the population of 65–84-year-olds by 27.5%. Additionally, the population of residents aged 85 and over is anticipated to increase by 79.5% during the same time frame, resulting in a significantly older population.

### Age and Gender

[Microsoft Power BI](#)

Proportionally, the largest age groups within Lowestoft PCN locality are those aged 50-54 (7.1%), followed by 55-59 (7.1%). This is similar to both Suffolk and England and Wales. The smallest age groups in Lowestoft are 80-84 (3.5%) and 85 and over (3.5%).

There is no significant difference between the population of males (48.5%) and females (51.5%) in Lowestoft PCN.

### Ethnicity

[Microsoft Power BI](#)

2021 census data suggests Lowestoft PCN has a larger proportion of people of White ethnicity (96.8%) constituting the population when compared to the rest of Suffolk (93.1%) and England and Wales (81.7%). As a result, the PCN has a lower representation of ethnic minorities (3.1%) in contrast to other parts of Suffolk (6.8%), but not for England and Wales (18.3%).

## Wider Determinants of Health

### Deprivation

[Microsoft Power BI](#)

The Index of Multiple Deprivation (IMD) provides a way of comparing relative deprivation across England using seven domains; income, employment, health and disability, education, crime, barriers to housing and services, and the living environment. These domains are also wider determinants of health. The IMD can be split into 10 deciles with the decile 1 referring to the 10% most deprived areas in England. The IMD was last published in 2019 and is due to be updated in 2025.

The majority of the PCN is in IMD decile 5 or below, making it one of the most deprived localities in Suffolk, as well as in the top 40% of most deprived areas in England and Wales. The most deprived areas are aggregated around the coast to the east of the PCN.

### Mosaic Classification

[Microsoft Power BI](#)

The Mosaic classification system is used to categorise areas based on the characteristics and behaviours that residents within these communities are likely to share. The top three population groups within the Lowestoft PCN are listed below with corresponding definitions and percentages from 2022 data:

1. **Senior Security (19.4%):** Elderly people with assets who are enjoying a comfortable retirement.
2. **Family Basics (13.5%):** Families with limited resources who budget to make ends meet.
3. **Aspiring Homemakers (11.7%):** Younger households settling down in housing priced within their means.

## Crime

### [Microsoft Power BI](#)

The average crime rate in Lowestoft PCN (97.7 per 1,000) is higher than the Suffolk average (67.6 per 1,000) over the last 12 months between May 2023 and April 2024.

## Housing Affordability

### [Microsoft Power BI](#)

The median house price in Suffolk is recorded as £285,000 according to the 2023 Land Registry Price Data obtained by the ONS (Office for National Statistics). In comparison, the median house price in Lowestoft is £250,000 making it one of the most affordable areas in Suffolk. Other median house prices within the PCN range from £130,000 to £385,000.

## Primary Care

### Respiratory Health

#### [Microsoft Power BI](#)

Lowestoft PCN has a statistically similar prevalence of diagnosed asthma in those aged 6 and over (7.7%) when compared to the Sub ICB (Integrated Care Board) (7.7%), and England (6.5%) averages, based on 2021/2022 data. Within the PCN, both Bridge Road Surgery and Rosedale Surgery have a significantly higher prevalence of diagnosed asthma when compared to the Sub ICB and England and Wales.

The PCN also has statistically similar average proportion of asthma reviews in the past 12 months (49.0%) when compared to the Sub ICB and England average (48.4% and 52.5%, respectively). However, Bridge Road Surgery and High Street Surgery have significantly lower proportions of asthma reviews (36.1% and 26.2% respectively) when compared to the Sub ICB and England and Wales.

Lowestoft PCN has a significantly higher prevalence of chronic obstructive pulmonary disease (COPD) (2.9%) when compared to the Sub ICB and England average (2.3% and 1.9%, respectively). All surgeries have a significantly higher prevalence apart from Rosedale Surgery which is higher than England and Wales but not the Sub ICB.

### Cardiovascular Disease (CVD)

#### [Microsoft Power BI](#)

Lowestoft PCN has statistically similar prevalence of CVD related conditions when compared to the Sub ICB (figure 1), apart from atrial fibrillation (AF), coronary heart disease (CHD), hypertension (HPT),

and peripheral arterial disease (PAD) which present as significantly higher across several surgeries. When compared to England and Wales, all surgeries have significantly higher prevalence of at least two CVD related conditions. Nationally, hypertension and atrial fibrillation are underdiagnosed and untreated, therefore, high prevalence of these conditions may indicate better diagnosis rather than a greater disease burden.

Surgery	Significantly higher/lower/similar to Sub ICB (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Bridge Road	3.2	4.8	1.0	19.1	0.8	2.3
Victoria Road	2.9	4.2	0.7	17.6	0.8	2.4
Rosedale	2.8	3.9	0.8	17.7	0.8	2.1
High Street	2.7	3.4	0.8	15.7	0.6	1.9
Alexandra & Crestview	2.6	3.6	1.0	16.2	1.0	2.2
Andaman	2.5	4.1	1.1	17.9	0.6	2.5
Kirkley Mill	2.0	3.2	0.7	16.4	0.9	1.8
Surgery	Significantly higher/lower/similar to England and Wales (%)					
	AF	CHD	HF	HPT	PAD	Stroke
Bridge Road	3.2	4.8	1.0	19.1	0.8	2.3
Victoria Road	2.9	4.2	0.7	17.6	0.8	2.4
Rosedale	2.8	3.9	0.8	17.7	0.8	2.1
High Street	2.7	3.4	0.8	15.7	0.6	1.9
Alexandra & Crestview	2.6	3.6	1.0	16.2	1.0	2.2
Andaman	2.5	4.1	1.1	17.9	0.6	2.5
Kirkley Mill	2.0	3.2	0.7	16.4	0.9	1.8

AF = atrial fibrillation  
 CHD = coronary heart disease  
 HF = heart failure  
 HPT = hypertension  
 PAD = peripheral arterial disease

**Figure 1:** Cardiovascular conditions and corresponding prevalence based on surgeries within Lowestoft PCN.

## Obesity

### [Microsoft Power BI](#)

Obesity prevalence in people aged 18 years and over is measured by reviewing whether an individual has a Body Mass Index (BMI) of 30 or over recorded over the past 12 months. Lowestoft PCN has a significantly higher prevalence of obesity across all surgeries apart from Rosedale Surgery and High Street Surgery, with an average prevalence of 12.5% in comparison to the Sub ICB and England and Wales averages (10.7% and 9.7%, respectively).

## Smoking and Smoking Cessation

### [Microsoft Power BI](#)

Smoking prevalence was measured for those aged 15 and over in 2021/2022. Lowestoft PCN has a significantly higher prevalence of smoking within Kirkley Mill Health Centre (30.6%), Alexandra and Crestview Surgery (24.7%), High Street Surgery (23.1%), and Victoria Road Surgery (18.8%) when compared to the Sub ICB and England and Wales averages (16.4% and 15.4%, respectively).

Smoking cessation support and treatment offered to patients with certain conditions (chronic heart disease, peripheral arterial disease, stroke or transient ischaemic attack, hypertension, diabetes, chronic obstructive pulmonary disorder, chronic kidney disease, schizophrenia, bipolar affective disorder and other psychoses) is significantly higher than the Sub ICB and England and Wales averages

(80.6% and 81.5%) across all surgeries within Lowestoft PCN apart from Victoria Road Surgery and Bridge Road Surgery where prevalence is recorded as significantly lower (73.9% and 56.6%, respectively).

## Mental Health

### [Microsoft Power BI](#)

At 16.2%, the recorded prevalence of depression is higher in Ipswich West INT than the Sub ICB and the England average (13.3% and 13.2%, respectively). The prevalence of serious mental illness is higher than the Sub ICB and the England average at more than half of the GP practices in Lowestoft PCN.

## Hospital Admissions

Hospital admissions are split into elective and emergency admissions for 2019/20, 2020/21, and 2021/22 pooled data. Because multiple admissions for the same person are counted separately, the number of admissions may be larger than the actual number of people being admitted.

## Children and Young People

### [Microsoft Power BI](#)

Children and young people are categorised as those aged 17 and under. Lowestoft PCN has significantly higher rates of elective admissions due to malignant neoplasm of adrenal glands (2.0 per 1,000), congenital malformations of the tongue, mouth and pharynx (1.3 per 1,000), and juvenile arthritis (1.2 per 1,000) when compared to the rest of Suffolk.

Viral infections are the most common cause of emergency admissions within Lowestoft PCN at a rate of 4.1 per 1,000, however, this is significantly lower when compared to the rest of Suffolk. In contrast, the PCN has significantly higher rates of emergency admissions owing to asthma (2.4 per 1,000).

## Adults

### [Microsoft Power BI](#)

In adults aged 18-64, abdominal and pelvic pain is this most common cause for elective admissions in Lowestoft PCN (3.5 per 1,000). The five most common causes of elective admission have significantly higher rates of admissions when compared to the rest of Suffolk except breast cancer (table 1).

**Table 1:** Most common causes for elective admissions in adults within Lowestoft PCN.

Elective Admissions	Admissions	Rate per 1,000	Lower CI	Upper CI	Compared to Suffolk
Abdominal and pelvic pain	440	3.54	3.21	3.88	INT Higher
Iron deficiency anemia	320	2.57	2.30	2.87	INT Higher
Disorders of mineral metabolism	290	2.33	2.07	2.61	INT Higher
Other diseases of digestive system	255	2.05	1.81	2.32	INT Higher
Retinal disorders in diseases classified elsewhere	255	2.05	1.81	2.32	INT Higher

Pain in the throat and chest is the most common cause for emergency hospital admissions in adults within the PCN as well as significantly higher than the rest of Suffolk (6.2 per 1,000) in addition to soft tissue disorders (2.1 per 1,000) and sepsis (1.3 per 1,000). In contrast, emergency admissions owing to abdominal and pelvic pain are significantly lower (2.0 per 1,000).



## Older People

### [Microsoft Power BI](#)

For those aged 65-84 and 85+, retinal disorders are the most common cause for elective hospital admissions as well as significantly higher than the rest of Suffolk (40.2 and 169.4 per 1,000, respectively). Elective admissions owing to skin cancer (malignant neoplasm of the skin) are also significantly higher for those aged 65-84 (14.6 per 1,000), however, admissions due to cataracts are significantly lower (12.2 per 1,000). Similarly, skin cancer admissions are also significantly higher for those aged 85+ (37.3 per 1,000), as well as myelodysplastic syndromes (29.1 per 1,000).

Rates of emergency hospital admissions owing to sepsis are significantly higher than the rest of Suffolk for those aged 65-84 and 85+ (8.8 and 28.5 per 1,000, respectively). In addition, patients aged 65-84 have significantly higher rates of emergency admissions due to COPD (6.8 per 1,000) and acute myocardial infarction (5.2 per 1,000). Furthermore, rates of emergency admissions owing to symptoms/signs involving the nervous and MS systems are also significantly higher for those aged 85+ (36.7 per 1,000).

## Children and Young People's Health

### National Child Measurement Programme

#### [Microsoft Power BI](#)

Lowestoft PCN has an average of 24.7% of children in reception (aged 4-5) that are considered overweight when compared to the Suffolk average of 22.3%, according to recent estimates from 2021/2022. For children in year 6 (aged 10-11), 46.0% in Lowestoft are considered overweight, 10.0% higher than the Suffolk average of 36.0%. Trend data suggests obesity prevalence in reception children has declined in Lowestoft since 2020 (31.4%-24.7%), however, the prevalence of obesity in year 6 children has been increasing since 2018 (28.8%-46.0%).

### Children in Low-Income Families

#### [Microsoft Power BI](#)

19.9% of children aged 0-15 in Lowestoft PCN are currently living in families with relatively low income according to 2020 mid-year estimates, the majority of which are aggregated towards the east coast of the PCN. This rate is higher than the Suffolk average of 15.1%.

### Pregnancy and Birth Indicators

#### [Microsoft Power BI](#)

Although pregnancy and birth indicators are not available at PCN level, Norfolk and Waveney Sub ICB has a similar rate of emergency admissions for infants aged 0-13 days (126.1 per 1,000,) when compared to the Suffolk average (129.3 per 1,000), according to 2020/2021 data. These rates are also significantly higher when compared to England which has an average rate of 77.6 per 1,000. These data also show a significant increase in emergency admissions from 2017/2018 in Norfolk and Waveney (73.6 per 1,000) to the current available data from OHID (Office for Health Improvement and Disparities).

### Early Years Indicators

#### [Microsoft Power BI](#)

Similarly to above, some early years indicators are available only at Sub ICB level, with this considered Norfolk and Waveney has a similar infant mortality rate (infant deaths under 1 year of age) of 3.5 per 1,000 when compared to both the rest of Suffolk (3.3 per 1,000) and England (3.9 per 1,000).

Hospital admissions related to unintentional and deliberate child injuries in those aged 0-4 have increased from 121.0 per 10,000 in 2019/2020 to 135.5 per 10,000 in 2020/2021. These rates are significantly higher than West Suffolk Sub ICB where rates have decreased from 101.9 to 86.2 between 2019/2020 to 2020/2021 but are lower than Ipswich and East Suffolk where rates have increased from 123.9 to 177.0 between 2019/2020 to 2020/2021. Please note, crude counts for this indicator are small and therefore trends may not be entirely reliable, please refer to the dashboard and original data sources for more information.

## Adult Community Services

[Microsoft Power BI](#)

In Lowestoft PCN, approximately 33.9 per 1,000 residents aged 18 and over are accessing services provided by Suffolk County Council's Adult Community Services (ACS) directorate. These figures are based on a two-year period ranging from September 2021 to August 2023. This is the highest rate across Suffolk where the average rate is recorded as 25.3 per 1,000 residents. The PCN has a higher rate of people accessing adult community services than the Suffolk average for every category.

## Older People's Health and Wellbeing

PPV and Seasonal Flu Vaccinations

[Microsoft Power BI](#)

Lowestoft PCN has a similar uptake of the pneumococcal polysaccharide vaccine (PPV) amongst older residents (aged 65 and over) (75.2%) when compared to the rest of Suffolk (75.8%), according to recent 2021/2022 estimates. Trend data suggests PPV uptake rates have been steadily increasing in the PCN since 2018, when rates were recorded as 70.1%

Flu vaccination uptake in the PCN has decreased marginally from 84.4% in 2021/2022, to 83.0% in the most recent period of 2022/2023. This is similar for the rest of Suffolk (85.9%-83.9%). This indicates Lowestoft PCN has a similar uptake of the flu vaccine when compared to Suffolk.

Osteoporosis

[Microsoft Power BI](#)

Data for osteoporosis is available only at LTLA level and given this the following findings are for East Suffolk. This health condition is measured only in those aged 50 and over as it predominantly affects older age groups, however, osteoporosis can still affect young men, women and children. The prevalence of osteoporosis has increased in East Suffolk by 83.0% since 2018/2019. The prevalence has also increased for the rest of Suffolk by 40.0% during the same time period. However, these figures are not specific to the PCN, therefore prevalence may vary within Lowestoft PCN.

Mortality and End of Life Care

[Microsoft Power BI](#)

Data from 2022 suggest Lowestoft PCN has fewer cardiovascular related hospital deaths (55.0 per 10,000) when compared to the rest of Suffolk (78.8 per 10,000). Please note, reporting of cardiovascular related deaths may have been affected due to the pandemic. This is also true to respiratory related deaths where the most recent rates from 2022 are recorded as 72.4 per 10,000 when compared to the rest of Suffolk (92.0 per 10,000). However, in 2021 rates for Lowestoft and the rest of Suffolk were recorded as 46.3 and 71.6 per 10,000, respectively, suggesting an increase in respiratory related deaths. The respiratory deaths data in this report does not include deaths coded for COVID-19 as the underlying cause of death.

56.8% of deaths have occurred in residents usual place of residence in 2022, this is statistically similar to the rest of Suffolk where prevalence is recorded as 54.7%. This marks a small increase in mortality prevalence in usual place of residence for both Lowestoft and the rest of Suffolk between 2021-2022 (1.3% and 0.6%, respectively).