

12. People with a Long Term Conditions

Chapter Summary

- In the 2001 Census 70,340 people living in Wirral described themselves as having a Limiting Long Term Illness (LLTI)
- In February 2012 there were approximately 19,225 people claiming Incapacity Benefit or Employment & Support Allowance in Wirral.
- In 2010/11 Wirral had over 21,100 asthma patients recorded on GP practice registers, which equates to an unadjusted prevalence of 6.3%. This is higher than the GP practice prevalence nationally.
- In 2010/11 there were 13,193 patients recorded on GP practice registers, as part of the QOF, with chronic kidney disease; this equates to an unadjusted prevalence rate of 4.0%. This is relatively low when compared to the England average of 4.3%
- In Wirral, it is estimated that approximately 720 people have Parkinson's disease (2009)

Taken from [Health & Wellbeing Chapter](#)

- There were 13,664 people living in Wirral diagnosed with Coronary Heart Disease (CHD) (QOF, April 2012). This is 4.1% of the Wirral population. According to the modelling estimates of CHD prevalence for Wirral, there are 17,801 people with CHD (APHO 2011).
- This means the number of people in Wirral who may have CHD, but are currently undiagnosed is around 4,100 (Source: QMAS & APHO, 2011) this is of concern as undiagnosed CHD is related to poorer health outcomes. Wirral has established a Locally Enhanced Service (LES) to screen the population and identify undiagnosed cases of CHD; the number of undiagnosed cases should be reviewed in the future to evaluate the impact of the service over the longer term.
- In Wirral 7,474 patients were on GP QOF registers as having had a stroke or Transient ischaemic attack (TIA) in April 2012. This was 2.25% of the population of Wirral which is higher than the England prevalence of 1.7%.
- The number of people in Wirral projected to be living with a longstanding health condition caused by stroke is projected to rise steadily, increasing from a total of 1,402 in 2012, to 1,910 in 2030, an increase of 36%. This is partly due to an increase in the older population over this period.
- The Association of Public Health Observatories (APHO) calculated that there are likely to be 19,442 people aged over 16 in Wirral with diabetes (diagnosed or undiagnosed) in 2011. This equates to 7.8% (of the population aged 16 or over). This is high compared to England (7.6%), but the same as the North West region overall (also 7.8%).
- Chronic Obstructive Pulmonary Disease (COPD) is a key condition in Wirral. The gap between males and females for COPD mortality had narrowed slightly since 1993/05, when the male mortality rate from COPD was 130% higher than that of females. In 2008/10, the gap 77% higher for males than females.

Taken from [Older People Chapter](#):

- A total of 1,902 people were recorded on the QOF register as having dementia between April 2010 and March 2011 in Wirral. It is a nationally recognised issue however, that only around 45% of people with dementia on a GP register, obtaining the care needed.
- There are around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness. (Census, 2001)
- The number of people with a Long Term Condition (LTC) is projected to increase to 41,000 by 2030 due to the ageing population and also the association of some LTCs with lifestyle.

Taken from [Mental Health Chapter](#):

- There are 34,748 patients on GP Registers have had mental health problems recorded on Wirral GP Clinical systems, with 10,511 being recorded in the last three years 2009/2011.
- Dementia is a key priority for Wirral. In 2011, 4443 people aged 65 and over were estimated to be living with Dementia with the expectation that by 2020, this figure would rise to 5282 and further rise to 6892 by 2030.
(www.poppi.org.uk)

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12. Introduction

Over fifteen million people in this country report living with a long term condition (LTC). LTCs can be defined as conditions that cannot, at present, be cured but can be controlled by medication and other therapies. The Department of Health's latest Long Term Conditions Strategy will be published December 2012.

The Department of Health (2008) strategy refers to the following conditions as LTCs: some of which have been addressed in specific sections of the JSNA:

- Coronary Heart Disease – [Health & Wellbeing Chapter](#)
- Stroke and transient ischaemic attack (TIA) -[Health & Wellbeing Chapter](#)
- Hypertension - [Health & Wellbeing Chapter](#)
- Diabetes - [Health & Wellbeing Chapter](#)
- Chronic obstructive pulmonary disease - [Health & Wellbeing Chapter](#)
- Cancer* - [Health & Wellbeing Chapter](#)
- Severe mental health conditions (e.g. schizophrenia, bipolar affective disorder and other psychoses) – [Mental Health Chapter](#)
- Dementia - [Mental Health Chapter](#)
- Depression* - [Mental Health Chapter](#)

This chapter will focus on the outstanding conditions outlined by the Department of Health: It will also review physical and sensory disabilities, whilst these may not necessarily be classed as a LTC they fit within the definition of a LTC.

- Asthma
- Chronic Kidney Disease
- Epilepsy
- Heart Failure
- Parkinson's Disease
- Multiple Sclerosis

* These conditions do not necessarily fit the true definition of a LTC that states that it cannot be cured.

We would also direct readers to [Chapter 15 Sexual Health](#) to review and consider information on HIV/AIDS.

12.1 **Socio Demographics**

12.1.1 Population

Limiting long term illness

The 2001 census asked people about restrictions on their ability to work or carry out normal activities arising from an illness, health problem or disability which limits their daily activities (including problems due to old age). The 2011 census data has not yet been published and therefore this data is obviously fairly old now but can give some indication of LTC prevalence in Wirral.

[Census 2011 Release dates for content](#). Some Census 2011 information has been included in the refresh of the Population Chapter with the ONS providing additional content in waves over the coming months. This information can be accessed via this link to ascertain when further details may be available. [Census 2011 Release dates for content](#)

In table 12.1.1a it shows the differences in the proportion of the population of East and West Wirral who report a limiting long term illness (LLTI)

Table 12.1.1a: People in Wirral with limiting long term illness

Area	Population	Percentage of Wirral Population	People with limiting long term illness	Percentage of population with LLTI
East Wirral	200,320	64.1%	47,200	23.6%
West Wirral	111,960	36.9%	23,140	20.7%

Source: Census, 2001;

- 70,340 people living in Wirral in 2001 described themselves as having a LLTI
- More people in the east of Wirral reported having a LLTI (23.6% of the population).
- Slightly fewer people in the west of Wirral reported having a LLTI (20.7% of the population)
- The North West average is 20.7%
- The England & Wales average is 18.2%

In Table 12.1.1b these figures for individual wards in Wirral and considerable variations can be seen.

Table 12.1.1b: Limiting long term illness by ward

LA Wards in eastern part of Wirral	Population of all ages	Ward population with LLTI	Percentage of ward population with LLTI
Bidston and St James	15,520	4,470	28.8%
Seacombe	15,320	3,830	25.0%
Birkenhead and Tranmere	13,970	3,760	26.9%
Rock Ferry	13,600	3,710	27.3%
Leasowe and Moreton East	13,870	3,520	25.4%
Liscard	15,040	3,520	23.4%
New Brighton	13,870	3,400	24.5%
Bromborough	13,950	3,210	23.0%
Prenton	14,050	3,210	22.9%
Bebington	15,340	3,140	20.5%
Claughton	13,340	3,120	23.4%
Oxton	13,710	2,790	20.3%
Wallasey	14,990	2,790	18.6%
Eastham	13,750	2,730	19.9%
LA Wards in western part of Wirral			
Upton	16,200	4,360	26.9%
Moreton West and Saughall Massie	14,110	3,140	22.5%
Pensby and Thingwall	13,330	2,940	22.0%
Hoylake and Meols	13,000	2,720	20.9%
Clatterbridge	14,730	2,690	18.3%
Greasby Frankby and Irby	14,760	2,600	17.6%
West Kirby and Thurstaston	12,720	2,370	18.6%
Heswall	13,110	2,320	17.7%

Source: Joint commissioning strategy for physically and sensory disabled people 2006/2010

- In the eastern wards the proportion of the population with LLTI ranges from 28.8% in Bidston to 18.6% in Wallasey. In 86% (12) of wards over 20%, or one fifth, of the population reported a LLTI.
- In the western wards, the general trend is for lower rates than in the east; only half of these wards have rates above 20%.

12.1.2 Income

Incapacity benefits & Employment & Support Allowance (ESA)

People with a LTC are likely, in some instances, to be unable to work. Incapacity & ESA benefits can help to provide a picture of the extent of disability and ill-health in Wirral and the impact this is having on the workforce. Incapacity & ESA benefits are paid to non-employed adults of working age (16-59 years for women and 16-64 years for men) who are deemed too ill or disabled to be required to look for work. Since October 2008, what was called Incapacity Benefit is now called **Employment & Support Allowance (ESA)** for new claimants.

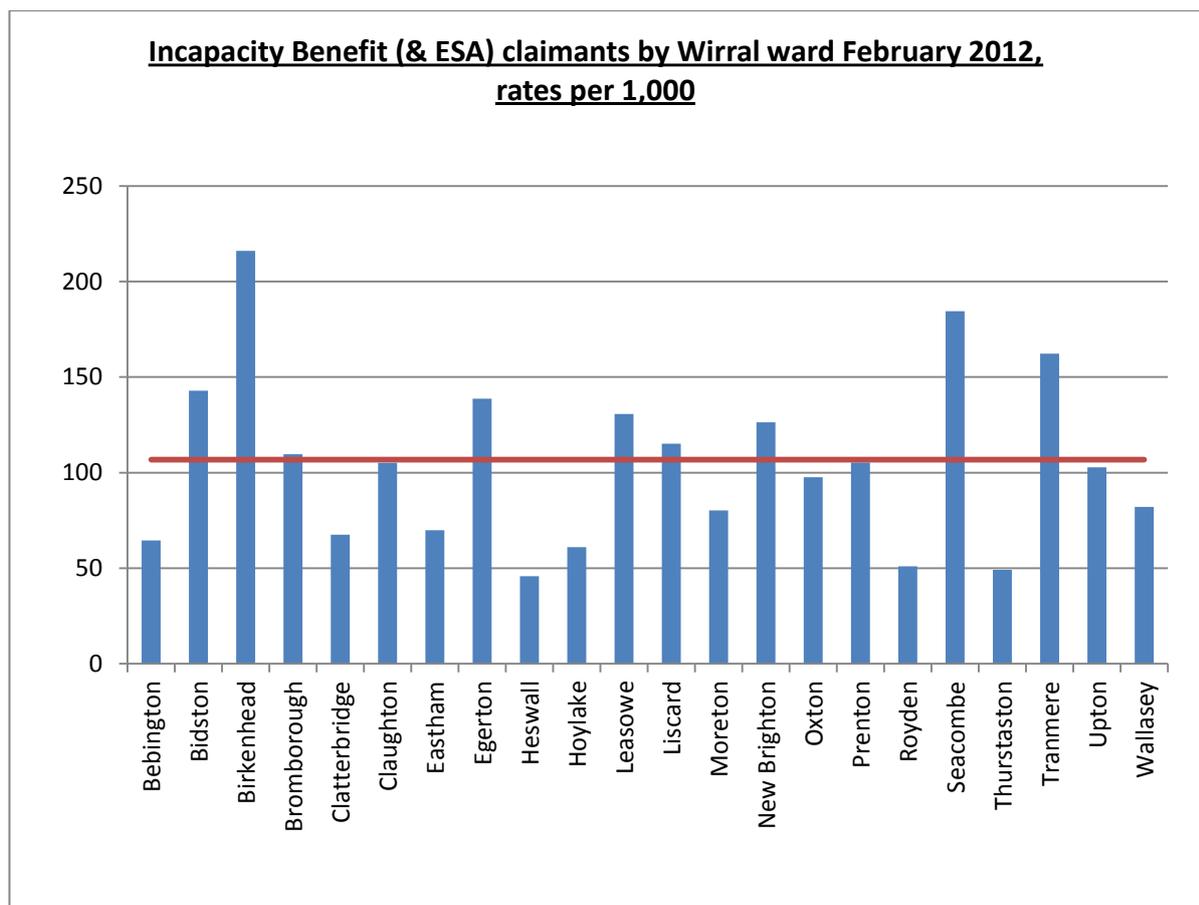
- In February 2012 there were approximately 19,225 people claiming Incapacity Benefit or Employment & Support Allowance in Wirral.
- Overall Wirral has a rate of 100.7 claimants per 1,000 population. This figure masks wide variation in the rates of claims in Wirral wards.

In figure 12.1.2a displays the rate per 1,000 population by Wirral ward (pre 2004 ward boundary).

Figure 12.1.2a: Incapacity Benefit (& ESA) claimants by Wirral ward February 2012, rates per 1,000

Ward	Incapacity Benefit & ESA	Population	Rate per Thousand
Bebington	550	8,527	64.5
Bidston	1,220	8,544	142.8
Birkenhead	1,990	9,209	216.1
Bromborough	930	8,486	109.6
Clatterbridge	520	7,708	67.5
Cloughton	905	8,614	105.1
Eastham	535	7,656	69.9
Egerton	1,100	7,935	138.6
Heswall	300	6,542	45.9
Hoylake	440	7,213	61.0
Leasowe	1,130	8,652	130.6
Liscard	1,030	8,953	115.1
Moreton	660	8,226	80.2
New Brighton	1,060	8,396	126.2
Oxton	780	7,992	97.6
Prenton	735	6,983	105.3
Royden	430	8,423	51.1
Seacombe	1,560	8,460	184.4
Thurstaston	455	9,253	49.2
Tranmere	1,420	8,749	162.3
Upton	915	8,911	102.7
Wallasey	560	6,821	82.1
Wirral	19,225	180,251	106.7

Figure 12.1.2b: Trend in Incapacity Benefit & ESA claimants shown as rate per 1,000.



Source: [NOMIS, 2012](#) – IB/SDA for Small Areas, February 2012;

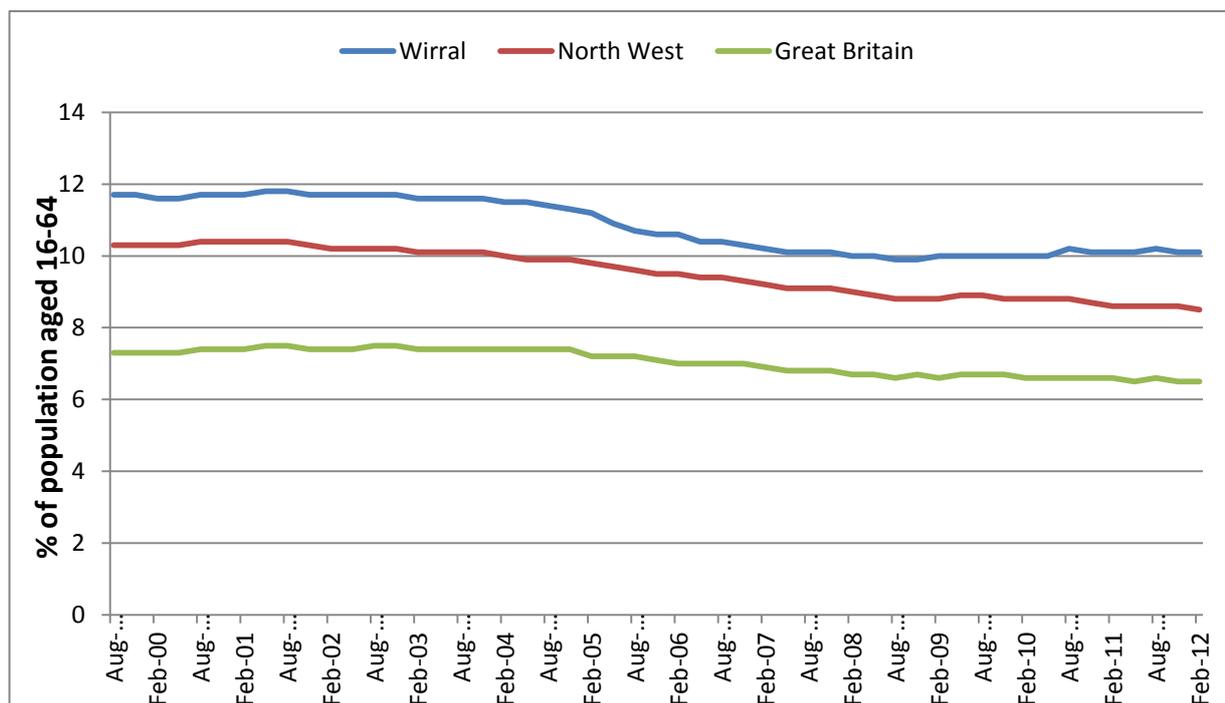
- Incapacity Benefit & ESA claimant rates in Wirral are associated with deprivation, with the five former Neighbourhood Renewal wards having the highest rate of claimants.
- Rates range from as high as 216.1 claimants/1,000 in Birkenhead to as low as 45.9/1,000 in Heswall.
- Table 12.1.2c shows the breakdown of ESA and incapacity claimants by disease, the most common reason for claiming is for mental health problems.
- Wirral has had a higher rate of ESA and IB than Britain and the North West but the gap in the rate of claimants between Wirral & the North West has got smaller since 2004 (see Figure 12.1.2d).

Table 12.1.2c: Incapacity benefit claimants (& ESA) by disease and Wirral ward (February 2012)

Ward	Total Claimants		Disease Rates Per 1,000;					
	ESA and incapacity benefits	Rate per Thousand	Mental Illness	Nervous System	Respiratory or Circulatory	Musco-skeletal	Injury, Poisoning	Other
Bebington	550	64.5	17.0	2.9	2.3	7.0	1.8	8.8
Bidston	1220	142.8	36.3	4.7	8.8	15.8	2.9	14.6
Birkenhead	1990	216.1	66.2	7.1	8.1	16.3	4.9	20.1
Bromborough	930	109.6	31.8	4.7	5.3	12.4	2.4	13.0
Clatterbridge	520	67.5	17.5	4.5	2.6	5.8	0.6	16.2
Cloughton	905	105.1	31.3	3.5	4.1	10.4	1.7	12.2
Eastham	535	69.9	17.0	3.3	3.9	8.5	2.6	11.1
Egerton	1100	138.6	42.2	5.0	6.3	13.2	3.8	15.1
Heswall	300	45.9	15.3	4.6	1.5	4.6	1.5	6.1
Hoylake	440	61.0	20.8	2.8	2.1	4.9	2.1	6.9
Leasowe	1130	130.6	35.8	4.0	5.8	14.4	2.3	15.0
Liscard	1030	115.1	35.2	5.0	5.6	8.9	2.2	13.4
Moreton	660	80.2	22.5	3.0	4.9	9.7	2.4	10.9
New Brighton	1060	126.2	41.7	4.8	4.8	7.7	3.0	19.1
Oxton	780	97.6	30.7	3.1	3.1	9.4	1.9	13.1
Prenton	735	105.3	29.4	4.3	5.7	12.2	3.6	12.9
Royden	430	51.1	13.1	2.4	2.4	6.5	1.2	7.7
Seacombe	1560	184.4	50.8	4.1	8.3	15.4	4.1	19.5
Thurstaston	455	49.2	10.8	2.2	2.2	6.5	1.1	7.6
Tramere	1420	162.3	44.6	4.0	8.6	16.6	2.9	17.1
Upton	915	102.7	25.3	5.1	6.7	10.7	2.8	14.6
Wallasey	560	82.1	20.5	3.7	4.4	7.3	1.5	11.0
Wirral	19225	106.7	30.3	4.0	5.0	10.3	2.4	13.1

Source: [Source: NOMIS, 2012](#) – IB/SDA for Small Areas, February 2012

Figure 12.1.2d Trend in Incapacity Benefit & ESA claimants for Wirral, North West and Great Britain - shown as percentage of working



Source: [NOMIS, 2012](#)

12.2 Other Long Term Conditions

12.2.1 Asthma

Asthma is a chronic disorder of the airways, caused primarily by inflammatory processes and constriction of the smooth muscle in airway walls (bronchoconstriction). Symptoms include recurring episodes of wheezing, breathlessness, chest tightness and coughing. Typical asthma symptoms tend to be variable, intermittent and worse at night. Asthma is commonly triggered by viral respiratory infections, exercise, smoke, cold, and allergens such as pollen, mould, animal fur and the house dust mite. ([NICE, 2008](#)).

Asthma is the most common chronic disease in children with an estimated prevalence rate between 17% and 23% ([NICE, 2007](#)). Mortality from asthma is rare but the disease can have a significant impact on quality of life ([NICE, 2008](#)). New nice guidance is expected to be published February 2013.

- Nationally the estimated lifetime prevalence of diagnosed asthma is 16% in women and 13% in men.
- The age standardised prevalence of treated asthma is estimated at 7% in men and 8% in women ([NICE, 2008](#)).
- In 2010/11 Wirral had over 21,100 asthma patients recorded on GP practice registers, which equates to an unadjusted prevalence of 6.3%. This is higher than the GP practice prevalence nationally, see table 12.2.6a.

- Figures from 2007-09 indicates that the mortality rate (directly age standardised) for Wirral was 1.07 per 100,000 population. This rate is lower than the national and regional rate of 1.24 and 1.36 respectively (NCHOD, 2012).
- In 2008/09, there were a total of 517 emergency admissions to hospital for asthma, this equates to 1.2 admissions per 1,000 population.
- The standardised admissions ratio (SAR) for asthma is 124.3 which means that significantly more people are admitted as an emergency to hospital for asthma when compared to national figures (Dr Foster, 2012).

12.2.2 Chronic kidney disease

Chronic kidney disease (CKD) describes abnormal kidney function and/or structure. It is common, frequently unrecognised and often exists together with other conditions (for example, cardiovascular disease and diabetes). When advanced, it also carries a higher risk of mortality. The risk of developing CKD increases with increasing age, and some conditions that coexist with CKD become more severe as kidney dysfunction advances. CKD can progress to established renal failure in a small but significant percentage of people, which necessitates renal replacement treatment (RRT) including dialysis and/or transplant. ([NICE 2008](#))

Chronic kidney disease is classified according to increasing severity – stage 1 to stage 5. If it is detected in the early stages, complications and progression of the disease can be delayed or prevented (Late referral to a nephrology service is not uncommon, it is estimated that 3 out of 10 cases are late referrals. For people with established renal failure this is associated with increased cost and poorer clinical outcomes ([NICE 2008](#)))

In Wirral a Local Enhanced Service (LES) has been put in place to ensure that patients with stage 3 chronic kidney disease and stable stage 4 patients are managed in primary care to a protocol and there is shared care for patients with stages 4 and 5.

- In 2010/11 there were 13,193 patients recorded on GP practice registers, as part of the QOF, with chronic kidney disease; this equates to an unadjusted prevalence rate of 4.0%. This is relatively low when compared to the England average of 4.3%. See table 12.2.6a. It should be noted this is an unadjusted rate which does not take into account the age-structure of the Wirral population.
- In 2004 there were 216 Wirral patients receiving RRT, which equates to a prevalence rate of 692 per million of the population. This is not significantly higher than the England average rate of 620 per million population (UK Renal Registry report, 2005).
- In Wirral the number of emergency admissions for renal failure totalled 73, this equates to 0.1 admissions per 1,000 population. The unadjusted admissions ratio (SAR) for renal failure is 66.5; this is significantly lower than the national average (100). See table 12.2.6b.

12.2.3 Epilepsy

Epilepsy is a common neurological disorder characterised by recurring seizures. Different types of epilepsy have different causes. Accurate estimates of incidence and prevalence are difficult to achieve because identifying people who may have epilepsy is difficult. Epilepsy has been estimated to affect between 362,000 and 415,000 people in England. In addition, there will be further individuals, estimated to be 5–30%, so amounting to up to another 124,500 people, who have been diagnosed with epilepsy, but in whom the diagnosis is incorrect. Incidence is estimated to be 50 per 100,000 per year and the prevalence of active epilepsy in the UK is estimated to be 5–10 cases per 1000.

Two-thirds of people with active epilepsy have their epilepsy controlled satisfactorily with anti-epileptic drugs (AEDs). Other approaches may include surgery. Optimal management improves health outcomes and can also help to minimise other, often detrimental, impacts on social, educational and employment activity. The stated annual estimated cost of established epilepsies was £2 billion (direct and indirect costs). ([Nice 2012](#))

In adults and children with epilepsy, 7 out of 10 will enter remission (seizure free for five years, on or off treatment) but 30% will develop chronic epilepsy (Stokes et al, 2004). Epilepsy is associated with a risk of sudden death due to complications of seizures (accidents, drowning etc.), or through unknown causes.

- The estimated incidence of epilepsy nationally is 50 new cases per 100,000 population per year.
- The estimated prevalence for active epilepsy is between 500-1000 cases per 100,000 population.
- In Wirral this would equate approximately to:
 - 167 new cases of epilepsy each year
 - Between 1,669 and 3,338 people with active epilepsy in total
- The number of people recorded as having epilepsy on Wirral GP registers in 2010/11 was 2,512. This equates to an unadjusted prevalence rate of 0.8% which closely reflects regional and national figures. See table 12.2.6a.
- During the 3 year period April 2008 to March 2011 there were a total of 1,863 emergency admissions for epilepsy. The unadjusted SAR for emergency admissions was 131.0 which is significantly higher than expected when compared to national figures.
- High emergency admissions have also been the trend for the last decade. This may be an indication that more people in Wirral need further support to manage their epilepsy.
- In 2009 there were 140 deaths from epilepsy in the North West region, and 968 in England as a whole. In Wirral, the mortality rate (DSR) in 2007-09 was 1.77 per 100,000. This is not significantly higher than the national average mortality rate for epilepsy (NCHOD). See table 12.2.6b.

12.2.4 Heart failure

Heart failure is a complex clinical syndrome of symptoms and signs that suggest the efficiency of the heart as a pump is impaired. It is caused by structural or functional abnormalities of the heart. ([Nice 2006](#)). Heart failure is associated with other diseases such as CVD, diabetes, high blood pressure and valvular heart disease.

Around 900,000 people in the UK have heart failure and almost as many have damaged hearts but, as yet, no symptoms of heart failure. Both the incidence and prevalence of heart failure increase steeply with age, with the average age at first diagnosis being 76 years. The prevalence of heart failure is expected to rise in future as a result of an ageing population, improved survival of people with ischaemic heart disease and more effective treatments for heart failure.

The management of Wirral patients with HF has been enhanced by the setting up of a community heart failure service at the Birkenhead Heart Centre. A multi-disciplinary team consisting of Consultant, GPs with Special Interests, Heart Failure Nurses and exercise physiologists are providing a comprehensive service offering diagnostic assessment and treatment facilities in a community setting.

- There are various estimates for prevalence of HF. Prodigy guidance estimates that there are between 3 and 100 cases of HF per 1,000 population, and estimates that incidence (new cases) is between 1 and 5 cases per annum.
- In Wirral this would equate to:
 - Prevalence of between 1,000 and 6,660 people
 - Incidence of between 33 and 1,665 each year
- In 2010/11 the number of people recorded with HF on GP practice registers totalled 2,632, which provides an unadjusted prevalence rate of 0.8%. This is very similar to the national rate of 0.7% and regional rate of 0.8%. See table 12.2.6a.
- In the 3 year period 2008 to 2011, there were a total of 1,425 emergency admissions for HF, this equates to 1.3 admissions per 1,000 population. The unadjusted standardised admissions rate (SAR) for HF is 114.2; which is significantly higher (14.2%) from the national average (100). See table 12.2.6b.

12.2.5 Parkinson's disease

Parkinson's disease (PD) is a progressive neurodegenerative condition. The classic symptoms of PD are bradykinesia (slowness of movement), rigidity and tremor. Other impairments include psychiatric problems such as depression and dementia. As the condition develops it can cause significant disability and handicap, and seriously impair the quality of life for the individual and family and carers ([NICE, 2006](#)).

Parkinson's disease progressive nature and relatively elderly sufferers mean that it requires a dynamic service that can respond promptly to patients' needs ([NICE, 2006](#)). With the exception of epilepsy,

- Annual incidence (new cases) is estimated to be 4-20 per 100,000 population.
- In Wirral, this would equate to be between 13 and 67 new cases each year.
- Nationally it is estimated that the prevalence of PD is 100-180 per 100,000 population ([NICE, 2006](#)).

- In Wirral, it is estimated that approximately 720 people have Parkinson's disease (2009)
- Prevalence increases with age and tends to be higher in males.
- In 2009/10-2011/12 the total number of hospital admissions in Wirral for PD was 154. The unadjusted SAR is 111.7
- In 2009/10-2011/12 the total number of emergency hospital admissions in Wirral for PD was 82. The unadjusted SAR is 85.4

12.2.6 Multiple Sclerosis

Multiple sclerosis (MS) is a disease of the central nervous system which causes the brain and spinal cord become inflamed and scarred. The impact of the illness varies greatly as the course of the disease is unpredictable and can be benign in some patients and very aggressive in others. It can cause a range of symptoms including fatigue, bladder and bowel problems, spasms, tremors, pain and sensory losses (NICE, 2003). With the exception of epilepsy, NHS Wirral PCT does not keep a register of the incidence or prevalence of common neurological conditions such as MS (Neurological Rehabilitation Services in Wirral: A Strategic Review, 2007). For some patients (with the relapsing / remitting form of MS) disease modifying drugs can often reduce the severity and frequency of the relapses and slow down the progress of the disabling features of the disease. For patients with the progressive form of the condition, no pharmacological agent is available that can affect the progress of the disease. For this group of patients, symptomatic treatment and rehabilitation input are the standard management strategies. National estimates suggest that there are between 3 and 7 new cases per 100,000 population each year

- From these rates it is estimated that in Wirral about 10 to 23 people are newly diagnosed each year.
- National prevalence is estimated to be between 100-120 per 100,000 population (NICE, 2003).

Table 12.2.6a: GP Practice QOF unadjusted prevalence for selected long term conditions (2010/11)

Condition	Wirral		North West		England	
	No	%	No	%	No	%
Asthma	21,109	6.3%	463,847	6.3%	3,273,174	5.9%
*Chronic Kidney Disease (ages 18+)	13,193	4.0%	269,508	3.7%	1,854,727	4.3%
*Epilepsy (ages 18+)	2,512	0.8%	51,418	0.7%	336,509	0.8%
Heart Failure	2,632	0.8%	60,386	0.8%	392,853	0.7%

Source: The Information Centre, 2012

* Patients aged 18 years and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)

* Patients aged 18 and over receiving drug treatment for epilepsy

Table 12.2.6b: SAR for selected long term conditions in Wirral, April 2008 – March 2011

Long term condition	Total emergency admissions	Adjusted for deprivation		Not adjusted for deprivation	
		Rate per 1,000	SAR	Rate per 1,000	SAR
Asthma	1470	1.2	*118.8	1.2	*124.3
Epilepsy	1863	1.5	*126.2	1.4	*131.0
Heart failure	1425	1.3	*109.9	1.3	*114.2
Chronic renal failure	73	0.1	*64.1	0.1	*66.5
Multiple sclerosis	53	0.1	77.6	0.1	78.4
Parkinson's disease	75	0.1	*76.0	0.1	*77.1

Source: Dr Foster, 2012

* indicates that the SAR is significantly different to the admission rates nationally

Note: Multiple sclerosis and Parkinson's disease include all admissions due to small number

12.2.7 Visual impairment

For people to be registered as blind or partially sighted they must first undergo an examination by a consultant ophthalmologist, who records the findings on a Certificate of Visual Impairment (CVI) (The Information Centre, 2006). The statutory definition of blind is that a person should be 'so blind as to be unable to perform any work for which eyesight is essential'. There is no statutory definition for partially sighted but it refers to a person who is substantially and permanently disabled by defective vision caused by congenital defect, illness or injury (The Information Centre, 2006).

According to the Royal National Institute of Blind People (RNIB), people that are blind are at an increased risk of depression, loss of independence, admissions to hospital, deterioration in skills and possible premature admission to residential care.

- In Wirral 1,155 adults and children were registered blind (in March 2008). In addition 1,320 were registered as partially sighted (Table 12.2.7b).

In table 12.2.7a it shows the age distribution of people registered as blind

Table 12.2.7a: Residents registered as blind in Wirral on 31st March 2012

Area	All ages	0 to 4	5 to 17	18 to 49	50 to 64	65 to 74	75 (over)
Wirral	1,115	0	20	145	120	90	775
North West	22,550	160	725	2,995	2,360	2,330	13,940
England	152,980	805	3,975	19,330	15,655	14,805	98,270

Source: The Information Centre, 2012;

In table 12.2.7b it shows the age distribution of people registered as partially sighted

Table 12.2.7b: People registered as partially sighted by age on 31st March 2012

Area	All ages	0 to 4	5 to 17	18 to 49	50 to 64	65 to 74	75 (over)
Wirral	1,320	-	25	145	110	160	875
North West	24,675	145	920	2,805	2,495	2,880	15,385
England	156,285	700	5,140	16,845	14,105	16,055	103,345

Source: The Information Centre, 2012;

Note: all ages include some cases where the age was unknown and consequently the age groups may not add up to the overall total for all ages in the tables above.

- Visual impairment increases with age. This is important when considering the projected increases in the older population in Wirral.
- These figures do not necessarily provide a good estimate for the prevalence of visual impairment in Wirral as it has been estimated that up to 1 in 3 people do not register their impairment. Also, a larger group of people also have significant sight loss that will not fall into these two narrow categories (RNIB, 2008).

The RNIB estimate that approximately 80% of people aged over 60 years have a visual impairment.

It has been estimated that over 50% of the sight problems experienced by older people can be attributed to untreated refractive error (short-sightedness, long-sightedness and astigmatism) or cataracts (opacity in the lens which progressively reduces visual functioning). If untreated, cataracts can lead to significant visual impairment. Cataracts are the leading cause of blindness in the world. Estimates for the number of older people with a cataract in Wirral are provided in table 12.2.7c.

Table 12.2.7c: Estimated numbers of people with a visually impairing cataract by GP Consortium, based on national estimates, as at 31 March 2011

Age	% with visually impaired cataract	Wirral GP Commissioning Consortium	Wirral Health Commissioning Consortium	Wirral NHS Alliance	Wirral
65-69	16%	992	1360	337	2689
70-74	24%	1182	1749	424	3355
75-79	42%	1704	2569	608	4881
80-84	59%	1830	2771	644	5245
85+	71%	1900	2774	603	5277
Total	-	7608	11223	2616	21447

Source: Adapted from The Royal College of Ophthalmologists, 2004

- The number of older people in Wirral affected by visual impairment due to cataract could equate to around 22,300 older people in Wirral.

In 2000, the Department of Health set a target of 3,200 cataract procedures per 100,000 of the population (aged over 65 years). As cataract surgery is so safe and effective, there are very few issues of quality of care relevant to a developed country. Much more important is how to ensure that people get surgery when they need it. The major problem in needs assessment for cataract is to define the point at which a person requires treatment (Stevens et al, 2004).

- Wirral's rate of cataract extraction is below average for the North-West Strategic Health Authority area and is also below that which would be expected given our population's age structure and levels of deprivation. However, the number of procedures performed has increased over recent years. See table 12.2.7d.

Table 12.2.7d: Cataract procedures performed on Wirral patients, 2008/09 – 2010/11

Financial Year	Total procedures performed (Wirral PCT registered patients)	Expected number of procedures for Wirral (Dr. Foster)	Difference
2008/09	2039	2378.3	339.3
2009/10	1739	2392.3	653.3
2010/11	1828	2354	526.0

Source: Dr Foster, 20012

12.2.8 Hearing impairment

A national survey conducted by the Royal National Institute for Deaf People (RNID) in 2004 found there were considerable communication difficulties that people that are deaf and hard of hearing are faced with. The research found:

- 24% of people had missed an appointment due to poor communication;
- 35% had been left unclear about their condition due to communication problems with the GP or nurse;
- 42% that had visited hospital had found it difficult to communicate with staff.

It is also estimated that up to 40% of people with a hearing impairment may experience a mental health problem, which for many is a consequence of being deaf in a hearing world.

- It can be estimated in Wirral there are 47,735 people with some level of hearing impairment based on estimates from the RNID. This is one in seven people.
- The RNID estimate that approximately 75% of people aged over 60 years will have some form of hearing impediment.

- In July 2008, the number of people in Wirral registered (with the Merseyside Society for Deaf People), as deaf, deafened, hard of hearing and deaf-blind totalled 5,749.
- The number of people registered as deaf and hard of hearing on 31st March 2010 by age-group is presented in table 12.2.8a. The numbers are considerably less than those provided by the Merseyside Society for Deaf People.

Table 12.2.8a: people were registered as deaf or hard of hearing in Wirral on 31st March 2010.

	All Ages	0-17	18-64	65-74	75 & Over
Number of People Registered as deaf	505	0	280	120	105
Number of People Registered as hard of hearing	4540	0	620	920	3000

Source: The Information Centre, 2012

Note: all ages include some cases where the age was unknown and consequently the age groups may not add up to the total (all ages).

12.2.9 Physical disabilities

People with physical disabilities experience difficulties in many aspects of life including employment, transport, educational and social experiences (Emerson et al, 2007).

Physical disabilities can be caused by a wide range of conditions and it is difficult to get an accurate picture of the burden of physical disability in Wirral. One way is to look at claimants for Disability Allowance which can be given for both physical and mental disability. Table 12.2.9a shows a breakdown of disability living allowance (DLA) claims in Wirral.

Table 12.2.9a: Disability living allowance (DLA) claimants in Wirral February 2012

DLA Care Award	Total	%
Total	26,350	100%
Total Claiming DLA for over 5 years	20,130	76%
Total Claiming DLA Higher Rate Award	7,510	29%
Total Claiming DLA Middle Rate Award	8,790	33%
Total Claiming DLA Lower Rate Award	6,290	24%
Total Claiming DLA Nil Rate Award	3,760	14%

Source: [NOMIS, 2012](#)

- The number of people claiming disability living allowance in Wirral in February 2012 was 26,350.

- 76% of people (20,130) in Wirral claiming disability allowance are claiming because of a mobility component (i.e. they cannot walk or need assistance to walk).
- Of the total number of people claiming for a mobility related problem, 29% are claiming for the higher mobility rate, which means they have severe walking difficulties.

12.2.10 Health and social care services

Social Care Provision

In table 12.2.10a indicates the level of service provision aimed at helping physically disabled, frail and sensory impaired adults to live at home. Some people will have received more than one of the services listed and may be included in several categories. As a consequence, the total number of people provided with services is less than the combined sum of services delivered.

Table 12.2.10a: Adults with physical disability, frailty and/or sensory impairment receiving services helping them to live at home as at 31 March 2012

Services used	Number of people using services by age bands	
	18-64	65+
Home Care	233	1057
Day Care	48	147
Meals	21	437
Direct Payments	174	106
Professional Support	66	52
Equipment and Adaptations	578	3336
Other	10	9
Short Term Residential Non Respite	6	94
Total number of clients in receipt of services (not sum of above)	854	4180

Source: DASS Performance Information Unit, 2012

- The majority of the services provided are for older people aged 65 years and over, particularly for Home Care and equipment and adaptations.

People with a LTC supported to be independent and in control of their condition (NI 124)

This indicator measures the extent to which patients with a LTC are receiving a more systematic patient-centred service, This means transforming the lives of people with

long-term conditions to move away from the reactive care based in acute settings toward a more systematic patient-centred approach, where care is rooted in primary and community settings and underpinned by strong partnerships across the whole health and social care spectrum.

This indicator is measured through the [national patient survey](#) the number of people who say they are supported to manage their condition as a proportion of the people who define themselves as having a LTC.

- In Wirral 3,621 stated that they had a long-standing health condition.
- When asked whether they received enough support from local services/organisations to manage their condition and felt supported to be independent. 44% of these felt that they definitely and 23% said to some extent they did.
- In total of the 2,422 people with a LTC that responded to this question, 2,141 said that they were supported to be independent. Performance on this indicator is 88.4% (March 12)

12.3 References

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