Dudley
Metropolitan Borough Council

Agenda Item No. 14

Health and Adult Social Care Scrutiny Committee – 26th January 2012

Report of the Director of Public Health

Excess Winter Deaths

1.0 Purpose of Report

1.1 This report provides a briefing on Excess Winter Deaths (EWD) in Dudley, following the committee's previous discussion of the Dudley Health Profile (Department of Health, 2011), which highlighted EWD as an issue.

2.0 Background

2.1 The EWD Index is defined for a set period and is the excess of deaths in winter compared with non-winter months from the 1st of August to the 31st of July expressed as a percentage. The winter months are December to March, and the non-winter months are August to November (prior to the winter) and April to July (following the winter period).

The EWD Index allows comparisons to be made between different geographies, and indicates whether there are higher than expected deaths in the winter compared with the rest of the year.

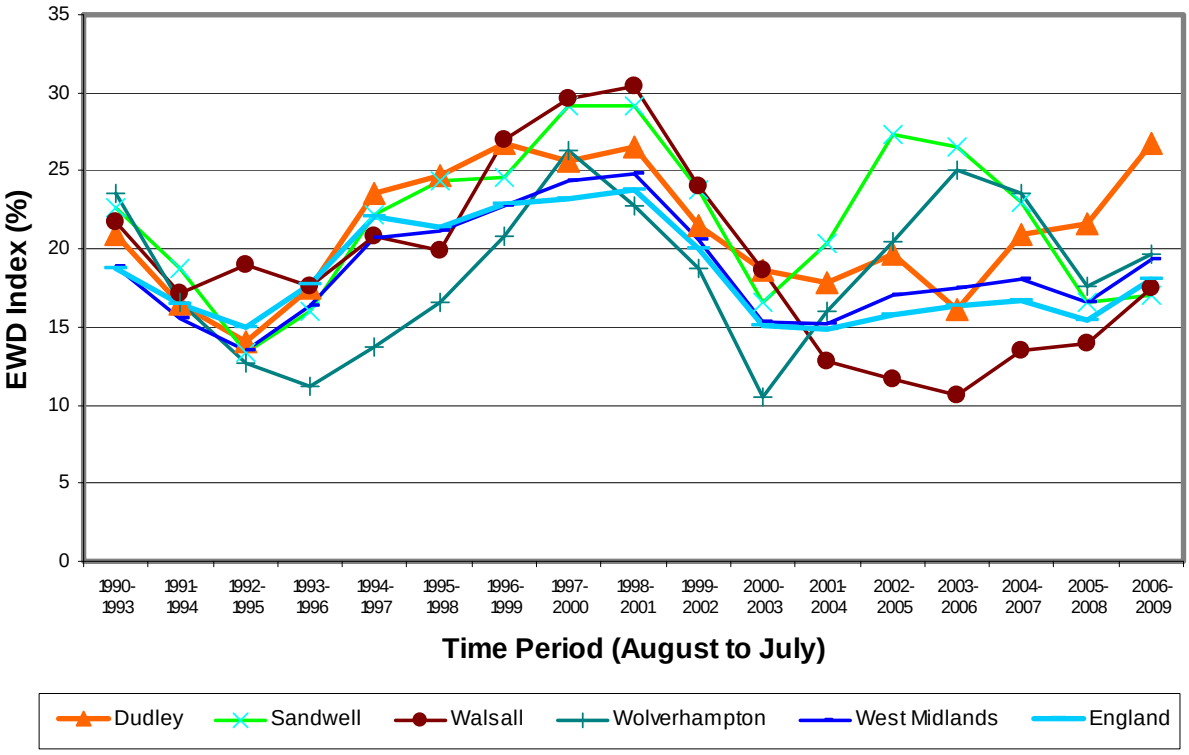
2.2 Mortality increases as mean daily temperatures fall (below 18 degrees) (Johnson & Griffiths, 2003) and in England and Wales the total excess winter mortality is estimated to be around 30,000 per annum (Department of Health, 2009). In many instances these deaths are avoidable.

2.3 Mortality in England and Wales increases more in winter than in other European countries with colder climates, suggesting that factors other than colder temperatures contribute to excess winter deaths.

2.4 The Dudley Health Profile (Department of Health, 2011) has reported that the EWD Index for Dudley is significantly higher than that for England. Furthermore, in the last five years Dudley is the only Local Authority (LA) in the Black Country to show a widening gap in EWD Index relative to England and its neighbouring LAs.

2.5 The national picture for EWD has recently been reported by the West Midlands Public Health Observatory. The trend for Dudley is shown below together with trends for neighbouring Black Country Authorities and the trend for England.

Excess Winter Death Index Trend 1990 to 2009 (3 years combined) for England and the West Midlands

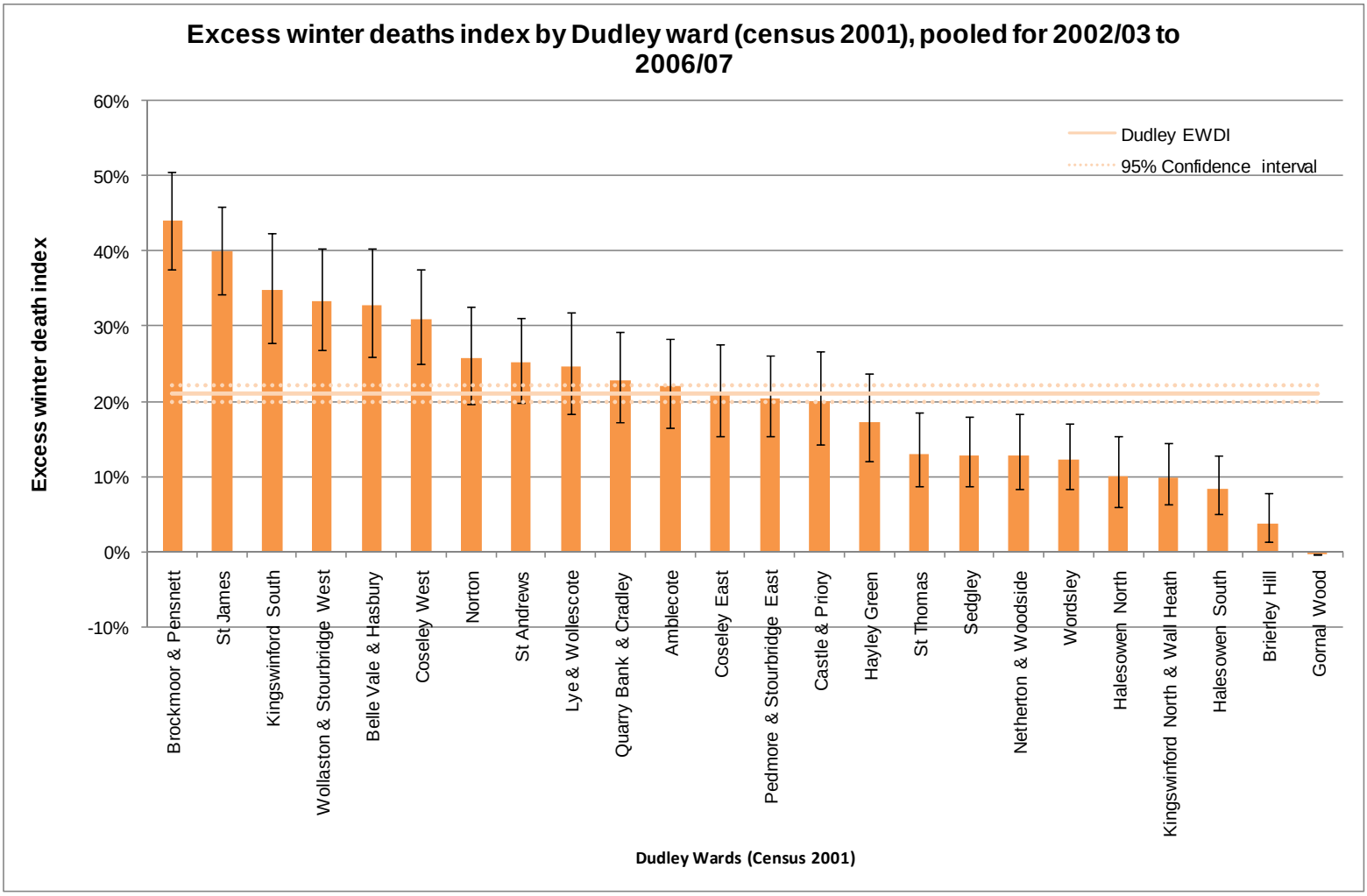


Source: Office of National Statistics Public Health Mortality Files

2.6 The EWD Index has varied over the time period for all Black Country Authorities and England with an increasing trend in the 1990s and then declining in the first part of the decade of 2000. The EWD Index has not differed over the time period between England and the West Midlands region. Sandwell, Walsall and Dudley have consistently had a EWD Index above England's until early 2000, when Walsall has shown a rapid improvement.

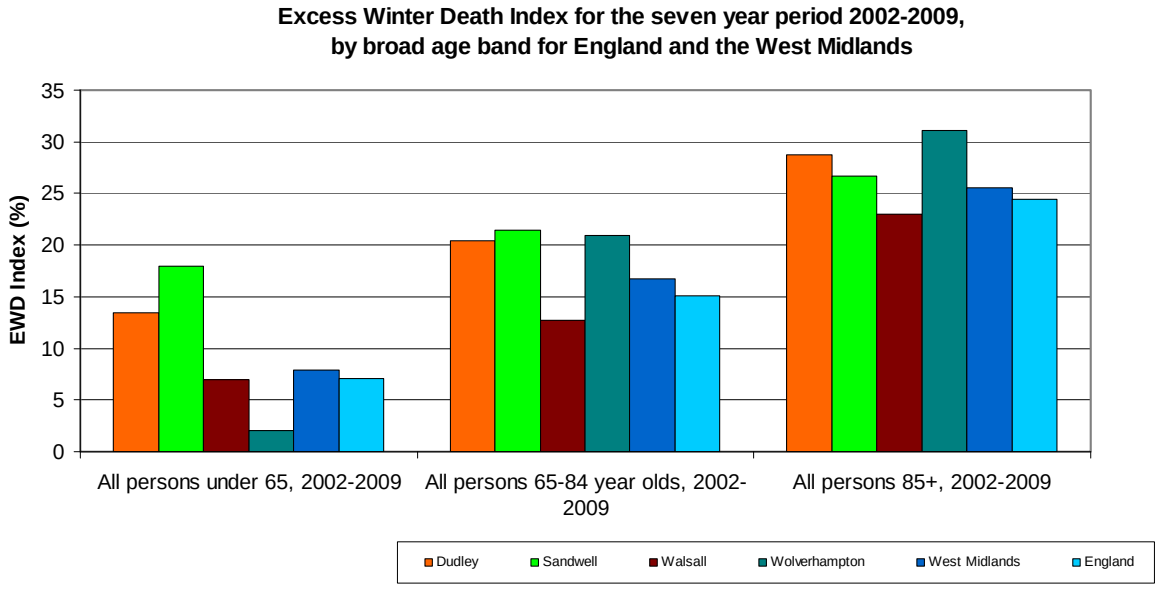
The major concern is that in the last 5 years Dudley is the only LA in the Black Country to show a widening gap in EWD Index relative to England and its neighbouring LAs. The last two measurement periods show the EWD Index for Dudley significantly higher than that for England.

2.7 Inequalities in EWD are also evident across the wards in Dudley, although they do not follow the usual patterns for other health inequalities. Brockmoor and Pensnett and St James' ward have the highest EWD Index whereas Gornal Wood, Brierley Hill and Halesowen South have low indices (see chart below).



Source: Office of National Statistics Public Health Mortality Files

2.8 The EWD Index varies by broad age of death, being considerably higher in the 65-84 and 85+ age bands, and this is true for England, the West Midlands and Dudley (figure below).

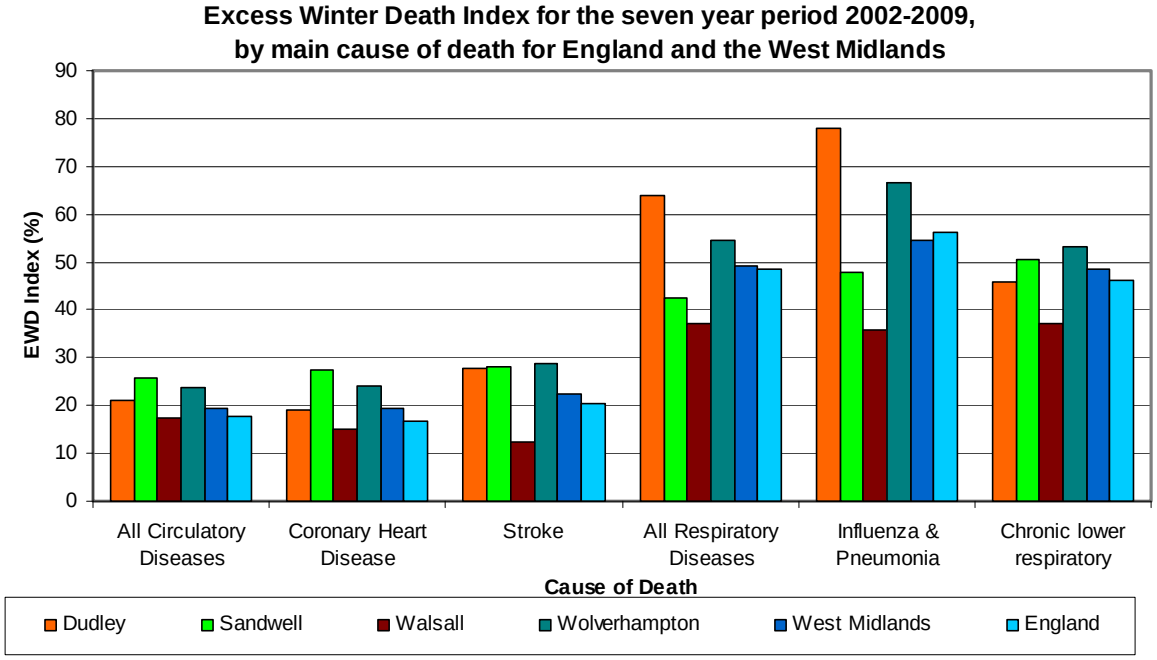


Source: Office of National Statistics Public Health Mortality Files

Dudley, Wolverhampton and Sandwell have a EWD Index that is significantly higher than England for the 65-84 age band.

The trend data for Dudley by age band suggest that the 65-84 age band shows the greatest variation with time. When the mortality data for the 85+ age group is plotted against temperature there is not a strong correlation between increased mortality and mean winter temperature, which suggests that factors other than external temperature also contribute to EWD in this older age group.

2.9 The EWD Index by main cause of death is shown in the figure below. The most significant contributory cause of death for EWD in England was all respiratory diseases, particularly influenza and pneumonia (pneumonia accounts for the majority of these deaths in Dudley). This was true for all the other areas reported on, and for Dudley these causes gave a significantly greater EWD Index than England.



Source: Office of National Statistics Public Health Mortality Files

Between 2002 and 2009 there were on average an extra 210 deaths per year in Dudley in the winter months and almost 155 of these were as a result of cardiovascular or respiratory conditions. Influenza accounted for only 2 deaths across the whole period (one in winter) and hypothermia for 4 deaths across the whole period (two in winter). There was an average of 31 excess deaths per year from pneumonia.

When the number of EWD is reviewed by cause in both the years where EWD Index overall is low (2005/06, EWD Index 14.0) and high (2008/09, EWD Index 29.3), differences in the main causes contributing to the EWD Index are seen. In a year where high EWD is experienced there is an increase in EWD from cancer, cardiovascular disease and respiratory disease with lung cancer, stroke and COPD being the main causes of EWD.

3.0 Reasons for Excess Winter Deaths – The Evidence

3.1 The number of extra deaths occurring in the winter can be attributed to a range of factors, but most frequently to the effects of cold. The evidence base suggests that indoor and outdoor temperature, socio-economic factors, vulnerability (i.e. gender, age, underlying cardiovascular or respiratory conditions), housing, and personal and behavioural factors all contribute (DH, 2009). “Influenza is often implicated in winter deaths as it can cause complications such as bronchitis and pneumonia, especially in the elderly”, (Sweet, 2011, p. 25).

3.2 A recent article in the British Medical Journal suggested that the majority of the fluctuation in seasonal mortality is related to cold temperatures (Wilkinson et. al 2004). See table below for the effects on health:

Table 1: Effect of temperature on health

Indoor Temperature	Effect
21ºC	Recommended living room temperature
18ºC	Minimum temperature with no health risk, though may feel cold
Under 16ºC	Less resistance to respiratory infections, impaired lung function and can trigger Chronic Obstructive Pulmonary Disease (COPD)
9-12ºC	Increases blood pressure and risk of heart attacks and strokes
5ºC	High risk of hypothermia

Source: South East Public Health Observatory, 2007

3.3 A key question is whether these cold related deaths are caused by cold housing conditions or people being unprepared when venturing outside in cold weather. (Keatinge W, 2001, 2004).

3.4 The link between EWD and low indoor temperatures are widely reported, and it has been argued that an improvement in the energy efficiency of housing stock in the UK has the potential to achieve significant public health benefits, including reduction in winter deaths, (Wilkinson et. al. 2004).

3.5 The energy efficiency of a property, the cost of heating fuel and household income all influence fuel poverty. ‘Fuel poverty is defined as having to spend 10% or more of income on all fuel use, including heating the home, to an adequate standard of warmth’ (Marmot, 2011).

3.6 Keatinge (2001) argues that many EWDs arise from brief excursions outdoors, rather than low indoor temperatures. The cold stress experienced from minutes spent at a windy bus stop can exceed anything experienced indoors. This point is supported by research linking poor access to public transport and excess winter mortality.

3.7 In countries with colder climates winter deaths are thought to be lower because the thermal efficiency standards of houses are higher and because people dress warmer when going outside (CSE, 2001).

3.8 Several studies in England have concluded that socio-economic factors are not strongly associated with winter deaths, (Wilkinson et. al. 2004). People in the lowest socio-economic groups do not necessarily live in cooler homes as housing association and local authority dwellings tend to be well heated and well-insulated. Larger owner-occupied houses and privately rented accommodation tends to be more difficult to heat (Hajat et. al. 2007) A lack of central heating is associated with higher EWD (Aylin P et. al. 2001)

3.9 Reliance on public transport however (a feature of deprivation), is thought to increase exposure to outdoor cold (Hajat S et. a. 2007).

3.10 Winter deaths seem to be widely distributed amongst older people generally rather than being heavily concentrated amongst disadvantaged groups per se (Wilkinson et. al. 2004). Older age, female sex, living alone and having a history of respiratory illness confer more vulnerability than deprivation.

3.11 A significantly greater increase in excess winter mortality has also been reported amongst those living in care homes (Dinsdale et. al. 2006). This is likely to be because of the greater age of residents, the likelihood of pre-existing conditions, and the living conditions (i.e. enclosed spaces where infections can easily spread).

3.12 There is an association between EWD and epidemics of influenza, but these deaths occur predominantly in very elderly people with underlying ill-health. The risk of influenza is also greater in residential patients (Dinsdale et. al. 2006)

3.13 Personal and behavioural factors are often overlooked in the debate on EWD. Older people often try to reduce their energy bills by reducing the amount of heating they use, and those on low incomes spend up to 30% less on food than is needed for a healthy balanced diet. This puts their physical and mental well-being at risk and could make them more vulnerable to the cold (UK 8020, no date).

3.14 Physical activity or taking part in manual labour has been reported as a protective factor. A study from Russia showed that as well as wearing layered, warm clothing when temperatures fell, the local population increase their physical activity and appear to experience no increase in winter mortality until temperatures fall below 0º. In Western Europe mortality starts to increase when temperatures fall below 18º, (Dinsdale et. al. 2006).

4.0 Dudley Initiatives to Address EWD

4.1 Residents in Dudley have benefitted from ‘Health through Warmth’ funding (set up by *npower*, National Energy Action and the NHS in 2000) and grants from the Government’s Warm Front scheme. These grants have funded insulation, energy efficiency measures and heating improvements in vulnerable households experiencing fuel poverty, in the private rented and owner-occupier sectors.

4.2 A total of 1,127 professionals working in Dudley have been trained to make Health through Warmth referrals. Since the year 2000, 3,763 households have been referred to the scheme and 2,707 households have been given some form of financial support.

4.3 The Decent Homes Standard was launched in 2000 by the Department for Communities and Local Government to ensure that all homes in the social housing sector and vulnerable households in non-decent accommodation in the private sector would be warm, wind- and weather- tight and have reasonably modern facilities. It includes a requirement for a "reasonable degree of thermal comfort, with efficient heating and effective insulation," (Bennington et. al. 2011). Dudley has met the Decent Homes standard of 70% decency for private sector housing.

A recent national assessment of the Decent Homes Programme (Bennington et. al. 2011) reported better energy efficiency as a result of installation of 'A' rated boilers, cavity wall and loft installation, double glazing and the use of energy efficiency light bulbs. Rising SAP ratings have evidenced an increase in energy efficiency of social housing stock.

However, many recipients felt that more attention should have been given to energy efficiency and fuel poverty measures, and the majority of respondents were concerned about their ability to maintain or enhance the Decent Homes Standard for their properties in the medium to long term.

4.4 Dudley MBC Energy Advice Line provides a free phone number for information and advice on keeping the home warm and accessing grants, tariff switching, and social tariffs.

4.5 The Citizens Advice Bureau stock literature on Health through Warmth, support people to access the benefits they are entitled to, and change to cheaper energy providers.

4.6 Local GPs deliver annual flu immunisations and pneumococcal immunisations (see appendix 1 and appendix 2 showing uptake of immunisations by GP practise). Uptake of the flu immunisation in Dudley by the over 65 age group has declined slightly over the last five years from 71.1% in 2005/06 to 69.6% in 2010/11. There has been a gradual increase in uptake for the 'at risk' groups (see appendix 3 for list), but this still falls below the national target of 60% (2010/11 Dudley uptake 51.6%). The pneumococcal vaccine which is available to people aged 65 and over had an uptake of 67% during 2010/11 and this has remained static over the same period.

4.7 Dudley PCT, DMBC and Age Concern Dudley run a ''Keep Warm – Keep Well' programme aimed at older people in the borough. This includes information on wrapping up warm and accessing financial support to heat their homes.

4.8 Dudley Falls Service carries out risk assessments and exercise programmes for postural stability, strength and balance. It has integrated pathways across community, primary care, acute, mental health and residential care settings.

4.9 Links to Health through Warmth are built into the 'Single Assessment Process.'

4.10 In 2008/09 Dudley PCT introduced a range of winter plan initiatives targeting vulnerable people. These included extension to the Thunderbirds Rapid Response Team, additional Reablement Assistants and Occupational Therapists, additional capacity for out of hours community nursing, 93 extra intermediate care beds and 434 extra homecare hours for early discharge.

4.11 Further NHS services which support vulnerable people who may be at risk of winter mortality include an enhanced COPD Service, a specialist nurse within the Heart Failure Team, a 'Virtual Ward' approach designed to address the needs of patients who are most at risk of repeated unplanned hospital admissions, and Case Managers who provide additional care and support to patients who are frequent re-admitters to hospital.

4.12 Services such as Tele-care and Tele-health enable people, especially older and more vulnerable individuals, to live independently in their own homes. Risk stratification tools are used to ensure these initiatives are targeted at the individuals who are most likely to benefit from them.

4.13 Following a visit by the Health Inequalities National Support Team in 2009, an 'Excess Winter Deaths Impact Group' has been established to take forward and collaborate on initiatives to help reduce winter deaths.

5.0 Further Action

5.1 In Dudley a wide range of initiatives' are already in place, that aim to reduce the number of EWD. However, work remains fragmented, and there is evidence of duplication in some areas and missed opportunities in others.

5.2 At a population level, existing initiatives could have more impact through better co-ordination between agencies, and should focus on:

- More visible winter warmth campaigns which start earlier in the year and are coordinated effectively across a range of media. These should include a focus on wrapping up warm when going outside.
- Creating a central 'energy efficiency advice centre' such as that in Walsall MBC. This would enable people to access a range of advice and support in one place and would also help professionals by providing one central point for referrals and signposting. Households receiving referrals to grants should also receive advice and support with switching to cheaper energy tariffs and identifying any additional benefits they may be entitled to.
- Increasing the number of referrals from multi-agency professionals and ensuring they have appropriate information to pass on to individuals who would benefit. (Experience locally and in other areas such as Ealing has shown that although it is easy to explain the health benefits of reducing fuel poverty to staff, and to develop a simple way of signposting householders to help, in reality this results in very few referrals to the schemes available).
- Initiatives which educate people and help to change their behaviours alongside the installation of energy saving measures, (i.e. showing people how to set their boilers to the correct temperature and use timers). 'Green Doctor' is a successfully evaluated scheme run by Groundwork which focuses on this approach.
- Increasing uptake of the flu immunisation amongst those aged over 65, particularly those in residential accommodation, and amongst health professionals. The Government's target is 75% or more people aged 65+ to receive immunisation. Not only does the flu jab protect against influenza, it also allows medical professionals the opportunity to assess the general wellbeing of the individual and potentially to pass on information about how to

keep warm and well. GPs must be supplied with appropriate information to enable them to pass this on (McGibbon et. al. 2009)

- Community based initiatives to target vulnerable groups. For example in Walsall work has taken place with faith groups to develop multi-lingual energy efficiency training and with schools to educate children and their parents about energy efficiency. The 'Cold Weather Plan for England' (Department of Health, 2011) suggests people should be encouraged to 'look out for vulnerable neighbours.'

To have maximum impact this programme of work should be coordinated through a multi-agency group such as the 'Excess Winter Deaths Impact Group.'

5.3 The Cold Weather Plan (Department of Health, 2011) provides important guidance on how to reduce the impact that severe cold weather has upon health. The Director of Public Health is responsible for co-ordination of multi-agency cold weather plan actions, including a system of cold weather alerts – linked to the existing winter weather warning systems developed by the Met Office – which trigger appropriate actions up to a major incident.

5.4 As part of cold weather plan actions, Dudley has been successful in bidding for money from the recently announced 'Warm Homes, Healthy People Fund'. The bid aims to reduce the number of EWD amongst vulnerable residents and to increase general awareness of winter warmth through a series of initiatives which will support and provide additionality to the Cold Weather Plan. These include supporting the local food bank, energy efficiency and financial advice around fuel debt / poverty, a rapid response crisis fund, awareness raising campaigns and volunteer befriending.

5.5 For those who are particularly vulnerable to EWD, the Health Inequalities National Support Team identified a number of priority actions that are known to impact on reducing seasonal excess deaths. These actions are being taken forward by the 'Excess Winter Deaths Impact Group.'

5.6 A targeted, systematic and scaled-up programme is required to achieve a reduction in EWD. Success will depend on good partnership and effective joint commissioning and joint provision of health, social care and housing services.

6.0 Finance

6.1 Work is being delivered through existing budgets. The 'Warm Homes, Healthy People Fund' has brought an additional £120,000 into the borough to support this agenda.

7.0 Law

7.1 There are no legal requirements or implications pertaining to this report.

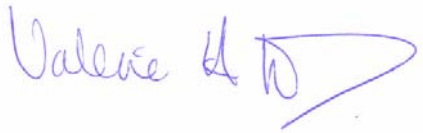
8.0 Equality Impact

8.1 Equality issues have been considered in the report. EWD Index is not wholly related to inequalities in deprivation but is related to age and pre-existing respiratory illness. Females have also been shown to be more vulnerable.

9.0 Recommendation

9.1 Members are asked to

i. Note the report
ii. Discuss further actions proposed



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Valerie Little
Joint Director of Public Health

Contact Officer: Name: Jody Pritchard
Title: Public Health Programme Manager (Community Health Improvement)
Telephone: 01384 321930
Email: joanna.pritchard@dudley.nhs.uk

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Appendix 1

Uptake of Pneumococcal Vaccine up to 31st March 2011

Report Date: 13/01/2012

Lead GP	Location	Aged 65 and over	
		No. of Patients registered on day of extraction	% of patients receiving pneumococcal vaccine to 31st March 2011
Gupta	Halesowen Road Surgery, Dudley	181	85.1
Hampson	Northway Medical Centre, Dudley	1186	84.8
Ingle	Dudley Partnership for Health, Dudley	458	82.8
Wild	Three Villages Medical Practice, Lye Stourbridge	1796	82.3
Irani	The Ridgeway Surgery, Sedgley	2134	80.5
Akufo Tetteh	Coombs Road Surgery, Halesowen	267	80.1
Merotra	Sandringham Way Surgery, Brierley Hill	227	78.0
Pall	Tinchbourne Street Surgery, Dudley	192	77.6
Spiers	Stepping Stones Medical Practice, Dudley	1164	77.1
Arsiwala	Bayer Hall Clinic, Coseley	289	76.5
Wild	Lower Gornal Health Centre, Dudley	1899	76.3
Al-Rabban	Woodsetton Medical Centre, Woodsetton	1470	76.3
Darby	St. Margaret's Well Surgery, Halesowen	1780	74.0
Rigby	Cross Street Health Centre, Dudley	932	73.8
Karim	High Street Surgery, Quarry Bank,	663	73.2
Dingwall	Greenfield Avenue Surgery, Stourbridge	531	73.1
Price	The Limes Surgery, Lye Stourbridge	1137	72.5
Griffiths	Worcester Street Surgery, Stourbridge	4070	72.0
Shameem	Alexandra Medical Centre, Halesowen	316	70.9
Lewis	Lapal Medical Practice, Halesowen	1421	70.7
Killin	Pedmore Road Sugery, Lye, Stourbridge	989	70.3
Oliver	Wordsley Green Health Centre, Stourbridge	2011	69.7
Shah	Thorns Road Surgery, Quarry Bank, Dudley	702	69.7
Sahni	Brierley Hill Health & Social Care Centre, Brierley Hill	352	69.6
Yarwood	Wychbury Med. Centre Wollescote, Stourbridge	4044	69.3
Bamford	Feldon Lane Surgery, Halesowen	1497	69.2
Cartwright	Keeline House Surgery, Holly Hall, Dudley	815	69.2
Basu	St. Thomas's Medical Centre, Dudley	43	67.4
Skilbeck	Kingswinford Medical Centre, Kingswinford	1590	67.1
Shather	Bilston Street Surgery, Sedgley	359	66.9
Skilbeck	High Oak Surgery, Kingswinford	467	66.2
Safdar	Central Clinic, Dudley	628	64.5
Faux	Albion House Surgery, Brierley Hill	2619	64.0
Vamadevan	Clement Road Surgery Halesowen,	635	62.7
White	St. James Medical Practice, Dudley	852	62.6
Rathore	Castle Meadows Surgery, dudley	262	62.2
Paramanathan	Coseley Medical Centre, Coseley	1150	60.2
Plant	Summerhill Surgery, Kingswinford	1721	59.7
Sarkar	Bath Street Surgery, Sedgley	295	57.3
Mittal	Crestfield Surgery, Halesowen	347	56.2
Smart	Eve Hill Medical Practice Dudley	1144	54.2
Wong	The Greens Health Centre, Dudley	1022	54.1
Porter	St. James Medical Practice, Dudley	433	52.9
Prashara	Chapel Street Surgery, Lye, Stourbridge	112	48.2
Gupta	Bean Road Surgery, Dudley	315	45.7

Lead GP	Location	Aged 65 and over	
		No. of Patients registered on day of extraction	% of patients receiving pneumococcal vaccine to 31st March 2011
Bloor	Rangeways Road Surgery, Kingswinford	909	45.5
Watkins	Norton Medical Centre, Stourbridge	1368	40.9
More	Meadowbrook Road Surgery, Halesowen	1765	26.1
Gupta	Kates Hill Surgery, Dudley	69	11.6
Parnell	Moss Grove Surgery, Kingswinford		
Khasgiwale	The Waterfront Surgery, Brierley Hill		
Conlon	Netherton Health Centre, Dudley		
Firth	Meriden Avenue Surgery, Wollaston, Stourbridge		
Jain	Masefield Road Surgery, Halesowen		
Johnson	Halesowen Helath Centre, Halesowen		
	Total	**50628**	**67.2**

Empty columns are where practices have not reported data.

Appendix 2

Uptake of Flu Vaccine 2010/11 by GP Practice

Lead GP	Location	Summary of Flu Vaccine Uptake %	
		65 and over	Under 65 - at-risk only
Parnell	Moss Grove Surgery, Kingswinford	70.0	85.1
Conlon	Netherton Health Centre, Dudley	73.4	81.0
Prashara	Chapel Street Surgery, Lye, Stourbridge	64.0	75.2
Gupta	Halesowen Road Surgery, Netherton, Dudley	89.0	73.7
Shameem	Alexandra Medical Centre, Halesowen	78.5	72.7
Jain	Masefield Road Surgery, Halesowen	82.9	67.9
Gupta	Kates Hill Surgery, Kates, Hill, Dudley	100.0	67.2
Akufo Tetteh	Coombs Road Surgery, Halesowen	69.9	63.6
Hampson	Northway Medical Centre, Dudley	80.8	62.8
Shah	Thorns Road Surgery, Quarry Bank, Dudley	72.6	61.4
Merotra	Sandringham Way Surgery, Brierley Hill	73.5	61.3
Basu	St Thomas's Medical Centre, Dudley	60.5	61.3
Irani	The Ridgeway Surgery, Sedgley	68.7	61.2
Dingwall	Greenfield Avenue Surgery, Stourbridge	79.9	60.2
Arsiwala	Bayer Hall Clinic, Coseley	77.2	59.3
Rigby	Cross Street Health Centre, Dudley	71.6	58.7
Wild	Three Villages Medical Practice, Lye, Stourbridge	74.2	57.4
Karim	High Street Surgery, Quarry Bank	66.1	55.6
Brettell	Central Clinic, Dudley	68.6	55.4
Shather	Bilston Street Surgery, Sedgley	72.8	54.5
Plant	Summerhill Surgery, Kingswinford	64.8	54.3
Killin	Pedmore Road Surgery, Lye, Stourbridge	73.2	53.4
Johnson	Halesowen Health Centre, Halesowen	64.3	52.9
Bamford	Feldon Lane Surgery, Halesowen	69.9	52.8
Khasgiwale	Waterfront Surgery, Brierley Hill	66.9	52.8
Ingle	Quarry Road Surgery, Dudley	71.8	51.9
Griffiths	Worcester Street Surgery, Stourbridge	76.0	51.6
Spiers	Stepping Stones Medical Practice, Dudley	72.5	50.9
Smart	Eve Hill Medical Practice, Dudley	69.0	50.6
Gupta	Bean Road Surgery, Dudley	70.8	50.0
Faux	Albion House Surgery, Brierley Hill	69.7	49.3
Mittal	Highfield Road Surgery, Halesowen	56.1	49.2
Skilbeck	Highoak Surgery, Kingswinford	74.6	48.8
Bloor	Rangeways Road Surgery, Kingswinford	75.7	47.6
Oliver	Wordsley Green Health Centre, Stourbridge	66.3	47.6
Sahni	Brierley Hill Health Centre, Brierley Hill	65.8	47.0
Porter	St James Medical Practice, Dudley	62.7	46.7
Sarkar	Bath Street Surgery, Sedgley	69.5	46.6
Darby	St Margaret's Well Surgery, Halesowen	67.8	46.0
Wong	The Greens Health Centre, Dudley	64.2	45.5

Lead GP	Location	Summary of Flu Vaccine Uptake %	
		65 and over	Under 65 - at-risk only
Skilbeck	Kingswinford Health Centre, Kingswinford	66.3	44.8
Vamadevan	Clement Road Surgery, Helesowen	70.3	44.6
Cartwright	Keelinge House Surgery, Holly Hall, Dudley	67.5	44.6
Firth	Meriden Avenue Surgery, Wollaston, Stourbridge	73.5	43.1
Watkins	Norton Medical Practice, Stourbridge	67.2	42.1
More	Meadowbrook Road Surgery, Halesowen	64.4	42.1
Price	The Limes Surgery, Lye, Stourbridge	73.2	42.0
White	St James Medical Practice, Dudley	64.6	41.7
Lewis	Lapal Medical Practice, Halesowen	62.1	41.5
Yarwood Smith	Wychbury Med. Centre, Wollescote, Stourbridge	67.2	41.3
Rathore	Castle Meadows Surgery, Dudley	79.3	41.0
Paramanathan	Coseley Medical Centre, Coseley	61.4	40.9
Gee	Lower Gornal Health Centre, Dudley	70.0	39.7
Al-rabban	Woodsetton Medical Centre, Woodsetton	65.9	38.5
Pall	Tinchbourne Street Surgery, Dudley	73.8	35.2
	Total	**69.6**	**51.6**
	National Average*	**72.8**	**50.3**

Appendix 3

Target risk groups for seasonal influenza vaccine

The seasonal vaccine should be offered to the following groups:

1 all those aged 65 years and over;

2 all those aged 6 months or over in a clinical risk group (see below);

3 those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity or mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence;

4 those who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill;

5 GPs should consider on an individual basis the clinical needs of their patients including individuals with:

- multiple sclerosis and similar neurological conditions; or
- hereditary or degenerative diseases of the central nervous system.

Clinical risk groups 2010/11

Influenza vaccine should be offered to people in the clinical risk groups set out below:

- Chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission
- Chronic heart disease
- Chronic renal disease
- Chronic liver disease
- Chronic neurological disease
- Diabetes
- Immunosuppression
- Pregnant women

This information has been summarised from the Chief Medical Officers Letter on influenza 28th May 2010. Available at:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_116943.pdf