

## Thanet CCG Locality Profile for Margate

April 2017



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Version: 5

Last Updated: 6<sup>th</sup> April 2017

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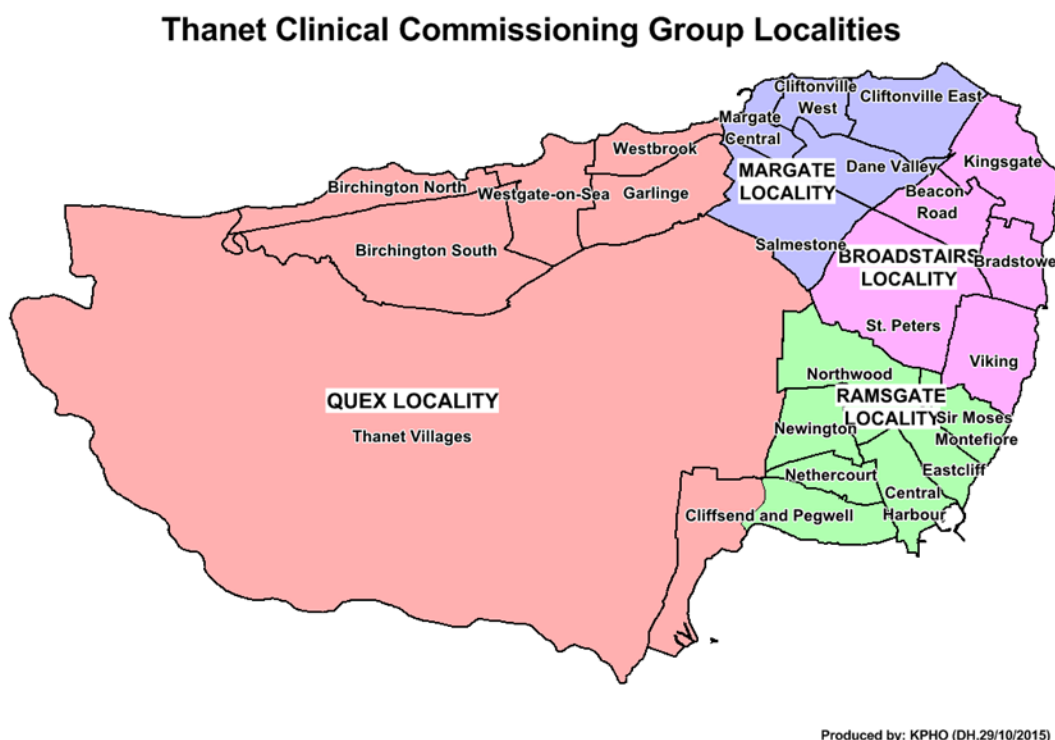
## **| 1. Introduction**

This report outlines the key indicators of health for the Margate locality in Thanet Clinical Commissioning Group (CCG) and will be used by Thanet CCG to form the update of their Operational Plan.

## 2. Demographics

### 2.1 Location

The map below shows Thanet CCG split into the four different localities (Quex, Margate, Broadstairs and Ramsgate) based on Thanet wards.



The Margate locality consists of five electoral wards in the north of Thanet CCG:

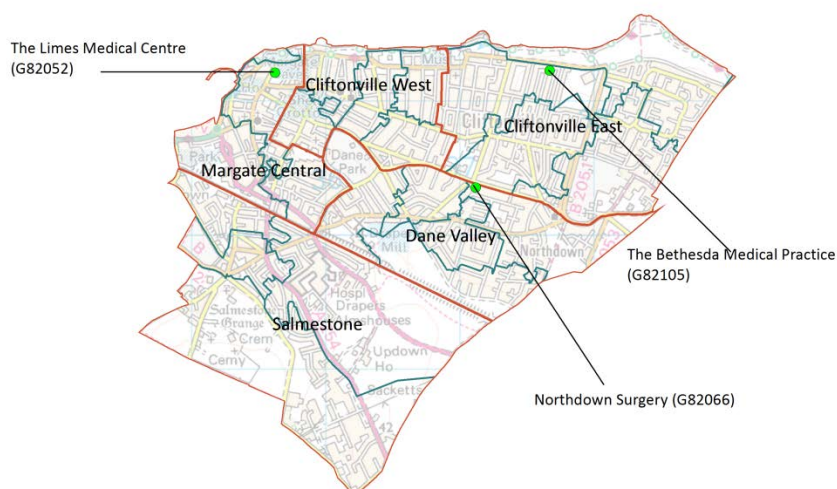
- Cliftonville East
- Cliftonville West
- Dane Valley
- Margate Central
- Salmestone

The map below shows the breakdown of the Margate locality into wards and lower super output areas (LSOAs). An LSOA is a geographical region which has a minimum population of 1,000 and an average population of 1,500. The Margate locality has three general practices<sup>1</sup> located in Margate Central, Dane Valley and Cliftonville East.

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<sup>1</sup> This map features only live (open) general practices in Margate locality

## General practice\* locations in Margate Locality



\*Union Row Surgery has not been shown on the map as this will close during February 2017.

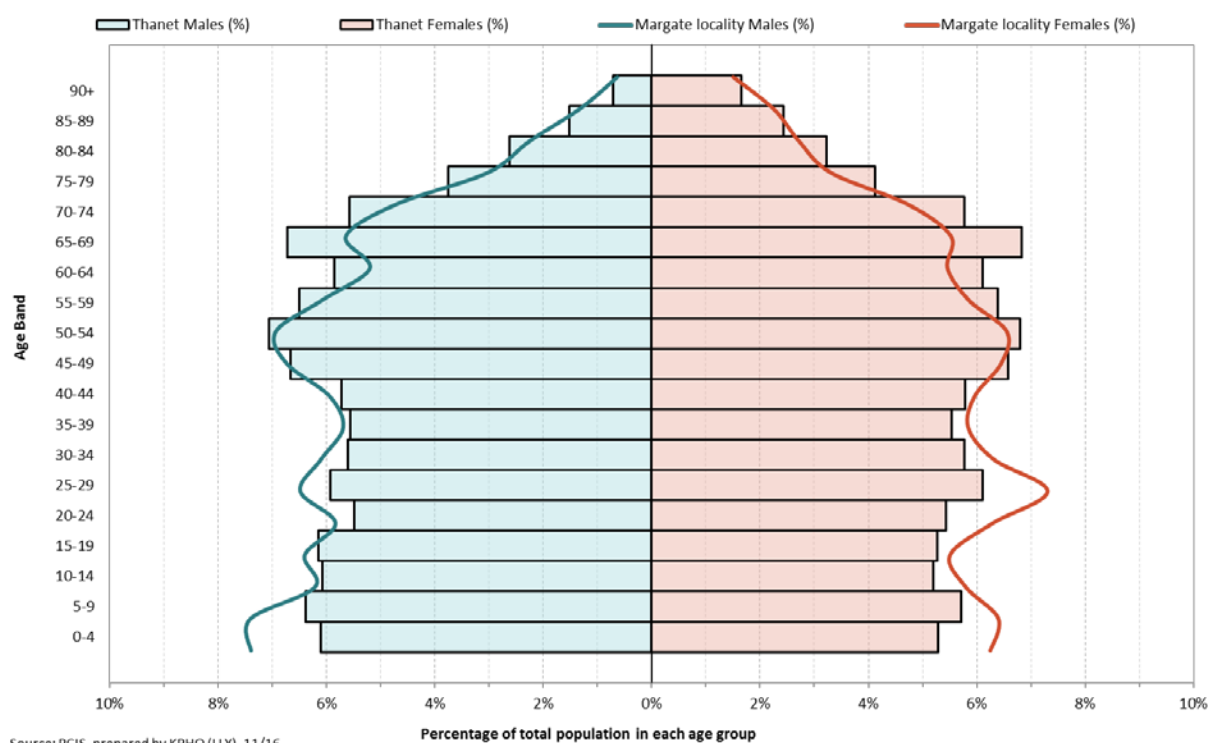
Source: PCIS, ArcGIS, prepared: KPHO (LLY), 11/16

## 2.2 Population (registered)

As of 30.09.2016, the chart overleaf shows the registered population of Margate locality compared to Thanet CCG<sup>2</sup>. Approximately 45,300 persons are registered to the general practices within the Margate locality. The Margate locality has a higher proportion of younger adults (aged 20-35) and young children (aged 0-9) than Thanet CCG as a whole.

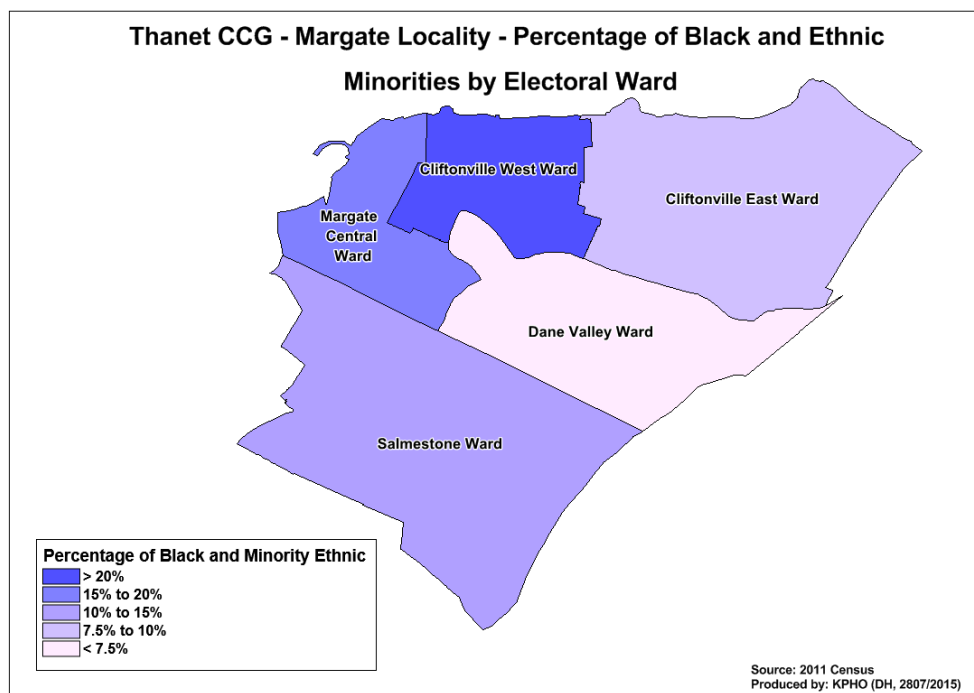
<sup>2</sup> The registered population includes population for Union Row Surgery as this surgery was open as of 30.09.2016.

### September 2016 registered population in Thanet compared to Margate locality



## 2.3 Ethnicity

Of all the wards in Thanet, Cliftonville West had the highest concentration of black and minority ethnic (BME<sup>3</sup>) residents (at almost 30%) at the time of 2011 Census. Half of these residents are from Eastern Europe or Poland.



<sup>3</sup> BME population refers to all ethnicities except White British.



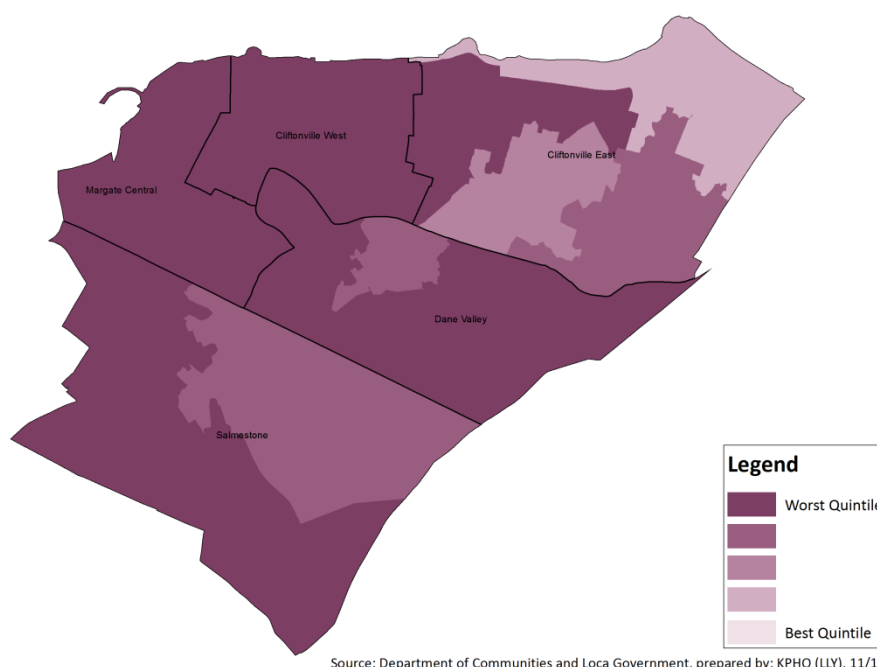
## 3. Socio-Economic

### 3.1 Deprivation

The local authority of Thanet has some of the most deprived areas in the country within its boundaries. The electoral wards of Margate Central and Cliftonville West are among the 10% most deprived wards in England and Wales. Areas of high deprivation have long been associated with poorer population health outcomes.

The map below shows the relative deprivation in the Margate locality. All wards in the Margate locality have LSOAs which are in the most deprived quintile in Kent. The Margate locality has 13 of the 88 most deprived LSOAs in Kent<sup>4</sup>.

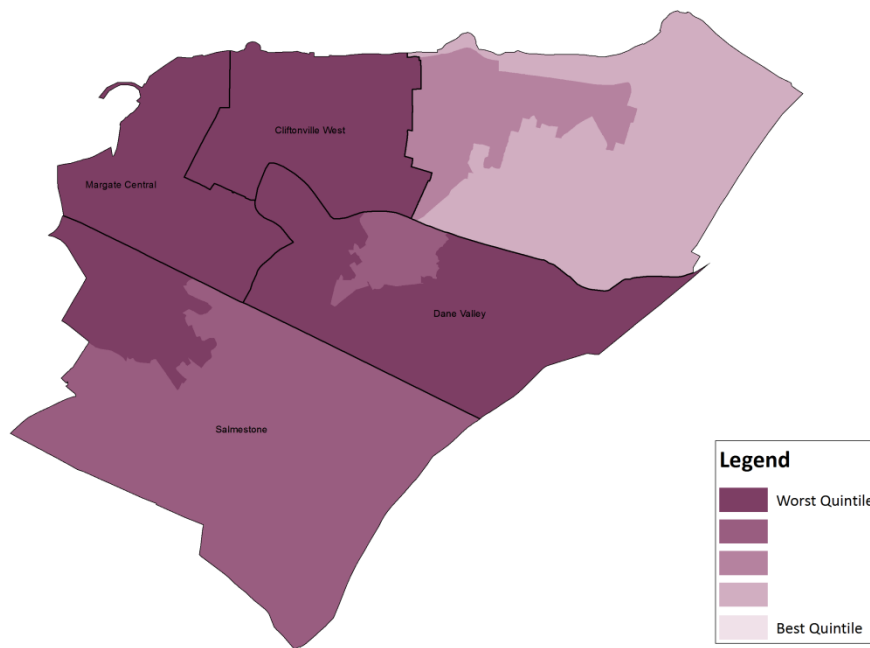
Indices of Multiple Deprivation 2015: Margate Locality



The map below shows child poverty measured by the income deprivation affecting children index and shows a broadly similar pattern to overall deprivation. Only Cliftonville East ward has no LSOAs within the most deprived Kent quintile.

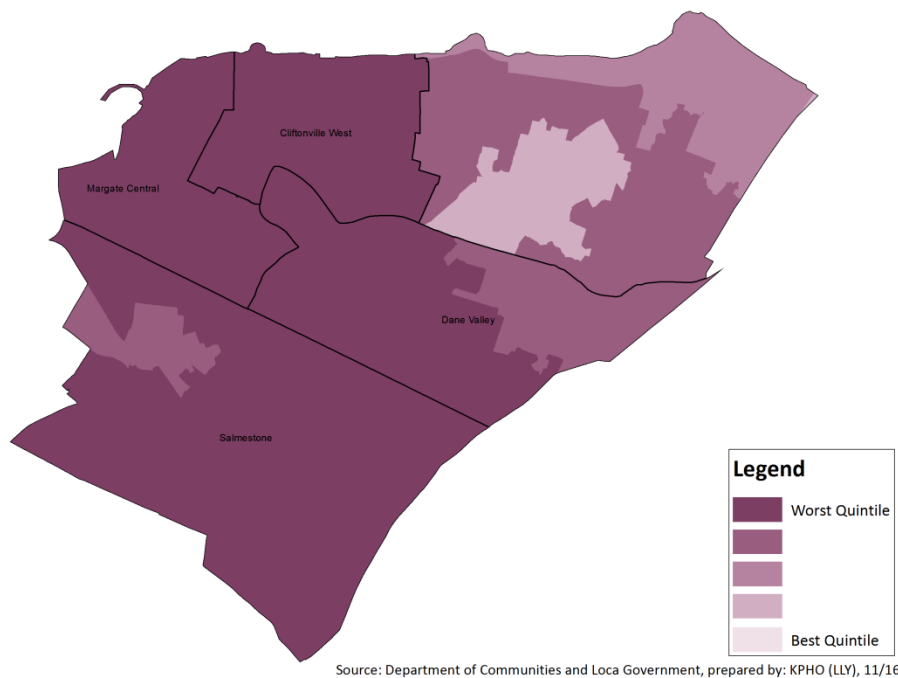
<sup>4</sup> <http://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report>

### Income Deprivation Affecting Children Index 2015: Margate Locality



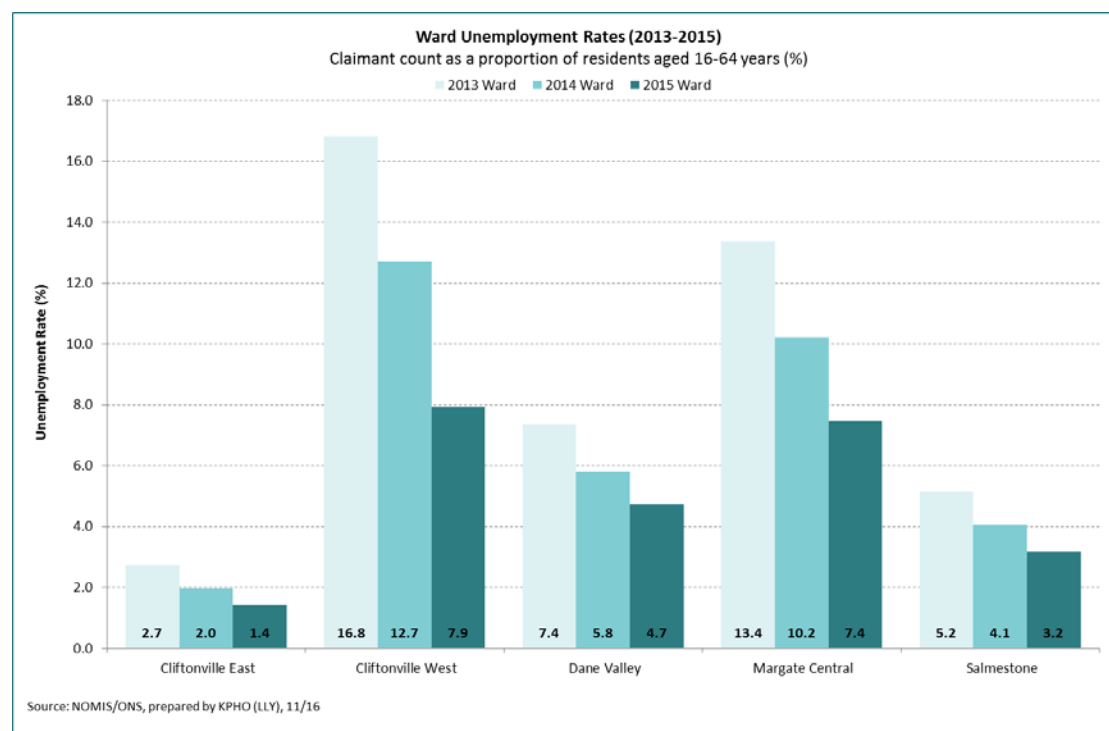
The last map in this section shows the income deprivation affecting older people. This too has a similar profile to the overall deprivation, however only Cliftonville East ward has no LSOAs within the highest Kent quintile.

### Income Deprivation Affecting Older People Index 2015: Margate Locality



## 3.2 Unemployment

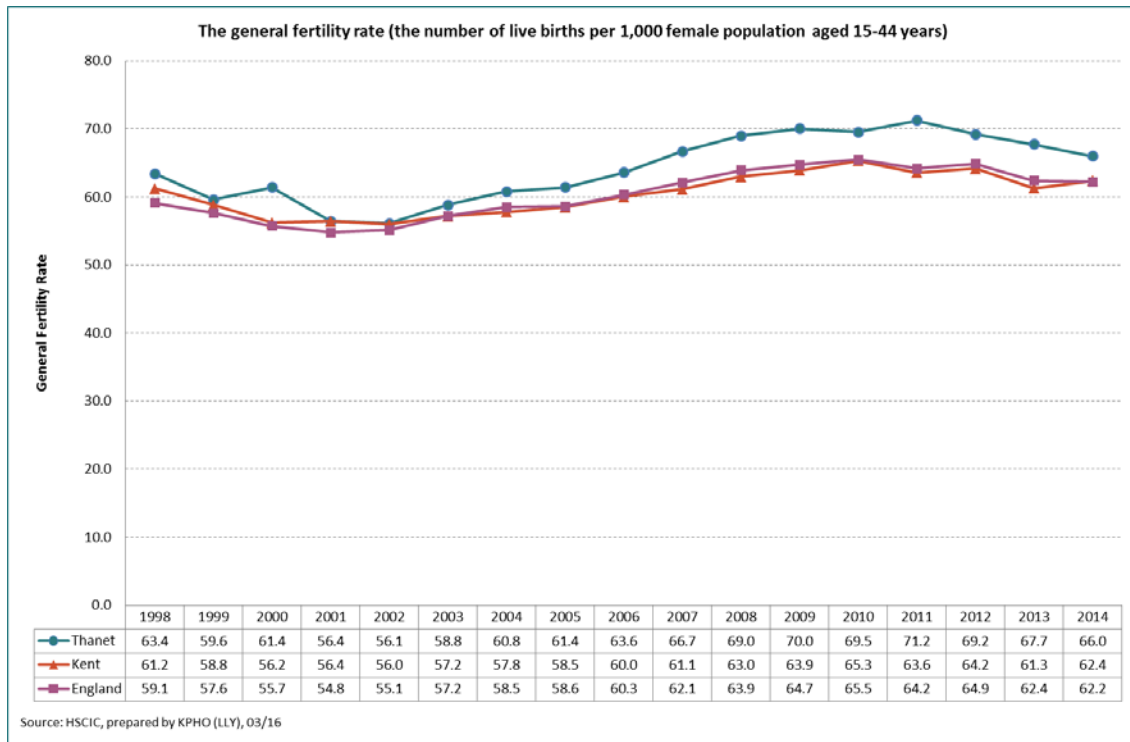
Presented at ward level within the Margate locality, unemployment rates are given as a proportion (%) of residents aged 16-64 years. All wards show a decrease in unemployment rates between 2013 and 2015. The lowest recorded unemployment rate (1.4%) was in Cliftonville East in 2015. Cliftonville West and Margate Central have by far the highest unemployment rates in Thanet.



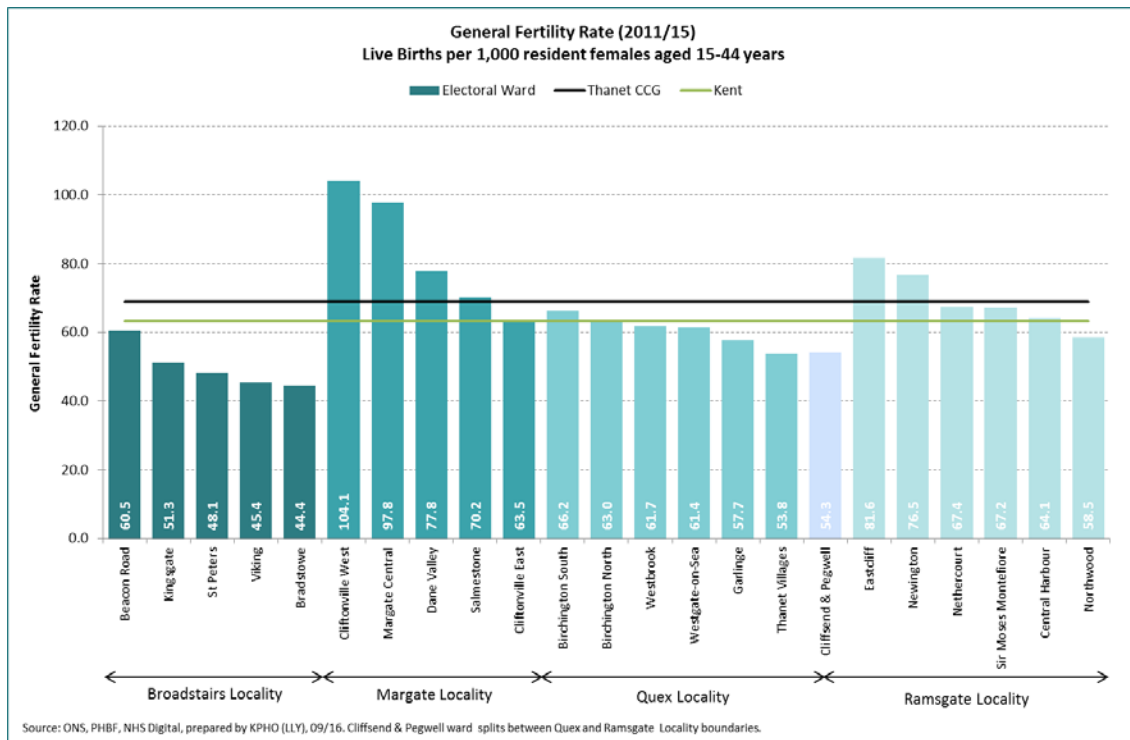
## 4. Maternity

### 4.1 General fertility rate

The general fertility rate (GFR) is the number of live births per 1,000 women aged 15-44 years. In Thanet the fertility rate rose steadily between 2000 and 2011, but has begun to fall over recent years; a trend that is also seen across Kent and nationally. Rates rose to over 70, per 1,000 women aged 15-44 in 2011 before decreasing in recent years. The fertility rate for Thanet however has remained consistently higher than Kent and England.



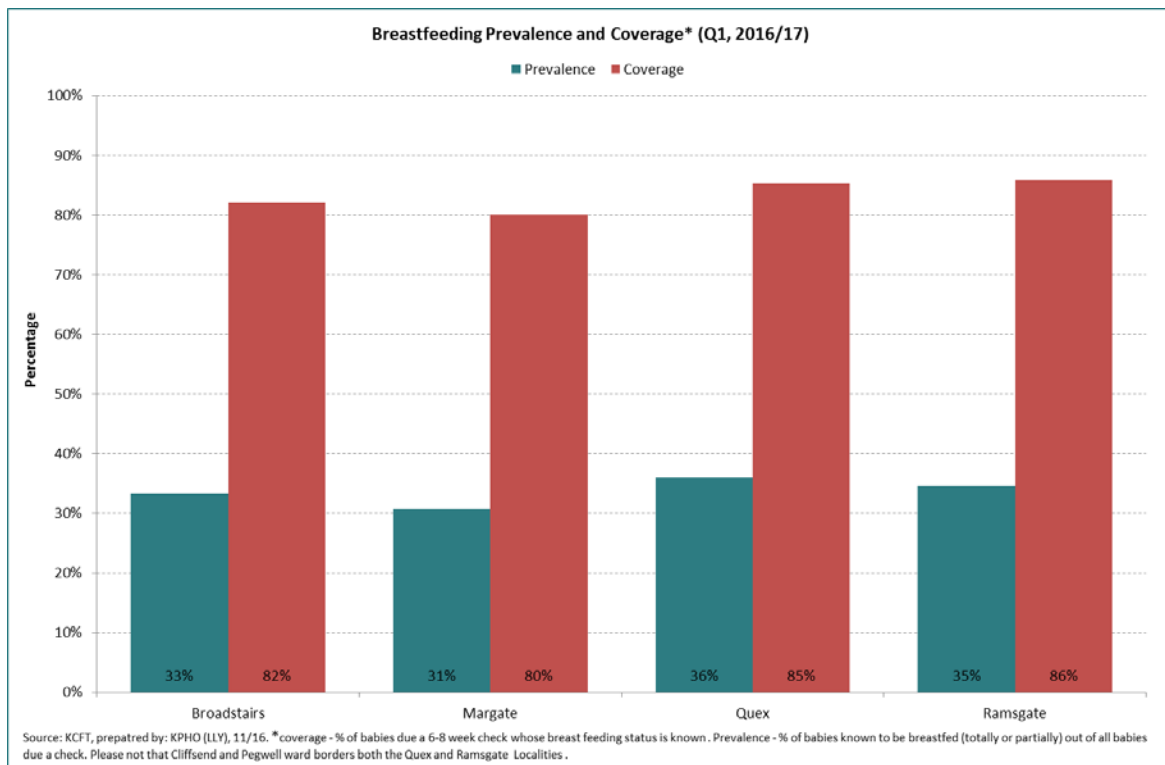
Shown at ward level, the fertility rates for Margate locality are above Thanet (69.0 per 1,000 women aged 15-44 years) in Cliftonville West, Margate Central and Dane Valley.



## 4.2 Breastfeeding

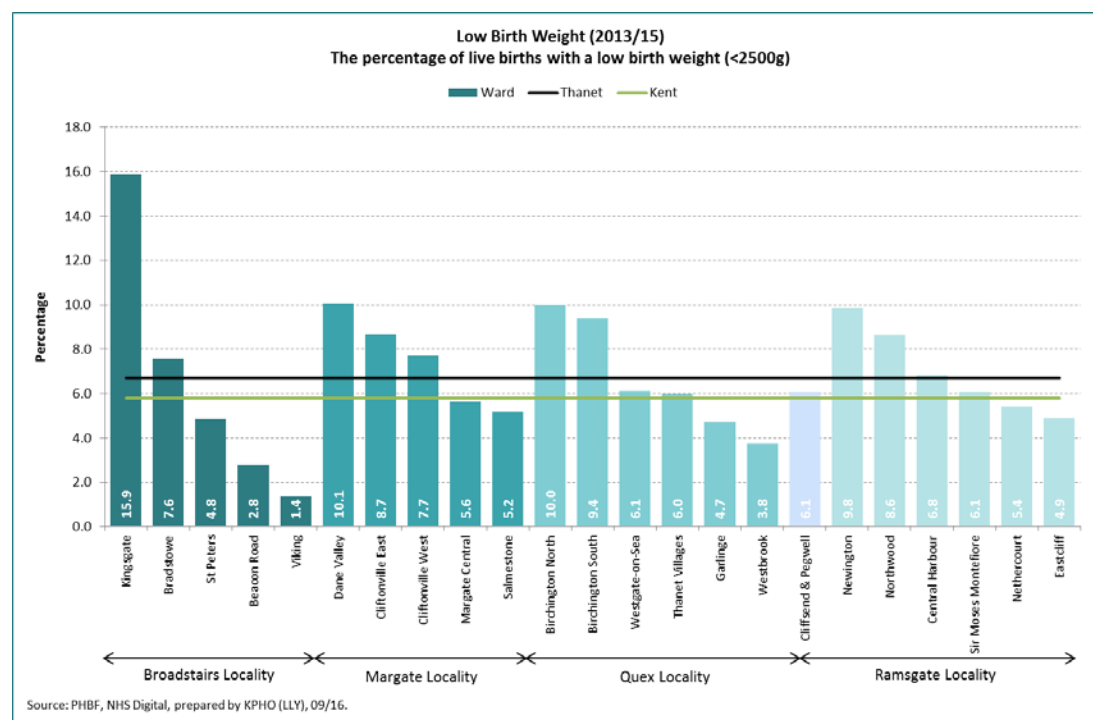
One important public health area, with regard to maternity and related child health is breast-feeding continuation. The following chart shows both the coverage of breast feeding status as well as the prevalence.

Breastfeeding continuation status is recorded at the 6-8 week check. The prevalence of breastfeeding is similarly low across the four Thanet localities, at around 1 in 3.



### 4.3 Low birth weight

Low birth weight (LBW) shows the percentage of babies with a birth weight of less than 2500 grams. The low birth weight indicator is a good predictor of future childhood health. Dane Valley, Cliftonville East and Cliftonville West appear to have high rates of low birth weights, but these values are not statistically significantly different to the Thanet or Kent averages (of 6.7% and 5.8%).

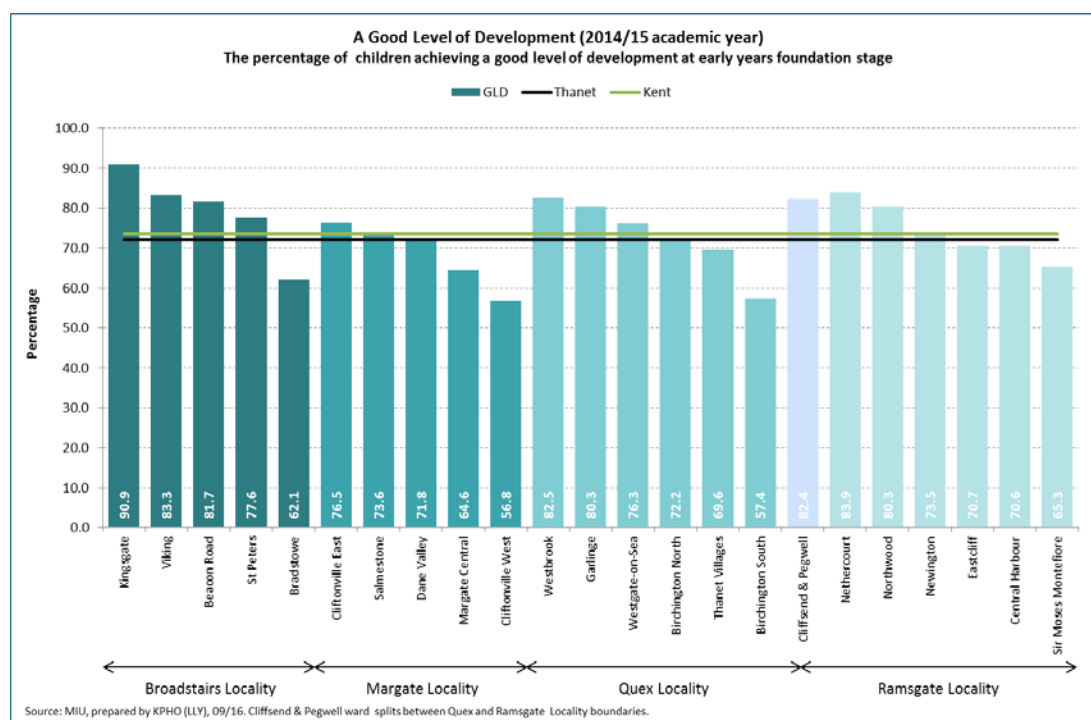


## 5. Education

Education has long been identified as one of the wider determinants of health; poor educational outcomes often lead to poor health outcomes.

### 5.1 School Readiness

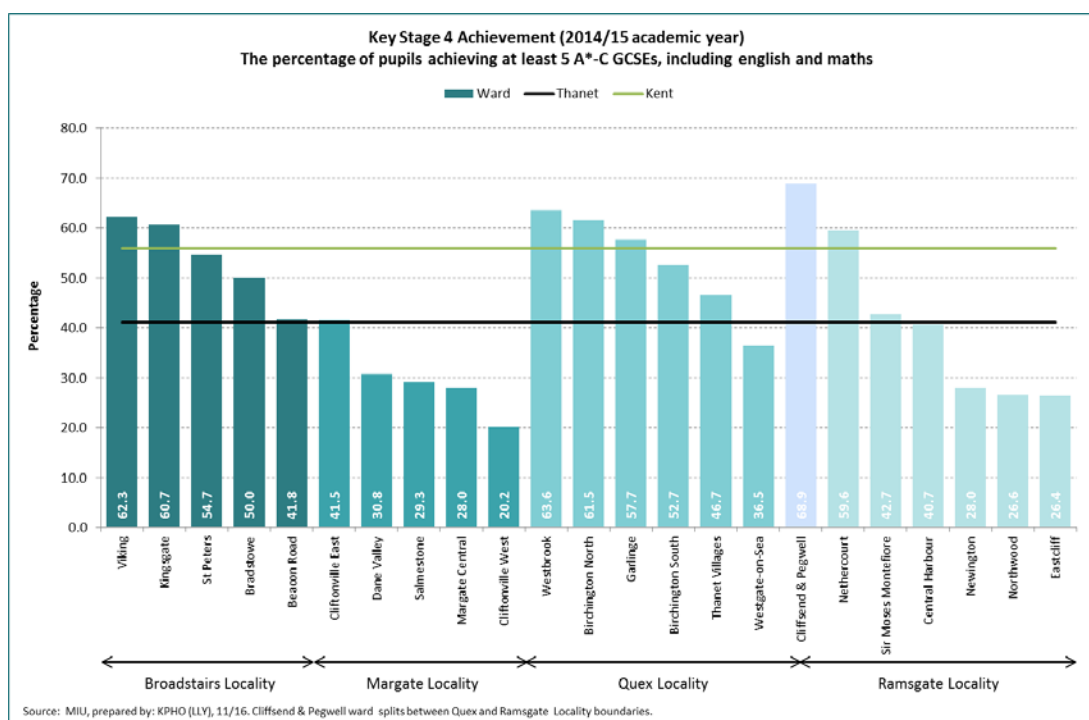
School readiness can be measured using the proportion of children who achieve a good level of development at the early years foundation stage (reception year). Achievement varies across the Margate locality, from 76.5% in Cliftonville East to 56.8% in the neighbouring Cliftonville West.



### 5.2 Key Stage 4 attainment

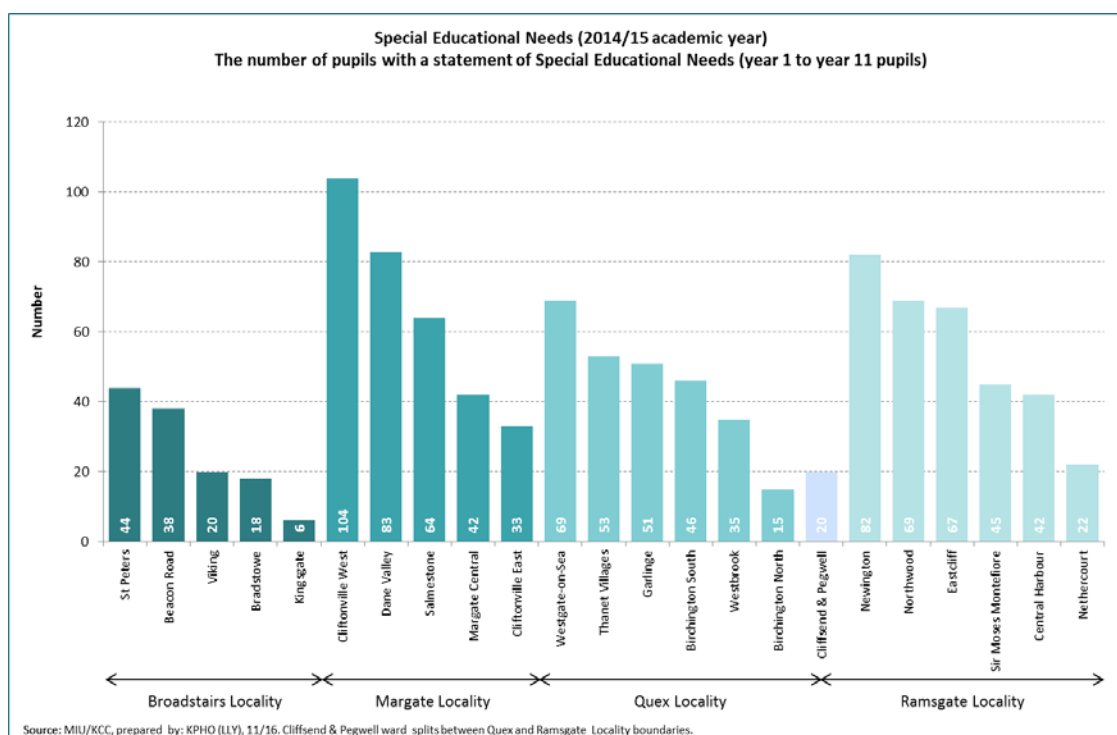
Attainment at Key Stage 4 is measured as the proportion of pupils who achieve A\*-C grades, including in English and Maths, and is low for the Margate locality. All of the wards have a lower proportion of pupils achieving the expected standard than the Kent average, and with the exception of Cliftonville East, also have a lower proportion of pupils achieving the expected standard than the Thanet average.





### 5.3 Special Educational Needs

The chart below shows the numbers of pupils within each Ward with a statement of special educational needs. Within the Margate locality, SEN pupil numbers range from 104 pupils in Cliftonville West to 33 pupils in Cliftonville East. Cliftonville West has the highest number of pupils with a statement of SEN across all the wards in Thanet.



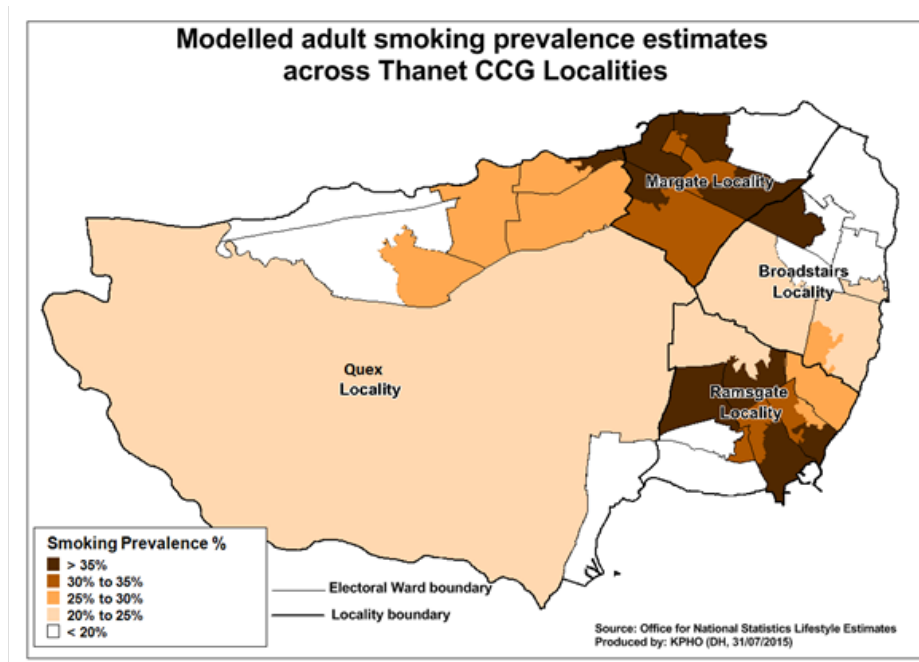
## 6. Lifestyles

The measurement of lifestyle factors is very difficult, since we do not routinely weigh and measure adults for obesity prevalence, and we do not regularly check on everyone's smoking status for population smoking prevalence. Estimates of population prevalence for these lifestyle factors are modelled from national surveys such as The Health Survey for England.

The following maps show modelled adult smoking and obesity prevalence estimates applied locally at a Mid Super Output Area (MSOA) level with electoral wards overlaid for all of Thanet.

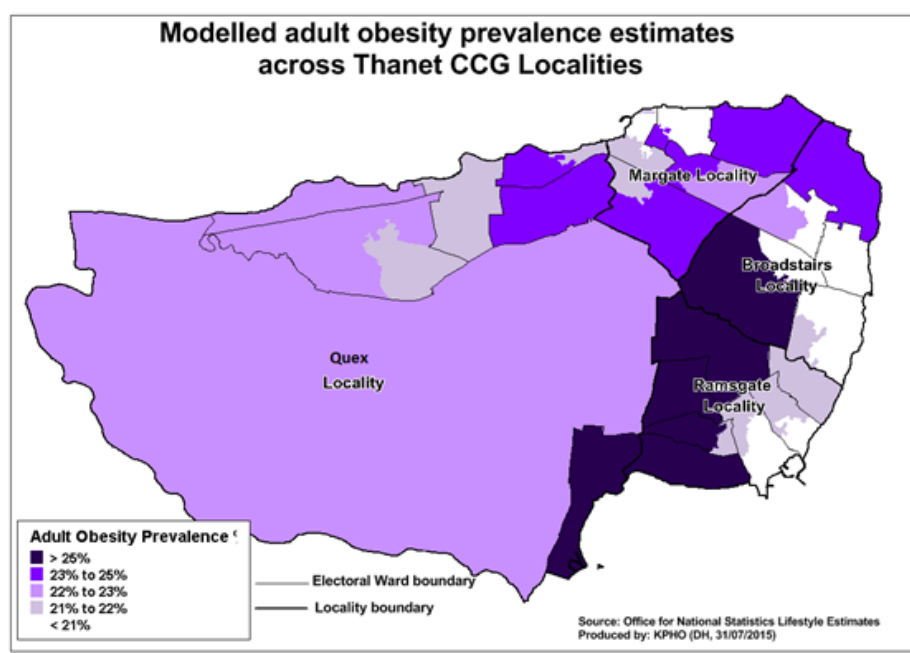
### 6.1 Modelled adult smoking prevalence

Modelled smoking prevalence is highest in parts of Margate Central, Cliftonville West, Dane Valley and Salmestone, where smoking prevalence is estimated to be over 35%. Modelled smoking prevalence in Cliftonville East however is amongst the lowest in Thanet (estimated to be lower than 20%).



### 6.2 Modelled adult obesity prevalence

Modelled adult obesity prevalence appears to be higher in more affluent areas of the Margate locality with Cliftonville East and south Salmestone, where obesity levels are estimated to be between 23% and 25%.

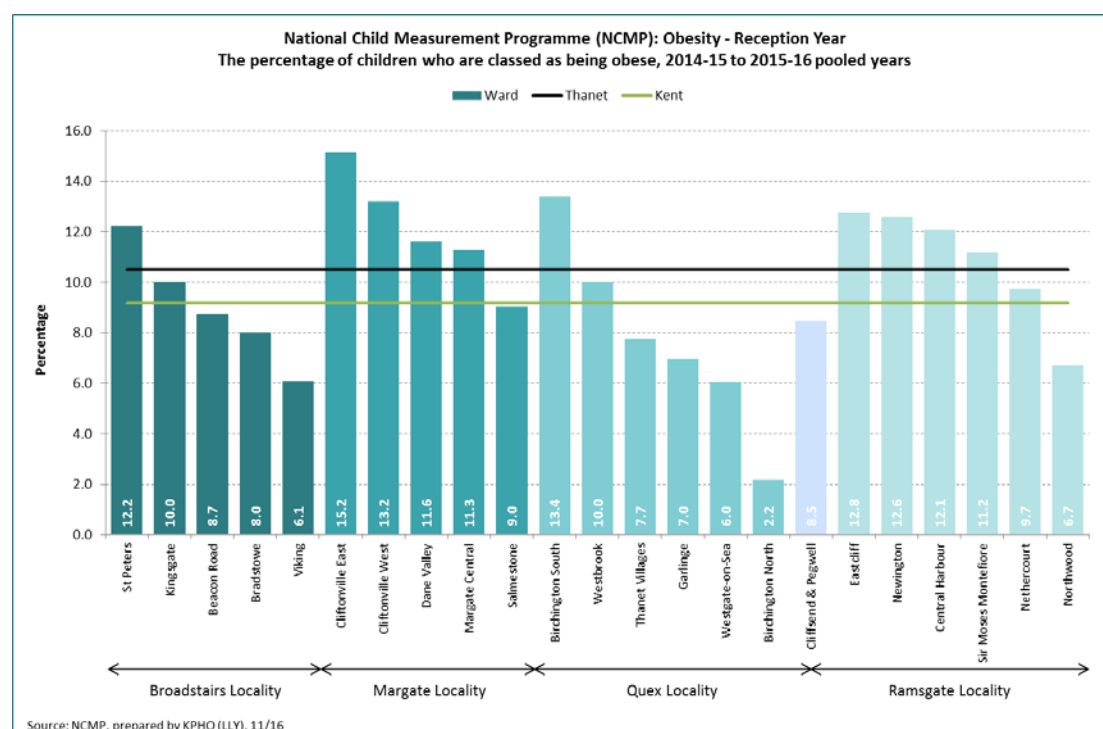


## 6.3 Childhood obesity

The National Child Measurement Programme measures the height and weight of each child in reception year and year 6. This analysis considers the proportion of children classified as being obese.

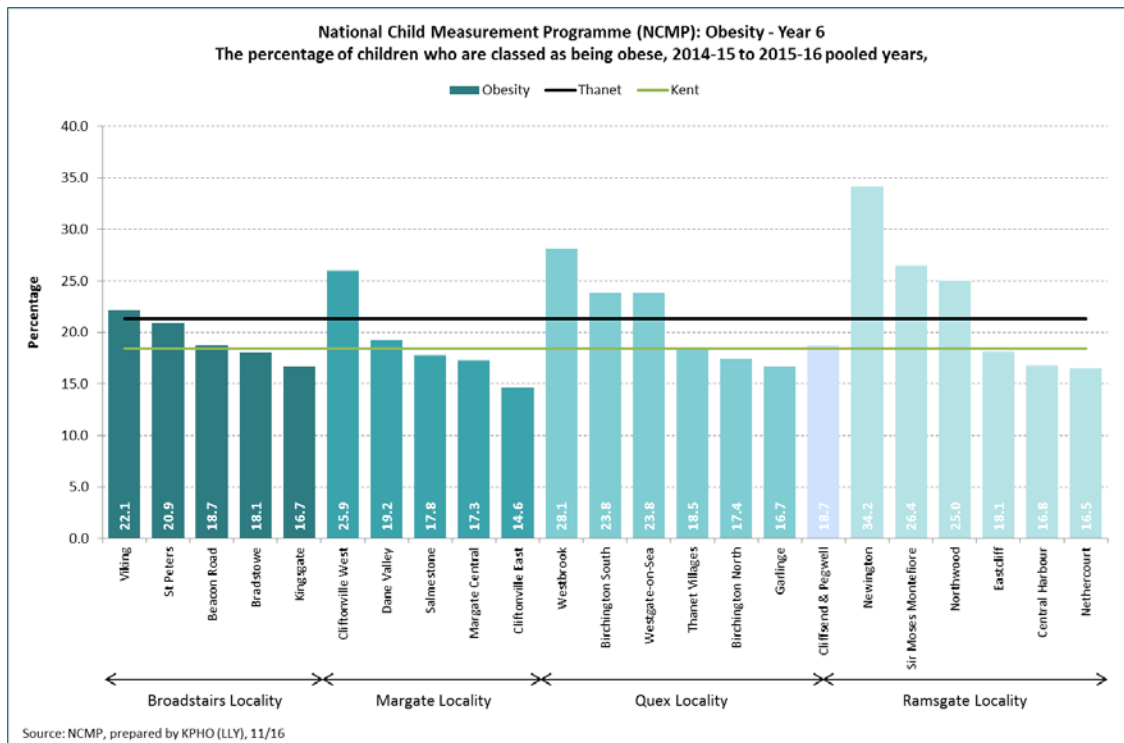
### 6.3.1 Reception year

Within the Margate locality, reception year obesity rates range from 9.0% in Salmestone to 15.2% in Cliftonville East. There are no statistically significant differences between the wards in the Margate locality, or compared within the Thanet and Kent averages.



### 6.3.2 Year 6

Obesity levels are higher in year 6 compared to reception year. Levels of obesity amongst year 6 pupils in Cliftonville West are significantly higher than the Kent average.



## 7. Quality Outcomes Framework

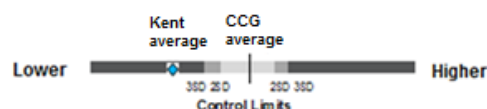
### 7.1 Recorded prevalence

The prevalence of Quality & Outcome Framework recorded long term conditions has been explored and spine charts have been produced for each general practice.

- Each spine chart presents the general practice and Kent estimate for 2015/16. Statistical significance has been presented in comparison to Thanet CCG.
- The horizontal line represents the Thanet CCG average and the shaded bars represent the distribution of general practice, long term condition recorded prevalence, within Thanet CCG. If the data are normally distributed there should be equal amounts of the shaded bars on each side of the CCG average.
- Trend analysis explores the general practice rate of change in long term condition recorded prevalence; recent trend analysis explores the two latest years 2014/15 and 2015/16, as well as, long term trend analysis explores 2006/07 to 2015/16.

#### Key:

●	Significantly much lower than CCG	↓	Decreasing
●	Significantly lower than CCG		
●	Not significantly different from CCG	↔	Stable
●	Significantly higher than CCG		
●	Significantly much higher than CCG	↑	Increasing
○	No significance can be calculated		



## Margate Locality and General Practices

Overall the key findings for the Margate locality:

- Lower recorded prevalence of atrial fibrillation, cancer, chronic kidney disease, coronary heart disease and hypertension can be observed for the locality. This can be identified for practices G82052, G82105 and G82649; however, these practices show variation in long term trend for these long term conditions.
- The higher recorded prevalence of mental health observed for the locality is largely driven by practices G82052 and G82105. As well as, the higher recorded prevalence of dementia largely driven by practices G82066 and G82105.
  - An increasing dementia trend of 0.04% with each passing year was observed for the locality, similar to the 0.04% increase for Thanet CCG.
  - Based on past trends, total Kent dementia patient registers could be projected to grow by 6 persons with each passing year.

### Margate locality, Quality & Outcomes Framework: recorded prevalence

Indicator	Locality prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range		High
Asthma	2595	5.7	↔	↔	5.8	4.6			7.5
Atrial fibrillation	851	1.9	↔	↑	2.2	0.9			3.9
Cancer	1017	2.2	↔	↑	3.0	1.4			5.0
Chronic Kidney Disease	1858	5.3	↔	↑	6.3	2.2			9.7
Chronic Obstructive Pulmonary Disease	1315	2.9	↔	↑	3.1	1.7			4.8
Coronary Heart Disease	1544	3.4	↔	↓	3.7	1.8			5.7
Dementia	452	1.0	↔	↑	0.9	0.3			1.7
Diabetes	2680	7.5	↔	↑	7.5	5.5			9.0
Epilepsy	332	1.0	↔	↔	0.9	0.5			1.2
Heart Failure	392	0.9	↔	↔	0.9	0.3			1.4
Hypertension	6626	14.6	↔	↓	16.9	8.6			23.2
Learning Disabilities	292	0.6	↓	↔	0.6	0.2			1.1
Mental Health	608	1.3	↔	↔	1.1	0.6			1.6
Obesity	3457	9.9	↔	↓	10.2	5.5			14.9
Palliative Care	5	0.2	↔	↑	0.3	0.0			0.8
Stroke	895	2.0	↔	↔	2.1	1.1			3.2

The Quality Outcomes Framework for the Locality is based on the data from the five general practices listed below.

### Practice G82052, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	845	7.5	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	193	1.7	↔	↑	2.2	0.9		3.9	
Cancer	245	2.2	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	447	5.2	↔	↔	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	351	3.1	↔	↔	3.1	1.7		4.8	
Coronary Heart Disease	333	2.9	↔	↓	3.7	1.8		5.7	
Dementia	67	0.6	↔	↔	0.9	0.3		1.7	
Diabetes	657	7.6	↔	↑	7.5	5.5		9.0	
Epilepsy	89	1.0	↔	↑	0.9	0.5		1.2	
Heart Failure	85	0.8	↔	↔	0.9	0.3		1.4	
Hypertension	1734	15.3	↔	↓	16.9	8.6		23.2	
Learning Disabilities	66	0.6	↔	↑	0.6	0.2		1.1	
Mental Health	178	1.6	↔	↑	1.1	0.6		1.6	
Obesity	862	10.1	↔	↓	10.2	5.5		14.9	
Palliative Care	15	0.1	↔	↔	0.3	0.0		0.8	
Stroke	227	2.0	↔	↑	2.1	1.1		3.2	

### Practice G82066, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	633	5.8	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	248	2.3	↔	↑	2.2	0.9		3.9	
Cancer	296	2.7	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	506	6.1	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	351	3.2	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	383	3.5	↔	↓	3.7	1.8		5.7	
Dementia	137	1.3	↑	↑	0.9	0.3		1.7	
Diabetes	673	8.0	↔	↑	7.5	5.5		9.0	
Epilepsy	82	1.0	↔	↔	0.9	0.5		1.2	
Heart Failure	118	1.1	↔	↑	0.9	0.3		1.4	
Hypertension	1724	15.9	↔	↔	16.9	8.6		23.2	
Learning Disabilities	56	0.5	↓	↔	0.6	0.2		1.1	
Mental Health	141	1.3	↔	↔	1.1	0.6		1.6	
Obesity	714	8.6	↔	↔	10.2	5.5		14.9	
Palliative Care	31	0.3	↔	↑	0.3	0.0		0.8	
Stroke	229	2.1	↔	↔	2.1	1.1		3.2	

### Practice G82105, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	720	4.6	↔	↓	5.8	4.6		7.5	
Atrial fibrillation	310	2.0	↔	↑	2.2	0.9		3.9	
Cancer	340	2.2	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	604	5.0	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	345	2.2	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	579	3.7	↔	↓	3.7	1.8		5.7	
Dementia	196	1.3	↔	↑	0.9	0.3		1.7	
Diabetes	922	7.5	↔	↑	7.5	5.5		9.0	
Epilepsy	113	0.9	↔	↔	0.9	0.5		1.2	
Heart Failure	126	0.8	↔	↔	0.9	0.3		1.4	
Hypertension	2163	13.8	↔	↓	16.9	8.6		23.2	
Learning Disabilities	87	0.6	↔	↔	0.6	0.2		1.1	
Mental Health	198	1.3	↔	↔	1.1	0.6		1.6	
Obesity	1107	9.1	↔	↓	10.2	5.5		14.9	
Palliative Care	31	0.2	↔	↑	0.3	0.0		0.8	
Stroke	322	2.1	↔	↔	2.1	1.1		3.2	

## Practice G82649, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	178	4.7	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	35	0.9	↔	↔	2.2	0.9		3.9	
Cancer	54	1.4	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	65	2.2	↔	↔	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	128	3.4	↓	↑	3.1	1.7		4.8	
Coronary Heart Disease	91	2.4	↔	↔	3.7	1.8		5.7	
Dementia	10	0.3	↔	↔	0.9	0.3		1.7	
Diabetes	165	5.5	↔	↑	7.5	5.5		9.0	
Epilepsy	27	0.9	↔	↓	0.9	0.5		1.2	
Heart Failure	21	0.6	↔	↓	0.9	0.3		1.4	
Hypertension	329	8.6	↔	↔	16.9	8.6		23.2	
Learning Disabilities	39	1.0	↔	↔	0.6	0.2		1.1	
Mental Health	39	1.0	↔	↔	1.1	0.6		1.6	
Obesity	324	11.0	↑	↑	10.2	5.5		14.9	
Stroke	53	1.4	↔	↔	2.1	1.1		3.2	

**Table 1: Practice G82810, Quality & Outcomes Framework: recorded prevalence**

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	219	5.7	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	65	1.7	↔	↑	2.2	0.9		3.9	
Cancer	82	2.1	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	236	7.8	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	140	3.6	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	158	4.1	↔	↔	3.7	1.8		5.7	
Dementia	42	1.1	↔	↔	0.9	0.3		1.7	
Diabetes	263	8.6	↔	↑	7.5	5.5		9.0	
Epilepsy	21	0.7	↔	↔	0.9	0.5		1.2	
Heart Failure	42	1.1	↔	↑	0.9	0.3		1.4	
Hypertension	676	17.6	↔	↔	16.9	8.6		23.2	
Learning Disabilities	44	1.1	↔	↔	0.6	0.2		1.1	
Mental Health	52	1.4	↔	↔	1.1	0.6		1.6	
Obesity	450	14.9	↔	↔	10.2	5.5		14.9	
Palliative Care	31	0.8	↔	↑	0.3	0.0		0.8	
Stroke	64	1.7	↔	↔	2.1	1.1		3.2	

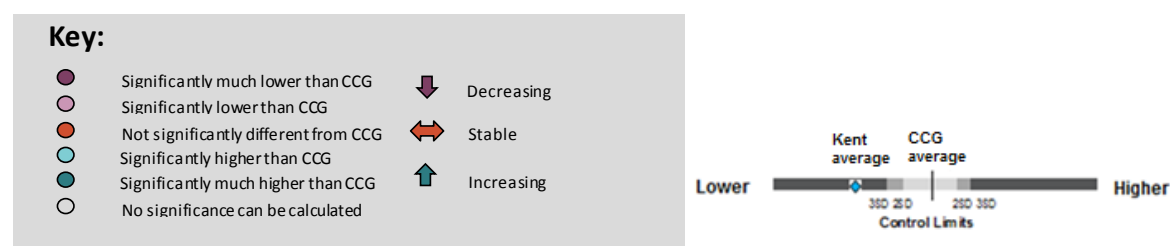
Source: QOF, produced by KPHO (ZC), December 2016.



## 7.1 Clinical achievement

The prevalence of Quality & Outcome Framework clinical achievement has been explored and spine charts have been produced for each general practice.

- Each spine chart presents the general practice and Kent estimate for 2015/16. Statistical significance has been presented in comparison to Thanet CCG.
- The horizontal line represents the Thanet CCG average and the shaded bars represent the distribution of general practice, long term condition clinical achievement, within Thanet CCG. If the data are normally distributed there should be equal amounts of the shaded bars on each side of the CCG average.
- Trend analysis explores the general practice rate of change in long term condition clinical achievement; recent trend analysis explores the two latest years 2014/15 and 2015/16.
- The exception rate per 100 has also been presented.



The following clinical indicators, representing the percentage of patients, have been included:

- Patients with asthma (diagnosed on or after 1 April 2006) aged 8 or over, with **measures of variability or reversibility** recorded between 3 months before or any time after diagnosis.
- Patients with asthma, who have had an **asthma review** in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions.
- Patients with cancer, diagnosed within the preceding 15 months, who have a **patient review** recorded as occurring within 6 months of the date of diagnosis.
- Patients with coronary heart disease in whom the last **blood pressure reading** (measured in the preceding 12 months) is **150/90 mmHg or less**.
- Patients with COPD with a **record of FEV1** in the preceding 12 months.
- Patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.
- Patients with hypertension in whom the last **blood pressure reading** (measured in the preceding 12 months) is **150/90 mmHg or less**.
- Patients with diabetes, in whom the last IFCC-HbA1c is **59 mmol/mol or less** in the preceding 12 months.

## Margate Locality and General Practices

Overall the key findings for the Margate locality:

- Higher clinical achievement for measures of variability or reversibility within asthma, as well as, lower clinical achievement for measurement of lung function in COPD and blood pressure management within hypertension.
- Generally practice G82066 shows lower and often decreasing clinical achievement within the past two years.

### Margate locality, Quality & Outcomes Framework: clinical achievement

Indicator	Locality achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	676	91.7	↔	4.8	87.4	76.5		96.0
Review, asthma	1638	70.2	↑	10.1	72.6	42.3		97.7
Review, cancer	125	92.6	↔	27.8	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	1327	90.6	↔	5.2	92.0	77.0		97.0
Record of FEV1, COPD	768	77.8	↔	24.9	84.4	59.1		95.2
Review, dementia	357	83.2	↔	5.1	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	1575	72.8	↑	19.3	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	4794	76.8	↓	5.8	80.9	65.6		93.4

The Quality Outcomes Framework for the Locality was based on data from the five general practices listed below.

### Practice G82052, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	374	94.2	↔	1.2	87.4	76.5		96.0
Review, asthma	602	75.8	↑	6.0	72.6	42.3		97.7
Review, cancer	26	89.7	↔	35.6	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	284	92.2	↑	7.5	92.0	77.0		97.0
Record of FEV1, COPD	200	79.4	↑	28.2	84.4	59.1		95.2
Review, dementia	55	87.3	↔	6.0	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	412	78.0	↑	19.6	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1114	68.6	↔	6.4	80.9	65.6		93.4

### Practice G82066, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	124	89.2	↔	6.1	87.4	76.5		96.0
Review, asthma	300	52.3	↓	9.3	72.6	42.3		97.7
Review, cancer	37	86.1	↔	25.9	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	319	84.8	↓	1.8	92.0	77.0		97.0
Record of FEV1, COPD	181	65.1	↓	20.8	84.4	59.1		95.2
Review, dementia	94	70.7	↔	2.9	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	379	78.6	↑	28.4	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1217	72.9	↓	3.1	80.9	65.6		93.4

### Practice G82105, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	64	84.2	↔	20.0	87.4	76.5		96.0
Review, asthma	431	74.3	↔	19.4	72.6	42.3		97.7
Review, cancer	40	100.0	↔	31.0	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	508	94.1	↔	6.7	92.0	77.0		97.0
Record of FEV1, COPD	191	81.3	↔	31.9	84.4	59.1		95.2
Review, dementia	161	87.5	↔	6.1	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	526	66.4	↔	14.1	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1675	83.9	↔	7.7	80.9	65.6		93.4

### Practice G82649, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement				
	Number	%			Average	Low	Range	High	
Variability/ reversibility measures, asthma	64	95.5	↔	0.0	87.4	76.5		96.0	
Review, asthma	138	79.3	↔	2.2	72.6	42.3		97.7	
Review, cancer	7	87.5	↔	0.0	90.2	35.3		100.0	
Blood pressure 150/90mmHg or less, CHD	83	92.2	↔	1.1	92.0	77.0		97.0	
Record of FEV1, COPD	84	91.3	↔	28.1	84.4	59.1		95.2	
Review, dementia	10	100.0	↔	0.0	80.5	10.7		100.0	
HbA1c 59mmol/mol or less, diabetes	81	55.9	↔	12.1	72.0	53.1		85.1	
Blood pressure <= 150/90mmHg, hypertension	272	86.4	↔	4.3	80.9	65.6		93.4	

### Practice G82810, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement				
	Number	%			Average	Low	Range	High	
Variability/ reversibility measures, asthma	50	86.2	↔	6.5	87.4	76.5		96.0	
Review, asthma	167	78.8	↔	3.2	72.6	42.3		97.7	
Review, cancer	15	100.0	↔	16.7	90.2	35.3		100.0	
Blood pressure 150/90mmHg or less, CHD	133	88.7	↓	5.1	92.0	77.0		97.0	
Record of FEV1, COPD	112	86.2	↓	7.1	84.4	59.1		95.2	
Review, dementia	37	94.9	↔	7.1	80.5	10.7		100.0	
HbA1c 59mmol/mol or less, diabetes	177	81.9	↔	17.9	72.0	53.1		85.1	
Blood pressure <= 150/90mmHg, hypertension	516	80.9	↓	5.6	80.9	65.6		93.4	

Source: QOF, produced by KPHO (ZC), December 2016

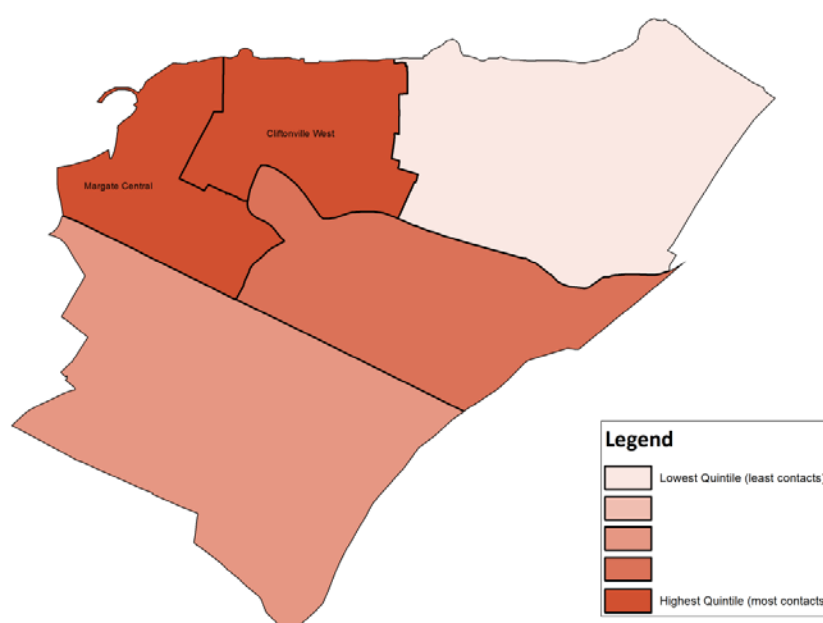
## | 8. Mental Health

The following maps show the mental health contact rates for people aged 16-64 and 65 years plus respectively. Contact rates are defined as the proportion of the population seeing a mental health professional (with individuals counted only once, regardless of the frequency of contact).

### 8.1 Contact rates (16-64 years)

Mental health contact rates amongst those aged 16-64 are high in Margate Central and Cliftonville West.

Mental Health Contact Rates (16-64 years) 2015: Margate Locality

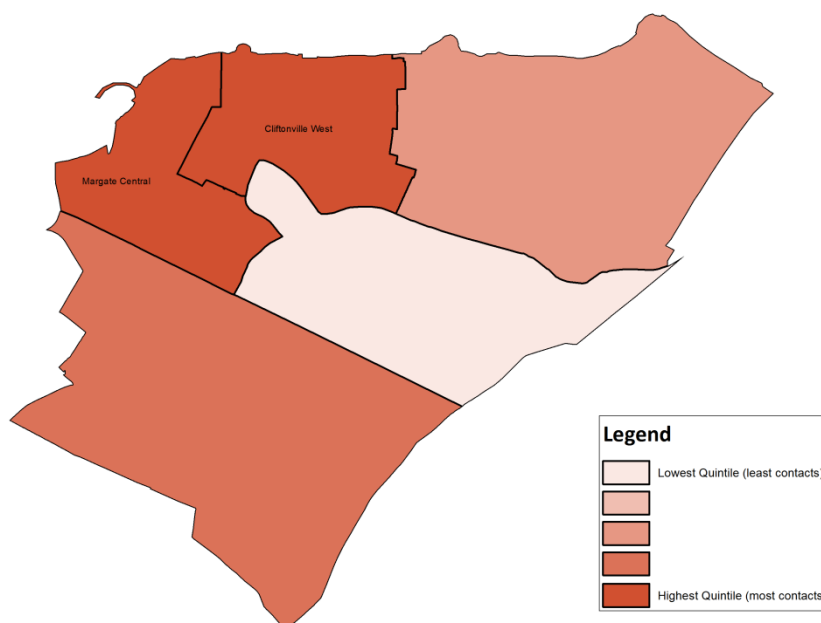


Source: KMPT, prepared by: KPHO (LLY), 11/16. \*people seeing any mental health professional (people counted once)

### 8.2 Contact rates (65+)

Margate Central and Cliftonville West also have high mental health contact rates for people aged 65 years and over.

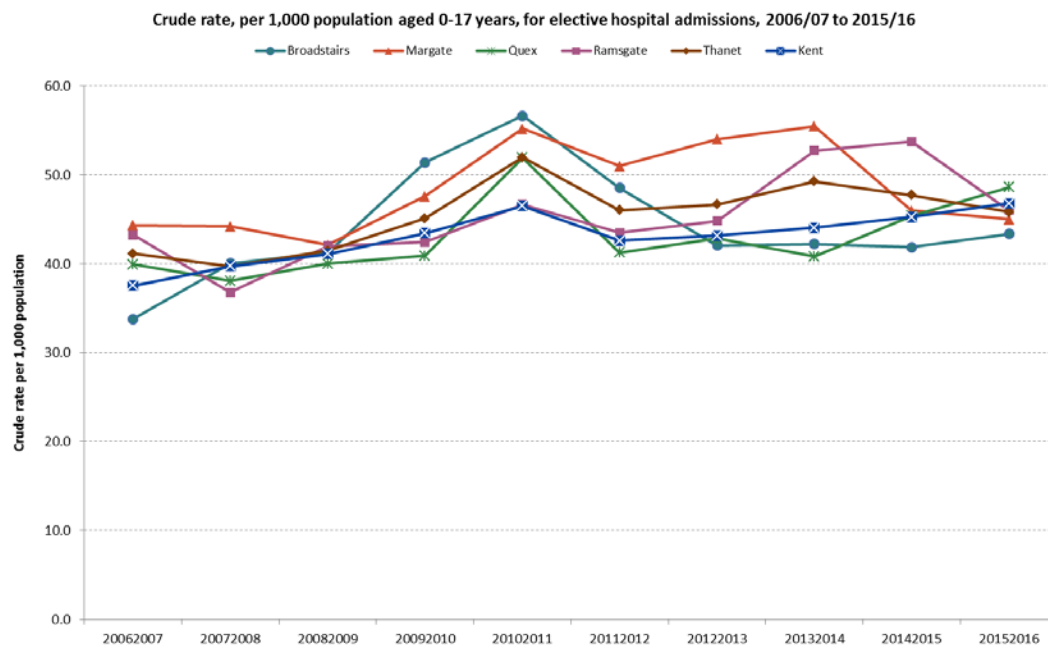
# Mental Health Contact Rates (65 years plus) 2015: Margate Locality



Source: KMPT, prepared by: KPHO (LLY), 11/16. \*people seeing any mental health professional (people counted once)

## 9. Hospital Admissions

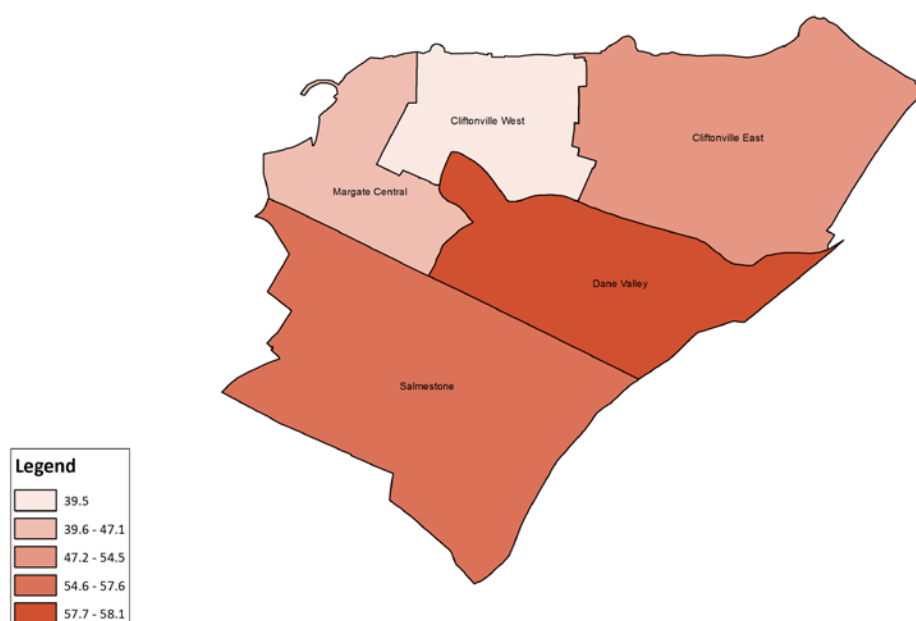
### 9.1.1 Under 18



Source: SUS/ONS, prepared by KPHO (RK), 03/17

The under 18 elective admission trend has increased from 2006/07 to 2015/16 with the localities following a similar trend to Thanet and Kent. There were no significantly different rates to Kent in 2015/16.

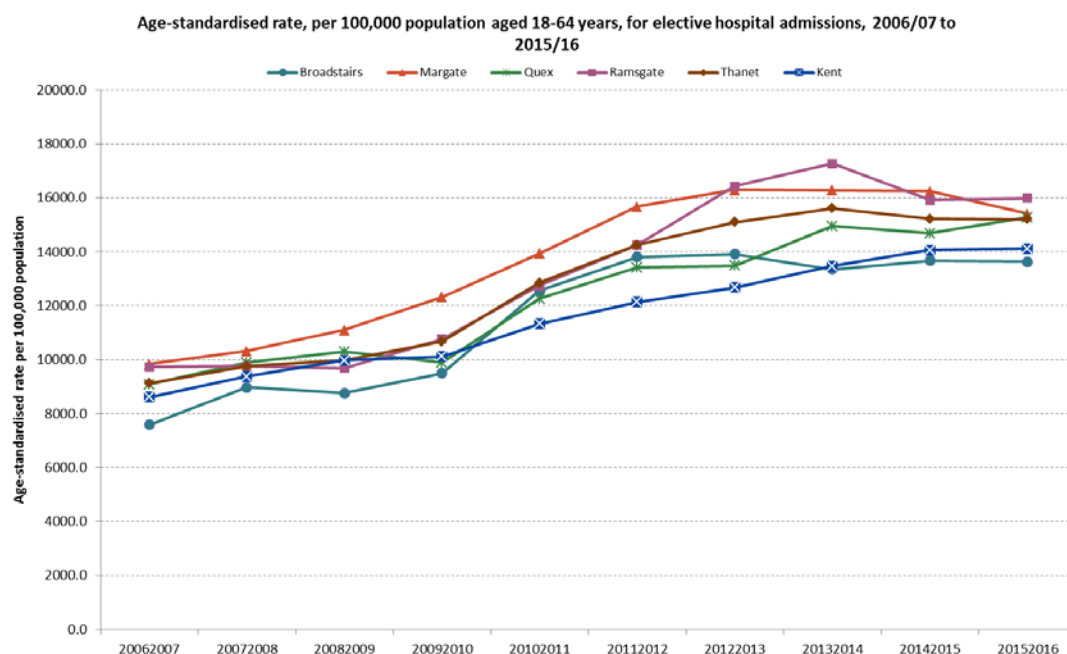
Crude rate per 10,000 population for elective hospital admissions for those aged under 18 years, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Dane Valley has the highest rate of elective admissions (between 57.7 to 58.1 per 10,000 population) for people aged under 18 years.

### 9.1.2 Ages 18 to 64

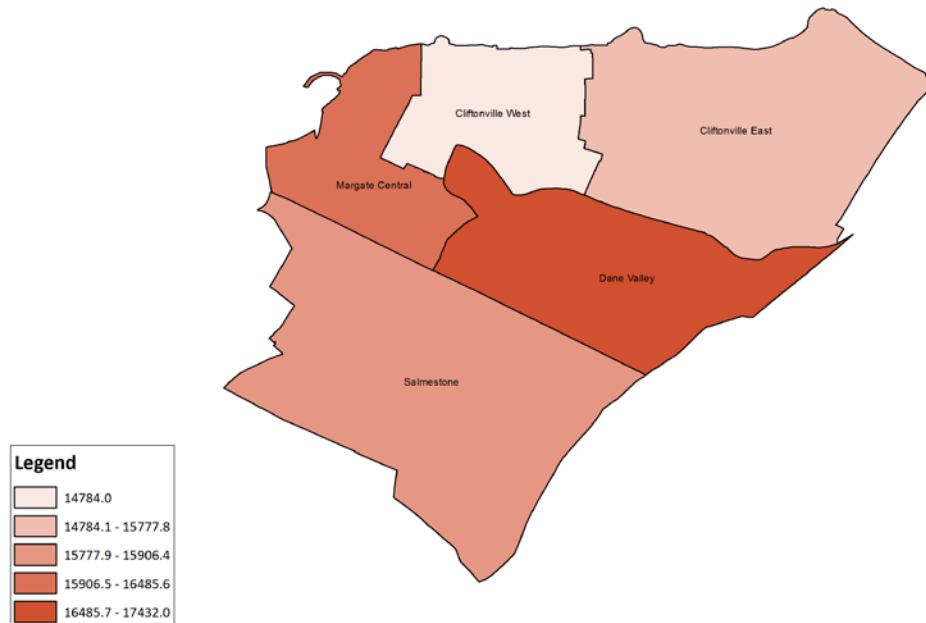


Source: SUS/ONS, prepared by KPHO (RK), 03/17

The rates for elective admissions for those aged 18-64 years have steadily increased from 2006/07 to 2015/16 for all localities, Thanet as a whole and Kent. During 2015/16, Margate (15,412.2 per 100,000 population), Quex (15,277.8) and Ramsgate (15,994.1) localities all

had a significantly higher rate than Kent (14,115.9). All the localities had a significantly higher rate than Thanet (15,210.1).

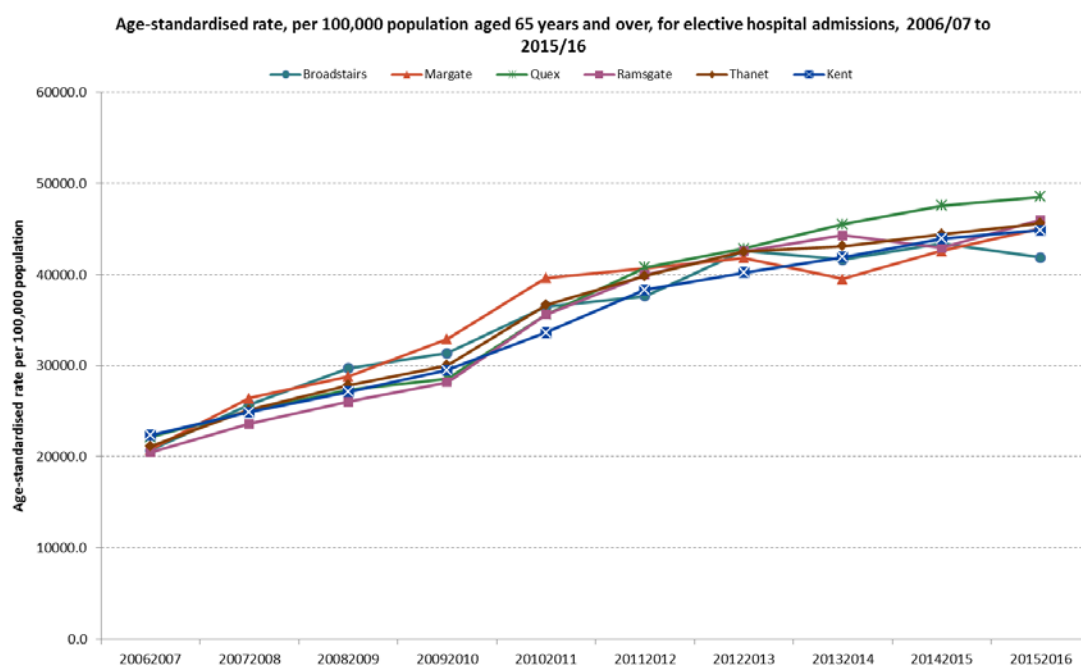
Age standardised rate per 100,000 population for elective hospital admissions for those aged 18-64 years, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Dane Valley has the highest admission rate for elective admissions amongst those aged 18-64 years.

### 9.1.3 Age 65 and above

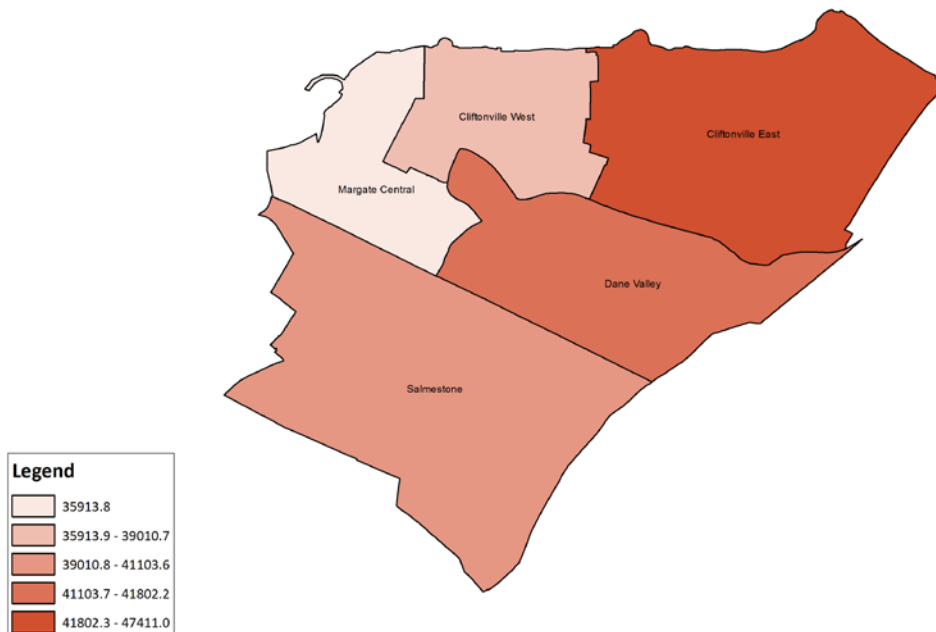


Source: SUS/ONS, prepared by KPHO (RK), 03/17



Elective admissions for those aged 65 years and over follow the same pattern of elective admissions for those aged 18-64 years, increasing from 2006/07 to 2015/16. Only Broadstairs (41,881.4 per 100,000 population) had a rate significantly lower than Kent (44,861.4) whereas Ramsgate (45,997.5) was significantly higher than Kent and Thanet (45,631.8).

Age standardised rate per 100,000 population for elective hospital admissions for those aged 65 years and over 2011/12-2015/16

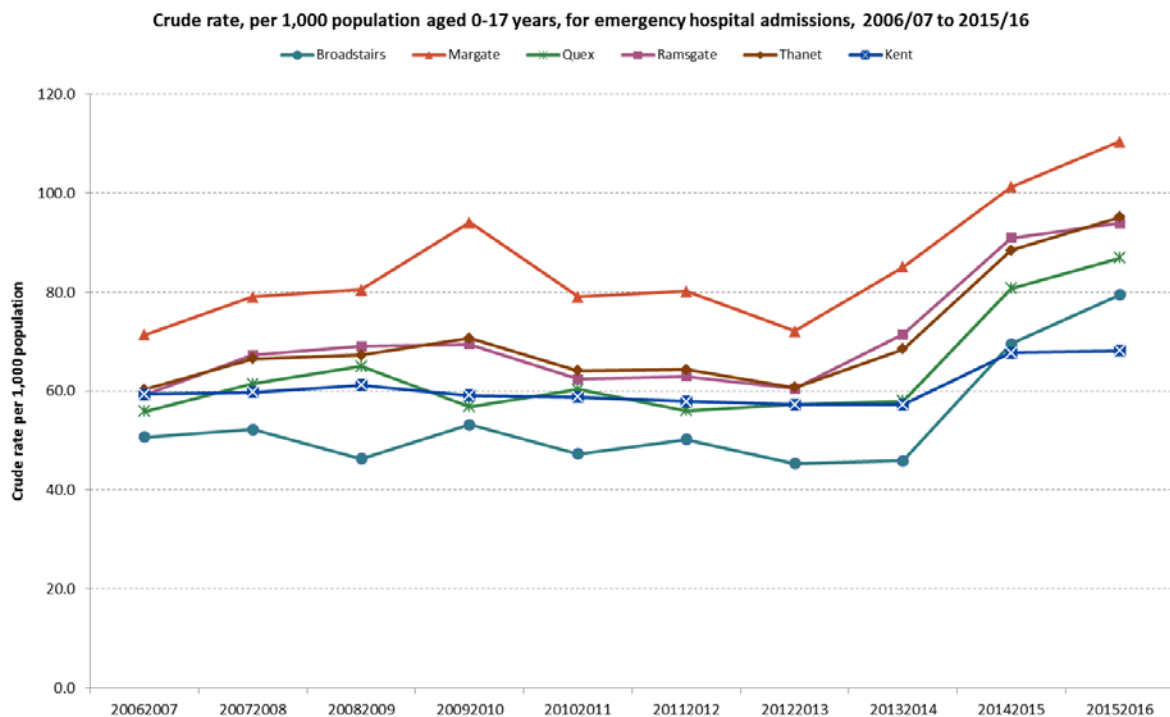


Source: SUS, prepared by: KPHO (LLY), 03/17

For people aged 65 years and over, elective admissions are highest in Cliftonville East (ranging from 41,802.3 to 47,411.0 per 100,000 population).

## 9.2 Emergency admissions

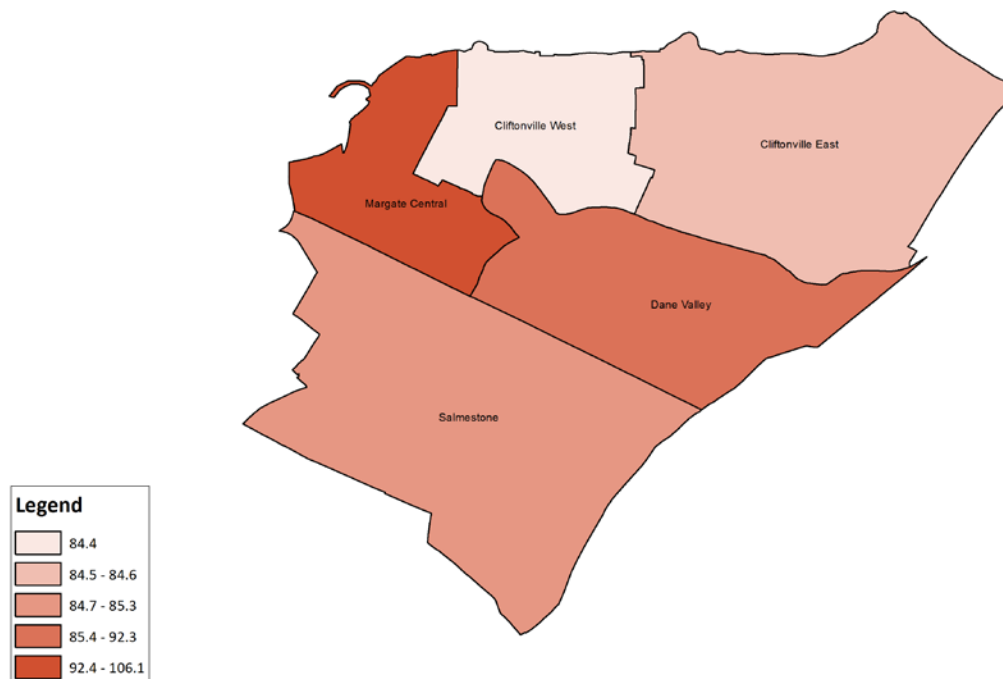
### 9.2.1 Under 18



Source: SUS/ONS, prepared by KPHO (RK), 03/17

The under 18 emergency admission trend remained fairly static from 2006/07 to 2013/14 before sharply increasing in recent years. All localities, and Thanet, had a significantly higher rate than Kent (68.1 per 100,000 population) in 2015/16.

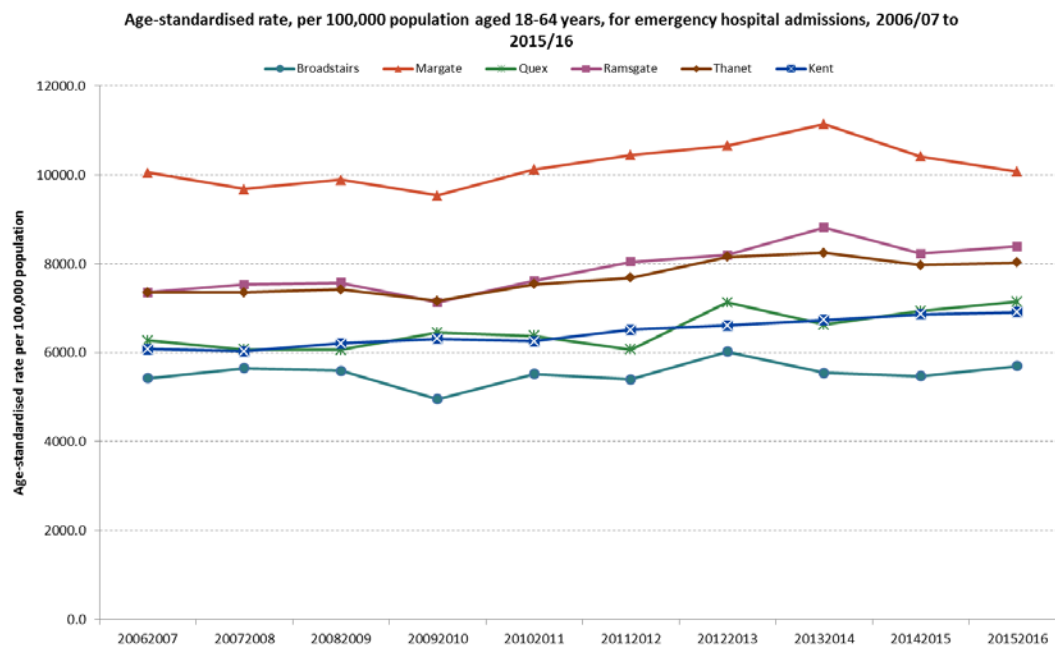
Crude rate per 10,000 population for emergency hospital admissions for those aged under 18 years, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central has the highest rate of emergency admissions for those aged under 18 years.

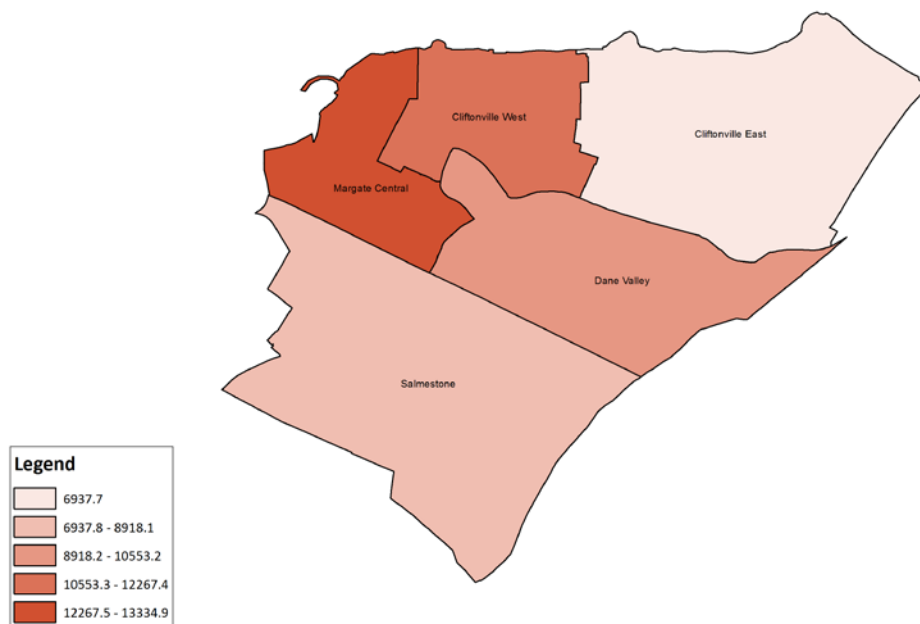
## 9.2.2 Ages 18 to 64



Source: SUS/ONS, prepared by KPHO (RK), 03/17

There has been a marginal increase for emergency admissions for those aged 18-64 years from 2006/07 to 2015/16. In 2015/16, Margate (10,081.3 per 100,000 population) and Ramsgate (8,386.6) had a significantly higher rate than Kent (6,914.0). The rate for Thanet (8,027.7) in 2015/16 was also significantly higher than Kent.

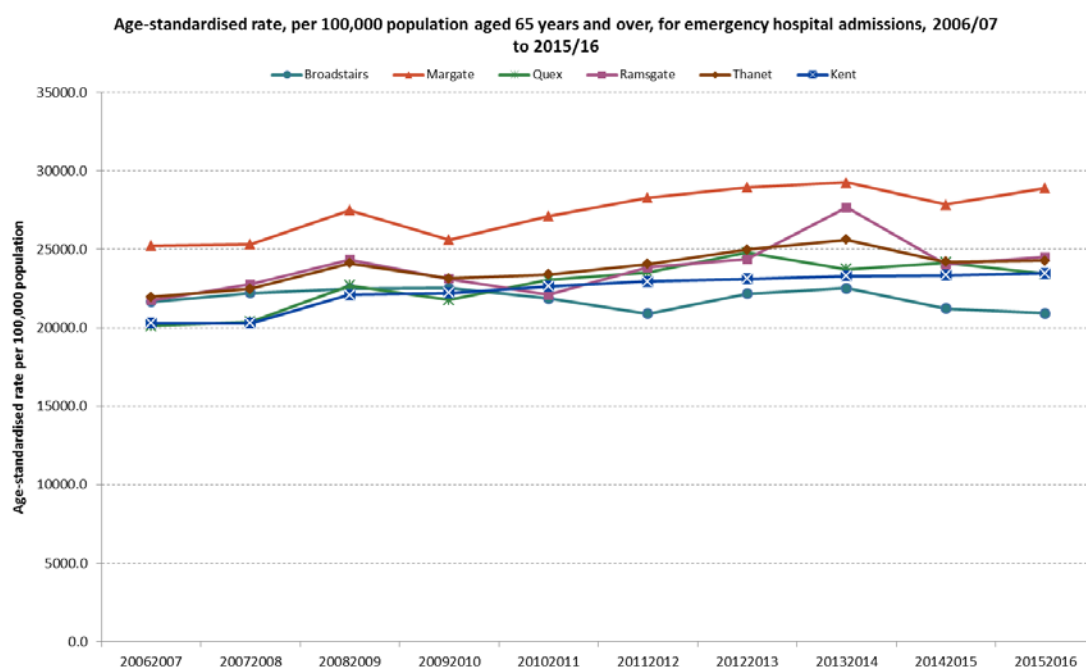
Age standardised rate per 100,000 population for emergency hospital admissions for those aged 18-64 years, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central falls within the top quintile for emergency admissions amongst those aged 18-64 years.

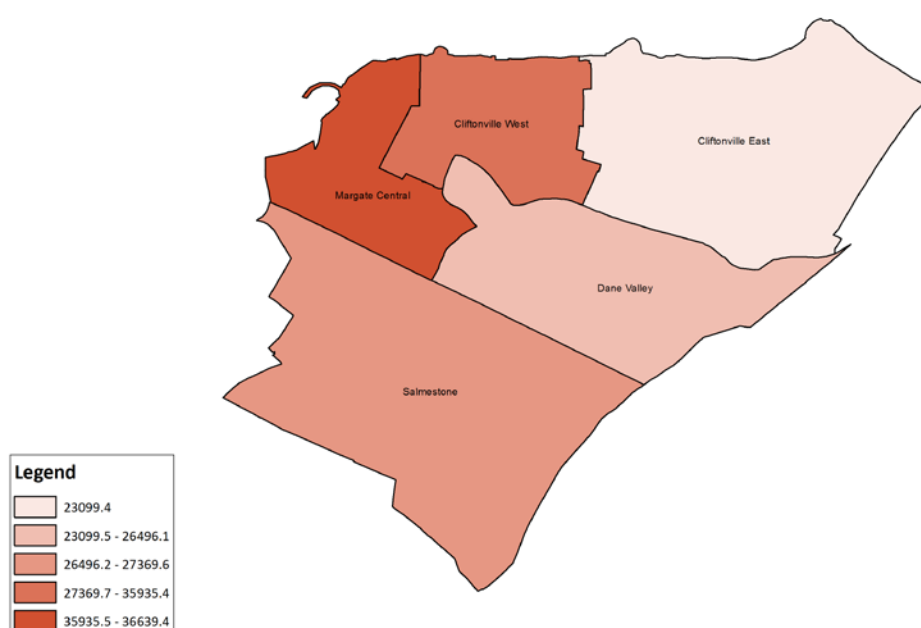
### 9.2.3 Ages 65 and above



Source: SUS/ONS, prepared by KPHO (RK), 03/17

Emergency admissions for those aged 65 years and over have increased for all localities (apart from Broadstairs), Thanet as a whole and Kent from 2006/07 to 2015/16. During 2015/16, only Margate (28,909.7 per 100,000 population) had a significantly higher rate than Kent (23,479.9). Thanet (24,268.8) also had a significantly higher rate than Kent.

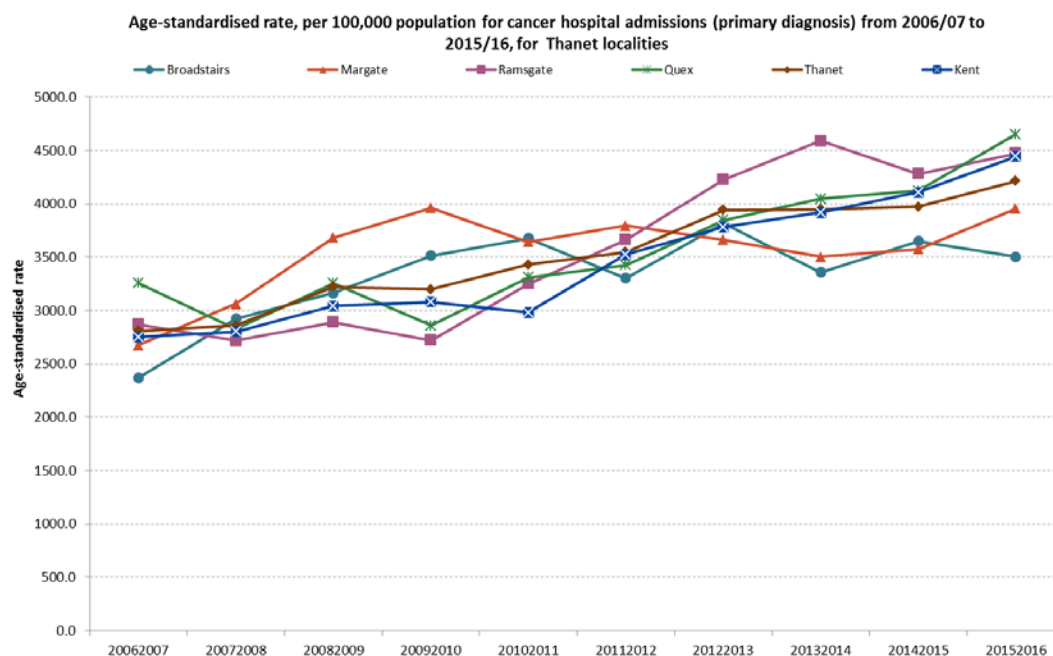
Age standardised rate per 100,000 population for emergency hospital admissions for those aged 65 years and over, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central also falls within the top quintile for emergency admissions where the population is aged 65 years and over.

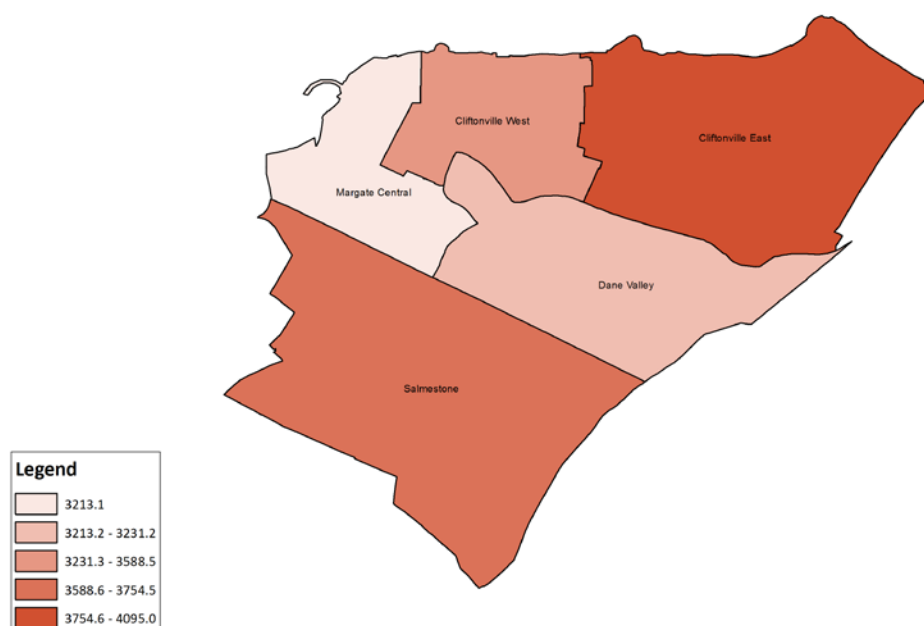
### 9.3 Cancer



Source: SUS, ONS, prepared by KPHO (RK), 03/17

The rate for cancer hospital admissions has increased steadily from 2006/07 to 2015/16 for all localities, Thanet as a whole and Kent. During 2015/16, Broadstairs (3,503.6 per 100,000 population), Margate (3,955.5) and Thanet (4,214.7) all had a rate which was significantly lower than Kent (4,442.8).

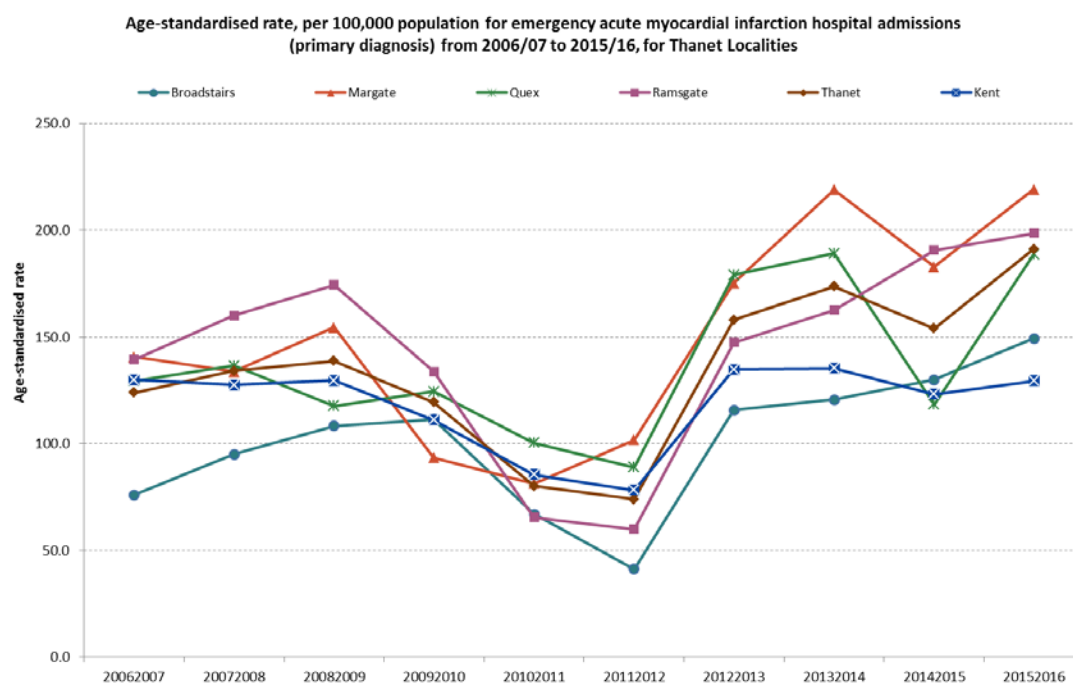
Age standardised rate per 100,000 population for cancer (primary diagnosis) hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Hospital admissions relating to cancer are highest in Cliftonville East (3,754.6 to 4,095.0 per 100,000 population).

## 9.4 Acute myocardial infarction

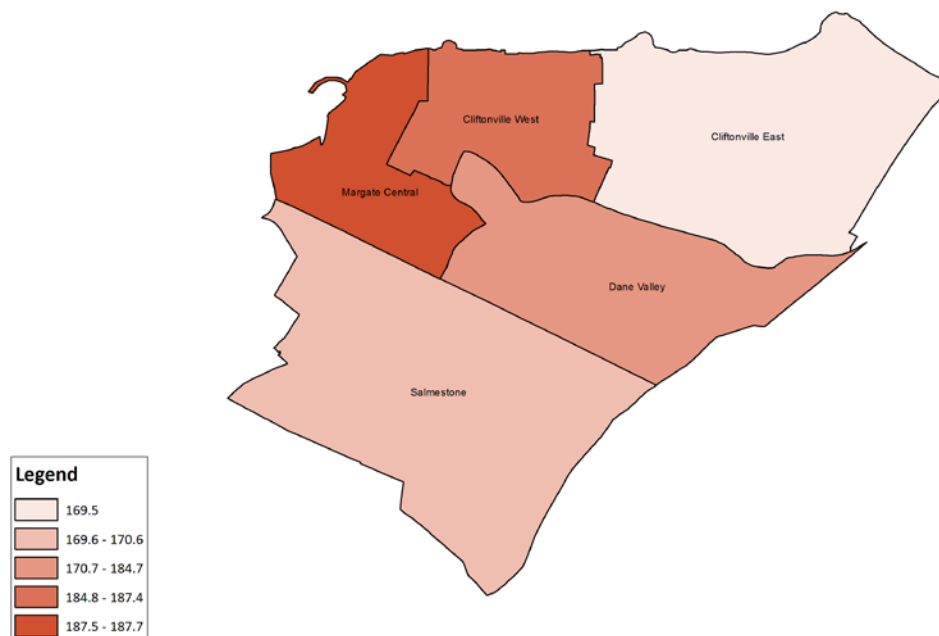


Source: SUS, ONS, prepared by KPHO (RK), 3/17

The rate for acute myocardial infarction hospital admissions declined between 2006/07 to 2011/12 but has since increased again in more recent years. During 2015/16, Broadstairs

(149.3 per 100,000 population) was the only locality that did not have a significantly different rate to Kent (129.4).

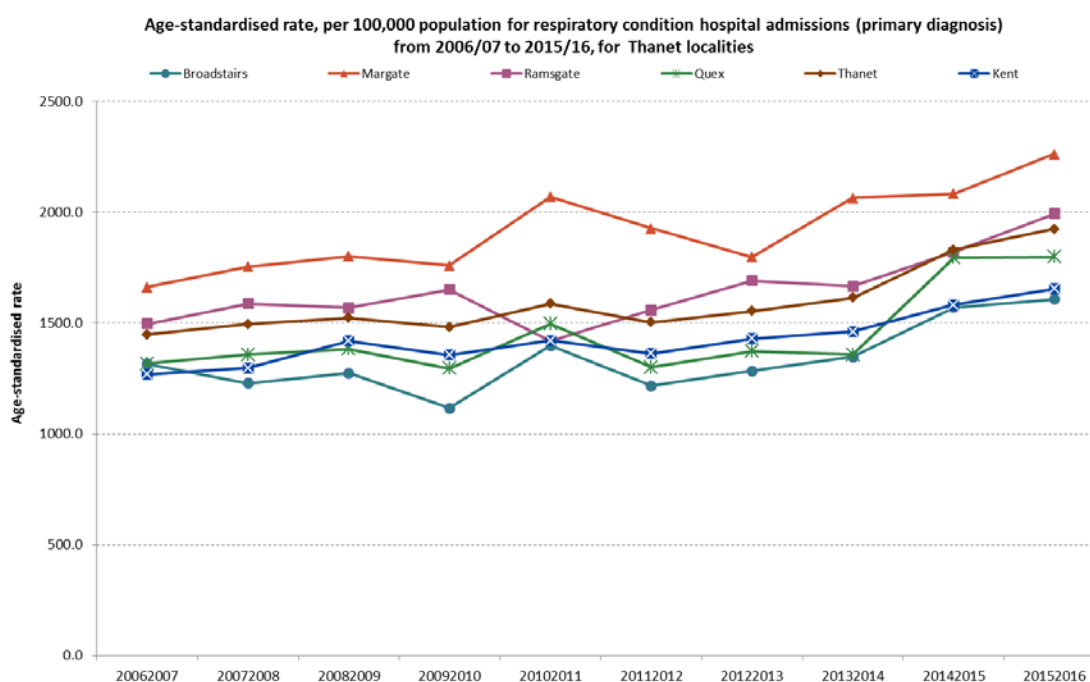
Age standardised rate per 100,000 population for acute myocardial infarction hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Acute myocardial infarction hospital admissions are highest in the Margate (187.5 to 187.7 per 100,000 population).

## 9.5 Respiratory disease

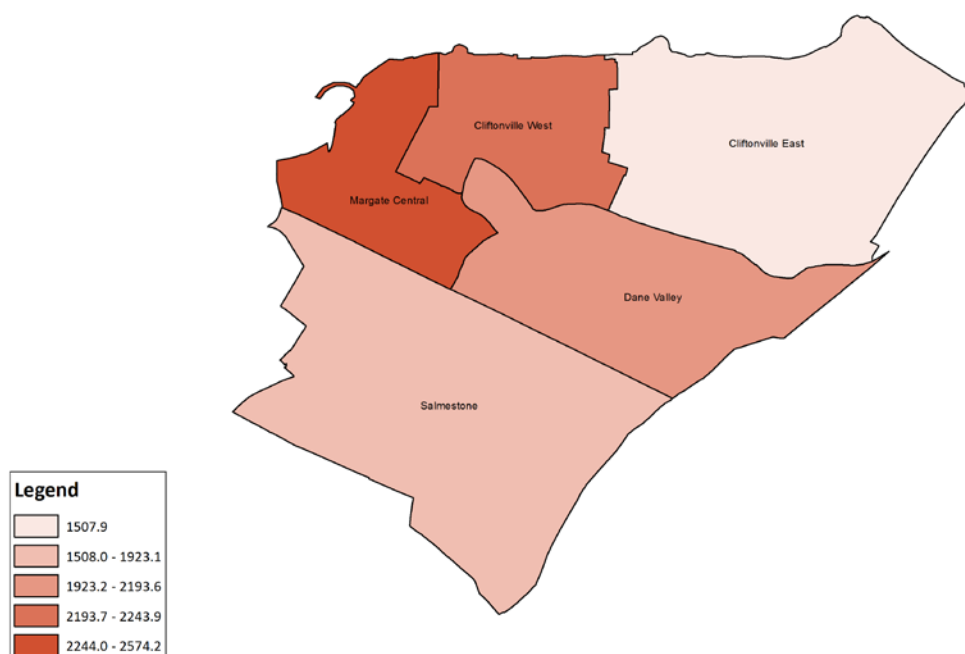


Source: SUS, ONS, prepared by KPHO (RK), 03/17



The rate for respiratory condition hospital admission has increased from 2006/07 to 2015/16. During 2015/16, Margate (2,263.2 per 100,000 population) and Quex (1,799.1) have rates significantly higher than Kent (1,654.5). Thanet (1,925.9) also has a rate higher than Kent for the same time period.

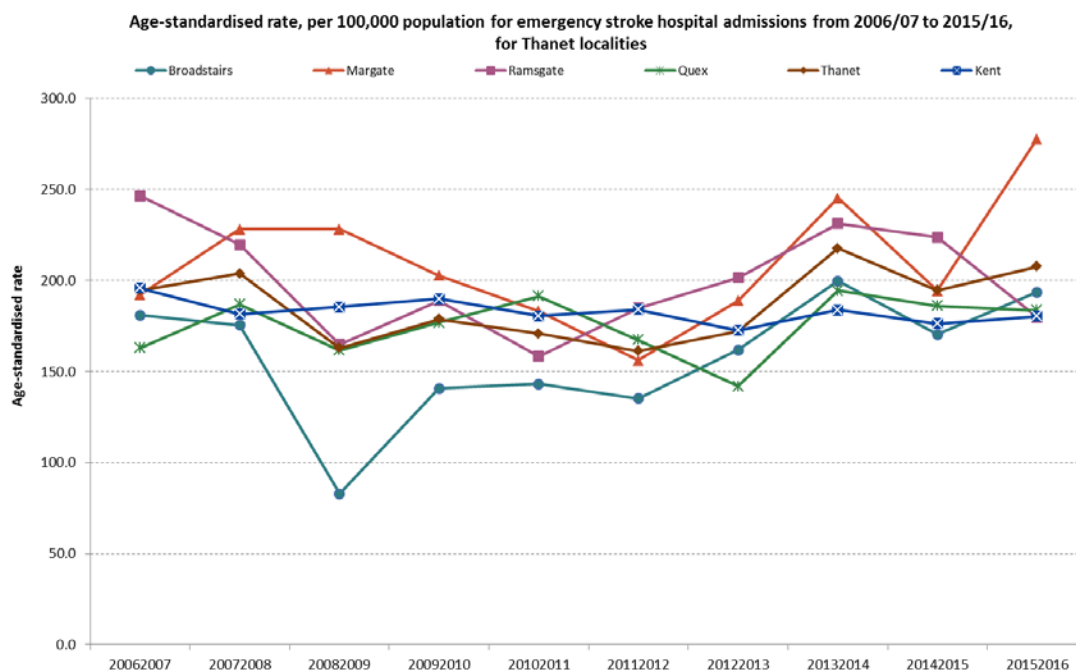
Age standardised rate per 100,000 population for respiratory hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central has the highest admission rate for respiratory conditions.

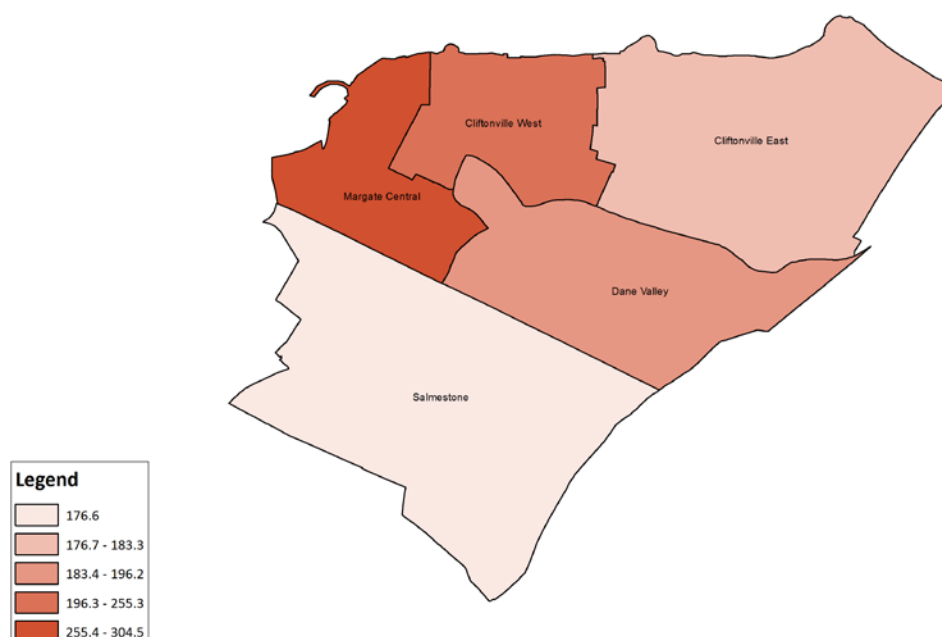
## 9.6 Stroke



Source: SUS, ONS, prepared by KPHO (RK), 03/17

The rate for stroke hospital admissions has remained fairly similar to Thanet and Kent for the four localities, with the exception being Margate locality in 2015/16 where it increased to 277.8 per 100,000 population and was significantly different to Kent (180.4).

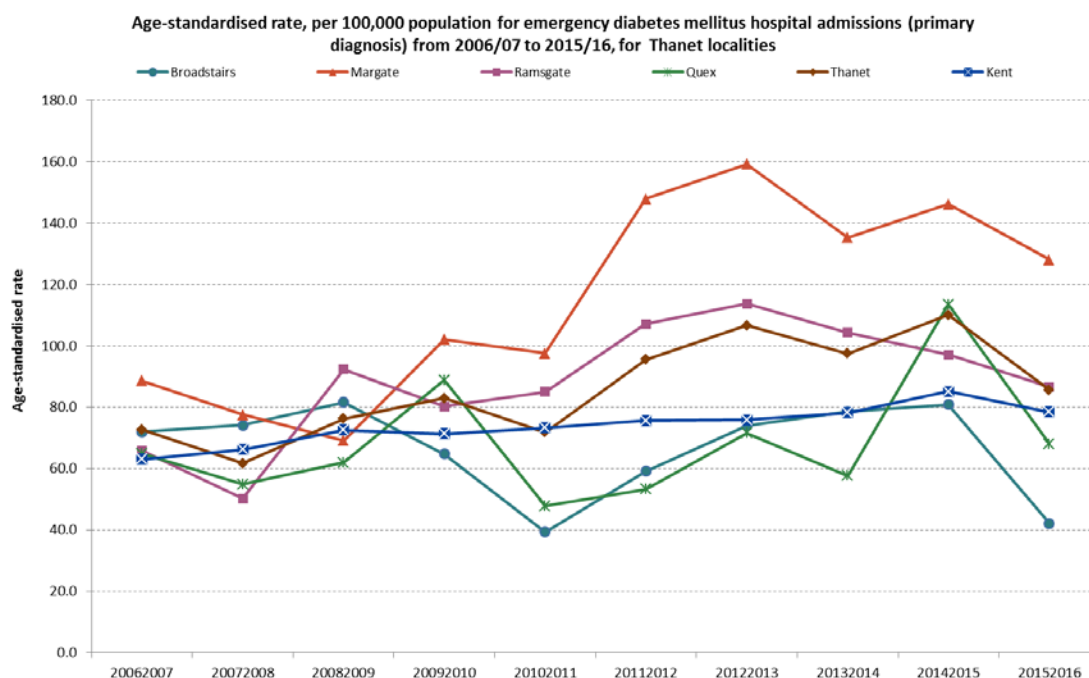
Age standardised rate per 100,000 population for stroke hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central has the highest rate of admissions due to stroke (255.4 to 304.5 per 100,000 population).

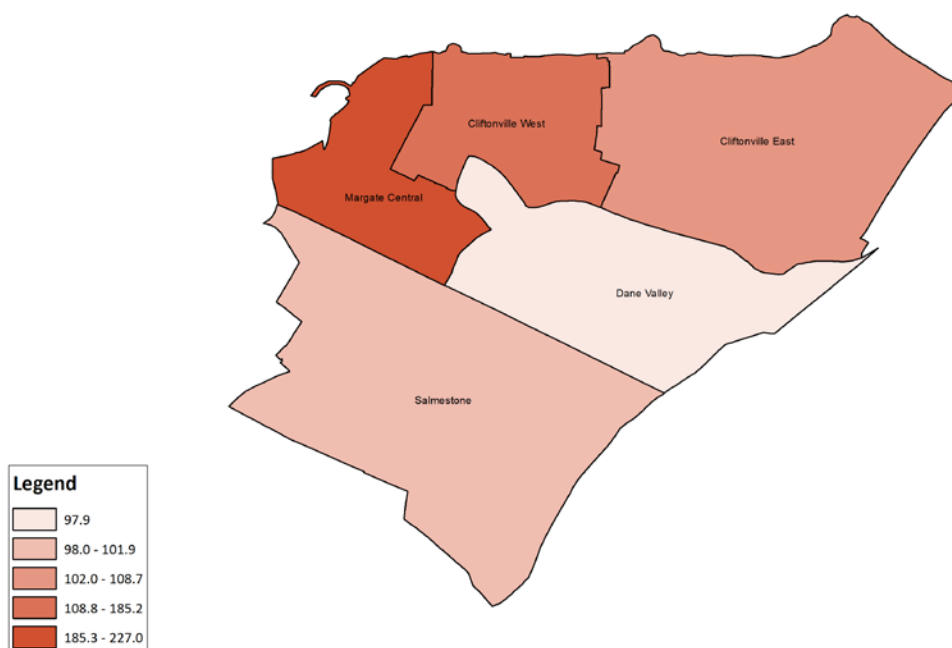
## 9.7 Diabetes



Source: SUS, ONS, prepared by KPHO (RK), 03/17

The rate of hospital admissions for emergency diabetes mellitus has increased for all localities (apart from Broadstairs), Thanet and Kent from 2006/07 to 2015/16. During 2015/16 however there was a decrease across all areas but only Broadstairs locality (42.2 per 100,000 population) was significantly lower than Kent (78.4).

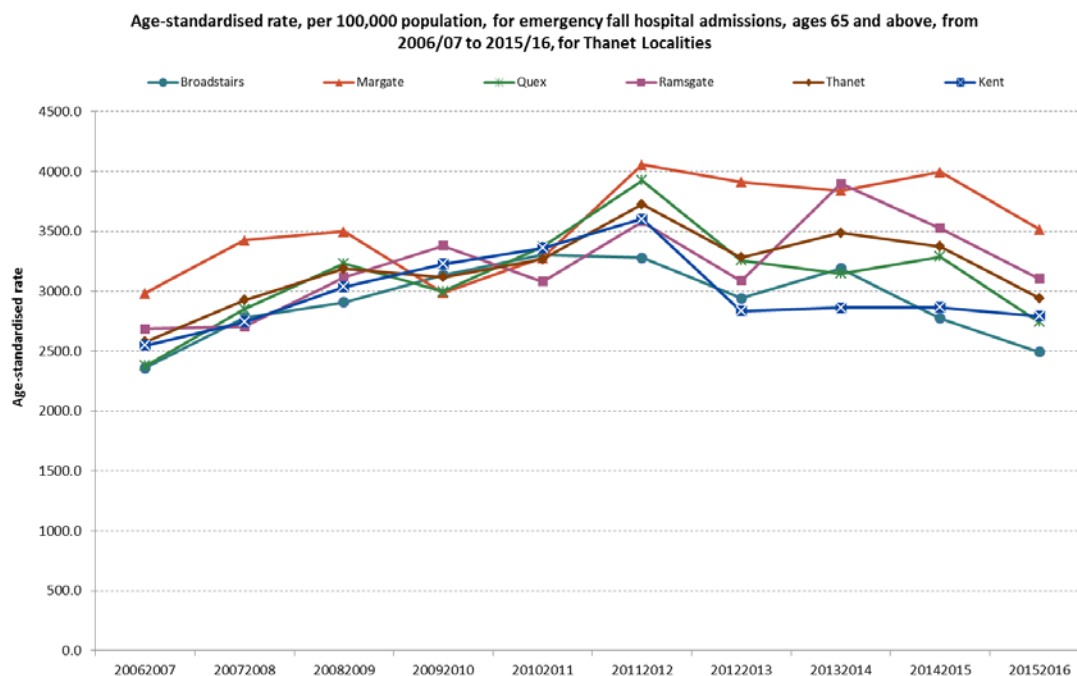
Age standardised rate per 100,000 population for diabetes (primary diagnosis) hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central has the highest rate of hospital admissions relating to diabetes.

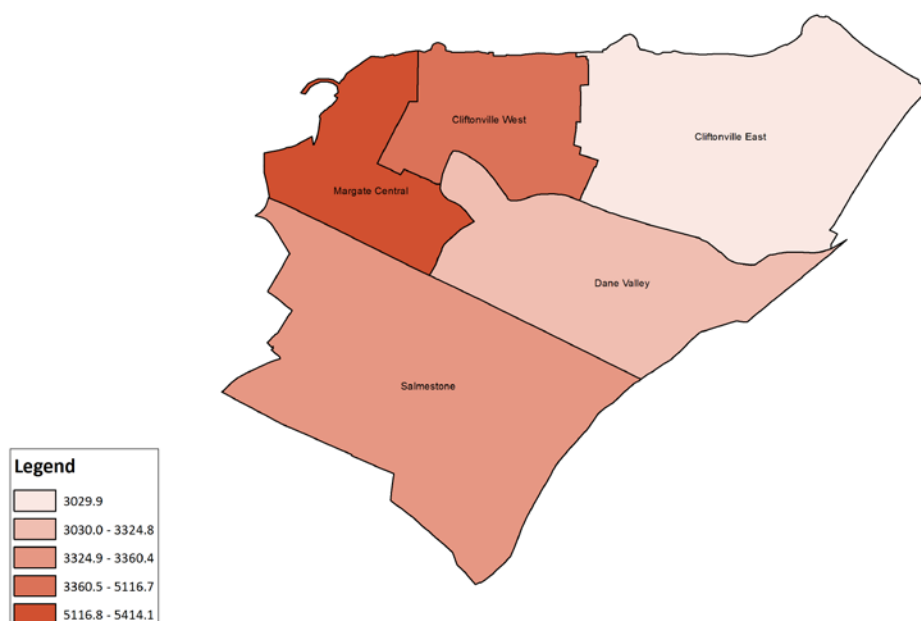
## 9.8 Falls (over 65)



Source: SUS, ONS, prepared by KPHO (RK), 3/17

The rate for hospital admissions due to falls increased from 2006/07 to 2011/12 before decreasing in recent years. During 2015/16 only Margate locality (3,518.0 per 100,000 population) had a rate that was significantly higher than Kent (2,791.2).

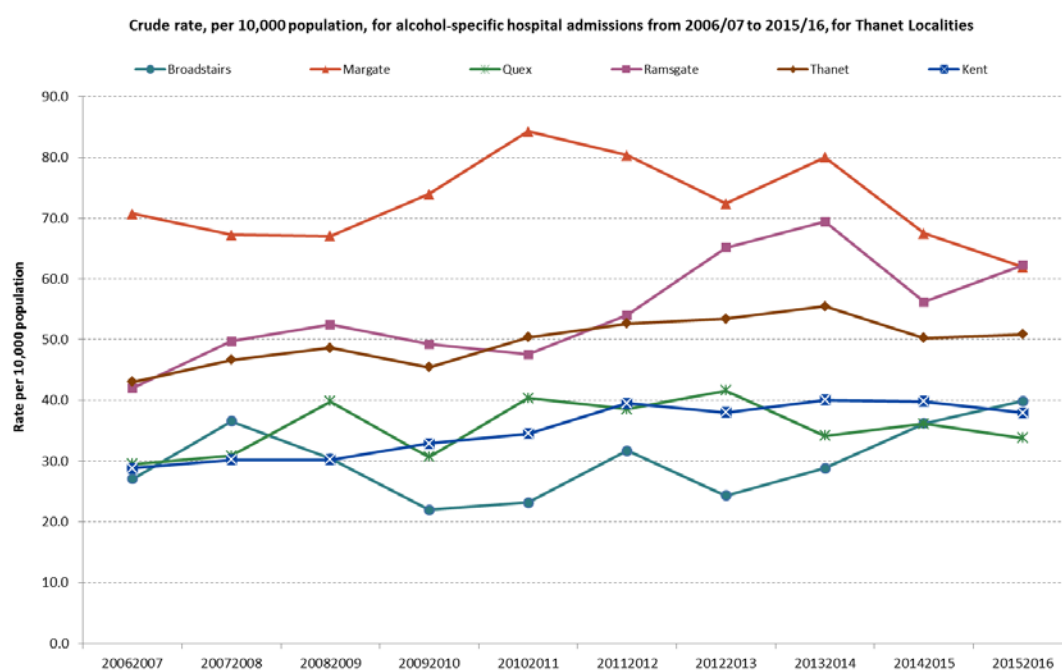
Age standardised rate per 100,000 population (aged 65 years and over) for falls hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central has the highest rate of hospital admissions relating to falls (5,116.8 to 5,414.1 per 100,000 population).

## 9.9 Alcohol-specific

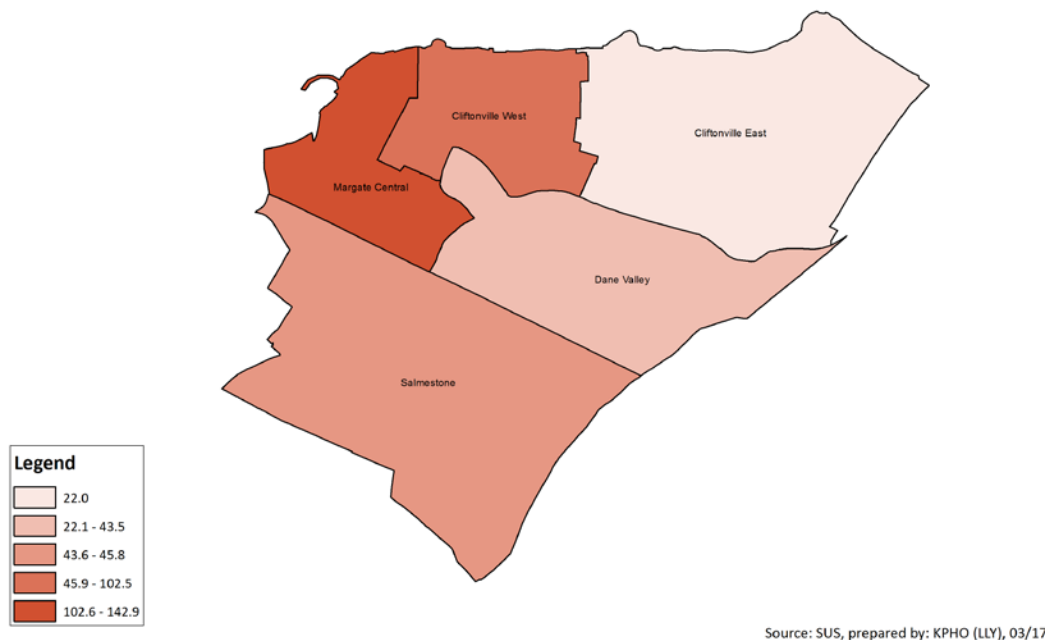


Source: SUS, ONS, prepared by KPHO (RK), 3/17

The rate of alcohol-specific hospital admissions has remained fairly similar; the Broadstairs and Quex localities have followed a similar pattern to the Kent rate from 2006/07 to

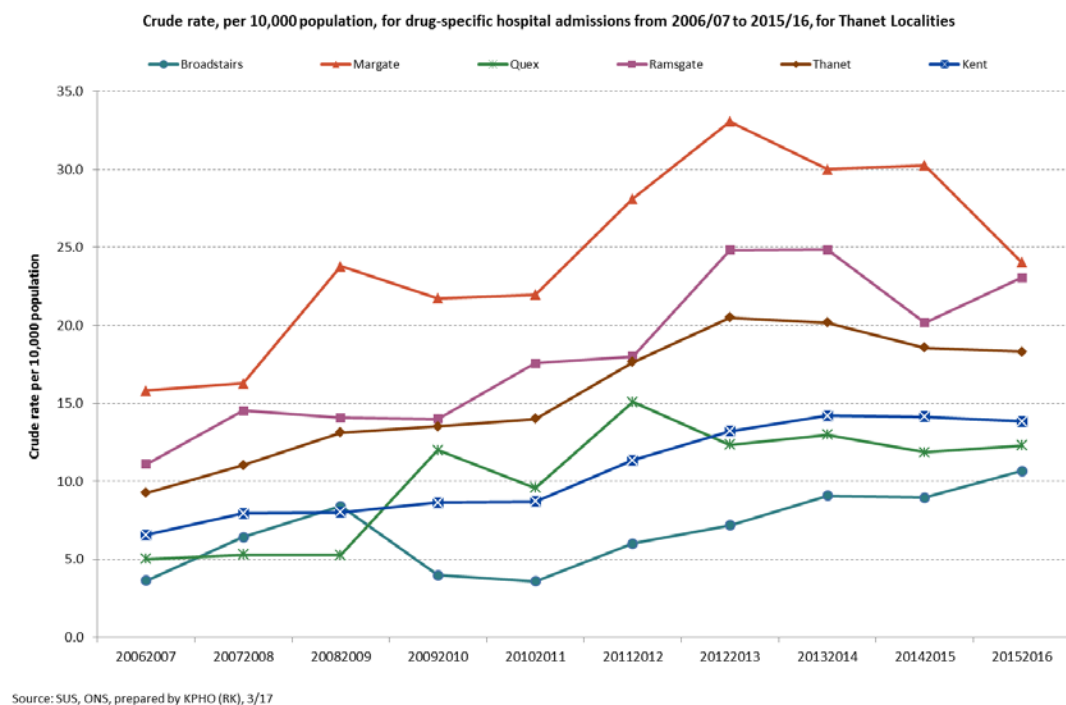
2015/16 with the Ramsgate rate mirroring this with Thanet. There is no statistical difference between the rates.

Crude rate per 10,000 population for hospital admissions relating to alcohol causes, 2011/12-2015/16



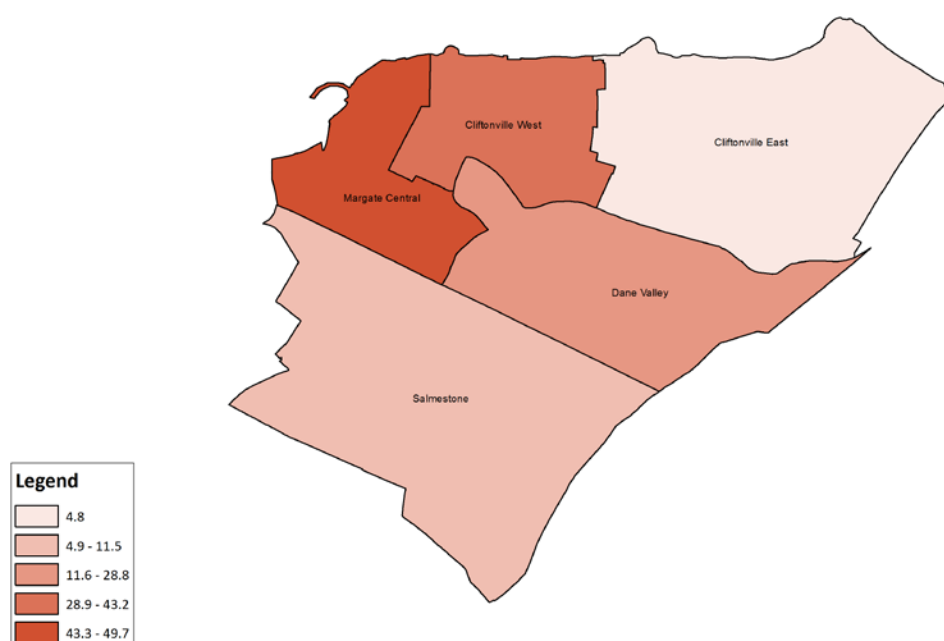
Margate Central has the highest rate of admissions relating to alcohol causes.

## 9.10 Drug-specific



The rate for drug-specific hospital admissions has increased for all localities, Thanet as a whole and Kent from 2006/07 to 2015/16. Thanet (18.3 per 100,000 population) had a significantly higher rate compared to Kent (13.8) for 2015/16 but all localities were not significantly different to Kent.

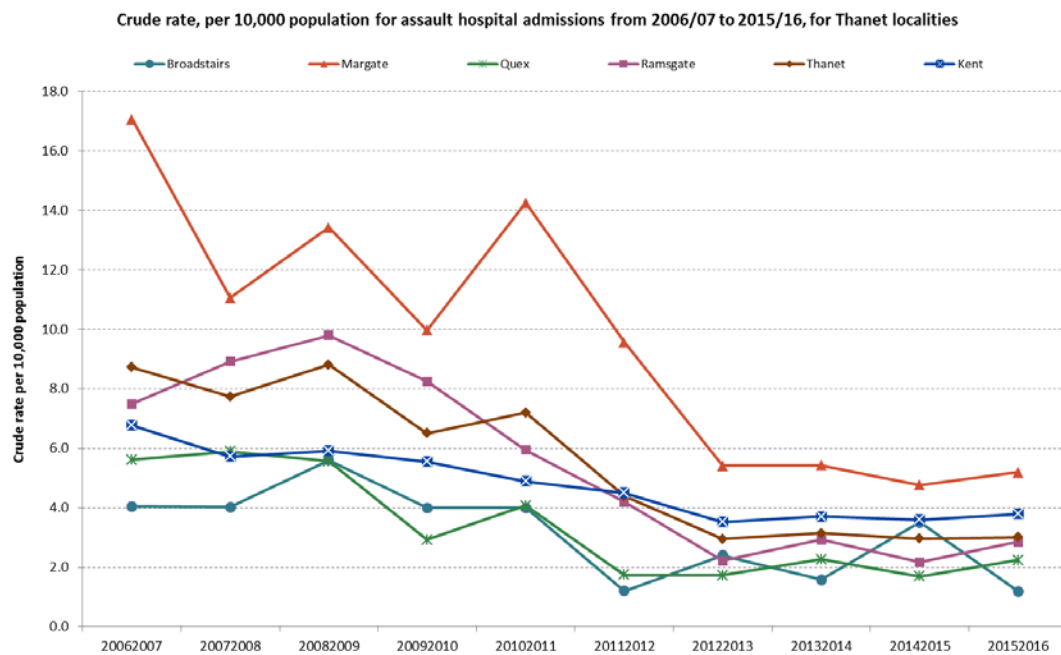
Crude rate per 10,000 population for drug abuse hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central falls within the top quintile for hospital admissions relating to drug abuse.

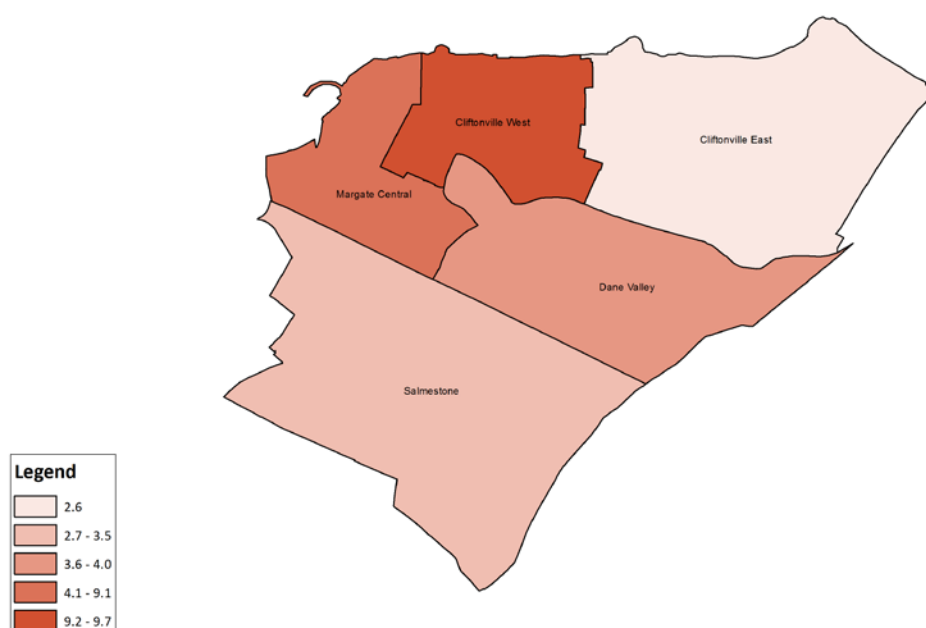
## 9.11 Assaults



Source: SUS, ONS, prepared by KPHO (RK), 3/17

The rate for hospital admissions relating to assaults have substantively decreased from 2006/07 to 2015/16. There was no significant difference between the localities to Thanet and Kent comparators.

Age standardised rate per 100,000 population for assault hospital admissions, 2011/12-2015/16

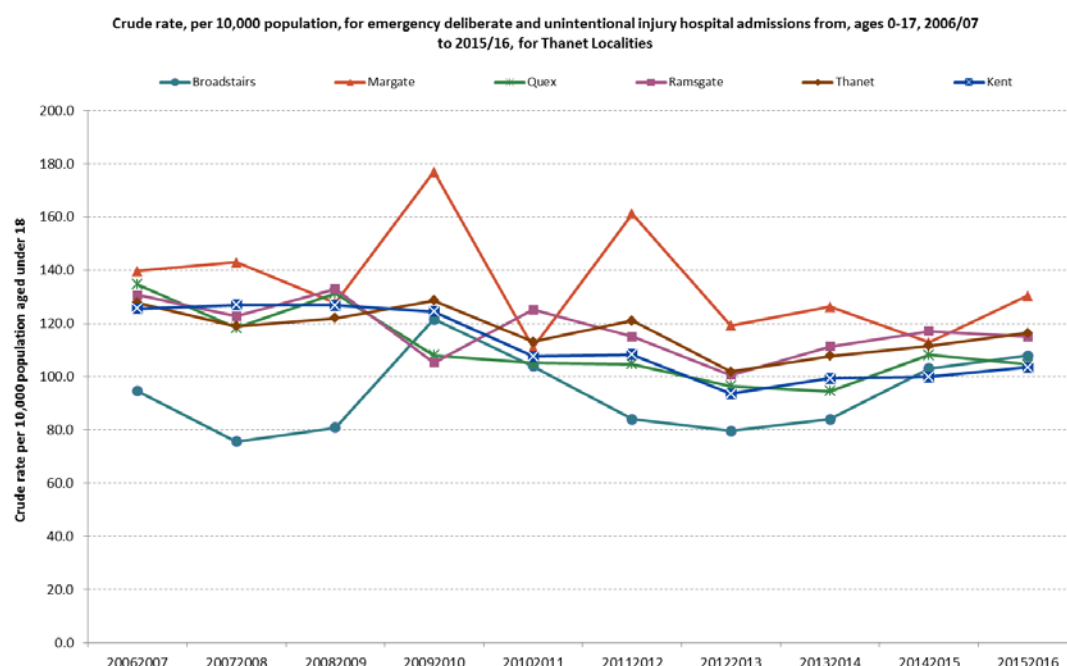


Source: SUS, prepared by: KPHO (LLY), 03/17

Cliftonville West has the highest rate of admissions relating to assaults.



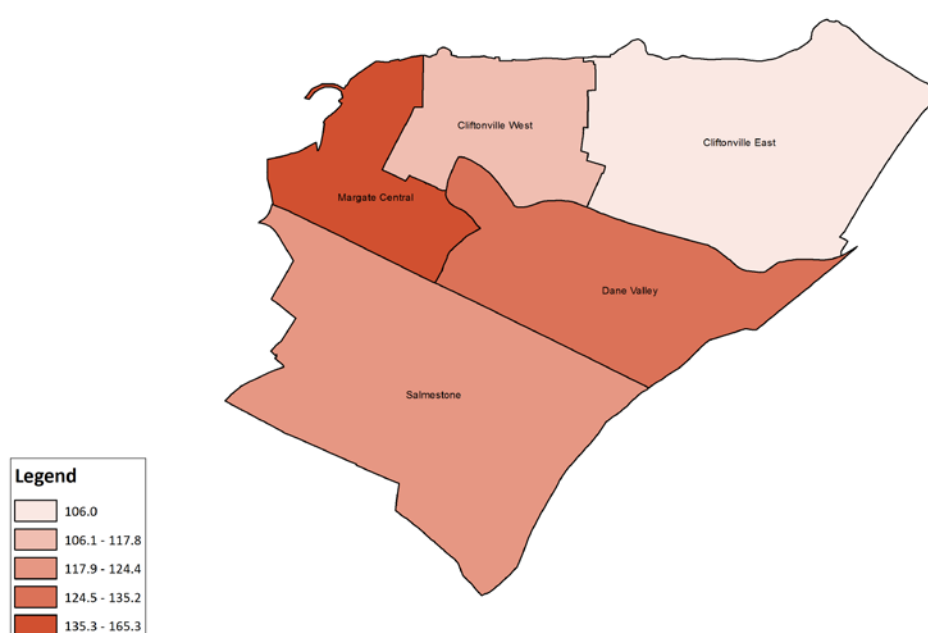
## 9.12 Deliberate self-harm and unintentional injury (under 18)



Source: SUS, ONS, prepared by KPHO (RK), 3/17

Emergency deliberate and unintentional injury admissions for under 18s have decreased from 2006/07 to 2015/16 for all localities (apart from Broadstairs), Thanet as a whole and Kent. Only Margate (130.3 per 10,000 population) had a significantly higher rate than Kent (103.5) in 2015/16.

Crude rate per 10,000 population for deliberate and unintentional injury hospital admissions, 2011/12-2015/16



Source: SUS, prepared by: KPHO (LLY), 03/17

Margate Central has the highest rate of deliberate and unintentional injury admissions.

## 10. Mortality

The mortality rate has been calculated using pooled data from 2006 to 2015 and has been shown for cancer, circulatory disease and respiratory conditions for the under 75 population of Thanet CCG. The following list of general practices have been included in the analysis. Some of these general practices may not be open, however were open from 2006 to 2015.

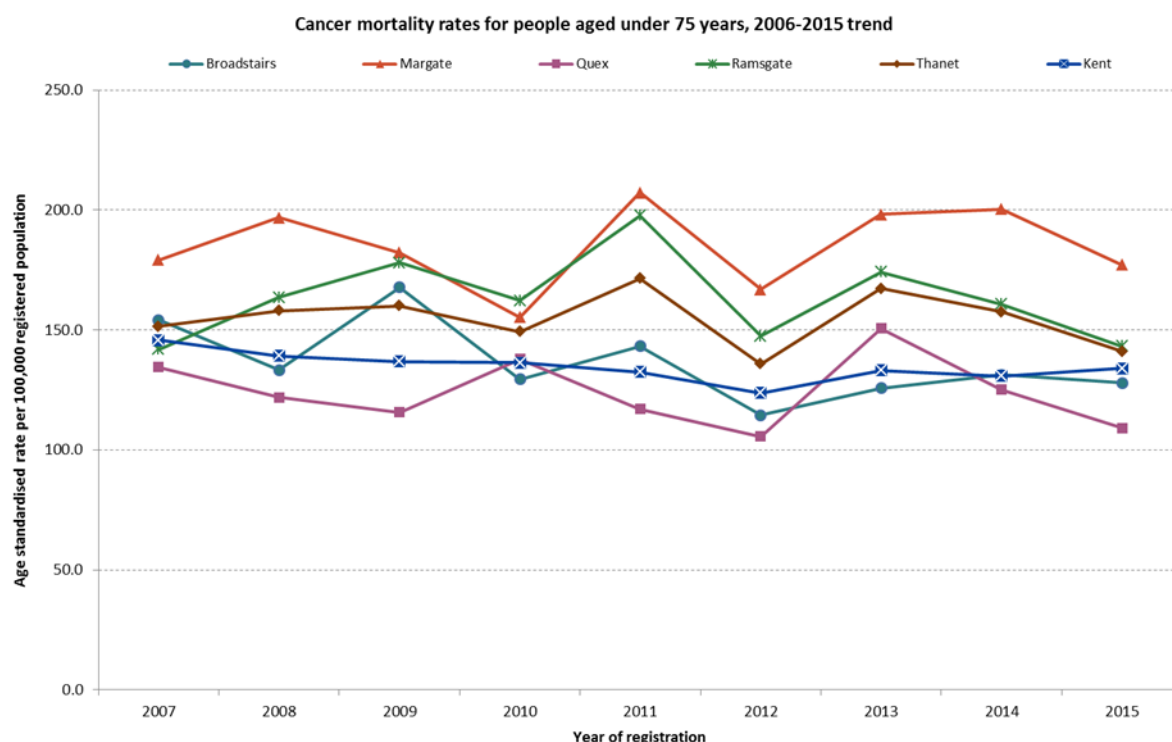
General Practices in Thanet	
G82210*	Osborne Road Surgery
G82219	St Peters Surgery
G82630*	The Broadway Practice
G82650	Mocketts Wood Surgery
G82796	Broadstairs Medical Practice
G82052	The Limes Medical Centre
G82066	Northdown Surgery
G82105	The Bethesda Medical Centre
G82649	Union Row Surgery
G82674*	Cliftonville Surgery
G82769*	Cecil Square Surgery
G82810**	Garlinge Surgery
G82079	Westgate Surgery
G82107	Minster Surgery
G82666	Birchington Medical Centre
G82020	The Grange Medical Practice
G82046	Summerhill Surgery
G82064	Dashwood Medical Centre
G82126	East Cliff Practice
G82150	Newington Road Surgery
G82812*	Wickham Surgery

Source: PCIS, prepared by: KPHO (LLY), 01/17

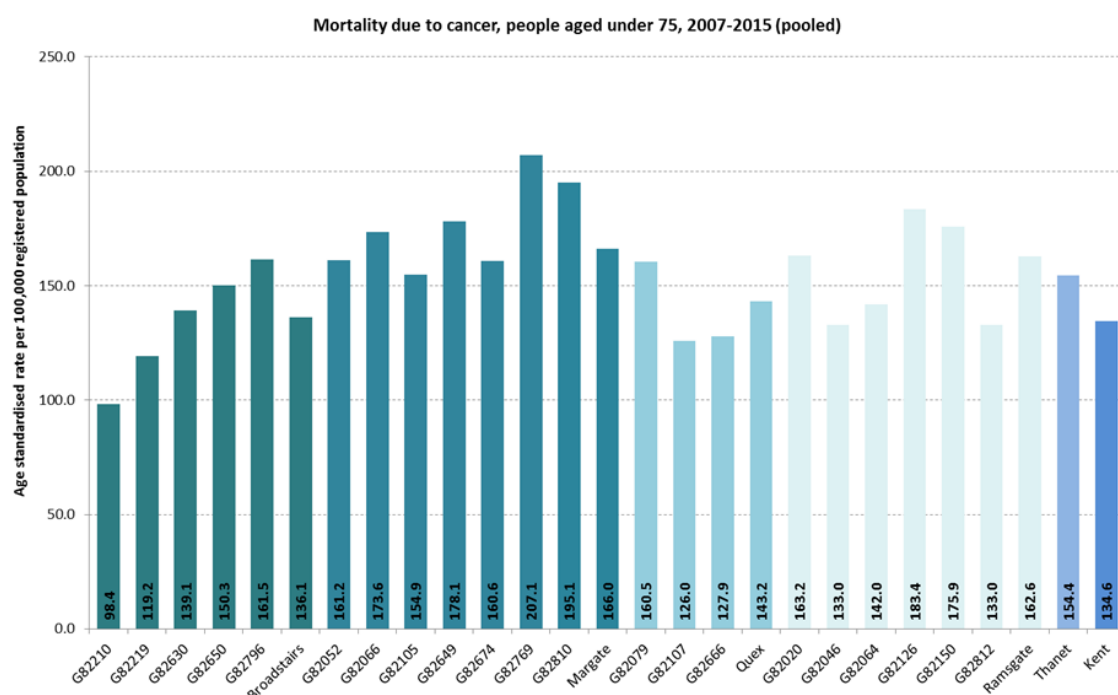
\*General practices have since closed however were included in the analysis as they were open during 2006 to 2015.

\*\*General practice has closed but has been taken over by The Limes Medical Practice and is now known as the The Limes Surgery (Garlinge Site).

## 10.1 Cancer (under 75)

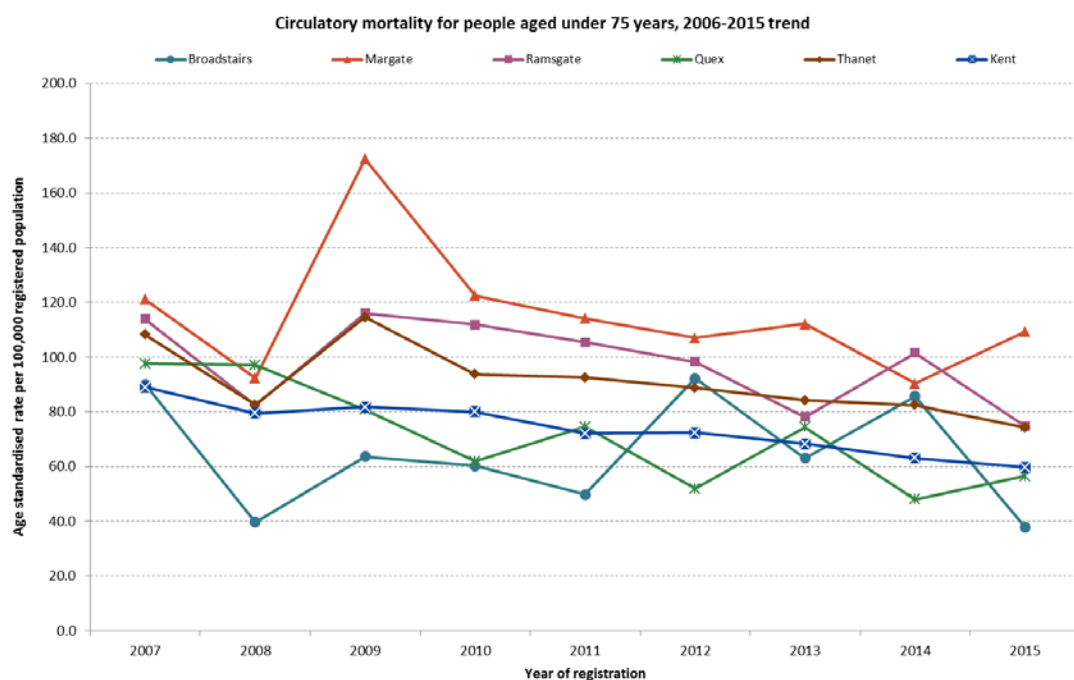


Mortality rates have remained at a similar level in all localities, Thanet as a whole and Kent from 2007 to 2015. The Margate locality was recorded as 177.2 per 100,000 population in 2015, which is not statistically significantly different to the 141.0 recorded for Thanet or Kent (134.1).

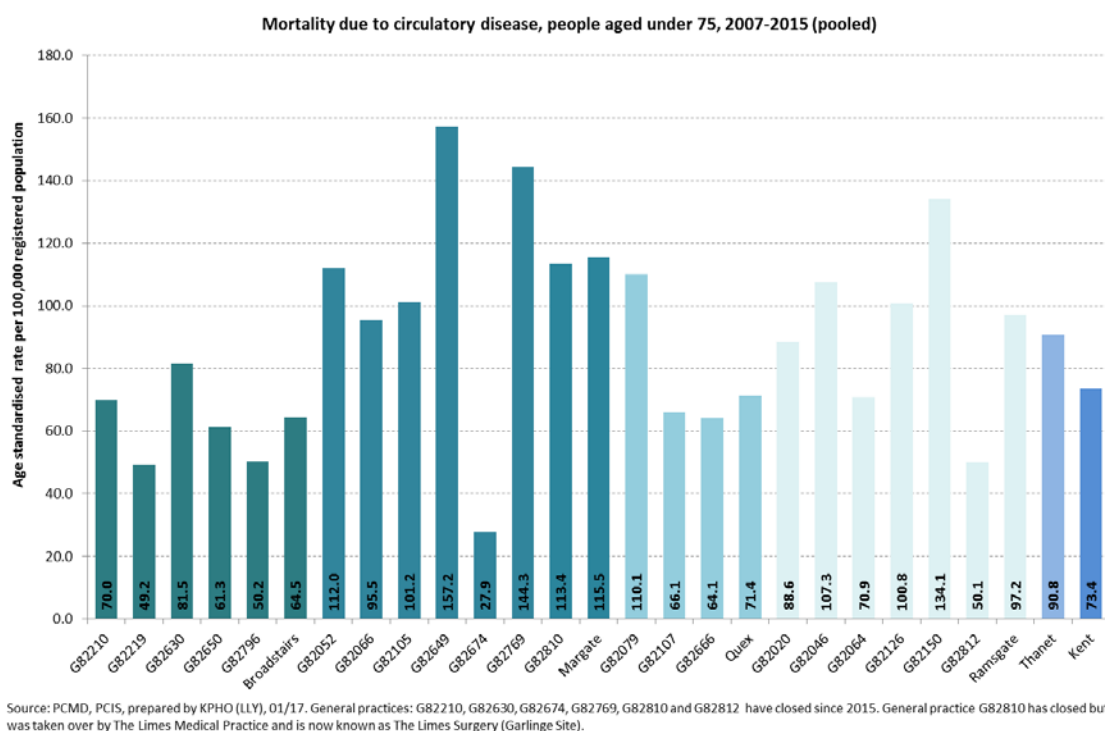


GP-level mortality rates in Margate vary from 154.9 per 100,000 population to 207.1.

## 10.2 Circulatory (under 75)

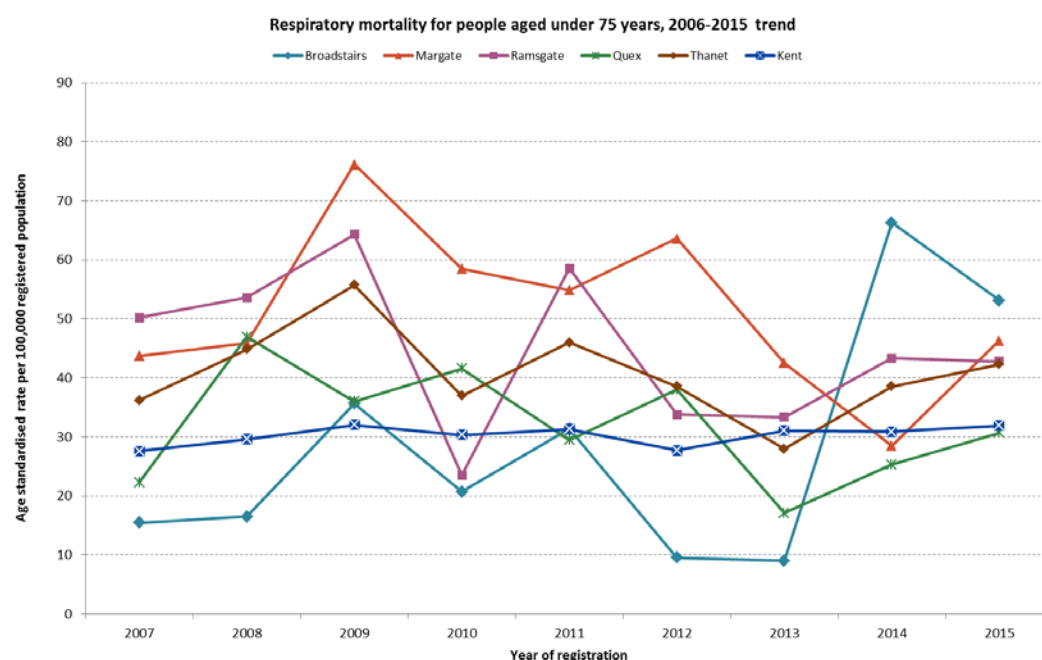


Premature mortality rates for circulatory disease in Thanet have decreased between 2007 and 2015. The Margate locality (109.4 per 100,000 population) is above the Thanet average (74.2).

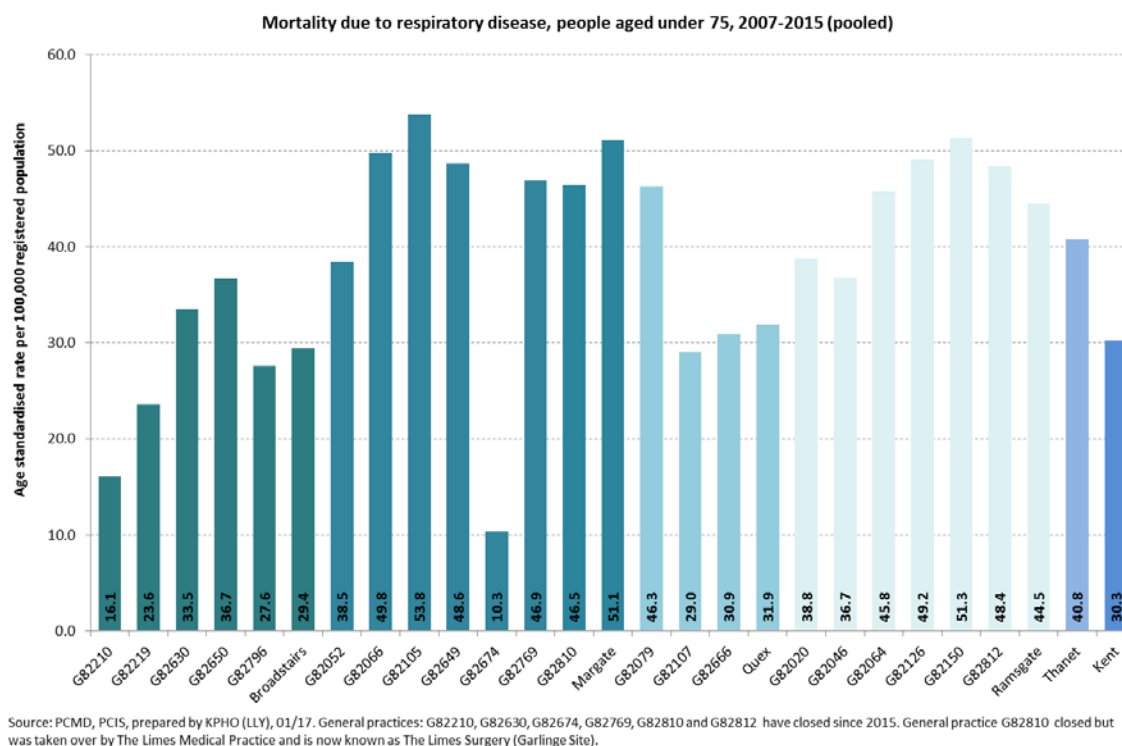


GP-level mortality rates in Margate vary from 27.9 per 100,000 population to 157.2.

## 10.3 Respiratory (under 75)



There is substantial variation year-on-year in premature mortality rates from respiratory conditions both at locality and Thanet level. There is no statistically significant difference in premature mortality rates between 2007 and 2015.



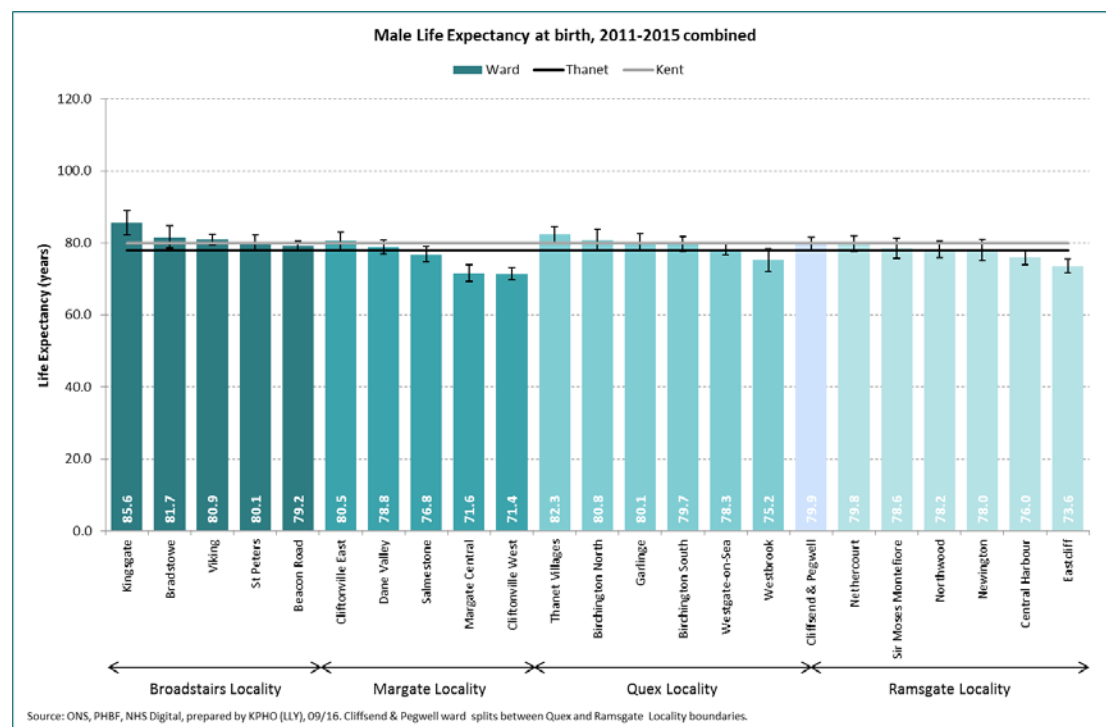
GP-level mortality rates in Margate vary from 10.3 per 100,000 population to 53.8.

## 11. Life Expectancy

The life expectancy of Thanet CCG residents at birth has been calculated using pooled data from 2011 to 2015.

### 11.1 Male Life Expectancy

Male life expectancy within the Margate locality ranges from 71.4 years in Cliftonville West to 80.5 years in Cliftonville East. Margate Central and Cliftonville West both have an estimated life expectancy significantly lower than the Thanet average.



## 11.2 Female Life Expectancy

Female life expectancy is higher compared with males. Female life expectancy within Margate locality ranges from 75.7 years in Margate Central to 86.2 years in Cliftonville East. Both Margate Central and Cliftonville West are highlighted as having estimated life expectancies significantly lower than the Thanet and Kent averages.

