KENT PUBLIC HEALTH OBSERVATORY

Community network profile

Whitstable

November 2015

Produced by

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| 1. Executive Summary

1.1   Introduction

This community network profile for Whitstable was put together from a variety of source information and data. It seeks to pull together a wide range of intelligence from Health & Social Care, as well as key demographic data from the Office for National Statistics, and present an overview of local need.

The area called the Whitstable Community Network was defined through discussion with the local clinical commissioning group and forms one of five networks within the Canterbury & Coastal CCG area.

1.2   Key Findings

Maternity

- **Life expectancy at birth**
    - Life expectancy has increased in the network from 2006 to a peak of 83.8 years in 2012; however has decreased slightly since.
    - Based on 2006 to 2014 data (pooled), Whitstable has a higher life expectancy than Canterbury and Coastal CCG, of 82.5 years.
    - Harbour ward has a significantly lower life expectancy than the CCG at 78.9 years, whilst Tankerton has a significantly higher life expectancy of 84.3 years.
- **General fertility rate**
    - In 2014, there were 262 live births to women resident within the Whitstable. The Whitstable, general fertility rate was 55.46 in 2006 and decreased to 51.55 in 2014.
- **Low birth weight**
    - In 2014, there were 15 low birth weight births to women resident within Whitstable. The Whitstable, percentage low birth weight births were 6.02% in 2006 and decreased to 5.73% in 2014.
- **Infant feeding**
    - Whitstable practices achieved 100% coverage during the mid-part of 2014/15. Coverage rates above the recommended levels suggest that the prevalence indicators are reliable and we can say that the prevalence of breastfeeding ranged between 52% and 44%.
- **Immunisations**
    - Of the practice level immunisations up to 1 and 2 years of age; one practices had uptake below 90%. Of the practice level immunisations up to 5 years of age; two practices had uptake below 90%.

- **Infant mortality**
  - In 2014, there were 11 still births to women resident within the Whitstable. None of the Whitstable infant mortality statistics were significantly different to Kent.

Demographic overview

- **Practice population**
  - The total registered population at September 2015 in Whitstable community network was 37,814, and the network has an older age profile than the CCG.

- **Ethnicity**
  - 3.0% of the resident population in Whitstable network identified as belonging to a black or minority ethnic group in the 2011 Census; this is a significantly smaller proportion than the CCG (5.9%).

Socio-economic profile

- **Deprivation**
  - The Whitstable area shows all levels relative deprivation – the coastal areas containing Seasalter and Swalecliffe are amongst the most deprived quintile in the Canterbury & Coastal CCG area. There is also a small part of Gorrell electoral ward that falls within the most deprived locally.

Lifestyle

- **Alcohol, Obesity & Smoking**
  - Modelled estimates of binge drinking and smoking show higher levels in the more urban area and are aligned with areas of deprivation. Levels of obesity across Canterbury & Coastal are generally lower than the rest of Kent

Mental health

- **Contact with services**
  - Among the 15 to 64 age band, Whitstable has a significantly lower contact rate (36.3 per 1,000 population) than the CCG and Kent.
  - Tankerton ward has the lowest rate at 20.2 contacts per 1,000 population aged 15 to 64, significantly lower than Kent and the CCG.
  - The contact rate among the population aged 65 and above is significantly higher in the network (83.9) than Kent.
  - Harbour ward has the highest contact rate in the 65 plus age band at 144.1, significantly higher than both Canterbury and Coastal CCG and Kent.

Quality outcomes framework

- **Recorded prevalence**
  - In 2014/15, Whitstable community network had significantly high prevalence of the following conditions in relation to the CCG: atrial fibrillation, asthma,

cancer, CHD, COPD, dementia, diabetes, heart failure, hypertension, palliative care and stroke.

- o The prevalence of CKD, learning disability, mental health and obesity was significantly lower in Whitstable than Canterbury and Coastal CCG.
- **Recorded prevalence: trend analysis**
  - o The annual rate of increase in hypertension, cancer, atrial fibrillation, COPD, stroke, heart failure and CHD prevalence was significantly higher in Whitstable community network than England between 2006/07 and 2014/15.
- **Recorded and expected prevalence**
  - o Saddleton road surgery had detected a significantly higher proportion of the expected number of COPD cases than other practices in Canterbury and Coastal CCG.
  - o There were no significant differences in the proportion of cases of CHD, dementia, atrial fibrillation, hypertension or stroke and TIA detected.
- **Clinical achievement (see appendix A for definitions)**
  - o Whitstable community network had significantly higher performance for CHD 002, diabetes 003 and mental health 002 than the CCG.

Hospital activity

- **Emergency hospital admissions**
  - o The Whitstable practice network did not show a rate of change that was significantly greater than Kent; for the age standardised rate of emergency hospital admissions in the under 75 population for a range of conditions between 2006/07 and 2014/15
- **Alcohol specific hospital admissions**
  - o In Kent, the age standardised rate of alcohol specific hospital admissions has shown an increasing trend between 2006/07 and 2014/15. The Whitstable practice network did not show a rate of change that was significantly different to Kent.
- **A&E and MIU attendances**
  - o The majority of residents attend A&E more than MIU's. There is a slightly higher proportion of male residents attending MIU's than female residents.
  - o Across all networks, the Kent and Canterbury Hospital and the Queen Elizabeth the Queen Mother Hospital receive the highest proportions of residents from the networks.

Influenza immunisations

- **Uptake**

Social care

- Whitstable has a significantly lower support services rate per 10,000 population aged 65 and over, long term residential care home placements aged 65 and under, and 65 and above, than Kent and Canterbury and Coastal CCG.
- Whitstable has a significantly lower rate of people aged under 65 accessing support services and meal services than Kent.

Mortality

- **All age, all cause mortality**
    - Trends in all age, all cause mortality rates are falling. Highest rate locally is for Harbour ward
- **Premature mortality: cancer**
    - Trends in under 75 cancer mortality are generally down across Whitstable and the CCG area. Highest rates locally are found in Gorrell ward.
- **Premature mortality: circulatory disease**
    - The trend in under 75 circulatory diseases mortality is falling, Harbour ward has the highest rate locally

| 2. Introduction & Objectives

2.1   Community Network Area

2.1.1   Community Network

The map below shows the breakdown of Whitstable Community Network into wards and then into lower super output areas (LSOA's). An LSOA is a geographical region with a minimum population of 1,000 and an average population of 1,500. The Whitstable Community Network has two general practices located in the following wards: Gorrell and Seasalter.

Whitstable Community Network, 2015
split by LSOA and ward

Legend
- ● General Practice
- ▭ Ward boundary
- ▭ Lower super output area (LSOA) boundary

Prepared by KPHO (LLY), 11/15
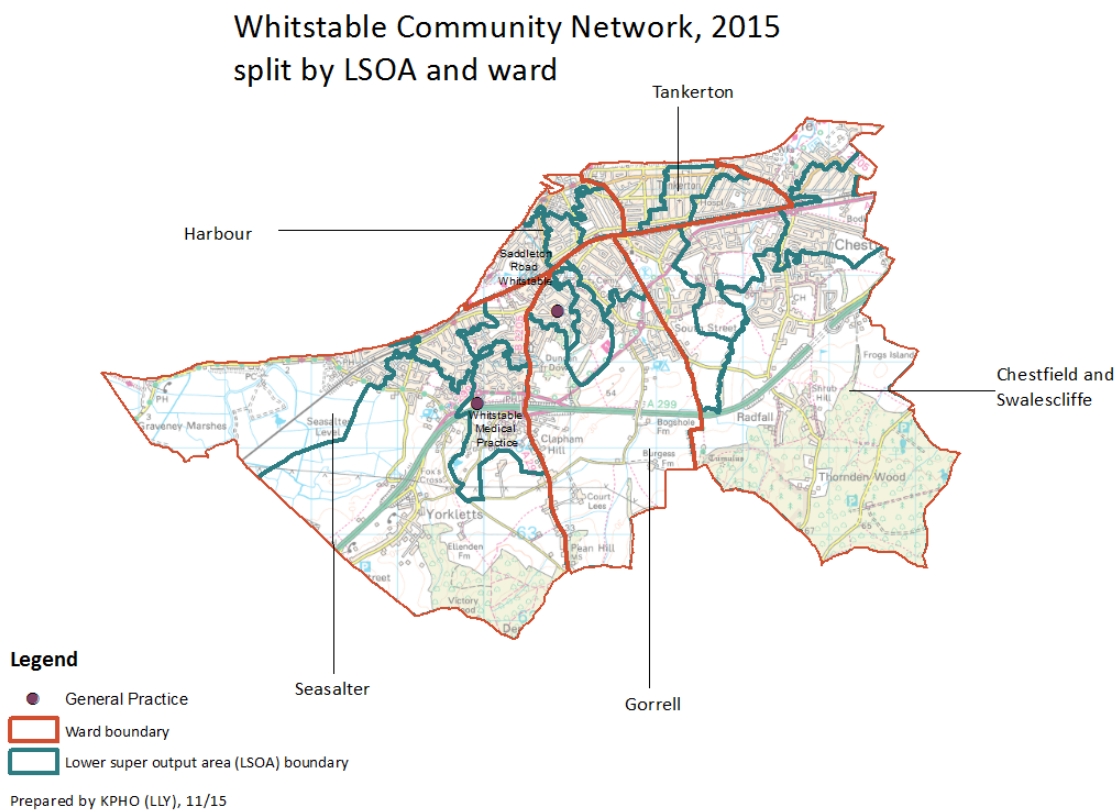
| 3. Maternity

3.1 Life expectancy at birth

Life expectancy at birth is defined as 'The average number of years a baby born in a particular area or population can be expected to live if it experiences the current age-specific mortality rates of that particular area or population throughout its life' by the South East Public Health Observatory.

Life expectancy at birth has been calculated using primary care mortality database (PCMD) and the office for national statistics (ONS) data, and the SEPHO life expectancy tool. For the community networks, trends have been produced; however, it was not possible to do this at a ward level due to relatively small numbers of deaths.

3.1.1 Community network life expectancy trend

Over the past nine years, life expectancy in Canterbury and Coastal CCG has steadily increased, from 81.2 years in 2006 to a peak of 82.9 years in 2013. In the past year, there has been a marginal decrease in life expectancy to 82.5 years. The rate of change for life expectancy observed for Canterbury and Coastal CCG has been an annual increase of 0.24 years.

Greater fluctuations in life expectancy occur for the community networks, due to smaller populations. In Whitstable, the life expectancy has increased overall since 2006, from 80.9 years, peaking in 2012 at 83.8 years before declining more recently. Life expectancy has increased at a rate of 0.17 years annually in Whitstable between 2006 and 2014; this is not significantly different to the rate of change of the CCG.

Life expectancy at birth

Source: PCMD, ONS, prepared by KPHO (ES), 11/15
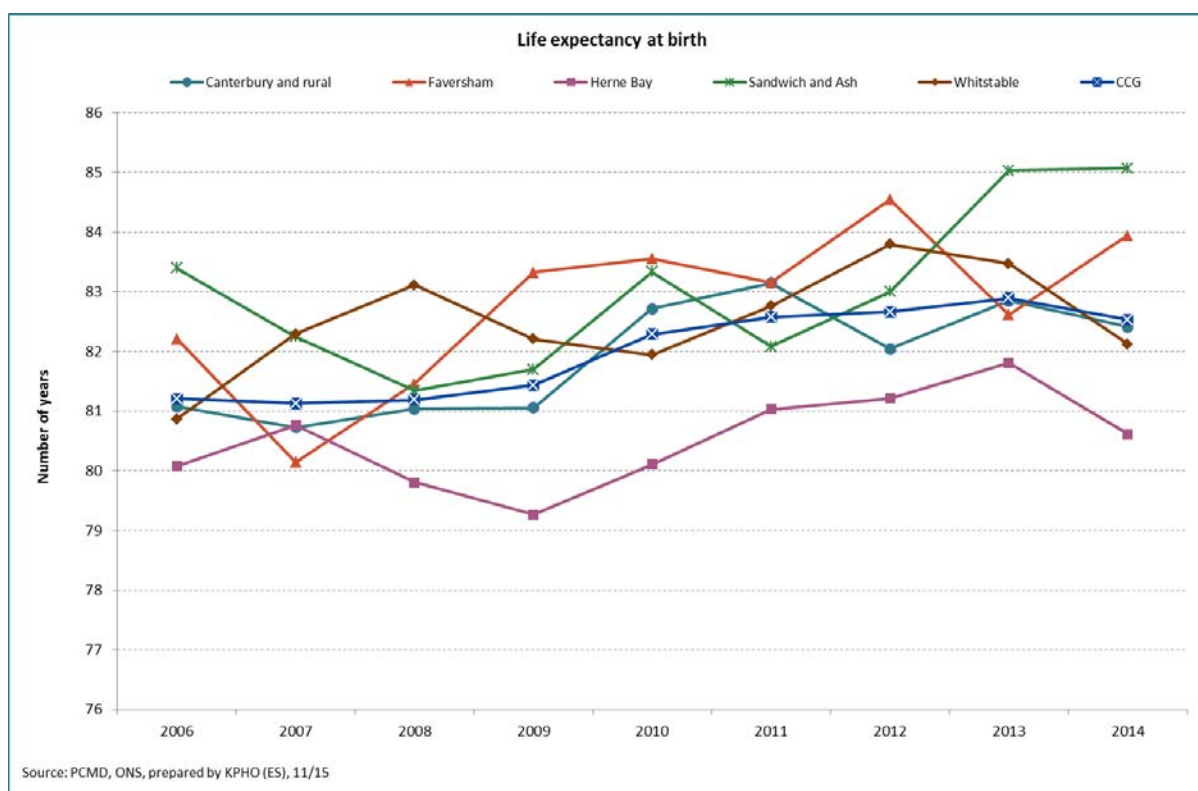
3.1.2 Ward level life expectancy

The life expectancy at birth in Whitstable is 82.5 years, slightly higher than the CCG life expectancy of 82.1, but not significantly different. Harbour ward has the lowest life expectancy in the community network at 78.9, which is significantly lower than the CCG (p<0.05), whilst Tankerton has the highest life expectancy (84.3) which is significantly higher than the CCG (p<0.05).

Table 1: Life expectancy at birth (based on 2006 to 2014 data pooled)

Wardname	Life expectancy (years)	Significantly different
Chestfield and Swalecliffe	83.44	no
Gorrell	83.42	no
Harbour	78.93	lower
Seasalter	82.64	no
Tankerton	84.32	higher
Whitstable	82.53	no
CCG	82.12	-

Canterbury and Coastal CCG community network profile, November 2015

3.2   General fertility rate

The general fertility rate is defined as the number of live births per 1,000 women aged 15-44 years. This gives an indication of current fertility levels, but does not account for the different sizes of the population of age bearing women.

In 2014, there were 17,305 live births in Kent; 262 of these were to women resident within the Whitstable. In Kent, the general fertility rate within was 59.93 in 2006 and increased to 62.58 in 2014. The Whitstable, general fertility rate was 55.46 in 2006 and decreased to 51.55 in 2014.

General fertility rate: by practice network
Crude rate per 1,000 women aged 15-44, registered population, 2006 to 2014.

Source: SUS, prepared by KPHO (ZC), November 2015

General fertility rate: by ward
Crude rate per 1,000 women aged 15-44, registered population, pooled 2012 to 2014

Source: SUS, prepared by KPHO (ZC), November 2015
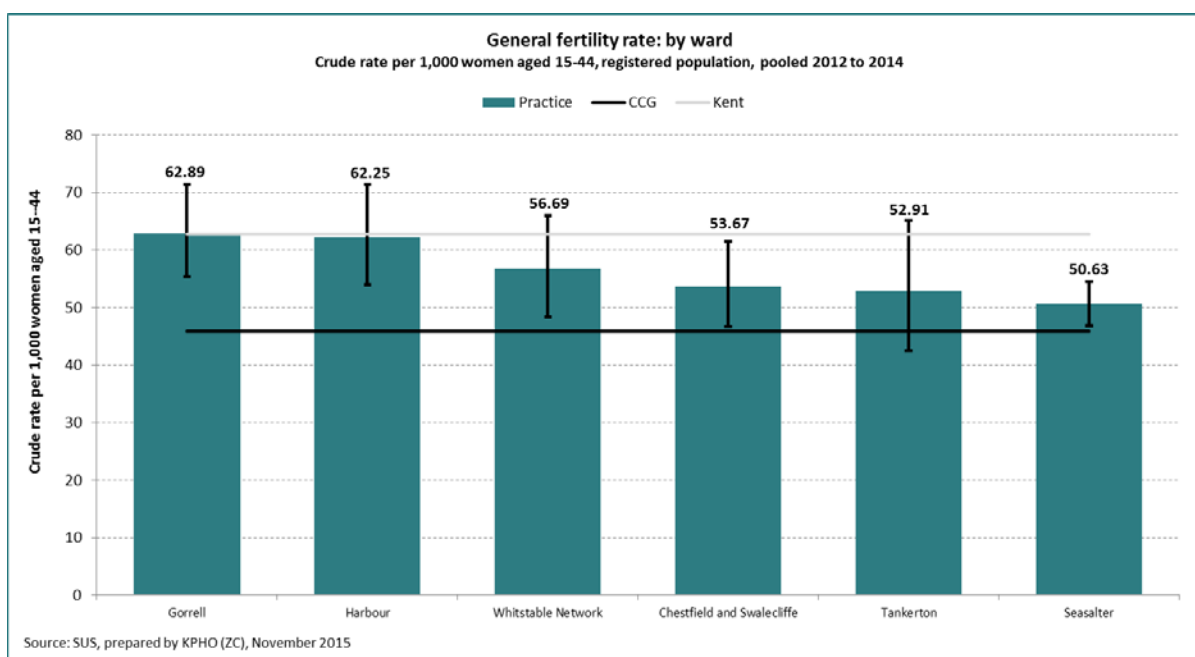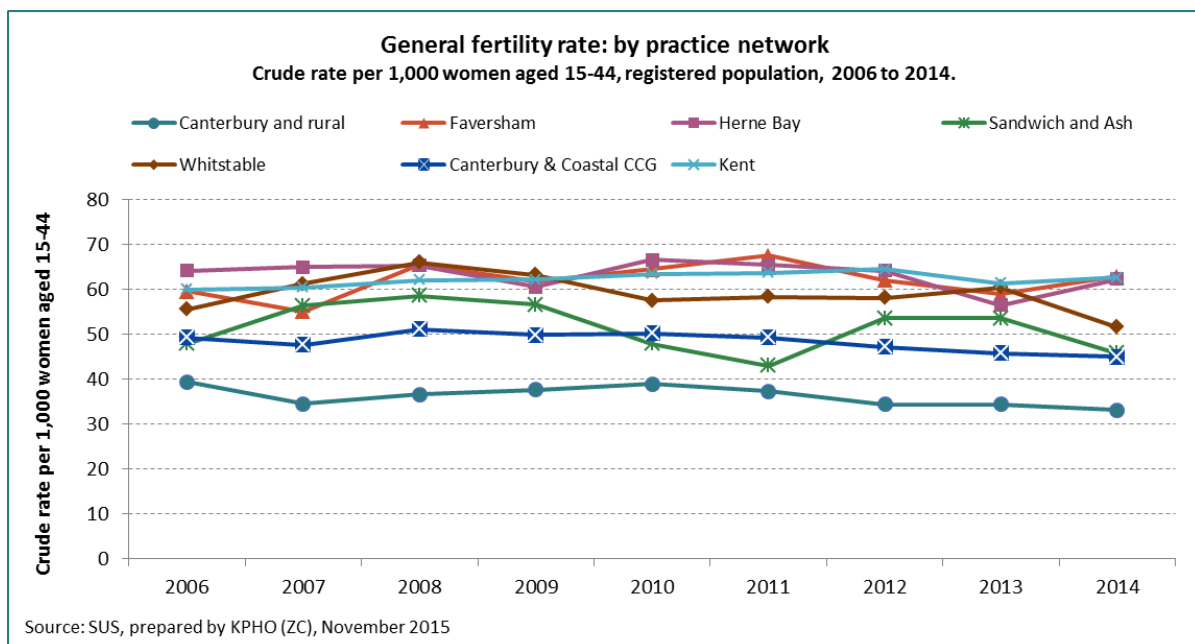
3.3 Low birth weight

Low birth weight is defined as the number of live births with stated birth weight below 2500g expressed as percentage of live births. Very low birth weight is defined as the number of live births with stated birth weight below 1500g expressed as percentage of live births.

In 2014, there were 989 low birth weight births in Kent; 15 of these were to women resident within the Whitstable. In Kent, the percentage of low birth weight was 6.5% in 2006 and decreased to 5.7% in 2014. The Whitstable, percentage was 6.02% in 2006 and decreased to 5.73% in 2014.

Low birth weight: by practice network
Percentage of live births with stated birthweight, low birth weight <2500g, 2006 to 2014.

Source: SUS, prepared by KPHO (ZC), November 2015
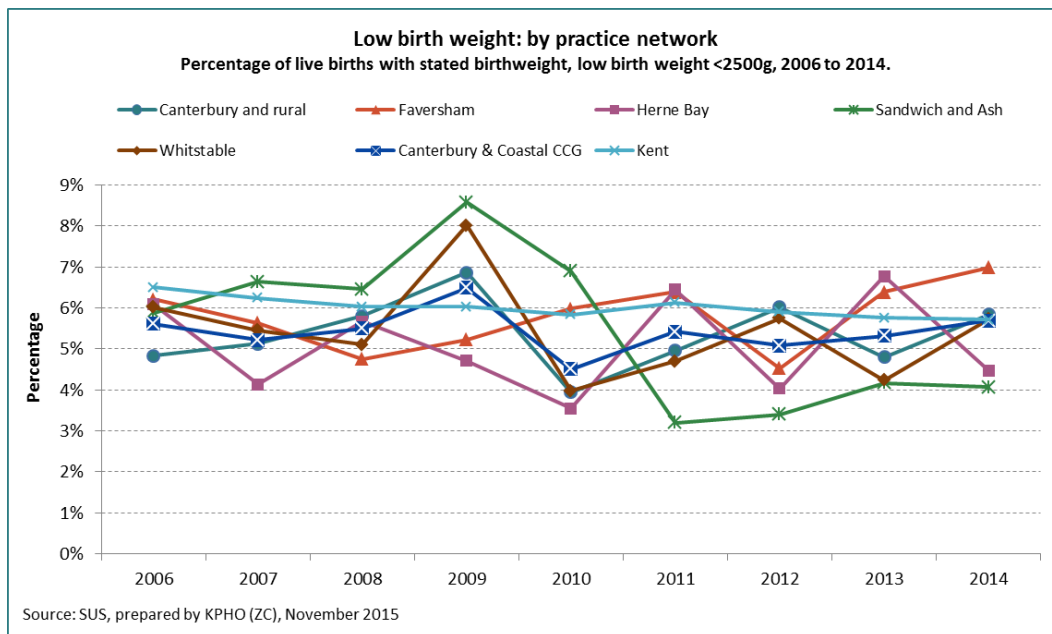
For the pooled years 2006-2014, there were 9,275 low birth weight births in Kent; 152 of these were to women resident within the Whitstable. In Kent, the percentage of low birth weight was 6.01% and very low birth weight was 0.78%. The Whitstable percentage of low birth weight was 5.46% and very low birth weight was 0.72% in 2014.

Canterbury and Coastal CCG community network profile, November 2015

Birth weight statistics: by practice network.
Percentage of live births with stated birthweight, low birth weight <2500g and very low birth weight <1500g, pooled 2006 - 2014.

Source: PHBF and PCMD, prepared by KPHO (ZC), November 2015
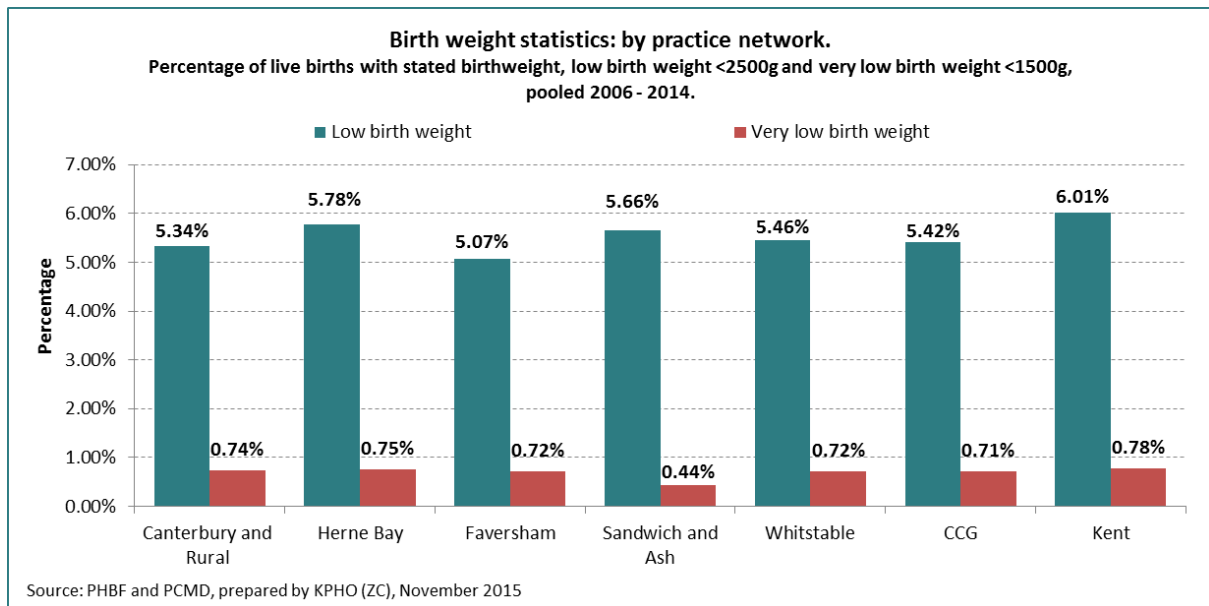
For 2006-2014, the practice low birth weight percentages ranged between 6.20% and 5.03%.

Birth weight statistics: by community network.
Percentage of live births with stated birthweight, low birth weight <2500g, pooled 2006 - 2014.

Source: SUS, prepared by KPHO (ZC), November 2015
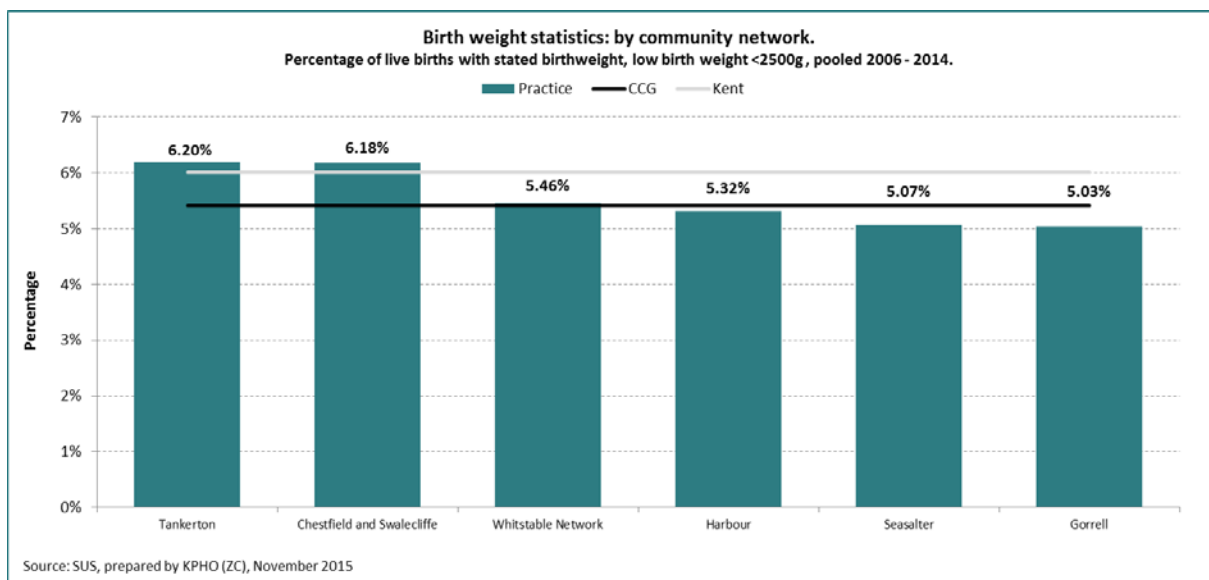
3.4   Infant feeding

The following chart shows coverage and breastfeeding prevalence, which is recorded at the 6-8 week check. Coverage levels of 95% and greater have been recommended for the accurate assessment of breastfeeding prevalence.

The CCG coverage was 74% and within Whitstable practices 100% coverage was achieved during the mid-part of 2014/15. The coverage for the practices had decreased in the early-part of 2015/16. Coverage rates above the recommended levels suggest that the prevalence indicators are reliable and we can say that the prevalence of breastfeeding ranged between 52% and 44%.

Breastfeeding: by practice network.
Coverage and prevalence of breastfeeding, 6-8 week check, Q2 and Q3 2014/15.

Source: Child Health Information System, prepared by KPHO (ZC), November 2015

Breastfeeding: by practice network.
Coverage and prevalence of breastfeeding, 6-8 week check, Q1 2015/16.

Source: Child Health Information System, prepared by KPHO (ZC), November 2015

Canterbury and Coastal CCG community network profile, November 2015
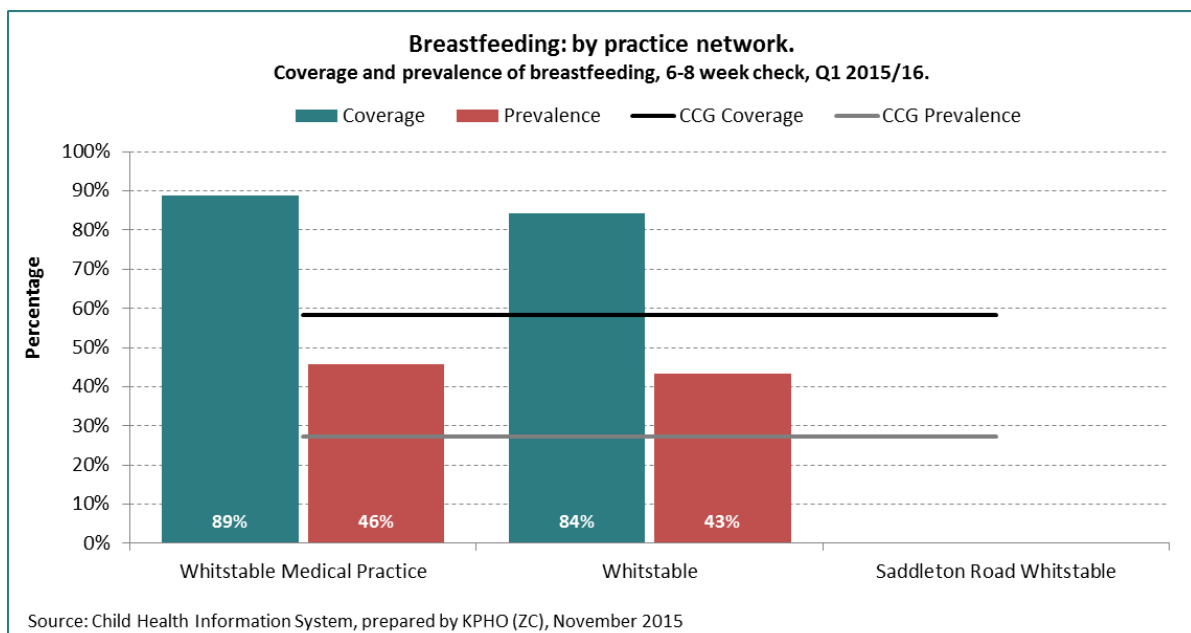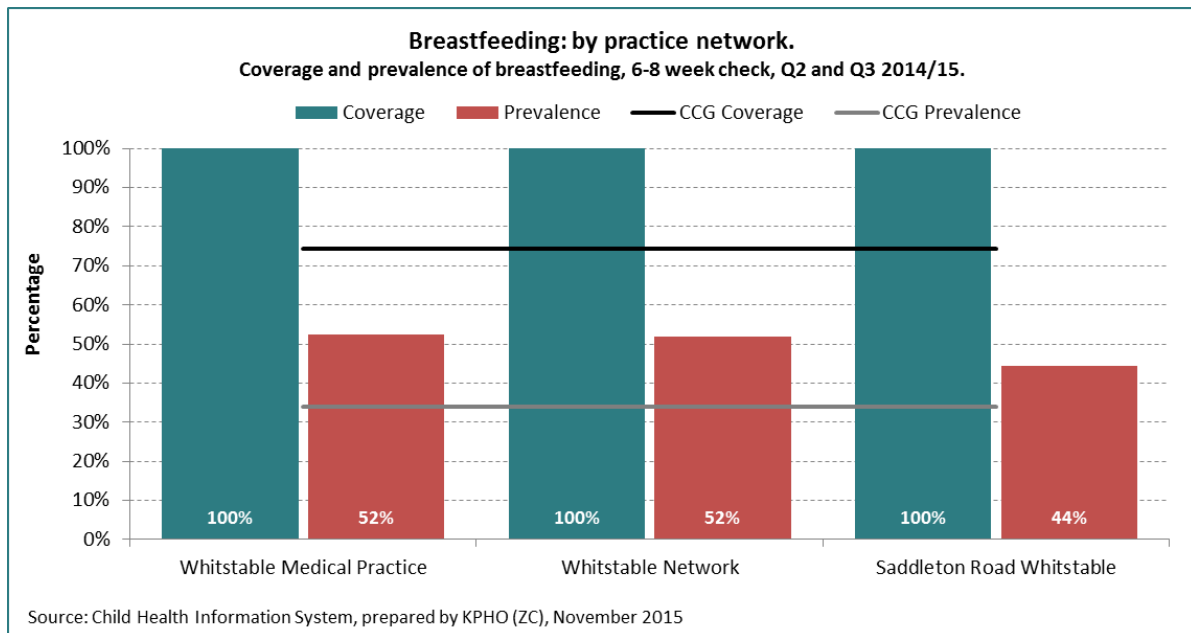
3.5   Immunisations

The following charts show uptake of immunisations at 1, 2 and 5 years of age. Vaccine uptake gives an indication of the protection for the population against vaccine preventable disease.

The following key has been used to highlight vaccine coverage:

Less than 90%
Between 90 - 95%
More than 95%

Of the practice level immunisations up to 1 and 2 years of age; one practices had uptake below 90%. Of the practice level immunisations up to 5 years of age; two practices had uptake below 90%.

Practice Name	Up to 1st Birthday			Up to 2nd Birthday Primaries			Up to 2nd Birthday Boosters	
	DTaP/IPV/Hib	MenC	PCV	DTaP/IPV/Hib	MMR	MenC Infant	Hib/MenC	PCV
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake
Whitstable Medical Practice	94.4%	96.6%	94.4%	95.1%	88.9%	91.4%	87.7%	85.2%
Saddleton Road Whitstable	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Whitstable Network	94.7%	96.8%	94.7%	95.4%	89.7%	92.0%	88.5%	86.2%
CCG	88.5%	93.7%	88.9%	94.4%	90.5%	91.3%	90.9%	88.7%
Kent	88.1%	93.6%	89.1%	93.5%	88.0%	92.8%	88.5%	84.1%

Practice Name	Up to 5th Birthday Primaries						Up to 5th Birthday Boosters			
	DT/Pol	MMR	Hib	MenC	Pertussis	PCV	DTaP/IPV	Hib/MenC	MMR	PCV
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake
Whitstable Medical Practice	93.9%	92.7%	93.9%	92.7%	93.9%	92.7%	92.7%	93.9%	91.5%	89.0%
Saddleton Road Whitstable	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%
Whitstable Network	94.2%	93.0%	94.2%	93.0%	94.2%	93.0%	93.0%	94.2%	91.9%	88.4%
CCG	94.9%	93.5%	94.9%	93.7%	94.9%	93.7%	85.1%	93.2%	84.1%	90.9%
Kent	95.2%	93.9%	95.3%	93.5%	95.3%	93.9%	83.3%	92.0%	82.3%	89.2%

3.6   Child mortality

The following indicators and definitions have been used:

Indicator	Definition
Infant mortality rate	Number of deaths at ages under 1 year, per 1,000 live births.
Perinatal mortality rate	Number of stillbirths plus number of deaths at ages under 7 days, per 1,000 live births and stillbirths.
Early neonatal mortality rate	Number of deaths at ages under 7 days, per 1,000 live births.
Neonatal mortality rate	Number of deaths at ages under 28 days, per 1,000 live births.
Post neonatal mortality	Number of deaths at ages 28 days and over, but under 1 year, per 1,000 live births.
Stillbirth rate	Number of stillbirths per 1,000 live births and stillbirths.

The following chart shows the infant mortality statistics for the pooled period 2006-2014. In 2014, there were 755 still births in Kent; 11 of these were to women resident within the Whitstable. None of the Whitstable infant mortality statistics were significantly different to Kent.
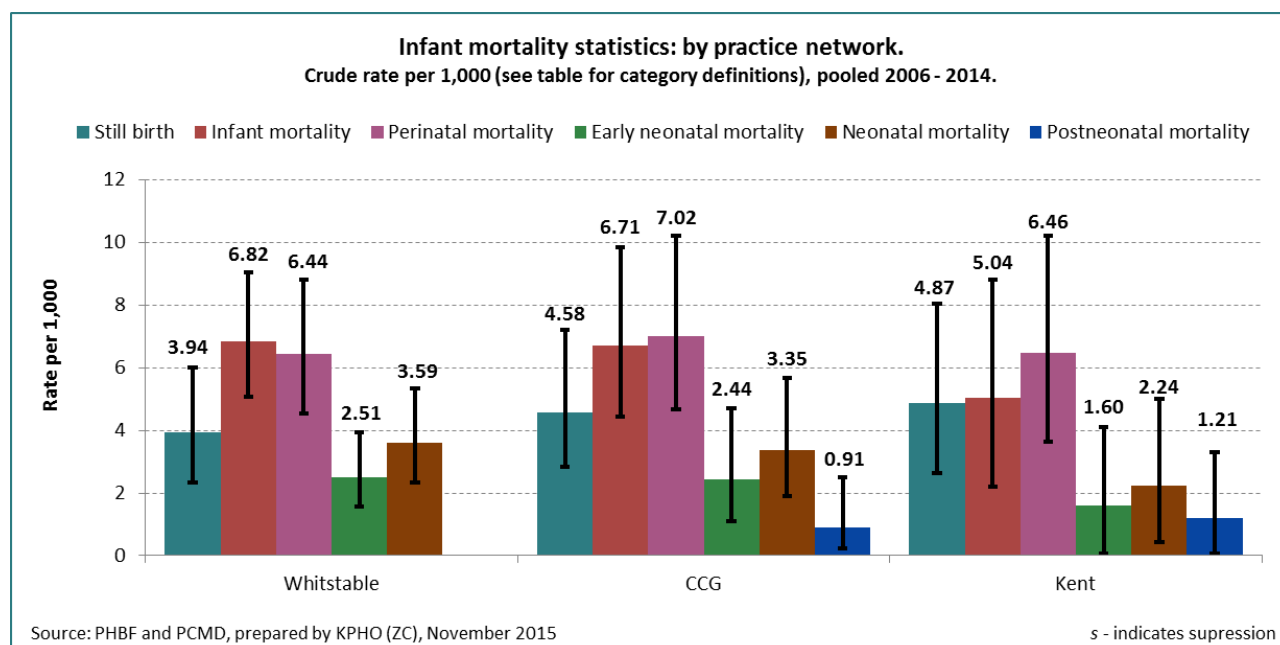
| 4. Demographic overview

4.1   Practice population

4.1.1   Registered population

The total registered population of Whitstable community network was 37,814 at September 2015. 48.5% (18,326) of the registered population were male and 51.5% (19,488) female, reflective of the CCG (48.5% male, 51.5% female).

Registered population in Whitstable compared to Canterbury & Coastal CCG

Source: ONS, prepared by KPHO (ES), Sept 2015
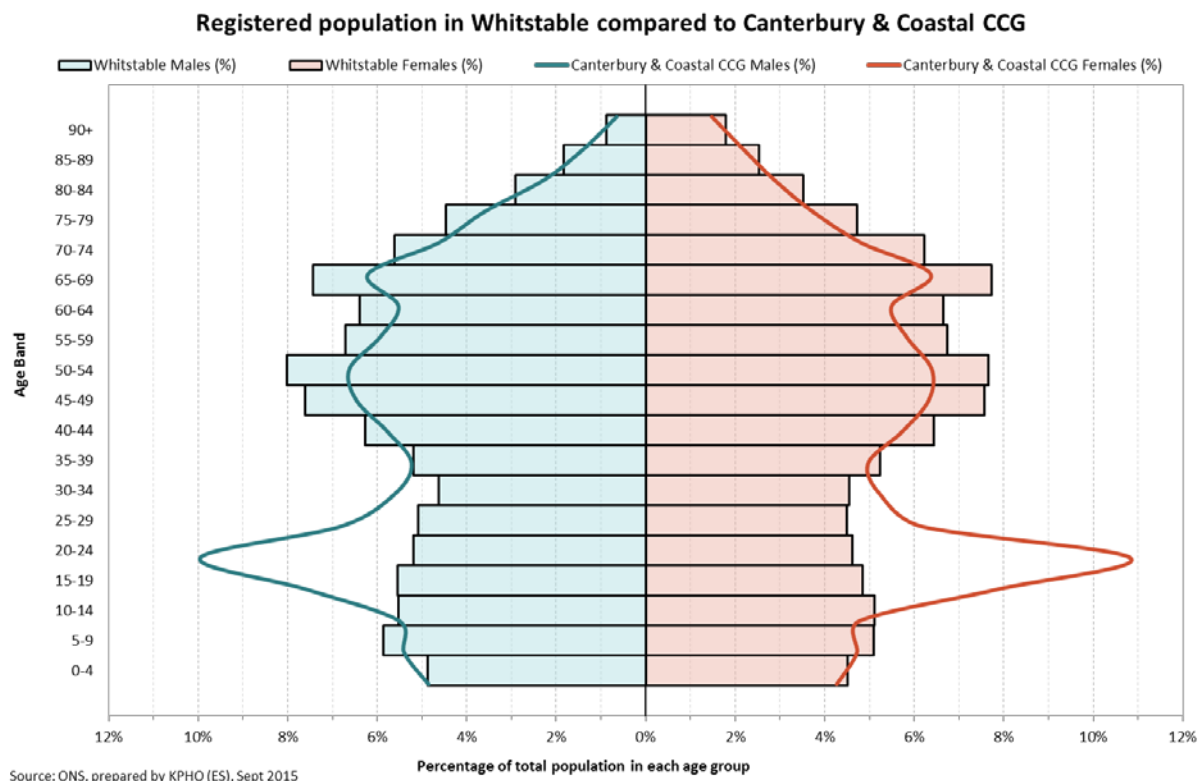
Overall, Whitstable has an older population in comparison to Canterbury and Coastal CCG, with significantly higher proportions of the population in all age bands over 40 (p<0.001). The network has significantly lower proportions of the population aged between 15 to 19 and 30 to 34 (p<0.001).

Table 2: Registered population in Whitstable community network, September 2015

Age band	Males	Females	Persons
0-4	893	878	1771
5-9	1073	993	2066
10-14	1011	996	2007
15-19	1015	946	1961
20-24	950	900	1850
25-29	933	877	1810
30-34	848	885	1733
35-39	952	1020	1972
40-44	1150	1254	2404
45-49	1396	1475	2871
50-54	1469	1491	2960
55-59	1228	1312	2540
60-64	1170	1297	2467
65-69	1361	1505	2866
70-74	1030	1212	2242
75-79	817	920	1737
80-84	534	687	1221
85-89	336	492	828
90+	160	348	508
All ages	**18326**	**19488**	**37814**

4.2   Ethnicity

Ethnicity data has been sourced from the 2011 Census (Office for National Statistics), and the percentage of the population belonging to a black or minority ethnic group calculated. Ethnic diversity is significantly lower in the Whitstable Network at 3.0%, compared to the CCG (5.9%).

Whitstable community network, percentage of black and ethnic minorities by ward
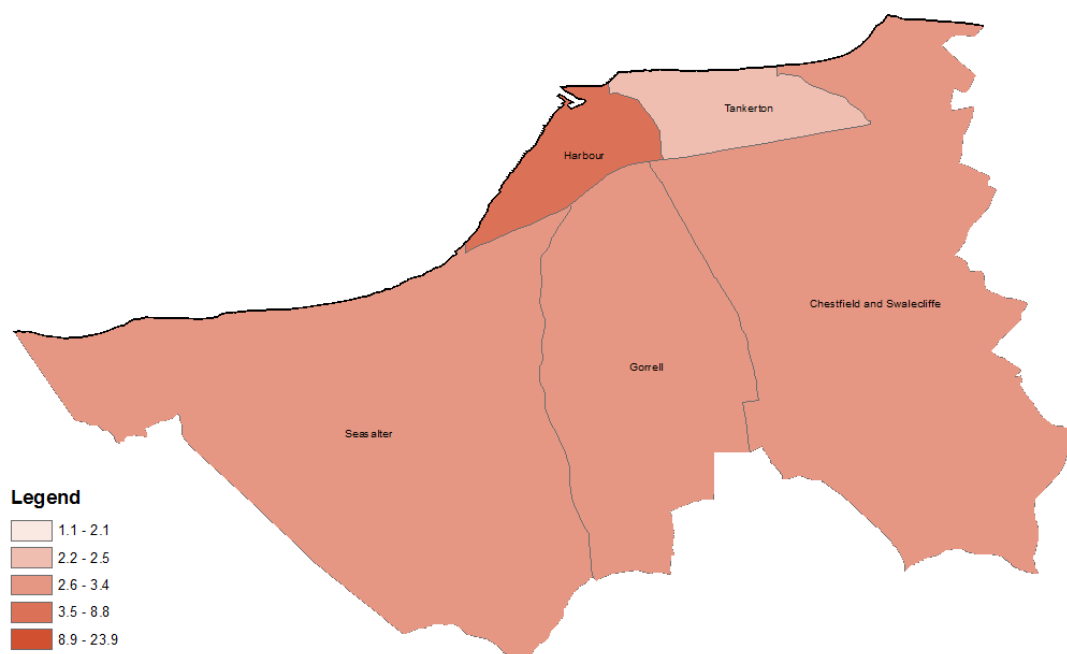
Source: 2011 Census
Produced by: KPHO (ES), 11/15

The wards in Whitstable community network all have a significantly lower percentage of black and minority ethnic population in comparison to the CCG. Whitstable has fairly similar proportions of mixed (1.2%, 410) ethnic and Asian (1.3%, 414) population; however, smaller percentages of Black African / Caribbean / Black British descent (0.4%, 117) and other (0.2%, 51) ethnic residents.

Table 3: Black and ethnic minority population

Ward	Percentage BME	Significantly different
Tankerton	2.5	lower
Chestfield and Swalecliffe	2.6	lower
Seasalter	3.1	lower
Gorrell	3.4	lower
Harbour	3.6	lower
CCG	5.8	-

| 5. Socio-economic profile

5.1 Deprivation

5.1.1 Index of Multiple Deprivation 2015

The Canterbury and Coastal area exhibits a wide range of relative deprivation, the most deprived areas tend to be found in the more urban areas in central Canterbury, some parts of Faversham and the coastal town of Herne Bay.

The map below shows relative deprivation for the Whitstable community network. The most deprived areas are found in the west of Seasalter, Swalecliffe and in the centre of Gorrell. There however several areas that fall within the most affluent in Canterbury & Coastal CCG area.
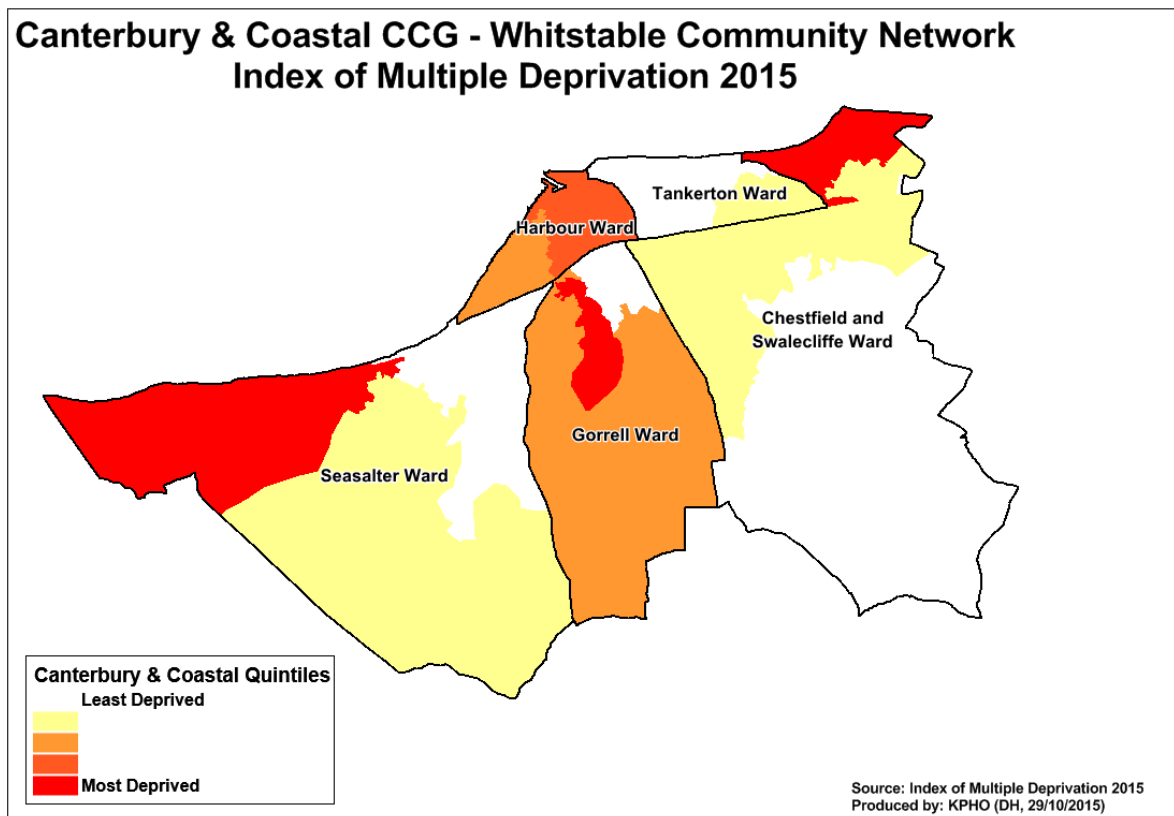
5.1.2 Income Deprivation Affecting Children Index 2015

The Income Deprivation Affecting Children Index (IDACI) is derived from the Income domain within the overall Indices of Deprivation and is used as a 'child poverty' measure. The pattern of child poverty across the Whitstable community network is, unsurprisingly, similar to that of overall deprivation. Seasalter, Swalecliffe, Whitstable Town and much of Gorrell are all within the worst two quintiles locally. Approximately 41% of the children living in the most deprived part of Gorrell ward are living in income deprived households.

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**Canterbury & Coastal CCG - Whitstable Community Network
Income Deprivation Affecting Children Index 2015**

Tankerton Ward

Harbour Ward

Chestfield and
Swalecliffe Ward

Gorrell Ward

Seasalter Ward

Canterbury & Coastal Quintiles
Least Deprived

Most Deprived

Source: Index of Multiple Deprivation 2015
Produced by: KPHO (DH, 29/10/2015)

5.1.3 Income Deprivation Affecting Older People Index 2015

The Income Deprivation Affecting Older People Index (IDAOPI) is also derived from the Income domain within the overall Indices of Deprivation and is used as an 'older people poverty' measure. The worst areas for older people poverty in Whitstable community network are Swalecliffe, parts of Whitstable Town and the areas on either side of the A290 as it leaves Whitstable. Approximately 36% of the older people living in the most deprived parts of Gorrell ward are living in income deprived households.

Canterbury & Coastal CCG - Whitstable Community Network
Income Deprivation Affecting Older People Index 2015

Tankerton Ward

Harbour Ward

Chestfield and
Swalecliffe Ward

Gorrell Ward

Seasalter Ward

Canterbury & Coastal Quintiles
Least Deprived

Most Deprived

Source: Index of Multiple Deprivation 2015
Produced by: KPHO (DH, 29/10/2015)

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| 6. Lifestyle

6.1 Alcohol

6.1.1 Modelled Binge Drinking Estimates

Modelled binge drinking prevalence estimates

Northgate

Barton

Westgate

Wincheap

Legend
Binge drinking prevalence
Less than 8%
8% to 12%
12% to 16%
16% to 20%
More than 20%

Source: ONS Lifestyle Estimates 2006-2008
Produced by: ZC, KPHO
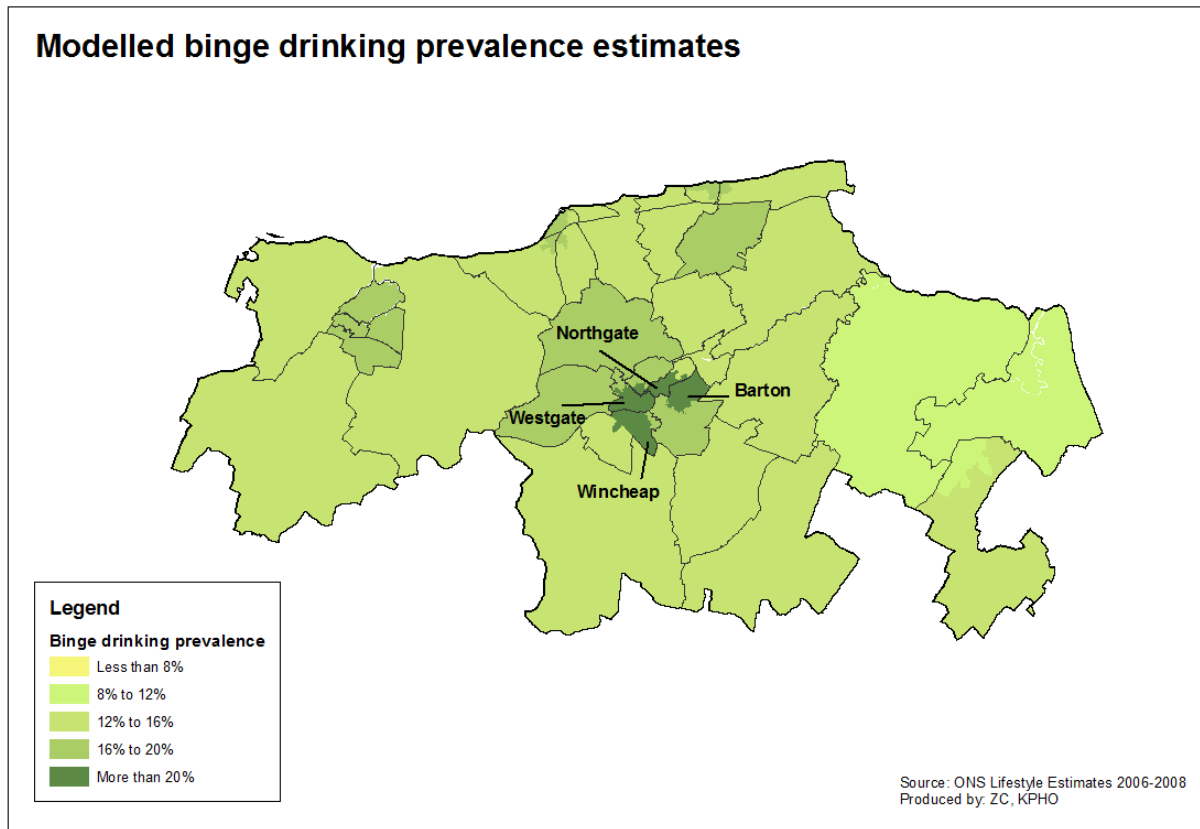
Binge drinking estimates are produced for the Association of Public Health Observatories (2007/08) and detail the percentage of adults who consume at least twice the daily recommended amount of alcohol in a single session (that is, eight or more units for men and six or more units for women). Highest rates across Canterbury & Coastal are found in residents of Northgate, Barton, Westgate and Wincheap.

6.2   Obesity

6.2.1   Modelled Adult Obesity Estimates
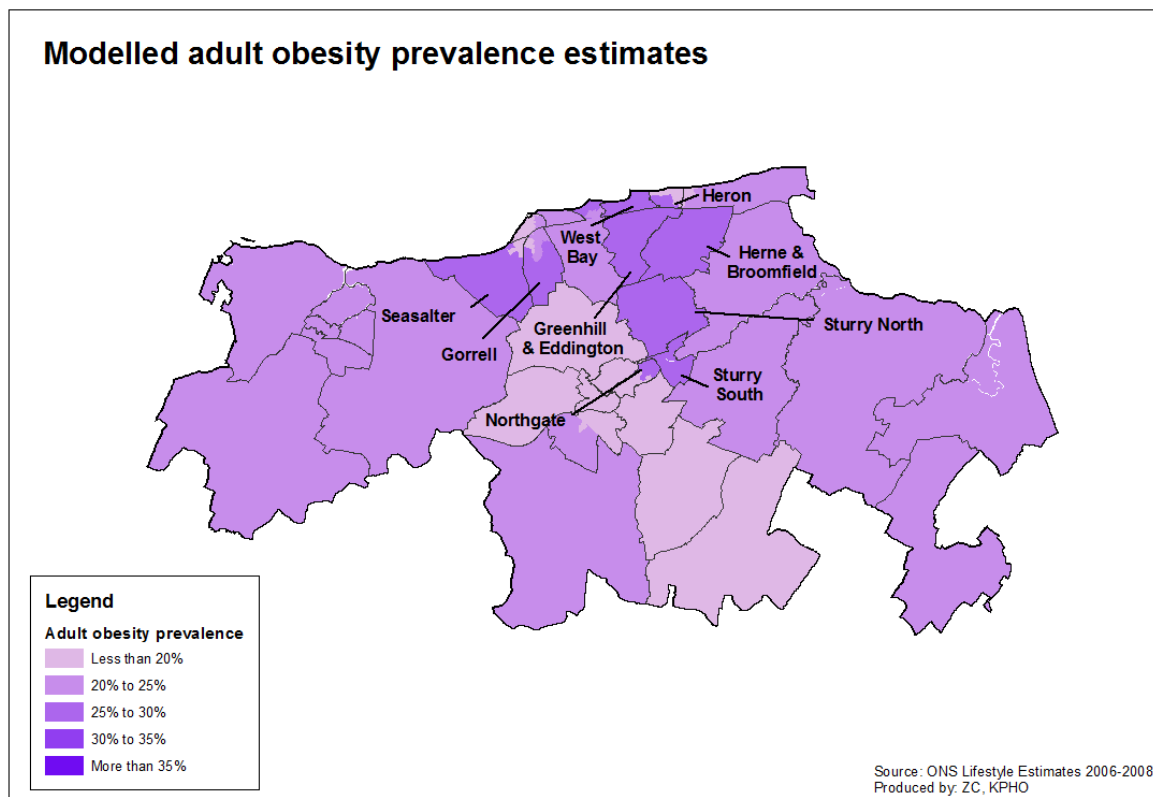
Adult obesity rates for small area geography are modelled from national surveys and produced by the Office for National Statistics. Highest levels (approx.. 30% – 35%) are found in the electoral wards of Seasalter, Gorrell, West Bay, Heron, Herne & Broomfield, Sturry North, Sturry South and Northgate.

6.3 Smoking

6.3.1 Modelled Adult Obesity Estimates
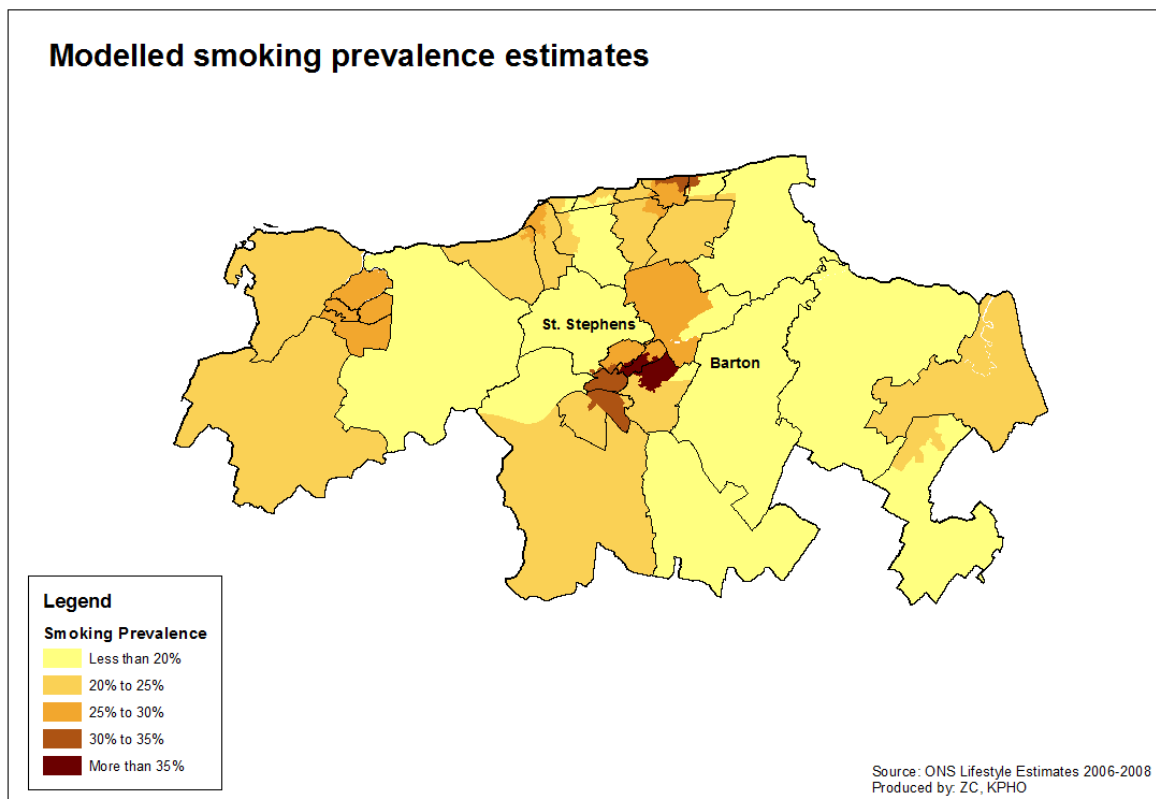
Modelled smoking prevalence figures, at a small area level, were produced by the Office for National Statistics. Highest levels are found in Barton, Northgate and St Stephens wards.

7. Mental Health

7.1 Contact with services

Mental health contact rate data has been provided by Kent and Medway NHS and social care partnership for 2014.

7.1.1 Mental health contacts: age 15 to 64
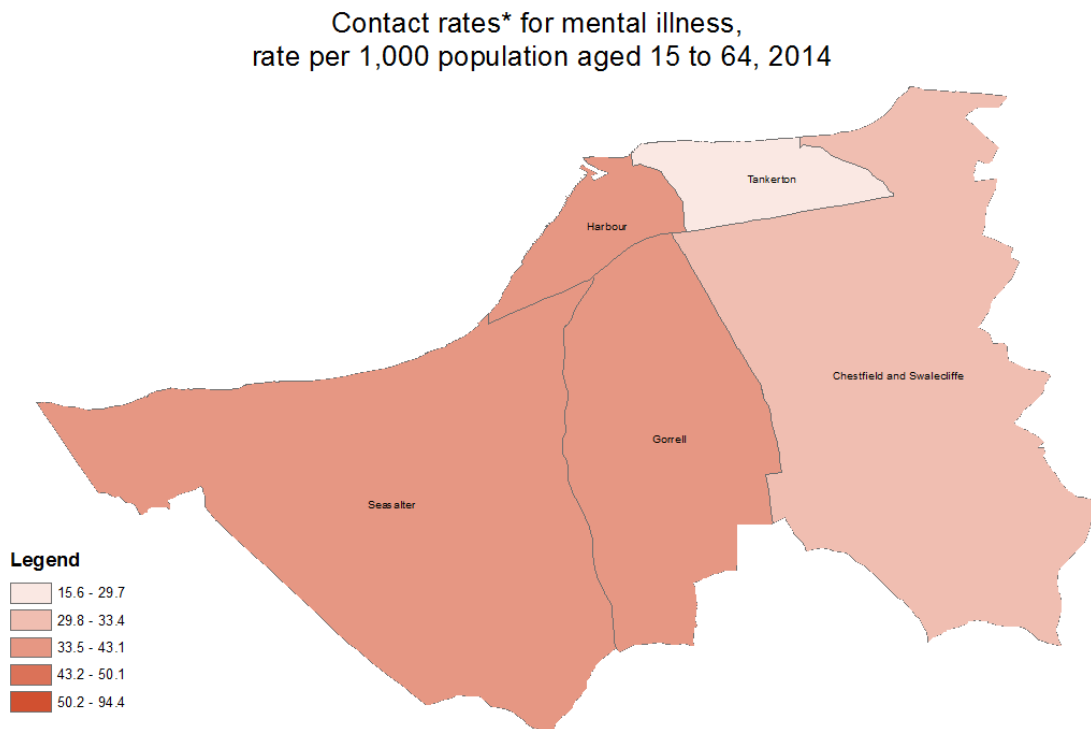
Contact rates* for mental illness,
rate per 1,000 population aged 15 to 64, 2014

Legend
15.6 - 29.7
29.8 - 33.4
33.5 - 43.1
43.2 - 50.1
50.2 - 94.4

*contact defined as number of individuals in contact with services
Source: Kent and Medway NHS and Social care partnership
Produced by: KPHO (ES), 11/15

Chestfield and Swalecliffe (33.4) has signficiantly lower contact rates than Canterbury and Coastal CCG (43.8), and Tankerton (20.2) also has a significantly lower rate than Kent (41.0). As a network, Whitstable has a contact rate of 36.3 contacts per 1,000 population aged 15 to 64, significantly lower than the CCG and Kent.

7.1.2 Mental health contacts: age 65 and above

**Contact rates* for mental illness,
rate per 1,000 population aged 65 and above, 2014**
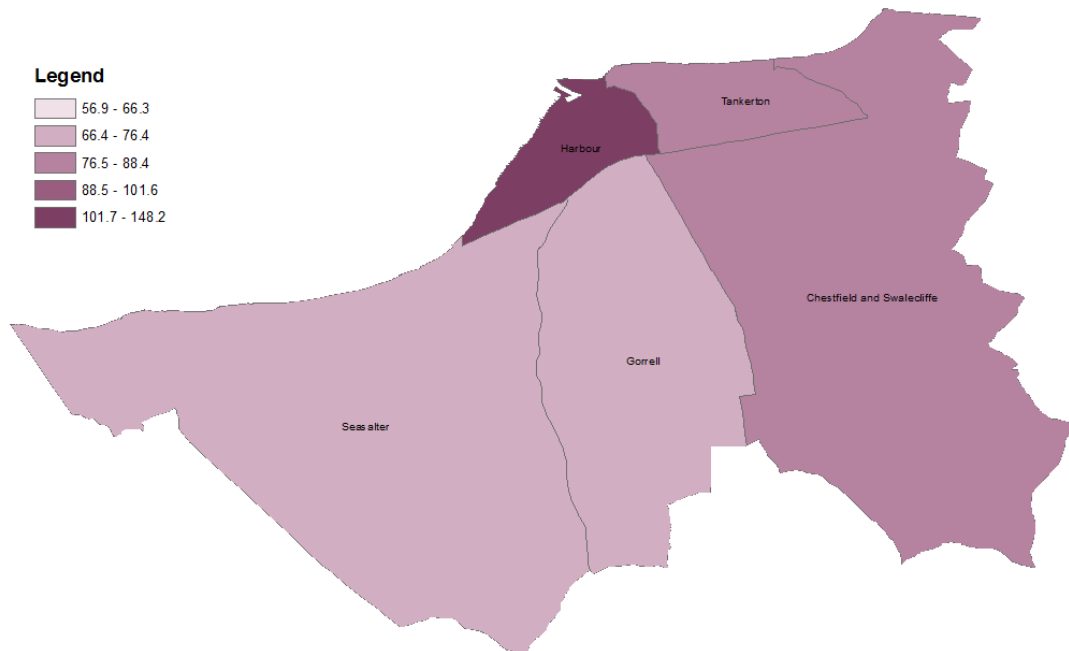
Legend
- 56.9 - 66.3
- 66.4 - 76.4
- 76.5 - 88.4
- 88.5 - 101.6
- 101.7 - 148.2

*contact defined as number of individuals in contact with services
Source: Kent and Medway NHS and Social care partnership
Produced by: KPHO (ES), 11/15

Harbour ward has a mental contact rate of 144.1 contacts per 1,000 population aged 65 and above, significantly higher than both the CCG (88.8) and Kent (73.2). Whitstable (83.9) community network has a significantly higher contact rate than Kent for the 65 and above age group.

| 8. Quality outcomes framework

8.1 Recorded prevalence

Spine charts have been produced to compare the general practice recorded prevalence of long term conditions with the Canterbury and Coastal CCG recorded prevalence in 2014/15.

The Quality outcomes framework (QOF) uses an extract of practice list sizes as of 1st January 2015 and disease registers as at 31st March 2015.

Recorded prevalence for most of long term conditions uses the total practice population. However, this differs for the following:

- Obesity – 16 years and over practice population.
- Diabetes– 17 years and over practice population.
- Chronic kidney disease – 18 years and over practice population
- Epilepsy - 18 years and over practice population

The practice population list sizes will be referred to below.
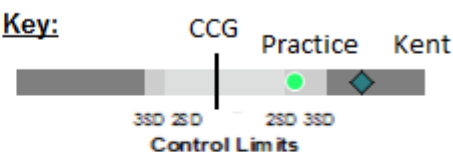
Limitations

A limitation of the QOF recorded prevalence is that analysis cannot differentiate between true prevalence and the effectiveness of case finding strategies between practices.

The projected recorded prevalence has not been adjusted for any other factors known to influence the risk of long term conditions, such as changes in deprivation and in the demographic patterns of at risk population groups (such as, age). It is likely therefore, that the prevalence projections shown in this section are likely to be conservative estimates.

8.1.1   Whitstable community network

For the purposes of the 2014/15 QOF data, Whitstable network had the following population:

Table 4

Age	Population
All age	37329
16+	31159
17+	30740
18+	30337

In 2014/15 Whitstable network had significantly higher prevalence of the following conditions in comparison to Canterbury and Coastal CCG:

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- COPD
- Dementia
- Diabetes
- Heart failure
- Hypertension
- Palliative care
- Stroke

In 2014/15 Whitstable network had significantly lower prevalence of the following conditions in comparison to Canterbury and Coastal CCG:

- Chronic kidney disease
- Learning disability
- Mental health
- Obesity

Indicator	Whitstable		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial fibrillation	1000	2.7	2.1	0.2		2.8	1.9
Asthma	2415	6.5	5.8	3.1		7.0	5.6
Cancer	1142	3.1	2.7	0.3		4.2	2.5
Coronary heart disease	1441	3.9	3.3	0.2		4.8	3.1
Chronic kidney disease	1243	4.1	4.8	0.2		7.0	5.1
COPD	721	1.9	1.8	0.1		3.1	1.9
Dementia	422	1.1	0.9	0.0		1.5	0.8
Diabetes	2034	6.6	5.9	0.7		8.4	6.2
Epilepsy	235	0.8	0.8	0.2		1.4	0.8
Heart failure	345	0.9	0.6	0.0		1.1	0.6
Hypertension	5963	16.0	14.0	1.4		21.7	14.6
Learning disability	108	0.3	0.4	0.0		1.4	0.4
Mental health	249	0.7	0.9	0.6		1.6	0.8
Obesity	2124	6.8	7.8	2.7		16.7	8.9
Palliative care	77	0.2	0.1	0.0		0.3	0.2
Stroke	792	2.1	1.9	0.2		2.9	1.8

8.1.2 G82071 Whitstable medical practice

For the purposes of the 2014/15 QOF data, Whitstable medical practice had the following population:

Table 5

Age	G82071
All age	34560
16+	28839
17+	28458
18+	28099

In 2014/15 Whitstable medical practice had significantly higher prevalence of the following conditions in comparison to Canterbury and Coastal CCG:

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Dementia
- Diabetes
- Heart failure
- Hypertension
- Palliative Care
- Stroke

In 2014/15 Whitstable medical practice had significantly lower prevalence of the following conditions in comparison to Canterbury and Coastal CCG:

- Chronic kidney disease
- Learning disability
- Mental health
- Obesity

| Indicator | G82071 - Whitstable medical practice | | CCG | | | | | Kent |
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial fibrillation	923	2.7	2.1	0.2		2.8	1.9
Asthma	2235	6.5	5.8	3.1		7.0	5.6
Cancer	1074	3.1	2.7	0.3		4.2	2.5
Coronary heart disease	1340	3.9	3.3	0.2		4.8	3.1
Chronic kidney disease	1159	4.1	4.8	0.2		7.0	5.1
COPD	635	1.8	1.8	0.1		3.1	1.9
Dementia	396	1.1	0.9	0.0		1.5	0.8
Diabetes	1888	6.6	5.9	0.7		8.4	6.2
Epilepsy	211	0.8	0.8	0.2		1.4	0.8
Heart failure	324	0.9	0.6	0.0		1.1	0.6
Hypertension	5440	15.7	14.0	1.4		21.7	14.6
Learning disability	81	0.2	0.4	0.0		1.4	0.4
Mental health	231	0.7	0.9	0.6		1.6	0.8
Obesity	1934	6.7	7.8	2.7		16.7	8.9
Palliative care	69	0.2	0.1	0.0		0.3	0.2
Stroke	733	2.1	1.9	0.2		2.9	1.8

8.1.3 G82726 Saddleton road

For the purposes of the 2014/15 QOF data, Saddleton road had the following population:

Table 6

Age	G82726
All age	2769
16+	2320
17+	2282
18+	2238

In 2014/15 Saddleton road had significantly higher prevalence of the following conditions in comparison to Canterbury and Coastal CCG:

- Atrial fibrillation
- COPD
- Hypertension
- Learning disability

In 2014/15 Saddleton road had significantly lower prevalence of the following conditions in comparison to Canterbury and Coastal CCG:

- Chronic kidney disease

| Indicator | G82726 - Saddleton road | | CCG | | | | | Kent |
	Register count	Prevalence	Prevalence	CCG lowest	CCG		CCG highest	prevalence
Atrial fibrillation	77	2.8	2.1	0.2			2.8	1.9
Asthma	180	6.5	5.8	3.1			7.0	5.6
Cancer	68	2.5	2.7	0.3			4.2	2.5
Coronary heart disease	101	3.6	3.3	0.2			4.8	3.1
Chronic kidney disease	84	3.8	4.8	0.2			7.0	5.1
COPD	86	3.1	1.8	0.1			3.1	1.9
Dementia	26	0.9	0.9	0.0			1.5	0.8
Diabetes	146	6.4	5.9	0.7			8.4	6.2
Epilepsy	24	1.1	0.8	0.2			1.4	0.8
Heart failure	21	0.8	0.6	0.0			1.1	0.6
Hypertension	523	18.9	14.0	1.4			21.7	14.6
Learning disability	27	1.0	0.4	0.0			1.4	0.4
Mental health	18	0.7	0.9	0.6			1.6	0.8
Obesity	190	8.2	7.8	2.7			16.7	8.9
Palliative care	8	0.3	0.1	0.0			0.3	0.2
Stroke	59	2.1	1.9	0.2			2.9	1.8

8.2 Recorded prevalence: trend analysis

Trend analysis has been carried out to explore the general practice rate of change for long term condition recorded prevalence between 2006/07 to 2013/14. This has been compared with the National rate of change, as the most reliable estimate.

8.2.1 Whitstable community network

The annual rate of change observed in prevalence of hypertension, cancer, atrial fibrillation, COPD, stroke, heart failure and CHD is significantly higher than England, whilst the rate of change in mental health and palliative care prevalence is significantly lower.

Rate of change in prevalence of long term conditions: Whitstable

Source: QOF, prepared by KPHO (ES), 11/15

Canterbury and Coastal CCG community network profile, November 2015
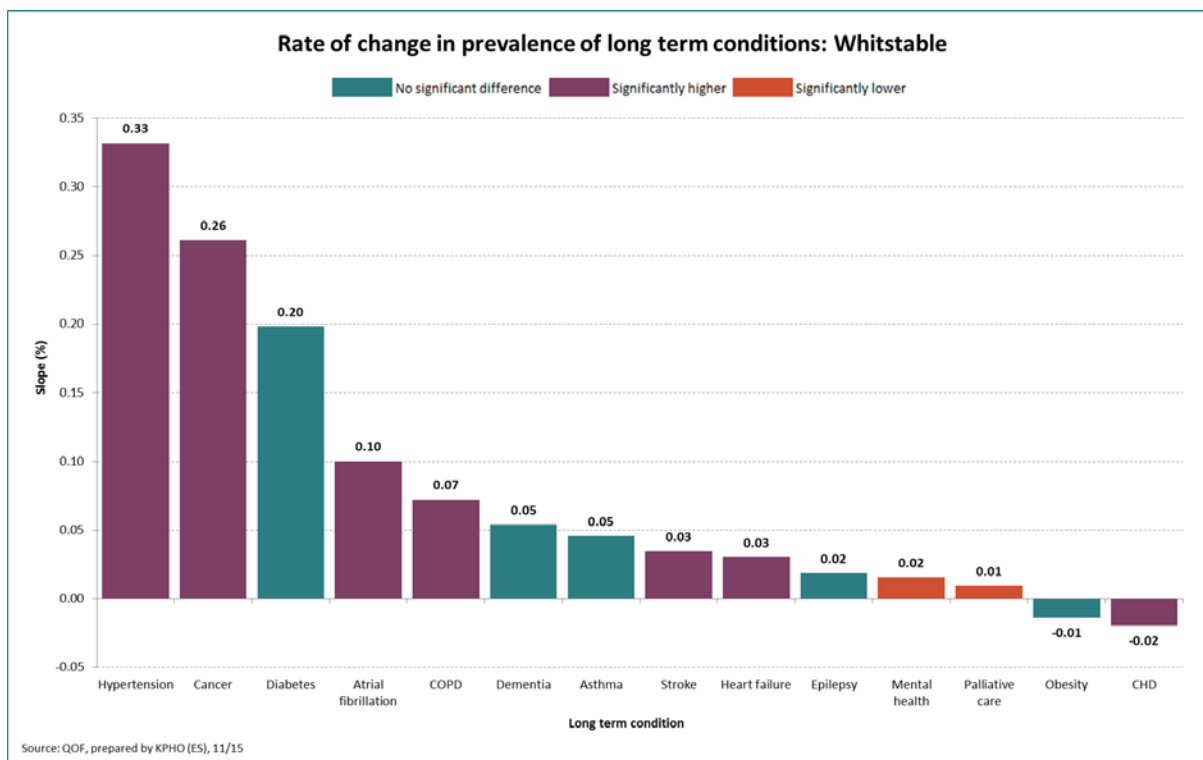
8.2.2 G82071 Whitstable medical practice

The annual rate of change observed in prevalence of hypertension, cancer, atrial fibrillation, heart failure and CHD is significantly higher than England, whilst the rate of change in palliative care prevalence is significantly lower.
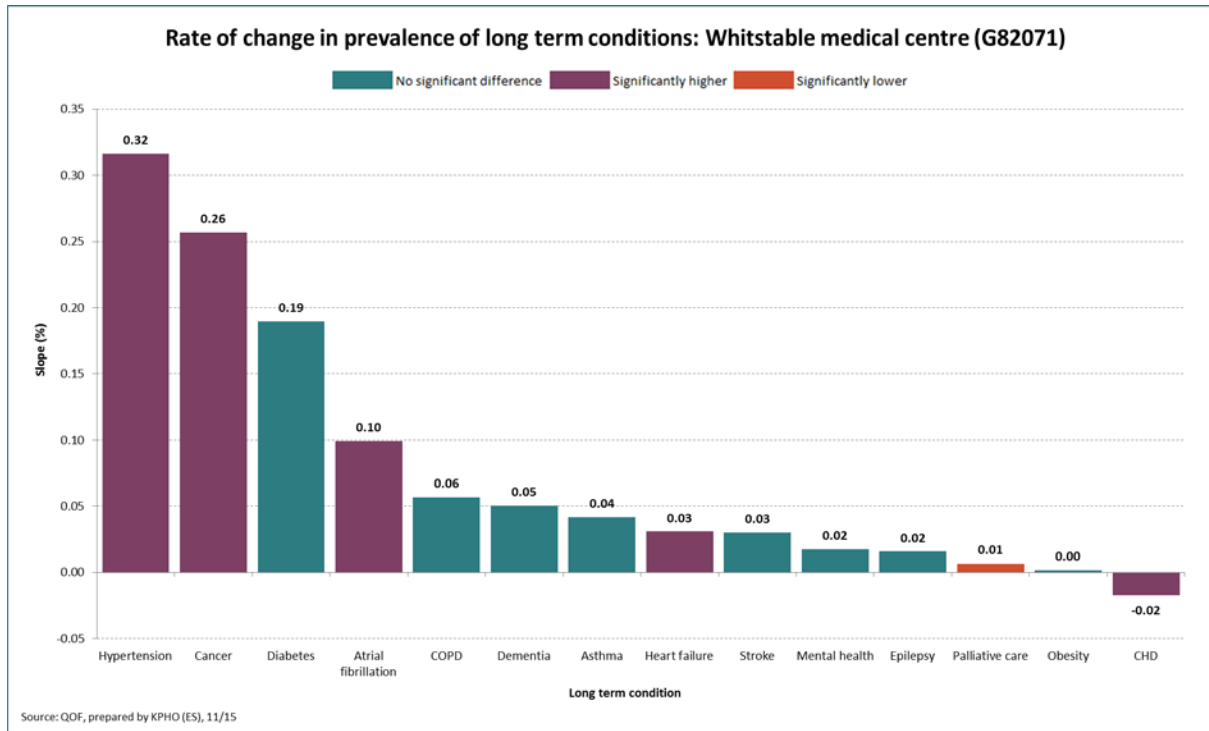
8.2.3 G82726 Saddleton road

The annual rate of change observed in prevalence of hypertension, cancer, COPD, atrial fibrillation, dementia and stroke is significantly higher than England.

Rate of change in prevalence of long term conditions: Saddleton road Whitstable (G82726)

Source: QOF, prepared by KPHO (ES), 11/15
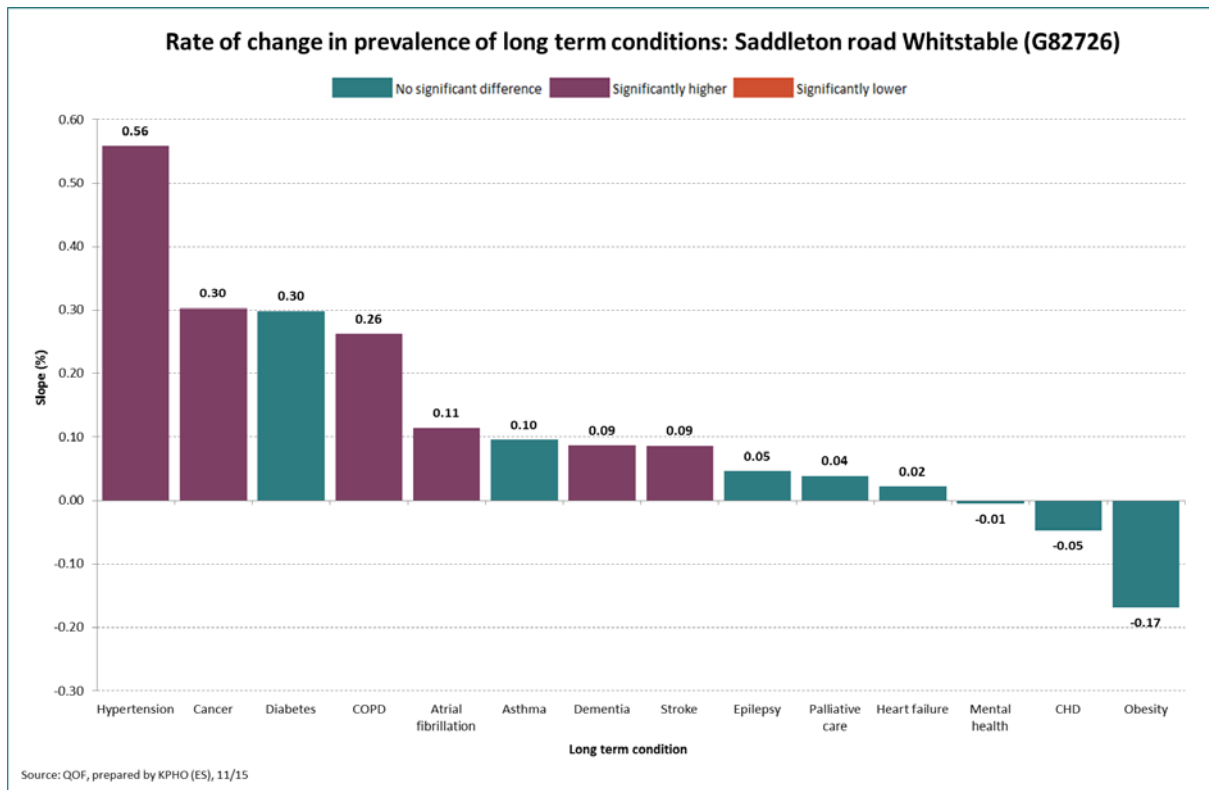
8.3   Recorded and expected prevalence

Recorded and expected prevalence have been analysed to calculate the percentage of expected prevalence of each condition which has been diagnosed within each practice. Recorded prevalence was sourced from QOF (2014/15), and expected prevalence at practice level was available for the following conditions:

- Atrial fibrillation (2015, source: Public Health England)
- Coronary heart disease (2011, source: APHO)
- Hypertension (2011, source: APHO)
- Stroke (2011, source: APHO)
- COPD (2011, source: APHO)
- Dementia (2012, source: Primary Care Web Tool)

8.3.1 Atrial fibrillation

Percentage of expected atrial fibrillation prevalence diagnosed

Legend: Practice — CCG — Kent

	Whitstable Medical Practice (G82071)	Saddleton Road Whitstable (G82726)	Whitstable
	80.0	86.5	80.5

Source: QOF (14/15), APHO (2011), prepared by KPHO (ES), 11/15
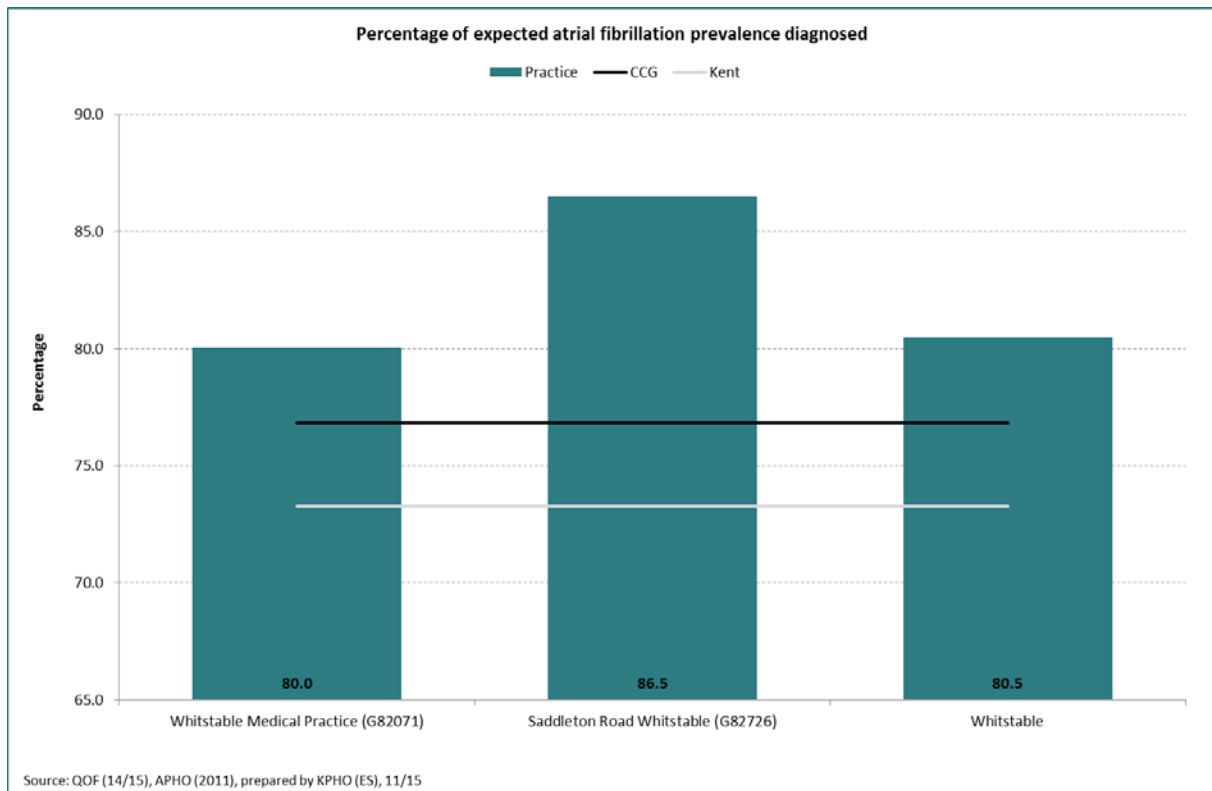
As a network, Whitstable has identified 80.5% of the expected number of atrial fibrillation cases, higher than the CCG (76.8%) and Kent (73.3%) percentages. Within the network, the percentage of cases detected ranges from 80.0% (Whitstable medical practice) to 86.5% at Saddleton road Whitstable. None of the practices have a percentage which is significantly different to other practices within Canterbury and Coastal CCG.

Canterbury and Coastal CCG community network profile, November 2015

8.3.2 Coronary heart disease

Percentage of expected CHD prevalence diagnosed

Source: QOF (14/15), APHO (2011), prepared by KPHO (ES), 11/15
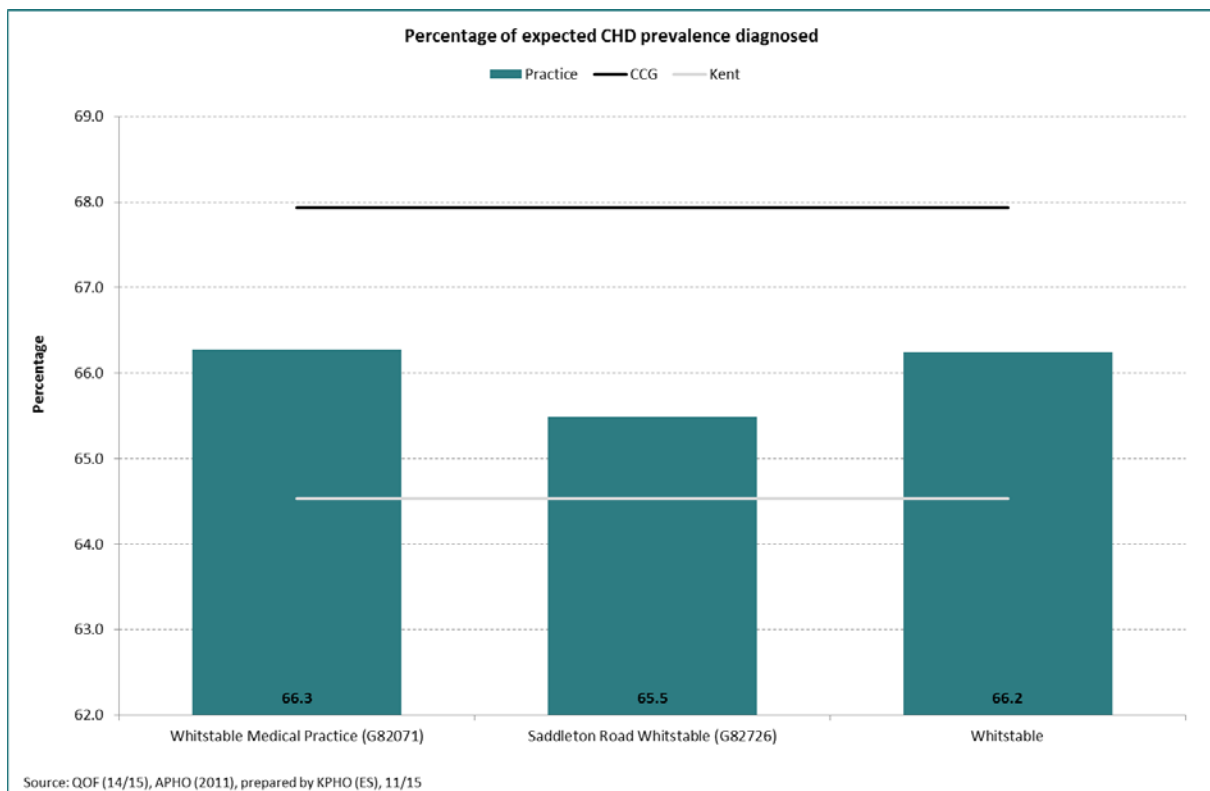
66.2% of the expected number of CHD patients have been identified in Sandwich and Ash network, lower than the CCG percentage (67.9%), but higher than the Kent percentage (64.5%). Saddleton road has identified the lowest percentage of cases (65.5%), whilst Whitstable medical practice has the highest percentage of diagnosed cases within the network, at 66.3%.

8.3.3 Hypertension

Percentage of expected hypertension prevalence diagnosed

Source: QOF (14/15), APHO (2011), prepared by KPHO (ES), 11/15
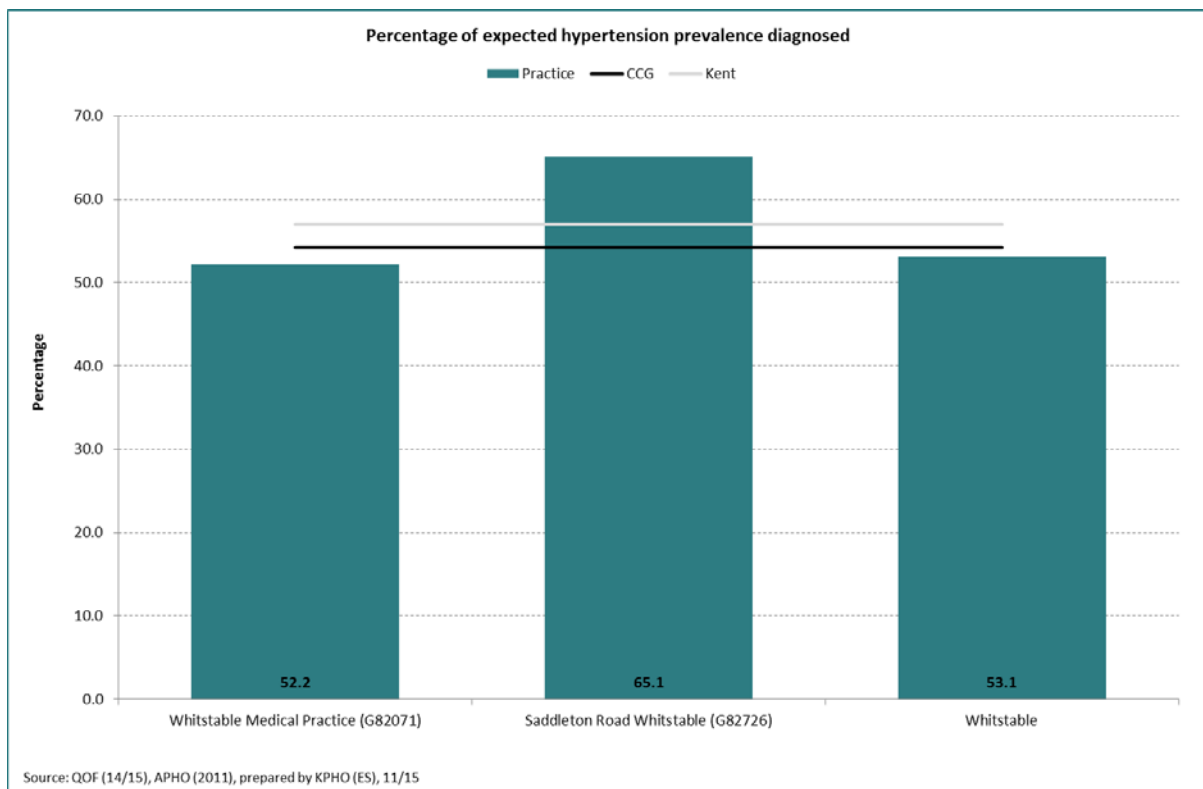
Across the Whitstable network, 53.1% of hypertension cases have been diagnosed, lower than the CCG (54.2%) and Kent (57.0%) percentages. Whitstable medical practice has identified the lowest proportion of cases (52.2%) in comparison to other practices within the network. Saddleton road has diagnosed the highest percentage of estimated cases, at 65.1%.

8.3.4 Stroke

Percentage of expected stroke and TIA prevalence diagnosed

Legend: Practice | CCG | Kent

Whitstable Medical Practice (G82071): 82.5
Saddleton Road Whitstable (G82726): 88.8
Whitstable: 83.1

Source: QOF (14/15), APHO (2011), prepared by KPHO (ES), 11/15
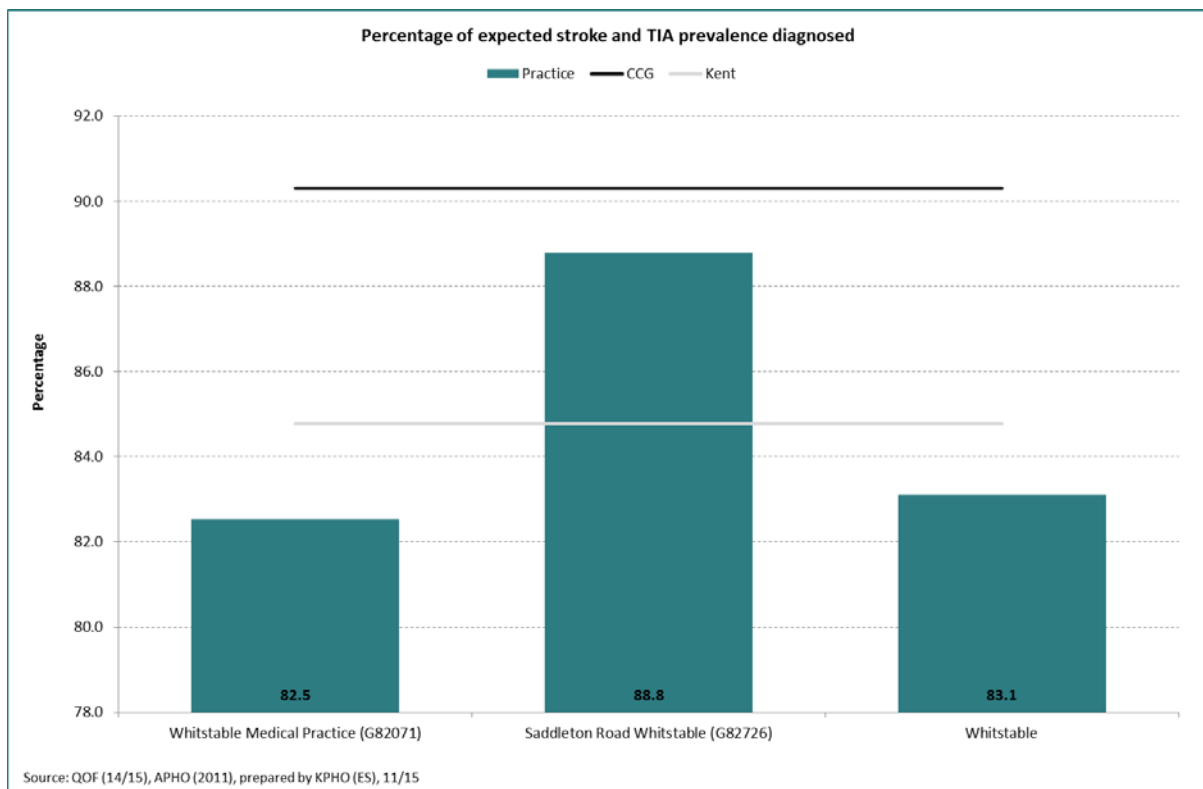
Across Whitstable network (83.1%), a lower percentage of stroke and TIA cases have been diagnosed than in Canterbury and Coastal CCG (90.3%) and Kent (84.8%). Whitstable medical practice have identified the lowest proportion of cases in the network, at 82.5%, whilst Saddleton road has diagnosed the highest proportion, at 88.8%.

8.3.5   COPD

Percentage of expected COPD prevalence diagnosed
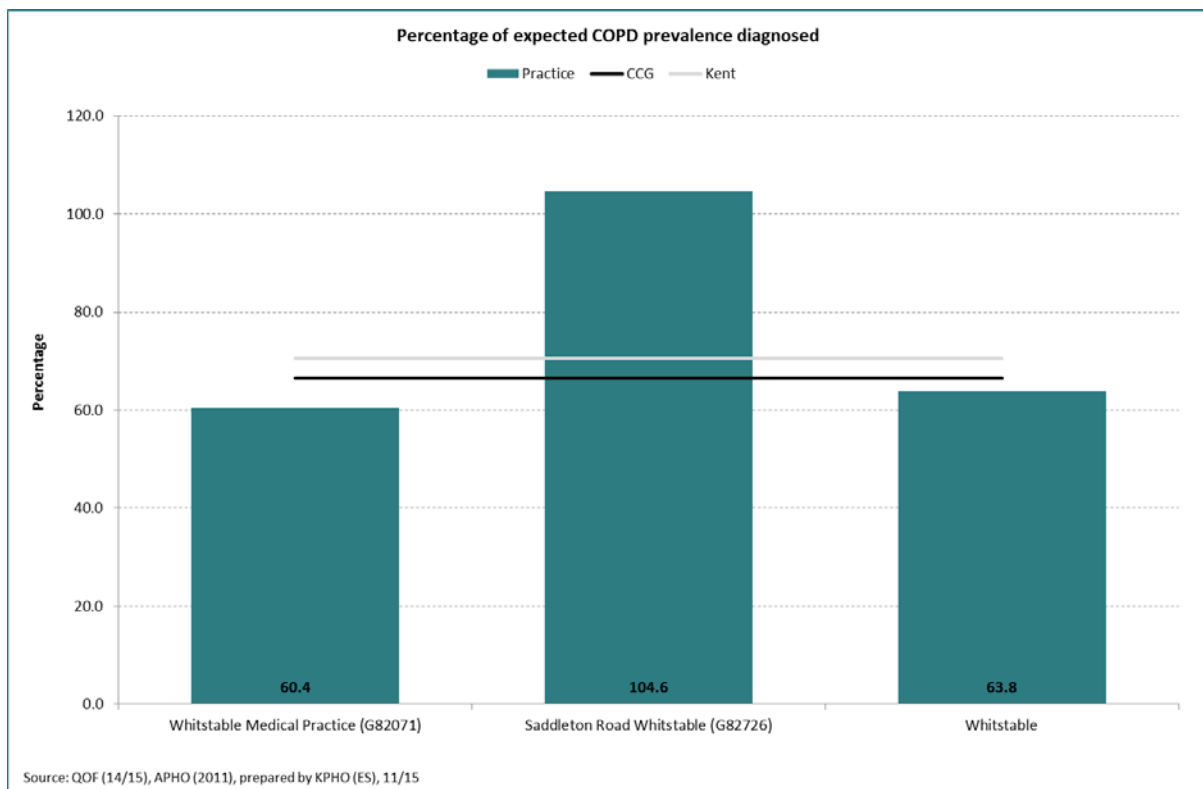
A lower percentage of estimated COPD cases have been diagnosed in Whitstable network (63.8%) compared to Canterbury and Coastal CCG (66.4%) and Kent (70.6%). Saddleton Road has identified the highest proportion of cases within the network (104.6%), which is a significantly higher proportion than other practices in the CCG.

8.3.6 Dementia

Percentage of expected dementia prevalence diagnosed

Source: QOF (14/15), APHO (2011), prepared by KPHO (ES), 11/15
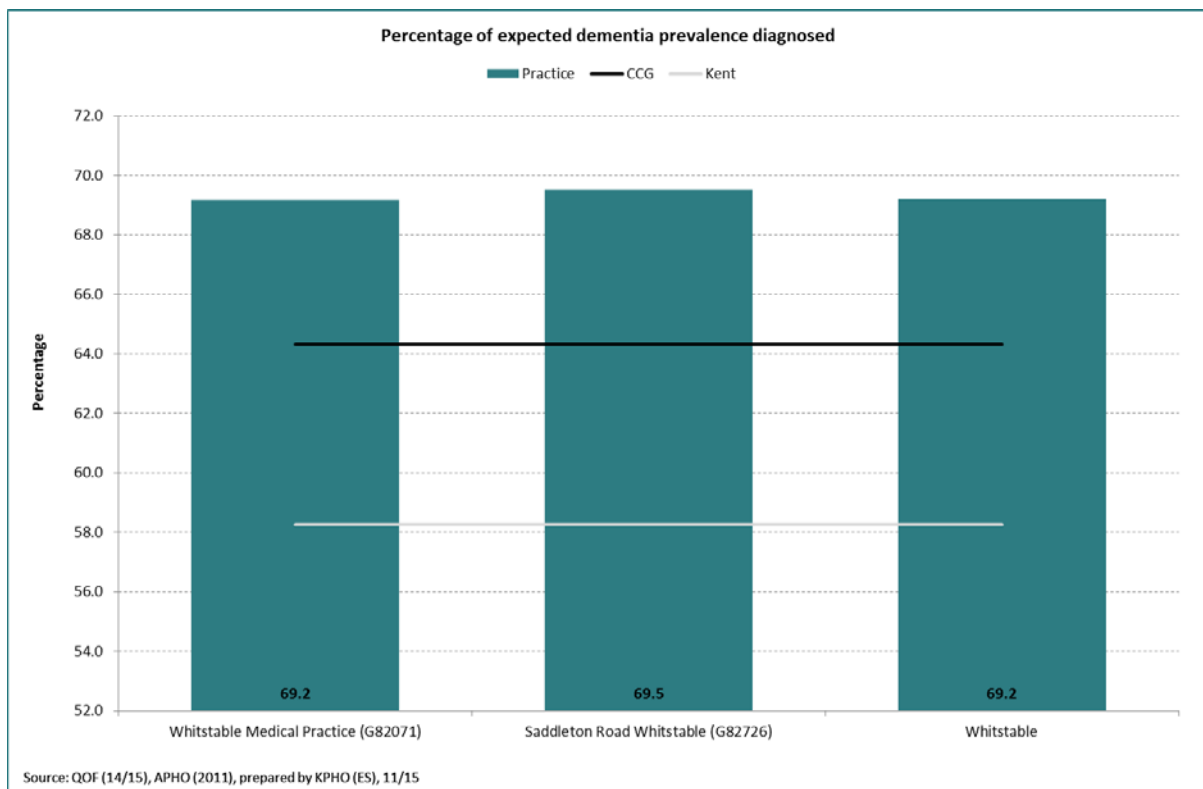
69.2% of estimated dementia cases in Faversham network have been diagnosed; this is higher than both the CCG (64.3%) and Kent (58.3%) proportions. Within the network, the percentage of cases diagnosed is very similar at both practices.

8.4 Clinical achievement

Spine charts have been produced to compare the general practice clinical achievement for long term conditions within Canterbury and Coastal CCG for 2014/15.

The clinical achievement indicator definitions have been included in Appendix A.
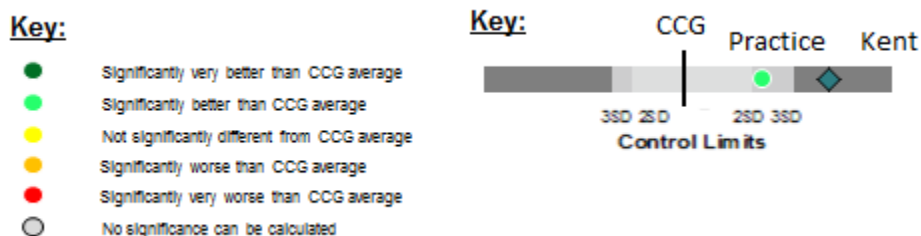
8.4.1 Whitstable community network

Whitstable community network has significantly higher performance than the CCG for CHD 002, diabetes 003 and mental health 002.

Indicator	Whitstable		Achievement	CCG lowest	CCG	CCG highest	Kent achievement
	Number	Achievement					
Asthma 002	466	89.8	87.2	65.3		100.0	86.6
Asthma 003	1499	71.8	70.6	53.4		85.2	72.2
CHD 002	1330	94.9	93.1	83.8		98.6	92.0
CHD 006	122	99.2	98.9	92.0		100.0	97.6
COPD 003	567	88.7	88.4	72.0		100.0	88.4
COPD 004	557	86.0	84.1	60.5		98.5	85.2
Diabetes 003	1555	83.0	80.1	61.3		96.4	77.6
Diabetes 007	1398	74.7	73.7	57.1		89.5	71.0
Diabetes 009	1725	89.7	89.7	78.4		97.4	87.5
Diabetes 014	59	95.2	91.3	68.6		100.0	89.4
Mental health 002	187	90.8	83.1	42.3		100.0	86.2
Stroke and TIA 003	672	87.7	87.6	82.3		97.8	87.3

8.4.2 G82071 Whitstable medical practice

Whitstable medical practice has significantly higher performance than the CCG for CHD 002, diabetes 003 and mental health 002.

Indicator	G82071 Whitstable Medical Practice		Achievement	CCG lowest	CCG	CCG highest	Kent achievement
	Number	Achievement					
Asthma 002	436	89.9	87.2	65.3		100.0	86.6
Asthma 003	1360	71.2	70.6	53.4		85.2	72.2
CHD 002	1236	94.9	93.1	83.8		98.6	92.0
CHD 006	118	99.2	98.9	92.0		100.0	97.6
COPD 003	490	88.1	88.4	72.0		100.0	88.4
COPD 004	487	84.8	84.1	60.5		98.5	85.2
Diabetes 003	1423	82.2	80.1	61.3		96.4	77.6
Diabetes 007	1300	75.0	73.7	57.1		89.5	71.0
Diabetes 009	1605	89.9	89.7	78.4		97.4	87.5
Diabetes 014	56	94.9	91.3	68.6		100.0	89.4
Mental health 002	173	90.6	83.1	42.3		100.0	86.2
Stroke and TIA 003	617	87.3	87.6	82.3		97.8	87.3

8.4.3 G82726 Saddleton road

Whitstable medical practice has significantly higher performance than the CCG for asthma 003, CHD 006, COPD 004, diabetes 003 and diabetes 014.

Indicator	G82726 Saddleton Road Whitstable		Achievement	CCG lowest	CCG	CCG highest	Kent achievement
	Number	Achievement					
Asthma 002	30	88.2	87.2	65.3		100.0	86.6
Asthma 003	139	78.1	70.6	53.4		85.2	72.2
CHD 002	94	94.9	93.1	83.8		98.6	92.0
CHD 006	4	100.0	98.9	92.0		100.0	97.6
COPD 003	77	92.8	88.4	72.0		100.0	88.4
COPD 004	70	94.6	84.1	60.5		98.5	85.2
Diabetes 003	132	92.3	80.1	61.3		96.4	77.6
Diabetes 007	98	71.0	73.7	57.1		89.5	71.0
Diabetes 009	120	87.0	89.7	78.4		97.4	87.5
Diabetes 014	3	100.0	91.3	68.6		100.0	89.4
Mental health 002	14	93.3	83.1	42.3		100.0	86.2
Stroke and TIA 003	55	93.2	87.6	82.3		97.8	87.3

| 9. Hospital activity

9.1 Emergency Hospital Admissions

The following Chapter explores the level of emergency hospital admissions in the under 75 population. This has focused on the ambulatory care sensitive conditions, including; asthma, chronic obstructive pulmonary disease and diabetes complications, as well as, a range of other diagnoses. High levels of emergency admissions for the ambulatory care sensitive conditions may indicate potentially preventable admissions.

Notes on methodology:

- Age standardised rates have been presented to enable comparison of the practice networks without confounding by age.
- An analysis of trend and rate of change has been presented for the practice networks for the period 2006/07 to 2014/15. This has been compared to the CCG and Kent.
- An analysis by general practice has been presented, often in the case of small numbers; this has been presented for the pooled years 2006/07 – 2014/15. This has been compared to the CCG and Kent.

9.1.1 Emergency Hospital Admissions

In Kent, the age standardised rate of emergency hospital admissions in the under 75 population has increased between 2006/07 and 2014/15. The Whitstable practice network did not show a rate of change that was significantly different to Kent.

Under 75 emergency hospital admissions: by practice network
Age standardised rate per 100,000 under 75 registered population, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Under 75 emergency hospital admissions: by practice network
Rate of change in age standardised rate per 100,000 under 75 registered population, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015
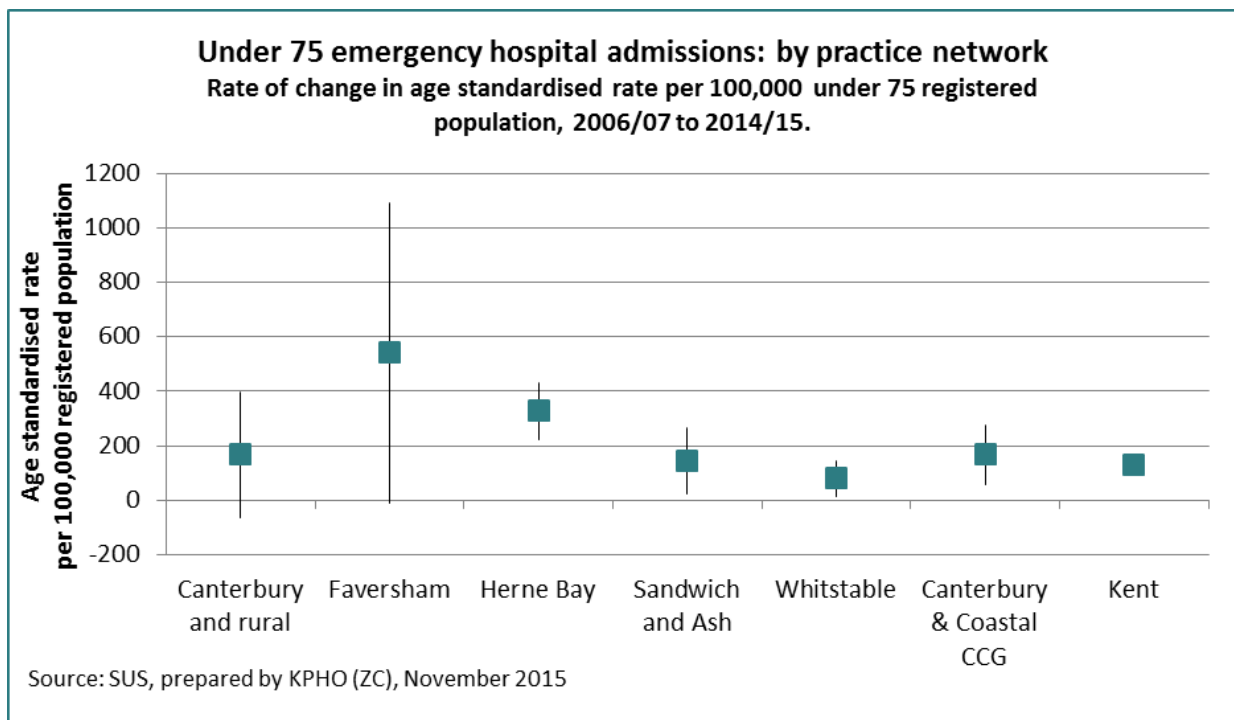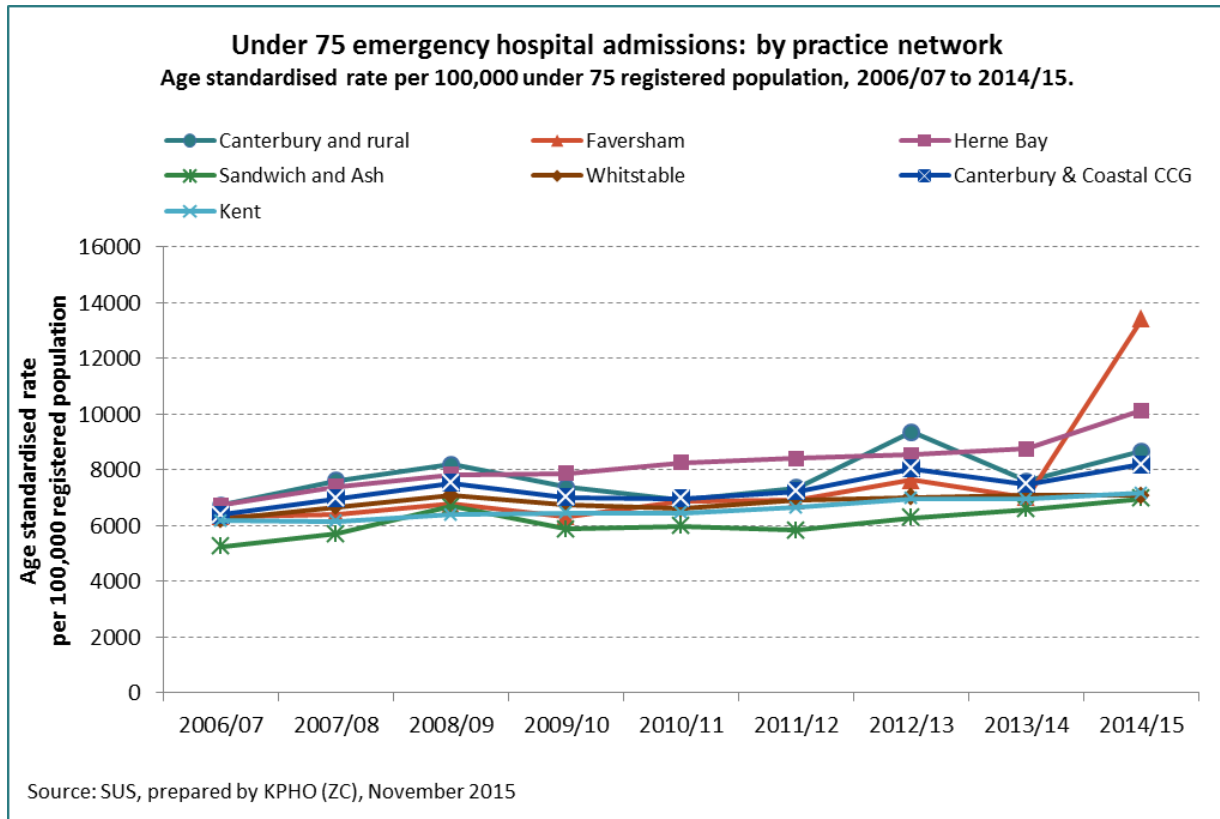
Significantly higher age standardised rates of emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for Saddleton Road Whitstable.

Under 75 emergency hospital admissions : by practice
Age standardised rate per 100,000 under 75 registered population, pooled 2012/13 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015
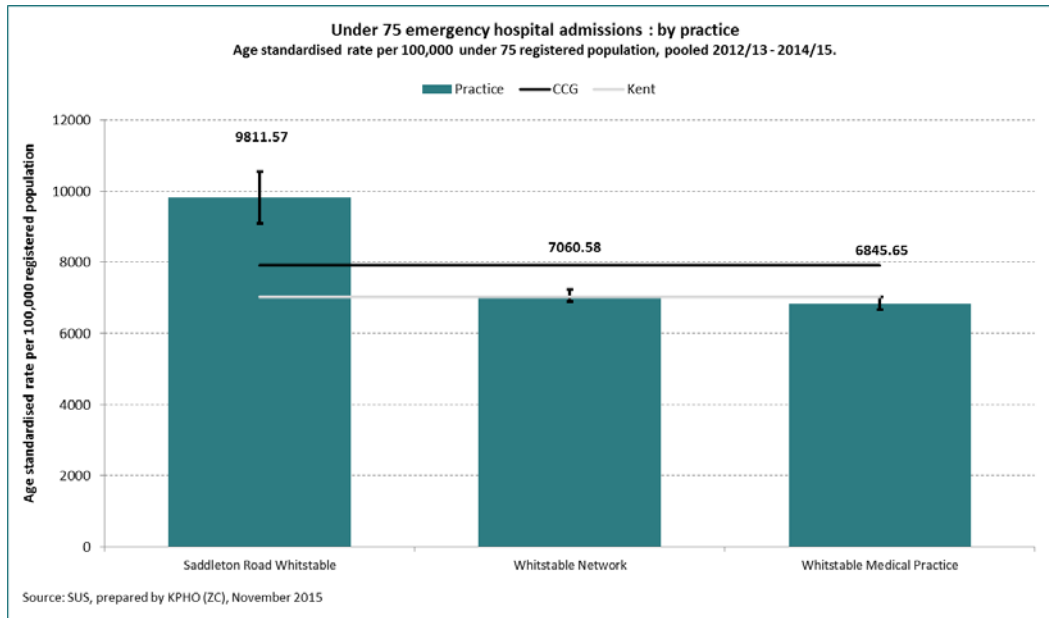
9.1.2 Asthma

In Kent, the age standardised rate of asthma emergency hospital admissions in the under 75 population has shown a stable trend between 2006/07 and 2014/15. The Whitstable practice network did not show a rate of change that was significantly different to Kent.

Under 75 emergency hospital admissions for asthma: by practice network
Age standardised rate per 100,000 under 75 registered population, ICD 10 J45 and J46, primary diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Under 75 emergency hospital admissions for asthma: by practice network
Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 J45 and J46, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015
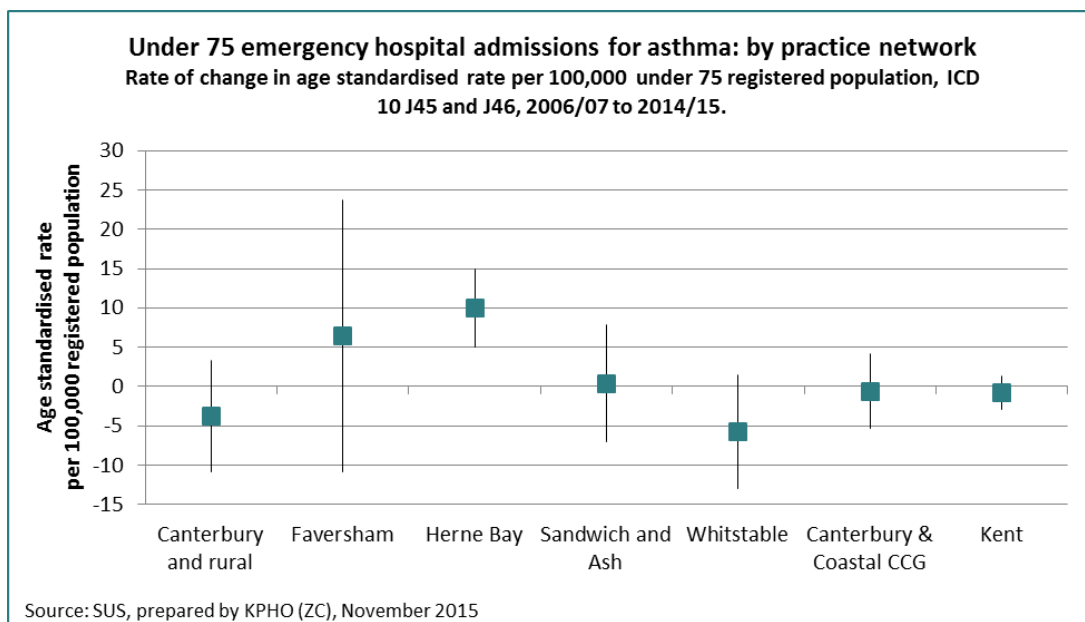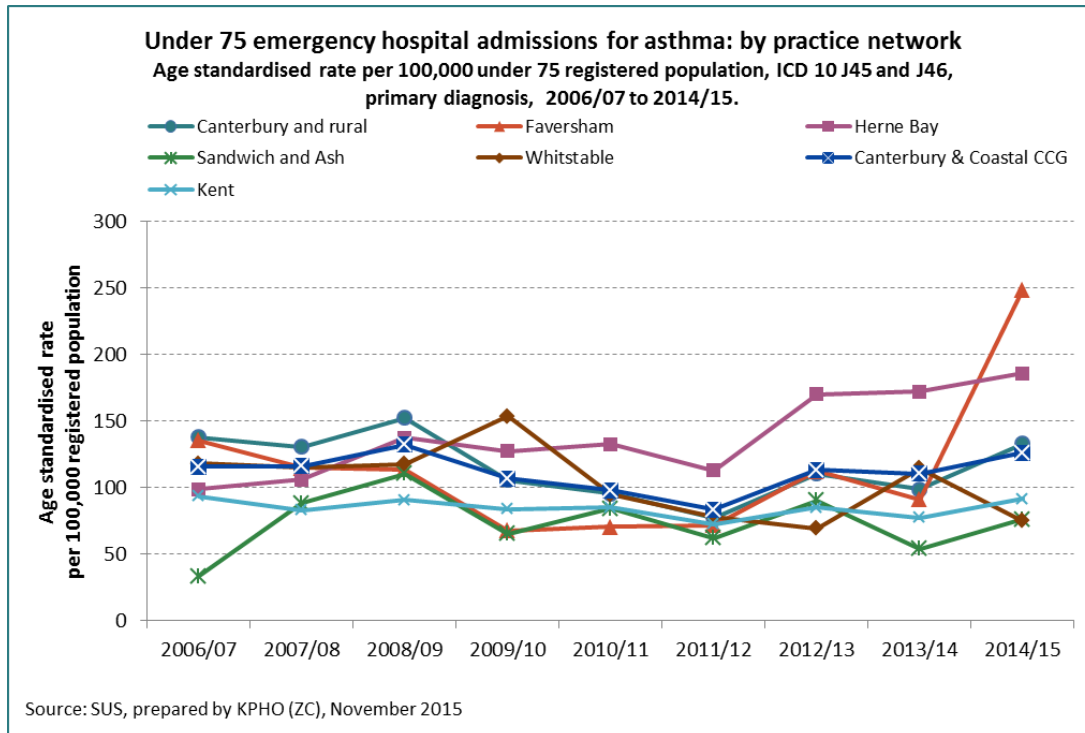
The age standardised rates of asthma emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

Under 75 emergency hospital admissions for asthma: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 J45 and J46, pooled 2006/07 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015
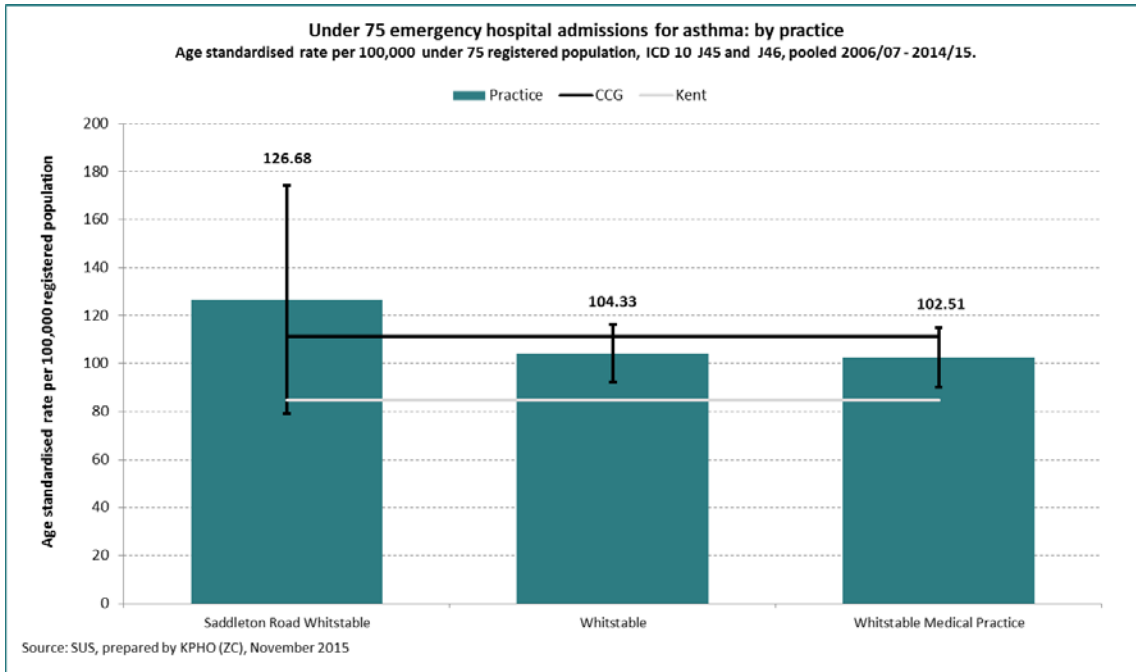
9.1.3 Coronary Heart Disease

In Kent, the age standardised rate of coronary heart disease emergency hospital admissions in the under 75 population has shown a decreasing trend between 2006/07 and 2014/15. None of the practice networks showed a rate of change that was significantly different to Kent.

Under 75 emergency hospital admissions for coronary heart disease: by practice network
Age standardised rate per 100,000 under 75 registered population, ICD 10 I20 - I25, primary diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Canterbury and Coastal CCG community network profile, November 2015

Under 75 emergency hospital admissions for coronary heart disease: by practice network
Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 I20 - I25, primary diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of coronary heart disease emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

Under 75 emergency hospital admissions for coronary heart disease: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 I20-I25, primary diagnosis, pooled 2006/07 - 2014/15

Source: SUS, prepared by KPHO (ZC), November 2015

9.1.4 Chronic Obstructive Pulmonary Disease

In Kent, the age standardised rate of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population has shown a stable trend between 2006/07 and 2014/15. None of the practice networks showed a rate of change that was significantly different to Kent.

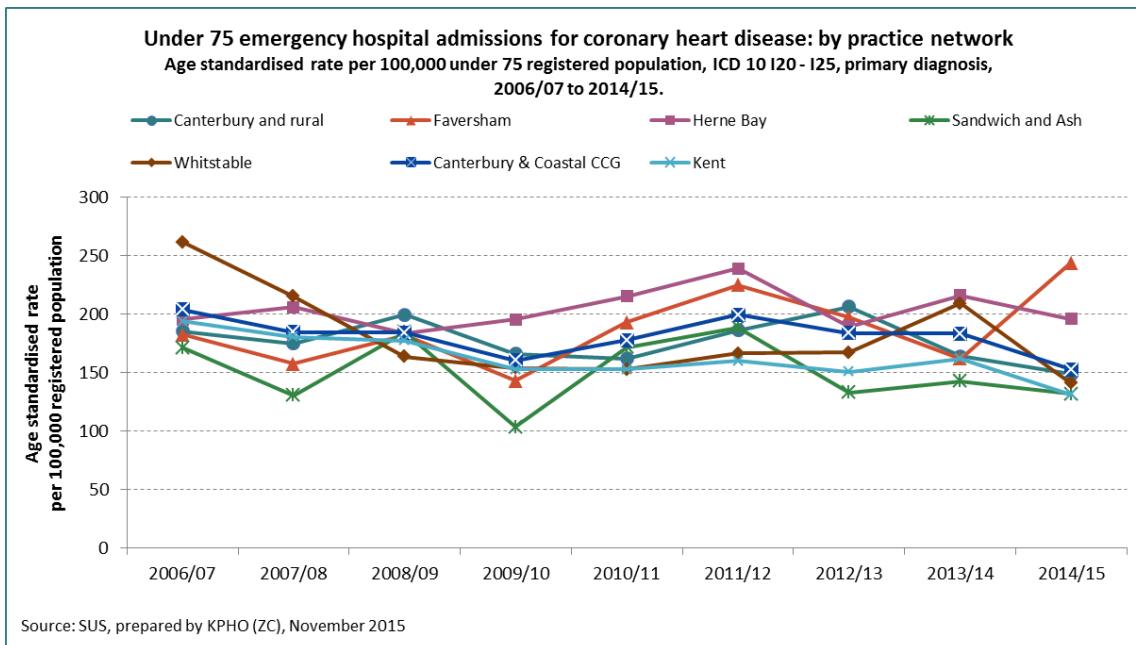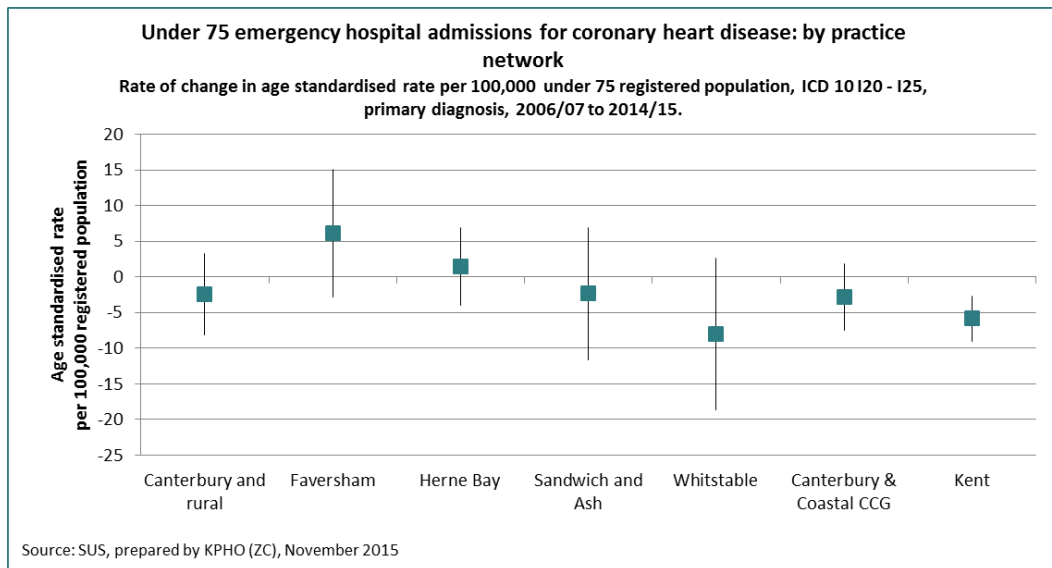Under 75 emergency hospital admissions for chronic obstructive pulmonary disease: by practice network
Age standardised rate per 100,000 under 75 registered population, ICD 10 J40 - J44 and J47, primary diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Under 75 emergency hospital admissions for chronic obstructive pulmonary disease: by practice network
Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 J40 - J44 and J47, primary diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

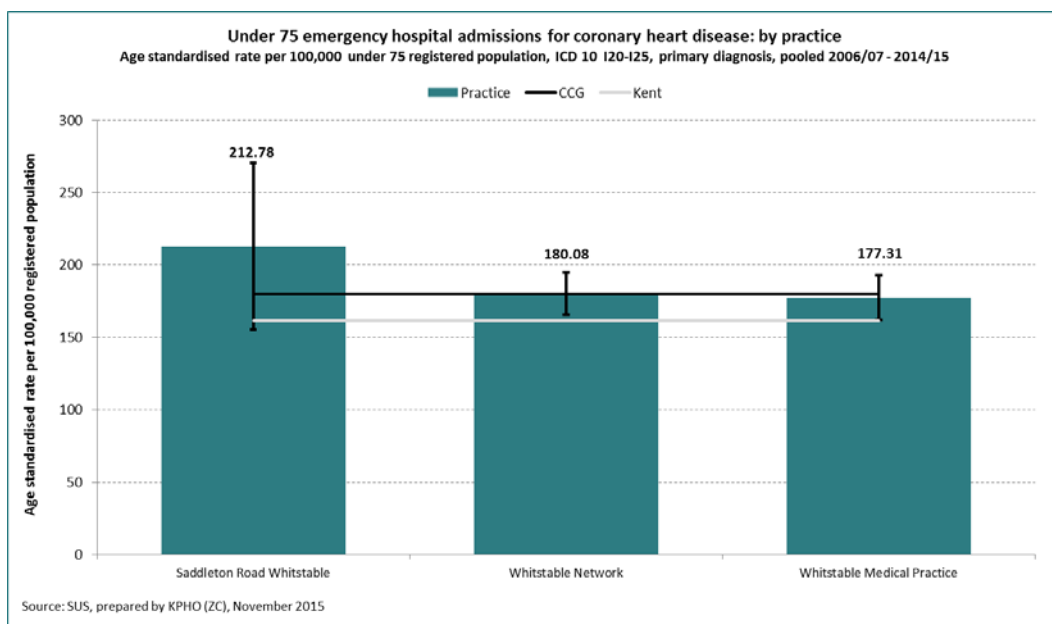Canterbury and Coastal CCG community network profile, November 2015

Under 75 emergency hospital admissions for chronic obstructive pulmonary disease: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 J40-J44 and J47, primary diagnosis, pooled 2006/07 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

9.1.5   Diabetes Complications

In Kent, the age standardised rate of diabetes complications emergency hospital admissions in the under 75 population has shown an increasing trend between 2006/07 and 2014/15. The Whitstable practice network did not show a rate of change that was significantly different to Kent.
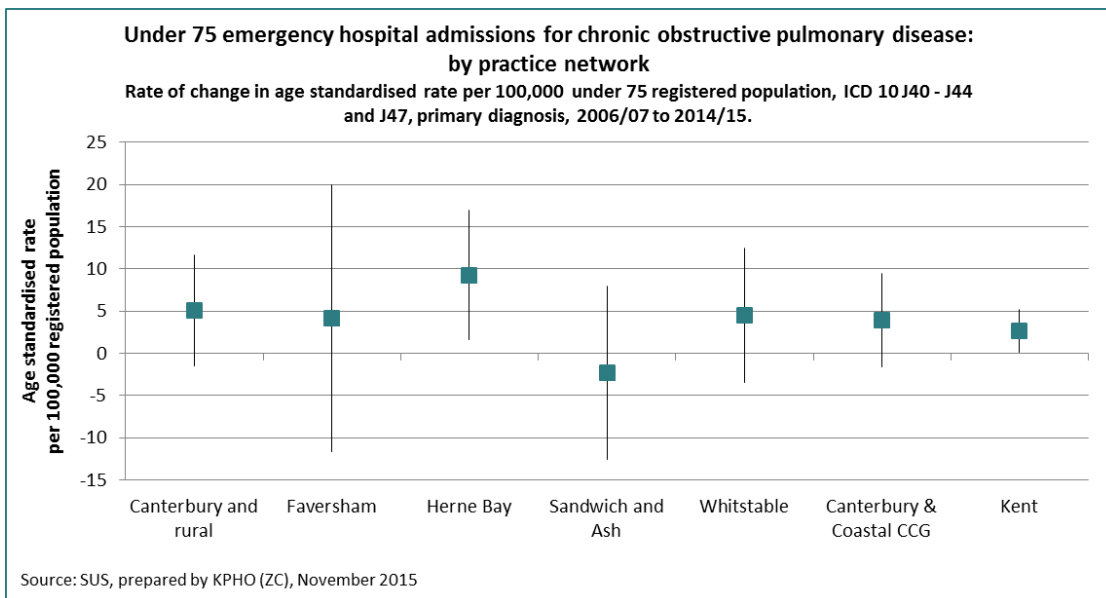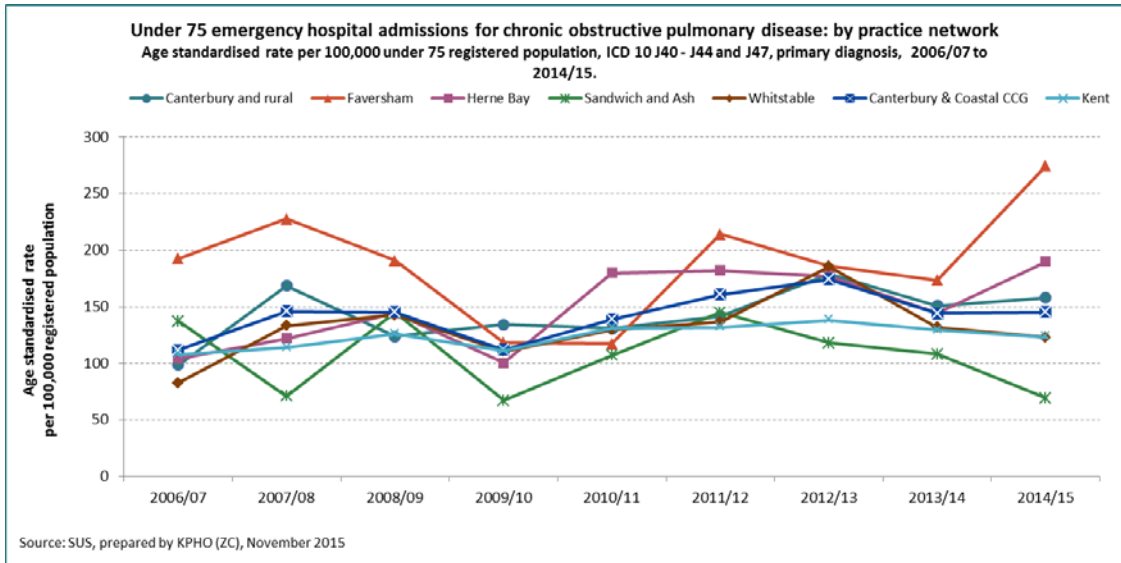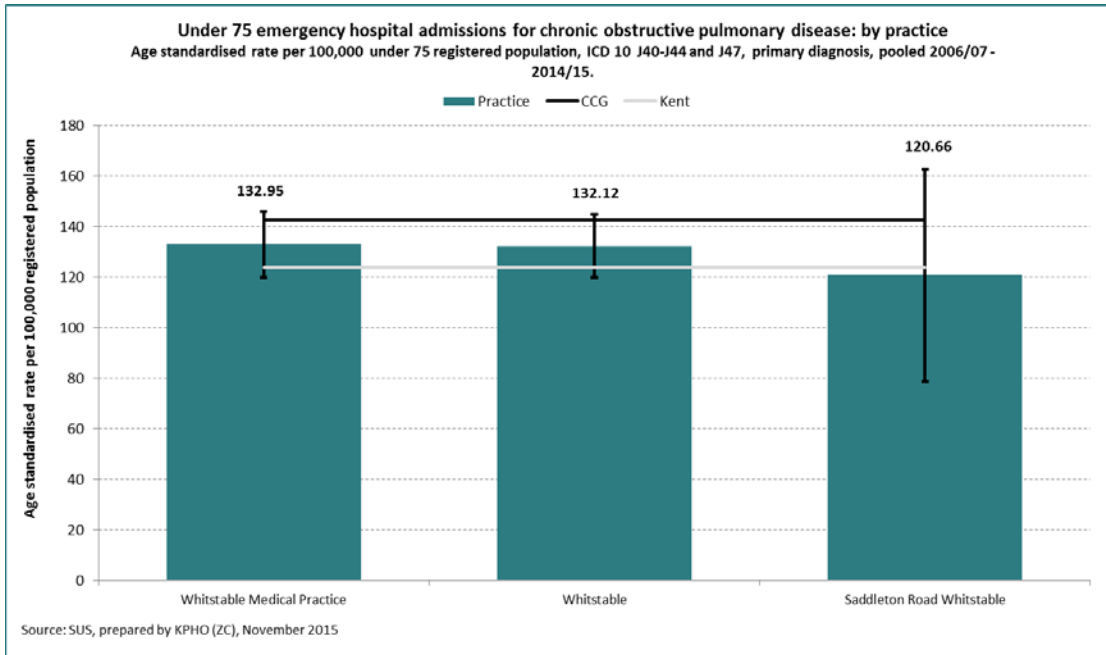

Under 75 emergency hospital admissions for diabetes complications: by practice network
Age standardised rate per 100,000 under 75 registered population, ICD 10 E10 - E14, any diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Canterbury and Coastal CCG community network profile, November 2015

Under 75 emergency hospital admissions for diabetes complications: by practice network
Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 E10 - E14, any diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Significantly higher age standardised rates of diabetes complication emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for Saddleton Road Whitstable.

Under 75 emergency hospital admissions for diabetes complications: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 E10-E14, any diagnosis, pooled 2006/07 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015
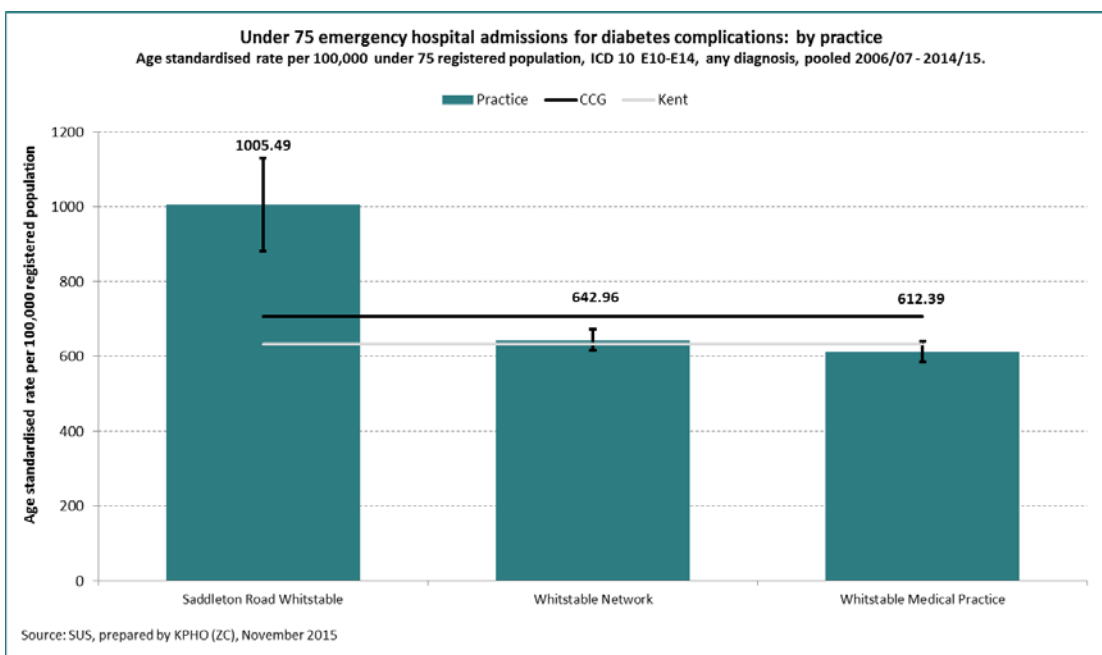
9.1.5   Falls

In Kent, the age standardised rate of falls emergency hospital admissions in the under 75 population has shown a stable trend between 2006/07 and 2014/15. None of the practice networks showed a rate of change that was significantly different to Kent.
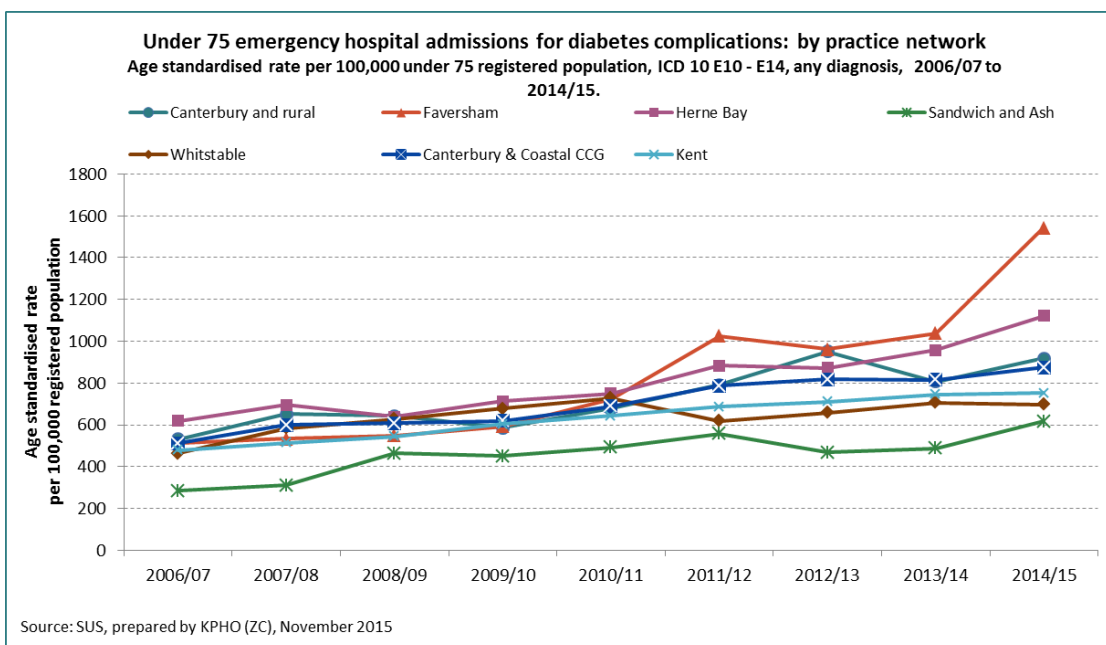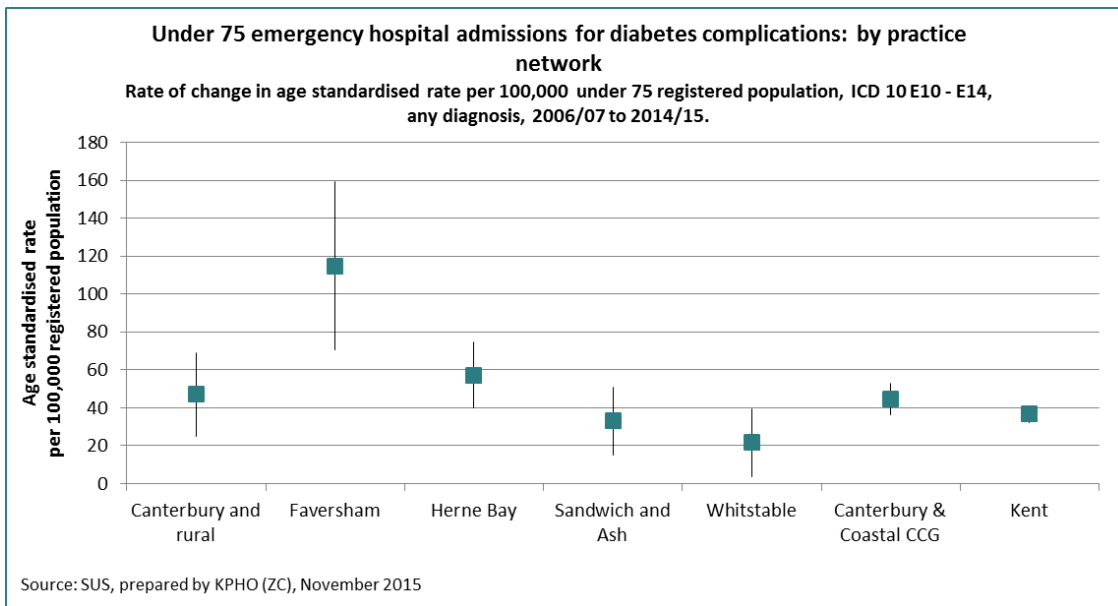
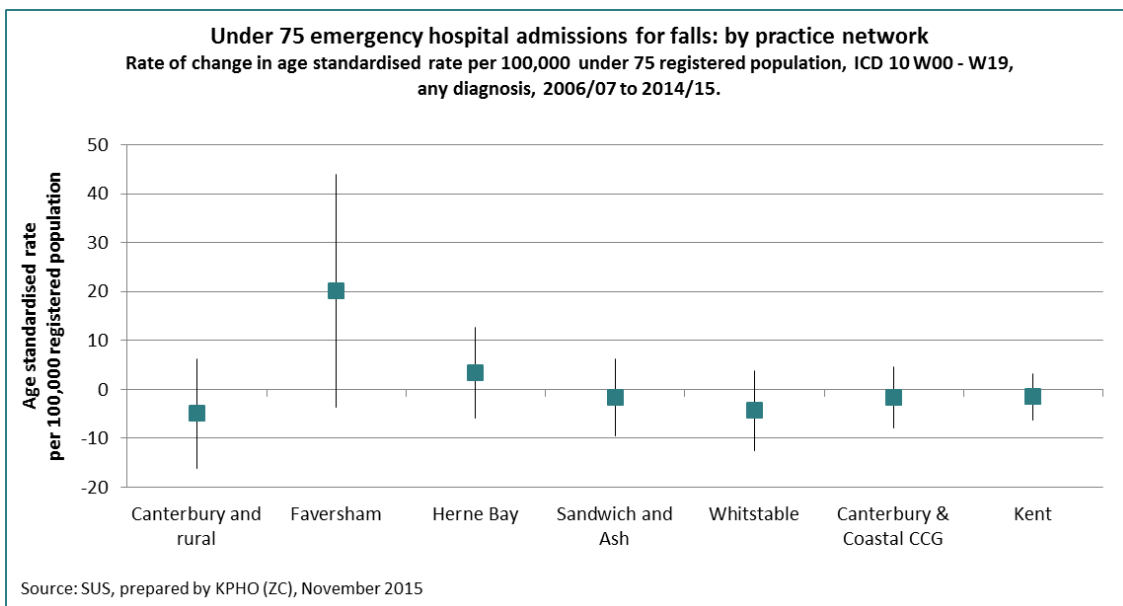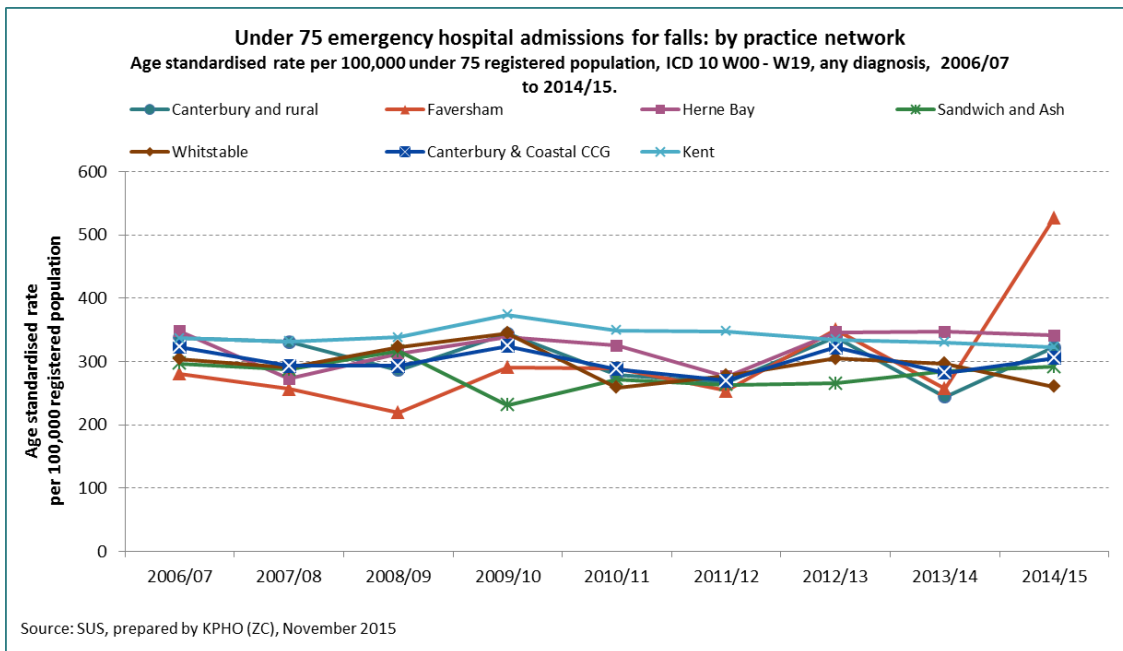**Under 75 emergency hospital admissions for falls: by practice network**
Age standardised rate per 100,000 under 75 registered population, ICD 10 W00 - W19, any diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Under 75 emergency hospital admissions for falls: by practice network
Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 W00 - W19, any diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of falls emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

Canterbury and Coastal CCG community network profile, November 2015

Under 75 emergency hospital admissions for falls: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 W00-W19, any diagnosis, pooled 2006/07 - 2014/15.
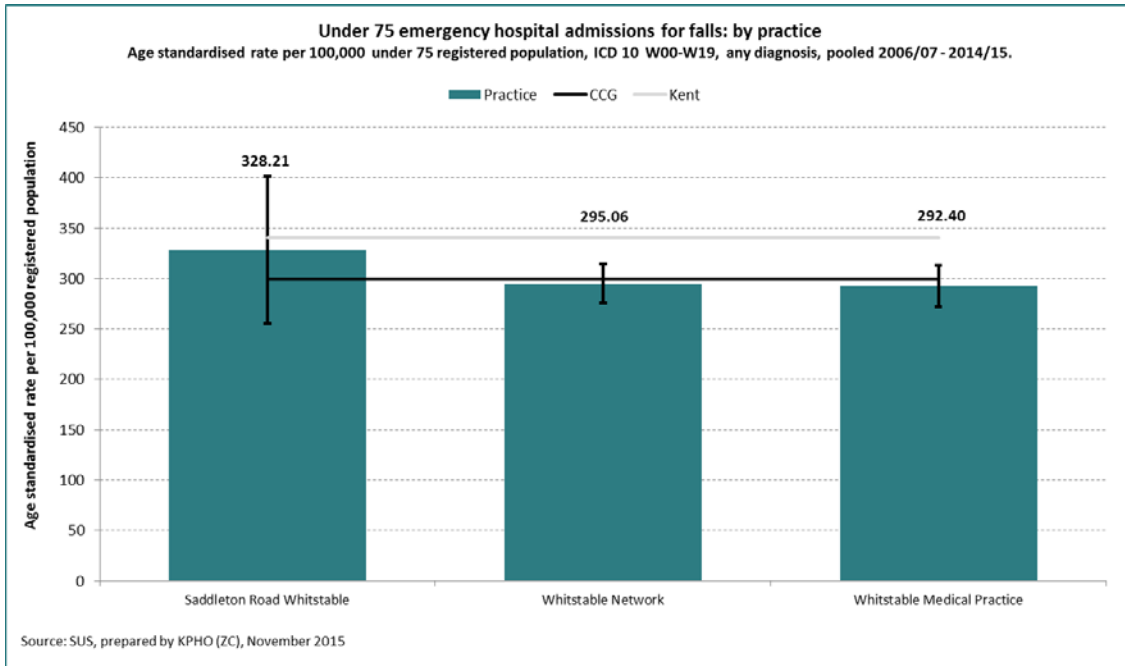
Source: SUS, prepared by KPHO (ZC), November 2015

9.1.6 Stroke

In Kent, the age standardised rate of stroke emergency hospital admissions in the under 75 population has shown a stable trend between 2006/07 and 2014/15. None of the practice networks showed a rate of change that was significantly different to Kent.
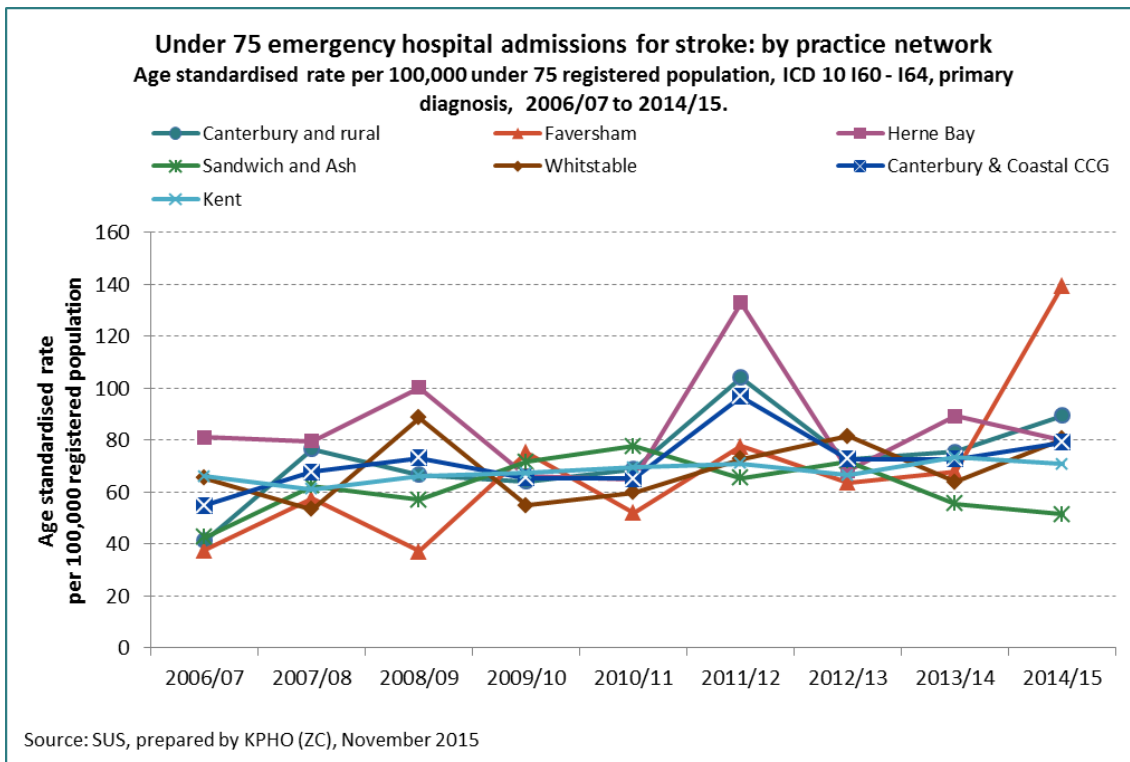

Under 75 emergency hospital admissions for stroke: by practice network
Age standardised rate per 100,000 under 75 registered population, ICD 10 I60 - I64, primary diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Canterbury and Coastal CCG community network profile, November 2015

Under 75 emergency hospital admissions for stroke: by practice network
Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 I60 - I64, 2006/07 to 2014/15.

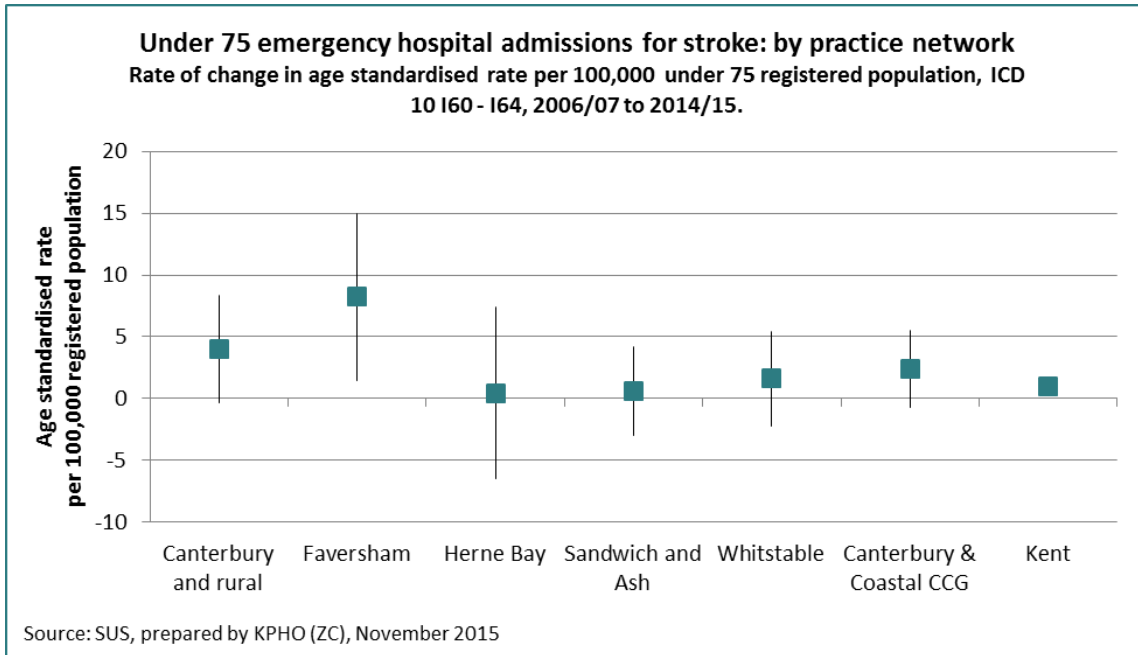Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of stroke emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.
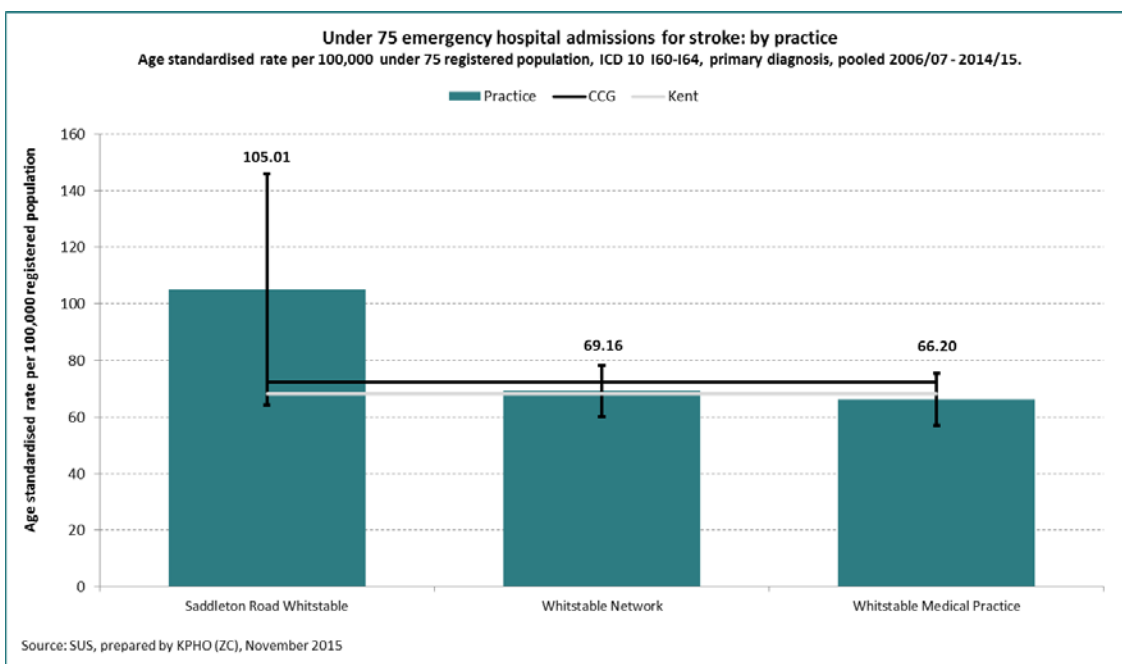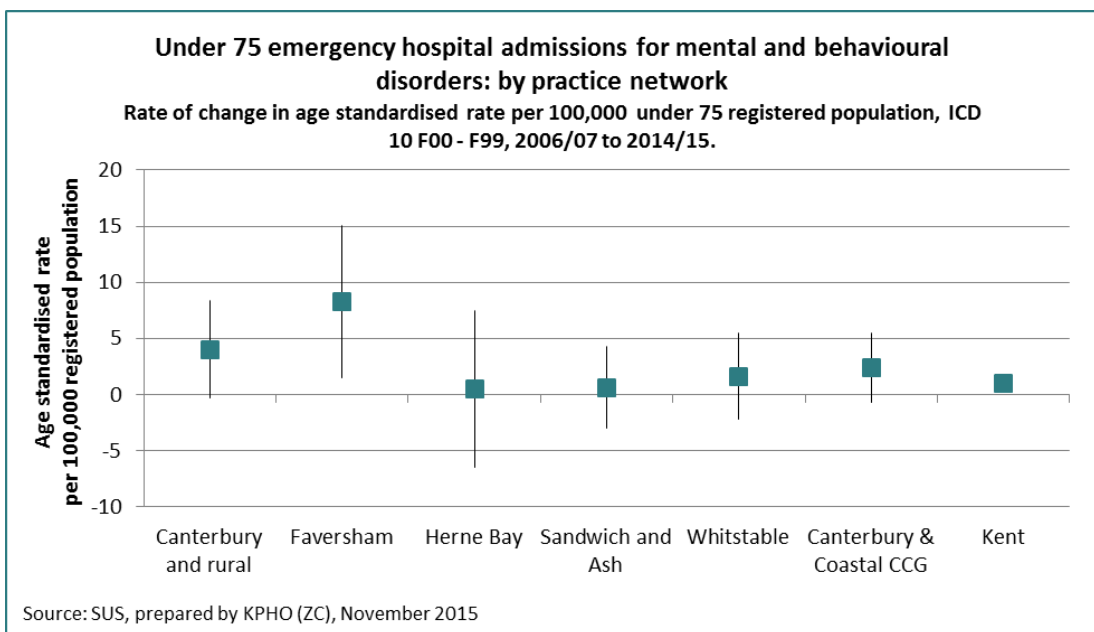

Under 75 emergency hospital admissions for stroke: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 I60-I64, primary diagnosis, pooled 2006/07 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

9.1.7   Mental Health

In Kent, the age standardised rate of stroke emergency hospital admissions in the under 75 population has shown an increasing trend between 2006/07 and 2014/15. None of the practice networks showed a rate of change that was significantly different to Kent.
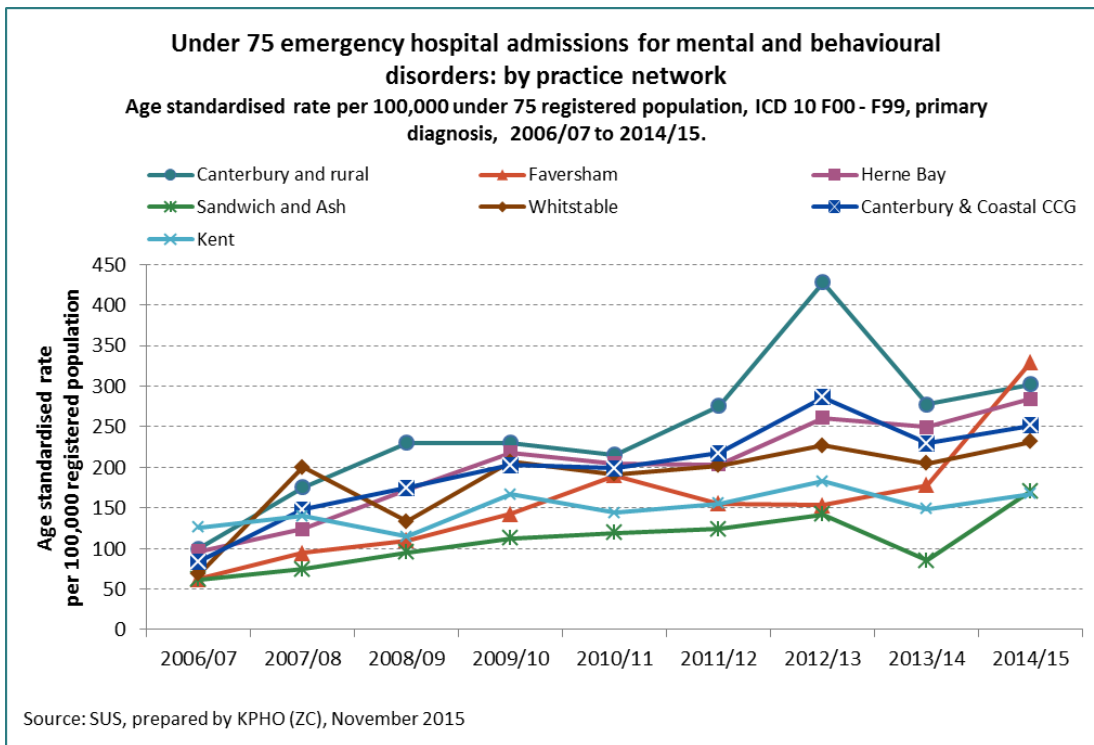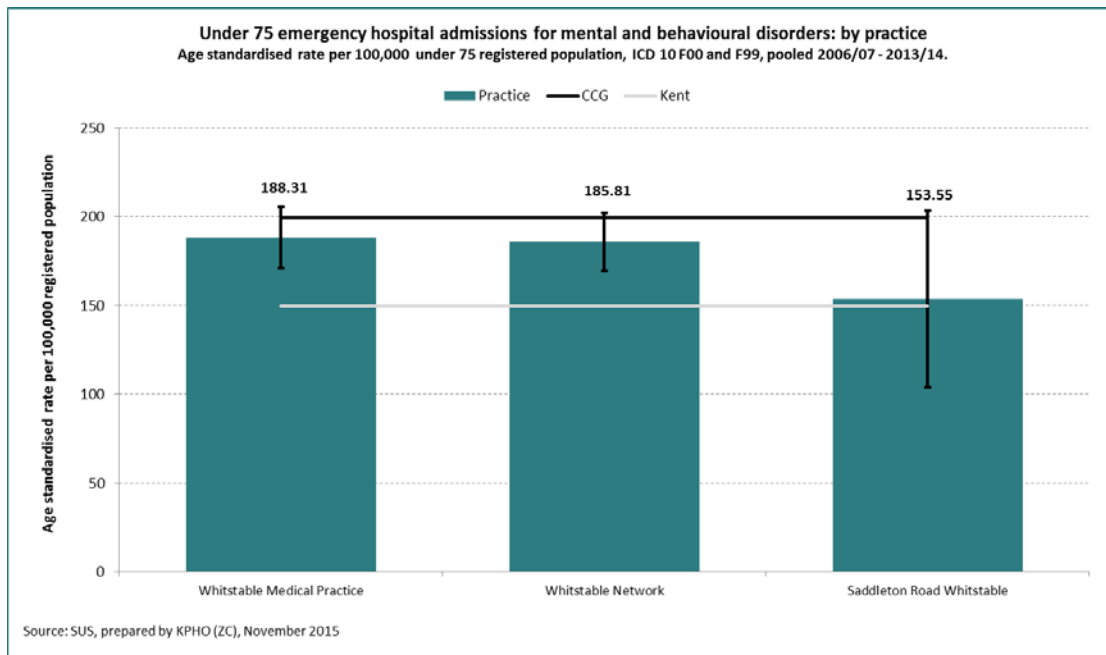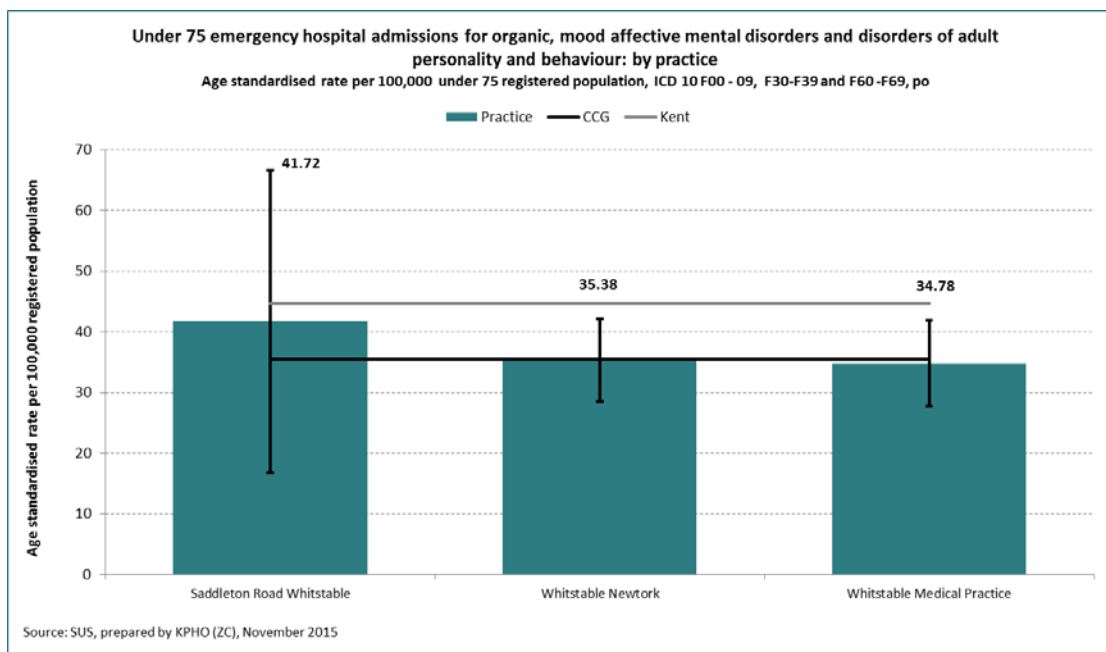
Under 75 emergency hospital admissions for mental and behavioural disorders: by practice network

Age standardised rate per 100,000 under 75 registered population, ICD 10 F00 - F99, primary diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Under 75 emergency hospital admissions for mental and behavioural disorders: by practice network

Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 F00 - F99, 2006/07 to 2014/15.

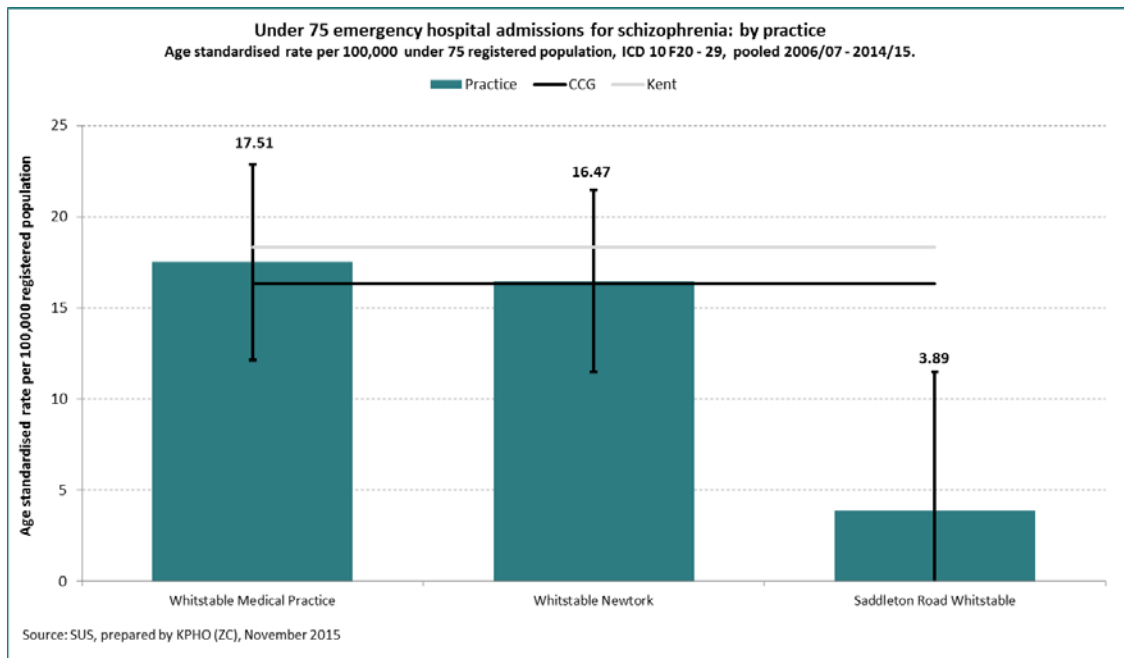Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of mental and behavioural disorder emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

Under 75 emergency hospital admissions for mental and behavioural disorders: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 F00 and F99, pooled 2006/07 - 2013/14.

Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of organic, mood affective mental disorders and disorders of adult personality and behaviour emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

Under 75 emergency hospital admissions for organic, mood affective mental disorders and disorders of adult personality and behaviour: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 F00 - 09, F30-F39 and F60 -F69, po

Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of schizophrenia emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

Canterbury and Coastal CCG community network profile, November 2015

Under 75 emergency hospital admissions for schizophrenia: by practice
Age standardised rate per 100,000 under 75 registered population, ICD 10 F20 - 29, pooled 2006/07 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

9.2 Alcohol Specific Hospital Admissions

The following Chapter explores the level of alcohol specific hospital admissions.
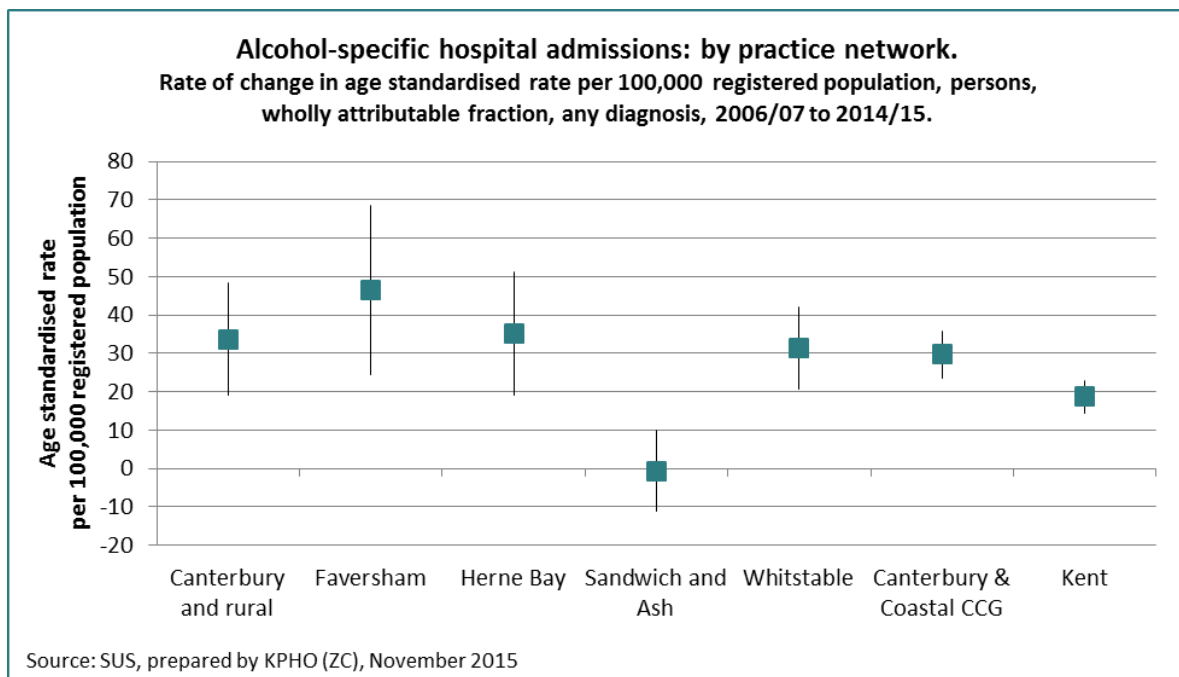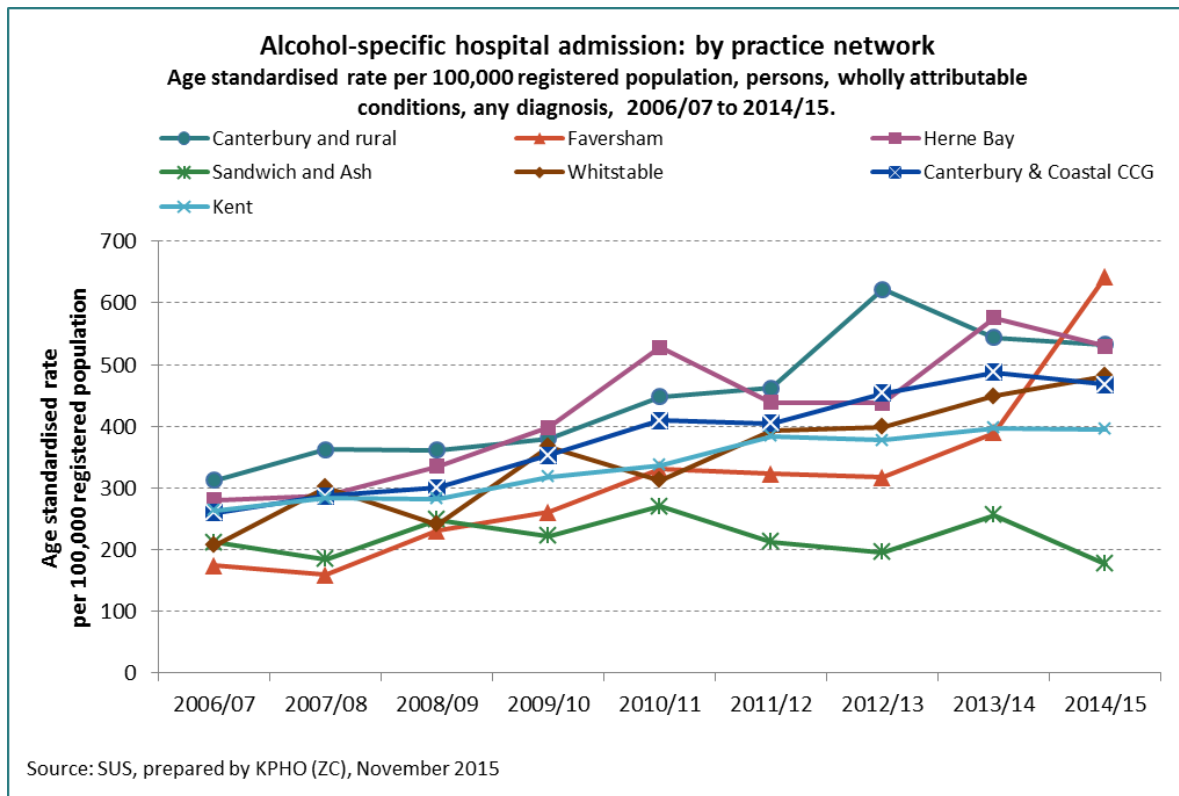
Notes on methodology:

- Age standardised rates have been presented to enable comparison of the practice networks without confounding by age.
- The alcohol specific conditions include the range of conditions that are causally implicated and have an alcohol attributable fraction of 1, as defined by Public Health England. [1]
- An analysis of trend and rate of change has been presented for the practice networks for the period 2006/07 to 2014/15. This has been compared to the CCG and Kent.
- An analysis by general practice has been presented by gender, often in the case of small numbers; this has been presented for the pooled years 2006/07 – 2014/15. This has been compared to the CCG and Kent.
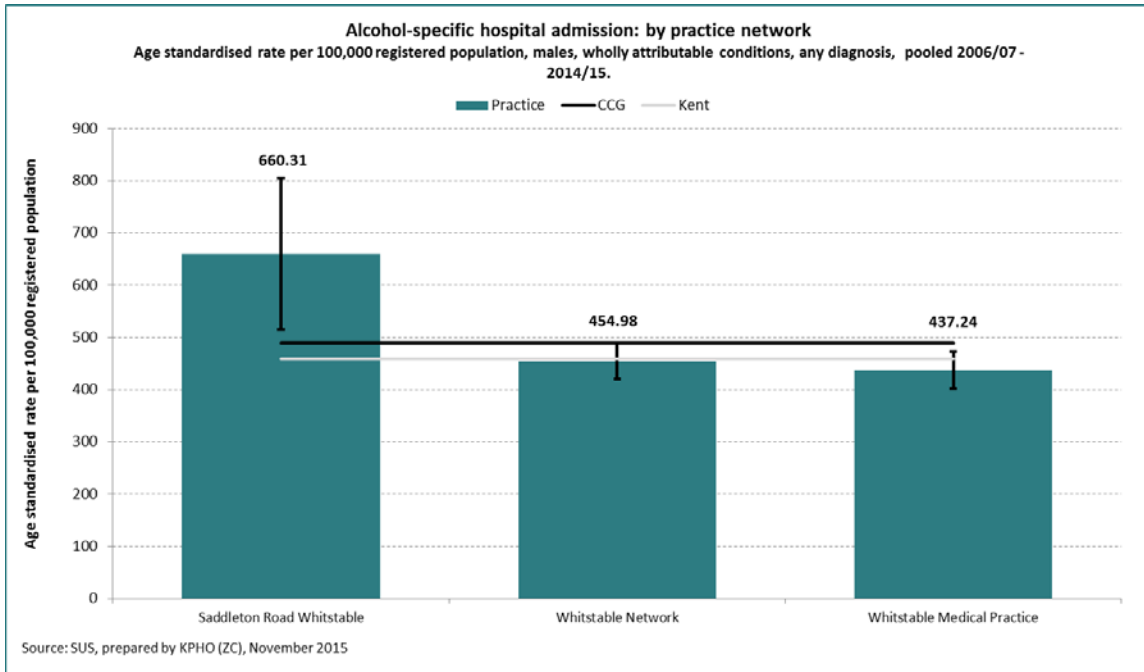
9.2.1 Alcohol Specific Hospital Admissions

In Kent, the age standardised rate of alcohol specific hospital admissions has shown an increasing trend between 2006/07 and 2014/15. The Whitstable practice network did not show a rate of change that was significantly different to Kent.
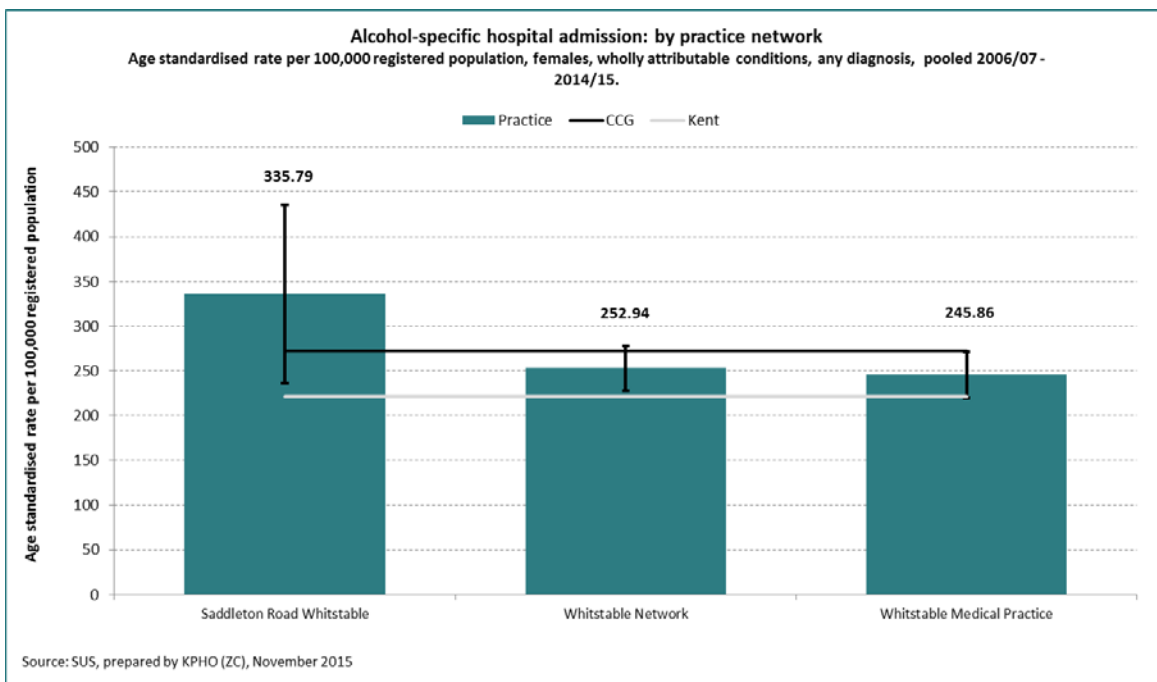
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[1] Public Health England (2015) Local alcohol profiles for England 2015 user guide.
http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf

Canterbury and Coastal CCG community network profile, November 2015

Alcohol-specific hospital admission: by practice network
Age standardised rate per 100,000 registered population, persons, wholly attributable conditions, any diagnosis, 2006/07 to 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Alcohol-specific hospital admissions: by practice network.
Rate of change in age standardised rate per 100,000 registered population, persons, wholly attributable fraction, any diagnosis, 2006/07 to 2014/15.

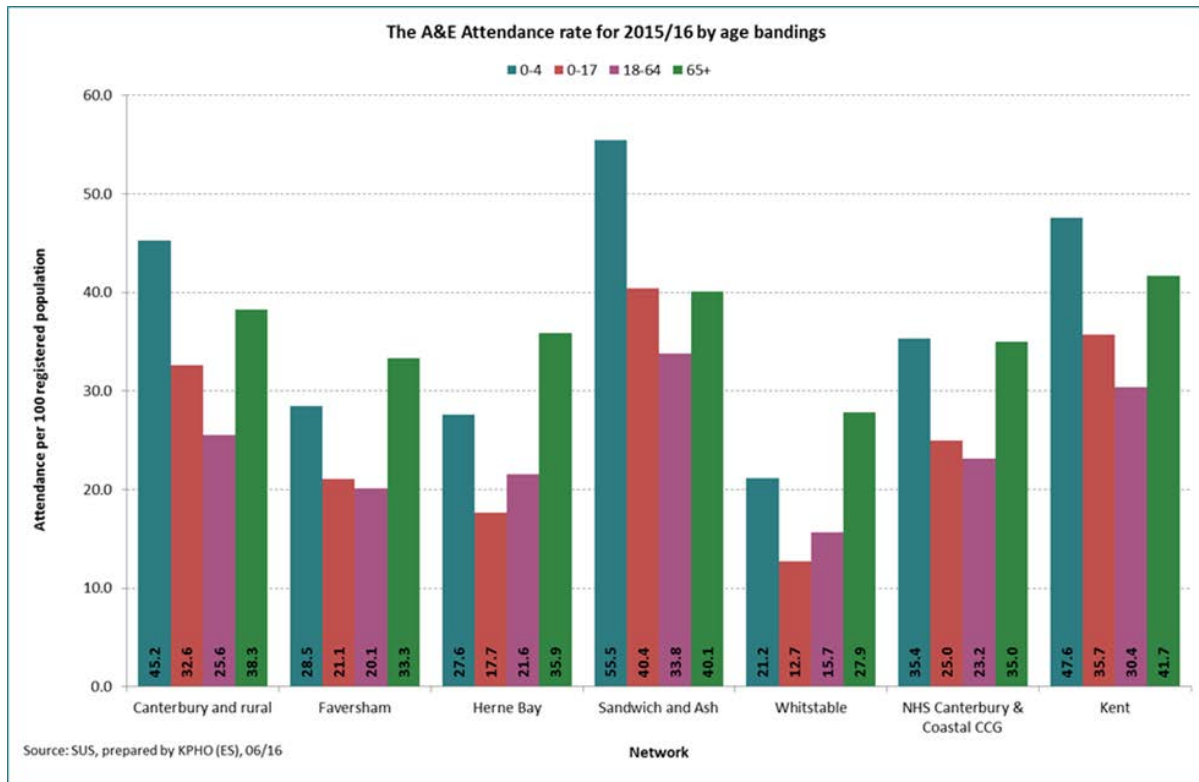Source: SUS, prepared by KPHO (ZC), November 2015

Significantly higher age standardised rates of alcohol specific admissions in males, in comparison to the CCG and Kent, can be identified for Saddleton Road Whitstable.
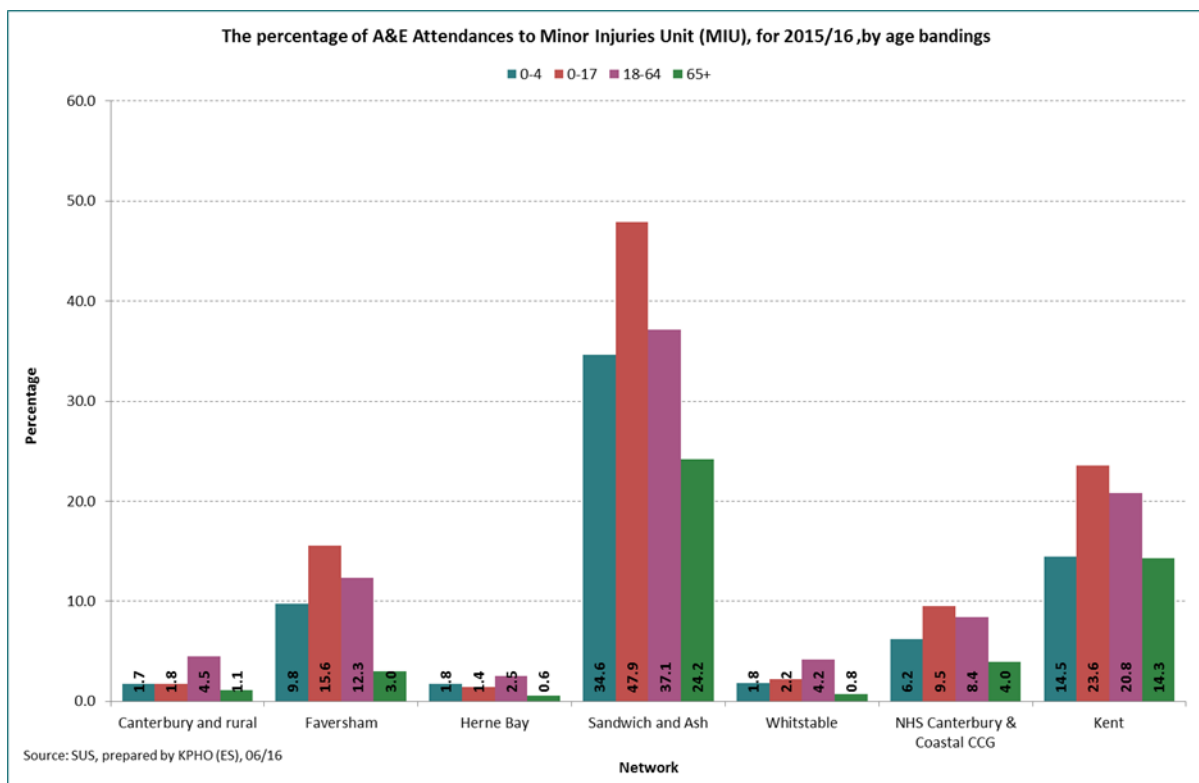
Canterbury and Coastal CCG community network profile, November 2015

Alcohol-specific hospital admission: by practice network
Age standardised rate per 100,000 registered population, males, wholly attributable conditions, any diagnosis, pooled 2006/07 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

The age standardised rates of alcohol specific admissions in females were not significantly different in comparison to the CCG and Kent.


Alcohol-specific hospital admission: by practice network
Age standardised rate per 100,000 registered population, females, wholly attributable conditions, any diagnosis, pooled 2006/07 - 2014/15.

Source: SUS, prepared by KPHO (ZC), November 2015

Canterbury and Coastal CCG community network profile, November 2015

9.3   A&E and MIU Attendances

The A&E Attendance rate for 2015/16 by age bandings

A&E attendances are highest for children aged 0-4 years and people aged 65 plus years for all networks. No A&E attendance rates exceed the Kent rates for all age bands regarding the Whitstable network.

The percentage of A&E Attendances to Minor Injuries Unit (MIU), for 2015/16 ,by age bandings

Canterbury and Coastal CCG community network profile, November 2015

MIU attendances are substantively lower than A&E attendances across the networks, apart from Sandwich and Ash where the show similar levels to A&E attendances. In the Whitstable network, the highest proportion of MIU attendances come 18-64 years (4.2%) which makes up the majority of the working age population.
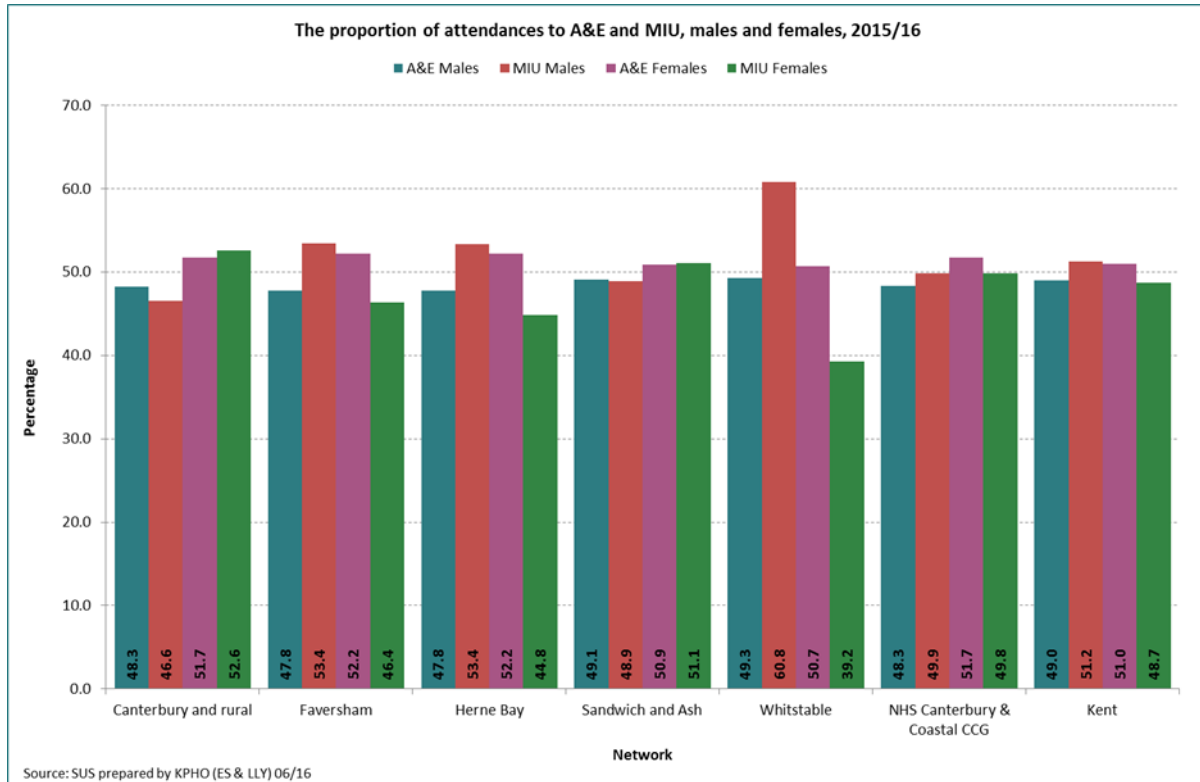
The proportion of males attending MIU's is slightly higher than attending A&E; in Kent, 51.2% of males attend MIU's whilst 49.0% attend A&E. For female residents, this tends to the opposite trend: more females attend A&E (51.0% in Kent) than MIU's (48.7%). In the Whitstable network there is a higher proportion of males attending MIU's (60.8%) compared to 39.2% of females attending MIU's.

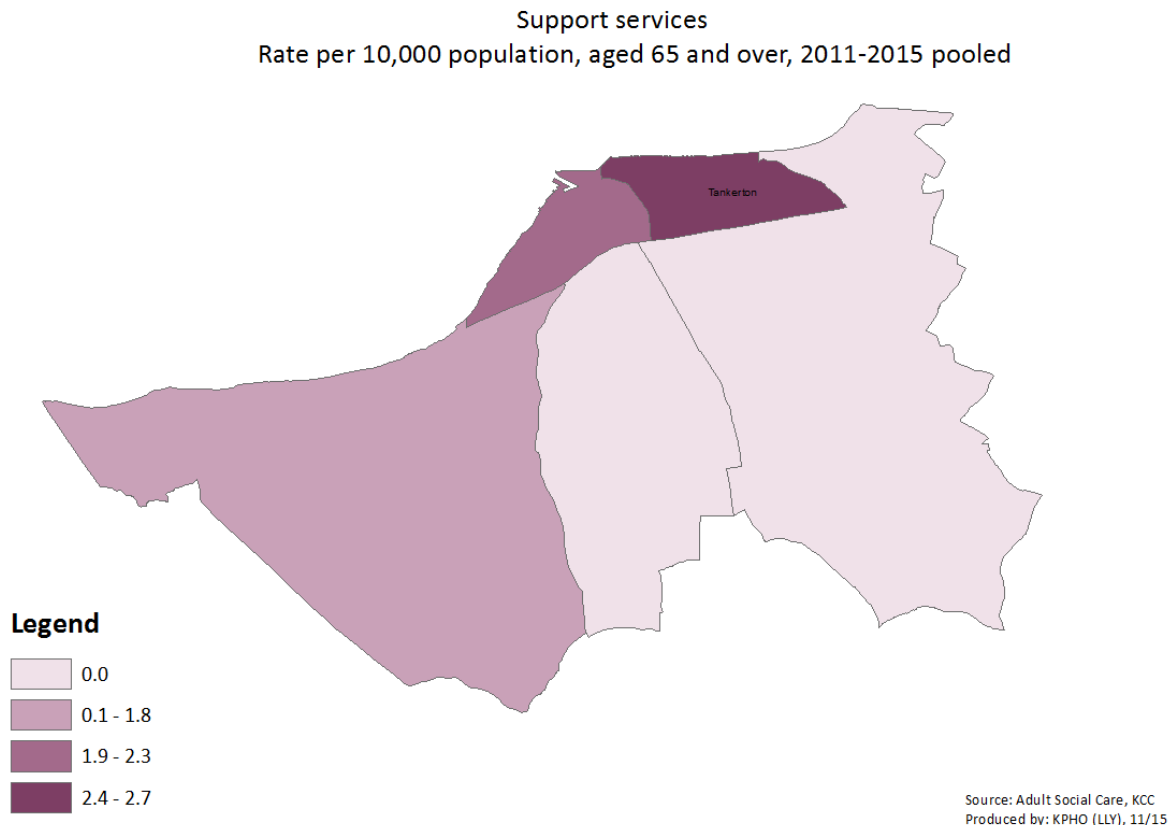| Place of attendance, by network, 2015/16 (%)							
Provider site / network	Canterbury and rural	Faversham	Herne Bay	Sandwich and Ash	Whitstable	Canterbury and Coastal CCG	Kent
Pembury Hospital	0.4	1.1	0.7	0.3	0.6	0.6	24.3
Kent Community Health NHS Foundation Trust	1.2	9.0	0.7	30.1	1.1	5.3	20.6
Dartford and Gravesham NHS Trust	0.3	0.2	0.3	0.1	0.4	0.3	15.0
William Harvey Hospital (Ashford)	11.0	27.4	4.6	4.8	7.3	10.8	13.2
Queen Elizabeth the Queen Mother Hospital (Margate)	9.0	3.7	44.6	38.3	31.6	20.6	11.4
Kent and Canterbury Hospital	69.0	50.0	44.2	18.1	51.1	54.4	2.5
Medway NHS Trust	0.4	3.2	0.5	0.2	0.6	0.8	4.5
Other	8.7	5.4	4.4	8.1	7.4	7.3	8.6
Source: SUS, prepared by: KPHO (ES), 06/16							

Across all networks, the Kent and Canterbury Hospital and the Queen Elizabeth the Queen Mother Hospital receive the highest proportions of residents from the networks. In the Whitstable network 51.1% of residents attend the Kent and Canterbury Hospital; this is also the case for the Canterbury and Rural and Faversham networks where the majority of residents attend the Kent and Canterbury Hospital.
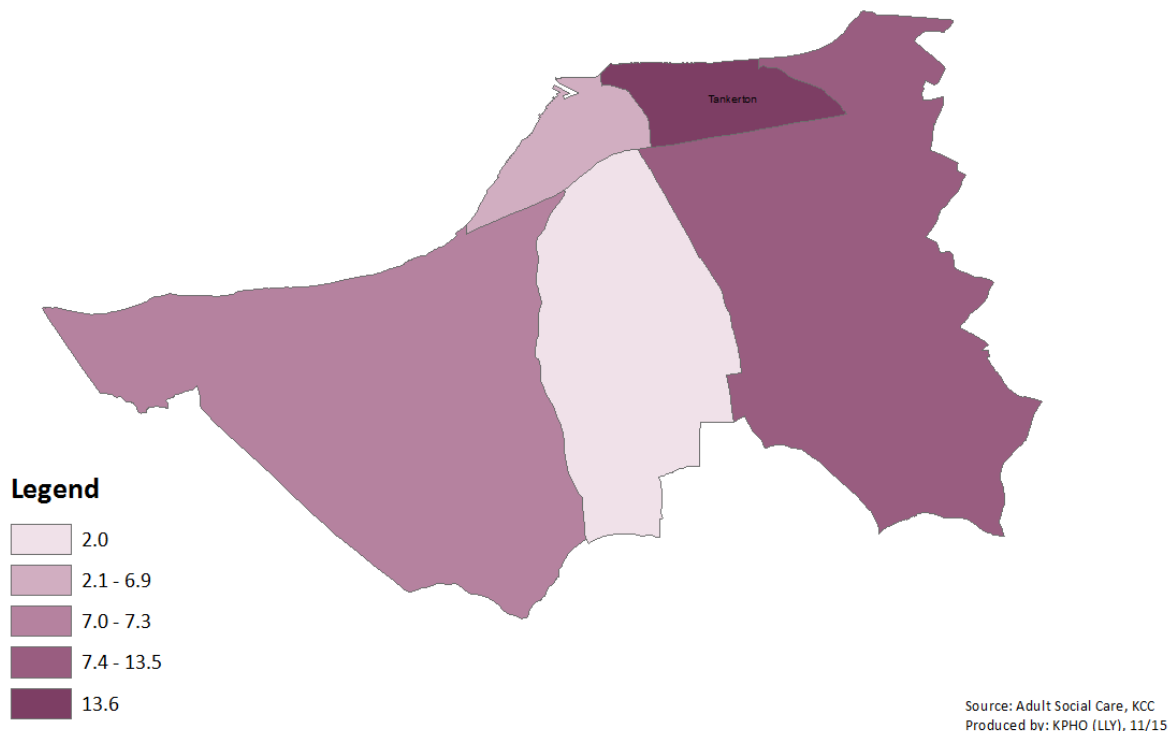
| 10.   Social care

Social care data have been provided by the Adult Social Care department at Kent County Council. Ward level crude rates per 10,000 population have been calculated. For some indicators, either years or age bands have been pooled to increase reliability due to small numbers of people.

For definitions of the indicators, see appendix B.

Support services
Rate per 10,000 population, aged 65 and over, 2011-2015 pooled

Legend

	0.0
	0.1 - 1.8
	1.9 - 2.3
	2.4 - 2.7

Source: Adult Social Care, KCC
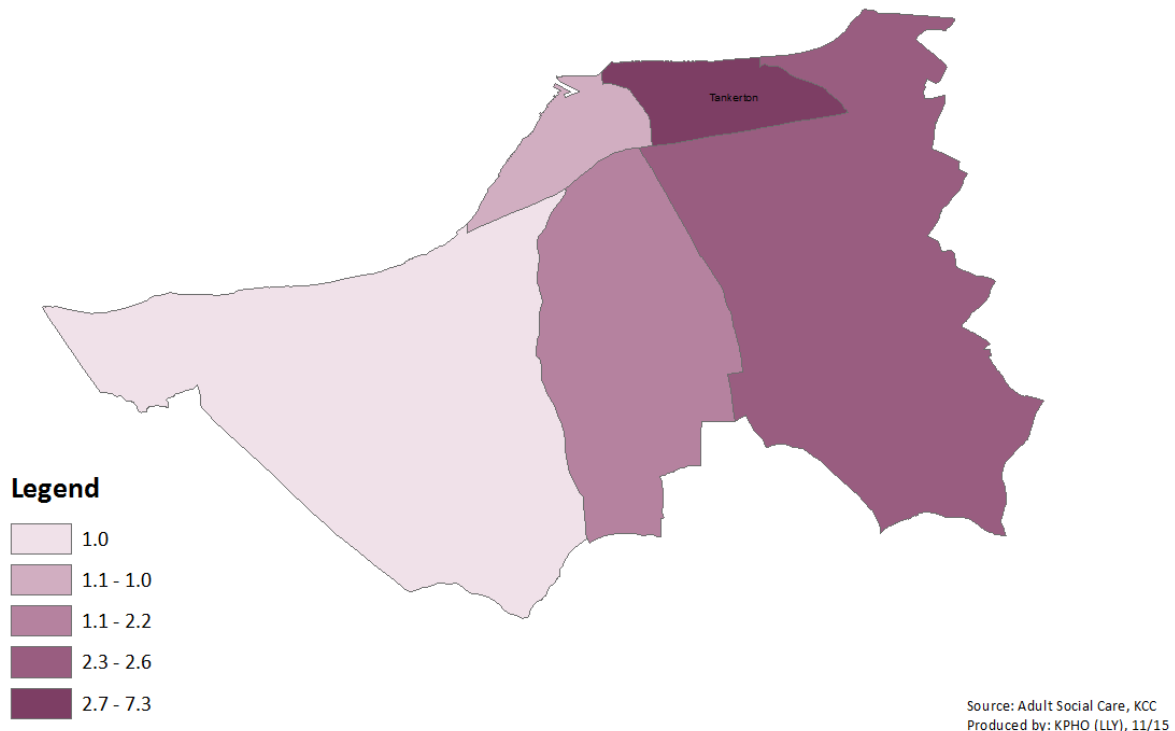Produced by: KPHO (LLY), 11/15

Whitstable has a significantly lower support services rate per 10,000 population aged 65 and over (1.2) than Kent (7.5) and Canterbury and Coastal CCG (7.3). Within Whitstable community network, Chestfield and Swalecliffe and Gorrell wards have significantly lower rates than both Kent and the CCG, whilst Seasalter ward has a significantly lower rate than Kent.

Support services
Rate per 10,000 population, aged under 65, 2013-2015 pooled

Tankerton

Legend

	2.0
	2.1 - 6.9
	7.0 - 7.3
	7.4 - 13.5
	13.6

Source: Adult Social Care, KCC
Produced by: KPHO (LLY), 11/15

Whitstable (9.0) has a significantly lower rate of people aged under 65 accessing support services than Kent (12.7), and is lower than Canterbury and Coastal CCG (10.7) also. Gorrell ward has a significantly lower rate than both the CCG and Kent.

Meal service
Rate per 10,000 population, all ages, 2011-2015 pooled

Legend

	1.0
	1.1 - 1.0
	1.1 - 2.2
	2.3 - 2.6
	2.7 - 7.3

Source: Adult Social Care, KCC
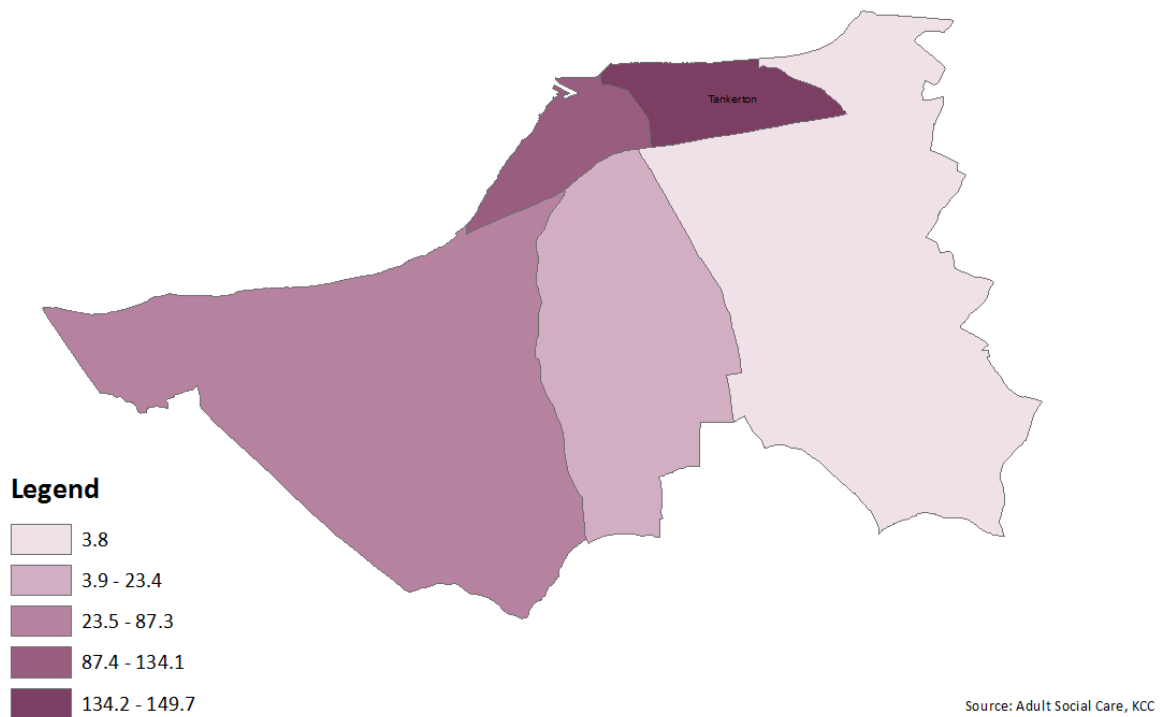Produced by: KPHO (LLY), 11/15

The rate of people accessing meal service in Whitstable is 2.5 per 10,000 population, significantly lower than the Kent rate of 3.7, and also lower than the Canterbury and Coastal CCG rate of 2.1. Tankerton (7.3) has a significantly higher rate than both the CCG and Kent, whilst Harbour and Seasalter wards have significantly lower rates than Kent.

Long term residential care home placement
Rate per 10,000 population, aged under 65, 2013-2015 pooled

Legend

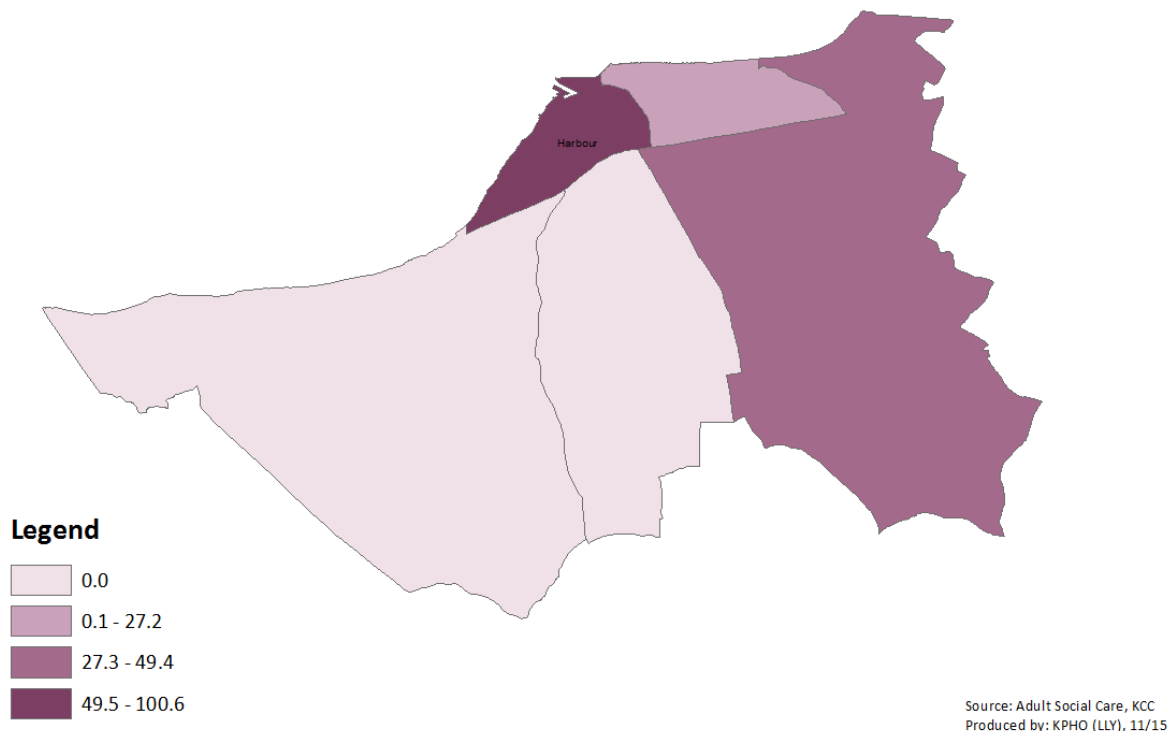|	
	0.0
	0.1 - 0.7
	0.8 - 8.4
	8.5 - 20.8
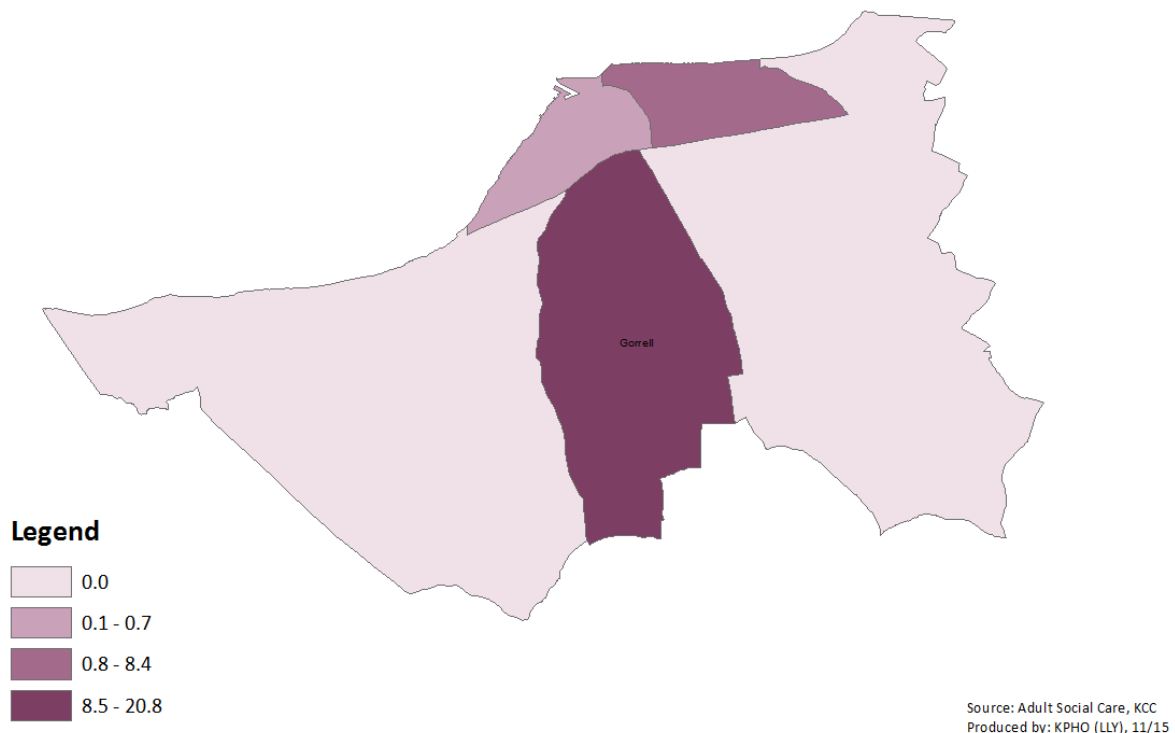
Whitstable (5.5) has a significantly lower long term residential care home placements per 10,000 population aged 65 and under than both the Canterbury and Coastal CCG (16.7) and Kent (12.9). Within Whitstable, Gorrell has a significantly higher rate than Kent, and Chestfield and Swalecliffe, Harbour and Seasalter have significantly lower rates than both the CCG and Kent.

Long term residential care home
Rate per 10,000 population, aged 65 and over, 2015

Legend

	3.8
	3.9 - 23.4
	23.5 - 87.3
	87.4 - 134.1
	134.2 - 149.7

Source: Adult Social Care, KCC
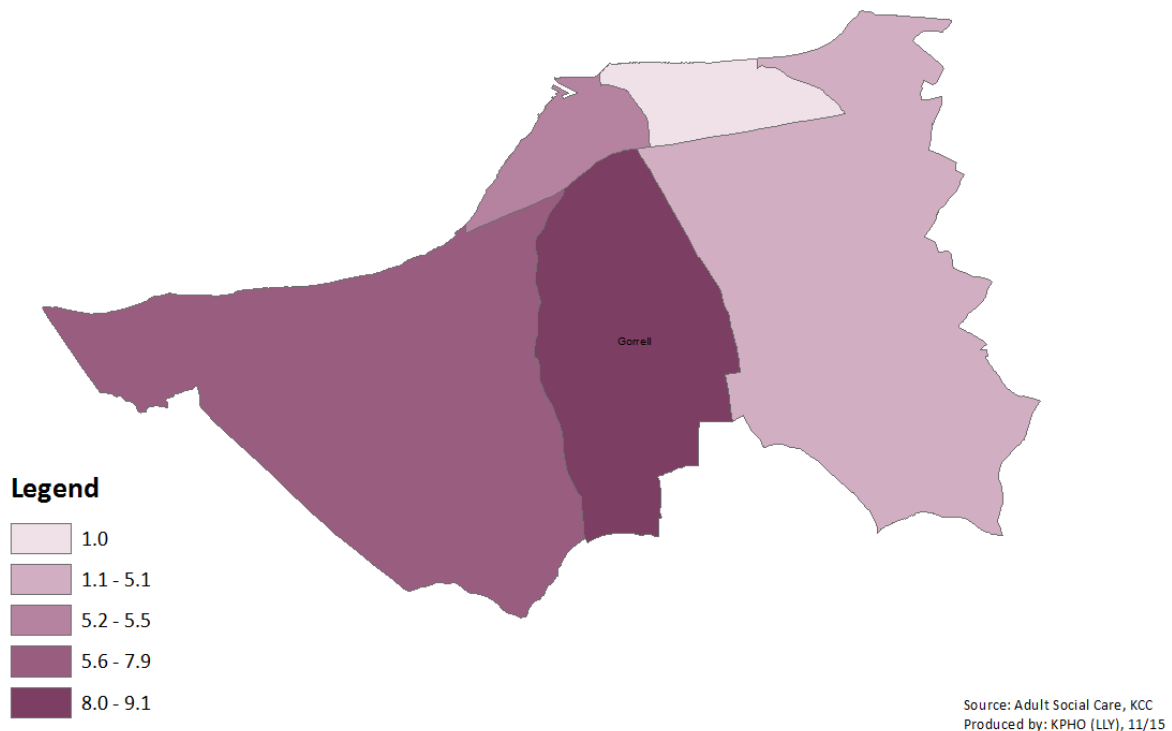Produced by: KPHO (LLY), 11/15

The long term residential care home placement rate for people aged above 65 is significantly lower in Whitstable community network, at 67.7 per 10,000 population than the CCG (110.9) and Kent (96.0). Chestfield and Swalecliffe and Gorrell wards have significantly lower rates than both Canterbury and Coastal CCG and Kent.

Long term care home nursing residence
Rate per 10,000 population, aged 65 and over, 2015

Harbour

Legend

	0.0
	0.1 - 27.2
	27.3 - 49.4
	49.5 - 100.6

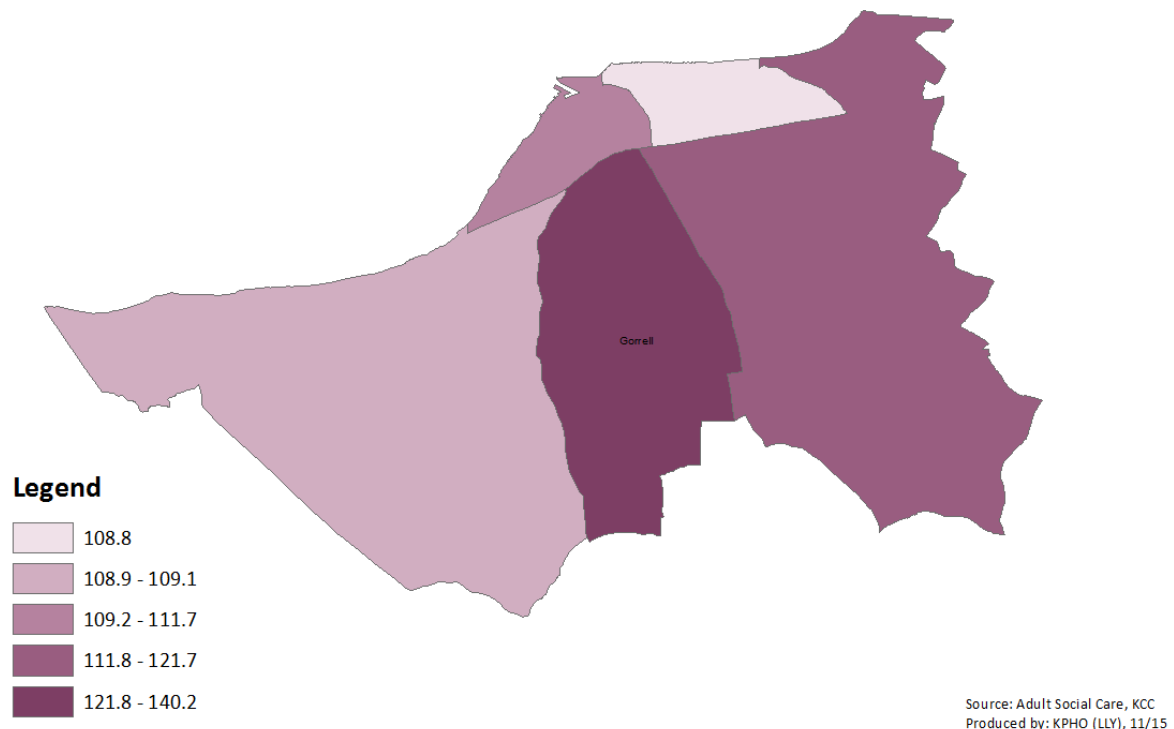Source: Adult Social Care, KCC
Produced by: KPHO (LLY), 11/15

The community network (30.3) has a lower, but not significantly different long term nursing residential care home placement rate for people aged 65 and above than Kent (41.5) and Canterbury and Coastal CCG (39.3). Within Whitstable, Harbour ward has a significantly higher rate than both comparator areas, whilst Gorrell and Seasalter wards have significantly lower rates.

Home care
Rate per 10,000 population, aged under 65, 2013-2015 pooled

Gorrell

Legend

	1.0
	1.1 - 5.1
	5.2 - 5.5
	5.6 - 7.9
	8.0 - 9.1

Source: Adult Social Care, KCC
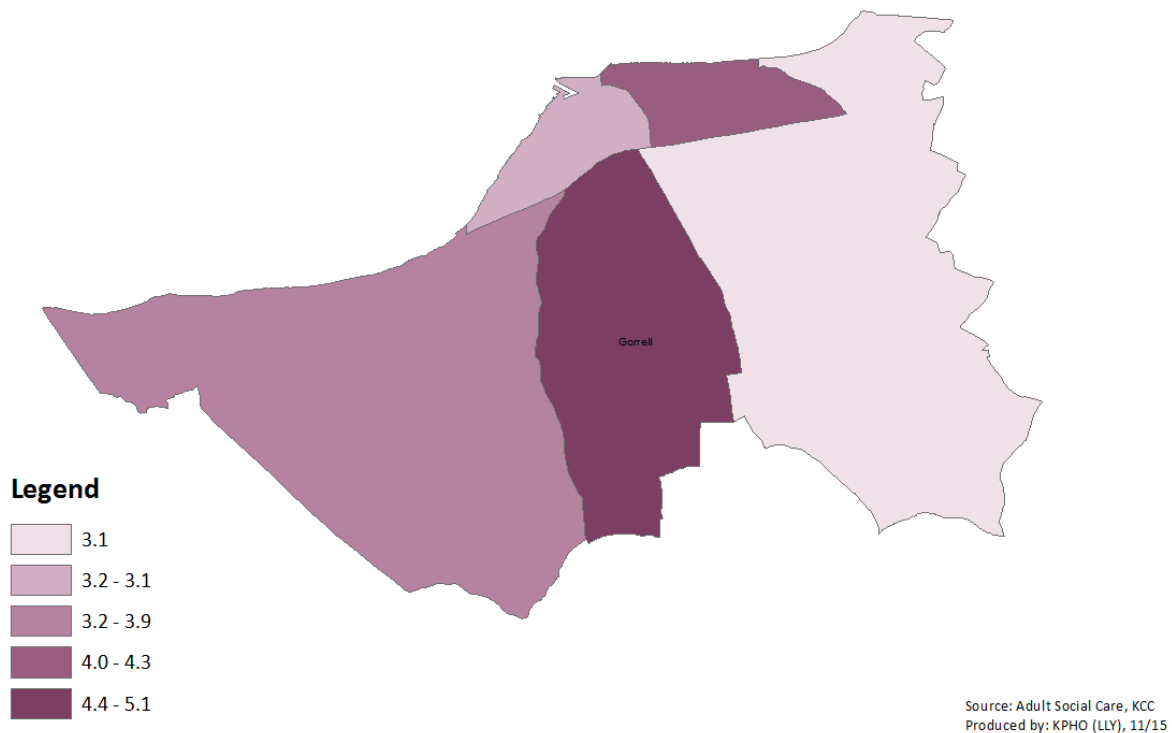Produced by: KPHO (LLY), 11/15

Whitstable (6.1) has a very similar rate of people aged under 65 receiving home care in comparison with the CCG (6.2) and Kent (6.7). Tankerton ward has a significantly lower rate than Kent.

Home care
Rate per 10,000 population, aged 65 and over, 2015

Gorrell

Legend

	108.8
	108.9 - 109.1
	109.2 - 111.7
	111.8 - 121.7
	121.8 - 140.2

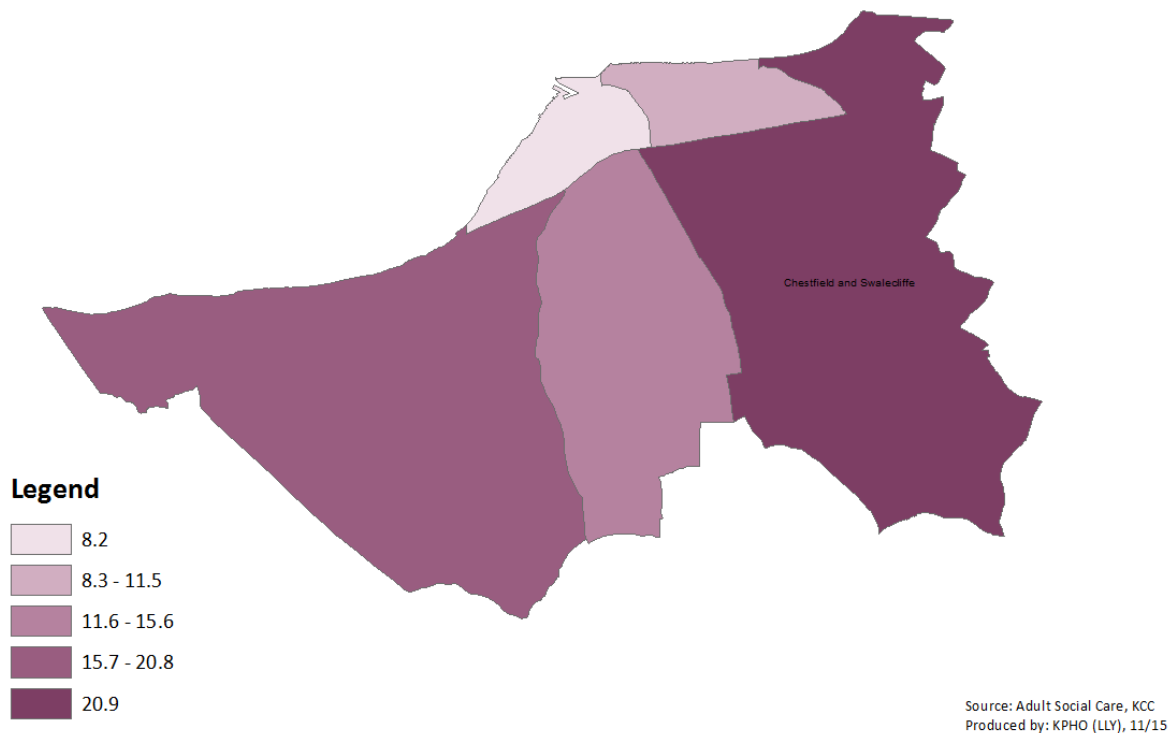Source: Adult Social Care, KCC
Produced by: KPHO (LLY), 11/15

Whitstable (117.9) has a very similar rate per 10,000 population aged 65 and above for home care, in comparison with Canterbury and Coastal CCG (116.6) and Kent (126.7). None of the wards have values significantly different to the comparator areas.

Enablement
Rate per 10,000 population, all ages, 2011-2015 pooled

Legend

	3.1
	3.2 - 3.1
	3.2 - 3.9
	4.0 - 4.3
	4.4 - 5.1

Source: Adult Social Care, KCC
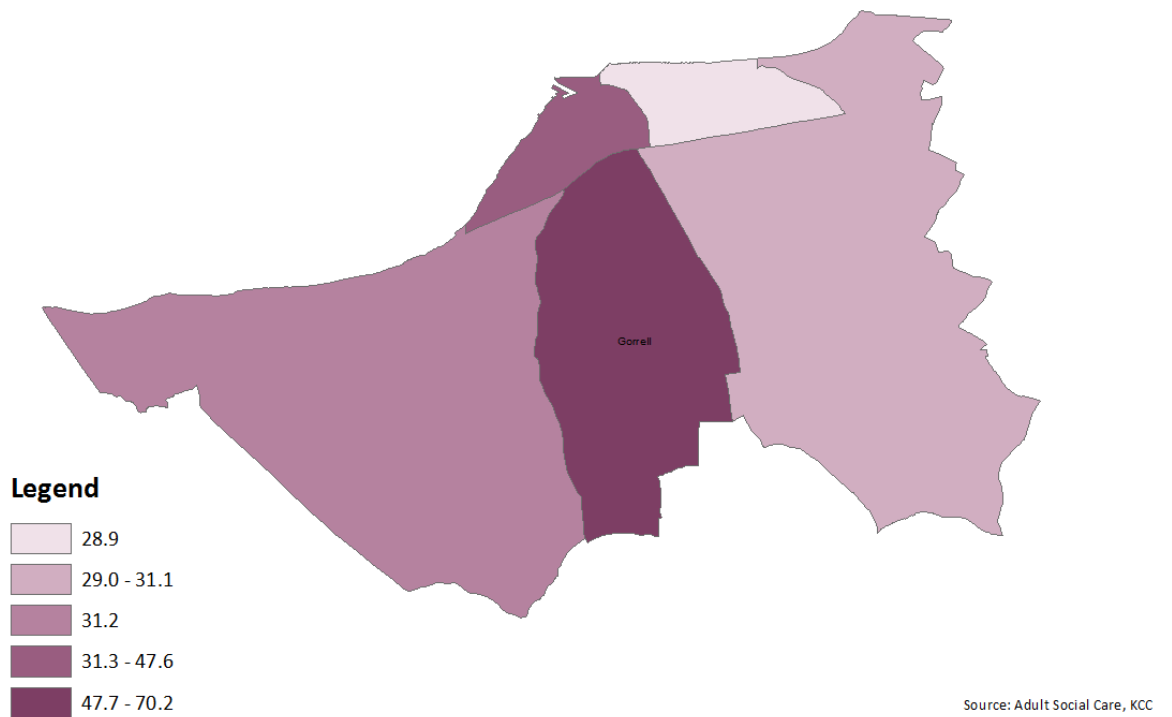Produced by: KPHO (LLY), 11/15

Whitstable (3.8) has a higher enablement rate than both Kent (2.9) and Canterbury and Coastal CCG (2.7); however these differences are not significant. None of the wards have rates significantly different to the comparator areas.

Direct payment
Rate per 10,000 population, aged under 65, 2013-2015 pooled

Chestfield and Swalecliffe

Legend

	8.2
	8.3 - 11.5
	11.6 - 15.6
	15.7 - 20.8
	20.9

Source: Adult Social Care, KCC
Produced by: KPHO (LLY), 11/15

Whitstable community network (16.1) has a marginally lower direct payment rates than both the CCG (17.2) and Kent (19.5). Harbour ward has a rate significantly lower than that of Canterbury and Coastal CCG and Kent.

Canterbury and Coastal CCG community network profile, November 2015

Direct payment
Rate per 10,000 population, aged 65 and over, 2011-2015 pooled

Gorrell

Legend
- 28.9
- 29.0 - 31.1
- 31.2
- 31.3 - 47.6
- 47.7 - 70.2

Whitstable community network (38.3) has a higher direct payment rate per 10,000 people aged 65 and over than Kent (34.8) and Canterbury and Coastal CCG (35.1). Gorrell ward has significantly higher rates than both the CCG and Kent.
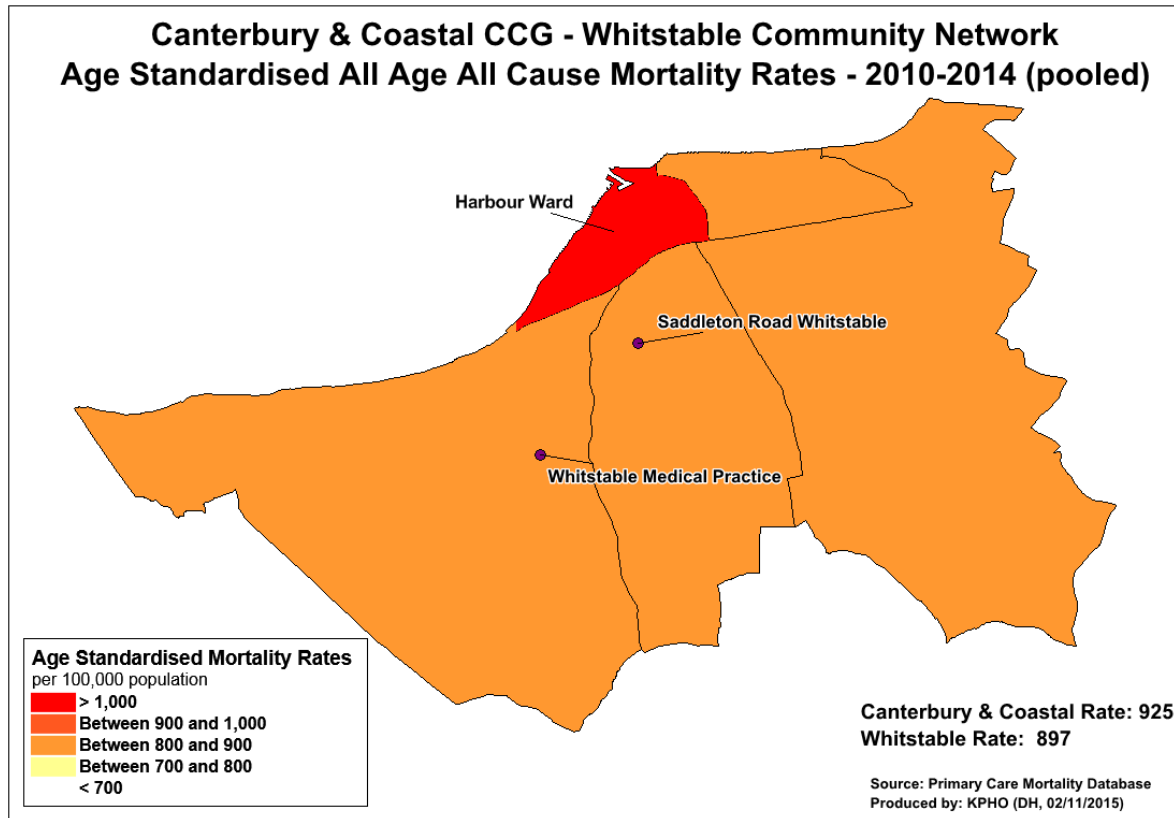
| 11.   Mortality

11.1 All Age, All Cause Mortality

11.1.1 All age, all cause mortality

Recent trends in all age, all cause mortality rates have been in a downward direction, with the Sandwich & Ash area consistently seeing the lowest rates in the Canterbury & Coastal CCG area. There has been a 12% fall in the rate between 2006 and 2014, this is in line with the wider area. The percentage fall in rates in Herne Bay is just 5%. The community network with the greatest reduction in rates is Whitstable where there was an 18% decrease.
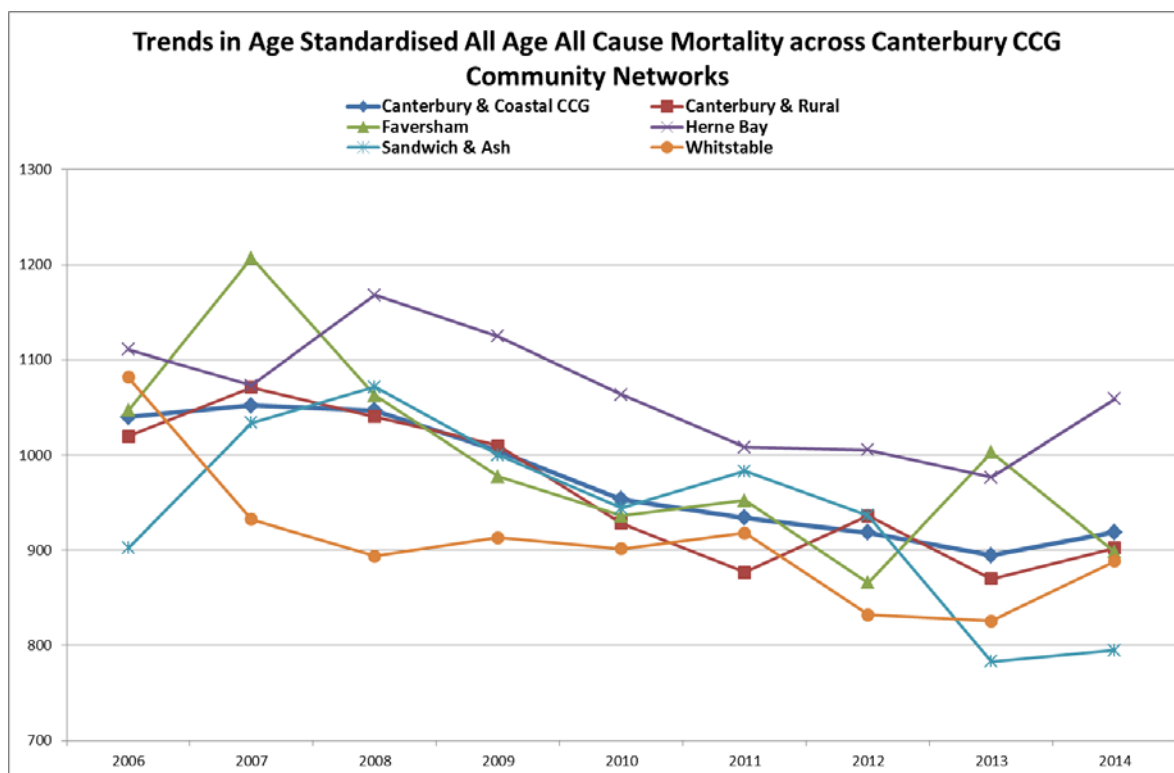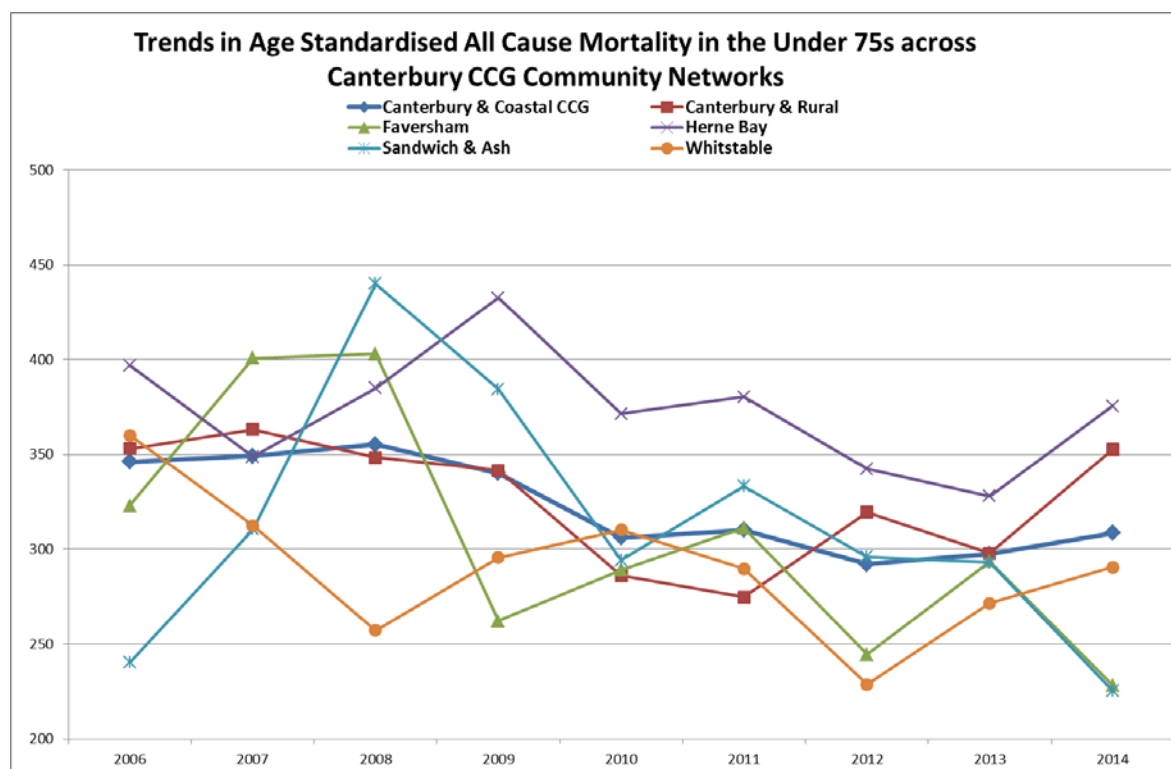

Five year, pooled, mortality for all causes at electoral ward level shows that the highest rates are in Harbour ward (1134) and is within the worst quintile across the CCG. The remaining wards in Faversham all show rates between 800 and 900 per 100,000.   The rate for Whitstable (897) is lower than the Canterbury & Coastal CCG rate of 925 per 100,000.

Canterbury & Coastal CCG - Whitstable Community Network
Age Standardised All Age All Cause Mortality Rates - 2010-2014 (pooled)

Age Standardised Mortality Rates
per 100,000 population
- > 1,000
- Between 900 and 1,000
- Between 800 and 900
- Between 700 and 800
- < 700

Canterbury & Coastal Rate: 925
Whitstable Rate: 897

Source: Primary Care Mortality Database
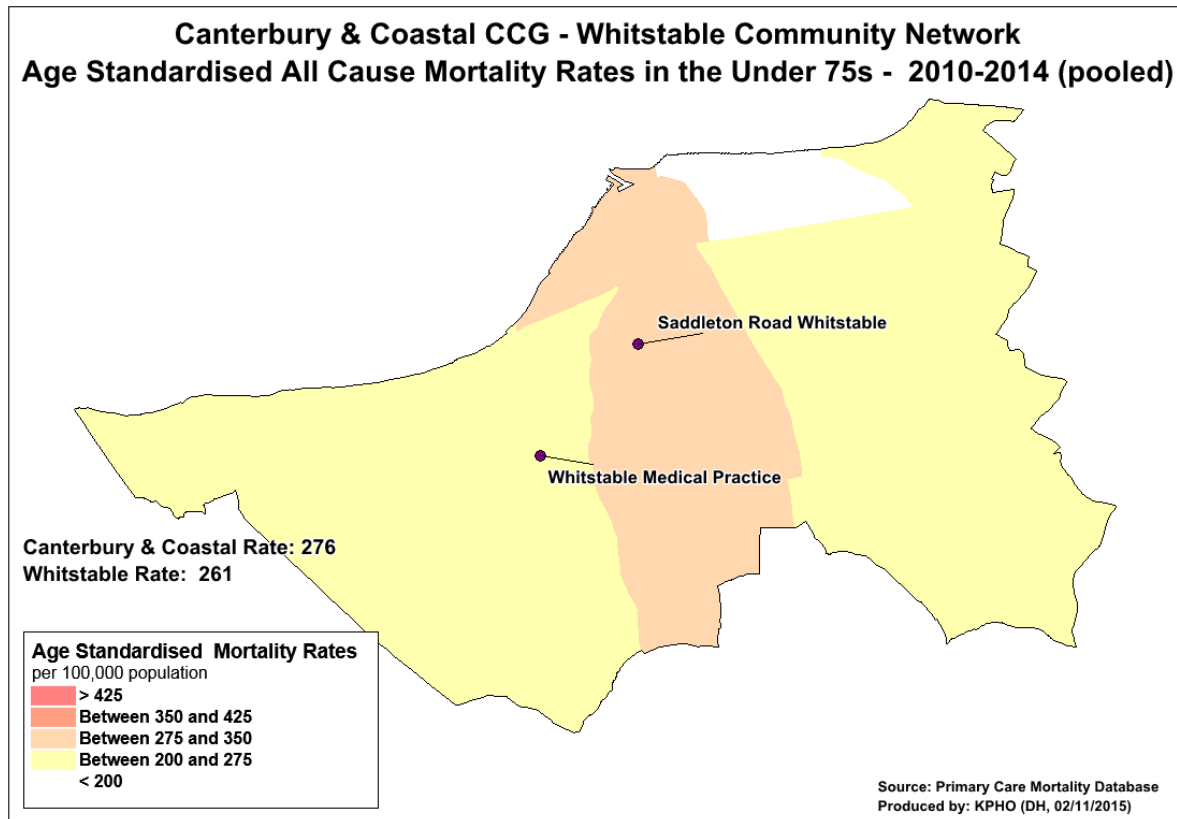Produced by: KPHO (DH, 02/11/2015)

11.1.2 All cause mortality in the under 75s

Reductions in all cause mortality in the under 75s vary across the Canterbury & Coastal CCG area. The Canterbury & Rural community network area saw no reduction in standardised rates between 2006 and 2014, whereas the downward trend for Faversham was 29%.

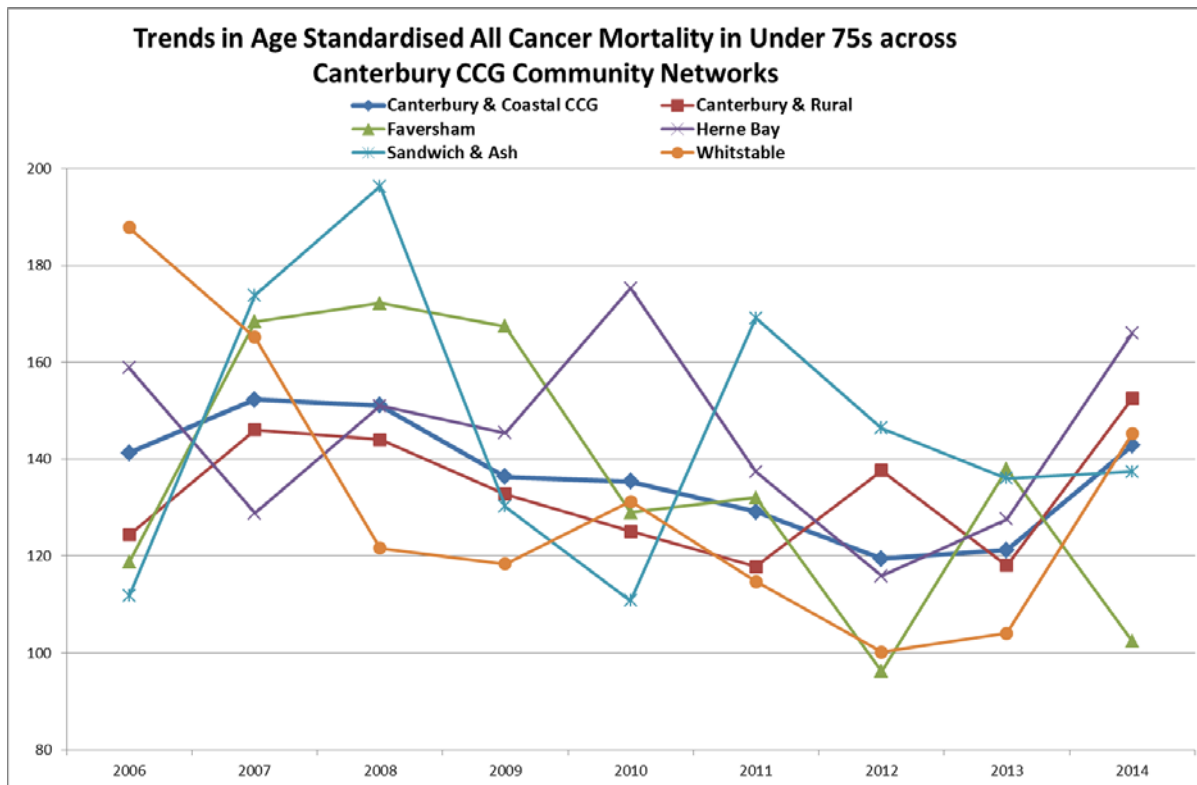Canterbury and Coastal CCG community network profile, November 2015

The five year pooled rates at electoral ward level shows that the highest rate in the community network is 332 per 100,000 for Harbour ward. Tankerton (186) has the lowest rate in the CCG area. The overall under 75 mortality rate for Whitstable is lower (261) than the rate for Canterbury & Coastal as a whole (276).
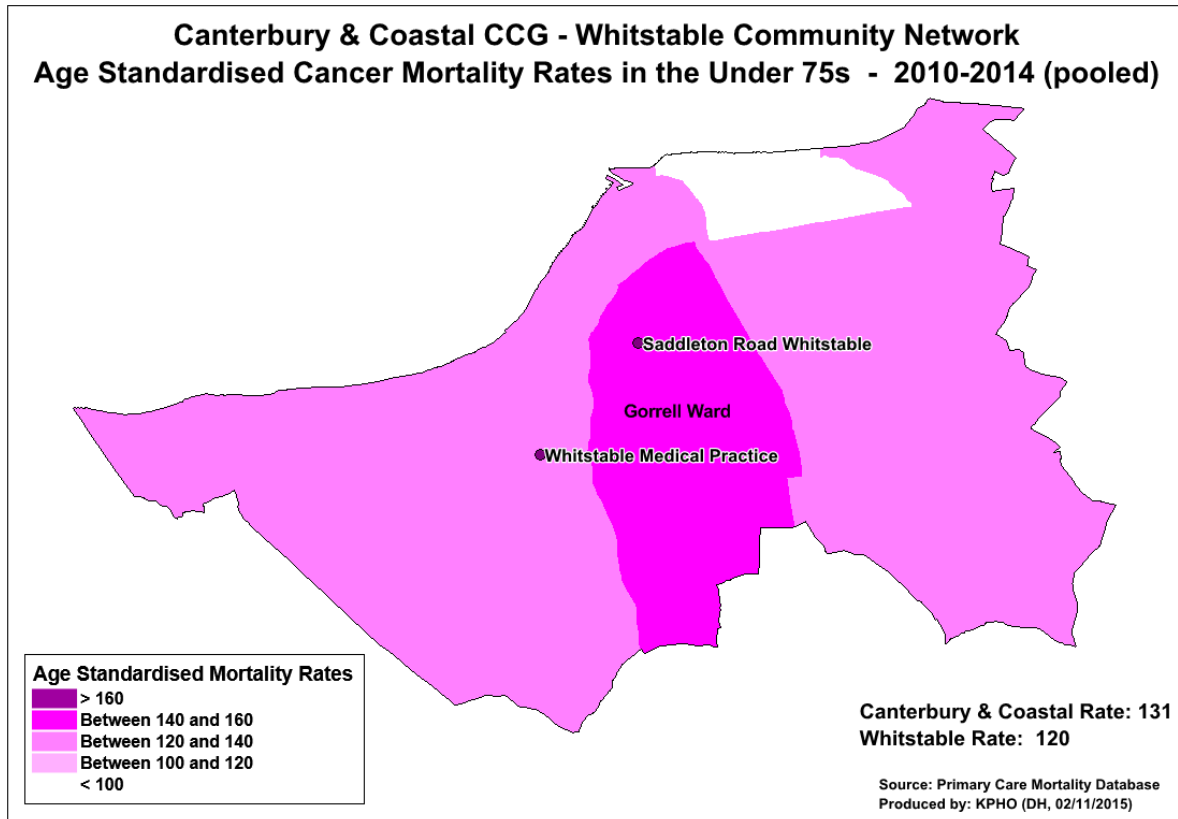

Canterbury & Coastal CCG - Whitstable Community Network
Age Standardised All Cause Mortality Rates in the Under 75s - 2010-2014 (pooled)

Saddleton Road Whitstable

Whitstable Medical Practice

Canterbury & Coastal Rate: 276
Whitstable Rate: 261

Age Standardised Mortality Rates
per 100,000 population
> 425
Between 350 and 425
Between 275 and 350
Between 200 and 275
< 200

Source: Primary Care Mortality Database
Produced by: KPHO (DH, 02/11/2015)

11.2   Premature Mortality: Cancer

11.2.1 Under 75 Cancer mortality

The overall trend for premature mortality due to cancer has been falling, although there was a sharp rise in 2014. In 2006 the age standardised rate for Canterbury & Coastal area was 141 per 100,000 – this reduced to just 119 in 2012 but has risen to 142 in 2014. There is variation to this pattern within the local community networks. The 23% rise in rates in the Canterbury & Rural and Sandwich & Ash areas was match by a 23% fall in the Whitstable area rates across the nine year period.

Trends in Age Standardised All Cancer Mortality in Under 75s across Canterbury CCG Community Networks
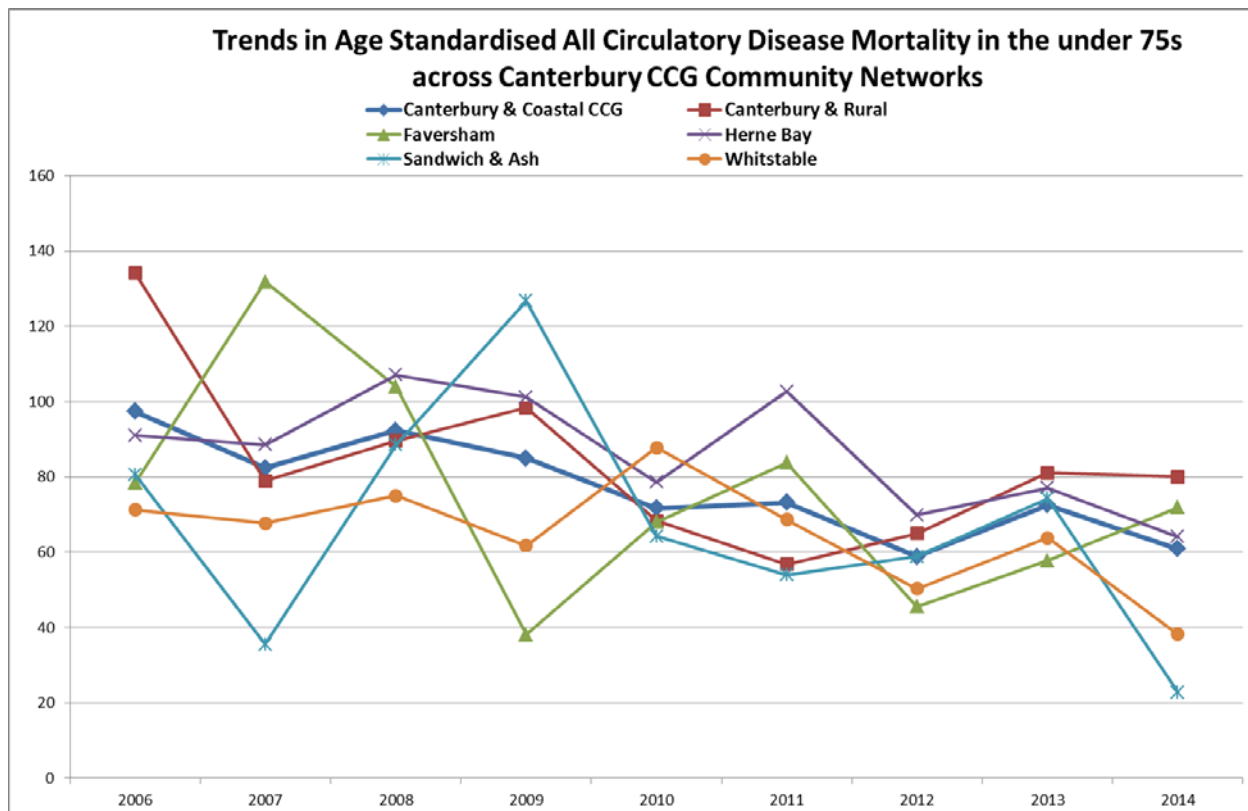
The five year pooled rates at electoral ward level shows that Gorrell (142) has the highest rates in the community network. The ward with the lowest rate (second lowest across the Canterbury & Coastal CCG area) is Tankerton with just 84 per 100,000. The overall under 75 cancer mortality rate for Whitstable is lower (120) than the rate for Canterbury & Coastal as a whole (131).

Canterbury & Coastal CCG - Whitstable Community Network
Age Standardised Cancer Mortality Rates in the Under 75s - 2010-2014 (pooled)

Saddleton Road Whitstable

Gorrell Ward

Whitstable Medical Practice

Age Standardised Mortality Rates
> 160
Between 140 and 160
Between 120 and 140
Between 100 and 120
< 100

Canterbury & Coastal Rate: 131
Whitstable Rate: 120

Source: Primary Care Mortality Database
Produced by: KPHO (DH, 02/11/2015)

11.3   Premature mortality: Circulatory disease

11.3.1 Under 75 Circulatory disease mortality

Trends in Age Standardised All Circulatory Disease Mortality in the under 75s across Canterbury CCG Community Networks

Canterbury and Coastal CCG community network profile, November 2015

The reduction in premature mortality due to circulatory diseases such as chronic heart disease and strokes has been falling over the past nine years. Across the Canterbury & Coastal CCG area rates have gone from 97 per 100,000 in 2006 to 60 per 100,000 in 2014. This rate of decrease is reflected across the local community networks with the exception of Faversham where the rate has only fallen by 8% across the same period.

Five year pooled rates at an electoral ward level reveal that Harbour ward (83) has the highest rate (within the worst quintile across the CCG). The lowest rate is found in Seasalter (54). The Whitstable rate (64) is slightly lower than that for Canterbury & Coastal CCG (68).

Canterbury and Coastal CCG community network profile, November 2015
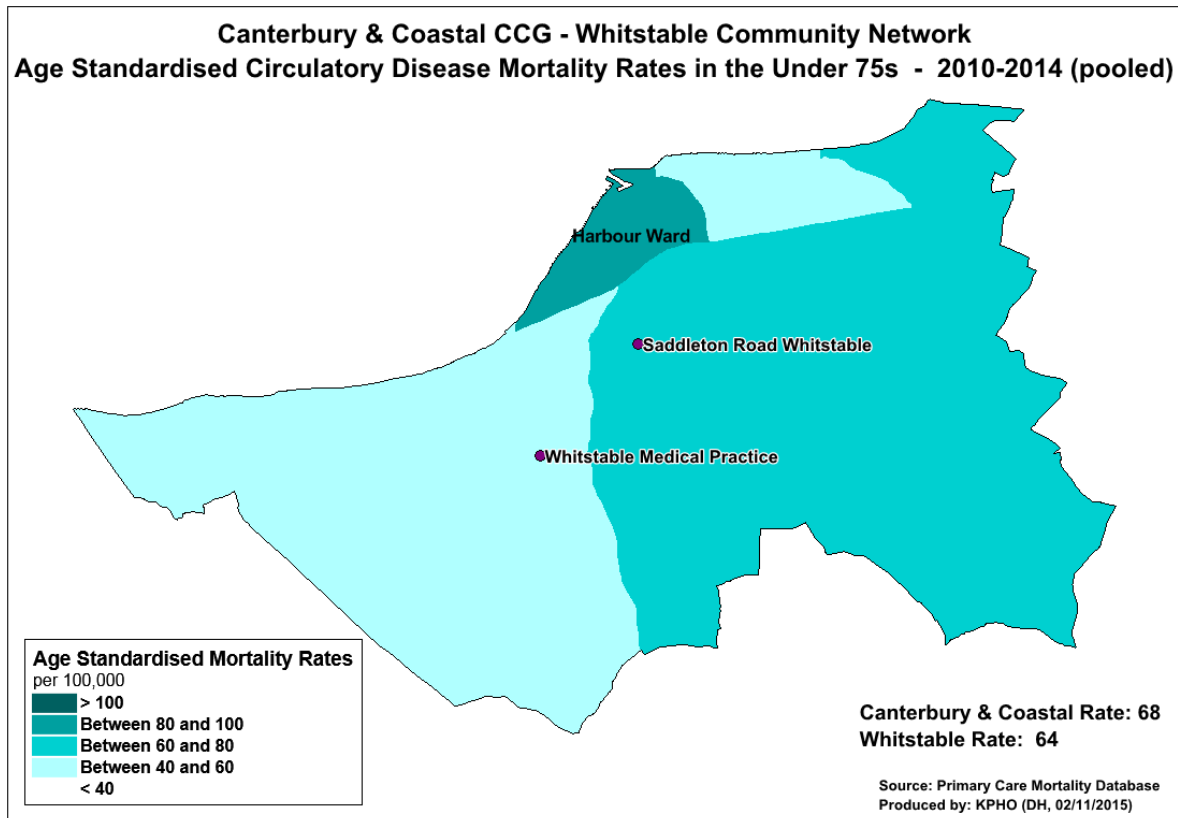
Appendix A: QOF clinical achievement indicators

- **Asthma 002**: AST002 The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or anytime after diagnosis
- **Asthma 003**: AST003 The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23
- **CHD 002**: CHD002   The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
- **CHD 006**: CHD006   The percentage of patients with a history of myocardial infarction (on or after 1 April 2011) currently treated with an ACE-I (or ARB if ACE-I intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin, NICE 2010 menu ID: NM07
- **COPD 003**: COPD003 The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months
- **COPD 004**: COPD004 The percentage of patients with COPD with a record of FEV1 in the preceding 12 months
- **Diabetes 003**: DM003 The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less, NICE 2010 menu ID: NM02
- **Diabetes 007**: DM007 The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months, NICE 2010 menu ID: NM14
- **Diabetes 009**: DM009 The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months
- **Diabetes 014**: DM014 The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register, NICE 2011 menu ID: NM27
- **Mental health 002**: MH002   The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate
- **Stroke and TIA 003**: STIA003 The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less

| Appendix B: Social care definitions

Long term residential care home placements:

Any placements in a residential bed at a registered care home which are long term ('permanent') and funded wholly or partly by the County Council, including on a temporary basis, or where the Council is administering payment on the service users behalf. This will exclude placements which are otherwise entirely funded by the service user or a third party (including other local authorities with social care responsibilities). It may include persons who formerly self-funded but whose assets have depleted and are now below the threshold for public funding.

Direct payments:

An individual is eligible for social care services and for an element of public funding. Payment of the public contribution (which may be for all or just part of the persons care package) is made direct to the individual who may then employ a personal assistant or buy care from an agency. The care may be delivered in their own home, a day care setting or a care home for planned short term respite care. Recent legislation will expand the use of direct payments for residential care provision.

Home care:

An individual is eligible for social care services (including respite breaks for a carer) and for an element of public funding. The persons need for care is likely to be ongoing and will be provided in their own home (domiciliary care). The Council will make arrangements for the care to be provided by an agency. It excludes equipment-only provision such as aids, adaptions and 'Telecare'.

Support services:

Services designed to maintain a person's independence in a community setting. Typically provided to persons with learning or mental health conditions, or younger adults with physical disabilities. While some element of personal care may be included, the service is primarily aimed at enabling the service recipient to function as independently as possible. This includes the 'Shared Lives' scheme and the Kent 'Supporting Independence' contracts.

Long term nursing care home placements:

Any placements in a nursing care bed at a registered care home which are long term ('permanent') and funded wholly or partly by the County Council, including on a temporary basis, or where the Council is administering payment on the service users behalf. This will exclude placements which are otherwise entirely funded by the service user or a third party (including the NHS and other local authorities with social care responsibilities). It may include persons who formerly self-funded but whose assets have depleted and are now below the threshold for public funding.

Enablement:

Short term planned interventions (typically up to three weeks) which aim to restore all or part of an individual's ability to live in a community setting or return home. This usually involves an element of rehabilitation and may follow a hospital admission or a deterioration in the persons physical or mental health. There is no charge to the service user. The service is provided by staff employed by the County Council, but similar 'intermediate care' services are available in care home settings and from NHS staff.

Meal services:

Delivery of meals arranged to the County Council to a person's own home. It may be ready to eat or frozen depending on the person's needs. The council funds delivery and the user pays the cost of the meal. In some localities, similar services may be provided by the voluntary sector, sometimes with the aid of grant funding by the County Council.