

# Clinical network profile: Ashford CCG

## North network

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## | 1. Executive Summary

### 1.1 Introduction

This clinical network profile for North clinical network in Ashford CCG 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 North clinical network was defined through discussion with the local clinical commissioning group and forms one of three networks within the Ashford CCG area.

### 1.2 Key Findings

#### Maternity

- **Life expectancy at birth**

Within the North clinical network within 2012-2014, a new-born male baby could be estimated to survive an average of 81.3 years and is similar to Kent at 80.9 years. Also, a new-born female baby could be estimated to survive an average of 84.2 years and is similar to Kent at 84.1 years. The trend has been stable for both genders within the North clinical network between 2006-2008 and 2012-2014.

- **General fertility rate**

Ashford CCG (66.7) has a significantly higher GFR in comparison to Kent (63.4) for the 2010 to 2014 period. There is considerable variation in ward level GFR within North clinical network. Tolsford, Aylesford Green and South Willesborough wards all have significantly higher rates than both Ashford CCG and Kent, whilst Saxon Shore and Kennington wards have significantly lower rates than both comparator areas.

- **Low birth weight**

Based on 2010-2014 pooled data, Ashford CCG (5.0%, 95% CI; 4.5% to 5.6%) has a significantly lower proportion of low birth weight babies in comparison with Kent (6.1%; 5.9% to 6.2%). Within the network, the percentage of births with a low birth weight range from 1.0% in Little Burton Farm ward to 10.7% in Kennington. Only Little Burton ward has a rate significantly different to that of Kent and Ashford CCG, although the three wards with the highest percentage of low birth weight babies are all in this clinical network.

- **Infant feeding**

As a clinical network, North (72.2%) has a higher coverage than Ashford CCG (59.7%) and Kent (70.7%). Whilst the prevalence of breastfeeding at 6 to 8 weeks is lower in Ashford (26.2%) than Kent (33.5%), North has a higher prevalence than both comparator areas, at 34.8%.

- **Immunisations**

Of the practice level immunisations up to 1 year of age, Hollington Surgery had uptake across all immunisations of less than 90%. None of the practices within North clinical network achieved more than 90% uptake for PCV booster at 2 years. For uptake at age 5 years, North clinical network had uptake of less than 90% for DTaP.IPV.Booster and MMR.2<sup>nd</sup>.dose.

- **Infant mortality**

North clinical network has lower mortality rates than the CCG with the exception of neonatal mortality. Mortality rates for stillbirths, perinatal and early neonatal mortality are all higher than Kent; however, none of the differences observed are statistically significant.

### **Demographic overview**

- **Practice population**

The population structure of the North clinical network, is similar in structure to Ashford CCG. Within the North clinical network, there were over 12,000 persons within the 40 to 54 age group, contributing 21.9% to the total population.

- **Ethnicity**

Some of the wards within the North clinical network had higher proportions of ethnic minority groups in comparison to Ashford CCG, particularly the wards; Godington, Stour and South Wilesborough.

### **Socio-economic profile**

- **Deprivation**

None of the practices in North Clinical Network have IMD scores above the England average; however, Hollington Surgery and Charing practice have scores higher than Ashford CCG.

Ashford CCG has a lower proportion of children living in income deprived households (17.1%) in comparison to Kent (19.9%). Hollington Surgery (20.0%) has a higher proportion of children living in poverty than England, and Willesborough health Centre (17.7%) and New Hayesbank Surgery (17.3%) also have percentages higher than the CCG.

Ashford CCG has a lower proportion of older people living in pension credit (guarantee) households (12.9%) in comparison to Kent (16.2%). Again, Hollington Surgery (17.0%) has a higher proportion of older people living in poverty in comparison to England, whilst Willesborough Health Centre (15.6%) and New Hayesbank Surgery (13.5%) have proportions higher than the CCG.

### **Lifestyle**

- **Alcohol, Obesity & Smoking**

Binge drinking prevalence is greatest (16% to 20%) in the more populous wards towards the centre of Ashford. The rates in the rural northern areas are very slightly higher than those in the rural south of Ashford (with the exception of Tenterden).

The higher prevalence of adult obesity is found in the south eastern areas of Ashford town. The lowest prevalence is located toward the north western electoral wards of the district.

Smoking prevalence in Ashford is greatest in Washford, Stanhope and Beaver wards, other central town centre wards also have high prevalence's of adult smoking. The rural areas of the district have prevalence levels that are almost half those of the urban central wards.

## **Mental health**

- **Contact with services**

Within North clinical network, the mental health contact rate for people aged 15 to 64 ranges from 15.2 in Highfield to 66.4 in South Willesborough. Wards with significantly higher rates in comparison to Ashford CCG and Kent are South Willesborough, Aylesford Green, Stour, Bockhanger and Bybrook. Saxon Shore, Weald North, Tolsford, Downs North and Highfield all have significantly lower rates than both Kent and the CCG.

In North clinical network, the mental health contact rate for people aged 65 and above varies from 44.0 per 1,000 population in Lympe and Stanford to 113.9 in Bockhanger. Godinton, Bybrook and Bockhanger wards all have significantly higher rates than Kent and the CCG. Lympe and Stanford has a significantly lower rate than the comparator areas.

## **Quality outcomes framework**

- **Recorded prevalence**

In 2014/15 Ashford north network had significantly higher prevalence of the following conditions in comparison to NHS Ashford CCG: Atrial fibrillation, Asthma, Chronic kidney disease, Epilepsy, Hypertension and Mental health. In 2014/15 Ashford north network had significantly lower prevalence of depression in comparison to NHS Ashford CCG.

- **Recorded prevalence: trend analysis**

No significant differences were observed in rate of change of prevalence between 2006/07 and 2014/15 when comparing North network with the national rate of change.

- **Recorded and expected prevalence**

The prevalence of dementia among the population of Ashford North is estimated at 1.39%, if this estimation is assumed correct, 48% of cases on average have been detected across the network, lower than the ascertainment rate across the CCG.

- **Clinical achievement (see appendix A for definitions)**

In 2014/15 Ashford north network did not have any clinical achievements which were significantly higher than the CCG. Achievement of the following conditions in comparison to



NHS Ashford CCG was significantly lower: Asthma 002, CHD 006, Diabetes 003, Mental Health 002 and Stroke and TIA 003.

### Hospital activity

- The rate of change for North (1.9, per 100,000 population) has increased higher than Ashford CCG (-0.9) for stroke emergency hospital admissions.
- The rate of change for North (29.2, per 100,000 population), has increased at a higher rate than Ashford CCG (14.2) on alcohol-specific hospital admissions.

### Social services

As a CCG, Ashford has significantly lower rates of long term residential care home placements (6.7 per 10,000) and home care (5.4) users for people aged under 65 in 2013-2015 (pooled), than Kent (9.7 and 6.7 respectively). The rate of support services contacts per 10,000 population is significantly higher in Ashford CCG (15.2) than Kent (12.7).

Ashford CCG has significantly lower rates of direct payments (28.9), long term residential care home placements (49.8), and home care (102.2) contacts for people aged 65 and above than Kent.

Ashford CCG has a significantly higher enablement rate (3.5 per 10,000) than Kent (2.9), but a significantly lower rate of people using meal services (1.4 in Ashford CCG, 3.7 in Kent).

### Mortality

- **All age, all-cause mortality**

Within the North clinical network within 2012-2014, the age standardised rate for all age all-cause mortality was 892.8 per 100,000 registered population. The trend has been stable within the North clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.

- **Premature mortality: cancer**

Within the North clinical network within 2012-2014, the age standardised rate for premature cancer mortality was 58.1 per 100,000 registered population. The trend has been stable within the North clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.

- **Premature mortality: circulatory disease**

Within the North clinical network within 2012-2014, the age standardised rate for premature cancer mortality was 58.1 per 100,000 registered population. The trend has been stable within the North clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.

## | 2. Introduction & Objectives

### 2.1 Clinical Network Area

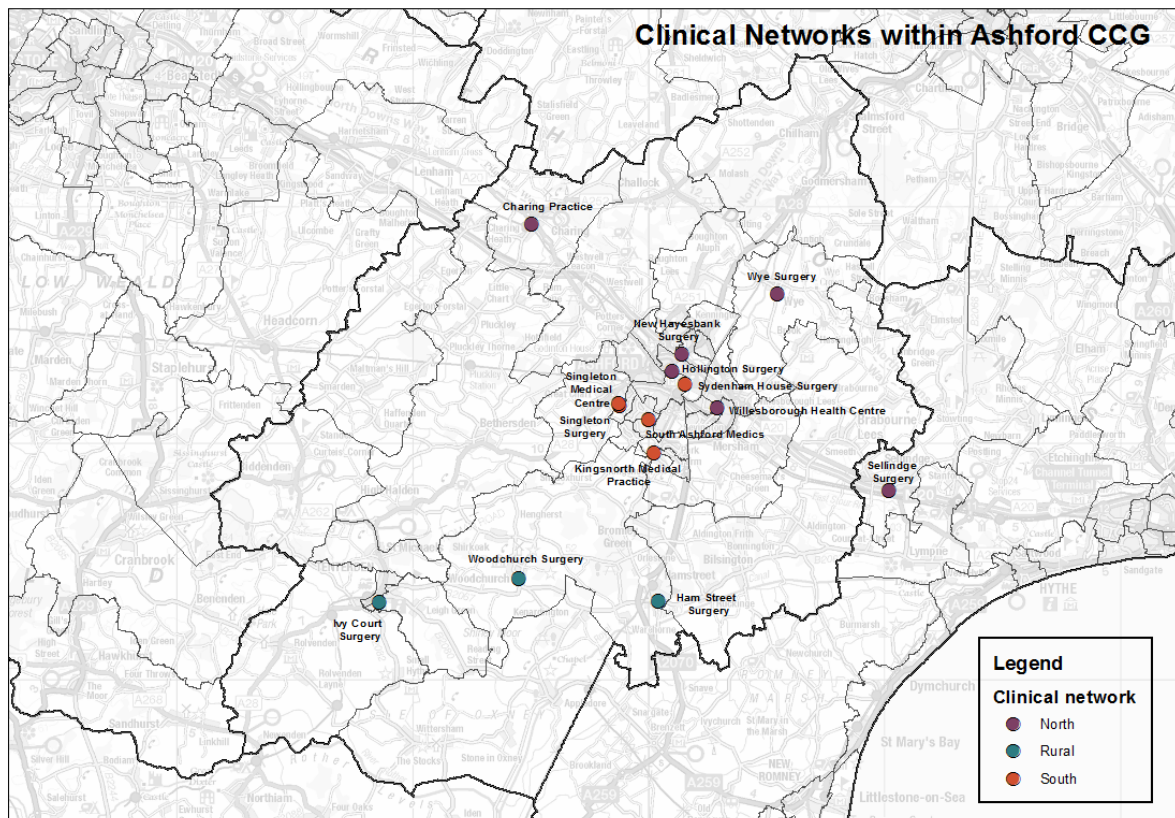
#### 2.1.1 Clinical Network

The map below shows the breakdown of North Clinical 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. There are six practices within North Clinical network.

**Table 1:** Practices in North Clinical Network

Practice Name	Code
Hollington Surgery	G82049
Willesborough Health Centre	G82080
New Hayesbank Surgery	G82087
Charing Practice	G82094
Wye Surgery	G82142
Sellindge Surgery	G82658

The map below shows the location of these practices.



### 2.1.2 Clinical Network electoral wards

For some indicators, data cannot be analysed at a practice level; consequently, electoral wards have been assigned to the clinical networks. Wards have been allocated to the clinical network which has the highest percentage of the ward resident population registered within the network. In addition to the Ashford CCG wards, three South Kent Coast CCG wards have also been included due to the high numbers of residents in these wards registered to Ashford CCG practices. The following table displays the wards within North clinical network, and the percentage of the ward’s resident population who are registered with practices within the network.

**Table 2**

Ward	CCG	Percentage
Aylesford Green	NHS Ashford	72.4
Bockhanger	NHS Ashford	84.9
Boughton Aluph & Eastwell	NHS Ashford	85.3
Bybrook	NHS Ashford	85.5
Charing	NHS Ashford	92.3

Downs North	NHS Ashford	29.6
Downs West	NHS Ashford	86.1
Godinton	NHS Ashford	57.0
Highfield	NHS Ashford	85.8
Kennington	NHS Ashford	86.1
Little Burton Farm	NHS Ashford	85.7
Lympne & Stanford	NHS South Kent Coast	31.4
Tolsford	NHS South Kent Coast	44.4
North Willesborough	NHS Ashford	80.4
Saxon Shore	NHS Ashford	61.4
South Willesborough	NHS Ashford	74.2
Stour	NHS Ashford	58.8
Weald North	NHS Ashford	38.1
Wye	NHS Ashford	98.0

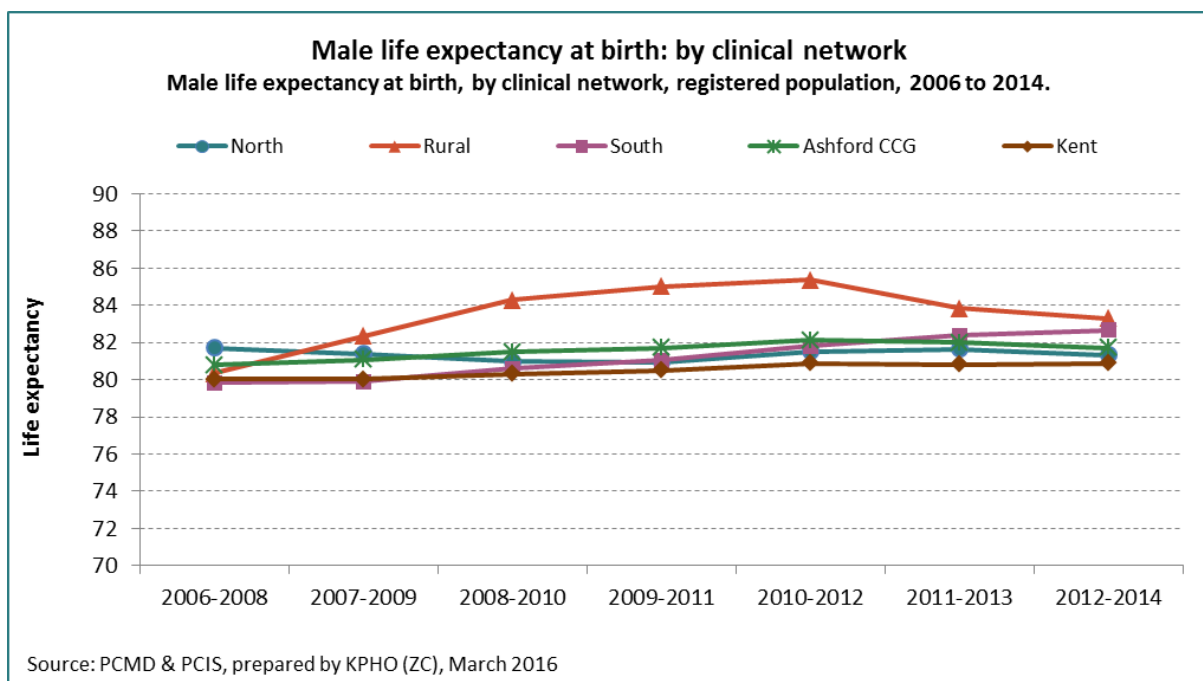
### 3. Maternity

#### 3.1 Life expectancy at birth

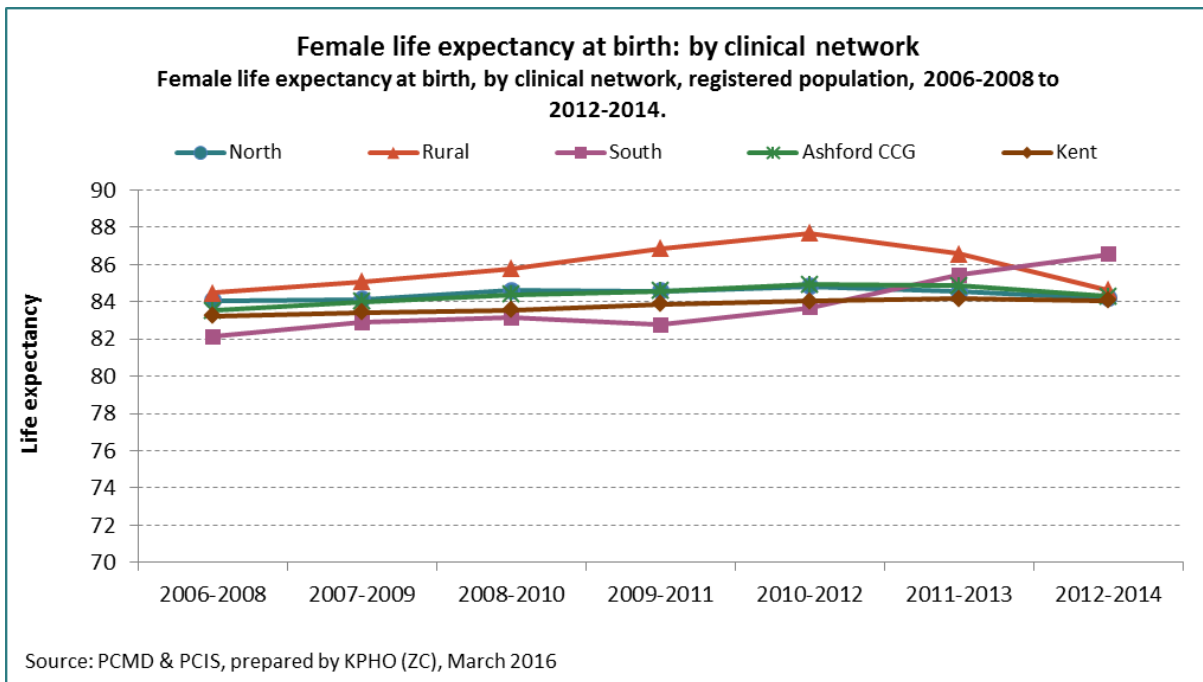
Life expectancy at birth describes the average number of years a new-born baby could be estimated to survive if he or she experienced the age specific mortality rates for that area and time period throughout life. For the clinical networks, life tables were used to calculate age specific mortality rates from the numbers of deaths within the registered population.

##### 3.1.1 Clinical network life expectancy trend

Within the North clinical network within 2012-2014, a new-born male baby could be estimated to survive an average of 81.3 years and is similar to Kent at 80.9 years. The trend has been stable within the North clinical network between 2006-2008 and 2012-2014.

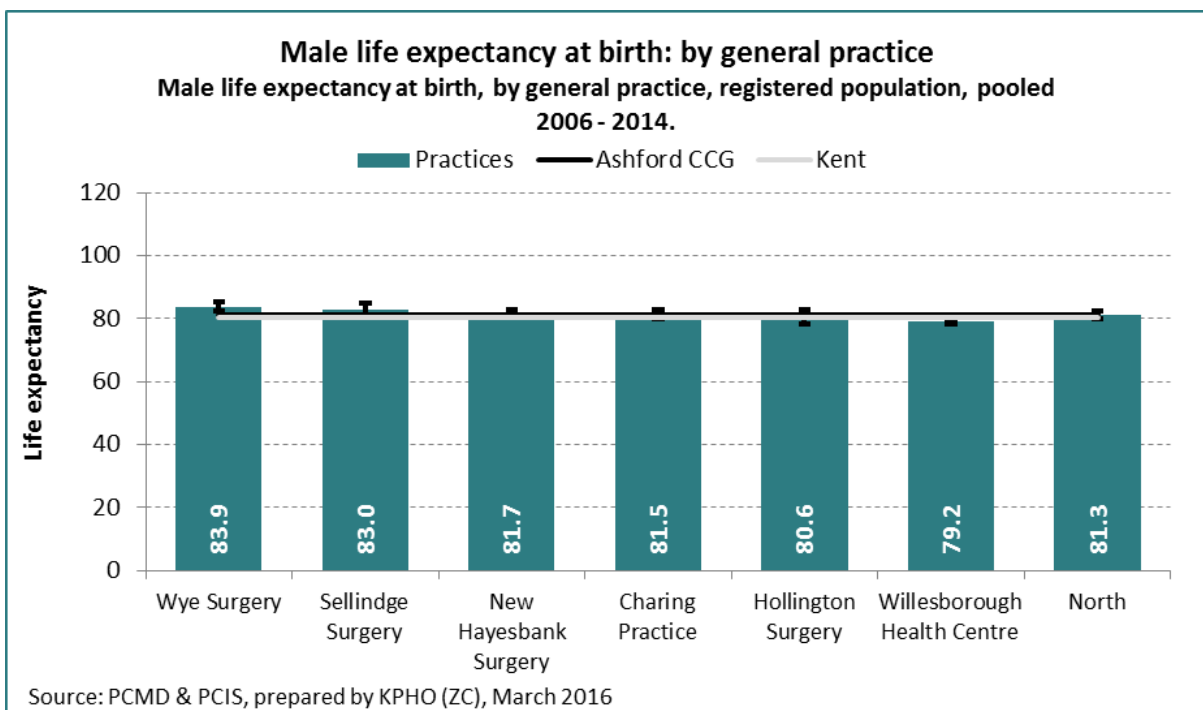


Within the North clinical network within 2012-2014, a new-born female baby could be estimated to survive an average of 84.2 years and is similar to Kent at 84.1 years. The trend has been stable within the North Clinical network between 2006-2008 and 2012-2014.



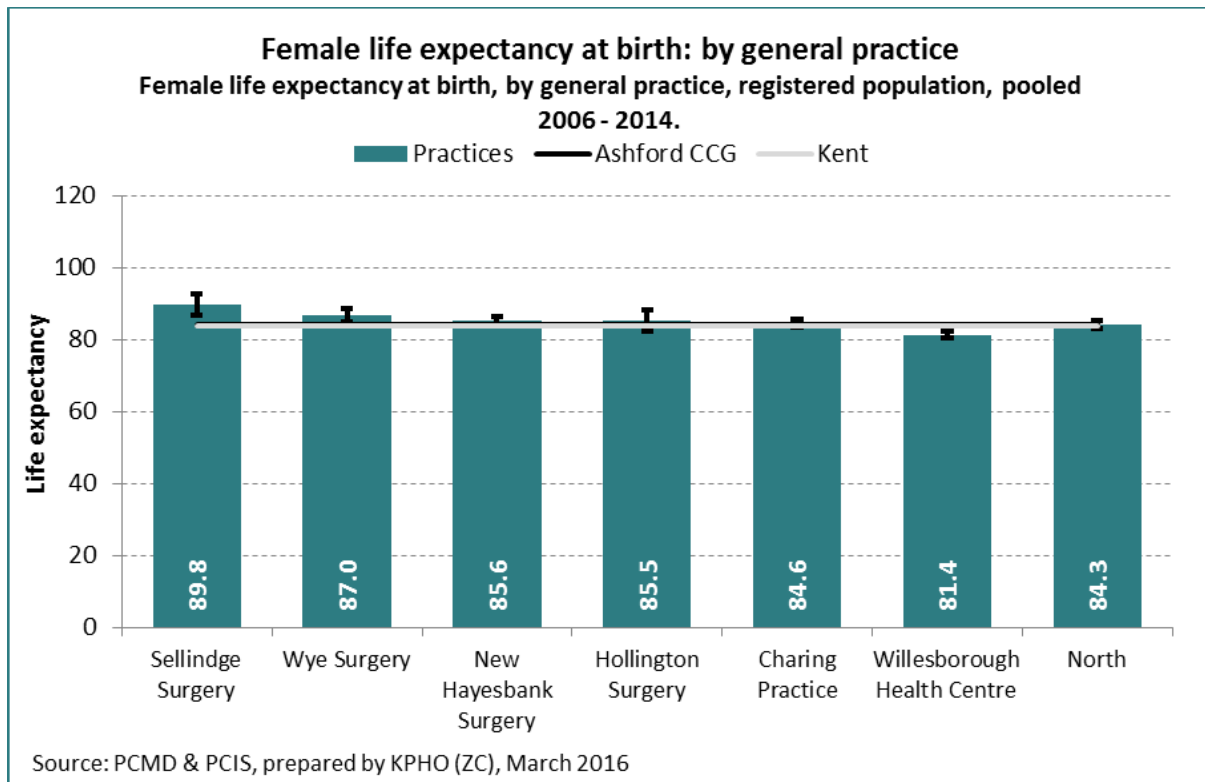
### 3.1.2 Practice level life expectancy

Within the North general practices within 2006-2014, a new-born male baby registered at Wye or Sellindge Surgeries could be estimated to have higher life expectancies than the Kent average. Life expectancy was lower at Wilesborough Health Centre. The remaining practices were similar to Kent.



Within the North general practices within 2006-2014, a new-born female baby registered at Wye, Sellindge or New Hayesbank Surgeries could be estimated to have higher life

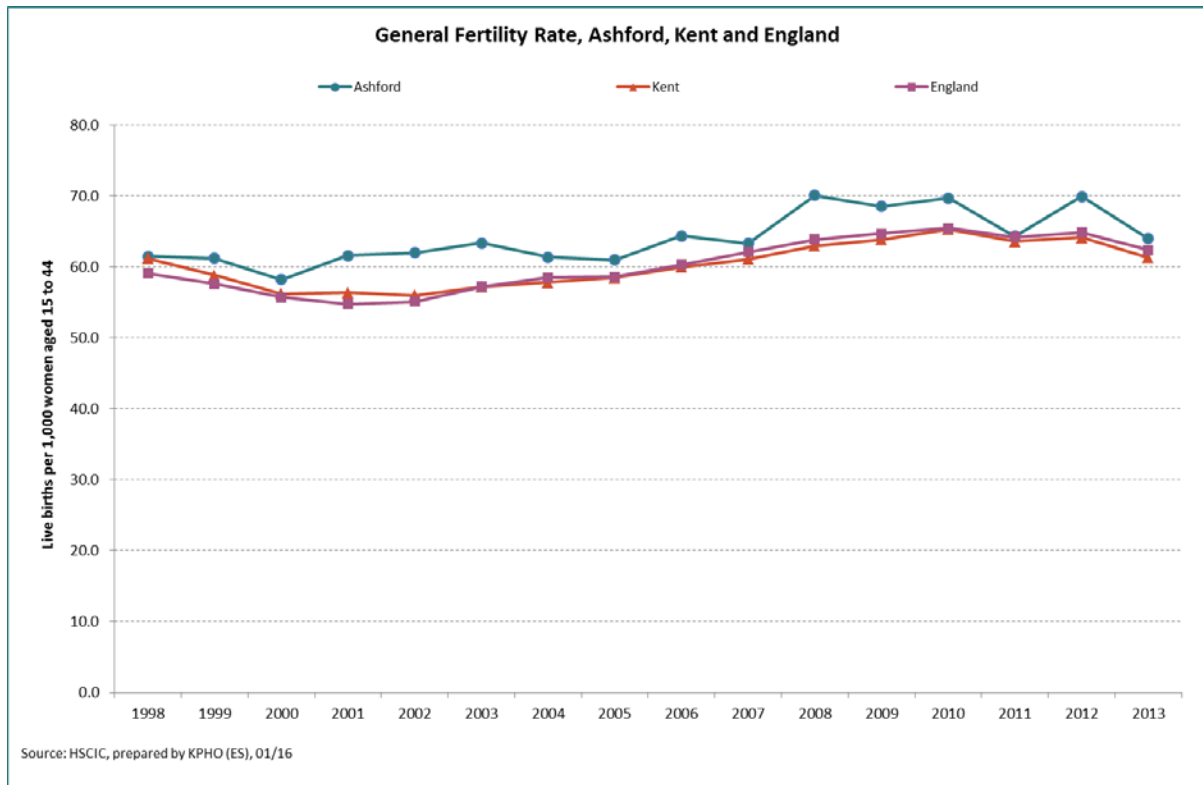
expectancies than the Kent average. Life expectancy was lower at Wilesborough Health Centre. The remaining practices were similar to Kent.



### 3.2 General fertility rate

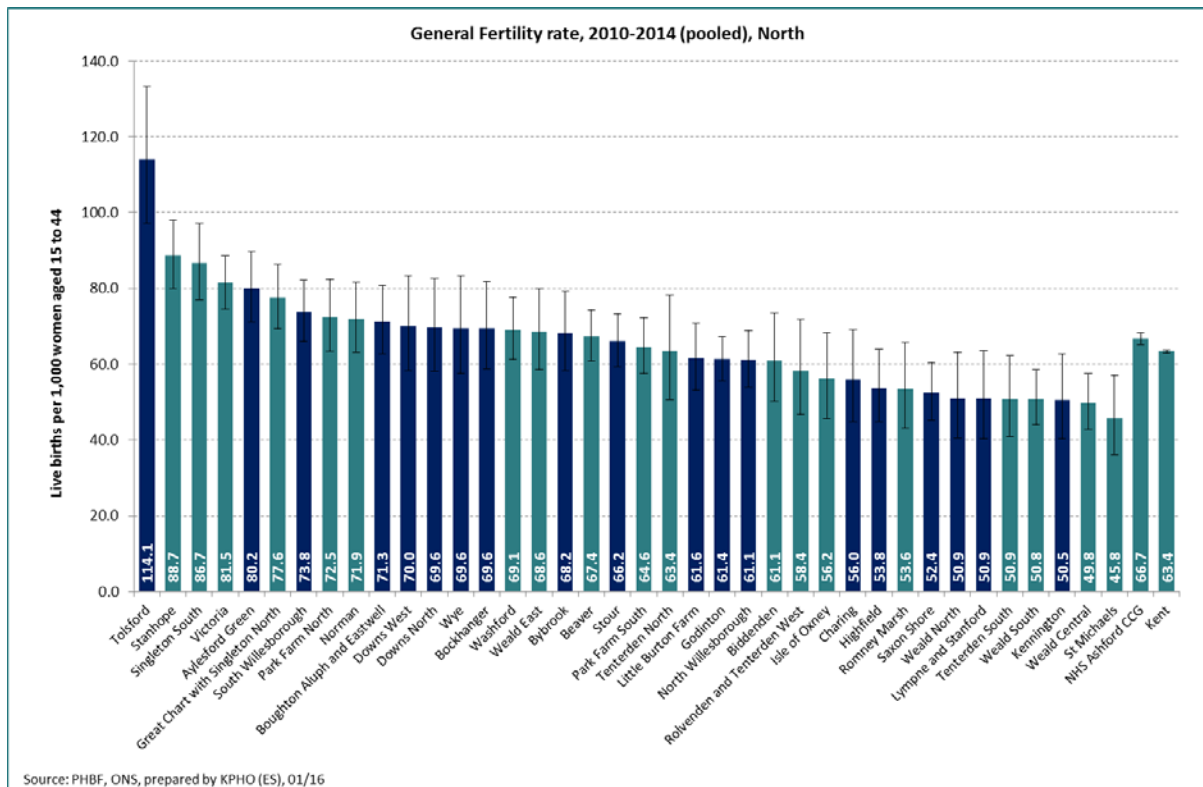
In 2014, there were 17,305 live births in Kent and 1,474 (8.5%) of these were to Ashford residents. Data are sourced from the Public Health Birth File (PHBF); however, practice of registration information is not included in this dataset. Consequently, information is presented by ward and CCG of residence.

The general fertility rate GFR is defined as the number of live births per 1,000 women aged 15 to 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.



Since 1998, Ashford district has consistently had a higher GFR than both Kent and England; however, follows a similar pattern overall. GFR decreased between 1998 and 2000, before increasing to 2008. Since then, the rate has fluctuated but decreased notably in the past year.

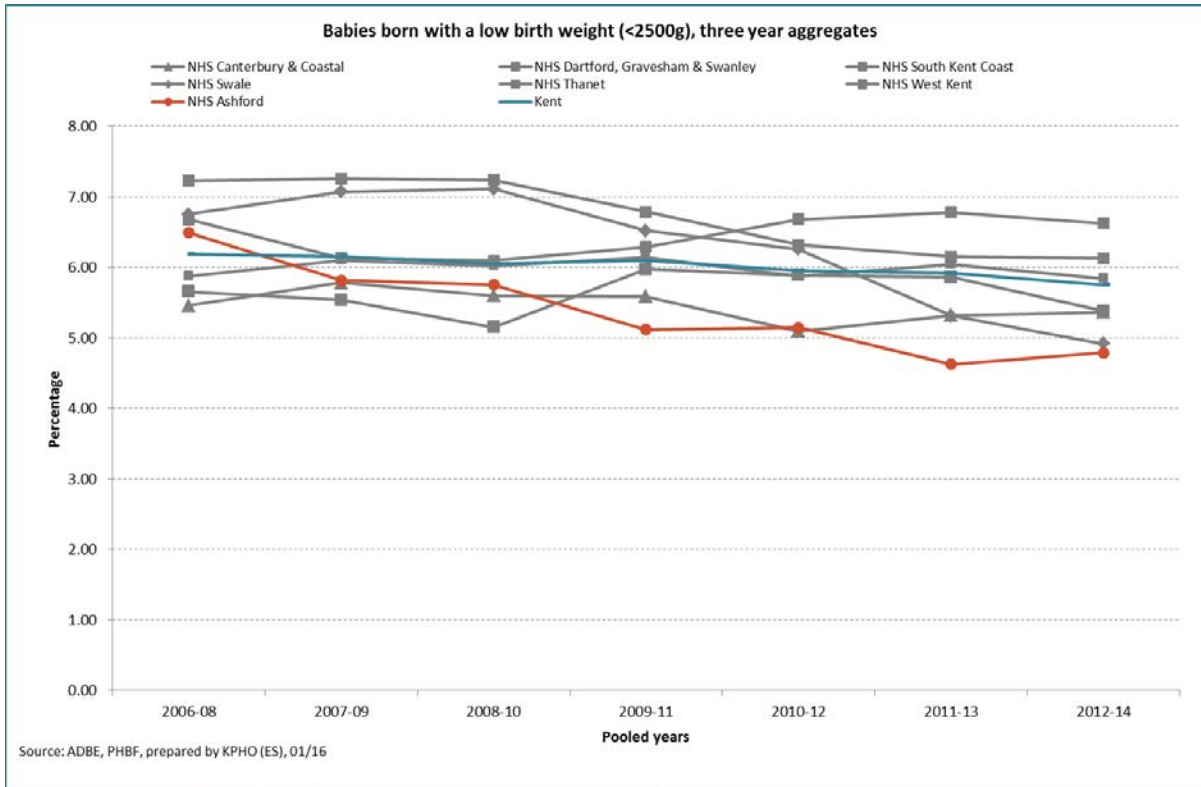




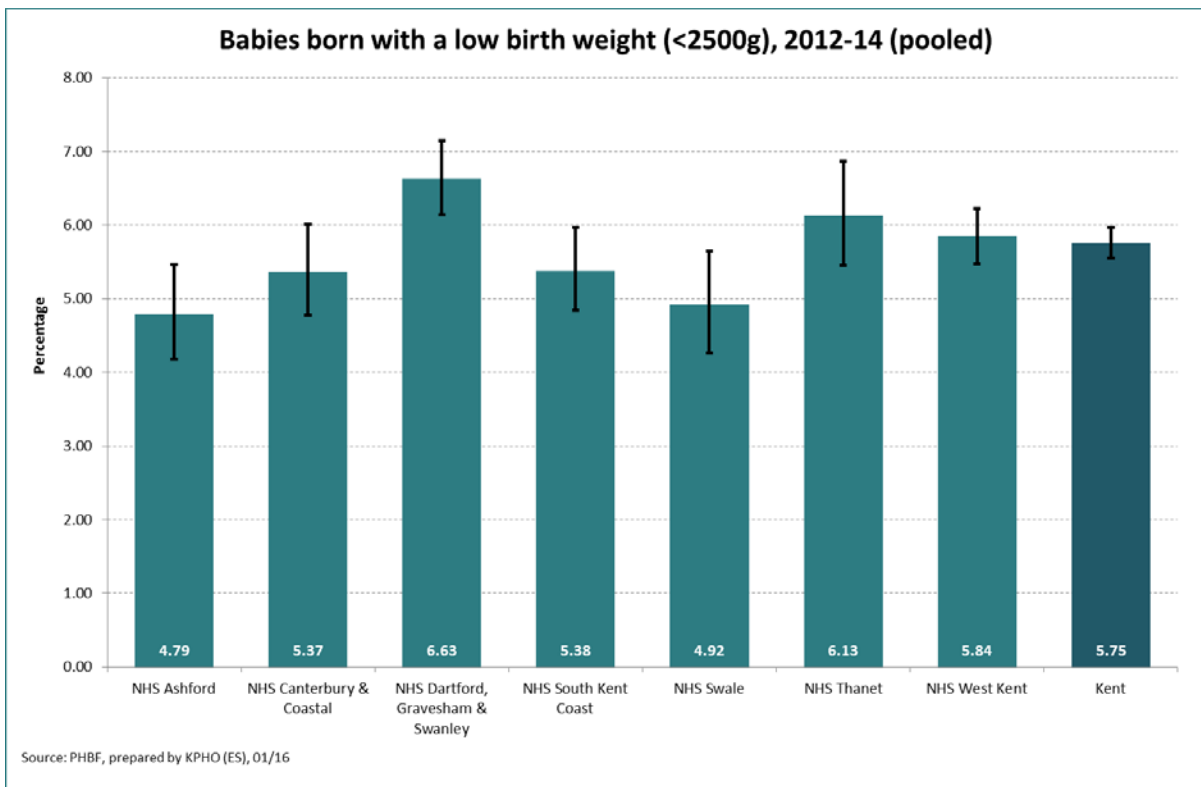
Ashford CCG (66.7) has a significantly higher GFR in comparison to Kent (63.4) for the 2010 to 2014 period. There is considerable variation in ward level GFR within North clinical network. Tolsford, Aylesford Green and South Willesborough wards all have significantly higher rates than both Ashford CCG and Kent, whilst Saxon Shore and Kennington wards have significantly lower rates than both comparator areas.

### 3.3 Low birth weight

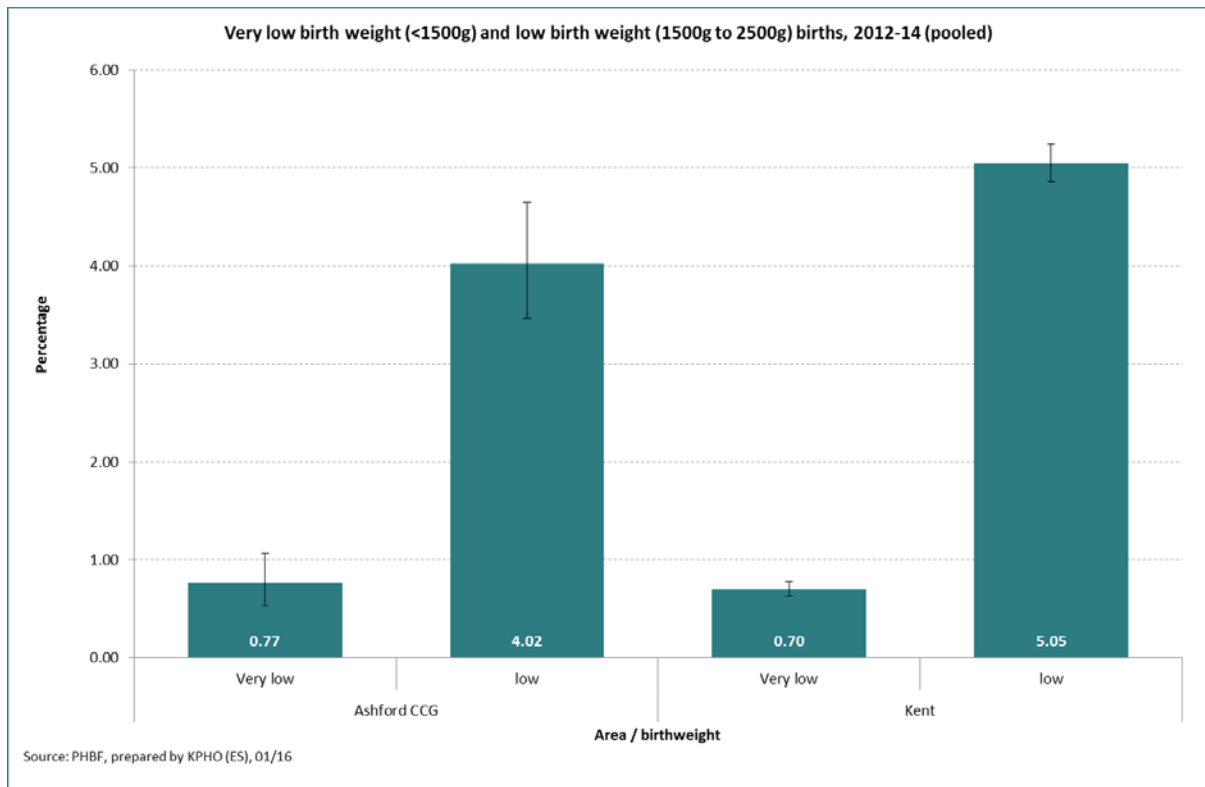
Low birth weight is defined as the number of live births with stated birth weight below 2500g expressed as percentage of live births. In 2014, there were 979 low birth weight births in Kent, 72 of which were in Ashford CCG.



With the exception of 2006-08, the percentage of babies born with a low birth weight has been consistently lower in Ashford CCG than Kent. The CCG percentage decreased from 6.5% in 2006-08 to 4.6% in 2011-13; however has increased marginally to 4.8% in 2012-14. The annual rate of decrease in Ashford CCG is 0.3%, a faster rate of change than Kent (-0.1%); however this difference is not significant.

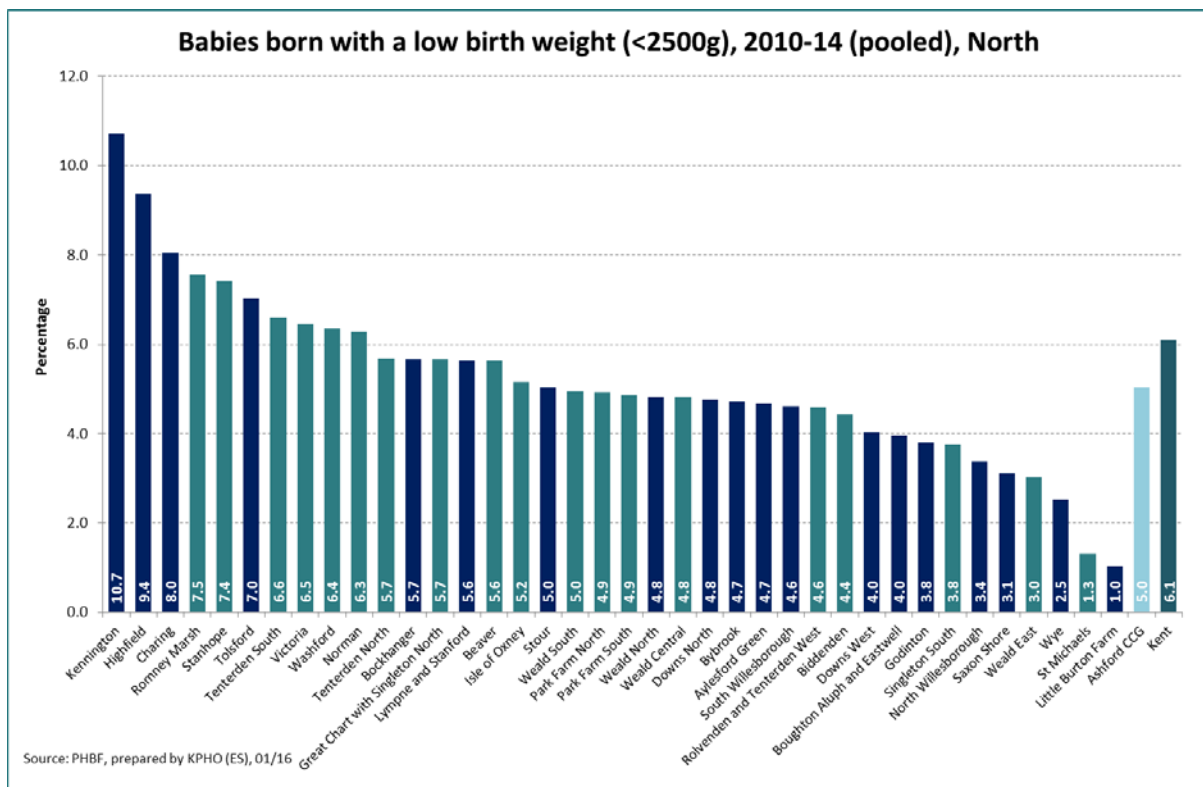


In 2012-14, Ashford CCG (4.79%) had the lowest percentage of low birth weight babies born of all the Kent CCGs; significantly lower than the Kent percentage (5.85%).



Ashford CCG has a significantly lower percentage (4.02%) of babies with a birth weight between 1500g and 2500g than Kent, at 4.02% and 5.05% respectively. There is little difference in the percentage of babies born weighing less than 1500g.

At a ward level, data have been pooled for five years due to small number of births with a weight of below 2500g.



Based on 2010-2014 pooled data, Ashford CCG (5.0%, 95% CI; 4.5% to 5.6%) has a significantly lower proportion of low birth weight babies in comparison with Kent (6.1%; 5.9% to 6.2%). Within the network, the percentage of births with a low birth weight range from 1.0% in Little Burton Farm ward to 10.7% in Kennington. Only Little Burton ward has a rate significantly different to that of Kent and Ashford CCG, although the three wards with the highest percentage of low birth weight babies are all in this clinical network.

### 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. Data is currently only available at a GP practice level for early 2015/16.

Coverage rates below the recommended levels suggest that the prevalence indicators are less reliable and mask the true population prevalence with regard to breastfeeding continuation. Prevalence of breastfeeding is defined as the number of babies with a record of being either fully or partially breastfed at their 6 to 8 week check as a percentage of the number of infants due to 6 to 8 week check.

Breastfeeding continuation (6 to 8 weeks), quarter 1 2015/16

Network	Practice Code	Practice name	Coverage (%)	Prevalence (%)
North	G82049	Hollington Surgery	88.9	55.6
North	G82080	Willesborough Health Centre	88.2	49.0
North	G82087	New Hayesbank Surgery	88.6	34.1
North	G82094	Charing Practice	41.7	20.8
North	G82142	Wye Surgery	47.4	15.8
North	G82658	Sellindge Surgery	27.3	18.2
<b>North</b>			<b>72.2</b>	<b>34.8</b>
<b>Ashford CCG</b>			<b>59.7</b>	<b>26.2</b>
<b>Kent</b>			<b>70.7</b>	<b>33.5</b>

Source: Child Health Information System

Whilst the table above details the prevalence of breastfeeding at the 6-8 week check, it should be noted that none of the practices achieve a coverage of greater than 95%, although Hollington Surgery, Willesborough Health Centre and New Hayesbank Surgery all have higher coverage rates than both Ashford CCG and Kent.

As a clinical network, North (72.2%) has a higher coverage than Ashford CCG (59.7%) and Kent (70.7%). Whilst the prevalence of breastfeeding at 6 to 8 weeks is lower in Ashford (26.2%) than Kent (33.5%), North has a higher prevalence than both comparator areas, at 34.8%.

### 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%

Uptake (%) for children up to 12 months

Practice	12 month cohort		
	DTaP.IPV.Hib	MenC	PCV
Hollington Surgery, (G82049)	82.4	82.4	82.4
Willesborough Health Centre, (G82080)	93.8	95.1	97.5
New Hayesbank Surgery, (G82087)	94.7	90.5	97.9
Charing Practice, (G82094)	94.9	97.4	97.4
Wye Surgery, (G82142)	91.4	97.1	91.4
Sellindge Surgery, (G82658)	96.3	96.3	96.3
<b>North</b>	<b>93.5</b>	<b>93.5</b>	<b>95.9</b>
<b>Ashford CCG</b>	<b>87.8</b>	<b>94.5</b>	<b>90.0</b>
<b>Kent</b>	<b>88.3</b>	<b>93.1</b>	<b>89.1</b>

Source: CHIS

Uptake (%) for children up to 24 months

Practice	24 month cohort				
	DTaP.IPV.Hib	MMR	MenC.Infant	Hib.MenC.Booster	PCV.Booster
Hollington Surgery, (G82049)	95.2	100.0	90.5	100.0	85.7
Willesborough Health Centre, (G82080)	95.7	95.7	97.9	94.7	59.6
New Hayesbank Surgery, (G82087)	94.1	93.1	98.0	93.1	75.5
Charing Practice, (G82094)	88.6	88.6	91.4	88.6	62.9
Wye Surgery, (G82142)	97.1	94.1	97.1	94.1	70.6
Sellindge Surgery, (G82658)	93.8	100.0	100.0	100.0	43.8
<b>North</b>	<b>94.4</b>	<b>94.4</b>	<b>96.7</b>	<b>94.0</b>	<b>67.5</b>
<b>Ashford CCG</b>	<b>94.5</b>	<b>92.9</b>	<b>95.7</b>	<b>92.4</b>	<b>63.4</b>
<b>Kent</b>	<b>90.2</b>	<b>90.7</b>	<b>93.7</b>	<b>90.2</b>	<b>48.4</b>

Source: CHIS

Uptake (%) for children up to 5 years

Practice	5 year cohort									
	DT.Pol.Primary	DTaP.IPV.Booster	Pertussis.Primary	Hib.Infant	MenC.Infant	Hib.MenC.Booster	MMR.1st.dose	MMR.2nd.dose	PCV.Infant	PCV.Booster
Hollington Surgery, (G82049)	92.3	92.3	96.2	96.2	96.2	92.3	96.2	96.2	96.2	84.6
Willesborough Health Centre, (G82080)	94.3	90.9	95.5	95.5	94.3	94.3	95.5	89.8	94.3	92.0
New Hayesbank Surgery, (G82087)	92.6	88.0	92.6	92.6	92.6	90.7	91.7	89.8	92.6	88.0
Charing Practice, (G82094)	100.0	94.4	100.0	100.0	97.2	100.0	100.0	91.7	97.2	97.2
Wye Surgery, (G82142)	94.5	80.0	94.5	94.5	92.7	89.1	90.9	80.0	92.7	83.6
Sellindge Surgery, (G82658)	100.0	77.8	100.0	100.0	100.0	100.0	100.0	92.6	100.0	100.0
<b>North</b>	<b>94.7</b>	<b>87.6</b>	<b>95.3</b>	<b>95.3</b>	<b>94.4</b>	<b>93.2</b>	<b>94.4</b>	<b>89.1</b>	<b>94.4</b>	<b>90.0</b>
<b>Ashford CCG</b>	<b>95.2</b>	<b>86.7</b>	<b>95.5</b>	<b>95.5</b>	<b>95.5</b>	<b>93.5</b>	<b>94.6</b>	<b>88.5</b>	<b>94.7</b>	<b>91.0</b>
<b>Kent</b>	<b>95.2</b>	<b>85.8</b>	<b>95.3</b>	<b>95.3</b>	<b>94.5</b>	<b>92.6</b>	<b>94.6</b>	<b>85.9</b>	<b>94.2</b>	<b>90.2</b>

Source: CHIS

Of the practice level immunisations up to 1 year of age, Hollington Surgery had uptake across all immunisations of less than 90%. None of the practices within North clinical network achieved more than 90% uptake for PCV booster at 2 years. For uptake at age 5 years, North clinical network had uptake of less than 90% for DTaP.IPV.Booster and MMR.2<sup>nd</sup>.dose.

### 3.6 Infant mortality

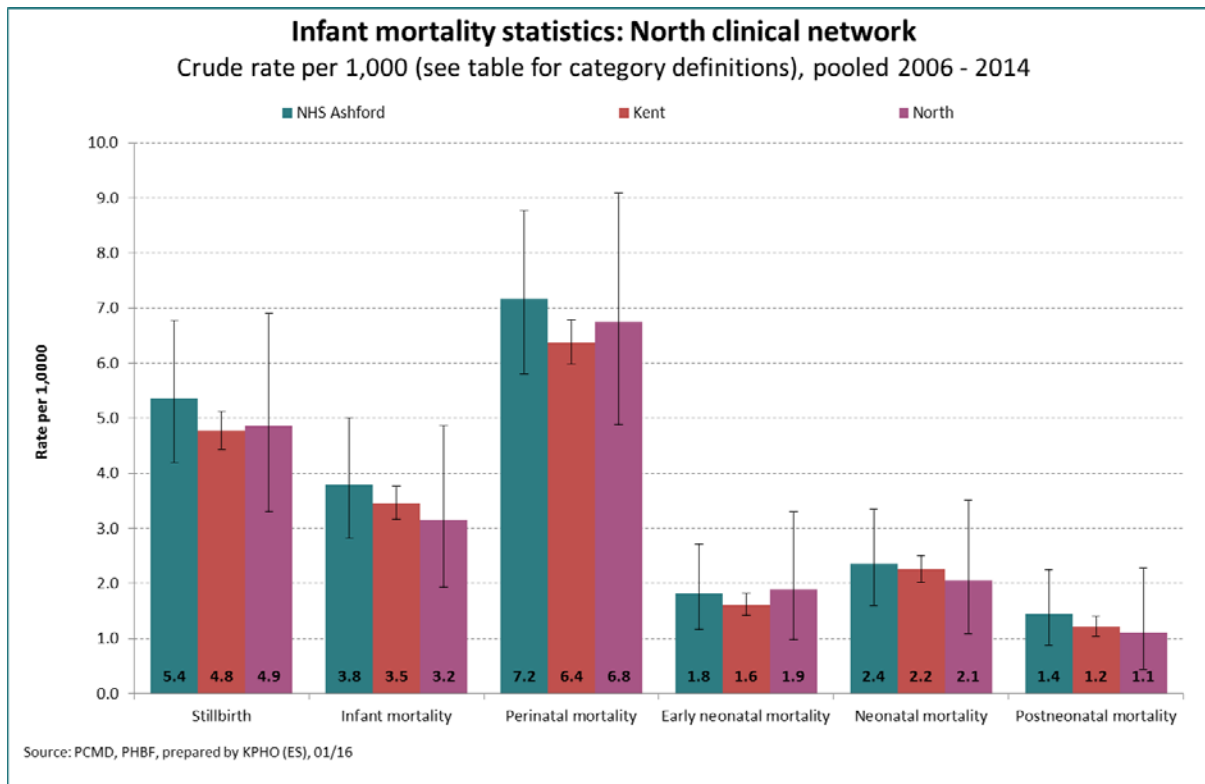
The following indicators and definitions have been used:

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.



North clinical network has lower mortality rates than the CCG with the exception of neonatal mortality. Mortality rates for stillbirths, perinatal and early neonatal mortality are all higher than Kent; however, none of the differences observed are statistically significant.

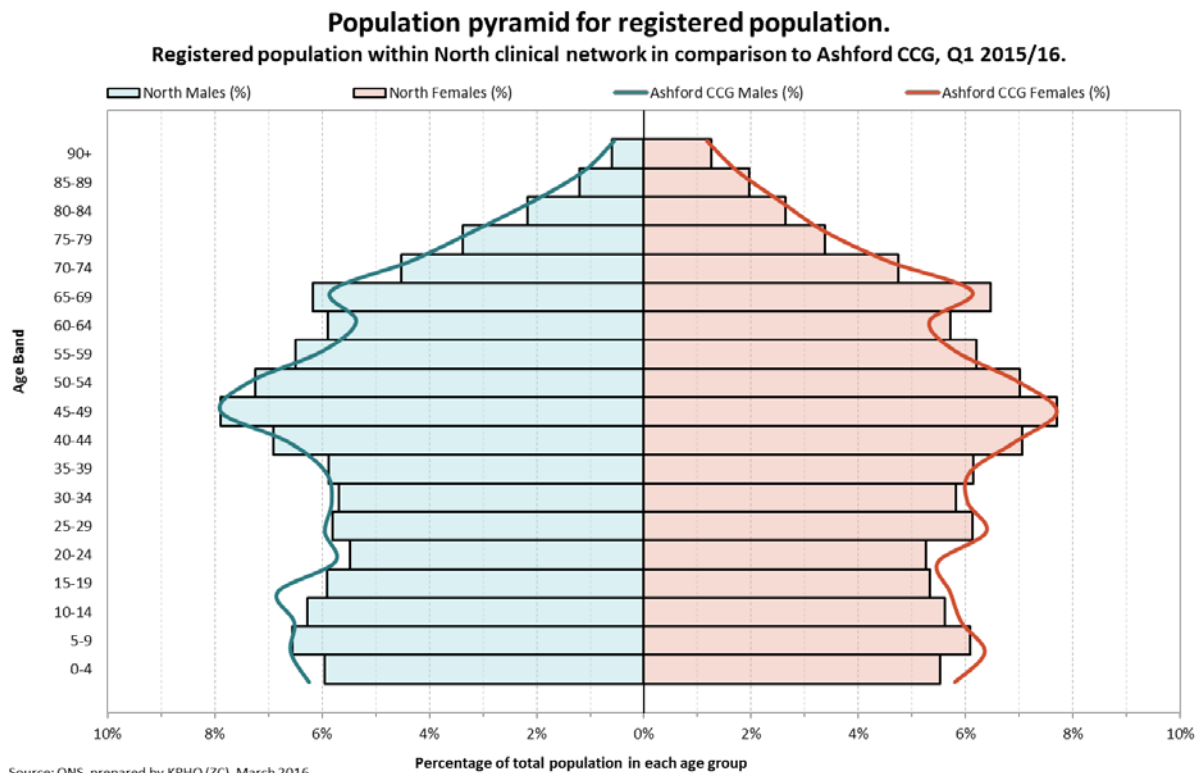
## 4. Demographic overview

### 4.1 Practice population

#### 4.1.1 Registered population

The total registered population was 55,038 persons within the North clinical network, within the first quarter of 2015/16. Overall, 51.1% of the population were female and 48.9% male within the North clinical network, similar to Ashford CCG (51.0% female and 49.0% male).

The below population pyramid details the population structure of the North clinical network, which is similar in structure in comparison to Ashford CCG. Within the North clinical network, there were over 12,000 persons within the 40 to 54 age group, contributing 21.9% to the total population.



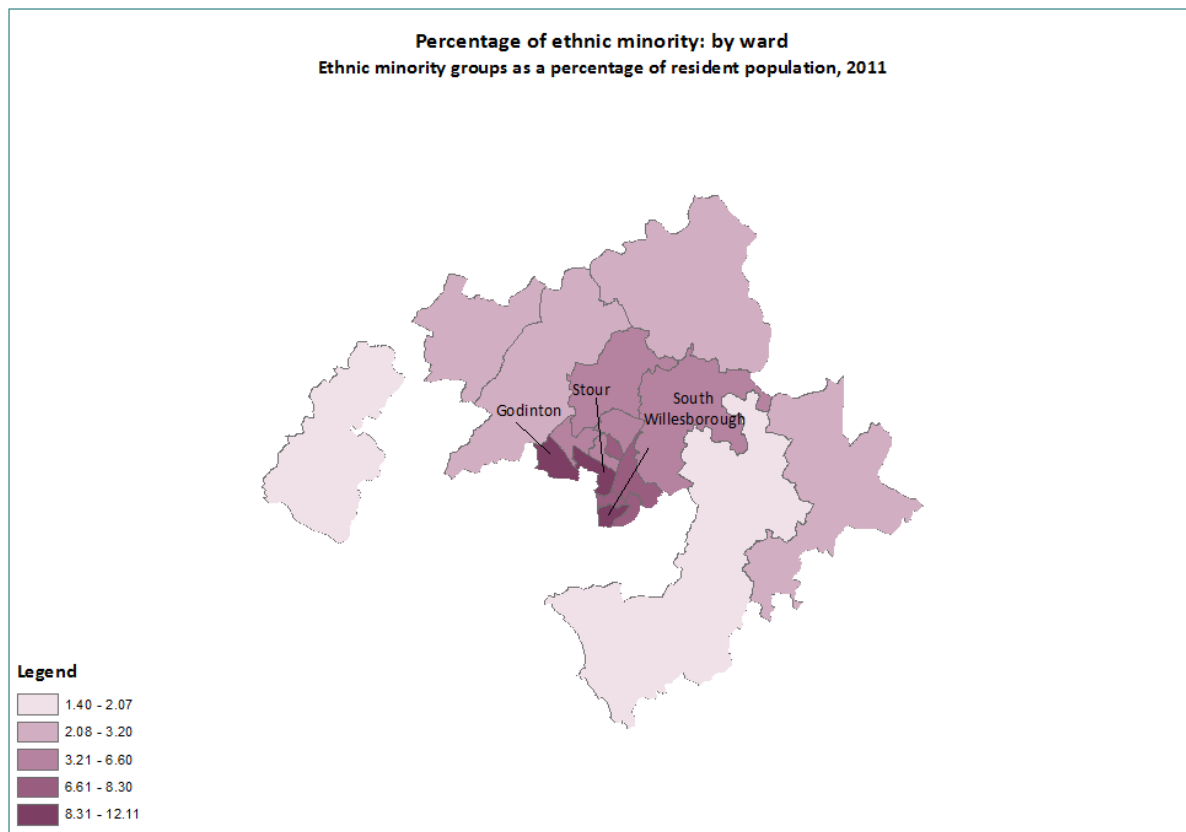


**Table 3: Registered population in North clinical network, June 2015.**

Age band	Males	Females	Persons
0-4	1,599	1,553	3,152
5-9	1,764	1,714	3,478
10-14	1,688	1,578	3,266
15-19	1,587	1,501	3,088
20-24	1,472	1,479	2,951
25-29	1,562	1,723	3,285
30-34	1,528	1,636	3,164
35-39	1,579	1,729	3,308
40-44	1,858	1,984	3,842
45-49	2,121	2,168	4,289
50-54	1,950	1,972	3,922
55-59	1,747	1,746	3,493
60-64	1,585	1,607	3,192
65-69	1,659	1,821	3,480
70-74	1,218	1,334	2,552
75-79	907	950	1,857
80-84	585	744	1,329
85-89	324	551	875
90+	161	354	515
<b>Total</b>	<b>26,894</b>	<b>28,144</b>	<b>55,038</b>

## 4.2 Ethnicity

Ethnic group data was sourced from the Census, 2011, the percentage of the population belonging to minority ethnic groups was calculated. Ethnic minority groups include; Black, Asian, Mixed and Other ethnic categories. Some of the wards within the North clinical network had higher proportions of ethnic minority groups in comparison to Ashford CCG, particularly the wards; Godinton, Stour and South Willesborough.



**Table 4: Percentage of ethnic minority groups: by ward.**

Ward	Ethnic minority group	Difference
Aylesford Green	8.1%	Higher
Bockhanger	5.8%	Similar
Boughton Aluph & Eastwell	5.8%	Similar
Bybrook	6.6%	Similar
Charing	2.4%	Lower
Downs North	2.5%	Lower
Downs West	3.2%	Lower
Godinton	11.7%	Higher
Highfield	7.9%	Higher
Kennington	6.2%	Similar
Little Burton Farm	7.7%	Higher
North Downs West	2.4%	Lower
North Willesborough	8.2%	Higher
Saxon Shore	1.8%	Lower
South Willesborough	10.5%	Higher
Stour	12.0%	Higher
Weald North	1.9%	Lower
Wye	4.3%	Lower

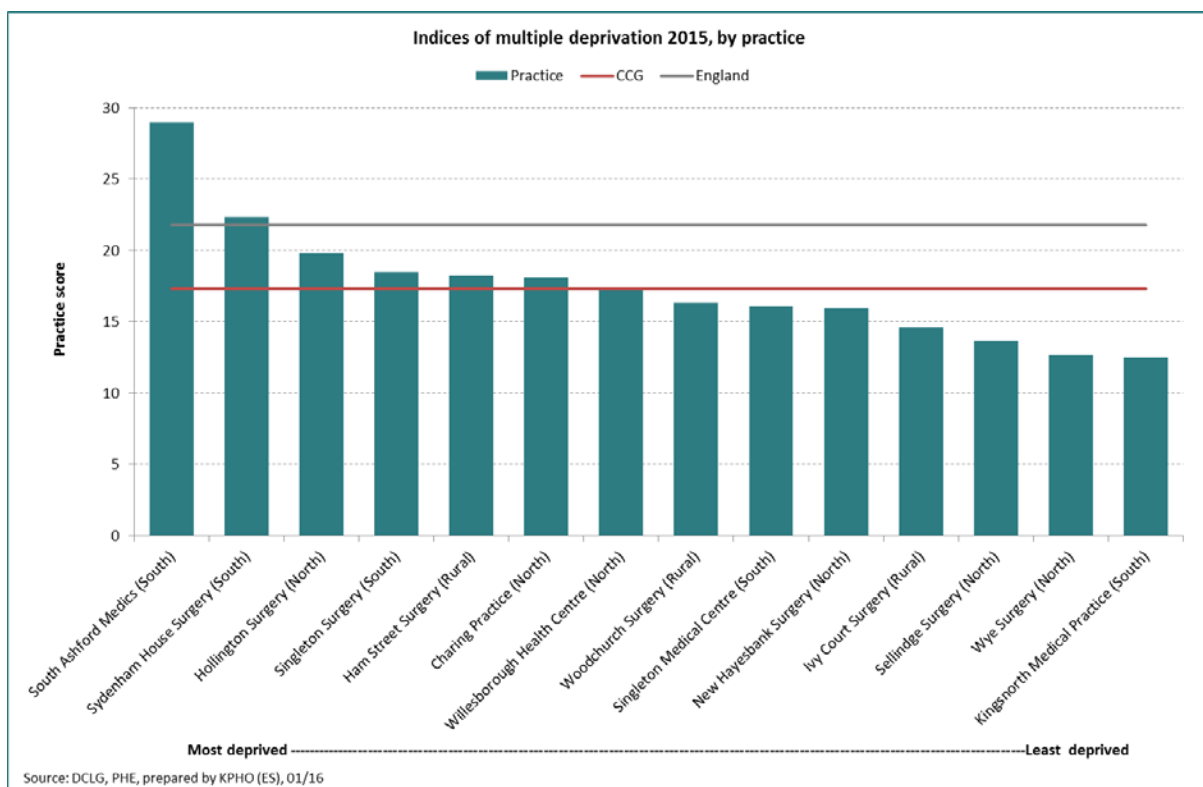
## 5. Socio-economic profile

### 5.1 Deprivation

#### 5.1.1 Index of Multiple Deprivation 2015

The English Indices of Deprivation 2015 use 38 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area. Seven distinct domains have been identified in the English Indices of Deprivation; Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

The indices have been constructed by Oxford Consultants for Social Inclusion (OCSI); estimates for GP practices have been calculated by the Department of Primary Care and Public Health Sciences, King's College London.

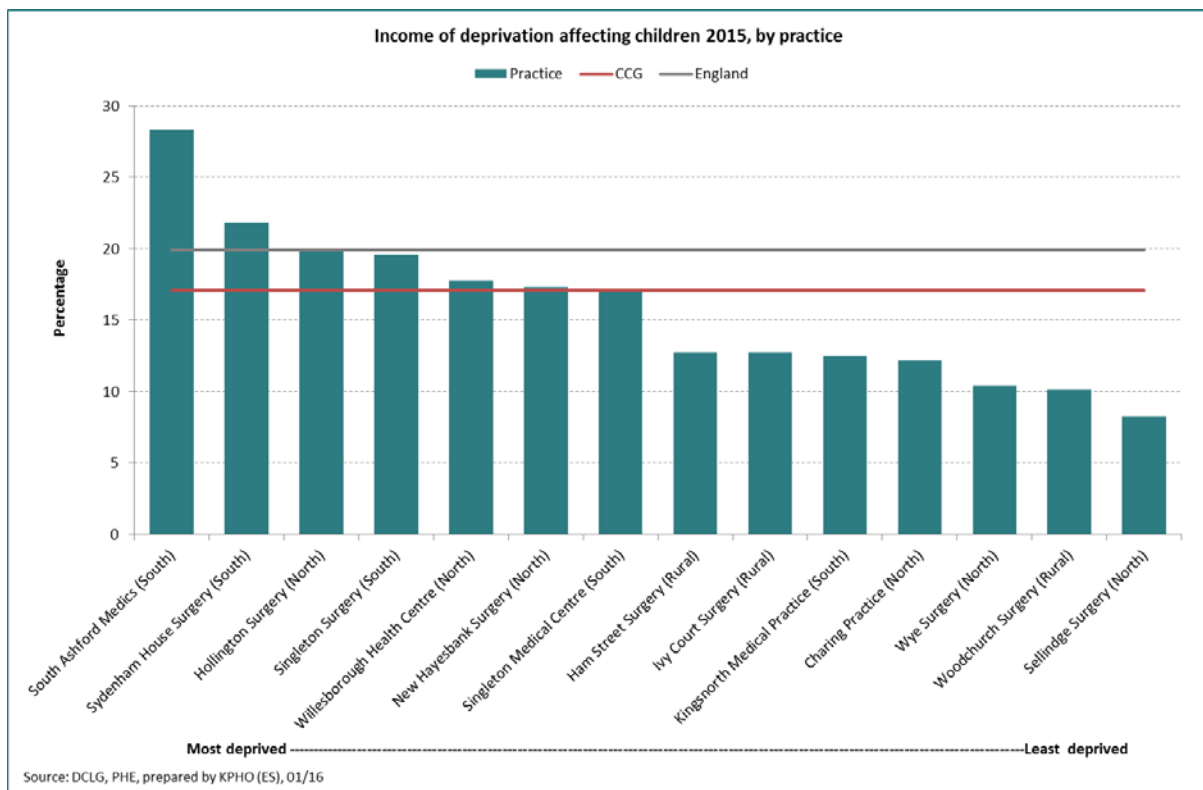


None of the practices in North Clinical Network have IMD scores above the England average; however, Hollington Surgery and Charing practice have scores higher than Ashford CCG.

#### 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. IDACI is defined as the proportion of children aged 0–15 years living in income deprived households

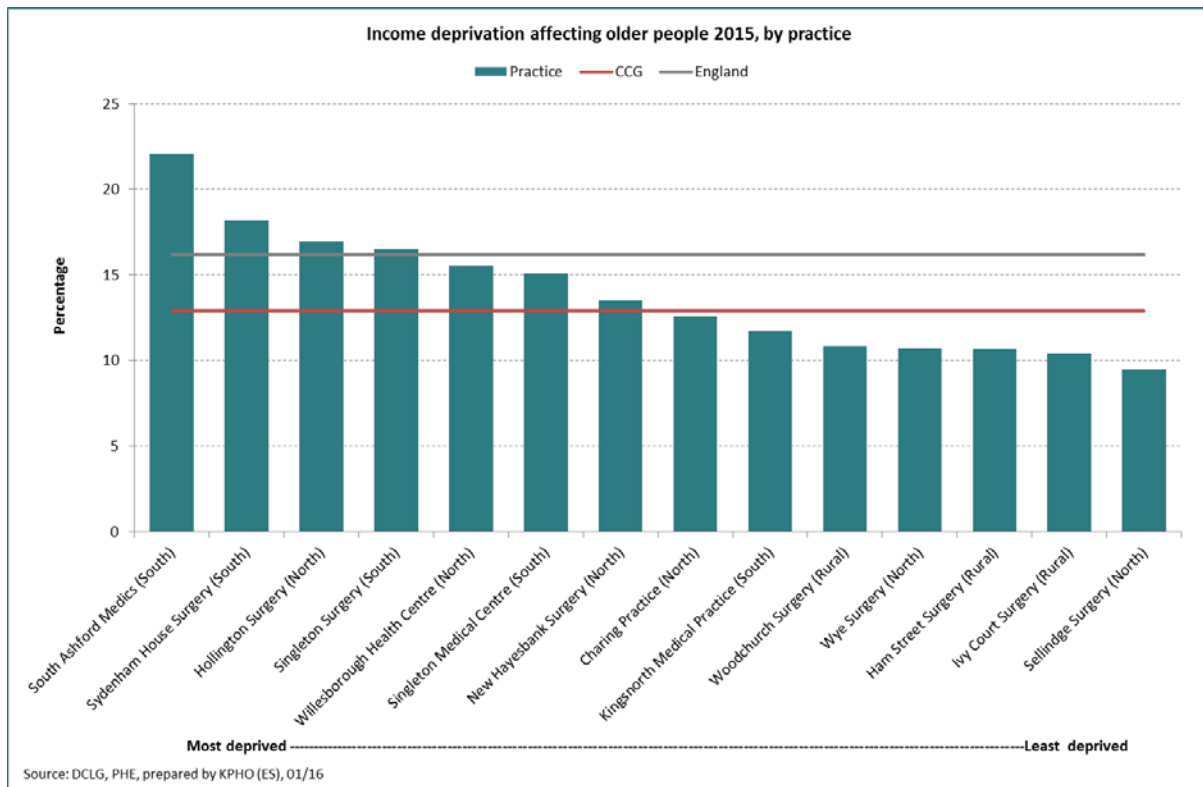
as a proportion of all children aged 0–15 years. Practice level IDACI estimates have been calculated by the Department of Primary Care and Public Health Sciences, King’s College London by applying LSOA level deprivation data proportionally to practice populations.



Ashford CCG has a lower proportion of children living in income deprived households (17.1%) in comparison to Kent (19.9%). Hollington Surgery (20.0%) has a higher proportion of children living in poverty than England, and Willesborough health Centre (17.7%) and New Hayesbank Surgery (17.3%) also have percentages higher than the CCG.

### 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. IDAOPI is defined as the proportion of adults aged 60 years or over living in pension credit (guarantee) households as a proportion of all those aged 60 years or over. Practice level IDACI estimates have been calculated by the Department of Primary Care and Public Health Sciences, King’s College London by applying LSOA level deprivation data proportionally to practice populations.



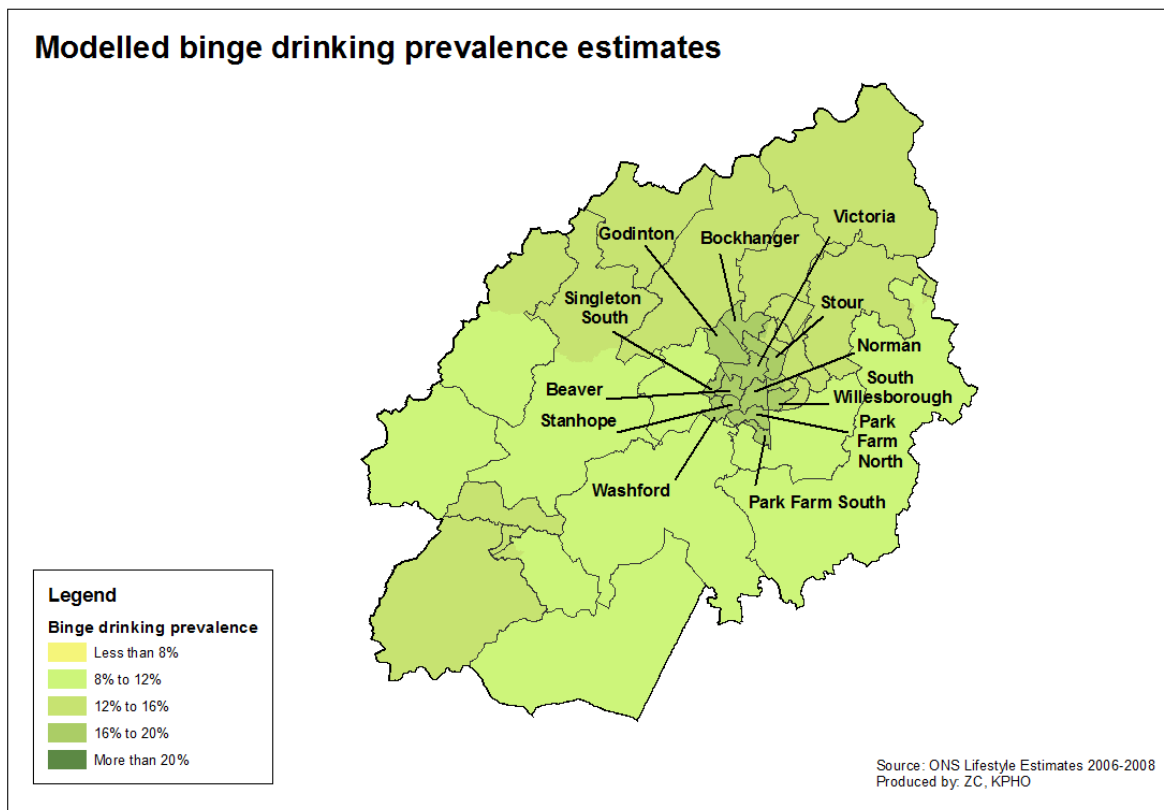
Ashford CCG has a lower proportion of older people living in pension credit (guarantee) households (12.9%) in comparison to Kent (16.2%). Again, Hollington Surgery (17.0%) has a higher proportion of older people living in poverty in comparison to England, whilst Willesborough Health Centre (15.6%) and New Hayesbank Surgery (13.5%) have proportions higher than the CCG.

## 6. Lifestyle

### 6.1 Alcohol

#### 6.1.1 Modelled Binge Drinking Estimates

Binge drinking estimates are produced for the Association of Public Health Observatories (2006/08) 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).



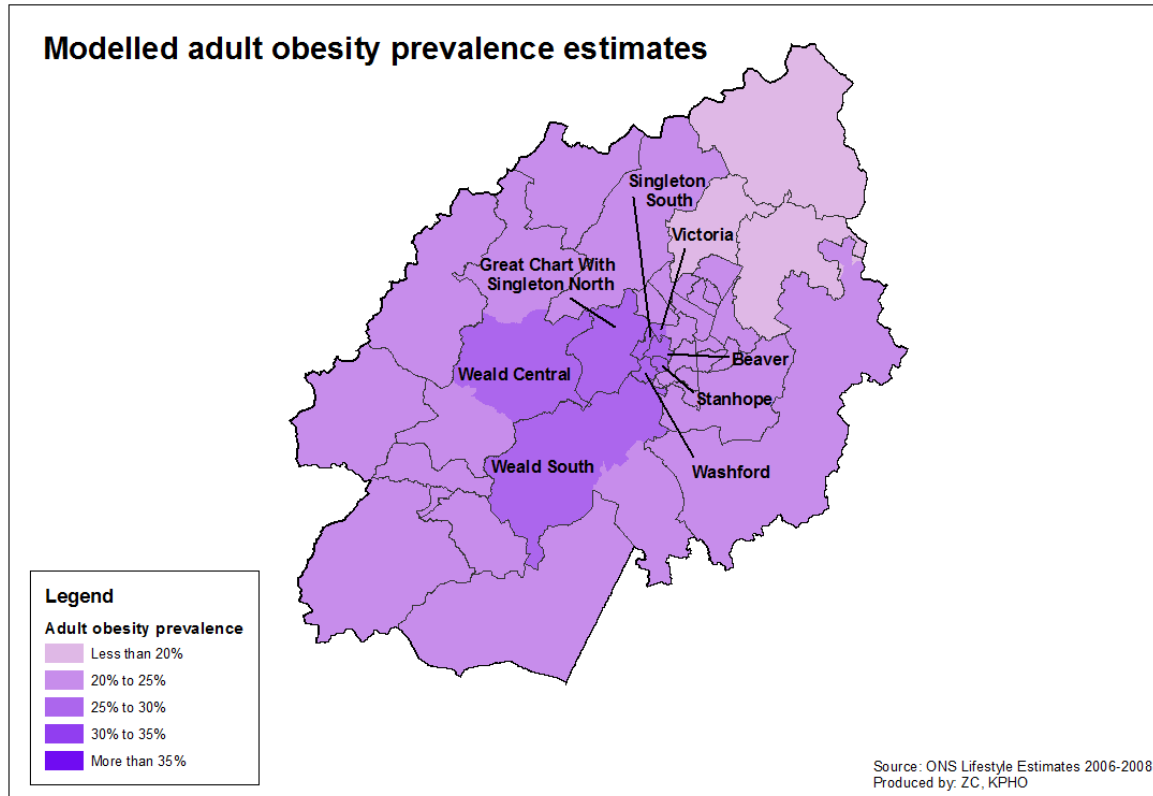
Binge drinking prevalence is greatest (16% to 20%) in the more populous wards towards the centre of Ashford. The rates in the rural northern areas are very slightly higher than those in the rural south of Ashford (with the exception of Tenterden).

More widely, the rate of admissions to hospital for alcohol related conditions is used as an alternative measure of alcohol consumption. The admission rate across England is 645 per 100,000, this compares to 525 for the south east region, 551 for Kent and 572 for Ashford.

## 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.



The higher prevalence of adult obesity is found in the south eastern areas of Ashford town. The lowest prevalence is located toward the north western electoral wards of the district.

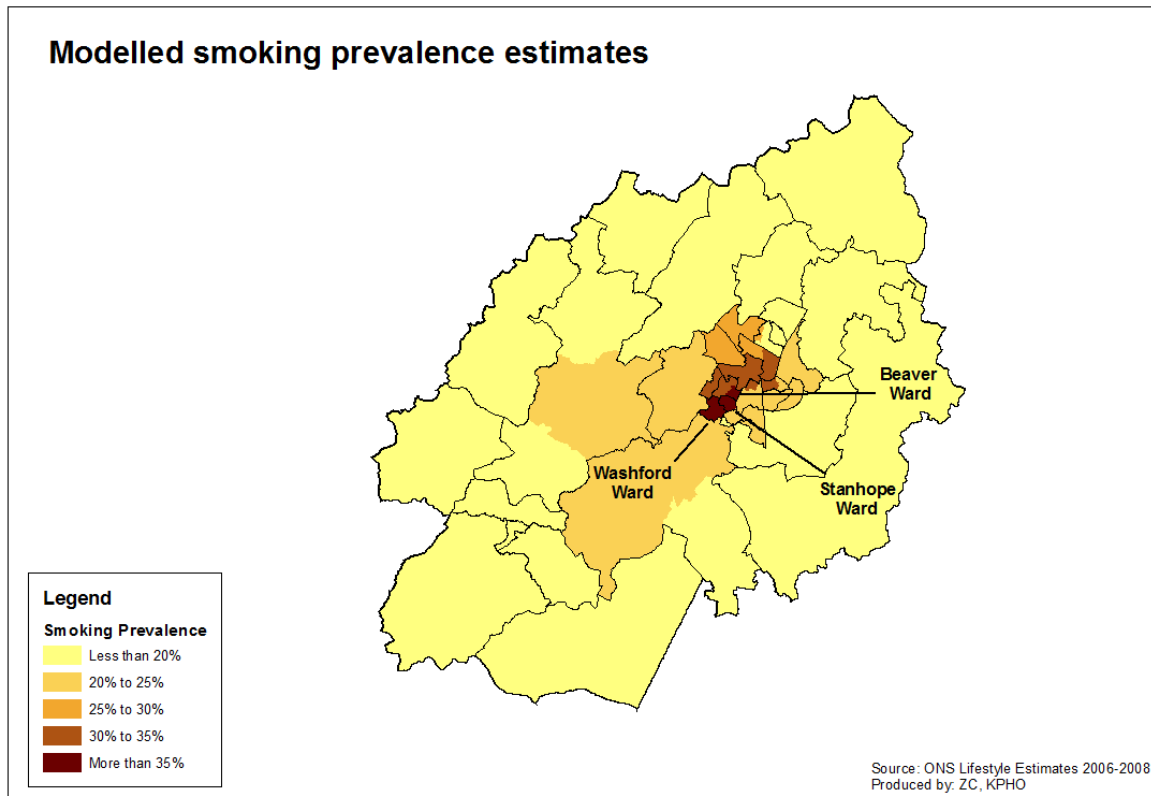
The Public Health Outcomes Framework records excess weight in adults, that is the combined prevalence of obese and overweight adults. Across England the excess weight in adults prevalence is 64.6%, for the south east region it is 63.4%, Kent 65.1% and the figure for Ashford district is 67.5%.



## 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.



Smoking prevalence in Ashford is greatest in Washford, Stanhope and Beaver wards, other central town centre wards also have high prevalence's of adult smoking. The rural areas of the district have prevalence levels that are almost half those of the urban central wards.

The smoking prevalence's given above are for small areas and relate to 2006-2008 – smoking prevalence figures are no longer constructed for small areas and so these should be viewed as an indicator of where the high prevalence is likely to be.

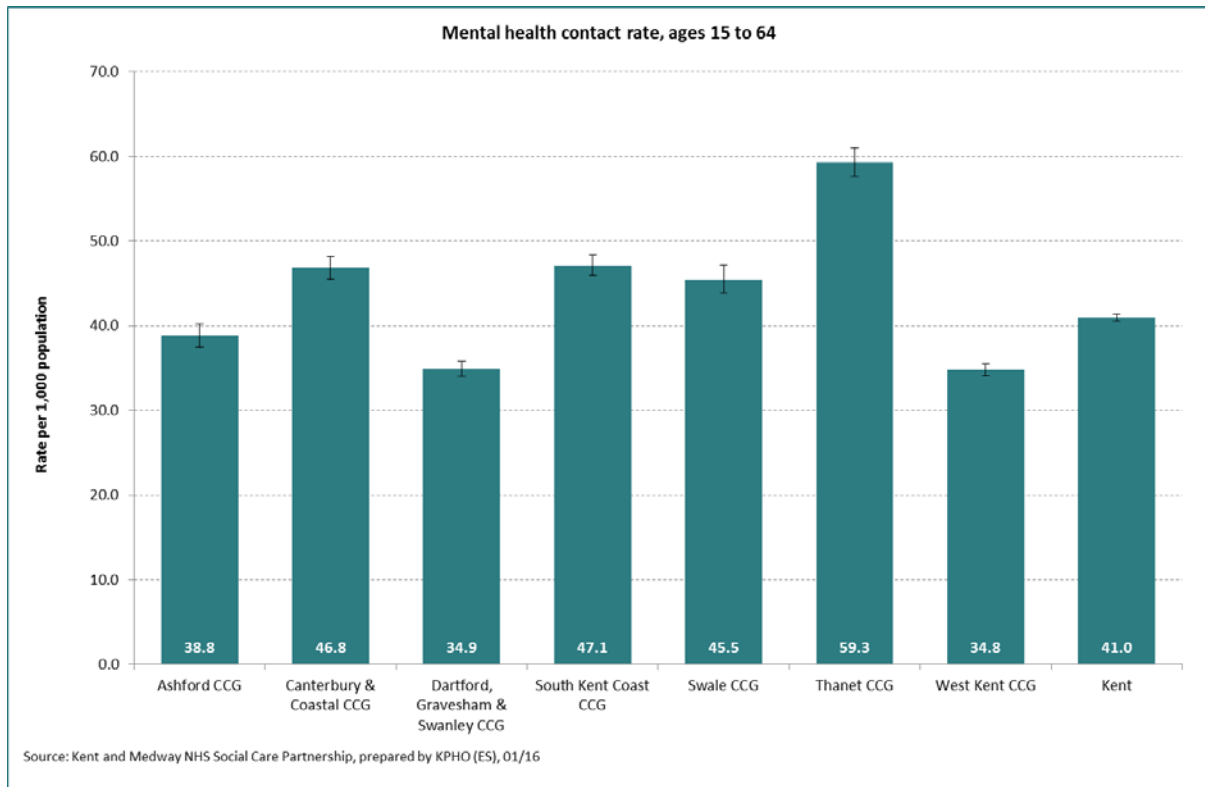
The Public Health Outcomes Framework also lists smoking prevalence at district, county and regional levels. The prevalence across England is 18% although this rises to 28% in the routine and manual population. For the south east region prevalence is 16.6% rising to 28% in routine and manual, for Kent it is 19.1% and 32.7% respectively. Ashford shows levels of smoking prevalence that are much higher – 26.4% across the adult population and a massive 42.1% in routine and manual workers.

## 7. Mental Health

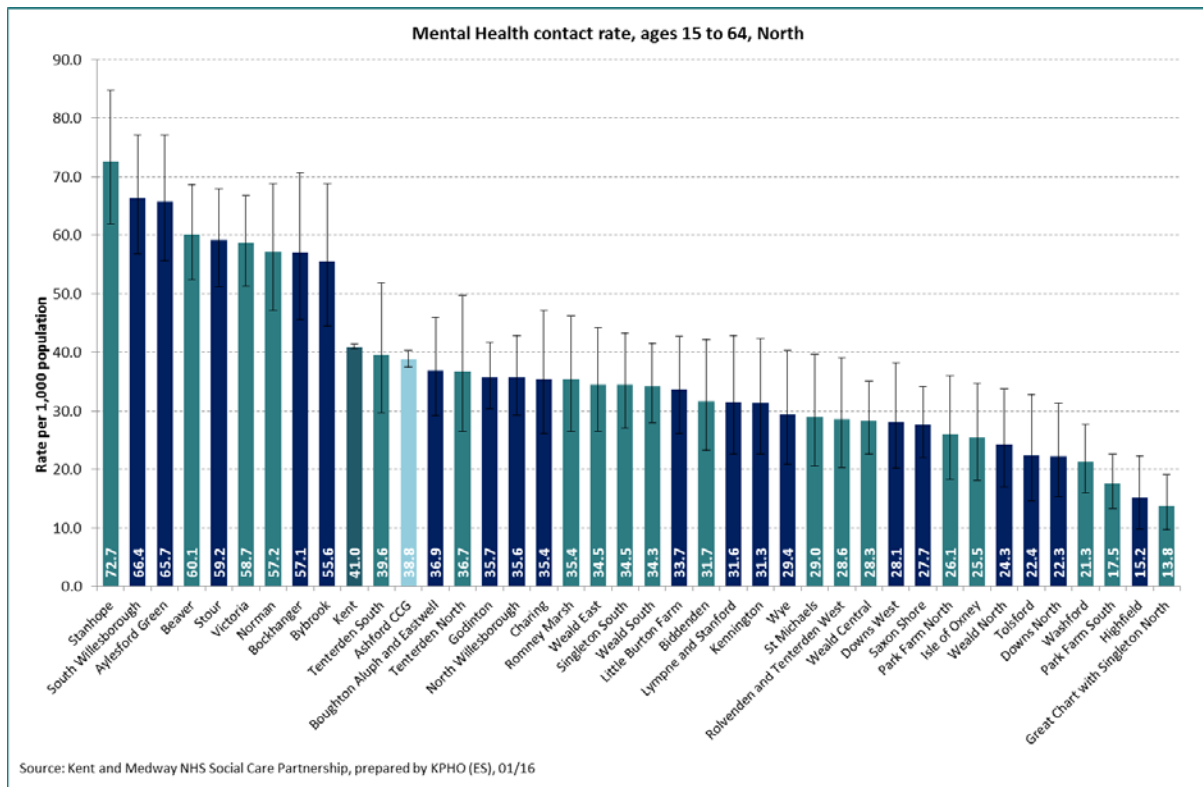
### 7.1 Contact with services

Mental health contact rate data has been provided by Kent and Medway NHS and social care partnership for 2014. The following contact rates are number of individuals in contact with services rather than total number of contacts.

#### 7.1.1 Mental health contacts: age 15 to 64

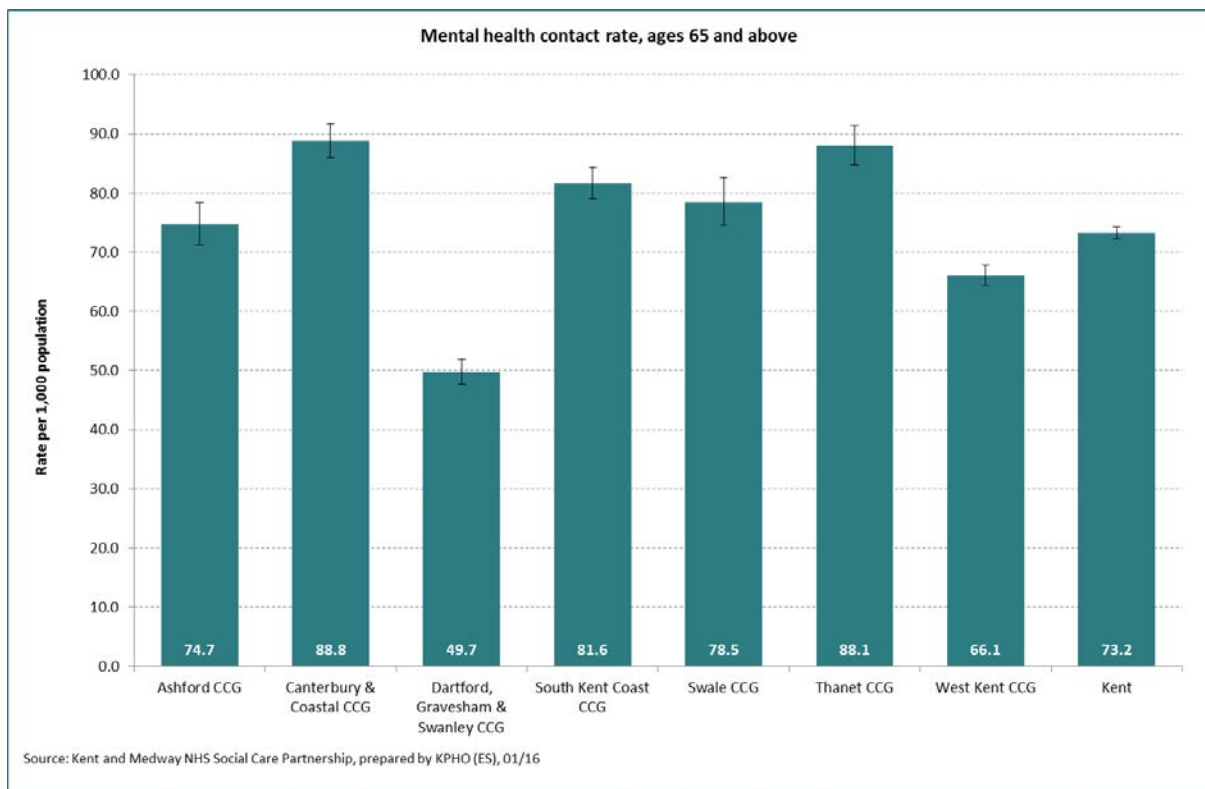


For people aged 15 to 64, the mental health contact rate ranges from 34.8 per 1,000 population in West Kent CCG to 59.3 in Thanet CCG. Ashford CCG (38.8) is significantly lower than the Kent rate (41.0).

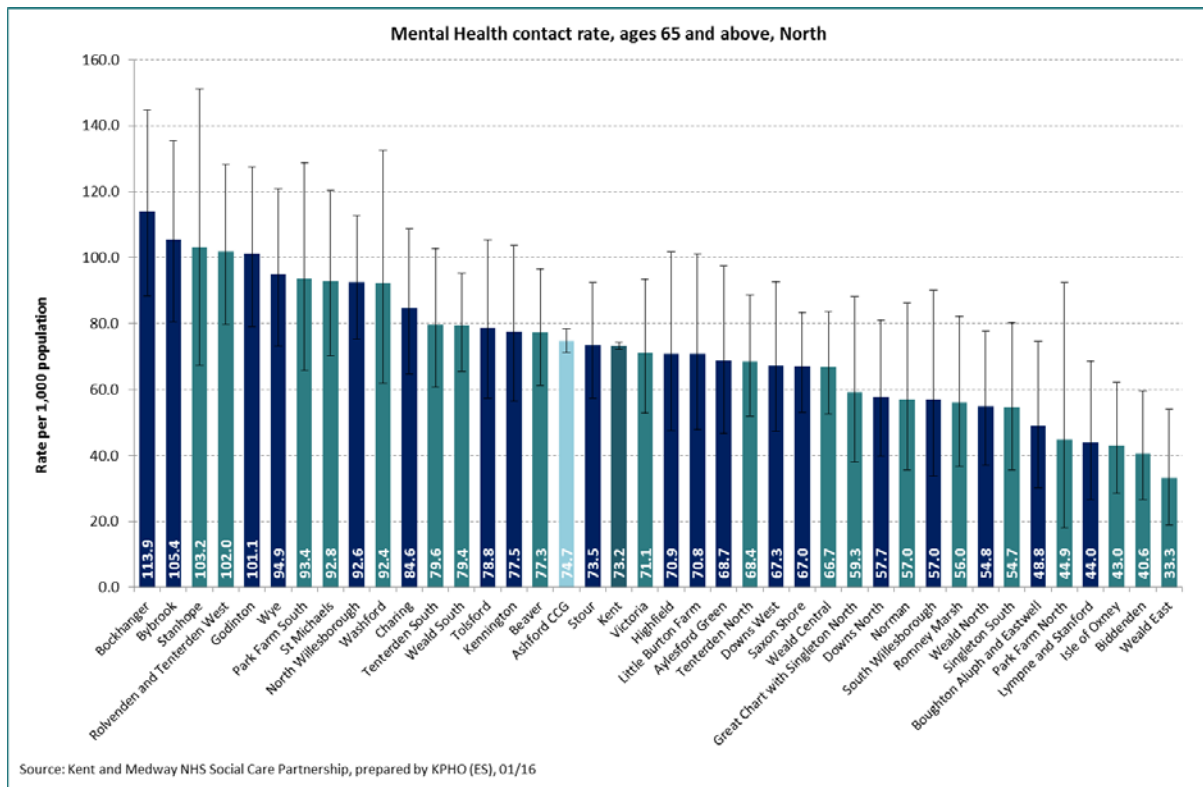


Within North clinical network, the mental health contact rate for people aged 15 to 64 ranges from 15.2 in Highfield to 66.4 in South Willesborough. Wards with significantly higher rates in comparison to Ashford CCG and Kent are South Willesborough, Aylesford Green, Stour, Bockhanger and Bybrook. Saxon Shore, Weald North, Tolsford, Downs North and Highfield all have significantly lower rates than both Kent and the CCG.

### 7.1.2 Mental health contacts: age 65 and above



Across Kent, the contact rate for mental health services ranges from 49.7 contacts per 1,000 population aged 65 and above in Dartford, Gravesham and Swanley CCG to 88.8 in Canterbury and Coastal CCG. The Ashford CCG rate (74.7) is not significantly different to the Kent rate (73.2).



In North clinical network, the mental health contact rate for people aged 65 and above varies from 44.0 per 1,000 population in Lympe and Stanford to 113.9 in Bockhanger. Godinton, Bybrook and Bockhanger wards all have significantly higher rates than Kent and the CCG. Lympe and Stanford has a significantly lower rate than the comparator areas.

## | 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 Ashford 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
- Depression – 18 years and over practice population
- Epilepsy - 18 years and over practice population

The practice population list sizes will be referred to below.

**Key:**

- Significantly much higher than CCG average
- Significantly higher than CCG average
- Not significantly different from CCG average
- Significantly lower than CCG average
- Significantly much lower than CCG average
- No significance can be calculated

#### 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 will be conservative estimates.

### 8.1.1 North clinical network

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

Age	Ashford North
All age	54,689
16+	44,213
17+	43,528
18+	42,873

In 2014/15 Ashford north network had significantly higher prevalence of the following conditions in comparison to NHS Ashford CCG:

- Atrial fibrillation
- Asthma
- Chronic kidney disease
- Epilepsy
- Hypertension
- Mental health

In 2014/15 Ashford north network had significantly lower prevalence of the following conditions in comparison to NHS Ashford CCG:

- Depression

Indicator	AN - Ashford North Network		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	1312	2.4	2.3	0.7		3.7	1.9
Asthma	3354	6.1	5.8	4.0		7.4	5.6
Cancer	1343	2.5	2.4	0.8		4.1	2.5
Coronary heart disease	1731	3.2	3.1	1.7		5.5	3.1
Chronic kidney disease	2510	5.9	5.1	3.0		7.7	5.1
COPD	959	1.8	1.7	1.1		2.4	1.9
Dementia	364	0.7	0.7	0.1		2.1	0.8
Diabetes	2750	6.3	6.2	4.9		7.4	6.2
Depression	3213	7.5	8.6	3.8		12.9	7.3
Epilepsy	392	0.9	0.8	0.4		1.2	0.8
Heart Failure	327	0.6	0.6	0.3		0.9	0.6
Hypertension	8344	15.3	14.3	8.4		18.3	14.6
Learning disability	208	0.4	0.4	0.2		1.2	0.4
Mental health	390	0.7	0.7	0.4		1.4	0.8
Obesity	4138	7.6	7.5	3.9		10.8	7.2
Palliative Care	75	0.1	0.1	0.0		0.5	0.2
Stroke	1045	1.9	1.8	0.9		2.9	1.8

### 8.1.2 G82049 – Hollington Surgery

For the purposes of the 2014/15 QOF data, Hollington surgery had the following population:

Age	G82049
All age	3,254
16+	2,625
17+	2,585
18+	2,543

In 2014/15 Hollington Surgery had significantly higher prevalence of the following conditions in comparison to the Ashford CCG average:

- Asthma
- Chronic kidney disease
- COPD
- Diabetes
- Hypertension
- Mental health
- Obesity

In 2014/15 Hollington Surgery had significantly lower prevalence of the following conditions in comparison to the Ashford CCG average:

- Dementia
- Depression

Indicator	G82012 - Cossington house surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	82	2.5	2.3	0.7		3.7	1.9
Asthma	234	7.2	5.8	4.0		7.4	5.6
Cancer	68	2.1	2.4	0.8		4.1	2.5
Coronary heart disease	110	3.4	3.1	1.7		5.5	3.1
Chronic kidney disease	196	7.7	5.1	3.0		7.7	5.1
COPD	78	2.4	1.7	1.1		2.4	1.9
Dementia	12	0.4	0.7	0.1		2.1	0.8
Diabetes	192	7.4	6.2	4.9		7.4	6.2
Depression	135	5.3	8.6	3.8		12.9	7.3
Epilepsy	19	0.7	0.8	0.4		1.2	0.8
Heart Failure	28	0.9	0.6	0.3		0.9	0.6
Hypertension	538	16.5	14.3	8.4		18.3	14.6
Learning disability	10	0.3	0.4	0.2		1.2	0.4
Mental health	44	1.4	0.7	0.4		1.4	0.8
Obesity	353	10.8	7.5	3.9		10.8	7.2
Palliative Care	0	0.0	0.1	0.0		0.5	0.2
Stroke	49	1.5	1.8	0.9		2.9	1.8

### 8.1.3 G82080 – Willesborough Health Centre

For the purposes of the 2014/15 QOF data, Willesborough Health Centre had the following population:



Age	G82080
All age	13,151
16+	10,445
17+	10,284
18+	10,125

In 2014/15 Willesborough Health Centre had significantly higher prevalence of the following conditions in comparison to the Ashford CCG average:

- Epilepsy
- Mental health

In 2014/15 Willesborough Health Centre had significantly lower prevalence of the following conditions in comparison to the Ashford CCG average:

- Chronic kidney disease
- Learning disability

Indicator	G82080 - Willesborough Health Centre		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	314	2.4	2.3	0.7		3.7	1.9
Asthma	740	5.6	5.8	4.0		7.4	5.6
Cancer	289	2.2	2.4	0.8		4.1	2.5
Coronary heart disease	404	3.1	3.1	1.7		5.5	3.1
Chronic kidney disease	464	4.6	5.1	3.0		7.7	5.1
COPD	217	1.7	1.7	1.1		2.4	1.9
Dementia	99	0.8	0.7	0.1		2.1	0.8
Diabetes	684	6.7	6.2	4.9		7.4	6.2
Depression	386	3.8	8.6	3.8		12.9	7.3
Epilepsy	115	1.1	0.8	0.4		1.2	0.8
Heart Failure	90	0.7	0.6	0.3		0.9	0.6
Hypertension	1814	13.8	14.3	8.4		18.3	14.6
Learning disability	40	0.3	0.4	0.2		1.2	0.4
Mental health	108	0.8	0.7	0.4		1.4	0.8
Obesity	950	7.2	7.5	3.9		10.8	7.2
Palliative Care	33	0.3	0.1	0.0		0.5	0.2
Stroke	240	1.8	1.8	0.9		2.9	1.8

### 8.1.4 G82087 – New Hayesbank Surgery

For the purposes of the 2014/15 QOF data, New Hayesbank Surgery had the following population:

Age	G82087
All age	16,335
16+	13,110
17+	12,893
18+	12,673

In 2014/15 New Hayesbank Surgery had significantly higher prevalence of the following conditions in comparison to the Ashford CCG average:

- Asthma
- Chronic kidney disease

- Dementia
- Hypertension
- Mental Health
- Obesity

In 2014/15 New Hayesbank Surgery recorded no conditions at a prevalence that was significantly lower than the Ashford CCG average.

Indicator	G82087 - New Hayesbank Surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	363	2.2	2.3	0.7		3.7	1.9
Asthma	1127	6.9	5.8	4.0		7.4	5.6
Cancer	391	2.4	2.4	0.8		4.1	2.5
Coronary heart disease	497	3.0	3.1	1.7		5.5	3.1
Chronic kidney disease	780	6.2	5.1	3.0		7.7	5.1
COPD	297	1.8	1.7	1.1		2.4	1.9
Dementia	148	0.9	0.7	0.1		2.1	0.8
Diabetes	847	6.6	6.2	4.9		7.4	6.2
Depression	1124	8.9	8.6	3.8		12.9	7.3
Epilepsy	124	1.0	0.8	0.4		1.2	0.8
Heart Failure	93	0.6	0.6	0.3		0.9	0.6
Hypertension	2656	16.3	14.3	8.4		18.3	14.6
Learning disability	59	0.4	0.4	0.2		1.2	0.4
Mental health	143	0.9	0.7	0.4		1.4	0.8
Obesity	1432	8.8	7.5	3.9		10.8	7.2
Palliative Care	20	0.1	0.1	0.0		0.5	0.2
Stroke	287	1.8	1.8	0.9		2.9	1.8

### 8.1.5 G82094 – Charing Practice

For the purposes of the 2014/15 QOF data, Charing Practice had the following population:

Age	G82094
All age	8,860
16+	7,311
17+	7,194
18+	7,101

In 2014/15 Charing Practice had significantly higher prevalence of the following conditions in comparison to the Ashford CCG average:

- Atrial fibrillation
- Coronary heart disease
- Chronic kidney disease
- Depression
- Obesity

In 2014/15 Charing Practice recorded no conditions at a prevalence that was significantly lower than the Ashford CCG average.

Indicator	G82094 - Charing Practice		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial Fibrillation	231	2.6	2.3	0.7		3.7	1.9
Asthma	523	5.9	5.8	4.0		7.4	5.6
Cancer	203	2.3	2.4	0.8		4.1	2.5
Coronary heart disease	321	3.6	3.1	1.7		5.5	3.1
Chronic kidney disease	496	7.0	5.1	3.0		7.7	5.1
COPD	160	1.8	1.7	1.1		2.4	1.9
Dementia	50	0.6	0.7	0.1		2.1	0.8
Diabetes	426	5.9	6.2	4.9		7.4	6.2
Depression	841	11.8	8.6	3.8		12.9	7.3
Epilepsy	71	1.0	0.8	0.4		1.2	0.8
Heart Failure	55	0.6	0.6	0.3		0.9	0.6
Hypertension	1321	14.9	14.3	8.4		18.3	14.6
Learning disability	37	0.4	0.4	0.2		1.2	0.4
Mental health	45	0.5	0.7	0.4		1.4	0.8
Obesity	743	8.4	7.5	3.9		10.8	7.2
Palliative Care	19	0.2	0.1	0.0		0.5	0.2
Stroke	197	2.2	1.8	0.9		2.9	1.8

### 8.1.6 G82142 – Wye Surgery

For the purposes of the 2014/15 QOF data, Wye Surgery had the following population:

Age	G82142
All age	8,358
16+	6,795
17+	6,703
18+	6,625

In 2014/15 Wye Surgery had significantly higher prevalence of the following conditions in comparison to the Ashford CCG average:

- Cancer

In 2014/15 Wye Surgery had significantly lower prevalence of the following conditions in comparison to the Ashford CCG average:

- Dementia
- Diabetes
- Learning disability
- Mental health
- Obesity

Indicator	G82142 - Wye Surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	206	2.5	2.3	0.7		3.7	1.9
Asthma	474	5.7	5.8	4.0		7.4	5.6
Cancer	247	3.0	2.4	0.8		4.1	2.5
Coronary heart disease	244	2.9	3.1	1.7		5.5	3.1
Chronic kidney disease	348	5.3	5.1	3.0		7.7	5.1
COPD	139	1.7	1.7	1.1		2.4	1.9
Dementia	35	0.4	0.7	0.1		2.1	0.8
Diabetes	335	5.0	6.2	4.9		7.4	6.2
Depression	519	7.8	8.6	3.8		12.9	7.3
Epilepsy	38	0.6	0.8	0.4		1.2	0.8
Heart Failure	38	0.5	0.6	0.3		0.9	0.6
Hypertension	1228	14.7	14.3	8.4		18.3	14.6
Learning disability	19	0.2	0.4	0.2		1.2	0.4
Mental health	32	0.4	0.7	0.4		1.4	0.8
Obesity	330	3.9	7.5	3.9		10.8	7.2
Palliative Care	0	0.0	0.1	0.0		0.5	0.2
Stroke	177	2.1	1.8	0.9		2.9	1.8

### 8.1.6 G82658 – Sellindge Surgery

For the purposes of the 2014/15 QOF data, Wye Surgery had the following population:

Age	G82658
All age	4,731
16+	3,927
17+	3,869
18+	3,806

In 2014/15 Sellindge recorded no conditions at a prevalence that was significantly higher than the Ashford CCG average.

In 2014/15 Sellindge Surgery had significantly lower prevalence of the following conditions in comparison to the Ashford CCG average:

- Dementia
- Learning disability
- Mental health
- Palliative Care

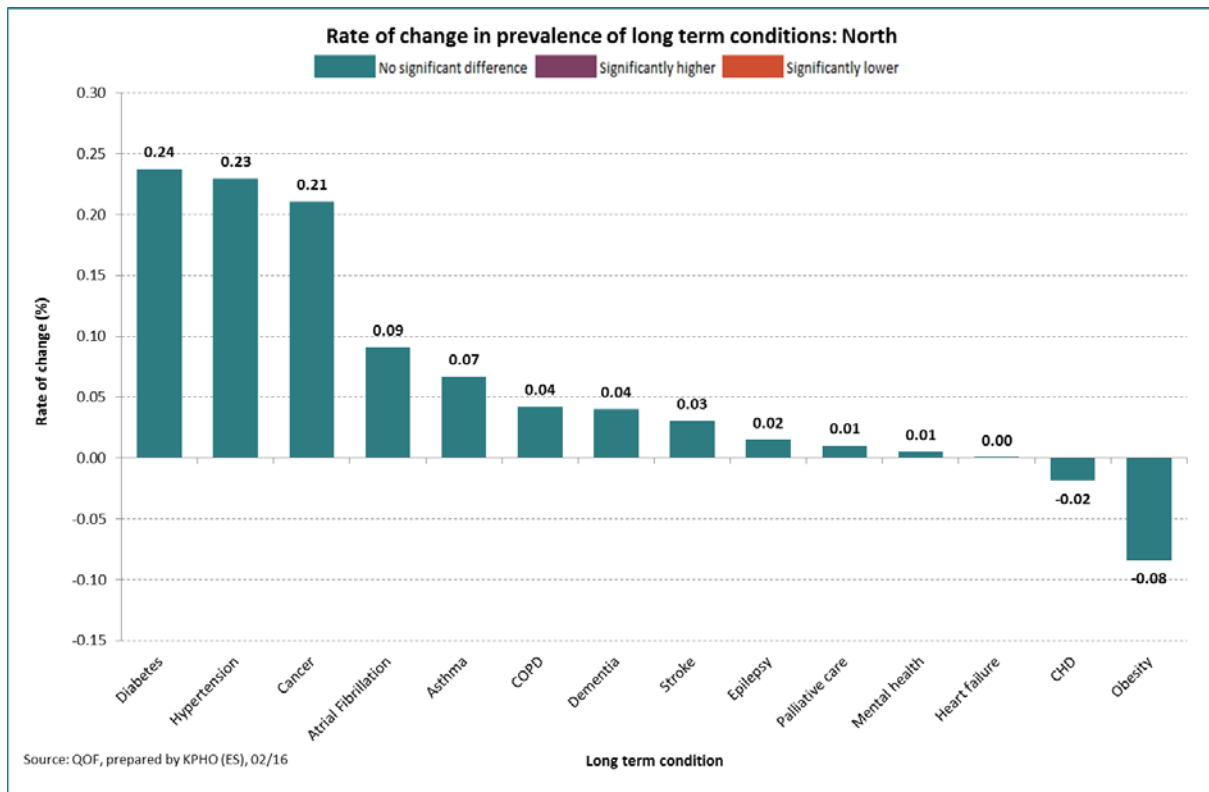
Indicator	G82658 - Sellindge Surgery		CCG					Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest		
Atrial fibrillation	116	2.5	2.3	0.7		3.7	1.9	
Asthma	256	0.1	5.8	4.0		7.4	5.6	
Cancer	145	0.0	2.4	0.8		4.1	2.5	
Coronary heart disease	155	0.0	3.1	1.7		5.5	3.1	
Chronic kidney disease	226	0.1	5.1	3.0		7.7	5.1	
COPD	68	0.0	1.7	1.1		2.4	1.9	
Dementia	20	0.0	0.7	0.1		2.1	0.8	
Diabetes	266	0.1	6.2	4.9		7.4	6.2	
Depression	208	0.1	8.6	3.8		12.9	7.3	
Epilepsy	25	0.0	0.8	0.4		1.2	0.8	
Heart Failure	23	0.0	0.6	0.3		0.9	0.6	
Hypertension	787	0.2	14.3	8.4		18.3	14.6	
Learning disability	43	0.0	0.4	0.2		1.2	0.4	
Mental health	18	0.0	0.7	0.4		1.4	0.8	
Obesity	330	0.1	7.5	3.9		10.8	7.2	
Palliative Care	3	0.0	0.1	0.0		0.5	0.2	
Stroke	95	0.0	1.8	0.9		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 2014/15. This has been compared with the national rate of change, as the most reliable estimate.

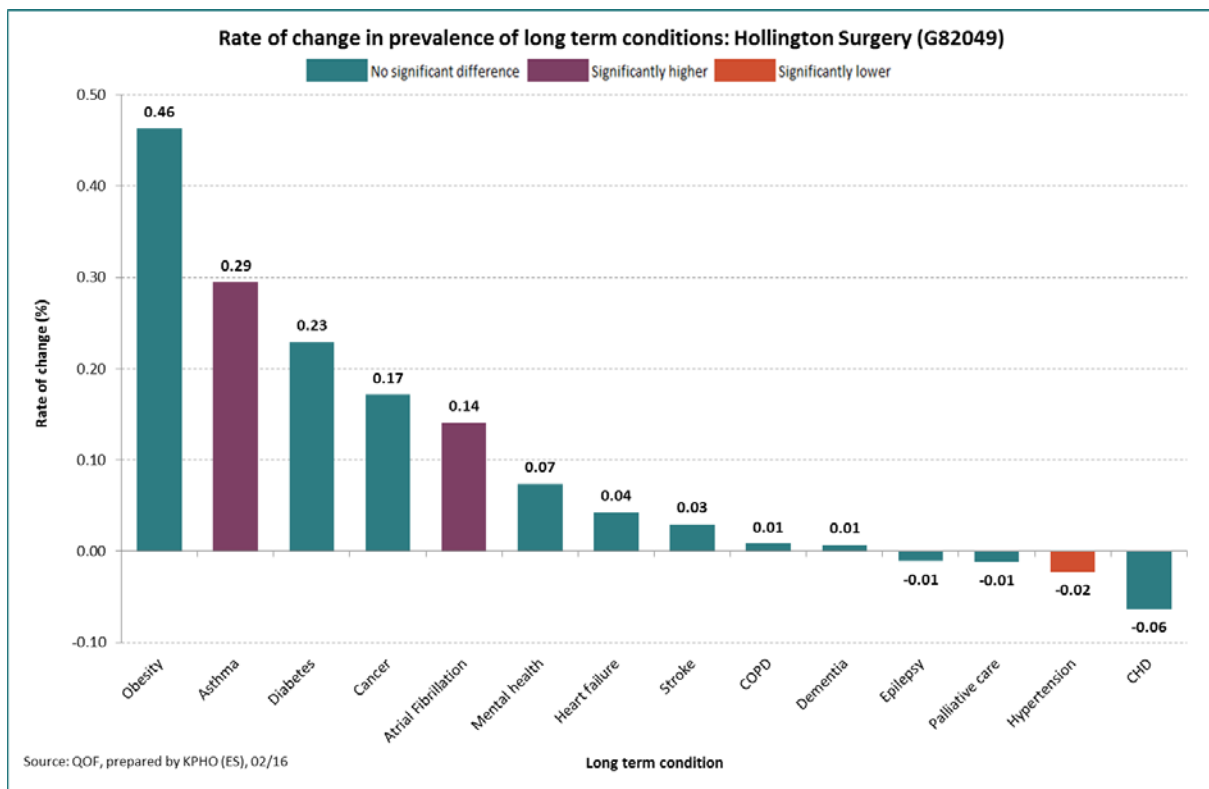
### 8.2.1 North clinical network

No significant differences were observed in rate of change of prevalence between 2006/07 and 2014/15 when comparing North network with the national rate of change.



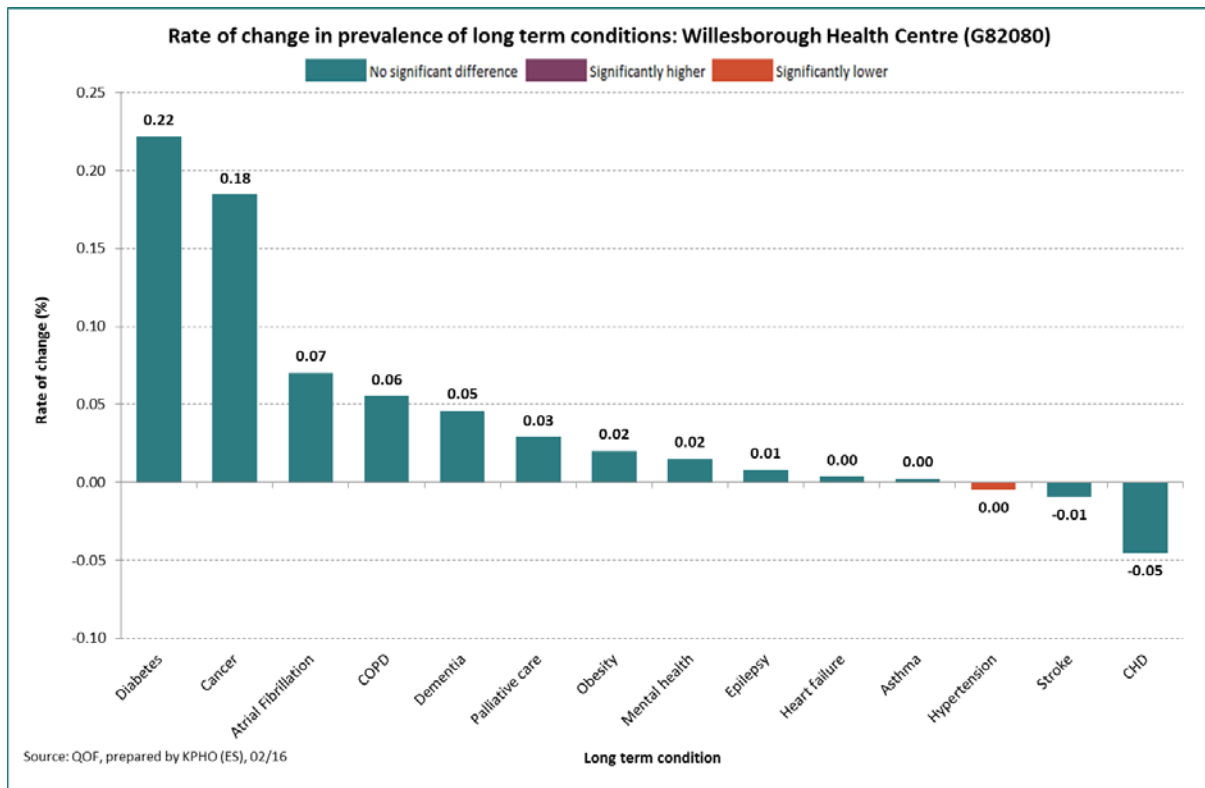
### 8.2.2 G82049 – Hollington Surgery

Significantly higher rates of change in prevalence have been observed for asthma and atrial fibrillation at Hollington Surgery compared to England, while the rate of change for hypertension between 2006/07 and 2014/15 was significantly lower.



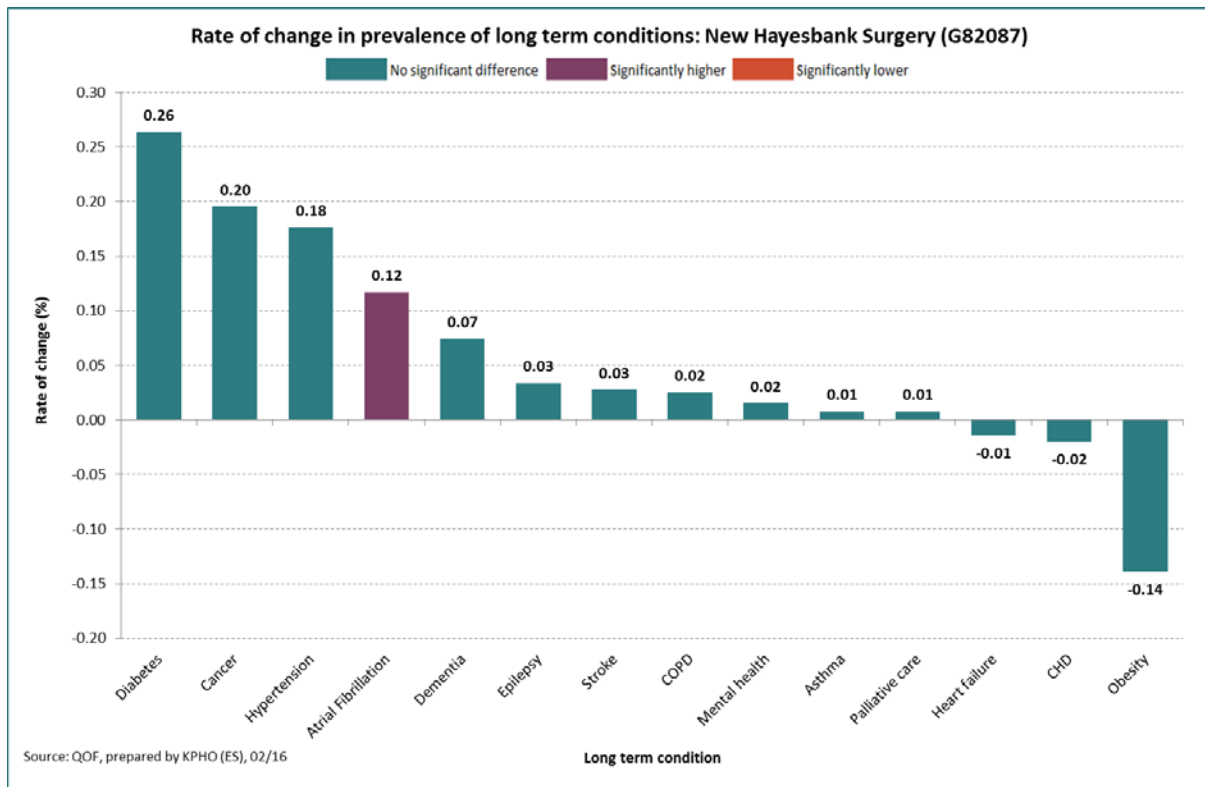
### 8.2.3 G82080 – Willesborough Health Centre

Willesborough Health Centre had a significantly lower rate of change for hypertension between 2006/07 and 2014/15 in comparison with England.



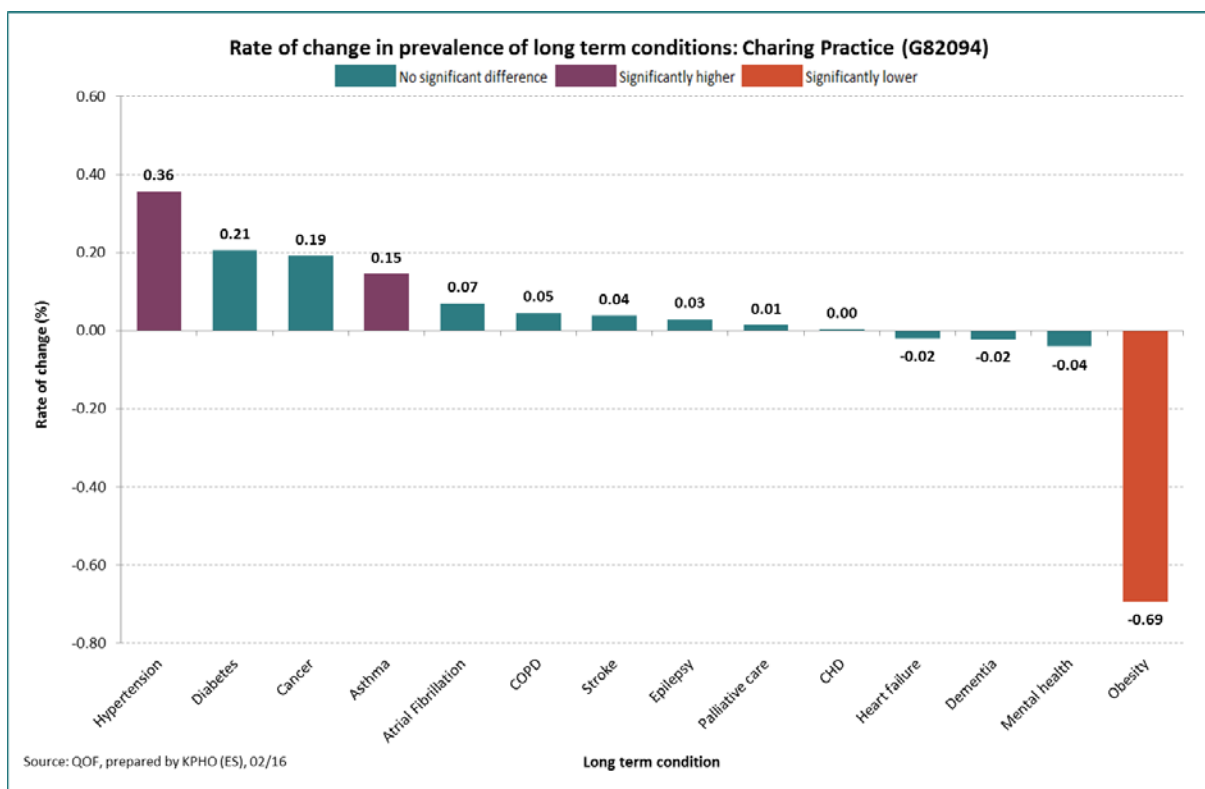
### 8.2.4 G82087 – New Hayesbank Surgery

New Hayesbank Surgery had a significantly higher rate of change for atrial fibrillation between 2006/07 and 2014/15 in comparison with England.



### 8.2.5 G82094 – Charing Practice

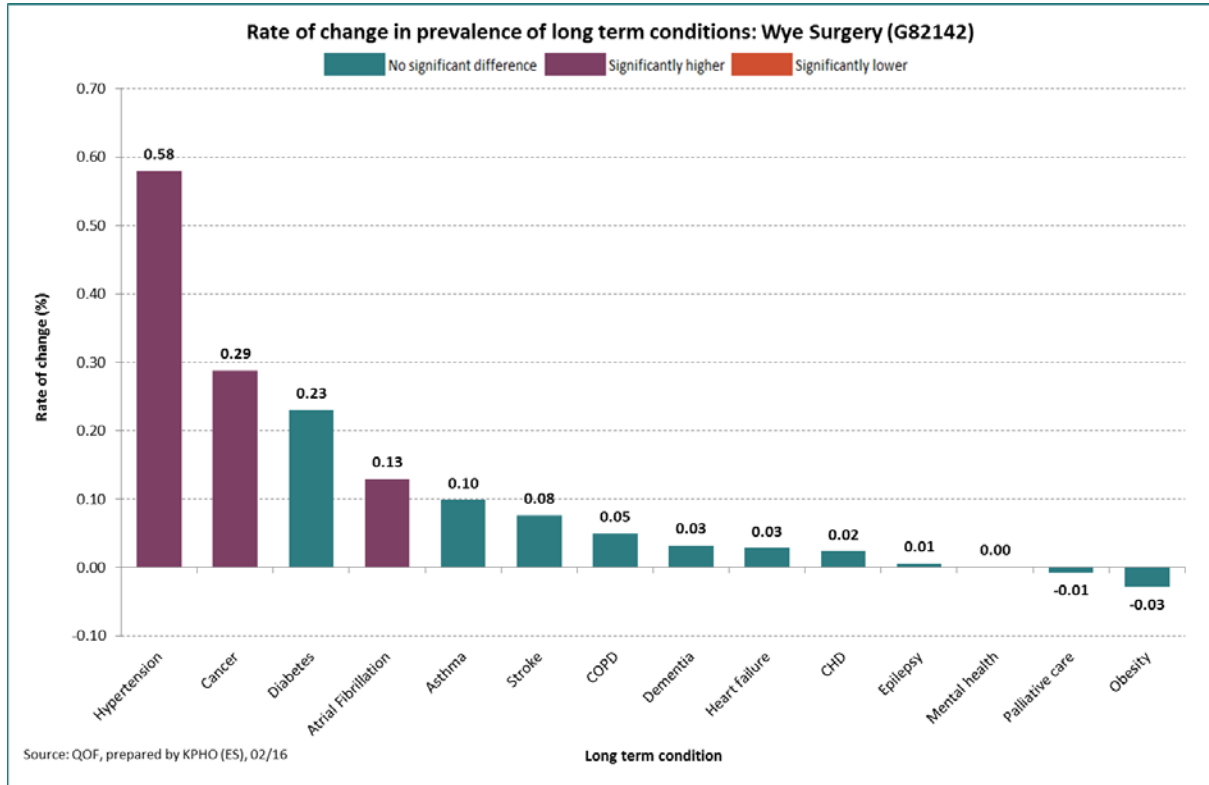
Significantly higher rate of change in prevalence were observed for hypertension and asthma at Charing practice compared to England, while the rate of change for obesity was significantly lower.





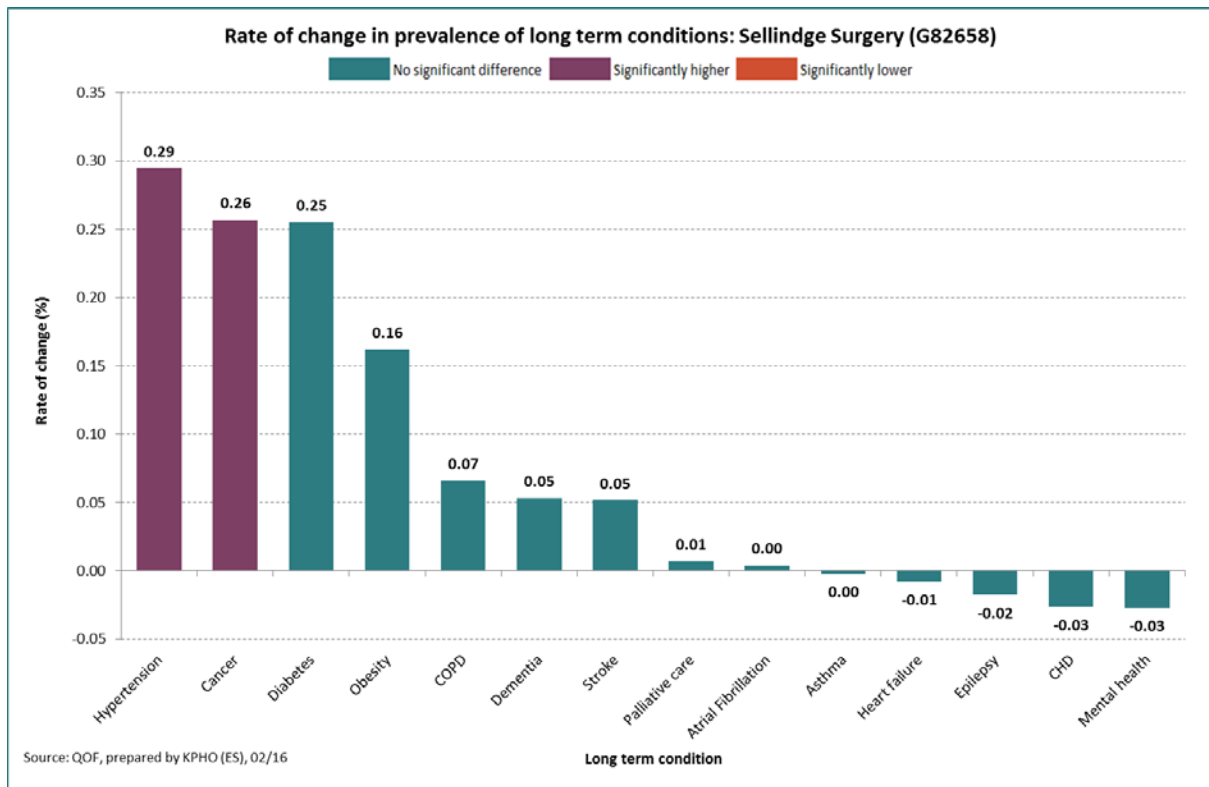
### 8.2.6 G82142 – Wye Surgery

Wye Surgery had significantly higher rate of change in prevalence between 2006/07 and 2014/15 for hypertension, cancer and atrial fibrillation in comparison with England.



### 8.2.7 G82658 – Sellindge Surgery

The rate of change in prevalence of hypertension and cancer were significantly higher between 2006/07 and 2014/15 at Sellindge Surgery in comparison to England.



### 8.3 Recorded and expected prevalence

Recorded prevalence of the conditions of interest are compared to an estimated prevalence rate of each condition for the population of each practice in turn and the aggregated areas. This allows us to calculate an estimation of the proportion of any condition which has been diagnosed. Recorded prevalence of each condition is sourced from QOF (2014/15).

Estimated 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)

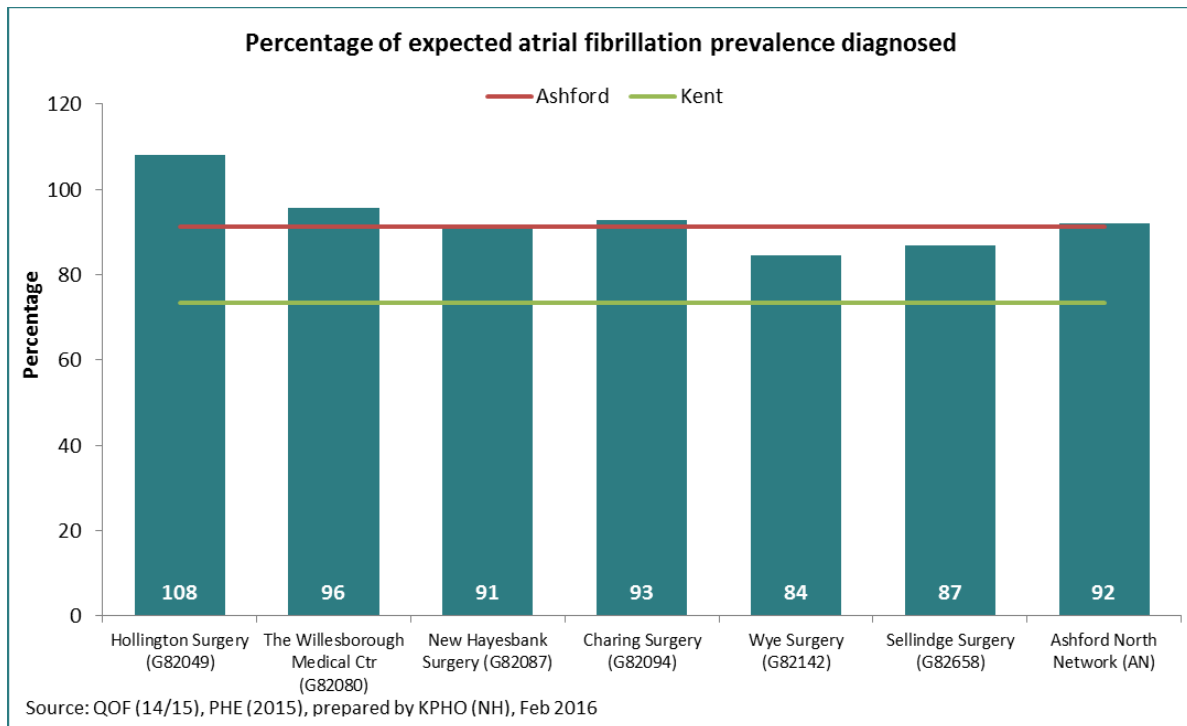
These estimations will have used a model applied to a breakdown of practice populations by age and risk groups.

To give the reader an idea of the expected prevalence in each area, the figure aggregated for Ashford North Network is quoted within each condition section below.

#### 8.3.1 Atrial fibrillation

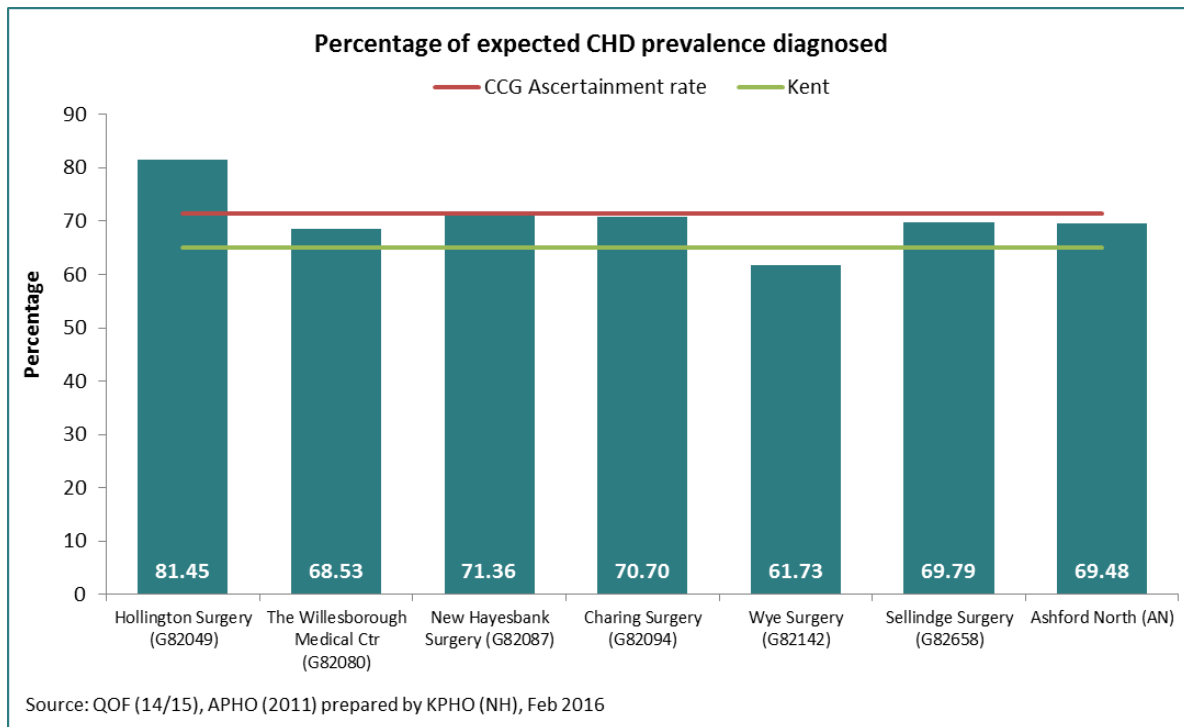
Atrial fibrillation is estimated to be prevalent in 2.53% of the registered adult population of Ashford North Network. Of this estimated figure, 91.9% of expected atrial fibrillation cases have been detected, this rate is close to the CCG (91.3%) level, and higher than that for Kent

(73.3%). Within the network, the percentage of cases detected ranges from 84% (Wye Surgery) to 108% (Hollington Surgery).



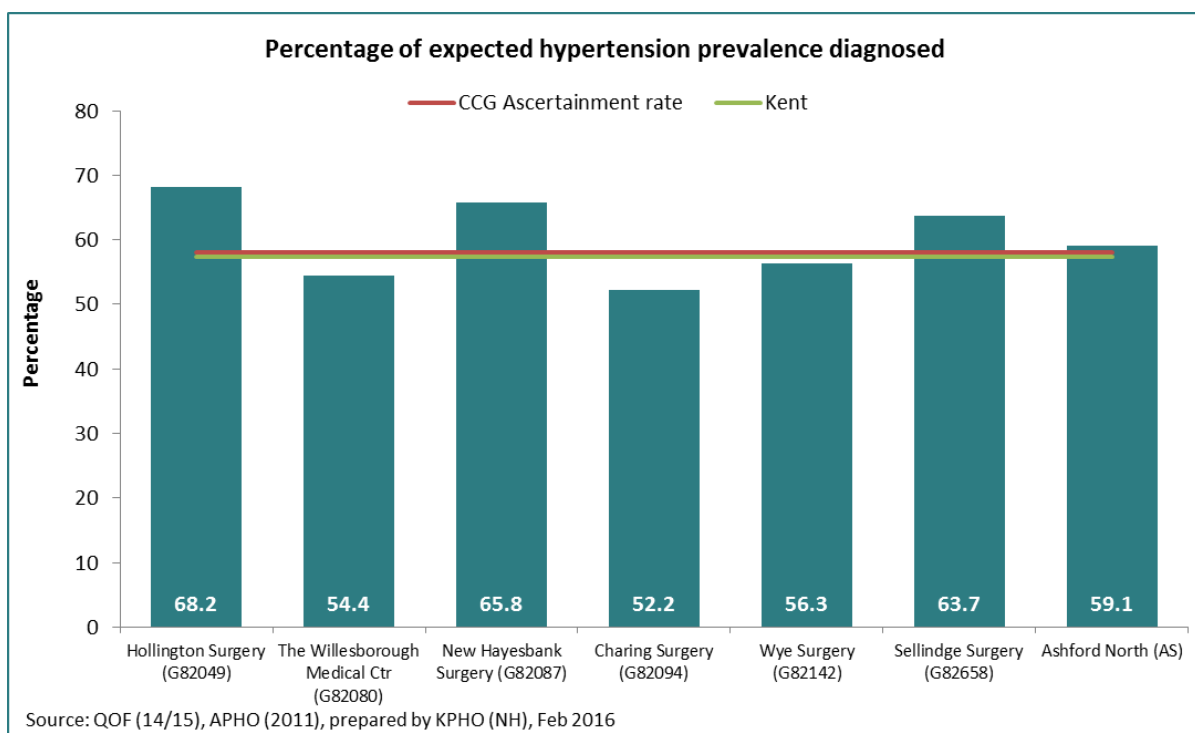
### 8.3.2 Coronary heart disease

The prevalence of Coronary Heart disease is estimated at 4.6% in Ashford North, 69.5% of these expected cases of CHD in the population of the network have been identified. This figure is slightly higher than Kent (65.0%) but not vastly different to the CCG (71.4) average. Detection rates within the practices of the network range between 61.7% (Wye Surgery) and 81.5% (Hollington Surgery) among the different practices.



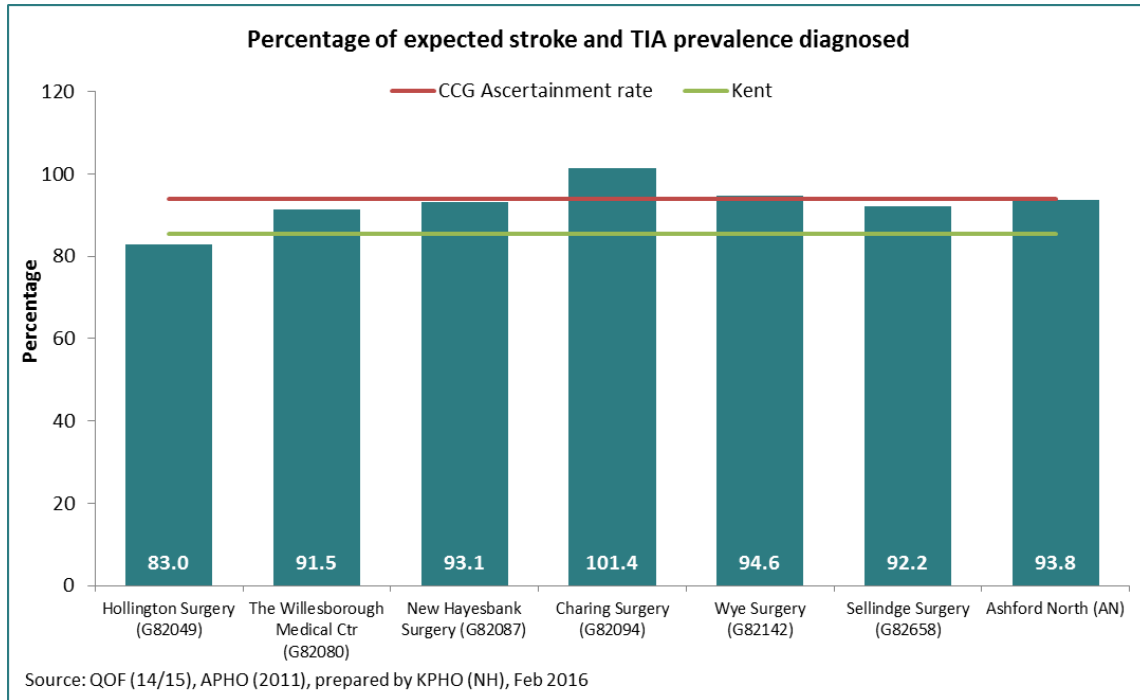
### 8.3.3 Hypertension

The prevalence of Hypertension in the population of Ashford North is estimated at 26.1%; of these expected cases, 69.5% have been diagnosed, a figure marginally higher than the CCG (58.0%) and Kent (57.3%) averages. Across the network the levels of diagnosed hypertension suggest that 59% of the expected cases have been diagnosed. The detection rate ranges between 54.4% (The Willesborough Medical Centre) to 68.2% (Hollington Surgery).



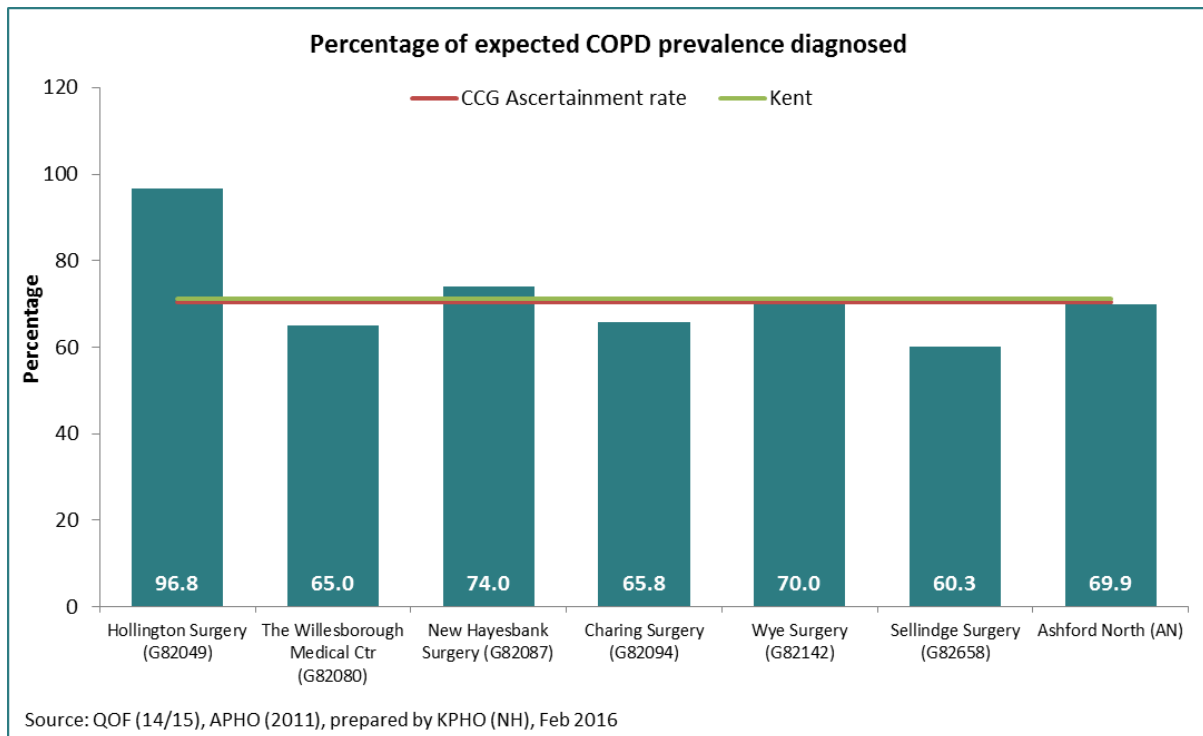
### 8.3.4 Stroke

The prevalence of stroke and transient ischaemic attacks in the population of Ashford North is estimated at 2.0%, the levels that have been detected average at 93.8% close to the CCG average of 93.9% and higher than the Kent average of 85.3%. The range at individual practices lies between 83.0% at Hollington Surgery and 101.4% at Charing Surgery.



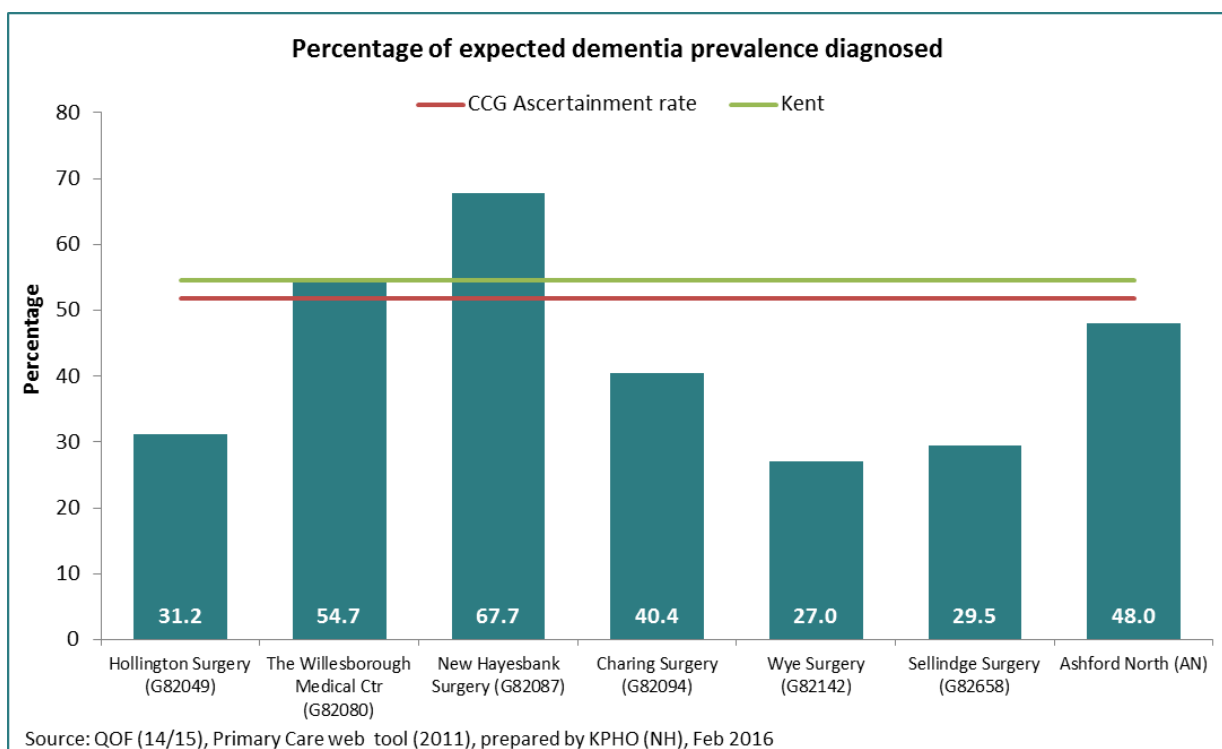
### 8.3.5 COPD

The prevalence of COPD in Ashford North is estimated at 2.5%, if this estimation were correct, the 69.9% of cases have been detected on average within Ashford North, a detection rate much in line with both the CCG (70.4%) and Kent (71.1%) rates.



### 8.3.6 Dementia

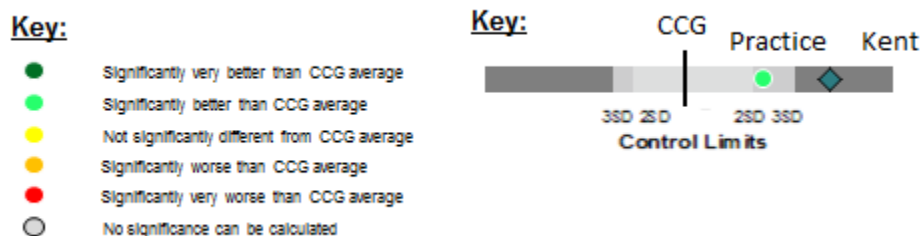
The prevalence of dementia among the population of Ashford North is estimated at 1.39%, if this estimation is assumed correct, 48% of cases on average have been detected across the network. The detection rate against estimated prevalence for individual practices ranges from 27.0% to 67.7%.



## 8.4 Clinical achievement

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

The clinical achievement indicator definitions have been included in Appendix A.



### 8.4.1 North clinical network

In 2014/15 Ashford north network did not have any clinical achievements which were significantly higher than the CCG.

In 2014/15 Ashford north network had significantly lower achievement of the following conditions in comparison to NHS Ashford CCG:

- Asthma 002
- CHD 006
- Diabetes 003
- Mental Health 002
- Stroke and TIA 003

Indicator	North community network		CCG				Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	
Asthma 002	680	82.3	86.0	77.4		97.3	86.6
Asthma 003	2140	71.1	71.2	52.2		85.1	72.2
CHD 002	739	88.2	89.2	60.5		96.2	92.0
CHD 006	664	81.4	84.8	52.6		95.7	97.6
COPD 003	1499	88.9	90.1	79.3		97.4	88.4
COPD 004	141	94.0	96.5	69.6		100.0	85.2
Diabetes 003	1858	73.7	78.4	58.4		97.0	77.6
Diabetes 007	1758	73.4	72.2	61.3		85.1	71.0
Diabetes 009	2249	89.0	88.2	79.0		95.8	87.5
Diabetes 014	102	86.4	90.5	8.3		100.0	89.4
Mental health 002	230	78.5	86.0	35.3		100.0	86.2
Stroke and TIA 003	826	82.1	84.9	69.0		96.6	87.3

### 8.4.2 G82049 – Hollington Surgery

In 2014/15 Hollington Surgery had significantly higher achievement of the following conditions in comparison to the Ashford CCG average:

- Asthma 003
- Diabetes 014

In 2014/15 Hollington Surgery had significantly lower achievement of the following conditions in comparison to the Ashford CCG average:

- CHD002
- CHD003
- COPD004
- Diabetes 003
- Diabetes 007
- Diabetes 009

Indicator	G82049 Hollington Surgery		CCG					Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest		
Asthma 002	88	86.3	86.0	77.4		97.3	86.6	
Asthma 003	191	84.5	71.2	52.2		85.1	72.2	
CHD 002	46	60.5	89.2	60.5		96.2	92.0	
CHD 006	40	52.6	84.8	52.6		95.7	97.6	
COPD 003	96	88.1	90.1	79.3		97.4	88.4	
COPD 004	16	69.6	96.5	69.6		100.0	85.2	
Diabetes 003	113	62.8	78.4	58.4		97.0	77.6	
Diabetes 007	115	62.5	72.2	61.3		85.1	71.0	
Diabetes 009	154	81.9	88.2	79.0		95.8	87.5	
Diabetes 014	24	100.0	90.5	8.3		100.0	89.4	
Mental health 002	30	83.3	86.0	35.3		100.0	86.2	
Stroke and TIA 003	37	77.1	84.9	69.0		96.6	87.3	

### 8.4.3 G82080 – Willesborough Health Centre

In 2014/15 Willesborough Health Centre had significantly higher achievement of the following conditions in comparison to the Ashford CCG average:

- Diabetes 007
- Diabetes 009
- Diabetes 014
- Mental Health 002

In 2014/15 Willesborough Health Centre had significantly lower achievement of the following conditions in comparison to the Ashford CCG average:

- CHD006

Indicator	G82080 Willesborough Health Centre		CCG					Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest		
Asthma 002	125	84.5	86.0	77.4		97.3	86.6	
Asthma 003	513	70.2	71.2	52.2		85.1	72.2	
CHD 002	193	90.6	89.2	60.5		96.2	92.0	
CHD 006	155	75.2	84.8	52.6		95.7	97.6	
COPD 003	343	87.1	90.1	79.3		97.4	88.4	
COPD 004	22	100.0	96.5	69.6		100.0	85.2	
Diabetes 003	509	80.9	78.4	58.4		97.0	77.6	
Diabetes 007	414	77.0	72.2	61.3		85.1	71.0	
Diabetes 009	544	92.8	88.2	79.0		95.8	87.5	
Diabetes 014	32	100.0	90.5	8.3		100.0	89.4	
Mental health 002	69	93.2	86.0	35.3		100.0	86.2	
Stroke and TIA 003	187	81.0	84.9	69.0		96.6	87.3	

### 8.4.4 G82087 – New Hayesbank Surgery



In 2014/15 New Hayesbank Surgery had significantly higher achievement of the following conditions in comparison to the Ashford CCG average:

- CHD006
- Diabetes 007
- Diabetes 009

In 2014/15 New Hayesbank Surgery had significantly lower achievement of the following conditions in comparison to the Ashford CCG average:

- Asthma 002
- Mental Health 002

Indicator	G82087 New Hayesbank Surgery		CCG					Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest		
Asthma 002	205	77.4	86.0	77.4		97.3	86.6	
Asthma 003	631	70.3	71.2	52.2		85.1	72.2	
CHD 002	201	91.0	89.2	60.5		96.2	92.0	
CHD 006	189	90.4	84.8	52.6		95.7	97.6	
COPD 003	433	91.0	90.1	79.3		97.4	88.4	
COPD 004	29	96.7	96.5	69.6		100.0	85.2	
Diabetes 003	586	77.6	78.4	58.4		97.0	77.6	
Diabetes 007	580	78.4	72.2	61.3		85.1	71.0	
Diabetes 009	718	90.9	88.2	79.0		95.8	87.5	
Diabetes 014	41	89.1	90.5	8.3		100.0	89.4	
Mental health 002	72	69.9	86.0	35.3		100.0	86.2	
Stroke and TIA 003	235	84.8	84.9	69.0		96.6	87.3	

#### 8.4.5 G82094 – Charing Practice

In 2014/15 Charing Practice had significantly higher achievement of the following conditions in comparison to the Ashford CCG average:

- Asthma 003
- CHD002
- CHD006
- COPD003
- Diabetes 009
- Diabetes 014
- Mental Health 002

In 2014/15 Charing Practice recorded no conditions with an achievement that was significantly lower than the Ashford CCG average.

Indicator	G82094 Charing Practice		CCG				Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	
Asthma 002	98	90.7	86.0	77.4		97.3	86.6
Asthma 003	383	83.8	71.2	52.2		85.1	72.2
CHD 002	134	94.4	89.2	60.5		96.2	92.0
CHD 006	128	92.1	84.8	52.6		95.7	97.6
COPD 003	293	94.2	90.1	79.3		97.4	88.4
COPD 004	38	97.4	96.5	69.6		100.0	85.2
Diabetes 003	315	79.3	78.4	58.4		97.0	77.6
Diabetes 007	266	73.1	72.2	61.3		85.1	71.0
Diabetes 009	350	91.9	88.2	79.0		95.8	87.5
Diabetes 014	3	100.0	90.5	8.3		100.0	89.4
Mental health 002	36	100.0	86.0	35.3		100.0	86.2
Stroke and TIA 003	163	87.6	84.9	69.0		96.6	87.3

### 8.4.6 G82142 – Wye Surgery

In 2014/15 Wye Surgery had significantly higher achievement of the following conditions in comparison to the Ashford CCG average:

- COPD004
- Diabetes 014

In 2014/15 Wye Surgery had significantly lower achievement of the following conditions in comparison to the Ashford CCG average:

- Asthma 002
- Asthma 003
- CHD006
- COPD003
- Diabetes 003
- Diabetes 007
- Diabetes 009
- Mental Health 002
- Stroke and TIA 003

Indicator	G82142 Wye Surgery		CCG				Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	
Asthma 002	125	78.6	86.0	77.4		97.3	86.6
Asthma 003	241	52.2	71.2	52.2		85.1	72.2
CHD 002	104	86.7	89.2	60.5		96.2	92.0
CHD 006	94	77.0	84.8	52.6		95.7	97.6
COPD 003	191	79.3	90.1	79.3		97.4	88.4
COPD 004	20	100.0	96.5	69.6		100.0	85.2
Diabetes 003	185	58.4	78.4	58.4		97.0	77.6
Diabetes 007	198	61.3	72.2	61.3		85.1	71.0
Diabetes 009	256	79.0	88.2	79.0		95.8	87.5
Diabetes 014	1	100.0	90.5	8.3		100.0	89.4
Mental health 002	17	63.0	86.0	35.3		100.0	86.2
Stroke and TIA 003	118	69.0	84.9	69.0		96.6	87.3

### 8.4.7 G82658 – Sellindge Surgery

In 2014/15 Sellindge Surgery had significantly higher achievement of the following conditions in comparison to the Ashford CCG average:

- COPD004
- Stroke and TIA 003

In 2014/15 Sellindge Surgery had significantly lower achievement of the following conditions in comparison to the Ashford CCG average:

- Diabetes 003
- Diabetes 014
- Mental Health 002

Indicator	G82658 Sellindge Surgery		CCG				Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	
Asthma 002	39	88.6	86.0	77.4		97.3	86.6
Asthma 003	181	76.1	71.2	52.2		85.1	72.2
CHD 002	61	92.4	89.2	60.5		96.2	92.0
CHD 006	58	90.6	84.8	52.6		95.7	97.6
COPD 003	143	92.3	90.1	79.3		97.4	88.4
COPD 004	16	100.0	96.5	69.6		100.0	85.2
Diabetes 003	150	61.5	78.4	58.4		97.0	77.6
Diabetes 007	185	74.9	72.2	61.3		85.1	71.0
Diabetes 009	227	88.3	88.2	79.0		95.8	87.5
Diabetes 014	1	8.3	90.5	8.3		100.0	89.4
Mental health 002	6	35.3	86.0	35.3		100.0	86.2
Stroke and TIA 003	86	92.5	84.9	69.0		96.6	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:

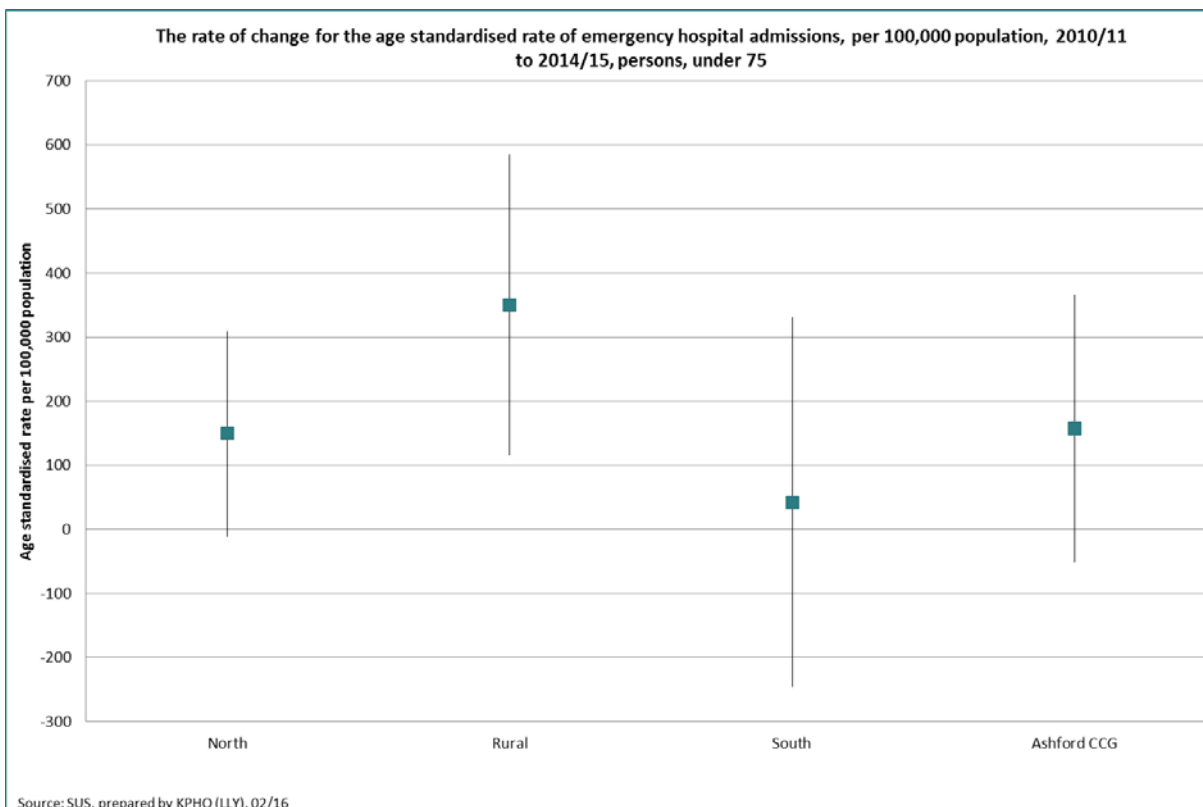
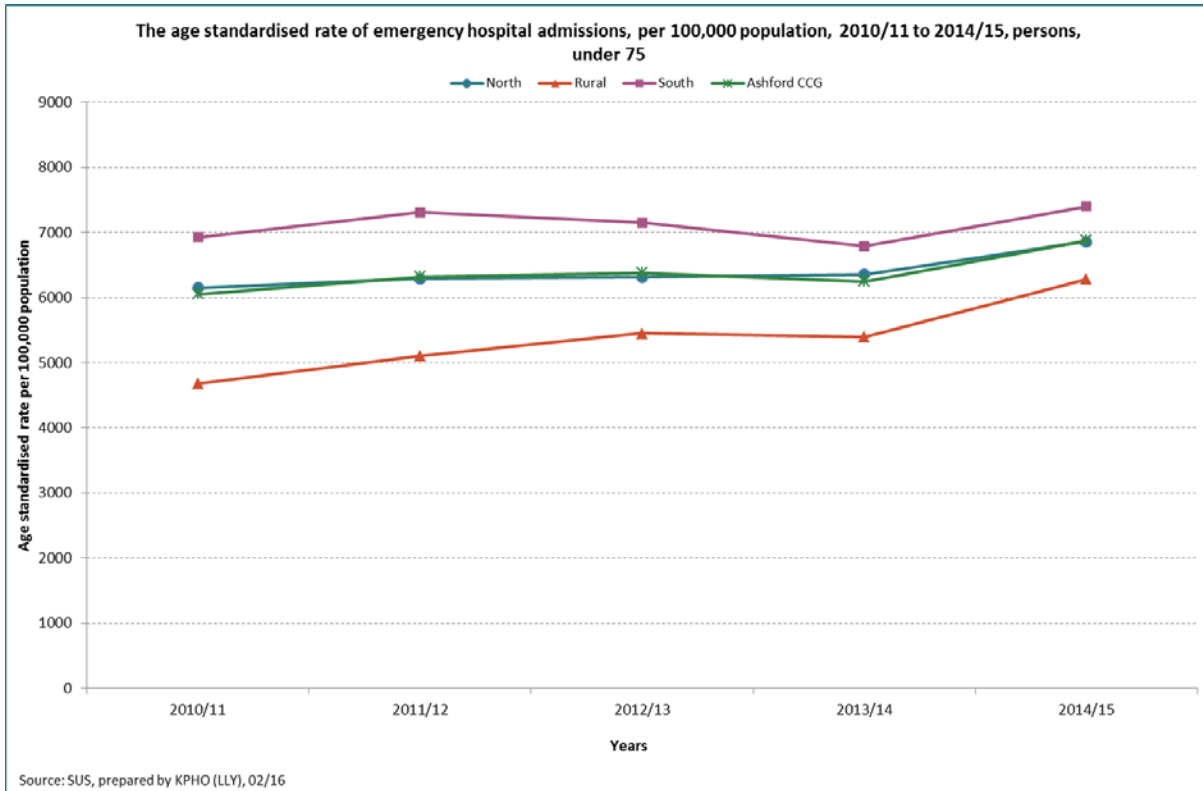
- Age standardised rates have been presented to enable comparison of the practice networks without confounding by age.
- An analysis of trend and rate of change has been presented for the practice networks for the period 2006/07 to 2014/15. This has been compared to the CCG.
- An analysis by general 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.

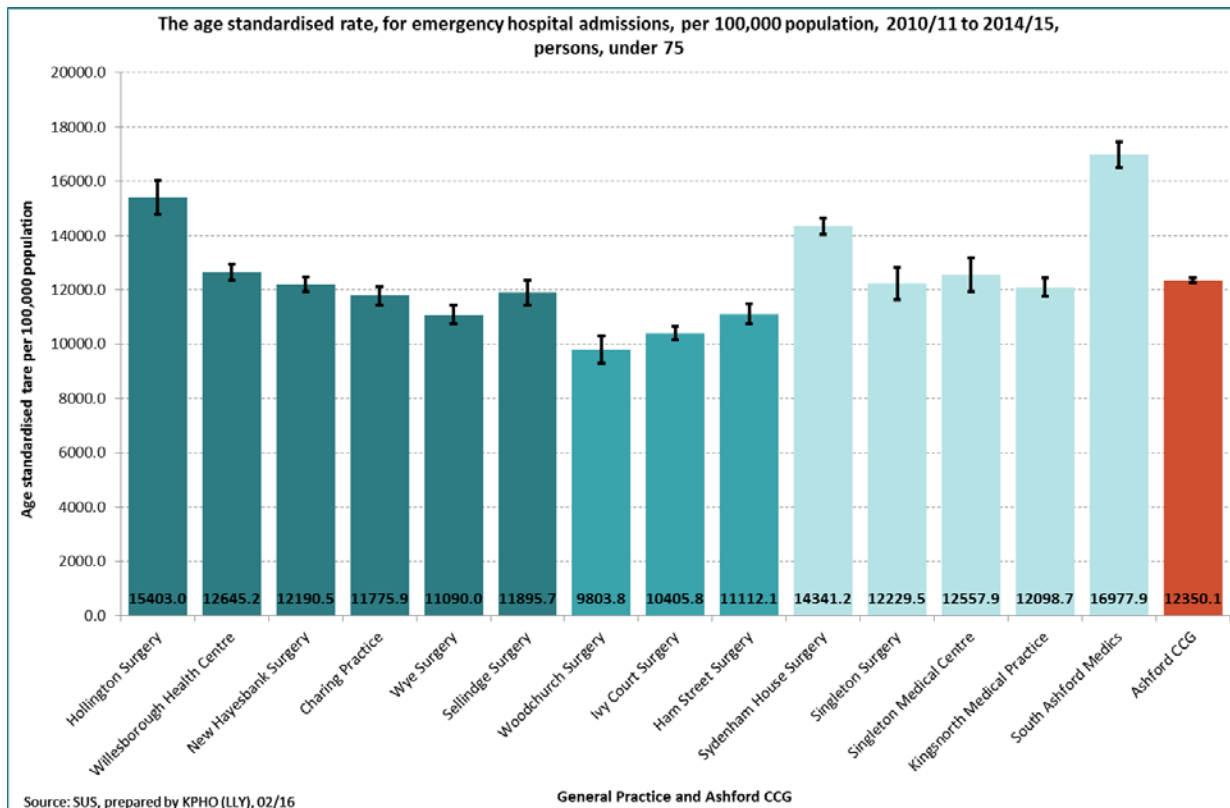
The key below differentiates between the general practices in each clinical network.

	North Community Network
	Rural Community Network
	South Community Network
	Ashford CCG

#### 9.1.1 Emergency Hospital Admissions

For North, the age standardised rate of emergency hospital admissions in the under 75 population has increased between 2006/07 and 2014/15. The rate of change for North has increased (149.5, per 100,000 population) but is lower than the Ashford CCG rate (157.9).

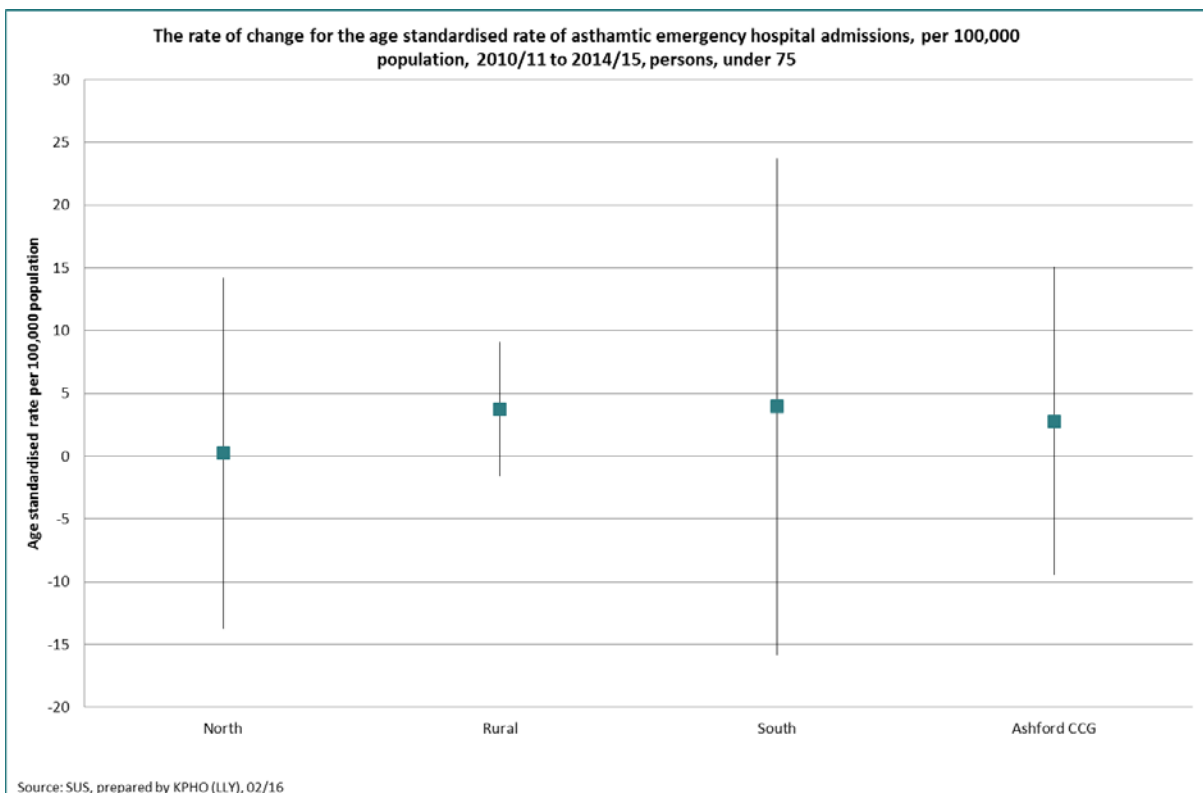
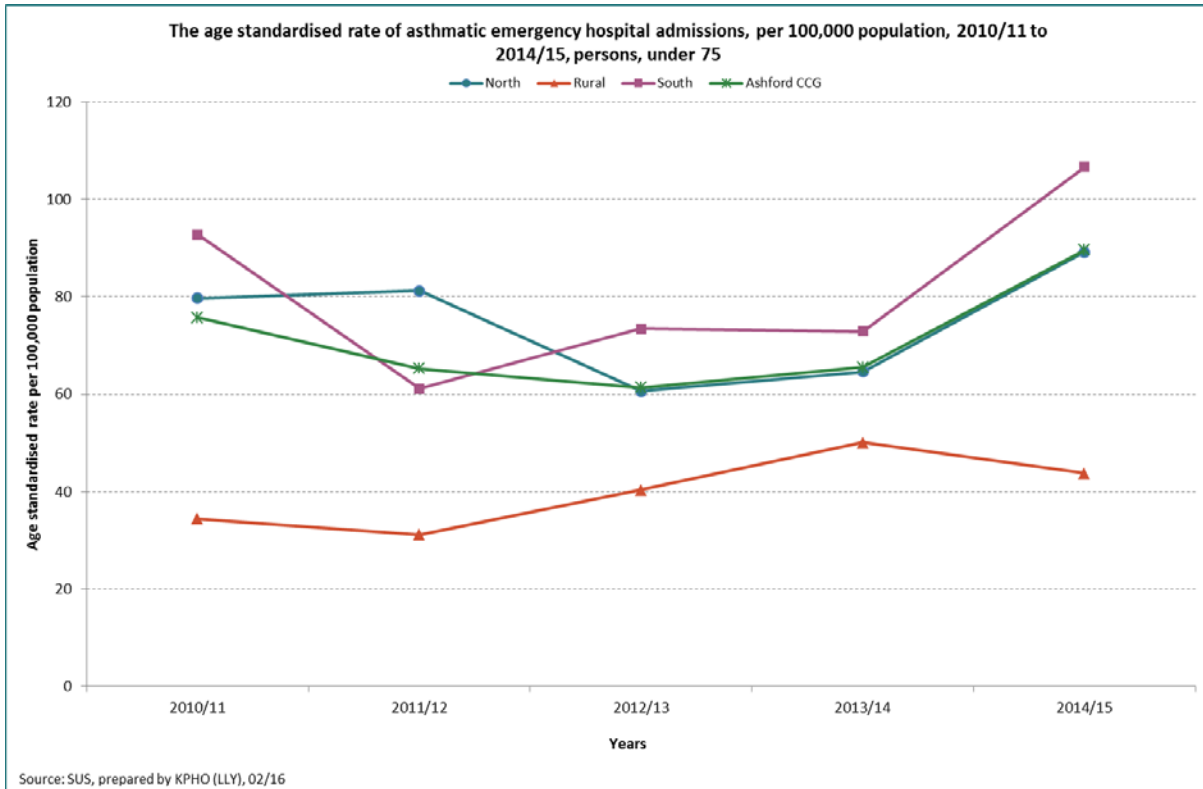


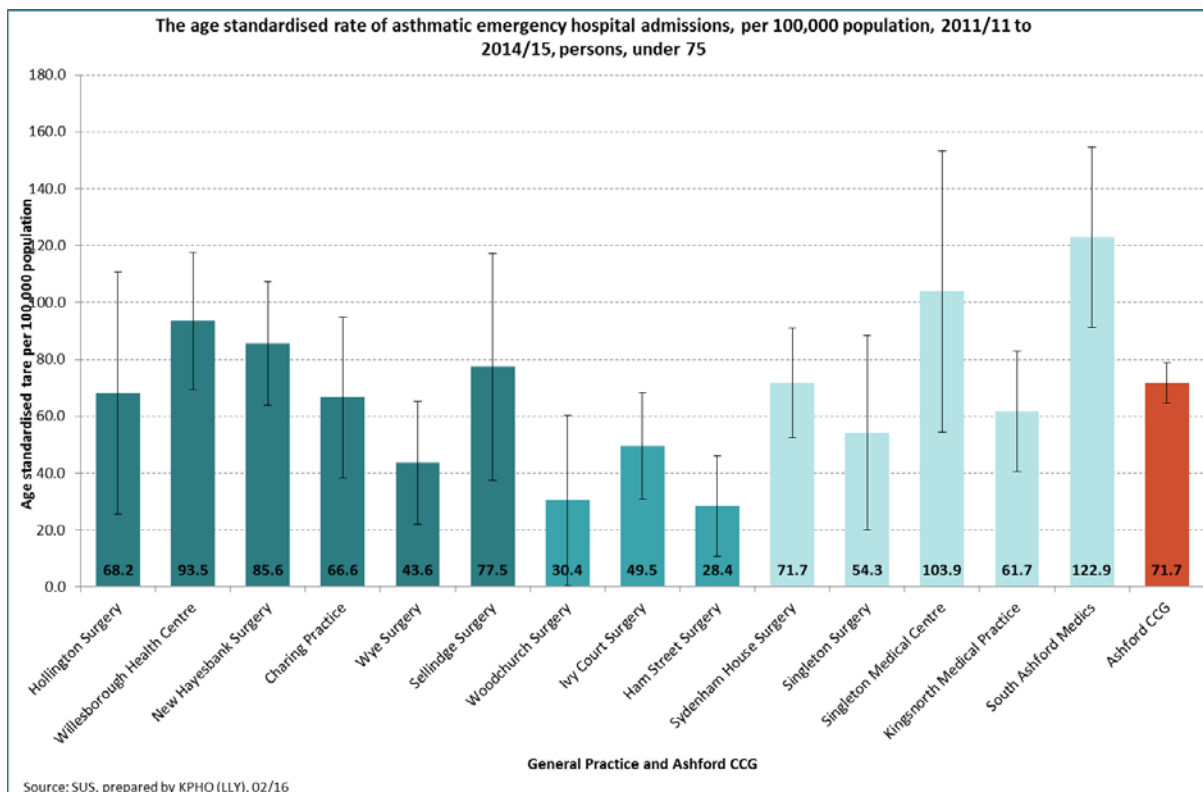


A significantly higher age standardised rate of emergency hospital admissions in the under 75 population, in comparison to the CCG can be identified for Hollington Surgery. A significantly lower age standardised rate can be identified for Wye Surgery.

### 9.1.2 Asthma

For North, 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 rate of change for North (0.2, per 100,000 population) has decreased at a slower rate than Ashford CCG (2.8).



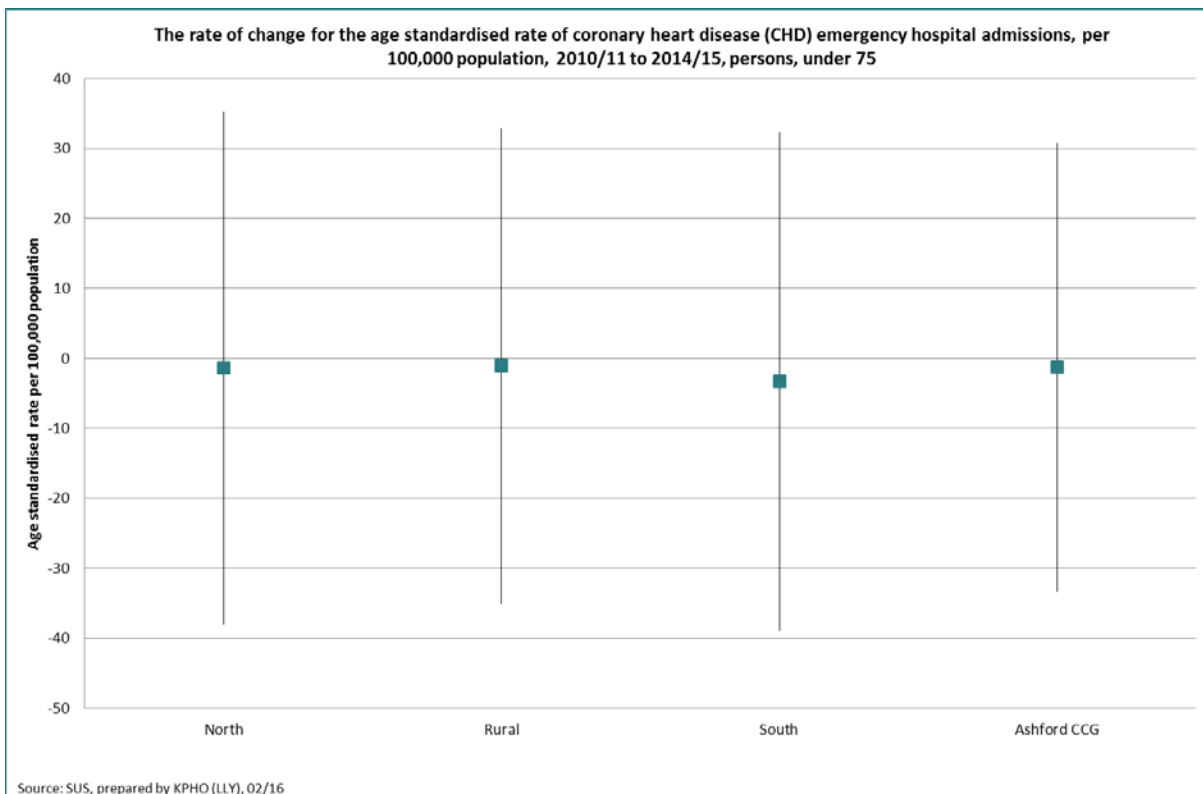
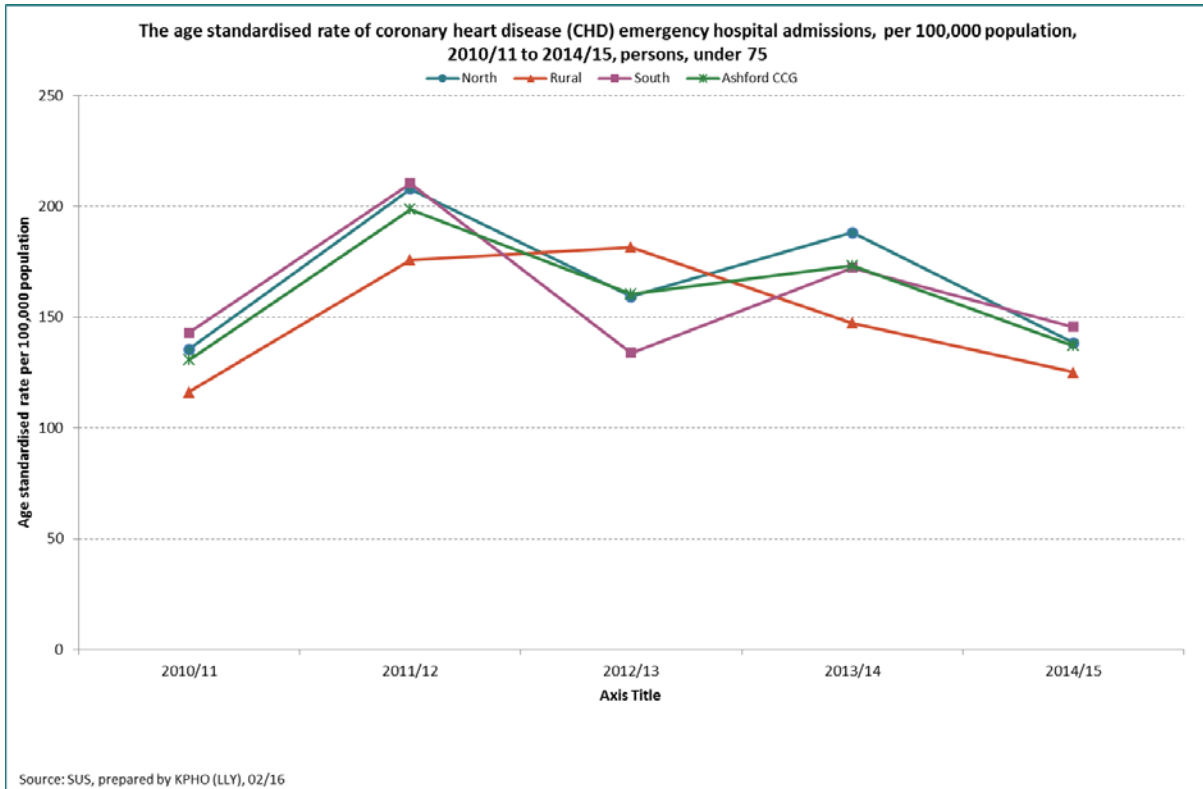


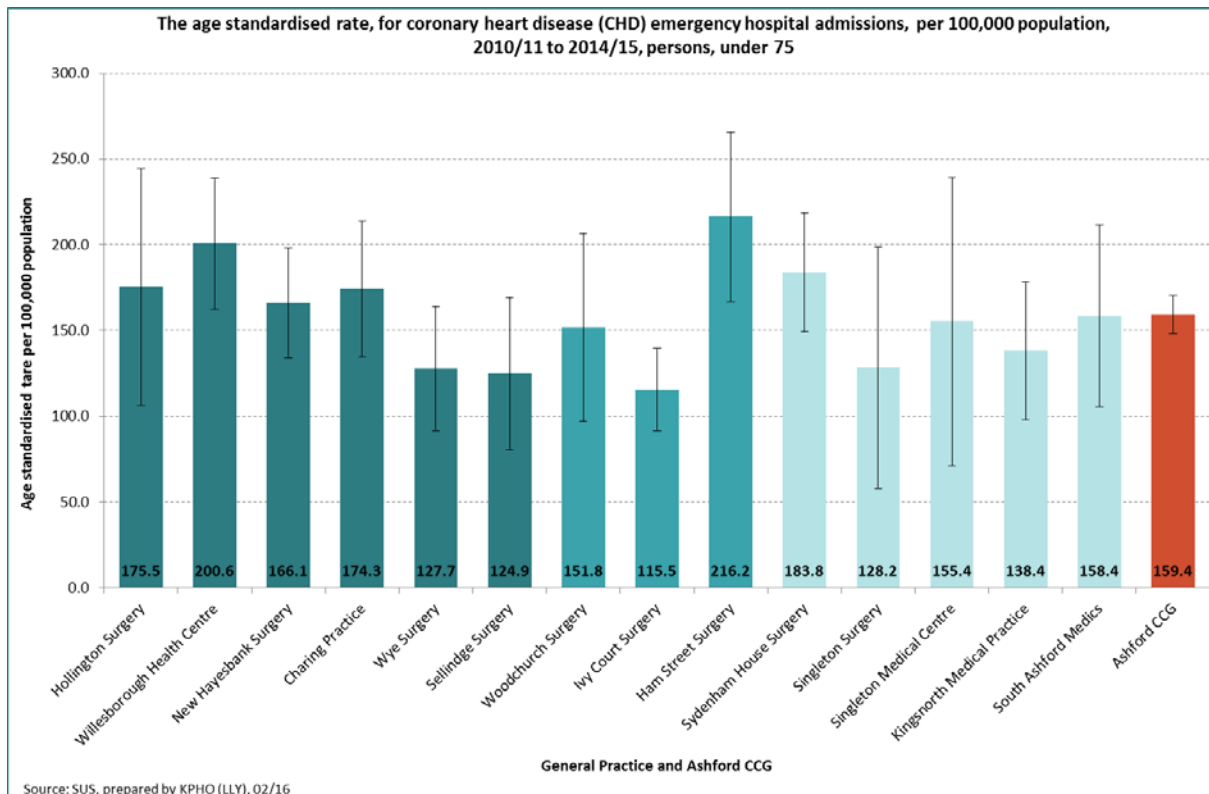
There were no general practices in the North clinical Network that were significantly higher or lower from Ashford CCG.

### 9.1.3 Coronary Heart Disease

For North, the age standardised rate of coronary heart disease emergency hospital admissions in the under 75 population had marginally increased between 2006/07 and 2014/15. The rate of change for North (-1.4, per 100,000 population) had decreased at a higher rate than Ashford CCG (-1.3).



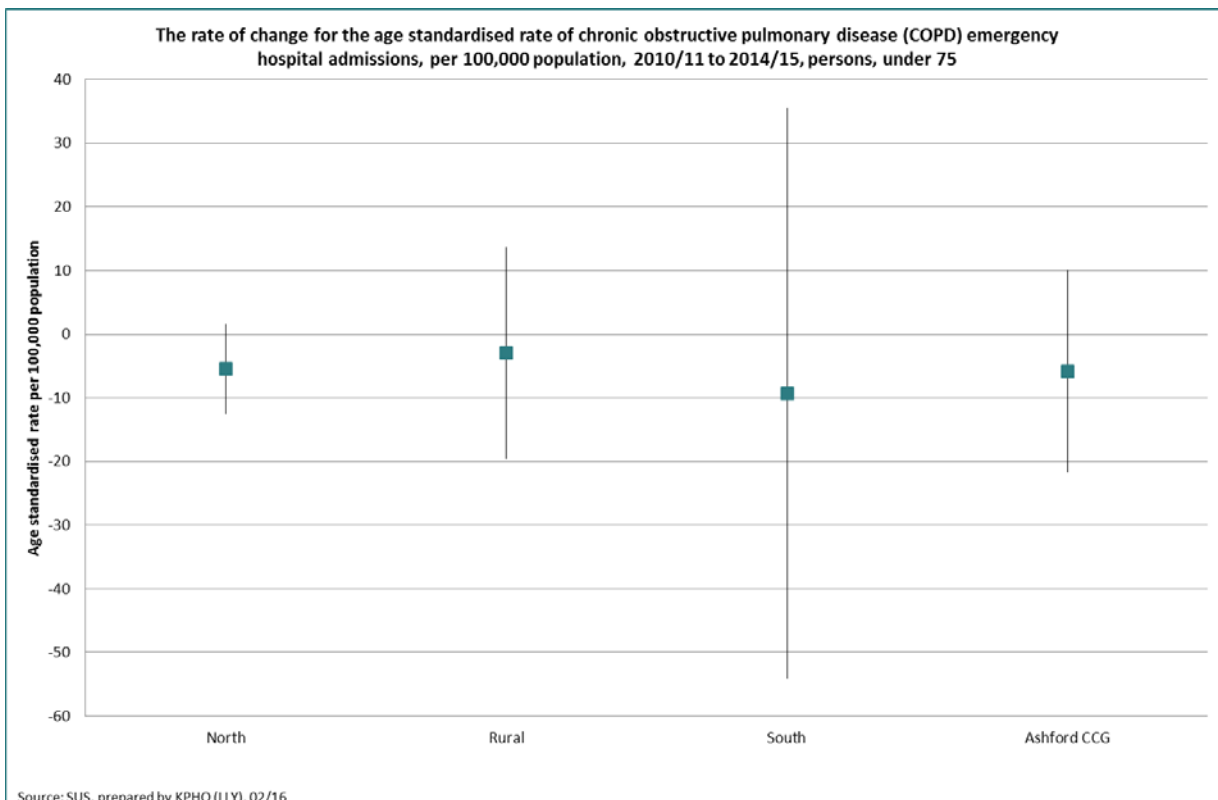
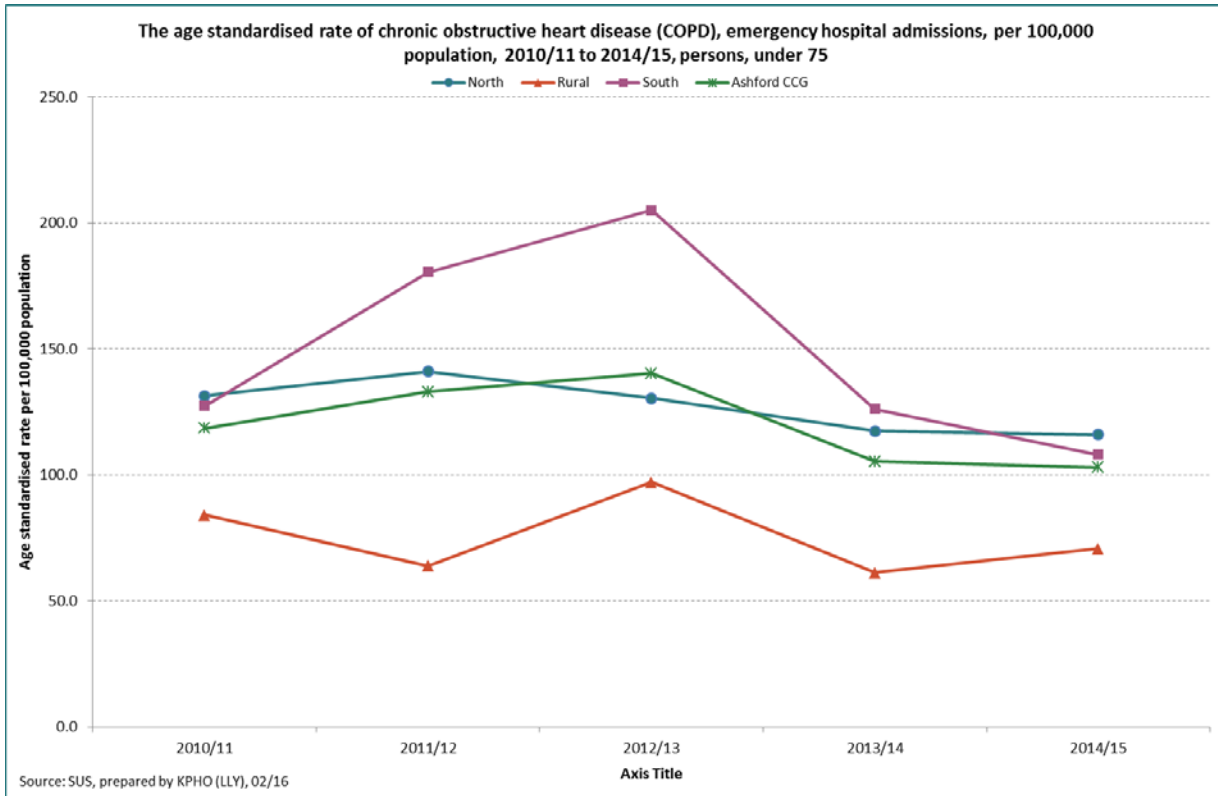


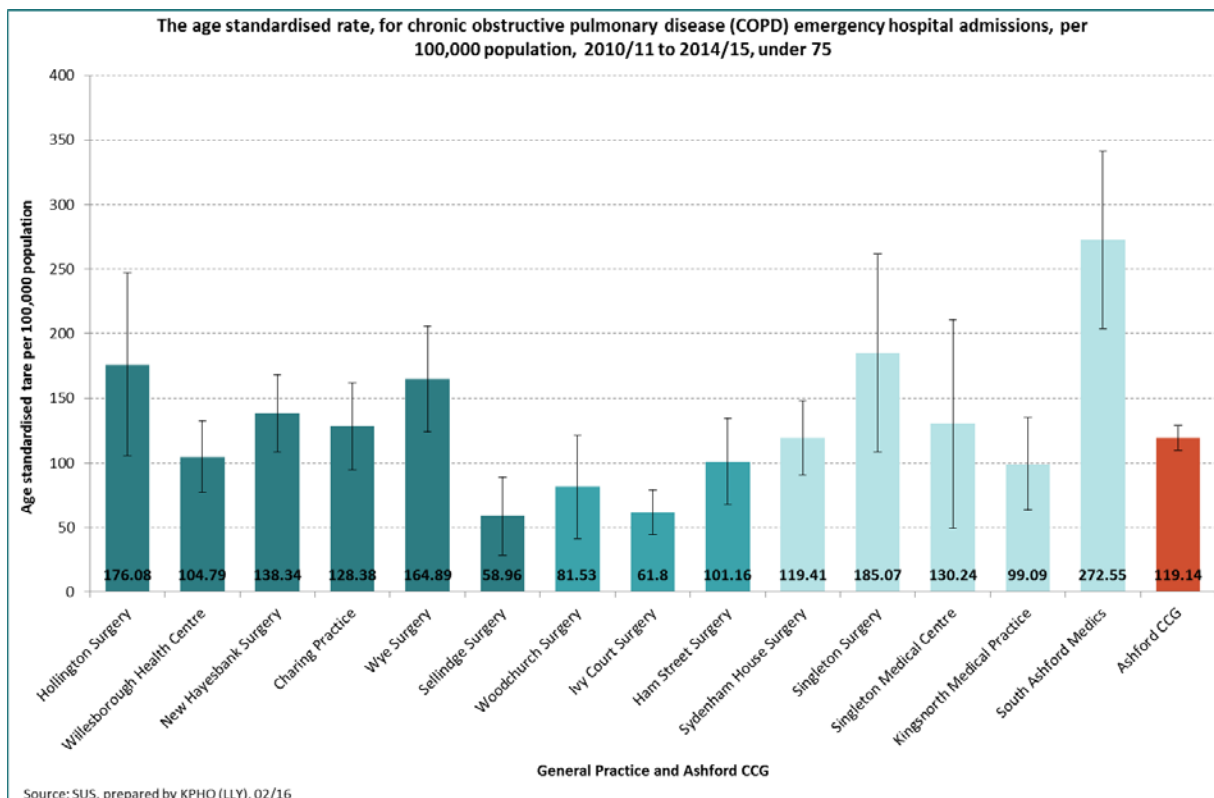


There were no general practices in the North clinical Network that were significantly higher or lower from Ashford CCG.

#### 9.1.4 Chronic Obstructive Pulmonary Disease

For North, the age standardised rate of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population had slightly increased between 2006/07 and 2014/15. The rate of change for North (-5.5 per 100,000 population) had decreased at a lower rate than Ashford CCG (-5.9).

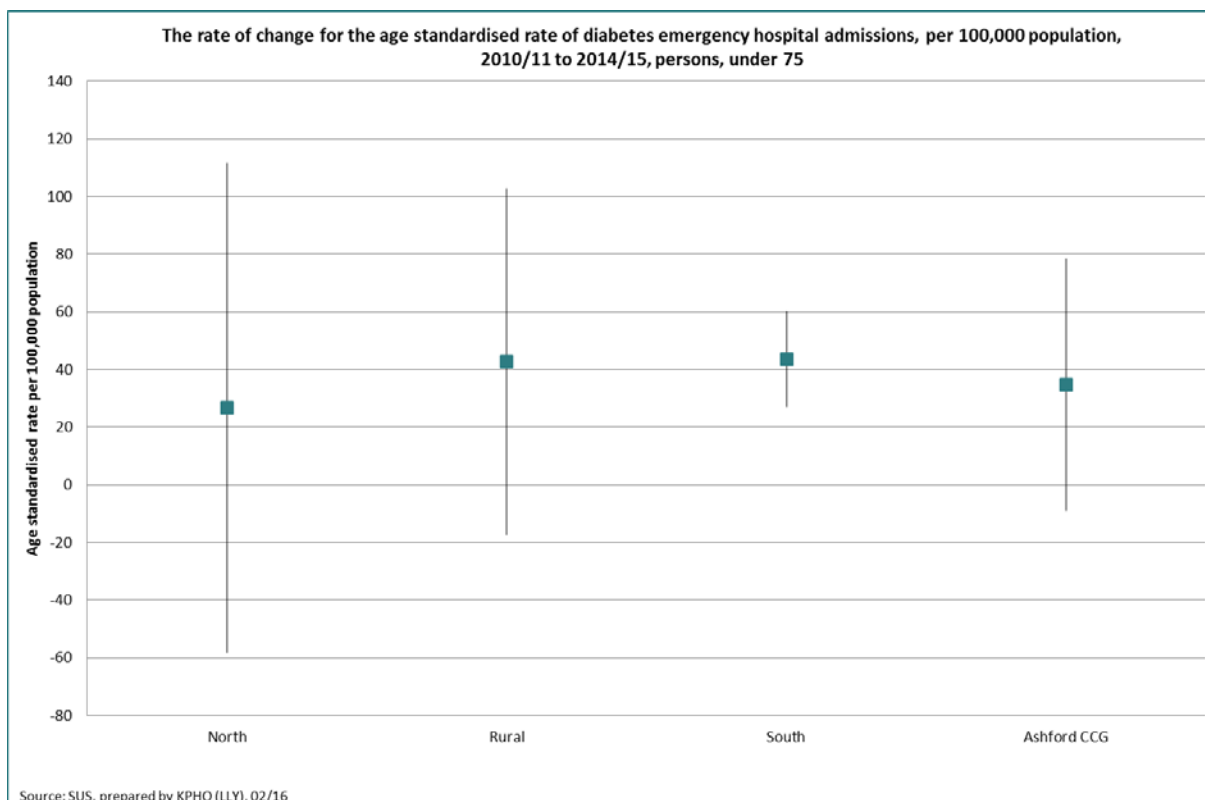
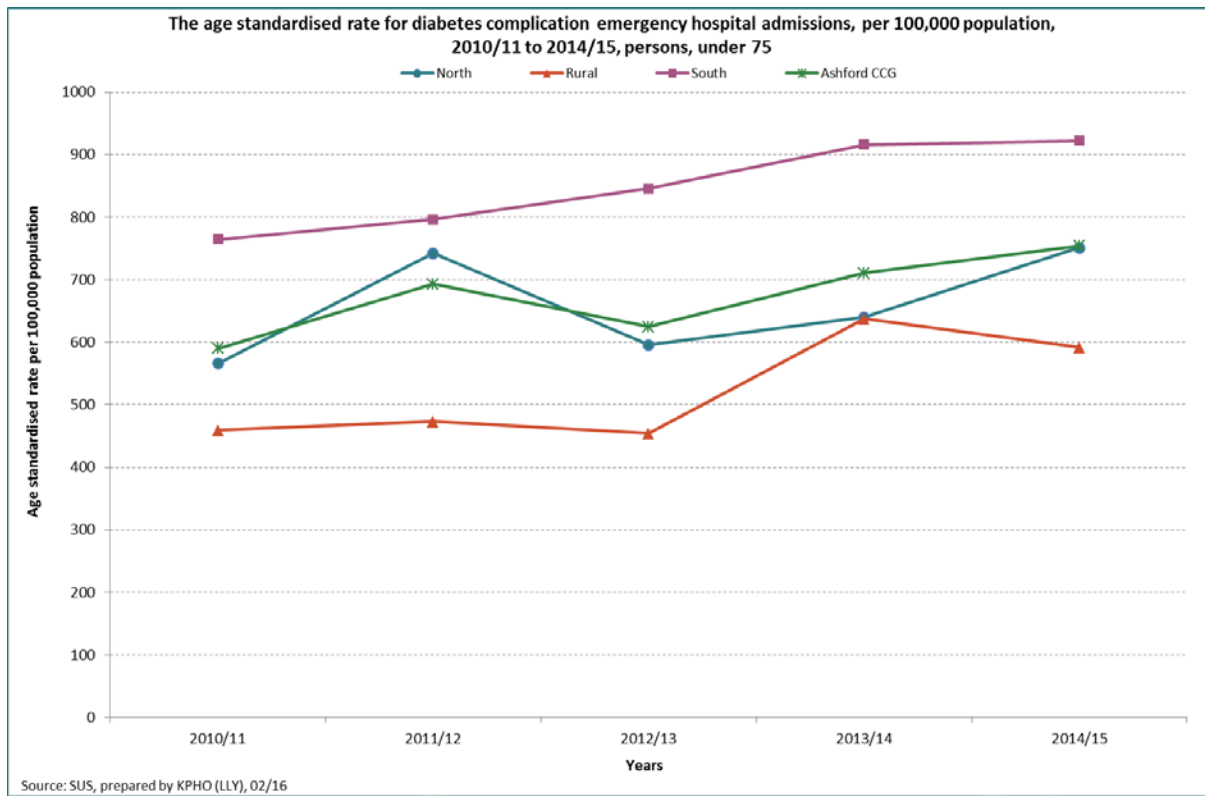


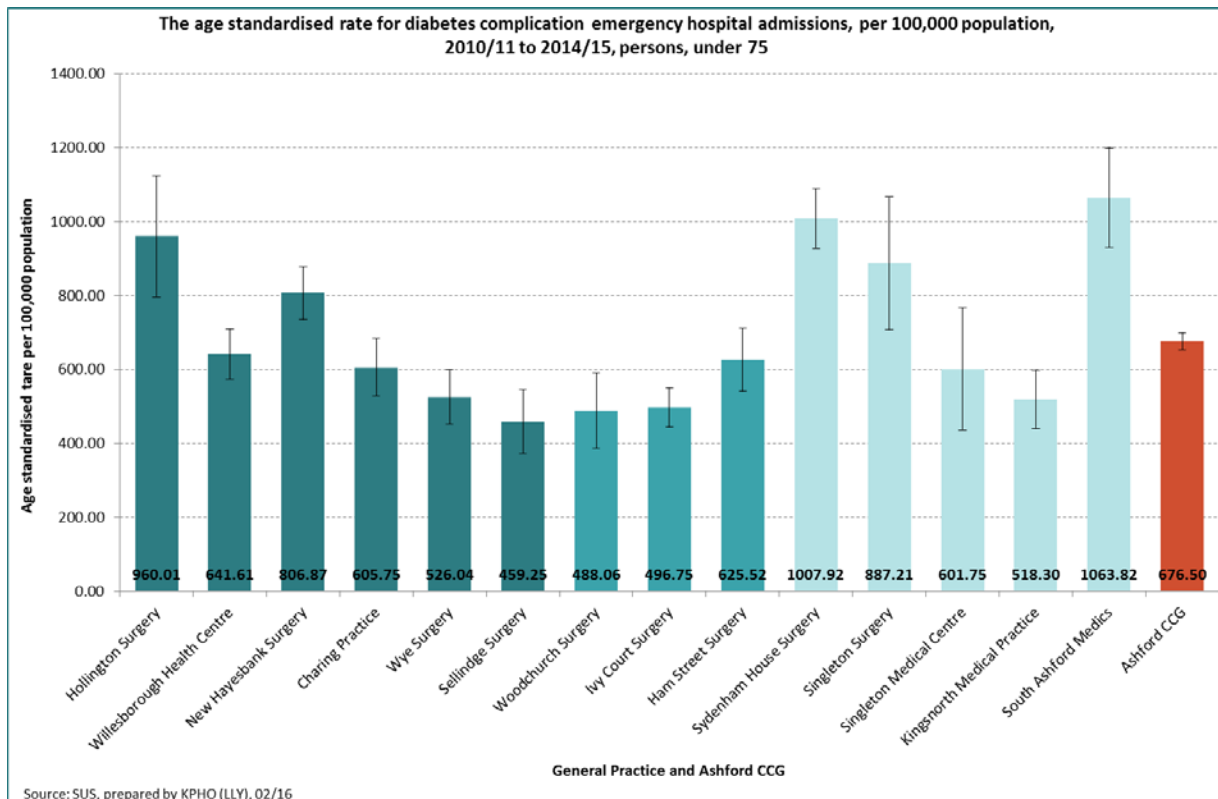


A significantly lower age standardised rate of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population, can be identified for Sellindge Surgery.

### 9.1.5 Diabetes Complications

For North, the age standardised rate of diabetes complications emergency hospital admissions in the under 75 population had increased between 2006/07 and 2014/15. The rate of change for North (26.8, per 100,000 population) is lower than Ashford CCG (34.7) between 2010/11 to 2014/15.

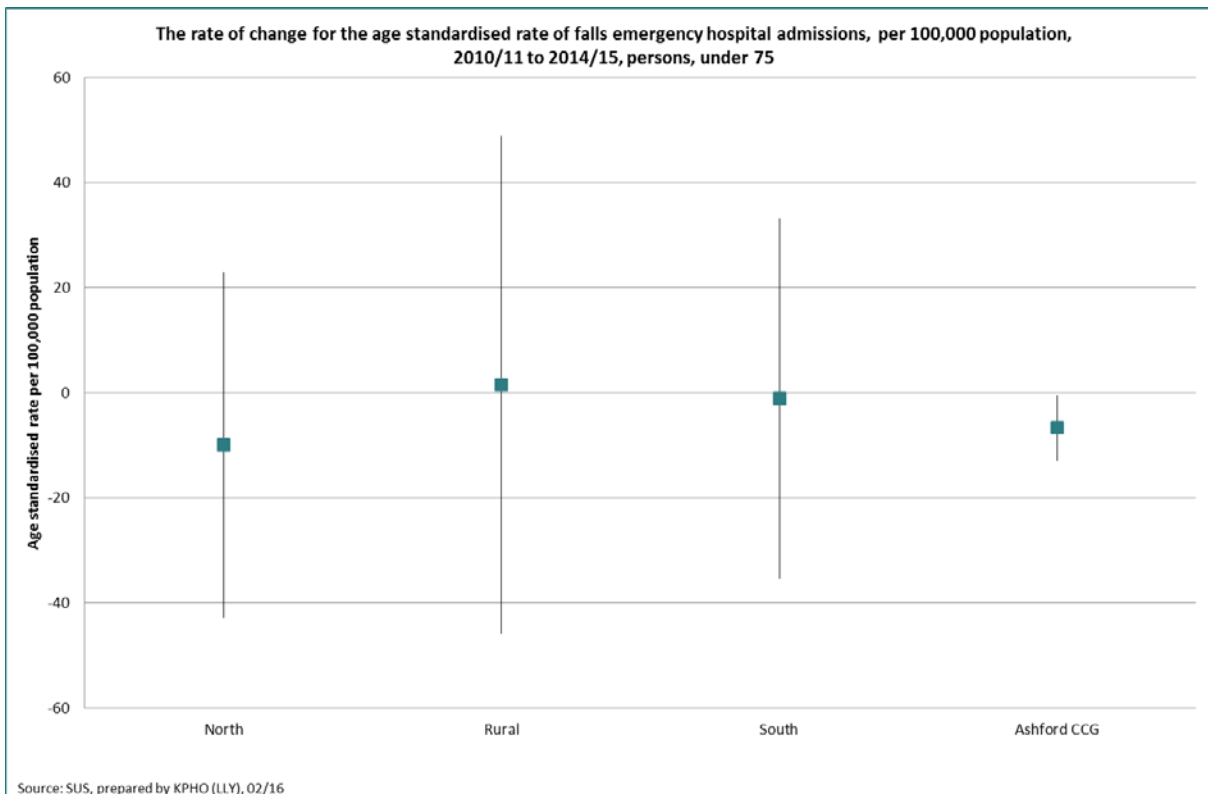
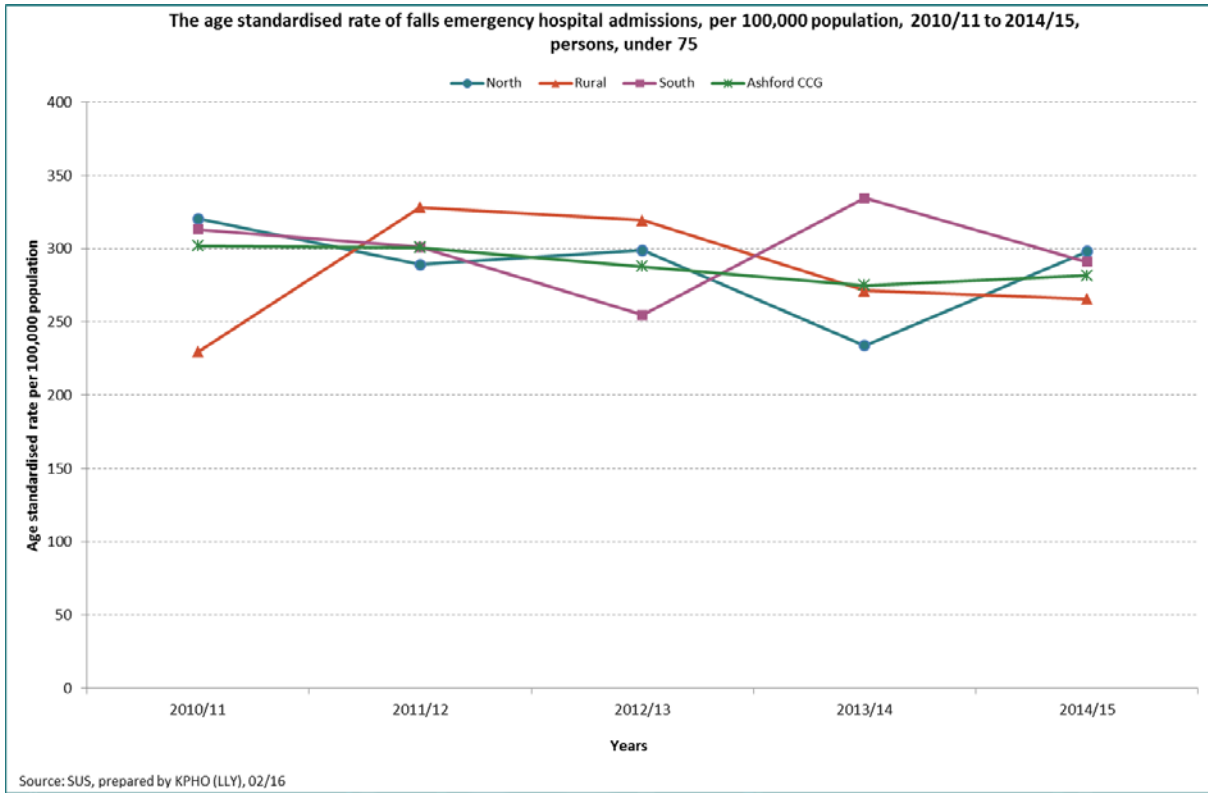


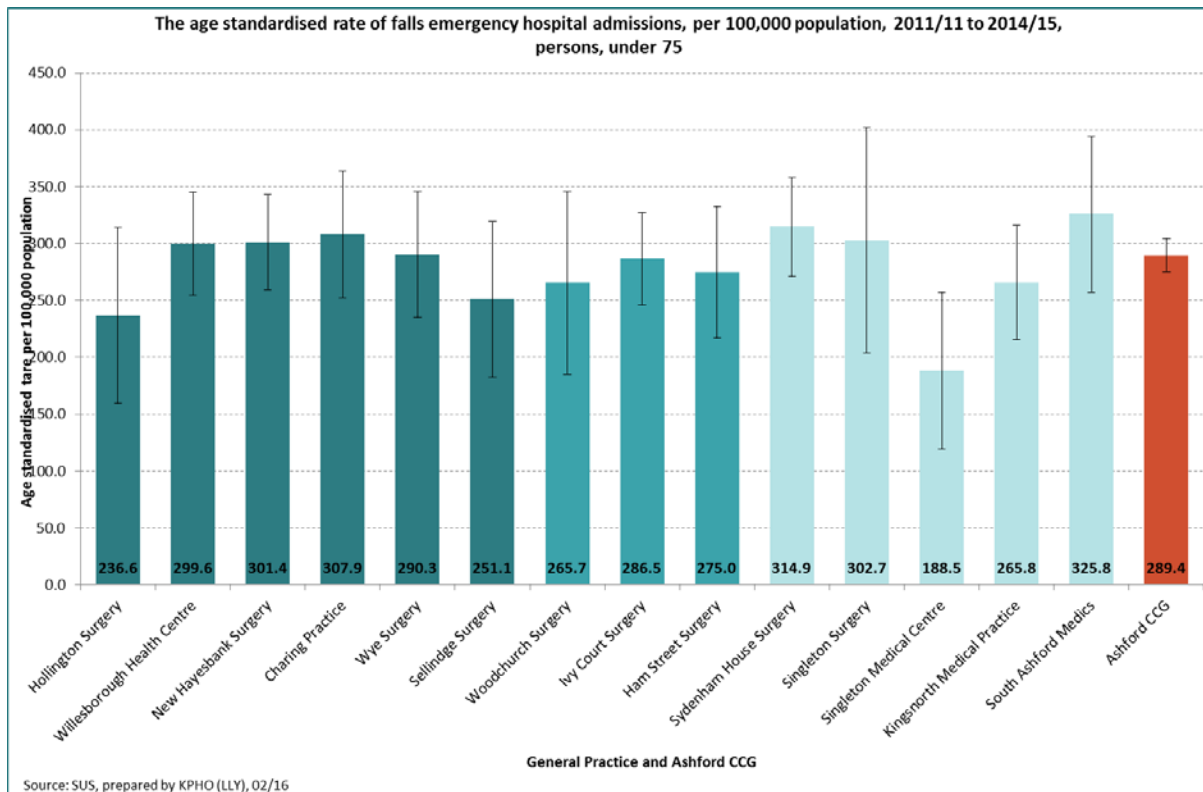


A significantly lower age standardised rate of diabetes complications emergency hospital admissions in the under 75 population, can be identified for Sellindge Surgery and Wye Surgery. A significantly higher age standardised rate can be identified for New Hayesbank Surgery.

### 9.1.5 Falls

For North, the age standardised rate of falls emergency hospital admissions in the under 75 population had decreased between 2006/07 and 2014/15. The rate of change for North (-10.0, per 100,000 population) has decreased between 2010/11 to 2014/15 but at a higher rate compared to Ashford CCG (-6.6).



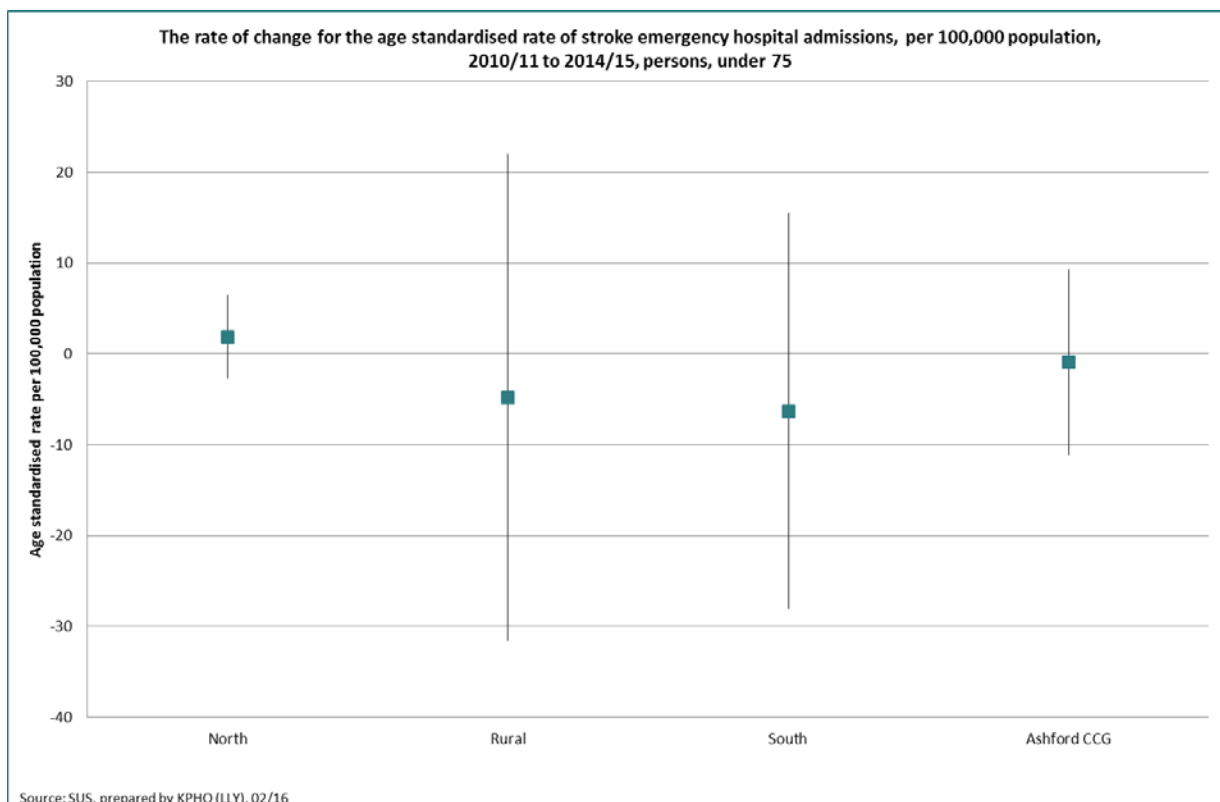
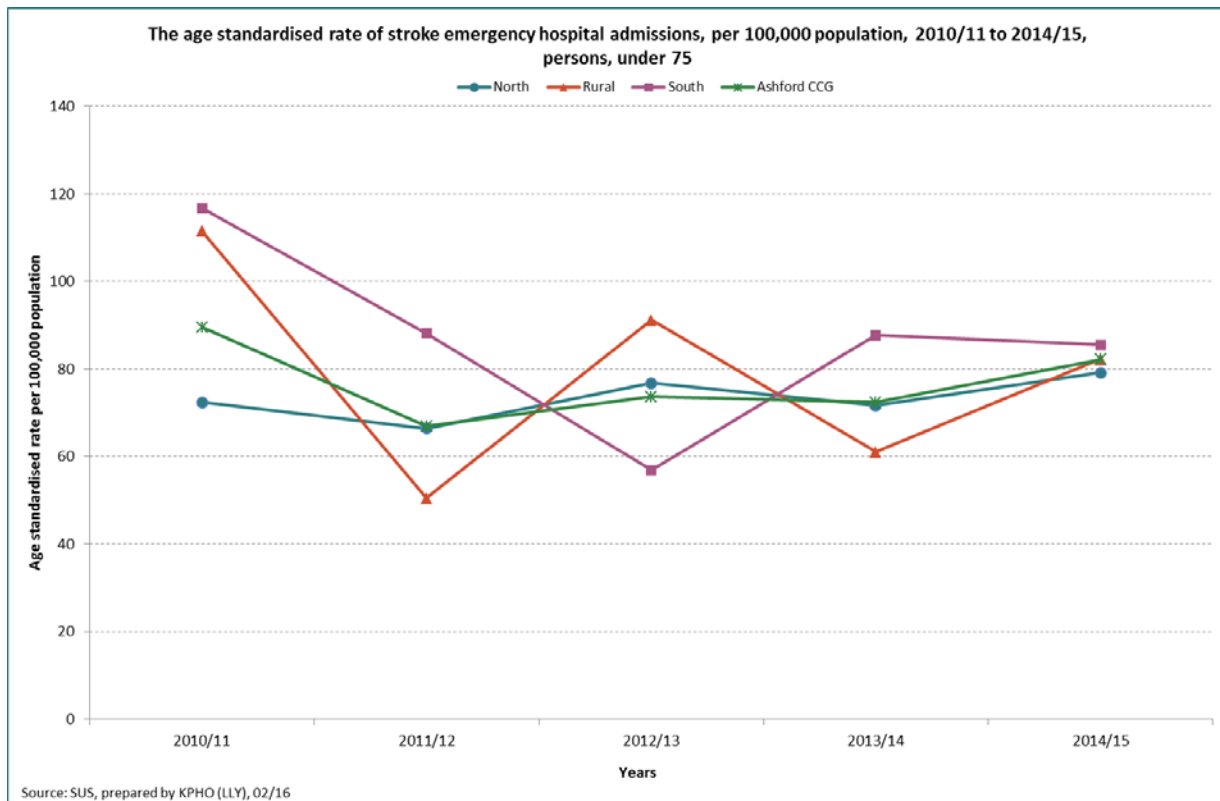


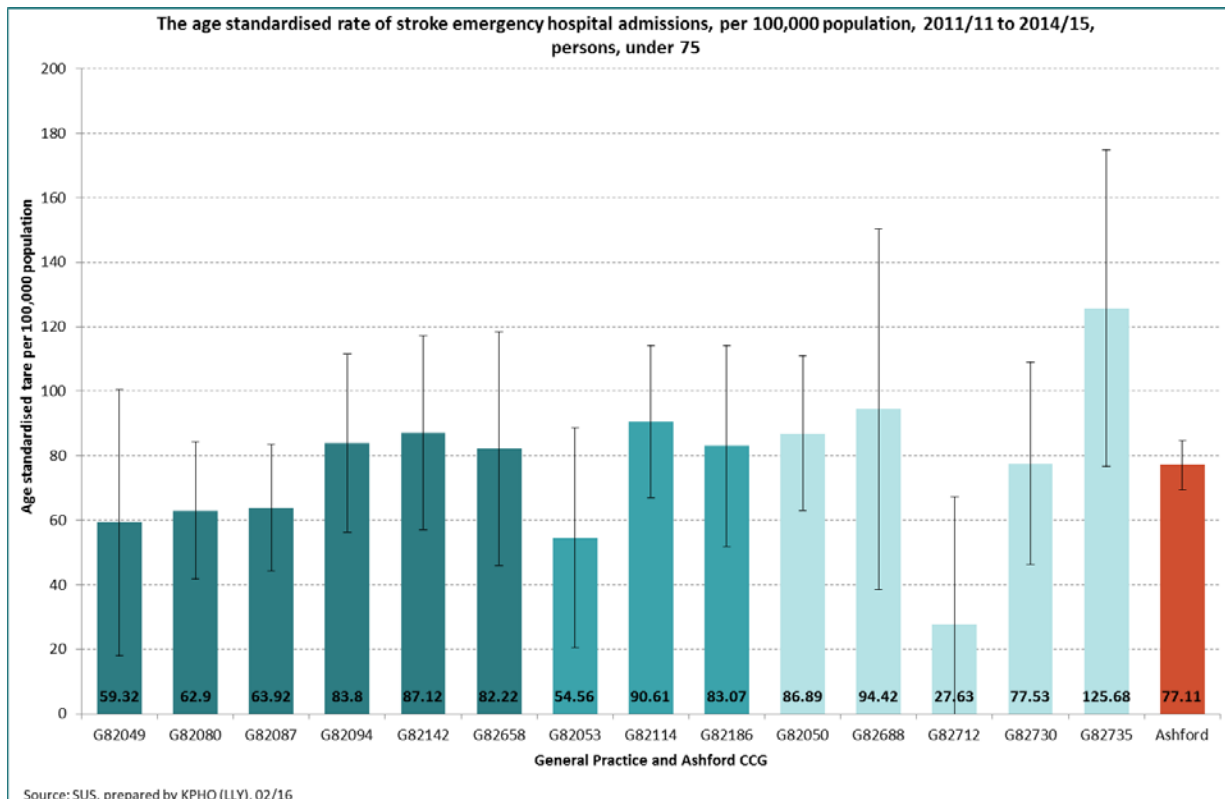
There were no general practices in the North clinical Network that were significantly higher or lower than Ashford CCG.

### 9.1.6 Stroke

For North, the age standardised rate of stroke emergency hospital admissions in the under 75 population had increased between 2006/07 and 2014/15. The rate of change for North (1.9, per 100,000 population) has increased higher than Ashford CCG (-0.9).



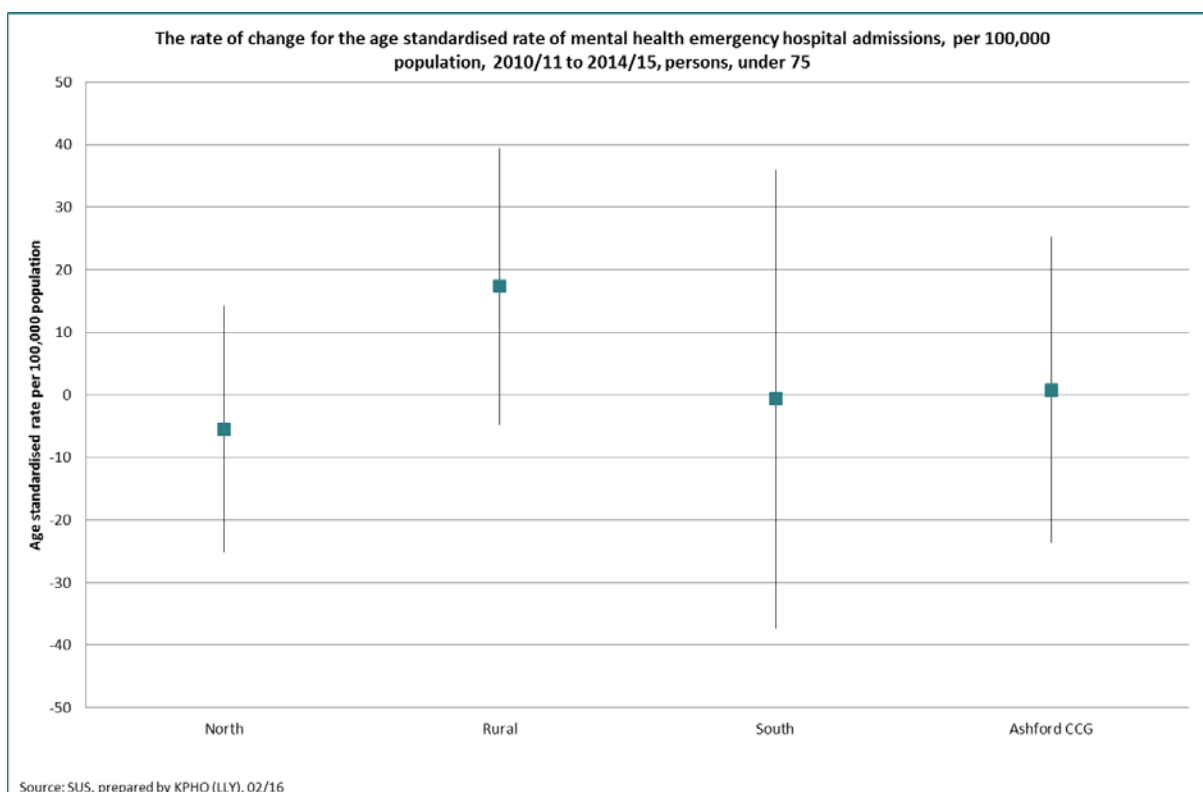
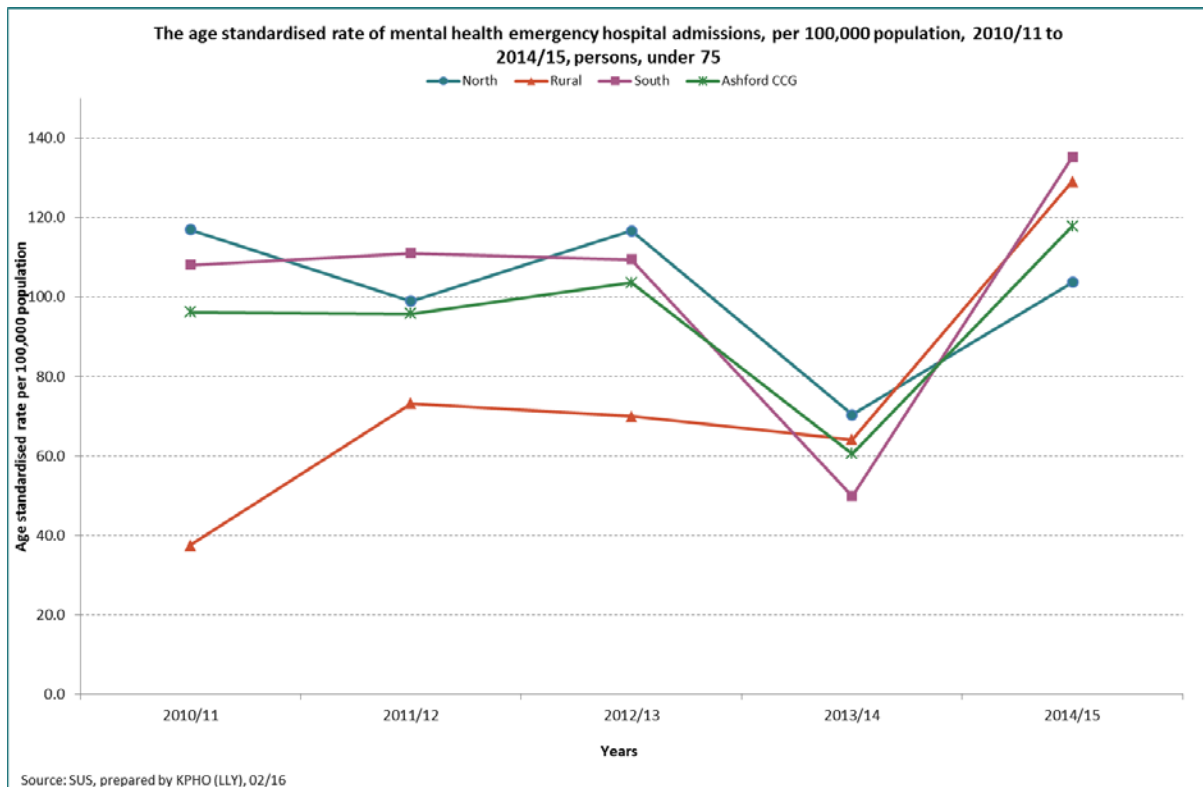


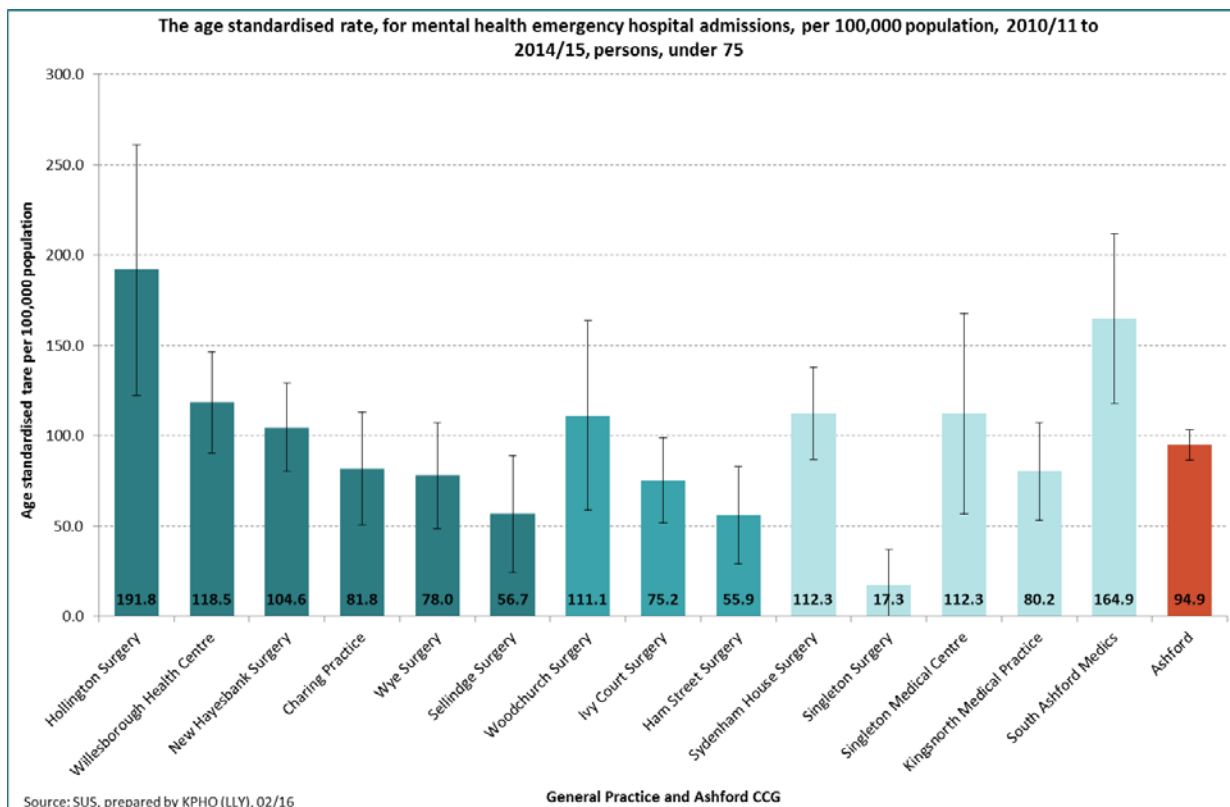


There have been no general practices in the North clinical Network that were significantly higher or lower than Ashford CCG.

### 9.1.7 Mental Health

For North, the age standardised rate of stroke emergency hospital admissions in the under 75 population has shown a decreasing trend between 2006/07 and 2014/15 for North. The rate of change for North (-5.5) has decreased between 2010/11 to 2014/15 and is lower than Ashford CCG (0.8).





A significantly higher age standardised rate of mental health emergency hospital admissions in the under 75 population, can be identified for Hollington Surgery.

## 9.1 Alcohol Specific Hospital Admissions

The following Chapter explores the level of alcohol specific hospital admissions.

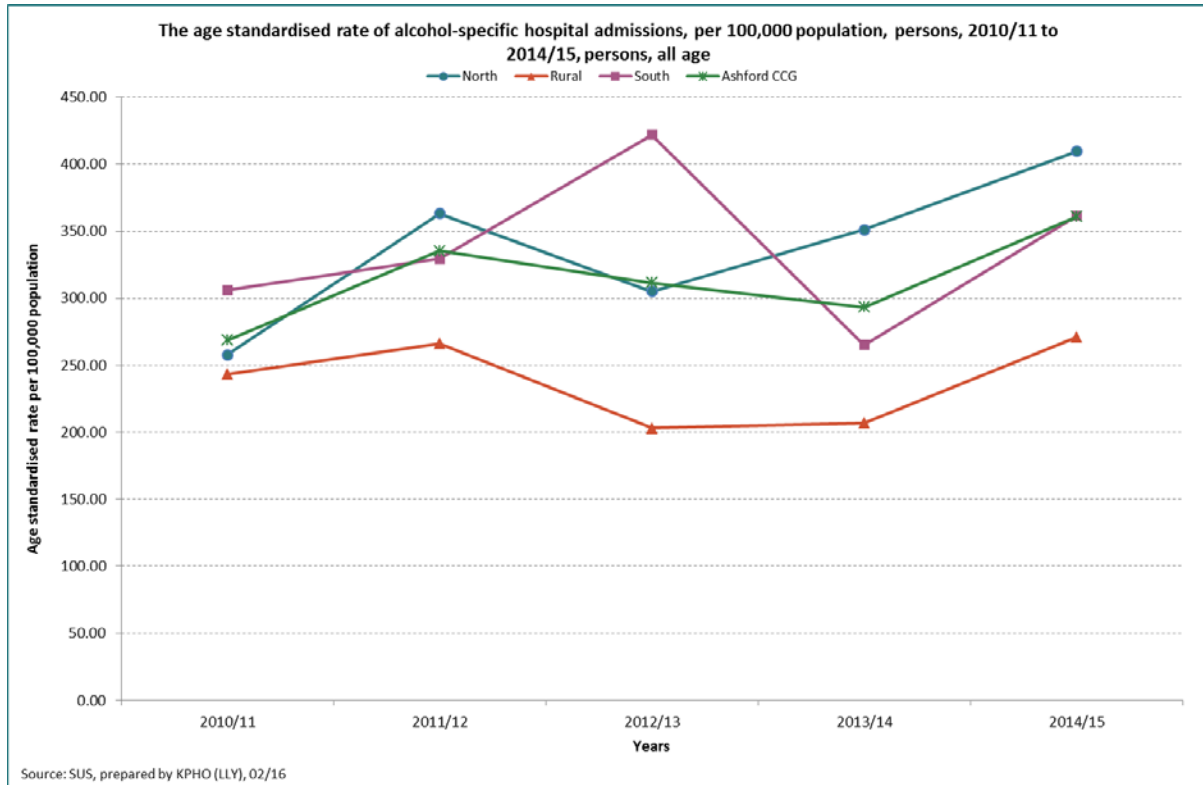
Notes on methodology:

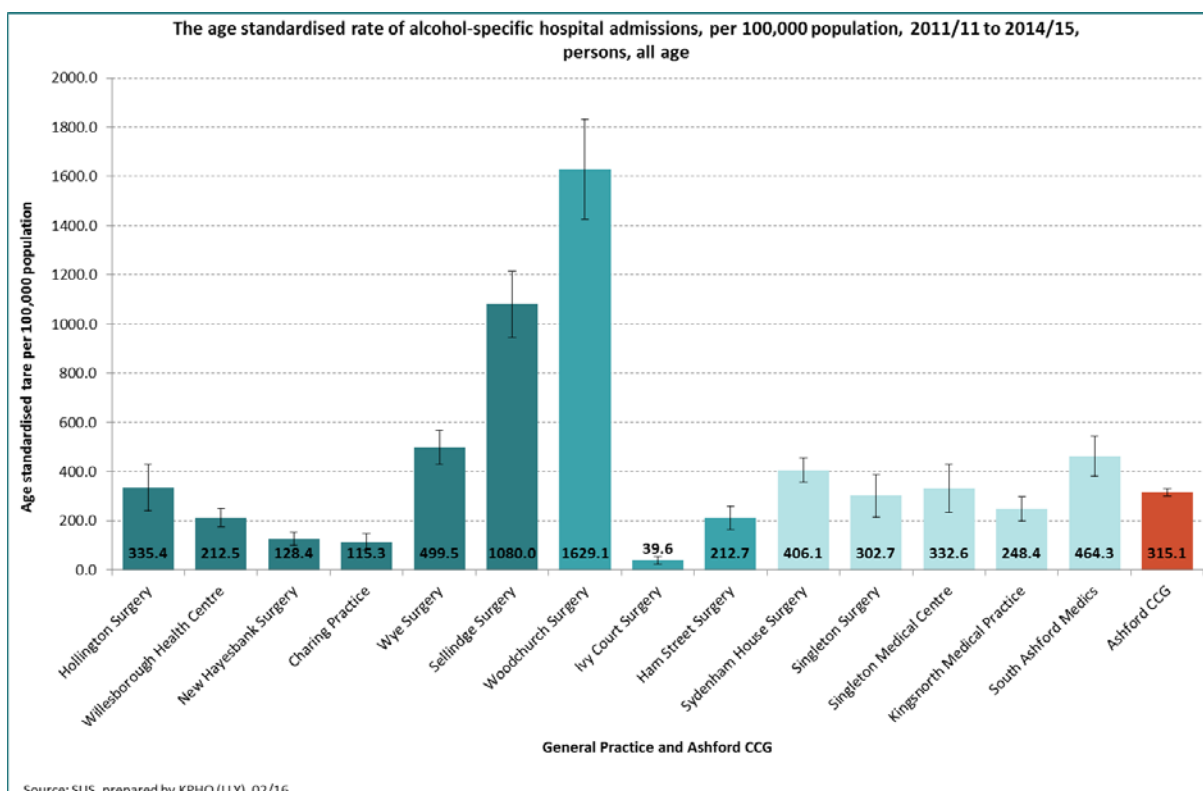
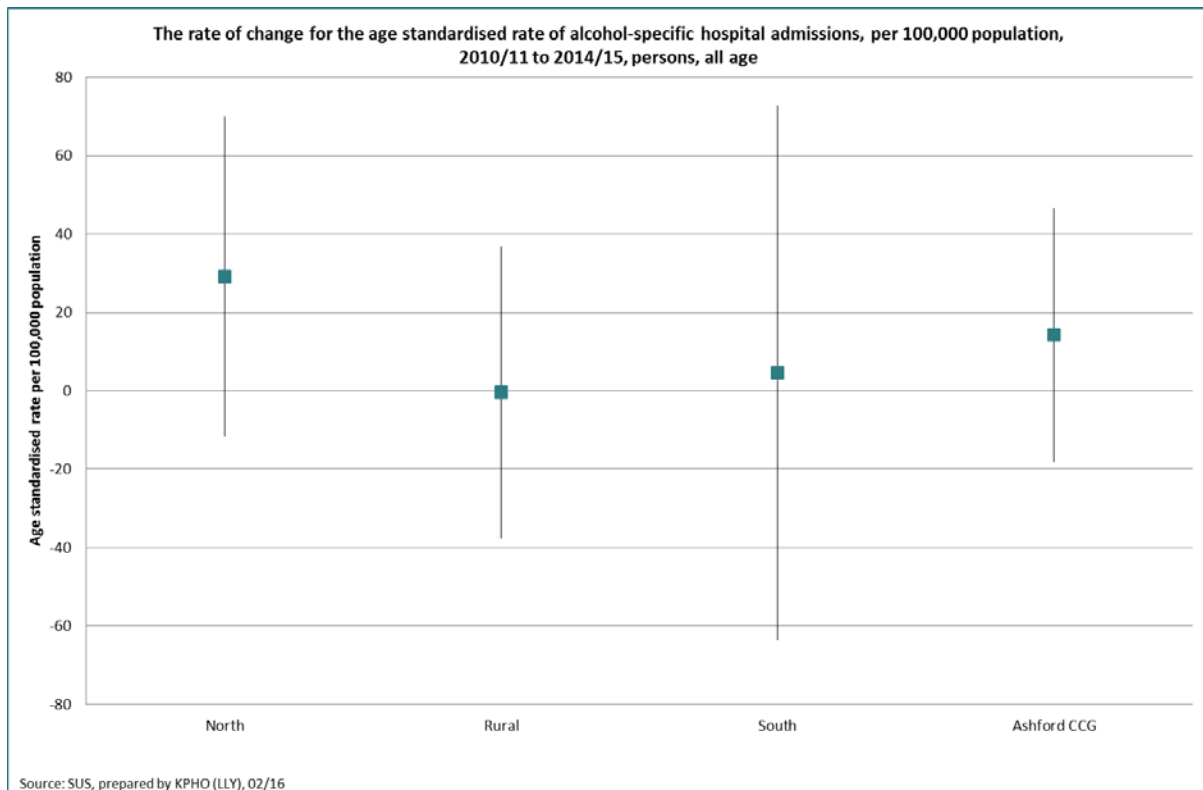
- Age standardised rates have been presented to enable comparison of the practice networks without confounding by age.
- The alcohol specific conditions include the range of conditions that are causally implicated and have an alcohol attributable fraction of 1, as defined by Public Health England.<sup>1</sup>
- 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.

<sup>1</sup> Public Health England (2015) Local alcohol profiles for England 2015 user guide.  
[http://www.lape.org.uk/downloads/LAPE%20User%20Guide\\_Final.pdf](http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf)

### 9.2.1 Alcohol Specific Hospital Admissions

For North, the age standardised rate of alcohol specific hospital admissions has shown an increasing trend between 2006/07 and 2014/15. The rate of change for North (29.2, per 100,000 population), has increased at a higher rate than Ashford CCG (14.2).





A significantly higher age standardised rate of alcohol-specific hospital admissions in the under 75 population, in comparison to the CCG can be identified for Wye Surgery and Sellindge Surgery. A significantly lower age standardised rate can be identified for Willesborough Health Centre, New Hayesbank Surgery and Charing Practice.

## 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.

The tables below show the rate per 10,000 population for each indicator, and are classified as being significantly higher or lower than Kent using the following:

Significantly lower than Kent

Significantly higher than Kent

Social Services contact rate (per 10,000 population), for people aged under 65

Ward name	Care Home: Residential - Long Term placements, 2013-2015, Under 65	Direct Payments, 2013-2015, Under 65	Home Care, 2013-2015, Under 65	Support Services, 2013-2015, Under 65
Aylesford Green	0.0	33.5	15.1	33.5
Bockhanger	0.0	10.5	7.0	14.0
Boughton Aluph & Eastwell	0.0	26.5	9.2	2.3
Bybrook	0.0	6.6	9.9	23.1
Charing	53.8	31.0	8.3	8.3
Downs North	31.8	8.8	1.8	1.8
Downs West	35.8	26.8	7.2	14.3
Godinton	0.0	13.3	11.1	10.5
Highfield	1.6	6.4	6.4	6.4
Kennington	0.0	5.9	2.0	2.0
Little Burton Farm	0.0	21.0	2.5	12.4
Lympne & Stanford	37.9	54.7	2.1	119.9
North Downs West	41.2	29.8	9.3	15.4
North Willesborough	2.5	18.5	5.0	25.2
Saxon Shore	15.9	4.2	2.5	8.4
South Willesborough	0.0	20.9	5.7	19.9
Stour	0.0	30.6	2.3	25.3
Weald North	0.0	10.9	0.0	10.9
Wye	0.0	23.6	15.7	9.8
<b>Ashford CCG</b>	<b>6.7</b>	<b>18.8</b>	<b>5.4</b>	<b>15.2</b>
<b>Kent</b>	<b>9.7</b>	<b>19.5</b>	<b>6.7</b>	<b>12.7</b>

Source: Social Care, KCC

As a CCG, Ashford has significantly lower rates of long term residential care home placements (6.7 per 10,000) and home care (5.4) users for people aged under 65 in 2013-2015 (pooled), than Kent (9.7 and 6.7 respectively). The rate of support services contacts per 10,000 population is significantly higher in Ashford CCG (15.2) than Kent (12.7).

Social Services contact rate (per 10,000 population), for people aged 65 and above

Ward name	Direct Payments, 2011-2015, 65+	Support Services, 2011-2015, 65+	Care Home: Nursing - Long Term Placements, 31/03/2015, 65+	Care Home: Residential - Long Term Placements, 31/03/2015, 65+	Home Care, 31/03/2015, 65+
Aylesford Green	32.0	22.9	0.0	0.0	310.4
Bockhanger	38.9	0.0	136.1	34.0	34.0
Boughton Aluph & Eastwell	33.6	4.8	0.0	0.0	23.3
Bybrook	10.5	14.0	0.0	103.6	0.0
Charing	22.6	14.1	0.0	180.3	138.7
Downs North	0.0	7.1	0.0	0.0	87.4
Downs West	11.2	3.7	0.0	0.0	54.5
Godinton	26.4	17.6	0.0	0.0	427.4
Highfield	35.4	0.0	0.0	464.5	48.9
Kennington	52.8	0.0	0.0	120.5	0.0
Little Burton Farm	28.7	14.4	0.0	0.0	165.1
Lympne & Stanford	28.7	9.6	0.0	23.1	69.4
North Downs West	40.8	15.3	0.0	0.0	140.0
North Willlesborough	13.3	0.0	252.6	28.1	37.4
Saxon Shore	18.9	5.2	0.0	58.6	108.9
South Willlesborough	90.4	0.0	0.0	0.0	94.9
Stour	23.2	19.0	336.7	102.0	61.2
Weald North	3.6	0.0	0.0	0.0	17.7
Wye	24.0	6.0	0.0	14.6	58.4
<b>Ashford CCG</b>	<b>28.9</b>	<b>7.9</b>	<b>50.7</b>	<b>49.8</b>	<b>102.2</b>
<b>Kent</b>	<b>34.8</b>	<b>7.5</b>	<b>41.5</b>	<b>96.0</b>	<b>126.7</b>

Source: Social Care, KCC

Ashford CCG has significantly lower rates of direct payments (28.9), long term residential care home placements (49.8), and home care (102.2) contacts for people aged 65 and above than Kent.



Social Services contact rate (per 10,000 population)

Ward name	Enablement, 2011-2015, All ages	Meal Service, 2011-2015, All ages
Aylesford Green	4.8	1.8
Bockhanger	4.1	6.5
Boughton Aluph & Eastwell	2.4	0.0
Bybrook	5.4	3.1
Charing	6.0	0.0
Downs North	1.6	5.7
Downs West	4.2	0.8
Godinton	3.7	0.6
Highfield	0.8	0.0
Kennington	4.4	2.7
Little Burton Farm	3.9	3.2
Lympne & Stanford	4.0	0.0
North Downs West	2.7	0.0
North Willesborough	4.0	0.0
Saxon Shore	2.3	0.8
South Willesborough	3.2	1.1
Stour	4.9	3.0
Weald North	1.7	0.0
Wye	7.7	4.3
<b>Ashford CCG</b>	<b>3.5</b>	<b>1.4</b>
<b>Kent</b>	<b>2.9</b>	<b>3.7</b>

Source: Social Care, KCC

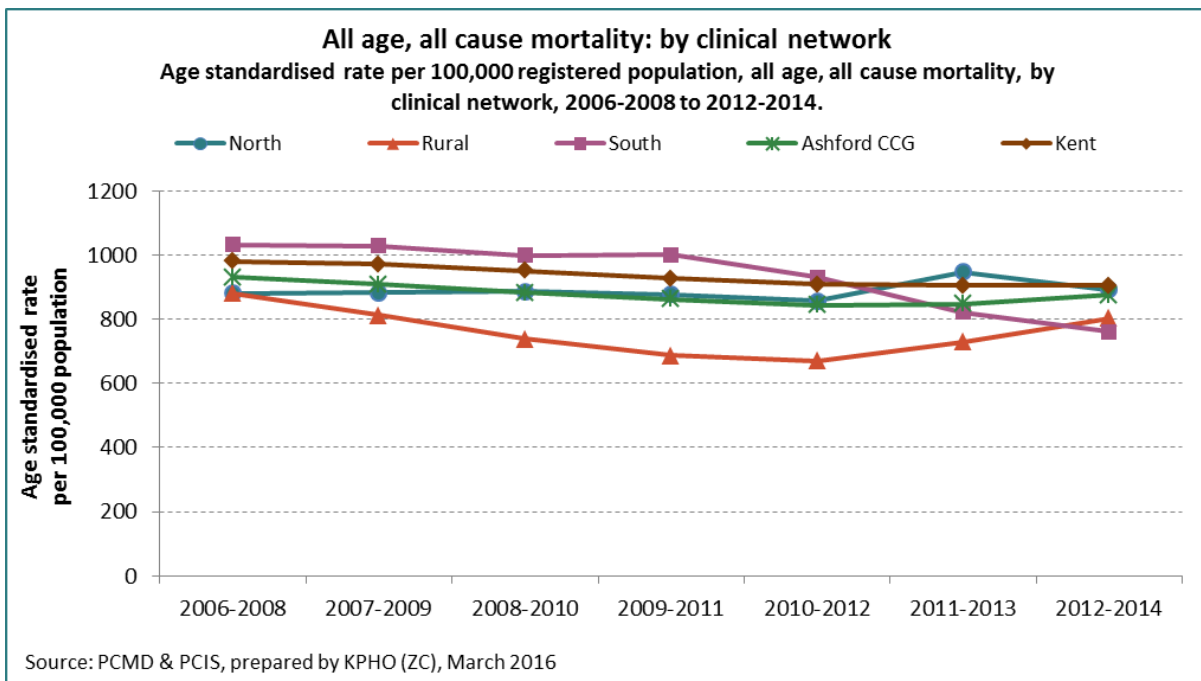
Ashford CCG has a significantly higher enablement rate (3.5 per 10,000) than Kent (2.9), but a significantly lower rate of people using meal services (1.4 in Ashford CCG, 3.7 in Kent).

## 11. Mortality

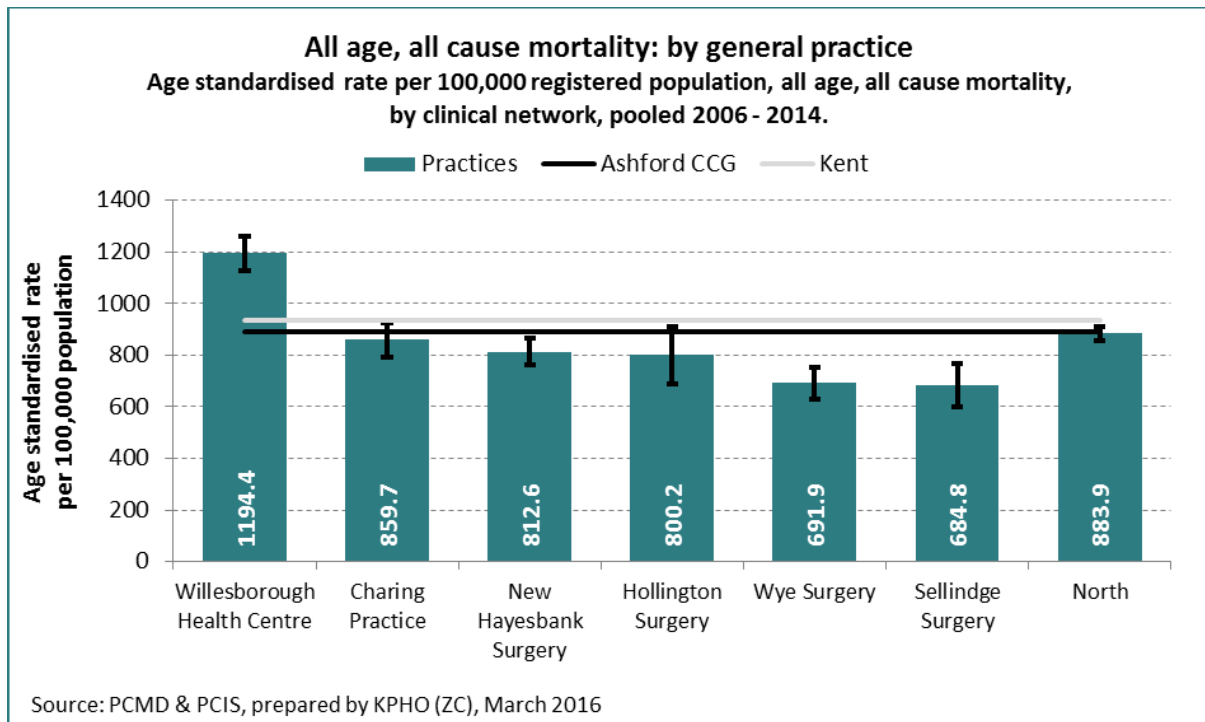
### 11.1 All Age, All-Cause Mortality

#### 11.1.1 All age, all-cause mortality

Within the North clinical network within 2012-2014, the age standardised rate for all age all-cause mortality was 892.8 per 100,000 registered population. The trend has been stable within the North clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.



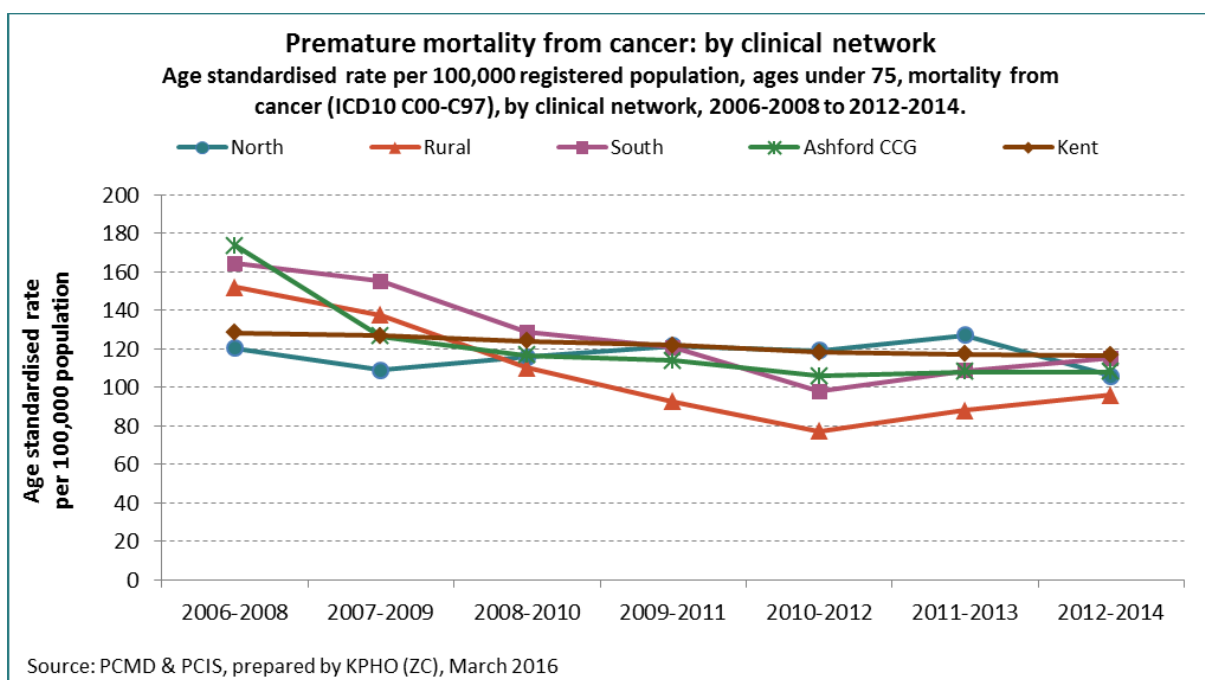
Within the North general practices within 2006-2014, the age standardised rate for all age all-cause mortality for those registered at the Wilesborough Health Centre was higher than the Kent average. All-cause mortality was lower at Wye Surgery and Sellindge Surgery. The remaining practices were similar to Kent.



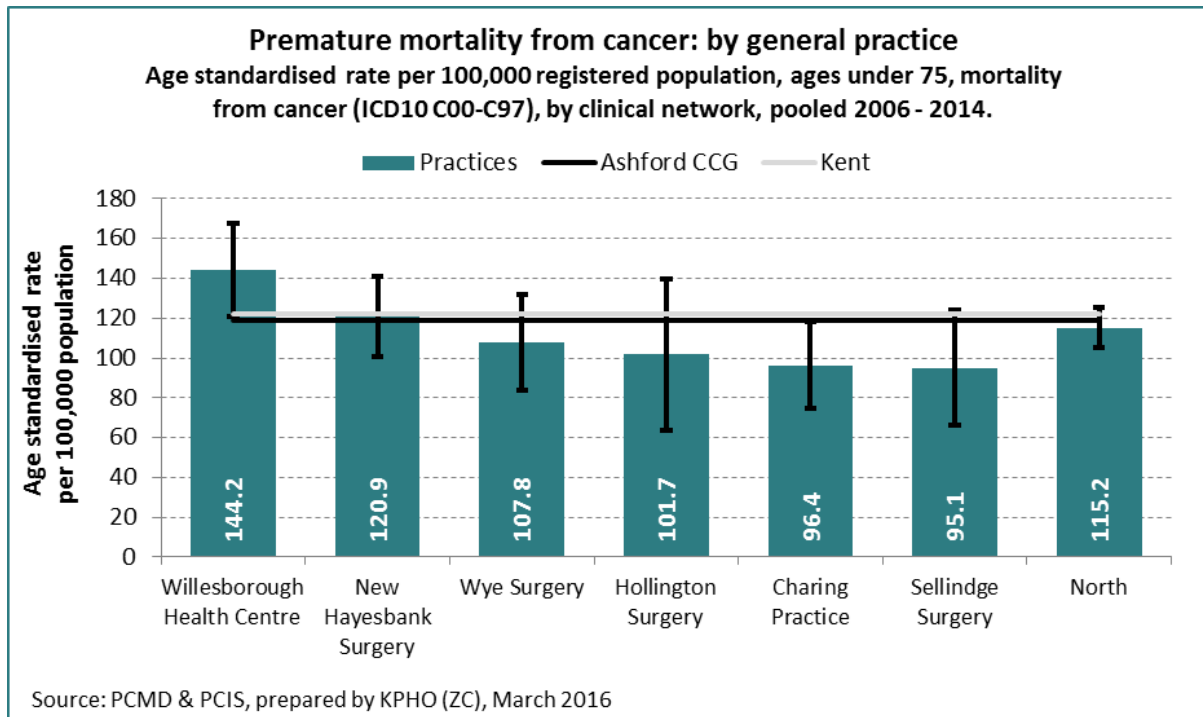
## 11.2 Premature Mortality: Cancer

### 11.2.1 Under 75 Cancer mortality

Within the North clinical network within 2012-2014, the age standardised rate for premature cancer mortality was 105.8 per 100,000 registered population. The trend has been stable within the North clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.



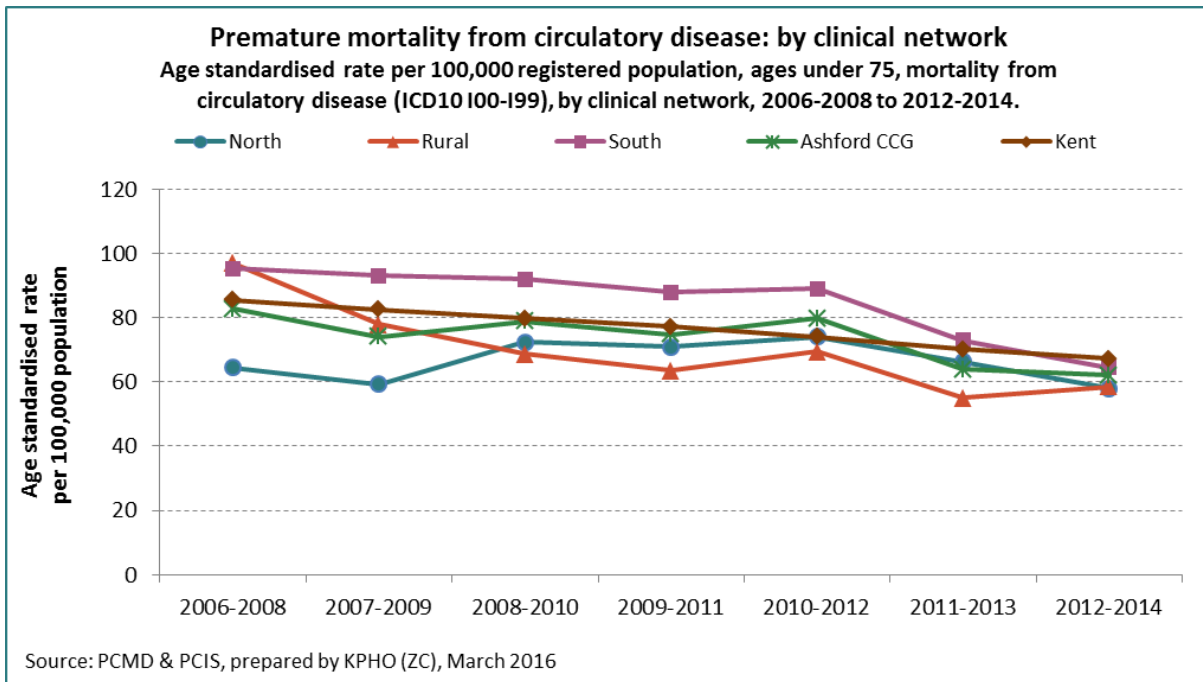
Within the North general practices within 2006-2014, the age standardised rate for premature cancer mortality was similar to Kent for all practices.



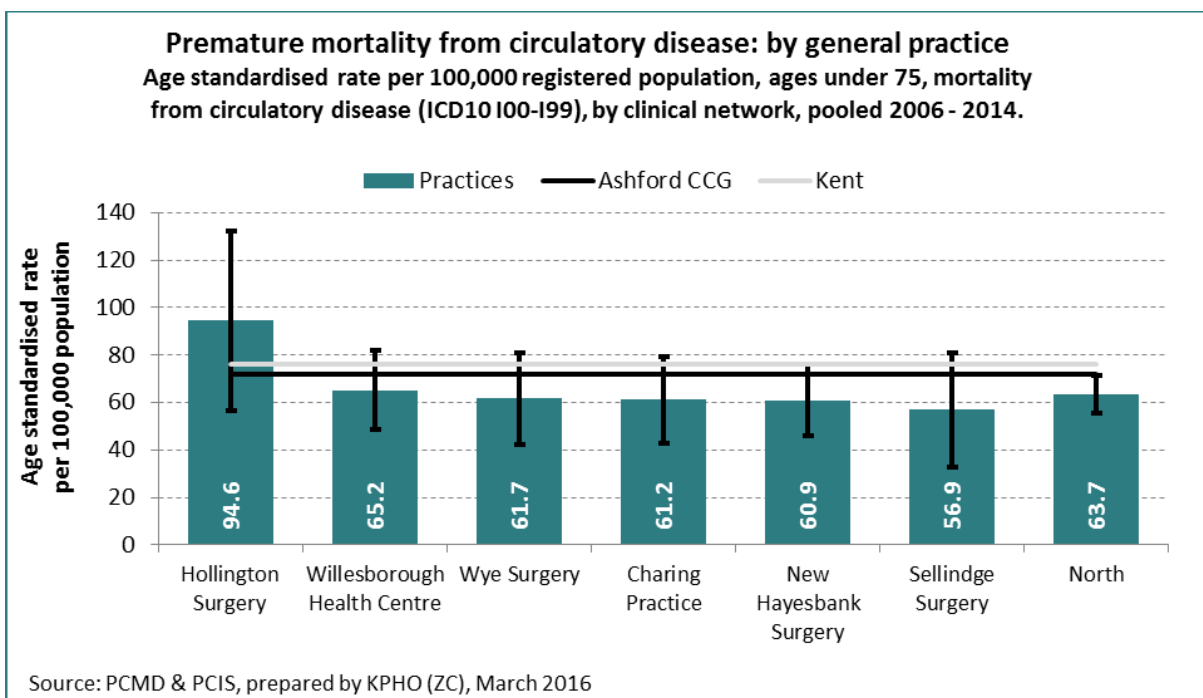
### 11.3 Premature mortality: Circulatory disease

#### 11.3.1 Under 75 Circulatory disease mortality

Within the North clinical network within 2012-2014, the age standardised rate for premature cancer mortality was 58.1 per 100,000 registered population. The trend has been stable within the North clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.



Within the North general practices within 2006-2014, the age standardised rate for premature circulatory mortality was similar to Kent for all practices.



## 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, adaptations 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 person's 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.