Medway and Swale Health and Care Partnership profile

Created by Medway Council Public Health Intelligence Team and Kent Public Health Observatory







Summary part 1: Medway and Swale

| Indicator | Compared to England |
|--|---------------------|
| Life expectancy at birth (Male) | Similar |
| Life expectancy at birth (Female) | Similar |
| Smoking Prevalence in adults (18+) - current smokers (APS) | Similar |
| Percentage of adults (aged 18+) classified as overweight or obese | Worse |
| Children with excess weight Year 6, three year average | Worse |
| Percentage of physically inactive adults | Similar |
| Admission episodes for alcohol-specific conditions | Better |
| Air pollution: fine particulate matter | Not compared |
| Total number of prescribed antibiotic items per STAR-PU | Higher |
| Breast cancer screening coverage (females aged 50-70) | Better |
| Cervical cancer screening coverage (females aged 25-49) | Better |
| Bowel cancer screening coverage (persons aged 60-74) | Similar |
| Infant mortality rate | Similar |
| Low birth weight of term babies | Similar |
| Stillbirth rate | Similar |
| Smoking status at time of delivery | Worse |
| AE attendances (0-4 years) | Worse |
| Percentage of 5 year olds with experience of visually obvious dental decay | Similar |

Summary part 2: Medway and Swale

| Indicator | Compared to England |
|---|---------------------|
| Under 18s conception rate / 1,000 | Worse |
| Emergency hospital admissions for asthma (< 19 yrs) | Similar |
| Emergency hospital admissions for epilepsy (< 19 yrs) | Worse |
| Emergency hospital admissions for diabetes (< 19 yrs) | Worse |
| Hospital admissions for mental health conditions (0-17 years) | Better |
| Hospital admissions as a result of self-harm (10-24 years) | Worse |
| Hospital admissions due to substance misuse (15-24 years) | Similar |
| Hypertension: QOF prevalence (all ages) | Higher |
| Diabetes: QOF prevalence (17+) | Higher |
| CHD: QOF prevalence (all ages) | Lower |
| CKD: QOF prevalence (18+) | Similar |
| Stroke: QOF prevalence (all ages) | Lower |
| Deaths from circulatory disease, under 75 years | Similar |
| Deaths from all cancer, under 75 years | Worse |
| Cancer diagnosed at early stage (experimental statistics) | Not compared |
| Unplanned hospitalisation for chronic ACSC | Worse |
| Depression: Recorded prevalence (aged 18+) | Higher |
| Serious Mental Illness: QOF prevalence (all ages) | Lower |

Summary part 3: Medway and Swale

| Indicator | Compared to England |
|---|---------------------|
| Suicide rate (Persons) | Better |
| Suicide rate (Male) | Better |
| Estimated dementia diagnosis rate (aged 65 and over) | Not compared |
| Emergency hospital admissions due to falls (persons aged 65 and over) | Better |
| Emergency hospital admissions for hip fracture (persons aged 65 and over) | Worse |
| Osteoporosis: QOF prevalence (50+) | Lower |

Contact details

If you have any questions or would like further information about these profiles, please contact either:

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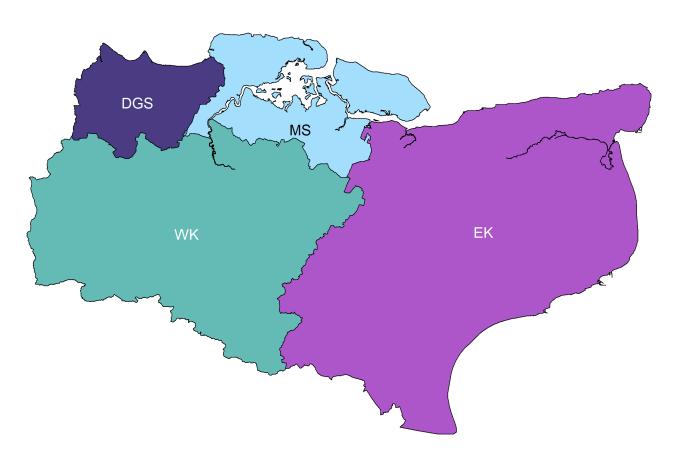
mark.chambers@kent.gov.uk

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Purpose

- Profiles have been created for each of the Health and Care Partnerships (HCPs) in the Kent and Medway Integrated Care System (ICS).
- 1) Dartford, Gravesham and Swanley; 2) East Kent; 3) Medway and Swale; 4)
 West Kent.
- The aim of the profiles is to allow comparison between each of the HCPs and identify priority areas to focus work.

Kent and Medway HCPs





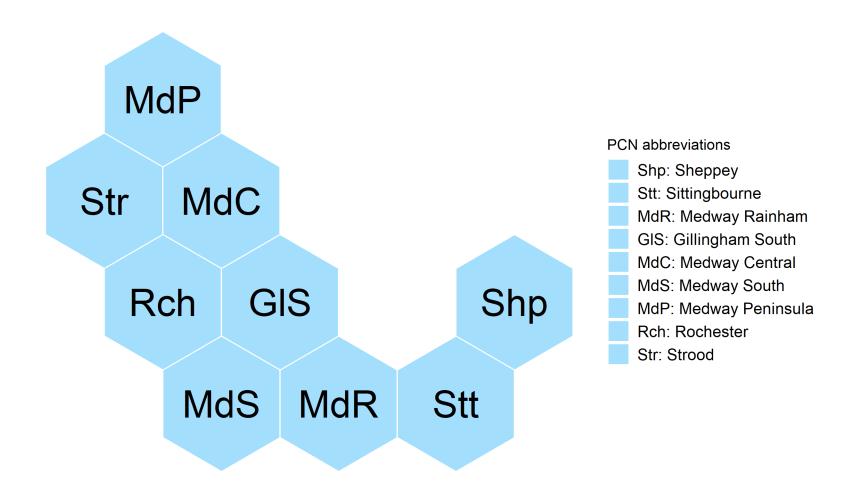
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Rationale

- The profiles contain five sections, which are based on key themes identified in the NHS Long Term Plan.
- 1) Demographics; 2) Prevention and Health Inequalities; 3) Best Start in Life;
 4) Major Health Conditions; 5) Ageing Well.
- Key stakeholders were consulted to identify the indicators that should be included.
- Due to limitations in the available data, some indicators could not be included for all the priorities identified at this time.

PCN hex map explained

- Some slides contain a hex map, which displays the indicator value at PCN level.
- Each hexagon represents a PCN, arranged according to its relative geography within the HCP.



Number grid explained

- Some slides contain a number grid, which displays the indicator value at different levels of geography.
- England, Kent and Medway ICS, HCP, and small area.
- The small area type displayed depends on the data available for the indicator.

| HCP value | England value |
|-------------------|------------------|
| | ICS value |
| Small area values | Time period |

 Either District & Unitary Authority (UA) or Clinical Commissioning Group (CCG).

Small areas

- District & UA and former CCG data have been mapped to the HCP boundaries as per the table below.
- Caveat: District & UA data does not align with the HCP areas exactly.
- For the purpose of this profile, data for whole District & UAs have been assigned to the HCP where the majority of residents reside.

| Health and Care Partnership | District & Unitary Authority | Former Clinical Commissioning Group |
|---------------------------------|--|---|
| Dartford, Gravesham and Swanley | Dartford; Gravesham | Dartford, Gravesham and Swanley CCG |
| East Kent | Ashford; Canterbury; Dover; Folkestone and Hythe; Thanet | Ashford CCG; Canterbury and Coastal CCG; South Kent Coast CCG; Thanet CCG |
| Medway and Swale | Medway; Swale | Medway CCG; Swale CCG |
| West Kent | Maidstone; Sevenoaks; Tonbridge and Malling; Tunbridge Wells | West Kent CCG |

Small areas continued

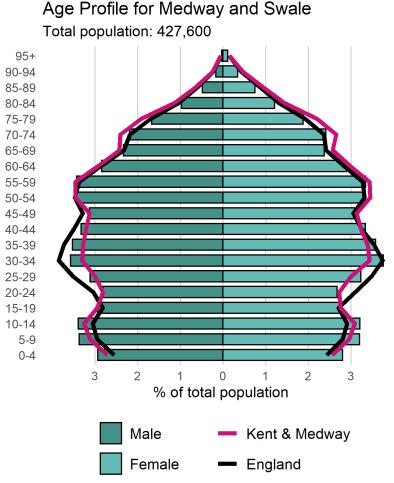
- Data at several small area levels has been used as building blocks to calculate the PCN values: Lower Super Output Area (LSOA), ward, general practice and school.
- LSOAs have a defined geographical boundary. On average the population is about 1,700 people so they can be thought of as representing a neighbourhood. There are 1,065 LSOAs within Kent and Medway.
- LSOAs and wards were assigned to PCNs on a first passed the post basis,
 e.g. LSOAs or wards were mapped to PCNs based on which PCN has the highest count of registered patients living in that LSOA/ward.
- School level data was assigned to PCNs based on the ward the school was located in. Only primary and nursery school data was used as this more likely reflects the child profile of the local area due to the larger catchment areas of secondary schools.

HCP value and comparison

- The HCP values have been calculated from either LSOA, ward, general practice, school, District & UA or CCG level data using one of two methods:
- 1) Aggregated data: HCP values are created from aggregated counts and denominators, where data is available.
- 2) Small areas averaged: Where count and/or denominator data is not available, the HCP value is the median of the small area values.
- A RAG rating (red, amber, green) has been applied to the majority of indicators to show how well an area is performing compared to a benchmark (England). The RAG rating is assigned by comparing an area's value to a reference range, which was created using either confidence intervals (CIs) or a range around the England average (usually 5%). Green corresponds to a value that is better than England, red to a value that is worse, and amber indicates that there is no difference.
- Where it is inappropriate to label high or low values as 'better' or 'worse', for example osteoporosis prevalence, the terms 'higher' and 'lower' have been used with neutral colouring: shades of blue from light to dark. Such labelling does not imply that high values of these indicators, for example, are 'worse'.
- An indicator is shaded grey where it is inappropriate to apply a RAG rating due to the methods used in the calculation or the count is less than 10.

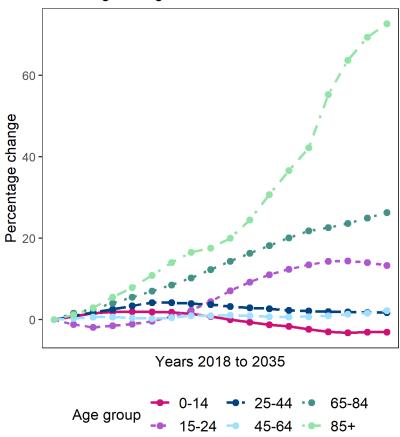
DEMOGRAPHICS

Population



Source: NHS Digital. Patients Registered at a GP Practice. 01Jan2022

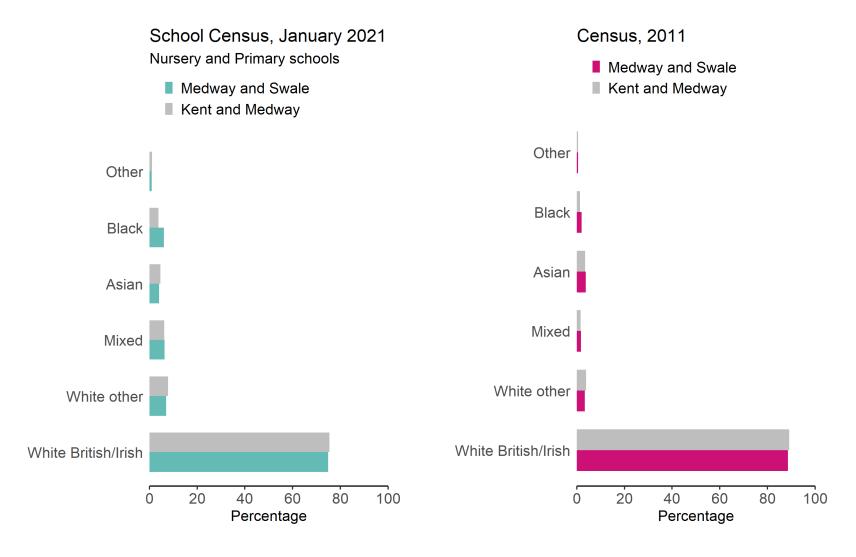
Projected population for MS Percentage change from 2018



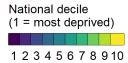
Source: ONS. Population projections for local authorities. 2018 based.

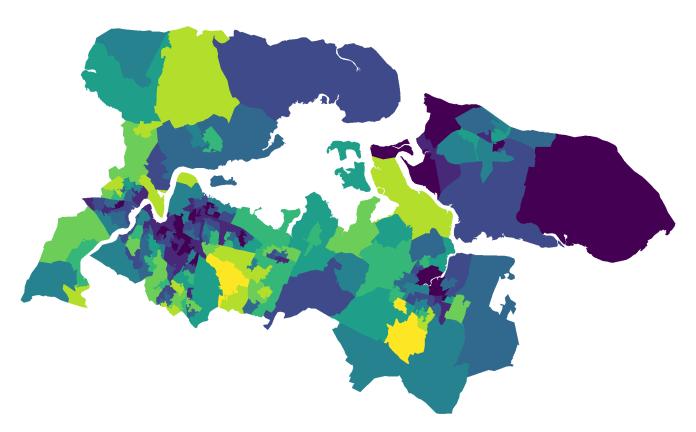
Note: Population projections have been calculated by aggregating the local authority districts assigned to the HCP.

Ethnicity



Deprivation

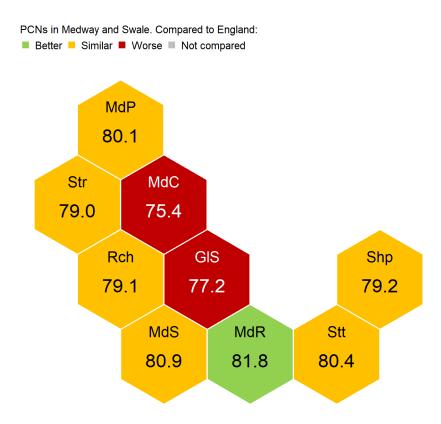




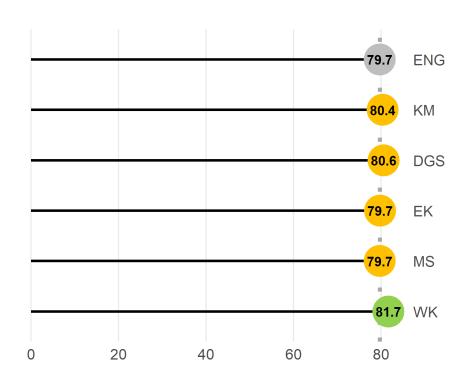
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PREVENTION AND HEALTH INEQUALITIES

Life expectancy at birth (Male)



Trend data not available.



The rate in Medway and Swale is similar to England.

Value type: Years.

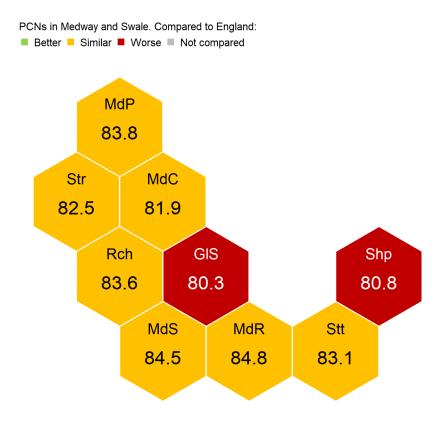
Latest time period: 2015 - 19.

Source: OHID, Fingertips, Indicator ID: 93283. Value calculation: Small areas averaged.

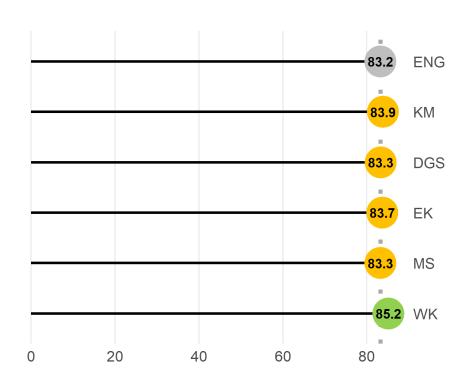
Small area type: Ward to PCN.

RAG method: England plus/minus 2%.

Life expectancy at birth (Female)



Trend data not available.



The rate in Medway and Swale is similar to England.

Value type: Years.

Latest time period: 2015 - 19.

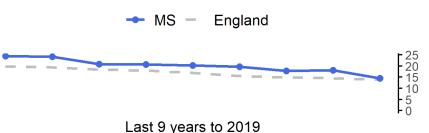
Source: OHID, Fingertips, Indicator ID: 93283. Value calculation: Small areas averaged.

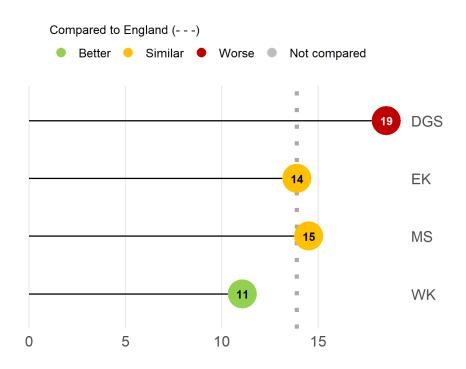
Small area type: Ward to PCN.

RAG method: England plus/minus 2%.

Smoking Prevalence in adults (18+) - current smokers (APS)







The rate in Medway and Swale is similar to England.

Value type: Proportion - %. Latest time period: 2019.

Source: OHID, Fingertips, Indicator ID: 92443. Value calculation: Small areas averaged.

Small area type: Districts & UAs (from Apr 2021).

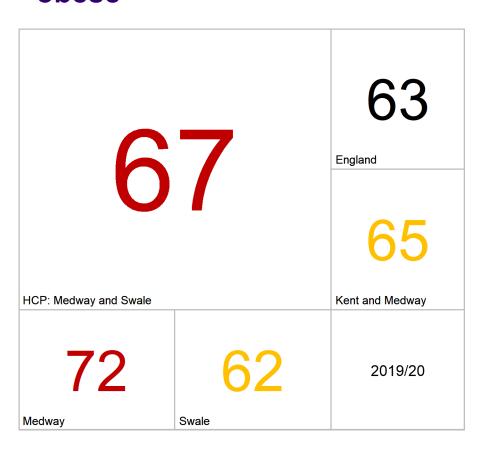
RAG method: England plus/minus 5%.

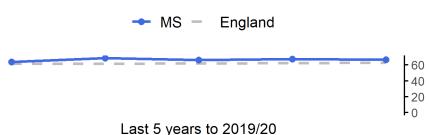
There are data quality concerns with the figure for Dartford LA (see notes on the next slide).

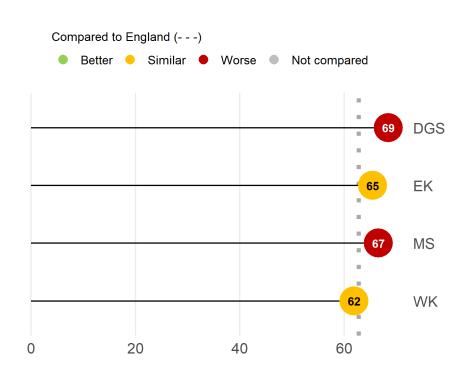
Smoking Prevalence in adults (18+) - Notes

- Smoking prevalence is an estimate based on a sample of the population questioned in the Annual Population Survey run by the Office for National Statistics.
- The figure for Dartford LA in 2019 was high (26.4%) but with a very wide degree of uncertainty.
- This is most likely due to a small sample of people.
- Therefore the aggregate figure for DGS HCP should be interpreted with caution.

Percentage of adults (aged 18+) classified as overweight or obese







The rate in Medway and Swale is worse than England.

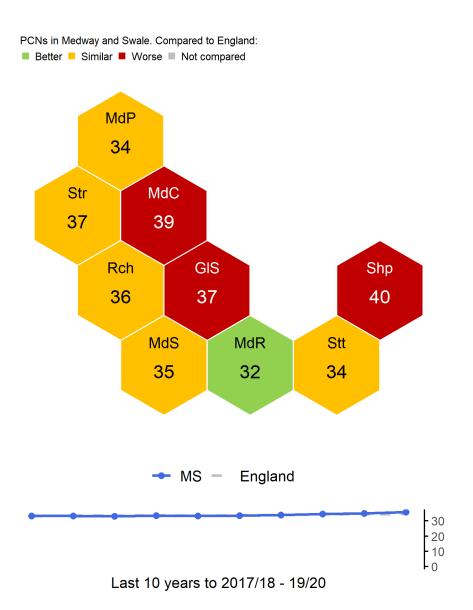
Value type: Proportion - %. Latest time period: 2019/20.

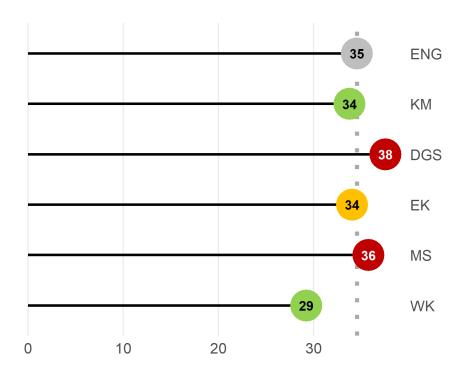
Source: OHID, Fingertips, Indicator ID: 93088. Value calculation: Small areas averaged.

Small area type: Districts & UAs (from Apr 2021).

RAG method: England plus/minus 5%.

Children with excess weight Year 6, three year average





The rate in Medway and Swale is worse than England.

Value type: Proportion - %.

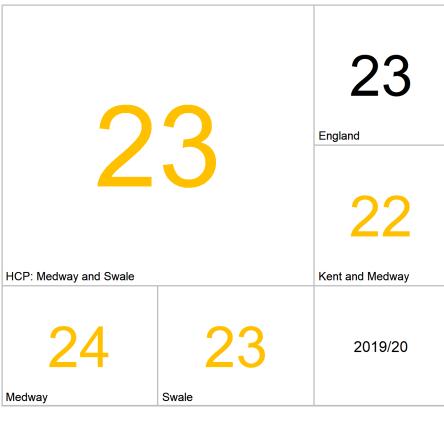
Latest time period: 2017/18 - 19/20.

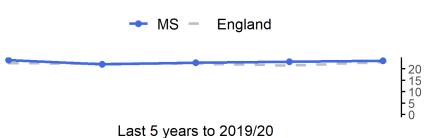
Source: OHID, Fingertips, Indicator ID: 93108.

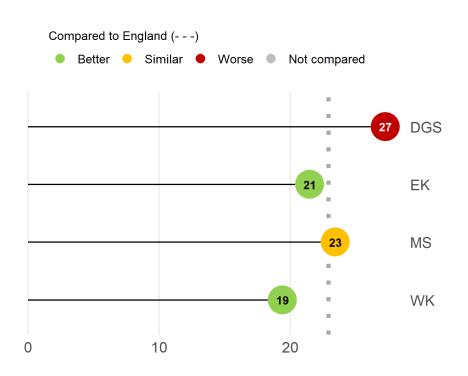
Value calculation: Aggregated data. Small area type: Ward to PCN.

RAG method: Confidence interval (95%) - Wilson Score method.

Percentage of physically inactive adults







The rate in Medway and Swale is similar to England.

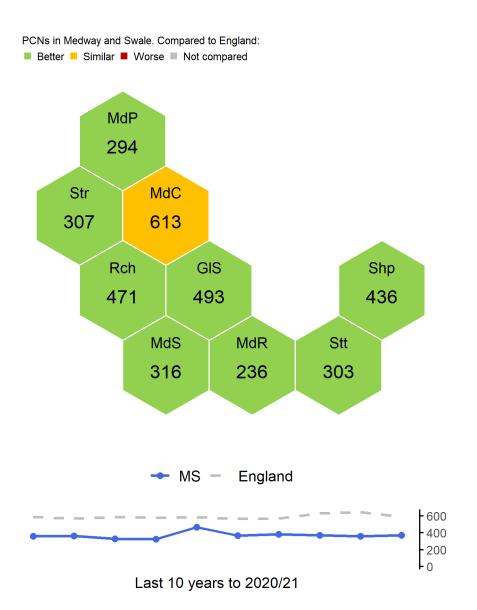
Value type: Proportion - %. Latest time period: 2019/20.

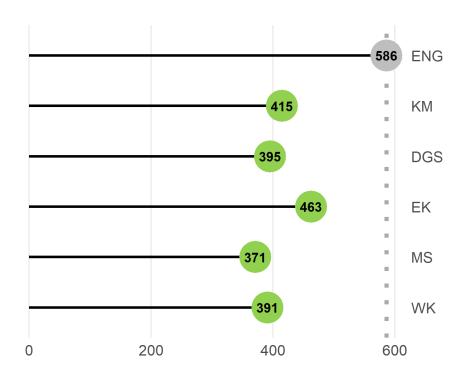
Source: OHID, Fingertips, Indicator ID: 93015. Value calculation: Small areas averaged.

Small area type: Districts & UAs (from Apr 2021).

RAG method: England plus/minus 5%.

Admission episodes for alcohol-specific conditions





The rate in Medway and Swale is better than England.

Value type: Directly standardised rate per 100,000.

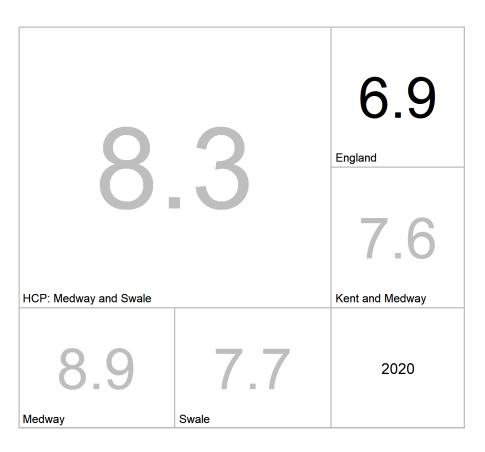
Latest time period: 2020/21.

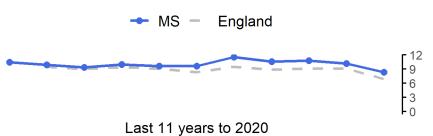
Source: Hospital Episode Statistics (HES), NHS Digital.

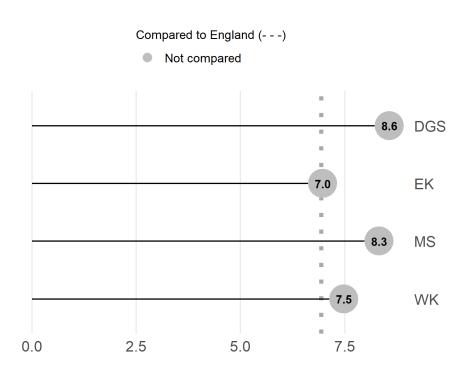
Value calculation: Aggregated data. Small area type: LSOA to PCN.

RAG method: Confidence interval (95%) - Dobson's method.

Air pollution: fine particulate matter







Medway and Swale cannot be compared to England statistically.

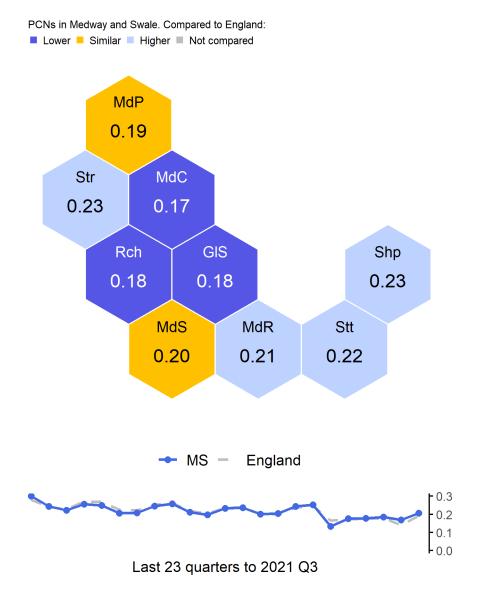
Value type: Mean - µg/m3. Latest time period: 2020.

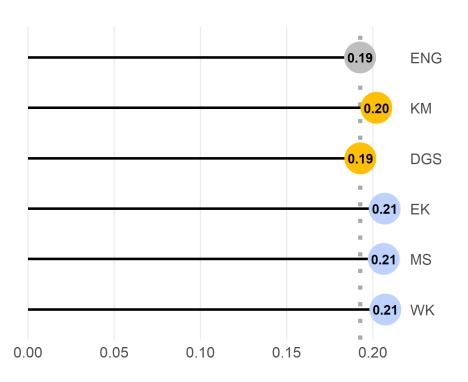
Source: OHID, Fingertips, Indicator ID: 92924. Value calculation: Small areas averaged.

Small area type: Districts & UAs (from Apr 2021).

RAG method: None applied.

Total number of prescribed antibiotic items per STAR-PU





STAR-PU: Specific Therapeutic group Age-sex weightings Related Prescribing Unit

The rate in Medway and Swale is higher than England.

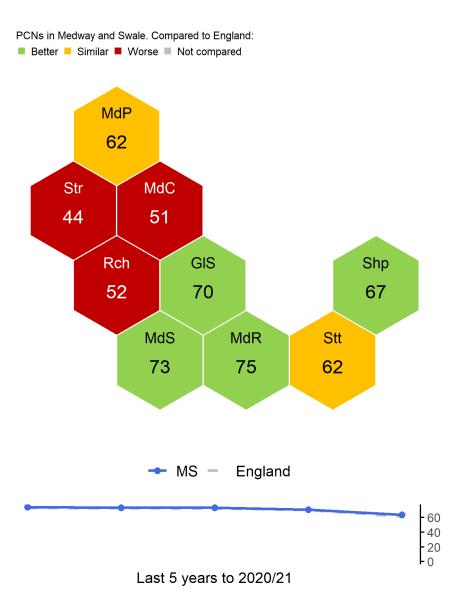
Value type: Indirectly standardised ratio - per STAR-PU.

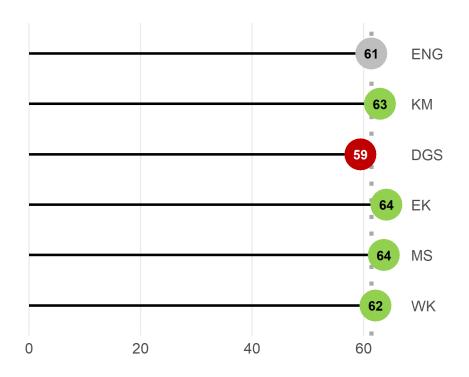
Latest time period: 2021 Q3.

Source: OHID, Fingertips, Indicator ID: 91900. Value calculation: Small areas averaged.

Small area type: Practice to PCN. RAG method: England plus/minus 5%.

Breast cancer screening coverage (females aged 50-70)





The rate in Medway and Swale is better than England.

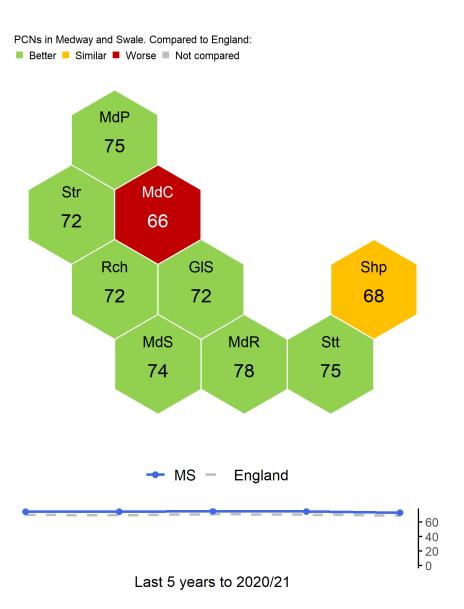
Value type: Proportion - %. Latest time period: 2020/21.

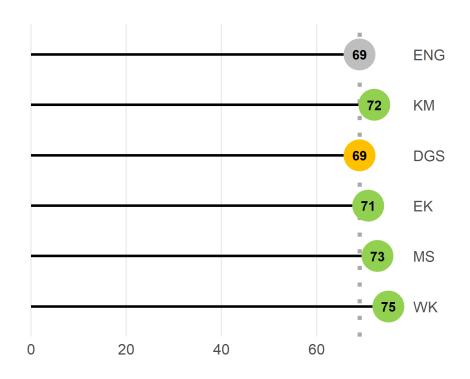
Source: OHID, Fingertips, Indicator ID: 91339.

Value calculation: Aggregated data. Small area type: Practice to PCN.

RAG method: Confidence interval (99.8%) - Wilson Score method.

Cervical cancer screening coverage (females aged 25-49)





The rate in Medway and Swale is better than England.

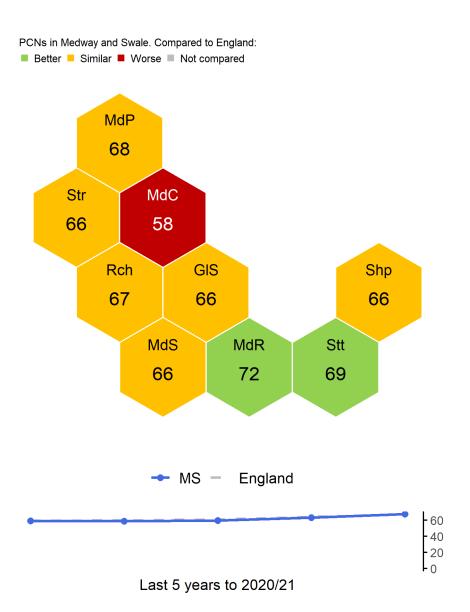
Value type: Proportion - %. Latest time period: 2020/21.

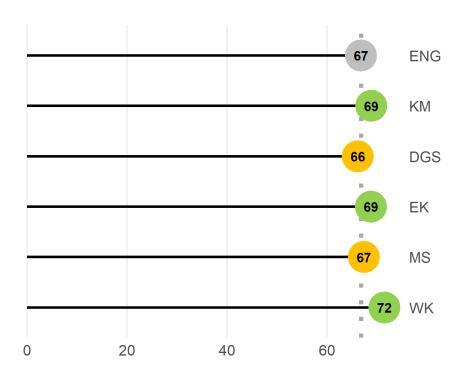
Source: OHID, Fingertips, Indicator ID: 93725.

Value calculation: Aggregated data. Small area type: Practice to PCN.

RAG method: Confidence interval (99.8%) - Wilson Score method.

Bowel cancer screening coverage (persons aged 60-74)





The rate in Medway and Swale is similar to England.

Value type: Proportion - %. Latest time period: 2020/21.

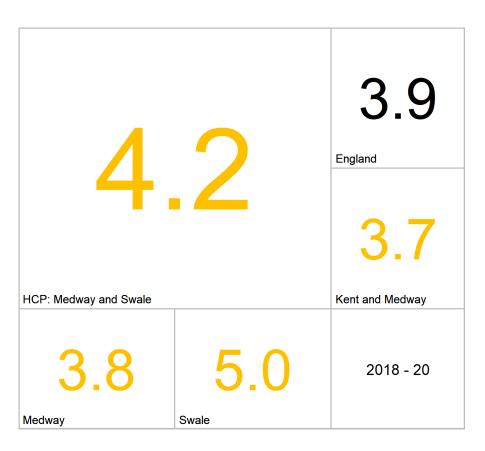
Source: OHID, Fingertips, Indicator ID: 92600.

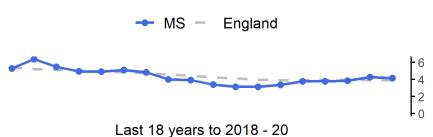
Value calculation: Aggregated data. Small area type: Practice to PCN.

RAG method: Confidence interval (99.8%) - Wilson Score method.

BEST START IN LIFE

Infant mortality rate







The rate in Medway and Swale is similar to England.

Value type: Crude rate - per 1,000. Latest time period: 2018 - 20.

Source: OHID, Fingertips, Indicator ID: 92196.

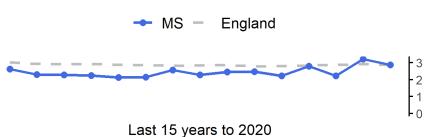
Value calculation: Aggregated data.

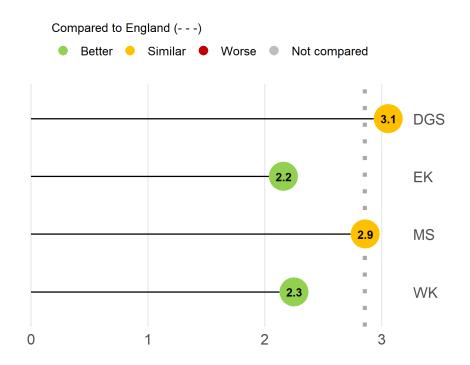
Small area type: Districts & UAs (from Apr 2021).

RAG method: Confidence interval (95%) - Byar's method.

Low birth weight of term babies







The rate in Medway and Swale is similar to England.

Value type: Proportion - %. Latest time period: 2020.

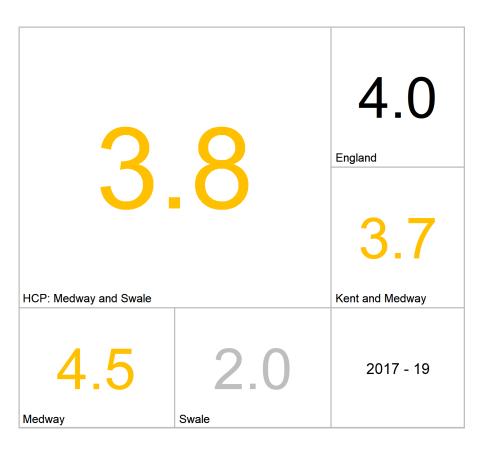
Source: OHID, Fingertips, Indicator ID: 20101.

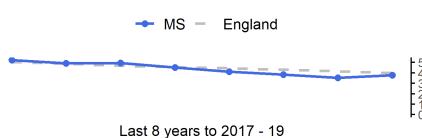
Value calculation: Aggregated data.

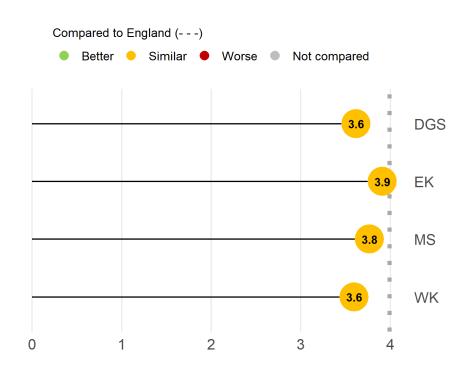
Small area type: Districts & UAs (from Apr 2021).

RAG method: Confidence interval (95%) - Wilson Score method.

Stillbirth rate







The rate in Medway and Swale is similar to England.

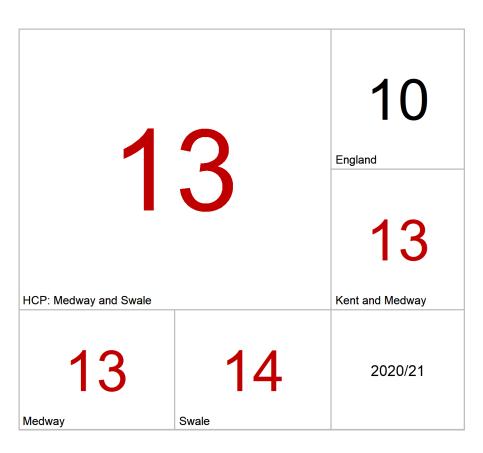
Value type: Crude rate - per 1,000. Latest time period: 2017 - 19.

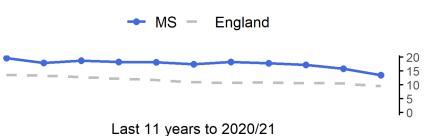
Source: OHID, Fingertips, Indicator ID: 92530.

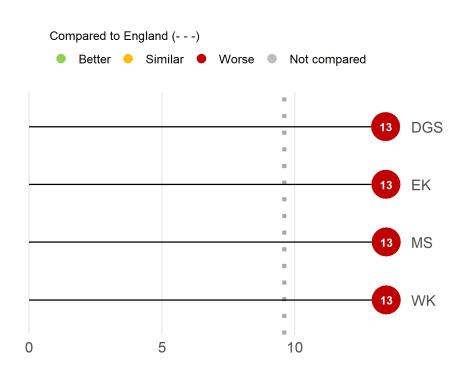
Value calculation: Aggregated data. Small area type: CCGs (2018/19).

RAG method: Confidence interval (95%) - Byar's method.

Smoking status at time of delivery







The rate in Medway and Swale is worse than England.

Value type: Proportion - %. Latest time period: 2020/21.

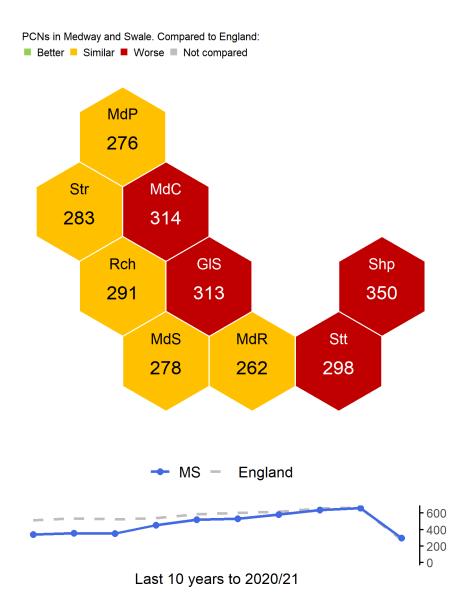
Source: OHID, Fingertips, Indicator ID: 93085.

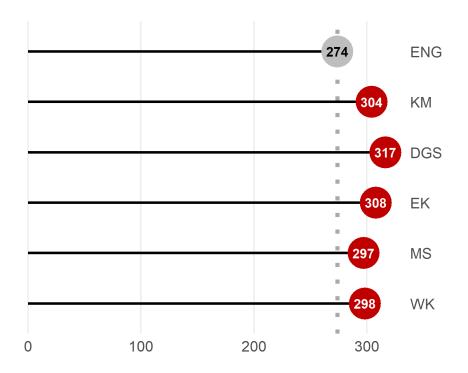
Value calculation: Aggregated data.

Small area type: Districts & UAs (from Apr 2021).

RAG method: Confidence interval (95%) - Wilson Score method.

AE attendances (0-4 years)





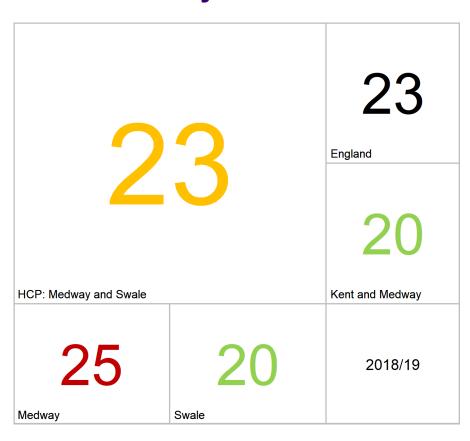
The rate in Medway and Swale is worse than England.

Value type: Crude rate per 1,000. Latest time period: 2020/21.

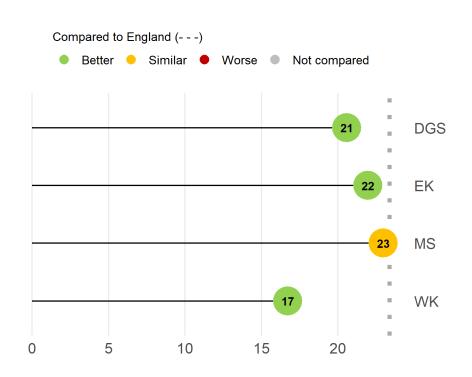
Source: Hospital Episode Statistics (HES), NHS Digital.

Value calculation: Aggregated data. Small area type: LSOA to PCN.

Percentage of 5 year olds with experience of visually obvious dental decay







The rate in Medway and Swale is similar to England.

Value type: Proportion - %. Latest time period: 2018/19.

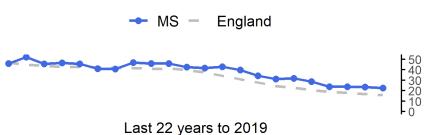
Source: OHID, Fingertips, Indicator ID: 93563. Value calculation: Small areas averaged.

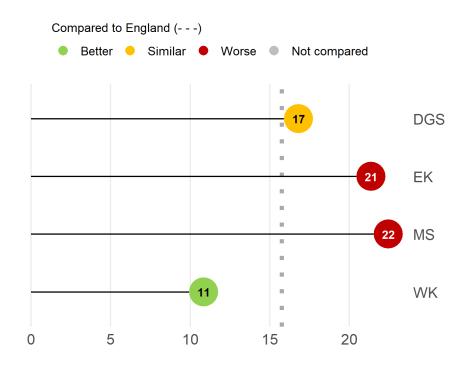
Small area type: Districts & UAs (pre Apr 2019).

RAG method: England plus/minus 5%.

Under 18s conception rate / 1,000







The rate in Medway and Swale is worse than England.

Value type: Crude rate - per 1,000.

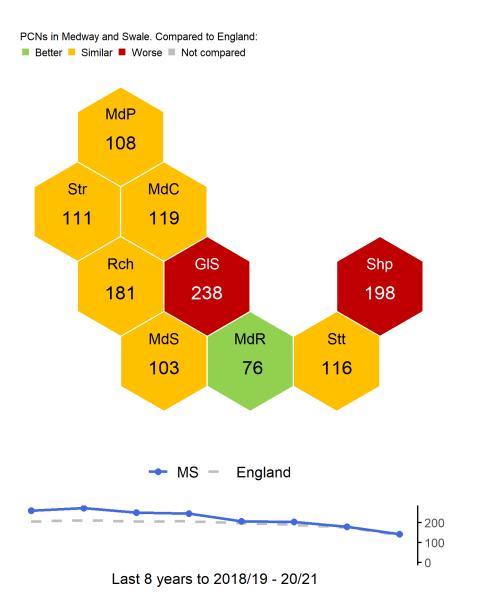
Latest time period: 2019.

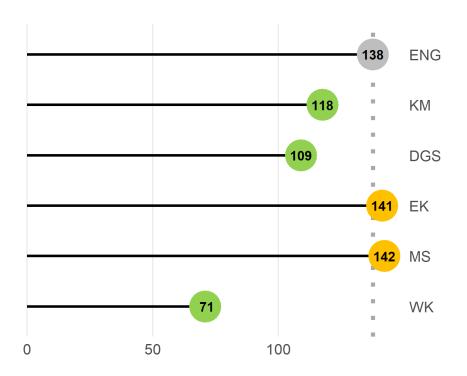
Source: OHID, Fingertips, Indicator ID: 20401.

Value calculation: Aggregated data.

Small area type: Districts & UAs (from Apr 2021).

Emergency hospital admissions for asthma (< 19 yrs)





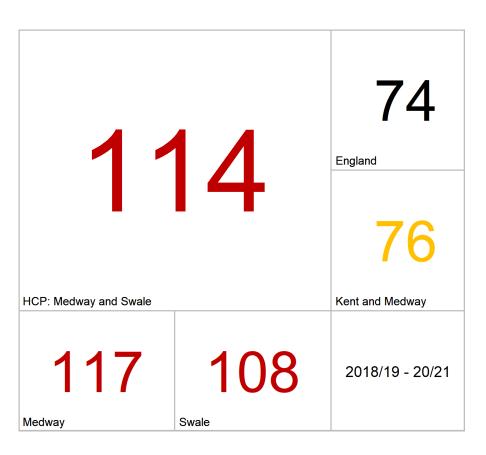
The rate in Medway and Swale is similar to England.

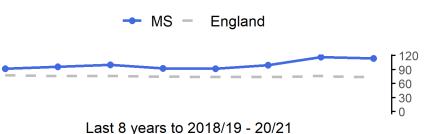
Value type: Crude rate - per 100,000. Latest time period: 2018/19 - 20/21.

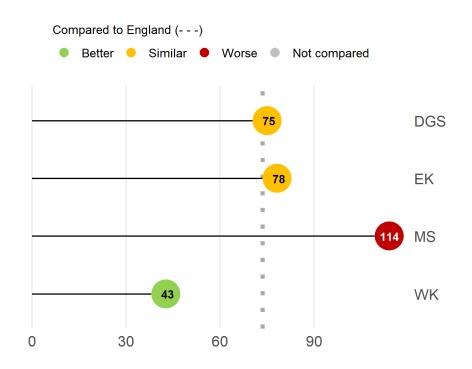
Source: Hospital Episode Statistics (HES), NHS Digital.

Value calculation: Aggregated data. Small area type: LSOA to PCN.

Emergency hospital admissions for epilepsy (< 19 yrs)







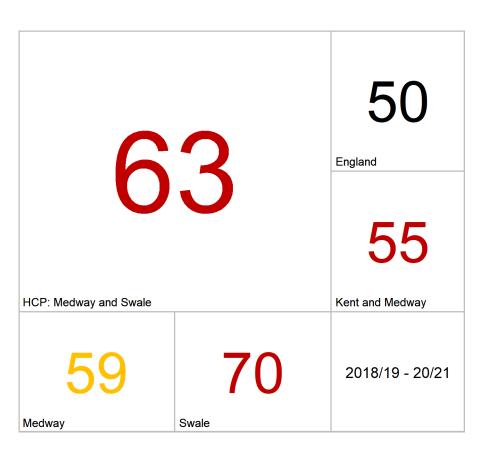
The rate in Medway and Swale is worse than England.

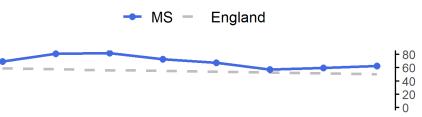
Value type: Crude rate - per 100,000. Latest time period: 2018/19 - 20/21.

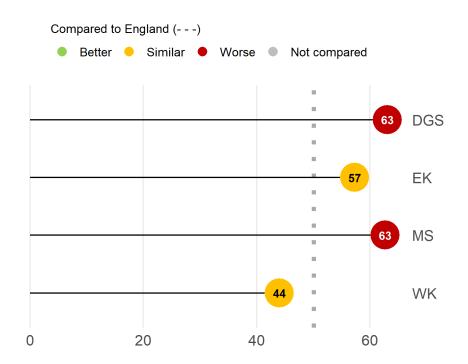
Source: Hospital Episode Statistics (HES), NHS Digital.

Value calculation: Aggregated data. Small area type: District & UA.

Emergency hospital admissions for diabetes (< 19 yrs)







The rate in Medway and Swale is worse than England.

Value type: Crude rate - per 100,000. Latest time period: 2018/19 - 20/21.

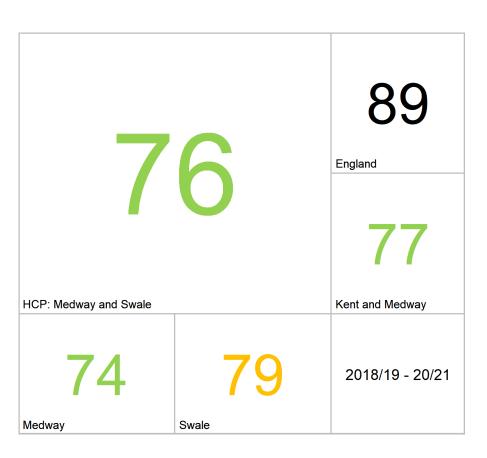
Source: Hospital Episode Statistics (HES), NHS Digital.

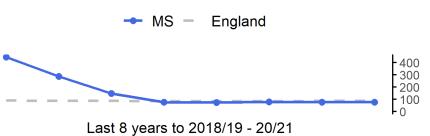
Value calculation: Aggregated data. Small area type: District & UA.

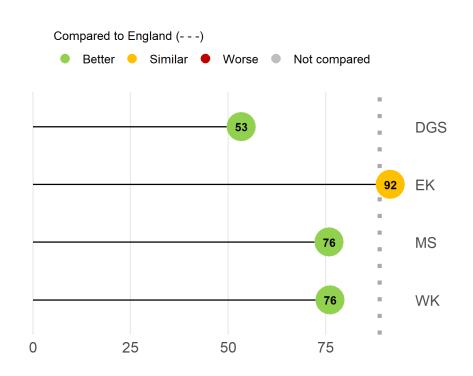
RAG method: Confidence interval (95%) - Byar's method.

Last 8 years to 2018/19 - 20/21

Hospital admissions for mental health conditions (0-17 years)







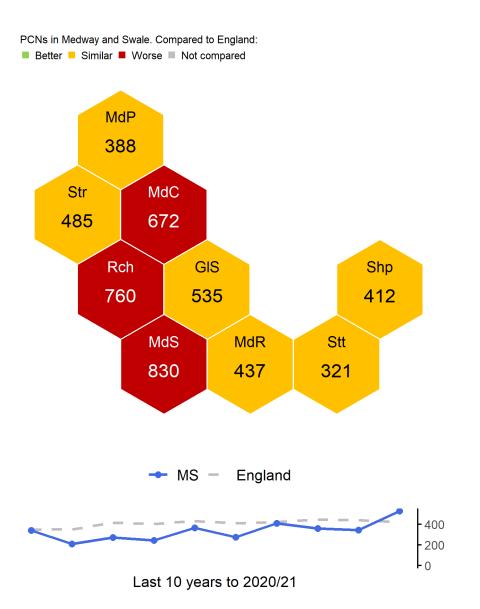
The rate in Medway and Swale is better than England.

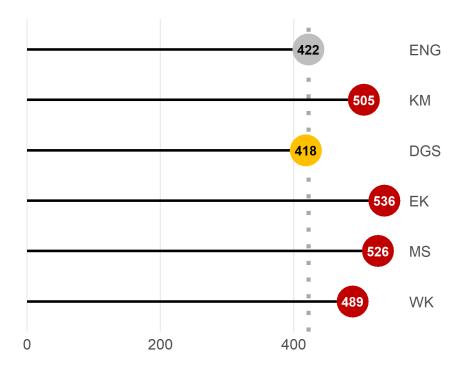
Value type: Crude rate - per 100,000. Latest time period: 2018/19 - 20/21.

Source: Hospital Episode Statistics (HES), NHS Digital.

Value calculation: Aggregated data. Small area type: District & UA.

Hospital admissions as a result of self-harm (10-24 years)





The rate in Medway and Swale is worse than England.

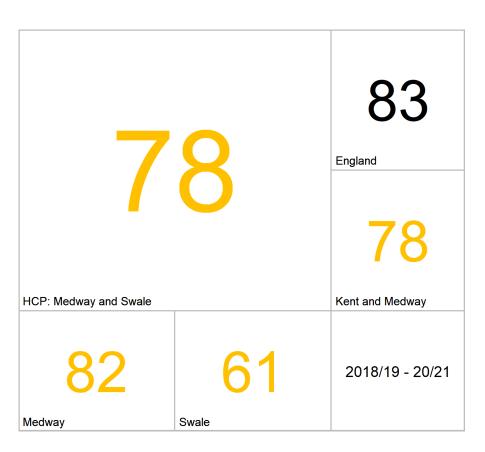
Value type: Directly standardised rate.

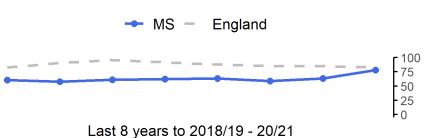
Latest time period: 2020/21.

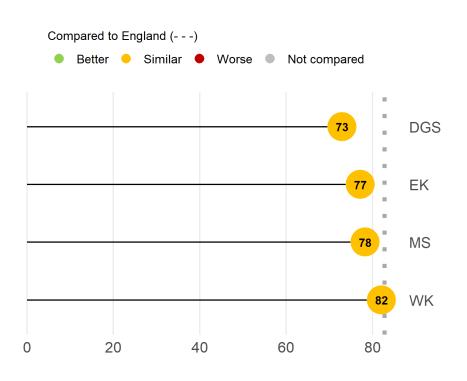
Source: Hospital Episode Statistics (HES), NHS Digital.

Value calculation: Aggregated data. Small area type: LSOA to PCN.

Hospital admissions due to substance misuse (15-24 years)







The rate in Medway and Swale is similar to England.

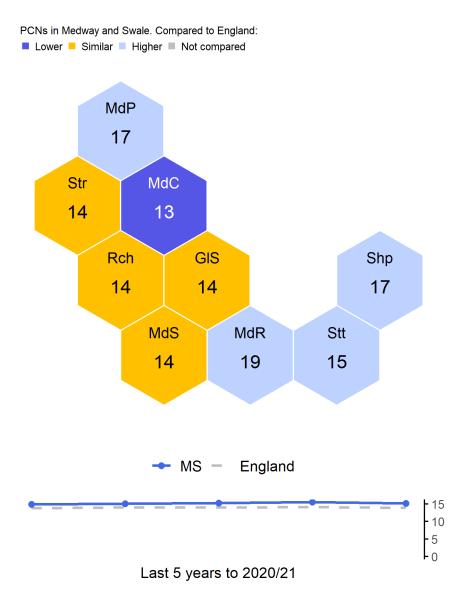
Value type: Crude rate - per 100,000. Latest time period: 2018/19 - 20/21.

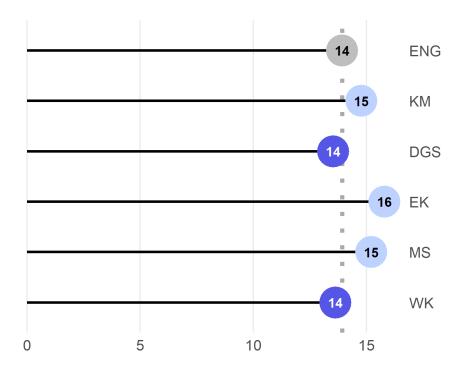
Source: Hospital Episode Statistics (HES), NHS Digital.

Value calculation: Aggregated data. Small area type: District & UA.

MAJOR HEALTH CONDITIONS

Hypertension: QOF prevalence (all ages)





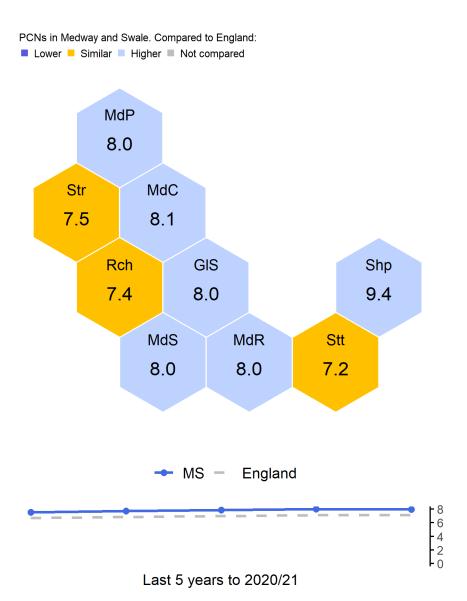
The rate in Medway and Swale is higher than England.

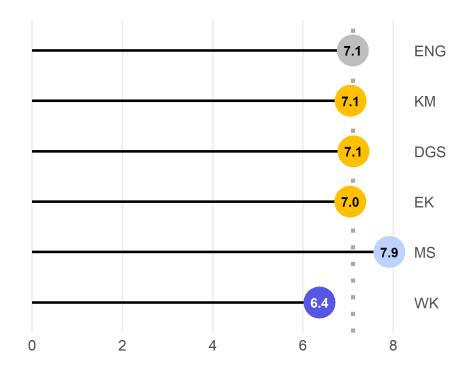
Value type: Proportion - %. Latest time period: 2020/21.

Source: OHID, Fingertips, Indicator ID: 219.

Value calculation: Aggregated data. Small area type: Practice to PCN.

Diabetes: QOF prevalence (17+)





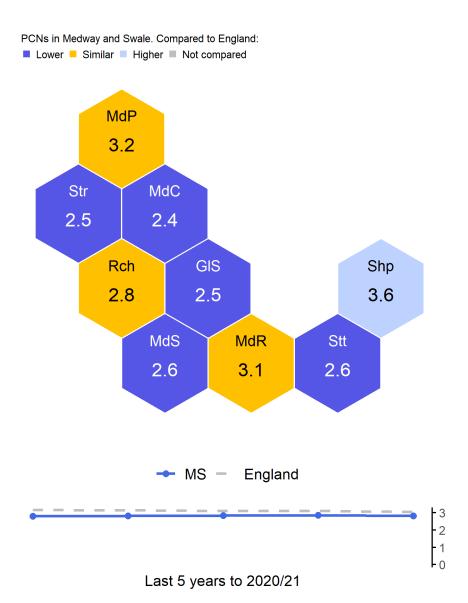
The rate in Medway and Swale is higher than England.

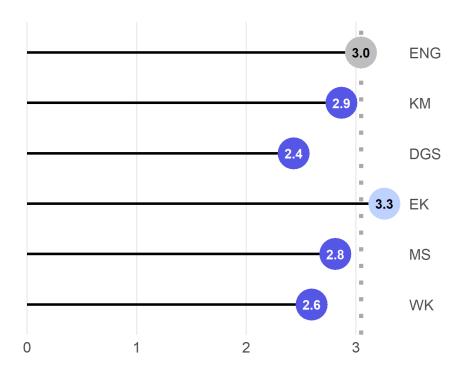
Value type: Proportion - %. Latest time period: 2020/21.

Source: OHID, Fingertips, Indicator ID: 241.

Value calculation: Aggregated data. Small area type: Practice to PCN.

CHD: QOF prevalence (all ages)





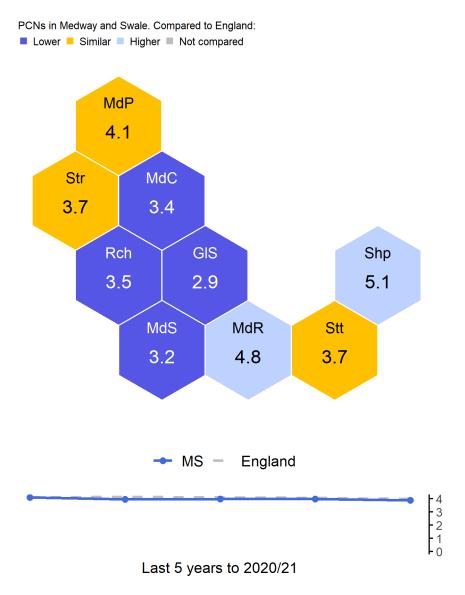
The rate in Medway and Swale is lower than England.

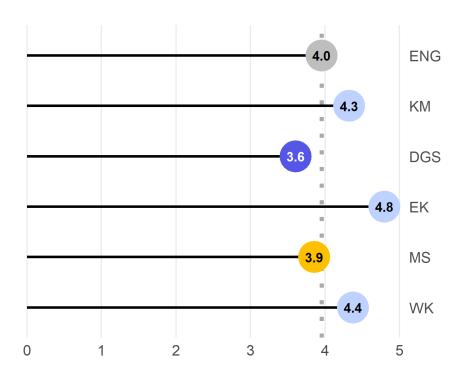
Value type: Proportion - %. Latest time period: 2020/21.

Source: OHID, Fingertips, Indicator ID: 273.

Value calculation: Aggregated data. Small area type: Practice to PCN.

CKD: QOF prevalence (18+)





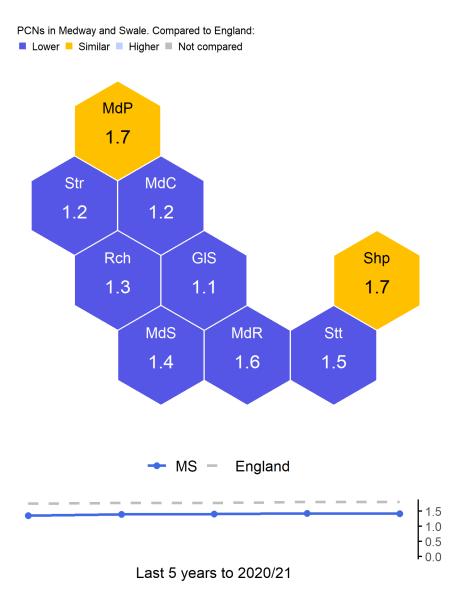
The rate in Medway and Swale is similar to England.

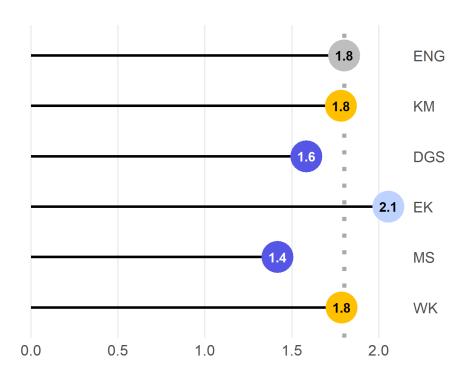
Value type: Proportion - %. Latest time period: 2020/21.

Source: OHID, Fingertips, Indicator ID: 258.

Value calculation: Aggregated data. Small area type: Practice to PCN.

Stroke: QOF prevalence (all ages)





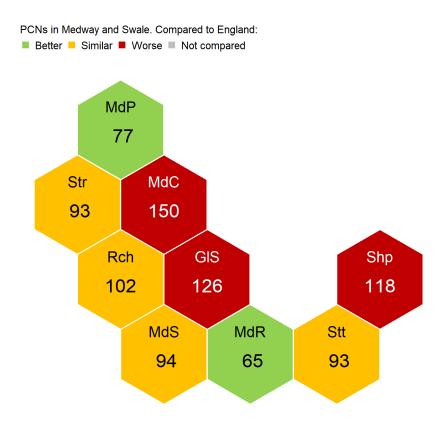
The rate in Medway and Swale is lower than England.

Value type: Proportion - %. Latest time period: 2020/21.

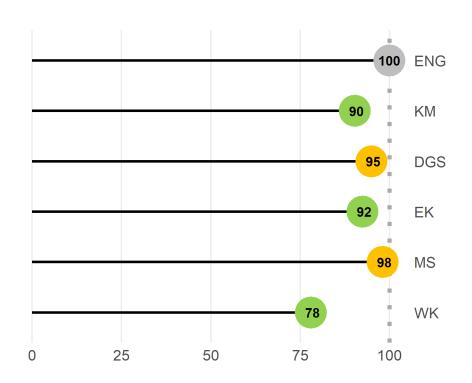
Source: OHID, Fingertips, Indicator ID: 212.

Value calculation: Aggregated data. Small area type: Practice to PCN.

Deaths from circulatory disease, under 75 years



Trend data not available.



The rate in Medway and Swale is similar to England.

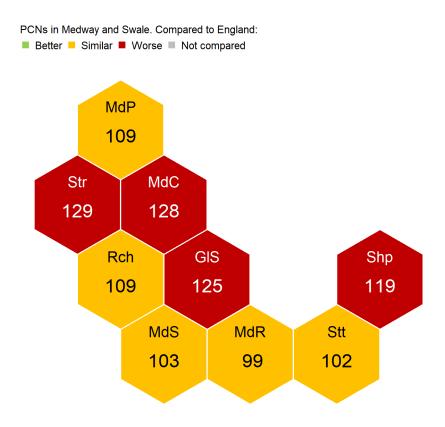
Value type: Indirectly standardised ratio per 100.

Latest time period: 2015 - 19.

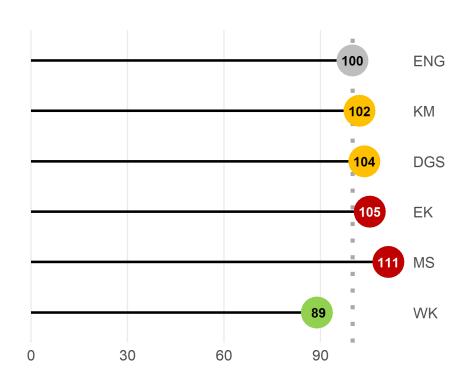
Source: OHID, Fingertips, Indicator ID: 93256.

Value calculation: Aggregated data. Small area type: Ward to PCN.

Deaths from all cancer, under 75 years



Trend data not available.



The rate in Medway and Swale is worse than England.

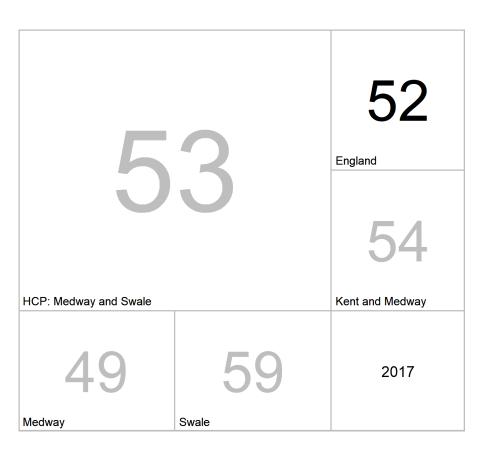
Value type: Indirectly standardised ratio per 100.

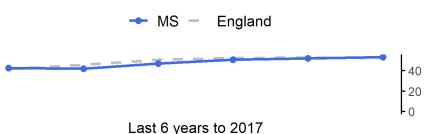
Latest time period: 2015 - 19.

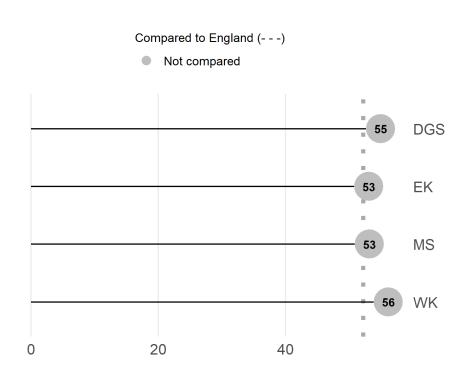
Source: OHID, Fingertips, Indicator ID: 93254.

Value calculation: Aggregated data. Small area type: Ward to PCN.

Cancer diagnosed at early stage (experimental statistics)







Medway and Swale cannot be compared to England statistically.

Value type: Proportion - %. Latest time period: 2017.

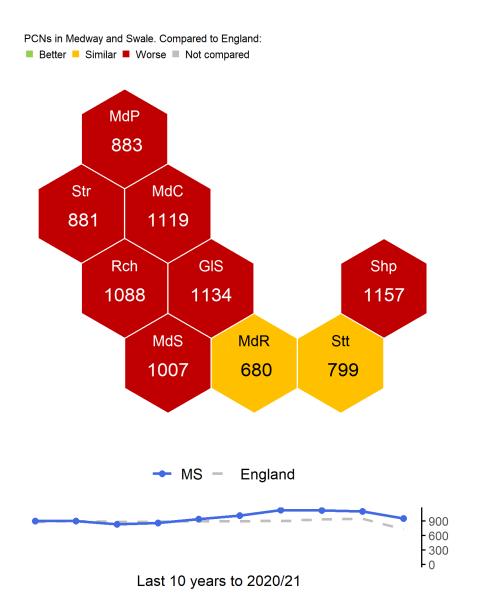
Source: OHID, Fingertips, Indicator ID: 90834.

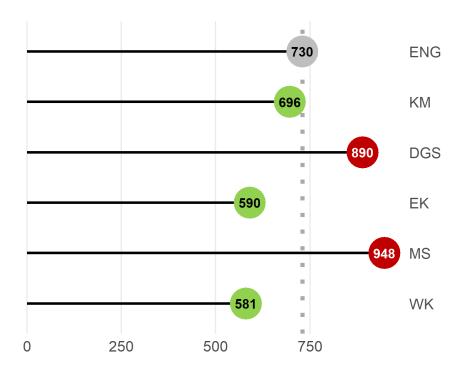
Value calculation: Aggregated data.

Small area type: Districts & UAs (2019/20).

RAG method: None applied.

Unplanned hospitalisation for chronic ACSC





The rate in Medway and Swale is worse than England.

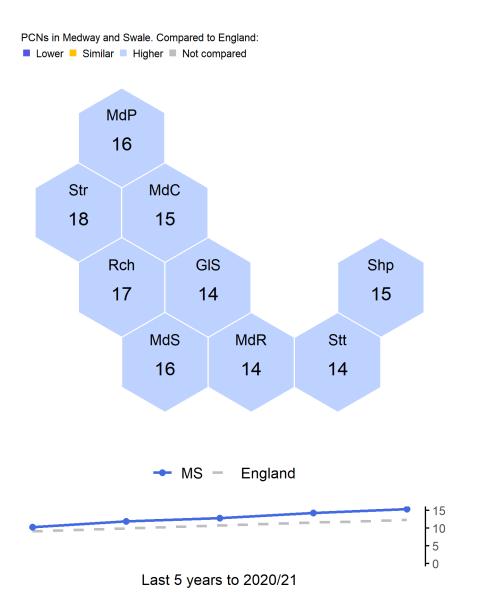
Value type: Directly standardised rate per 100,000.

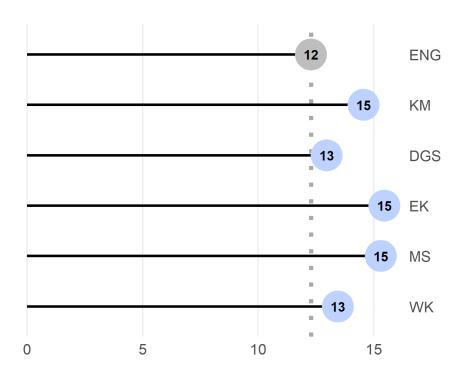
Latest time period: 2020/21.

Source: Hospital Episode Statistics (HES), NHS Digital.

Value calculation: Aggregated data. Small area type: LSOA to PCN.

Depression: Recorded prevalence (aged 18+)





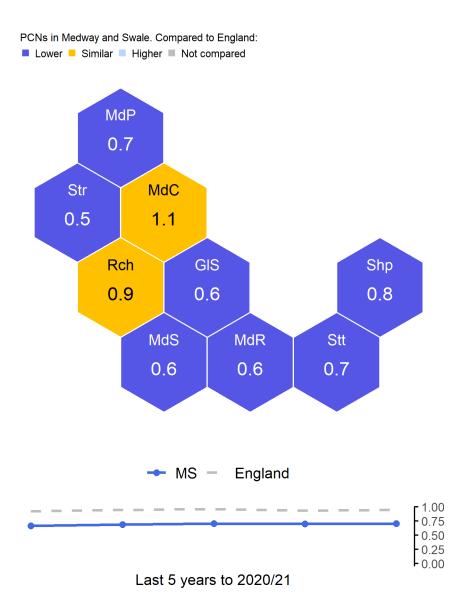
The rate in Medway and Swale is higher than England.

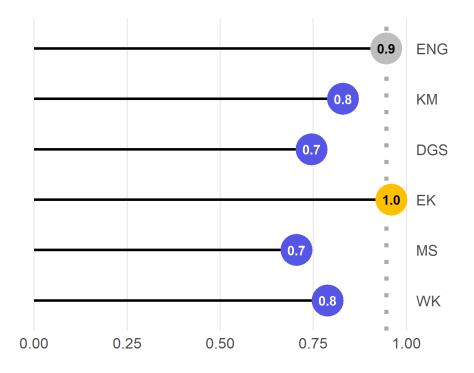
Value type: Proportion - %. Latest time period: 2020/21.

Source: OHID, Fingertips, Indicator ID: 848.

Value calculation: Aggregated data. Small area type: Practice to PCN.

Serious Mental Illness: QOF prevalence (all ages)





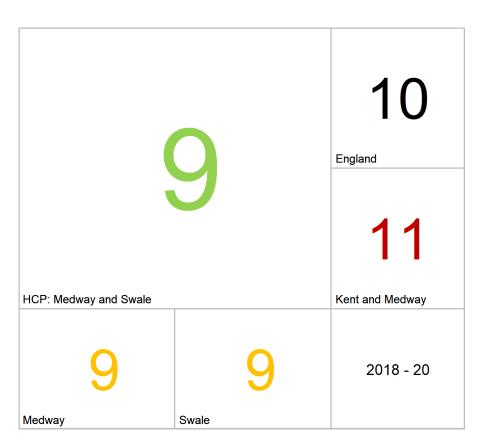
The rate in Medway and Swale is lower than England.

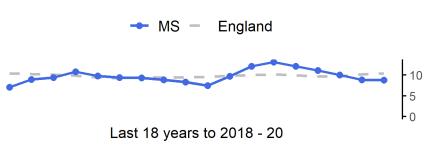
Value type: Proportion - %. Latest time period: 2020/21.

Source: OHID, Fingertips, Indicator ID: 90581.

Value calculation: Aggregated data. Small area type: Practice to PCN.

Suicide rate (Persons)







The rate in Medway and Swale is better than England.

Value type: Directly standardised rate - per 100,000.

Latest time period: 2018 - 20.

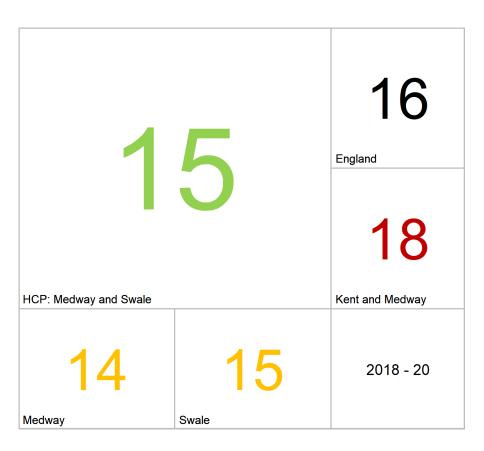
Source: OHID, Fingertips, Indicator ID: 41001.

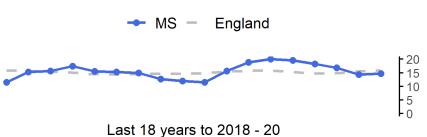
Value calculation: Small areas averaged.

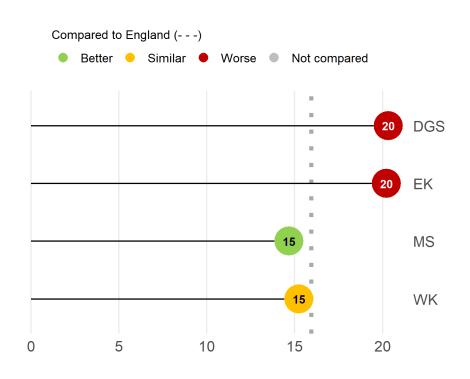
Small area type: Districts & UAs (from Apr 2021).

RAG method: England plus/minus 5%.

Suicide rate (Male)







The rate in Medway and Swale is better than England.

Value type: Directly standardised rate - per 100,000.

Latest time period: 2018 - 20.

Source: OHID, Fingertips, Indicator ID: 41001.

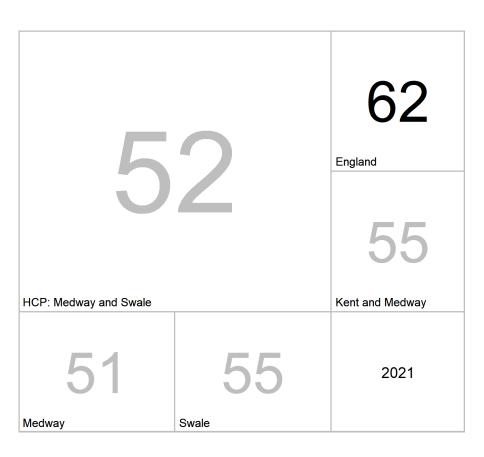
Value calculation: Small areas averaged.

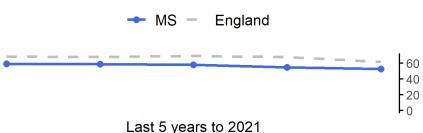
Small area type: Districts & UAs (from Apr 2021).

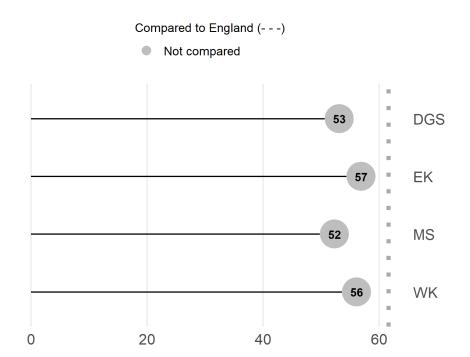
RAG method: England plus/minus 5%.

AGEING WELL

Estimated dementia diagnosis rate (aged 65 and over)







Medway and Swale cannot be compared to England statistically.

Value type: Proportion - %. Latest time period: 2021.

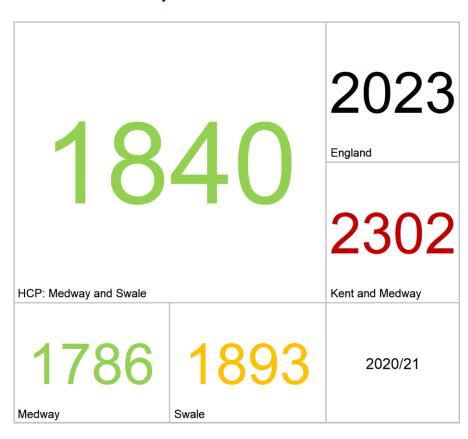
Source: OHID, Fingertips, Indicator ID: 92949.

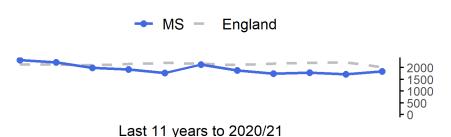
Value calculation: Aggregated data.

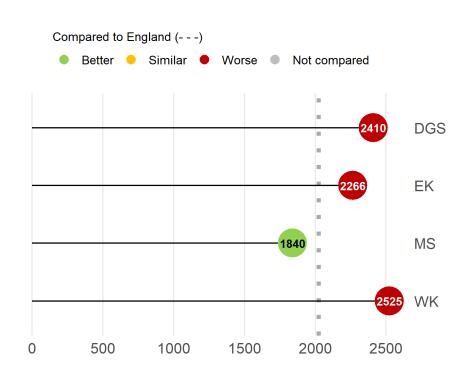
Small area type: Districts & UAs (from Apr 2021).

RAG method: None applied.

Emergency hospital admissions due to falls (persons aged 65 and over)







The rate in Medway and Swale is better than England.

Value type: Directly standardised rate - per 100,000.

Latest time period: 2020/21.

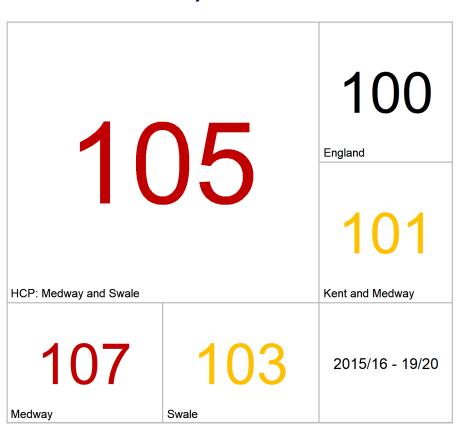
Source: OHID, Fingertips, Indicator ID: 22401.

Value calculation: Small areas averaged.

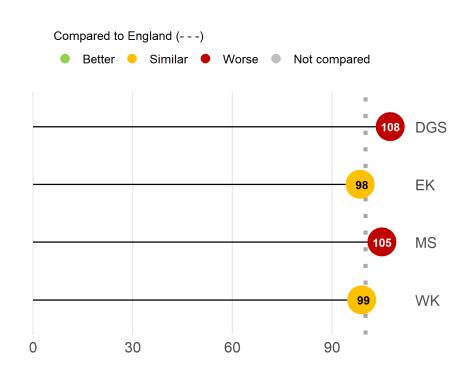
Small area type: Districts & UAs (from Apr 2021).

RAG method: England plus/minus 5%.

Emergency hospital admissions for hip fracture (persons aged 65 and over)



Trend data not available.



The rate in Medway and Swale is worse than England.

Value type: Indirectly standardised ratio per 100.

Latest time period: 2015/16 - 19/20.

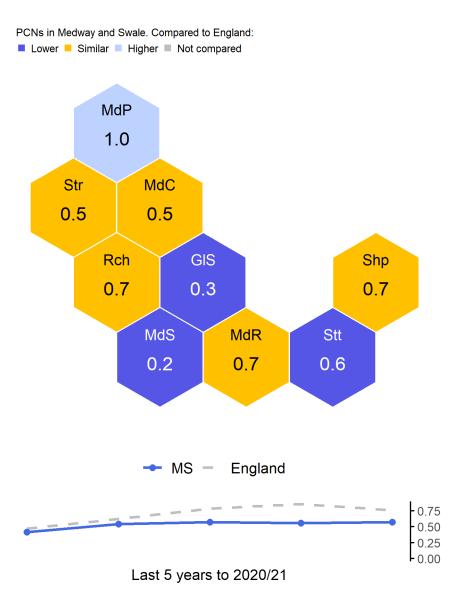
 $Source: OHID, Fingertips, Indicator \, ID: 93241.$

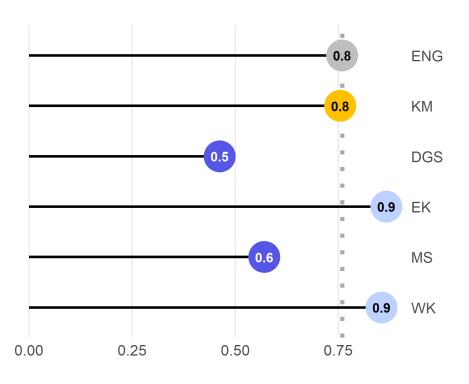
Value calculation: Small areas averaged.

Small area type: Districts & UAs (from Apr 2021).

RAG method: England plus/minus 5%.

Osteoporosis: QOF prevalence (50+)





The rate in Medway and Swale is lower than England.

Value type: Crude rate - %. Latest time period: 2020/21.

Source: OHID, Fingertips, Indicator ID: 90443.

Value calculation: Aggregated data. Small area type: Practice to PCN.