KENT PUBLIC HEALTH OBSERVATORY

Clinical network profile: Ashford CCG

South network

February 2016

Produced by

Faiza Khan: Public Health Consultant (Faiza.Khan@Kent.gov.uk)

Del Herridge, Zara Cuccu, Emily Silcock, Lauren Liddell-Young, Natasha Hobbs: Kent Public Health Observatory (KPHO@kent.gov.uk)

Last Updated: 3rd March 2016

Kent County Council kent.gov.uk

Contents

1. Executive Summary

1.1 Introduction

This Clinical network profile for South 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 South 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 South clinical network within 2012-2014, a new-born male baby could be estimated to survive an average of 82.7 years and is higher than Kent at 80.9 years. Also, a new-born female baby could be estimated to survive an average of 86.5 years and is higher than Kent at 84.1 years. The trend in life expectancy for both genders has increased within the South Clinical network since 2006-2008. Further, the trend has increased at a greater rate of change in comparison to Kent.

- **General fertility rate**

Ashford CCG (66.7) has a significantly higher GFR in comparison to Kent (63.4) for the 2010 to 2014 period. With the exception of Park Farm South (64.6), the wards in South clinical network have higher GFR than Ashford CCG. A number of wards have a significantly higher GFR than both the CCG and Kent; Stanhope, Singleton South, Victoria and Great Chart with Singleton North.

- **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 3.0% in Weald East ward to 7.4% in Stanhope; however none of the wards have significantly different percentages to either Ashford CCG or Kent.

- **Infant feeding**

As a clinical network, South (49.7%) has a lower coverage than Ashford CCG (59.7%), which in turn is lower than Kent (70.7%). South clinical network has a lower breastfeeding prevalence, at 17.2% (28 babies fully or partially breastfed of 163 infants due to 6 to 8 week check), lower than both Ashford (26.2%) and Kent (33.5%).

- **Immunisations**

South clinical network has less than 90% uptake for DTaP.IPV.Hib and PCV (12 months), PCV.Booster (24 months), and DTaP.IPV.Booster and MMR.2nd.dose (5 years).

- **Infant mortality**

For every infant mortality indicator, South clinical network has higher rates than both Kent and Ashford CCG; however, none of the differences observed are statistically significant.

Demographic overview

- **Practice population**

Within the South clinical network, there were over 10,000 persons within the 0 to 14 age group, contributing 21.5% to the total population. Also, a lower proportion of the population were aged 55 years and over.

- **Ethnicity**

Some of the wards within the South clinical network had higher proportions of ethnic minority groups in comparison to Ashford CCG, particularly; Victoria, Norman, Stanhope and Park Farm South.

Socio-economic profile

- **Deprivation**

South Ashford Medics and Sydenham House Surgery have IMD scores higher than the England average, and are the most deprived practices within the CCG, and are both in South Clinical Network. Kingsnorth Medical practice, also in South Clinical Network has the lowest IMD score within Ashford CCG.

Ashford CCG has a lower proportion of children living in income deprived households (17.1%) in comparison to Kent (19.9%); but again South Ashford Medics and Sydenham House Surgery in South Clinical Network have the highest deprivation in Ashford CCG, above the England average.

Ashford CCG has a lower proportion of older people living in pension credit (guarantee) households (12.9%) in comparison to Kent (16.2%); but again South Ashford Medics and Sydenham House Surgery in South Clinical Network have the highest deprivation in Ashford CCG, above the England average. Singleton Surgery also has a percentage which is higher than the national average.

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**

In South clinical network, the mental health contact rate for people aged 15 to 64 ranges from 13.8 in Great Chart with Singleton North to 72.7 in Stanhope. Stanhope, Beaver, Victoria and Norman have significantly higher rates than Ashford CCG and Kent, whilst Park Farm North, Washford, Park Farm South and Great Chart with Singleton North wards have significantly lower rates.

South clinical network mental health contact rates for people aged 65 and above range from 33.3 per 1,000 population in Weald East to 103.2 in Stanhope. Only Weald East has a rate that is significantly different to either Ashford CCG or Kent.

Quality outcomes framework

- **Recorded prevalence**

In 2014/15 Ashford South network had significantly higher prevalence of depression the following conditions in comparison to NHS Ashford CCG. In 2014/15 Ashford South network had significantly lower prevalence of the following conditions in comparison to NHS Ashford CCG: atrial fibrillation, Asthma, Cancer, Coronary heart disease, Chronic kidney disease, COPD, Dementia, Diabetes, Hypertension, Obesity, Palliative Care and Stroke.

- **Recorded prevalence: trend analysis**

As a network, South has a significantly lower rate of change in comparison with the national rate of change for hypertension and obesity.

- **Recorded and expected prevalence**

The percentage of expected hypertension cases diagnosed across Ashford South network is 54.6%, this is lower than Ashford CCG (58.4%) and Kent (57.3%). Across the Ashford South network 89.2% of the expected stroke and TIA prevalence has been diagnosed, this figure is higher than Kent (85.3%) but lower than Ashford CCG as a whole.

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

In 2014/15 Ashford South network had significantly higher clinical achievement when compared to Ashford CCG for CHD 006 and Mental Health 002. In 2014/15 Ashford South network had significantly lower clinical achievement when compared to Ashford CCG for Diabetes 007 and Diabetes 009.

Hospital activity

- South (42.4, per 100,000 population) is increasing at a lower rate than Ashford CCG (157.9) between 2010/11 to 2014/15 for all emergency hospital admissions.
- There has been an increase for the rate of change of asthmatic, diabetes complications and stroke emergency hospital admissions.
- There has been little change observed for South (-0.7, per 100,000 population) between 2010/11 to 2014/15 for mental health emergency hospital admissions. There has also been little change for Ashford CCG (0.8).

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 South clinical network within 2012-2014, the age standardised rate for all age all-cause mortality was 761.2 per 100,000 registered population and has decreased from 1033.1 in 2006-2008. This has been decreasing at a higher rate of change in comparison to Kent.

- **Premature mortality: cancer**

Within the South clinical network within 2012-2014, the age standardised rate for premature cancer mortality was 115.0 per 100,000 registered population and has decreased from 164.3 in 2006-2008. This has been decreasing at a higher rate of change in comparison to Kent.

- **Premature mortality: circulatory disease**

Within the Rural clinical network within 2012-2014, the age standardised rate for premature circulatory mortality was 58.5 per 100,000 registered population. The trend has been stable within the South clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.

2. Introduction & Objectives

2.1 Clinical Network Area

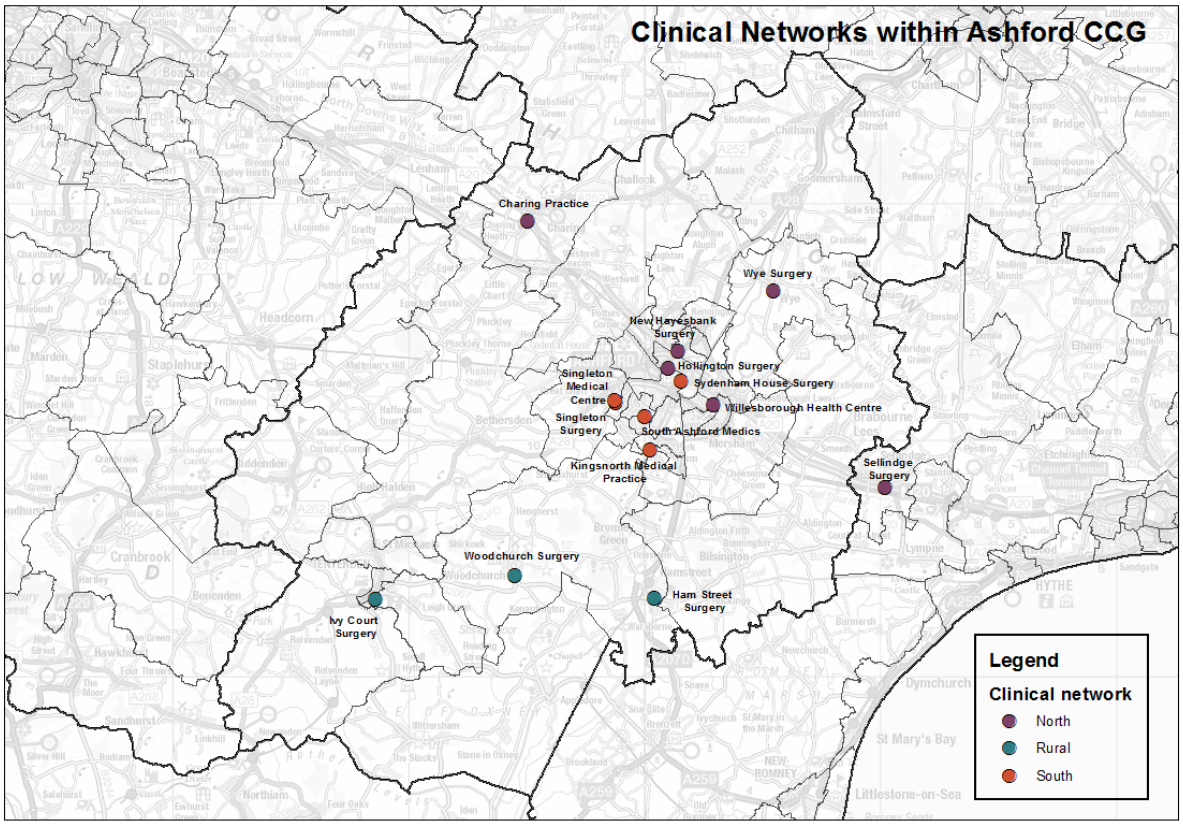
2.1.1 Clinical Network

The map below shows the breakdown of South 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 five practices within South Clinical network.

Table 1: Practices in South Clinical Network

Practice Name	Code
Sydenham House Surgery	G82050
Singleton Surgery	G82688
Singleton Medical Centre	G82712
Kingsnorth Medical Practice	G82730
South Ashford Medics	G82735

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 South clinical network, and the percentage of the ward's resident population who are registered with practices within the network.

Table 2

Ward	CCG	Percentage
Beaver	NHS Ashford	91.4
Great Chart with Singleton North	NHS Ashford	84.5
Norman	NHS Ashford	89.4
Park Farm North	NHS Ashford	92.0
Park Farm South	NHS Ashford	88.6
Singleton South	NHS Ashford	90.7
Stanhope	NHS Ashford	95.5
Victoria	NHS Ashford	75.9
Washford	NHS Ashford	93.8
Weald East	NHS Ashford	54.0

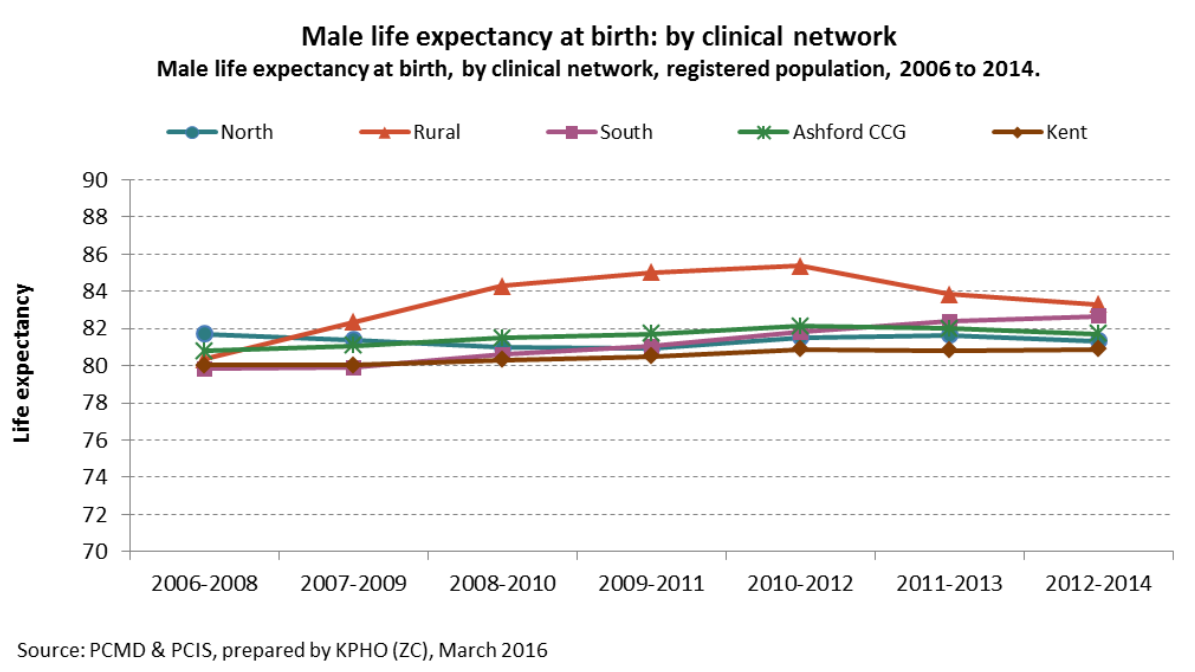
3. Maternity

3.1 Life expectancy at birth

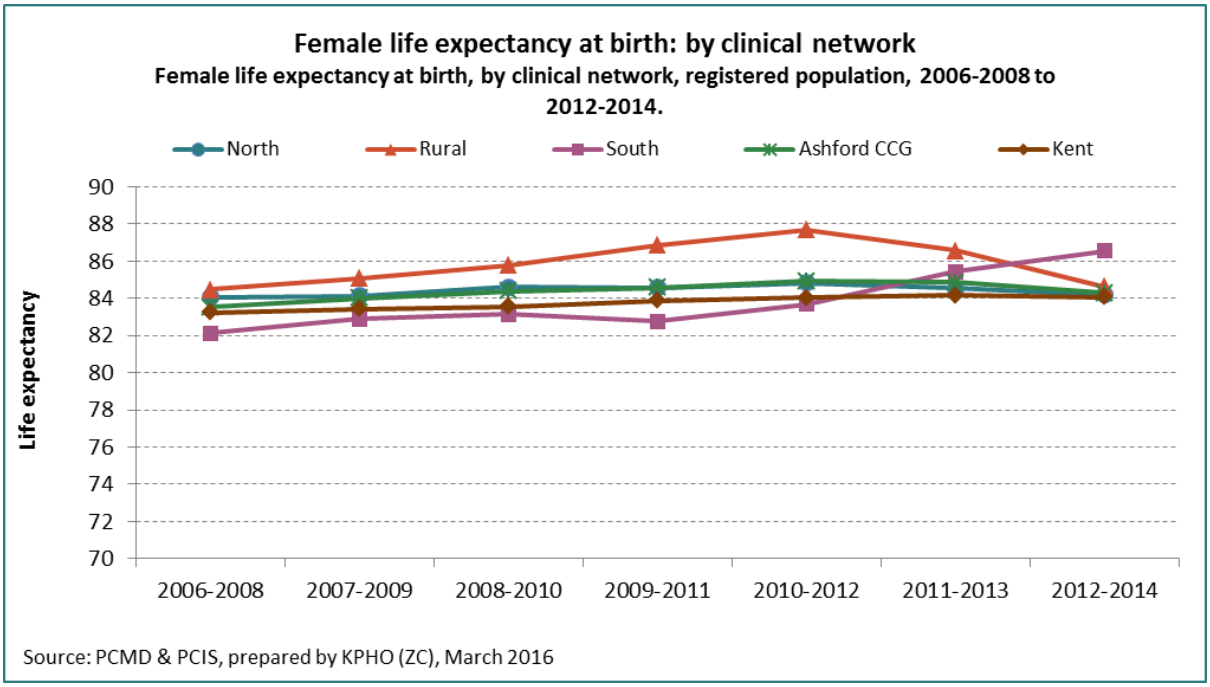
Life expectancy at birth describes the average number of years a new-born baby could be estimated to survive if he or she experienced the age specific mortality rates for that area and time period throughout life. For the clinical networks, life tables were used to calculate age specific mortality rates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

3.1.1 Clinical network life expectancy trend

Within the South clinical network within 2012-2014, a new-born male baby could be estimated to survive an average of 82.7 years and is higher than Kent at 80.9 years. The trend has increased within the South clinical network from 79.8 years in 2006-2008. Further, the trend has increased at a greater rate of change in comparison to Kent.

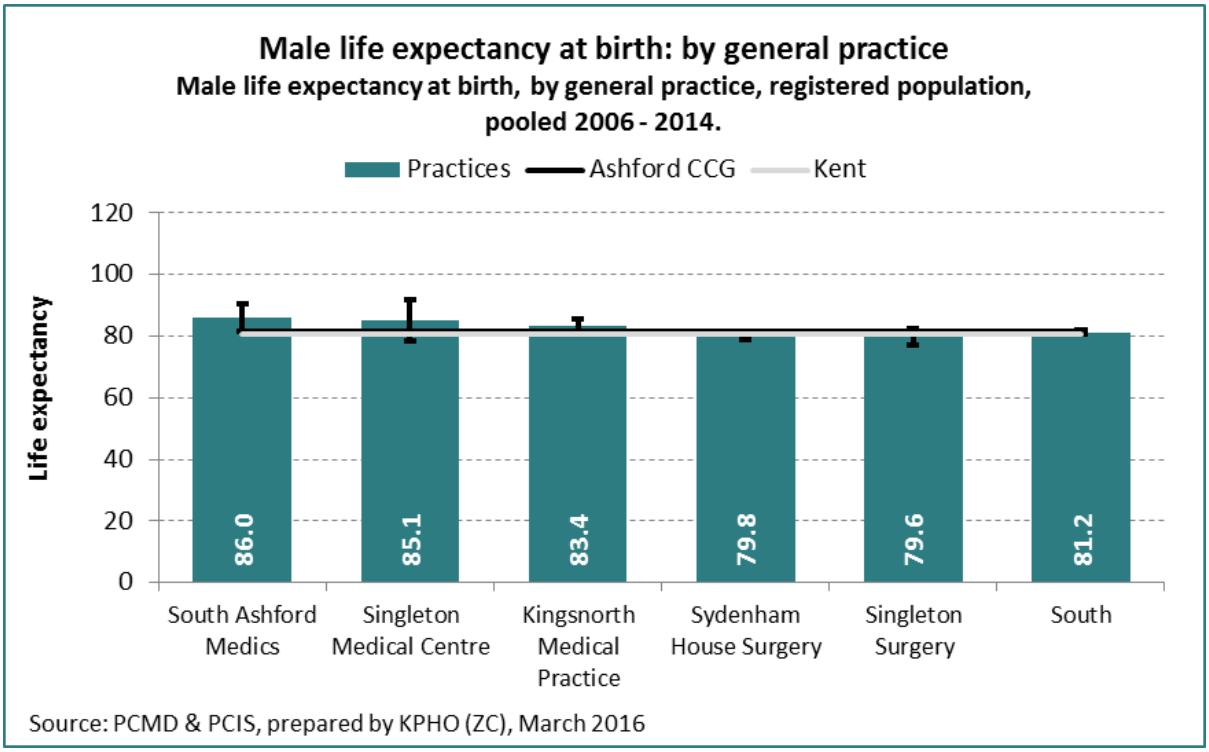


Within the South clinical network within 2012-2014, a new-born female baby could be estimated to survive an average of 86.5 years and is higher than Kent at 84.1 years. The trend has increased within the South Clinical network from 82.1 years in 2006-2008. Further, the trend has increased at a greater rate of change in comparison to Kent.

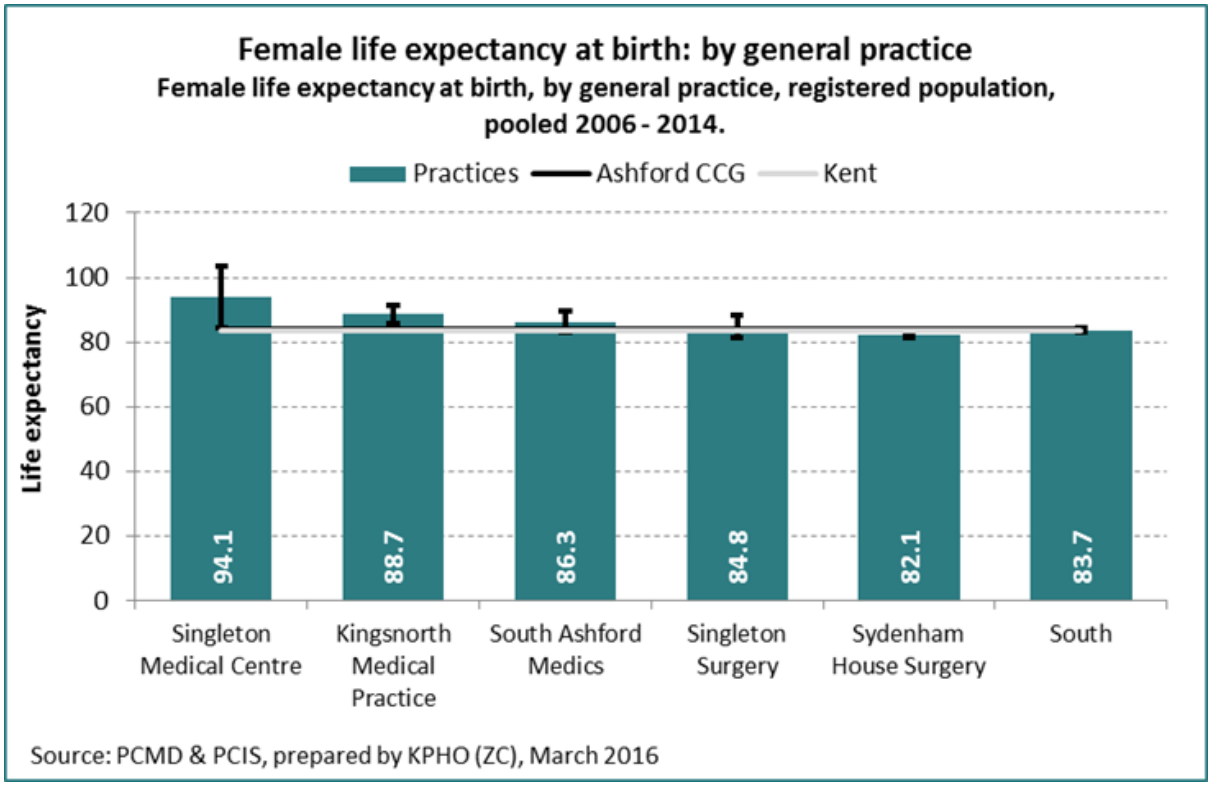


3.1.2 Practice level life expectancy

Within the South general practices within 2006-2014, a new-born male baby registered at South Ashford Medics or Kingsnorth Medical Practice could be estimated to have higher life expectancies than the Kent average. The remaining practices were similar to Kent.



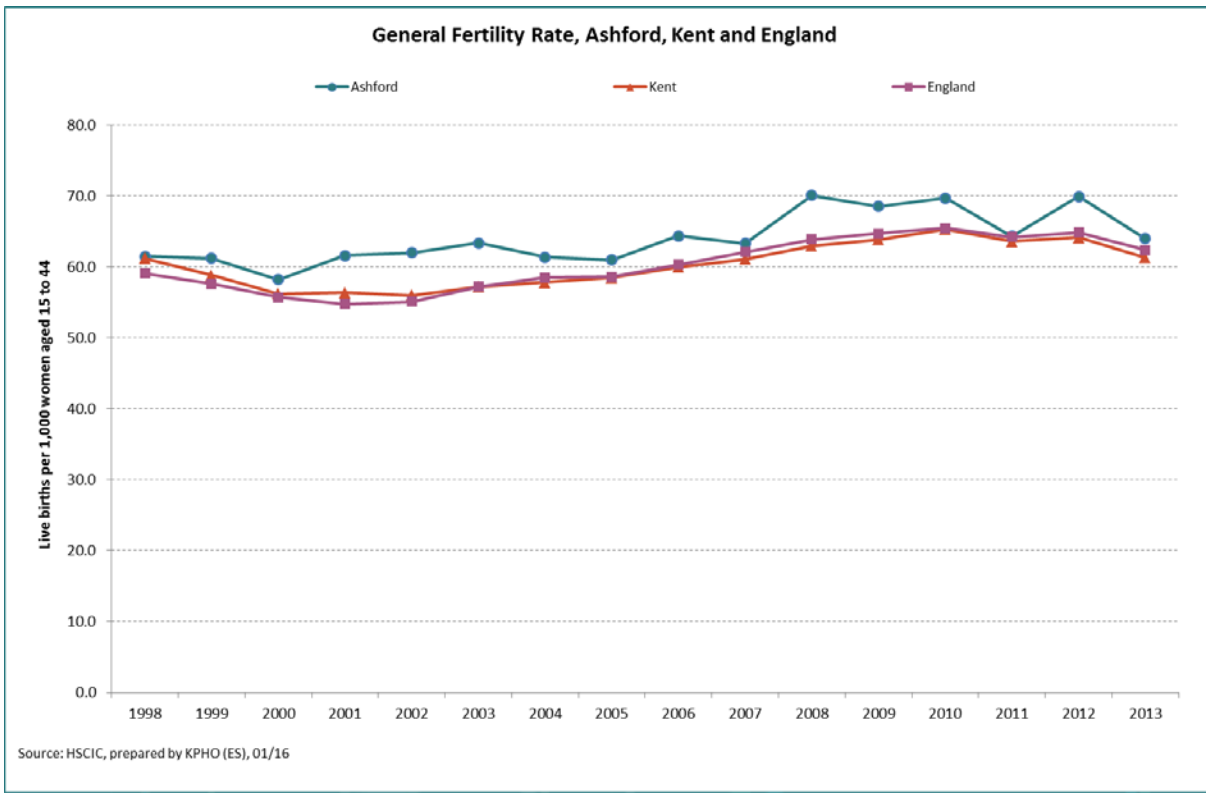
Within the South general practices within 2006-2014, a new-born female baby registered at Singleton Medical Centre and Kingsnorth Medical Practice could be estimated to have higher life expectancy than the Kent average. The remaining practices were similar to Kent.


Female life expectancy at birth: by general practice
Female life expectancy at birth, by general practice, registered population, pooled 2006 - 2014.
Practices
Ashford CCG
Kent
Life expectancy
120
100
80
60
40
20
0
94.1
88.7
86.3
84.8
82.1
83.7
Singleton Medical Centre
Kingsnorth Medical Practice
South Ashford Medics
Singleton Surgery
Sydenham House Surgery
South
Source: PCMD & PCIS, prepared by KPHO (ZC), March 2016

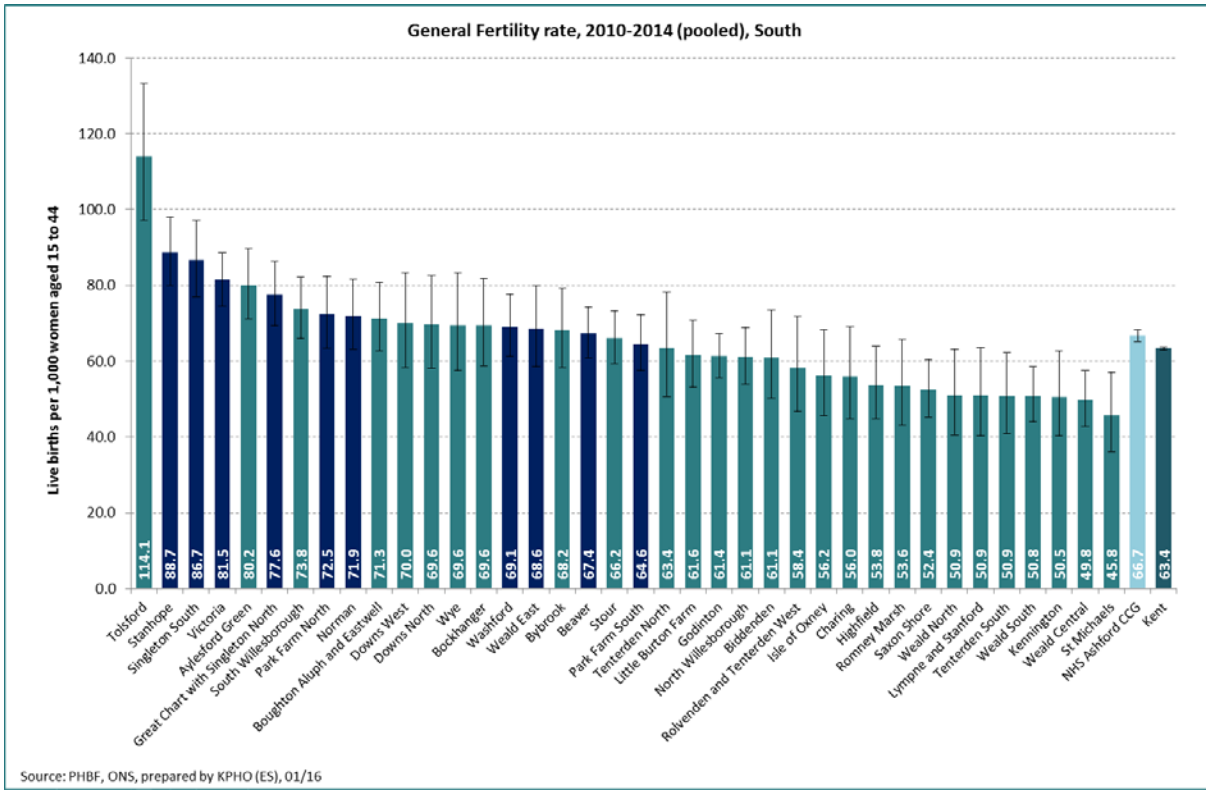
3.2 General fertility rate

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.



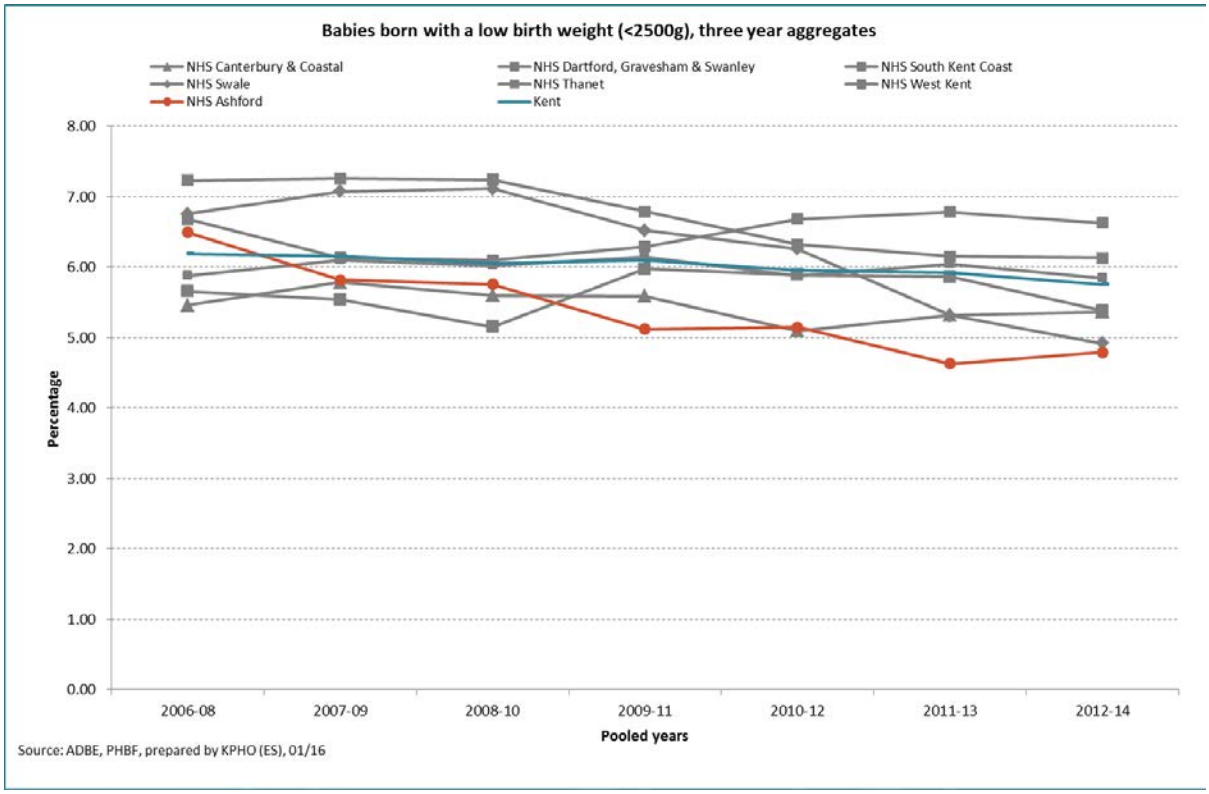
Since 1998, Ashford district has consistently had a higher GFR than both Kent and England; however, follows a similar pattern overall. GFR decreased between 1998 and 2000, before increasing to 2008. Since then, the rate has fluctuated but decreased notably in the past year.



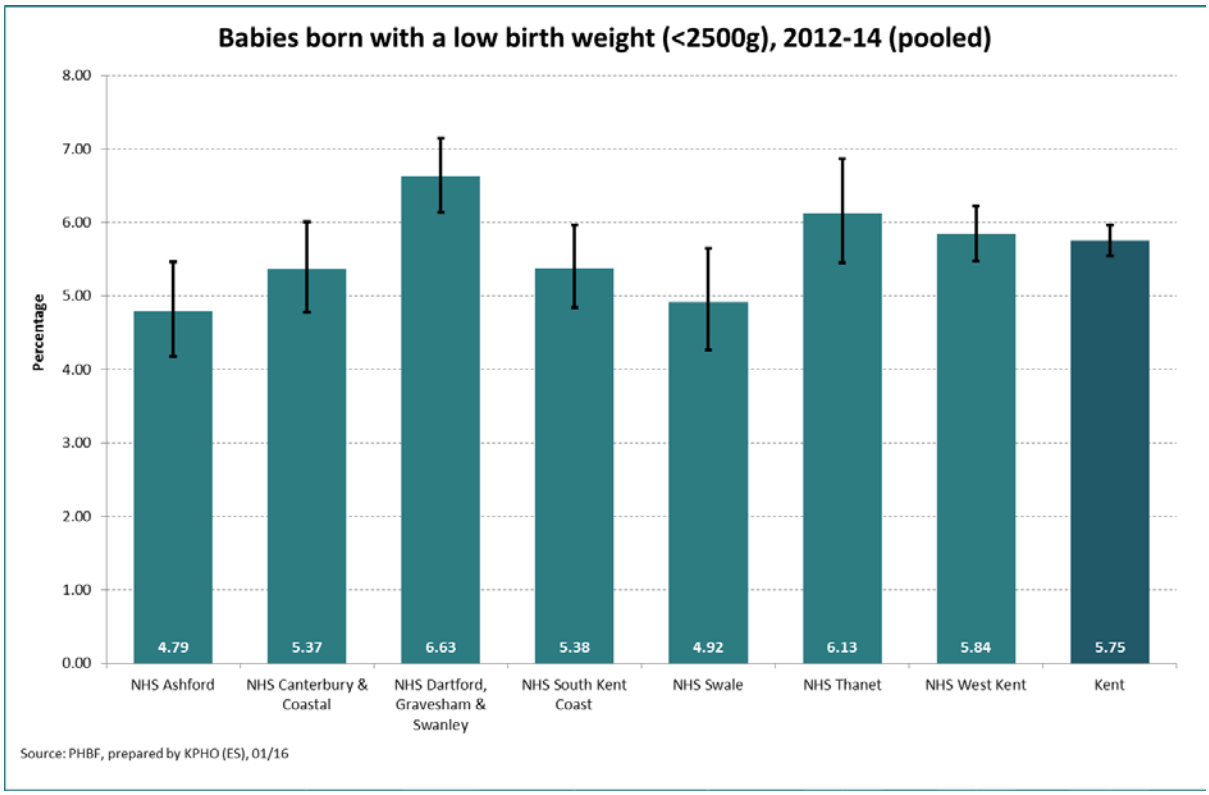
Ashford CCG (66.7) has a significantly higher GFR in comparison to Kent (63.4) for the 2010 to 2014 period. With the exception of Park Farm South (64.6), the wards in South clinical network have higher GFR than Ashford CCG. A number of wards have a significantly higher GFR than both the CCG and Kent; Stanhope, Singleton South, Victoria and Great Chart with Singleton North.

3.3 Low birth weight

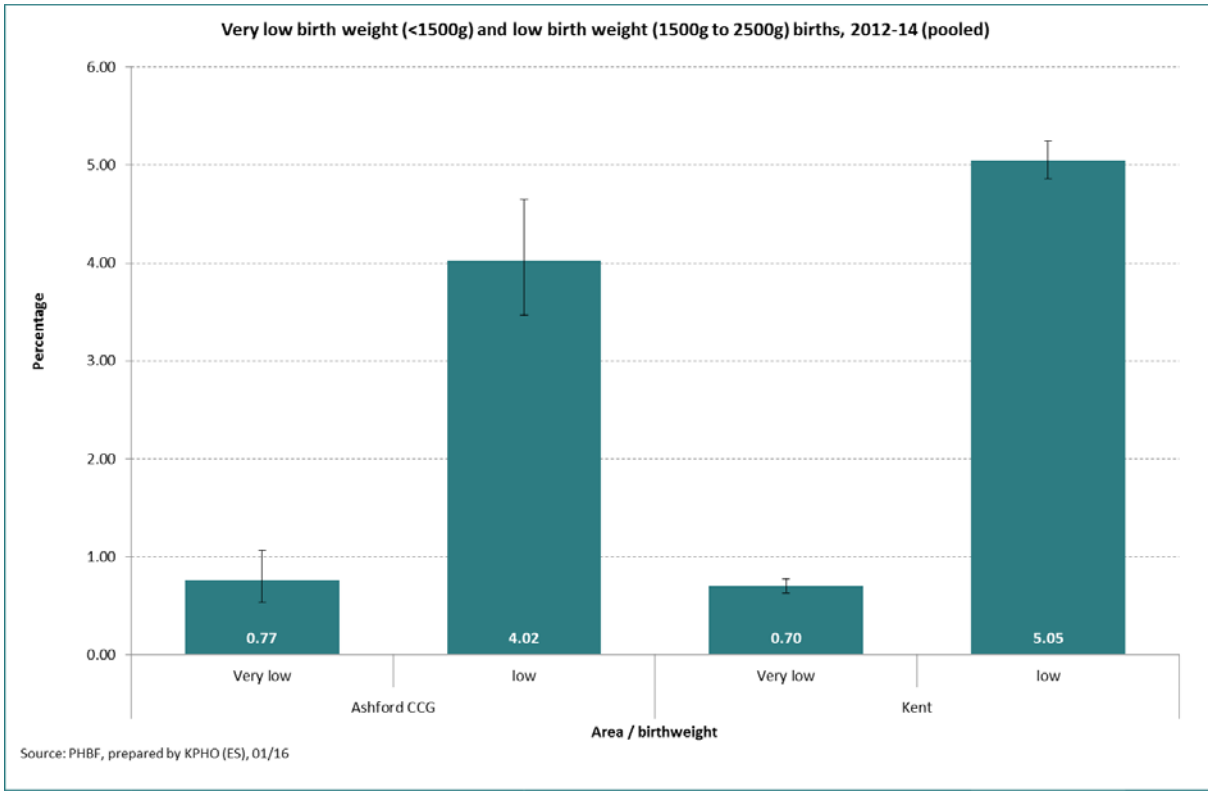
Low birth weight is defined as the number of live births with stated birth weight below 2500g expressed as percentage of live births. In 2014, there were 979 low birth weight births in Kent, 72 of which were in Ashford CCG.



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.

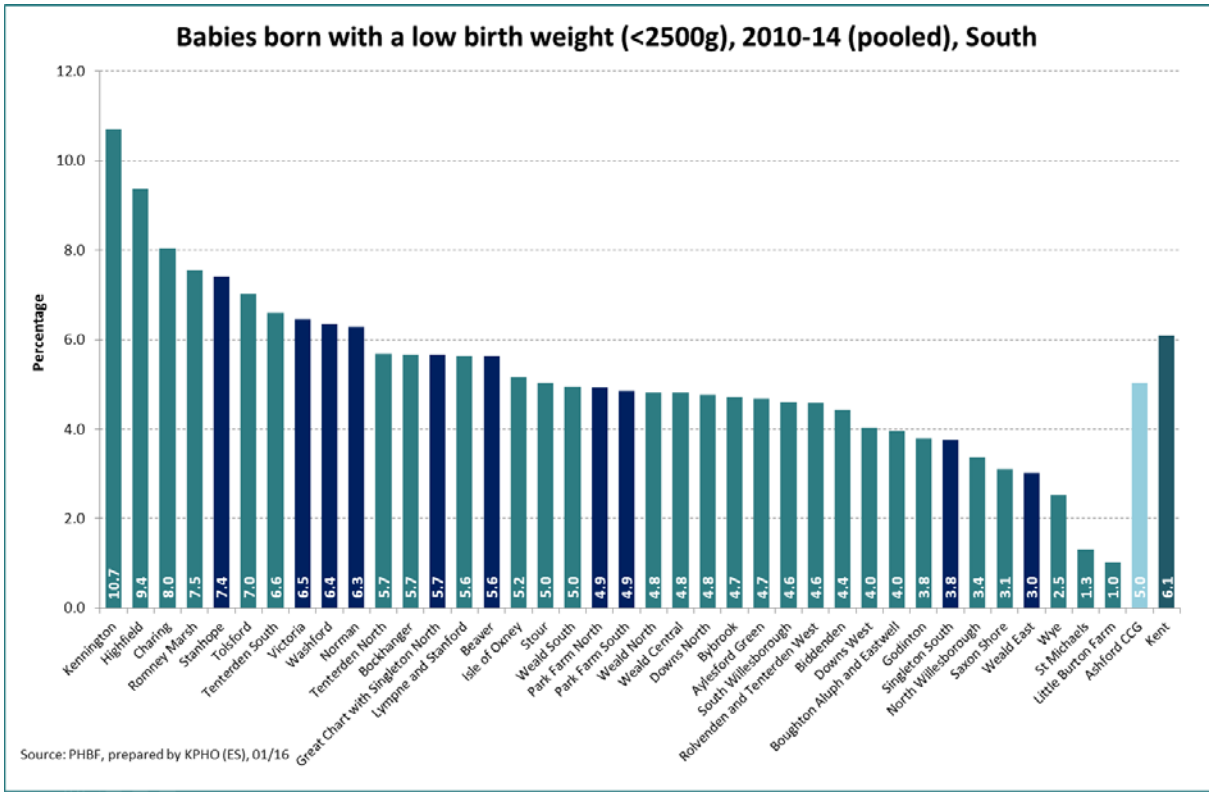


In 2012-14, Ashford CCG (4.79%) had the lowest percentage of low birth weight babies born of all the Kent CCGs; significantly lower than the Kent percentage (5.85%).



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 3.0% in Weald East ward to 7.4% in Stanhope; however none of the wards have significantly different percentages to either Ashford CCG or Kent.

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 (%)
South	G82050	Sydenham House Surgery	67.9	30.9
South	G82688	Singleton Surgery	7.7	0.0
South	G82712	Singleton Medical Centre	50.0	12.5
South	G82730	Kingsnorth Medical Practice	45.7	5.7
South	G82735	South Ashford Medics	19.2	0.0
South			**49.7**	**17.2**
Ashford CCG			**59.7**	**26.2**
Kent			**70.7**	**33.5**

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%. As a clinical network, South (49.7%) has a lower coverage than Ashford CCG (59.7%), which in turn is lower than Kent (70.7%). South clinical network has a lower breastfeeding prevalence, at 17.2% (28 babies fully or partially breastfed of 163 infants due to 6 to 8 week check), lower than both Ashford (26.2%) and Kent (33.5%).

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
Sydenham House Surgery, (G82050)	88.7	96.0	89.3
Singleton Surgery, (G82688)	94.4	100.0	97.2
Singleton Medical Centre, (G82712)	73.7	100.0	73.7
Kingsnorth Medical Practice, (G82730)	54.2	87.5	63.9
South Ashford Medics, (G82735)	94.8	98.3	96.6
South	**82.1**	**95.2**	**85.1**
Ashford CCG	**87.8**	**94.5**	**90.0**
Kent	**88.3**	**93.1**	**89.1**

Source: CHIS

Uptake (%) for children up to 24 months

Practice	24 month cohort				
	DTaP.IPV.Hib	MMR	MenC.Infant	Hib.MenC.Booster	PCV.Booster
Sydenham House Surgery, (G82050)	92.8	94.1	95.4	94.1	78.9
Singleton Surgery, (G82688)	95.0	92.5	95.0	92.5	52.5
Singleton Medical Centre, (G82712)	95.5	95.5	95.5	95.5	72.7
Kingsnorth Medical Practice, (G82730)	97.4	79.2	97.4	79.2	49.4
South Ashford Medics, (G82735)	100.0	100.0	96.2	100.0	50.6
South	**95.7**	**92.2**	**95.9**	**92.2**	**63.5**
Ashford CCG	**94.5**	**92.9**	**95.7**	**92.4**	**63.4**
Kent	**90.2**	**90.7**	**93.7**	**90.2**	**48.4**

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
Sydenham House Surgery, (G82050)	95.0	87.6	95.0	95.0	95.0	93.2	94.4	88.2	95.0	89.4
Singleton Surgery, (G82688)	96.7	93.3	96.7	96.7	96.7	96.7	96.7	93.3	96.7	96.7
Singleton Medical Centre, (G82712)	95.2	90.5	95.2	95.2	95.2	95.2	90.5	90.5	95.2	85.7
Kingsnorth Medical Practice, (G82730)	98.7	74.4	98.7	98.7	98.7	97.4	96.2	89.7	97.4	94.9
South Ashford Medics, (G82735)	94.2	85.5	94.2	94.2	95.7	91.3	95.7	82.6	92.8	91.3
South	**95.8**	**85.0**	**95.8**	**95.8**	**96.1**	**94.2**	**95.0**	**88.0**	**95.3**	**91.4**
Ashford CCG	**95.2**	**86.7**	**95.5**	**95.5**	**95.5**	**93.5**	**94.6**	**88.5**	**94.7**	**91.0**
Kent	**95.2**	**85.8**	**95.3**	**95.3**	**94.5**	**92.6**	**94.6**	**85.9**	**94.2**	**90.2**

Source: CHIS

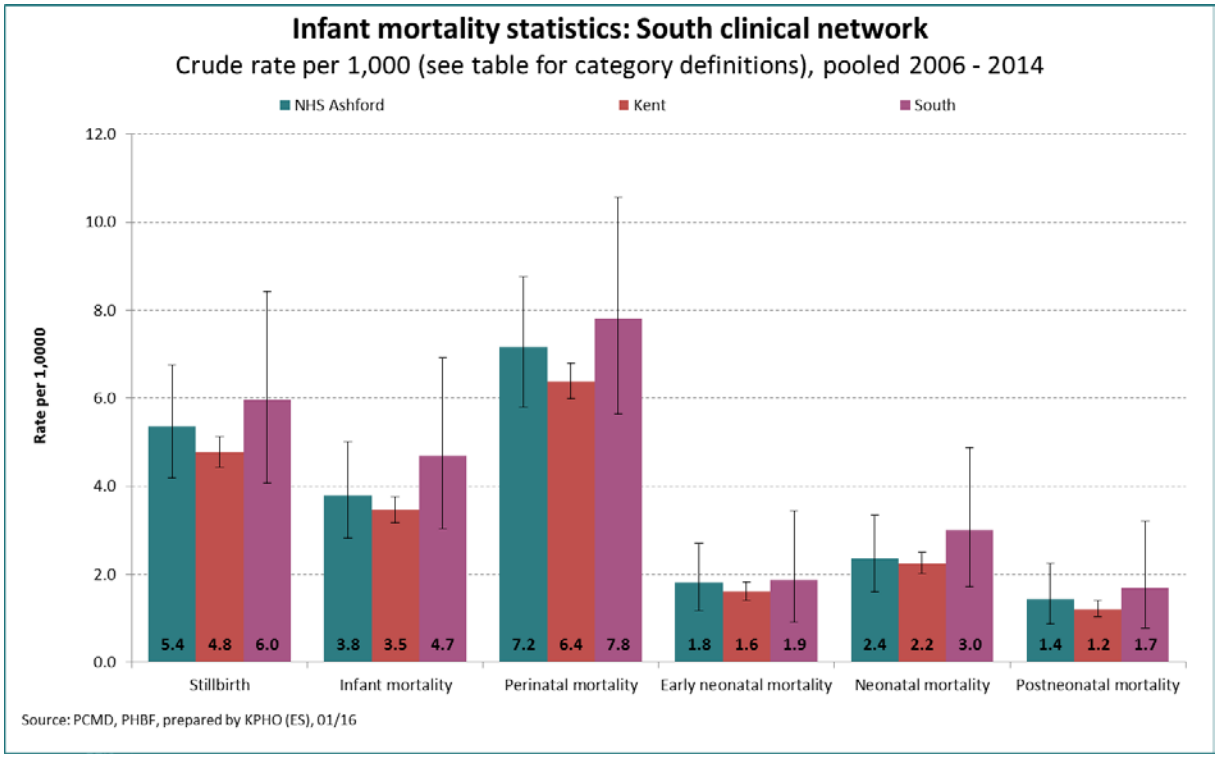
South clinical network has less than 90% uptake for DTaP.IPV.Hib and PCV (12 months), PCV.Booster (24 months), and DTaP.IPV.Booster and MMR.2nd.dose (5 years).

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.



For every infant mortality indicator, South clinical network has higher rates than both Kent and Ashford CCG; 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 47,195 persons within the South clinical network, within the first quarter of 2015/16. Overall, 50.6% of the population were female and 49.4% male within the South clinical network, similar to Ashford CCG (51.0% female and 49.0% male).

The below population pyramid details the population structure of the South clinical network, which has some differences in structure in comparison to Ashford CCG. Within the South clinical network, there were over 10,000 persons within the 0 to 14 age group, contributing 21.5% to the total population. Also, a lower proportion of the population were aged 55 years and over.

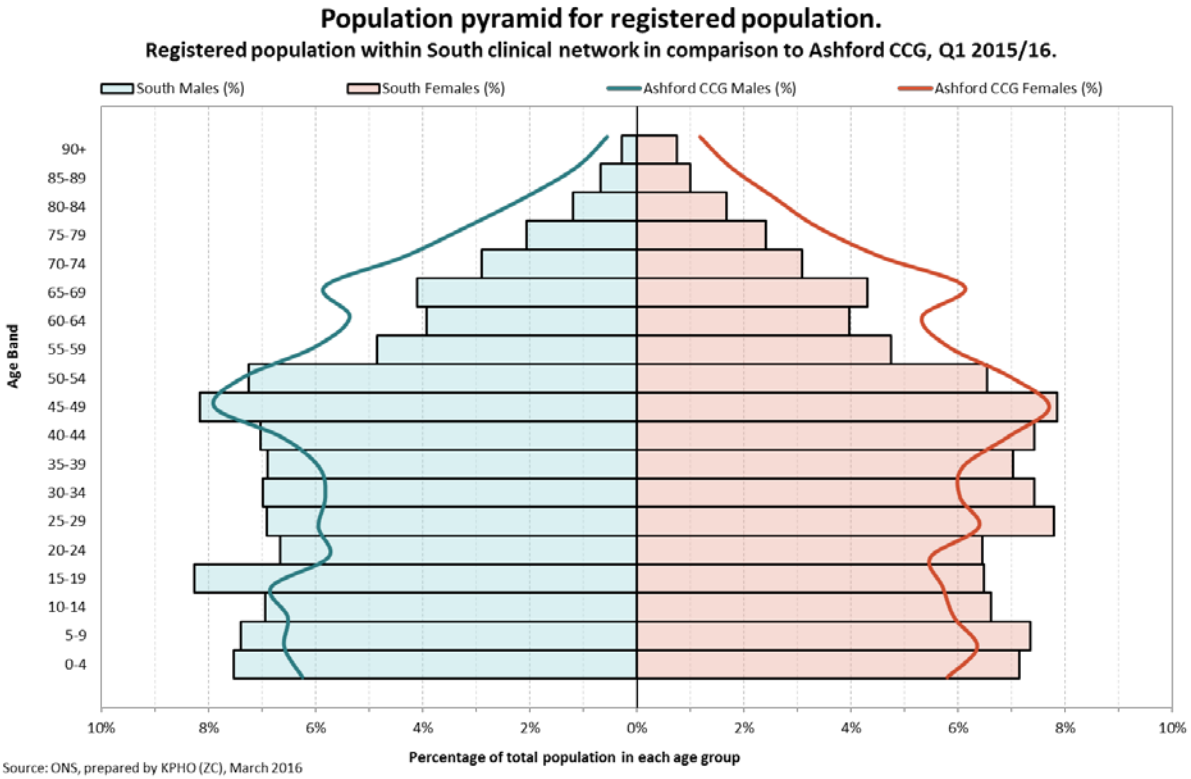


Table 3: Registered population in South clinical network, June 2015/16.

Age band	Males	Females	Persons
0-4	1,756	1,703	3,459
5-9	1,725	1,752	3,477
10-14	1,620	1,579	3,199
15-19	1,929	1,548	3,477
20-24	1,554	1,539	3,093
25-29	1,611	1,859	3,470
30-34	1,631	1,772	3,403
35-39	1,609	1,676	3,285
40-44	1,639	1,772	3,411
45-49	1,905	1,873	3,778
50-54	1,693	1,559	3,252
55-59	1,133	1,132	2,265
60-64	916	945	1,861
65-69	956	1,026	1,982
70-74	676	735	1,411
75-79	480	574	1,054
80-84	278	399	677
85-89	159	238	397
90+	65	179	244
Total	23,335	23,860	47,195

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 South clinical network had higher proportions of ethnic minority groups in comparison to Ashford CCG, particularly; Victoria, Norman, Stanhope and Park Farm South.

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

Ward	Ethnic minority group	Difference
Beaver	8.3%	Higher
Great Chart with Singleton North	4.9%	Lower
Norman	9.0%	Higher
Park Farm North	8.2%	Higher
Park Farm South	8.7%	Higher
Singleton South	5.0%	Lower
Stanhope	11.7%	Higher
Victoria	12.1%	Higher
Washford	7.4%	Similar
Weald East	3.0%	Lower

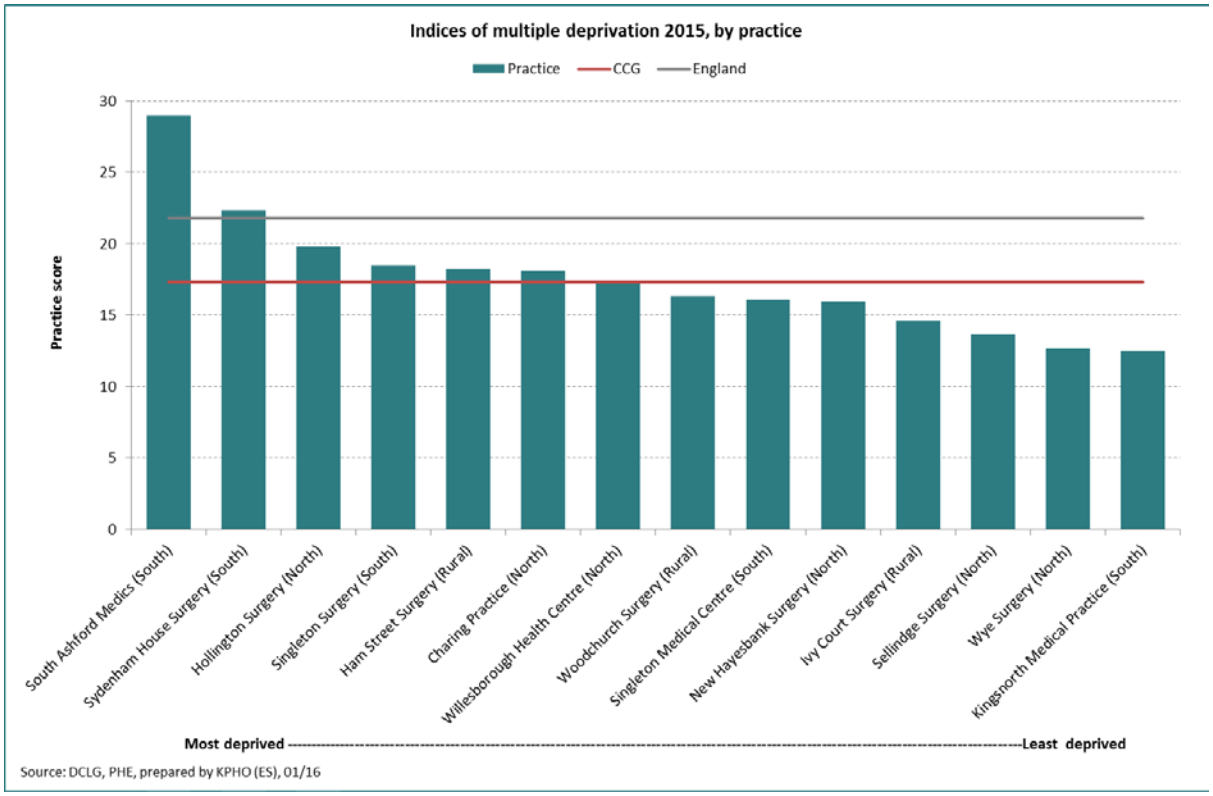
5. Socio-economic profile

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 contructed 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.

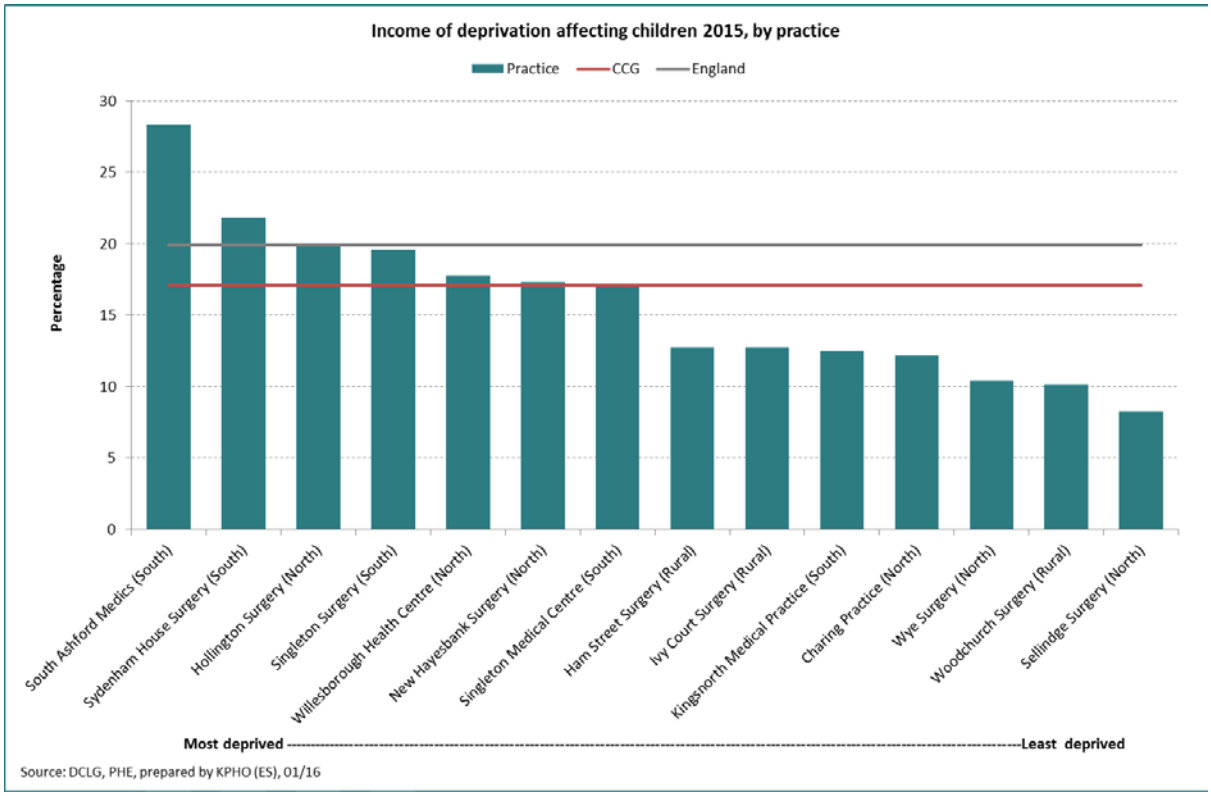


South Ashford Medics and Sydenham House Surgery have IMD scores higher than the England average, and are the most deprived practices within the CCG, and are both in South Clinical Network. Kingsnorth Medical practice, also in South Clinical Network has the lowest IMD score within Ashford CCG.

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

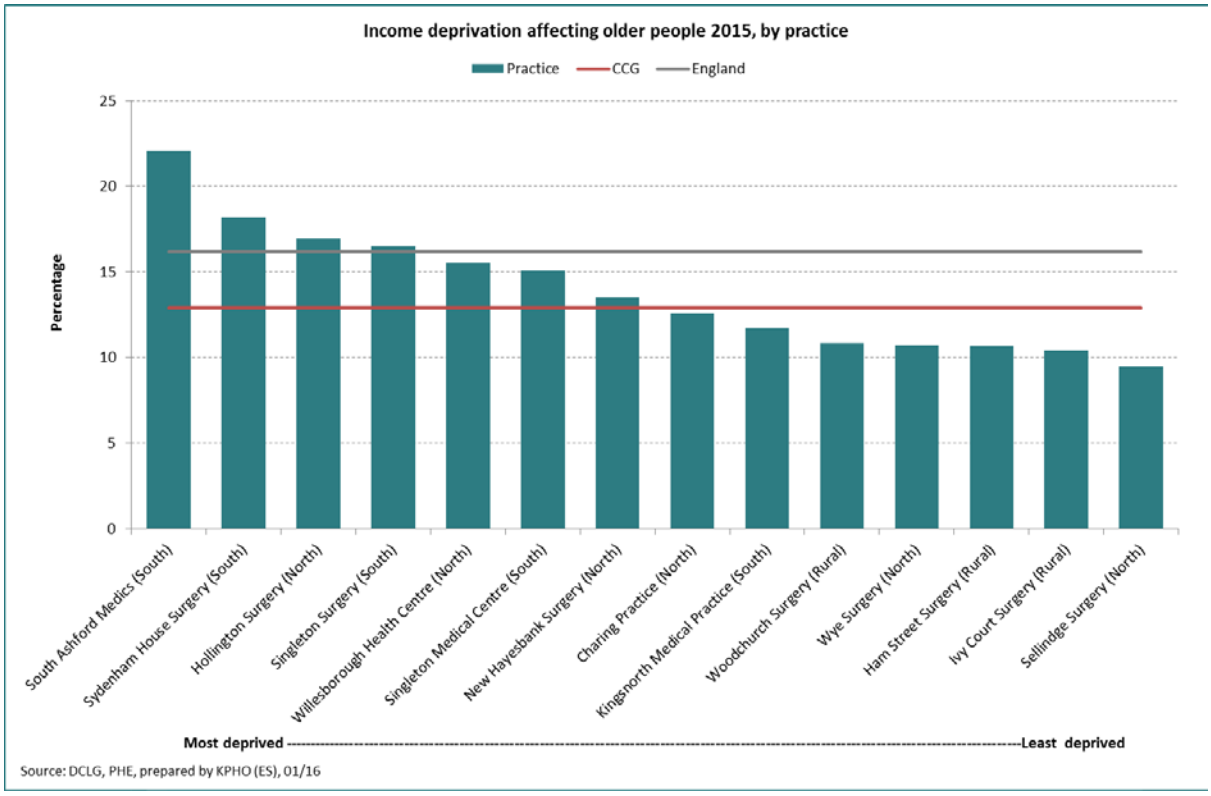
defined as the proportion of children aged 0–15 years living in income deprived households as a proportion of all children aged 0–15 years. Practice level IDACI estimates have been calculated by the Department of Primary Care and Public Health Sciences, King's College London by applying LSOA level deprivation 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%); but again South Ashford Medics and Sydenham House Surgery in South Clinical Network have the highest deprivation in Ashford CCG, above the England average.

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.



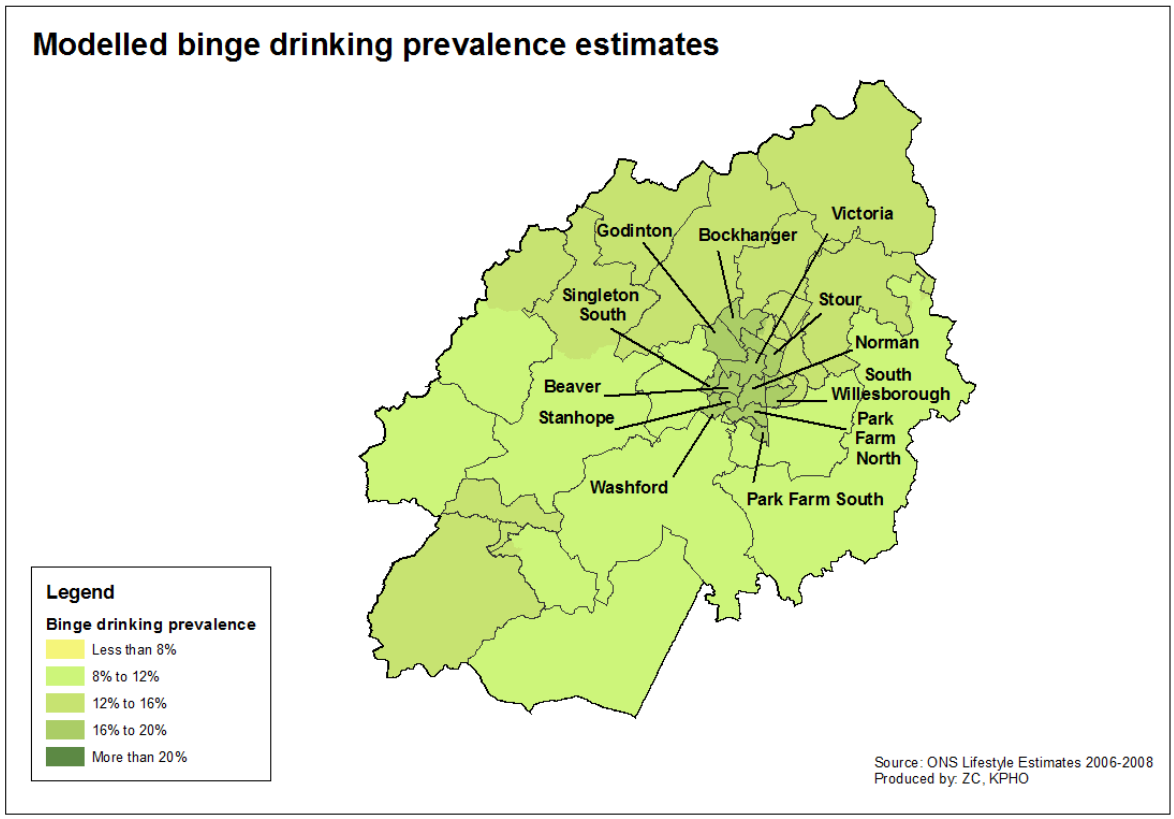
Ashford CCG has a lower proportion of older people living in pension credit (guarantee) households (12.9%) in comparison to Kent (16.2%); but again South Ashford Medics and Sydenham House Surgery in South Clinical Network have the highest deprivation in Ashford CCG, above the England average. Singleton Surgery also has a percentage which is higher than the national average.

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).



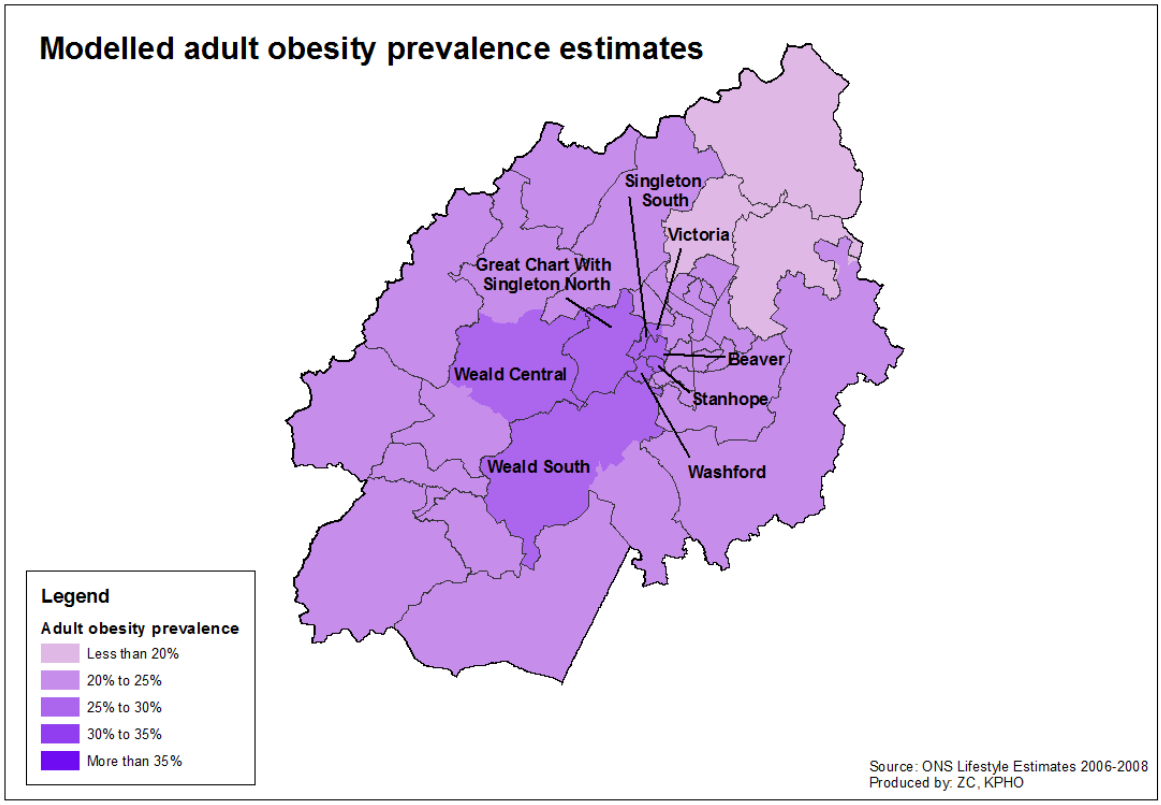
Binge drinking prevalence is greatest (16% to 20%) in the more populous wards towards the centre of Ashford. The rates in the rural northern areas are very slightly higher than those in the rural south of Ashford (with the exception of Tenterden).

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.



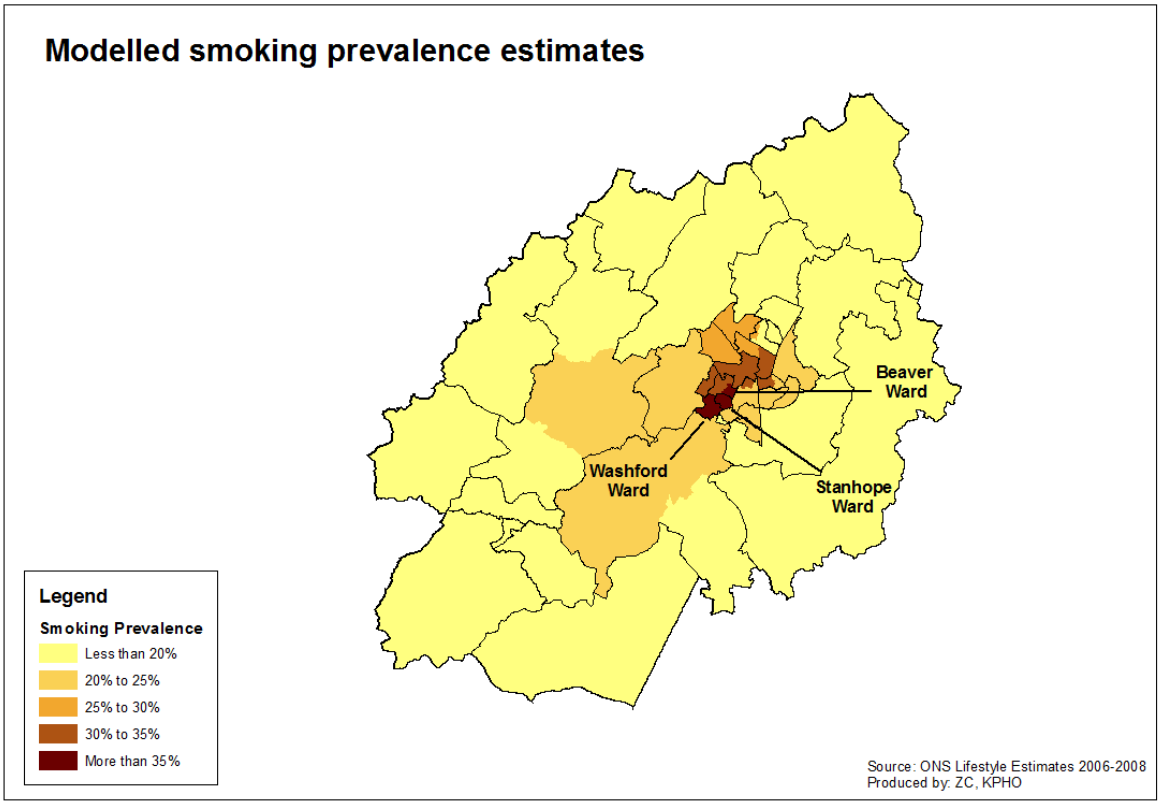
The higher prevalence of adult obesity is found in the south eastern areas of Ashford town. The lowest prevalence is located toward the north western electoral wards of the district.

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.

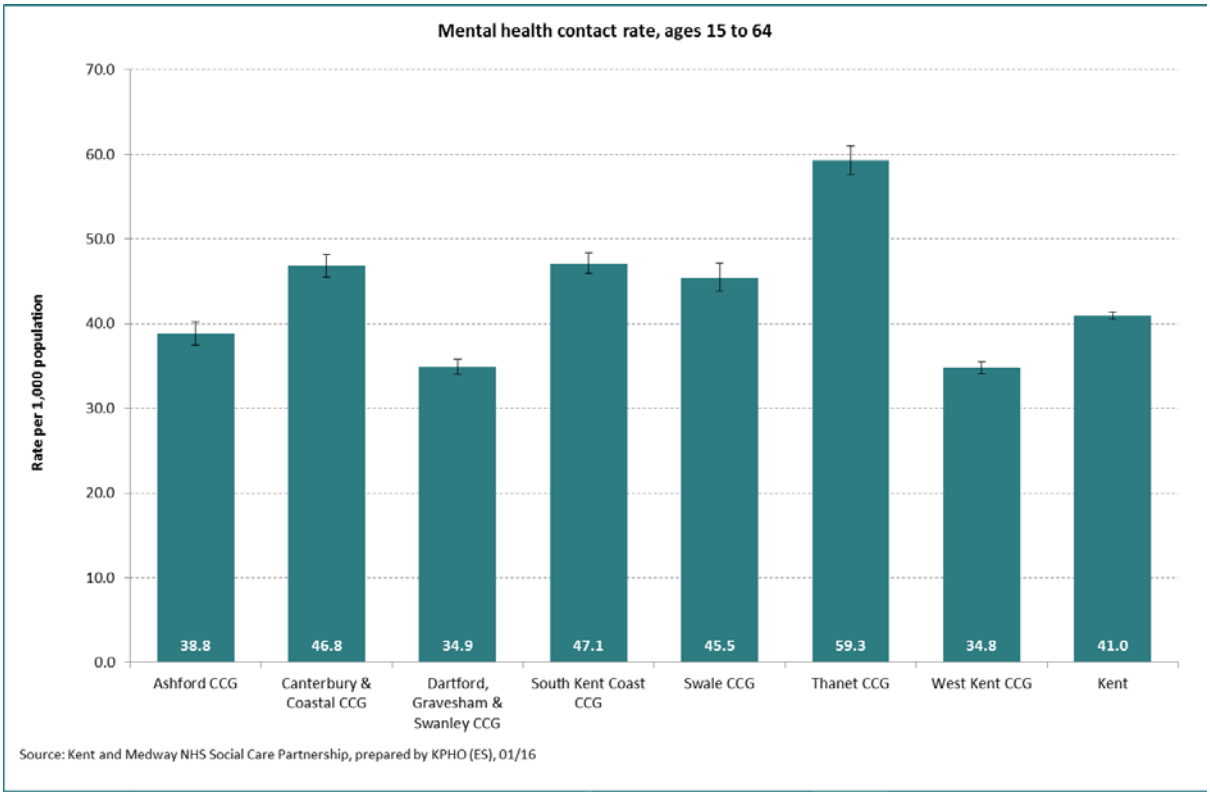
The Public Health Outcomes Framework also lists smoking prevalence at district, county and regional levels. The prevalence across England is 18% although this rises to 28% in the routine and manual population. For the south east region prevalence is 16.6% rising to 28% in routine and manual, for Kent 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

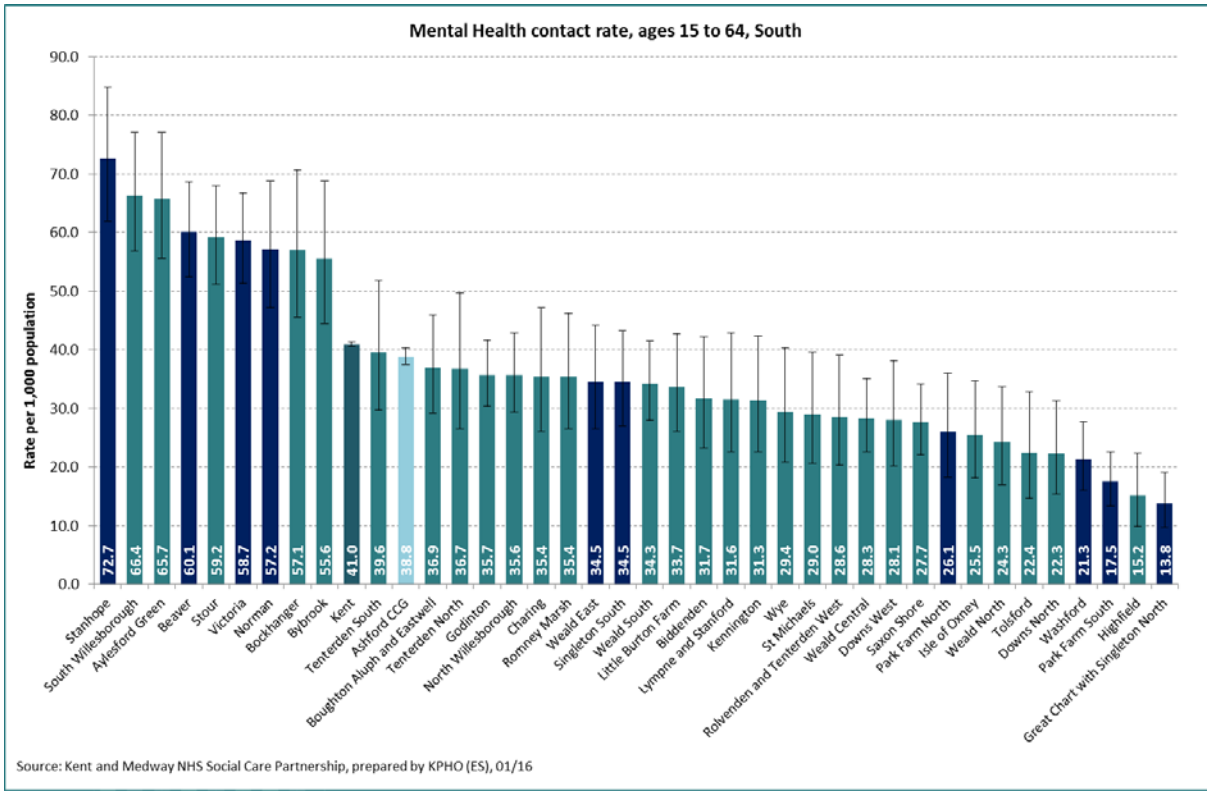
7.1 Contact with services

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

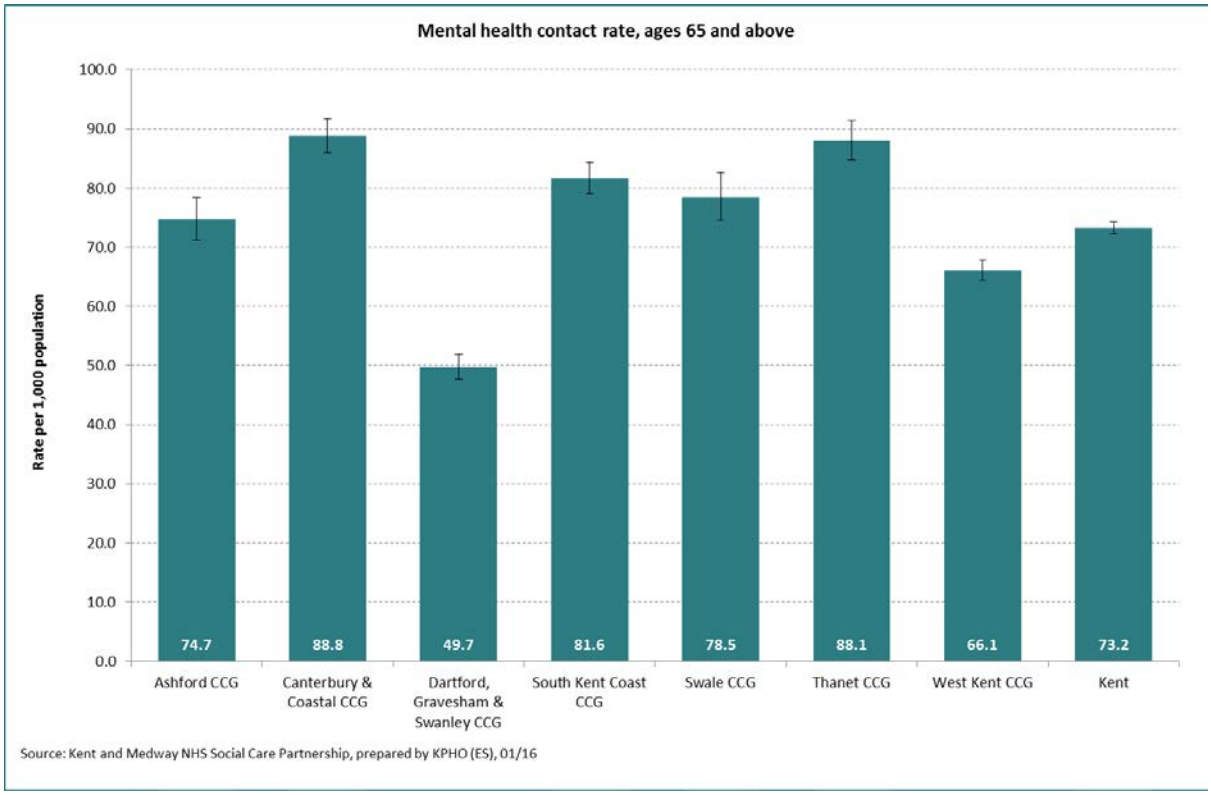


For people aged 15 to 64, the mental health contact rate ranges from 34.8 per 1,000 population in West Kent CCG to 59.3 in Thanet CCG. Ashford CCG (38.8) is significantly lower than the Kent rate (41.0).

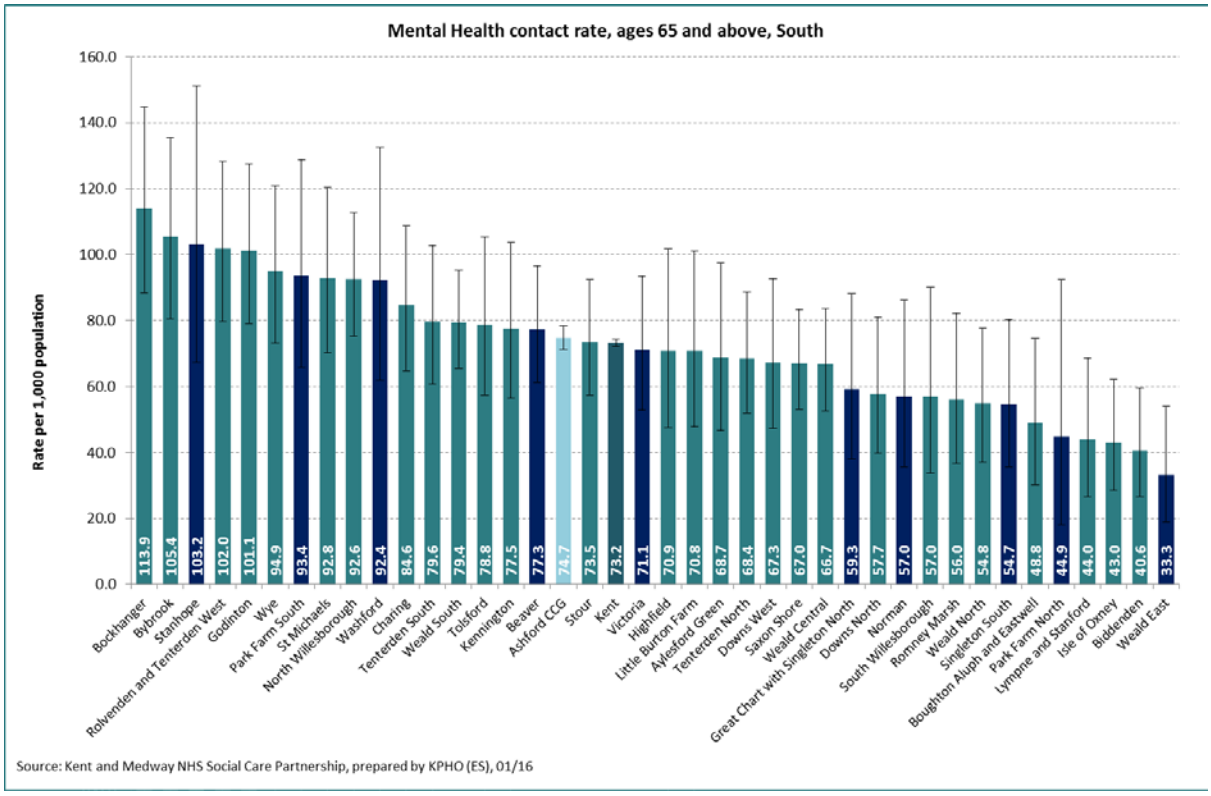


In South clinical network, the mental health contact rate for people aged 15 to 64 ranges from 13.8 in Great Chart with Singleton North to 72.7 in Stanhope. Stanhope, Beaver, Victoria and Norman have significantly higher rates than Ashford CCG and Kent, whilst Park Farm North, Washford, Park Farm South and Great Chart with Singleton North wards have significantly lower rates.

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).



South clinical network mental health contact rates for people aged 65 and above range from 33.3 per 1,000 population in Weald East to 103.2 in Stanhope. Only Weald East has a rate that is significantly different to either Ashford CCG or Kent.

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 CCGaverage
- 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 South clinical network

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

Age	Ashford South
All age	46,910
16+	36,148
17+	35,456
18+	34,696

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

- Depression

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

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Chronic kidney disease
- COPD
- Dementia
- Diabetes
- Hypertension
- Obesity
- Palliative Care
- Stroke

Indicator	AS - Ashford South Network		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial fibrillation	693	1.5	2.3	0.7		3.7	1.9
Asthma	2408	5.1	5.8	4.0		7.4	5.6
Cancer	819	1.7	2.4	0.8		4.1	2.5
Coronary heart disease	1127	2.4	3.1	1.7		5.5	3.1
Chronic kidney disease	1421	4.1	5.1	3.0		7.7	5.1
COPD	690	1.5	1.7	1.1		2.4	1.9
Dementia	205	0.4	0.7	0.1		2.1	0.8
Diabetes	2029	5.7	6.2	4.9		7.4	6.2
Depression	3501	10.1	8.6	3.8		12.9	7.3
Epilepsy	263	0.8	0.8	0.4		1.2	0.8
Heart Failure	249	0.5	0.6	0.3		0.9	0.6
Hypertension	5222	11.1	14.3	8.4		18.3	14.6
Learning disability	157	0.3	0.4	0.2		1.2	0.4
Mental health	298	0.6	0.7	0.4		1.4	0.8
Obesity	3220	6.9	7.5	3.9		10.8	7.2
Palliative Care	29	0.1	0.1	0.0		0.5	0.2
Stroke	615	1.3	1.8	0.9		2.9	1.8

8.1.2 G82050 – Sydenham House Surgery

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

Age	G82050
All age	20,490
16+	16,148
17+	15,893
18+	15,619

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

- Atrial fibrillation
- Asthma
- COPD
- Hypertension
- Learning disability

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

- Depression
- Heart failure
- Obesity

Indicator	G82050 - Sydenham House Surgery		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial Fibrillation	370	1.8	2.3	3.7		0.7	1.9
Asthma	1079	5.3	5.8	7.4		4.0	5.6
Cancer	457	2.2	2.4	4.1		0.8	2.5
Coronary heart disease	588	2.9	3.1	5.5		1.7	3.1
Chronic kidney disease	789	5.1	5.1	7.7		3.0	5.1
COPD	281	1.4	1.7	2.4		1.1	1.9
Dementia	132	0.6	0.7	2.1		0.1	0.8
Diabetes	976	6.1	6.2	7.4		4.9	6.2
Depression	1916	12.3	8.6	12.9		3.8	7.3
Epilepsy	120	0.8	0.8	1.2		0.4	0.8
Heart Failure	160	0.8	0.6	0.9		0.3	0.6
Hypertension	2316	11.3	14.3	18.3		8.4	14.6
Learning disability	53	0.3	0.4	1.2		0.2	0.4
Mental health	151	0.7	0.7	1.4		0.4	0.8
Obesity	1776	8.7	7.5	10.8		3.9	7.2
Palliative Care	17	0.1	0.1	0.5		0.0	0.2
Stroke	320	1.6	1.8	2.9		0.9	1.8

8.1.3 G82688 – Singleton Surgery

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

Age	G82688
All age	20,490
16+	16,148
17+	15,893
18+	15,619

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

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

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Chronic kidney disease
- Dementia
- Depression
- Heart failure
- Hypertension
- Obesity
- Palliative Care
- Stroke

Indicator	G82688 - Singleton Surgery		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial Fibrillation	28	0.7	2.3	0.7		3.7	1.9
Asthma	157	4.1	5.8	4.0		7.4	5.6
Cancer	65	1.7	2.4	0.8		4.1	2.5
Coronary Heart disease	66	1.7	3.1	1.7		5.5	3.1
Chronic kidney disease	105	3.7	5.1	3.0		7.7	5.1
COPD	55	1.4	1.7	1.1		2.4	1.9
Dementia	11	0.3	0.7	0.1		2.1	0.8
Diabetes	167	5.9	6.2	4.9		7.4	6.2
Depression	151	5.4	8.6	3.8		12.9	7.3
Epilepsy	14	0.5	0.8	0.4		1.2	0.8
Heart Failure	11	0.3	0.6	0.3		0.9	0.6
Hypertension	404	10.6	14.3	8.4		18.3	14.6
Learning disability	11	0.3	0.4	0.2		1.2	0.4
Mental health	21	0.6	0.7	0.4		1.4	0.8
Obesity	166	4.4	7.5	3.9		10.8	7.2
Palliative Care	1	0.0	0.1	0.0		0.5	0.2
Stroke	36	0.9	1.8	0.9		2.9	1.8

8.1.4 G82712 – Singleton Medical Centre

For the purposes of the 2014/15 QOF data, Singleton Medical Centre had the following population:

Age	G82712
All age	3,082
16+	2,394
17+	2,353
18+	2,311

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

In 2014/15 Singleton Medical Centre had significantly lower prevalence of the following conditions in comparison to the Ashford CCG:

- Atrial fibrillation
- Cancer
- Coronary heart disease
- Chronic kidney disease
- COPD
- Dementia
- Depression
- Obesity
- Stroke

Indicator	G82712 - Singleton Medical Centre		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial fibrillation	24	0.8	2.3	0.7		3.7	1.9
Asthma	178	5.8	5.8	4.0		7.4	5.6
Cancer	55	1.8	2.4	0.8		4.1	2.5
Coronary heart disease	77	2.5	3.1	1.7		5.5	3.1
Chronic kidney disease	82	3.5	5.1	3.0		7.7	5.1
COPD	34	1.1	1.7	1.1		2.4	1.9
Dementia	8	0.3	0.7	0.1		2.1	0.8
Diabetes	124	5.3	6.2	4.9		7.4	6.2
Depression	111	4.8	8.6	3.8		12.9	7.3
Epilepsy	10	0.4	0.8	0.4		1.2	0.8
Heart Failure	10	0.3	0.6	0.3		0.9	0.6
Hypertension	386	12.5	14.3	8.4		18.3	14.6
Learning disability	7	0.2	0.4	0.2		1.2	0.4
Mental health	12	0.4	0.7	0.4		1.4	0.8
Obesity	120	3.9	7.5	3.9		10.8	7.2
Palliative Care	1	0.0	0.1	0.0		0.5	0.2
Stroke	29	0.9	1.8	0.9		2.9	1.8

8.1.5 G82730 – Kingsnorth Medical Centre

For the purposes of the 2014/15 QOF data, Kingsnorth Medical Centre had the following population:

Age	G82730
All age	11,128
16+	8,623
17+	8,431
18+	8,209

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

- Depression

In 2014/15 Kingsnorth Medical Centre had significantly lower prevalence of the following conditions in comparison to the Ashford CCG:

- Atrial fibrillation
- Cancer
- Coronary heart disease
- Chronic kidney disease
- Dementia
- Diabetes
- Heart Failure
- Hypertension
- Stroke

Indicator	G82730 - Kingsnorth Medical Practice		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial Fibrilation	199	1.8	2.3	0.7		3.7	1.9
Asthma	656	5.9	5.8	4.0		7.4	5.6
Cancer	176	1.6	2.4	0.8		4.1	2.5
Coronary Heart Disease	241	2.2	3.1	1.7		5.5	3.1
Chronic Kidney Disease	250	3.0	5.1	3.0		7.7	5.1
COPD	175	1.6	1.7	1.1		2.4	1.9
Dementia	42	0.4	0.7	0.1		2.1	0.8
Diabetes	416	4.9	6.2	4.9		7.4	6.2
Depression	1057	12.9	8.6	3.8		12.9	7.3
Epilepsy	51	0.6	0.8	0.4		1.2	0.8
Heart Failure	43	0.4	0.6	0.3		0.9	0.6
Hypertension	1412	12.7	14.3	8.4		18.3	14.6
Learning disability	48	0.4	0.4	0.2		1.2	0.4
Mental health	56	0.5	0.7	0.4		1.4	0.8
Obesity	797	7.2	7.5	3.9		10.8	7.2
Palliative Care	8	0.1	0.1	0.0		0.5	0.2
Stroke	142	1.3	1.8	0.9		2.9	1.8

8.1.5 G82735 – South Ashford Medics

For the purposes of the 2014/15 QOF data, South Ashford Medics had the following population:

Age	G82735
All age	8,412
16+	6,113
17+	5,937
18+	5,753

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

- Epilepsy

In 2014/15 Kingsnorth Medical Centre had significantly lower prevalence of the following conditions in comparison to the Ashford CCG:

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Chronic kidney disease
- Dementia
- Depression
- Heart Failure
- Hypertension
- Obesity
- Stroke

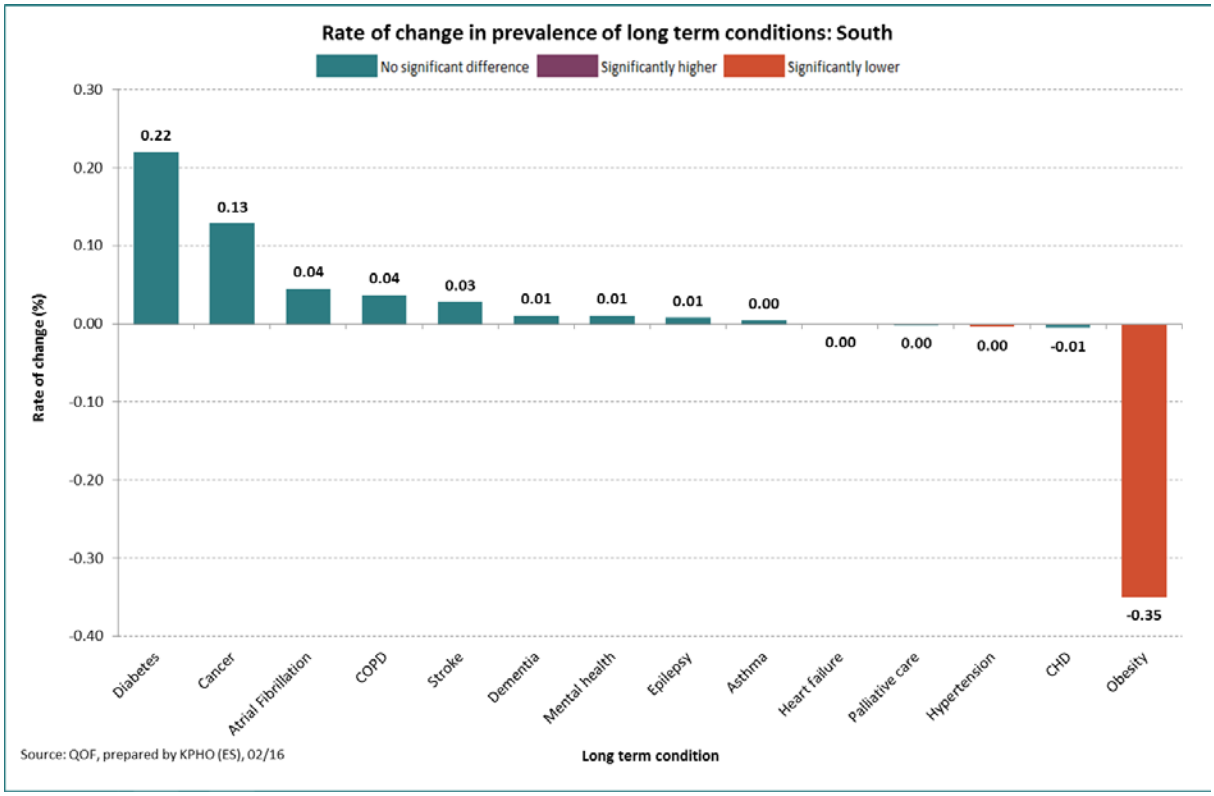
Indicator	G82735 - South Ashford Medics		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
AF	72	0.9	2.3	0.7		3.7	1.9
Asthma	338	4.0	5.8	4.0		7.4	5.6
Cancer	66	0.8	2.4	0.8		4.1	2.5
CHD	155	1.8	3.1	1.7		5.5	3.1
CKD	195	3.4	5.1	3.0		7.7	5.1
COPD	145	1.7	1.7	1.1		2.4	1.9
Dementia	12	0.1	0.7	0.1		2.1	0.8
Diabetes	346	5.8	6.2	4.9		7.4	6.2
Depression	266	4.6	8.6	3.8		12.9	7.3
Epilepsy	68	1.2	0.8	0.4		1.2	0.8
Heart Failure	25	0.3	0.6	0.3		0.9	0.6
Hypertension	704	8.4	14.3	8.4		18.3	14.6
Learning disability	38	0.5	0.4	0.2		1.2	0.4
Mental health	58	0.7	0.7	0.4		1.4	0.8
Obesity	361	4.3	7.5	3.9		10.8	7.2
Palliative Care	2	0.0	0.1	0.0		0.5	0.2
Stroke	88	1.0	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.

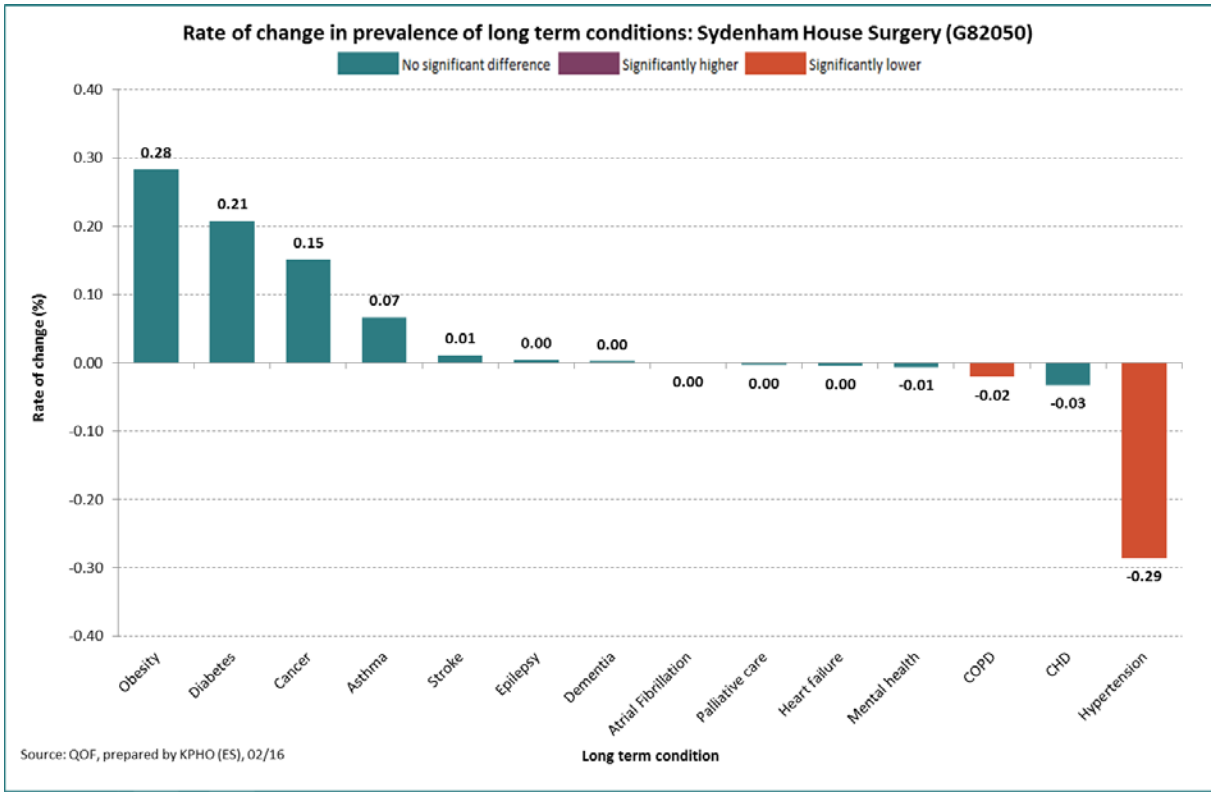
8.2.1 South clinical network

As a network, South has a significantly lower rate of change in comparison with the national rate of change for hypertension and obesity.



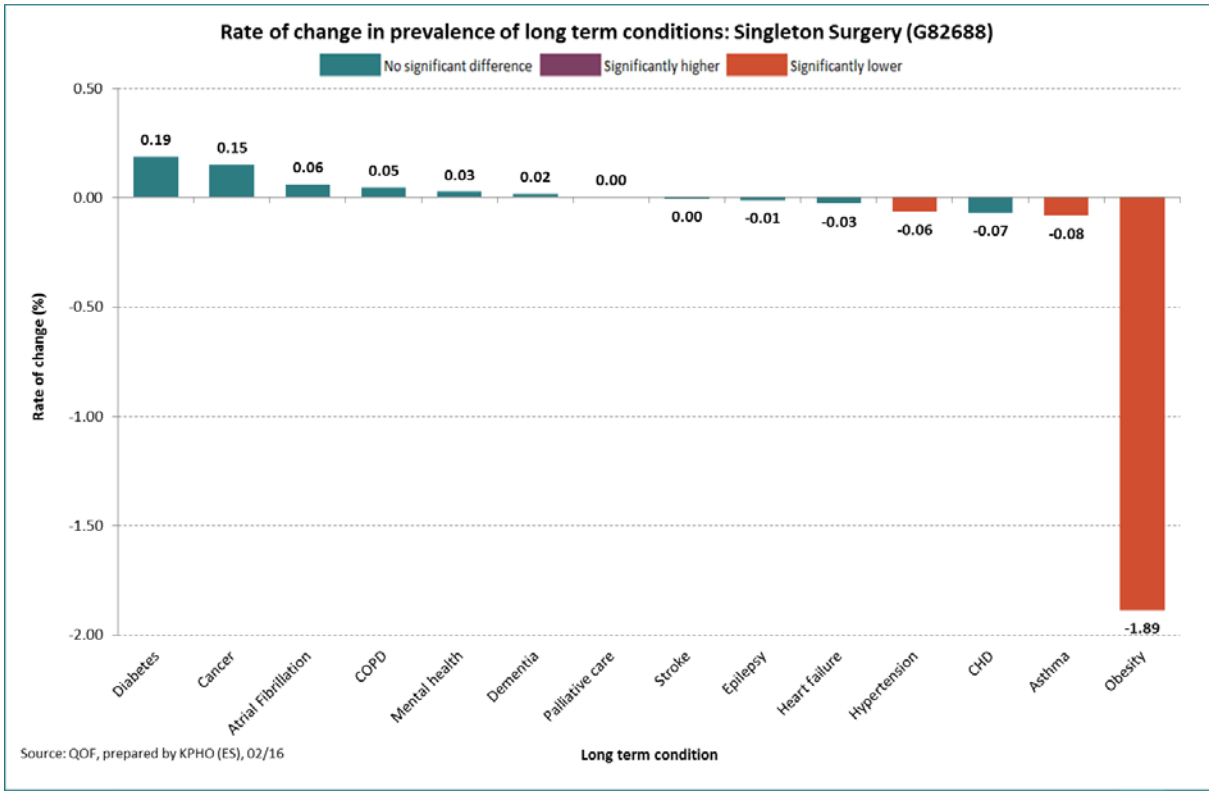
8.2.2 G82050 - Sydenham House Surgery

Sydenham House Surgery has a significantly lower rate of change in comparison with the national rate of change for hypertension and COPD between 2006/07 and 2014/15.



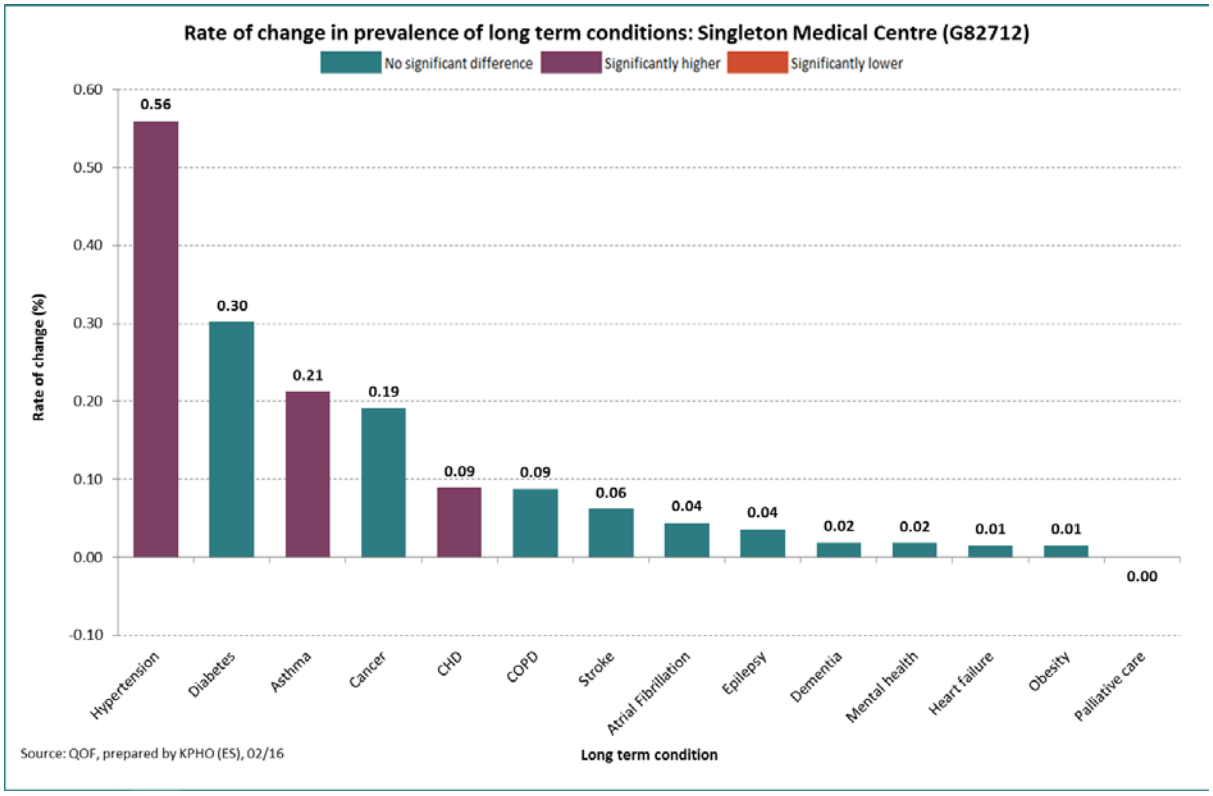
8.2.3 G82688 - Singleton Surgery

Singleton Surgery has a significantly lower rate of change in comparison with the national rate of change for hypertension, asthma and obesity between 2006/07 and 2014/15.



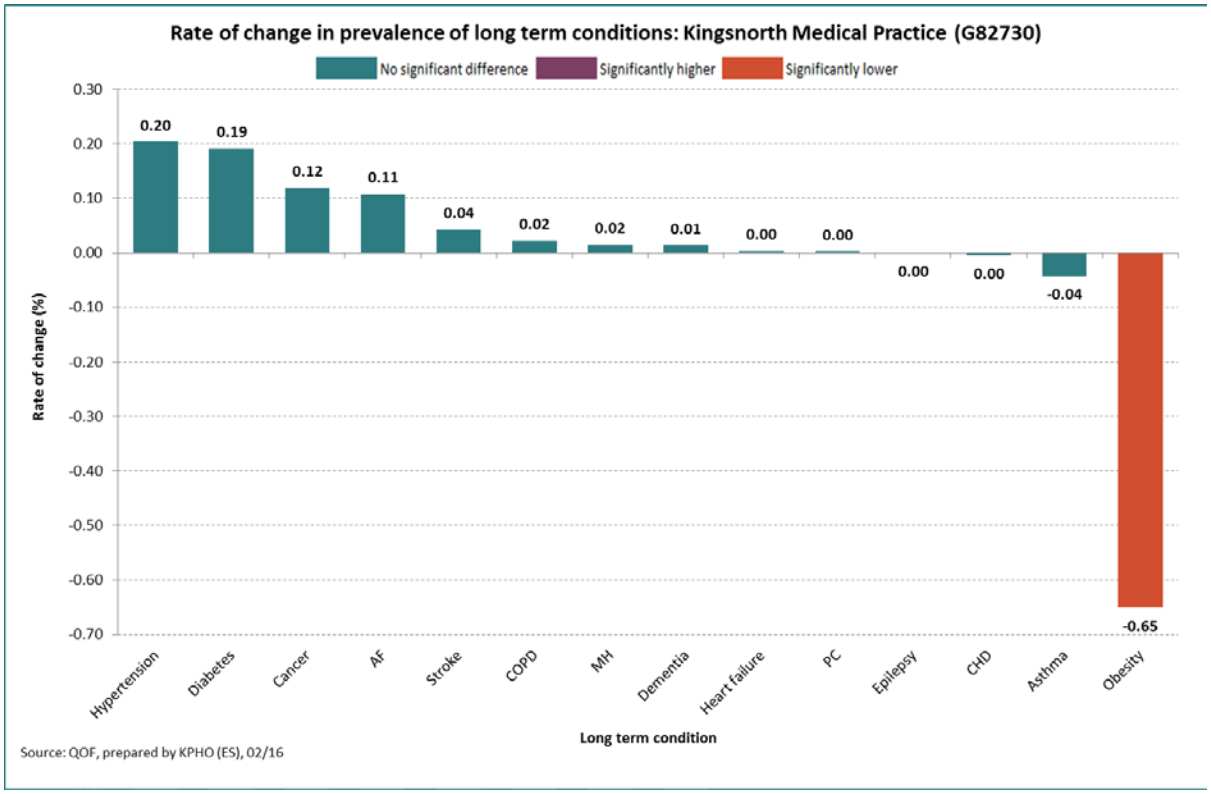
8.2.4 G82712 - Singleton Medical Centre

Singleton Medical Centre has a significantly higher rate of change in comparison with the national rate of change for hypertension, asthma and CHD between 2006/07 and 2014/15.



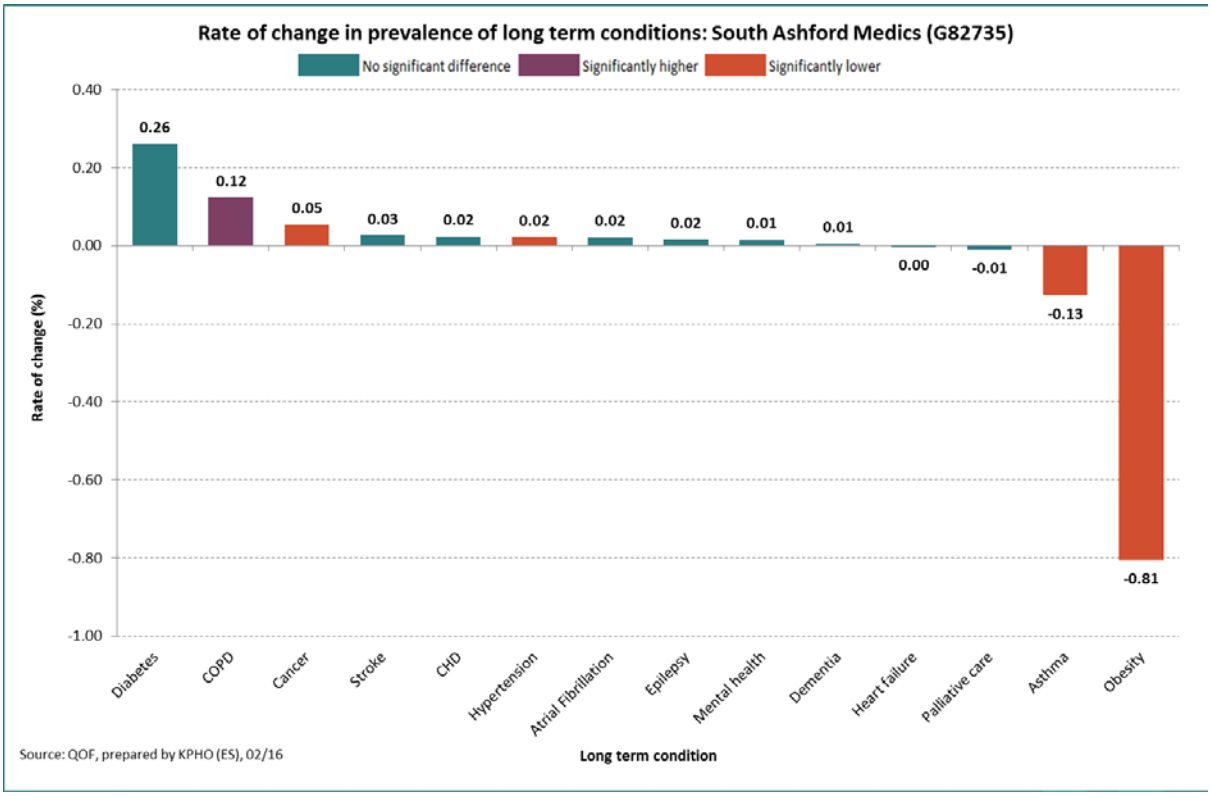
8.2.5 G82730 - Kingsnorth Medical Practice

Kingsnorth medical practice had a significantly lower rate of change in obesity prevalence between 2006/07 and 2014/15 in comparison with the national rate of change.



8.2.6 G82735 - South Ashford Medics

A significantly higher rate of change is observed for COPD at South Ashford Medics in comparison to the national prevalence, while the rate of change in prevalence for cancer, hypertension, asthma and obesity was significantly lower between 2006/07 and 2014/15.



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:

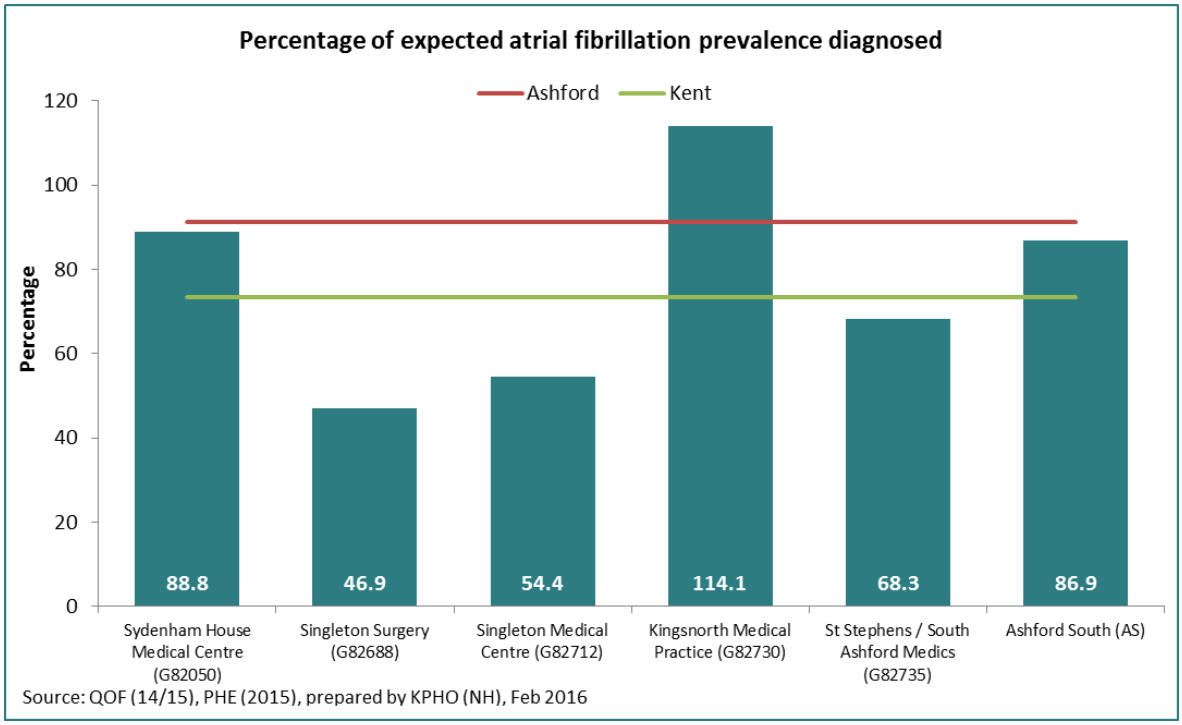
- Atrial fibrillation (2015, source: Public Health England)
- Coronary heart disease (2011, source: APHO)
- Hypertension (2011, source: APHO)
- Stroke (2011, source: APHO)
- COPD (2011, source: APHO)
- Dementia (2012, source: Primary Care Web Tool)

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 for each condition aggregated from practice level to the Ashford South Network is quoted within the condition section below.

8.3.1 Atrial fibrillation

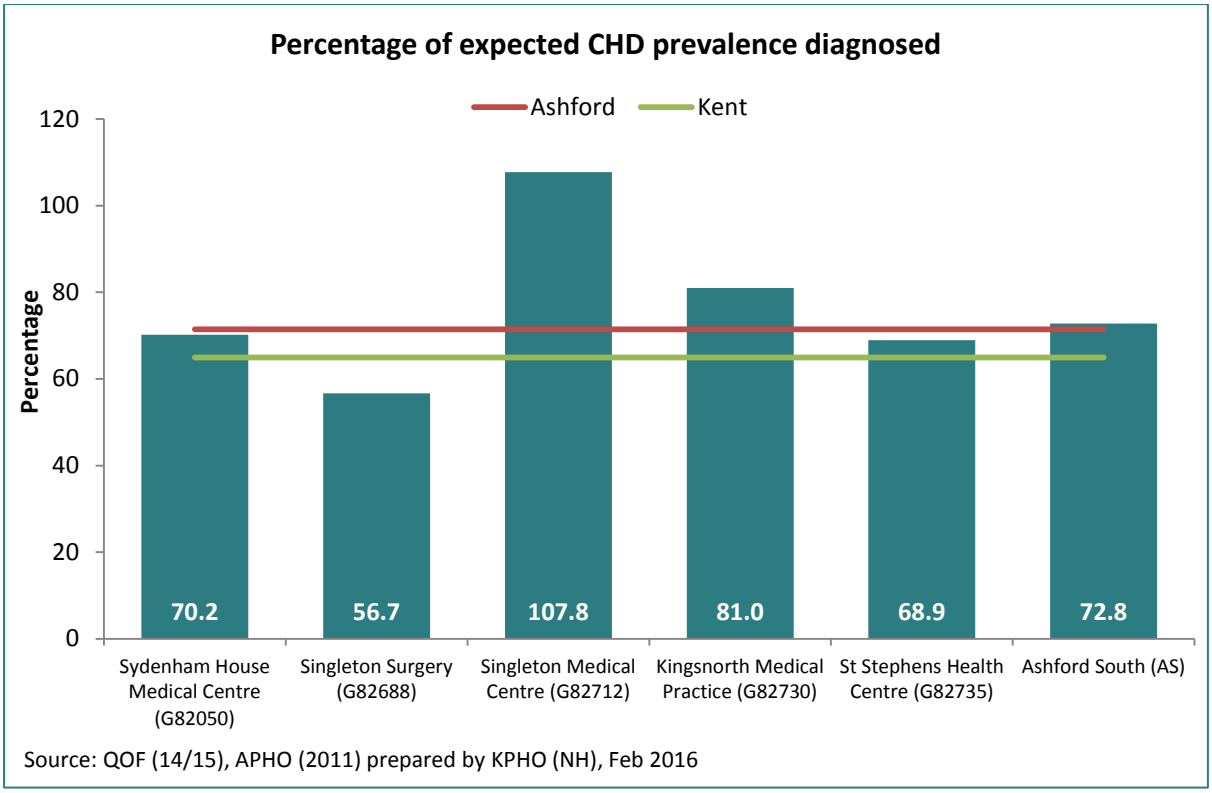
Atrial fibrillation is estimated to be prevalent in 1.25% of the registered population of Ashford South; if this estimation is correct, 86.9% of the expected atrial fibrillation cases have been diagnosed. This figure is lower than that for Ashford CCG as a whole (91.3%) but higher than Kent (73.3%). Percentage of expected atrial fibrillation cases diagnosed vary widely across the five general practices in the Southern network, from 46.9% (Singleton Surgery) to 114.1% (Kingsnorth Medical Practice).



Source: QOF (14/15), PHE (2015), prepared by KPHO (NH), Feb 2016

8.3.2 Coronary heart disease

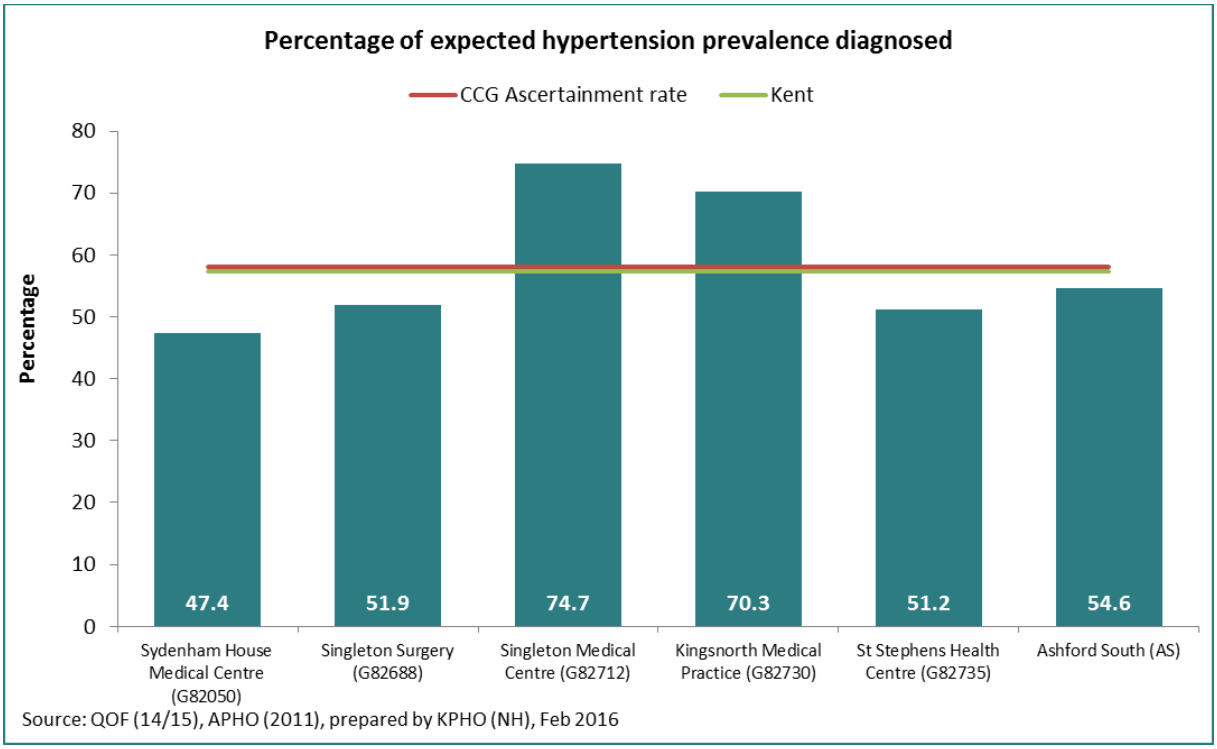
Coronary heart disease (CHD) is estimated to be prevalent in 3.3% of the registered population of Ashford South. The percentage of CHD detected here is calculated as 72.8%, higher than both the Ashford (71.4%) and Kent (65.0) detection rates. Singleton Surgery (56.7%) has the lowest percentage of expected cases diagnosed; Singleton Medical Centre has the highest (107.8%).



Source: QOF (14/15), APHO (2011) prepared by KPHO (NH), Feb 2016

8.3.3 Hypertension

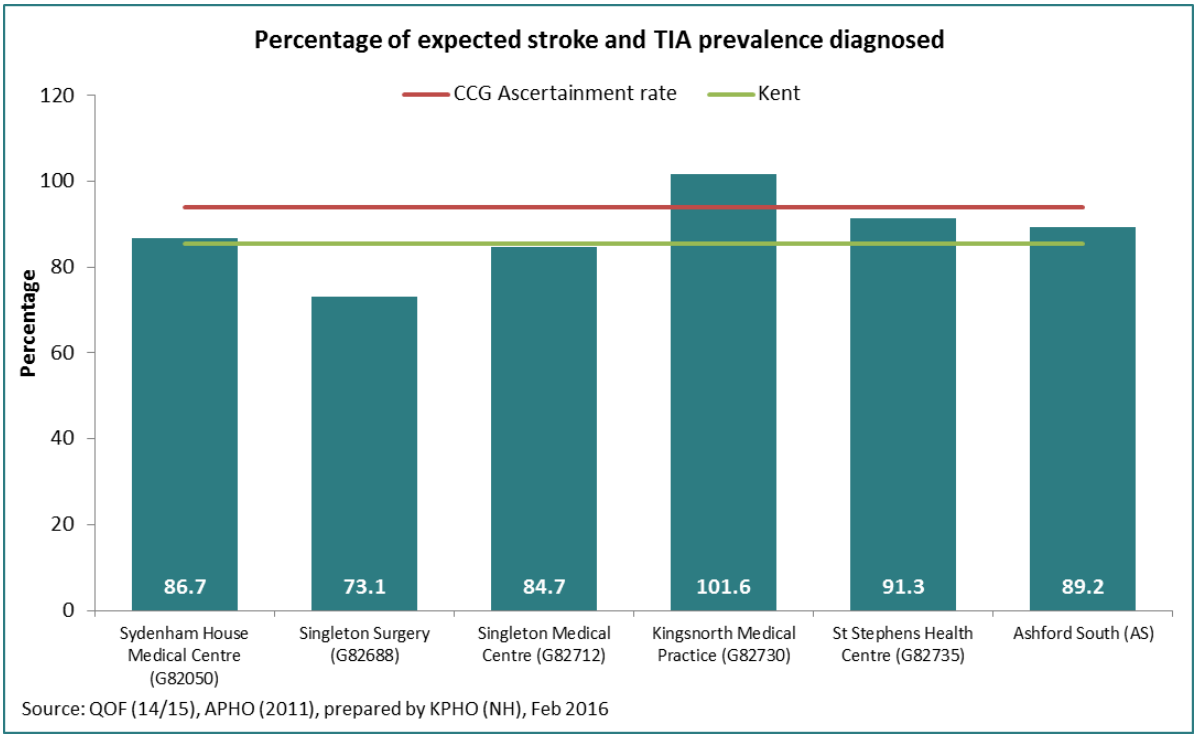
Hypertension is estimated to have a prevalence of 20.4% of the registered population of the Ashford South Network. The percentage of expected hypertension diagnosed here is 54.6%, a lower detection rate than Ashford CCG (58.4%) and Kent (57.3%). Detection rates range from 47.4% (Sydenham House Medical Centre) to 74.7% (Singleton Medical Centre).



Source: QOF (14/15), APHO (2011), prepared by KPHO (NH), Feb 2016

8.3.4 Stroke

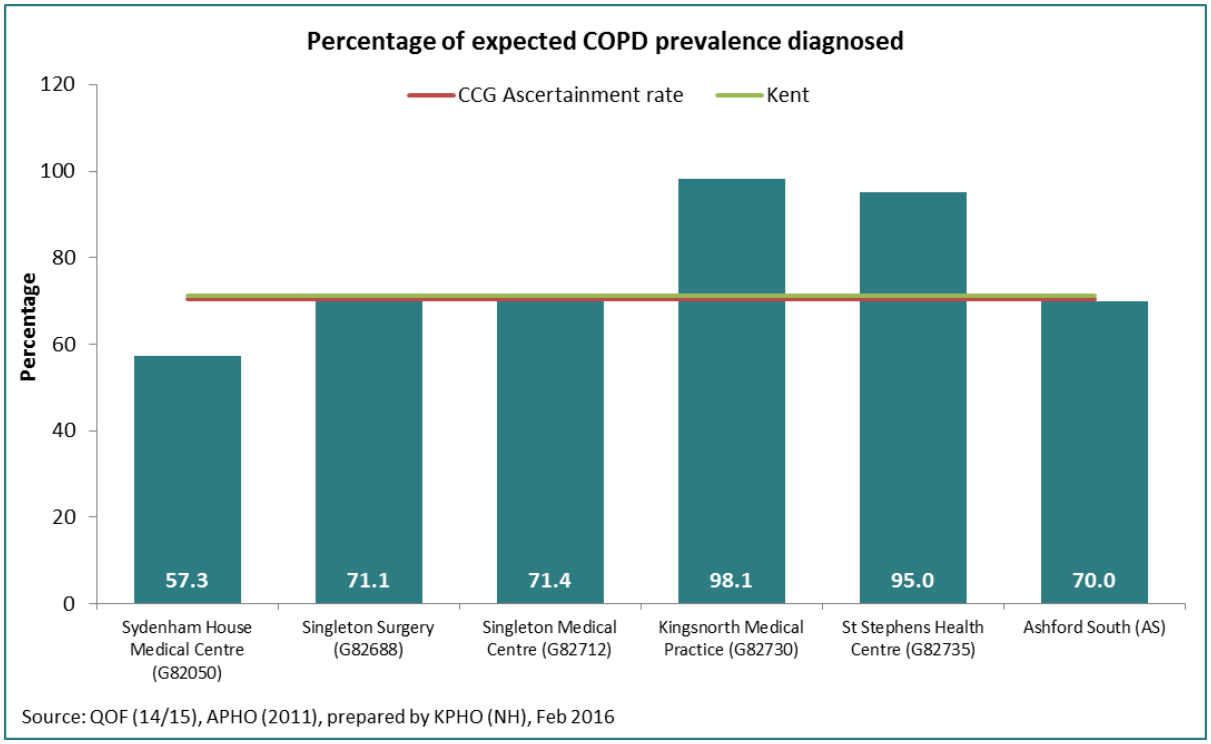
Stroke and TIA are expected to be prevalent in 1.31% of the Ashford South registered population. Across this network 89.2% of the expected stroke and TIA prevalence has been diagnosed, this figure is higher than Kent (85.3%) but lower than Ashford CCG as a whole. Detection rates vary from 73.1% (Singleton Surgery) to 101.6% Kingsnorth Medical Centre.



Source: QOF (14/15), APHO (2011), prepared by KPHO (NH), Feb 2016

8.3.5 COPD

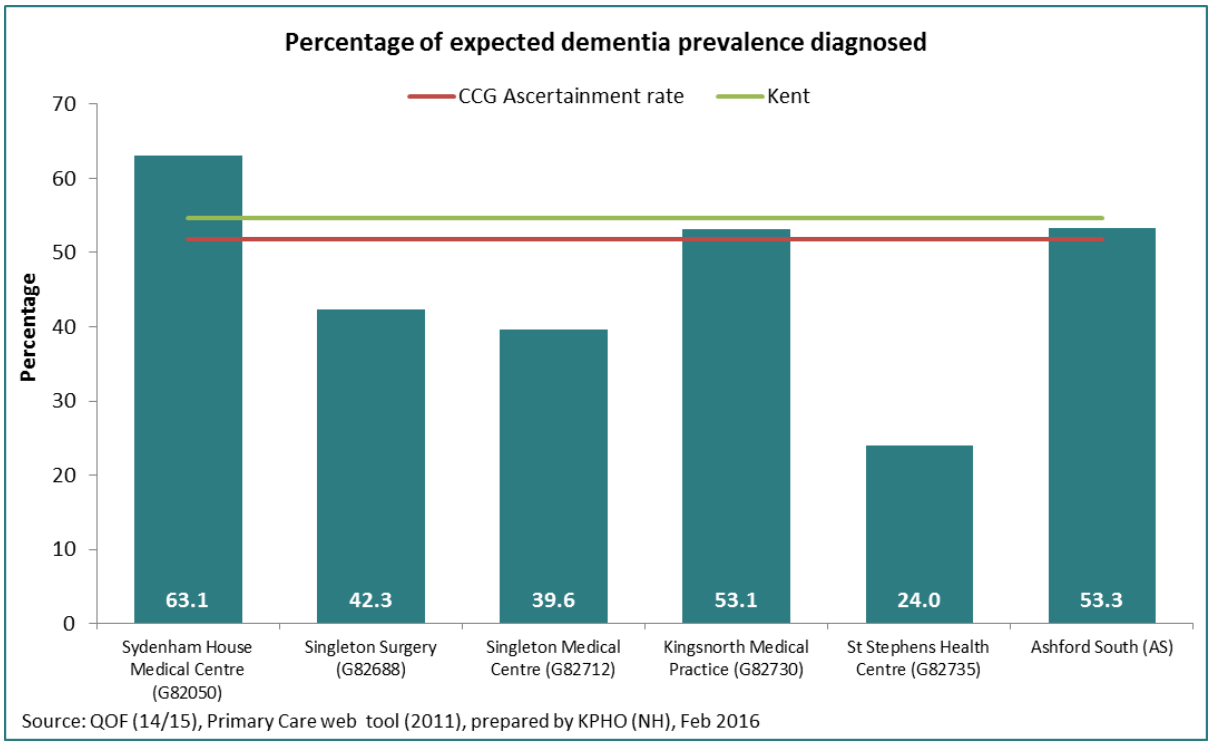
On average across the South Network, COPD is estimated to be prevalent in 2.43% of the population; if this figure is assumed correct, 70% of COPD has been diagnosed across the southern network, a figure very similar to that for Ashford CCG (70.4%) and Kent (71.1%). Detection at St. Stephen's Health Centre (95.0%) and Kingsnorth Medical Practice (98.1%) appear particularly high, detection at Sydenham House (57.3%) is lower than the local averages.



Source: QOF (14/15), APHO (2011), prepared by KPHO (NH), Feb 2016

8.3.6 Dementia

Prevalence of dementia is estimated at 0.82% of the adult population for the registered population of the South Network. The percentage of expected dementia diagnosed here is 53.3%, between that Ashford CCG (51.7%) and Kent (54.6%). Detection at Singleton Surgery(42.3%), Singleton Medical Centre (39.6%) and St. Stephen's Health Centre (24%) is lower than either Ashford CCG or Kent; Sydenham House Medical Centre has the highest detection rate (63.1%).

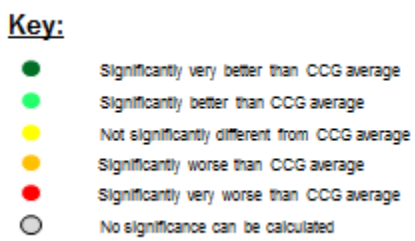


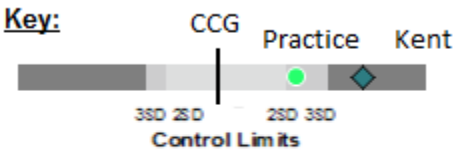
Source: QOF (14/15), Primary Care web tool (2011), prepared by KPHO (NH), Feb 2016

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 South Clinical network

In 2014/15 Ashford South network had significantly higher clinical achievement when compared to Ashford CCG for the following indicators:

- CHD 006
- Mental Health 002

In 2014/15 Ashford South network had significantly lower clinical achievement when compared to Ashford CCG for the following indicators:

- Diabetes 007
- Diabetes 009

Indicator	South community network		CCG				Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	
Asthma 002	501	87.3	86.0	77.4		97.3	86.6
Asthma 003	1654	70.9	71.2	52.2		85.1	72.2
CHD 002	494	90.1	89.2	60.5		96.2	92.0
CHD 006	474	88.9	84.8	52.6		95.7	97.6
COPD 003	991	89.8	90.1	79.3		97.4	88.4
COPD 004	73	98.6	96.5	69.6		100.0	85.2
Diabetes 003	1535	79.8	78.4	58.4		97.0	77.6
Diabetes 007	1220	66.5	72.2	61.3		85.1	71.0
Diabetes 009	1600	84.6	88.2	79.0		95.8	87.5
Diabetes 014	47	94.0	90.5	8.3		100.0	89.4
Mental health 002	210	90.9	86.0	35.3		100.0	86.2
Stroke and TIA 003	508	84.4	84.9	69.0		96.6	87.3

8.4.2 G82050 - Sydenham House Surgery

In 2014/15 Sydenham House Surgery had significantly higher clinical achievement when compared to Ashford CCG for the following indicators:

- CHD 002
- CHD 006

In 2014/15 Sydenham House Surgery had significantly lower clinical achievement when compared to Ashford CCG for the following indicators:

- COPD003
- Diabetes 007
- Diabetes 009
- Stroke and TIA 003

Indicator	G82050 Sydenham House Surgery		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	205	85.8	86.0	77.4		97.3	86.6
Asthma 003	766	72.3	71.2	52.2		85.1	72.2
CHD 002	186	95.9	89.2	60.5		96.2	92.0
CHD 006	177	95.7	84.8	52.6		95.7	97.6
COPD 003	498	85.3	90.1	79.3		97.4	88.4
COPD 004	45	97.8	96.5	69.6		100.0	85.2
Diabetes 003	733	79.2	78.4	58.4		97.0	77.6
Diabetes 007	567	63.1	72.2	61.3		85.1	71.0
Diabetes 009	748	81.6	88.2	79.0		95.8	87.5
Diabetes 014	24	96.0	90.5	8.3		100.0	89.4
Mental health 002	100	89.3	86.0	35.3		100.0	86.2
Stroke and TIA 003	251	79.4	84.9	69.0		96.6	87.3

8.4.3 G82688 - Singleton Surgery

In 2014/15 Singleton Surgery had significantly higher clinical achievement when compared to Ashford CCG for the following indicators:

- COPD 003
- COPD 004
- Diabetes 003
- Diabetes 014

In 2014/15 Singleton Surgery had significantly lower clinical achievement when compared to Ashford CCG for the following indicators:

- CHD002
- CHD006
- Diabetes 007

Indicator	G82688 Singleton Surgery		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	50	90.9	86.0	77.4		97.3	86.6
Asthma 003	110	71.4	71.2	52.2		85.1	72.2
CHD 002	33	62.3	89.2	60.5		96.2	92.0
CHD 006	32	61.5	84.8	52.6		95.7	97.6
COPD 003	62	95.4	90.1	79.3		97.4	88.4
COPD 004	2	100.0	96.5	69.6		100.0	85.2
Diabetes 003	151	91.5	78.4	58.4		97.0	77.6
Diabetes 007	102	63.4	72.2	61.3		85.1	71.0
Diabetes 009	136	83.4	88.2	79.0		95.8	87.5
Diabetes 014	4	100.0	90.5	8.3		100.0	89.4
Mental health 002	17	94.4	86.0	35.3		100.0	86.2
Stroke and TIA 003	32	88.9	84.9	69.0		96.6	87.3

8.4.4 G82712 - Singleton Medical Centre

In 2014/15 Singleton Medical Centre had significantly higher clinical achievement when compared to Ashford CCG for the following indicators:

- Asthma 003
- COPD 003
- COPD 004
- Diabetes 014
- Stroke and TIA 003

In 2014/15 Singleton Medical Centre did not have any clinical indicators with significantly lower rates in comparison with Ashford CCG.

Indicator	G8712 Singleton Medical Centre		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	24	85.7	86.0	77.4		97.3	86.6
Asthma 003	138	78.9	71.2	52.2		85.1	72.2
CHD 002	30	93.8	89.2	60.5		96.2	92.0
CHD 006	27	84.4	84.8	52.6		95.7	97.6
COPD 003	73	96.1	90.1	79.3		97.4	88.4
COPD 004	2	100.0	96.5	69.6		100.0	85.2
Diabetes 003	102	82.3	78.4	58.4		97.0	77.6
Diabetes 007	81	65.9	72.2	61.3		85.1	71.0
Diabetes 009	101	82.1	88.2	79.0		95.8	87.5
Diabetes 014	4	100.0	90.5	8.3		100.0	89.4
Mental health 002	11	91.7	86.0	35.3		100.0	86.2
Stroke and TIA 003	28	96.6	84.9	69.0		96.6	87.3

8.4.5 G82730 - Kingsnorth Medical Practice

In 2014/15 Kingsnorth Medical Practice had significantly higher clinical achievement when compared to Ashford CCG for the following indicators:

- COPD 003
- COPD 004
- Diabetes 009
- Diabetes 014
- Mental Health 002

In 2014/15 Kingsnorth Medical Practice did not have any clinical indicators with significantly lower rates in comparison with Ashford CCG.

Indicator	G82730 Kingsnorth Medical Practice		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	166	89.7	86.0	77.4		97.3	86.6
Asthma 003	454	73.3	71.2	52.2		85.1	72.2
CHD 002	125	90.6	89.2	60.5		96.2	92.0
CHD 006	121	89.6	84.8	52.6		95.7	97.6
COPD 003	216	93.9	90.1	79.3		97.4	88.4
COPD 004	20	100.0	96.5	69.6		100.0	85.2
Diabetes 003	299	79.7	78.4	58.4		97.0	77.6
Diabetes 007	275	75.5	72.2	61.3		85.1	71.0
Diabetes 009	354	94.9	88.2	79.0		95.8	87.5
Diabetes 014	7	100.0	90.5	8.3		100.0	89.4
Mental health 002	40	95.2	86.0	35.3		100.0	86.2
Stroke and TIA 003	118	87.4	84.9	69.0		96.6	87.3

8.4.6 G82735 - South Ashford Medics

In 2014/15 South Ashford Medics had significantly higher clinical achievement when compared to Ashford CCG for the following indicators:

- CHD006
- COPD 003
- COPD 004
- Stroke and TIA 003
- Diabetes 014

In 2014/15 South Ashford Medics had significantly lower clinical achievement when compared to Ashford CCG for the following indicators:

- Asthma 003
- Diabetes 009

Indicator	G82735 South Ashford Medics		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	56	83.6	86.0	77.4		97.3	86.6
Asthma 003	186	57.2	71.2	52.2		85.1	72.2
CHD 002	120	91.6	89.2	60.5		96.2	92.0
CHD 006	117	90.7	84.8	52.6		95.7	97.6
COPD 003	142	95.3	90.1	79.3		97.4	88.4
COPD 004	4	100.0	96.5	69.6		100.0	85.2
Diabetes 003	250	74.9	78.4	58.4		97.0	77.6
Diabetes 007	195	67.5	72.2	61.3		85.1	71.0
Diabetes 009	261	82.9	88.2	79.0		95.8	87.5
Diabetes 014	8	80.0	90.5	8.3		100.0	89.4
Mental health 002	42	89.4	86.0	35.3		100.0	86.2
Stroke and TIA 003	79	91.9	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:

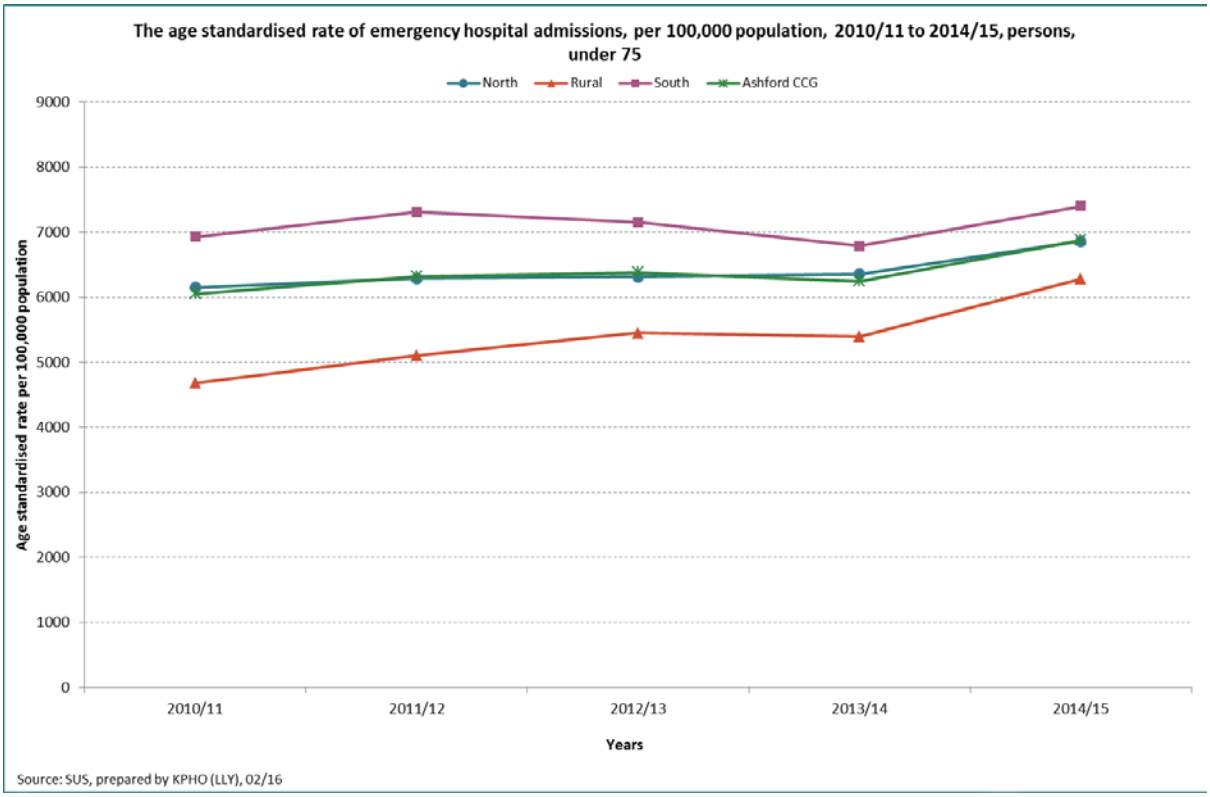
- Age standardised rates have been presented to enable comparison of the practice networks without confounding by age.
- An analysis of trend and rate of change has been presented for the practice networks for the period 2006/07 to 2014/15. This has been compared to the CCG.
- An analysis by general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

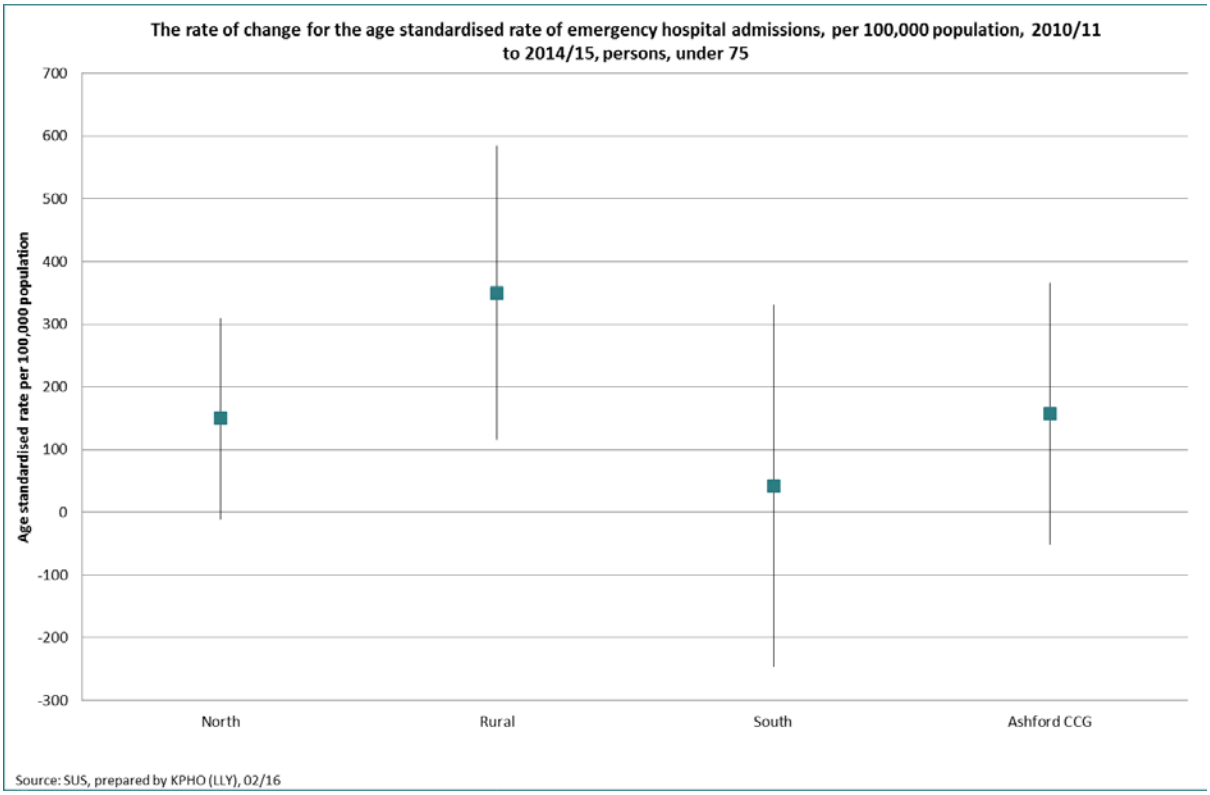
The key below differentiates between the general practices in each clinical network.

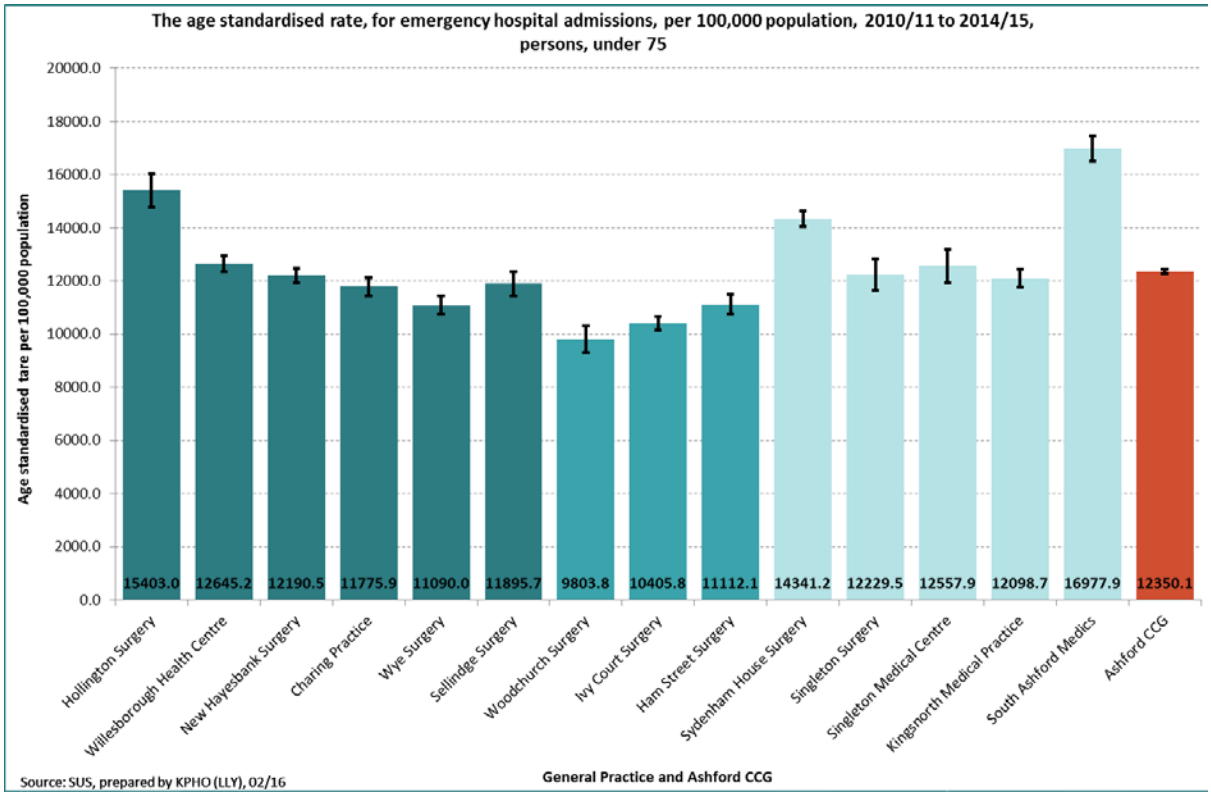
	North Community Network
	Rural Community Network
	South Community Network
	Ashford CCG

9.1.1 Emergency Hospital Admissions

For South, the age standardised rate of emergency hospital admissions in the under 75 population has increased between 2006/07 and 2014/15. South (42.4, per 100,000 population) is increasing at a lower rate than Ashford CCG (157.9) between 2010/11 to 2014/15.



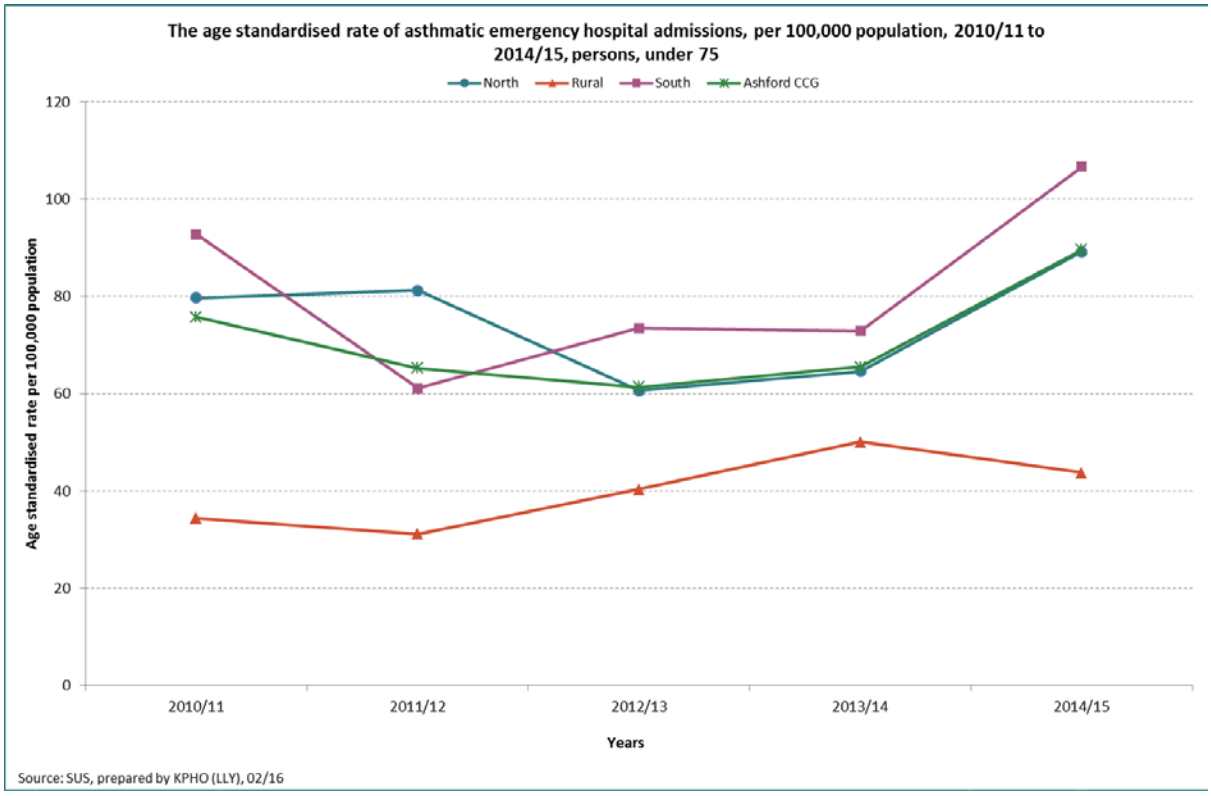


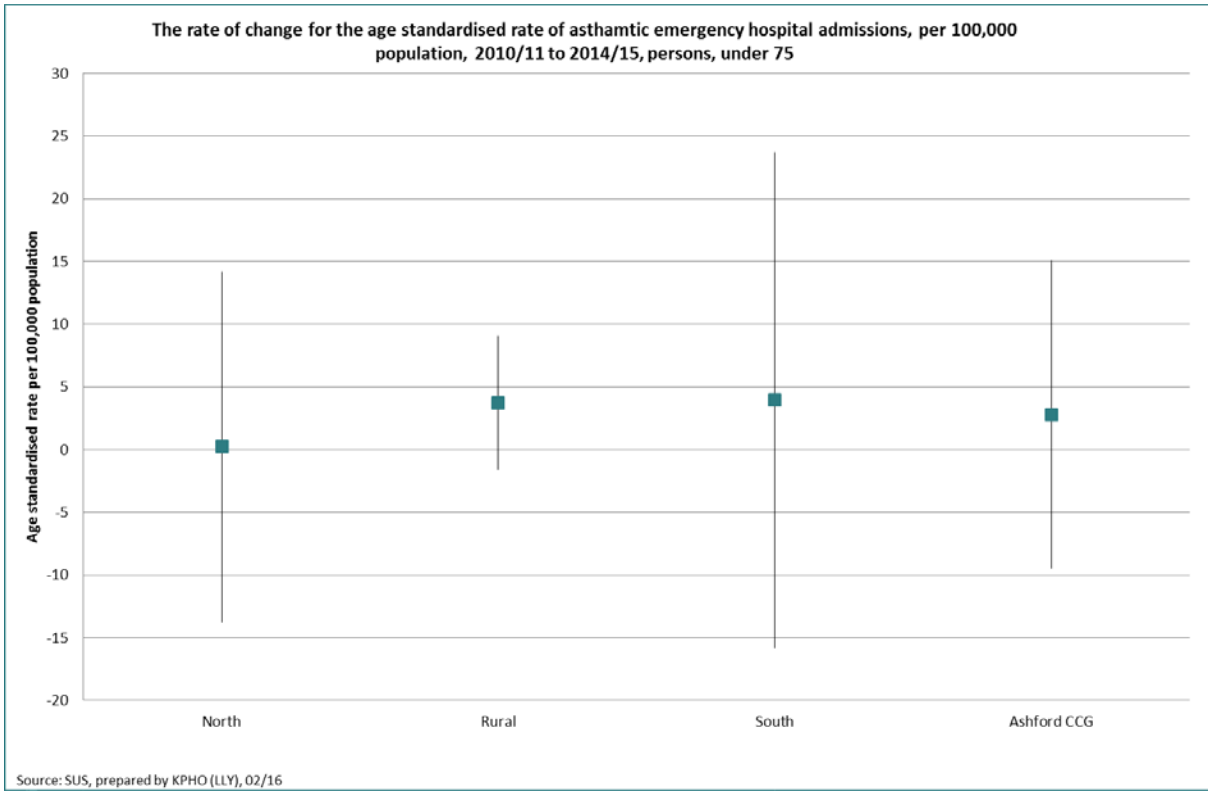


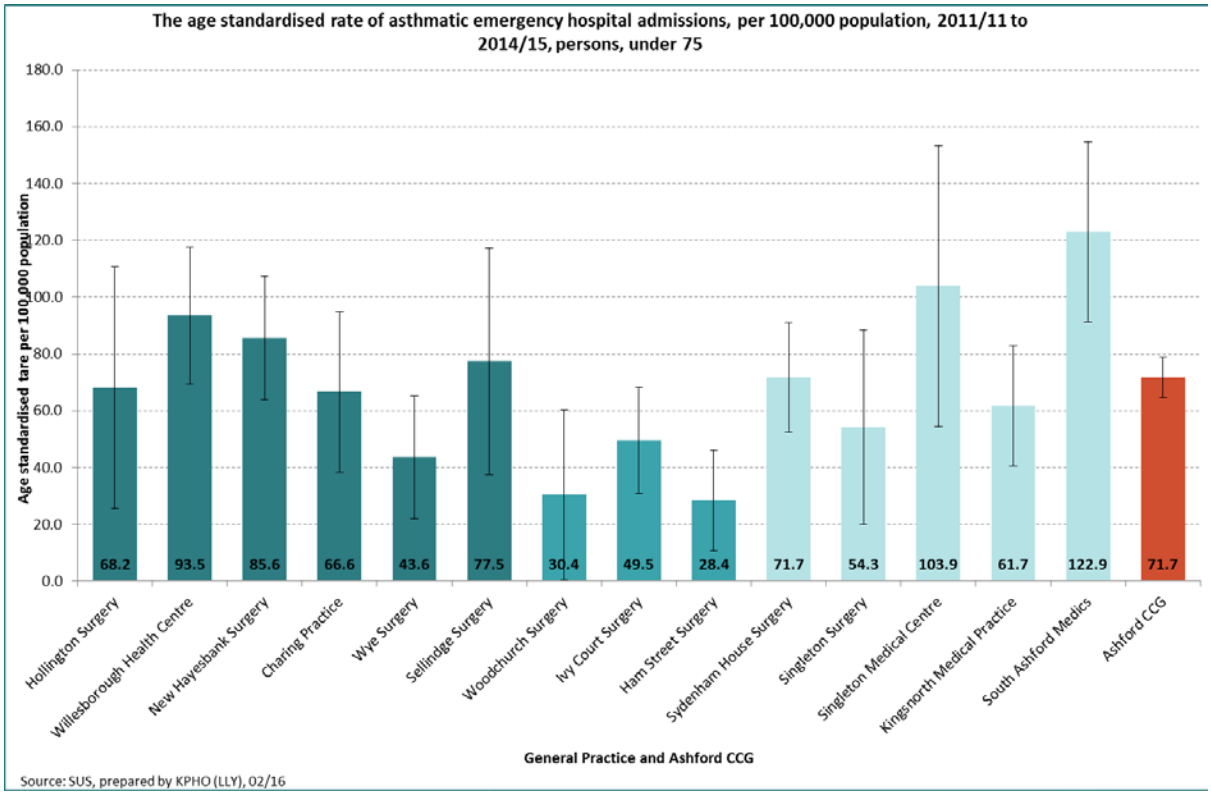
A significantly higher age standardised rate of asthma emergency hospital admissions in the under 75 population, in comparison to the CCG can be identified for Sydenham House Surgery and South Ashford Medics.

9.1.2 Asthma

For South, the age standardised rate of asthma emergency hospital admissions in the under 75 population had increased between 2006/07 and 2014/15. South (4.0, per 100,000 population) is increasing at a higher rate than Ashford CCG (2.8).


The age standardised rate of asthmatic emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
North
Rural
South
Ashford CCG
120
100
80
60
40
20
0
Age standardised rate per 100,000 population
2010/11
2011/12
2012/13
2013/14
2014/15
Years
Source: SUS, prepared by KPHO (LLY), 02/16

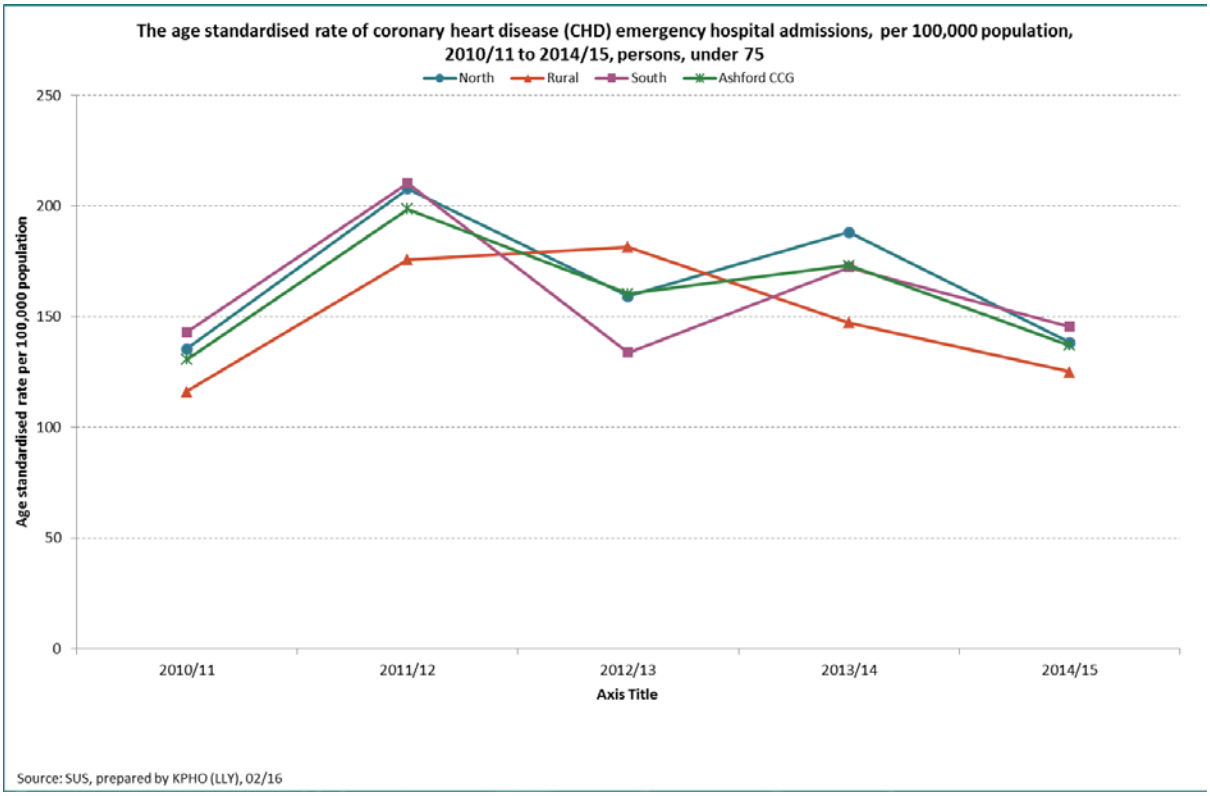

The rate of change for the age standardised rate of asthamtic emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
30
25
20
15
10
5
0
-5
-10
-15
-20
Age standardised rate per 100,000 population
North
Rural
South
Ashford CCG
Source: SUS, prepared by KPHO (LLY), 02/16



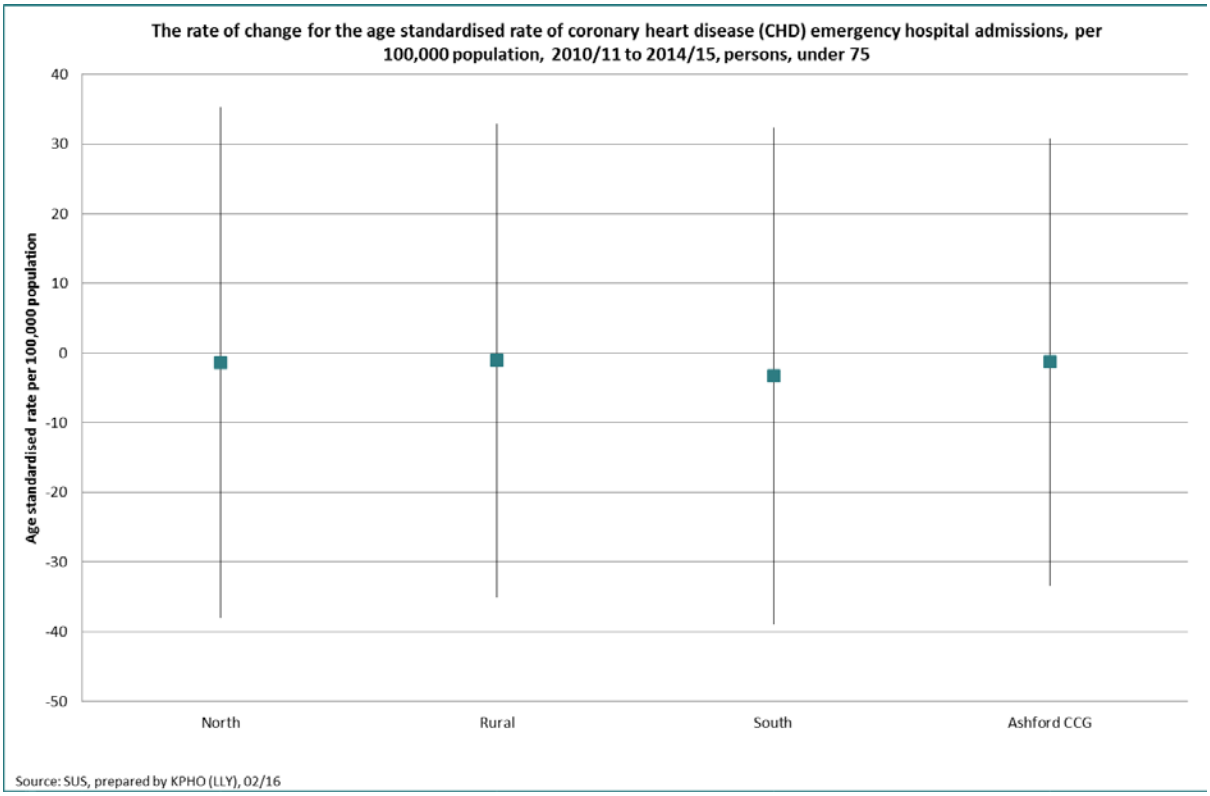
A significantly higher age standardised rate of asthma emergency hospital admissions in the under 75 population, in comparison to the CCG can be identified for South Ashford Medics.

9.1.3 Coronary Heart Disease

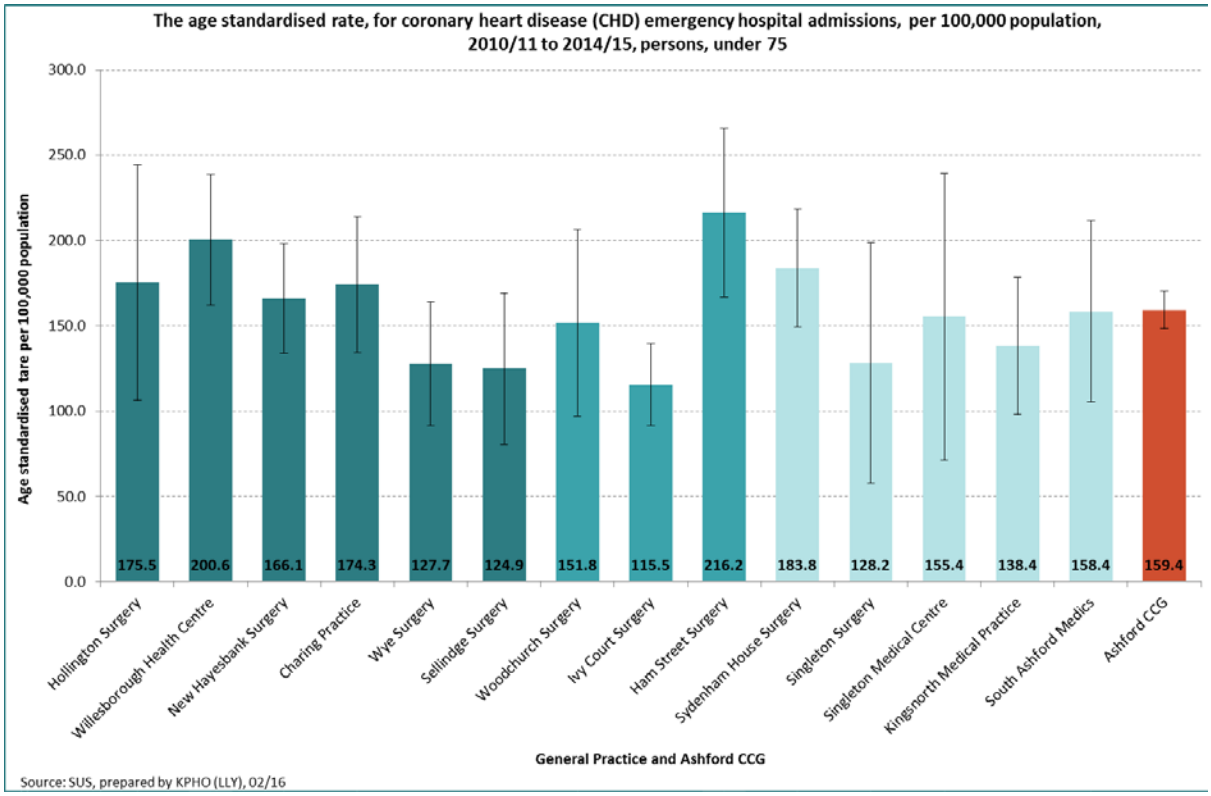
For South, the standardised rate of coronary heart disease emergency hospital admissions in the under 75 population has shown a decreasing trend between 2006/07 and 2014/15. The rate of change is decreasing for South (3.3, per 100,000 population) from 2010/11 to 2014/15 and is decreasing at a higher rate than Ashford CCG (-1.3).



Source: SUS, prepared by KPHO (LLY), 02/16



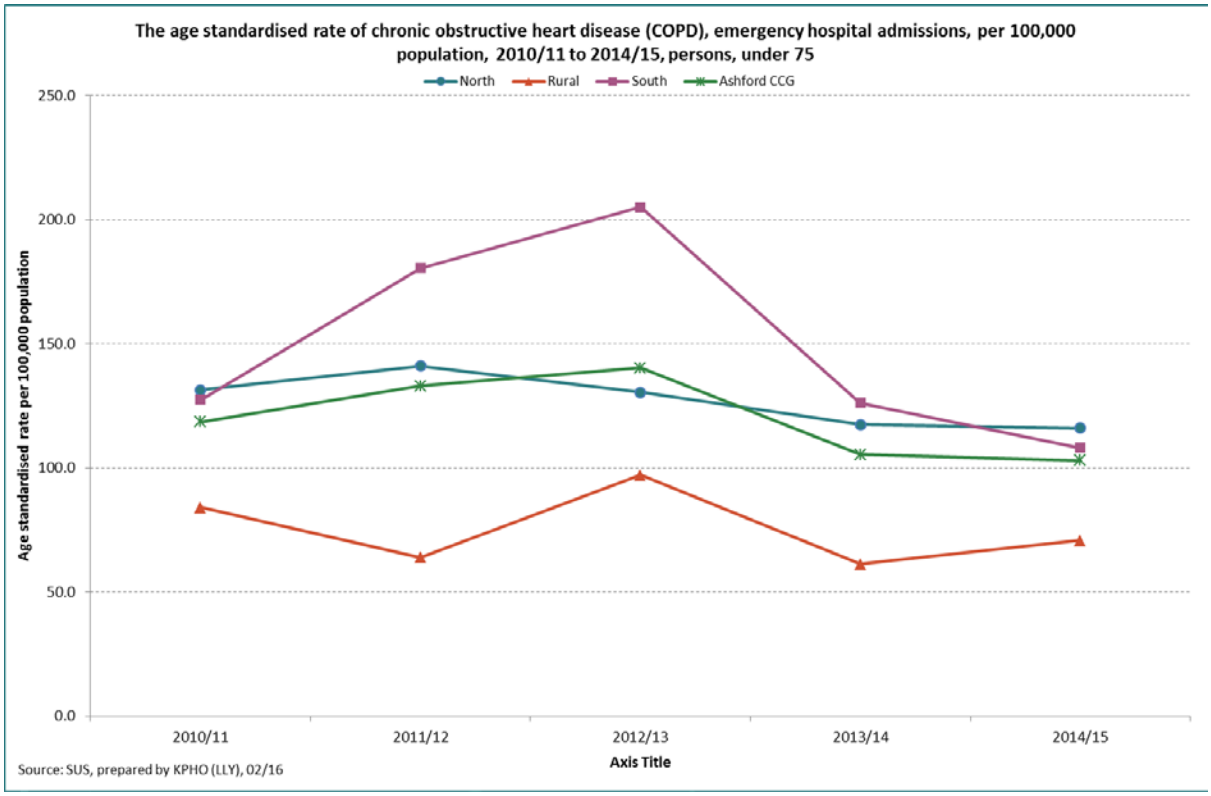
Source: SUS, prepared by KPHO (LLY), 02/16

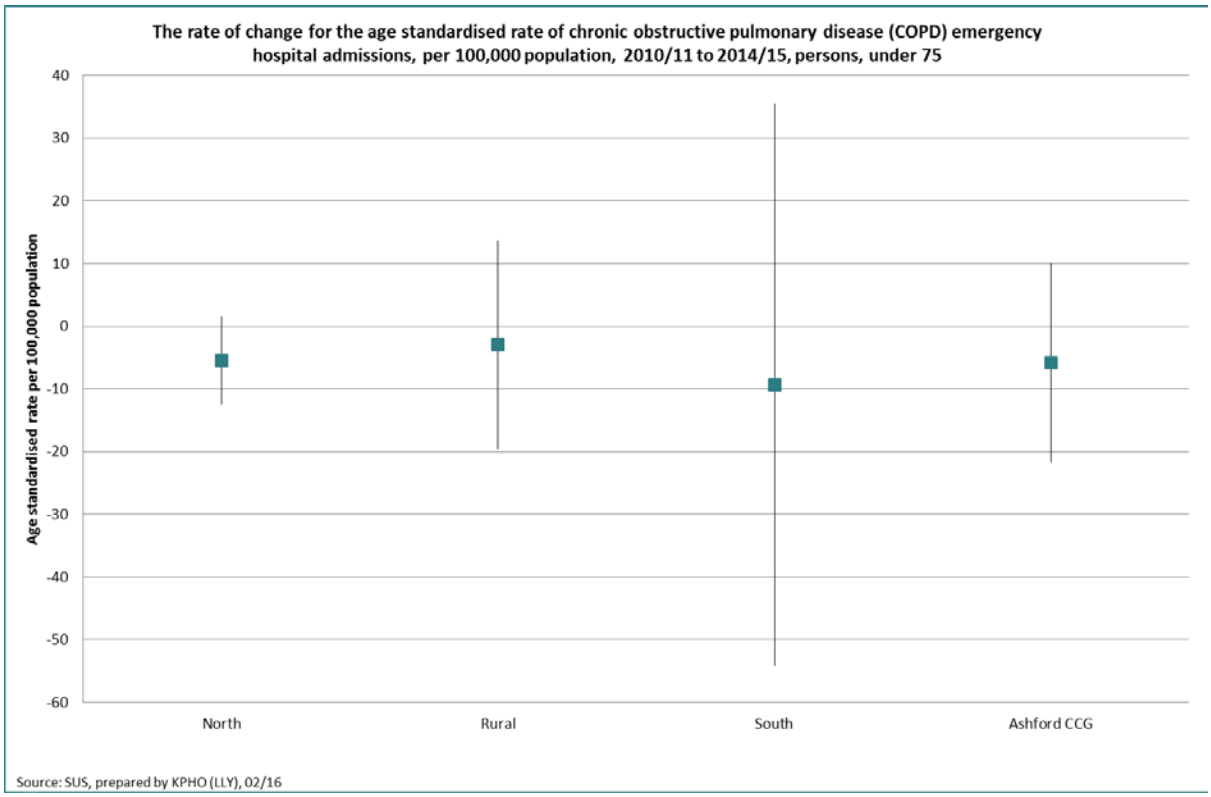


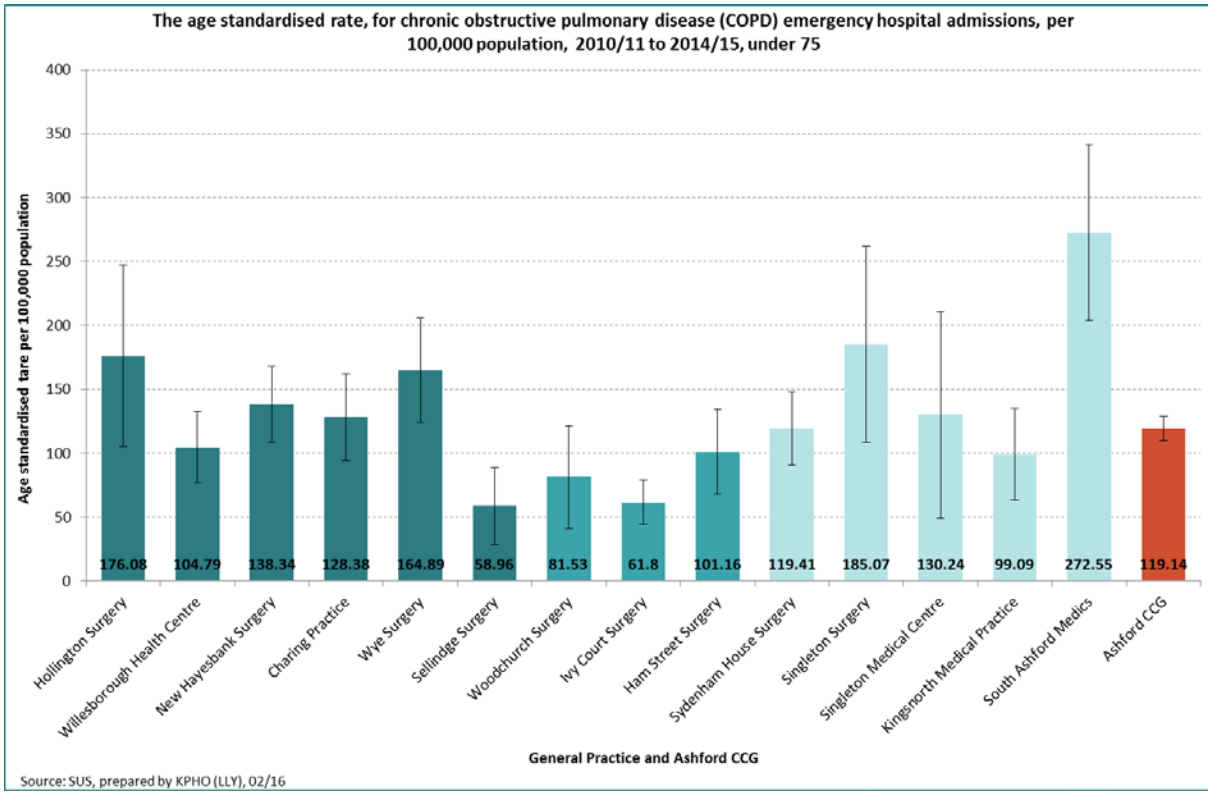
There is no significance difference for all general practices in the South Clinical Network compared to Ashford CCG.

9.1.4 Chronic Obstructive Pulmonary Disease

For South, the age standardised rate of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population has shown a decreasing trend between 2006/07 and 2014/15. The rate of change for South (9.3, per 100,000 population) is decreasing from 2010/11 to 2014/15 and is decreasing at a higher rate compared to Ashford CCG (-5.9).


The age standardised rate of chronic obstructive heart disease (COPD), emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
North
Rural
South
Ashford CCG
250.0
200.0
150.0
100.0
50.0
0.0
Age standardised rate per 100,000 population
2010/11
2011/12
2012/13
2013/14
2014/15
Axis Title
Source: SUS, prepared by KPHO (LLY), 02/16

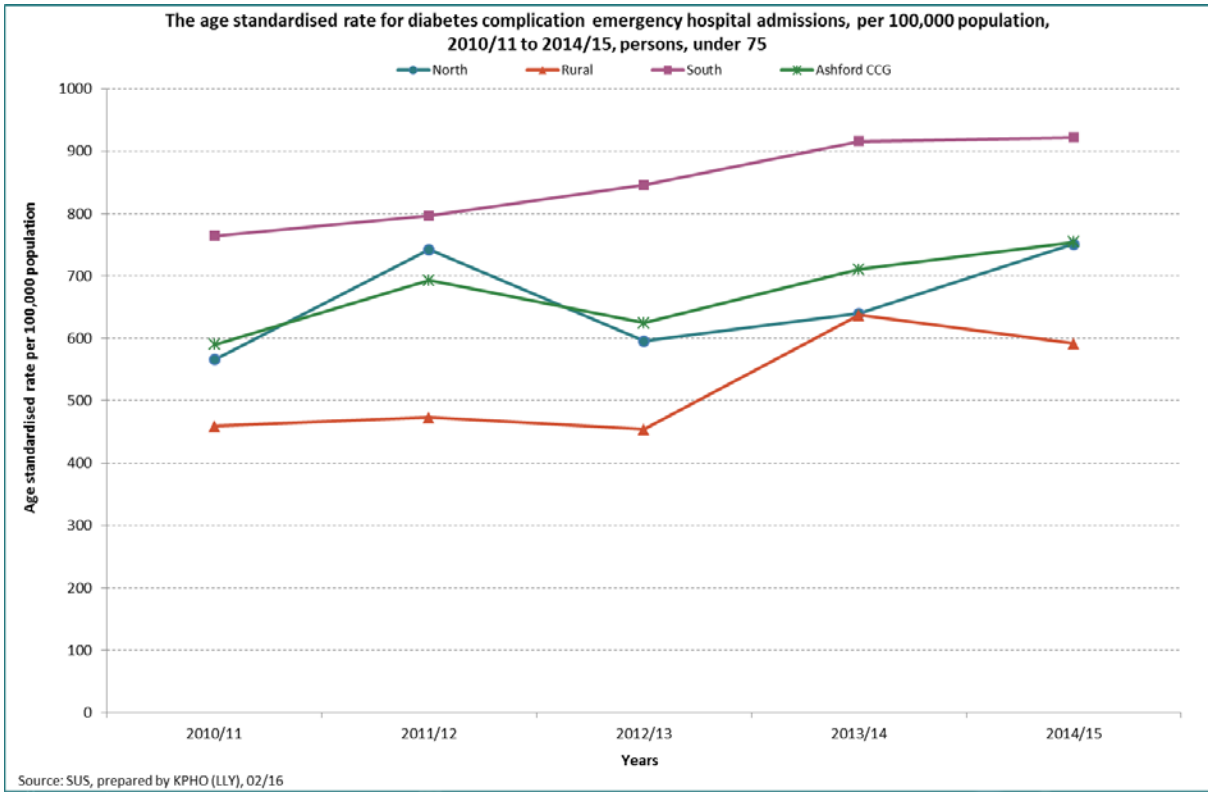

The rate of change for the age standardised rate of chronic obstructive pulmonary disease (COPD) emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
40
30
20
10
0
-10
-20
-30
-40
-50
-60
Age standardised rate per 100,000 population
North
Rural
South
Ashford CCG
Source: SUS, prepared by KPHO (LLY), 02/16

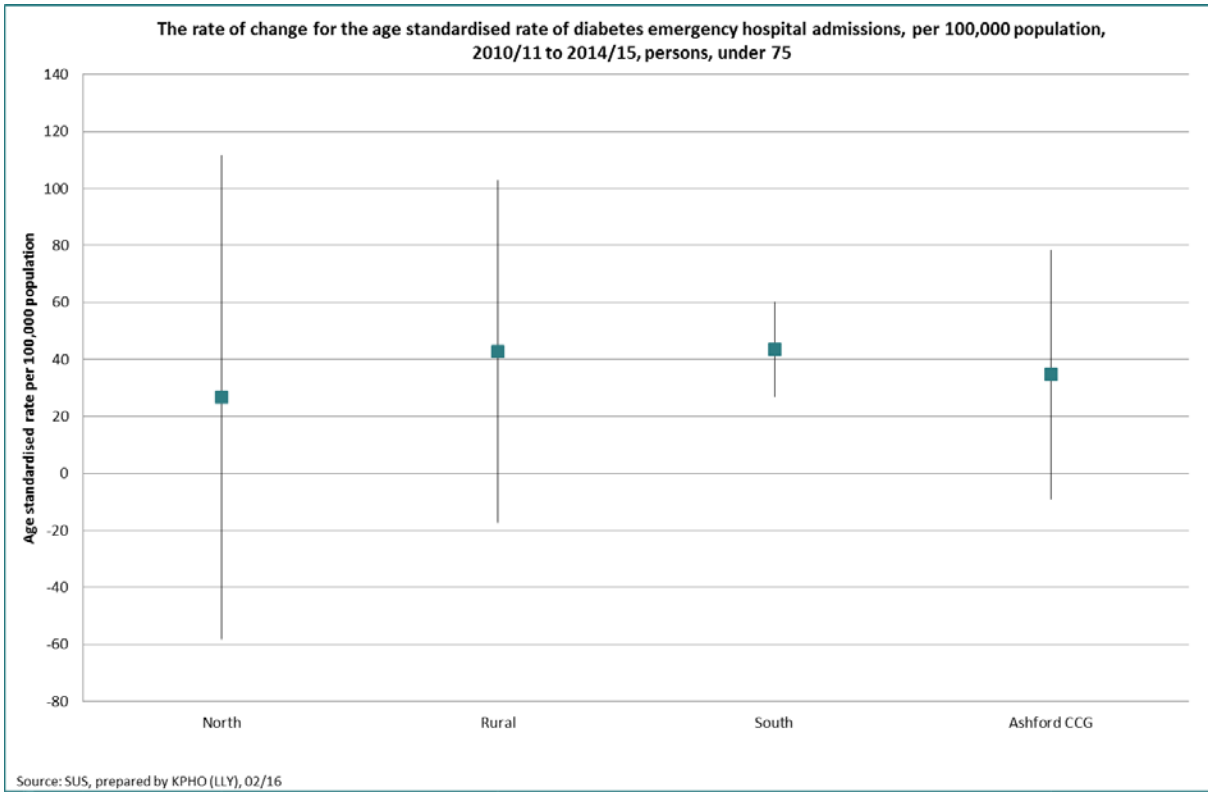


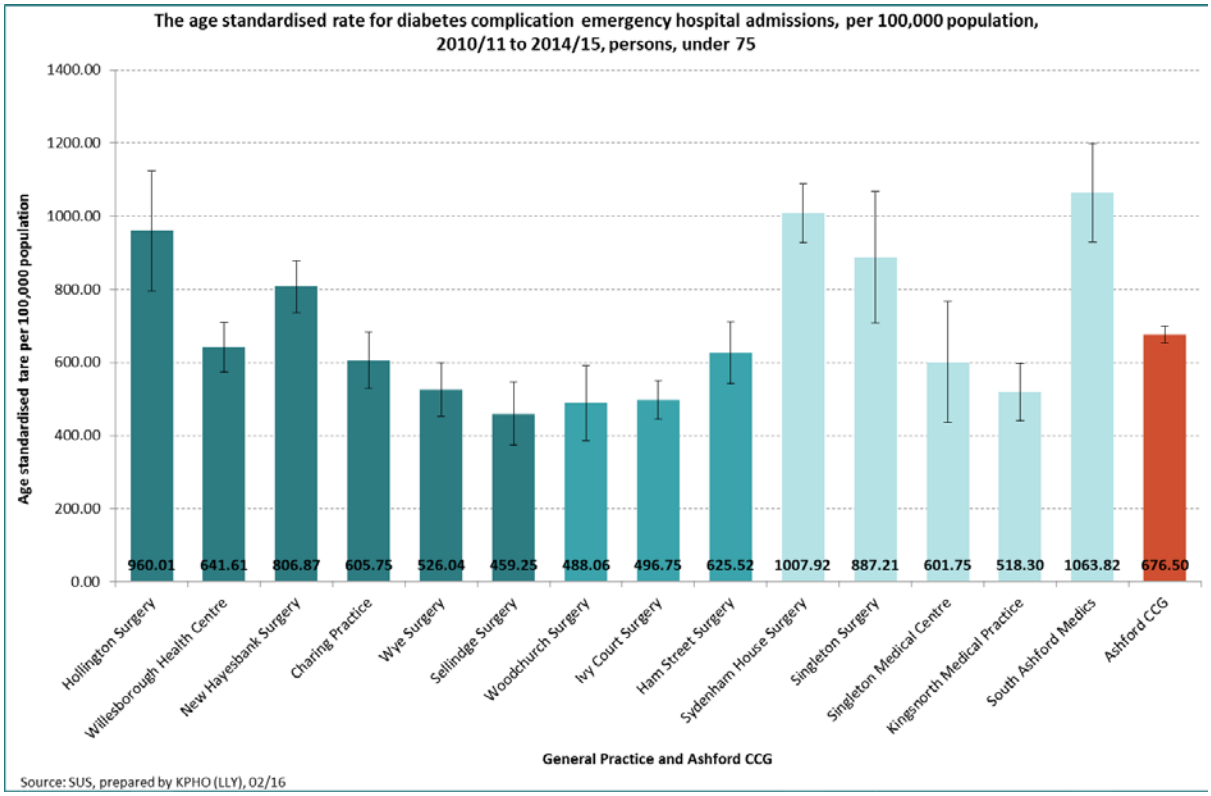
A significantly higher age standardised rate of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population, in comparison to the CCG can be identified for South Ashford Medics.

9.1.5 Diabetes Complications

For South, the age standardised rate of diabetes complications emergency hospital admissions in the under 75 population has shown an increasing trend between 2006/07 and 2014/15 and is higher than the Ashford CCG trend. South (43.6, per 100,000 population) is increasing at a higher rate than Ashford CCG (34.7).


The age standardised rate for diabetes complication emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
North
Rural
South
Ashford CCG
Age standardised rate per 100,000 population
1000
900
800
700
600
500
400
300
200
100
0
2010/11
2011/12
2012/13
2013/14
2014/15
Years
Source: SUS, prepared by KPHO (LLY), 02/16


The rate of change for the age standardised rate of diabetes emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
Age standardised rate per 100,000 population
140
120
100
80
60
40
20
0
-20
-40
-60
-80
North
Rural
South
Ashford CCG
Source: SUS, prepared by KPHO (LLY), 02/16

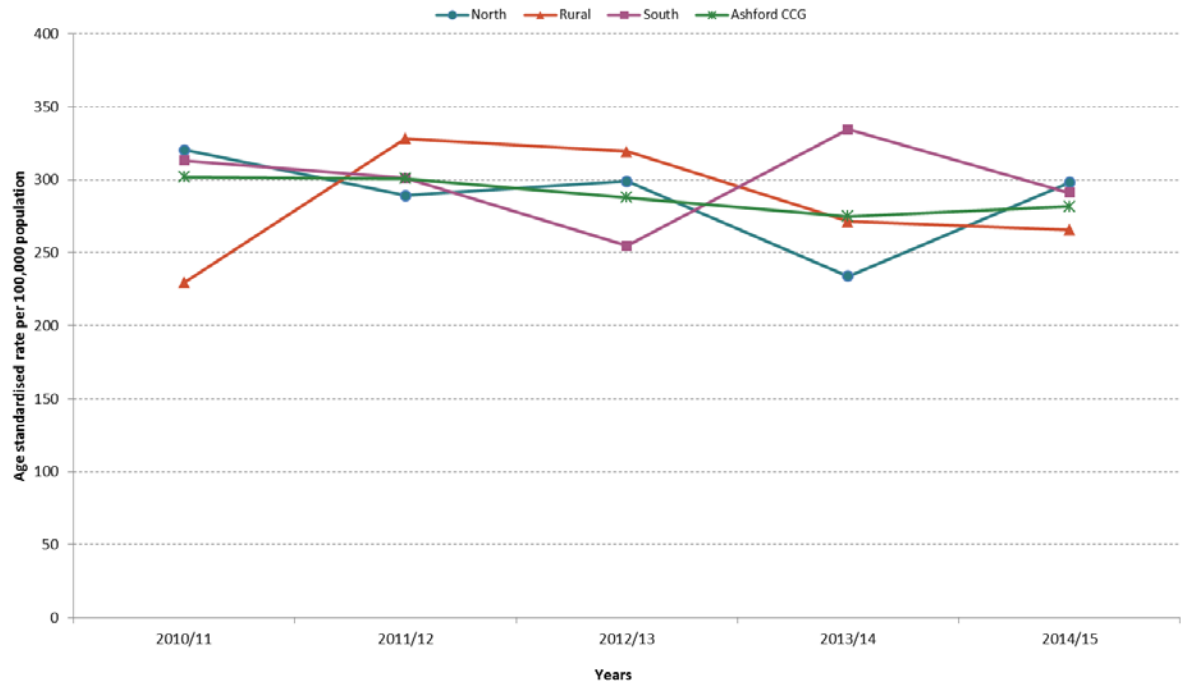


A significantly higher age standardised rate of diabetes complication emergency hospital admissions in the under 75 population, in comparison to the CCG can be identified for Sydenham House Surgery and South Ashford Medics.

9.1.5 Falls

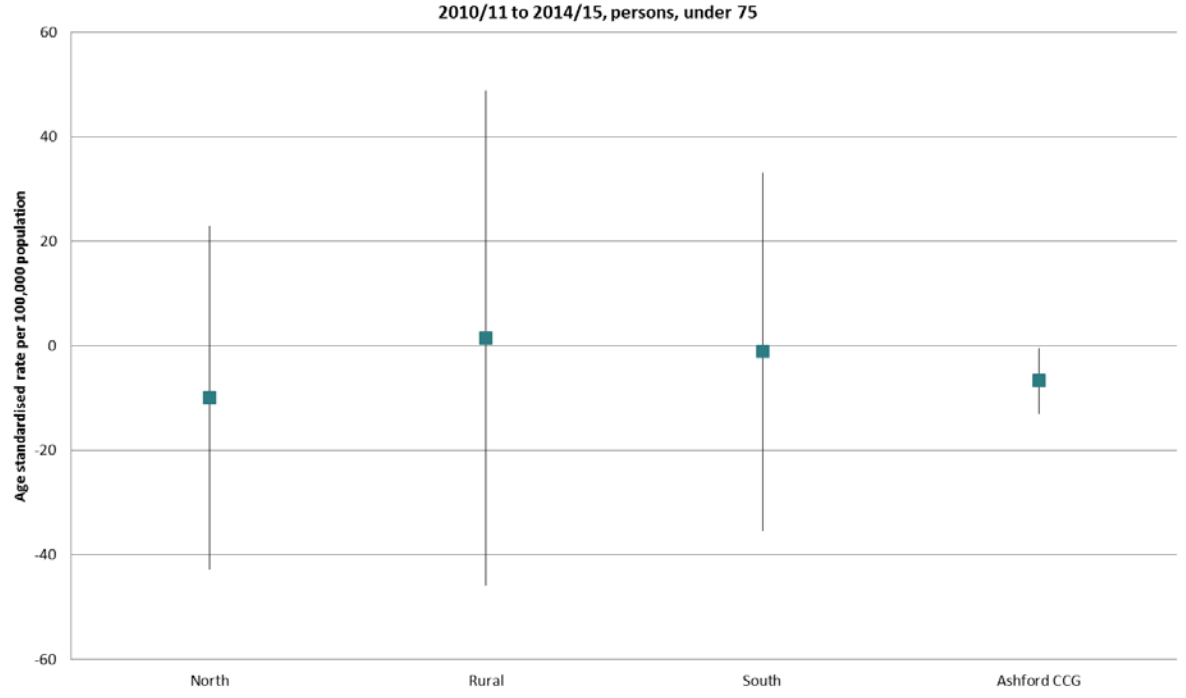
For South, the age standardised rate of falls emergency hospital admissions in the under 75 population has shown a fluctuation between 2006/07 and 2014/15. The rate of change for South, (-1.1, per 100,000 population) is decreasing but at a lower rate than Ashford CCG (-6.6) from 2010/11 to 2014/15.

The age standardised rate of falls emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75

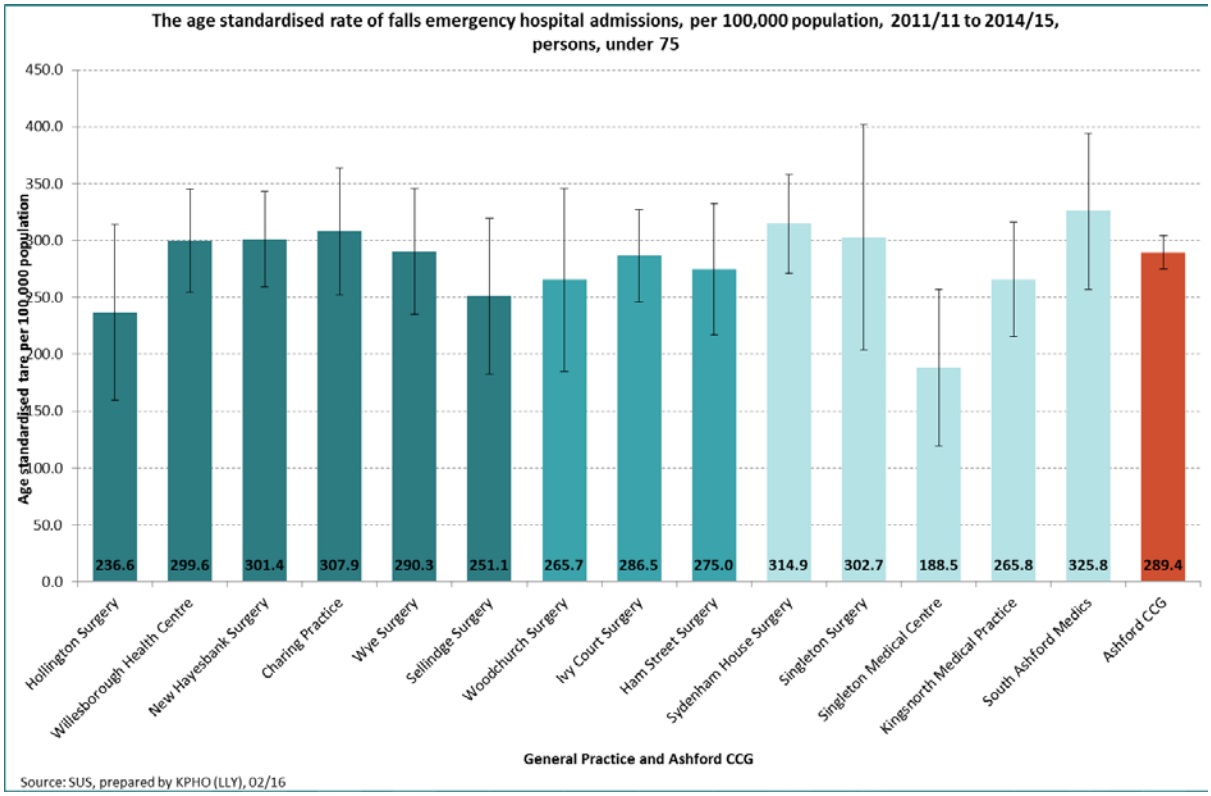


Source: SUS, prepared by KPHO (LLY), 02/16

The rate of change for the age standardised rate of falls emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75



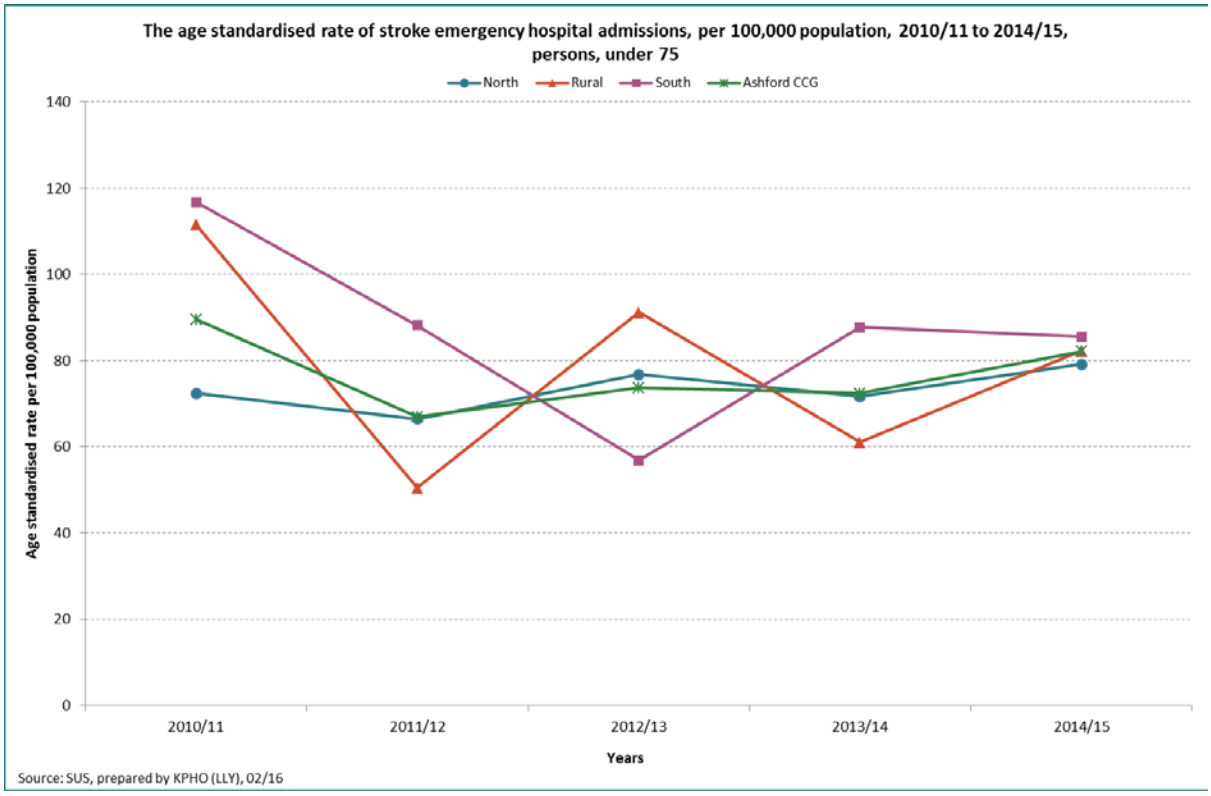
Source: SUS, prepared by KPHO (LLY), 02/16

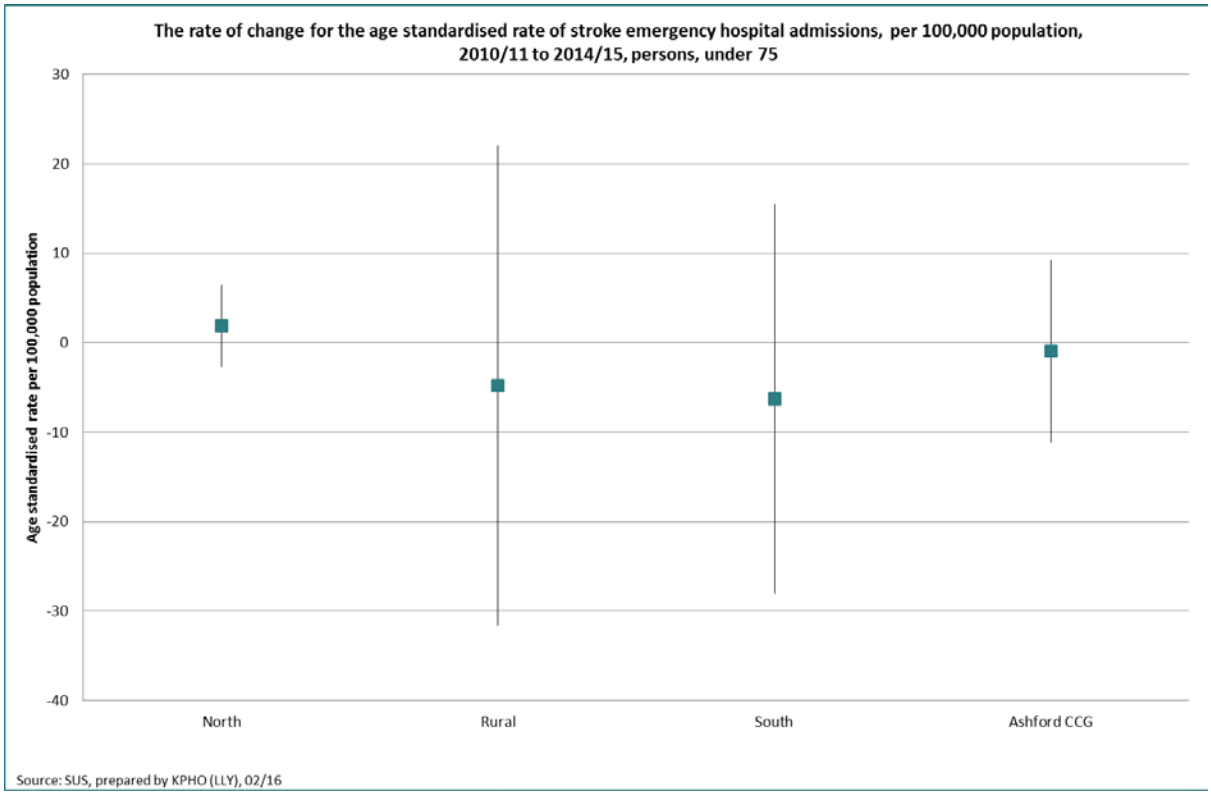


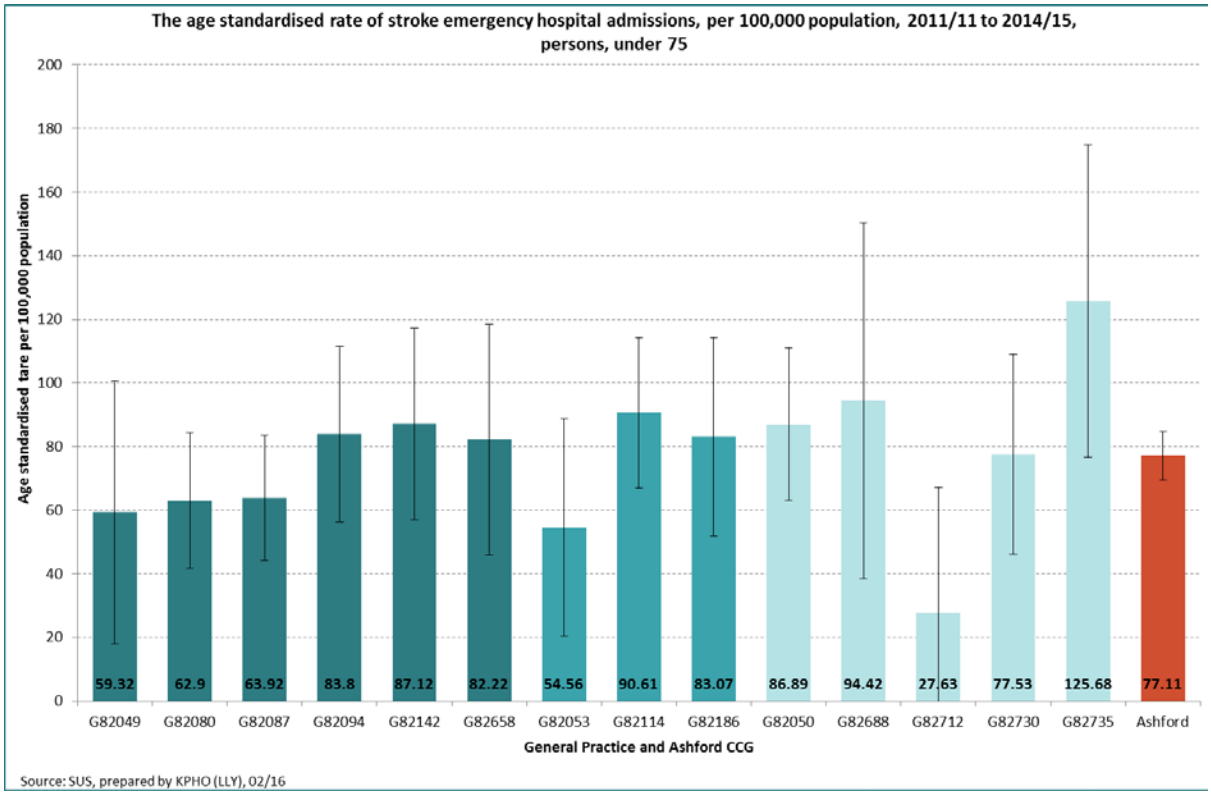
There has been no significant difference for all general practices in the South Clinical Network compared to Ashford CCG.

9.1.6 Stroke

For South, the age standardised rate of stroke emergency hospital admissions in the under 75 population had decreased from 2010/11 to 2012/13 but has increased in more recent years. The rate of change for South (-6.3, per 100,000 population) is decreasing at a higher rate compared to Ashford CCG (-0.9).


The age standardised rate of stroke emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
North
Rural
South
Ashford CCG
140
120
100
80
60
40
20
0
Age standardised rate per 100,000 population
2010/11
2011/12
2012/13
2013/14
2014/15
Years
Source: SUS, prepared by KPHO (LLY), 02/16

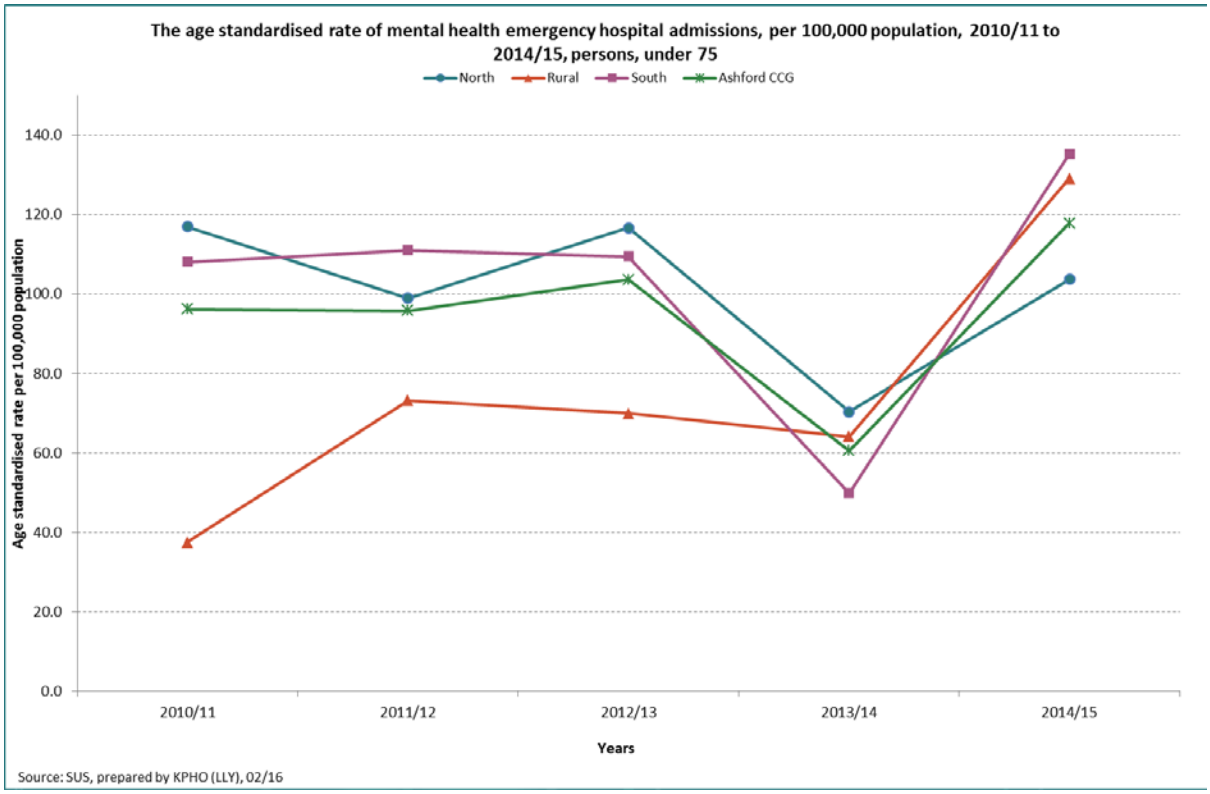

The rate of change for the age standardised rate of stroke emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
30
20
10
0
-10
-20
-30
-40
Age standardised rate per 100,000 population
North
Rural
South
Ashford CCG
Source: SUS, prepared by KPHO (LLY), 02/16

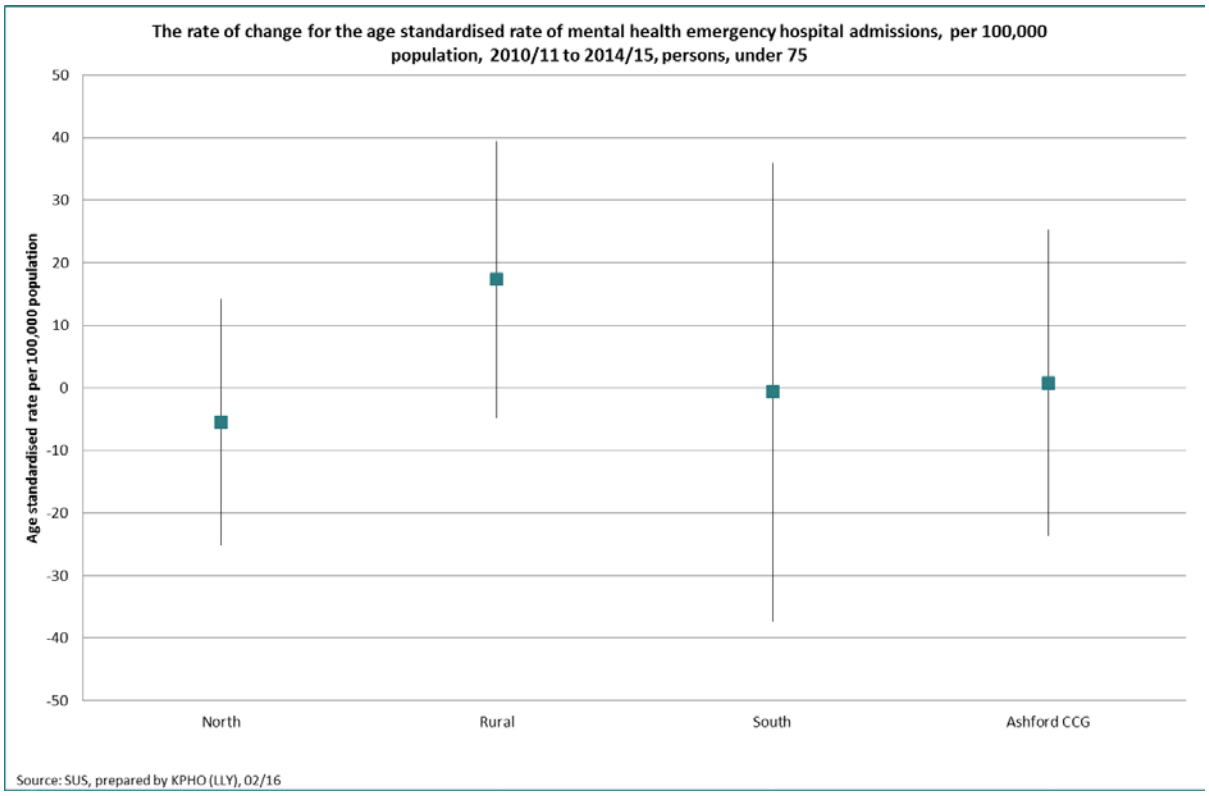


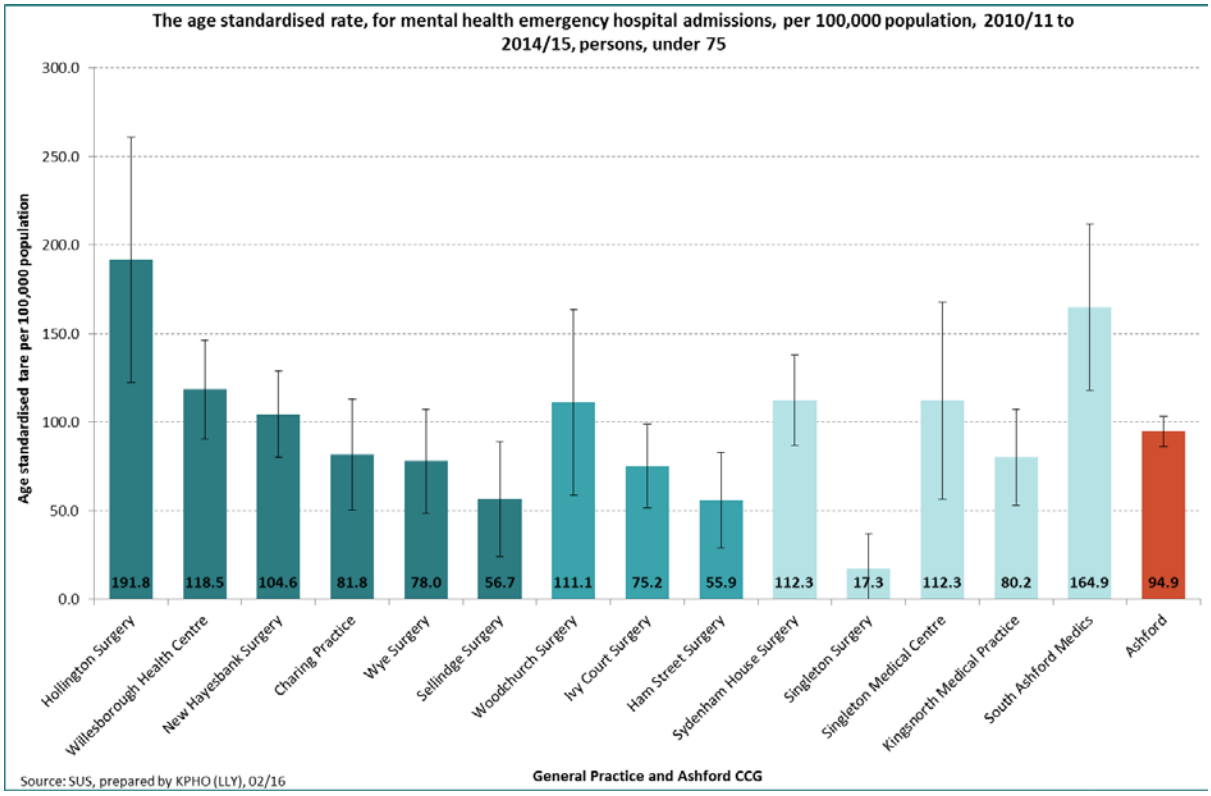
There has been no significant difference for all general practices in the South Clinical Network compared to Ashford CCG.

9.1.7 Mental Health

For South, the e age standardised rate of stroke emergency hospital admissions in the under 75 population had a high increase from 2013/14 to 2014/5. There has been little change observed for South (-0.7, per 100,000 population) between 2010/11 to 2014/15. There has also been little change for Ashford CCG (0.8).


The age standardised rate of mental health emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
North
Rural
South
Ashford CCG
Age standardised rate per 100,000 population
140.0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
2010/11
2011/12
2012/13
2013/14
2014/15
Years
Source: SUS, prepared by KPHO (LLY), 02/16


The rate of change for the age standardised rate of mental health emergency hospital admissions, per 100,000 population, 2010/11 to 2014/15, persons, under 75
Age standardised rate per 100,000 population
50
40
30
20
10
0
-10
-20
-30
-40
-50
North
Rural
South
Ashford CCG
Source: SUS, prepared by KPHO (LLY), 02/16



A significantly higher age standardised rate of mental health emergency hospital admissions in the under 75 population, in comparison to the CCG can be identified for South Ashford Medics. A significantly lower age standardised rate mental health emergency hospital admissions can be identified for Singleton Surgery.

9.1 Alcohol Specific Hospital Admissions

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

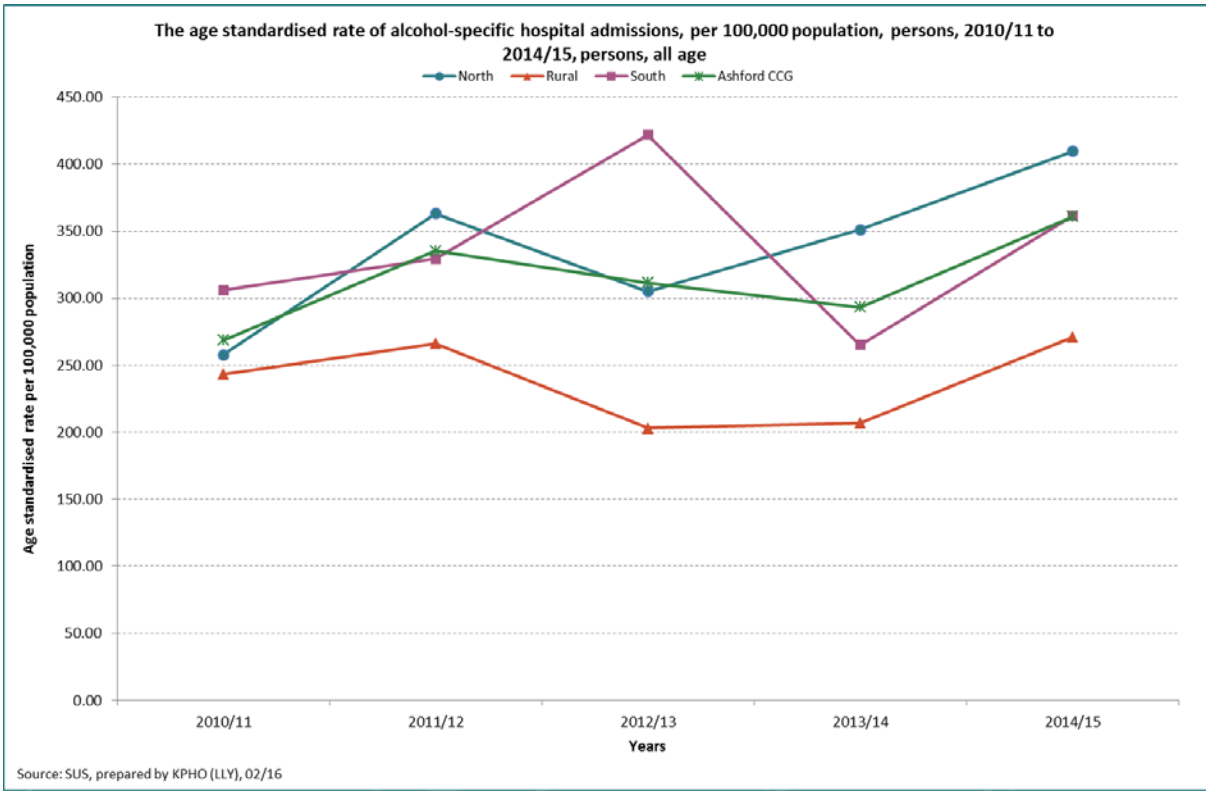
Notes on methodology:

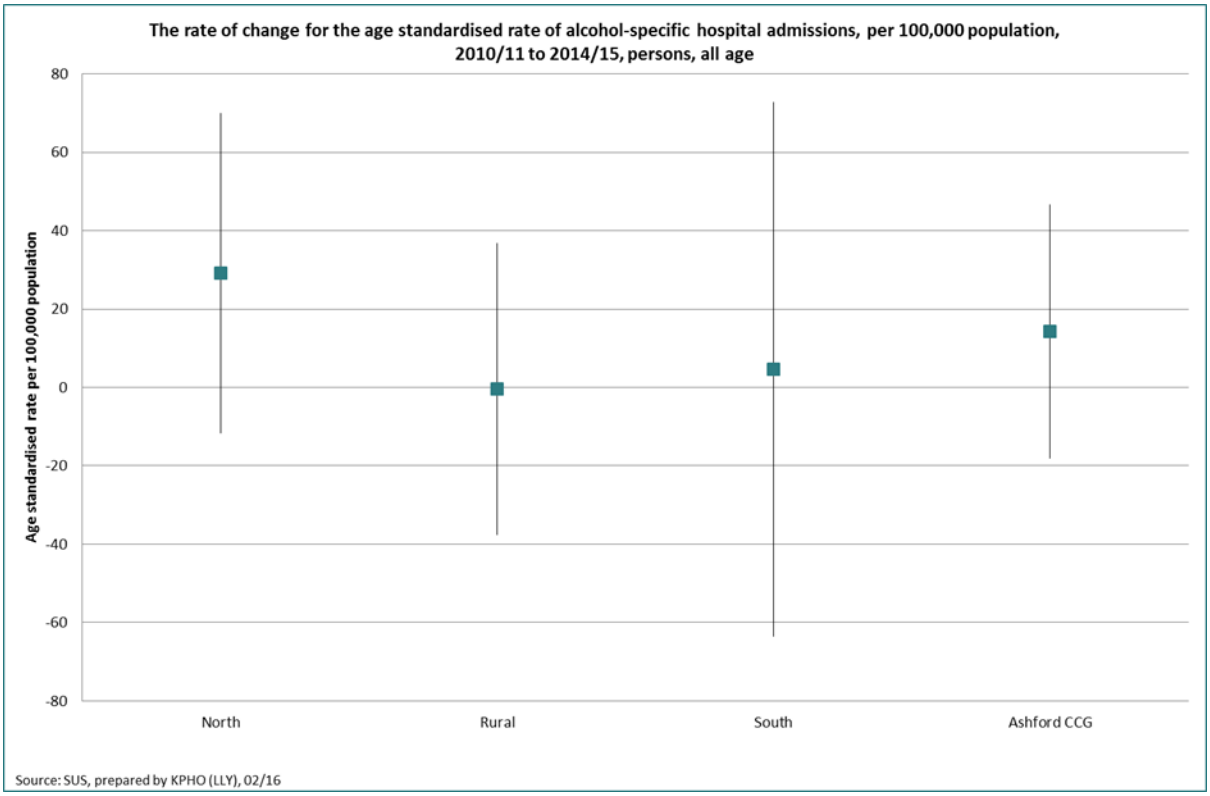
- Age standardised rates have been presented to enable comparison of the practice networks without confounding by age.
- The alcohol specific conditions include the range of conditions that are causally implicated and have an alcohol attributable fraction of 1, as defined by Public Health England. [1]
- An analysis of trend and rate of change has been presented for the practice networks for the period 2006/07 to 2014/15. This has been compared to the CCG.
- 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.

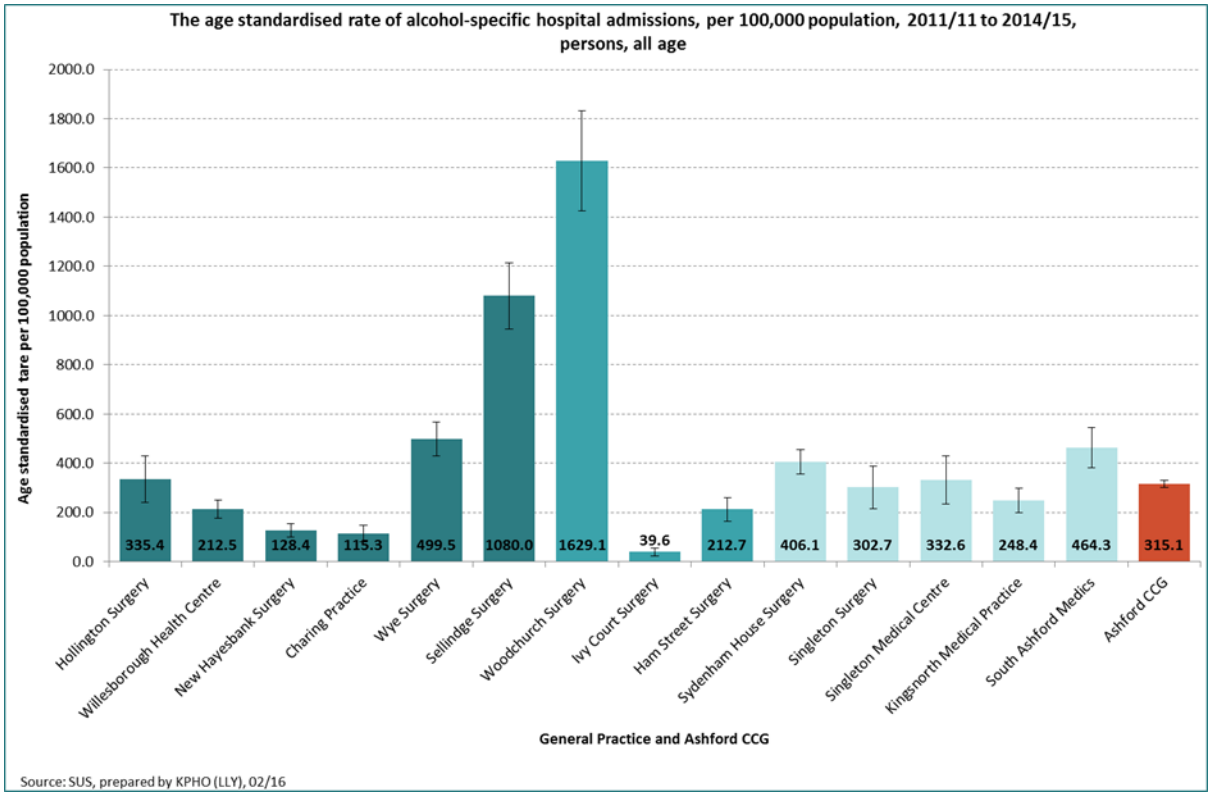
[1] Public Health England (2015) Local alcohol profiles for England 2015 user guide. http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf

9.2.1 Alcohol Specific Hospital Admissions

For South, the age standardised rate of alcohol specific hospital admissions has shown a fluctuation between 2006/07 and 2014/15. The rate of change for South (4.7, per 100,000 population) is increasing, but is lower than Ashford CCG (14.2).







A significantly higher age standardised rate of alcohol-specific hospital admissions in the under 75 population, can be identified for Sydenham House Surgery and South Ashford Medics.

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
Beaver	9.1	24.5	7.0	29.4
Great Chart with Singleton North	0.0	9.5	0.9	4.7
Norman	0.0	29.7	11.6	19.3
Park Farm North	0.0	12.4	0.0	0.0
Park Farm South	0.7	5.0	0.0	5.8
Singleton South	0.0	10.9	1.2	14.5
Stanhope	0.0	6.7	6.7	21.2
Victoria	0.0	16.7	6.4	13.5
Washford	0.0	13.1	3.0	0.0
Weald East	64.0	27.6	2.9	24.7
Ashford CCG	**6.7**	**18.8**	**5.4**	**15.2**
Kent	**9.7**	**19.5**	**6.7**	**12.7**

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+
Beaver	38.4	6.1	0.0	0.0	109.0
Great Chart with Singleton North	30.5	0.0	0.0	0.0	123.5
Norman	21.3	42.6	0.0	0.0	233.2
Park Farm North			0.0	0.0	64.1
Park Farm South	5.2	0.0	606.1	631.3	50.5
Singleton South	8.8	48.3	421.1	0.0	147.4
Stanhope	16.5	24.8	0.0	0.0	238.1
Victoria	27.9	5.6	0.0	0.0	167.4
Washford	6.6	0.0	0.0	0.0	63.7
Weald East	8.7	0.0	0.0	20.8	104.0
Ashford CCG	**28.9**	**7.9**	**50.7**	**49.8**	**102.2**
Kent	**34.8**	**7.5**	**41.5**	**96.0**	**126.7**

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
Beaver	5.5	3.5
Great Chart with Singleton North	1.6	0.0
Norman	2.0	0.0
Park Farm North	1.0	0.0
Park Farm South	0.8	0.0
Singleton South	3.1	0.6
Stanhope	1.6	1.6
Victoria	3.1	1.4
Washford	1.1	1.7
Weald East	5.2	0.0
Ashford CCG	**3.5**	**1.4**
Kent	**2.9**	**3.7**

Source: Social Care, KCC

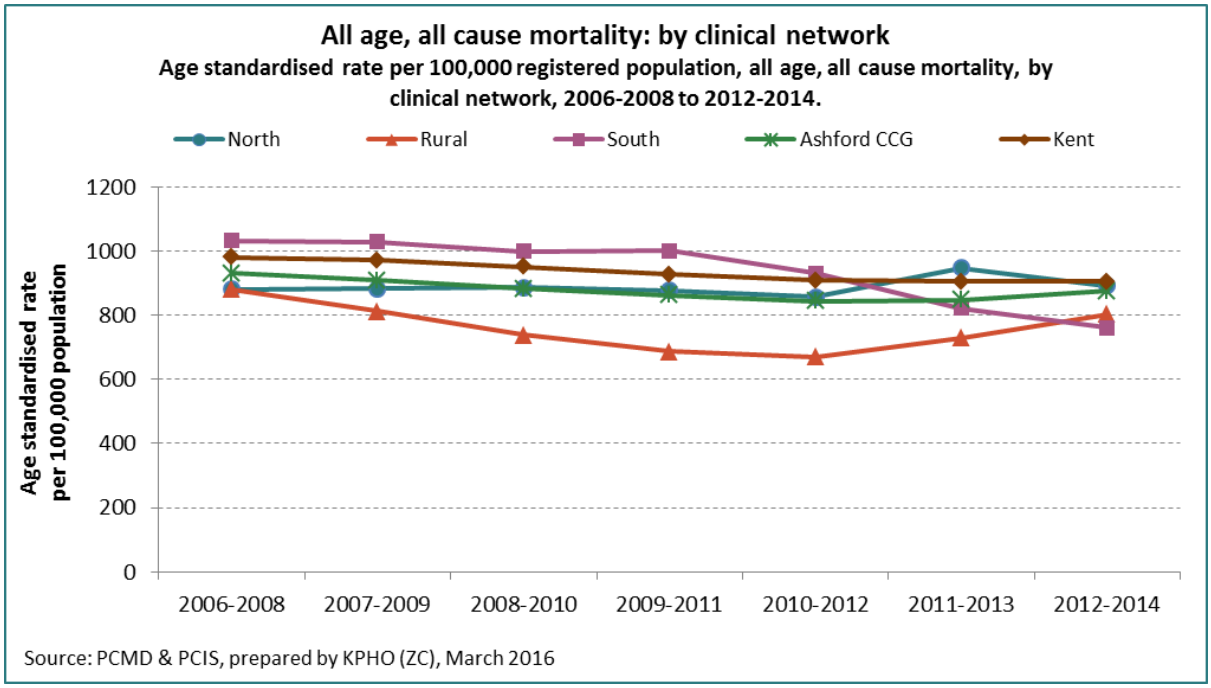
Ashford CCG has a significantly higher enablement rate (3.5 per 10,000) than Kent (2.9), but a significantly lower rate of people using meal services (1.4 in Ashford CCG, 3.7 in Kent).

11. Mortality

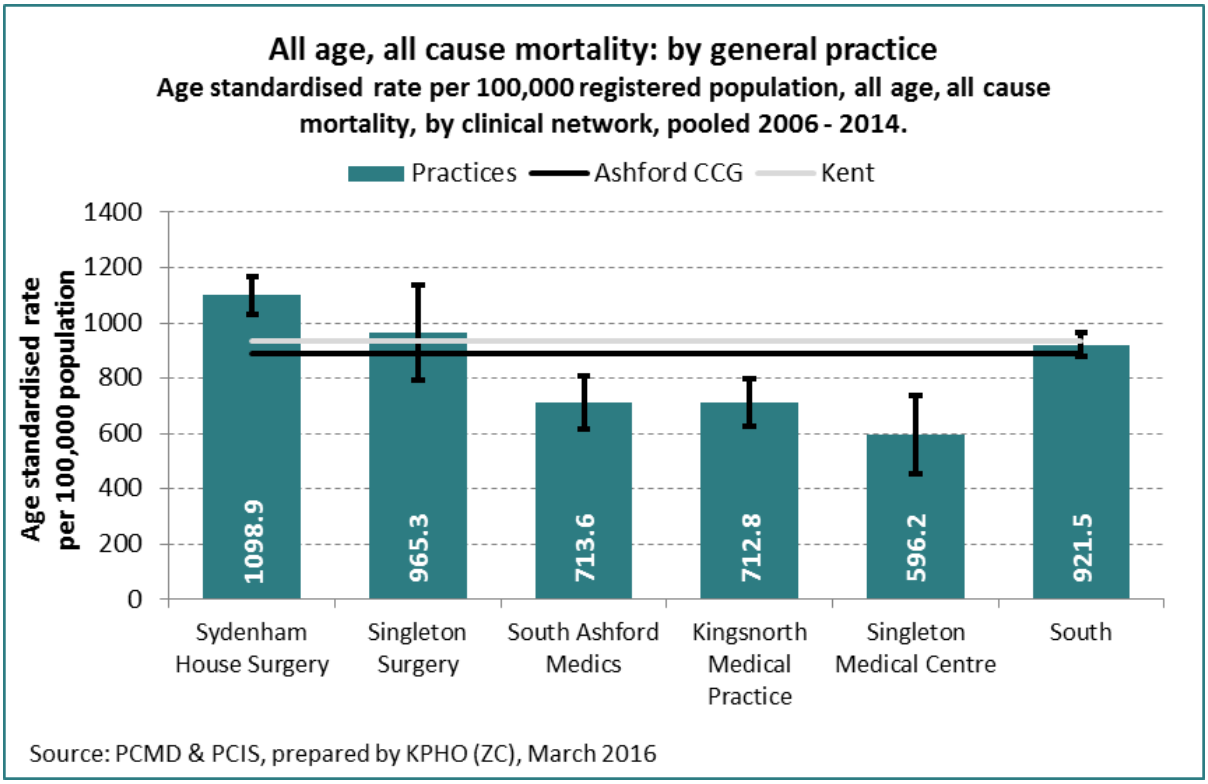
11.1 All Age, All-Cause Mortality

11.1.1 All age, all-cause mortality

Within the South clinical network within 2012-2014, the age standardised rate for all age all-cause mortality was 761.2 per 100,000 registered population and has decreased from 1033.1 in 2006-2008. This has been decreasing at a higher rate of change in comparison to Kent.



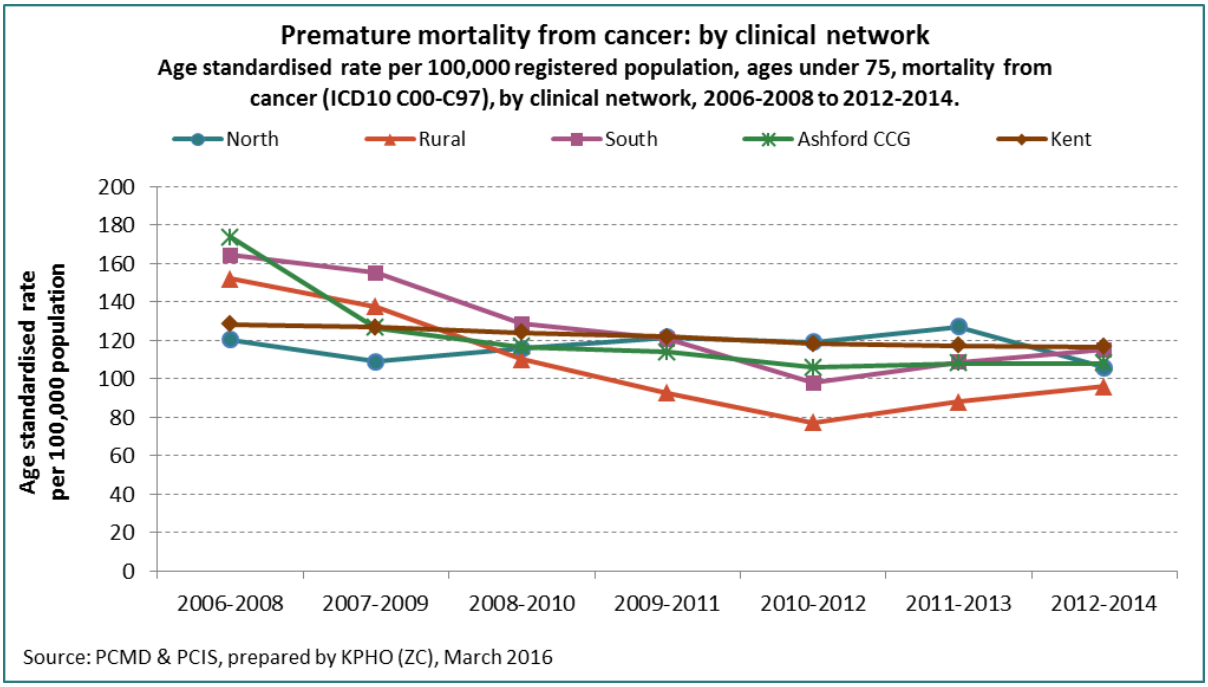
Within the South clinical network within 2006-2014, the age standardised rate for all age all-cause mortality for those registered at Sydenham House Surgery was higher than the Kent average. Whereas, all age, all-cause mortality for those registered at South Ashford Medics, Kingsnorth Practice and Singleton Medical Centre was lower than the Kent average. The remaining practice was similar to Kent.



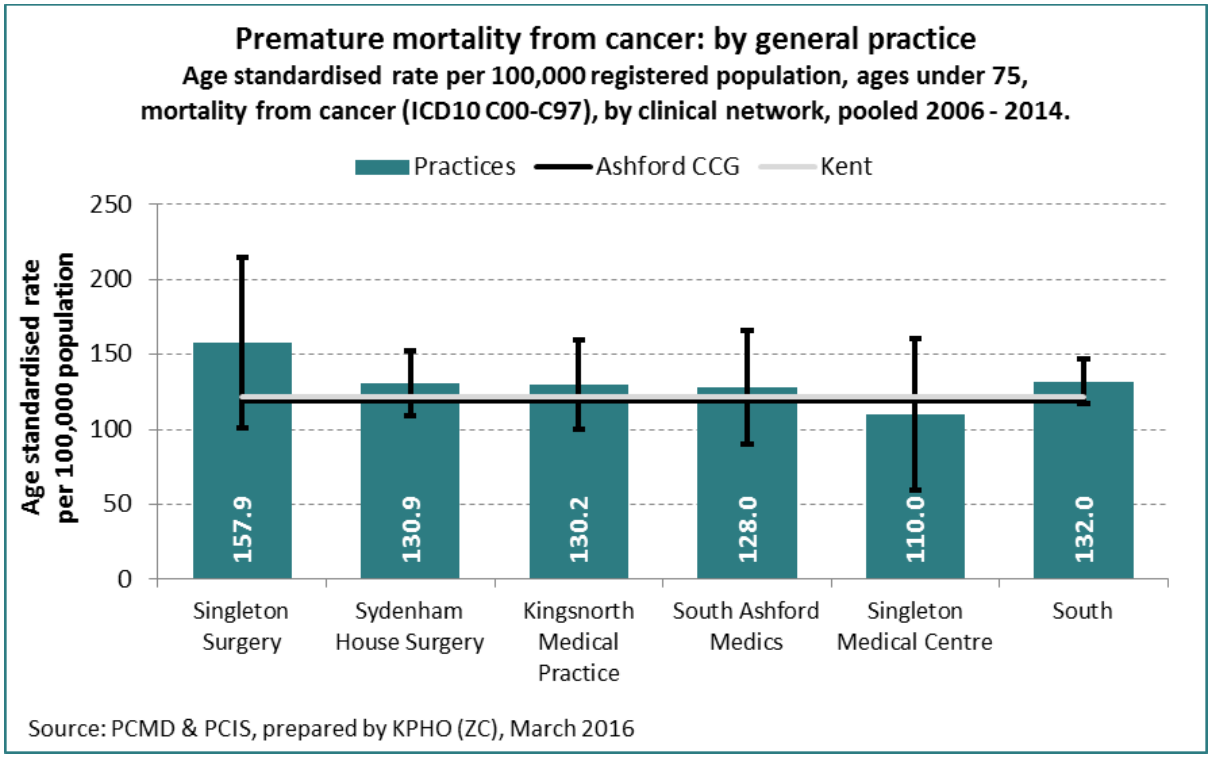
11.2 Premature Mortality: Cancer

11.2.1 Under 75 Cancer mortality

Within the South clinical network within 2012-2014, the age standardised rate for premature cancer mortality was 115.0 per 100,000 registered population and has decreased from 164.3 in 2006-2008. This has been decreasing at a higher rate of change in comparison to Kent.



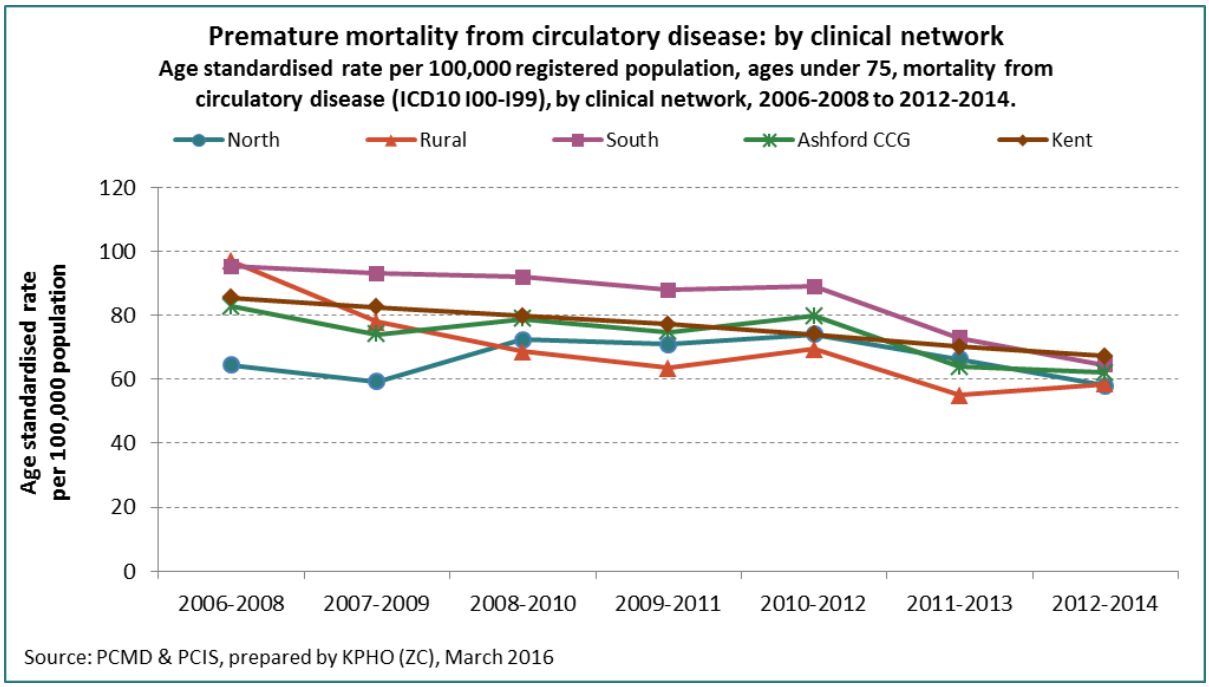
Within the South clinical network within 2006-2014, the age standardised rate for premature cancer mortality was similar to Kent for all practices.



11.3 Premature mortality: Circulatory disease

11.3.1 Under 75 Circulatory disease mortality

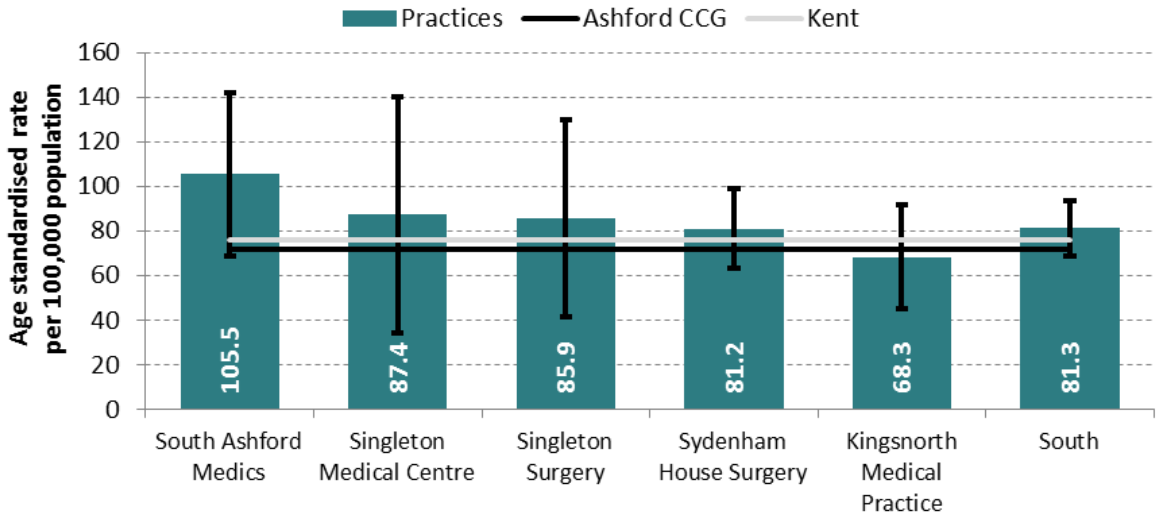
Within the Rural clinical network within 2012-2014, the age standardised rate for premature circulatory mortality was 58.5 per 100,000 registered population. The trend has been stable within the South clinical network between 2006-2008 and 2012-2014. Whereas, the trend has been decreasing across Kent.



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

Premature mortality from circulatory disease: by general practice

Age standardised rate per 100,000 registered population, ages under 75, mortality from circulatory disease (ICD10 I00-I99), by clinical network, pooled 2006 - 2014.



Source: PCMD & PCIS, prepared by KPHO (ZC), March 2016

Appendix A: QOF clinical achievement indicators

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

Appendix B: Social care definitions

Long term residential care home placements:

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

Direct payments:

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

Home care:

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

Support services:

Services designed to maintain a person's independence in a Clinical 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 Clinical setting or return home. This usually involves an element of rehabilitation and may follow a hospital admission or a deterioration in the persons physical or mental health. There is no charge to the service user. The service is provided by staff employed by the County Council, but similar 'intermediate care' services are available in care home settings and from NHS staff.

Meal services:

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