

Thanet CCG Locality Profile for Quex (West Thanet)

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| Contents

1. Introduction	5
2. Demographics	6
2.1 Location	6
2.2 Population (registered)	7
2.3 Ethnicity	8
3. Socio-Economic	9
3.1 Deprivation	9
3.2 Unemployment	11
4. Maternity	12
4.1 General fertility rate	12
4.2 Breastfeeding	13
4.3 Low birth weight	14
5. Education	15
5.1 School Readiness	15
5.2 Key Stage 4 Attainment	15
5.3 Special Educational Needs	16
6. Lifestyles	17
6.1 Modelled adult smoking prevalence	17
6.2 Modelled adult obesity prevalence	17
6.3 Childhood obesity	18
6.3.1 Reception year	18
6.3.2 Year 6	19

7. Quality Outcomes Framework	20
7.1 Recorded prevalence	20
Quex Locality and General Practices	21
7.2 Clinical achievement	23
Quex Locality and General Practices	24
8. Mental Health	25
8.1 Contact rates (16-64)	25
8.2 Contact rates (65+).....	25
9. Hospital Admissions	27
9.1.1 Under 18	27
9.1.2 Ages 18 to 64.....	28
9.1.3 Age 65 and above.....	30
9.2 Emergency admissions	31
9.2.1 Under 18	31
9.2.2 Ages 18 to 64.....	32
9.2.3 Ages 65 and above	33
9.3 Cancer.....	35
9.4 Acute myocardial infarction	36
9.5 Respiratory disease	37
9.6 Stroke	38
9.7 Diabetes.....	40
9.8 Falls (over 65)	41
9.9 Alcohol-specific	42
9.10 Drug-specific	43
9.11 Assaults.....	45
9.12 Deliberate self-harm and unintentional injury (under 18).....	46
10. Mortality.....	48

10.1	Cancer (under 75).....	49
10.2	Circulatory (under 75)	50
10.3	Respiratory (under 75).....	51
11.	Life Expectancy.....	52
11.1	Male Life Expectancy	52
11.2	Female Life Expectancy	52

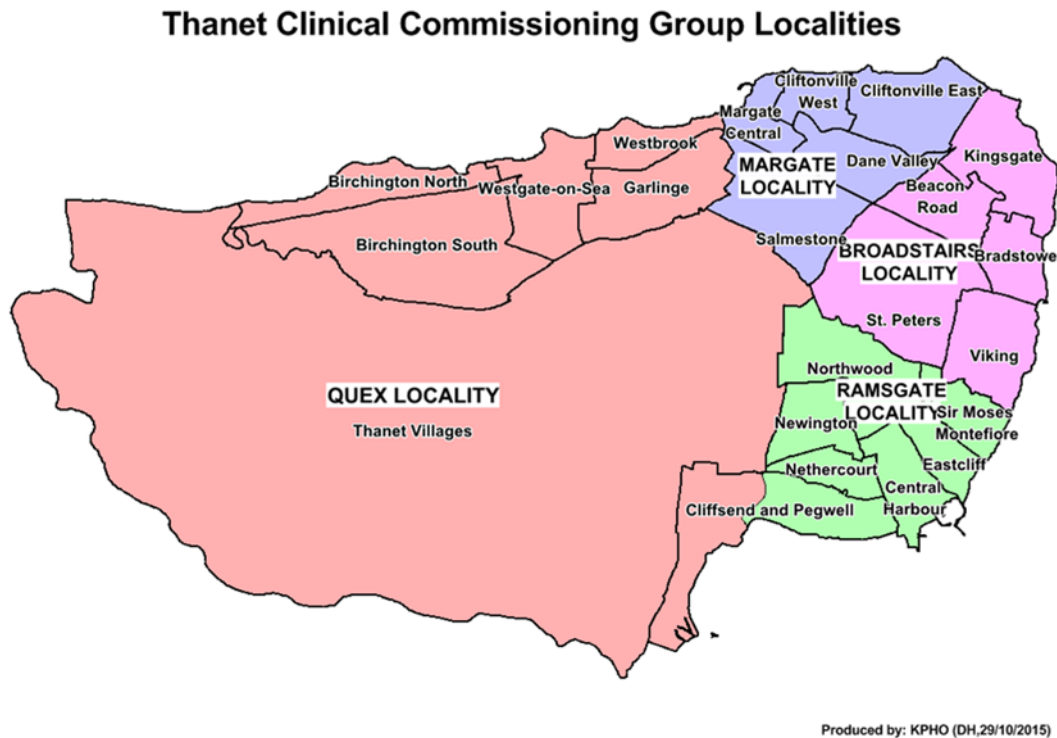
| 1. Introduction

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

| 2. Demographics

2.1 Location

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



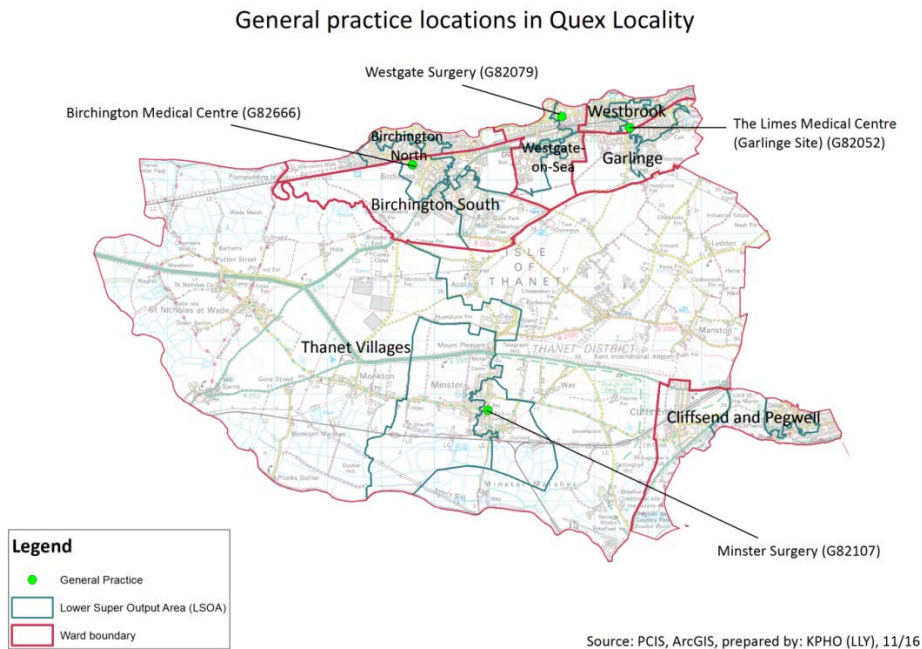
The Quex locality consists of seven electoral wards in the west of Thanet CCG:

- Birchington North
- Birchington South
- Garlinge
- Thanet Villages
- Westgate-on-Sea
- Westbrook
- Cliffsend and Pegwell¹

The map below shows the breakdown of the Quex locality into wards and lower super output areas (LSOAs). An LSOA is a geographical region which has a minimum population of

¹ Cliffsend and Pegwell ward spans both the Quex and Ramsgate localities. It has been included in the analysis of both Quex and Ramsgate.

1,000 and an average population of 1,500. The Quex locality has four general practices² located in Birchington South, Thanet Villages, Westbrook and Westgate-on-Sea wards.

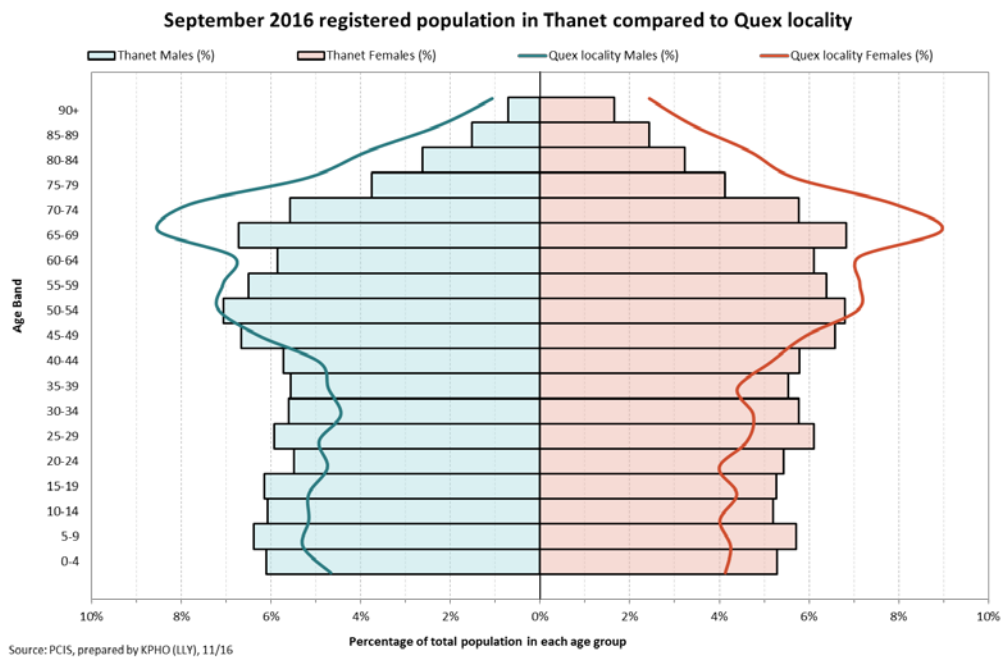


2.2 Population (registered)

As of 30.09.16, the chart below shows the population of Quex locality compared to Thanet CCG. Approximately 27,100 persons are registered to Birchington Medical Centre, Minster Surgery and Westgate Surgery³. The Quex locality has a higher proportion of people aged 55 and over than Thanet CCG as a whole, and a lower proportion of both children and younger adults.

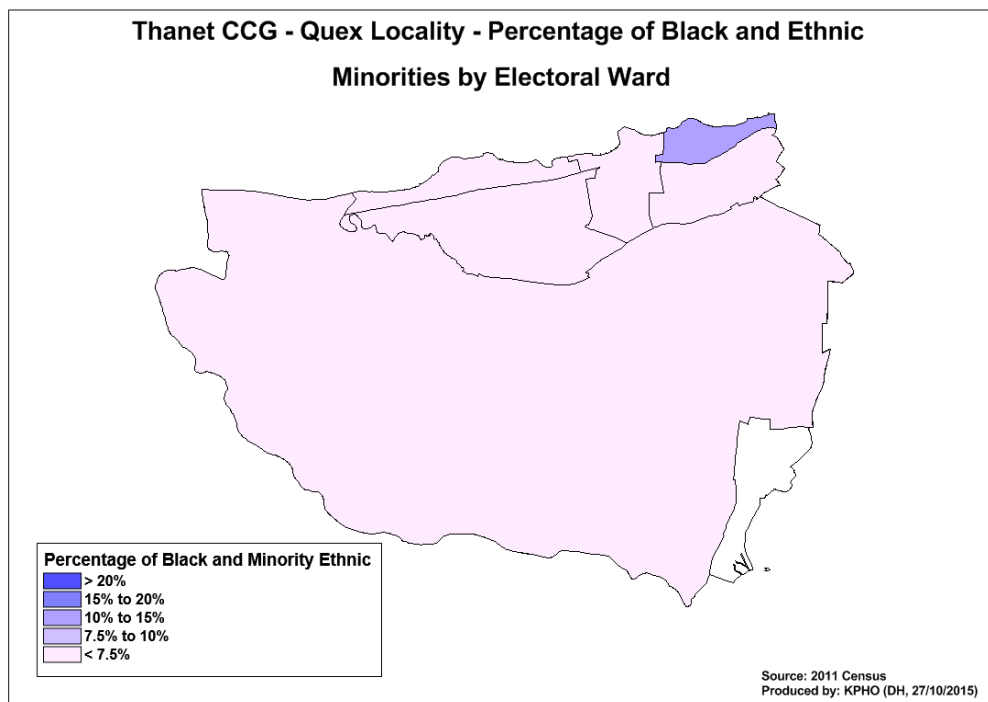
² This map features only live (open) general practices in Quex locality

³ Those patients registered to The Limes Medical Centre are included within the registered population figures for the Margate locality.



2.3 Ethnicity

The map below shows the black and minority ethnic (BME⁴) population of wards within the Quex locality. Six of the seven wards have a BME population of less than 7.5%, rising to 10.3% in Westbrook.



⁴ BME population refers to all ethnicities except White British.

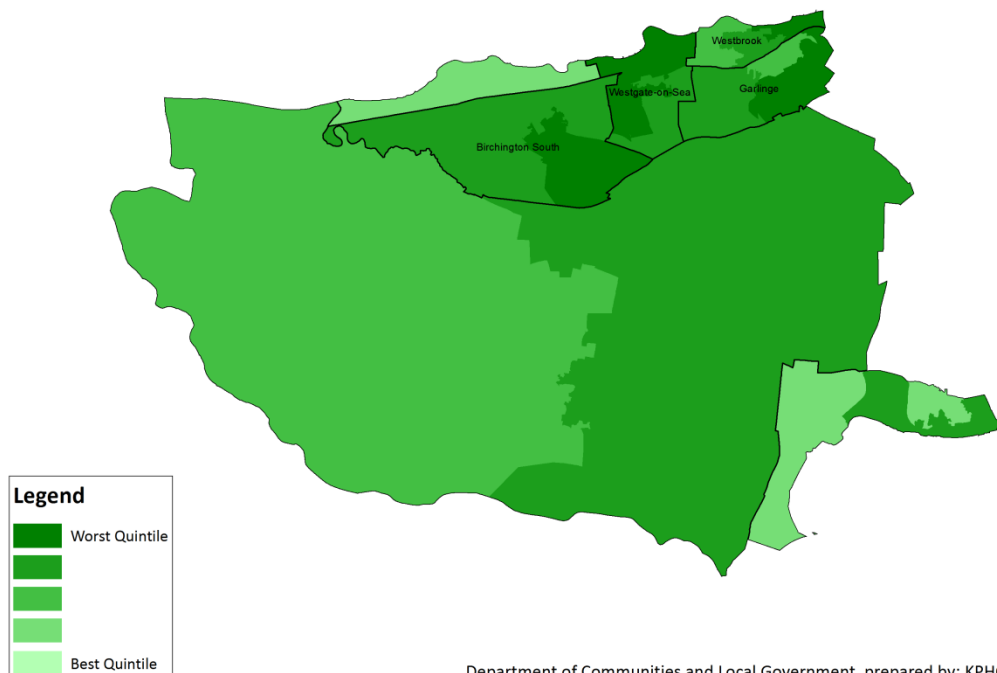
3. Socio-Economic

3.1 Deprivation

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

The map below shows the relative deprivation in the Quex locality. Parts of Birchington South, Garlinge, Westbrook and Westgate-on-Sea fall into the most deprived quintile in Kent. The Quex locality has 2 of the 88 most deprived LSOAs in Kent⁵.

Indices of Multiple Deprivation 2015: Quex Locality

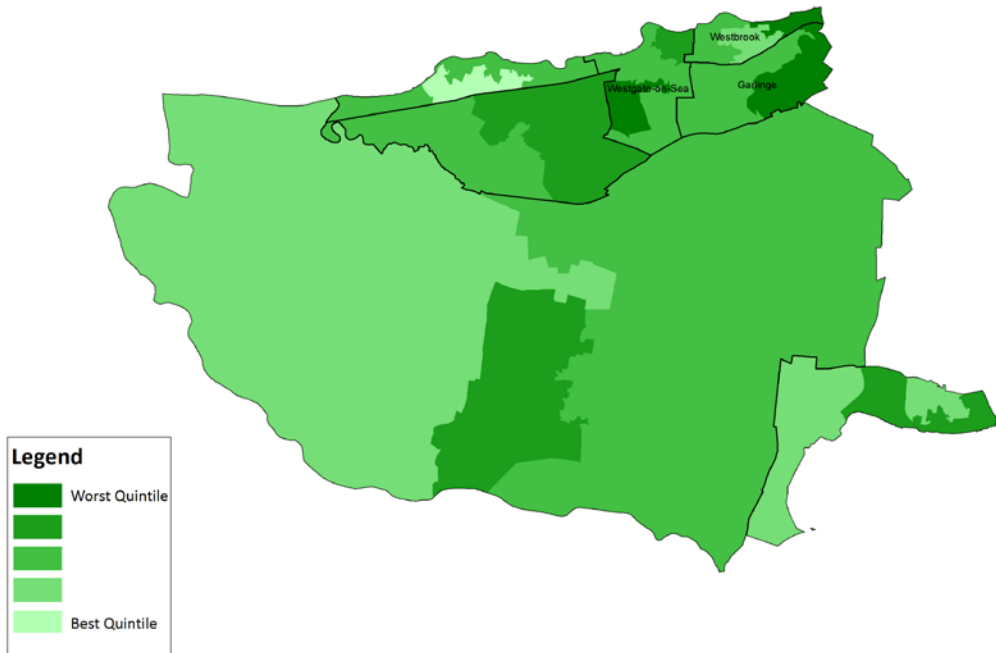


Department of Communities and Local Government, prepared by: KPHO (LLY), 11/16

The map below shows child poverty measured by the income deprivation affecting children index (IDACI) and shows a broadly similar pattern to overall deprivation.

⁵ <http://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report>

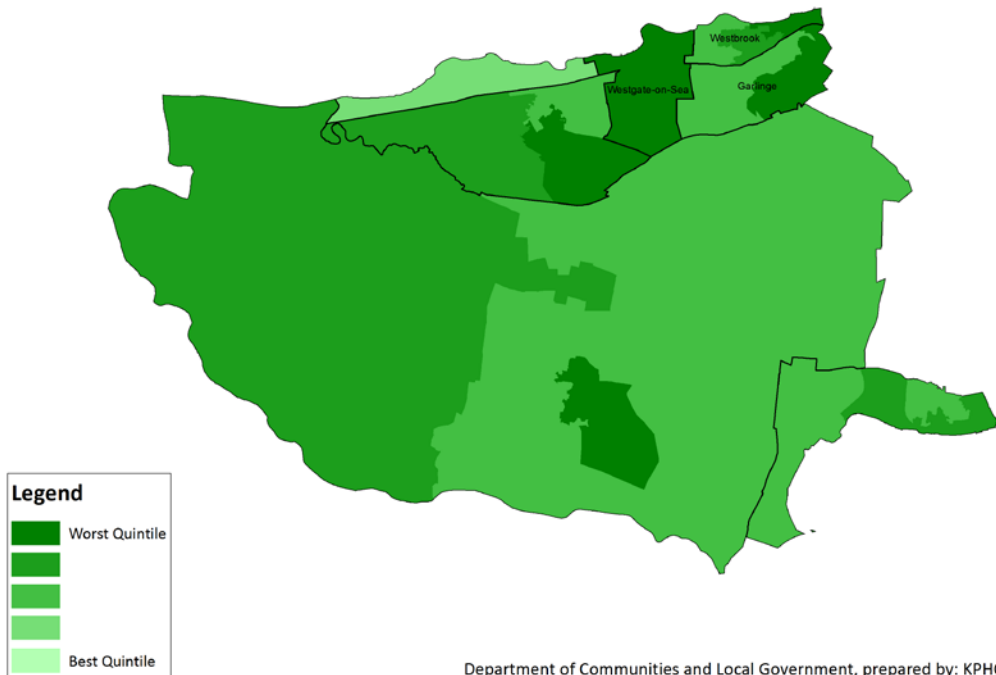
Income Deprivation Affecting Children Index: Quex Locality



Department of Communities and Local Government, prepared by: KPHO (LLY), 11/16

The last map in this section shows the income deprivation affecting older people index. This too has a similar profile to the overall deprivation in respect of the most deprived LSOAs.

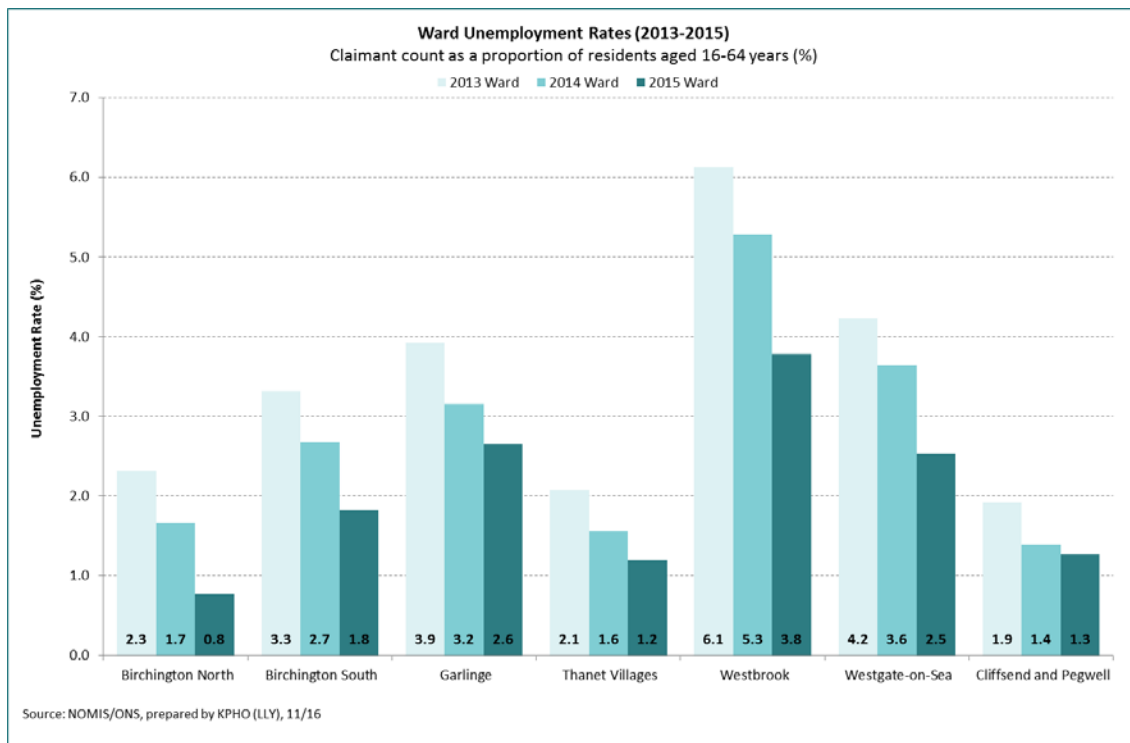
Income Deprivation Affecting Older People Index 2015: Quex Locality



Department of Communities and Local Government, prepared by: KPHO (LLY), 11/16

3.2 Unemployment

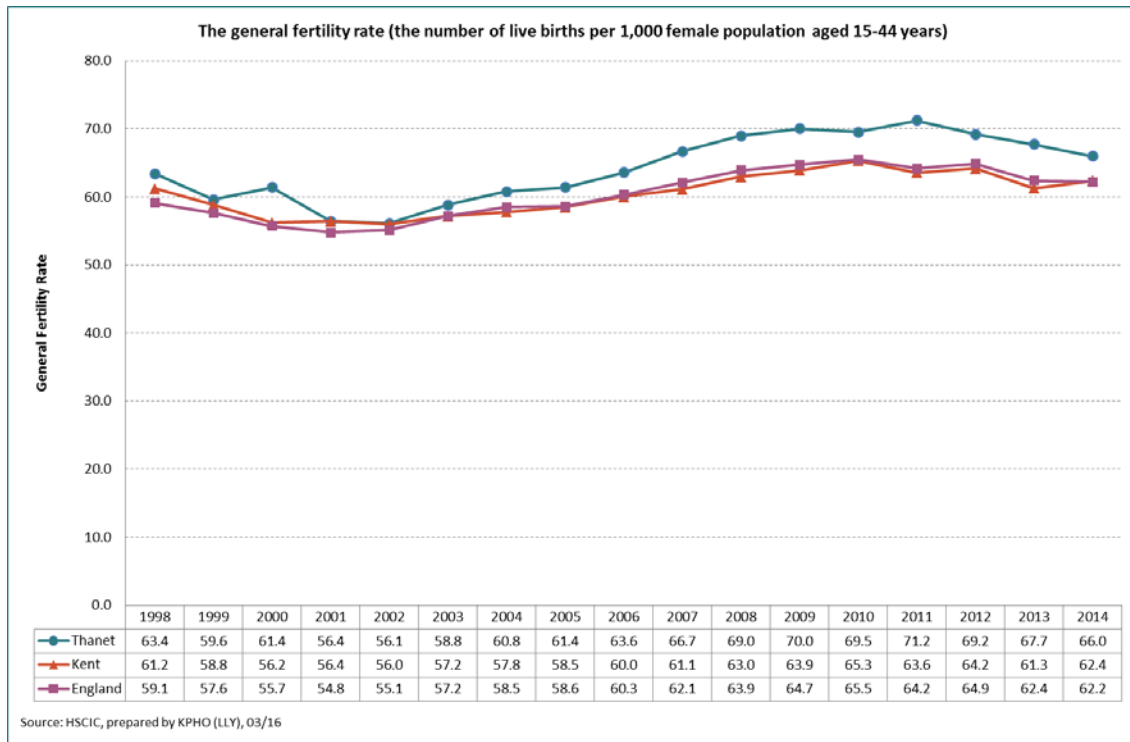
Presented at ward level within the Quex locality, unemployment rates are given as a proportion (%) of residents aged 16-64 years. All wards show a decrease in unemployment rates between 2013 and 2015. The lowest recorded unemployment rate (0.8%) was in Birchington North in 2015. Of the wards within the Quex locality, Westbrook has the highest unemployment rates, followed by Garlinge and Westgate-on-Sea.



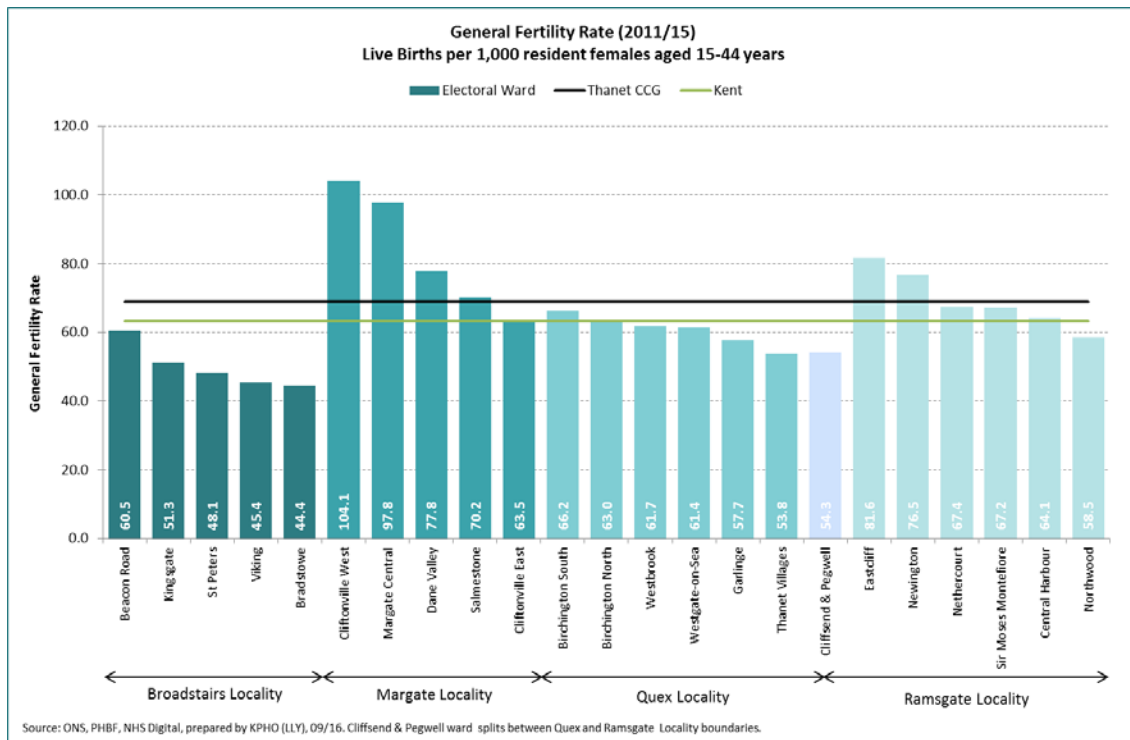
4. Maternity

4.1 General fertility rate

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



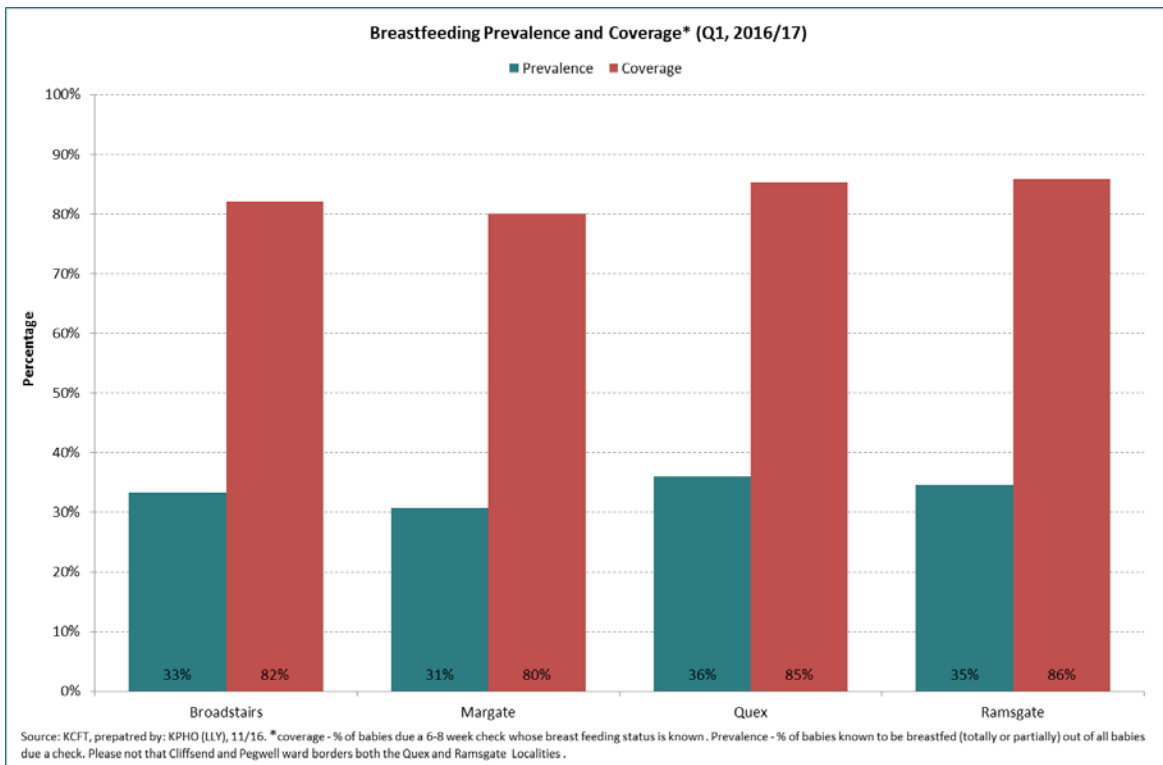
Shown at ward level, the fertility rates for the Quex locality are all below the Thanet rate (of 69.0 per 1,000 women aged 15-44 years).



4.2 Breastfeeding

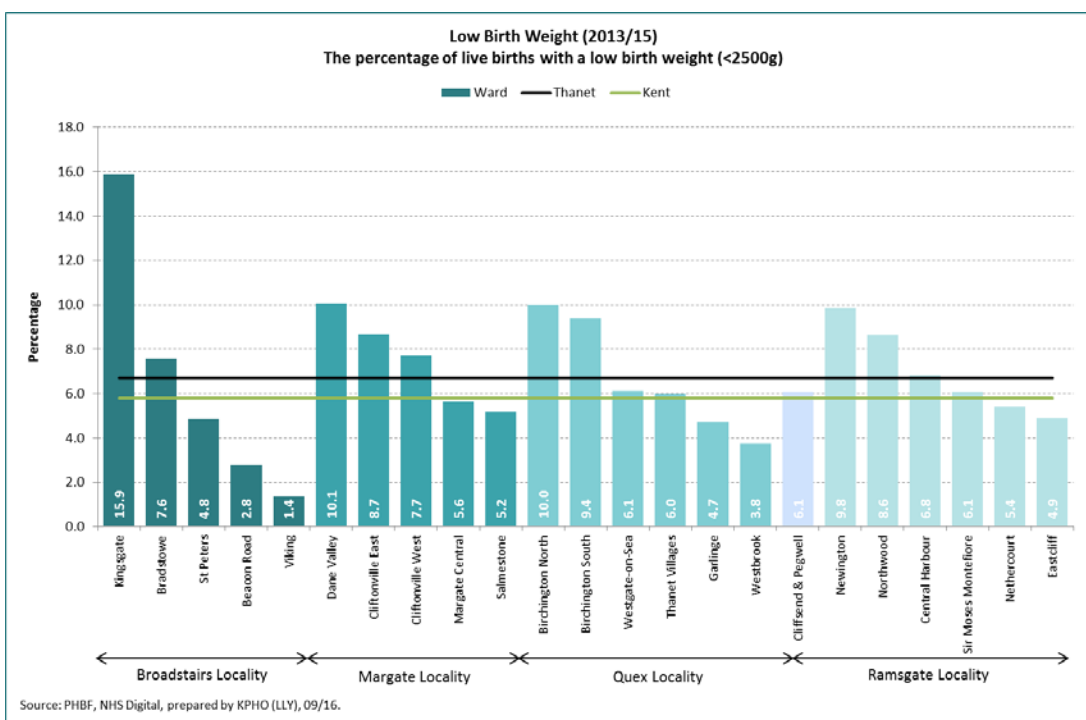
One important public health area, with regard to maternity and related child health is breast-feeding continuation. The following chart shows both the coverage of breast feeding status as well as the prevalence.

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



4.3 Low birth weight

Low birth weight (LBW) shows the percentage of babies with a birth weight of less than 2500 grams. The low birth weight indicator is a good predictor of future childhood health. Birchington North and Birchington South appear to have high rates of low birth weights (10.0% and 9.4% respectively), but these values are not statistically significantly different to the Thanet or Kent averages (of 6.7% and 5.8%).

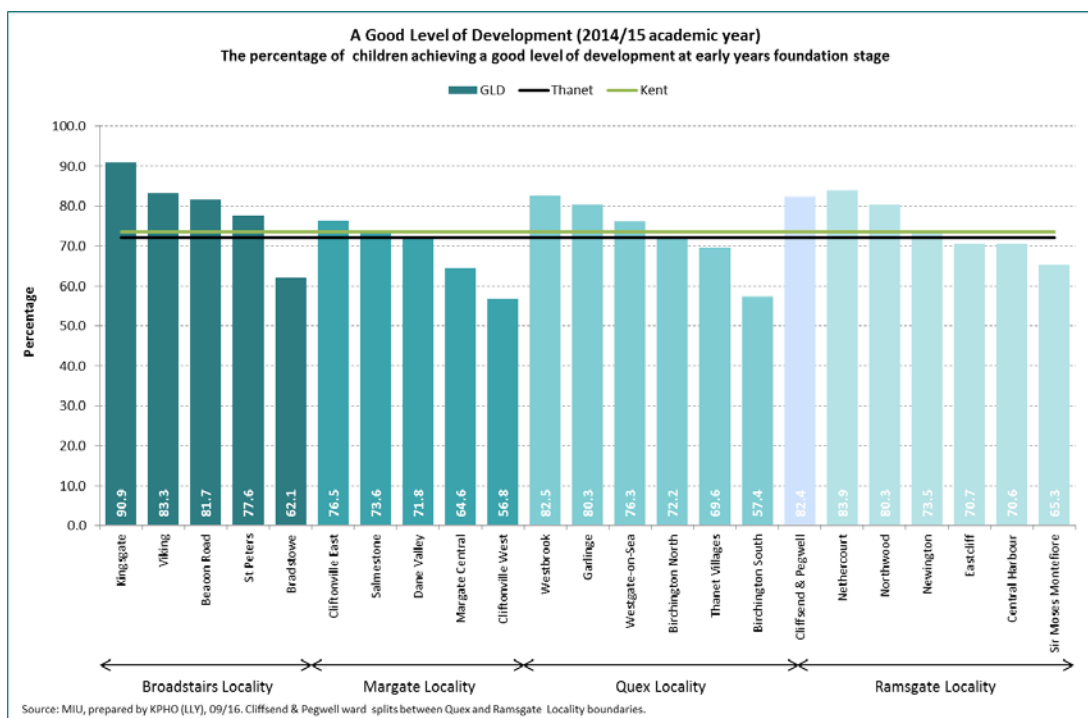


5. Education

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

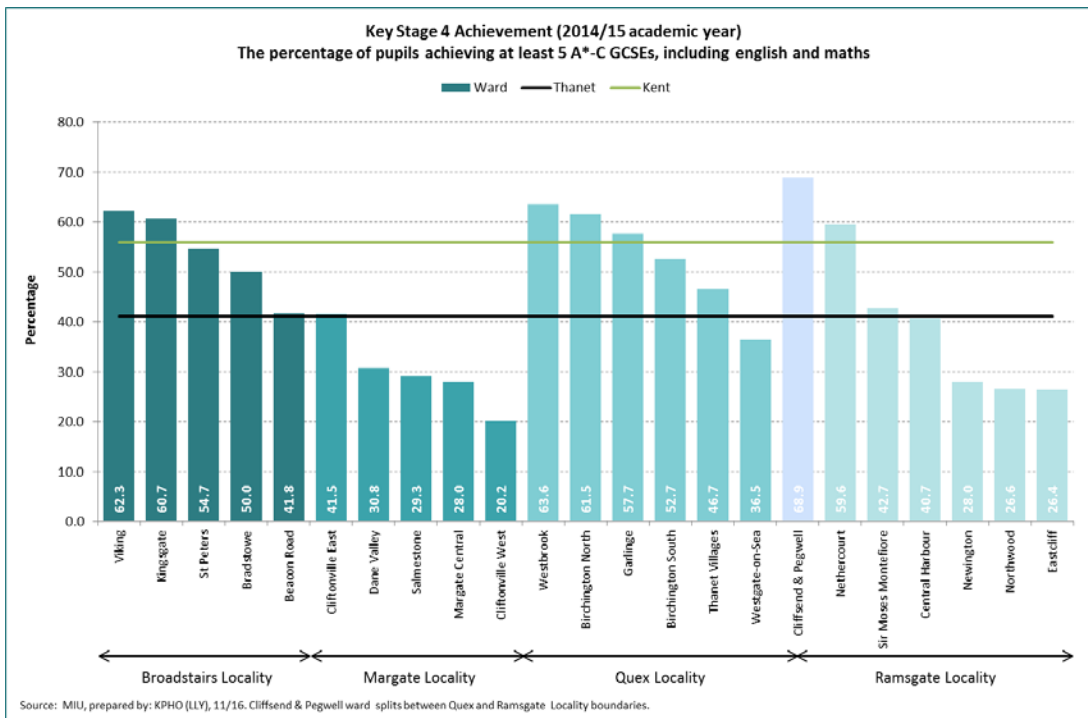
5.1 School Readiness

School readiness can be measured using the proportion of children who achieve a good level of development at the early years foundation stage (reception year). Achievement varies considerably across the Quex locality, from 82.5% in Westbrook to 57.5% in Birchington South.



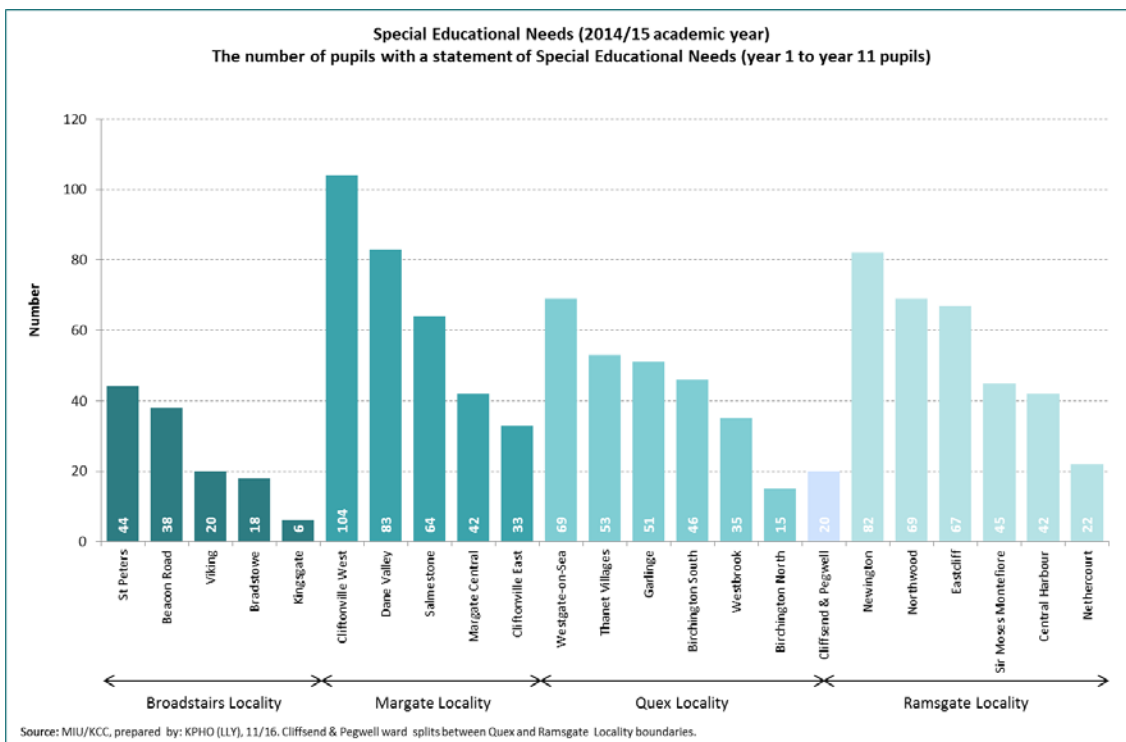
5.2 Key Stage 4 Attainment

Attainment at Key Stage 4 is measured as the proportion of pupils who achieve A*-C grades, including in English and Maths. With the exception of Westgate-on-Sea, all of the wards within the Quex locality appear to have higher proportion of pupils achieving the expected standard than the Thanet average (although this is not statistically significant for Birchington South and Thanet Villages).



5.3 Special Educational Needs

The chart below shows the numbers of pupils within each Ward with a statement of special educational needs. Within the Quex locality, SEN pupil numbers range from 69 pupils in Westgate-on-Sea to 20 pupils in Cliffsend and Pegwell, and 15 pupils in Birchington North.



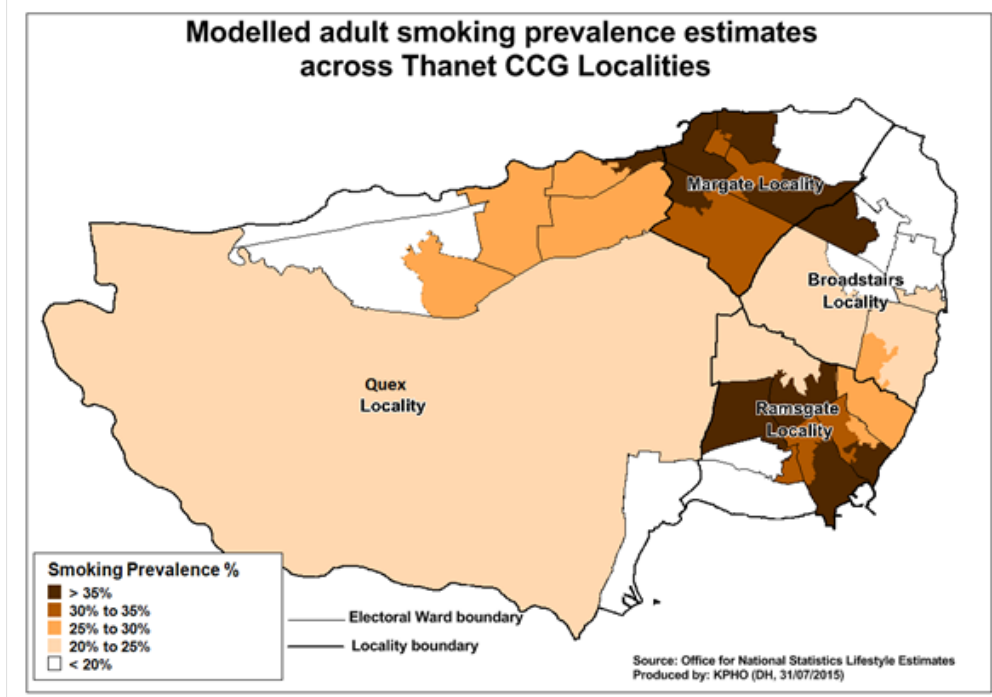
6. Lifestyles

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

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

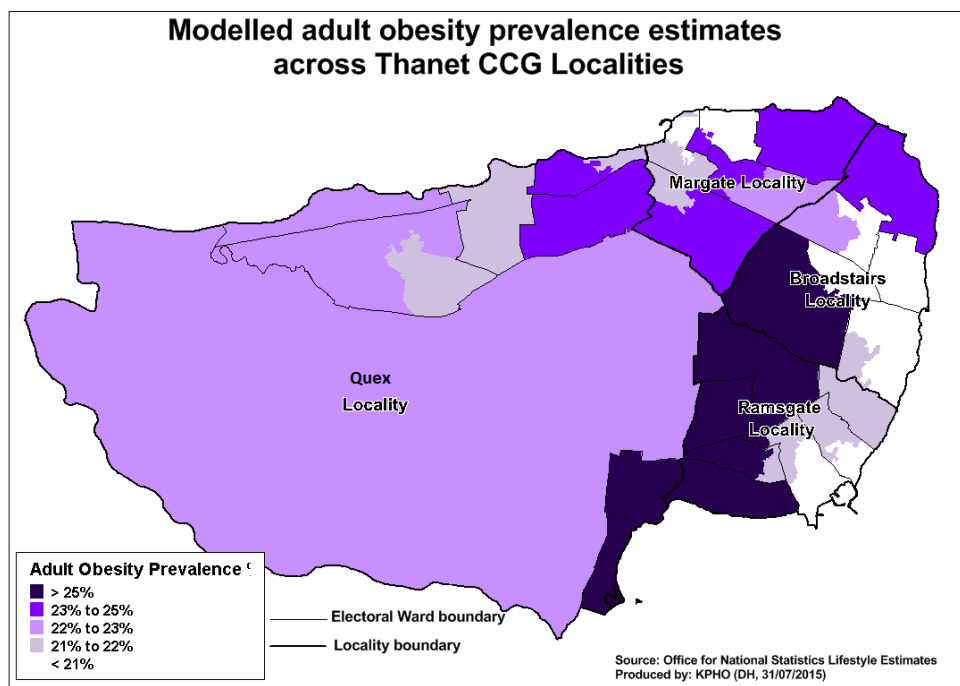
6.1 Modelled adult smoking prevalence

Within the Quex locality, modelled smoking prevalence is highest in Garlinge, Westbrook, Westgate-on-Sea and parts of Birchington South, at between 25% and 30%.



6.2 Modelled adult obesity prevalence

Modelled adult obesity prevalence within the Quex locality is highest in Garlinge and parts of Westbrook (at between 23% and 25%).

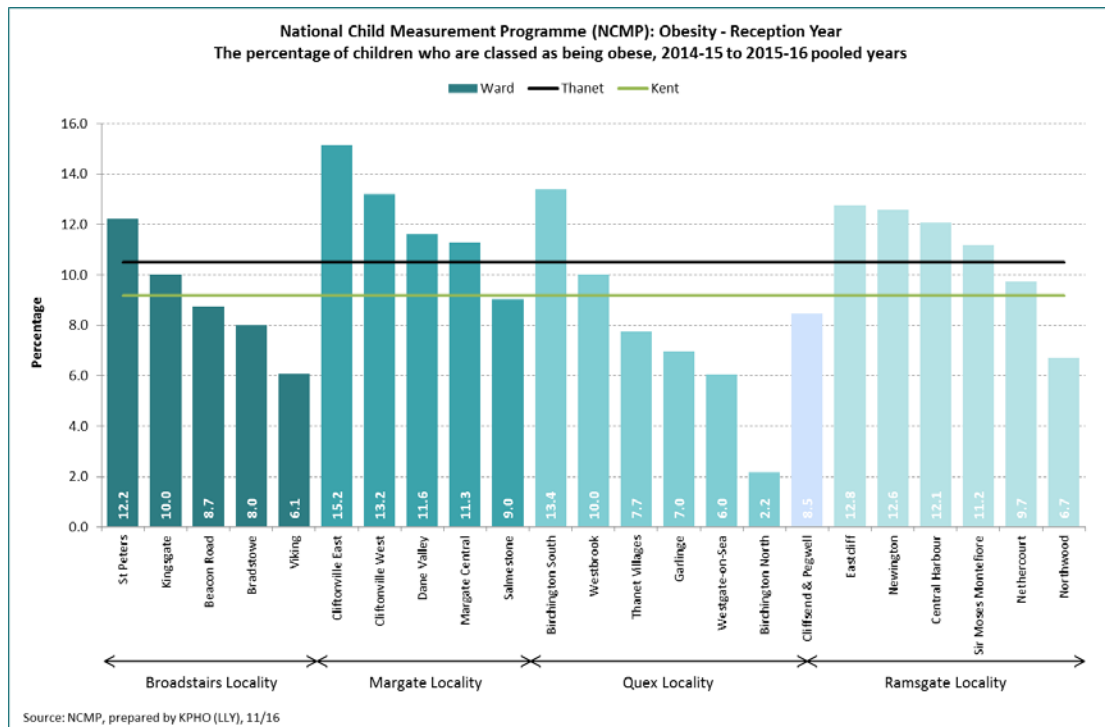


6.3 Childhood obesity

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

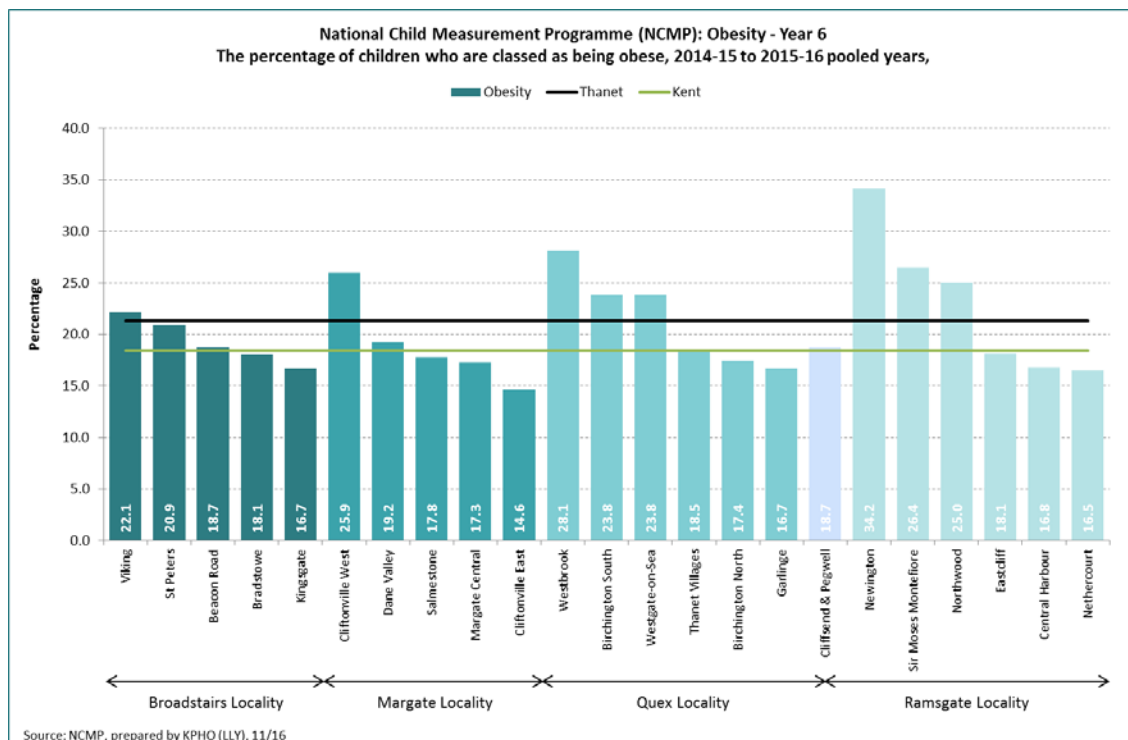
6.3.1 Reception year

Within the Quex locality, reception year obesity rates range from 2.2% in Birchington North to 13.4% in Birchington South and 10.0% in Westbrook. There are no statistically significant differences between the wards in the Quex locality, or compared within the Thanet and Kent averages.



6.3.2 Year 6

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



7. Quality Outcomes Framework

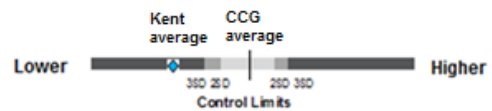
7.1 Recorded prevalence

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

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

Key:

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



Quex Locality and General Practices

Overall the key findings for the Quex locality:

- Higher recorded prevalence of long term conditions can generally be observed across the locality for the majority of practices. This can be observed for atrial fibrillation, cancer, chronic kidney disease, coronary heart disease, dementia, diabetes, heart failure, hypertension and stroke.
 - Of the long term conditions, hypertension represents the highest numbers across the locality. An increasing hypertension trend of 0.32% with each passing year was observed for the locality, higher than the 0.07% increase for Thanet CCG.
 - Based on past trends, total Kent and locality hypertension patient registers could be projected to grow by 382 and 18 persons respectively with each passing year.
- Some lower recorded prevalence can be observed for practice G82107 for dementia, learning disabilities and mental health.

Quex locality, Quality & Outcomes Framework: recorded prevalence

Indicator	Locality prevalence		Trend		CCG prevalence			
	Number	%	Recent	Long	Average	Low	Range	High
Asthma	1574	5.9	↔	↑	5.8	4.6		7.5
Atrial fibrillation	838	3.1	↔	↑	2.2	0.9		3.9
Cancer	1067	4.0	↑	↑	3.0	1.4		5.0
Chronic Kidney Disease	1876	8.4	↔	↑	6.3	2.2		9.7
Chronic Obstructive Pulmonary Disease	910	3.4	↔	↑	3.1	1.7		4.8
Coronary Heart Disease	1259	4.7	↔	↔	3.7	1.8		5.7
Dementia	325	1.2	↑	↔	0.9	0.3		1.7
Diabetes	1888	8.3	↔	↑	7.5	5.5		9.0
Epilepsy	191	0.9	↔	↔	0.9	0.5		1.2
Heart Failure	326	1.2	↔	↔	0.9	0.3		1.4
Hypertension	5470	20.4	↔	↑	16.9	8.6		23.2
Learning Disabilities	165	0.6	↔	↔	0.6	0.2		1.1
Mental Health	288	1.1	↔	↑	1.1	0.6		1.6
Obesity	2587	11.6	↔	↑	10.2	5.5		14.9
Palliative Care	69	0.3	↔	↑	0.3	0.0		0.8
Stroke	736	2.8	↔	↔	2.1	1.1		3.2

The Quality Outcomes Framework for the Locality has been based on data from the three general practices listed below.

Practice G82079, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	551	5.6	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	281	2.9	↔	↑	2.2	0.9		3.9	
Cancer	346	3.5	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	605	7.4	↓	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	313	3.2	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	426	4.3	↔	↔	3.7	1.8		5.7	
Dementia	171	1.7	↔	↔	0.9	0.3		1.7	
Diabetes	675	8.2	↔	↑	7.5	5.5		9.0	
Epilepsy	77	1.0	↔	↔	0.9	0.5		1.2	
Heart Failure	118	1.2	↔	↓	0.9	0.3		1.4	
Hypertension	1720	17.4	↔	↑	16.9	8.6		23.2	
Learning Disabilities	85	0.9	↔	↔	0.6	0.2		1.1	
Mental Health	159	1.6	↔	↑	1.1	0.6		1.6	
Obesity	1186	14.6	↔	↑	10.2	5.5		14.9	
Palliative Care	33	0.3	↔	↑	0.3	0.0		0.8	
Stroke	270	2.7	↔	↔	2.1	1.1		3.2	

Practice G82107, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	503	6.3	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	211	2.6	↔	↑	2.2	0.9		3.9	
Cancer	272	3.4	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	525	8.0	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	264	3.3	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	327	4.1	↔	↓	3.7	1.8		5.7	
Dementia	48	0.6	↔	↑	0.9	0.3		1.7	
Diabetes	514	7.8	↔	↑	7.5	5.5		9.0	
Epilepsy	41	0.6	↔	↑	0.9	0.5		1.2	
Heart Failure	81	1.0	↔	↔	0.9	0.3		1.4	
Hypertension	1674	20.9	↔	↑	16.9	8.6		23.2	
Learning Disabilities	29	0.4	↔	↑	0.6	0.2		1.1	
Mental Health	48	0.6	↔	↑	1.1	0.6		1.6	
Obesity	713	10.9	↔	↔	10.2	5.5		14.9	
Palliative Care	20	0.3	↔	↔	0.3	0.0		0.8	
Stroke	184	2.3	↔	↑	2.1	1.1		3.2	

Practice G82666, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	520	5.8	↔	↑	5.8	4.6		7.5	
Atrial fibrillation	346	3.9	↑	↑	2.2	0.9		3.9	
Cancer	449	5.0	↑	↑	3.0	1.4		5.0	
Chronic Kidney Disease	746	9.7	↑	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	333	3.7	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	506	5.7	↔	↔	3.7	1.8		5.7	
Dementia	106	1.2	↑	↑	0.9	0.3		1.7	
Diabetes	699	9.0	↔	↑	7.5	5.5		9.0	
Epilepsy	73	1.0	↔	↔	0.9	0.5		1.2	
Heart Failure	127	1.4	↔	↔	0.9	0.3		1.4	
Hypertension	2076	23.2	↑	↑	16.9	8.6		23.2	
Learning Disabilities	51	0.6	↔	↔	0.6	0.2		1.1	
Mental Health	81	0.9	↔	↑	1.1	0.6		1.6	
Obesity	688	8.9	↔	↔	10.2	5.5		14.9	
Palliative Care	16	0.2	↔	↔	0.3	0.0		0.8	
Stroke	282	3.2	↔	↔	2.1	1.1		3.2	

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

7.2 Clinical achievement

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

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



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

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

Quex Locality and General Practices

Overall the key findings for the Quex locality:

- Generally higher than average achievement for many of the clinical indicators, demonstrating recent improvement for blood pressure management within coronary heart disease.
- A small, non-significant, increase in all 3 general practices has led to a significant increase at locality level.

Quex locality, Quality & Outcomes Framework: clinical achievement

Indicator	Quex achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	298	88.7	↔	5.9	87.4	76.5		96.0
Review, asthma	1158	79.3	↔	7.2	72.6	42.3		97.7
Review, cancer	158	93.5	↔	29.6	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	1114	94.7	↑	6.6	92.0	77.0		97.0
Record of FEV1, COPD	665	92.0	↔	20.5	84.4	59.1		95.2
Review, dementia	234	82.7	↔	12.9	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	1262	78.1	↔	14.4	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	4393	83.6	↔	3.9	80.9	65.6		93.4

The Quality Outcomes Framework for the Locality has been based on data from the three general practices listed below.

Practice G82079, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	91	85.1	↔	3.6	87.4	76.5		96.0
Review, asthma	383	70.8	↔	1.8	72.6	42.3		97.7
Review, cancer	40	95.2	↔	40.0	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	354	94.7	↔	12.2	92.0	77.0		97.0
Record of FEV1, COPD	237	90.1	↔	16.0	84.4	59.1		95.2
Review, dementia	102	75.6	↓	21.1	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	422	85.1	↑	26.5	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1345	84.0	↔	6.9	80.9	65.6		93.4

Practice G82107, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	110	85.9	↔	0.8	87.4	76.5		96.0
Review, asthma	358	72.8	↔	2.2	72.6	42.3		97.7
Review, cancer	33	94.3	↔	32.7	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	296	93.1	↔	2.8	92.0	77.0		97.0
Record of FEV1, COPD	184	91.5	↔	23.9	84.4	59.1		95.2
Review, dementia	36	80.0	↔	6.3	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	363	78.9	↔	10.5	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1356	83.1	↔	2.5	80.9	65.6		93.4

Practice G82666, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	97	96.0	↑	13.7	87.4	76.5		96.0
Review, asthma	417	97.7	↑	17.9	72.6	42.3		97.7
Review, cancer	85	92.4	↓	22.0	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	464	95.9	↔	4.3	92.0	77.0		97.0
Record of FEV1, COPD	244	94.2	↑	22.2	84.4	59.1		95.2
Review, dementia	96	93.2	↑	2.8	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	477	72.3	↔	5.6	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1692	83.7	↓	2.6	80.9	65.6		93.4

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

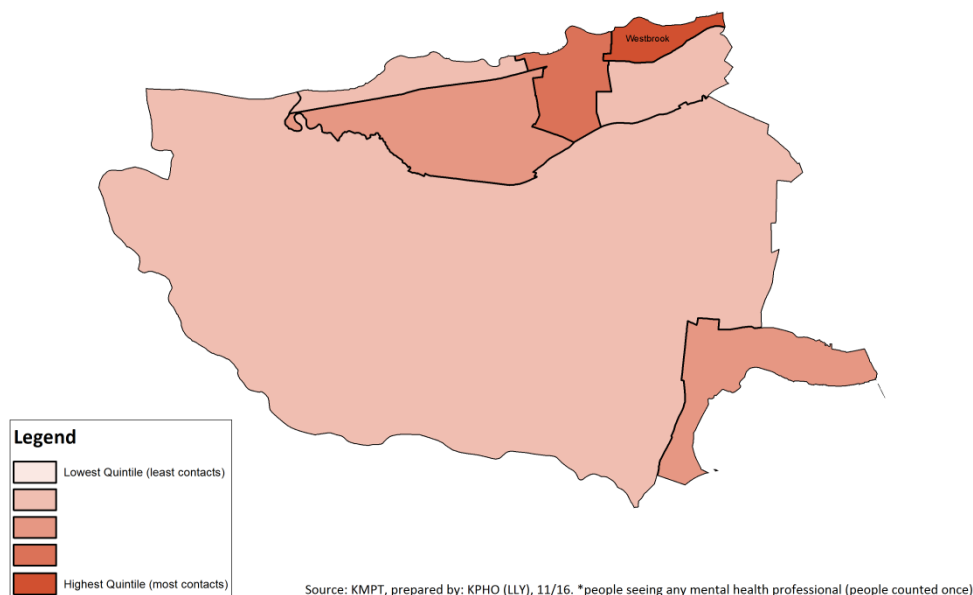
8. Mental Health

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

8.1 Contact rates (16-64)

Mental health contact rates amongst those aged 16-64 are high in Westbrook, and in the second quintile in Westgate-on-Sea.

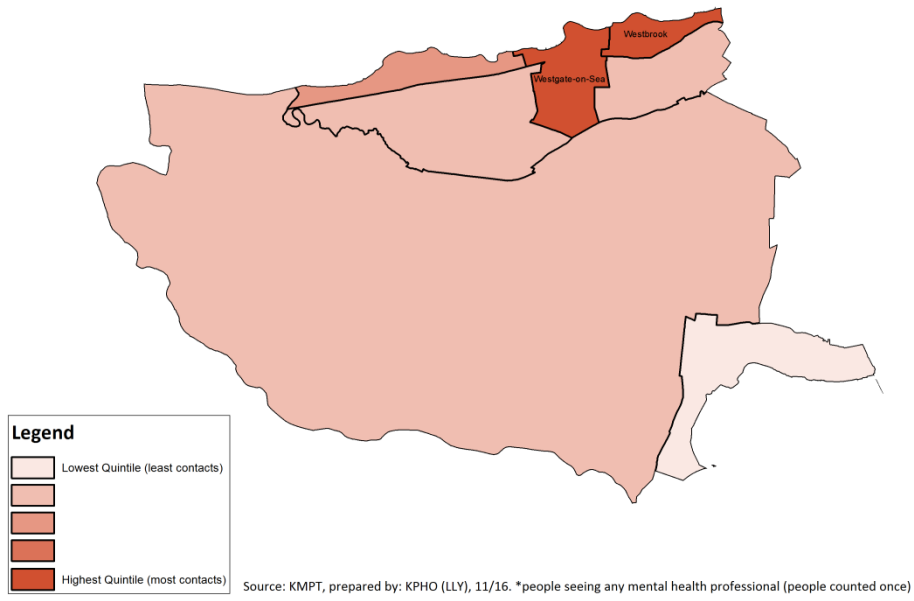
Mental Health Contact Rates* (16-64 years) 2015: Quex Locality



8.2 Contact rates (65+)

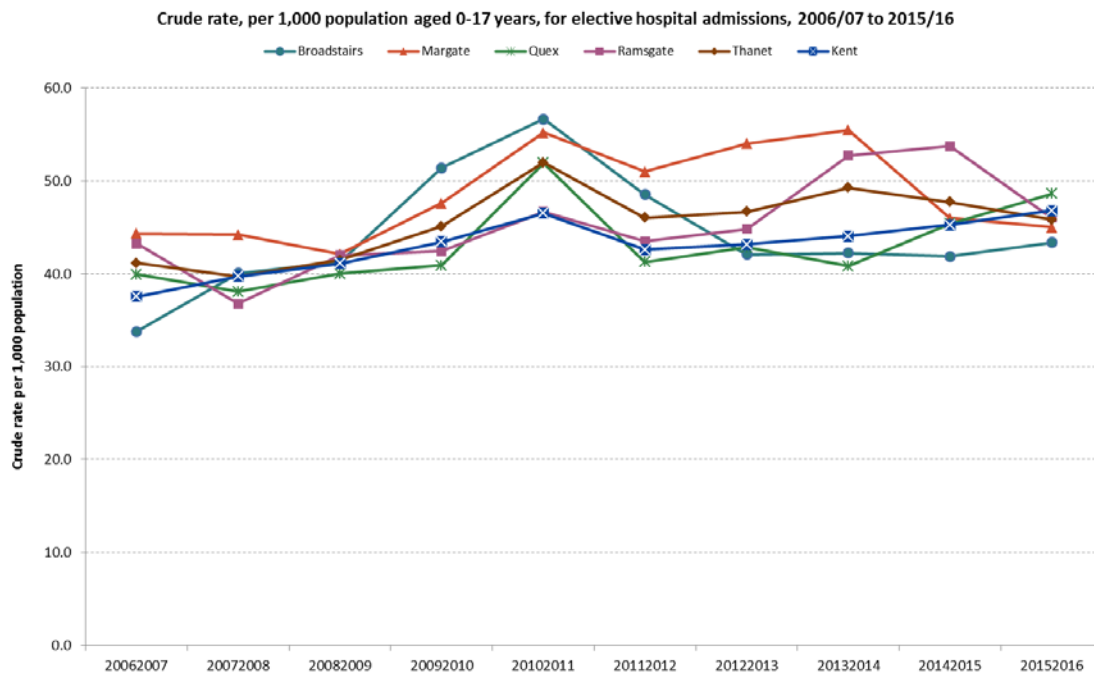
Mental health contact rates amongst those aged 65 plus are also high in both Westbrook and Westgate-on-Sea.

Mental Health Contact Rates* (65 years plus) 2015: Quex Locality



9. Hospital Admissions

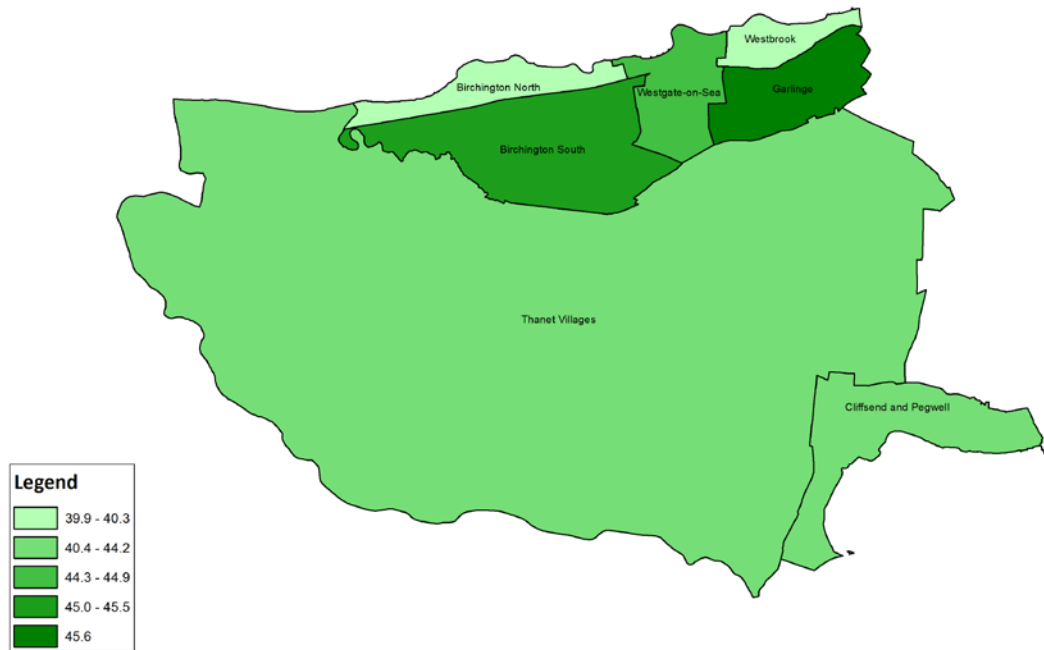
9.1.1 Under 18



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

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

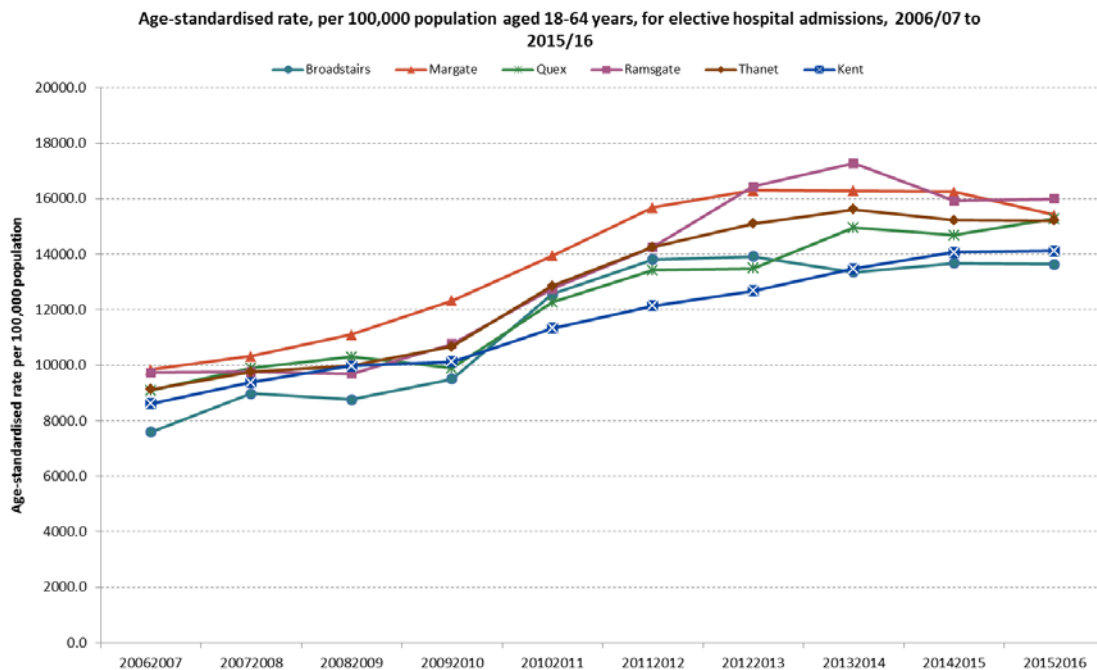
Crude rate per 10,000 population for elective hospital admissions for those aged under 18 years, 2011/12-2015/16



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

Garlinge has the highest rate of elective admissions amongst those aged under 18 years (45.6 per 10,000 population).

9.1.2 Ages 18 to 64

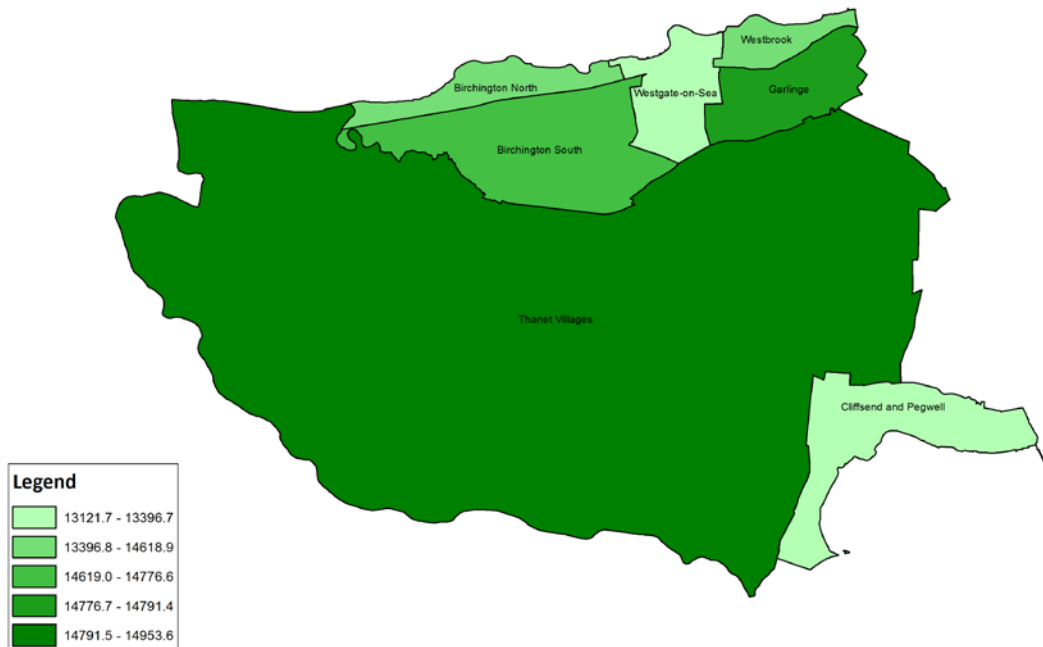


Source: SUS/ONS, prepared by KPHO (RK), 03/17

The rates for elective admissions aged 18-64 years have steadily increased from 2006/07 to 2015/16 for all localities, Thanet as a whole and Kent. During 2015/16, Margate (15,412.2

per 100,000 population), Quex (15,277.8) and Ramsgate (15,994.1) localities all had a significantly higher rate than Kent (14,115.9). All the localities had a significantly higher rate than Thanet (15,210.1).

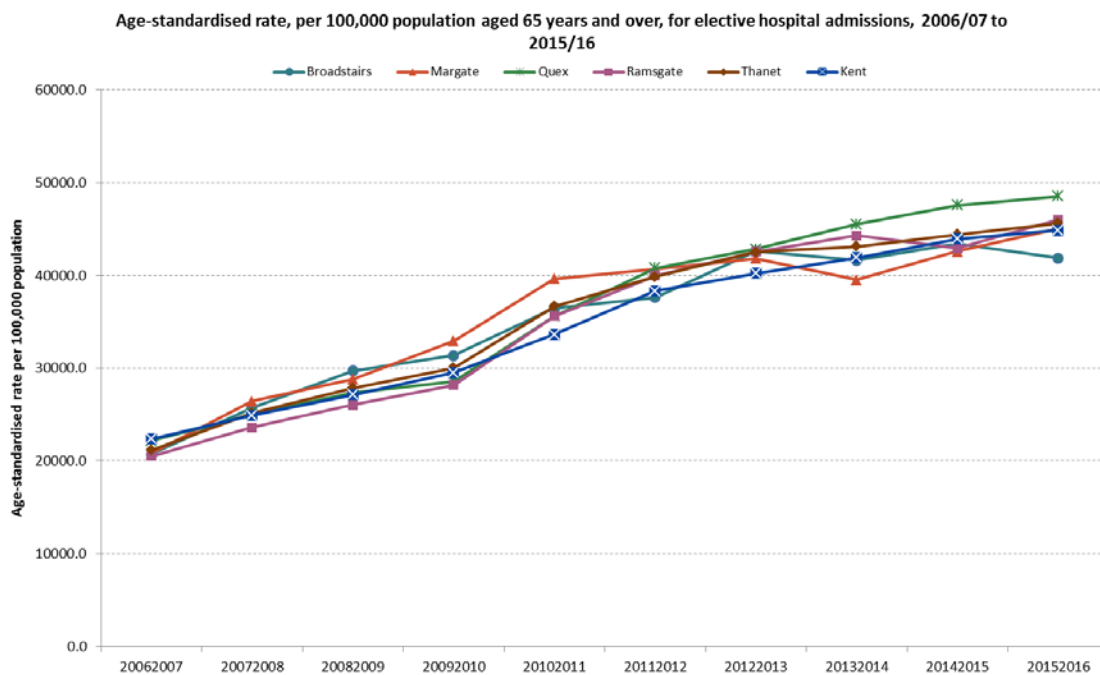
Age standardised rate per 100,000 population for elective hospital admissions for those aged 18-64 years, 2011/12-2015/16



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

Thanet Villages falls within the top quintile for elective admissions amongst those aged 18-64 years.

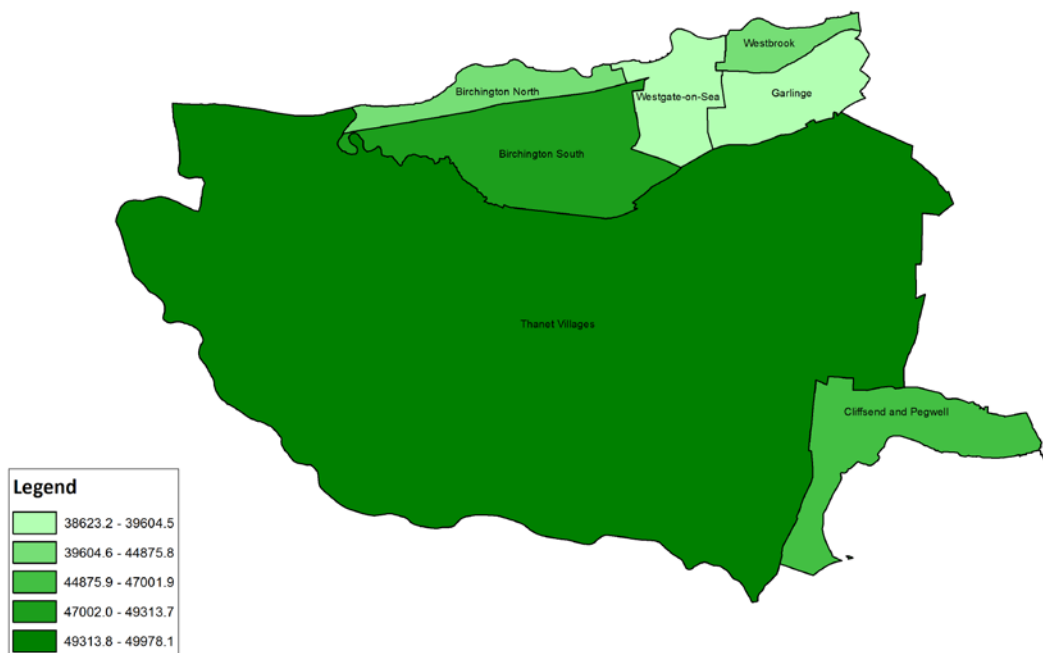
9.1.3 Age 65 and above



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

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

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

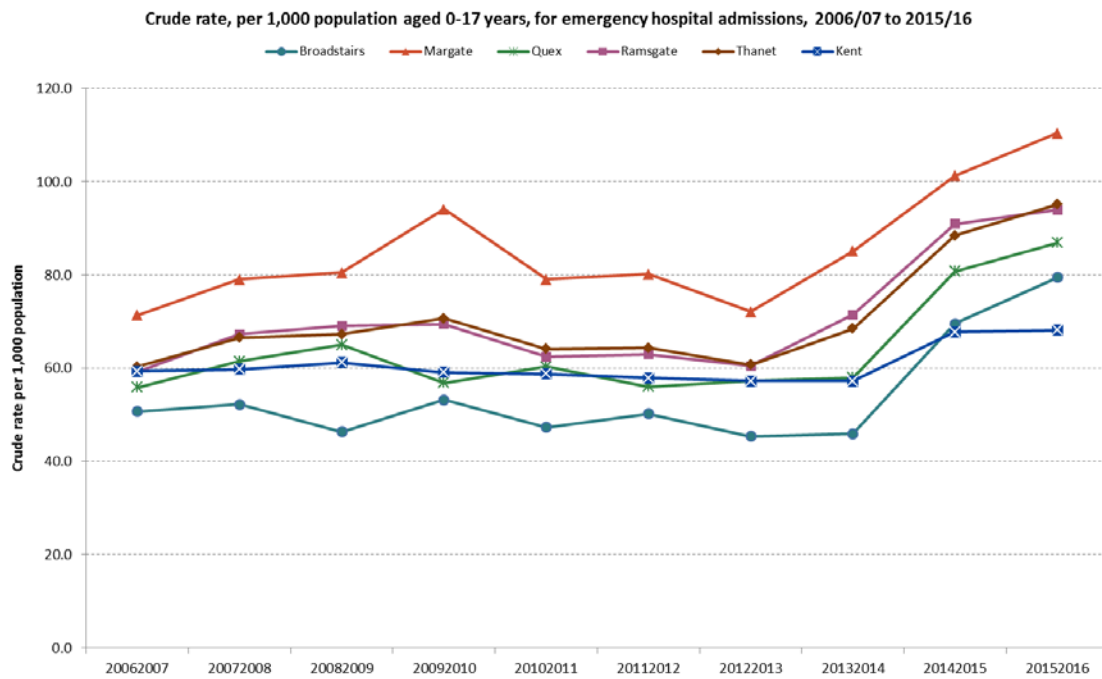


Source: SUS, prepared by: KPHO (LLY), 03/17

Thanet Villages falls within the top quintile for elective admissions amongst those aged 65 years and over.

9.2 Emergency admissions

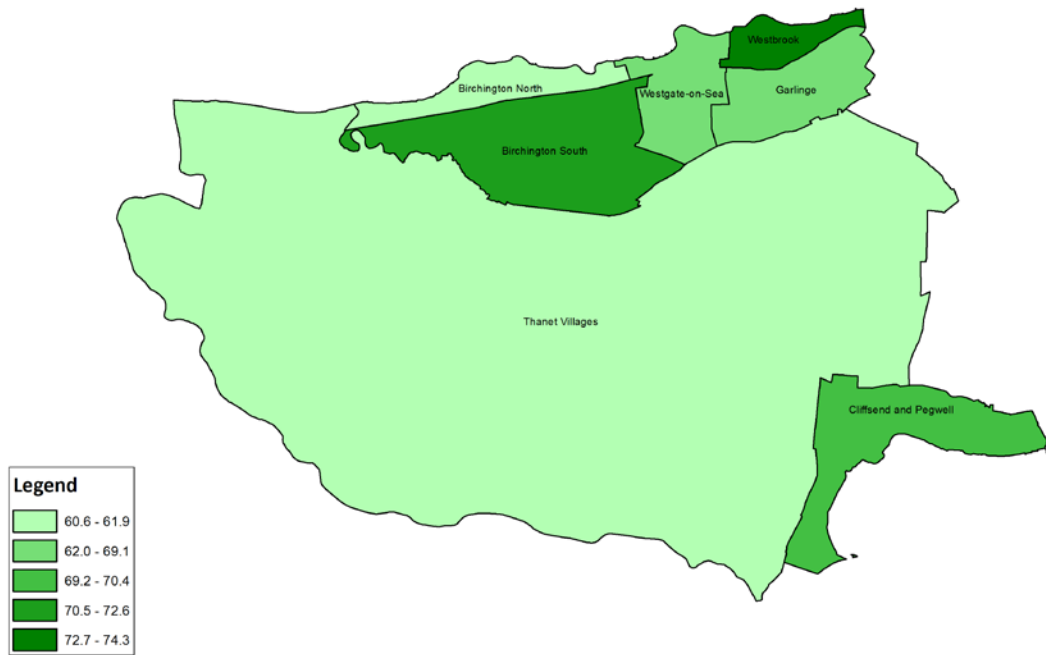
9.2.1 Under 18



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

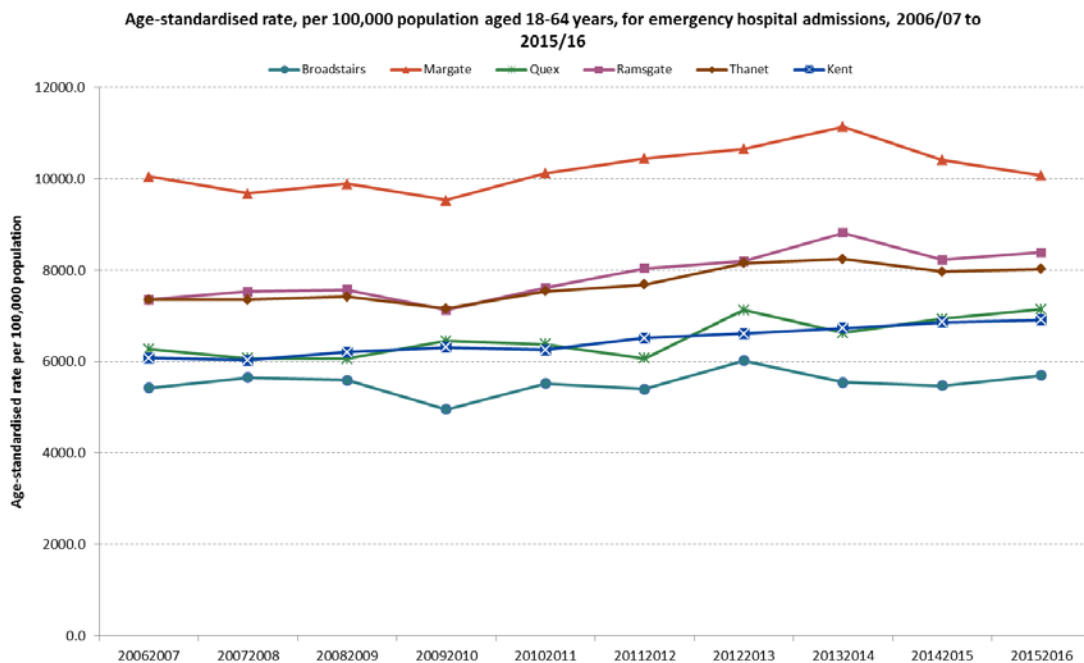
The under 18 emergency admission trend remained fairly static from 2006/07 to 2013/14 before sharply increasing in recent years. All localities, and Thanet, had a significantly higher rate than Kent (68.1 per 100,000 population) in 2015/16.

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



Emergency hospital admissions for those aged under 18 years are highest in Westbrook.

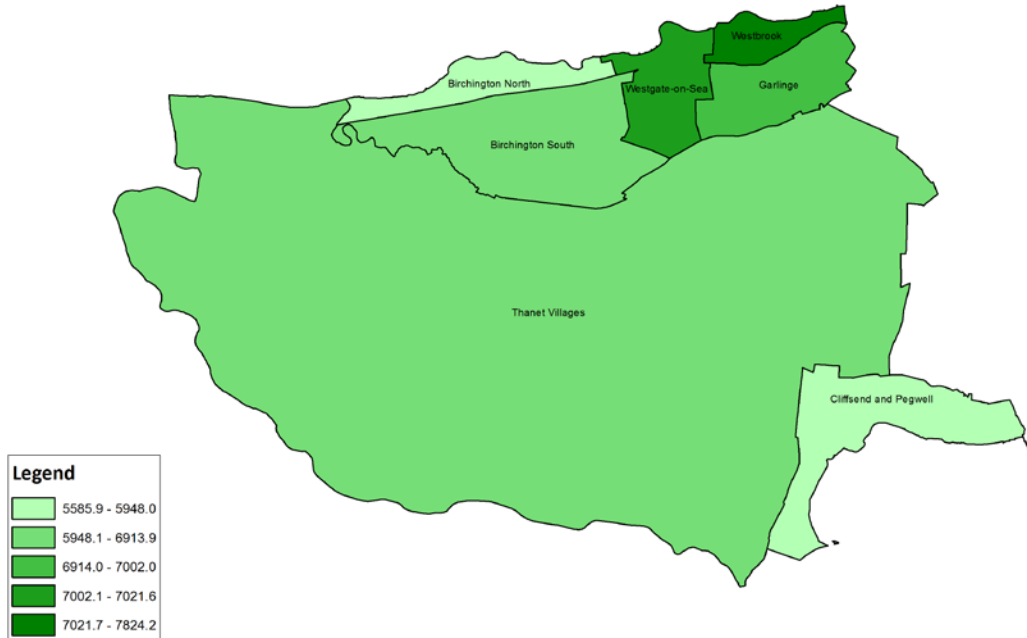
9.2.2 Ages 18 to 64



There has been a marginal increase for emergency admission rates for those aged 18-64 years from 2006/07 to 2015/16. In 2015/16, Margate (10,081.3 per 100,000 population) and

Ramsgate (8,386.6) had a significantly higher rate than Kent (6,914.0). The rate for Thanet (8,027.7) in 2015/16 was also significantly higher than Kent.

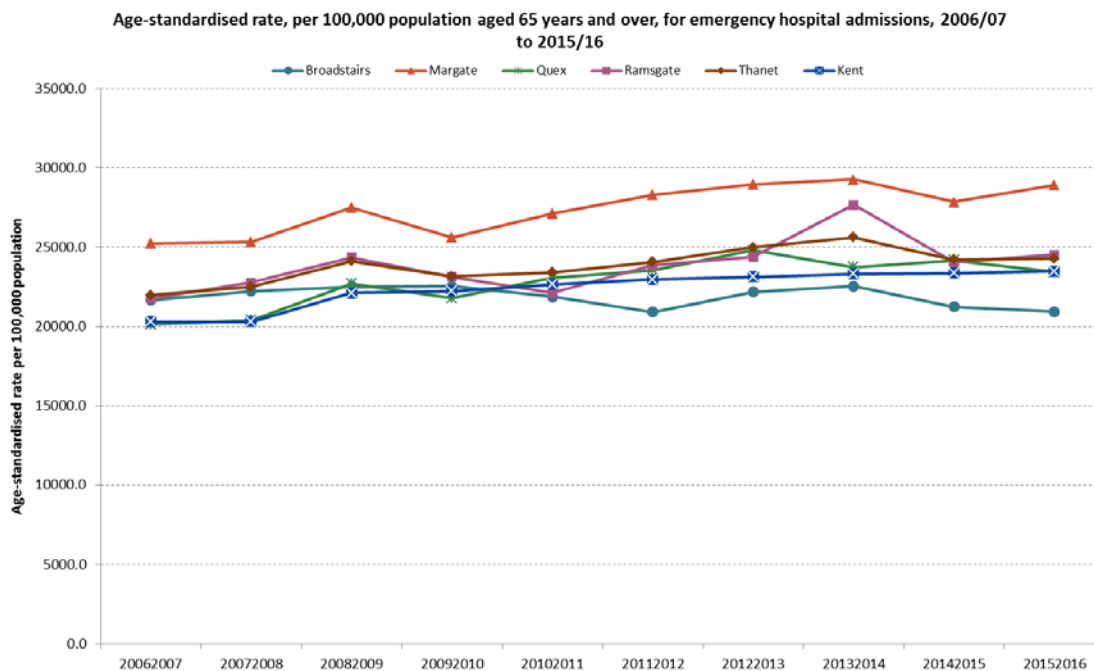
Age standardised rate per 100,000 population for emergency hospital admissions for those aged 18-64 years, 2011/12-2015/16



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

Westbrook has the highest rate of emergency hospital admissions for those aged 18-65 years.

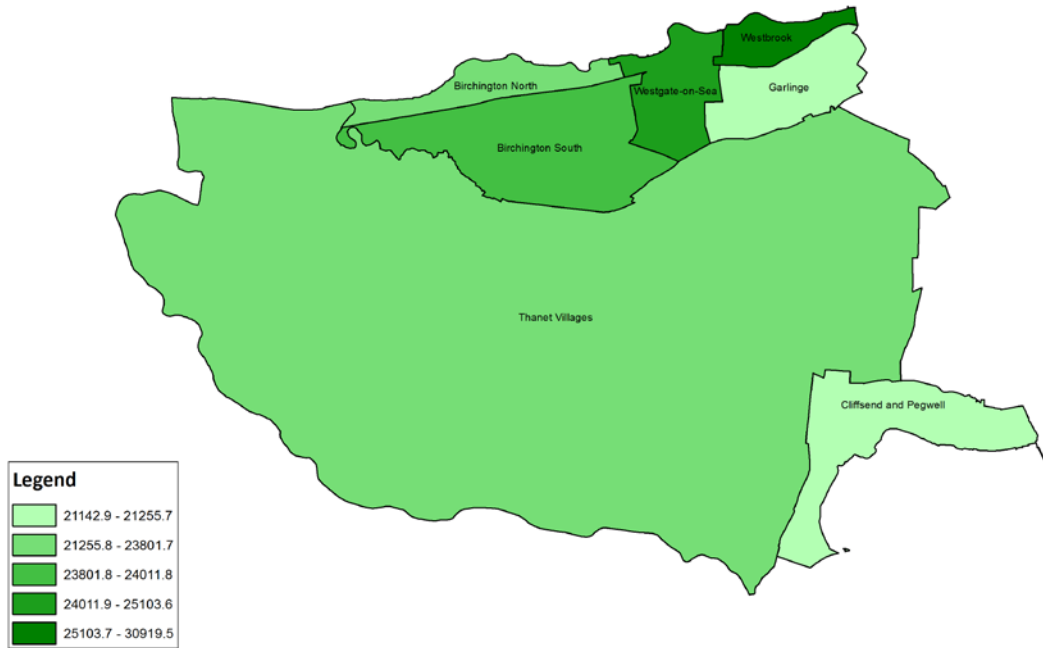
9.2.3 Ages 65 and above



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

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

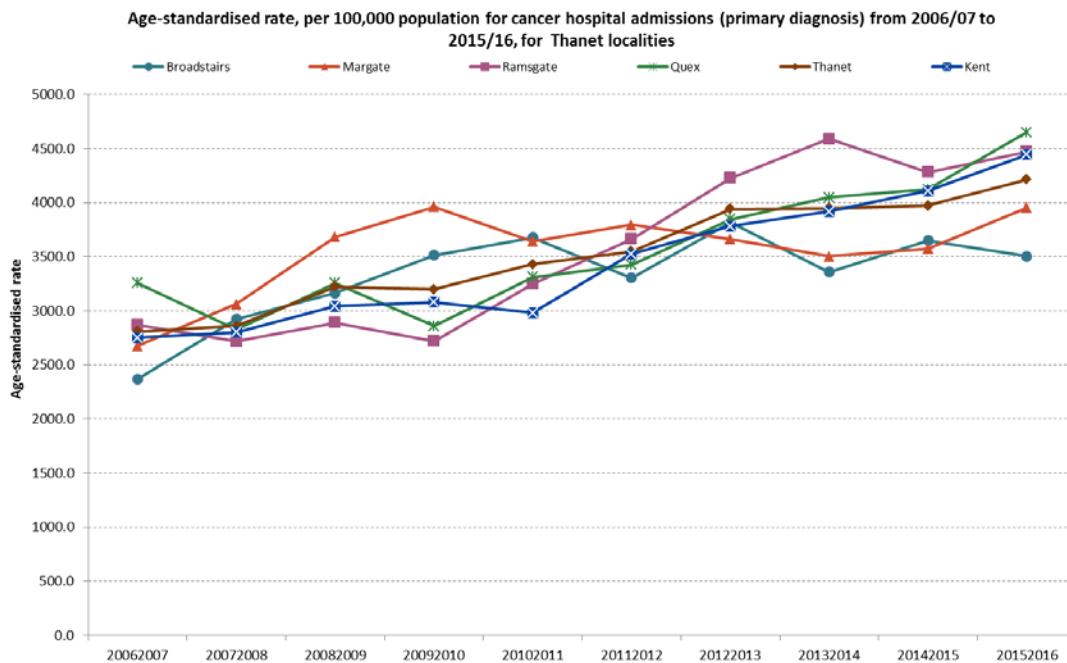
Age standardised rate per 100,000 population for emergency hospital admissions for those aged 65 years and over, 2011/12-2015/16



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

Westbrook falls within the top quintile for emergency admissions amongst those aged 65 years and over.

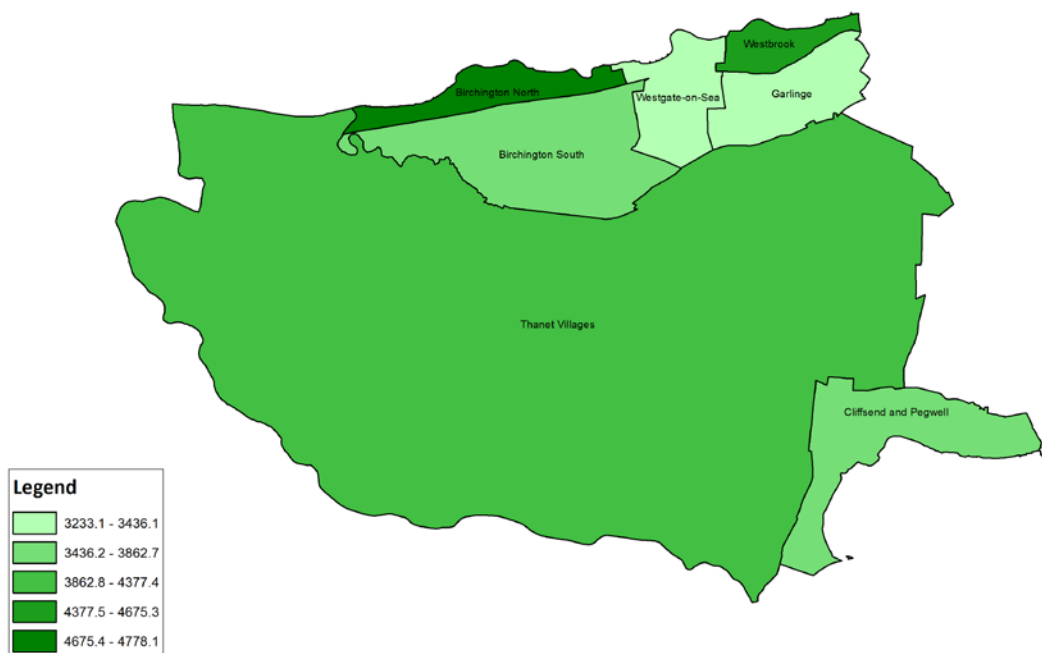
9.3 Cancer



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

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

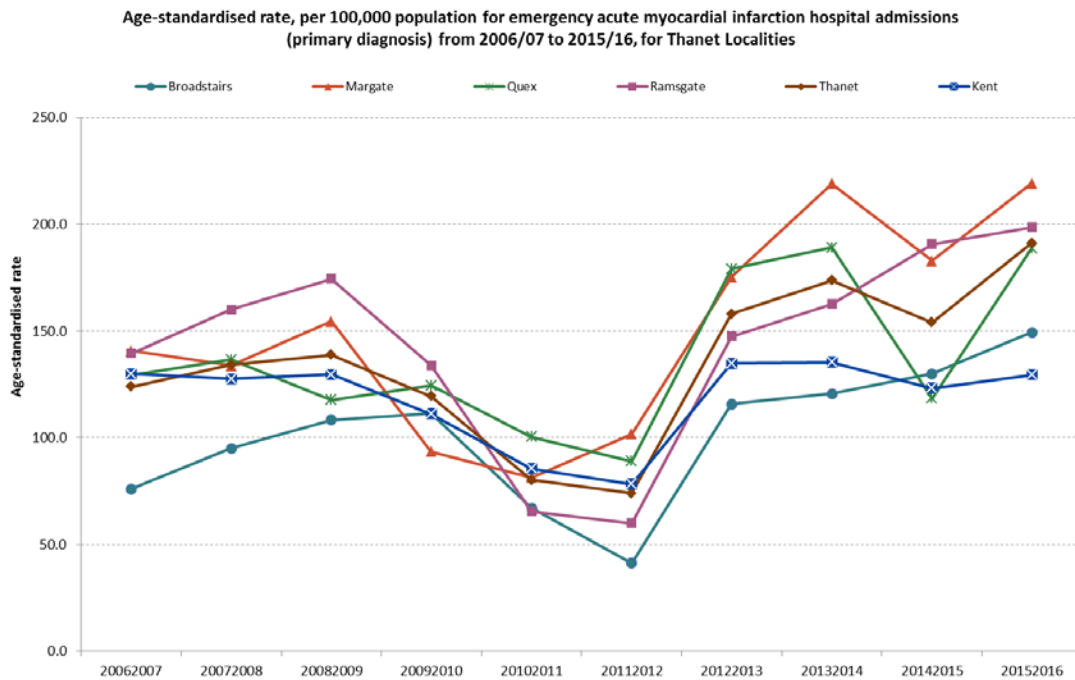
Age standardised rate per 100,000 population for cancer (primary diagnosis) hospital admissions, 2011/12-2015/16



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

Birchington North has the highest rate of hospital admissions relating to cancer (4,675.4 to 4,778.1 per 100,000 population).

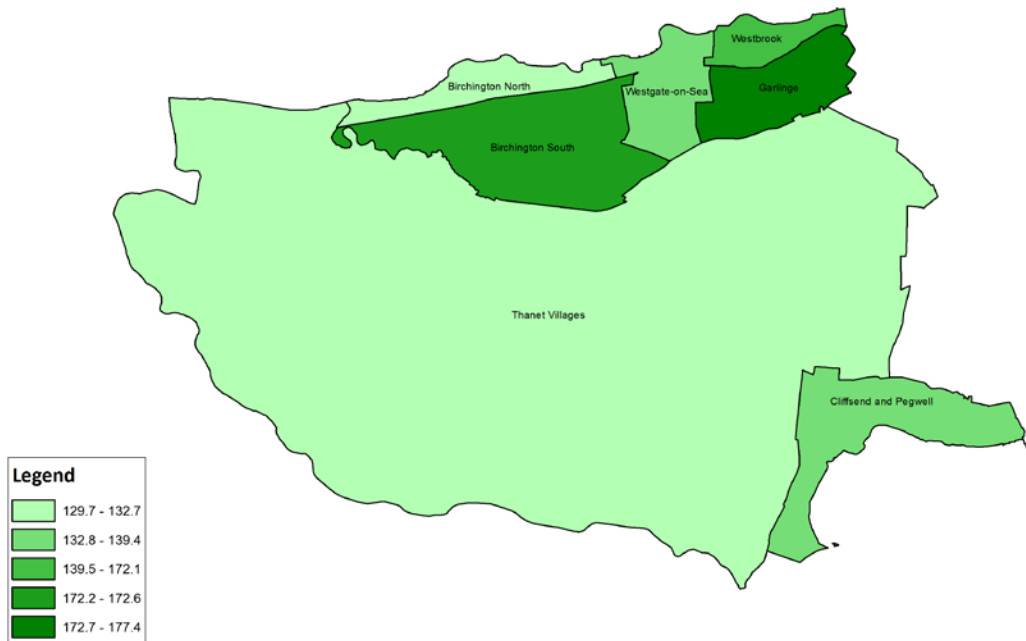
9.4 Acute myocardial infarction



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

The rate for acute myocardial infarction hospital admissions declined between 2006/07 to 2011/12 but has since increased again in more recent years. During 2015/16, Broadstairs (149.3 per 100,000 population) was the only locality that did not have a significantly different rate to Kent (129.4).

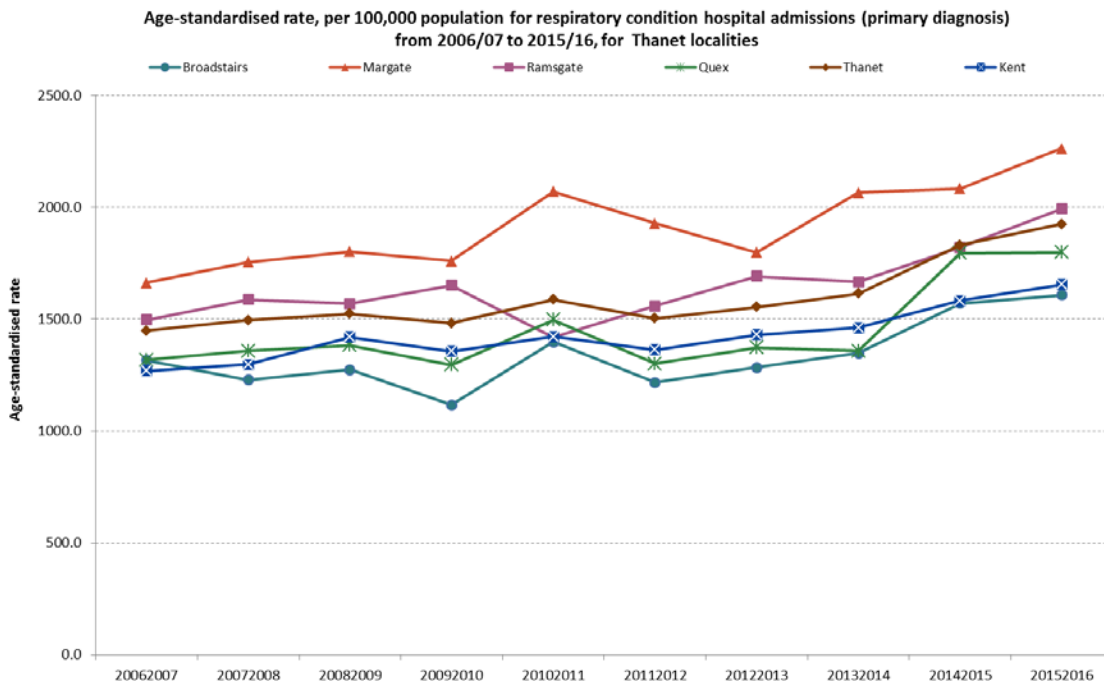
Age standardised rate per 100,000 population for acute myocardial infarction hospital admissions, 2011/12-2015/16



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

Garlinge has the highest rate of admissions for acute myocardial infarction.

9.5 Respiratory disease

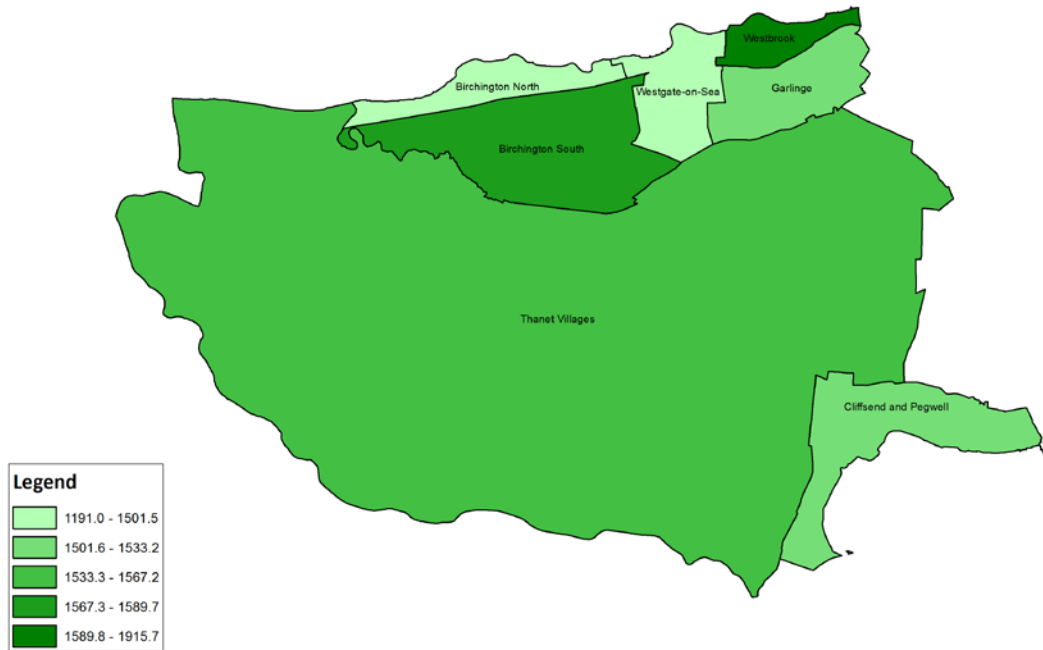


Source: SUS, ONS, prepared by KPHO (RK), 03/17

The rate for respiratory condition hospital admission has increased from 2006/07 to 2015/16. During 2015/16, Margate (2,263.2 per 100,000 population) and Quex (1,799.1)

have rates significantly higher than Kent (1,654.5). Thanet (1,925.9) also has a rate higher than Kent for the same time period.

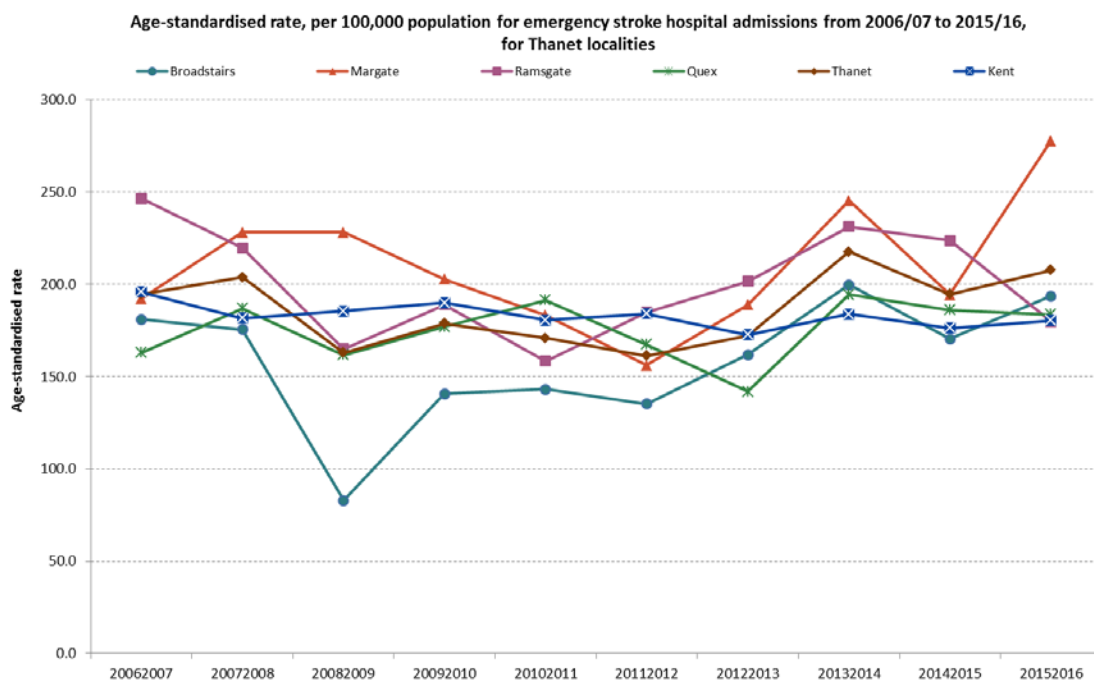
Age standardised rate per 100,000 population for respiratory hospital admissions, 2011/12-2015/16



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

Westbrook has the highest admission rate for respiratory conditions.

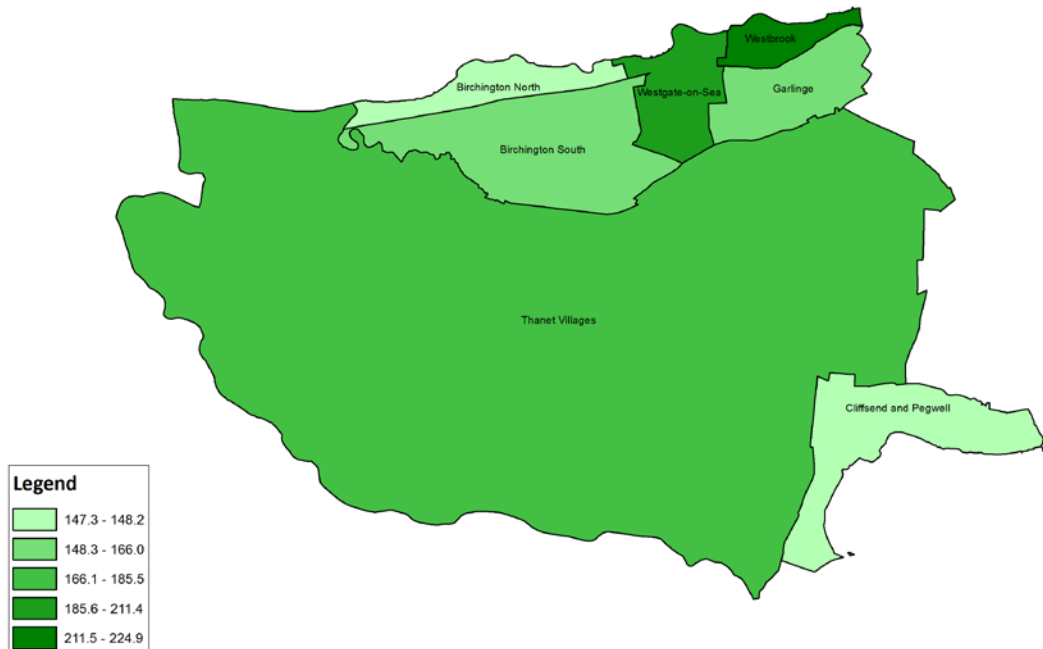
9.6 Stroke



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

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

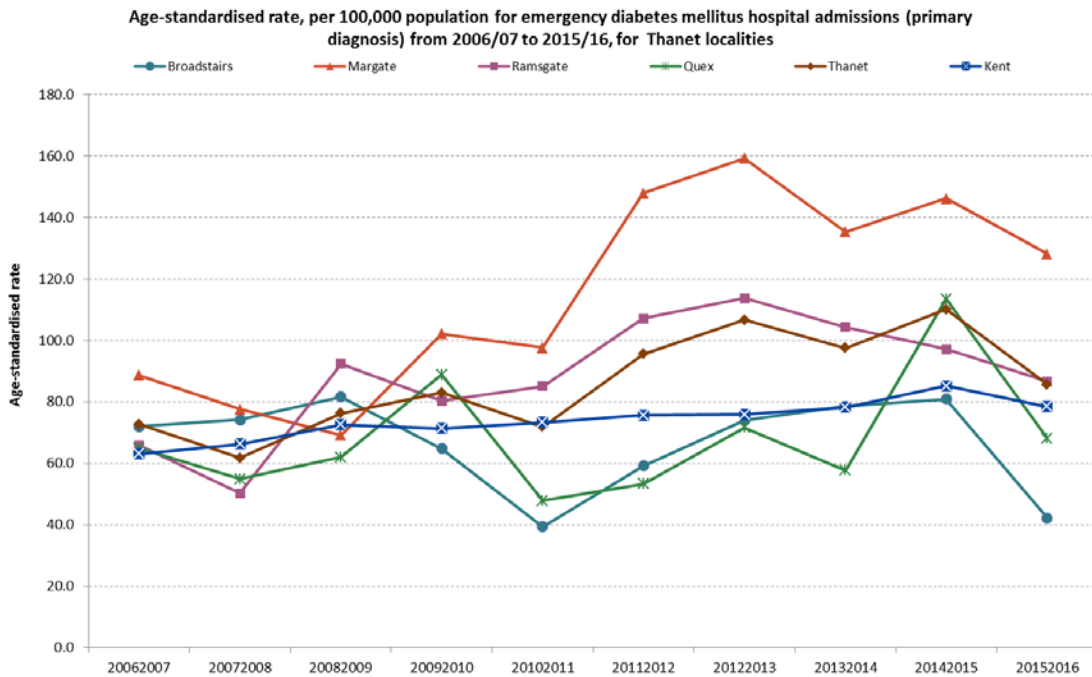
Age standardised rate per 100,000 population for stroke hospital admissions, 2011/12-2015/16



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

Westbrook has the highest rate of admissions relating to stroke (211.5 to 224.9 per 100,000 population).

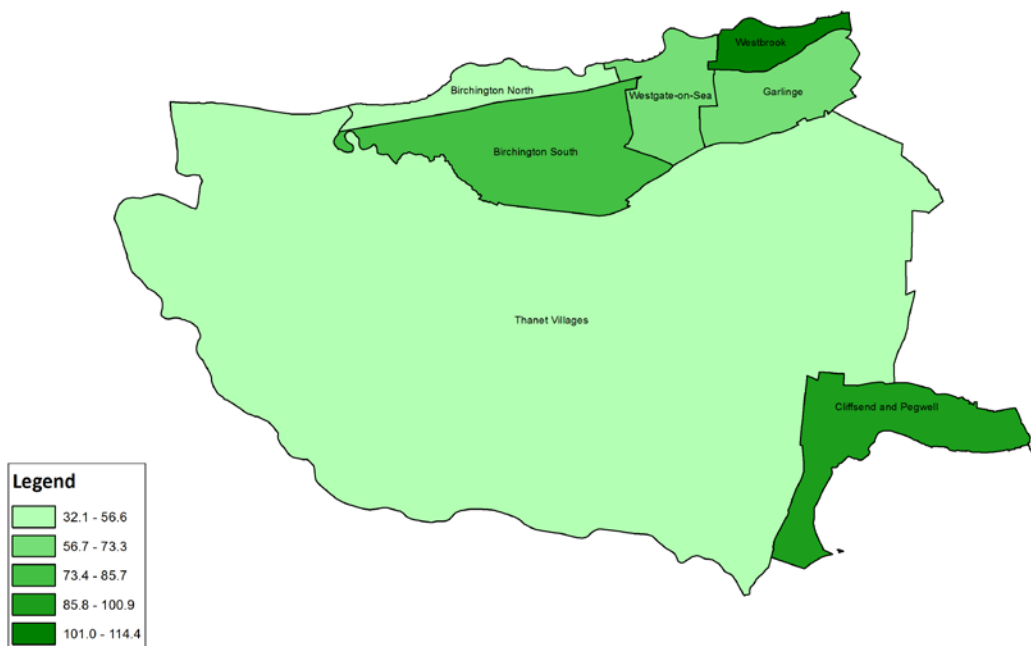
9.7 Diabetes



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

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

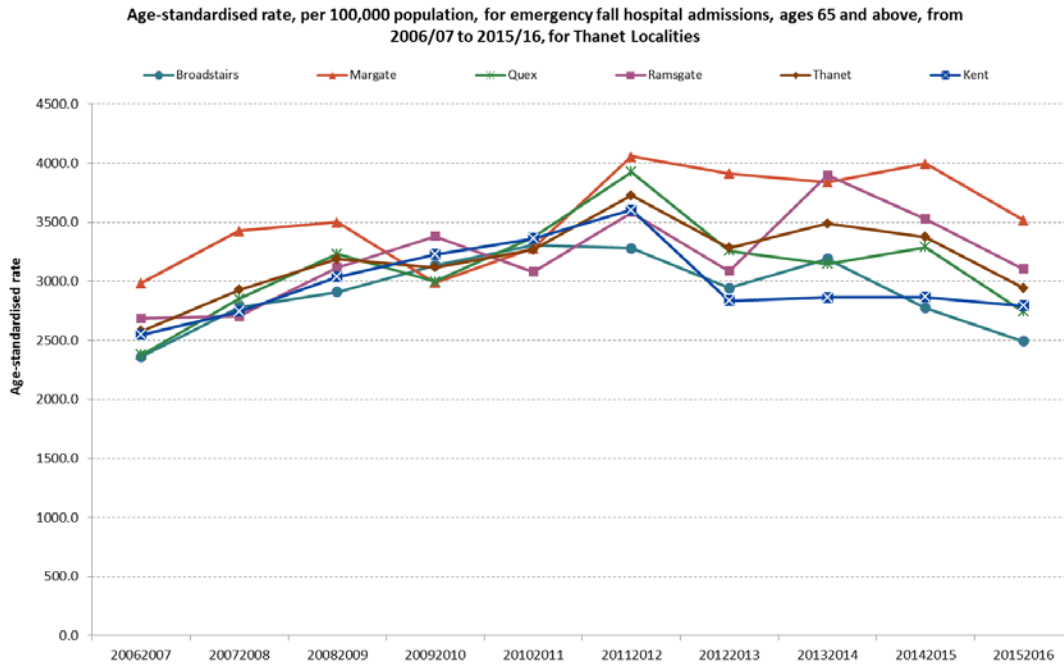
Age standardised rate per 100,000 population for diabetes (primary diagnosis) hospital admissions, 2011/12-2015/16



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

Diabetic hospital admissions are fairly low across the locality apart from in Westbrook (101.0 to 114.4 per 100,000 population).

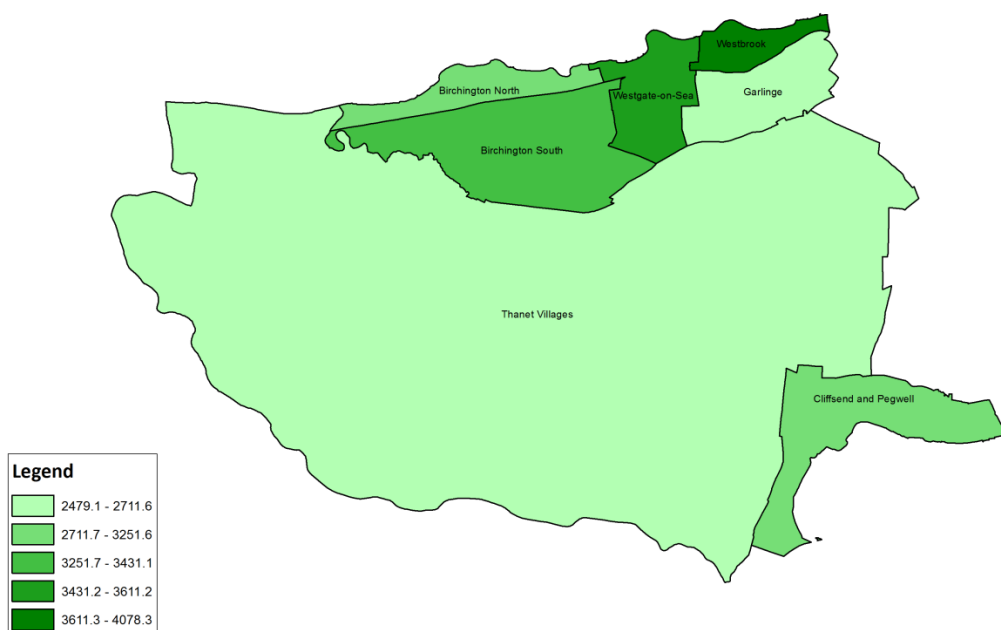
9.8 Falls (over 65)



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

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

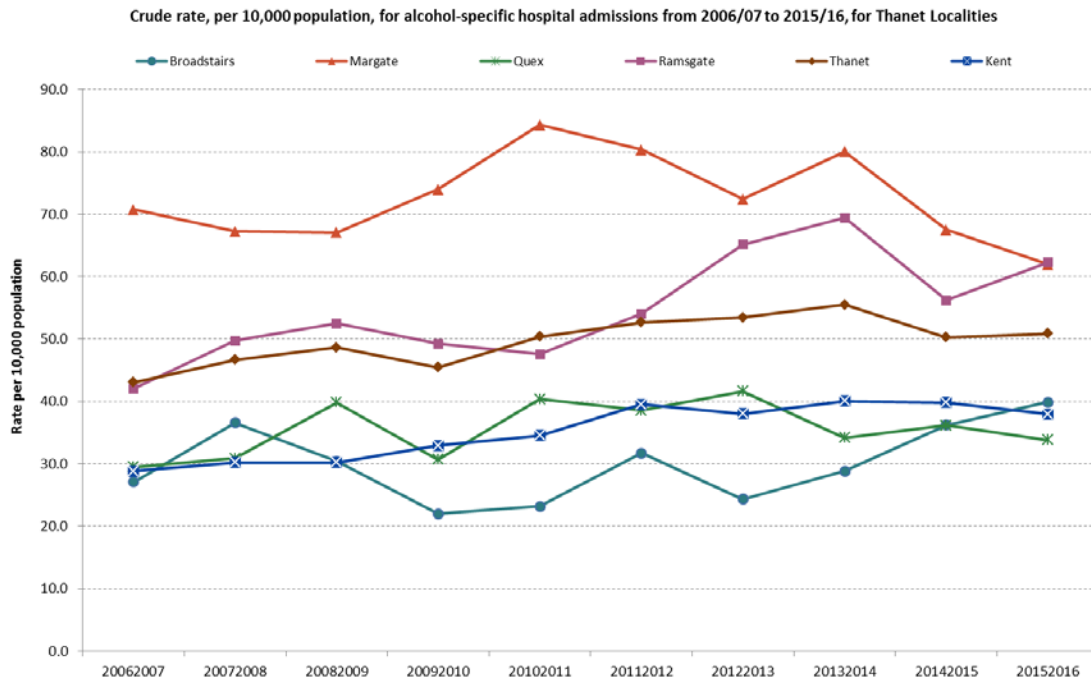
Age standardised rate per 100,000 population (aged 65 years and over) for falls hospital admissions, 2011/12-2015/16



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

Westbrook also falls into the top quintile for admissions relating to falls in the over 65's population.

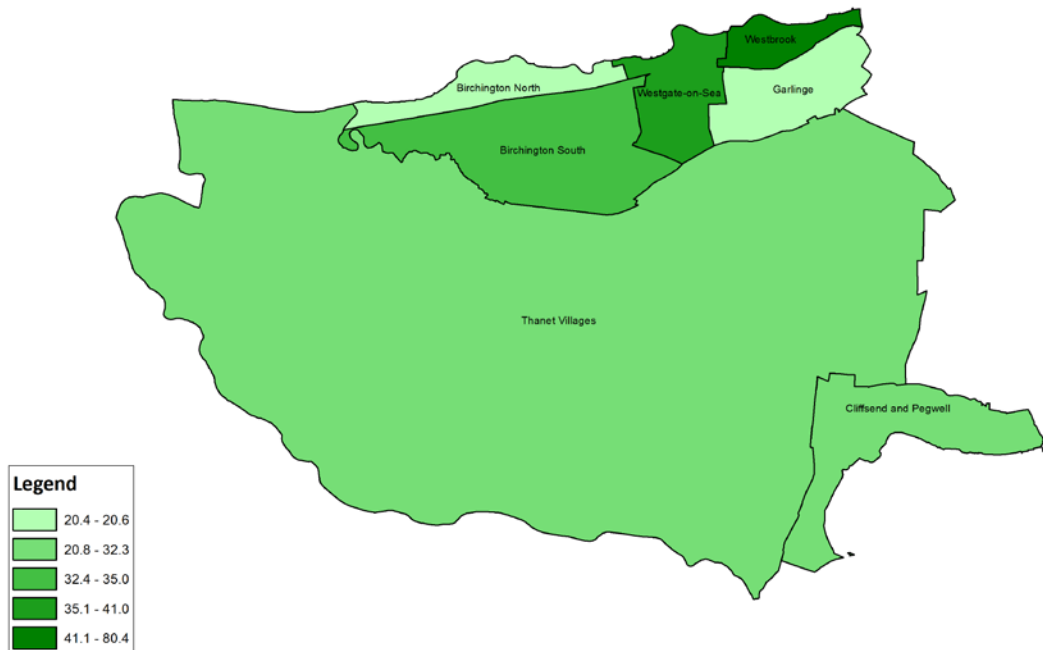
9.9 Alcohol-specific



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

The rate of alcohol-specific hospital admissions has remained fairly similar; the Broadstairs and Quex localities have followed a similar pattern to the Kent rate from 2006/07 to 2015/16 with the Ramsgate rate mirroring this with Thanet. There is no statistical difference between the rates.

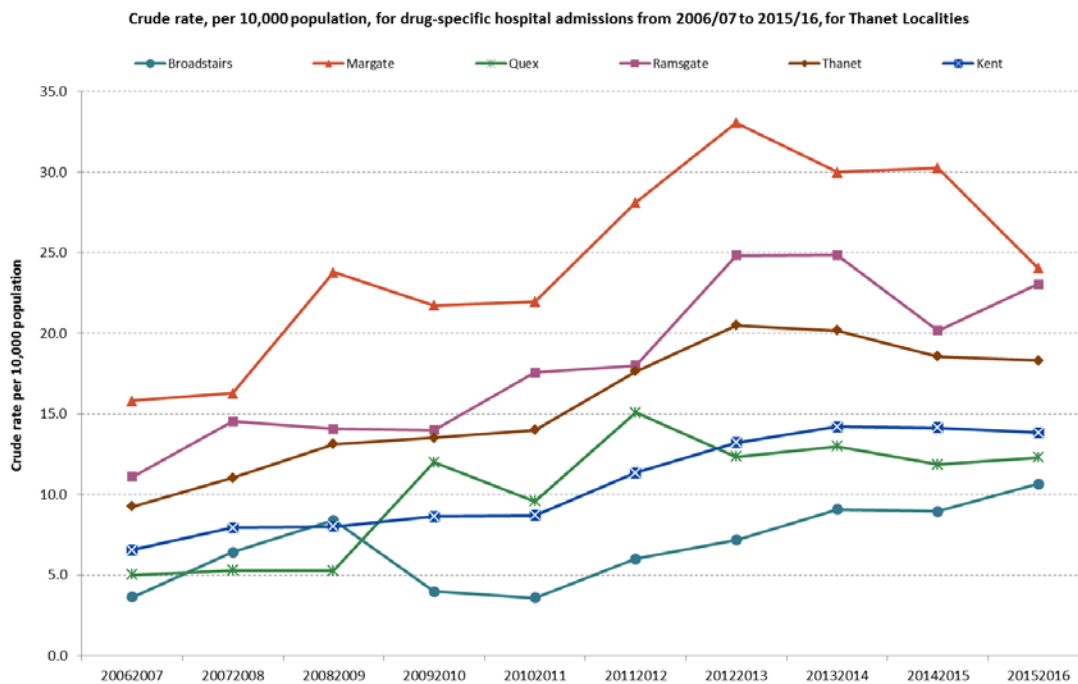
Crude rate per 10,000 population for hospital admissions relating to alcohol causes, 2011/12-2015/16



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

Westbrook has the highest rate of hospital admissions relating to alcohol causes (ranging from 41.1 to 80.4 per 100,000 population).

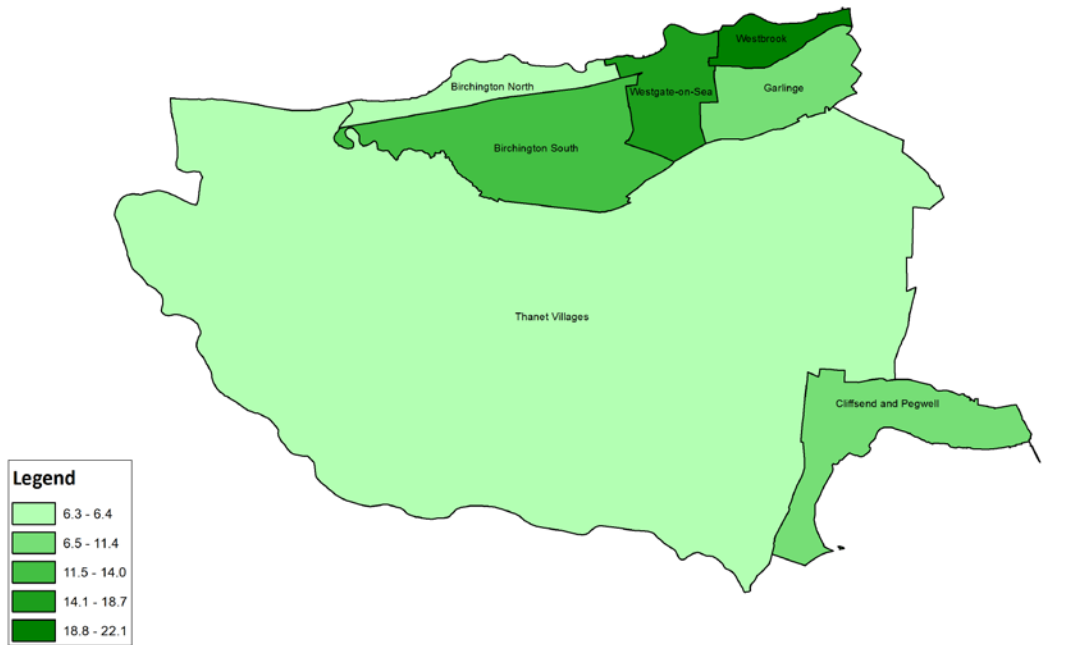
9.10 Drug-specific



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

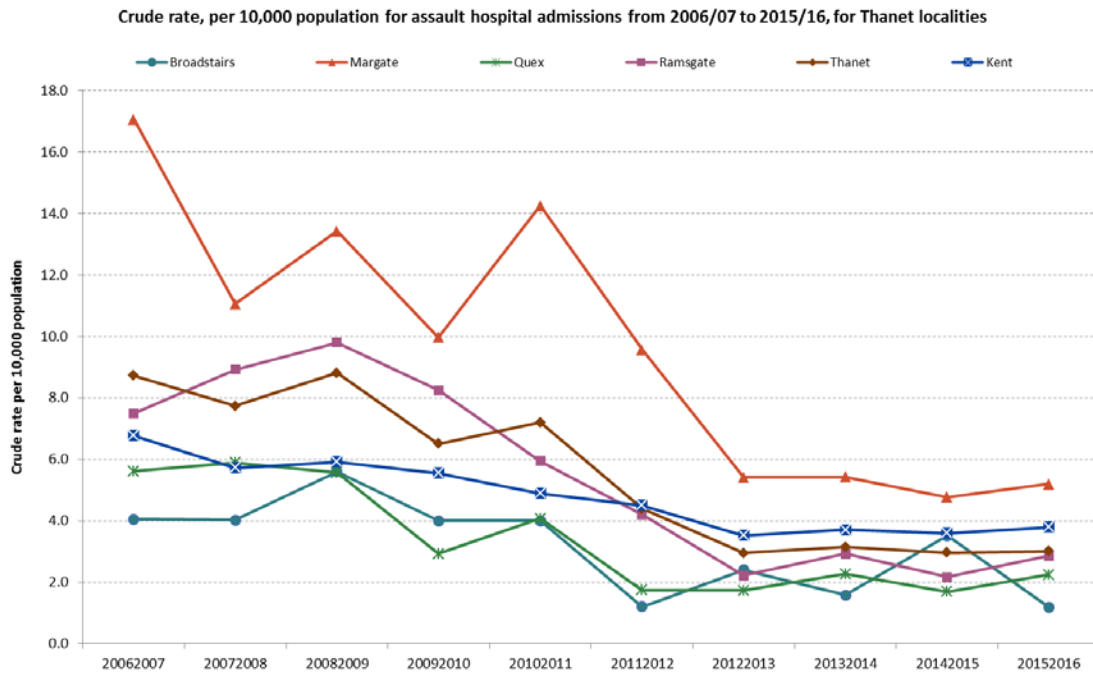
The rate for drug-specific hospital admissions has increased for all localities, Thanet as a whole and Kent from 2006/07 to 2015/16. Thanet (18.3 per 100,000 population) had a significantly higher rate compared to Kent (13.8) for 2015/16 but all localities were not significantly different to Kent.

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



Hospital admissions relating to drug abuse are highest in Westbrook.

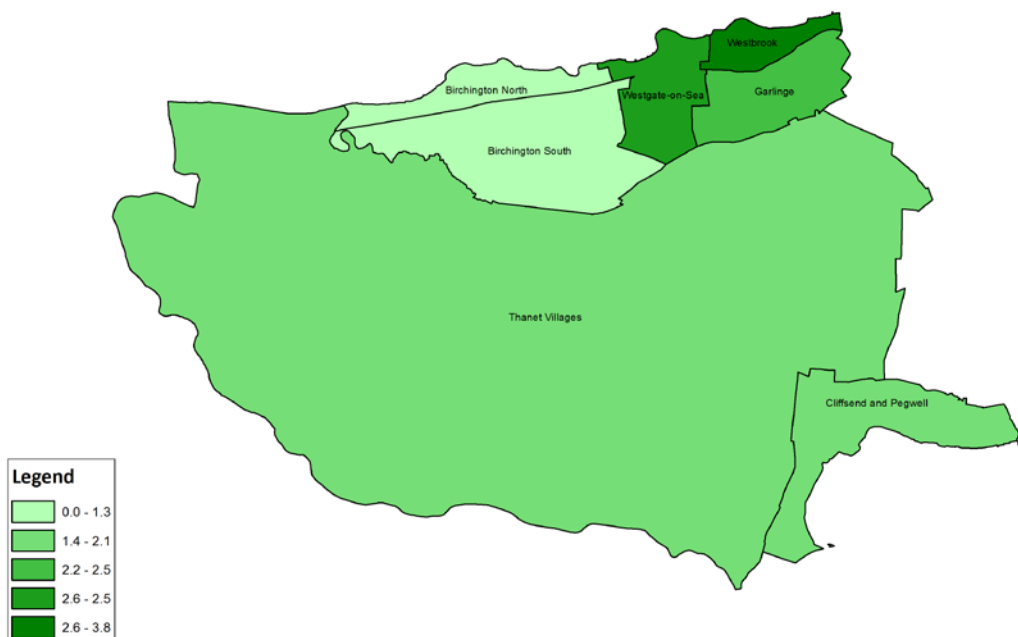
9.11 Assaults



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

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

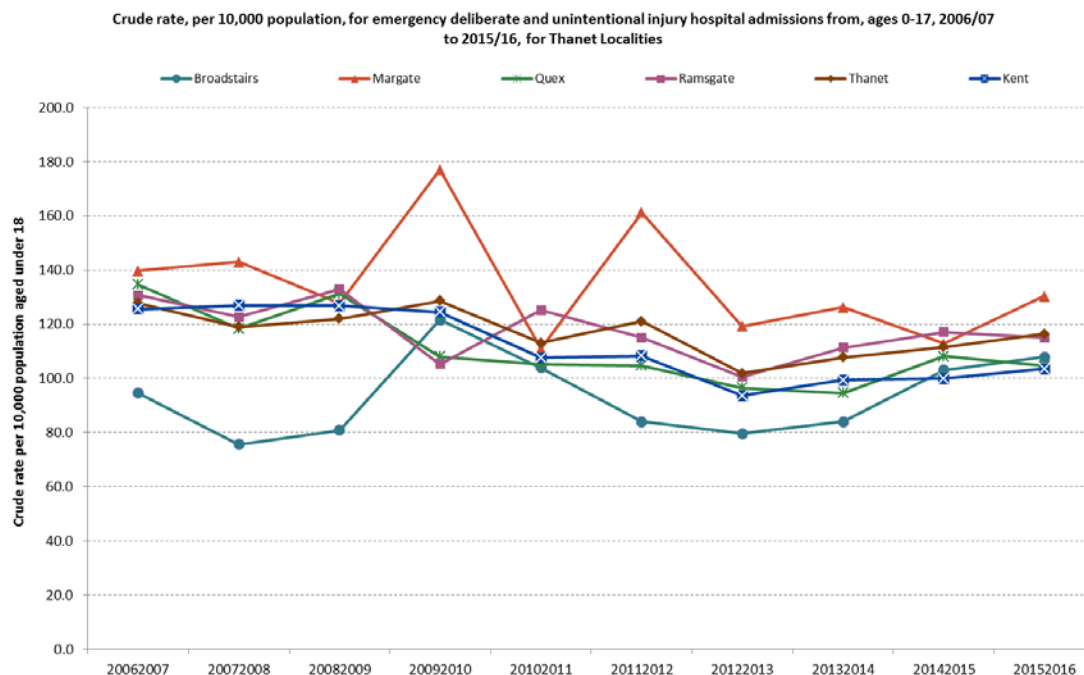
Crude rate per 10,000 population for assaults hospital admissions, 2011/12-2015/16



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

Again, Westbrook falls within the highest quintile for admissions relating to assaults.

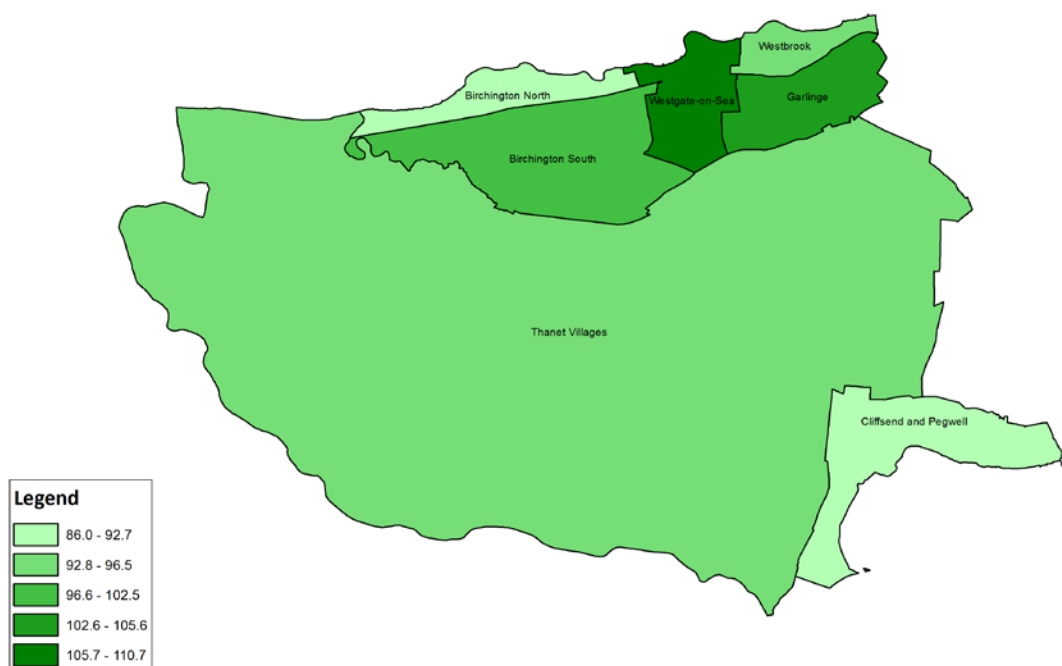
9.12 Deliberate self-harm and unintentional injury (under 18)



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

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

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



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

Westgate-on-Sea has the highest rate of admissions relating to deliberate and unintentional injuries (105.7 to 110.7 per 100,000 population).

10. Mortality

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

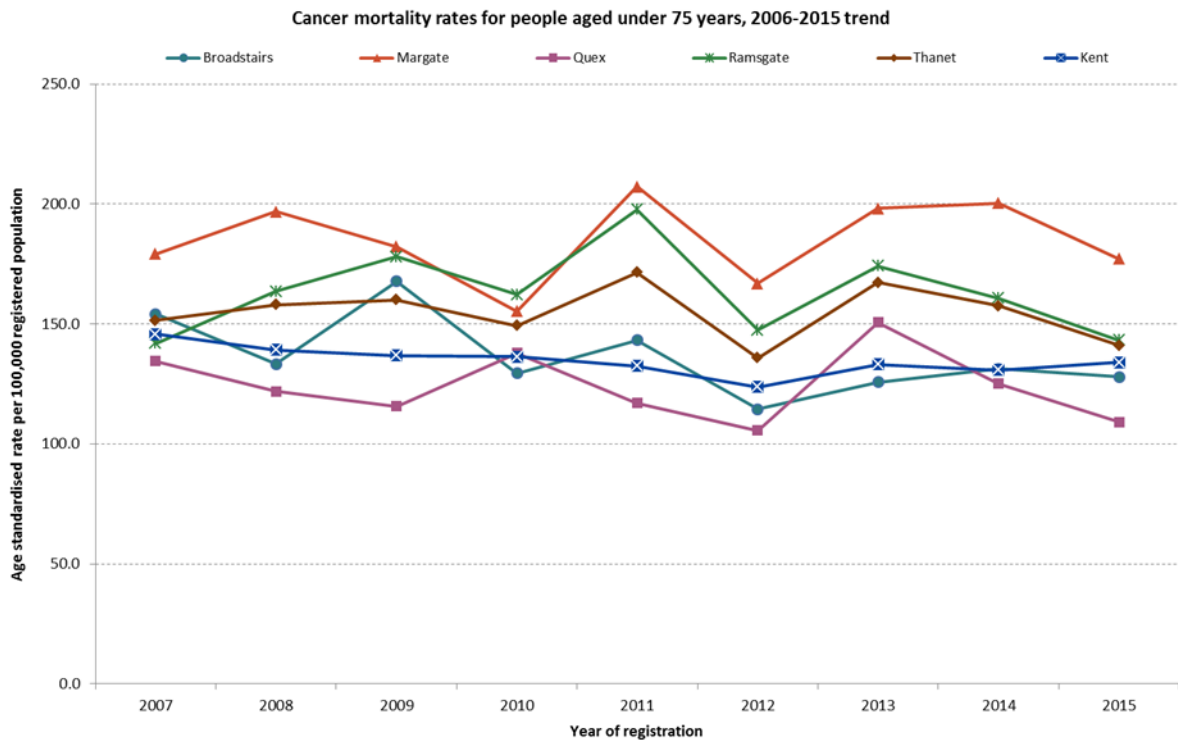
General Practices in Thanet	
G82210*	Osborne Road Surgery
G82219	St Peters Surgery
G82630*	The Broadway Practice
G82650	Mocketts Wood Surgery
G82796	Broadstairs Medical Practice
G82052	The Limes Medical Centre
G82066	Northdown Surgery
G82105	The Bethesda Medical Centre
G82649	Union Row Surgery
G82674*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

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

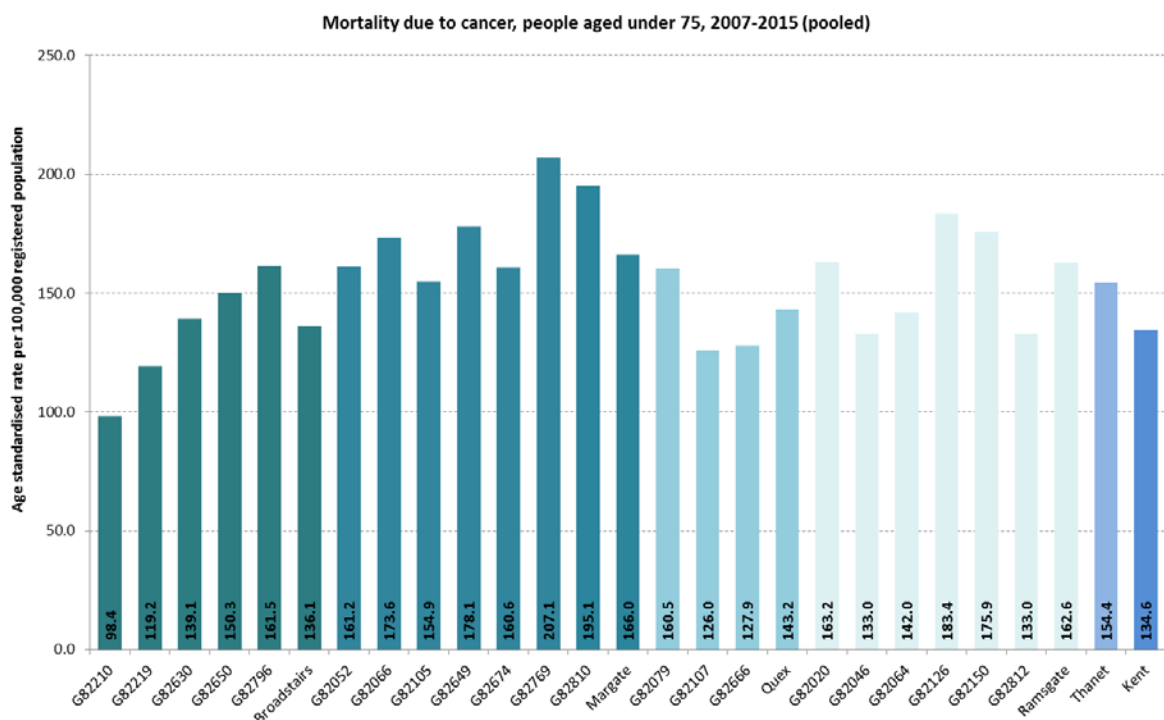
*General practices have since closed however were included in the analysis as they were open during 2006 to 2015.

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

10.1 Cancer (under 75)

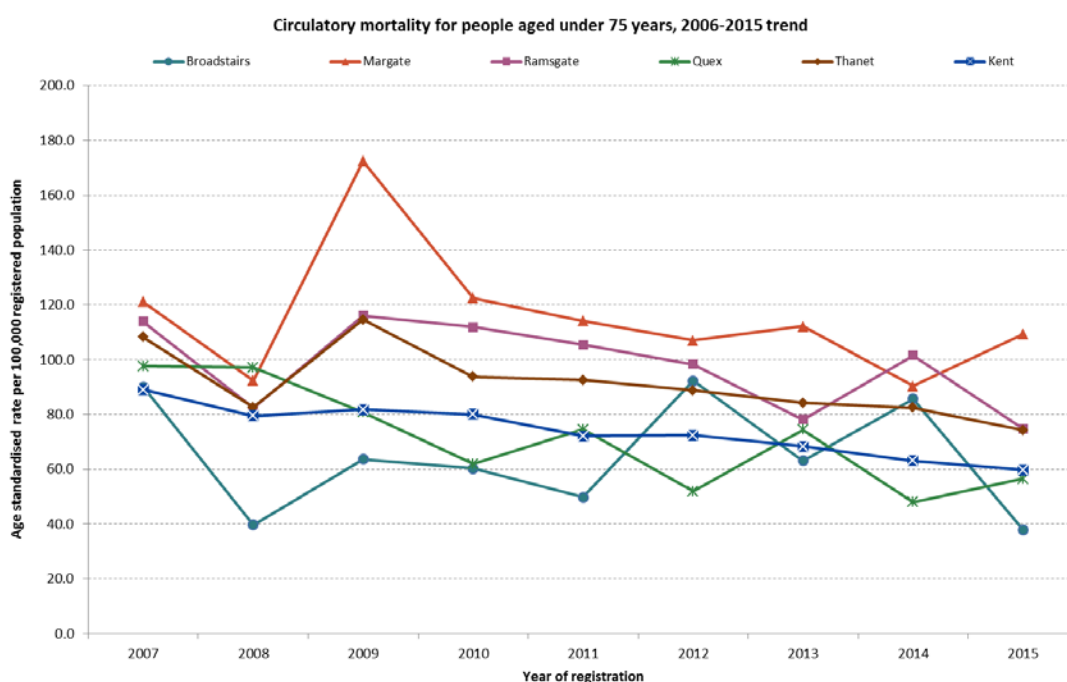


Mortality rates have remained at a similar level in all localities, Thanet as a whole and Kent from 2007 to 2015. The Quex locality was recorded as 109.1 per 100,000 population in 2015, which is not statistically significantly different to the 141.0 recorded for Thanet or Kent (134.1).

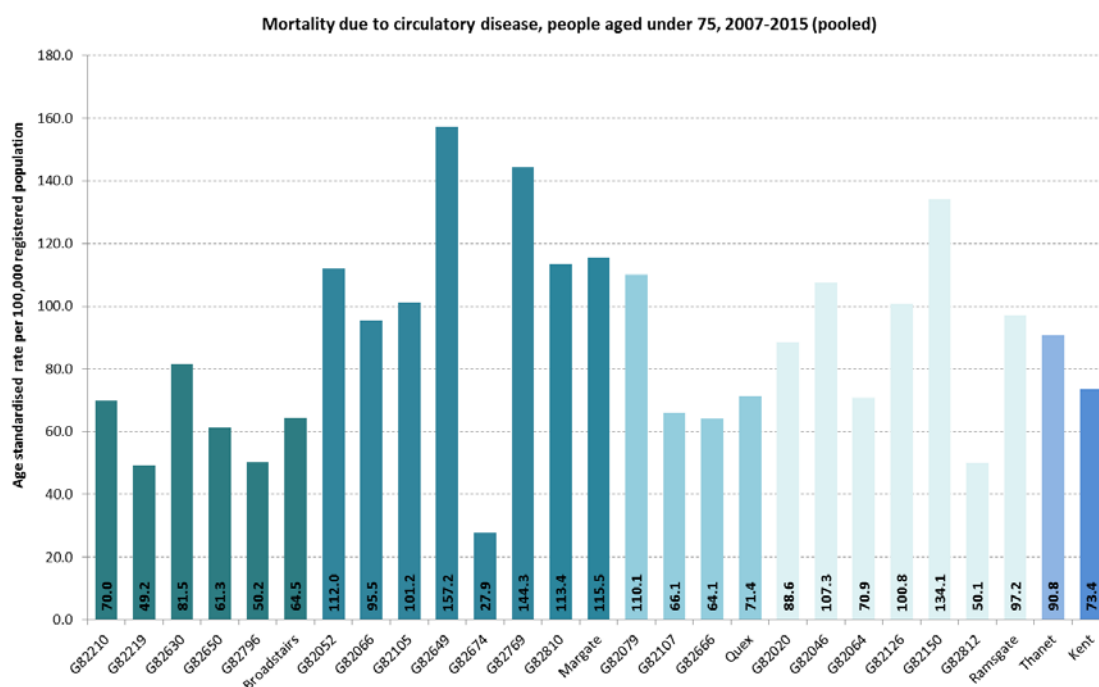


GP-level mortality rates in Quex vary from 126.0 per 100,000 population to 160.5.

10.2 Circulatory (under 75)

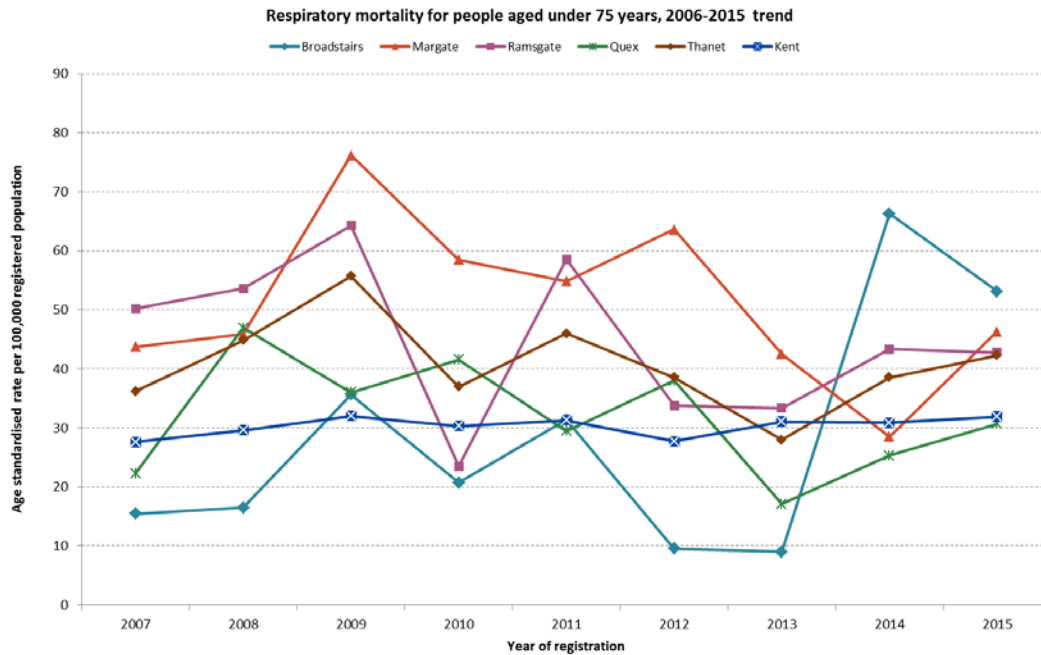


Premature mortality rates for circulatory disease in Thanet have decreased between 2007 and 2015. The Quex locality (56.5 per 100,000 population) is below the Thanet average (74.2).



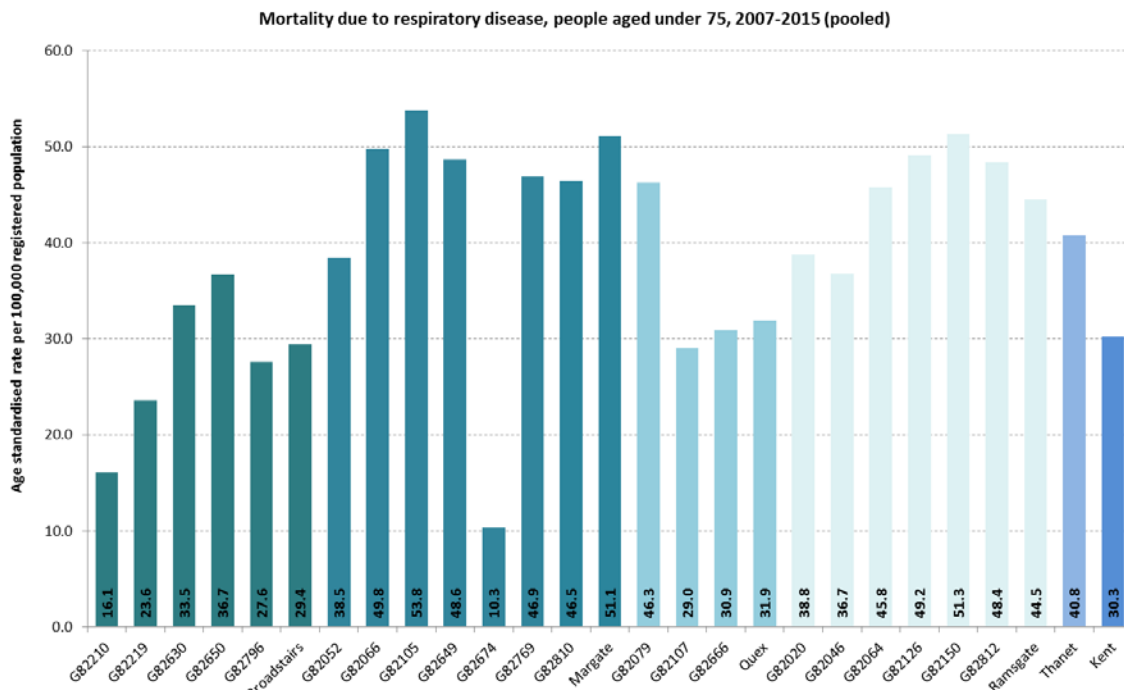
GP-level mortality rates in Quex vary from 64.1 per 100,000 population to 110.1.

10.3 Respiratory (under 75)



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

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



Source: PCMD, PCIS, prepared by KPHO (LLY), 01/17. General practices: G82210, G82630, G82674, G82769, G82810 and G82812 have closed since 2015. General practice G82810 closed but was taken over by The Limes Medical Practice and is now known as The Limes Surgery (Garlinge Site).

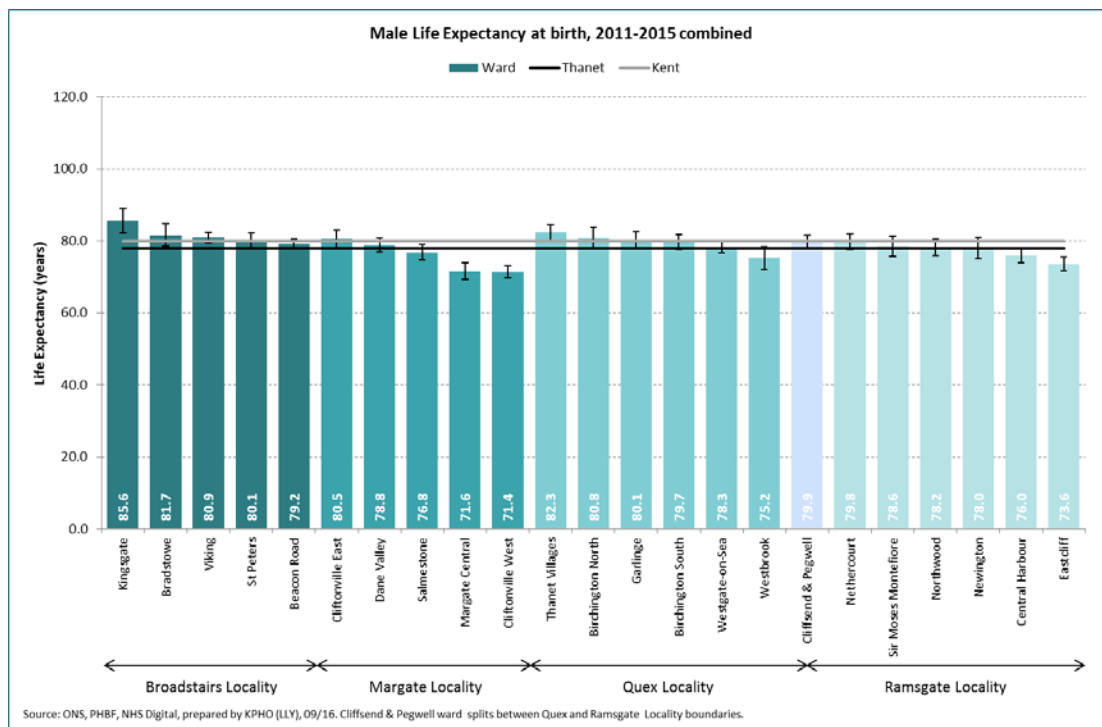
GP-level mortality rates in Quex vary from 29.0 per 100,000 population to 46.3.

11. Life Expectancy

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

11.1 Male Life Expectancy

Male life expectancy within the Quex locality ranges from 75.2 years in Westbrook to 82.3 years in Thanet Villages.



11.2 Female Life Expectancy

Female life expectancy is higher compared with males. Female life expectancy within the Quex locality ranges from 81.1 years in Westbrook to 86.2 years in Birchington North.

