

Community network profile: Canterbury and Rural

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| 1. Executive Summary

1.1 Introduction

This community network profile for Canterbury & Rural 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 Canterbury & Rural Community Network was defined through discussion with the local clinical commissioning group and forms one of five networks within the Canterbury & Coastal CCG area.

1.2 Key Findings

Maternity

- **Life expectancy at birth**
 - Life expectancy in Canterbury and rural network increased between 2007 and 2011, to a peak of 83.1 years. Since then it has decreased slightly.
 - Based on pooled data for 2006 to 2014, the community network life expectancy is similar to the CCG, at 82.4 and 82.1 years respectively.
 - Blean forest, Chartham and Stone street, St Stephens and Sturry South all have significantly higher life expectancy than Canterbury and Coastal CCG.
- **General fertility rate**
 - In 2014, there were 703 live births to women resident within the Canterbury and Rural. The Canterbury and Rural, general fertility rate was 39.38 in 2006 and decreased to 33.08 in 2014.
- **Low birth weight**
 - In 2014, there were 41 low birth weight births to women resident within the Canterbury and Rural. The Canterbury and Rural, percentage of low birth weight births was 4.8% in 2006 and increased to 5.8% in 2014.
- **Infant feeding**
 - The coverage within Canterbury and Rural practices ranged between 90% and 42% during the mid-part of 2014/15. None of the practices had coverage higher than recommended levels.
- **Immunisations**
 - Of the practice level immunisations up to 1 and 2 years of age; three practices had uptake below 90%. Of the practice level immunisations up to 5 years of age; seven practices had uptake below 90%.
- **Infant mortality**

- In 2014, there were 34 still births to women resident within the Canterbury and Rural. None of the Canterbury and Rural child mortality statistics were significantly different to Kent.

Demographic overview

- **Practice population**
 - The registered population of Canterbury and rural community network was 91,173 in September 2015. There is a very large proportion of the population aged between 20 and 24, due to the student population in this area.
- **Ethnicity**
 - The proportion of black and minority ethnic population is significantly higher in this community network at 10.7% than within Canterbury and Coastal CCG (5.9%).

Socio-economic profile

- **Deprivation**
 - The Canterbury and Rural area shows all levels relative deprivation – areas of St Stephen’s, Westgate, Wincheap, Northgate, Barton and Barham Downs are amongst the most deprived quintile in the Canterbury & Coastal CCG area.

Lifestyle

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

Mental health

- **Contact with services**
 - For mental health contact rates in both the 15 to 64 age band, and the population aged 65 and above, Canterbury and rural community network has significantly higher rates than Kent but not the CCG.

Quality outcomes framework

- **Recorded prevalence**
 - In 2014/15 the mental health prevalence was significantly higher in this network than the CCG.
 - The prevalence of atrial fibrillation, asthma, cancer, CHD, CKD, COPD, dementia, diabetes, epilepsy, heart failure, hypertension, learning disability, obesity, palliative care and stroke was significantly lower in the network compared to the CCG.
- **Recorded prevalence: trend analysis**

- The annual rate of change in cancer and mental health prevalence was significantly higher in the network than England, whilst the rate of change in palliative care prevalence was significantly lower.
- **Recorded and expected prevalence**
 - The proportion of expected cases diagnosed was significantly lower at the University Medical Centre than other practices within the CCG for CHD, hypertension, Stroke, COPD and dementia. No significant differences between practices were observed for atrial fibrillation.
- **Clinical achievement (see appendix A for definitions)**
 - Canterbury and rural network had significantly better performance on the following indicators than the CCG in 2014/15: asthma 002, asthma 003, COPD 003, COPD 004, diabetes 014 and mental health 002.
 - The performance for diabetes 007 and diabetes 009 was significantly lower in the network than Canterbury and Coastal CCG.

Hospital activity

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

Influenza immunisations

- **Uptake**

Social care

- Canterbury and rural network had a significantly lower rate of people aged under 65 using support services, direct payment and home care services than Kent
- The network has significantly lower meal service rates than both Canterbury and Coastal CCG and Kent

- The network has a significantly lower long term residential care home placement rate in comparison to Canterbury and coastal CCG
- The direct payment rate for people aged 65 and above is significantly higher in Canterbury and rural network compared to both Canterbury and Coastal CCG and Kent.

Mortality

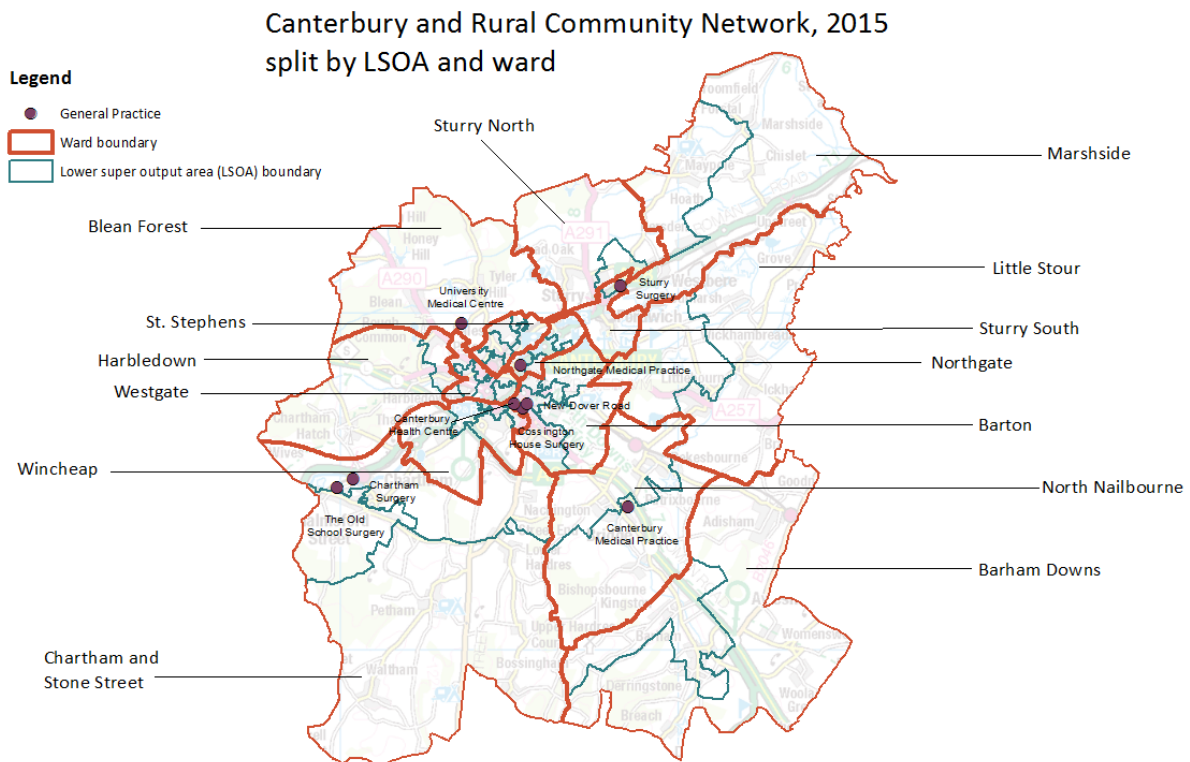
- **All age, all cause mortality**
 - Trends in all age, all cause mortality rates are falling. Highest rates locally are found in Harbledown, Northgate, North Nailbourne and Little Stour wards
- **Premature mortality: cancer**
 - Trends in under 75 cancer mortality are generally down across Canterbury & Rural and the CCG area. Highest rates locally are found in Blean Forest, Northgate and Sturry South wards.
- **Premature mortality: circulatory disease**
 - The trend in under 75 circulatory diseases mortality is falling, Wincheap and Northgate wards have the highest rate locally

2. Introduction & Objectives

2.1 Community Network Area

2.1.1 Community Networks

The map below shows the breakdown of Canterbury and Rural Community Network into wards and then into lower super output areas (LSOA's). An LSOA is a geographical region with a minimum population of 1,000 and an average population of 1,500. The Canterbury and Rural Community Network has nine general practices located in the following wards: Chartham and Stone Street, North Nailbourne, Sturry South, Blean Forest and Northgate. Barton ward has the most general practices within its boundary.



Prepared by KPHO (LLY), 11/15

| 3. Maternity

3.1 Life expectancy at birth

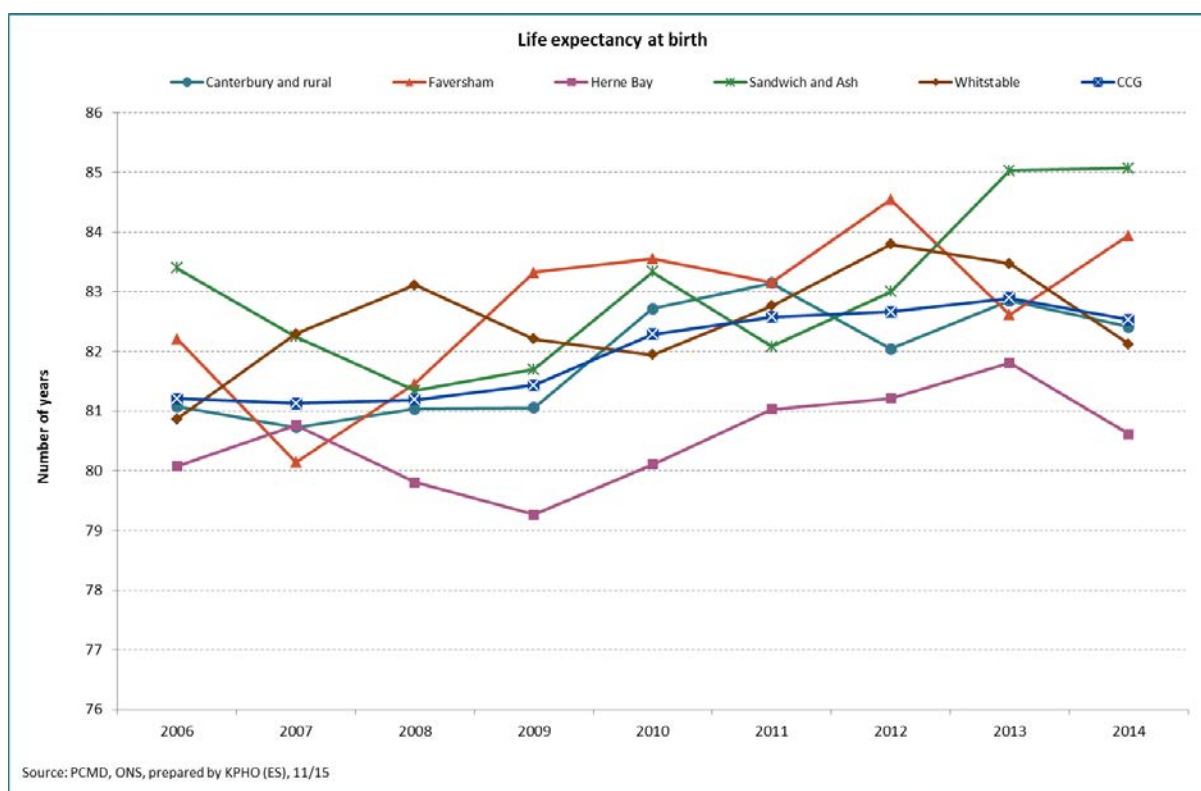
Life expectancy at birth is defined as 'The average number of years a baby born in a particular area or population can be expected to live if it experiences the current age-specific mortality rates of that particular area or population throughout its life' by the South East Public Health Observatory.

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

3.1.1 Community network life expectancy trend

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

Greater fluctuations in life expectancy occur for the community networks, due to smaller populations. In Canterbury and rural, the life expectancy has increased steadily from 2007 (80.7 years) to 2011 (83.1 years) before declining in more recent years. The 2014 life expectancy of Canterbury and rural (82.4 years) was very similar to the CCG life expectancy (82.5 years). Life expectancy has increased at a rate of 0.26 years annually in Canterbury and rural between 2006 and 2014; this is not significantly different to the rate of change of the CCG.



3.1.2 Ward level life expectancy

The life expectancy at birth in Canterbury and rural is 82.4 years, slightly higher than the CCG life expectancy of 82.1, but not significantly different. Northgate ward has the lowest life expectancy in the community network at 80.3 and the highest life expectancy is observed in Blean Forest (86.0 years). Along with Blean Forest, Chartham and Stone Street (84.3 years), St Stephens (84.4 years) and Sturry South (84.4 years) wards have significantly higher life expectancies in comparison to Canterbury and Coastal CCG ($p < 0.05$).

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

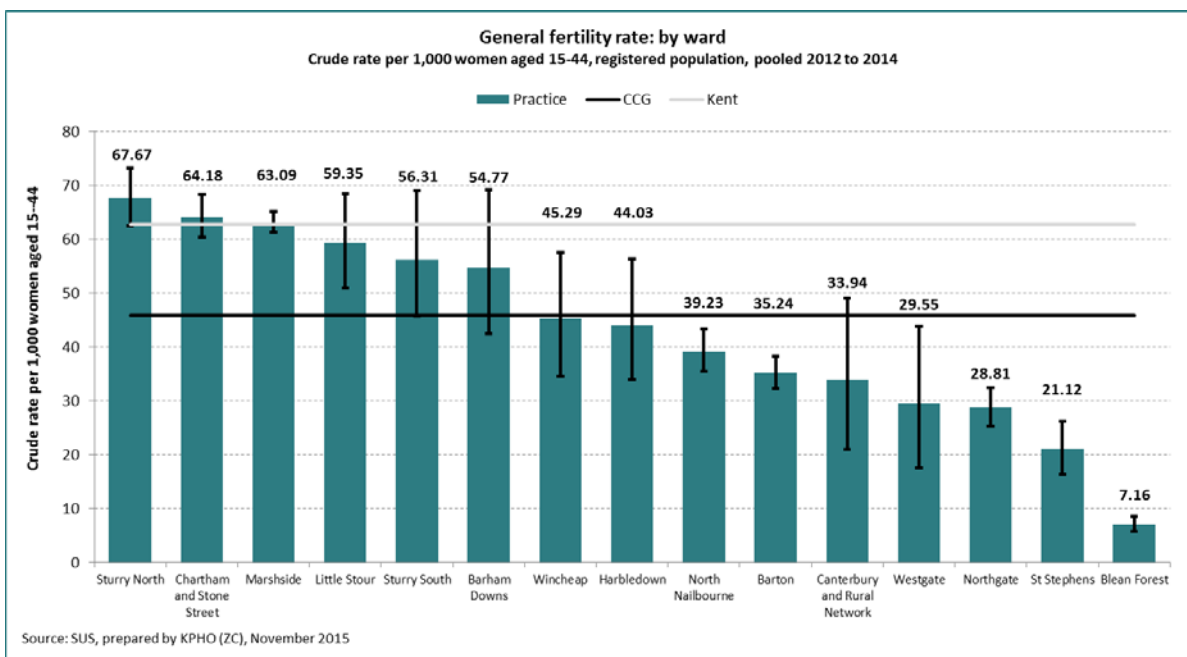
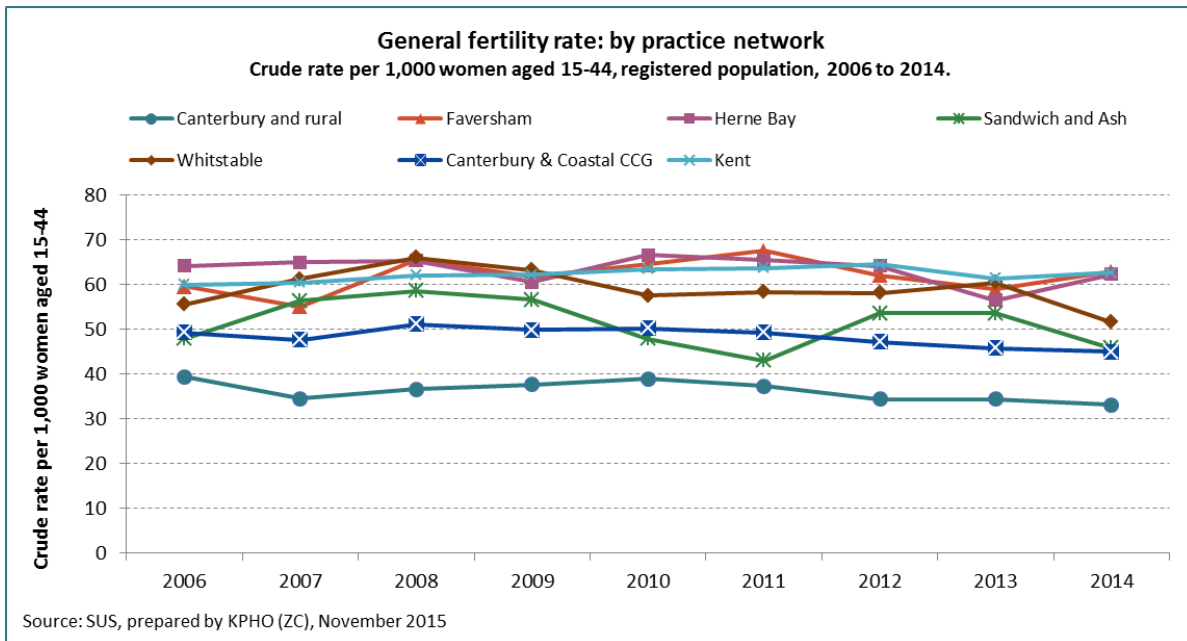
Wardname	Life expectancy (years)	Significantly different
Barham Downs	82.74	no
Barton	81.81	no
Blean Forest	85.99	higher
Chartham and Stone Street	84.29	higher
Harbledown	82.17	no
Little Stour	81.74	no
Marshside	81.34	no

North Nailbourne	82.01	no
Northgate	80.27	no
St Stephens	84.36	higher
Sturry North	83.17	no
Sturry South	84.75	higher
Westgate	82.02	no
Wincheap	81.27	no
Canterbury and rural	82.35	no
CCG	82.12	-

3.2 General fertility rate

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

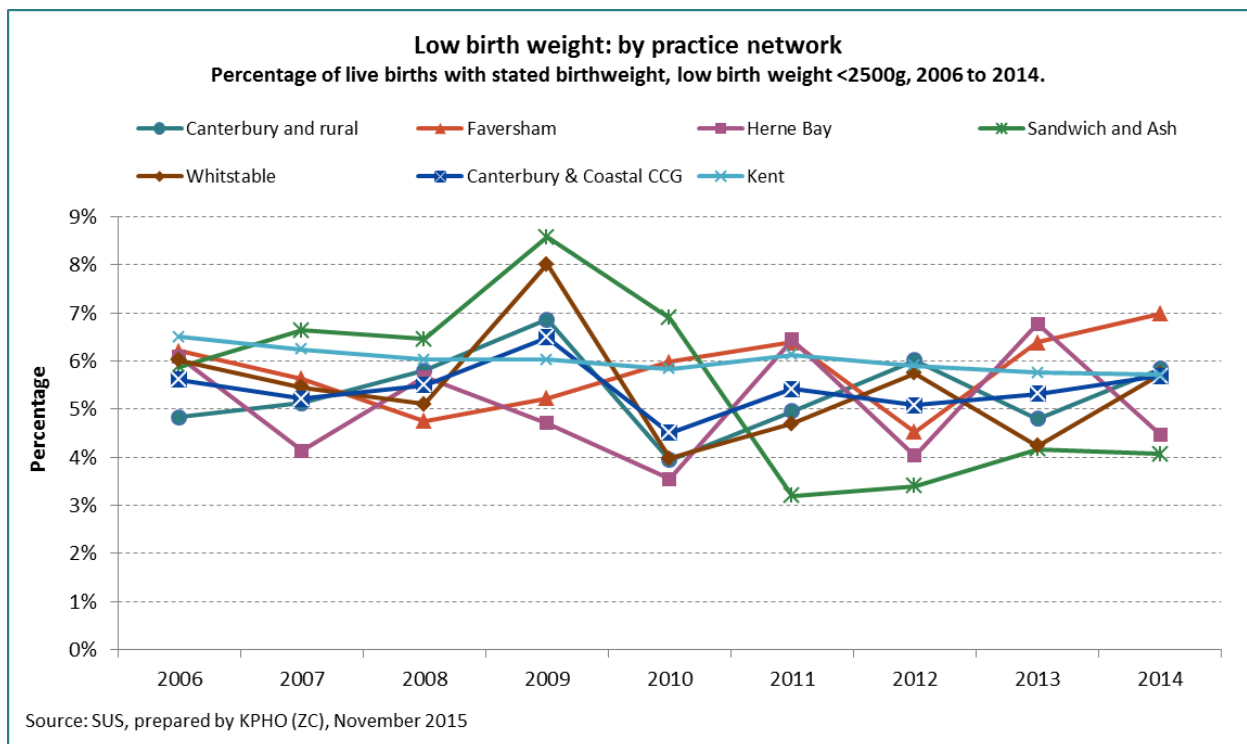
In 2014, there were 17,305 live births in Kent; 703 of these were to women resident within the Canterbury and Rural. In Kent, the general fertility rate within was 59.93 in 2006 and increased to 62.58 in 2014. The Canterbury and Rural, general fertility rate was 39.38 in 2006 and decreased to 33.08 in 2014.



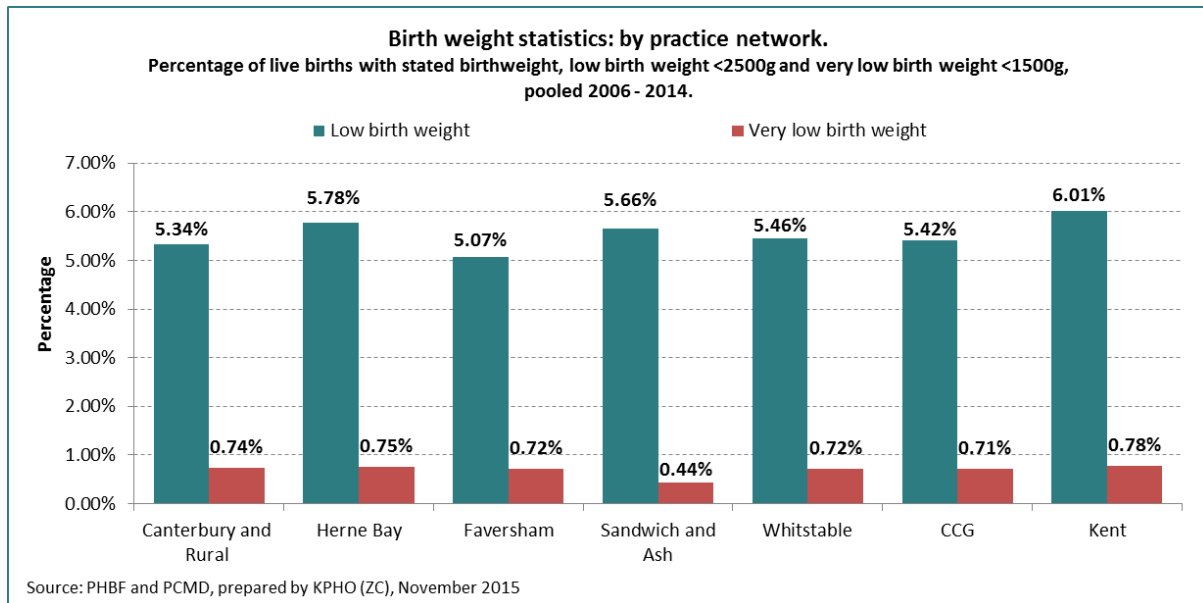
3.3 Low birth weight

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

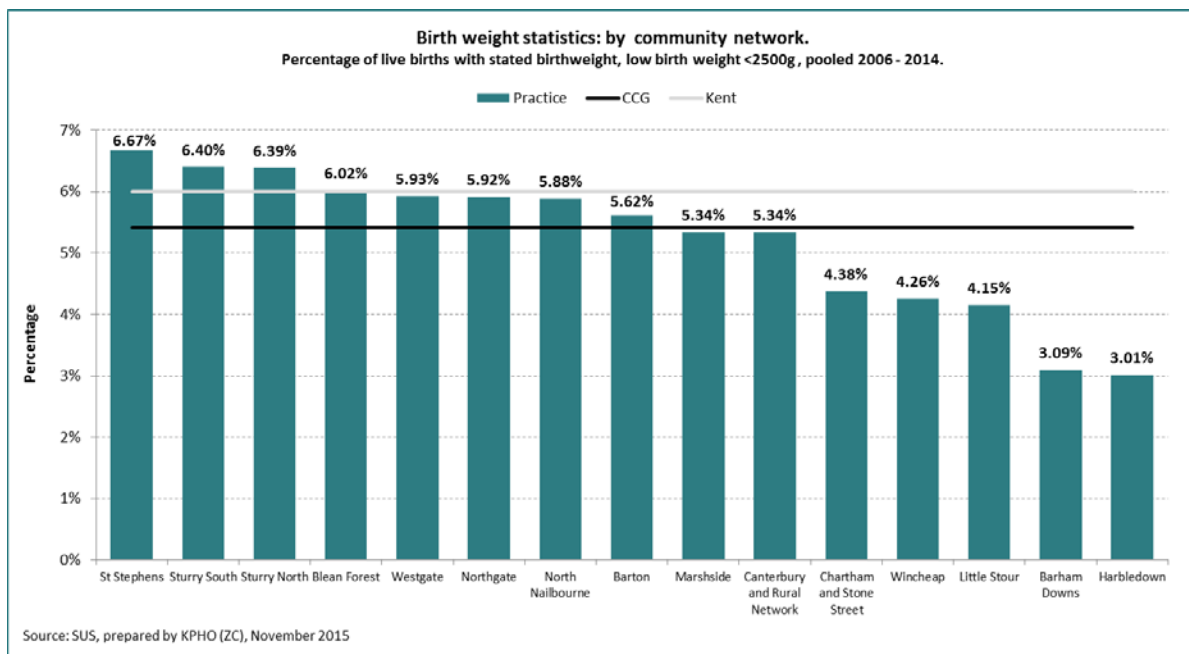
In 2014, there were 989 low birth weight births in Kent; 41 of these were to women resident within the Canterbury and Rural. In Kent, the percentage of low birth weight was 6.5% in 2006 and decreased to 5.7% in 2014. The Canterbury and Rural, percentage was 4.8% in 2006 and increased to 5.8% in 2014.



For 2006-2014, there were 9,275 low birth weight births in Kent; 346 of these were to women resident within the Canterbury and Rural. In Kent, the percentage of low birth weight was 6.01% and very low birth weight was 0.78%. The Canterbury and Rural percentage of low birth weight was 5.34% and very low birth weight was 0.74% in 2014.



For 2006-2014, the practice low birth weight percentages ranged between 3.01% and 6.67%.

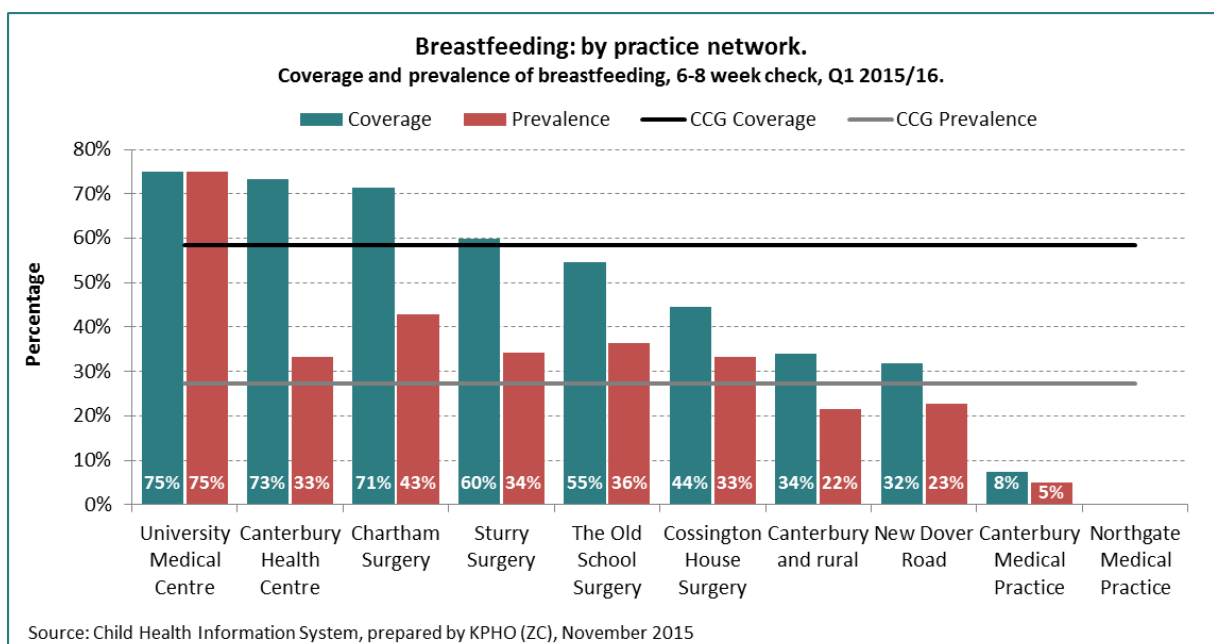
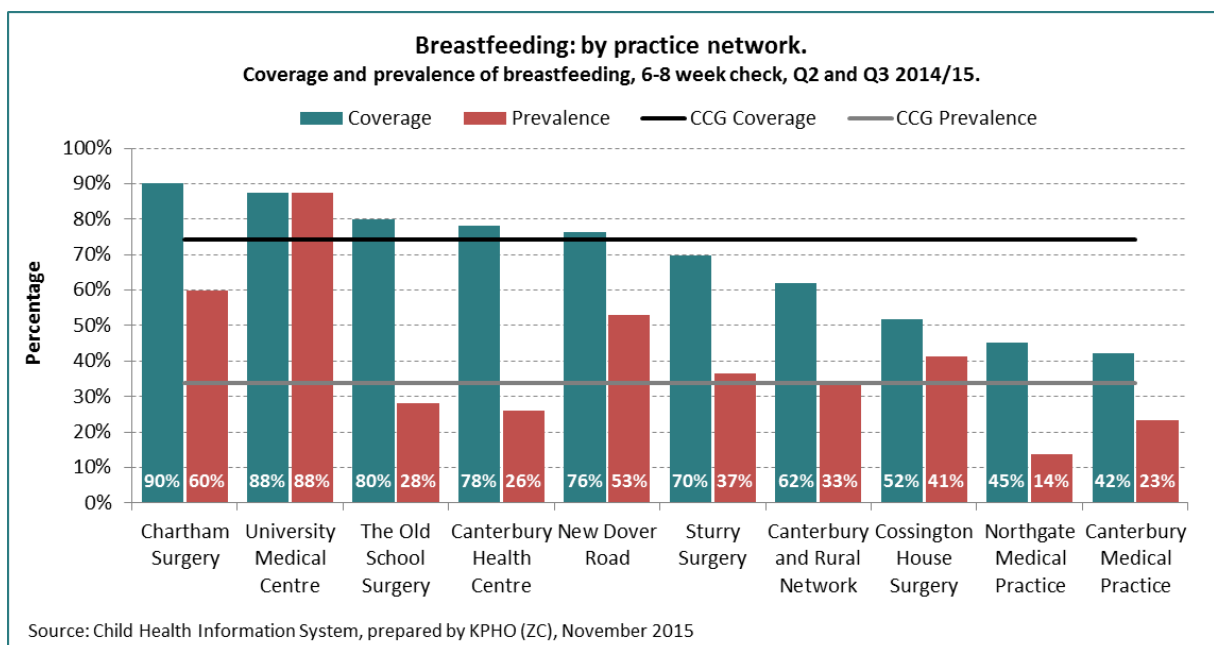


3.4 Infant feeding

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

The CCG coverage was 74% and within Canterbury and Rural practices ranged between 90% and 42% during the mid-part of 2014/15. None of the practices had coverage higher than recommended levels. The coverage for the CCG and Canterbury and Rural practices had decreased in the early-part of 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.



3.5 Immunisations

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

The following key has been used to highlight vaccine coverage:

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

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

Practice Name	Up to 1st Birthday			Up to 2nd Birthday Primaries			Up to 2nd Birthday Boosters		
	DTaP/IPV/Hib	MenC	PCV	DTaP/IPV/Hib	MMR	MenC Infant	Hib/MenC	PCV	
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	
Cossington House Surgery	93.3%	100.0%	93.3%	86.7%	93.3%	80.0%	93.3%	100.0%	
Northgate Medical Practice	96.1%	98.0%	96.1%	97.2%	94.4%	94.4%	94.4%	94.4%	
Chartham Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Sturry Surgery	89.5%	94.7%	89.5%	94.4%	86.1%	94.4%	86.1%	86.1%	
New Dover Road	90.9%	95.5%	90.9%	100.0%	92.6%	100.0%	100.0%	92.6%	
University Medical Centre	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Canterbury Medical Practice	92.6%	92.6%	92.6%	100.0%	95.8%	91.7%	95.8%	95.8%	
The Old School Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Canterbury Health Centre	100.0%	100.0%	100.0%	84.6%	84.6%	69.2%	84.6%	84.6%	
Canterbury and Rural Network	94.7%	97.1%	94.7%	95.8%	92.2%	92.2%	93.4%	92.8%	
CCG	88.5%	93.7%	88.9%	94.4%	90.5%	91.3%	90.9%	88.7%	
Kent	88.1%	93.6%	89.1%	93.5%	88.0%	92.8%	88.5%	84.1%	

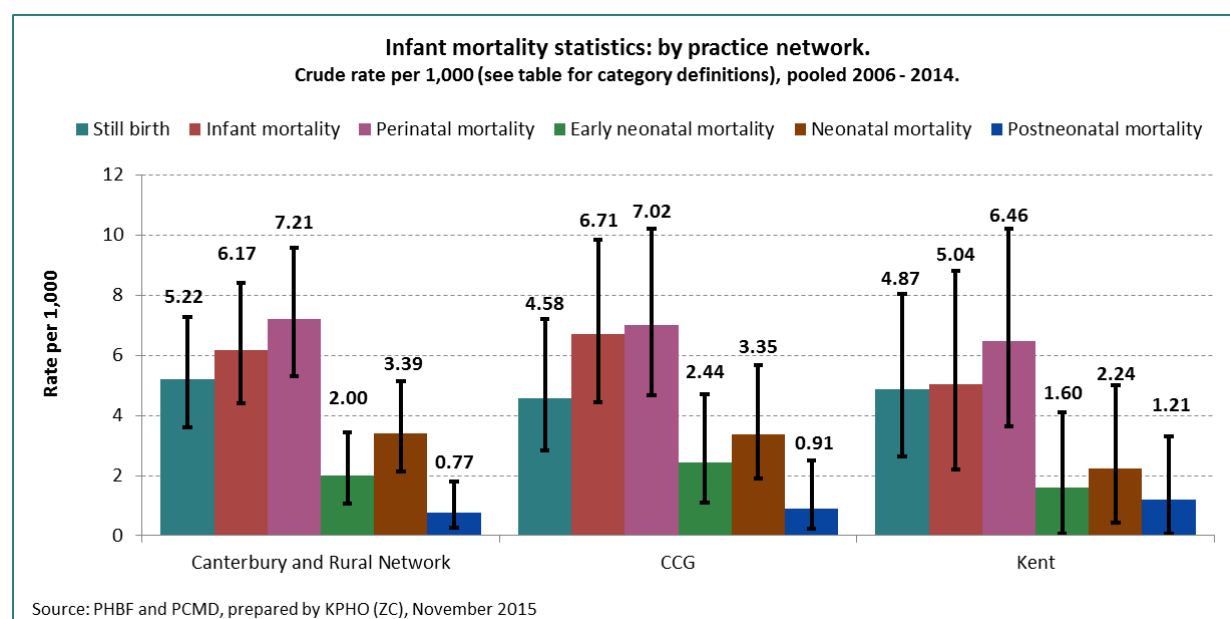
Practice Name	Up to 5th Birthday Primaries						Up to 5th Birthday Boosters			
	DT/Pol	MMR	Hib	MenC	Pertussis	PCV	DTaP/IPV	Hib/MenC	MMR	PCV
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake
Cossington House Surgery	77.8%	66.7%	77.8%	66.7%	77.8%	66.7%	55.6%	55.6%	55.6%	66.7%
Northgate Medical Practice	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	95.9%	98.0%	95.9%	95.9%
Chartham Surgery	94.1%	94.1%	94.1%	88.2%	94.1%	88.2%	88.2%	94.1%	82.4%	94.1%
Sturry Surgery	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%	80.0%	92.5%	80.0%	85.0%
New Dover Road	87.5%	83.3%	87.5%	87.5%	87.5%	87.5%	75.0%	87.5%	70.8%	79.2%
University Medical Centre	100.0%	100.0%	100.0%	83.3%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%
Canterbury Medical Practice	95.3%	95.3%	95.3%	93.0%	95.3%	93.0%	81.4%	90.7%	81.4%	93.0%
The Old School Surgery	94.7%	89.5%	94.7%	89.5%	94.7%	94.7%	89.5%	89.5%	84.2%	89.5%
Canterbury Health Centre	95.0%	95.0%	95.0%	90.0%	95.0%	95.0%	75.0%	90.0%	70.0%	95.0%
Canterbury and Rural Network	94.4%	93.1%	94.4%	91.4%	94.4%	92.3%	84.1%	91.4%	82.4%	90.1%
CCG	94.9%	93.5%	94.9%	93.7%	94.9%	93.7%	85.1%	93.2%	84.1%	90.9%
Kent	95.2%	93.9%	95.3%	93.5%	95.3%	93.9%	83.3%	92.0%	82.3%	89.2%

3.6 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 child mortality statistics for the pooled period 2006-2014. In 2014, there were 755 still births in Kent; 34 of these were to women resident within the Canterbury and Rural. None of the Canterbury and Rural child mortality statistics were significantly different to Kent.

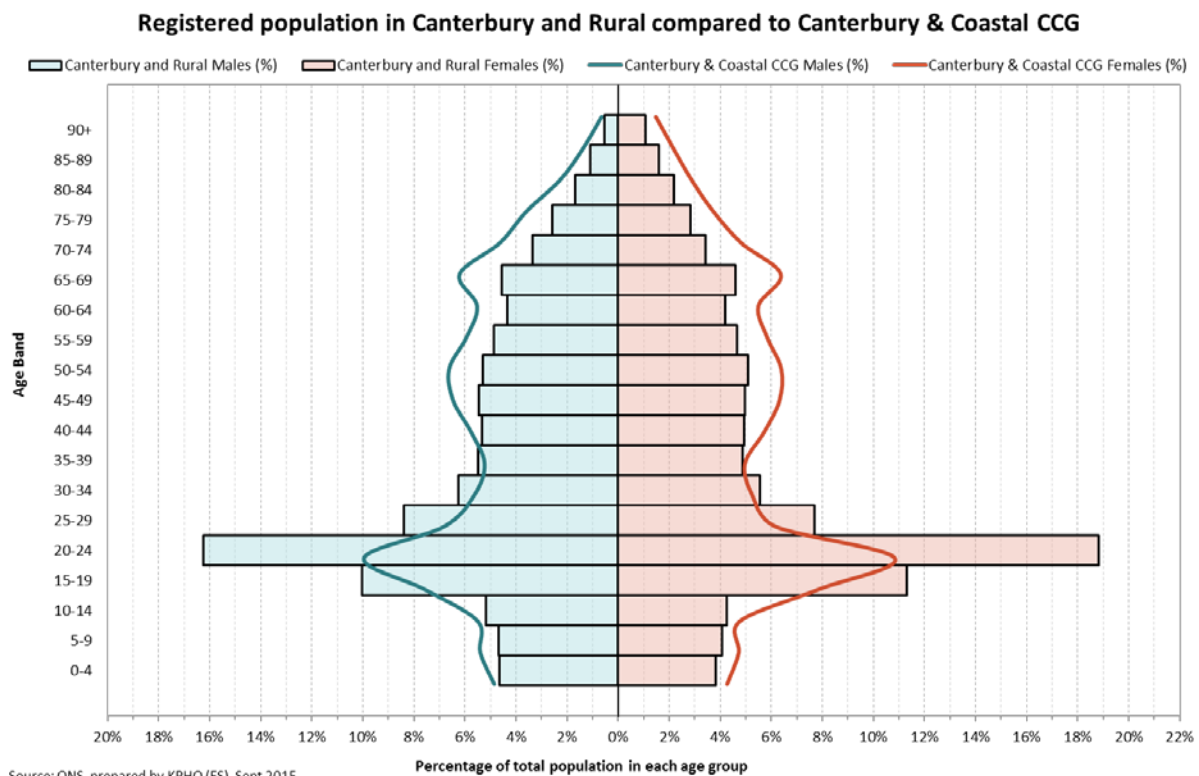


4. Demographic overview

4.1 Practice population

4.1.1 Registered population

The total registered population of Canterbury and Rural community network was 91,173 at September 2015. 47.9% (43,673) of the registered population were male and 52.1% (47,500) female, reflective of the CCG (48.5% male, 51.5% female).



The population pyramid shows that the age and gender profile of Canterbury and Rural community network is largely different in comparison to the CCG. There are significantly higher proportions of the population aged between 15-19, 20-24 and 25-29 in the network compared to the CCG ($p < 0.001$), whilst the CCG has significantly higher proportions of the population in every age band over 40 years ($p < 0.001$). The age profile within the area is largely due to the universities situated within Canterbury.

Table 2: Registered population in Canterbury and Rural community network, September 2015

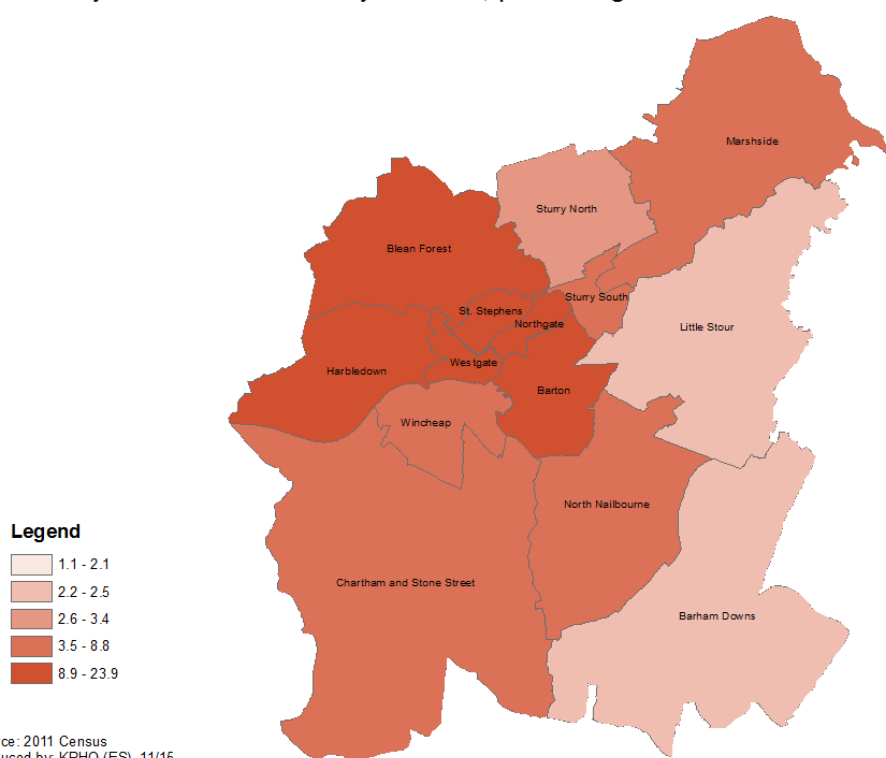
Age band	Males	Females	Persons
0-4	2027	1824	3851
5-9	2046	1931	3977

10-14	2262	2026	4288
15-19	4382	5375	9757
20-24	7097	8937	16034
25-29	3668	3649	7317
30-34	2732	2641	5373
35-39	2389	2318	4707
40-44	2333	2344	4677
45-49	2377	2357	4734
50-54	2313	2414	4727
55-59	2122	2218	4340
60-64	1900	1992	3892
65-69	1996	2185	4181
70-74	1464	1623	3087
75-79	1123	1346	2469
80-84	734	1044	1778
85-89	478	761	1239
90+	230	515	745
All ages	43673	47500	91173

4.2 Ethnicity

Ethnicity data has been sourced from the 2011 Census (Office for National Statistics), and the percentage of the population belonging to a black or minority ethnic group calculated. Ethnic diversity is significantly higher in the Canterbury and Rural Network at 10.7%, compared to the CCG (5.9%).

Canterbury and rural community network, percentage of black and ethnic minorities by ward



Seven wards within Canterbury and Rural have significantly higher percentages of black and ethnic minority population in comparison to Canterbury and Coastal CCG. The ethnic diversity observed within this area is largely attributable to the student population. Within the network, 5.4% (4,277 people) of the population are of Asian origin, 2.2% (1,779) are Mixed ethnicity, 2.1% (1,702) are of Black African / Caribbean / Black British descent, and 1.0% (783) identified as other.

Table 3: Black and ethnic minority population

Ward	Percentage BME	Significantly different
Blean Forest	23.9	higher
Barton	13.8	higher
Northgate	13.3	higher
St Stephens	13.2	higher
Westgate	12.4	higher
Harbledown	9.8	higher
Wincheap	8.8	higher
Sturry South	5.8	none

Marshside	5.7	none
Chartham and Stone Street	4.5	lower
North Nailbourne	3.7	lower
Sturry North	2.7	lower
Little Stour	2.4	lower
Barham Downs	2.2	lower
CCG	5.8	-

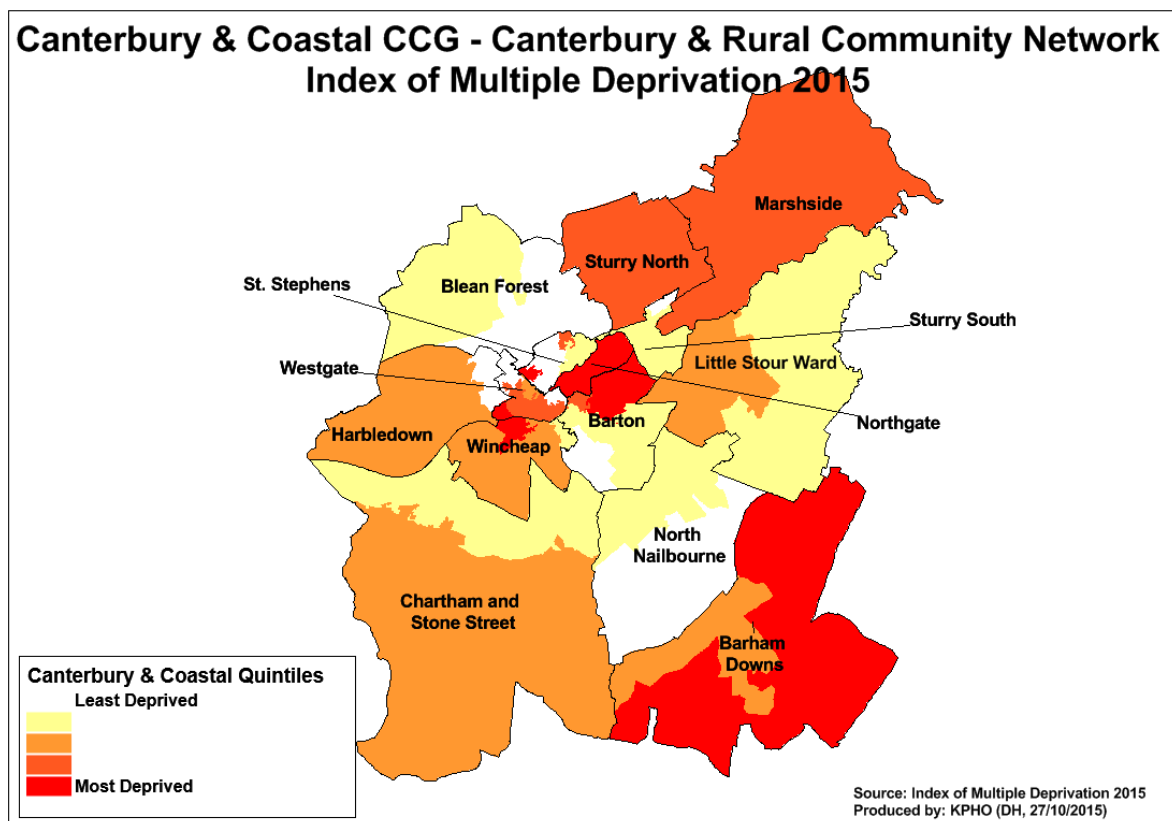
5. Socio-economic profile

5.1 Deprivation

5.1.1 Index of Multiple Deprivation 2015

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

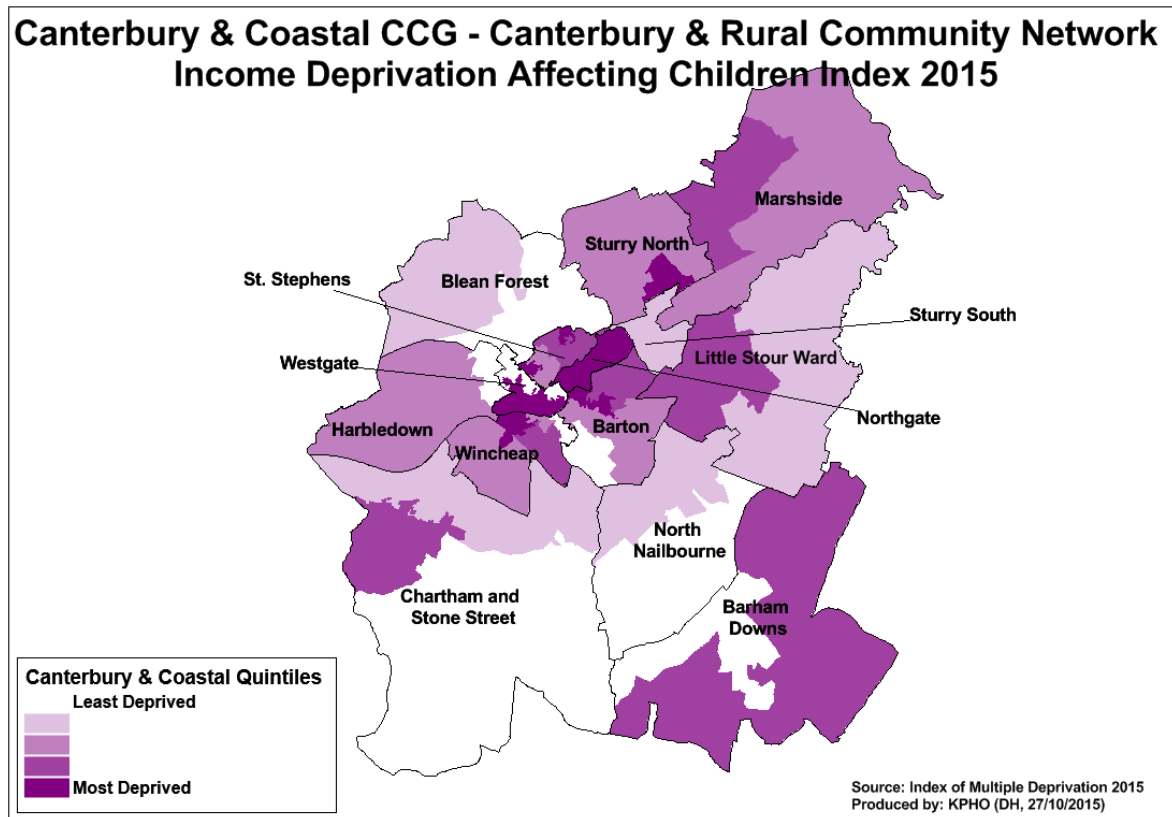
The map below shows relative deprivation for the Canterbury and Rural community network. The areas of highest deprivation locally are spread around the locality. Areas of Wincheap, Westgate and Barton, plus the whole of Northgate are amongst the most deprived quintile. The large rural area to the south east of Barham Downs is also in the most deprived quintile. Sturry North and Marshside (to the north east of the locality) are also relatively deprived.



5.1.2 Income Deprivation Affecting Children Index 2015

The Income Deprivation Affecting Children Index (IDACI) is derived from the Income domain within the overall Indices of Deprivation and is used as a 'child poverty' measure. The pattern of child poverty across the Canterbury & Rural community network is, unsurprisingly, similar to that of overall deprivation. However definite communities in the Wincheap, Westgate, St Stephen's and Sturry North electoral wards stand out, as does

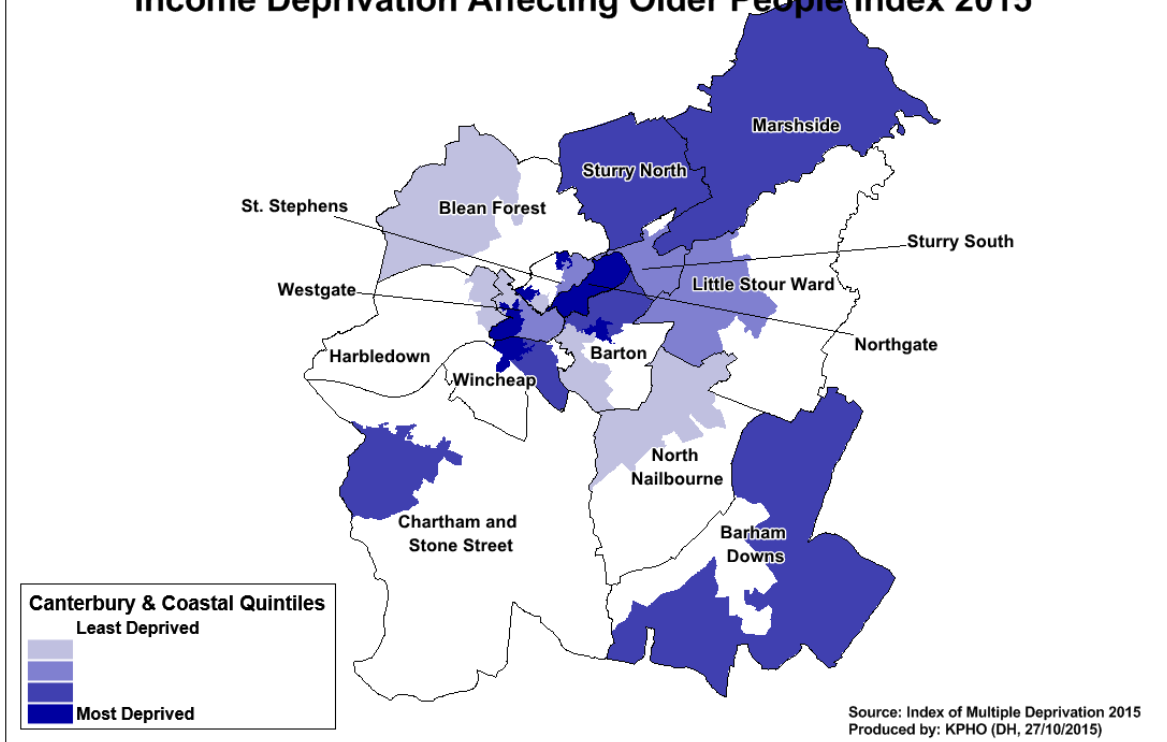
Northgate ward. Approximately 49% of the children living in Northgate ward are living in income deprived households.



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. Within Canterbury City there are several areas with a high percentage of older people living in income deprived households, areas of Westgate, Wincheap, St Stephen's, Barton and all of Northgate are within the worst quintile. The more rural areas in Barham Downs, Sturry North, Marshside and Chartham are also relatively deprived with areas within the second most deprived quintile. Approximately 36% of the older people living in Northgate ward are living in income deprived households.

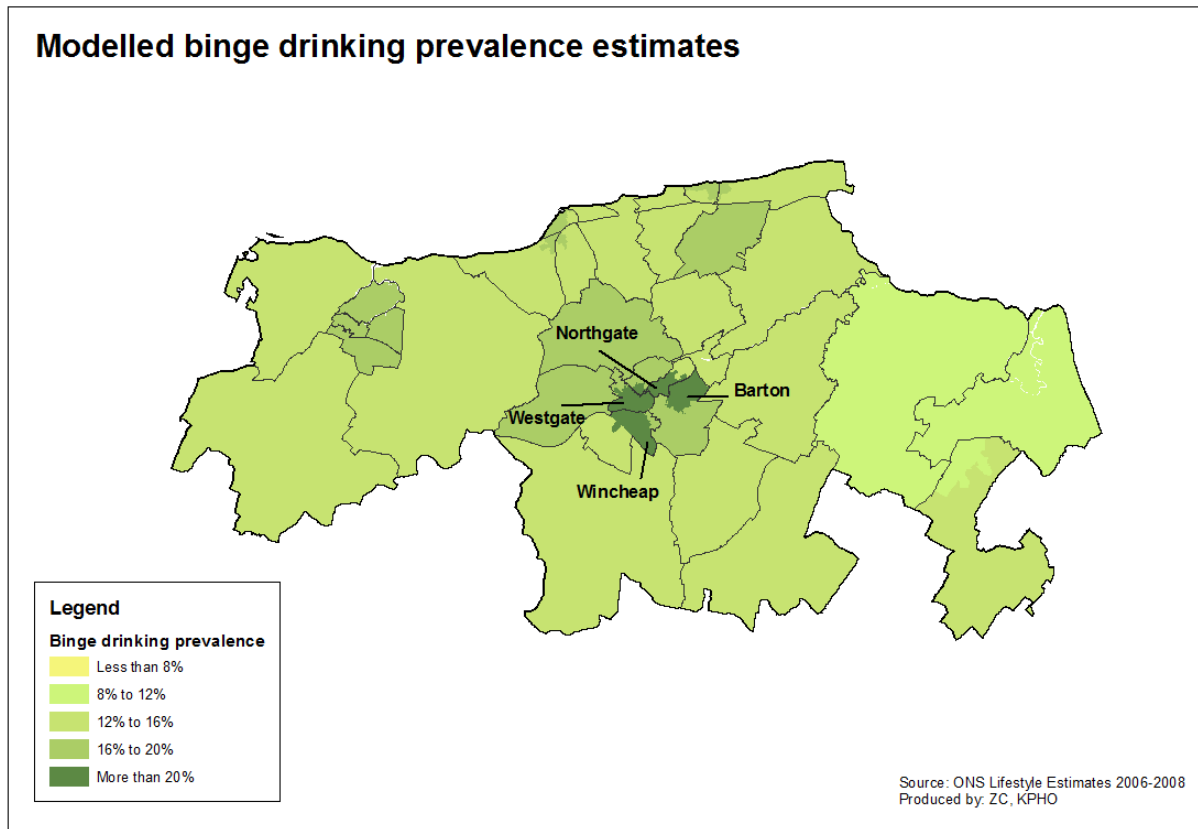
Canterbury & Coastal CCG - Canterbury & Rural Community Network Income Deprivation Affecting Older People Index 2015



| 6. Lifestyle

6.1 Alcohol

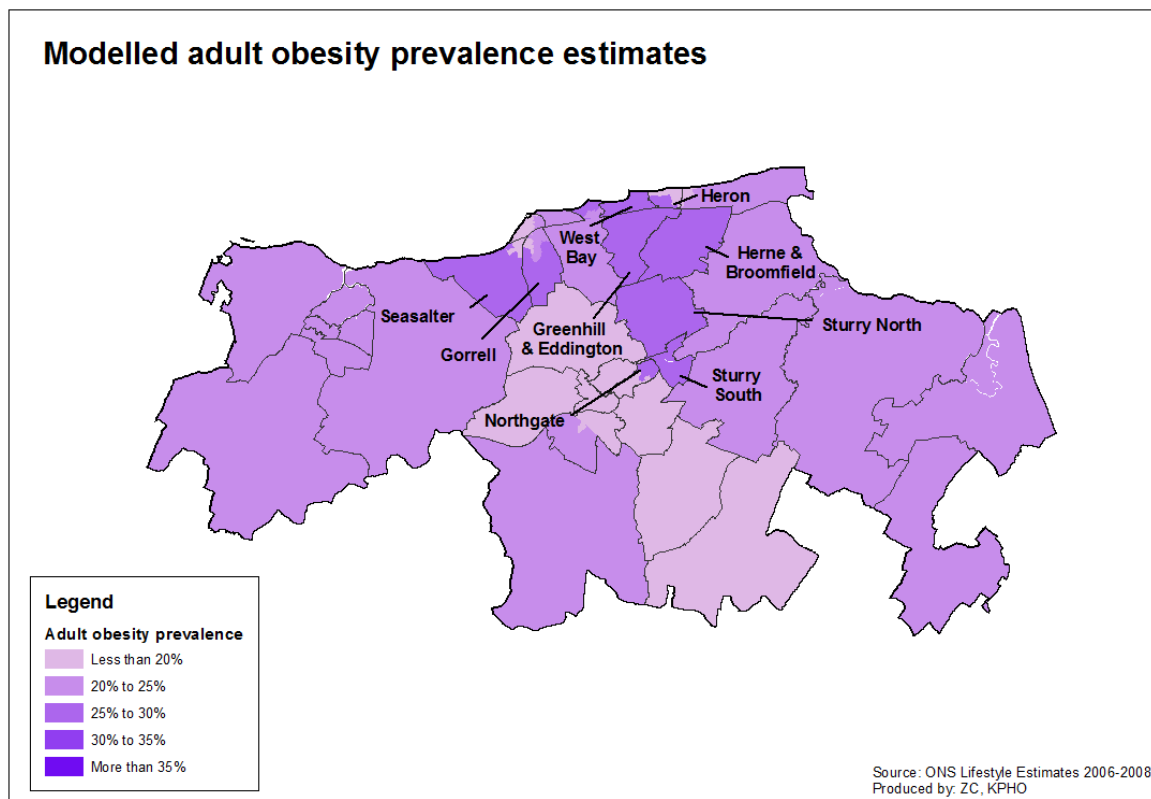
6.1.1 Modelled Binge Drinking Estimates



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

6.2 Obesity

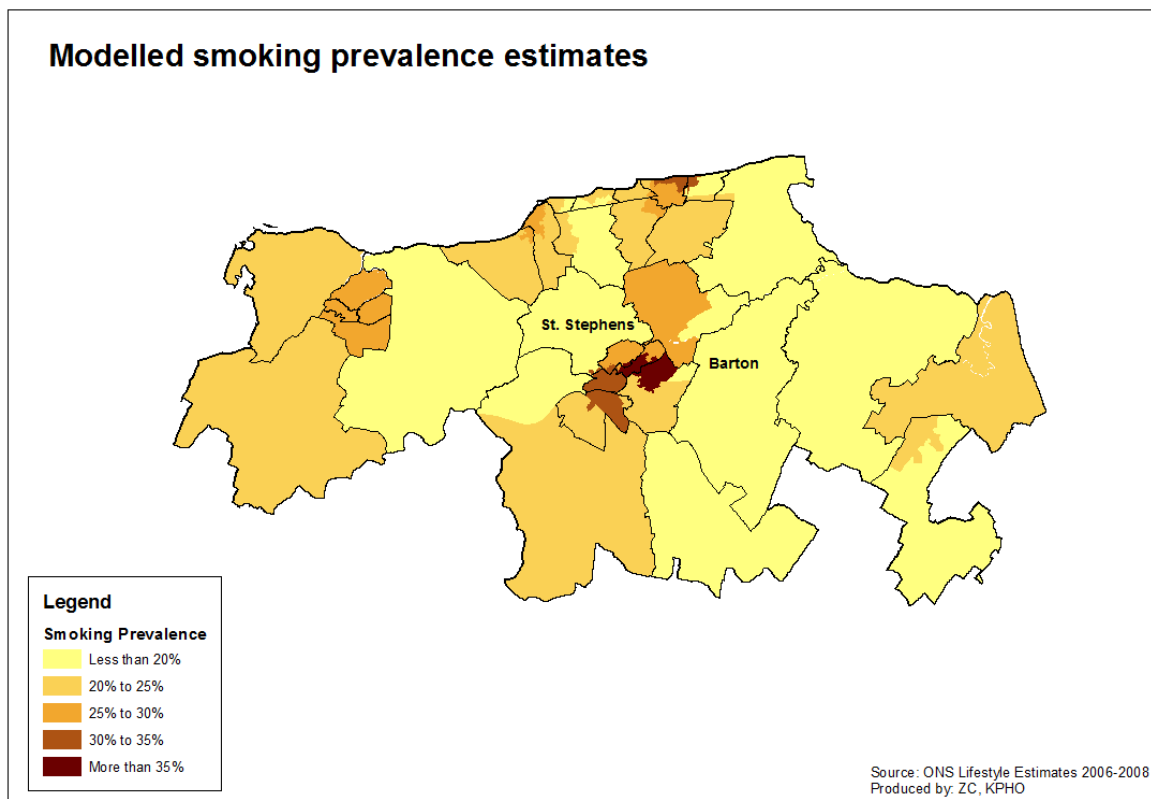
6.2.1 Modelled Adult Obesity Estimates



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

6.3 Smoking

6.3.1 Modelled Adult Obesity Estimates



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

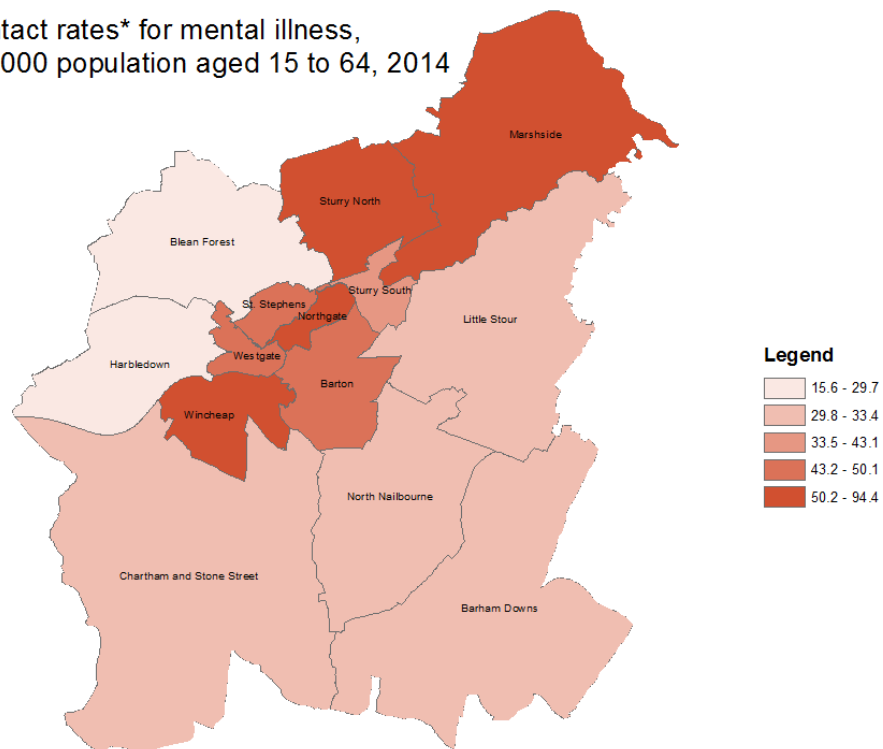
7. Mental Health

7.1 Contact with services

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

7.1.1 Mental health contacts: age 15 to 64

Contact rates* for mental illness,
rate per 1,000 population aged 15 to 64, 2014

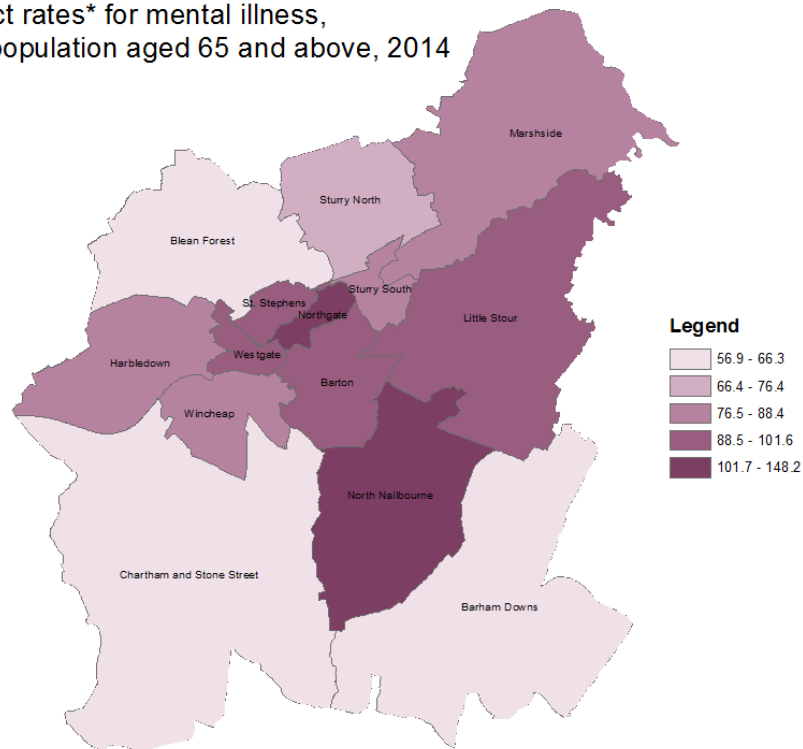


*contact defined as number of individuals in contact with services
Source: Kent and Medway NHS and Social care partnership
Produced by: KPHO (ES), 11/15

Northgate (83.5) and Wincheap (63.9) wards have significantly higher contact rates than both the CCG (43.8) and Kent (41.0). Barton (50.1) and Westgate (47.7) have significantly higher rates than Kent. Chartham and Stone Street (33.4) ward has a significantly lower rate in comparison to the CCG, whilst Harbledown (27.4) and Blean Forest (19.2) have significantly lower rates in comparison to both the CCG and Kent. The Canterbury and rural contact rate (47.3) is significantly higher than Kent, but not the CCG.

7.1.2 Mental health contacts: age 65 and above

Contact rates* for mental illness,
rate per 1,000 population aged 65 and above, 2014



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

North Nailbourne (120.5), Northgate (119.9), Westgate (101.6), Barton (96.8) and St Stephens (95.5) wards all have significantly higher mental health contact rates than both Canterbury and Coastal CCG (88.8) and Kent (73.2). Canterbury and rural (89.3) community network has a significantly higher contact rate than 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 Canterbury and Coastal CCG recorded prevalence in 2014/15.

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

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

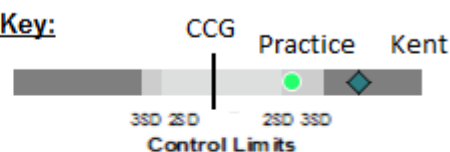
- Obesity – 16 years and over practice population.
- Diabetes – 17 years and over practice population.
- Chronic kidney disease – 18 years and over practice population
- Epilepsy - 18 years and over practice population

The practice population list sizes will be referred to below.

Key:

- Significantly very better than CCG average
- Significantly better than CCG average
- Not significantly different from CCG average
- Significantly worse than CCG average
- Significantly very worse than CCG average
- No significance can be calculated

Key:



Limitations

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

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

8.1.1 Canterbury and rural community network

For the purposes of the 2014/15 QOF data, Canterbury and rural network had the following population:

Table 4

Age	Canterbury and rural
All age	89186
16+	76372
17+	75297
18+	74028

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

- Mental health

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

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Chronic kidney disease
- COPD
- Dementia
- Diabetes
- Epilepsy
- Heart failure
- Hypertension
- Learning disability
- Obesity
- Palliative care
- Stroke

Indicator	Canterbury and rural		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	1446	1.6	2.1	0.2		2.8	1.9
Asthma	4382	4.9	5.8	3.1		7.0	5.6
Cancer	2087	2.3	2.7	0.3		4.2	2.5
Coronary heart disease	2210	2.5	3.3	0.2		4.8	3.1
Chronic kidney disease	2972	4.0	4.8	0.2		7.0	5.1
COPD	1237	1.4	1.8	0.1		3.1	1.9
Dementia	613	0.7	0.9	0.0		1.5	0.8
Diabetes	3253	4.3	5.9	0.7		8.4	6.2
Epilepsy	539	0.7	0.8	0.2		1.4	0.8
Heart failure	449	0.5	0.6	0.0		1.1	0.6
Hypertension	9955	11.2	14.0	1.4		21.7	14.6
Learning disability	332	0.4	0.4	0.0		1.4	0.4
Mental health	904	1.0	0.9	0.6		1.6	0.8
Obesity	5409	7.1	7.8	2.7		16.7	8.9
Palliative care	91	0.1	0.1	0.0		0.3	0.2
Stroke	1385	1.6	1.9	0.2		2.9	1.8

8.1.2 G82012 Cossington house surgery

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

Table 5

Age	G82012
All age	7091
16+	5806
17+	5533
18+	5171

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

- Cancer
- Chronic kidney disease

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

- Coronary heart disease
- COPD

Indicator	G82012 - Cossington house surgery		Prevalence	CCG lowest	CCG		CCG highest	Kent prevalence
	Register count	Prevalence			CCG	CCG		
Atrial fibrillation	142	2.0	2.1	0.2			2.8	1.9
Asthma	390	5.5	5.8	3.1			7.0	5.6
Cancer	250	3.5	2.7	0.3			4.2	2.5
Coronary heart disease	179	2.5	3.3	0.2			4.8	3.1
Chronic kidney disease	289	5.6	4.8	0.2			7.0	5.1
COPD	103	1.5	1.8	0.1			3.1	1.9
Dementia	78	1.1	0.9	0.0			1.5	0.8
Diabetes	296	5.3	5.9	0.7			8.4	6.2
Epilepsy	35	0.7	0.8	0.2			1.4	0.8
Heart failure	48	0.7	0.6	0.0			1.1	0.6
Hypertension	1017	14.3	14.0	1.4			21.7	14.6
Learning disability	39	0.5	0.4	0.0			1.4	0.4
Mental health	72	1.0	0.9	0.6			1.6	0.8
Obesity	442	7.6	7.8	2.7			16.7	8.9
Palliative care	11	0.2	0.1	0.0			0.3	0.2
Stroke	127	1.8	1.9	0.2			2.9	1.8

8.1.3 G82060 Northgate medical practice

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

Table 6

Age	G82060
All age	15897
16+	13197
17+	13039
18+	12866

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

- Asthma
- Coronary heart disease
- Chronic kidney disease
- COPD
- Epilepsy
- Hypertension
- Mental health
- Obesity

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

- Dementia

Indicator	G82060 - Northgate medical practice		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	358	2.3	2.1	0.2		2.8	1.9
Asthma	978	6.2	5.8	3.1		7.0	5.6
Cancer	425	2.7	2.7	0.3		4.2	2.5
Coronary heart disease	607	3.8	3.3	0.2		4.8	3.1
Chronic kidney disease	743	5.8	4.8	0.2		7.0	5.1
COPD	354	2.2	1.8	0.1		3.1	1.9
Dementia	122	0.8	0.9	0.0		1.5	0.8
Diabetes	739	5.7	5.9	0.7		8.4	6.2
Epilepsy	137	1.1	0.8	0.2		1.4	0.8
Heart failure	117	0.7	0.6	0.0		1.1	0.6
Hypertension	2444	15.4	14.0	1.4		21.7	14.6
Learning disability	88	0.6	0.4	0.0		1.4	0.4
Mental health	256	1.6	0.9	0.6		1.6	0.8
Obesity	1098	8.3	7.8	2.7		16.7	8.9
Palliative care	28	0.2	0.1	0.0		0.3	0.2
Stroke	300	1.9	1.9	0.2		2.9	1.8

8.1.4 G82115 New Dover road

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

Table 7

Age	G82115
All age	10098
16+	8647
17+	8544
18+	8393

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

- Cancer
- Mental health

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

- Asthma
- Coronary heart disease
- COPD
- Heart failure
- Hypertension
- Obesity
- Palliative care

Indicator	G82115- New Dover road		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	192	1.9	2.1	0.2		2.8	1.9
Asthma	430	4.3	5.8	3.1		7.0	5.6
Cancer	357	3.5	2.7	0.3		4.2	2.5
Coronary heart disease	290	2.9	3.3	0.2		4.8	3.1
Chronic kidney disease	412	4.9	4.8	0.2		7.0	5.1
COPD	143	1.4	1.8	0.1		3.1	1.9
Dementia	98	1.0	0.9	0.0		1.5	0.8
Diabetes	503	5.9	5.9	0.7		8.4	6.2
Epilepsy	80	1.0	0.8	0.2		1.4	0.8
Heart failure	40	0.4	0.6	0.0		1.1	0.6
Hypertension	1261	12.5	14.0	1.4		21.7	14.6
Learning disability	44	0.4	0.4	0.0		1.4	0.4
Mental health	114	1.1	0.9	0.6		1.6	0.8
Obesity	533	6.2	7.8	2.7		16.7	8.9
Palliative care	5	0.0	0.1	0.0		0.3	0.2
Stroke	219	2.2	1.9	0.2		2.9	1.8

8.1.5 G82802 Canterbury health centre

For the purposes of the 2014/15 QOF data, Canterbury health centre had the following population:

Table 8

Age	G82802
All age	4660
16+	3877
17+	3769
18+	3638

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

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Chronic kidney disease
- Dementia
- Diabetes
- Hypertension
- Learning disability
- Obesity
- Palliative care

Indicator	G82802 - Canterbury health centre		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	66	1.4	2.1	0.2		2.8	1.9
Asthma	207	4.4	5.8	3.1		7.0	5.6
Cancer	88	1.9	2.7	0.3		4.2	2.5
Coronary heart disease	117	2.5	3.3	0.2		4.8	3.1
Chronic kidney disease	138	3.8	4.8	0.2		7.0	5.1
COPD	72	1.5	1.8	0.1		3.1	1.9
Dementia	24	0.5	0.9	0.0		1.5	0.8
Diabetes	176	4.7	5.9	0.7		8.4	6.2
Epilepsy	34	0.9	0.8	0.2		1.4	0.8
Heart failure	32	0.7	0.6	0.0		1.1	0.6
Hypertension	467	10.0	14.0	1.4		21.7	14.6
Learning disability	6	0.1	0.4	0.0		1.4	0.4
Mental health	44	0.9	0.9	0.6		1.6	0.8
Obesity	222	5.7	7.8	2.7		16.7	8.9
Palliative care	1	0.0	0.1	0.0		0.3	0.2
Stroke	75	1.6	1.9	0.2		2.9	1.8

8.1.6 G82061 Chartham surgery

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

Table 9

Age	G82061
All age	2579
16+	2005
17+	1984
18+	1958

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

- Obesity

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

- Atrial fibrillation
- Cancer
- Dementia
- Heart failure

Indicator	G82061 - Chartham surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	39	1.5	2.1	0.2		2.8	1.9
Asthma	130	5.0	5.8	3.1		7.0	5.6
Cancer	52	2.0	2.7	0.3		4.2	2.5
Coronary heart disease	70	2.7	3.3	0.2		4.8	3.1
Chronic kidney disease	100	5.1	4.8	0.2		7.0	5.1
COPD	48	1.9	1.8	0.1		3.1	1.9
Dementia	15	0.6	0.9	0.0		1.5	0.8
Diabetes	100	5.0	5.9	0.7		8.4	6.2
Epilepsy	13	0.7	0.8	0.2		1.4	0.8
Heart failure	5	0.2	0.6	0.0		1.1	0.6
Hypertension	378	14.7	14.0	1.4		21.7	14.6
Learning disability	17	0.7	0.4	0.0		1.4	0.4
Mental health	16	0.6	0.9	0.6		1.6	0.8
Obesity	209	10.4	7.8	2.7		16.7	8.9
Palliative care	4	0.2	0.1	0.0		0.3	0.2
Stroke	45	1.7	1.9	0.2		2.9	1.8

8.1.7 G82082 Sturry surgery

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

Table 10

Age	G82082
All age	16112
16+	13751
17+	13606
18+	13445

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

- Mental health
- Obesity

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

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Chronic kidney disease
- COPD
- Dementia
- Diabetes

- Heart failure
- Hypertension
- Palliative care
- Stroke

Indicator	G82082 - Sturry surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	207	1.3	2.1	0.2		2.8	1.9
Asthma	731	4.5	5.8	3.1		7.0	5.6
Cancer	311	1.9	2.7	0.3		4.2	2.5
Coronary heart disease	304	1.9	3.3	0.2		4.8	3.1
Chronic kidney disease	431	3.2	4.8	0.2		7.0	5.1
COPD	167	1.0	1.8	0.1		3.1	1.9
Dementia	73	0.5	0.9	0.0		1.5	0.8
Diabetes	517	3.8	5.9	0.7		8.4	6.2
Epilepsy	97	0.7	0.8	0.2		1.4	0.8
Heart failure	51	0.3	0.6	0.0		1.1	0.6
Hypertension	1310	8.1	14.0	1.4		21.7	14.6
Learning disability	70	0.4	0.4	0.0		1.4	0.4
Mental health	172	1.1	0.9	0.6		1.6	0.8
Obesity	1371	10.0	7.8	2.7		16.7	8.9
Palliative care	15	0.1	0.1	0.0		0.3	0.2
Stroke	236	1.5	1.9	0.2		2.9	1.8

8.1.8 G82140 The university medical centre

For the purposes of the 2014/15 QOF data, the university medical centre had the following population:

Table 11

Age	G82140
All age	14931
16+	14563
17+	14540
18+	14508

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

- Atrial fibrillation
- Asthma
- Cancer
- Coronary heart disease
- Chronic kidney disease
- COPD
- Dementia
- Diabetes
- Epilepsy

- Heart failure
- Hypertension
- Learning disability
- Mental health
- Obesity
- Palliative care
- Stroke

Indicator	G82140 - The university medical centre		Prevalence	CCG			Kent prevalence
	Register count	Prevalence		CCG lowest	CCG	CCG highest	
Atrial fibrillation	37	0.2	2.1	0.2		2.8	1.9
Asthma	463	3.1	5.8	3.1		7.0	5.6
Cancer	52	0.3	2.7	0.3		4.2	2.5
Coronary heart disease	32	0.2	3.3	0.2		4.8	3.1
Chronic kidney disease	23	0.2	4.8	0.2		7.0	5.1
COPD	20	0.1	1.8	0.1		3.1	1.9
Dementia	4	0.0	0.9	0.0		1.5	0.8
Diabetes	104	0.7	5.9	0.7		8.4	6.2
Epilepsy	27	0.2	0.8	0.2		1.4	0.8
Heart failure	7	0.0	0.6	0.0		1.1	0.6
Hypertension	208	1.4	14.0	1.4		21.7	14.6
Learning disability	5	0.0	0.4	0.0		1.4	0.4
Mental health	91	0.6	0.9	0.6		1.6	0.8
Obesity	389	2.7	7.8	2.7		16.7	8.9
Palliative care	1	0.0	0.1	0.0		0.3	0.2
Stroke	30	0.2	1.9	0.2		2.9	1.8

8.1.9 G82790 The old school surgery

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

Table 12

Age	G82790
All age	5555
16+	4443
17+	4367
18+	4290

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

- Atrial fibrillation
- Asthma
- COPD
- Learning disability
- Mental health

Indicator	G82790 - The old school surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	88	1.6	2.1	0.2		2.8	1.9
Asthma	267	4.8	5.8	3.1		7.0	5.6
Cancer	163	2.9	2.7	0.3		4.2	2.5
Coronary heart disease	172	3.1	3.3	0.2		4.8	3.1
Chronic kidney disease	209	4.9	4.8	0.2		7.0	5.1
COPD	77	1.4	1.8	0.1		3.1	1.9
Dementia	57	1.0	0.9	0.0		1.5	0.8
Diabetes	233	5.3	5.9	0.7		8.4	6.2
Epilepsy	30	0.7	0.8	0.2		1.4	0.8
Heart failure	35	0.6	0.6	0.0		1.1	0.6
Hypertension	738	13.3	14.0	1.4		21.7	14.6
Learning disability	9	0.2	0.4	0.0		1.4	0.4
Mental health	35	0.6	0.9	0.6		1.6	0.8
Obesity	318	7.2	7.8	2.7		16.7	8.9
Palliative care	13	0.2	0.1	0.0		0.3	0.2
Stroke	89	1.6	1.9	0.2		2.9	1.8

8.1.10 G82228 Bridge health centre

For the purposes of the 2014/15 QOF data, Bridge health centre had the following population:

Table 13

Age	G82228
All age	12263
16+	10085
17+	9916
18+	9759

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

- Atrial fibrillation
- Asthma
- Cancer
- Chronic kidney disease
- COPD
- Dementia
- Heart failure
- Hypertension

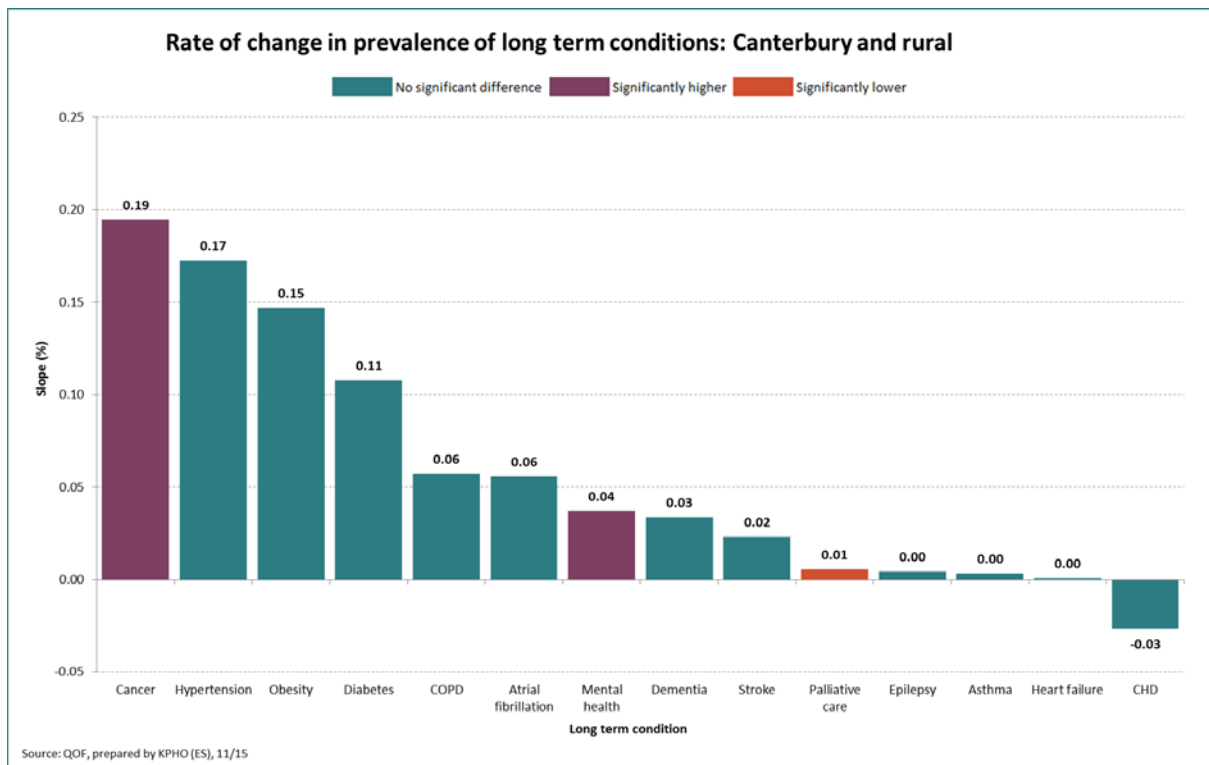
Indicator	G82228 - Bridge health centre		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	317	2.6	2.1	0.2		2.8	1.9
Asthma	786	6.4	5.8	3.1		7.0	5.6
Cancer	389	3.2	2.7	0.3		4.2	2.5
Coronary heart disease	439	3.6	3.3	0.2		4.8	3.1
Chronic kidney disease	627	6.4	4.8	0.2		7.0	5.1
COPD	253	2.1	1.8	0.1		3.1	1.9
Dementia	142	1.2	0.9	0.0		1.5	0.8
Diabetes	585	5.9	5.9	0.7		8.4	6.2
Epilepsy	86	0.9	0.8	0.2		1.4	0.8
Heart failure	114	0.9	0.6	0.0		1.1	0.6
Hypertension	2132	17.4	14.0	1.4		21.7	14.6
Learning disability	54	0.4	0.4	0.0		1.4	0.4
Mental health	104	0.8	0.9	0.6		1.6	0.8
Obesity	827	8.2	7.8	2.7		16.7	8.9
Palliative care	13	0.1	0.1	0.0		0.3	0.2
Stroke	264	2.2	1.9	0.2		2.9	1.8

8.2 Recorded prevalence: trend analysis

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

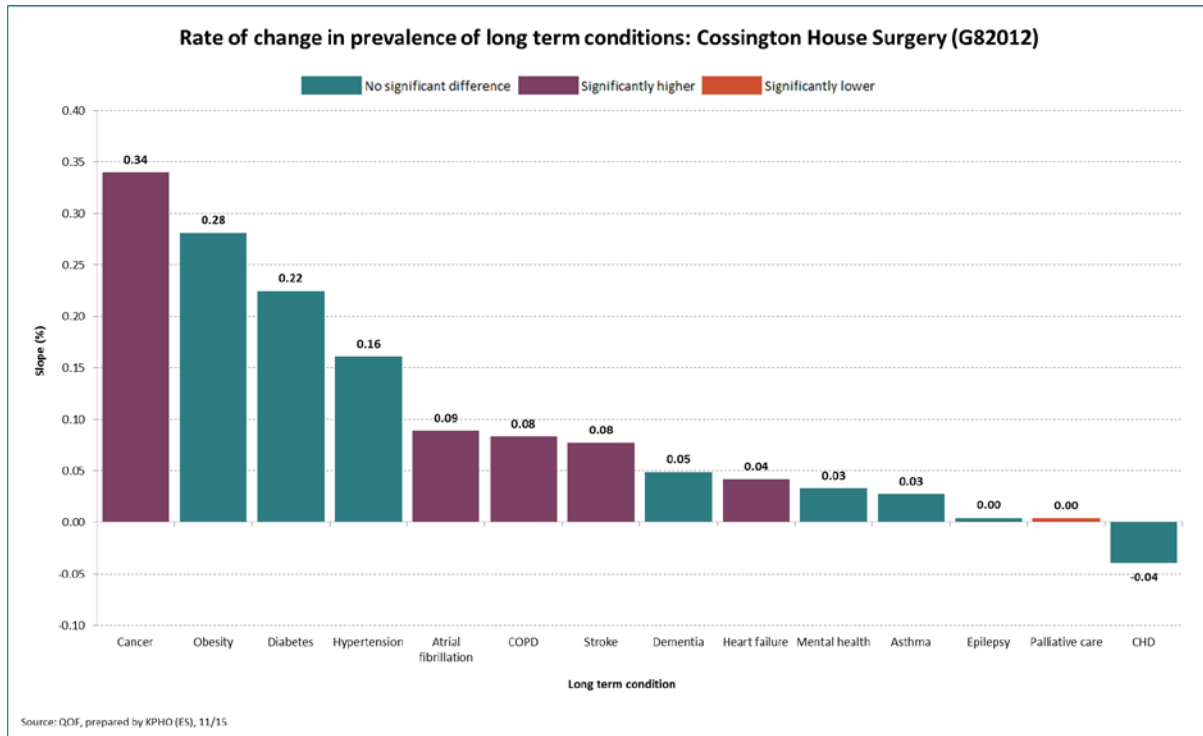
8.2.1 Canterbury and rural community network

The annual rate of increase in cancer and mental health prevalence is significantly higher than England, whilst the rate of change observed in the prevalence of palliative care is significantly lower.



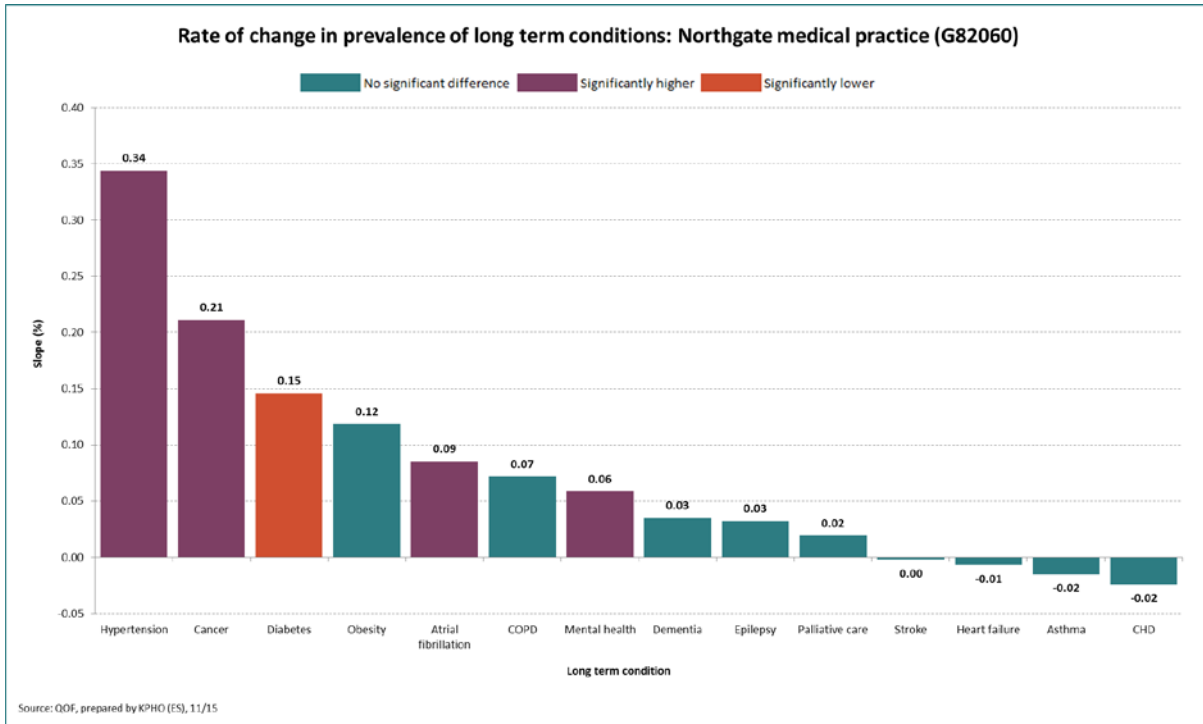
8.2.2 G82012 Cossington house surgery

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



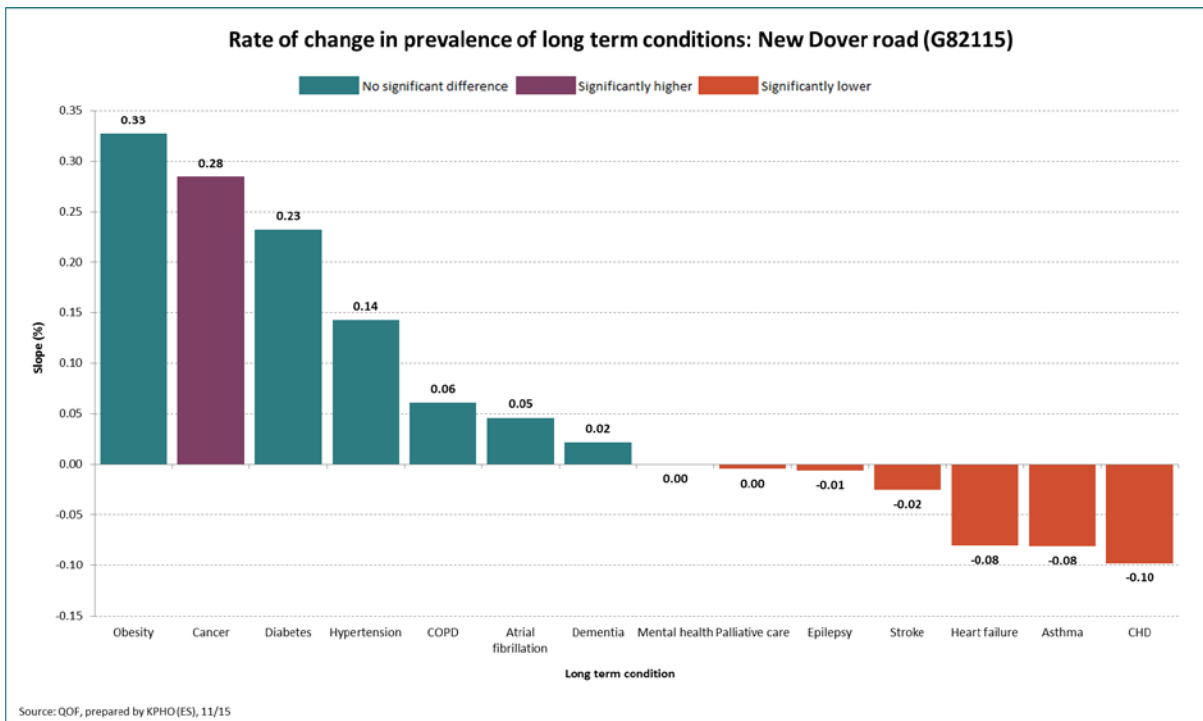
8.2.3 G82060 Northgate medical practice

The annual rate of increase in hypertension, cancer, atrial fibrillation and mental health prevalence is significantly higher than England, whilst the rate of change observed in the prevalence of diabetes is significantly lower.



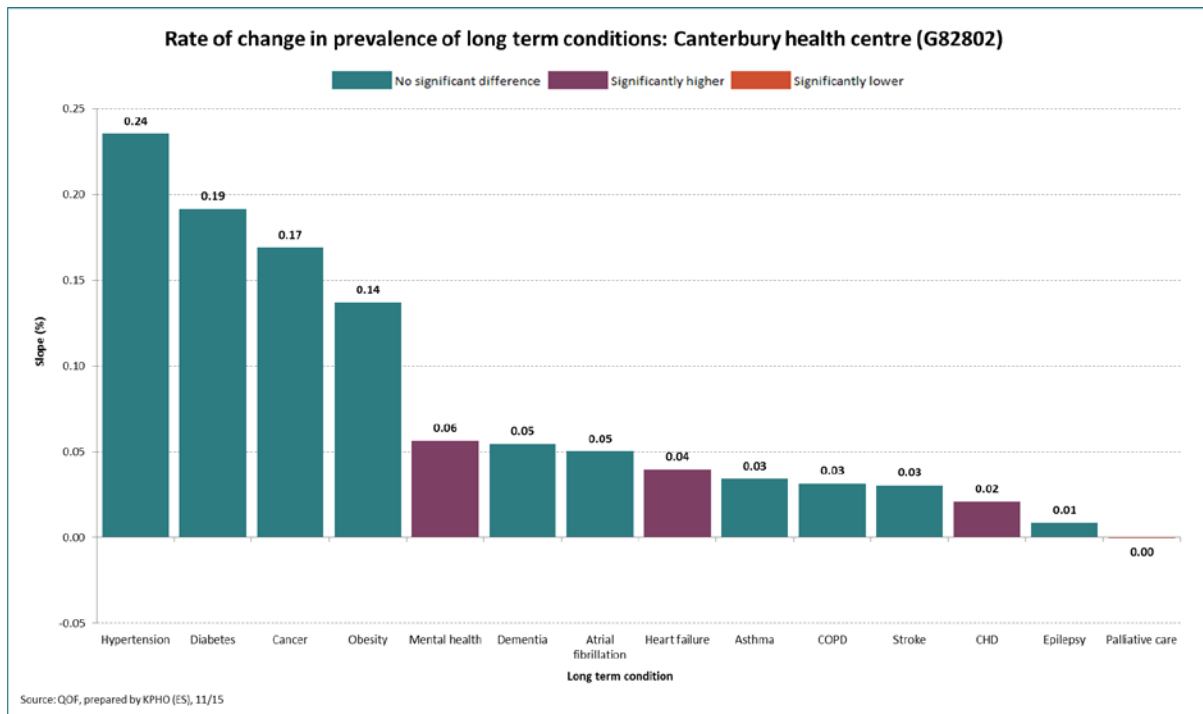
8.2.4 G82115 New Dover road

The annual rate of increase in cancer prevalence is significantly higher than England, whilst the rate of change observed in the prevalence of palliative care, epilepsy, stroke, heart failure, asthma and CHD is significantly lower.



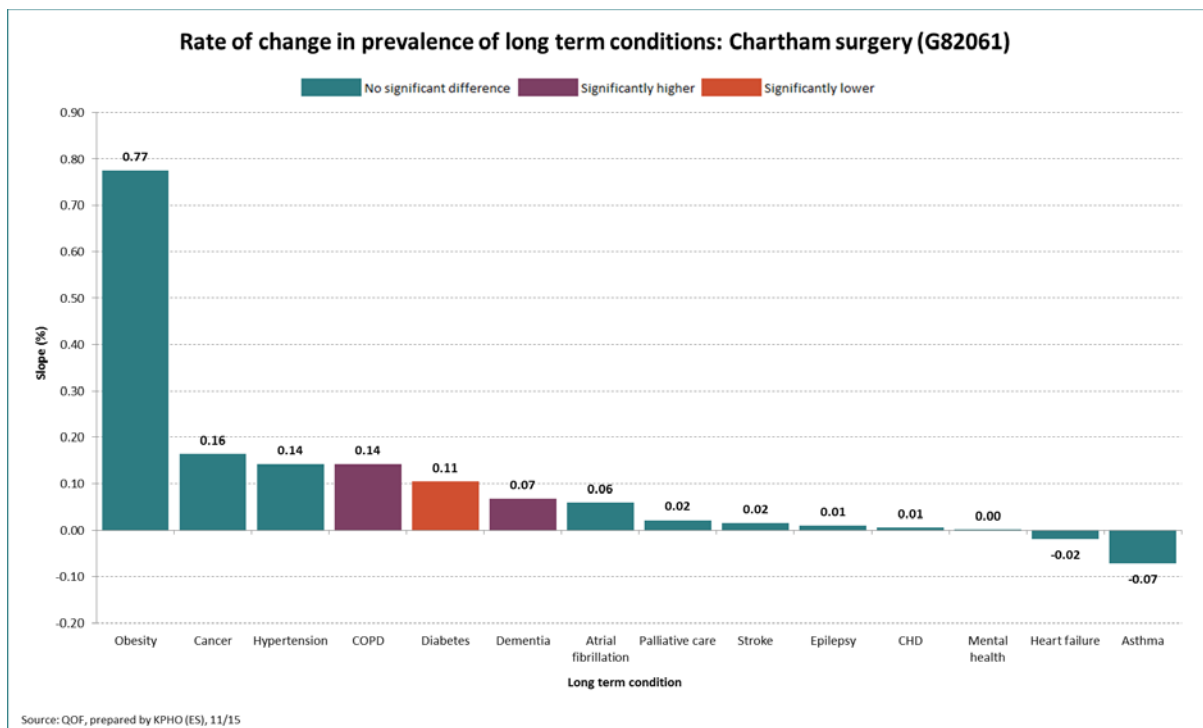
8.2.5 G82802 Canterbury health centre

The annual rate of increase in mental health, heart failure and CHD prevalence is significantly higher than England.



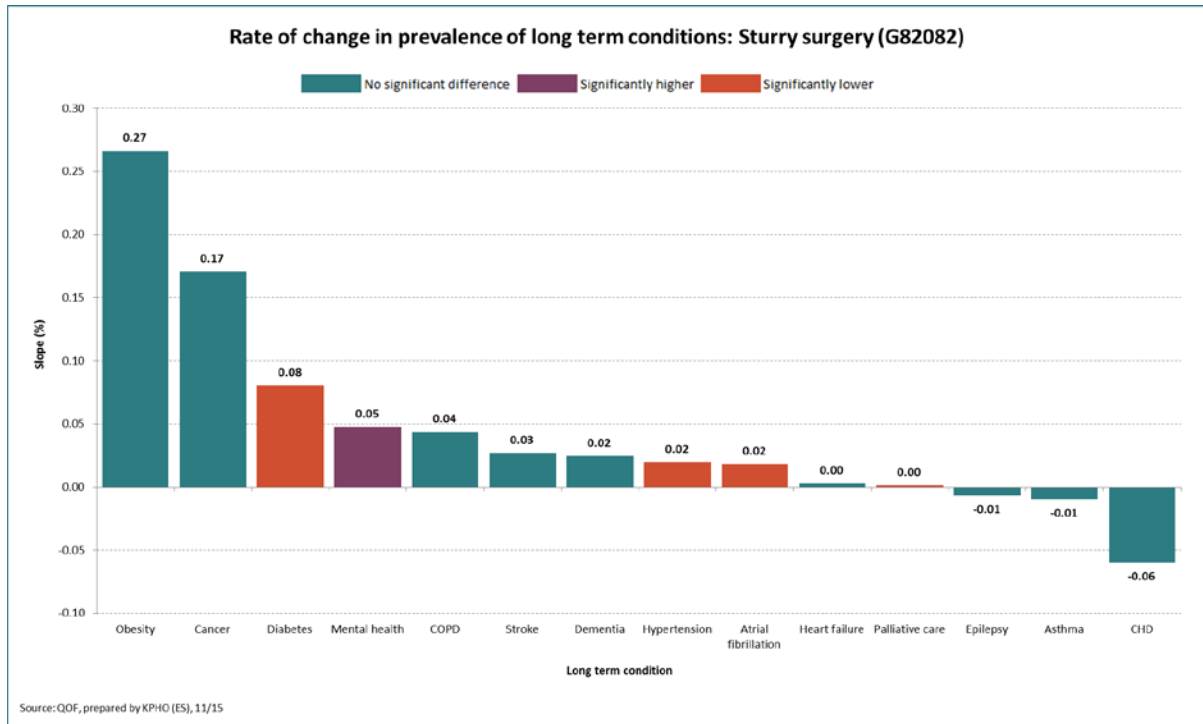
8.2.6 G82061 Chartham Surgery

The annual rate of increase in COPD and dementia prevalence is significantly higher than England, whilst the rate of change observed in the prevalence of diabetes is significantly lower.



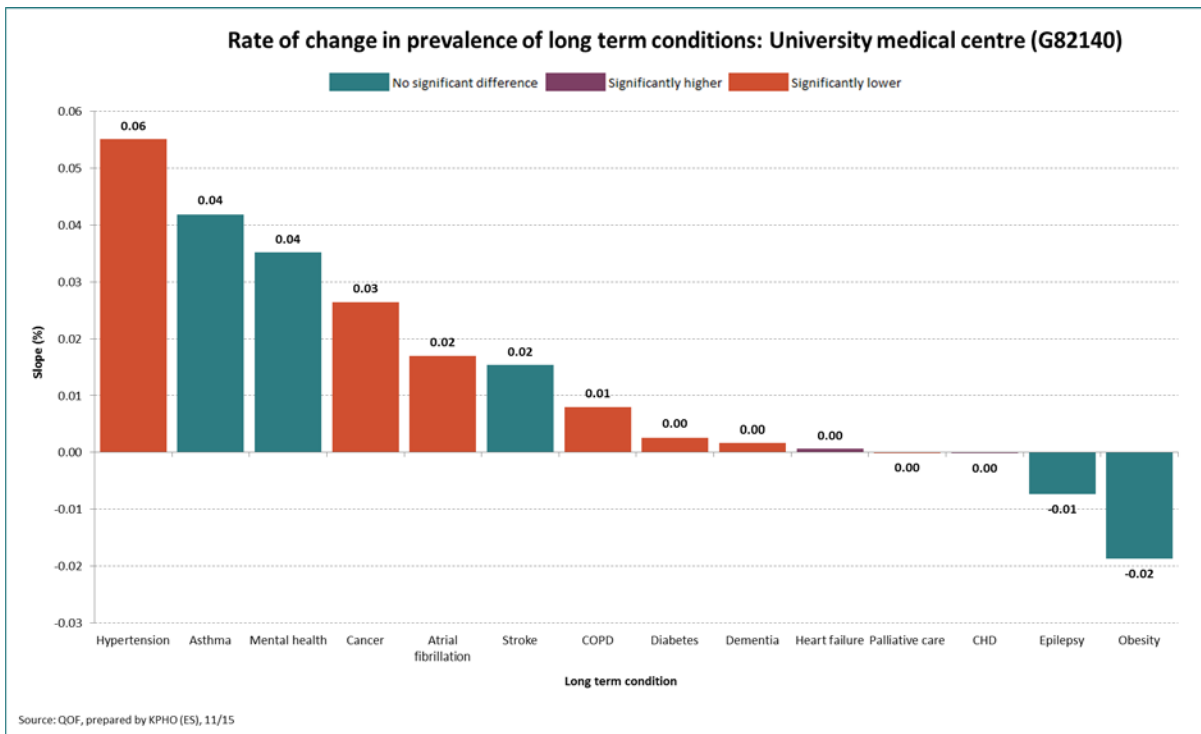
8.2.7 G82082 Sturry surgery

The annual rate of increase in mental health prevalence is significantly higher than England, whilst the rate of change observed in the prevalence of diabetes, hypertension, atrial fibrillation and palliative care is significantly lower.



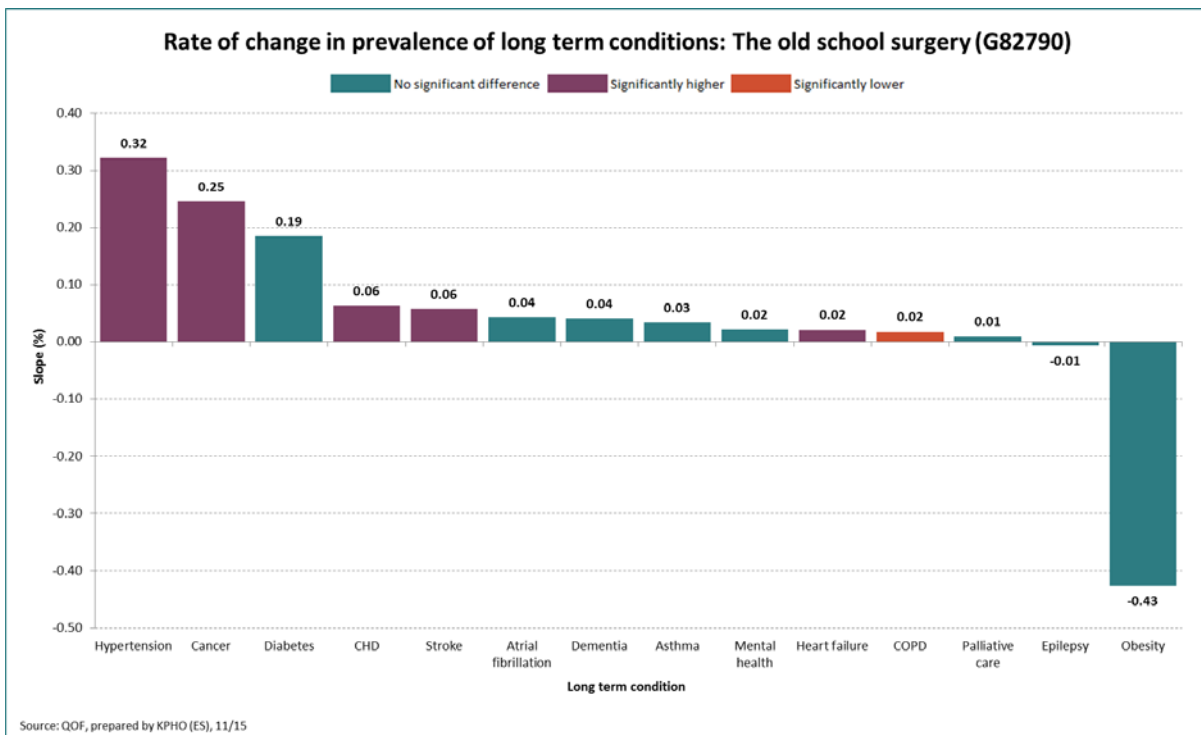
8.2.8 G82140 The university medical centre

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



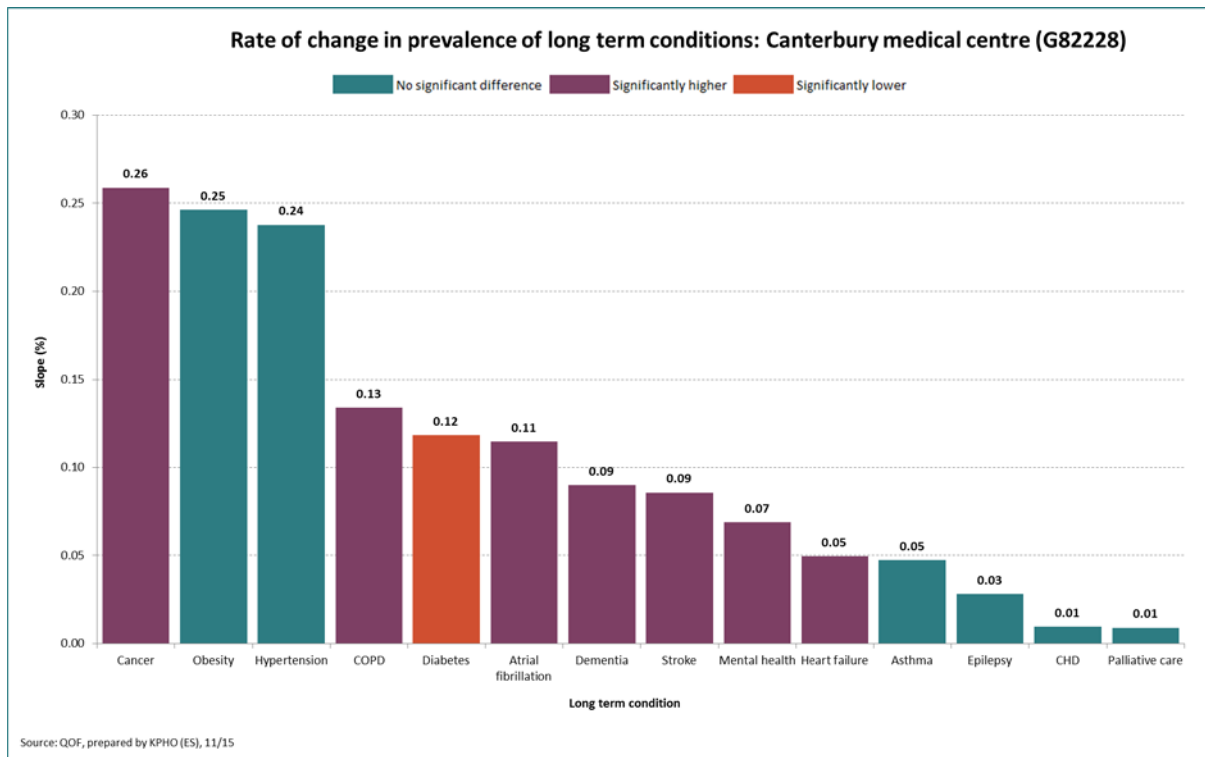
8.2.9 G82790 The old school surgery

The annual rate of increase in hypertension, cancer, CHD, stroke and heart failure prevalence is significantly higher than England, whilst the rate of change observed in the prevalence of COPD is significantly lower.



8.2.10 G82228 Bridge health centre

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

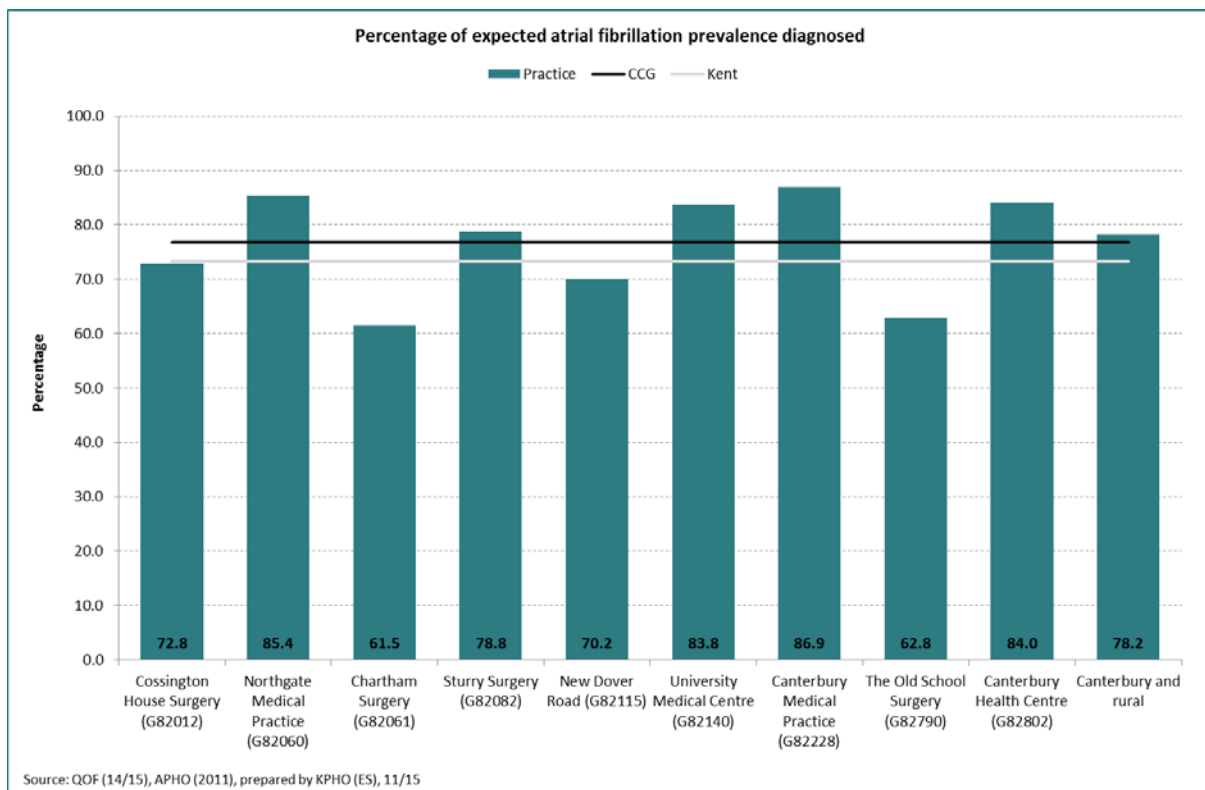


8.3 Recorded and expected prevalence

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

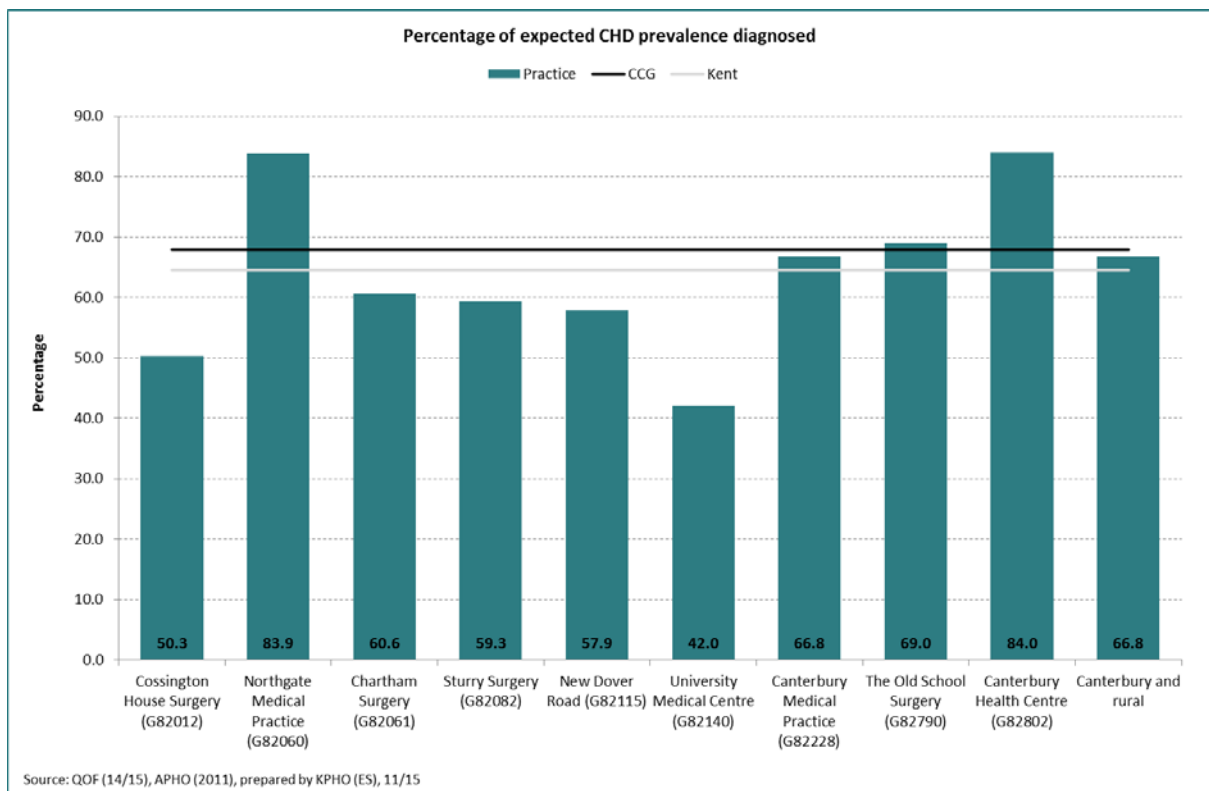
- Atrial fibrillation (2015, source: Public Health England)
- Coronary heart disease (2011, source: APHO)
- Hypertension (2011, source: APHO)
- Stroke (2011, source: APHO)
- COPD (2011, source: APHO)
- Dementia (2012, source: Primary Care Web Tool)

8.3.1 Atrial fibrillation



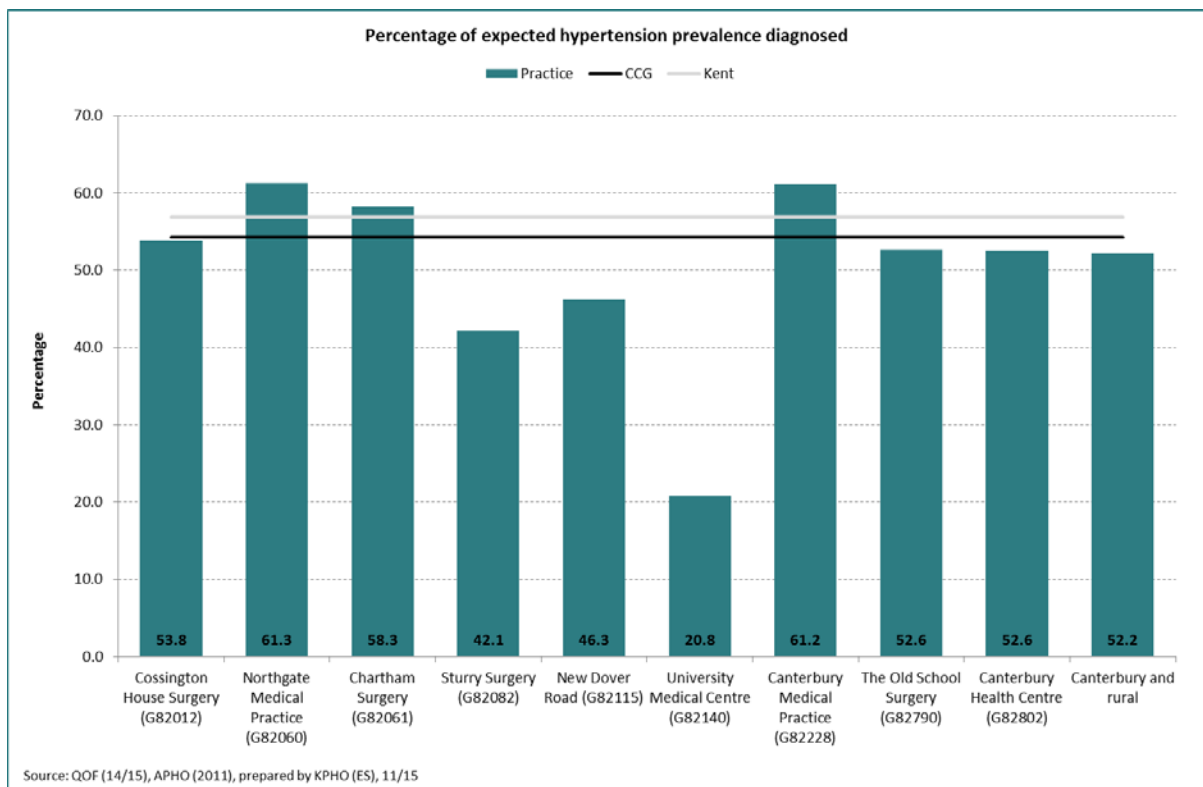
As a network, Canterbury and rural has identified 78.2% of the expected number of atrial fibrillation cases, slightly higher than the CCG (76.8%) and Kent (73.3%) percentages. Within the network, the percentage of cases detected ranges from 61.5% (Chartham surgery) to 86.9% at Canterbury medical practice. None of the practices have a percentage which is significantly different to other practices within Canterbury and Coastal CCG.

8.3.2 Coronary heart disease



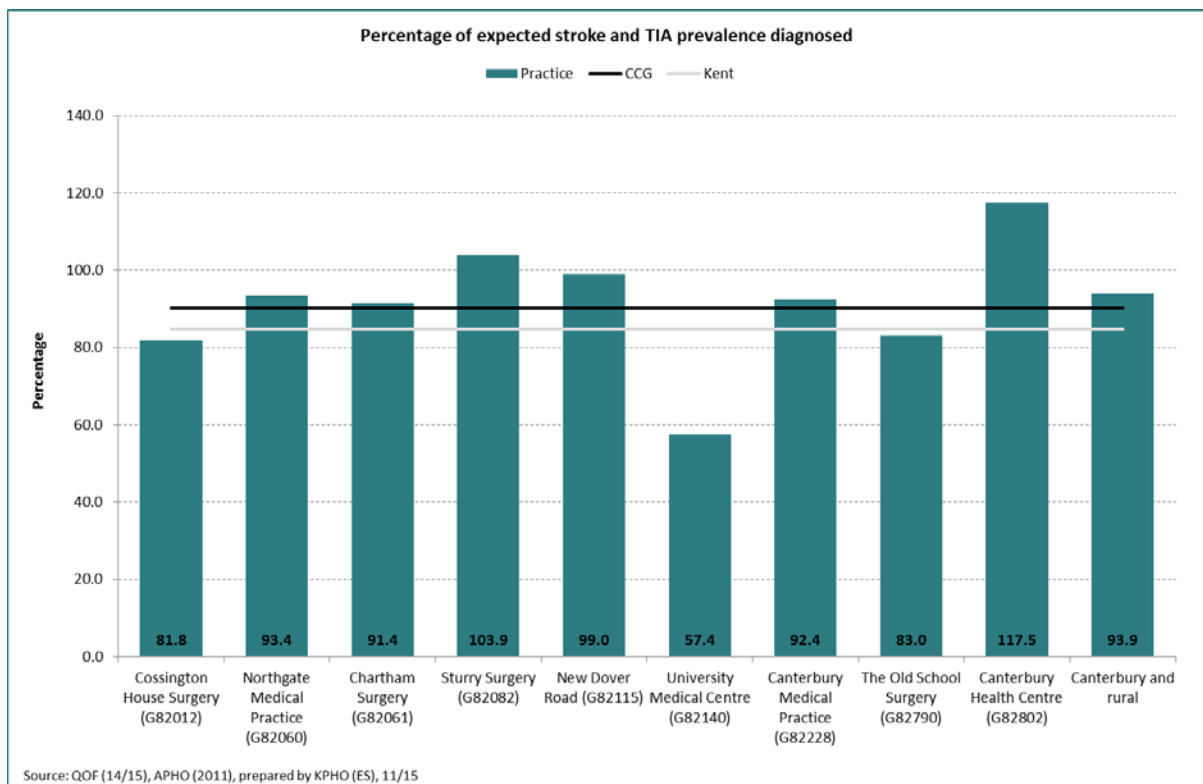
66.8% of the expected number of CHD patients have been identified in Canterbury and rural network, less than the CCG percentage (67.9%), but greater than the Kent percentage (64.5%). University medical centre has identified the lowest percentage of cases (42.0%), which is significantly less than other practices in the CCG. Canterbury health centre has the highest percentage of diagnosed cases within the network, at 84.0%.

8.3.3 Hypertension



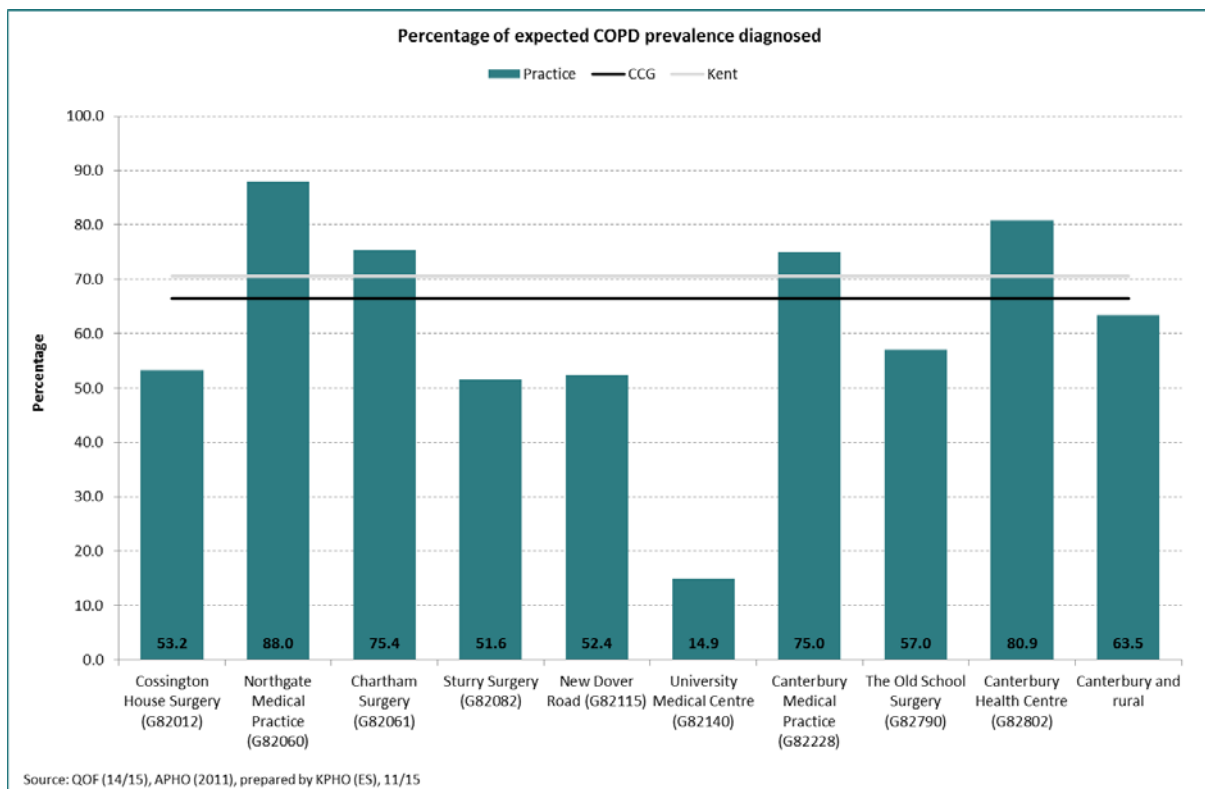
Across the Canterbury and rural network, 52.2% of hypertension cases have been diagnosed, less than the CCG (54.2%) and Kent (57.0%) percentages. The University medical centre has identified a significantly lower proportion of cases (20.8%) in comparison to other practices within Canterbury and Coastal. Northgate medical practice has diagnosed the highest percentage of estimated cases, at 61.3%.

8.3.4 Stroke



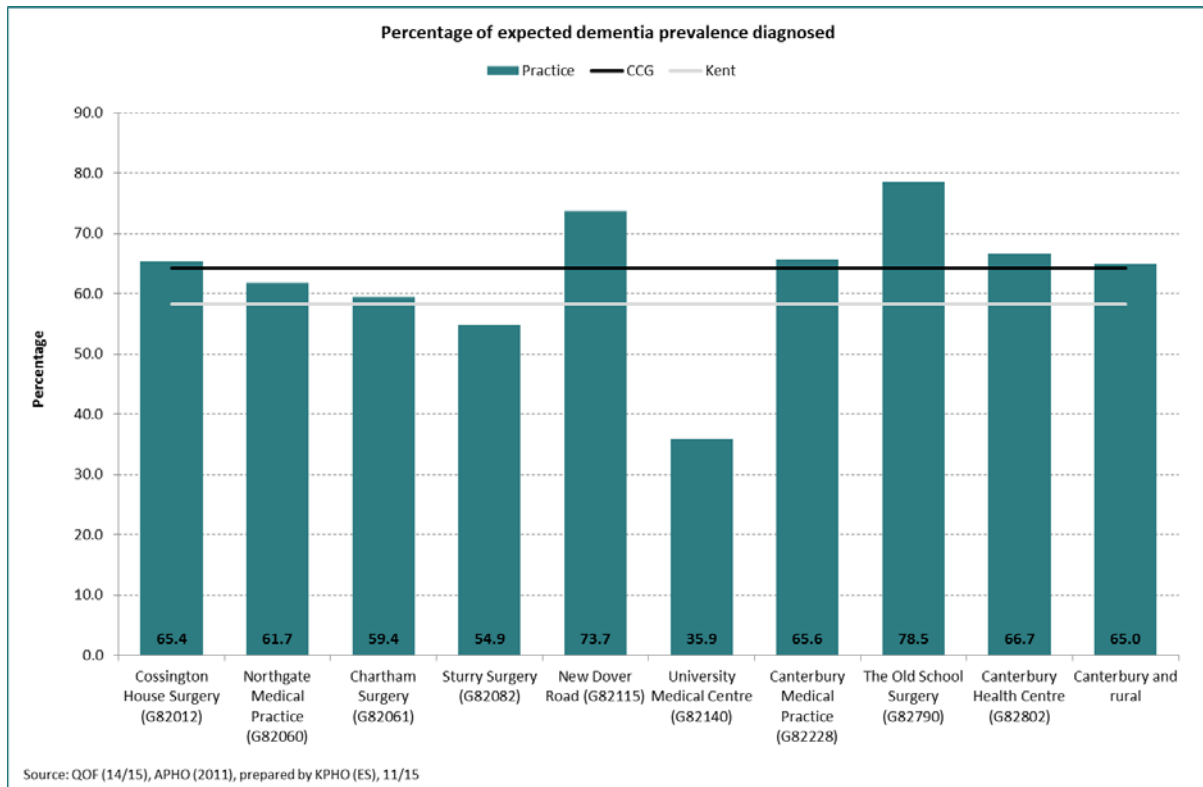
Across Canterbury and rural network (93.9%), a higher percentage of stroke and TIA cases have been diagnosed than in Canterbury and Coastal CCG (90.3%) and Kent (84.8%). University medical centre have identified a significantly lower proportion of cases than other practices in the CCG, at 57.4%, whilst Canterbury health centre has diagnosed the highest proportion, at 117.5%. This indicates that the practice has identified more patients with stroke and TIA than would be expected based on the modelled estimates.

8.3.5 COPD



A lower percentage of estimated COPD cases have been diagnosed in Canterbury and rural network (63.5%) compared to Canterbury and Coastal CCG (66.4%) and Kent (70.6%). Northgate medical practice has identified the highest proportion of cases within the network (88.0%) whilst University medical centre has diagnosed a significantly lower proportion (14.9%) than other practices within the CCG.

8.3.6 Dementia



65.0% of estimated dementia cases in Canterbury and rural network have been diagnosed; this is higher than both the CCG (64.3%) and Kent (58.3%) proportions. Within the network, the percentage of cases diagnosed ranges from 35.9% (University medical centre) to 78.5% (the old school surgery). The University medical centre has a significantly lower proportion of diagnosed cases than other practices within Canterbury and Coastal CCG.

8.4 Clinical achievement

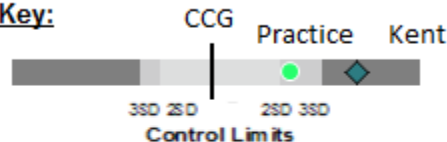
Spine charts have been produced to compare the general practice clinical achievement for long term conditions within Canterbury and Coastal CCG for 2014/15.

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

Key:

- Significantly very better than CCG average
- Significantly better than CCG average
- Not significantly different from CCG average
- Significantly worse than CCG average
- Significantly very worse than CCG average
- No significance can be calculated

Key:



8.4.1 Canterbury and rural community network

Canterbury and rural network has significantly higher performance than the CCG for asthma 002, asthma 003, COPD 003, COPD 004, diabetes 014 and mental health 002. The network has significantly lower performance for the following indicators:

- Diabetes 007
- Diabetes 009

Indicator	Canterbury and rural		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	925	89.8	87.2	65.3		100.0	86.6	
Asthma 003	3077	74.1	70.6	53.4		85.2	72.2	
CHD 002	2003	93.8	93.1	83.8		98.6	92.0	
CHD 006	159	98.8	98.9	92.0		100.0	97.6	
COPD 003	1097	93.4	88.4	72.0		100.0	88.4	
COPD 004	919	90.1	84.1	60.5		98.5	85.2	
Diabetes 003	2404	80.9	80.1	61.3		96.4	77.6	
Diabetes 007	1982	70.9	73.7	57.1		89.5	71.0	
Diabetes 009	2582	87.8	89.7	78.4		97.4	87.5	
Diabetes 014	84	96.6	91.3	68.6		100.0	89.4	
Mental health 002	650	90.7	83.1	42.3		100.0	86.2	
Stroke and TIA 003	1193	89.0	87.6	82.3		97.8	87.3	

8.4.2 G82012 Cossington house surgery

Cossington house surgery has significantly higher performance than the CCG for asthma 002, asthma 003, CHD002, CHD006, COPD 003, COPD 004, diabetes 014, mental health 002 and stroke and TIA 003.

Indicator	G82012 Cossington House Surgery		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	88	93.6	87.2	65.3		100.0	86.6	
Asthma 003	296	78.3	70.6	53.4		85.2	72.2	
CHD 002	174	97.2	93.1	83.8		98.6	92.0	
CHD 006	11	100.0	98.9	92.0		100.0	97.6	
COPD 003	94	94.0	88.4	72.0		100.0	88.4	
COPD 004	79	90.8	84.1	60.5		98.5	85.2	
Diabetes 003	234	81.3	80.1	61.3		96.4	77.6	
Diabetes 007	201	76.7	73.7	57.1		89.5	71.0	
Diabetes 009	262	92.6	89.7	78.4		97.4	87.5	
Diabetes 014	9	100.0	91.3	68.6		100.0	89.4	
Mental health 002	65	98.5	83.1	42.3		100.0	86.2	
Stroke and TIA 003	120	96.0	87.6	82.3		97.8	87.3	

8.4.3 G82060 Northgate medical practice

Northgate medical practice has significantly higher performance than the CCG for asthma 002, asthma 003, CHD006, COPD 003, COPD 004, and mental health 002. The practice has significantly lower performance for the following indicators:

- Diabetes 007
- Diabetes 009
- Stroke and TIA 003

Indicator	G82060 Northgate Medical Practice		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	278	95.2	87.2	65.3		100.0	86.6	
Asthma 003	717	75.4	70.6	53.4		85.2	72.2	
CHD 002	548	94.2	93.1	83.8		98.6	92.0	
CHD 006	42	100.0	98.9	92.0		100.0	97.6	
COPD 003	333	97.7	88.4	72.0		100.0	88.4	
COPD 004	235	96.7	84.1	60.5		98.5	85.2	
Diabetes 003	554	80.5	80.1	61.3		96.4	77.6	
Diabetes 007	411	67.0	73.7	57.1		89.5	71.0	
Diabetes 009	560	82.7	89.7	78.4		97.4	87.5	
Diabetes 014	14	93.3	91.3	68.6		100.0	89.4	
Mental health 002	183	96.3	83.1	42.3		100.0	86.2	
Stroke and TIA 003	242	83.2	87.6	82.3		97.8	87.3	

8.4.4 G82115 New Dover road

New Dover road has significantly higher performance than the CCG for asthma 003, COPD 004, diabetes 003, diabetes 007, diabetes 009, diabetes 014 and mental health 002.

Indicator	G82115 New Dover Road		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	47	83.9	87.2	65.3		100.0	86.6	
Asthma 003	281	78.5	70.6	53.4		85.2	72.2	
CHD 002	261	93.2	93.1	83.8		98.6	92.0	
CHD 006	31	96.9	98.9	92.0		100.0	97.6	
COPD 003	118	90.8	88.4	72.0		100.0	88.4	
COPD 004	116	90.6	84.1	60.5		98.5	85.2	
Diabetes 003	390	86.9	80.1	61.3		96.4	77.6	
Diabetes 007	336	79.4	73.7	57.1		89.5	71.0	
Diabetes 009	406	92.3	89.7	78.4		97.4	87.5	
Diabetes 014	5	100.0	91.3	68.6		100.0	89.4	
Mental health 002	68	95.8	83.1	42.3		100.0	86.2	
Stroke and TIA 003	193	90.6	87.6	82.3		97.8	87.3	

8.4.5 G82802 Canterbury health centre

Canterbury health centre has significantly higher performance than the CCG for CHD006 and diabetes 014. The practice has significantly lower performance for the following indicators:

- CHD 002

Indicator	G82802 Canterbury Health Centre		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	36	87.8	87.2	65.3		100.0	86.6	
Asthma 003	147	71.7	70.6	53.4		85.2	72.2	
CHD 002	99	85.3	93.1	83.8		98.6	92.0	
CHD 006	6	100.0	98.9	92.0		100.0	97.6	
COPD 003	66	91.7	88.4	72.0		100.0	88.4	
COPD 004	58	87.9	84.1	60.5		98.5	85.2	
Diabetes 003	146	85.4	80.1	61.3		96.4	77.6	
Diabetes 007	108	69.7	73.7	57.1		89.5	71.0	
Diabetes 009	135	85.4	89.7	78.4		97.4	87.5	
Diabetes 014	8	100.0	91.3	68.6		100.0	89.4	
Mental health 002	38	90.5	83.1	42.3		100.0	86.2	
Stroke and TIA 003	68	93.2	87.6	82.3		97.8	87.3	

8.4.6 G82061 Chartham surgery

Chartham surgery has significantly higher performance than the CCG for CHD002, CHD006, COPD 003, COPD 004 and diabetes 014.

Indicator	G82061 Chartham Surgery		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	33	86.8	87.2	65.3			100.0	86.6
Asthma 003	96	74.4	70.6	53.4			85.2	72.2
CHD 002	68	98.6	93.1	83.8			98.6	92.0
CHD 006	2	100.0	98.9	92.0			100.0	97.6
COPD 003	42	95.5	88.4	72.0			100.0	88.4
COPD 004	42	95.5	84.1	60.5			98.5	85.2
Diabetes 003	78	84.8	80.1	61.3			96.4	77.6
Diabetes 007	61	67.8	73.7	57.1			89.5	71.0
Diabetes 009	80	87.0	89.7	78.4			97.4	87.5
Diabetes 014	2	100.0	91.3	68.6			100.0	89.4
Mental health 002	10	83.3	83.1	42.3			100.0	86.2
Stroke and TIA 003	41	91.1	87.6	82.3			97.8	87.3

8.4.7 G82082 Sturry surgery

Sturry surgery has significantly higher performance than the CCG for asthma 002, CHD006, diabetes 014 and mental health 002. The practice has significantly lower performance for the following indicators:

- Diabetes 003
- Diabetes 007

Indicator	G82082 Sturry Surgery		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	157	95.2	87.2	65.3			100.0	86.6
Asthma 003	479	73.5	70.6	53.4			85.2	72.2
CHD 002	265	94.0	93.1	83.8			98.6	92.0
CHD 006	15	100.0	98.9	92.0			100.0	97.6
COPD 003	139	90.3	88.4	72.0			100.0	88.4
COPD 004	130	86.7	84.1	60.5			98.5	85.2
Diabetes 003	343	74.9	80.1	61.3			96.4	77.6
Diabetes 007	296	67.0	73.7	57.1			89.5	71.0
Diabetes 009	408	90.1	89.7	78.4			97.4	87.5
Diabetes 014	16	100.0	91.3	68.6			100.0	89.4
Mental health 002	129	93.5	83.1	42.3			100.0	86.2
Stroke and TIA 003	193	85.8	87.6	82.3			97.8	87.3

8.4.8 G82140 The university medical centre

This practice has relatively small number of cases for the majority of the clinical indicators, and caution should be taken when considering this information. The university medical centre has significantly higher performance than the CCG for CHD006, COPD003 and diabetes 014. The practice has significantly lower performance for the following indicators:

- Diabetes 003
- Diabetes 007
- Diabetes 009
- Mental health 002

Indicator	G82140 The University medical centre		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	105	82.0	87.2	65.3		100.0	86.6	
Asthma 003	310	69.7	70.6	53.4		85.2	72.2	
CHD 002	28	87.5	93.1	83.8		98.6	92.0	
CHD 006	1	100.0	98.9	92.0		100.0	97.6	
COPD 003	15	100.0	88.4	72.0		100.0	88.4	
COPD 004	13	92.9	84.1	60.5		98.5	85.2	
Diabetes 003	54	62.8	80.1	61.3		96.4	77.6	
Diabetes 007	44	57.1	73.7	57.1		89.5	71.0	
Diabetes 009	66	78.6	89.7	78.4		97.4	87.5	
Diabetes 014	2	100.0	91.3	68.6		100.0	89.4	
Mental health 002	50	61.7	83.1	42.3		100.0	86.2	
Stroke and TIA 003	26	89.7	87.6	82.3		97.8	87.3	

8.4.9 G82790 The old school surgery

The old school surgery has significantly higher performance than the CCG for diabetes 003 and diabetes 014. The practice has significantly lower performance for the following indicators:

- Diabetes 007
- Diabetes 009

Indicator	G82790 The Old School Surgery		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	32	86.5	87.2	65.3		100.0	86.6	
Asthma 003	193	73.1	70.6	53.4		85.2	72.2	
CHD 002	162	94.7	93.1	83.8		98.6	92.0	
CHD 006	14	93.3	98.9	92.0		100.0	97.6	
COPD 003	70	90.9	88.4	72.0		100.0	88.4	
COPD 004	61	80.3	84.1	60.5		98.5	85.2	
Diabetes 003	199	87.3	80.1	61.3		96.4	77.6	
Diabetes 007	131	60.1	73.7	57.1		89.5	71.0	
Diabetes 009	171	78.4	89.7	78.4		97.4	87.5	
Diabetes 014	5	100.0	91.3	68.6		100.0	89.4	
Mental health 002	30	90.9	83.1	42.3		100.0	86.2	
Stroke and TIA 003	82	93.2	87.6	82.3		97.8	87.3	

8.4.10 G82228 Bridge health centre

Bridge health centre has significantly higher performance than the CCG for CHD 006, diabetes 009 and mental health 002.

Indicator	G82228 Canterbury Medical Practice		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	149	83.2	87.2	65.3		100.0	86.6	
Asthma 003	558	72.6	70.6	53.4		85.2	72.2	
CHD 002	398	93.6	93.1	83.8		98.6	92.0	
CHD 006	37	100.0	98.9	92.0		100.0	97.6	
COPD 003	220	91.3	88.4	72.0		100.0	88.4	
COPD 004	185	87.3	84.1	60.5		98.5	85.2	
Diabetes 003	406	79.3	80.1	61.3		96.4	77.6	
Diabetes 007	394	76.7	73.7	57.1		89.5	71.0	
Diabetes 009	494	92.3	89.7	78.4		97.4	87.5	
Diabetes 014	23	92.0	91.3	68.6		100.0	89.4	
Mental health 002	77	91.7	83.1	42.3		100.0	86.2	
Stroke and TIA 003	228	90.5	87.6	82.3		97.8	87.3	

9. Hospital activity

9.1 Emergency Hospital Admissions

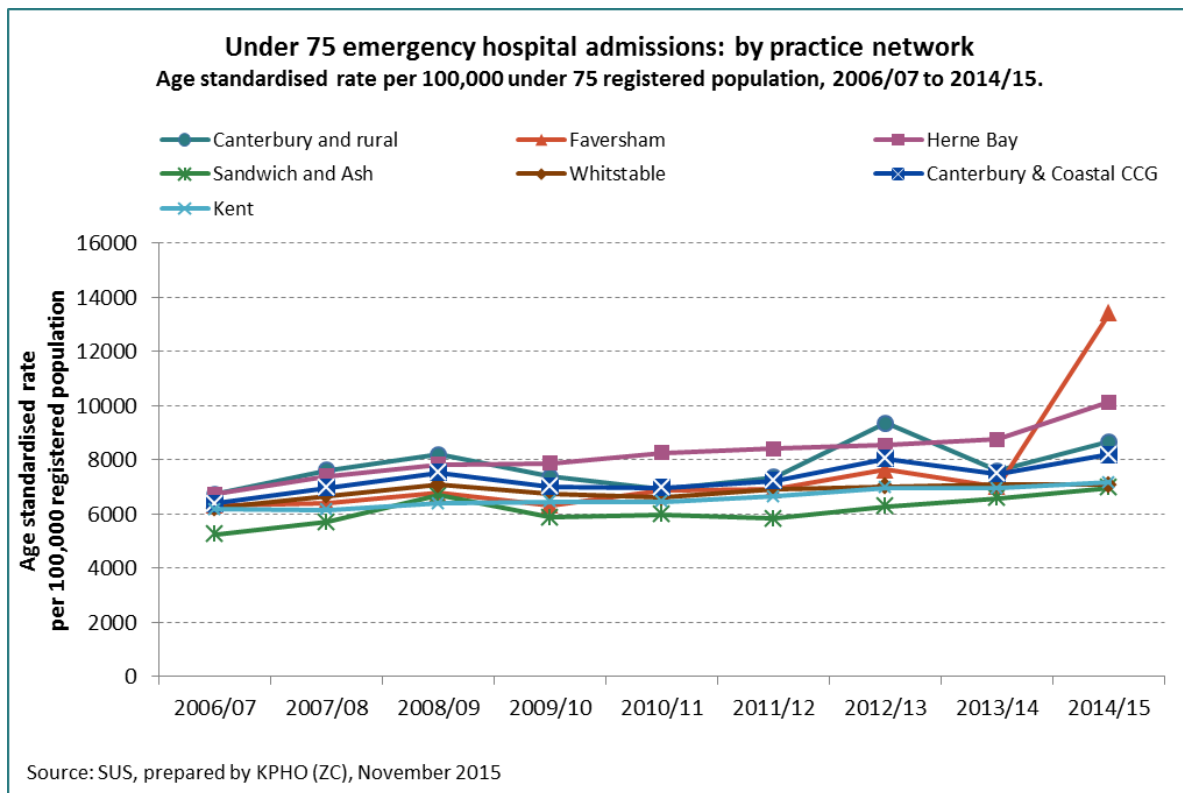
The following Chapter explores the level of emergency hospital admissions in the under 75 population. This has focused on the ambulatory care sensitive conditions, including; asthma, chronic obstructive pulmonary disease and diabetes complications, as well as, a range of other diagnoses. High levels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

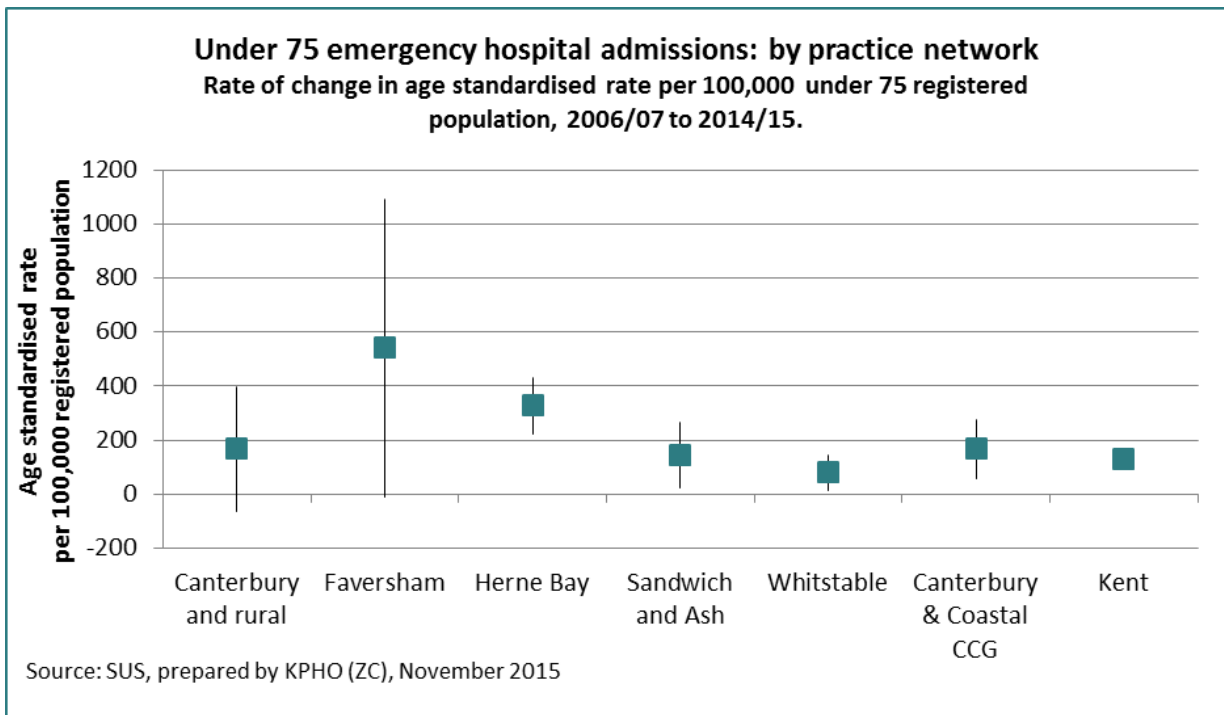
Notes on methodology:

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

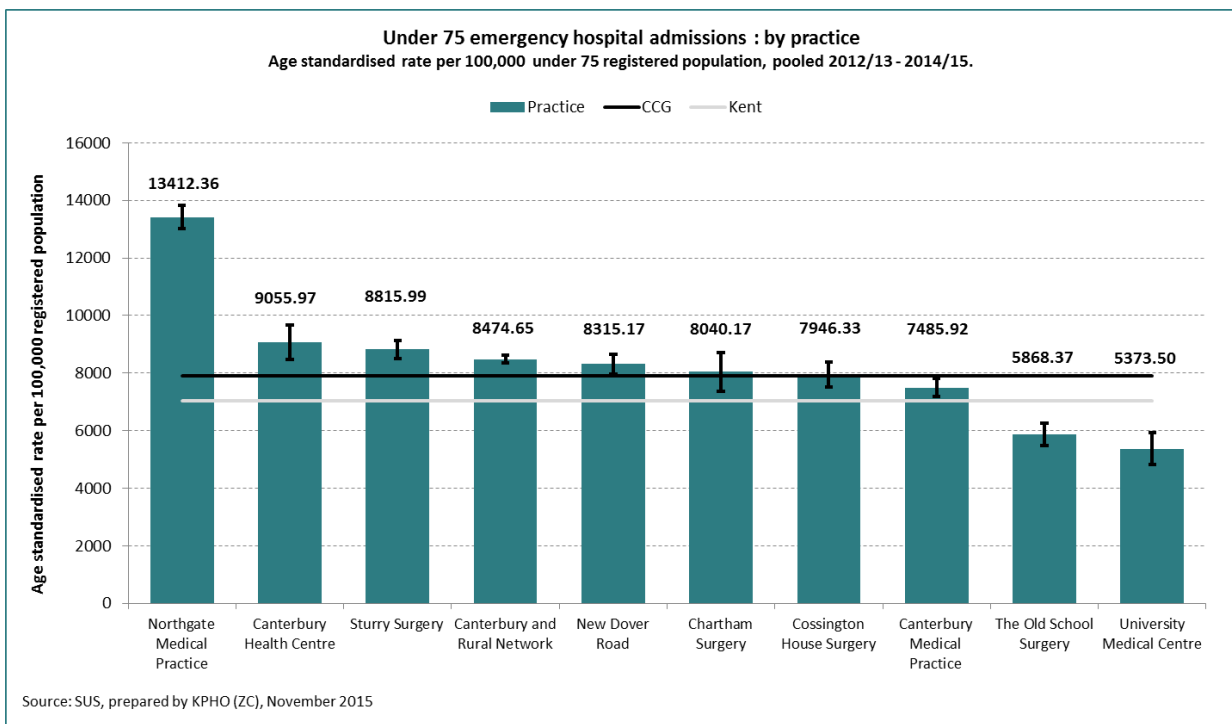
9.1.1 Emergency Hospital Admissions

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



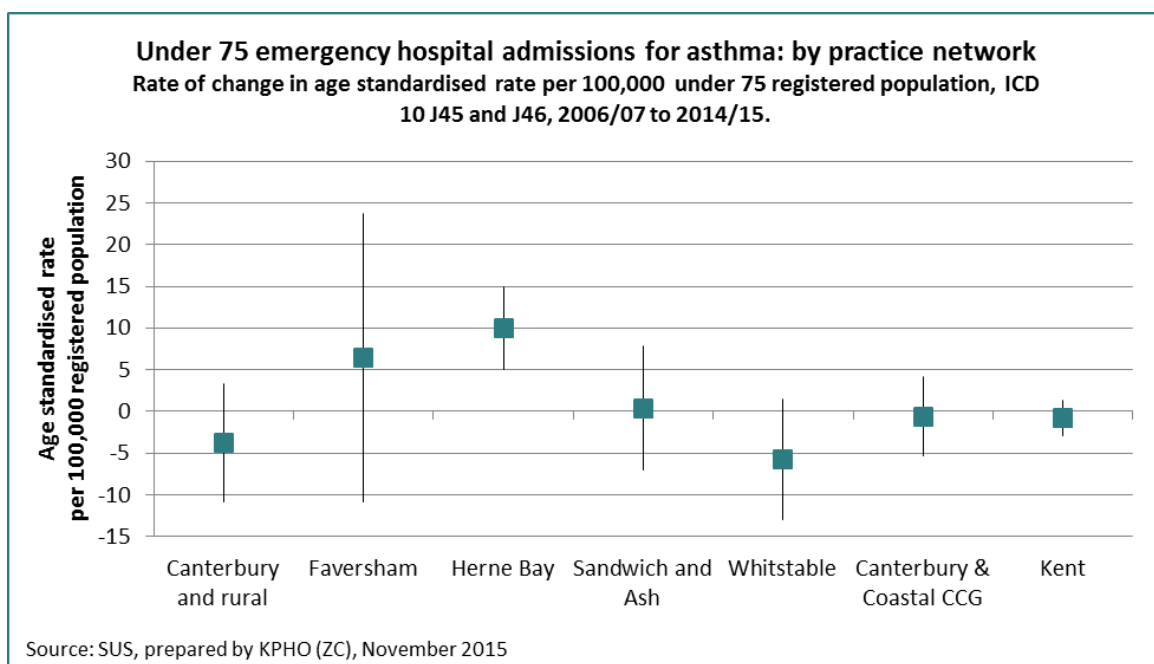
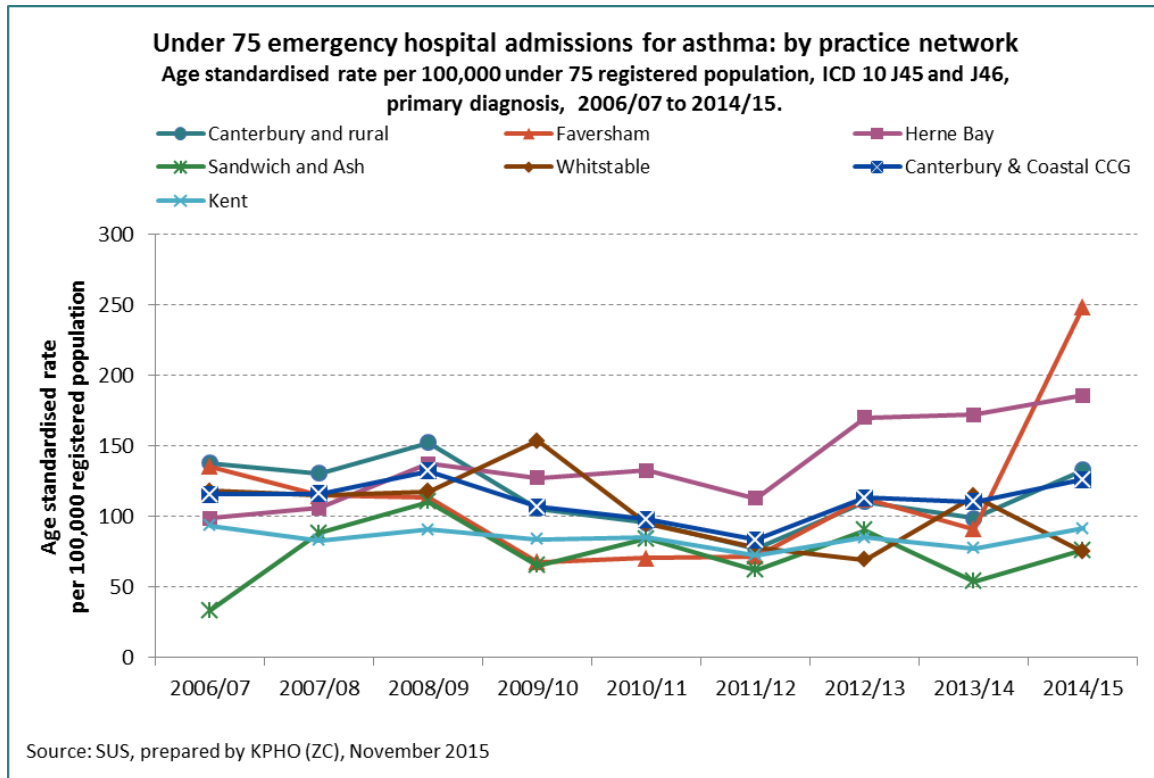


Significantly higher age standardised rates of emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for the following general practices; the Northgate Medical Practice, Canterbury Health Centre and the Sturry Surgery.

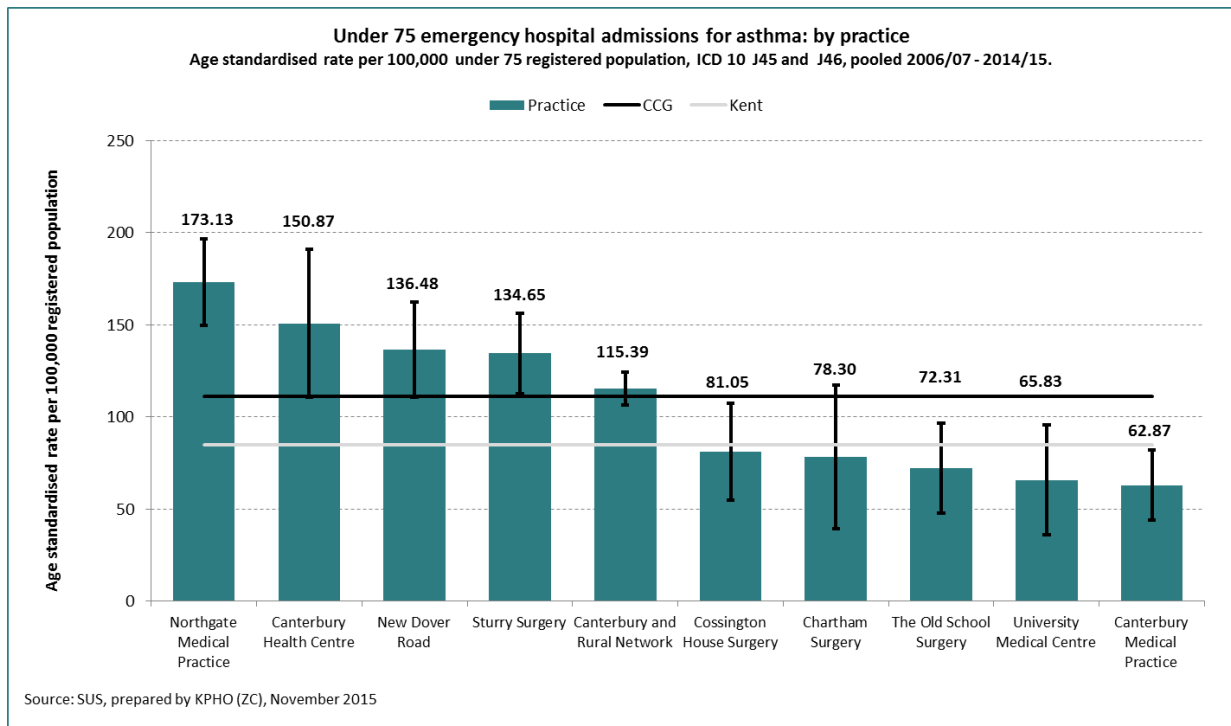


9.1.2 Asthma

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

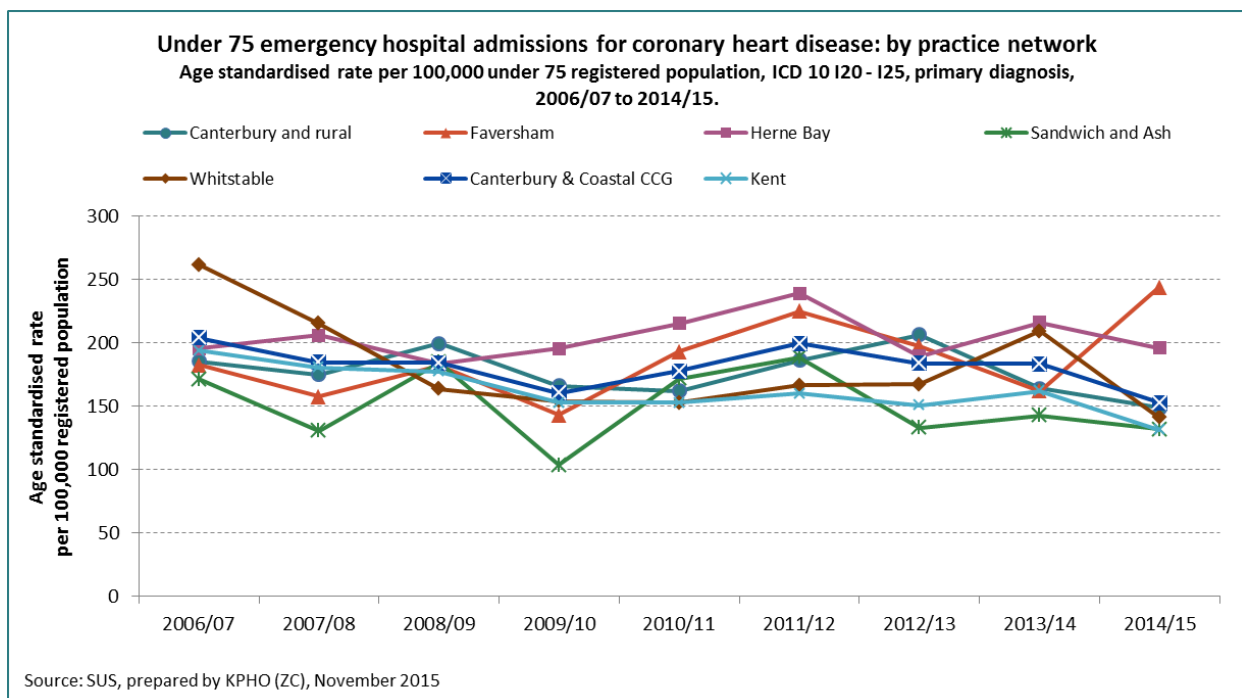


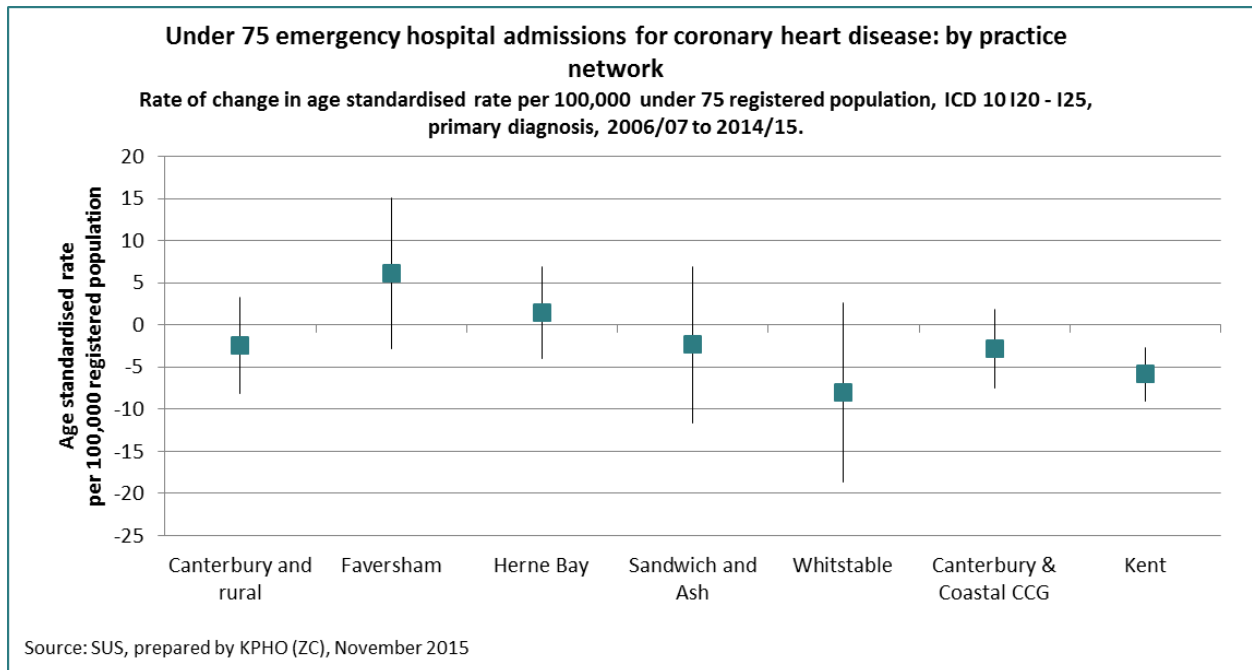
A significantly higher age standardised rate of asthma emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for Northgate Medical Practice.



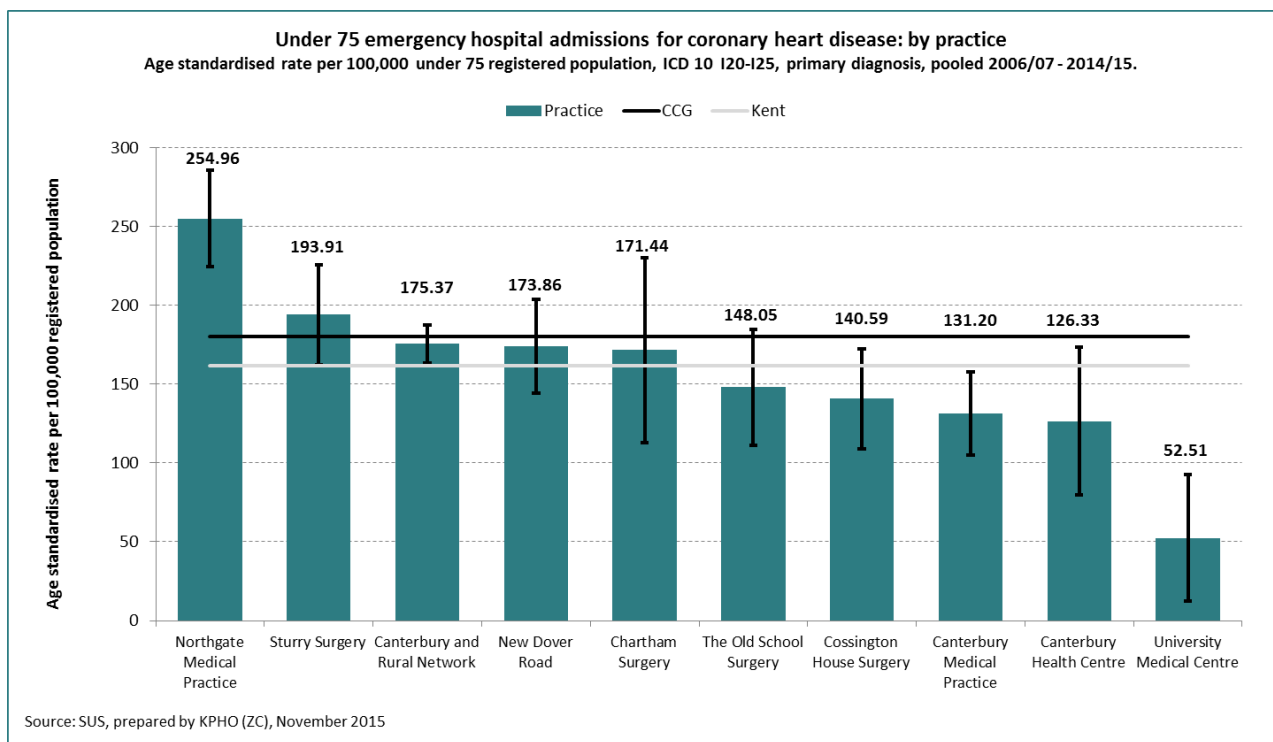
9.1.3 Coronary Heart Disease

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





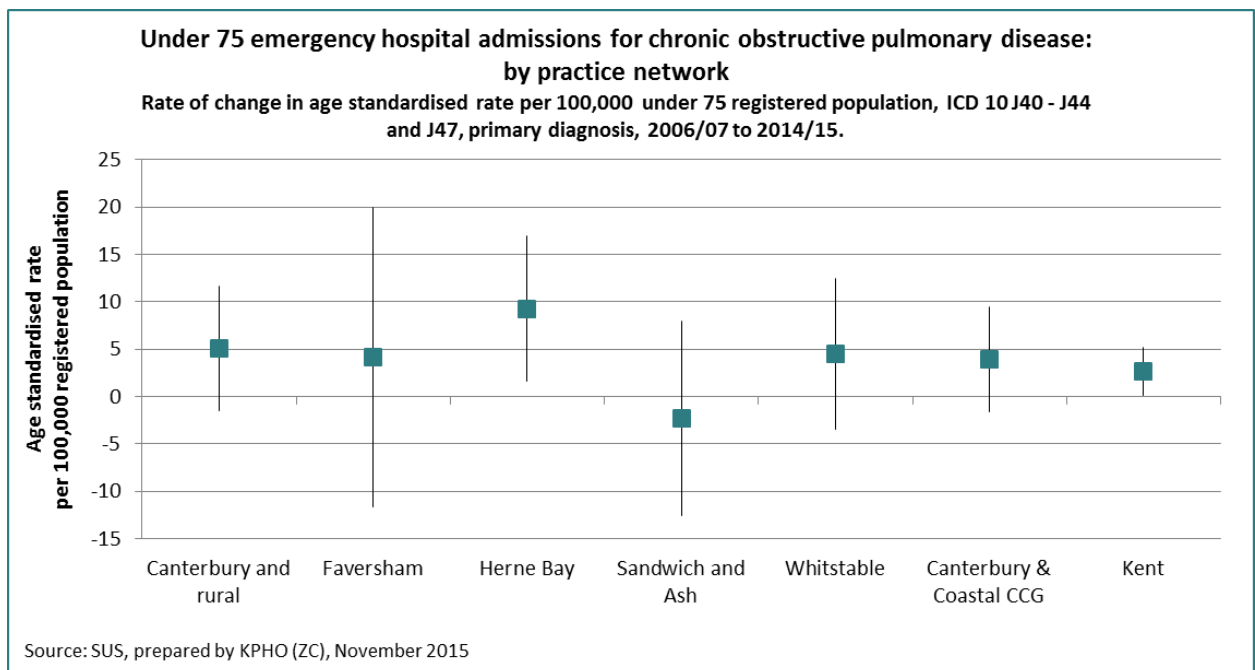
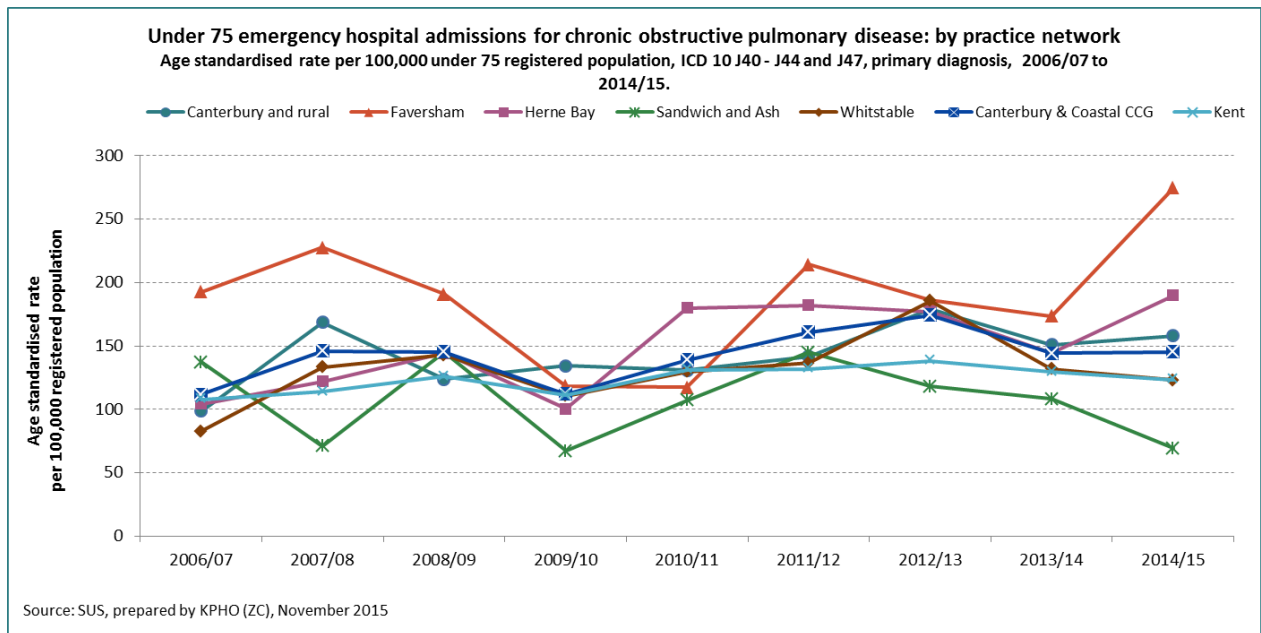
A significantly higher age standardised rate of coronary heart disease emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for Northgate Medical Practice.



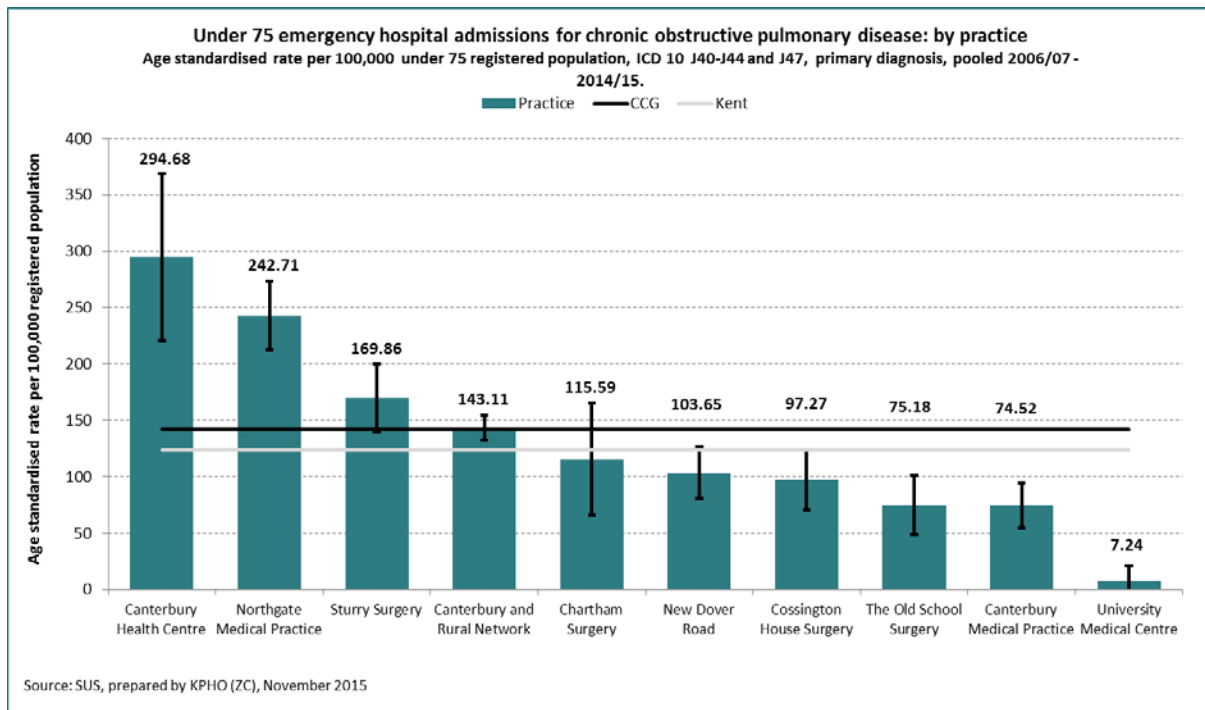
9.1.4 Chronic Obstructive Pulmonary Disease

In Kent, the age standardised rate of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population has shown a stable trend between 2006/07

and 2014/15. The Canterbury and Rural practice network did not show a rate of change that was significantly different to Kent.

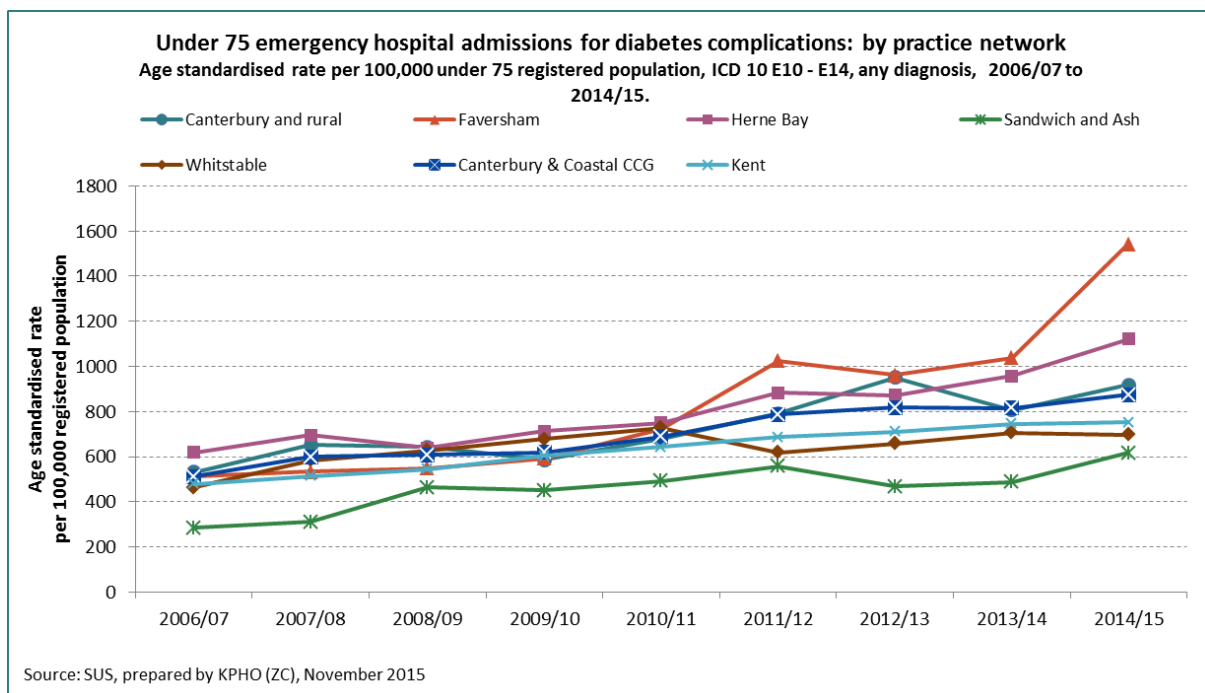


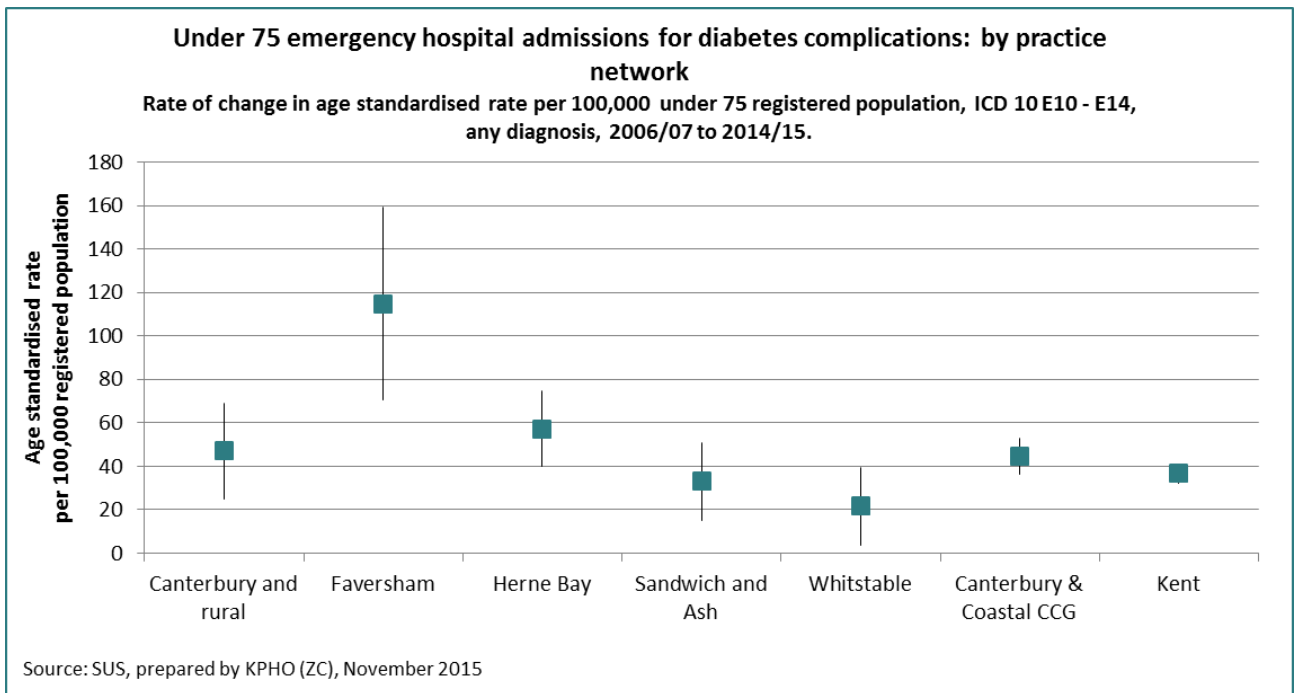
Significantly higher age standardised rates of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for the Canterbury Health Centre and Northgate Medical Practice.



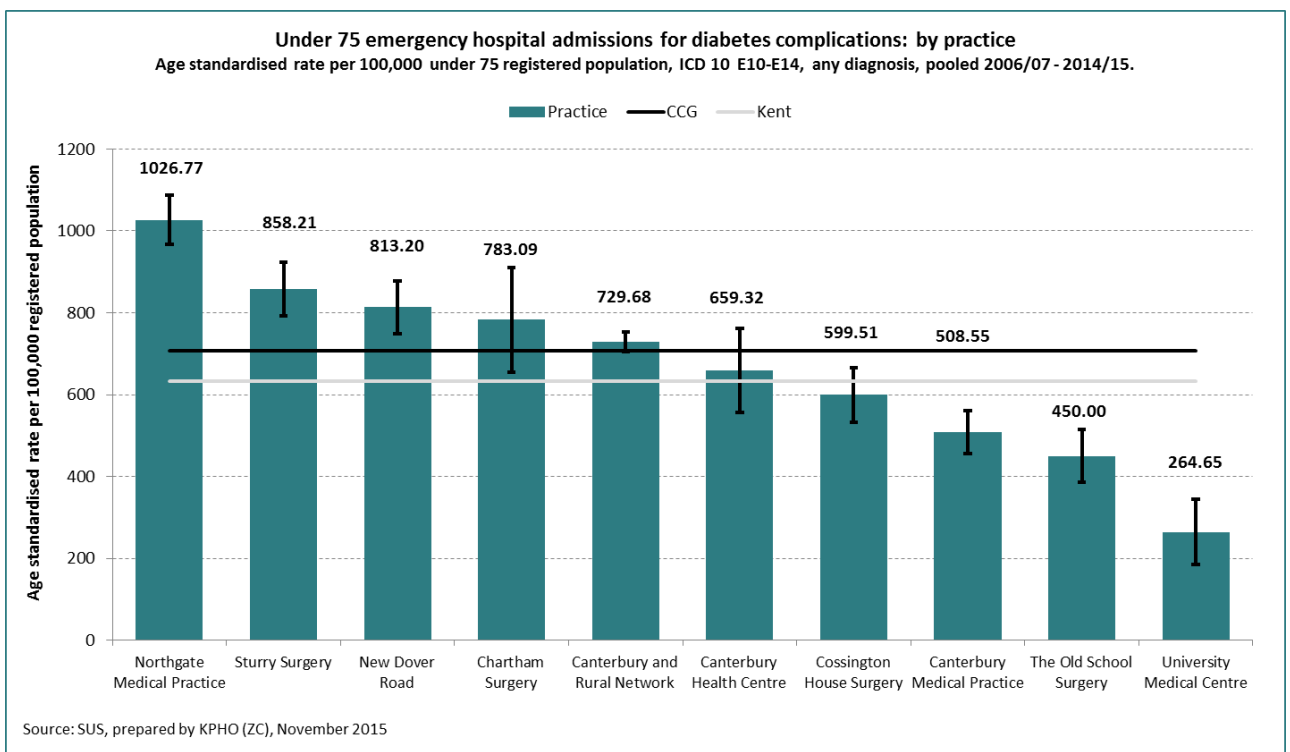
9.1.5 Diabetes Complications

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



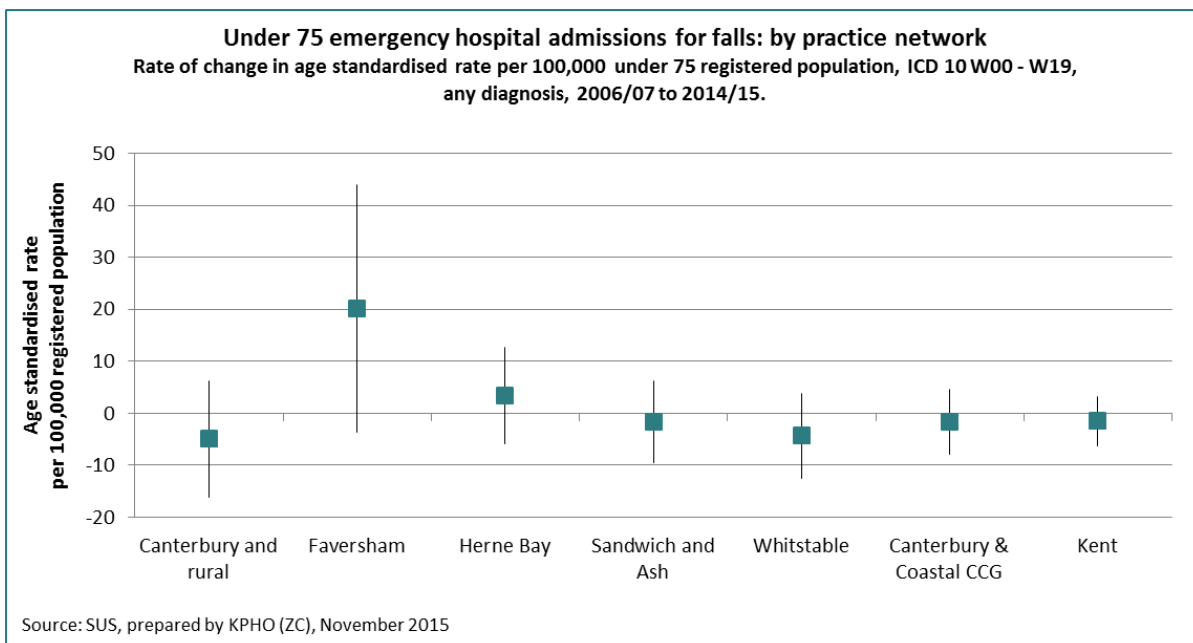
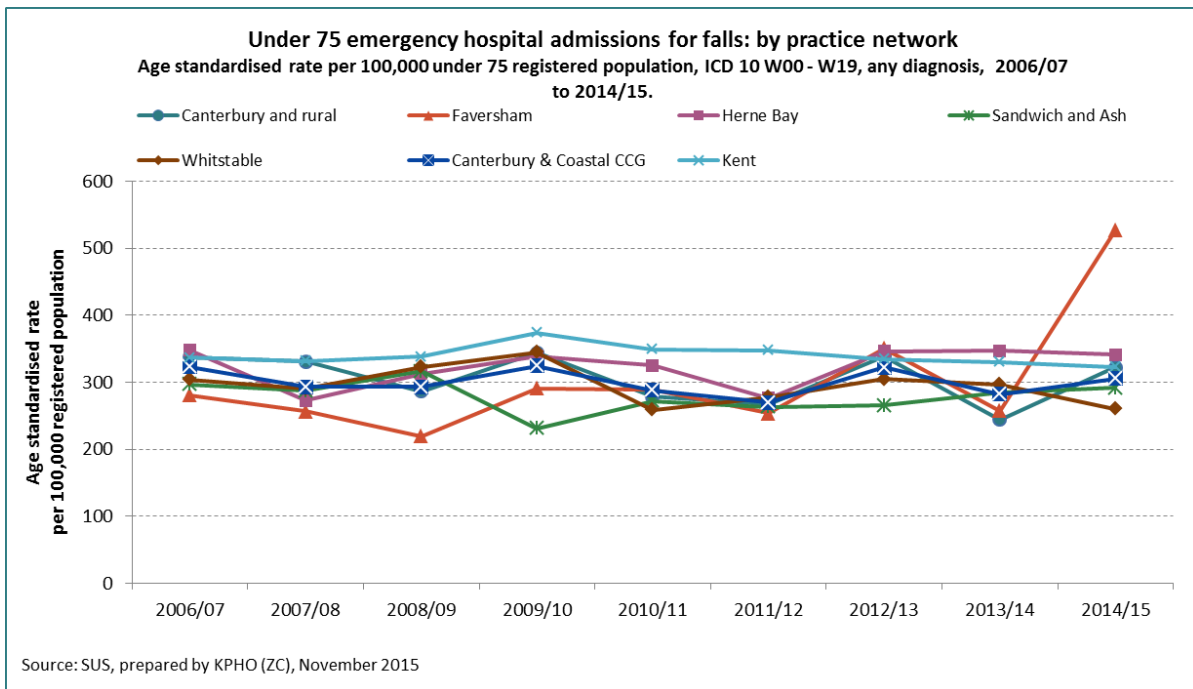


Significantly higher age standardised rates of diabetes complication emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for the Northgate Medical Practice, Sturry Surgery and New Dover Road.

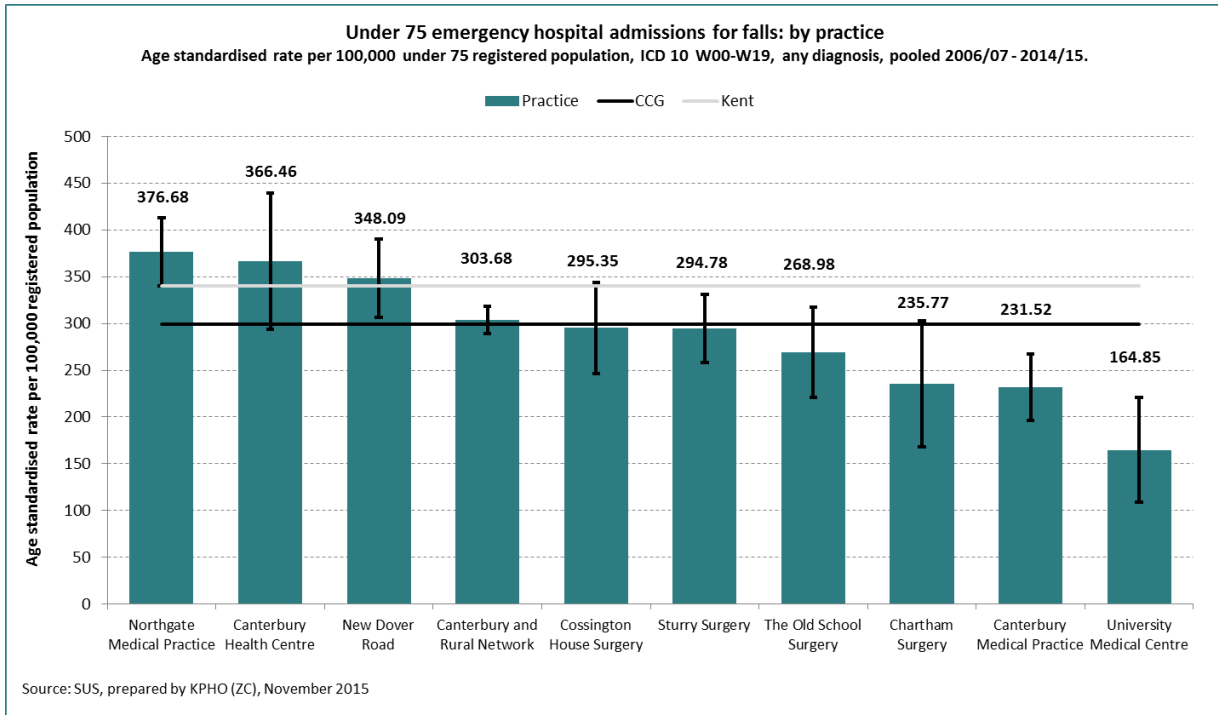


9.1.5 Falls

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

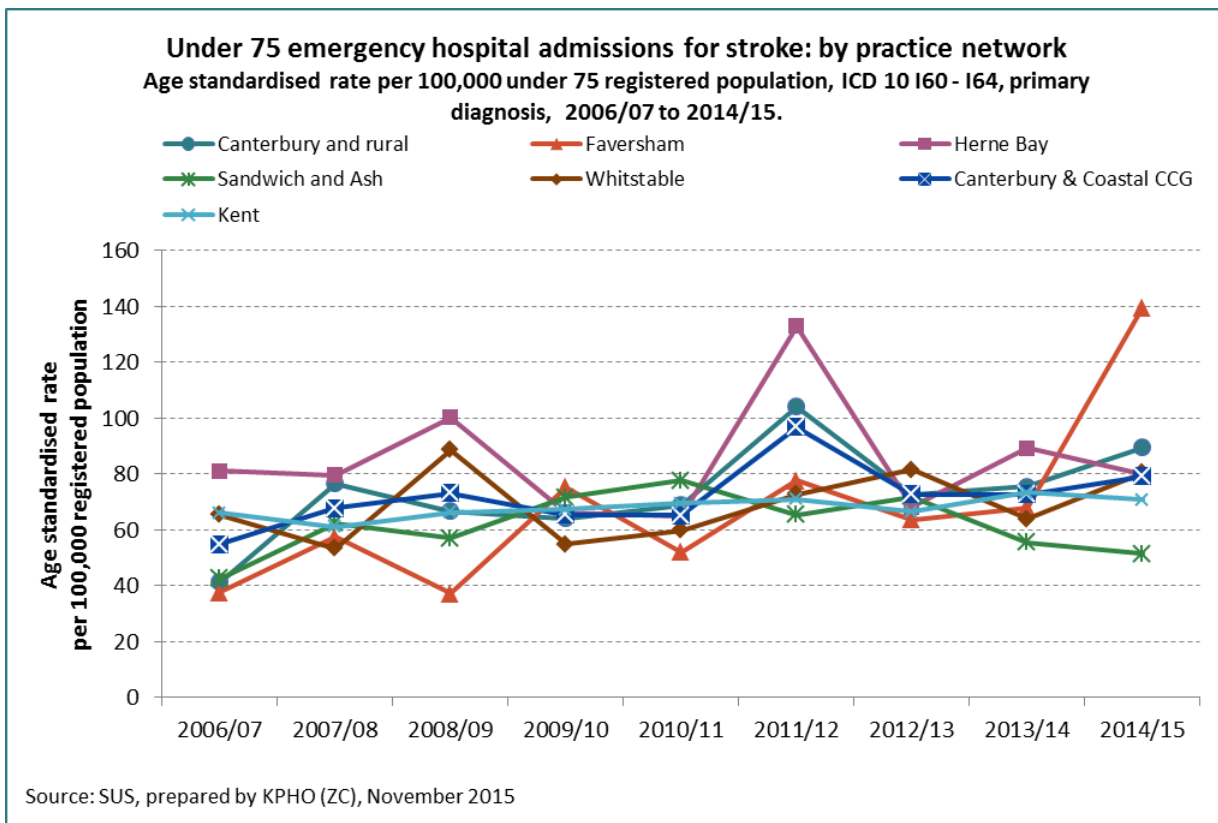


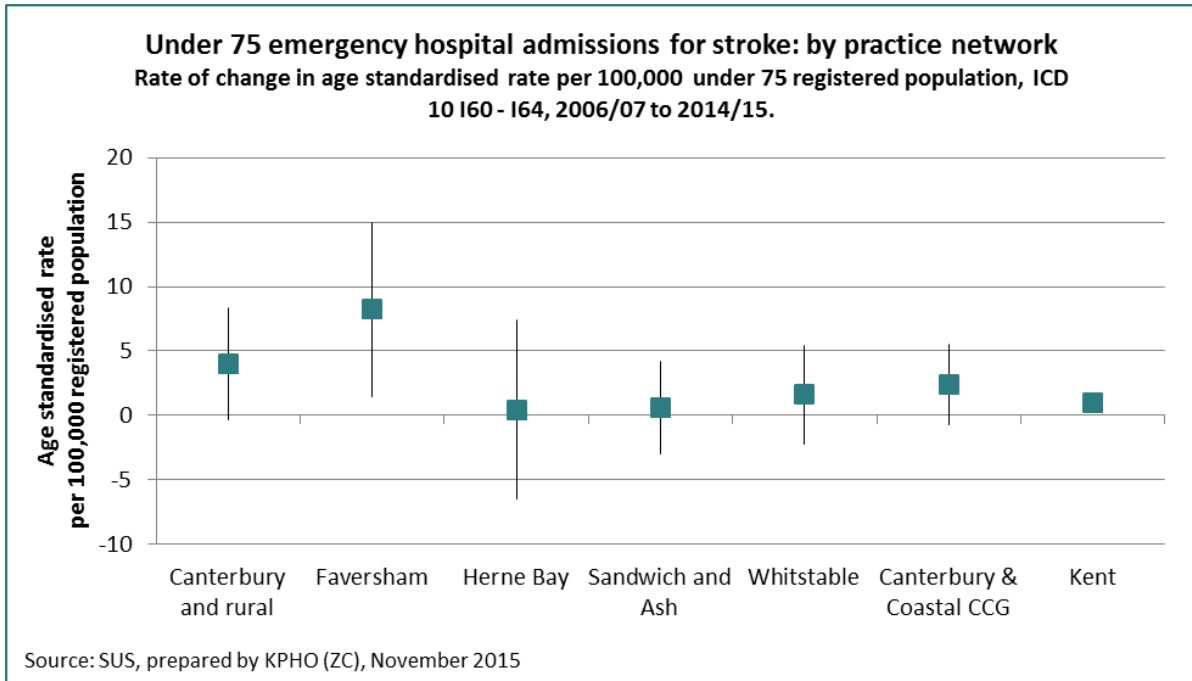
The age standardised rates of falls emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.



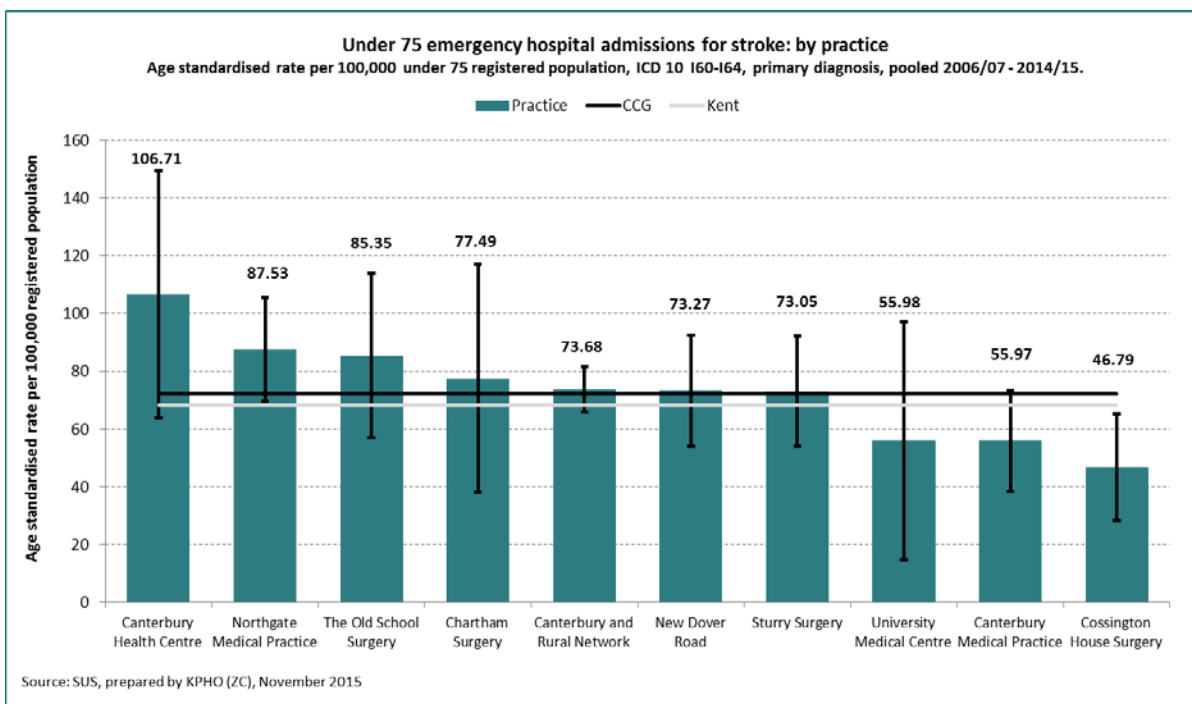
9.1.6 Stroke

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



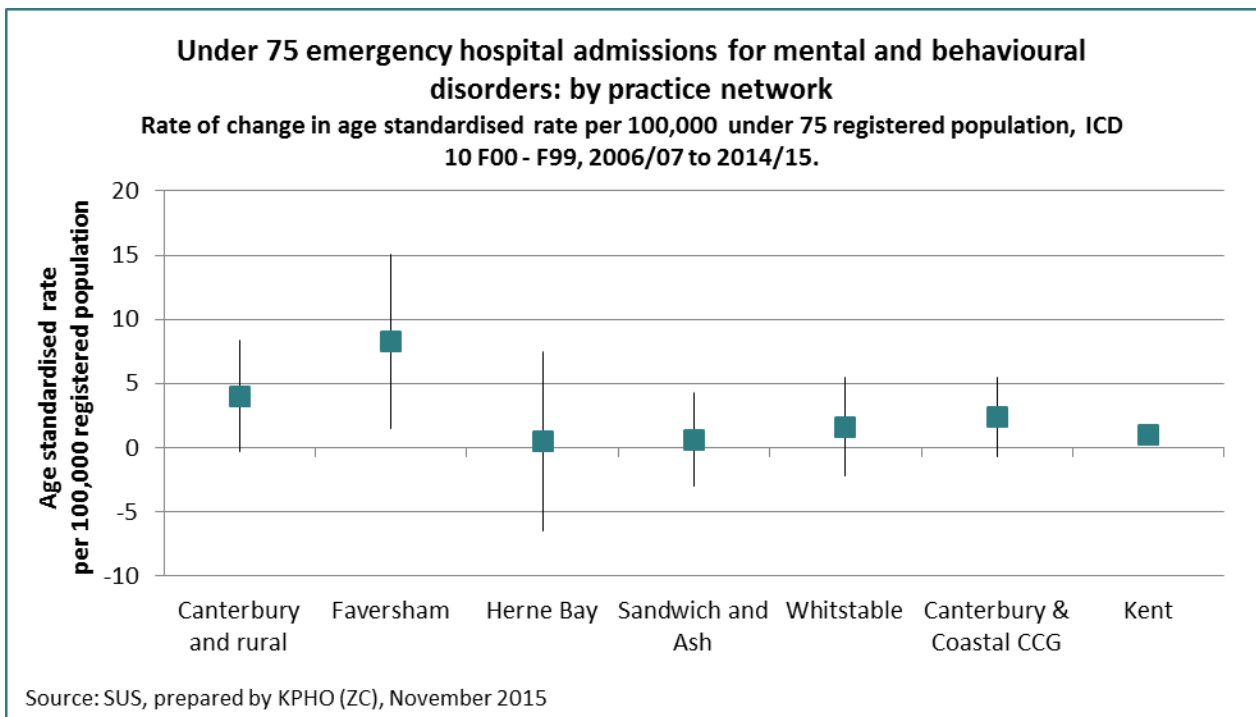
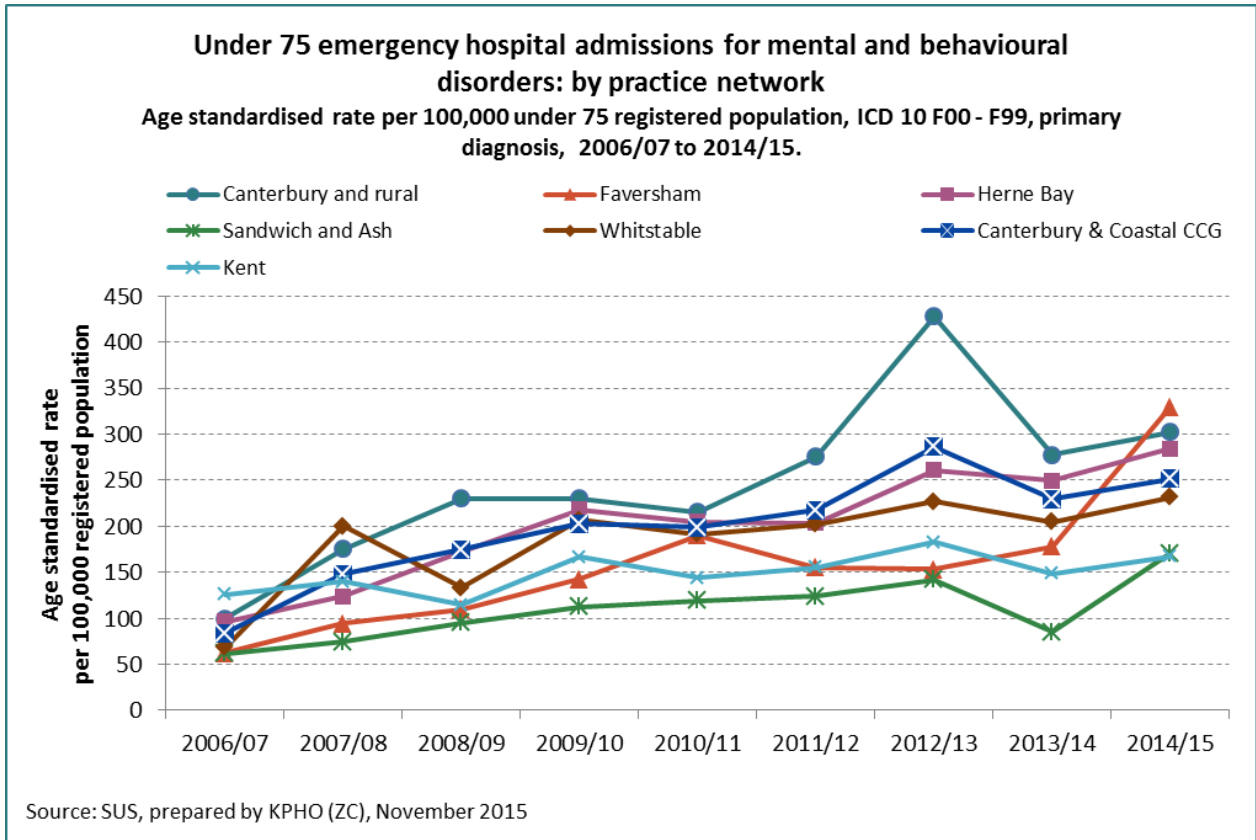


The age standardised rates of stroke emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

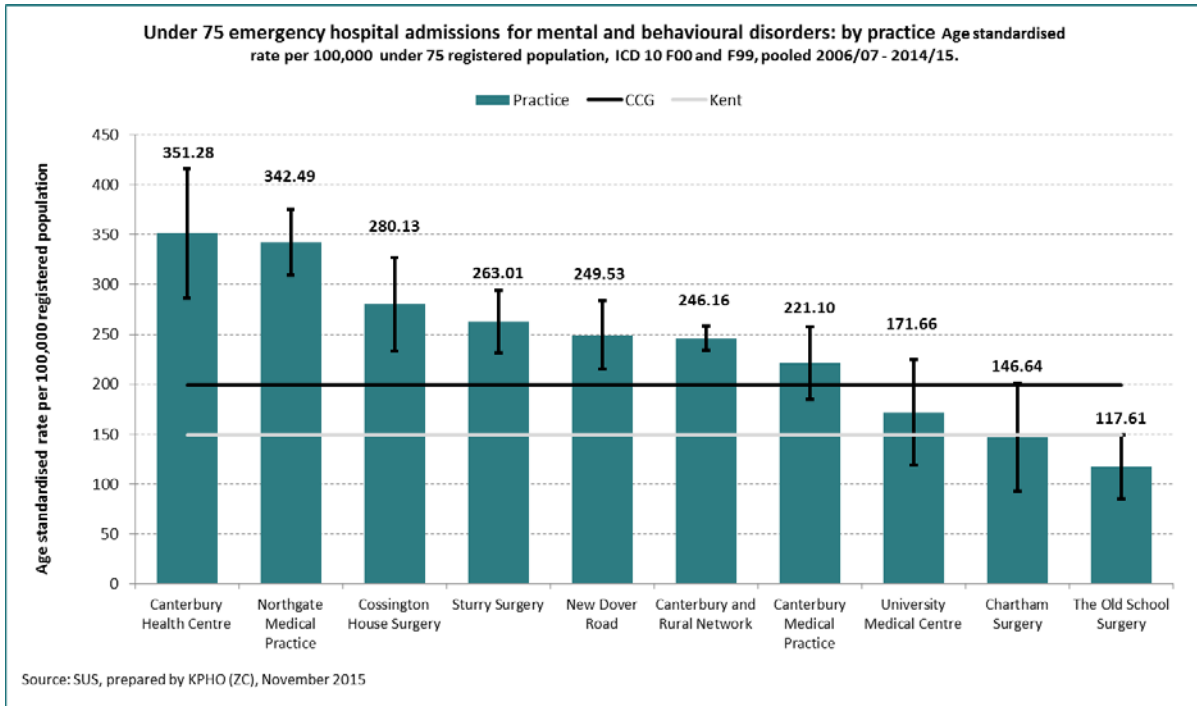


9.1.7 Mental Health

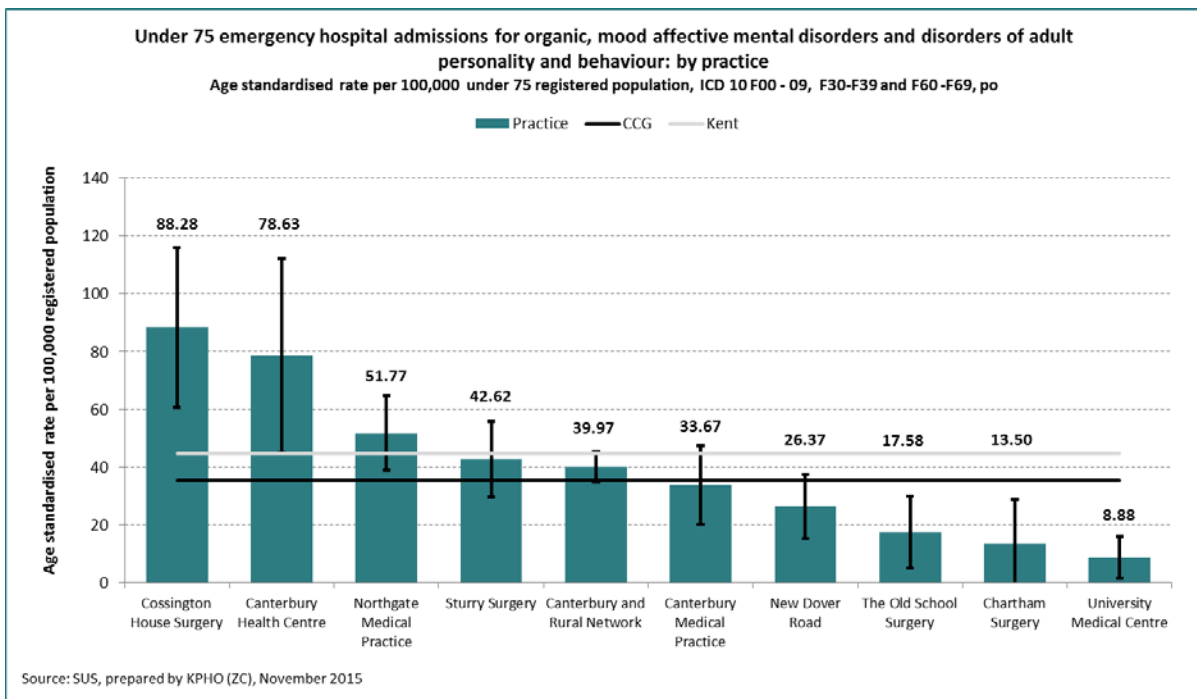
In Kent, the age standardised rate of stroke emergency hospital admissions in the under 75 population has shown an increasing trend between 2006/07 and 2014/15. The Canterbury Rural practice network did not show a rate of change that was significantly different to Kent.



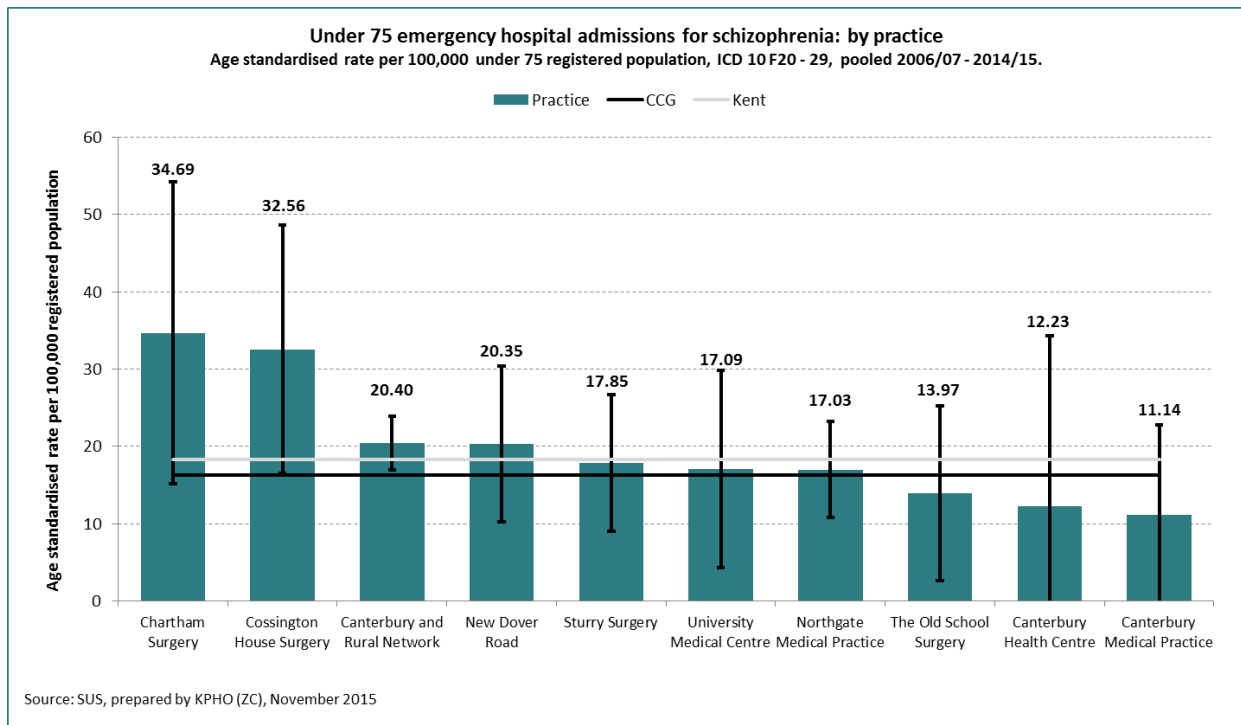
Significantly higher age standardised rates of mental and behavioural disorder emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for the Canterbury Health Centre, Northgate Medical Practice, Cossington House Surgery, Sturry Surgery and New Dover Road.



Significantly higher age standardised rates of organic, mood affective mental disorders and disorders of adult personality and behaviour emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for Cossington House Surgery.



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



9.2 Alcohol Specific Hospital Admissions

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

Notes on methodology:

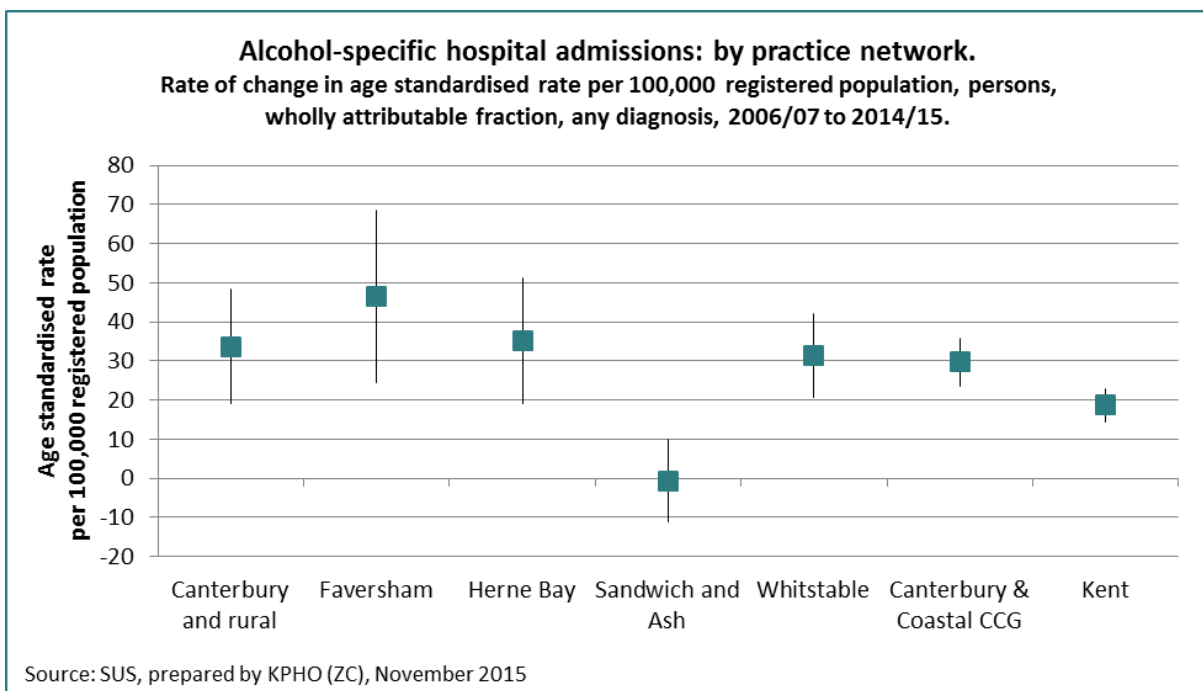
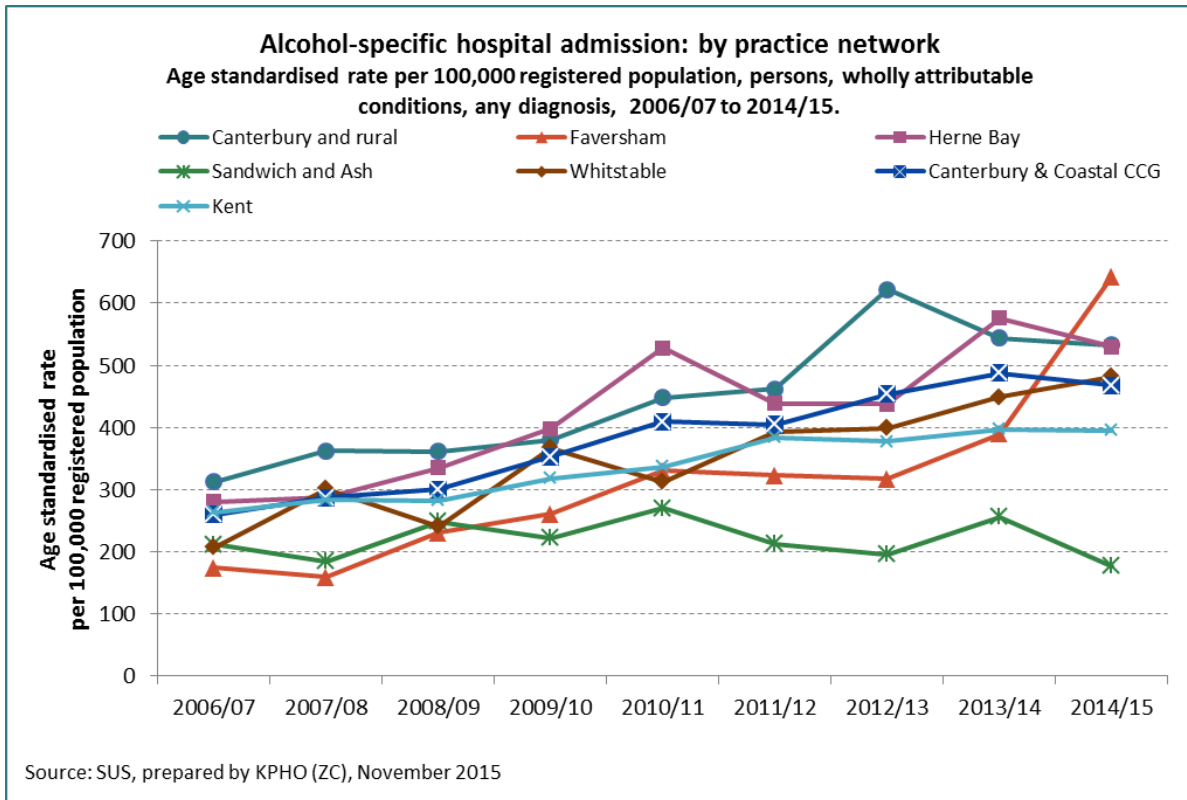
- Age standardised rates have been presented to enable comparison of the practice networks without confounding by age.
- The alcohol specific conditions include the range of conditions that are causally implicated and have an alcohol attributable fraction of 1, as defined by Public Health England.¹
-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

9.2.1 Alcohol Specific Hospital Admissions

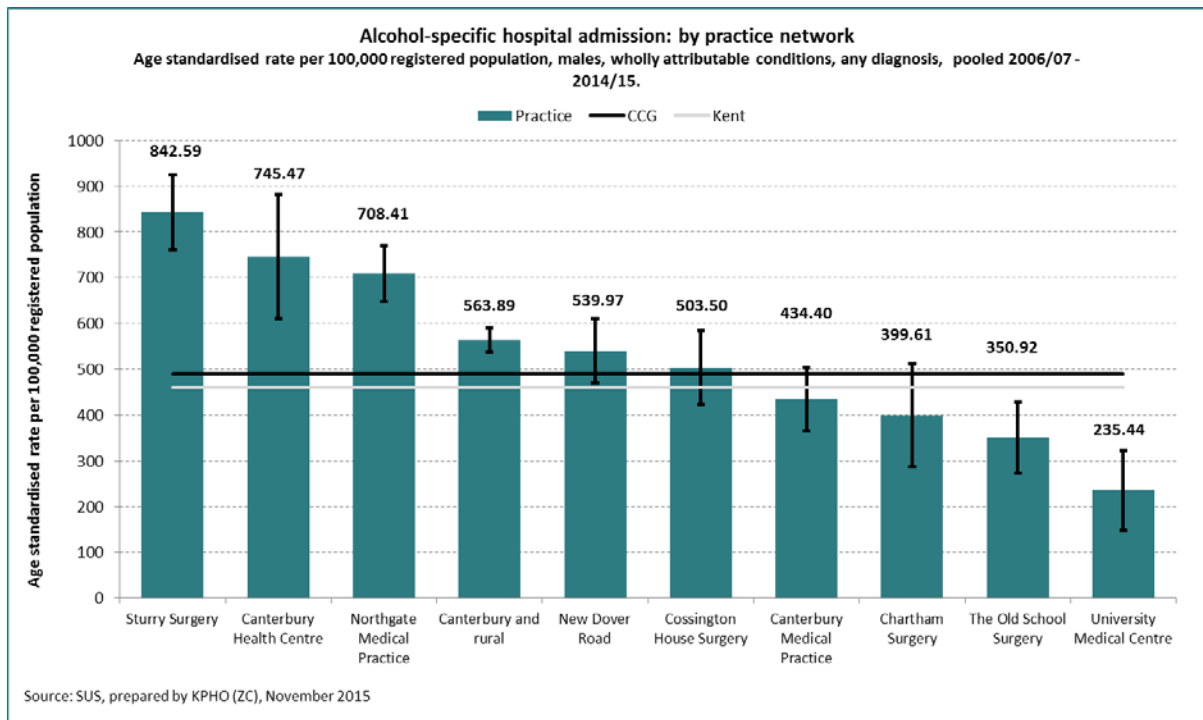
In Kent, the age standardised rate of alcohol specific hospital admissions has shown an increasing trend between 2006/07 and 2014/15. An increasing trend can also be observed

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

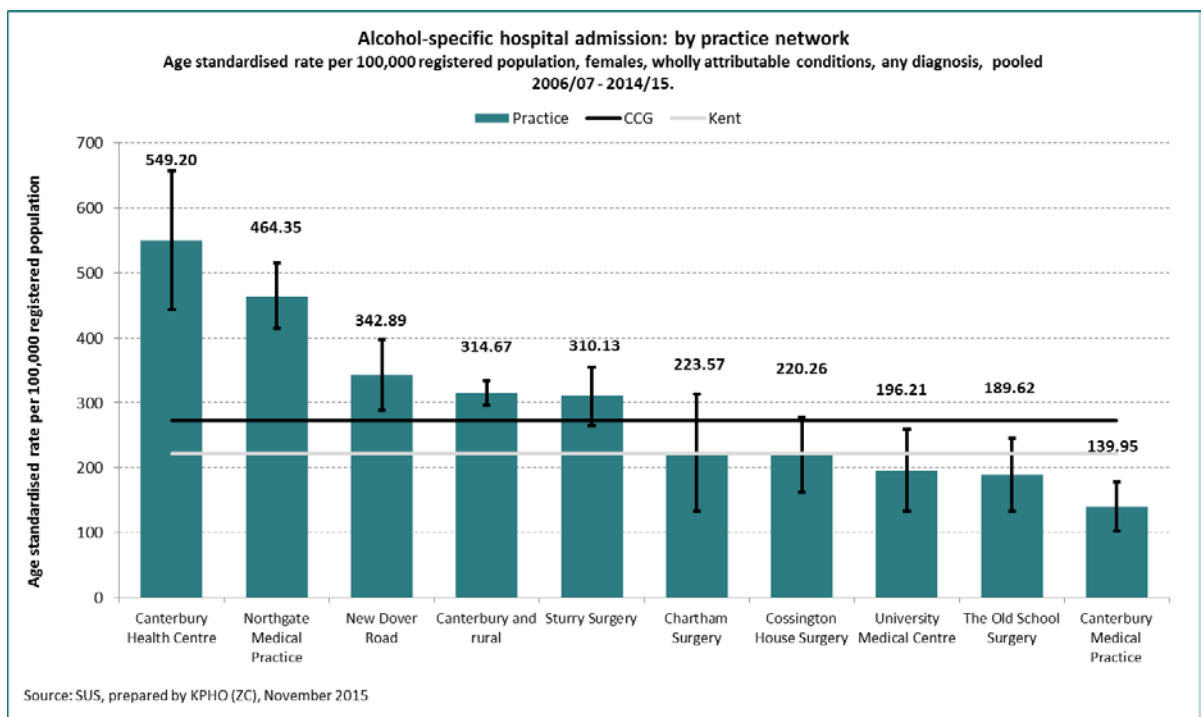
within the Canterbury and Rural practice network. However, the Canterbury Rural practice network did not show a rate of change that was significantly different to Kent.



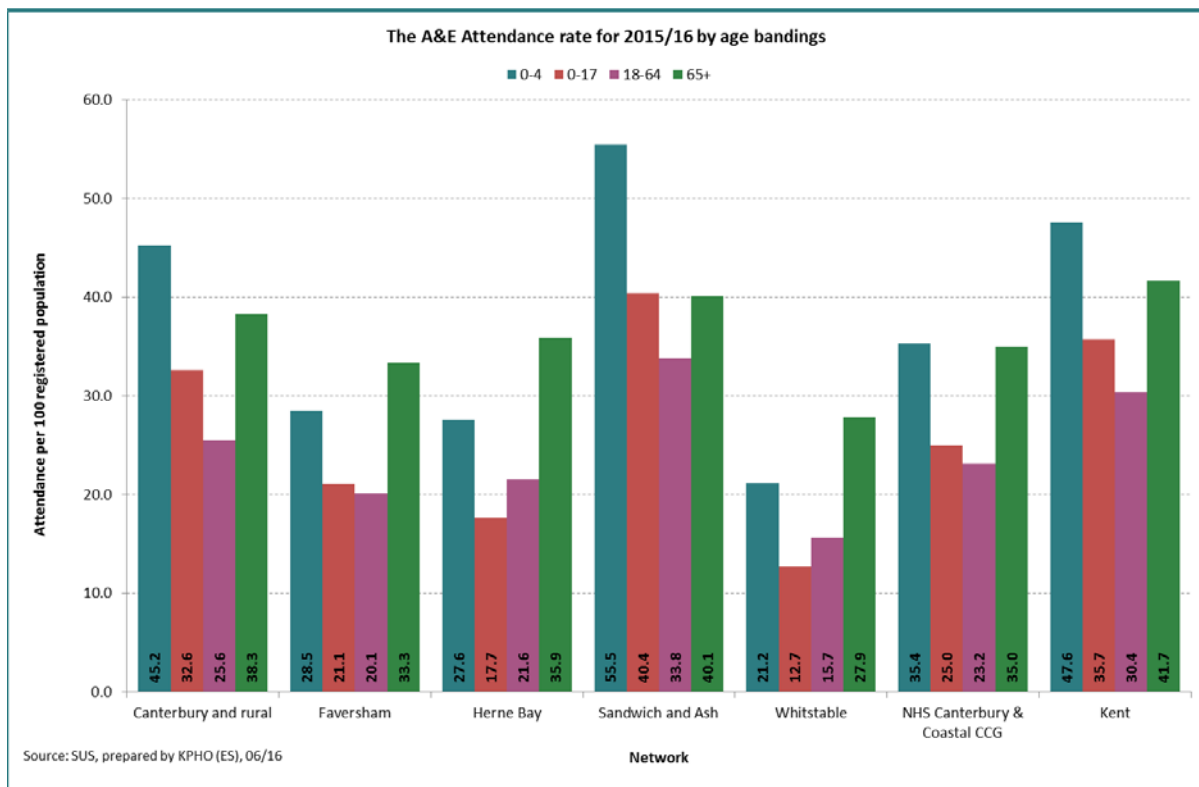
Significantly higher age standardised rates of alcohol specific admissions in males, in comparison to the CCG and Kent, can be identified for the Sturry Surgery, Canterbury Health Centre and the Northgate Medical Practice.



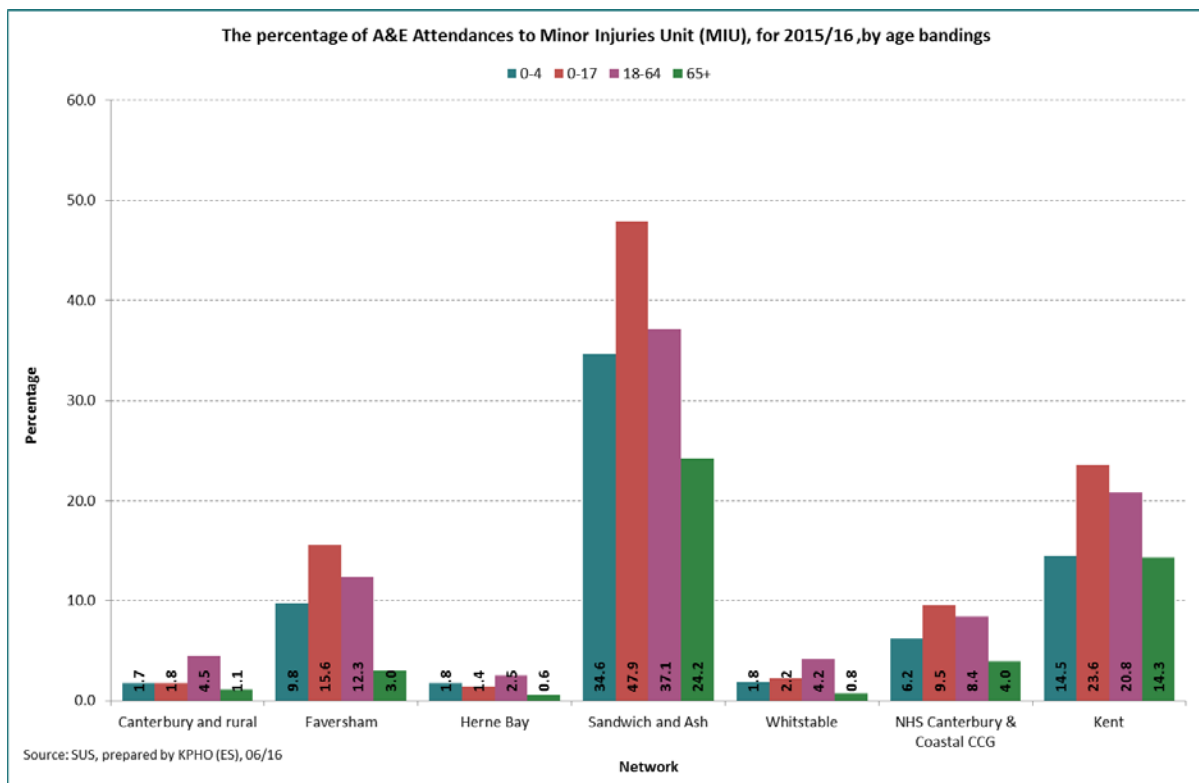
Significantly higher age standardised rates of alcohol specific admissions in females, in comparison to the CCG and Kent, can be identified for the Canterbury Health Centre, Northgate Medical Practice and New Dover Road.



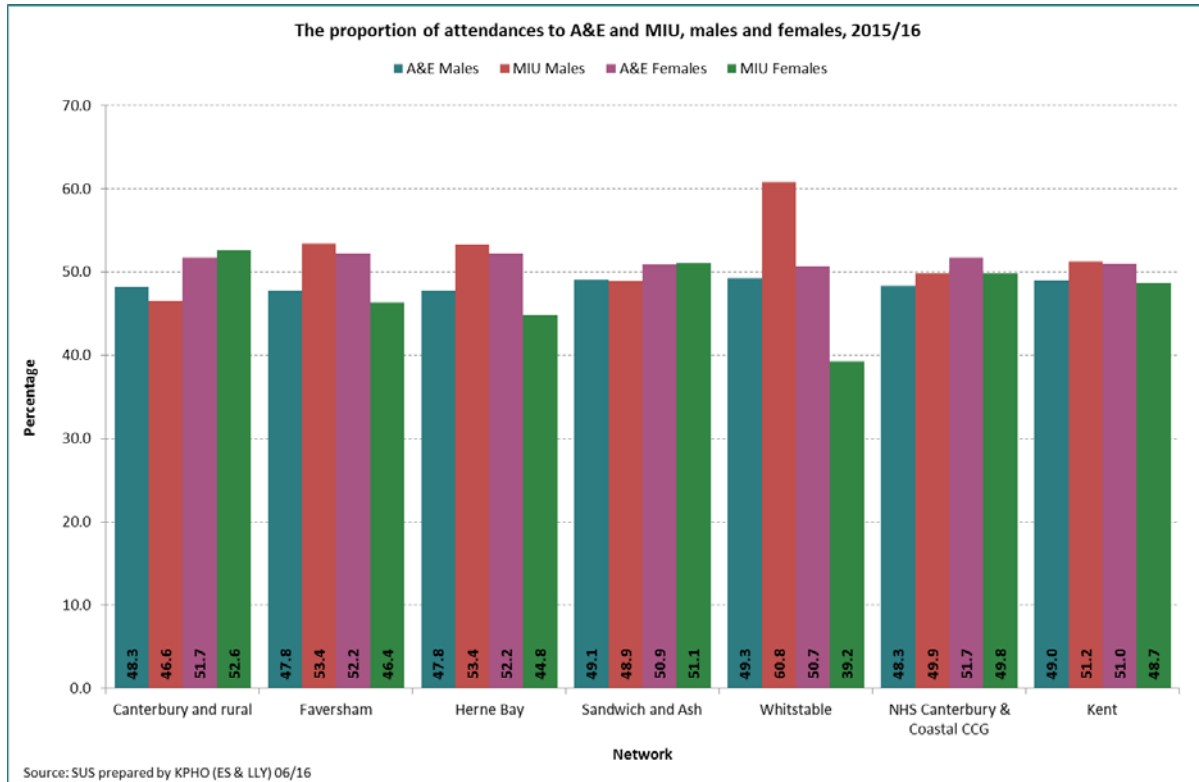
9.3 A&E and MIU Attendances



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



MIU attendances are substantively lower than A&E attendances across the networks, apart from Sandwich and Ash where there are similar levels to A&E attendances. In the Canterbury and Rural network, the highest proportion of MIU attendances comes from 18-64 year olds, which make up the majority the working age population.



Source: SUS prepared by KPHO (ES & LLY) 06/16

The proportion of males attending MIU’s is slightly higher than attending A&E; in Kent, 51.2% of males attend MIU’s whilst 49.0% attend A&E. For female residents, this tends to the opposite trend: more females attend A&E (51.0% in Kent) than MIU’s (48.7%). In the Canterbury and Rural network there is a higher proportion of females attending A&E (51.7%) or MIU than males (52.6%).

Place of attendance, by network, 2015/16 (%)

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

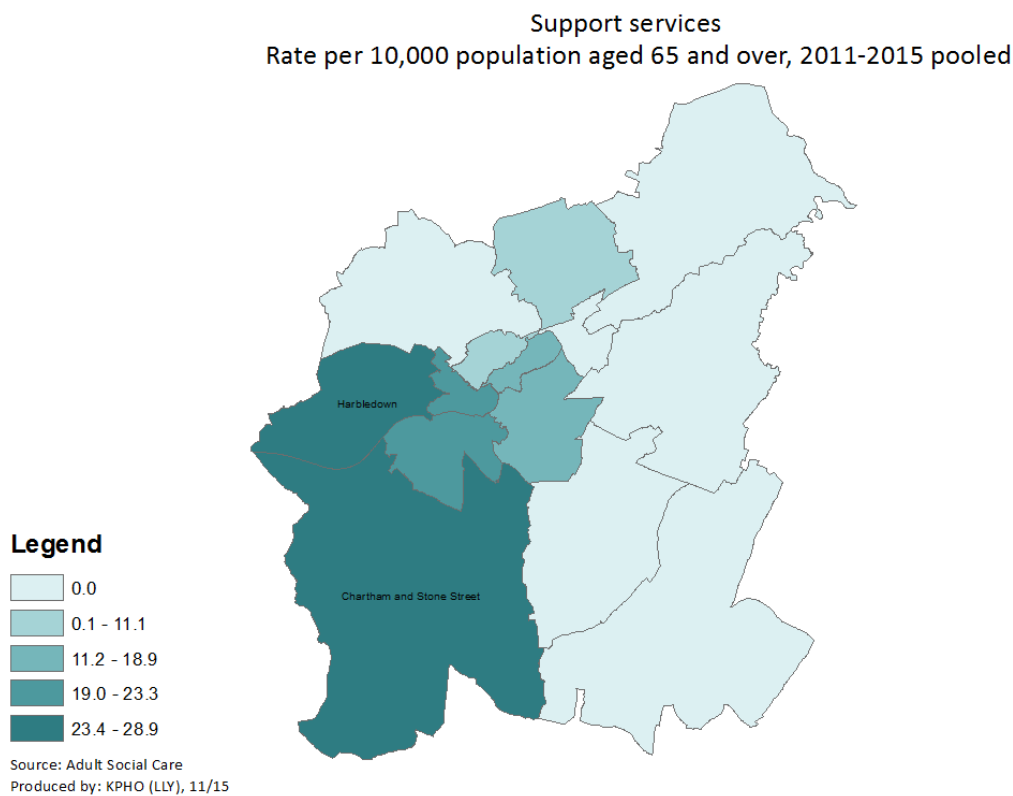
Source: SUS, prepared by: KPHO (ES), 06/16

Across all networks, the Kent and Canterbury Hospital and the Queen Elizabeth the Queen Mother Hospital receive the highest proportions of residents from Canterbury. In the Canterbury and Rural network 69.0% of residents attend the Kent and Canterbury Hospital; this is also the case in the Faversham network where 50.0% of residents attend the Kent and Canterbury Hospital.

10. Social care

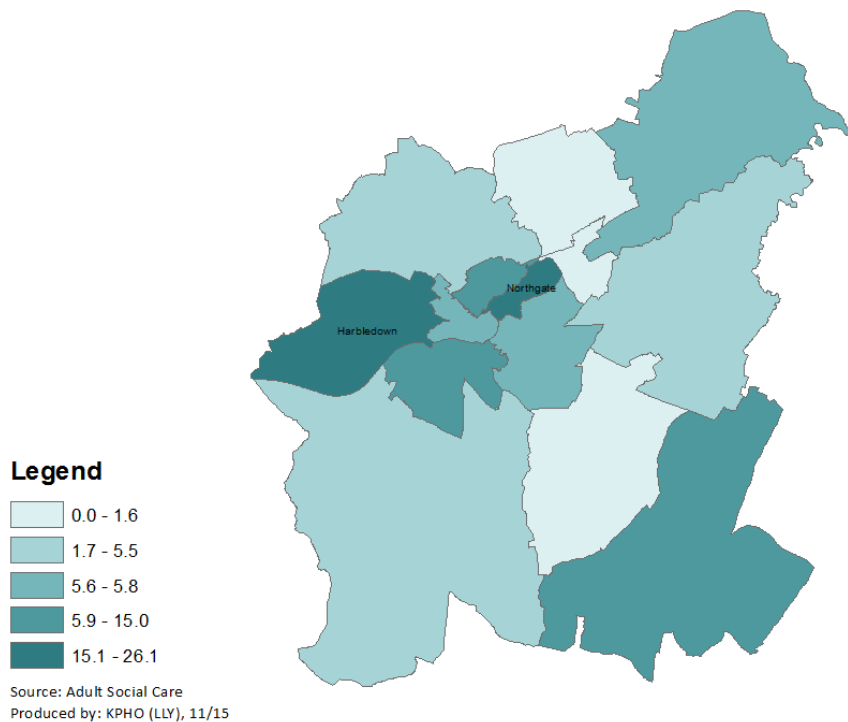
Social care data have been provided by the Adult Social Care department at Kent County Council. Ward level crude rates per 10,000 population have been calculated. For some indicators, either years or age bands have been pooled to increase reliability due to small numbers of people.

For definitions of the indicators, see appendix B.



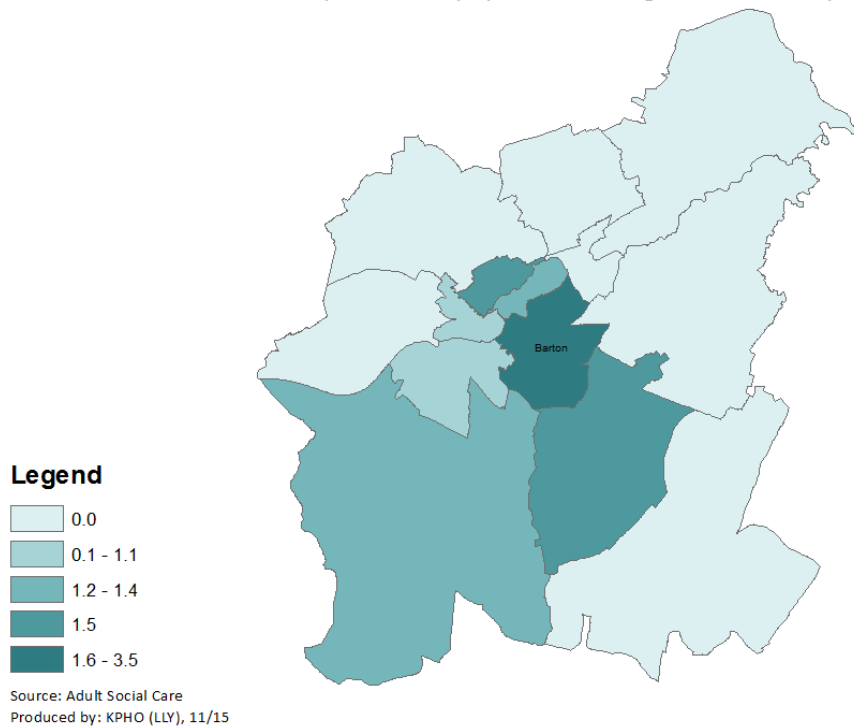
Canterbury and rural network had a higher support services rate than both Canterbury and Coastal CCG (35.1) and Kent (34.8) between 2011 and 2015 (pooled), at 39.2 people per 10,000 population aged 65 and above.

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



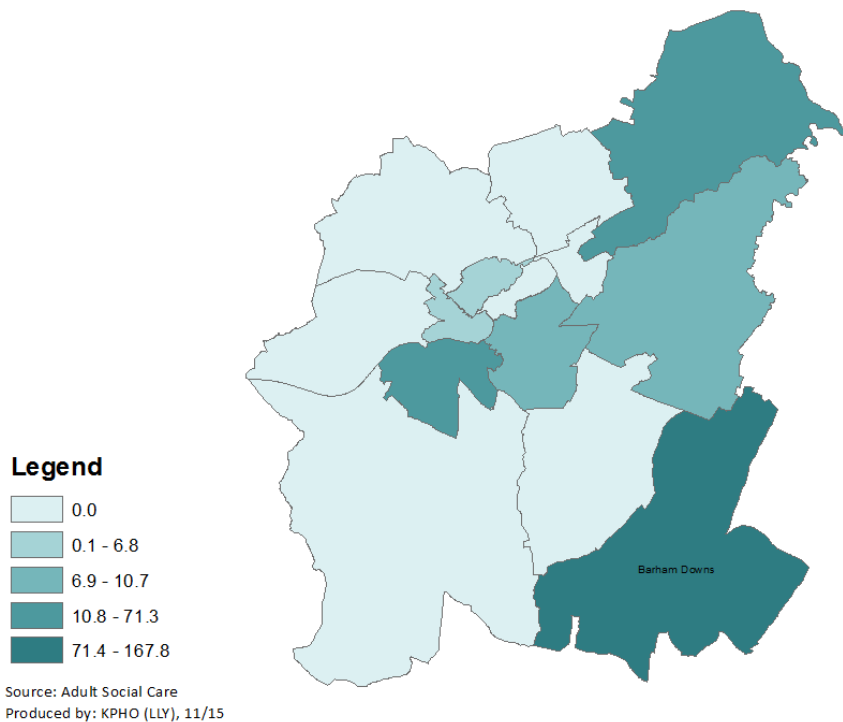
Canterbury and rural network had a significantly lower rate of people aged under 65 using support services than Kent, at 9.3 and 12.7 people per 10,000 population respectively. Northgate ward had the highest rate within this time period, at 26.1, significantly higher than both Kent and Canterbury and Coastal CCG (10.7).

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



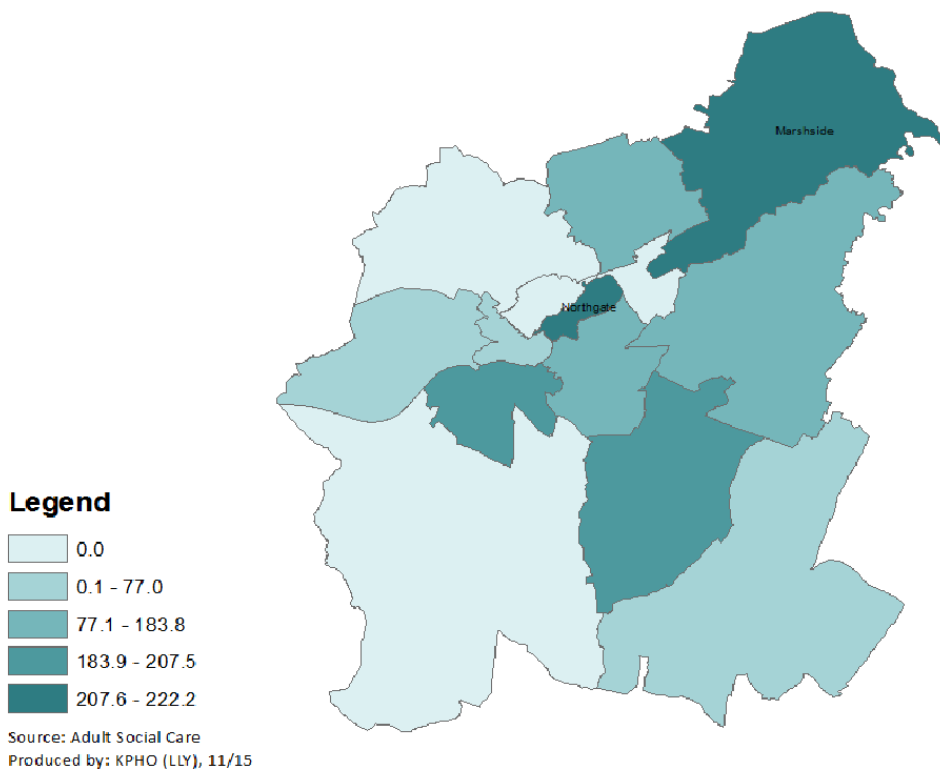
The network (1.2) has significantly lower meal service rates than both Canterbury and Coastal CCG (2.1) and Kent (3.7). Within Canterbury and rural, Barton ward has the highest rate at 3.5 people per 10,000 population; however this is not significantly higher than either the CCG or Kent.

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



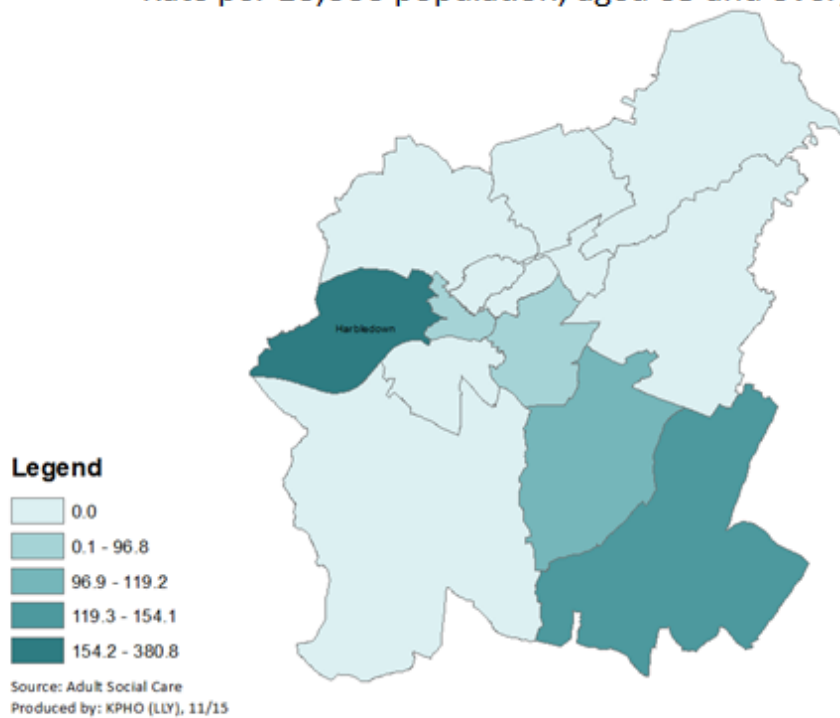
The network (12.9) has a significantly lower long term residential care home placement rate in comparison to Canterbury and coastal CCG (16.7), but a significantly higher rate than Kent (9.7). Barham Downs, Barton, Marshside and Wincheap wards all have significantly higher rates than Kent.

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



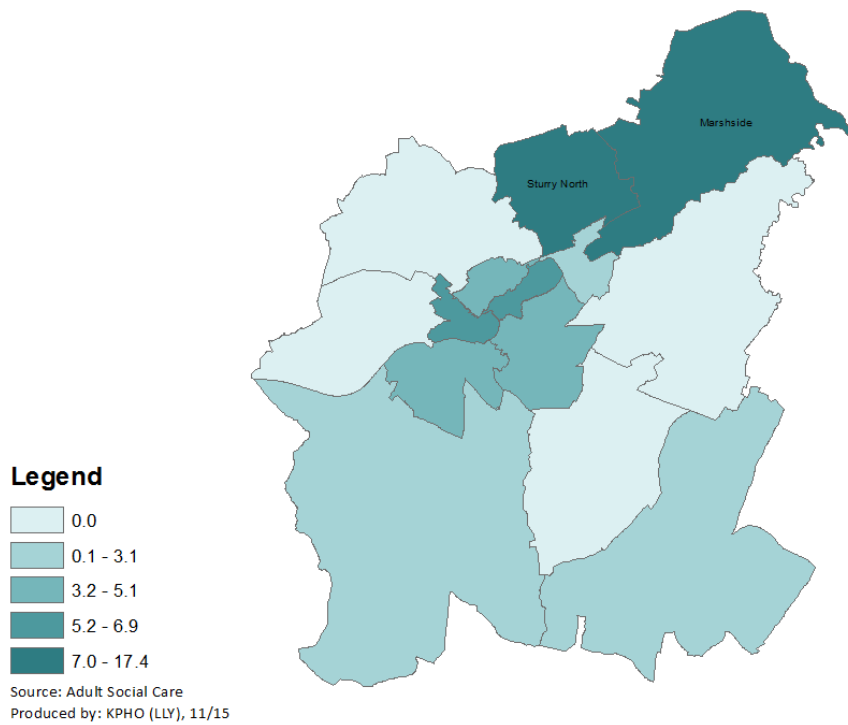
Canterbury and rural network (92.6) has a lower but not significantly different long term residential care home rate for the over 65 population in comparison to Canterbury and coastal CCG (110.9) or Kent (96.0). Marshside has the highest rate within this network at 222.2 people per 10,000 population aged 65 and above.

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



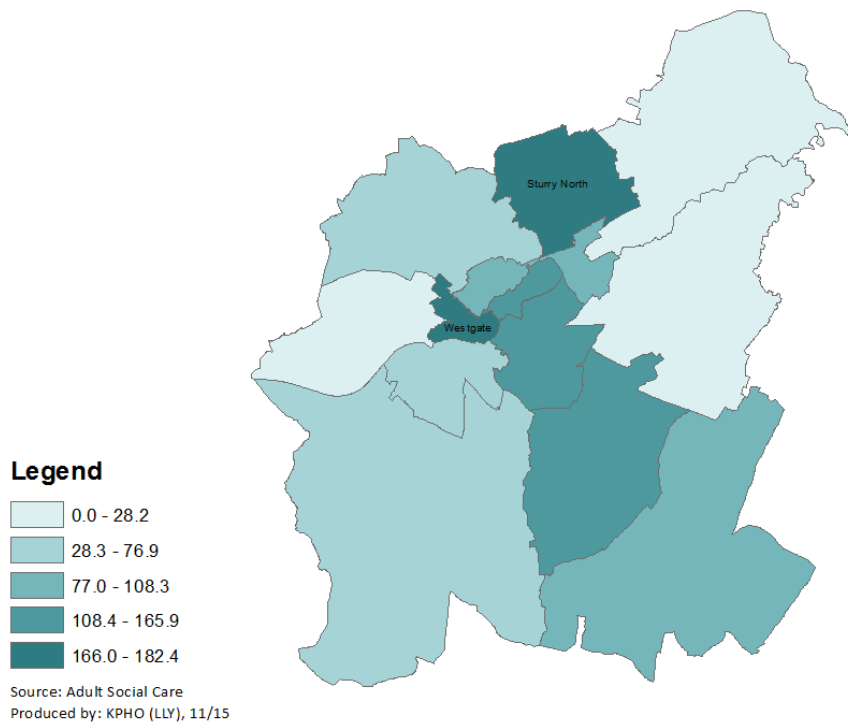
The long term nursing care home rate for Canterbury and rural network (51.5) is higher than both the CCG (39.3) and Kent (41.5); however, this difference is not significant. Barham downs, Barton, Harbledown and North Nailbourne all have significantly higher rates in comparison to both the CCG and Kent.

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



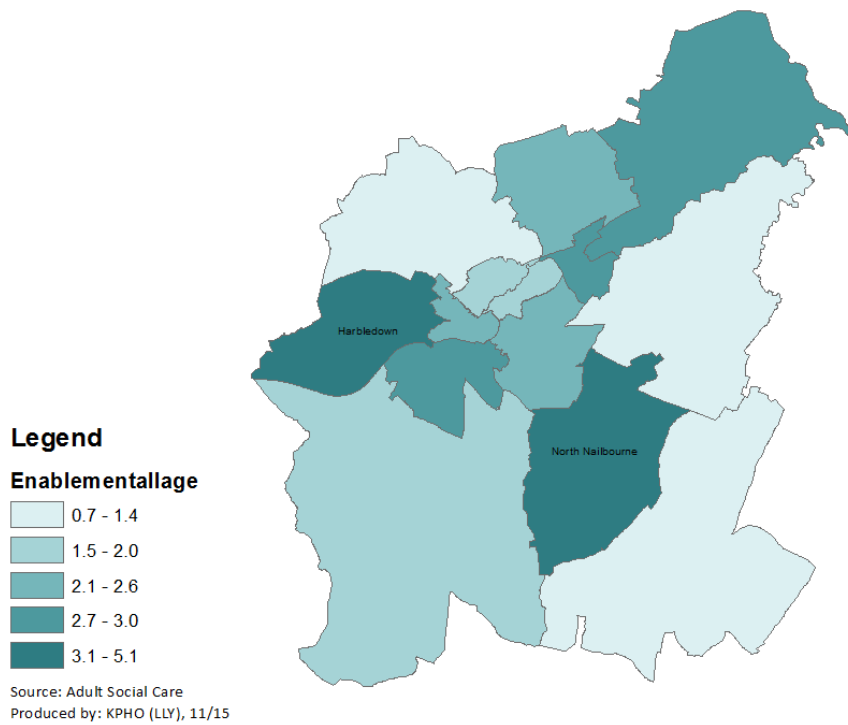
The network (4.5) has a significantly lower number of people aged 65 and under using home care services per 10,000 population than Kent (6.7), and a lower rate than Canterbury and Coastal CCG (6.2). Sturry North ward has a significantly higher rate than both the CCG and Kent at 17.4 per 10,000.

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



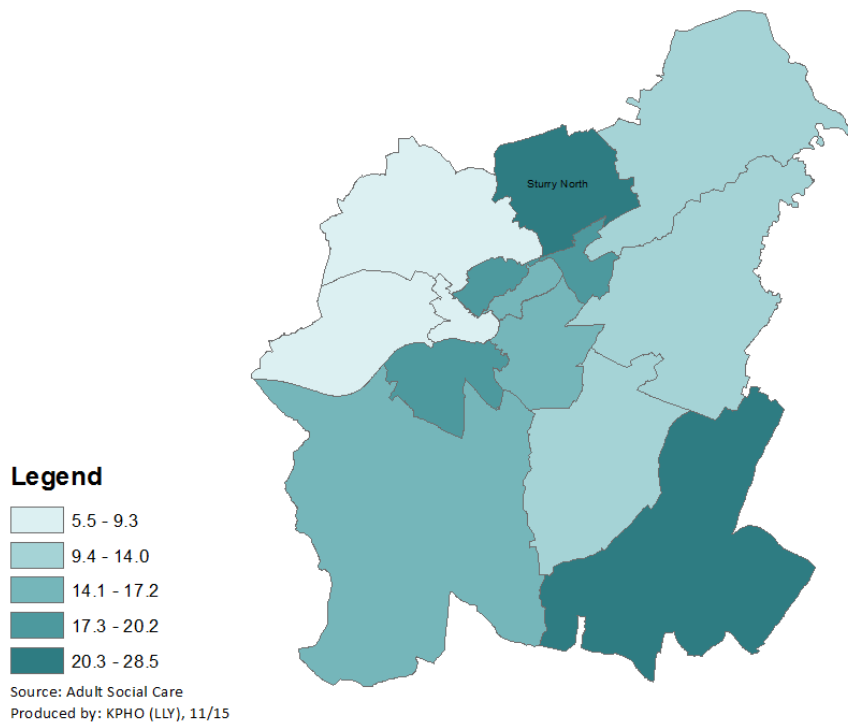
Canterbury and rural (104.5) has a lower home care rate per 10,000 population aged 65 and above than both the CCG (116.6) and Kent (126.7); however, this is not a significant difference. Westgate ward has the highest rate at 182.4; this is not significantly different to the CCG or Kent.

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



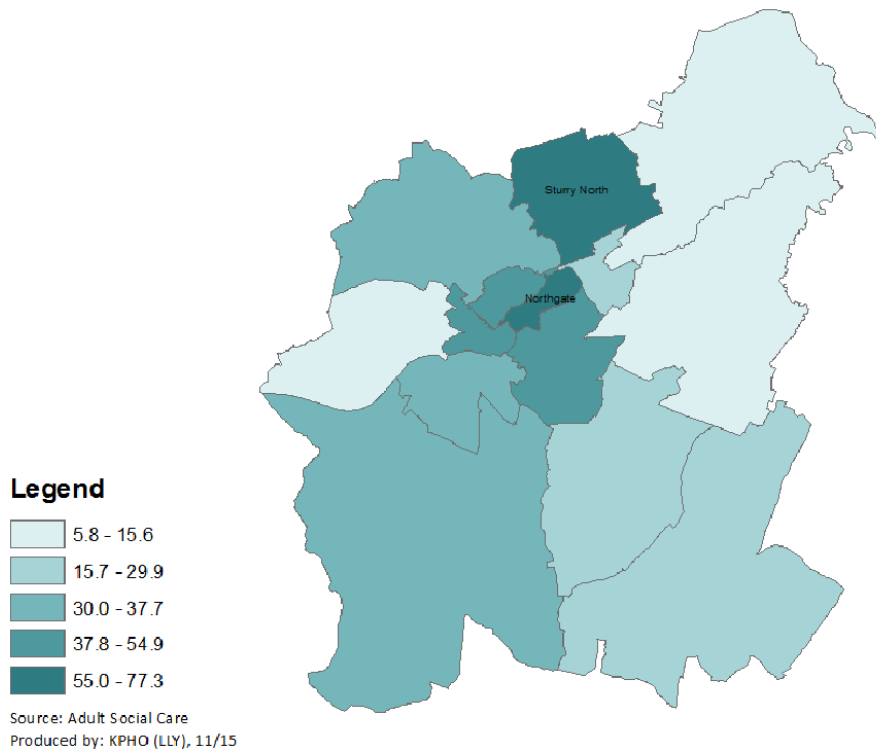
The Canterbury and rural enablement rate (2.3) is similar to both the CCG (2.7) and Kent (2.9) rates per 10,000 population. Blean Forest (0.9) has a significantly lower rate in comparison to Kent, whilst the highest rate is observed in North Nailbourne (5.1).

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



The direct payment rate for people aged under 65 is significantly lower in this network (13.5) in comparison to Kent (19.0), and lower than the CCG rate (16.0). Sturry North ward has the highest rate at 17.4, significantly higher than both the CCG and Kent.

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



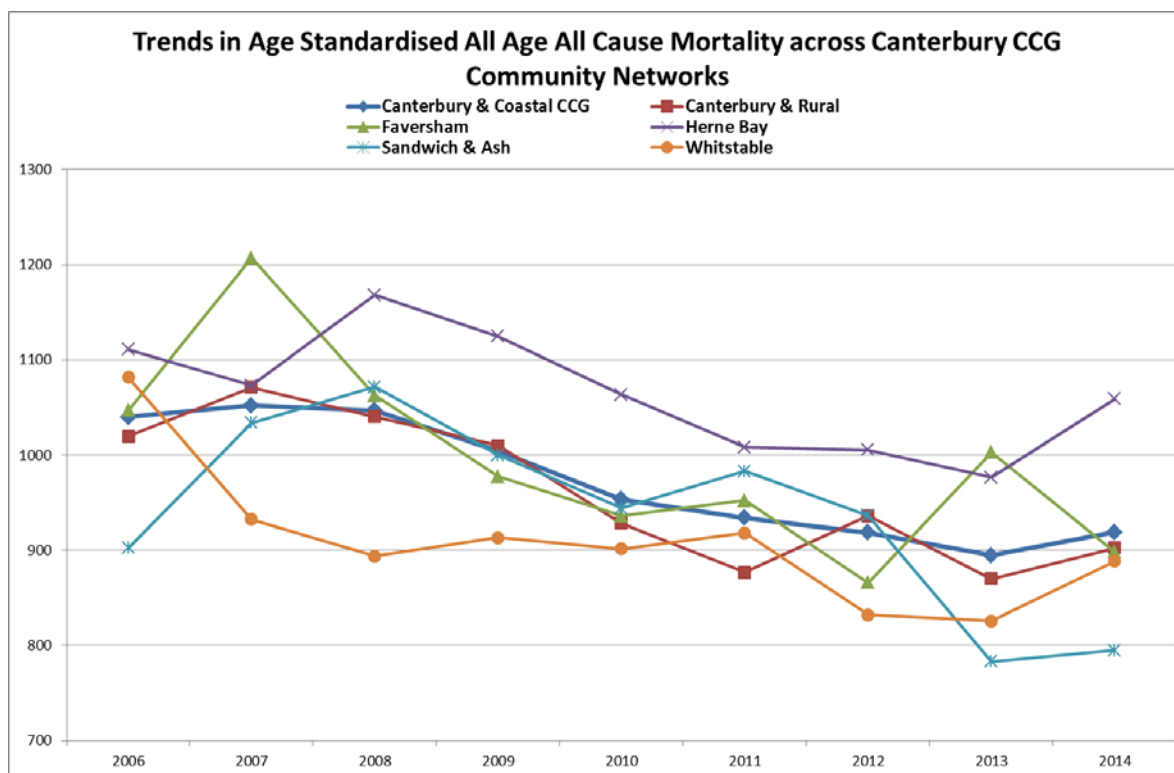
The direct payment rate for people aged 65 and above is significantly higher in Canterbury and rural network (12.9) compared to both Canterbury and Coastal CCG (7.3) and Kent (7.5). Within the network, Chartham and Stone Street, Harbledown, Westgate and Wincheap all have significantly higher rates than both the CCG and Kent.

11. Mortality

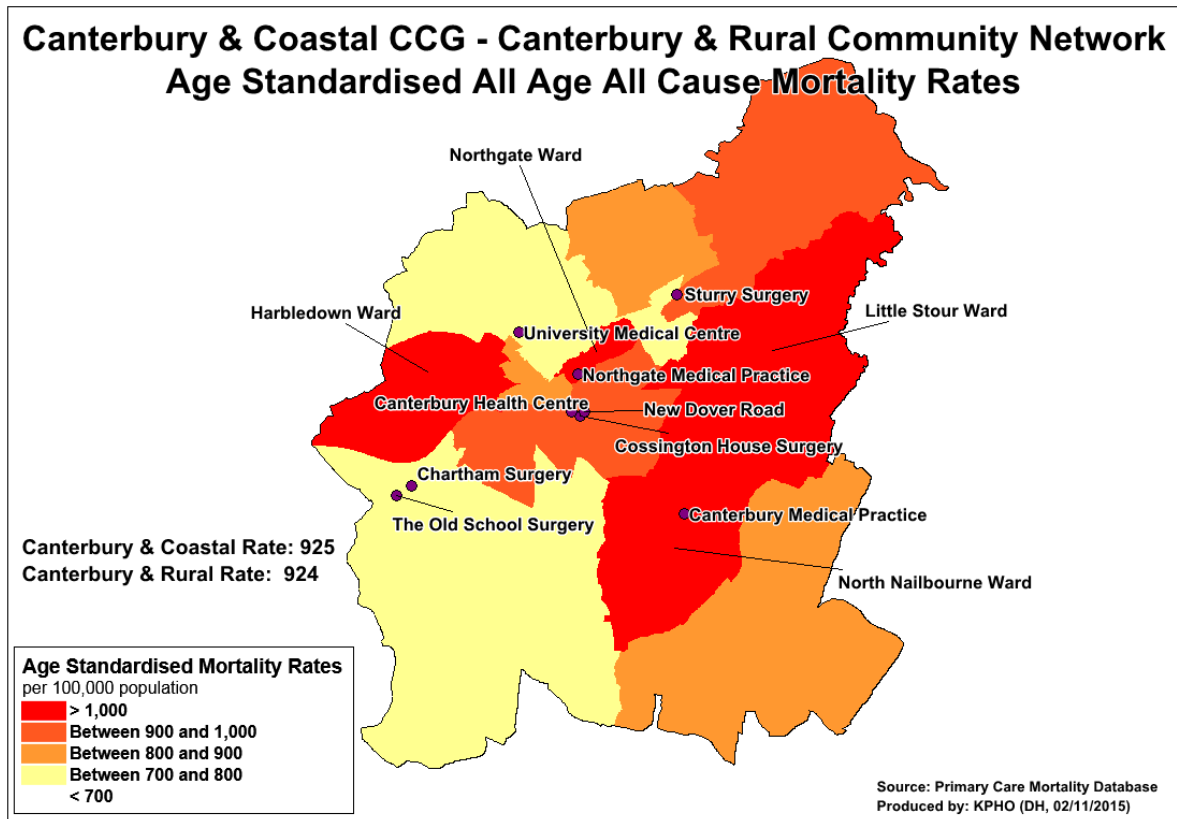
11.1 All age, all cause mortality

11.1.1 All age, all cause mortality

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

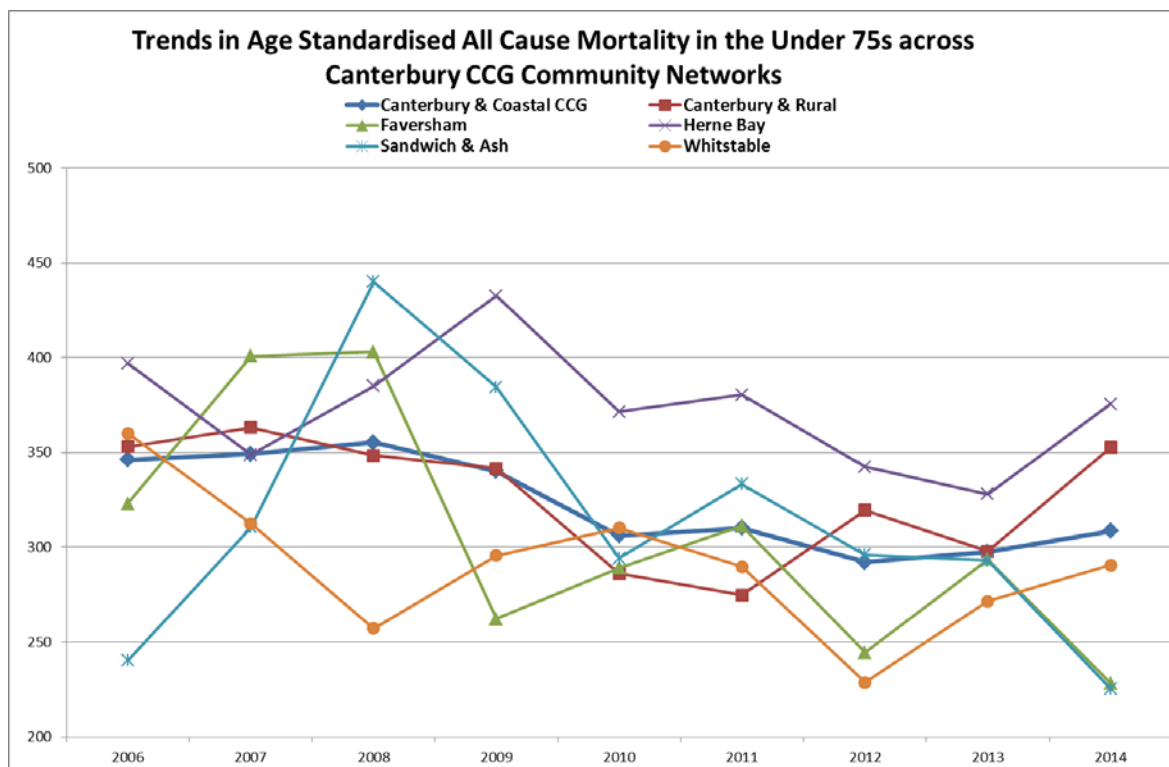


Five year pooled rates at electoral ward level for all age, all cause mortality highlight a number of electoral wards with comparably high local rates. Harbledown (1226), Northgate (1071), Little Stour (1038) and North Nailbourne (1008) are all in the worst quintile for all cause mortality across Canterbury & Coastal. There are no electoral wards in the Canterbury & Coastal that fall within the best quintile. The five year pooled rate for Canterbury & Rural (924) is slightly lower than the overall rate for Canterbury & Coastal (925).

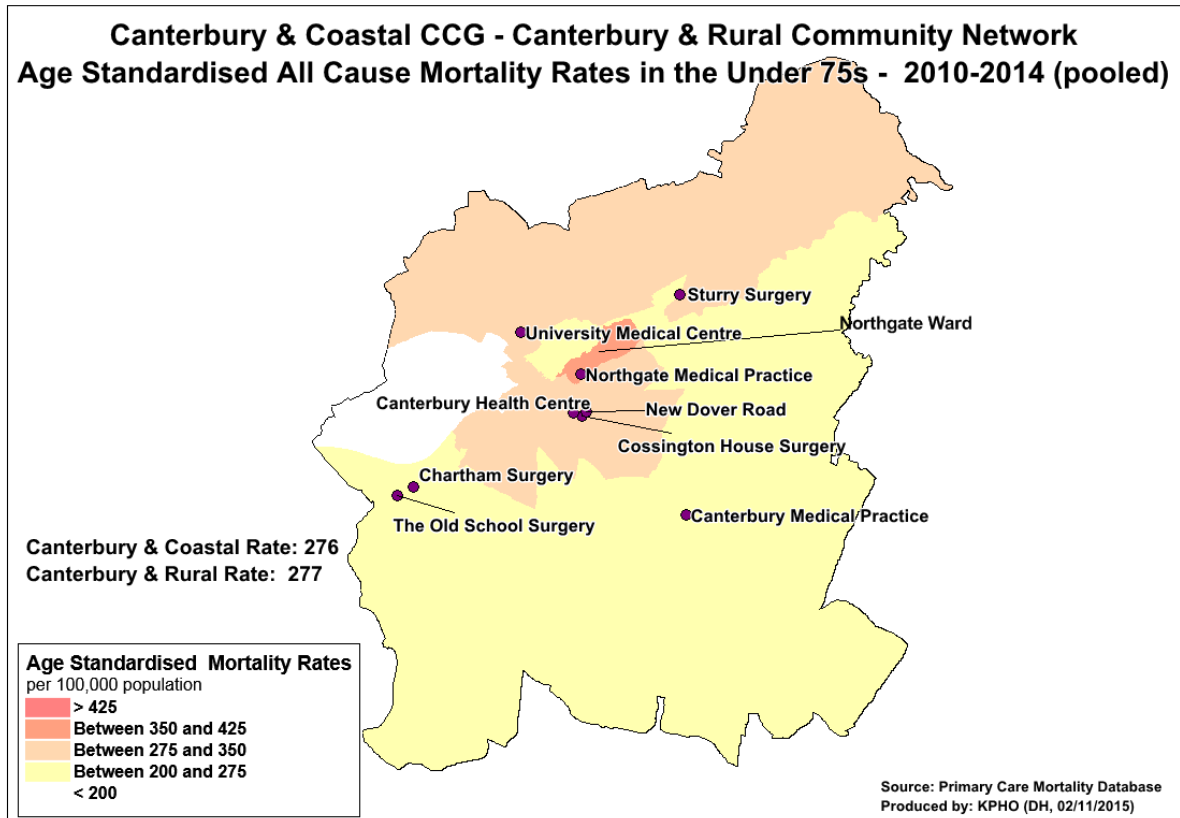


11.1.2 All cause mortality in the under 75s

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



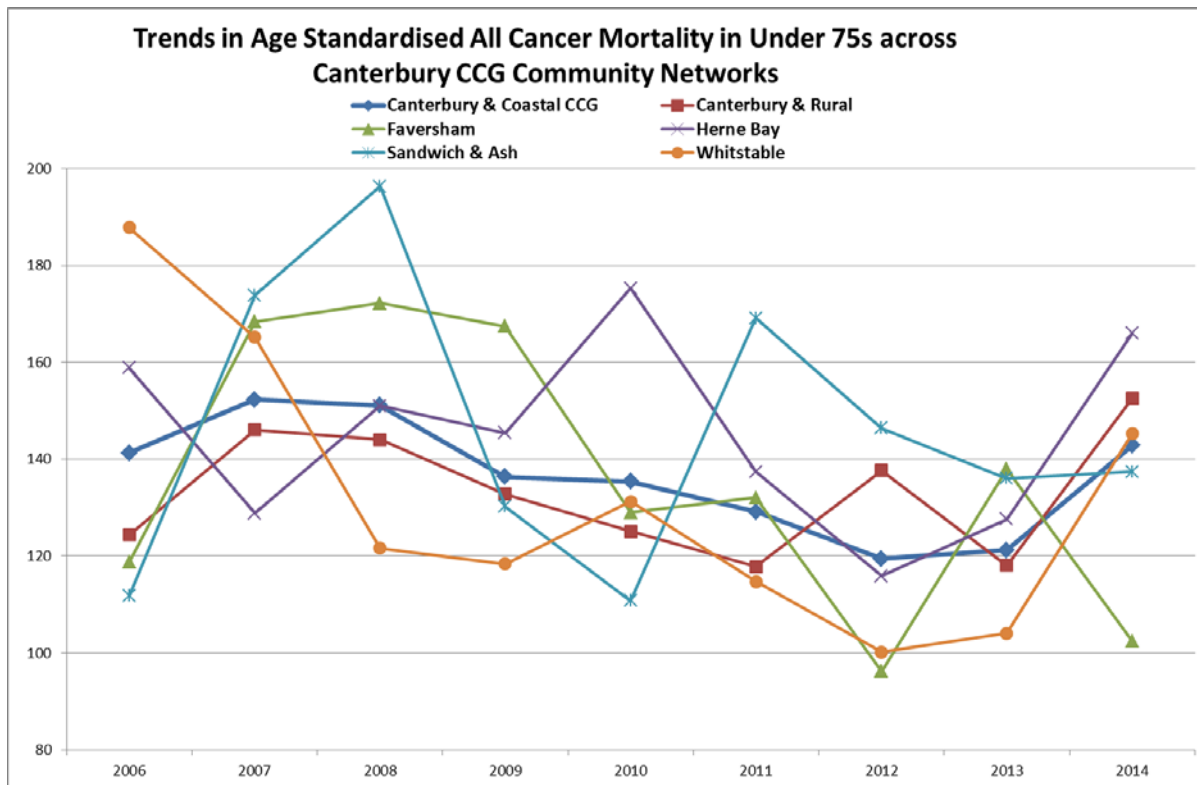
The five year pooled rates at electoral ward level shows that Northgate has the highest rate in the community network (also in the worst quintile across the CCG). Harbledown has the lowest rate and is amongst the lowest quintile. The overall under 75 cancer mortality rate for Canterbury & Rural is only slightly higher (277) than the rate for Canterbury & Coastal as a whole (276).



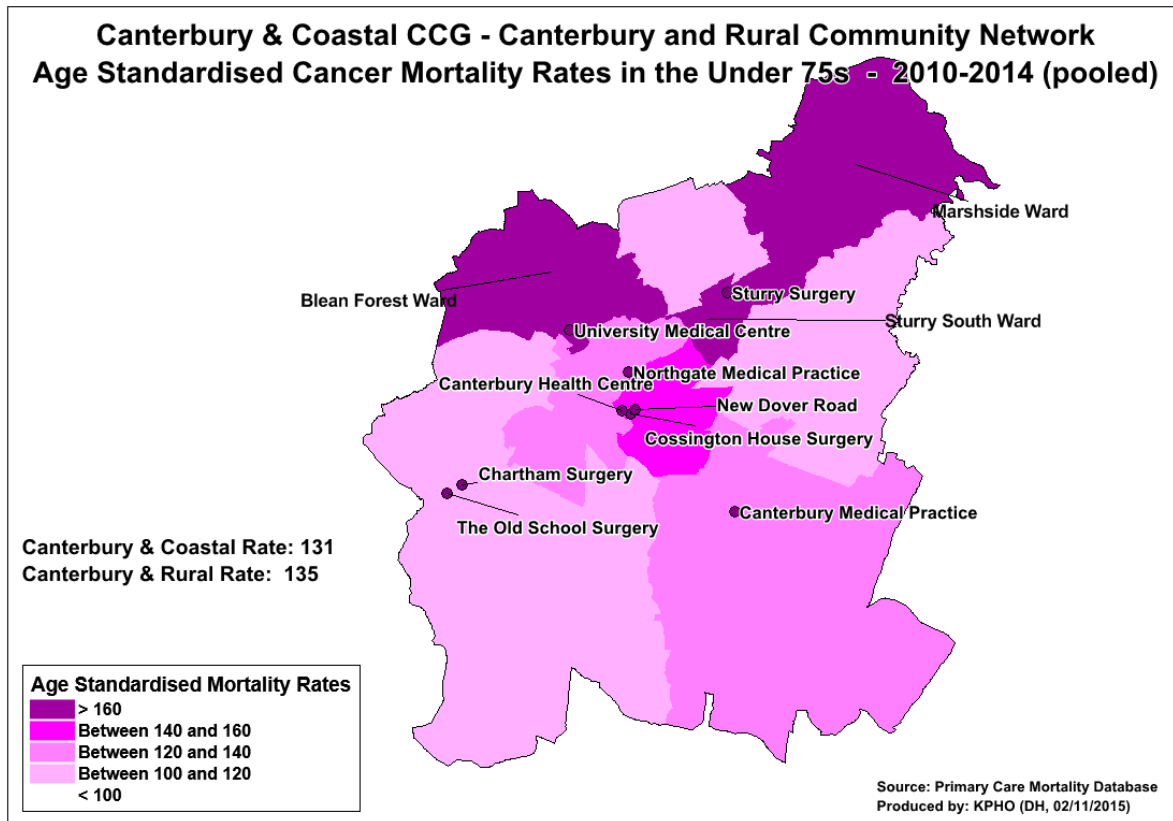
11.2 Premature Mortality: Cancer

11.2.1 Under 75 Cancer mortality

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

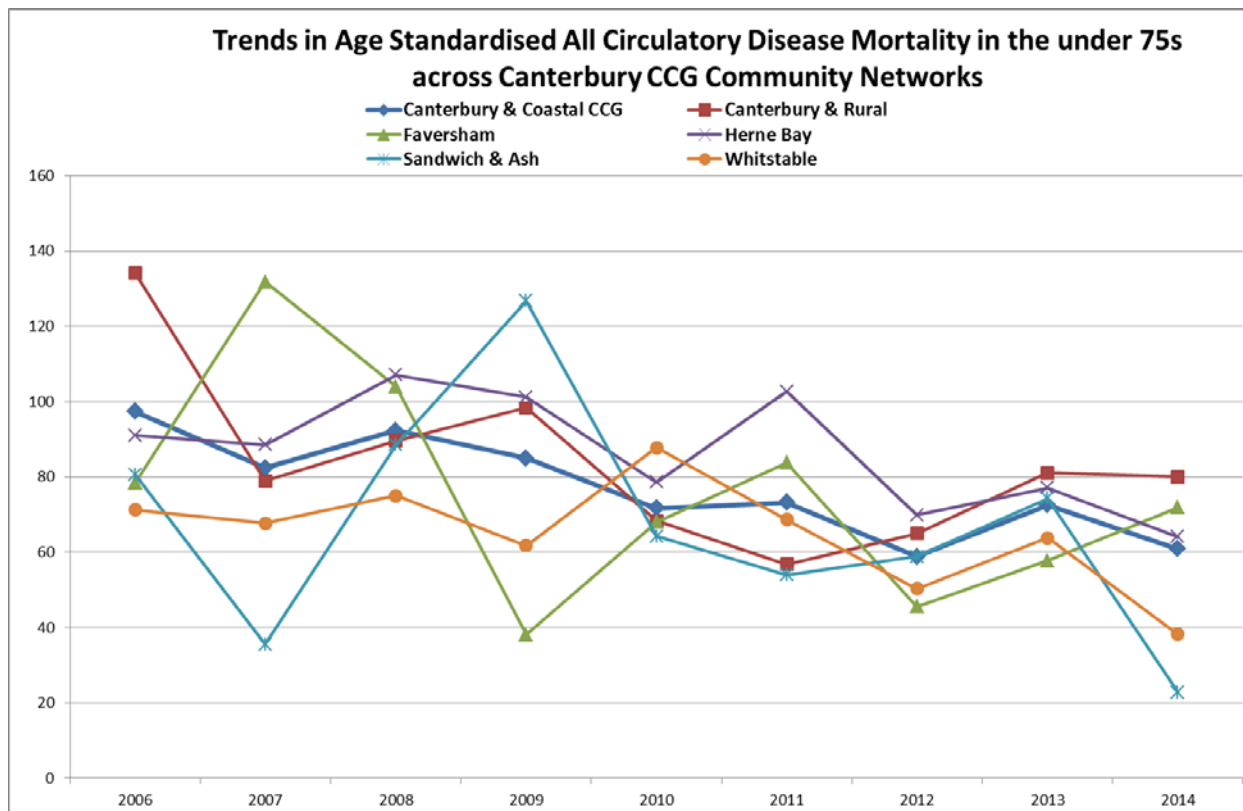


The five year pooled rates at electoral ward level show that Blean Forest (181), Marshside (167) and Sturry South (162) have the highest rates in the community network (also in the worst quintile across the CCG). There are no wards in the area that are amongst the lowest quintile. The overall under 75 cancer mortality rate for Canterbury & Rural is higher (1235) than the rate for Canterbury & Coastal as a whole (131).



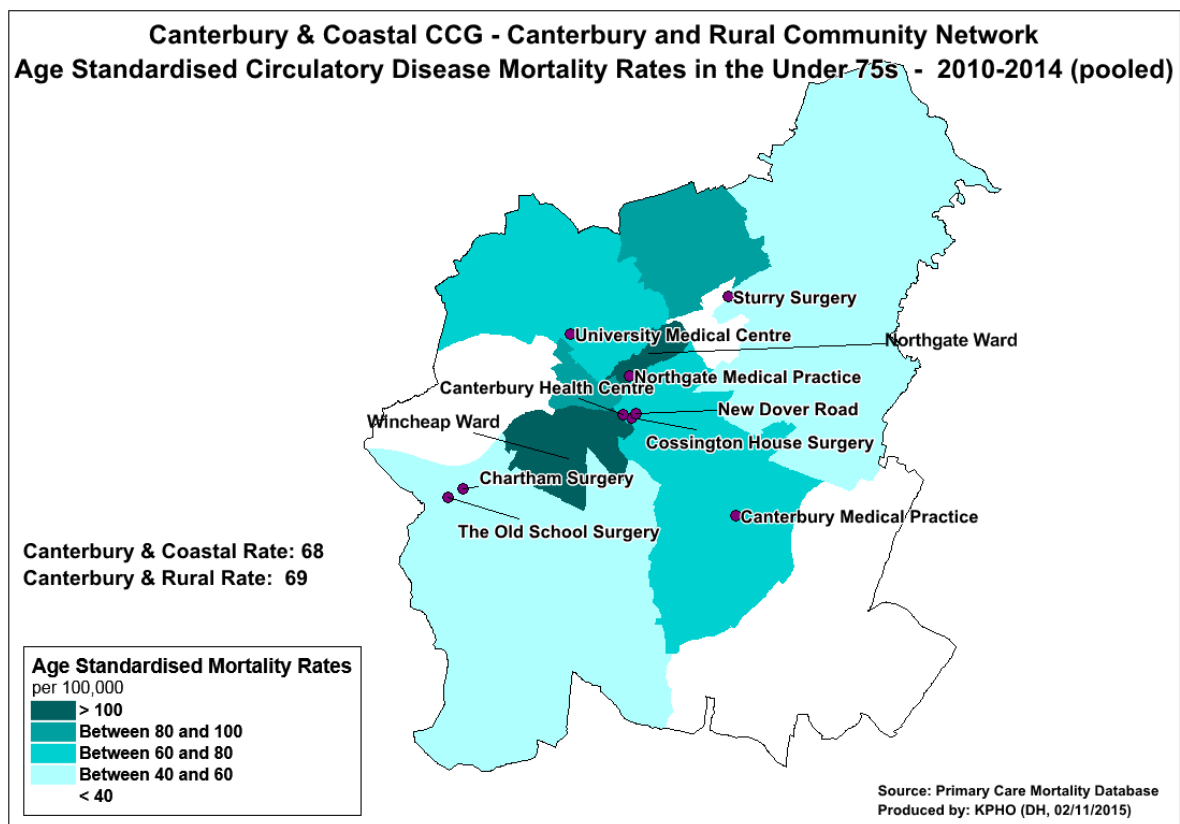
11.3 Premature mortality: Circulatory disease

11.3.1 Under 75 Circulatory disease mortality



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

Five year pooled rates at an electoral ward level reveal that both Wincheap (111) and Northgate (149) have the highest rates (within the worst quintile across the CCG), the Northgate rate is the highest in the Canterbury & Coastal area. At the lower quintile – Harbledown (33), Barham Downs (32) and Sturry South (26) have the lowest circulatory disease mortality rates in the CCG.



Appendix A: QOF clinical achievement indicators

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

| Appendix B: Social care definitions

Long term residential care home placements:

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

Direct payments:

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

Home care:

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

Support services:

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

Long term nursing care home placements:

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

Enablement:

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

Meal services:

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