

## Thanet CCG Locality Profile for Ramsgate

April 2017



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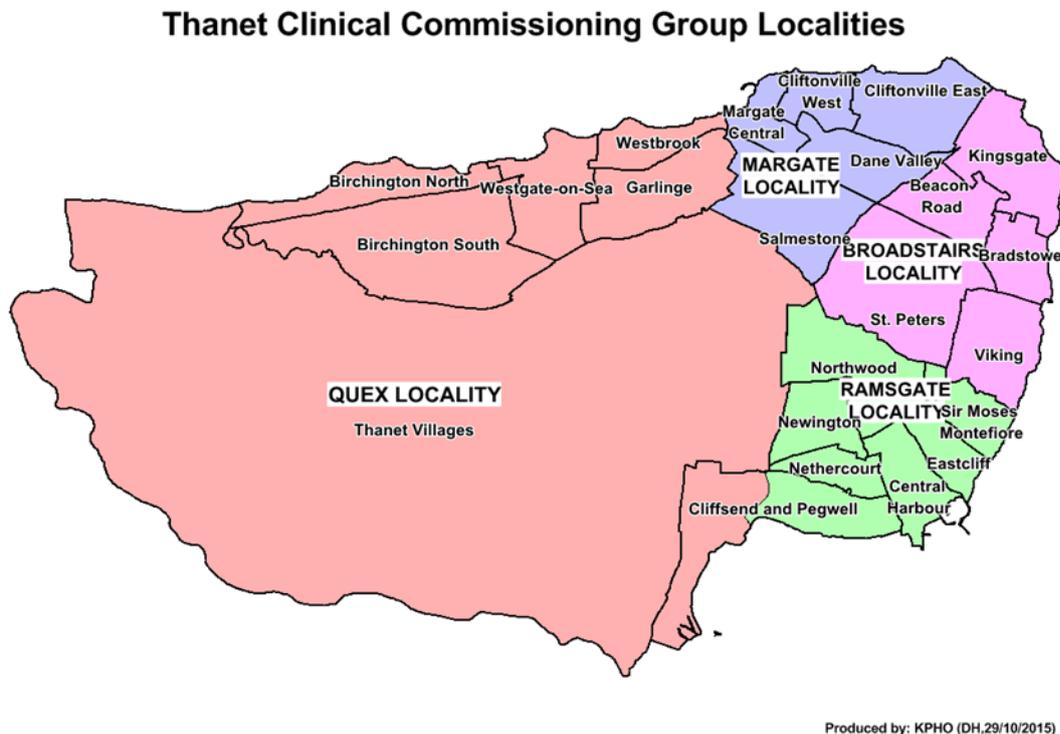
## | 1. Introduction

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

## | 2. Demographics

### 2.1 Location

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



The Ramsgate locality consists of seven electoral wards in the south of Thanet CCG:

- Eastcliff
- Central Harbour
- Nethercourt
- Newington
- Northwood
- Sir Moses Montefiore
- Cliffsend and Pegwell<sup>1</sup>

Cliffsend and Pegwell ward also borders the Quex locality. The ward has been split by the coverage of LSOAs contained with Ramsgate and Quex localities.

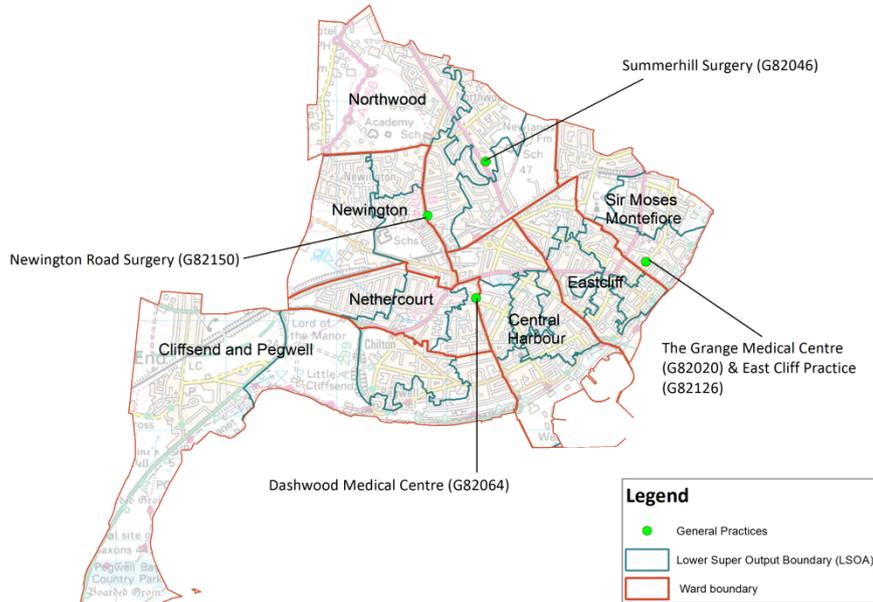
The map below shows the breakdown of the Ramsgate locality into wards and lower super output areas (LSOAs). An LSOA is a geographical region which has a minimum population of

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

1,000 and an average population of 1,500. The Ramsgate locality has five general practices<sup>2</sup> located in Northwood, Sir Moses Montefiore, Eastcliff and Nethercourt wards.

General practice\* locations in Ramsgate Locality



\*Wickham Surgery in Ramsgate has now closed.

Source: PCIS, ArcGIS, prepared by: KPHO (LLY), 11/16

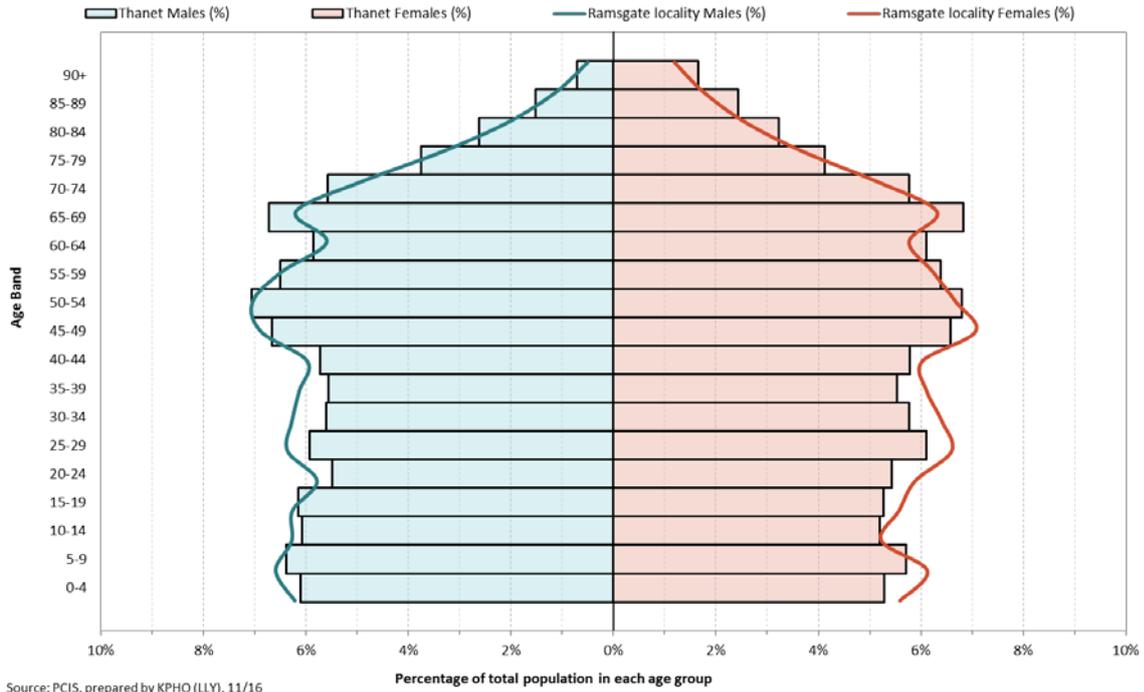
## 2.2 Population (registered)

As of 30.09.16, the chart overleaf shows the population of Ramsgate locality compared to Thanet CCG<sup>3</sup>. Approximately 51,700 persons are registered to the general practices within the Ramsgate locality. The locality has a slightly higher proportion of younger adults (aged 20-39) and very young children (aged 0-4) than Thanet CCG as a whole.

<sup>2</sup> This map features only live (open) general practices in Ramsgate locality.

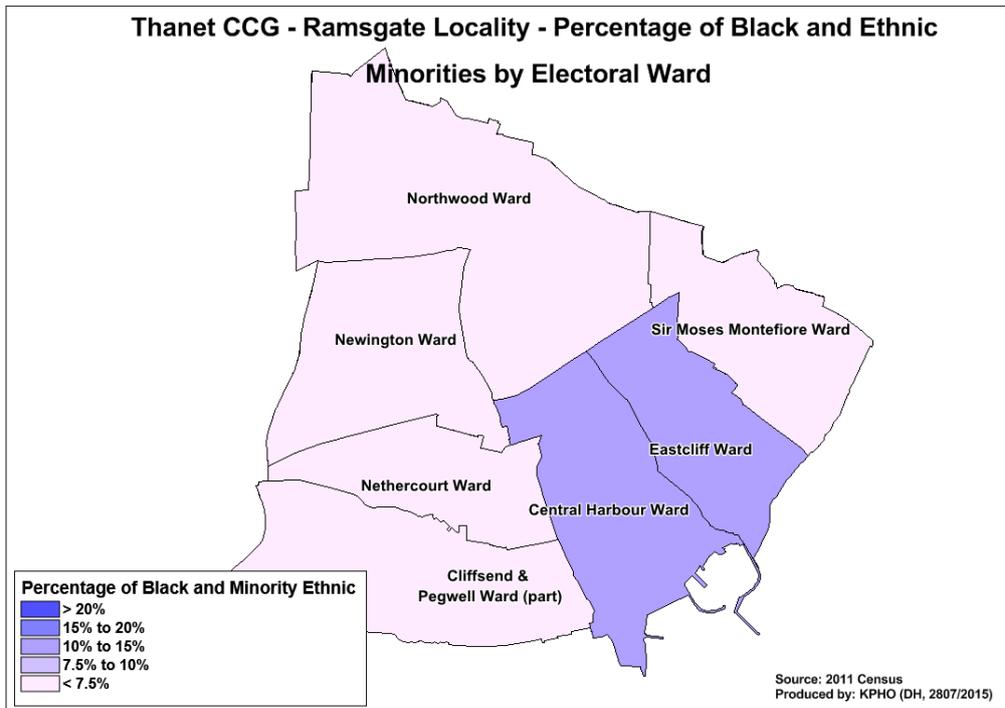
<sup>3</sup> The registered population includes population for Wickham Surgery as this surgery was open as of 30.09.2016.

### September 2016 registered population in Thanet compared to Ramsgate locality



## 2.3 Ethnicity

The map below shows the black and minority ethnic (BME<sup>4</sup>) population of wards within the Ramsgate locality. Five of the seven wards have a BME population of less than 10%, rising to a maximum of 15% in Central Harbour and Eastcliff.



<sup>4</sup> BME population refers to all ethnicities except White British.

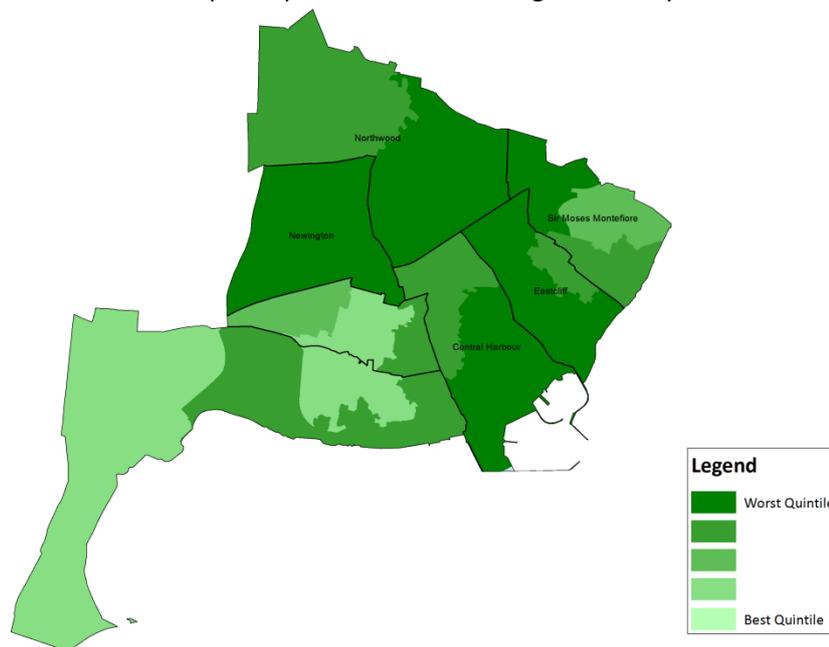
## 3. Socio-Economic

### 3.1 Deprivation

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

The map below shows the relative deprivation in the Ramsgate locality. Five out of the seven wards have LSOAs which are in the most deprived quintile in Kent. The Ramsgate locality has 9 of the 88 most deprived LSOAs in Kent<sup>5</sup>.

Indices of Multiple Deprivation 2015: Ramsgate Locality

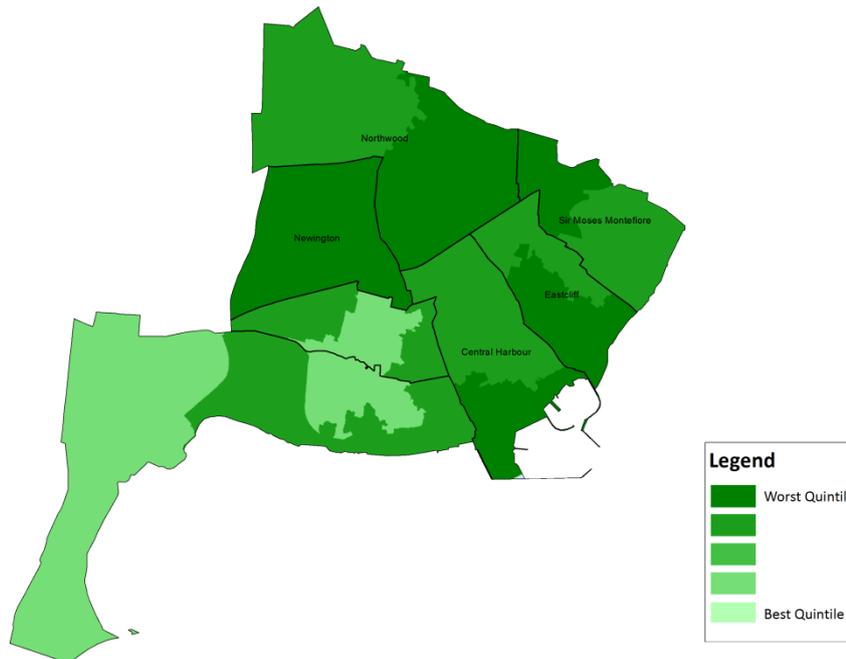


Source: Department for Communities and Local Government, prepared by: KPHO (LLY), 11/16

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

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

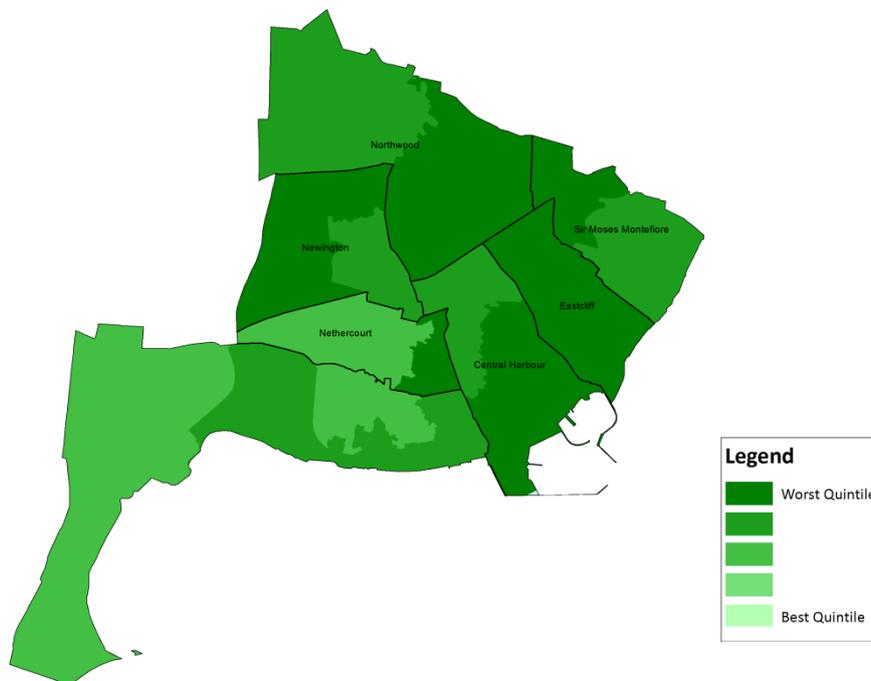
### Income Deprivation Affecting Children Index 2015: Ramsgate Locality



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

The last map in this section shows the income deprivation affecting older people index. This too has a similar profile to the overall deprivation however now all of the LSOAs in Eastcliff are in the most deprived quintile in Kent. Nethercourt ward now also has a LSOA within the most deprived quintile.

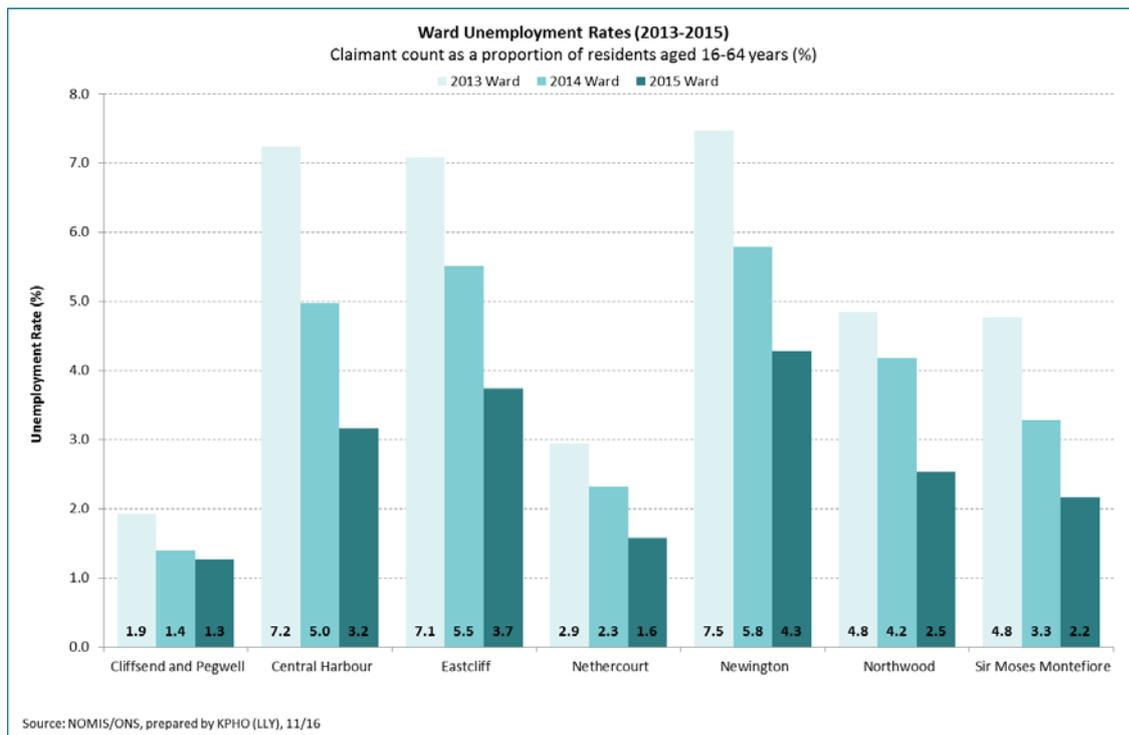
### Income Deprivation Affecting Older People Index 2015: Ramsgate Locality



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

### 3.2 Unemployment

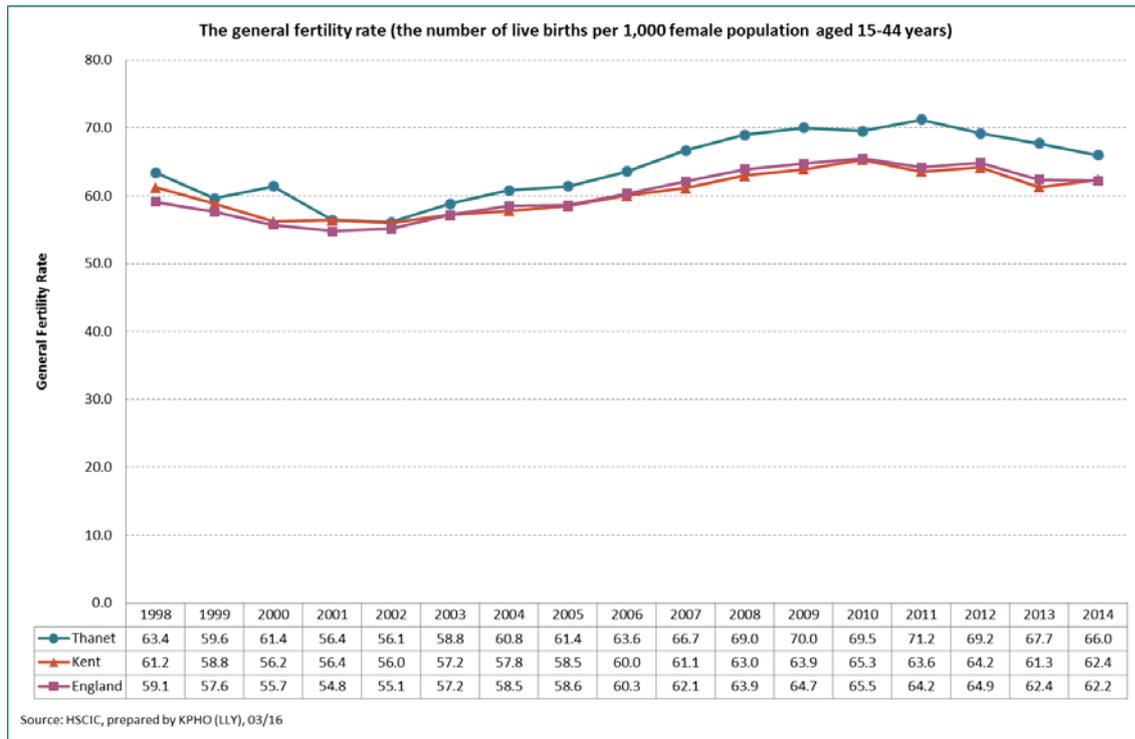
Presented at ward level within the Ramsgate locality, unemployment rates are given as a proportion (%) of residents aged 16-64 years. All wards show a decrease in unemployment rates between 2013 and 2015. The lowest recorded unemployment rate (1.3%) was in Cliffsend and Pegwell in 2015. Of the wards within the Ramsgate locality Central Harbour, Eastcliff and Newington have the highest unemployment rates.



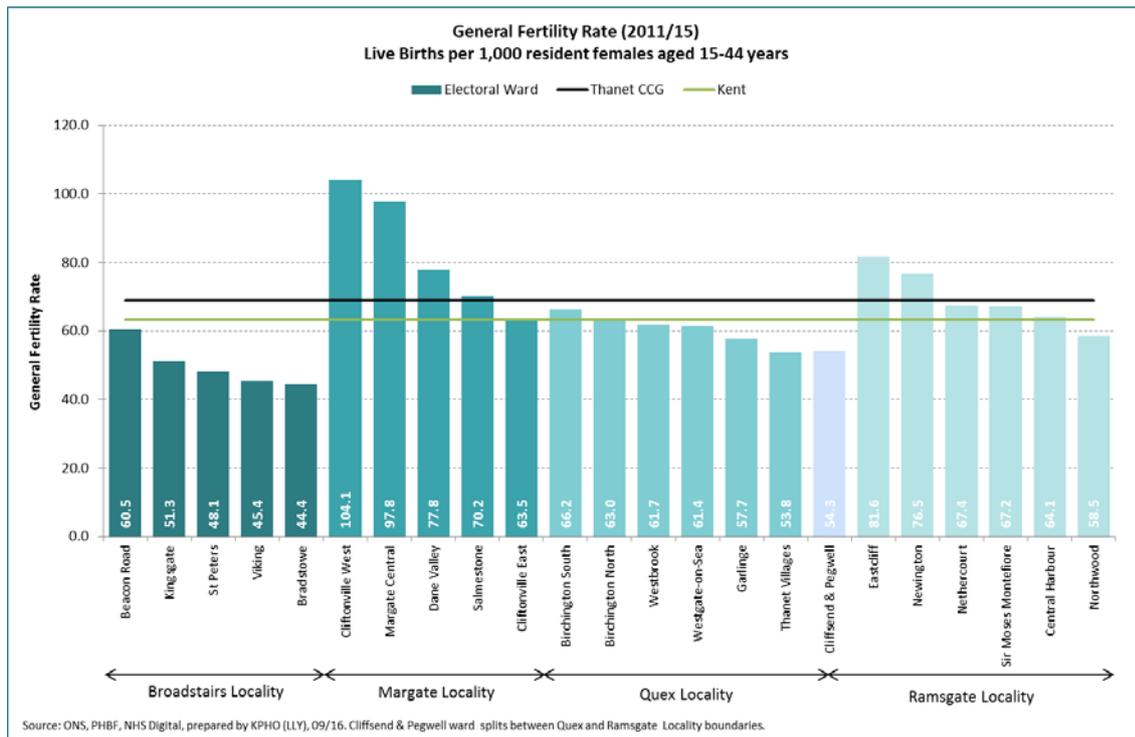
## 4. Maternity

### 4.1 General fertility rate

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



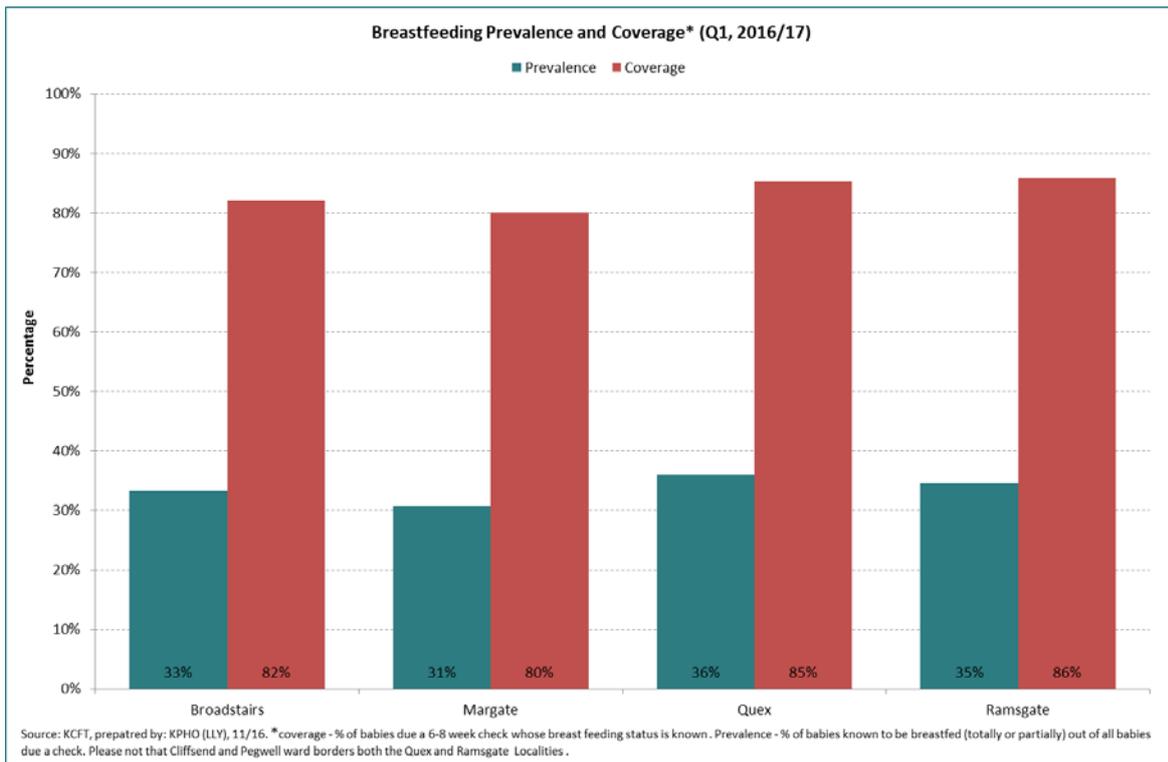
Shown at ward level, the fertility rates for the Ramsgate locality are above both the Kent and Thanet rates (of 69.0 and 63.2, per 1,000 women aged 15-44 years respectively) in Eastcliff and Newington.



## 4.2 Breastfeeding

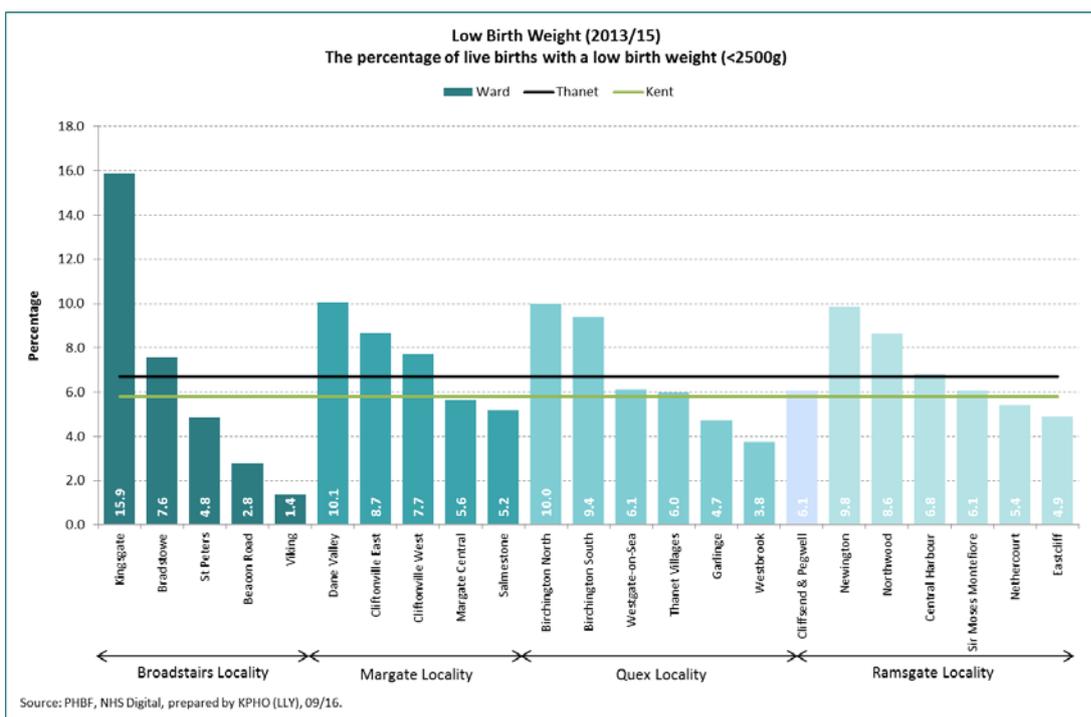
One important public health area, with regard to maternity and related child health is breast-feeding continuation. The following chart shows both the coverage of breast feeding status as well as the prevalence.

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



### 4.3 Low birth weight

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

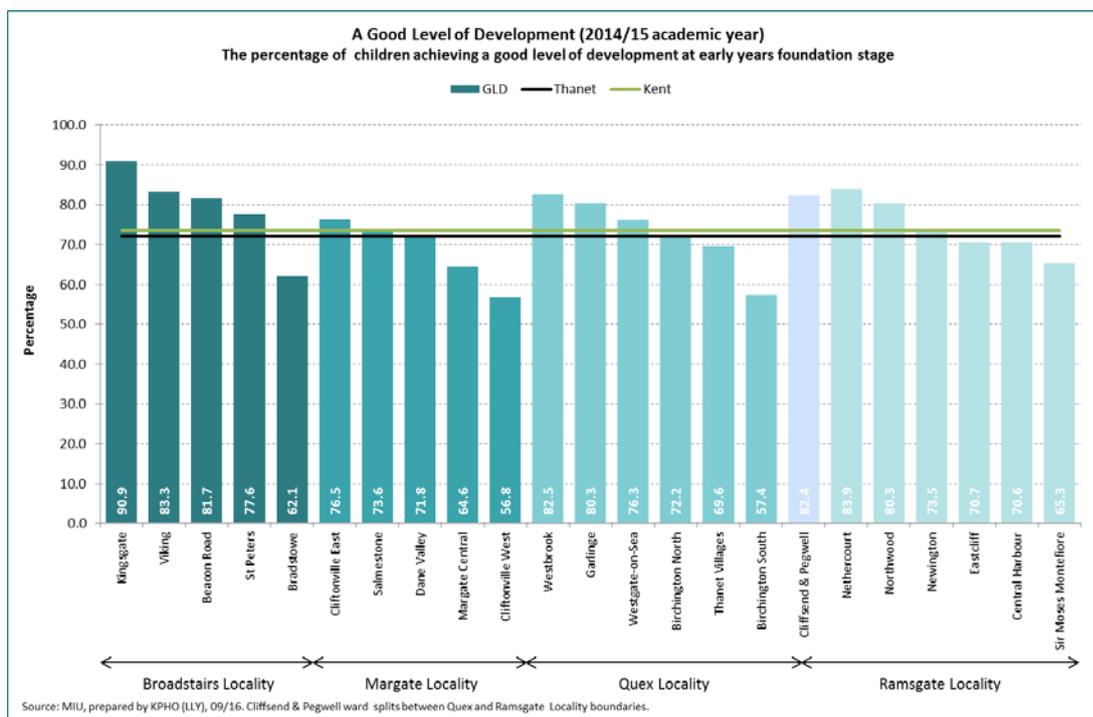


## 5. Education

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

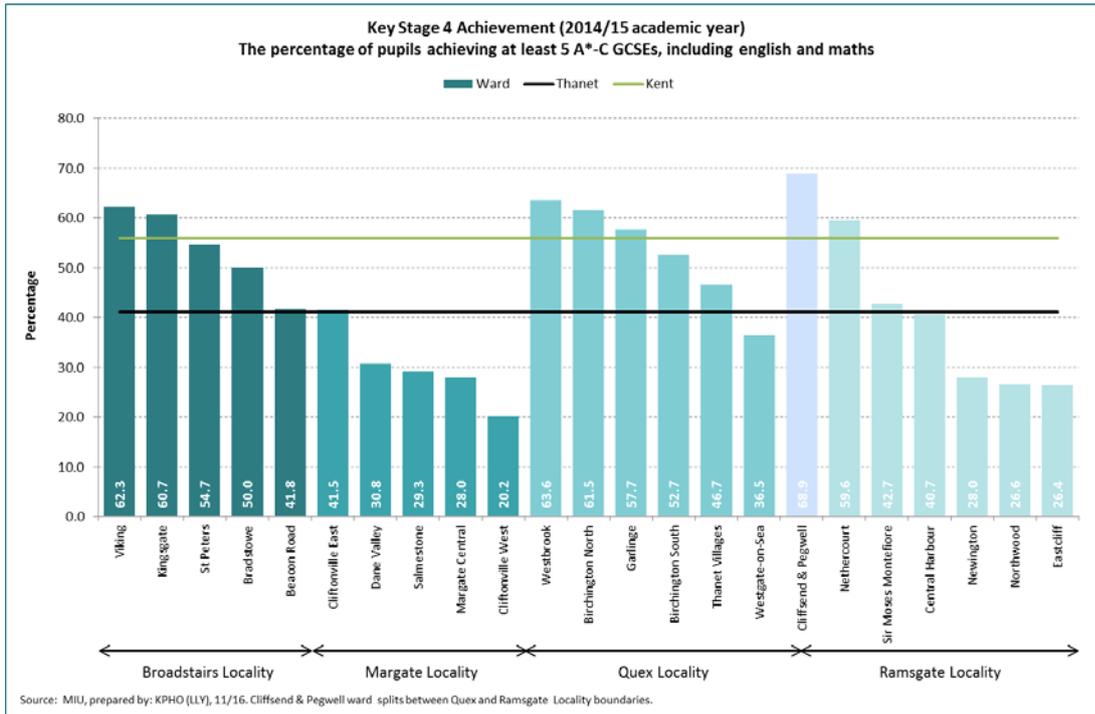
### 5.1 School Readiness

School readiness can be measured using the proportion of children who achieve a good level of development at the early years foundation stage (reception year). Attainment varies from 83.9 in Nethercourt to 65.3 in Sir Moses Montefiore.



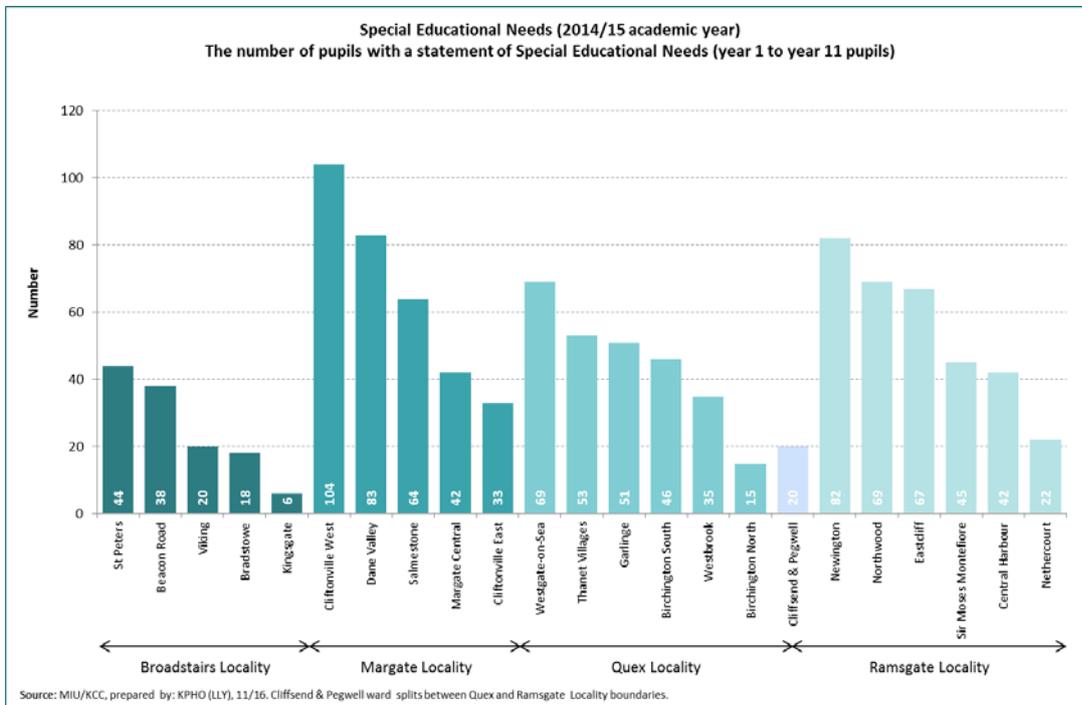
### 5.2 Key Stage 4 attainment

Attainment at Key Stage 4 is measured as the proportion of pupils who achieve A\*-C grades, including in English and Maths, and varies considerably across the Ramsgate locality. Whilst Newington, Northwood and Eastcliff all have lower attainment rates than both the Kent and Thanet averages, attainment is better than the Thanet average in Cliffsend & Pegwell and in Nethercourt.



### 5.3 Special Educational Needs

The chart below shows the numbers of pupils within each ward with a statement of special educational needs. Within the Ramsgate locality, SEN pupil numbers range from 82 pupils in Newington to 20 pupils in Cliffsend and Pegwell, and 22 pupils in Nethercourt.



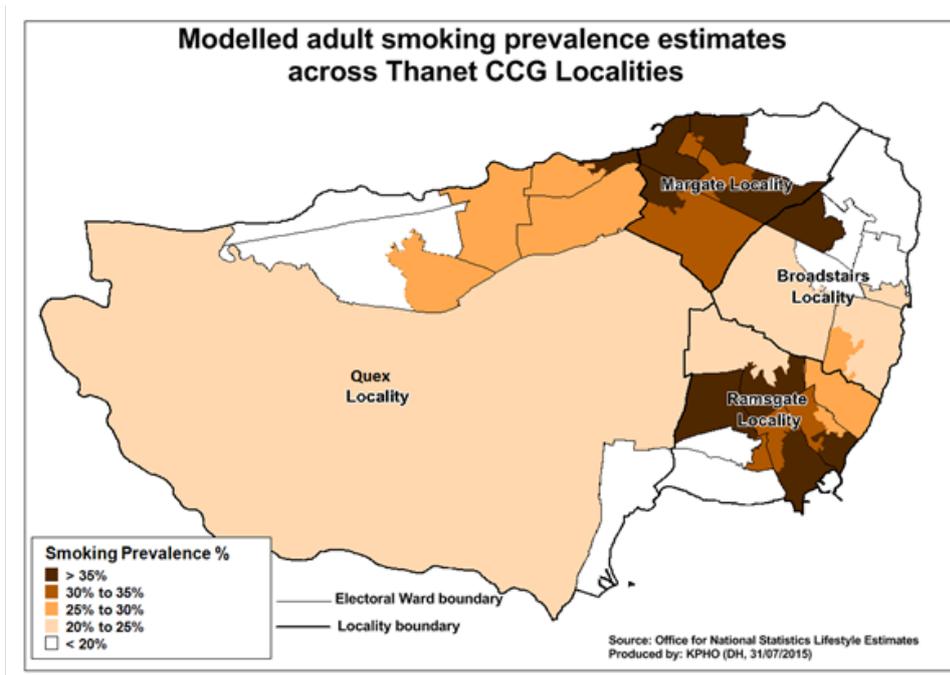
## 6. Lifestyles

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

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

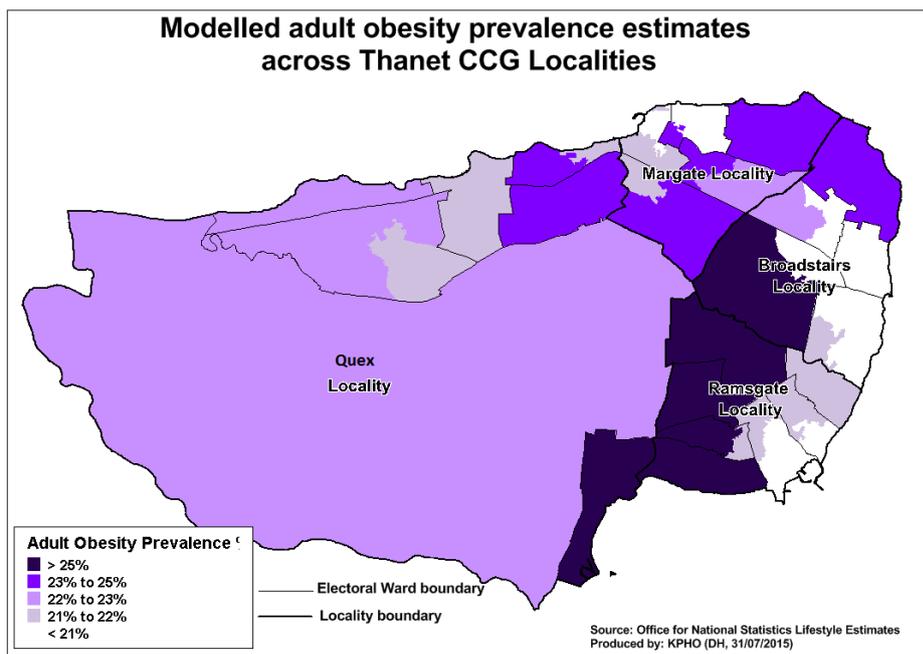
### 6.1 Modelled adult smoking prevalence

Modelled smoking prevalence is highest in parts of Eastcliff, Central Harbour, Northwood and Newington, where smoking prevalence is estimated to be over 35%. Modelled smoking prevalence in Nethercourt and Cliffsend & Pegwell however are amongst the lowest in Thanet (estimated to be lower than 20%).



### 6.2 Modelled adult obesity prevalence

Modelled adult obesity prevalence appears to be higher in the western part of the Ramsgate locality where it is estimated that more than 1 in 4 adults are obese.

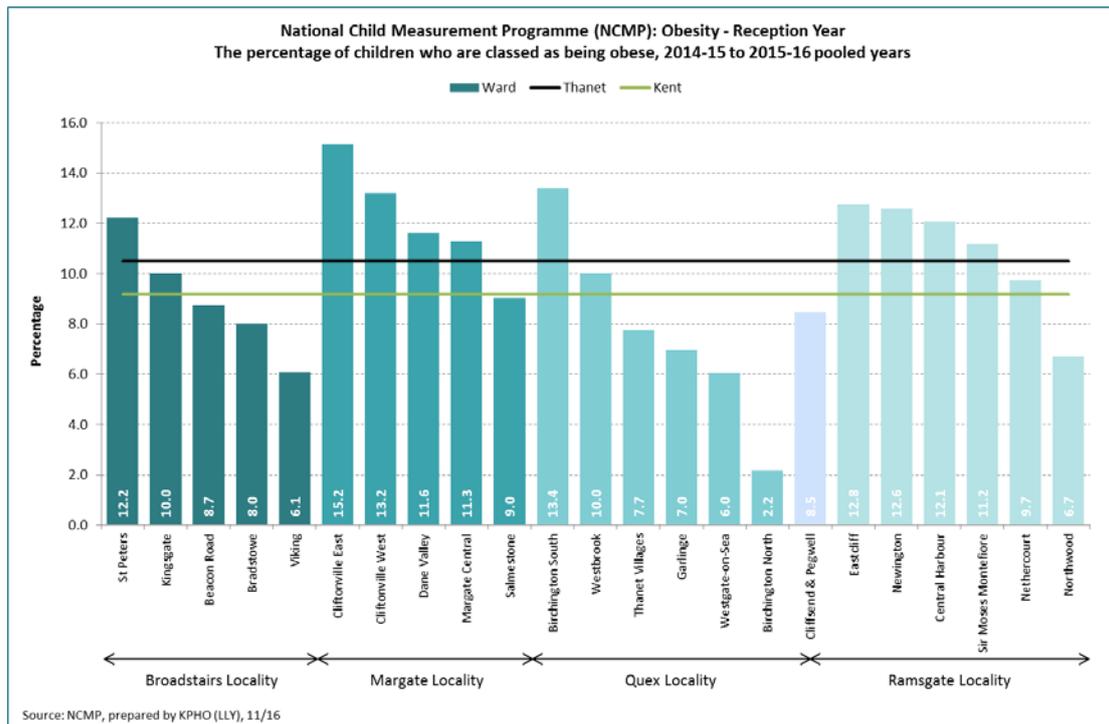


## 6.3 Childhood obesity

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

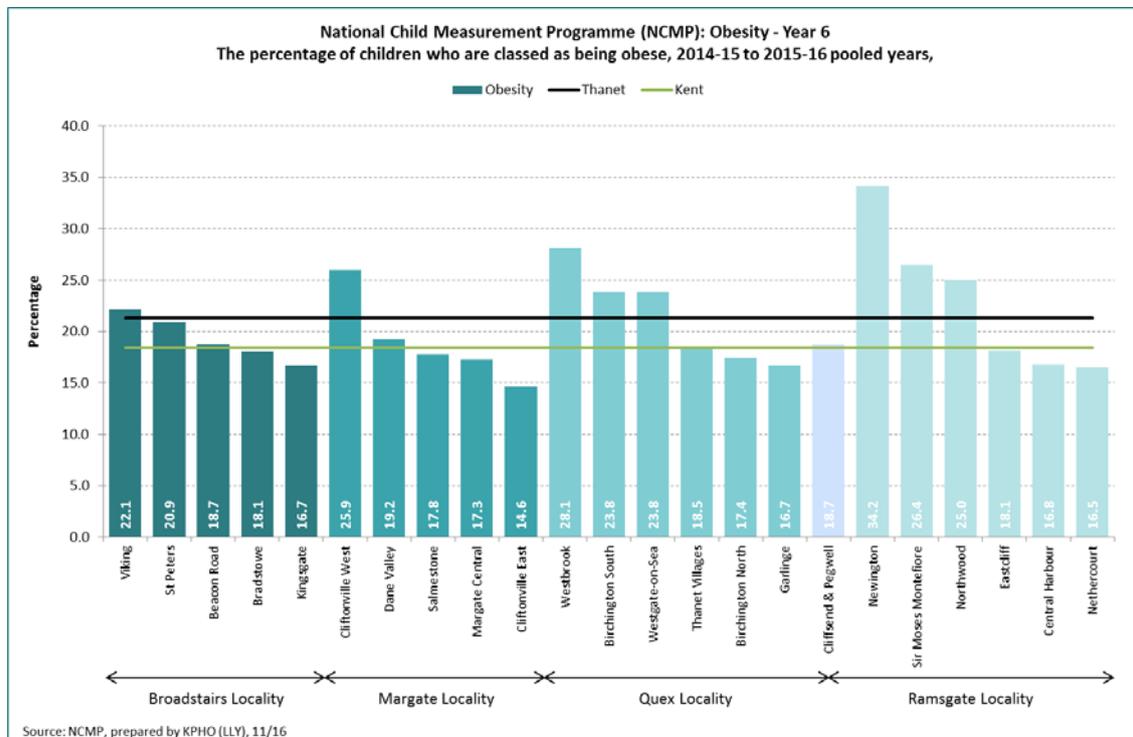
### 6.3.1 Reception year

Within the Ramsgate locality, reception year obesity rates range from 6.7% in Northwood to 12.8% in Eastcliff. There are no statistically significant differences between the wards in the Ramsgate locality, or compared within the Thanet and Kent averages.



### 6.3.2 Year 6

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



## | 7. Quality Outcomes Framework

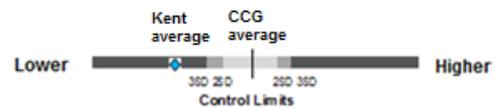
### 7.1 Recorded prevalence

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

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

#### Key:

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



## Ramsgate Locality and General Practices

Overall the key findings for the Ramsgate locality:

- Lower recorded prevalence of dementia can be observed across the locality, largely driven by practices G82150 and G82064.
- For the locality, the remainder of the long term conditions were similar to the average recorded prevalence for the CCG. However, higher recorded prevalence can be observed for practice G82046 for asthma, cancer, chronic kidney disease, chronic obstructive pulmonary disease and hypertension.
  - Of the long term conditions, hypertension represents the highest numbers across the locality. An increasing hypertension trend of 0.23% with each passing year was observed for the locality, higher than the 0.07% increase for Thanet CCG.
  - Based on past trends, total Kent and locality hypertension patient registers could be projected to grow by 382 and 20 persons respectively with each passing year.

### Ramsgate locality, Quality & Outcomes Framework: recorded prevalence

Indicator	Locality prevalence		Trend		CCG prevalence			
	Number	%	Recent	Long	Average	Low	Range	High
Asthma	2975	6.0	↔	↑	5.8	4.6		7.5
Atrial fibrillation	998	2.0	↔	↑	2.2	0.9		3.9
Cancer	1422	2.9	↔	↑	3.0	1.4		5.0
Chronic Kidney Disease	2478	6.4	↔	↑	6.3	2.2		9.7
Chronic Obstructive Pulmonary Disease	1577	3.2	↔	↑	3.1	1.7		4.8
Coronary Heart Disease	1757	3.5	↔	↔	3.7	1.8		5.7
Dementia	359	0.7	↔	↑	0.9	0.3		1.7
Diabetes	2822	7.1	↔	↑	7.5	5.5		9.0
Epilepsy	379	1.0	↔	↔	0.9	0.5		1.2
Heart Failure	379	0.8	↔	↔	0.9	0.3		1.4
Hypertension	8340	16.7	↔	↑	16.9	8.6		23.2
Learning Disabilities	293	0.6	↔	↔	0.6	0.2		1.1
Mental Health	503	1.0	↔	↑	1.1	0.6		1.6
Obesity	3906	10.0	↑	↔	10.2	5.5		14.9
Palliative Care	117	0.2	↔	↑	0.3	0.0		0.8
Stroke	951	1.9	↔	↑	2.1	1.1		3.2

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

### Practice G82046, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	460	7.4	↔	↑	5.8	4.6		7.5	
Atrial fibrillation	146	2.4	↔	↑	2.2	0.9		3.9	
Cancer	248	4.0	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	416	8.5	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	298	4.8	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	257	4.1	↔	↑	3.7	1.8		5.7	
Dementia	45	0.7	↔	↑	0.9	0.3		1.7	
Diabetes	411	8.3	↔	↑	7.5	5.5		9.0	
Epilepsy	51	1.0	↔	↑	0.9	0.5		1.2	
Heart Failure	62	1.0	↔	↔	0.9	0.3		1.4	
Hypertension	1267	20.4	↔	↑	16.9	8.6		23.2	
Learning Disabilities	44	0.7	↔	↑	0.6	0.2		1.1	
Mental Health	73	1.2	↔	↑	1.1	0.6		1.6	
Obesity	270	5.5	↓	↓	10.2	5.5		14.9	
Palliative Care	20	0.3	↔	↑	0.3	0.0		0.8	
Stroke	128	2.1	↔	↔	2.1	1.1		3.2	

### Practice G82020, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	643	5.4	↓	↔	5.8	4.6		7.5	
Atrial fibrillation	282	2.4	↔	↑	2.2	0.9		3.9	
Cancer	341	2.9	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	428	4.6	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	365	3.1	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	488	4.1	↔	↑	3.7	1.8		5.7	
Dementia	89	0.8	↔	↑	0.9	0.3		1.7	
Diabetes	677	7.1	↔	↑	7.5	5.5		9.0	
Epilepsy	108	1.2	↔	↔	0.9	0.5		1.2	
Heart Failure	109	0.9	↔	↔	0.9	0.3		1.4	
Hypertension	1966	16.5	↔	↑	16.9	8.6		23.2	
Learning Disabilities	45	0.4	↔	↔	0.6	0.2		1.1	
Mental Health	129	1.1	↔	↑	1.1	0.6		1.6	
Obesity	986	10.5	↑	↑	10.2	5.5		14.9	
Palliative Care	39	0.3	↔	↑	0.3	0.0		0.8	
Stroke	247	2.1	↔	↔	2.1	1.1		3.2	

### Practice G82064, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	476	5.4	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	151	1.7	↔	↔	2.2	0.9		3.9	
Cancer	262	3.0	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	396	5.8	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	237	2.7	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	262	3.0	↔	↓	3.7	1.8		5.7	
Dementia	41	0.5	↔	↔	0.9	0.3		1.7	
Diabetes	414	6.0	↔	↑	7.5	5.5		9.0	
Epilepsy	70	1.0	↔	↔	0.9	0.5		1.2	
Heart Failure	64	0.7	↔	↔	0.9	0.3		1.4	
Hypertension	1410	15.9	↔	↑	16.9	8.6		23.2	
Learning Disabilities	61	0.7	↔	↔	0.6	0.2		1.1	
Mental Health	101	1.1	↔	↔	1.1	0.6		1.6	
Obesity	830	12.2	↑	↔	10.2	5.5		14.9	
Palliative Care	16	0.2	↔	↔	0.3	0.0		0.8	
Stroke	156	1.8	↔	↔	2.1	1.1		3.2	

Practice G82126, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	955	6.3	↔	↓	5.8	4.6		7.5	
Atrial fibrillation	312	2.1	↔	↑	2.2	0.9		3.9	
Cancer	434	2.9	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	794	6.6	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	395	2.6	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	541	3.6	↔	↓	3.7	1.8		5.7	
Dementia	131	0.9	↔	↑	0.9	0.3		1.7	
Diabetes	854	7.0	↔	↑	7.5	5.5		9.0	
Epilepsy	100	0.8	↔	↔	0.9	0.5		1.2	
Heart Failure	85	0.6	↔	↔	0.9	0.3		1.4	
Hypertension	2451	16.3	↔	↔	16.9	8.6		23.2	
Learning Disabilities	124	0.8	↔	↔	0.6	0.2		1.1	
Mental Health	140	0.9	↔	↑	1.1	0.6		1.6	
Obesity	1171	9.7	↑	↔	10.2	5.5		14.9	
Palliative Care	29	0.2	↔	↑	0.3	0.0		0.8	
Stroke	315	2.1	↔	↔	2.1	1.1		3.2	

Practice G82150, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	441	5.7	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	107	1.4	↔	↑	2.2	0.9		3.9	
Cancer	137	1.8	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	444	7.5	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	282	3.6	↔	↑	3.1	1.7		4.8	
Coronary Heart Disease	209	2.7	↔	↓	3.7	1.8		5.7	
Dementia	53	0.7	↔	↑	0.9	0.3		1.7	
Diabetes	466	7.7	↔	↑	7.5	5.5		9.0	
Epilepsy	50	0.8	↔	↔	0.9	0.5		1.2	
Heart Failure	59	0.8	↔	↔	0.9	0.3		1.4	
Hypertension	1246	16.0	↔	↑	16.9	8.6		23.2	
Learning Disabilities	19	0.2	↔	↓	0.6	0.2		1.1	
Mental Health	60	0.8	↔	↔	1.1	0.6		1.6	
Obesity	649	10.9	↔	↔	10.2	5.5		14.9	
Palliative Care	13	0.2	↔	↔	0.3	0.0		0.8	
Stroke	105	1.4	↔	↑	2.1	1.1		3.2	

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

## 7.1 Clinical achievement

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

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



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

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

## Ramsgate Locality and General Practices

Overall the key findings for the Ramsgate locality:

- Generally average achievement for the majority of clinical indicators, as well as, slightly lower clinical achievement for blood pressure management in hypertension.
- The majority of practices similarly showed average clinical achievement for the majority of clinical indicators except for the following; practice G82046 long term diabetes control, practice G82020 and G82064 blood pressure control in hypertension, as well as, practice G82126 measures of variability or reversibility in asthma.

### Ramsgate locality, Quality & Outcomes Framework: clinical achievement

Indicator	Locality achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	629	87.6	↔	4.9	87.4	76.5		96.0
Review, asthma	1936	72.2	↔	9.8	72.6	42.3		97.7
Review, cancer	177	92.7	↔	17.7	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	1561	92.8	↔	4.2	92.0	77.0		97.0
Record of FEV1, COPD	1184	85.2	↔	11.9	84.4	59.1		95.2
Review, dementia	280	82.6	↔	5.6	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	1683	70.4	↔	15.3	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	6407	79.9	↔	3.9	80.9	65.6		93.4

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

### Practice G82046, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	117	83.6	↔	6.0	87.4	76.5		96.0
Review, asthma	285	73.6	↔	15.9	72.6	42.3		97.7
Review, cancer	32	91.4	↔	27.1	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	229	93.9	↔	5.1	92.0	77.0		97.0
Record of FEV1, COPD	233	85.0	↓	8.1	84.4	59.1		95.2
Review, dementia	36	81.8	↔	2.2	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	243	63.3	↔	6.6	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	986	80.0	↔	2.8	80.9	65.6		93.4

### Practice G82020, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	149	94.9	↑	9.2	87.4	76.5		96.0
Review, asthma	361	72.1	↔	22.1	72.6	42.3		97.7
Review, cancer	42	91.3	↔	16.4	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	427	92.8	↑	5.7	92.0	77.0		97.0
Record of FEV1, COPD	230	83.0	↑	24.1	84.4	59.1		95.2
Review, dementia	66	77.7	↔	4.5	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	421	70.5	↔	11.8	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1428	76.6	↔	5.1	80.9	65.6		93.4

### Practice G82064, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	97	86.6	↔	3.4	87.4	76.5		96.0
Review, asthma	303	72.7	↔	12.4	72.6	42.3		97.7
Review, cancer	24	88.9	↔	25.0	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	240	93.4	↔	1.9	92.0	77.0		97.0
Record of FEV1, COPD	194	91.9	↑	11.0	84.4	59.1		95.2
Review, dementia	27	75.0	↔	12.2	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	245	67.7	↑	12.6	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1040	75.4	↔	2.2	80.9	65.6		93.4

### Practice G82126, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	119	80.4	↔	2.6	87.4	76.5		96.0
Review, asthma	668	70.4	↔	0.6	72.6	42.3		97.7
Review, cancer	57	93.4	↔	7.6	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	475	91.2	↔	3.7	92.0	77.0		97.0
Record of FEV1, COPD	324	85.0	↔	3.5	84.4	59.1		95.2
Review, dementia	100	82.0	↔	6.9	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	530	73.1	↔	15.1	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1920	82.4	↔	4.9	80.9	65.6		93.4

### Practice G82150, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	147	91.3	↔	2.4	87.4	76.5		96.0
Review, asthma	319	74.5	↔	2.9	72.6	42.3		97.7
Review, cancer	22	100.0	↔	18.5	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	190	94.5	↔	3.8	92.0	77.0		97.0
Record of FEV1, COPD	203	82.2	↔	12.4	84.4	59.1		95.2
Review, dementia	51	98.1	↔	1.9	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	244	75.5	↔	30.7	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1033	85.5	↔	3.0	80.9	65.6		93.4

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

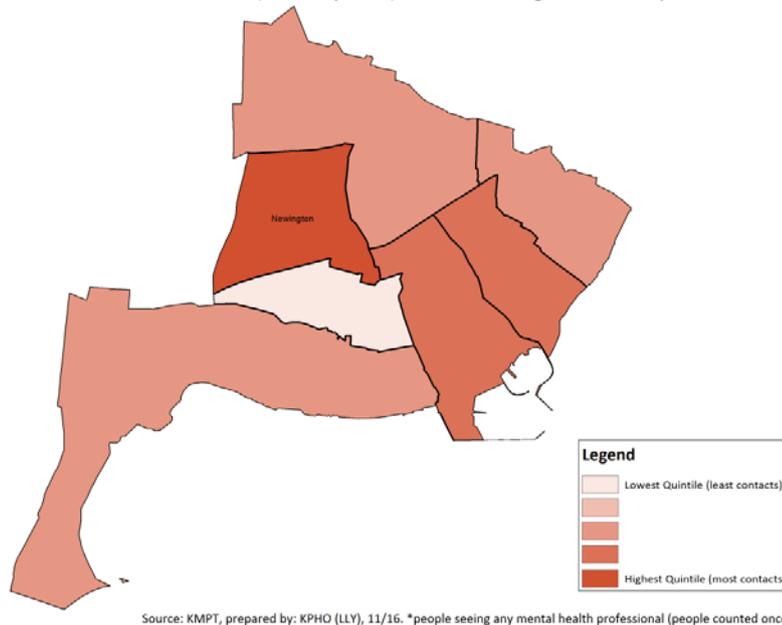
## | 8. Mental Health

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

### 8.1 Contact rates (16-64 years)

Mental health contact rates amongst those aged 16-64 are high in Newington.

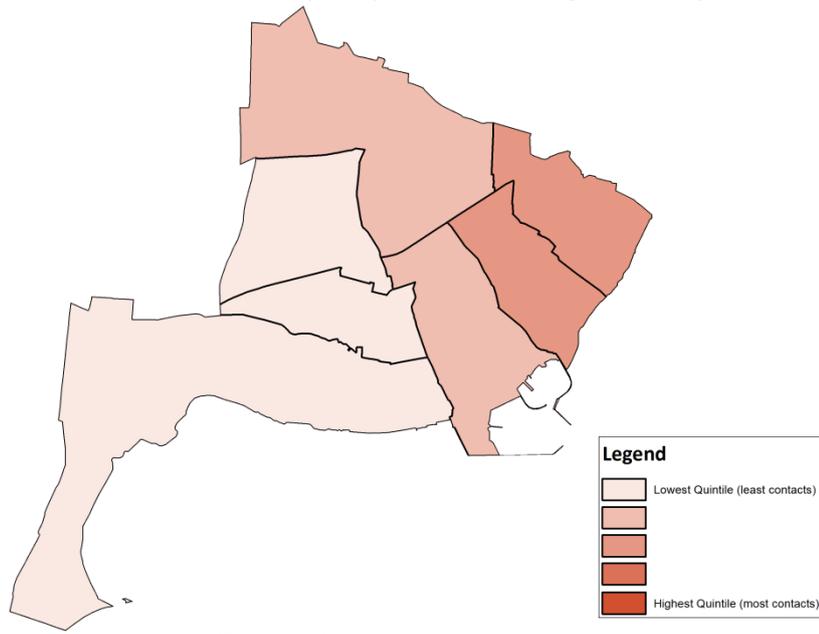
Mental Health Contact Rates (16-64 years) 2015: Ramsgate Locality



### 8.2 Contact rates (65+)

Mental health contact rates amongst those aged 65 years and over are low across the Ramsgate locality.

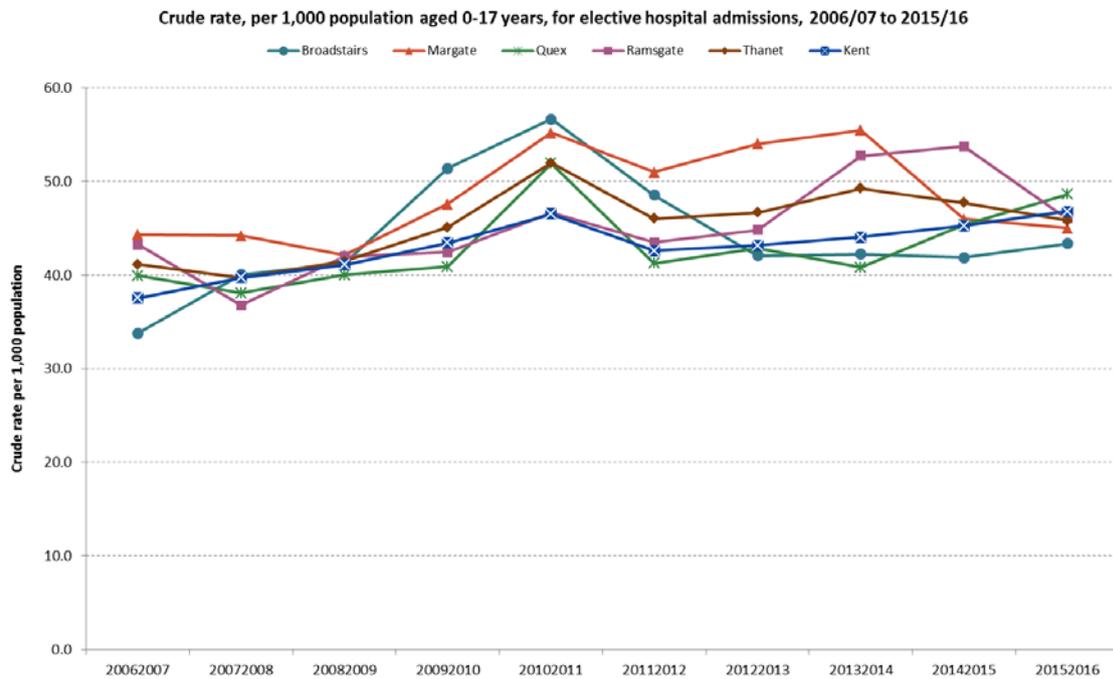
## Mental Health Contact Rates (65 years plus) 2015: Ramsgate Locality



Source: KMPT, prepared by: KPHO (LLY), 11/16. \*people seeing any mental health professional (people counted once)

## 9. Hospital Admissions

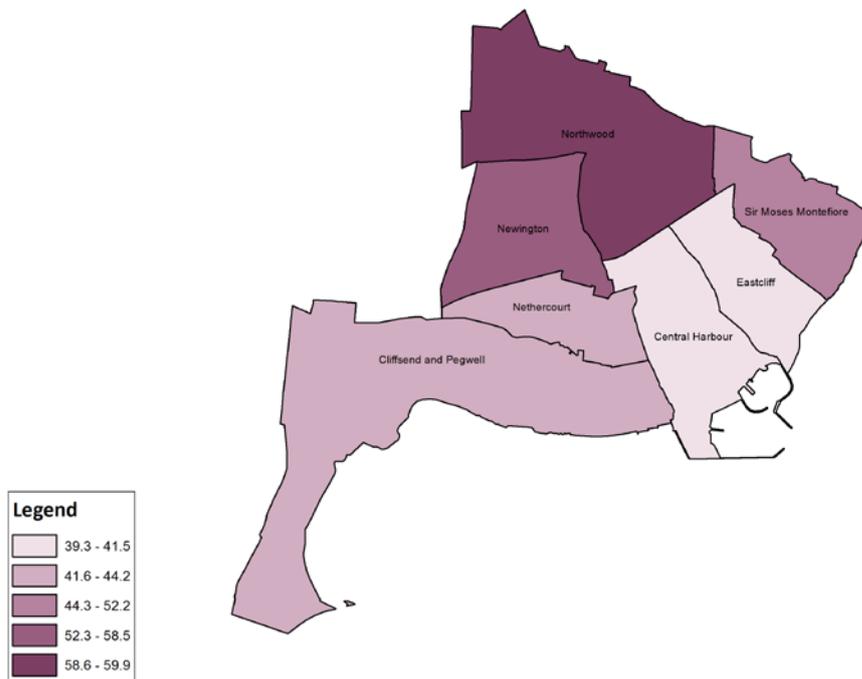
### 9.1.1 Under 18



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

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

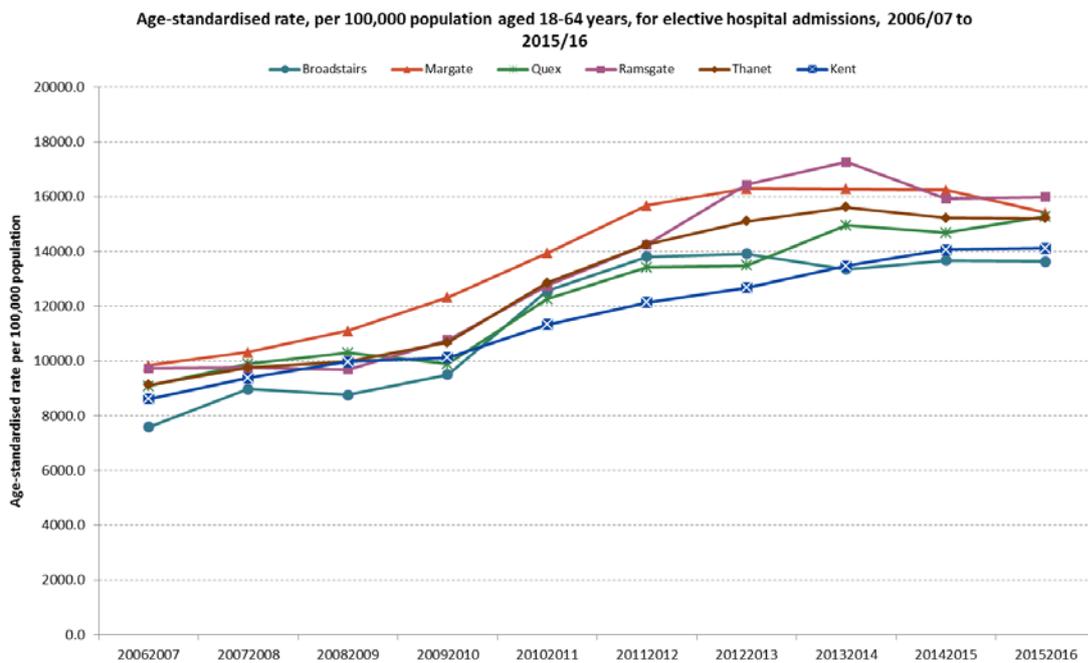
Crude rate per 10,000 population for elective hospital admissions for those aged under 18 years, 2011/12-2015/16



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

Northwood has the highest rate of elective hospital admissions for those aged under 18 years (ranging from 58.6 to 59.9 per 10,000 population).

### 9.1.2 Ages 18 to 64

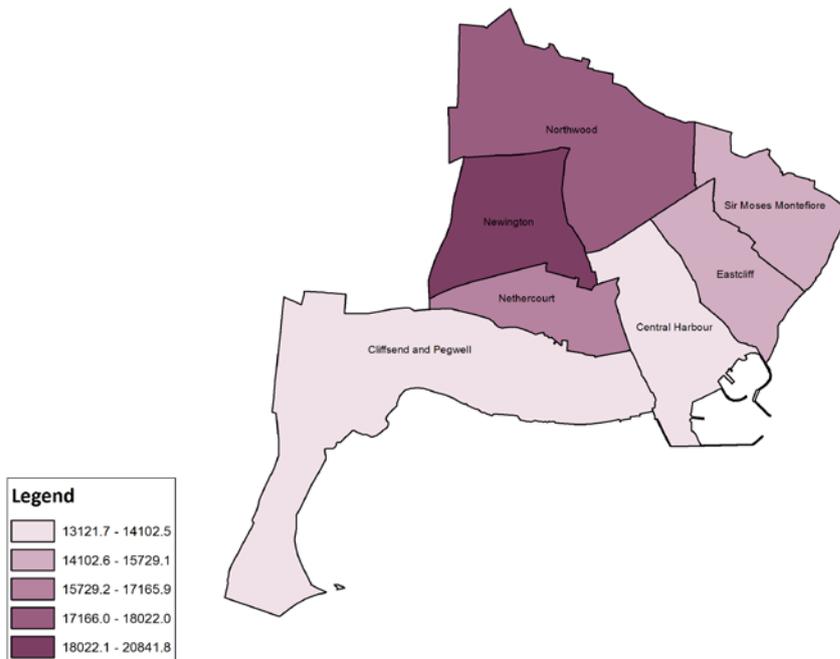


Source: SUS/ONS, prepared by KPHO (RK), 03/17

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

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

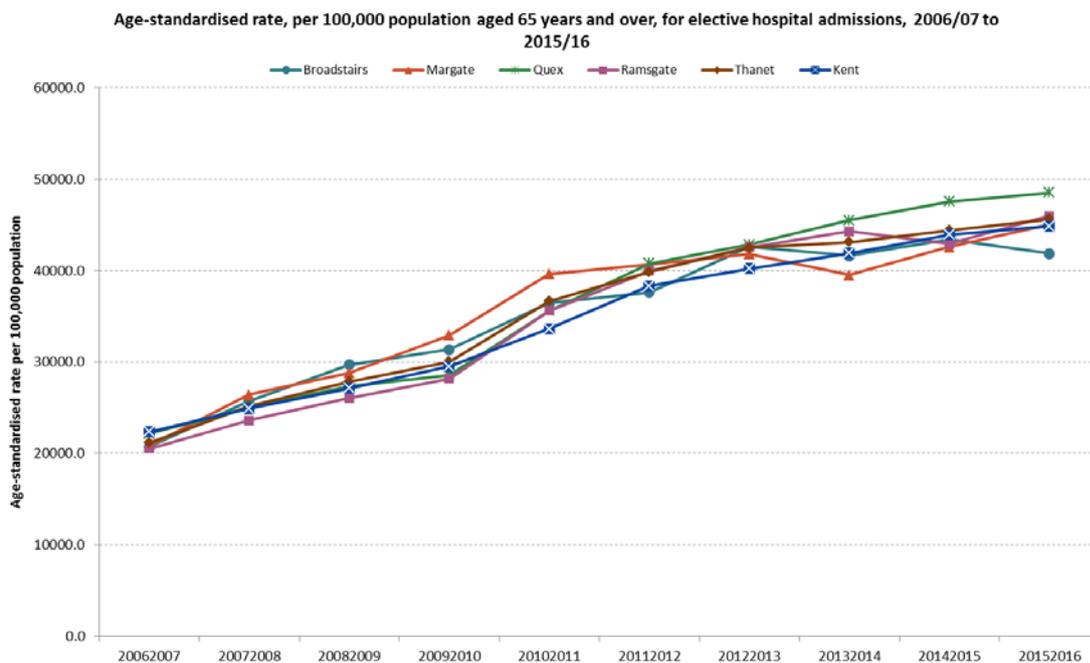
Age standardised rate per 100,000 population for elective hospital admissions for those aged 18-64 years, 2011/12-2015/16



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

Newington falls within the top quintile for the highest rate of elective admissions amongst those aged 18-64 years.

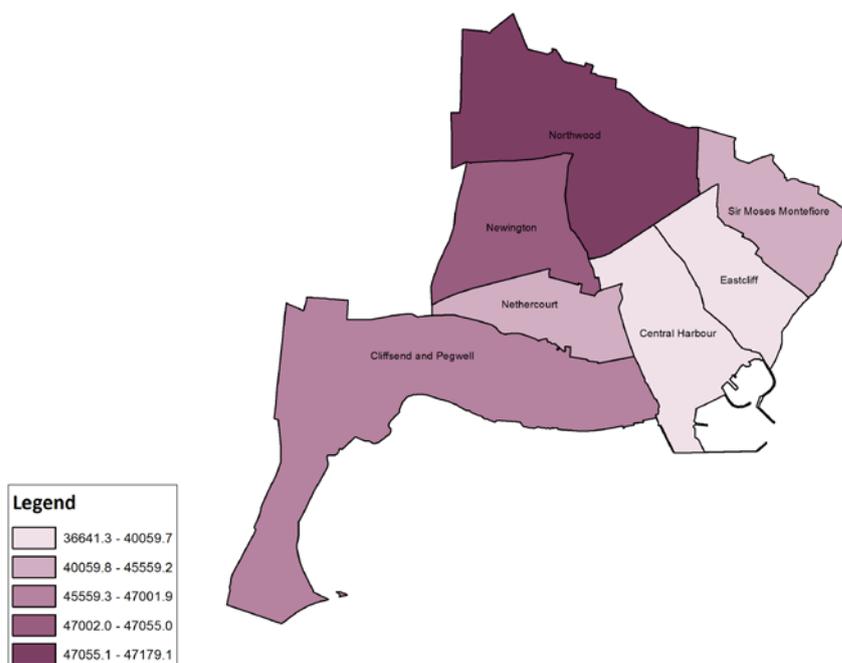
### 9.1.3 Age 65 and above



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

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

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

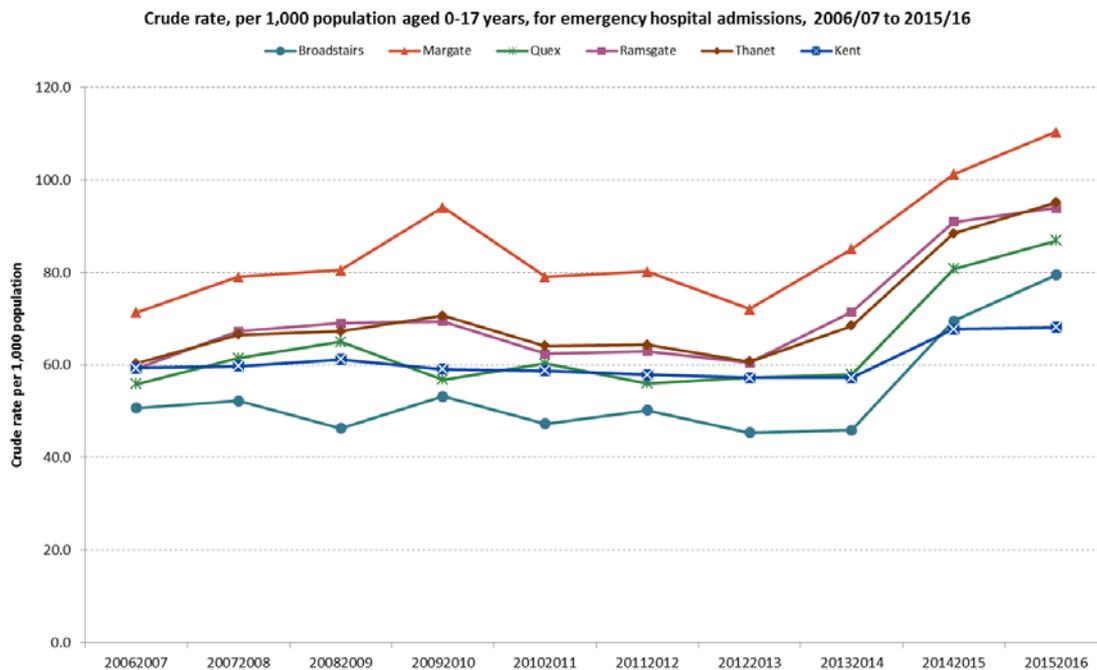


Source: SUS, prepared by: KPHO (LLY), 03/17

Similar to elective admissions under 18 years, Northwood has the highest rate of elective admissions in the 65 years and over population also.

## 9.2 Emergency admissions

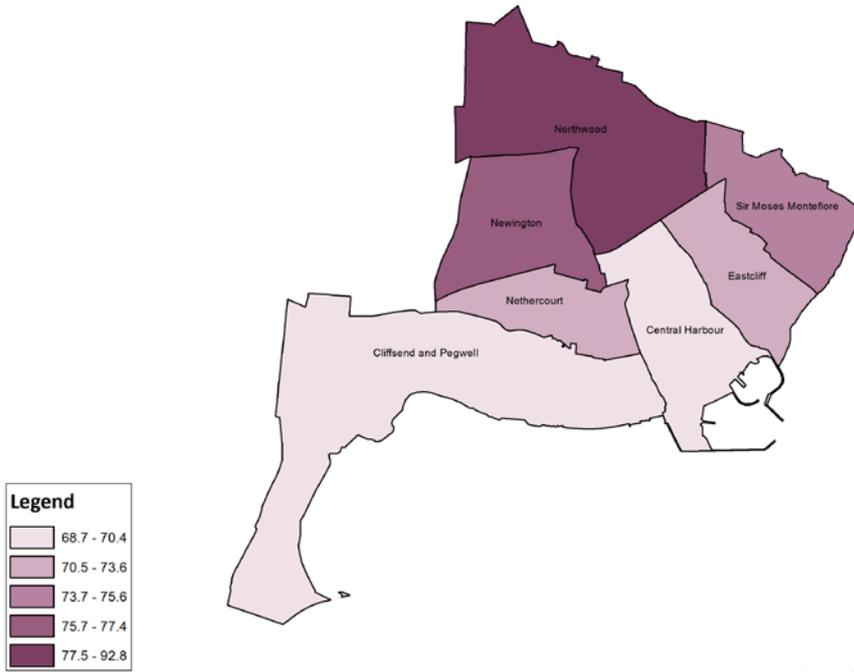
### 9.2.1 Under 18



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

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

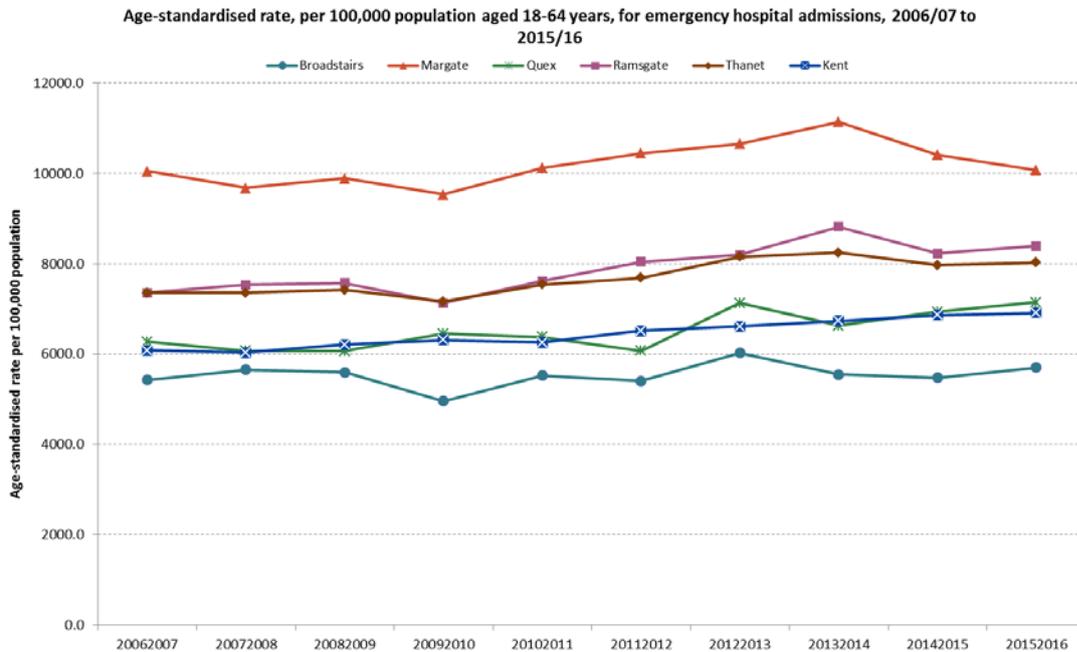
Crude rate per 10,000 population for emergency hospital admissions for those aged under 18 years, 2011/12-2015/16



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

Again, Northwood has the highest rate of emergency admissions for those aged under 18 years.

### 9.2.2 Ages 18 to 64

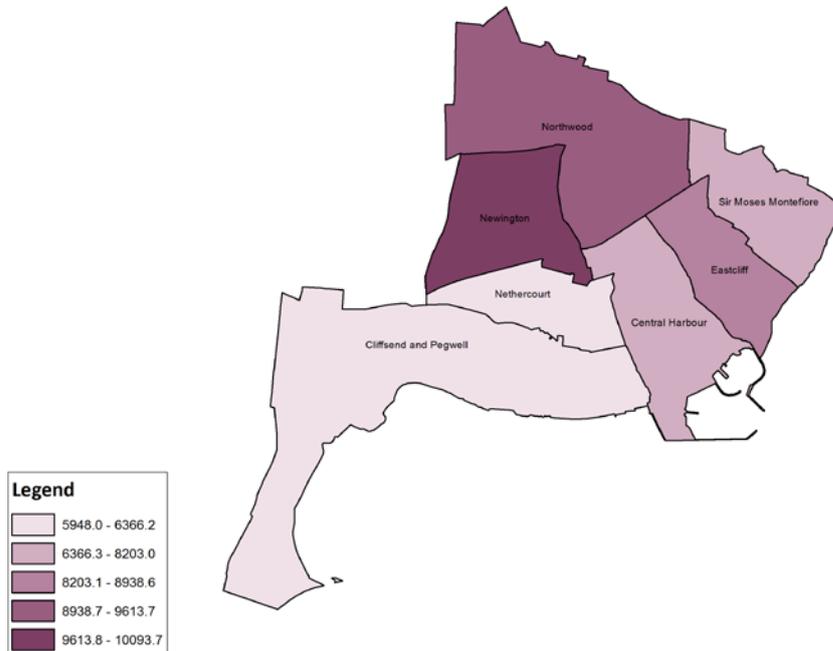


Source: SUS/ONS, prepared by KPHO (RK), 03/17

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

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

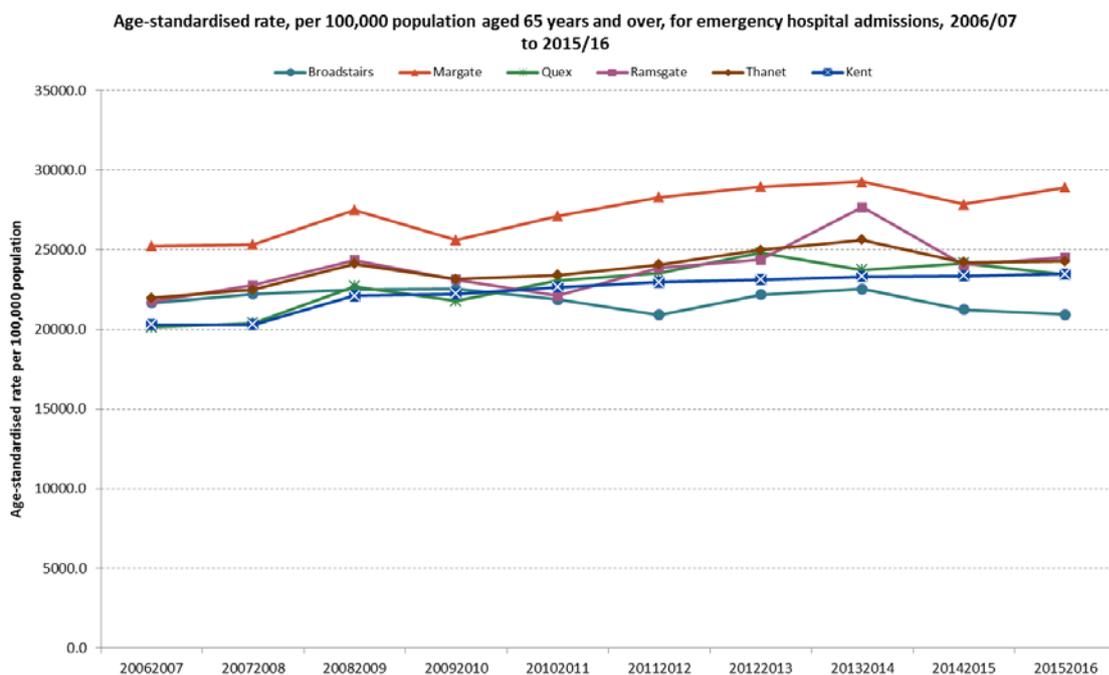
Age standardised rate per 100,000 population for emergency hospital admissions for those aged 18-64 years, 2011/12-2015/16



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

Newington has the highest admission rate elective admissions for those aged between 18-64 years (9,613.8 to 10,093.7 per 100,000 population).

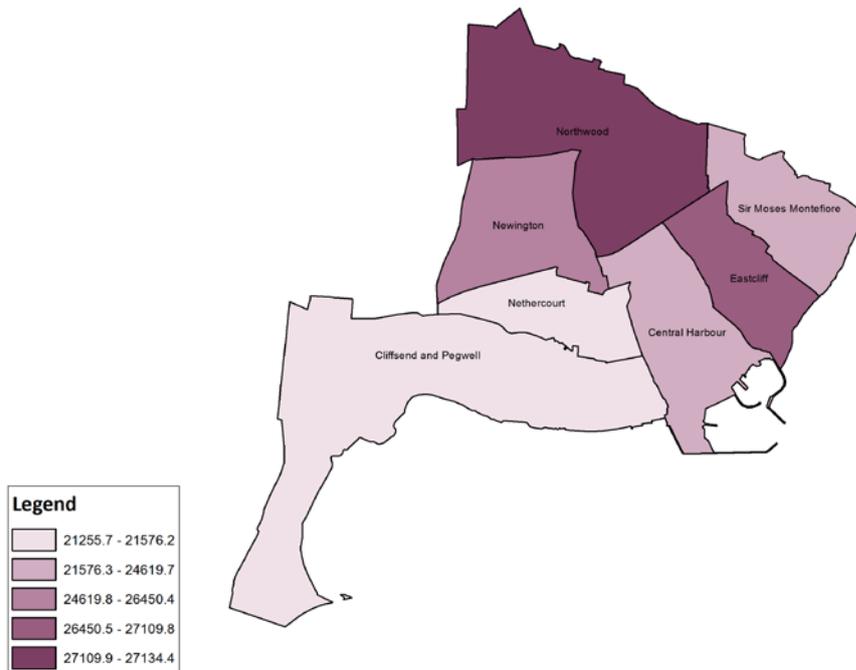
### 9.2.3 Ages 65 and above



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

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

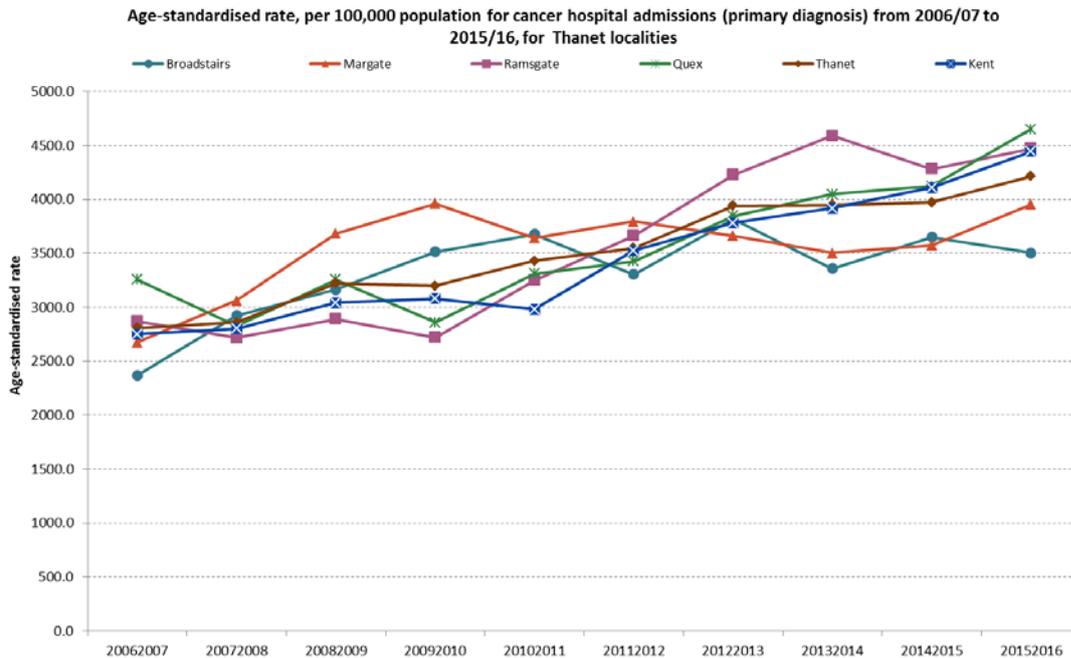
Age standardised rate per 100,000 population for emergency hospital admissions for those aged 65 years and over, 2011/12-2015/16



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

Again, Northwood falls within the top quintile for emergency admissions in those aged 65 years and over.

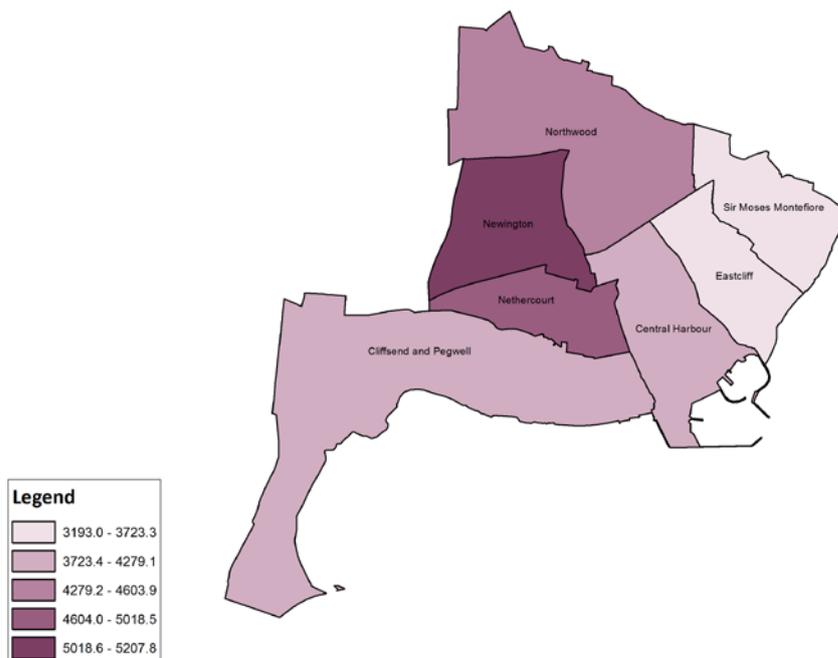
### 9.3 Cancer



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

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

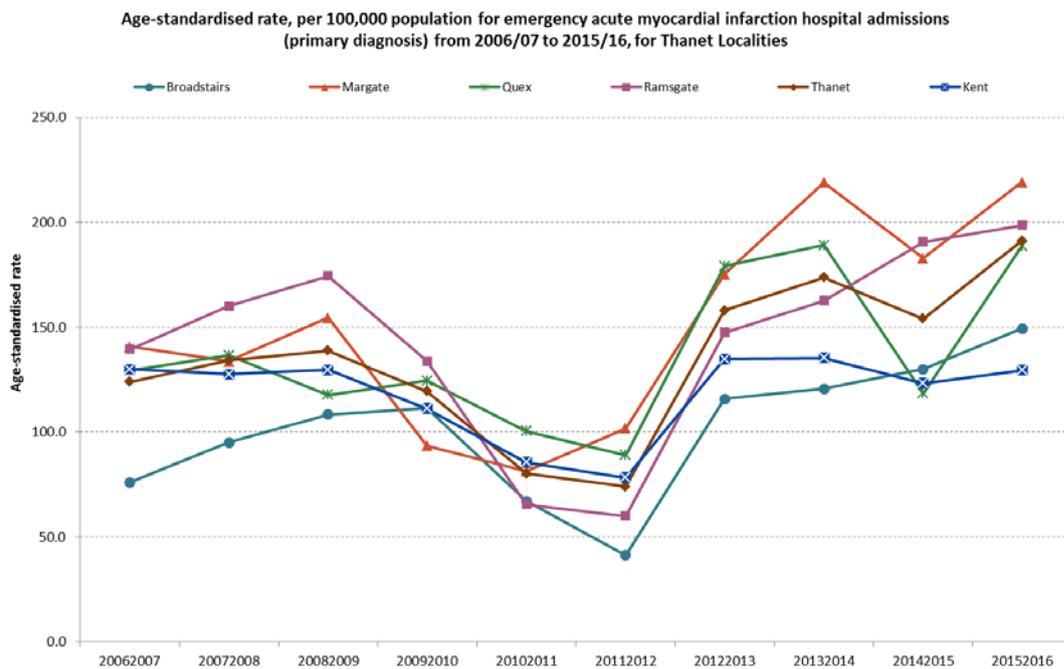
Age standardised rate per 100,000 population for cancer (primary diagnosis) hospital admissions, 2011/12-2015/16



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

Hospital admissions due to cancer are highest in Newington.

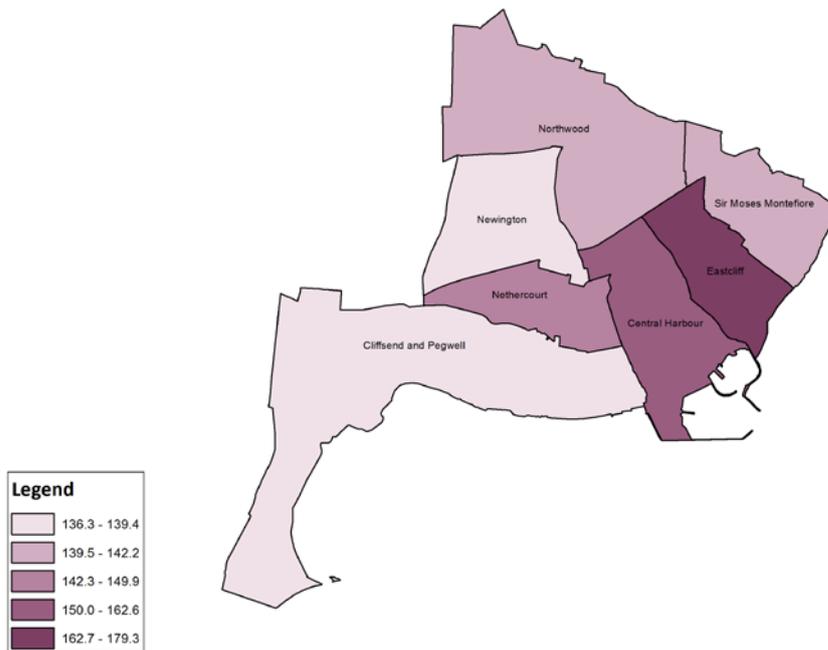
## 9.4 Acute myocardial infarction



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

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

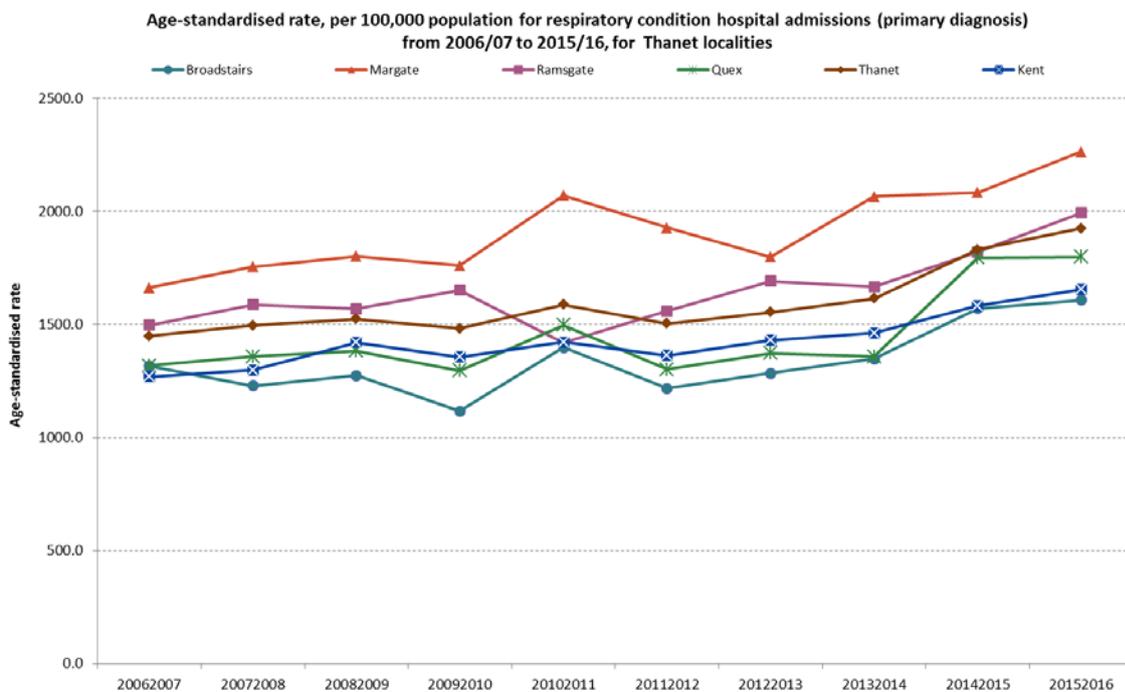
Age standardised rate per 100,000 population for acute myocardial infarction hospital admissions, 2011/12-2015/16



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

Eastcliff has the highest rate of admissions due to acute myocardial infarction (between 162.7 to 179.3 per 100,000 population).

## 9.5 Respiratory disease

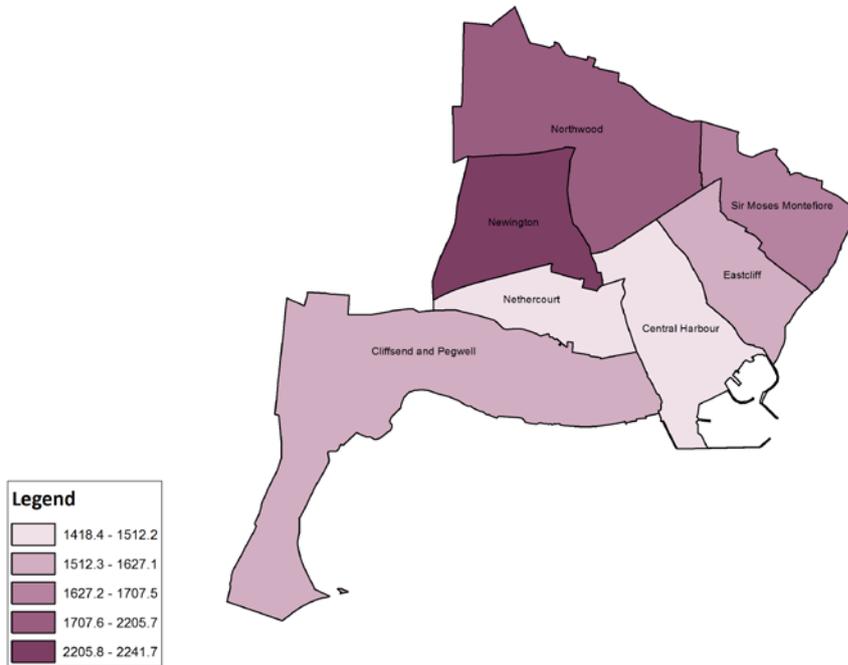


Source: SUS, ONS, prepared by KPHO (RK), 03/17

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

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

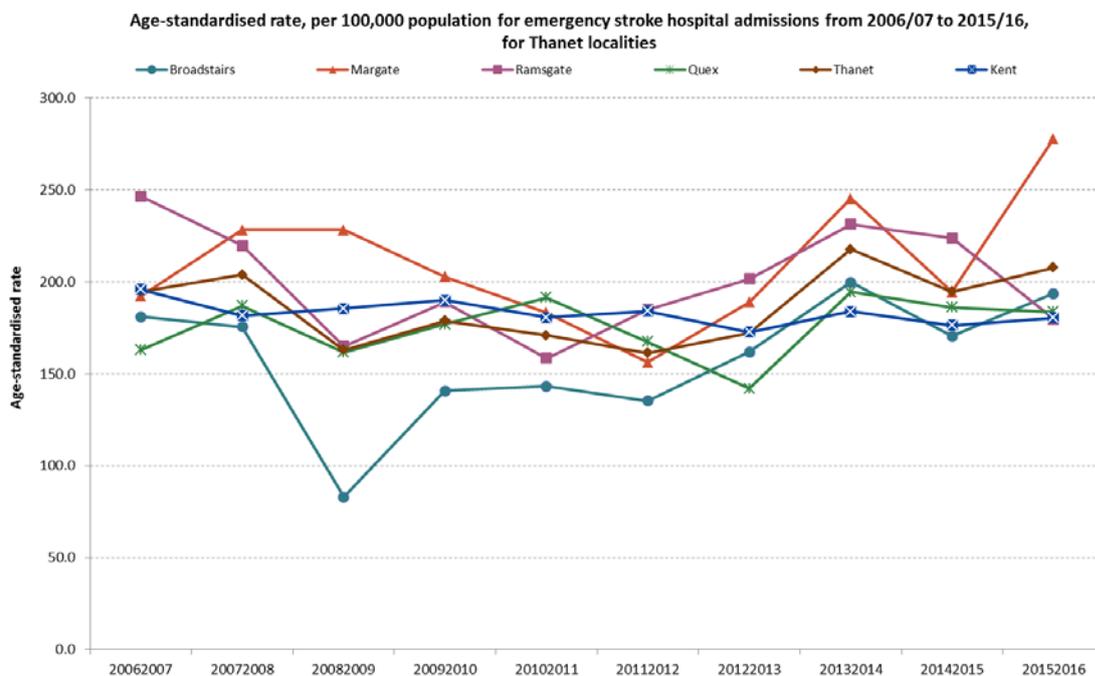
Age standardised rate per 100,000 population for respiratory hospital admissions, 2011/12-2015/16



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

Hospital admissions are highest in Newington for respiratory conditions.

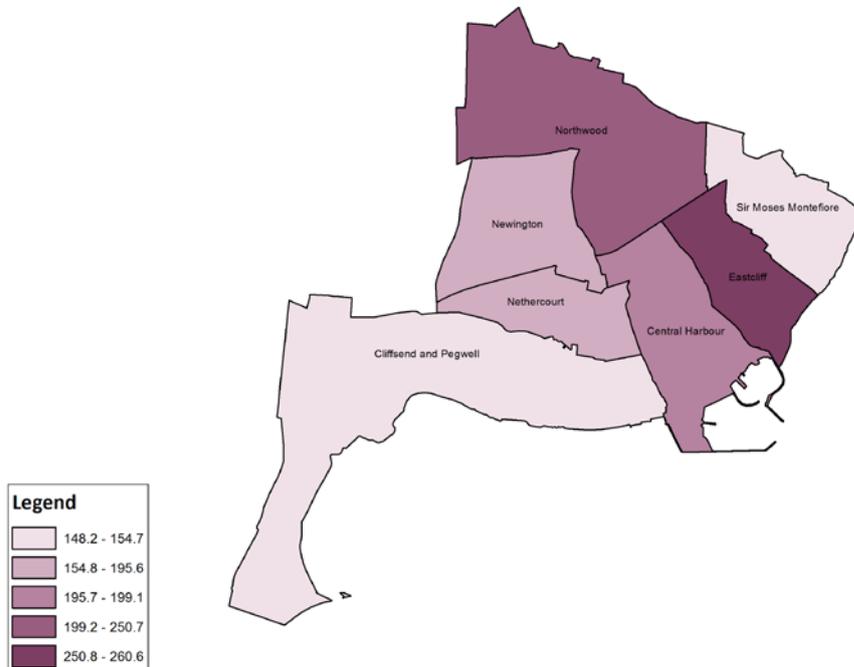
## 9.6 Stroke



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

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

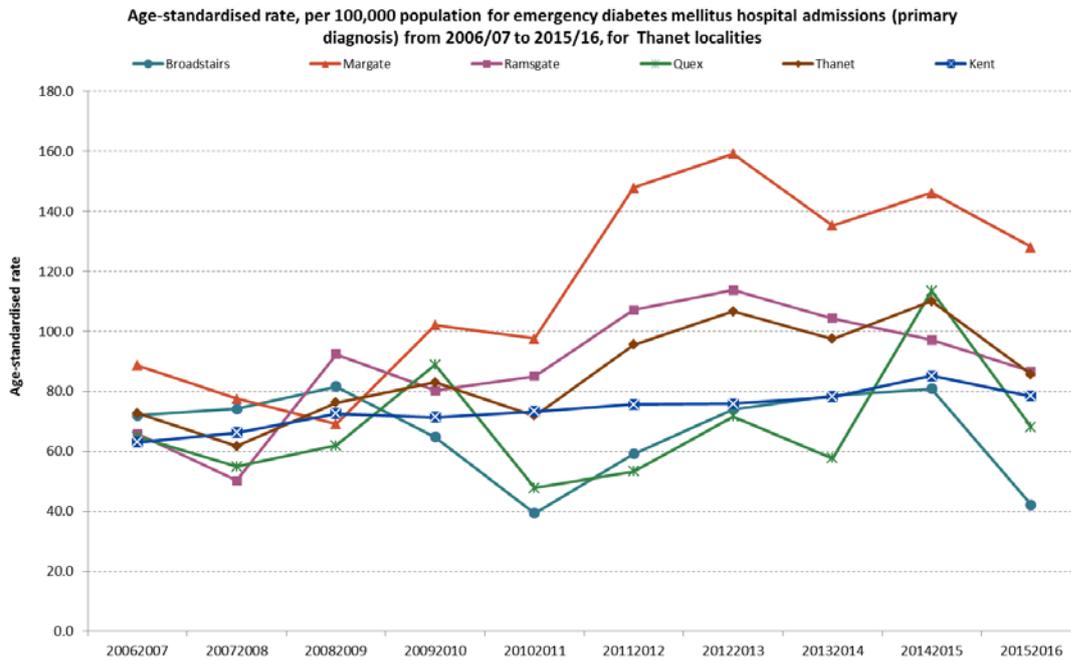
Age standardised rate per 100,000 population for stroke hospital admissions, 2011/12-2015/16



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

Eastcliff has the highest rate of hospital admissions due to stroke (250.8 to 260.6 per 100,000 population).

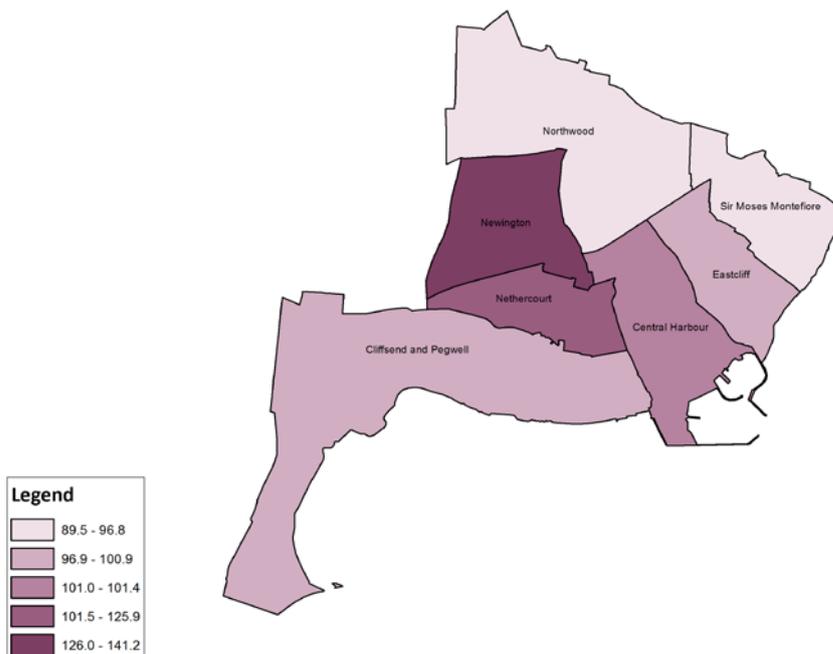
## 9.7 Diabetes



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

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

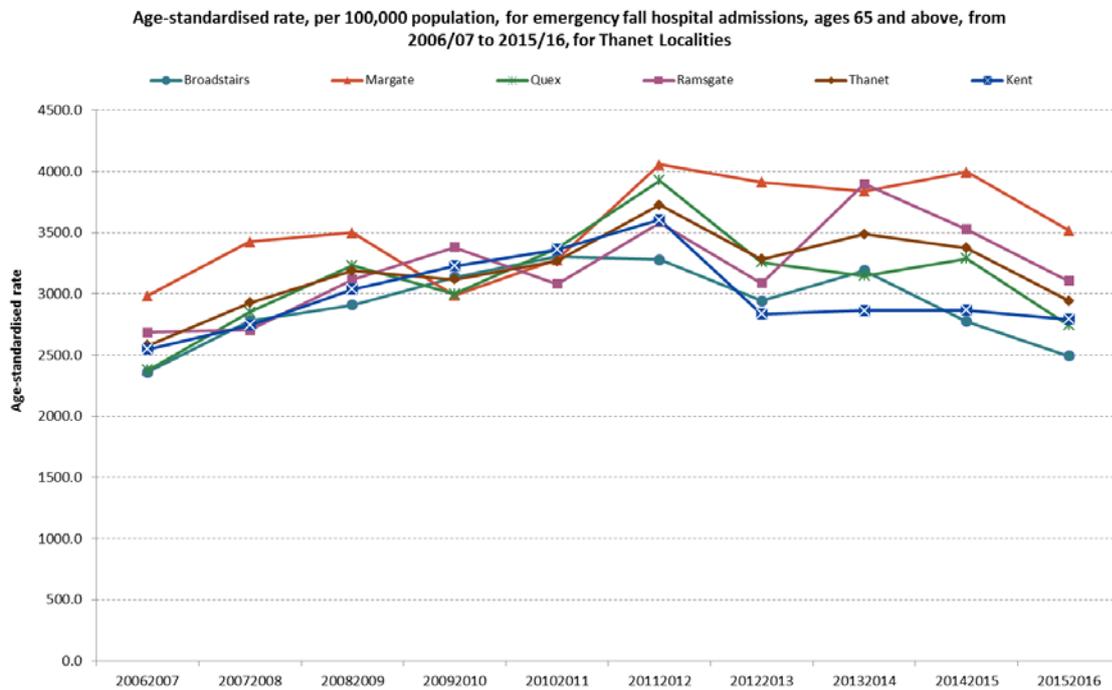
Age standardised rate per 100,000 population for diabetes (primary diagnosis) hospital admissions, 2011/12-2015/16



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

Newington also has the highest rate of hospital admissions for diabetes.

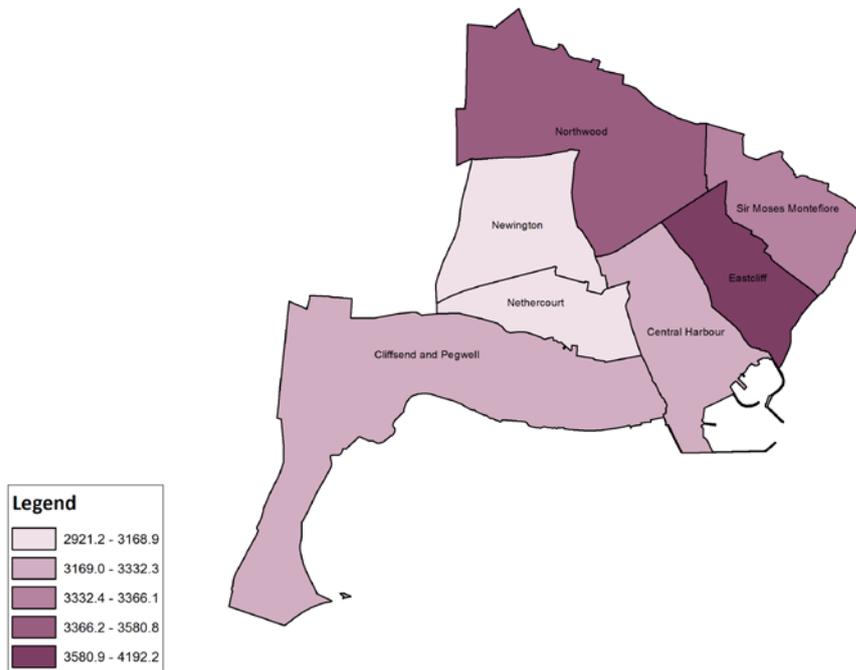
## 9.8 Falls (over 65)



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

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

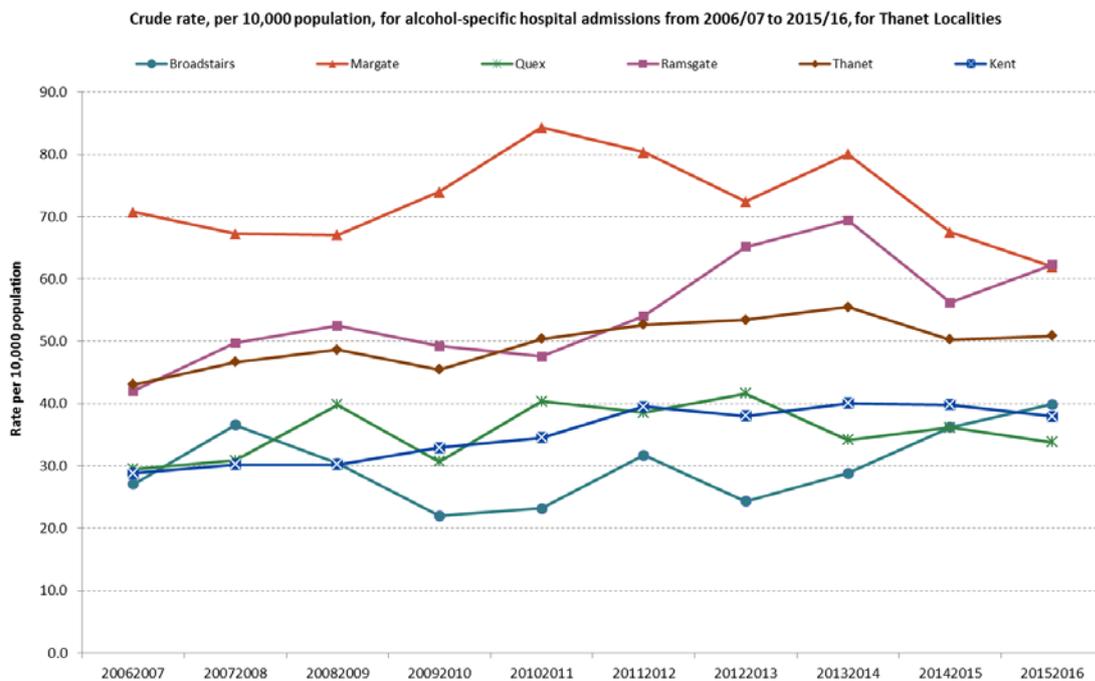
Age standardised rate per 100,000 population (aged 65 years and over) for falls hospital admissions, 2011/12-2015/16



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

Like for acute myocardial infarction admissions, Eastcliff also has the highest rate of falls admissions for those aged 65 years and over.

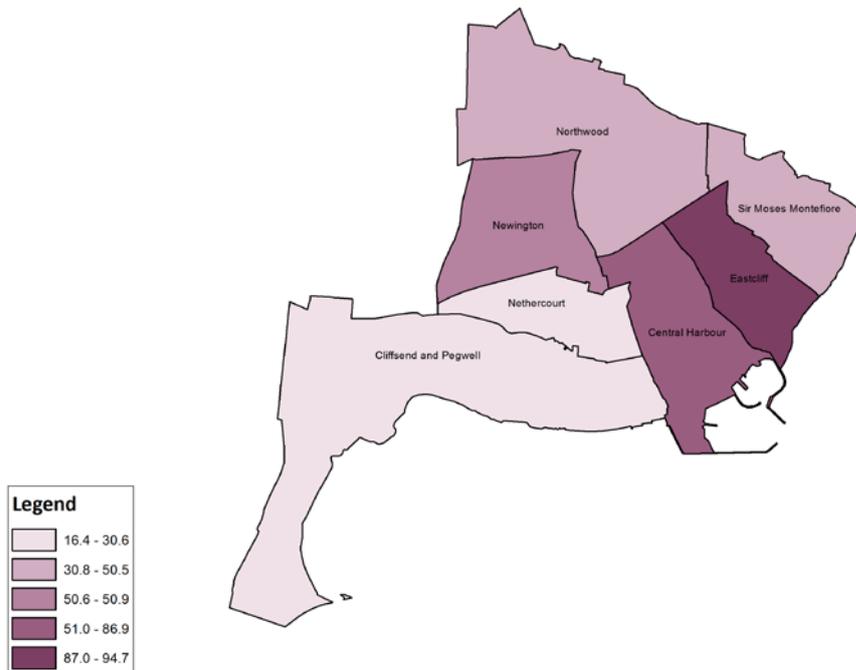
## 9.9 Alcohol-specific



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

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

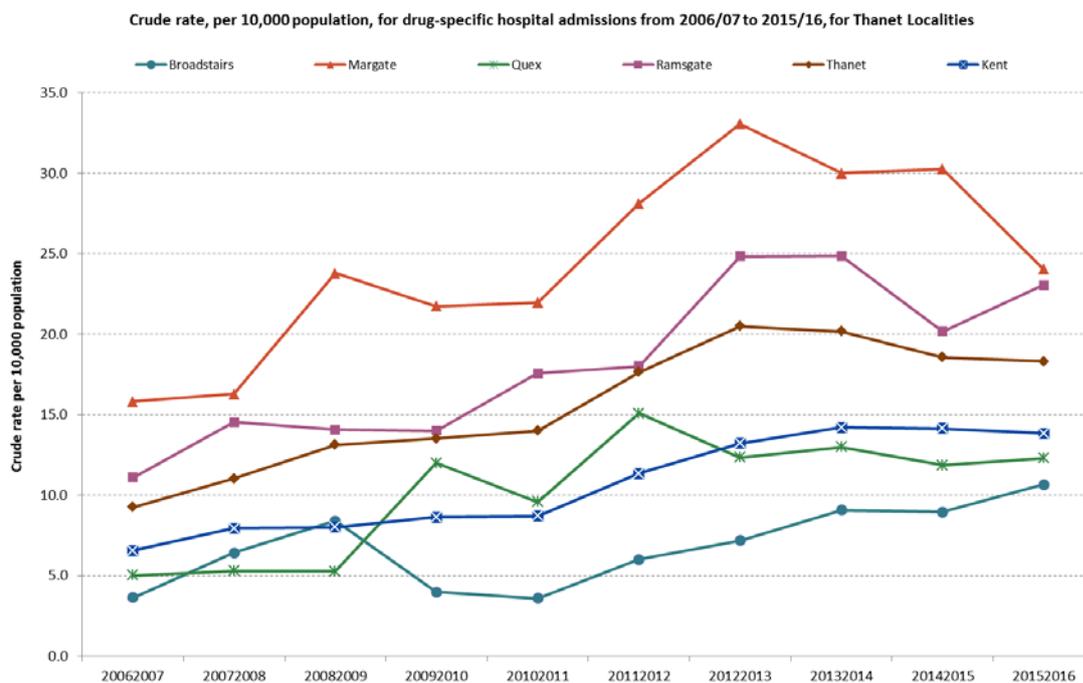
Crude rate per 10,000 population for assaults hospital admissions, 2011/12-2015/16



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

Again, Eastcliff falls within the top quintile for hospital admissions relating to assaults (ranging between 87.0 and 94.7 per 10,000 population).

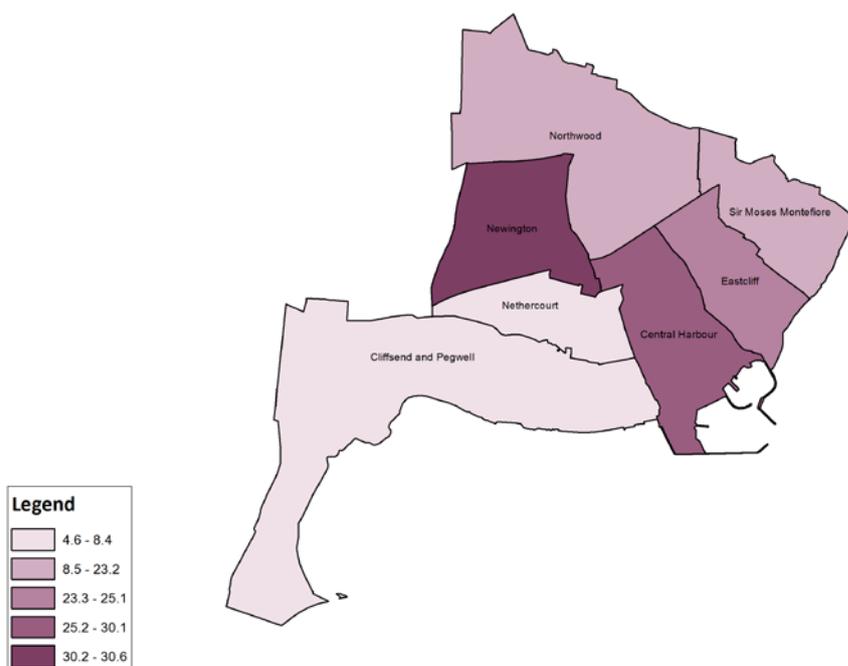
## 9.10 Drug-specific



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

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

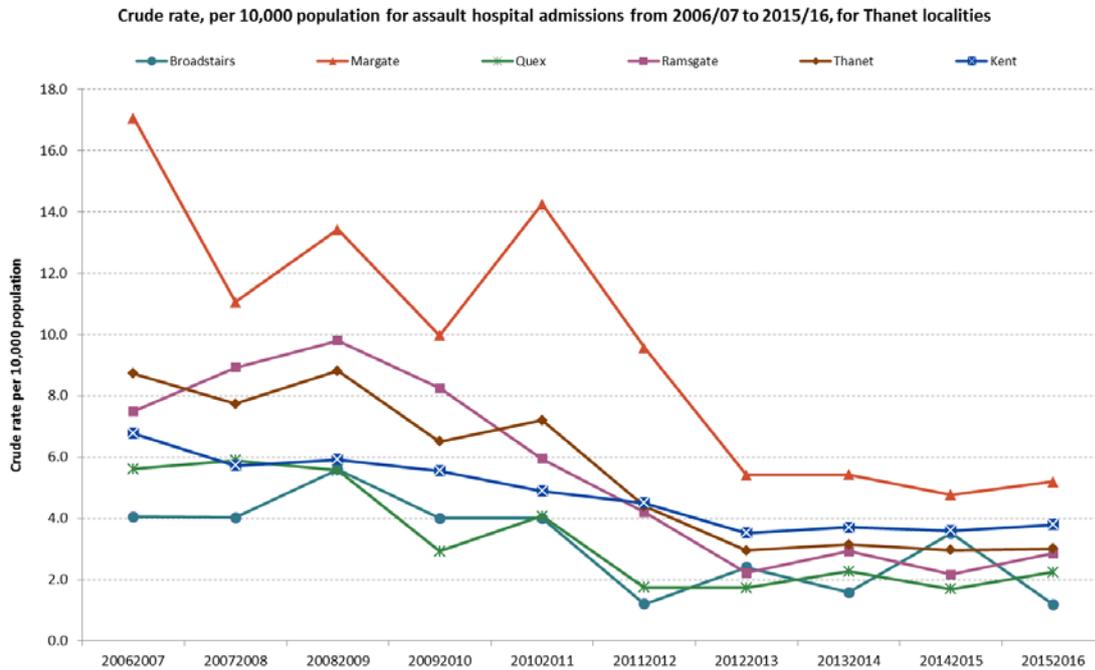
Crude rate per 10,000 population for drug abuse hospital admissions, 2011/12-2015/16



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

Newington has the highest rate of hospital admissions relating to drug abuse (30.2 to 30.6 per 10,000 population).

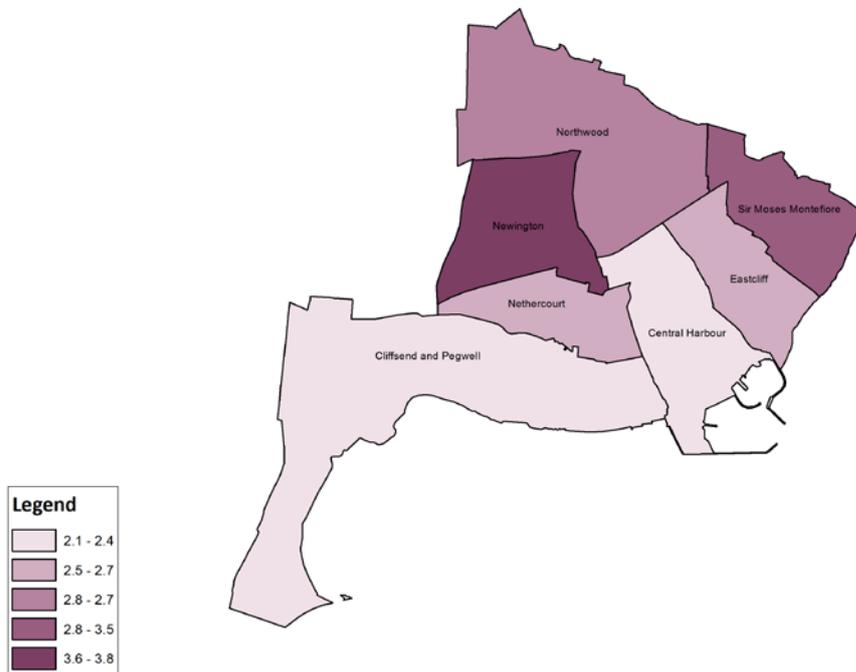
### 9.11 Assaults



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

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

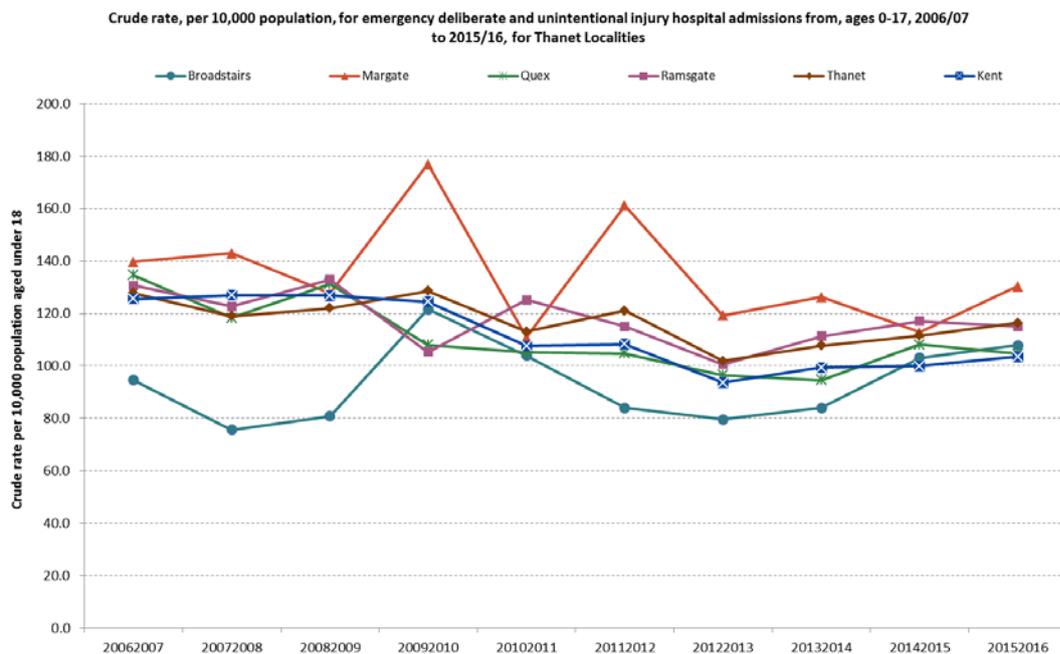
Crude rate per 10,000 population for assault hospital admissions, 2011/12-2015/16



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

Newington also has the highest rate of hospital admissions due to assaults.

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

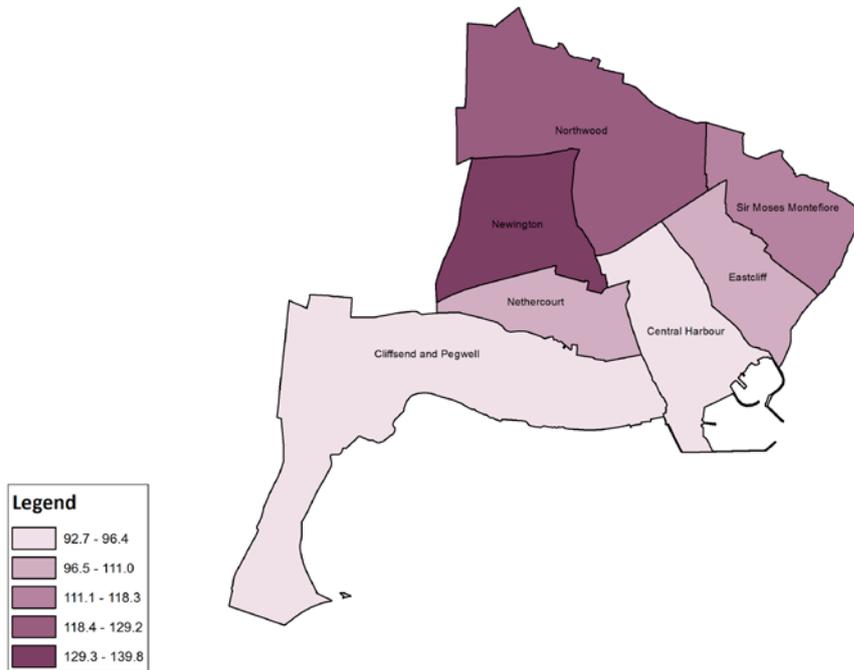


Source: SUS, ONS, prepared by KPHO (RK), 3/17

Emergency deliberate and unintentional injury admissions for the under 18s have decreased from 2006/07 to 2015/16 for all localities (apart from Broadstairs), Thanet as a whole and

Kent. Only Margate (130.3 per 10,000 population) had a significantly higher rate than Kent (103.5) in 2015/16.

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



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

The deliberate and unintentional injury admission rate is highest in Newington (between 129.3 to 139.8 per 10,000 population).

## 10. Mortality

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

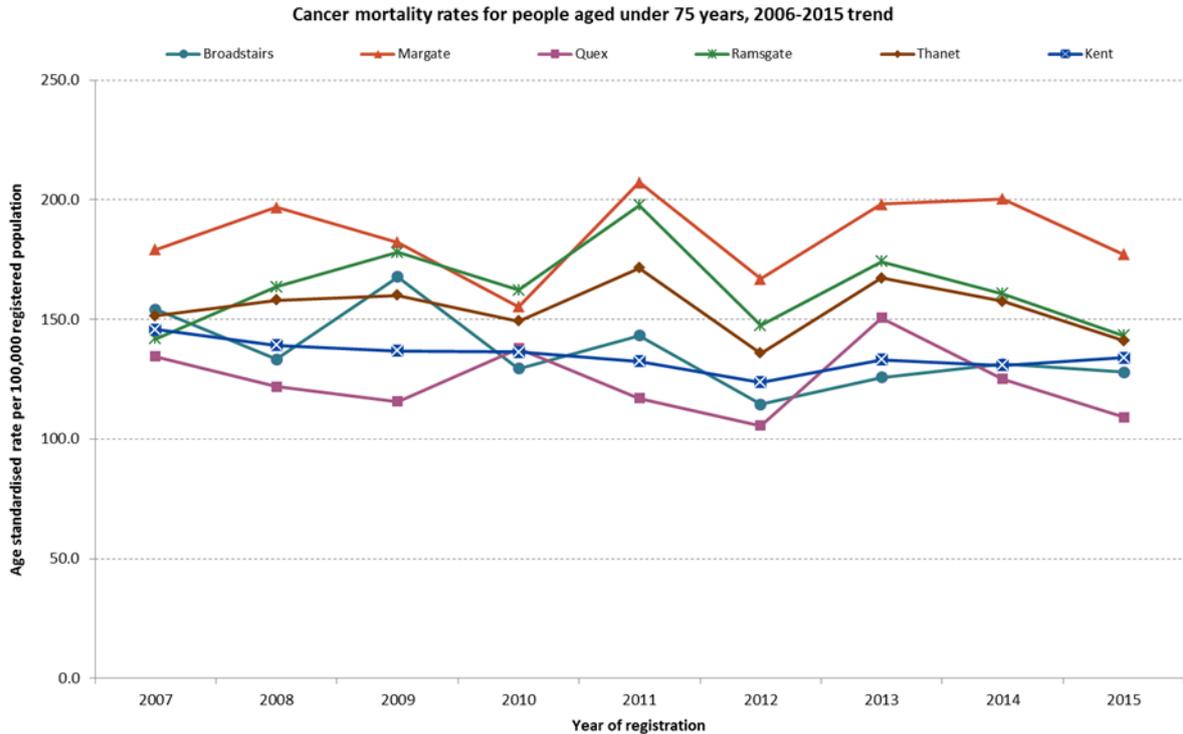
General Practices in Thanet	
G82210*	Osborne Road Surgery
G82219	St Peters Surgery
G82630*	The Broadway Practice
G82650	Mocketts Wood Surgery
G82796	Broadstairs Medical Practice
G82052	The Limes Medical Centre
G82066	Northdown Surgery
G82105	The Bethesda Medical Centre
G82649	Union Row Surgery
G82674*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

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

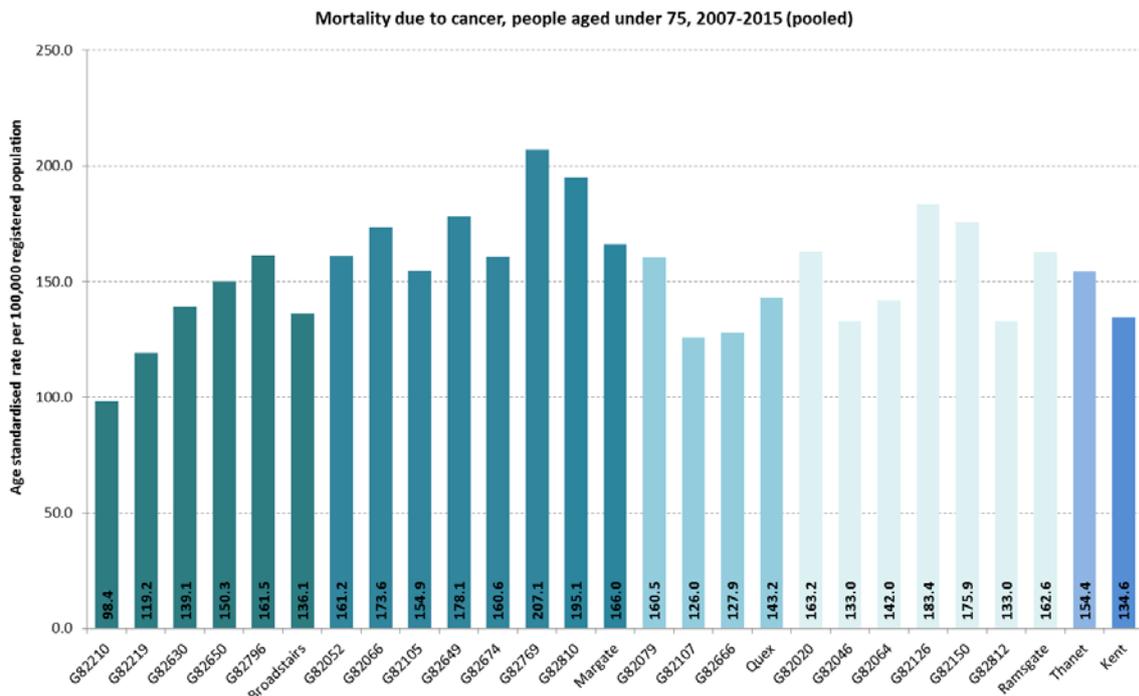
\*General practices have since closed however were included in the analysis as they were open during 2006 to 2015.

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

## 10.1 Cancer (under 75)

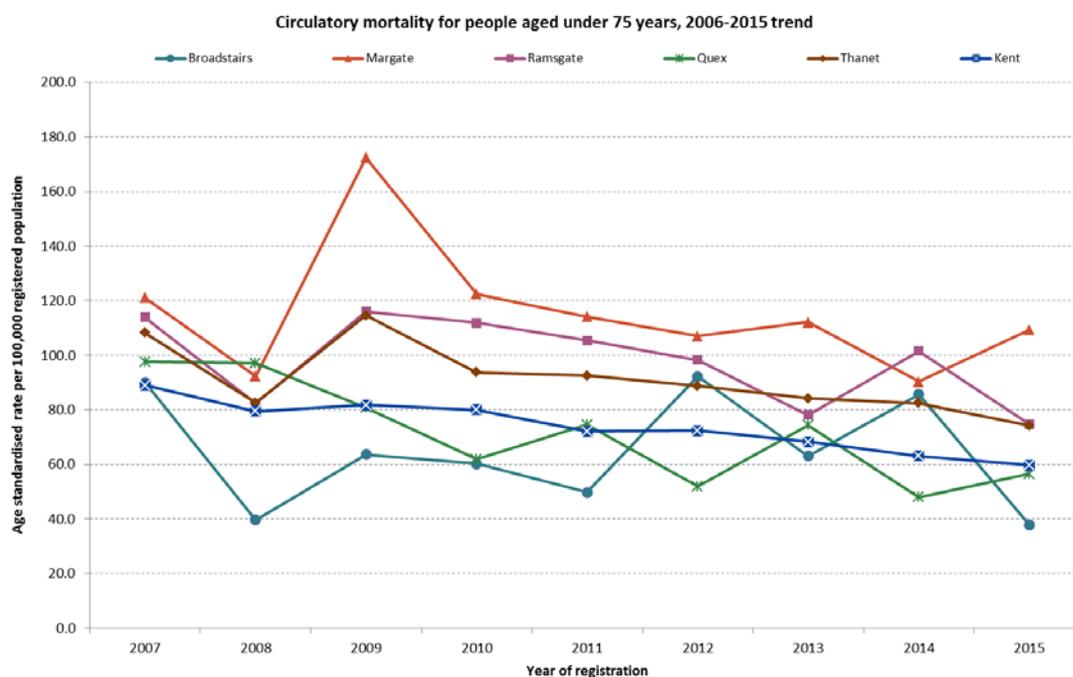


Mortality rates have remained at a similar level in all localities, Thanet as a whole and Kent from 2007 to 2015. The Ramsgate locality was recorded as 143.3 per 100,000 population in 2015, which is not statistically significantly different to the 141.0 recorded for Thanet or Kent (134.1).

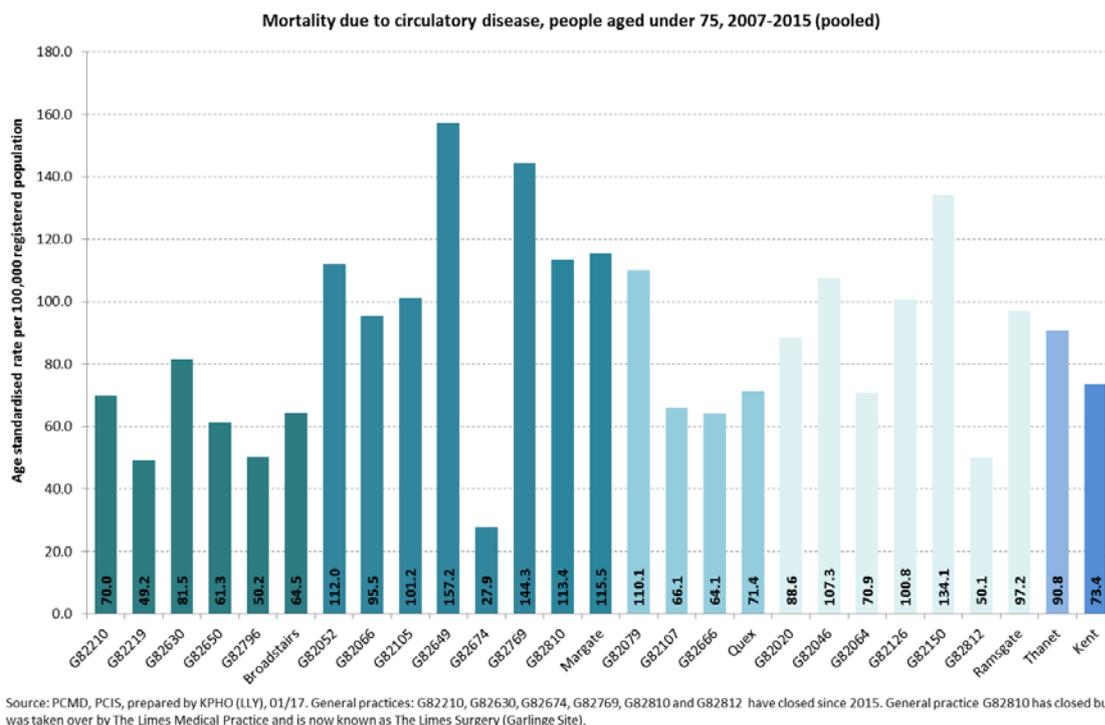


GP-level mortality rates in Ramsgate vary from 133.0 per 100,000 population to 183.4.

## 10.2 Circulatory (under 75)

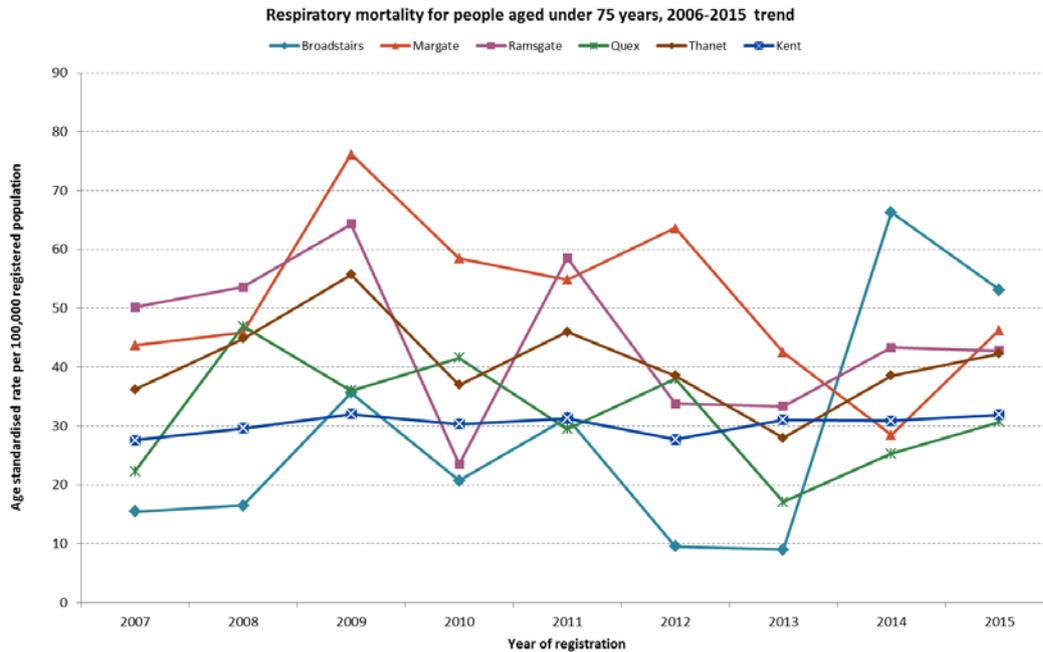


Premature mortality rates for circulatory disease in Thanet have decreased between 2007 and 2015. The Ramsgate locality (74.7 per 100,000 population) is similar to the Thanet average (74.2).



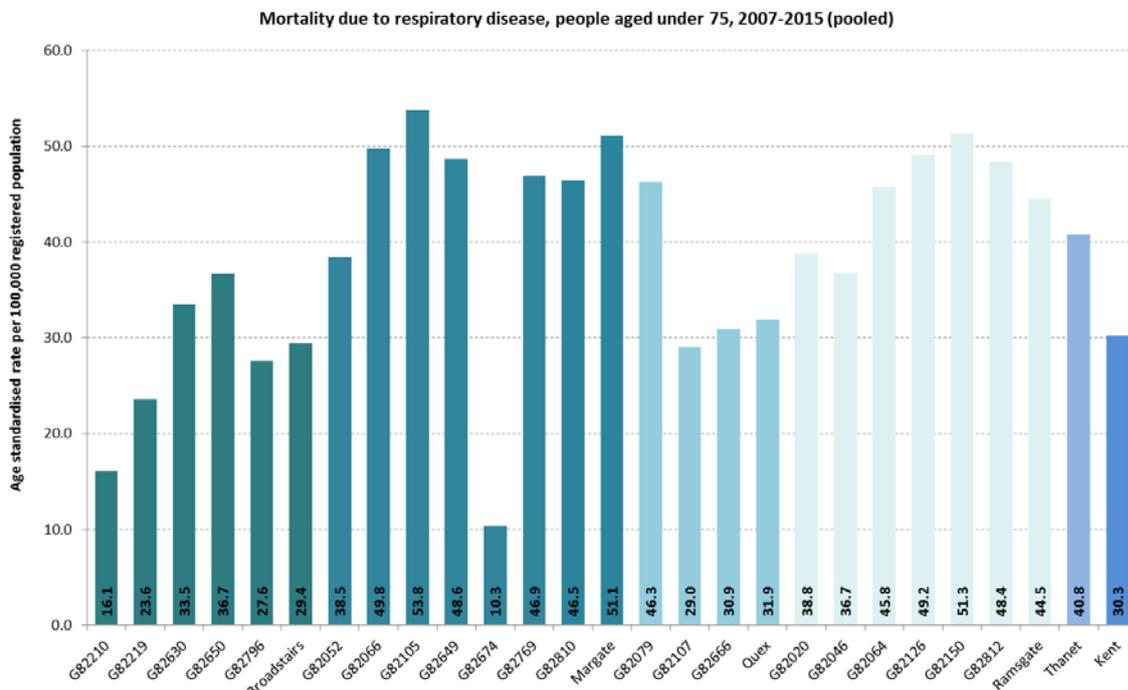
GP-level mortality rates in Ramsgate vary from 50.1 per 100,000 population to 134.1.

### 10.3 Respiratory (under 75)



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

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



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

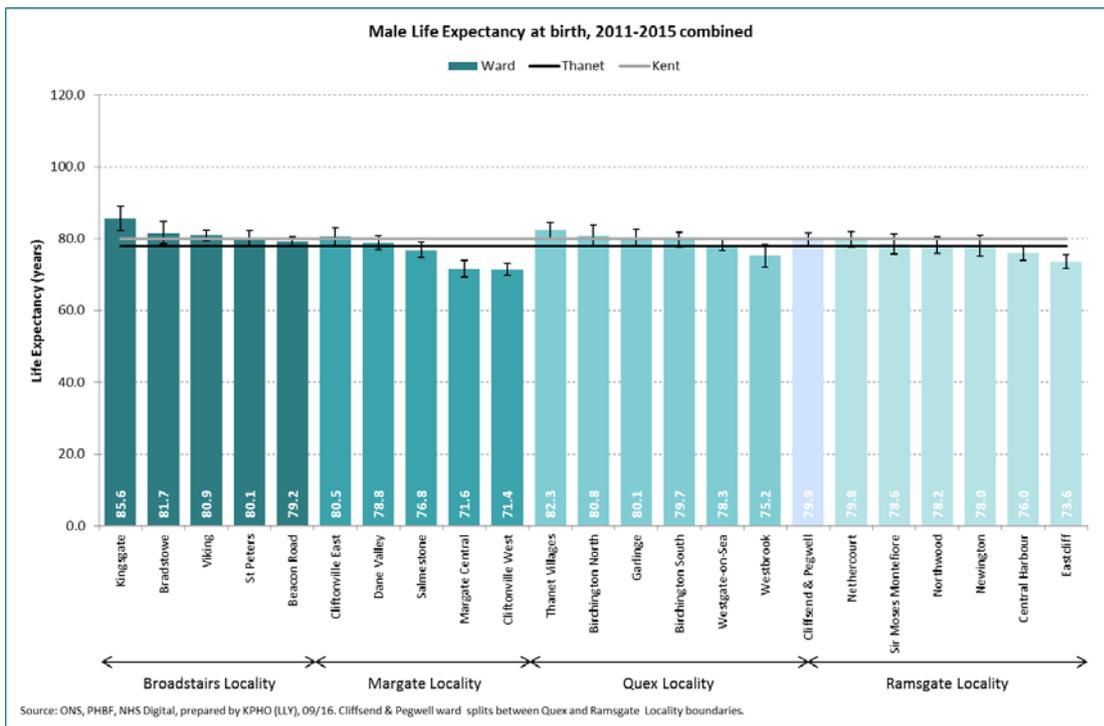
GP-level mortality rates in Ramsgate vary from 36.7 per 100,000 population to 51.3.

## 11. Life Expectancy

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

### 11.1 Male Life Expectancy

Male life expectancy within the Ramsgate locality ranges from 73.6 years in Eastcliff to 79.9 years in Cliffsend and Pegwell. Within the Ramsgate locality only Eastcliff has an estimated life expectancy significantly lower than the Thanet average.



## 11.2 Female Life Expectancy

Female life expectancy is higher compared with males. Female life expectancy within the Ramsgate locality ranges from 81.0 years in Newington to 85.2 years in Nethercourt.

