KENT PUBLIC HEALTH OBSERVATORY

Community network profile

Faversham

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Produced by

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Contents

1. Executive Summary

1.1 Introduction

This community network profile for Faversham 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 Faversham 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 for Faversham network increased between 2007 and 2012 to a peak of 84.5 years but has decreased since.
  - Based on 2006 to 2014 data (pooled) the community network (82.0 years) has a very similar life expectancy to the CCG (82.1 years).
  - Life expectancy in Abbey ward is significantly lower than the CCG at 75.5 years, and is significantly higher than the CCG in East Downs ward at 86.8 years.
- **General fertility rate**
  - In 2014, there were 358 live births to women resident within the Faversham. The Faversham, general fertility rate was 69.60 in 2006 and increased to 62.83 in 2014.
- **Low birth weight**
  - In 2014, there were 16 low birth weight births to women resident within the Faversham. The Faversham, percentage of low birth weight births was 6.2% in 2006 and increased to 7.0% in 2014.
- **Infant feeding**
  - The coverage within Faversham practices ranged between 92% and 0% 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; two practices had uptake below 90%. Of the practice level immunisations up to 5 years of age; three practices had uptake below 90%.
- **Infant mortality**

- In 2014, there were 19 still births to women resident within the Faversham. None of the Faversham mortality statistics were significantly different to Kent.

Demographic overview

- **Practice population**
  - The registered population in Faversham community network was 30,952 at September 2015. The age profile of the network and CCG is very similar, although the network has a smaller proportion of the population aged between 10 and 24 years.
- **Ethnicity**
  - The community network has a significantly lower proportion of resident belonging to a black or minority ethnic group (2.1%) compared to the CCG (5.9%) according to the 2011 Census.

Socio-economic profile

- **Deprivation**
  - The Faversham area shows all levels relative deprivation – areas of Abbey, Davington Priory, St Ann and Teynham & Lynsted 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**
  - Among the population aged 15 to 64, Faversham has a significantly lower contact rate than the CCG and Kent at 34.8 per 1,000 population. Watling, Boughton and Courtenay and East Downs wards all have significantly lower rates.
  - The Faversham community network contact rate for the population aged 65 and above is not signicantly different to the CCG or Kent. However, Abbey ward (148.2) has a significantly higher contact rate than both Kent and the CCG, and Boughton and Courtenay (60.7) and Teynham and Lynstead (56.9) wards have significantly lower rates than the CCG.

Quality outcomes framework

- **Recorded prevalence**

  - In 2014/15, Faversham community network had significantly higher prevalence of asthma, CKD, diabetes, heart failure, hypertension and obesity than the CCG.
  - The recorded prevalence of dementia, heart failure and mental health was significantly lower in the community network than the CCG.
- **Recorded prevalence: trend analysis**
  - The annual rate of change in cancer, atrial fibrillation, stroke and mental health prevalence was higher in Faversham community network than England between 2006/07 and 2014/15.
- **Recorded and expected prevalence**
  - Boughton medical centre had detected a significantly lower percentage of expected atrial fibrillation and dementia cases, and a significantly higher proportion of hypertension cases than other practices in the CCG. However, the practice population is relatively small for this practice in comparison to others.
  - No significant differences in the expected prevalence diagnosed for COPD, CHD or stroke and TIA were detected.
- **Clinical achievement (see appendix A for definitions)**
  - Faversham community network had significantly higher performance for CHD 006, diabetes 003, diabetes 007 and diabetes 009 than Canterbury and Coastal CCG.
  - Performance for asthma 003, COPD 003, mental health 002 and stroke and TIA 003 was significantly lower in the network compared to the CCG in 2014/15.

Hospital activity

- **Emergency hospital admissions**
  - The Faversham practice network showed a rate of change that was significantly higher than Kent; for the age standardised rate of emergency hospital admissions in the under 75 population for diabetes complications 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. The Faversham practice network showed a rate of change that was significantly higher than 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 services

- The direct payment and support services rate for people aged under 65, enablement, meal service and long term residential care home placement for people aged under 65, in Faversham was significantly lower than Kent
- Faversham has a significantly lower residential care home placement rate for people aged 65 and above in comparison with both Canterbury and Coastal CCG and Kent.

Mortality

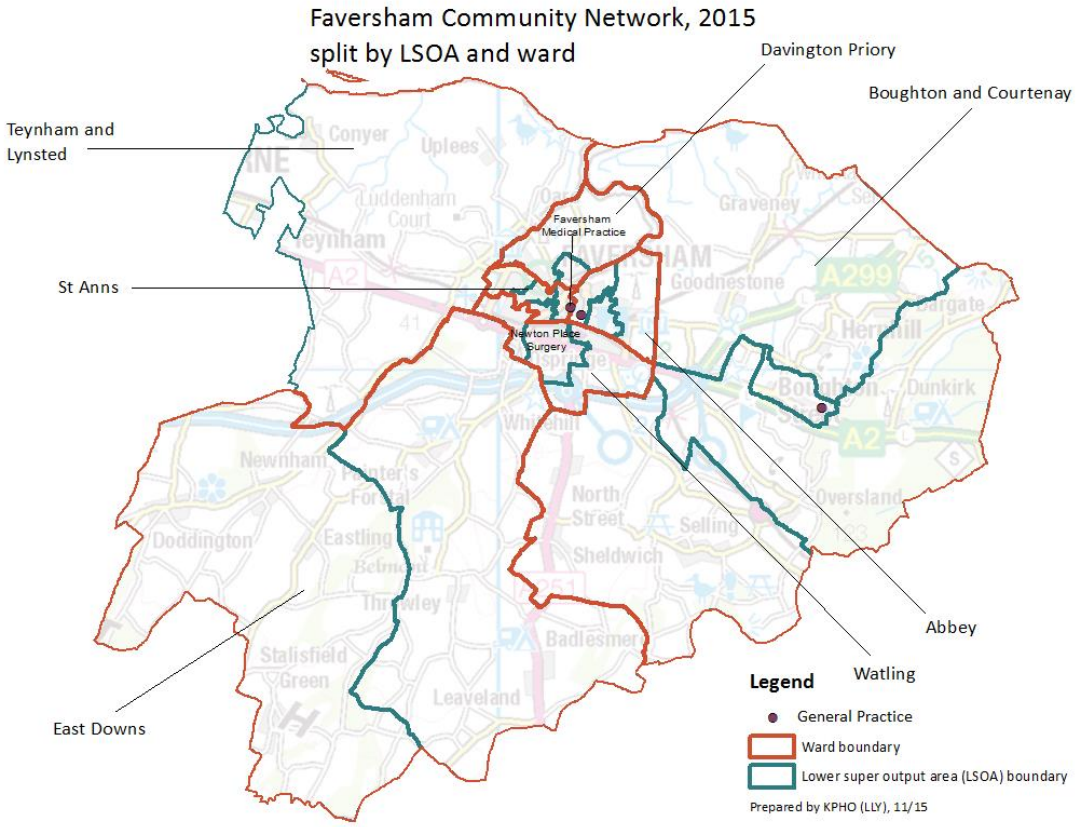
- **All age, all cause mortality**
  - Trends in all age, all cause mortality rates are falling. Highest rate locally is for Abbey ward
- **Premature mortality: cancer**
  - Trends in under 75 cancer mortality are generally down across Faversham and the CCG area. Highest rates locally are found in Abbey ward although only in the second worse quintile across the CCG.
- **Premature mortality: circulatory disease**
  - The trend in under 75 circulatory diseases mortality is falling, Davington Priory ward has the highest rate locally

2. Introduction & Objectives

2.1 Community Network Area

2.1.1 Community Network

The map below shows the breakdown of Faversham 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 Faversham Community Network has two general practices located in the ward: Abbey.



3. Maternity

3.1 Life expectancy at birth

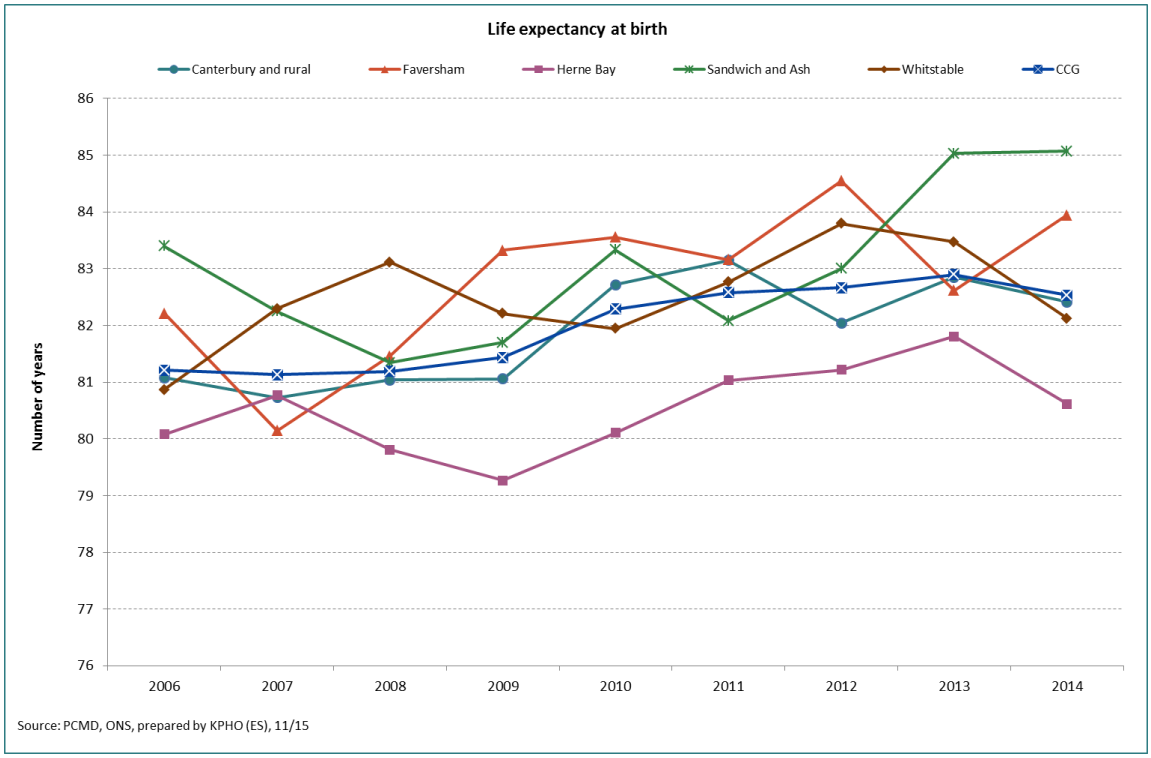
Life expectancy at birth is defined as 'The average number of years a baby born in a particular area or population can be expected to live if it experiences the current age-specific mortality rates of that particular area or population throughout its life' by the South East Public Health Observatory.

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 Faversham, the life expectancy has increased overall since 2007, from 80.1 years, peaking in 2012 at 84.5 years. Life expectancy has increased at a rate of 0.34 years annually in Faversham 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 Faversham is 82.0 years, very similar to the CCG life expectancy of 82.1. Abbey ward has the lowest life expectancy in the community network at 79.5, which is significantly lower than the CCG ($p<0.05$), whilst East Downs has the highest life expectancy (86.8) which is significantly higher than the CCG ($p<0.05$). None of the other wards have significantly different life expectancies.

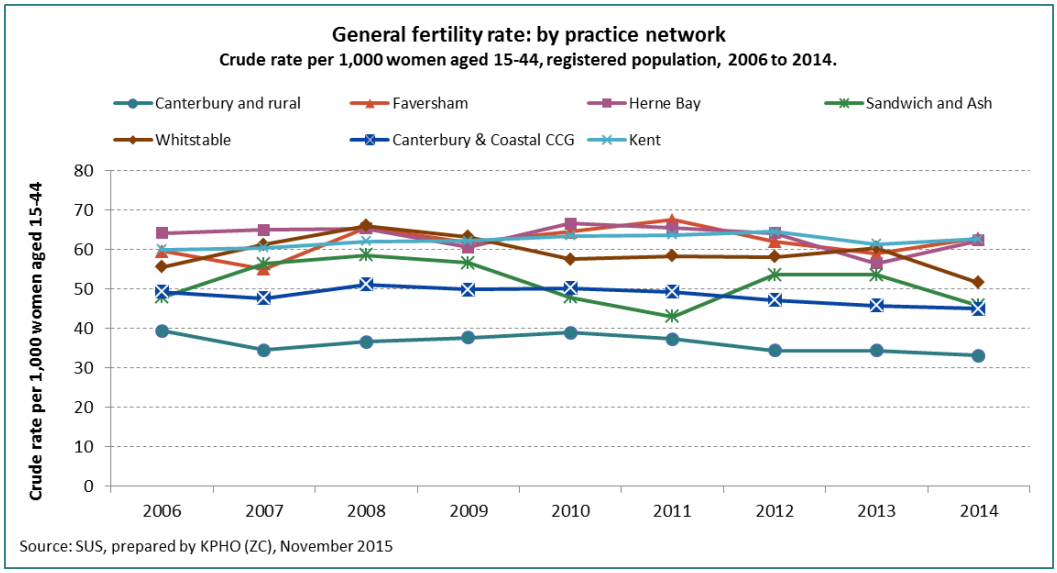
Table 1: Life expectancy at birth (based on 2006 to 2014 data pooled)

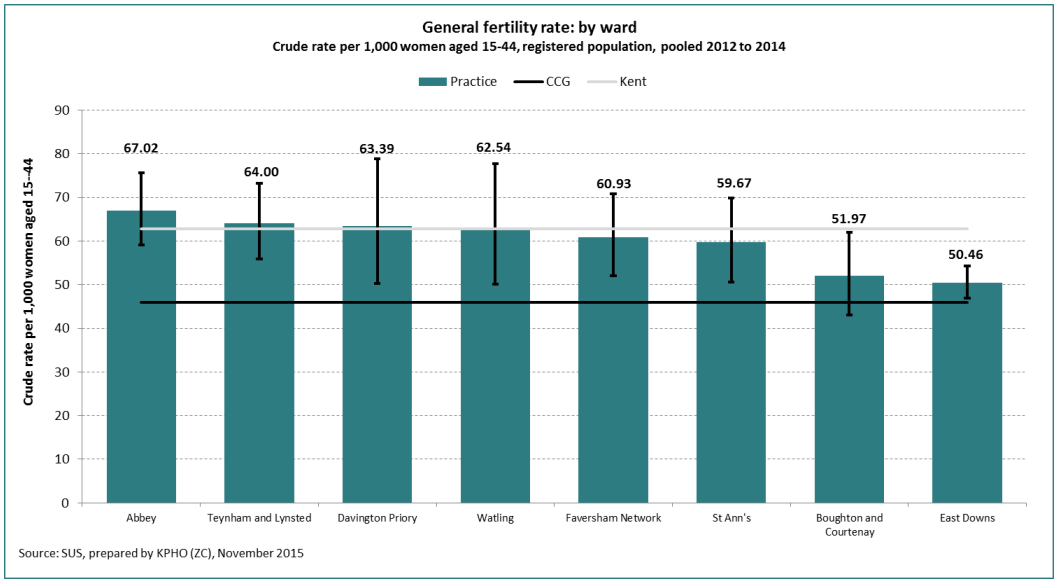
Wardname	Life expectancy (years)	Significantly different
Abbey	79.50	lower
Boughton and Courtenay	84.10	no
Davington Priory	82.10	no
East Downs	86.80	higher
St Ann's	82.72	no
Teynham and Lynsted	81.66	no
Watling	82.57	no
Faversham	82.03	no
CCG	82.12	-

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; 358 of these were to women resident within the Faversham. In Kent, the general fertility rate within was 59.93 in 2006 and increased to 62.58 in 2014. The Faversham, general fertility rate was 69.60 in 2006 and increased to 62.83 in 2014.

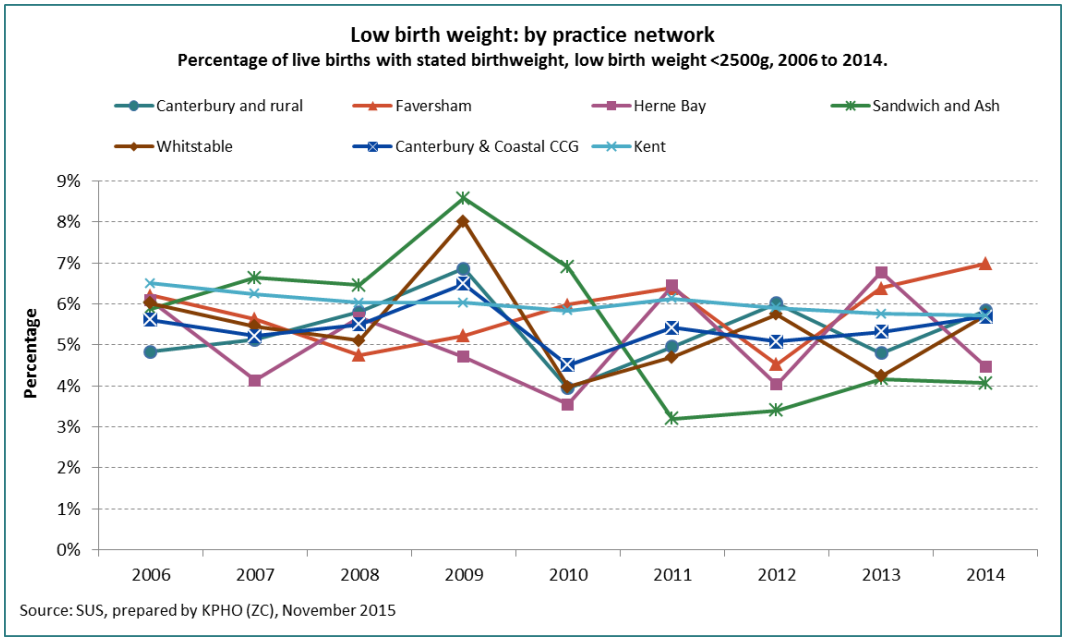




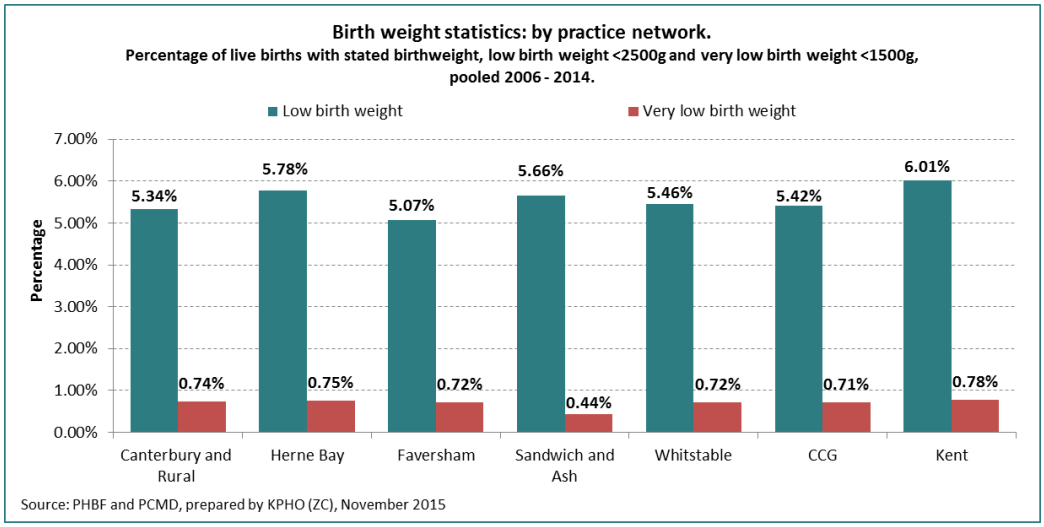
3.3 Low birth weight

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.

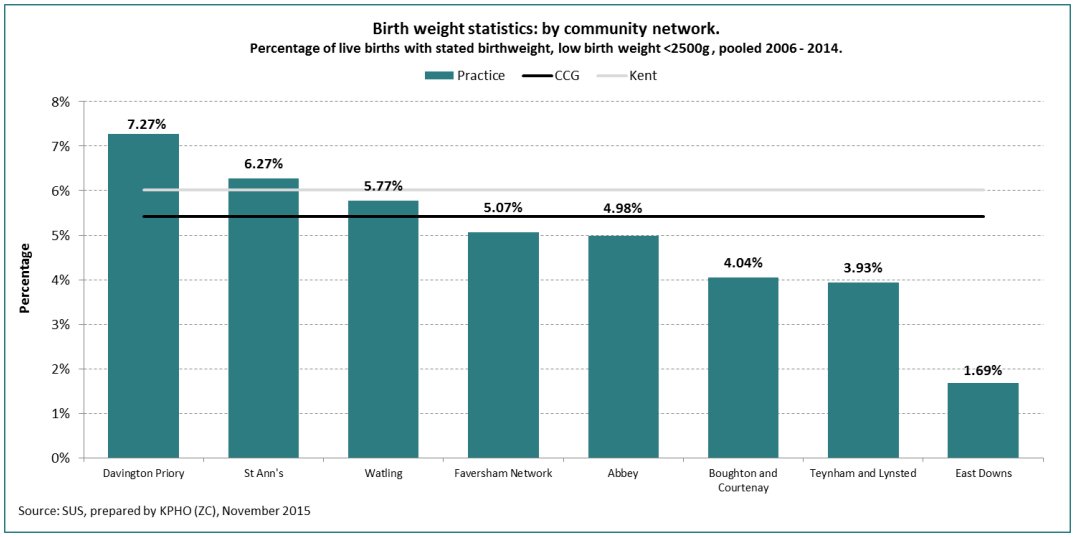
In 2014, there were 989 low birth weight births in Kent; 16 of these were to women resident within the Faversham. In Kent, the percentage of low birth weight was 6.5% in 2006 and decreased to 5.7% in 2014. The Faversham, percentage was 6.2% in 2006 and increased to 7.0% in 2014.



For pooled years 2006-2014, there were 9,275 low birth weight births in Kent; 170 of these were to women resident within the Faversham. In Kent, the percentage of low birth weight was 6.01% and very low birth weight was 0.78%. The Faversham percentage of low birth weight was 5.07% and very low birth weight was 0.72% in 2014.



For 2006-2014, the practice low birth weight percentages ranged between 7.27% and 1.69%.

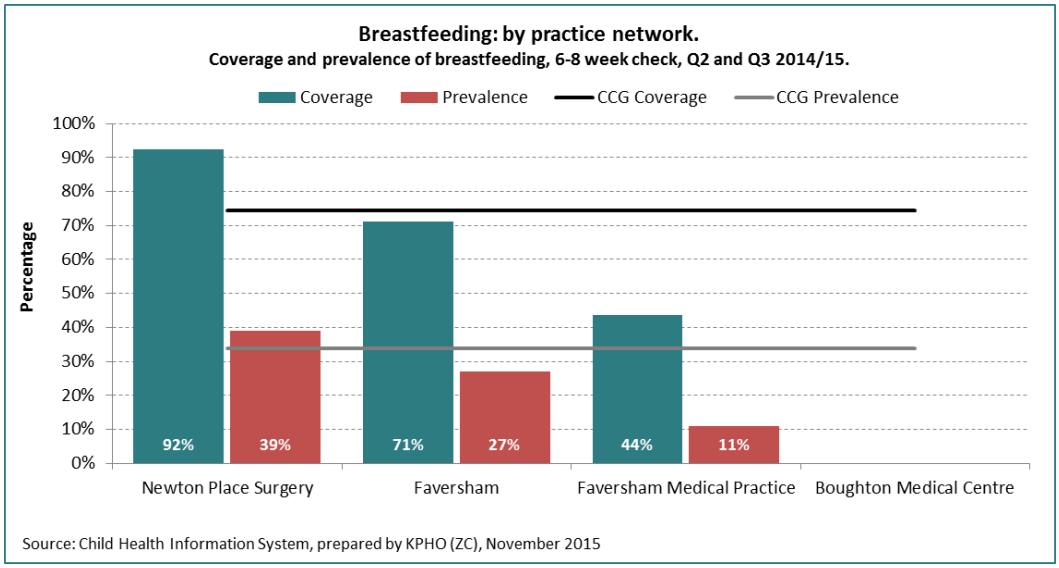


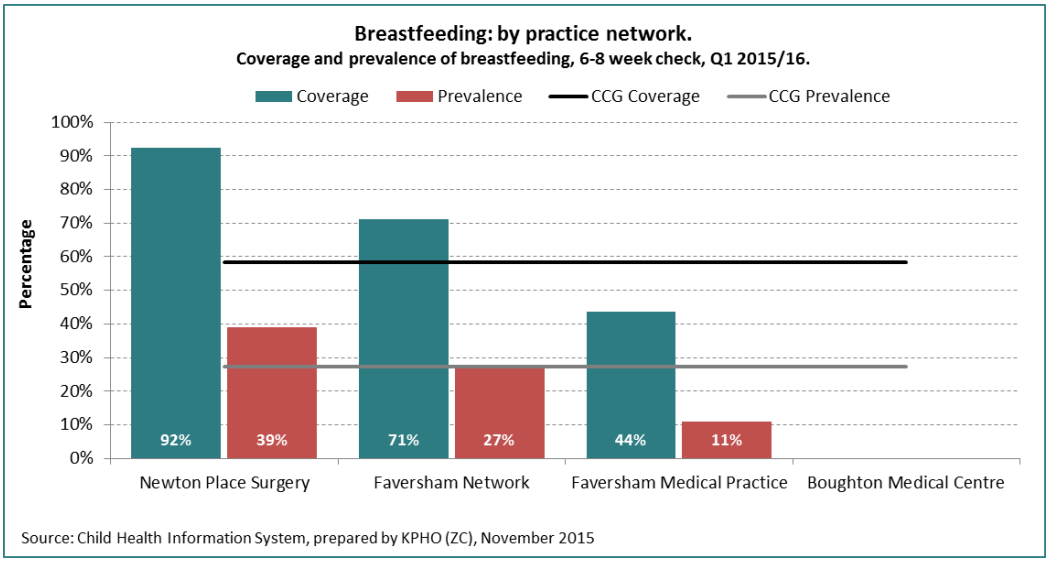
3.4 Infant feeding

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 Faversham practices ranged between 92% and 0% during the mid-part of 2014/15 and early part of 2015/16. None of the practices had coverage higher than recommended levels.

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.





Source: Child Health Information System, prepared by KPHO (ZC), November 2015

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; two practices had uptake below 90%. Of the practice level immunisations up to 5 years of age; three 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
Faversham Medical Practice	95.0%	100.0%	95.0%	95.8%	91.7%	95.8%	95.8%	87.5%
Newton Place Surgery	90.9%	93.2%	93.2%	95.3%	95.3%	93.0%	95.3%	95.3%
Boughton Medical Centre	25.0%	25.0%	25.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Faversham	88.2%	91.2%	89.7%	95.7%	91.3%	94.2%	92.8%	89.9%
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%

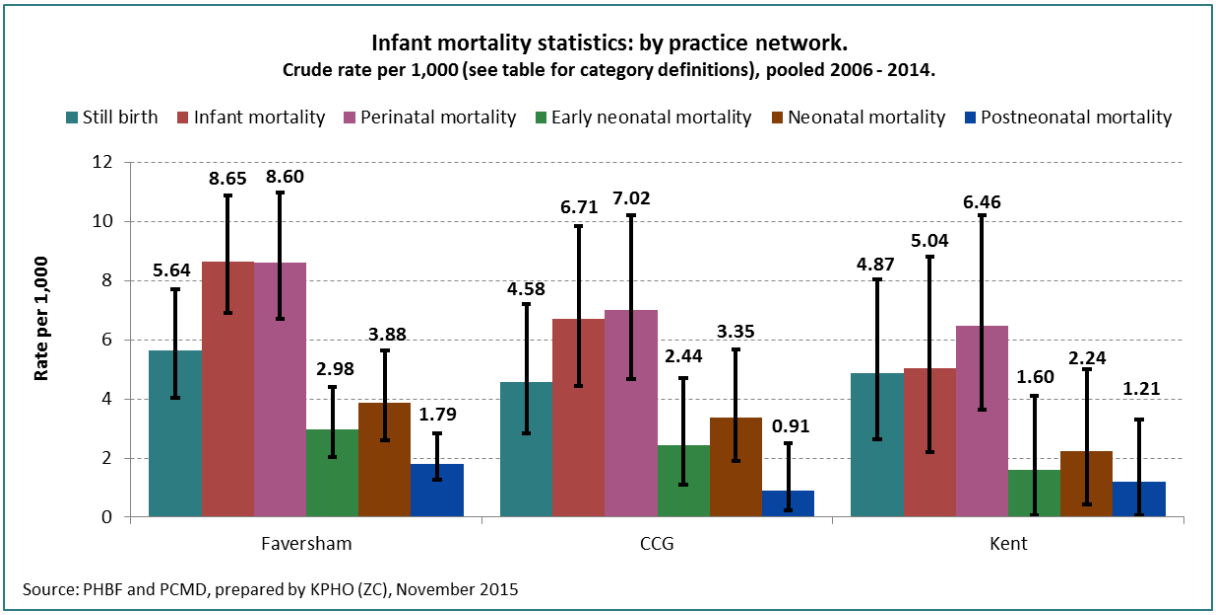
Practice Name	Up to 5th Birthday Primaries						Up to 5th Birthday Boosters			
	DT/Pol	MMR	Hib	MenC	Pertussis	PCV	DTaP/IPV	Hib/MenC	MMR	PCV
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake
Faversham Medical Practice	92.0%	92.0%	92.0%	92.0%	92.0%	88.0%	92.0%	92.0%	92.0%	88.0%
Newton Place Surgery	95.3%	95.3%	95.3%	95.3%	95.3%	95.3%	72.1%	95.3%	72.1%	95.3%
Boughton Medical Centre	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%
Faversham Network	94.4%	94.4%	94.4%	94.4%	94.4%	93.0%	76.1%	94.4%	76.1%	93.0%
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 infant mortality statistics for the pooled period 2006-2014. In 2014, there were 755 still births in Kent; 19 of these were to women resident within the Faversham. None of the Faversham mortality statistics were significantly different to Kent.

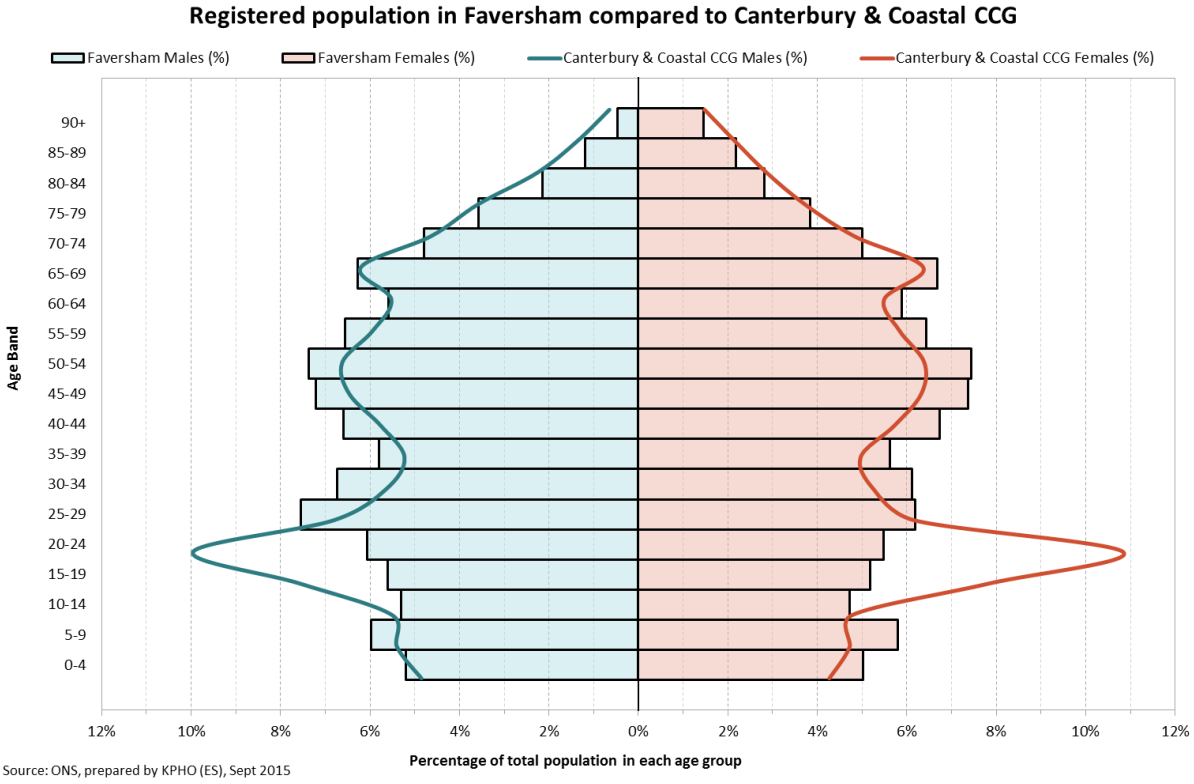


4. Demographic overview

4.1 Practice population

4.1.1 Registered population

The total registered population of Faversham community network was 30,952 at September 2015. There are equal proportions of females (15,505) and males (15,447) in the network, reflective of the CCG (48.5% male, 51.5% female).



Source: ONS, prepared by KPHO (ES), Sept 2015

With the exception of significantly higher proportions of children aged 0 to 9, and people aged 30 to 54, and significantly lower proportions of young people aged 15 to 24 ($p<0.001$), the network has a similar age profile to the CCG.

Table 2: Registered population in Faversham community network, September 2015

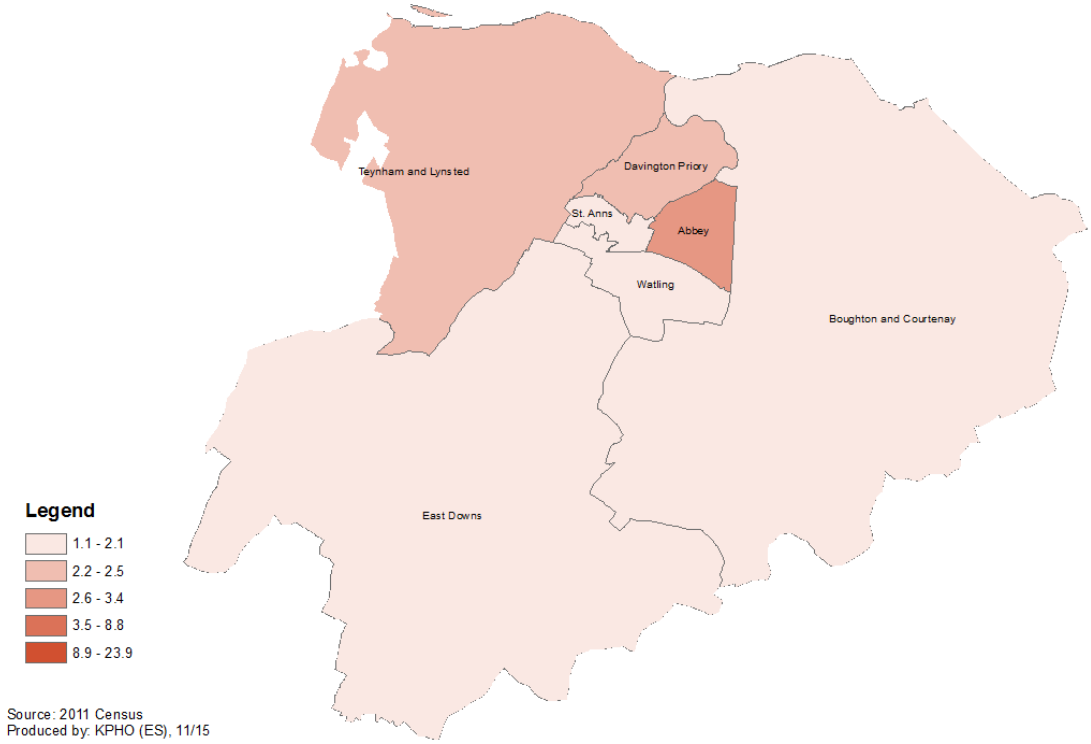
Age band	Males	Females	Persons
0-4	804	780	1584
5-9	923	899	1822
10-14	820	731	1551
15-19	866	804	1670
20-24	936	850	1786
25-29	1167	960	2127
30-34	1039	948	1987
35-39	896	871	1767
40-44	1018	1044	2062
45-49	1113	1142	2255
50-54	1139	1155	2294
55-59	1014	999	2013
60-64	863	914	1777
65-69	970	1037	2007
70-74	739	775	1514
75-79	553	596	1149
80-84	331	437	768
85-89	183	337	520
90+	73	226	299
All ages	**15447**	**15505**	**30952**

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 lower in the Faversham Network at 2.1%, compared to the

CCG (5.9%); this is the lowest percentage of BME population of the five community networks.

Faversham community network, percentage of black and ethnic minorities by ward



All of the wards within Faversham community network have significantly lower proportions of BME population in comparison to Canterbury and Coastal CCG. East Downs (1.1%) and Boughton and Courtenay (1.8%) have the lowest percentage of BME population in Canterbury and Coastal CCG.

Within the network, 1.0% (326) of the population are of mixed ethnicity, 0.7% (223) are Asian, 0.3% (86) are of Black African / Caribbean / Black British descent, and 0.2% (61) identified as other ethnicity.

Table 3

Ward	Percentage BME	Significantly different
Abbey	2.6	lower
Davington Priory	2.4	lower
Teynham and Lynsted	2.4	lower
Watling	2.1	lower
St Ann's	2.0	lower

Boughton and Courtenay	1.8	lower
East Downs	1.1	lower
CCG	5.8	-

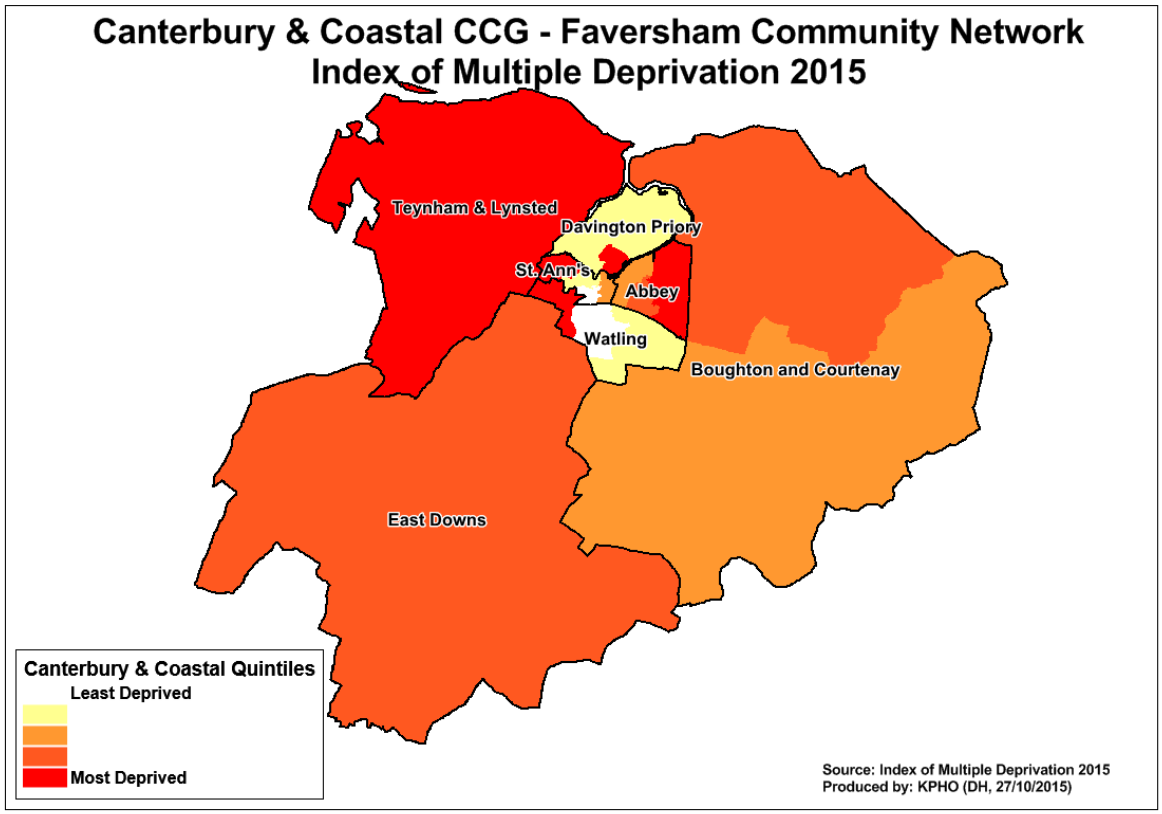
5. Socio-economic profile

5.1 Deprivation

5.1.1 Index of Multiple Deprivation 2015

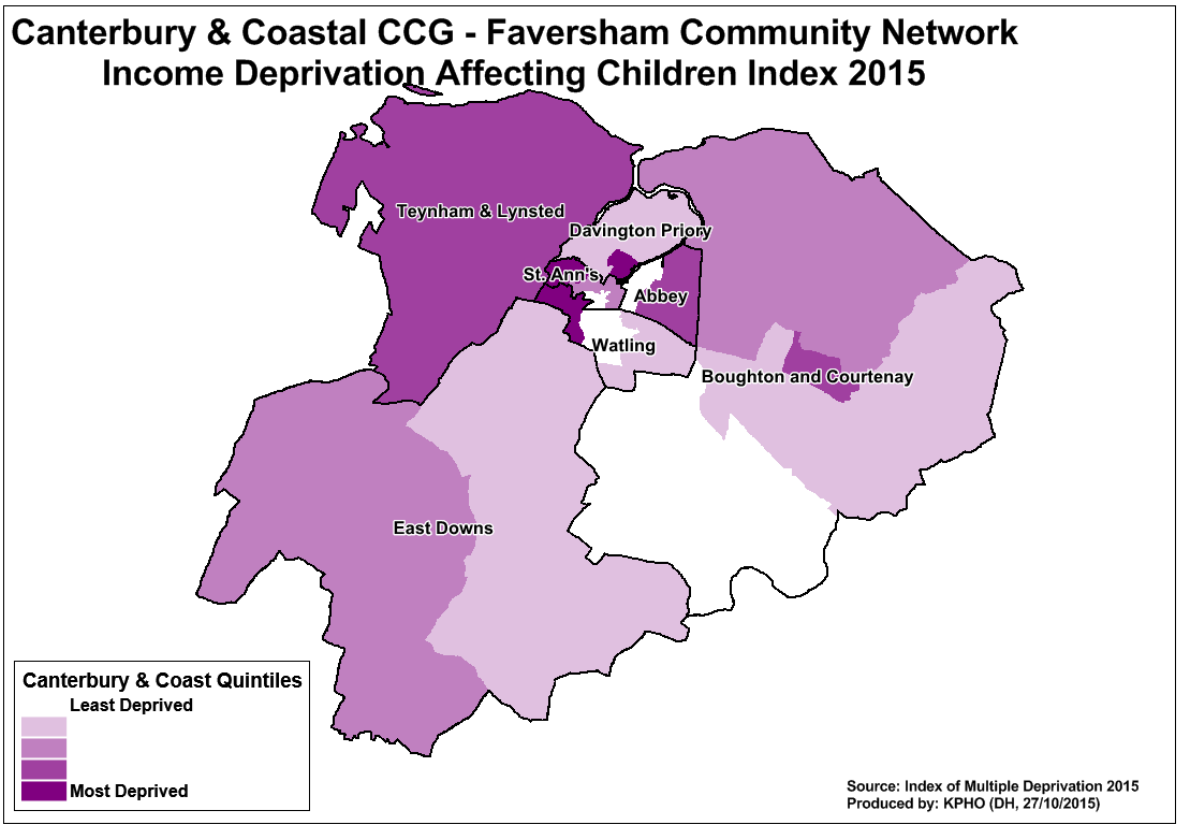
The Canterbury and Coastal area exhibits a wide range of relative deprivation, the most deprived areas tend to be found in the more urban areas in central Canterbury, some parts of Faversham and the coastal town of Herne Bay.

The map below shows relative deprivation for the Faversham community network. Whilst there are areas of affluence to the south of Faversham, some of the most deprived areas across the Canterbury & Coastal area are found in parts of Abbey electoral ward, to the west of St. Ann's and Watling and all of Teynham and Lynsted.



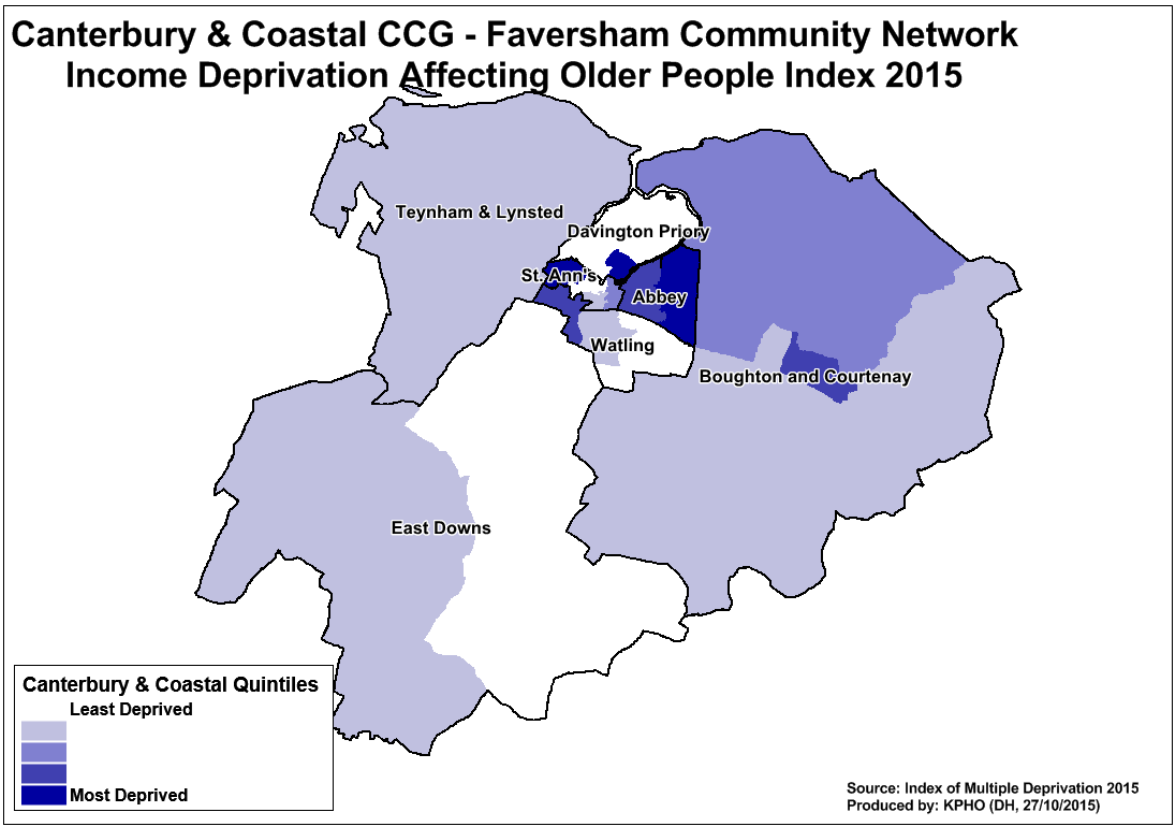
5.1.2 Income Deprivation Affecting Children Index 2015

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 Faversham community network is, unsurprisingly, similar to that of overall deprivation, with areas to the west of St Ann's and Watling within the worse quintile across the local CCG. Parts of Abbey, Teynham & Lynsted and Boughton village are within the second worse quintile. Approximately 48% of the children living in the most deprived parts of Davington Priory ward are living in income deprived households.



5.1.3 Income Deprivation Affecting Older People Index 2015

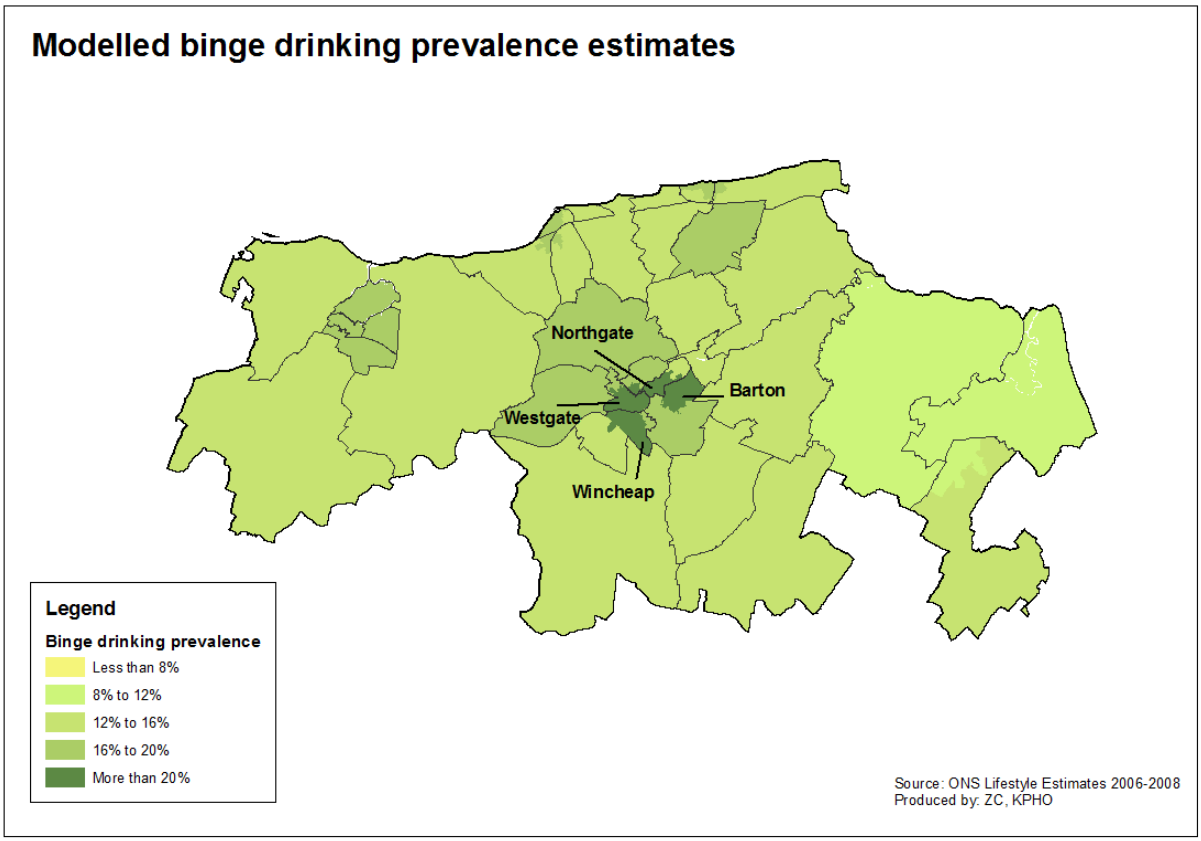
The Income Deprivation Affecting Older People Index (IDAOPI) is also derived from the Income domain within the overall Indices of Deprivation and is used as an 'older people poverty' measure. Parts of Abbey, St Anns and Davington Priory wards are within the worst quintile across the CCG. Approximately 32% of the older people living in the most deprived parts of Davington Priory ward are living in income deprived households.


Canterbury & Coastal CCG - Faversham Community Network
Income Deprivation Affecting Older People Index 2015
Teynham & Lynsted
Davington Priory
St. Ann's
Abbey
Watling
Boughton and Courtenay
East Downs
Canterbury & Coastal Quintiles
Least Deprived
Most Deprived
Source: Index of Multiple Deprivation 2015
Produced by: KPHO (DH, 27/10/2015)

6. Lifestyle

6.1 Alcohol

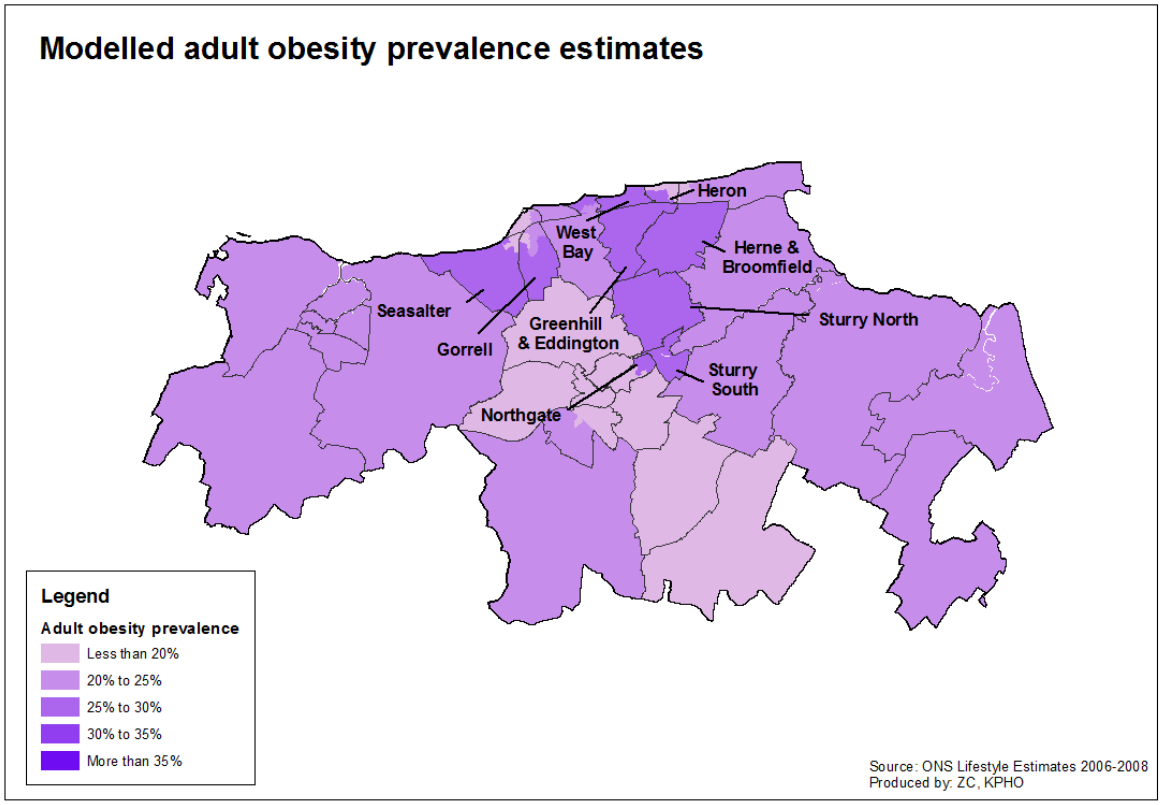
6.1.1 Modelled Binge Drinking Estimates



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

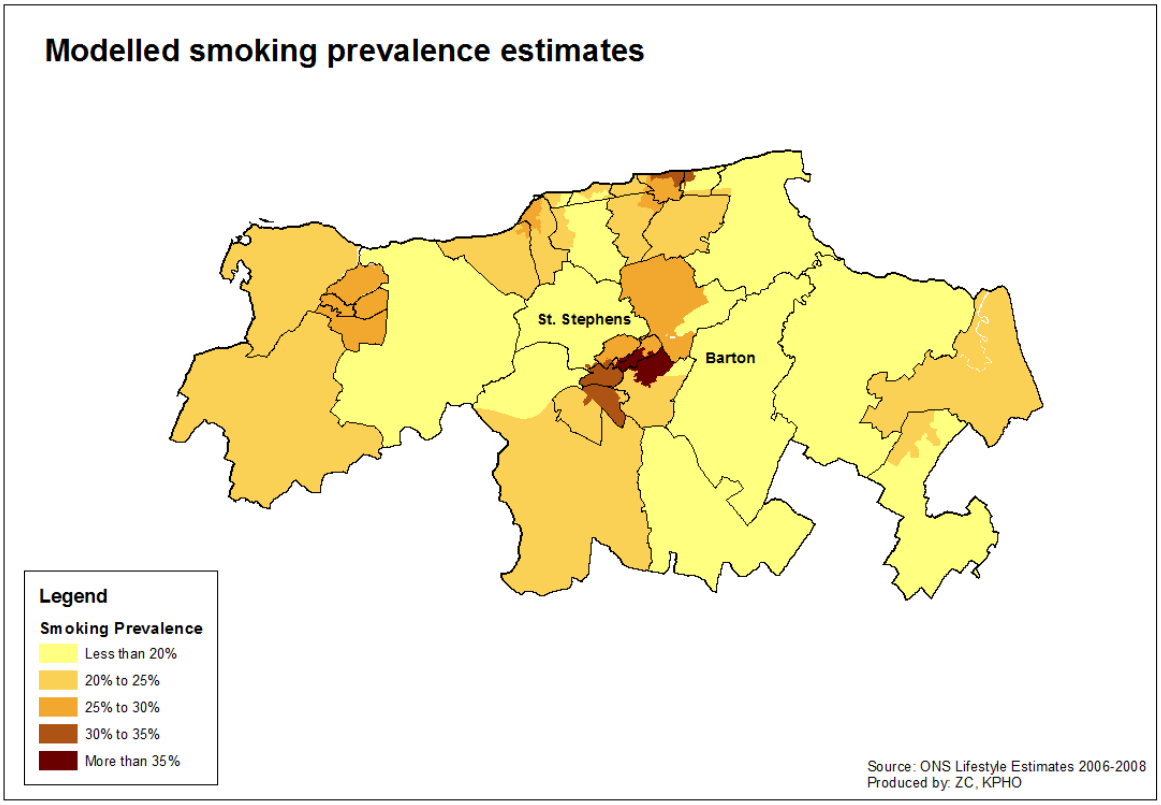
6.2.1 Modelled Adult Obesity Estimates



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



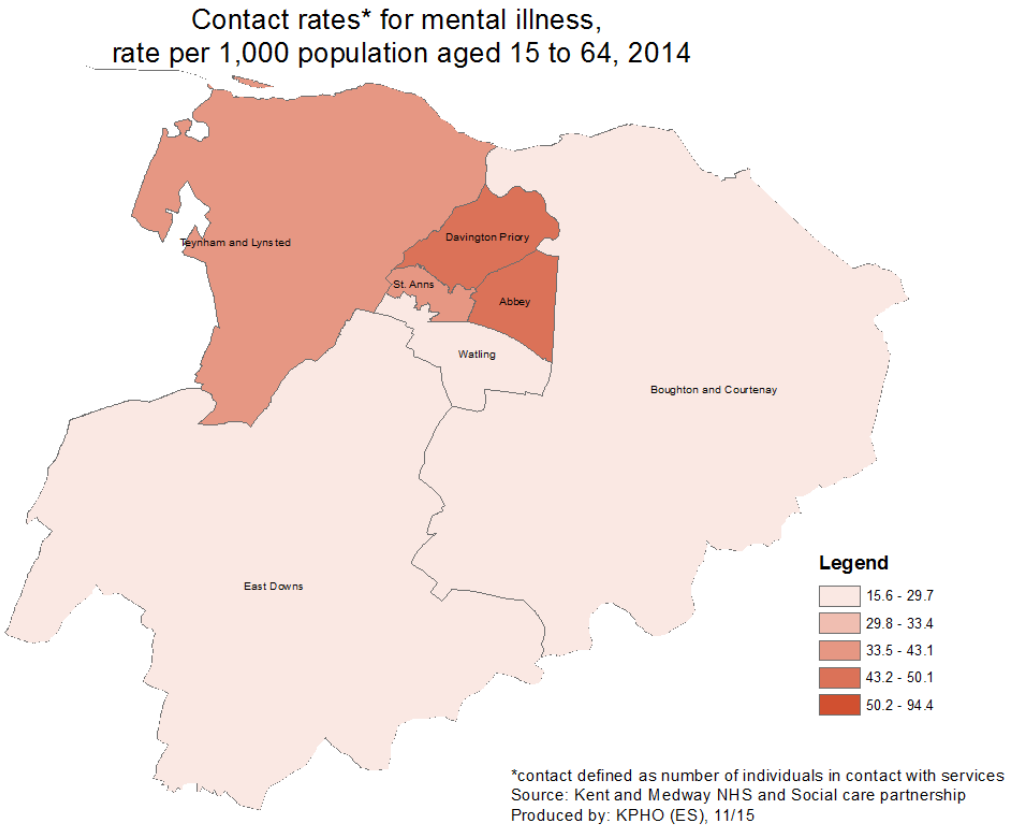
Modelled smoking prevalence figures, at a small area level, were produced by the Office for National Statistics. Highest levels are found in Barton, Northgate and St Stephens wards.

7. Mental Health

7.1 Contact with services

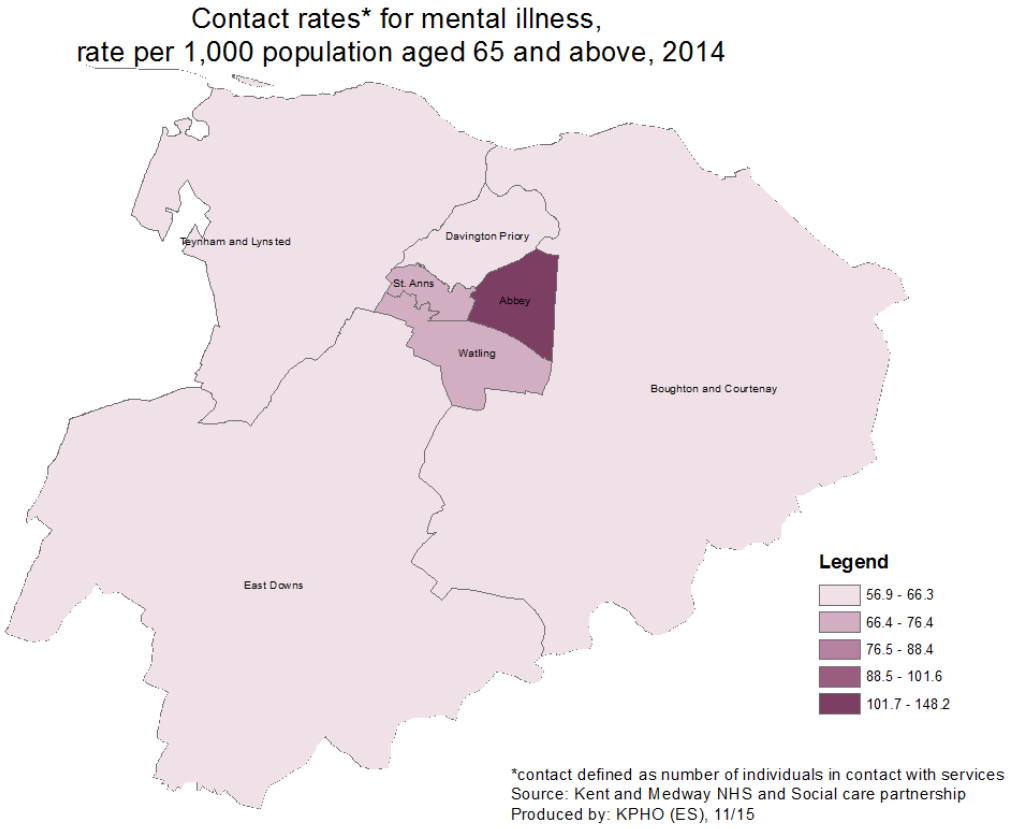
Mental health contact rate data has been provided by Kent and Medway NHS and social care partnership for 2014.

7.1.1 Mental health contacts: age 15 to 64



Within Faversham community network, Davington Priory has the highest mental health contact rate for people aged 15 to 64, at 45.9 contacts per 1,000 population. Watling (29.7), Boughton and Courtenay (24.3) and East Downs (15.6) have the lowest rates in this network, which all have significantly lower than both Canterbury and Coastal CCG and Kent. As a network, Faversham (34.8) has significantly lower rates than the CCG (43.8) and Kent (41.0).

7.1.2 Mental health contacts: age 65 and above



Abbey ward has a mental health contact rate of 148.2 per 1,000 population aged 65, significantly higher than both the CCG (88.8) and Kent (73.2). Boughton and Courtenay (60.7) and Teynham and Lynstead (56.9) have significantly lower rates than Canterbury and Coastal CCG. The Faversham network rate of 79.3 contacts per 1,000 population is not significantly different to either Canterbury and Coastal or Kent.

8. Quality outcomes framework

8.1 Recorded prevalence

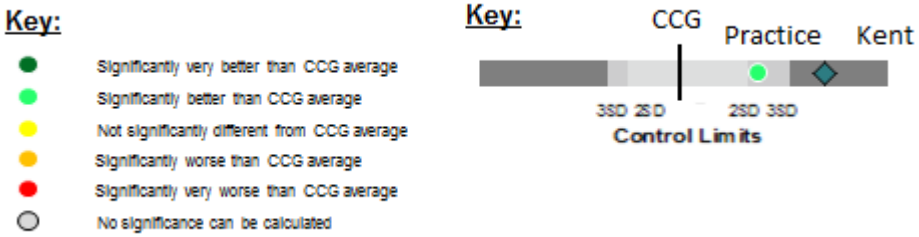
Spine charts have been produced to compare the general practice recorded prevalence of long term conditions with the Canterbury and Coastal CCG recorded prevalence in 2014/15.

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.



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 Faversham community network

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

Table 4

Age	Faversham
All age	30551
16+	25262
17+	24898
18+	24534

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

- Asthma
- Chronic kidney disease
- Diabetes
- Heart failure
- Hypertension
- Obesity

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

- Dementia
- Heart failure
- Mental health

Indicator	Faversham		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	643	2.1	2.1	0.2		2.8	1.9
Asthma	1922	6.3	5.8	3.1		7.0	5.6
Cancer	828	2.7	2.7	0.3		4.2	2.5
Coronary heart disease	956	3.1	3.3	0.2		4.8	3.1
Chronic kidney disease	1352	5.5	4.8	0.2		7.0	5.1
COPD	553	1.8	1.8	0.1		3.1	1.9
Dementia	234	0.8	0.9	0.0		1.5	0.8
Diabetes	1643	6.6	5.9	0.7		8.4	6.2
Epilepsy	218	0.9	0.8	0.2		1.4	0.8
Heart failure	156	0.5	0.6	0.0		1.1	0.6
Hypertension	4558	14.9	14.0	1.4		21.7	14.6
Learning disability	179	0.6	0.4	0.0		1.4	0.4
Mental health	202	0.7	0.9	0.6		1.6	0.8
Obesity	2062	8.2	7.8	2.7		16.7	8.9
Palliative care	58	0.2	0.1	0.0		0.3	0.2
Stroke	606	2.0	1.9	0.2		2.9	1.8

8.1.2 G82027 Faversham health centre

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

Table 5

Age	G82027
All age	14042
16+	11536
17+	11369
18+	11189

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

- Diabetes
- Obesity

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

- Dementia
- Heart failure
- Mental health

Indicator	G82027 - Faversham health centre		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	278	2.0	2.1	0.2		2.8	1.9
Asthma	798	5.7	5.8	3.1		7.0	5.6
Cancer	371	2.6	2.7	0.3		4.2	2.5
Coronary heart disease	437	3.1	3.3	0.2		4.8	3.1
Chronic kidney disease	528	4.7	4.8	0.2		7.0	5.1
COPD	252	1.8	1.8	0.1		3.1	1.9
Dementia	80	0.6	0.9	0.0		1.5	0.8
Diabetes	784	6.9	5.9	0.7		8.4	6.2
Epilepsy	99	0.9	0.8	0.2		1.4	0.8
Heart failure	46	0.3	0.6	0.0		1.1	0.6
Hypertension	2045	14.6	14.0	1.4		21.7	14.6
Learning disability	60	0.4	0.4	0.0		1.4	0.4
Mental health	90	0.6	0.9	0.6		1.6	0.8
Obesity	981	8.5	7.8	2.7		16.7	8.9
Palliative care	19	0.1	0.1	0.0		0.3	0.2
Stroke	275	2.0	1.9	0.2		2.9	1.8

8.1.3 G82039 Newton road surgery

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

Table 6

Age	G82039
All age	15202
16+	12607
17+	12429
18+	12257

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

- Asthma
- Chronic kidney disease
- Learning disability

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

- Mental health
- Obesity

Indicator	G82039 - Newton road surgery		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial fibrillation	347	2.3	2.1	0.2		2.8	1.9
Asthma	1043	6.9	5.8	3.1		7.0	5.6
Cancer	422	2.8	2.7	0.3		4.2	2.5
Coronary heart disease	481	3.2	3.3	0.2		4.8	3.1
Chronic kidney disease	770	6.3	4.8	0.2		7.0	5.1
COPD	276	1.8	1.8	0.1		3.1	1.9
Dementia	149	1.0	0.9	0.0		1.5	0.8
Diabetes	776	6.2	5.9	0.7		8.4	6.2
Epilepsy	113	0.9	0.8	0.2		1.4	0.8
Heart failure	95	0.6	0.6	0.0		1.1	0.6
Hypertension	2229	14.7	14.0	1.4		21.7	14.6
Learning disability	112	0.7	0.4	0.0		1.4	0.4
Mental health	104	0.7	0.9	0.6		1.6	0.8
Obesity	894	7.1	7.8	2.7		16.7	8.9
Palliative care	38	0.2	0.1	0.0		0.3	0.2
Stroke	311	2.0	1.9	0.2		2.9	1.8

8.1.4 G82179 Boughton medical centre

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

Table 7

Age	G82179
All age	1307
16+	1119
17+	1100
18+	1088

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

- Diabetes
- Hypertension
- Obesity

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

- Atrial fibrillation
- Dementia

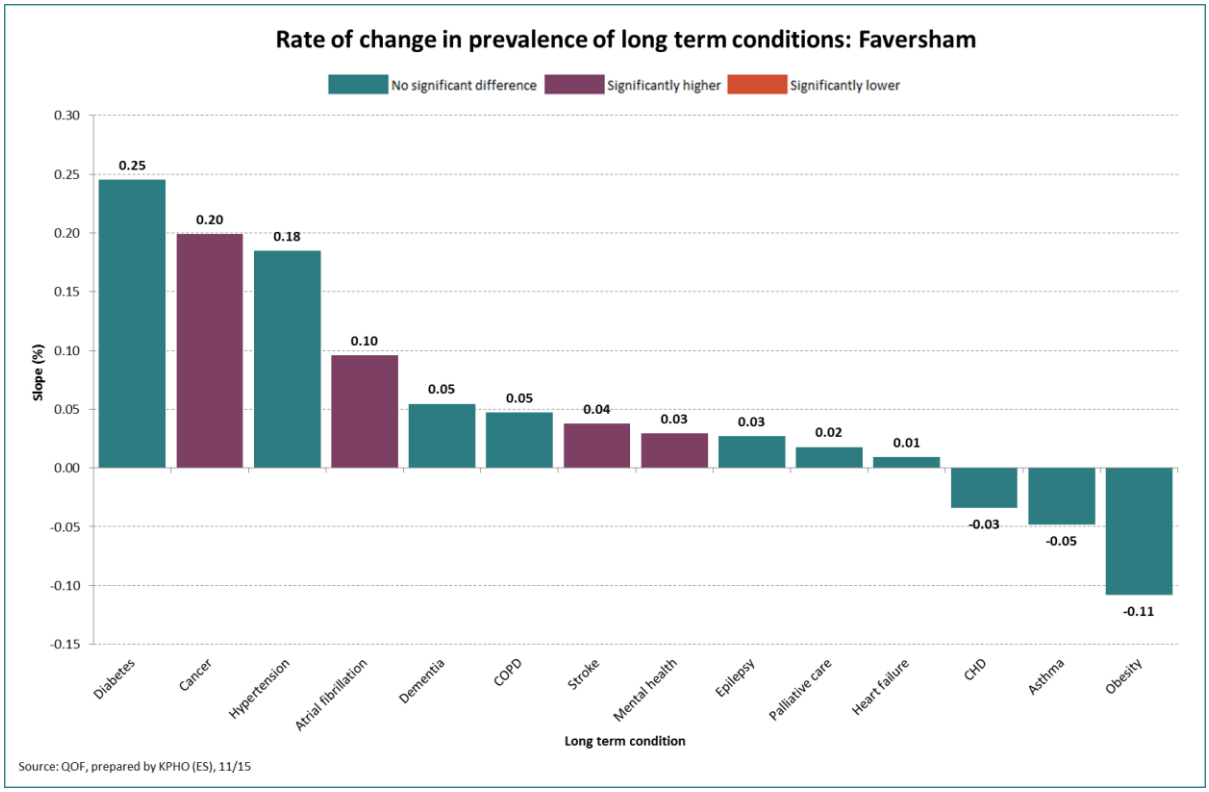
Indicator	G82179 - Boughton medical centre		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	18	1.4	2.1	0.2		2.8	1.9
Asthma	81	6.2	5.8	3.1		7.0	5.6
Cancer	35	2.7	2.7	0.3		4.2	2.5
Coronary heart disease	38	2.9	3.3	0.2		4.8	3.1
Chronic kidney disease	54	5.0	4.8	0.2		7.0	5.1
COPD	25	1.9	1.8	0.1		3.1	1.9
Dementia	5	0.4	0.9	0.0		1.5	0.8
Diabetes	83	7.5	5.9	0.7		8.4	6.2
Epilepsy	6	0.6	0.8	0.2		1.4	0.8
Heart failure	15	1.1	0.6	0.0		1.1	0.6
Hypertension	284	21.7	14.0	1.4		21.7	14.6
Learning disability	7	0.5	0.4	0.0		1.4	0.4
Mental health	8	0.6	0.9	0.6		1.6	0.8
Obesity	187	16.7	7.8	2.7		16.7	8.9
Palliative care	1	0.1	0.1	0.0		0.3	0.2
Stroke	20	1.5	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.

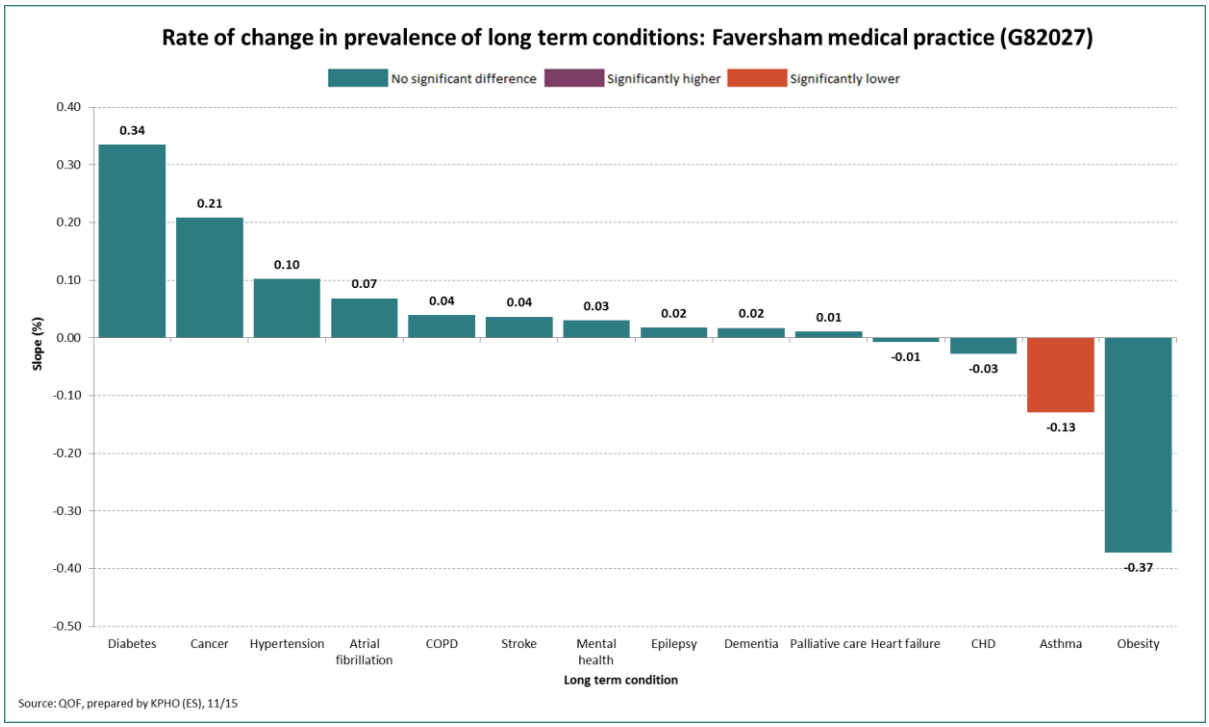
8.2.1 Faversham community network

The annual rate of change observed in prevalence of cancer, atrial fibrillation, stroke and mental health is significantly higher than England.



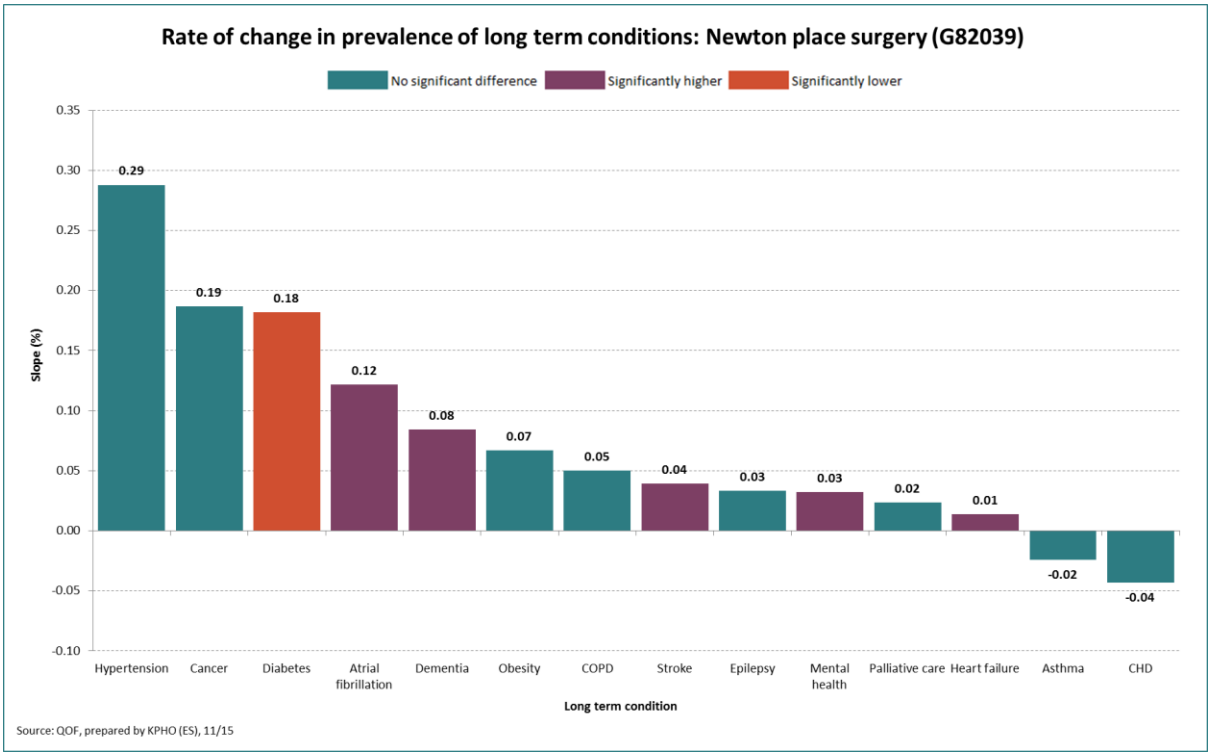
8.2.2 G82027 Faversham health centre

The annual rate of change observed in prevalence of asthma is significantly lower than England.



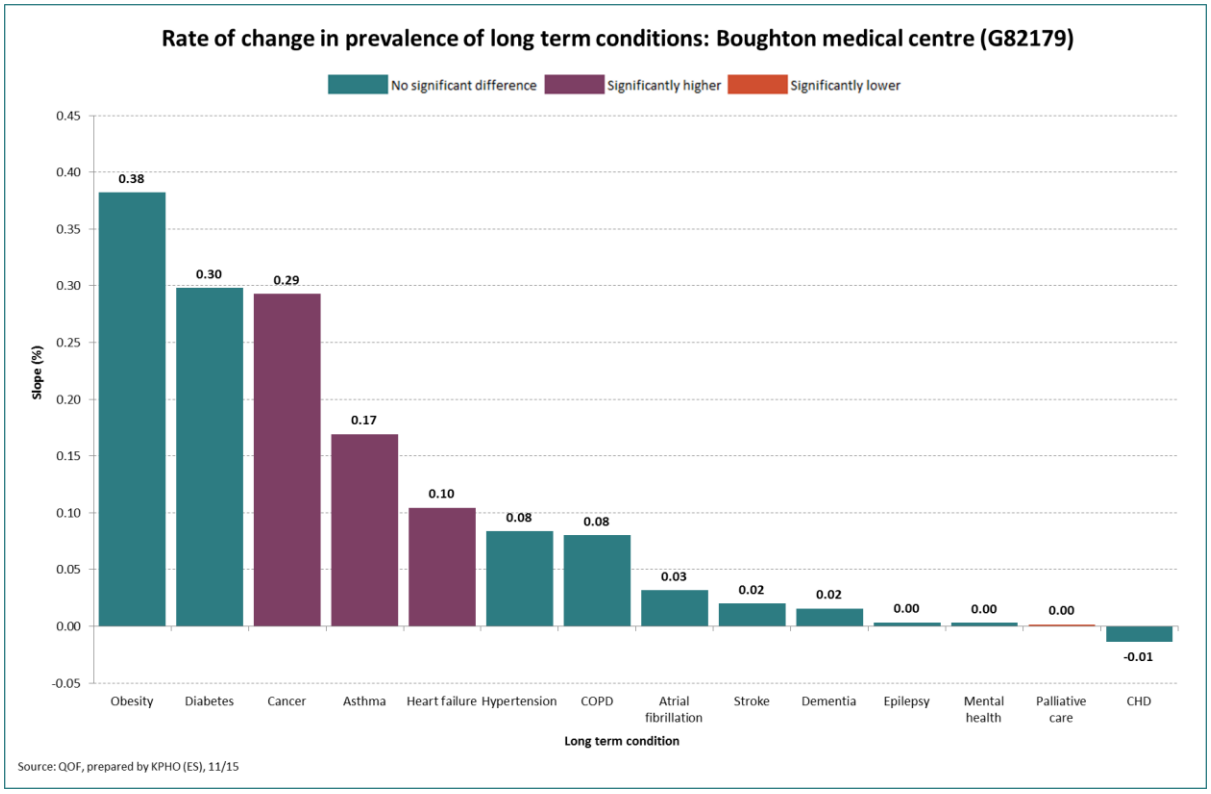
8.2.3 G82039 Newton road surgery

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



8.2.4 G82179 Boughton medical centre

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

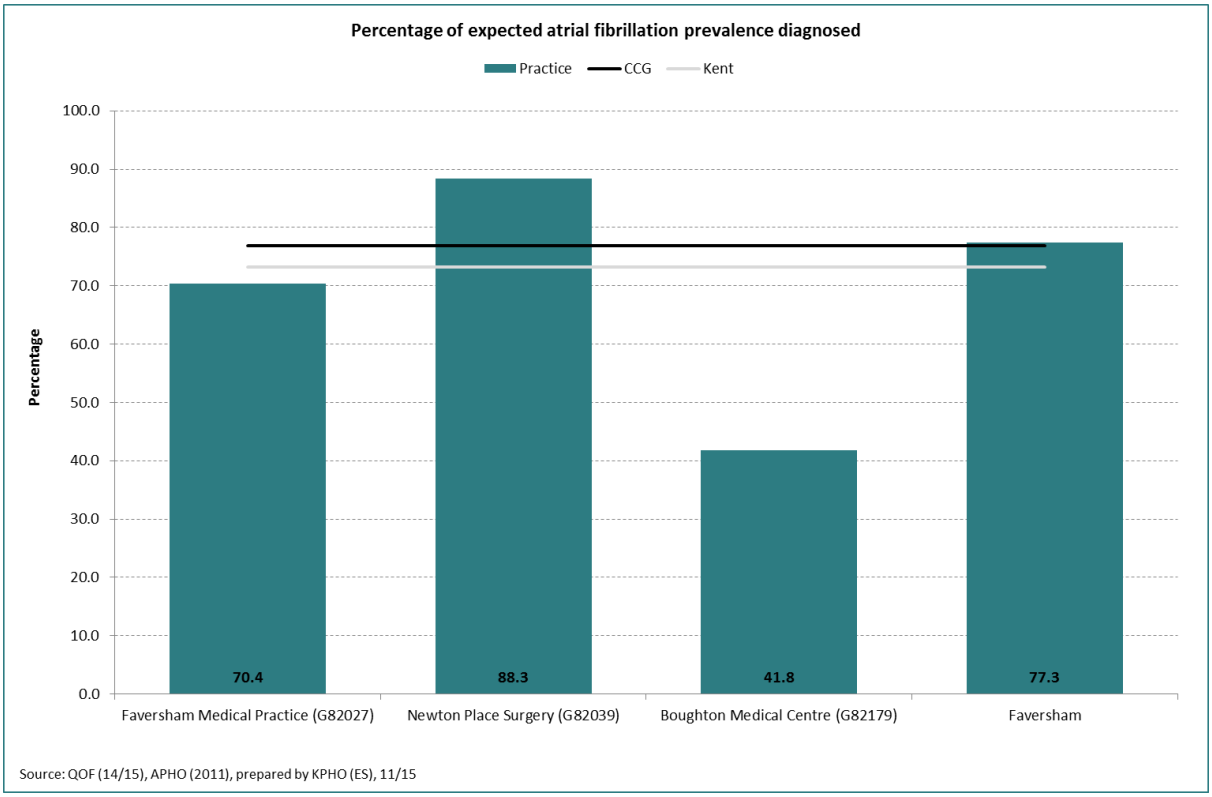


8.3 Recorded and expected prevalence

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:

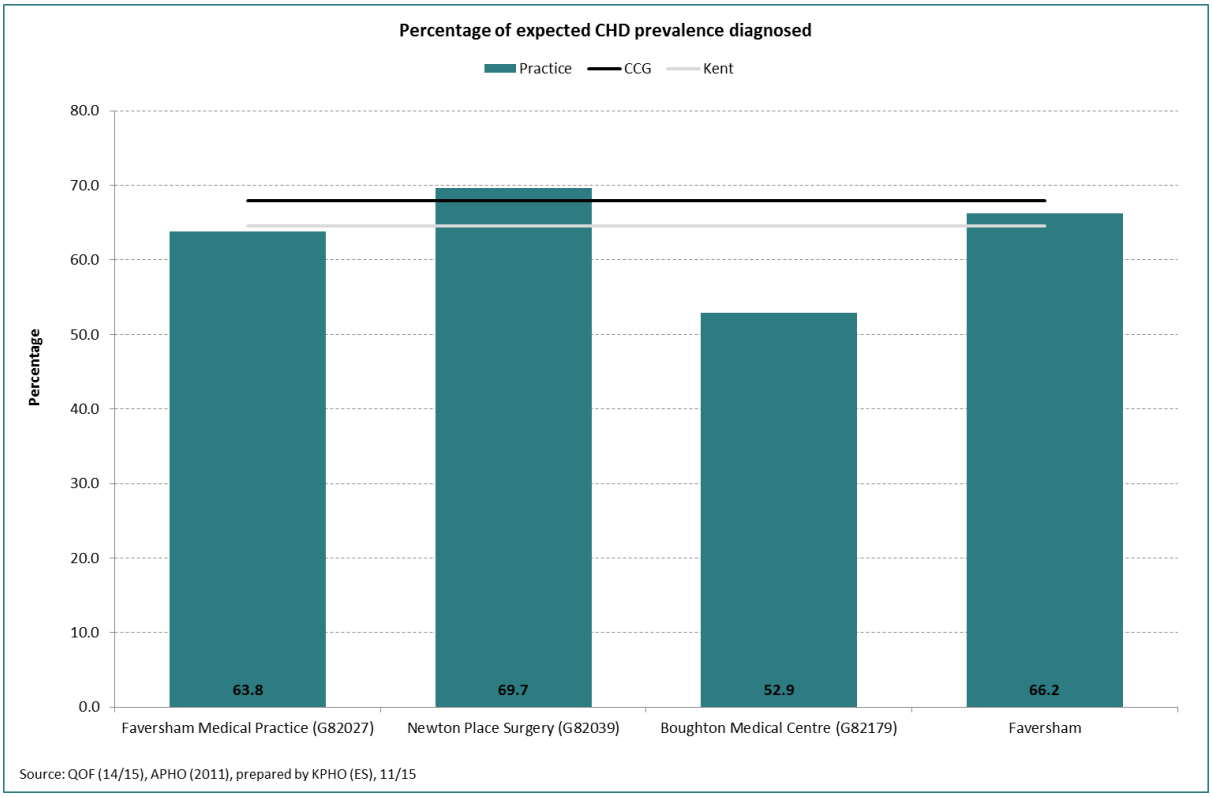
- Atrial fibrillation (2015, source: Public Health England)
- Coronary heart disease (2011, source: APHO)
- Hypertension (2011, source: APHO)
- Stroke (2011, source: APHO)
- COPD (2011, source: APHO)
- Dementia (2012, source: Primary Care Web Tool)

8.3.1 Atrial fibrillation



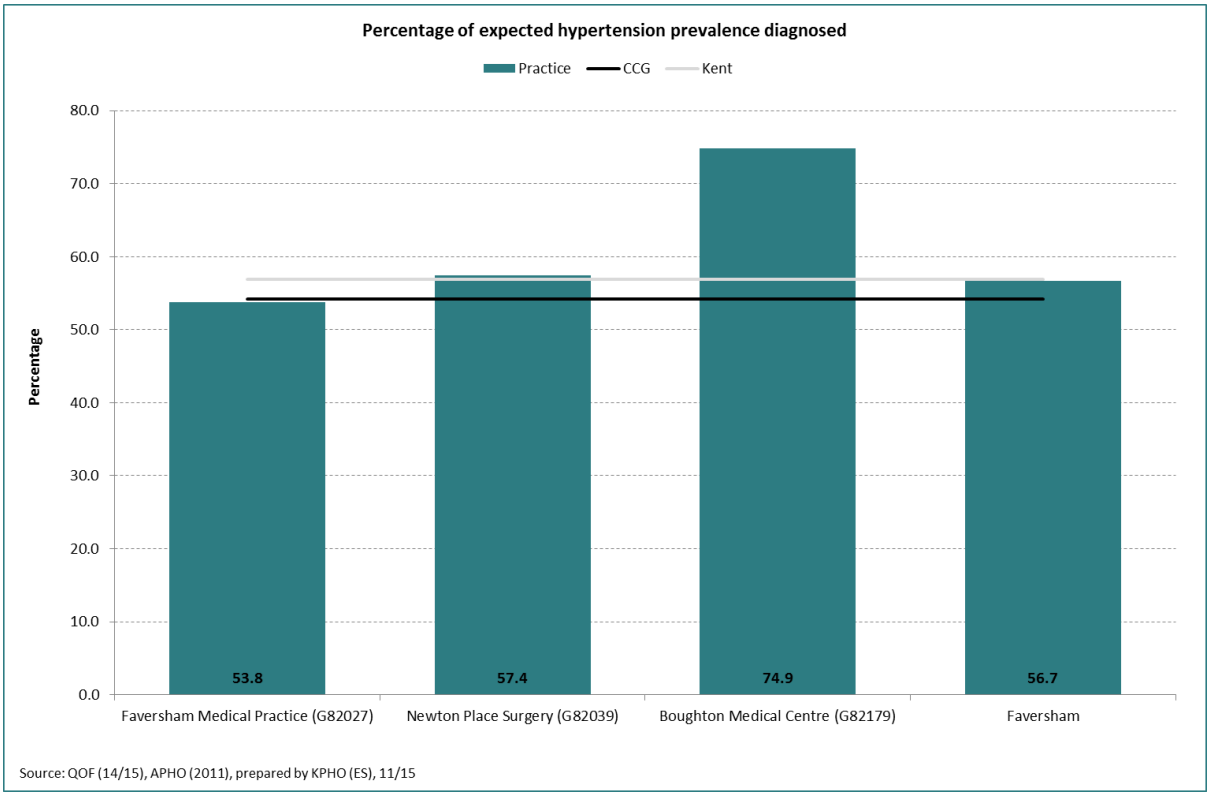
As a network, Faversham has identified 77.3% of the expected number of atrial fibrillation cases, slightly higher than the CCG (76.8%) and Kent (73.3%) percentages. Within the network, the percentage of cases detected ranges from 41.8% (Boughton medical centre) to 86.3% at Newton place surgery. Boughton medical practice has identified a significantly lower proportion of cases in comparison to other practices within Canterbury and Coastal CCG.

8.3.2 Coronary heart disease



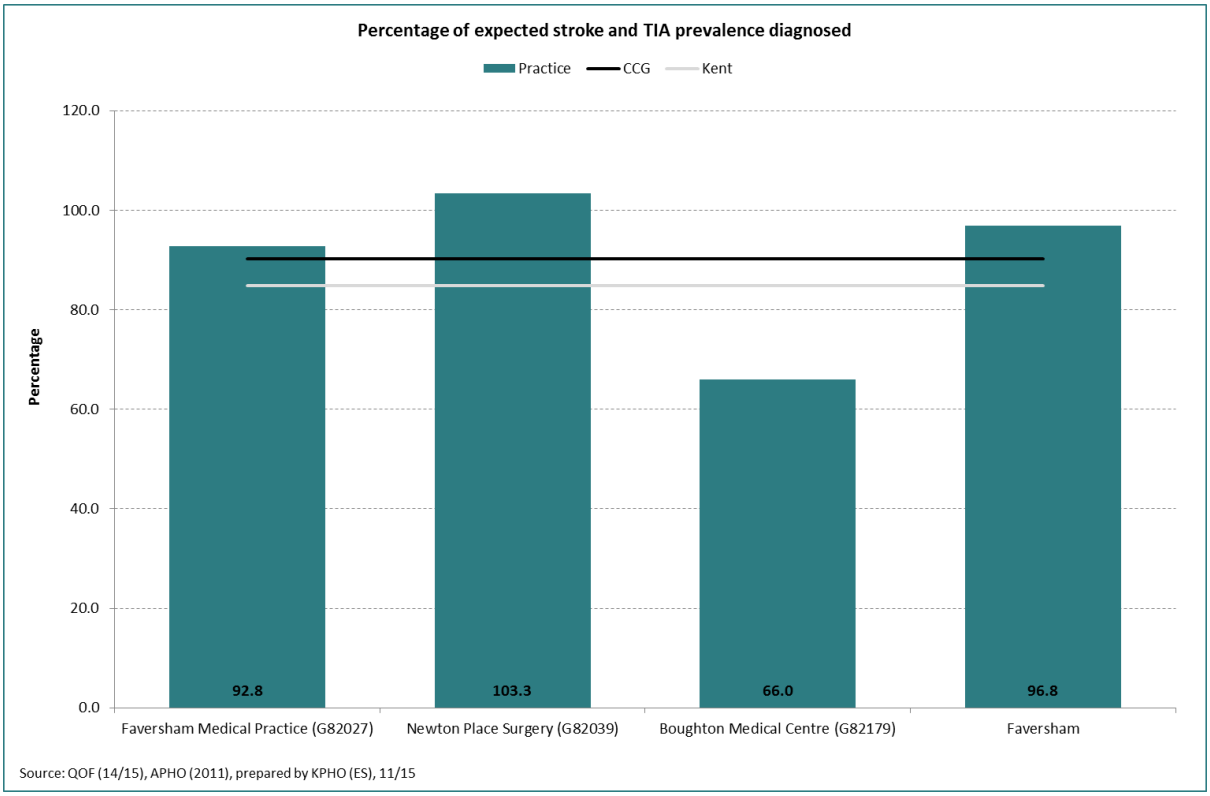
66.2% of the expected number of CHD patients have been identified in Faversham network, less than the CCG percentage (67.9%), but greater than the Kent percentage (64.5%). Boughton medical centre has identified the lowest percentage of cases (52.9%), whilst Newton place surgery has the highest percentage of diagnosed cases within the network, at 69.7%.

8.3.3 Hypertension



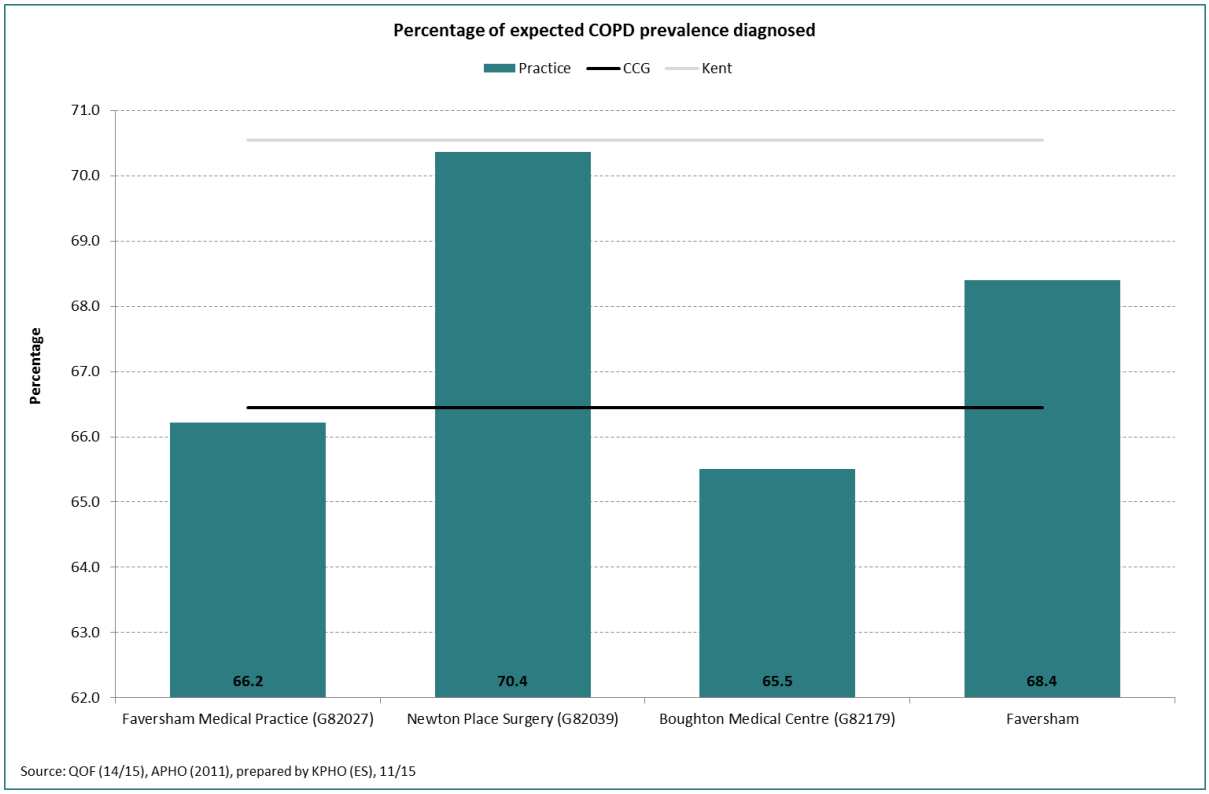
Across the Faversham network, 56.7% of hypertension cases have been diagnosed, more than the CCG (54.2%) percentage and very similar to the Kent (57.0%) percentage. Faversham medical practice has identified the lowest proportion of cases (53.8%) in comparison to other practices within the network. Boughton medical centre has diagnosed the highest percentage of estimated cases, at 74.9%. This is a significantly higher percentage of expected cases diagnosed than other practices within the CCG.

8.3.4 Stroke



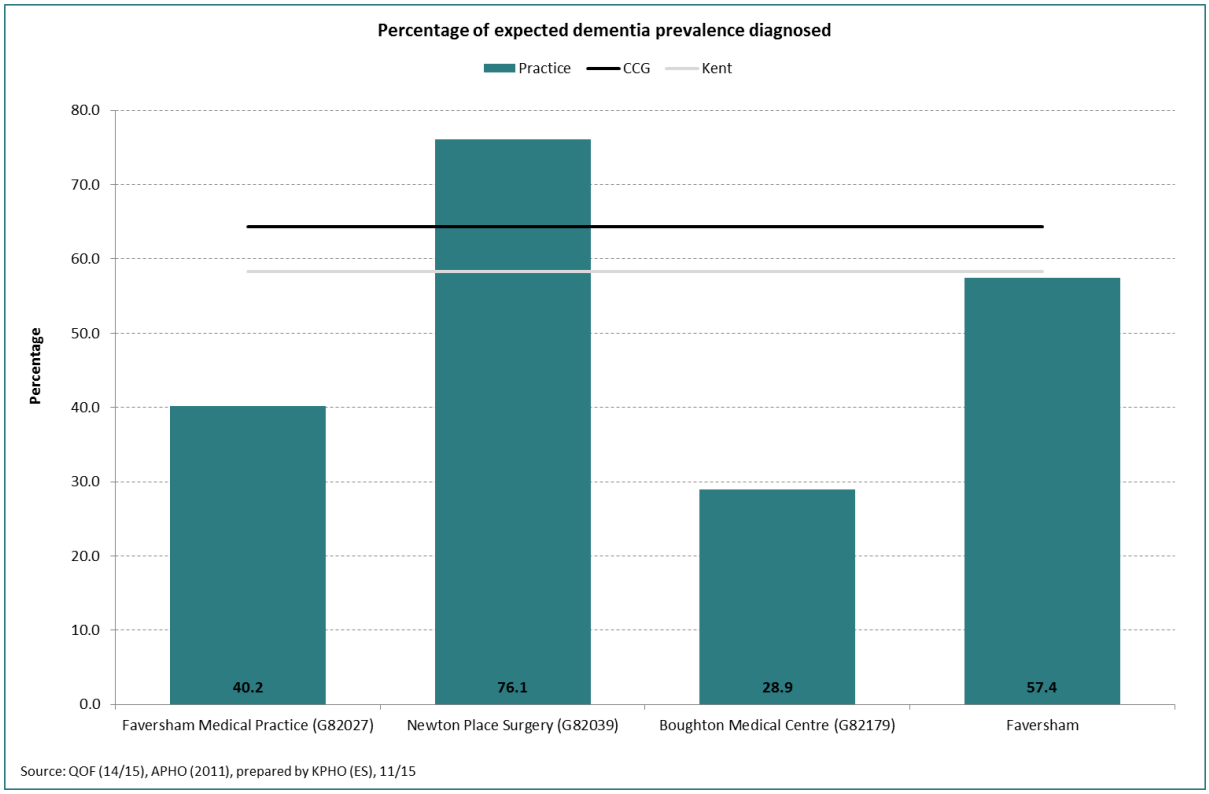
Across Faversham network (96.8%), a higher percentage of stroke and TIA cases have been diagnosed than in Canterbury and Coastal CCG (90.3%) and Kent (84.8%). Boughton medical centre have identified the lowest proportion of cases in the network, at 66.0%, whilst Newton place surgery has diagnosed the highest proportion, at 103.3%. 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 higher percentage of estimated COPD cases have been diagnosed in Faversham network (68.4%) compared to Canterbury and Coastal CCG (66.4%), but a lower proportion in comparison to Kent (70.6%). Newton place surgery has identified the highest proportion of cases within the network (70.4%) whilst Boughton medical centre has diagnosed a lower proportion (65.5%) than other practices within the network.

8.3.6 Dementia

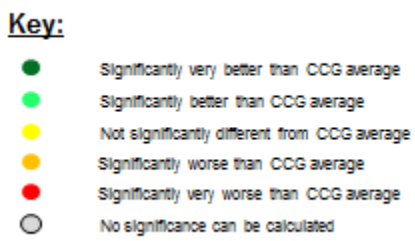


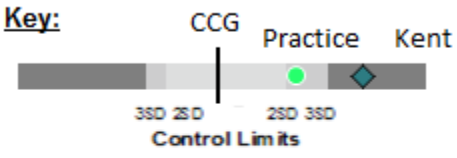
57.4% of estimated dementia cases in Faversham network have been diagnosed; this is lower than both the CCG (64.3%) and Kent (58.3%) proportions. Within the network, the percentage of cases diagnosed ranges from 28.9% (Boughton medical centre) to 76.1% (Newton place surgery). Boughton medical centre 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.





8.4.1 Faversham community network

Faversham community network has significantly higher performance than the CCG for CHD 006, diabetes 003, diabetes 007 and diabetes 009. The network has significantly lower performance for the following indicators:

- Asthma 003
- COPD 003
- Mental health 002
- Stroke and TIA 003

Indicator	Faversham		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	324	86.6	87.2	65.3		100.0	86.6
Asthma 003	1168	65.7	70.6	53.4		85.2	72.2
CHD 002	844	92.7	93.1	83.8		98.6	92.0
CHD 006	65	100.0	98.9	92.0		100.0	97.6
COPD 003	392	82.7	88.4	72.0		100.0	88.4
COPD 004	350	80.6	84.1	60.5		98.5	85.2
Diabetes 003	1269	84.4	80.1	61.3		96.4	77.6
Diabetes 007	1070	79.6	73.7	57.1		89.5	71.0
Diabetes 009	1349	93.5	89.7	78.4		97.4	87.5
Diabetes 014	37	94.9	91.3	68.6		100.0	89.4
Mental health 002	114	71.7	83.1	42.3		100.0	86.2
Stroke and TIA 003	485	83.3	87.6	82.3		97.8	87.3

8.4.2 G82027 Faversham health centre

Faversham health centre has significantly higher performance than the CCG for CHD 006, diabetes 003, diabetes 007 and diabetes 009. The practice has significantly lower performance for the following indicators:

- Asthma 003
- COPD 003
- COPD 004
- Mental health 002

Indicator	G82027 Faversham health centre		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	130	89.0	87.2	65.3		100.0	86.6
Asthma 003	455	62.7	70.6	53.4		85.2	72.2
CHD 002	381	95.3	93.1	83.8		98.6	92.0
CHD 006	29	100.0	98.9	92.0		100.0	97.6
COPD 003	152	72.0	88.4	72.0		100.0	88.4
COPD 004	152	74.9	84.1	60.5		98.5	85.2
Diabetes 003	630	89.0	80.1	61.3		96.4	77.6
Diabetes 007	516	80.0	73.7	57.1		89.5	71.0
Diabetes 009	642	94.1	89.7	78.4		97.4	87.5
Diabetes 014	25	92.6	91.3	68.6		100.0	89.4
Mental health 002	30	42.3	83.1	42.3		100.0	86.2
Stroke and TIA 003	223	84.5	87.6	82.3		97.8	87.3

8.4.3 G82039 Newton road surgery

Newton road surgery has significantly higher performance than the CCG for CHD 006, diabetes 007, diabetes 009, diabetes 014 and mental health 002. The practice has significantly lower performance for the following indicators:

- Asthma 003
- CHD 002
- Stroke and TIA 003

Indicator	G82039 Newton Road Surgery		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	169	83.3	87.2	65.3		100.0	86.6
Asthma 003	644	66.4	70.6	53.4		85.2	72.2
CHD 002	426	90.3	93.1	83.8		98.6	92.0
CHD 006	35	100.0	98.9	92.0		100.0	97.6
COPD 003	217	90.8	88.4	72.0		100.0	88.4
COPD 004	176	85.0	84.1	60.5		98.5	85.2
Diabetes 003	559	78.4	80.1	61.3		96.4	77.6
Diabetes 007	486	78.0	73.7	57.1		89.5	71.0
Diabetes 009	632	92.4	89.7	78.4		97.4	87.5
Diabetes 014	6	100.0	91.3	68.6		100.0	89.4
Mental health 002	77	95.1	83.1	42.3		100.0	86.2
Stroke and TIA 003	246	82.3	87.6	82.3		97.8	87.3

8.4.4 G82179 Boughton medical centre

Newton road surgery has significantly higher performance than the CCG for asthma 002, asthma 003, CHD 006, diabetes 003, diabetes 007, diabetes 009, diabetes 014 and mental health 002.

Indicator	G82179 Boughton Medical Centre		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	25	100.0	87.2	65.3		100.0	86.6
Asthma 003	69	85.2	70.6	53.4		85.2	72.2
CHD 002	37	97.4	93.1	83.8		98.6	92.0
CHD 006	1	100.0	98.9	92.0		100.0	97.6
COPD 003	23	95.8	88.4	72.0		100.0	88.4
COPD 004	22	91.7	84.1	60.5		98.5	85.2
Diabetes 003	80	96.4	80.1	61.3		96.4	77.6
Diabetes 007	68	89.5	73.7	57.1		89.5	71.0
Diabetes 009	75	97.4	89.7	78.4		97.4	87.5
Diabetes 014	6	100.0	91.3	68.6		100.0	89.4
Mental health 002	7	100.0	83.1	42.3		100.0	86.2
Stroke and TIA 003	16	84.2	87.6	82.3		97.8	87.3

9. Hospital activity

9.1 Emergency Hospital Admissions

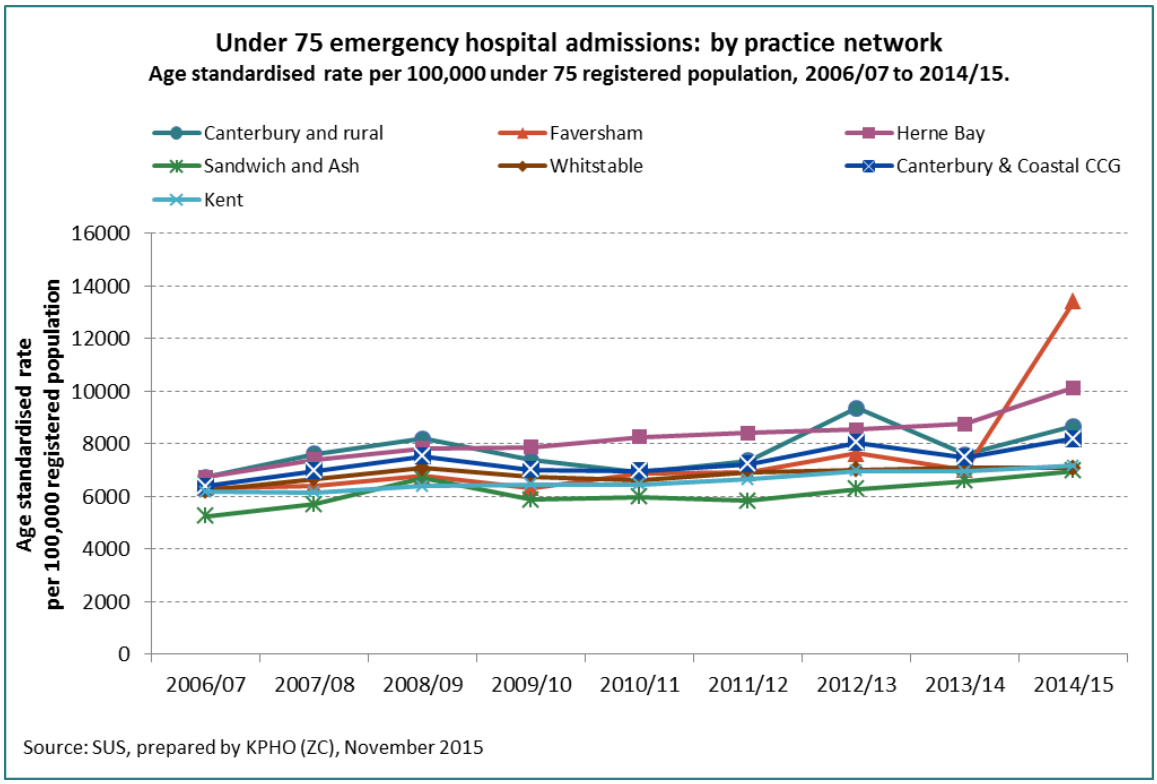
The following Chapter explores the level of emergency hospital admissions in the under 75 population. This has focused on the ambulatory care sensitive conditions, including; asthma, chronic obstructive pulmonary disease and diabetes complications, as well as, a range of other diagnoses. High levels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

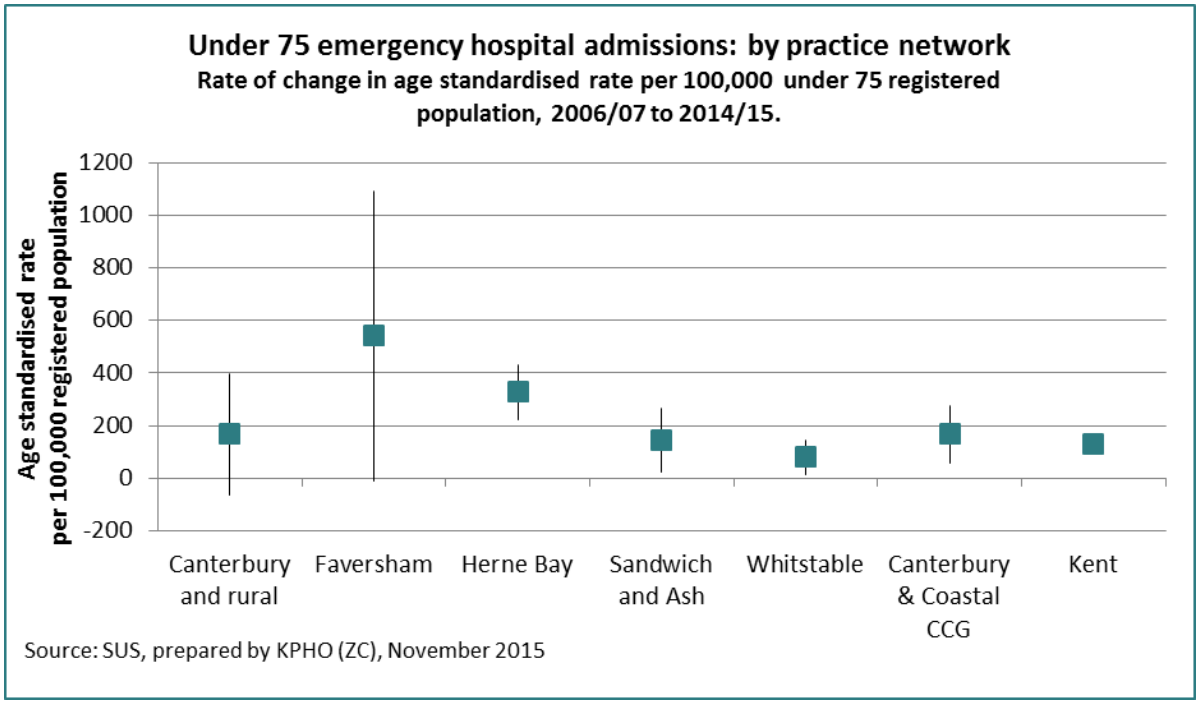
Notes on methodology:

- 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.

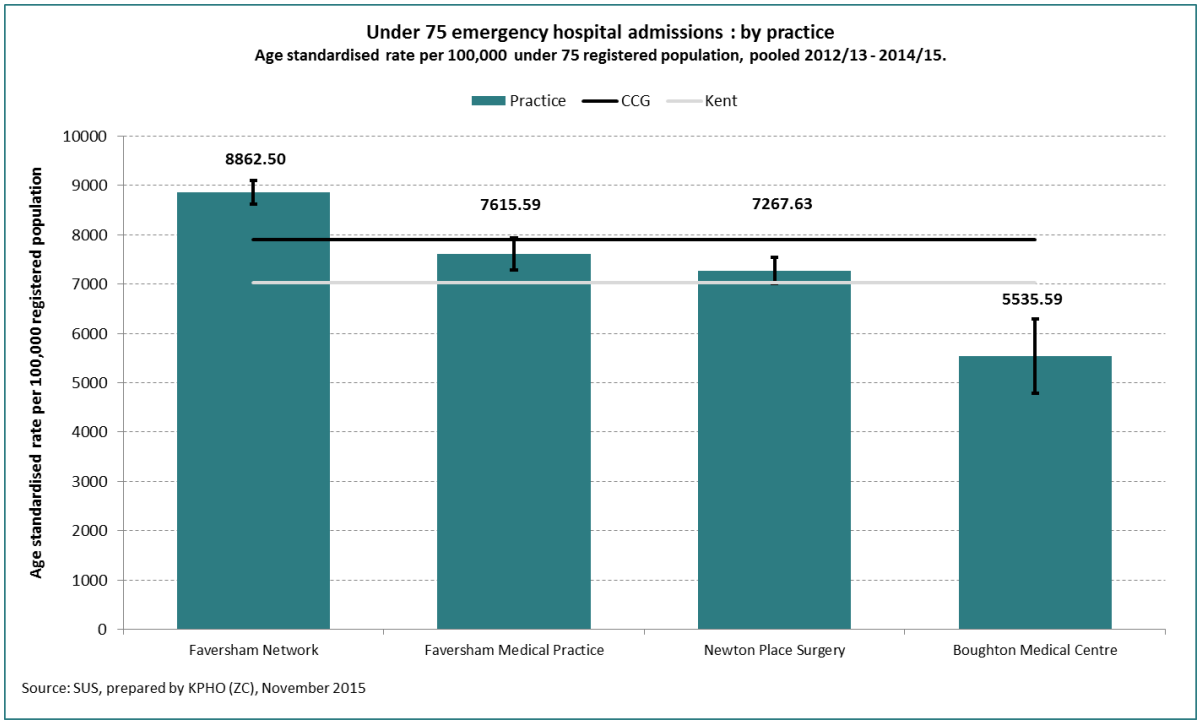
9.1.1 Emergency Hospital Admissions

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



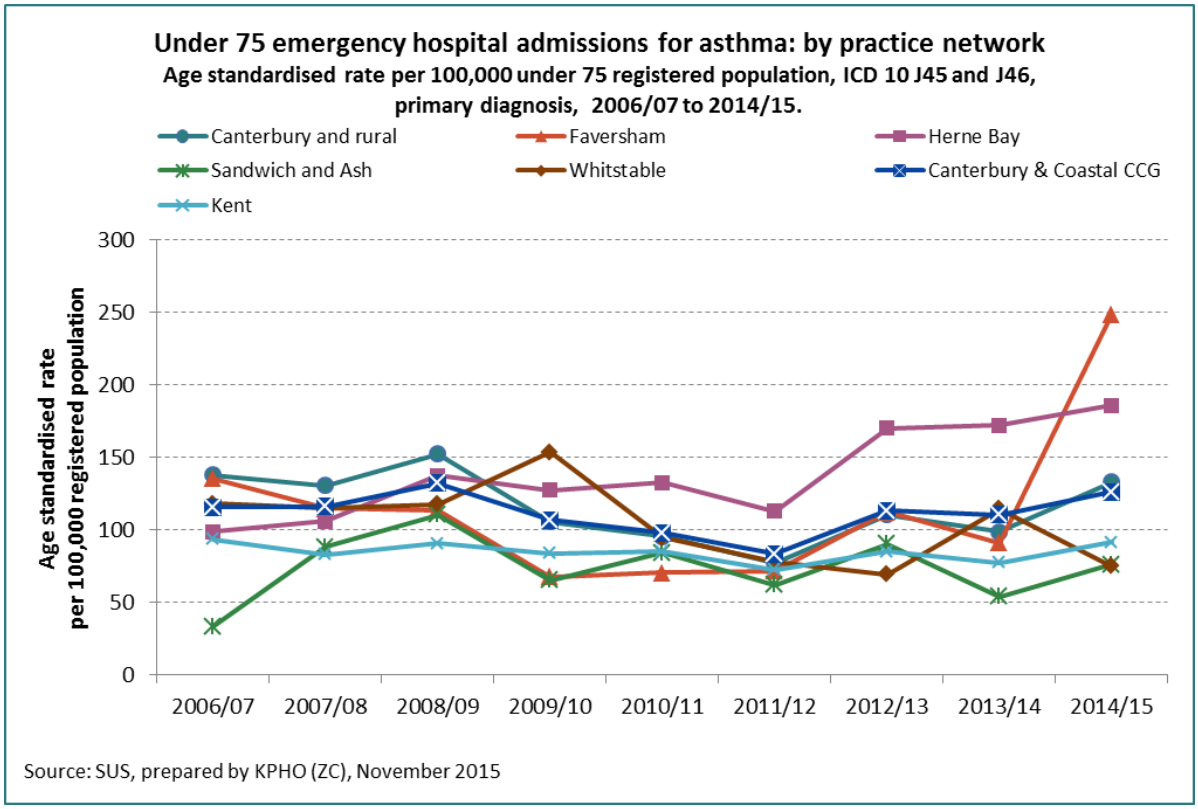


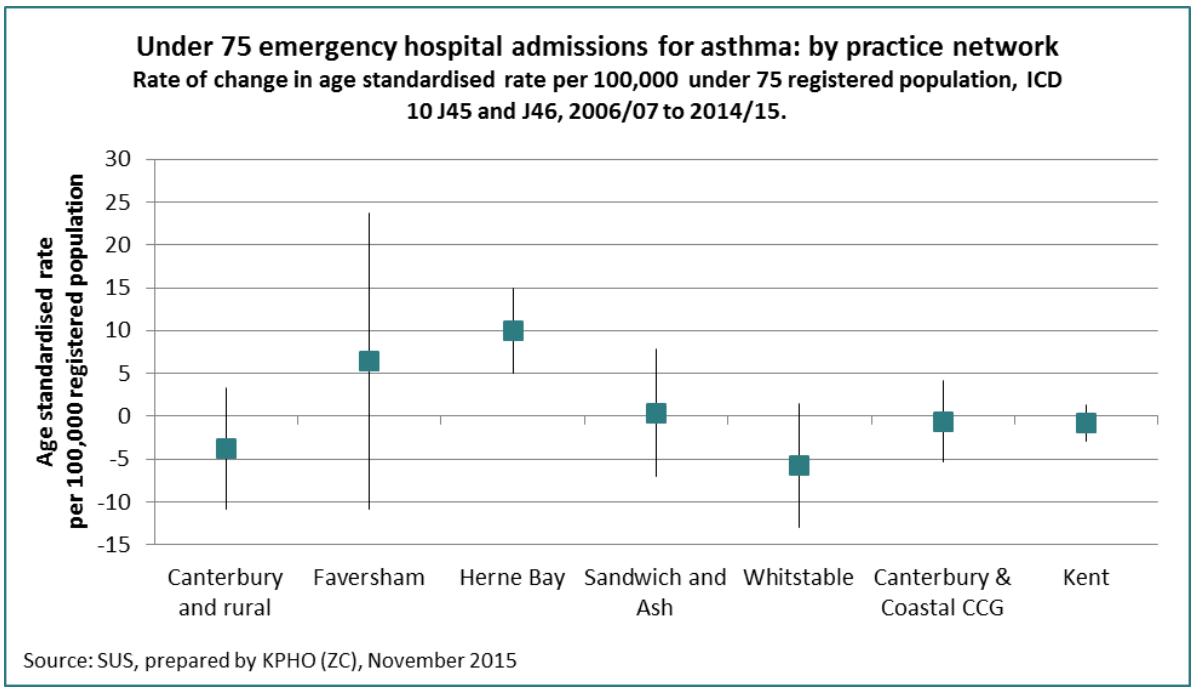
The age standardised rates of emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.



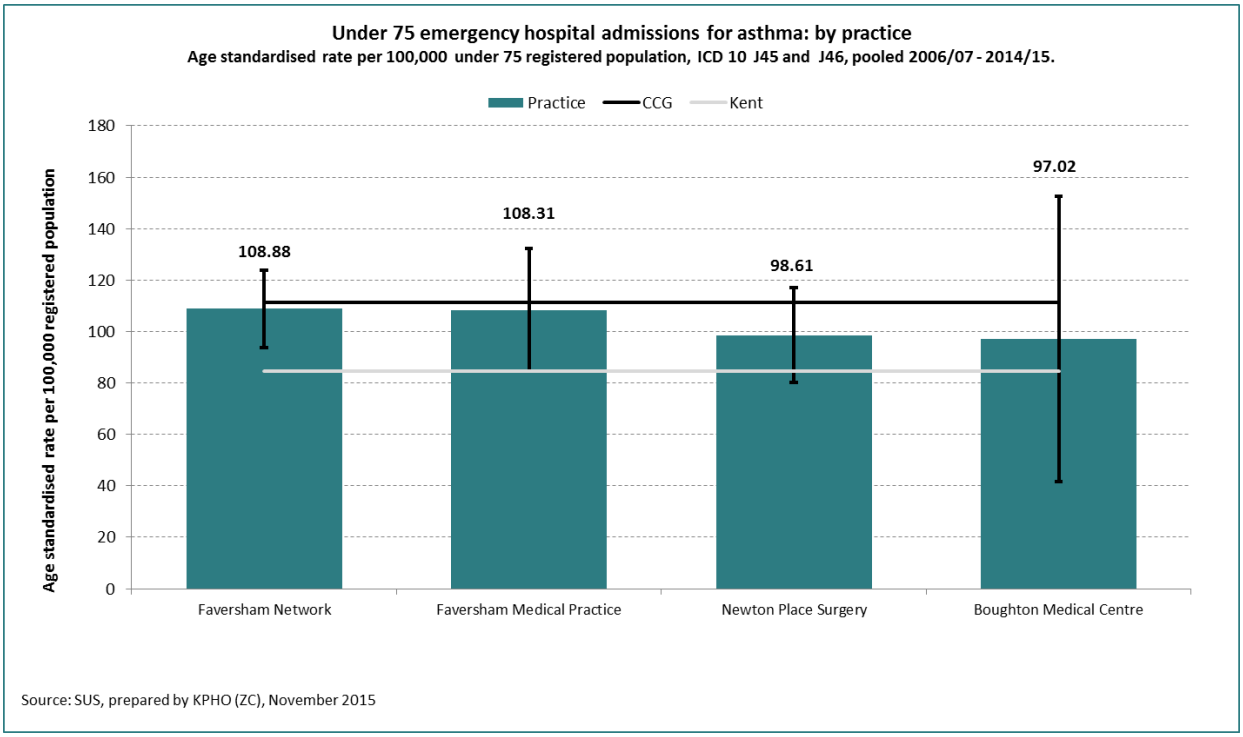
9.1.2 Asthma

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 Faversham practice network did not show a rate of change that was significantly different to Kent.





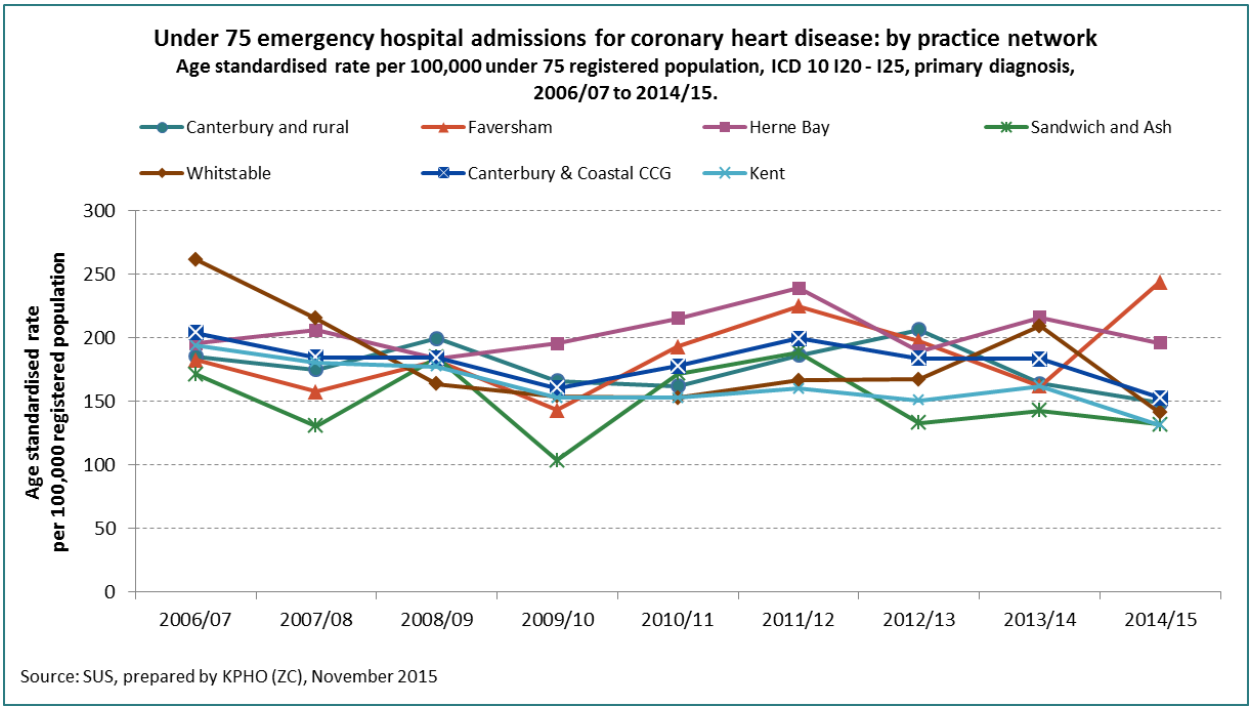
The age standardised rates of asthma emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.



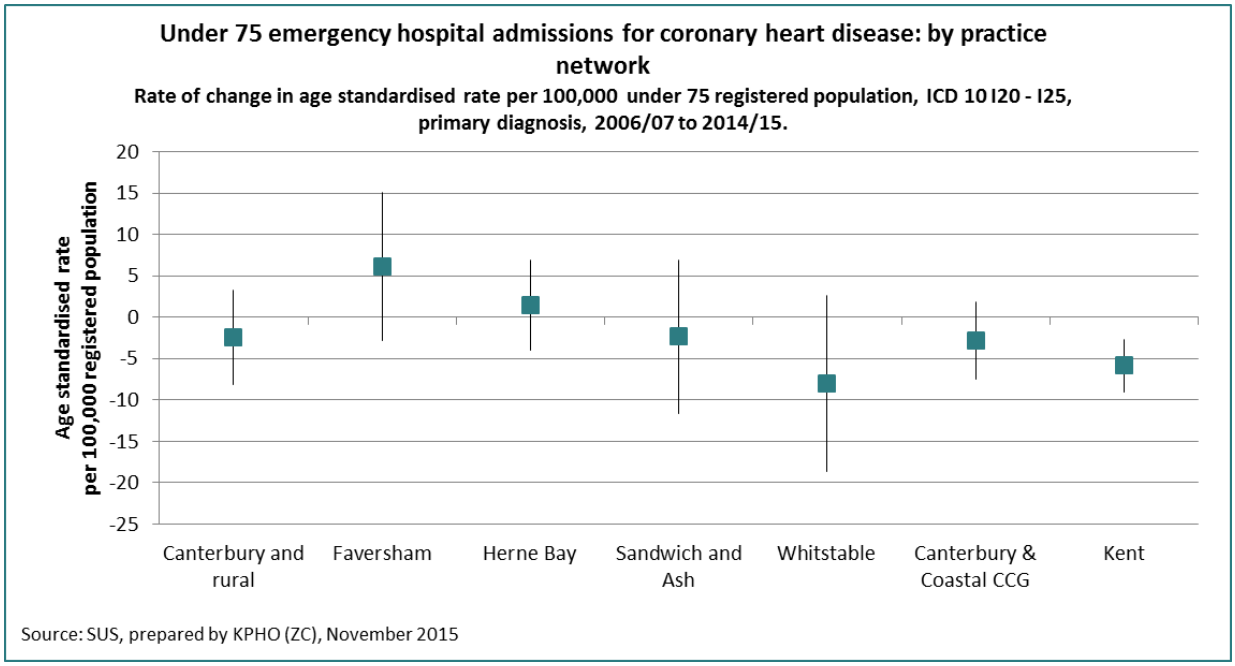
Source: SUS, prepared by KPHO (ZC), November 2015

9.1.3 Coronary Heart Disease

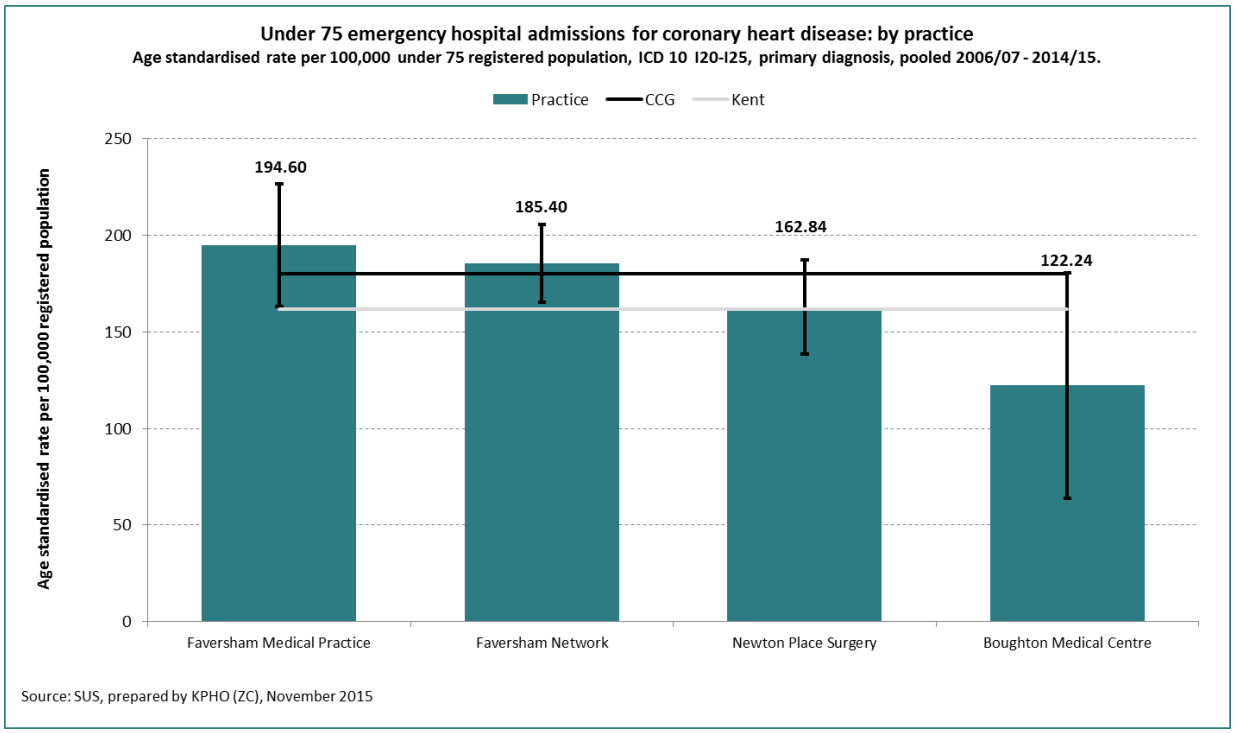
In Kent, the age standardised rate of coronary heart disease emergency hospital admissions in the under 75 population has shown a decreasing trend between 2006/07 and 2014/15. The Faversham practice networks did not show a rate of change that was significantly different to Kent.



Source: SUS, prepared by KPHO (ZC), November 2015

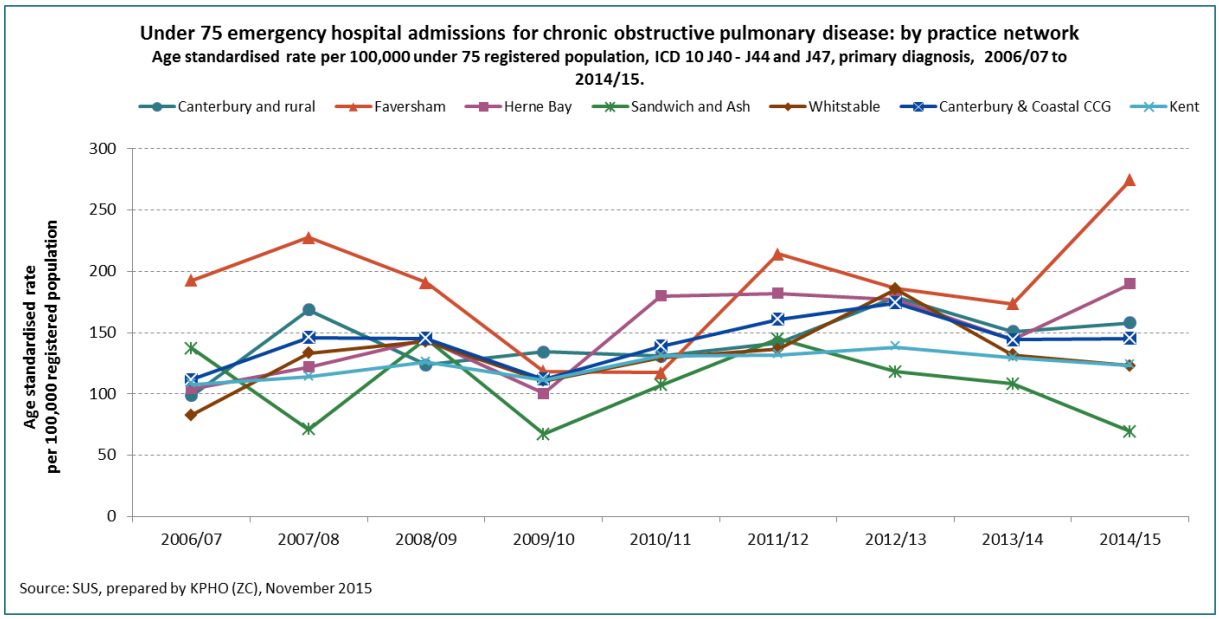


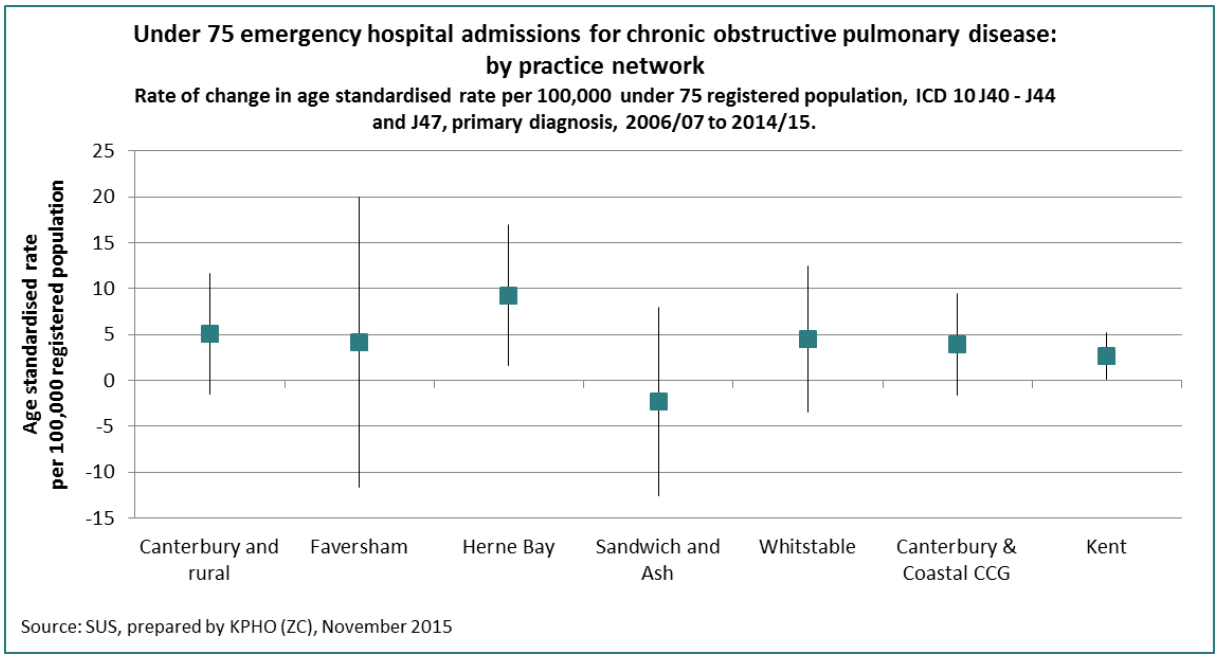
The age standardised rates of coronary heart disease emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.



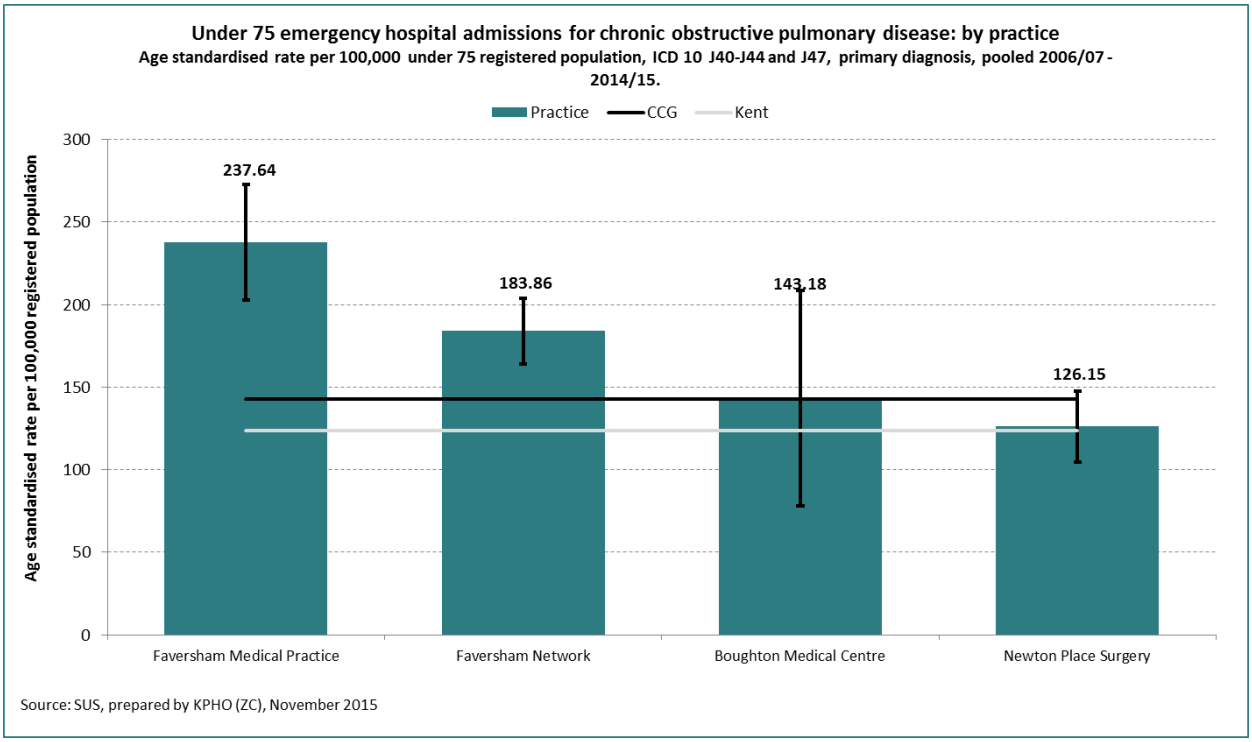
9.1.4 Chronic Obstructive Pulmonary Disease

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 Faversham practice networks did not show a rate of change that was significantly different to Kent.



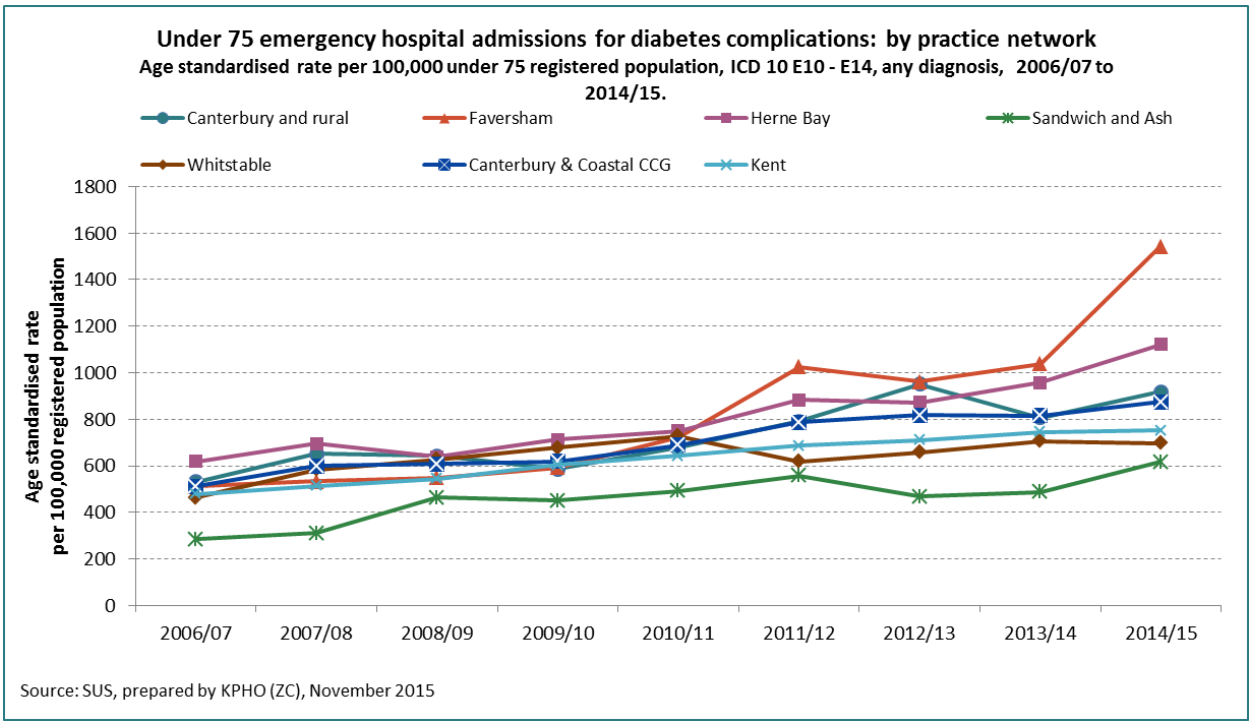


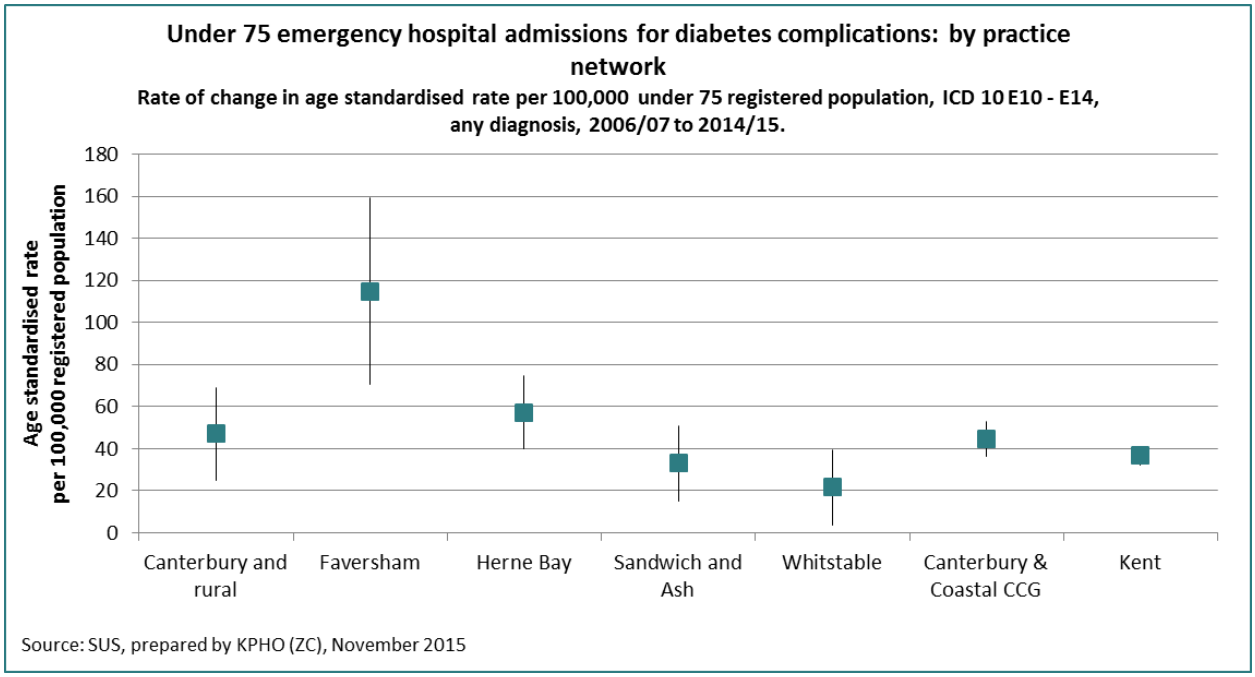
Significantly higher age standardised rates of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for Faversham Medical Practice.



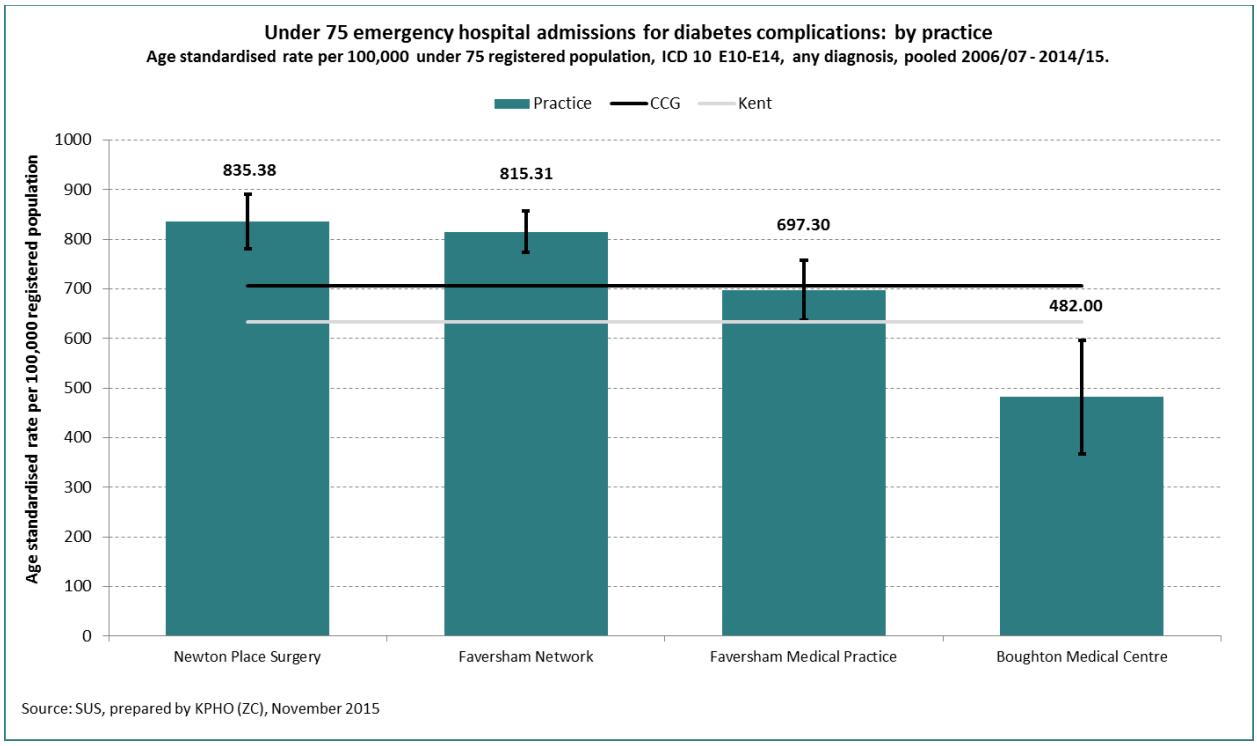
9.1.5 Diabetes Complications

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 Faversham practice networks showed a rate of change that was significantly higher to Kent.



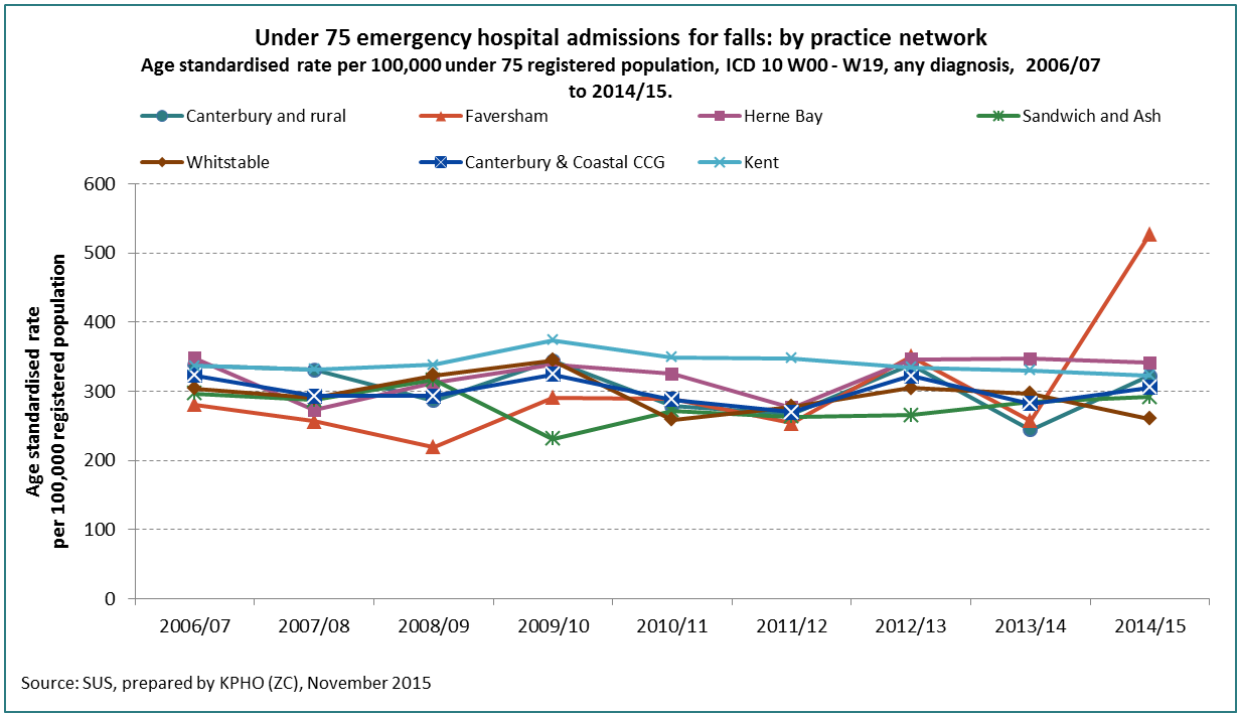


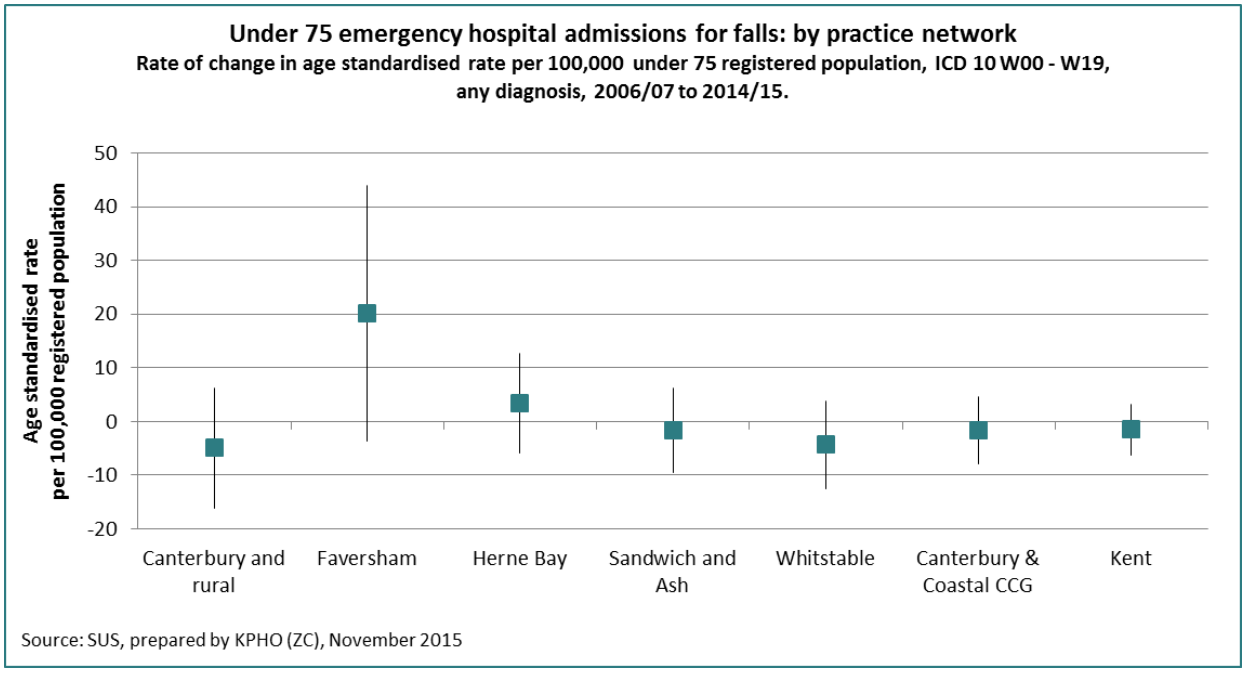
Significantly higher age standardised rates of diabetes complication emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for Newton Place Surgery.



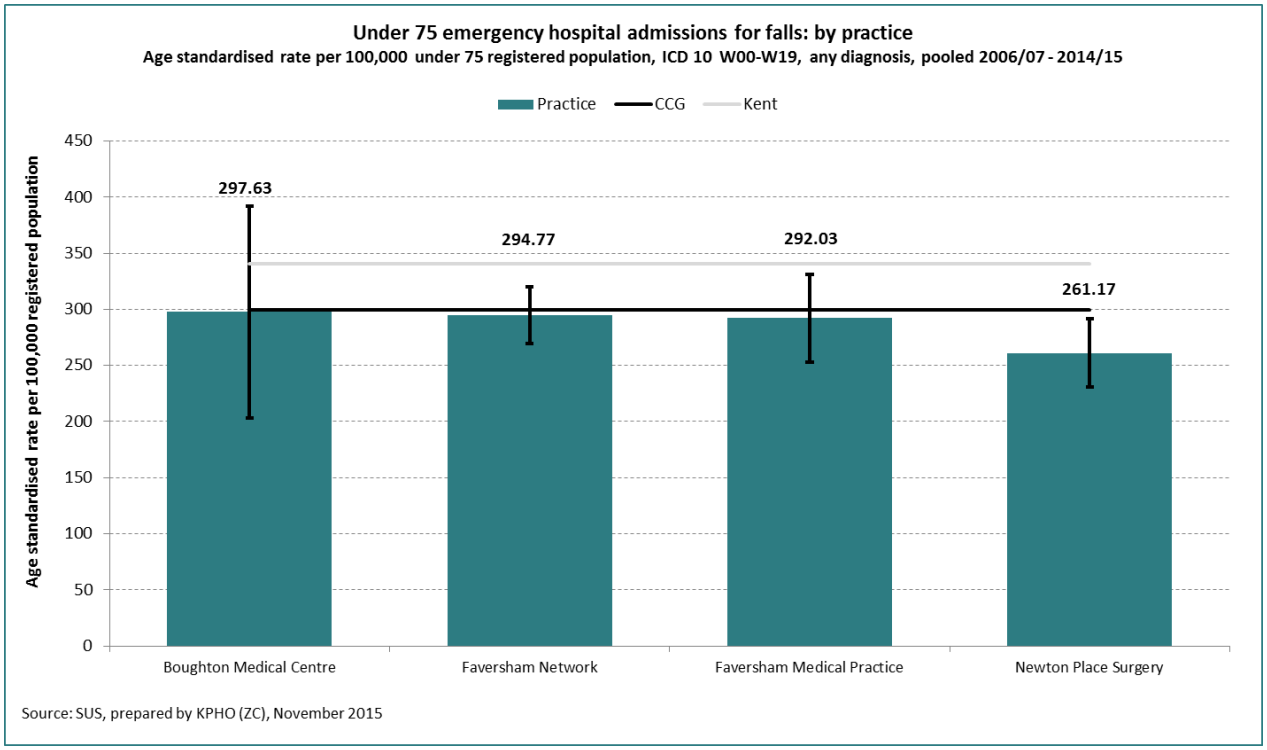
9.1.5 Falls

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 Faversham practice network did not show a rate of change that was significantly different to Kent.



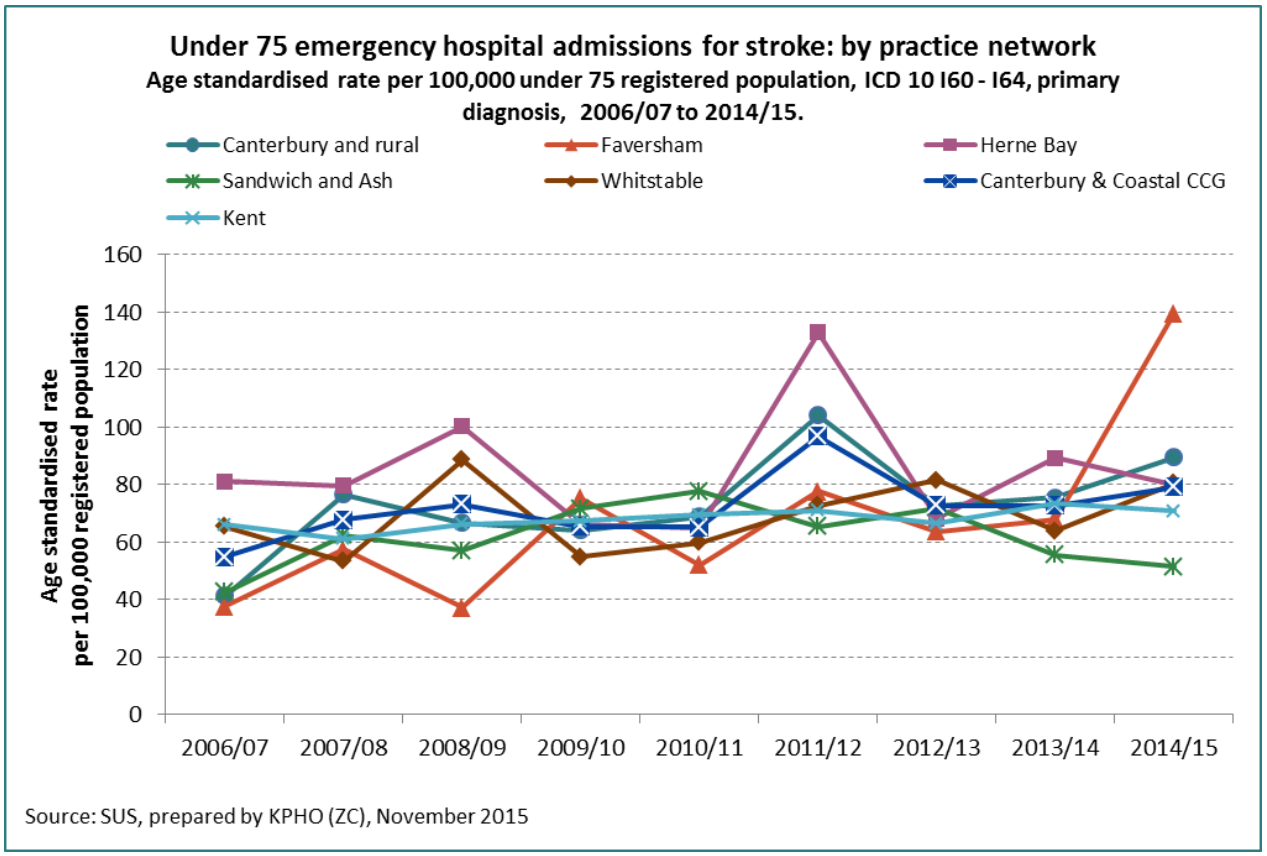


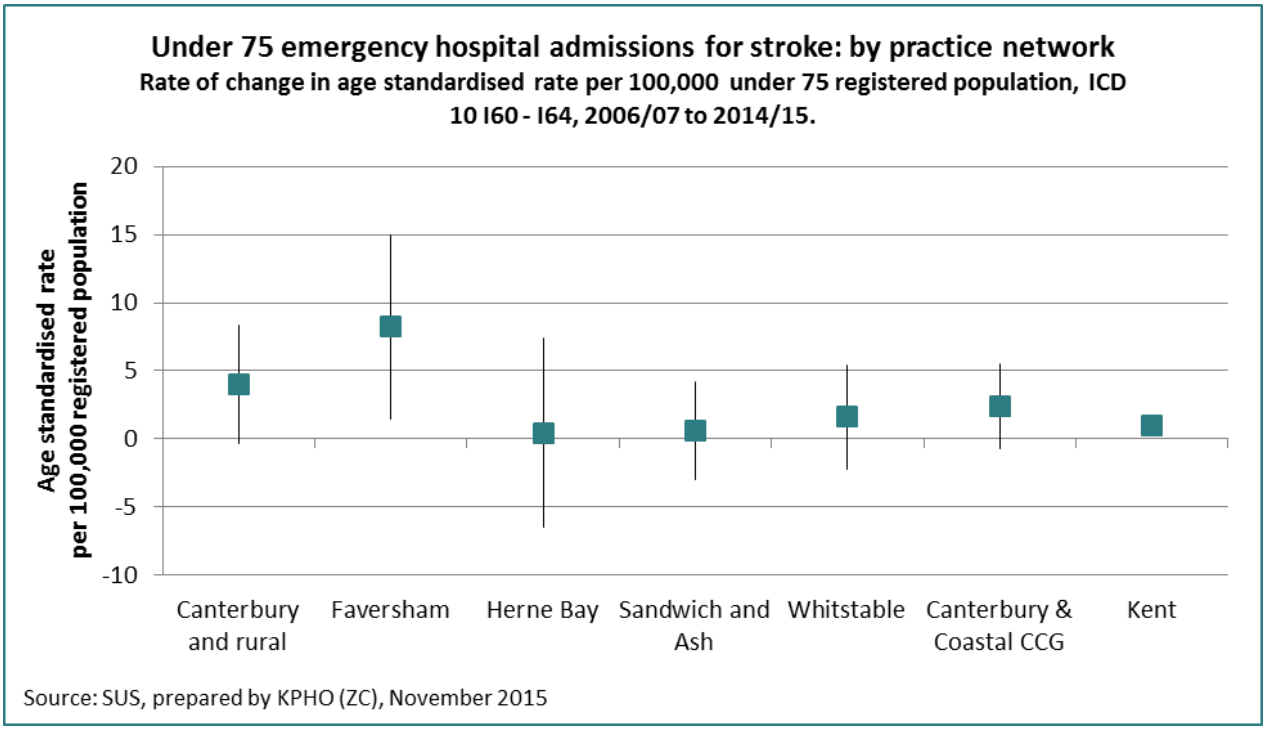
The age standardised rates of falls emergency hospital admissions in the under 75 population were not significantly greater in comparison to the CCG and Kent.



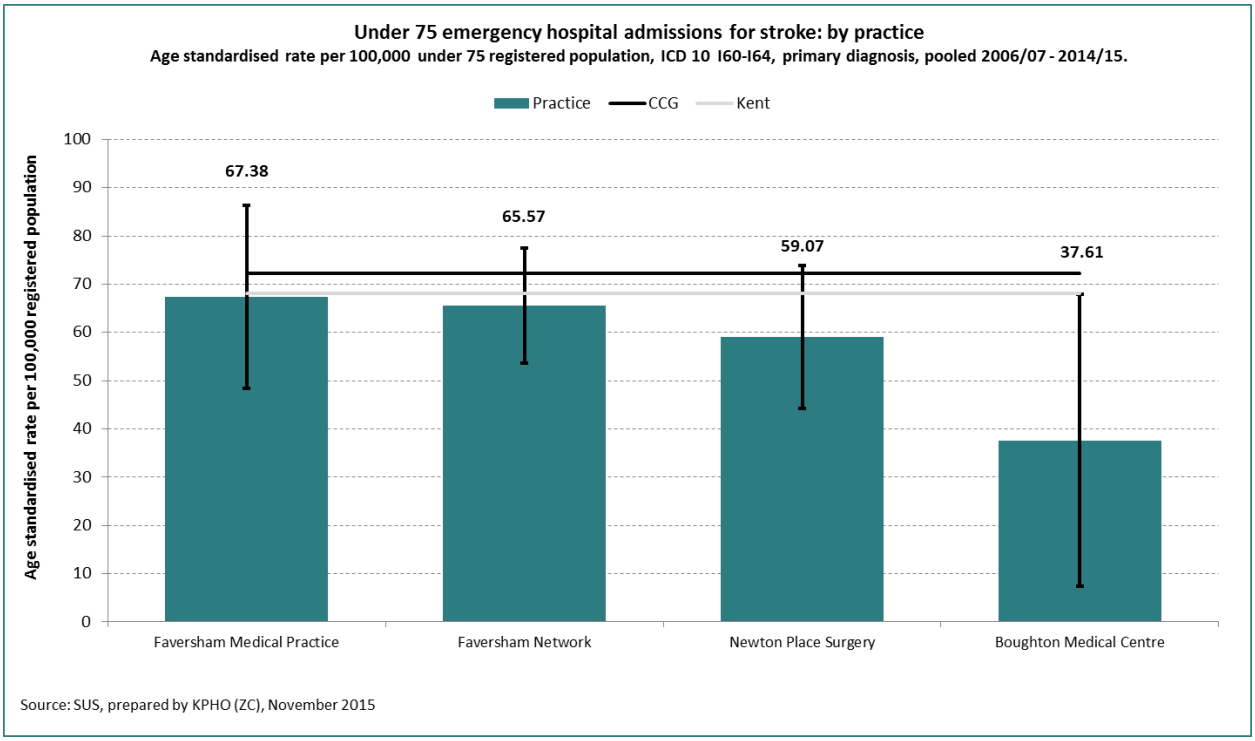
9.1.6 Stroke

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 Faversham 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 greater in comparison to the CCG and Kent.

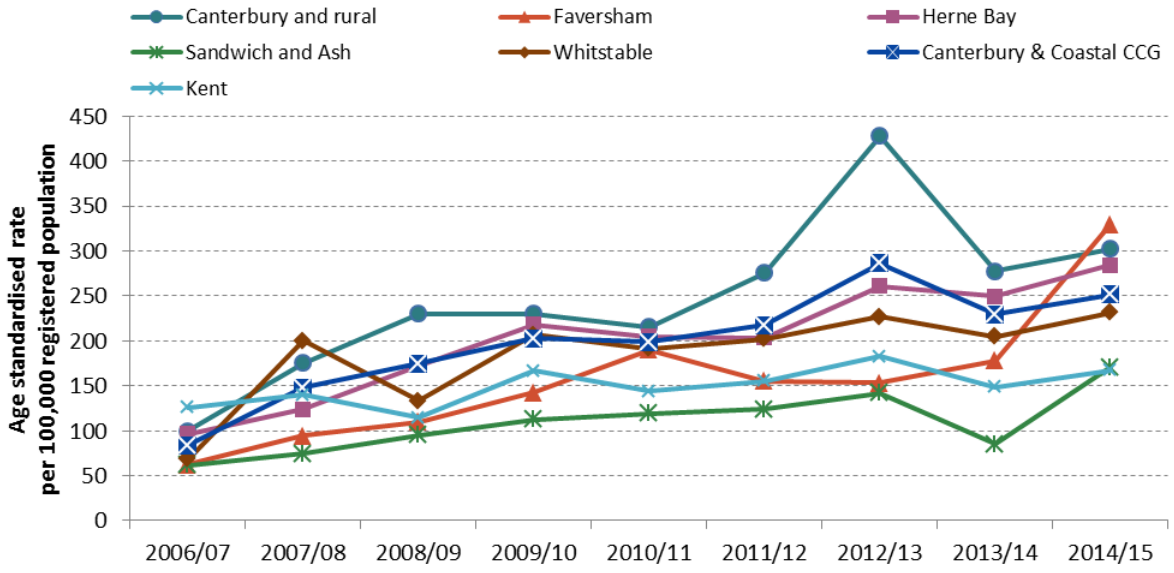


9.1.7 Mental Health

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 Faversham practice network did not show a rate of change that was significantly different to Kent.

Under 75 emergency hospital admissions for mental and behavioural disorders: by practice network

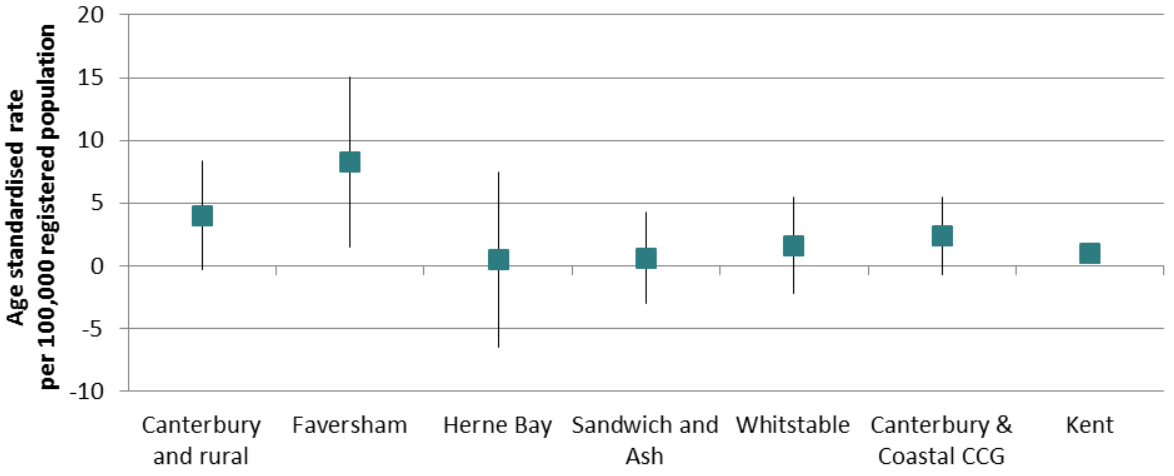
Age standardised rate per 100,000 under 75 registered population, ICD 10 F00 - F99, primary diagnosis, 2006/07 to 2014/15.



Source: SUS, prepared by KPHO (ZC), November 2015

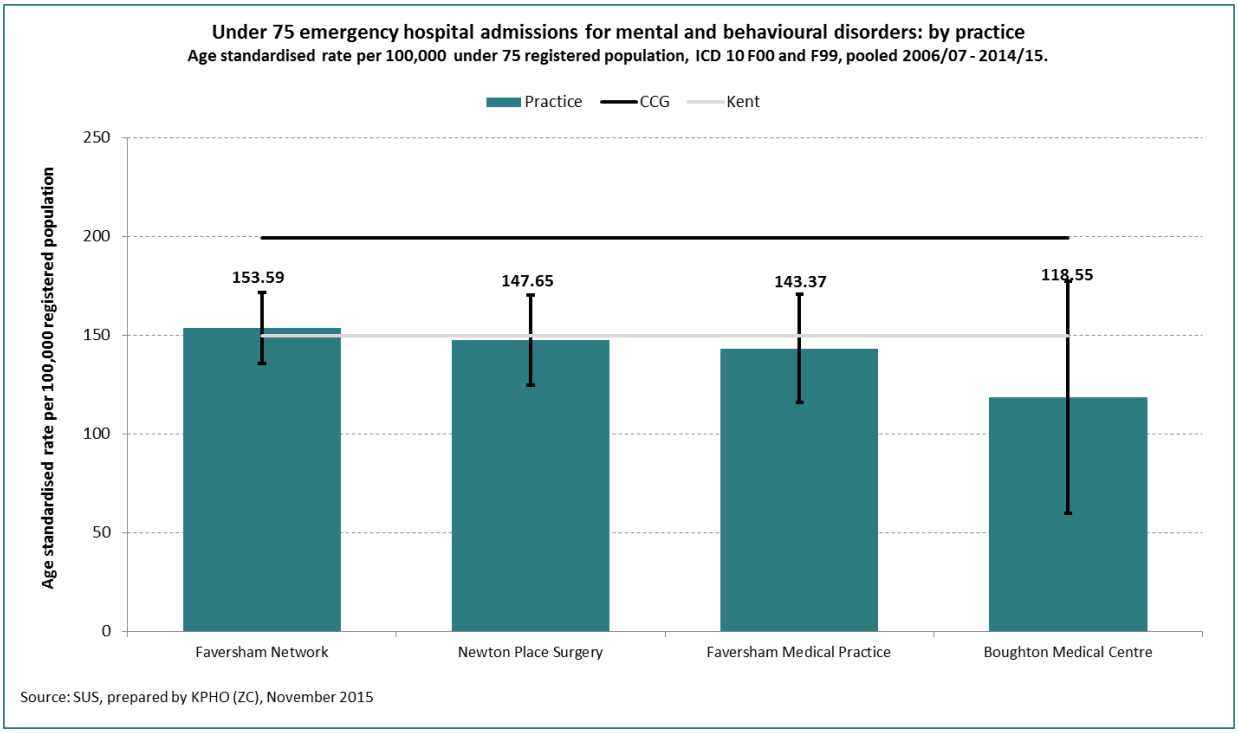
Under 75 emergency hospital admissions for mental and behavioural disorders: by practice network

Rate of change in age standardised rate per 100,000 under 75 registered population, ICD 10 F00 - F99, 2006/07 to 2014/15.

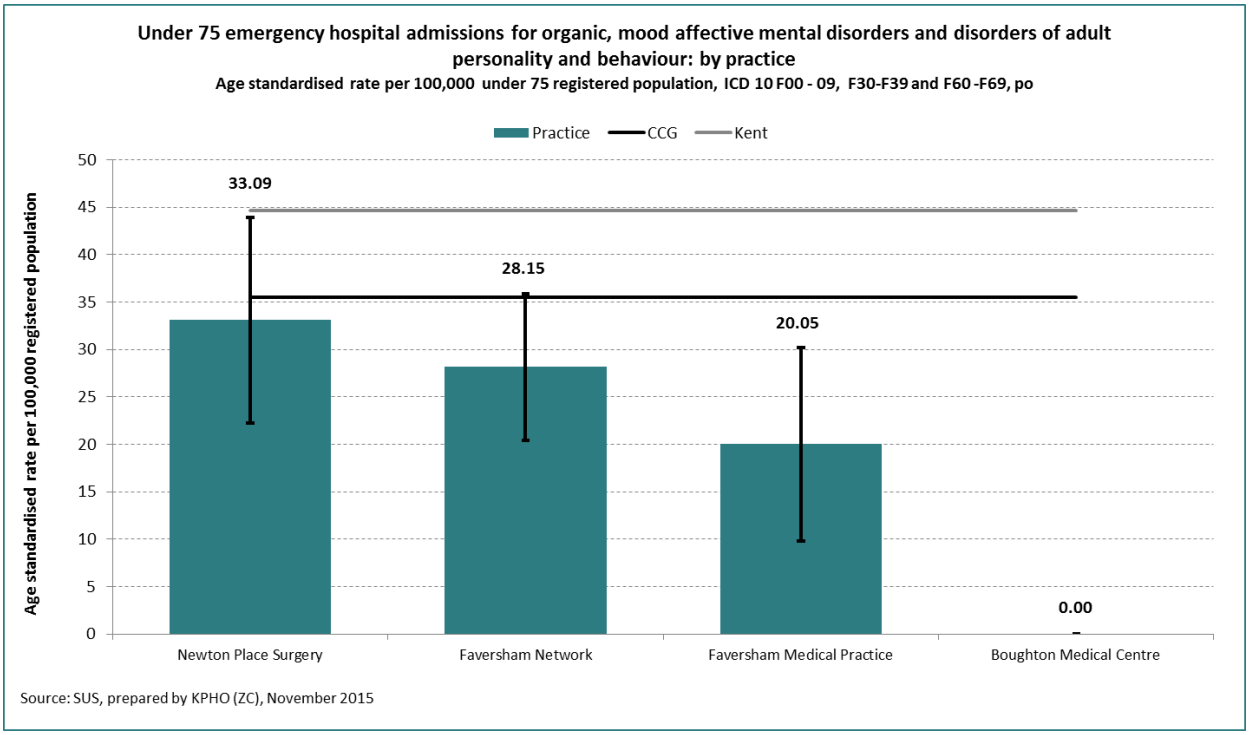


Source: SUS, prepared by KPHO (ZC), November 2015

Significantly lower age standardised rates of mental and behavioural disorder emergency hospital admissions in the under 75 population, in comparison to the CCG, can be identified for all practices.



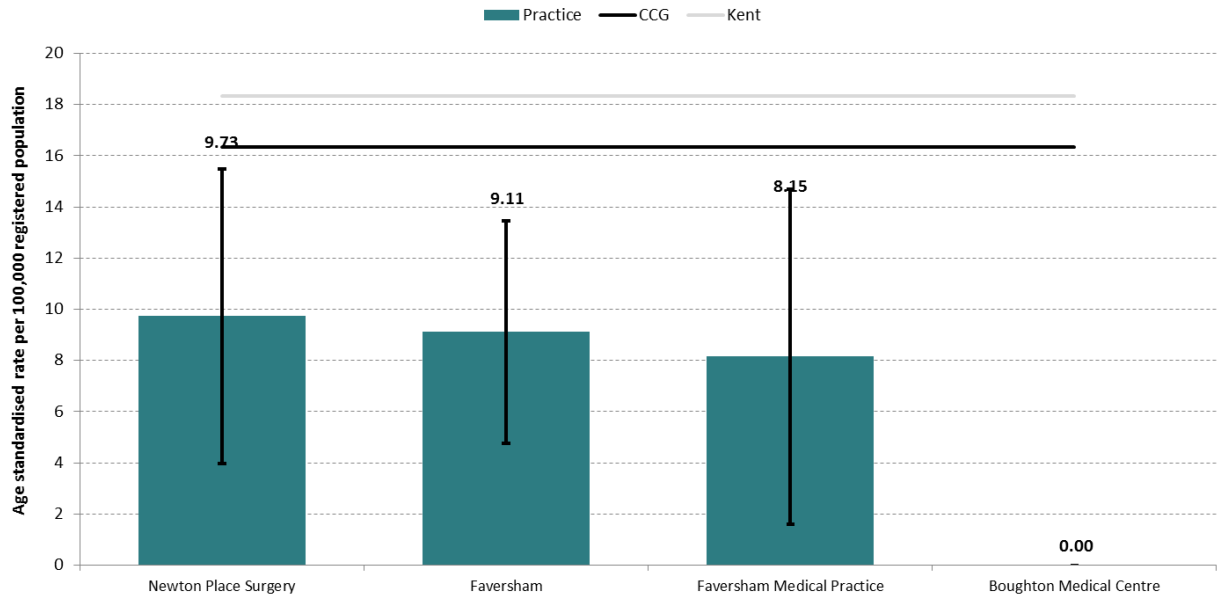
The age standardised rates of organic, mood affective mental disorders and disorders of adult personality and behaviour emergency hospital admissions in the under 75 population were not significantly greater in comparison to the CCG and Kent.



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

Under 75 emergency hospital admissions for schizophrenia: by practice

Age standardised rate per 100,000 under 75 registered population, ICD 10 F20 - 29, pooled 2006/07 - 2014/15.



Source: SUS, prepared by KPHO (ZC), November 2015

9.2 Alcohol Specific Hospital Admissions

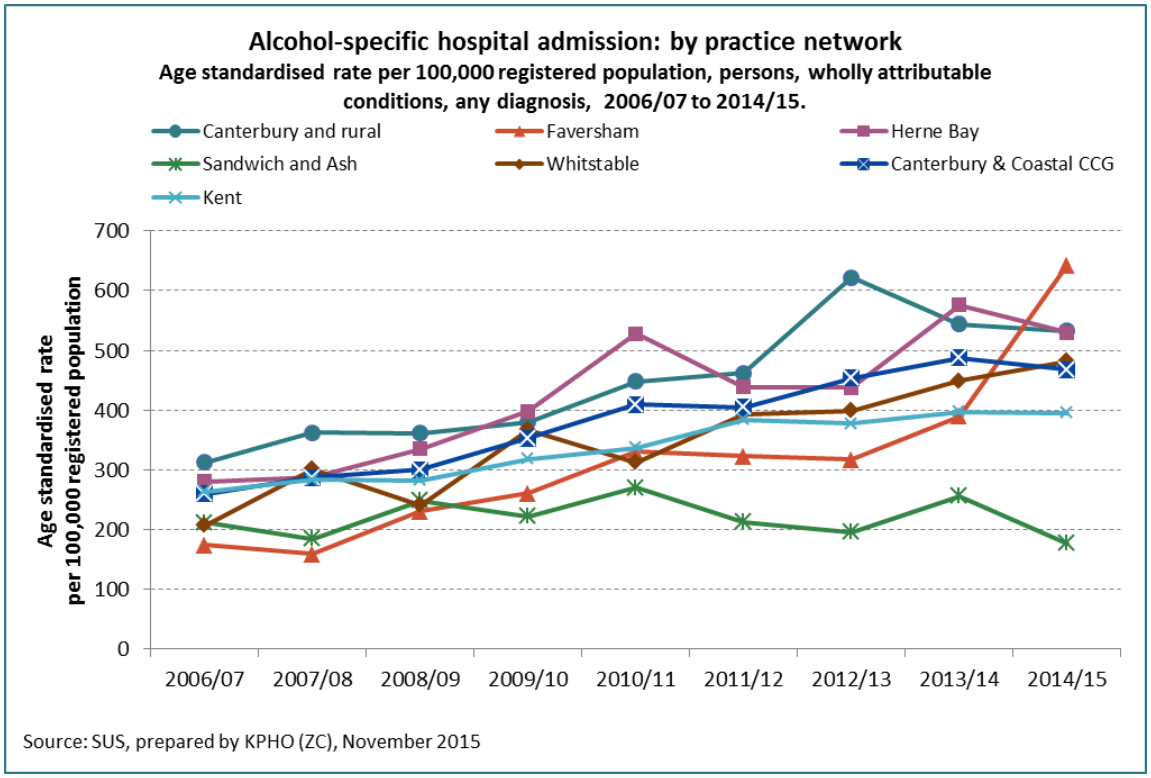
The following Chapter explores the level of alcohol specific hospital admissions.

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.

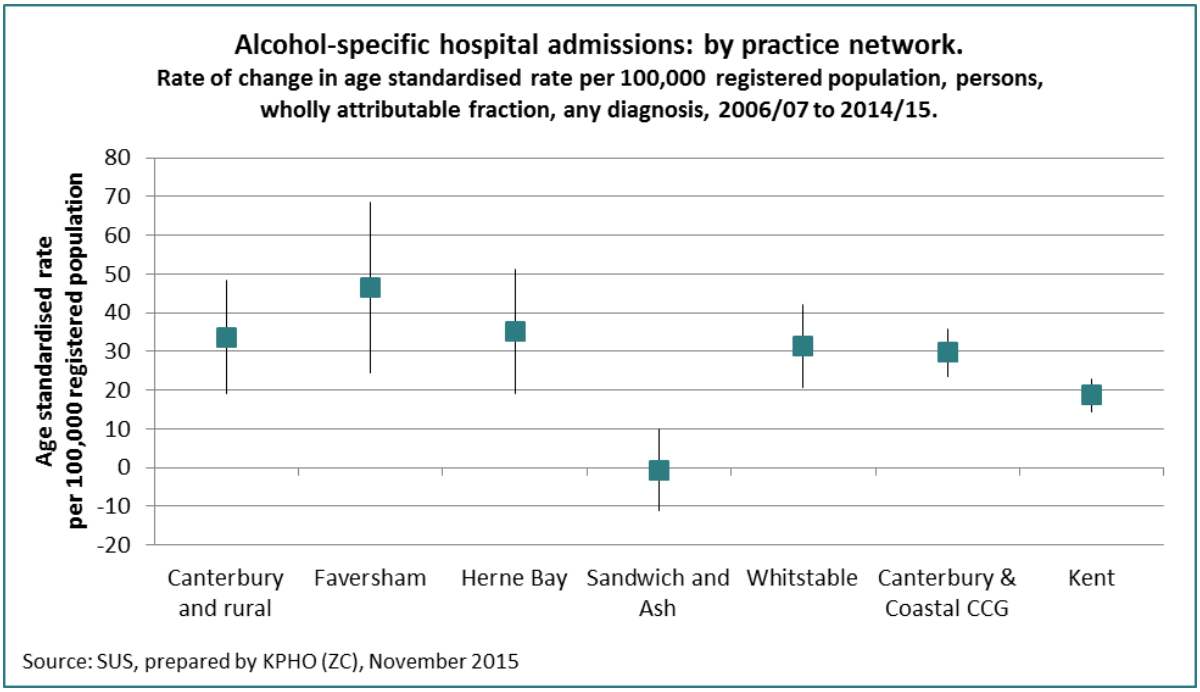
9.2.1 Alcohol Specific Hospital Admissions

In Kent, the age standardised rate of alcohol specific hospital admissions has shown an increasing trend between 2006/07 and 2014/15. The Faversham practice network showed a rate of change that was significantly higher than Kent. The Sandwich and Ash practice network showed a rate of change that was significantly lower than Kent.

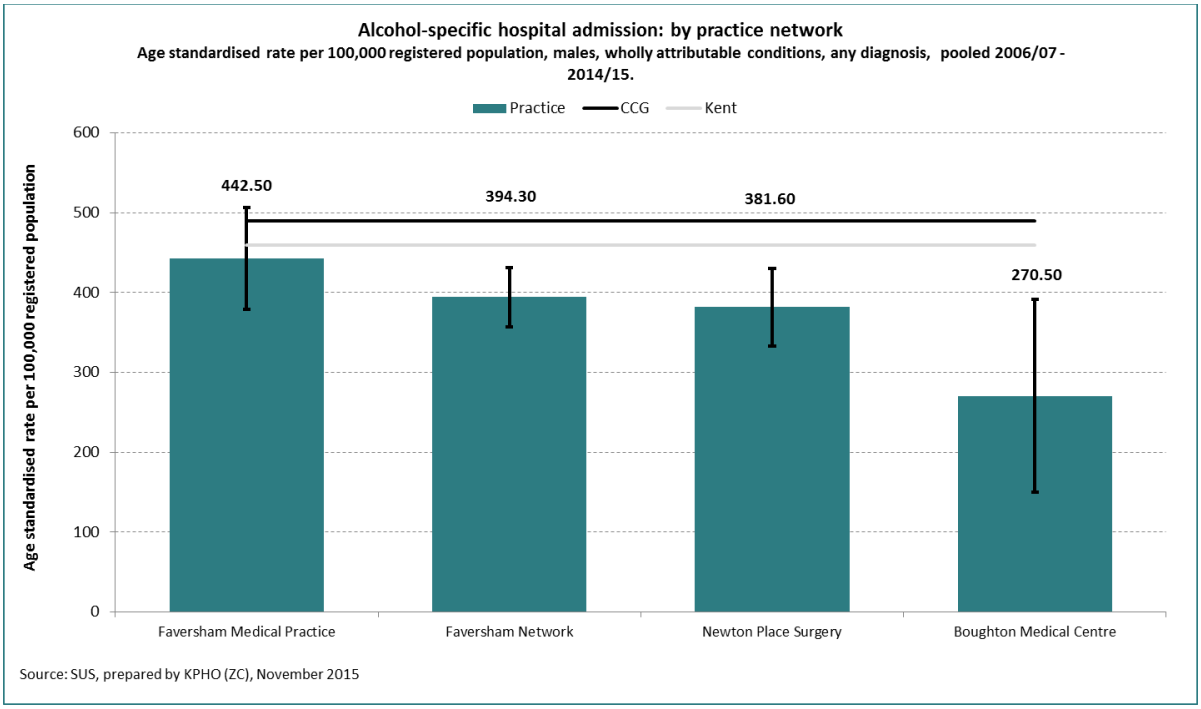


Source: SUS, prepared by KPHO (ZC), November 2015

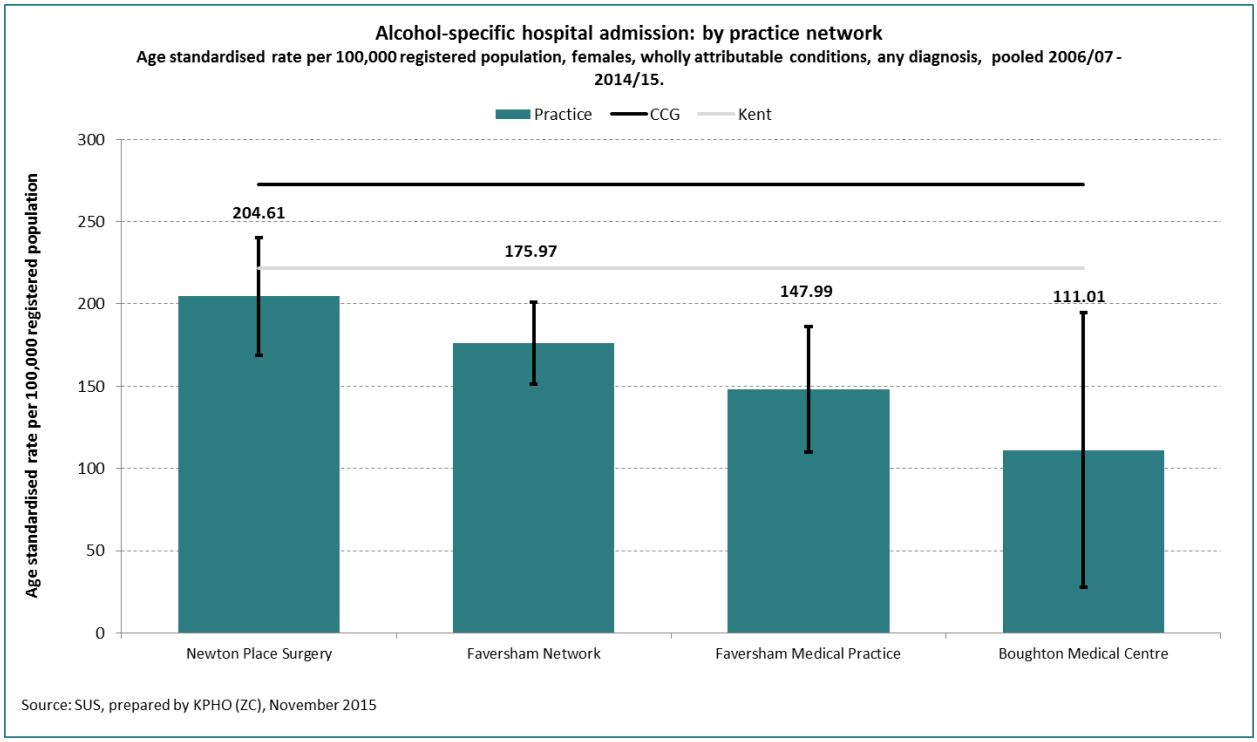
[1] Public Health England (2015) Local alcohol profiles for England 2015 user guide. http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf



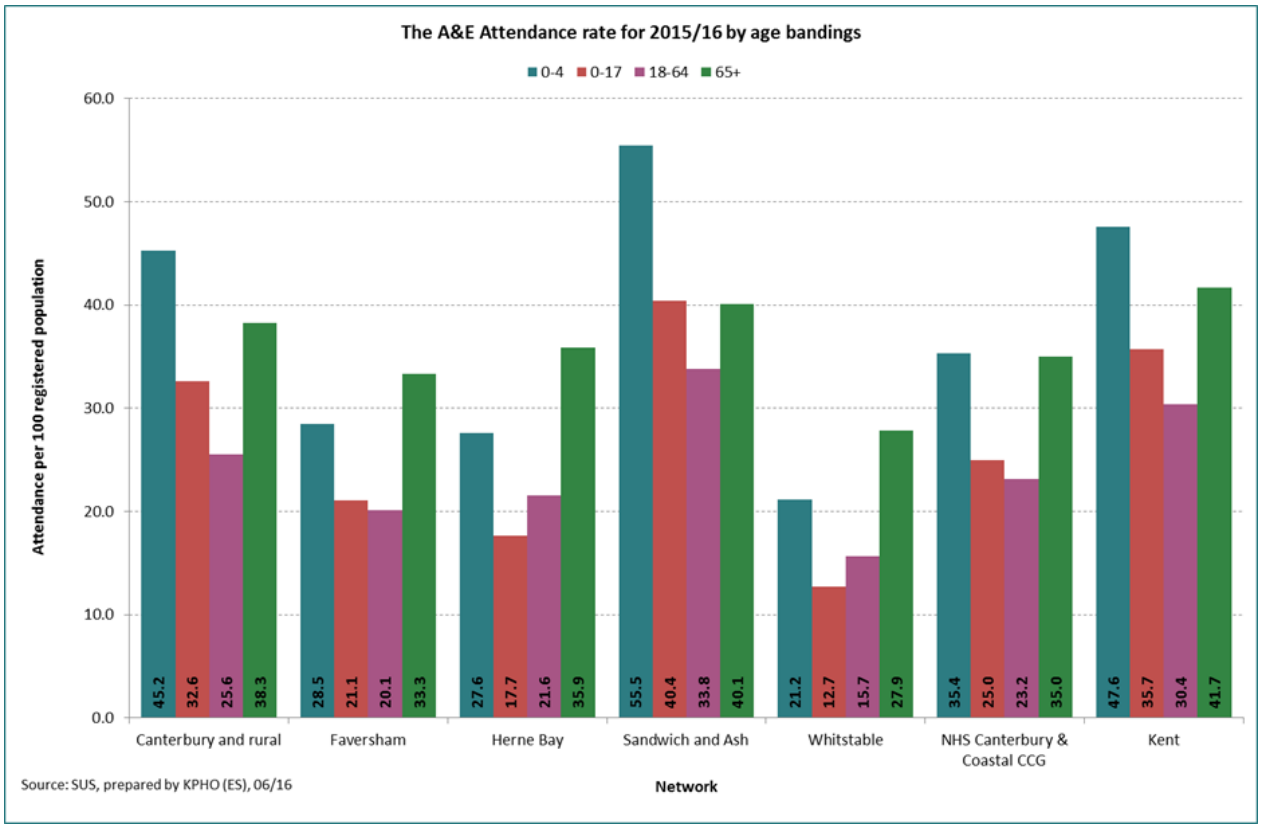
Significantly lower age standardised rates of alcohol specific admissions in males, in comparison to the CCG and Kent, can be identified for Newton Place Surgery and Boughton Medical Centre.



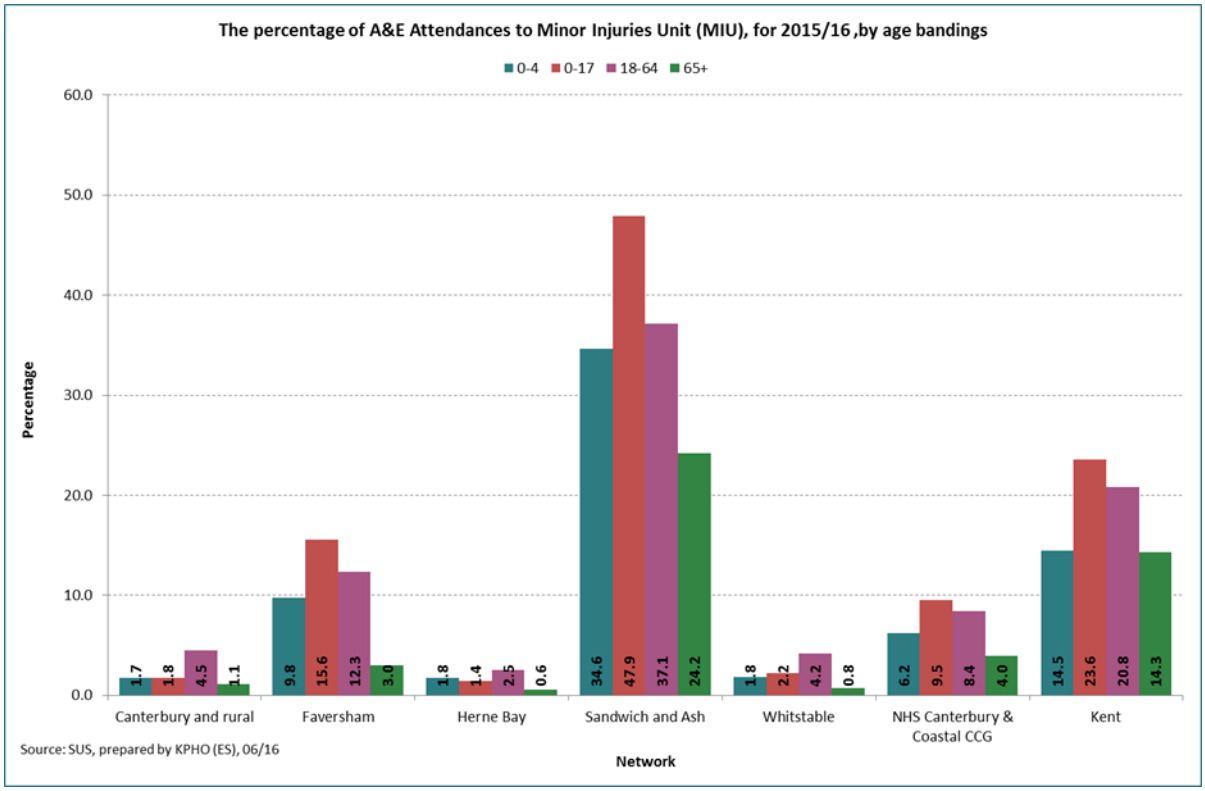
Significantly lower age standardised rates of alcohol specific admissions in females, in comparison to the CCG and Kent, can be identified for the Faversham Medical Practice and Boughton Medical Centre.



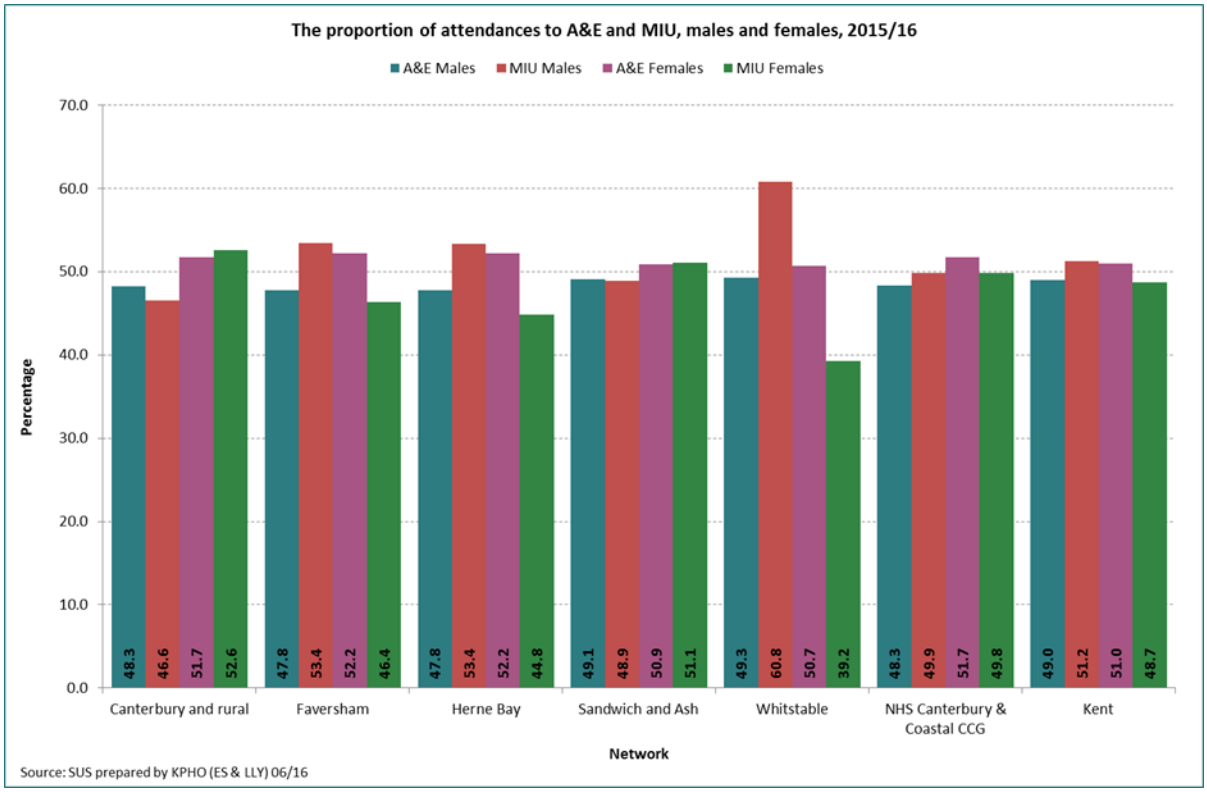
9.3 A&E and MIU Attendances



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 Faversham 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 Faversham network, the highest proportion of MIU attendances comes from 0-17 years (15.6%).



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 Faversham network there is a higher proportion of both females and males attending A&E than MIU's.

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

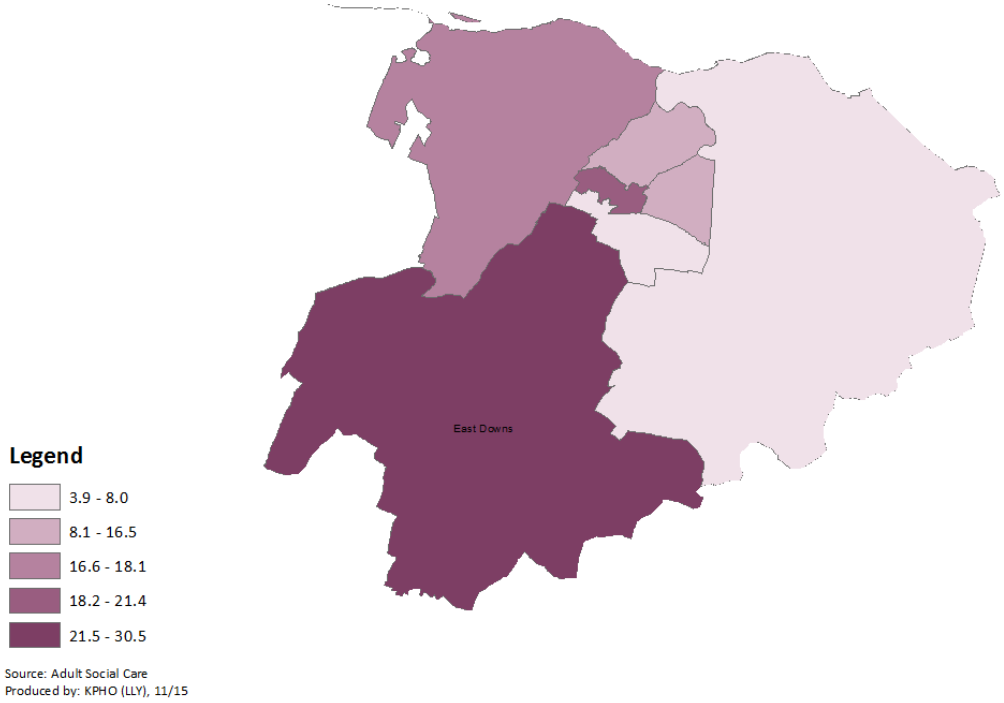
Across all networks, the Kent and Canterbury Hospital and the Queen Elizabeth the Queen Mother Hospital receive the highest proportions of residents from the networks. In the Faversham network 50.0% of residents attend the Kent and Canterbury Hospital; this is also the case in the Canterbury and Rural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

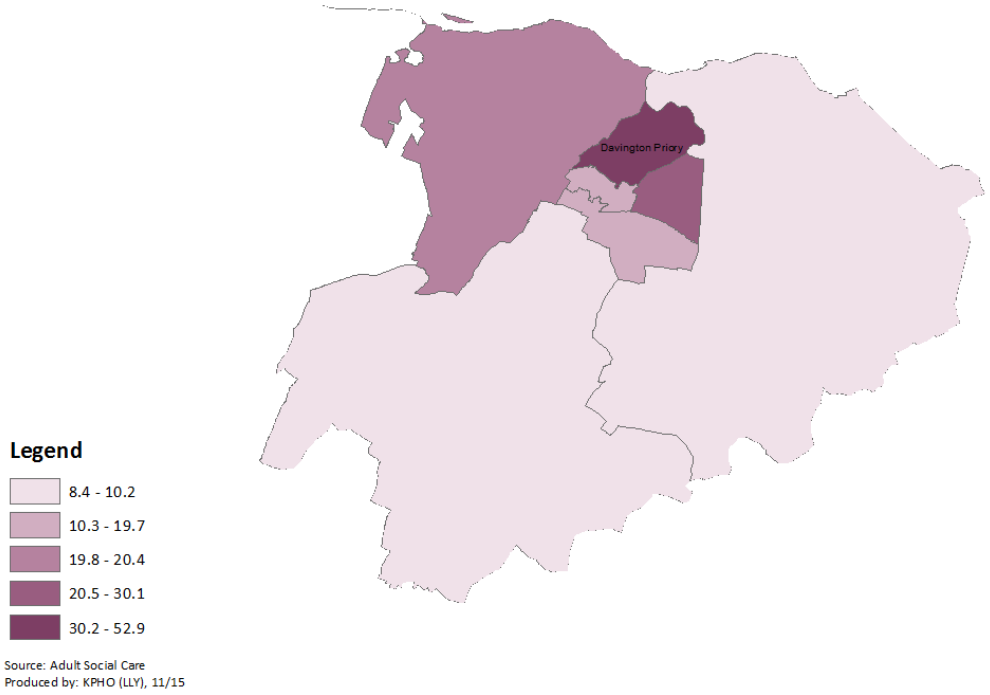
For definitions of the indicators, see appendix B.

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



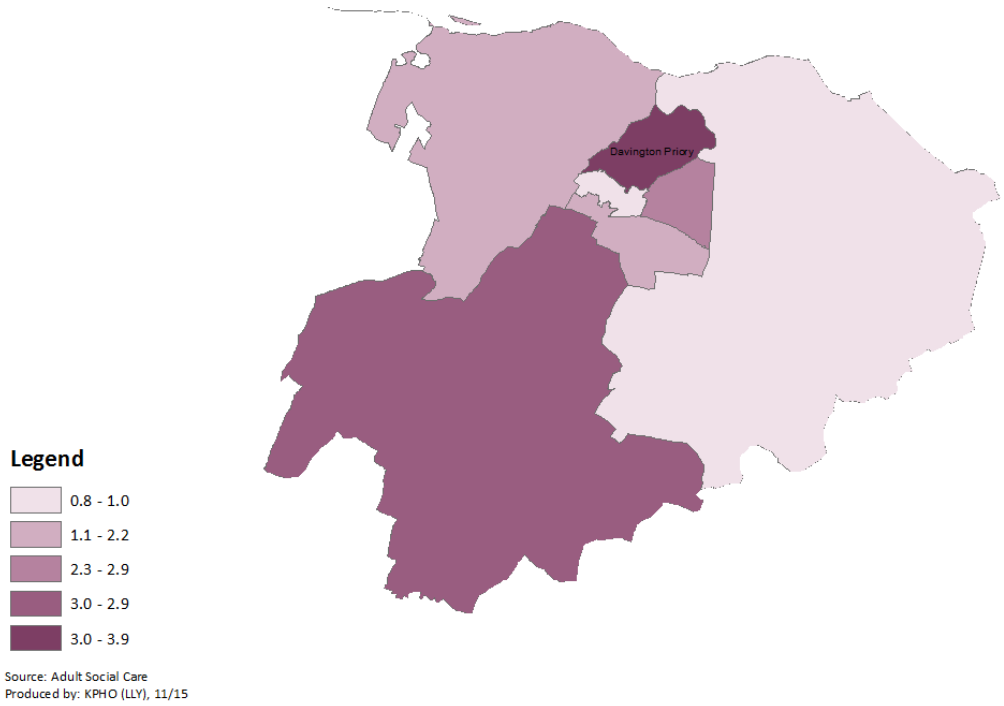
The direct payment rate for people aged under 65 in Faversham (14.2) was significantly lower than Kent (19.5) and also lower than Canterbury and Coastal CCG (17.2). Boughton and Courtenay, Watling and Abbey wards all had significantly lower rates than Kent, whilst East Downs ward had a significantly higher rate than the CCG.

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



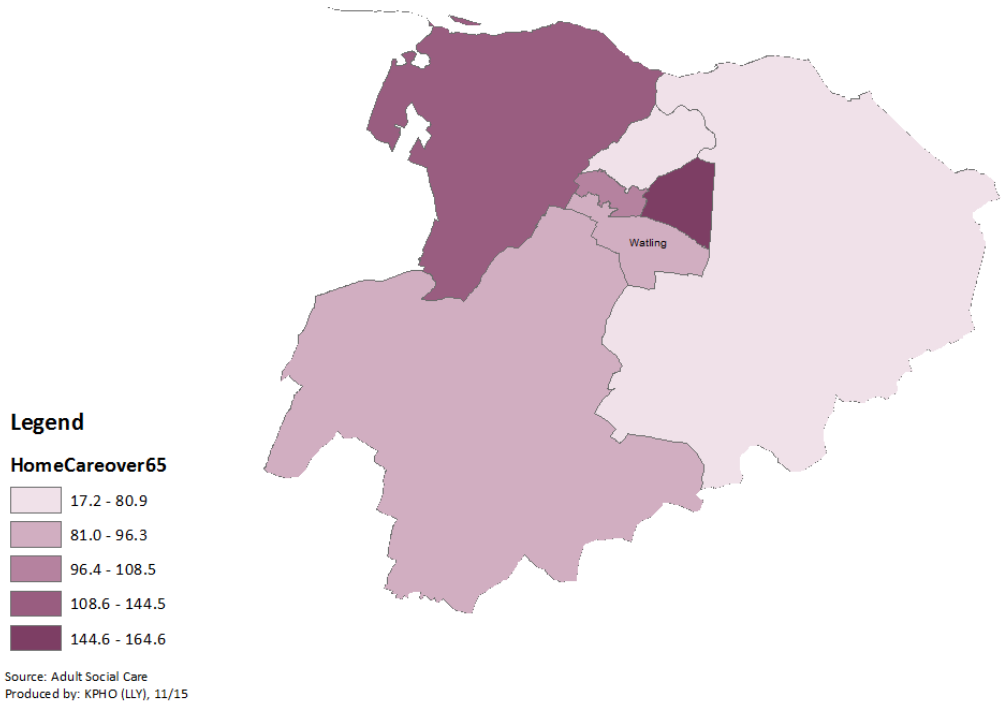
For people aged 65 and above, the direct payment rate for Faversham (5.7) is slightly lower than in Kent (7.5) and Canterbury and Coastal CCG (7.3). Abbey ward has a significantly higher rate than both the CCG and Kent, whilst Teynham and Lynsted and Watling have significantly lower rates than Kent.

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



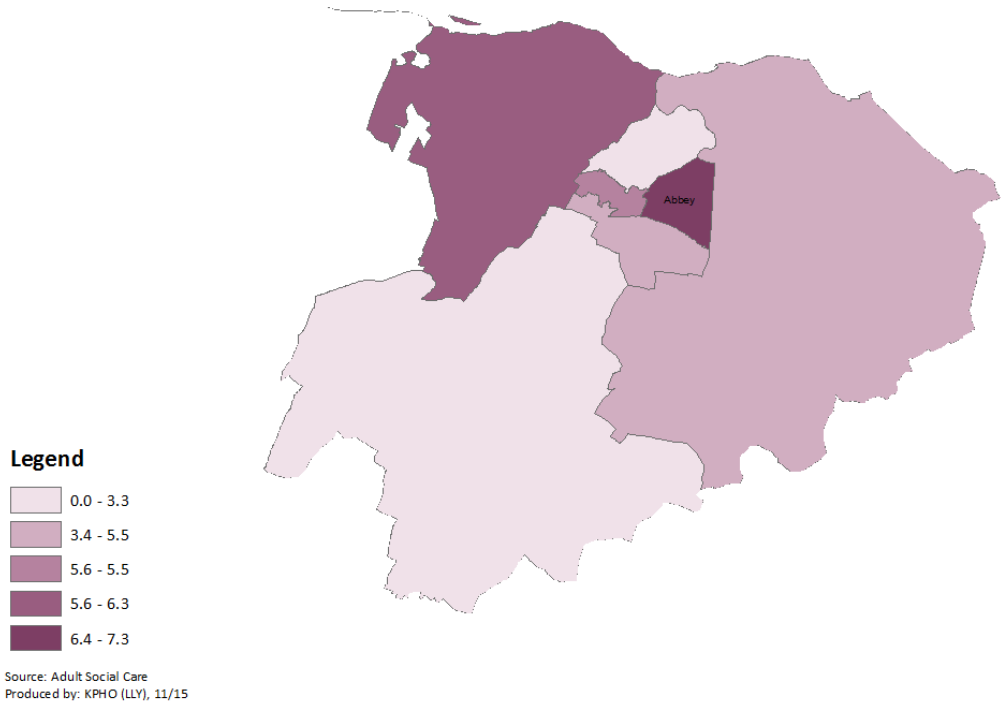
The enablement rate in Faversham (1.9 per 10,000) is significantly lower than Kent (2.9) and lower than Canterbury and Coastal CCG (2.7). None of the wards have rates significantly different to the comparator areas.

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



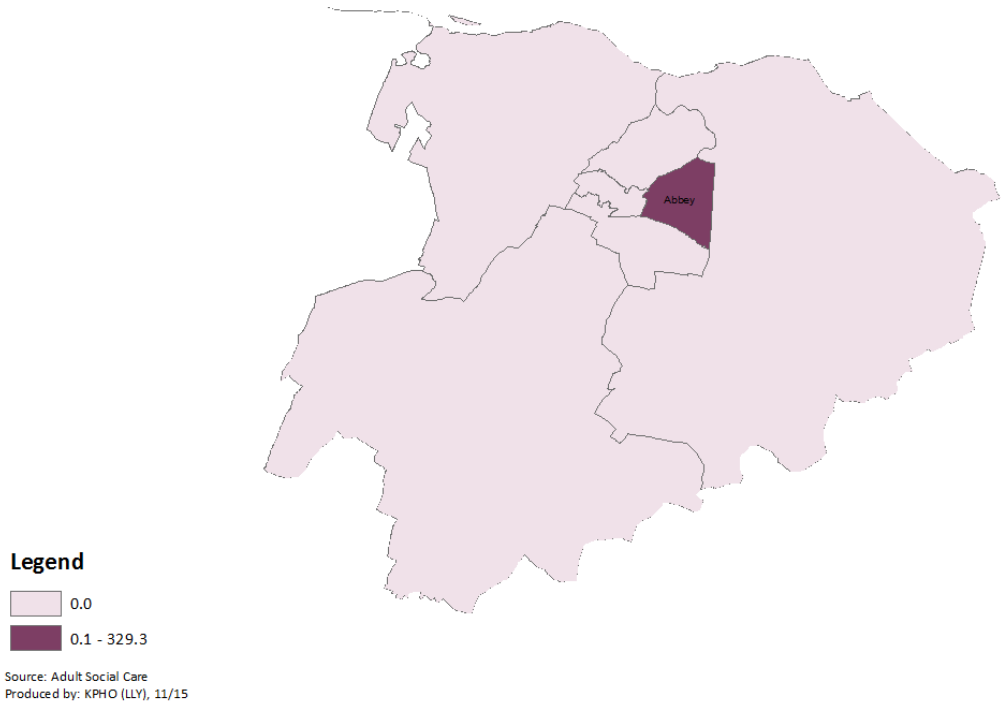
The home care rate for people aged over 65 (106.8) is lower than Kent (126.7) and Canterbury and Coastal CCG (116.6). Davington Priory ward has a significantly lower rate than both comparator area.

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



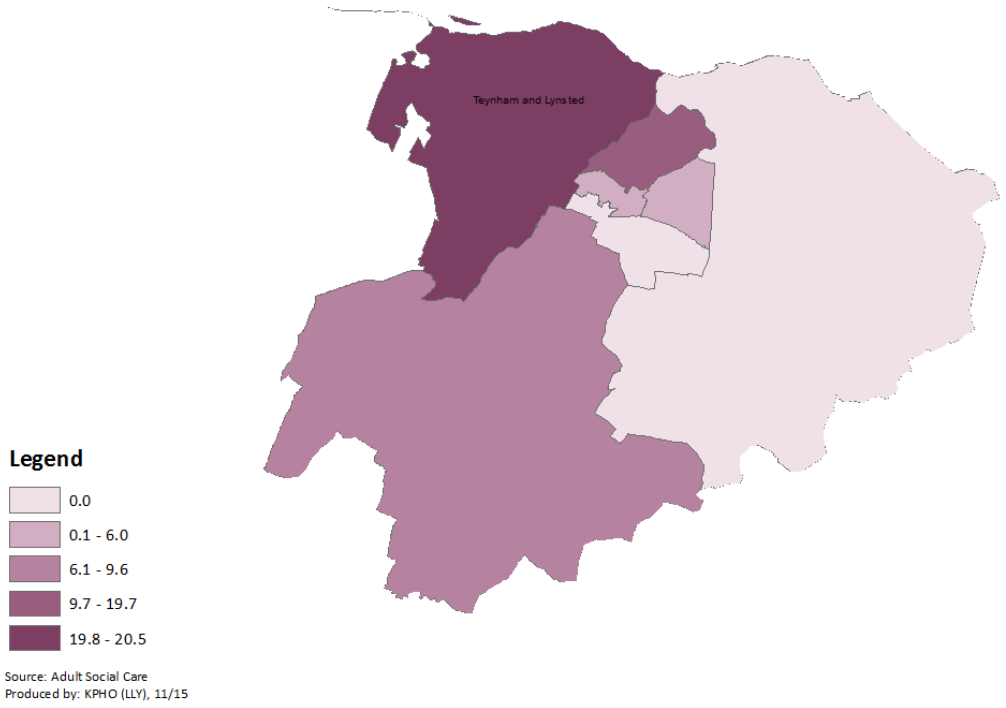
The Faversham home care rate per 10,000 people aged under 65 (5.2) is slightly lower than the CCG (6.2) and Kent (6.7). Within Faversham, East Downs has a significantly lower rate than Kent.

Long term nursing home residence
Rate per 10,000 population, aged over 65, 2013-2015 pooled



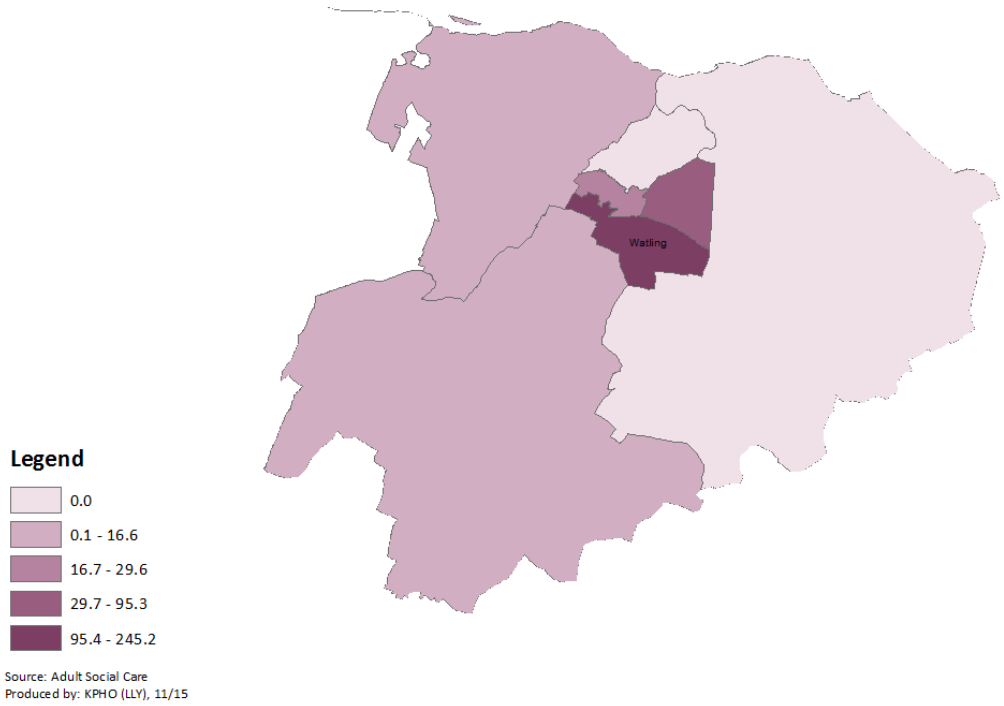
The Faversham rate for long term nursing home for people aged over 65 is 55.6, higher than Kent (41.5) and Canterbury and Coastal CCG (39.3). Abbey ward has a significantly higher rate than both the CCG and Kent.

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



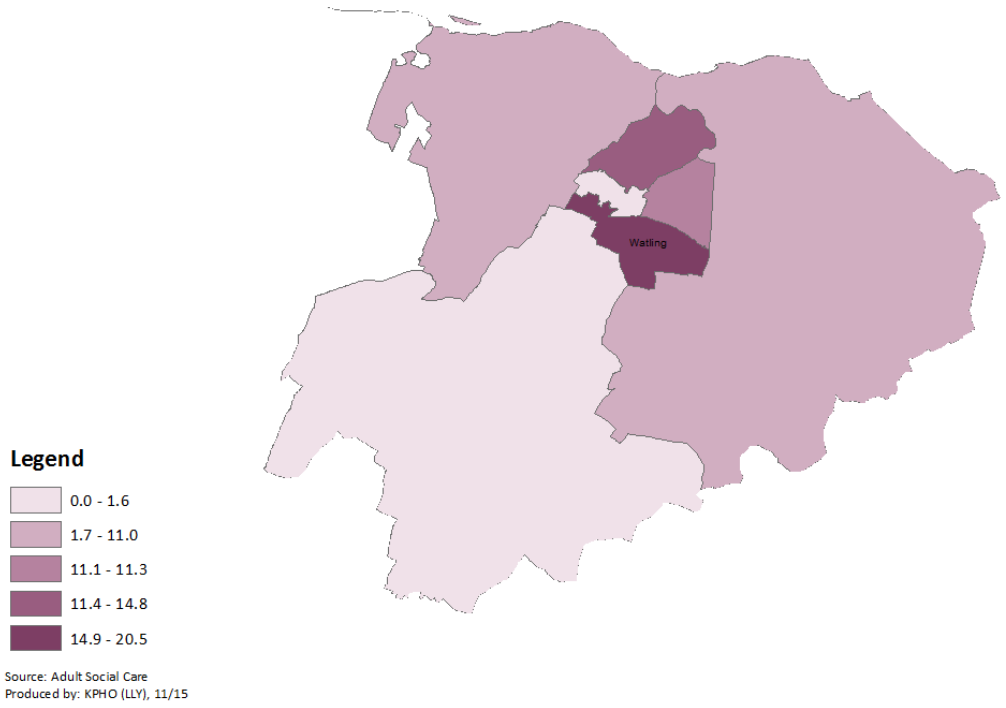
The long term residential care home placement for people aged under 65 is significantly lower than the CCG (16.7) in Faversham (7.5), and also lower than Kent (9.7). Davington Priory and Teynham and Lynsted wards have higher rates than Kent.

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



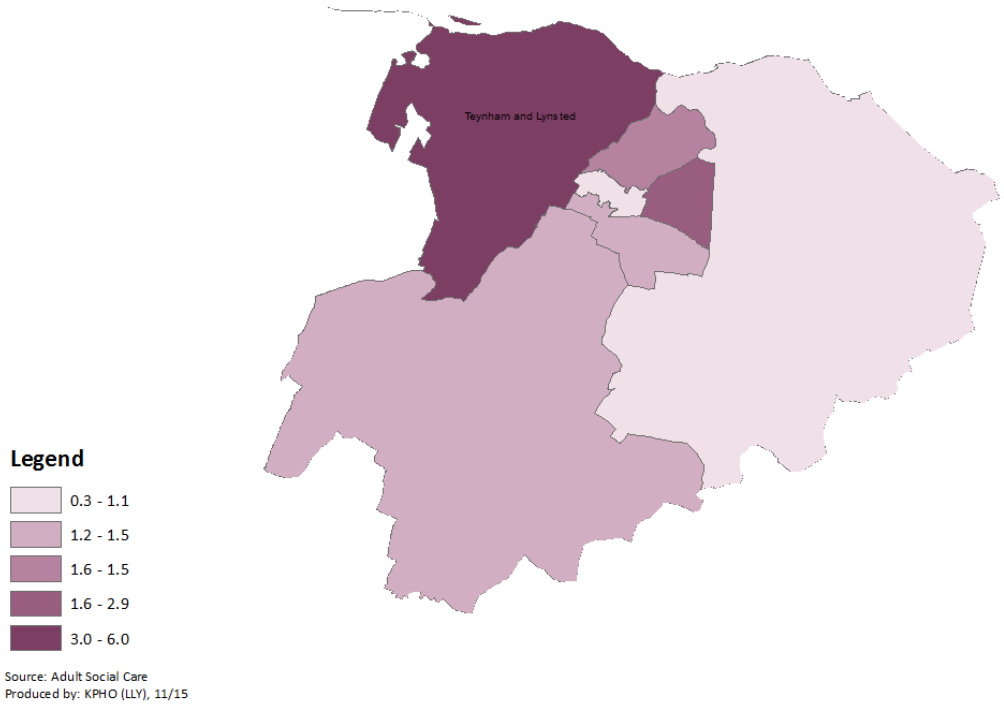
Faversham (64.4) has a significantly lower residential care home placement rate for people aged 65 and above in comparison with both Canterbury and Coastal CCG (110.9) and Kent (96.0). Watling ward has a significantly higher rate than both the CCG and Kent.

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



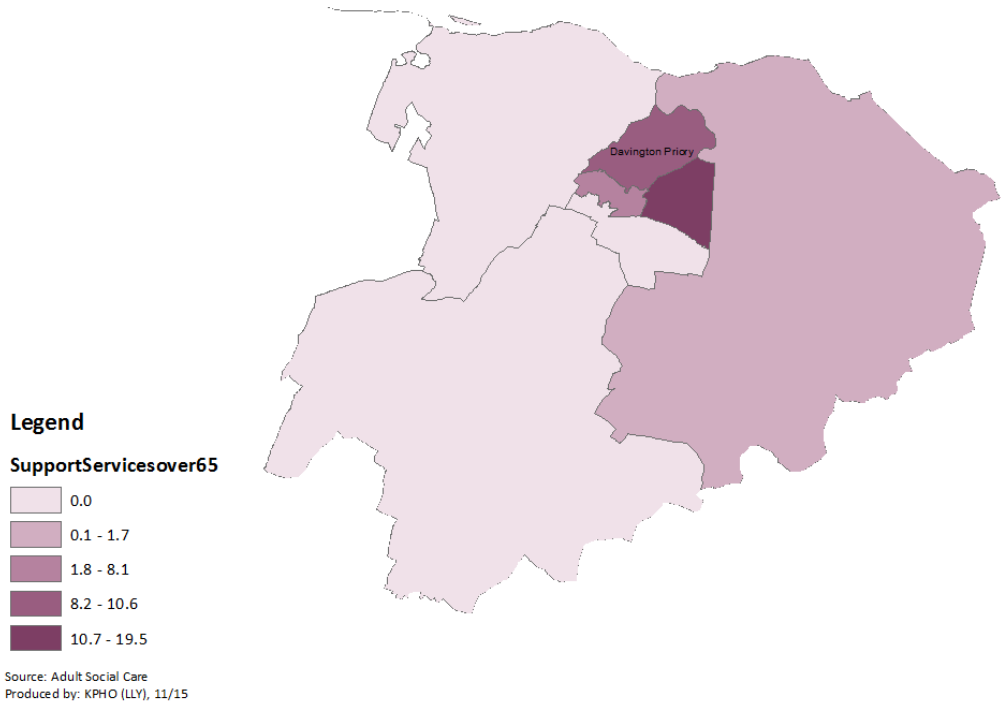
The number of people accessing support services per 10,000 population aged under 65 in Faversham is 9.1, significantly lower than Kent (12.7), and lower than Canterbury and Coastal CCG (10.7). Watling ward has a significantly higher rate than the CCG and Kent.

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



The meal service rate in Faversham (2.2) is significantly lower than Kent (3.7), but marginally higher than Canterbury and Coastal CCG (2.1). Teynham and Lynsted has a significantly higher rate than the CCG, whilst Boughton and Courtenay and St Ann's ward have significantly lower rates than Kent.

Support services
Rate per 10,000 population, aged 65 and over, 2011-2015 pooled



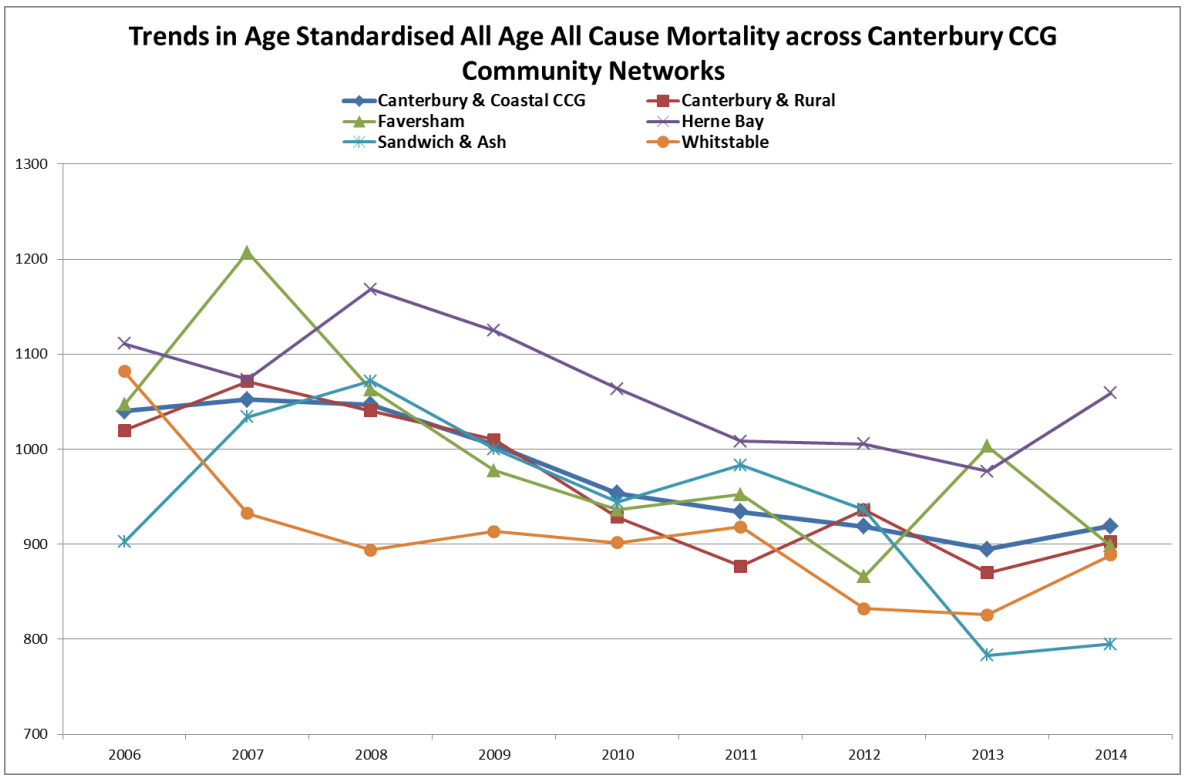
Faversham has a lower support services rate per 10,000 population aged 65 and over (6.9) than Kent (7.5) and Canterbury and Coastal CCG (7.3); however this is not significantly different. Abbey ward has a significantly higher rate than both the CCG and Kent, whilst Teynham and Lynsted and Watling wards have a significantly lower rate than Kent.

11. Mortality

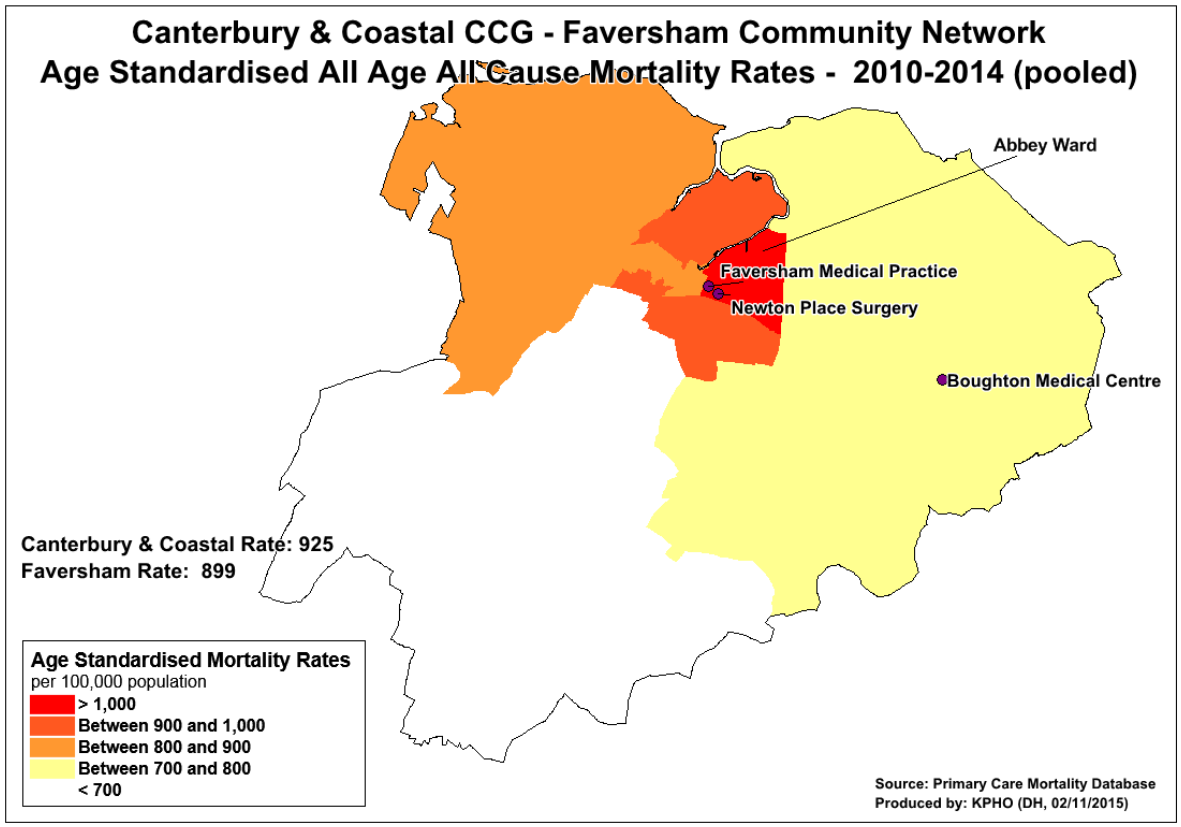
11.1 All Age, All Cause Mortality

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.

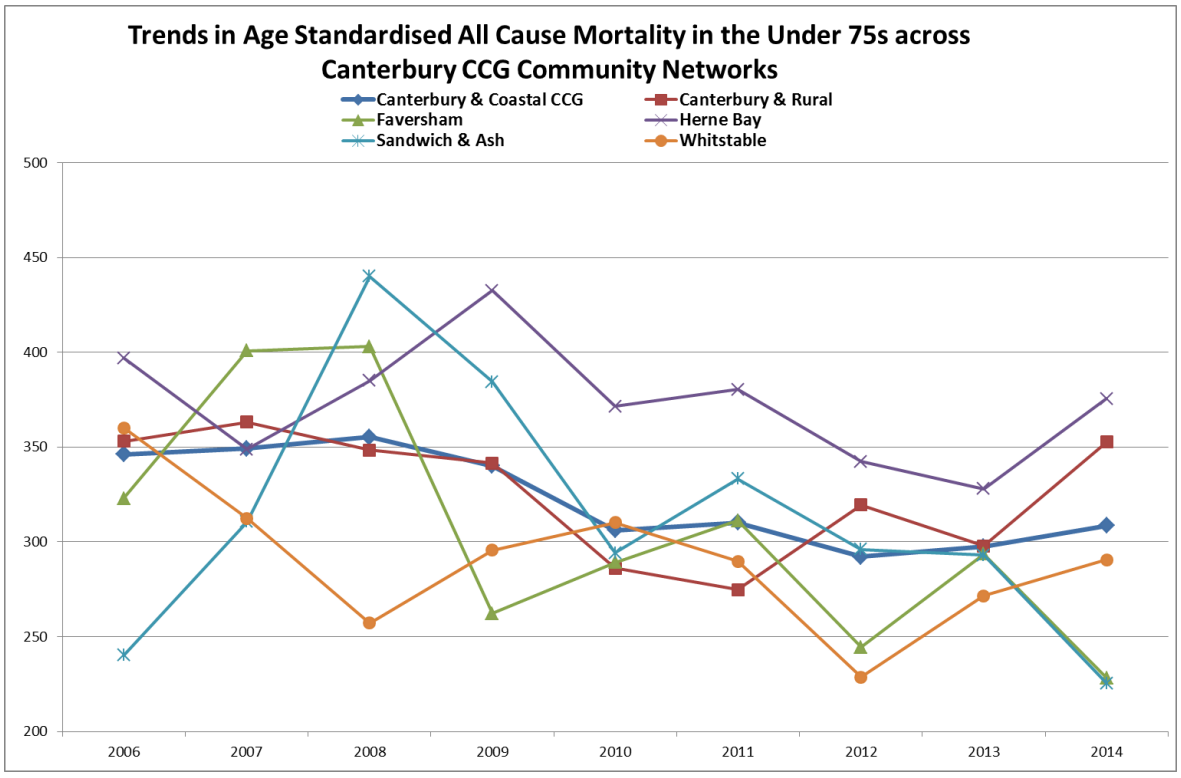


Five year, pooled, mortality for all causes at electoral ward level shows that the highest rates are in Abbey. The rate of 1254 per 100,000 is the highest all cause rate in Canterbury & Coastal CCG. This is in stark contrast to the lowest rate in the CCG area which is for East Downs at just 635. The rate for Faversham (899) is lower than the Canterbury & Coastal CCG rate of 925 per 100,000.

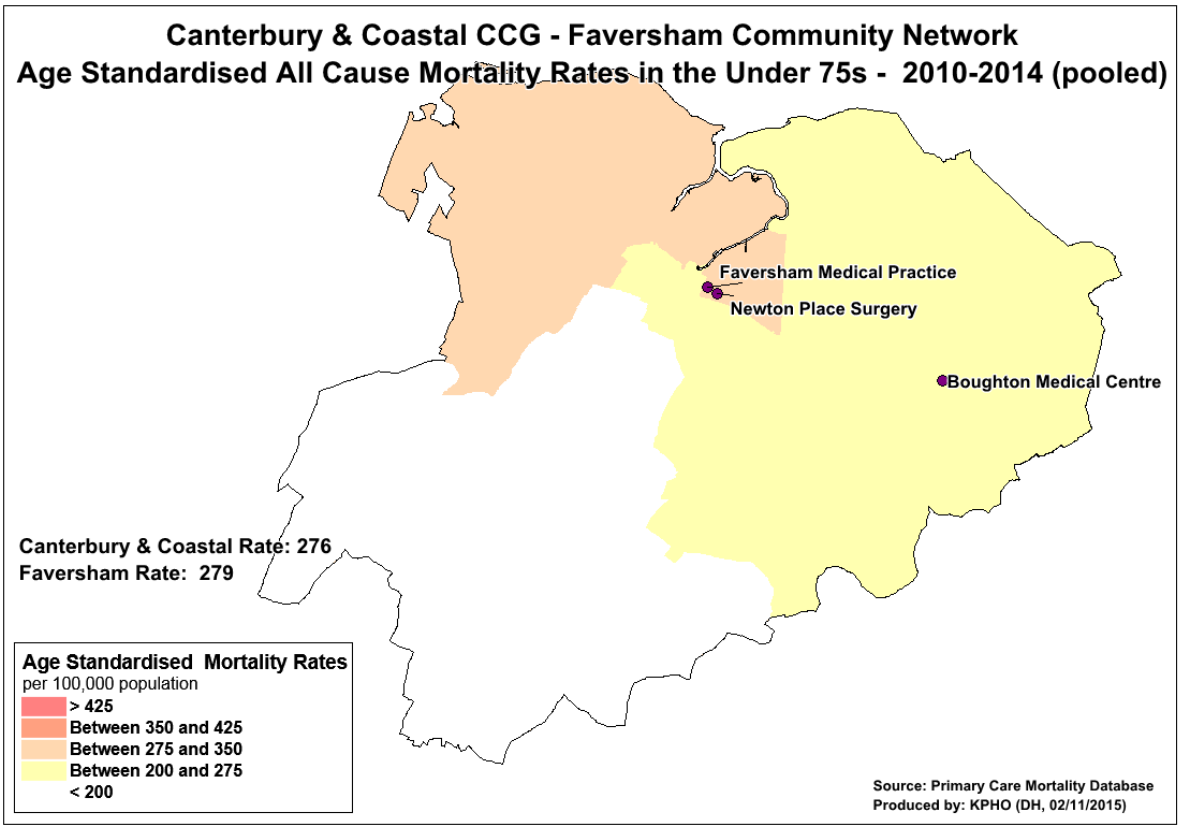


11.1.2 All cause mortality in the under 75s

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%.



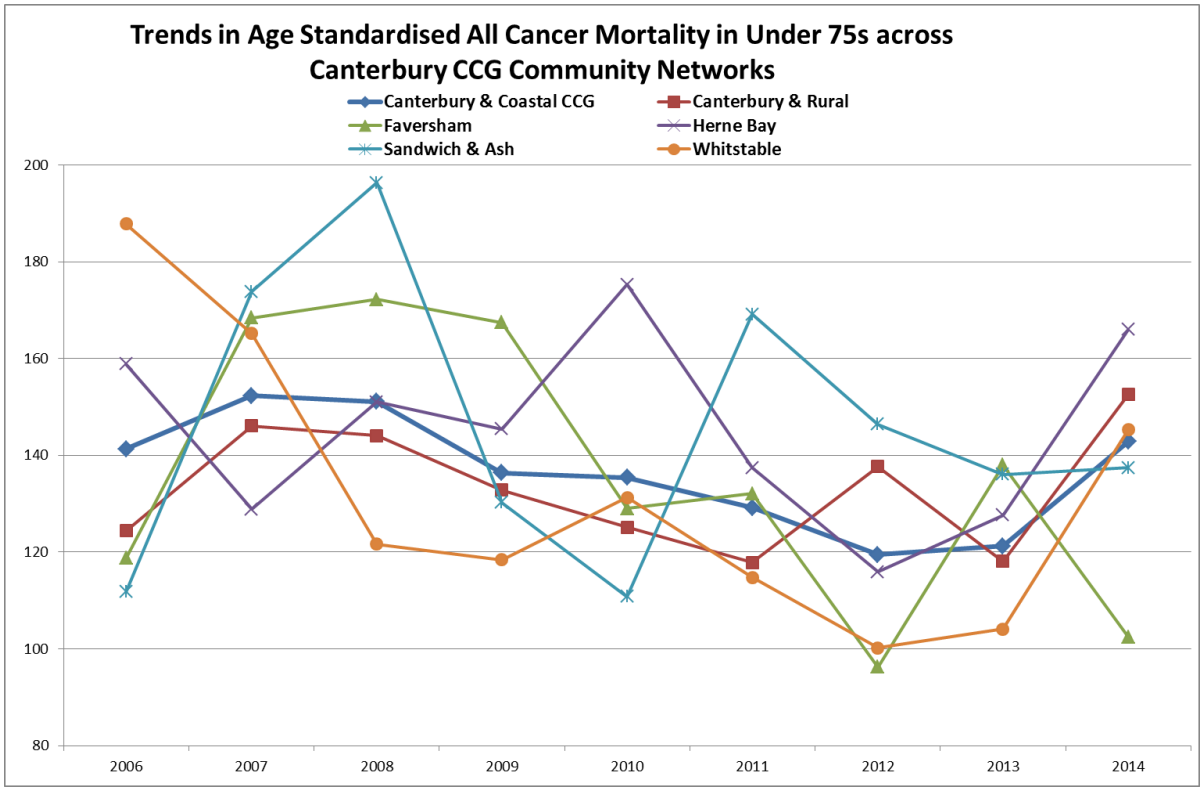
The five year pooled rates at electoral ward level shows that the highest rate in the community network is 300 per 100,000 for Abbey ward. East Downs (160) has the lowest rate in the CCG area. The overall under 75 cancer mortality rate for Faversham is only slightly higher (279) than the rate for Canterbury & Coastal as a whole (276).



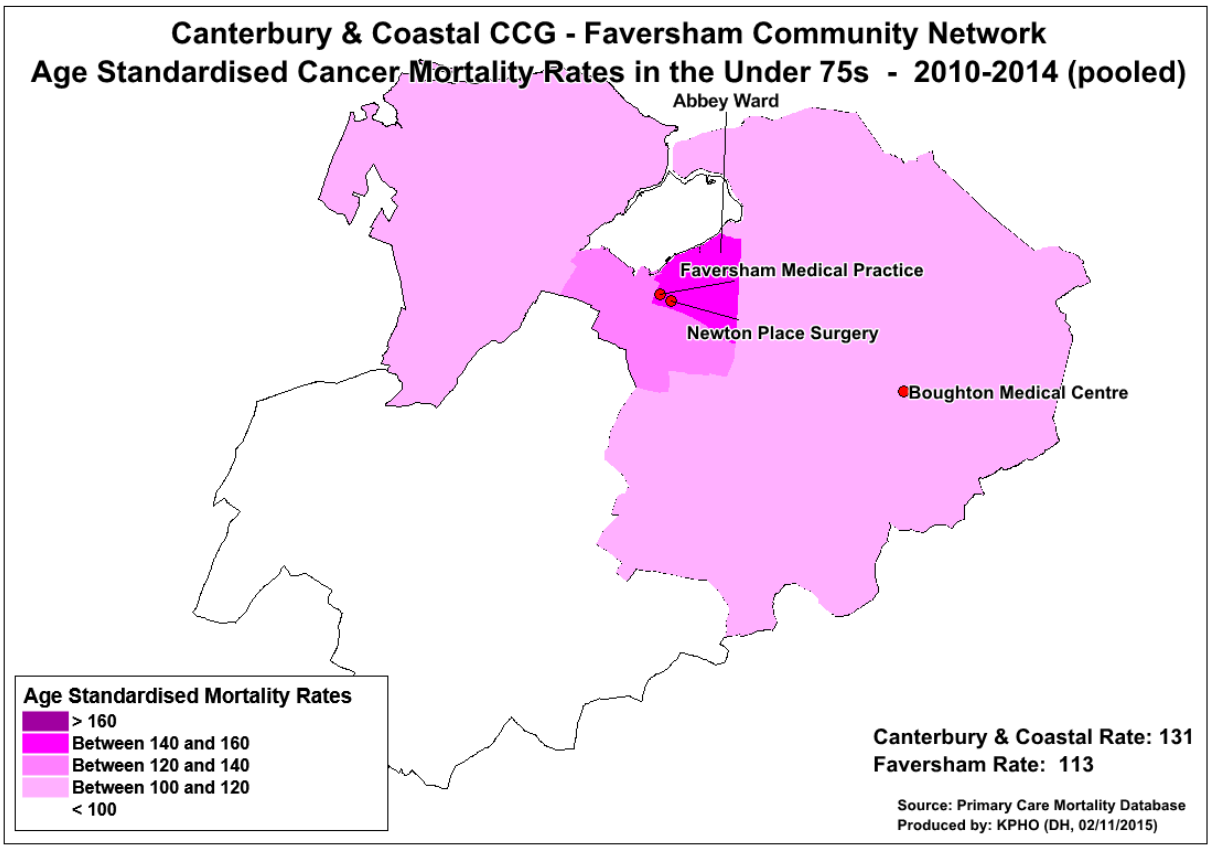
11.2 Premature Mortality: Cancer

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.

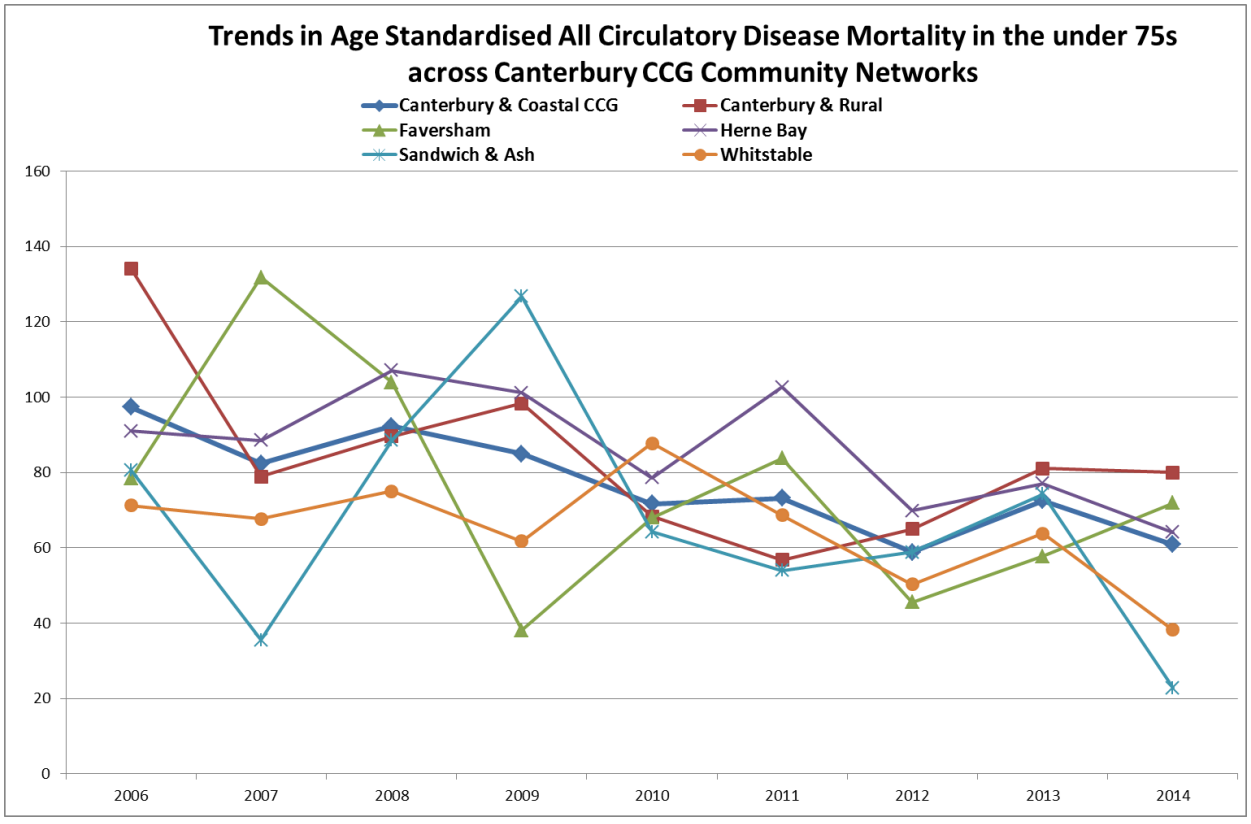


The five year pooled rates at electoral ward level shows that Abbey (145) has the highest rates in the community network (also in the worst quintile across the CCG). The ward with the lowest rate (across the Canterbury & Coastal CCG area) is East Downs with just 83 per 100,000. The overall under 75 cancer mortality rate for Faversham is lower (113) than the rate for Canterbury & Coastal as a whole (131).



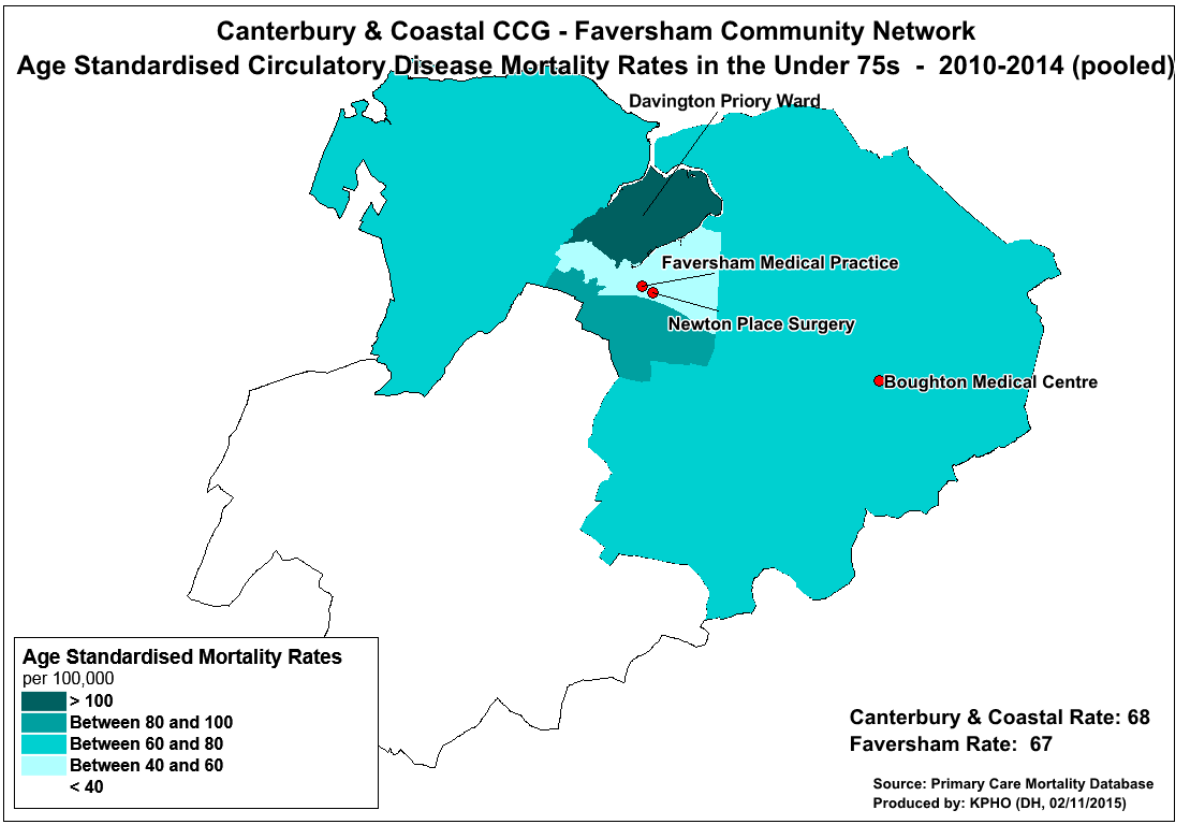
11.3 Premature mortality: Circulatory disease

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 Davington Priory (101) ward has the highest rate (within the worst quintile across the CCG). The lowest rate is found in East Downs (39). The Faversham (67) rate is only slightly lower than that for Canterbury & Coastal CCG (68).



Appendix A: QOF clinical achievement indicators

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

Appendix B: Social care definitions

Long term residential care home placements:

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

Direct payments:

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

Home care:

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

Support services:

Services designed to maintain a person's independence in a 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 persons physical or mental health. There is no charge to the service user. The service is provided by staff employed by the County Council, but similar 'intermediate care' services are available in care home settings and from NHS staff.

Meal services:

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