KENT PUBLIC HEALTH OBSERVATORY

Community network profile

Herne Bay

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Produced by

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Contents

1. Executive Summary

1.1 Introduction

This community network profile for Herne Bay 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 Herne Bay 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**
  - Between 2006 and 2014, Herne bay network has consistently had a lower life expectancy in comparison with Canterbury and Coastal CCG.
  - The Herne bay life expectancy based on 2006 to 2014 data (pooled) is 80.8 years, significantly lower than the CCG.
- **General fertility rate**
  - In 2014, there were 376 live births to women resident within the Herne Bay. The Herne Bay, general fertility rate was 64.09 in 2006 and was 62.22 in 2014.
- **Low birth weight**
  - In 2014, there were 28 low birth weight births to women resident within the Herne Bay. The Herne Bay, percentage of low birth weight births were 6.1% in 2006 and decreased to 4.5% in 2014.
- **Infant feeding**
  - The coverage within Herne Bay practices ranged between 90% and 79% during the mid-part of 2014/15. None of the practices had coverage higher than recommended levels.
- **Immunisations**
  - Of the practice level immunisations up to 1 and 2 years of age; three practices had uptake below 90%. Of the practice level immunisations up to 5 years of age; three practices had uptake below 90%.
- **Infant mortality**
  - In 2014, there were 14 still births to women resident within the Herne Bay. None of the Herne Bay mortality statistics were significantly different to Kent.

Demographic overview

- **Practice population**
  - The total registered population at September 2015 was 40,069, and Herne bay network has an older age profile in relation to the CCG.
- **Ethnicity**
  - 2.3% of the Herne bay network population were classified as being of black or minority ethnicity in the 2011 Census, significantly lower than the CCG proportion of 5.9%.

Socio-economic profile

- **Deprivation**
  - The Herne Bay area shows all levels relative deprivation – areas of Heron, West Bay and Greenhill & Eddington wards 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**
  - Herne Bay network has a significantly higher contact rate than both Kent and Canterbury and Coastal CCG for both people aged 15 to 64 (54.3 contacts per 1,000 population) and people aged 65 and above (104.5 contacts per 1,000 population).
  - For the 15 to 64 age band, Heron and West bay wards have significantly higher rates than both the CCG and Kent.
  - For the population aged 65 and above, Reculver and West bay wards have significantly higher rates than both the CCG and Kent.

Quality outcomes framework

- **Recorded prevalence**
  - In 2014/15, Herne bay network had significantly higher prevalence of the following conditions, in comparison to Canterbury and Coastal CCG: atrial fibrillation, asthma, CHD, CKD, COPD, dementia, diabetes, epilepsy, heart failure, hypertension, learning disability, obesity and stroke.
- **Recorded prevalence: trend analysis**
  - The annual rate of change in prevalence of the following conditions was significantly higher in Herne bay than England for the following conditions: cancer, atrial fibrillation, asthma, COPD, stroke, CHD, heart failure.

  - The annual rate of change of palliative care prevalence was significantly lower in Herne bay network compared to England.
- **Recorded and expected prevalence**
  - There were no significant differences in the percentage of expected prevalence diagnosed for dementia, atrial fibrillation, CHD, hypertension, COPD or stroke and TIA between any of the Herne bay practices and the Canterbury and Coastal CCG practices.
- **Clinical achievement (see appendix A for definitions)**
  - Herne bay network has significantly higher performance for QOF indicators CHD 006 than the CCG.
  - The performance for indicators asthma 003, COPD 004 and mental health 002 were significantly lower in Herne bay than for Canterbury and Coastal CCG.

Hospital activity

- **Emergency hospital admissions**
  - The Herne Bay 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 between 2006/07 and 2014/15; for emergency admissions, asthma and diabetes complication emergency admissions.
- **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 Herne Bay practice network. The Herne Bay practice network did not show a rate of change that was significantly different to Kent.
- **A&E and MIU attendances**
  - The majority of residents attend A&E more than MIU's. There is a slightly higher proportion of male residents attending MIU's than female residents.
  - Across all networks, the Kent and Canterbury Hospital and the Queen Elizabeth the Queen Mother Hospital receive the highest proportions of residents from the networks.

Influenza immunisations

- **Uptake**

Social care

- Herne Bay has a significantly higher support services and home care rate per 10,000 population aged under 65, long term residential care home placement for under and over 65s, and direct payment rate compared to both Canterbury and Coastal CCG and Kent.

- The long term care home nursing placement rate for people aged over 65 is significantly lower than Kent.

Mortality

- **All age, all cause mortality**
  - Trends in all age, all cause mortality rates are falling. Highest rate locally is for Heron and Reculver wards.
- **Premature mortality: cancer**
  - Trends in under 75 cancer mortality are generally down across Herne Bay and the CCG area. Highest rates locally are found in Heron and Herne & Broomfield wards.
- **Premature mortality: circulatory disease**
  - The trend in under 75 circulatory diseases mortality is falling, Heron ward has the highest rate locally

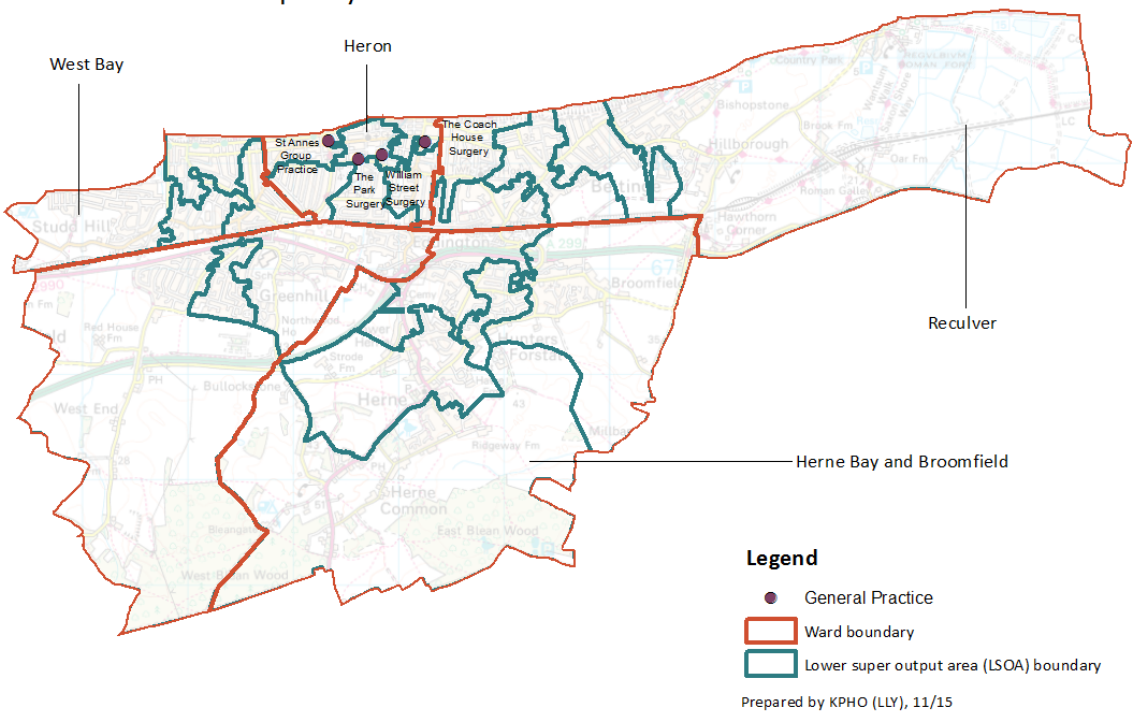
2. Introduction & Objectives

2.1 Community Network Area

2.1.1 Community Network

The map below shows the breakdown of Herne Bay Community Network into wards and then into lower super output areas (LSOA's). An LSOA is a geographical region with a minimum population of 1,000 and an average population of 1,500. The Herne Bay Community Network has four general practices, all located in the same ward (Heron).

Herne Bay Community Network, 2015
split by LSOA and ward



3. Maternity

3.1 Life expectancy at birth

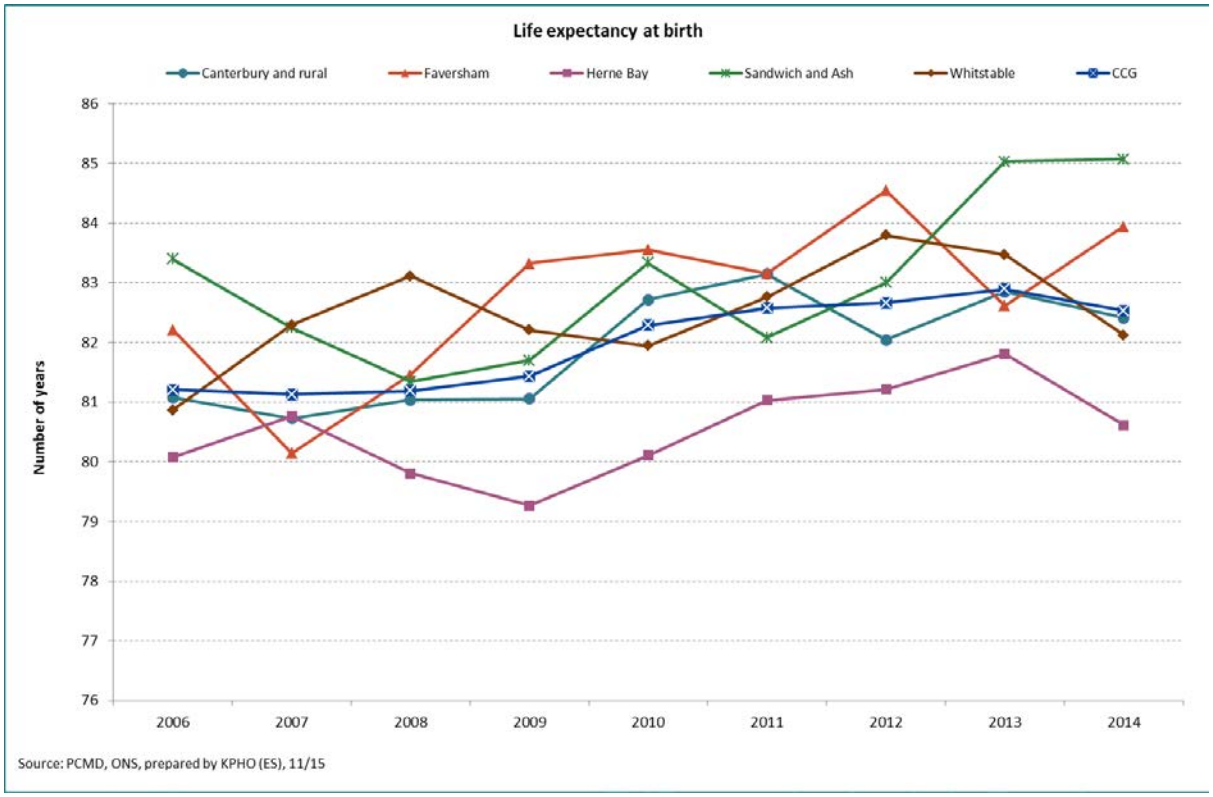
Life expectancy at birth is defined as 'The average number of years a baby born in a particular area or population can be expected to live if it experiences the current age-specific mortality rates of that particular area or population throughout its life' by the South East Public Health Observatory.

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. The Herne bay life expectancy has remained consistently lower than the Canterbury and Coastal life expectancy over the past nine years. The highest life expectancy in this network is observed in 2013, at 81.8 years, and the lowest in 2009 at 79.3 years. Life expectancy has increased at a rate of 0.16 years annually in Herne Bay 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 Herne Bay is 80.8 years, significantly lower than the CCG life expectancy of 82.1. Heron ward has the lowest life expectancy at 78.5 years, significantly lower than the CCG. The highest life expectancy is in West bay at 82.1 years.

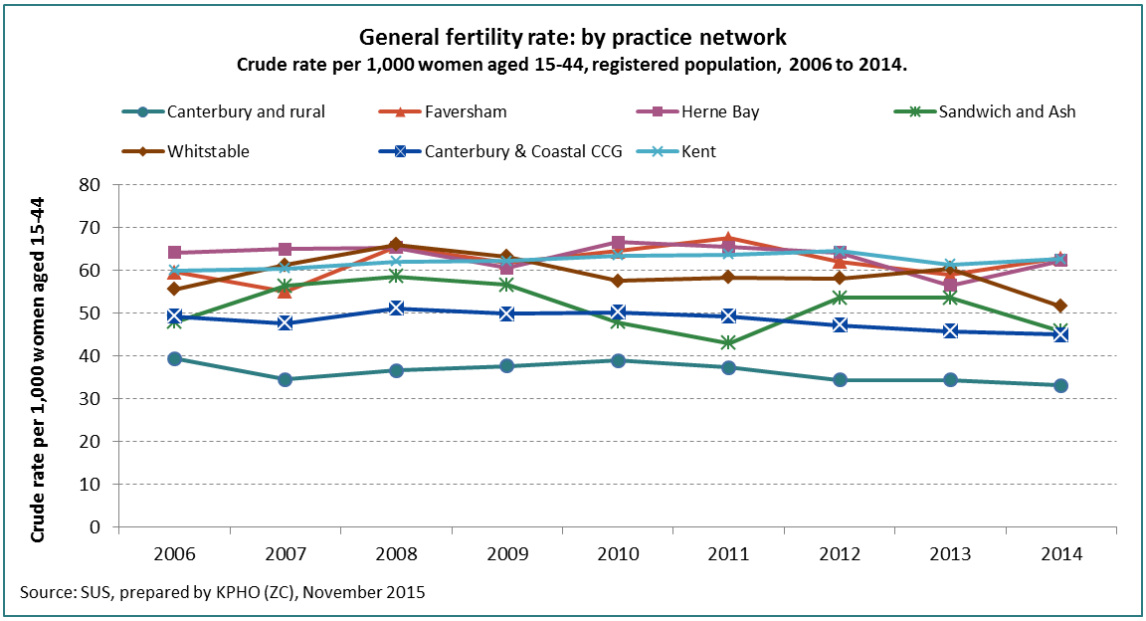
Table 1: Life expectancy at birth (based on 2006 to 2014 data pooled)

Wardname	Life expectancy (years)	Significantly different
Greenhill and Eddington	81.88	no
Herne and Broomfield	81.03	no
Heron	78.53	lower
Reculver	81.66	no
West Bay	82.14	no
Herne Bay	80.81	lower
CCG	82.12	-

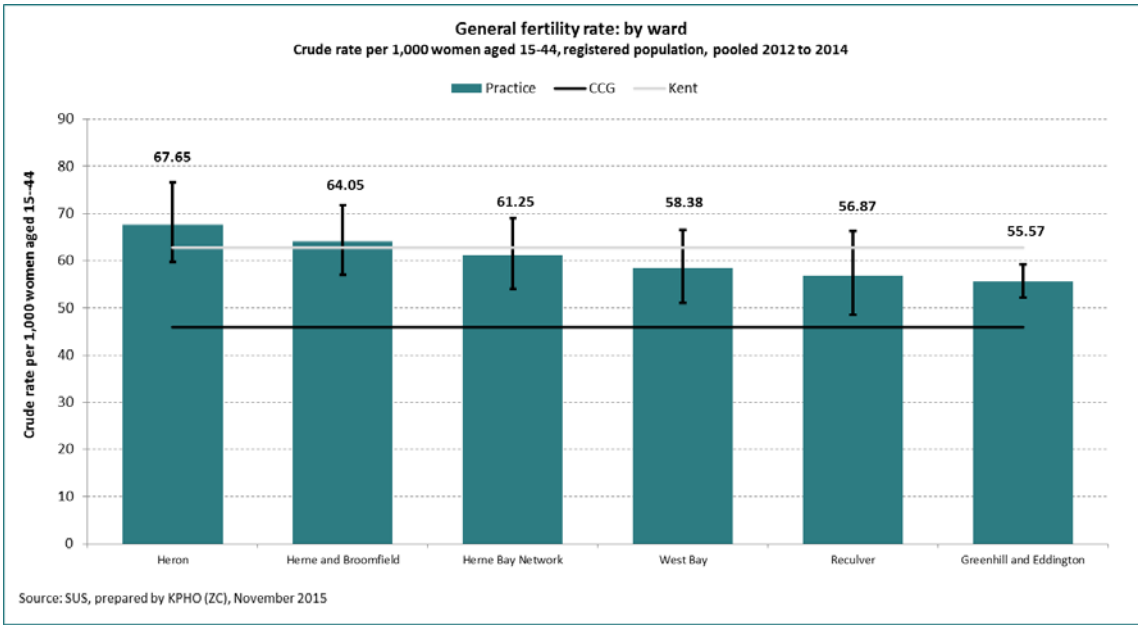
3.2 General fertility rate

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; 376 of these were to women resident within the Herne Bay. In Kent, the general fertility rate within was 59.93 in 2006 and increased to 62.58 in 2014. The Herne Bay, general fertility rate was 64.09 in 2006 and was 62.22 in 2014.



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

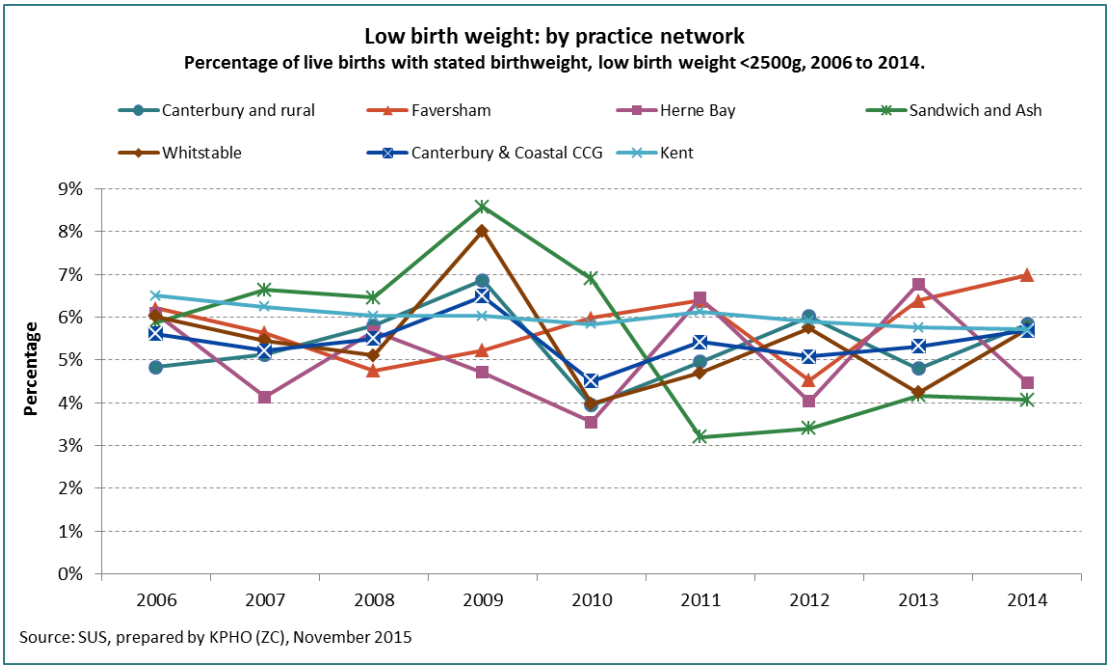


Source: SUS, prepared by KPHO (ZC), November 2015

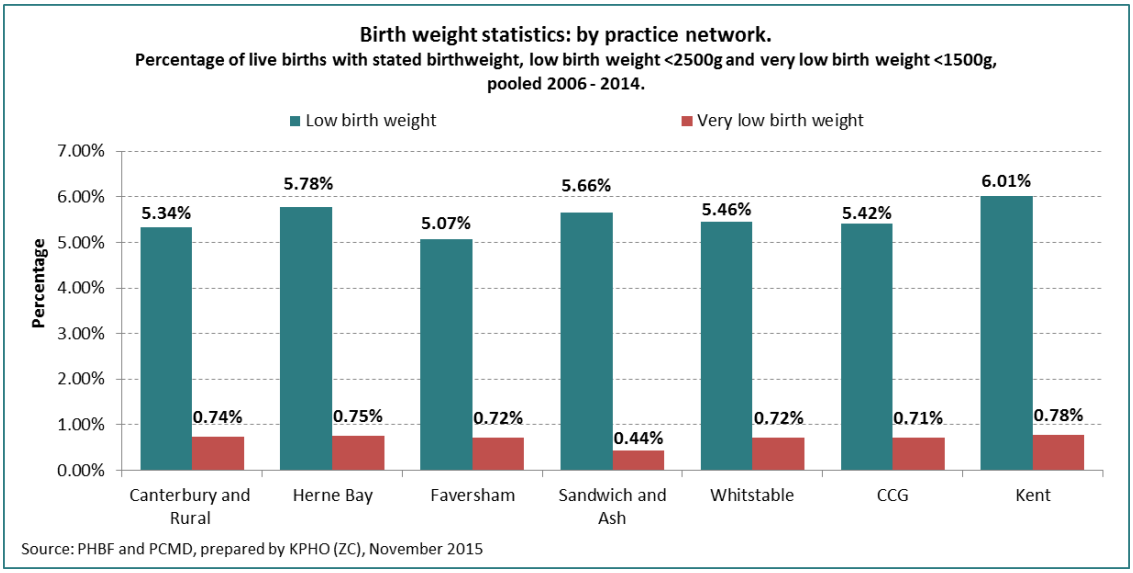
3.3 Low birth weight

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.

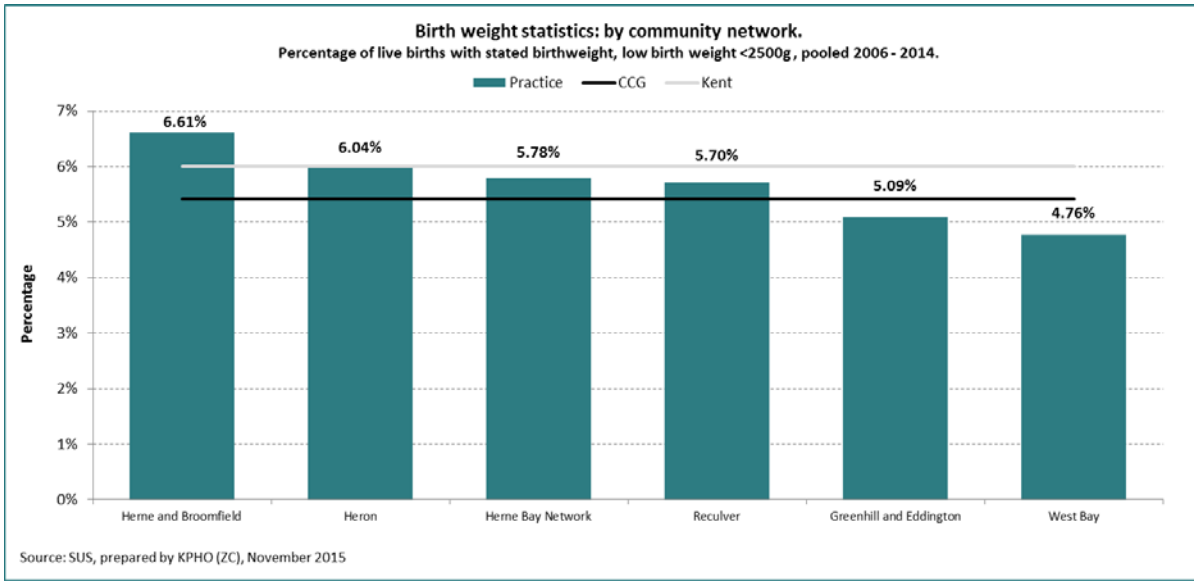
In 2014, there were 989 low birth weight births in Kent; 28 of these were to women resident within the Herne Bay. In Kent, the percentage of low birth weight was 6.5% in 2006 and decreased to 5.7% in 2014. The Herne Bay, percentage was 6.1% in 2006 and decreased to 4.5% in 2014.



For the pooled years 2006-2014, there were 9,275 low birth weight births in Kent; 208 of these were to women resident within the Herne Bay. In Kent, the percentage of low birth weight was 6.01% and very low birth weight was 0.78%. The Herne Bay percentage of low birth weight was 5.78% and very low birth weight was 0.75% in 2014.



For 2006-2014, the practice low birth weight percentages ranged between 6.61% and 4.76%.

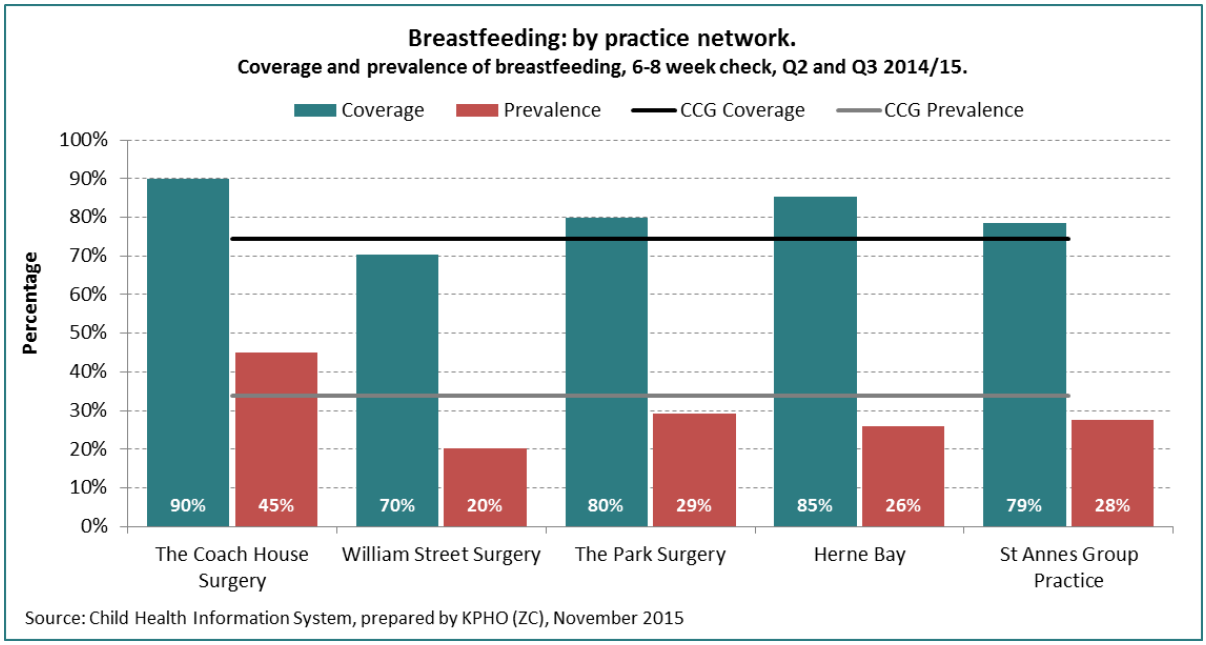


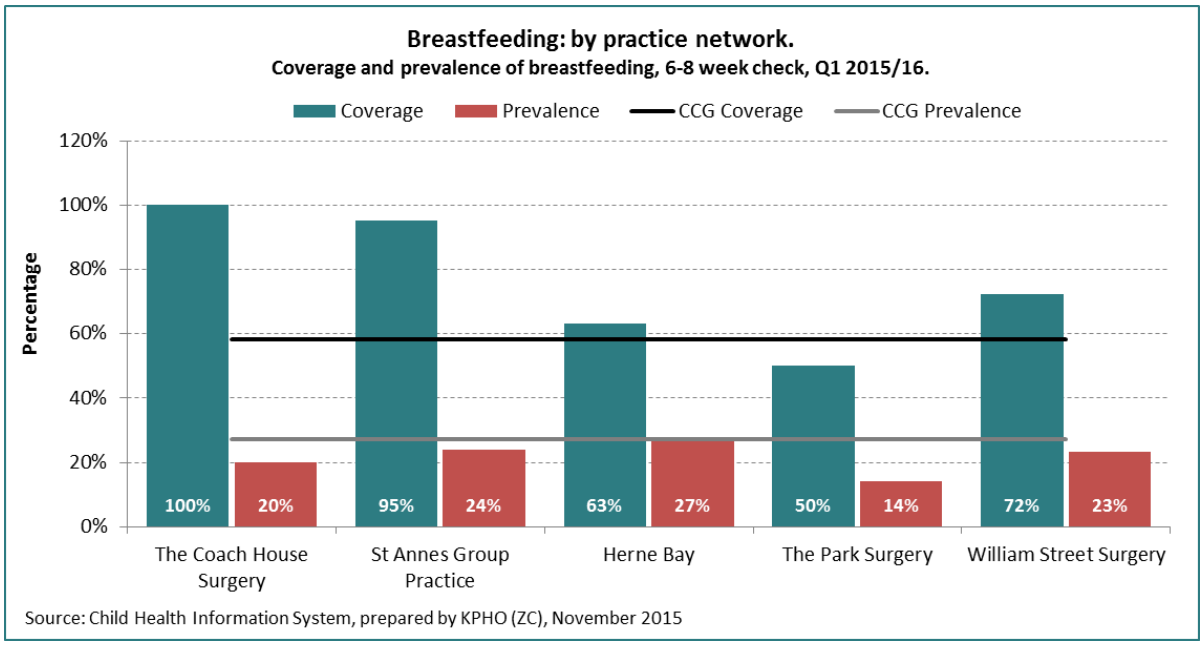
3.4 Infant feeding

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 Herne Bay practices ranged between 90% and 79% during the mid-part of 2014/15. None of the practices had coverage higher than recommended levels. The coverage for the Faversham practices had increased in the early-part of 2015/16 for Coach House Surgery and St Annes Group Practice.

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. However, we can say that the prevalence of breastfeeding was 20% and 24% in the Coach House Surgery and St Annes Group Practice respectively.





3.5 Immunisations

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

The following key has been used to highlight vaccine coverage:

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

Of the practice level immunisations up to 1 and 2 years of age; three practices had uptake below 90%. Of the practice level immunisations up to 5 years of age; 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
The Coach House Surgery	100.0%	100.0%	100.0%	92.9%	92.9%	100.0%	92.9%	92.9%
St Annes Group Practice	88.9%	94.4%	88.9%	97.1%	91.2%	91.2%	91.2%	91.2%
The Park Surgery	49.0%	76.5%	51.0%	85.4%	87.8%	78.0%	87.8%	78.0%
William Street Surgery	85.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	88.9%
Herne Bay Network	68.0%	85.6%	69.1%	91.8%	90.8%	87.8%	90.8%	85.7%
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%

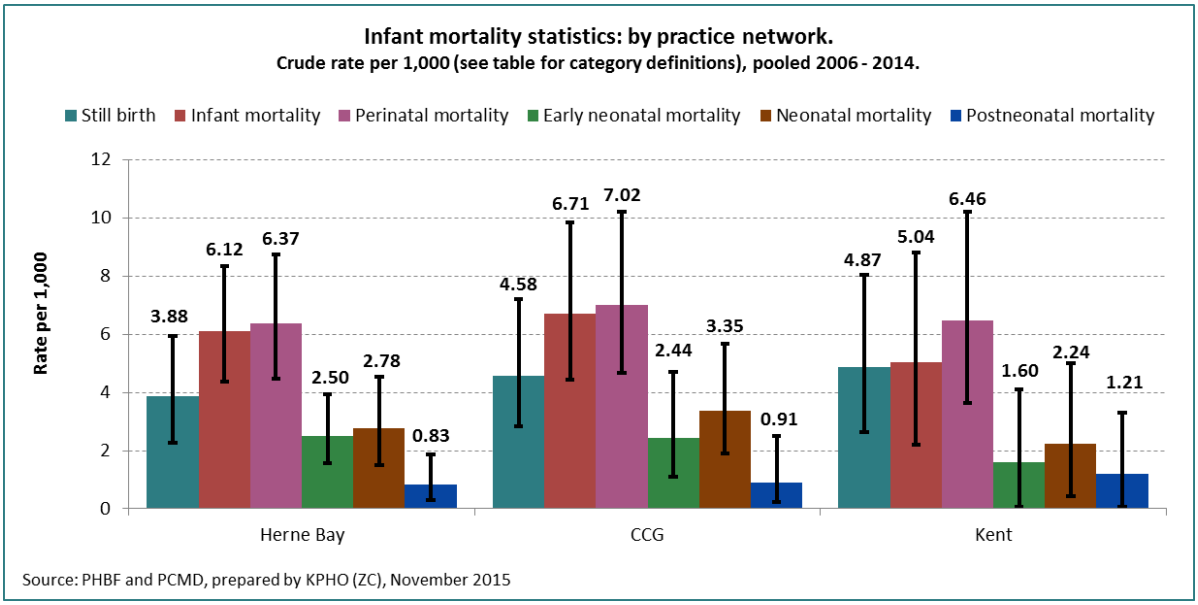
Practice Name	Up to 5th Birthday Primaries						Up to 5th Birthday Boosters			
	DT/Pol	MMR	Hib	MenC	Pertussis	PCV	DTaP/IPV	Hib/MenC	MMR	PCV
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake
The Coach House Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.0%	100.0%	85.0%	100.0%
St Annes Group Practice	95.7%	93.5%	95.7%	95.7%	95.7%	95.7%	89.1%	93.5%	87.0%	93.5%
The Park Surgery	96.6%	91.4%	96.6%	96.6%	96.6%	96.6%	82.8%	94.8%	79.3%	94.8%
William Street Surgery	88.2%	88.2%	88.2%	94.1%	88.2%	88.2%	82.4%	94.1%	88.2%	76.5%
Herne Bay Network	95.7%	92.9%	95.7%	96.5%	95.7%	95.7%	85.1%	95.0%	83.7%	92.9%
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; 14 of these were to women resident within the Herne Bay. None of the Herne Bay mortality statistics were significantly different to Kent.



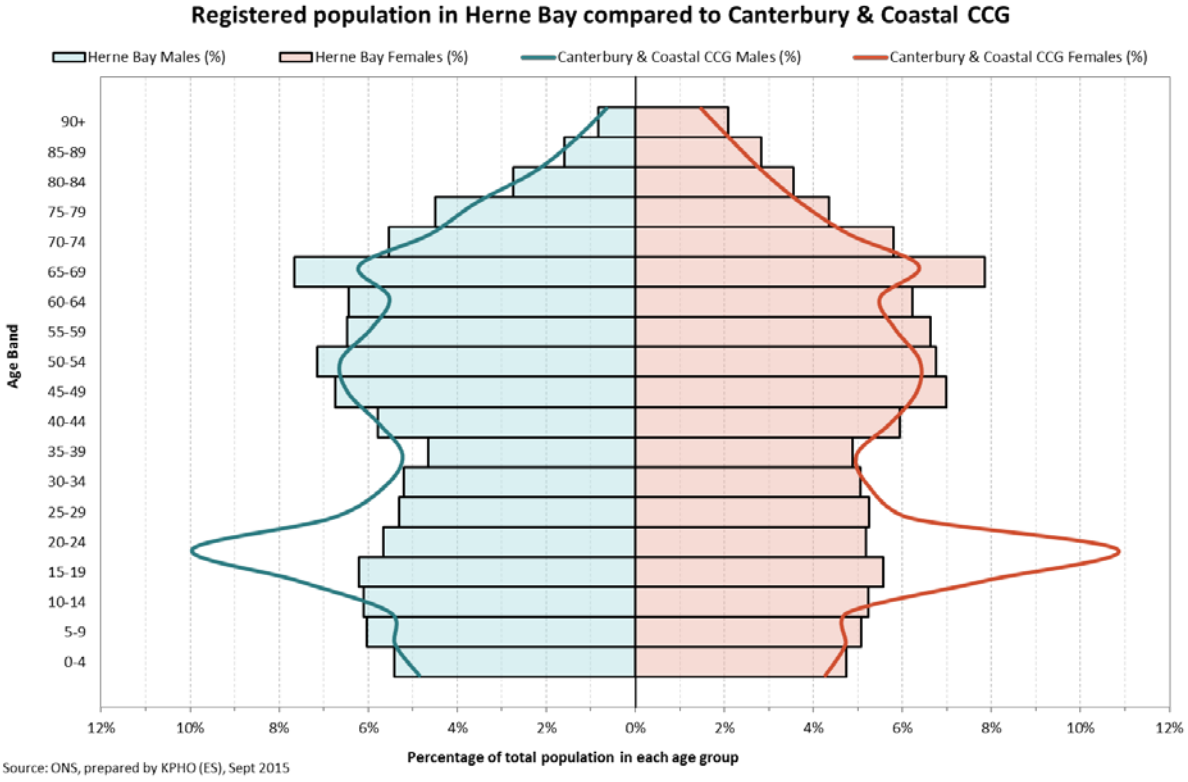
Source: PHBF and PCMD, prepared by KPHO (ZC), November 2015

4. Demographic overview

4.1 Practice population

4.1.1 Registered population

The total registered population of Herne bay community network was 40,069 at September 2015. 48.6% (19,724) of the registered population were male and 51.4% (20,885) female, reflective of the CCG (48.5% male, 51.5% female).



Herne bay community network has an older population in comparison to the CCG, with significantly lower proportions of the population in the under 30 age bands ($p<0.001$) and significantly higher proportions in the 55 and above age bands ($p<0.001$).

Table 2: Registered population in Herne bay community network, September 2015

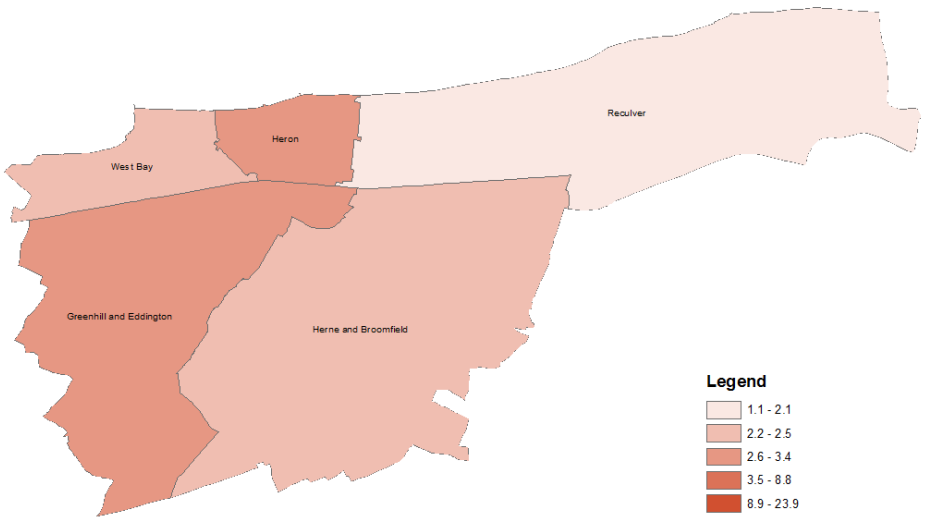
Age band	Males	Females	Persons
0-4	1067	991	2058
5-9	1190	1061	2251
10-14	1203	1094	2297
15-19	1223	1164	2387
20-24	1118	1081	2199

25-29	1046	1098	2144
30-34	1024	1057	2081
35-39	919	1019	1938
40-44	1140	1241	2381
45-49	1330	1458	2788
50-54	1411	1410	2821
55-59	1276	1386	2662
60-64	1270	1299	2569
65-69	1510	1639	3149
70-74	1093	1210	2303
75-79	885	910	1795
80-84	541	741	1282
85-89	313	592	905
90+	165	434	599
All ages	**19724**	**20885**	**40609**

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 (BME) group calculated. Ethnic diversity is significantly lower in the Herne Bay Network at 2.3%, compared to the CCG (5.9%).

Herne Bay community network, percentage of black and ethnic minorities by ward



Source: 2011 Census
Produced by: KPHO (ES), 11/15

The wards in Herne bay community network all have a significantly lower percentage of black and minority ethnic population in comparison to the CCG. Of the general population, 1.2% (444 residents) are of Asian ethnicity, 0.9% (362) of mixed ethnicity, 0.3% (118) of Black African / Caribbean / Black British descent and 0.2% (68) of residents classified as other.

Table 3: Black and ethnic minority population

Ward	Percentage BME	Significantly different
Reculver	1.9	lower
Herne and Broomfield	2.3	lower
West Bay	2.3	lower
Greenhill and Eddington	2.9	lower
Heron	3.4	lower
CCG	5.8	-

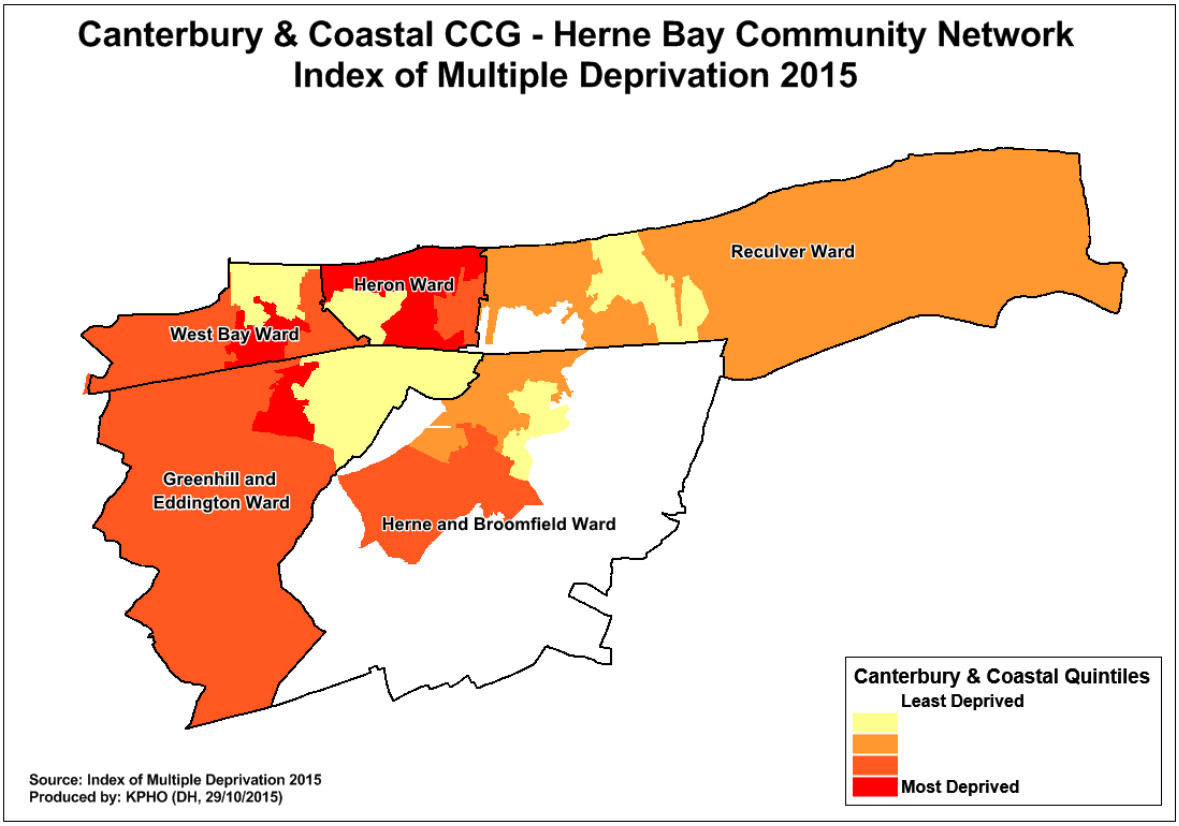
5. Socio-economic profile

5.1 Deprivation

5.1.1 Index of Multiple Deprivation 2015

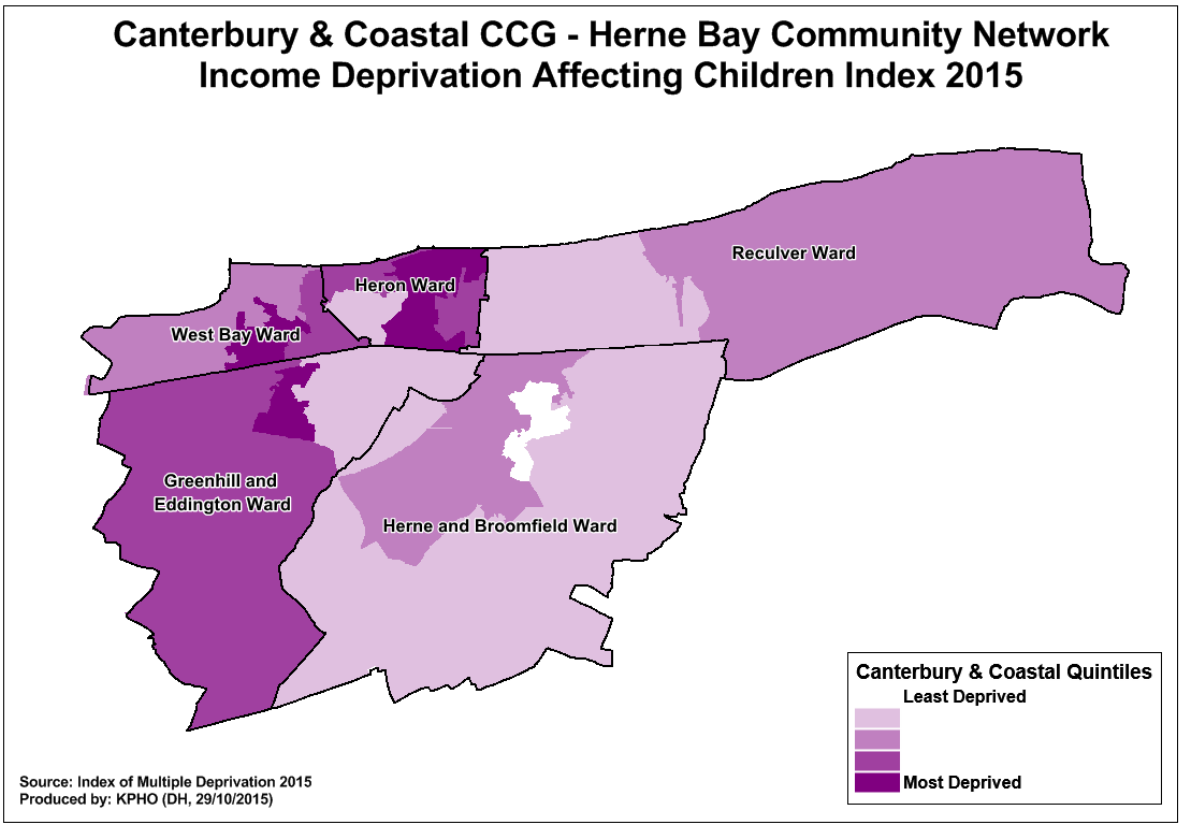
The Canterbury and Coastal area exhibits a wide range of relative deprivation, the most deprived areas tend to be found in the more urban areas in central Canterbury, some parts of Faversham and the coastal town of Herne Bay.

The map below shows relative deprivation for the Herne Bay community network. There are several areas that fall into the worst deprived quintile across Canterbury & Coastal CCG area. These found in West Bay, Heron and the Greenhill & Eddington



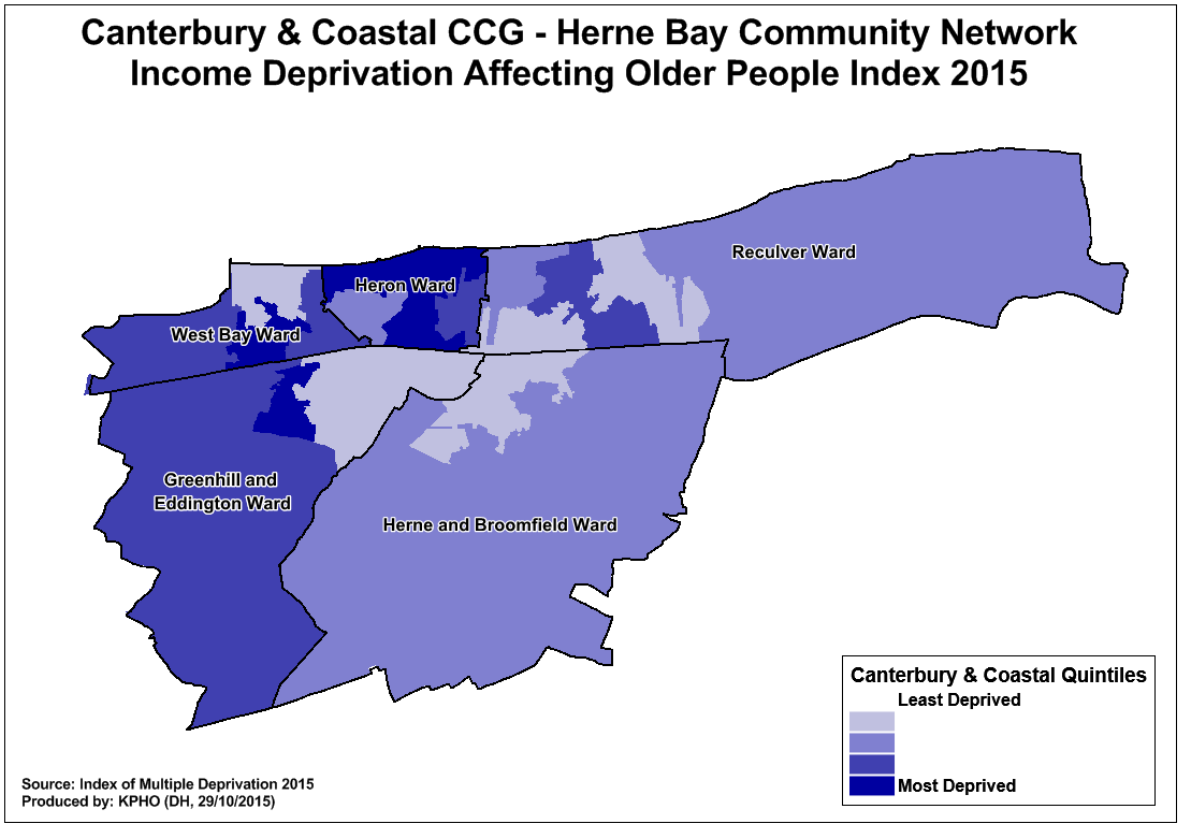
5.1.2 Income Deprivation Affecting Children Index 2015

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 Herne Bay area is very similar to overall deprivation. Approximately 33% of the children living in the most deprived parts of Heron ward are living in income deprived households.


Canterbury & Coastal CCG - Herne Bay Community Network
Income Deprivation Affecting Children Index 2015
Reculver Ward
Heron Ward
West Bay Ward
Greenhill and Eddington Ward
Herne and Broomfield Ward
Canterbury & Coastal Quintiles
Least Deprived
Most Deprived
Source: Index of Multiple Deprivation 2015
Produced by: KPHO (DH, 29/10/2015)

5.1.3 Income Deprivation Affecting Older People Index 2015

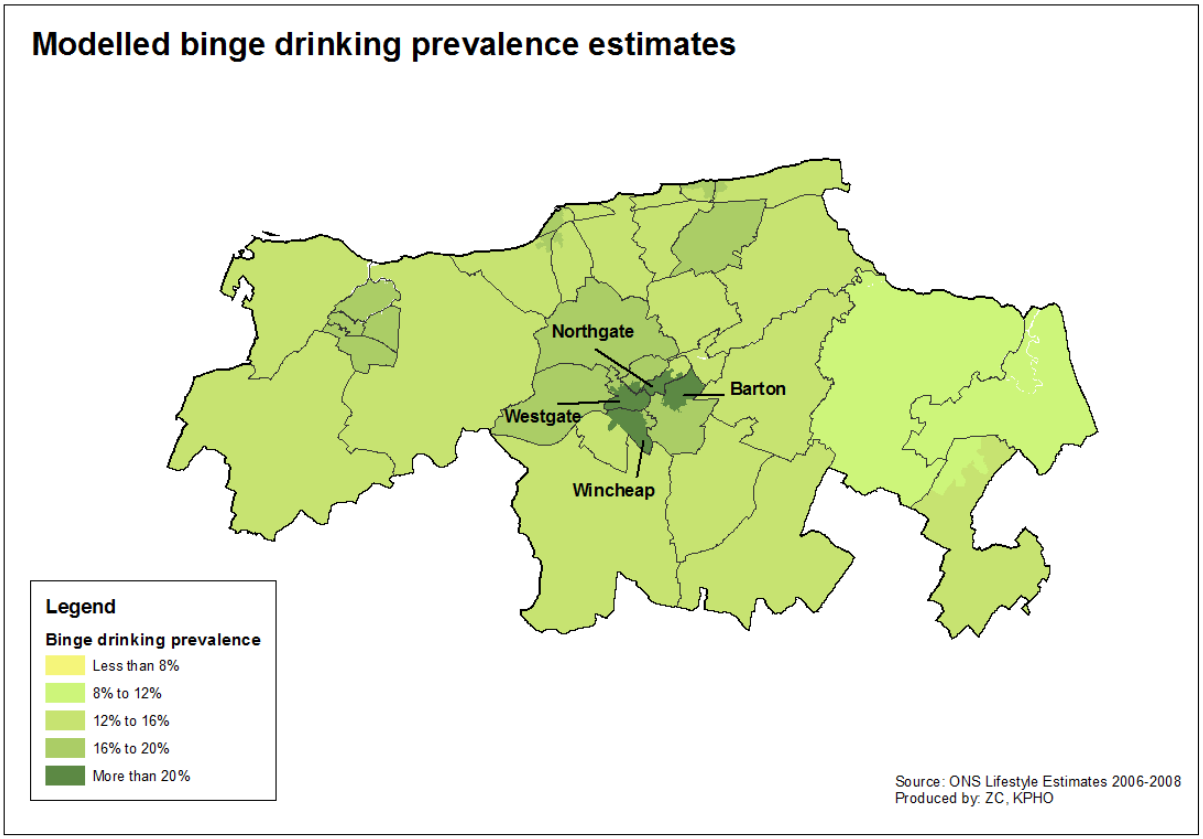
The Income Deprivation Affecting Older People Index (IDAOPI) is also derived from the Income domain within the overall Indices of Deprivation and is used as an 'older people poverty' measure. The areas of Herne Bay with the greatest level of older people poverty are found in the electoral wards of Heron, West Bay and a small part of Greenhill & Eddington (Greenhill area). Approximately 22% of the older people living in the most deprived parts of Heron ward are living in income deprived households.



6. Lifestyle

6.1 Alcohol

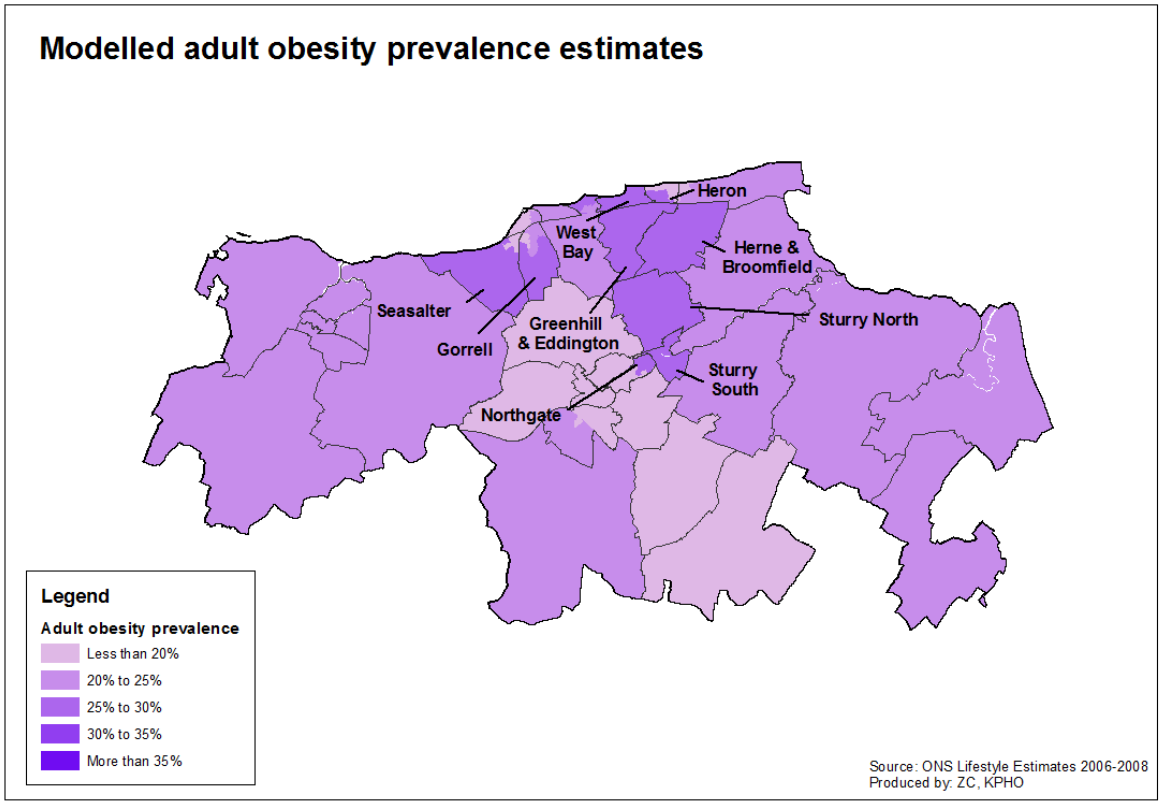
6.1.1 Modelled Binge Drinking Estimates



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

6.2 Obesity

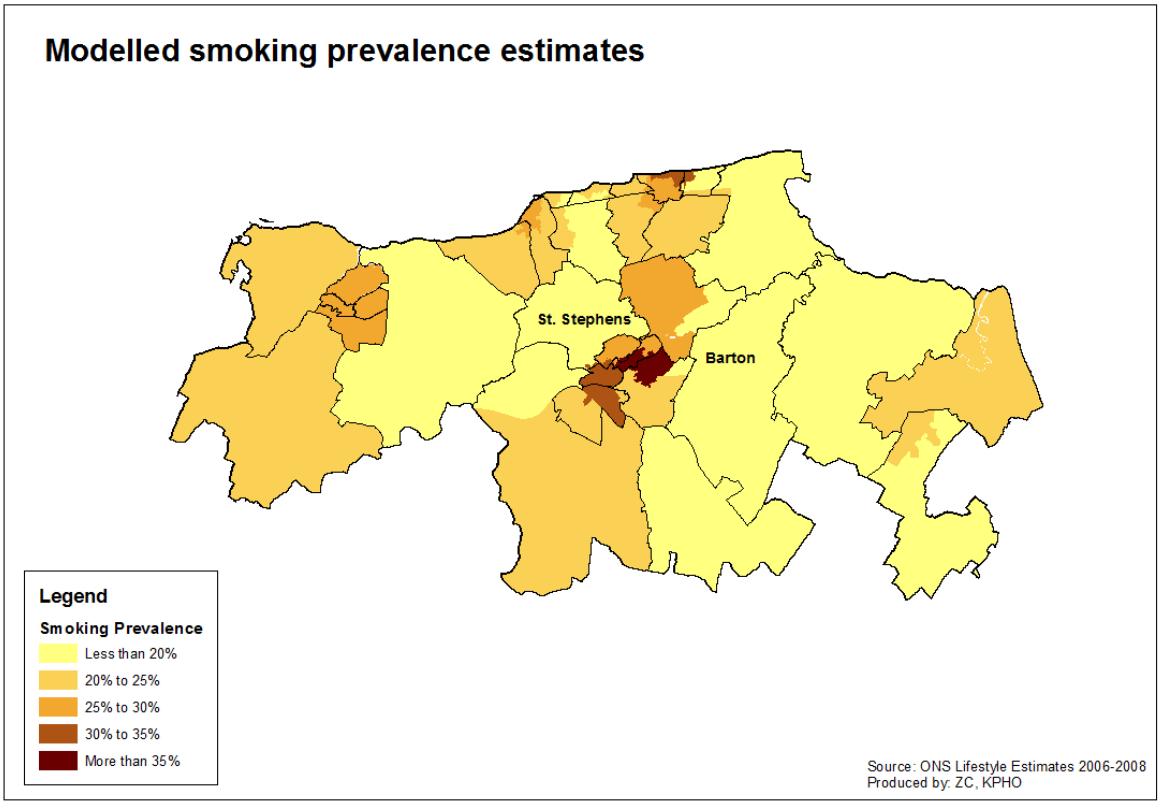
6.2.1 Modelled Adult Obesity Estimates



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

6.3 Smoking

6.3.1 Modelled Adult Obesity Estimates



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

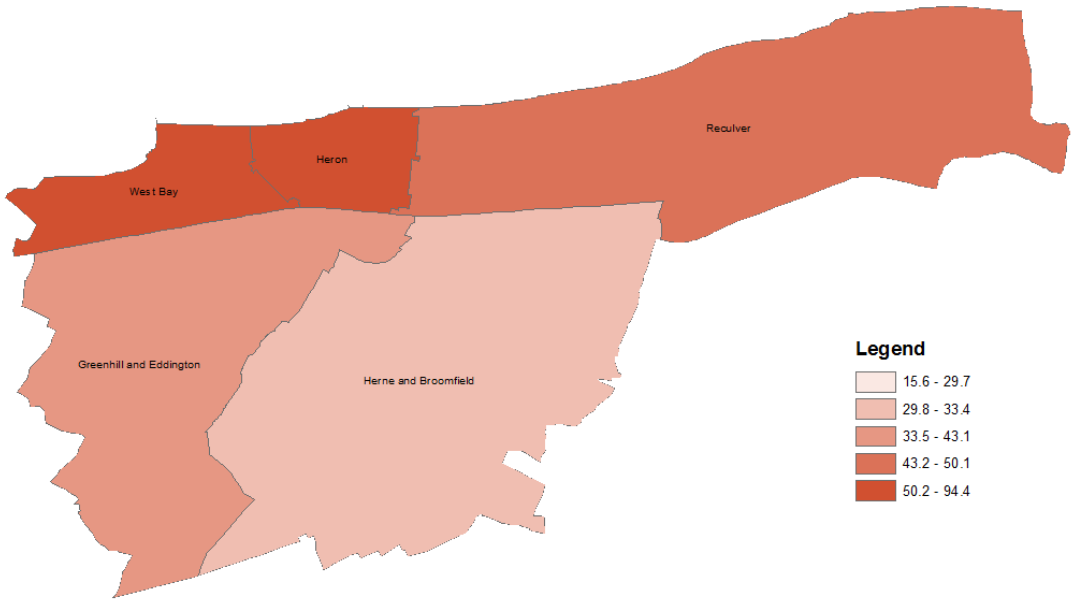
7. Mental Health

7.1 Contact with services

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

7.1.1 Mental health contacts: age 15 to 64

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

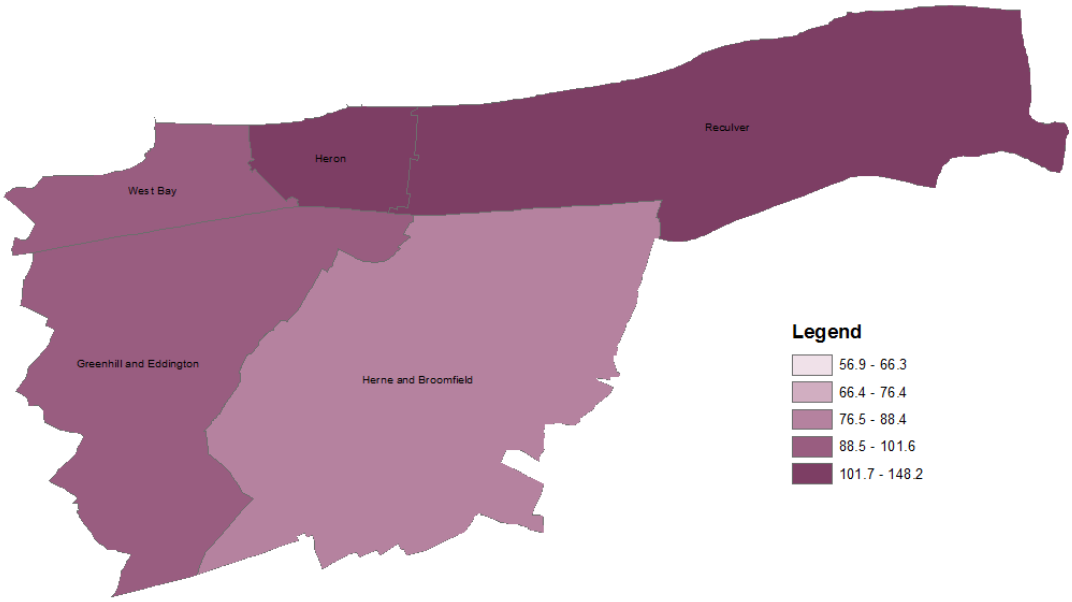


*contact defined as number of individuals in contact with services
Source: Kent and Medway NHS and Social care partnership
Produced by: KPHO (ES), 11/15

Heron (94.4) and West Bay (55.8) wards have significantly higher mental health contact rates per 1,000 population aged 15 to 64 in comparison with Canterbury and Coastal CCG (43.8) and Kent (41.0). Herne and Broomfield has a significantly lower rate than the comparator areas, at 33.4. As a network, Herne bay has a significantly higher rate than both the CCG and Kent, at 54.3 contacts with mental health services per 1,000 population.

7.1.2 Mental health contacts: age 65 and above

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



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

Heron ward (136.6) has a significantly higher contact rate per 1,000 people aged 65 and above than both Canterbury and Coastal CCG (88.8) and Kent (73.2). Reculver (102.3) and West bay (96.6) have rates significantly higher than Kent. Herne bay community network has a contact rate of 104.5 per 1,000 population aged 65 and above, significantly higher than the CCG and Kent.

8. Quality outcomes framework

8.1 Recorded prevalence

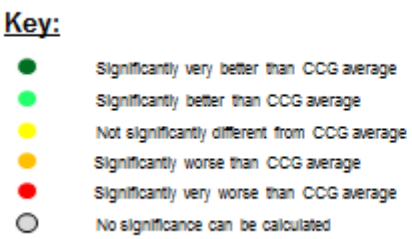
Spine charts have been produced to compare the general practice recorded prevalence of long term conditions with the Canterbury and Coastal CCG recorded prevalence in 2014/15.

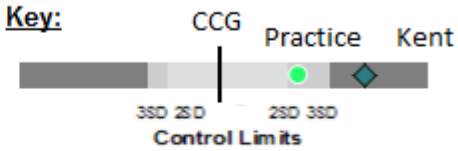
The Quality outcomes framework (QOF) uses an extract of practice list sizes as of 1st January 2015 and disease registers as at 31st March 2015.

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 Herne bay community network

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

Table 4

Age	Herne Bay
All age	40382
16+	33270
17+	32753
18+	32242

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

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

Indicator	Herne bay		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	961	2.4	2.1	0.2		2.8	1.9
Asthma	2644	6.5	5.8	3.1		7.0	5.6
Cancer	1164	2.9	2.7	0.3		4.2	2.5
Coronary heart disease	1710	4.2	3.3	0.2		4.8	3.1
Chronic kidney disease	1983	6.2	4.8	0.2		7.0	5.1
COPD	876	2.2	1.8	0.1		3.1	1.9
Dementia	553	1.4	0.9	0.0		1.5	0.8
Diabetes	2493	7.6	5.9	0.7		8.4	6.2
Epilepsy	337	1.0	0.8	0.2		1.4	0.8
Heart failure	288	0.7	0.6	0.0		1.1	0.6
Hypertension	6565	16.3	14.0	1.4		21.7	14.6
Learning disability	212	0.5	0.4	0.0		1.4	0.4
Mental health	352	0.9	0.9	0.6		1.6	0.8
Obesity	3241	9.7	7.8	2.7		16.7	8.9
Palliative care	60	0.1	0.1	0.0		0.3	0.2
Stroke	947	2.3	1.9	0.2		2.9	1.8

8.1.2 G82029 The coach house surgery

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

Table 5

Age	G82029
All age	5300
16+	4455
17+	4387
18+	4316

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

- Atrial fibrillation
- Asthma
- Coronary heart disease
- Chronic kidney disease
- Dementia
- Diabetes
- Epilepsy
- Hypertension
- Obesity
- Stroke

Indicator	G82029 - The coach house surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	138	2.6	2.1	0.2		2.8	1.9
Asthma	353	6.7	5.8	3.1		7.0	5.6
Cancer	131	2.5	2.7	0.3		4.2	2.5
Coronary heart disease	247	4.7	3.3	0.2		4.8	3.1
Chronic kidney disease	277	6.4	4.8	0.2		7.0	5.1
COPD	105	2.0	1.8	0.1		3.1	1.9
Dementia	73	1.4	0.9	0.0		1.5	0.8
Diabetes	367	8.4	5.9	0.7		8.4	6.2
Epilepsy	50	1.2	0.8	0.2		1.4	0.8
Heart failure	39	0.7	0.6	0.0		1.1	0.6
Hypertension	834	15.7	14.0	1.4		21.7	14.6
Learning disability	30	0.6	0.4	0.0		1.4	0.4
Mental health	44	0.8	0.9	0.6		1.6	0.8
Obesity	464	10.4	7.8	2.7		16.7	8.9
Palliative care	13	0.2	0.1	0.0		0.3	0.2
Stroke	156	2.9	1.9	0.2		2.9	1.8

8.1.3 G82090 St Annes group practice

For the purposes of the 2014/15 QOF data, St Annes group practice had the following population:

Table 6

Age	G82090
All age	14393
16+	12090
17+	11908
18+	11732

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

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

Indicator	G82090 - St Annes group practice		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	381	2.6	2.1	0.2		2.8	1.9
Asthma	1003	7.0	5.8	3.1		7.0	5.6
Cancer	472	3.3	2.7	0.3		4.2	2.5
Coronary heart disease	685	4.8	3.3	0.2		4.8	3.1
Chronic kidney disease	759	6.5	4.8	0.2		7.0	5.1
COPD	289	2.0	1.8	0.1		3.1	1.9
Dementia	187	1.3	0.9	0.0		1.5	0.8
Diabetes	1004	8.4	5.9	0.7		8.4	6.2
Epilepsy	111	0.9	0.8	0.2		1.4	0.8
Heart failure	100	0.7	0.6	0.0		1.1	0.6
Hypertension	2391	16.6	14.0	1.4		21.7	14.6
Learning disability	59	0.4	0.4	0.0		1.4	0.4
Mental health	100	0.7	0.9	0.6		1.6	0.8
Obesity	1474	12.2	7.8	2.7		16.7	8.9
Palliative care	25	0.2	0.1	0.0		0.3	0.2
Stroke	353	2.5	1.9	0.2		2.9	1.8

8.1.4 G82119 The park surgery

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

Table 7

Age	G82119
All age	15880
16+	12768
17+	12575
18+	12374

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

- Asthma
- Coronary heart disease
- Chronic kidney disease
- COPD
- Dementia
- Diabetes
- Hypertension
- Mental health
- Stroke

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

- Palliative care

Indicator	G82119 - The park surgery		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial fibrillation	359	2.3	2.1	0.2		2.8	1.9
Asthma	1016	6.4	5.8	3.1		7.0	5.6
Cancer	429	2.7	2.7	0.3		4.2	2.5
Coronary heart disease	636	4.0	3.3	0.2		4.8	3.1
Chronic kidney disease	819	6.6	4.8	0.2		7.0	5.1
COPD	379	2.4	1.8	0.1		3.1	1.9
Dementia	233	1.5	0.9	0.0		1.5	0.8
Diabetes	850	6.8	5.9	0.7		8.4	6.2
Epilepsy	122	1.0	0.8	0.2		1.4	0.8
Heart failure	111	0.7	0.6	0.0		1.1	0.6
Hypertension	2631	16.6	14.0	1.4		21.7	14.6
Learning disability	56	0.4	0.4	0.0		1.4	0.4
Mental health	165	1.0	0.9	0.6		1.6	0.8
Obesity	957	7.5	7.8	2.7		16.7	8.9
Palliative care	9	0.1	0.1	0.0		0.3	0.2
Stroke	346	2.2	1.9	0.2		2.9	1.8

8.1.5 G82204 William street surgery

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

Table 8

Age	G82204
All age	4809
16+	3958
17+	3883
18+	3821

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

- Dementia
- Diabetes
- Epilepsy
- Learning disability

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

- Chronic kidney disease

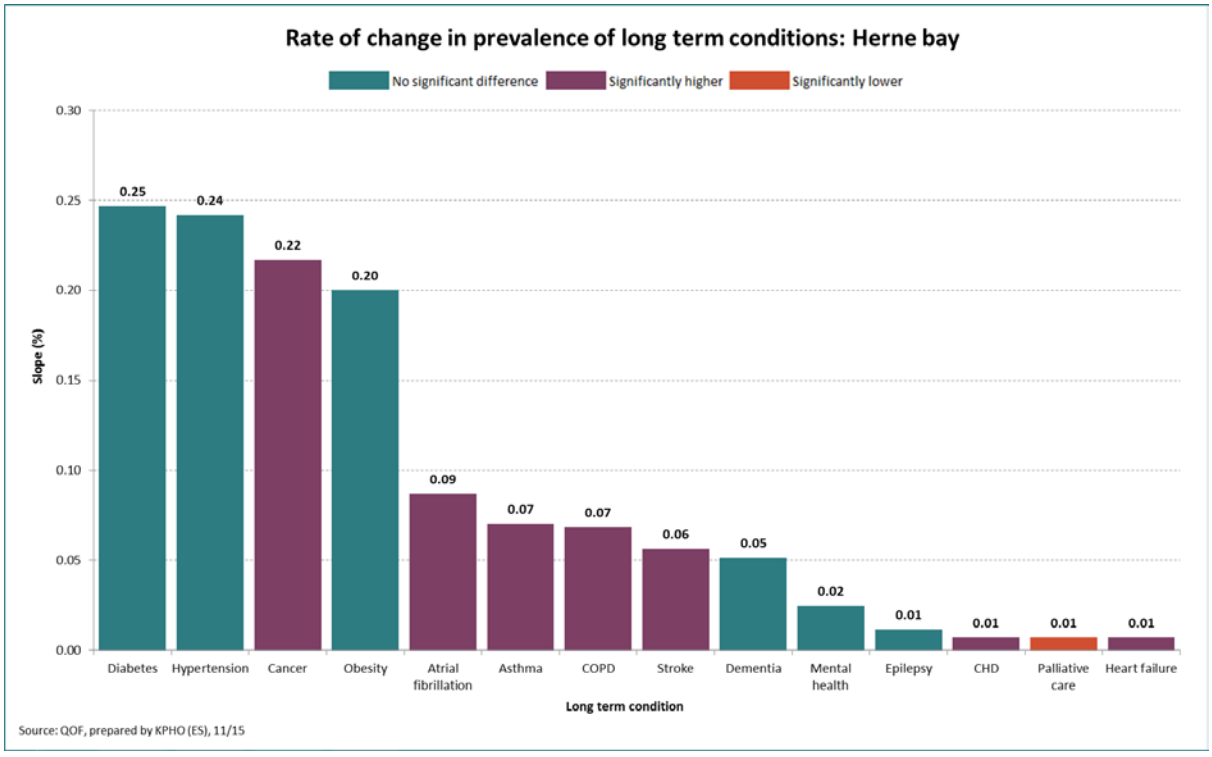
Indicator	G82204 - William Street surgery		CCG				Kent
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	prevalence
Atrial fibrillation	83	1.7	2.1	0.2		2.8	1.9
Asthma	272	5.7	5.8	3.1		7.0	5.6
Cancer	132	2.7	2.7	0.3		4.2	2.5
Coronary heart disease	142	3.0	3.3	0.2		4.8	3.1
Chronic kidney disease	128	3.4	4.8	0.2		7.0	5.1
COPD	103	2.1	1.8	0.1		3.1	1.9
Dementia	60	1.2	0.9	0.0		1.5	0.8
Diabetes	272	7.0	5.9	0.7		8.4	6.2
Epilepsy	54	1.4	0.8	0.2		1.4	0.8
Heart failure	38	0.8	0.6	0.0		1.1	0.6
Hypertension	709	14.7	14.0	1.4		21.7	14.6
Learning disability	67	1.4	0.4	0.0		1.4	0.4
Mental health	43	0.9	0.9	0.6		1.6	0.8
Obesity	346	8.7	7.8	2.7		16.7	8.9
Palliative care	13	0.3	0.1	0.0		0.3	0.2
Stroke	92	1.9	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.

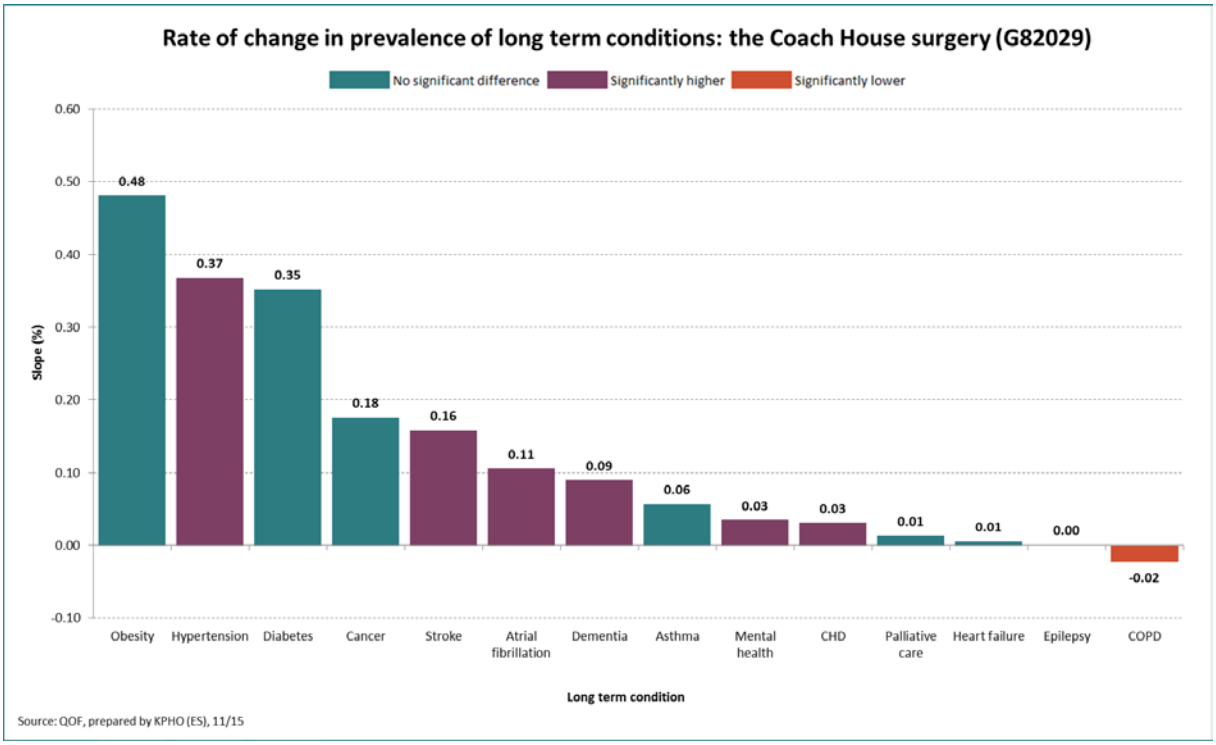
8.2.1 Herne Bay community network

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



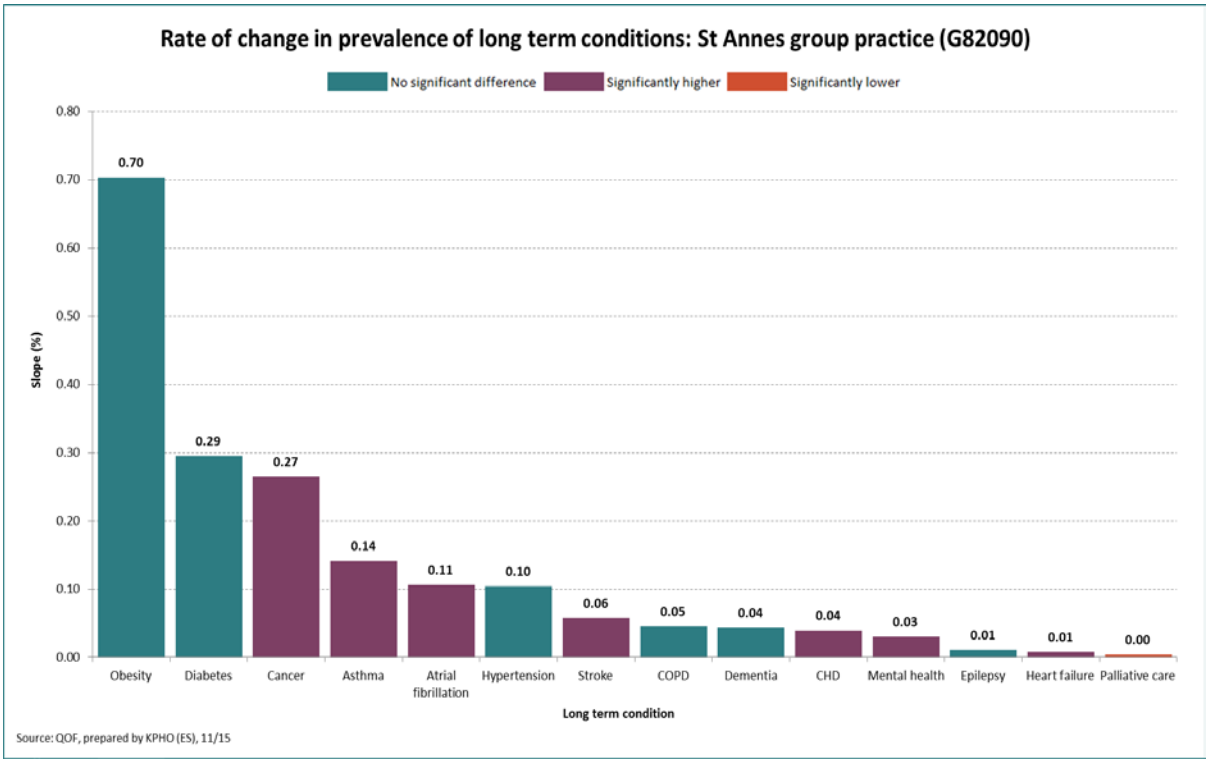
8.2.2 G82029 The coach house surgery

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



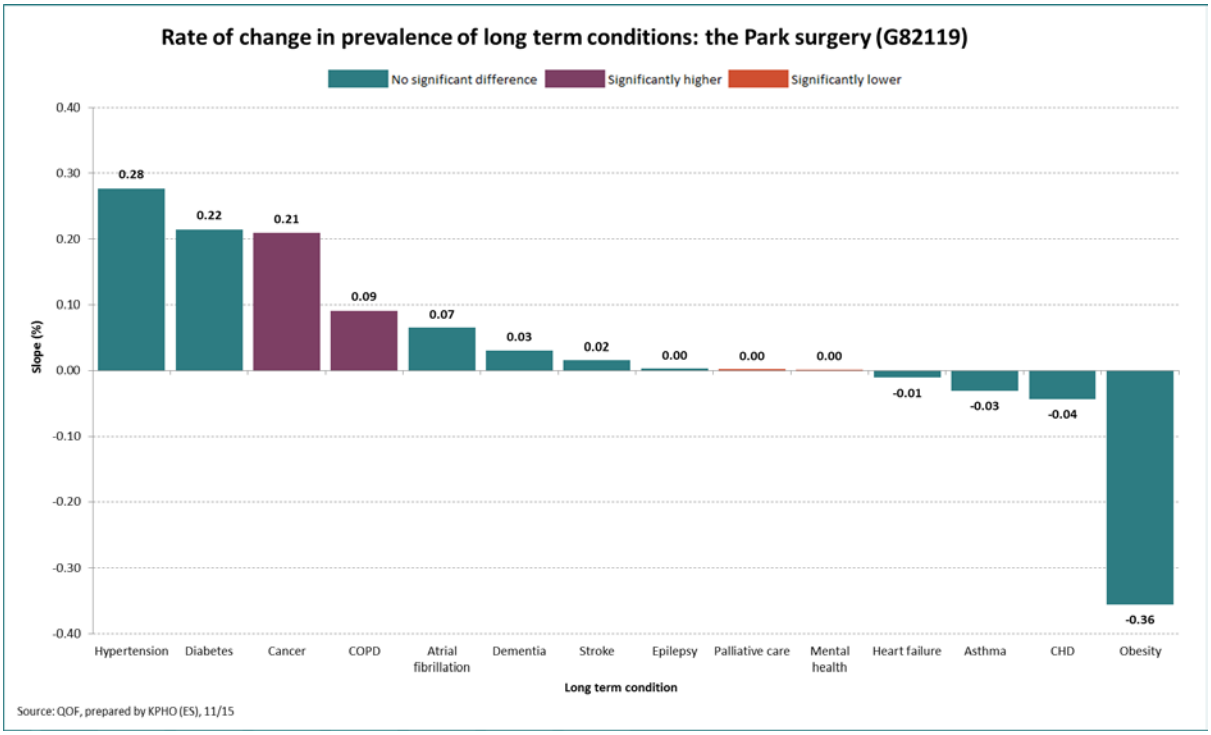
8.2.3 G82090 St Annes group practice

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



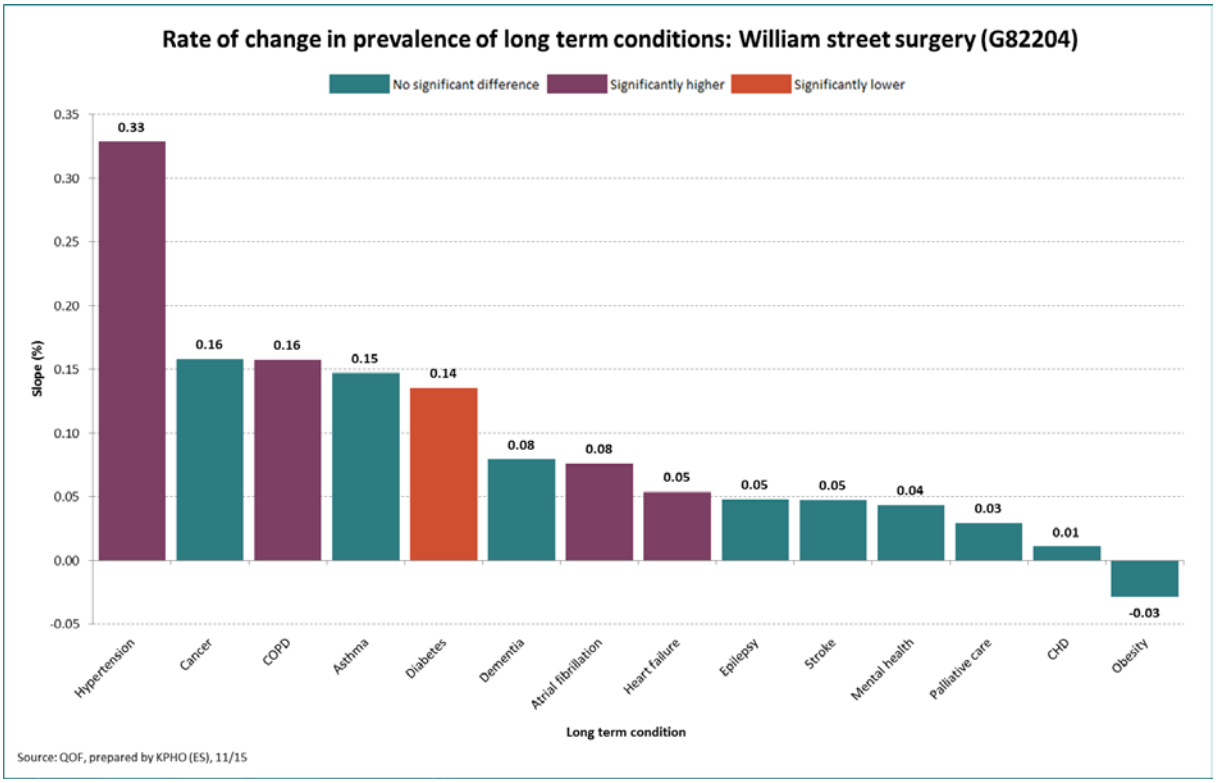
8.2.4 G82119 The park surgery

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



8.2.5 G82204 William street surgery

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

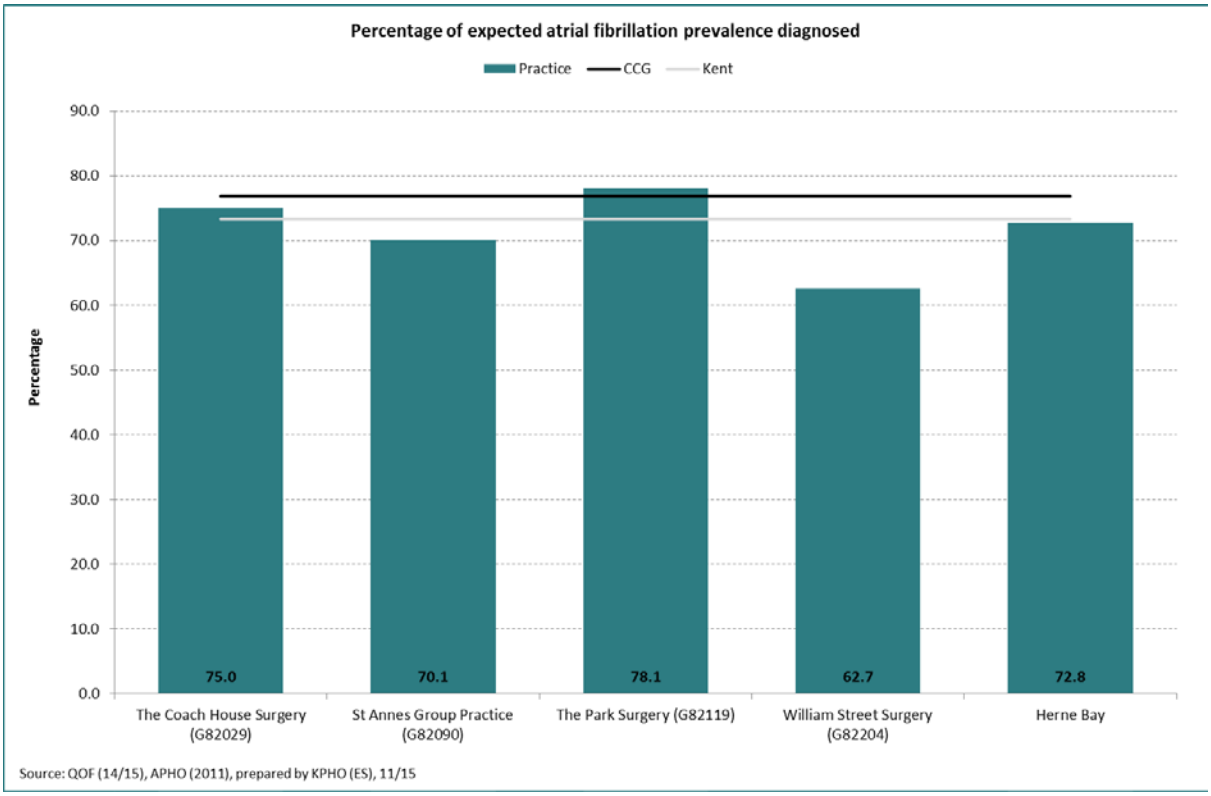


8.3 Recorded and expected prevalence

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:

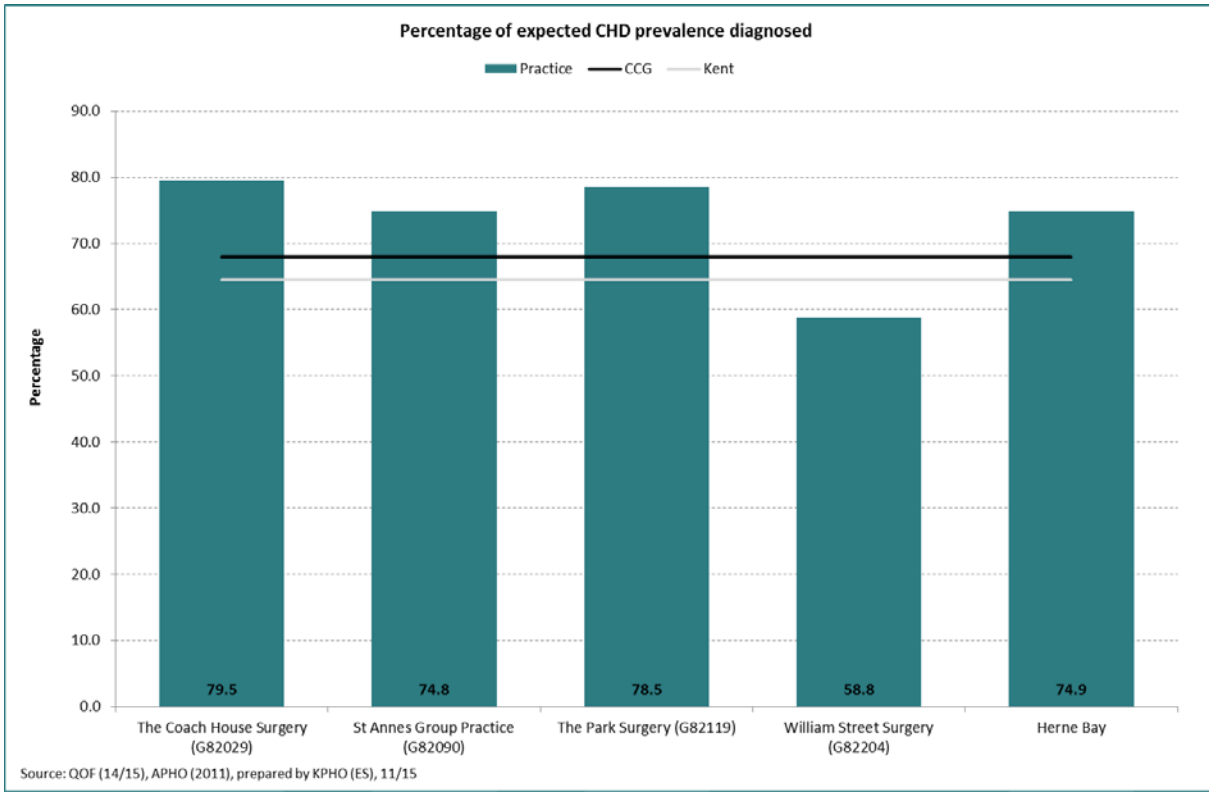
- Atrial fibrillation (2015, source: Public Health England)
- Coronary heart disease (2011, source: APHO)
- Hypertension (2011, source: APHO)
- Stroke (2011, source: APHO)
- COPD (2011, source: APHO)
- Dementia (2012, source: Primary Care Web Tool)

8.3.1 Atrial fibrillation



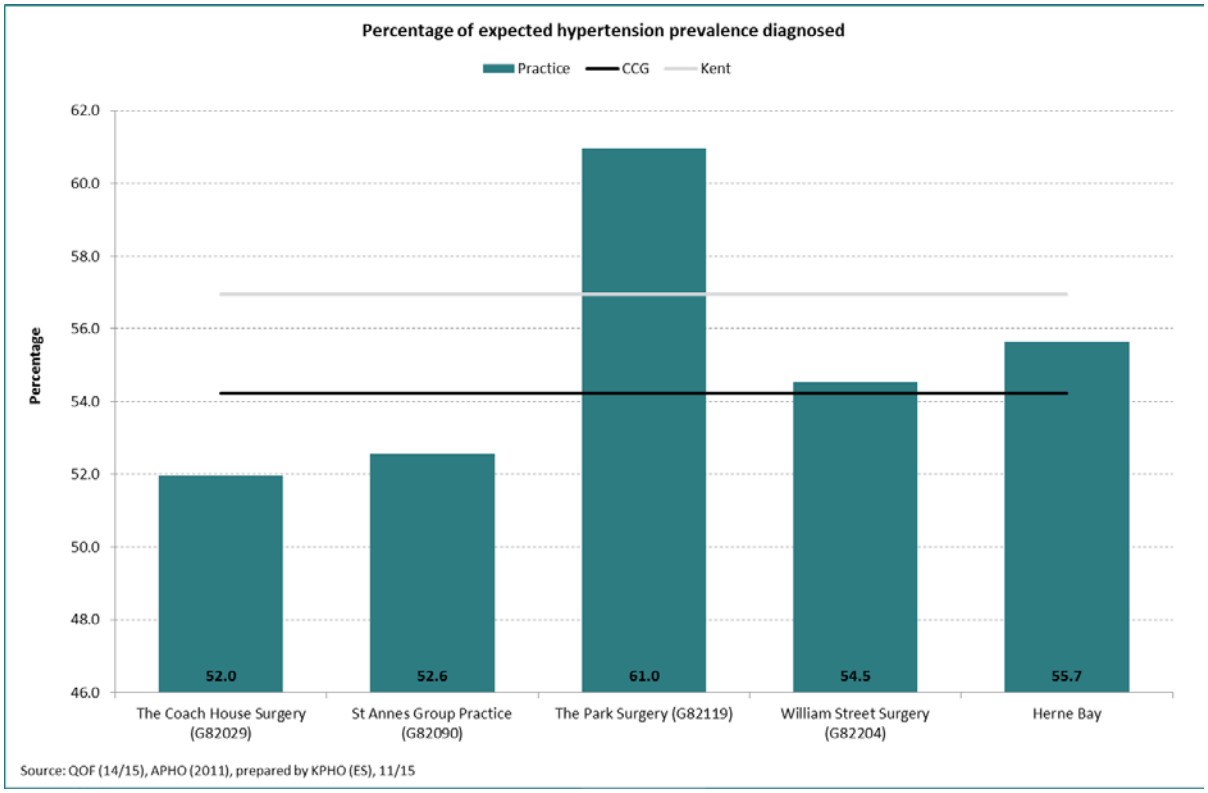
As a network, Herne bay has identified 72.8% of the expected number of atrial fibrillation cases, slightly lower than the CCG (76.8%) and Kent (73.3%) percentages. Within the network, the percentage of cases detected ranges from 62.7% (William Street surgery) to 78.1% at the park surgery. None of the practices have a percentage which is significantly different to other practices within Canterbury and Coastal CCG.

8.3.2 Coronary heart disease



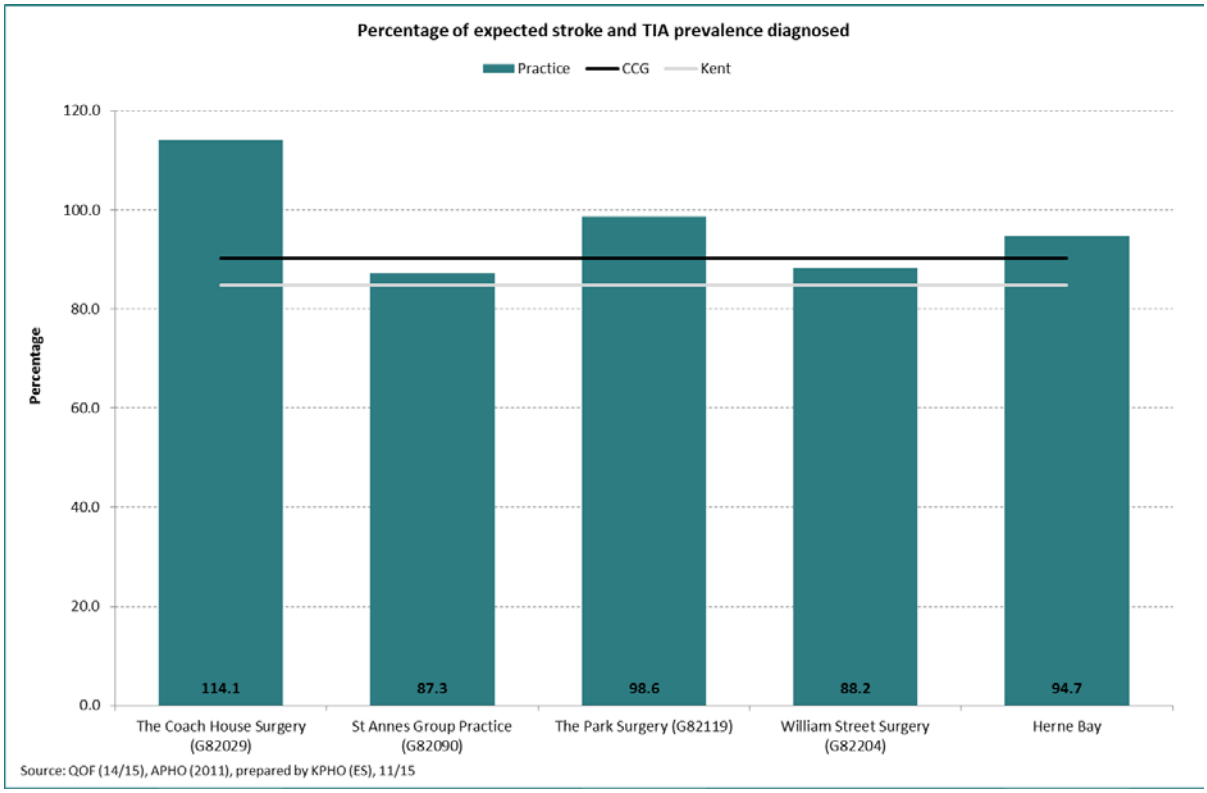
74.9% of the expected number of CHD patients have been identified in Herne bay network, much higher than the CCG percentage (67.9%) and the Kent percentage (64.5%). William Street surgery has identified the lowest percentage of cases (58.8%), whilst the coach house surgery has the highest percentage of diagnosed cases within the network, at 79.5%.

8.3.3 Hypertension



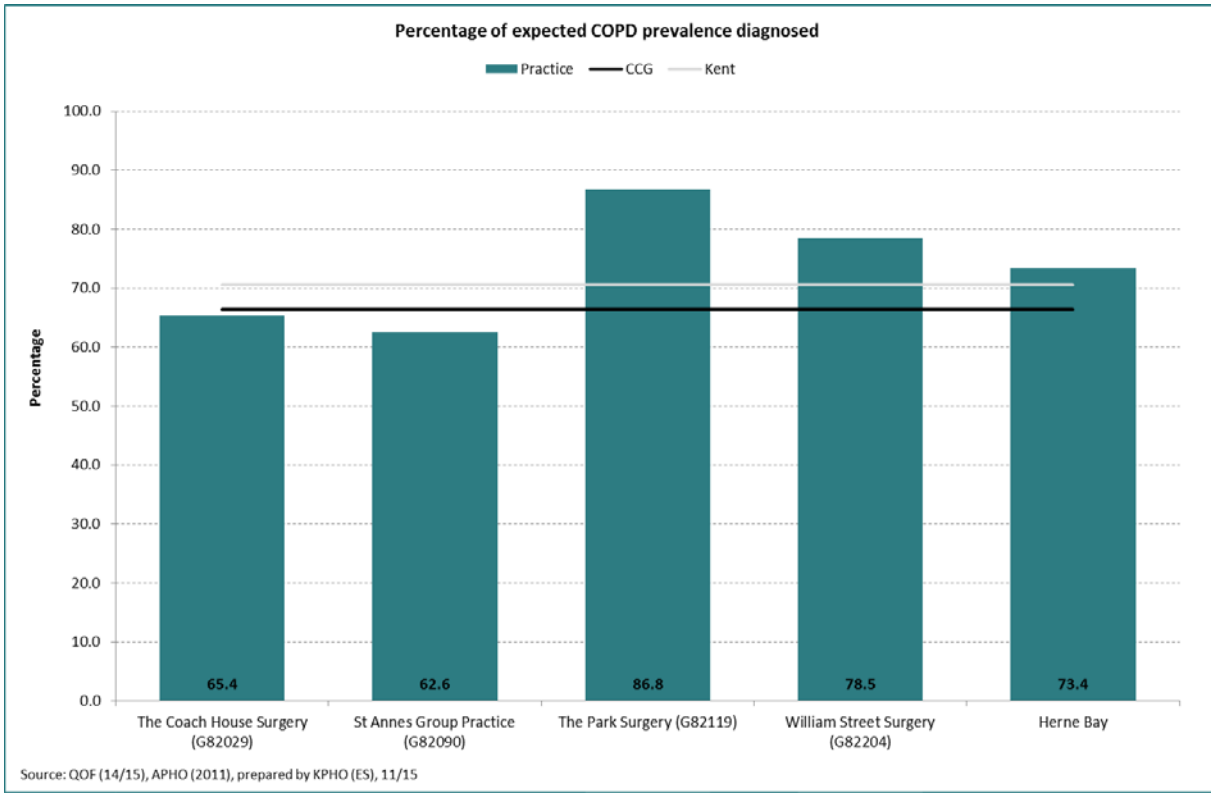
Across the Herne bay network, 55.7% of hypertension cases have been diagnosed, similar to the CCG (54.2%) and Kent (57.0%) percentages. The coach house surgery has identified the lowest proportion of cases (52.0%) in comparison to other practices within the network. The Park surgery has diagnosed the highest percentage of estimated cases, at 61.0%.

8.3.4 Stroke



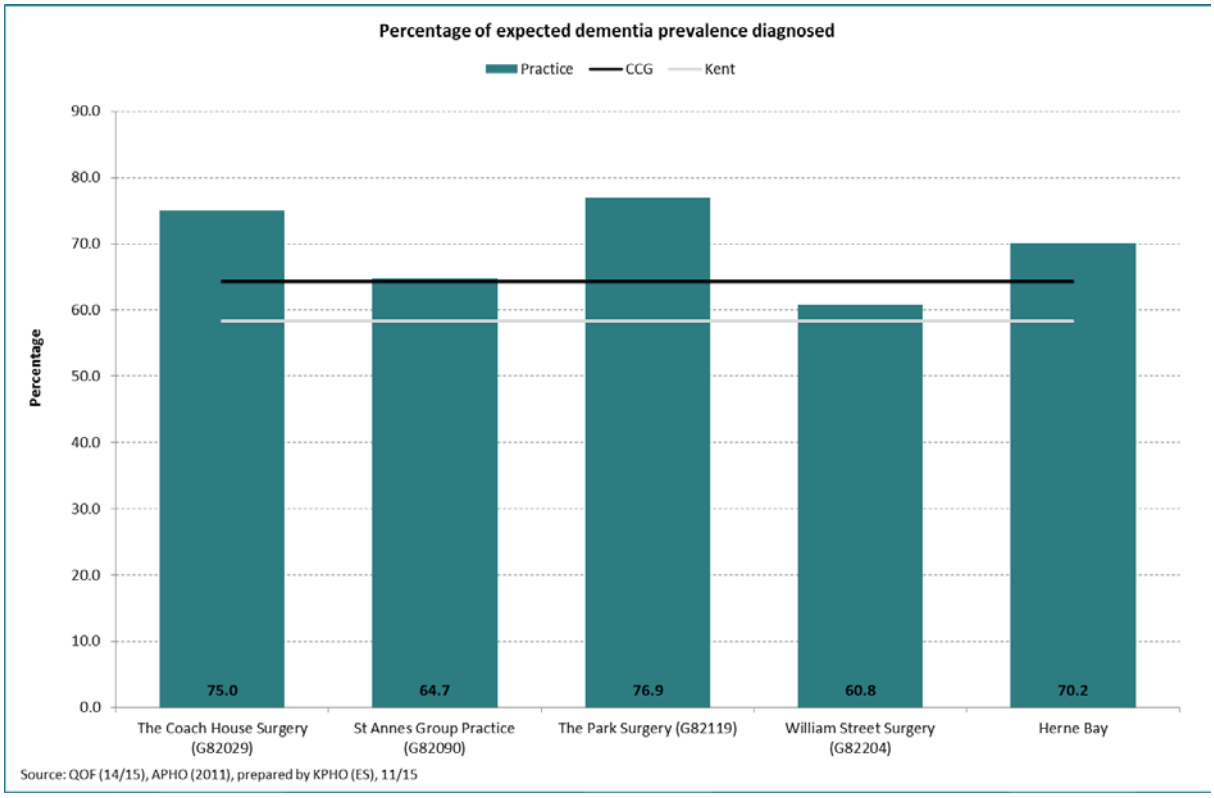
Across Herne bay network (94.7%), a higher percentage of stroke and TIA cases have been diagnosed than in Canterbury and Coastal CCG (90.3%) and Kent (84.8%). St Annes group practice have identified the lowest proportion of cases in the network, at 87.3%, whilst the coach house surgery has diagnosed the highest proportion, at 114.1%. 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 Herne bay network (73.4%) compared to Canterbury and Coastal CCG (66.4%) and Kent (70.6%). The park surgery has identified the highest proportion of cases within the network (86.8%) whilst St Annes groups practice has diagnosed a lower proportion (62.6%) than other practices within the network.

8.3.6 Dementia

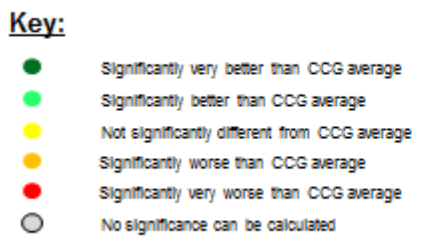


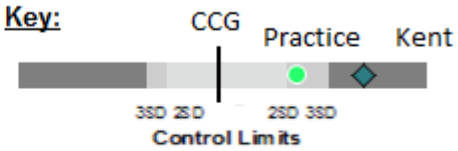
70.2% of estimated dementia cases in Herne bay network have been diagnosed; this is higher than both the CCG (64.3%) and Kent (58.3%) proportions. Within the network, the percentage of cases diagnosed ranges from 60.8% (William street surgery) to 76.9% (the Park surgery).

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 Herne bay community network

Herne bay community network has significantly higher performance than the CCG for CHD 006. The network has significantly lower performance for the following indicators:

- Asthma 003
- COPD 004
- Mental health 002

Indicator	Herne bay		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	553	84.6	87.2	65.3		100.0	86.6
Asthma 003	1560	68.0	70.6	53.4		85.2	72.2
CHD 002	1545	93.3	93.1	83.8		98.6	92.0
CHD 006	139	100.0	98.9	92.0		100.0	97.6
COPD 003	690	87.6	88.4	72.0		100.0	88.4
COPD 004	517	76.9	84.1	60.5		98.5	85.2
Diabetes 003	1796	78.5	80.1	61.3		96.4	77.6
Diabetes 007	1472	72.0	73.7	57.1		89.5	71.0
Diabetes 009	1959	89.4	89.7	78.4		97.4	87.5
Diabetes 014	48	94.1	91.3	68.6		100.0	89.4
Mental health 002	214	70.9	83.1	42.3		100.0	86.2
Stroke and TIA 003	804	87.7	87.6	82.3		97.8	87.3

8.4.2 G82029 The coach house surgery

The coach house surgery has significantly higher performance than the CCG for asthma 003, CHD 002, CHD 006, mental health 002 and stroke and TIA 003.

Indicator	G82029 The Coach House Surgery		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	57	83.8	87.2	65.3		100.0	86.6
Asthma 003	231	79.7	70.6	53.4		85.2	72.2
CHD 002	228	96.6	93.1	83.8		98.6	92.0
CHD 006	22	100.0	98.9	92.0		100.0	97.6
COPD 003	86	93.5	88.4	72.0		100.0	88.4
COPD 004	77	86.5	84.1	60.5		98.5	85.2
Diabetes 003	272	80.5	80.1	61.3		96.4	77.6
Diabetes 007	236	72.4	73.7	57.1		89.5	71.0
Diabetes 009	305	91.9	89.7	78.4		97.4	87.5
Diabetes 014	13	92.9	91.3	68.6		100.0	89.4
Mental health 002	33	97.1	83.1	42.3		100.0	86.2
Stroke and TIA 003	145	94.2	87.6	82.3		97.8	87.3

8.4.3 G82090 St Annes group practice

St Annes group practice has significantly higher performance than the CCG for CHD 006, diabetes 009 and diabetes 014. The practice has significantly lower performance for the following indicators:

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

Indicator	G82090 St Annes Group Practice		CCG				Kent
	Register count	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	201	83.4	87.2	65.3		100.0	86.6
Asthma 003	431	53.4	70.6	53.4		85.2	72.2
CHD 002	622	94.8	93.1	83.8		98.6	92.0
CHD 006	58	100.0	98.9	92.0		100.0	97.6
COPD 003	206	76.3	88.4	72.0		100.0	88.4
COPD 004	156	60.5	84.1	60.5		98.5	85.2
Diabetes 003	724	79.5	80.1	61.3		96.4	77.6
Diabetes 007	561	75.6	73.7	57.1		89.5	71.0
Diabetes 009	785	92.5	89.7	78.4		97.4	87.5
Diabetes 014	7	100.0	91.3	68.6		100.0	89.4
Mental health 002	40	48.2	83.1	42.3		100.0	86.2
Stroke and TIA 003	283	83.7	87.6	82.3		97.8	87.3

8.4.4 G82119 The park surgery

The park surgery has significantly higher performance than the CCG for CHD 006 and COPD 003. The practice has significantly lower performance for the following indicators:

- CHD002
- Diabetes 003
- Diabetes 007
- Diabetes 009
- Mental health 002

Indicator	G82119 The Park Surgery		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	219	83.0	87.2	65.3		100.0	86.6
Asthma 003	672	72.3	70.6	53.4		85.2	72.2
CHD 002	565	90.1	93.1	83.8		98.6	92.0
CHD 006	42	100.0	98.9	92.0		100.0	97.6
COPD 003	304	92.1	88.4	72.0		100.0	88.4
COPD 004	217	84.4	84.1	60.5		98.5	85.2
Diabetes 003	589	75.8	80.1	61.3		96.4	77.6
Diabetes 007	491	66.3	73.7	57.1		89.5	71.0
Diabetes 009	641	84.6	89.7	78.4		97.4	87.5
Diabetes 014	14	93.3	91.3	68.6		100.0	89.4
Mental health 002	105	71.9	83.1	42.3		100.0	86.2
Stroke and TIA 003	288	86.0	87.6	82.3		97.8	87.3

8.4.5 G82204 William street surgery

The park surgery has significantly higher performance than the CCG for asthma 002, asthma 003, CHD 006, COPD 003, COPD 004, mental health 002 and stroke and TIA 003.

Indicator	G82204 William Street Surgery		CCG				Kent
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	achievement
Asthma 002	76	93.8	87.2	65.3		100.0	86.6
Asthma 003	226	84.3	70.6	53.4		85.2	72.2
CHD 002	130	94.9	93.1	83.8		98.6	92.0
CHD 006	17	100.0	98.9	92.0		100.0	97.6
COPD 003	94	97.9	88.4	72.0		100.0	88.4
COPD 004	67	98.5	84.1	60.5		98.5	85.2
Diabetes 003	211	80.5	80.1	61.3		96.4	77.6
Diabetes 007	184	78.0	73.7	57.1		89.5	71.0
Diabetes 009	228	90.1	89.7	78.4		97.4	87.5
Diabetes 014	14	93.3	91.3	68.6		100.0	89.4
Mental health 002	36	92.3	83.1	42.3		100.0	86.2
Stroke and TIA 003	88	97.8	87.6	82.3		97.8	87.3

9. Hospital activity

9.1 Emergency Hospital Admissions

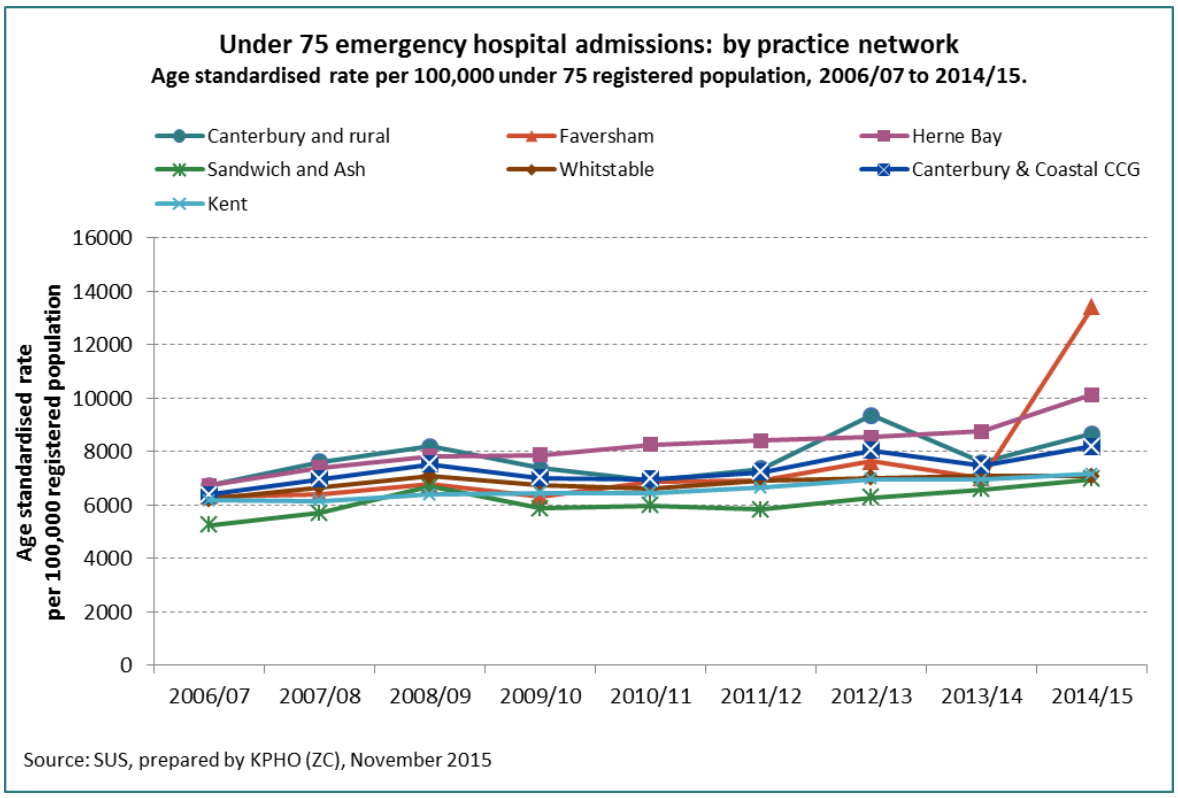
The following Chapter explores the level of emergency hospital admissions in the under 75 population. This has focused on the ambulatory care sensitive conditions, including; asthma, chronic obstructive pulmonary disease and diabetes complications, as well as, a range of other diagnoses. High levels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

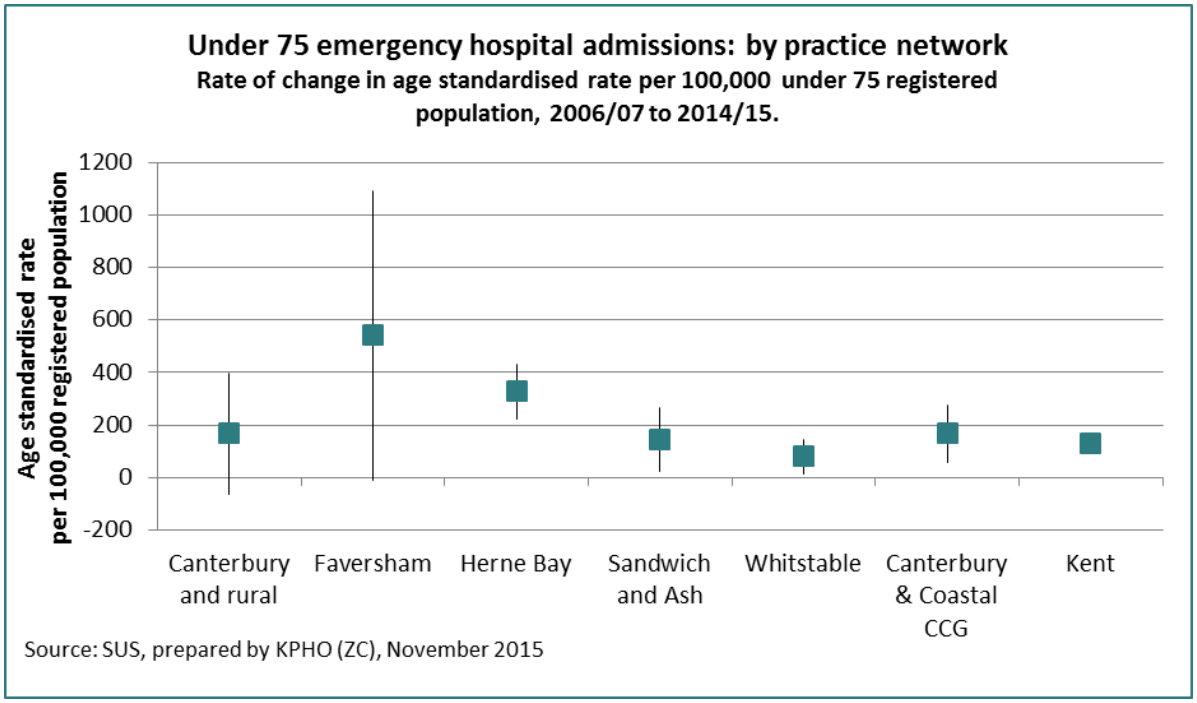
Notes on methodology:

- 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.

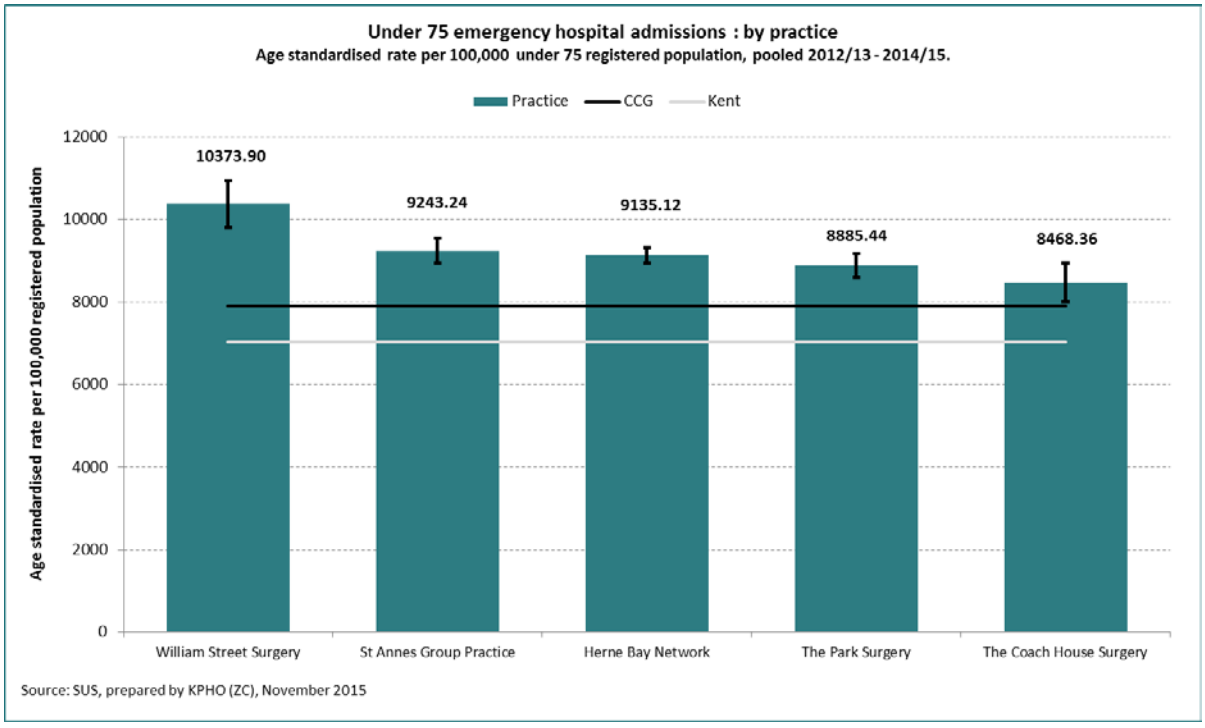
9.1.1 Emergency Hospital Admissions

In Kent, the age standardised rate of emergency hospital admissions in the under 75 population has increased between 2006/07 and 2014/15. The Herne Bay practice network showed a rate of change that was significantly greater than Kent.



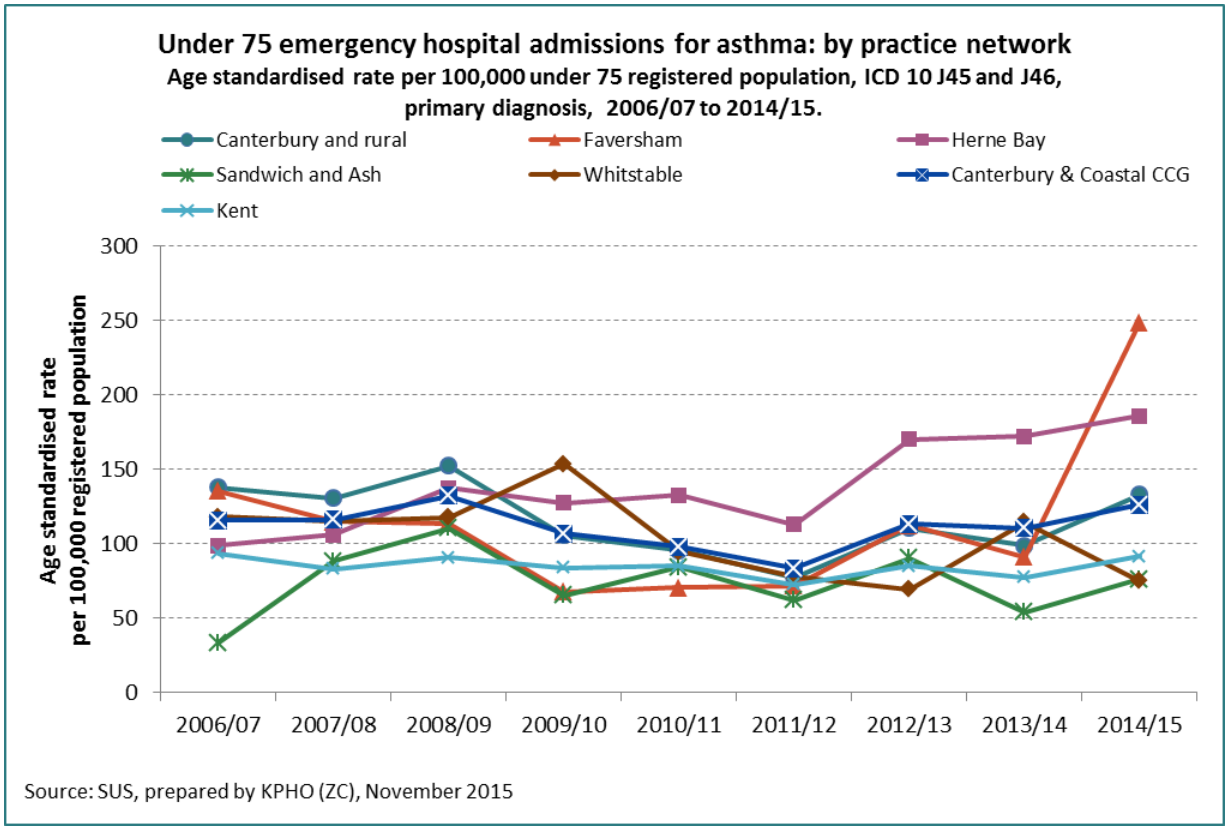


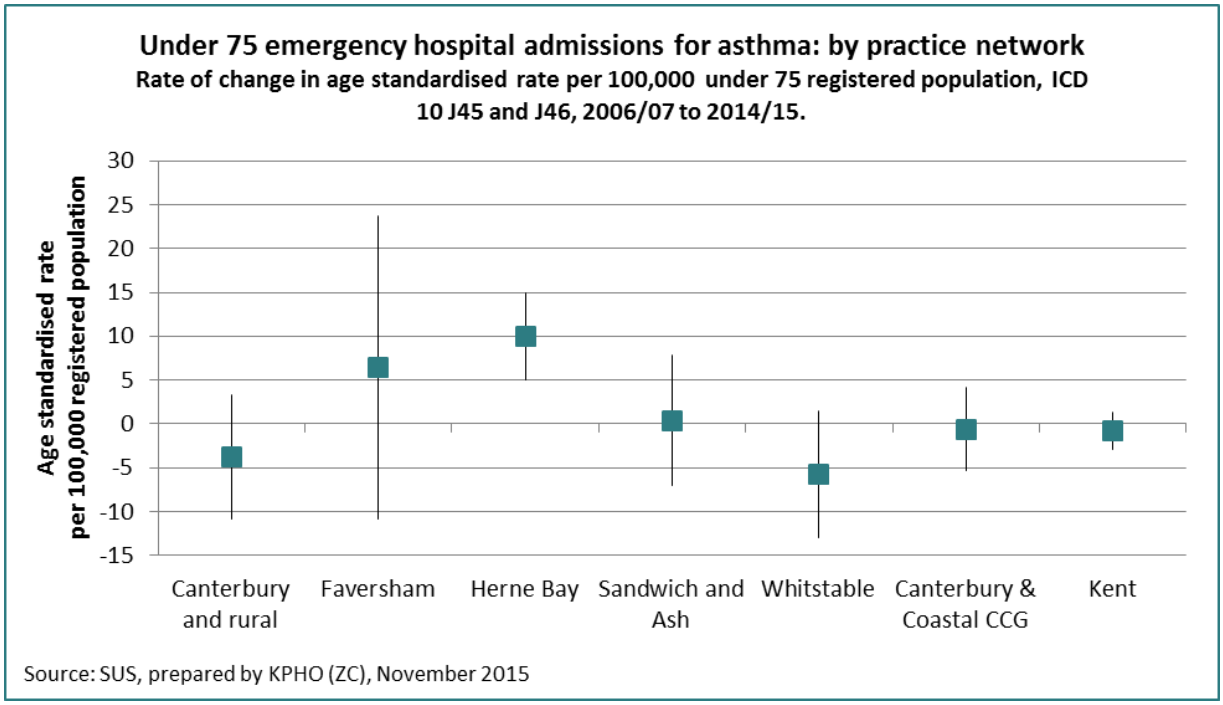
Significantly higher age standardised rates of emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for the following general practices; William Street Surgery, St Annes Group Practice and the Park Surgery.



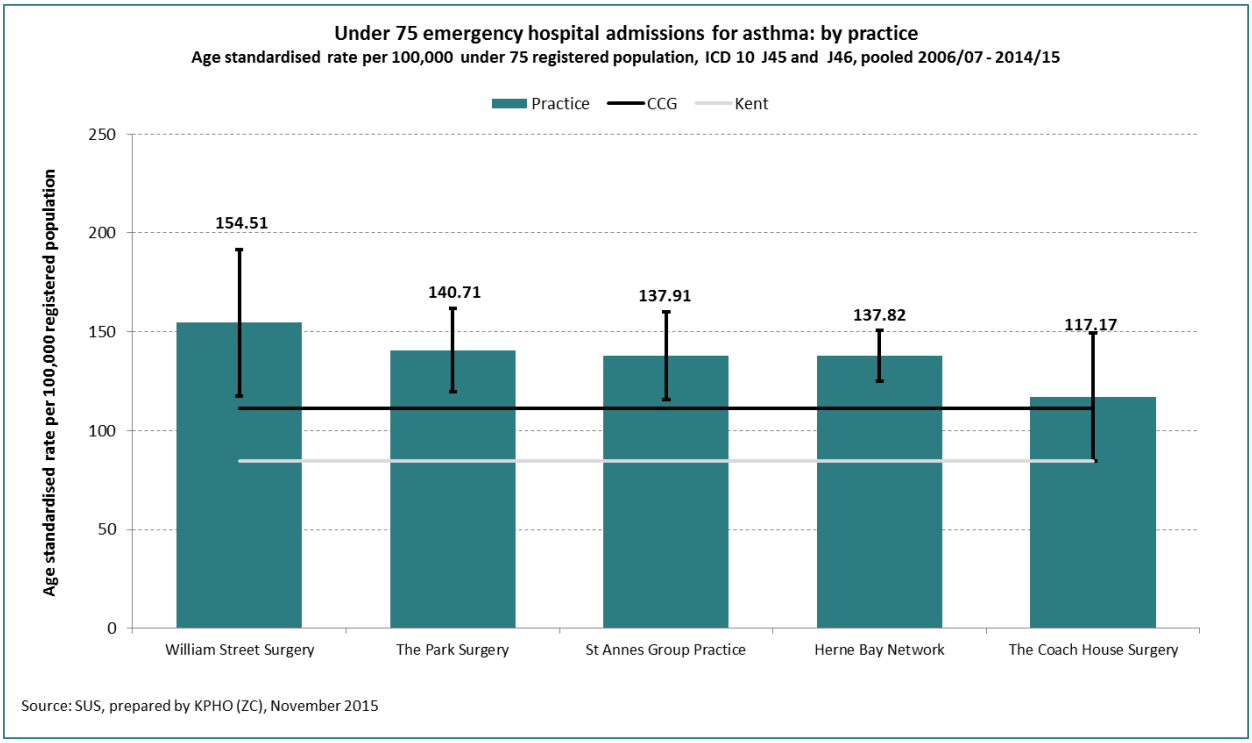
9.1.2 Asthma

In Kent, the age standardised rate of asthma emergency hospital admissions in the under 75 population has shown a stable trend between 2006/07 and 2014/15. The Herne Bay practice network showed a rate of change that was significantly greater than Kent.





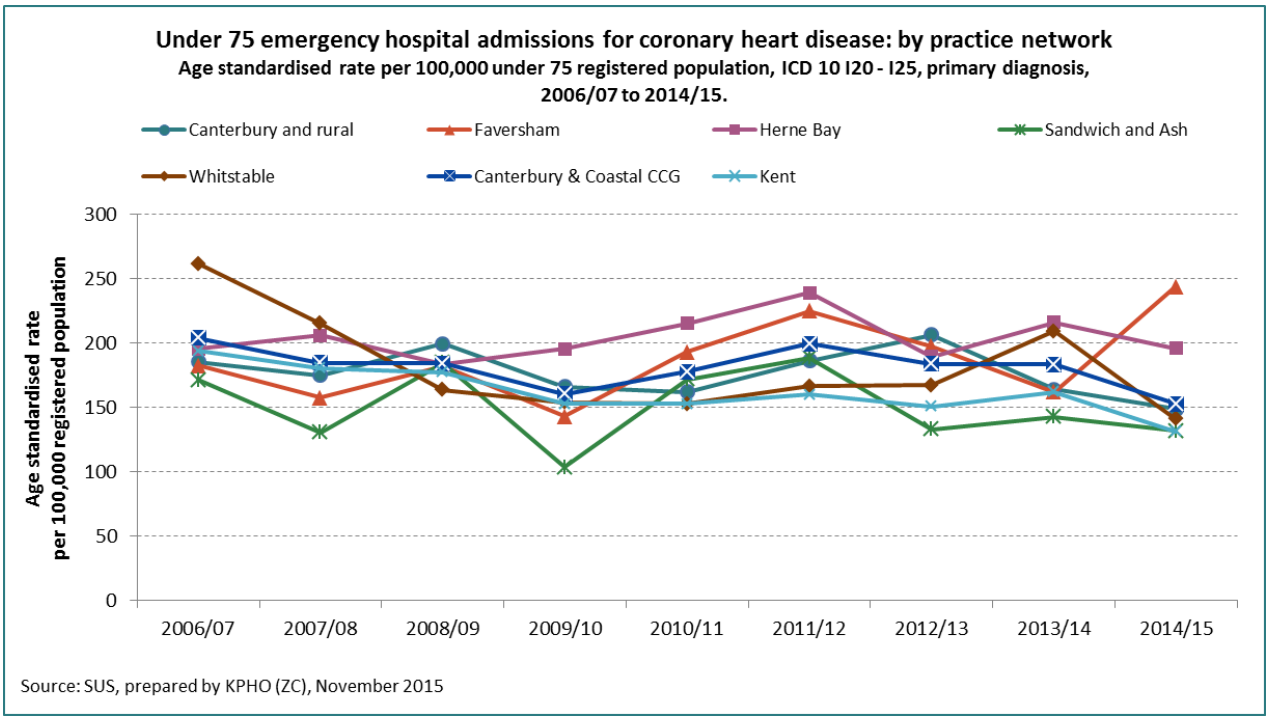
A significantly higher age standardised rate of asthma emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for William Street Surgery, the Park Surgery and St Annes Group Practice.



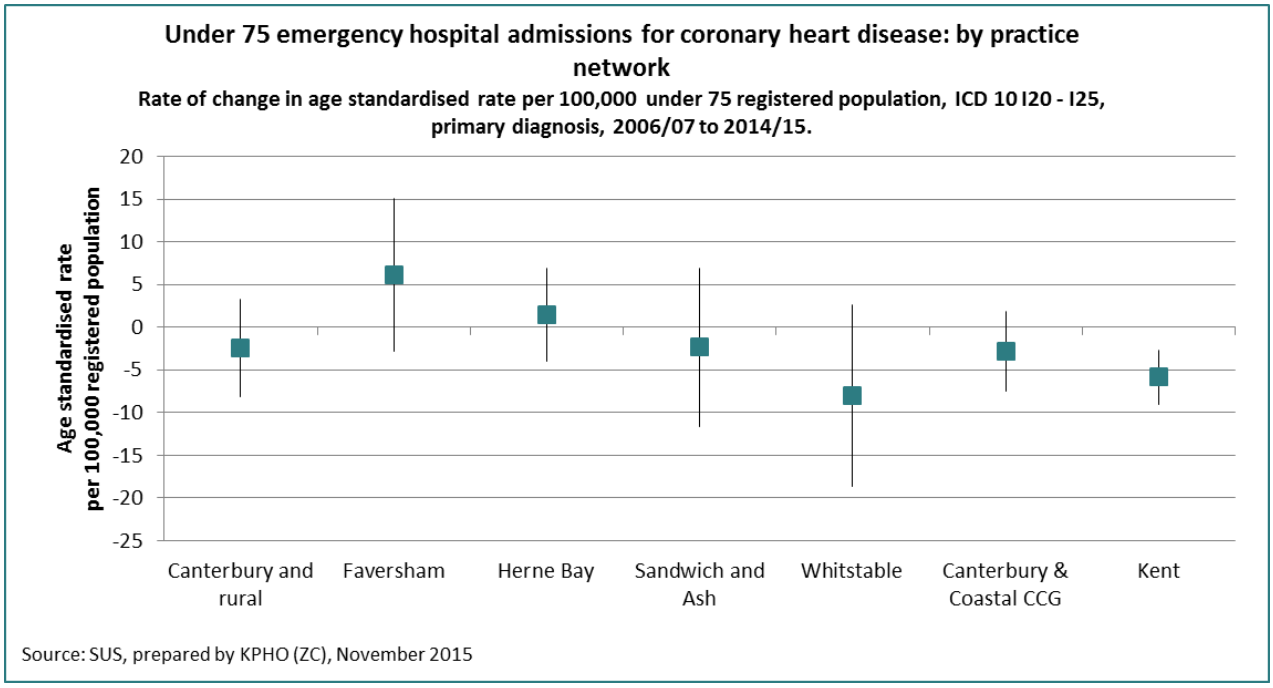
Source: SUS, prepared by KPHO (ZC), November 2015

9.1.3 Coronary Heart Disease

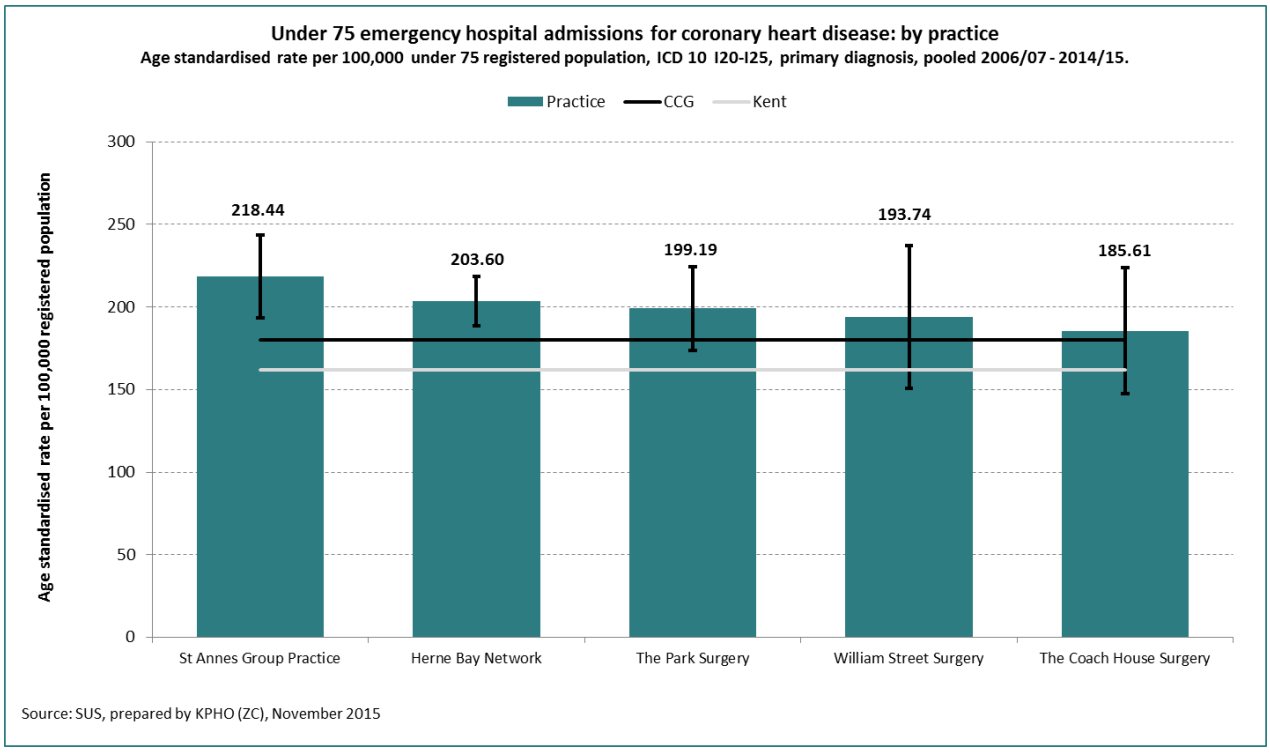
In Kent, the age standardised rate of coronary heart disease emergency hospital admissions in the under 75 population has shown a decreasing trend between 2006/07 and 2014/15. The Herne Bay practice network did not show a rate of change that was significantly different to Kent.



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

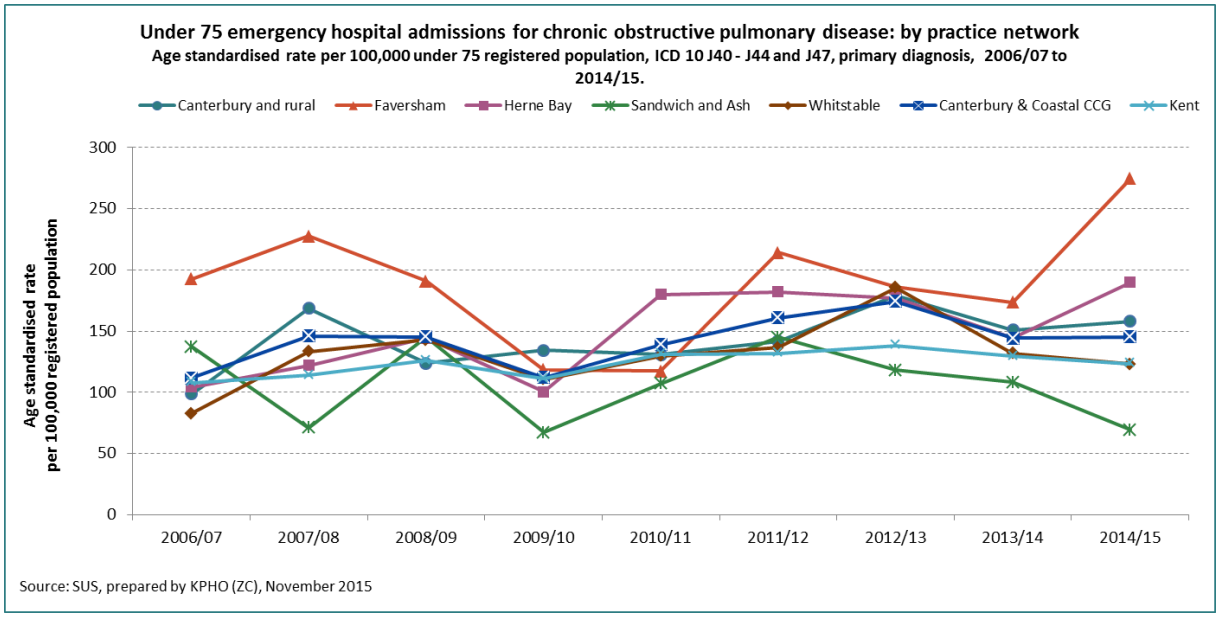


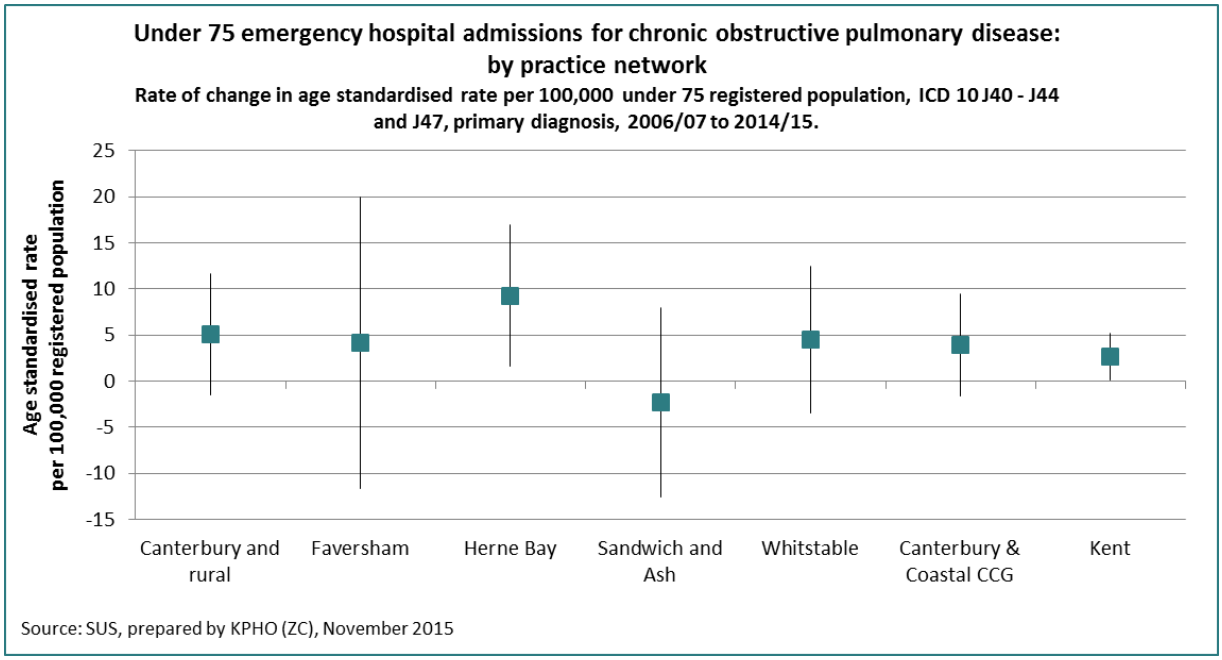
A significantly higher age standardised rate of coronary heart disease emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for St Annes Group Practice.



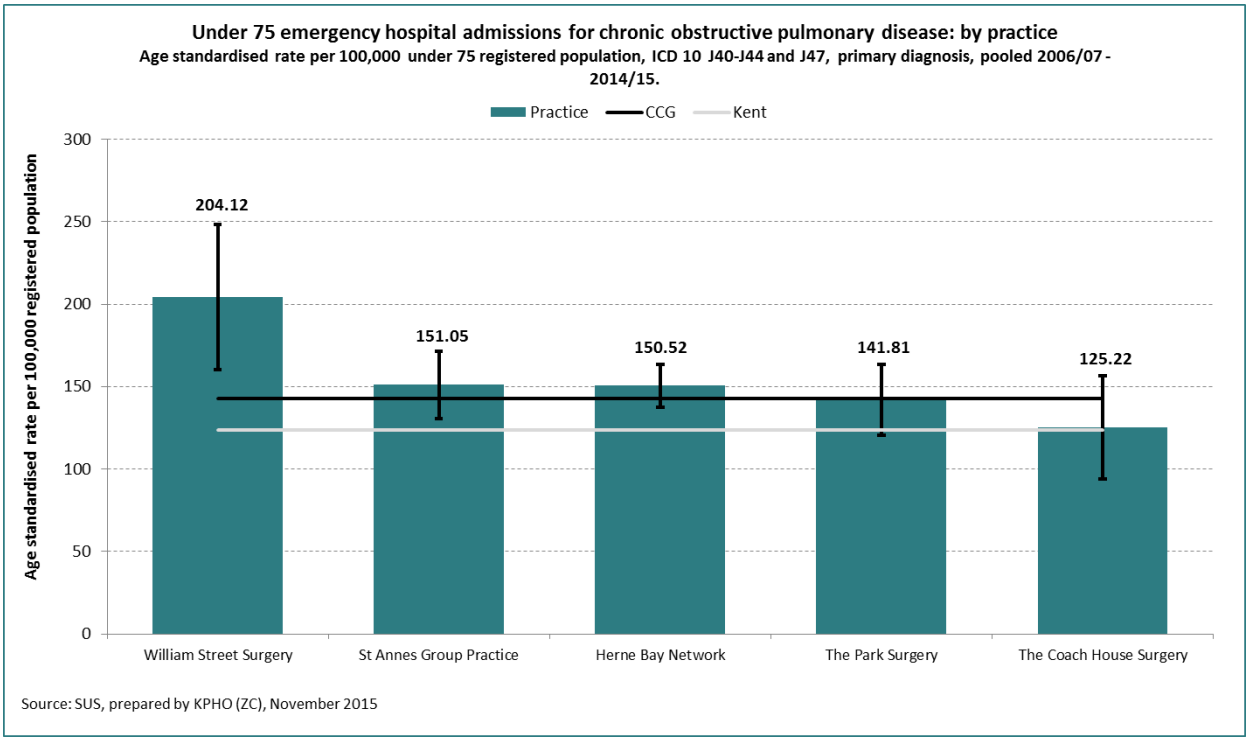
9.1.4 Chronic Obstructive Pulmonary Disease

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



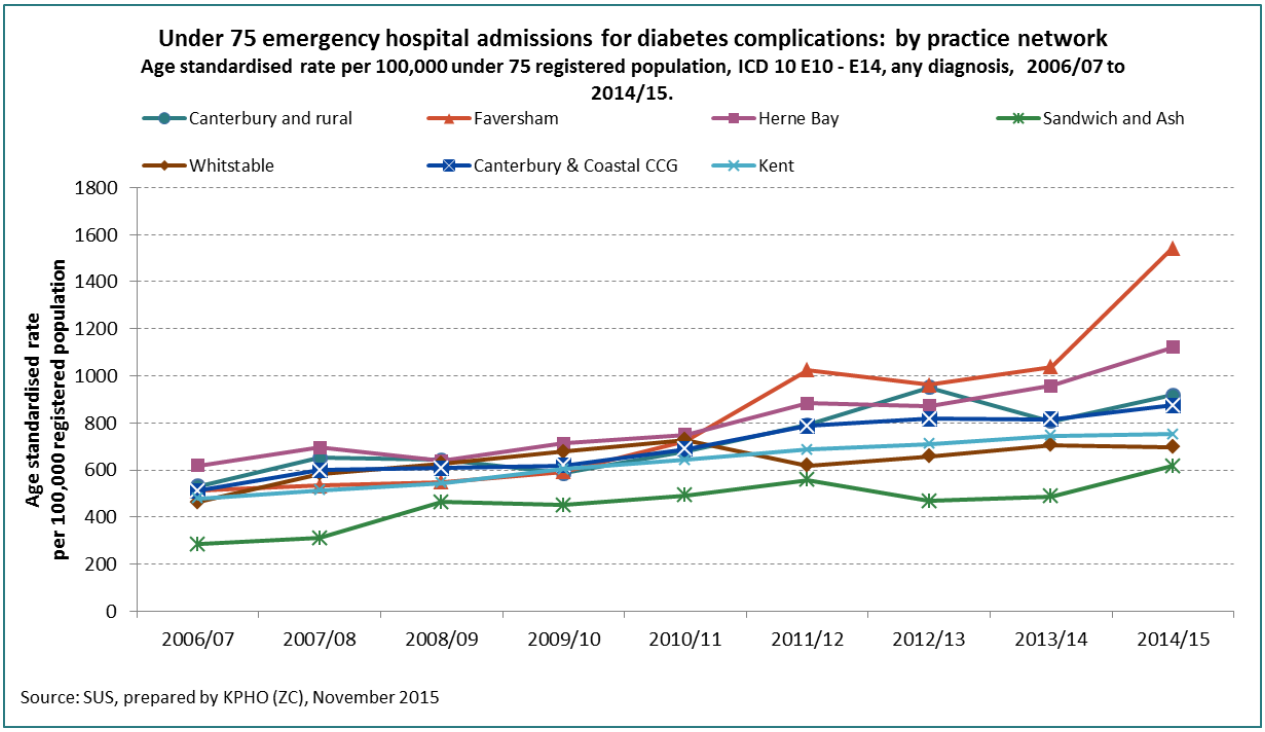


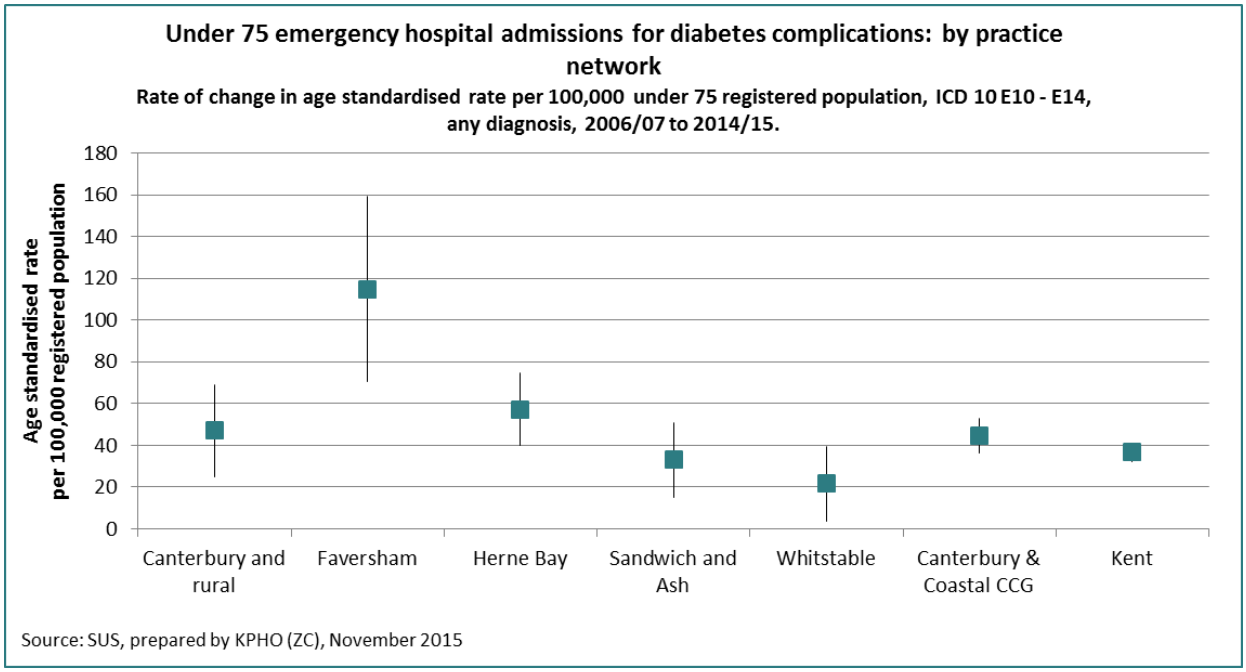
Significantly higher age standardised rates of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for William Street Surgery.



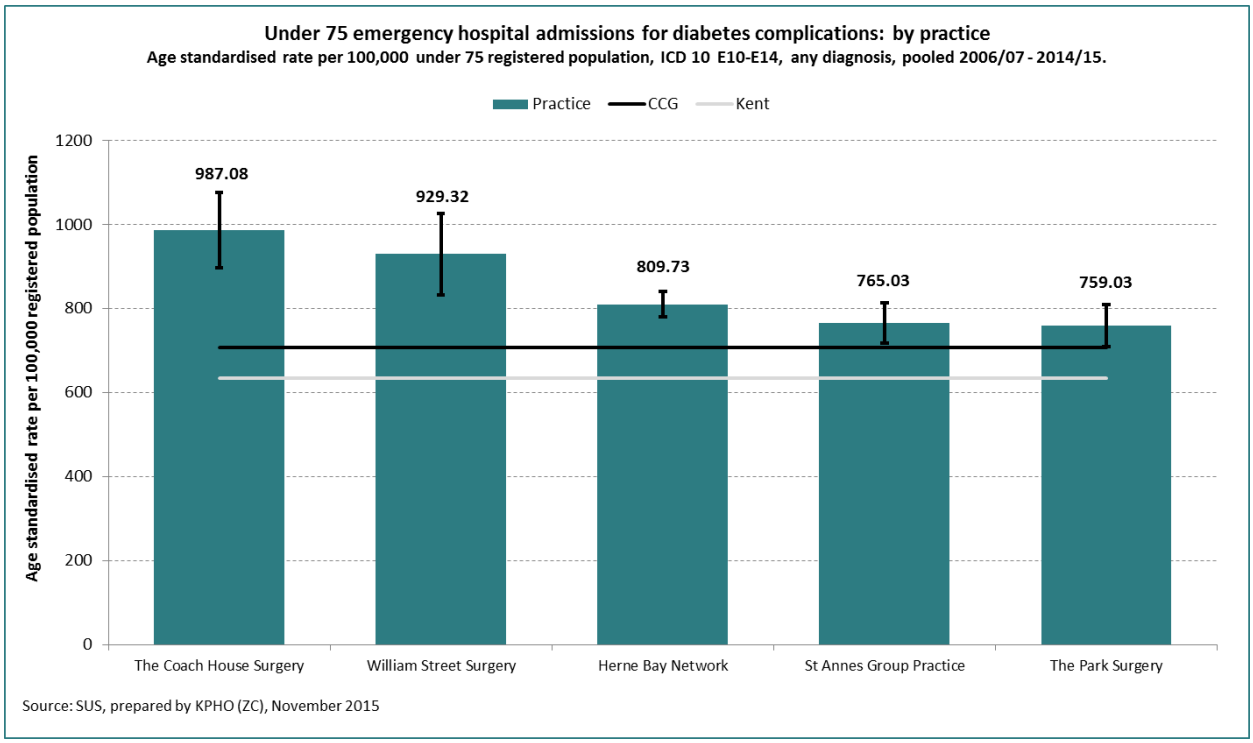
9.1.5 Diabetes Complications

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 Herne Bay practice networks showed a rate of change that was significantly higher than Kent.



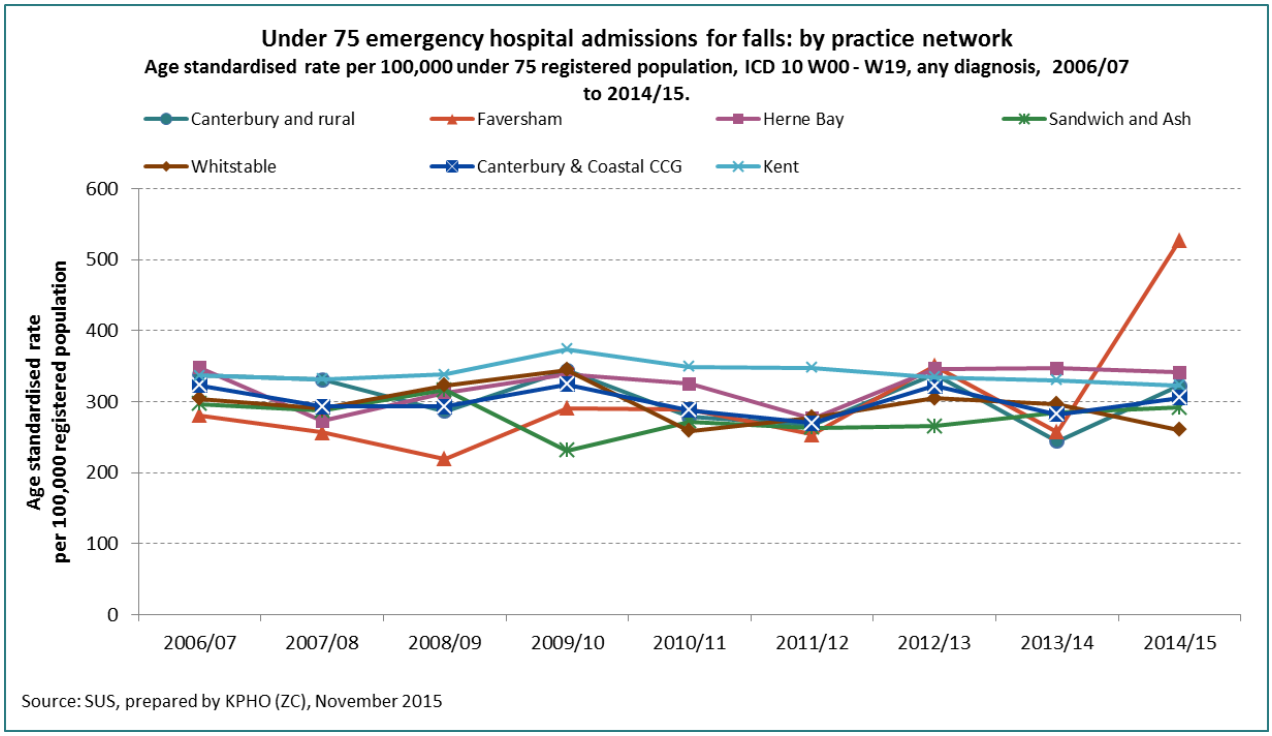


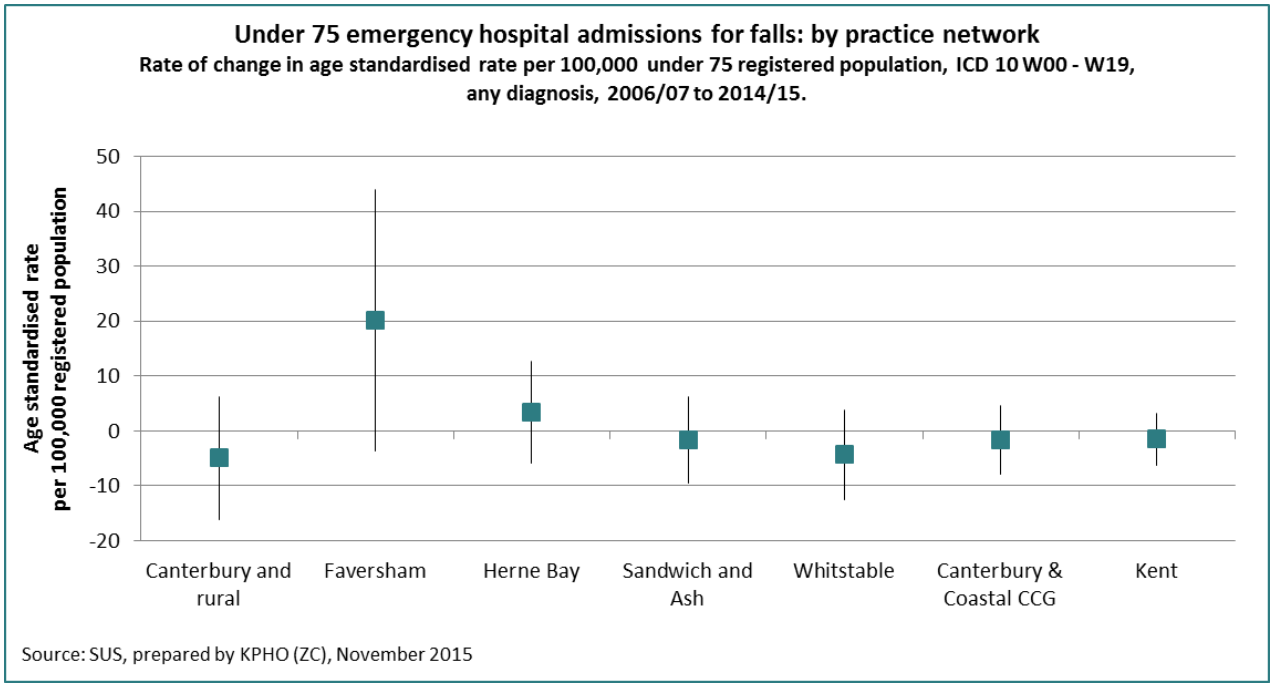
Significantly higher age standardised rates of diabetes complication emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for the Coach House Surgery and William Street Surgery.



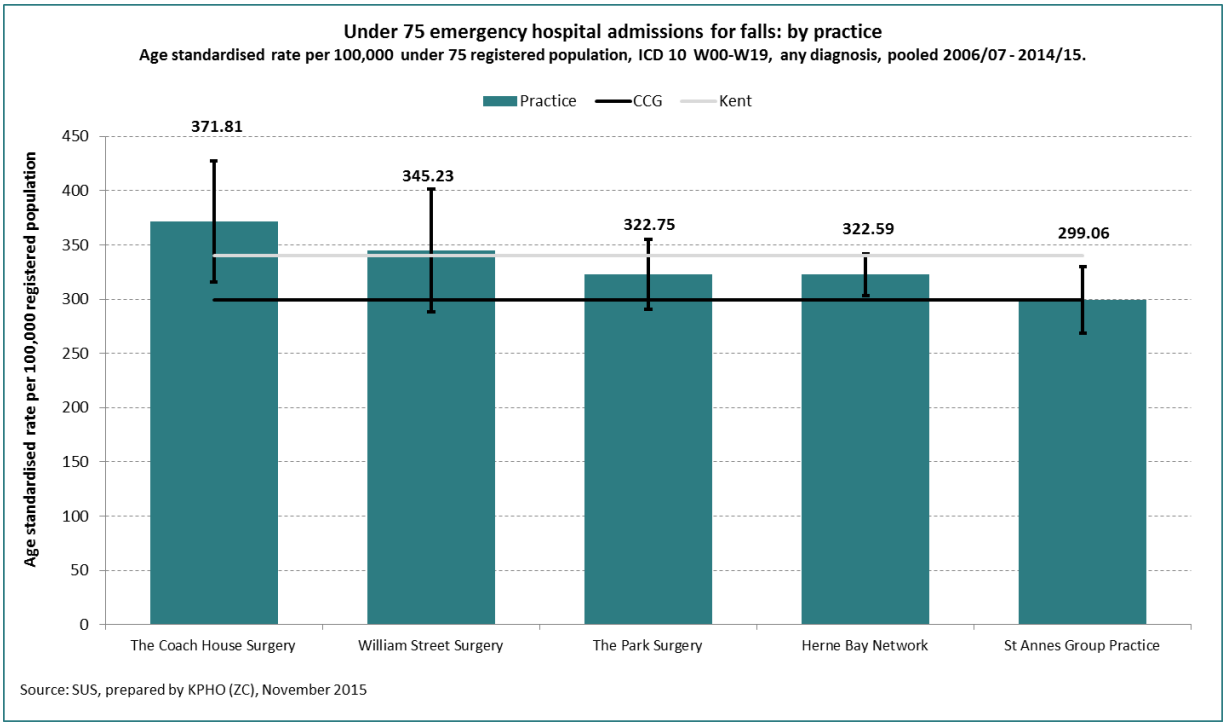
9.1.5 Falls

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



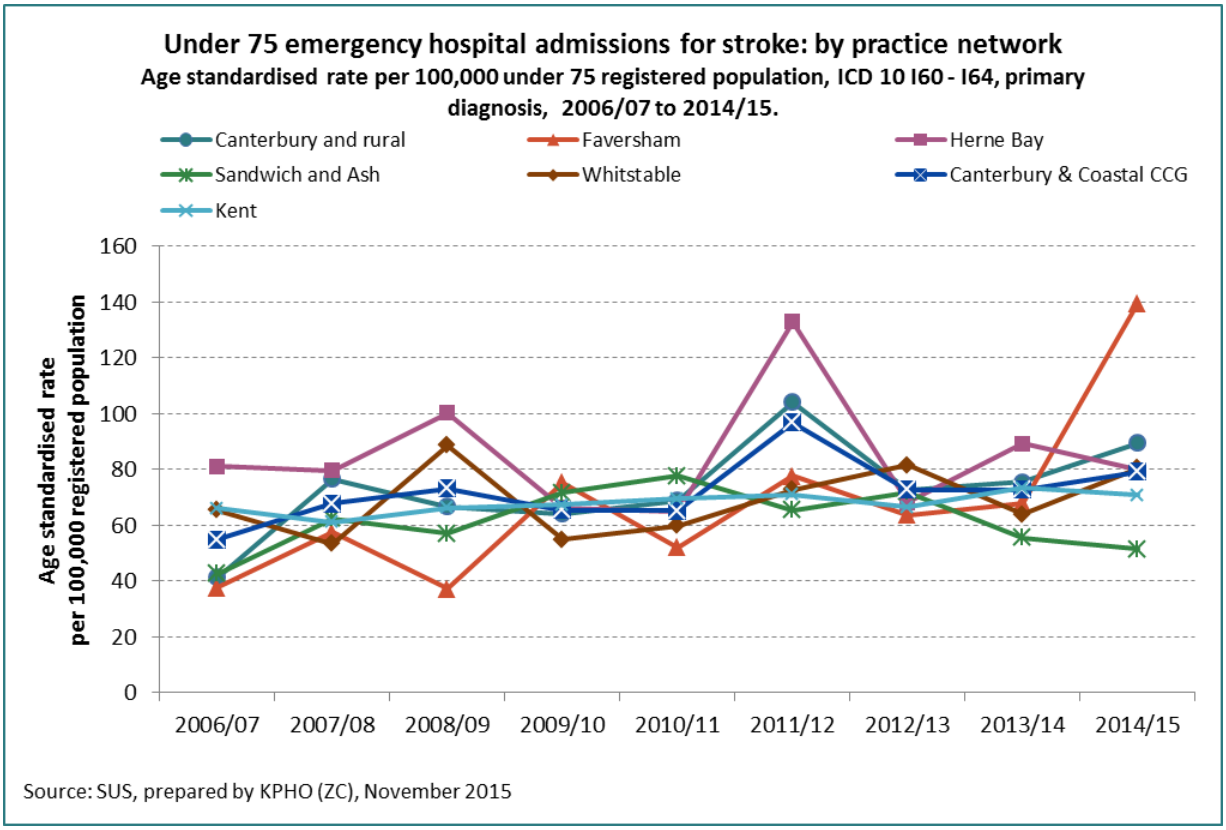


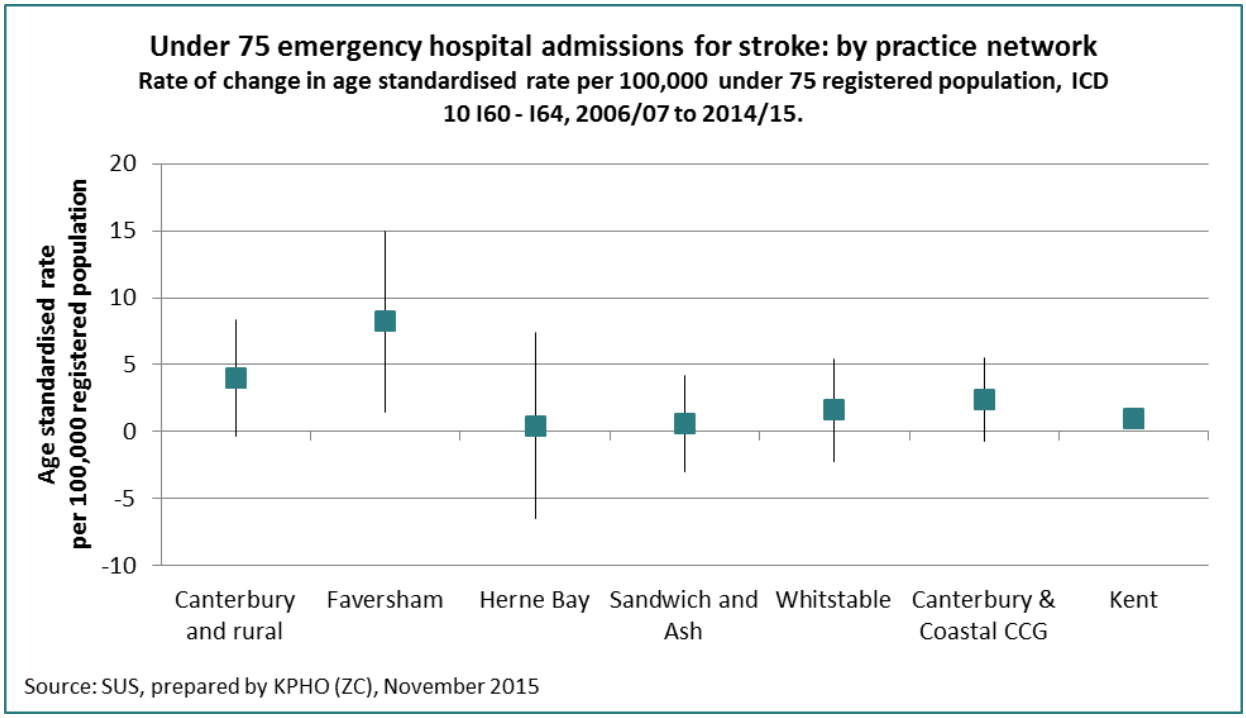
The age standardised rates of falls emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.



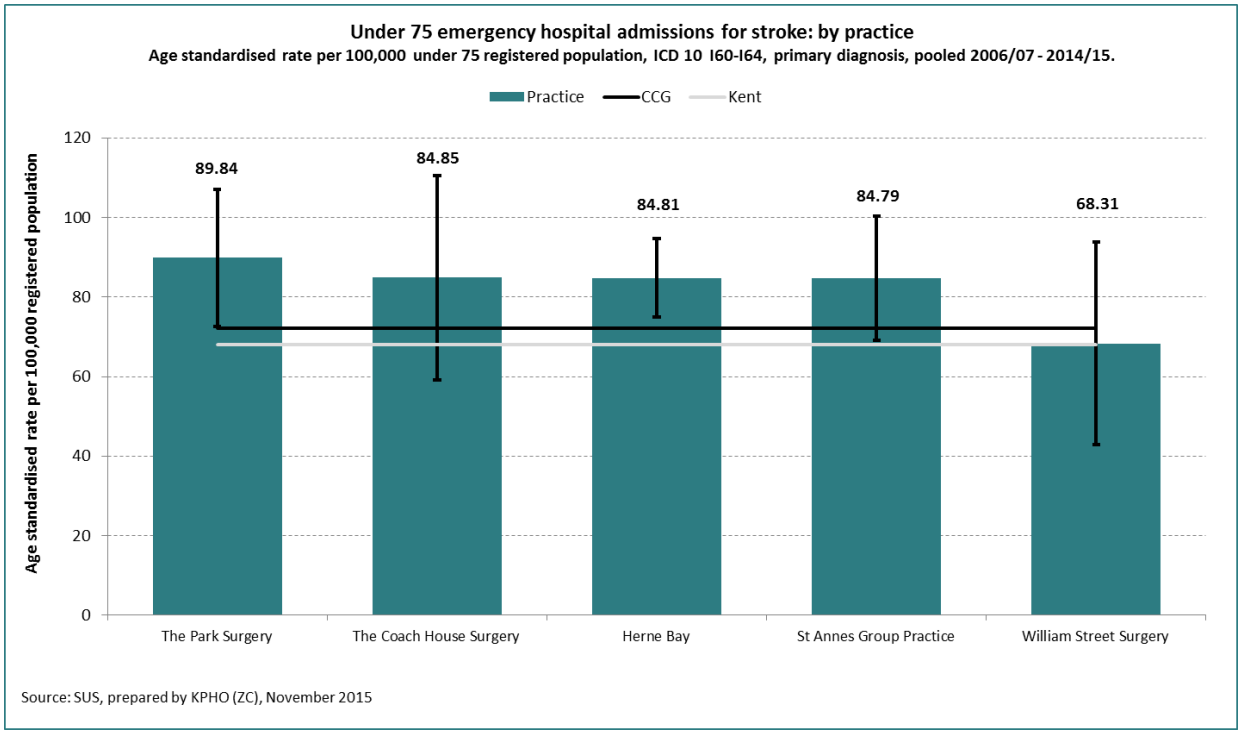
9.1.6 Stroke

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





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

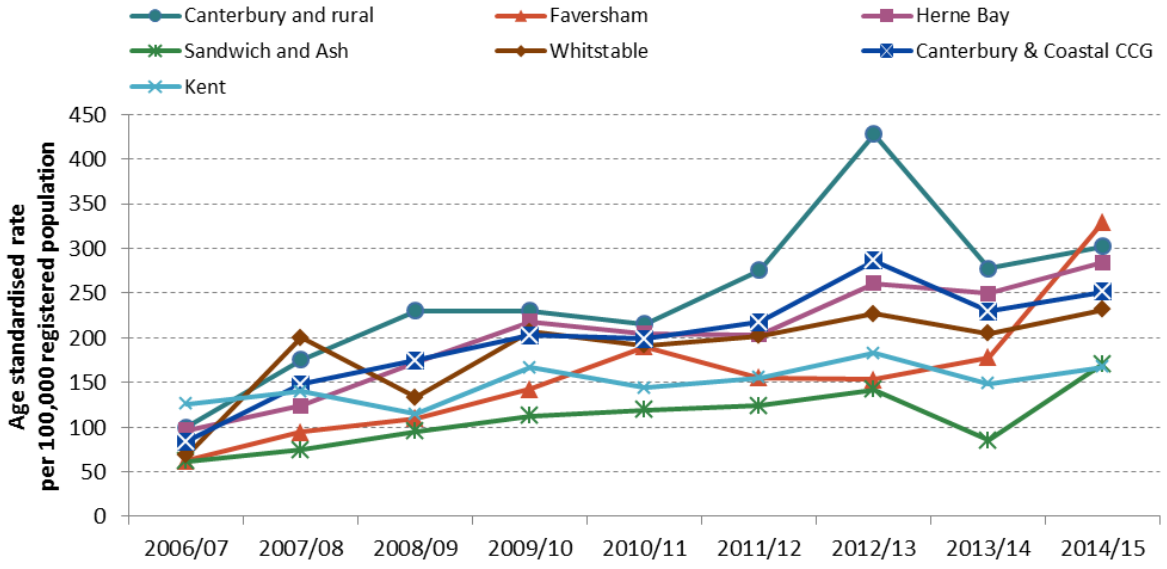


9.1.7 Mental Health

In Kent, the age standardised rate of stroke emergency hospital admissions in the under 75 population has shown an increasing trend between 2006/07 and 2014/15. The Herne Bay 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

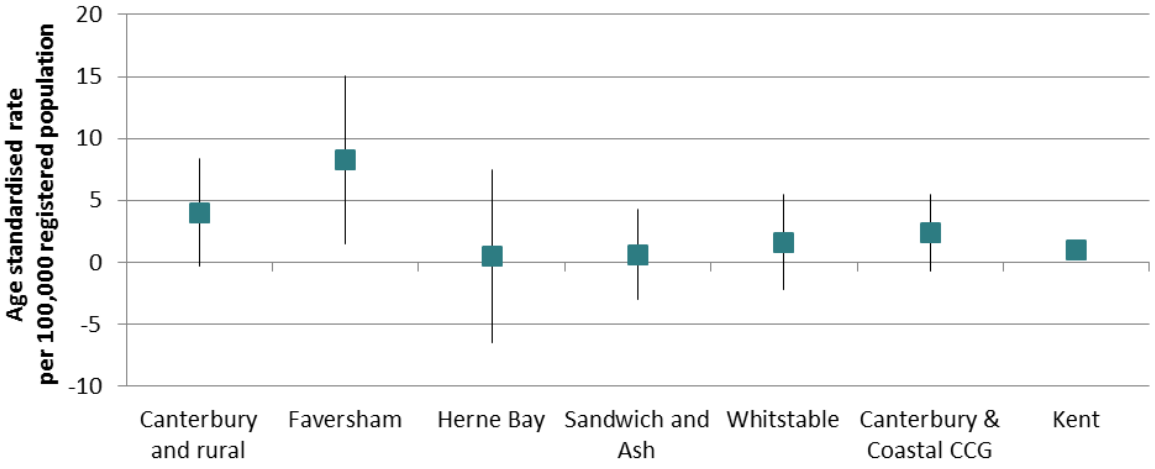
Age standardised rate per 100,000 under 75 registered population, ICD 10 F00 - F99, primary diagnosis, 2006/07 to 2014/15.



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

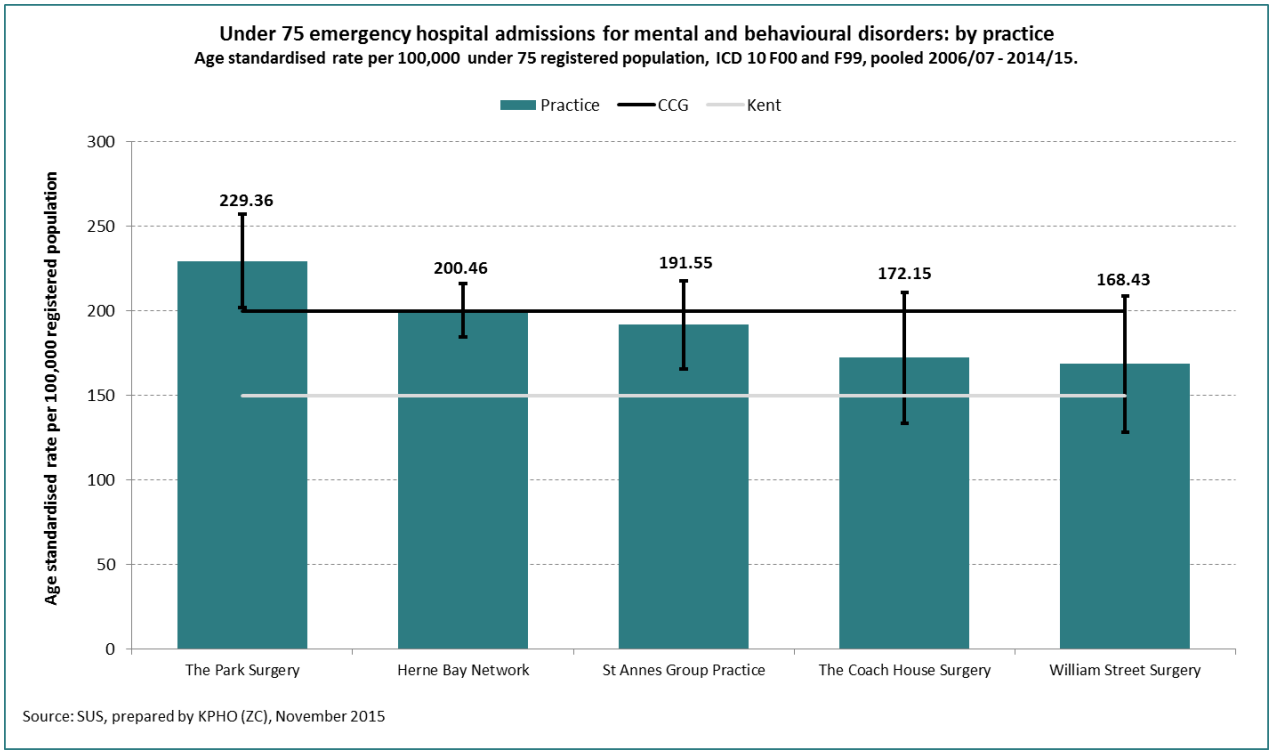
Under 75 emergency hospital admissions for mental and behavioural disorders: by practice network

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

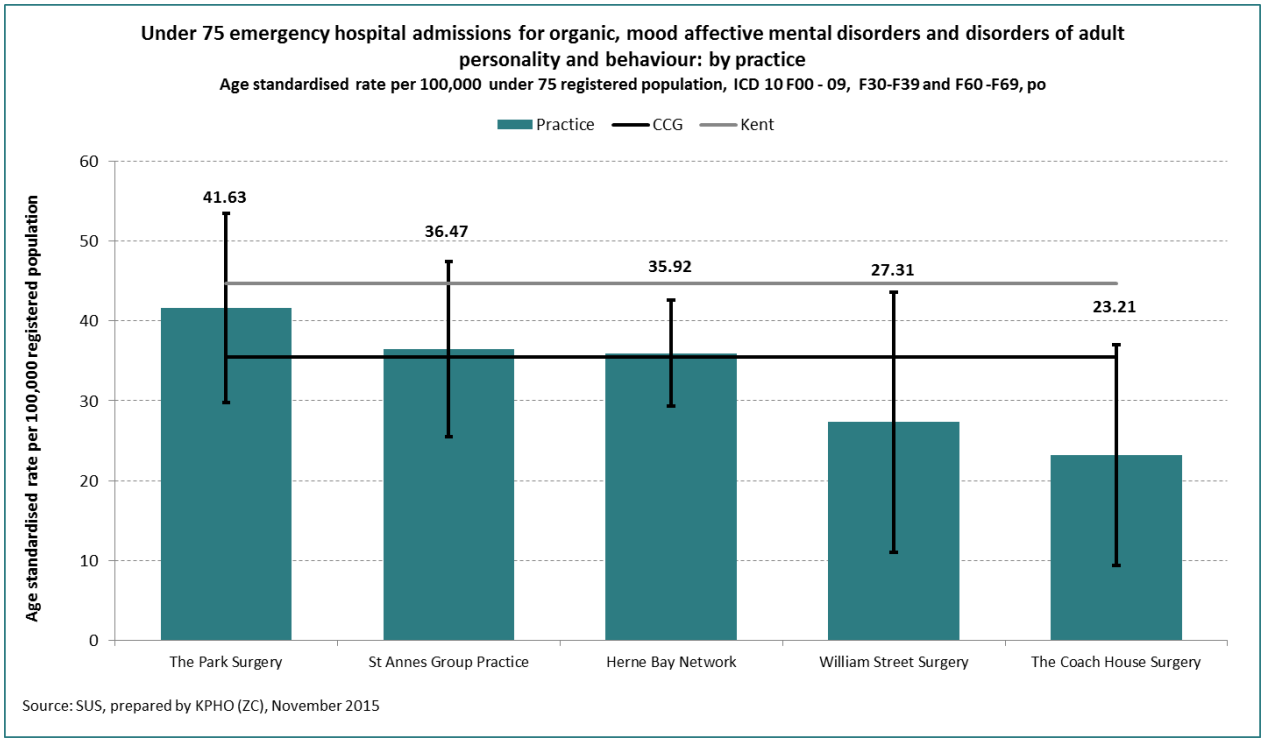


Source: SUS, prepared by KPHO (ZC), November 2015

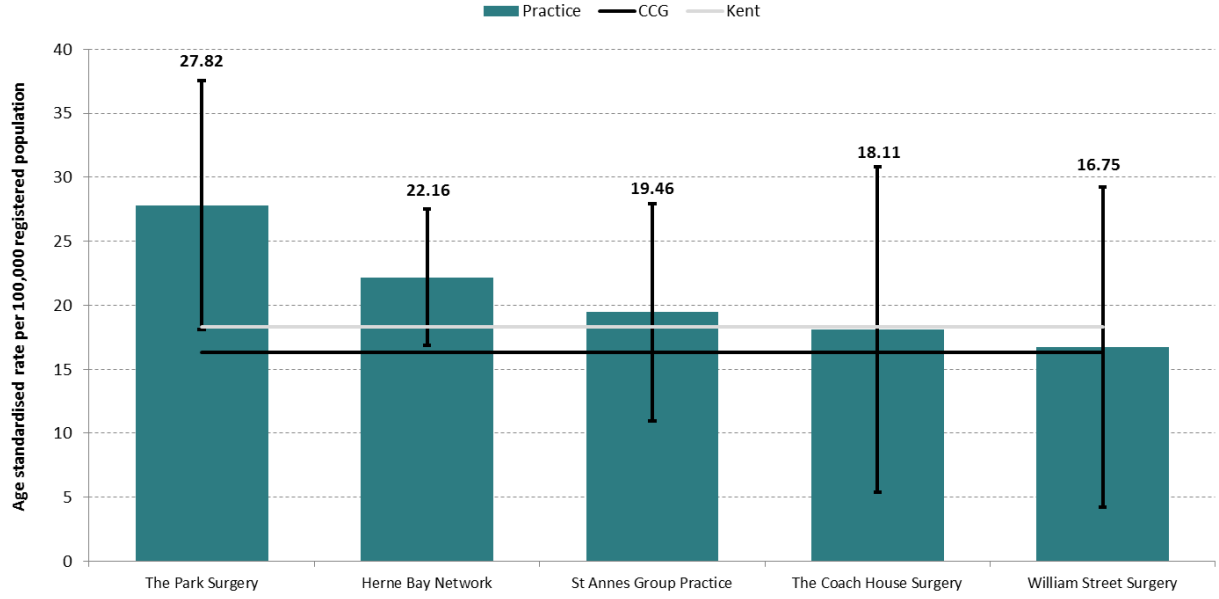
The age standardised rates of mental and behavioural disorder emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.



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 different in comparison to the CCG and Kent.



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



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

9.2 Alcohol Specific Hospital Admissions

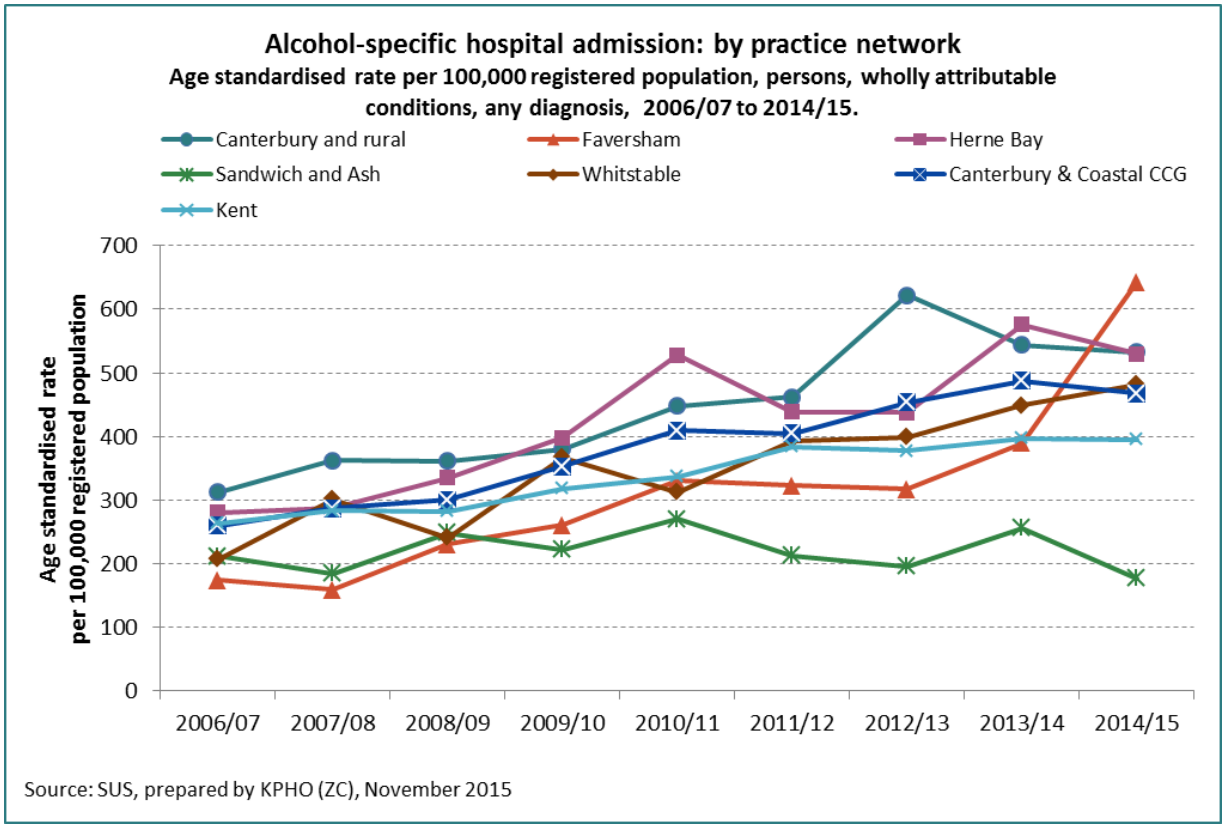
The following Chapter explores the level of alcohol specific hospital admissions.

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.

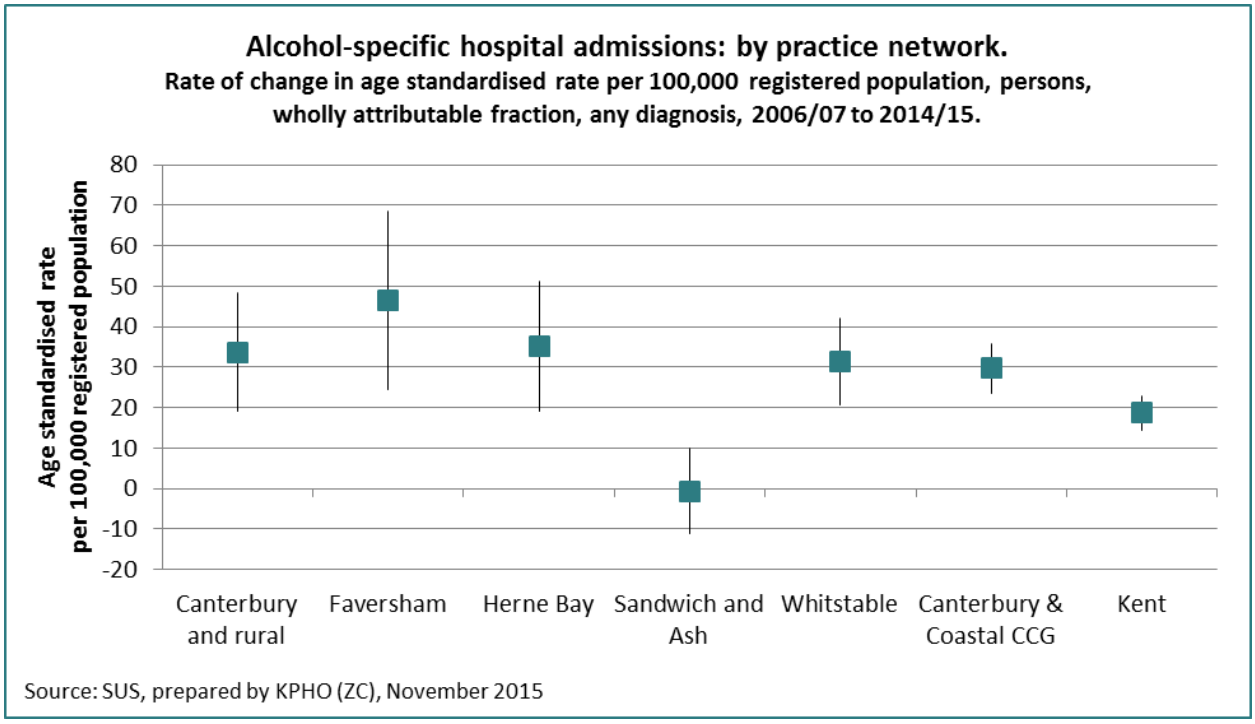
9.2.1 Alcohol Specific Hospital Admissions

In Kent, the age standardised rate of alcohol specific hospital admissions has shown an increasing trend between 2006/07 and 2014/15. The Herne Bay practice network did not show a rate of change that was significantly higher than Kent.

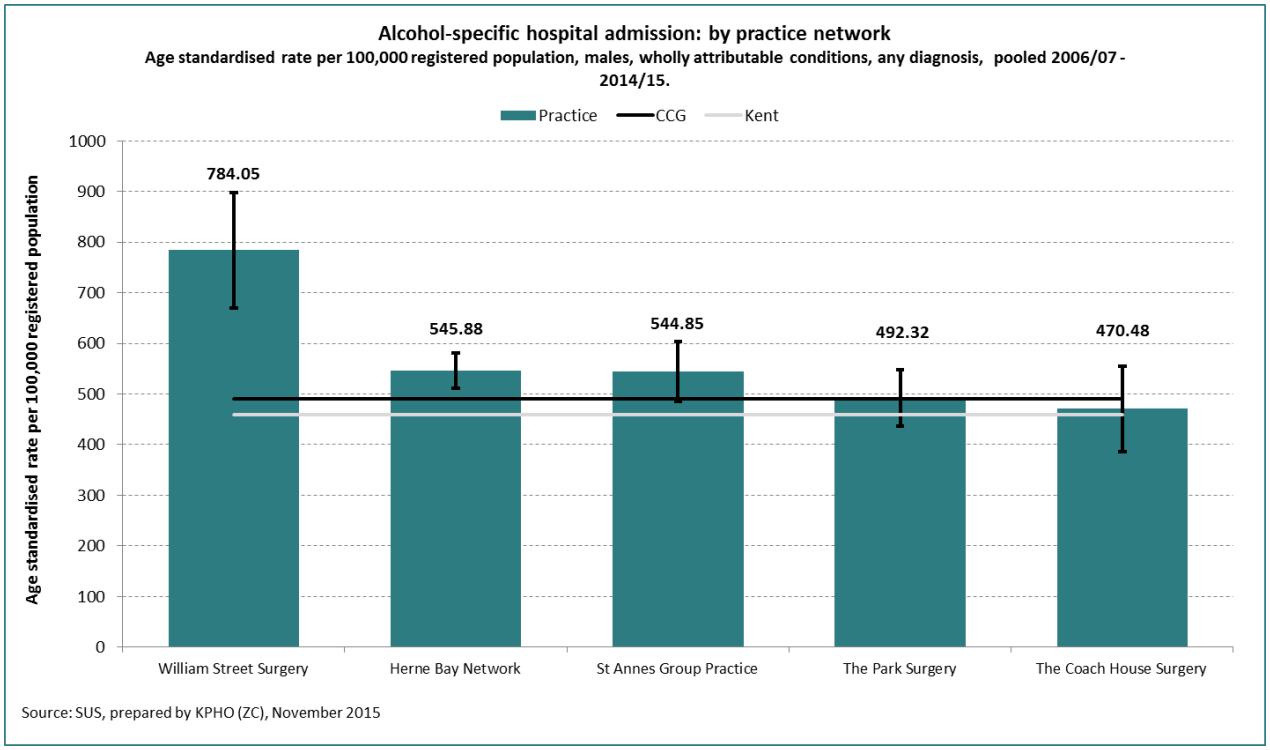


Source: SUS, prepared by KPHO (ZC), November 2015

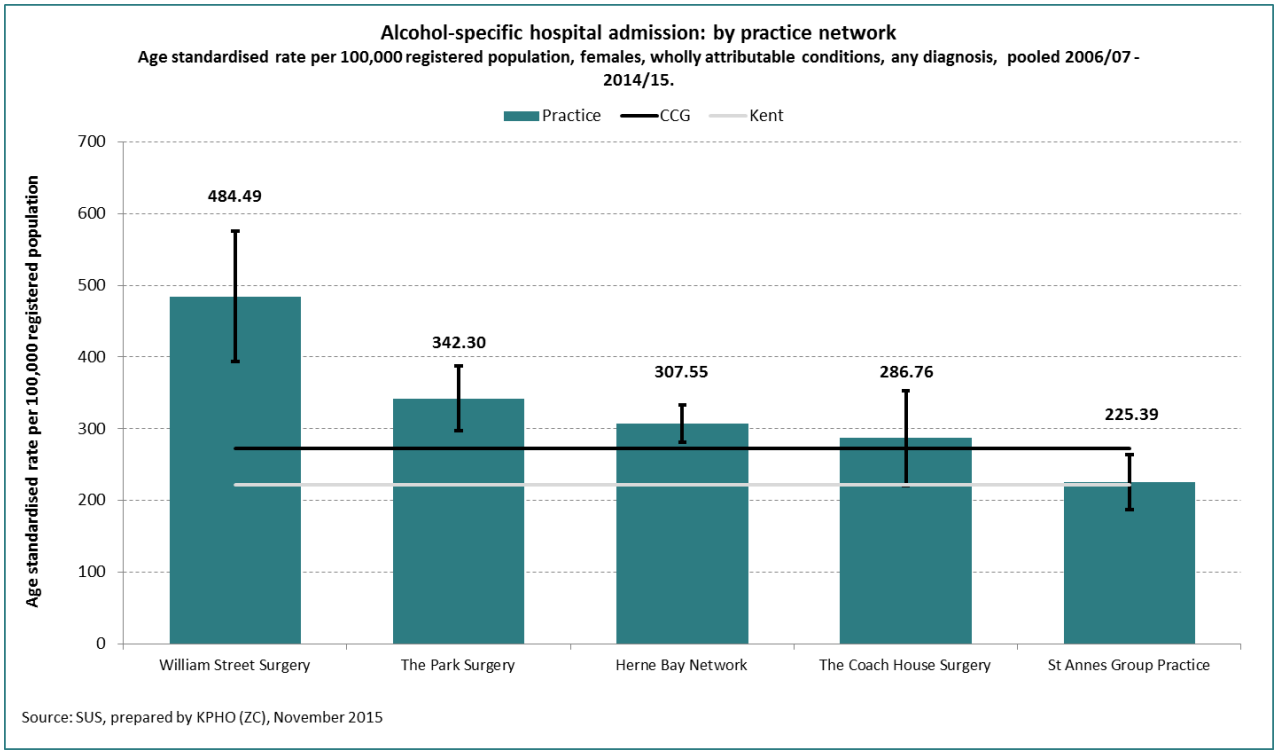
[1] Public Health England (2015) Local alcohol profiles for England 2015 user guide. http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf



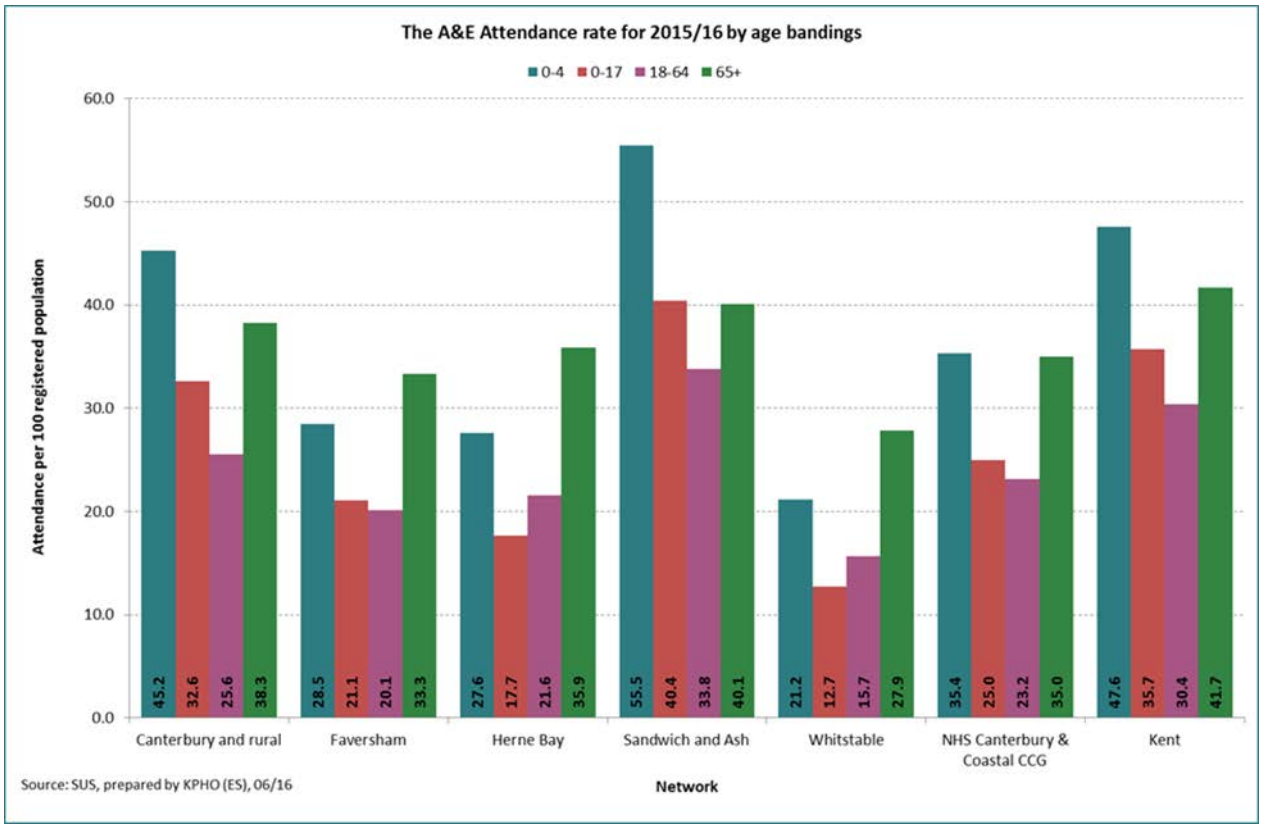
Significantly higher age standardised rates of alcohol specific admissions in males, in comparison to the CCG and Kent, can be identified for the William Street Surgery.



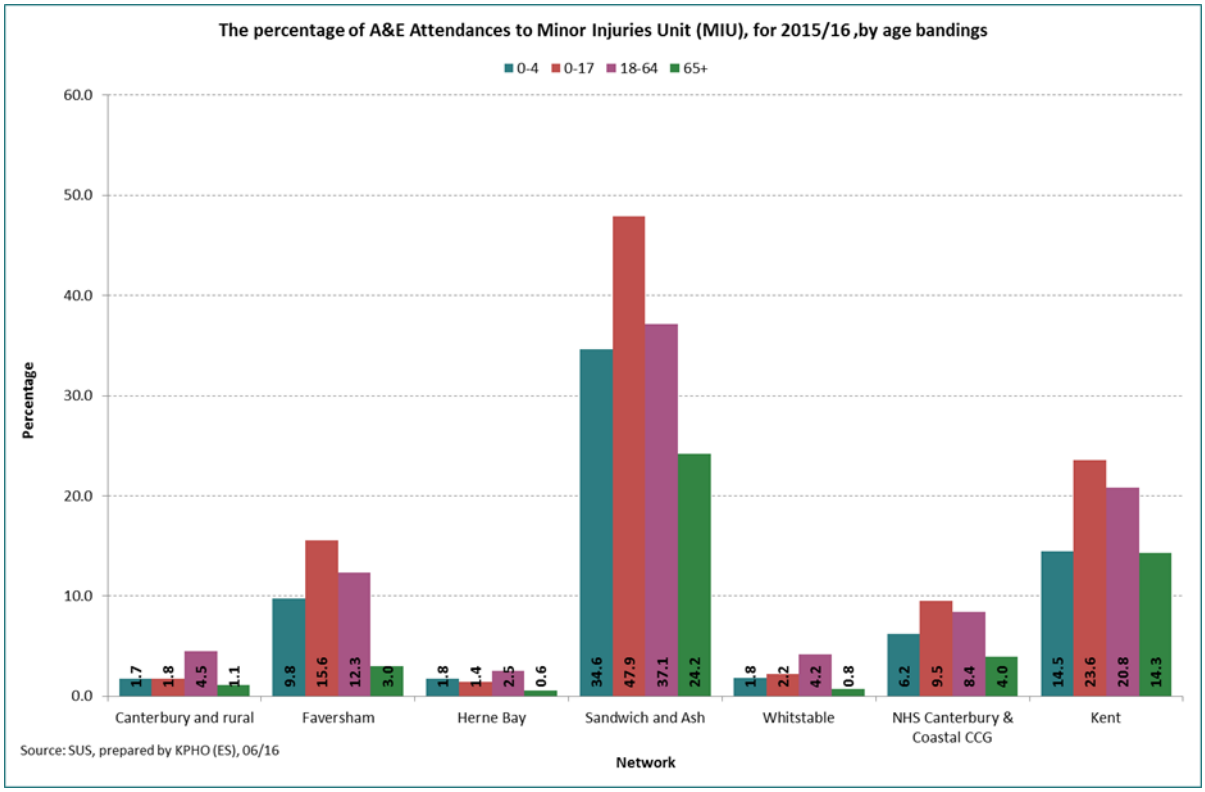
Significantly higher age standardised rates of alcohol specific admissions in females, in comparison to the CCG and Kent, can be identified for the William Street Surgery and the Park Surgery.



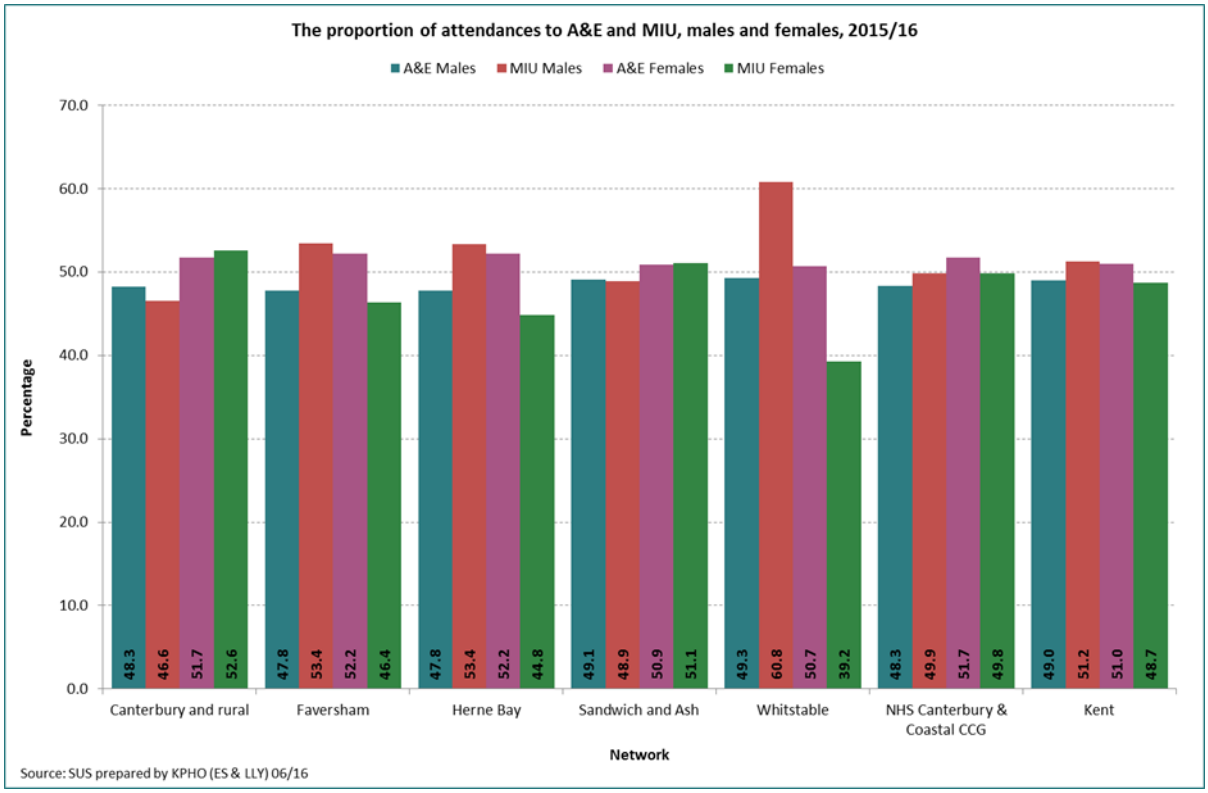
9.3 A&E and MIU Attendances



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 Herne Bay 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 Herne Bay network, the highest proportion of MIU attendances comes from 18-64 years (2.5%) which makes up the majority for the working age population.



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 Herne Bay network there is a higher proportion of males (53.4%) attending MIU's than females (44.8%).

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

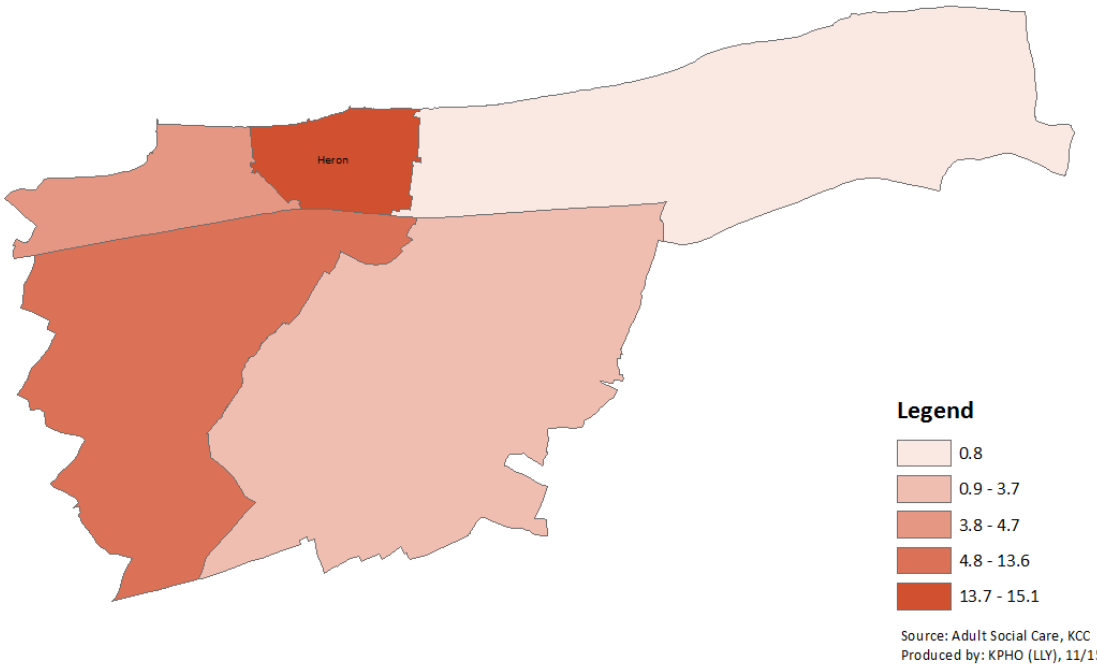
Across all networks, the Kent and Canterbury Hospital and the Queen Elizabeth the Queen Mother Hospital receive the highest proportions of residents from the networks. In the Herne Bay network 44.6% of residents attend the Queen Elizabeth the Queen Mother Hospital; this is also the case in the Sandwich and Ash network where 38.3% of residents attend the Queen Elizabeth the Queen Mother 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.

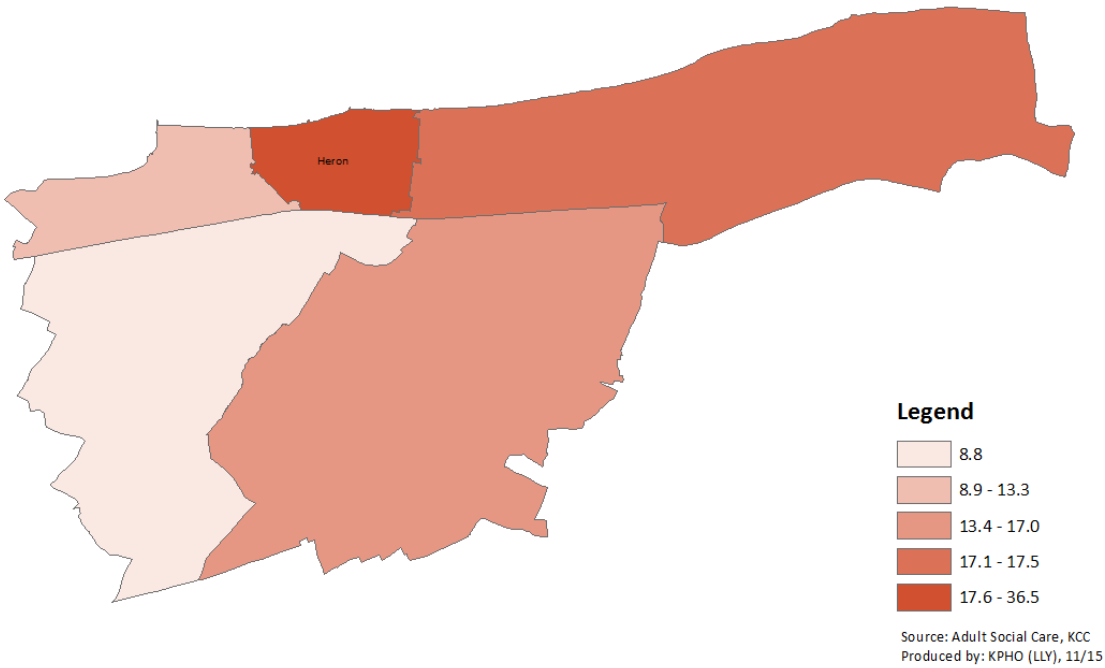
For definitions of the indicators, see appendix B.

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



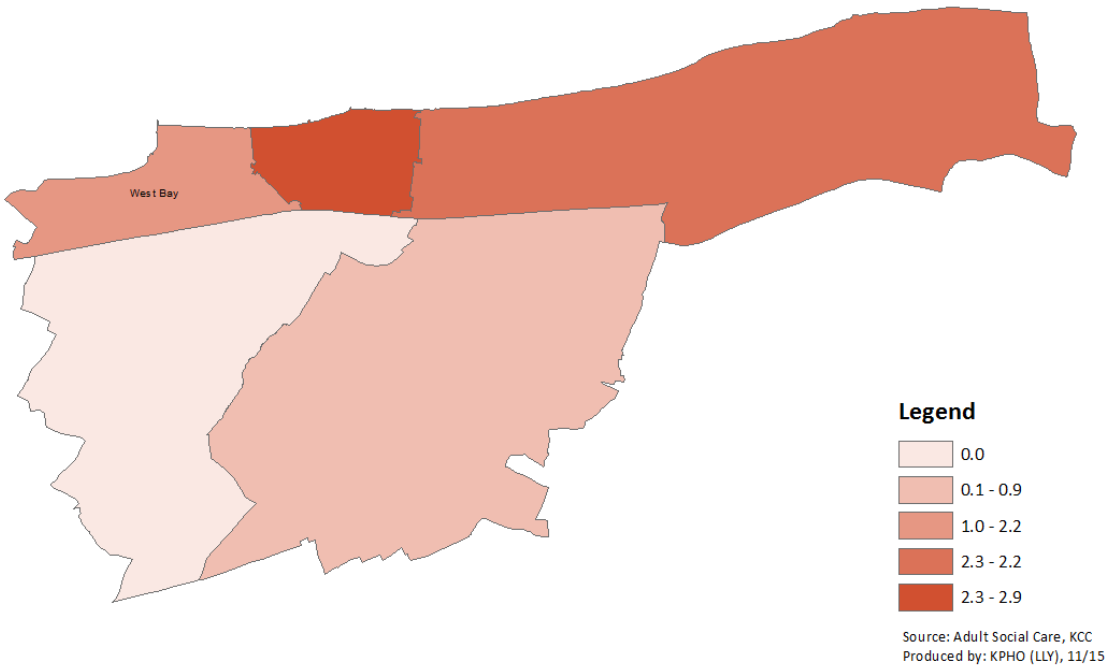
Herne bay has a lower support services rate per 10,000 population aged 65 and over (6.9) than Kent (7.5) and Canterbury and Coastal CCG (7.3); however this is not significantly different. Heron has a significantly higher rate (15.1) than both the CCG and Kent. Reculver has a significantly lower rate than the CCG and Kent of 0.8.

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



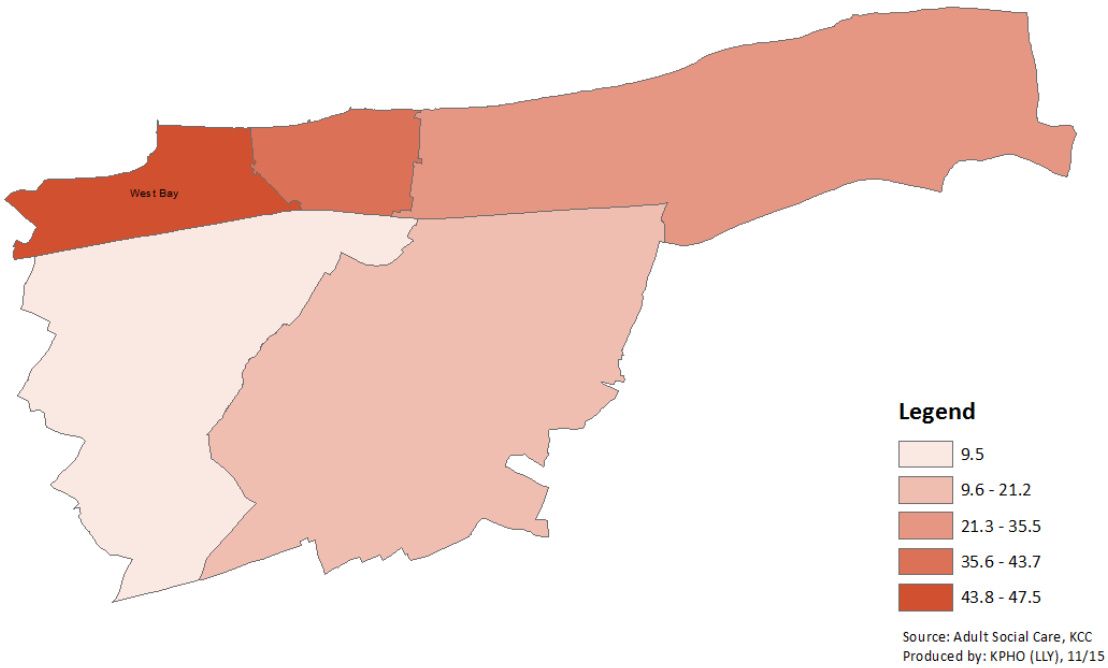
Herne bay has a significantly higher support services rate per 10,000 population aged under 65, at 19.7, compared to both Canterbury and Coastal CCG (10.7) and Kent (12.7). Heron ward (36.5) has a significantly higher rate than both the CCG and Kent, whilst Herne and Broomfield and Reculver have significantly higher rates than the CCG.

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



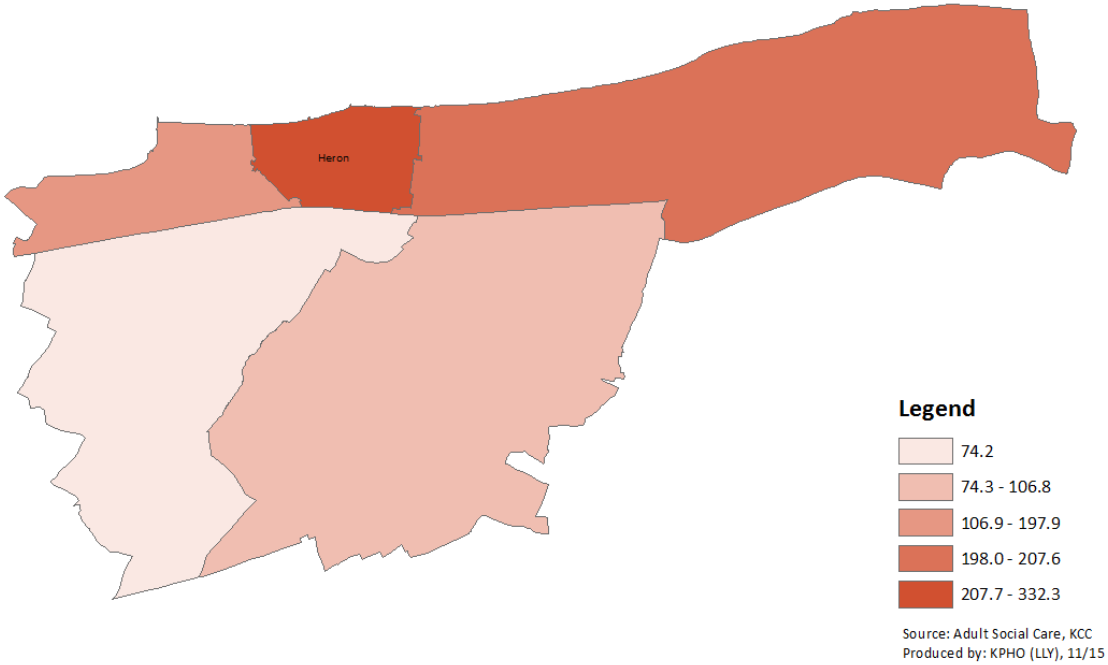
The number of people receiving meal service per 10,000 population is very low, at 1.7. This is a slightly lower rate than both the CCG (2.1) and Kent (3.7). None of the wards in Herne bay have a rate significantly different to the CCG or Kent.

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



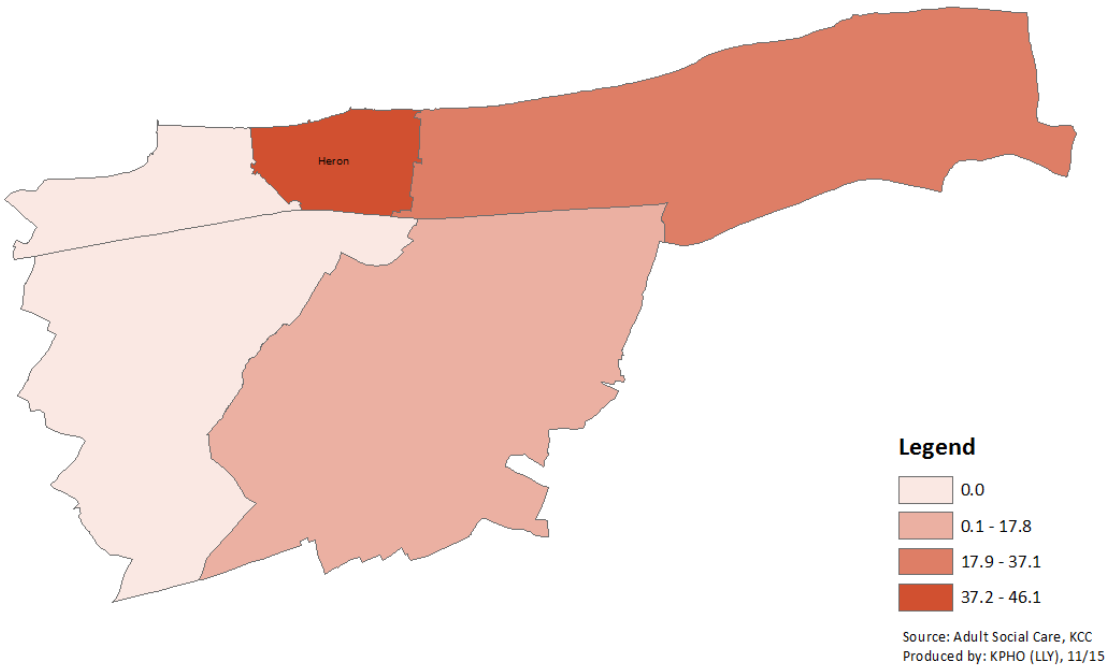
Herne bay has a significantly higher long term residential care home placement rate for people aged under 65 than both the CCG (16.7) and Kent (9.7), at 12.9 per 10,000. Heron, Reculver and West bay all have significantly higher rates than the CCG and Kent.

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



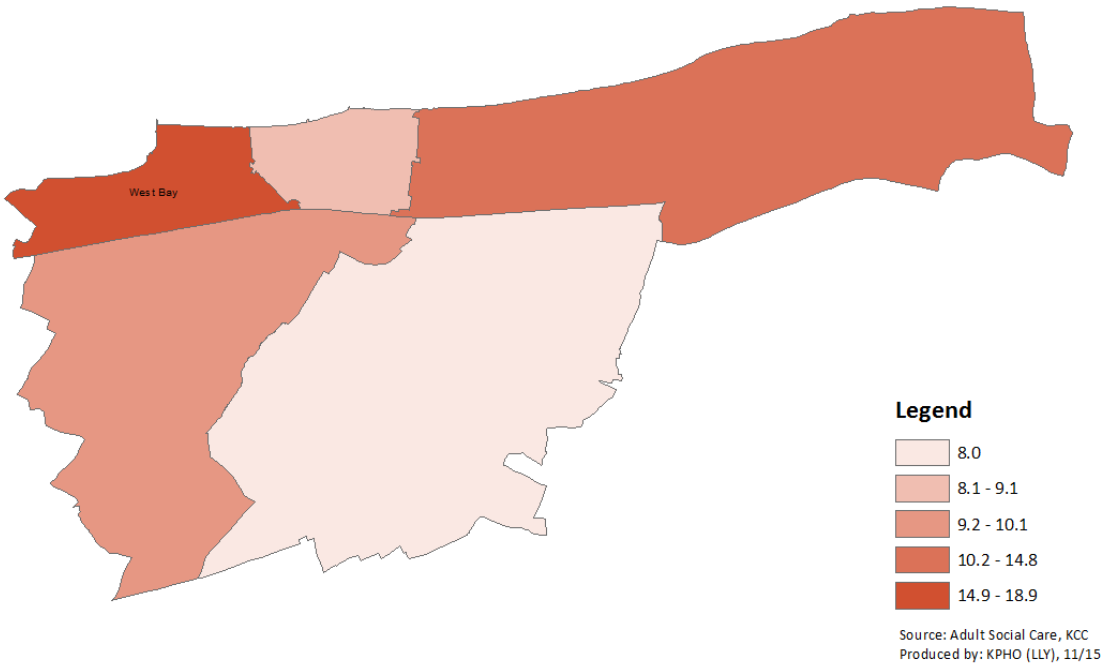
Herne bay has a significantly higher number of long term residential care home placements per 10,000, at 199.3, than Canterbury and Coastal CCG (110.9) and Kent (96.0). Within Herne bay, Heron, Reculver and West bay wards have significantly higher rates than both the CCG and Kent.

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



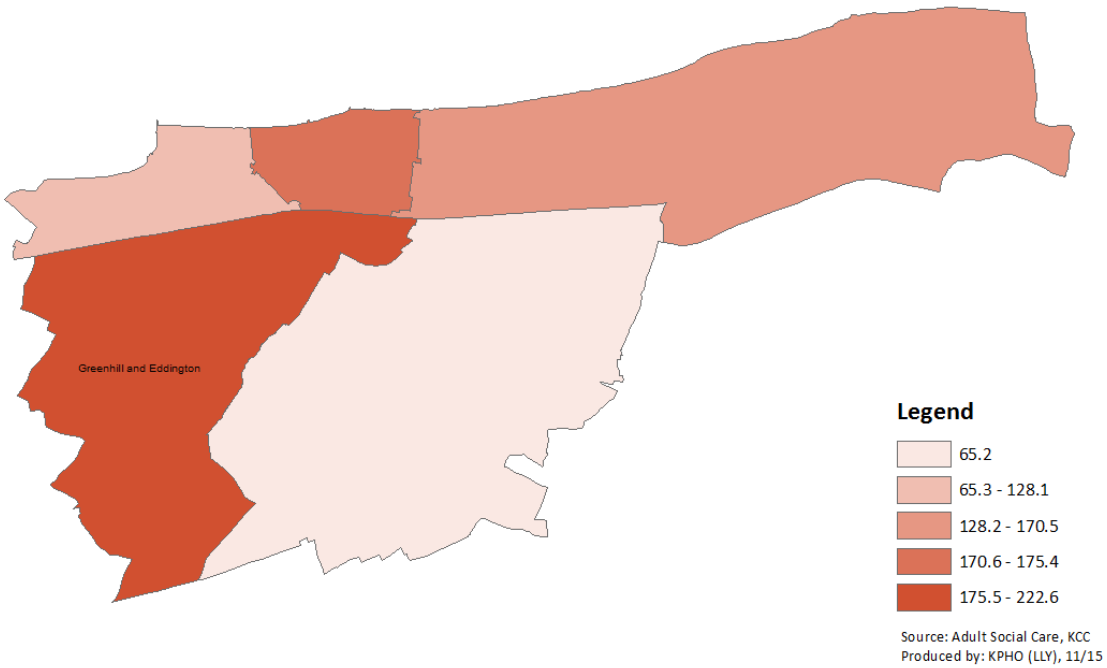
The long term care home nursing placement rate of 24.3 placements per 10,000 population aged 65 and over is significantly lower than Kent (41.5), and lower than the CCG (39.3). Greenhill and Eddington and West bay wards have significantly lower rates than both the CCG and Kent.

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



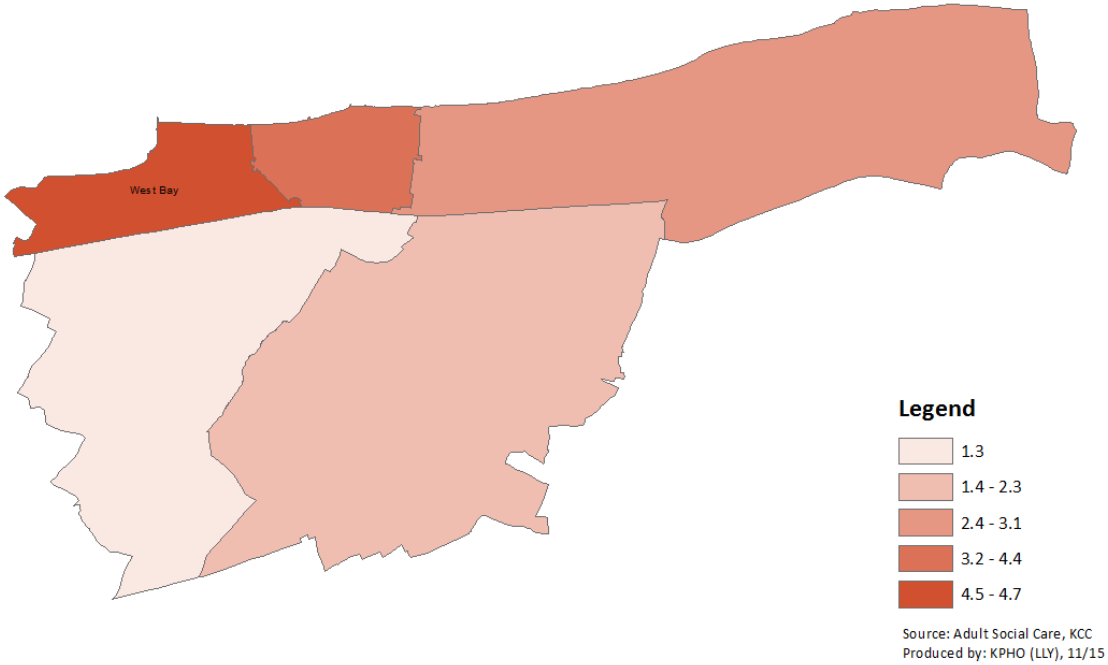
Herne bay (11.8) has a significantly higher rate of people aged under 65 receiving home care than the CCG (6.2) and Kent (6.7). Reculver and West bay wards have significantly higher rates than the CCG and Kent.

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



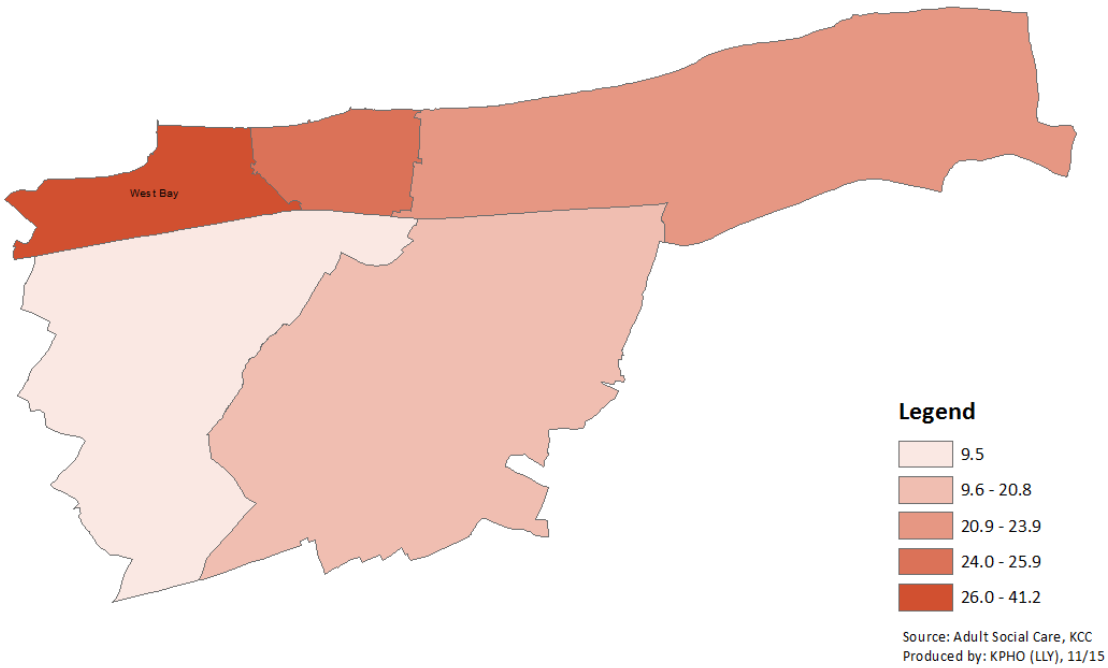
For the population aged 65 and above, Herne bay (151.9) has a significantly higher rate of people receiving home care than Canterbury and Coastal CCG (116.6), and a higher rate than Kent (126.7). Greenhill and Eddington has a significantly higher rate than both the CCG and Kent, whilst Herne and Broomfield has a significantly lower rate than Kent.

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



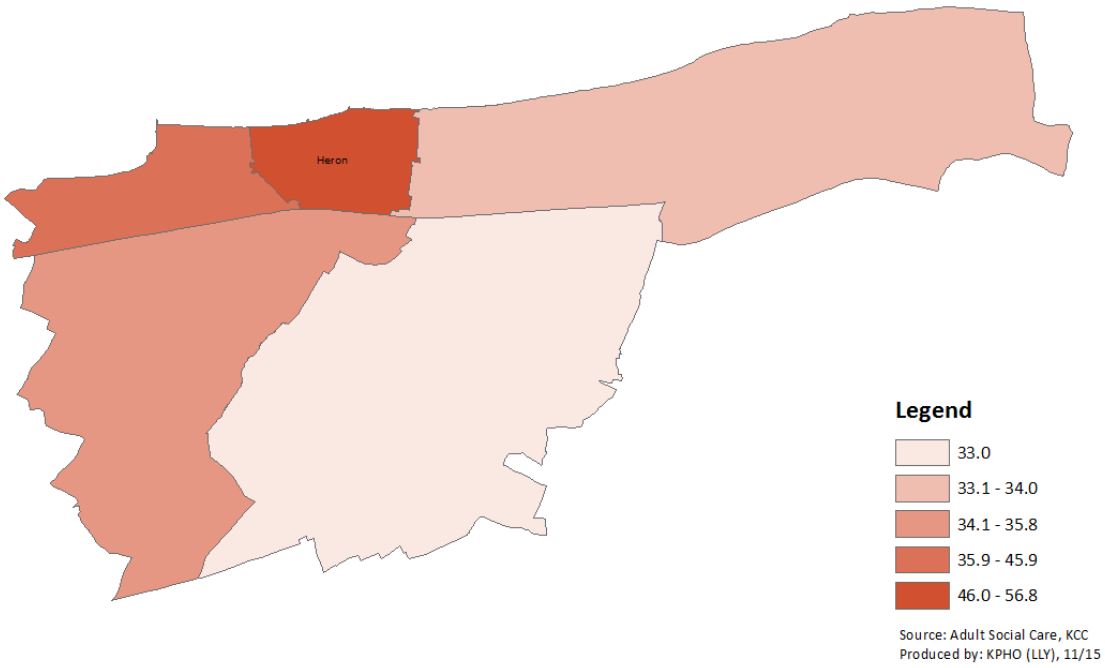
Herne bay (3.2) has a higher enablement rate than both Kent (2.9) and Canterbury and Coastal CCG (2.7); however these differences are not significant. West bay has the highest rate within this community network; however, none of the wards have rates that are significantly different to the comparator areas.

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



Herne bay community network (24.0) has significantly higher direct payment rates than both the CCG (17.2) and Kent (19.5). West bay wards has a significantly higher rate than both the CCG and Kent, whilst Heron has a significantly higher rate than the CCG. Greenhill and Eddington has a significantly lower rate the both the CCG and Kent.

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



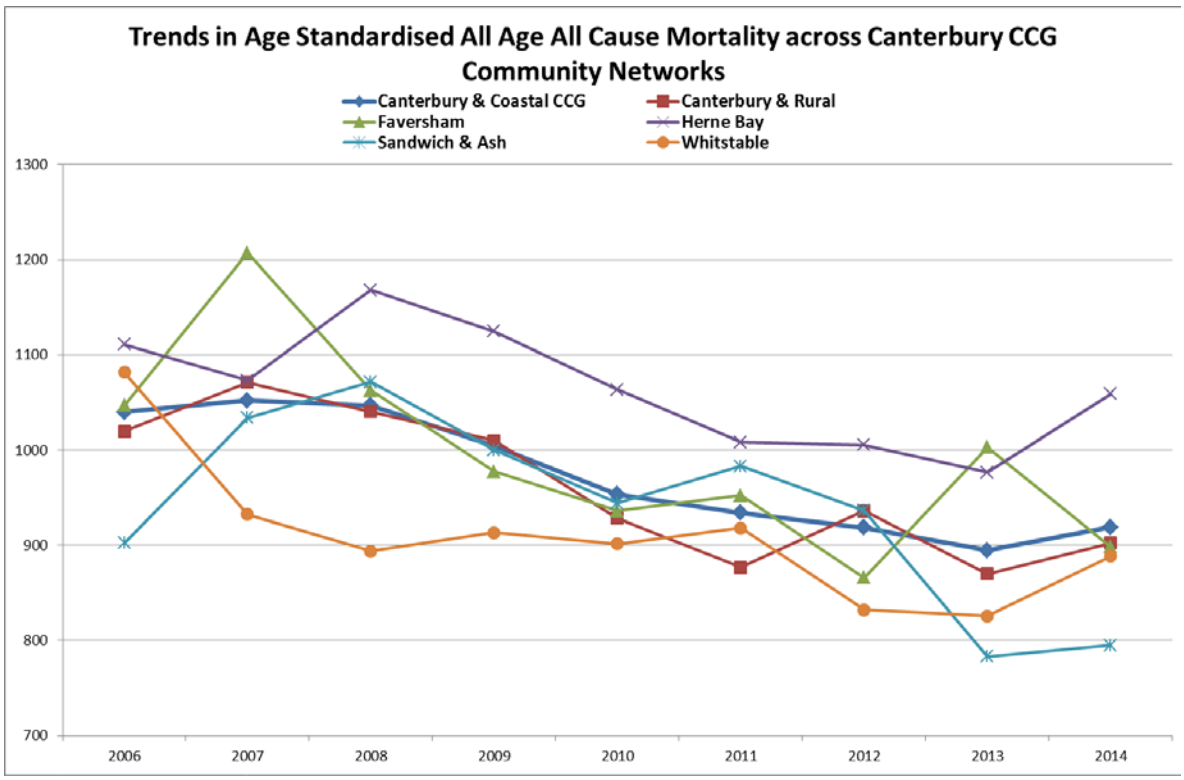
The direct payment rate in Herne bay community network (41.4) is significantly higher than Kent (34.8), and higher than the CCG (35.1). Heron ward has the highest rate in the network, significantly higher than Canterbury and Coastal CCG and Kent.

11. Mortality

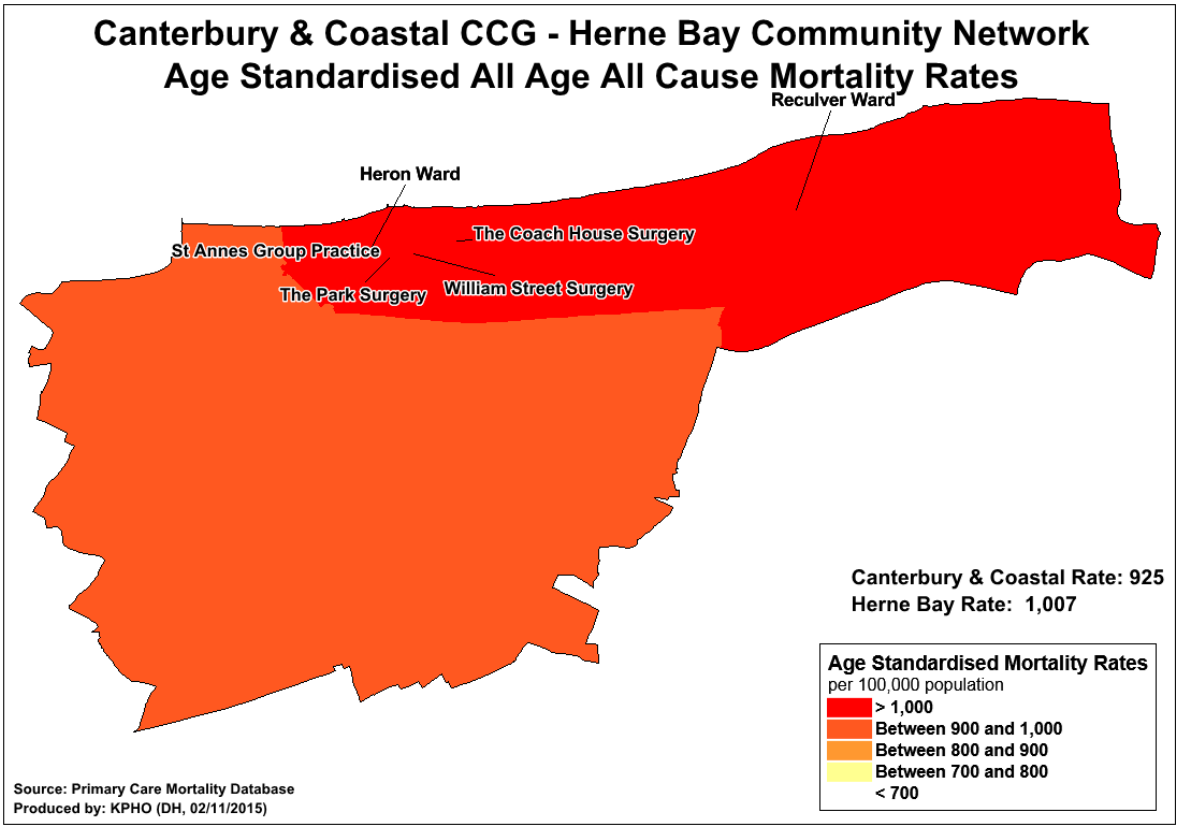
11.1 All age, all cause mortality

11.1.1 All age, all cause mortality

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

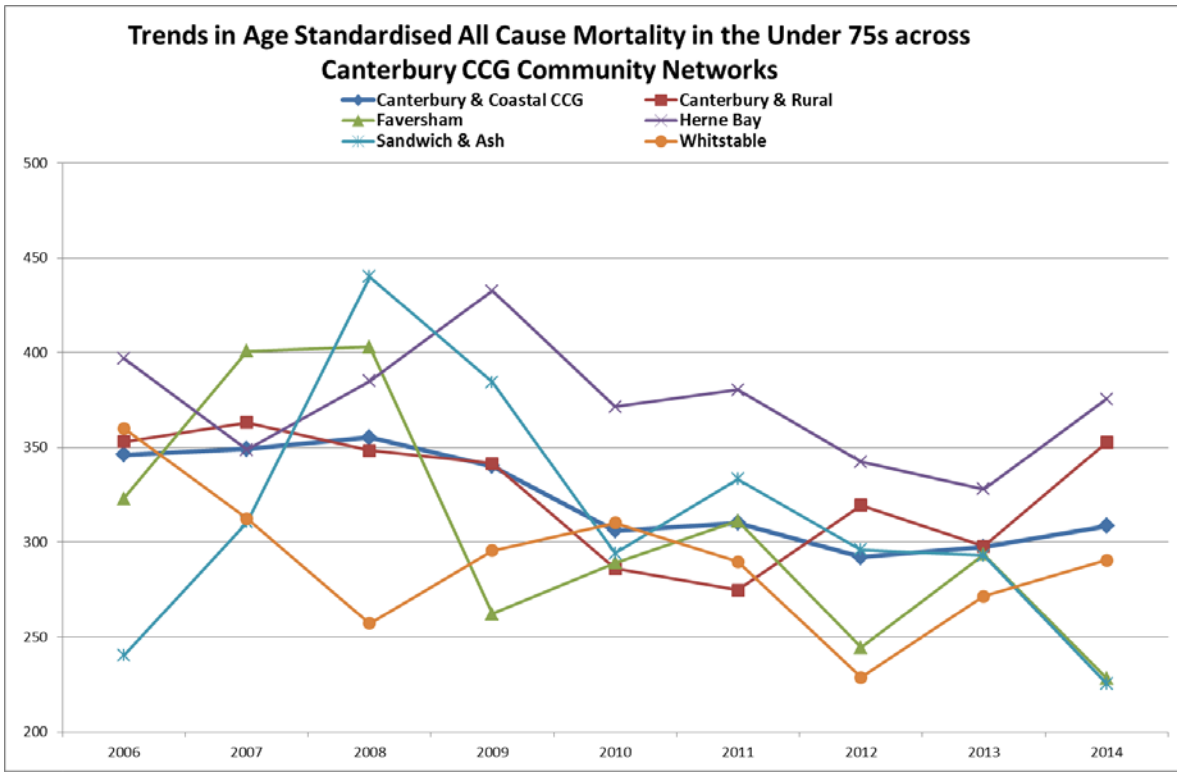


Five year, pooled, mortality for all causes at electoral ward level shows that the highest rates are in Heron ward (1225) and is within the worst quintile across the CCG. Reculver ward also has rates in excess of 1,000 per 100,000 population. The remaining wards in Herne Bay also exhibit high rates and this means that as a community network Herne Bay has an overall rate that is higher than all of the other networks locally. The rate for Herne Bay is 1007 per 100,000, higher than the Canterbury & Coastal CCG rate of 925 per 100,000.

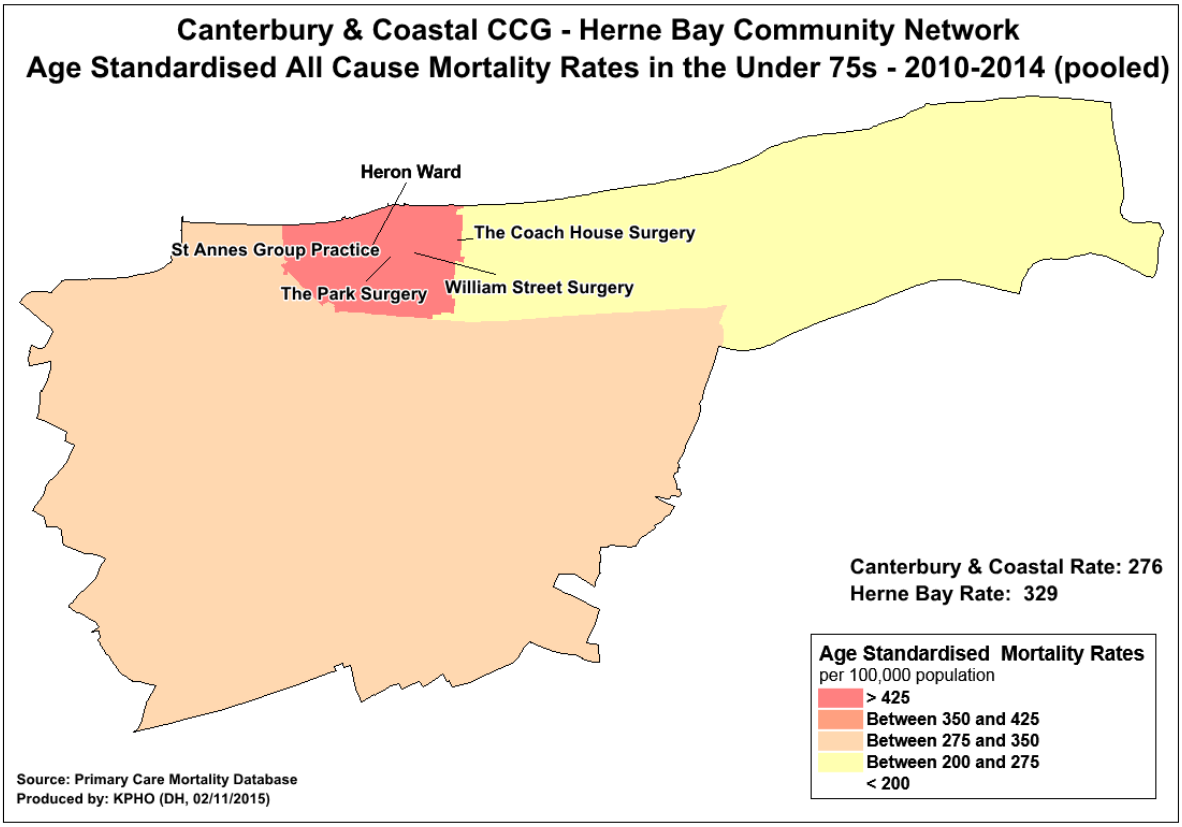


11.1.2 All cause mortality in the under 75s

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%.



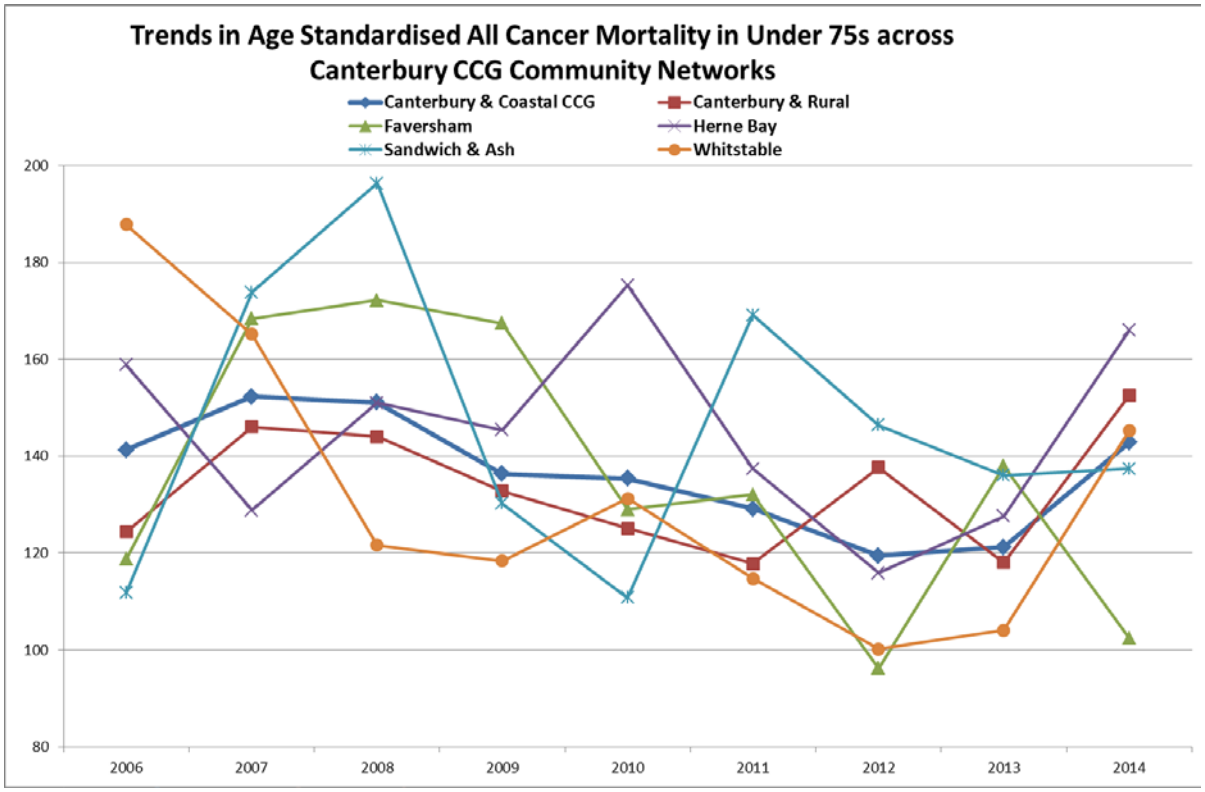
The five year pooled rates at electoral ward level shows that the highest rate in the community network is 446 per 100,000 for Heron ward (the highest across the CCG). Reculver (274) has the lowest rate in the community network area. The overall under 75 mortality rate for Herne Bay is considerably higher (329) than the rate for Canterbury & Coastal as a whole (276).



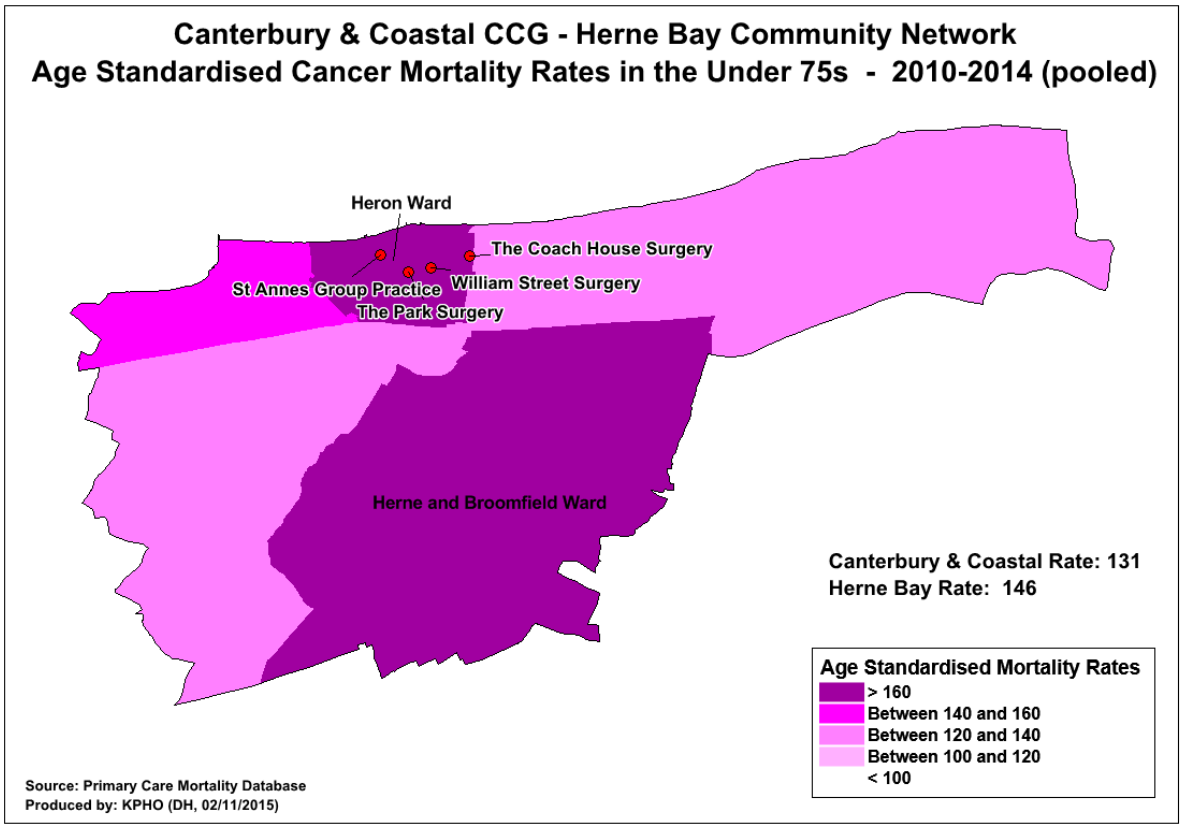
11.2 Premature Mortality: Cancer

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.

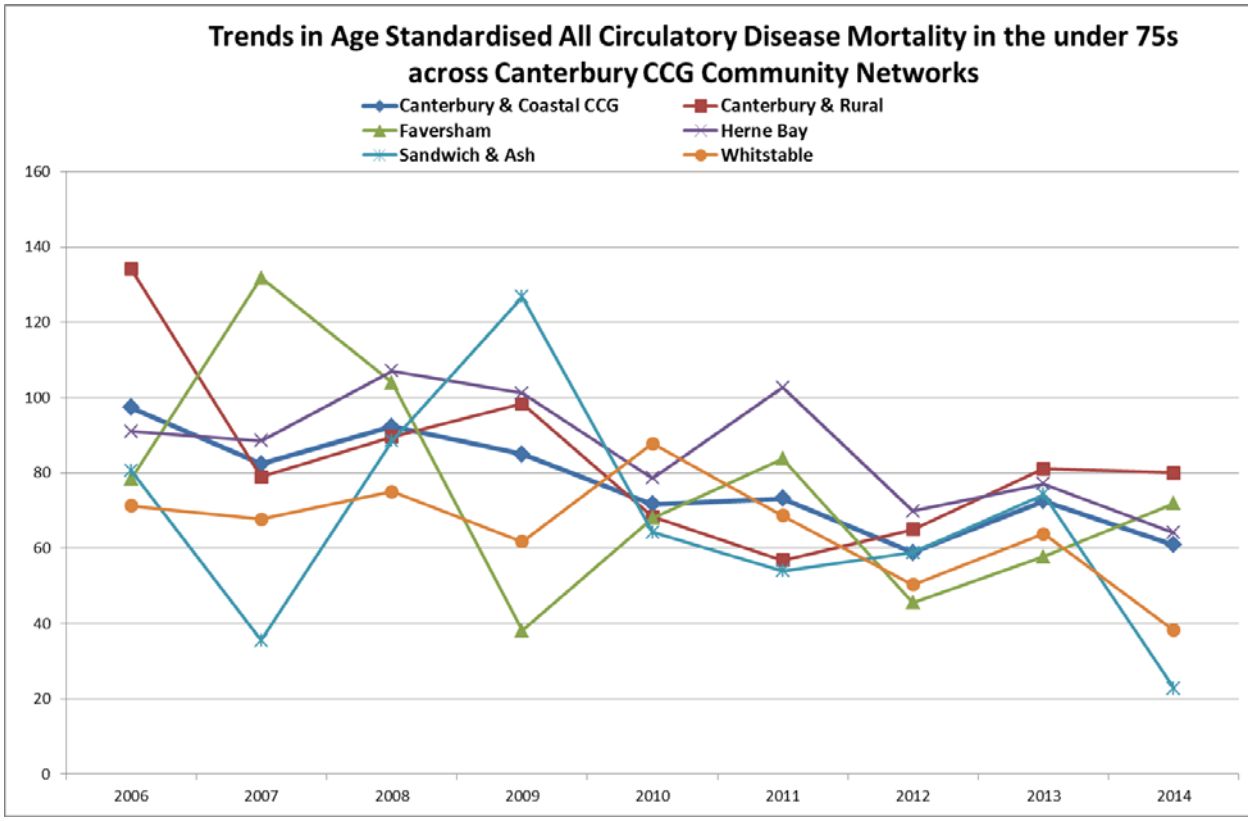


The five year pooled rates at electoral ward level shows that Heron and Herne & Broadfield have rates in excess of 160 per 100,000 and are amongst the highest across Canterbury & Coastal. The ward with the lowest rate is Greenhill & Eddington with just 124 per 100,000. The overall under 75 cancer mortality rate for Herne Bay is higher (146) than the rate for Canterbury & Coastal as a whole (131).



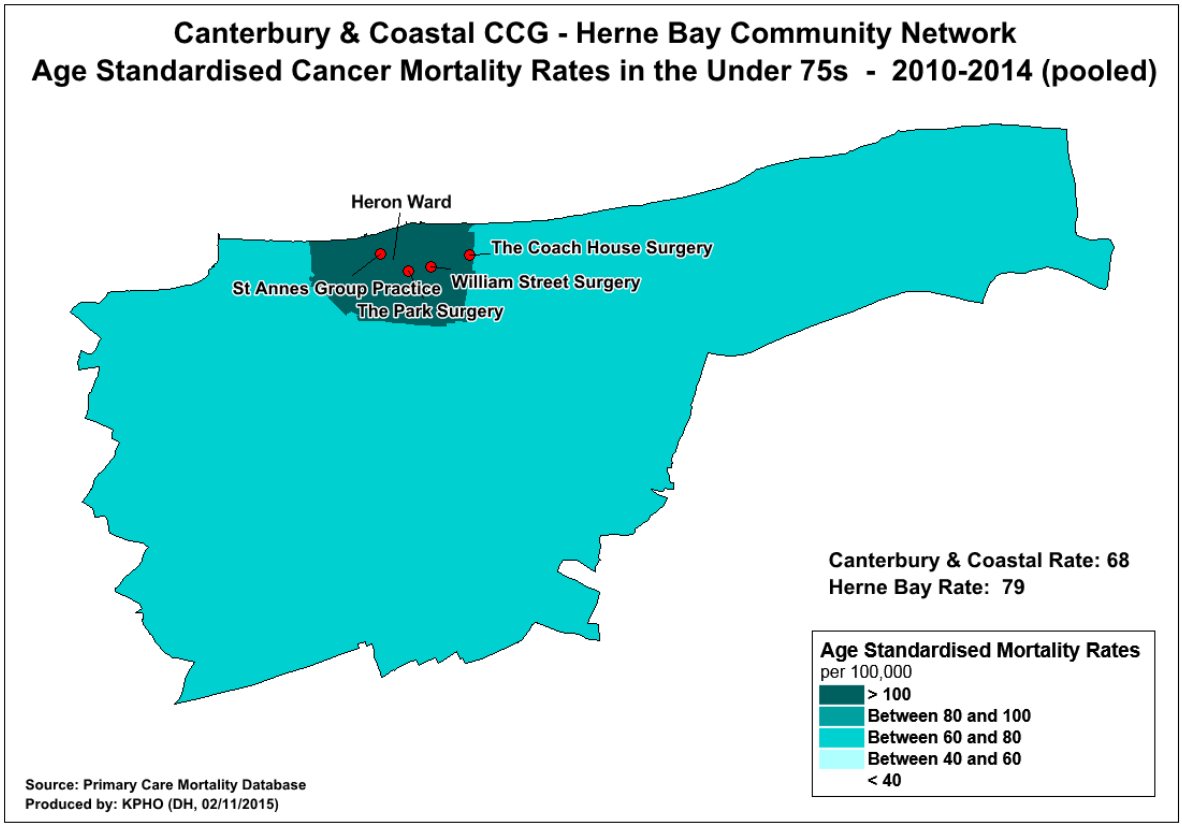
11.3 Premature mortality: Circulatory disease

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 Heron ward (114) has the highest rate. The lowest rate is found in Reculver (61). The Herne Bay rate (79) is higher 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.