

Community network profile Sandwich and Ash

November 2015



Produced by

Faiza Khan: Public Health Consultant (Faiza.Khan@Kent.gov.uk)

Wendy Jeffries: Public Health Specialist (Wendy.Jeffries@Kent.gov.uk)

Del Herridge, Zara Cuccu, Emily Silcock: Kent Public Health Observatory (KPHO@kent.gov.uk)

Last Updated: 9th June 2016

Contents

1. Executive Summary	5
1.1 Introduction.....	5
1.2 Key Findings.....	5
2. Introduction & Objectives.....	9
2.1 Community Network Area	9
2.1.1 Community Network.....	9
3. Maternity.....	10
3.1 Life expectancy at birth.....	10
3.1.1 Community network life expectancy trend	10
3.1.2 Ward level life expectancy	11
3.2 General fertility rate.....	12
3.3 Low birth weight	13
3.4 Infant feeding	15
3.5 Immunisations.....	16
3.6 Infant mortality	17
4. Demographic overview.....	18
4.1 Practice population	18
4.1.1 Registered population.....	18
4.2 Ethnicity.....	19
5. Socio-economic profile	21
5.1 Deprivation.....	21
5.1.1 Index of Multiple Deprivation 2015.....	21
5.1.2 Income Deprivation Affecting Children Index 2015.....	21
5.1.3 Income Deprivation Affecting Older People Index 2015	22

6. Lifestyle	24
6.1 Alcohol.....	24
6.1.1 Modelled Binge Drinking Estimates	24
6.2 Obesity	25
6.2.1 Modelled Adult Obesity Estimates.....	25
6.3 Smoking.....	26
6.3.1 Modelled Adult Obesity Estimates.....	26
7. Mental Health	27
7.1 Contact with services	27
7.1.1 Mental health contacts: age 15 to 64	27
7.1.1 Mental health contacts: age 65 and above.....	28
8. Quality outcomes framework	29
8.1 Recorded prevalence	29
8.1.1 Sandwich and Ash community network	30
8.1.2 G82138 Ash Surgery.....	31
8.1.3 G82148 The Butchery.....	32
8.1.4 G82063 The market place surgery	33
8.2 Recorded prevalence: trend analysis.....	34
8.2.1 Sandwich and Ash community network	34
8.2.2 G82138 Ash Surgery.....	34
8.2.3 G82148 The Butchery.....	35
8.2.4 G82063 The Market place surgery.....	36
8.3 Recorded and expected prevalence.....	36
8.3.1 Atrial fibrillation	37
8.3.2 Coronary heart disease	38
8.3.3 Hypertension.....	39
8.3.4 Stroke	40
8.3.5 COPD	41
8.3.6 Dementia.....	42

8.4	Clinical achievement	42
8.4.1	Sandwich and Ash community network	42
8.4.2	G82138 Ash surgery	43
8.4.3	G82148 The Butchery.....	43
8.4.4	G82063 The market place surgery	44
9.	Hospital activity	45
9.1	Emergency Hospital Admissions	45
9.1.1	Emergency Hospital Admissions	45
9.1.2	Asthma	46
9.1.3	Coronary Heart Disease	48
9.1.4	Chronic Obstructive Pulmonary Disease.....	49
9.1.5	Diabetes Complications	51
9.1.5	Falls	52
9.1.6	Stroke	54
9.1.7	Mental Health	55
9.1	Alcohol Specific Hospital Admissions.....	58
9.2.1	Alcohol Specific Hospital Admissions.....	58
9.2	A&E and MIU Attendances.....	61
10.	Social care	64
11.	Mortality.....	75
11.1	All age, all cause mortality.....	75
11.1.1	All age, all cause mortality	75
11.1.2	All cause mortality in the under 75s	76
11.2	Premature Mortality: Cancer.....	77
11.2.1	Under 75 Cancer mortality.....	77
11.3	Premature mortality: Circulatory disease	79
11.3.1	Under 75 Circulatory disease mortality	79
	Appendix A: QOF clinical achievement indicators	81

Appendix B: Social care definitions.....82

| 1. Executive Summary

1.1 Introduction

This community network profile for Sandwich & Ash 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 Sandwich & Ash 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**
 - There are substantial fluctuations in life expectancy between 2006 and 2014; the highest life expectancy was observed in 2014 at 85.1 years for Sandwich and Ash community network.
 - Based on 2006 to 2014 data (pooled), the network had a higher life expectancy than the CCG, at 82.9 years and 82.1 years respectively; however this difference is not significant.
- **General fertility rate**
 - In 2014, there were 123 live births to women resident within the Sandwich and Ash. The Sandwich and Ash, general fertility rate was 47.84 in 2006 and decreased to 45.74 in 2014.
- **Low birth weight**
 - In 2014, there were 5 low birth weight births to women resident within the Sandwich and Ash. The Sandwich and Ash, percentage of low birth weight births was 5.9% in 2006 and decreased to 4.1% in 2014.
- **Infant feeding**
 - The coverage within Sandwich and Ash practices ranged between 91% and 83% 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; two practices had uptake below 90%.
- **Infant mortality**

- In 2014, there were <5 still births to women resident within the Sandwich and Ash. None of the Sandwich and Ash child mortality statistics were significantly different to Kent.

Demographic overview

- **Practice population**
 - The registered population of Sandwich and Ash community network at September 2015 was 17,318. The proportion of the population aged between 45 and 74 is substantially higher than the CCG.
- **Ethnicity**
 - A significantly smaller proportion of the community network population (2.6%) identified themselves as belonging to a black or minority ethnic group in the 2011 Census compared to Canterbury and Coastal CCG (5.9%).

Socio-economic profile

- **Deprivation**
 - The Sandwich & Ash area is relatively affluent when compared with the rest of the CCG. Some areas of Little Stour & Ashtome and Eastry wards are relatively deprived and are amongst the second 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**
 - Contact rates for the population aged 15 to 64 are significantly lower for the Sandwich and Ash population, at 33.7 contacts per 1,000 population than Kent and the CCG. Little Stour and Ashbourne (29.8) and Sandwich (17.7) wards also have significantly lower rates.
 - There were no significant difference in contact rates for the population aged 65 and above.

Quality outcomes framework

- **Recorded prevalence**
 - In 2014/15, the prevalence of atrial fibrillation, cancer, CHD, CKD, COPD, diabetes, hypertension, learning disability and obesity were significantly higher in Sandwich and Ash than Canterbury and Coastal CCG.
- **Recorded prevalence: trend analysis**

- The annual rate of change was significantly higher in the community network than nationally for hypertension, cancer, COPD, stroke, atrial fibrillation and CHD prevalence.
- The annual rate of change for palliative care prevalence between 2006/07 and 2014/15 was significantly lower in Sandwich and Ash than nationally.
- **Recorded and expected prevalence**
 - There were no significant differences in the percentage of expected cases diagnosed between practices for the following conditions: CHD, COPD, hypertension, stroke and TIA, atrial fibrillation and dementia.
- **Clinical achievement (see appendix A for definitions)**
 - The community network had significantly lower performance for the following indicators in comparison to the CCG: asthma 002, CHD 002, COPD 003, diabetes 003, diabetes 014 and mental health 002.

Hospital activity

- **Emergency hospital admissions**
 - The Sandwich and Ash network did not show a rate of change that was significantly greater than Kent; for the age standardised rate of emergency hospital admissions in the under 75 population for a range of conditions between 2006/07 and 2014/15
- **Alcohol specific hospital admissions**
 - In Kent, the age standardised rate of alcohol specific hospital admissions has shown an increasing trend between 2006/07 and 2014/15. The age standardised rate of alcohol specific hospital admissions has shown a decreasing trend within the Sandwich and Ash practice network.

Influenza immunisations

- **Uptake**

Social care

- Sandwich and Ash community network had significantly higher rates of enablement, long term residential care for people aged less than 65 and meal service users than both Canterbury and Coastal CCG and Kent.
- The rate of people aged 65 and over receiving home care was significantly lower than Kent, and the rate using support services aged 65 and above significantly lower in the network than both the CCG and Kent.

Mortality

- **All age, all cause mortality**
 - Trends in all age, all cause mortality rates are falling. Highest rates locally are found in Little Stour & Ashtone and Eastry wards
- **Premature mortality: cancer**

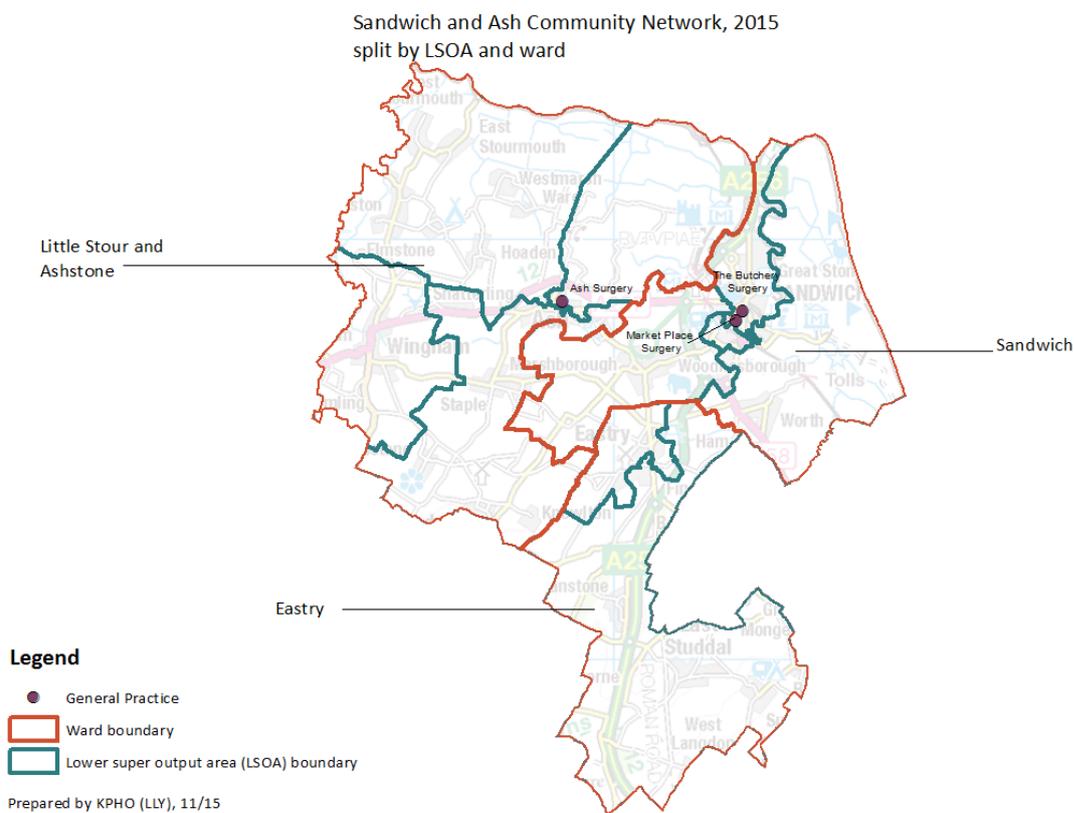
- Trends in under 75 cancer mortality are generally down across Canterbury & Rural, however the rate across Sandwich & Ash is slightly up in the 9 year period 2006 to 2014. Highest rates locally are found in Little Stour & Ashtone ward.
- **Premature mortality: circulatory disease**
 - The trend in under 75 circulatory diseases mortality is falling, rates locally are very low

| 2. Introduction & Objectives

2.1 Community Network Area

2.1.1 Community Network

The map below shows the breakdown of Sandwich and Ash 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 Sandwich and Ash Community Network has three general practices located in the following wards: Sandwich and Little Stour and Ashstone. The Sandwich ward has the most general practices within its boundary.



| 3. Maternity

3.1 Life expectancy at birth

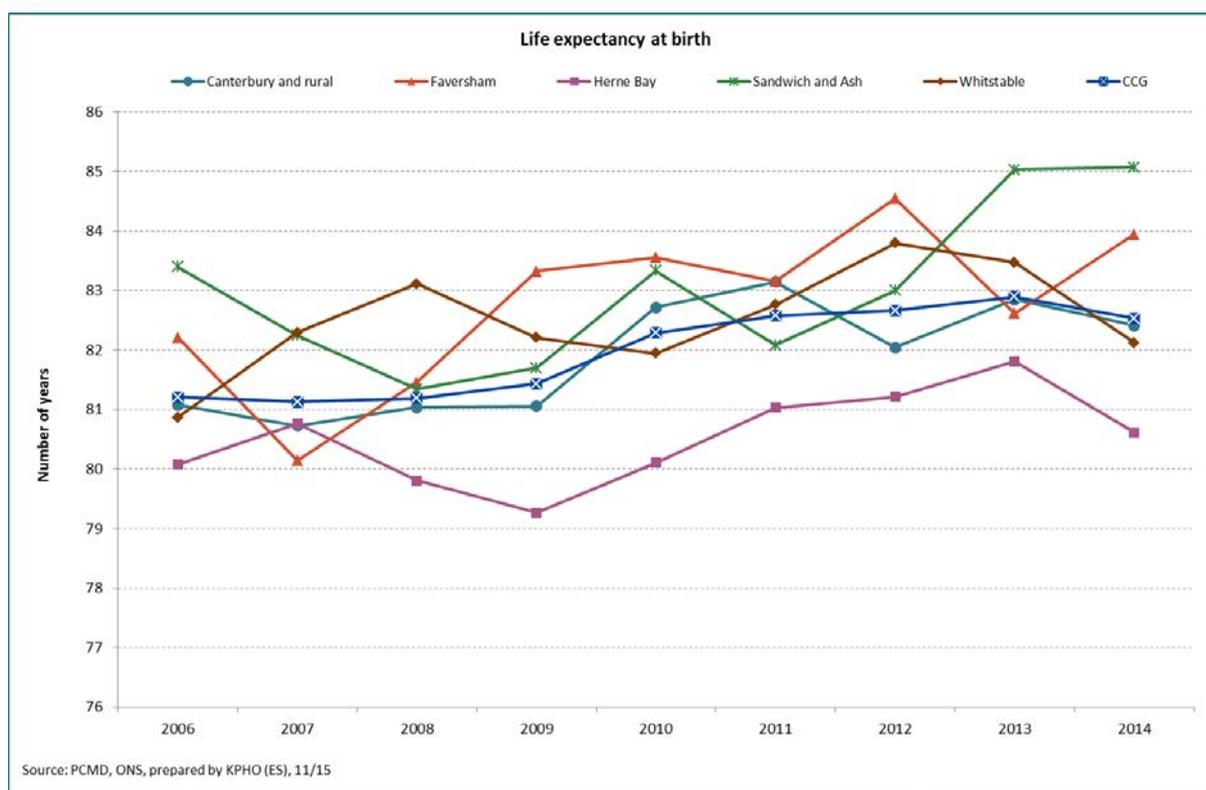
Life expectancy at birth is defined as ‘The average number of years a baby born in a particular area or population can be expected to live if it experiences the current age-specific mortality rates of that particular area or population throughout its life’ by the South East Public Health Observatory.

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, and this is particularly evident in Sandwich and Ash. The highest life expectancy in this network is observed in 2014, at 85.1 years, and the lowest in 2008 at 81.3 years. Life expectancy has increased at a rate of 0.31 years annually in Sandwich and Ash 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 Sandwich and Ash is 82.9 years, slightly higher than the CCG life expectancy of 82.1, but not significantly different. Little Stour and Ashstone has the lowest life expectancy at 82.4 years, and the highest is in Sandwich at 83.2 years. None of the wards have significantly different life expectancies to the CCG.

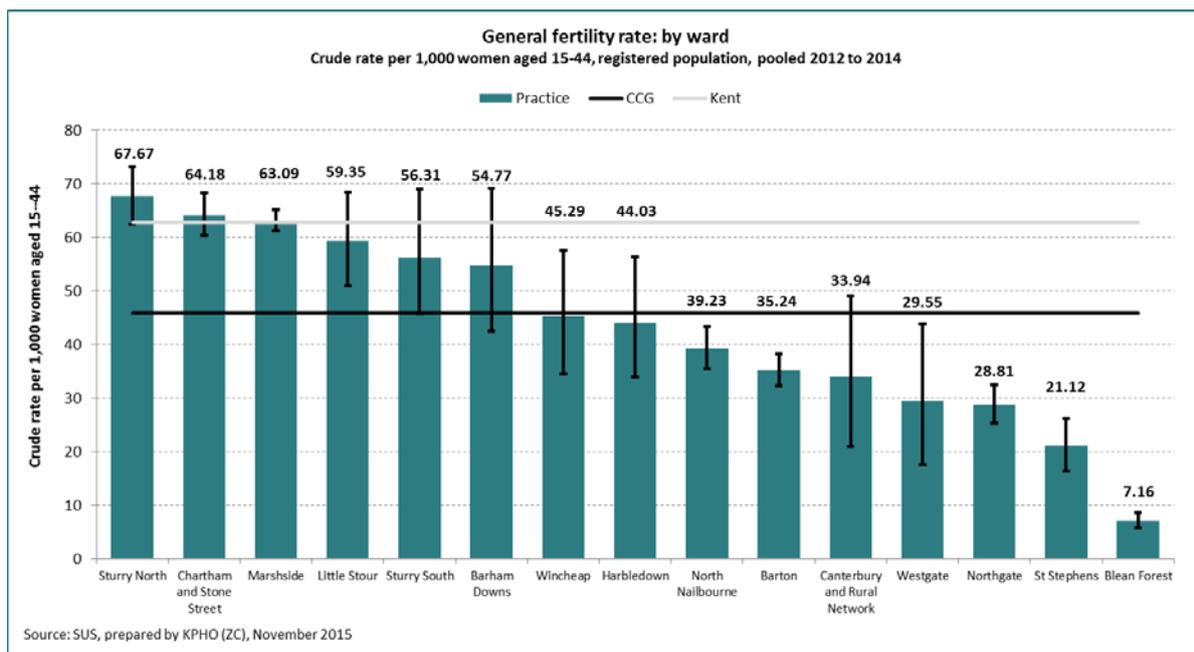
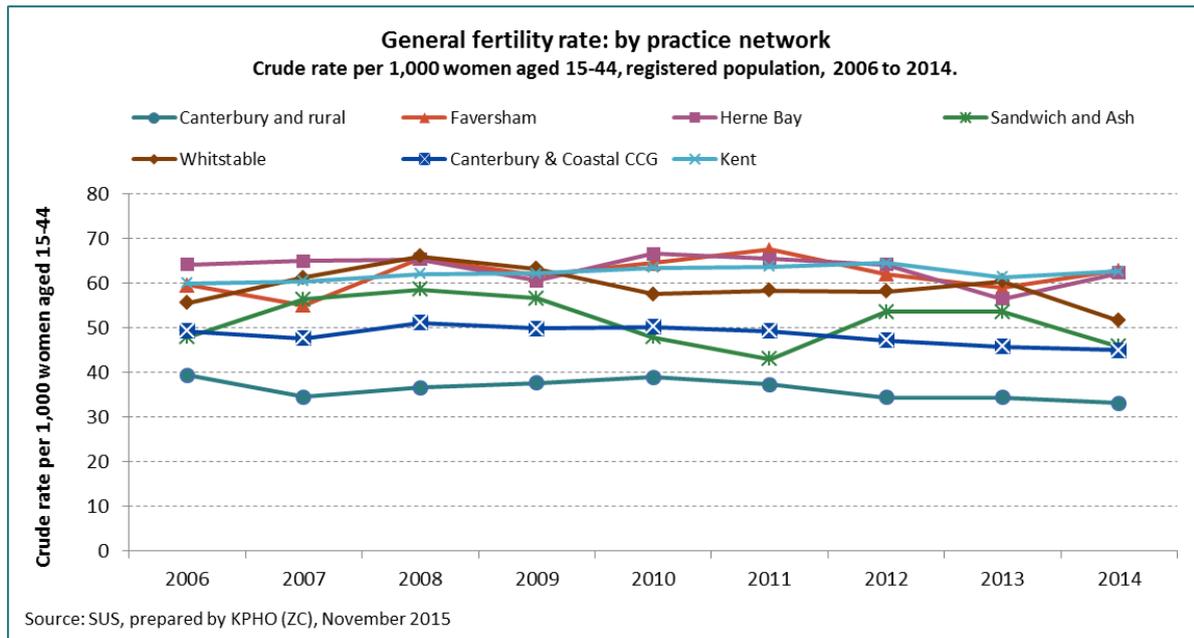
Table 1: Life expectancy at birth (based on 2006 to 2014 data pooled)

Wardname	Life expectancy (years)	Significantly different
Eastry	82.83	no
Little Stour and Ashstone	82.44	no
Sandwich	83.21	no
Sandwich and Ash	82.85	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.

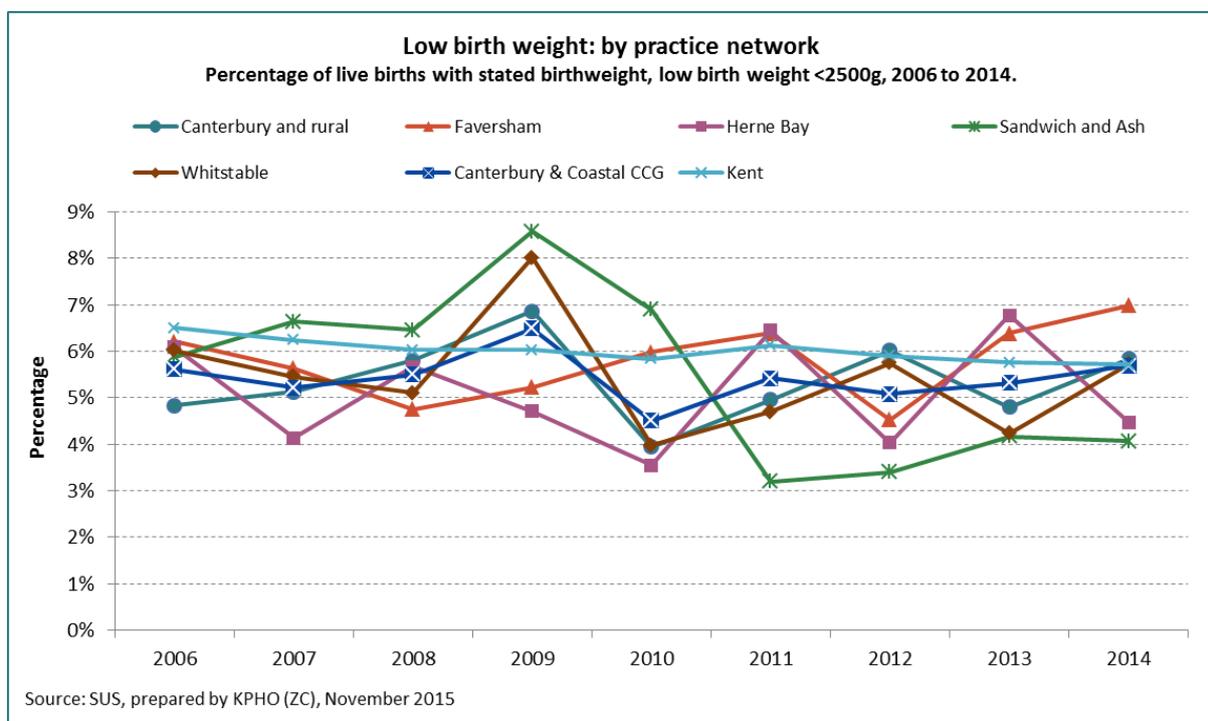
In 2014, there were 17,305 live births in Kent; 123 of these were to women resident within the Sandwich and Ash. In Kent, the general fertility rate within was 59.93 in 2006 and increased to 62.58 in 2014. The Sandwich and Ash, general fertility rate was 47.84 in 2006 and decreased to 45.74 in 2014.



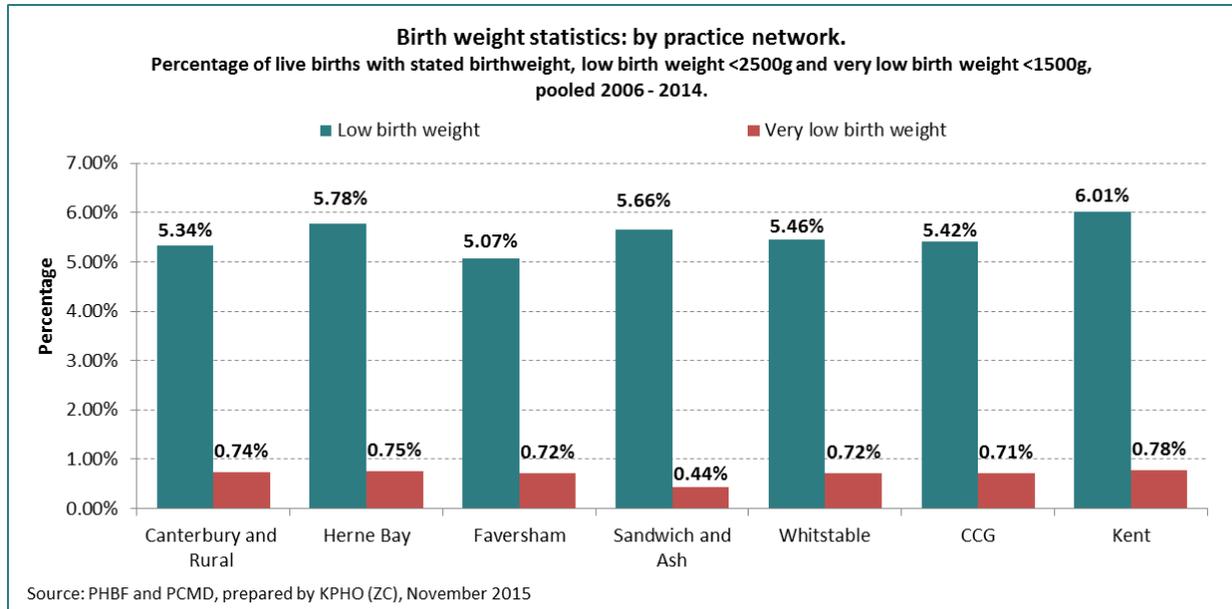
3.3 Low birth weight

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.

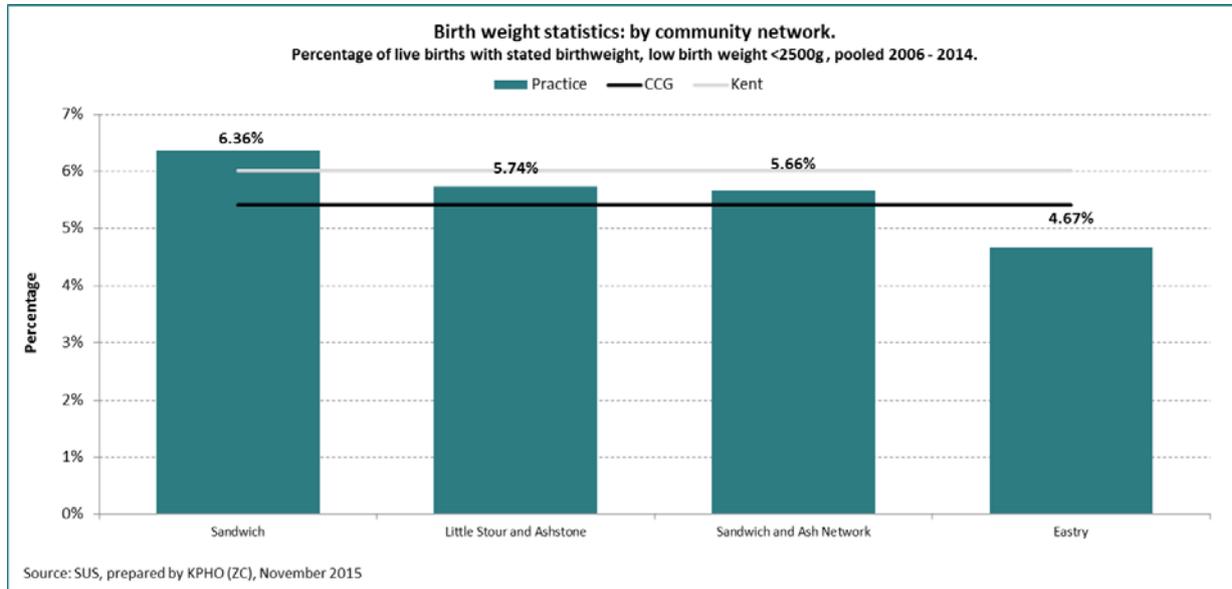
In 2014, there were 989 low birth weight births in Kent; 5 of these were to women resident within the Sandwich and Ash. In Kent, the percentage of low birth weight was 6.5% in 2006 and decreased to 5.7% in 2014. The Sandwich and Ash, percentage was 5.9% in 2006 and decreased to 4.1% in 2014.



For the pooled years 2006-2014, there were 9,275 low birth weight births in Kent; 78 of these were to women resident within the Sandwich and Ash. In Kent, the percentage of low birth weight was 6.01% and very low birth weight was 0.78%. The Sandwich and Ash percentage of low birth weight was 5.66% and very low birth weight was 0.44% in 2014.



For 2006-2014, the practice low birth weight percentages ranged between 6.36% and 4.67%.

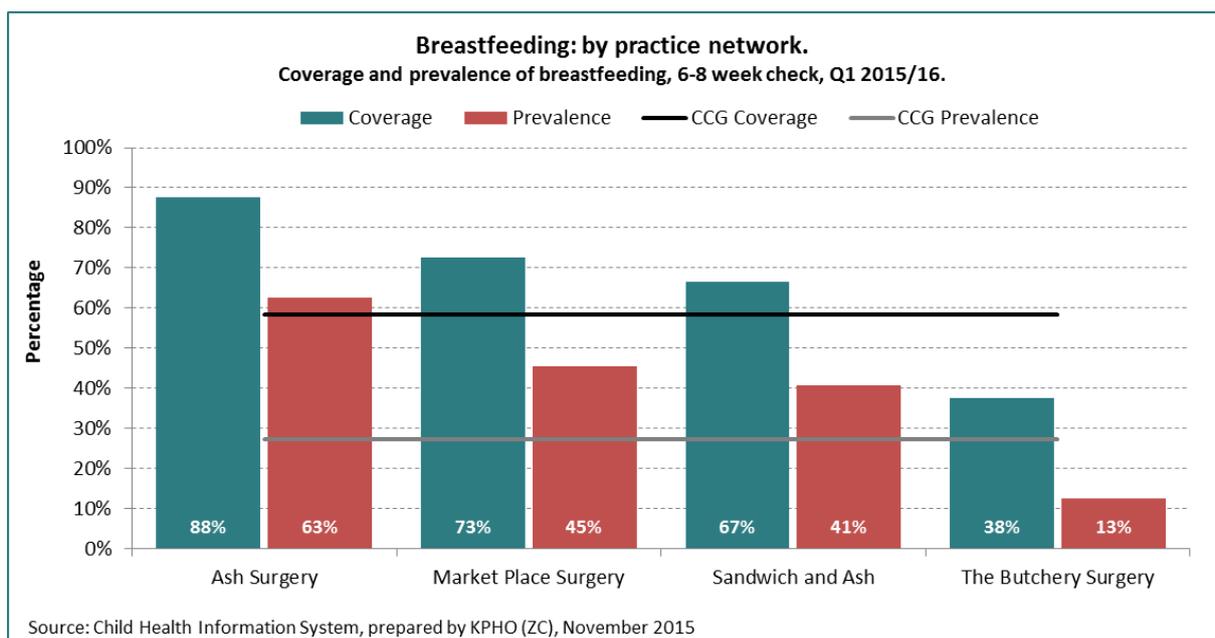
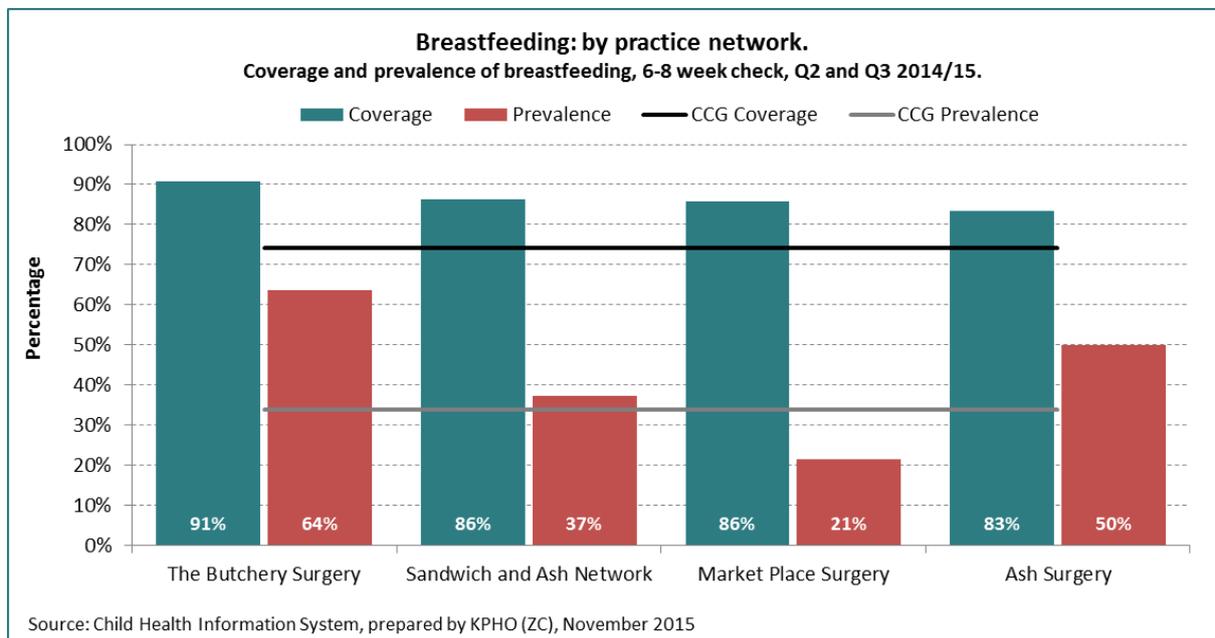


3.4 Infant feeding

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

The CCG coverage was 74% and within Sandwich and Ash practices ranged between 91% and 83% during the mid-part of 2014/15. The coverage for the Sandwich and Ash practices had decreased in the 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.



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; two 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
Market Place Surgery	100.0%	100.0%	100.0%	85.7%	81.0%	85.7%	85.7%	85.7%
Ash Surgery	83.3%	83.3%	83.3%	87.5%	75.0%	87.5%	62.5%	62.5%
The Butchery Surgery	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	91.7%	91.7%
Sandwich and Ash Network	92.9%	92.9%	92.9%	90.2%	82.9%	90.2%	82.9%	82.9%
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%

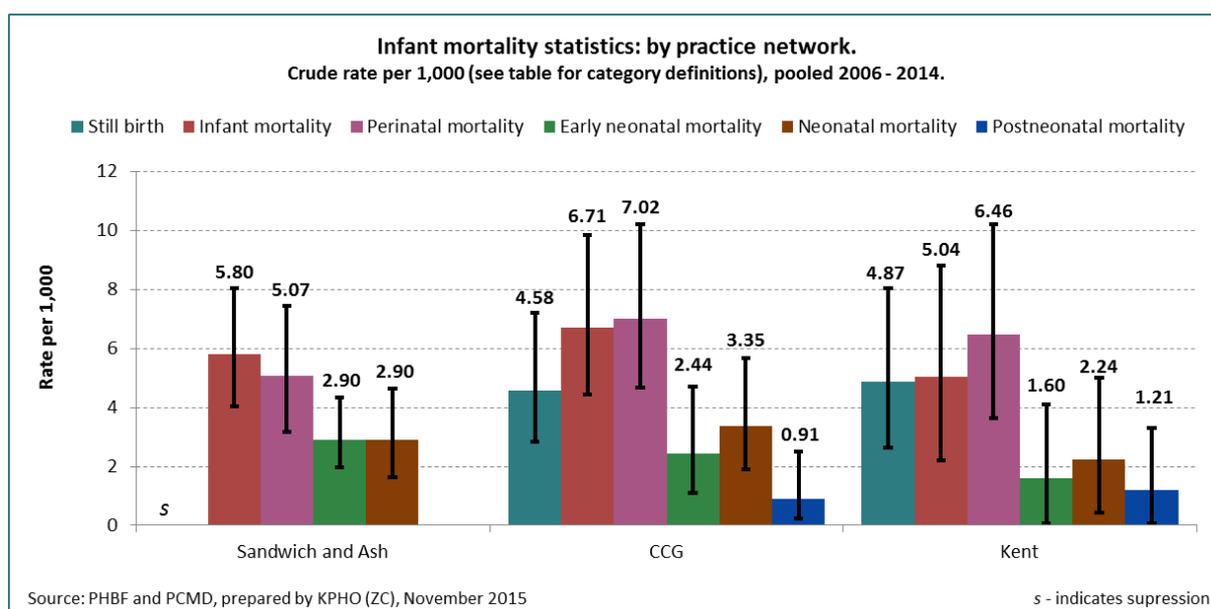
Practice Name	Up to 5th Birthday Primaries						Up to 5th Birthday Boosters			
	DT/Pol	MMR	Hib	MenC	Pertussis	PCV	DTaP/IPV	Hib/MenC	MMR	PCV
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake
Market Place Surgery	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	85.0%	85.0%	90.0%	80.0%
Ash Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	87.5%	100.0%
The Butchery Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sandwich and Ash Network	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	90.2%	92.7%	92.7%	90.2%
CCG	94.9%	93.5%	94.9%	93.7%	94.9%	93.7%	85.1%	93.2%	84.1%	90.9%
Kent	95.2%	93.9%	95.3%	93.5%	95.3%	93.9%	83.3%	92.0%	82.3%	89.2%

3.6 Infant mortality

The following indicators and definitions have been used:

Indicator	Definition
Infant mortality rate	Number of deaths at ages under 1 year, per 1,000 live births.
Perinatal mortality rate	Number of stillbirths plus number of deaths at ages under 7 days, per 1,000 live births and stillbirths.
Early neonatal mortality rate	Number of deaths at ages under 7 days, per 1,000 live births.
Neonatal mortality rate	Number of deaths at ages under 28 days, per 1,000 live births.
Post neonatal mortality	Number of deaths at ages 28 days and over, but under 1 year, per 1,000 live births.
Stillbirth rate	Number of stillbirths per 1,000 live births and stillbirths.

The following chart shows the child mortality statistics for the pooled period 2006-2014. In 2014, there were 755 still births in Kent; <5 of these were to women resident within the Sandwich and Ash. None of the Sandwich and Ash child mortality statistics were significantly different to Kent.

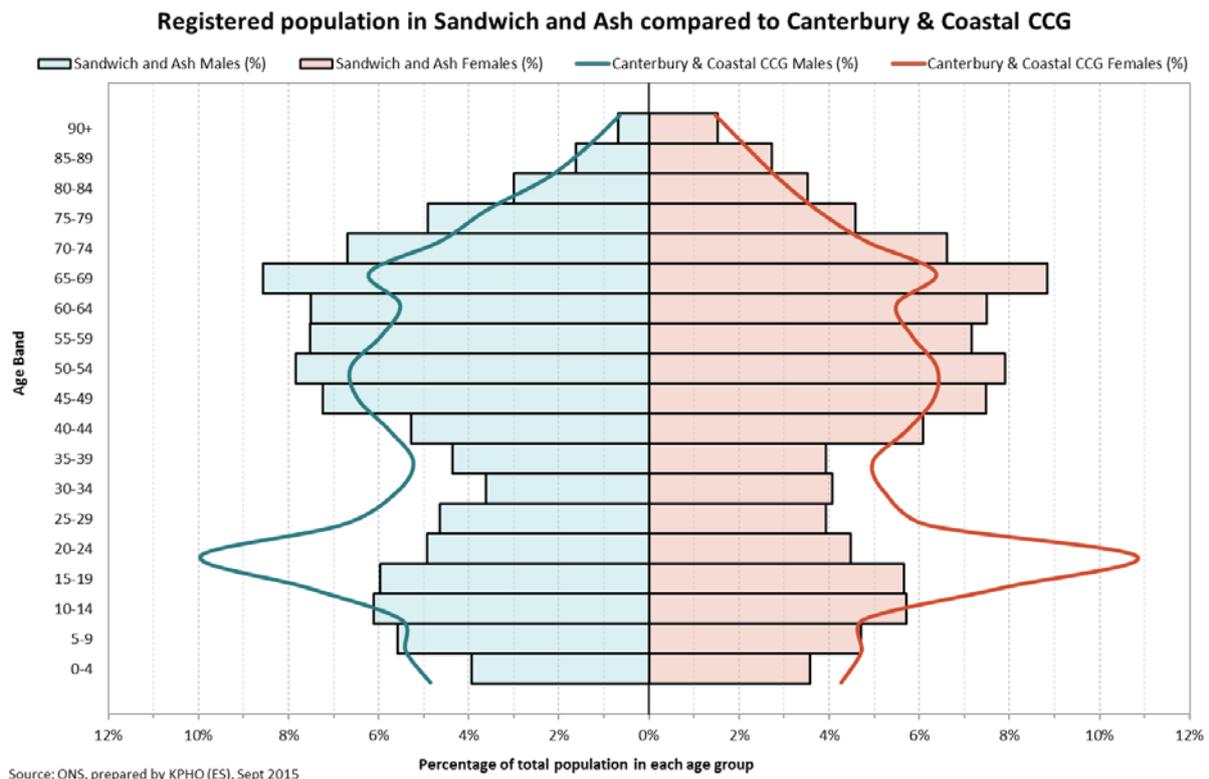


4. Demographic overview

4.1 Practice population

4.1.1 Registered population

The total registered population of Sandwich and Ash community network was 17,318 at September 2015. 48.6% (8,421) of the registered population were male and 51.4% (8,897) female, reflective of the CCG (48.5% male, 51.5% female).



The Sandwich and Ash community network has an older population than Canterbury and Coastal CCG. The CCG has significantly higher proportion of the population in the 15 to 19 to 35 to 39 age bands ($p < 0.001$). The network has significantly higher proportions of the population aged between 45 and 74 ($p < 0.001$).

Table 2: Registered population in Sandwich and Ash community network, September 2015

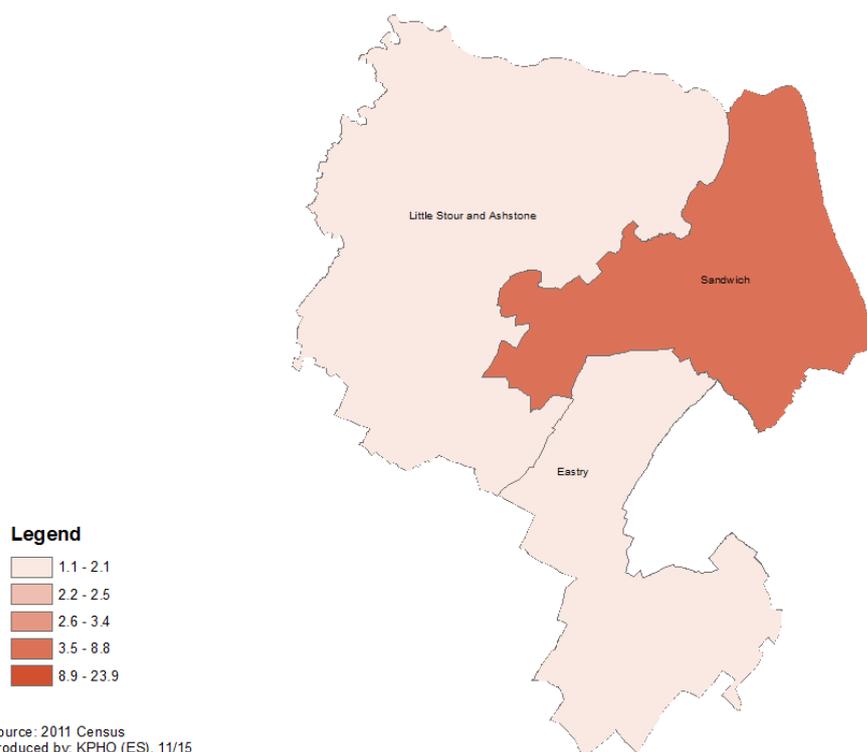
Age band	Males	Females	Persons
0-4	332	318	650
5-9	470	418	888
10-14	515	509	1024
15-19	503	503	1006

20-24	414	399	813
25-29	391	349	740
30-34	305	362	667
35-39	367	349	716
40-44	444	542	986
45-49	609	665	1274
50-54	660	704	1364
55-59	634	638	1272
60-64	632	667	1299
65-69	721	786	1507
70-74	564	589	1153
75-79	413	408	821
80-84	253	314	567
85-89	137	242	379
90+	57	135	192
All ages	8421	8897	17318

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 Sandwich and Ash network at 2.6%, compared to the CCG (5.9%).

Sandwich and Ash community network, percentage of black and ethnic minorities by ward



All wards within Sandwich and Ash have a significantly lower percentage of BME residents in comparison to Canterbury and Coastal CCG (5.8%). Within the Sandwich and Ash community network, 1.1% (214) of the population are Asian / Asian British, 1.0% (195) are of mixed ethnicity, and 0.2% are of Black African / Caribbean / Black British descent (47) and other ethnic background (38).

Table 3: Black and ethnic minority population

Ward	Percentage BME	Significantly different
Reculver	1.9	lower
Sandwich	3.6	lower
Little Stour and Ashstone	2.0	lower
CCG	5.8	-

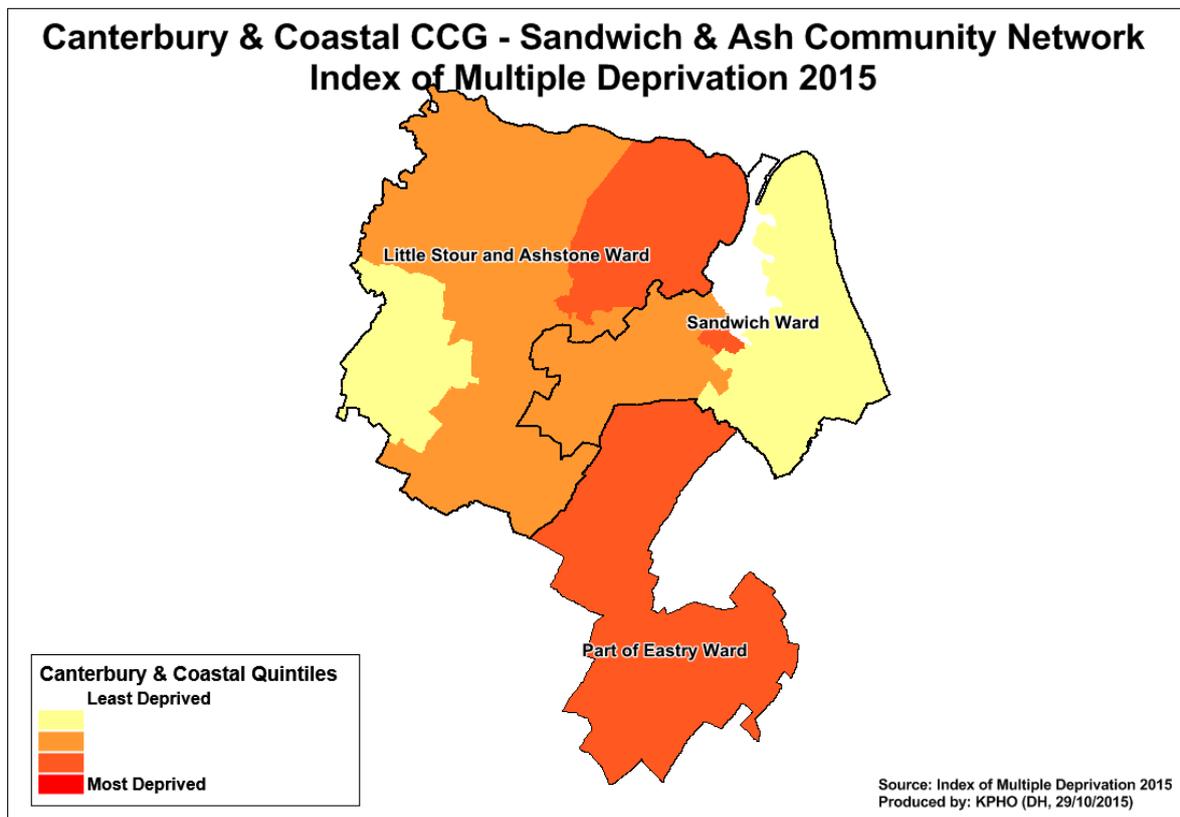
5. Socio-economic profile

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.

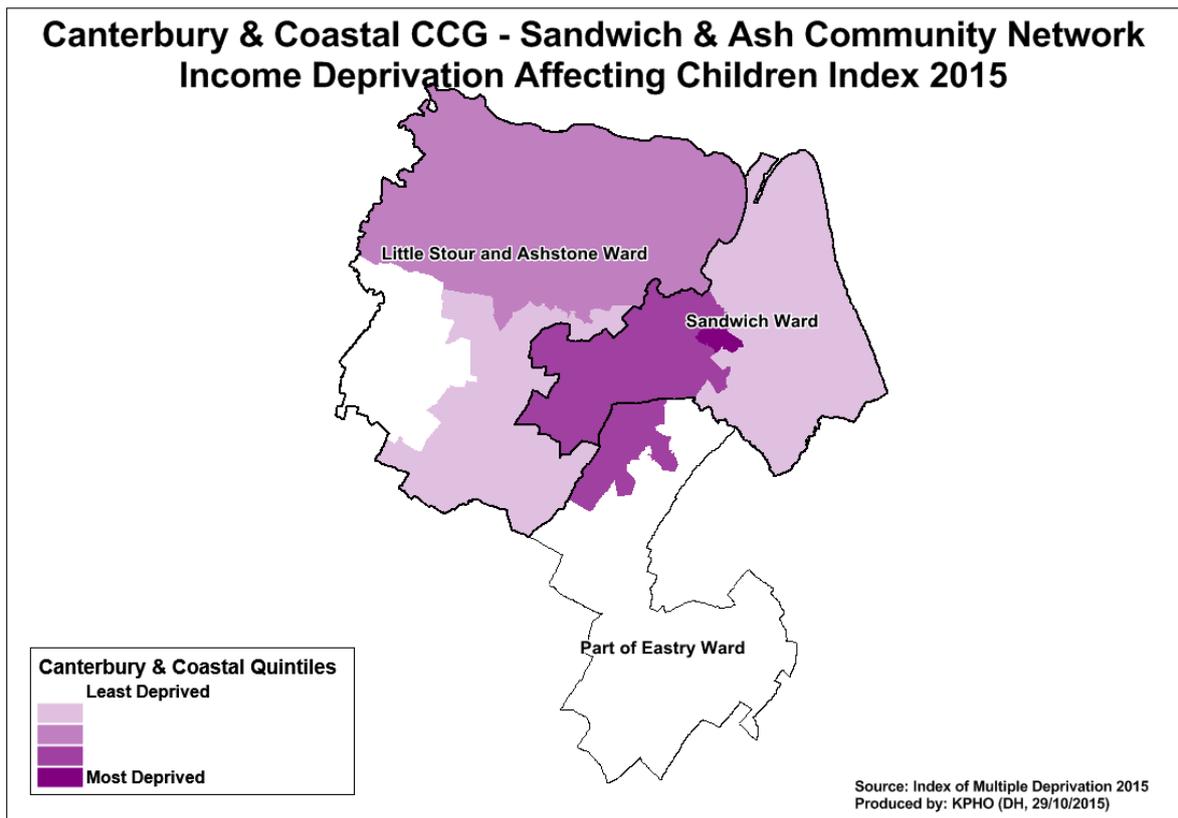
The map below shows relative deprivation for the Sandwich & Ash community network. The map below shows that there are no areas locally that fall into the most deprived quintile across the CCG. Eastry, a small part at the centre of Sandwich and the rural area to the north of Sandwich are all within the second most deprived quintiles.



5.1.2 Income Deprivation Affecting Children Index 2015

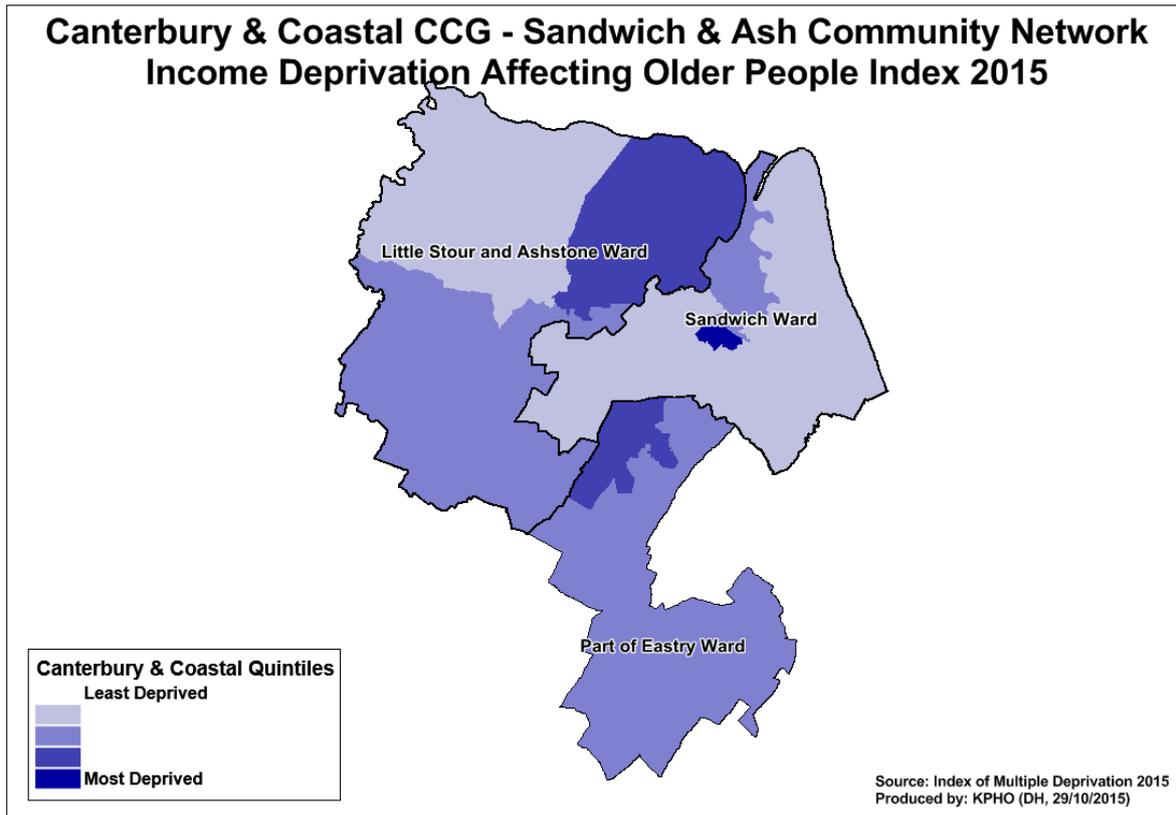
The Income Deprivation Affecting Children Index (IDACI) is derived from the Income domain within the overall Indices of Deprivation and is used as a 'child poverty' measure. A small area near to the centre of Sandwich falls within the most deprived quintile locally, whilst the area to the west of Sandwich and on towards Ash are within the second most deprived areas. Approximately 25% of the children living in the small area of Sandwich are living in

income deprived households.



5.1.3 Income Deprivation Affecting Older People Index 2015

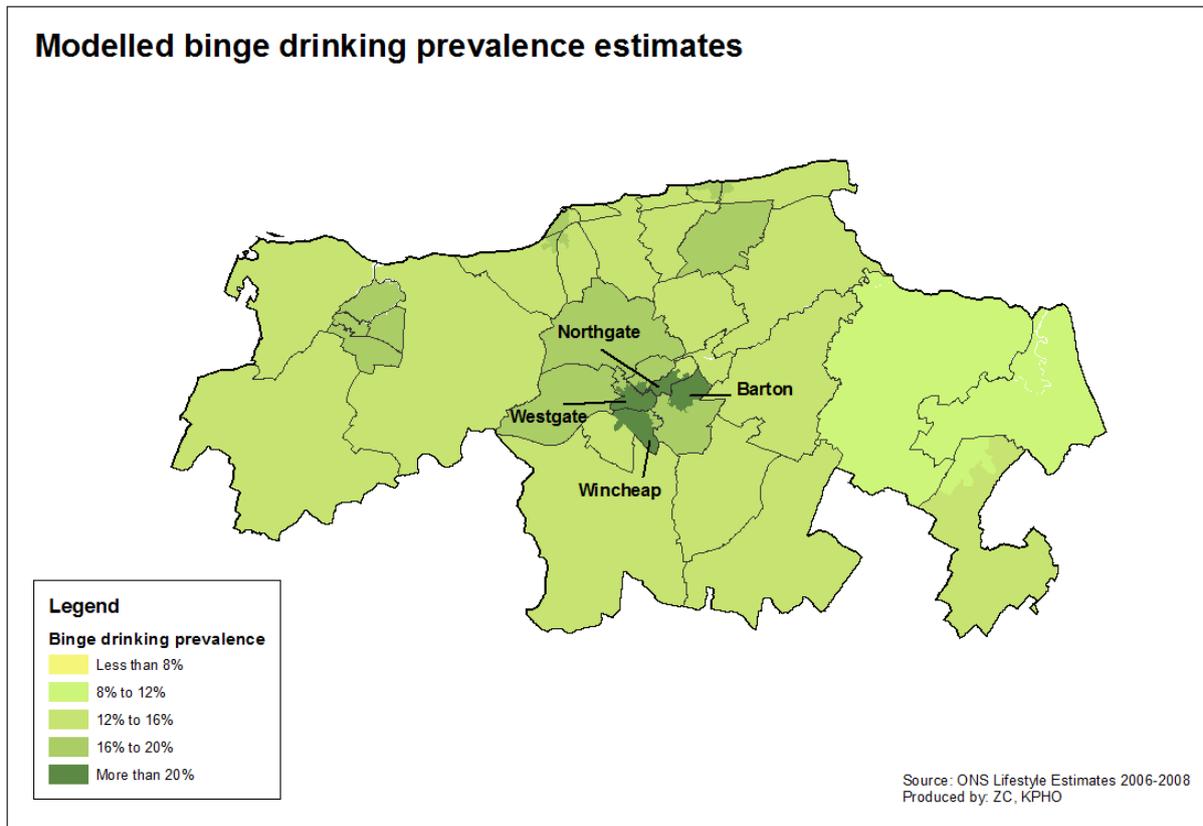
The Income Deprivation Affecting Older People Index (IDAOP) is also derived from the Income domain within the overall Indices of Deprivation and is used as an 'older people poverty' measure. The worst area for older people poverty in the Sandwich & Ash community network is one small area near the centre of Sandwich. Approximately 24% of the older people living there are living in income deprived households.



6. Lifestyle

6.1 Alcohol

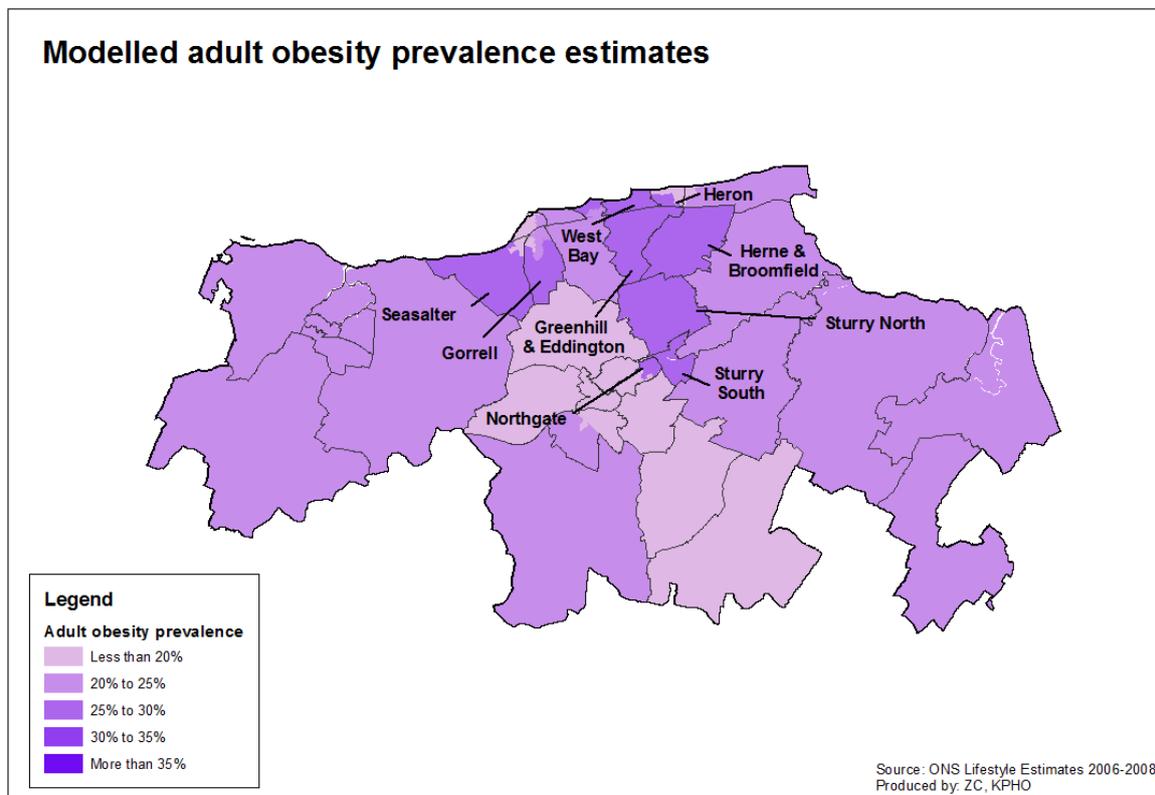
6.1.1 Modelled Binge Drinking Estimates



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

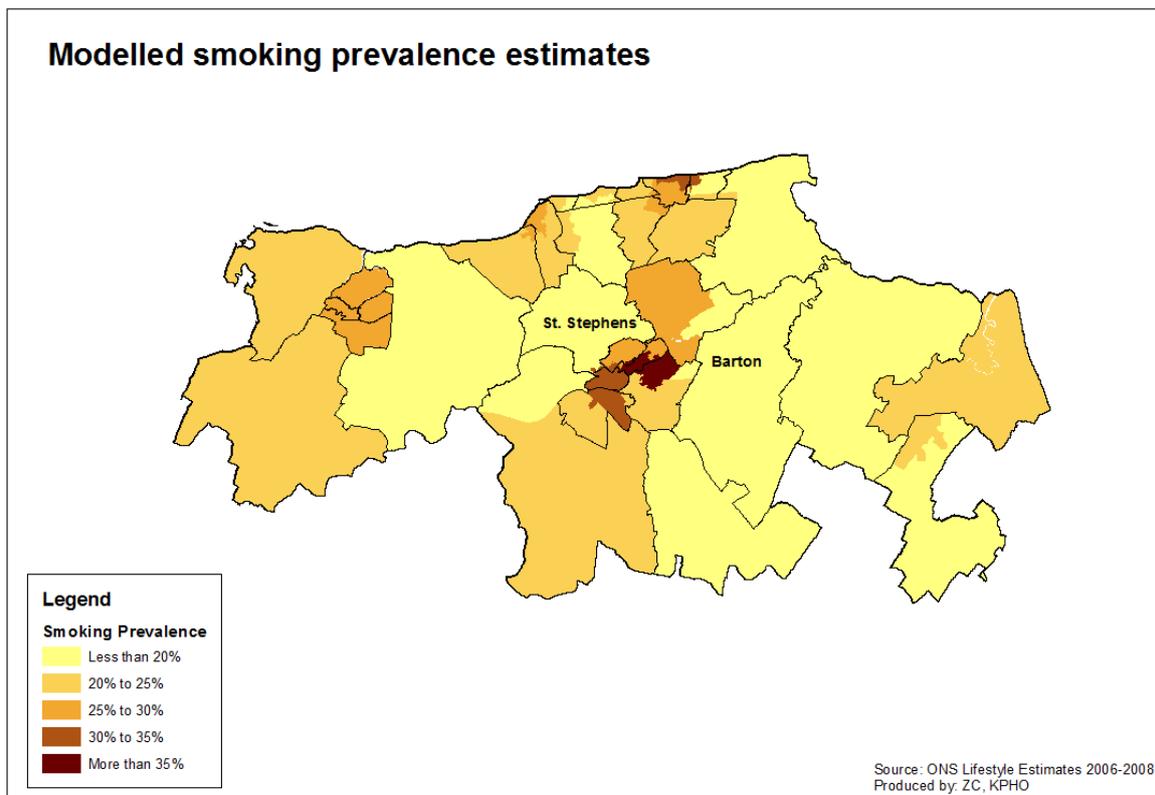
6.2.1 Modelled Adult Obesity Estimates



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.

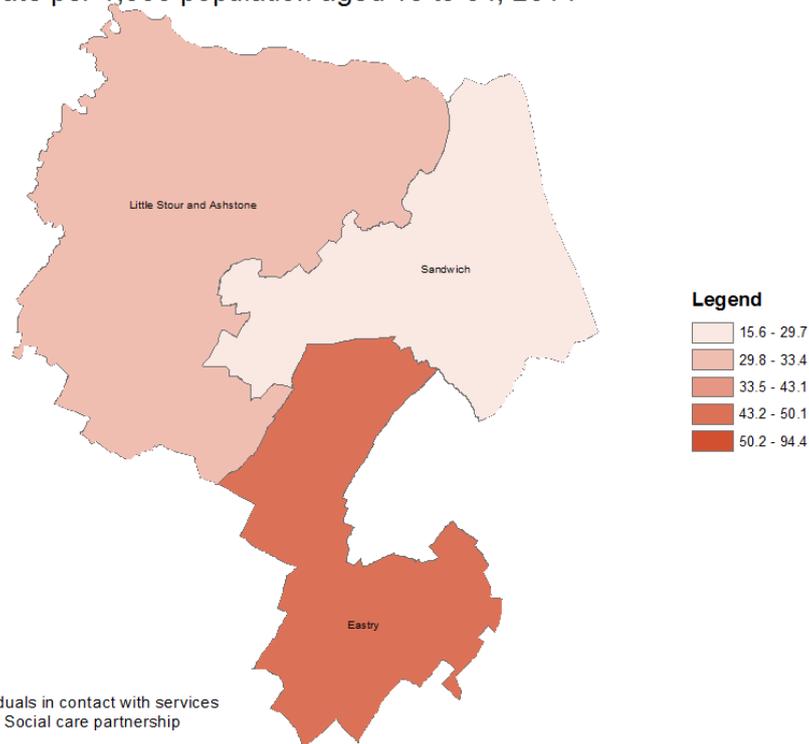
7. Mental Health

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

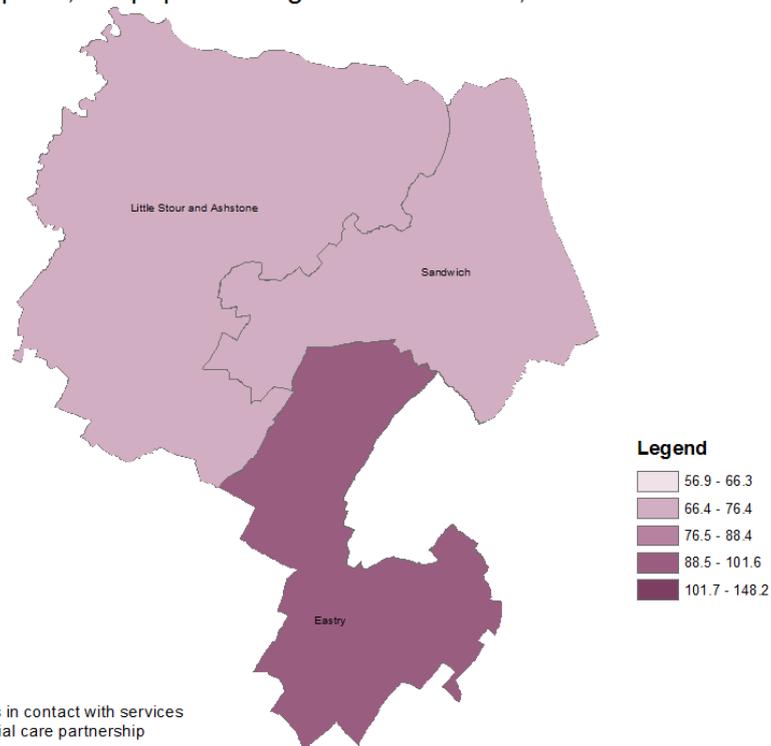
Contact rates* for mental illness,
rate per 1,000 population aged 15 to 64, 2014



Little Stour and Ashbourne (29.8) and Sandwich (27.7) ward have significantly lower mental health contact rates than Canterbury and Coastal CCG (43.8) and Kent (41.0), as does Sandwich and Ash community network (33.7).

7.1.1 Mental health contacts: age 65 and above

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



None of the wards in Sandwich and Ash community network have rates significantly different to either Kent, or the CCG. Sandwich and Ash (78.8) has a higher mental health contact rate than Kent (73.2), but a lower rate in comparison to Canterbury and Coastal CCG (88.8).

| 8. Quality outcomes framework

8.1 Recorded prevalence

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

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

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

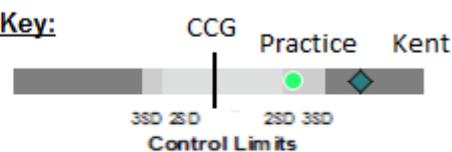
- Obesity – 16 years and over practice population.
- Diabetes – 17 years and over practice population.
- Chronic kidney disease – 18 years and over practice population
- Epilepsy - 18 years and over practice population

The practice population list sizes will be referred to below.

Key:

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

Key:



Limitations

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

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

8.1.1 Sandwich and Ash community network

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

Table 4

Age	Sandwich and Ash
All age	17855
16+	15020
17+	14778
18+	14557

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

- Atrial fibrillation
- Cancer
- Coronary heart disease
- Chronic kidney disease
- COPD
- Diabetes
- Hypertension
- Learning disability
- Obesity

Indicator	Sandwich and Ash		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	440	2.5	2.1	0.2		2.8	1.9
Asthma	1054	5.9	5.8	3.1		7.0	5.6
Cancer	660	3.7	2.7	0.3		4.2	2.5
Coronary heart disease	686	3.8	3.3	0.2		4.8	3.1
Chronic kidney disease	920	6.3	4.8	0.2		7.0	5.1
COPD	409	2.3	1.8	0.1		3.1	1.9
Dementia	143	0.8	0.9	0.0		1.5	0.8
Diabetes	1044	7.1	5.9	0.7		8.4	6.2
Epilepsy	132	0.9	0.8	0.2		1.4	0.8
Heart failure	112	0.6	0.6	0.0		1.1	0.6
Hypertension	3183	17.8	14.0	1.4		21.7	14.6
Learning disability	122	0.7	0.4	0.0		1.4	0.4
Mental health	138	0.8	0.9	0.6		1.6	0.8
Obesity	1300	8.7	7.8	2.7		16.7	8.9
Palliative care	26	0.1	0.1	0.0		0.3	0.2
Stroke	364	2.0	1.9	0.2		2.9	1.8

8.1.2 G82138 Ash Surgery

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

Table 5

Age	G82138
All age	4882
16+	4118
17+	4061
18+	4009

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

- Asthma
- Cancer
- Chronic kidney disease
- Diabetes
- Hypertension
- Learning disability

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

- Mental health
- Obesity

Indicator	G82138- Ash surgery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	122	2.5	2.1	0.2		2.8	1.9
Asthma	340	7.0	5.8	3.1		7.0	5.6
Cancer	205	4.2	2.7	0.3		4.2	2.5
Coronary heart disease	170	3.5	3.3	0.2		4.8	3.1
Chronic kidney disease	280	7.0	4.8	0.2		7.0	5.1
COPD	99	2.0	1.8	0.1		3.1	1.9
Dementia	43	0.9	0.9	0.0		1.5	0.8
Diabetes	306	7.5	5.9	0.7		8.4	6.2
Epilepsy	35	0.9	0.8	0.2		1.4	0.8
Heart failure	31	0.6	0.6	0.0		1.1	0.6
Hypertension	848	17.4	14.0	1.4		21.7	14.6
Learning disability	46	0.9	0.4	0.0		1.4	0.4
Mental health	30	0.6	0.9	0.6		1.6	0.8
Obesity	280	6.8	7.8	2.7		16.7	8.9
Palliative care	4	0.1	0.1	0.0		0.3	0.2
Stroke	95	1.9	1.9	0.2		2.9	1.8

8.1.3 G82148 The Butchery

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

Table 6

Age	G82148
All age	4418
16+	3712
17+	3642
18+	3583

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

- Cancer
- Chronic kidney disease
- COPD
- Diabetes
- Hypertension
- Obesity

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

- Dementia
- Learning disability

Indicator	G82148- The Butchery		CCG				Kent prevalence
	Register count	Prevalence	Prevalence	CCG lowest	CCG	CCG highest	
Atrial fibrillation	93	2.1	2.1	0.2		2.8	1.9
Asthma	261	5.9	5.8	3.1		7.0	5.6
Cancer	145	3.3	2.7	0.3		4.2	2.5
Coronary heart disease	153	3.5	3.3	0.2		4.8	3.1
Chronic kidney disease	203	5.7	4.8	0.2		7.0	5.1
COPD	80	1.8	1.8	0.1		3.1	1.9
Dementia	28	0.6	0.9	0.0		1.5	0.8
Diabetes	266	7.3	5.9	0.7		8.4	6.2
Epilepsy	30	0.8	0.8	0.2		1.4	0.8
Heart failure	24	0.5	0.6	0.0		1.1	0.6
Hypertension	826	18.7	14.0	1.4		21.7	14.6
Learning disability	7	0.2	0.4	0.0		1.4	0.4
Mental health	42	1.0	0.9	0.6		1.6	0.8
Obesity	350	9.4	7.8	2.7		16.7	8.9
Palliative care	3	0.1	0.1	0.0		0.3	0.2
Stroke	102	2.3	1.9	0.2		2.9	1.8

8.1.4 G82063 The market place surgery

For the purposes of the 2014/15 QOF data, the market place surgery network had the following population:

Table 7

Age	G82063
All age	8555
16+	7191
17+	7074
18+	6966

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

- Atrial fibrillation
- Cancer
- Coronary heart disease
- Chronic kidney disease
- COPD
- Diabetes
- Hypertension
- Learning disability
- Obesity

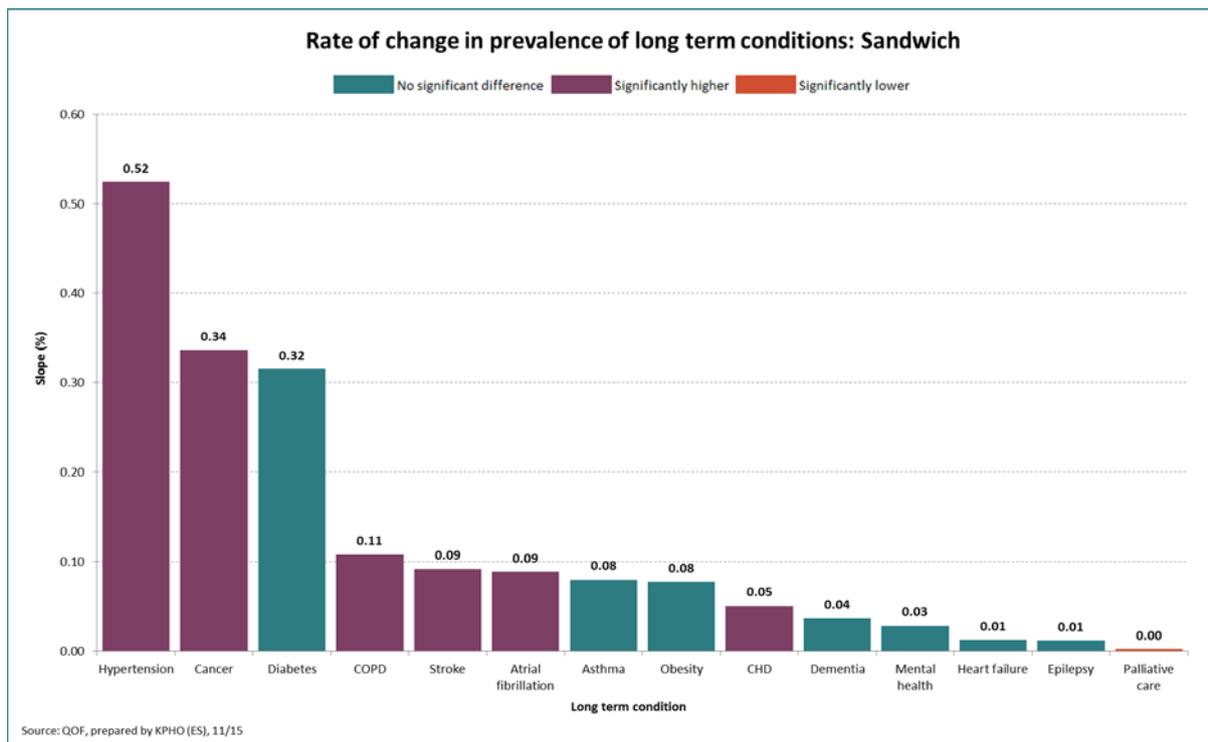
Indicator	G82063 - The market place surgery		Prevalence	CCG lowest	CCG		CCG highest	Kent prevalence
	Register count	Prevalence			CCG	CCG		
Atrial fibrillation	225	2.6	2.1	0.2			2.8	1.9
Asthma	453	5.3	5.8	3.1			7.0	5.6
Cancer	310	3.6	2.7	0.3			4.2	2.5
Coronary heart disease	363	4.2	3.3	0.2			4.8	3.1
Chronic kidney disease	437	6.3	4.8	0.2			7.0	5.1
COPD	230	2.7	1.8	0.1			3.1	1.9
Dementia	72	0.8	0.9	0.0			1.5	0.8
Diabetes	472	6.7	5.9	0.7			8.4	6.2
Epilepsy	67	1.0	0.8	0.2			1.4	0.8
Heart failure	57	0.7	0.6	0.0			1.1	0.6
Hypertension	1509	17.6	14.0	1.4			21.7	14.6
Learning disability	69	0.8	0.4	0.0			1.4	0.4
Mental health	66	0.8	0.9	0.6			1.6	0.8
Obesity	670	9.3	7.8	2.7			16.7	8.9
Palliative care	19	0.2	0.1	0.0			0.3	0.2
Stroke	167	2.0	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.

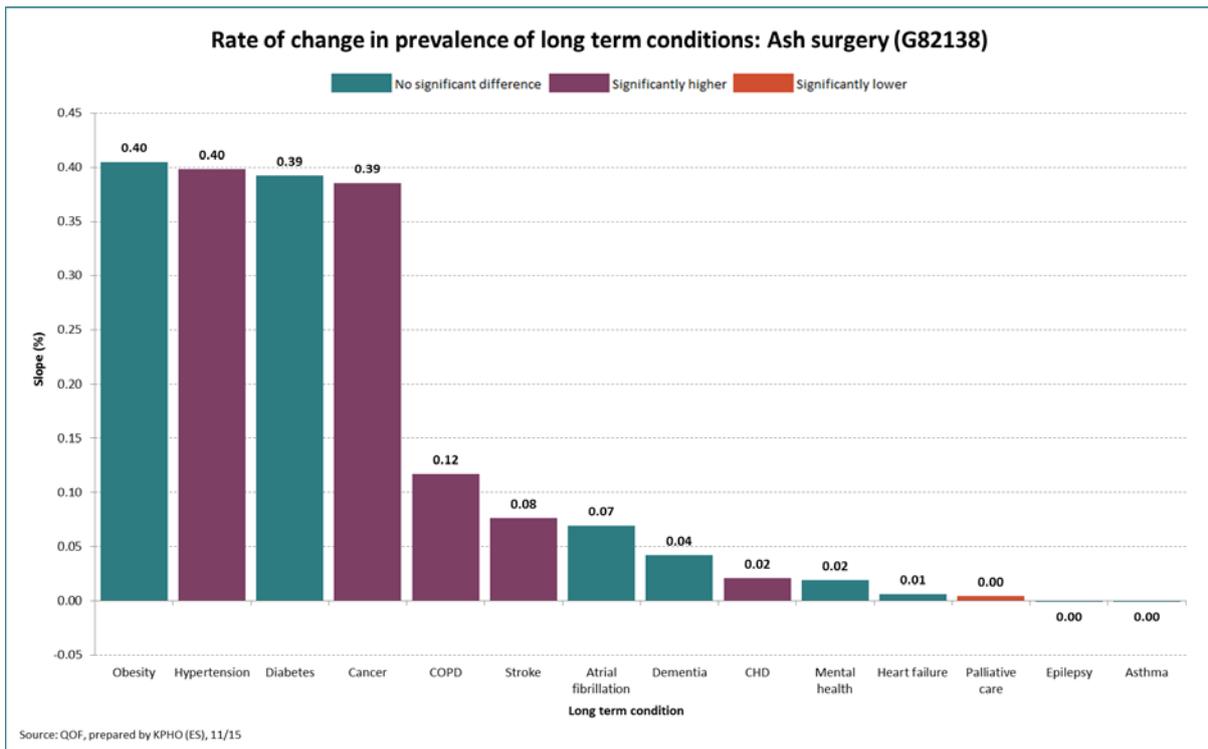
8.2.1 Sandwich and Ash community network

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



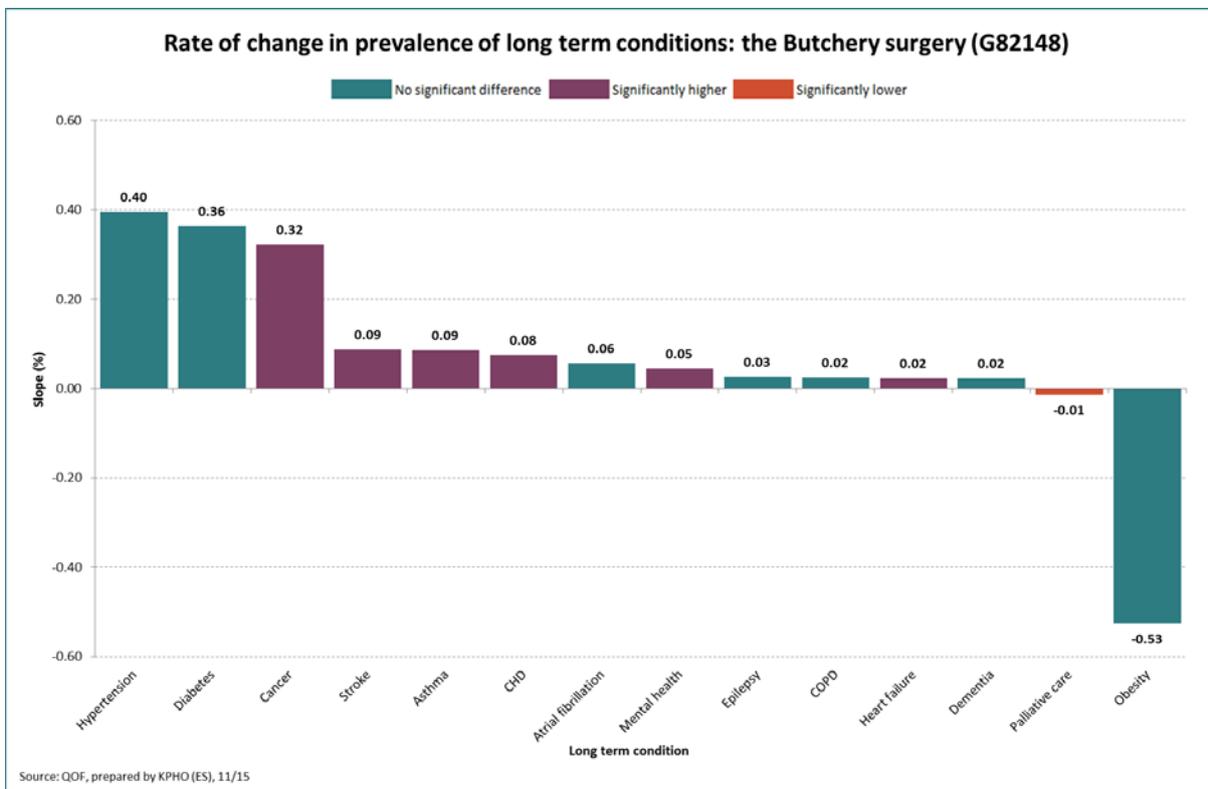
8.2.2 G82138 Ash Surgery

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



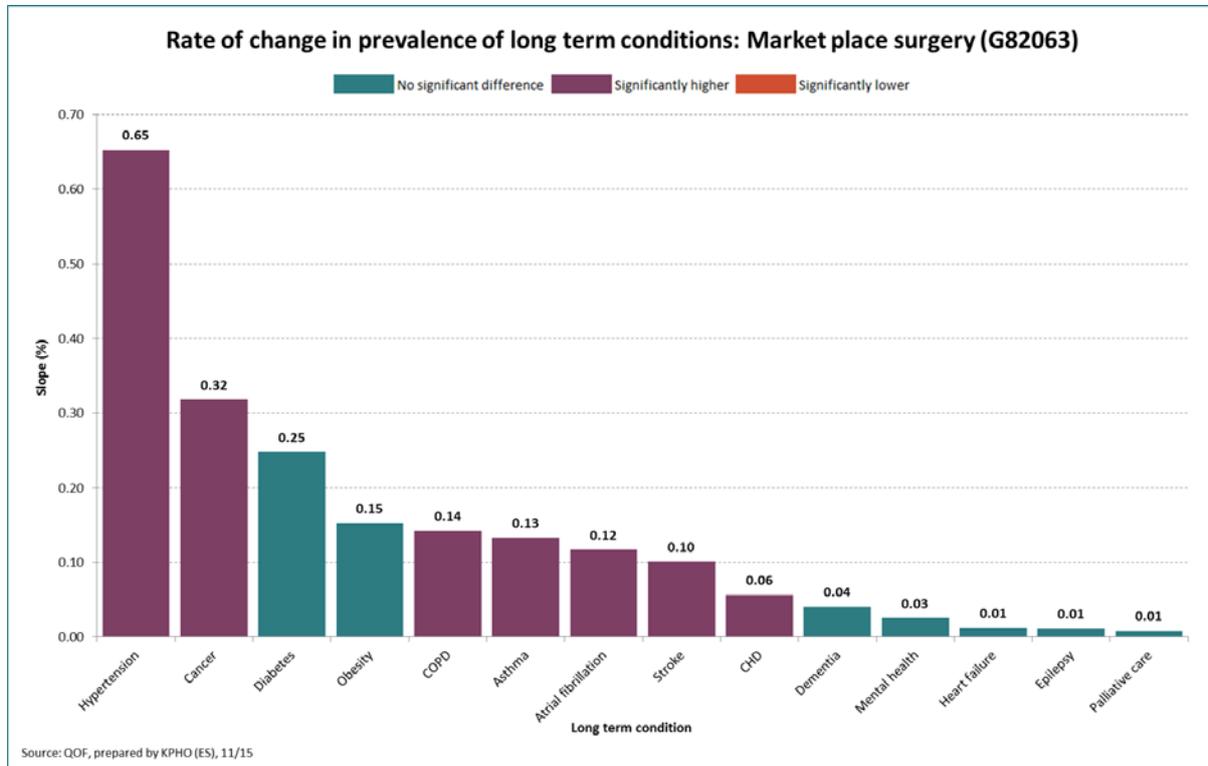
8.2.3 G82148 The Butchery

The annual rate of change observed in prevalence of cancer, stroke, asthma, 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 G82063 The Market place surgery

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

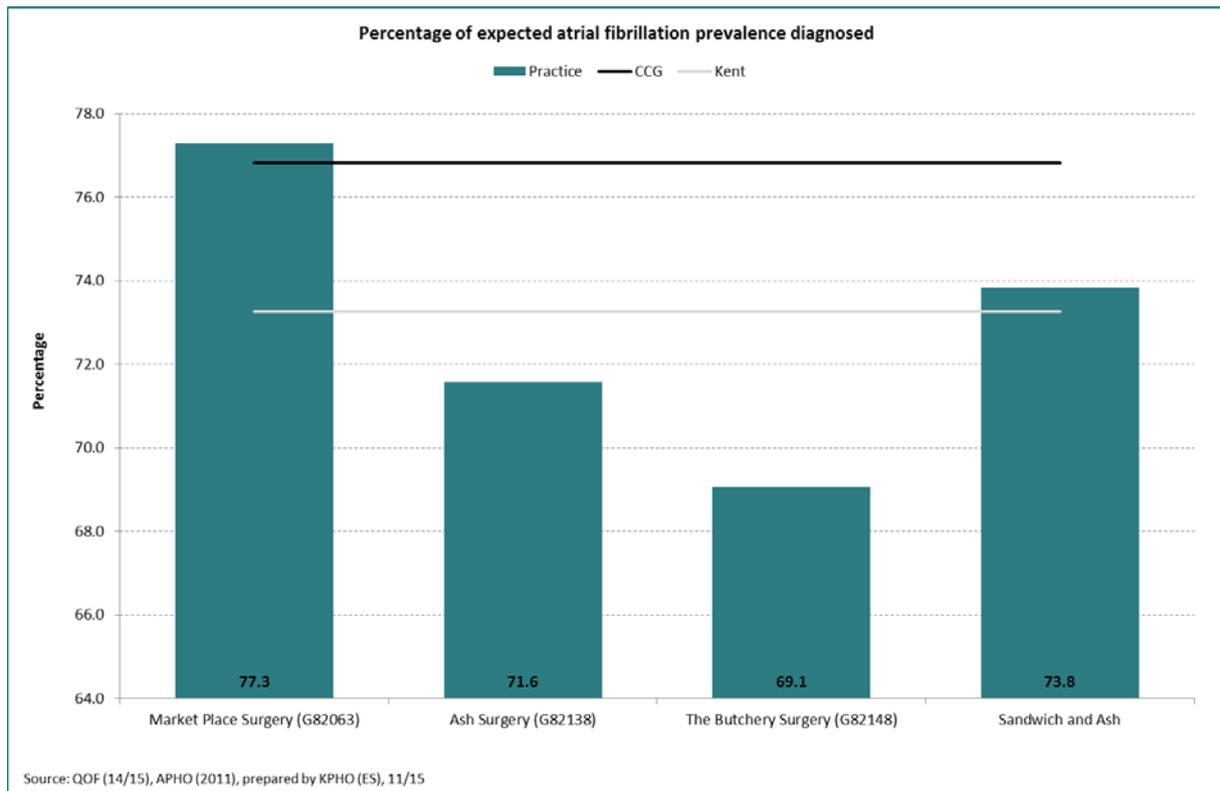


8.3 Recorded and expected prevalence

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:

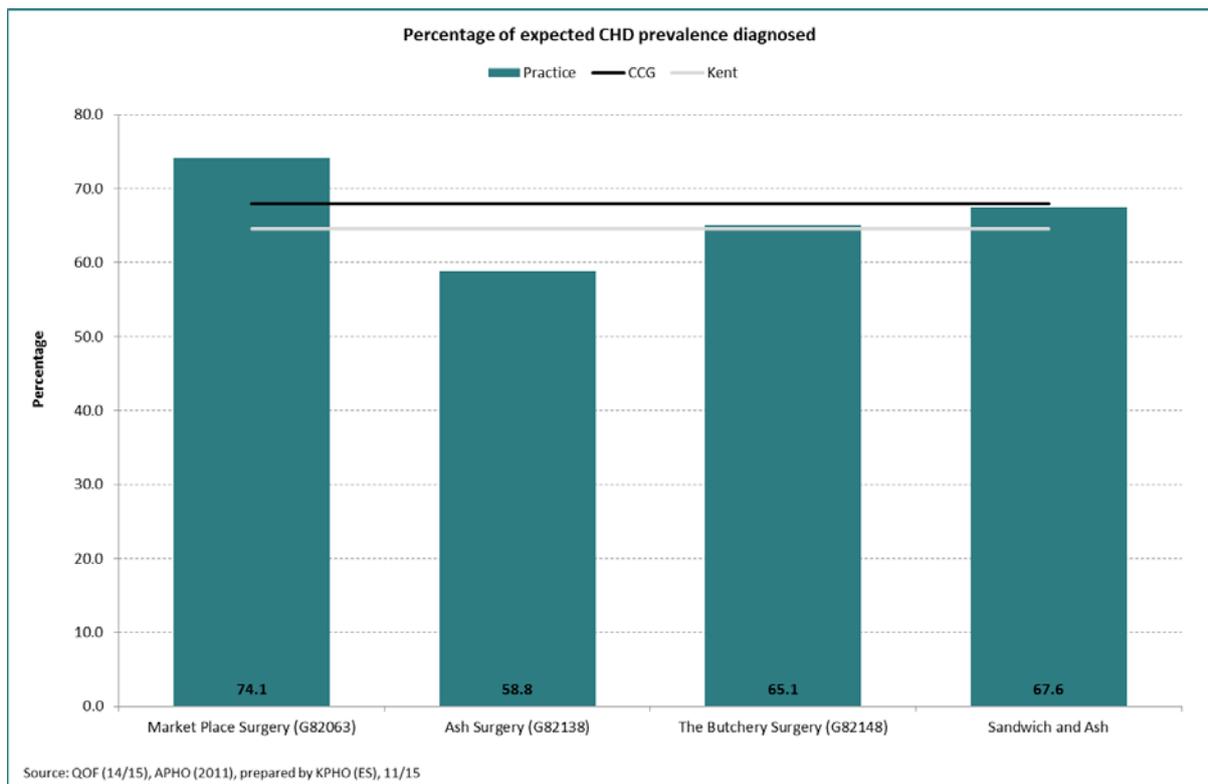
- Atrial fibrillation (2015, source: Public Health England)
- Coronary heart disease (2011, source: APHO)
- Hypertension (2011, source: APHO)
- Stroke (2011, source: APHO)
- COPD (2011, source: APHO)
- Dementia (2012, source: Primary Care Web Tool)

8.3.1 Atrial fibrillation



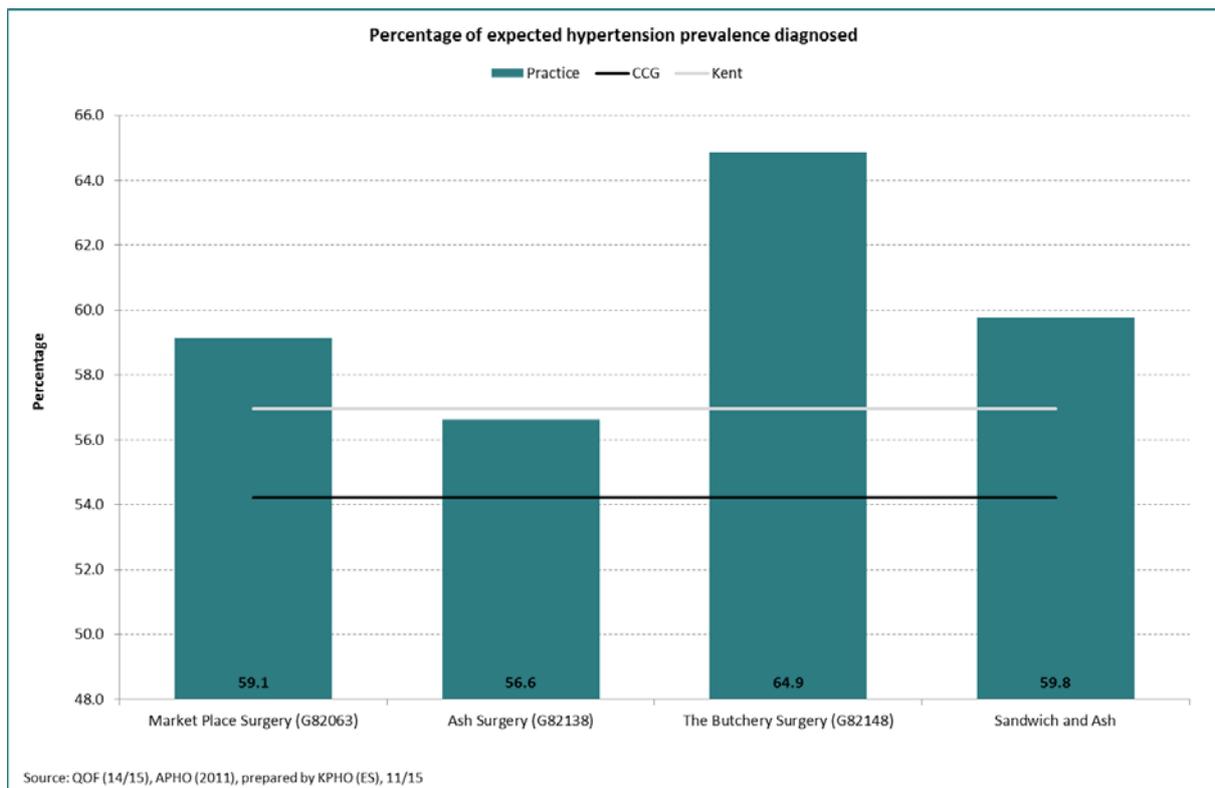
As a network, Sandwich and Ash has identified 73.8% of the expected number of atrial fibrillation cases, slightly lower than the CCG (76.8%) percentage, but similar to the Kent (73.3%) percentage. Within the network, the percentage of cases detected ranges from 69.1% (The Butchery surgery) to 77.3% at the Market Place 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



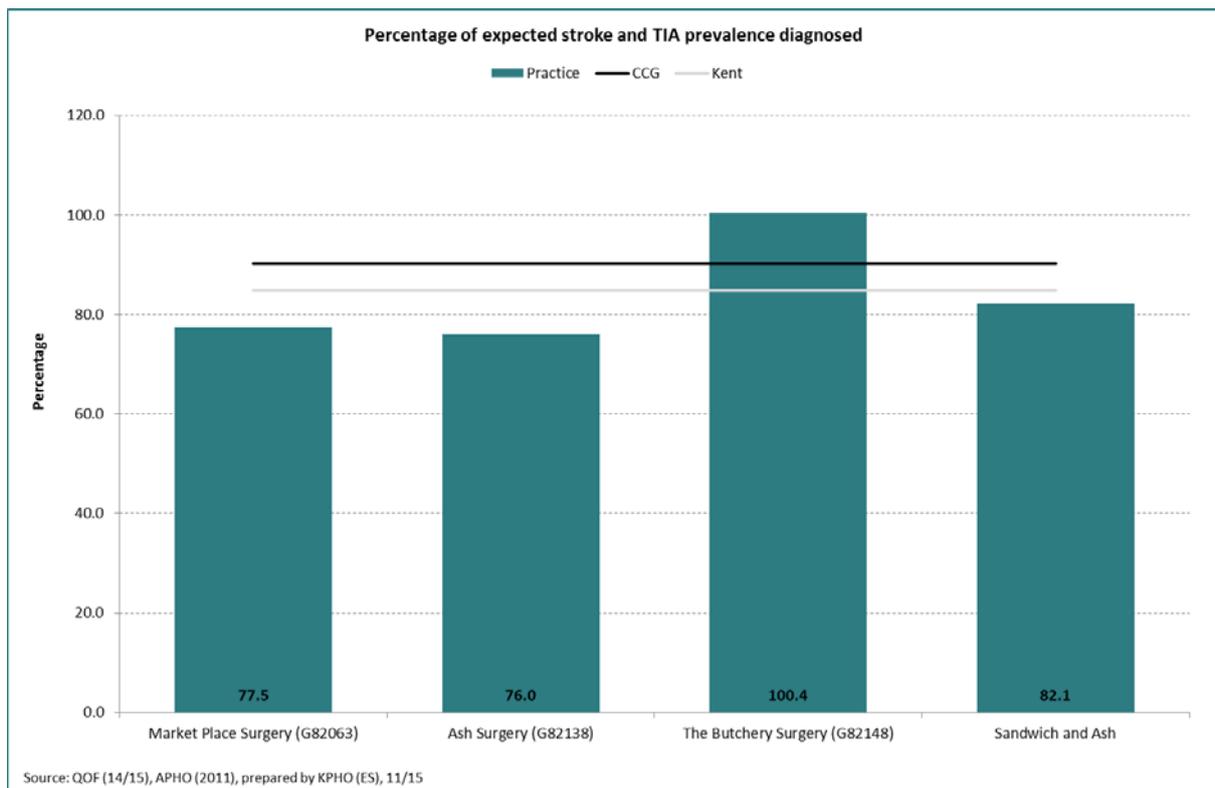
67.6% of the expected number of CHD patients have been identified in Sandwich and Ash network, marginally lower than the CCG percentage (67.9%), but higher than the Kent percentage (64.5%). Ash surgery has identified the lowest percentage of cases (58.8%), whilst Market Place surgery has the highest percentage of diagnosed cases within the network, at 74.1%.

8.3.3 Hypertension



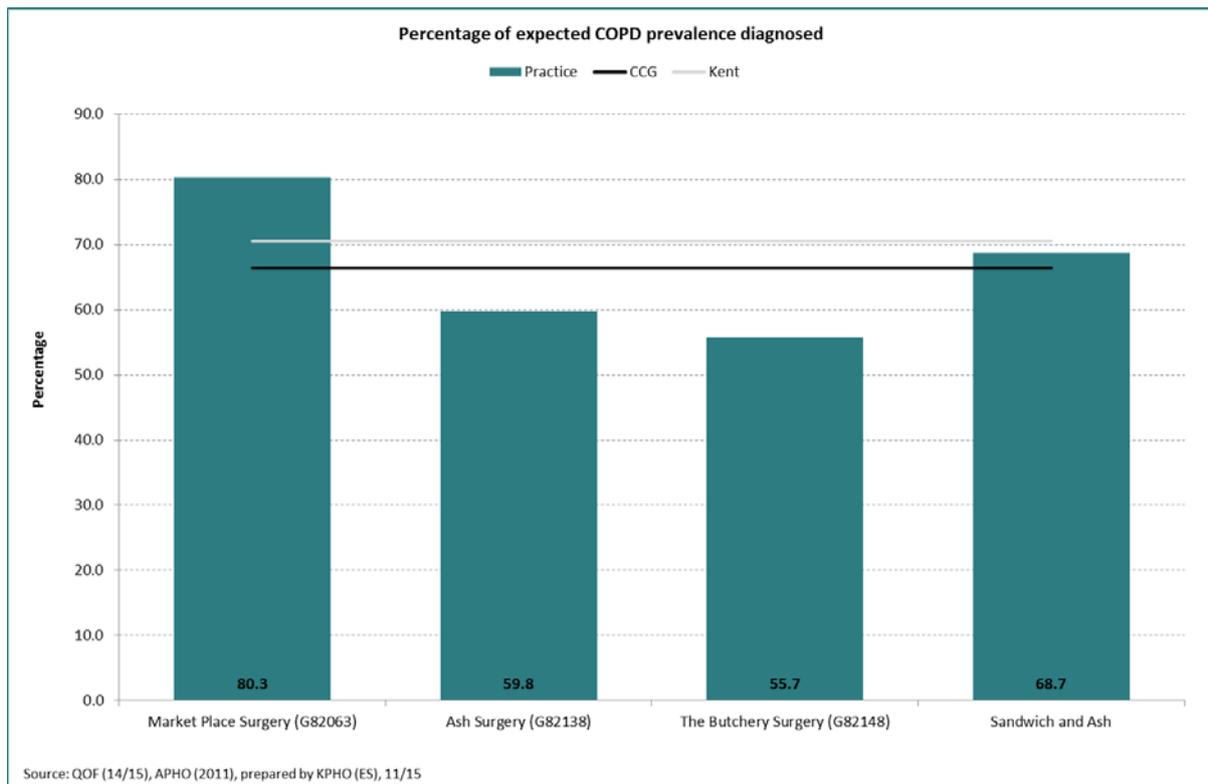
Across the Sandwich and Ash network, 59.8% of hypertension cases have been diagnosed, more than the CCG (54.2%) percentage and Kent (57.0%) percentages. Ash surgery has identified the lowest proportion of cases (56.6%) in comparison to other practices within the network. The Butchery surgery has diagnosed the highest percentage of estimated cases, at 64.9%.

8.3.4 Stroke



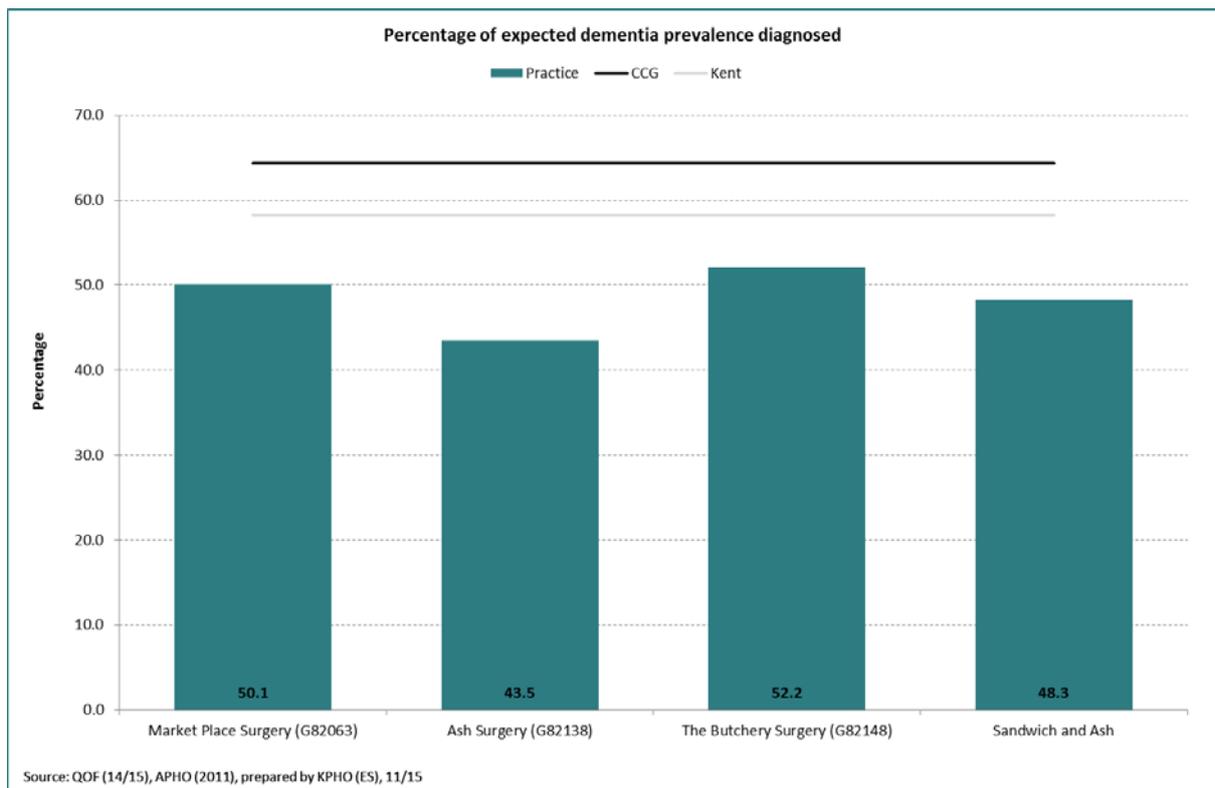
Across Sandwich and Ash network (82.1%), a lower percentage of stroke and TIA cases have been diagnosed than in Canterbury and Coastal CCG (90.3%) and Kent (84.8%). Ash surgery have identified the lowest proportion of cases in the network, at 76.0%, whilst the butchery surgery has diagnosed the highest proportion, at 100.4%. 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 Sandwich and Ash network (68.7%) compared to Canterbury and Coastal CCG (66.4%), but a lower proportion in comparison to Kent (70.6%). Market place surgery has identified the highest proportion of cases within the network (80.3%) whilst the butchery surgery has diagnosed a lower proportion (55.7%) than other practices within the network.

8.3.6 Dementia



48.3% of estimated dementia cases in Sandwich and Ash 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 43.5% (Ash surgery) to 52.2% (the butchery surgery).

8.4 Clinical achievement

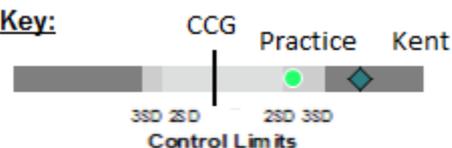
Spine charts have been produced to compare the general practice clinical achievement for long term conditions within Canterbury and Coastal CCG for 2014/15.

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

Key:

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

Key:



8.4.1 Sandwich and Ash community network

Sandwich and Ash community network has significantly lower performance for the following indicators:

- Asthma 002
- CHD 002
- COPD 003
- Diabetes 003
- Diabetes 014
- Mental health 002

Indicator	Sandwich and Ash		CCG				Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	
Asthma 002	164	77.0	87.2	65.3		100.0	86.6
Asthma 003	689	67.9	70.6	53.4		85.2	72.2
CHD 002	581	87.6	93.1	83.8		98.6	92.0
CHD 006	44	93.6	98.9	92.0		100.0	97.6
COPD 003	312	80.8	88.4	72.0		100.0	88.4
COPD 004	310	81.8	84.1	60.5		98.5	85.2
Diabetes 003	650	68.7	80.1	61.3		96.4	77.6
Diabetes 007	695	75.1	73.7	57.1		89.5	71.0
Diabetes 009	893	90.6	89.7	78.4		97.4	87.5
Diabetes 014	36	72.0	91.3	68.6		100.0	89.4
Mental health 002	88	71.0	83.1	42.3		100.0	86.2
Stroke and TIA 003	313	88.9	87.6	82.3		97.8	87.3

8.4.2 G82138 Ash surgery

Ash surgery has significantly higher performance than the CCG for diabetes 007 and diabetes 009. The practice has significantly lower performance for the following indicators:

- COPD 003
- Diabetes 003

Indicator	G82138 Ash Surgery		CCG				Kent achievement
	Number	Achievement	Achievement	CCG lowest	CCG	CCG highest	
Asthma 002	67	82.7	87.2	65.3		100.0	86.6
Asthma 003	221	66.4	70.6	53.4		85.2	72.2
CHD 002	140	88.1	93.1	83.8		98.6	92.0
CHD 006	18	94.7	98.9	92.0		100.0	97.6
COPD 003	76	80.0	88.4	72.0		100.0	88.4
COPD 004	80	83.3	84.1	60.5		98.5	85.2
Diabetes 003	192	70.8	80.1	61.3		96.4	77.6
Diabetes 007	214	87.0	73.7	57.1		89.5	71.0
Diabetes 009	273	96.1	89.7	78.4		97.4	87.5
Diabetes 014	8	72.7	91.3	68.6		100.0	89.4
Mental health 002	22	81.5	83.1	42.3		100.0	86.2
Stroke and TIA 003	79	87.8	87.6	82.3		97.8	87.3

8.4.3 G82148 The Butchery

Ash surgery has significantly higher performance than the CCG for CHD 002, CHD 006 and diabetes 014.

Indicator	G82148 The Butchery Surgery		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	50	83.3	87.2	65.3		100.0	86.6	
Asthma 003	173	73.0	70.6	53.4		85.2	72.2	
CHD 002	140	96.6	93.1	83.8		98.6	92.0	
CHD 006	3	100.0	98.9	92.0		100.0	97.6	
COPD 003	63	94.0	88.4	72.0		100.0	88.4	
COPD 004	57	90.5	84.1	60.5		98.5	85.2	
Diabetes 003	186	80.5	80.1	61.3		96.4	77.6	
Diabetes 007	175	75.8	73.7	57.1		89.5	71.0	
Diabetes 009	222	92.1	89.7	78.4		97.4	87.5	
Diabetes 014	4	100.0	91.3	68.6		100.0	89.4	
Mental health 002	34	91.9	83.1	42.3		100.0	86.2	
Stroke and TIA 003	89	90.8	87.6	82.3		97.8	87.3	

8.4.4 G82063 The market place surgery

The network has significantly lower performance for the following indicators:

- Asthma 002
- CHD 002
- COPD 003
- Diabetes 003
- Diabetes 007
- Diabetes 009
- Diabetes 014
- Mental health 002

Indicator	G82063 Market Place Surgery		Achievement	CCG lowest	CCG		CCG highest	Kent achievement
	Number	Achievement			CCG	CCG		
Asthma 002	47	65.3	87.2	65.3		100.0	86.6	
Asthma 003	295	66.3	70.6	53.4		85.2	72.2	
CHD 002	301	83.8	93.1	83.8		98.6	92.0	
CHD 006	23	92.0	98.9	92.0		100.0	97.6	
COPD 003	173	77.2	88.4	72.0		100.0	88.4	
COPD 004	173	78.6	84.1	60.5		98.5	85.2	
Diabetes 003	272	61.3	80.1	61.3		96.4	77.6	
Diabetes 007	306	68.2	73.7	57.1		89.5	71.0	
Diabetes 009	398	86.3	89.7	78.4		97.4	87.5	
Diabetes 014	24	68.6	91.3	68.6		100.0	89.4	
Mental health 002	32	53.3	83.1	42.3		100.0	86.2	
Stroke and TIA 003	145	88.4	87.6	82.3		97.8	87.3	

9. Hospital activity

9.1 Emergency Hospital Admissions

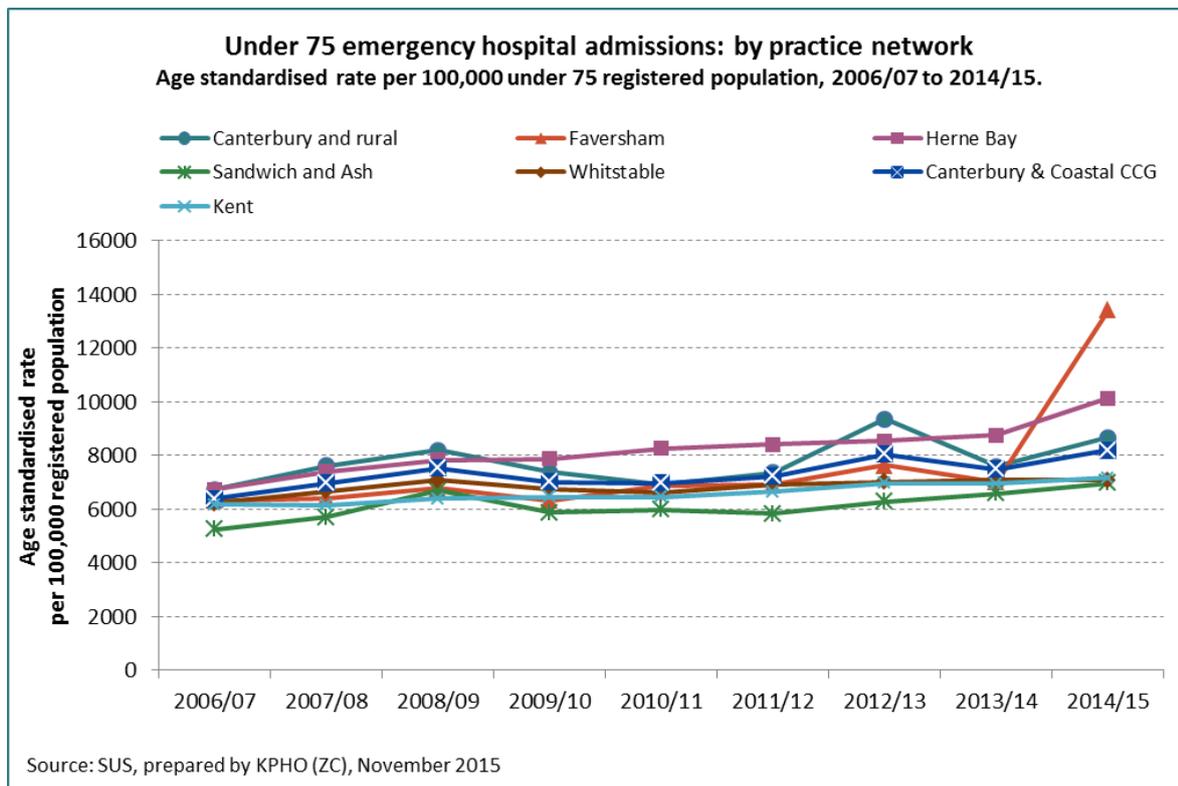
The following Chapter explores the level of emergency hospital admissions in the under 75 population. This has focused on the ambulatory care sensitive conditions, including; asthma, chronic obstructive pulmonary disease and diabetes complications, as well as, a range of other diagnoses. High levels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

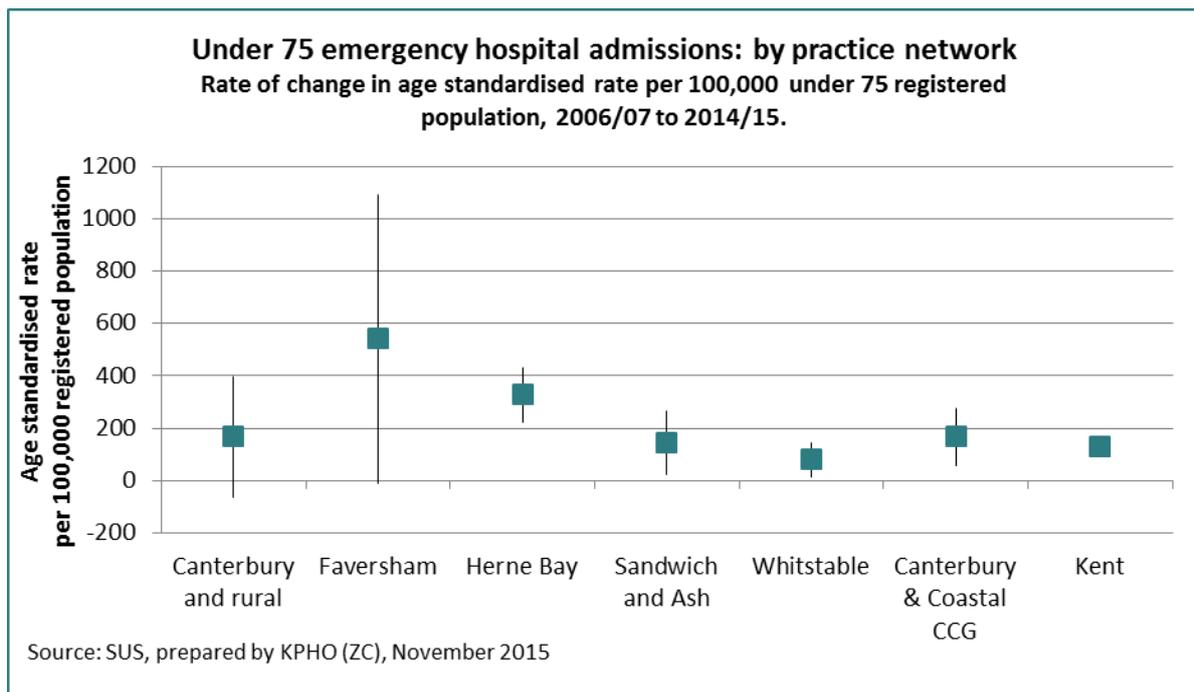
Notes on methodology:

- 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.

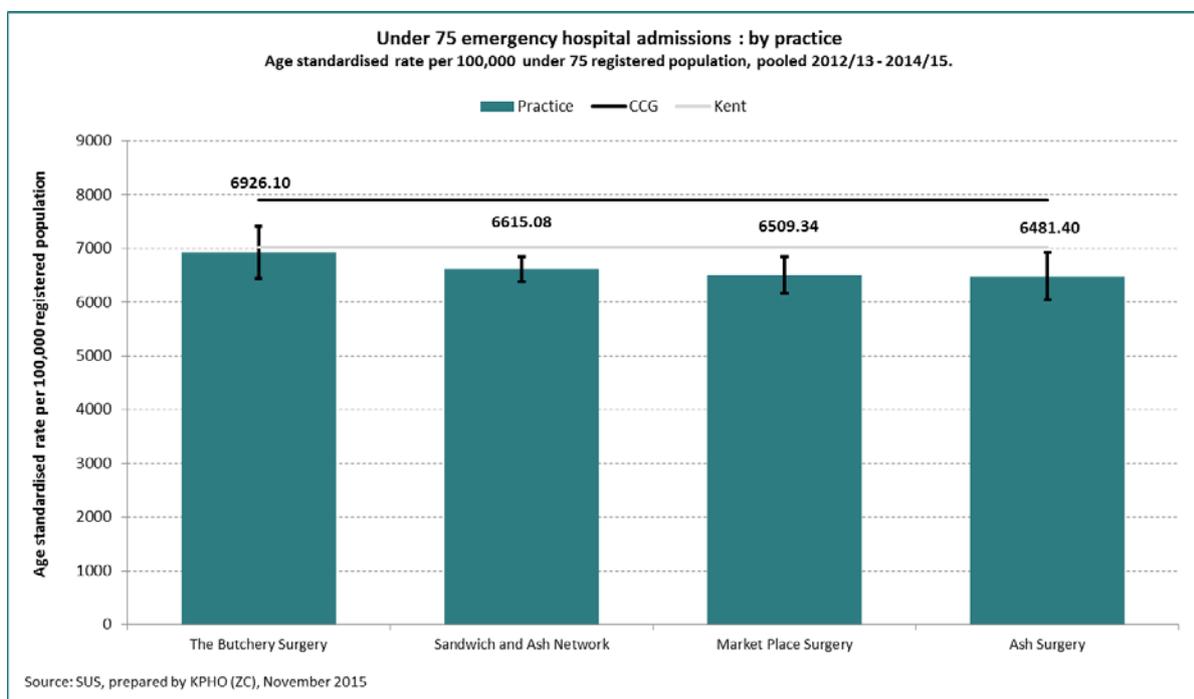
9.1.1 Emergency Hospital Admissions

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



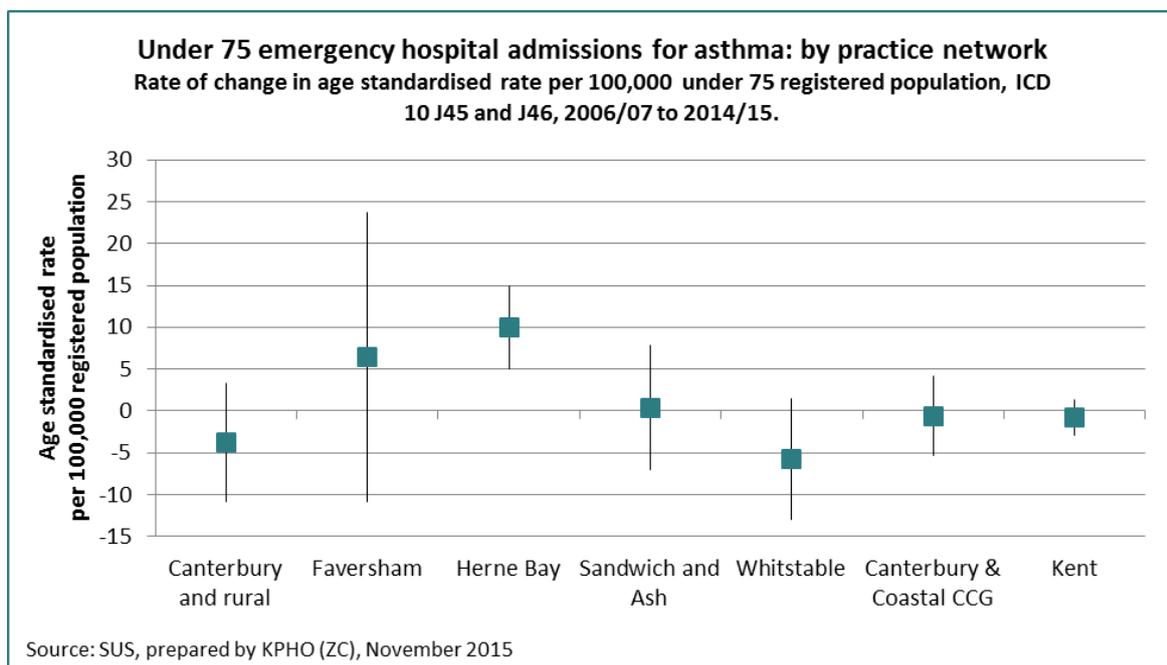
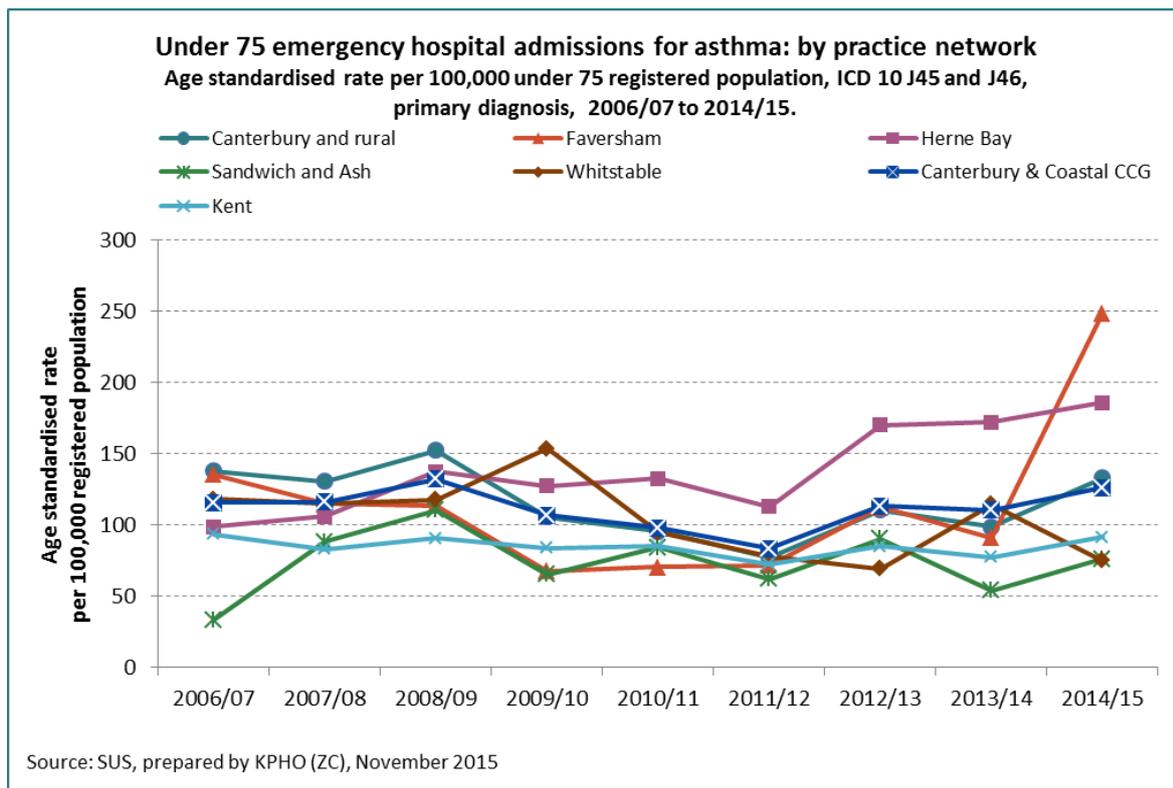


Significantly lower age standardised rates of emergency hospital admissions in the under 75 population, in comparison to the CCG, can be identified for the following general practices; the Butchery Surgery, Market Place Surgery and Ash Surgery.

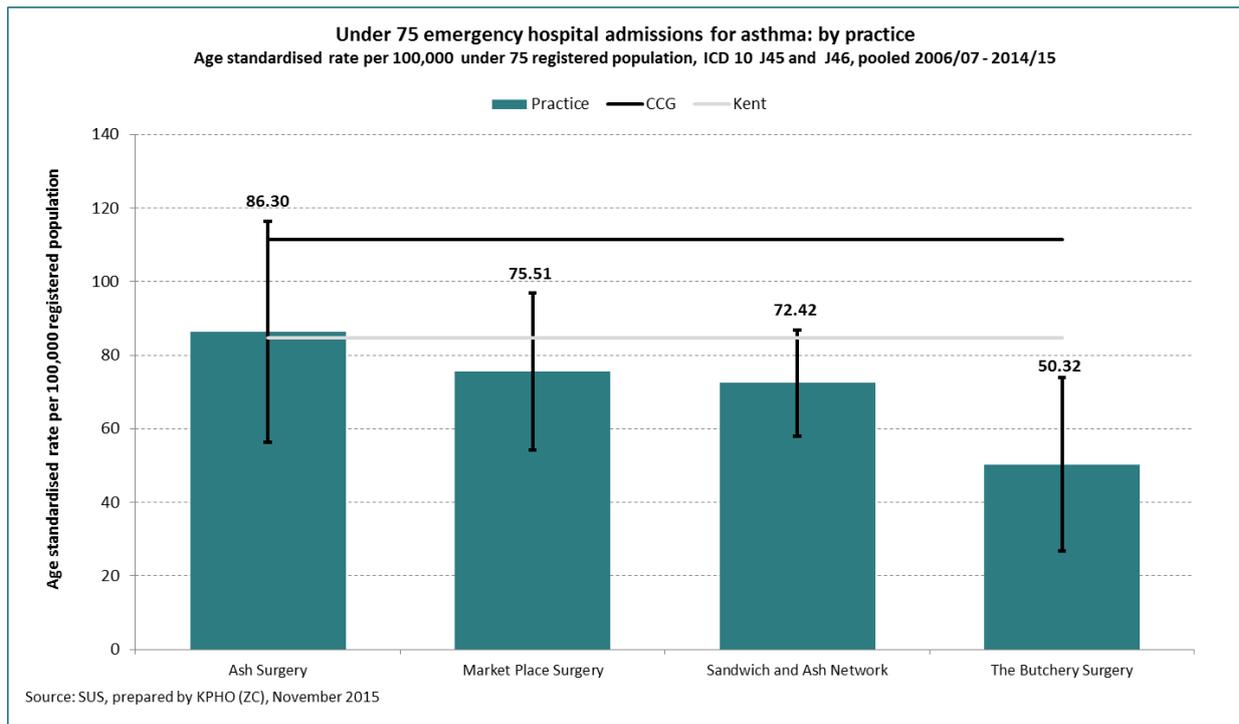


9.1.2 Asthma

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

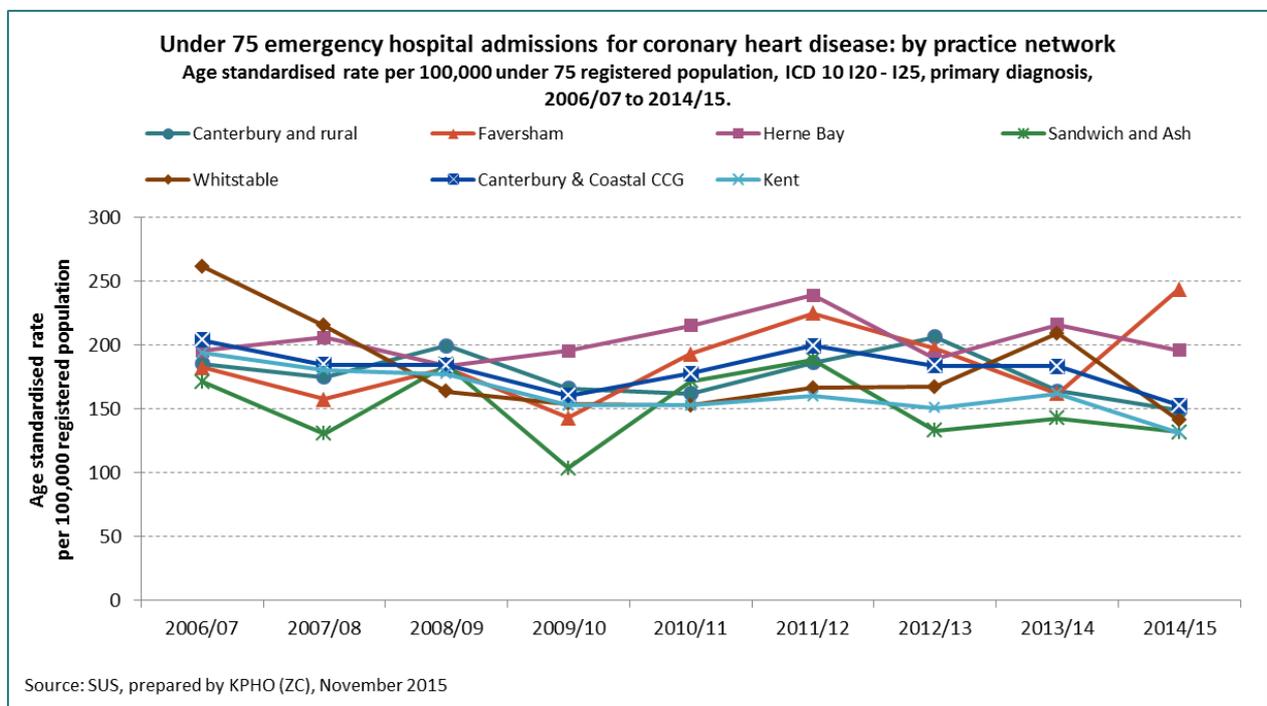


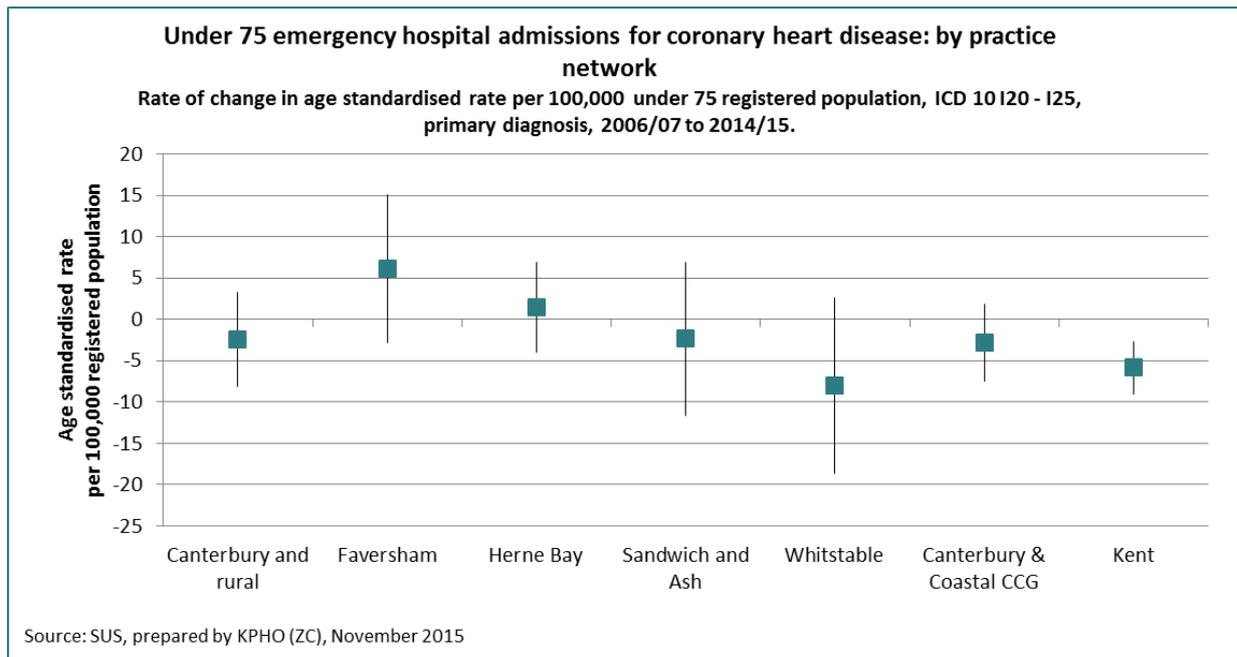
A significantly lower age standardised rate of asthma emergency hospital admissions in the under 75 population, in comparison to the CCG, can be identified for Market Place Surgery and the Butchery Surgery.



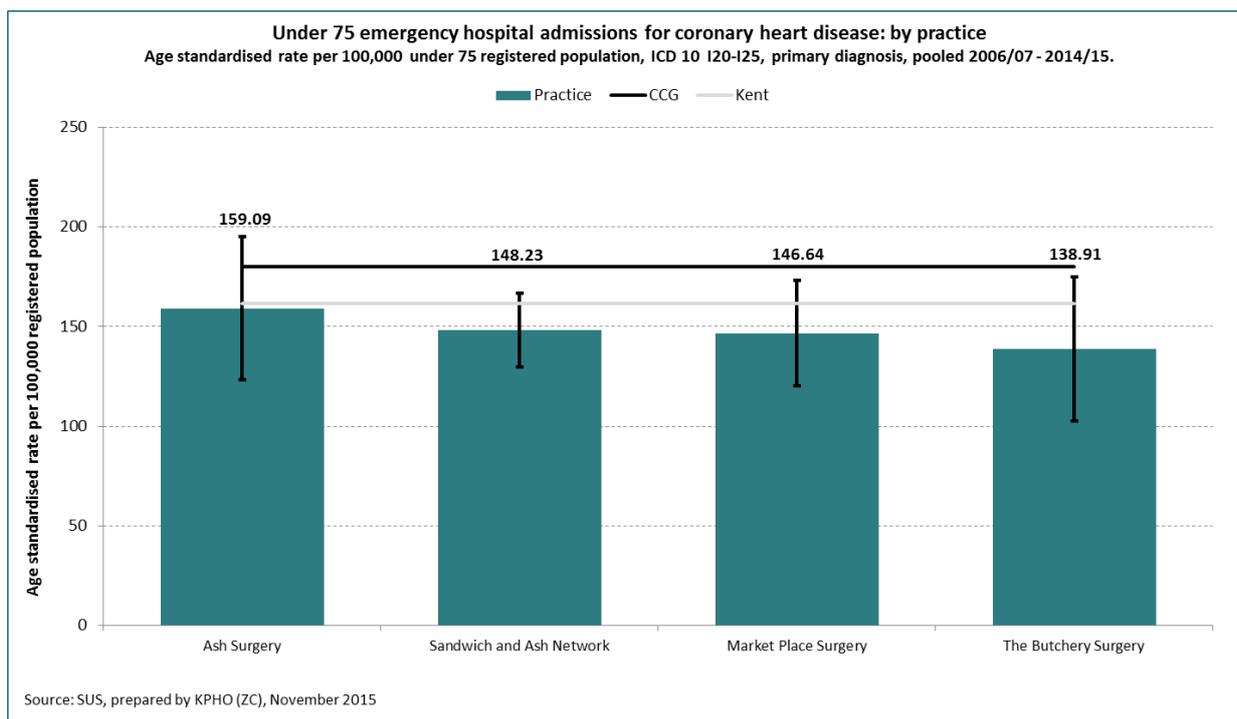
9.1.3 Coronary Heart Disease

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



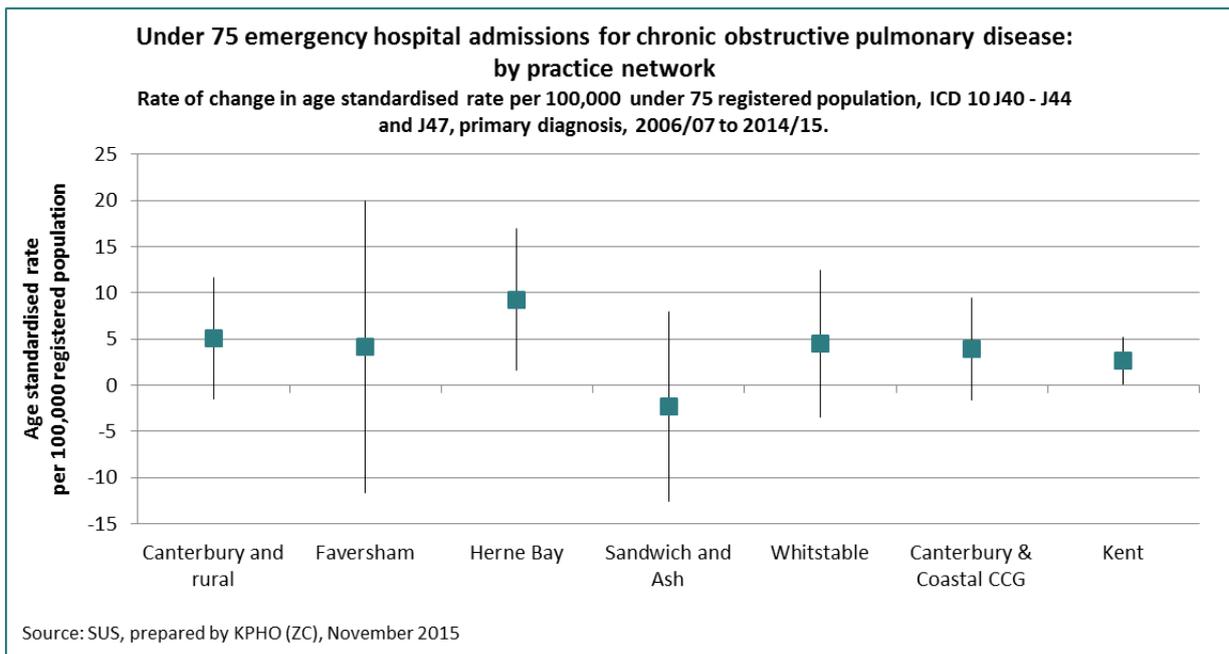
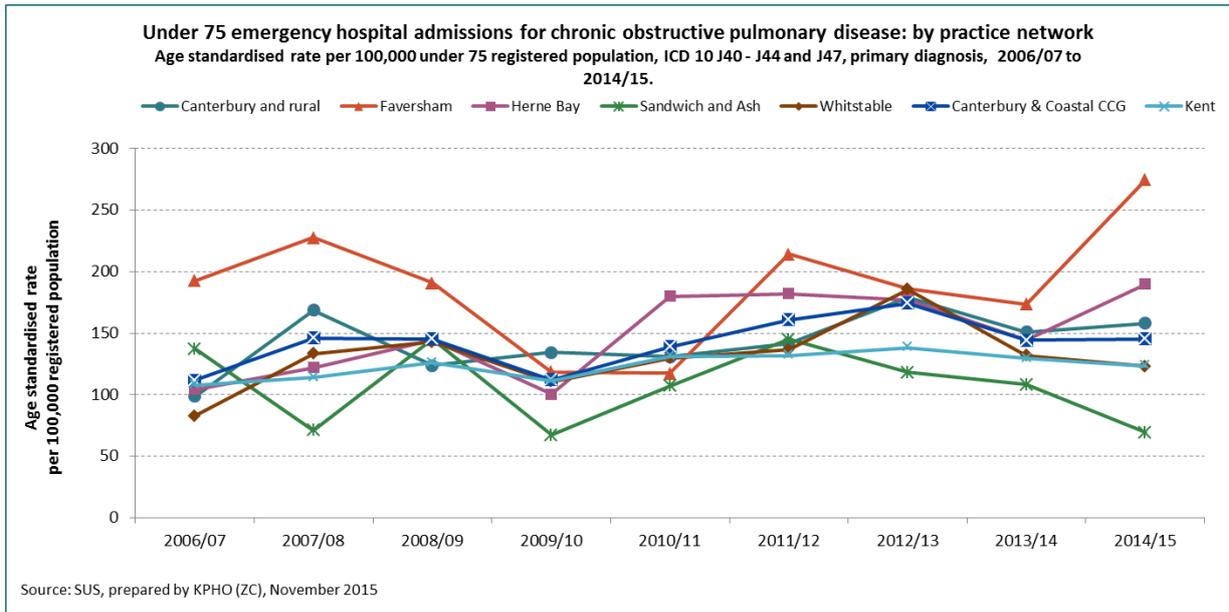


A significantly lower age standardised rate of coronary heart disease emergency hospital admissions in the under 75 population, in comparison to the CCG, can be identified for Market Place Surgery and the Butchery Surgery.

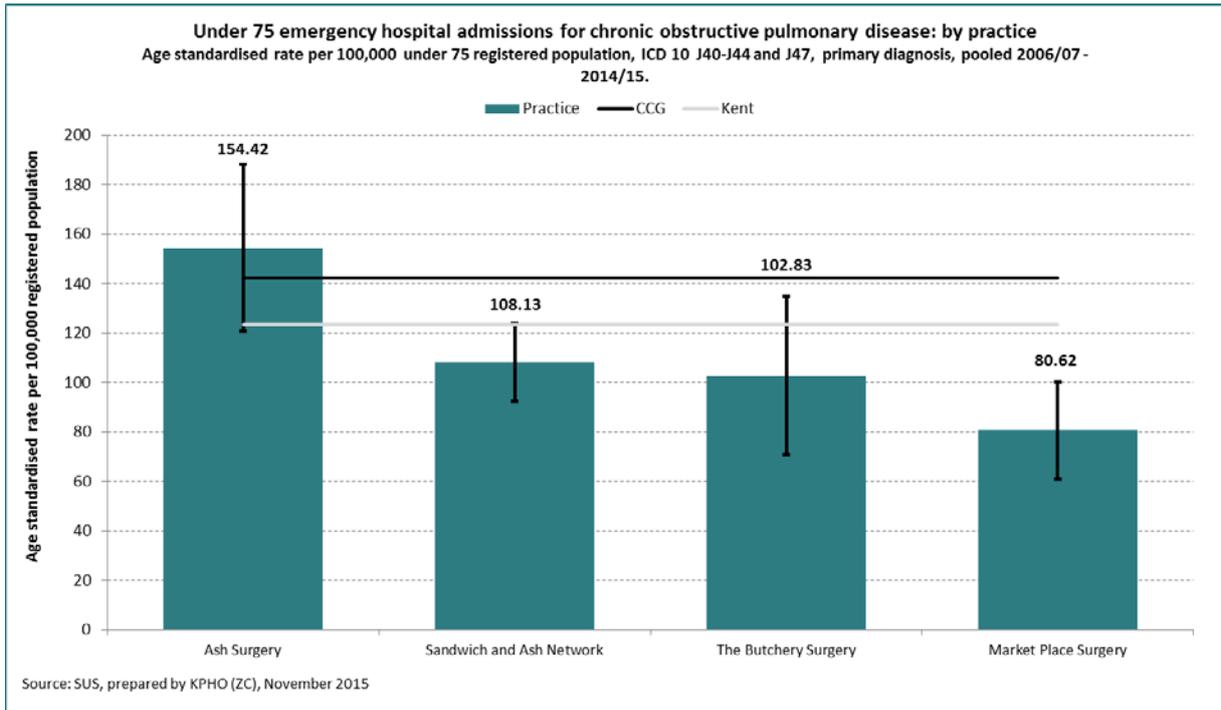


9.1.4 Chronic Obstructive Pulmonary Disease

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

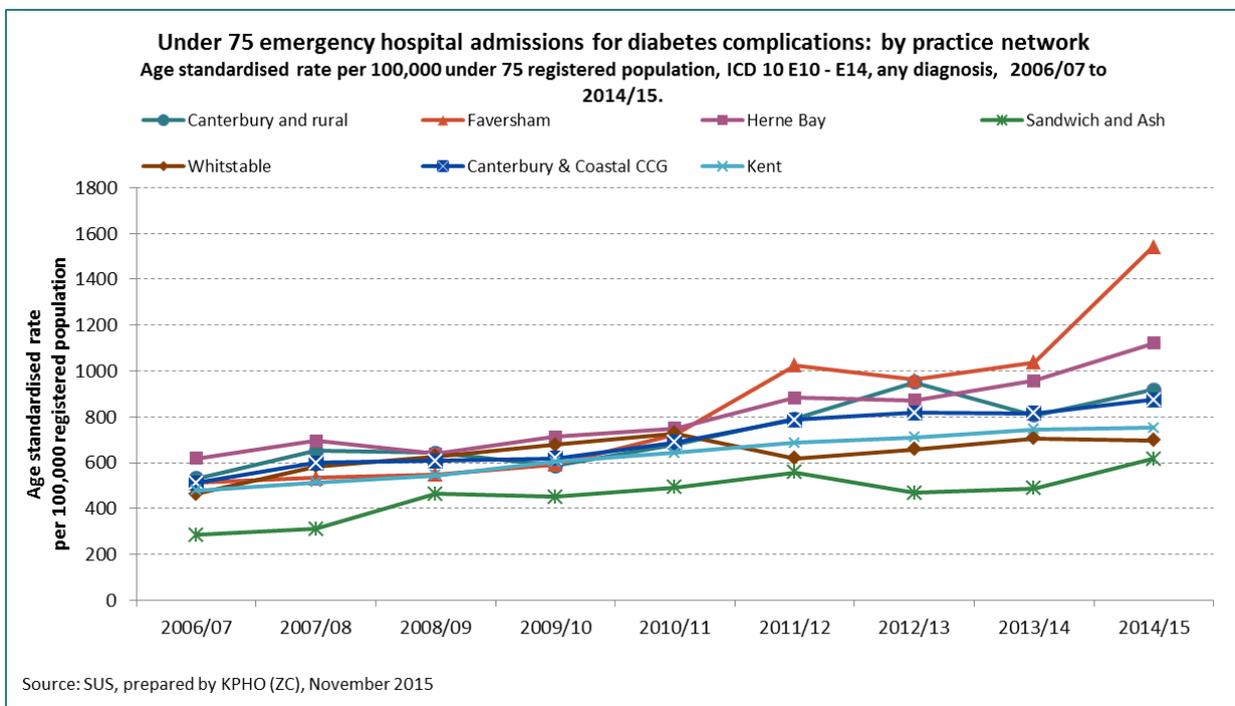


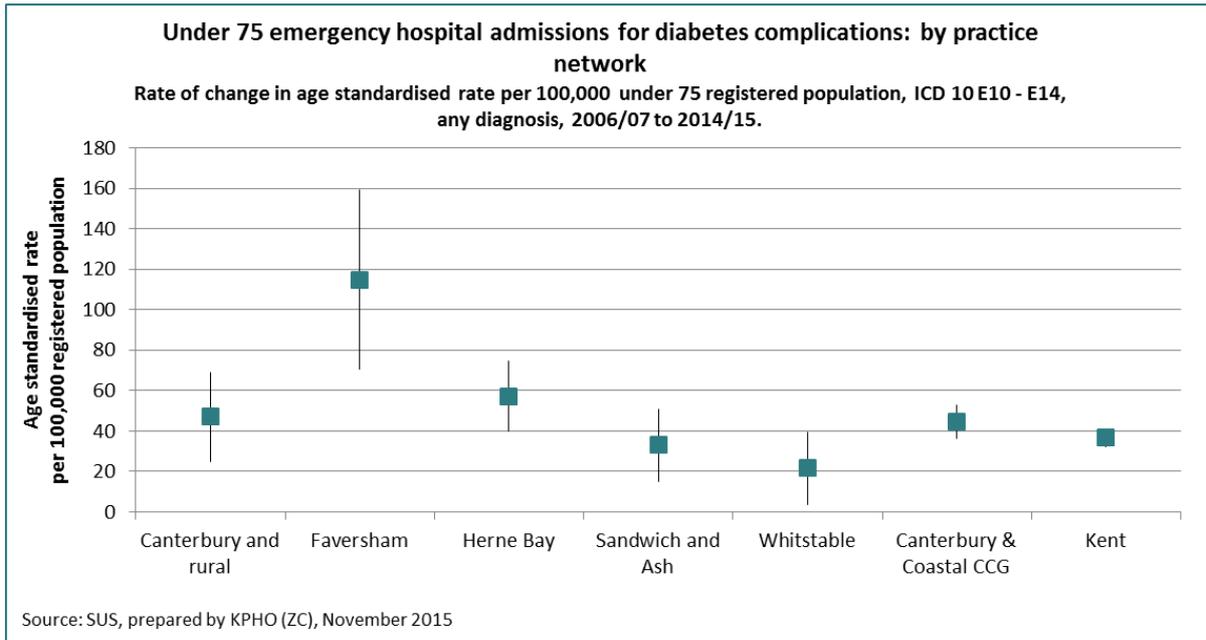
Significantly lower age standardised rates of chronic obstructive pulmonary disease emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for the Butchery Surgery and Market Place Surgery.



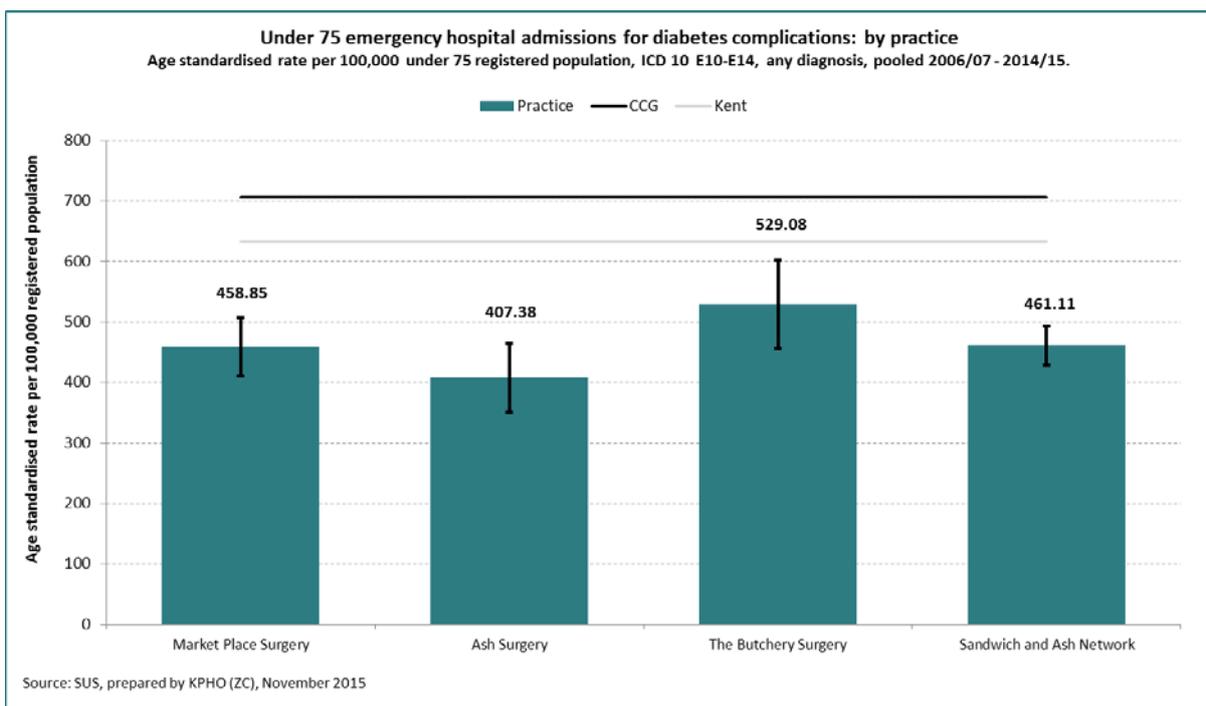
9.1.5 Diabetes Complications

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



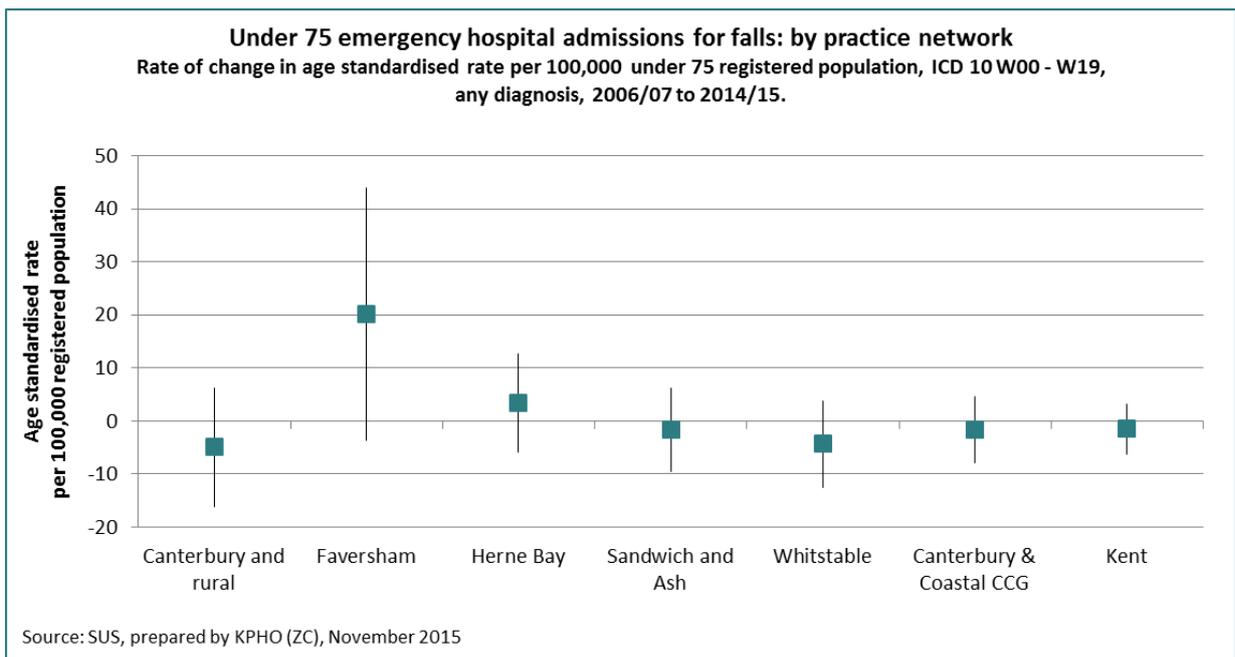
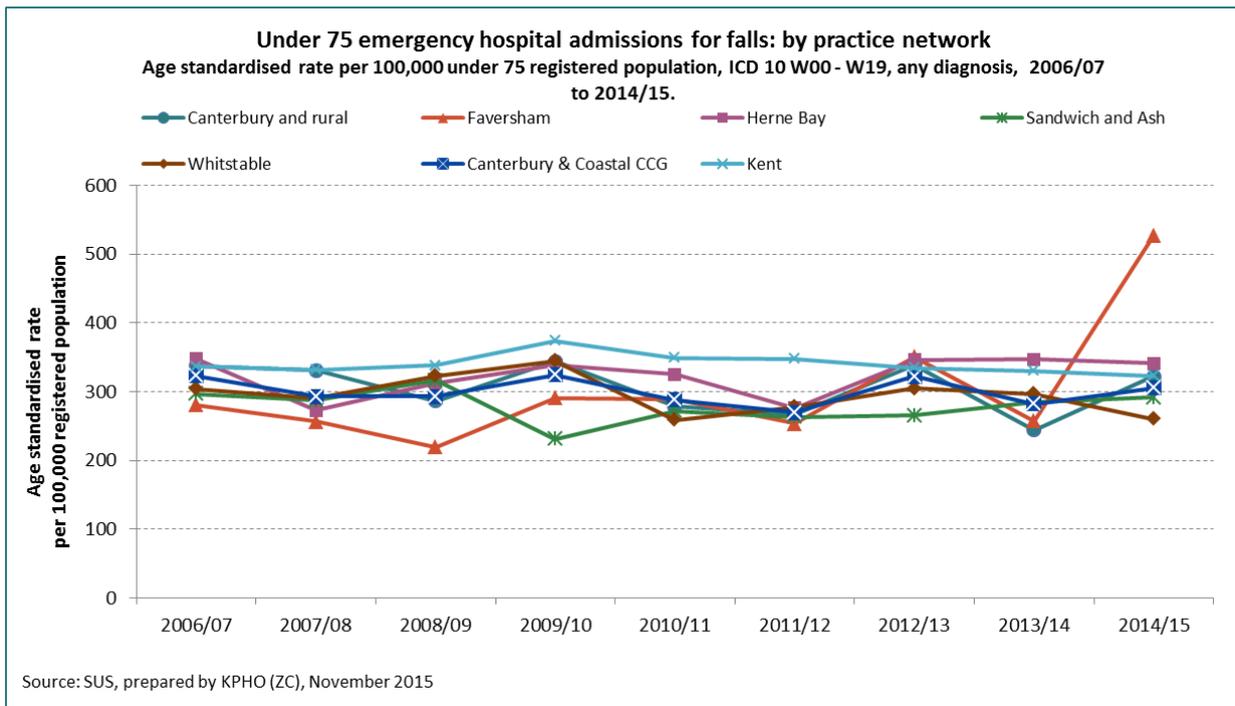


Significantly lower age standardised rates of diabetes complication emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for all the Sandwich Ash practices.

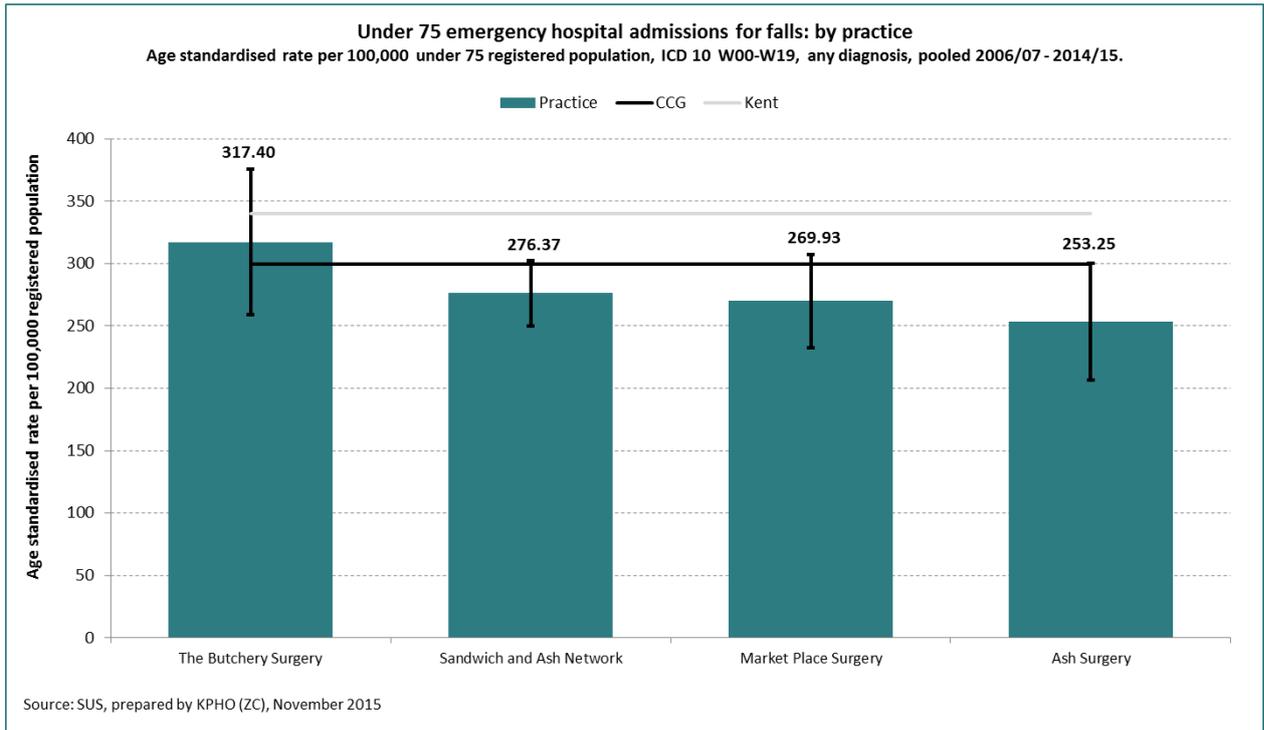


9.1.5 Falls

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

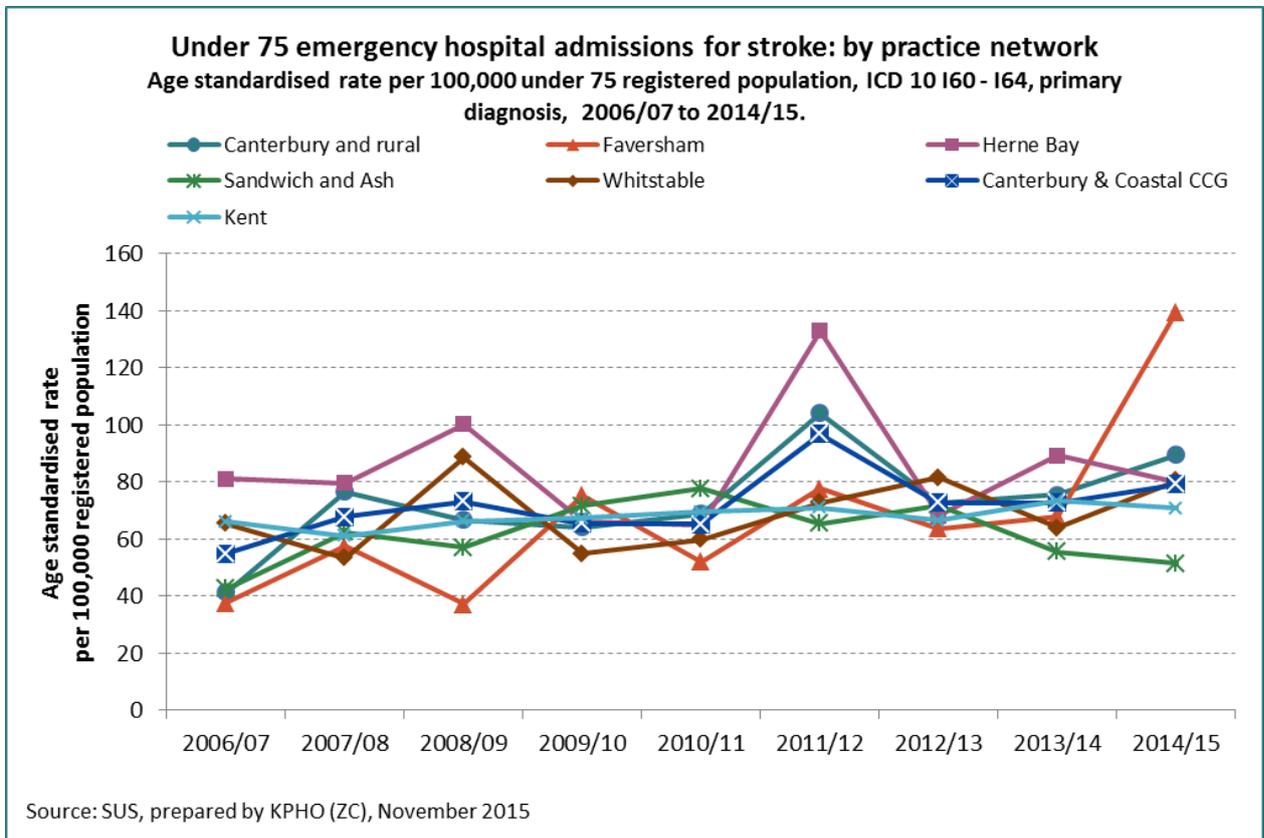


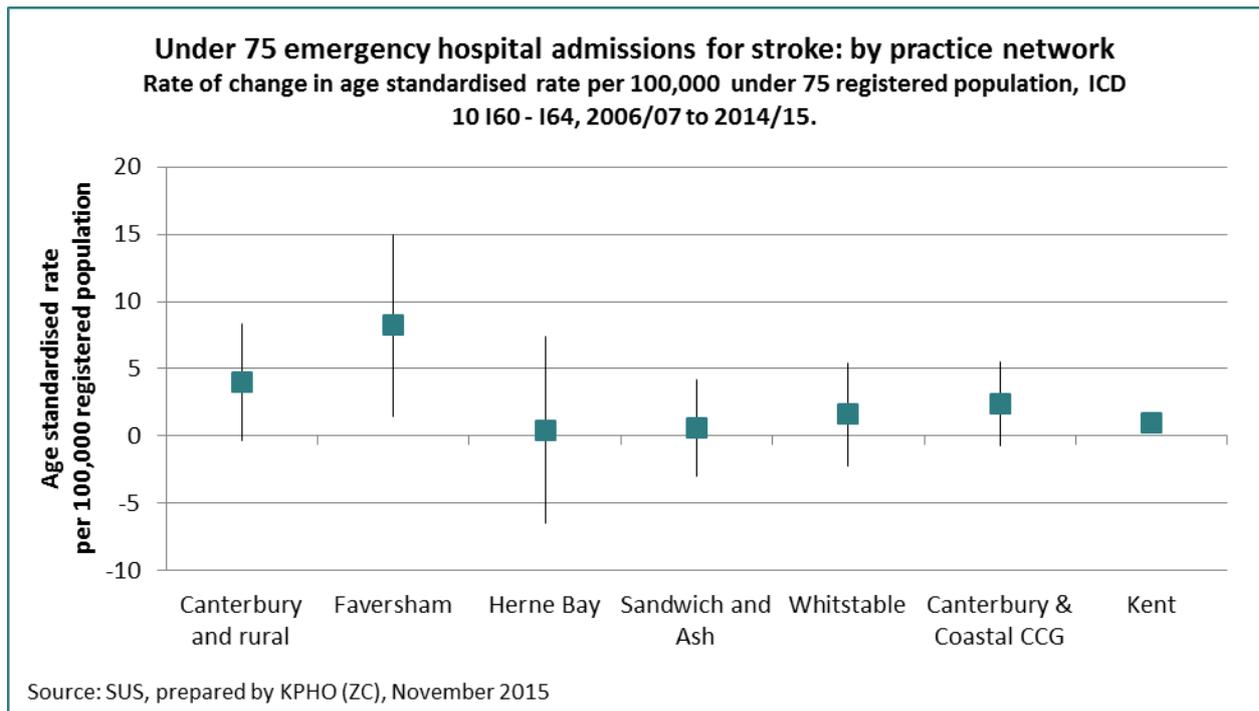
The age standardised rates of falls emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.



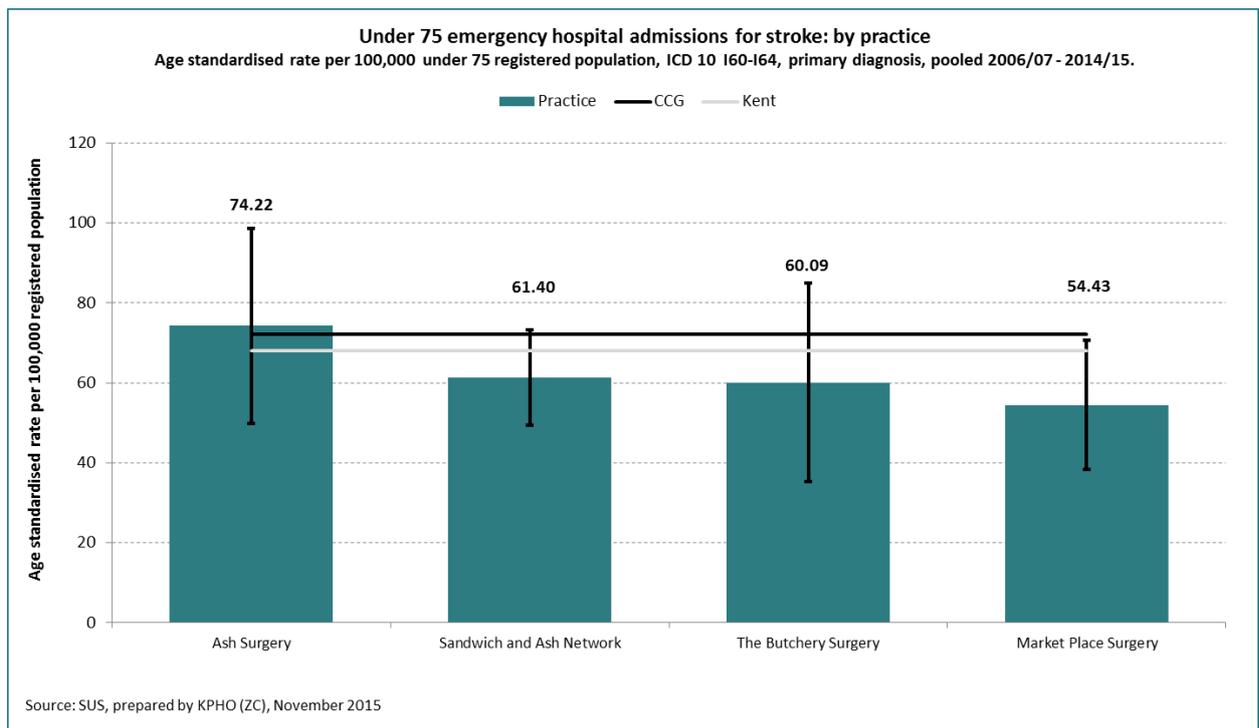
9.1.6 Stroke

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



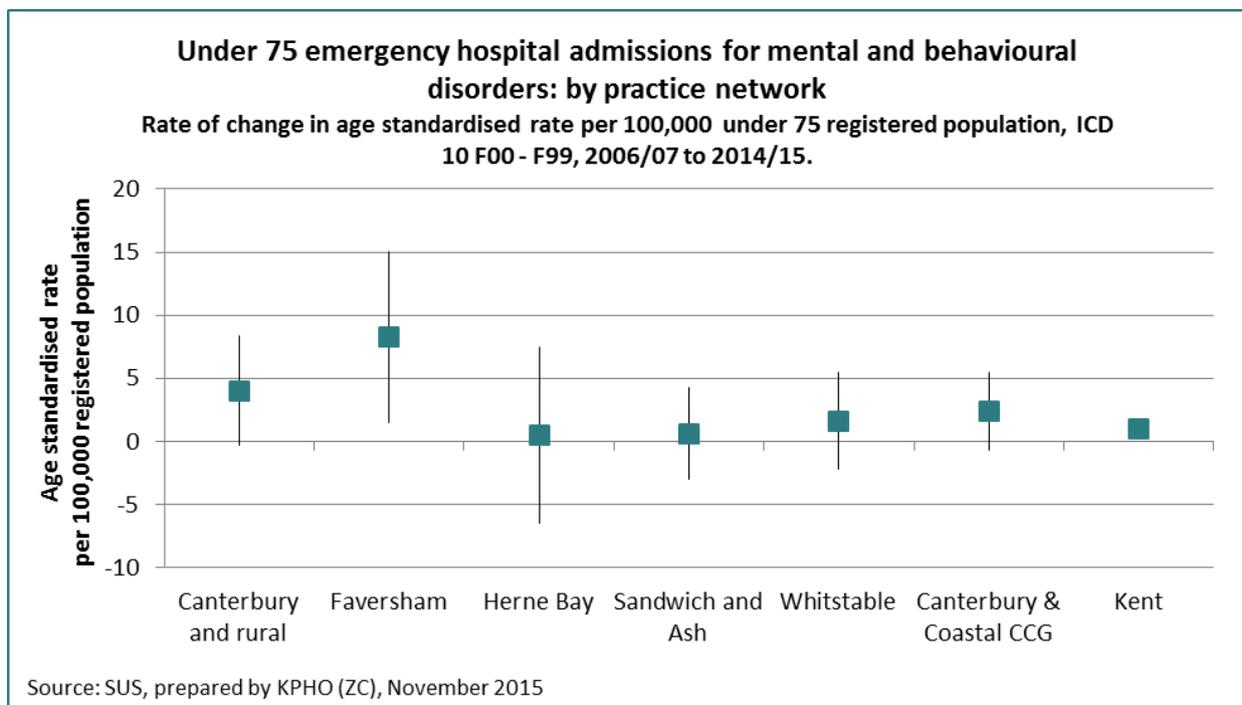
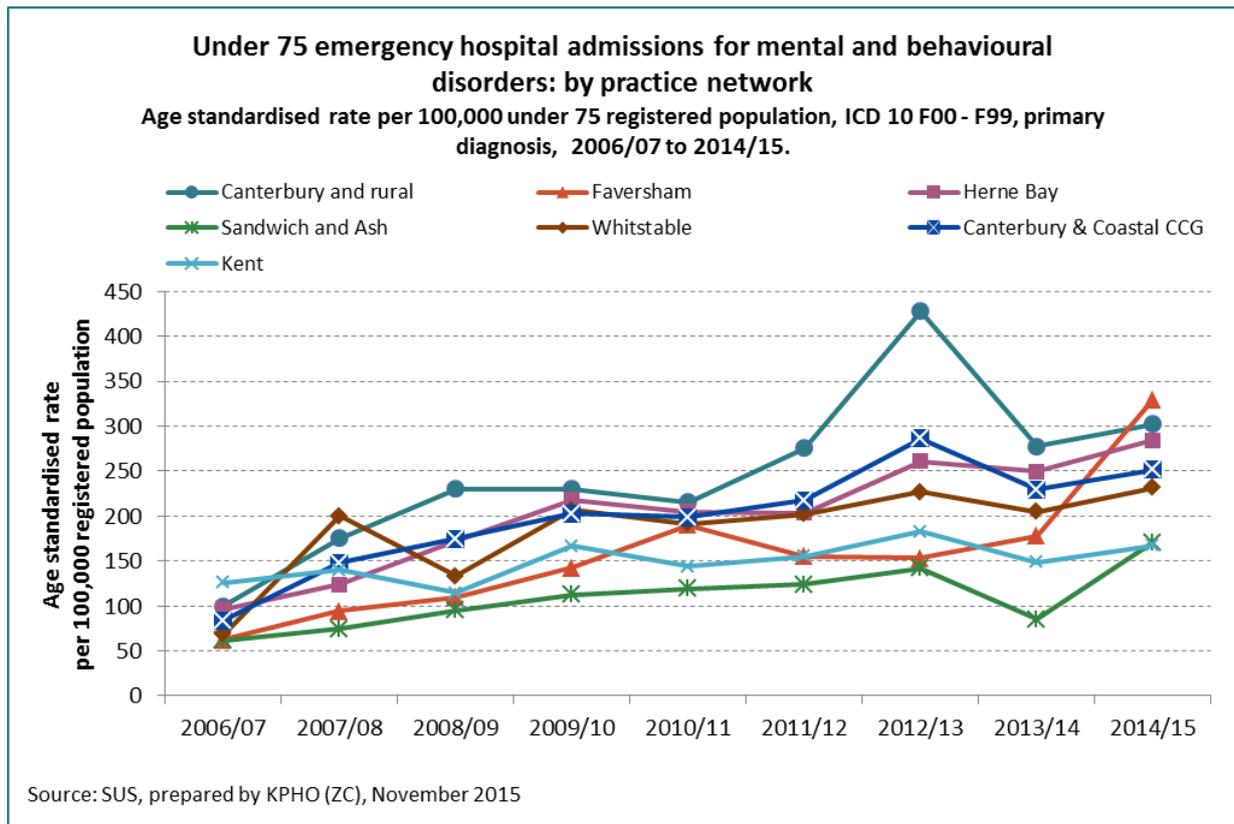


The age standardised rates of stroke emergency hospital admissions in the under 75 population were not significantly different in comparison to the CCG and Kent.

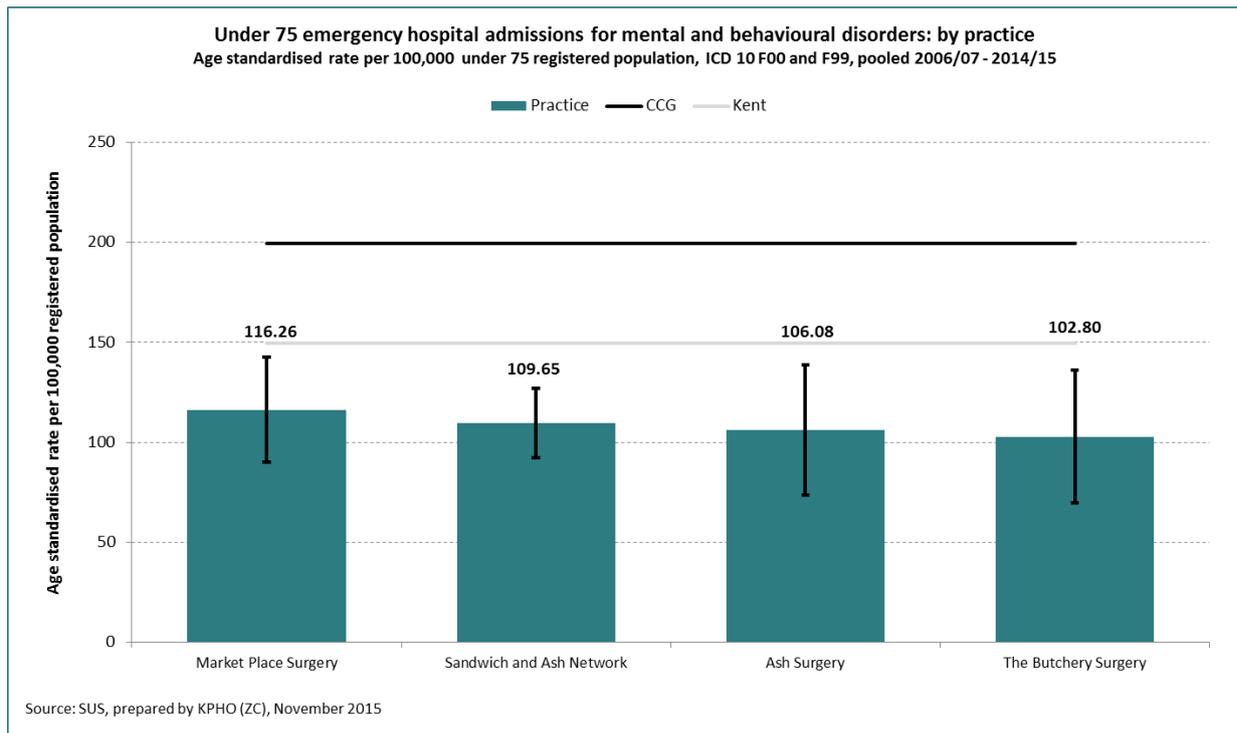


9.1.7 Mental Health

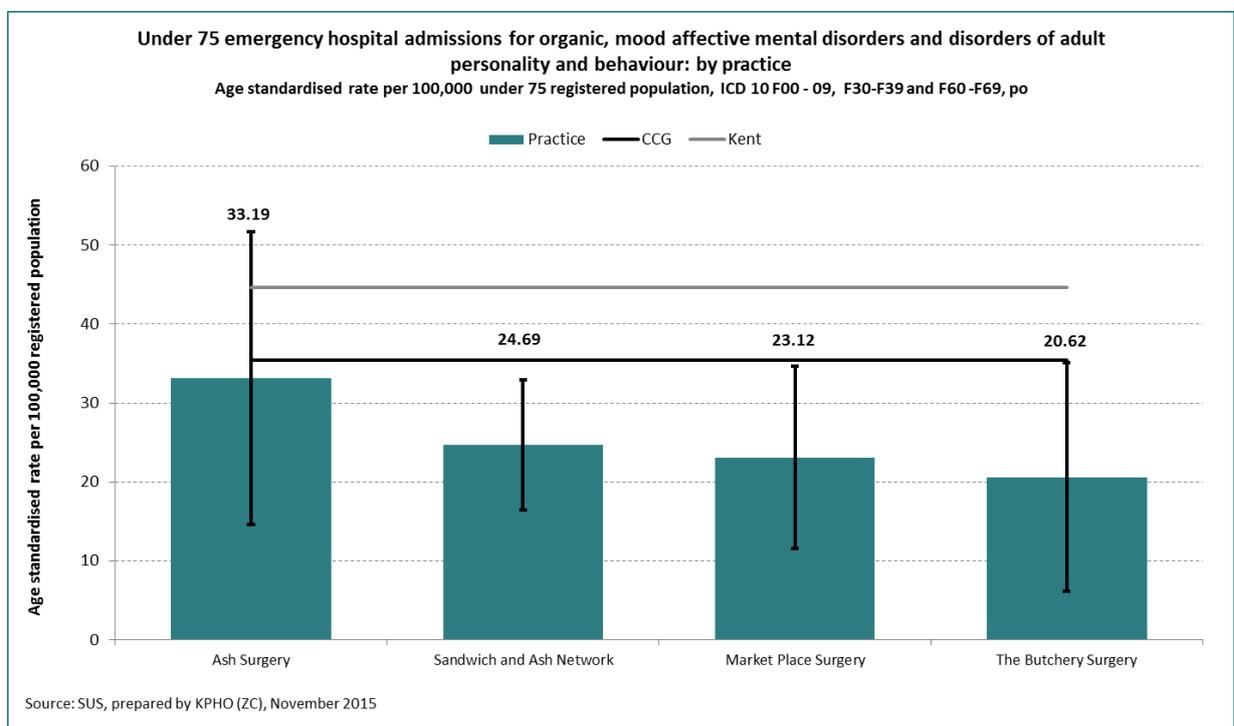
In Kent, the age standardised rate of stroke emergency hospital admissions in the under 75 population has shown an increasing trend between 2006/07 and 2014/15. The Sandwich and Ash practice network did not show a rate of change that was significantly different to Kent.



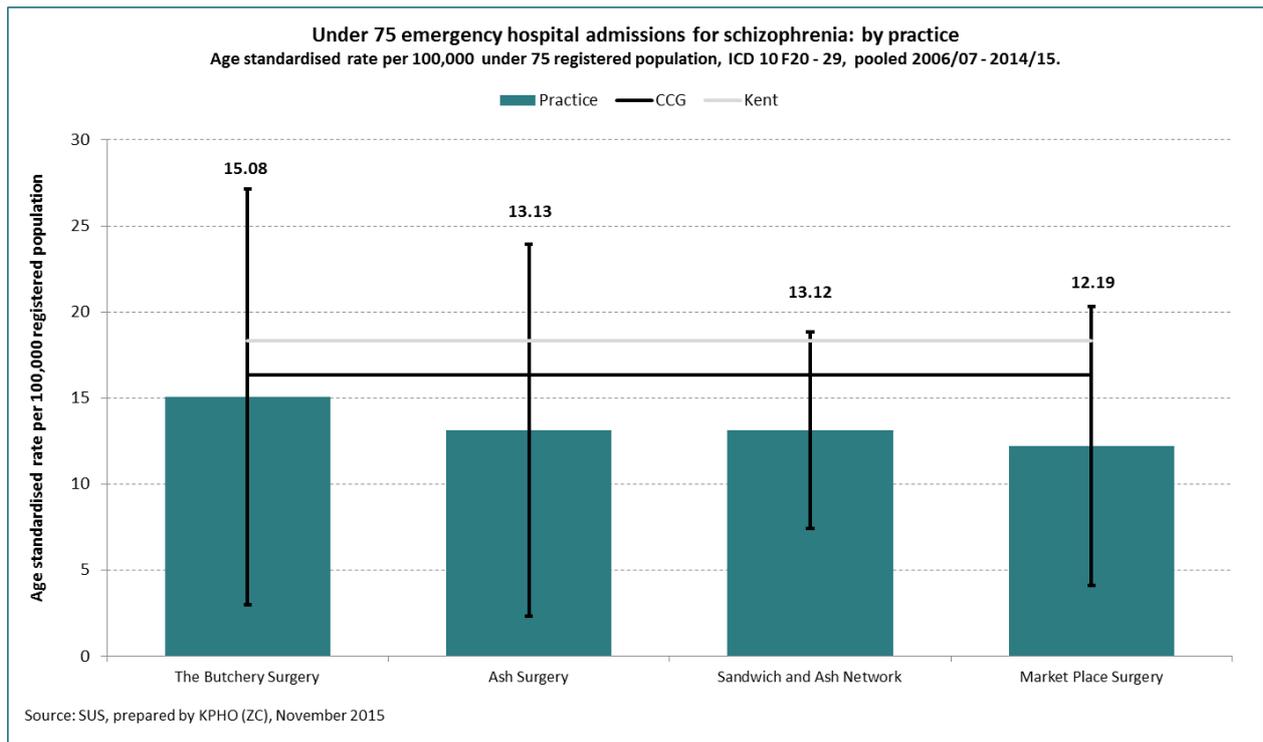
Significantly lower age standardised rates of mental and behavioural disorder emergency hospital admissions in the under 75 population, in comparison to the CCG and Kent, can be identified for all practices within Sandwich and Ash.



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



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



9.1 Alcohol Specific Hospital Admissions

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

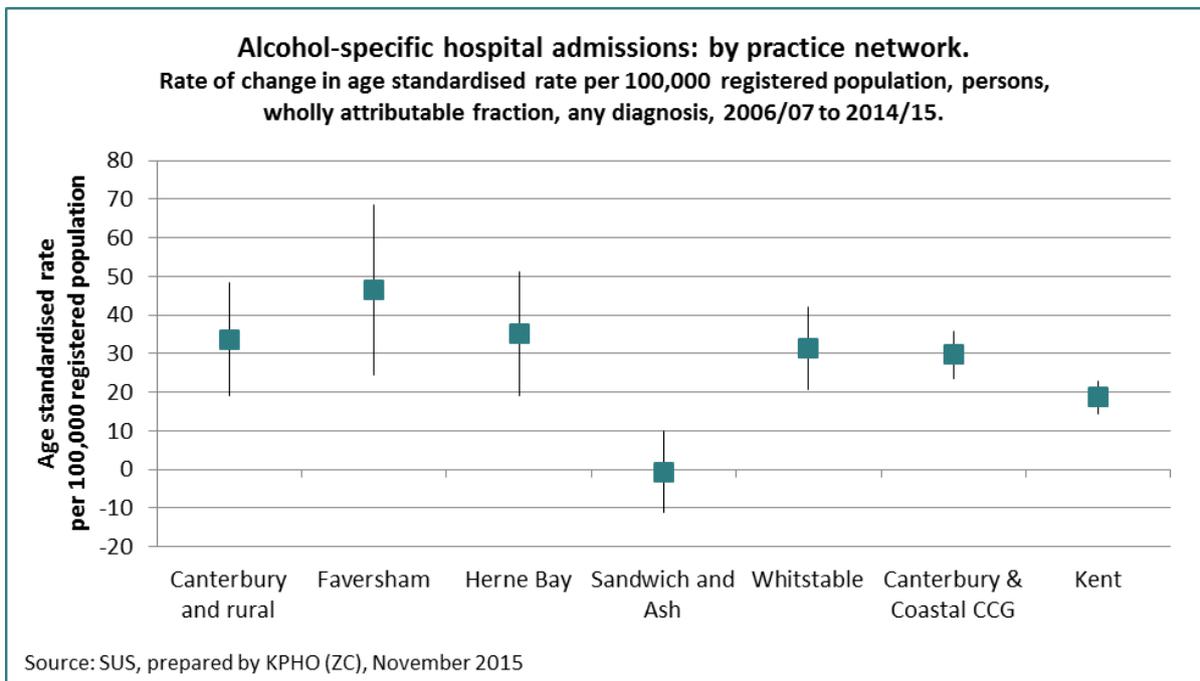
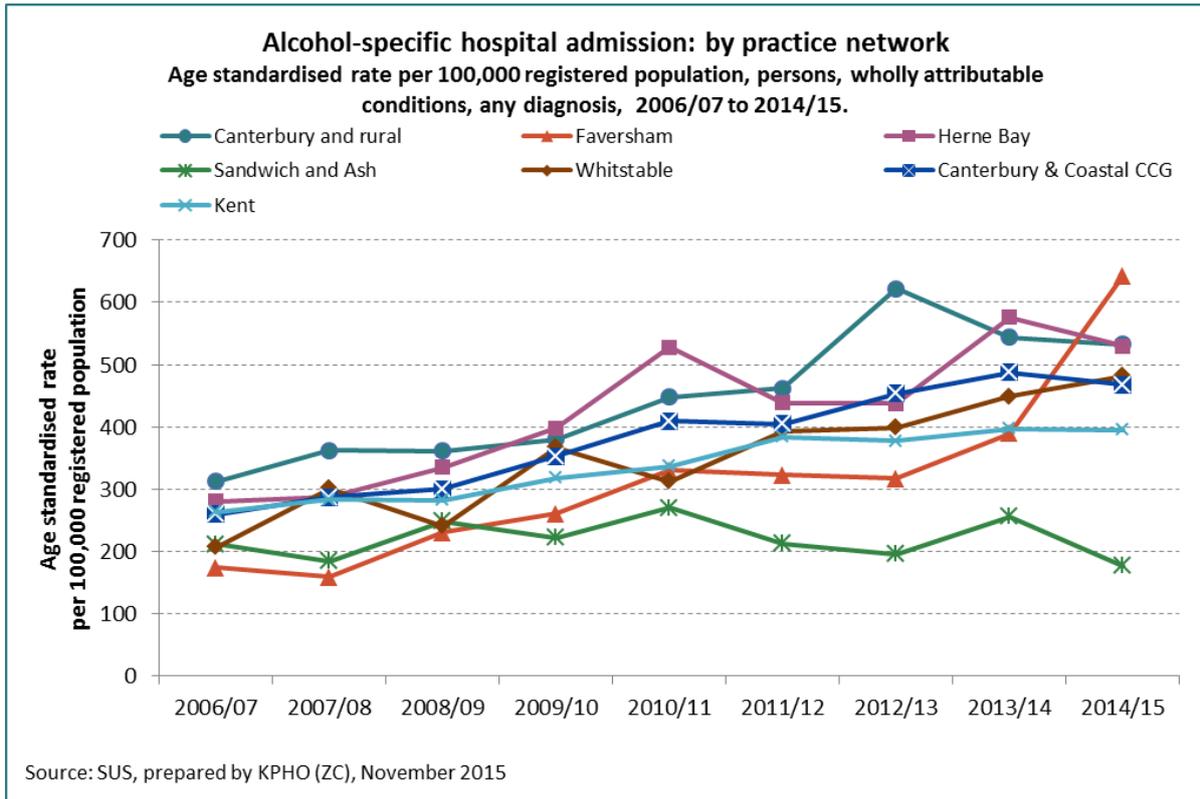
Notes on methodology:

- 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.

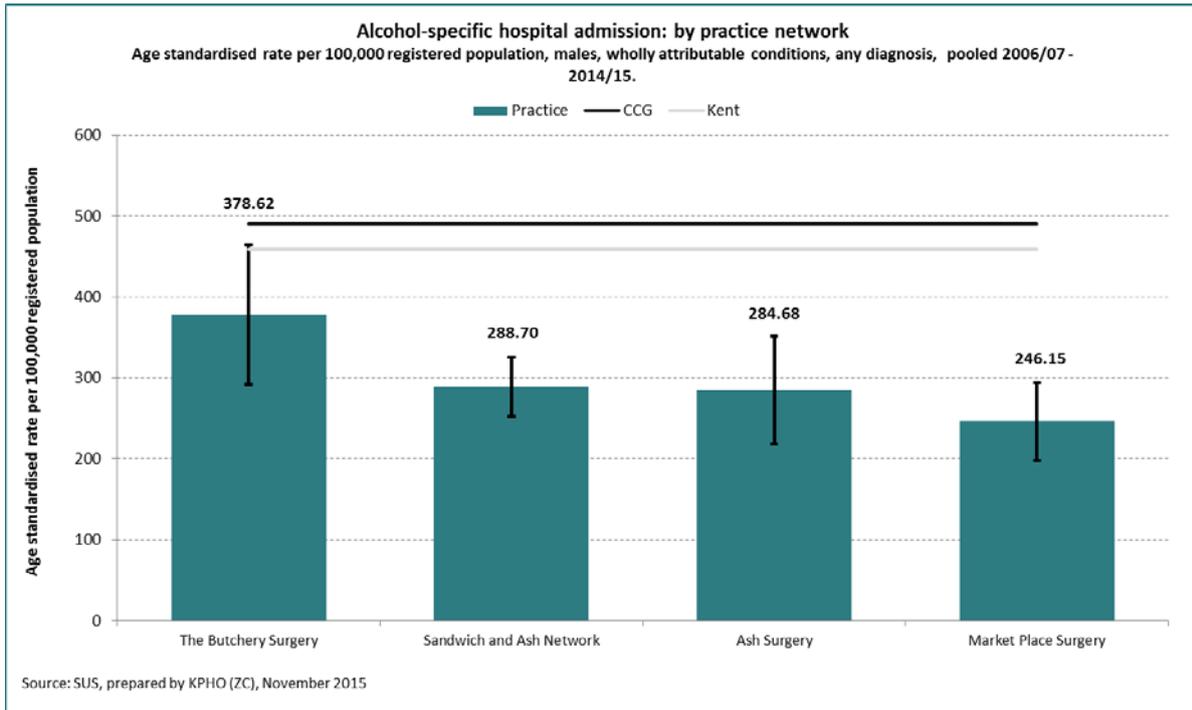
9.2.1 Alcohol Specific Hospital Admissions

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

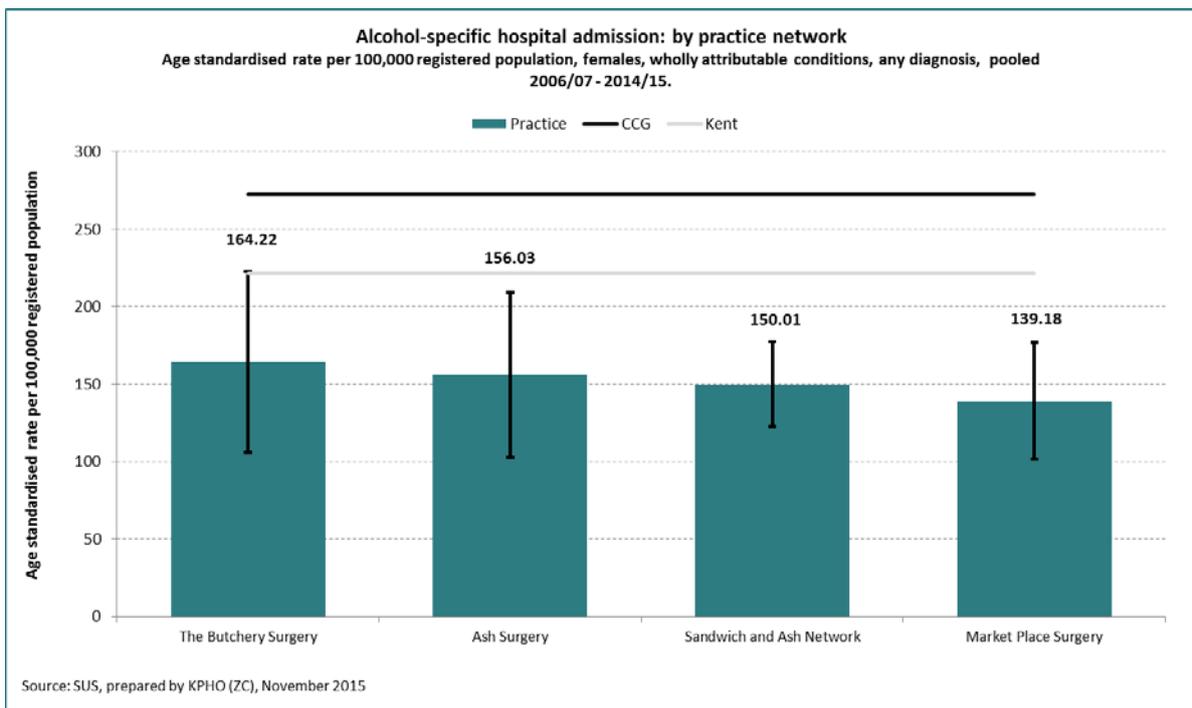
¹ Public Health England (2015) Local alcohol profiles for England 2015 user guide. http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf



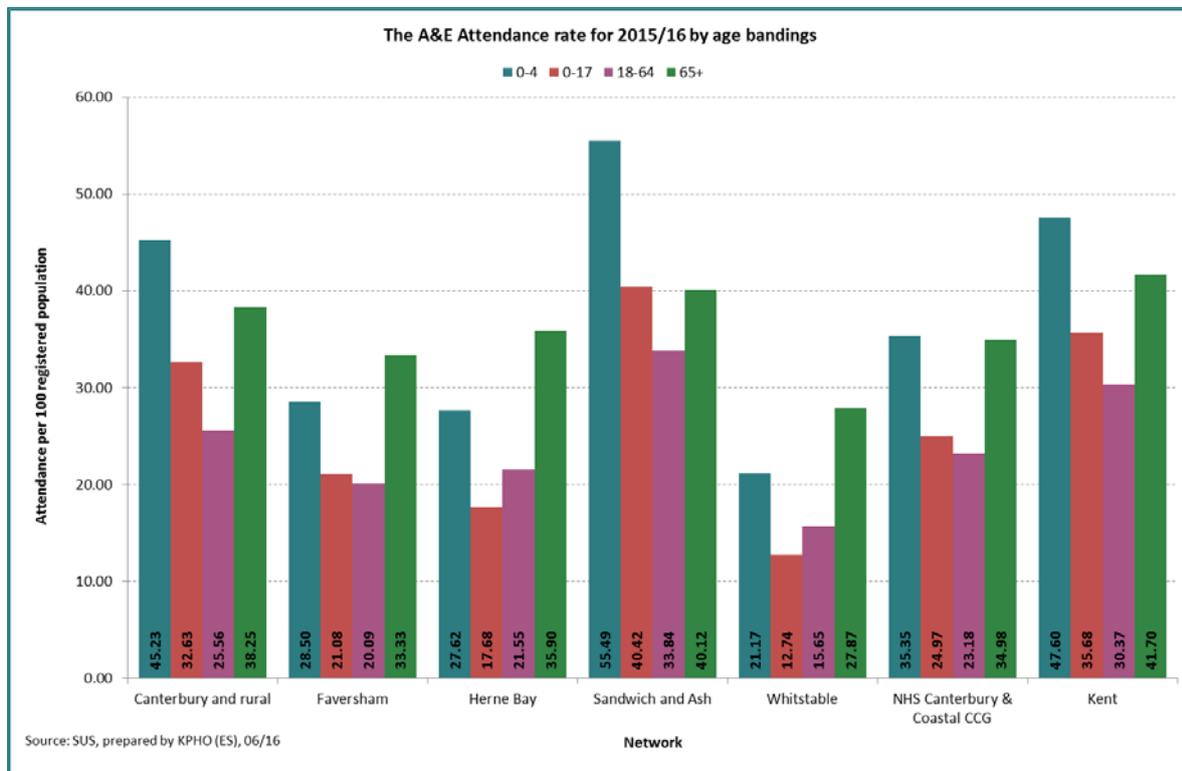
Significantly lower age standardised rates of alcohol specific admissions in males, in comparison to the CCG, can be identified for all practices within Sandwich and Ash.



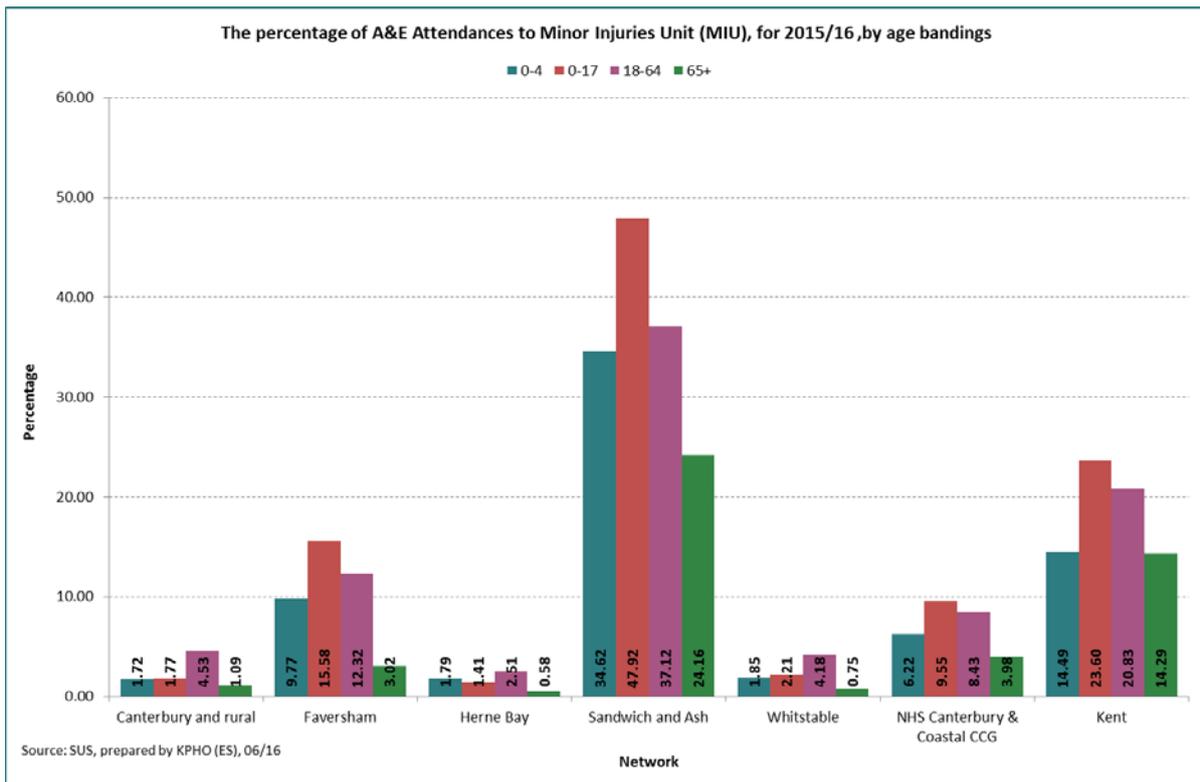
Significantly lower age standardised rates of alcohol specific admissions in females, in comparison to the CCG, can be identified for all practices within Sandwich and Ash.



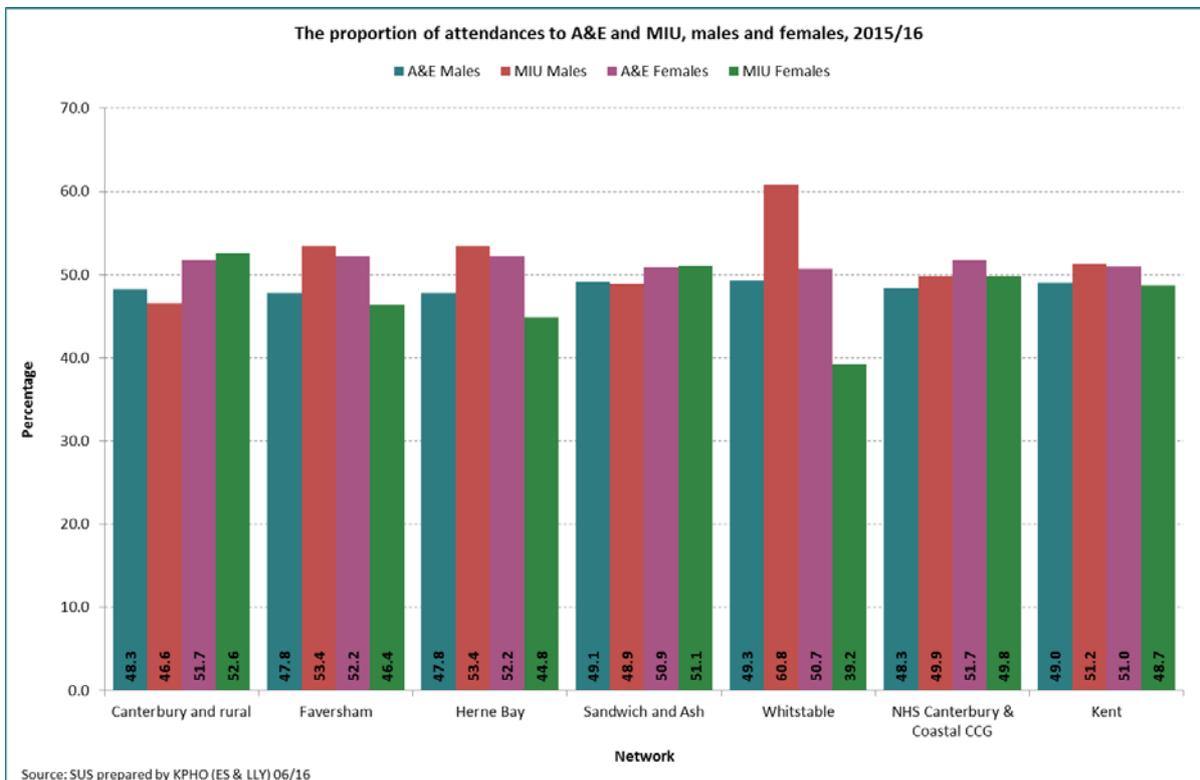
9.2 A&E and MIU Attendances



A&E attendances are highest for children aged 0-4 years and people aged 65 plus years for all networks. A&E attendances for Sandwich and Ash network exceed the Kent rates for all age bandings, apart from those aged 65 plus (40.12%) which is slightly lower than Kent (41.7%)



MIU attendances are substantively lower than A&E attendances across the networks. Apart from Sandwich and Ash where they show similar levels to A&E attendances. In the Sandwich and Ash network, the highest proportion of MIU attendances come from 0-17 years (47.92%).



The proportion of males attending MIU's is slightly higher than attending A&E; in Kent, 49.0% of males attend A&E whilst 51.2% attend MIU. For female residents, this tends to the

opposite trend, more females attend A&E (51.0% in Kent) than MIU's (48.7%). In Sandwich and Ash network, there is a marginal difference between males and females attending A&E or 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	0.44	1.09	0.70	0.27	0.61	0.57	24.31
Kent Community Health NHS Foundation Trust	1.16	8.97	0.75	30.09	1.13	5.31	20.60
Dartford and Gravesham NHS Trust	0.29	0.20	0.28	0.14	0.39	0.27	14.98
William Harvey Hospital (Ashford)	10.99	27.40	4.56	4.79	7.29	10.77	13.15
Queen Elizabeth the Queen Mother Hospital (Margate)	9.04	3.71	44.61	38.32	31.57	20.59	11.36
Kent and Canterbury Hospital	69.00	49.99	44.23	18.09	51.07	54.43	2.51
Medway NHS Trust	0.38	3.25	0.52	0.17	0.59	0.76	4.52
Other	8.69	5.40	4.36	8.13	7.36	7.30	8.57

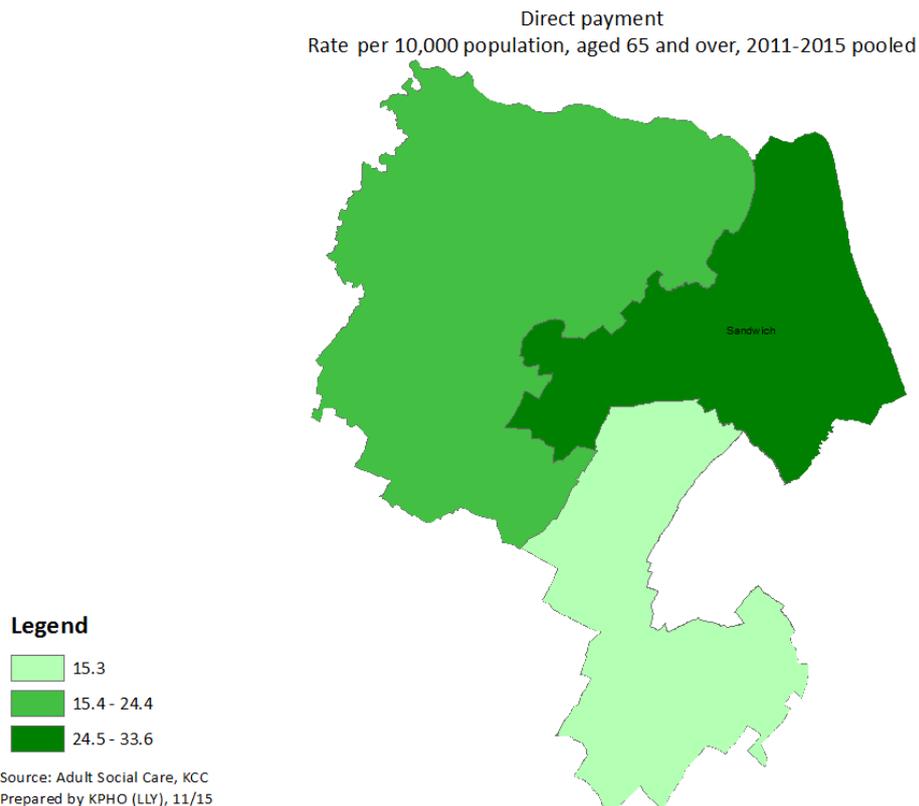
Source: SUS, prepared by: KPHO (ES), 06/16

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 Sandwich and Ash network 38.32% of residents attend the Queen Elizabeth the Queen Mother Hospital.

10. Social care

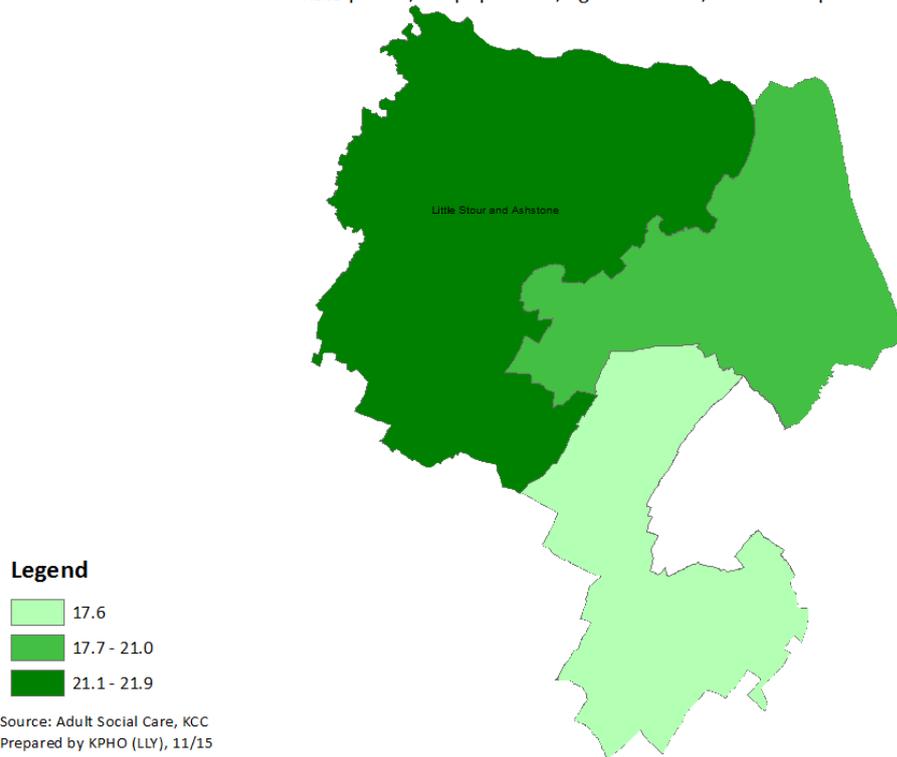
Social care data have been provided by the Adult Social Care department at Kent County Council. Ward level crude rates per 10,000 population have been calculated. For some indicators, either years or age bands have been pooled to increase reliability due to small numbers of people.

For definitions of the indicators, see appendix B.



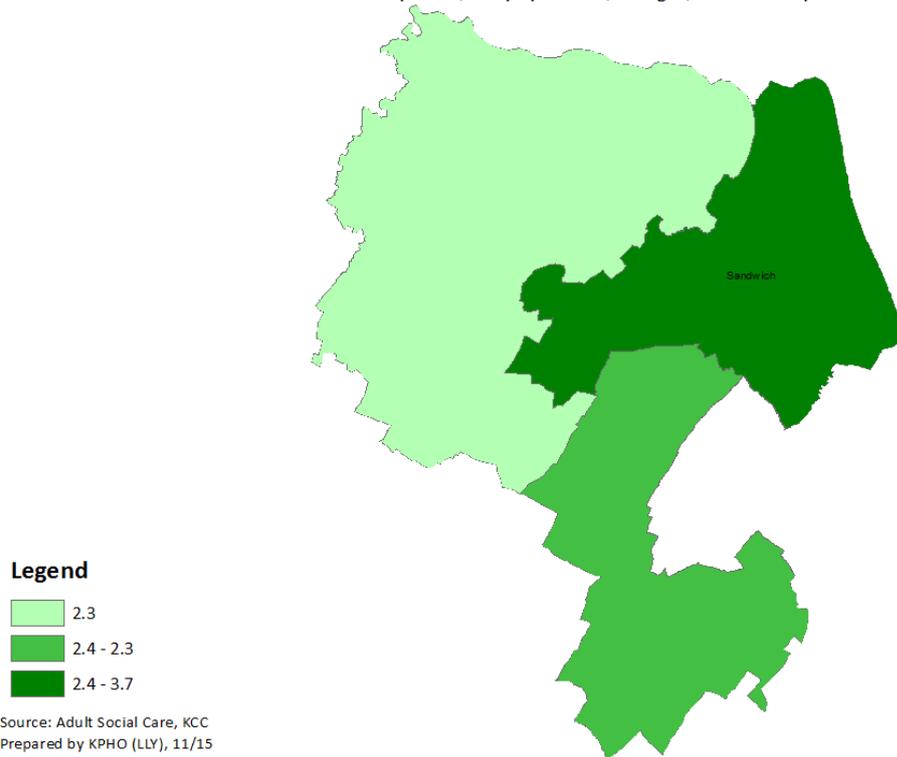
The direct payment rate for people aged 65 and over is similar in Sandwich and Ash community network (6.6), Kent (7.5) and Canterbury and Coastal CCG (7.3). None of the wards have significantly different rates in comparison to the CCG and Kent.

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



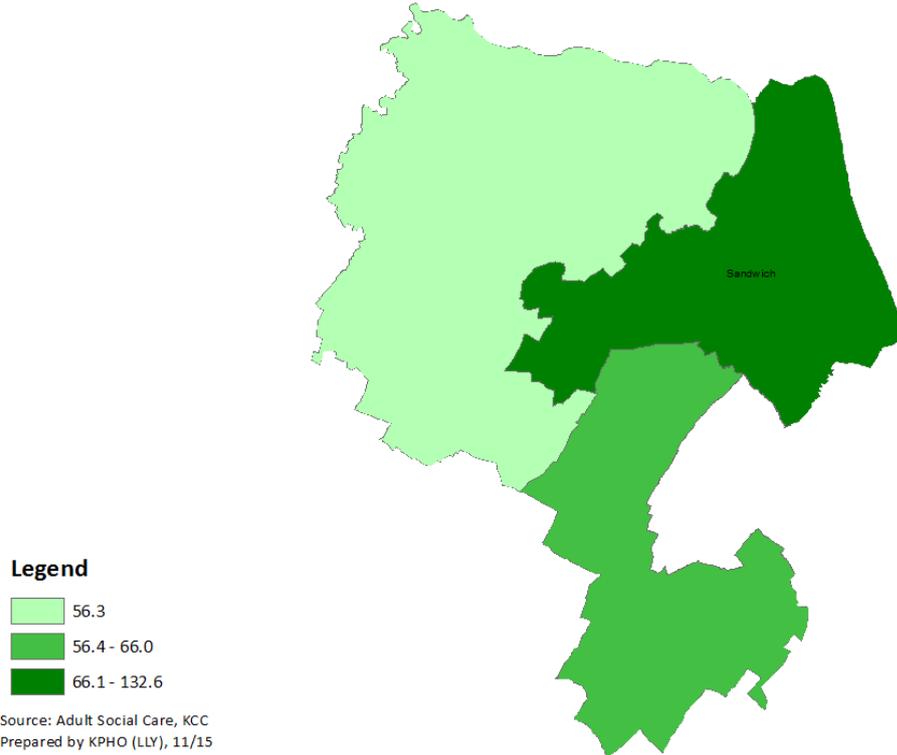
Sandwich and Ash (20.4) has a slightly higher rate of people receiving direct payment per 10,000 people aged under 65 than both Canterbury and Coastal CCG (17.2) and Kent (19.5). None of the wards have a significantly different rate in comparison with Kent or the CCG.

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



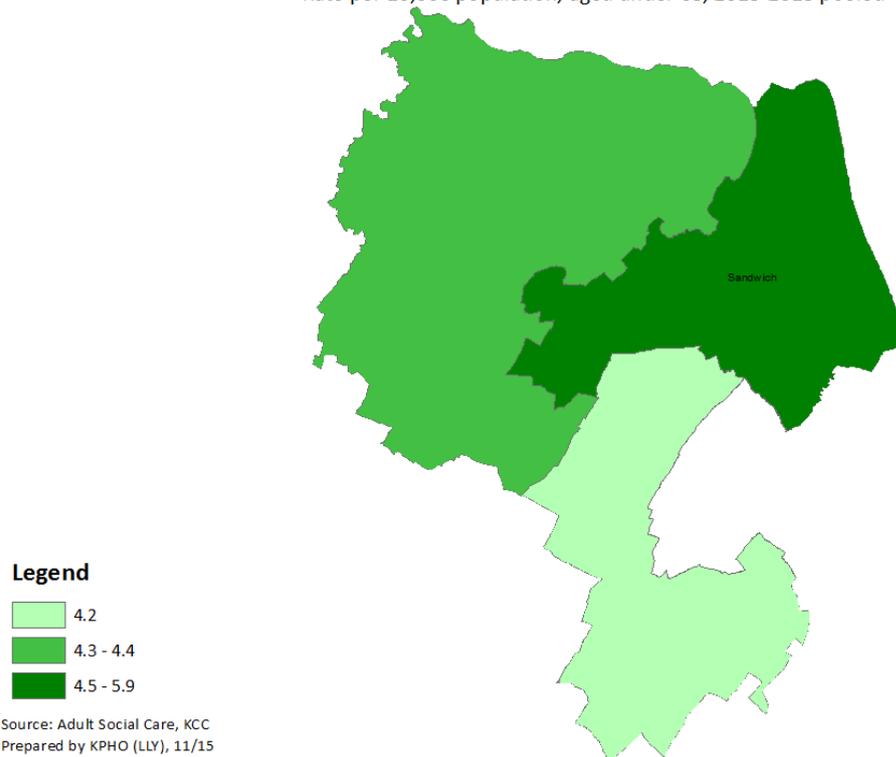
The number of people receiving enablement per 10,000 population is significantly higher in Sandwich and Ash (6.2) compared to both Canterbury and Coastal CCG (2.1) and Kent (3.7). Little Stour and Ashstone and Sandwich wards have significantly higher rates than the CCG and Kent, and Eastry has a significantly lower rate than Kent.

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



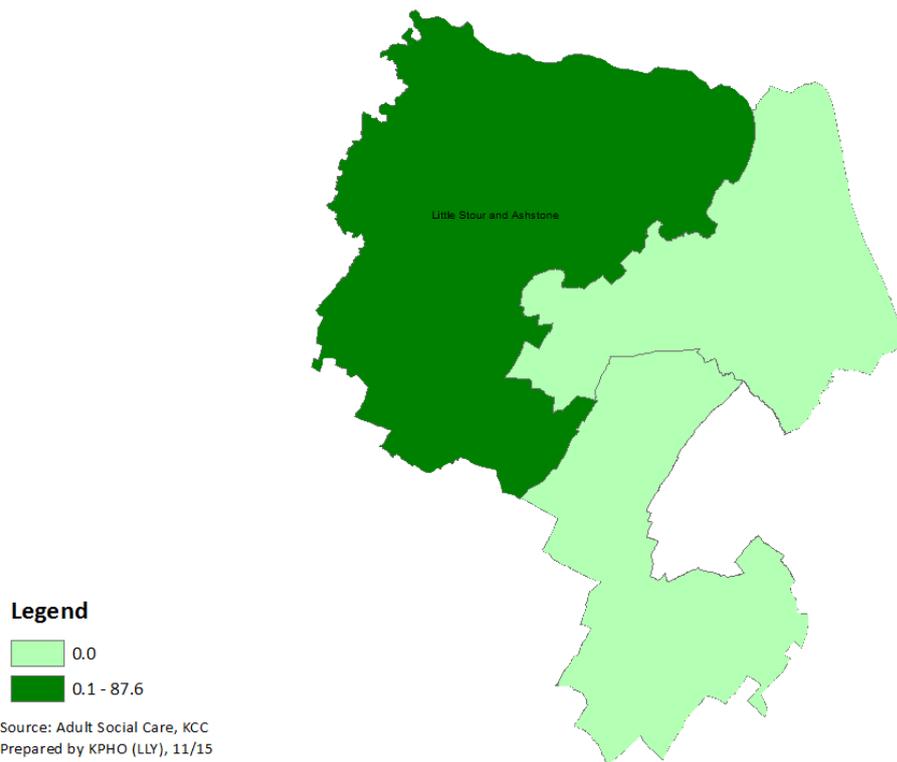
The number of people receiving home care aged 65 and over per 10,000 population is significantly lower in Sandwich and Ash (89.4) than Kent (126.7) and lower than Canterbury and Coastal CCG (116.6). Little Stour and Ashstone ward has a significantly lower rate than Kent.

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



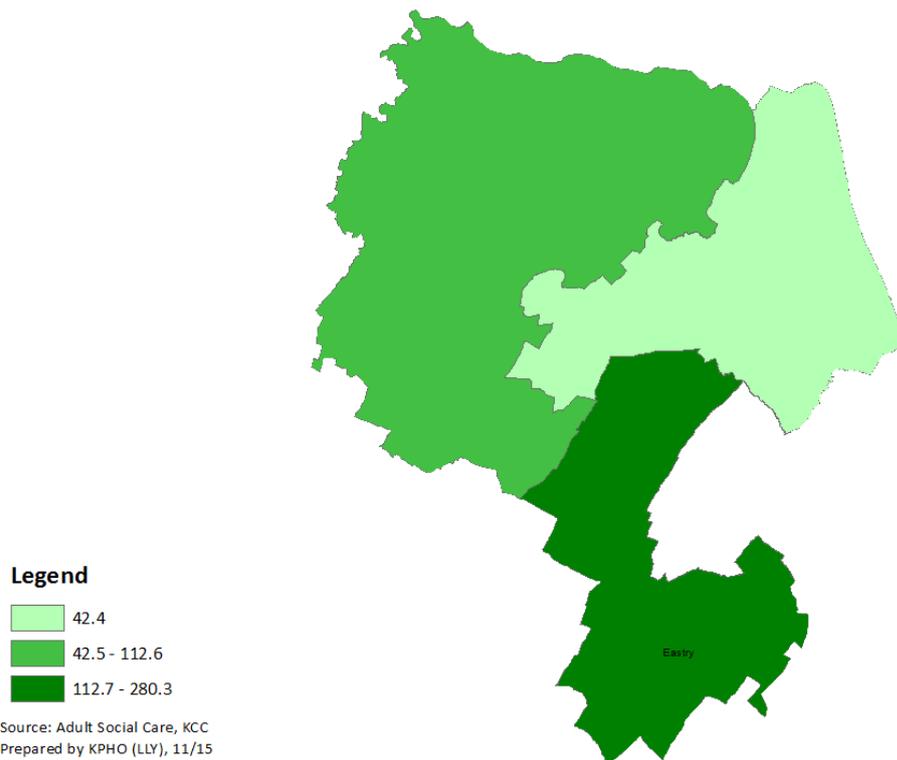
The Sandwich and Ash community network (4.9) has a slightly lower home care rate for people aged under 65 than Kent (6.7) and Canterbury and Coastal CCG (6.2). None of the wards have rates significantly different to the CCG or Kent.

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



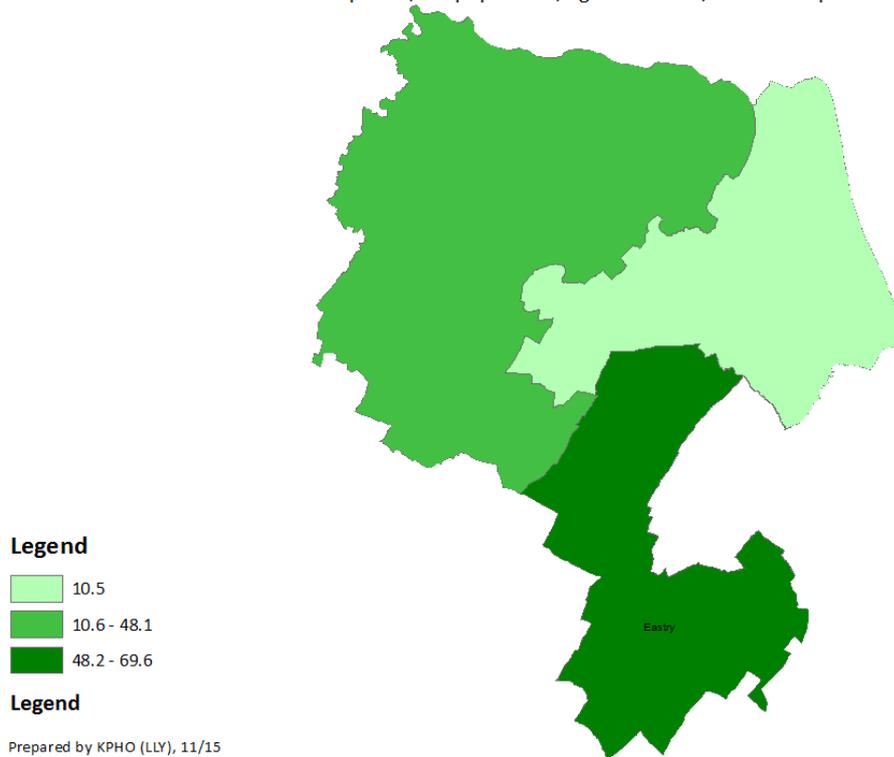
The Sandwich and Ash community network (29.8) has a lower rate than Kent (41.5) and Canterbury and Coastal CCG (39.3). Little Stour and Ashstone ward has a significantly higher rate than the CCG and Kent whilst Eastry and Sandwich has significantly lower rates than both comparator areas.

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



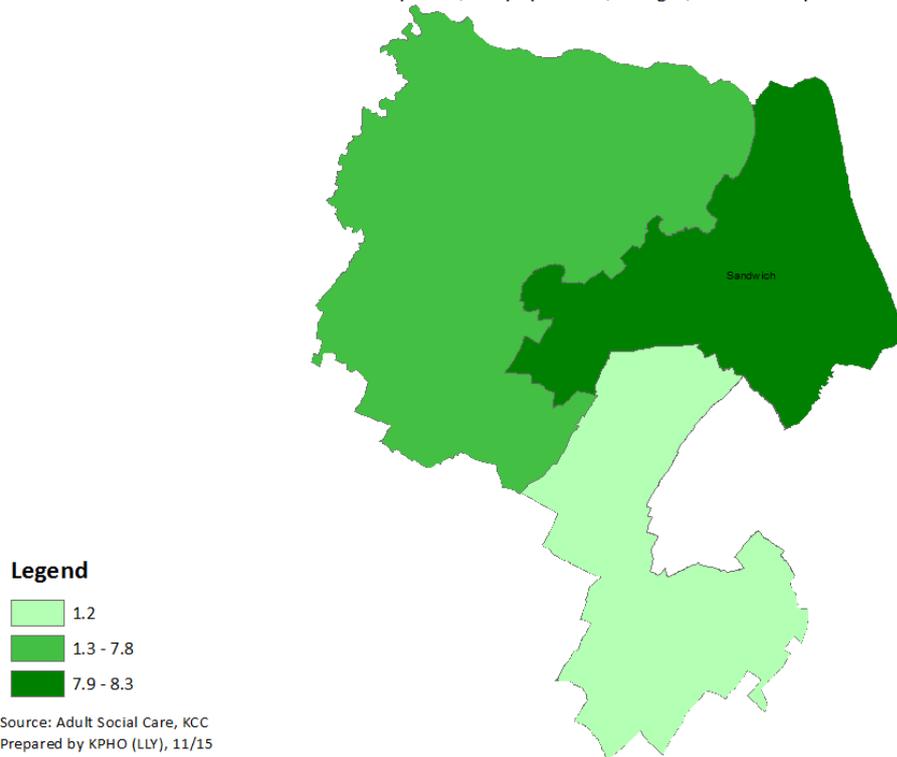
The Sandwich and Ash community network (127.8) has a higher rate than both Canterbury and Coastal CCG (110.9) and Kent (96.0). Eastry ward has significantly higher rates than both the CCG and Kent, whilst Sandwich has significantly lower rates than both the comparator areas.

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



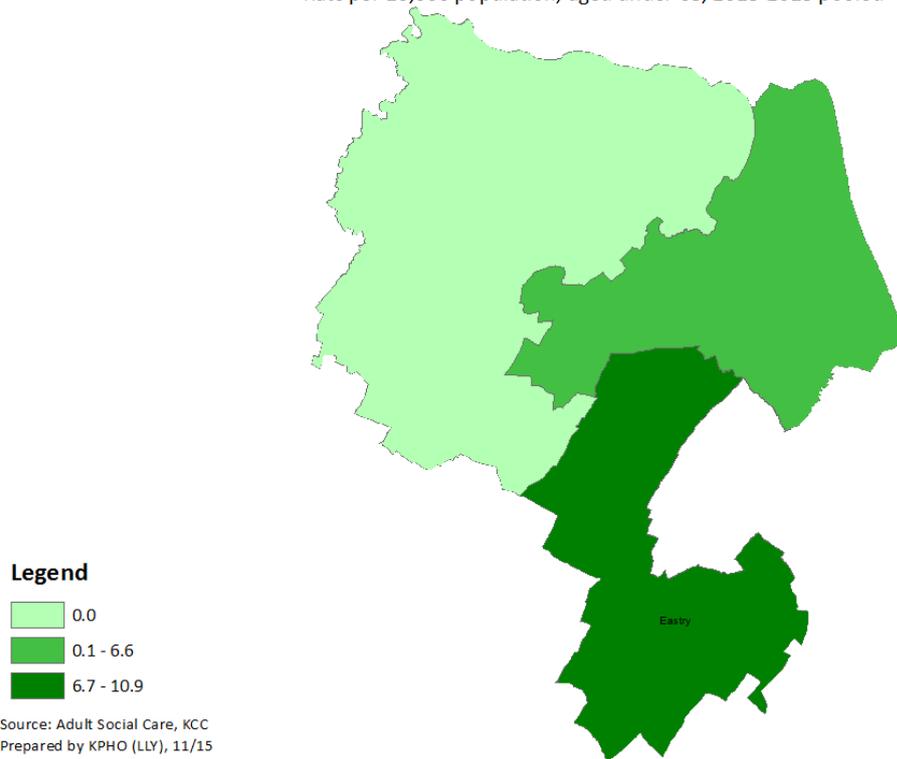
The placement rate for long term residential care for people aged under 65 is significantly higher in Sandwich and Ash (40.8) than Canterbury and Coastal CCG (16.7) and Kent (9.7). Little Stour and Ashstone and Eastry have significantly higher rates than the CCG and Kent.

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



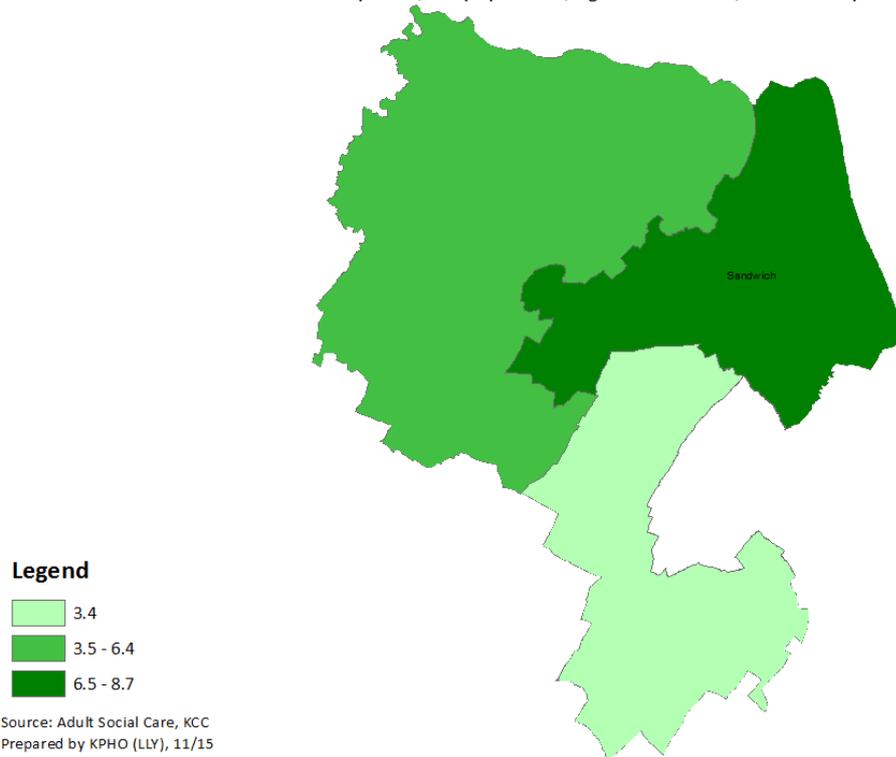
Sandwich and Ash (6.2) has a significantly higher meal service rate than both Canterbury and Coastal CCG (2.1) and Kent (3.7), as do Little Stour and Ashstone and Sandwich wards.

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



For people aged under 65, the support services rate is significantly lower than both Kent (12.7) and Canterbury and Coastal CCG (10.7) in Sandwich and Ash (5.3).

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



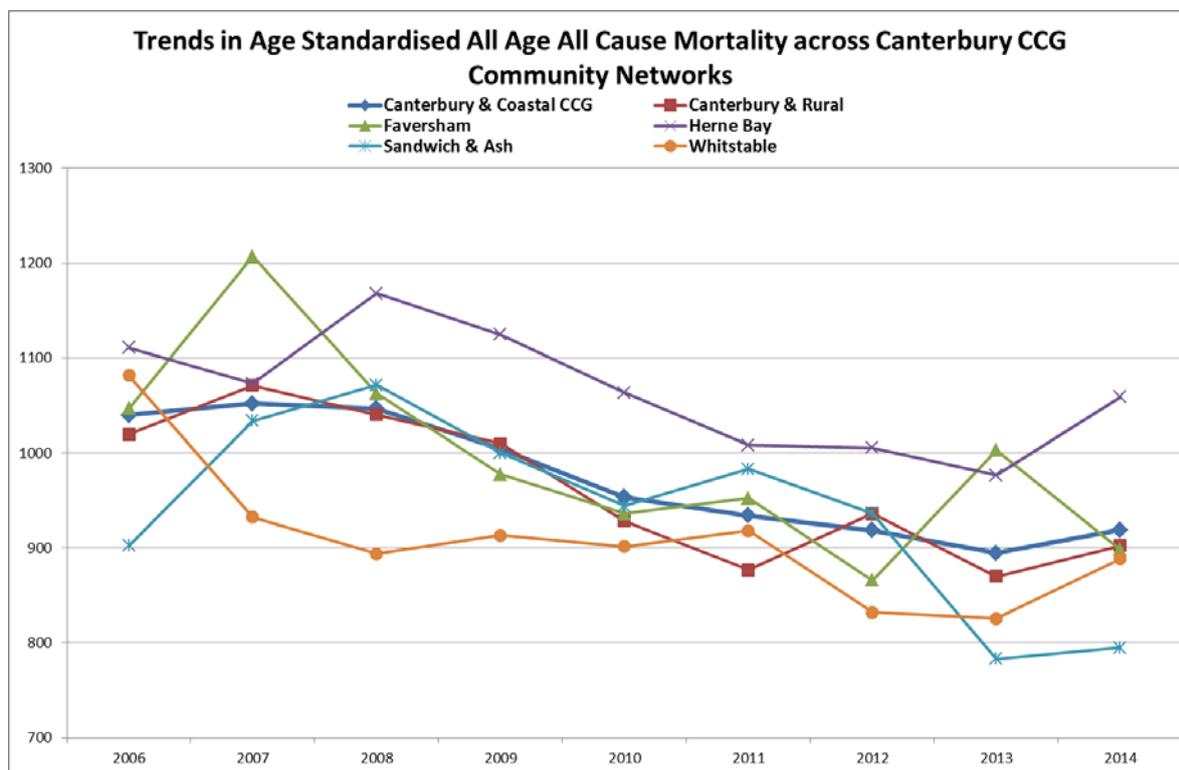
Sandwich and Ash has a lower support services rate per 10,000 population aged 65 and over (6.5) than Kent (7.5) and Canterbury and Coastal CCG (7.3); however this is not significantly different. None of the wards have significantly different rates to the CCG and Kent.

11. Mortality

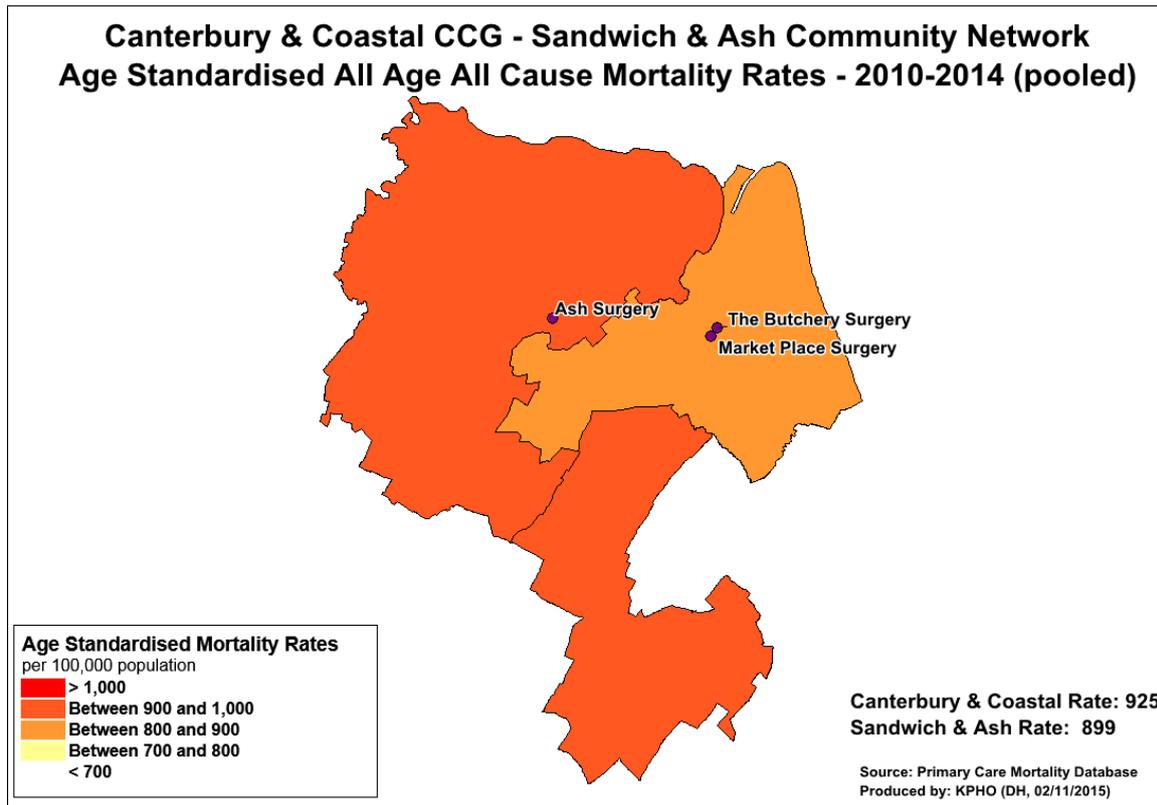
11.1 All age, all cause mortality

11.1.1 All age, all cause mortality

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

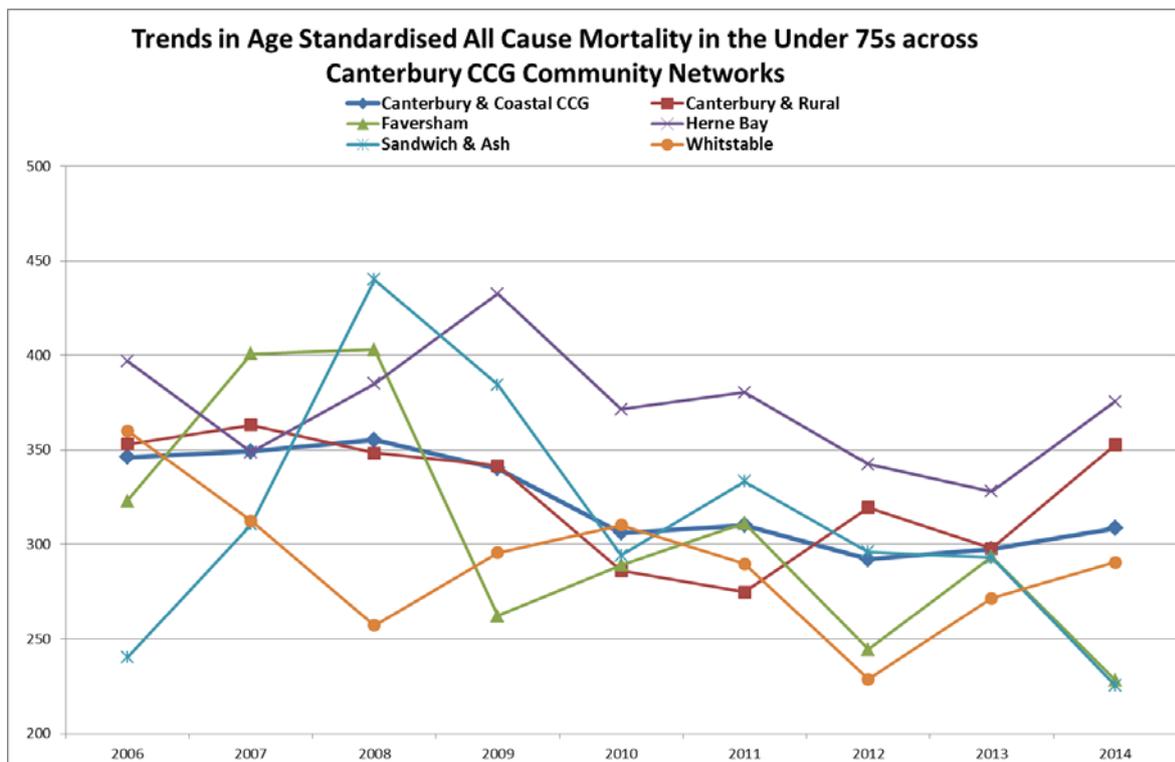


Local five year pooled rates at electoral ward level for all age, all cause mortality show that in the Sandwich & Ash community network area the electoral ward of Little Stour & Ashstone has the highest standardised rate (961 per 100,000), the lowest rate locally is in the Sandwich ward (834 per 100,000) – these compare to a community network rate of 899 and a wider CCG rate of 925.

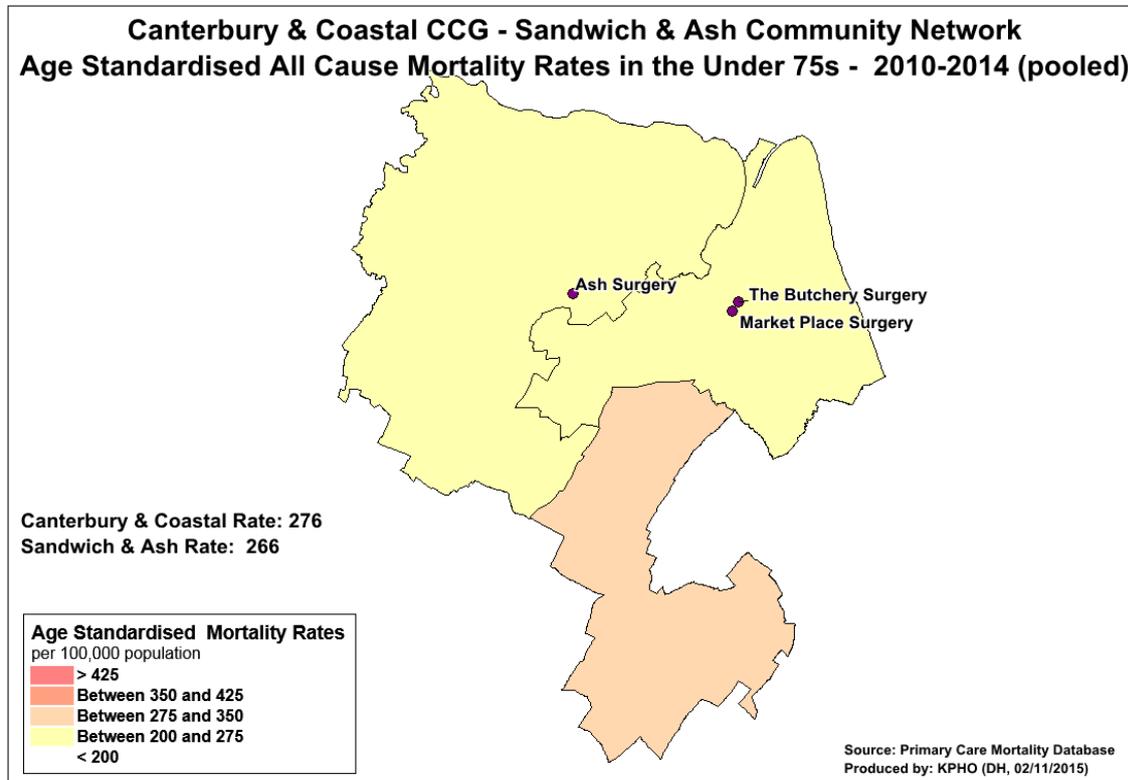


11.1.2 All cause mortality in the under 75s

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



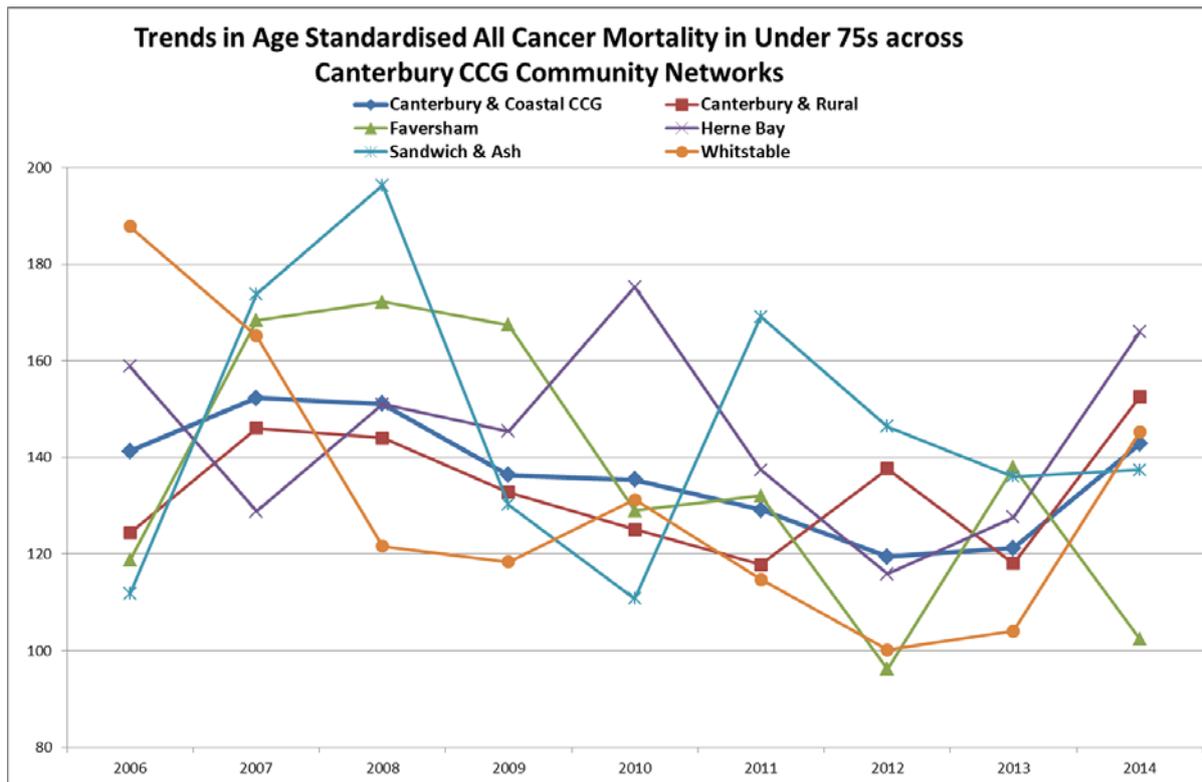
Age standardised rates at ward level are lower in Sandwich & Ash than across the CCG. Eastry ward has the highest five year pooled rate locally at 275 per 100,000. For Sandwich, the rate is 253. The overall community network rate is 266, lower than the Canterbury & Coastal rate of 276.



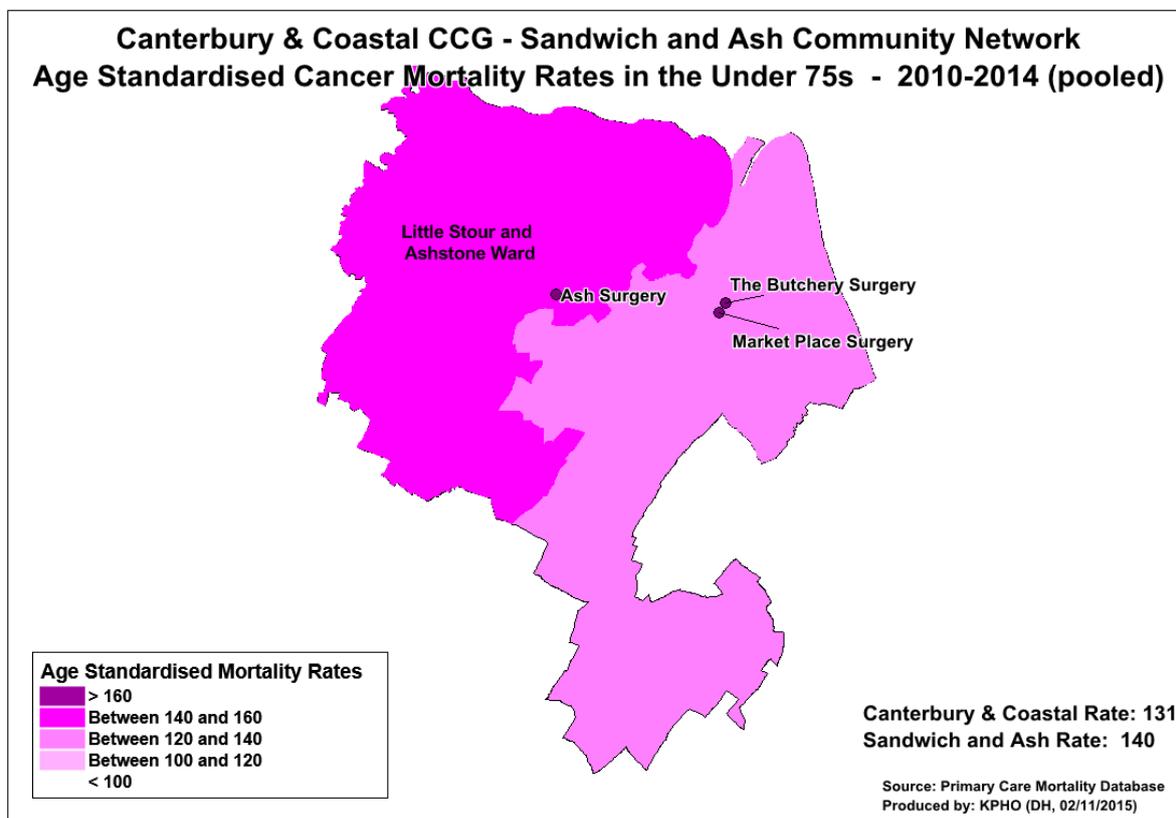
11.2 Premature Mortality: Cancer

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.

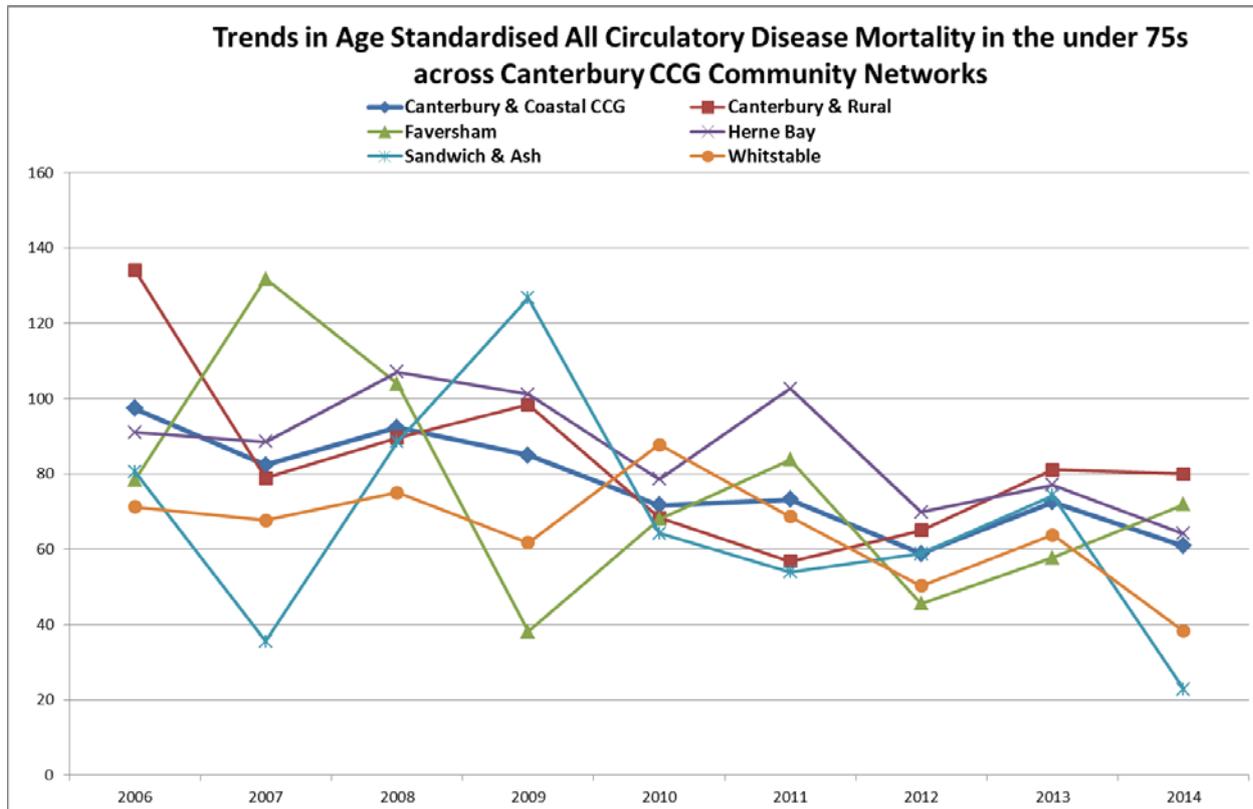


The five year pooled rate for under 75s cancer mortality shows that Sandwich & Ash (140 per 100,000) has a slightly non-significant higher rate than that of Canterbury & Coastal (131 per 100,000). The standardised rate for the electoral wards in Sandwich & Ash are: 159 – Little Stour & Ash, 141 – Eastry and 121 – Sandwich.



11.3 Premature mortality: Circulatory disease

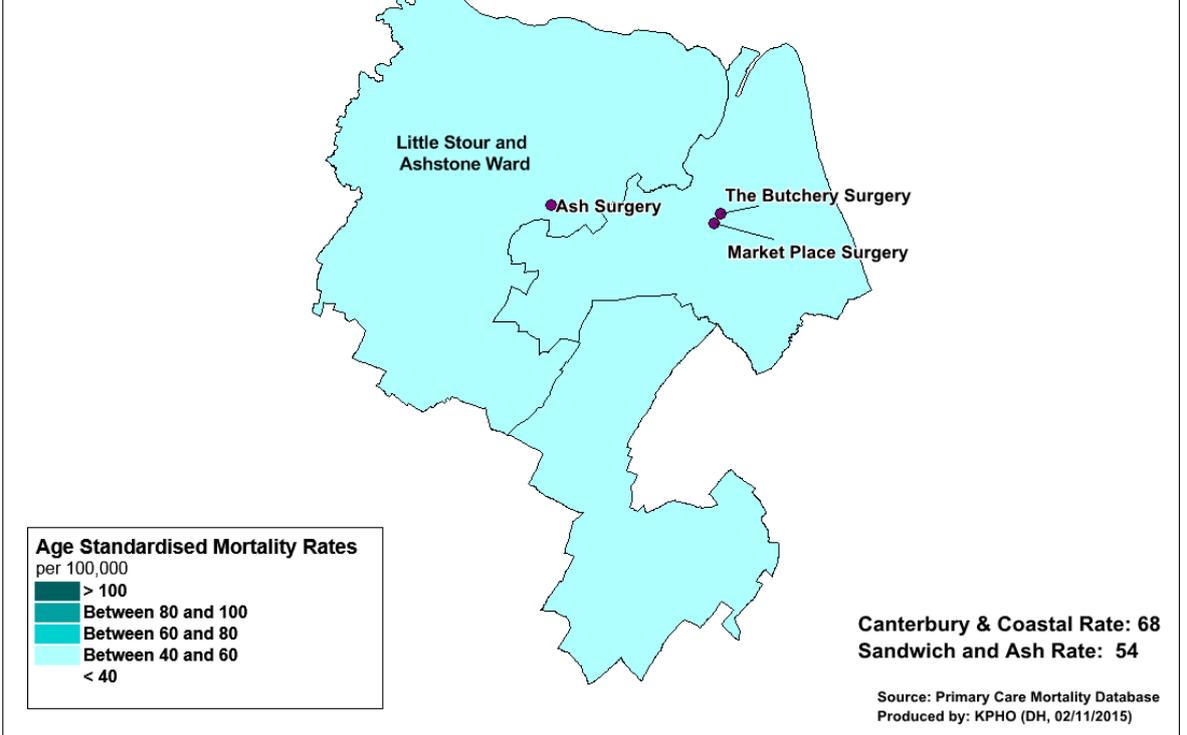
11.3.1 Under 75 Circulatory disease mortality



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 in Sandwich & Ash are low. Little Stour & ash have a rate of 50 per 100,000, the lowest locally, while Eastry are the highest with 58 per 100,000. These compare favourably to the Canterbury & Coastal rate of 68 per 100,000.

Canterbury & Coastal CCG - Sandwich and Ash Community Network
Age Standardised Circulatory Disease Mortality Rates in the Under 75s - 2010-2014 (pooled)



Appendix A: QOF clinical achievement indicators

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

| Appendix B: Social care definitions

Long term residential care home placements:

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

Direct payments:

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

Home care:

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

Support services:

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

Long term nursing care home placements:

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

Enablement:

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

Meal services:

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