KENT PUBLIC HEALTH OBSERVATORY

South Kent Coast CCG hub Profile
Hythe and New Romney

October 2015

Produced by

Jessica Mookherjee: Public Health Consultant (Jessica.Mookherjee@Kent.gov.uk)
Del Herridge, Zara Cuccu, Emily Silcock, Lauren Liddell-Young: Kent Public Health Observatory
Correspondence to: kpho@kent.gov.uk

Kent County Council
kent.gov.uk

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Contents

Key Findings 3

Demographics Overview 5

Primary Care Context 8

GP Survey 11

Long term conditions prevalence 12

Primary care performance in the management of long term conditions 24

Breastfeeding 33

Health Checks 34

Cancer 35

Lifestyles 38

Accident and emergency activity 39

Outpatient activity 40

Mortality 44

Life Expectancy 48

Appendix 49

Key Findings

Demographic overview

- Approximately 30,400 persons are registered to the six GP practices located within the Hythe/New Romney hub. The population structure has predominantly an older population than that of South Kent Coast CCG, more than 55% of the population are aged over 45.

Primary care context

- Oaklands Health Centre had a decrease of FTE of general practitioner per year; currently this is 3.1 for 2014.
- Oak Hall Surgery has the highest general practitioner to population ratio at 5.4 in 2014.

GP Survey

- GP surgery, Church Lane, shows a higher rating of 'fairly poor' and 'very poor' compared to other surgeries.

Chronic conditions prevalence

- In 2013/14, the general practice recorded prevalence was significantly higher than the CCG for the long term conditions; atrial fibrillation, cancer, chronic kidney disease, coronary heart disease, hypertension, hypothyroidism, learning disabilities and stroke.
- Chronic kidney disease recorded prevalence has increased by 0.63% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Primary care performance in the management of chronic conditions

- General practices have been explored for significantly lower clinical achievement for the percentage of patients receiving the intervention for the range of long term conditions. Also, practices with exception rates that are outliers, greater than two standard deviations from the Kent mean have been highlighted.

Health Checks

- Performance describes the numbers of health checks delivered (within all settings) in comparison to the eligible population (one fifth of the five year eligible population).
- Practices G82007 (Church Lane), G82018 (Sun Lane), G82072 (Orchard House), G82147 (Oak Hall Surgery) and G82665 (Martello Medical Centre) had performance that was significantly lower than the 95% or 99.8% control limits within Kent

Cancer

- Across Kent it is known that there has been an increasing trend in cancer incidence. General practices have been explored for their prevalence, as well as, screening for breast, cervical and bowel cancer.

Lifestyles

- Modelled estimates for obesity and smoking prevalence have been presented for South Kent Coast CCG.

Accident and emergency activity

- The rate of increase for Hythe/New Romney patients is lower (3%) than the rate for South Kent Coast (5%), both are lower than the rate for the rest of the CCGs in Kent which is 8%.
- The age profile of accident & emergency attendances over the three year period shows that the Hythe/New Romney area has a lower proportion of attendances among people aged 15 to 24 than South Kent Coast CCG, but attendances in the over 55 population are far more frequent and account for 50% of all activity.

Outpatient activity

- The proportion of appointments whereby the patient did not attend were lower within Folkestone, in comparison to South Kent Coast CCG and Kent. In 2014/15, within Folkestone, patient not attending appointment amounted to 2,630 appointments.
- First appointments accounted for 32,528 attendances within Folkestone general practices. After first attendance, 37.1% or 12,056 were discharged from care.

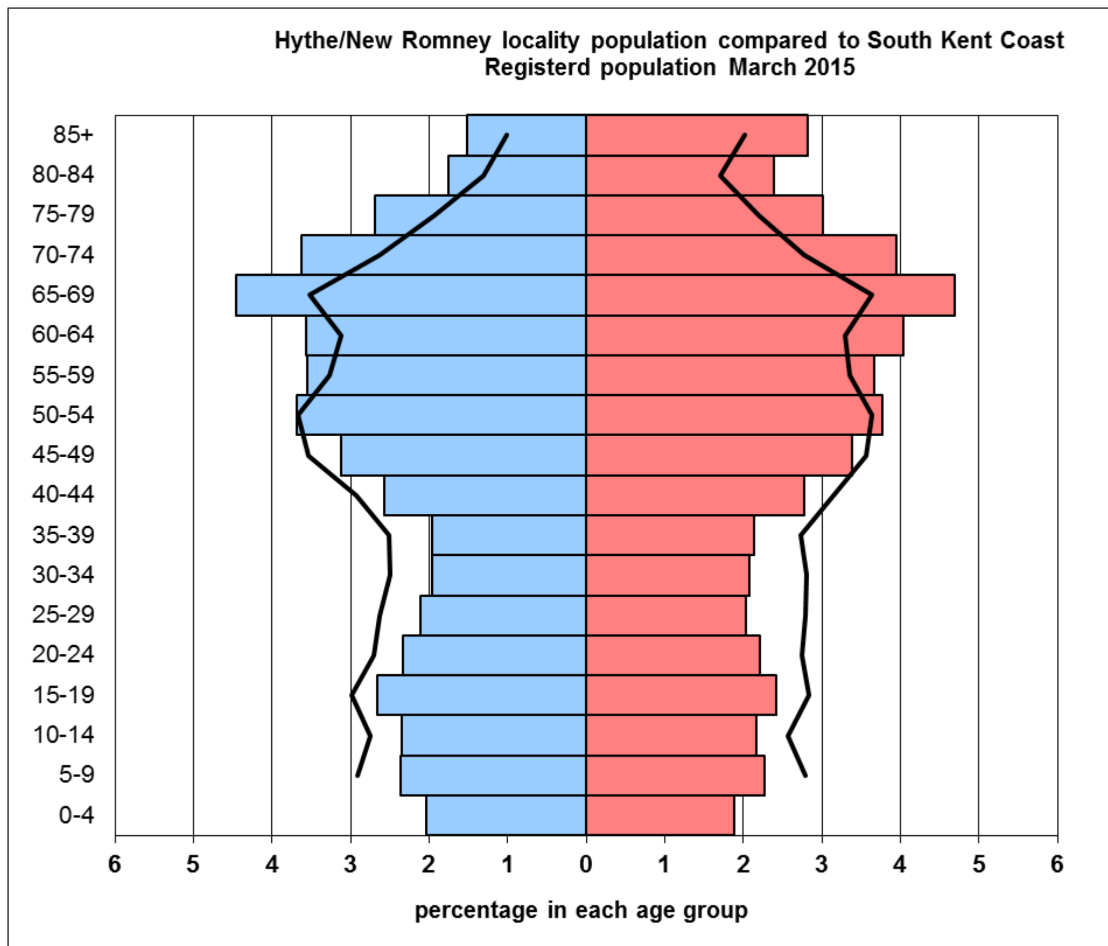
Mortality and life expectancy

- Hythe / New Romney hub has a significantly higher all age, all cause mortality rate for 2006 to 2014 (pooled) than Kent. The rate of decrease between 2006 and 2014 has been faster in the hub than in Kent or South Kent Coast CCG.
- Overall, the under 75 cancer mortality rate for the hub is slightly higher than Kent, but similar to other comparator areas. Over the past nine years, the rate has decreased; however, large fluctuations have been observed.
- No significant differences were observed between the practices and the hub for under 75 circulatory disease mortality rates. The hub has a lower mortality rate (2006-2014 pooled) than the CCG, but is similar to Kent. The rate of decrease annually has been faster in the hub; however, there are large fluctuations in the rate.
- There are no significant differences between under 75 respiratory disease mortality rates between the practices and the hub or the hub and comparator areas. There has been little change overall in rate between 2006 and 2014, although substantial fluctuations have been observed.
- There is a 3.5 year gap in life expectancy between the practices with the lowest and the highest life expectancies. The Sun Lane surgery has a significantly higher life expectancy in comparison to the Hythe / New Romney hub. However, the hub has a significantly lower life expectancy compared to Kent.

Demographics Overview

Approximately 30,400 persons are registered to the six GP practices located within the Hythe/New Romney hub. The population structure can be seen in the chart below, predominantly an older population than that of South Kent Coast generally, more than 55% of the population are aged over 45. There are slightly more females than males in the area (52.1% to 47.9% males).

Figure 1



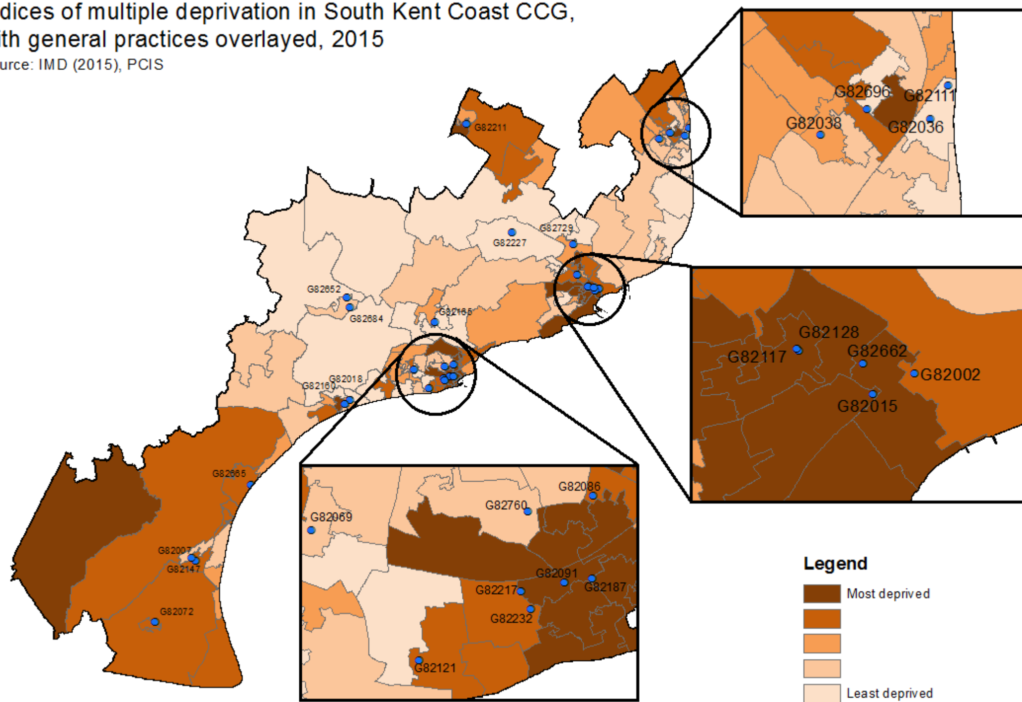
The overall population of South Kent Coast CCG is set to increase by 15% by the year 2025 from the current registered of 205,000 rising to around 215,000, with the greatest growth in the over 65 population (24%) up from 47,000 to 58,200 .

Figure 2

Hythe/New Romney locality registered population - March 2015

Age band	Male	Female	Total
0-4	709	691	1,400
5-9	748	678	1,426
10-14	781	695	1,476
15-19	844	745	1,589
20-24	749	689	1,438
25-29	645	717	1,362
30-34	683	741	1,424
35-39	635	708	1,343
40-44	816	911	1,727
45-49	957	1,001	1,958
50-54	1,061	1,132	2,193
55-59	996	1,087	2,083
60-64	998	1,119	2,117
65-69	1,224	1,383	2,607
70-74	1,009	1,086	2,095
75-79	726	885	1,611
80-84	528	703	1,231
85+	464	897	1,361
Total	14,573	15,868	30,441

Figure 3



The most deprived fifth of LSOAs tend to centre around the towns; Dover and Folkestone. The Romney Marsh area is also relatively deprived.

Primary Care Context

General Practitioners

The general practitioner providers represent the practitioners who have entered into contracts to provide services. This indicator has been used as it enables comparison over time. But this does not represent the salaried GPs who work within general practices.

The general practice context: provider headcount and provider full time equivalent (FTE) have been detailed below.

- Oaklands Health Centre has remained consistent with four general practitioner providers from 2012 to 2014; Sun Lane and Orchard House also follow the same pattern. Sun Lane, Orchard House and Martello Medical Centre surgeries all have one general practitioner per practice from 2012 to 2014.
- Oaklands Health Centre has a decrease of FTE of general practitioners per year; currently this is 3.1 for 2014.

Figure 4

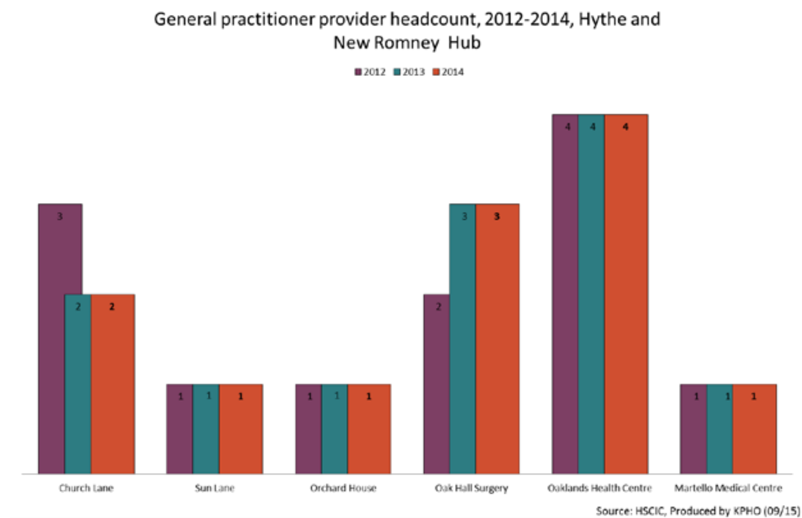
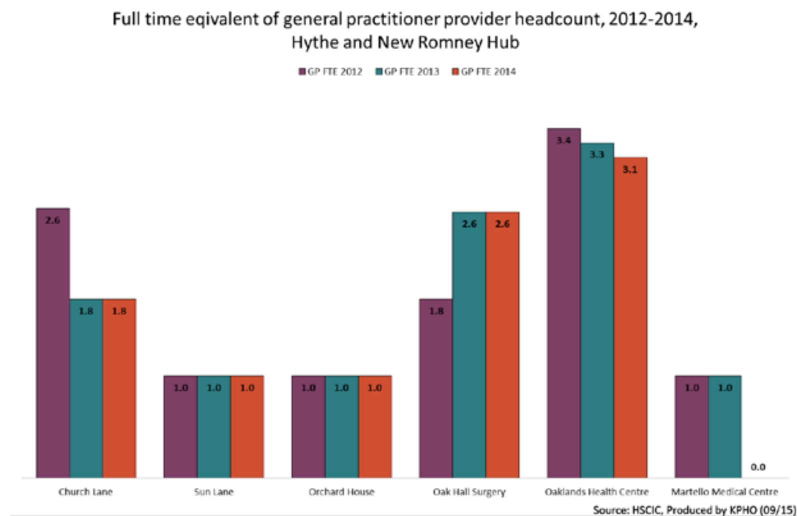


Figure 5

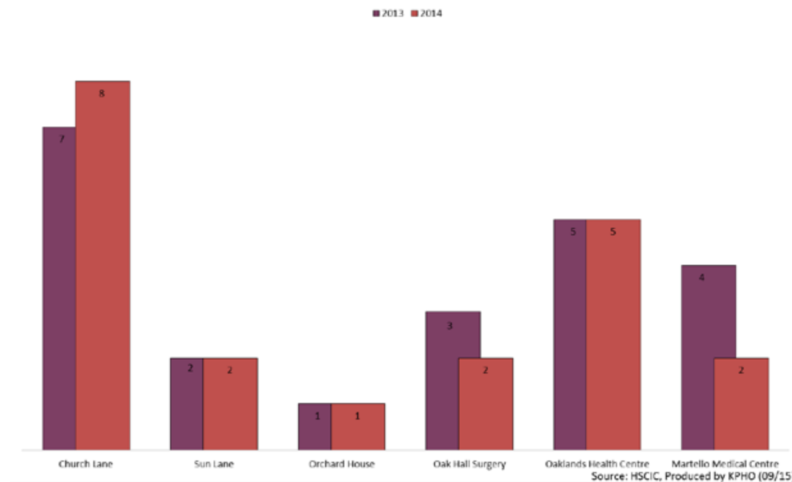


Total Nurses

The total headcount nurses definition refers to advanced nurses, extended role nurses and practice nurses. The total headcount of nurses for each general practice has been detailed below.

The total headcount of nurses at Oak Hall Surgery and Martello Medical Centre has decreased between 2013 and 2014.

Figure 6

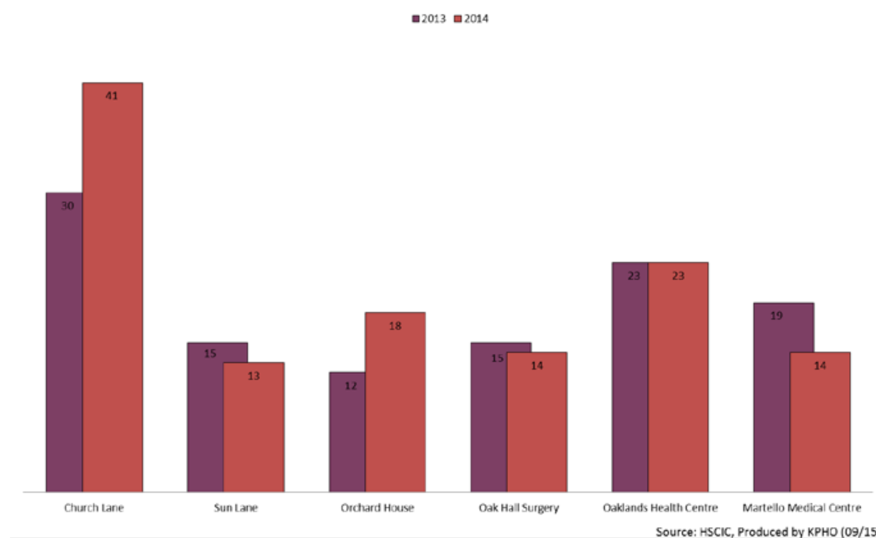


Practice Staff

The total practice staff indicator can be defined to exclude general practitioners, but includes; nurses, those involved within direct patient care or administration and other paid members of practice staff. The total practice staff headcount for each general practice has been detailed below.

Three out of the six general practices show a decrease in the headcount of practice staff (Sun Lane, Oak Hall Surgery and Martello Medical Centre).

Figure 7



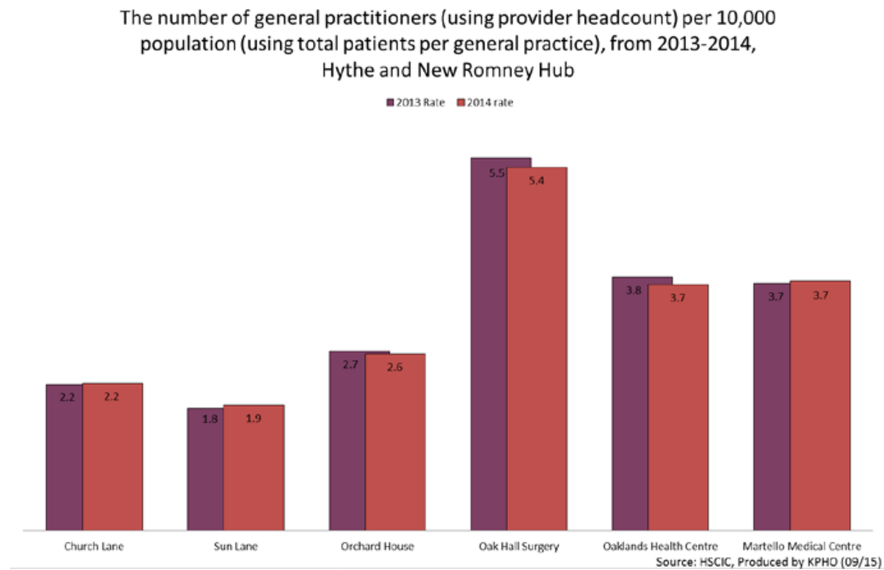
General Practitioner to Population Ratio

The general practitioner providers represent the practitioners who have entered into contracts to provide services. This indicator has been used as it enables comparison over time. But this does not represent the salaried GPs who work within general practices.

The general practitioner provider to population ratio has been presented below.

Oak Hall Surgery has the highest general practitioner to population ratio at 5.4 per 10,000 population. This has decreased from being 5.5 in 2013.

Figure 8



GP Survey

From the GP Survey, conducted for each year, the overall experience at a GP survey has been analysed from 2012 to 2014.

The rating of the overall experience of a GP surgery has decreased from 2012 to 2014 as the number of completed surveys has decreased. The rating of 'very good' and 'fairly good' have both remained the highest rating of answers per GP surgery. GP surgery, Church Lane, shows a higher rating of 'fairly poor' and 'very poor' compared to other surgeries.

Table 1

Overall Response 2012	Church Lane	Sun House	Orchard House	Oak Hall Surgery	Oaklands Health Centre	Martello Medical Centre
Overall experience of GP surgery	Percentage of answers (%)					
Very good	29	35	60	76	47	54
Fairly good	47	41	37	21	42	38
Neither good nor poor	14	16	2	4	7	6
Fairly poor	5	7	0	0	4	2
Very poor	5	1	1	0	1	1

Source: GP Patient Survey, January-September 2012

Overall Response 2013	Church Lane	Sun House	Orchard House	Oak Hall Surgery	Oaklands Health Centre	Martello Medical Centre
Overall experience of GP surgery	Percentage of answers (%)					
Very good	28	33	58	75	41	48
Fairly good	43	49	27	21	48	34
Neither good nor poor	12	13	5	4	11	10
Fairly poor	12	5	9	0	1	6
Very poor	4	1	1	0	0	2

Source: Practice Report (GP Patient Survey), January-March 2013 and July-September 2013

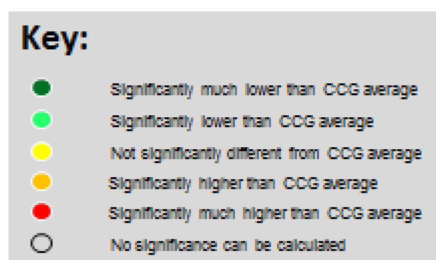
Overall Response 2014	Church Lane	Sun House	Orchard House	Oak Hall Surgery	Oaklands Health Centre	Martello Medical Centre
Overall experience of GP surgery	Percentage of answers (%)					
Very good	29	46	61	67	39	47
Fairly good	48	48	30	29	46	39
Neither good nor poor	10	11	0	3	11	7
Fairly poor	9	3	8	0	3	7
Very poor	4	2	1	0	0	0

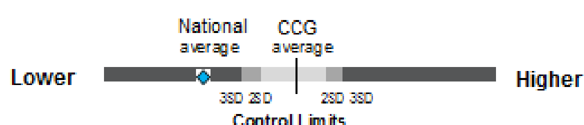
Source: Practice Report (GP Patient Survey), July-September 2013 and January-March 2014

Long term conditions prevalence

Recorded Prevalence

Spine charts have been produced to compare the general practice recorded prevalence of long term conditions with the NHS South Kent Coast CCG recorded prevalence in 2013/14.





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.

The QOF uses an extract of practice list sizes as of 1st January 2014 and disease registers as at 31st March 2014. Analysis has been based on practices open as at time of report publication.

Recorded prevalence for the most of long term conditions uses the total practice population. However, this differs for obesity (16 years and over), diabetes (17 years and over), as well as, learning disabilities, epilepsy and chronic kidney disease (18 years and over).

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.

*It should be noted that limitations have been identified with the QOF recorded prevalence of Chronic Kidney Disease. Coding issues have been reported that may lead to under reporting.

G82007 - Church Lane

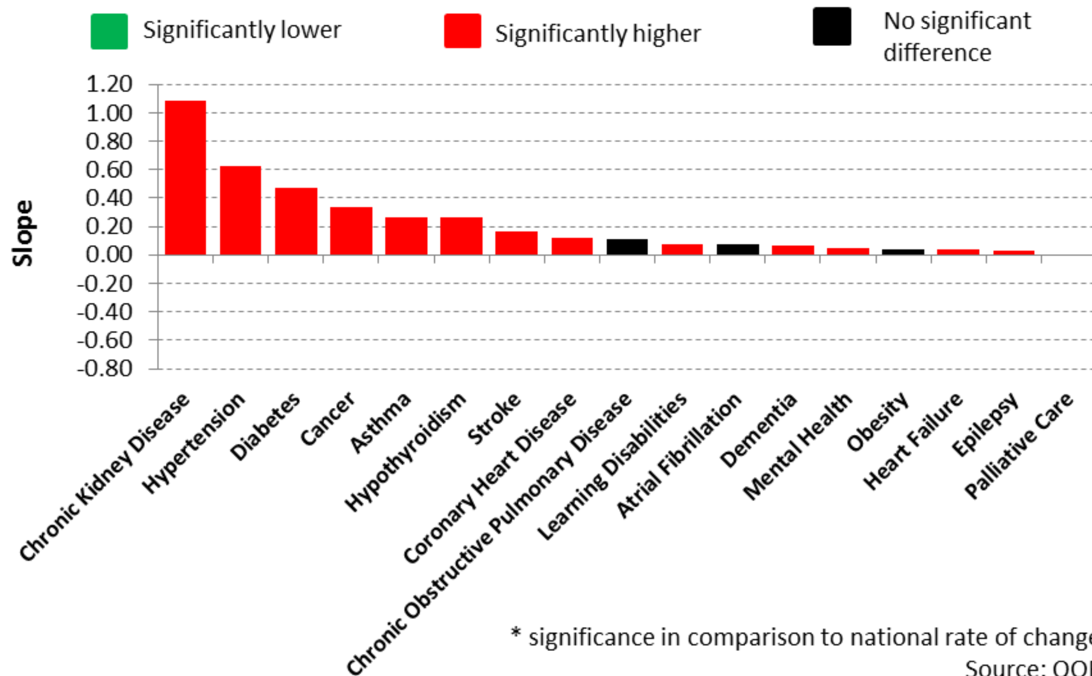
In 2013/14, the general practice recorded prevalence had significantly higher recorded prevalence than the CCG for the long term conditions; cancer, chronic kidney disease, coronary heart disease, diabetes, hypertension, hypothyroidism and stroke.

Table 2

	Practice		CCG			
Indicator	Number	Prevalence	Average	Low	Range	High
Asthma (%)	587	6.4	5.7	4.1		10.3
Atrial fibrillation (%)	240	2.6	2.2	1.2		3.6
Cancer (%)	316	3.5	2.5	0.8		4.0
Chronic Kidney Disease (%)	636	8.2	5.5	3.8		8.2
Chronic Obstructive Pulmonary Disease	220	2.4	2.3	1.1		4.3
Coronary Heart Disease (%)	482	5.3	3.8	2.7		5.7
Dementia (%)	62	0.7	0.6	0.1		1.0
Diabetes (%)	726	9.3	7.0	5.7		9.3
Epilepsy (%)	101	1.3	1.0	0.3		1.5
Heart Failure (%)	78	0.9	0.7	0.4		1.1
Hypertension (%)	1819	19.9	16.2	12.0		20.5
Hypothyroidism (%)	478	5.2	3.4	2.0		5.2
Learning Disabilities (%)	76	1.0	0.8	0.2		2.4
Mental Health (%)	60	0.7	0.8	0.3		1.5
Obesity (%)	705	8.9	10.4	3.8		20.2
Palliative Care (%)	15	0.2	0.2	0.0		0.4
Stroke (%)	234	2.6	2.0	1.2		3.3

Chronic kidney disease recorded prevalence has increased by 1.09% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Figure 9



G82018 - Sun Lane

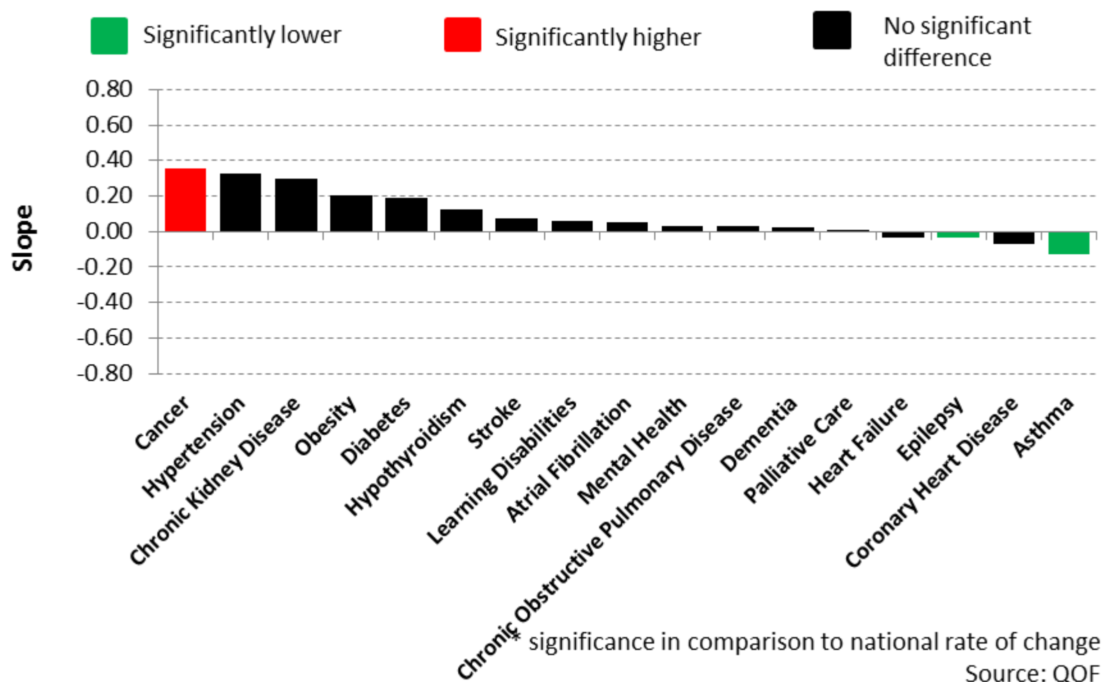
In 2013/14, the general practice recorded prevalence was significantly higher than the CCG for the long term conditions; cancer and hypertension.

Table 3

	Practice		CCG			
Indicator	Number	Prevalence	Average	Low	Range	High
Asthma (%)	241	4.4	5.7	4.1		10.3
Atrial fibrillation (%)	152	2.8	2.2	1.2		3.6
Cancer (%)	185	3.4	2.5	0.8		4.0
Chronic Kidney Disease (%)	173	3.8	5.5	3.8		8.2
Chronic Obstructive Pulmonary Disease	88	1.6	2.3	1.1		4.3
Coronary Heart Disease (%)	236	4.3	3.8	2.7		5.7
Dementia (%)	32	0.6	0.6	0.1		1.0
Diabetes (%)	317	6.8	7.0	5.7		9.3
Epilepsy (%)	30	0.7	1.0	0.3		1.5
Heart Failure (%)	40	0.7	0.7	0.4		1.1
Hypertension (%)	1071	19.7	16.2	12.0		20.5
Hypothyroidism (%)	190	3.5	3.4	2.0		5.2
Learning Disabilities (%)	21	0.5	0.8	0.2		2.4
Mental Health (%)	39	0.7	0.8	0.3		1.5
Obesity (%)	320	6.8	10.4	3.8		20.2
Stroke (%)	130	2.4	2.0	1.2		3.3

Cancer recorded prevalence has increased by 0.36% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Figure 10



G82072 - Orchard House

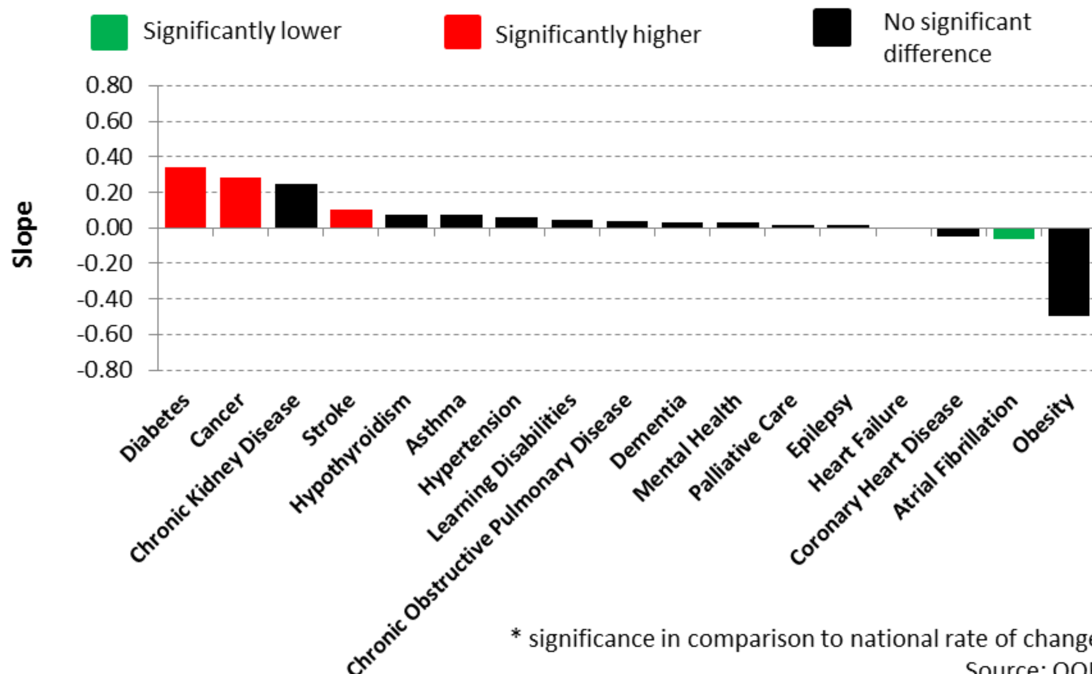
In 2013/14, the general practice recorded prevalence was significantly higher than the CCG for the long term conditions; learning disabilities and obesity.

Table 4

	Practice		CCG			
Indicator	**Number**	**Prevalence**	**Average**	**Low**	**Range**	**High**
Asthma (%)	247	6.6	5.7	4.1		10.3
Atrial fibrillation (%)	68	1.8	2.2	1.2		3.6
Cancer (%)	114	3.0	2.5	0.8		4.0
Chronic Kidney Disease (%)	154	5.1	5.5	3.8		8.2
Chronic Obstructive Pulmonary Disease (	84	2.2	2.3	1.1		4.3
Coronary Heart Disease (%)	163	4.4	3.8	2.7		5.7
Dementia (%)	19	0.5	0.6	0.1		1.0
Diabetes (%)	258	8.4	7.0	5.7		9.3
Epilepsy (%)	42	1.4	1.0	0.3		1.5
Heart Failure (%)	29	0.8	0.7	0.4		1.1
Hypertension (%)	604	16.1	16.2	12.0		20.5
Hypothyroidism (%)	145	3.9	3.4	2.0		5.2
Learning Disabilities (%)	59	2.0	0.8	0.2		2.4
Mental Health (%)	25	0.7	0.8	0.3		1.5
Obesity (%)	389	12.5	10.4	3.8		20.2
Stroke (%)	74	2.0	2.0	1.2		3.3

Diabetes recorded prevalence has increased by 0.34% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Figure 11



G82147 - Oak Hall Surgery

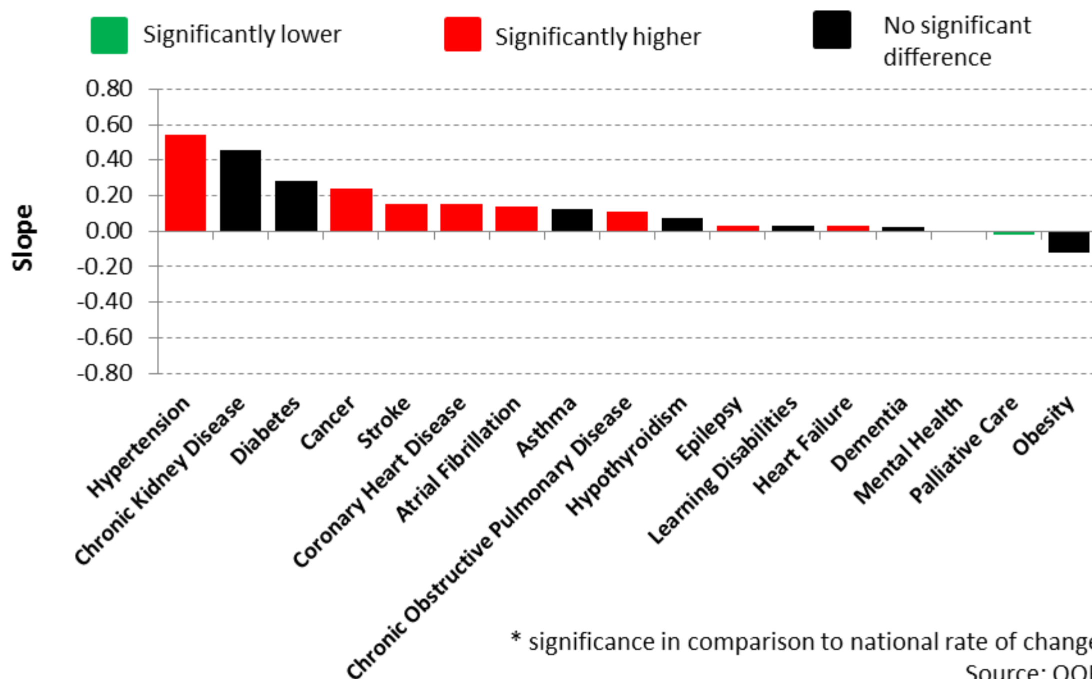
In 2013/14, the general practice recorded prevalence was significantly higher than the CCG for; asthma, atrial fibrillation, chronic kidney disease, coronary heart disease, diabetes, hypertension and stroke.

Table 5

Indicator	Practice		CCG			
	Number	Prevalence	Average	Low	Range	High
Asthma (%)	298	5.4	5.7	4.1		10.3
Atrial fibrillation (%)	181	3.3	2.2	1.2		3.6
Cancer (%)	167	3.0	2.5	0.8		4.0
Chronic Kidney Disease (%)	312	6.8	5.5	3.8		8.2
Chronic Obstructive Pulmonary Disease	148	2.7	2.3	1.1		4.3
Coronary Heart Disease (%)	299	5.5	3.8	2.7		5.7
Dementia (%)	55	1.0	0.6	0.1		1.0
Diabetes (%)	396	8.5	7.0	5.7		9.3
Epilepsy (%)	41	0.9	1.0	0.3		1.5
Heart Failure (%)	58	1.1	0.7	0.4		1.1
Hypertension (%)	1116	20.3	16.2	12.0		20.5
Hypothyroidism (%)	199	3.6	3.4	2.0		5.2
Learning Disabilities (%)	56	1.2	0.8	0.2		2.4
Mental Health (%)	26	0.5	0.8	0.3		1.5
Obesity (%)	549	11.7	10.4	3.8		20.2
Palliative Care (%)	7	0.1	0.2	0.0		0.4
Stroke (%)	163	3.0	2.0	1.2		3.3

Hypertension recorded prevalence has increased by 0.54% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Figure 12:



G82160 - Oaklands Health Centre

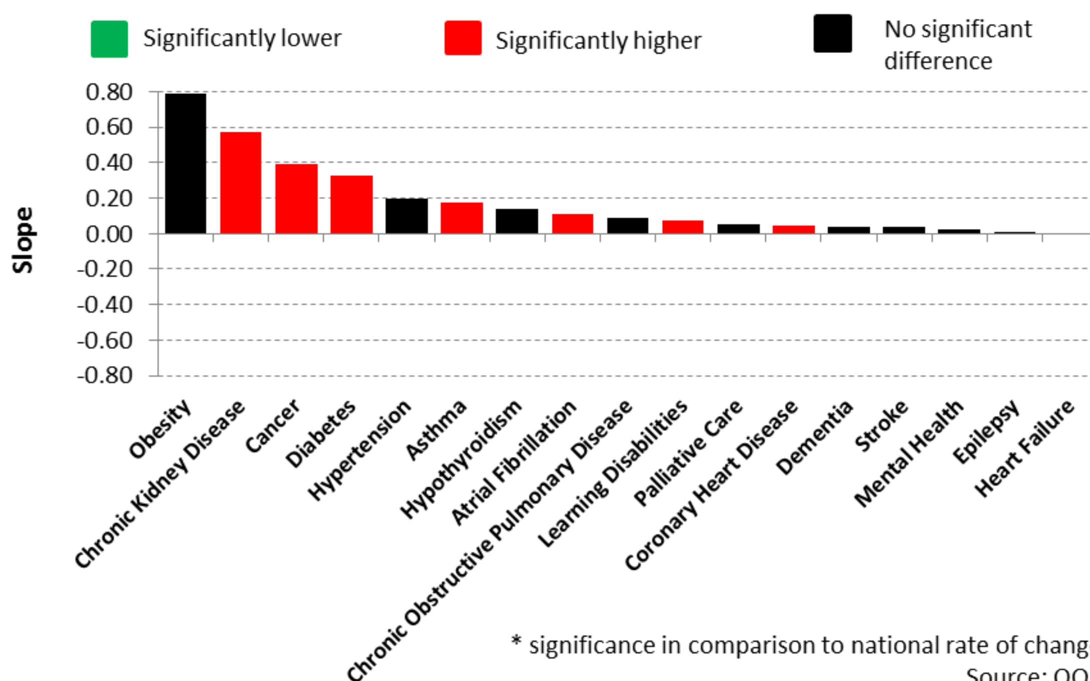
In 2013/14, the general practice recorded prevalence was significantly higher than the CCG for the long term conditions; atrial

Table 6

	Practice		CCG			
Indicator	Number	Prevalence	Average	Low	Range	High
Asthma (%)	688	6.4	5.7	4.1		10.3
Atrial fibrillation (%)	394	3.6	2.2	1.2		3.6
Cancer (%)	411	3.8	2.5	0.8		4.0
Chronic Kidney Disease (%)	517	5.7	5.5	3.8		8.2
Chronic Obstructive Pulmonary Disease	256	2.4	2.3	1.1		4.3
Coronary Heart Disease (%)	620	5.7	3.8	2.7		5.7
Dementia (%)	90	0.8	0.6	0.1		1.0
Diabetes (%)	611	6.7	7.0	5.7		9.3
Epilepsy (%)	96	1.1	1.0	0.3		1.5
Heart Failure (%)	75	0.7	0.7	0.3		1.1
Hypertension (%)	2212	20.5	16.2	12.0		20.5
Hypothyroidism (%)	512	4.7	3.4	2.0		5.2
Learning Disabilities (%)	57	0.6	0.8	0.2		2.4
Mental Health (%)	73	0.7	0.7	0.3		1.5
Obesity (%)	887	9.6	10.4	3.8		20.2
Palliative Care (%)	31	0.3	0.2	0.0		0.4
Stroke (%)	361	3.3	2.0	1.2		3.3

Chronic kidney disease recorded prevalence has increased by 0.57% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Figure 13



G82665 - Martello Medical Centre

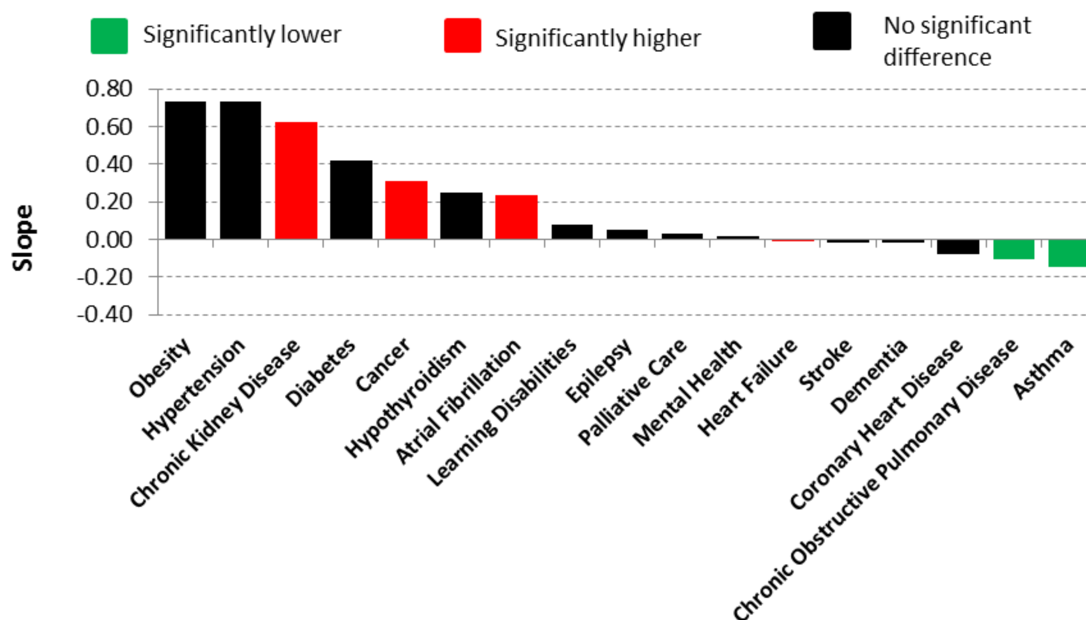
In 2013/14, the general practice recorded prevalence was significantly higher than the CCG for; hypertension and obesity.

Table 7

	Practice		CCG			
Indicator	Number	Prevalence	Average	Low	Range	High
Asthma (%)	145	5.2	5.7	4.1		10.3
Atrial fibrillation (%)	83	3.0	2.2	1.2		3.6
Cancer (%)	75	2.7	2.5	0.8		4.0
Chronic Kidney Disease (%)	117	5.0	5.5	3.8		8.2
Chronic Obstructive Pulmonary Disease	85	3.1	2.3	1.1		4.3
Coronary Heart Disease (%)	134	4.8	3.8	2.7		5.7
Dementia (%)	14	0.5	0.6	0.1		1.0
Diabetes (%)	184	7.8	7.0	5.7		9.3
Epilepsy (%)	35	1.5	1.0	0.3		1.5
Heart Failure (%)	21	0.8	0.7	0.4		1.1
Hypertension (%)	547	19.6	16.2	12.0		20.5
Hypothyroidism (%)	96	3.4	3.4	2.0		5.2
Learning Disabilities (%)	26	1.1	0.8	0.2		2.4
Mental Health (%)	18	0.7	0.8	0.3		1.5
Obesity (%)	301	12.5	10.4	3.8		20.2
Stroke (%)	41	1.5	2.0	1.2		3.3

Chronic kidneydisease recorded prevalence has increased by 0.63% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Figure 14



Hythe/ New Romney

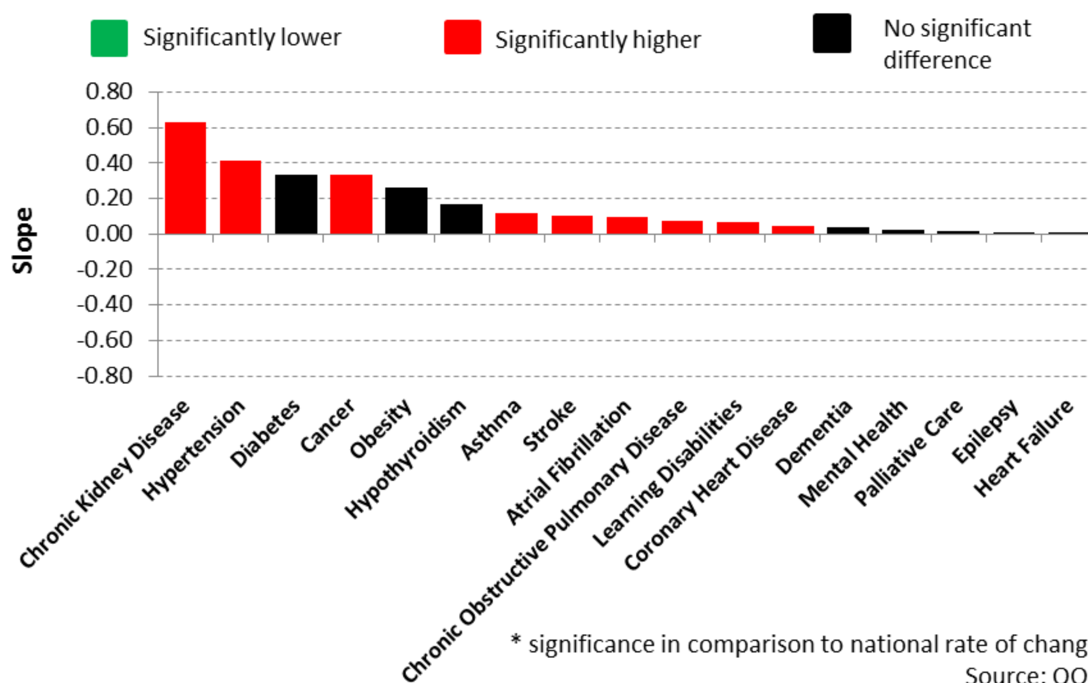
In 2013/14, the general practice recorded prevalence was significantly higher than the CCG for the long term conditions; atrial fibrillation, cancer, chronic kidney disease, coronary heart disease, hypertension, hypothyroidism, learning disabilities and stroke.

Table 8

	Practice		CCG			
Indicator	Number	Prevalence	Average	Low	Range	High
Asthma (%)	2206	5.9	5.7	4.1		10.3
Atrial fibrillation (%)	1118	3.0	2.2	1.2		3.6
Cancer (%)	1268	3.4	2.5	0.8		4.0
Chronic Kidney Disease (%)	1909	6.1	5.5	3.8		8.2
Chronic Obstructive Pulmonary Disease	881	2.4	2.3	1.1		4.3
Coronary Heart Disease (%)	1934	5.2	3.8	2.7		5.7
Dementia (%)	272	0.7	0.6	0.1		1.0
Diabetes (%)	2492	7.9	7.0	5.7		9.3
Epilepsy (%)	345	1.1	1.0	0.3		1.5
Heart Failure (%)	301	0.8	0.7	0.3		1.1
Hypertension (%)	7369	19.7	16.2	12.0		20.5
Hypothyroidism (%)	1620	4.3	3.4	2.0		5.2
Learning Disabilities (%)	295	0.9	0.8	0.2		2.4
Mental Health (%)	241	0.6	0.7	0.3		1.5
Obesity (%)	3151	9.8	10.4	3.8		20.2
Palliative Care (%)	67	0.2	0.2	0.0		0.4
Stroke (%)	1003	2.7	2.0	1.2		3.3

Chronic kidney disease recorded prevalence has increased by 0.63% per year between 2006/07 and 2013/14. This was a significantly higher increase in comparison to the national trend.

Figure 15

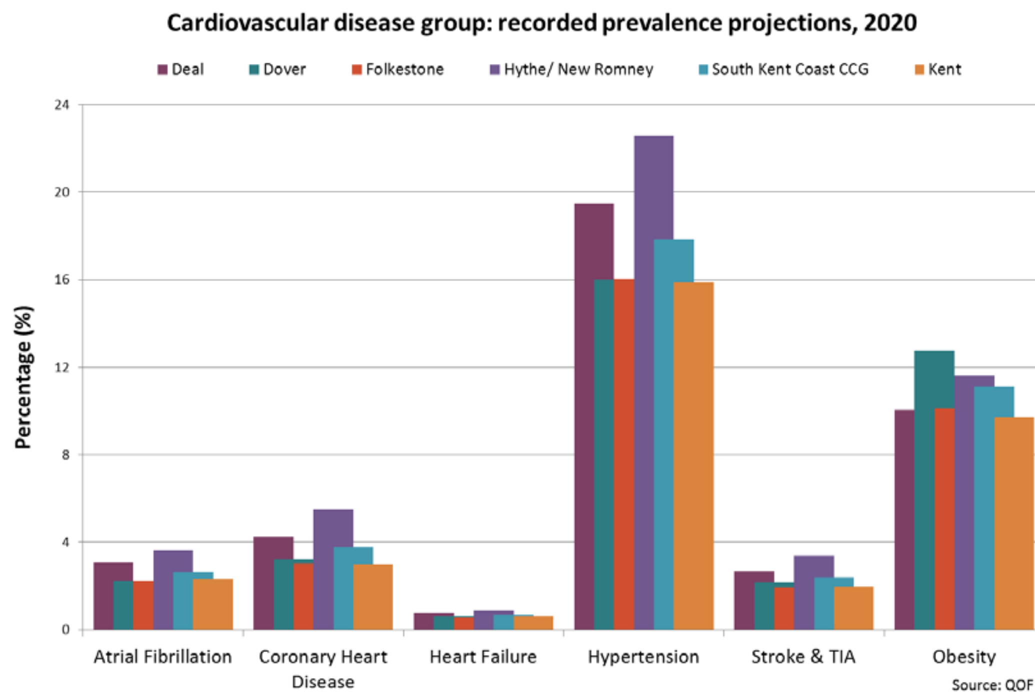


Cardiovascular disease

The Hythe/ New Romney locality recorded prevalence has been projected to increase:

- Atrial fibrillation has been projected to increase to 3.65% in 2020: representing a 22.09% increase from 2013/14.
- Coronary heart disease has been projected to increase to 5.50% in 2020; representing a 6.34% decrease from 2013/14.
- Heart failure has been projected to increase to 0.86% in 2020; representing a 6.72% decrease from 2013/14.
- Hypertension has been projected to increase to 22.56% in 2020; this represents a 14.55% increase from 2013/14.
- Stroke & TIA has been projected to increase to 3.39% in 2020; this represents a 26.51% increase from 2013/14.
- Obesity has been projected to increase to 11.61% in 2020; this represents a 18.47% increase from 2013/14.

Figure 16



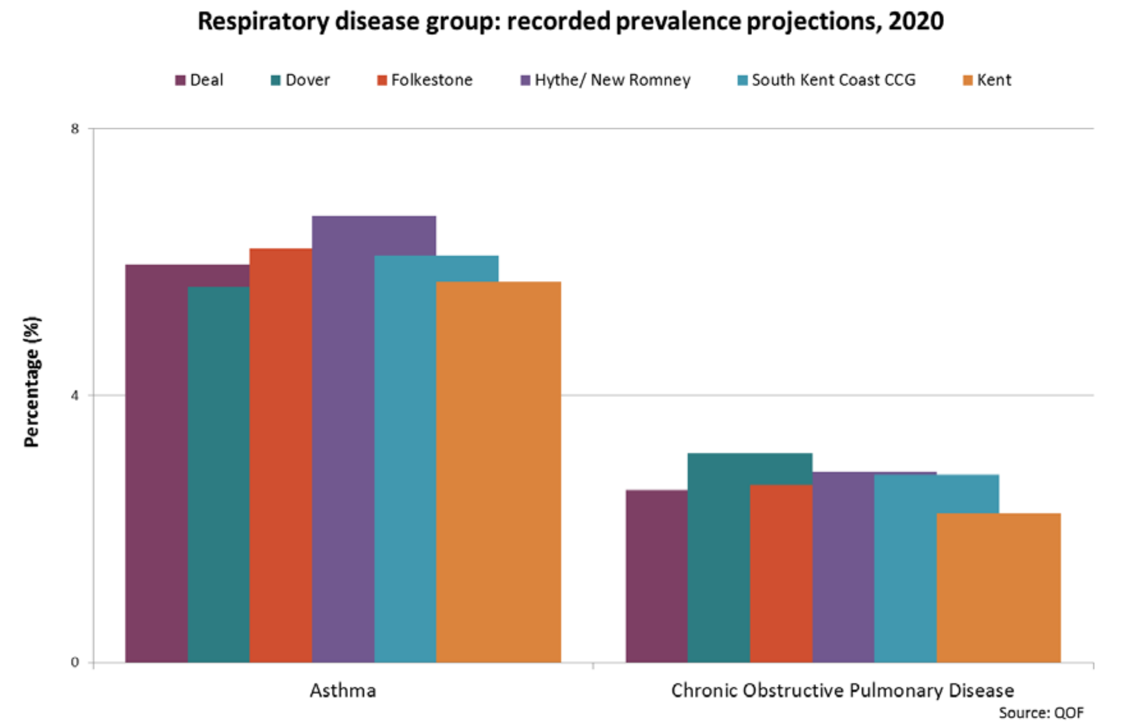
Respiratory disease

The Hythe/ New Romney locality recorded prevalence has been projected to increase:

- Asthma has been projected to increase to 6.70% in 2020; this represents a 13.57% increase from 2013/14.

- COPD has been projected to increase to 2.86% in 2020; this represents a 21.26% increase from 2013/14.

Figure 17

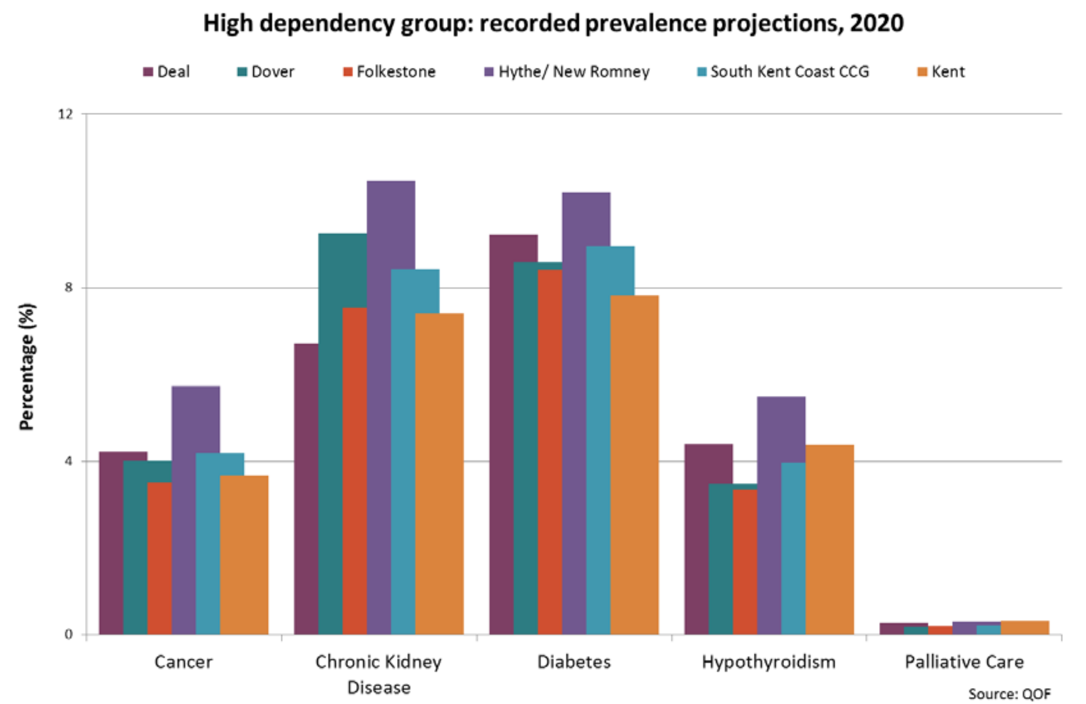


High Dependency

The Hythe/ New Romney locality recorded prevalence has been projected to increase:

- Cancer has been projected to increase to 5.73% in 2020; this represents a 69.17% increase from 2013/14.
- Chronic kidney disease has been projected to increase to 10.47% in 2020; this represents a 71.91% increase from 2013/14.
- Diabetes has been projected to increase to 10.21% in 2020; this represents a 30.00% increase from 2013/14.
- Hypothyroidism has been projected to increase to 5.48% in 2020; this represents a 26.68% increase from 2013/14.
- Palliative care has been projected to increase to 0.30% in 2020; this represents a 67.56% increase from 2013/14.

Figure 18

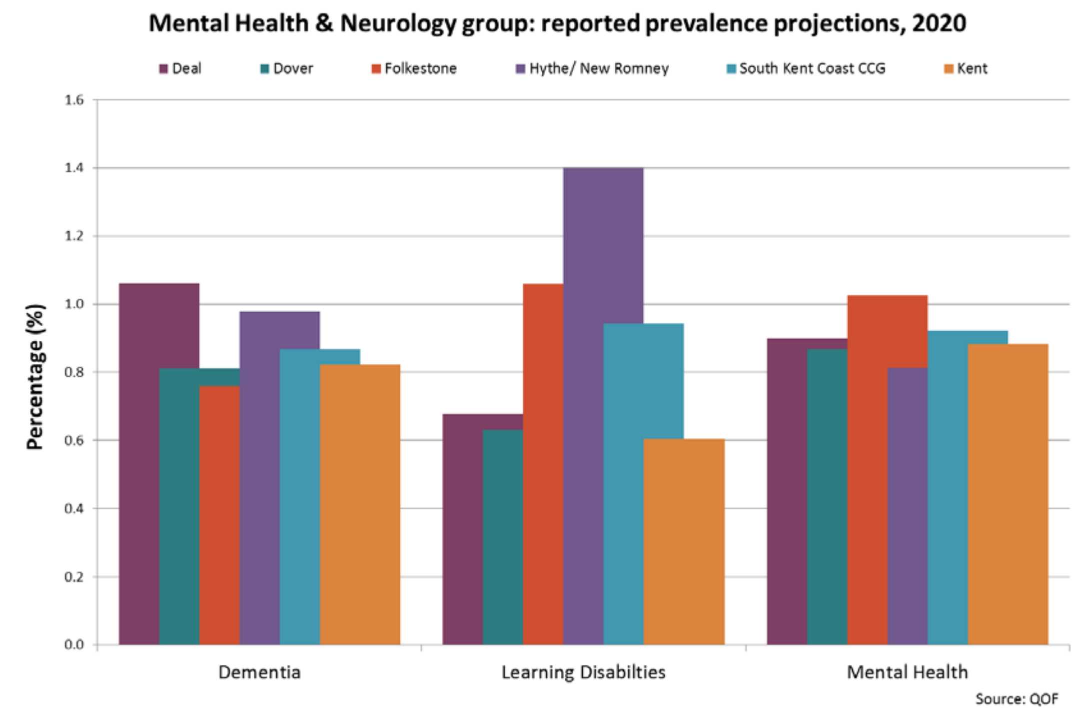


Mental Health & Neurology

The Hythe/ New Romney locality recorded prevalence has been projected to increase:

- Dementia has been projected to increase to 0.98% in 2020; this represents a 34.61% increase from 2013/14.
- Learning disabilities have been projected to increase to 1.40% in 2020; this represents a 48.56% increase from 2013/14.
- Mental health has been projected to increase to 0.81% in 2020; this represents a 26.26% increase from 2013/14.

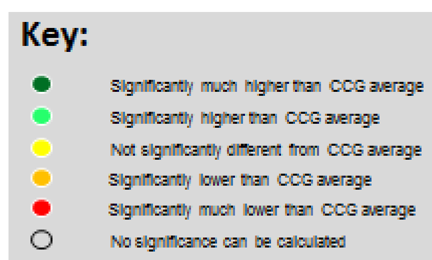
Figure 19

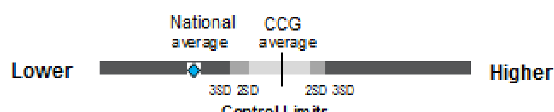


Primary care performance in the management of long term conditions

Spine charts have been produced to compare the general practice percentage of patients receiving interventions for long term conditions with the NHS South Kent Coast CCG in 2013/14.

The indicator definitions have been included at the end of the chapter.





Confidence intervals for each indicator are calculated using the Wilson score method. Statistical significance is calculated relative to the mean for NHS South Kent Coast CCG at the 95% level. A practice is identified as significantly different from the CCG mean if the 95% confidence interval for the practice value does not overlap with the 95% confidence interval for the CCG mean.

The QOF uses an extract of practice list sizes as of 1st January 2014 and disease registers as at 31st March 2014. The NHS South Kent Coast CCG general practice percentage of patients receiving interventions for long term conditions for 2013/14 has been based on the combined data of open practices as at October, 2015.

General practice exceptions have been included within denominators to ensure performance is representative of the prevalent practice population for each of the long term conditions.

Exception rates represent the percentage of patients not receiving the intervention for each of the long term condition clinical achievement indicators. The criteria for exception reporting has been detailed below (see Notes).
The Kent 2013/14, general practice exception rates for the long term condition clinical achievement indicators were transformed to normalise the distribution for the better identification of outliers. Z-scores were then calculated using the Kent mean and standard deviation. The Z-score indicates how far away from the Kent average the general practice exception rates were. A Z-score greater than 2 was the cut-off used to identify outliers.

Exception rates for the indicators within Kent will be presented by practice. This will only be presented for the indicators with numbers of exceptions at 7 or greater. Outliers, greater than two standard deviations from the Kent mean have been highlighted.

G82007 - Church Lane had significantly lower clinical achievement for the percentage of patients receiving the intervention;

- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 35 days after the date of diagnosis.

- The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years.

Table 9

	Practice		CCG			
Indicator	Number	Performance	Average	Low	Range	High
Asthma 02	118	82.5	85.3	68.9		100.0
Asthma 03	407	69.3	70.7	47.0		93.3
Atrial Fibrillation 03	63	86.3	92.6	83.3		100.0
Atrial Fibrillation 04	101	78.9	72.8	60.3		93.3
Cancer 02	43	89.6	80.4	40.0		100.0
Chronic Kidney Disease 02	494	77.7	75.3	59.0		88.8
Chronic Kidney Disease 03	38	77.6	76.8	56.1		92.9
Chronic Obstructive Pulmonary Disease 03	189	85.9	81.3	63.8		95.0
Chronic Obstructive Pulmonary Disease 04	154	70.0	76.2	56.3		92.9
Dementia 02	42	67.7	78.3	44.4		100.0
Depression 02	29	41.4	63.0	36.6		93.3
Diabetes 03	580	79.9	73.8	40.8		89.5
Diabetes 07	469	64.6	64.6	52.5		76.0
Diabetes 09	613	84.4	82.6	72.9		90.1
Diabetes 14	9	52.9	75.7	20.0		100.0
Epilepsy 02	57	56.4	61.5	26.7		84.2
Heart Failure 03	15	78.9	89.5	50.0		100.0
Hypertension 02	1533	84.3	80.5	66.2		88.7
Mental Health 02	38	70.4	74.4	29.2		100.0
Peripheral Artery Disease 02	57	91.9	86.3	73.6		100.0
Rheumatoid Arthritis 02	88	85.4	78.4	6.2		100.0
Coronary Heart Disease 02	447	92.7	89.4	76.1		96.3
Coronary Heart Disease 06	26	66.7	71.4	33.3		100.0
Stroke & TIA 03	207	88.5	85.4	73.4		95.2
Blood Pressure 01	5411	89.9	89.9	80.9		95.9
Smoking 02	2782	94.3	94.4	88.9		99.2
Smoking 05	450	99.8	94.3	77.9		99.8
Cervical Screening 02	1316	72.4	77.8	71.1		85.5

Table 10

	Exceptions	Exception rate
Asthma 03	20	3.41
Chronic Kidney Disease 02	12	1.89
COPD 03	11	5.00
COPD 04	41	18.64
Depression 02	29	41.43
Diabetes 03	26	3.58
Diabetes 07	29	3.99
Diabetes 09	18	2.48
Diabetes 14	7	41.18
Epilepsy 02	29	28.71
Hypertension 02	24	1.32
Coronary Heart Disease 06	13	33.33
Blood Pressure 01	30	0.50
Smoking 02	14	0.47
Cervical Screening 02	337	18.54

G82018 - Sun Lane had significantly lower clinical achievement for the percentage of patients receiving the intervention;

- 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.
- 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.
- 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.
- The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 150/90 mmHg or less.
- 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.
- The percentage of patients aged 40 or over who have a record of blood pressure in the preceding 5 years.
- The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months,

Table 11

	Practice		CCG			
Indicator	Number	Performance	Average	Low	Range	High
Asthma 02	42	89.4	85.3	68.9		100.0
Asthma 03	176	73.0	70.7	47.0		93.3
Atrial Fibrillation 03	20	83.3	92.6	83.3		100.0
Atrial Fibrillation 04	64	61.5	72.8	60.3		93.3
Cancer 02	15	75.0	80.4	40.0		100.0
Chronic Kidney Disease 02	124	71.7	75.3	59.0		88.8
Chronic Kidney Disease 03	18	69.2	76.8	56.1		92.9
Chronic Obstructive Pulmonary Disease 03	79	89.8	81.3	63.8		95.0
Chronic Obstructive Pulmonary Disease 04	79	89.8	76.2	56.3		92.9
Dementia 02	27	84.4	78.3	44.4		100.0
Depression 02	21	45.7	63.0	36.6		93.3
Diabetes 03	205	64.7	73.8	40.8		89.5
Diabetes 07	178	56.2	64.6	52.5		76.0
Diabetes 09	231	72.9	82.6	72.9		90.1
Epilepsy 02	8	26.7	61.5	26.7		84.2
Hypertension 02	804	75.1	80.5	66.2		88.7
Mental Health 02	24	70.6	74.4	29.2		100.0
Peripheral Artery Disease 02	25	80.6	86.3	73.6		100.0
Rheumatoid Arthritis 02	34	75.6	78.4	6.2		100.0
Coronary Heart Disease 02	191	80.9	89.4	76.1		96.3
Coronary Heart Disease 06	7	70.0	71.4	33.3		100.0
Stroke & TIA 03	110	84.6	85.4	73.4		95.2
Blood Pressure 01	3039	87.1	89.9	80.9		95.9
Smoking 02	1415	92.0	94.4	88.9		99.2
Smoking 05	176	97.2	94.3	77.9		99.8
Cervical Screening 02	854	75.4	77.8	71.1		85.5

Table 12

	Exceptions	Exception rate
Atrial Fibrillation 04	16	15.38
Depression 02	21	45.65
Diabetes 03	8	2.52
Diabetes 07	21	6.62
Diabetes 09	13	4.10
Epilepsy 02	19	63.33
Hypertension 02	13	1.21
Blood Pressure 01	11	0.32
Cervical Screening 02	63	5.56

G82072 - Orchard House had significantly lower clinical achievement for the percentage of patients receiving the intervention;

- The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years.

Table 13

	Practice		CCG			
Indicator	Number	Performance	Average	Low	Range	High
Asthma 02	69	90.8	85.3	68.9		100.0
Asthma 03	195	78.9	70.7	47.0		93.3
Atrial Fibrillation 03	15	88.2	92.6	83.3		100.0
Atrial Fibrillation 04	35	81.4	72.8	60.3		93.3
Cancer 02	17	77.3	80.4	40.0		100.0
Chronic Kidney Disease 02	131	85.1	75.3	59.0		88.8
Chronic Kidney Disease 03	13	86.7	76.8	56.1		92.9
Chronic Obstructive Pulmonary Disease 03	76	90.5	81.3	63.8		95.0
Chronic Obstructive Pulmonary Disease 04	75	89.3	76.2	56.3		92.9
Dementia 02	17	89.5	78.3	44.4		100.0
Depression 02	14	93.3	63.0	36.6		93.3
Diabetes 03	224	86.8	73.8	40.8		89.5
Diabetes 07	178	69.0	64.6	52.5		76.0
Diabetes 09	226	87.6	82.6	72.9		90.1
Diabetes 14	11	91.7	75.7	20.0		100.0
Epilepsy 02	29	69.0	61.5	26.7		84.2
Heart Failure 03	8	88.9	89.5	50.0		100.0
Hypertension 02	518	85.8	80.5	66.2		88.7
Mental Health 02	20	80.0	74.4	29.2		100.0
Osteoporosis 03	8	100.0	76.9	41.7		100.0
Peripheral Artery Disease 02	17	89.5	86.3	73.6		100.0
Rheumatoid Arthritis 02	27	90.0	78.4	6.2		100.0
Coronary Heart Disease 02	149	91.4	89.4	76.1		96.3
Stroke & TIA 03	60	81.1	85.4	73.4		95.2
Blood Pressure 01	2129	95.0	89.9	80.9		95.9
Smoking 02	992	96.5	94.4	88.9		99.2
Smoking 05	181	99.5	94.3	77.9		99.8
Cervical Screening 02	602	71.9	77.8	71.1		85.5

Table 14

	Exceptions	Exception rate
Atrial Fibrillation 04	8	18.60
Diabetes 03	11	4.26
Diabetes 07	26	10.08
Diabetes 09	15	5.81
Epilepsy 02	10	23.81
Hypertension 02	11	1.82
Coronary Heart Disease 02	8	4.91
Cervical Screening 02	68	8.12

G82147 - Oak Hall Surgery did not have significantly lower clinical achievement for the percentages of patients receiving the interventions for long term conditions.

Table 15

	Practice		CCG			
Indicator	Number	Performance	Average	Low	Range	High
Asthma 02	59	81.9	85.3	68.9		100.0
Asthma 03	214	71.8	70.7	47.0		93.3
Atrial Fibrillation 03	39	95.1	92.6	83.3		100.0
Atrial Fibrillation 04	73	64.0	72.8	60.3		93.3
Cancer 02	41	85.4	80.4	40.0		100.0
Chronic Kidney Disease 02	232	74.4	75.3	59.0		88.8
Chronic Kidney Disease 03	23	85.2	76.8	56.1		92.9
Chronic Obstructive Pulmonary Disease 03	110	74.3	81.3	63.8		95.0
Chronic Obstructive Pulmonary Disease 04	111	75.0	76.2	56.3		92.9
Dementia 02	44	80.0	78.3	44.4		100.0
Depression 02	61	71.8	63.0	36.6		93.3
Diabetes 03	300	75.8	73.8	40.8		89.5
Diabetes 07	244	61.6	64.6	52.5		76.0
Diabetes 09	325	82.1	82.6	72.9		90.1
Diabetes 14	10	100.0	75.7	20.0		100.0
Epilepsy 02	26	63.4	61.5	26.7		84.2
Heart Failure 03	29	80.6	89.5	50.0		100.0
Hypertension 02	942	84.4	80.5	66.2		88.7
Mental Health 02	16	94.1	74.4	29.2		100.0
Peripheral Artery Disease 02	30	81.1	86.3	73.6		100.0
Rheumatoid Arthritis 02	40	88.9	78.4	6.2		100.0
Coronary Heart Disease 02	276	92.3	89.4	76.1		96.3
Coronary Heart Disease 06	17	58.6	71.4	33.3		100.0
Stroke & TIA 03	144	88.3	85.4	73.4		95.2
Blood Pressure 01	3299	93.2	89.9	80.9		95.9
Smoking 02	1659	95.2	94.4	88.9		99.2
Smoking 05	247	91.5	94.3	77.9		99.8
Cervical Screening 02	908	79.4	77.8	71.1		85.5

Table 16

	Exceptions	Exception rate
Asthma 02	11	15.28
Asthma 03	15	5.03
Atrial Fibrillation 04	19	16.67
Cancer 02	7	14.58
Chronic Kidney Disease 02	28	8.97
COPD 03	31	20.95
COPD 04	32	21.62
Depression 02	16	18.82
Diabetes 03	33	8.33
Diabetes 07	67	16.92
Diabetes 09	51	12.88
Epilepsy 02	7	17.07
Heart Failure 03	7	19.44
Hypertension 02	41	3.67
Coronary Heart Disease 02	12	4.01
Coronary Heart Disease 06	12	41.38
Stroke & TIA 03	11	6.75
Blood Pressure 01	10	0.28
Smoking 02	21	1.21
Cervical Screening 02	160	13.99

G82160 - Oaklands Health Centre had significantly lower clinical achievement for the long term condition clinical achievement indicators;

- The percentage of patients with COPD with a record of FEV1 in the preceding 12 months.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months.
- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 35 days after the date of diagnosis.
- 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.
- The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months.
- 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.
- The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months.
- The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months.
- The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months.

Table 17

Indicator	Practice Number	Practice Performance	CCG Average	CCG Low	CCG Range	CCG High
Asthma 02	128	88.9	85.3	68.9		100.0
Asthma 03	491	71.4	70.7	47.0		93.3
Atrial Fibrillation 03	77	86.5	92.6	83.3		100.0
Atrial Fibrillation 04	172	69.4	72.8	60.3		93.3
Cancer 02	41	63.1	80.4	40.0		100.0
Chronic Kidney Disease 02	372	72.0	75.3	59.0		88.8
Chronic Kidney Disease 03	23	56.1	76.8	56.1		92.9
Chronic Obstructive Pulmonary Disease 03	192	75.0	81.3	63.8		95.0
Chronic Obstructive Pulmonary Disease 04	144	56.3	76.2	56.3		92.9
Dementia 02	40	44.4	78.3	44.4		100.0
Depression 02	23	37.7	63.0	36.6		93.3
Diabetes 03	388	63.5	73.8	40.8		89.5
Diabetes 07	389	63.7	64.6	52.5		76.0
Diabetes 09	508	83.1	82.6	72.9		90.1
Diabetes 14	16	80.0	75.7	20.0		100.0
Epilepsy 02	44	45.8	61.5	26.7		84.2
Hypertension 02	1729	78.2	80.5	66.2		88.7
Mental Health 02	28	40.0	74.4	29.2		100.0
Osteoporosis 03	17	65.4	76.9	41.7		100.0
Peripheral Artery Disease 02	93	84.5	86.3	73.6		100.0
Rheumatoid Arthritis 02	25	22.5	78.4	6.2		100.0
Coronary Heart Disease 02	549	88.5	89.4	76.1		96.3
Coronary Heart Disease 06	38	63.3	71.4	33.3		100.0
Stroke & TIA 03	307	85.0	85.4	73.4		95.2
Blood Pressure 01	6413	7144.0	89.9	80.9		95.9
Smoking 02	3143	93.0	94.4	88.9		99.2
Smoking 05	331	77.9	94.3	77.9		99.8
Cervical Screening 02	1905	79.3	77.8	71.1		85.5

Table 18

	Exceptions	Exception rate
Asthma 03	21	3.05
Atrial Fibrillation 04	23	9.27
Cancer 02	10	15.38
Chronic Kidney Disease 02	20	3.87
COPD 03	7	2.73
COPD 04	53	20.70
Depression 02	25	40.98
Diabetes 03	29	4.75
Diabetes 07	30	4.91
Diabetes 09	18	2.95
Epilepsy 02	9	9.38
Hypertension 02	51	2.31
Coronary Heart Disease 02	17	2.74
Coronary Heart Disease 06	13	21.67
Stroke & TIA 03	14	3.88
Blood Pressure 01	37	0.52
Smoking 02	24	0.71
Smoking 05	12	0.17
Cervical Screening 02	45	1.87

G82665 - Martello Medical Centre had significantly lower clinical achievement for the long term condition clinical achievement indicators;

- The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less.
- 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.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 150/90 mmHg or less.
- 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.

Table 19

	Practice		CCG			
Indicator	Number	Performance	Average	Low	Range	High
Asthma 02	36	83.7	85.3	68.9		100.0
Asthma 03	96	66.2	70.7	47.0		93.3
Atrial Fibrillation 03	24	96.0	92.6	83.3		100.0
Atrial Fibrillation 04	31	77.5	72.8	60.3		93.3
Cancer 02	12	75.0	80.4	40.0		100.0
Chronic Kidney Disease 02	69	59.0	75.3	59.0		88.8
Chronic Kidney Disease 03	9	81.8	76.8	56.1		92.9
Chronic Obstructive Pulmonary Disease 03	60	70.6	81.3	63.8		95.0
Chronic Obstructive Pulmonary Disease 04	62	72.9	76.2	56.3		92.9
Dementia 02	7	50.0	78.3	44.4		100.0
Depression 02	14	73.7	63.0	36.6		93.3
Diabetes 03	75	40.8	73.8	40.8		89.5
Diabetes 07	109	59.2	64.6	52.5		76.0
Diabetes 09	138	75.0	82.6	72.9		90.1
Diabetes 14	14	82.4	75.7	20.0		100.0
Epilepsy 02	14	40.0	61.5	26.7		84.2
Heart Failure 03	11	78.6	89.5	50.0		100.0
Hypertension 02	362	66.2	80.5	66.2		88.7
Mental Health 02	11	64.7	74.4	29.2		100.0
Peripheral Artery Disease 02	16	80.0	86.3	73.6		100.0
Rheumatoid Arthritis 02	25	67.6	78.4	6.2		100.0
Coronary Heart Disease 02	102	76.1	89.4	76.1		96.3
Coronary Heart Disease 06	7	70.0	71.4	33.3		100.0
Stroke & TIA 03	34	82.9	85.4	73.4		95.2
Blood Pressure 01	1525	87.9	89.9	80.9		95.9
Smoking 02	745	92.5	94.4	88.9		99.2
Smoking 05	115	88.5	94.3	77.9		99.8
Cervical Screening 02	403	73.7	77.8	71.1		85.5

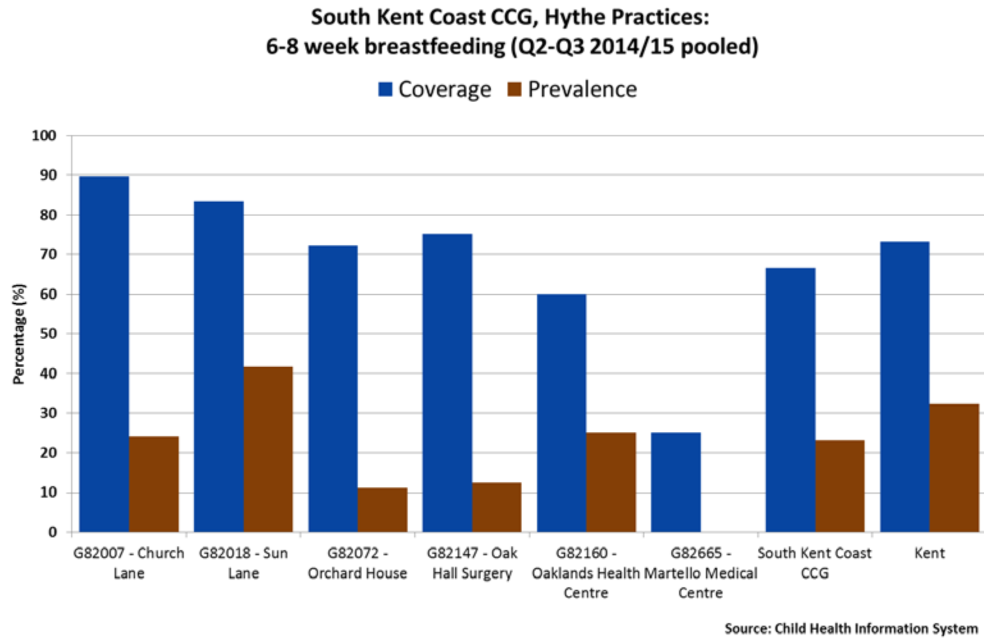
Table 20

	Exceptions	Exception rate
Asthma 03	17	11.72
Chronic Kidney Disease 02	11	9.40
COPD 03	7	8.24
Diabetes 03	30	16.30
Diabetes 07	23	12.50
Diabetes 09	17	9.24
Epilepsy 02	15	42.86
Hypertension 02	29	5.30
Rheumatoid Arthritis 02	9	24.32
Cervical Screening 02	26	4.75

Breastfeeding

The following chart shows coverage and breastfeeding prevalence, which is recorded at the 6-8 week check.

Figure 20



Coverage levels of 95% and greater have been recommended for the accurate assessment of breastfeeding prevalence.

The South Kent Coast coverage was 66.6% and within Hythe/ New Romney practices ranged between 25 and 89.6% during the mid-part of 2014/15. No practices demonstrates 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.

Health Checks

Data is available on the NHS Health Checks. [1] NHS Health Checks are available for adults aged 40-74 without a previous diagnosis of heart disease, stroke, diabetes, kidney disease or certain types of dementia. Eligible individuals are invited once every five years with the aim to assess risk and prevent disease.

Eligible Population

Within South Kent Coast CCG, the annual eligible population has been estimated to be 10,408 persons in 2014/15. A total of 2,172 persons have been estimated to be eligible within Hythe/ New Romney practices:

Table 21

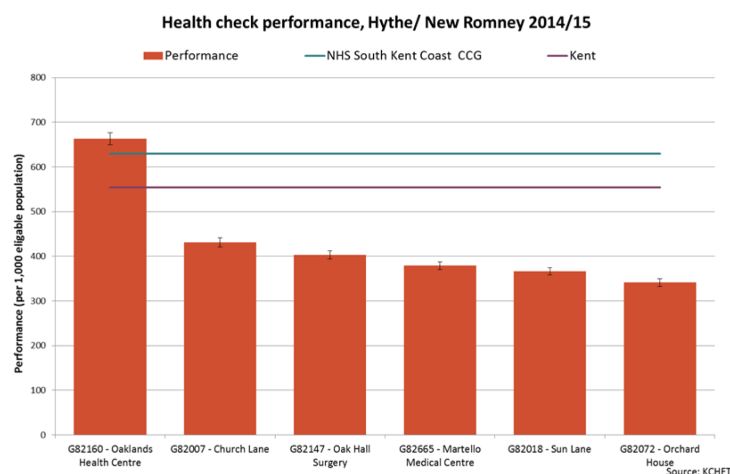
Practice	Eligible population
G82007 - Church Lane	515
G82018 - Sun Lane	287
G82072 - Orchard House	208
G82147 - Oak Hall Surgery	293
G82160 - Oaklands Health Centre	700
G82665 - Martello Medical Centre	169

Performance

Performance describes the numbers of health checks delivered (within all settings) in comparison to the eligible population (one fifth of the five year eligible population).

A local analysis of health checks performance, practice level deprivation and list size has been completed.[2] This identified a weak and non-significant finding that practices with smaller list sizes had lower health check completion rates, as well as, lower patient satisfaction scores.

Practices G82007 – Church Lane, G82018 – Sun Lane, G82072 – Orchard House, G82147 – Oak Hall Surgery and G82665 – Martello Medical Centre had performance that was significantly lower than the 95% or 99.8% control limits within Kent.



[1] BMJ Informatica (2015) Health checks.
[2] KMPHO (2015) Health checks performance, practice level deprivation and list size.

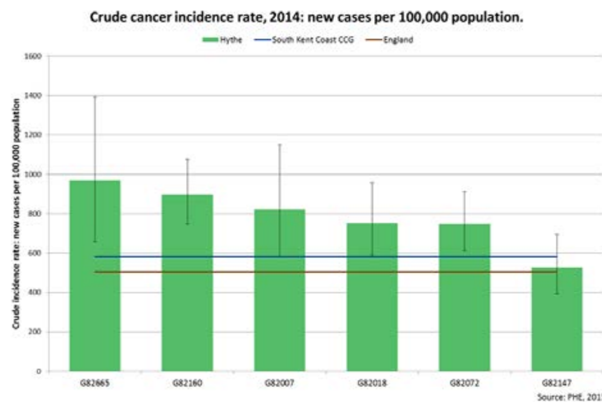
Cancer

Data is available on cancer care via the National Cancer Intelligence Network. [3] A local Cancer Equity Audit is also available for Kent.[4]

Incidence

Across Kent it is known that there has been an increasing trend in cancer incidence.[4] The crude incidence rate of cancer in 2014 (new cancer cases per 100,000 population) has been shown below. Practices G82007 – Church Lane, G82160 – Oaklands Health Centre and G82665 – Martello Medical Centre can be identified to have crude cancer incidence rates higher than South Kent Coast CCG.

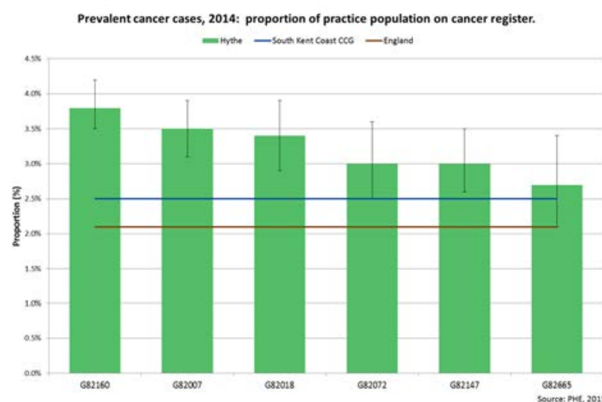
Figure 21



Prevalence

In 2014, the prevalence of cancer (% of practice population on practice cancer register) has been shown below. Practice G82000 can be identified to have cancer prevalence higher than South Kent Coast CCG. Practices G82007 – Church Lane, G82018 – Sun Lane, G82072 – Orchard House, G82147 – Oak Hall Surgery and G82160 – Oaklands Health Centre can be identified to have prevalent cancer cases higher than South Kent Coast CCG.

Figure 22



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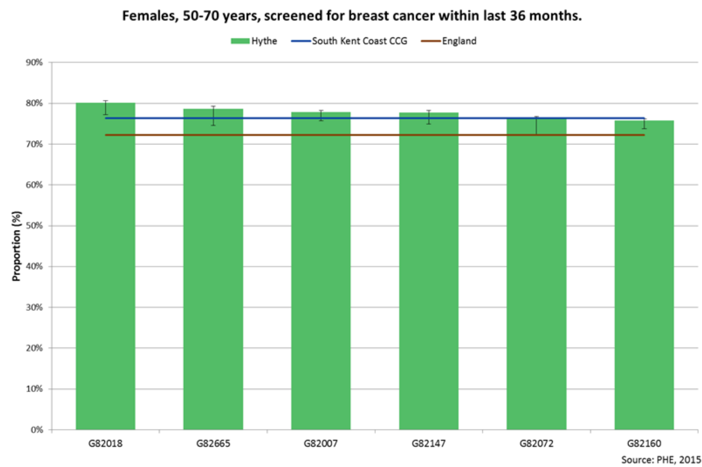
[3] Public Health England (2015) National Cancer Intelligence Network: Cancer Commissioning Toolkit. https://www.cancertoolkit.co.uk/Login

[4] Kent Public Health Observatory (2015) Cancer in Kent: equity review.

Breast Cancer

In 2014, the proportion of females screened for breast cancer (ages 50-70, in last 36 months) can be seen below:

Figure 23

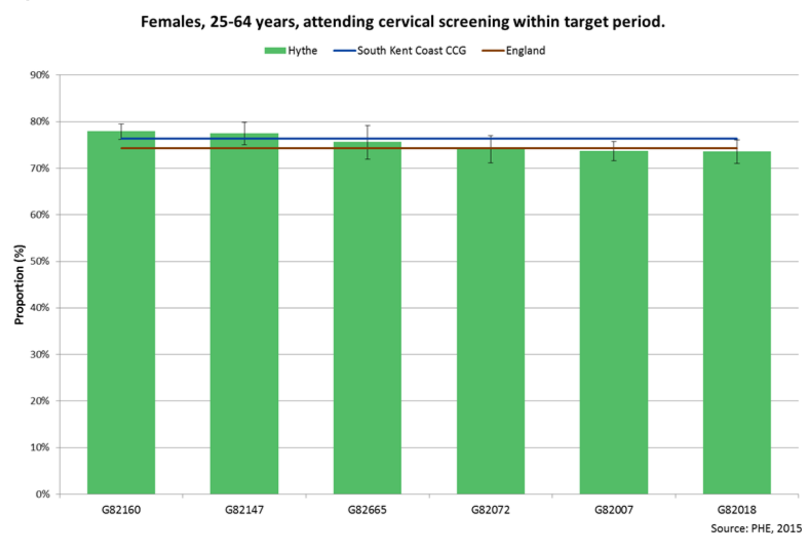


- Screening rates in G82018 were significantly higher than South Kent Coast CCG.

Cervical Cancer

In 2014, the proportion of females attending cervical screening (ages 25-64, within target period) has been presented below:

Figure 24

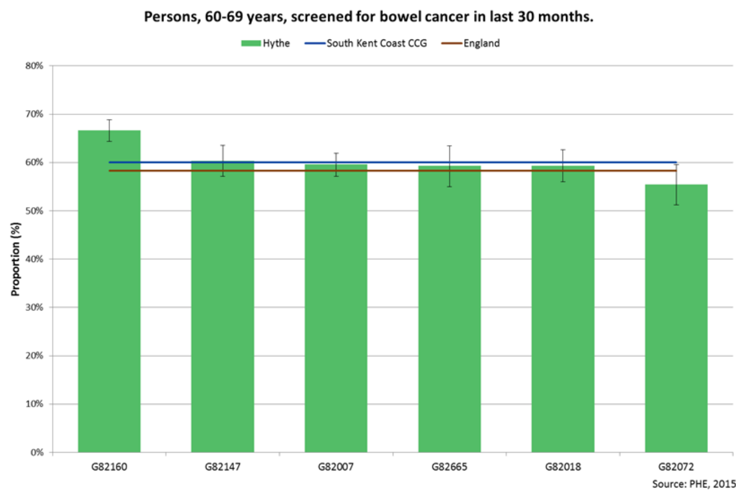


- Screening rates in G82007 and G82018 were significantly lower than South Kent Coast CCG.

Bowel Cancer

In 2014, the proportion of persons screened for bowel cancer (ages 60-69, within last 30 months) has been presented below:

Figure 25



- Screening rates in G82072 were significantly lower than South Kent Coast CCG.

Lifestyles

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

The following maps show modelled adult smoking and obesity prevalence estimates applied locally at a Mid Super Output Area[5] (MSOA) level with electoral wards overlaid for all of South Kent Coast CCG.

Figure 26

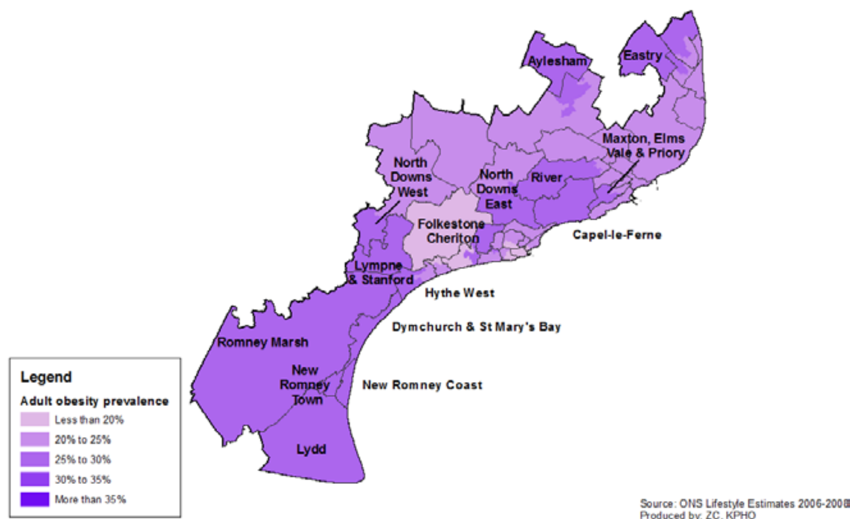
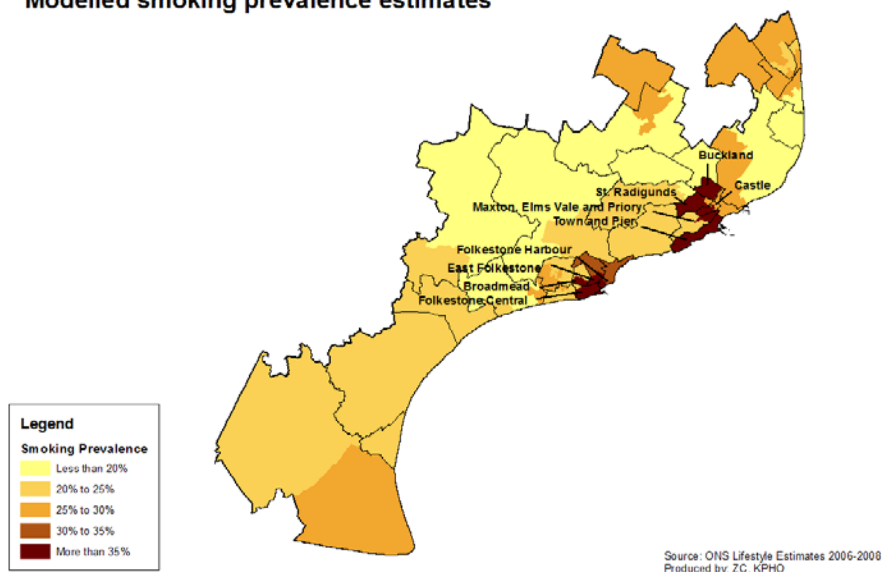


Figure 27

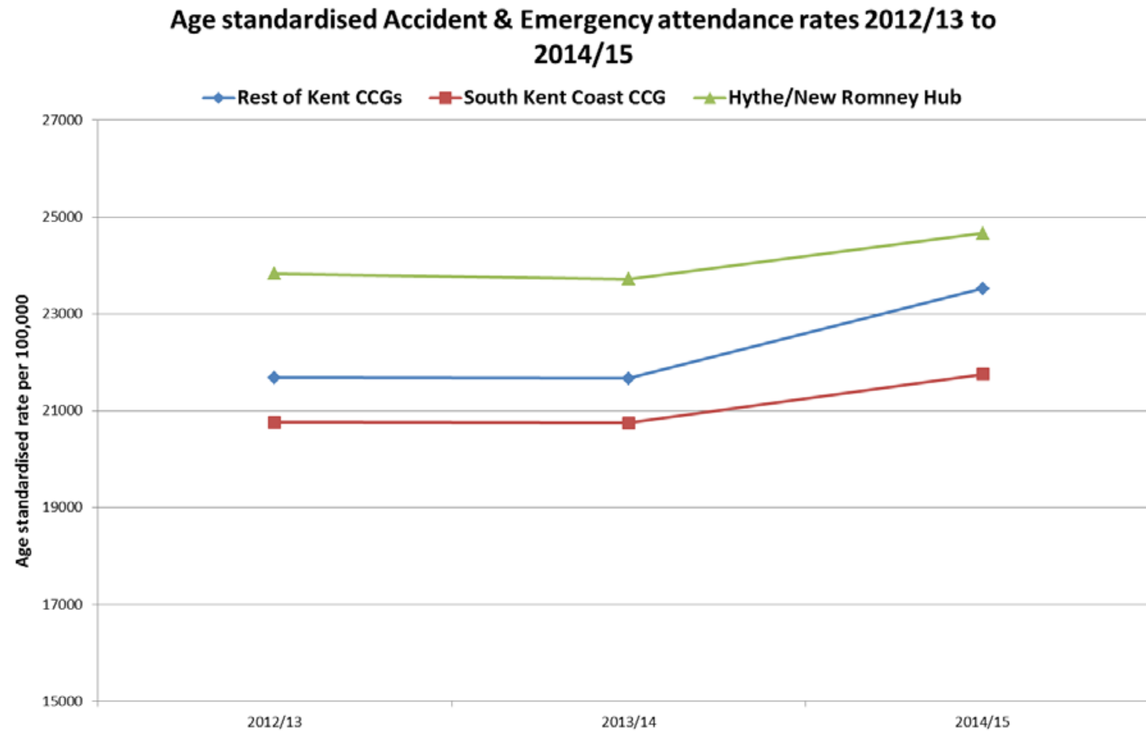


[5] MSOAs cover between 5,000 and 20,000 populations

Accident and emergency activity

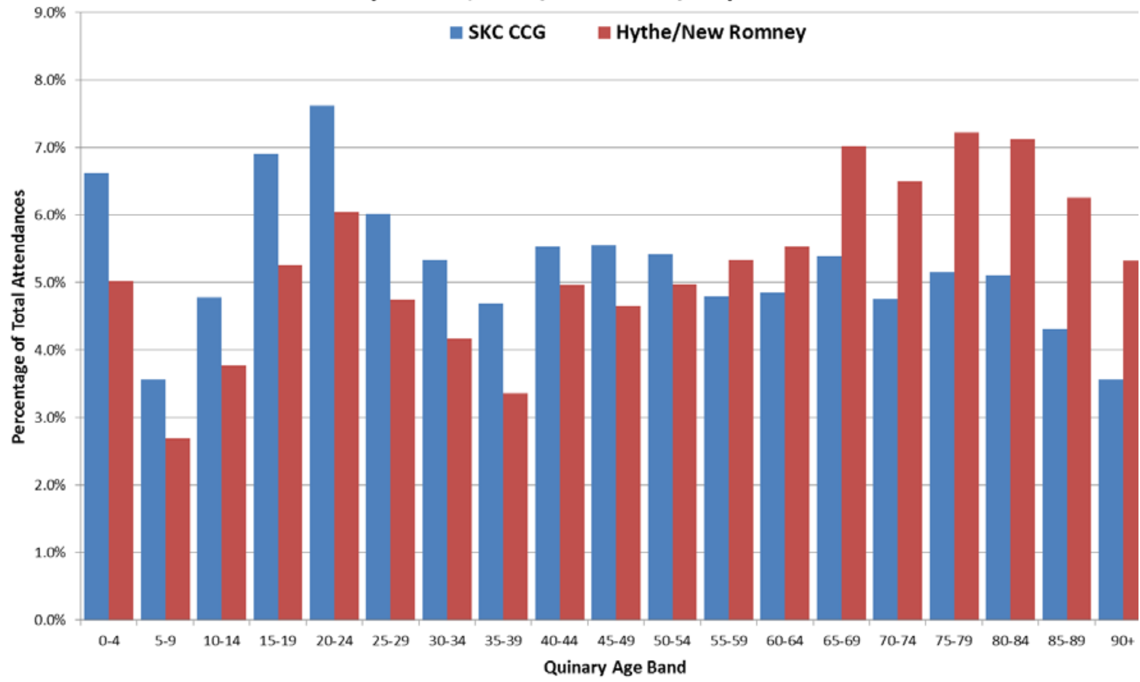
Accident & Emergency attendances across Kent have been slowly increasing in recent years. This is also reflected in the attendance rates for South Kent Coast and each of its constituent hubs. Age standardised rates are higher for patients registered with the Hythe/New Romney hub practices.

The rate of increase for Hythe/New Romney patients is lower (3%) than the rate for South Kent Coast (5%), both are lower than the rate for the rest of the CCGs in Kent which is 8%.



The age profile of accident & emergency attendances over the three year period shows that younger people aged 15-24 years are the most frequent of all attendances across South Kent Coast. This pattern is not reflected for Hythe/New Romney area.

However, attendances in the over 55 population are far more frequent and account for 50% of all activity, this is in contrast to the 37% for South Kent Coast and 32% for other Kent CCGs. This is explained in part by the older age profile for Hythe/New Romney patients.


Age profile for Accident & Emergency attendances for Hythe/New Romney
GPs Hub patients, 2012/13 to 2014/15 pooled data
SKC CCG
Hythe/New Romney
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Percentage of Total Attendances
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-89
90+
Quinary Age Band

Outpatient activity

In 2014/15, there were 2,605,087 outpatient appointments for the Kent registered population. Of these, 372,280 outpatient appointments were for the South Kent Coast CCG registered population.

In 2014/15, there were 74,665 outpatient appointments for patients registered to Hythe practices.

	Hythe *n* (%)	South Kent Coast CCG *n* (%)	Kent *n* (%)
Not applicable	*s* (0.0)	8 (0.0)	627 (0.0)
Cancelled by patient	1,159 (1.6)	6547 (1.8)	97,978 (3.8)
Patient did not attend	3,939 (5.3)	23915 (6.4)	161,681 (6.2)
Appointment cancelled or postponed by Provider	1,170 (1.6)	4106 (1.1)	86567 (3.3)
Seen	68,175 (91.3)	336266 (90.3)	2,241,532 (86.0)
Arrived late and seen	131 (0.2)	853 (0.2)	3,233 (0.1)
Patient did not attend - arrived late and not seen	*s* (0.0)	86 (0.0)	637 (0.0)
Not known	0 (0.0)	0 (0.0)	0
Not coded	79 (0.1)	499 (0.1)	12,832 (0.5)

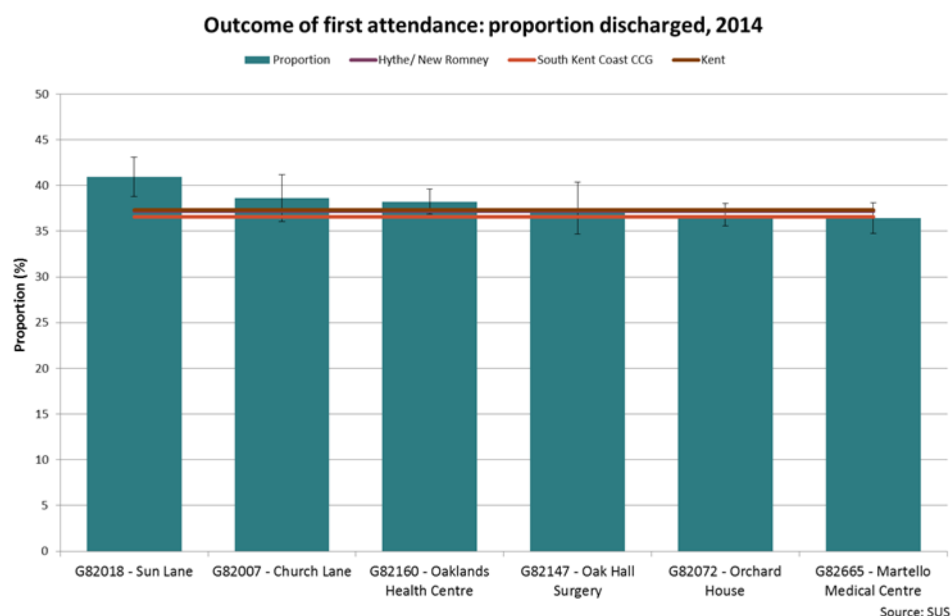
Proportions of appointments cancelled by provider were similar in Hythe, South Kent Coast CCG and Kent.

The proportion of appointments whereby the patient did not attend were lower within Folkestone, in comparison to South Kent Coast CCG and Kent. In 2014/15, within Folkestone, patient not attending appointment amounted to 2,630 appointments.

First appointments accounted for 32,528 attendances within Folkestone general practices. After first attendance, 37.1% or 12,056 were discharged from care.

Practice G82684 – New Lyminge had significantly greater proportions discharged than Folkestone, South Kent Coast CCG and Kent.

Figure 28



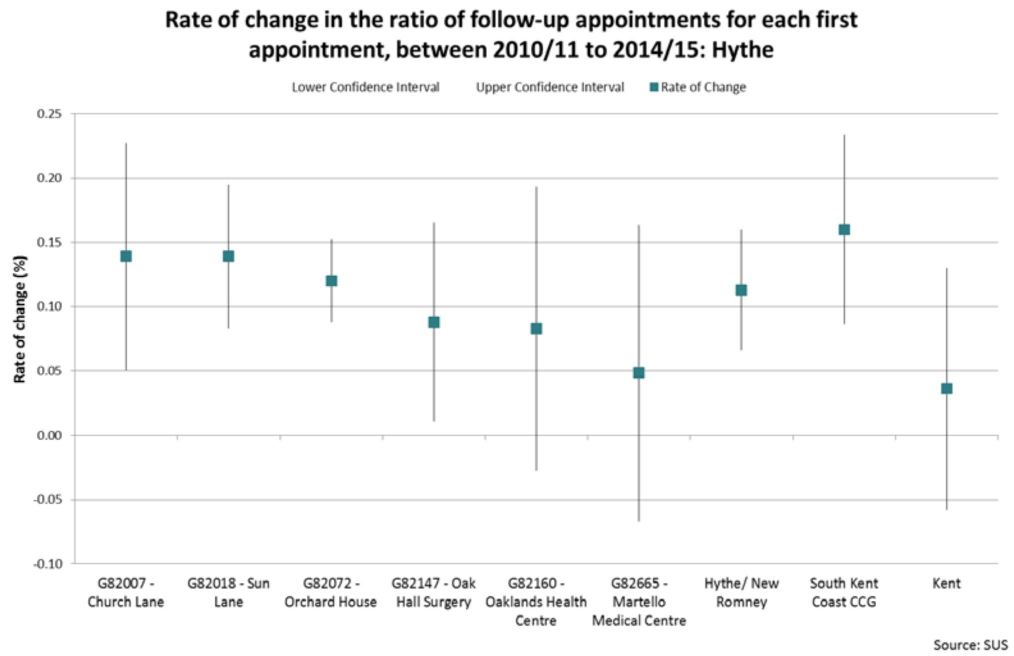
Within Kent, in 2014/15 there was a ratio of 2.25 follow-up appointments for each first appointment. A higher ratio can be seen for South Kent Coast CCG (2.49) and for Folkestone (2.49). The G82217 – Central Surgery showed the highest ratios (2.95) across Folkestone practices.

Table 22

	First appointments	Follow-up appointments	Ratio
G82007 - Church Lane	2828	6912	2.44
G82018 - Sun Lane	2232	5264	2.36
G82072 - Orchard House	1806	4105	2.27
G82147 - Oak Hall Surgery	6859	15007	2.19
G82160 - Oaklands Health Centre	5941	12747	2.15
G82665 - Martello Medical Centre	3149	6605	2.10
Hythe/ New Romney	22815	50640	2.22
South Kent Coast CCG	105367	262361	2.49
Kent	793543	1789342	2.25

The rate of change in the ratio of follow-up appointments for each first appointment has been presented below. None of the practices had a significantly greater rate of change between 2010/11 and 2014/15 in comparison to Kent.

Figure 29



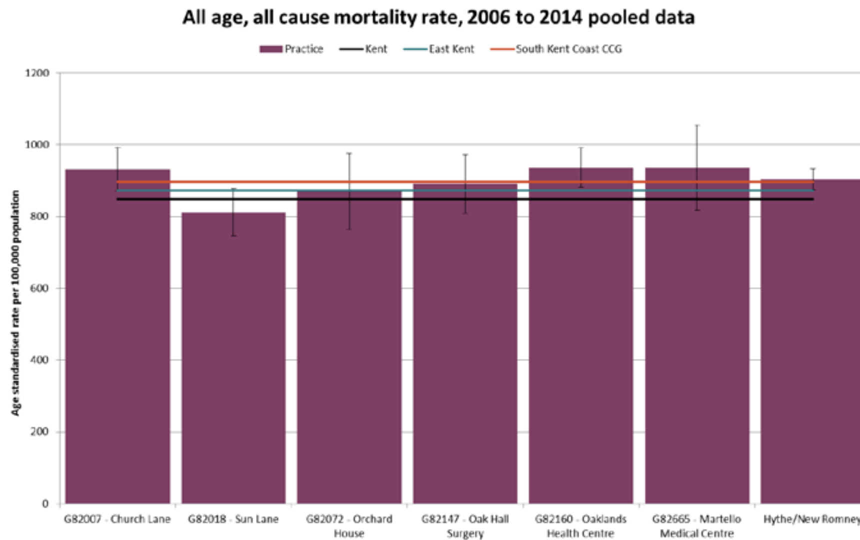
Mortality

All age, all cause mortality

All age, all cause mortality ranges from 811.2 at Sun Lane to 936.3 at Martello Medical Centre; however, none of these are significantly different to the Hythe / New Romney rate of 904.5 deaths per 100,000 population.

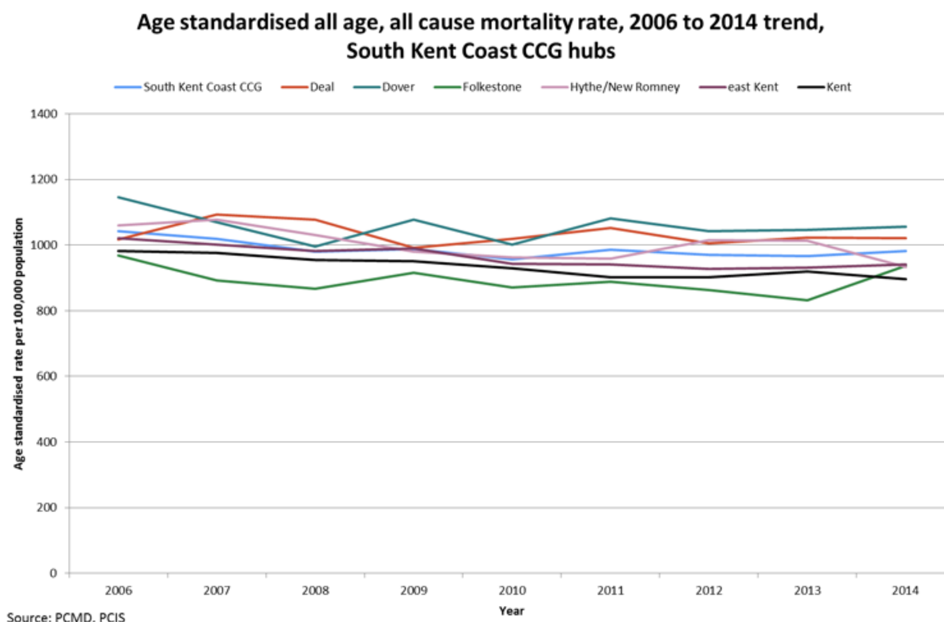
The Hythe / New Romney rate is significantly higher than Kent (848.2); however, not significantly different to either east Kent (872.3) or South Kent Coast CCG (896.2).

Figure 30



Despite a small increase in 2012 and 2013, the all age, all cause mortality rate has tended to decrease over the past nine years in Hythe / New Romney hub. The rate of decrease has been 12.6 deaths per 100,000 population annually, faster than the Kent (11.1) and South Kent Coast CCG (7.0) rate of decrease.

Figure 31

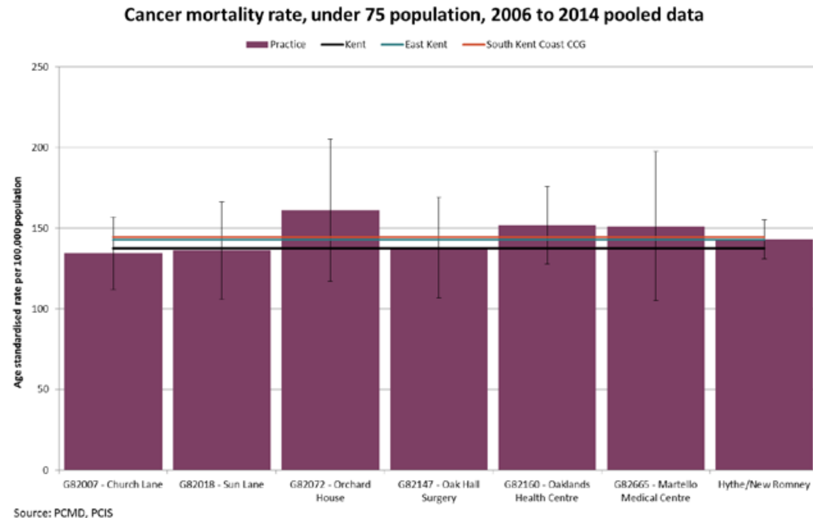


Cancer

Under 75 cancer mortality rates range from 134.4 deaths per 100,000 population at Church Lane to 161.0 at Orchard House. The Hythe / New Romney rate is 143.2 and is not significantly different to any of the practice rates.

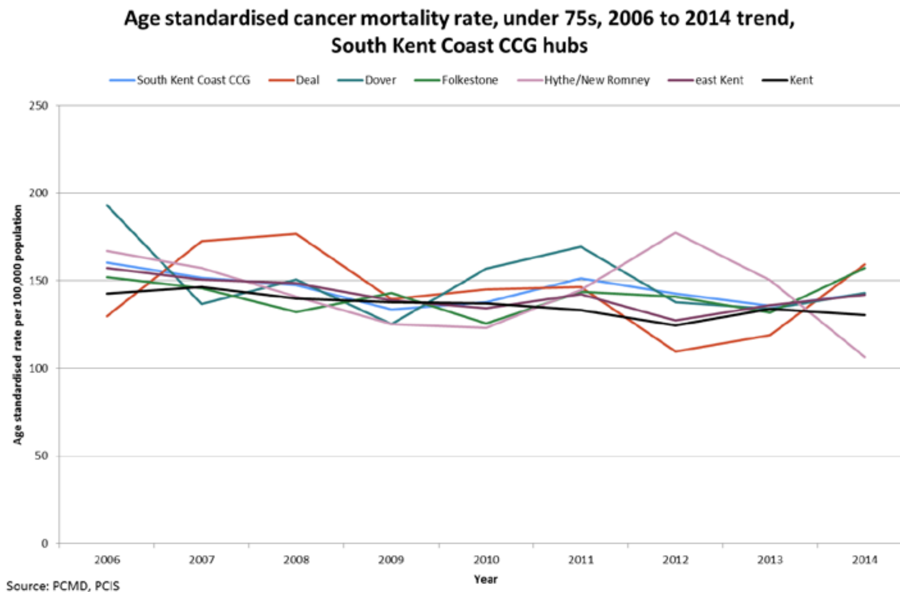
The Hythe / New Romney rate is not significantly different in comparison to east Kent (142.7), Kent (137.6) or South Kent Coast CCG (144.5).

Figure 32



Across Kent, the under 75 mortality rate for cancer has reduced by 2.0 deaths per 100,000 population annually. Overall in Hythe / New Romney hub, the rate of decrease has been 2.9; however there have been large fluctuations, with a peak at 177.3 deaths per 100,000 population in 2012. Since then, the rate has decreased substantially to the lowest rate recorded during this time period, of 106.3.

Figure 33

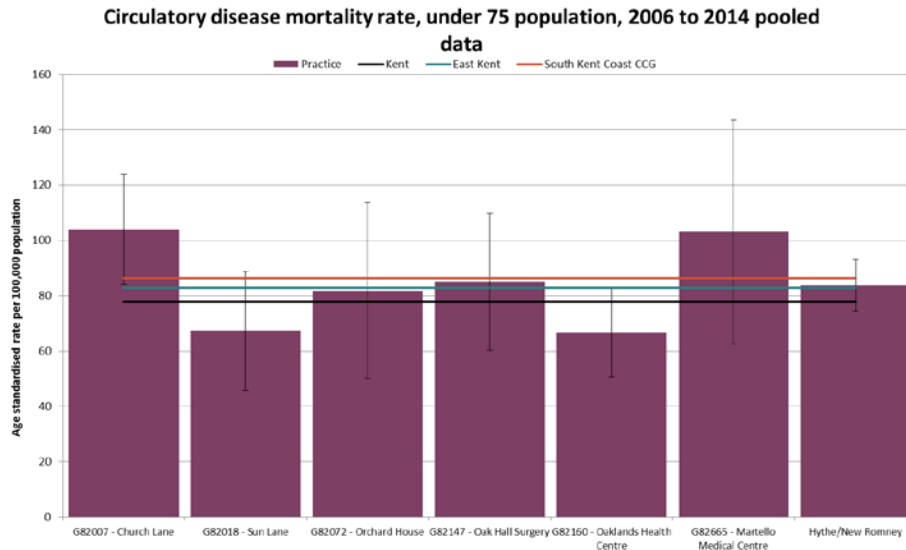


Circulatory Disease

There is considerable variation in under 75 circulatory disease mortality rates, ranging from 66.8 at Oaklands Health Centre to 104.0 at Church Lane. None of the practices have a significantly different rate in comparison to Hythe / New Romney (83.8).

The Hythe / New Romney rate is not significantly different to either South Kent Coast CCG (86.3), east Kent (82.8) or Kent (77.9).

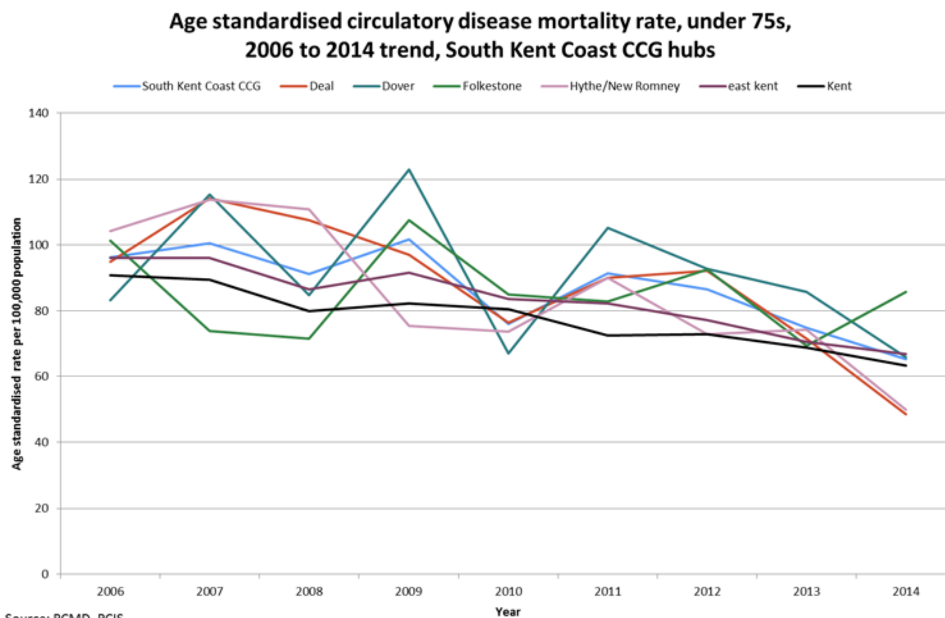
Figure 34



Source: PCMD, PCIS

The rate of decrease has been faster in Hythe / New Romney hub (6.6 deaths per 100,000) than in Kent (3.3); however, this difference is not significant. The rate has fluctuated substantially within the hub, peaking in 2007 at 133.7. The lowest recorded rate occurred in 2014 at 49.8; this is much lower than the Kent (63.3), east Kent (66.8) and South Kent Coast CCG (65.3) rates; however, not significantly different.

Figure 35



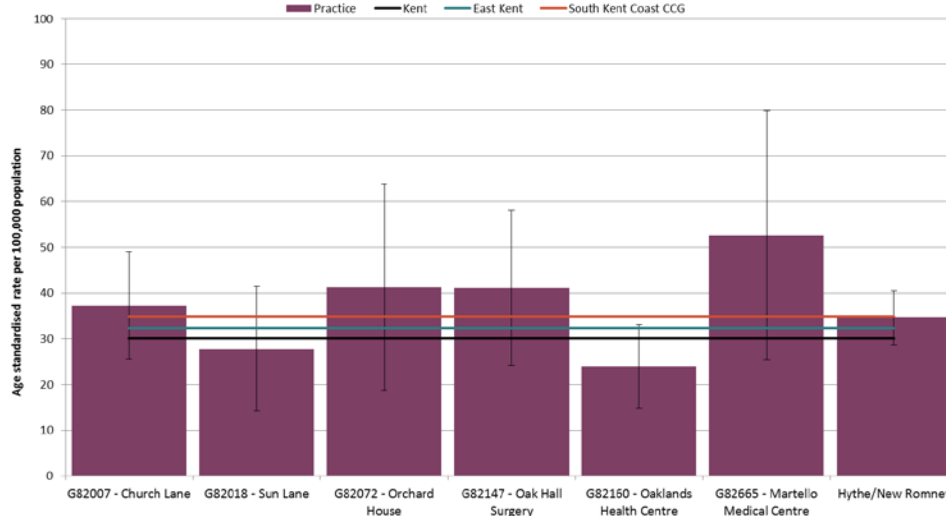
Source: PCMD, PCIS

Respiratory Disease

Under 75 mortality rates for respiratory disease range between 23.9 at Oaklands Health Centre to 52.6 at Martello Medical Centre; however, none of the rates are significantly different to the Hythe / New Romney rate of 34.6 deaths per 100,000 population aged under 75.

The hub rate is not significantly different to either the South Kent Coast CCG rate (34.8), east Kent (32.4) or Kent (30.0) rates.

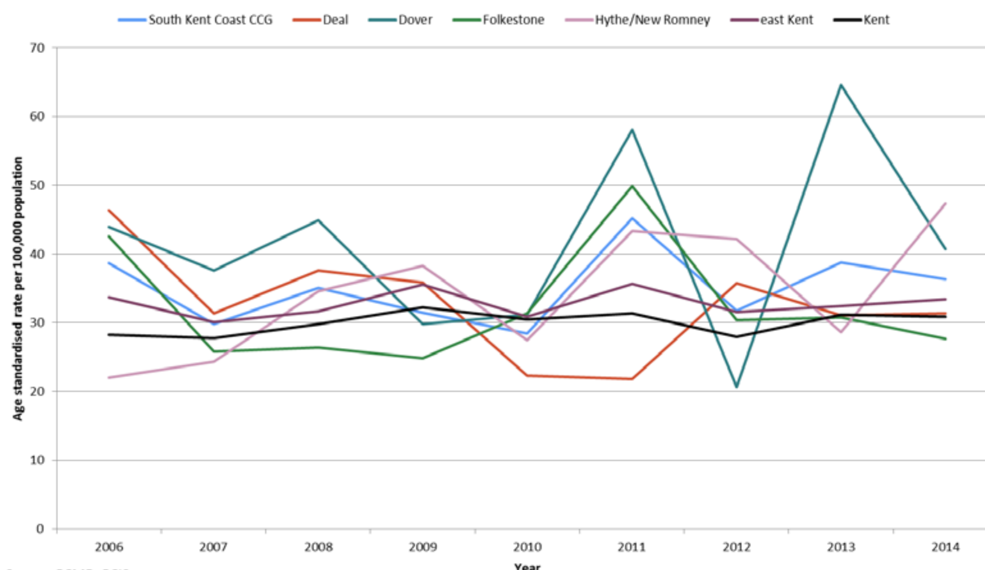
Figure 36



Source: PCMD, PCIS

There has been little change in under 75 mortality rates for respiratory disease across Kent, the rate of change has been 0.3 deaths per 100,000 population. Very large fluctuations are observed in mortality rate due to the small numbers of deaths involved. The rate of increase in Hythe / New Romney hub is 2.2, with the lowest rate occurring in 2006 (22.0), increasing to a peak of 47.3 in 2014.

Figure 37



Source: PCMD, PCIS

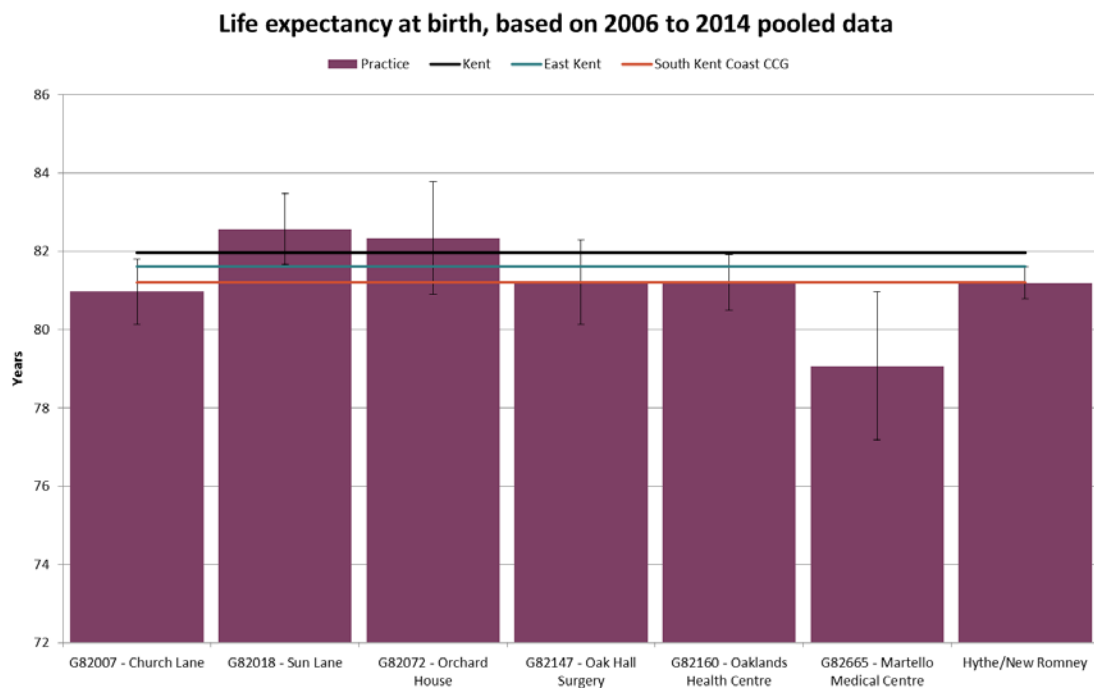
Life Expectancy

Life expectancy is defined by the South East Public Health Observatory 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'.

The gap in life expectancy between the practice with the highest life expectancy (82.6, Sun Lane) and the practice with the lowest life expectancy (79.1, Martello Medical Centre) is 3.5 years within the Hythe / New Romney hub. The Sun Lane life expectancy is significantly higher than the Hythe / New Romney life expectancy of 81.2.

The Hythe / New Romney hub life expectancy is significantly lower than Kent (82.0), but not significantly different to east Kent (81.6) or South Kent Coast CCG (81.2).

Figure 38



Appendix

Indicator	Definition
Asthma 02	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 any time after diagnosis
Asthma 03	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
Atrial fibrillation 03	In those patients with atrial fibrillation in whom there is a record of a CHADS2 score of 1 (latest in the preceding 12 months), the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy, NICE 2011 menu ID: NM45
Atrial fibrillation 04	In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy, NICE 2011 menu ID: NM46
Cancer 02	The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 3 months of the contractor receiving confirmation of the diagnosis, NICE 2012 menu ID: NM62
Chronic Kidney Disease 02	The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
Chronic Kidney Disease 03	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE-I or ARB
COPD 03	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 04	The percentage of patients with COPD with a record of FEV1 in the preceding 12 months
Dementia 02	The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months
Depression 02	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 35 days after the date of diagnosis, NICE 2012 menu ID: NM50
Diabetes 03	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 07	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 09	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 14	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
Epilepsy 02	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
Heart Failure 03	In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB

Indicator	Definition
Hypertension 02	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 150/90 mmHg or less
Mental Health 02	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
Osteoporosis 03	The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent, NICE 2011 menu ID: NM31
Peripheral Artery Disease 02	The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less, NICE 2011 menu ID: NM34
Rheumatoid Arthritis 02	The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months, NICE 2012 menu ID: NM58
Coronary Heart Disease 02	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
Coronary Heart Disease 06	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
Stroke & TIA 03	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
Blood Pressure 01	The percentage of patients aged 40 or over who have a record of blood pressure in the preceding 5 years, NICE 2012 menu ID: NM61
Smoking 02	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months, NICE 2011 menu ID: NM38
Smoking 05	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months, NICE 2011 menu ID: NM39
Cervical Screening 02	The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years