

## Thanet CCG Locality Profile for Broadstairs

April 2017



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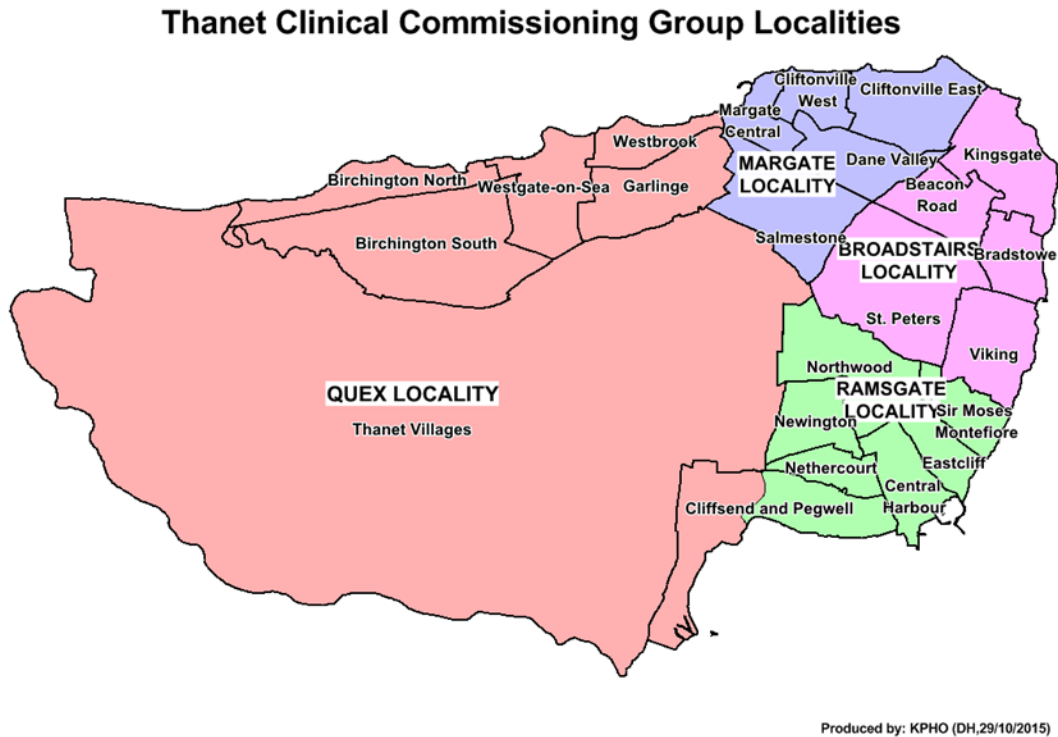
## | 1. Introduction

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

## | 2. Demographics

### 2.1 Location

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

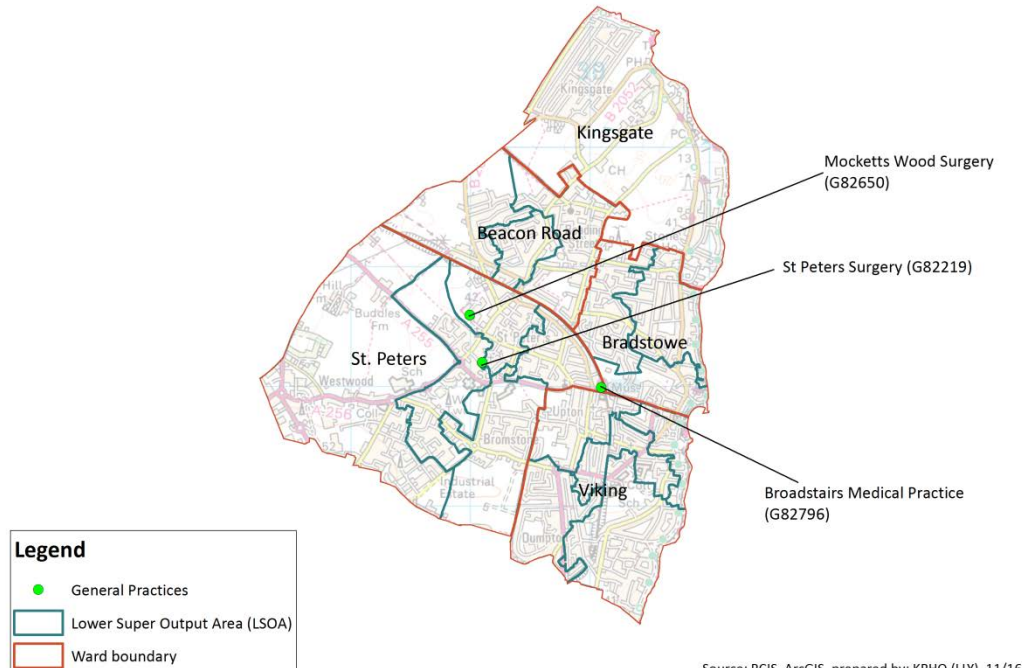


The Broadstairs locality consists of five electoral wards in the east of Thanet CCG:

- Beacon Road
- Bradstowe
- Kingsgate
- St Peters
- Viking

The map below shows the breakdown of the Broadstairs locality into wards and lower super output areas (LSOAs). An LSOA is a geographical region which has a minimum population of 1,000 and an average population of 1,500. The Broadstairs locality has three general practices<sup>1</sup> which are all located in St Peters ward.

General practice locations in Broadstairs Locality

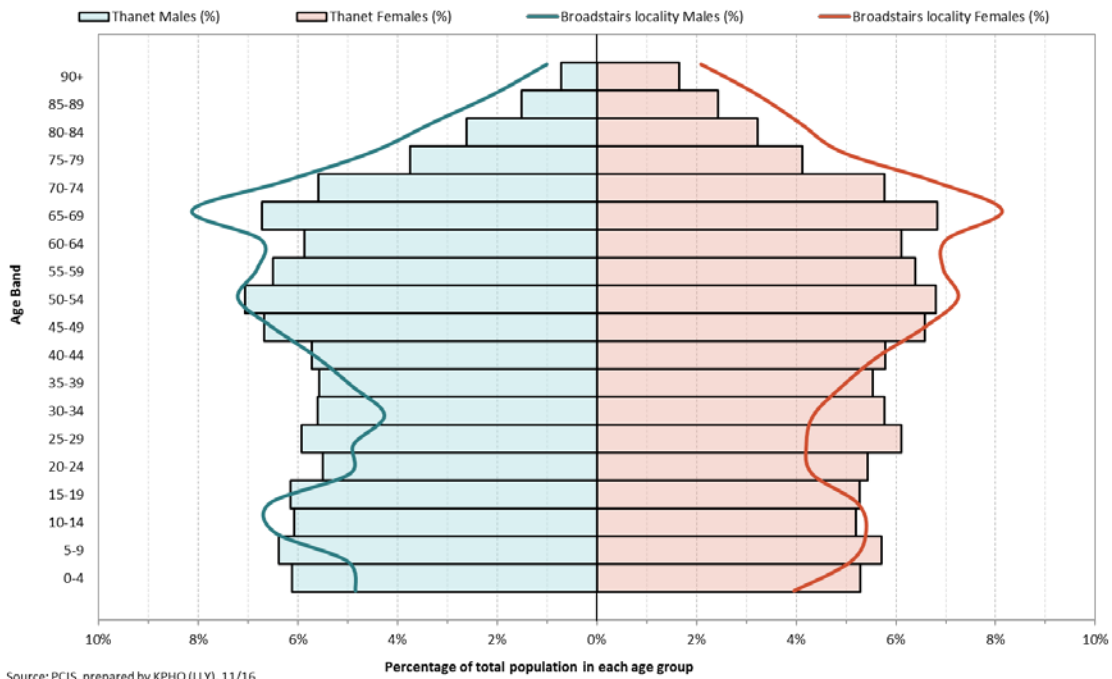


## 2.2 Population (registered)

As of 30.09.2016, the chart overleaf shows the registered population of Broadstairs locality compared to Thanet CCG. Approximately 20,200 people are registered to the three general practices within the Broadstairs locality. The Broadstairs locality has a higher proportion of people aged 55 and over than Thanet CCG as a whole, and a lower proportion of younger adults (aged 20-39).

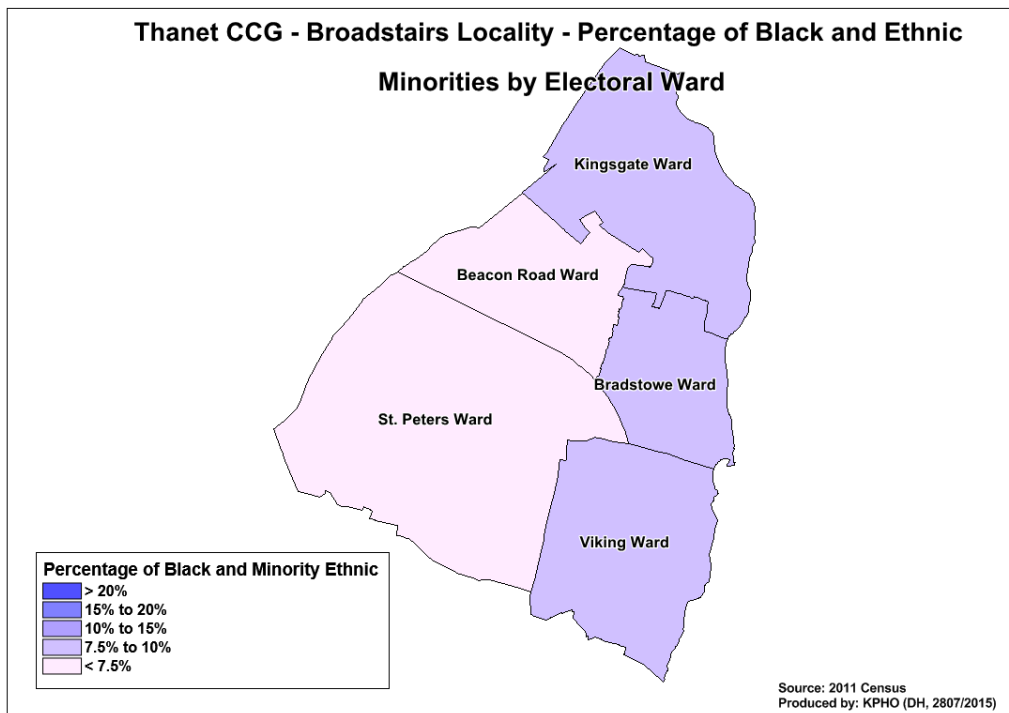
<sup>1</sup> This map features only live (open) general practices in Broadstairs locality

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



### 2.3 Ethnicity

The map below shows the black and minority ethnic (BME<sup>2</sup>) population of wards within the Broadstairs locality. All five wards have a BME population of less than 10%.



<sup>2</sup> BME population refers to all ethnicities except White British.

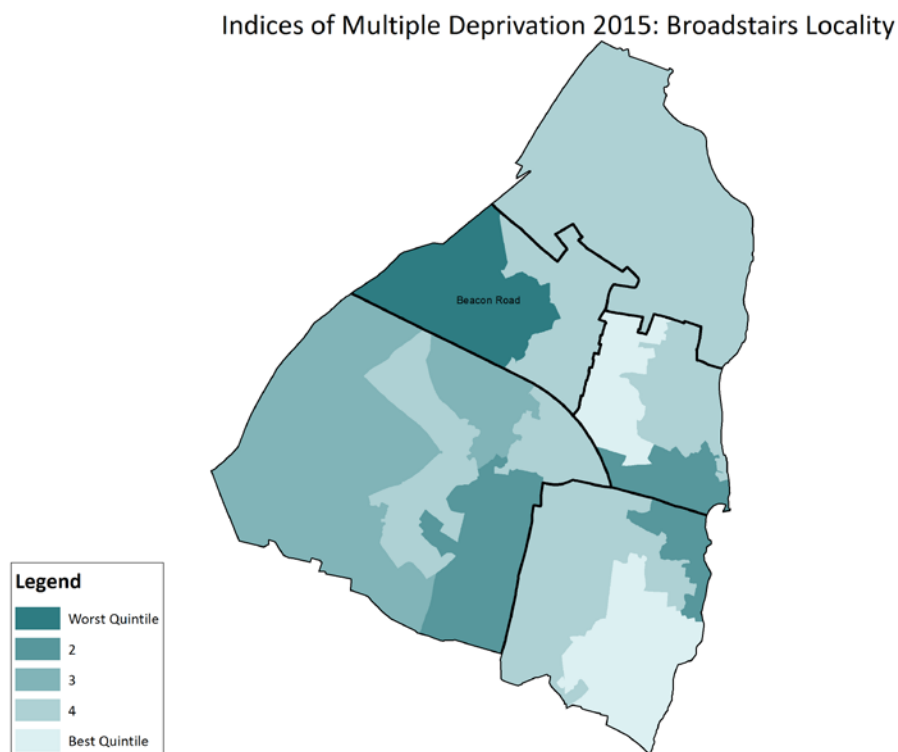


## 3. Socio-Economic

### 3.1 Deprivation

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

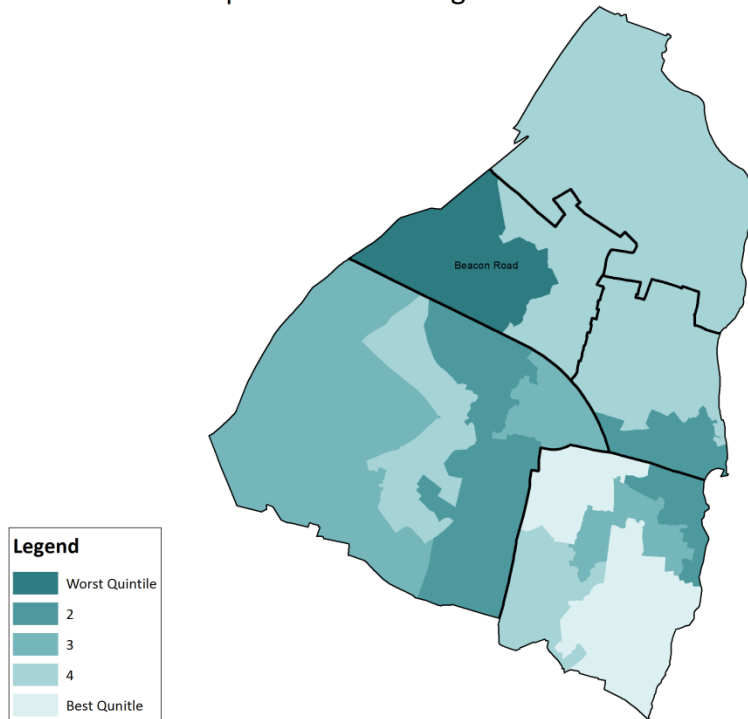
The map below shows the relative deprivation in the Broadstairs Locality. Parts of Beacon Road fall into the most deprived quintile in Kent, whilst there are areas of affluence within Bradstowe and Viking.



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

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

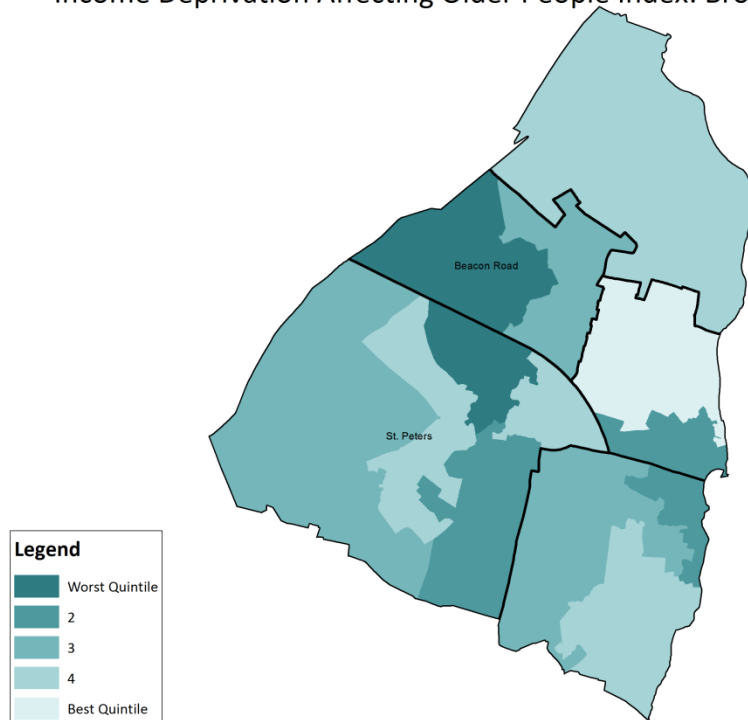
### Income Deprivation Affecting Children Index: Broadstairs Locality



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

The last map in this section shows the income deprivation affecting older people index. This too has a similar profile to the overall deprivation however one of the LSOAs within St Peters ward also falls into the most deprived quintile (alongside one of the LSOAs within Beacon Road).

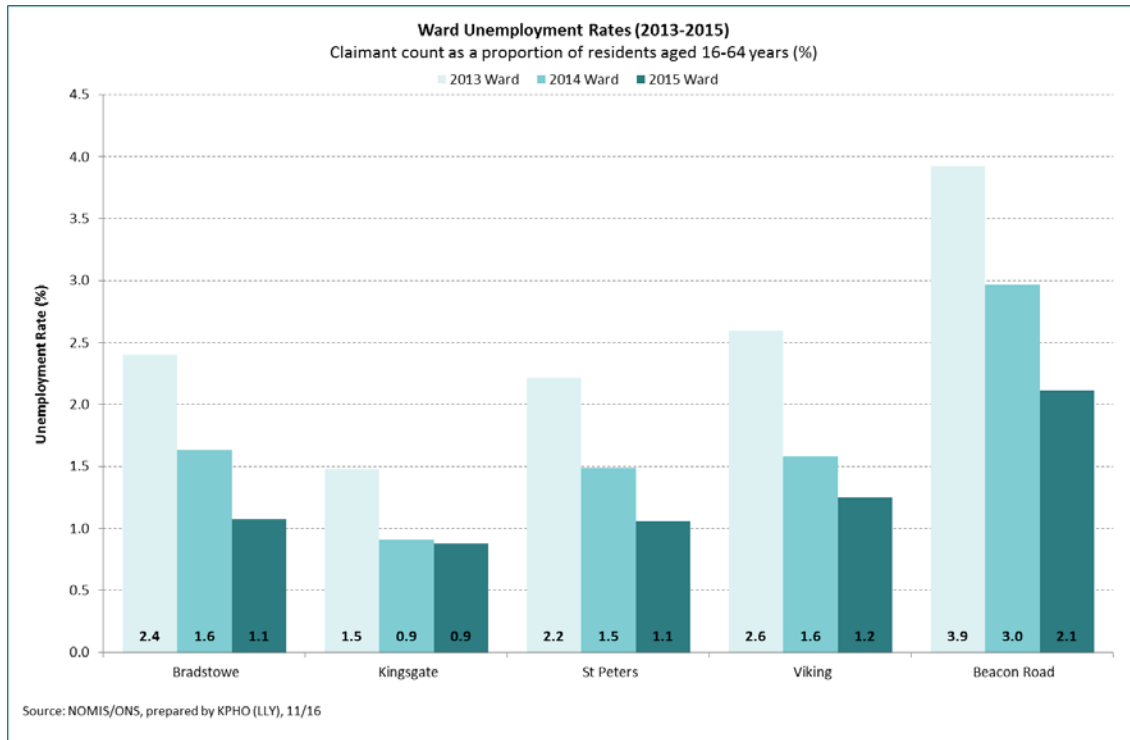
### Income Deprivation Affecting Older People Index: Broadstairs Locality



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

### 3.2 Unemployment

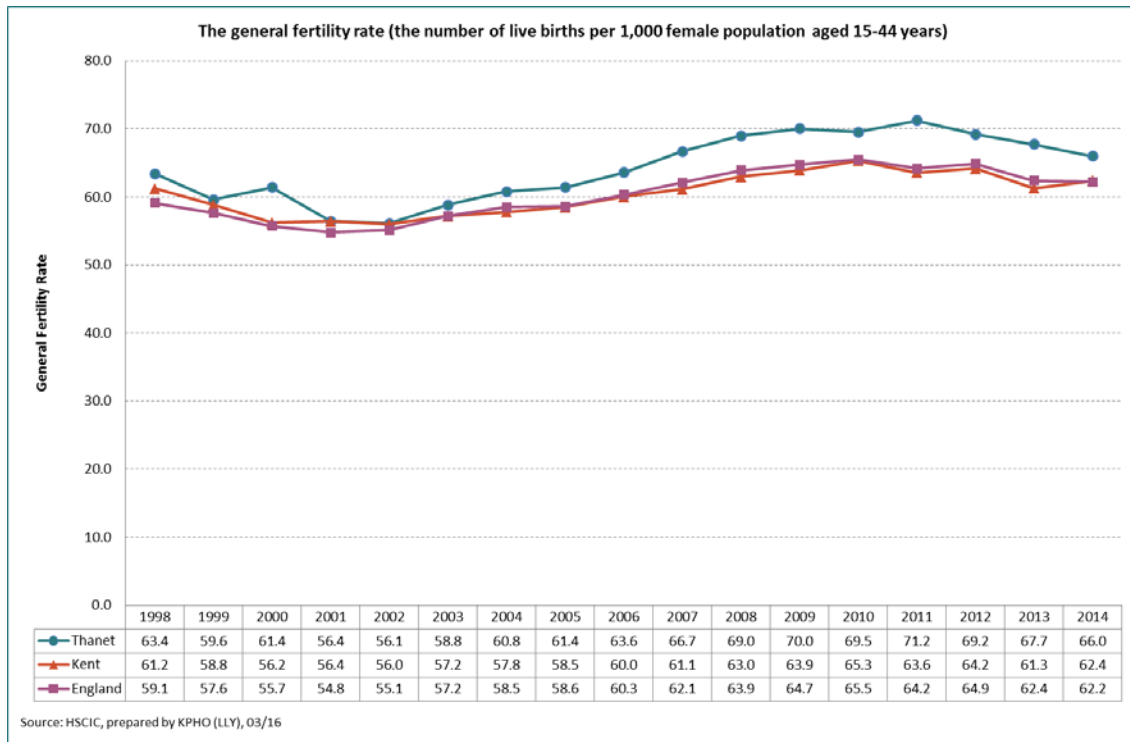
Presented at ward level within the Broadstairs locality, unemployment rates are given as a proportion (%) of residents aged 16-64 years. All wards show a decrease in unemployment rates between 2013 and 2015. The lowest recorded unemployment rate (0.9%) was in Kingsgate in 2015. Of the wards within the Broadstairs locality, Beacon Road has the highest unemployment rates.



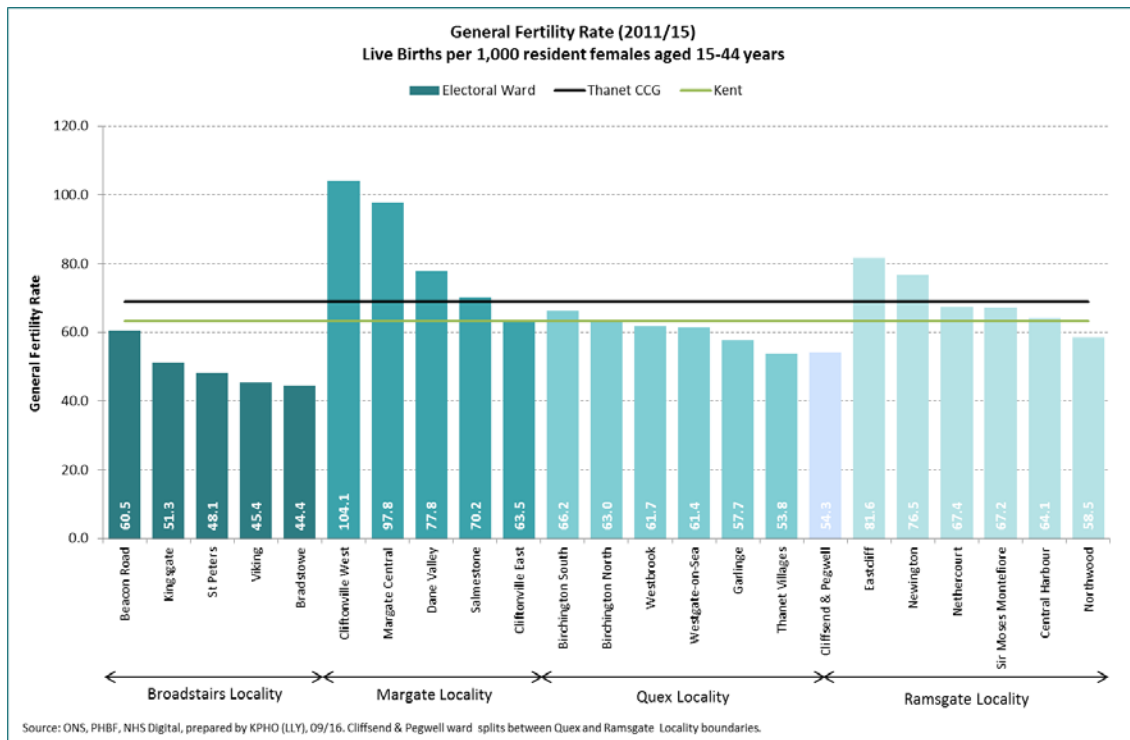
## 4. Maternity

### 4.1 General fertility rate

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



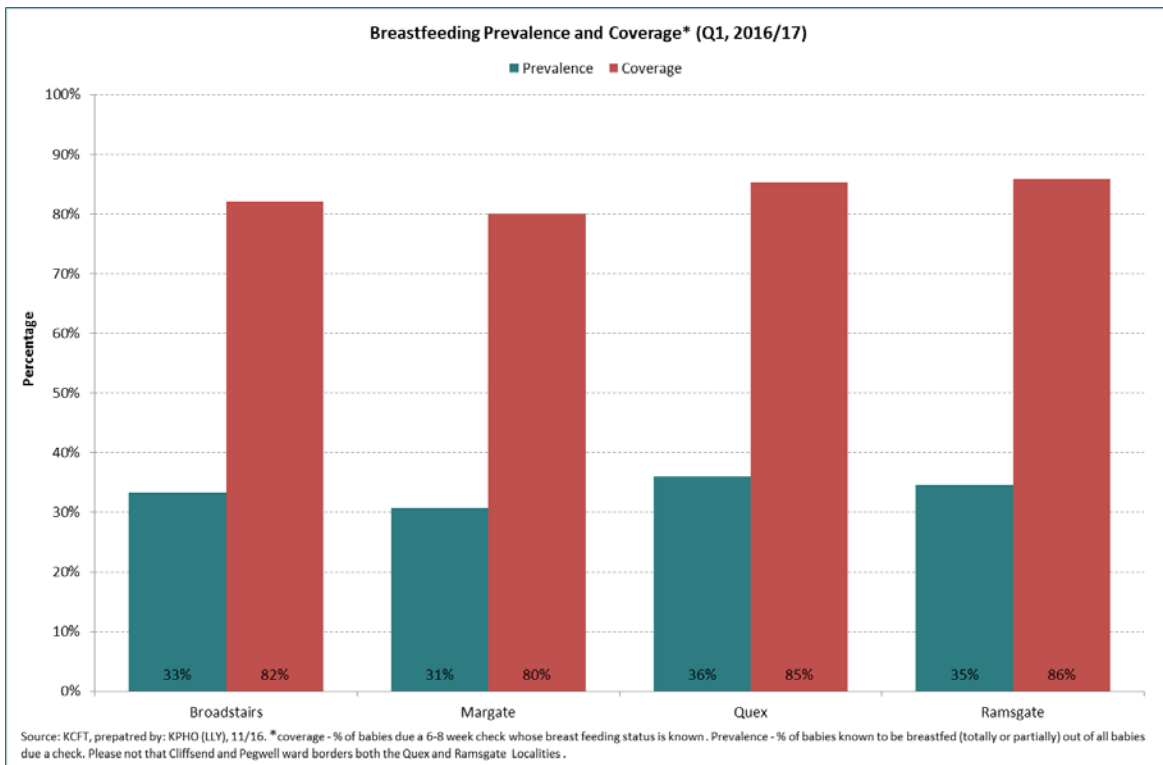
Shown at ward level, the fertility rates for the Broadstairs locality are all below both the Thanet and Kent rates (69.0 and 63.2, per 1,000 women aged 15-44 years respectively).



## 4.2 Breastfeeding

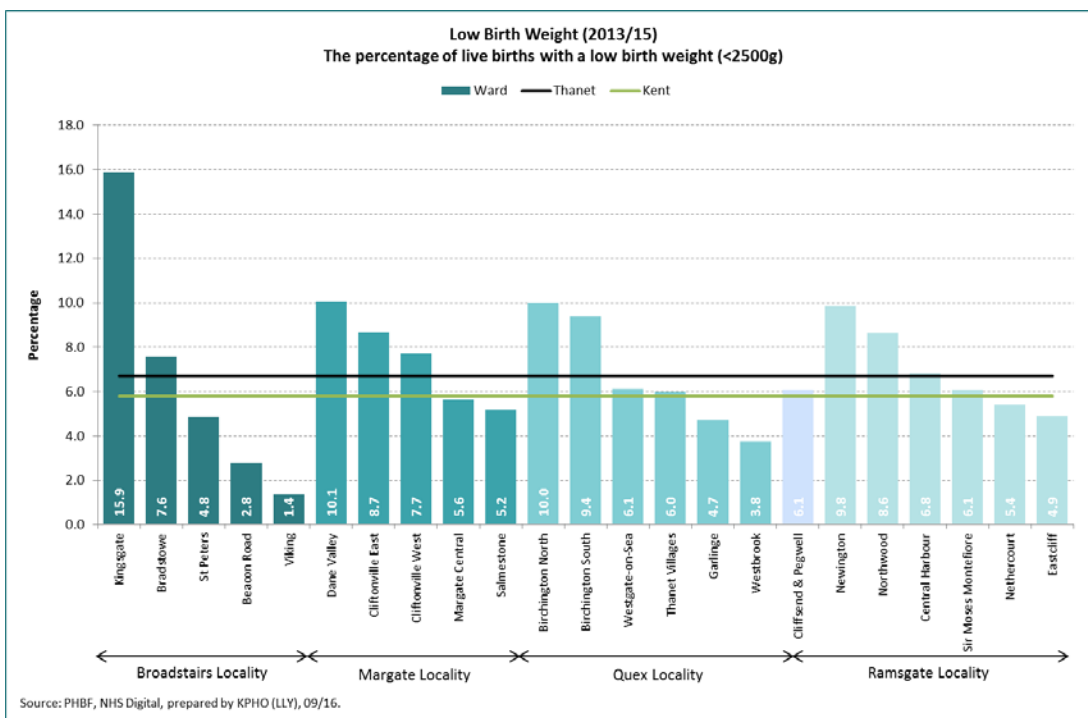
One important public health area, with regard to maternity and related child health is breast-feeding continuation. The following chart shows both the coverage of breast feeding status as well as the prevalence.

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



### 4.3 Low birth weight

Low birth weight (LBW) shows the percentage of babies with a birth weight of less than 2500 grams. The low birth weight indicator is a good predictor of future childhood health. Kingsgate ward has a high rate of low birth weights (15.9%), whilst rates are low in Viking (1.4%).

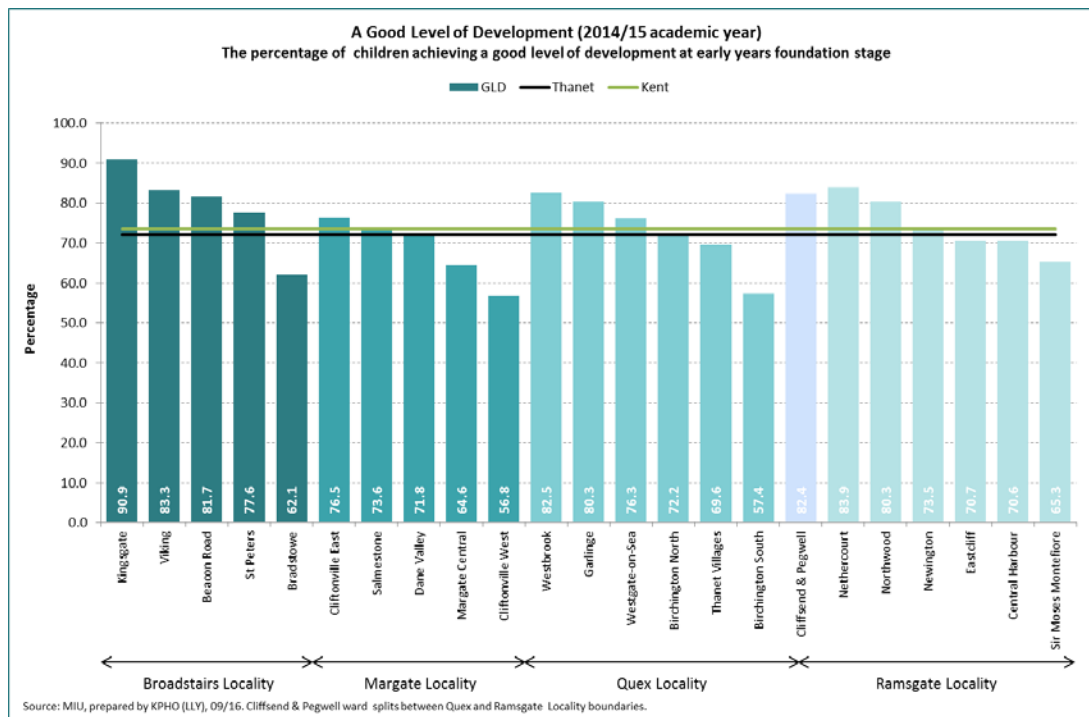


## 5. Education

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

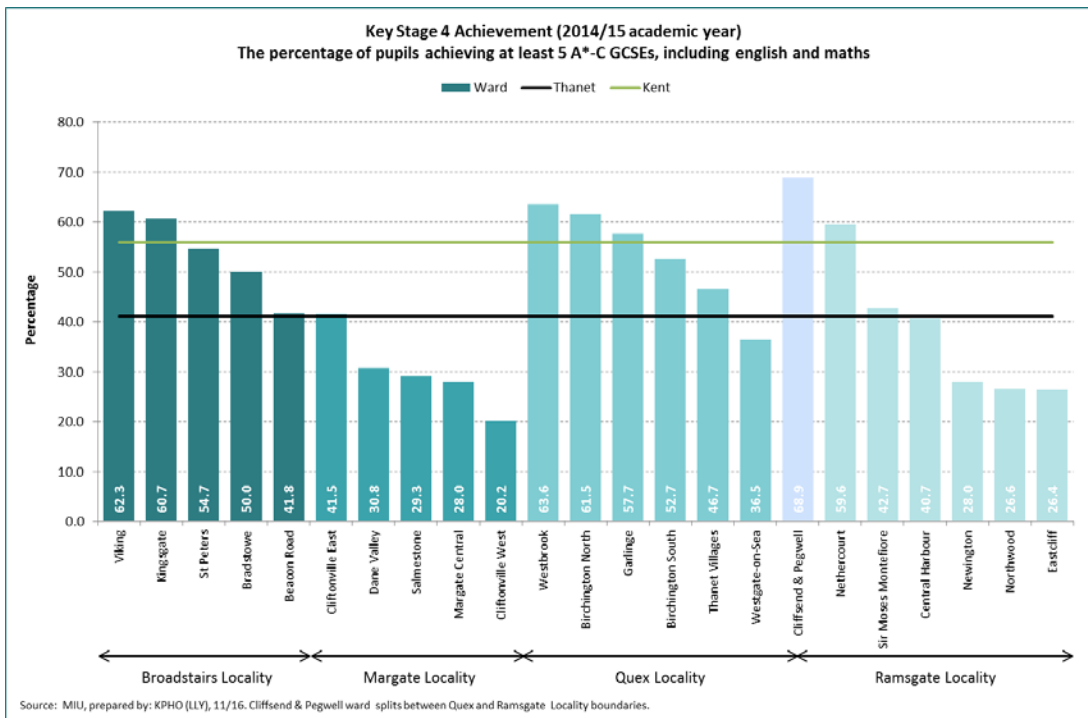
### 5.1 School Readiness

School readiness can be measured using the proportion of children who achieve a good level of development at the early years foundation stage (reception year). Achievement varies considerably across the Broadstairs locality, from 90.9% in Kingsgate to 62.1% in Bradstowe.



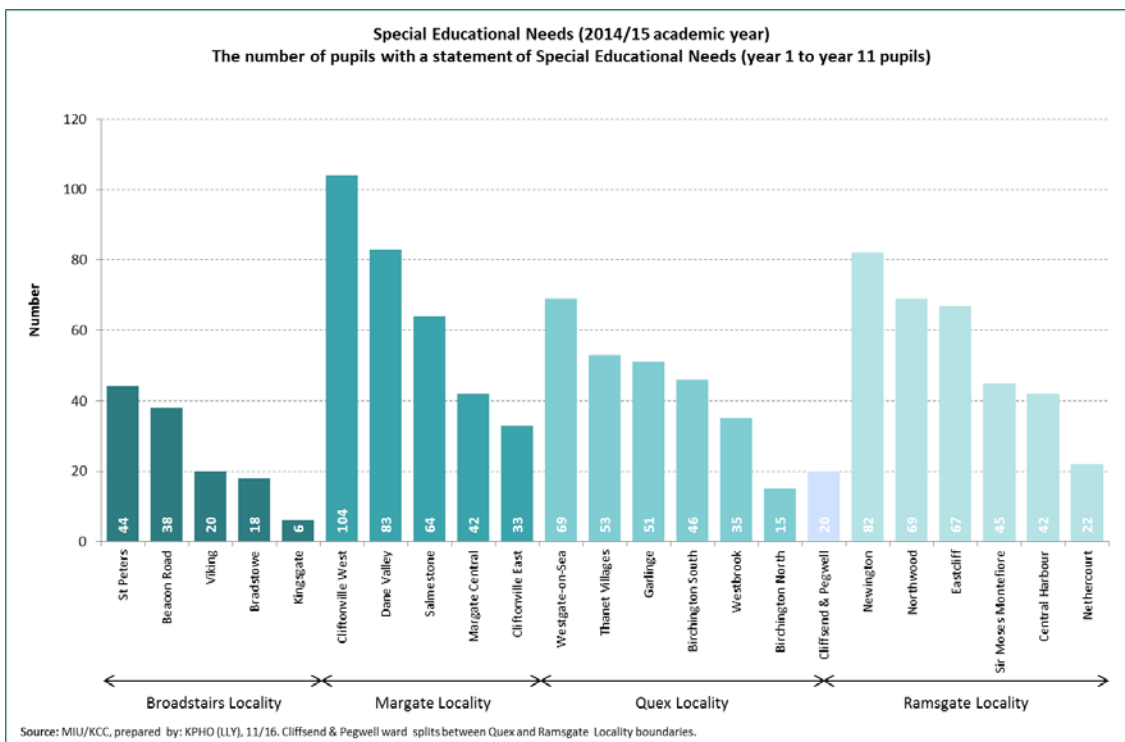
### 5.2 Key Stage 4 attainment

Attainment at Key Stage 4 is measured as the proportion of pupils who achieve A\*-C grades, including in English and Maths. With the exception of Beacon Road, all of the wards within the Broadstairs locality appear to have higher proportion of pupils achieving the expected standard than the Thanet average (although this is not statistically significant for Bradstowe).



### 5.3 Special Educational Needs

The chart below shows the numbers of pupils within each ward with a statement of special educational needs. Within the Broadstairs locality, SEN pupil numbers are low, ranging from 44 pupils in St Peters to 6 pupils in Kingsgate.





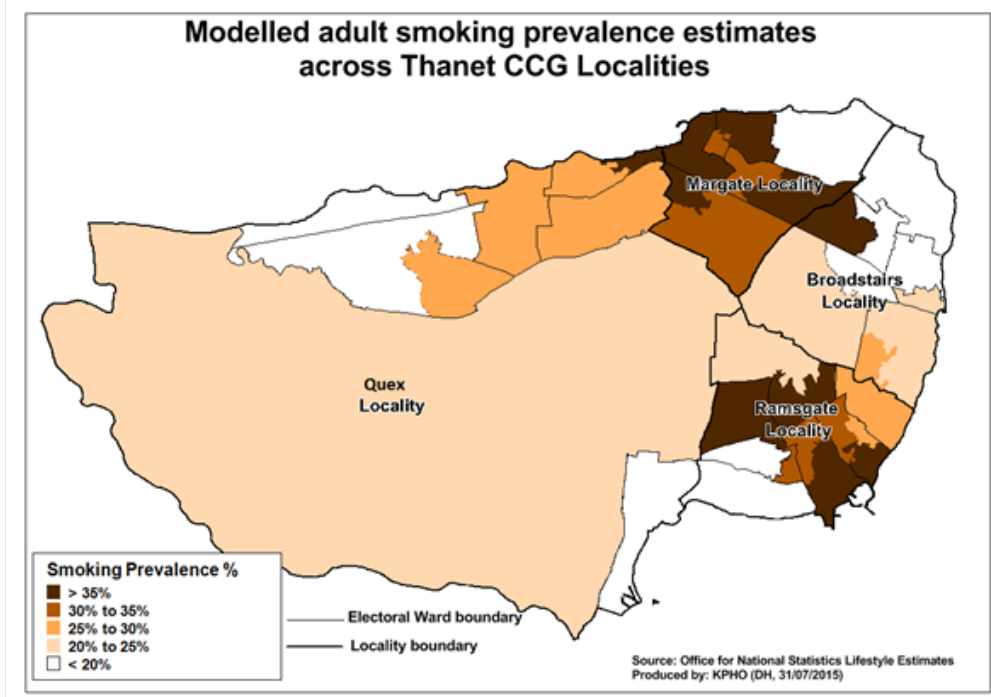
## 6. Lifestyles

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

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

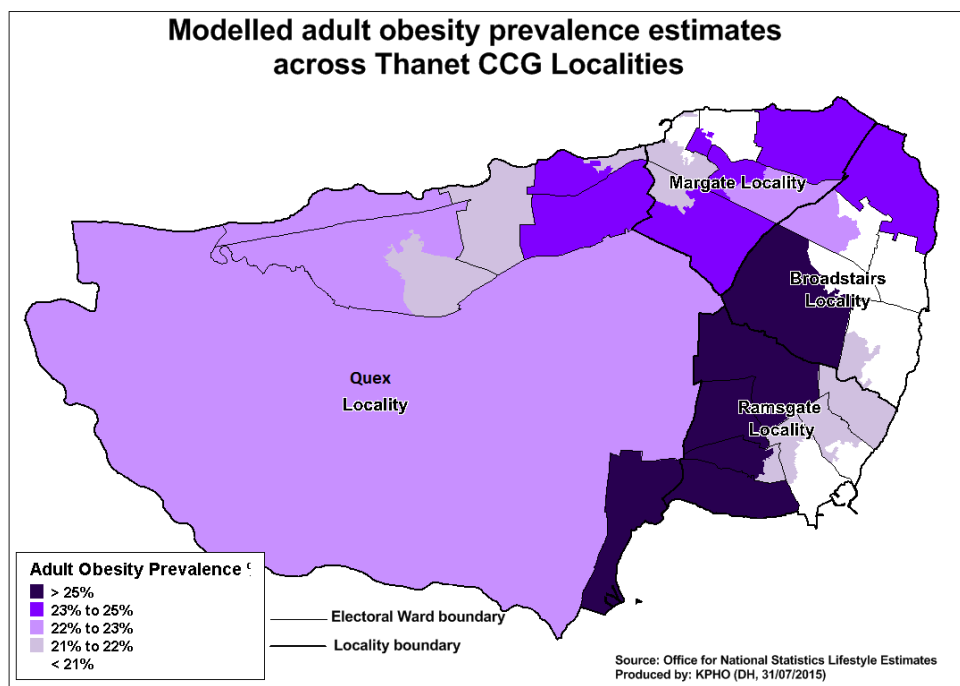
### 6.1 Modelled adult smoking prevalence

Within the Broadstairs locality, modelled smoking prevalence is generally low, with the exception of parts of Beacon Road, where smoking prevalence is estimated to be over 35%.



### 6.2 Modelled adult obesity prevalence

Modelled adult obesity prevalence within the Broadstairs locality is highest in parts of St Peters (at over 26%). It is also high in Kingsgate (at between 22% and 26%).

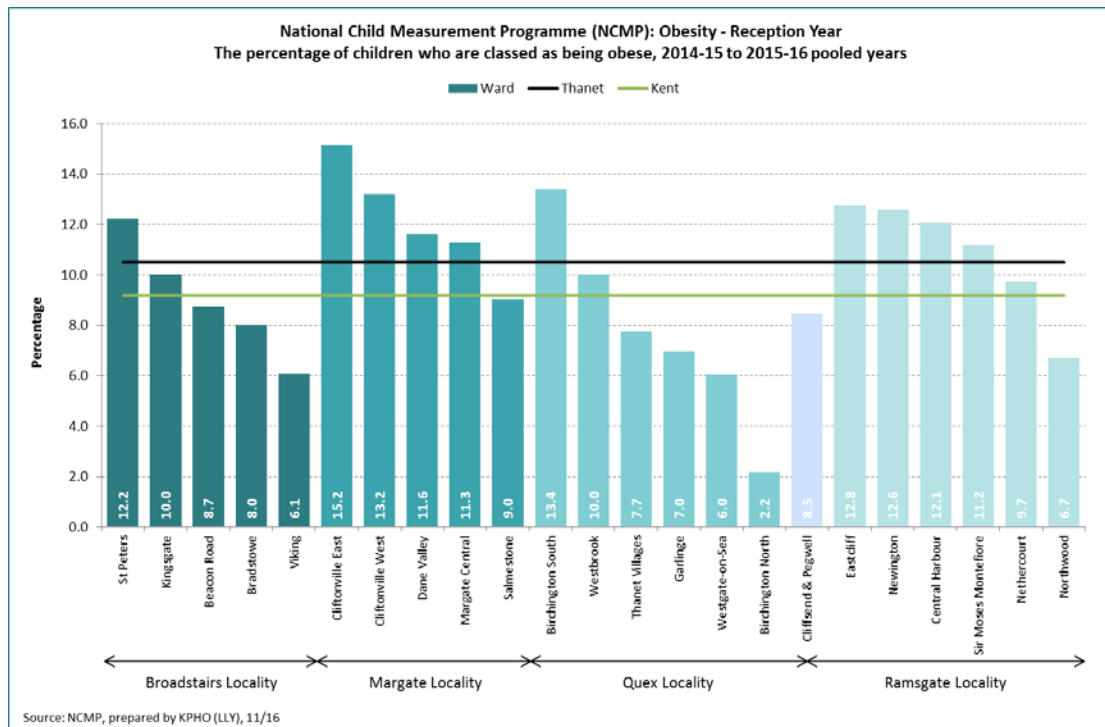


## 6.3 Childhood obesity

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

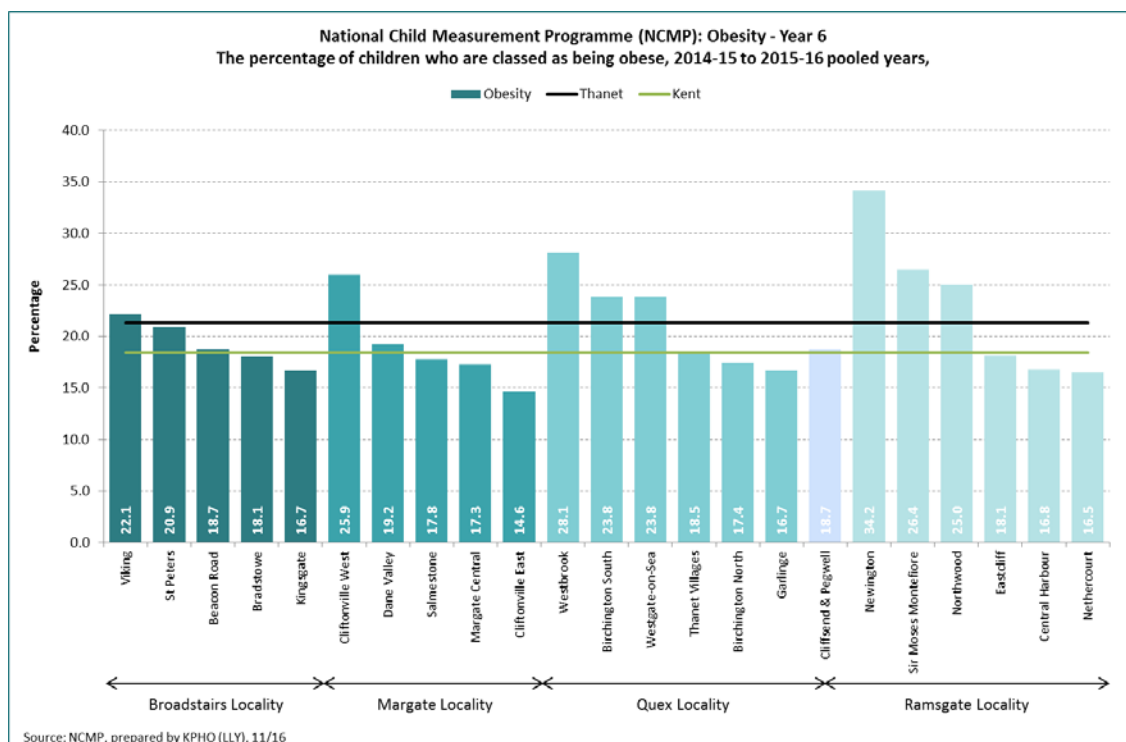
### 6.3.1 Reception year

Within the Broadstairs locality, reception year obesity rates range from 6.1% in Viking to 12.2% in St Peters. There are no statistically significant differences between the wards in the Broadstairs locality, or compared within the Thanet and Kent averages.



### 6.3.2 Year 6

Obesity levels are higher in year 6 compared to reception year. Within the Broadstairs locality, there is less variation in year 6 obesity rates than there was for reception year. Again, there are no statistically significant differences between the wards in the Broadstairs locality, or compared within the Thanet and Kent averages.



## | 7. Quality Outcomes Framework

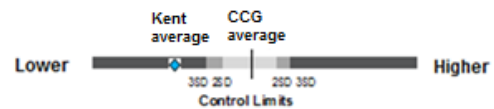
### 7.1 Recorded prevalence

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

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

#### Key:

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



## Broadstairs Locality and General Practices

Overall the key findings for the Broadstairs locality:

- A higher recorded prevalence of cancer can be observed consistently for practices across the locality in comparison to Thanet CCG.
  - An increasing cancer trend of 0.31% with each passing year was observed for the locality based on these 3 practices, similar to the 0.22% increase for Thanet CCG.
  - Based on past trends, total Kent and Thanet CCG cancer patient registers could be projected to grow by 58 and 10 persons respectively with each passing year.
- Lower and recent trend for decreasing recorded prevalence across the locality has been largely driven by practice G82796.
- Higher recorded prevalence can be observed for practices G82219 and G82650, for atrial fibrillation, cancer, coronary heart disease, hypertension and obesity. Despite some decrease in recent trend, long term increases in the trend for chronic kidney disease and diabetes can be seen for all practices.
  - An increasing chronic kidney disease trend of 0.31% with each passing year was observed for the locality, similar to the 0.43% increase for Thanet CCG.
  - An increasing diabetes trend of 0.23% with each passing year was observed for the locality, similar to the 0.22% increase for Thanet CCG.
  - Based on past trends, total Kent and Thanet CCG chronic kidney disease patient registers could be projected to grow by 128 and 31 persons respectively with each passing year.

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

Indicator	Locality prevalence		Trend		CCG prevalence			
	Number	%	Recent	Long	Average	Low	Range	High
Asthma	1064	5.5	↓	↔	5.8	4.6		7.5
Atrial fibrillation	435	2.2	↓	↑	2.2	0.9		3.9
Cancer	704	3.6	↓	↑	3.0	1.4		5.0
Chronic Kidney Disease	767	4.9	↓	↑	6.3	2.2		9.7
Chronic Obstructive Pulmonary Disease	415	2.1	↔	↓	3.1	1.7		4.8
Coronary Heart Disease	684	3.5	↓	↓	3.7	1.8		5.7
Dementia	166	0.9	↔	↑	0.9	0.3		1.7
Diabetes	1110	6.9	↔	↑	7.5	5.5		9.0
Epilepsy	114	0.7	↔	↔	0.9	0.5		1.2
Heart Failure	132	0.7	↔	↓	0.9	0.3		1.4
Hypertension	3317	17.0	↓	↑	16.9	8.6		23.2
Learning Disabilities	77	0.4	↔	↔	0.6	0.2		1.1
Mental Health	155	0.8	↔	↔	1.1	0.6		1.6
Obesity	1241	7.9	↓	↓	10.2	5.5		14.9
Palliative Care	54	0.3	↔	↑	0.3	0.0		0.8
Stroke	406	2.1	↓	↓	2.1	1.1		3.2

The Quality Outcomes Framework for the Locality is based on the data from the three general practices listed below.

### Practice G82219, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	236	5.3	↔	↔	5.8	4.6		7.5	
Atrial fibrillation	122	2.7	↔	↑	2.2	0.9		3.9	
Cancer	169	3.8	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	332	9.4	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	147	3.3	↔	↔	3.1	1.7		4.8	
Coronary Heart Disease	225	5.0	↔	↓	3.7	1.8		5.7	
Dementia	46	1.0	↔	↔	0.9	0.3		1.7	
Diabetes	268	7.4	↔	↑	7.5	5.5		9.0	
Epilepsy	30	0.9	↔	↔	0.9	0.5		1.2	
Heart Failure	45	1.0	↔	↓	0.9	0.3		1.4	
Hypertension	859	19.1	↔	↑	16.9	8.6		23.2	
Learning Disabilities	22	0.5	↔	↓	0.6	0.2		1.1	
Mental Health	34	0.8	↔	↔	1.1	0.6		1.6	
Obesity	429	12.1	↔	↓	10.2	5.5		14.9	
Palliative Care	19	0.4	↔	↑	0.3	0.0		0.8	
Stroke	126	2.8	↔	↔	2.1	1.1		3.2	

### Practice G82796, Quality & Outcomes Framework: recorded prevalence

Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	343	5.1	↓	↔	5.8	4.6		7.5	
Atrial fibrillation	84	1.3	↓	↔	2.2	0.9		3.9	
Cancer	199	3.0	↓	↑	3.0	1.4		5.0	
Chronic Kidney Disease	158	2.9	↓	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	116	1.7	↓	↑	3.1	1.7		4.8	
Coronary Heart Disease	120	1.8	↓	↔	3.7	1.8		5.7	
Dementia	29	0.4	↔	↔	0.9	0.3		1.7	
Diabetes	407	7.4	↓	↑	7.5	5.5		9.0	
Epilepsy	26	0.5	↓	↔	0.9	0.5		1.2	
Heart Failure	18	0.3	↔	↔	0.9	0.3		1.4	
Hypertension	1160	17.4	↓	↔	16.9	8.6		23.2	
Learning Disabilities	25	0.4	↔	↑	0.6	0.2		1.1	
Mental Health	61	0.9	↔	↔	1.1	0.6		1.6	
Obesity	312	5.7	↓	↔	10.2	5.5		14.9	
Palliative Care	17	0.3	↔	↔	0.3	0.0		0.8	
Stroke	71	1.1	↓	↔	2.1	1.1		3.2	

### Practice G82650, Quality & Outcomes Framework: recorded prevalence

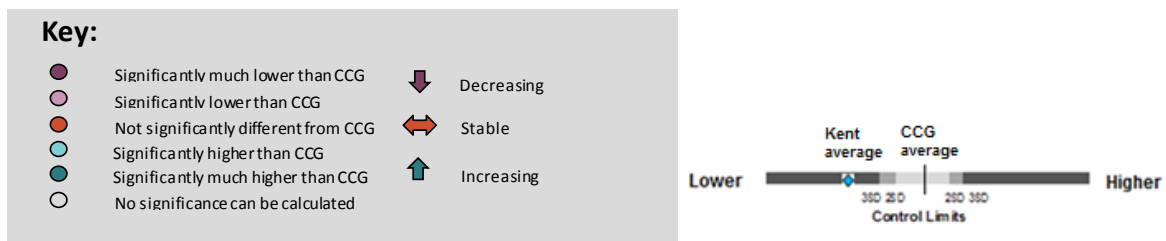
Indicator	Practice prevalence		Trend		CCG prevalence				
	Number	%	Recent	Long	Average	Low	Range	High	
Asthma	485	5.8	↔	↓	5.8	4.6		7.5	
Atrial fibrillation	229	2.7	↔	↑	2.2	0.9		3.9	
Cancer	336	4.0	↔	↑	3.0	1.4		5.0	
Chronic Kidney Disease	277	4.1	↔	↑	6.3	2.2		9.7	
Chronic Obstructive Pulmonary Disease	152	1.8	↔	↓	3.1	1.7		4.8	
Coronary Heart Disease	339	4.1	↔	↓	3.7	1.8		5.7	
Dementia	91	1.1	↔	↑	0.9	0.3		1.7	
Diabetes	435	6.3	↔	↑	7.5	5.5		9.0	
Epilepsy	58	0.9	↔	↓	0.9	0.5		1.2	
Heart Failure	69	0.8	↔	↔	0.9	0.3		1.4	
Hypertension	1298	15.6	↔	↑	16.9	8.6		23.2	
Learning Disabilities	30	0.4	↔	↔	0.6	0.2		1.1	
Mental Health	60	0.7	↔	↔	1.1	0.6		1.6	
Obesity	500	7.4	↔	↔	10.2	5.5		14.9	
Palliative Care	18	0.2	↔	↔	0.3	0.0		0.8	
Stroke	209	2.5	↔	↓	2.1	1.1		3.2	

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

## 7.2 Clinical achievement

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

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



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

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

## Broadstairs Locality and General Practices

Overall the key findings for the Broadstairs locality:

- Higher clinical achievement for blood pressure management within hypertension, as well as, lower clinical achievement for asthma reviews and measures of long term diabetes control.
- Generally practice G82796 shows much lower and decreasing clinical achievement within the past two years.

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

Indicator	Locality achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	238	81.5	↓	2.7	87.4	76.5		96.0
Review, asthma	660	65.2	↓	4.8	72.6	42.3		97.7
Review, cancer	70	85.4	↓	24.8	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	611	93.4	↓	4.4	92.0	77.0		97.0
Record of FEV1, COPD	281	81.9	↔	17.3	84.4	59.1		95.2
Review, dementia	110	69.6	↓	4.8	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	689	67.2	↓	7.6	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	2664	83.5	↓	3.8	80.9	65.6		93.4

The Quality Outcomes Framework for the Locality is based on the data from the three general practices listed below.

### Practice G82219, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	36	81.8	↑	8.3	87.4	76.5		96.0
Review, asthma	158	79.4	↔	15.7	72.6	42.3		97.7
Review, cancer	27	100.0	↔	15.6	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	199	96.6	↔	8.4	92.0	77.0		97.0
Record of FEV1, COPD	100	95.2	↔	28.6	84.4	59.1		95.2
Review, dementia	45	100.0	↔	2.2	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	184	77.0	↔	10.8	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	748	92.1	↔	5.5	80.9	65.6		93.4

### Practice G82796, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	91	76.5	↓	2.5	87.4	76.5		96.0
Review, asthma	141	42.3	↓	2.9	72.6	42.3		97.7
Review, cancer	6	35.3	↓	50.0	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	87	77.0	↓	5.8	92.0	77.0		97.0
Record of FEV1, COPD	62	59.1	↓	9.5	84.4	59.1		95.2
Review, dementia	5	10.7	↓	3.4	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	200	53.1	↓	7.4	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	722	65.6	↓	5.2	80.9	65.6		93.4

### Practice G82650, Quality & Outcomes Framework: clinical achievement

Indicator	Practice achievement		Recent trend	Exception rate per 100	CCG achievement			
	Number	%			Average	Low	Range	High
Variability/ reversibility measures, asthma	111	86.1	↔	0.8	87.4	76.5		96.0
Review, asthma	361	75.1	↔	0.8	72.6	42.3		97.7
Review, cancer	37	97.4	↔	11.6	90.2	35.3		100.0
Blood pressure 150/90mmHg or less, CHD	325	97.0	↔	1.2	92.0	77.0		97.0
Record of FEV1, COPD	119	89.5	↑	12.5	84.4	59.1		95.2
Review, dementia	62	72.9	↔	6.6	80.5	10.7		100.0
HbA1c 59mmol/mol or less, diabetes	305	74.4	↔	5.7	72.0	53.1		85.1
Blood pressure <= 150/90mmHg, hypertension	1194	93.4	↔	1.5	80.9	65.6		93.4

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



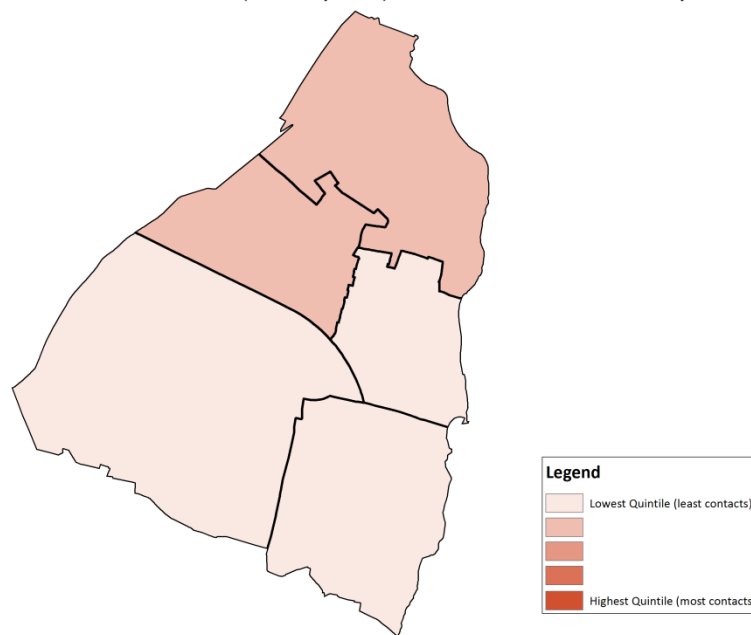
## 8. Mental Health

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

### 8.1 Contact rates (16-64)

Mental health contact rates amongst those aged 16-64 are low across the Broadstairs locality.

Mental Health Contact Rates \* (16-64 years) 2015: Broadstairs Locality

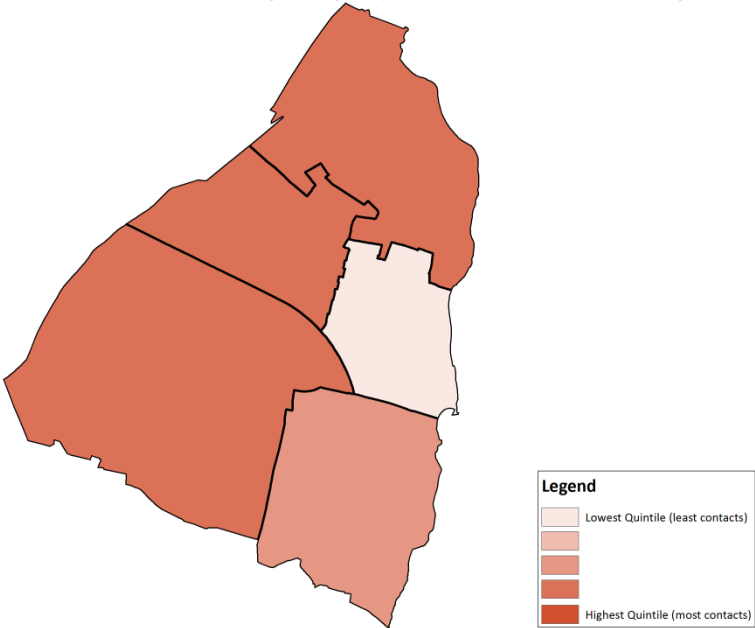


Source: KMPT, prepared by: KPHO (LLY), 11/16. \*people seeing any mental health professional (people counted once)

### 8.2 Contact rates (65+)

Whilst mental health contact rates are low amongst those of working age, mental health contact rates amongst those aged 65 plus are high in Beacon Road, Kingsgate and St Peters.

Mental Health Contact Rates\* (65 years plus) 2015: Broadstairs Locality

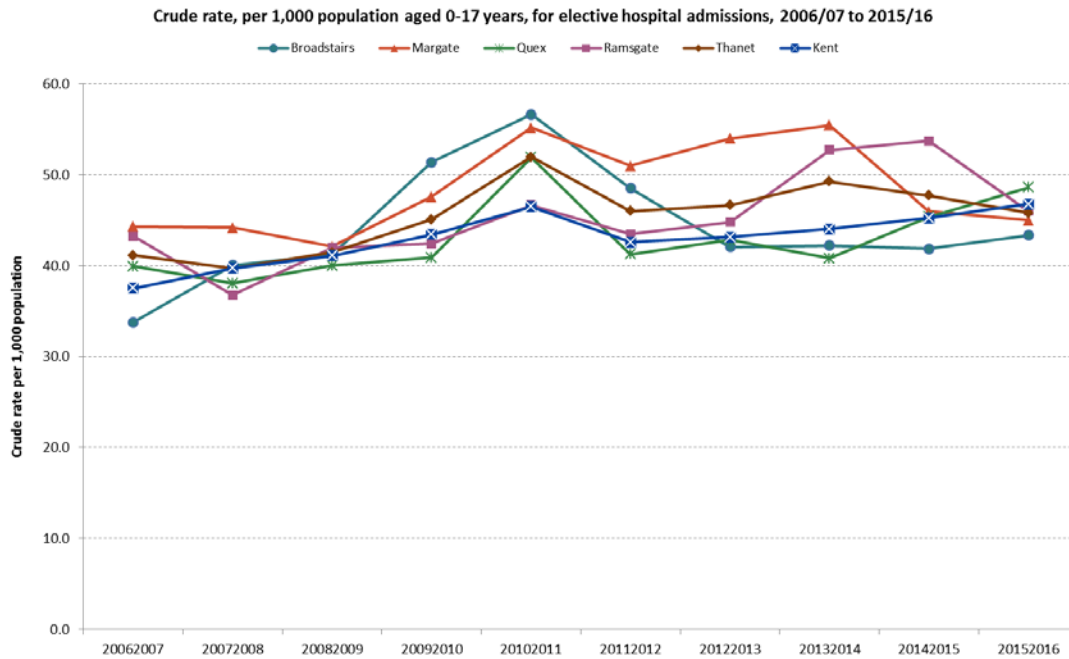


Source: KMPT, prepared by: KPHO (LLY), 11/16. \*people seeing any mental health professional (people counted once)

## 9. Hospital Admissions

### 9.1 Elective admissions

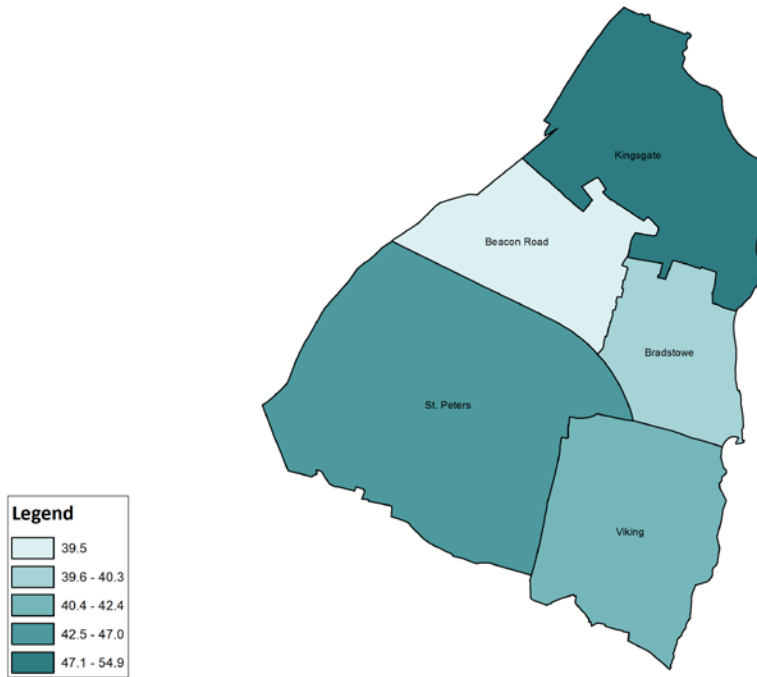
#### 9.1.1 Under 18



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

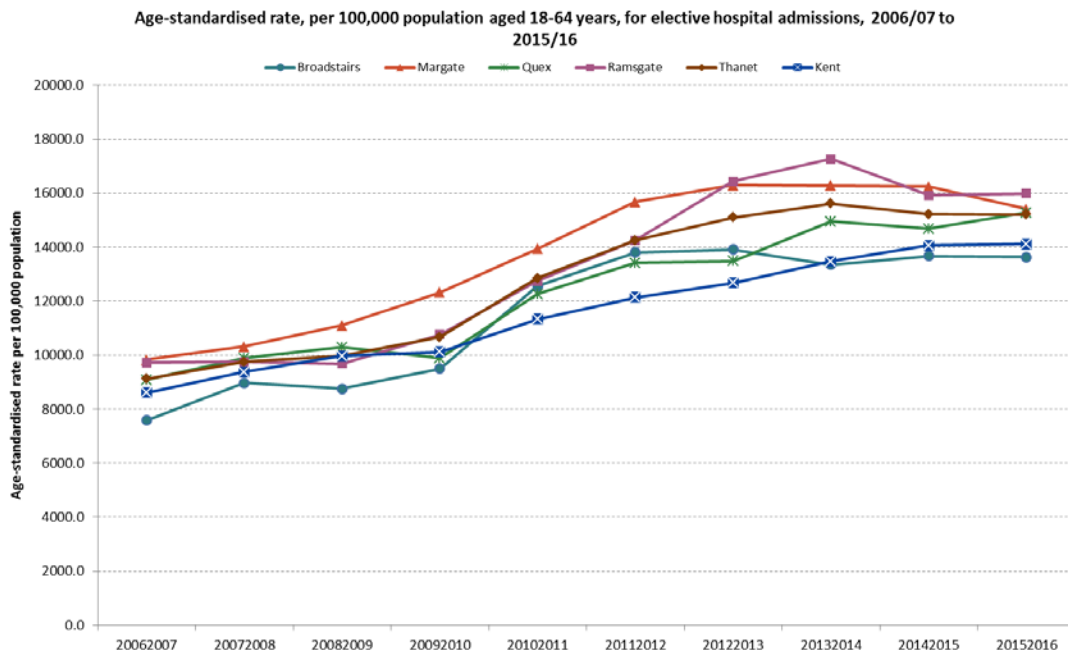
The under 18 elective admission trend has increased from 2006/07 to 2015/16 with the localities following a similar trend to Thanet and Kent. There were no significant differences in the rates to Kent in 2015/16.

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



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

Kingsgate has the highest rate of elective admissions (between 47.1 to 54.9 per 10,000 population) for people aged under 18 years.

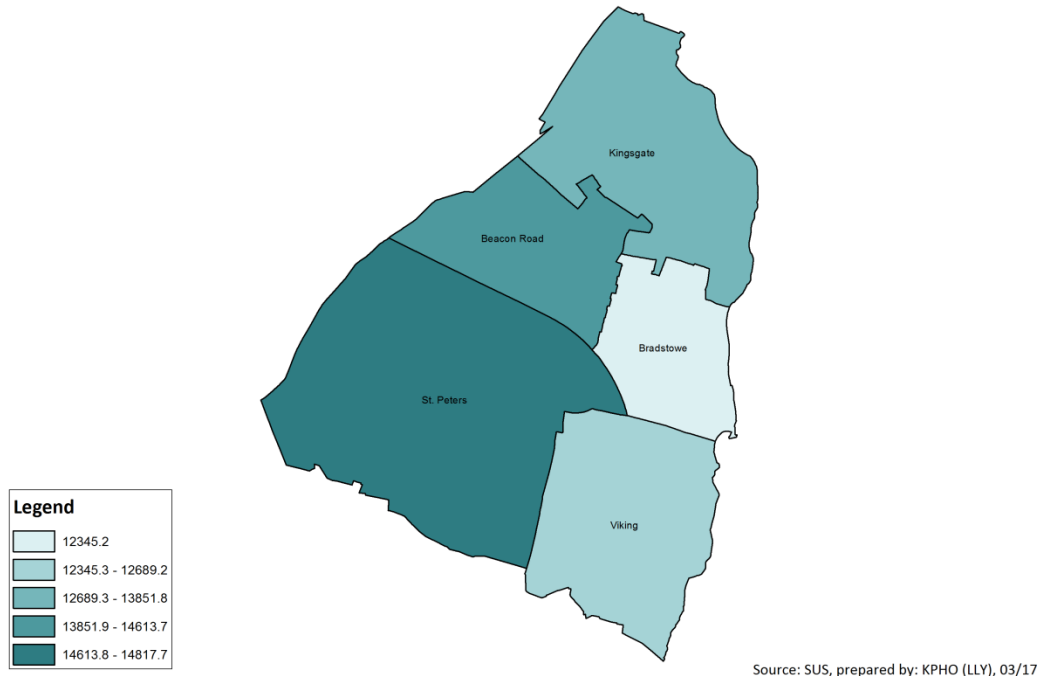


Source: SUS/ONS, prepared by KPHO (RK), 03/17

The rates for elective admissions aged 18-64 years have steadily increased from 2006/07 to 2015/16 for all localities, Thanet as a whole and Kent. During 2015/16, Margate (15,412.2 per 100,000 population), Quex (15,277.8) and Ramsgate (15,994.1) localities all had a

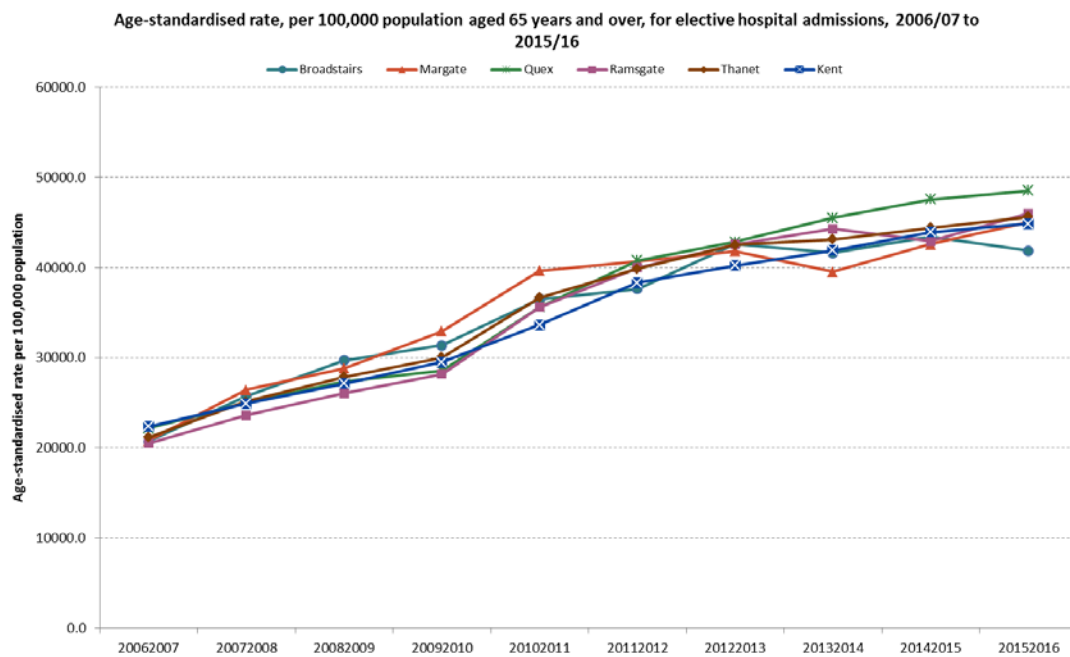
significantly higher rate than Kent (14,115.9). All the localities had a significantly higher rate than Thanet (15,210.1).

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



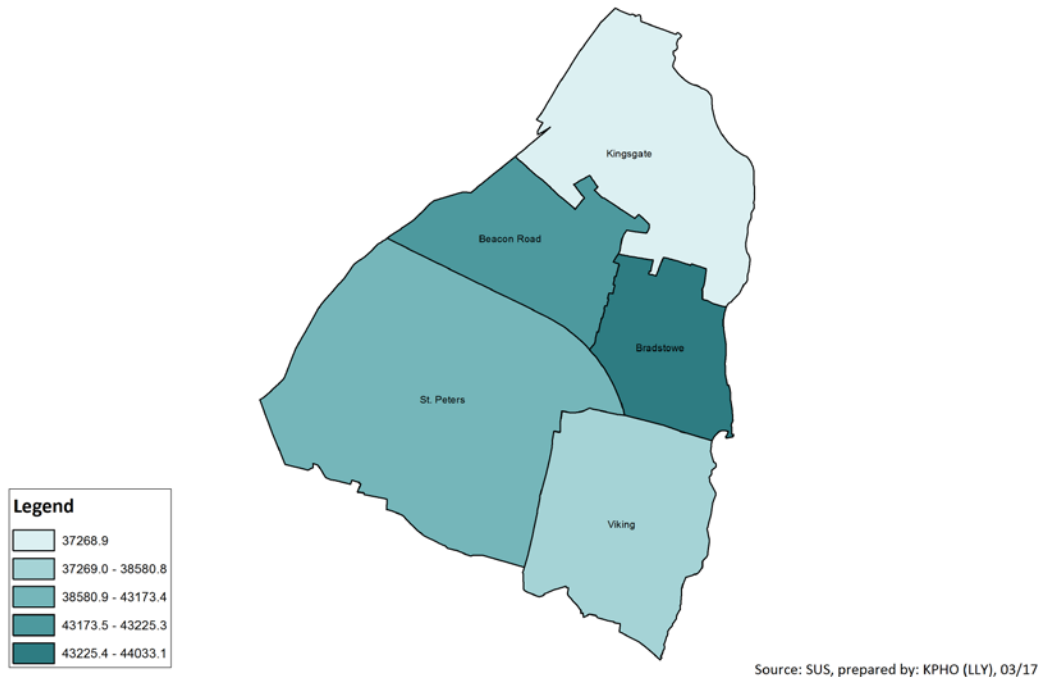
For people aged 18-64 years, elective admissions are highest in St. Peters (ranging from 14613.8 to 14817.7).

### 9.1.2 Age 65 and above



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

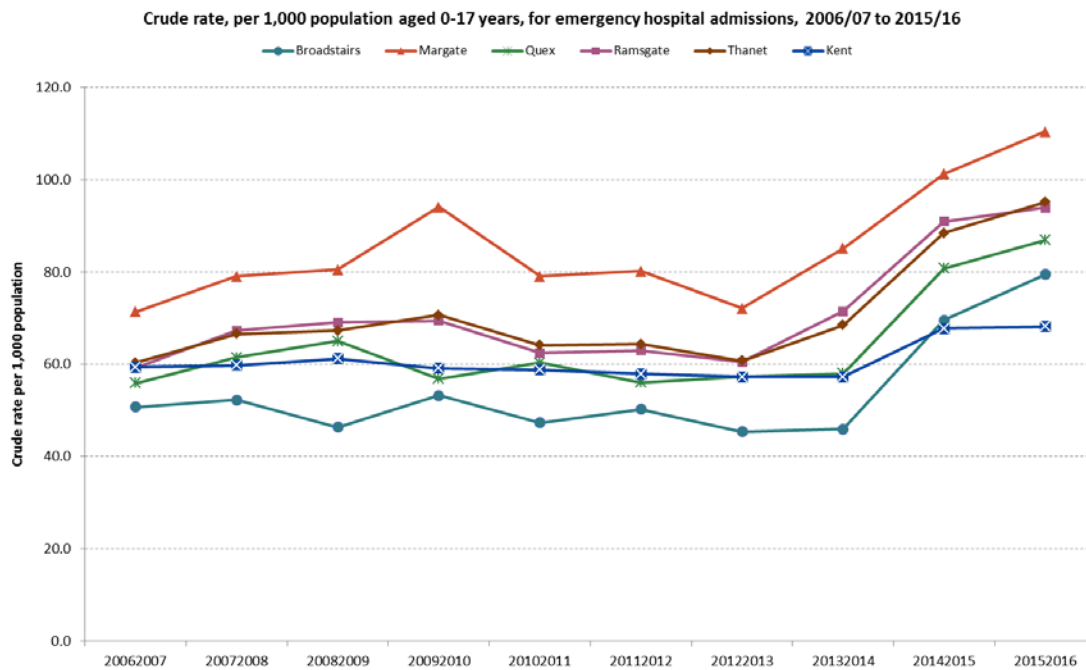
Age standardised rate per 100,000 population for elective hospital admissions for those aged 65 years and over, 2011/12-2015/16



Bradstowe falls within the highest quintile (43,225.4 to 44,033.1 per 100,000 population).

## 9.2 Emergency admissions

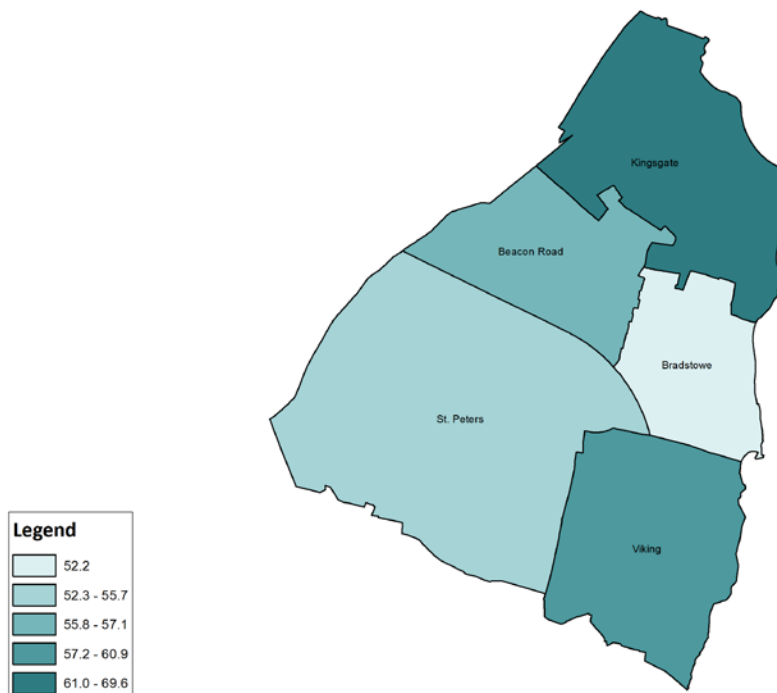
### 9.2.1 Under 18



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

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

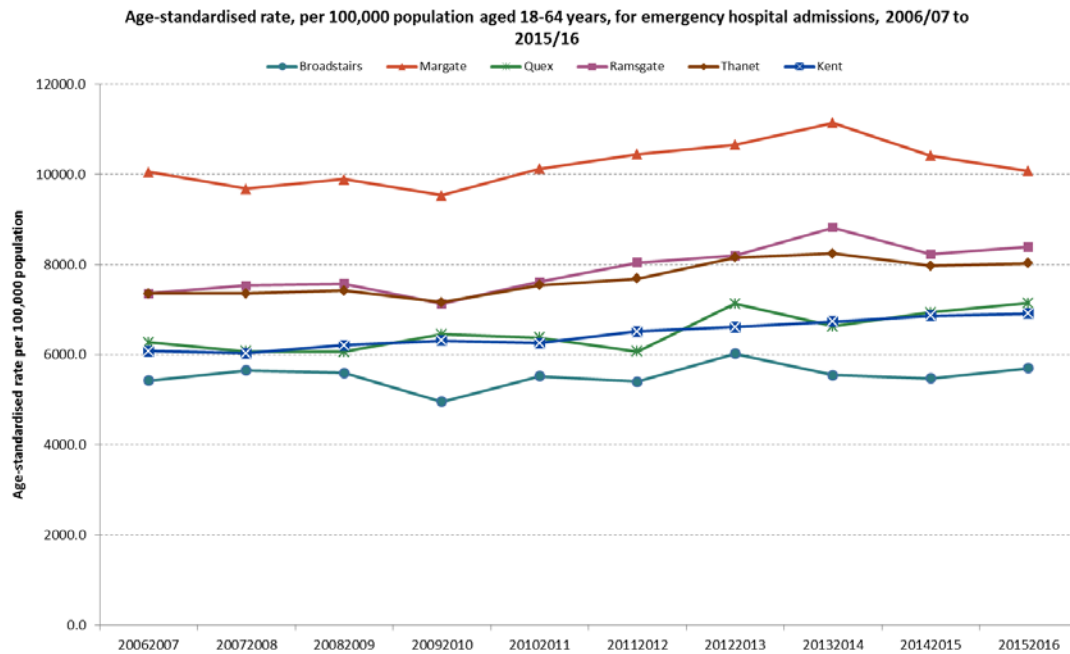
Crude rate per 10,000 population for emergency hospital admissions for those aged under 18 years, 2011/12-2015/16



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

Kingsgate also has the highest rate of emergency hospital admissions (ranging from 61.0 to 69.6 per 10,000 population).

### 9.2.2 Ages 18 to 64

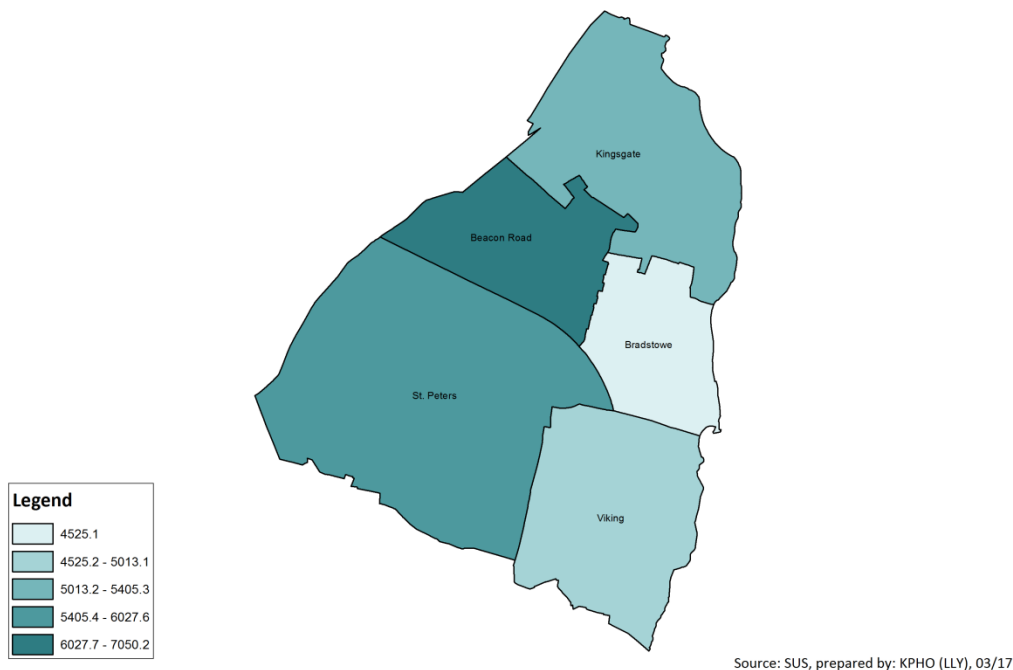


Source: SUS/ONS, prepared by KPHO (RK), 03/17

There has been a marginal increase for emergency admissions aged 18-64 years from 2006/07 to 2015/16. In 2015/16, Margate (10,081.3 per 100,000 population) and Ramsgate (8,386.6) had a significantly higher rate than Kent (6,914.0). The rate for Thanet (8,027.7) in 2015/16 was also significantly higher than Kent.

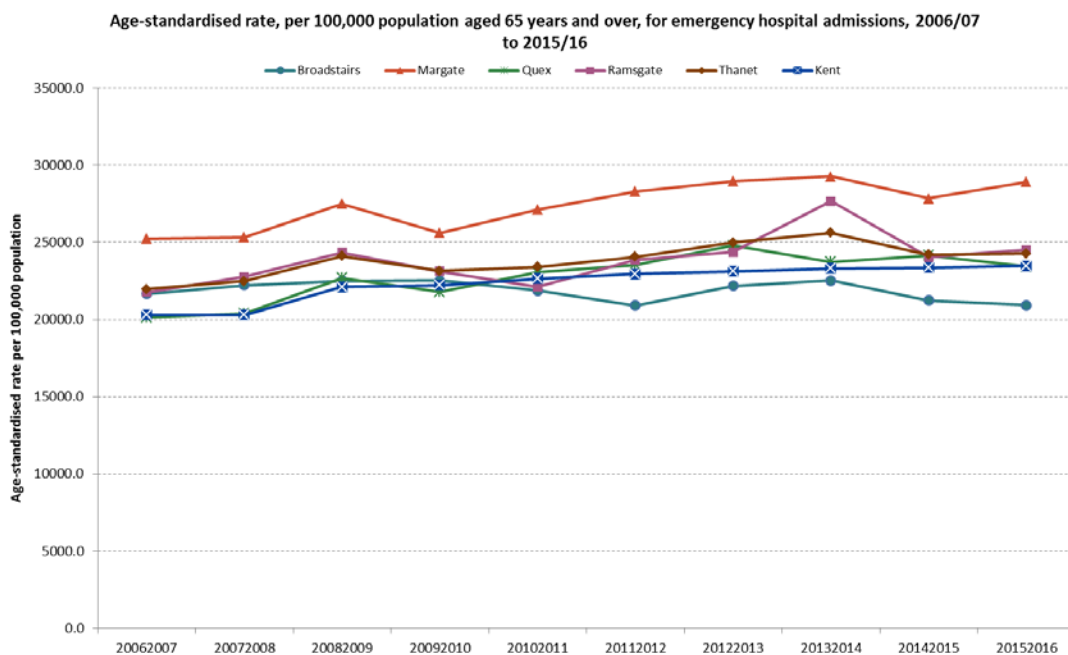


Age standardised rate per 100,000 population for emergency hospital admissions for those aged 18-64 years, 2011/12-2015/16



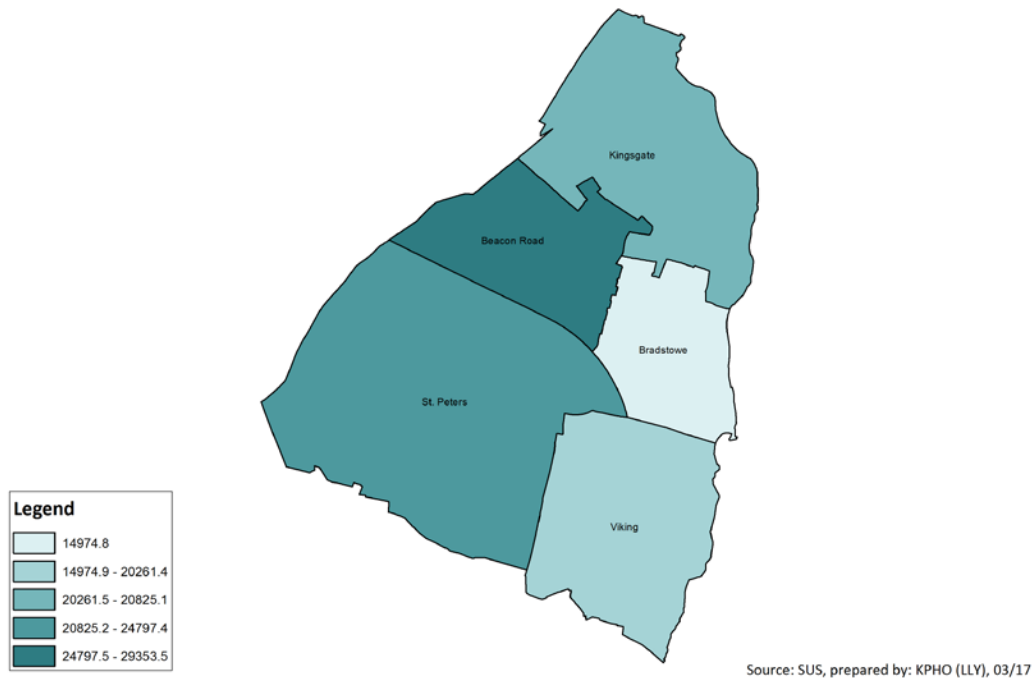
Beacon Road falls within the highest quintile (6,027.7 to 7,050.2 per 100,000 population).

### 9.2.3 Ages 65 and above



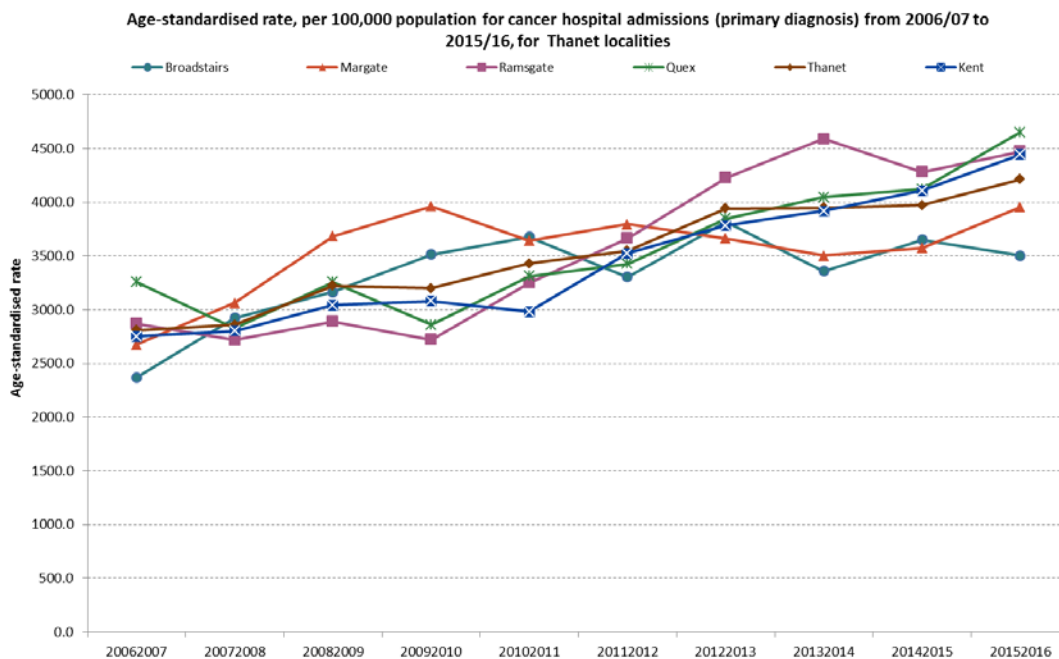
Emergency admissions for those aged 65 years and over have increased for all localities (apart from Broadstairs), Thanet as a whole and Kent from 2006/07 to 2015/16. During 2015/16, only Margate locality (28,909.7 per 100,000 population) had a significantly higher rate than Kent (23,479.9). Thanet (24,268.8)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

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



Beacon Road falls within the top quintile for emergency admissions for those aged 65 years and over (24,797.5 to 29,353.5 per 100,000 population).

### 9.3 Cancer

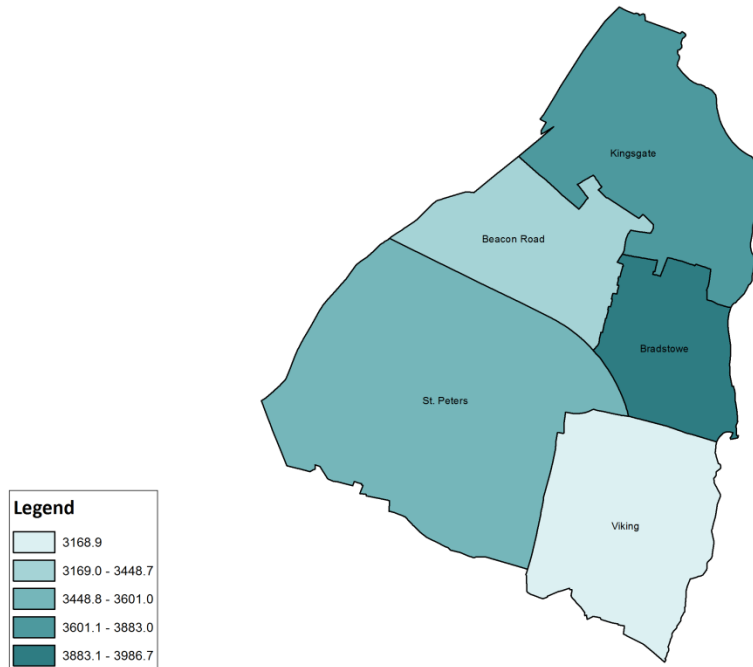


Source: SUS, ONS, prepared by KPHO (RK), 03/17

The rate for cancer hospital admissions has increased steadily from 2006/07 to 2015/16 for all localities, Thanet as a whole and Kent. During 2015/16, Broadstairs (3,503.6 per 100,000

population), Margate (3,955.5) and Thanet (4,214.7) all had a rate which was significantly lower than Kent (4,442.8).

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

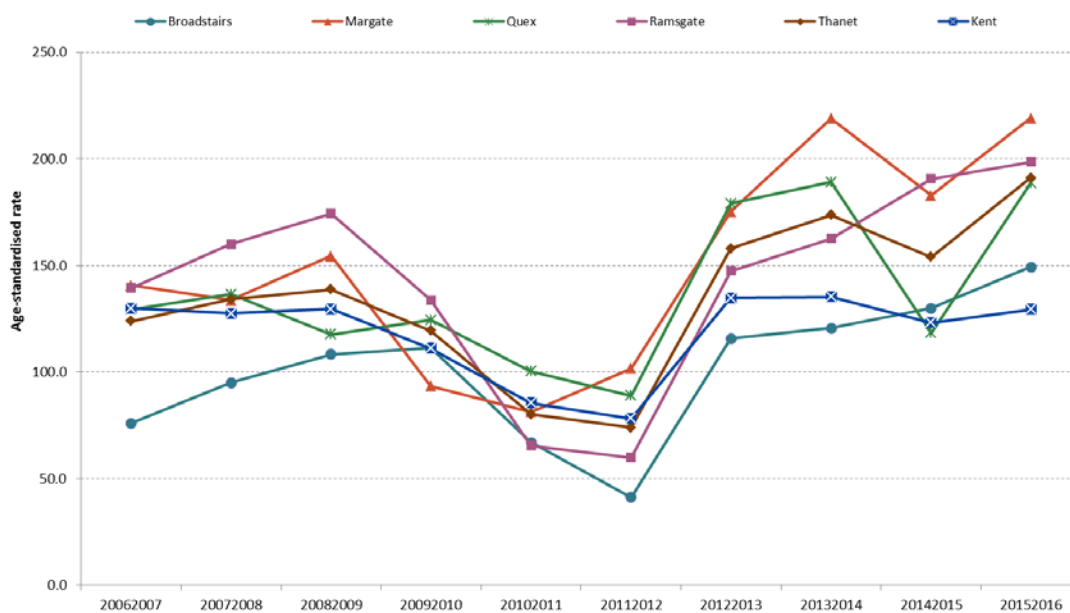


Source: SUS, prepared by: KPHO (LLY), 03/17

Hospital admissions relating to cancer are the highest in Bradstowe (3,883.1 to 3,986.7 per 100,000 population).

## 9.4 Acute myocardial infarction

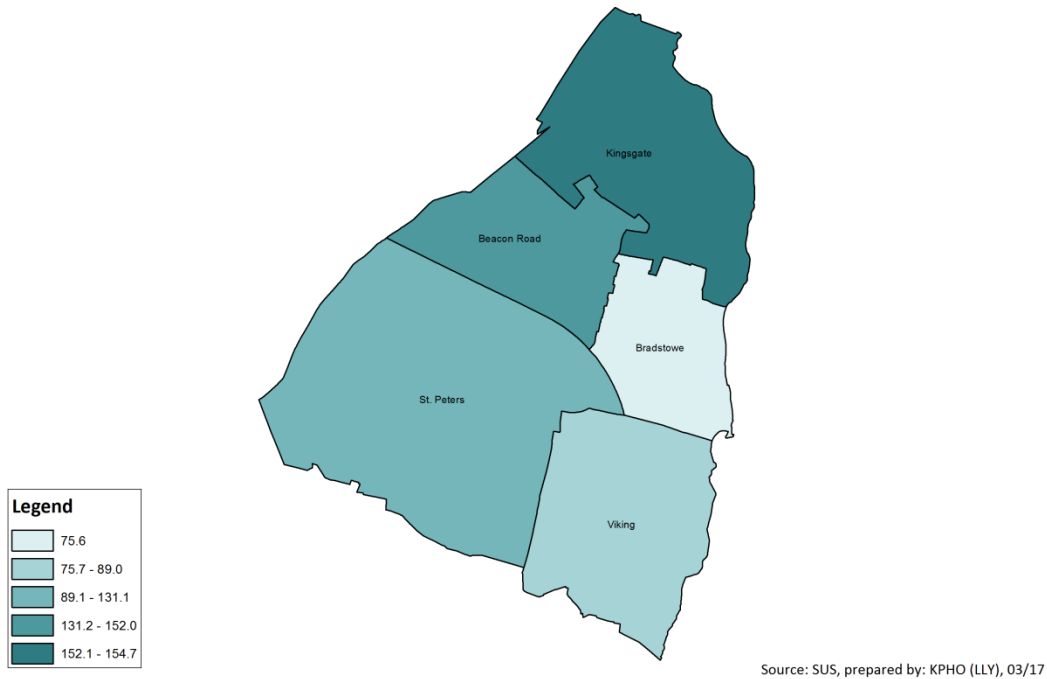
Age-standardised rate, per 100,000 population for emergency acute myocardial infarction hospital admissions (primary diagnosis) from 2006/07 to 2015/16, for Thanet Localities



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

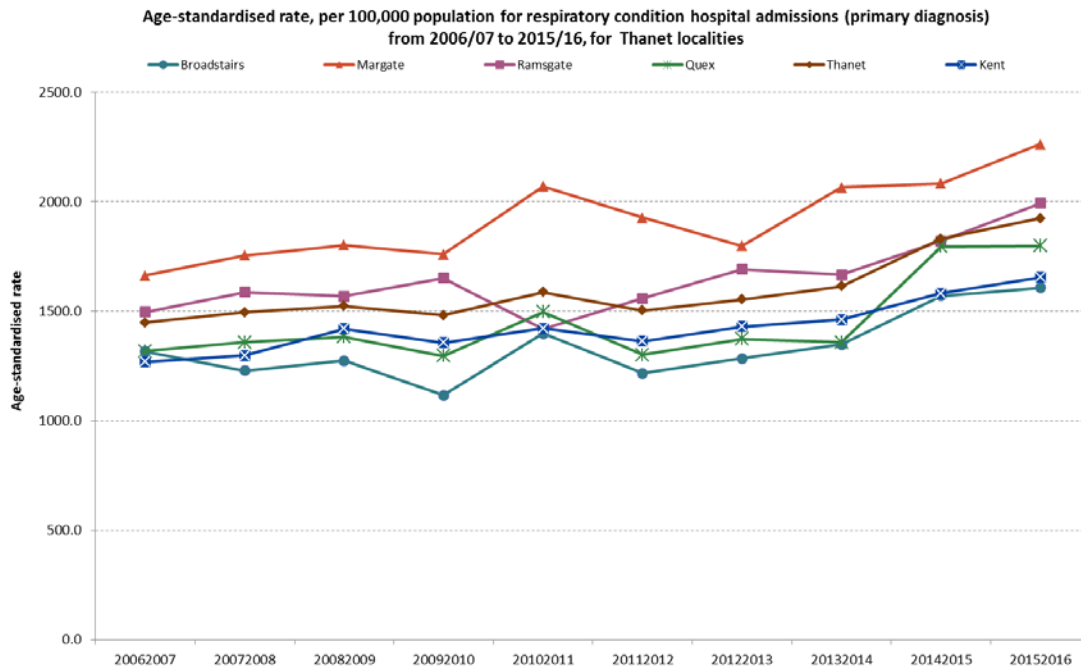
The rate for acute myocardial infarction hospital admissions declined between 2006/07 to 2011/12 but has since increased again in more recent years. During 2015/16, Broadstairs (149.3 per 100,000 population) was the only locality that did not have a significantly different rate to Kent (129.4).

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



Acute myocardial infarction hospital admissions are highest in the Kingsgate (152.1 to 154.7 per 100,000 population).

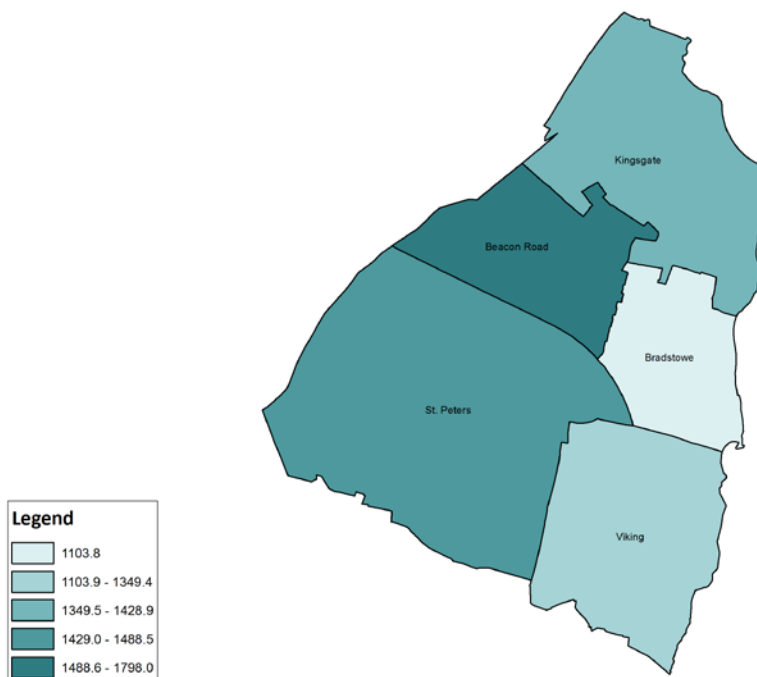
## 9.5 Respiratory disease



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

The rate for respiratory condition hospital admission has increased from 2006/07 to 2015/16. During 2015/16, Margate (2,263.2 per 100,000 population) and Quex (1,799.1) have rates significantly higher than Kent (1,654.5). Thanet (1,925.9) also has a rate higher than Kent for the same time period.

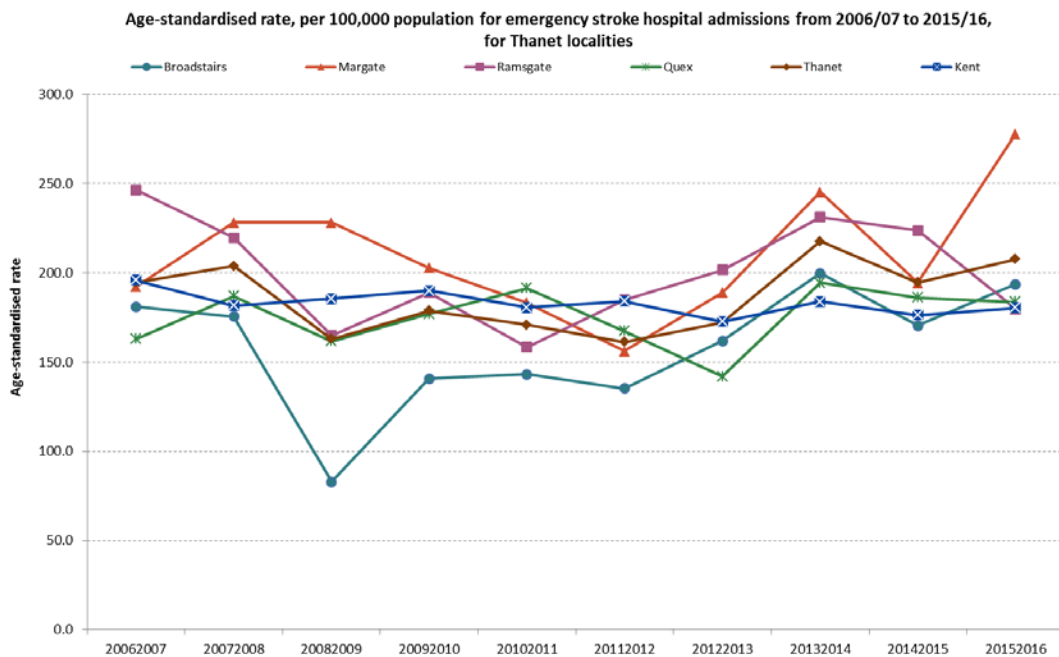
Age standardised rate per 100,000 population for respiratory hospital admissions, 2011/12-2015/16



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

Beacon Road has the highest admission rate for respiratory conditions.

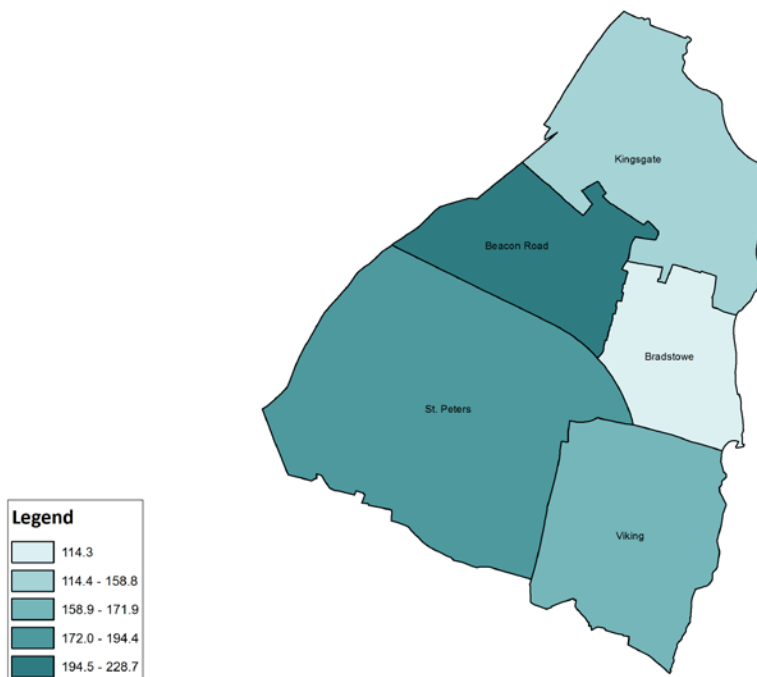
## 9.6 Stroke



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

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

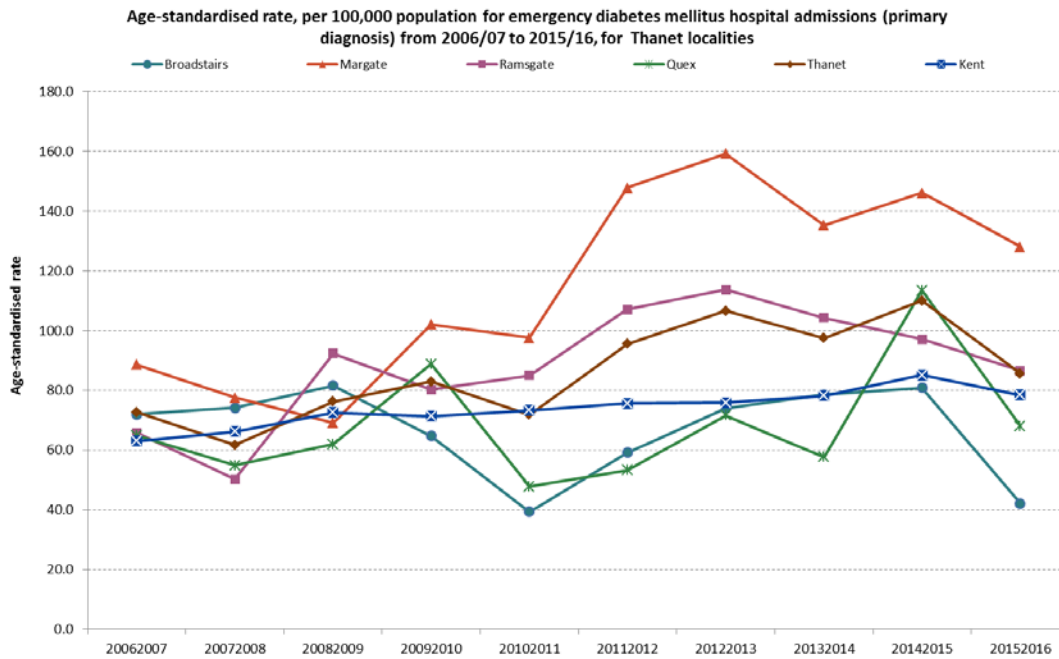
Age standardised rate per 100,000 population for stroke hospital admissions, 2011/12-2015/16



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

Beacon Road has the highest rate of admissions due to stroke (194.5 to 228.7 per 100,000 population).

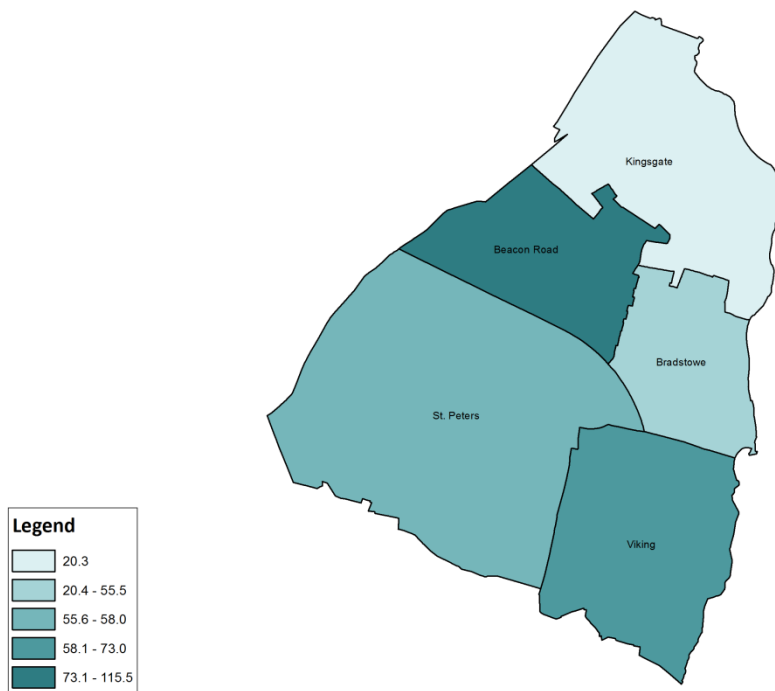
## 9.7 Diabetes



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

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

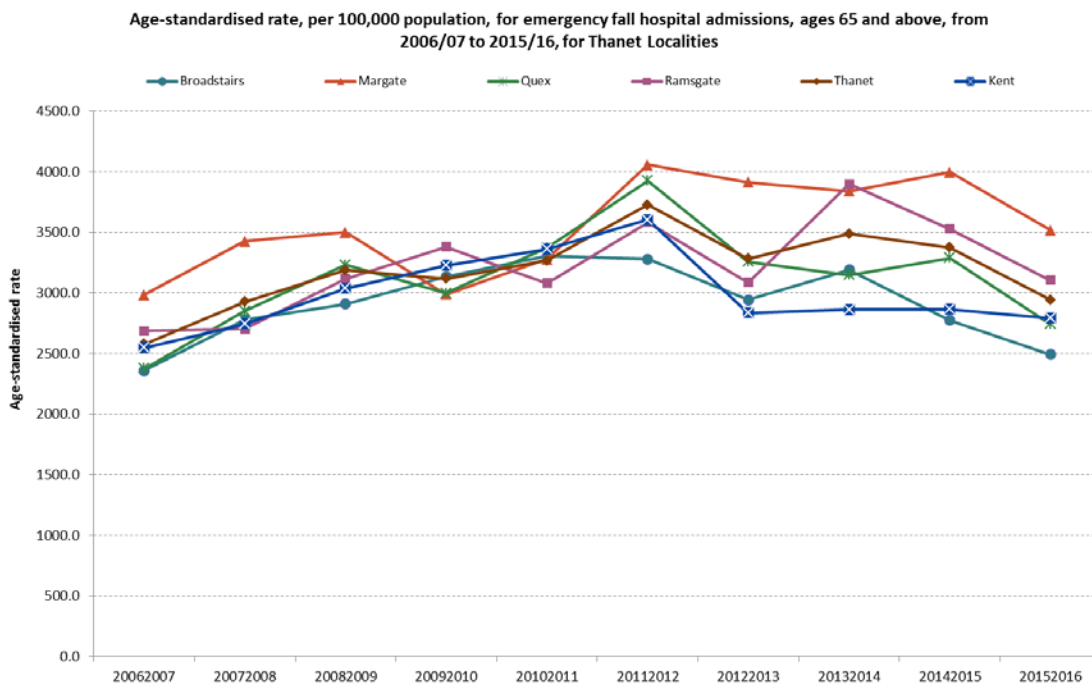
Age standardised rate per 100,000 population for diabetes (primary diagnosis only) hospital admissions, 2011/12-2015/16



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

Beacon Road features a higher rate of admissions for diabetes.

## 9.8 Falls (over 65)

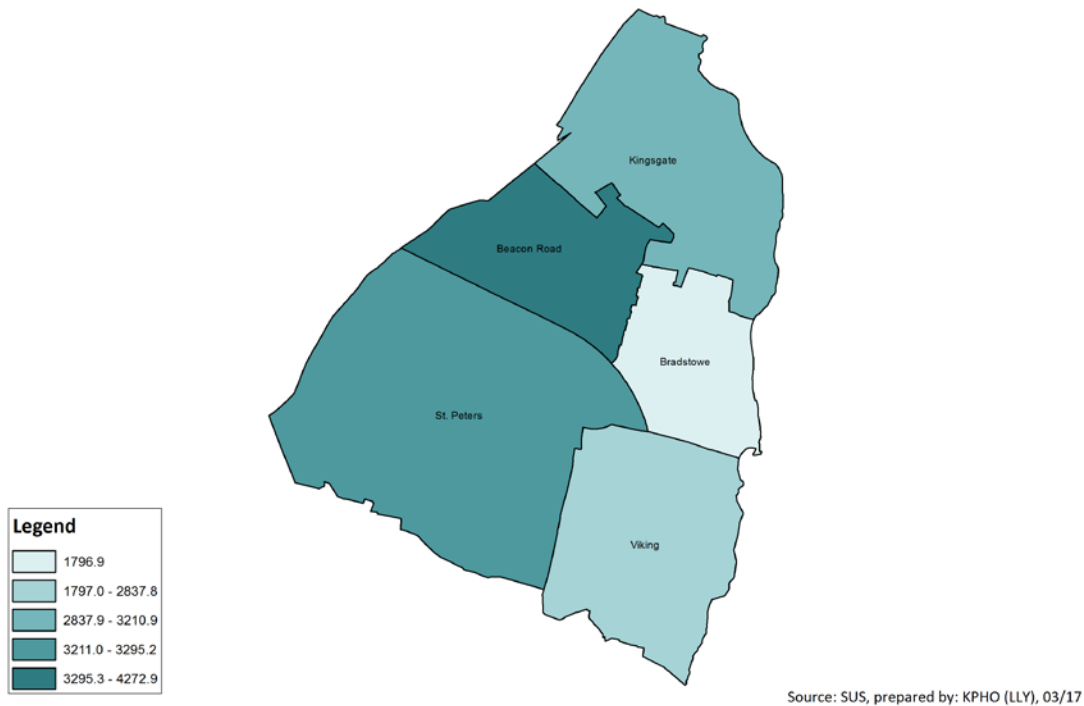


Source: SUS, ONS, prepared by KPHO (RK), 3/17

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

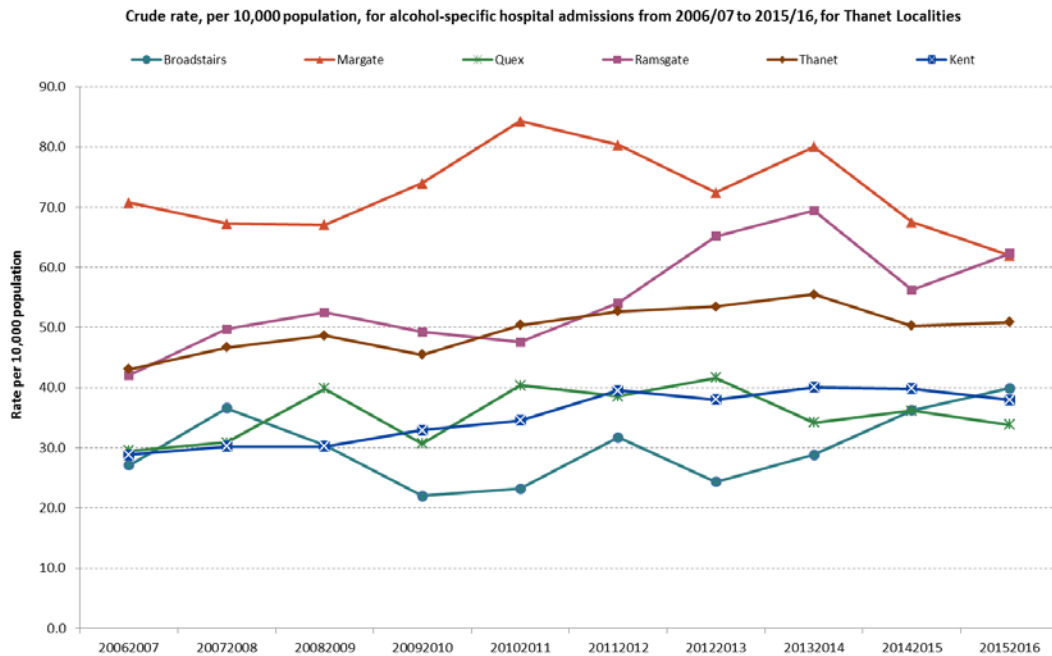


Age standardised rate per 100,000 population (aged 65 years and over) for falls hospital admissions, 2011/12-2015/16



Again, Beacon Road has the highest rate of hospital admissions relating to falls.

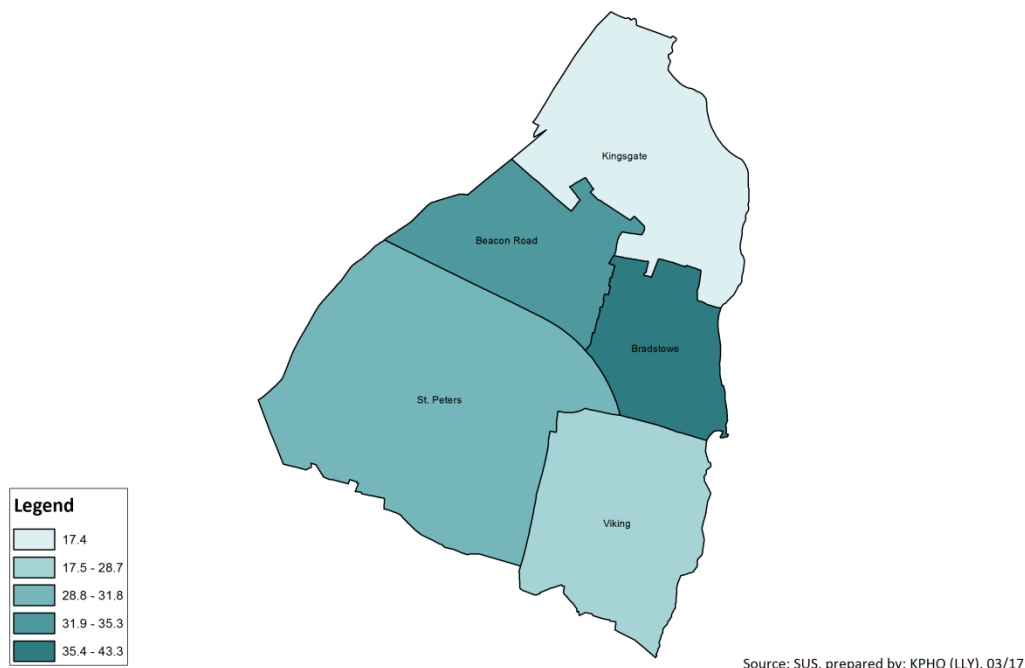
## 9.9 Alcohol-specific



The rate of alcohol-specific hospital admissions has remained fairly similar; the Broadstairs and Quex localities have followed a similar pattern to the Kent rate from 2006/07 to

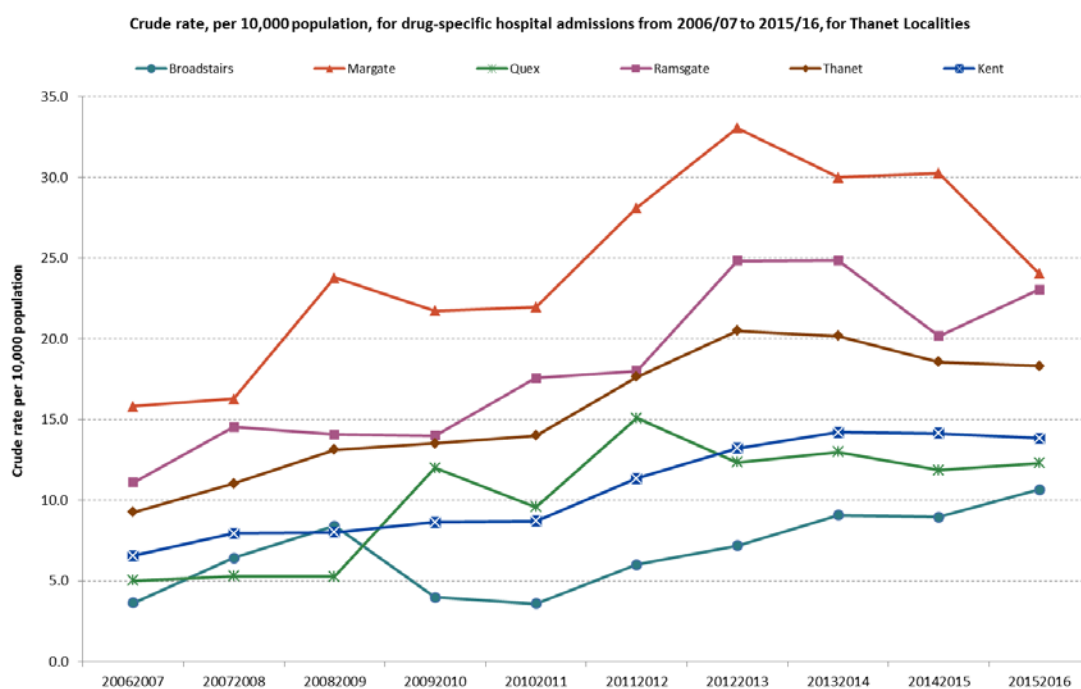
2015/16 with the Ramsgate rate mirroring that of Thanet. There is no statistical difference between the rates.

Crude rate per 10,000 population for hospital admissions relating to alcohol causes, 2011/12-2015/16



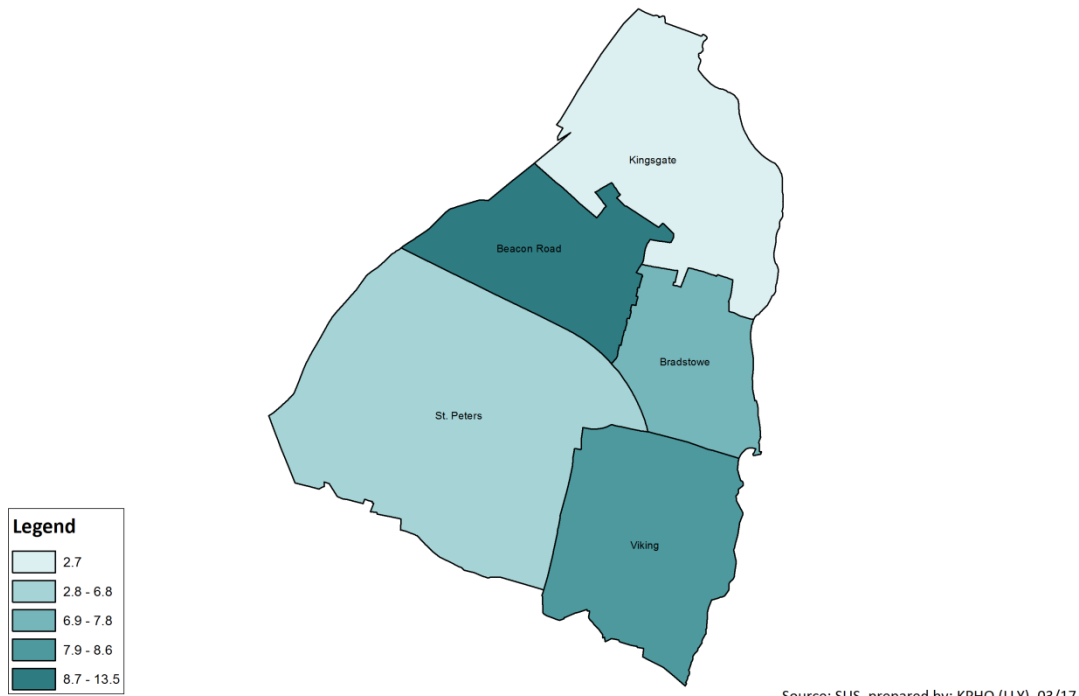
Bradstowe has the highest rate of hospital admissions relating to alcohol causes (35.4 to 43.3 per 100,000 population).

## 9.10 Drug-specific



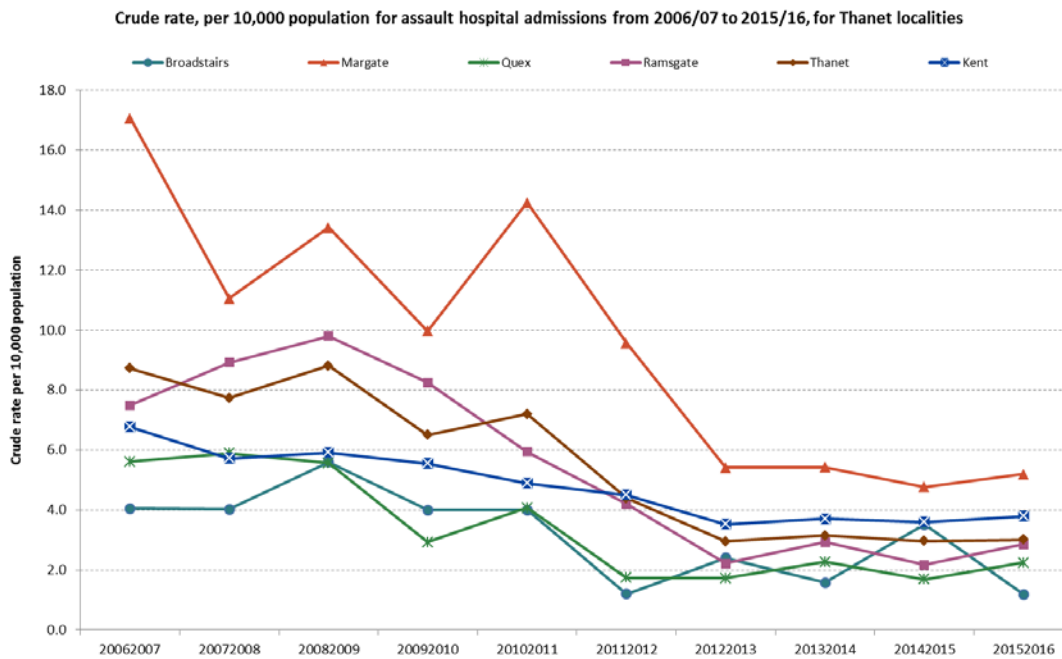
The rate for drug-specific hospital admissions has increased for all localities, Thanet as a whole and Kent from 2006/07 to 2015/16. Thanet (18.3 per 100,000 population) had a significantly higher rate compared to Kent (13.8) for 2015/16 but all localities were not significantly different to Kent.

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



Beacon Road has the highest rate of admissions due to drug abuse.

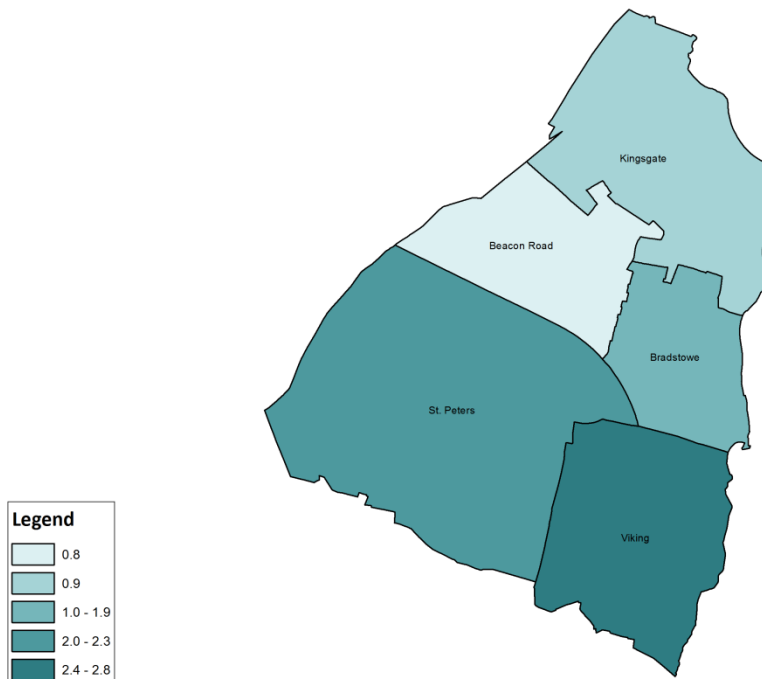
## 9.11 Assaults



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

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

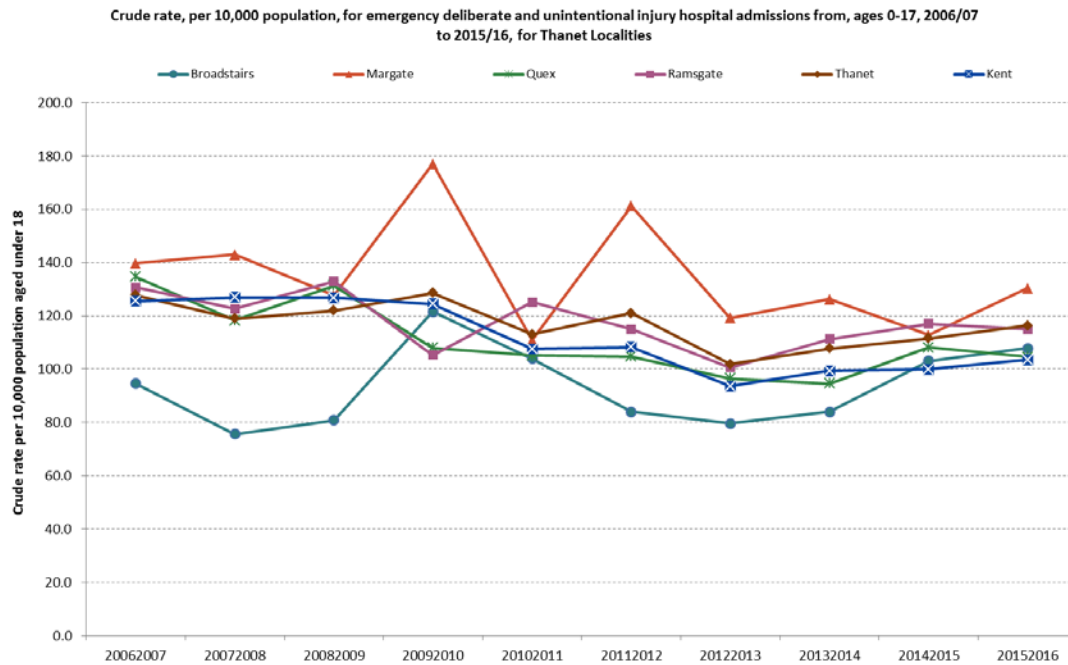
Crude rate per 10,000 population for assault hospital admissions, 2011/12-2015/16



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

Viking has the highest rate of hospital admissions due to assaults (2.4 to 2.8 per 10,000 population).

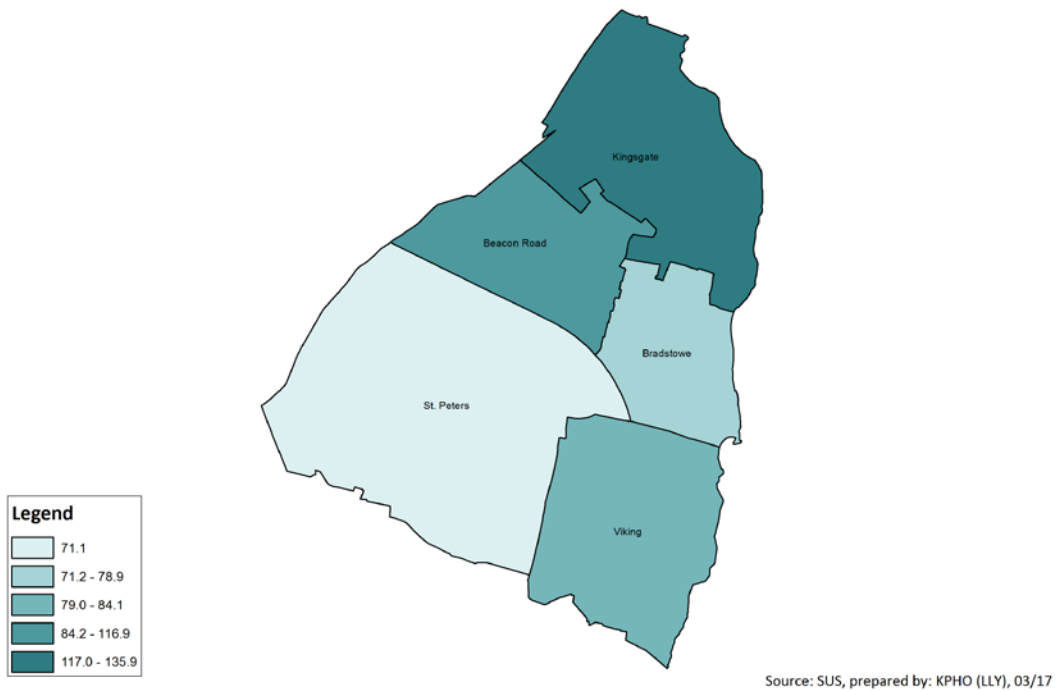
### 9.12 Deliberate self-harm and unintentional injury (under 18)



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

Emergency deliberate and unintentional injury admissions for under 18s have decreased from 2006/07 to 2015/16 for all localities (apart from Broadstairs), Thanet as a whole and Kent. Only Margate (130.3 per 10,000 population) had a significantly higher rate than Kent (103.5) in 2015/16.

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



Kingsgate falls within the top quintile for deliberate and unintentional injury admissions (117.0 to 135.9 per 10,000 population).

## 10. Mortality

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

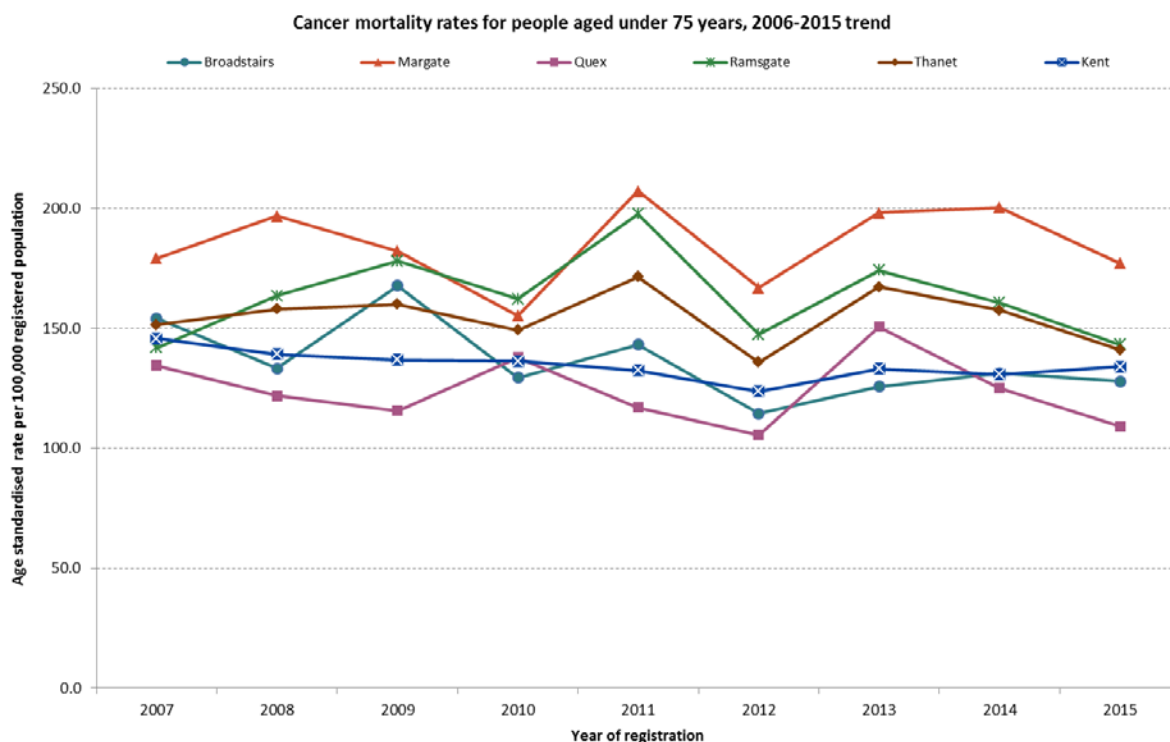
General Practices in Thanet	
G82210*	Osborne Road Surgery
G82219	St Peters Surgery
G82630*	The Broadway Practice
G82650	Mocketts Wood Surgery
G82796	Broadstairs Medical Practice
G82052	The Limes Medical Centre
G82066	Northdown Surgery
G82105	The Bethesda Medical Centre
G82649	Union Row Surgery
G82674*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

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

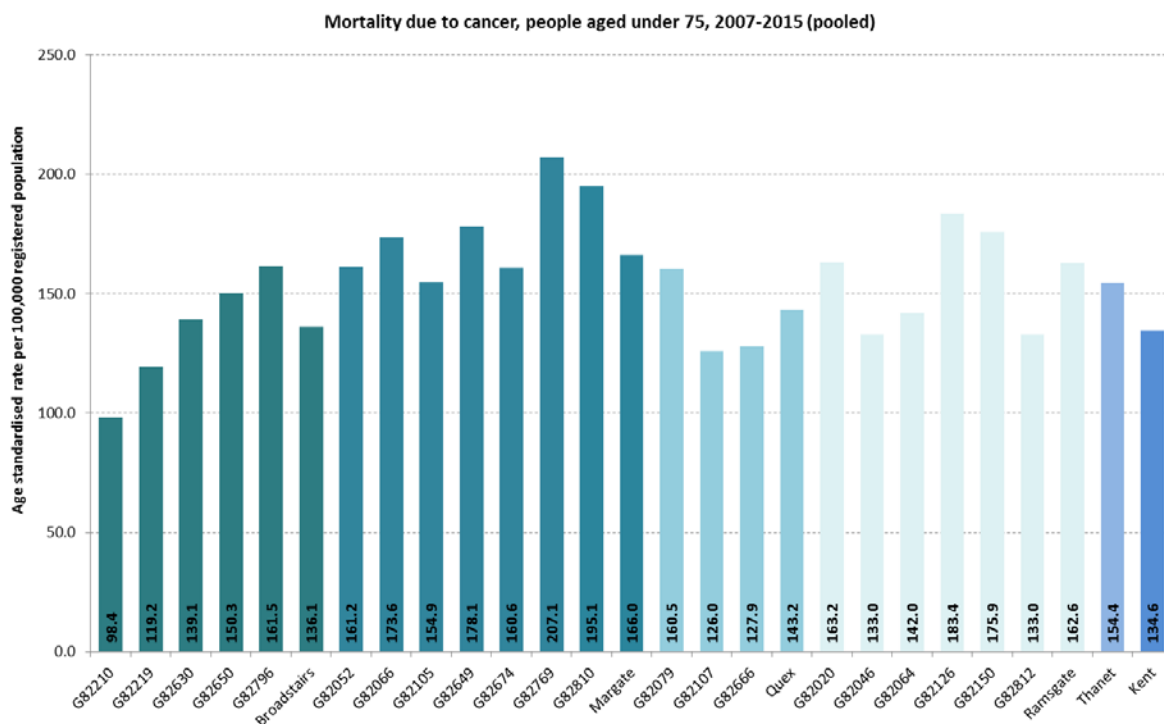
\*General practices have since closed however were included in the analysis as they were open during 2006 to 2015.

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

## 10.1 Cancer (under 75)



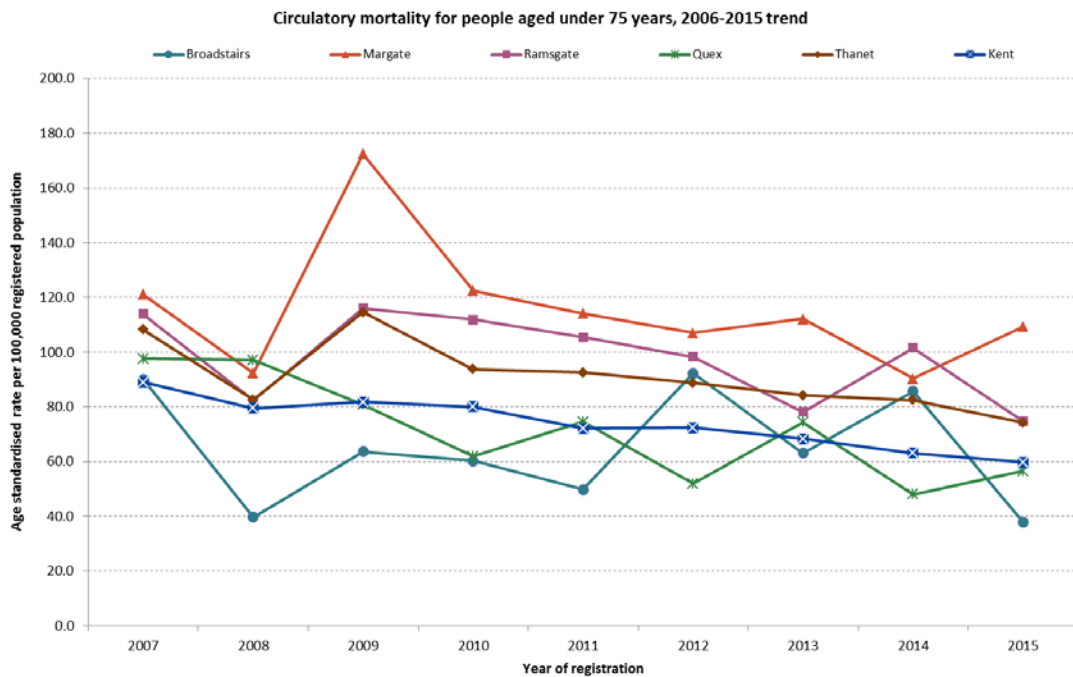
Mortality rates have remained at a similar level in all localities, Thanet as a whole and Kent from 2007 to 2015. The Broadstairs locality was recorded as 127.9 per 100,000 population in 2015, which was similar to the 141.0 recorded for Thanet or Kent (134.1).



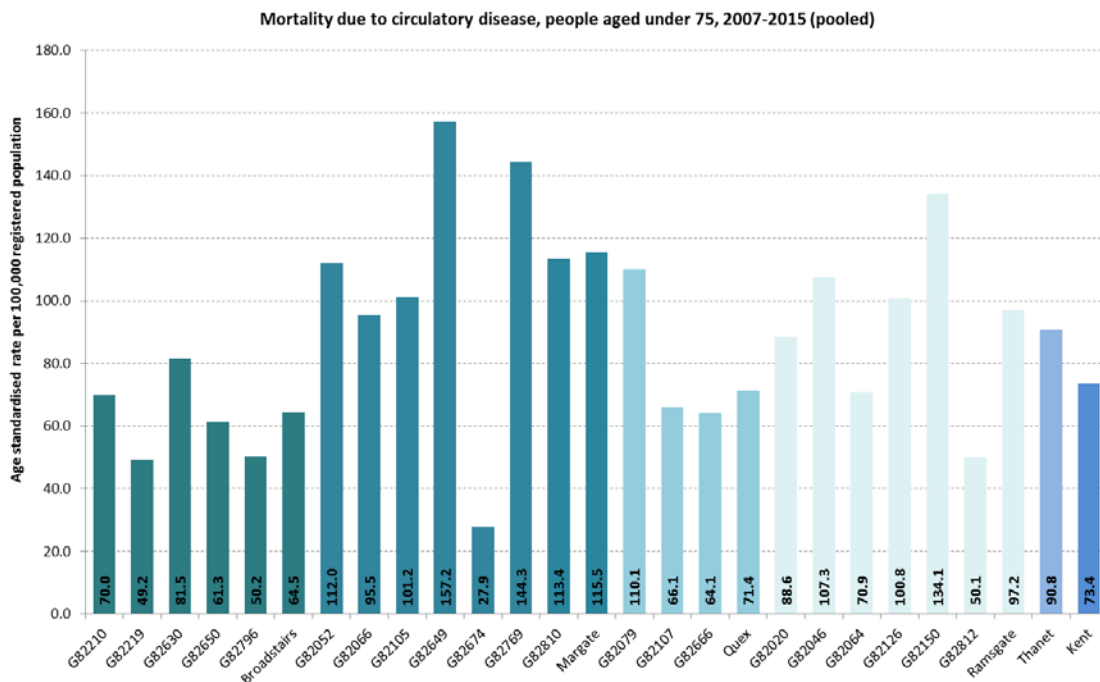


GP-level mortality rates in Broadstairs vary from 98.4 per 100,000 population to 161.5.

## 10.2 Circulatory (under 75)

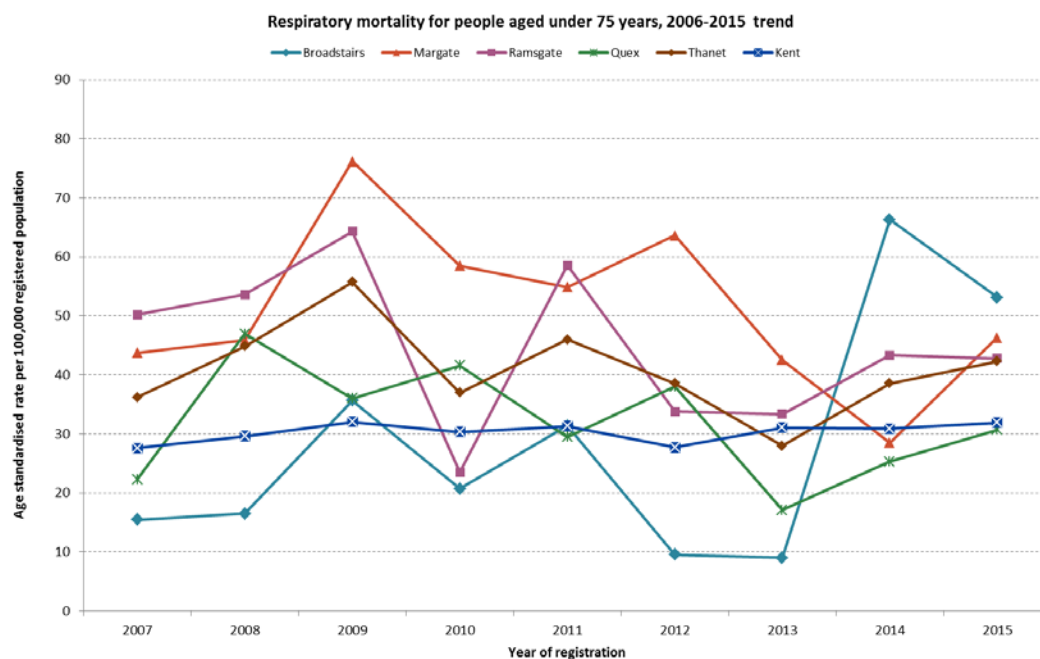


Premature mortality rates for circulatory disease in Thanet have decreased between 2007 and 2015. The Broadstairs locality (37.9 per 100,000 population) has decreased to below the Thanet average (74.2).

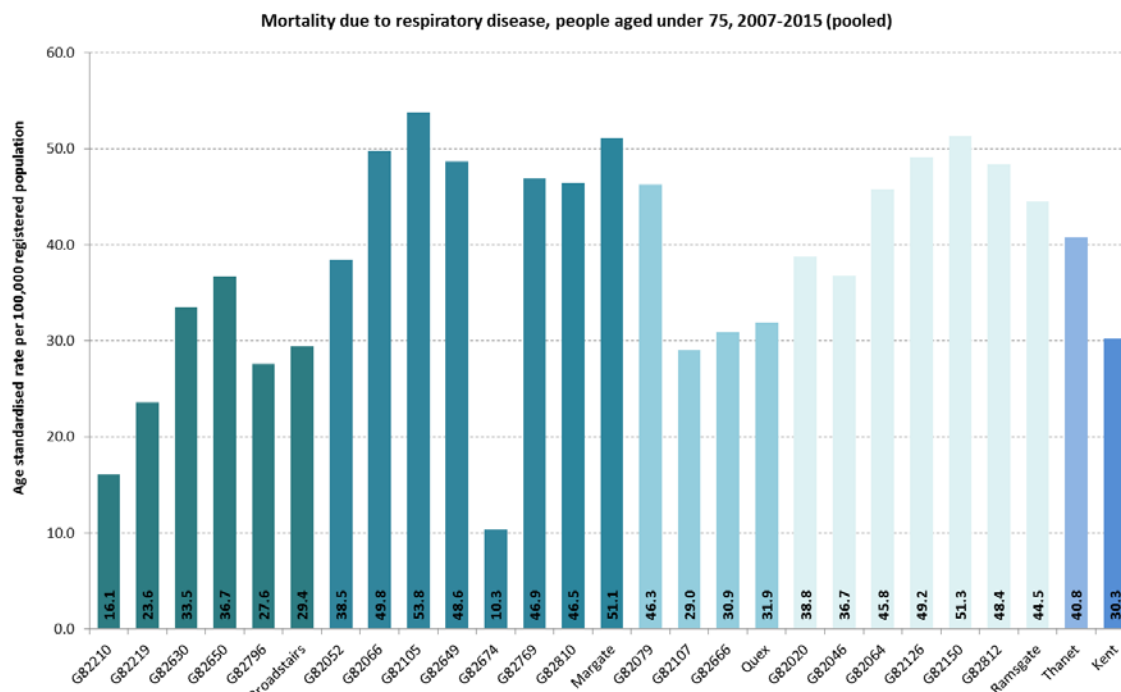


GP-level mortality rates in Broadstairs vary from 49.2 per 100,000 population to 81.5.

## 10.3 Respiratory (under 75)



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



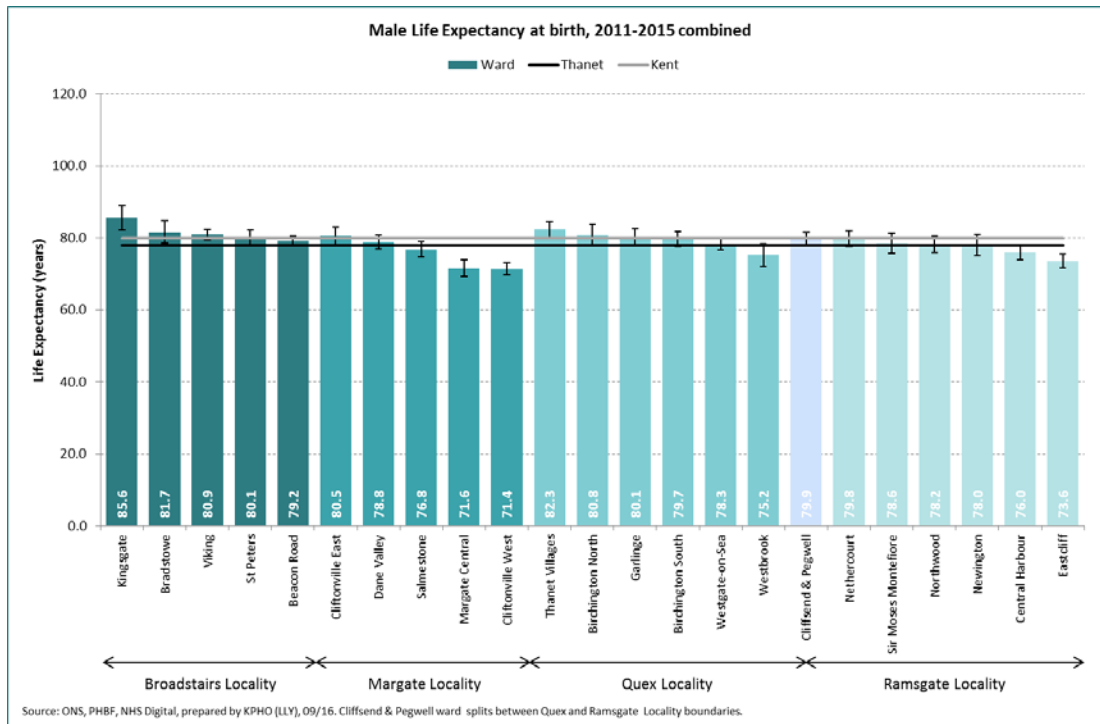
GP-level mortality rates in Broadstairs vary from 16.1 per 100,000 population to 36.7.

## 11. Life Expectancy

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

### 11.1 Male Life Expectancy

Male life expectancy within the Broadstairs locality ranges from 79.2 years in Beacon Road to 85.6 years in Kingsgate (which is significantly higher than both Thanet and Kent).



### 11.2 Female Life Expectancy

Female life expectancy is generally higher compared with males, with the exception of Beacon Road where life expectancy for females, at 79.0, is very similar to that for males (79.2). Both Kingsgate and Bradstowe are highlighted as having significantly higher life expectancies than Thanet and Kent.

