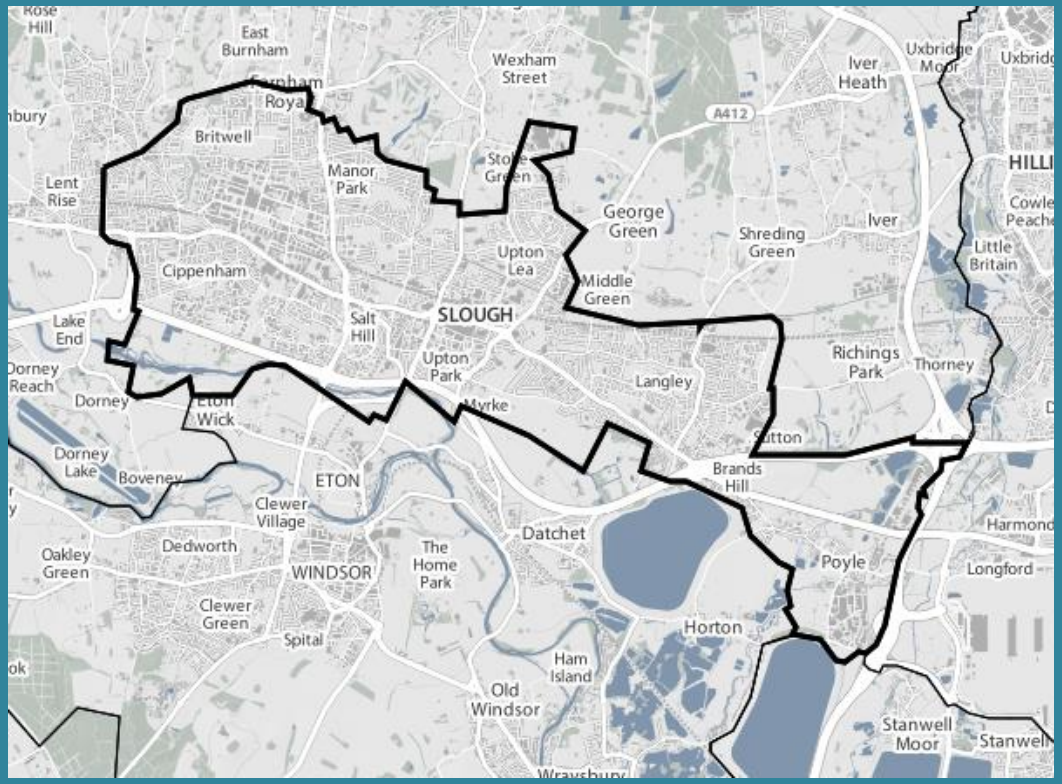

SLOUGH CLINICAL COMMISSIONING GROUP

LOCALITY PROFILE 2015

Public Health Services for Berkshire

Working together for health and wellbeing

Title:	Slough Clinical Commissioning Group: Locality Profile 2015
Purpose of Document:	To provide information about the health needs of the local population to support GP commissioners to develop their commissioning priorities. This has been produced as part of the Joint Strategic Needs Assessment process for Berkshire and is the 3rd edition of this Profile.
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Publication Date:	November 2015
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Version:	Final

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6 Adult Health Profile (continued)

1. Introduction

The Clinical Commissioning Group (CCG) Locality Profile has been produced to provide information about the health needs of the local population, as part of the Joint Strategic Needs Assessment for Slough Borough Council. This will support GP commissioners to identify the priorities for the local area and develop their commissioning priorities accordingly.

The profile incorporates information from a variety of different national and local sources to:

- illustrate the demography of the area
- summarise key aspects of health
- assess variations in health needs between GP practices in the locality
- benchmark Slough CCG against national figures and other CCGs

1.1 What's new in the 2015 Locality Profile?

The first CCG Locality Profile was published in July 2013, as part of Public Health's core offer to CCGs. This has been developed further for 2014 and 2015, based on feedback from the 7 CCGs and the Local Authority Public Health Teams in Berkshire. The data included in this Profile is the latest publically available at October 2015.

New data in the 2015 Locality Profile

- More Hospital Episode Statistics (HES)
- Additional information from the CCG Outcomes Indicator Set

One of the key developments in this Profile is the inclusion of the 'similar CCGs' benchmarking group. This provides a more appropriate comparator group for Slough CCG, rather than using the average of the Berkshire CCGs. The 'similar CCGs' benchmark has been taken from the Commissioning for Value model, which uses a variety of population, health and deprivation indices to identify the 10 CCGs that are most similar to Slough CCG.
The full data and methodology used to calculate 'similar CCGs' is available on the Right Care website.

Slough CCG's '10 most similar CCGs' benchmarking group includes Luton CCG, Redbridge CCG, Hounslow CCG, Hillingdon CCG, Harrow CCG, North Kirklees CCG, Birmingham South and Central CCG, Barnet CCG, Bradford Districts CCG and Oldham CCG.

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1.2 Who is included in the Slough CCG profile?

This profile will include information about people who are:

- **Registered** with one of the 16 GP practices who belong to the CCG group (151,204 people at 30th June 2015)

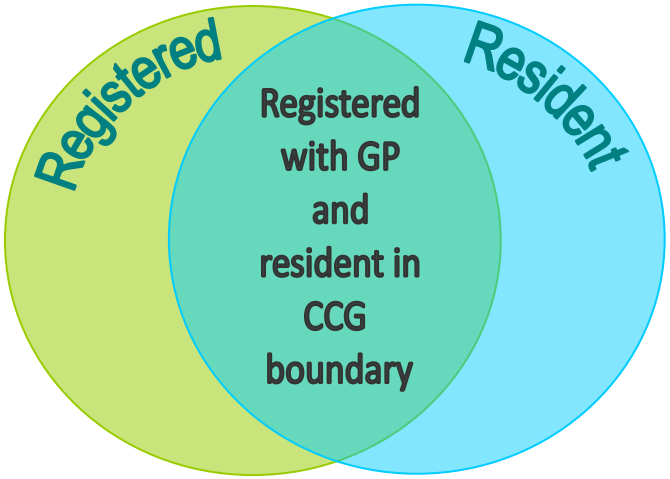
240 Wexham Road	Avenue Medical Centre	Bharani Medical Centre	Cippenham Surgery
Crosby House Surgery	Farnham Road Surgery	Herschel Medical Centre	Kumar Medical Centre
Langley Health Centre	Manor Park Medical Centre	Orchard Surgery	Ragstone Road Surgery
Shreeji Medical Centre	Slough Walk in Health Centre	Upton Medical Partnership	Wexham Road Surgery

- **Resident** within the Slough CCG boundary (approximately 144,579 people from 2014 mid-year estimates)

  This resident group includes everyone who lives in the Slough Borough Council boundary.

A large proportion of people will be included in both the 'registered' and 'resident' population groups, as shown in the diagram to the right. However, there will be a number of people who live inside the geographical boundary covered by the CCG who are not registered to a Slough GP, as well as those who are registered with a Slough GP who are not resident in the area.

Wherever possible the 'registered' population information will be used in this profile, as this will directly link to the people who are being supported by Slough CCG. However, some information may not be available at this level, so the resident population will be used instead. Each data source and table/chart included in this profile will be clearly labelled to show what population group is being used.



2. Summary

Population

- The resident population is 144,759 and the registered population is 151,204.
- The population profile differs from the national picture with a larger proportion of children aged 0 to 14 and younger adults aged 25 to 44, but a smaller proportion of adults aged 45 and over.
- The most deprived areas are in parts of Britwell and Northborough, Elliman, Chalvey and Colnbrook with Poyle. 5 of the LSOAs in the CCG boundary are in the 20% most deprived nationally.

Life expectancy at birth

- Life expectancy at birth for men is 78.5 years, which is significantly worse than the national figure of 79.2 years
- Life expectancy at birth for women is 82.7 years, which is similar to the national figure of 83.0 years.

Health Behaviour

- Smoking: 19% of Slough adult residents are estimated to smoke. This is similar to the national rate of 18.0%
- Obesity and being overweight: 7.9% of people aged 16 and over are estimated to be obese in the CCG, which is lower than the national prevalence rate. The proportion of the population estimated to be overweight or obese in Slough is similar to the national prevalence at 62.3%.
- Physical inactivity: 31.4% of Slough residents aged 16 and over are 'physically inactive', which is a higher rate than the national figure.
- Alcohol: The rate of binge drinking and alcohol-related hospital admissions in the CCG are lower than the national figure

Children & Young People

- 28% of the CCG's total registered population are under 19.
- In 2014, there were 2,591 live births in the CCG.
- From Apr-12 to Mar-15, the CCG had 24,373 hospital admissions for people aged under 18. The majority (61%) of these were at Frimley Health Foundation Trust. The main reason for emergency admissions was viral infection of unspecified site (1,023 admissions).
- 2 CCG Outcome Framework indicators measure emergency hospital admissions for children. In 2013/14, the CCG had a higher rate for both of these compared to the national average (597 emergency admissions per 100,000 population for lower respiratory tract infection; 459 unplanned admissions for asthma, diabetes and epilepsy).
- 2,055 pre-school children (aged 2 to 5) and 2,380 children school-age children (aged 5-16) are estimated to have a mental health disorder.
- 935 young people (aged 16 to 19) are estimated to have a neurotic disorder

Adult Profile

- The recorded prevalence of cardiovascular diseases, cancer, respiratory diseases, chronic kidney disease, mental health disorders, depression and dementia is lower than the national prevalence rates and comparator CCG group. The recorded prevalence of diabetes is higher.
- There were 79,768 hospital admissions for adults from Apr-12 to Mar-15. 76% of these admissions were at Frimley Health Foundation Trust. 55% of all admissions were non-elective.
- The main reasons for elective admissions were diseases of the digestive system (8,234), diseases of the musculoskeletal system and connective tissue (4,185) and diseases of the genitourinary system (3,902).
- The main reasons for non-elective admissions were pregnancy and childbirth (11,428). The main reason for emergency non-elective admissions were symptoms, signs and abnormal clinical and laboratory findings not classified elsewhere (7,425).
- 3 CCG Outcome Framework indicators measure emergency hospital admissions for the whole population - unplanned admissions for chronic ambulatory care sensitive conditions; emergency admissions or acute conditions that should not require admission; emergency admissions for alcohol-related liver disease. The CCG's admission rate is higher than the national rate for all 3 of these indicators.
- The CCG had 8,144 potential years of life lost (PYLL) considered amenable to healthcare on 2012-14. This is a rate of 2,460 PYLL per 100,000 registered population, which is significantly higher than the national rate.
- Ischaemic heart disease is the main cause of PYLL in the CCG at 36.0% in 2012-14.

Patient Satisfaction (GP Patient Survey 2014/15)

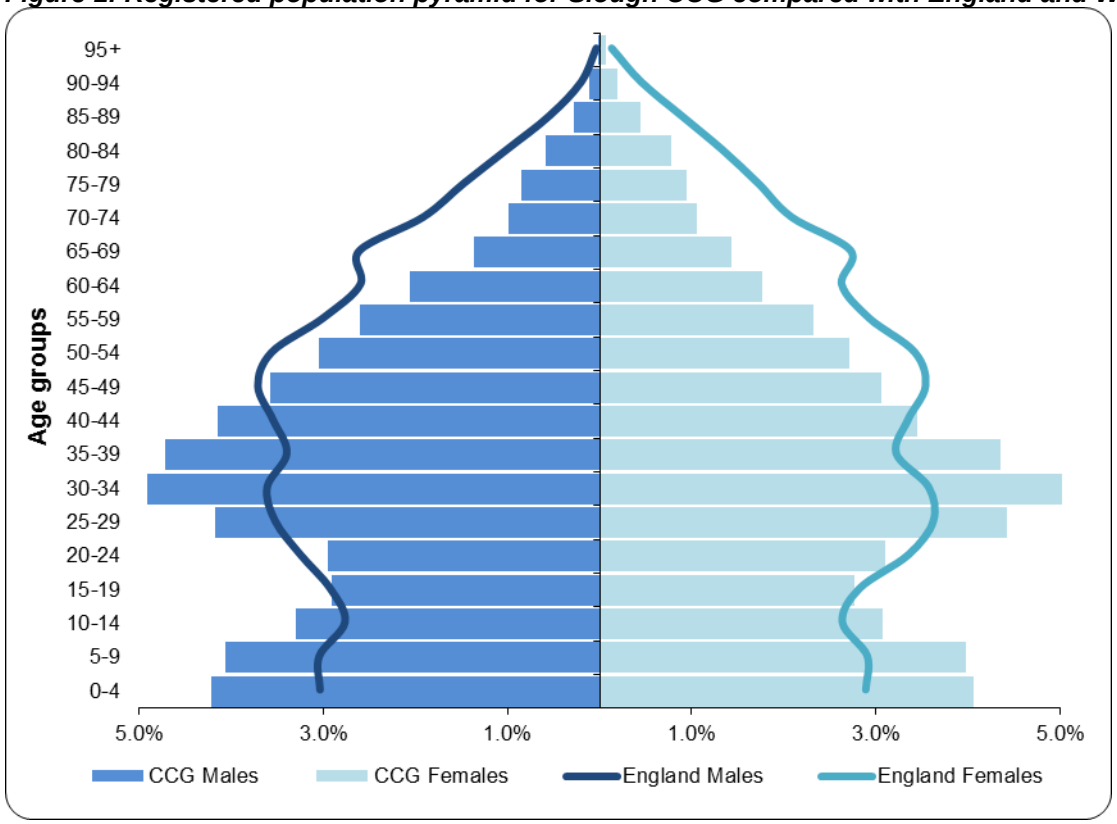
- Accessing GP Services - the 2014/15 GP Survey showed that 47% of respondents found it easy to get through to their surgery on the telephone and 41% saw their preferred GP frequently. These scores were the lowest in the comparator group and significantly lower than the national average.
- Making an appointment – The CCG had the lowest scores in the comparator group for all 3 indicators related to making an appointment. 55% of the CCG's respondents found the overall experience of making an appointment good at their GP surgery.
- GP/Nurse appointment – The CCG had the lowest scores in the comparator group for all indicators related to their last GP appointment. Indicators about nurse appointments had similar scores to the comparator group.
- Opening Hours – 69 of respondents were satisfied with their GP opening hours and 64% also thought that their GP Surgery was open at times that were convenient. These scores are significantly lower than the national average and the lowest in the CCG comparator group. The majority of patients that did not find their GP Surgery opening hours convenient said that they would find after 6:30pm (70%) or Saturday (70%) appointments easier.
- Overall Experience – 71% of patients stated that their overall experience of their GP surgery was very good/ good and this was the lowest in the comparator group. 60% said that they would recommend their surgery to someone who moved into the area.
- Out of Hours - 59% of respondents for rated their overall experience of out-of-hours GP services as good, which is similar to the national and comparator group results.

3. Place

3.1 Population profile

The 2014 mid-year estimates indicate that the resident population for the Slough CCG locality was 144,575. The latest registered population figure for Slough CCG was higher at 151,204. This discrepancy will be made up of people who live outside of the CCG boundary and also a percentage of people on GP patient lists that no longer live in the area. Figure 1 shows the registered population profile of Slough CCG compared with the national profile. The population profile differs from the national picture with a larger proportion of children aged 0 to 14 and younger adults aged 25 to 44, but a smaller proportion of adults aged 45 and over.

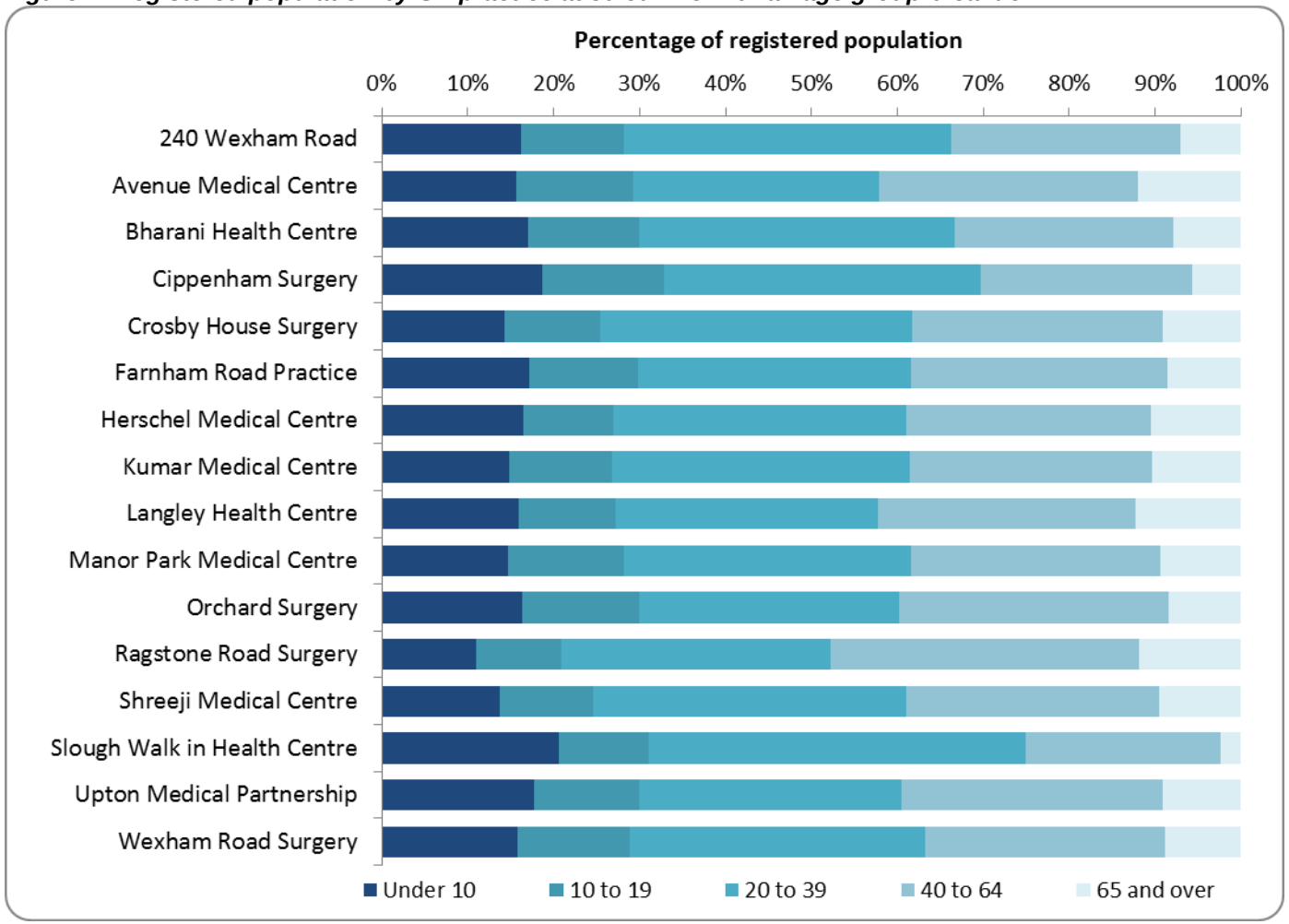
Figure 1: Registered population pyramid for Slough CCG compared with England and Wales at 30-Jun-15



Age Group	Male	Female	People
0-4	6,381	6,059	12,440
5-9	6,165	6,054	12,219
10-14	5,013	4,674	9,687
15-19	4,407	4,219	8,626
20-24	4,437	4,597	9,034
25-29	6,153	6,600	12,753
30-34	7,398	7,791	15,189
35-39	7,169	6,636	13,805
40-44	6,241	5,237	11,478
45-49	5,426	4,620	10,046
50-54	4,619	4,140	8,759
55-59	3,961	3,541	7,502
60-64	3,134	2,680	5,814
65-69	2,105	2,179	4,284
70-74	1,483	1,597	3,080
75-79	1,303	1,428	2,731
80-84	887	1,164	2,051
85-89	419	690	1,109
90-94	170	290	460
95+	33	104	137
Total	**76,904**	**74,300**	**151,204**

Source: Health and Social Care Information Centre (July 2015)

Figure 2: Registered population by GP practice at 30-Jun-15 with an age group breakdown



Source: Health and Social Care Information Centre (July 2015)

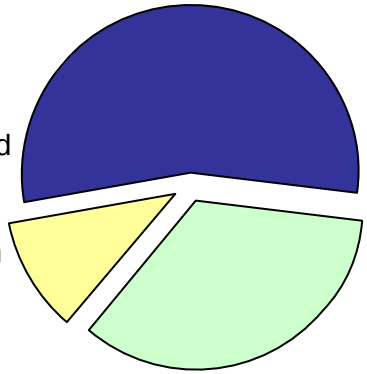
GP Practice	Total registered population
240 Wexham Road	4,616
Avenue Medical Centre	6,805
Bharani Health Centre	12,952
Cippenham Surgery	5,171
Crosby House Surgery	11,156
Farnham Road Practice	24,055
Herschel Medical Centre	12,625
Kumar Medical Centre	4,521
Langley Health Centre	17,241
Manor Park Medical Centre	10,288
Orchard Surgery	7,885
Ragstone Road Surgery	3,339
Shreeji Medical Centre	6,169
Slough Walk in Health Centre	6,453
Upton Medical Partnership	13,669
Wexham Road Surgery	4,259

3.2 Demography profile

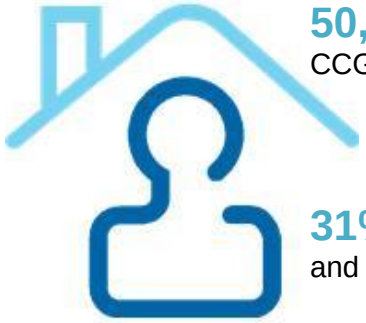
Most of the demographic data included in the 2013 CCG Locality Profile has not been updated, as this came from the 2011 Census. This page provides a summary of the key demographic details from 2011.

54.3% of population from Black and Minority Ethnic (BME) background

11.2% of population from a White non-British background



***8,263** people cannot speak English well or at all (6.2% population)*



50,766 households in CCG boundary

29% are occupied by people who live alone.

31% of people aged 65 and over live on their own

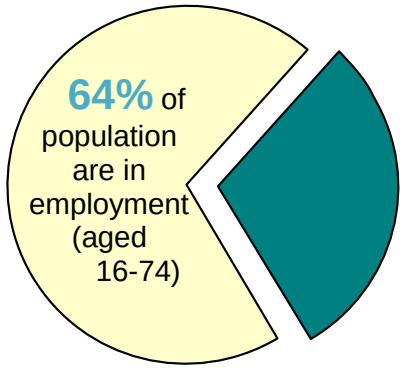
8% of the population are carers (11,626 people)

1.8% of population provide over 50 hours of unpaid care a week.

8,506 people feel that their day to day activities are limited a lot by their health (6.1% population)

4,797 people say that they have a bad state of health (3.4% population)

1,365 people say that they have a very bad state of health (1.0% population)



39% of unemployed people are 'long term unemployed'

3.4% of population are not in employment due to being long-term sick or disabled (3,388 people)

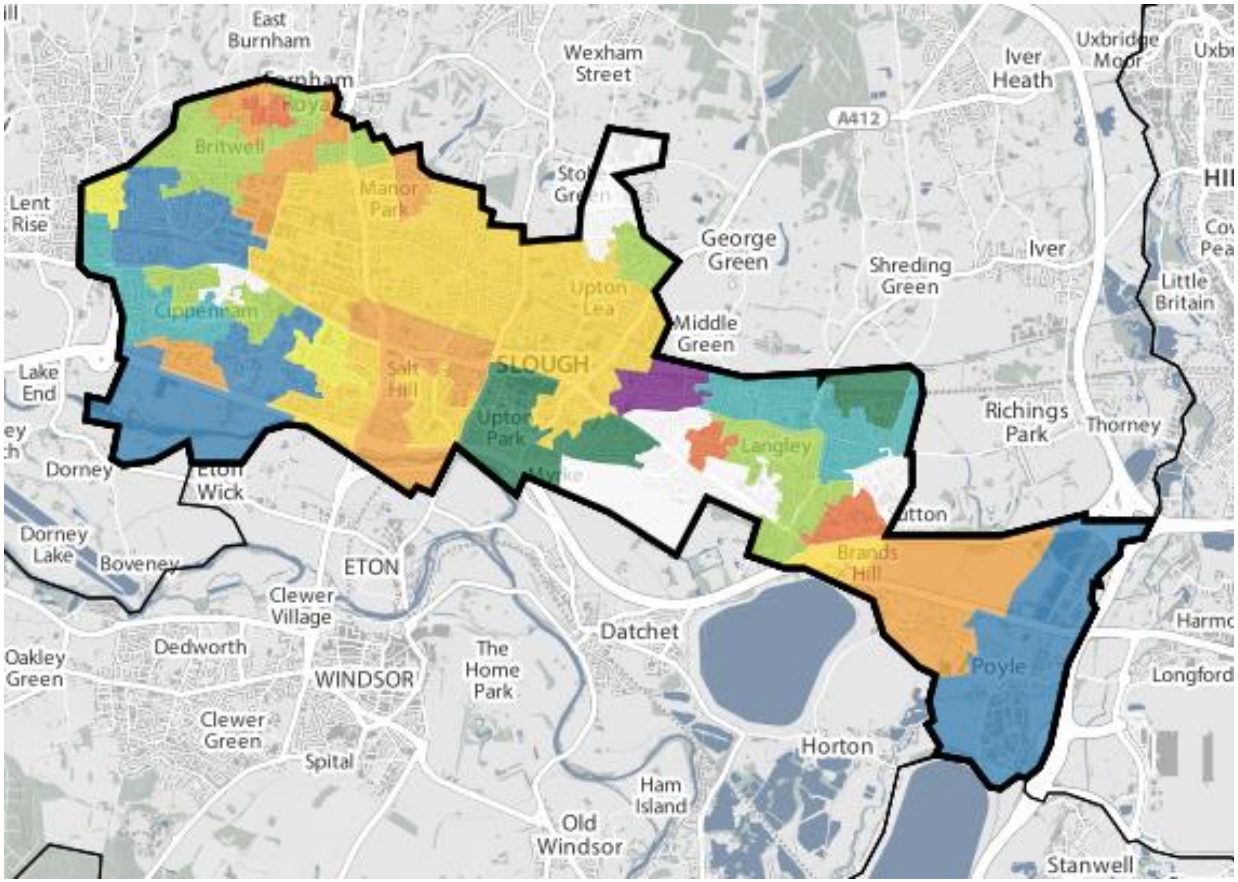
3.3 Geodemographic classification profile

Geodemographic classification uses Census and lifestyle data to classify people by where they live. Slough CCG's lifestyle distribution is shown in Figure 3, and uses classifications defined by Beacon Dodsworth. More information about these classifications can be found on their website.

10 out of 14 primary classifications are represented within the CCG boundary.

35% of the CCG's resident population are defined as Multicultural Centres, which is a significantly higher proportion than the national average. The second largest group were defined as Suburban Stability.

Figure 3: Geodemographic classification profile for Slough CCG



Source: P² People & Places • © Beacon Dodsworth 2004-2012
© Crown copyright 2004-14 • http://shape.dh.gov.uk/app/index.asp#10T •30 September 2014

In summary, ***Multicultural Centres*** consist mainly of families, some of which are large, who originate from India, Pakistan, Bangladesh or Africa. There is also a significant proportion from the Caribbean and China. There is a combination of young parents with children and older parents with teenagers. This classification makes up 6.8% of the UK population.

Suburban Stability covers an extremely wide range of age groups, from young families with children right up to those over 75 years old. Many of the parents are unmarried. This classification makes up 12.1% of the UK population, and covers 15.5% of the Slough CCG population.

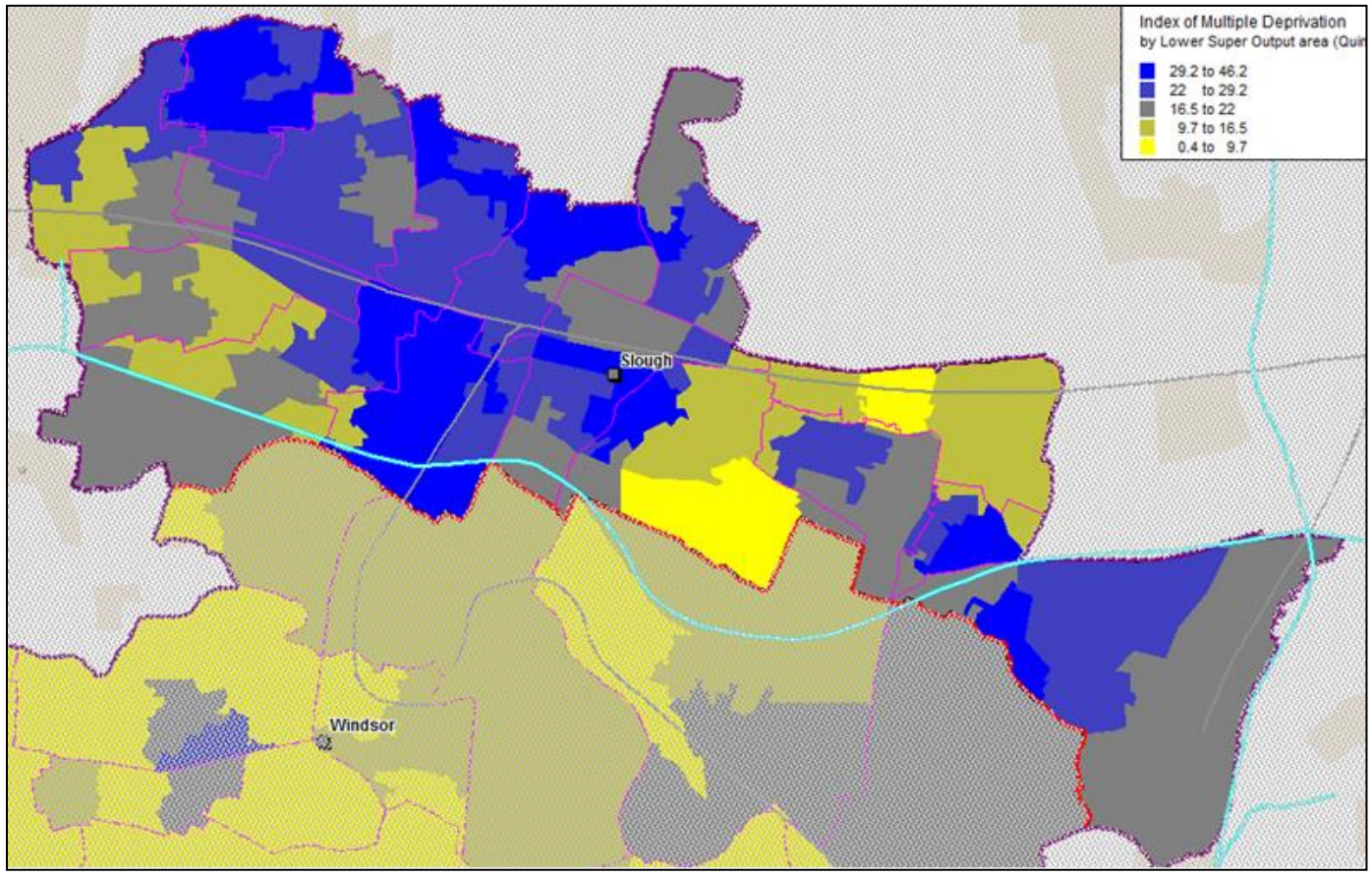
3.4 Deprivation profile

The Index of Multiple Deprivation (IMD) combines a number of indicators to measure the level of deprivation in an area. These cover seven different domains, including crime, health and disability, employment, education, skills and training, barriers to housing and services and living environment. The IMD enables neighbourhoods, or Super Output Areas (LSOAs), to be ranked against each other according to their level of deprivation. Each LSOA covers a population of 1,000-3,000 people and an area with a higher IMD score will be more deprived than another. The IMD was updated in 2015, having previously been published in 2010.

The Slough CCG area is made up of 80 LSOAs. 1 (1%) of these are in the 20% least deprived areas in the country and 5 (6%) of them are in the 20% most deprived nationally.

47 LSOAs within the Slough CCG boundary are in the 20% most deprived LSOAs in Berkshire. These include neighbourhoods in all of Slough Borough Council's wards, apart from Cippenham Green and Langley St Marys.

Figure 4: Index of Multiple Deprivation for Slough CCG by Lower Super Output Area (2015)



Source: The English Indices of Deprivation 2015 reproduced from Ordnance Survey data on behalf of the Controller of Her Majesty's Stationery Office

Figure 4 shows the level of deprivation in Slough CCG. Areas of higher deprivation are shown in blue and those with a lower deprivation score are shown in yellow.

Health deprivation and disability indicators are included in the Index of Multiple Deprivation (IMD). This uses measures of premature death, morbidity, disability and the rate of adults suffering from mood and anxiety disorders to determine the levels of deprivation in an area.

The areas with the highest level of health and disability deprivation in Slough CCG include specific neighbourhoods in Britwell and Northborough, Elliman, Foxborough and Langley Kederminster. Half of the LSOAs in Slough are in the 20% most health deprived in Berkshire and 2 LSOAs in Britwell and Northborough are in the 20% most health deprived in England.

4. Lifestyle and Health Behaviour

Lifestyle and the personal choices that people make significantly impact on their health. Unhealthy behaviours, such as smoking and being overweight, increase the risk of dying prematurely and also impact on an individual's quality of life. Equally, healthy behaviours, such as being physically active, can help to improve quality of life and also reduce the risks of dying prematurely. The Government's (2010) Strategy for Public Health states that "many lifestyle-driven health problems seen today are already at alarming levels". Britain is the most obese nation in Europe; has amongst the worst rates of sexually-transmitted infections; a relatively large population of problem drug users; rising levels of harm from alcohol and approximately 20% of the adult population who still smoke.

This section of the Locality Profile looks at the impact of lifestyle and health behaviours in Slough CCG. Additional information about health behaviours in children and young people is included later on in the Profile (section 5.34).

4.1 Smoking

According to the National Institute for Health and Care Excellence (NICE), smoking is the single most important cause of preventable morbidity and premature death in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. A wide range of diseases and conditions are caused by smoking, such as cancers, respiratory diseases and cardiovascular diseases.

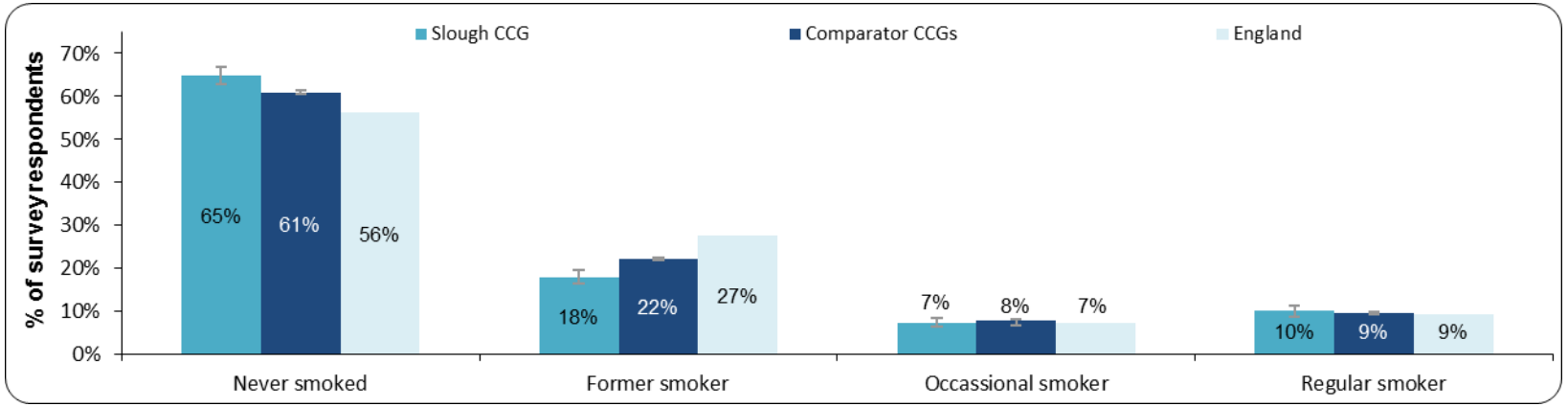
The Government's Tobacco Control Plan, which was published in 2011, sets out a strategy to reduce smoking prevalence and announces a number of targets to be achieved by 1st April 2015.

4.11 Smoking prevalence in adults

The Government aimed to reduce smoking prevalence in adults to 18.5% by 2015. The Integrated Household Survey results for 2014 indicated that this had been achieved, as the national prevalence for adults had reduced to 18.0%. Slough Borough's prevalence rate was similar to the national rate at 19.0%.

The latest GP Patient Survey (2014/15) asked people to comment on their smoking habits. This survey was completed by 2,064 patients from Slough CCG. Figure 5 shows that 65% of people who responded to the survey in Slough CCG said that they never smoked, while 17% were either occasional or regular smokers.

Figure 5: Smoking habits of people in Slough CCG compared with the national and comparator group



Source: NHS England, GP Patient Survey (2014/15)

Smoking is also included in the GP Quality and Outcomes Framework (QOF). Additional information can be found in the condition specific sections of the Adult Profile chapter.

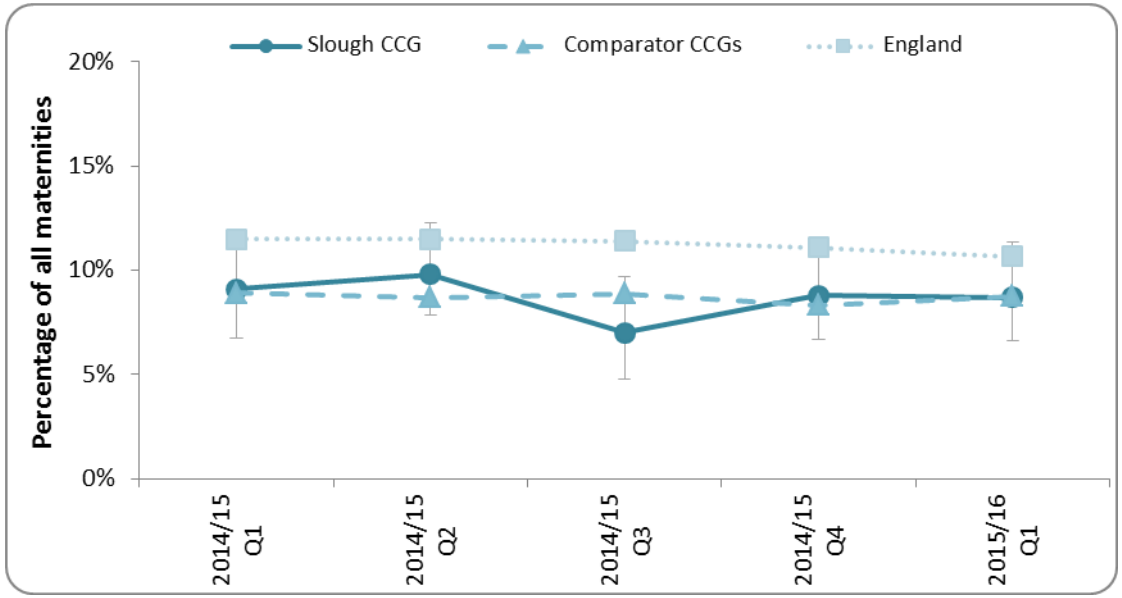
4.12 Smoking prevalence in pregnancy

The Government aims to reduce smoking prevalence in pregnancy to less than 11% by 2015.

An indicator to monitor the percentage of women who are smokers at the time of delivery is included in the CCG Outcomes Indicator Set. This data has been reported since April 2013 and is published quarterly.

From 2014/15 Q1 to 2015/16 Q1, Slough CCG had 2,897 maternities. 252 of these mothers were smokers at the point of delivery, which is 8.7% of all maternities. Figure 6 shows that Slough CCG's smoking prevalence is similar to the comparator group average and national prevalence. Caution needs to be applied to this data, as it is based on self-reported information.

Figure 6: CCG 1.14: Percentage of mothers who were smokers at the point of delivery (2014/15 Q1 – 2015/16 Q1)



Source: *Health and Social Care Information Centre (2015)*

4.13 Smoking prevalence in 15-year-olds

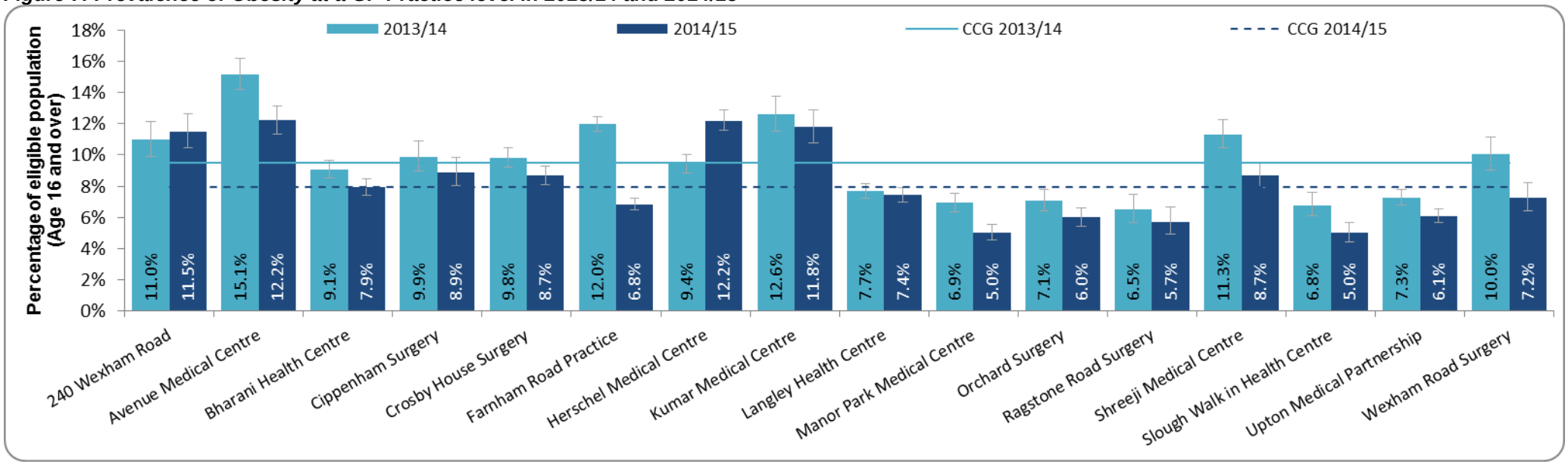
The Government aims to reduce rates of regular smoking among 15 year olds to 12% or less by 2015. Results of the 2014 survey on young people's smoking, drinking and drug use habits showed that this ambition has already been achieved, as only 8% of the 15 year olds surveyed stated that they were regular smokers. This data is not available at a local level, however modelled estimates for Slough CCG have been included in the Child and Young People Profile at section 5.341.

4.2 Being obese or overweight

Obesity is indicated when an individual's Body Mass Index (BMI) is over 30. It increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems and decreases life expectancy by up to nine years.

Slough CCG has an obesity prevalence rate of 7.9% in the registered population aged 16 and over. This is approximately 9,109 people. This prevalence rate is lower than both the comparator CCG average of 8.4% and the national prevalence rate of 9.0%.

Figure 7: Prevalence of Obesity at a GP Practice level in 2013/14 and 2014/15



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

Adults with a Body Mass Index over 25 are defined as being overweight. Figures collected through the Active People Survey (2012-2014) estimate that 64.6% of adults living in England are overweight or obese. Slough Borough has a similar proportion of adults with excess weight at 63.3%.

The National Child Measurement Programme (NCMP) measures the prevalence of obesity in 4-5 year olds (Reception) and 10-11 year olds (Year 6). Figure 8 shows that Slough Borough Council had higher levels of overweight and obese children in Year 6 than the England average. Slough also had higher levels of obese children in Reception, although the proportion of overweight and obese children was slightly lower than the England average.

Figure 8: Prevalence of Obesity and Overweight children (2013/14)

		Slough Prevalence	England Prevalence
Reception (aged 4 to 5)	*Overweight (including obesity)*	21.1%	22.5%
	Obesity	11.7%	9.5%
Year 6 (aged 10 to 11)	*Overweight (including obesity)*	36.9%	33.5%
	Obesity	21.7%	19.1%

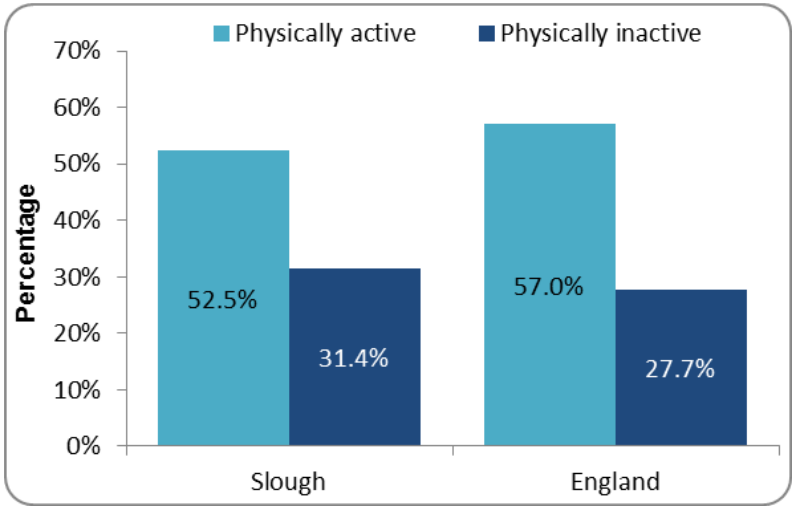
Source: National Child Measurement Programme, Health & Social Care Information Centre (2014)

4.3 Physical Activity and Inactivity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those with a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. In contrast, physical inactivity is directly accountable for 6% of deaths globally and is the fourth leading risk factor for global mortality.

The Active People Survey (2014) asked people how much physical activity they did. The results indicated that Slough had a lower proportion of physically active adults than the national average (doing at least 150 minutes of moderate physical activity per week), and a higher proportion or physically inactive adults (doing less than 30 minutes of moderate physical activity a week).

Figure 9: Percentage of physically active and inactive people aged 16 and over (2014)



Source: Active People Survey (2014)

4.4 Diet

A diet rich in fruit and vegetables can help to protect against the development of heart disease and certain cancers. It is estimated that eating at least 5 portions of a variety of fruit and vegetables each day could reduce the risk of death from chronic diseases by up to 20%.

The Active People Survey (2014) asked people aged 16 and over about the amount of fruit and vegetables they ate the day before. 57.7% of people in England said that they ate the recommended '5 a day'. Slough Borough Council figure were similar to the national average at 50.1%. In Slough, the average person ate 2.5 portions of fruit and 2.1 portions of vegetables.

4.5 Alcohol

Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

Binge drinking is defined separately for men and woman. Men are defined as having indulged if they have consumed 8 or more units of alcohol on the heaviest drinking day in the previous seven days and for women this is 6 or more units. . The 2007/08 Health Survey indicated that Slough CCG's prevalence for binge drinking was at 12.6%, which is significantly lower than the England figure of 20.1%. A neighbourhood in the Colnbrook with Poyle ward had the highest prevalence in the CCG at 18.3%.

Alcohol misuse is estimated to cost the NHS about £3.5 billion per year. In 2013/14, there were over 333,000 alcohol-related hospital admissions in England, which equates to 645 admissions per 100,000 population. Slough CCG's rate of admission was significantly better at 576 per 100,000 population (653 admissions). Public Health England has estimated that the average life expectancy in Slough CCG would be increased by 11 months for men and nearly 5 months for women if all alcohol-related deaths were prevented.

Additional information on the number of emergency admissions for alcohol-related liver disease is included in the Liver Disease section of the Adult Profile (6.62). More information can also be found in the Local Alcohol Profiles for England.

4.6 Sexual Health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. While sexual relationships are essentially a private matter, good sexual health is important to individuals and to society as a whole. Public Health England (2015) state that the success of sexual and reproductive health services "depends on the whole system working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health".

Public Health England's Sexual and Reproductive Health Profiles provide detailed information at a Local Authority level. The key indicators for Slough Borough Council are shown below at Figure 10.

Figure 10: Key indicators of Sexual and Reproductive Health

Indicator	Latest data	Slough			England
		Count	Outturn	Comparison to England	Outturn
Syphilis diagnosis rate per 100,000 population	2014	3	2.1	Significantly better	7.8
Gonorrhoea diagnosis rate per 100,000 population	2014	63	44.0	Significantly better	63.3
Chlamydia detection rate per 100,000 population aged 15-24	2014	326	1,912	Similar	2012
Proportion of 15-24 year olds screened for chlamydia	2014	3,930	23.0%	Significantly worse	24.3%
All new STI diagnoses (exc. chlamydia) per 100,000 population	2014	703	732	Significantly better	829
HIV testing coverage	2014	3,814	59.3%	Significantly worse	68.9%
HIV late diagnoses	2012-14	23	44.2%	Similar	42.2%
New HIV diagnosis rate per 100,000 population aged 15+	2014	20	18.2	Similar	12.3
HIV diagnoses prevalence rate per 1,000 aged 15-59	2014	334	3.68	Significantly higher	2.22

Figure 10: Key indicators of Sexual and Reproductive Health (continued)

Indicator	Latest data	Slough			England
		Count	Outturn	Comparison to England	Outturn
HPV vaccination coverage - % of girls aged 12-13 who have received all 3 doses of vaccine	2013/14	711	85.1%	Similar	86.7%
Abortions - % of abortions under 10 weeks	2014	564	82.3%	Similar	80.4%
Abortions - % of repeat abortions in under 25s	2014	58	24.5%	Similar	27.0%
GP prescribed long acting reversible contraception (LARC) per 1,000 population	2014	876	26.6	Significantly lower	55.2

Source: Public Health England – Sexual and Reproductive Health Profiles (2015)

Additional information on teenage pregnancy and chlamydia screening is also included in the Young People's Sexual Health section of this Profile (5.345).

5. Child & Young People Health Profile

In June 2015, Slough CCG had 42,972 registered patients aged under 19. This is 28% of the CCG's total registered population. The CCG's population profile (Figure 1) shows a higher percentage of children and young people (aged 0 to 14) compared to the national picture.

This section of the Locality Profile focuses on the health of children and young people in Slough CCG, from conception to adulthood. Data is shown at a CCG level where available, but is also supplemented with Local Authority data to provide a more detailed picture on the wider factors impacting on children's health in the CCG.

Additional information about Children and Young People's Health can be found on a number of different Public Health England Profiles, such as the Children and Young People's Health Benchmarking Tool, Child Profiles and the Child and Maternal Health Intelligence Network.

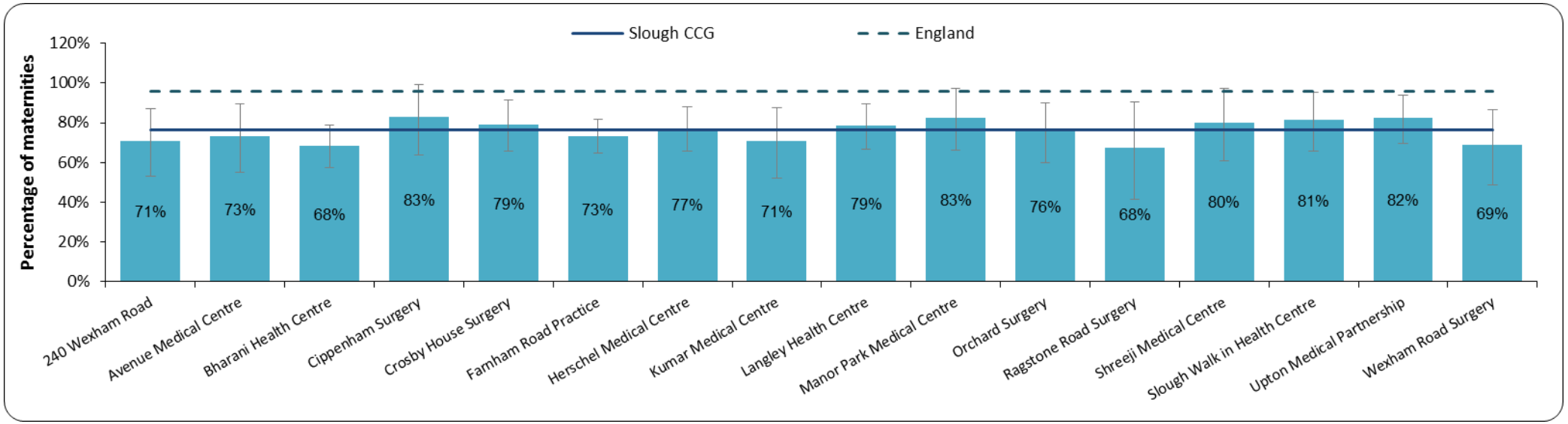
5.1 Maternity and Birth

5.11 Access to Maternity Care

Early access to maternity care contributes towards healthier pregnancy and birth. Support and information from midwives and other maternity professionals can help to reduce infant mortality, incidence of low birth weight, increase breastfeeding rates and reduce smoking in pregnancy.

All pregnant women should have seen a midwife or maternity professional by 12 weeks and 6 days of pregnancy for a health and social care assessment of needs, risks and choices. 76% of women in Slough CCG received this assessment in 2014/15, compared with 95.7% nationally. Figure 11 provides this information at a GP level.

Figure 11: Percentage of maternities where women were seen by a midwife or maternity professional by 12 weeks and 6 days of pregnancy – GP Practice level (2014/15)



Source: NHS England, Breastfeeding and 12 Week Risk Assessment 2014/15 GP (2015)

5.12 Birth and fertility rates

In 2014 there were 2,591 live births in Slough CCG, which is a fertility rate of 78.8 per 1,000 female population (aged 15 to 44). This is significantly higher than the national rate of 62.1.

Local information about the rate of still births is not available, as these numbers are too small to be published. Nationally, 0.46% of births are still births with a slightly lower percentage of 0.43% in South East England.

Figure 12 highlights the number of admissions, bed days and average length of stay for different births and deliveries in Slough CCG. This data does not include deliveries at home, but will provide a picture of the hospital activity for maternity and birth in the CCG.

Figure 12: Number of hospital admissions for obstetrics in Slough CCG from April 2012 to March 2015 (specific codes included in HRG Chapter N)

	Number of hospital admissions	Bed days	Average length of stay
Normal delivery	4,090 admissions	7,003 bed days	1.7 days
Assisted delivery	987 admissions	2,860 bed days	2.9 days
Emergency or Upper Uterine Caesarean Section	1,066 admissions	4,085 bed days	3.8 days
Caesarean Section with eclampsia, pre-eclampsia or placenta praevia	158 admissions	1,044 bed days	6.6 days
Planned lower uterine caesarean	769 admissions	2,079 bed days	2.7 days

Source: Dr Foster (2015)

5.13 Low birth weight

A baby is defined as being a low birth weight if they are under 2,500g and a gestational age of at least 37 complete weeks. Low birth weight increases the risk of childhood mortality, developmental problems in childhood and also indicates a risk of poorer health in later life. In 2014, 2.9% of term babies born in England had a low birth weight. Slough's percentage of low birth weight babies was similar at 2.9%.

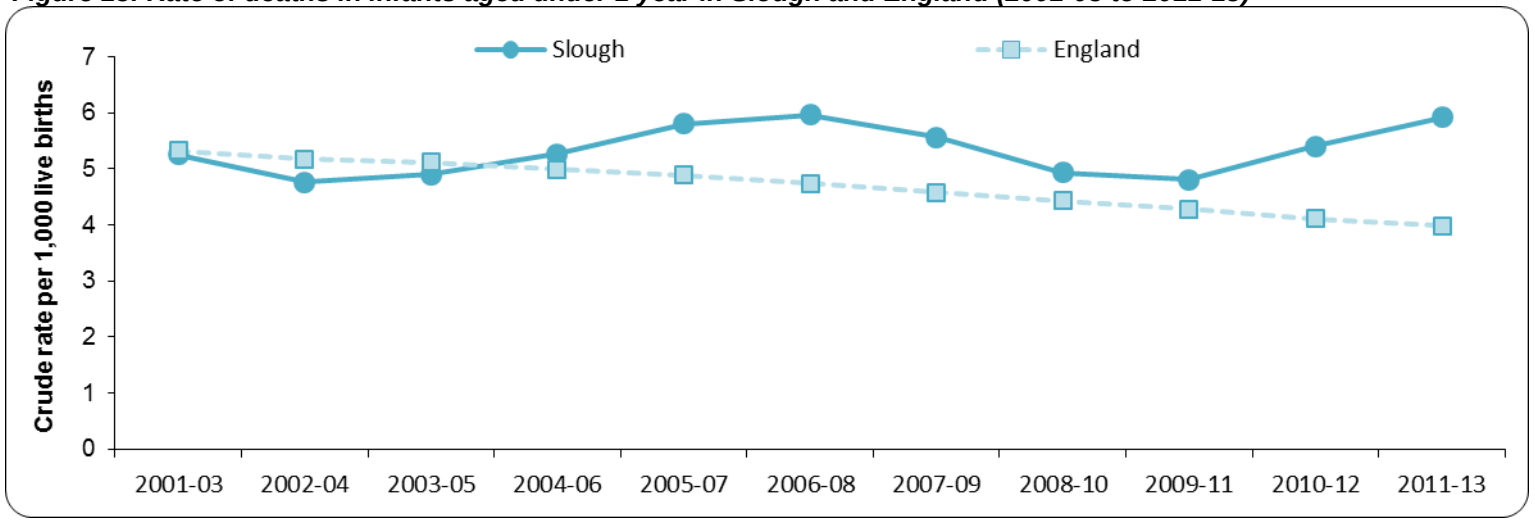
5.14 Infant mortality (deaths in infants under 1 year)

Infant mortality rates reflect the health and care of mothers and newborns, as well as being an indicator of the general health of an entire population. Rates of infant mortality are higher in areas of greater deprivation and the Government's Public Health Strategy (2010) aims to reduce this gap.

From 2011-13, 49 infants aged under 1 who were resident in Slough CCG died.

Figure 13 shows the infant mortality rate in Slough over a 12-year period. In 2011-13, the rate of infant mortality for Slough was 5.9 per 1,000 live births, which was significantly worse than the national rate of 4.0 per 1,000 live births.

Figure 13: Rate of deaths in infants aged under 1 year in Slough and England (2001-03 to 2011-13)



Source: Public Health England, Public Health Outcomes Framework (2015)

5.15 Breastfeeding

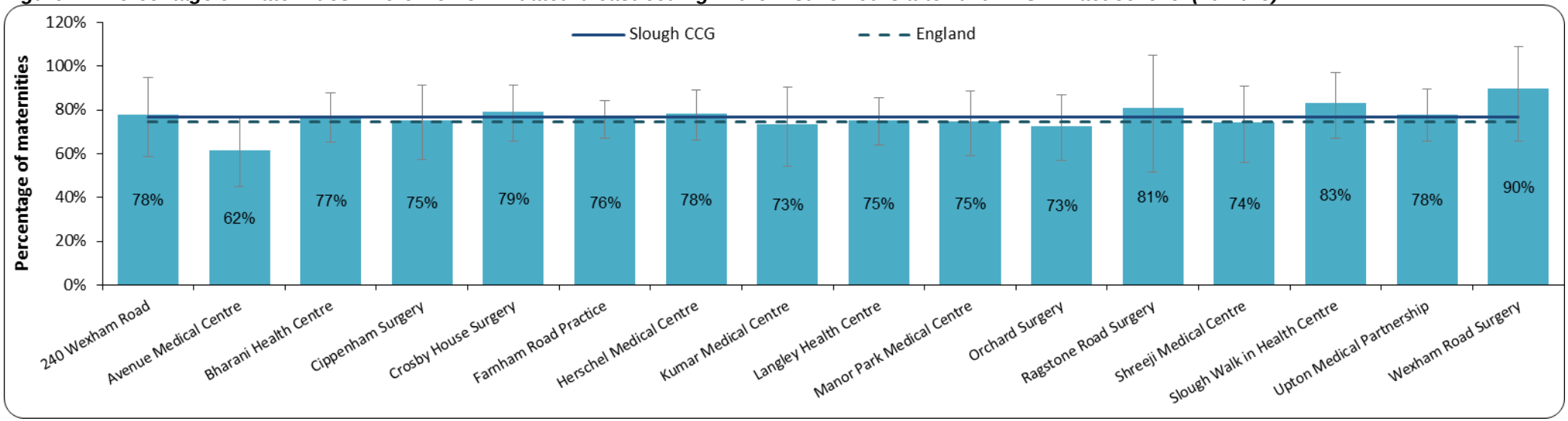
Breastfeeding has health benefits for both mother and baby. Babies who are breast-fed experience lower levels of gastro-intestinal and respiratory infection and evidence also suggests that they will have lower levels of child obesity. Benefits for mothers include reduced risk of breast and ovarian cancer, as well as a faster return to pre-pregnancy weight. Current national and international guidance recommends exclusive breastfeeding for newborns for at least six months.

Breastfeeding rates are measured 48 hours after birth (initiation) and 6-8 weeks after birth (prevalence).

5.151 Breastfeeding initiation

77% of mothers initiated breastfeeding in Slough CCG in 2014/15. This was similar to the national average of 74%. Figure 14 shows the level of breastfeeding initiation by GP Practice in 2014/15.

Figure 14: Percentage of maternities where women initiated breastfeeding in the first 48 hours after birth – GP Practice level (2014/15)

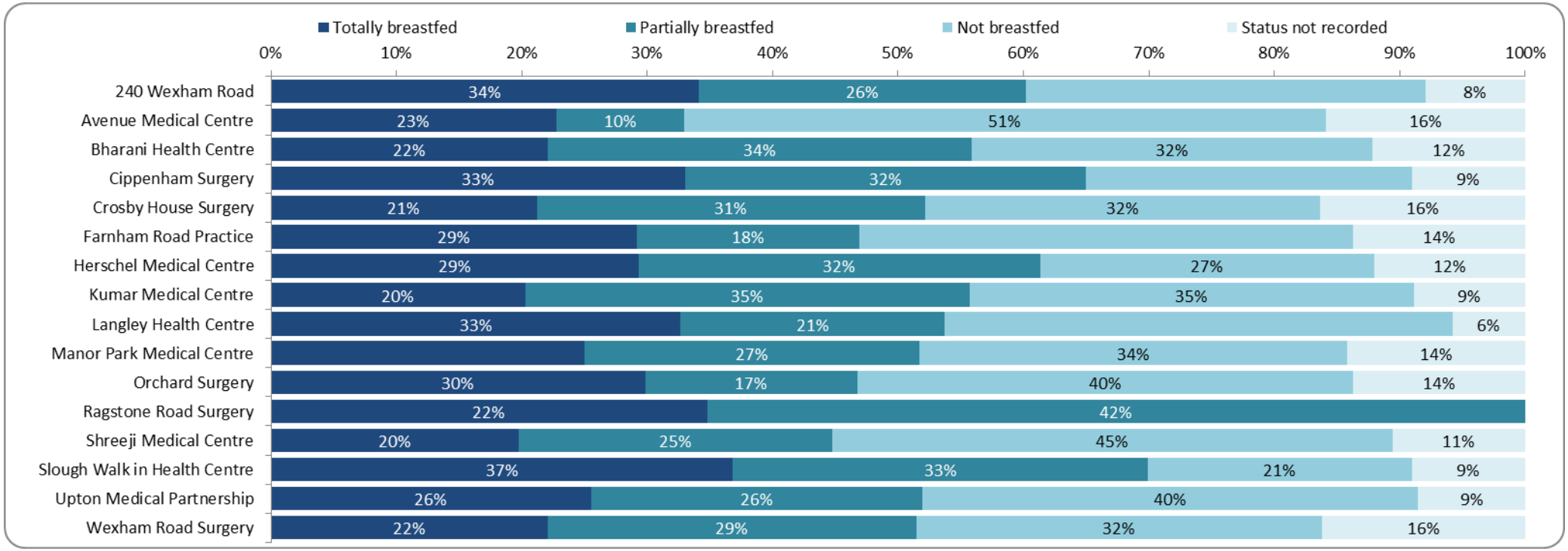


Source: NHS England, Breastfeeding and 12 Week Risk Assessment 2014/15 GP (2015)

5.152 Breastfeeding prevalence

In 2014/15, 43.8% of infants were totally or partially breastfed at 6-8 weeks in England. Figures for Slough CCG could not be published, as 12.1% of infants did not have a breastfeeding status recorded. This does not meet the required data quality standard. Figure 15 provides a breakdown of breastfeeding prevalence for Slough CCG GPs in 2014/15. It is important to note that GPs Practices have varying levels of breastfeeding status recording, which will impact on the validity of the data. Some individual GP Practice data does not equal 100%, due to data quality issues.

Figure 15: Breastfeeding status at 6-8 weeks by GP Practice level (2014/15)



Source: NHS England, Breastfeeding and 12 Week Risk Assessment 2014/15 GP (2015)

5.2 Children and Young People with long-term conditions

This section of the Child and Young People Health Profile focuses on children with long-term conditions. The information included looks at the local prevalence of specific conditions in childhood and hospital activity for these conditions. A more detailed analysis of long-term conditions and diseases is included in the Adult Profile, including risk factors for disease and local GP management of long term conditions.

5.21 Respiratory disease

5.211 Prevalence

The Quality and Outcomes Framework (QOF) uses GP Registers to estimate the prevalence of disease or long-term conditions for adults. Prevalence of disease for children is not included in the QOF, so national models need to be used to estimate the level of disease in local child populations. These agreed prevalence models have been taken from the NHS Comparators website. It is important to note that the models do not take local demographics or deprivation levels into account and can only be a guide to the level of childhood disease in a local area.

Asthma

5.3% of Slough CCG's population have asthma recorded on a GP register (QOF 2014/15). Modelled estimates indicate that 10.6% of under 19s in the CCG have asthma, which is approximately 4,568 children. Figure 16 provides a breakdown by age and sex.

Figure 16: Modelled prevalence of asthma in Slough CCG based on June 2015 registered population

	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	589	859	698	400	2,546
Girls	343	686	529	464	2,022
Total	931	1,545	1,228	865	4,568

Source: NHS Comparators (2014) modelled on Health & Social Care Information Centre (2015) registered population figures

Chronic Obstructive Pulmonary Disease (COPD)

1.1% of Slough CCG's population have COPD recorded on a GP register, although 1.8% are actually estimated to have the condition (QOF 2014/15). Modelled estimates indicate that 0.45% of under 19s in the CCG have COPD, which is approximately 194 children. Figure 17 provides a breakdown by age and sex.

Figure 17: Modelled prevalence of COPD in Slough CCG based on June 2015 registered population

	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	70	12	10	13	106
Girls	55	12	9	13	89
Total	125	24	19	26	194

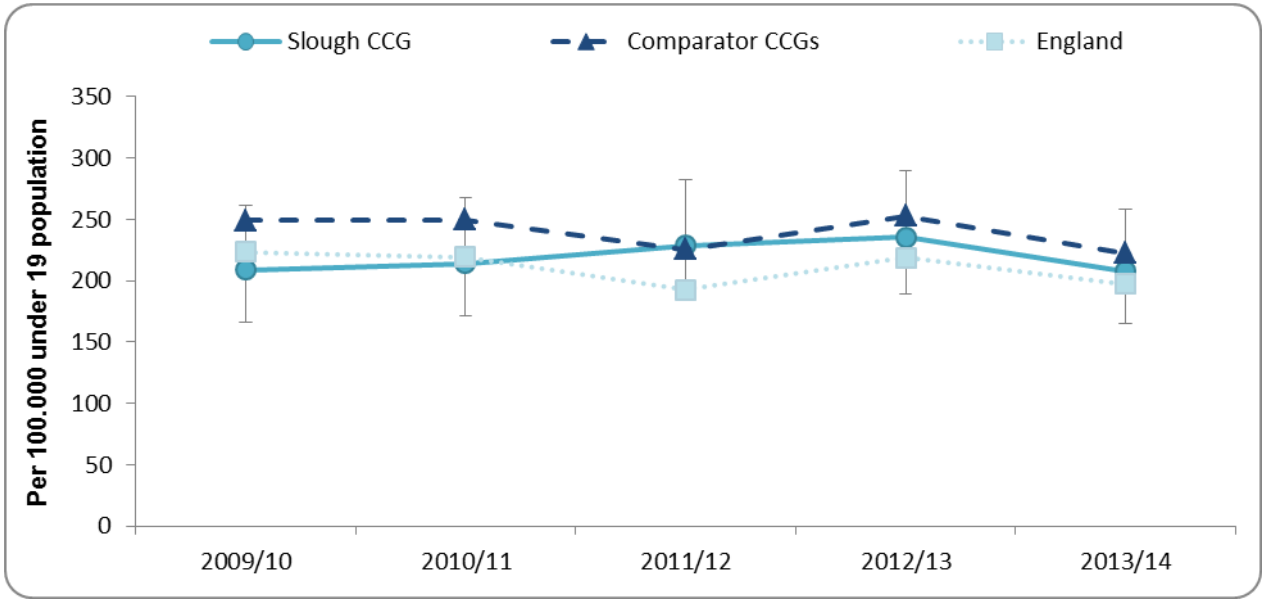
Source: NHS Comparators (2014) modelled on Health & Social Care Information Centre (2015) registered population figures

5.212 Hospital admissions

In 2013/14, Slough CCG had 82 emergency admissions for asthma in under 19 year olds. This was a rate of 208 per 100,000 population, which was similar to the national rate of 198. Figure 18 shows the trend for emergency admissions over the last five years.

Slough CCG's emergency admissions led to 105 bed days in hospital with an average length of stay of 1.3 days in 2013/14.

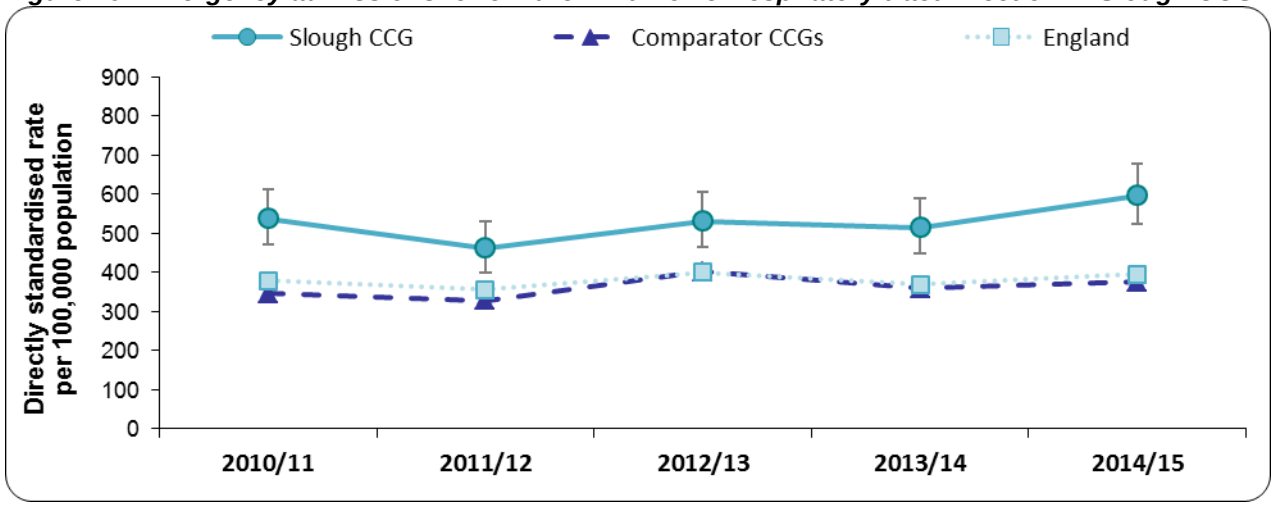
Figure 18: Emergency admissions for asthma in under 19 year olds in Slough CCG (2009/10-2013/2014)



Source: Child and Maternal Health Intelligence Network (2015); Disease Management Information Toolkit

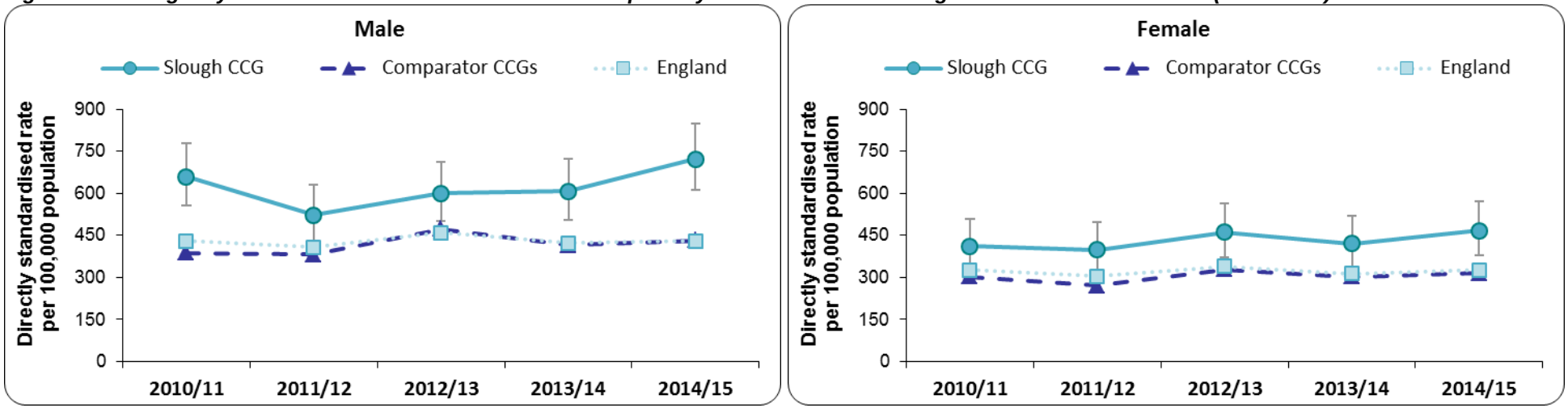
The rate of emergency admissions for children with lower respiratory tract infection is included in both the CCG and NHS Outcome Frameworks. In 2014/15, there were 245 emergency admissions in Slough CCG, which is a rate of 597 per 100,000 population. The CCG's rate continues to be significantly higher than the national rate.

Figure 19: Emergency admissions for children with lower respiratory tract infection in Slough CCG – all persons (2010-2015)



Source: Health & Social Care Information Centre (2014)

Figure 20: Emergency admissions for children with lower respiratory tract infection in Slough CCG – male and female (2010-2015)



Source: Health & Social Care Information Centre (2015)

5.22 Epilepsy

5.221 Prevalence

Approximately 0.6% of adults in Slough CCG have epilepsy (QOF 2014/15). Modelled estimates indicate that 0.4% of under 19s in the CCG have epilepsy, which is approximately 170 children. Figure 21 provides a breakdown by age and sex.

Figure 21: Modelled prevalence of epilepsy in Slough CCG based on June 2015 registered population

	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	12.1	27.1	22.1	27.1	88
Girls	10.9	24.8	19.2	26.7	82
Total	23	52	41	54	170

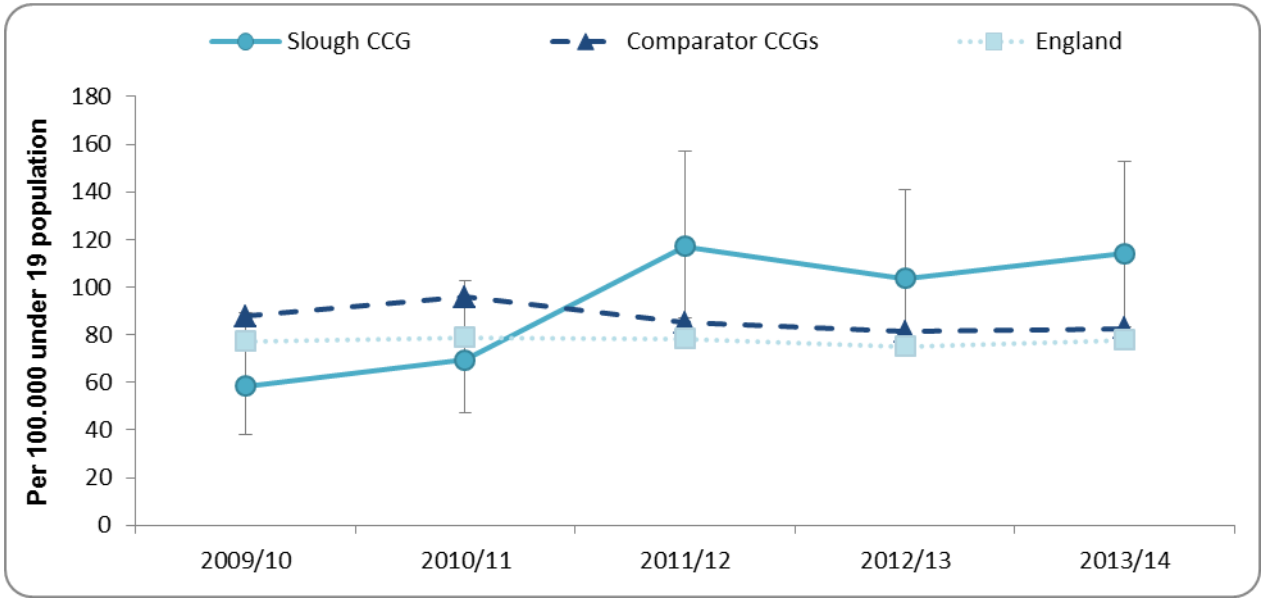
Source: NHS Comparators (2014) modelled on Health & Social Care Information Centre (2015) registered population figures

5.222 Hospital admissions

In 2013/14, Slough CCG had 45 emergency admissions for epilepsy in under 19 year olds. This was a rate of 114 per 100,000 population, which was significantly higher than the national rate of 78 per 100,000 population. Figure 22 shows the trend for emergency admissions over the last five years.

Slough CCG's emergency admissions in 2013/14 led to 73 bed days in hospital with an average length of stay of 1.6 days.

Figure 22: Emergency admissions for epilepsy in under 19 year olds in Slough CCG (2009/10-2013/14)



Source: Child and Maternal Health Intelligence Network (2015); Disease Management Information Toolkit

5.23 Diabetes

5.231 Prevalence

Approximately 9.1% of adults in Slough CCG have diabetes, although only 8.4% are actually diagnosed with the condition (QOF 2014/15). Modelled estimates indicate that 0.34% of under 19s in the CCG have diabetes, which is approximately 146 children. Figure 23 provides a breakdown by age and sex.

Figure 23: Modelled prevalence of diabetes in Slough CCG based on June 2015 registered population

	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	22	21	17	15	75
Girls	21	21	16	14	71
Total	42	42	33	29	146

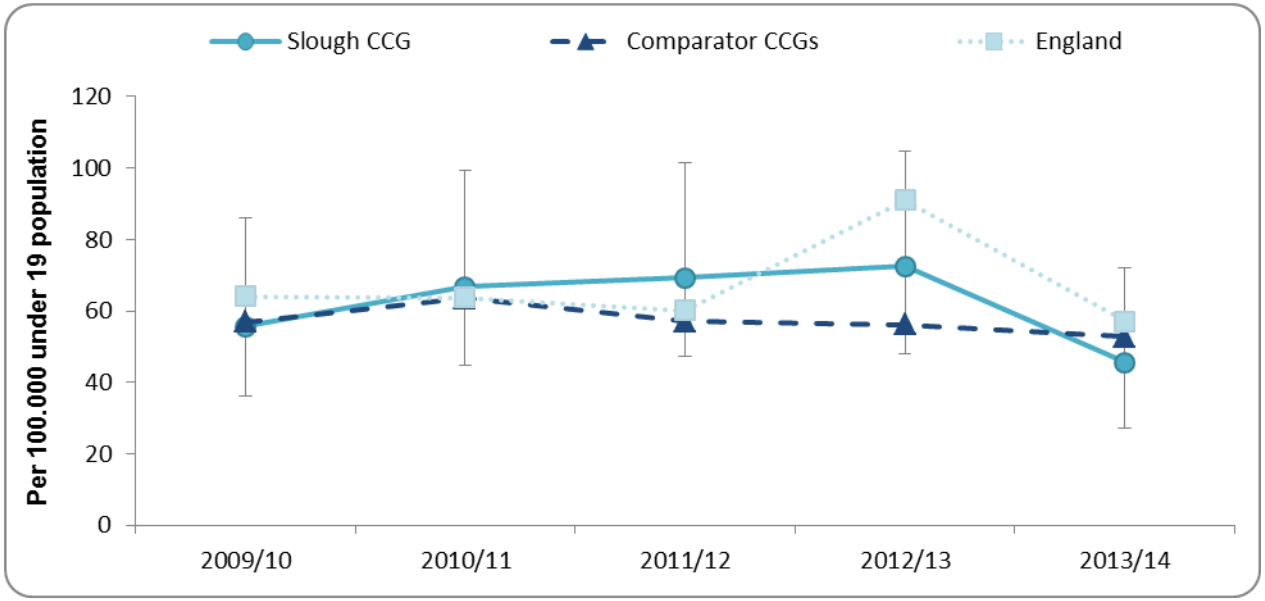
Source: NHS Comparators (2014) modelled on Health & Social Care Information Centre (2015) registered population figures

5.232 Hospital admissions

In 2013/14, Slough CCG had 18 emergency admissions for diabetes in under 19 year olds. This was a rate of 46 per 100,000 population, compared to 57 per 100,000 in England. Figure 24 shows the trend for emergency admissions over the last five years.

Slough CCG's emergency admissions led to 23 bed days in 2013/14, with an average length of stay of 1.28 days. 44% of these admissions came via Accident & Emergency, compared to 56% nationally.

Figure 24: Emergency admissions for diabetes in under 19 year olds in Slough CCG (2009/10-2013/14)



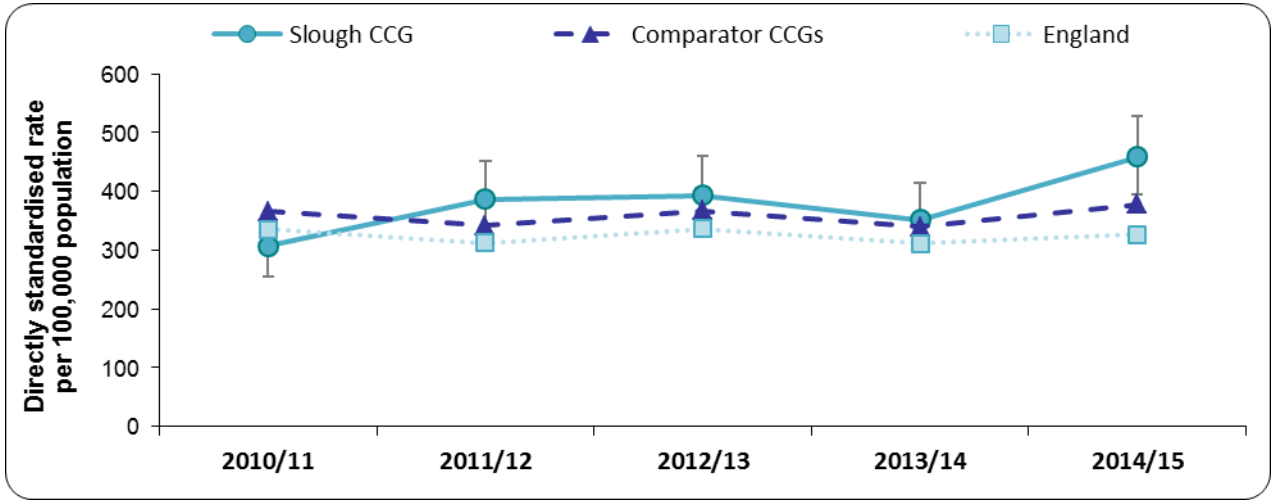
Source: Child and Maternal Health Intelligence Network (2015); Disease Management Information Toolkit

5.24 Unplanned hospitalisation for asthma, diabetes and epilepsy

The CCG Outcomes Indicator Set includes five indicators that focus on emergency admission to hospital. This section has already included an analysis of CCG Indicator 3.4, which looks at the rate of admissions for lower respiratory tract infection in under 19s. An additional indicator for under 19s combines unplanned admissions for asthma, diabetes and epilepsy.

In 2014/15, Slough CCG's rate of unplanned admissions for under 19s was 459 per 100,000 population. This was a similar rate to the comparator CCG and England benchmarks from 2010/11 to 2013/14, but was significantly higher in 2014/15.

Figure 25: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - all persons (2010-2015)



Source: Health & Social Care Information Centre (2015)

60% of the unplanned admissions in Slough CCG were for males from 2010/11 to 2014/15.

5.3 Health of all children and young people

5.31 General indicators of health and healthcare

5.311 Child mortality (aged 1 to 17 years)

11 Slough CCG residents (aged 1 to 17) died from 2011 to 2013.

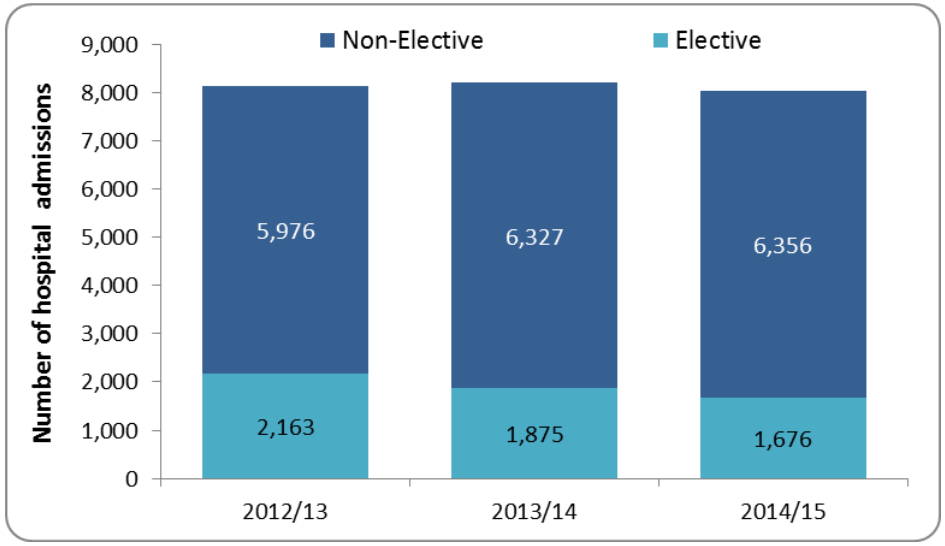
5.312 Tooth decay

Tooth decay is a predominantly preventable disease, but 28% of 5-year-old children still have observable decay. The average 5-year-old in Slough has 1.65 decayed, missing or filled teeth, which is significantly worse than the England average of 0.94.

5.313 Hospital admissions for children and young people

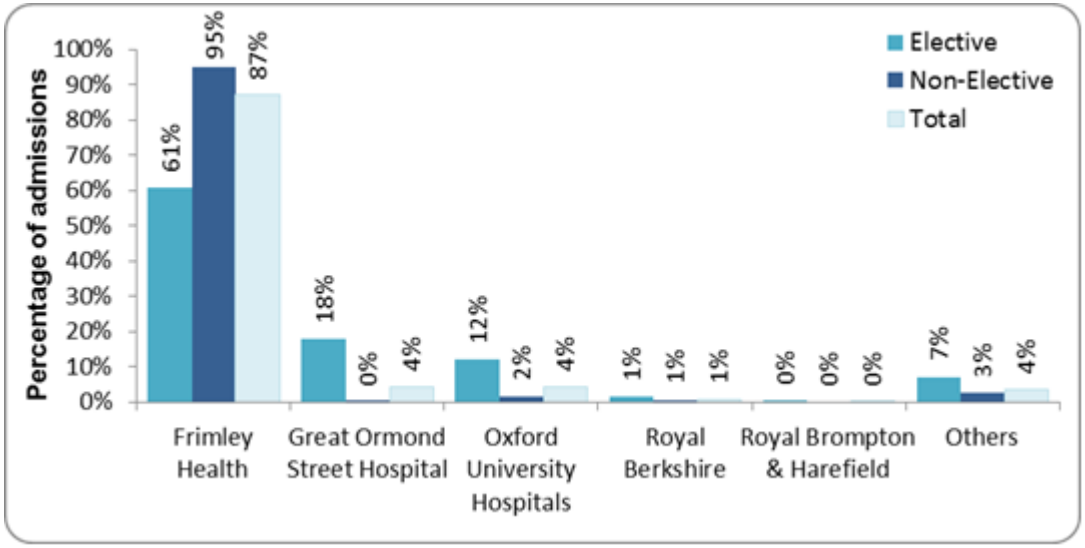
Slough CCG had 24,373 hospital admissions for people aged under 18 from April 2012 to March 2015. The majority (61%) of these admissions were at Frimley Health Foundation Trust.

Figure 26: Slough CCG's hospital admissions for people aged under 18 (2012/13 to 2014/15)



Source: Dr Foster (2015)

Figure 27: Slough CCG's hospital admissions for people aged under 18 by provider (Apr-12 to Mar-15)



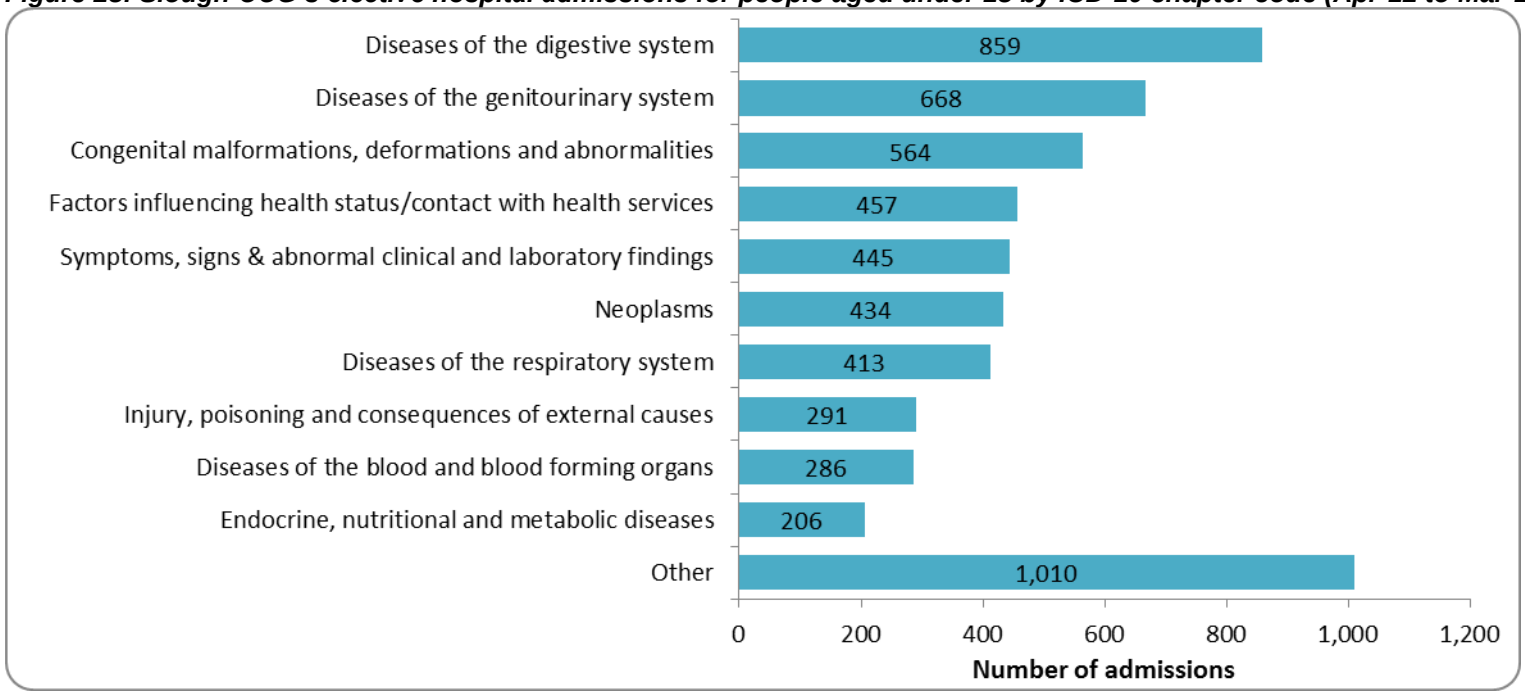
76.6% of hospital admissions for Slough CCG residents (aged under 18) were non-elective and these made up 89.5% of bed days from April 2012 to March 2015.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	5,714 elective admissions (23.4% of all admissions)	18,659 admissions (76.6% of all admissions)
Bed days:	4,079 bed days (10.5% of all bed days)	34,753 bed days (89.5% of all bed days)
Average length of stay:	0.7 days	1.9 days

Source: Dr Foster (2015)

Figure 28 summarises the CCG's elective hospital admissions for April 2012 to March 2015 showing the ten most common reasons for admission.

Figure 28: Slough CCG's elective hospital admissions for people aged under 18 by ICD-10 chapter code (Apr-12 to Mar-15)

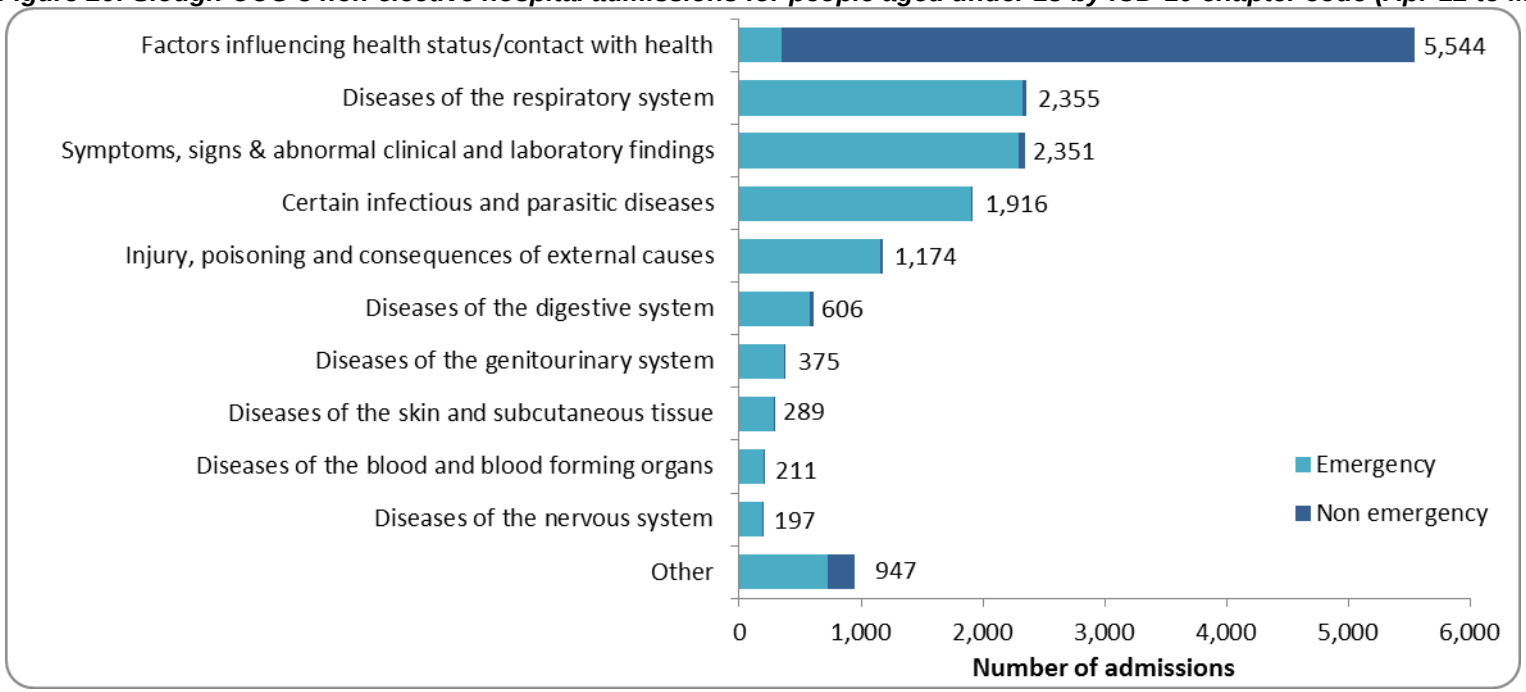


Source: Dr Foster (2015)

The main elective admission type for children in Slough CCG was 'Diseases of the digestive system'. The single main reason for elective admissions was chronic kidney disease, which had 415 elective admissions over the 3-year period.

Figure 29 summarises the CCG's non-elective hospital admissions for April 2012 to March 2015 showing the ten most common reasons for admission. Non-elective admissions include maternity/births and transfers, as well as emergency admissions. The difference in these admission types is also shown in the figure below.

Figure 29: Slough CCG's non-elective hospital admissions for people aged under 18 by ICD-10 chapter code (Apr-12 to Mar-15)



Source: Dr Foster (2015)

The main non-elective admission type in Slough CCG was for 'Liveborn infants', which is included in the 'Factors affecting health status and contact with health services' category. These account for 5,111 admissions over the 3-year period, which is 27% of all non-elective admissions for children. The single main cause for emergency admissions in children was 'viral infection of unspecified site' with 1,023 admissions over the 3-year period.

The rate of hospital admissions caused by unintentional and deliberate injury is included in the Public Health Outcomes Framework. Injuries are a leading cause of hospitalisation for children and can lead to premature mortality and long-term health issues. Figure 30 provides a summary of these indicators for Slough Borough.

Figure 30: Hospital admissions caused by unintentional and deliberate injury in children and young people (2013/14)

Hospital admissions caused by unintentional and deliberate injury in children and young people per 10,000 resident population	**Slough**			**England**
	Count	**Outturn**	**Comparison to England**	**Outturn**
Children aged 0 to 4	171	129.6	Similar	140.8
Children aged 0 to 14	371	110.4	Similar	112.2
Young people aged 15 to 24	249	146.0	Similar	136.7

Source: Public Health England - Public Health Outcomes Framework (2015)

5.32 Wider determinants of health for Children and Young People

The Public Health Outcomes Framework and Child Health Profile include a number of indicators that do not directly measure the health of children and young people, but focus on aspects of life that could impact on their health. These wider determinants of health are measured at a local authority level and the latest information for Slough Borough Council has been included at Figure 31.

Figure 31: Wider determinants of health for Children and Young People

Indicator	Latest data	Slough			England
		Count	Outturn	Comparison to England	Outturn
Children in poverty (under 16s)	2012	6,550	19.5%	Similar	19.2%
Family homelessness - statutory homeless households with dependent children or pregnant women per 1,000 households	2013/14	60	1.1	Significantly better	1.7
Children in care per 10,000 population	2014	190	49	Significantly better	60
Children achieving a good level of development at the end of reception	2013/14	1,380	57.9%	Significantly worse	60.4%
Children with free school meal status achieving a good level of development at end of reception	2013/14	140	47.6%	Similar	44.8%
Year 1 pupils achieving the expected level in the phonics screening check	2013/14	1,769	76.6%	Significantly better	74.2%
Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2013/14	228	65.5%	Similar	61.3%
GCSE results (% achieving 5A*-C inc. English and Maths)	2013/14	1,119	70.2%	Significantly better	60.8%
Pupil absence	2013/14		4.21%	Significantly better	4.51%
First time entrants to the youth justice system per 100,000 population	2014	56	386	Similar	409
16-18 year olds not in education, employment or training	2014	200	4.0%	Significantly better	4.7%
Children killed or seriously injured in road traffic accidents per 100,000 population	2011-13	19	18.3	Similar	19.1

Source: Public Health England - Public Health Outcomes Framework (2015) and Child Health Profile (2015)

5.33 Mental Health and Wellbeing

5.331 Prevalence of mental health disorders

The Child and Maternal Health Intelligence Network (CHIMAT) has produced a series of prevalence estimates for mental health disorders in children. These combine the findings from different national and international studies to provide modelled estimates at a local level. Slough CCG's CAMHS Needs Assessment has been summarised below and is based on 2014 registered population information. The full report can be found on the CHIMAT website.

Pre School children

2,055 children aged 2-5 have a mental health disorder (based on modelled prevalence of 19.6%)

School-age children

The prevalence of mental health disorders in school-age children vary by age and sex, with boys more likely (11.4%) to have experienced or be experiencing mental health problems than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. In 2012, 2,380 children aged 5-16 were estimated to have a mental health disorder in the CCG.

Figure 32: Estimated number of children with mental health disorders in Slough CCG by age group and sex

All mental health disorders

	5 to 10 year olds	11 to 16 year olds	Total number
Boys	735	735	1,470
Girls	360	550	910
Total	1,095	1,285	2,380

Figure 33: Estimated number of children with specific mental health disorders in Slough CCG by age group and sex

Conduct disorders

	5 to 10 year olds	11 to 16 year olds	Total number
Boys	510	475	985
Girls	205	285	490
Total	715	760	1,475

Emotional disorders

	5 to 10 year olds	11 to 16 year olds	Total number
Boys	150	250	400
Girls	180	225	405
Total	330	475	805

Hyperkinetic disorders

	5 to 10 year olds	11 to 16 year olds	Total number
Boys	210	145	355
Girls	35	25	60
Total	245	170	415

Less common disorders

	5 to 10 year olds	11 to 16 year olds	Total number
Boys	150	95	245
Girls	30	45	75
Total	190	140	330

Young people

The prevalence of neurotic disorders in young people aged 16-19 is shown in Figure 34.

Figure 34: Estimated number of young people aged 16-19 with neurotic disorders in Slough CCG

Neurotic disorders

	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	All phobias	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder
Males	180	60	35	25	35	20	300
Females	410	40	90	70	30	20	635
Total	590	100	125	95	65	40	935

Children requiring support from Child & Adolescent Mental Health Services (CAMHS)

CHIMAT's Needs Assessment for Slough CCG estimates that 9,355 children and young people may require support from CAMHS. This has been broken down for each of the CAMHS Tiers:

- CAMHS Tier 1: 5,865 children and young people.
  (Service provided by professionals whose main role and training is not in mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.)

- CAMHS Tier 2: 2,735 children and young people.
  (Provided by specialist trained mental health professionals. They work primarily on their own but may provide specialist input to multiagency teams. Roles include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists and community child psychiatric nurses.)

- CAMHS Tier 3: 725 children and young people.
  (Aimed at young people with more complex mental health problems than those seen in Tier 2. This service is provided by a multidisciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and are, drama and music therapists.)

- CAMHS Tier 4: 30 children and young people.
  (Aimed at children and adolescents with sever and/or complex problems. These specialised services may be offered in residential, day patient or out-patient settings. These services include in-patient units, secure forensic adolescent units, eating disorder units, specialised teams for sexual abuse and specialist teams for neuropsychiatric problems).

Children with a learning disability

Approximately 560 children aged 5 to 19 have a learning disability in Slough CCG. This figure increases by age group:

- 5 to 9 year olds: 115
- 10 to 14 year olds: 215
- 15 to 19 year olds: 230

Approximately 235 children aged 5 to 19 have a learning disability with mental health problems in Slough CCG. This figure also increases by age group:

- 5 to 9 year olds: 50
- 10 to 14 year olds: 90
- 15 to 19 year olds: 95

5.332 Hospital admissions for mental ill-health in children and young people

In 2013/14, 28 children aged 0-17 were admitted into hospital for a mental health condition in Slough. The Borough's rate of hospital admissions for mental health conditions was similar to the national rate.

Self-harming is much more common in children and young people who have mental health disorders, with approximately 10% of 15-16 year olds having self-harmed. Over a 3-year period (2010/11 to 2012/13), there were 231 hospital admissions for self-harm in Slough and the rate was significantly better than England's. It is important to note that hospital admissions do not show the full extent of self harm. The majority of young people who do self-harm will either not harm themselves in a way that needs medical treatment or they will deal with it themselves.

Figure 35: Hospital admissions for mental health conditions per 100,000 population aged 0 to 17 (2010/11 to 2013/14)

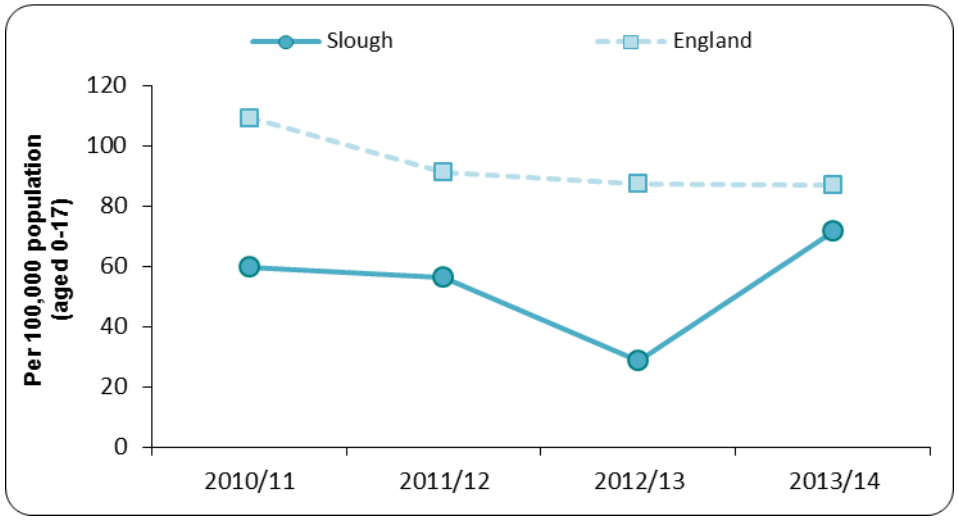
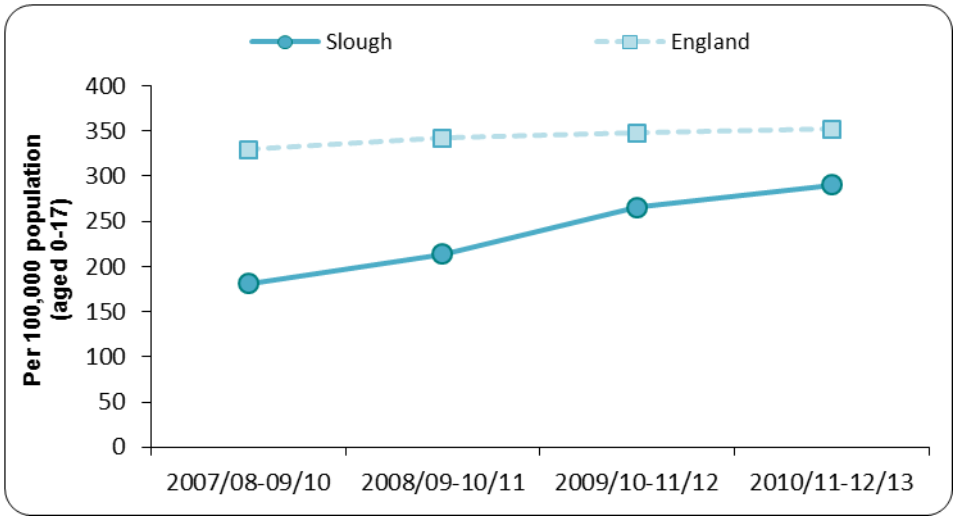


Figure 36: Hospital admissions as a result of self harm per 100,000 population aged 10 to 24 – directly standardised rate (2007/08 to 2012/13)



Source: Public Health England (2015); Child & Young People's Health Benchmarking Tool

5.34 Lifestyle and Health Behaviours in Children and Young People

Lifestyle and health behaviours have already been included in this Locality Profile at a general population level. This section provides a focus on specific health behaviours in children and young people. National prevalence information has been used to provide modelled estimates for Slough CCG, where applicable. These are only a guide and do not take the demography of an area into account.

5.341 Smoking

The Government's Tobacco Control Plan (2011) sets a national ambition to reduce rates of regular smoking among 15 year olds to 12% or less by 2015. The 2014 Smoking, Drinking and Drug Use Among Young People in England Survey showed that this ambition has been achieved, as 8% of 15 year olds stated that they were regular smokers.

In 2014, 3% of 11 to 15 year olds in England smoked at least one cigarette a week.
This is a reduction from 9% in 2003.

18% of 11 to 15 year olds said that they had tried smoking, compared to 42% of young people in 2003. 26% thought it was OK for a young person to try smoking.

In 2014, 88% of 11 to 15 year olds in England said that they were aware of e-cigarettes.
22% said that they have tried an e-cigarettes and 1% had at least one a week.

5.342 Alcohol

The 2014 Smoking, Drinking and Drug Use Among Young People in England Survey indicated that 38% of 11 to 15 year-olds had drunk alcohol at least once. 48% thought that it was OK for someone their age to try drinking alcohol and 18% thought that it was OK to try getting drunk to see what it was like.

8% of 11 to 15 year-olds had drunk alcohol in the last week, compared to 25% in 2003.

The number of young people admitted to hospital for alcohol-specific conditions is significantly lower in Slough, compared to the national figures. The trend from 2007/08 to 2013/14 is shown in Figure 37. From 2011/12 to 2013/14, there were 20 admissions for young people annually in Slough.

Modelled estimates for Slough CCG using registered population figures for Jun-15:

291 young people (aged 11-15) smoke at least one cigarette a week.

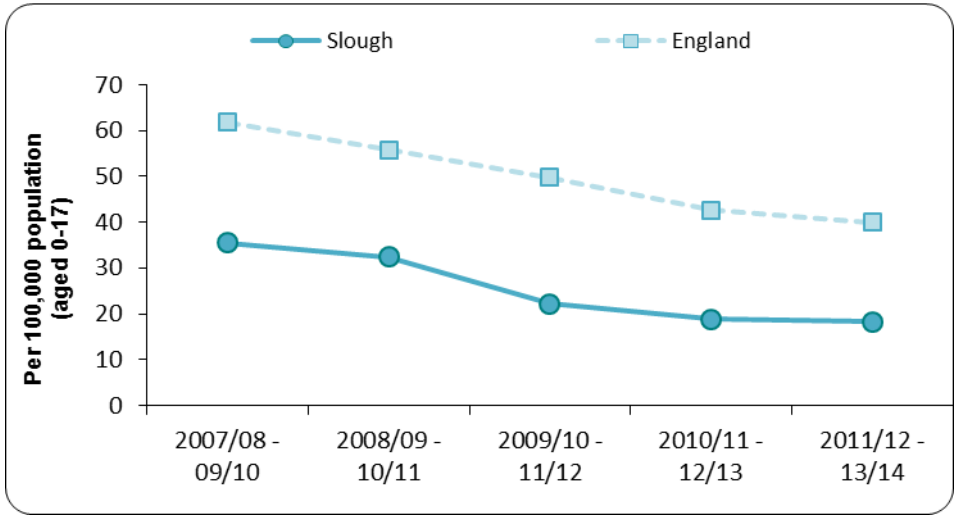
1,744 young people have tried smoking.

2,131 young people have tried e-cigarettes.

3,681 young people have drunk alcohol at least once.

775 young people have drunk alcohol in the last week.

Figure 37: Hospital admissions for alcohol-specific conditions per 100,000 population aged 0 to 17 (2007/08 to 2013/14)



Source: Public Health England (2015); Child & Young People's Health Benchmarking Tool

5.343 Substance Misuse

The 2014 Smoking, Drinking and Drug Use Among Young People in England Survey indicated that:

- 15% of 11 to 15 year-olds had taken drugs
- 10% had taken drugs in the last year
- 6% had taken drugs in the last month

26% of pupils aged 11 to 15 reported that they had been offered drugs in the past.

In 2014, 51% of 11 to 15 year olds in England said that they were aware of legal highs. 6% said that they had been offered legal highs and 2.5% had taken them at least once.

The number of young people who are admitted to hospital due to substance misuse is significantly lower in Slough, compared to the national figures. The trend from 2008/09 to 2013/14 is shown in Figure 38. From 2011/12 to 2013/14, there were 21 admissions for people aged 15 to 24 annually in Slough.

Modelled estimates for Slough CCG using registered population figures for Jun-15:

1,453 young people (aged 11-15) have taken drugs

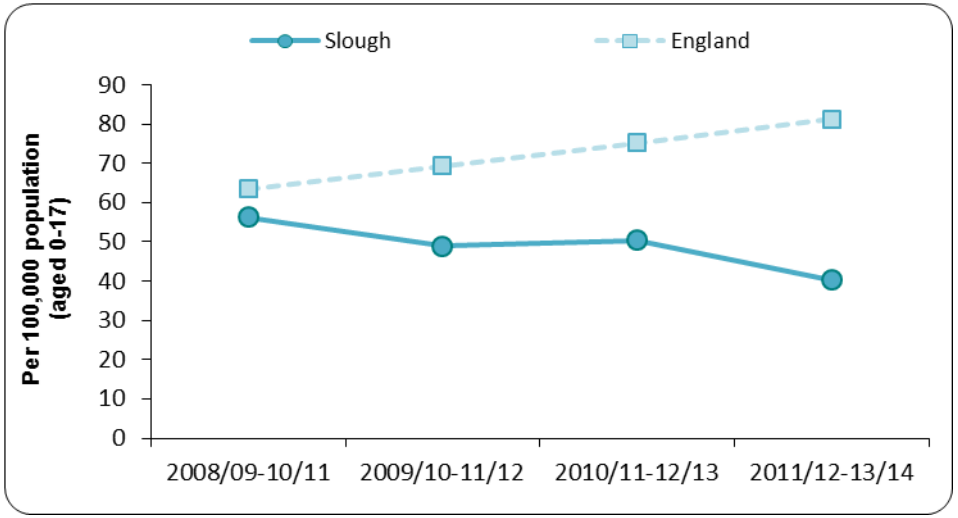
969 young people have taken drugs in the last year

581 young people have taken drugs in the last month

2,519 young people have been offered drugs

581 young people have been offered legal highs

Figure 38: Hospital admissions due to substance misuse per 100,000 population aged 15 to 24 (2008/09 to 2013/14)



Source: Public Health England (2015); Child & Young People's Health Benchmarking Tool

5.344 Obesity

The prevalence of obesity in children is measured through the National Child Measurement Programme. Figures from 2013/14 show that the prevalence of obesity in Slough is higher than the national average for both age-groups. Detailed information is shown in the main Lifestyle section of this Locality Profile (4.2).

5.345 Young People's Sexual Health

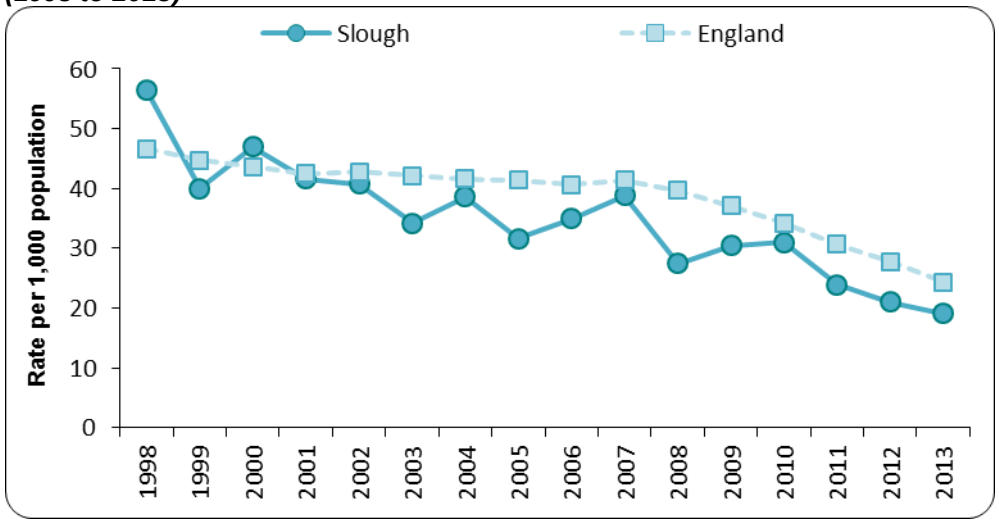
Public Health England's Sexual and Reproductive Health Profiles provide key information about sexual health for local authorities. This data is not currently available at a CCG level, so this section focuses on the latest figures and trends for Slough Borough Council. Additional information about sexual health can also be found in the Lifestyle and Health Behaviour section of this profile (4.6).

5.3451 Teenage pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. Longitudinal studies show that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

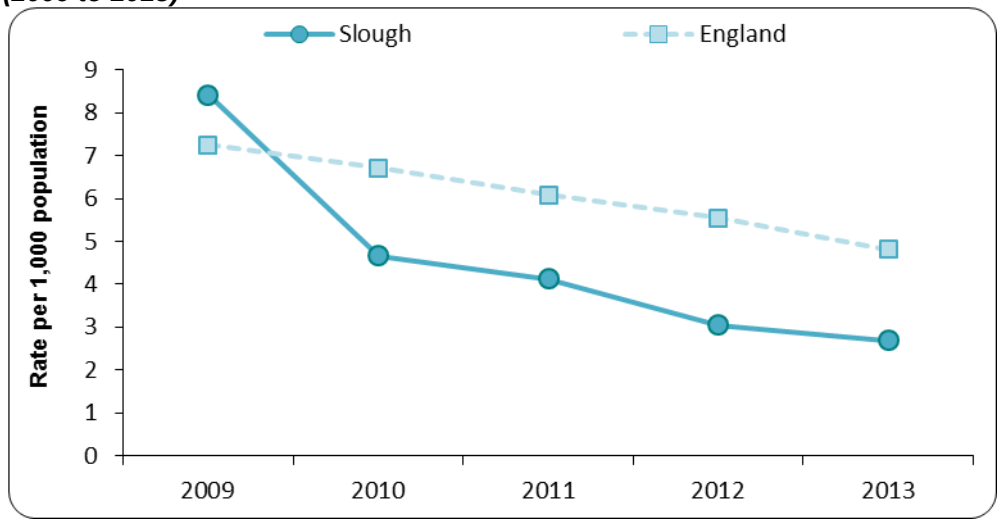
Teenage conception rates in Slough are highlighted in Figures 39 and 40.

Figure 39: Under 18 conception rates per 1,000 female population aged 15-17 (1998 to 2013)



Source: Public Health England, Sexual and Reproductive Health Profiles (2015)

Figure 40: Under 16 conception rates per 1,000 female population aged 13-15 (2009 to 2013)



Slough's conception rates are similar to England's and have reduced since 1998. In 2013, 50 females aged under 18 had a pregnancy that either led to a birth or legal abortion. 7 of these pregnancies were for females aged under 16. 46.0% of under 18 conceptions led to an abortion (23 in total).

Over a quarter of abortions in England are repeat abortions for women aged under 25. In 2014, 27.0% of abortions in this age group were repeat abortions nationally. Slough's figure of 24.5% was similar to England's.

5.3452 Chlamydia

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. Chlamydia screening is recommended for all sexually active people under 25 and on partner change. Public Health England recommends that local authorities should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 population.

Historically, there has been an issue with the submission of Chlamydia screening data in the East of Berkshire, as screens have not always been allocated to the right local authority. When a patient's postcode is not known, the postcode of the testing site is used. This means that there will have been an over-allocation of screens to Slough Borough Council, as this is where the lab is situated. The Chlamydia screening indicator is included at Figure 41, but this data caveat needs to be noted.

Figure 41: Chlamydia screening for 15 to 24 year olds (Jan-Dec 2014)

Local Authority	Chlamydia Screens	% of population tested	Diagnoses rate per 100,000	Positive Tests	% of tests that were positive
Slough	3,930	23.0%	1,912	326	8.3%

Source: Public Health England (2015); NHS National Chlamydia Screening Programme

5.35 Childhood immunisations

The overall aim of the childhood immunisation programme in the UK is to protect all children against preventable childhood infections or diseases. The national target for childhood immunisations is 95% for each of the six vaccines of the under-fives childhood immunisation schedule.

5.351 Children immunised by their first birthday

One of the first vaccines that a baby will have is the 5-in-1 vaccine, also known as the DTaP/IPV/Hib vaccine protects against five serious childhood diseases of diphtheria, tetanus, whooping cough, polio and haemophilus influenzae type b.

In 2014/15, 2,372 children were immunised with this vaccine by their first birthday in the Slough CCG area. This is 93.6% of the eligible population, which is below the national target of 95%.

Figure 42 shows the immunisation coverage at a GP practice level. 10 Slough CCG GPs did not meet the target of 95%.

Figure 42: Child immunisations for children aged under 12 months – GP Practice level (2014/15)

	Eligible children	Dtap/IPV/Hib	
		Number vaccinated	% coverage
Slough CCG	2,533	2,372	93.6%
240 Wexham Road	85	84	98.8%
Avenue Medical Centre	95	82	86.3%
Bharani Health Centre	249	245	98.4%
Cippenham Surgery	102	87	85.3%
Crosby House Surgery	167	153	91.6%
Farnham Road Practice	405	384	94.8%
Herschel Medical Centre	223	214	96.0%
Kumar Medical Centre	61	58	95.1%
Langley Health Centre	266	244	91.7%
Manor Park Medical Centre	175	169	96.6%
Orchard Surgery	124	120	96.8%
Ragstone Road Surgery	39	35	89.7%
Shreeji Medical Centre	78	73	93.6%
Slough Walk in Health Centre	140	129	92.1%
Upton Medical Partnership	241	226	93.8%
Wexham Road Surgery	67	63	94.0%

Source: NHS England (2015); Child Immunisation at Practice Level OT 2014/15

5.352 Children immunised by their second birthday

Three vaccines are generally given to children when they are 12 to 13 months old and these include the Hib/ Meningitis C booster, MMR vaccine for measles, mumps and rubella and the third dose of the PCV vaccine.

The table below shows the number and percentage of children vaccinated in Slough CCG before their second birthday in 2014/15. The CCG did not meet the 95% national target for any of these immunisations Figure 43 shows immunisation coverage at a GP practice level. 2 Slough CCG GPs met the 95% target for all 3 immunisations.

Figure 43: Child immunisations for children aged under 24 months – GP Practice level (2014/15)

	Eligible children	MMR – 1st dose		Hib/Men C Booster		PCV Booster	
		Number vaccinated	% coverage	Number vaccinated	% coverage	Number vaccinated	% coverage
Slough CCG	2,646	2,322	87.8%	2,327	87.9%	2,342	88.5%
240 Wexham Road	74	64	86.5%	123	85.1%	63	85.1%
Avenue Medical Centre	111	89	80.2%	112	77.5%	90	81.1%
Bharani Health Centre	248	230	92.7%	136	94.0%	231	93.1%
Cippenham Surgery	111	97	87.4%	127	87.4%	97	87.4%
Crosby House Surgery	181	161	89.0%	124	85.6%	163	90.1%
Farnham Road Practice	437	378	86.5%	126	87.0%	382	87.4%
Herschel Medical Centre	219	187	85.4%	125	86.3%	191	87.2%
Kumar Medical Centre	78	72	92.3%	139	96.2%	75	96.2%
Langley Health Centre	288	252	87.5%	125	86.5%	251	87.2%
Manor Park Medical Centre	168	146	86.9%	130	89.9%	152	90.5%
Orchard Surgery	120	110	91.7%	135	93.3%	111	92.5%
Ragstone Road Surgery	45	31	68.9%	103	71.1%	32	71.1%
Shreeji Medical Centre	83	82	98.8%	142	97.6%	81	97.6%
Slough Walk in Health Centre	141	126	89.4%	126	87.2%	126	89.4%
Upton Medical Partnership	277	242	87.4%	128	88.1%	240	86.6%
Wexham Road Surgery	54	52	96.3%	145	100.0%	54	100.0%

Source: NHS England (2015); Child Immunisation at Practice Level OT 2014/15

5.353 Children immunised by their fifth birthday

Two vaccines are given to children when they are aged 3 years and 4 months. These are the second dose of the MMR vaccine and the 4-in-1 pre school booster which contains vaccines against diphtheria, tetanus, whooping cough and polio.

Figure 44 shows the number and percentage of children vaccinated in Slough CCG before their fifth birthday in 2014/15. The CCG did not meet the target of 95% for either of these immunisations.

Figure 44: Child immunisations for children aged under 5 years – GP Practice level (2014/15)

	Eligible children	Dtap/IPV Booster		MMR – 2nd dose	
		Number vaccinated	% coverage	Number vaccinated	% coverage
Slough CCG	2,721	2,211	81.3%	2,226	81.8%
240 Wexham Road	80	123	91.3%	127	93.8%
Avenue Medical Centre	130	98	72.3%	100	73.8%
Bharani Health Centre	226	133	98.2%	134	99.1%
Cippenham Surgery	106	87	64.2%	87	64.2%
Crosby House Surgery	160	98	72.5%	99	73.1%
Farnham Road Practice	472	111	82.0%	112	82.6%
Herschel Medical Centre	210	111	82.4%	113	83.3%
Kumar Medical Centre	76	119	88.2%	121	89.5%
Langley Health Centre	284	113	83.8%	114	84.5%
Manor Park Medical Centre	154	97	72.1%	97	72.1%
Orchard Surgery	145	132	97.9%	130	96.6%
Ragstone Road Surgery	47	98	72.3%	101	74.5%
Shreeji Medical Centre	76	128	94.7%	124	92.1%
Slough Walk in Health Centre	141	115	85.1%	118	87.2%
Upton Medical Partnership	252	121	89.3%	121	89.3%
Wexham Road Surgery	73	122	90.4%	122	90.4%

Source: NHS England (2015); Child Immunisation at Practice Level OT 2014/15

Seasonal flu immunisations for children are included in section 6.9 of this Profile.

6. Adult Health Profile

6.1 Cardiovascular Disease (CVD)

Cardiovascular disease (CVD) is not a single condition, but an umbrella term that describes all diseases of the heart and circulation. This includes coronary heart disease, heart failure, stoke, atrial fibrillation and hypertension. Cardiovascular disease was the second largest cause of death in England and Wales in 2014, accounting for 27% of all deaths. However, the mortality rate for cardiovascular disease has reduced significantly over the last 10 years for both men and women.

Many deaths caused by cardiovascular disease are premature and could be prevented by making lifestyle changes. Factors that can increase a person's risk of cardiovascular disease include smoking, being overweight or obese, not taking regular exercise or eating an unhealthy diet (high in salt and saturated fat). Having other conditions or diseases, such as diabetes, kidney disease and mental health problems, can also increase a person's chances of developing a cardiovascular disease. A person's sex, age, ethnic origin and socio-economic group will also have an impact on the risks of developing and dying from cardiovascular disease.

Public Health England's National Cardiovascular Intelligence Network (NCIN) published Cardiovascular Disease Commissioning for Value focus packs, which were updated in December 2014. These packs provide detailed information at a CCG level and indicate potential areas for improvement in primary and secondary care, as well as prevention programmes. To best inform local commissioning, the Slough CCG focus pack should be looked at alongside the information included in this Locality Profile.

6.11 Cardiovascular Disease prevalence profile for Slough CCG

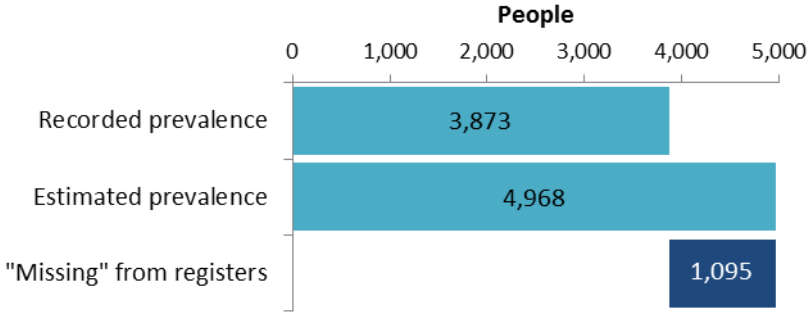
Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of different Cardiovascular diseases in the CCG area, which have been taken from the Quality and Outcomes Framework. These have been compared with the prevalence rates of similar CCGs and also the national rate.

It is important to note that looking at the numbers of people currently being treated for a disease does not show the true prevalence and impact on a population's health. There will also be many people who have a disease or condition that are not aware of it and have not been diagnosed. This section will also include estimated prevalence figures, where available, which have been developed by using population statistics and research on the risks factors for each disease to derive an estimation of the true number of people suffering from it. The source of these estimations will be shown under each condition.

6.111 Coronary Heart Disease (CHD) Prevalence

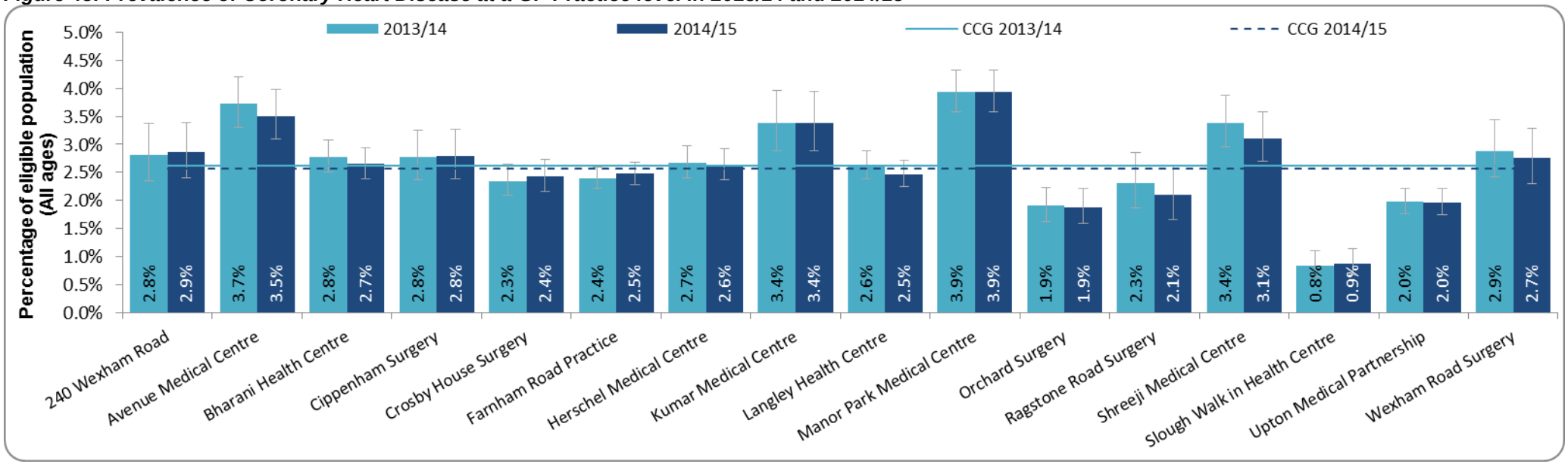
Number of people on CHD Register:	3,873
Recorded prevalence in CCG area:	2.57%
Comparison of prevalence:	⇩ than the Comparator CCG rate of 2.78%
	⇩ than the national rate of 3.25%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 2.62%.



The estimated prevalence for Coronary Heart Disease in Slough CCG is 3.3%.This means that there were 1,095 people "missing" from GP registers in 2014/15. These estimations come from the GP Practice Profiles using the Eastern Region Public Health Observatory's model developed from the 2003-2004 Health Surveys for England.

Figure 45: Prevalence of Coronary Heart Disease at a GP Practice level in 2013/14 and 2014/15

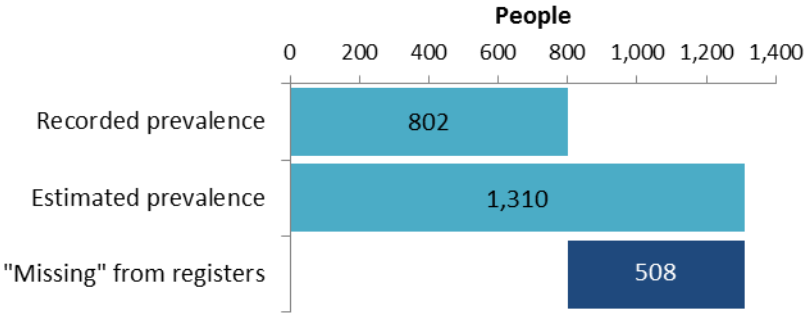


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.112 Heart Failure Prevalence

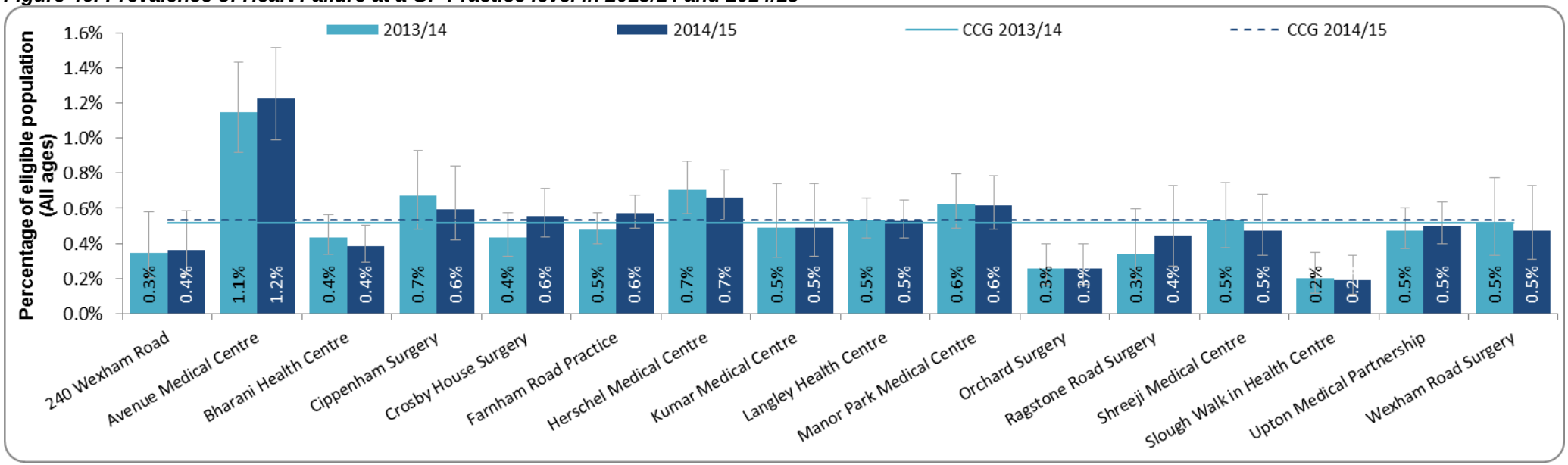
Number of people on Heart Failure Register: 802
Recorded prevalence in CCG area: 0.53%
Comparison of prevalence: ⇩ than the Comparator CCG rate of 0.58%
⇩ than the national rate of 0.72%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 0.52%.



The estimated prevalence for Heart Failure in Slough CCG is 0.87%. This means that there were 508 people "missing" from GP registers in 2014/15. These estimations come from the NHS Comparators website and are based on June 2015 GP population figures. This national model has not been disaggregated to a local level, so will show under or over estimations in local regions depending on the demographics of that region.

Figure 46: Prevalence of Heart Failure at a GP Practice level in 2013/14 and 2014/15

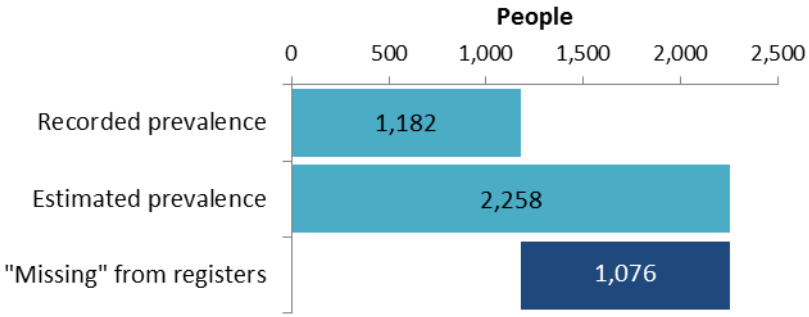


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.113 Atrial Fibrillation Prevalence

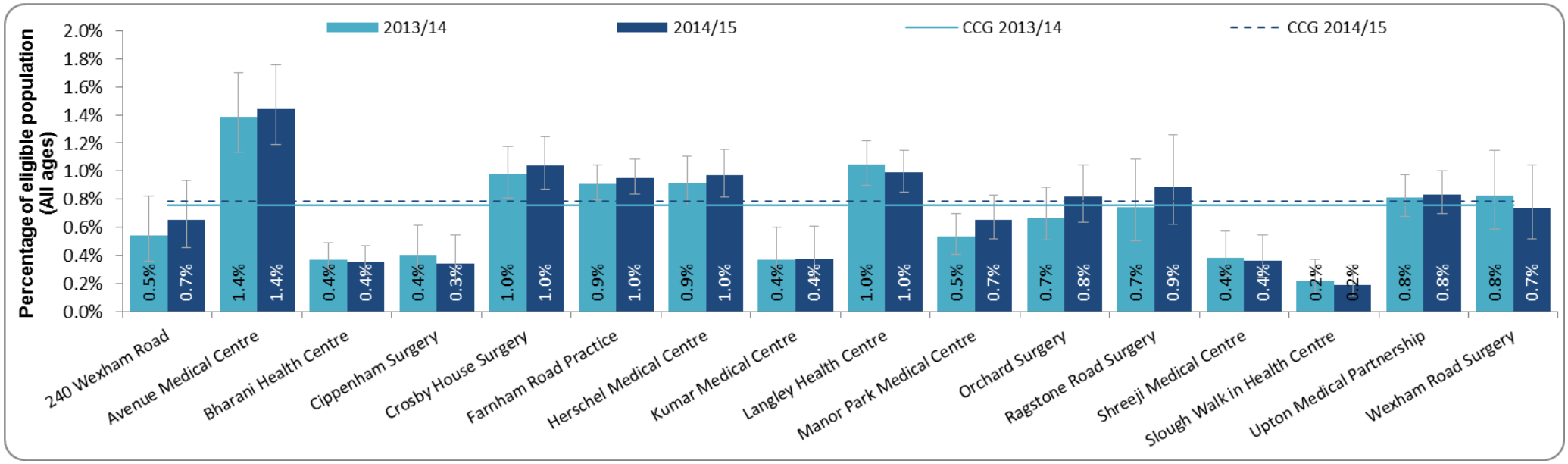
Number of people on Atrial Fibrillation Register: 1,182
Recorded prevalence in CCG area: 0.79%
Comparison of prevalence: ⇩ than the Comparator CCG rate of 1.14%
⇩ than the national rate of 1.63%

The CCG's 2014/15 prevalence rate was similar to the 2013/14's rate of 0.76%.



The estimated prevalence for Atrial Fibrillation in Slough CCG is 1.5%. This means that there were 1,076 additional people on the GP registers in 2014/15 than expected. These estimations come from the GP Practice Profiles, which apply recent population estimations from the Skelleftea study in Sweden.

Figure 47: Prevalence of Atrial Fibrillation at a GP Practice level in 2013/14 and 2014/15

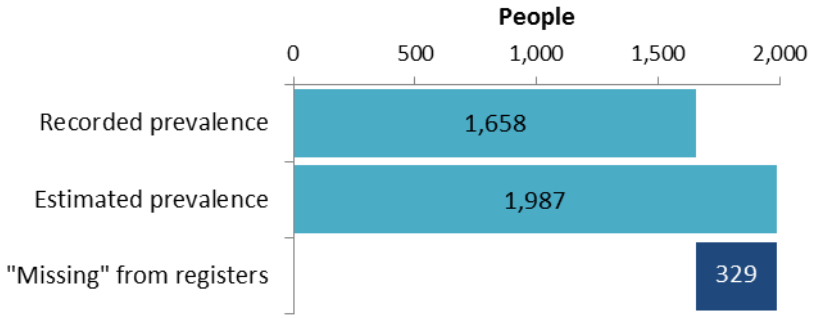


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.114 Stroke or Transient Ischaemic Attacks (TIA) Prevalence

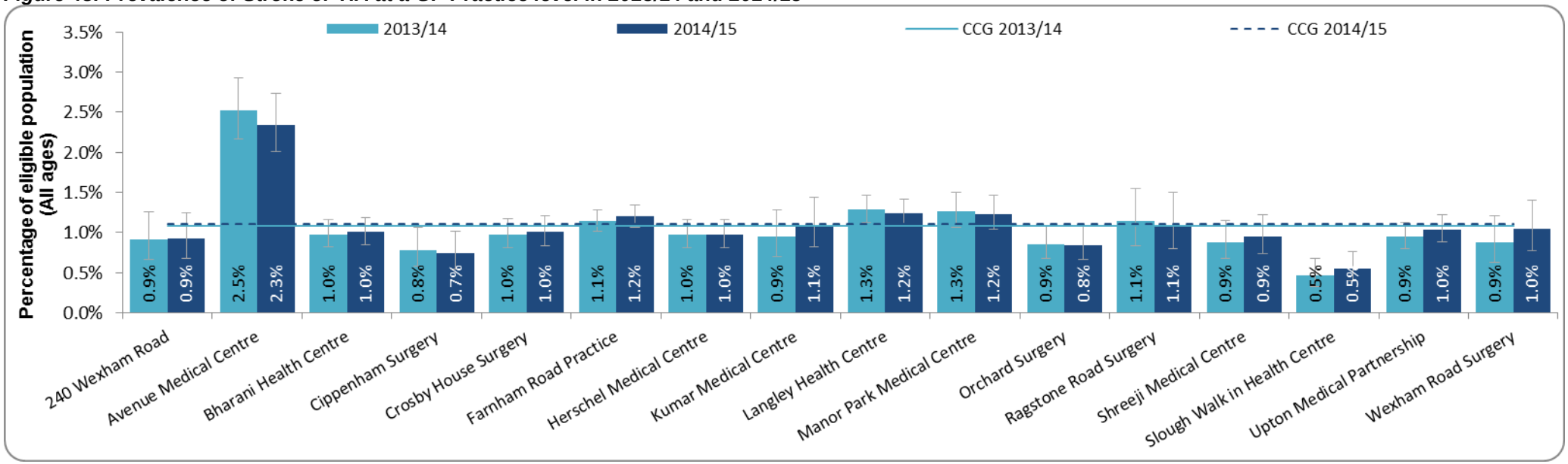
Number of people on Stroke or TIA Register:	1,658
Recorded prevalence in CCG area:	1.10%
Comparison of prevalence:	⇩ than the Comparator CCG rate of 1.33%
	⇩ than the national rate of 1.73%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 1.08%.



The estimated prevalence for Stroke or Transient Ischaemic Attacks (TIA) in Slough CCG is 1.32%. This means that there were 329 people "missing" from GP registers in 2014/15. These estimations come from the GP Practice Profiles using the Eastern Region Public Health Observatory's model developed from the 2003-2004 Health Surveys for England.

Figure 48: Prevalence of Stroke or TIA at a GP Practice level in 2013/14 and 2014/15

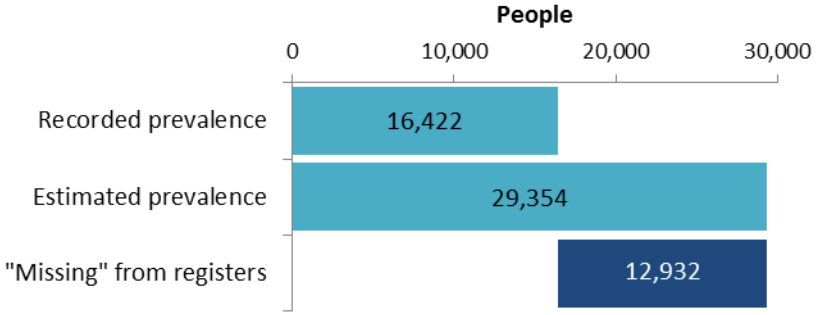


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.115 Hypertension Prevalence

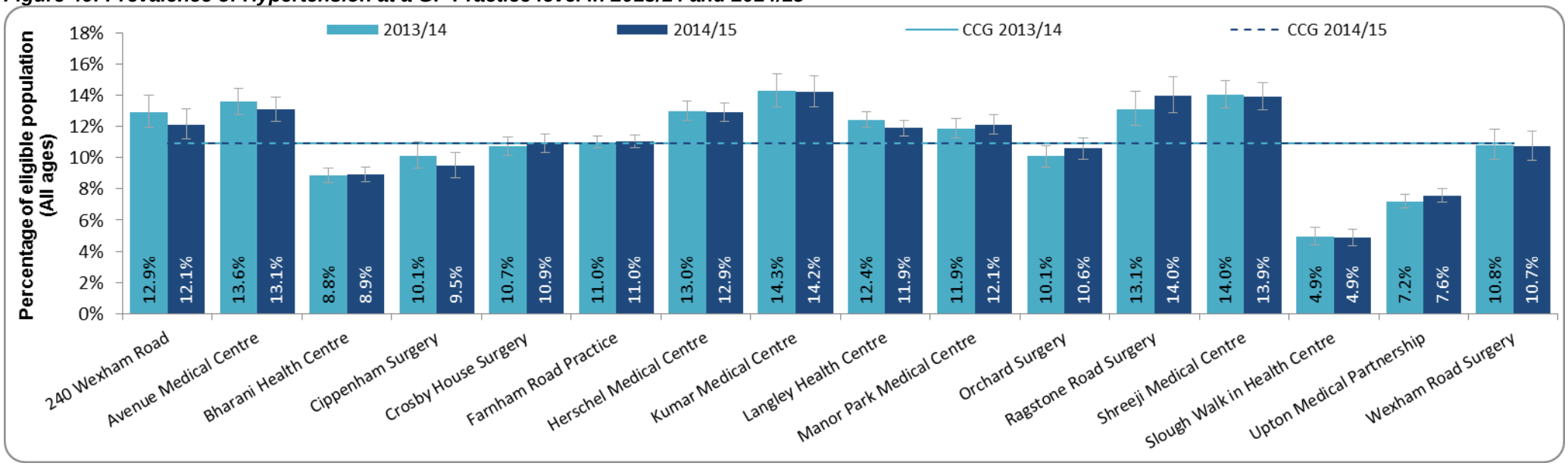
Number of people on Hypertension Register:	16,422
Prevalence in CCG area:	10.91%
Comparison of prevalence:	⇩ than the Comparator CCG rate of 12.42% ⇩ than the national rate of 13.79%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 10.93%.



The estimated prevalence for Hypertension in Slough CCG is 19.5%. This means that there were 12,932 people "missing" from GP registers in 2014/15. These estimations come from the GP Practice Profiles using the Eastern Region Public Health Observatory's model developed from the 2003-2004 Health Surveys for England.

Figure 49: Prevalence of Hypertension at a GP Practice level in 2013/14 and 2014/15



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.12 Quality of Care

This section of the Profile provides a summary of indicators that are used to monitor care for cardiovascular disease from the CCG Outcomes Indicator Set (CCG OIS) and the GP Quality and Outcomes Framework (QOF):

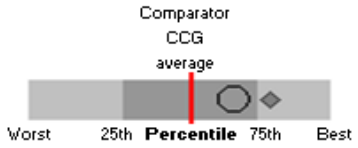
- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes.
- Quality and Outcomes Framework (QOF) – the QOF is the annual reward and incentive programme detailing GP practice achievement results. This rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

These indicators compare Slough CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Slough CCG, as defined in the Commissioning for Value packs. The Direction of Travel (DOT) is also shown to indicate whether the CCG's performance was significantly better, significantly worse or similar to the previous year's outturn.

Where Slough CCG have performed significantly worse than the Comparator Group average in the Quality and Outcomes Framework, an additional graph has been included to show a breakdown by GP.

Key for spine charts:

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



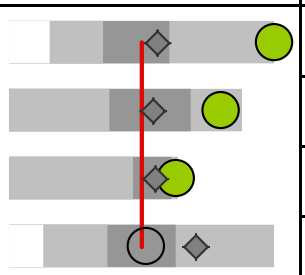
6.121 CCG Outcomes Indicator Set summary for cardiovascular diseases

Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 1.1a	PYLL for causes considered amenable to healthcare - Cerebrovascular diseases	2012-14	264.8	239.2	231.5	317.9		183.8	317.2	⇔
CCG 1.1b	PYLL for causes considered amenable to healthcare - Ischaemic heart diseases	2012-14	926.7	721.8	667.5	1096.6		548.6	905.8	⇔
CCG 1.2	Under 75 mortality rate from cardiovascular disease	2014	65.0	66.8	63.7	99.9		48.2	96.2	↑
CCG 2.1	Improved health-related quality of life for people with LTCs	Jul-14 to Mar-15	0.75	0.74	0.74	0.71		0.77	0.73	↑
CCG 2.2	% of people feeling supported to manage their conditions	Jul-14 to Mar-15	52.0%	59.1%	64.4%	52.0%		68.8%	54.9%	⇔
CCG 2.6	Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2014/15	1187.3	876.2	808.5	1187.3		551.1	944.5	↓
CCG 3.1	Emergency admissions for acute conditions that should not usually require hospital admission	2014/15	1,896	1,361	1,272	1,896		989	1,512	↓
CCG 3.5	Stroke: People admitted to an acute stroke unit within 4 hours of arrival in hospital	2013/14	50.0%	58.9%	59.9%	40.0%		84.5%		
CCG 3.6	Stroke: People who receive thrombolysis following an acute stroke	2013/14	9.4%	13.8%	11.6%	5.6%		24.3%		
CCG 3.7	Stroke: People discharged from hospital with a joint health and social care plan	2013/14	No data	78.4%	69.1%	39.6%		98.2%		
CCG 3.8	Stroke: People who receive a follow up assessment between 4-8 months after initial admission	2013/14	0.0%	9.2%	16.3%	0.0%		57.0%		
CCG 3.9	Stroke: Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit	2013/14	No data	84.0%	83.6%	75.0%		94.6%		

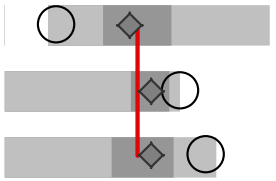
Slough CCG's had a significantly higher level of potential years of life lost from ischaemic heart diseases in the CCG Comparator Group in 2012-14.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (CCG 2.6) and emergency admissions for conditions that should not usually require hospital admission (CCG 3.1) are significantly worse in Slough CCG compared to the CCG comparator group. Additional trend information for both of these indicators can be found in the 'General healthcare and hospital activity' section of the Profile (6.821).

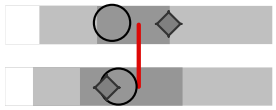
6.122 Quality and Outcomes Framework - Coronary Heart Disease

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
CHD02	% patients with CHD who have last BP reading in the previous 12 months of 150/90 or less	95%	92%	92%	90%		95%	95%	↔
CHD05	% patients with CHD with a record in the previous 12 months that aspirin, alternative anti-platelet therapy or an anti-coagulant is being taken	97%	96%	96%	93%		98%	97%	↔
CHD06	% patients with history of MI currently treated with an ACE-I, aspirin, alternative anti-platelet therapy, beta bloker and statin	99%	96%	97%	83%		99%	100%	↔
CHD07	% patients with CHD who have had flu immunisation in the preceding 1st August to 31st March	94%	94%	95%	92%		97%	N/A	N/A

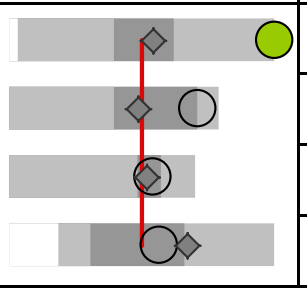
6.123 Quality and Outcomes Framework - Heart Failure

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
HF02	% patients with diagnosis of heart failure which has been confirmed by an ECG or by specialist assessment	94%	95%	95%	94%		98%	96%	↔
HF03	% patients with diagnosis of heart failure due to LVD - currently treated with ACE-I /ARB	100%	99%	99%	95%		100%	100%	↔
HF04	% patients with diagnosis of heart failure due to LVD treated with an ACE-I or ARB, who are also treated with beta-blocker licensed for heart failure	96%	92%	93%	85%		96%	94%	↔

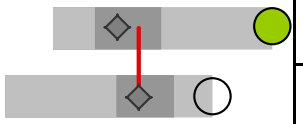
6.124 Quality and Outcomes Framework - Atrial Fibrillation

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
AF04	% patients with AF who have CHADS2 score greater than 1, who are currently treated with anti-coagulation drug therapy	83%	84%	85%	80%		90%	82%	↔
AF05	% patients with AF who have CHADS2 score of 1 recorded who are currently treated with anti-coagulation drug therapy or anti-platelet therapy	98%	99%	98%	98%		100%	N/A	N/A

6.125 Quality and Outcomes Framework - Stroke or TIA

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
STIA03	% patients with history of Stoke or TIA who have last BP reading in the previous 12 months of 150/90 or less	91%	88%	88%	86%		91%	92%	↔
STIA07	% patients with stroke shown to be non-haemorrhagic, or a history of TIA, who have a record that an anti-platelet agent or anti-coagulant is being taken	98%	97%	97%	95%		98%	99%	↓
STIA08	% patients with history of Stroke or TIA who have referral for further investigation 3 mths before or 1 mth after date of latest stroke or first TIA	89%	87%	88%	68%		95%	N/A	N/A
STIA09	% patients with stroke or TIA who have had flu immunisation in the preceding 1st August to 31st March	93%	93%	94%	90%		97%	N/A	N/A

6.126 Quality and Outcomes Framework - Peripheral Arterial Disease (PAD)

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
PAD02	% patients with PAD who have last BP reading in the previous 12 months of 150/90 or less	94%	91%	90%	89%		94%	94%	↔
PAD04	% patients with PAD who have a record in the previous 12 months that aspirin or an alternative anti-platelet is being taken	94%	93%	93%	90%		94%	97%	↓

6.127 Quality and Outcomes Framework - Risk factors for Cardiovascular Disease

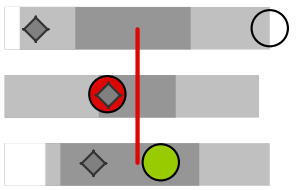
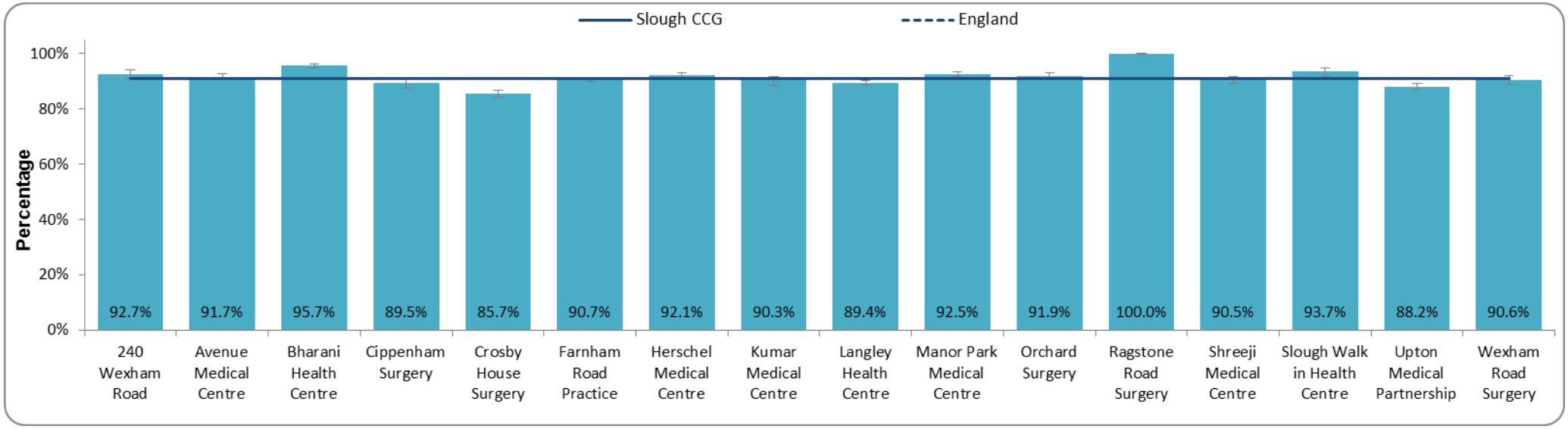
Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
CVDPP01	% patients with new diagnosis of hypertension that have a recorded CVD risk assessment score who are currently treated with statins	100%	98%	97%	97%		100%	100%	↔
BP02	% patients aged 45 or over who have a record of blood pressure in the preceding 5 years	91%	91%	91%	90%		93%	N/A	N/A
SMOK02	% patients with LTCs whose notes record smoking status in last 12 months	95%	95%	94%	93%		97%	97%	↓

Figure 50: GP Practice performance for BP02: % patients aged 45 or over who have a record of blood pressure in the preceding 5 years



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.13 Hospital Admissions and Activity

From April 2012 to March 2015, Slough CCG had 5,994 adult hospital admissions for diseases of the circulatory system (ICD10 chapter IX). 61% of these were for non-elective admissions, which made up 89% of bed days for this ICD10 chapter.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	2,339 admissions (6.5% of elective admissions)	3,655 admissions (8.3% of non-elective admissions)
Bed days:	3,050 bed days (10.5% of elective bed days)	34,065 bed days (15.4% of non-elective bed days)
Average length of stay:	1.3 days	9.3 days

Figure 51: Slough CCG's adult hospital admissions for diseases of the circulatory system (Apr-12 to Mar-15)

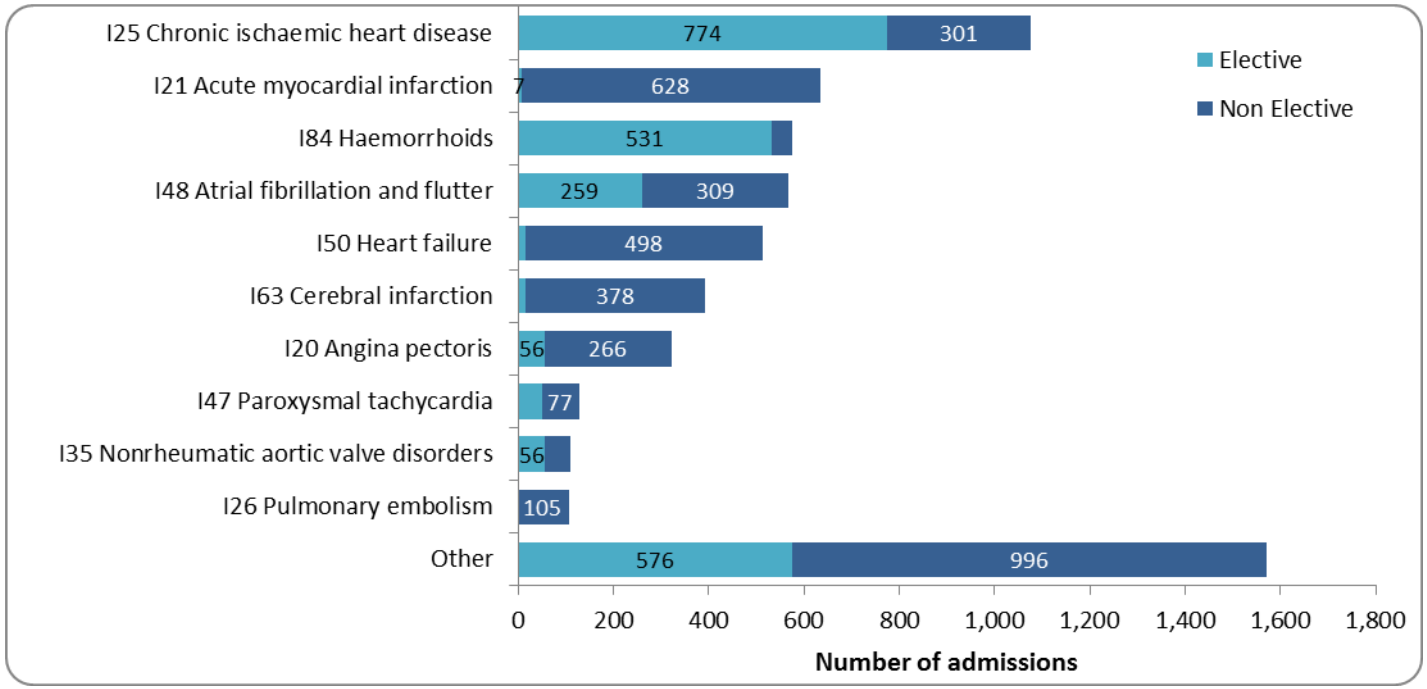


Figure 51 summarises the CCG's adult hospital admissions for diseases of the circulatory system showing the ten most common reasons for admission.

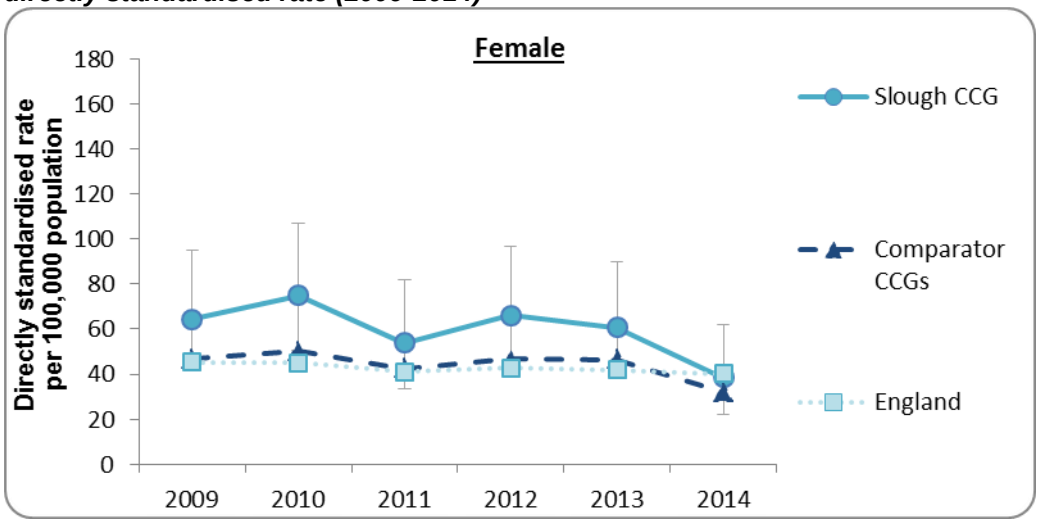
Chronic ischaemic heart disease is the single main reason for admission, although the majority of these are elective. The single main reason for emergency admissions is cerebral infarction.

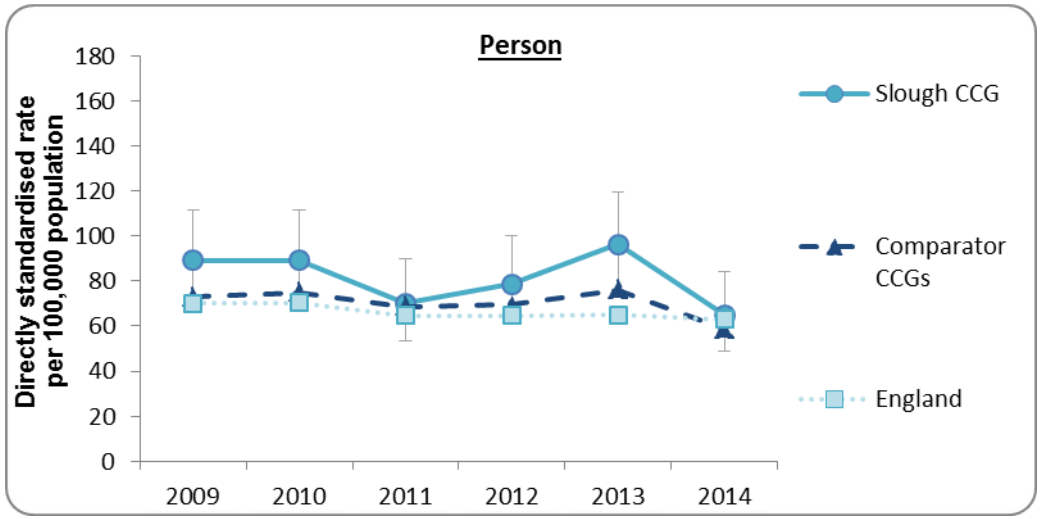
Source: Dr Foster (2015)

6.14 Mortality

In 2014, 60 people aged under 75 died from a cardiovascular disease in Slough CCG. This is a rate of 65 per 100,000 population. The graphs below show the mortality rate for men and women over a 5 year period (2009-2014).

Figure 52: Under 75 mortality for cardiovascular disease per 100,000 population – directly standardised rate (2009-2014)





In 2009-2014, 66% of people aged under 75 who died from a cardiovascular disease in Slough CCG were male. This is similar to the national figures. The mortality rate for men has remained at a similar level in the CCG over this period at around 49 deaths each year.

The mortality rate for women in Slough CCG has remained at around 25 deaths each year. This has generally remained above the national average, although the rate reduced in 2014 and was similar to England's.

Source: Health & Social Care Information Centre (2015)

6.15 NHS Health Check Programme

The NHS Health Check Programme aims to prevent cardiovascular disease, as well as diabetes and kidney disease. People aged 40 to 74, who have no pre-existing condition, are invited to a health check every 5 years to have their circulatory and vascular health assessed. Individuals then receive advice and support to maintain or improve their health, such as making lifestyle changes or being referred on for further tests.

Local authorities have been responsible for the delivery of the NHS Health Check Programme since April 2013. GPs are the main providers of Health Checks in Slough Borough Council.

Slough Borough Council

Eligible population in 2014/15: 33,302

	Number	% of eligible population
Health checks offered (1/4/13 to 31/3/15)	10,940	33.9%
Health checks completed (1/4/13 to 31/3/15)	6,580	20.4%

At the end of 2014/15, 18.6% of the eligible population in England had received and NHS health check. Slough's figure of 20.4% was significantly better than this.

6.2 Cancer

There are more than 200 types of cancer, with different causes, symptoms and treatments. In the UK the most common types of cancer are breast, prostate, lung, bowel, bladder and uterine (womb). Cancer incidence rates have increased by more than one-third since the mid 1970s, with approximately 910 people being diagnosed with cancer every day. Although more than 1 in 3 people in the UK will now develop some form of cancer in their lifetime, the mortality rate for cancer has actually decreased. Over half of people diagnosed with cancer in the UK will survive 10 or more years after diagnosis.

Cancer is the biggest cause of death in England and Wales, accounting for 29% of deaths in 2014. More than half of these deaths occur in people aged 75 and over. Lung cancer is the most common cause of cancer death for both men and women, with more than 1 in 5 of all cancer deaths being from lung cancer.

A person's risk of developing cancer is dependent on a number of factors, including their age and genetics. Lifestyle also has a significant impact on a person's chances of developing cancer, such as smoking, drinking alcohol, being overweight, being physically inactive and certain occupations. Cancer Research UK states that over 40% of cancers could be prevented by lifestyle changes.

Public Health England's National Cancer Intelligence Network has produced a range of tools to access local data about cancer incidence, mortality and treatment. The Slough CCG Cancer Profile can be looked at alongside the data included here to inform local commissioning.

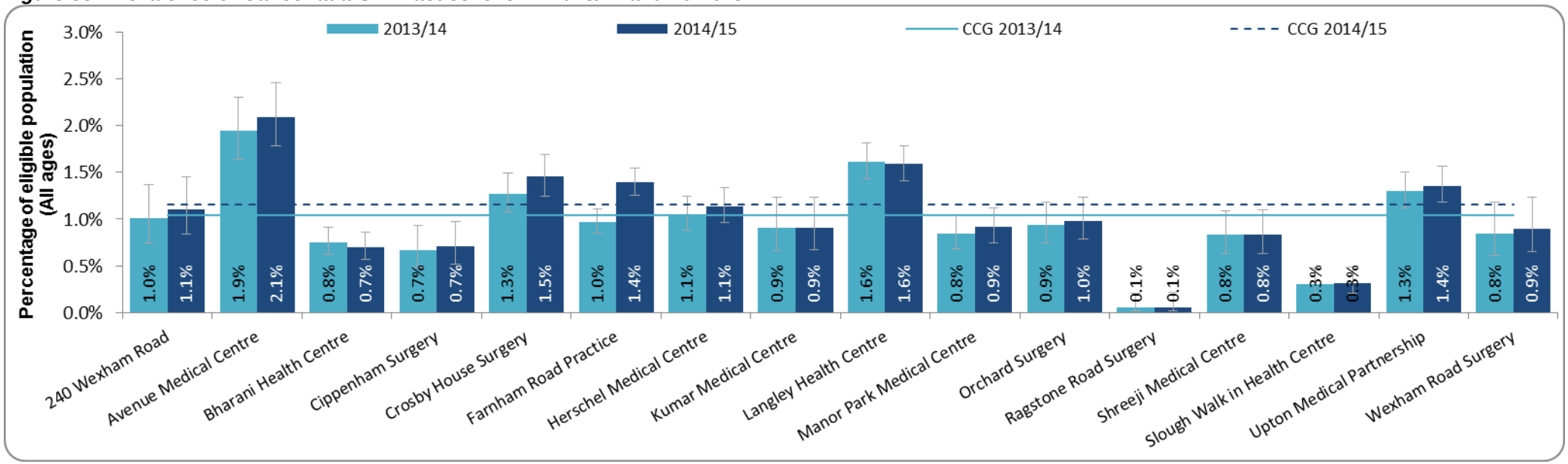
6.21 Cancer prevalence and incidence profile for Slough CCG

Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of Cancer in the CCG area, which has been taken from the Quality and Outcomes Framework. This has been compared with the prevalence rates of similar CCGs and also the national rate.

Number of people on Cancer Registers:	1,736
Recorded prevalence in CCG area:	1.15%
Comparison of prevalence:	⇩ than the Comparator CCG rate of 1.73%
	⇩ than the national rate of 2.26%

The CCG's 2014/15 prevalence rate was significantly higher than the 2013/14 rate of 1.04%.

Figure 53: Prevalence of Cancer at a GP Practice level in 2013/14 and 2014/15



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.211 Cancer incidence

Cancer incidence rates have increased by more than one-third since the mid 1970s, with approximately 910 people being diagnosed with cancer every day. Although more than 1 in 3 people in the UK will now develop some form of cancer in their lifetime, the mortality rate for cancer has actually decreased.

In 2012, Slough CCG had 503 new cancer diagnoses per 100,000 people. This was lower than the England average of 599 per 100,000 people. Figures for 2007-2011 show that 2,199 new cases of cancer were recorded in the CCG during the time period. 15% of all these cases were for breast cancer, 13% for lung cancer and 11% for both prostate and colorectal cancer (Public Health England, Local Health, 2014).

6.22 Quality of Care

This section of the Profile provides a summary of indicators that are used to monitor care for cancer from the CCG Outcomes Indicator Set (CCG OIS) and the GP Quality and Outcomes Framework (QOF):

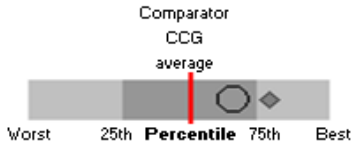
- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes.

- Quality and Outcomes Framework (QOF) – the QOF is the annual reward and incentive programme detailing GP practice achievement results. This rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

These indicators compare Slough CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Slough CCG, as defined in the Commissioning for Value packs. The Direction of Travel (DOT) is also shown to indicate whether the CCG's performance was significantly better, significantly worse or similar to the previous year's outturn.

Key for spine charts:

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



Where Slough CCG have performed significantly worse than the Comparator Group average in the Quality and Outcomes Framework, an additional graph has been included to show a breakdown by GP.

6.221 CCG Outcomes Indicator Set summary for cancer

Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 1.1c	PYLL for causes considered amenable to healthcare - neoplasms	2012-14	622.4	587.5	620.5	710.0		541.7	589.5	↓
CCG 1.9	Under 75 mortality rate from cancer	2014	120.7	117.1	121.4	156.3		91.8	105.1	↔
CCG 1.10	One year survival from all cancers	2011	65.6%	67.4%	68.2%	64.2%		71.7%	65.0%	↔
CCG 1.11	One year survival from breast, lung & colorectal cancers	2011	69.0%	69.1%	69.5%	66.7%		72.3%	67.8%	↔
CCG 1.14	Maternal smoking at delivery	2014/15 Q4	8.8%	7.0%	11.1%	16.9%		3.0%	7.0%	↓
CCG 1.17	Cancer: % of new cases for which a valid stage is recorded	2013	44.8%	68.0%	70.8%	44.8%		83.0%	23.6%	↑
CCG 1.18	Cancer: % of new cases diagnosed at stage 1 or 2	2013	21.3%	43.5%	45.7%	21.3%		55.0%	17.7%	↔
CCG 1.19	Record of lung cancer stage at decision to treat	2013	92.5%	92.4%	92.7%	72.8%		100.0%		
CCG 1.20	Mortality rate from breast cancer	2012-14	41.0	32.9	34.6	41.0		29.6	37.9	↔
CCG 2.1	Improved health-related quality of life for people with LTCs	Jul-14 to Mar-15	0.75	0.74	0.74	0.71		0.77	0.73	↑
CCG 2.2	% of people feeling supported to manage their conditions	Jul-14 to Mar-15	52.0%	59.1%	64.4%	52.0%		68.8%	54.9%	↔

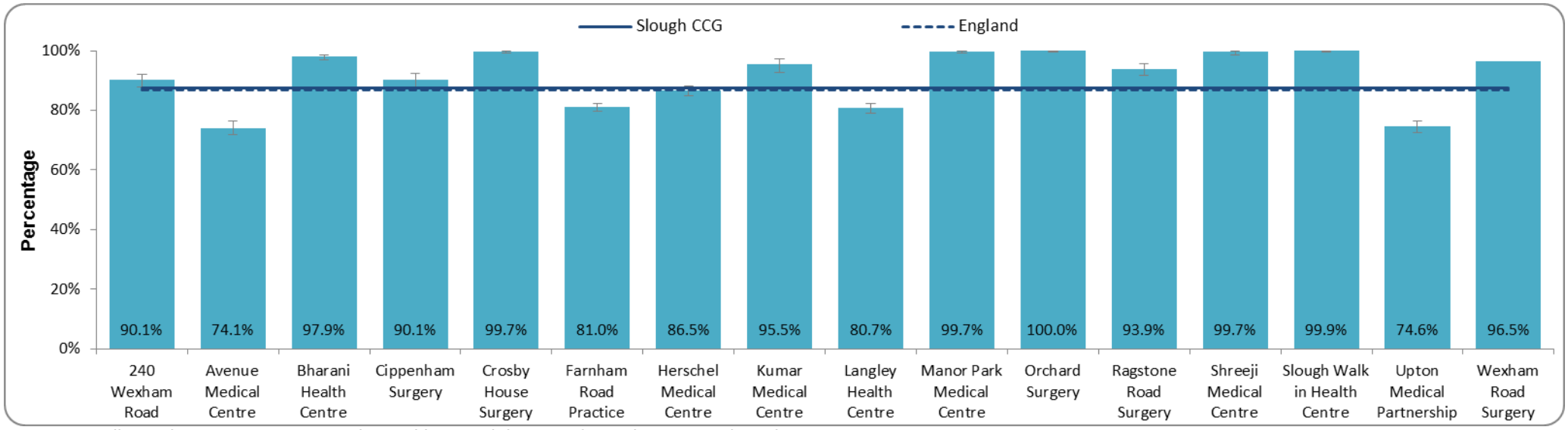
In 2013, 45% of new cases of cancer had a valid stage recorded in Slough CCG. This was significantly below the comparator group and national averages. This indicator is included in the CCG OIS, as tumour stage diagnoses is a major determinant of cancer outcomes. Improving the recording of cancer stage at diagnosis allows more detailed and actionable analyses of outcomes by treatment type, patient pathway and case mix.

21% of new cancer cases were diagnosed at stage 1 or 2 in Slough CCG in 2013. This was also significantly below the comparator group and national averages. Diagnosing cancer at an early stage improves the change of survival. Specific public health interventions, such as screening programmes and information campaigns, aim to improve rates or early diagnosis.

6.222 Quality and Outcomes Framework – Cancer

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
CAN03	% patients with cancer, diagnosed in the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis	95%	96%	95%	93%		97%	N/A	N/A
SMOK04	% of patients aged 15+ who are recorded as current smokers who have a record of an offer of support and treatment within the previous 24 months	88%	88%	87%	82%		93%	88%	↔
CS02	% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years	80%	80%	82%	77%		82%	80%	↔

Figure 54: GP Practice performance for SMOK04: % patients aged 15+ who are recorded as current smokers who have a record of an offer of support and treatment within the previous 24 months



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.23 Routes to diagnosis

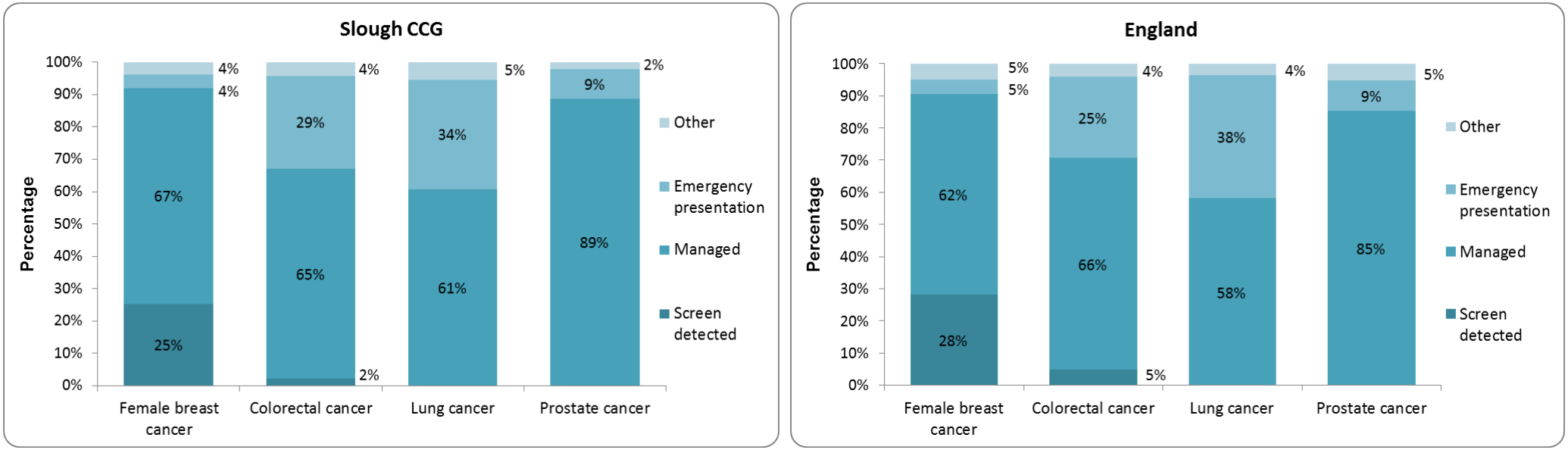
The route to a cancer diagnosis ultimately impacts on patient survival. Different cancer types show substantial differences between the proportion of cases that present by each route. Patients presenting via emergency routes have significantly lower one-year survival rates than those diagnosed through other routes. Figure 55 shows the route to diagnosis for Slough CCG in 2006-2010. These focus on breast, colorectal, lung and prostate cancer. The majority of cases are diagnosed via the managed route in Slough CCG, which include GP referrals, 2 week waits and hospital referrals.

Figure 55: Routes to diagnoses by cancer type in Slough CCG (2006-2010)

Cancer type	Number of cases	Directly age-standardised rate per 100,000 population by route			
		Screen detected	Managed	Emergency presentation	Other
Female breast cancer	309	32.5	66.5	3.7	3.7
Colorectal cancer	233	1.1	25.6	10.8	1.7
Lung cancer	292	-	31.1	16.7	2.9
Prostate cancer	266	-	90.4	8.7	2.3

Source: National Cancer Intelligence Network (2014); Routes to diagnoses 2006 – 2010 workbook

Figure 56: Percentage of cancer diagnoses by route for Slough CCG and England (2006-2010)



Source: National Cancer Intelligence Network (2014); Routes to diagnoses 2006 – 2010 workbook

6.24 Cancer Screening

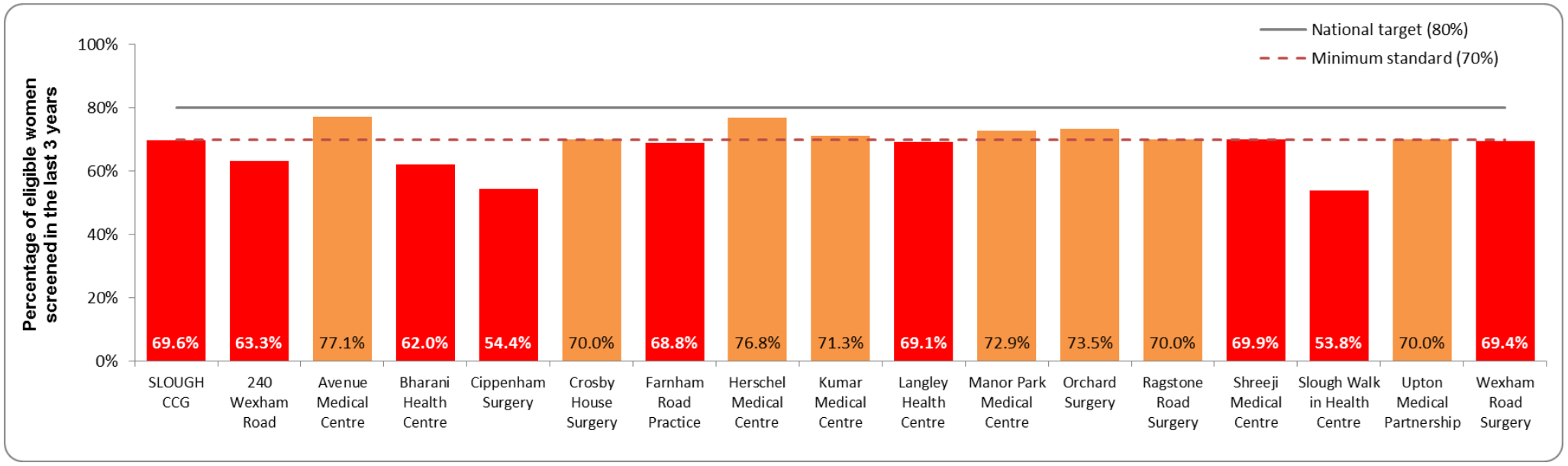
6.241 Breast Screening

The Department of Health's (2011) Improving Outcomes: A Strategy for Cancer recognised that cancer screening was an important way to detect cancer early and that around a third of breast cancers are now diagnosed through screening. The NHS Breast Screening Programme invites women between the ages of 50 and 70 for breast screening every three years. The first step involves a mammogram of each breast. The mammogram can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor.

In 2013/14, over 2 million women aged 45 and over were screened by the National Breast Screening Programme in England. Around 18,000 women had cancers detected during this time, at a rate of 8.6 cases per 1,000 women screened (Health & Social Care Information Centre, 2015).

At 31st March 2015, Slough CCG's breast screening coverage was 69.6%, which was lower than the national target of 80%. 7,065 eligible women received screening in the 3 years prior to this date. Figure 57 shows that the coverage rates varied across GP practices in the CCG, with 8 practices falling below the minimum standard of 70%. The remaining 8 practices coverage rates fell between 70 and 80%.

Figure 57: Breast screening coverage in Slough CCG at 31st March 2015 (3 year coverage)



Source: Data extracted from KC63 report from Exeter System, Thames Valley Primary Care Agency

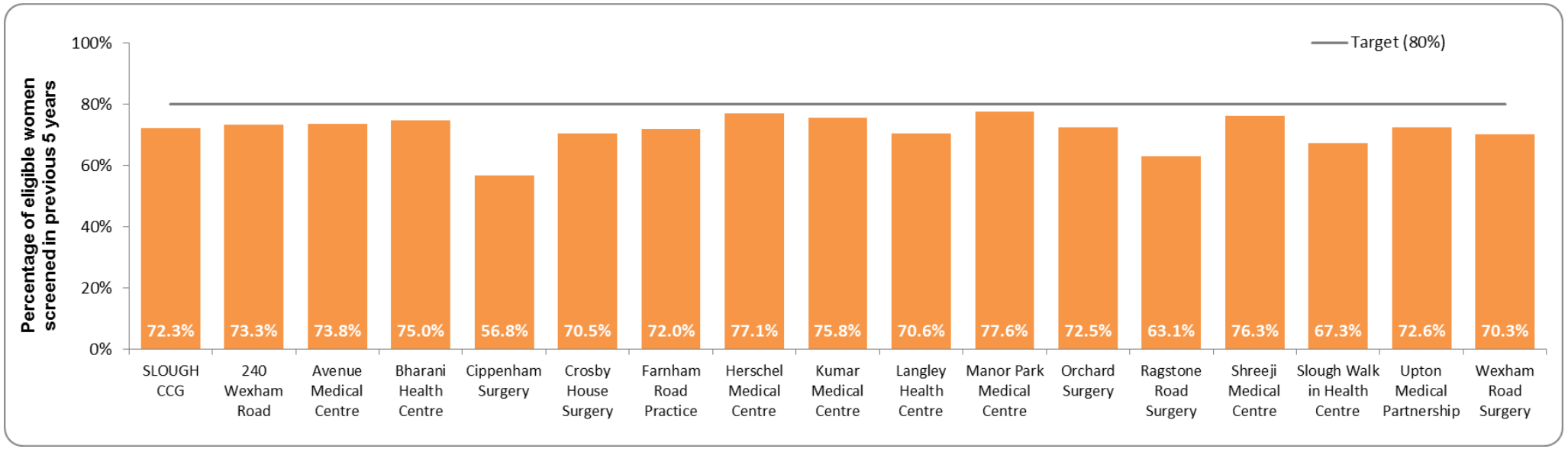
6.242 Cervical Screening

Cervical screening is not a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix. The screening involves taking a sample of cells from the cervix for analysis. The NHS Cervical Screening Programme invites all women between the ages of 25 and 64 for free screening test every three to five years. The screening intervals are different for particular age groups (25-49: 3 yearly; 50-64: 5 yearly).

At 31 March 2015, the percentage of eligible women who were recorded as screened adequately at least once in the previous five years was 73.5% in England. A total of 4.31 million women aged 25 to 64 were invited for screening in 2014/15 and 3.12 million women were tested (Health & Social Care Information Centre, 2015)

At 31 March 2015, Slough CCG's cervical screening coverage was 72.3%, which was below the national target of 80%. 28,810 eligible women received screening in the 5 years prior to this date. The coverage rates varied across the GP practices in the CCG at the end of 2014/15 Q4. None of the 12 practices achieved the national target of 80%.

Figure 58: Cervical screening coverage in Slough CCG at 31st March 2015 (5 year coverage)



Source: Data extracted from KC53 report from Exeter System, Thames Valley Primary Care Agency

6.243 Bowel Screening

About 1 in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year.

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%. Bowel cancer screening aims to detect bowel cancer at an early stage when patients may be asymptomatic. At this early stage treatment is more likely to be effective.

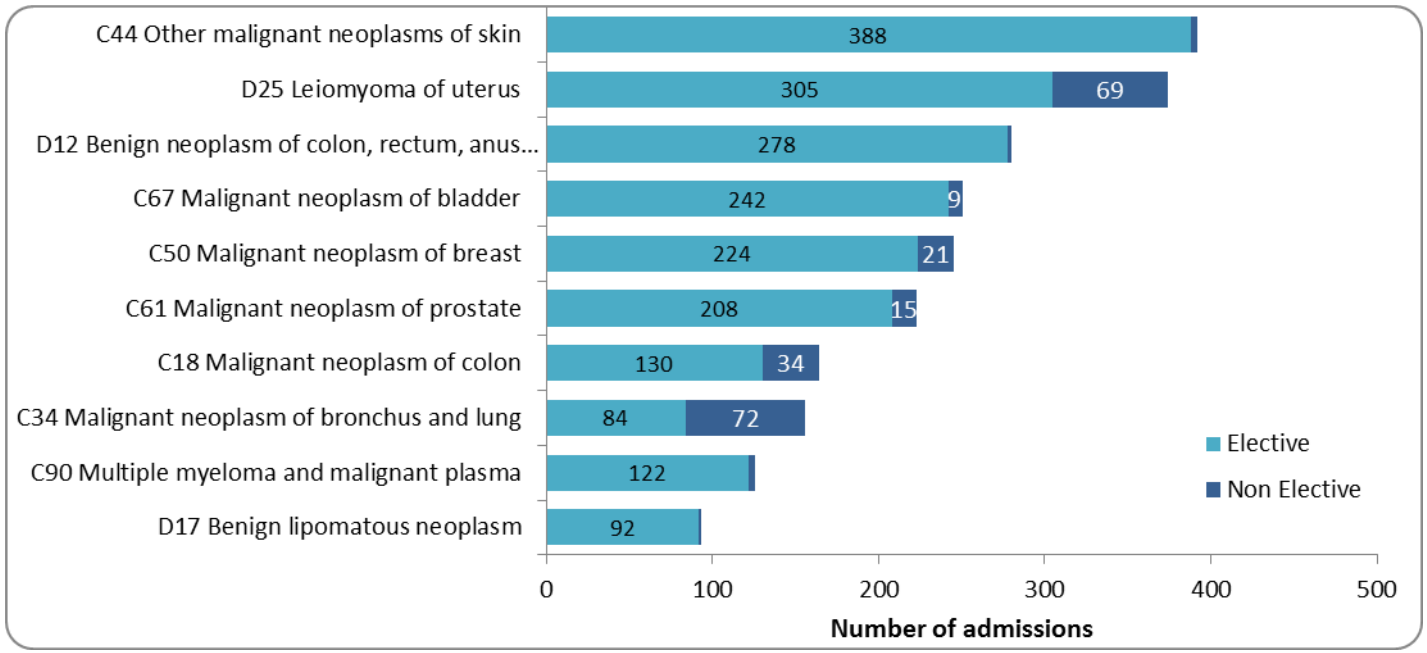
The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74. The screening is done by faecal occult blood test kits. In 2014/15, 6,656 eligible people in Slough CCG were invited to receive a Faecal Occult Blood Test (FOBt) kit. 2,731 (41.0%) of these people received an adequate screening result and 125 of these were a definitive abnormal. The positivity for the test was 4.58% in the CCG.

6.25 Hospital Admissions and Activity

From April 2012 to March 2015, Slough CCG had 74,537 adult hospital admissions for neoplasms (ICD10 chapter II). 15% of these were for non-elective admissions, which made up 85% of bed days for this ICD10 chapter.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	3,859 admissions (10.7% of elective admissions)	678 admissions (1.5% of non-elective admissions)
Bed days:	6.989 bed days (24.1% of elective bed days)	7,446 bed days (3.4% of non-elective bed days)
Average length of stay:	1.8 days	11.0 days

Figure 59:Slough CCG's adult hospital admissions for neoplasms (Apr-12 to Mar-15)



Source: Dr Foster (2015)

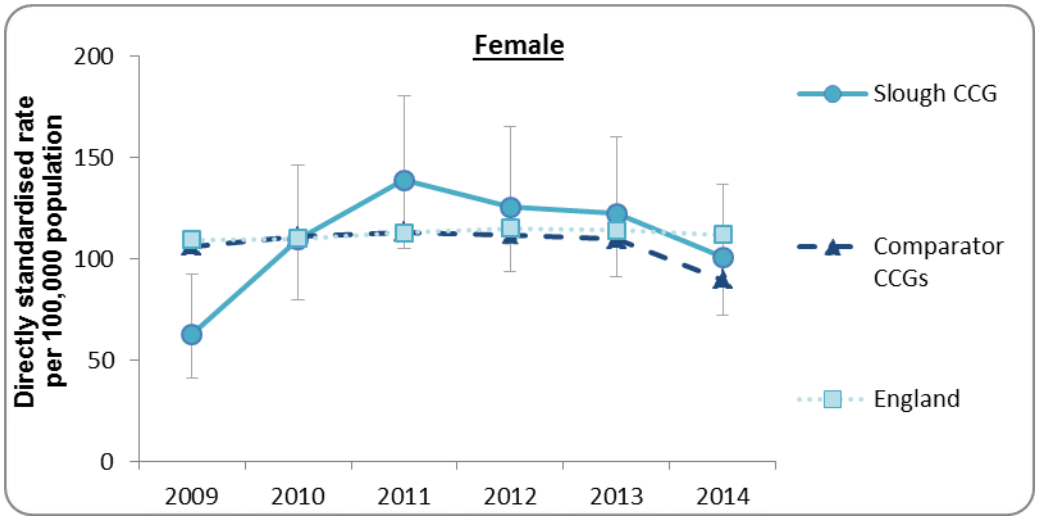
Figure 59 summarises the CCG's adult hospital admissions for neoplasms showing the ten most common reasons for admission.

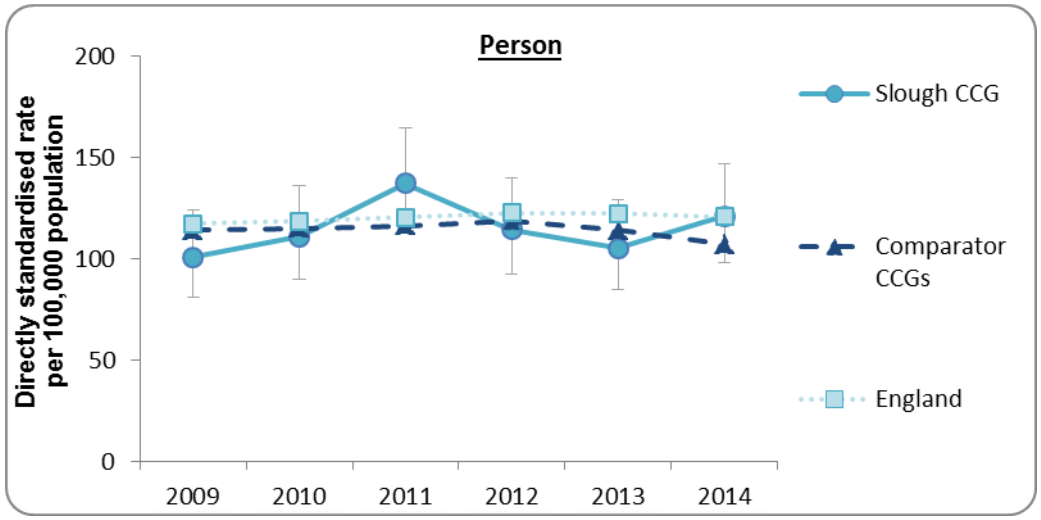
Other malignant neoplasms of skin is the single main reason for admission, although the majority of these are elective. The single main reason for emergency admissions is malignant neoplasm of bronchus and lung with 72 emergency admissions over the 3-year period.

6.26 Mortality

In 2014, 107 people aged under 75 died from cancer in Slough CCG. This is a rate of 121 per 100,000 population. The graphs below show the mortality rate for men and women over a 5 year period (2009-2014).

Figure 60: Under 75 mortality for cancer per 100,000 population – directly standardised rate (2009-2014)





In 2014, 64 men aged under 75 died from cancer in Slough CCG, which is a rate of 141 per 100,000 population.

From 2009 to 2014, men accounted for 62% of cancer deaths in people aged under 75 in Slough CCG. On average, around 64 men aged under 75 die of cancer each year in Slough CCG.

In 2014, 43 women aged under 75 died from cancer in the CCG, which is a rate of 101 per 100,000 population. The mortality rate for women in Slough CCG has remained at around 47 deaths each year over 2009 to 2014.

Source: Health & Social Care Information Centre (2015)

6.3 Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, such as chronic bronchitis, emphysema and chronic obstructive airways disease. COPD usually affects people over the age of 35, although most people are not diagnosed until they are in their fifties. It is thought there are over 3 million people living with the disease in the UK, of which only about 900,000 have been diagnosed. COPD is the fifth largest cause of death in the UK, killing approximately 25,000 people each year.

The prevalence of asthma in England is amongst the highest in the world. Asthma is responsible for a large number of emergency admissions to hospital each year. Deaths from asthma have remained at 1,000-1,200 each year since 2000, but it is estimated that 90% of these are associated with preventable factors.

In July 2011 the National Outcomes Framework for COPD and Asthma was published and includes a strategy for improving outcomes for COPD and asthma through high-quality prevention, detection, treatment and care services.

6.31 Respiratory Disease prevalence profile for Slough CCG

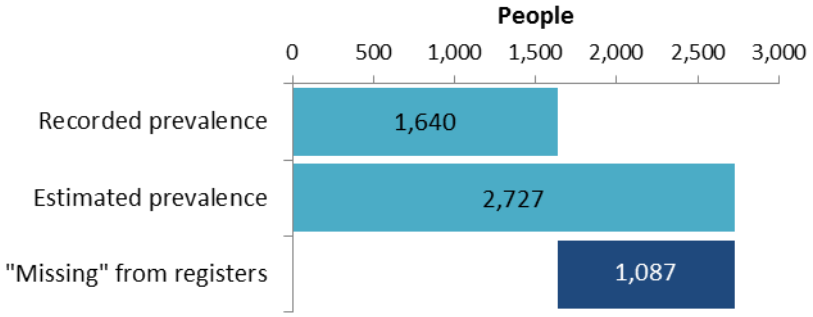
Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of different Respiratory diseases in the CCG area, which have been taken from the Quality and Outcomes Framework. These have been compared with the prevalence rates of similar CCGs and also the national rate.

It is important to note that looking at the numbers of people currently being treated for a disease does not show the true prevalence and impact on a population's health. There will also be many people who have a disease or condition that are not aware of it and have not been diagnosed. This section will also include estimated prevalence figures, where available, which have been developed by using population statistics and scientific research on the risks factors for each disease to derive an estimation of the true number of people suffering from it. The source of these estimations will be shown under each condition.

6.311 Chronic Obstructive Pulmonary Disease (COPD) Prevalence

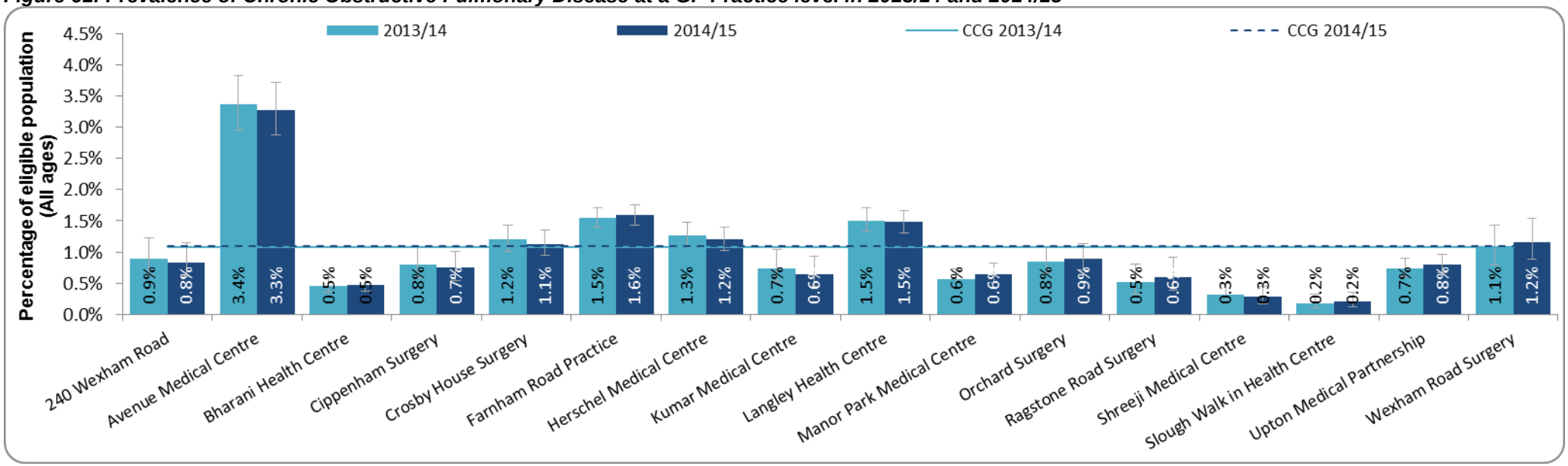
Number of people on COPD Register: 1,640
Recorded prevalence in CCG area: 1.09%
Comparison of prevalence: ⇩ than the Comparator CCG rate of 1.42%
⇩ than the national rate of 1.82%

The CCG's 2014/15 prevalence rate was the same as 2013/14's rate.



The estimated prevalence for Chronic Obstructive Pulmonary Disease in Slough CCG is 1.8%. This means that there were 1,087 people "missing" from GP registers in 2014/15. These estimations come from the GP Practice Profiles using the Eastern Region Public Health Observatory's model developed from the 2003-2004 Health Surveys for England.

Figure 61: Prevalence of Chronic Obstructive Pulmonary Disease at a GP Practice level in 2013/14 and 2014/15

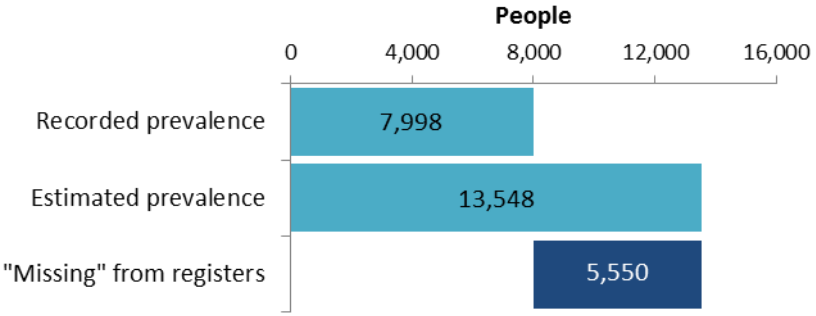


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.312 Asthma Prevalence

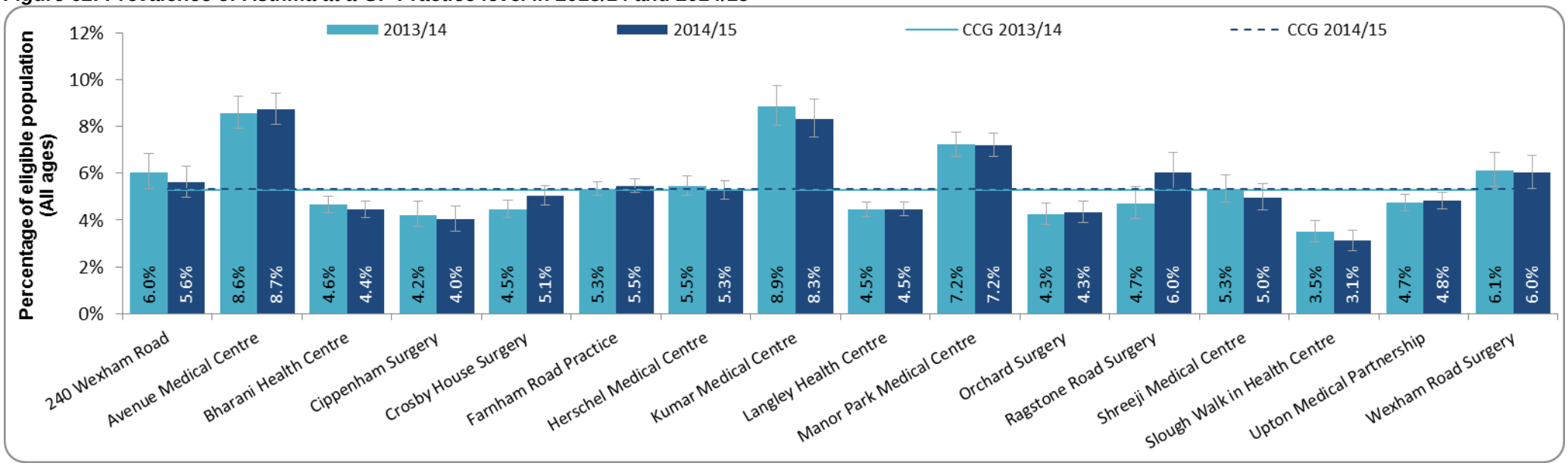
Number of people on Asthma Register:	7,998
Recorded prevalence in CCG area:	5.31%
Comparison of prevalence:	⇩ than the Comparator CCG rate of 5.48%
	⇩ than the national rate of 5.99%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 5.30%.



The estimated prevalence for Asthma in Slough CCG is 9.0%. This means that there were 5,550 people "missing" from GP registers in 2014/15. These estimations come from the NHS Comparators website and are based on June 2015 GP population figures. This national model has not been disaggregated to a local level, so will show under or over estimations in local regions depending on the demographics of that region.

Figure 62: Prevalence of Asthma at a GP Practice level in 2013/14 and 2014/15



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.32 Quality of Care

This section of the Profile provides a summary of indicators that are used to monitor care for respiratory disease from the CCG Outcomes Indicator Set (CCG OIS) and the GP Quality and Outcomes Framework (QOF):

- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes.

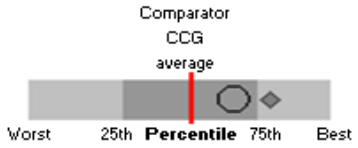
- Quality and Outcomes Framework (QOF) – the QOF is the annual reward and incentive programme detailing GP practice achievement results. This rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

These indicators compare Slough CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Slough CCG, as defined in the Commissioning for Value packs. The Direction of Travel (DOT) is also shown to indicate whether the CCG's performance was significantly better, significantly worse or similar to the previous year's outturn.

Where Slough CCG have performed significantly worse than the Comparator Group average in the Quality and Outcomes Framework, an additional graph has been included to show a breakdown by GP.

Key for spine charts:

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



6.321 CCG Outcomes Indicator Set summary for respiratory diseases

Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 1.1d	PYLL for causes considered amenable to healthcare - Respiratory diseases	2012-14	248.5	183.1	140.7	267.3		106.8	195.7	↓
CCG 1.6	Under 75 mortality rate from respiratory disease	2014	40.7	30.0	27.6	49.5		17.6	29.1	↔
CCG 2.1	Improved health-related quality of life for people with LTCs	Jul-14 to Mar-15	0.75	0.74	0.74	0.71		0.77	0.73	↑
CCG 2.2	% of people feeling supported to manage their conditions	Jul-14 to Mar-15	52.0%	59.1%	64.4%	52.0%		68.8%	54.9%	↔
CCG 2.6	Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2014/15	1187.3	876.2	808.5	1187.3		551.1	944.5	↓
CCG 2.7	Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)	2014/15	459.0	346.5	326.7	664.1		207.0	351.6	↓
CCG 3.4	Emergency admissions for childen with LRTIs	2014/15	597.2	319.3	394.9	664.2		197.9	514.9	↓

Slough CCG's potential years of life lost from respiratory disease has decreased significantly from 2011-13 to 2012-14. However, the CCG's figure of 121.4 years is still better than the national average and similar to the CCG Comparator Group.

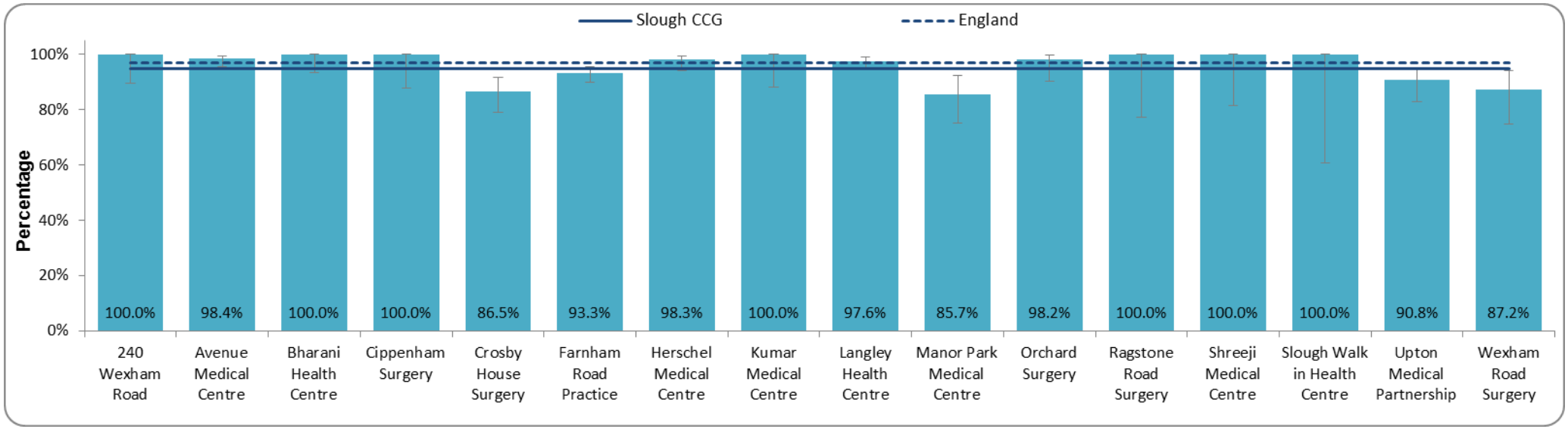
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (CCG 2.6) are significantly worse in Slough CCG compared to the CCG comparator group. They have also significantly increased in the CCG from 2013/14 to 2014/15. Additional trend information for this indicator can be found in the 'General healthcare and hospital activity' section of the Profile (6.821).

Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s) and emergency admissions for children with lower respiratory tract infections are also significantly worse in Slough compared to the CCG Comparator Group. Additional trend information for both of these indicators can be found in the 'Children and young people with long-term conditions' section of the Profile (5.2).

6.322 Quality and Outcomes Framework – Chronic Obstructive Pulmonary Disease

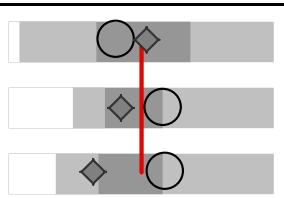
Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
COPD02	% patients with COPD diagnosed after 1-Apr-11 whose diagnosis has been confirmed by post bronchodilator spirometry	93%	91%	90%	88%		93%	95%	↓
COPD03	% patients with COPD who have had a review, including an assessment of breathlessness using the MRC dyspnoea scale in the in the last 12 months	93%	91%	90%	85%		93%	92%	↔
COPD04	% patients with COPD with a record of FEV1 in the last 12 months	91%	86%	86%	80%		91%	89%	↑
COPD05	% patients with COPD and MRC dyspnoea grade >3 at any time in last 12 months, with a record of oxygen saturation value within last 12 months	97%	96%	96%	93%		97%	92%	↑
COPD07	% patients with COPD who have had flu immunisation in the preceding 1st August to 31st March	95%	96%	97%	95%		98%	N/A	

Figure 63: GP Practice performance for COPD07: % patients who have had flu immunisation in the preceding 1-Aug to 31-Mar

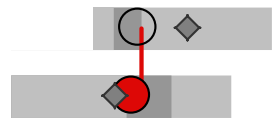


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.323 Quality and Outcomes Framework – Asthma

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
AST02	% patients aged 8 yrs and over diagnosed as having asthma from 1 Apr 2006 with measures of variability or reversibility recorded	88%	88%	88%	86%		91%	89%	↓
AST03	% patients with asthma who have had an asthma review in the last 12 months that includes an assessment of asthma control using the 3 RCP questions	76%	76%	75%	74%		79%	75%	↑
AST04	% patients with asthma between the ages of 14-19 who have a record of smoking status in the last 12 months	90%	89%	88%	87%		93%	90%	↔

6.324 Quality and Outcomes Framework – Risk factors for Respiratory Disease

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
SMOK02	% patients with LTCs whose notes record smoking status in last 12 months	95%	95%	94%	93%		97%	97%	↓
SMOK04	% of patients aged 15+ who are recorded as current smokers who have a record of an offer of support and treatment within the previous 24 months	88%	88%	87%	82%		93%	88%	↔

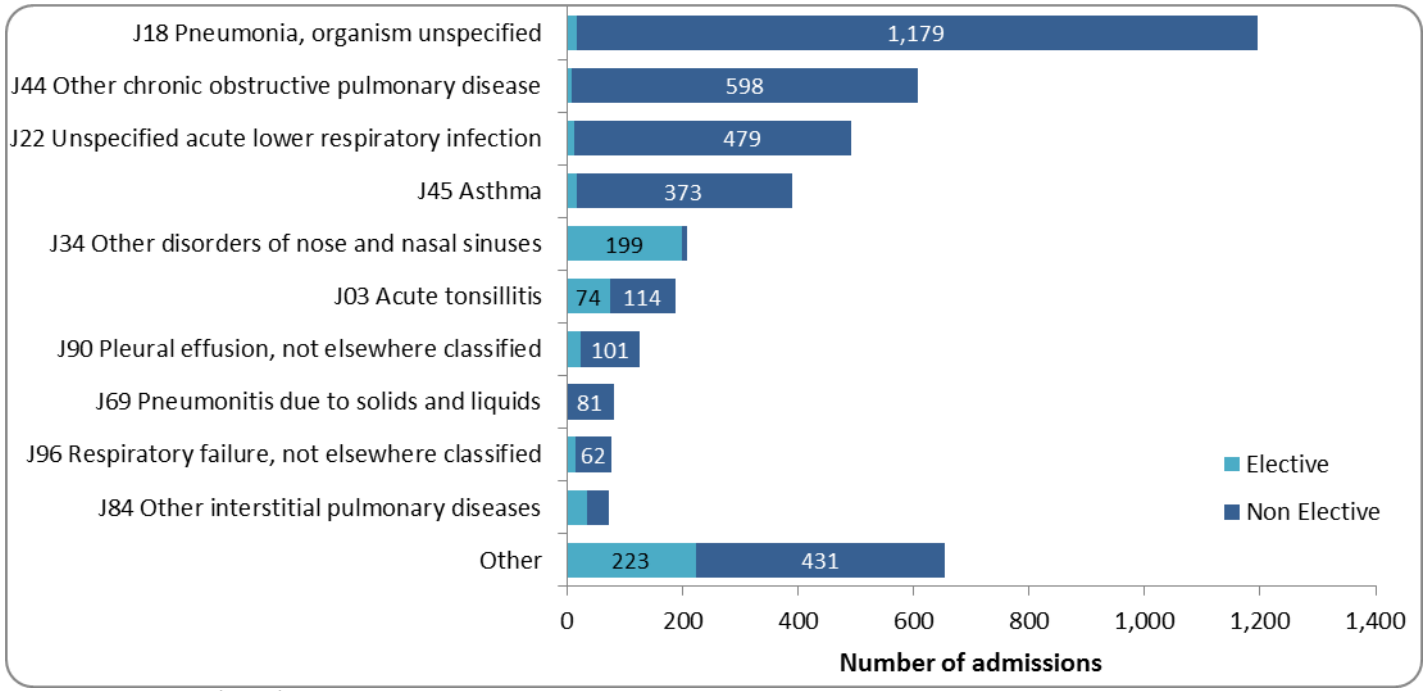
A GP Practice graph for 'SMOK04' has been included in the Cancer section of the profile (6.222)

6.33 Hospital Admissions and Activity

From April 2012 to March 2015, Slough CCG had 4,086 adult hospital admissions for diseases of the respiratory system (ICD10 chapter X). 85% of these were for non-elective admissions, which made up 97% of bed days for this ICD10 chapter.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	622 admissions (1.6% of elective admissions)	3,464 admissions (9.1% of non-elective admissions)
Bed days:	806 bed days (2.8% of elective bed days)	25,967 bed days (11.7% of non-elective bed days)
Average length of stay:	1.3 days	7.5 days

Figure 64: Slough CCG's adult hospital admissions for diseases of the respiratory system (Apr-12 to Mar-15)



Source: Dr Foster (2015)

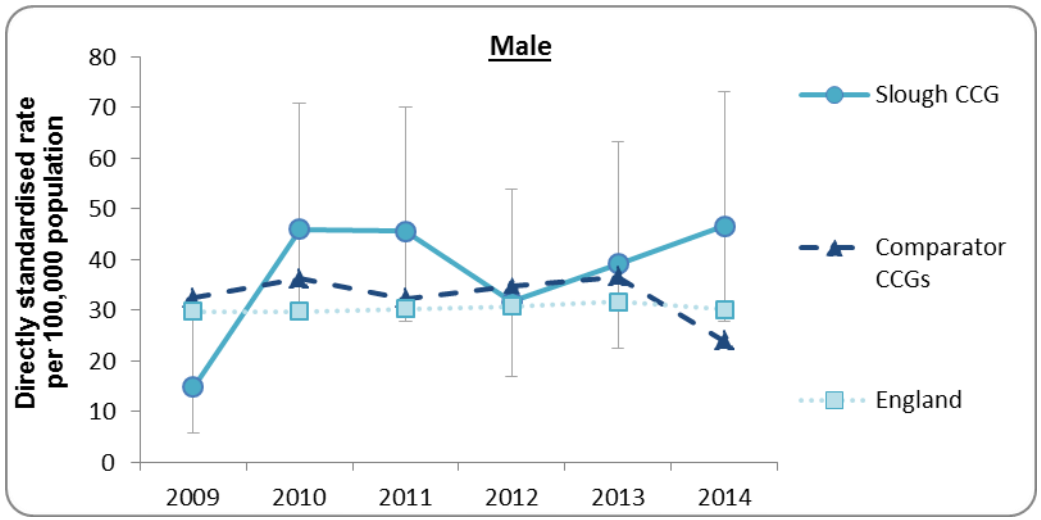
Figure 64 summarises the CCG's adult hospital admissions for diseases of the respiratory system showing the ten most common reasons for admission.

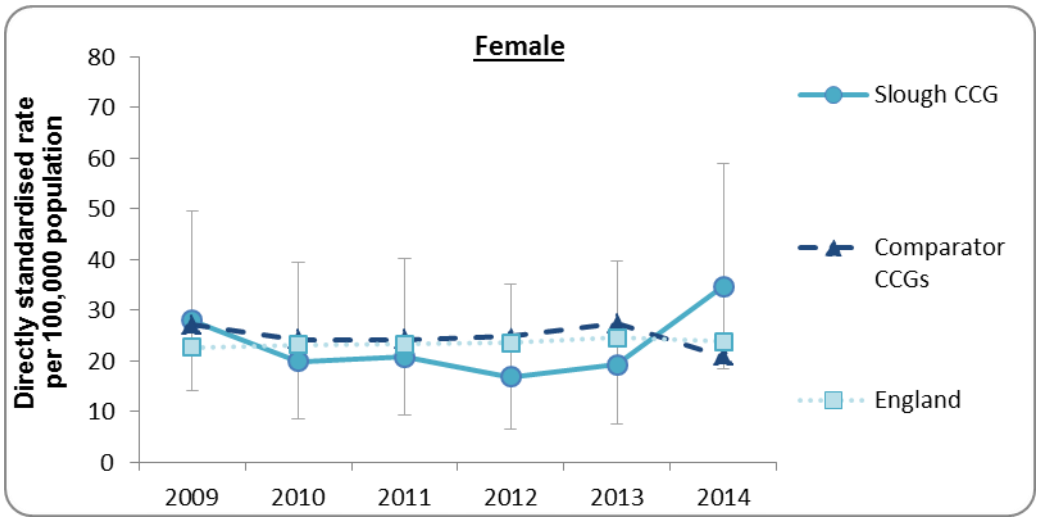
Pneumonia is the single main reason for admission with 1,195 admissions in the 3-year period. This was 30% of all respiratory system admissions.

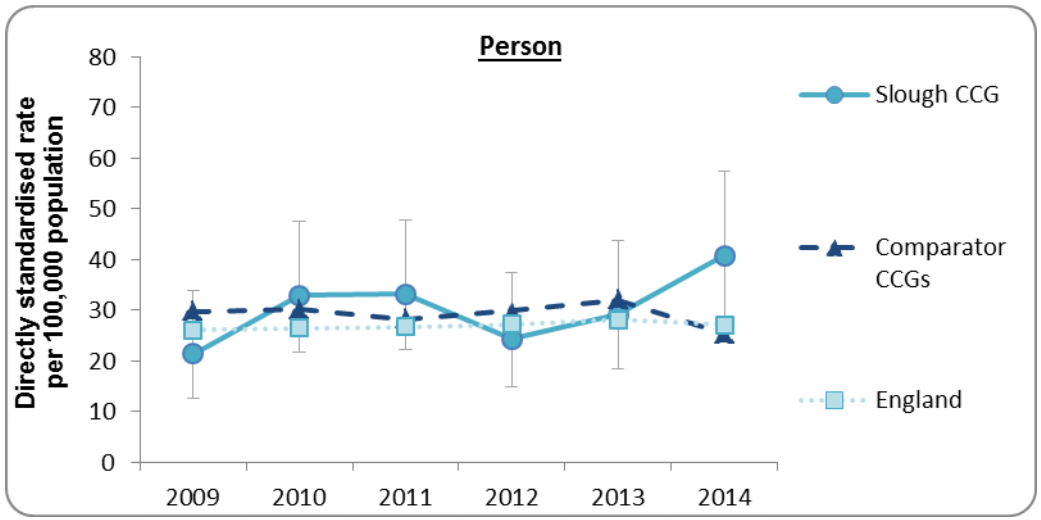
6.34 Mortality

In 2014, 34 people aged under 75 died from a respiratory disease in Slough CCG, which is a rate of 41 per 100,000 population. The graphs below show the mortality rate for men and women over a 5 year period (2009-2014).

Figure 65: Under 75 mortality for respiratory disease per 100,000 population – directly standardised rate (2009-2014)







In 2009-2014, 64% of people aged under 75 who died from a respiratory disease in Slough CCG were male. This is similar to the national figures. Over this time period there were around 17 male deaths and 10 female.

The mortality rate for men and women increased in 2014. Single year figures can be affected by short-term fluctuations in data, rather than a genuine increase or decrease in deaths, so it is important to look at the overall trends rather than yearly figures.

Source: Health & Social Care Information Centre (2015)

6.4 Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects 2.9 million people and there are estimated to be an additional 850,000 people with diabetes who are undiagnosed.

Diabetes is one of the key local priorities for Berkshire CCGs and Public Health teams, as it is a long-term disease with significant affects on morbidity and mortality. People with diabetes are more likely to have a heart attack, stroke or emergency admission related to heart failure than the general population. They are also more likely to develop kidney disease, go blind and have complications in pregnancy, compared to people without the disease.

The National Diabetes Information Service has also created a Diabetes Community Health Profile for each CCG, which can be found on the Yorkshire and Humber Health Intelligence website. Public Health England have also published a Diabetes Profile for CCGs and local authorities, as part of the Fingertips suite of tools, and this provides additional information on care processes, treatment targets, complications, prevalence and risk.

6.41 Diabetes prevalence profile for Slough CCG

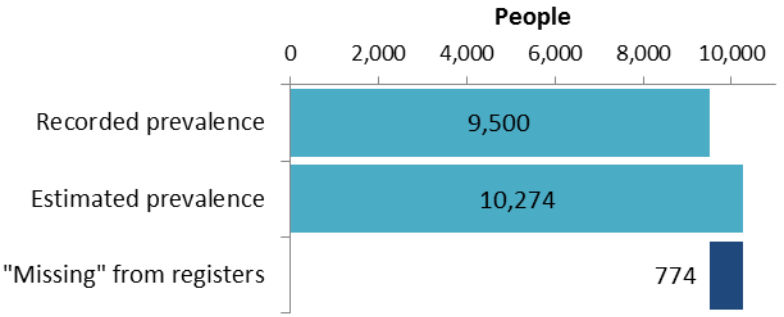
Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of Diabetes in the CCG area, which has been taken from the Quality and Outcomes Framework. These have been compared with the prevalence rates of similar CCGs and also the national rate.

It is important to note that looking at the numbers of people currently being treated for a disease does not show the true prevalence and impact on a population's health. There will also be many people who have a disease or condition that are not aware of it and have not been diagnosed. This section will also include estimated prevalence figures, where available, which have been developed by using population statistics and scientific research on the risks factors for each disease to derive an estimation of the true number of people suffering from it. The source of these estimations will be shown under each condition.

Number of people on Diabetes Register: 9,500
(Aged 17 and over)

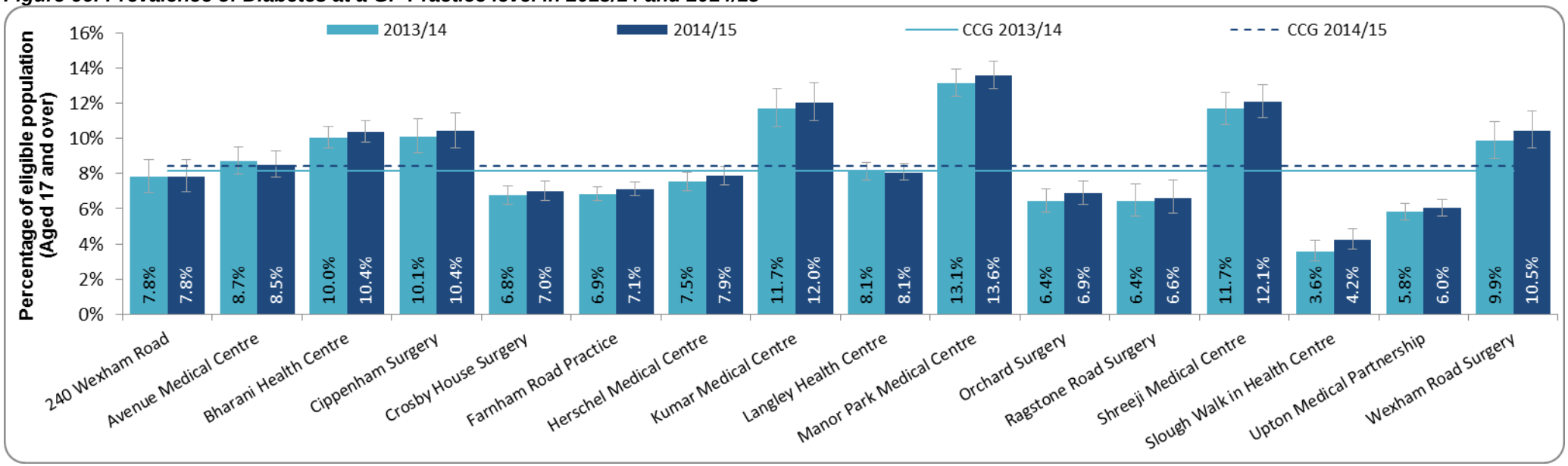
Recorded prevalence in CCG area: 8.41%
Comparison of prevalence: ⇧ than the Comparator CCG rate of 7.39%
⇧ than the national rate of 6.37%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 8.15%.



The estimated prevalence for Diabetes in Slough CCG is 9.1%. This means that there were 774 people "missing" from GP registers in 2014/15. These estimations come from the Diabetes Prevalence Model developed by the Yorkshire and Humber Public Health Observatory.

Figure 66: Prevalence of Diabetes at a GP Practice level in 2013/14 and 2014/15



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.42 Quality of Care

This section of the Profile provides a summary of indicators that are used to monitor care for diabetes:

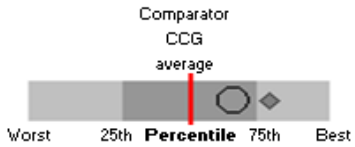
- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes. The CCG OIS also includes key indicators from the National Diabetes Audit.

- Quality and Outcomes Framework (QOF) – the QOF is the annual reward and incentive programme detailing GP practice achievement results. This rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

The CCG OIS and QOF indicators included compare Slough CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Slough CCG, as defined in the Commissioning for Value packs. The Direction of Travel (DOT) is also shown to indicate whether the CCG's performance was significantly better, significantly worse or similar to the previous year's outturn.

Key for spine charts:

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



Where Slough CCG have performed significantly worse than the Comparator Group average in the Quality and Outcomes Framework, an additional graph has been included to show a breakdown by GP.

Data from the National Diabetes Audit is shown as a comparison to England.

6.421 CCG Outcomes Indicator Set summary for diabetes

Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 1.4	Ratio of MI, stroke & stage 5 CKD in people with diabetes	2012/13	142.4	102.2	100.0	142.4		94.4	146.0	⇔
CCG 2.1	Improved health-related quality of life for people with LTCs	Jul-14 to Mar-15	0.75	0.74	0.74	0.71		0.77	0.73	↑
CCG 2.2	% of people feeling supported to manage their conditions	Jul-14 to Mar-15	52.0%	59.1%	64.4%	52.0%		68.8%	54.9%	⇔
CCG 2.5	Diabetes: People diagnosed less than a year who are referred to structured education	2012/13	1.3%	11.5%	16.3%	0.0%		46.1%	2.2%	⇔
CCG 2.6	Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2014/15	1187.3	876.2	808.5	1187.3		551.1	944.5	↓
CCG 2.7	Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)	2014/15	459.0	346.5	326.7	664.1		207.0	351.6	↓
CCG 2.8	Diabetes: Ratio of complications associated with diabetes	2012/13	99.1	94.3	100.0	131.8		76.3	100.7	⇔

A number of indicators included in the CCG Outcomes Indicator Set are based on findings from the National Diabetes Audit.

CCG 1.4: Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes

This indicator measures the proportion of people with diabetes who develop long-term conditions or complications which may be exacerbated by poor management of diabetes. Some complications may be avoidable with high quality management of diabetes in primary care and this indicator can therefore be used as a proxy for outcomes of care.

In 2012/13, 199 people with diabetes in Slough CCG had an admission to hospital for myocardial infarction, stroke or stage 5 chronic kidney disease. This is an indirectly standardised ratio of 142.4, which is higher than the England standard of 100.

CCG 2.5: People with diabetes diagnosed less than a year who are referred to structured education

This indicator measures the percentage of people with diabetes diagnosed for less than one year who have a record of a referral for structured education. This is a key aspect of high-quality care, which is included in the NICE Quality Standard for Diabetes. In 2012/13, 791 people were newly diagnosed with diabetes in Slough CCG and 1.3% of these were referred to structured education. Nationally, 16.3% of newly diagnosed people were referred.

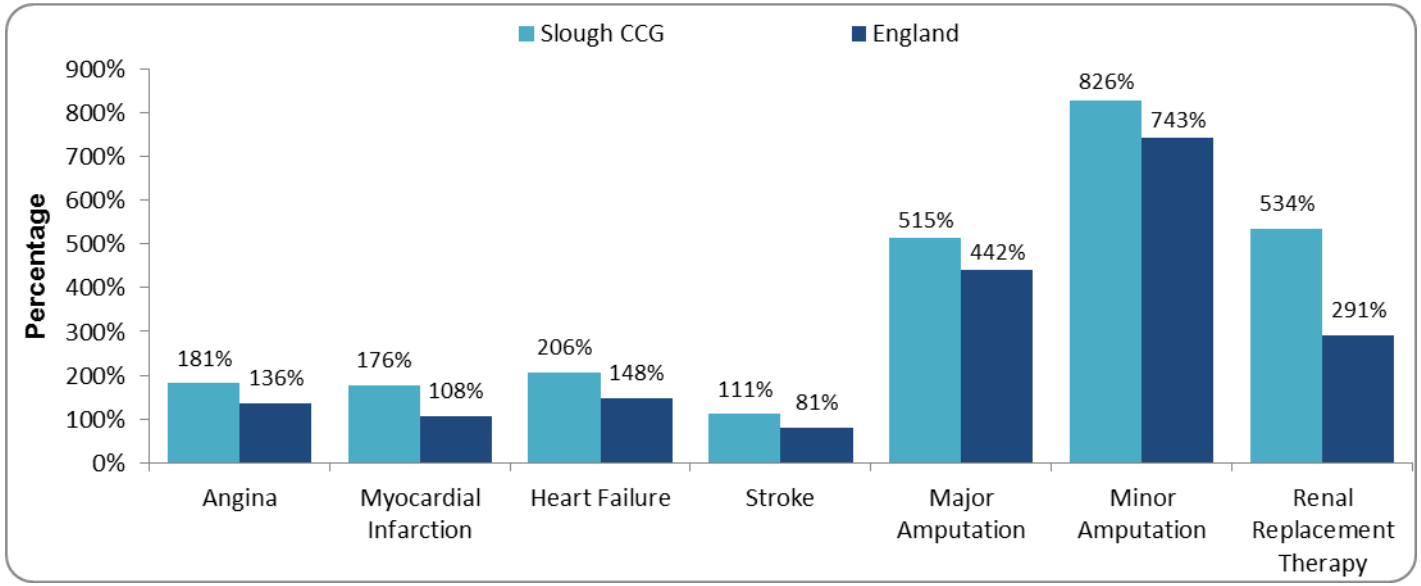
CCG 2.8: Ratio of complications associated with diabetes

This indicator measures the rates of complications associated with diabetes, including admissions for myocardial infarction, stroke and stage 5 chronic kidney disease, diabetic ketoacidosis, angina, heart failure, renal replacement therapy, retinopathy treatments and lower limb amputation. Some complications associated with diabetes are avoidable with high-quality diabetes management in primary care. This indicator is used as a proxy for outcomes of care.

In 2012/13, 483 people with diabetes in Slough CCG had an admission to hospital for one of these complications. This is an indirectly standardised ratio of 99.1, which is slightly lower than the England standard of 100.

The Health & Social Care Information Centre have provided additional analysis of the risk of complication for people with diabetes. The 3-year follow up of the people included in the 2009-10 audit identifies complications that occurred from 1st April 2010 to 31st March 2013. Slough CCG's additional risk for each complication was significantly higher than the national level for angina, myocardial infarction, heart failure and renal replacement therapy. The other complication types had similar risks to the national level, as shown in Figure 67.

Figure 67: Additional risk of complication amongst people with diabetes compared with people who do not have diabetes – 3 year follow up of people included in the 2009/10 National Diabetes Audit



Source: Health & Social Care Information Centre; National Diabetes Audit 2012/13 (2015)

6.422 Quality and Outcomes Framework – Diabetes

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
DM02	% patients with diabetes who have last BP reading in the previous 12 months of 150/90 or less	93%	91%	91%	89%		93%	94%	↔
DM03	% patients with diabetes who have last BP reading in the previous 12 months of 140/80 or less	85%	77%	78%	74%		85%	85%	↔
DM04	% patients with diabetes whose last measured total cholesterol within the last 12 months is 5mmol/l or less	81%	78%	80%	74%		81%	83%	↓
DM06	% patients with diabetes with a diagnosis of nephropathy or micro-albuminuria who are currently treated with ACE-I or ARBs	96%	93%	93%	85%		96%	97%	↔
DM07	% patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the last 12 months	69%	67%	70%	60%		72%	73%	↓
DM08	% patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol or less in the last 12 months	76%	74%	77%	69%		79%	79%	↓
DM09	% patients with diabetes in whom the last IFCC-HbA1c is 75 mmol/mol or less in the last 12 months	85%	84%	87%	79%		89%	88%	↓
DM12	% patients with diabetes with record of a foot examination and risk classification in the last 12 months	92%	87%	88%	79%		92%	91%	↑
DM14	% patients newly diagnosed with diabetes in preceding 1-Apr to 31-Mar who have a record of being referred to a structured education programme	93%	89%	90%	80%		93%	96%	↓
DM18	% patients with diabetes who have had flu immunisation in the preceding 1st August to 31st March	94%	93%	94%	89%		96%	N/A	

6.43 Hospital Admissions and Activity

From April 2012 to March 2015, Slough CCG had 286 adult hospital admissions for diabetes (ICD10 chapter IV – codes E10, E11, E13 and E14). 87% of these were for non elective admissions, which made up 99% of bed days for diabetes admissions.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	37 admissions (0.1% of elective admissions)	249 admissions (0.6% of non-elective admissions)
Bed days:	27 bed days (0.1% of elective bed days)	2,138 bed days (1.0% of non-elective bed days)
Average length of stay:	0.7 days	8.6 days

6.5 Chronic Kidney Disease (CKD)

People with Chronic Kidney Disease will have the presence of kidney damage or decreased kidney function for 3 months or more. The severity of Chronic Kidney Disease varies from Stage 1 (mild) to Stage 5 (end-stage kidney failure). The majority of people with CKD will have a mild to moderate disease (Stage1 to 3), which will not lead to kidney failure or the need for kidney dialysis and transplant. However, people with any stage of CKD have an increased risk of developing heart disease or a stroke, due to changes that occur to their circulation, so it is important to detect even mild CKD. Treatment and changes to lifestyle can slow down the progression of the disease and reduce the risk of heart disease and stroke.

A number of conditions can cause permanent kidney damage and affect the function of the kidneys, such as diabetes, high blood pressure and ageing. These causes account for 75% of cases in adults. CKD is commonly associated with ageing, and the older you get the more likely you are to have some degree of kidney damage. CKD is also more common in people from South Asia, due to the higher levels of diabetes in this population, as well as people from Black African/Caribbean populations who have a higher risk of high blood pressure.

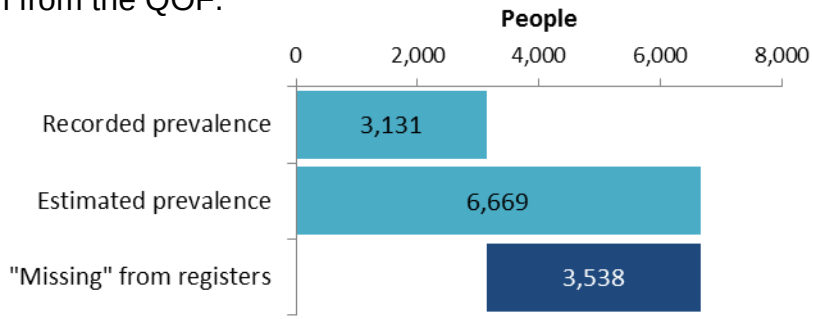
NHS Choices note that the main way to reduce the chances of CKD developing is to ensure that existing conditions are carefully managed, such as diabetes and high blood pressure. Having a healthy diet, exercising regularly and avoiding drinking excessive amounts of alcohol will also reduce the risk of CKD developing.

6.51 Chronic Kidney Disease prevalence profile for Slough CCG

Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of Chronic Kidney Disease in the CCG area, which has been taken from the QOF.

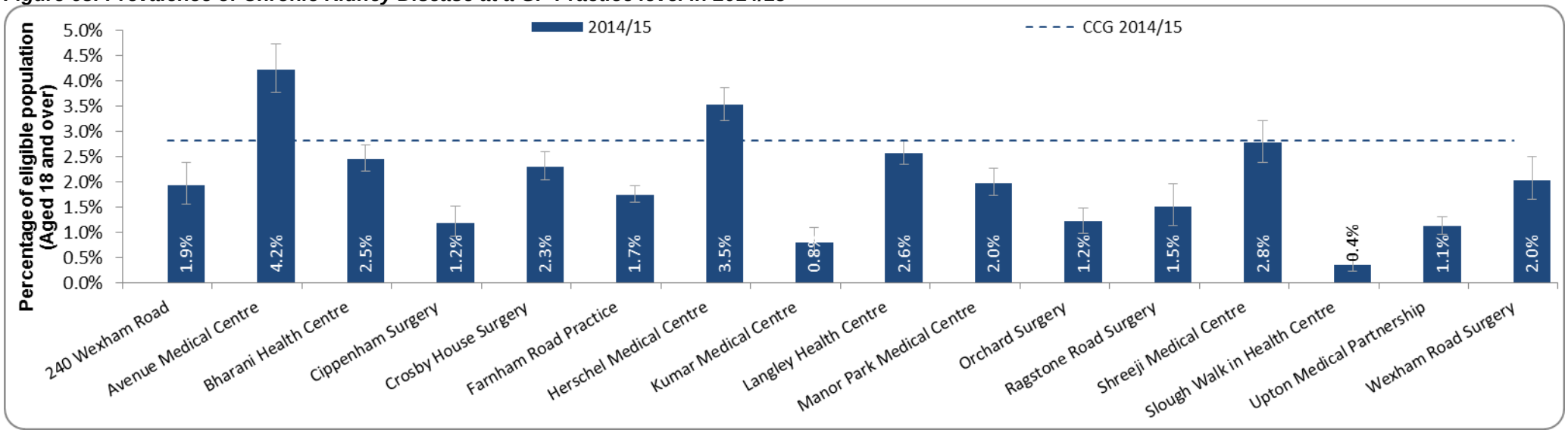
Number of people on CKD Register:	3,131
Recorded prevalence in CCG area:	2.82%
Comparison of prevalence:	⇩ than the Comparator CCG rate of 3.23%
	⇩ than the national rate of 4.13%

* Prevalence for 2013/14 has a data quality warning nationally and is not shown here



It is important to note that looking at the numbers of people currently being treated for a disease does not show the true prevalence and impact on a population's health. There will also be many people who have a disease or condition that are not aware of it and have not been diagnosed. The estimated prevalence for Chronic Kidney Disease in Slough CCG is 6.0%. This means that there were 6,669 people "missing" from GP registers in 2014/15. These estimations come from the Eastern Region Public Health Observatory's Chronic Kidney Disease prevalence model and have been updated using the CCG's population age profile from June 2015.

Figure 68: Prevalence of Chronic Kidney Disease at a GP Practice level in 2014/15

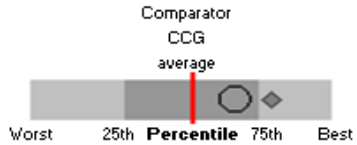


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.52 Quality of Care

The Quality and Outcomes Framework (QOF) indicators that are used to monitor care for Chronic Kidney Disease are included in this section. These show Slough CCG's performance in the 2014/15 QOF, compared to the CCG Comparator Group average and national average. The Comparator Group is made up of the 10 CCGs that are the "most similar" to Slough CCG, as defined in the Commissioning for Value packs. Additional graphs are included for indicators where Slough CCG's performance is significantly lower than the CCG comparator group.

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



The Direction of Travel (DOT) column indicates whether the CCG's 2014/15 performance was significantly better, significantly worse or similar to the 2013/14 outturn.

6.521 Chronic Kidney Disease

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
CKD02	% patients on the CKD register in whom the last blood reading, measured in the last 12 months, is 140/85 or less	86%	81%	81%	79%		86%	N/A	
CKD03	% patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE inhibitor or ARB	91%	91%	92%	87%		94%	N/A	
CKD04	% patients on the CKD register who have a record of a urine albumin:creatinine ratio test in the last 12 months	86%	79%	80%	66%		86%	N/A	

6.53 Hospital Admissions and Activity

From April 2012 to March 2015, Slough CCG had 549 adult hospital admissions for acute, chronic or unspecified renal failure (ICD10 chapter XIV – codes N17, N18 and N19). 73% of these were for non elective admissions, which made up 97% of bed days for these admissions.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	146 admissions (% of elective admissions)	400 admissions (0.4% of non-elective admissions)
Bed days:	163 bed days (0.1% of elective bed days)	4,510 bed days (2.0% of non-elective bed days)
Average length of stay:	1.1 days	11.3 days

6.54 Mortality

Only a small number of people with Chronic Kidney Disease progress to end-stage kidney failure (Stage 5 CKD) that requires kidney dialysis or kidney transplant. People who have CKD have an increased risk of developing cardiovascular disease and are more likely to die from cardiovascular-related problems than from kidney failure.

In 2011-2013, 600 people aged under 75 died from chronic renal failure per year in England. This was a directly standardised rate of 0.44 people per 100,000 population. Due to these small numbers, details are not available at a Slough CCG level.

6.6 Liver Disease

Liver disease is the fifth 'biggest killer' nationally. From 1995 to 2013, there was an 42% rise in the age-standardised mortality rate for chronic liver disease in England. This has largely been attributed to lifestyle factors, such as alcohol, obesity and drug taking.

There are over 100 types of liver disease, which affect approximately 2 million people in the UK. These include alcohol-related liver disease, which can lead to cirrhosis, non-alcoholic fatty liver disease and hepatitis. Liver disease can go unnoticed for a long time, as signs and symptoms often do not manifest until the disease reaches a relatively late stage. In the most serious cases, where the liver loses its ability to function, an individual will have liver failure. A liver transplant is currently the only way to cure irreversible liver failure and approximately 600 people per year in England and Wales receive a liver transplant.

The British Liver Foundation note that "it is important to remember that as people can survive with 70% liver damage, there is a substantial burden of morbidity from liver disease, a high cost to the NHS and a huge economic and human cost from liver-related ill health".

RightCare have produced a detailed NHS Atlas of Variation in Healthcare for people with Liver Disease which provides local information about the extent of variations in services and outcomes for people with liver disease. This can be used alongside the data included in this Locality Profile to aid commissioning in Slough CCG.

6.61 Liver Disease prevalence profile for Slough CCG

Liver Disease is not currently monitored through the Quality and Outcomes Framework, so we do not know how many people are treated for or live with this condition within Slough CCG. An All-Party Parliamentary Group that looked at improving outcomes in liver disease stated in their 2014 report, Liver Disease: Today's Complacency, Tomorrow's Catastrophe, that GPs should be incentivised through the QOF to pick up cases of liver disease earlier.

RightCare (2013) state that 10-20% of the population are potentially at risk of developing liver damage in the UK, and that between 600,000 and 700,000 people already have a significant degree of damage. There are regional variations to these figures, largely associated with deprivation, so these figures cannot be modelled on the local population of Slough CCG.

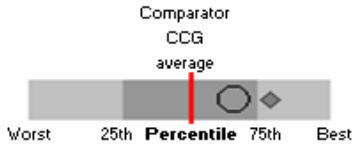
6.62 Quality of Care

This section of the Profile provides a summary of indicators that are used to monitor care for liver disease from the CCG Outcomes Indicator Set (CCG OIS). The indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework and provide clear, comparative information for CCGs about the quality of health services and the associated health outcomes.

Slough CCG's performance is shown against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Slough CCG, as defined in the Commissioning for Value packs. The Direction of Travel (DOT) is also shown to indicate whether the CCG's performance was significantly better, significantly worse or similar to the previous year's outturn.

Key for spine charts:

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 1.7	Under 75 mortality rate from liver disease	2014	21.3	15.6	15.8	25.2		8.6	11.9	↔
CCG 1.8	Emergency admissions for alcohol-related liver disease	2014/15	36.5	29.4	26.7	66.2		10.7	23.1	↓
CCG 2.1	Improved health-related quality of life for people with LTCs	Jul-14 to Mar-15	0.75	0.74	0.74	0.71		0.77	0.73	↑
CCG 2.2	% of people feeling supported to manage their conditions	Jul-14 to Mar-15	52.0%	59.1%	64.4%	52.0%		68.8%	54.9%	↔
CCG 3.14	Alcohol-specific hospital admissions	2014/15	141.1	101.7	115.7	169.5		61.0	105.4	↓
CCG 3.15	Emergency alcohol-specific readmission within 30 days of discharge following an alcohol-specific admission	2012-15	70.9	95.4	100.0	125.6		64.2	76.4	↔

Slough CCG's rate of alcohol-specific admissions increased significantly between 2013/14 and 2014/15. This was also significantly worse that the average rate for the Comparator CCG Group.

6.63 Hospital Admissions and Activity

From April 2012 to March 2015, Slough CCG had 267 adult hospital admissions for specific liver diseases (ICD10 chapter XI – codes K70-76). 70% of these were for non elective admissions, which made up 97% of bed days for these ICD10 admissions.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	79 admissions (0.2% of elective admissions)	188 admissions (0.4% of non-elective admissions)
Bed days:	70 bed days (0.2% of elective bed days)	2,236 bed days (1.0% of non-elective bed days)
Average length of stay:	0.9 days	11.9 days

Figure 69: Slough CCG's adult hospital admissions for specific liver diseases (Apr-12 to Mar-15)

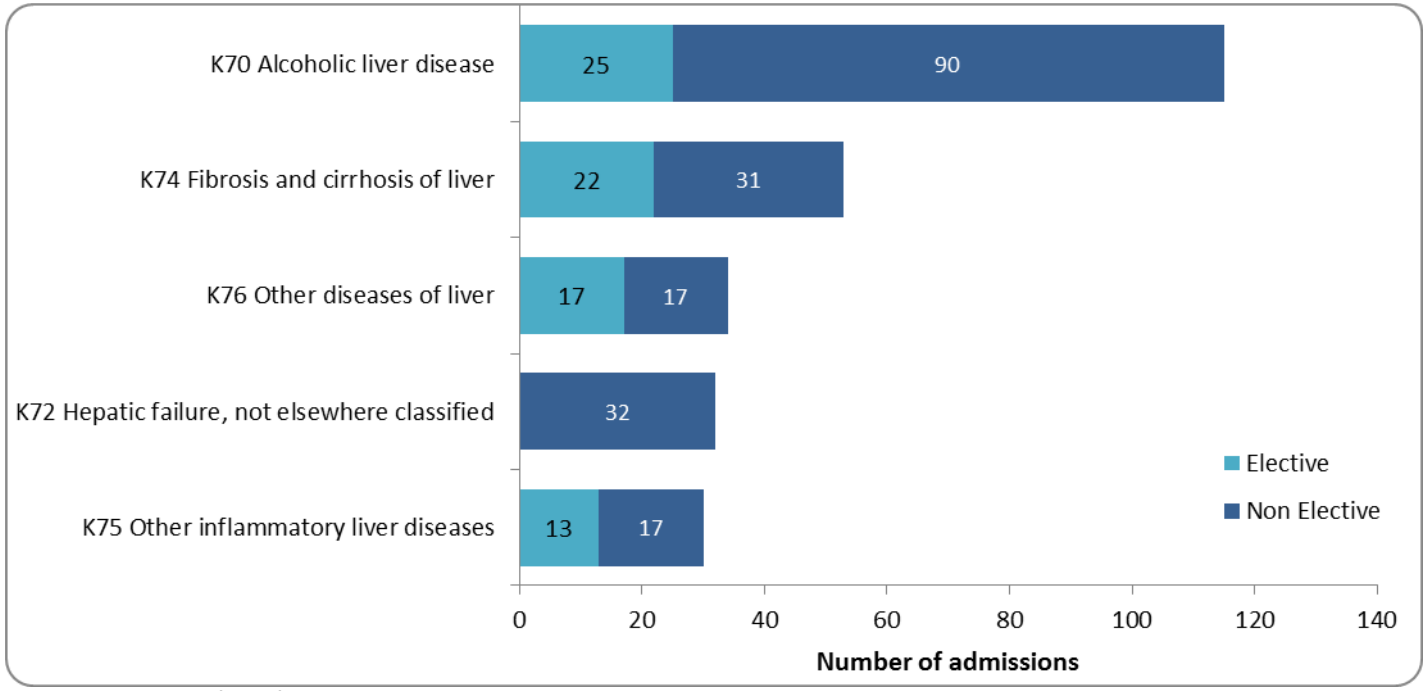
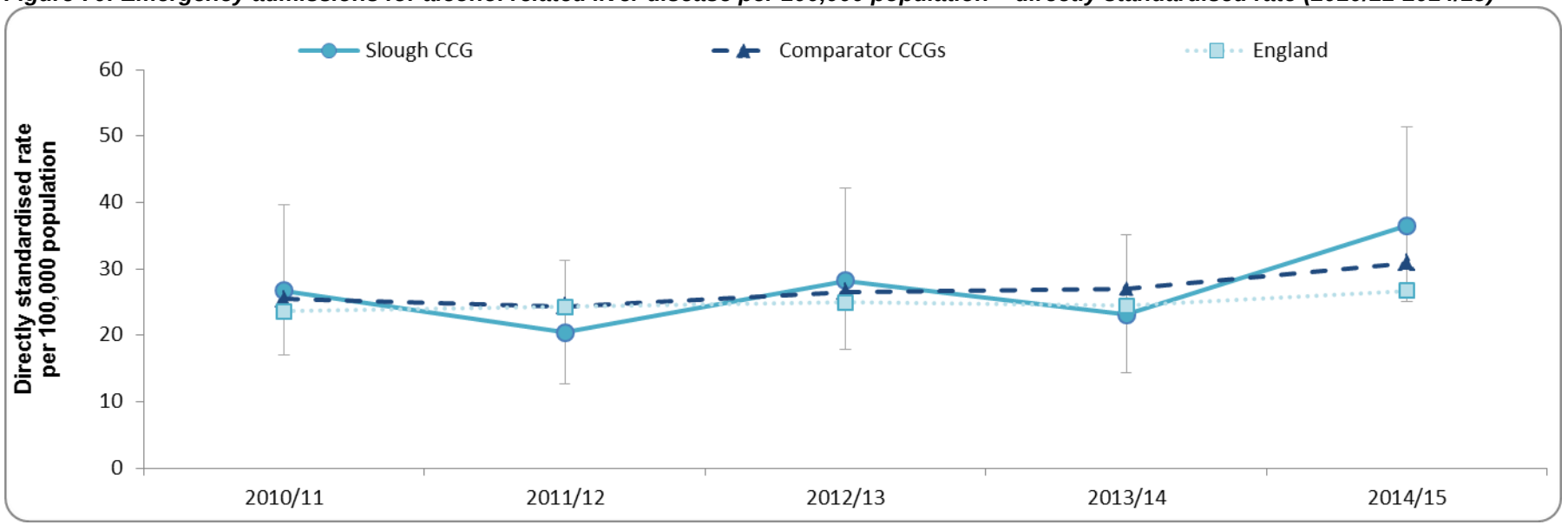


Figure 69 summarises the CCG's adult hospital admissions for specific liver diseases. Alcoholic liver disease is the single main reason for admission with 115 admissions in the 3-year period.

Source: Dr Foster (2015)

The number of emergency admissions for alcohol related liver disease is included in the CCG Outcomes Indicator Set. Figure 70 shows that the rate of admissions in Slough CCG has remained at a similar level since 2010/11, apart from an increase in 2014/15. However, it is important to note that this trend is based on relatively small figures from 26 admissions in 2010/11 to 35 admissions in 2013/14 – and are therefore not statistically significant.

Figure 70: Emergency admissions for alcohol related liver disease per 100,000 population – directly standardised rate (2010/11-2014/15)

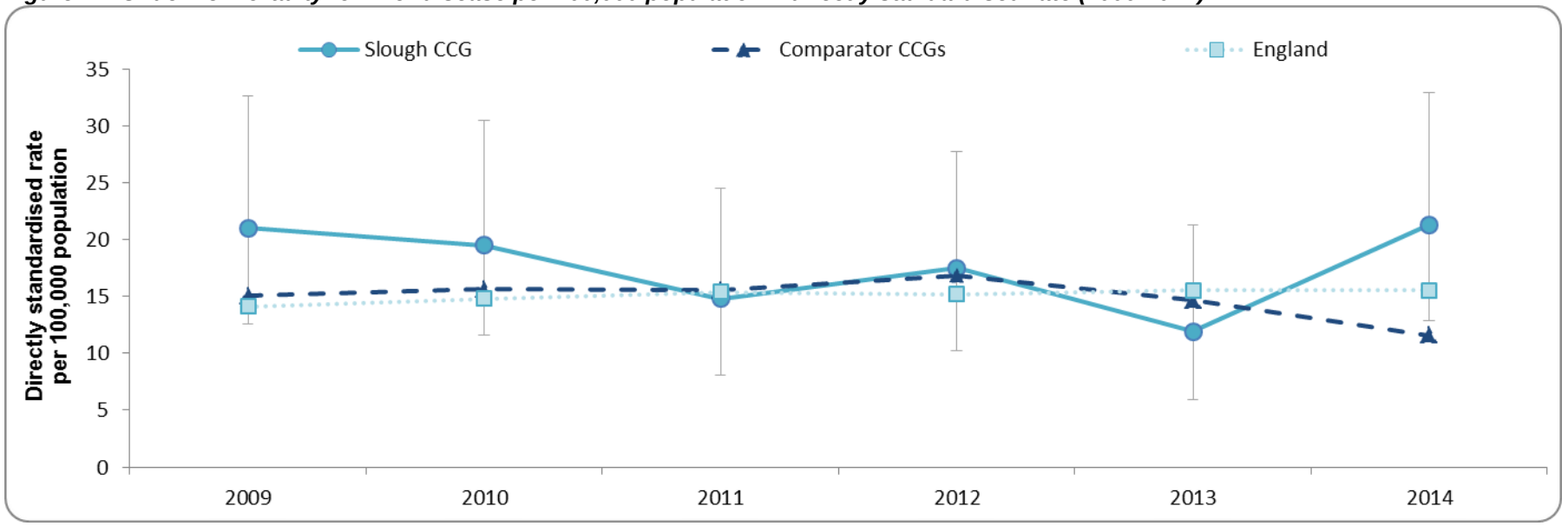


Source: Health & Social Care Information Centre (2015)

6.64 Mortality

In 2014, 22 people aged under 75 died from liver disease in Slough CCG. The graph below shows the mortality rate over a 5 year period for all people aged under 75 (2009-2014).

Figure 71: Under 75 mortality for liver disease per 100,000 population – directly standardised rate (2009-2014)



Source: Health & Social Care Information Centre (2015)

In 2009-2014, 65% of people aged under 75 who died from liver disease in England were male. Figures are not available at a CCG level, as the numbers are relatively small.

RightCare (2013) note that there was an 88% rise in age standardised mortality rates from chronic liver disease between 1993 and 2010. While this significant rise has plateaued slightly in recent years, liver disease is the only major cause of death that is increasing year on year.

6.7 Mental Health

Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Approximately 1% of the UK population has a severe mental health problem and many will have begun to suffer from this in their teens or early twenties.

A new Mental Health Outcomes Framework was published in 2011, which aims to provide better mental health for all and to increase the numbers of people recovering from mental illness. The NHS Outcomes Framework also contains three improvement areas relating specifically to mental health, which includes premature mortality in people with serious mental illness, employment of people with mental illness and patient experience of community mental health services.

According to the Alzheimer's Society, there are around 800,000 people in the UK with dementia. One in three people over 65 will develop dementia and two-thirds of people with dementia are women. The number of people with dementia is increasing because people are living longer. It is estimated that by 2021, the number of people with dementia in the UK will have increased to around 1 million.

Public Health England published new Community Mental Health Profiles for CCGs in June 2014. These provide information about the levels of mental illness at a local level, as well as treatment and outcomes indicators. The PHE Profile can be looked at alongside this Locality Profile to inform commissioning in Slough CCG.

6.71 Mental Health prevalence profile for Slough CCG

Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of different Mental Health conditions in the CCG area, which have been taken from the Quality and Outcomes Framework. These have been compared with the prevalence rates of similar CCGs and also the national rate.

It is important to note that looking at the numbers of people currently being treated for a disease or condition does not show the true prevalence and impact on a population's health. There will also be many people who have a disease or condition that are not aware of it and/or have not been diagnosed. This section will also include estimated prevalence figures, where available, which have been developed by using population statistics and scientific research on the risks factors for each disease to derive an estimation of the true number of people suffering from it. The source of these estimations will be shown under each condition.

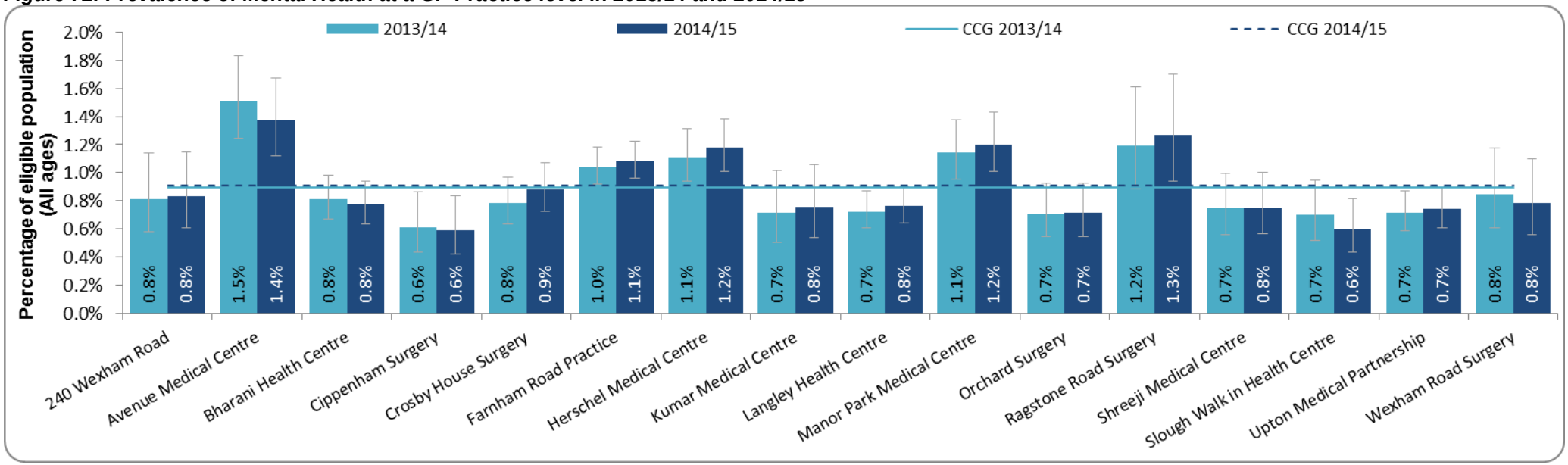
6.711 Prevalence of schizophrenia, bipolar affective disorder and other psychoses

Number of people on Mental Health Register:	1,72
Recorded prevalence in CCG area:	0.91%
Comparison of prevalence:	⇩ than the Comparator CCG rate of 0.92%
	⇩ than the national rate of 0.88%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 0.89%.

The GP Mental Health Register records the number of people who have schizophrenia, bipolar affective disorder or other psychoses.

Figure 72: Prevalence of Mental Health at a GP Practice level in 2013/14 and 2014/15

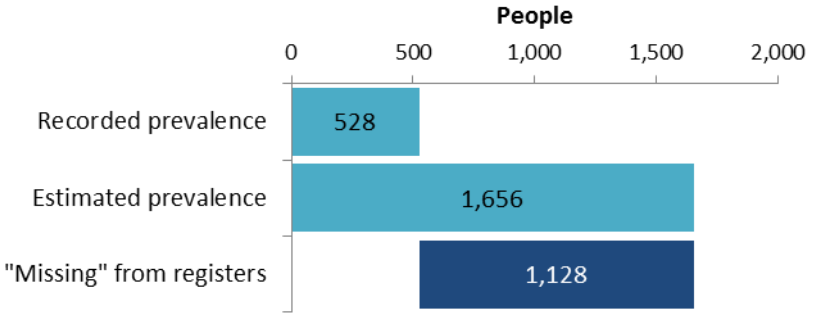


Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.712 Dementia Prevalence

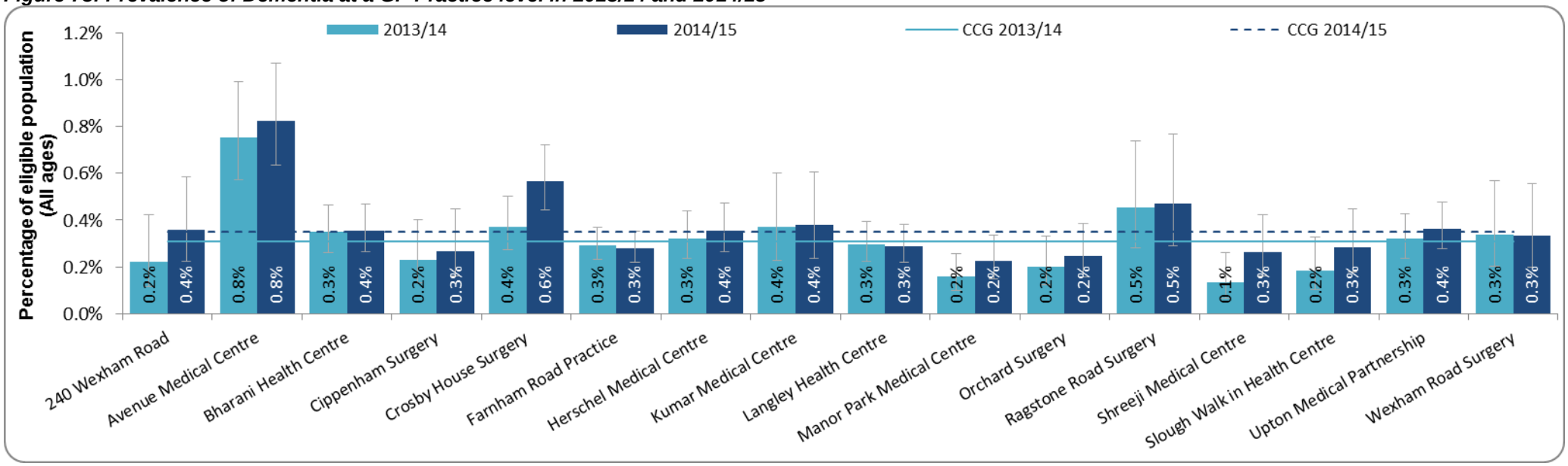
Number of people on Dementia Register: 528
Recorded prevalence in CCG area: 0.35%
Comparison of prevalence: ⇩ than the Comparator CCG rate of 0.63%
⇩ than the national rate of 0.74%

The CCG's 2014/15 prevalence rate was similar to the 2013/14 rate of 0.31%.



The estimated prevalence for Dementia in Slough CCG is 1.1%. This means that there were 1,128 people "missing" from GP registers in 2014/15. These estimations come from the national prevalence model developed by Knapp and Prince (2007). It is important to note that these estimations come from Knapp and Prince's (2007) national model, which has not been disaggregated to a local level. This model will therefore show under or over estimations in local regions, depending on the demographics of that region.

Figure 73: Prevalence of Dementia at a GP Practice level in 2013/14 and 2014/15



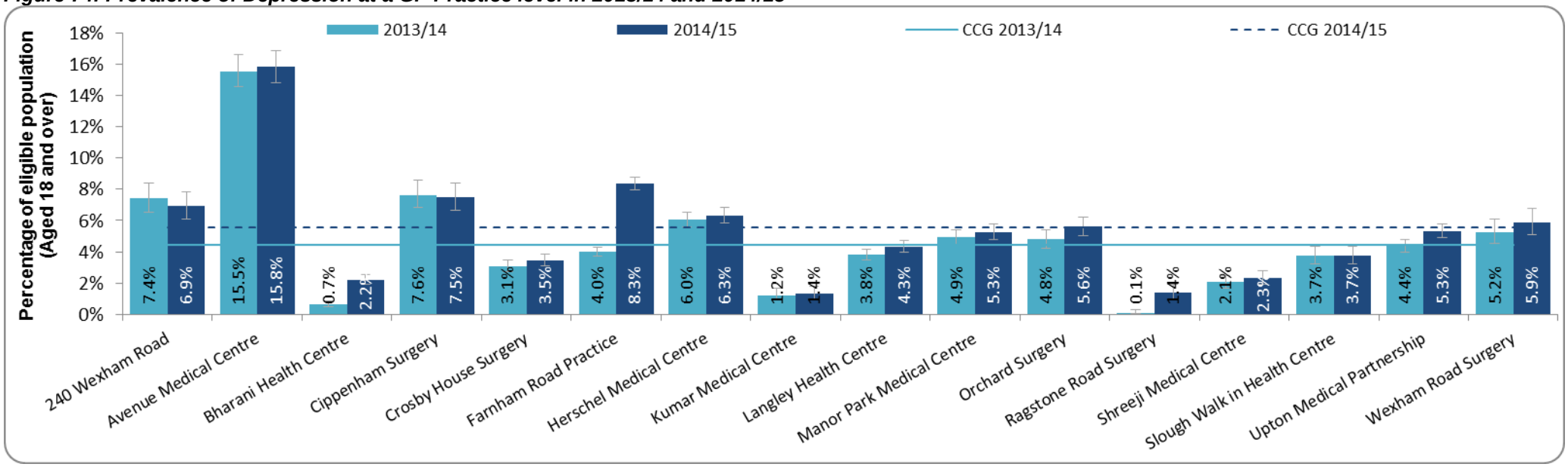
Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.713 Depression Prevalence

Number of people on Depression Register: 6,179
Recorded prevalence in CCG area: 5.56%
Comparison of prevalence: ⇩ than the Comparator CCG rate of 6.16%
⇩ than the national rate of 7.33%

The CCG's 2014/15 prevalence rate was significantly higher than the 2013/14 rate of 4.41%.

Figure 74: Prevalence of Depression at a GP Practice level in 2013/14 and 2014/15



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.72 Quality of Care

This section of the Profile provides a summary of indicators that are used to monitor care for mental health from the CCG Outcomes Indicator Set (CCG OIS) and the GP Quality and Outcomes Framework (QOF):

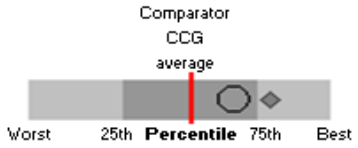
- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes.
- Quality and Outcomes Framework (QOF) – the QOF is the annual reward and incentive programme detailing GP practice achievement results. This rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

These indicators compare Slough CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Slough CCG, as defined in the Commissioning for Value packs. The Direction of Travel (DOT) is also shown to indicate whether the CCG's performance was significantly better, significantly worse or similar to the previous year's outturn.

Where Slough CCG performed significantly worse than the Comparator Group average in the Quality and Outcomes Framework, an additional graph has been included to show a breakdown by GP.

Key for spine charts:

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



6.721 CCG Outcomes Indicator Set summary for mental health

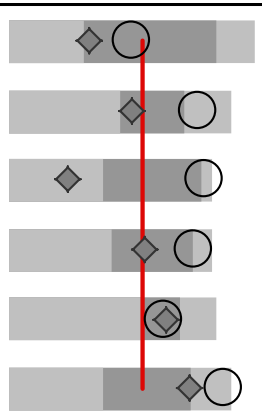
Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 2.1	Improved health-related quality of life for people with LTCs	Jul-14 to Mar-15	0.75	0.77	0.74	0.74		0.81	0.73	↑
CCG 2.2	% of people feeling supported to manage their conditions	Jul-14 to Mar-15	59.5%	64.1%	64.4%	59.5%		69.0%	54.9%	↔
CCG 2.11a	Referrals to IAPT services which indicated a recovery following a completion of treatment	2013/14	48.2%	41.7%	42.3%	23.1%		62.1%		
CCG 2.11b	Referrals to IAPT services which indicated a reliable improvement following a completion of treatment	2013/14	66.4%	54.9%	59.8%	32.9%		71.7%		
CCG 2.11c	Referrals to IAPT services which indicated a reliable deterioration following a completion of treatment	2013/14	6.5%	10.1%	10.0%	43.8%		4.8%		

Slough CCG performed significantly better than the Comparator Group for the new indicators about Improving Access to Psychological Therapies (IAPT) in 2013/14. IAPT aims to encourage improved access to talking therapies for people with common mental health problems such as depression and anxiety disorders. These new indicators look at the completion of treatment (2.11a), improvement following completion of treatment (2.11b) and deterioration following completion of treatment (2.11c). Figures for 2013/14 are classed as experimental due to the relative youth of the data set.

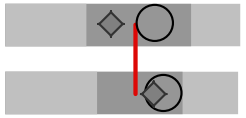
Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Highest	CCG Comparator Group Range	CCG Comp Group Lowest	Previous outturn	DOT
CCG 2.9	Access to community mental health services by people from BME groups - number of people per 100,000	2014/15	1,831	2,004	2,201	3,142		1,437	1,735	↓
CCG 2.10	Access to psychological therapies services by people from BME groups - number of people per 100,000	2013/14	791.8	458.9	719.4	955.1		184.0	677.6	↓

2 indicators in the CCG Outcomes Indicator Set look at access to mental health services by people from Black and Minority Ethnic (BME) Groups. In 2014/15, 1,395 people from a BME group accessed community mental health services in Slough CCG. This was a rate of 1,831 people per 100,000. In 2013/14, 605 people from a BME group accessed psychological therapies in the CCG, which was a rate of 792 per 100,000 population. This was similar to the national and comparator group figures.

6.722 Quality and Outcomes Framework – Mental Health (patients with schizophrenia, bipolar affective disorder and other psychoses)

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
MH02	% patients on the register who have a care plan documented in the last 12 months, agreed between individuals, family and carers as appropriate	89%	89%	88%	87%		91%	91%	↔
MH03	% patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a blood pressure reading in the last 12 months	91%	90%	90%	87%		91%	93%	↓
MH07	% patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the last 12 months	92%	91%	89%	88%		92%	91%	↔
MH08	% women with schizophrenia, bipolar affective disorder and other psychoses whose notes record a cervical screening test in the last 5 years	92%	89%	89%	81%		93%	91%	↔
MH09	% patients on lithium therapy with a record of serum creatinine and TSH in the last 9 months	96%	95%	97%	88%		99%	94%	↔
MH10	% patients on lithium therapy with a record of lithium levels in the therapeutic range in the last 4 months	93%	88%	91%	81%		93%	89%	↔

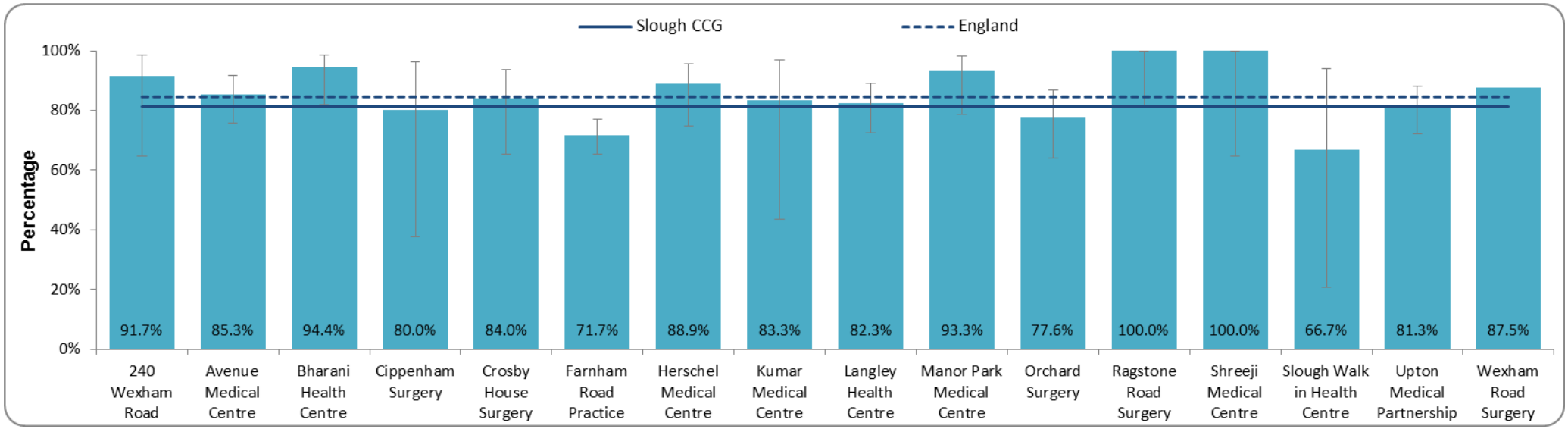
6.723 Quality and Outcomes Framework – Dementia

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
DEM02	% patients diagnosed with dementia whose care has been reviewed in a face to face review in the last 12 months	85%	85%	84%	81%		87%	85%	↔
DEM03	% patients with new diagnosis of dementia with a record of tests recorded 6 months before/after entering on to the register	82%	80%	82%	69%		89%	80%	↔

6.724 Quality and Outcomes Framework – Depression

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
DEP03	% patients with new diagnosis of depression in the previous 1-Apr to 31-Mar, who have been reviewed in the specified timescale	81%	84%	84%	81%		89%	N/A	

Figure 75: GP Practice performance for DEP03: % patients with new diagnosis of depression who have been reviewed in the specified timescale



Source: Quality and Outcomes Framework, Health & Social Care Information Centre (2015)

6.73 Hospital Admissions and Activity

From April 2012 to March 2015, Slough CCG had 508 adult hospital admissions for mental and behavioural disorders (ICD10 chapter V). 95% of these were for non elective admissions, which made up 86% of bed days for mental and behavioural disorder admissions.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	24 admissions (0% of elective admissions)	484 admissions (1.1% of non-elective admissions)
Bed days:	871 bed days (2.4% of elective bed days)	6,769 bed days (3.1% of non-elective bed days)
Average length of stay:	36.3 days	14.0 days

Figure 76: Slough CCG's adult hospital admissions for mental and behavioural disorders (Apr-12 to Mar-15)

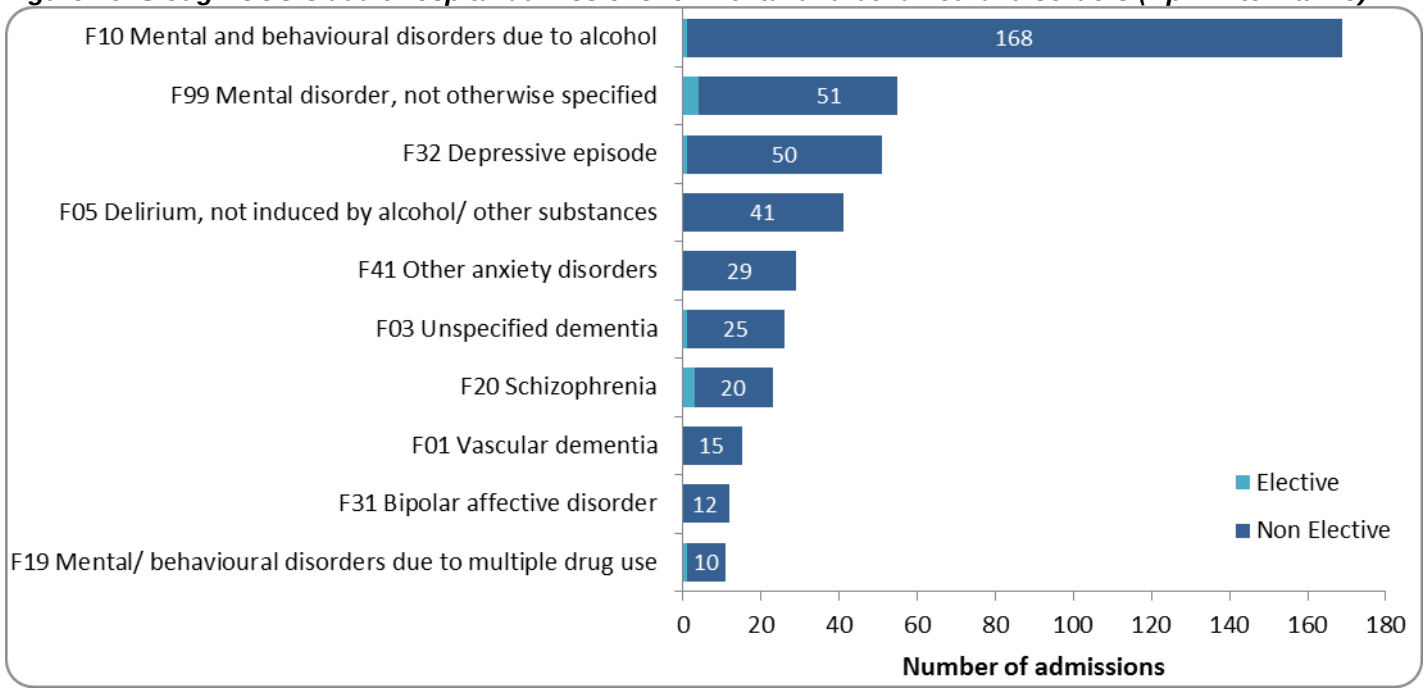
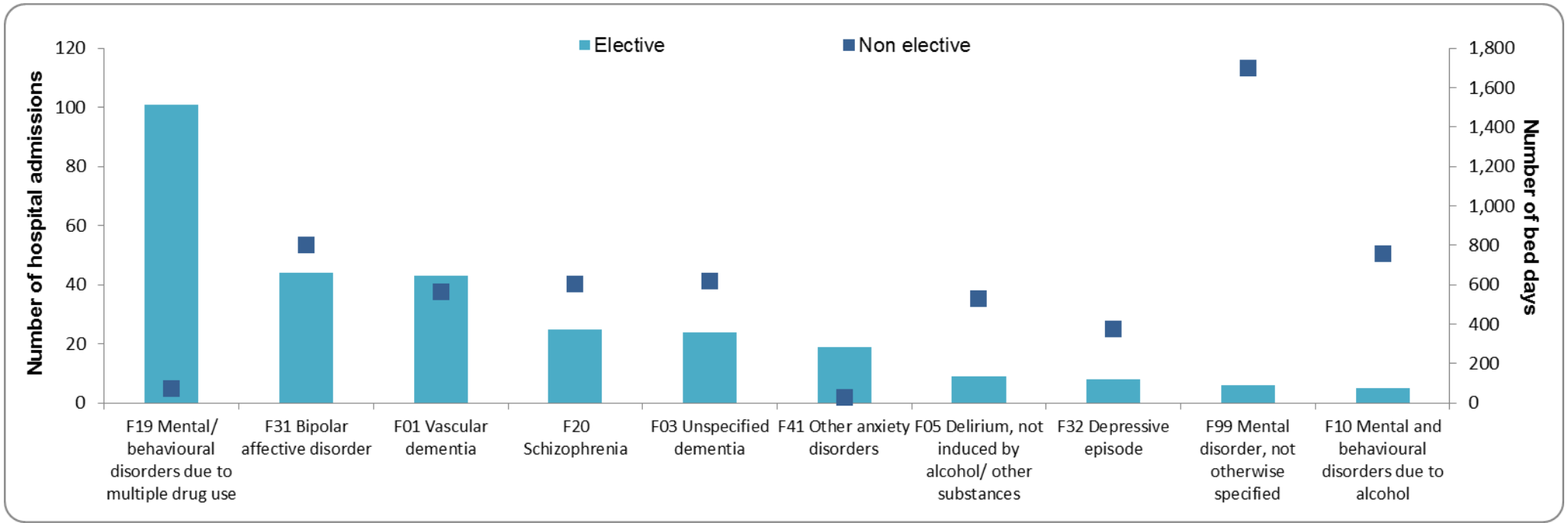


Figure 76 summarises the CCG's adult hospital admissions for mental and behavioural disorders. The single main reason for hospital admissions in the 3-year period was mental and behavioural disorders due to the use of alcohol.

Figure 77 shows that although this was the main reason for admission, the number of bed days for 'mental disorder, not otherwise specified' was much higher. This code accounted for 22% of bed days in the ICD10- chapter over the 3-year period.

Source: Dr Foster (2015)

Figure 77: Slough CCG's adult hospital admissions for mental and behavioural disorders, compared with the number of bed days (Apr-12 to Mar-15)



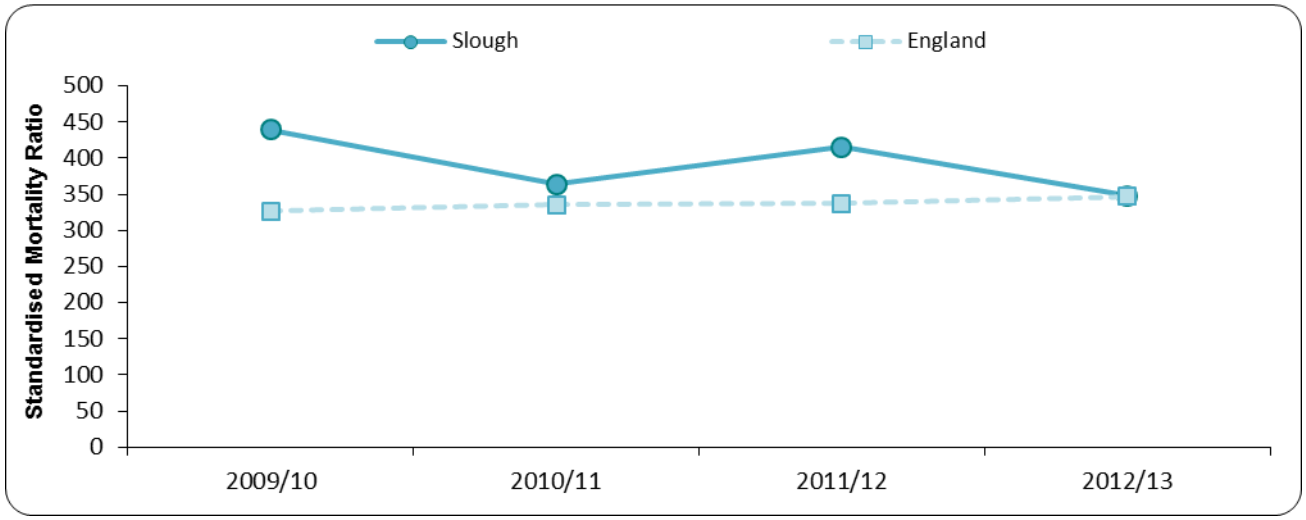
Source: Dr Foster (2015)

6.74 Mortality

The NHS Outcomes Framework includes a measure of the extent to which adults with a serious mental illness die younger than adults in the general population. This is not available at a CCG level, so the information shown below is for Slough Borough Council.

In 2012/13, the under 75 mortality rate in Slough was 305 per 100,000 for the whole population, compared with a much higher rate of 991 per 100,000 for the adult population with serious mental illness. The excess under 75 mortality rate for people with severe mental illness was 348%.

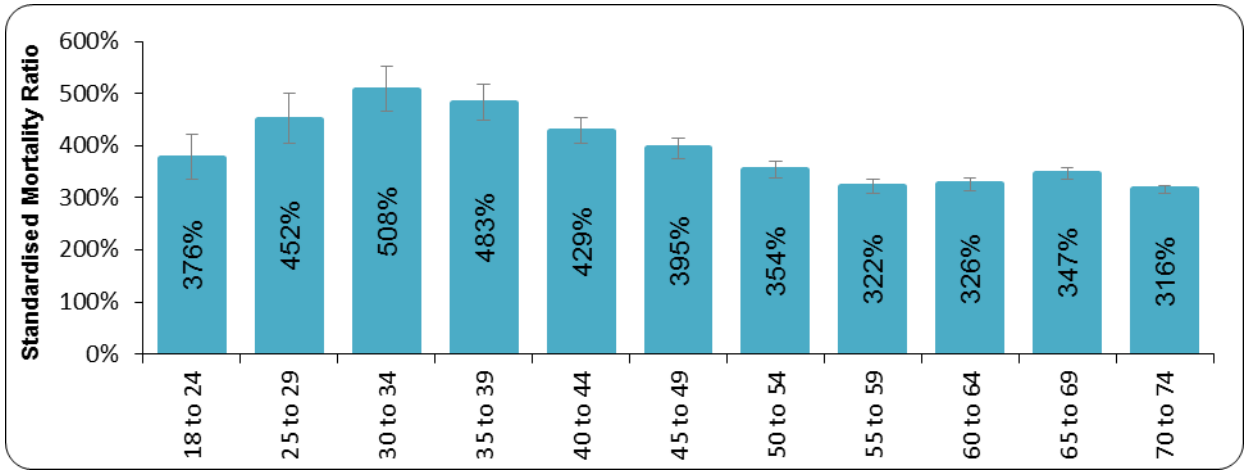
Figure 78: Excess under 75 mortality rate in adults with severe mental illness – standardised mortality ratio (2009/10-2012/13)

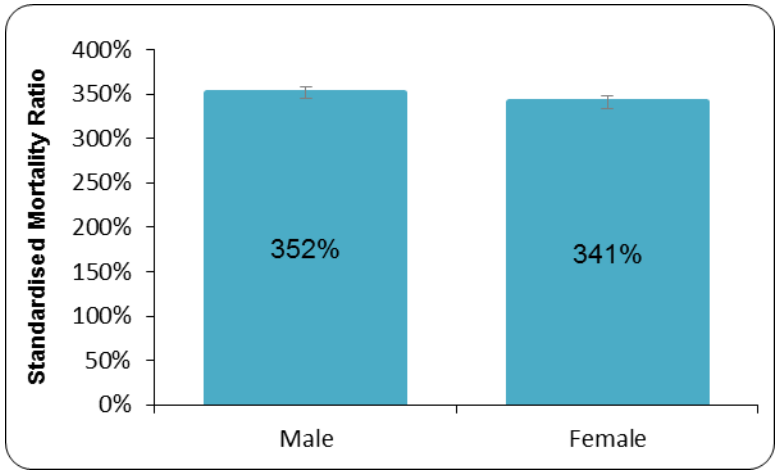


Source: Health & Social Care Information Centre (2015)

National data for this indicator also shows a more detailed breakdown by age group, gender and condition. These graphs are shown on the following page and indicate that the excess mortality ratio for people with severe mental illness is similar for men and women. Those aged 30 to 39 also have the greatest ratio of excess deaths compared with people in other age groups.

Figure 79: Excess under 75 mortality rate in adults with severe mental illness by age group and gender (England, 2012/13)





Source: Health & Social Care Information Centre (2015)

Figure 80 shows the excess under 75 mortality rate by condition. Liver disease and respiratory disease had the highest excess death ratios, which show that proportionately more people with severe mental illness died from these conditions compared to the population as a whole.

Figure 80: Excess under 75 mortality rate in adults with severe mental illness by condition (England, 2012/13)

Source: Health & Social Care Information Centre (2015)

6.741 Suicide and self harm

Around 4,400 people end their own lives in England each year and at least 10 times that number attempt suicide. Many factors are associated with increased risk of suicide, such as drug and alcohol misuse, unemployment, poverty and domestic violence. Approximately 90% of suicide victims suffer from a psychiatric disorder at the time of their death.

In 2010-12, there were 35 suicides in Slough CCG, which is a directly standardised rate of 9.6 per 100,000 population. Nationally, the rate of deaths from suicide and injury of undetermined intent is 8.5 per 100,000 population.

The rate of emergency admissions for self-harm is significantly lower in Slough CCG, compared with the national figure. In 2012/13 there were 217 admissions in the CCG, at a rate of 152.4 per 100,000 population. This reflects the low levels of self harm in young people, which is shown in the Child and Young People Health Profile (section 5.332). However, it is important to note that hospital admissions do not show the full extent of self harm, as the majority of people who self harm will either not harm themselves in a way that needs medical treatment or will deal with it themselves.

6.8 General healthcare and hospital activity

6.81 Potential Years of Life Lost

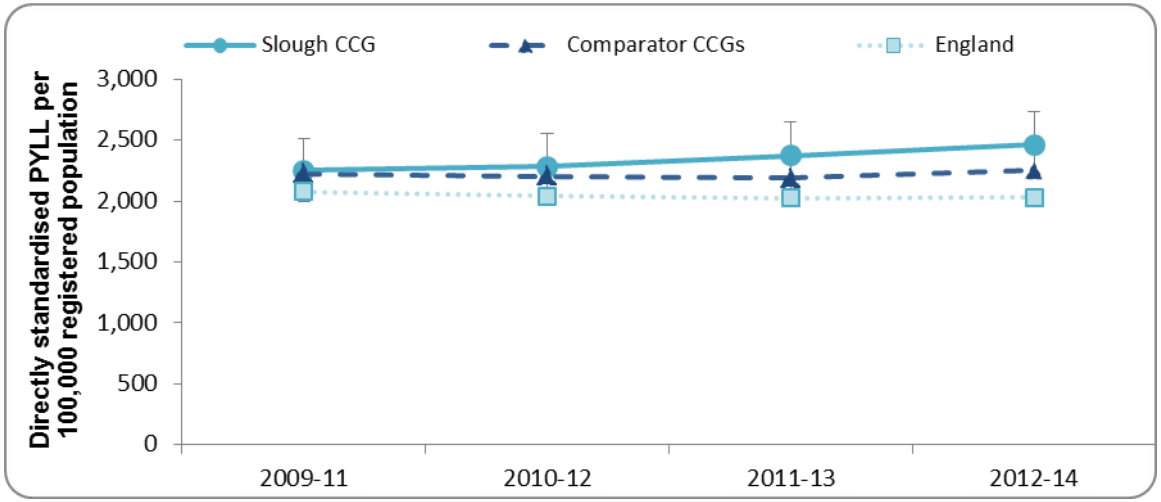
Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare is one of the key outcomes measures included in both the CCG and NHS Outcome Frameworks. This indicator of premature mortality shows the number of years not lived by an individual from birth to 75. A death is considered amenable (treatable) if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause could be avoided through good quality healthcare. Examples of these conditions include coronary heart disease, stoke, treatable cancers, diabetes and TB.

In 2012-14, Slough CCG had 8,144 PYLL considered amenable to healthcare. This is a rate of 2,460 PYLL per 100,000 registered population, which is significantly higher than the England PYLL of 2,032 per 100,000.

Slough CCG's PYLL for cerebrovascular disease, ischaemic heart disease, neoplasms and respiratory disease were all higher than the England average.

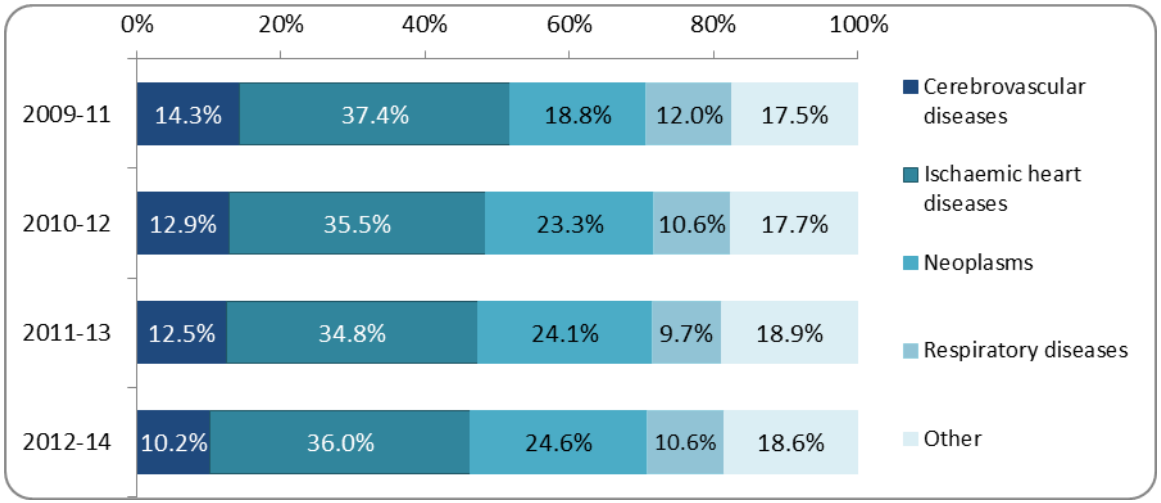
Ischaemic heart disease is the main cause of PYLL in Slough CCG at 36.0% in 2012-14. Neoplasms are the second main cause at 24.6% on 2012-14.

Figure 81: Potential Years of Life Lost in Slough CCG (2009-2014)



Source: Health & Social Care Information Centre (2015)

Figure 82: Percentage of Potential Years of Life Lost in Slough CCG by four main conditions amenable to healthcare (2009-2014)



Source: Health & Social Care Information Centre (2015)

6.82 Hospital Activity

Slough CCG had 79,768 hospital admissions for people aged 18 and over from April 2012 to March 2015. The majority (76%) of these admissions were at Frimley Health Foundation Trust.

Figure 83: Slough CCG's hospital admissions for people aged 18 and over (2012/13 to 2014/15)

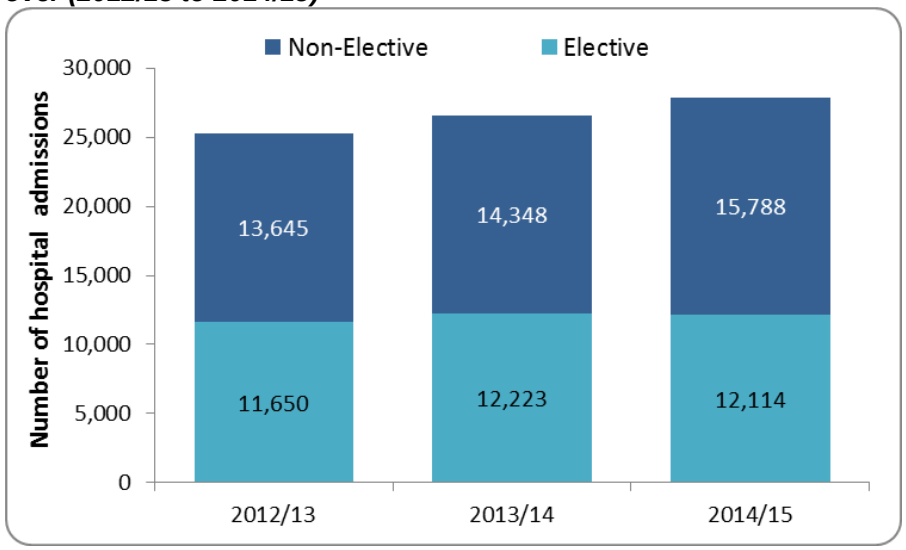
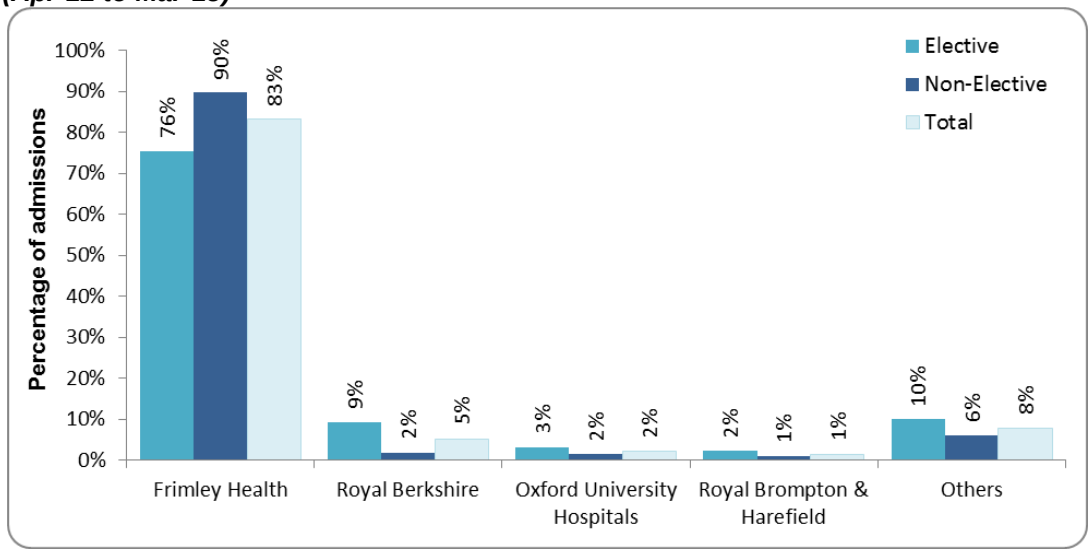


Figure 84: Slough CCG's hospital admissions for people aged 18 and over by provider (Apr-12 to Mar-15)



Source: Dr Foster (2015)

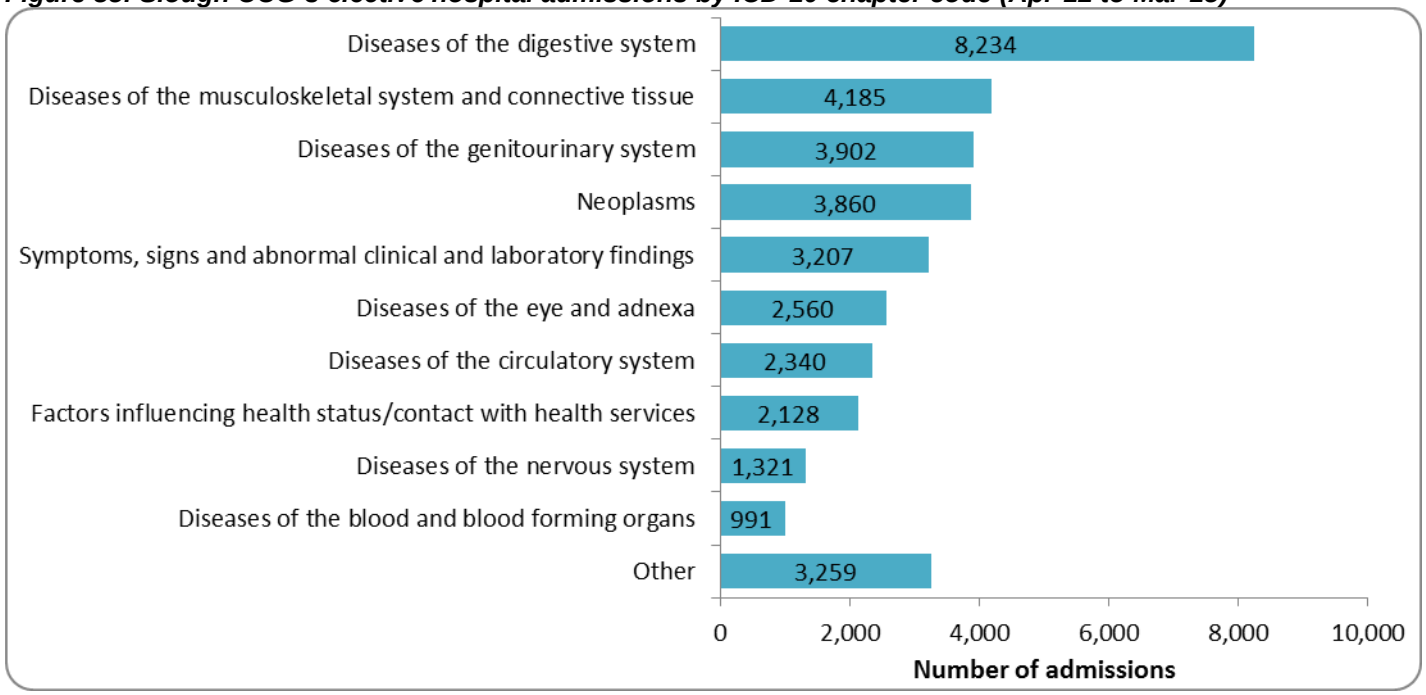
54.9% of hospital admissions for Slough CCG residents (aged 18 and over) were non-elective and these made up 88.4% of bed days from April 2012 to March 2015.

	Elective hospital admissions	Non-elective hospital admissions
Number of admissions:	35,987 elective admissions (45.1% of all admissions)	43,781 admissions (54.9% of all admissions)
Bed days:	28,973 bed days (11.6% of all bed days)	221,183 bed days (88.4% of all bed days)
Average length of stay:	0.8 days	5.1 days

Source: Dr Foster (2015)

Figure 85 summarises the CCG's elective hospital admissions for April 2012 to March 2015 showing the ten most common reasons for admission.

Figure 85: Slough CCG's elective hospital admissions by ICD-10 chapter code (Apr-12 to Mar-15)

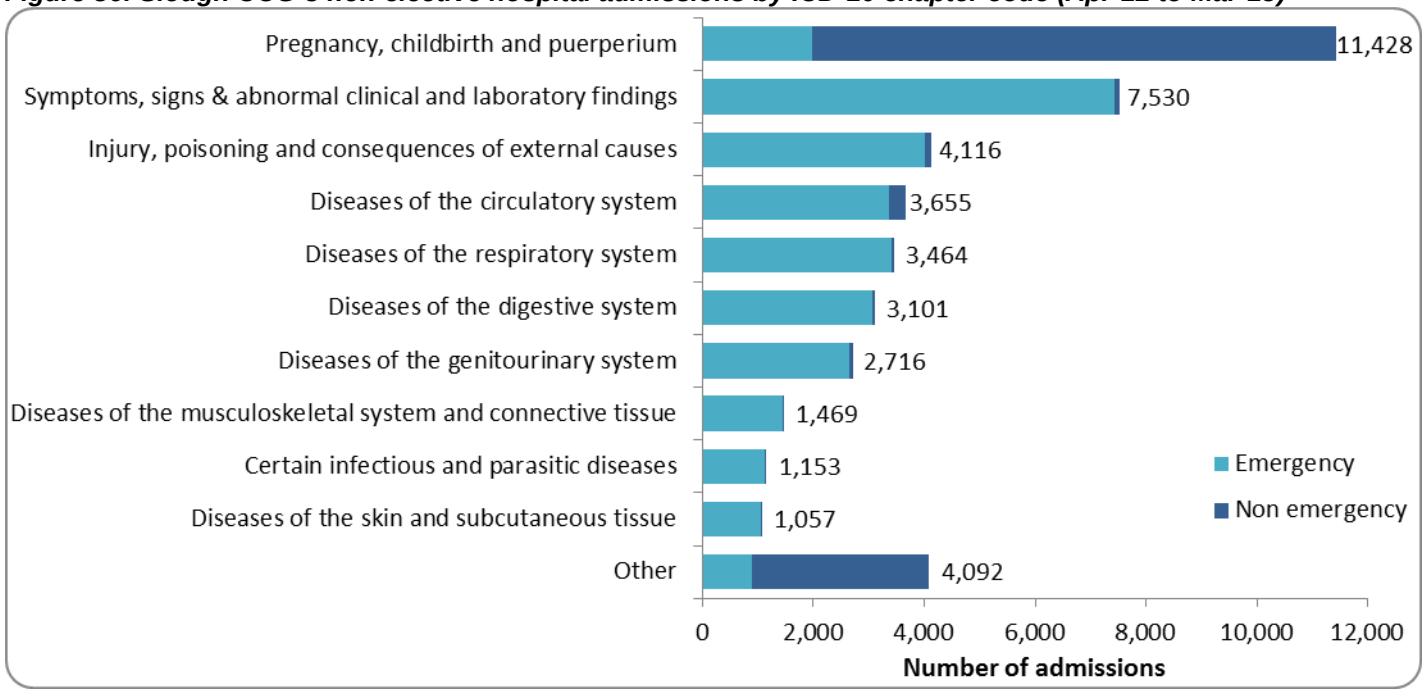


Source: Dr Foster (2015)

The main elective admission type in Slough CCG was 'Diseases of the digestive system'. However, the single main reason for elective admissions was cataracts (H26 Other cataracts) with 1,938 elective admissions over the 3-year period. This is 5% of all elective admissions in the CCG.

Figure 86 summarises the CCG's non-elective hospital admissions for April 2012 to March 2015 showing the ten most common reasons for admission. Non-elective admissions include maternity/births and transfers, as well as emergency admissions. The difference in these admission types is also shown in the figure below.

Figure 86: Slough CCG's non-elective hospital admissions by ICD-10 chapter code (Apr-12 to Mar-15)



Source: Dr Foster (2015)

The main non-elective admission type in Slough CCG was 'Pregnancy, childbirth and puerperium', although a large proportion (83%) of these were not emergencies. The main emergency admission type was for 'Symptoms, signs and abnormal clinical and laboratory findings' with 7,425 emergency admissions over the 3-year period.

6.821 CCG Outcomes Indicator Set for emergency admissions

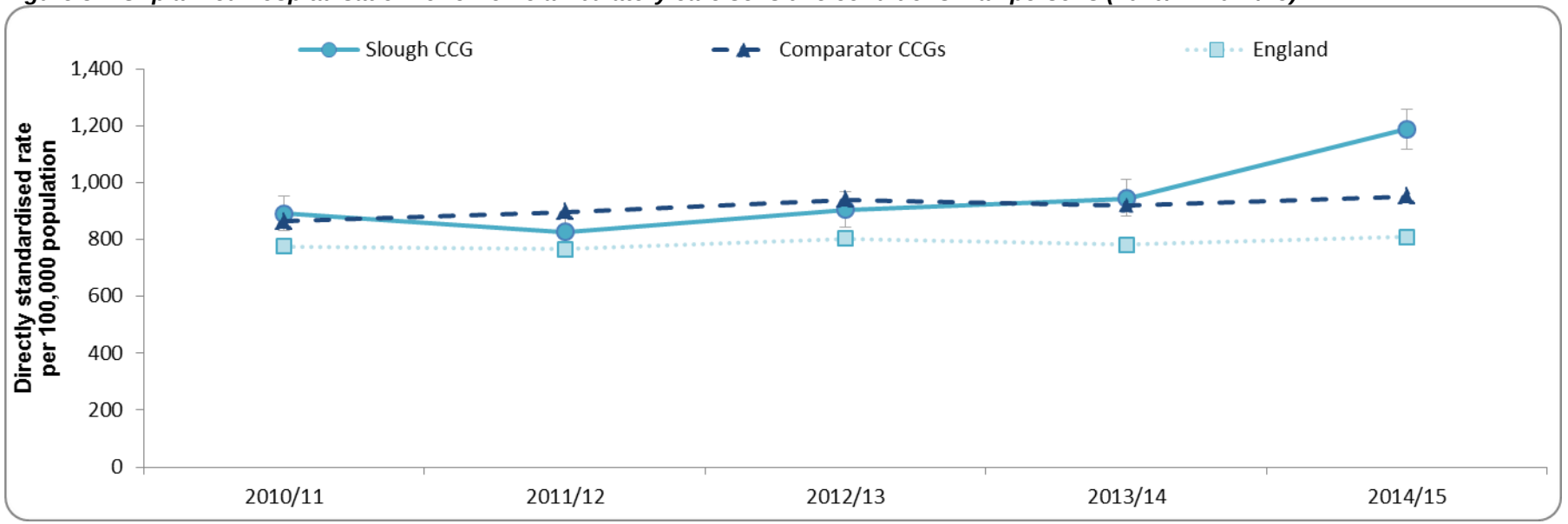
The CCG Outcomes Indicator Set includes 5 indicators that focus on emergency admission to hospital. These are used as a measure of co-ordination between different elements of the healthcare system.

CCG 2.6: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACSCs)

Unplanned hospitalisation for chronic ACSCs include admissions for long-term conditions such as asthma, diabetes, epilepsy, hypertensive disease, dementia and heart failure. These are admissions which could be prevented by effective community care and case-management.

In 2014/15, Slough CCG had 1,249 unplanned admissions for ACSCs. This is 1,187 admissions per 100,000 population. The rate of admissions in the CCG is significantly greater than the national and comparator group averages.

Figure 87: Unplanned hospitalisation for chronic ambulatory care sensitive conditions – all persons (2010/11-2014/15)



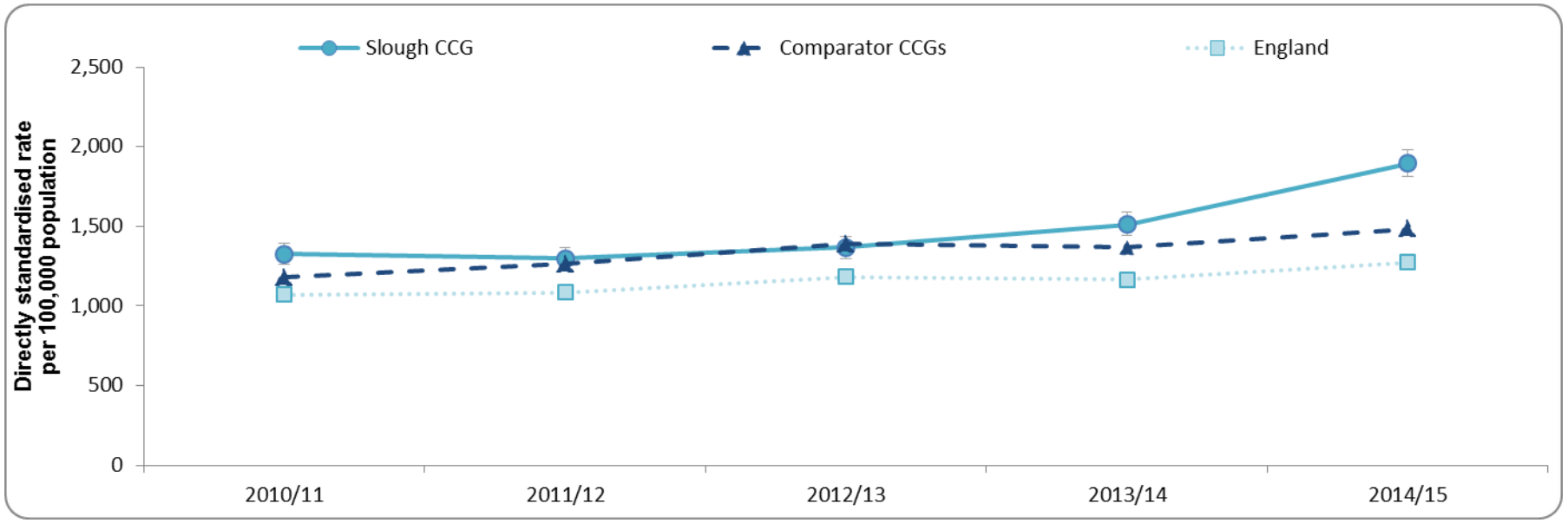
Source: Health & Social Care Information Centre (2015)

CCG 3.1: Emergency admissions for acute conditions that should not require hospital admission

Emergency admissions for acute conditions that should not usually require hospital admission include disease such as influenza, pneumonia, urinary tract infections and cellulitis. These should be managed without the patient needing to be admitted to hospital.

In 2014/15, Slough CCG had 2,330 emergency admissions for acute conditions that should not require admission. This is 1,896 admissions per 100,000 population. The rate of admissions in the CCG continues to be significantly higher than the national rate.

Figure 88: Emergency admissions for acute conditions that should not require hospital admission – all persons (2010/11-2014/15)



Source: Health & Social Care Information Centre (2015)

6.9 Seasonal Flu Immunisations

Most cases of flu in the UK tend to occur during the winter and the NHS immunisation programme provides a means to vaccinate people at the greatest risk before the virus starts to circulate. The national programme for 2014/15 covered people aged 65 and over, pregnant women, people aged under 65 who were at clinical risk and all children aged 2, 3 and 4 years old.

Figure 89 shows the number and percentage of people who received the flu vaccine from GPs in Slough CCG between 1st September 2014 and 31st January 2015.

Figure 89: Slough CCG's seasonal flu immunisation uptake for people aged 65 and over (2014/15)

	People age 65 and over		People aged under 65 at clinical risk		Pregnant women		Children aged 2		Children aged 3		Children aged 4	
	Patients registered	% uptake	Patients registered	% uptake	Patients registered	% uptake	Patients registered	% uptake	Patients registered	% uptake	Patients registered	% uptake
Slough CCG	13,294	69.5%	17,349	9,337	2,840	1,061	2,700	31.9%	2,758	35.5%	2,756	27.7%
240 Wexham Road	333	78.7%	525	65.3%	112	49.1%	82	72.0%	70	74.3%	78	74.4%
Avenue Medical Centre	833	72.9%	1,019	53.7%	139	40.3%	105	28.6%	126	36.5%	134	26.1%
Bharani Health Centre	1,006	74.9%	1,488	56.2%	207	34.8%	231	16.5%	221	30.8%	223	15.7%
Cippenham Surgery	295	61.7%	595	57.0%	72	48.6%	110	27.3%	93	38.7%	98	27.6%
Crosby House Surgery	1,055	65.3%	1,116	49.6%	228	29.8%	190	15.8%	172	15.7%	194	12.4%
Farnham Road Practice	2,077	67.4%	2,839	49.4%	629	31.5%	468	19.7%	482	25.1%	482	15.8%
Herschel Medical Centre	1,351	66.0%	1,448	48.4%	256	37.5%	244	29.1%	246	20.3%	215	14.9%
Kumar Medical Centre	458	79.0%	752	69.7%	88	56.8%	62	64.5%	69	71.0%	74	68.9%
Langley Health Centre	2,140	66.0%	1,715	47.6%	208	38.0%	299	38.5%	304	40.5%	325	36.3%
Manor Park Medical Centre	959	76.1%	1,620	54.0%	185	33.0%	158	13.9%	159	26.4%	165	17.6%
Orchard Surgery	661	65.7%	711	52.6%	115	53.0%	133	29.3%	131	26.0%	155	20.0%
Ragstone Road Surgery	410	63.2%	370	50.5%	48	33.3%	33	36.4%	43	37.2%	51	43.1%
Shreeji Medical Centre	584	83.0%	751	78.3%	87	72.4%	97	82.5%	112	85.7%	74	79.7%
Slough Walk in Health Centre	140	64.3%	524	50.4%	173	34.1%	144	46.5%	160	35.6%	126	38.1%
Upton Medical Partnership	1,253	66.9%	1,333	52.5%	228	35.1%	285	35.8%	292	39.7%	286	28.0%
Wexham Road Surgery	369	78.3%	543	53.0%	65	18.5%	59	55.9%	78	57.7%	76	50.0%

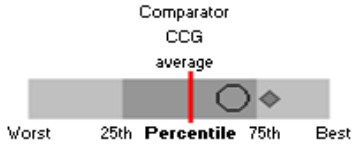
Source: NHS England South (2015); Seasonal Flu Vaccine Uptake 2014/15 (2015)

7. GP Patient Survey

The GP Survey is sent out twice a year and is used to assess patient's experience of the quality of care that they receive from their local GP, as well as how easy it is to access services. In 2014/15, 1,646 patients from Slough CCG responded to the survey.

The tables below provide a summary of the 2014/15 GP Survey results for Slough CCG, which were sent out from July to September 2014 and January to March 2015.These are compared with the CCG Comparator Group average and national average. The Comparator Group is made up of the 10 CCGs that are the "most similar" to Slough CCG, as defined in the Commissioning for Value packs. Additional graphs are included for indicators where Slough CCG's performance is significantly lower than the CCG comparator group.

- Significantly better than similar CCG average
- Significantly worse than the similar CCG average
- Not significantly different to the similar CCG average
- National average



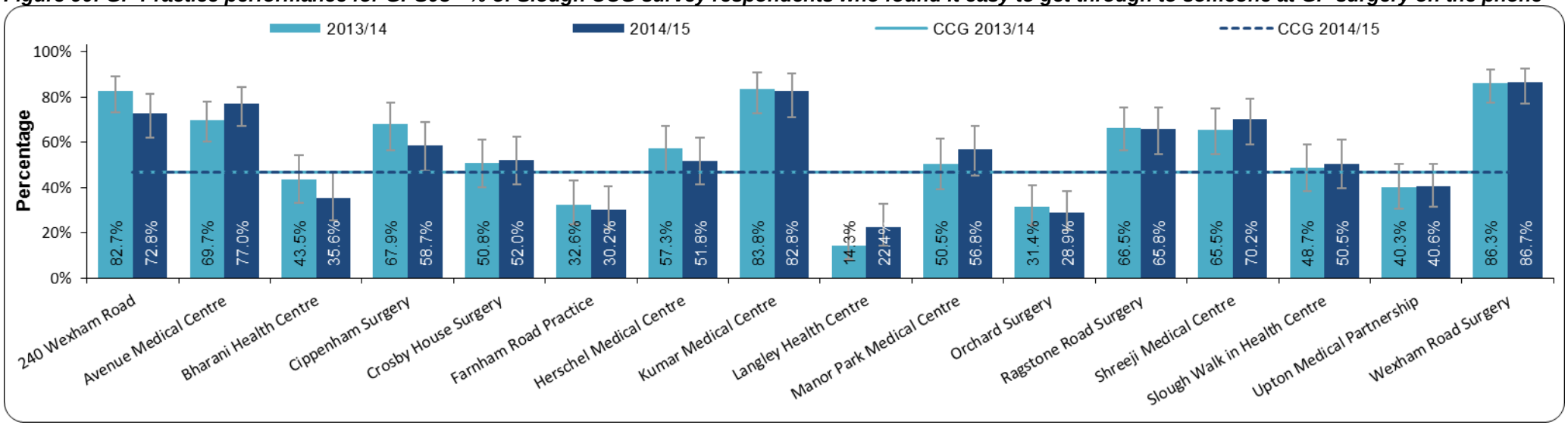
The Direction of Travel (DOT) column indicates whether the CCG's 2014/15 performance was significantly better, significantly worse or similar to the 2013/14 outturn.

7.1 Accessing GP Services

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
GPS03	Ease of getting through to someone at GP surgery on the phone - Easy (total)	47%	62%	71%	47%		70%	47%	↔
GPS04	Helpfulness of receptionists at GP surgery - Helpful (total)	81%	83%	87%	77%		87%	78%	↑
GPS09	Frequency of seeing preferred GP - always, almost always or a lot of the time (total)	41%	52%	60%	41%		59%	39%	↔

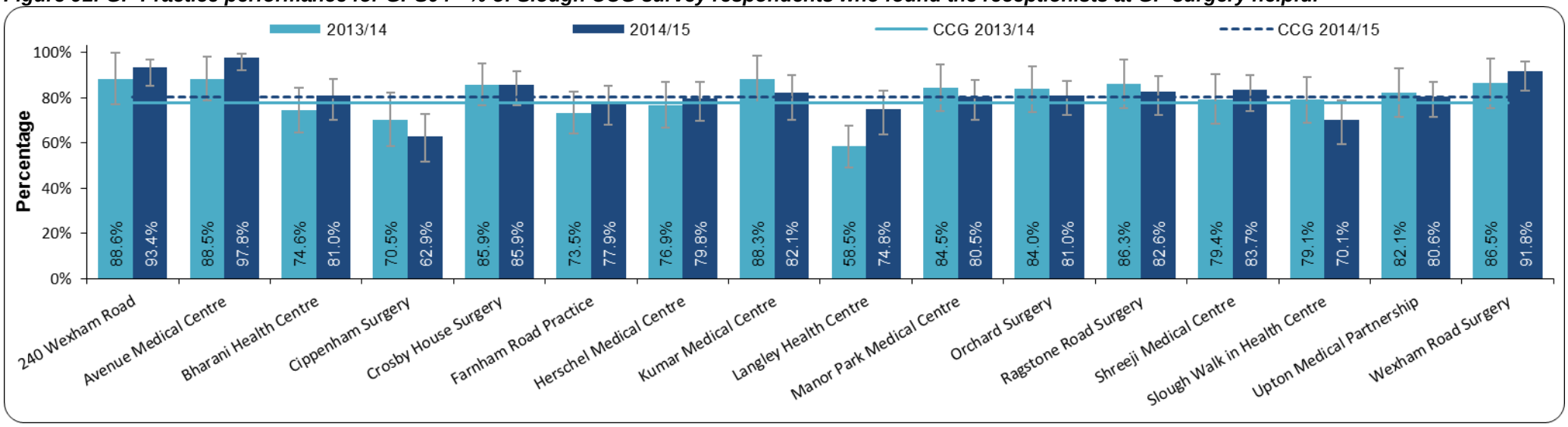
The percentage of Slough CCG survey respondents who found it easy to get through to someone on the phone at their surgery, who found the receptionists helpful and who saw their GP frequently were significantly lower than the CCG Comparator Group and national averages.

Figure 90: GP Practice performance for GPS03 - % of Slough CCG survey respondents who found it easy to get through to someone at GP surgery on the phone



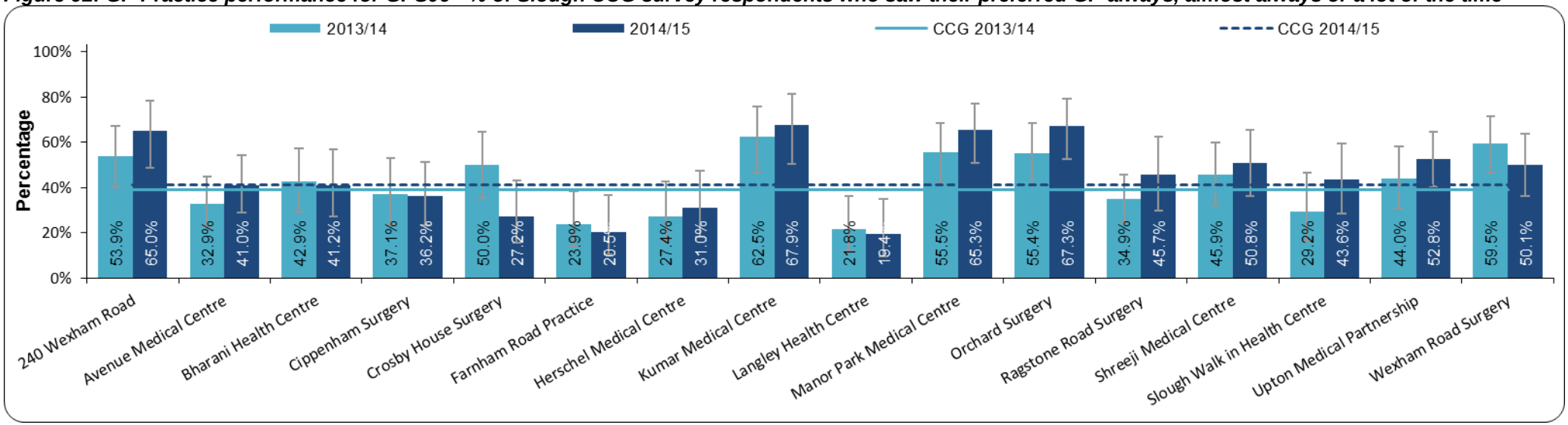
Source: NHS England, GP Patient Survey (2014/15)

Figure 91: GP Practice performance for GPS04 - % of Slough CCG survey respondents who found the receptionists at GP surgery helpful



Source: NHS England, GP Patient Survey (2014/15)

Figure 92: GP Practice performance for GPS09 - % of Slough CCG survey respondents who saw their preferred GP always, almost always or a lot of the time



Source: NHS England, GP Patient Survey (2014/15)

57% of Slough CCG respondents had seen/spoken to a GP from their surgery in the last 3 months. 12% had not seen/spoken to a GP in over a year.

Patients were asked about how they booked their GP appointments and were able to pick more than one method. 85% of patients in the CCG normally book their appointments at the surgery by phone and 31% do so in person. 6% of respondents said that they were aware they could book appointments online, while 60% stated that they did not know what online services were offered by their GP Practice.

7.2 Making an appointment

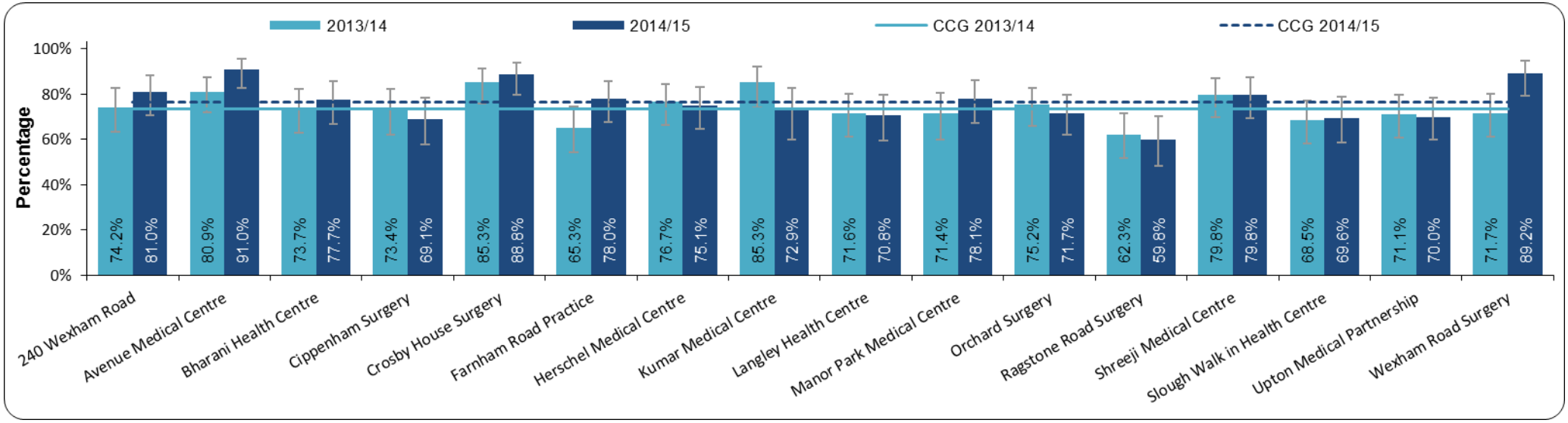
Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
GPS12	Able to get an appointment to see or speak to someone - Yes (total)	76%	80%	85%	76%		82%	73%	↑
GPS15	Convenience of appointment - Convenient (total)	83%	89%	92%	83%		93%	83%	↔
GPS18	Overall experience of making an appointment - Good (total)	55%	66%	73%	55%		71%	55%	↔

83% of patients said that the last GP/Nurse appointment they were offered was convenient for them, which was the lowest level in the CCG Comparator Group. For those that did not find it convenient, the main reason was because they could not see or speak to someone on the day that they wanted (50%).

For the patients that felt the appointment offered was inconvenient

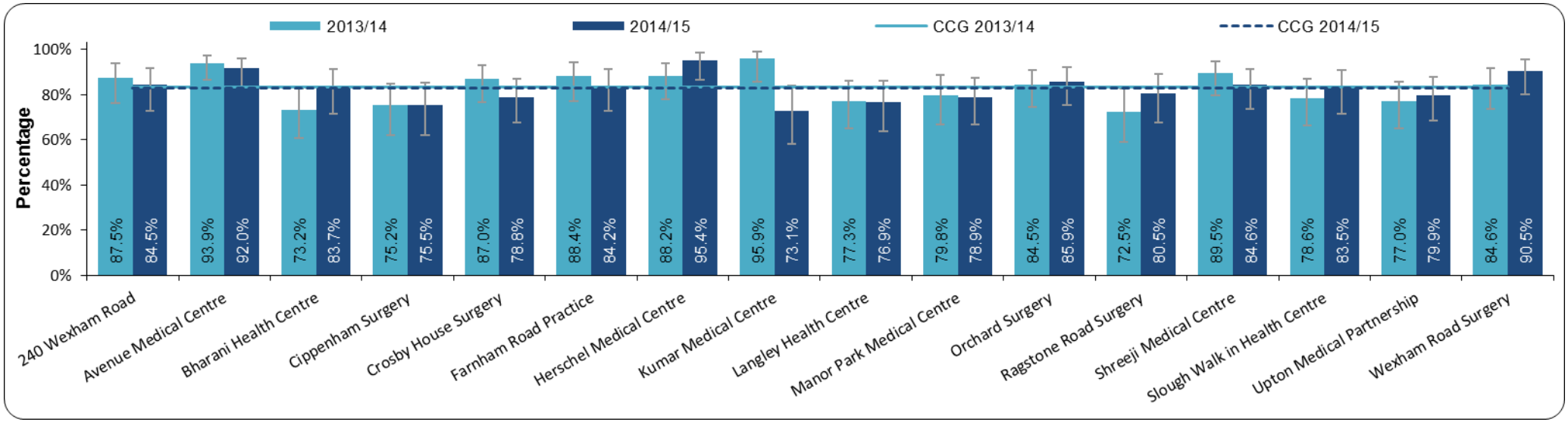
- 37% still took the appointment offered
- 20% got appointment for a different day
- 16% decided to ring the surgery another time
- 12% didn't speak to anyone about their concerns
- 12% went to A&E/ walk-in centre
- 4% had consultation over the phone
- 3% saw pharmacists instead

Figure 93: GP Practice performance for GPS12 - % of Slough CCG survey respondents who were able to get an appointment to see or speak to someone



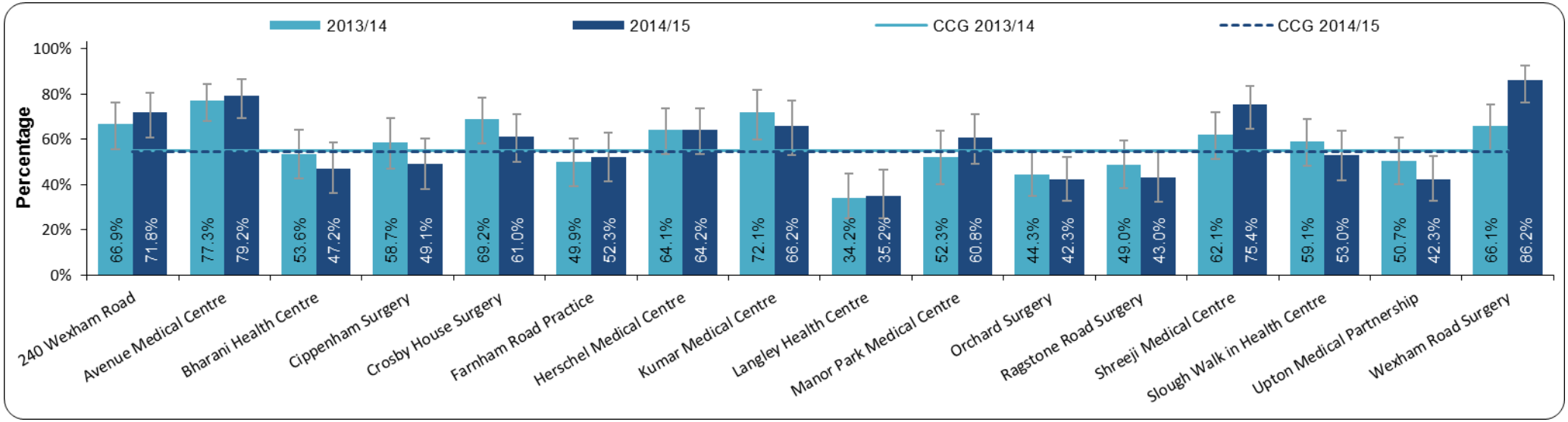
Source: NHS England, GP Patient Survey (2014/15)

Figure 94: GP Practice performance for GPS15 - % of Slough CCG survey respondents who found their appointment convenient



Source: NHS England, GP Patient Survey (2014/15)

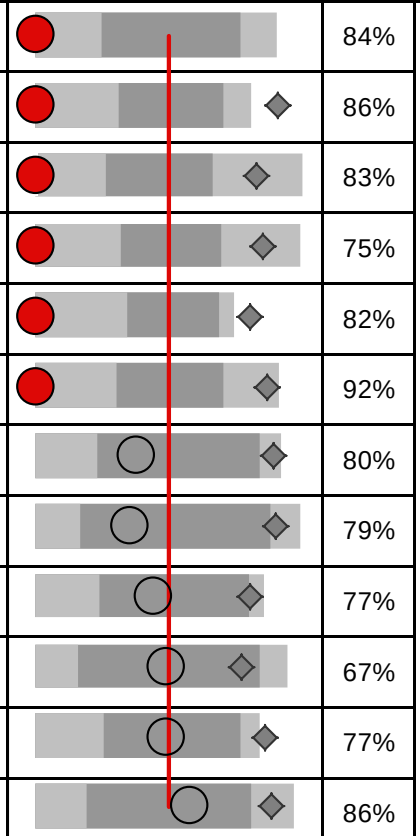
Figure 95: GP Practice performance for GPS18 - % of Slough CCG survey respondents who said that the overall experience of making an appointment was good



Source: NHS England, GP Patient Survey (2014/15)

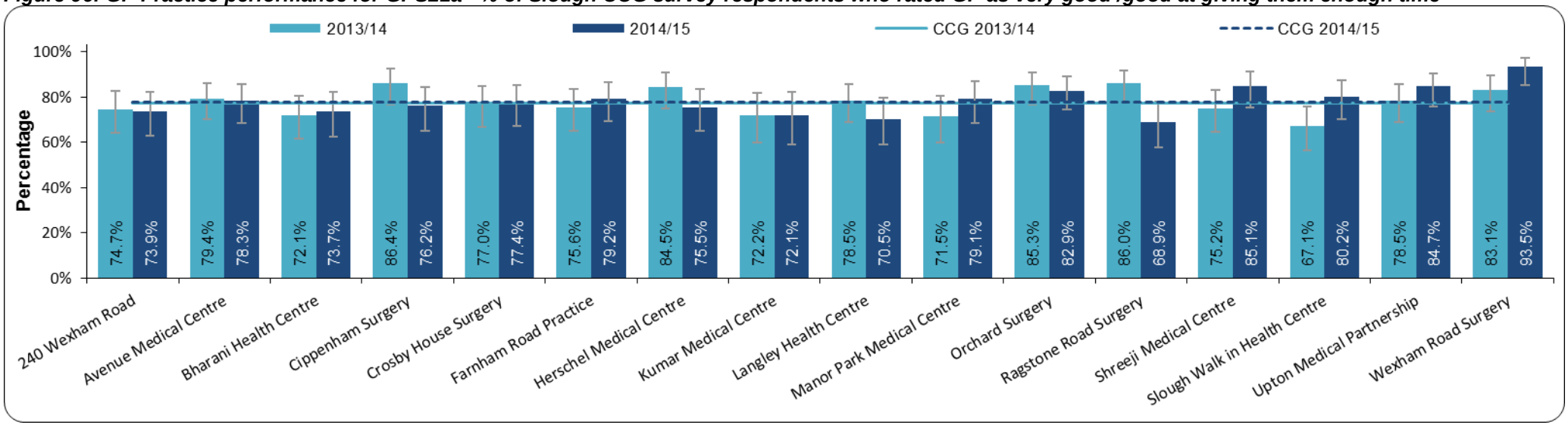
7.3 Last GP or Nurse appointment

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
GPS21a	Rating of GP giving you enough time - Good (total)	78%	81%	85%	78%		84%	77%	↔
GPS21b	Rating of GP listening to you - Good (total)	81%	84%	87%	81%		86%	80%	↔
GPS21c	Rating of GP explaining tests and treatments - Good (total)	74%	79%	81%	74%		83%	77%	↔
GPS21d	Rating of GP involving you in decisions about your care - Good (total)	67%	71%	74%	67%		75%	65%	↔
GPS21e	Rating of GP treating you with care and concern - Good (total)	73%	79%	83%	73%		82%	73%	↔
GPS22	Confidence and trust in GP - Yes (total)	87%	90%	92%	87%		92%	86%	↔
GPS23a	Rating of nurse giving you enough time - Good (total)	73%	75%	79%	69%		80%	74%	↔
GPS23b	Rating of nurse listening to you - Good (total)	72%	74%	78%	68%		79%	75%	↔
GPS23c	Rating of nurse explaining tests and treatments - Good (total)	71%	72%	76%	65%		77%	72%	↔
GPS23d	Rating of nurse involving you in decisions about your care - Good (total)	62%	62%	65%	57%		67%	62%	↔
GPS23e	Rating of nurse treating you with care and concern - Good (total)	72%	72%	77%	66%		77%	72%	↔
GPS24	Confidence and trust in nurse - Yes (total)	82%	81%	85%	76%		86%	81%	↔



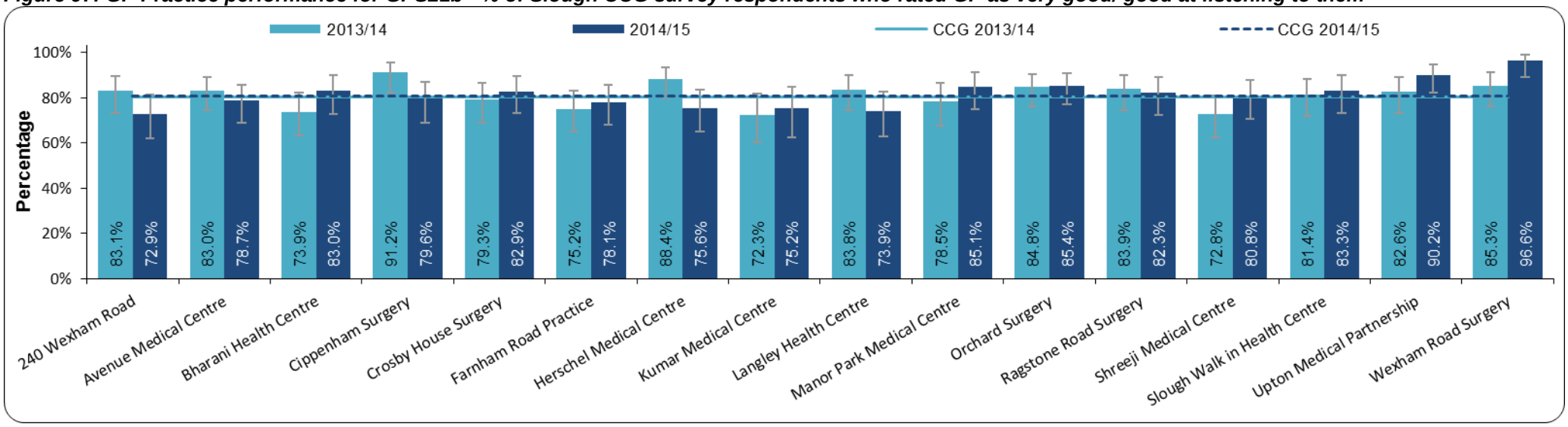
Slough CCG's survey respondents gave the lowest ratings for their last GP appointment in the CCG Comparator Group. These were also significantly lower than the national average ratings.

Figure 96: GP Practice performance for GPS21a - % of Slough CCG survey respondents who rated GP as very good /good at giving them enough time



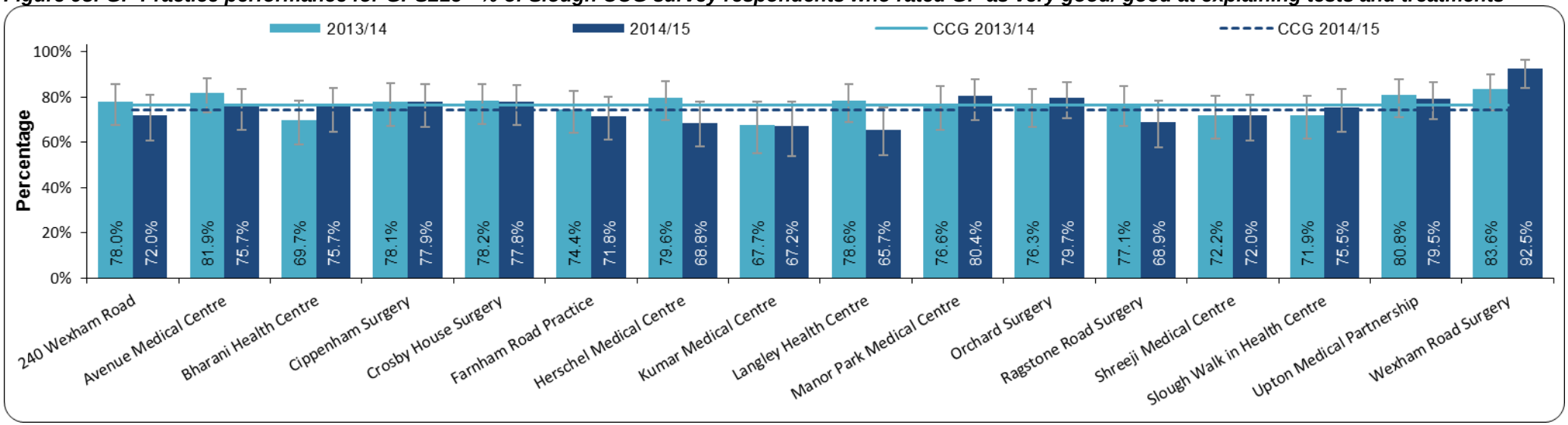
Source: NHS England, GP Patient Survey (2014/15)

Figure 97: GP Practice performance for GPS21b - % of Slough CCG survey respondents who rated GP as very good/ good at listening to them



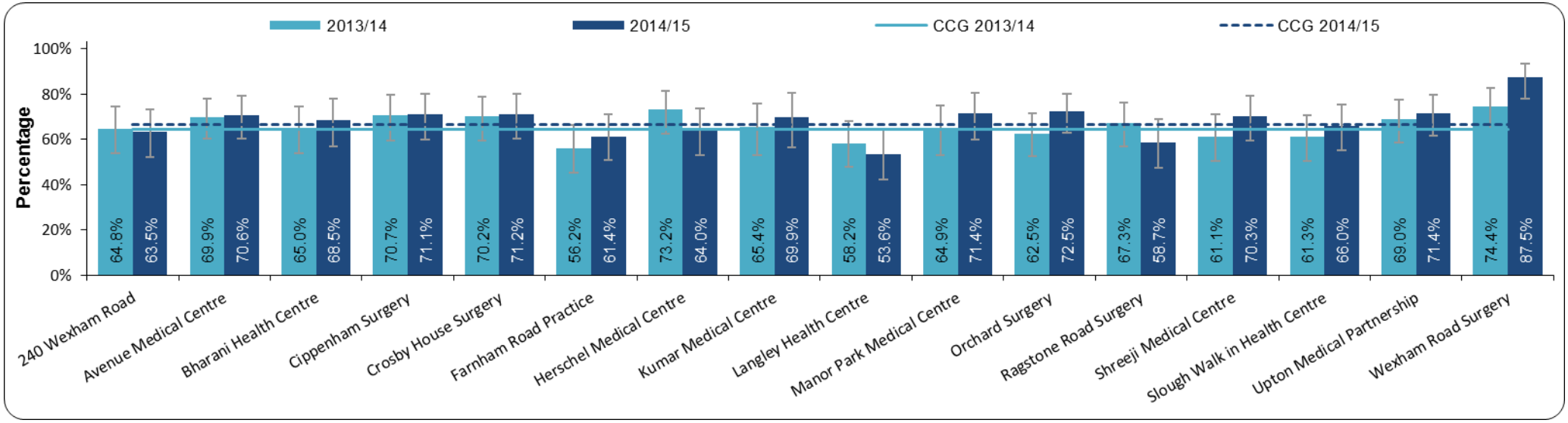
Source: NHS England, GP Patient Survey (2014/15)

Figure 98: GP Practice performance for GPS21c - % of Slough CCG survey respondents who rated GP as very good/ good at explaining tests and treatments



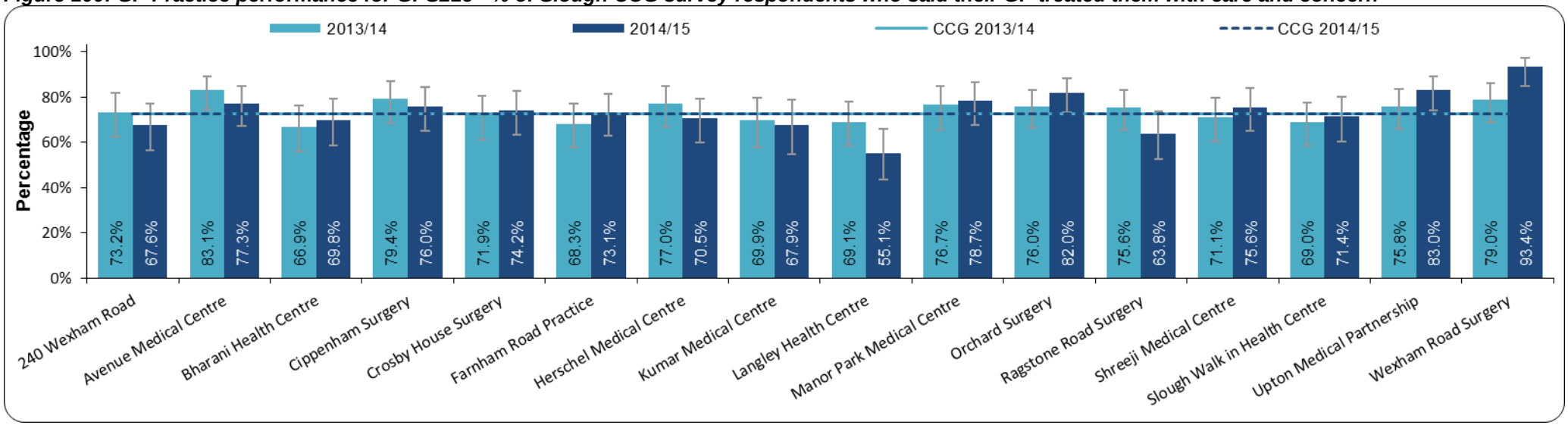
Source: NHS England, GP Patient Survey (2014/15)

Figure 99: GP Practice performance for GPS21d - % of Slough CCG survey respondents who rated GP as very good/ good at involving them in decisions about their care



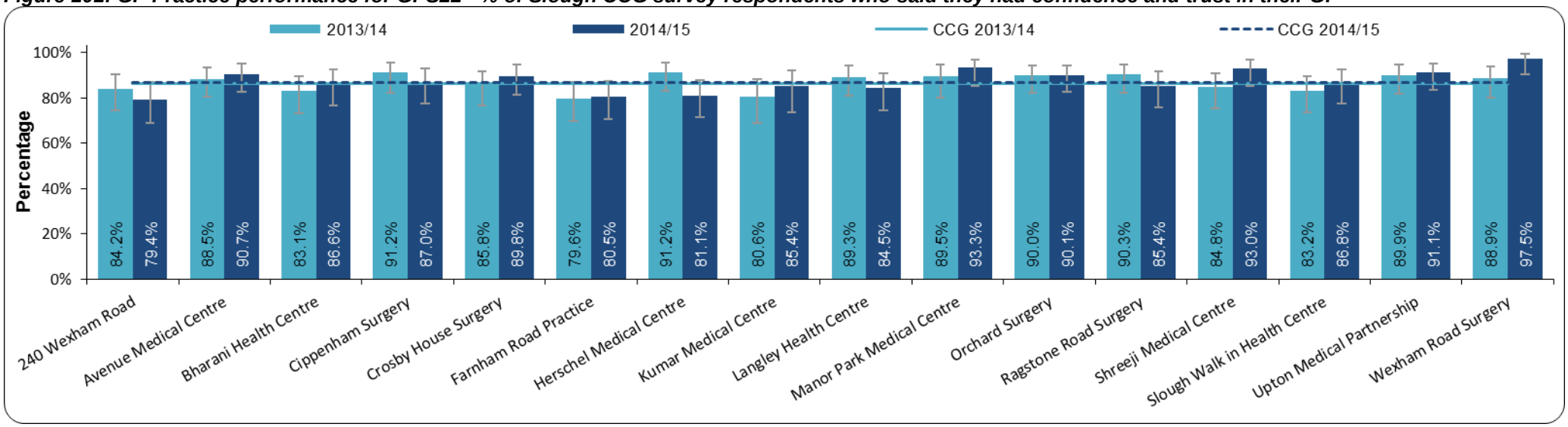
Source: NHS England, GP Patient Survey (2014/15)

Figure 100: GP Practice performance for GPS21e - % of Slough CCG survey respondents who said their GP treated them with care and concern



Source: NHS England, GP Patient Survey (2014/15)

Figure 101: GP Practice performance for GPS22 - % of Slough CCG survey respondents who said they had confidence and trust in their GP



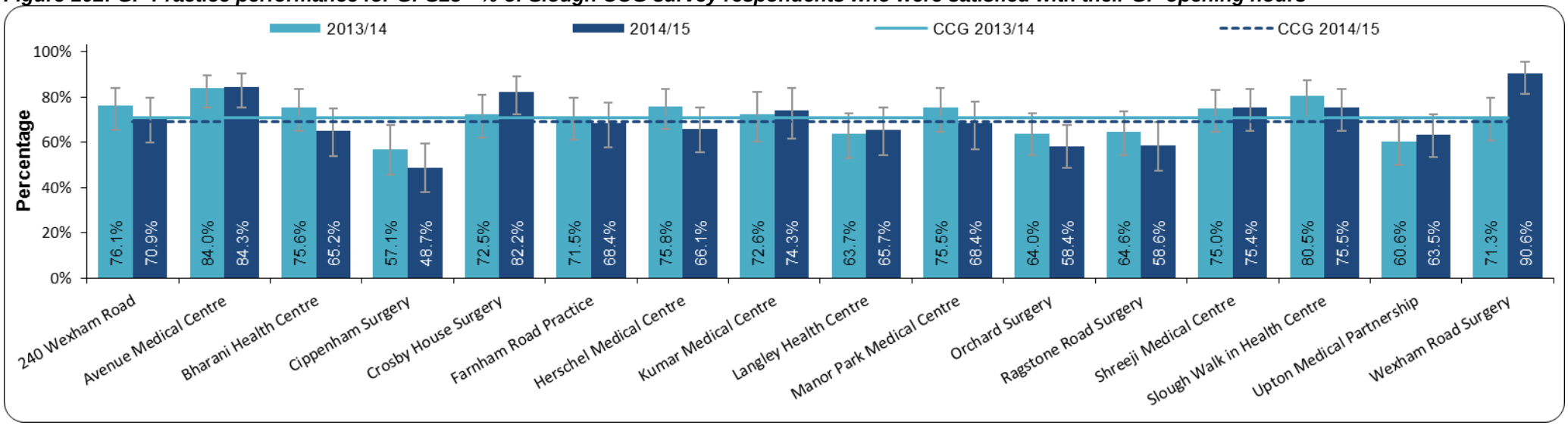
Source: NHS England, GP Patient Survey (2014/15)

7.4 Opening Hours

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
GPS25	Satisfaction with opening hours - Satisfied (total)	69%	72%	75%	69%		75%	71%	↔
GPS26	GP Surgery open at times that are convenient - Yes	64%	70%	74%	64%		77%	66%	↔

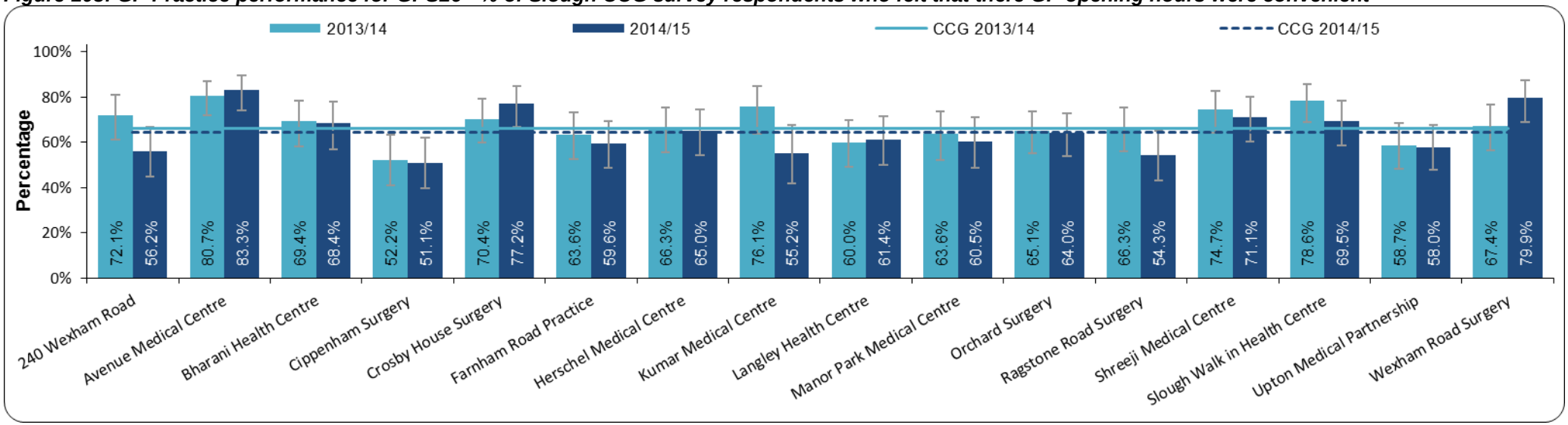
In Slough CCG, the percentage of patients satisfied with their GP opening hours and who find these convenient are the lowest in the CCG Comparator Group. The majority of patients that did not find their GP Surgery opening hours convenient said that they would find after 6:30pm (70%) or Saturday opening (70%) appointments easier.

Figure 102: GP Practice performance for GPS25 - % of Slough CCG survey respondents who were satisfied with their GP opening hours



Source: NHS England, GP Patient Survey (2014/15)

Figure 103: GP Practice performance for GPS26 - % of Slough CCG survey respondents who felt that there GP opening hours were convenient



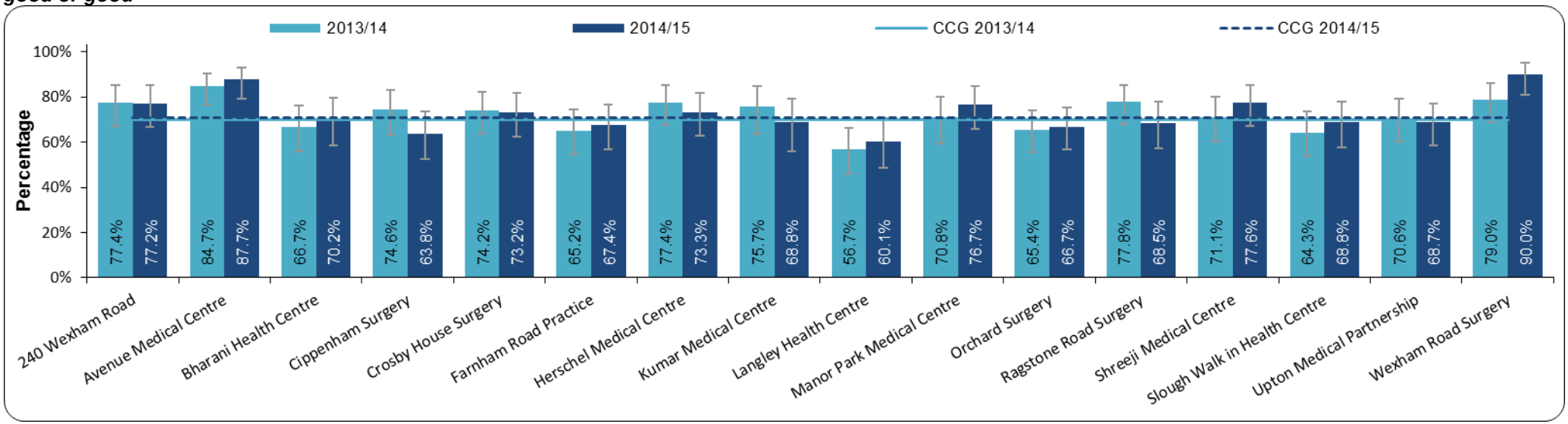
Source: NHS England, GP Patient Survey (2014/15)

7.5 Overall Experience

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
GPS28	Overall experience of GP surgery - Good (total)	71%	79%	85%	71%		83%	70%	↔
GPS29	Recommending GP surgery to someone who has just moved to the local area - Yes (total)	60%	71%	78%	60%		75%	61%	↔

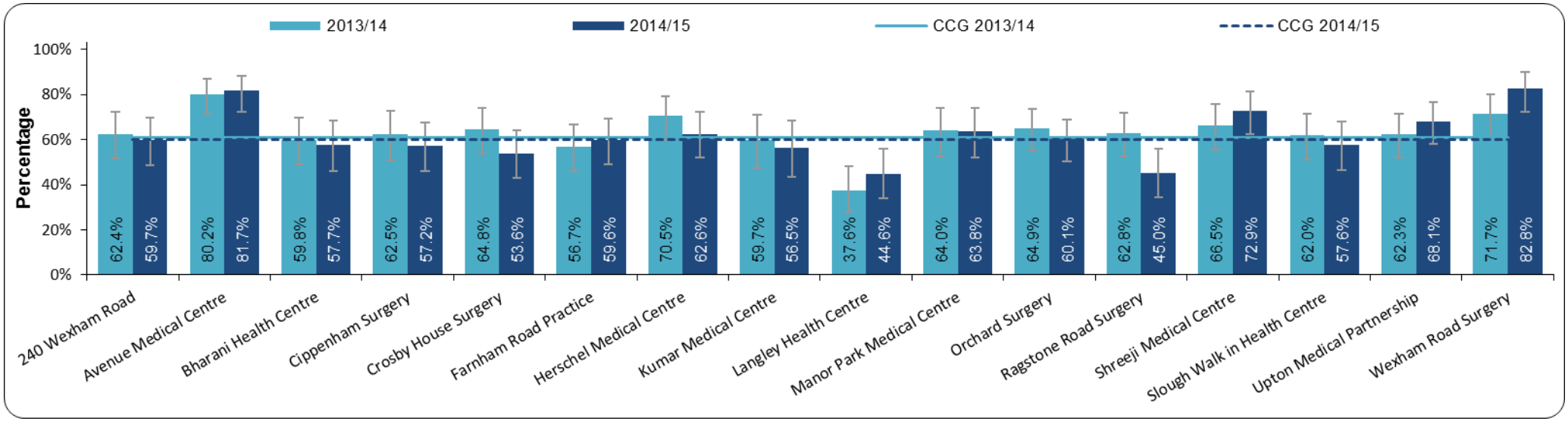
The percentage of patients who stated that their overall experience of their GP surgery was very good or good in Slough CCG was the lowest in the CCG Comparator Group and significantly lower than the national average. The percentage of patients who would recommend their surgery to someone moving into the local area was also the lowest in the CCG Comparator Group.

Figure 104: GP Practice performance for GPS28 - % of Slough CCG survey respondents who stated that their overall experience of their GP surgery was very good or good



Source: NHS England, GP Patient Survey (2014/15)

Figure 105: GP Practice performance for GPS29 - % of Slough CCG survey respondents who would recommend their GP surgery to someone who had just moved into the area



Source: NHS England, GP Patient Survey (2014/15)

7.6 Managing your health and state of health today

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
GPS32	Last 6 months, enough support from local services/organisations to help manage long-term conditions - Yes (total)	56%	59%	63%	54%		66%	54%	↔
GPS33	Confidence in managing own health - Confident (total)	89%	90%	93%	89%		92%	86%	↑

49% of Slough CCG's survey respondents said that they had a long-standing health condition.

When asked about the state of their health at the point of completing the survey:

- 21% had mobility problems (from slight problems to inability to walk about)
- 9% had problems washing and dressing (from slight problems to being unable to was and dress themselves)
- 22% had problems completing usual activities, such as work, studying, family or leisure activities (from slight to unable to complete)
- 45% had pain or discomfort (from slight to extreme pain and discomfort)
- 29% were anxious or depressed (from slightly to extremely anxious or depressed)

56% of patients felt supported to manage their long term condition in the last 6 months, which is a lower percentage than the national average. This is a measure included in the CCG Outcomes Indicator Set (2.2).

7.7 Out of Hours

Indicator		Slough CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Slough CCG in 13/14	DOT for Slough CCG
GPS42	Ease of contacting the out-of-hours GP service by telephone - Easy (total)	69%	68%	77%	59%		75%	69%	↔
GPS43	Time it took to receive care from the out of hours GP service was about right - Yes (total)	52%	50%	61%	43%		55%	53%	↔
GPS44	Confidence and trust in out-of-hours clinician - Yes (total)	78%	74%	81%	68%		80%	72%	↑
GPS45	Overall experience of out-of-hours GP services - Good (total)	59%	59%	69%	52%		67%	60%	↔

CCG Outcomes Indicator Set indicator 4.1 measures the overall experience of Out of Hours in GP services. 59% of respondents in Slough CCG felt that their experience was good, which was similar to the CCG comparator group average.

Additional information and analysis can be found on NHS England's GP Patient Survey website. This includes individual CCG slide packs for the 2014/15 survey results.

References

The information and data sources used in the Slough CCG Locality Profile have been referenced throughout this document. Some of the data has come from Health Information Systems that have restricted access, such as Open Exeter, Hospital Episode Statistics and the NHS Comparators website. Government strategies and policies have also been hyperlinked when cited.

Data sources that are available online have been added below for your information.

Child and Maternal Health Intelligence Network (2015); CAMHS Needs Assessment

Child and Maternal Health Intelligence Network (2015); Child Health Profiles 2015

Child and Maternal Health Intelligence Network (2015); Disease Management Information Toolkit (restricted access)

Department for Communities and Local Government (2015); English Indices of Deprivation 2015

Dr Foster (2015); Practice and Provider Monitor tool (restricted access)

Health & Social Care Information Centre (2015); Breast Screening Programme, England – 2014/15

Health & Social Care Information Centre (2015); Cervical Screening Programme, England – 2014/15

Health & Social Care Information Centre (2015); Number of Patients Registered at a GP Practice – July 2015

Health & Social Care Information Centre (2015); NHS Indicator Portal

Health & Social Care Information Centre (2015); Quality and Outcomes Framework 2014/15 results

Health & Social Care Information Centre (2015); Smoking, Drinking and Drug Use Among Young People in England – 2014

Health & Social Care Information Centre (2014); National Child Measurement Programme: 2013/14 school year

NHS England (2015); GP Patient Survey – GP Practice Results for 2014/15

NHS England (2015); Maternity and Breastfeeding Statistics

National Cancer Intelligence Network (2015); Routes to diagnoses 2006 – 2013 workbook (currently national data only - CCG data to be added early 2016)

National Cancer Intelligence Network (2014); Routes to diagnoses 2006 – 2010 workbook

Office for National Statistics (2011); 2011 Census results

Office for National Statistics (2015): Integrated Household Survey 2014

Public Health England (2015); Children and Young People's Health Benchmarking Tool

Public Health England (2015); Local Alcohol Profiles for England

Public Health England (2015); Mental Health, Dementia and Neurology Profiling Tools

Public Health England (2015); National Chlamydia Screening Programme (CTAD) – data tables

Public Health England (2015); National General Practice Profiles

Public Health England (2015); Public Health Outcomes Framework Profiles

Public Health England (2015); Sexual and Reproductive Health Profiles

Public Health England (2014); Cardiovascular Disease Profiles

Public Health England (2014); Diabetes Profiles

Public Health England (2014); Local Health

Public Health England (2014), Strategic Health Asset Planning and Evaluation (SHAPE)

RightCare (2013); Commissioning for Value

Sport England (2014); Active People Survey 2014